Brodstone Memorial Hospital

Community Health Needs Assessment
Community Health Improvement Plan

Brodstone Memorial Hospital

520 East 10th
Superior NE 68978

Fiscal Year Ending April 30, 2019

Brodstone Memorial Hospital

2019 Community Needs Assessment
2019 Community Health Improvement Plan

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Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Demographics &Introduction

Demographics & Introduction

Brodstone Memorial Hospital is located in Superior, Nebraska. The service coverage area is Nuckolls County, with a population of 4,275. The residents of Nuckolls County are 98% white with 26.8% over the age of 65 years and 11.5% are below poverty level.

Brodstone opened its doors January 1, 1928 with a gift from Evelyn Brodstone Vestey & her brother. The tradition of medical excellence in that 25-bed hospital has carried on through the years. Brodstone is a critical access hospital led by a six-member Board of Directors and is unique in that the by-laws require four of the six directors to be women. Today Brodstone has a medical staff of 3 physicians and 4 mid-levels with a total staff of 205 employees. Twenty-two specialty physicians hold monthly clinics at the facility. Seventy-two percent of the hospital's patients are Medicare patients. Brodstone is the largest employer in Nuckolls County and is a vital part of this community.

Brodstone Memorial Hospital has three medical clinics. Superior Family Medical Center is located adjacent to the hospital in Superior with office hours 5 ½ days a week. Nelson Family Medical Center is served by the same group of 7 healthcare providers and is open 1 full day and 3 half days a week. Edgar Medical Clinic is served by a nurse practitioner and is open 3 full days a week. These facilities are the only medical clinics in each respective community.

Our Mission

Compassionate. Dedicated. Unified. We care for you.

Our Vision

To be the leader in exceptional healthcare for generations to come.

Our Values

--Teamwork
--Integrity
--Compassion
--Excellence

The Community Health Needs Assessment, which was conducted over the last few months in cooperation with South Heartland District Health Department, includes data for the four counties that the health department serves. Brodstone Memorial Hospital's service area is primarily Nuckolls County, Nebraska.

The Community Health Improvement Plan was a collaborative effort by representatives from the community in cooperation with Brodstone Memorial Hospital.

Following the assessment is Brodstone's Community Health Improvement Plan for each of the five areas that were identified in the Community Health Needs Assessment:

1. Access to Care
2. Mental Health
3. Substance Misuse
4. Obesity & Related Health Conditions
5. Cancer

Final approval by the Board of Directors and distribution information may be found following the Community Health Improvement Plan. Also included in this document is supporting information concerning the process and actions taken to identify the needs in our community.

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

South Healthcare District Health Department Community Needs Assessment

The South Heartland District Community Health Assessment 2018

A Four-County Needs Assessment using the Mobilizing for Action through Planning and Partnerships (MAPP) Process

Michele Bever, PhD, MPH; SHDHD Executive Director

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Adams, Clay, Nuckolls and Webster Counties in Nebraska

Acknowledgements

The staff at South Heartland District Health Department (SHDHD) would like to recognize the many community partners who contributed to the development of this plan. Community members, educators, government officials, service organizations, health care providers and many more participated in a district-wide process called *Mobilizing for Action through Planning and Partnerships* (MAPP). Their input and commitment were instrumental to a productive and successful MAPP process and the completion of the Community Health Improvement Plan (CHIP). We also are indebted to the external MAPP Core Team members, who provided guidance, advice and county-level assistance throughout this process. The assessments and planning were supported by funds from the Nebraska Department of Health and Human Services Office of Community and Rural Health, Brodstone Memorial Hospital, Webster County Community Hospital and Mary Lanning Healthcare.

South Heartland MAPP Core Team

Becky Sullivan
Manager, Wellness Department
Mary Lanning Healthcare

Mirya Hallock
CEO/Administrator
Webster County Community Hospital

Michelle Kohmetscher
Community Educator/Behavioral Health
Owner, Bamboo Body & Mind

Michele Bever, PhD, MPH
Executive Director
South Heartland District Health Department

Janis Johnson, BSN
Accreditation Coordinator
South Heartland District Health Department

Nanette Shackelford
Board President South Heartland District Health Department

Karen Tinkham
Public Relations Director
Brodstone Memorial Hospital

Kori Field
Director of Nursing
Brodstone Memorial Hospital

Jodi Graves
Executive Director
United Way of South Central Nebraska

Susan Ferrone, BSN, MPA
Community Assessment Coordinator
South Heartland District Health Department

Jessica Warner, MPH
Health Surveillance Coordinator
South Heartland District Health Department

This report written, compiled and edited by Jessica Warner, Janis Johnson and Michele Bever

Public Health
Prevent Promote Protect

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South Heartland District Health Department

Board of Health
(January 2019)

Adams County	Charles Neumann, Board of Supervisors	
	Judy Reimer	
	Donna Fegler-Daiss	
Clay County	Eric Samuelson, Board of Supervisors	
	Sandra Nejezchleb	
	Nanette Shackelford	
Nuckolls County	James Keifer, Board of Commissioners	
	Peggy Meyer	
	Matt Blum	
Webster County	Lonnie Knehans, Board of Commissioners	
	Mirya Hallock	
	Ronald Kuehner	
Professional Representatives	Medical:	Daniel Brailita, MD
	Dental:	Michael Kleppinger, DDS
	Veterinary:	Lindsay Waechter-Mead, DVM

Officers	President:	Nanette Shackelford
	Vice President:	Mirya Hallock
	Secretary/Treasurer:	Charles Neumann

Public Health
Prevent Promote Protect

Public Health Core Functions and Essential Services

(1) Core Public Health Function: Assessment

Essential Service 1: Monitor health status and understand health issues facing the community.
What's going on in our District? Do we know how healthy we are?

Essential Service 2: Protect people from health problems and health hazards.
Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?)

(2) Core Public Health Function: Policy Development

Essential Service 3: Give people the information they need to make healthy choices.
How well do we keep all people and segments of our district informed about health issues?

Essential Service 4: Engage the community to identify and solve health problems.
How well do we really get people and organizations engaged in health issues?

Essential Service 5: Develop policies and plans that support individual and community health efforts.
What policies promote health in our district? How effective are we in planning and in setting health policies?

(3) Core Public Health Function: Assurance

Essential Service 6: Enforce laws and regulations that protect health and ensure safety.
When we enforce health regulations are we up-to-date, technically competent, fair and effective?

Essential Service 7: Help people receive health services.
Are people receiving the medical care they need?

Essential Service 8: Maintain a competent public health workforce.
Do we have a competent public health staff? How can we be sure that our staff stays current? How are we assisting our community and professional partners to stay current on public health interventions?

Essential Service 9: Evaluate and improve programs and interventions.
Are we doing any good? Are we doing things right? Are we doing the right things?

Essential Service 10: Contribute to and apply the evidence base of public health.
Are we discovering and using new ways to get the job done?

SHDHD Mission: The South Heartland District Health Department is dedicated to preserving and improving the health of residents of Adams, Clay, Nuckolls and Webster counties. We work with local partners to develop and implement a Community Health Improvement Plan and to provide other public health services mandated by Nebraska state statutes.

South Heartland's Vision: Healthy People in Healthy Communities

Introduction

Building a healthy community requires active partnerships and investment from individuals that value their own health. Realizing the goal of optimal community health requires a thorough understanding of how healthy we are and what will be required for improvement. An important part of the planning process toward optimal health is the evaluation of our current health status in order to plan and measure improvement in the health of our district's population. Conducting a comprehensive community health assessment every 5-6 years allows us to project improvements for community health and collaborate with partners to bring about change. In 2018, South Heartland conducted a comprehensive community health assessment (the fourth since our formation) for residents of Adams, Clay, Nuckolls and Webster counties.

This summary of the community health assessment process, the resulting findings, and the resulting Community Health Improvement Plan (a separate document which addresses priority health needs through structured health goals and strategies) is intended for use by public health, our community partners, and the public. The SHDHD staff and board rely on this process and the resulting information to guide and focus our work which is supported by the ten essential services of public health (see page 4).

The South Heartland Health District

South Heartland District Health Department (SHDHD) was the first new district health department formed in 2001 after the passage of LB692, legislation which encouraged the formation of public health infrastructure in Nebraska. SHDHD was approved on November 8, 2001 by the state of Nebraska Health and Human Services Regulation and Licensure Division. SHDHD initially began with three participating counties in south central Nebraska: Adams, Nuckolls and Webster. In March 2002, Clay County signed an interlocal agreement to join the South Heartland Health District.

SHDHD is governed by a fifteen member Board of Health consisting of one appointed board member from the governing boards of each of the four counties, two public-spirited citizens from each county, and three professional representatives (physician, dentist, and veterinarian) appointed by the Board of Health. The Board of Health is responsible for policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight of the health department. A full-time Executive Director, six full-time staff and five part-time staff carry out the Department's Mission.

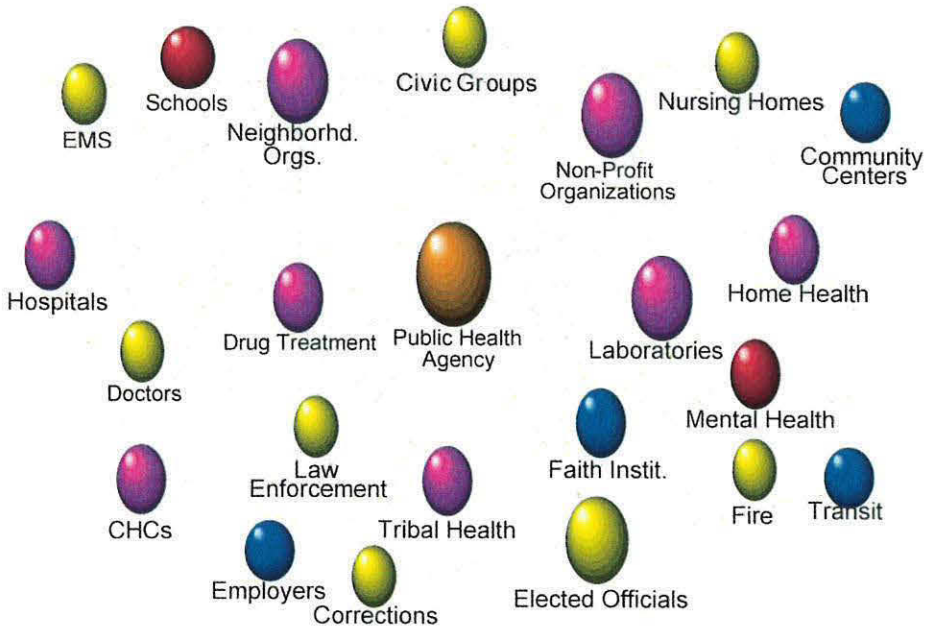
The four counties, each approximately 24 x 24 miles square, are laid out in a 2 x 2 block totaling 2,289 square miles. The SHDHD serves a population of 45,682 (U.S. Census, 2017) with just over half of the population residing in the city of Hastings.

Community Health Assessment – Process Overview [1]

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. South Heartland District Health Department (SHDHD) used this tool to facilitate the 4-county health district in efforts to improve health and quality of life through community-wide and community-driven strategic planning. This process helps the district identify and plan use of resources, taking into account the unique circumstances and needs of the district and the individual component counties. It also promotes new and solidifies existing partnerships in our communities and across the district.

The MAPP assessment process leads to the development of a community-wide health improvement plan (CHIP), which can only be adopted and realistically implemented if the community has contributed to the plan development. SHDHD worked to ensure participation by a broad cross section of the district, inviting representatives from many sectors of our communities. In addition, MAPP also supports organizational action plan development by each of the participating entities, including the key hospital partners, for their service areas.

Through the MAPP process, the South Heartland Health District continues to strengthen the local public health system. We define the local public health system as all of the entities that contribute to the delivery of public health services within our communities[2]. This includes public and private entities, civic and faith-based organizations, individuals and informal associations, front-line and grassroots workers, and policy makers.



[1] Mobilizing for Action through Planning and Partnerships: Achieving Healthier Communities through MAPP. A User's Handbook.

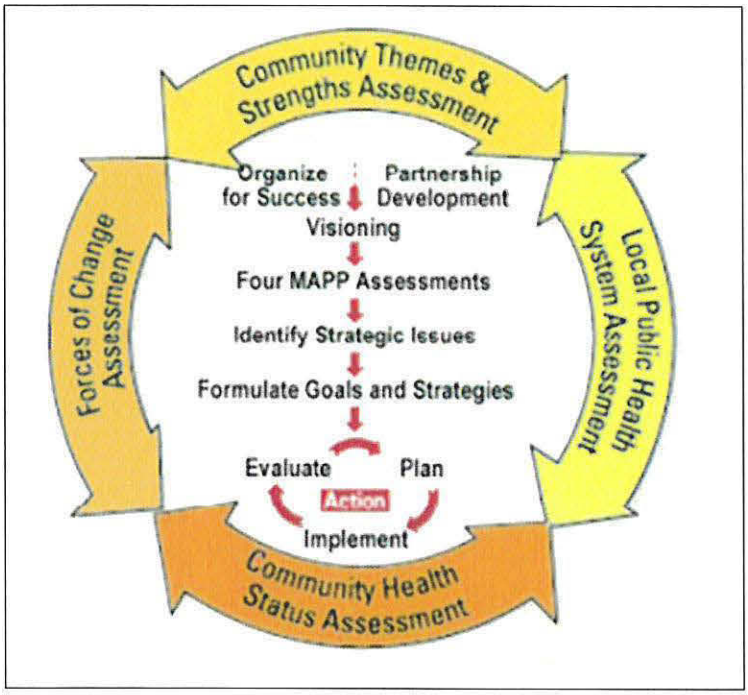
[2] Refer to SHDHD's diagram of the Local Public Health System.

With MAPP as the framework for the community health needs assessment, SHDHD focuses on the 10 essential services of public health, but especially utilizing essential services 1, 4, 5 and 10 to support the MAPP process.

The 10 Essential Public Health Services are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop polices and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The MAPP process is diagrammed by the following MAPP model:



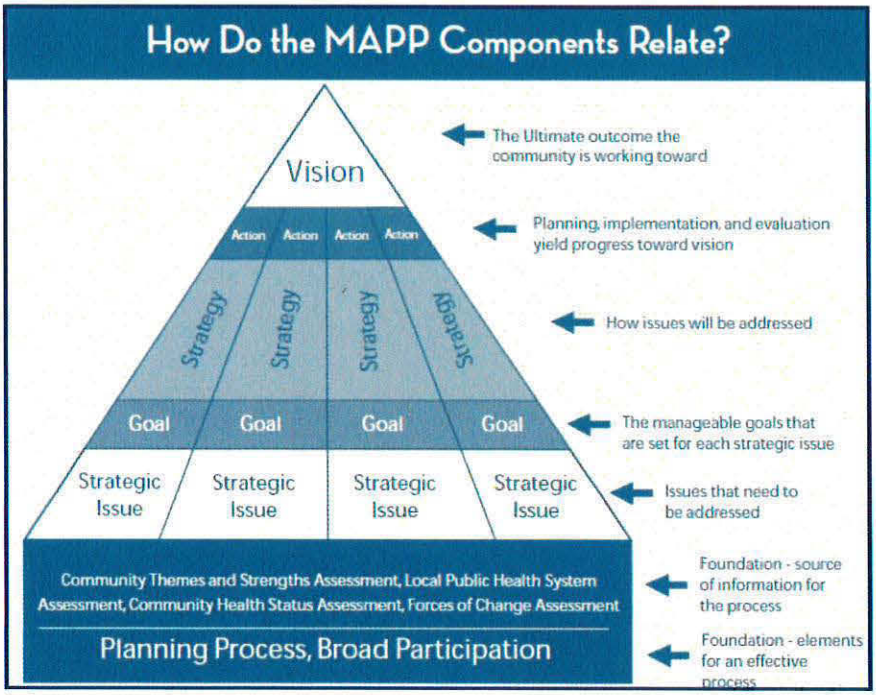
Health System Assessment
What are the gaps in services and barriers to accessing healthcare? What are the strengths of our healthcare system?

Community Themes and Strengths Assessment
What is important to our community? Perceptions about quality of life? What assets do we have?

Community Health Status Assessment
How healthy are our residents? What are the health risks in our communities? Who is impacted most?

In this model, the phases of the process are diagramed in the center. The entire process is informed by data and the assessments that can produce these data are shown in the arrows around the outside. The 2018 MAPP process was customized to meet our local needs and included 1) health status assessment, 2) community themes and strengths assessment (CTSA survey), and 3) a health system assessment (access to care and forces of change), which focused on identifying gaps in services, barriers to accessing care, and emerging healthcare needs. The health system assessment included data from the CTSA survey, a health system assets inventory, and focus groups conducted with both health system users and health system providers/community leaders.

The phases of the MAPP process are: Organizing/Partnership Development, Visioning, Assessment, Identifying Strategic Issues, Formulating Goals and Strategies, and the Action Cycle for the resulting Community Health Improvement Plan (CHIP).



2012-2015 Community Health Improvement Plan for Hennepin County Residents – Appendix 2

A. Community Health Assessment – South Heartland's Process

The SHDHD MAPP/CHIP process is a continuous process of assessment, evaluation and planning, working with partners to carry out our plans and reevaluating our activities. Our 2018 MAPP process started with evaluating our past process and forming a core team. This team was able to bring the right community partners together to carry out a thorough needs assessment.

Additionally, core team members were responsible to review the MAPP process, review stakeholder categories, identify stakeholders, determine timelines and discuss resources to implement the process. Core team members represented all four counties, all three hospitals, the United Way of South Central Nebraska, mental healthcare stakeholders, and SHDHD staff and board of health – each entity or representative contributing time, staff, data and/or resources.

Key Partners

The Core Team members served as the planning and decision-making body for the process, overseeing the assessment, identifying stakeholders (partners and community members), and committing in-kind and cash resources, including staff to be participants in the assessments. The core team included 11 members: hospital administrators and/or designated leadership from Brodstone Memorial Hospital, Mary Lanning Healthcare and Webster County Community Hospital; the Executive Director of United Way of South Central Nebraska, a representative from the behavioral health services sector, SHDHD Board of Health president, SHDHD director, and SHDHD staff members, one of whom facilitated the assessment processes.

Core Team Members:

- SHDHD staff members: Michele Bever (Executive Director), Susan Ferrone (Community Assessment Coordinator), Janis Johnson (Accreditation Coordinator/Standards and Performance Manager) and Jessica Warner (Health Surveillance Coordinator),
- SHDHD Board of Health member: BOH President Nanette Shackelford,
- Hospital Administration/Representatives: Becky Sullivan, Manager, Wellness Department at Mary Lanning Healthcare, Karen Tinkham, Public Relations Director, Brodstone Memorial Hospital, Kori Field, Director of Nursing, Brodstone Memorial Hospital, Mirya Hallock, CEO of Webster County Hospital,
- The United Way of South Central Nebraska: Jodi Graves (Executive Director) and
- A stakeholder from behavioral health services sector: Michelle Kohmetscher.

The team also included representation from each county, which facilitated the processes of identifying partner organizations and gaps in services for the four counties:

Adams-Michele Bever, Susan Ferrone, Jessica Warner, Becky Sullivan and Jodi Graves
Clay- Nanette Shackelford, Janis Johnson
Nuckolls-Karen Tinkham, Kori Field
Webster-Mirya Hallock, Michelle Kohmetscher

By design, the initial Core Team included representation from health care and mental health, in addition to public health. We included a community mental health provider from Webster County who has expertise with seniors, adult and youth populations, long term care and school

settings, and experience in providing training in mental health first aid, substance abuse prevention/treatment, suicide prevention and trauma-informed care. Each of the three hospitals in the health district oversees one or more rural health clinics and could provide perspective from both hospital and clinic settings. The United Way of South Central Nebraska joined the Core Team prior to the priority-setting phase and was able to bring to the table a larger community view which led to an expanded inclusion of social determinants of health.

Additional key partners included the Nebraska Association of Local Health Directors (NALHD) for technical support and consultation, the State of Nebraska Department of Health and Human Services (DHHS) for some of the data and trends analysis.

Timeline

The assessment phase consisted of implementing three of the MAPP Assessments and was carried out during the period of April – October, 2018. The Core Team developed an overall timeline for the assessment phase as follows:

April 23, 2018	Logistics and Planning for MAPP/CHA cycle
April 28, 2018	Review CTSA, confirm questions, revise English/Spanish versions
May 8, 2018	Launch CTSA (English & Spanish)
	Begin Data Gathering for Health Status Assessment
May 21, 2018	Planning and Scheduling Health System Assessment focus groups
June 11, 2018	Progress of CTSA, additional planning for distribution/promotion
June 27, 2018	Focus Group Invitations / Preparation for Meetings
July 9-30, 2018	Conduct 10 Focus Groups
	Begin Data Gathering for Health System Assessment
August 1, 2018	Focus Group debrief, Finalize Process for Priority Setting Meetings
August 13, 2018	Invitations to Priority Setting Meetings
August 21, 2018	Planning for Priority Setting Meetings
September 4, 2018	Finalize Priority Setting Meetings; Complete Data Gathering for Health Status and Health System Assessments
September 18, 2018	Access to Healthcare Gaps & Barriers Priority Setting Meeting
September 25, 2018	Health Issues Priority Setting Meeting
October 9, 2018	Debrief Priority Setting Outcomes /Plan CHIP Strategy Development Process
October 19, 2018	Discuss Implementation of Steering Committee for CHIP

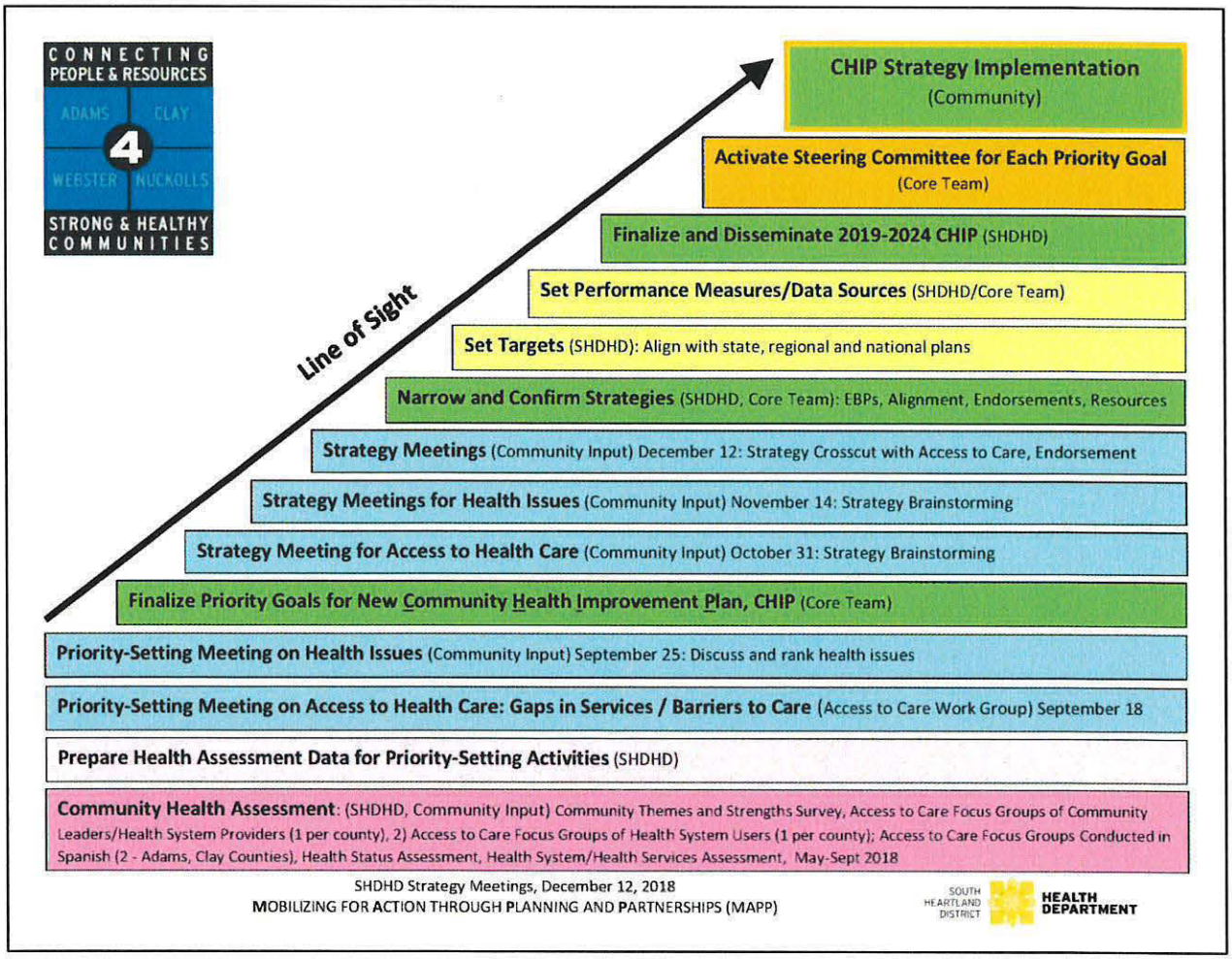
Following the assessment and priority-setting phases, community stakeholder work groups identified strategies for addressing the five priority issues at three additional meetings in November and December.

October 31, 2018	Strategy Meeting for Access to Care
November 14, 2018	Strategy Meetings for Health Issues Part I
December 12, 2018	Strategy Meetings for Health Issues Part II

Stakeholders were invited to contribute to each assessment, the data review, the priority setting, and the strategy meetings. We provided opportunities to participate in person at focus groups and meetings, by survey (electronic and hard copy), through key informant response, online data review and response, by contributing data, and by in person meetings linked across all four counties connected through GoToMeeting. A summary of MAPP participation and community engagement is provided in Attachment 1.

The Line of Sight (below) shows how SHDHD incorporated the phases of the MAPP process in conducting community health assessment and leading to the development and implementation of a new community health improvement plan.

SHDHD Community Health Assessment Process – Line of Sight



Assessments

1. Local Health System Assessment

This assessment focused on the population's access to needed healthcare services and capacity of the healthcare system to meet those identified needs. The health system assessment included:

1) **Gathering data on health system assets and gaps** from a variety of sources including DHHS Office of Rural Health (e.g., professional shortage areas), local health system partners (e.g., ER usage), community themes and strengths survey results.

Results:

Data gathering on local health system provided insight into assets and gaps within the health district. These are captured in the data summaries provided in Access to Care Participant Packets (Attachment 2).

Key Findings:

- Limited or lack of drug and alcohol assistance services in Clay, Nuckolls and Webster counties.
- Medicare/Medicare Advantage is the primary payment source for hospital inpatient services
- Barriers to Transfer/Service Referral from Emergency Departments:
    - No safe place for psych patients that do not meet Emergency Protective Custody or Inpatient Criteria until they can follow up with outpatient services
    - Limited detox center capacity
- Insurers/Medicare are limiting access to mental health services through restrictions on session length, high deductibles/co-pays, and other practices that are resulting in fewer providers accepting Medicare clients.
- Assets
    - Dental Workforce and Oral Health Care: Central Community College Dental Hygiene Program and Clinic
- Vulnerable or at-risk populations
    - *Ag families*: 25% -36% of the populations in Clay, Nuckolls and Webster counties are farm operators and laborers, a population that nationally has a higher percent of uninsured.
    - *Poverty:* Approximately 10% (in Clay) to nearly 13% (in Nuckolls) of the county populations have income below the federal poverty level
        - over 17% of the population less than 18 years old is living below 100% of the federal poverty level
    - *Veterans & their Families*: 7%-11% of the populations in Adams, Clay, Nuckolls and Webster counties are veterans
        - In Nebraska: 20.3% of those who are spouses/significant others of someone who served in the U.S. military reported that they needed to see the doctor but could not due to cost in the past year (versus 12.5% overall)

- *Elderly*: Approximately 15% to 24% of the county populations consist of individuals age 65 and older, which impacts types of health care needed and payment sources.

- Adams County is federally-designated for medically underserved populations.
- Clay, Nuckolls and Webster Counties are federally-designated for medically underserved areas.
- South Heartland District is characterized by shortage areas for most health professions in 3 of the 4 counties. All 4 counties are state-designated shortage areas for General Internal Medicine, Psychiatry & Mental Health and Pediatric Dentistry & Oral Surgery; 2 counties have clinics that are federally designated health professional shortage areas (HPSA) for mental health.

Table 1: SHDHD Gaps in Health Services by County

Gap in Services – Professional Shortage Areas, SHDHD	Adams	Clay	Nuckolls	Webster
HPSA Mental Health – 4 rural health clinics		2	2	
Medically Underserved Area		X	X	X
Medically Underserved Populations	X			
State-designated Shortage Area: Family Practice		X		X
State-designated Shortage Area: General Dentistry		X	X	X
State-designated Shortage Area: General Internal Medicine	X	X	X	X
State-designated Shortage Area: General Pediatrics		X	X	X
State-designated Shortage Area: General Surgery		X	X	X
State-designated Shortage Area: Obstetrics & Gynecology		X	X	X
State-designated Shortage Area: Psychiatry & Mental Health	X	X	X	X
State-designated Shortage Area: Occupational Therapy		X		
State-designated Shortage Area: Ped. Dentistry/Oral Surgery	X	X	X	X
State-designated Shortage Area: Pharmacist		X	X	X

2) **Input from stakeholders through focus groups** to determine perceptions of the health system, gaps in services, barriers to accessing care and emerging issues. The Core Team identified populations who experience gaps in services and barriers to accessing care in order to include their perspective (user focus groups) and representatives from organizations that serve these populations (providers and community leader focus groups).

Methods for Focus Groups:

South Heartland District Health Department (SHDHD) conducted ten focus groups to explore use of and access to health care by stakeholders living and working in the four counties that comprise the South Heartland District (Adams, Clay, Nuckolls, and Webster). The core team chose to focus on access to healthcare and our health system for these focus groups to provide assessment and assure improvement goals for Essential Service 7 (Help people receive health services) and to align with public health accreditation standards.

- ❖ Six of the ten focus groups targeted consumers (users) of health care (Table 2)
  - Two of six focus groups targeting consumers of health care were comprised of Spanish-speaking community members. These focus groups were conducted by a

bilingual facilitator from SHDHD assisted by a bilingual facilitator from the Head Start migrant education program.

- ❖ Four of the ten focus groups targeted providers and community leaders of local organizations and businesses. Leader/professional representation included community-based organizations (e.g., education, government/ law enforcement, financial and insurance, health and wellness centers, media, etc.) and healthcare professionals (hospitals, health and mental health providers and healthcare administrators). (Table 3)

Table 2. User Focus group characteristics

Users of Health Care		
Location	**Number of Participants**	**Characteristics**
Clay Center, NE First Congregational Church	10	3 Men 7 Female English-speakers
Harvard, NE Harvard Public School	7	2 Men 5 Women Spanish-speakers
Hastings, NE Hastings Library	7	2 Men 5 Women Spanish-speakers
Hastings, NE Mary Lanning HealthCare	14	6 Men 8 Female English-speakers
Red Cloud, NE Webster County Community Hospital	8	4 Men 4 Women English-speakers
Superior, NE Brodstone Memorial Hospital	12	4 Men 8 Women English-speakers

Table 3. Leader Focus group characteristics

Providers and Community Leaders		
Location	**Number of Participants**	**Characteristics**
Clay Center, NE First Congregational Church	14	7 Men 7 Women English-speakers
Red Cloud, NE Webster County Community Hospital	8	3 Men 5 Women English-speakers
Superior, NE Brodstone Memorial Hospital	5	3 Men 2 Women English-speakers
Hastings, NE Mary Lanning HealthCare	43	11 Men 32 Female English-speakers

Focus Groups discussed and addressed the following questions:

- Where do you (or your contingency) go for healthcare?
- Where do you (or your contingency) get most of your (their) health information?
- What are the biggest concerns you (or your contingency) have about health care?
- What kinds of health care services are used (or not used) by people you know?

- What kinds of health care services do you use to prevent health problems?
- What do you view as strengths of our local health care?
- What do you view as future demands of our local health care system?

The facilitator provided a brief background of SHDHD and the community health assessment process, as well as a handout of current County Health Rankings for the four counties, followed by a facilitated discussion of the seven questions listed above. Each focus group was provided the same information in all four counties. Due to the number of participants in the Hastings group, discussions were divided up into small groups and the facilitator brought these groups together for large group discussion around four questions. NALHD staff attended all focus groups conducted in English and received translated results of the focus groups conducted in Spanish. NALHD then compiled a summary of themes and ideas related to gaps in services and barriers to accessing care in the South Heartland Health District see Attachment 3 and 4.

Results:

Focus groups provided insight into many issues that community members encounter within our local healthcare system. These are captured in the focus groups summary report (Attachment 3) and focus group summary tables (Attachment 4). The focus group summary tables provide themes by county and by user/leader/Spanish-speaker focus groups.

Key Findings:

- When focus groups were asked about their biggest concerns related to healthcare, cost of services and insurance was a leading concern. Additional concerns included shortage of EMS/ambulance services in smaller communities, senior care, respite care, lack of transportation, shortage of mental health providers and access to MH services.
- When focus groups were asked about future demands on the healthcare system, participants identified the need for mental health services focusing on prevention, and treatment services for substance abuse issues. Healthcare needs related to obesity will continue to be a future demand on our local system. Future concerns also included: affordable healthcare, EMS/EMT burnout, bilingual services, addiction services, assisted living and access for vulnerable populations, including veterans and seniors.

2. Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) helps us to understand how residents view our communities. This CTSA survey was the third to be administered to our communities, with few modifications. The survey asks residents to consider:

- What is important in our community?
- How is quality of life and healthcare perceived in our community?
- What assets do we have that can be used to improve community health?

The survey also asked residents to identify and rank the top health concerns and the most important risky behaviors in their communities. From these results, we created an overall ranking of perceived health concerns by county and district-wide, which was utilized as a contributing factor in the priority-setting activities.

Methods:

The CTSA survey is a comprehensive health assessment containing 81 Likert scale*, short answer and open-ended questions on many aspects of personal health and access to healthcare.

**Likert Scale: Strongly Agree/Agree/Neutral/Disagree/Strongly Disagree*

Our CTSA survey contained five categories of questions including:

- Healthcare access and services (satisfaction with overall system)
- Community resources, economy, housing and assets
- Social supports
- Health status of our community and personal health
- Demographics: Location, household size, income, race, education

This survey used a convenience sample method (intercept survey). Thoughtful attempts were made to distribute surveys or survey links to a broad demographic to include underserved populations, as well as the general population, and to meet preset goals to have equal percentage representation from all four counties. The survey was provided and collected in English and Spanish (with literacy assistance in some cases). A link was provided on our website and Facebook with news releases in local newspapers, promotions handed out at events, stakeholder meetings, and coalitions, and emailed by core team members to various stakeholders and groups.

Responses were collected through Survey Monkey, although some were collected by hard copy and entered into Survey Monkey for complete analysis. A Total of 925 respondents participated in this survey.

For full CTSA results see attachment 5.

Findings:

The CTSA intercept survey assessed community satisfaction, community assets, individual health and community health. The following table and charts provide highlights of the report.

Highlights of the report include:

CTSA Question	Strongly Agree/ Agree
Enough behavioral health services in my region (1 hour from home):	39%
Hospital care being provided within my region is excellent	74%
Cost is a barrier to accessing needed healthcare	56%
No dental services in the past 12 months	31%
Among respondents with no medical home: I delay care as long as possible or refuse care	19%
Quality housing is affordable for the average person	23%

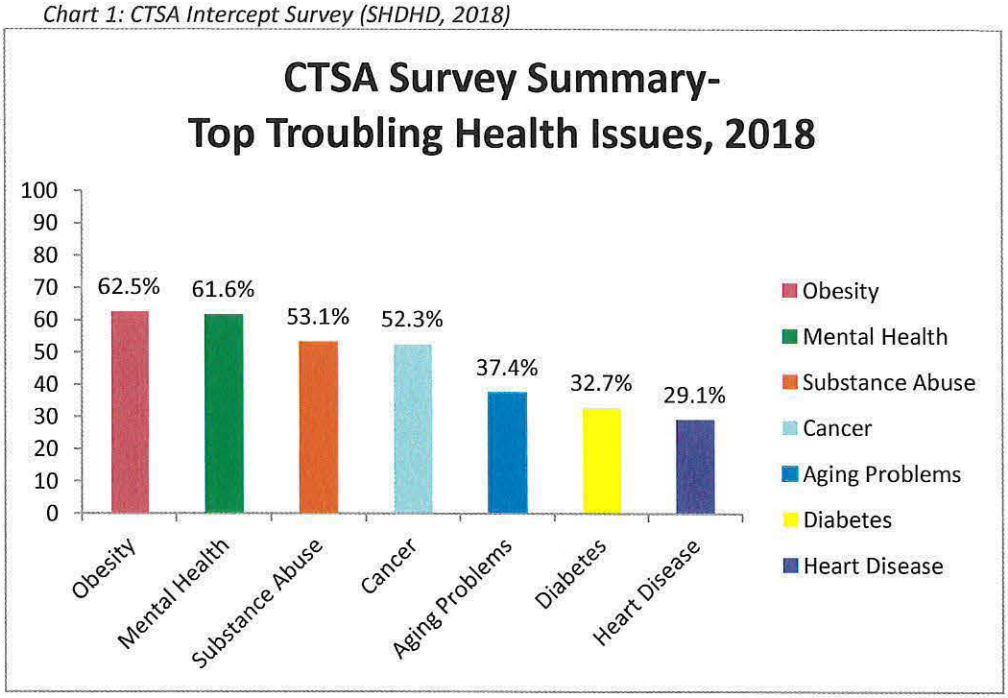
Other findings:

- Residents perceived their communities as good places to raise children, but were concerned about the lack of affordable childcare and lack of after school opportunities for children
- Need for local employment opportunities and local leisure time activities for adults
- Lack of "family friendly" jobs in local communities (flexible scheduling, health insurance, etc.)
- Distracted Driving – 49% felt this ranked third in the top 5 risky behaviors that impact their communities, *see chart 2.*

The CTSA results included a ranking of perceived health-related problems in the South Heartland District communities, *see chart 1.*

- *Responses to top five most troubling health–related problems in our community*

Chart 1: CTSA Intercept Survey (SHDHD, 2018)



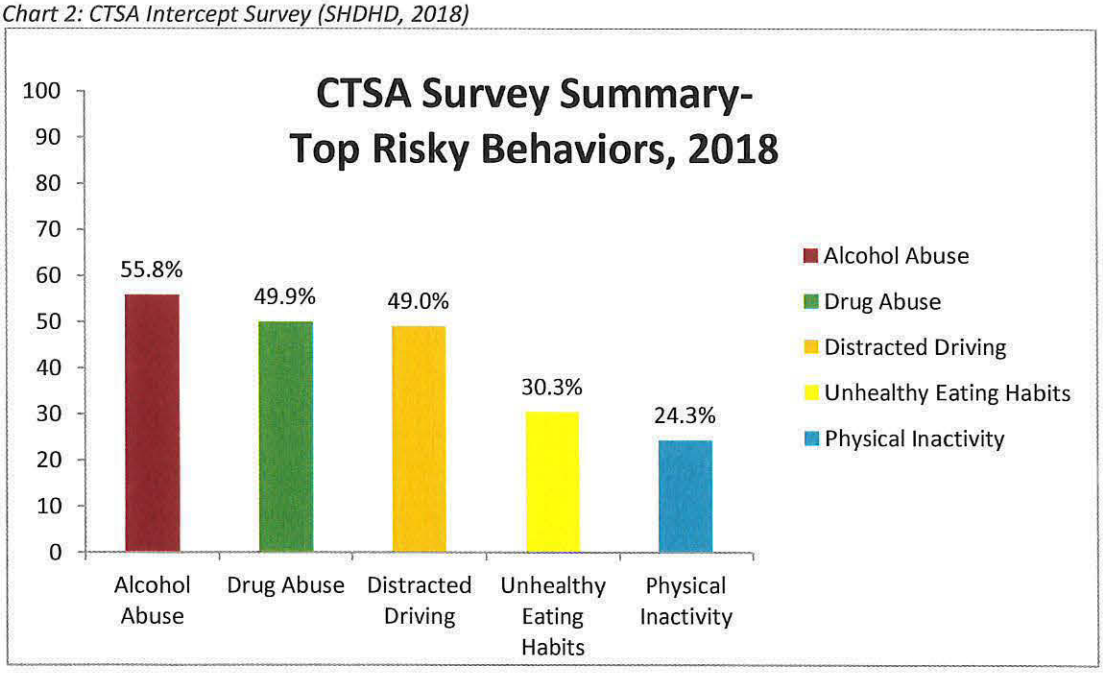
❖ *Respondents answered the following when asked to "name the one health problem you think your community should address first?"*

- Mental Health including Depression (32%)
- Substance Abuse (16%)
- Obesity (13%)
- Cancer (10%)
- Aging Problems (4%)
- Suicide, Diabetes, and all other (25%)

The CTSA results included a ranking of perceived risky behaviors in the South Heartland District communities, *see chart 2*.

❖ *Responses to top five risky behaviors that influence the health of community members*

Chart 2: CTSA Intercept Survey (SHDHD, 2018)



❖ *Respondents answered the following when asked to "name the one risky behavior you think your community should address first?"*

- Substance Abuse including Alcohol, Drugs, Tobacco Abuse (43%)
- Distracted Driving (24%)
- Poor Eating Habits (7%)
- Mental Health/Stress, Drunk Driving, and Lack of Physical Exercise (4% each)

The CTSA survey open-ended questions generated a wealth of responses. Response highlights and themes were identified by text analysis and representative comments (Attachments 2 and 6). Themes included care, services, mental health, providers, community, driving, health, drugs, and stress.

3. Community Health Status Assessment

The Health Status Assessment focuses on the community's health and quality of life by gathering and analyzing information on health status and risk factors. It helps answer these questions:

- How healthy are our residents?
- What are the health risks in our communities?
- Who is impacted most?

Adams County stakeholders review health status data.

Methods:

South Heartland health surveillance staff gathered data from a variety of local, state and national sources such as, but not limited to, Nebraska Vital Records, Behavioral Risk Factor Surveillance System reports, Youth Risk and Behavior Surveillance, Nebraska Risk & Protective Factor Student Survey, Nebraska Cancer Registry, DHHS injury data, US Census, County Health Rankings, hospital discharge data, local mental health needs assessment, and local infectious disease reports (Additional Data Appendices 1- 8). Categories of data included:

- Population characteristics
- Socioeconomic characteristics
- Quality of Life
- Behavioral Risk Factors
- Substance Abuse/Misuse
- Environmental Health Indicators
- Social and Mental Health
- Hospital ER usage
- Cancer Data
- Death, Illness and Injury
- Infectious Disease

Webster County stakeholders review health status data.

Results:
Data sets were collected at the county level when possible and compared to the 4-county health district, the state of Nebraska, and the United States, and data sets from multiple years were analyzed to assess trends. We created data summaries in the form of fact sheets to help stakeholders more readily review and understand the data. Fact sheet topics were chosen based on focus group and CTSA results, as well as SHDHD expertise. In addition to health status data, the fact sheets included economic impact, community burden, health disparities, quick facts taken from a variety of sources, and/or additional information on risk factors or prevention strategies. Selected results from the Community Themes and Strengths survey and the County Health rankings accompanied the fact sheets. The 10 fact sheets listed below were included in participant packets (Attachment 6) for the priority-setting activities:

- Cancer
- Aging Problems
- Environmental
- Child Abuse & Neglect/ Domestic Violence
- Obesity
- Diabetes
- Cardiovascular
- Injury
- Mental Health
- Substance Abuse - Alcohol, Tobacco and Other Drugs

Population Demographics Highlights:

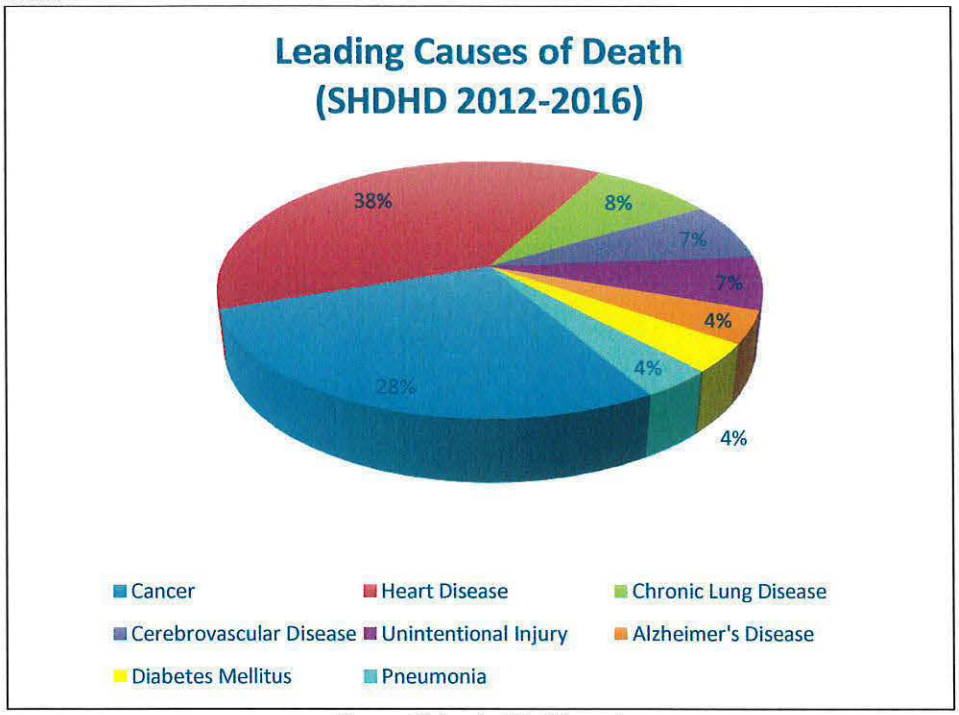
- Population declined in three of the four counties: (U.S. Census, 2010 to 2017)
  - Adams County (+1.0%)
  - Clay County (-5.1%)
  - Nuckolls County (-5.3%)
  - Webster County (-7.5%)
- Adams and Clay Counties have the largest minority populations (first number). The percentage of the total population that is Hispanic/Latino by county (second number): (U.S. Census, 2010 to 2017)
  - Adams County 10.7% / 8.1%
  - Clay County 8.7% / 7.7%
  - Nuckolls County 2.7% / 2.2%
  - Webster County 4% / 3.5%
- Percent of the population below poverty level: (U.S. Census, 2010 to 2017)
  - Adams County 12.4%
  - Clay County 11.1%
  - Nuckolls County 10.8%
  - Webster County 11.3%

Leading Causes of Death and Hospitalization highlights:

- Cardiovascular disease (heart disease plus cerebrovascular disease) is the leading cause of death for the South Heartland District and the second leading cause of death in Nebraska, *see chart 3*.

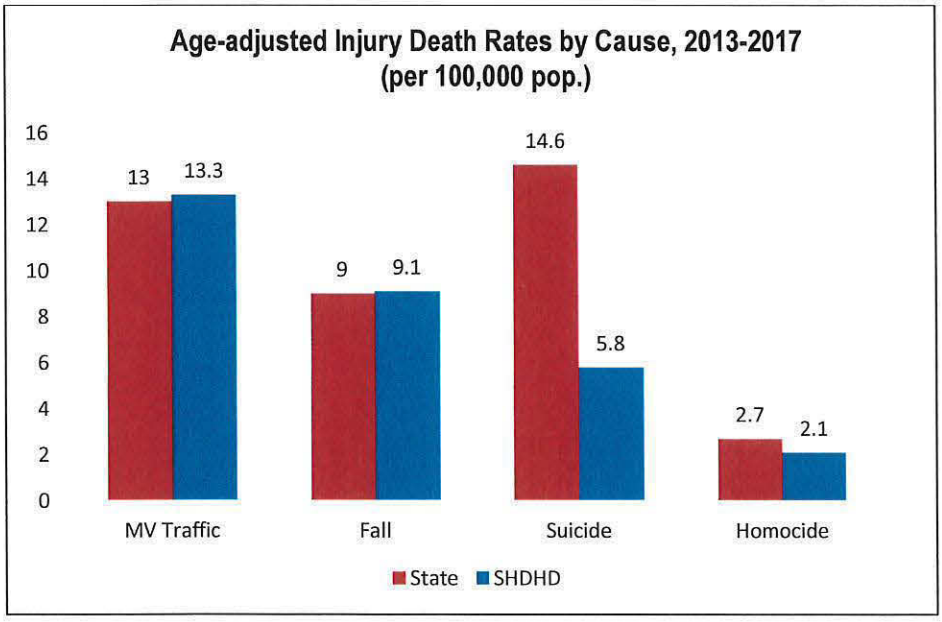
- Motor vehicle crashes were the leading cause of injury death in the counties served by SHDHD. Falls were the second leading cause of injury death; suicide was third, *see chart 4.*
- Heart disease is the leading cause of Years of Potential Life Lost (YPLL) Before Age 75 at 26.5%, followed by Cancer at 20.7% for the South Heartland District, *see chart 5*.

Chart 3



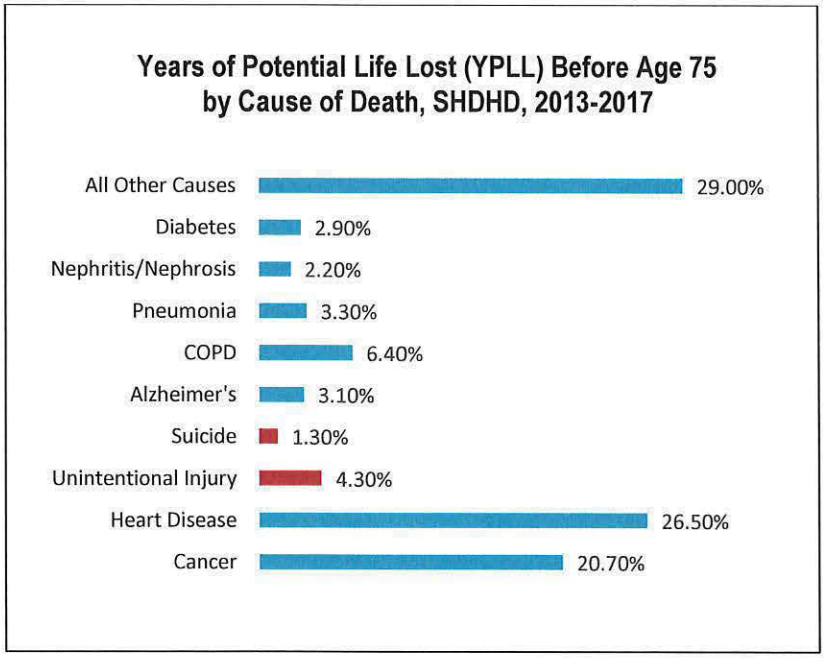
Source: Nebraska Vital Records

Chart 4



Motor vehicle crashes were the leading cause of injury death in the counties served by SHDHD. Falls were the second leading cause of injury death; suicide was third. Source: Nebraska Vital Records

Chart 5



***YPLL** is defined as the number of years between the age at death and a specified age (75); that is, the total number years "lost" by persons in the population who die prematurely of a stated cause. Ranking the causes of death can provide a description of the relative burden of cause-specific mortality. Source: Nebraska Vital Records*

Clay County stakeholders review health status data

Webster County stakeholder review health status data

B. Community Review of Needs Assessment Data and Priority Setting

Methods/Process:

Priority setting for health issues was accomplished during two separate meetings to identify five priority goals to address over the next six years. The two meeting were: 1) access to care gap analysis and 2) health issues priority setting. Meetings took place in four counties via video conferencing with primary facilitation occurring in Adams County. South Heartland staff members stationed in Clay, Nuckolls and Webster County meeting locations assisted the primary facilitator. A MAPP core team member was also present at each location. Nebraska Association of Local Health Directors (NALHD) provided technical support for teleconferencing via Go-to-Meeting to connect all four counties. Participant packets were developed for each meeting.)

Adams County stakeholders reviewing health system data. Clay, Nuckolls and Webster county stakeholders are connected by GoToMeeting (online meeting tool).

I. Access to Care Gap Analysis Priority Setting, September 18, 2018

Objectives: Share Data, Prioritize (Gaps in Availability of Health Care Services, Barriers to Accessing Health Care Services), Position for Strategy Development

Process:

This meeting allowed stakeholders to discuss root causes, gaps in services and barriers to accessing services in our local healthcare system. Participants reviewed and discussed data in small groups. Experts provided comments and/or additional information. Participants were then asked to identify and vote on the top two barriers to accessing healthcare and the top two gaps in services. Each participant submitted a worksheet with their votes and also voted at their location using colored stickers on a large grid mounted on the wall for a quick visual summary of that county's priorities. Voting sheets collected from all four counties were used to determine priority ranking by county and for the health district overall.

Agenda:

1. Brief Introductions & Housekeeping
2. Review of Objectives
3. Public Health System Overview
4. Data Review
5. Discussion
6. Prioritization

Adams county stakeholders

Informational Packets/Data:

Meeting Participant Packets provided data and other supporting information (see Attachment 2)

1. Agenda and Objectives
2. Public Health System Diagram
3. Social Determinants of Health Diagram *(Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes)*
4. Community Health Improvement Plan (CHIP) 2013-2018 Dashboard
5. County Health Rankings for Adams, Clay, Nuckolls and Webster Counties
6. Health System Focus Group Summaries
    a. Health System User Focus Groups, by County and Language
    b. Community Leader and Health System Provider Focus Groups, by County
7. Perceptions Regarding Access to Health Care, SHDHD 2018 Community Survey Results.
8. Professional Shortage Areas, Federal- and State-Designated
    a. Federal Health Professional Shortage Areas (HPSAs)
        i. Dental, 2018
        ii. Mental Health, 2018
        iii. Primary Care, 2018
        iv. Medically Underserved Areas/Populations, 2017
    b. State-Designated Shortage Areas (pp. 37-47)
        i. Family Practice, 2017
        ii. General Dentistry, 2017
        iii. General Internal Medicine, 2016
        iv. General Pediatrics, 2016
        v. General Surgery, 2016
        vi. Obstetrics & Gynecology, 2013
        vii. Psychiatry & Mental Health, 2017
        viii. Occupational Therapy, 2017
        ix. Pediatric Dentistry & Oral Surgery, 2016
        x. Pharmacist, 2016
        xi. Physical Therapy, 2017
    c. Governor-Designated Eligible Areas for Medicare Certified Rural Health Clinics, 2017
9. SHDHD Health Care Assets - Maps and Summaries
    a. Assisted Living Facilities Map
    b. Clinics Map
    c. Dental Providers Chart / Dental Hygiene Assets
    d. Drug & Alcohol Services Map
    e. Emergency Medical Services Map

f. Mental Health Providers Chart
g. Nursing Homes Map

10. Social Context and Vulnerable Populations for South Heartland District
    a. Food, Housing, & Financial Insecurities
    b. Poverty
    c. Agricultural Sector – Farm Families and Ag Workers
    d. Veteran, Military Service Men and Women and Their Families
    e. Veteran Barriers and Needs
    f. Special, At-Risk and Vulnerable Populations – Demographics
    g. Medicare Population and Access to Mental Health Services
    h. Hospital Emergency Department Usage and Payment Type
    i. Hospital Inpatient and Clinics – Payment Type
    j. Region 3 Behavioral Health - Services Summary, FY 2017-18

Additional Demographic References – on hand at each site:

a. Population Characteristics by County, American Community Survey, 2012-2016
b. Selected Economic Characteristics by County, ACS, 2012-2016

Results:

In each county, stakeholders participating in the health system assessment individually identified their selections for the top 2 gaps in services and top 2 barriers to accessing care. The aggregate results, by county and for the South Heartland District overall, are shown in Tables 1 and 2, below. Table 1 shows the ranked gaps in services by county and for the health district and Table 2 shows the ranked barriers to accessing care by county and for the health district.

Gaps. For the health district overall, the top gaps in services identified were: 1) mental health services and mental health practitioners, 2) substance abuse prevention and treatment services, 3) school-based health services, 4) specialty services, and 5) emergency services. In Nuckolls County, the top three priorities were the same as the overall ranking, but emergency services category was ranked #4 and specialty services category was ranked #5. Adams County prioritized the same top three gaps in services, but identified clinical preventative health services and dental as #4 and #5, respectively. In Webster County participants ranked substance abuse prevention and treatment services, holistic/alternative medicine, and eye/vision as their top three (tied) priorities, while Clay County ranked mental health services and mental health practitioners, substance abuse prevention and treatment services, and specialty services as the top three (tied) gaps in services.

Barriers. The top three barriers identified for the health district were:

1) Cost (e.g., prescriptions, office visits, hospital stays, co-pays, and deductibles)
2) Affordability
3) Insurance/Reimbursement (i.e., availability of coverage, provider accepts coverage)

Additional barriers included: transportation, education/awareness, poverty/ economic status, navigating the healthcare system, and health literacy. Individual counties differed in their ranking of barriers.

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CHA Access to Care
Priority-Setting Results

Results from Access to Care Priority Setting Meeting - September 18, 2018

Note: Ranking sorted by Total column values

Table 1.

Gaps in Available Health Care	Adams	Clay	Nuckolls	Webster	Total
Mental Health / Mental Health Practitioners	16	3	10	0	29
Substance Abuse Prevention & Treatment Services	13	3	9	2	27
School-Based Health Services (Nurse, Education, Screening, Wellness programs)	12	0	5	0	17
Specialty Services (Nephrology, Endocrinology, etc.)	5	3	4	1	13
Emergency Services (EMS, Fire/Rescue)	3	2	5	0	10
Chronic Disease Management Services (e.g., blood pressure monitoring programs)	5	0	3	1	9
Worksite Health Services (health fairs, screening, education, health coaching)	4	0	3	1	8
Wholistic/Alternative Medicine	4	0	2	2	8
Dental (pediatric or adult)	6	0	1	0	7
Clinical Preventative Health Services (i.e., immunization programs, cancer screening)	7	0	0	0	7
Community Preventative Programs (e.g., Health Fairs, Lifestyle change programs, Diabetes Prevention Classes)	4	0	3	0	7
Elderly Care/Geriatric Services	2	0	3	0	5
Faith-Based Health Services (Nurse, education programs, screening)	2	0	0	1	3
Eye/Vision	0	0	0	2	2
Pharmacy	0	2	0	0	2
Urgent Care/Emergency Care	0	1	1	0	2
In-patient Services (Hospital, Long Term Care, Assisted Living)	1	0	0	0	1
OB-GYN	0	0	0	0	0
Occupational Therapy/Physical Therapy/Speech Therapy	0	0	0	0	0

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CHA Access to Care
Priority-Setting Results

Results from Access to Care Priority Setting Meeting - September 18, 2018

Note: Ranking sorted by Total column values

Table 2.

Barriers in Accessing Health Care	Adams	Clay	Nuckolls	Webster	Total
Cost (e.g., prescriptions, office visits, hospital stay, co-pays, deductibles)	16	3	9	1	29
Affordability of Healthcare	14	3	7	0	24
Insurance/Reimbursement (availability of coverage, provider accepts coverage)	11	3	6	0	20
Transportation	5	2	5	0	12
Education/Awareness (importance of screening & prevention behaviors)	5	1	5	1	12
Poverty/Economic Status	8	0	1	2	11
Navigating the Healthcare System	7	0	2	2	11
Health Literacy (understand and use health information including billing and patient rights; understand discharge instructions, prescriptions/dosage, etc)	4	0	3	2	9
Time (appointment length, wait time to see/schedule a visit with a provider)	5	0	4	0	9
Hours of Operation (office hours)	3	0	3	0	6
Technology (apps, portals, telehealth, access & use of technology by patients and providers)	1	1	3	0	5
Provider turn-over/burnout	3	1	0	1	5
Reliable Health Information (knowledge of and access to valid & accurate sources)	2	0	1	1	4
Language	1	0	1	0	2
Veteran Status	0	1	1	0	2
Age	1	0	0	0	1
Trust in Provider	0	1	0	0	1
Race	0	0	0	0	0
Gender Status	0	0	0	0	0

II. Health Issues Priority Setting, September 25, 2018

Objectives: Share Data, Prioritize, Position for Strategy Development

Process:
The second priority-setting meeting, for Health Issues, was intended to provide an overview of community health status and specific information on ten health topics identified through CTSA as top concerns for the communities. This meeting also allowed stakeholders to discuss the results from the first meeting, access to care gap analysis (root causes, gaps in services and barriers in our local healthcare system) and how access to care impacted the various health issues. For each health issue, the process included small and large group discussion, brief presentation and Q&A with experts, and a scoring activity:

a. Participants briefly reviewed data on their own, and then discussed it with neighboring participants.
b. Experts provided highlights and/or additional information.
c. Each participant scored the four criteria for each health issue

Priority-setting methods:
Stakeholders were asked to rank the health issues based on four criteria: incidence/ prevalence, trends, community burden, and community perception of importance. Before reviewing the data, participants helped determine the relative importance of each of these criteria by contributing to a criteria weighting activity (i.e., should we pay more attention to how many people are affected by a condition or to how the community is impacted by the condition?). After data review and discussion, the participants were asked to rank the health issues based on these four criteria. Later, a sum of the scores for each health issue was weighted based on the weight of each criterion, resulting in a final weighted score for each health issue.

Results from the weighted scoring were presented by county and for South Heartland overall. These results were reviewed and top priorities finalized by the core team for inclusion in the new Community Health Improvement Plan.

Agenda:

1. Brief Introductions & Housekeeping
2. Review of Objectives
3. Criteria Weighting
4. Public Health System Overview
5. Data Reviews
6. Discussion
7. Assessing to Prioritize Community Health Issues
8. Evaluation

Nuckolls County stakeholders review health status data.

Informational Packets/Data: (Attachment 6)

1. Agenda and Objectives
2. Public Health System Diagram
3. Social Determinants of Health Diagram
4. Community Health Improvement Plan (CHIP) 2013-2018 Dashboard
5. County Health Rankings for Adams, Clay, Nuckolls and Webster Counties
6. Community Theme and Strengths Assessment, CTSA, Survey Summaries
   Included Community Perceptions of top health issues and top risky behaviors in their communities
7. Priority Fact Sheets
   Included the following information: Incidence and prevalence, demographics, comparisons, trends, perceived need/importance from Community Themes and Strengths Assessment, behavioral and other risk factors, disparities (when available), data sources, and other pertinent information.
   a. Cancer
   b. Aging Problems
   c. Environmental
   d. Child Abuse & Neglect/ Domestic Violence
   e. Obesity
   f. Diabetes
   g. Cardiovascular
   h. Injury
   i. Mental Health
   j. Substance Abuse - Alcohol, Tobacco and Other Drugs

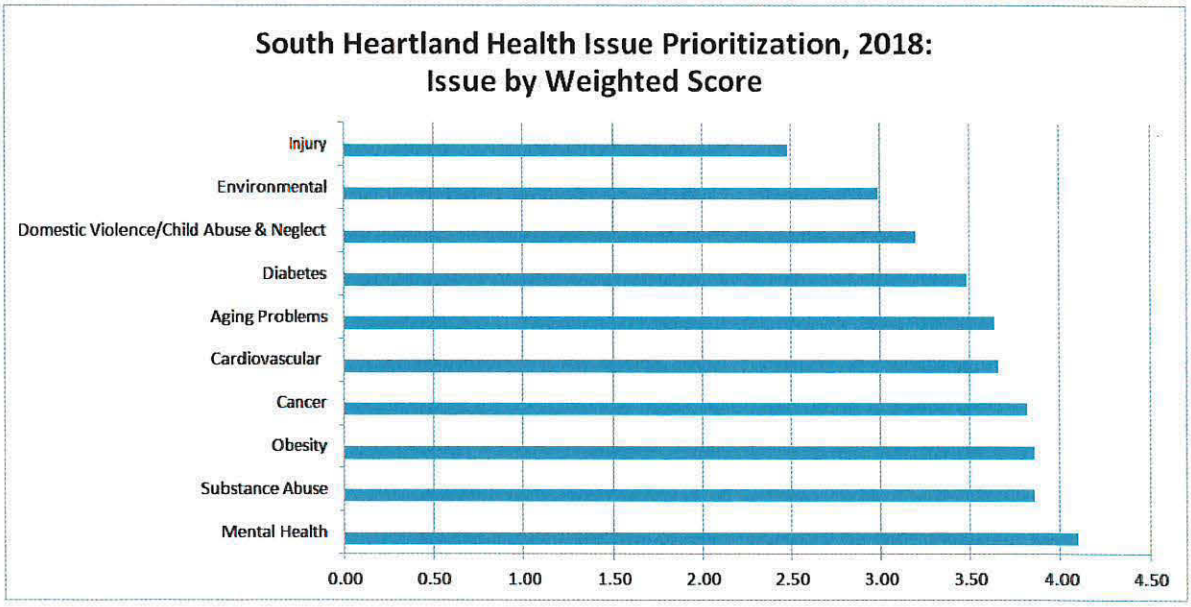
Results:

The results of the health issue priority setting activities are presented in Charts 1-4, below. Chart 1 presents the ranking of the health issues by weighted score for the health district overall. The top four issues are mental health, substance abuse, obesity and cancer.

We also analyzed the priorities by county for Nuckolls County (primary service area for Brodstone Memorial Hospital and for Adams County (primary service are for Mary Lanning Healthcare), non-profit hospitals with IRS requirements to complete community needs assessments. Chart 2 presents the health issues by weighted score for Nuckolls County, using criteria weights from Nuckolls County and Chart 3 presents the health issues by weighted score for Adams County, using criteria weights from Adams County. In each case, the same health

issues are in the top four priorities, with mental health the #1 priority, although the order varies for priorities #2-#4.

Chart 1.



HEALTH DEPARTMENT
CHA Health Issues
Priority-Setting Results
10.09.18

Chart 2.

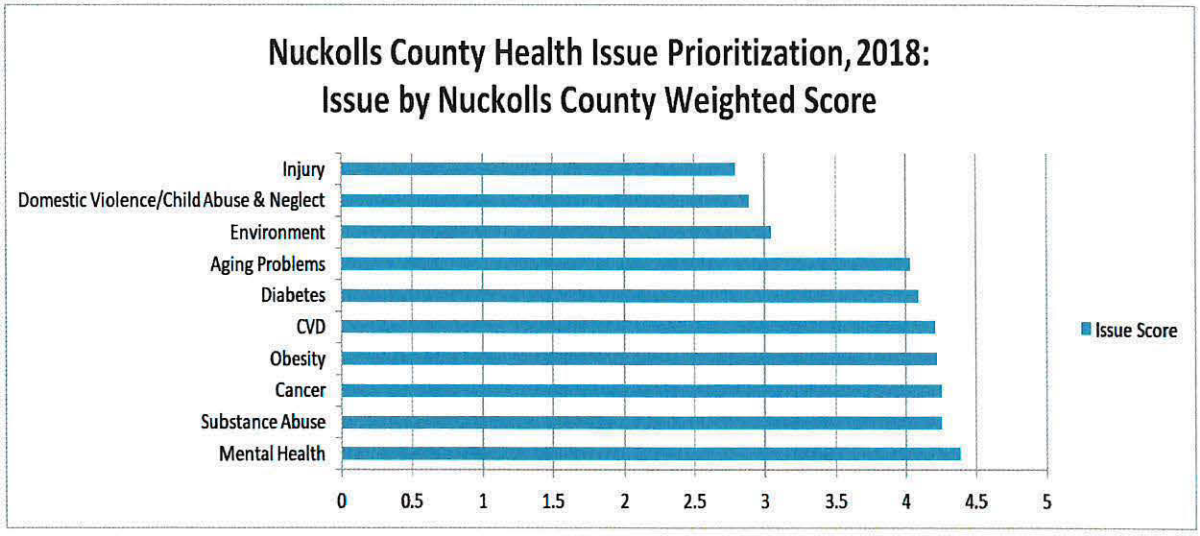
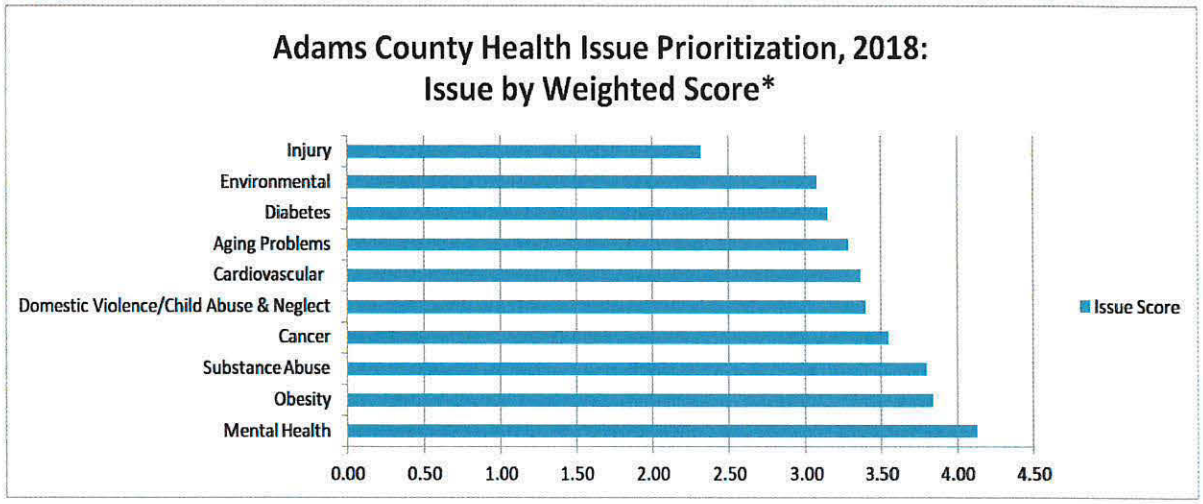


Chart 4.



*Adams County criteria weights = SHDHD criteria weights

The MAPP Core Team reviewed and discussed these priority-setting results and came to the agreement that mental health, substance misuse, obesity and cancer would be the priorities for the next community health improvement plan. The team agreed to include "related conditions" (e.g., diabetes, cardiovascular) with the obesity priority, as these share risk factors and many strategies addressing obesity also would be able to address associated chronic conditions.

The team also agreed that the older adult population, as a vulnerable, at-risk population, and should be taken into consideration during strategy development for each of the priorities.

Finally, the team agreed that accessing health care services is a fundamental priority for the health district. This priority is also woven through each of the other community health priorities.

The finalized community health priorities for the 2019-2024 Community Health Improvement Plan are shown along with goals for each priority in the graphic that follows:

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CONNECTING PEOPLE & RESOURCES ADAMS CLAY 4 WEBSTER NUCKOLLS STRONG & HEALTHY COMMUNITIES

Community Health Priorities 2019-2024

Access to Health Care

Goal 1: Access to Health Care

Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.

Goal 2: Mental Health

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

Goal 3: Substance Misuse

Reduce substance misuse/risky use to protect the health, safety and quality of life for all.

Goal 4: Obesity & Related Health Conditions

Reduce obesity and related health conditions through prevention and chronic disease management

Goal 5: Cancer

Reduce the number of new cancer cases as well as illness, disability and death caused by cancer

C. Community Health Improvement Plan (CHIP) Development: Strategy Meetings for the Health Priorities

Process:
Three strategy meetings were held on October 31, November 14 and December 12, 2018. These meetings presented selected health system assessment (access to care) outcomes, Community Health Improvement Tracker for previous CHIP (Attachment 7), new priorities for 2019-2024, and resources (Attachment 8) for evidence based practices. National/State/Regional plans, and additional data links for each priority. These meetings allowed for brainstorming on new strategies for each health priority. Stakeholders from all four counties participated from a location in each county connected (Go-to-Meeting online meeting tool) to the South Heartland primary facilitator in Hastings. South Heartland staff members stationed in Clay, Nuckolls and Webster County meeting locations assisted the primary facilitator. At least one MAPP core team member was also present at each location. SHDHD staff trained in Go-to-Meeting provided technical support for videoconferencing to connect all four counties. Participant meeting packets were provided at all three meetings.

October 31 meeting: participants were asked to review access to care strategies from our 2012-2018 CHIP, and identify any strategies that would help address newly prioritized barriers and gaps.

November 14 meetings:
We held separate strategy meetings for each health priority, consecutively throughout the day. At each meeting, participants were asked to review existing partners and programs for that health issue and add partners and programs or strategies that were missing from the list.

Next, participants were asked 1) what new strategies might be needed, 2) what is missing and what should be added. Additional considerations for discussion included: 1) target population 2) how might this strategy address issues captured in the focus groups, and 3) resources, feasibility, community strengths, opportunities, threats, current partners and other partners to be included.

December 12 meetings:
Again, we held separate strategy meetings for each health priority, consecutively throughout the day. For each of the five priorities, SHDHD summarized the reoccurring themes from the October and November meetings and developed a strategy worksheet. The strategy worksheet was organized by overarching themes: Health System, Community Based, Empowerment, Resources, and Policy/Environment. Participants reviewed and discussed the proposed strategies and were asked to "endorse" strategies their organizations could support or that they thought should be included in the 2019-2024 CHIP.

Nuckolls County stakeholders discuss strategies to address priority issues.

Results:

Data to Action: Community Health Improvement Planning

Following the December strategy meetings, SHDHD created a final summary of strategies for each of the five priority areas, and categorized these by themes of health system, community based, resources, empowerment and policy/environment. SHDHD produced a crosswalk of these strategies with the list of organizations endorsing each strategy, as well as with known evidence-based strategies. The Community Health Improvement Plan 2019-2024 contains the final strategies for each priority to include goal and objective statements, measures, baselines, targets, evidence-based resources, and short-term, mid-term and long-term key performance indicators.

Community stakeholders collaborated on the facilitated development of the district wide Community Health Improvement Plan (CHIP). In 2019 and beyond, steering committees for each priority will move the plan components into the Action Phase (CHIP implementation).

Additional Data (Appendices 1 -8)

Attachments

Attachment 1: MAPP Participation

Attachment 2: Data Review and Priority Setting for Access to Healthcare - Meeting Packet

- County Health Rankings by Nebraska and SH Counties
- Community Themes and Strengths Survey Results
- Professional Shortage Areas
- SHDHD Healthcare Assets Maps and Summaries
- Social Context and Vulnerable Populations for South Heartland District
- Local Hospital and Clinic Data

Attachment 3: Focus Group Summary Report

Attachment 4: Focus Group Summary Tables

Attachment 5: SHDHD Community Themes & Strengths Intercept Survey

Attachment 6: Priority Setting for Health Issues - Meeting Packet with Fact Sheets

- Cancer
- Environmental
- Domestic Violence, Sexual Assault & Child Abuse/Neglect
- Overweight/Obesity
- Diabetes
- Cardiovascular, Heart Disease, Stroke
- Injury
- Mental Health
- Alcohol/Tobacco and Substance Abuse

Attachment 7: Community Health Improvement Tracker, 2016

Attachment 8: Resources for Each Priority (Evidence based practices, National/State/Regional Plans, additional data links)

Appendices - Additional Data:

Appendix 1: SHDHD Behavioral Risk Factor Surveillance System (BRFSS), 2016

Appendix 2: SHDHD BRFSS, 2011-16 Detailed Tables

Appendix 3: BRFSS 2016, Veterans and Their Families

Appendix 4: Youth Risk Behavior Survey 2016, Youth Mental Health

Appendix 5: SHDHD Nebraska Risk and Protective Factor Student Survey (NRPFSS), 2016

Appendix 6: NRPFSS 2016, Adams County

Appendix 7: NRPFSS 2016, Clay County

Appendix 8: NRPFSS 2016, Nuckolls County

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Brodstone Memorial Hospital Community Health Improvement Plan

Health Priority Goal #1: Access to Care

Goal: Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
Develop Healthcare navigator program	Decrease barriers for access and improve continuity of care	Enroll 10 patients into program	Improve outcome and experience with these patients	
Patient Convenience	Use patient portal for appointment reminder text	Implement text message reminders for patients	Decrease phone calls to patients for appointment confirmation	
Expand Specialty Care and increase access to care	Institute centralized scheduling	Evaluate potential for centralized scheduling process system wide	Are we ready or not for centralized scheduling	
	Add specialties offered	Add 5 new specialty areas i.e. ENT, Urology, Dermatology, Mental	Be creative with recruitment- potentially fly in for	
	Expand existing specialties	Additional days for Oncology, General Surgery, Mental Health, and Orthopedics	Partner with organizations through Telehealth	
	Increase availability of RHC timely appointments	Urgent conditions should be scheduled same day	Urgent conditions should be scheduled same day	
		Non-urgent conditions should be scheduled within 5 days		

Health Priority Goal #1: Access to Care

Goal: Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
		Preventative appointments should be scheduled within 30 days		
	Evaluate a Transportation Service	Work with Social Services to identify a need for transportation	Develop a transportation plan that meets the needs of our patients	
Recruit Family Practice Doctor	Fully staffed RHC and satellite clinics	At least 4 Doctors and 4 Mid-levels employed	At least 4 Doctors and 4 Mid-levels employed Current Provider involvement	
Improve Financial literacy of our patients	Develop a Financial Counseling program for patients	Patient Care loans-Bank loans or Care Credit cards Adopter recognition for patient financial communications	Improved financial wellbeing of patients by reducing accounts turned over to collections	
		Implement Patient Liability Estimator		

Health Priority Goal #1: Access to Care

Goal: Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
Open communication with our community	Develop a patient advisory team	Meet with Patient Advisory Team semi annually	Improved patient satisfaction	
Expanded Health Fair Services- Ped Dental, Carotid (BMH Doppler),Stroke, Diabetes (Foot), Eye-using local resources	Add 2 additional screenings to Health Fair	Stroke scan added	Decrease number of strokes/AAA in the community	
Expanded Health Fair Services- Ped Dental, Carotid (BMH Doppler),Stroke, Diabetes (Foot), Eye-using local resources Partnership with School on Health opportunities	Establish consistent eye evaluation	Aneurysmal evaluation added yearly presence	Increase use of Eye evaluations at the health fair	

Health Priority Goal #1: Access to Care

Goal: Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
Expanded Health Fair Services- Ped Dental, Carotid (BMH Doppler),Stroke, Diabetes (Foot), Eye-using local resources Partnership with School on Health opportunities Partnership with School on Health opportunities Improve continuity of care between all local healthcare organizations	Dental participation in the health fair	Ask Peak Dental & Mazour Dental if interested in participating	Increase use of Dental evaluations at the health fair	
	Establish a Sports Medicine program with area schools	Contractual relationship with 3 schools to provide Sports Medicine	Improved access in preventative programs available to athletes	
Business Wellness- Partnership outside of healthcare	Establish a consistent opportunity for communication	Semi-Annual meetings	Improved communication	
	Expand community wellness program	Create 2 new programs for the elderly	25 Participants per year and grow by 5 per year	

Health Priority Goal #2: Mental Health

Goal: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
Partnership with School on Health opportunities	Improve access to mental health services for school age children	Establish consistent process for mental health evaluation of school age children	Establish continuity of care for mental health patients within the school	
Expand mental health services	Establish outpatient mental health program	Increase outpatient mental health visits by 10%	Increase visits to mental health	

Health Priority Goal #3: Substance Misuse

Goal: Reduce substance misuse/risky use to protect the health, safety and quality of life for all.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
Develop Best practice protocols	Utilize evidence based Family Practice guidelines to develop multi-disciplinary team best practice protocols	Create standardized care practice for Low Back Pain, Sepsis, Opioid, Diabetes	Created plans for best practice in all identified areas	
Develop Opioid Prescription practice	Provide education to staff and public on Opioid prescription practices	Decrease Opioid prescriptions by 50	Reduce number of Opioid prescriptions given	
Increase Awareness of Substance Misuse in the Community	Work in partnership with the school to develop a drug education program	Development of educational program	Reduce the number of users	

Health Priority Goal #4: Obesity & Related Health Conditions

Goal: Reduce obesity and related health conditions through prevention and chronic disease management.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
Develop a Transitional/Chronic Care program	Implement home based monitoring for COPD, Diabetes, and Hypertension	25% of chronic care patients contacted routinely	5% decreased spending per chronic care patient over the last year	
	5% per year increase in chronic care program	Decrease all cause 30 day readmit (at 12.4%)		
	Formalize and boost transitional care program			
Achieve ACO Goals	Institute team based care approach	Implement Interdisciplinary Team daily process	Have 80% attendance of all departments involved	
Expanded Health Fair Services- Ped Dental, Carotid (BMH Doppler), Stroke, Diabetes(Foot), Eye-using local resources	Expand Diabetic education to include foot care	Increase admissions to Diabetic Education program	Increase number of diabetic referrals to providers	

Health Priority Goal #4: Obesity & Related Health Conditions

Goal: Reduce obesity and related health conditions through prevention and chronic disease management.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
Improve continuity of care between all local healthcare organizations	Develop a Business health program to include pre-employment drug screens and evaluations, Dietitian services	Enroll 3 businesses per year	Reduce workman's comp mod rate for partnered businesses	
	Increase the number of activities within the county related to wellness	Develop a series of 5 wellness events annually	Established wellness programs within the business	
Expand community use of the therapy pool	Low impact mobility aerobics Ai Chi Running/Sports Medicine	Increase usage by 25%	Improve mobility within the region	

Health Priority Goal #5: Cancer

Goal: Reduce the number of new cancer cases as well as illness, disability and death caused by cancer.

Objective	Goals 2019-2021	Measures	Outcome	Progress/Action
Achieve ACO Goals	Provider proactive with patient wellness visits and screenings	compliance of wellness visits and screenings	10% increase in wellness visits and screenings per year	
	Advertisement of wellness and screening benefits	Create Ad campaign for awareness in Colon, Breast, & BMI screenings	10% increase in these 3 screenings per year	
Establish tobacco cessation program	Increase number of participants	15 participants in the program per year	Reduce number of tobacco users in the region	
Establish out-patient chemo infusion program	Increase access locally to chemo infusion	Train nurses and pharmacy construction completed	Treat 3 t o 5 patients in the first quarter of operation	

Approval and Distribution

The Brodstone Memorial Hospital Community Health Needs Assessment & Community Health Improvement Plan was approved by the Board of Trustees at its regular monthly meeting, held April 22, 2019. This report is accessible to the public and may be viewed on the hospital website, http://brodstonehospital.org/. Written copies will also be available upon request.

Pat McCord _____ April 22, 2019

Pat McCord, President, Board of Directors
Brodstone Memorial Hospital

Treg Vyzourek _____ April 22, 2019

Treg Vyzourek, Chief Executive Officer
Brodstone Memorial Hospital

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Section #1 – Community Engagement: SHDHD CHA/CHIP Participation

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Community Engagement: SHDHD CHA/CHIP Participation, 2018

County	Last Name	First Name	Organization	Focus Groups			Priority Meetings		Strategy Meetings							
				Spanish User	User	Leader	ATC	Hlth Issues	ATC	MH -1	SM - 1	O -1	C -1	MH-2	SM-2	O-2	C-2
							09.18.18	09.25.18	10.31.18	11.14.18				12.12.18			
Adams	Uhrmacher	Carissa	YWCA Adams County					X		X	X						
Adams	Hackler	Jinx	Hastings Respite Care							X				X			
Adams	Henrie	Susan	South Central Behavioral Services			X				X	X			X	X		
Adams	VanSkiver	Anne	Catholic Social Services			X				X	X						
Adams	Kern	Kim	Mary Lanning			X		X	X	X				X			
Adams	Chamberlain	Liz	South Heartland District Health Department							X	X		X	X/NU. Co.	X/NU. Co.	X/NU. Co.	X/NU. Co.
Adams	Starling	Brad	Hastings Fire and Rescue				X			X							
Adams	Baber	Lea	Mary Lanning Healthy Beginnings							X	X			X	X		
Adams	Lindblad	Susan	Hastings Public Schools						X	X				X			
Adams	Rutt	Dan	Revive Ministries and Horizon Recovery			X			X	X	X						
Adams	Cannon	Anne	Hastings Literacy Program/Central Community College							X	X	X		X	X	X	
Adams	Sullivan	Becky	Mary Lanning Memorial Hospital						X	X	X	X	X	X	X	X	X
Adams	Hafer	Amy	Hastings Public Library							X							
Adams	Neumann	Chuck	Adams County Board			X		X		X	X	X					
Adams	Morgan	Jim	South Heartland District Health Department			X		X		X							
Adams	Fegler-Daiss	Donna	Adams Count Attorney's Office											X	X		
Adams	Gressley	Tiffany	Region 3 Behavioral Heath Services				X	X						X	X		
Adams	Lofquist	Lauren	Parent; Education											X			
Adams	Mignery	Judy	Adams County											X	X		
Adams	Bourn	Michaela	Harvard Public School											X	X		
Adams	Graves	Jodi	United Way				X	X			X	X	X		X	X	X
Adams	Smith	Amber	Americorps Vista CNCAA-GI								X			X	X		
Adams	Sanders	Charlene	Mary Lanning Memorial Hospital					X			X				X		
Adams	Plohocky	Jonathan	Horizon Recovery and Counseling Center				X	X	X		X				X		
Adams	Vraspir	Will	ASAAP/ Hastings Tribune								X						
Adams	Powell	Mandi	Hastings Family YMCA									X	X			X	
Adams	Stickels	Troy	YMCA			X	X	X	X			X	X			X	
Adams	Ourada	Doug	Eaton/UW					X				X	X			X	X
Adams	Molnar	Sally	MCC-ML					X	X				X				X
Adams	Jacobs	Adam	United Way					X					X				X
Adams	Warner	Jeromy	Lanning Center											X			
Adams	Springer	Jo	SASA Crisis Center						X					X	X		
Adams	Hessler	Brian	Hastings Police Department											X	X		
Adams	Gilbert	Tonna	Head Start											X	X		
Adams	Whitcomb	Dawna	Adams County Health & Wellness Comm.											X			
Adams	Creech	Kim	HPS Lincoln School											X		X	
Adams	Warner	Jessica	SHDHD			X	X	X	X					X	X	X	X
Adams	Streufert	Brindi	Mary Lanning Hastings Family Care											X	X		
Adams	Mullen	Shane	12 Step Representative												X		
Adams	Creech-Will	Stef	ASAAP					X							X		
Adams	Sander	Berry													X		
Adams	Julian	Terry	Hastings Public Schools				X					X				X	
Adams	Wells	Cami	Nebraska Extension					X								X	
Adams	Knott	Erika	YMCA									X				X	
Adams	Schrophfer	Andrea															X
Adams	Hazen	Tricia	Community Member		X												
Adams	Hazen	Ladelle	Student		X												
Adams	Allen	Karen	Community Member		X												
Adams	Market	Anthony			X												
Adams	Nelson	Kathy	Edgewood Vista Memory Care		X												
Adams	Williamson	Kyle	Hastings Police Department		X												
Adams	Sidlo	Jenny	Hastings Utilities		X			X									
Adams	Najera	Lorena	SHDHD		X		X	X	X								
Adams	Rodriguez	Rosa		X													
Adams	Guitierrez	Susana		X													
Adams	Briseno	Elsa		X													

Key: ATC - Access to Care, MH - Mental Health, SM - Substance Misues, O - Obesity, C - Cancer

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							09.18.18	09.25.18	10.31.18	11.14.18				12.12.18			
Adams	Quin	Adder		X													
Adams	Del Pal	Sadys		X													
Adams	Santana	Cecilia		X													
Adams	Ramirez	Juvencio		X													
Adams	Woods-Ramsey	Pavlette	Central Community College, Health Sciences			X											
Adams	Littrell	Elizabeth	Hastings College			X											
Adams	Wolfe	Brooke	SHDHD			X											
Adams	Johnson	Janis	SHDHD			X											
Adams	Middleton	Tracy	Nebraska VR			X											
Adams	Schroeder	Leslie	Oakeson Steiner Wealth & Retirement			X											
Adams	Kohmetscher	Michelle	Horizon Recovery and Counseling Center			X											
Adams	Johnson	Charlene	Nebraska VR			X											
Adams	Story	Adam	Hastings Police Department			X											
Adams	Music	Casey	Midland Area Agency on Aging			X	X	X									
Adams	Cox	Jacquie	Goodwill			X											
Adams	Curtis	Andrea	OB/GYN			X	X										
Adams	Putnam	Chelsea	TSA			X											
Adams	Hultman	Dorrann	SHDHD			X		X	X								
Adams	Stutte	Laura	YWCA Adams County			X		X									
Adams	Burbach	Deena	Mary Lanning Healthcare - Community Health			X		X	X								
Adams	Bredenkamp	Kevin	Mary Lanning Healthcare - Community Health			X	X	X									
Adams	Jacobi	Jody	Regency Retirement			X											
Adams	Kern	Pat	Mary Lanning			X											
Adams	Cutright	Bruce	Mary Lanning			X											
Adams	Cloet	Wanda	Central Community College			X											
Adams	Bever	Michelle	SHDHD			X	X	X									
Adams	Bruce	Jane	Catholic Social Services			X											
Adams	Ayres	Sarah	Cooperative Producers, Inc.			X	X										
Adams	Carpenter	DeAnn	Mary Lanning			X											
Adams	Schwartzkopf	Dan	Kroll Agency Inc			X											
Adams	Keiser	Neel	Adams County Bank			X											
Adams	Florek	Rachel	Mary Lanning			X											
Adams	Krueger	Kim	Hastins High School			X											
Adams	Reimer	Judy	Board of Health			X											
Adams	Gilbert	Tonna	Head Start			X											
Adams	Allen	Michaela	Mary Lanning Trust			X											
Adams	Boutin	Jeremy	The Making		X												
Adams	Kister	Marcy	Community Member		X												
Adams	Kister	Tone	Community Member		X												
Adams	Schukei	Chris	Hastings College		X												
Adams	Combruck	Annie	Hastings Middle School		X												
Adams	Bohmfalk	Pam	Hastings College		X												
Adams	Jackson	Cody	St. Cecilia		X												
Adams	Root	RuAnn	CASA of South Central Nebraska				X	X									
Adams	Labouchardiere	Angela	Western Althernative Corrections Inc.				X										
Adams	Schram	Brandee	United Way				X	X									
Adams	Tunks	Lawrence	Hastings Public Schools				X										
Adams	Williamson	Jan	Mary Lanning Healthcare				X	X									
Adams	Johnson	Tammie	Mary Lanning Healthcare				X										
Adams	Junker	Belva	Grief Share				X	X	X								
Adams	Jones	Mat	United Way					X									
Adams	Hubl	Lisa	Department of Labor					X									
Adams	Piper	Geena	SHDHD					X									
Adams	Schroeder	Tara	The Bridge, Inc.					X									
Adams	Bower	Valerie	Mary Lanning Healthcare					X									
Adams	Uldrich	Jenny	SASA Crisis Center					X									

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							09.18.18	09.25.18	10.31.18	11.14.18				12.12.18			
Adams	Drozd	Brandon	Central Nebraska AHEC						X								
Adams	Barnes	Judy	State Farm Insurance						X								
Adams	Sachs	Adam	United Way						X								
Adams	L'Heureux	Marisa	Mary Lanning Healthcare						X								
Adams	Edwards	Carrie	Mary Lanning Home Care						X								
Adams	Shuck	Debby	Senior Action						X								
Adams	Carritt	Nicole	Nebraska Area Health Education Center (AHEC) Program Director						X								
Webster	Horne	Gene	Red Cloud Ambulance and Red Cloud City Council			X	X	X	X	X	X	X	X	X	X	X	X
Webster	Kumke	Carol	Webster County Senior Services						X	X			X			X	
Webster	Hallock	Mirya	Webster County Community Hospital			X	X	X	X	X	X	X	X	X	X		X
Webster	Korth	Jean	South Heartland District Health Department				X	X	X	X	X	X	X	X	X	X	X
Webster	Hajny	Amanda	Cherry Corner Estates Administrator			X								X			
Webster	Lutz	Lora	Heritage of Red Cloud Social Services											X	X		
Webster	Grams	Kim	Hertiage of Red Cloud Administrator			X			X					X		X	X
Webster	Bohrer	Roger	Webster County Commision			X											
Webster	Ratzlaff	Gary	Red Cloud Mayor			X											
Webster	Klingenberger	Debra	Webster County Courhouse			X											
Webster	Zambrano	Kerra	The Valley Cloud Development Center			X											
Webster	Woods	Marcia	Community Member		X												
Webster	Kuehner	Ron	SHDHD Board Member		X												
Webster	Hartman	Janice	Hospital Board		X												
Webster	Crook	Roger	Community Member		X												
Webster	Ostiliek	Sharan	Community Member		X												
Webster	Ostiliek	Ron	Community Member		X												
Webster	Whipple	Carter	Community Member		X												
Webster	Whipple	Kerry	Community Member		X												
Webster	Hultman	Dorrann	South Heartland District Health Department				X										
Webster	Berns	Audrey	Citizen					X									
Nuckolls	Shepard	Jessica	ESU 9/Superior Schools											X			
Nuckolls	Svoboda	Madeline	ESU 9/ Univeristy of Nebraska at Kearney											X			
Nuckolls	Herbek	Blythe	Preserve Rural Ne											X			
Nuckolls	Tinkham	Karen	Brodstone Memorial Hospital				X	X	X	X	X	X	X	X	X	X	X
Nuckolls	Madson	Terry	Preserve Rural Ne					X		X				X			
Nuckolls	Scroggins	Ken	Volunteer		X				X	X							
Nuckolls	Field	Kori	Brodstone Memorial Hospital				X	X	X	X	X	X	X	X	X	X	X
Nuckolls	Hultman	Dorrann	South Heartland District Health Department							X	X	X	X	X	X	X	X
Nuckolls	Garver	Angela	Brodstone Memorial Hospital				X	X	X	X	X			X	X		
Nuckolls	Vyzourek	Treg	Brodstone Memorial Hospital				X	X			X				X		
Nuckolls	Kohmetscher	Lorri	Brodstone Memorial Hospital		X				X			X				X	
Nuckolls	Baker	Judy	Brodstone Memorial Hospital					X	X			X				X	
Nuckolls	Meyer	Peggy	SHDHD/Mental Health Provider				X	X	X					X			
Nuckolls	Tuttle	DeAnna	Midland Area Agency on Aging											X			
Nuckolls	Kotinek	Bob	Nuckolls County			X											
Nuckolls	Blum	Matthew	Good Samaritan Society			X		X									
Nuckolls	Wehrman	Kristi	LN Schools			X											
Nuckolls		Jason	Central National Bank			X											
Nuckolls	Henderson	Jamie	Caring Friends in Home Care			X											
Nuckolls	Burns	Tiffany	NALHD			X											
Nuckolls	Watson	James	VFR Service		X												
Nuckolls	Smith	Kara	School		X												
Nuckolls	Schendt	Sandra	Nelson Rescue Squad & City of Nelson		X												
Nuckolls	Elledge	Nick	Nuckolls County Emergency Management		X		X		X								
Nuckolls	Jensen	Melissa	Lighthouse ChildCare Center		X												
Nuckolls	Bunker	Sherri			X												
Nuckolls	Flores	James	Lab		X												
Nuckolls	Sibert	TJ	SVRS		X												

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							09.18.18	09.25.18	10.31.18	11.14.18				12.12.18			
Nuckolls	Allgord	Jill	Superior Police Department		X												
Nuckolls	Reinke	Janice	Hope Pregnancy Center		X												
Nuckolls	Wyatt	Crystal	Brodstone Memorial Hospital				X	X									
Nuckolls	Wolfe	Brooke	SHDHD				X	X	X								
Nuckolls	Borden	Sandy	Brodsone Memorial hospital				X	X	X								
Nuckolls	Wehrman	Doug	Brodstone Memorial Hospital				X	X									
Nuckolls	Schnakenberg	Amanda	Brodstone Memorial Hospital				X										
Nuckolls	Hedstrom	Rebecca	Brodstone Memorial Hospital					X									
Nuckolls	Guilkey	Sue	Brodstone Memorial Hospital					X									
Nuckolls	Hiatt	Tim	Brodstone Memorial Hospital					X									
Nuckolls	Flaafa	Chris	Brodstone Memorial Hospital					X									
Nuckolls	Goos	Lisa	Superior Family Medical Center					X									
Nuckolls	Peterson	Rhonda	Brodstone Memorial Hospital					X									
Nuckolls	Alvarez	Dena	Brodstone Memorial Hospital					X	X								
Nuckolls	Gonser	Tyler	Brodstone Memorial Hospital						X								
Nuckolls	Short	Shannon	Brodstone Memorial Hospital						X								
Nuckolls	Chamberlain	Liz	SHDHD											X	X	X	X
Clay	Uden	Loren	Clay County Emergency Manager Agency, Emergency Response			X	X			X	X	X	X	X	X	X	X
Clay	Higby	Tara	Qualtiy Healthcare, Clinic Manager							X	X			X	X		
Clay	Johnson	Janis	South Heartland District Health Department		X	X	X	X	X	X	X	X	X	X	X	X	X
Clay	Kinnaman	JoDe	Head Start											X	X	X	
Clay	Moore	Rachael	Sutton High School											X	X		
Clay	Irons	Mike	County			X											
Clay	Duncan	Tory	Clay County News			X											
Clay	Petr	Ryan	Glenvil, Village Board/Emergency Response			X											
Clay	Nejezechleb	Sandra	Fairfield Fire, County 911, USMARC, SHDHD Board member			X		X									
Clay	Engel II	Jim	Insurance Plus			X											
Clay	Whitmore	Kevin	Clay Center Christian Church Pastor			X											
Clay	Anderson	Leslie	MLH - Home Health and Hospice			X											
Clay	Derr	Michael	Harvard Public School, Superintendent			X											
Clay	Eggers	Kristi	Qualtiy Healthcare, APRN			X											
Clay	Jerred	Kristin	Memorial Health Clinic Mgr. - Clay Center/Harvard			X		X	X								
Clay	Barnes	Judy	State Farm Insurance			X											
Clay	Beale	Sam	SCU 5		X												
Clay	Swanson	Ashley	Clay County News		X												
Clay	Carriker	Mary	Sandy Creek		X												
Clay	Alley	Holli	UNL Extension		X												
Clay	Alley	Wayne	Harvard Police Department		X												
Clay	Duntz	Merrell	Clay Center		X												
Clay	Duntz	Sandy	Clay Center		X												
Clay	Bedlan	Lou	Clay Center		X												
Clay	Kempf	Julia	Flight Nurse and Daycare Provider		X												
Clay	George	Michele	Henderson Healthcare Sutton Family Practice - Clinic Mgr.					X									
Clay	Meyer	Erik	Clay County LEPC														

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Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Section #2 – Data Review & Priority Setting for Access to Healthcare

South Heartland Community Health Assessment
Priority Setting for Access to Health Care

Contents

e. Emergency Medical Services Map (p. 55)
f. Mental Health Providers Chart (p. 56)
g. Nursing Homes Map (p. 57)

10. Social Context and Vulnerable Populations for South Heartland District (p. 58)
    a. Food, Housing, & Financial Insecurities (pp. 58 – 60)
    b. Poverty
    c. Agricultural Sector – Farm Families and Ag Workers
    d. Veteran, Military Service Men and Women and Their Families
    e. Veteran Barriers and Needs (pp. 61-62)
    f. Special, At-Risk and Vulnerable Populations – Demographics (pp. 63-64)
    g. Medicare Population and Access to Mental Health Services (pp. 65-66)
    h. Hospital Emergency Department Usage and Payment Type (p. 67)
    i. Hospital Inpatient and Clinics – Payment Type (p. 68)
    j. Region 3 Behavioral Health - Services Summary, FY 2017-18 (p. 69)

Additional Demographic References – On hand at each site:

a. Population Characteristics by County, American Community Survey, 2012-2016
b. Selected Economic Characteristics by County, ACS, 2012-2016

Priority Setting for Access to Health Care
September 18, 2018

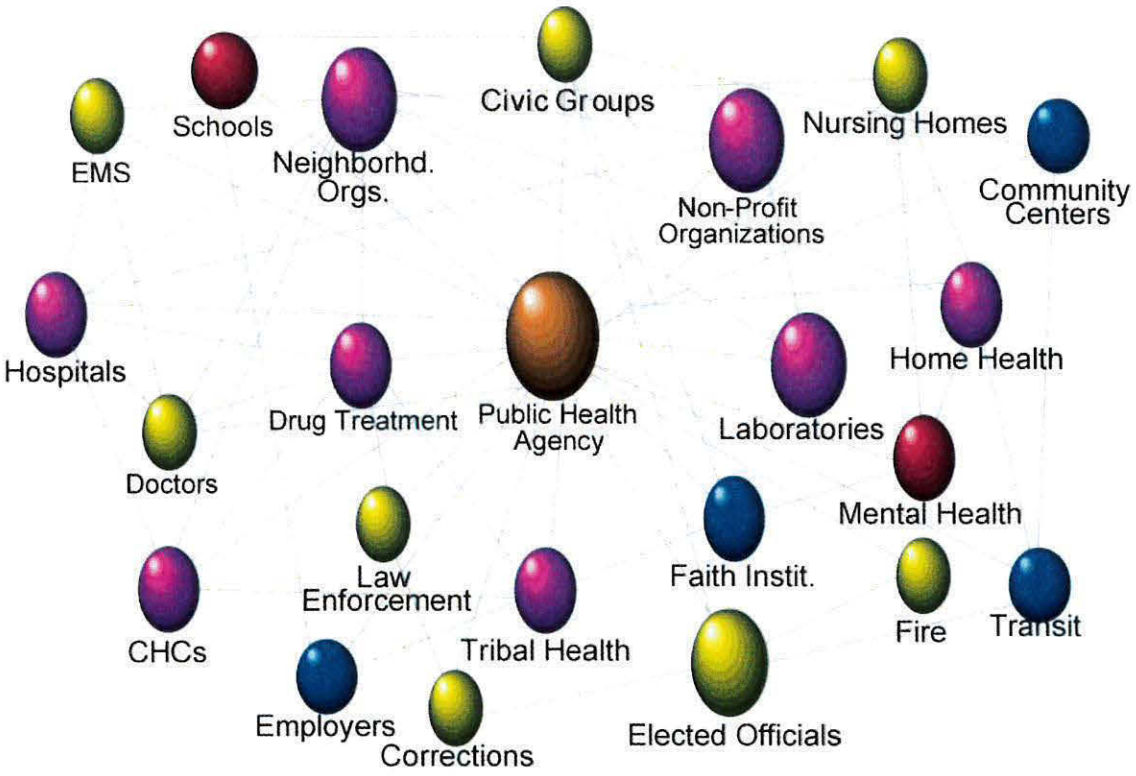
Agenda:

1. **Brief Introductions & Housekeeping**
2. **Review of Objectives**
3. **Public Health System Overview**
4. **Data Review**
5. **Discussion**
6. **Prioritization**

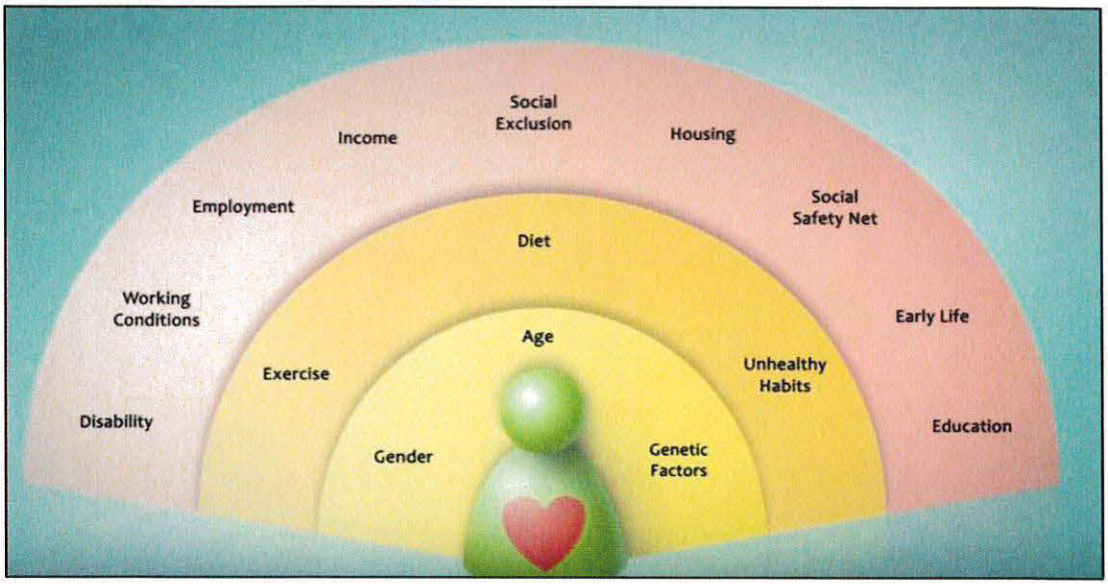
Objectives:

- **Share Data**
- **Prioritize**
  - **Gaps in Availability of Health Care Services**
  - **Barriers to Accessing Health Care Services**
- **Position for Strategy Development**

Overall Public Health System



Determinants of Health



Equity - CDC definition: "When everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantage from achieving this potential because of their social position or other socially determined circumstance."' Health equity is the opportunity for every individual to attain their full health potential. Access to quality healthcare is one key in reducing inequities and disparities, but health is more than just disease or illness.

Social determinants of health are "the structural determinants and conditions in which people are born, grow, live, work and age." They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Community Health Improvement Tracker – 2016

Progress Toward Target	Priority Area	Baseline Year	2015-2016 Data	Target	Special Thanks to our partners
	Obesity (%)				
+	Increase the percentage of adults exercising 30 minutes a day, five times per week.	49.1	53.1	52.0	YMCA, UNL Extension, Hastings College, Healthy Hastings, Mary Lanning Wellness, City of Hastings, Choose Healthy Here stores, Brodstone Hospital, Brodstone Healthcare, Harvard Multicultural Parent Association, HPS School Wellness Teams, Harvard Wellness Team, St. Cecilia Wellness Team, DHHS
↓	Increase the percentage of youth exercising 60 minutes a day, five times per week.	58.7	51.7	62.2	
+	Consumed fruit more than 1 time per day*	54.6	60.5	58.1	
O	Consumed vegetables more than 1 time per day*	72.9	75.8	77.2	
↓	Increase the percentage of youth who report eating fruits ≥2 times/day during the past 7 days	23.4	18.0	24.8	
O	Increase the percentage of youth who report vegetables ≥ 3 times/day during the past 7 days	8.5	8.2	10.5	
↓	Decrease the percentage of adults 18+ years who are overweight or obese (BMI ≥ 25.0)	68.7	70.9	64.6	
↓	Decrease the percentage of adults who are obese (BMI ≥ 30.0)	30.6	34.4	28.8	
O	Decrease the percentage of children under 18 years who are overweight (BMI ≥ 25) or at risk of becoming overweight (21 < BMI <25)	32.1	32.5	30.0	
	Cancer (% and rate per 100,000)				
O	Increase percentage of women aged 50-74 years who are up-to-date on breast cancer screening	70.0	71.7	74.2	Morrison Cancer Center, Brodstone Healthcare, Webster Co. Hospital, Vital Signs Health Fair, Mary Lanning Cancer Committee, SHDHD Cancer Coalition, American Cancer Society
O	Increase percentage of women aged 21-65 years who are up-to-date on cervical cancer screening rates	80.4	79.3	85.2	
+	Increase percentage of adults aged 50-75 years who are up-to-date on colorectal cancer screening (annual fecal occult blood test (FOBT), OR sigmoidoscopy every 5 years + FOBT every 3 years, OR colonoscopy	59.9	72.1	60.0	
↓	Reduce incidence rates due to female breast cancer	128.9	131.6	121.2	
↓	Reduce mortality rates due to female breast cancer	19.0	22.8	18.0	
+	Reduce incidence rates due to colorectal cancer	64.7	42.6	60.9	
O	Reduce mortality rates due to colorectal cancer	15.5	15.7	14.6	
+	Reduce incidence rates due to prostate cancer	161.3	117.1	151.6	
+	Reduce mortality rates due to prostate cancer	25.1	18.8	23.6	

+ at or within 1% of target, O within 5% of target, ↓ greater than 5% change from baseline away from target

Community Health Improvement Tracker – 2016

Progress Toward Target	Priority Area	Baseline Year	2015-2016 Data	Target	Special Thanks to our partners
	Cancer (% and rate per 100,000), continued				**Partners, Continued**
↓	Reduce incidence rates due to skin cancer	18.5	29.0	17.4	Providers for Sun-Safe behavioral counseling, Community Pools, City of Hastings, DHHS Radon Program
↓	Reduce mortality rates due to skin cancer	4.6	5.6	4.3	
+	Reduce incidence rates due to lung cancer	66.2	63.3	62.3	
+	Reduce mortality rates due to lung cancer	48.2	43.9	45.3	
	Mental Health (#)				
O	Average number of days mental health was not good in past 30 days*	3.4	3.1	2.8	Region III, churches/ colleges-suicide prevention; Dr. Kathy Anderson, Mary Lanning - integrated care
+	Mental health was not good on 14 or more of the past 30 days*	11.0	9.2	10.3	
O	Reduce reported suicide attempts by high school students during the past year.	9.6	13.2	9.0	
	Substance Abuse (%)				
O	Decrease the proportion of high school students who reported use of alcohol in the past 30 days.	24.2	23.9	22.7	Horizon Recovery, ASAAP, Region 3, Life of an Athlete, Dr. Ken Zoucha, Dr. Max Owen, Hastings Public Schools, Harvard Public Schools, Hastings Ste. Cecilia Schools
+	Decrease the proportion of high school students who reported use of marijuana in the past 30 days.	12.3	11.3	11.5	
+	Decrease the misuse or abuse of prescription drugs among high school students.	11.8	11.1	11.1	
+	Reduce the proportion of adolescents who report riding in the past 30 days with a driver who had been drinking alcohol	22.7	22.1	21.3	
O	Decrease the proportion of high school students who reported texting or email while driving	38.7	38.6	36.4	
	Access to Care (%)				
O	Increase the proportion of persons with a personal doctor or health care provider.	88.2	83.5	93.5	Mary Lanning Insurance enrollment, SC Partnership (Emergency Dentist), Project Homeless Connect, Salvation Army
+	Increase the proportion of persons who report visiting the doctor for a routine exam in the past year.	63.0	67.0	66.8	
+	Decrease the proportion of persons aged 18 – 64 years without healthcare coverage.	19.3	13.9	18.1	
O	Decrease the proportion of persons reporting cost as a barrier to visiting a doctor in the past year.	9.5	11.4	8.4	
↓	Increase the proportion of persons who report visiting a dentist for any reason in the past year.	67.9	61.6	72.0	

Sources: BRFSS 2015&2016, YRBS 2016, Nebraska Cancer Registry 2015.

+ at or within 1% of target, O within 5% of target, ↓ greater than 5% change from baseline away from target

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

County Health Rankings

6/18/2018

	Nebraska	Adams	Clay	Nuckolls	Webster	Measure	Wt	Source	Year(s)
Health Outcomes		50	47	25	77				
Length of Life		31	34	52	78				
Premature death	6,000	6,400	6,500	7,000	10,100	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	National Center for Health Statistics	2014-2016
Quality of Life		61	58	10	54				
Poor or fair health	14%	15%	13%	13%	14%	Poor or fair health (percent of adults reporting fair or poor health)	10%	Behavioral Risk Factor Surveillance System	2016
Poor physical health days	3.2	3.2	3.1	3.1	3.2	Poor physical health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2016
Poor mental health days	3.2	3.2	3.1	3.1	3.2	Poor mental health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2016
Low birthweight	7%	6%	7%	5%	6%	Low birthweight (percent of live births with weight < 2500 grams)	20%	National Center for Health Statistics - Natality files	2010-2016
Health Factors		42	55	28	54				
Health Behaviors		53	52	25	57				
Adult smoking	17%	17%	17%	15%	18%	Adult smoking (percent of adults that smoke)	10%	Behavioral Risk Factor Surveillance System	2016
Adult obesity	31%	35%	32%	34%	32%	Adult obesity (percent of adults that report a BMI ≥ 30)	5%	CDC Diabetes Interactive Atlas	2014
Physical inactivity	23%	25%	26%	29%	31%	Physical inactivity (percent of adults that report no leisure time physical activity)	2%	CDC Diabetes Interactive Atlas	2014
Excessive drinking	21%	19%	19%	18%	19%	Excessive drinking (percent of adults who report heavy or binge drinking)	2.5%	Behavioral Risk Factor Surveillance System	2016
Motor vehicle crash deaths	12	14	22			Motor vehicle crash deaths per 100,000 population		CDC WONDER mortality data	2010-2016
Sexually transmitted infections	422.9	343.3	190	91.6		Sexually transmitted infections (chlamydia rate per 100,000 population)	2.5%	National Center for HIV/AIDS, Viral Hepatitis,	2015
Teen births	25	27	34	18	26	Teen birth rate (per 1,000 females ages 15-19)	2.5%	National Center for Health Statistics - Natality files	2010-2016
Clinical Care		10	51	36	39				
Uninsured	9%	10%	12%	9%	10%	Uninsured (percent of population < age 65 without health insurance)	5%	Small Area Health Insurance Estimates	2015
Primary care physicians	1,340:1	1,210:1	3,150:1	870:1	1,210:1	Ratio of population to primary care physicians	3%	Area Health Resource File/American Medical Association	2015
Preventable hospital stays	48	47	53	80	60	Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%	Dartmouth Atlas of Health Care	2015
Diabetic screening	87%	91%	93%	89%	88%	Diabetic screening (Percent of diabetics that receive HbA1c screening)	2.5%	Dartmouth Atlas of Health Care	2014
Mammography screening	62%	64%	61%	66%	64%	Mammography screening	2.5%	Dartmouth Atlas of Health Care	2014

Note: Blank values reflect missing or unreliable data. Additional Data found at: https://gis.cdc.gov/grasp/nchhstpatlas/maps.html 06/18/2018 *Sexually Transmitted Infection - Adams County: 329.2 *Sexually Transmitted Infection - Clay County: 95.1 *Sexually Transmitted Infection - Nuckolls County: 69.3 *Sexually Transmitted Infection - Webster County: 110.3 Additional data found at: https://dot.nebraska.gov/media/10414/facts2016.pdf 06/18/2018 **Motor Vehicle Crash Deaths - Adams County: 5 **Motor Vehicle Crash Deaths - Clay County: 1 **Motor Vehicle Crash Deaths - Nuckolls County: 0 **Motor Vehicle Crash Deaths - Webster County: 0 Additional data found at: https://ncc.nebraska.gov/arrest-and-offense-rates-county-map 06/18/2018 ***Violent Crime Rate - Adams County: 2.4 per 1000 people ***Violent Crime Rate - Clay County: 1.0 per 1000 people ***Violent Crime Rate - Nuckolls County: 0.5 per 1000 people ***Violent Crime Rate - Webster County: 0.6 per 1000 people Additional Data found at: http://nep.education.ne.gov/Search?DataYears=20162017 06/18/2018 ****High School Graduation - Adams County: 95% ****High School Graduation - Clay County: 100% ****High School Graduation - Nuckolls County: 100% ****High School Graduation - Webster County: 96.88%

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

County Health Rankings

6/18/2018

	Nebraska	Adams	Clay	Nuckolls	Webster	Measure	Wt	Source	Year(s)
Health Factors		42	55	28	54				
Social & Economic Factors		48	45	33	67				
High school graduation	87%	91%				High school graduation	5%	EDFacts	2014-2015
Some college	71%	70%	60%	68%	68%	Some college (Percent of adults aged 25-44 years with some post-secondary education)	5%	American Community Survey	2012-2016
Unemployment	3.20%	3.30%	3.30%	3.10%	3.30%	Unemployment rate (percent of population age 16+ unemployed)	10%	Bureau of Labor Statistics	2016
Children in poverty	14%	17%	15%	18%	16%	Children in poverty (percent of children under age 18 in poverty)	7.5%	Small Area Incoome and Poverty Estimates	2016
Social Associations	13.9	14.9	19	41.6	13.8	The number of associations (membership organizations like fitness centers, sports organizations, religious organizations, political organizations, business organizations) per 10,000 population	2.5%	County Business Patterns	2015
Children in single-parent households	29%	25%	29%	31%	24%	Percent of children that live in single-parent household	2.5%	American Community Survey	2012-2016
Violent crime rate	267	204			81	Violent crime rate per 100,000 population	2.5%	Uniform Crime Reporting - FBI	2012-2014
Physical Environment		63	66	14	17				
Air pollution-particulate matter days	8.2	8.7	8.7	8.5	8.2	Air pollution-particulate matter days (average number of unhealthy air quality days)	2.5%	Environmental Public Health Tracking Network	2012
Drinking water violations		Yes	Yes	No	No	Indicates the presence or absence of at least one community water system in the county that received a violation during a specified time frame	2.5%	Safe Drinking Water Information System	2016
Severe housing problems	13%	9%	8%	8%	9%	Percentage of households with one or more of the following problems: lacking complete kitchen facilities, lacking complete plumbing facilities, severely overcrowded, or severely cost burdened	2.0%	Cmprehensive Housing Affordability Strategy (CHAS) data	2010-2014
Driving alone to work	81%	83%	81%	75%	75%	Percentage of the workforce that usually drives to work alone	2.0%	American Community Survey	2012-2016
Long commute - driving alone	18%	13%	31%	16%	26%	The percentage of commuters, among those who commute to work by car, truck, or van alone, who drive longer than 30 minutes to work each day	1.0%	American Community Survey	2012-2016

Note: Blank values reflect missing or unreliable data. Additional Data found at: https://gis.cdc.gov/grasp/nchhstpatlas/maps.html 06/18/2018 *Sexually Transmitted Infection - Adams County: 329.2 *Sexually Transmitted Infection - Clay County: 95.1 *Sexually Transmitted Infection - Nuckolls County: 69.3 *Sexually Transmitted Infection - Webster County: 110.3 Additional data found at: https://dot.nebraska.gov/media/10414/facts2016.pdf 06/18/2018 **Motor Vehicle Crash Deaths - Adams County: 5 **Motor Vehicle Crash Deaths - Clay County: 1 **Motor Vehicle Crash Deaths - Nuckolls County: 0 **Motor Vehicle Crash Deaths - Webster County: 0 Additional data found at: https://ncc.nebraska.gov/arrest-and-offense-rates-county-map 06/18/2018 ***Violent Crime Rate - Adams County: 2.4 per 1000 people ***Violent Crime Rate - Clay County: 1.0 per 1000 people ***Violent Crime Rate - Nuckolls County: 0.5 per 1000 people ***Violent Crime Rate - Webster County: 0.6 per 1000 people Additional Data found at: http://nep.education.ne.gov/Search?DataYears=20162017 06/18/2018 ****High School Graduation - Adams County: 95% ****High School Graduation - Clay County: 100% ****High School Graduation - Nuckolls County: 100% ****High School Graduation - Webster County: 96.88%

South Heartland District Health Department

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

	English				Spanish	
Question #1	**Where do you go for healthcare?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses	**Telehealth**	**Telehealth** nurse comes into community to check blood pressure	**Telehealth** in ER in Webster County	**Telemedicine**--for endocinologist and oncology	Avoid Healthcare as much as possible	Community Health Center, Mary Lanning, Hastings Family Care, Family Medical Center, Convenient Care, Urgent Care
	Employer health screenings	**No care**--those who have huge premiums or high deductibles avoid care, use home remedies instead of accessing care	**PT** for school athletes	**Employer**--health fair	**Dental** services--in Mexico and UNL Dental	
	LHD as followup	**Out of town**--especially for Seniors with Medicare, EMTs transport people from rural communities to out of town care, Veterans go out of State,	**Out of town** --specialty care (eye doctor) or because they are established care in Hastings--will go to Grand Island, Hastings	**LHD**--Clay County HD for shots and physicals	Mary Lanning Healthcare, Family Care, Harvard Convenient care Monday's and Thursdays, Hastings Community Health Center in Hastings, Hastings Convenient Care, Urgent care, SHDHD, Sutton Clinic (they said its more economic),	
	PT for college student athletes	**Emergency services/EMT**--stop in at EMT full-time employment to get screenings, seniors call 911, "Live Assist" for seniors to alert if services are needed.	**Doctor and specialty care** in Webster County	**Out of town**--(Geneva, Aurora, Hastings, Superior)	**Mexico** for screening tests (colonoscopies and mammograms)	
	Alternative medicine--acupuncturist, chiropractor,	**Brodstone Hospital**	**Pharmacy** for screenings (i.e. blood pressure checks and immunizations)	**Community-based Organization**--Lions Club for eye checks		
	Internet (google, web MD) to self-diagnose	**Doctors**	**Dental** in Webster County			
	Out of town--specialty care (i.e. Children's Hospital)					
	Urgent Care--cheaper, more convenient, faster					

HEALTH DEPARTMENT

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

	English				Spanish	
Question #2	**Where do you get most of your health information?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Family and friends**--Mom, word of mouth	**Friends/neighbor**	**Family and friends**-- coffee group, family members who are docs	**Family and friends**--local senior group at meals and coffee	Would ask Siri, Hastings focus groups, Google, community health workers such as Beverly (Head Start), Lorena and Lis from SHDHD. They also mentioned that in case of a strong pain they take garlic for migraines or other home remedies for different strong pain. One of the group members didn't take her migraine medications because she didn't want to run out of them, she misunderstood that she had more refills and the bottle said to take continuously. Members continued to talk about what are some medications or remedies for pain.	Lorena Najera from the Health Department, Doctor's Office, Google, Dr. Juan 's book from Univision Television, Information from Schools, Diabetes group, Focus Groups in the community, Blood pressure prevention program from SHDHD and YMCA
	Internet--Web MD(2 comments), Mayo Clinic website (2 comments), Employers have wellness incentives to look at preventative educational resources online site look on internet to see if they need to go to doc WebMD and Mayo Clinic sites are trusted because of the branding and reputation before internet came around, unbiased information	**Pharmacists**	**Internet**	**Internet**		
	Doctor	**Internet--Facebook, google it and then follow up with doc**	**Doctor**--printed summary from doc	**School**-Educators Health Alliance (promotes healthy behaviors and personal health assessments and incentives)		
		Doctors--hospital patient portal, direct communication with doc on phone or online	**Health fairs**	**Health Apps**		
			School-health classes	**Employer**--inservices and trainings through employer		
			Chiropractor	**UNL Extension office**--print, website, etc.		
			Beauty Shop	**Nursing on-call service**--provided through employer as a benefit		
			Wearable technology and Health Apps--Fit bit	**Insurance Company**--nurse follow-up		
			Newspaper			
Notes:	*Drug ads on TV--should there be ads on TV? *Medical Marijuana--good and bad info on internet about it, illegal in Nebraska, youth are using more and not sure of the impact of use on youth or long-term use, easier to get *Prescription medications--pill parties with youth, shared on the bus, sold for "$10 a pop", folks on these meds will keep 2-3 day supply to take when they go back to doctor as many are tested to see if they are using them and sell the rest of the supply (27 pills or so).	**Do not access anymore**-- **Newspapers** used to print directories of services (AA, support groups, etc.)				
Question #2A	**Is the health information you see/receive easy to understand (health literate)?**					
Responses	**Hospitals**--patients have to take home information and read on their own; patients do not always understand their Do Not Resusitate and sign it	**Hospitals** need to make sure that patients are able to understand information given to them	Not asked at this focus group	Not asked at this focus group	Not asked at this focus group	Not asked at this focus group
	Schools--kids come to school with medications (ex: inhaler) and do not know how to use it.					

South Heartland District HEALTH DEPARTMENT

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

	English				Spanish	
Question #3	**In your family or your friend's families, what are your biggest concerns about your health care?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Cost**	**Cost**	**Cost**--healthcare and senior care/nursing home care	**Cost**--Ambulance; health insurance, drug costs	**Cost** (7 comments)--concerned about medical bills	**Cost**--healthcare; health insurance, financial assistance guidelines have changed
	Habits--energy drink and kids, taking care of yourself before getting sick	**Transportation**--no vehicle or cannot drive to appointment; cost of travel for out of town care; ambulances are used as transportation	**Availability of senior care**--where do seniors go when they can't take care of themselves anymore	**Transporation**--	**Health status**--regulating diabetes and high blood pressure--participate in diabetic and high blood pressure	
	STIs among LGBTQ population--hard to get relevant information (i.e. schools do not teach implications of unprotected anal sex for high risk populations, etc.	**New technologies only available** in certain part of state and missing out	**Availability of providers after hours**--do not stay at hospital after hours (for on-call)	**Adequate Senior Care**--nursing homes are not up to standard and pts don't receive adequate care; alzheimer's patients are locked in rooms because no providers and facility is not prepared to treat them		
		No family support for seniors at appointments	**Getting care outside of community**--when providers leave the community, patient has to go out of town to receive care	**Getting care outside of community**--No Hospital in county; health care providers leave the community and many positions are filled with State agencies		
			Delayed rescue--Seniors not being found right away if they fall	**Delayed rescue**--EMS shortage; EMS fatigue for volunteer emergency responders; increased training discourages volunteers from joining		
				Respite care--no support for caregivers		
				Inadequate training for school staff--not able to care for students with physical/mental/behavioral health needs;		
Notes:	"I'm young but I don't feel that scared about it. I worry about them (parents) to be able to raise kids and pay for healthcare."			Stigma getting treatment for MH services		
	Participant had heart surgery 20 years ago—and took a lot of money to maintain health status. Had to change lifestyle. Young people need to get involved in this issue to change things. Pharmaceutical companies are playing a scheme. Nobody seems to see this.			Using drugs and alcohol to self-medicate for MH issues		
	Participant's brothers had to retire to take care of their wives (MS and Liver transplant) early. Brothers are medically poor.			Limited budgets for community agencies providing care		
	Have to choose how frequent to use medicine to save money.					

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

	English				Spanish	
Question #4	**What kinds of health care services are used (or not used) by people you know?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Mental Health Services at schools**--middle and high school students accessing counselors; college kids look for the availability of these services when selecting schools	**Chiropractic care** during pregnancy--due to insurance this service was not accessed throughout pregnancy	**Health savings plan**--has one--but acts as a deterrant to care		**Self-management groups**--The total package diabetes group, blood pressure groupat SHDHD and YMCA. Health checkup every 6 months with HFC	**Medications and rememdies** accessed from Mexico or Mexican groceries stores. Pain Clinic, Doctor, Ambulance
	Health Fairs/Biometric screenings at employers and hospitals	**Dental care**--have insurance but don't have offices who take insurance	**Immunization clinic at Superior Clinic**			
		Home health	**mental health services**			
Notes:				Not used: Support groups Counseling services offered through employer Benefits offered as Employee Wellness		

HEALTH DEPARTMENT

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

	English				Spanish	
Question #5	**What kinds of health care services do you use to prevent health problems?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Dental Care**	**Walking-- paths, groups**	**Dentist**	**Walking**--at community pool	**Preventive screenings**--mammogram, pap smear, project Homeless Connect (eye screening)	**Preventive cares**
	Preventive screenings--mammogram	**Wellness programs**--Tai Chi and Yoga through hospital	**Eye Care**	**Wellness programs**--health fairs through employer	**Massage**	**Health fairs**
	Walking	**Fall prevention**	**Take vitamins**	**Massages**	**Self management programs**--diabetic group and blood pressure group	**Immunizations**
	Wellness programs--Health screenings and programs through employer	**Fitness centers**--Community fitness centers, hospital workout facility	**Regular physicals**	**Immunizations** at Clay County HD	**Home remedies--herbal**	**Self management programs**--diabetic group and blood pressure group
		Sand volleyball--have to travel out of town	**Healthy weight**	**Environmental health**--County sprays for mosquitos		**Home remedies--herbal**
		Gymnastic classes offered in other communities	**Home blood pressure kit**	**Community facilities**--outdoor activities, baseball		**Healthy eating**
		Bicycles--community member refurbishes bikes and gives to low-income families/community orgs	**Wearable technology**--fit bit	Social gatherings at the Community Club--to prevent social isolation		
		Cardiac Rehab	**Good everyday practices**--don't shut file cabinet with knees			
Notes:		City Clerk in Nelson--welcome packet describes opportunities in community				

HEALTH DEPARTMENT

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	English				Spanish	
Question #6	**What do you view as strengths of our local health care?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Health ministry** through church	**Hospital**--working to expand services; critical access hospital; still growing in times of closures	**doctors/providers**--good care	Community of care through **churches**		**Doctors/providers**--neurosurgeons, cardiologists
	Hospital (Mary Lanning)--wide range of providers/professionals	**Docs and providers collaborate**--making continuity of care better for patients	**Clinics**--quick clinics to get basic services and relay to provider	**Local Clinic**		**Pain Clinic**
	No out of town travel for good health care	**Clinic and other health services**--provides care for others in surrounding towns too	**Value of community caring for each other**--hair stylist checked on person when she missed an appointment,	**Strong community connections**-social connections		**Acupunture**
		EMT services--large squads--need to focus on recruiting younger EMTs		**Clay center senior center**		
				4H extension office		
				EMT/EMS training		
Notes:	People read tidbits through church bulletins every week, attending health screening/blood pressure screening events that are linked with their faith.	Gap in MH services Not a lot of connections between providers			There is no strength in this community Lack of local health	

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	English				Spanish	
Question #7	**What do you view as future local health care needs in our community?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Baby Boomers**--ability to afford healthcare	**Elderly Care**--appropriate care and qualified professionals to offer services	**Assisted living facility closed**--in Blue Hill and other areas/gap in service	**Elderly care**--more providers and facilities	Low income Emergency Department or clinic or convenient care, pharmacy, dentist, food pantry (Catholic Social Services); Transportation; Gym for kids and parents as a way to prevent illness; medical interpreter for vision clinic	Dentists that accept Medicaid; bilingual medical doctors, bilingual staff in every clinic
	Clinic closures--in rural communities people are not going to travel for services	**Access to care out-of-town**--family cannot or will not make appointments outside of community, have to travel for specialists	**Healthcare providers and services leaving community** as population shrinks	Improved **education and wellness systems**		
	Shift culture towards being physically active and healthy eating over a lifetime-- education to start with families and young kids, school PE classes focus on weight lifting vs other options to be physically active (i.e. juggling), sports are competitive in nature vs. focus on lifetime fitness, when kids go out for sports expensive equipment is needed and at times kids don't stick with sport (losing the lifetime fitness approach) because they did not succeed at the sport, Hastings has walk path but need a walking buddy or group to feel safe walking on trail	**Job/Economic issues**--working more than one job to make ends meet and not able to afford healthcare, young community members are not motivated to work at jobs in the community, who will take ownership of small businesses and farms as owners retire?	**Mental health needs**--state hospital closed and local clinics did not open for care, need to focus on prevention of mental health issues vs. reacting to mental health crisis	Increased services for **mental/behavioral health**		
	Obesity--big problem in future, connected health issues, Obesity problem is growing and starts with families, current incentives around obesity reduction focus on person vs family unit,)	**Veterans**--increasing # of veterans returning to rural communities, VA reports that there are not enough resources for returning Veterans,	**Addiction issues** (2 comments)--drugs seem more prevalent in youth, no way to report suspected drug activities in the community	**Drinking water shortage**		
	Multicultural and lingual providers needed for health care services-- not only for race/ethnicity, gender, age but also including deaf people to access health care (hearing aides are often not covered by insurance); LGBT population--accessing health and mental health services, know where to go, who provides respectful services	**Addressing prevention with familes who are struggling to meet ends**-- familes receive services, CPS does not help, how to reach these families about health issues (i.e., Nutrition, hygiene, mental health issues, early intervention)	**Crime rate increasing**--due to addiction and law enforcement unable to address it	**Affordable care**		
	LGBT population--sexual education in high school is focused on heterosexual behaviors and information, mental health services needed when LGBT "comes out", in school and in community LGBT does not know who to talk to, get services from, etc., higher risk population that does not have access to relevant health information nor do they know where to get	**Financial Literacy**--starting with youth				
		Outreach and education needs--for services and prevention (i.e. diabetes education classes, education about services to engage public in services that are offered, connecting people to services				
		Mental Health needs--not being met				
		EMS/EMT burnout--volunteer service				
		Affordable healthcare--addressing the needs of those who work more than 1 job, no access to major medical [insurance] policy, self-employed				
Notes:		not enough resources and support available in the community to offer families in need Possible solutions for mental health unmet needs: use churches to connect with people/as possible support in mental health train people to provide suicide prevention and mental health first aid at points of non-traditional access (businesses, bankers, etc.)	Focus group seems all middle class, is there outreach to lower incomes? Lifestyles have become so busy that it is difficult to slow down and relax.			There was discussion about how they have to learn the language

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Question #1	Where does your contingency go for healthcare?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Out of town care**--Access to health care is spread out many go to Hastings or VA in Grand Island	**Providers** in Hastings, Kearney, Grand Island, **childbirth and Pediatric care in Hastings**	**Ambulance is used as taxi service**	**Hospital/Clinics--**Doctor's offices, Mary Lanning Mental Health and Hospital services, Urgent care, Third City Clinic, Community health center, Emergency Rooms,
	Assisted living/nursing homes	Local **pharmacy** goes to **assisted living** to give flu shots	Younger people receive care at **elderly care facilities**	**Telehealth**
	Hospital--improvements have increased access to services easier for families	**Hospital/Clinics**--Webster Hospital Clinic (flu shots too), Main street clinic (flu shots too), Emergency room, Smith Center, KS clinic, Grand Island VA, Omaha VA	**Urgent Care**--for uninsured	**Employer based**--employee website (Healthcare Blue Book), employee wellness coaching, Employee Assistance programs.
		Worksite Wellness: City of Red Cloud offeres cash incentives for wellness programs Private employer offers discount at YMCA, and cash incentives for using wellness programs	**Pharmacy**--internet based, Mexico and Canada	**Community-based services**-- schools (nurses/counselors), pharmacies, health fairs, health department, parrish nurse
			Faith-Based help with mental health care	Community college **Dental**
			Self-diagnose/medicating--get info online, travel to Mexico to get medication for a self-diagnosed condition, self-medicating for addictions due to lack of providers	**Internet**
			Telehealth for mental health care	
Notes:	**Health Insurance**--hoping Brodstone Administrators will work to accept VA Choice insurance; changes to medicaid have decreased access to services (eye care); changes to Medicare has not changed access but veterans have to receive care through VA (medicare is a secondary provider)	Veteran population in Webster County is decreasing Hard to find consistent caregivers in the community--often see a different provider at each visit (decreased continuity of care with this model)	Faith-based could be a point of access for people to receive treatment in areas with provider shortages Some people don't get treatment due to lack of services cost share plan (insurance)	

		Pharmacists are link between provider and patients...to ensure consistency **Telehealth**--use of telehealth is generational thing, millennials probably more likely to feel comfortable with online services; Elderly patients seem to prefer in person visits so that their doctor can physically check their symptoms	discourages people from getting preventative care causing higher medical bills once treatment is sought out; Increase in cost share plans /"Christian" coverage plans	
Question #1A	**How has this changed over time?**			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Hospitals have expanded services** (Brodstone and Mary Lanning)	**Out-of-town providers/services--** Hastings and Grand Island proive more specialists, people are used to travelling more so it isn't a big deal to get care out-of-town, doctors are limiting specialty clinics in smaller communities because patients travel more to bigger communities,	**Insurance**--Urgent Care use increasing due to lack of insurance, Medicare is changing what it reimburses and increased funding for ambulance service, delay care due to lack of insurance, increased demand in billing requirements and liability	**less insurance coverage**--urgent care requires payment upfront, ER visits can write off charge for visit
		Telehealth-- elderly care because patients can't travel, mental health services, hospital increased use of telehealth for specialties	**Connected community**--people are less connected to neighbors so the ambulance is used more often for taxi service	**Getting into mental health services is not easy--only physically healthy folks can get into detox**
				Transportation to services/appointments an issue

				Students do not have the money to afford office visits/get care, health is not a priority for them, urgent care is more accessible to this population if care is needed, working mulitple jobs to make ends meet

Question #2	Where does your contingency get most of their health information?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Internet**-facebook (especially for school stuff like sports physicals, etc.), younger folks online	**Internet--facebook, google, online, Web MD, Mayo Clinic. CDC online**	**Internet**--a lot of info online and hard to get patients correct info	**Internet--**Facebook, Google
	Media--ads in print and on TV	**School**--reimnders about vaccinations, etc.	**Ads**--commercials advertising medication	**Media--**TV ads, pharmacy ads, TV shows/Dr. Oz, magazine ads and commericals, posters
	Friends--coffee, same conditions, word of mouth	**Ads**	**Friends**--coffee time	**Family/friends--**word of mouth, students (peer to peer),
	Provider	**Friends**--neighbors		**Doctor/Provider**
		Doctor		**Pharmacy**
				Employer--HR and Doctor through employer
				Wellness programs and support groups
Notes:	Health literacy is important		Need to educate folks about Medicare benefits--the books is so big people don't read it	We've become desensitized, Dysfunction = normal, Cultural impact, Healthcare Connections, non-profit agencies, Faith-based agencies, Rural farm families--family members in healthcare, don't access/don't want to know, Self-prescribe, Hairdresser, Alternative Medicine, In Home Party

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Question #2A	How has this changed over time?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Technology--30 years ago the only way was to talk to you doc or library	**Using technology in health**--hand held devices to access health information, texts from providers as reminders	Increase in technology	**Technology and internet access:** More information is available which leads to self-diagnosis, but the information available may not always be accurate; less "call Grandma" is happening
		Increase in self-diagnosis		**Faith-based insurance options are new**
		Shrinking health history--younger generations don't have history past immediate family members		**Access to memory care and places that work with Alzhemiers**
Notes:	**Docs are more engaged with patients**--driven by patient satisfaction, younger docs want to be more personable, VA has changed their manner spending more time with clients.			

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Question #3	What are the biggest concerns your contigency has about health care?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Cost of care**--high cost of health care decreases ability to save money, high medication costs, covering the cost of basic care needs not covered by Medicare,	**No in town care**--not wanting to travel out of town for care when clinic closes, not having access to care in smaller communities	**Out-of-town care**--people do not want to travel out of the community for providers	**Quality of care/healthcare system**--***availability/access to care*** : Appointment availability: mental health issues will get scheduled out 3 weeks/detox, ability to access, availability of services/specialties, access to quality care, timely crisis treatment, new to area getting into see physician, specialty areas, doctors move around; ***connection/relationship with providers*** /bedside manor; ***Legal*** : HIPAA, Laws and regulations, possible litigation; ***other*** : farmers don't access care until necessary; ***Complex medical issues*** --Obesity, mental health stigma (espec. among farmers), correct source of problem, continuity of care, challenges adapting to current health needs (in reference to Obesity), stress/uncertainty in Ag field (mental health)
	Insurance--working more than one job to have health insurance (farmers), Medicare doesn't cover all health costs, understanding Medicare benefits and management, go without insurance (farmers)	**Quality of care**--hard to refill RX because docs have limited hours/availability in community; less face-to-face time with provider because of more patients due to schedule of provider in town (i.e. every week in town, etc.), high patient loads, losing personal relationship with doc	**Lack of Mental Health services**--Schools do not have resources for mental health, absence of long term care facilities for youth with mental health issues, Veterans can't access service due to wait times	**Cost/price**--monthly cost of insurance, high deductable, cost of employee insurance, cost of healthcare, prices increasing, medication increase, can't get healthcare costs down and decrease overutlization can't get people to take care of themselves Save or have coverage) results in high healthcare costs

		Cost--fearful to go to doc because of high costs		**Insurance**--high deductibles, losing Medicaid, insurance, older generation won't leave employment because they need the insurance, ACA: low deductible at first--but cannot afford now, many not covered or only catastrophic, some small operations are forming "corporations" and hiring an employee to get insurance
				Transporation
				Education to prevent health behaviors/issues multicultural and health literate-- English Language Learners have problems over time with vision, etc., language barrier both ways, knowledge deficit (in reference to Obesity), Home EC or life skills classes in the past--nothing in the catholic schools, generational gap of knowledge, kids at zone program teaching parents about healthy meals, kids loack of exposure to healthy foods--may not eat the health foods--use to eating processed foods, importance of preventive care/push back on "incentive for wellness" programs, health literacy, lack of education; ***Technology*** : technology, googling what's wrong
Notes:				Pay equity--behavioral health/substance abuse Increase ER visits Access to food (in reference to Obesity) Many live on ramen noodles Time

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Question #3A	How has this changed over time?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Costs** are rising--not have health care needs met due to high costs	**Service model has changed**--doctors refer out to specialists more than they used to, have to make appt with doc vs. calling when something is wrong, longer wait times for getting in to see doc, docs not seeing pts for regular check-up/preventative care	Social isolation	Preauthorizations, availability, relationship, affordability, specializations/declines
		decreasing population is reducing services	High burn out of health care providers, EMTs, etc because of high demand	
		Cost of care and insurance has increased, Declining health due to high costs--people don't get in when they need to because they can't afford it		

Question #4	What kinds of health care services are used (or not used) by people you know?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Occupational therapists/Physical therapists**	**Occupational Therapist** at schools	**Mental Health Services** (Not Used) often not covered by insurance	**Telehealth services** with technology to help with multiple languages is an improvement to accessing care **NOT USED Employer Issued Insurance has Telehealth/internet**--doc appointments--generational trend perhaps?
	Mental health services (USED) through school nurse and counselor, VA, used more in younger generations, Banker who does a lot of ag loans acts as counselors--	**Mental health services**--licensed MH provider, UNMC telehealth for behavioral health, Geriatric mental health services through telehealth/mary Lanning, School counselors, ASAP drug prevention through schools,CASA/SASA services	**Veteran services**--not used because veterans are not aware of their benefits and how to access the VA	**Alternative medicine**--(massage, chiropractor, essential oils) cheaper than going to the doc, utilization and access and education

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	Preventative care--school physicals, Gym	**NOT USED**--health fair vaccination clinics, 25-40 year olds not taking advantage of community civic activities	**Immunization clinics**--uninsured use these clinics--insured folks do not use these clinics because they are not covered by insurance	**Mental Health**--wait list and crisis driven
	Socialization--just being able to talk and listen	**Preventative care--Health fairs** for affordable lab draws, Immunization clinics, Fitness facilities at City Council Buildings		**preventative care**--vision/dental, health fairs, school RN/NP, health department, YMCA classes for cooking and free membership (NOT USED often due to decreased motivation/distance), college fitness centers
				Dental care--not accessed, not used, limited providers with Medicaid, cash up front, popular among college students
				Medical services--primary clinics, ambulatory/surgical services, ER, Urgent Care, community health center, urgent care
				Transporation--can't get to Omaha/Lincoln for care
				Employer programs--EAP, Wellness program
Notes:	**Mental health services wants/concerns**--no therapy for geratric community (psych nurse administers meds only), hospital and schools work together to provider mental health services, mental/behavioral health professionals in schools, no mental health services for Veterans suffering from addictions, kids have constant access to technology and internalize issues, suicide prevention training for non-traditonal partners (i.e. bankers) Geratric facilities are used by younger families to access care because it is the only option			Healthcare Savings Accounts may not be utilized

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Question #5	What kinds of health care services do you use to prevent health problems?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Prevention**--Wellness; VA immunization and prevention programs	**Community based**--Community fitness center, Active playground, Program started by local businesses to provide healthy foods	**Community-based**--Food pantry at church; Health fairs--used as a basic check to monitor blood pressure, etc.	**Community-based**--immunization clinics, DPP, blood pressure management programs, Blood pressure machinges at community locations, church screenings/classes, YMCA/YWCA, (free membership), health fairs, health screening through insurance, flu vaccinations, Safe Kids bike helmets, WIC, **meals on wheels**
		Group--Yoga, Tai chi (sponsored by SHDHD), Zumba groups	**Individual**--cooking with healthy foods vs. processed foods, organic/non-GMO food	**Groups**--social groups, friends advertising healthy activities, fitness classes, Mary Lanning Health Classes, YWCA after school programs, Zone/education classes through Revive, inc.
	School based--Playground, walking to school, prevention and nutrition programs at school	**School-based**--Edible schoolyard; Greenhouse at high school	**Education**--teach patients how to prevent recurring hospital visits at home health care visits	**School-based**--health programs, wellness programs, assessment/wellness, **early head start**
		Education--Encourage families to be active and limit sedentary activities; Education to families		**Primary care**--Every woman matters, primary care, depression screenings, substance abuse screenings, tobacco screenings, Hastings Family Planning
		Tech free center		**Alternative care/holistic**
				Workplace based wellness--health fairs, employee wellness programs
				Policy/environmental/system supports--walking and biking trail, waiver/care management services, DHHS medicaid applications, Clean Indoor Air Act and education about smoking has provided great benefit, Kids accepting of seatbelt use, Wellness incentives

				Individual--vitamins, supplements, look for healthy items when eating out, fitbit/activity trackers, smart moves--time/remembering, budget management services--resources, goal setting, strategy planning, safety--car seat installation, gyms
				Mental Health--opportunity house (day services/AA/NA), south central behavioral services, senior citizens mental health grant through sunny side
				Education--scrubby bear, healthy beginnings (parenting programs), education = prevention/start with youth through lifespan
Notes:	Unisured--don't receive care, farmers try to have healthier behaviors like regular exercise, questions about Obamacare and high deductible plans (may discourage folks to get insurance)			No DARE program anymore Health Fairs: patients responsibility to share with providers, employer based

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Question #6	What do you view as strengths of our local health care?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/30/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Schools** provide free and reduced meals to respond to the high rate of children's poverty	**Engaged education system**	**Many health services in Sutton**--people don't have to travel out of town	**School meal programs**
	Community connectedness--feeling connected through coffee talk, volunteers support community activities	**Hospital**--open in current times of closures, new providers coming to hospital, asset to community	**Strong relationships**--between providers and patients	**Access to Care**--alternative hours, most HC services are available--basic/specialty/diverse services, PCP (most in network) available--emergency visits and short wait for scheduled visits, wide range of brilliant providers, Choice between pharmacies--locally owned, 2 urgent care clinics, many providers--problem is keeping current list of available services, Mary Lanning Center, Cancer care close to home, Clinics for underserved, Specialists, Access to care, choices and options, levels of care to elderly, new specialists (healthcare), new providers to reduce case loads, home town providers, availability, connection within the comm providers, meeting people's time constraints/referrals, hospital--offer specialities/telehealth, central location, specialists here, access to care, satellite facility; ***Mental health***-- strong mental health, strong recovery from addiction, better mental health access, good recovery community, ACT team--south central behavioral services, Region 3, levels of care for behavioral health
	Safe community	**EMS**--local asset to help start treatment for patients		
	Access to outdoor activities--pools, parks, ball programs			
				Advocates--very helpful! Not available to everyone, community support, size of community--interaction, positive part of community, want healthy community, accountability
				Employer based wellness programs
				Workforce development--school of nursing and dentistry to feed health system

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				Community-based programs--to promote their missions and serve the community, Safe Kids programs, YMCA, YWCA, Ryde program, Homeless shelter, good program for food
				System for services to interact--networking, non-profits good at referring to each other and stying connected, communication between agencies unless regulations get in the way, EMR, Great collaboration, centralized database for access to information, good network/communication, technology brought into hospital, easy to work with in community
Notes:		Perception that State discourages small volunteer emergency services		Spec Children Fund People sometimes overwhelmed or fearful Experience and new ideas

Question #7	What do you view as future demands of our local health care system?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Aging population and greater needs**	**Workforce needs**--maintaining and recruiting health care providers, Maintain **EMS** services for rural areas	**Workforce needs**--increased educational requirements for volunteer responders (CEUs and training) for maintaining EMT licensure and becoming EMT, limited resources and fewer EMTs longer response times, funding restrictions from State for emergency services in rural areas, increased workloads for health care providers with decrease in funding	**Multicultural and multilingual care**--an increase in minority populations, providers/health care system need to be responsive to different cultures and languages, bilingual employees for YMCA are hard to find, cultural changes, minorities
	Reduced population in county	**Collaborating** to enhance services and availability	**Aging population**--need for care and facilities, intergenerational care and financial responsibility for elderly parents,	**Connecting as a community/population**--engage in faith-based orgs, advocacy programs (i.e. zone program) utlizing retired volunteers,

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

South Heartland Community Health Assessment 2018
Focus Group Synthesis

Health System Leaders

Facility closures and out-of town care	**Maintain population in county**--to keep current services	**Mental Health Care**--need facilities/services	**Aging population**--advocate for due to lack of family members who live close, independent living/retirement, not financially prepared for future years, communication with aging pop, affordable senior care, angry/mental health issues, **non-traditional community living (age 45-65) cannot live independently**
		Sharing trusted information about local services	**Mental/Behavioral health needs**--shortage of providers, addictions/drugs/break-ins, youth experimenting with drugs/marijuana, detox, anger issues, drug use at younger age,
			Technology--using apps and alerts on cell phone to reach more population, do outreach via technology, widening gap between those who can access care through technology, generational gaps on how to use technology
			Economic opportunities--people want benefits with jobs, less opportunity in Adams County for entry level positions with benefits
			Focus on Prevention-- decrease chronic disease, decrease cost of healthcare, education about how to take care of self, education about preventative care, focus on family and social networks vs. individuals, treatment of chronic patients in emergency instead of true emergency

				Accessing health care services/system--education to people on how to access healthcare, process on getting into the system with docs taking new patients, motivation to access or engage in established health care, encouraging engagement with own health care, incentivize (lower deductibles or premiums), easier process to access health care, expanded health care hours, low-income population, minority populations, awareness about what one needs/doesn't need, fall through the cracks
Notes:				Pharmacy/medication costs Teen pregnancy Transporation Prolonging life vs. death Shopping for health care instead of family

CTSA 2018 Survey Responses: Access to Care Questions

1. There are enough hospitals, emergency rooms, urgent care clinics and so forth available:

a. In my region (within 1 hour drive from my home) 92.2%
b. In my county (county where I live) 79.4%
c. In my community (town/city closest to where I live) 80.2%

2. There are enough doctor's offices, health clinics and so forth available:

a. In my region (within 1 hour drive from my home) 91.2%
b. In my county (county where I live) 82.4%
c. In my community (town/city closest to where I live) 81.5%

a. In my region are excellent. 79.5%
b. In my county are excellent. 71.3%
c. In my community are excellent 70.5%

4. There are enough medical specialists available:

a. In my region (within 1 hour drive from my home). 62.3%
b. In my county. 46.3%
c. In my community. 45.3%

5. There are enough behavioral health services:

a. In my region (within 1 hour drive from my home). 38.6%
b. In my county. 26.0%
c. In my community. 26.1%

6. The hospital care being provided:

a. In my region (within 1 hour drive from my home) is excellent. 74.5%
b. In my county is excellent 63.7%
c. In my community is excellent. 64.4%

7. Sometimes the cost of medical care is a barrier to treatment. 56.2%

8. Sometimes language and/or culture are barriers to treatment. 7.2%

9. Sometimes transportation is a barrier to treatment. 6.3%

10. Regular hours of operation are not convenient for seeking care. 46.1%

11. During the past 12 months, I have personally received health care services at a hospital or emergency room located

a. In my county 33.5%
b. In my region (within 1 hour drive from my home). 37.3%

12. During the past 12 months, I have personally received health care services at a doctor's office, health clinic, or health department located:

a. In my region (within 1 hour drive from my home). 75.1%
b. In my county. 67.4%
c. In my community. 73.2%

13. I have one person I think of as my personal doctor or health care provider

Yes 87.5%

14. During the past 12 months, I have personally received dental care services at a dental clinic located

a. in my region (within 1 hour drive from my home). 66.7%
b. in my county. 49.1%
c. in my community. 53.3%

15. I have one person I think of as my personal dentist Yes 82.1%

16. During the past 12 months, I have personally received mental / behavioral health services

a. in my region (within 1 hour drive from my home). 12.0%
b. in my county. 8.3%
c. in my community. 9.0%

Public Health

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

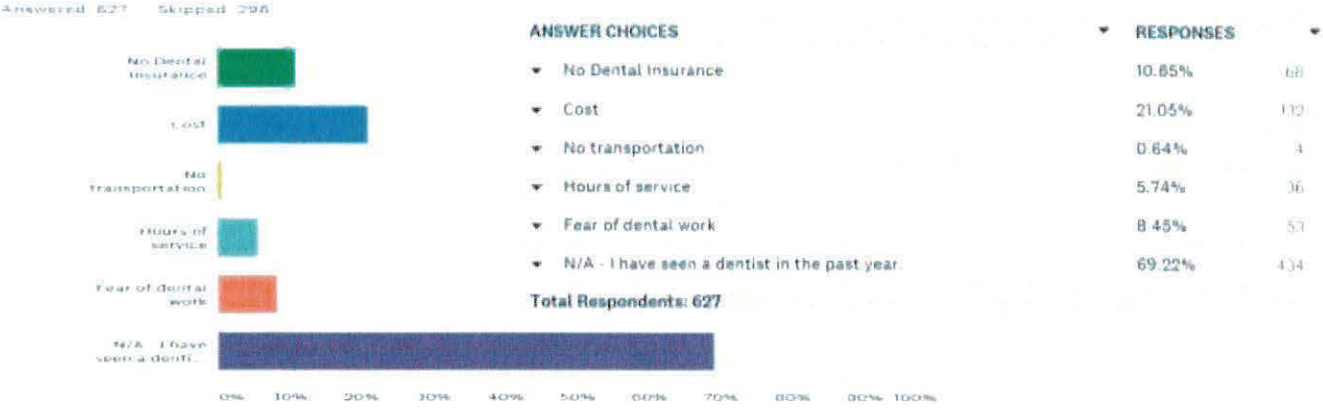
I have one person I think of as my personal doctor or health care provider:

If you answered NO on #13:Instead, when I need them I receive my health care services from (check all that apply)

ANSWER CHOICES	RESPONSES
Free clinics	5.24%
Community Health Center	16.05%
Health Department / Immunization Clinic	2.80%
Family Planning Agency	2.80%
Emergency Room at a hospital	8.74%
Urgent Care Clinic	24.78%
Chiropractor	14.08%
I delay care as long as possible or refuse care	10.83%
N/A	45.63%
Total Respondents: 206	

Reasons I have not seen a dentist in the past year: (check all that apply)

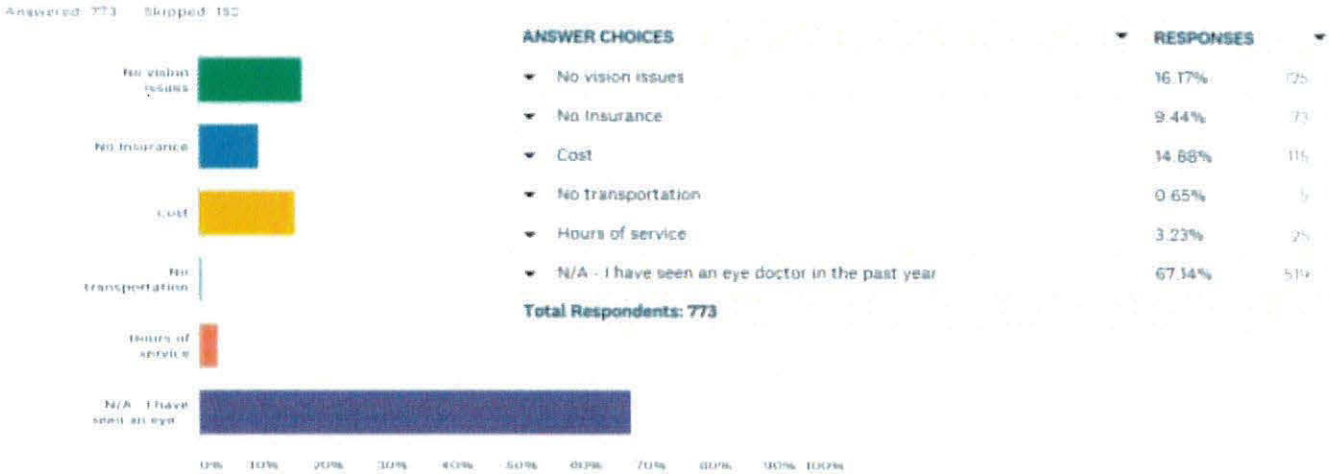
Answered: 627 Skipped: 298



ANSWER CHOICES	RESPONSES	
No Dental Insurance	10.85%	68
Cost	21.05%	132
No transportation	0.64%	4
Hours of service	5.74%	36
Fear of dental work	8.45%	53
N/A - I have seen a dentist in the past year	69.22%	434
Total Respondents: 627		

Reasons I have not seen an eye doctor in the past year: (check all that apply)

Answered: 773 Skipped: 132



ANSWER CHOICES	RESPONSES	
No vision issues	16.17%	125
No Insurance	9.44%	73
Cost	14.88%	115
No transportation	0.65%	5
Hours of service	3.23%	25
N/A - I have seen an eye doctor in the past year	67.14%	519
Total Respondents: 773		

Access to Care Comments:

"I am currently trying to find mental health services for a family member and finding it hard to get an apt in a timely manner"

The staff at the clinic and hospital are friendly and provide excellent care. (Superior and Nelson)

We have great options, unfortunately, because of health care insurance plans, the options become very limited in order to be able to afford those services. The need for more local mental health providers, especially for children is HUGE.

Gerontologist would be nice for our retirement community.

Would like to see better options for overflow in the ER. Went to the ER just last night and spent 4 hours there because there were to many people waiting.

Attracting and retaining quality healthcare providers to rural communities is a constant priority for us. Mary Lanning Healthcare works diligently to meet the needs of the communities we serve by recruiting appropriate providers.

Two areas of care that I feel need expansion within this area (and greatly lacking in Hastings) are Endocrinology and Dermatology.

Health Insurance is so expensive since Obama care I cannot afford it. Medicine the same way. Unless your on welfare or an illegal immigrant you are just out of luck if you work for a living.

For the most part I think there is good quality health care in the region. The Mary Lanning Surgery Team is top notch and we are blessed to have the Morrison Cancer Center and it's excellent and caring staff in our region!

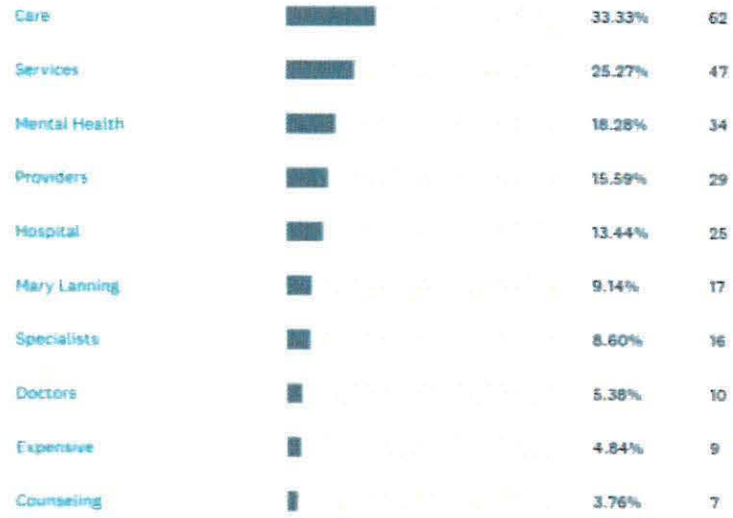
Health care system is good but more interpreters are needed.

question #1, we need a medical detox center

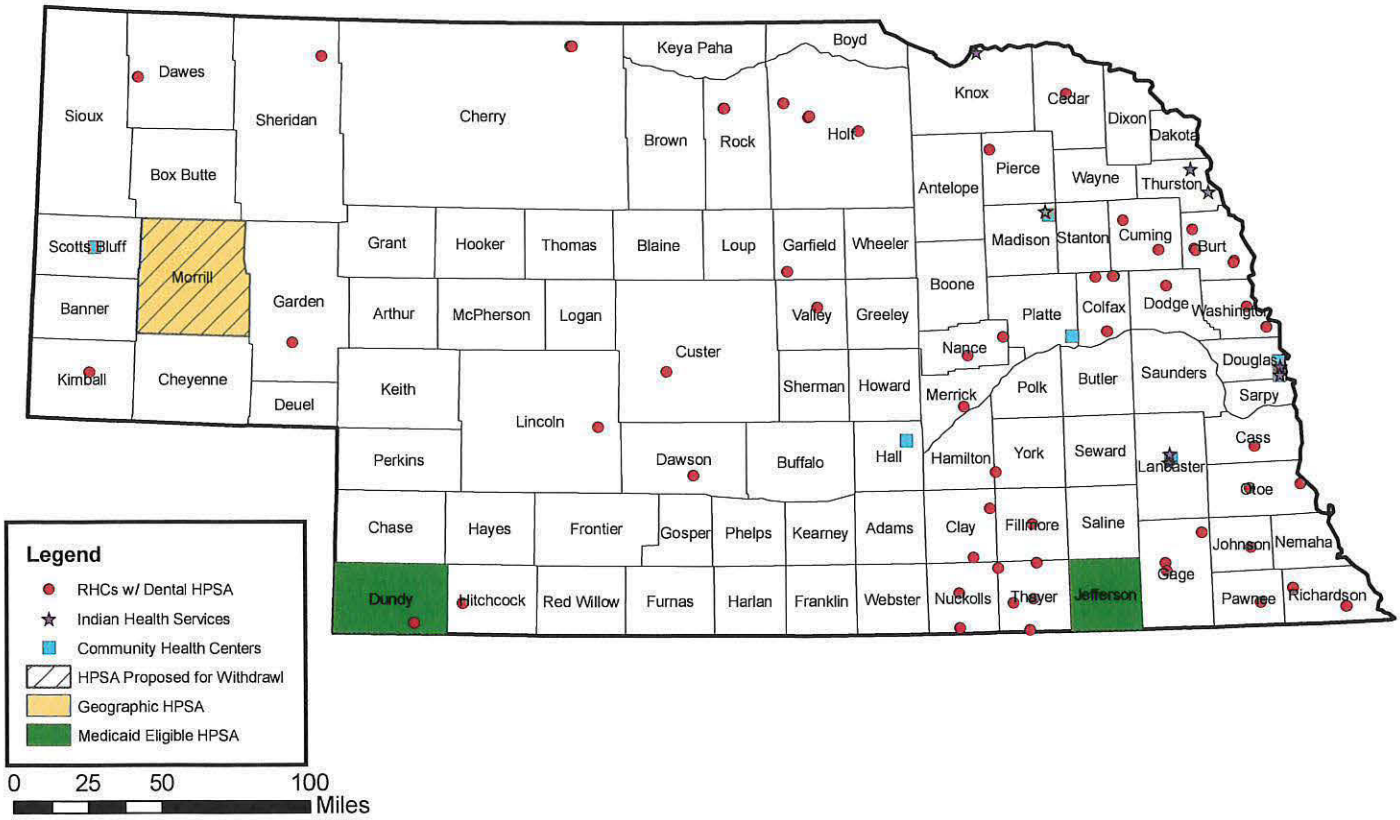
I am a teacher and we are need mental health practitioners in schools or mental health practitioners that are willing to communicate with teachers thru email at least. We try reaching out to practitioners when have the consent and they never respond back to us or work with us on kids plan.

I can obtain excellent health care in and around my community, county, or within 1 hour drive from my home.

The services are good, but are very expensive.



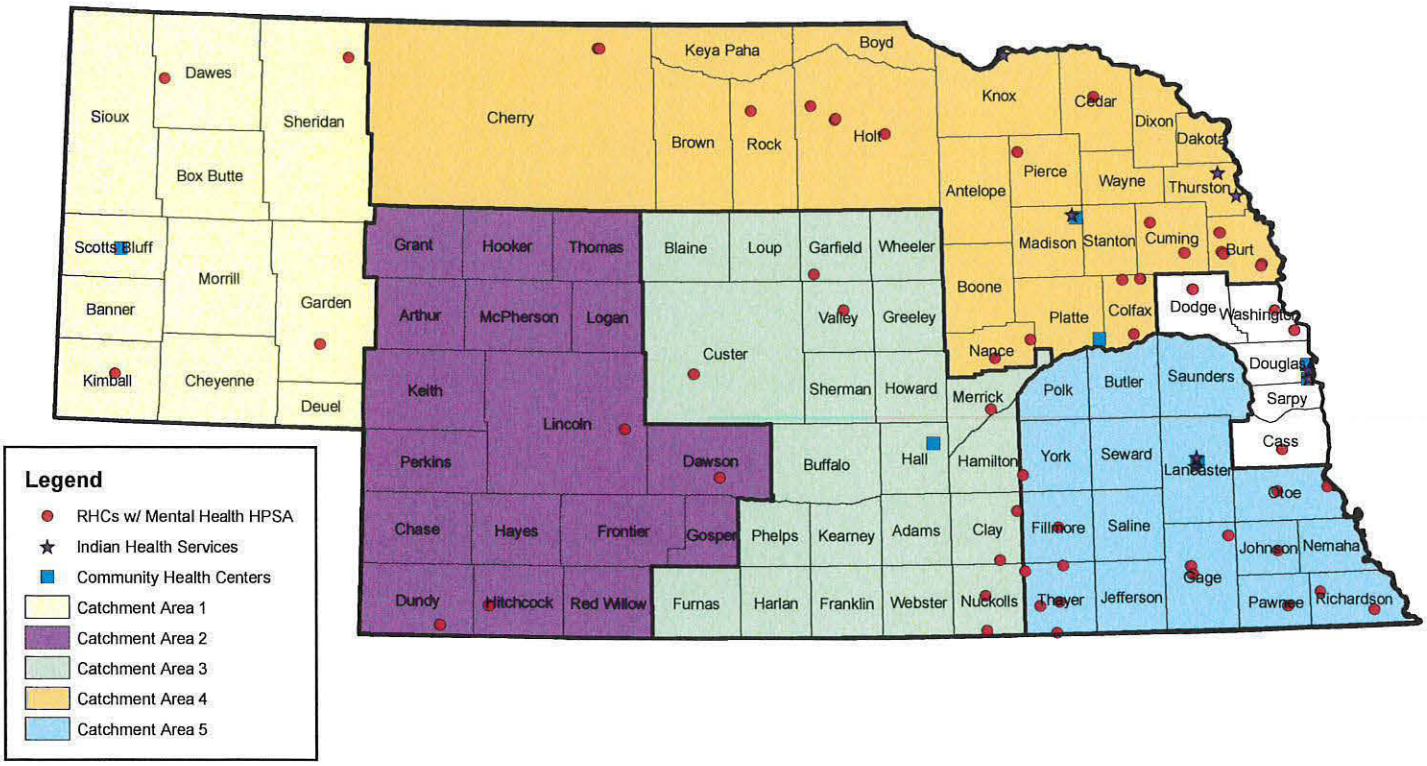
Federal Health Professional Shortage Areas (HPSAs) Dental 2018



Source: Health Professions Tracking Service
https://datawarehouse.hrsa.gov/
Date: February 2018

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

Federal Health Professional Shortage Areas (HPSAs) Mental Health 2018

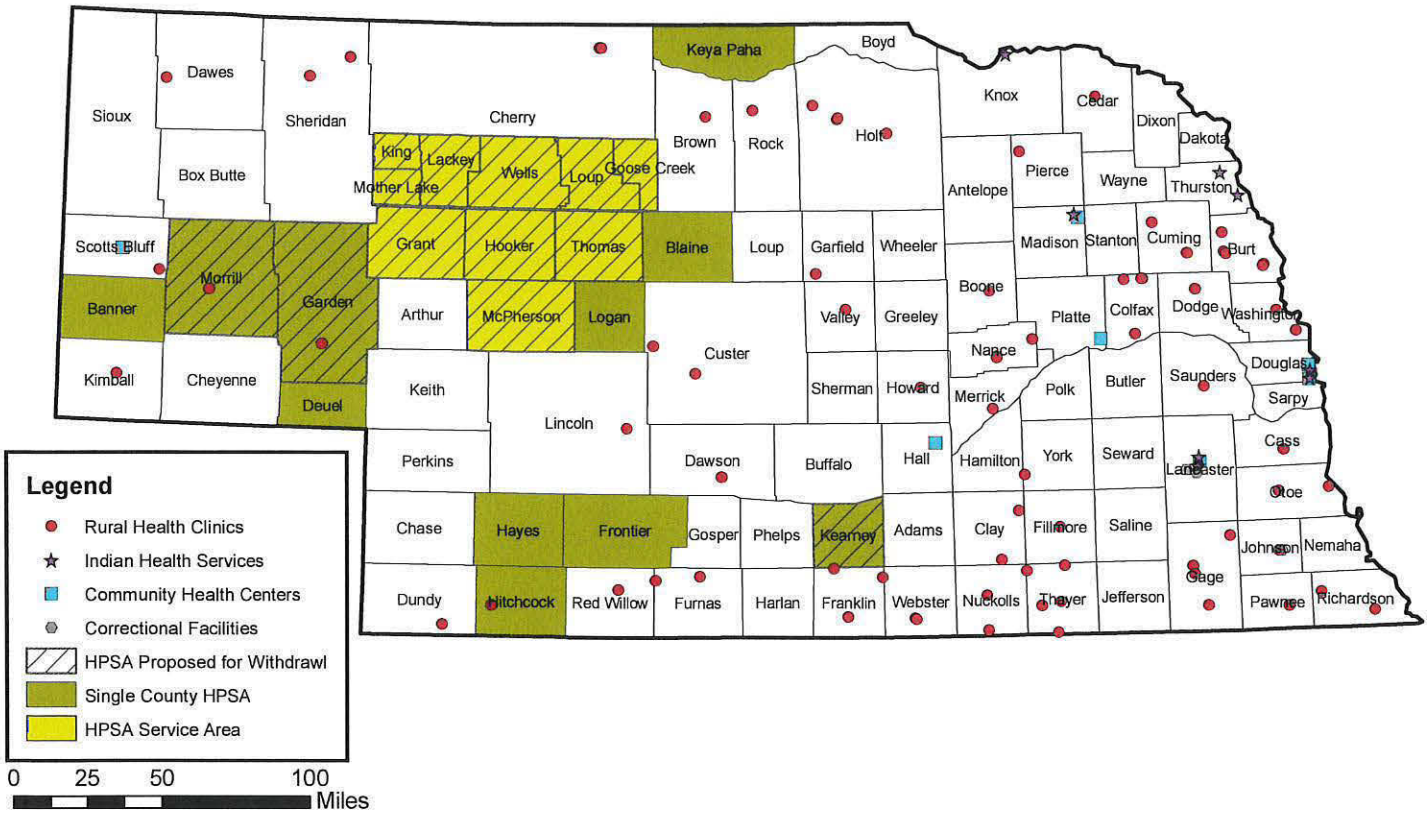


Source: Health Professions Tracking Service
https://datawarehouse.hrsa.gov/
Date: February 2018

0 25 50 100 Miles

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

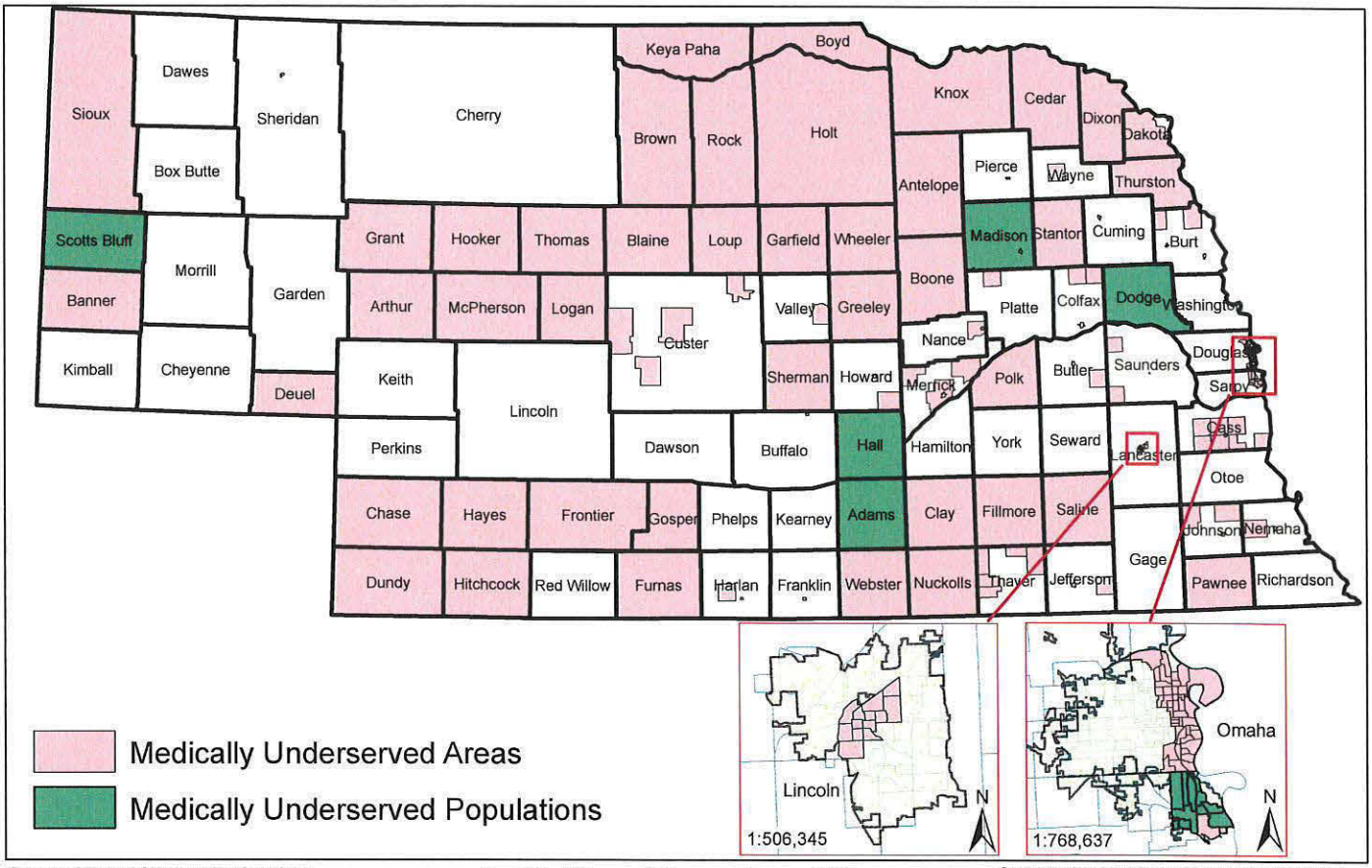
Federal Health Professional Shortage Areas (HPSAs) Primary Care 2018



Source: Health Professions Tracking Service
https://datawarehouse.hrsa.gov/
Date: February 2018

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

Federally Designated Primary Care Medically Underserved Areas/Populations



Source: Office of Shortage Designations
http://muafind.hrsa.gov/
Definitions of MUA Area and MUA Pop can be found at
http://bhpr.hrsa.gov/shortage/muaps/index.html

0 15 30 60 90 120 Miles

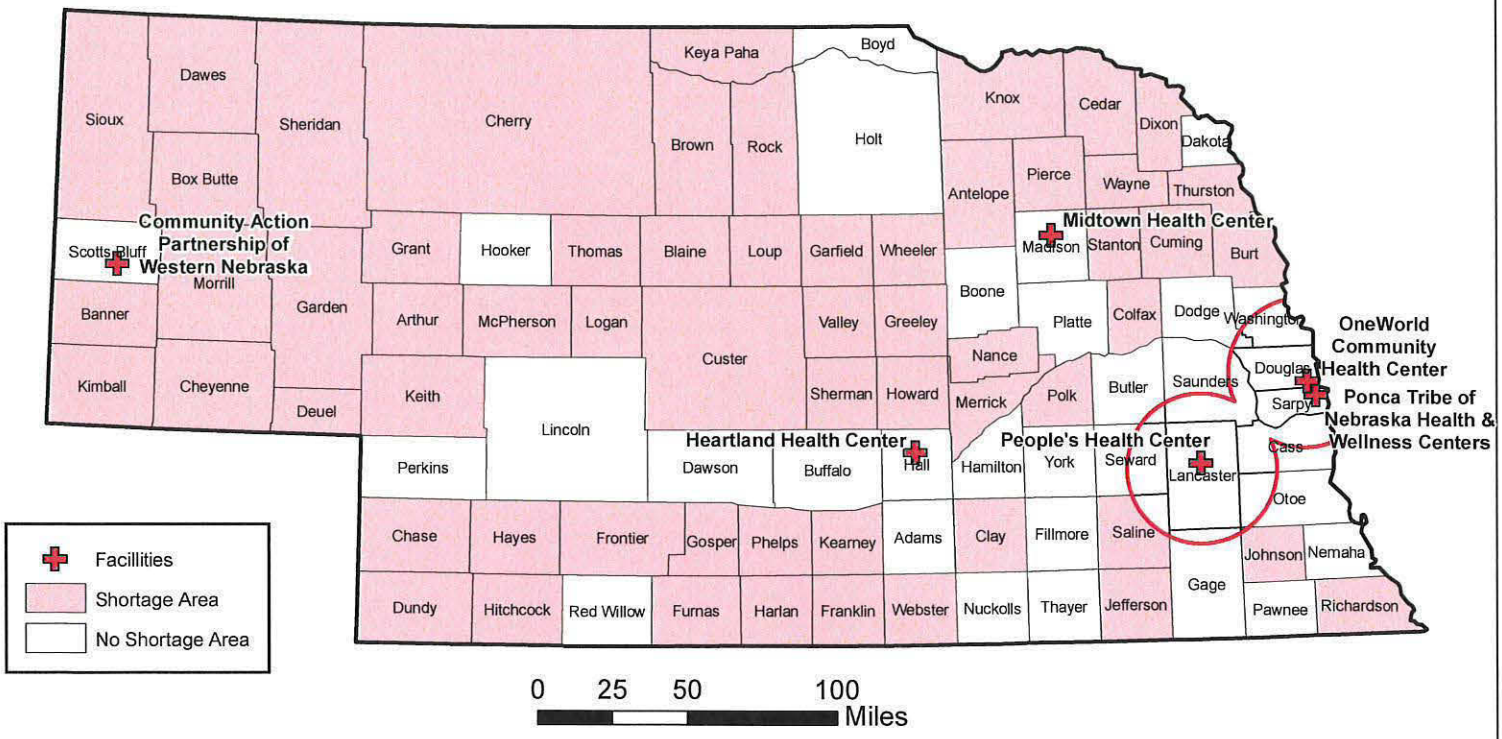
Cartography: Maggie Harthoorn, Community & Regional Planning Intern, DHHS
For: Thomas Rauner, Primary Care Office Director
email: thomas.rauner@nebraska.gov

File Location: K:\Rural Health Intern\Federal MUA_MUP\Federal MUA_MUP 2017\MUA_MUP 2017 Mapfiles

Map Updated 01/09/2017

State-Designated Shortage Area
Family Practice

Nebraska

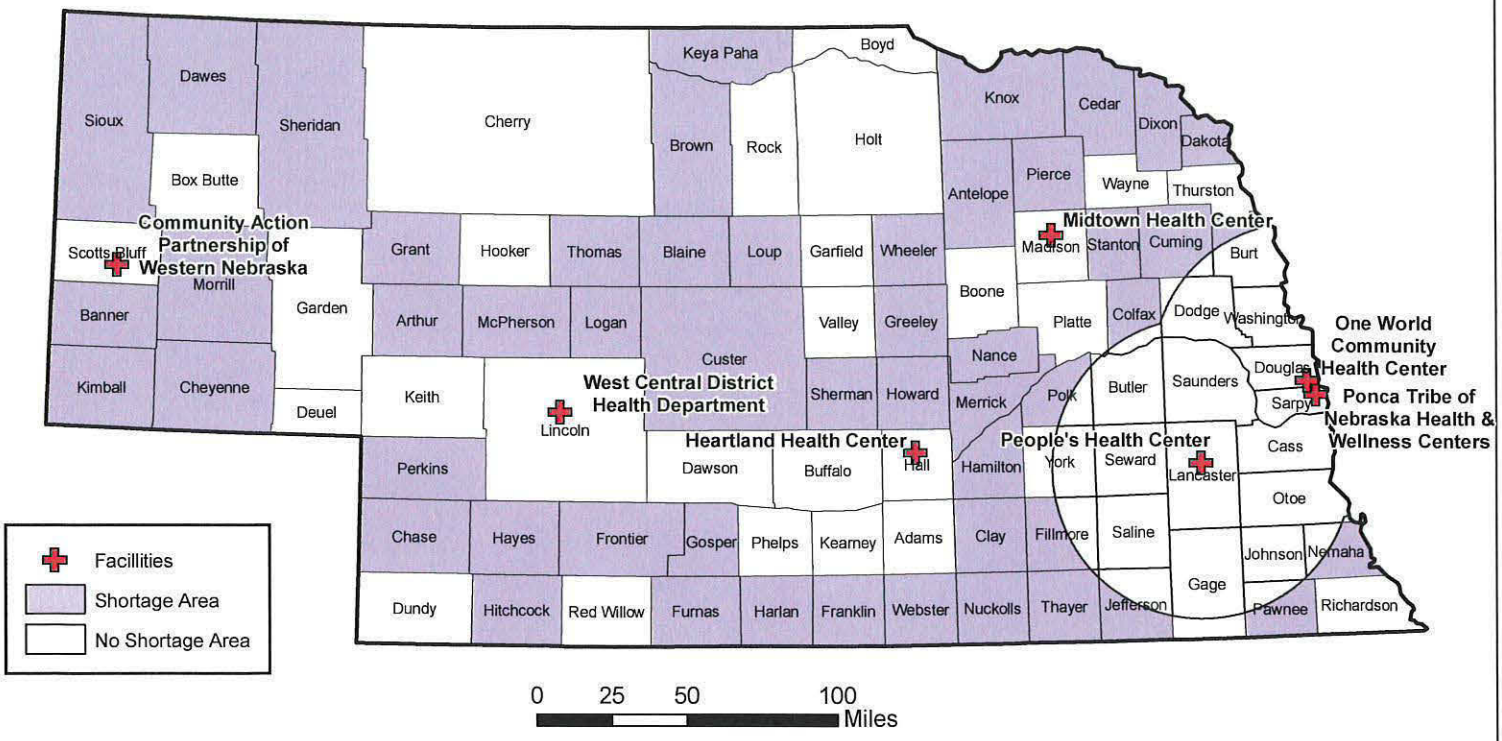


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: Oct 13, 2017
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area
General Dentistry

Nebraska

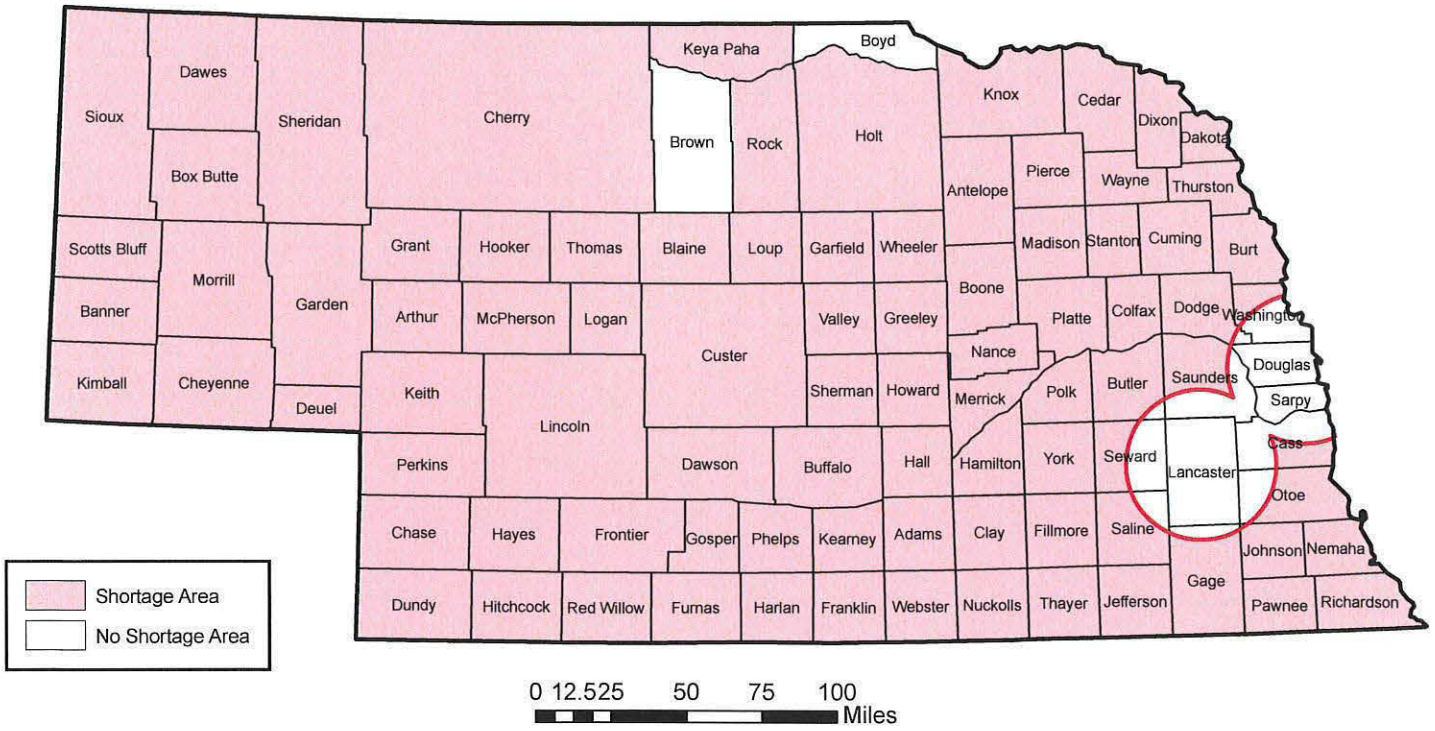


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: July 1, 2017
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area
General Internal Medicine

Nebraska

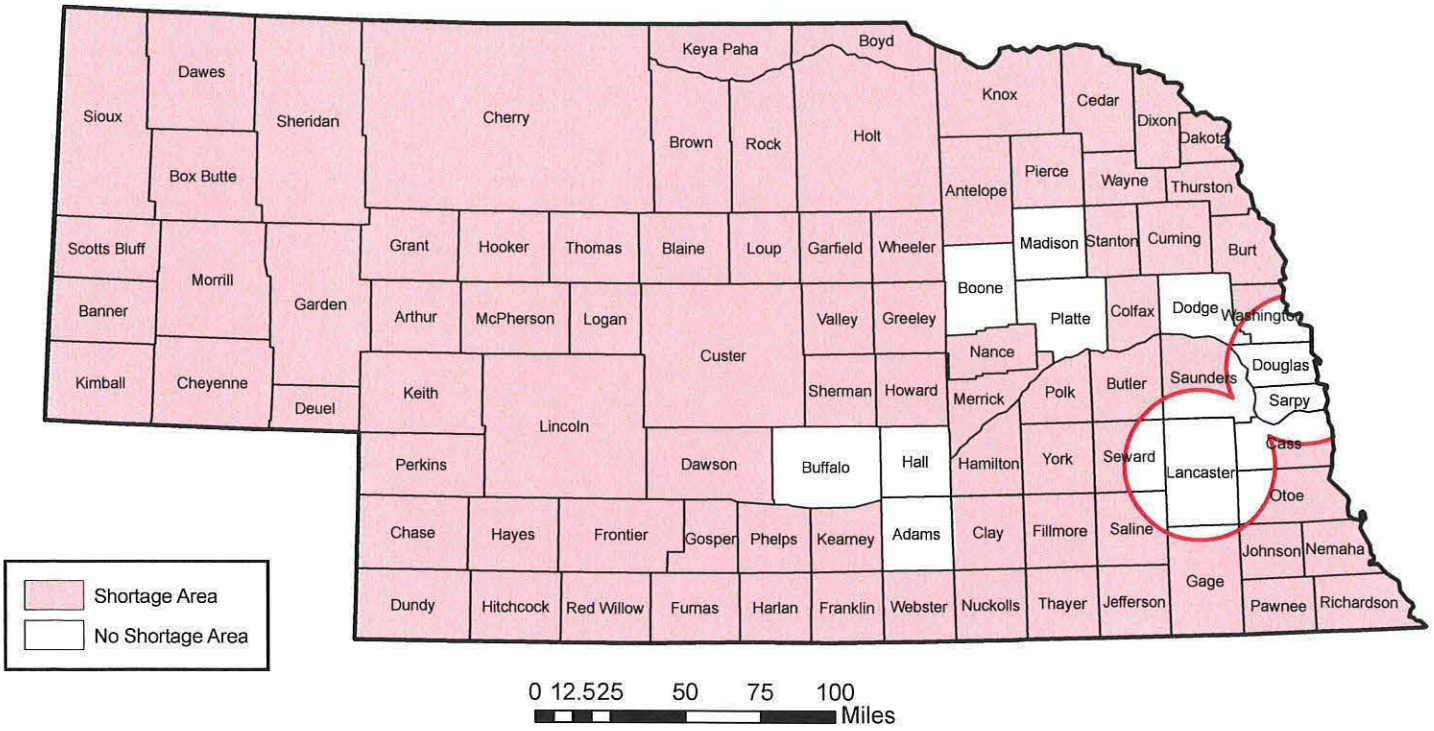


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: November 2016
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area
General Pediatrics

Nebraska

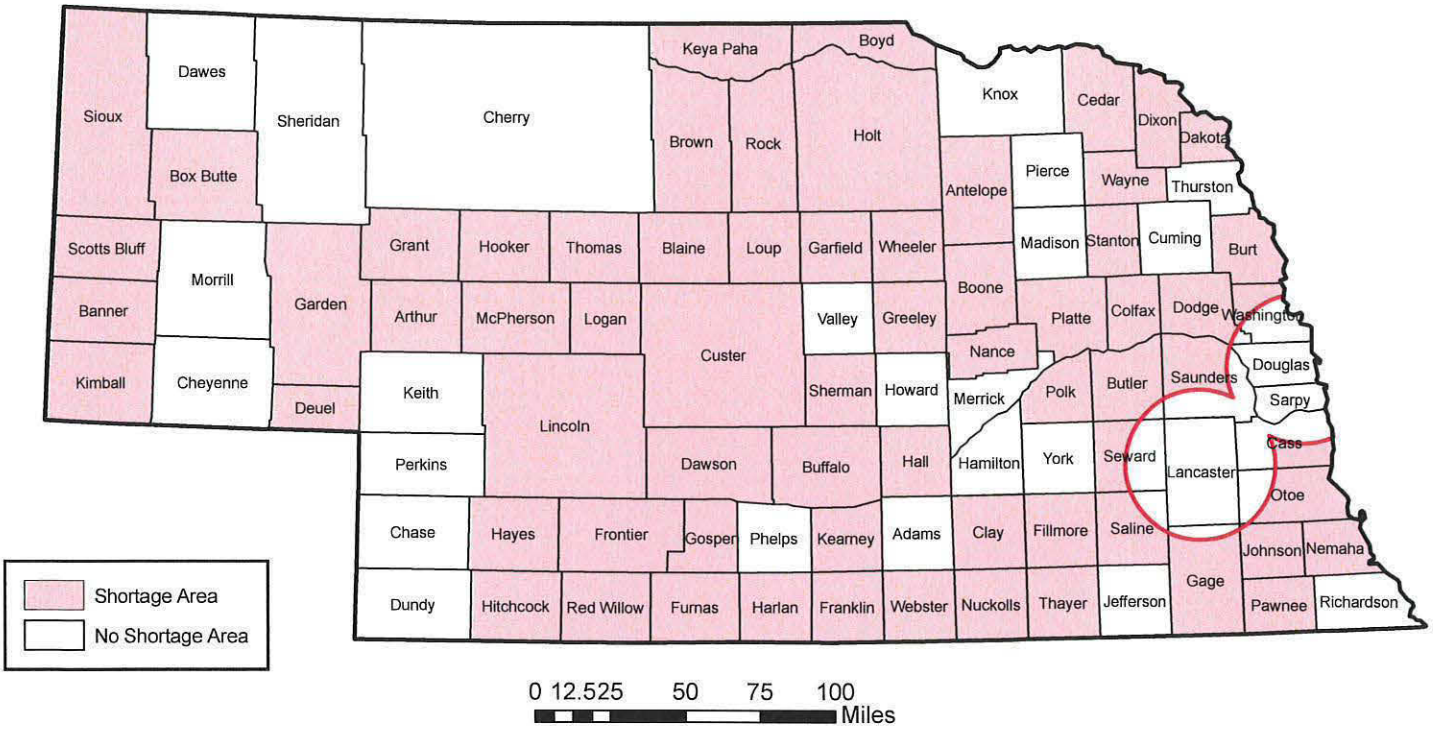


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: November 2016
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area
General Surgery

Nebraska

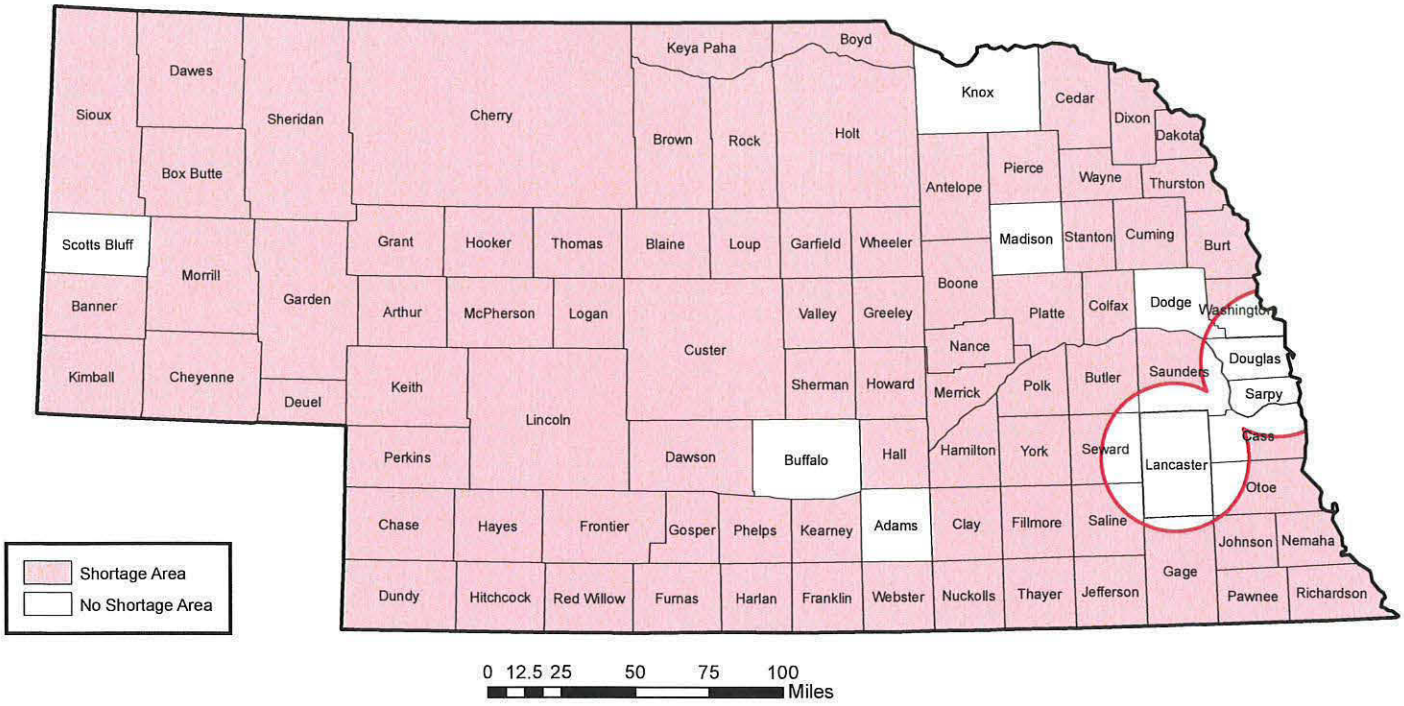


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: November 2016
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Areas
Obstetrics & Gynecology

Nebraska

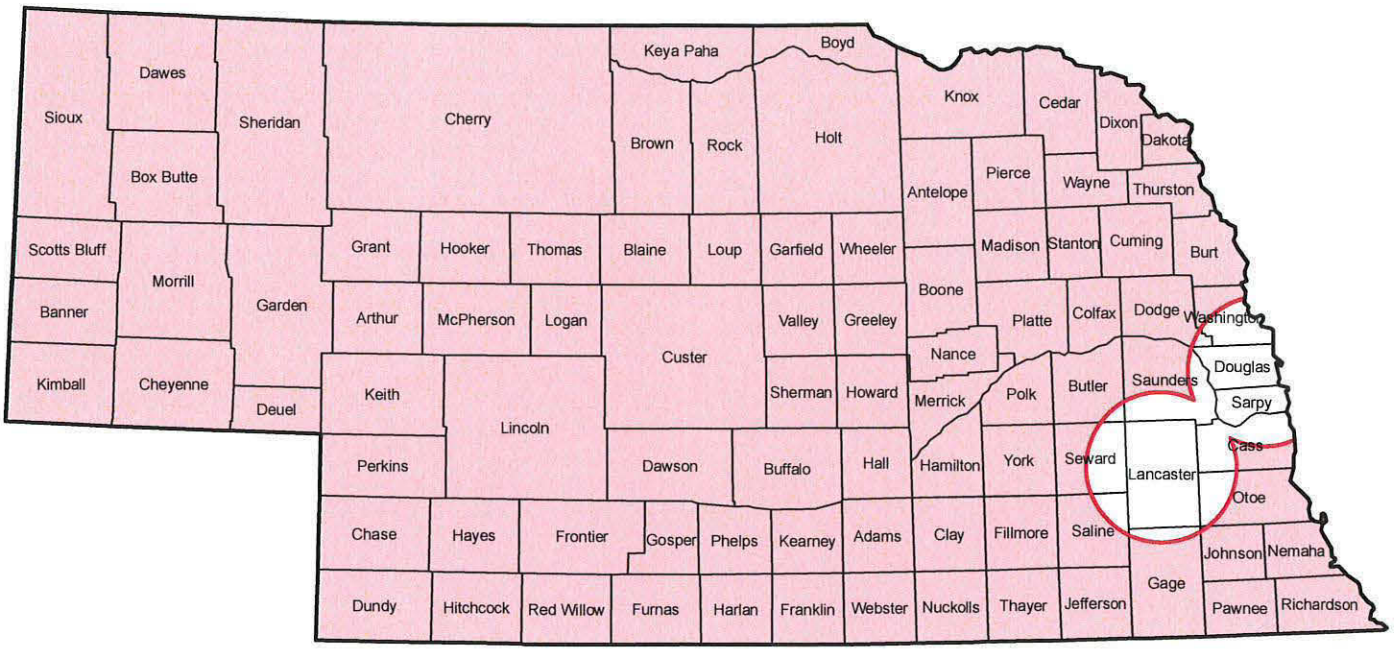


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2013
Last Updated: July 2013

Cartography: Clark Sintek | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area
Psychiatry & Mental Health

Nebraska



State-Designated Shortage Area

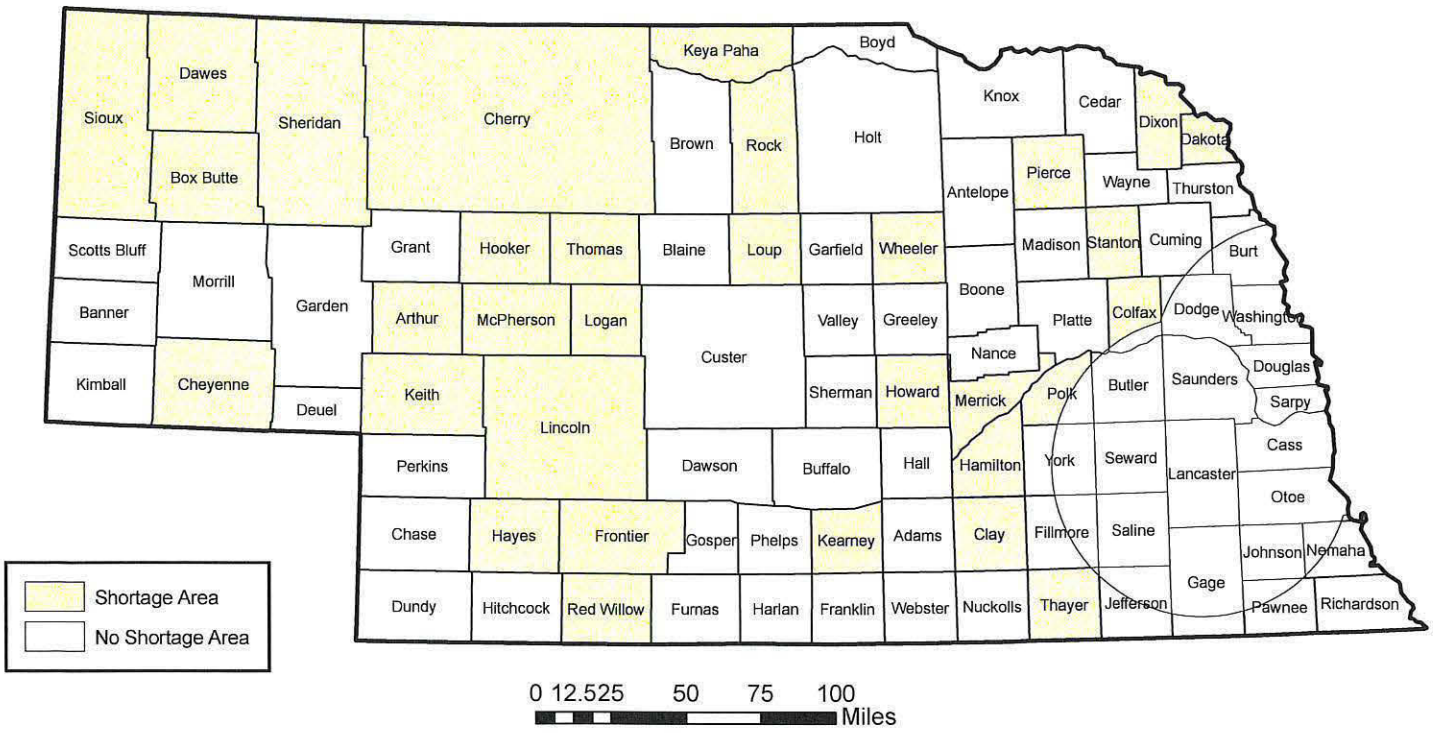
0 25 50 100 Miles

Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: Sep 22, 2017
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area
Occupational Therapy

Nebraska

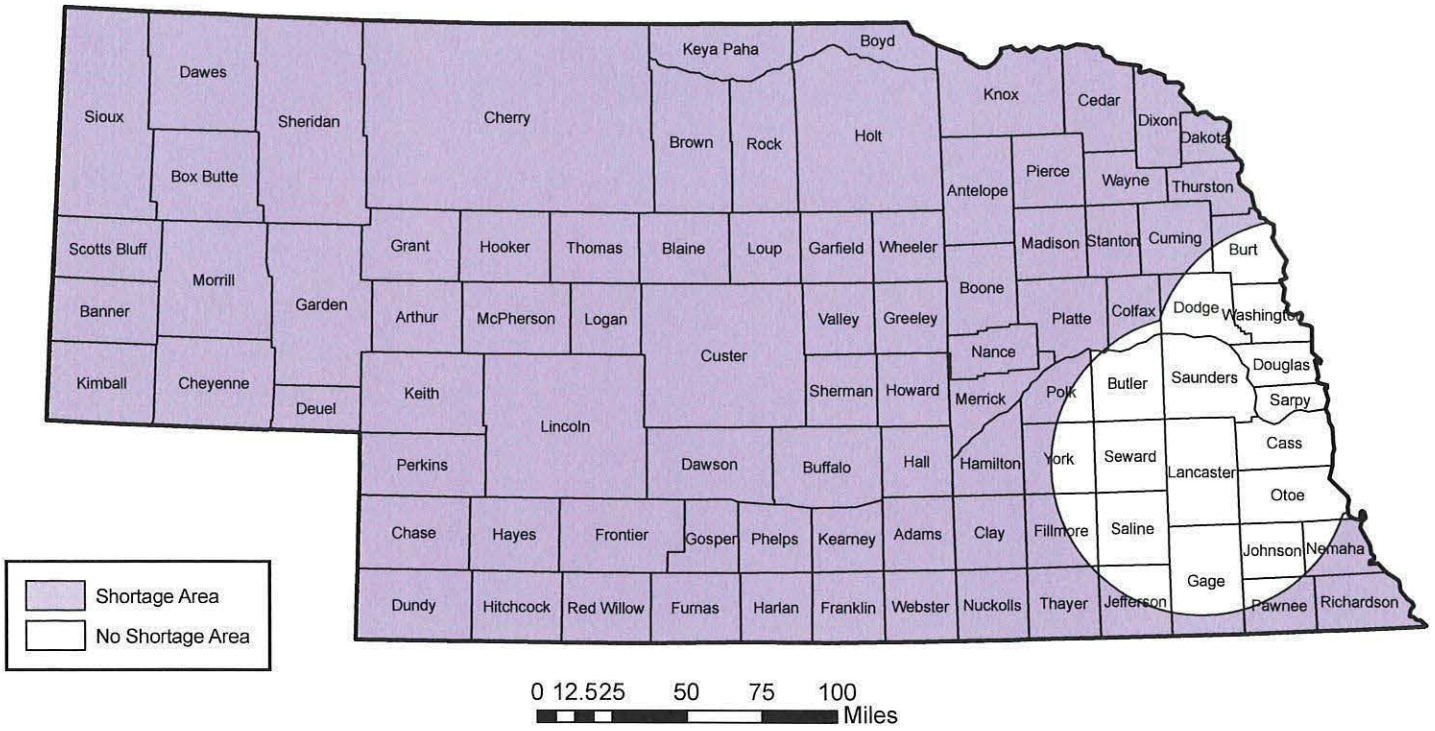


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: January 2017
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area
Pediatric Dentistry & Oral Surgery

Nebraska

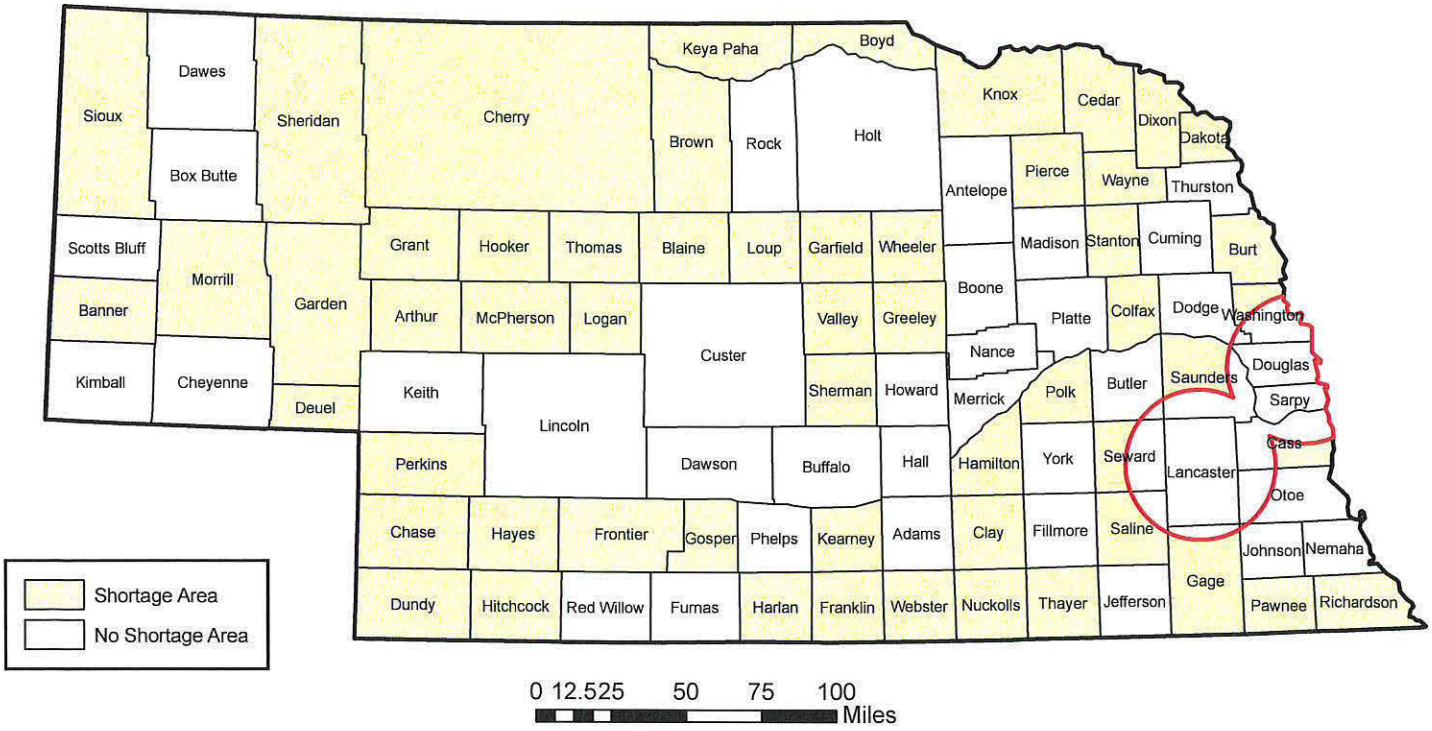


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: November 2016
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area Pharmacist

Nebraska

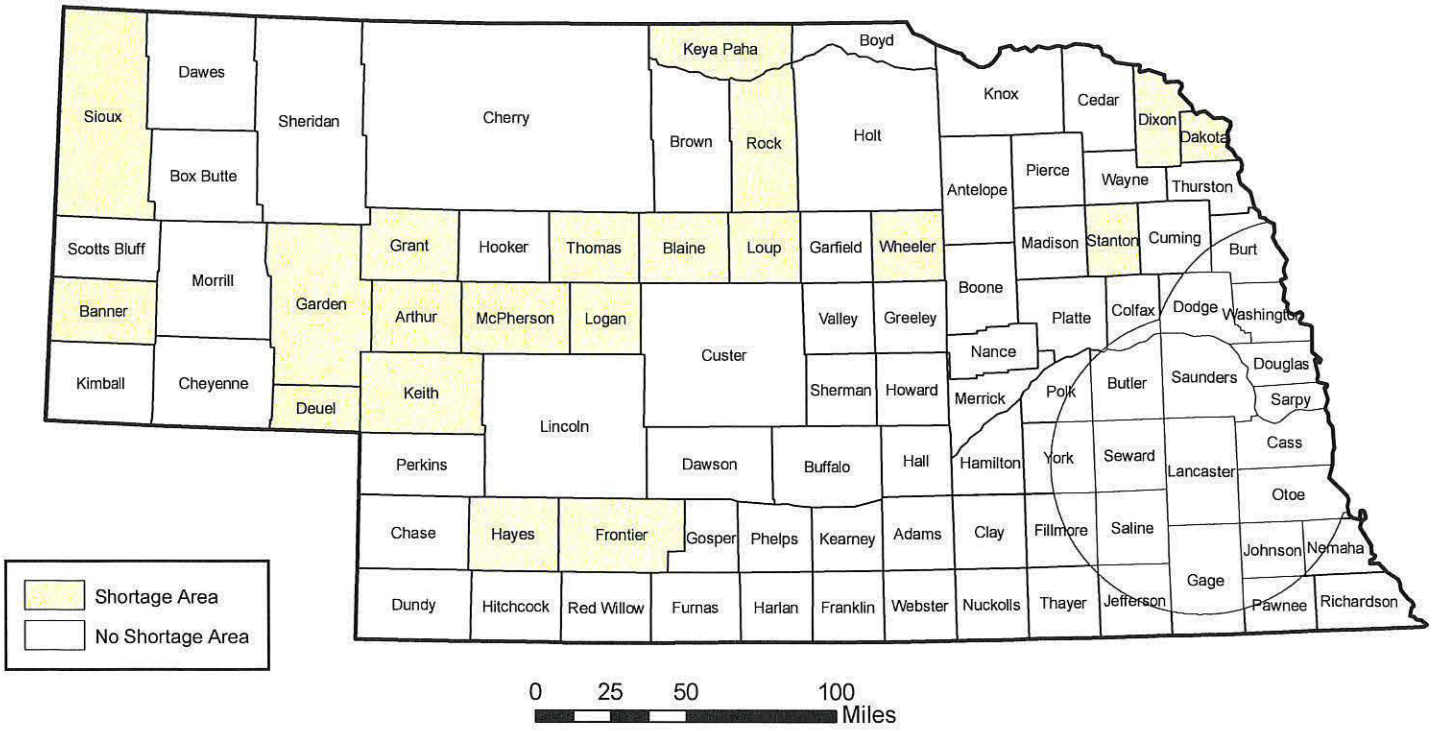


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: November 2016
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area
Physical Therapy

Nebraska

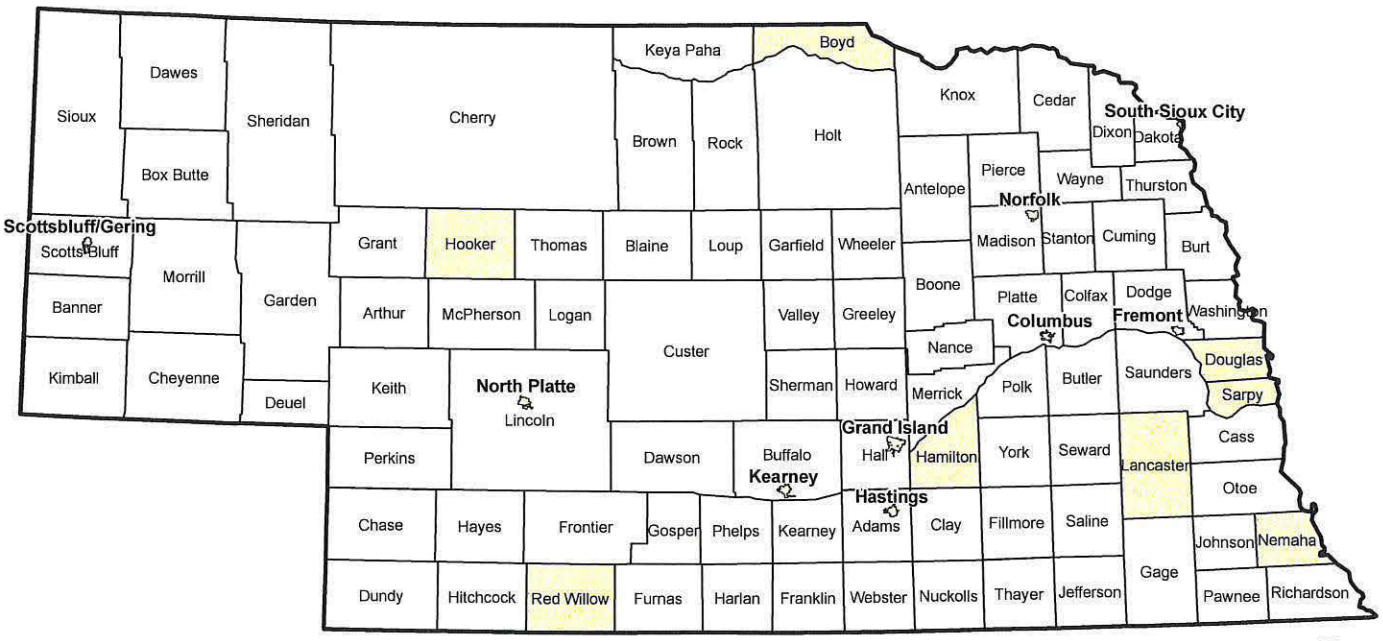


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: January 2017
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
For: Nebraska DHHS | Office of Rural Health
402-471-2337

Governor-Designated Eligible Areas for Medicare Certified Rural Health Clinics

Approved by the Division of Policy and Shortage - February 2017



Eligible areas on this map represent 32 percent of the population and 94 percent of the geographic area.

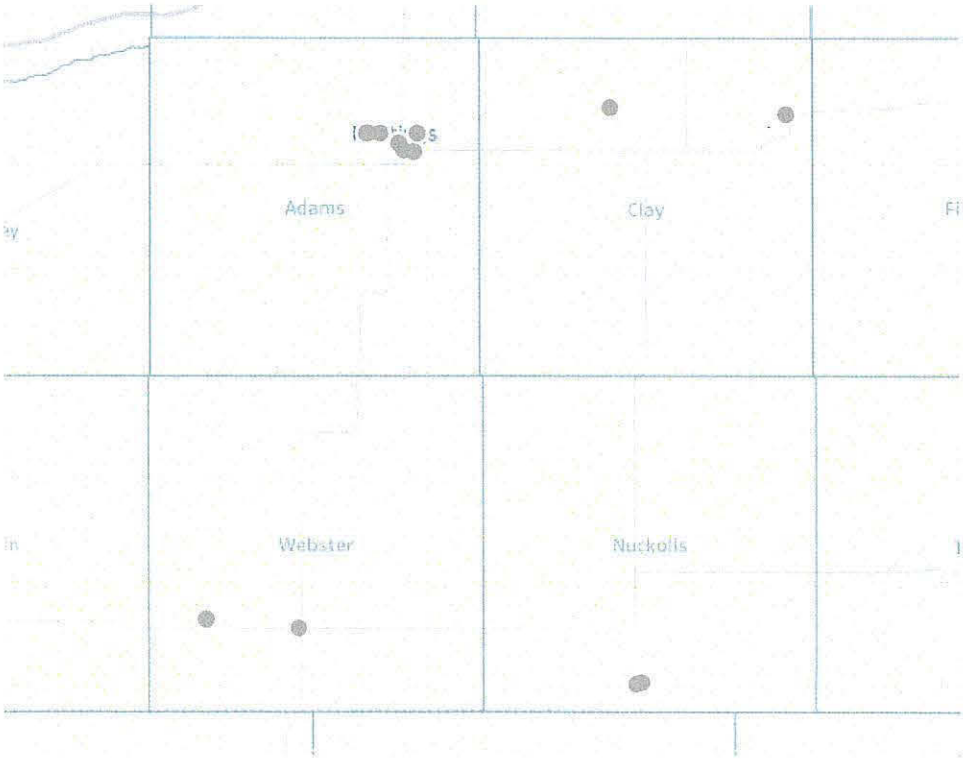
The communities of Columbus, Fremont, Grand Island, Hastings, Kearney, Norfolk, North Platte, South Sioux City, and Scottsbluff/Gering are not eligible.

Sources:
Low Birth Weight and Infant Mortality Rate - Nebraska Department of Health and Human Serivces, Public Health Division, November 2016
Family Medicine Physicians - University of Nebraska Medical Center, Health Professions Tracking Service, November 2016
US Census - S0101 Age and Sex, B01003 Total Population, B17007 Poverty Status in the Past 12 Months by Sex by Age

Cartography: Maggie Harthoorn, Community and Regional Planning Intern, DHHS
For: Thomas Rauner, Primary Care Office Director
thomas.rauner@nebraska.gov, 402-471-0148

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Access to Care & Services

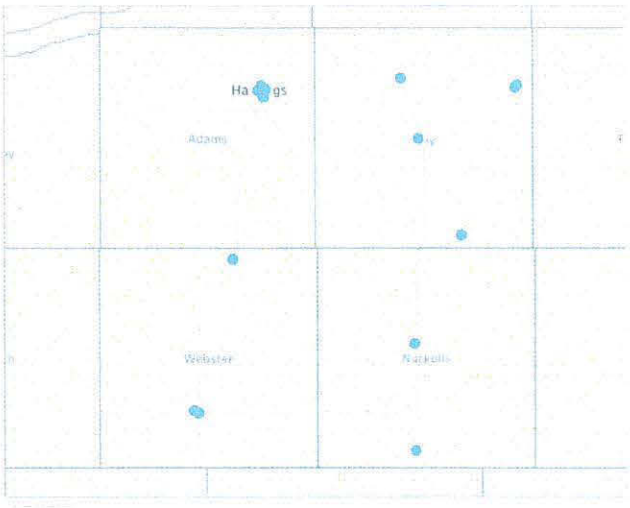


Category
Assisted Living

Category	Organization	County	Address	City	Zip Code
Assisted Living	Champion Homes Of Hastings	Adams	602 South Wabash Avenue	Hastings	68902
	Cherry Corner Estates	Webster	40 North Cherry Street	Red Cloud	68970
	College View Assisted Living And Memory Support Community	Adams	1100 N 6th Avenue	Hastings	68901
	Edgewood Hastings Senior Living	Adams	2400 West 12th Street	Hastings	68901
	Good Samaritan Society: Victorian Legacy	Nuckolls	1160 Sunrise Street	Superior	68978
	Good Samaritan Society: Villa	Adams	931 East F Street	Hastings	68901
	Hillcrest View Assisted Living	Clay	205 West Ada Street	Sutton	68979
	Kingswood Court	Nuckolls	1005 Idaho Street	Superior	68978
	Providence Place Of Hastings	Adams	3507 W 12th Street	Hastings	68901
	Spring Creek Home	Webster	602 Michigan Avenue	Inavale	68952
	The Harvard House	Clay	400 East 7th Street	Harvard	68944
	The Hastings Homestead	Adams	1116 North Sycamore Avenue	Hastings	68901
	The Kensington	Adams	233 North Hastings Avenue	Hastings	68901

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Access to Care & Services



Category
Clinics

Category	Organization	County	Address	City	Zip Code
Clinics	Blue Hill Clinic	Webster	102 N Pine St	Blue Hill	68930
	Child and Adolescent Clinic	Adams	2115 N Kansas Ave	Hastings	68901
	Community Health Center - Mary Lanning	Adams	606 N. Minnesota Ave	Hastings	68901
	Edgar Medical Clinic	Clay	315 N C St	Edgar	68935
	Estella Chan Clinic	Webster	145 W 3rd Ave	Red Cloud	68970
	Every Woman Matters	Adams	606 N. Minnesota Ave.	Hastings	68901
	Family Medical Center	Adams	1021 W 14th St	Hastings	68901
	Harvard Community Med Clinic	Clay	203 E Walnut St	Harvard	68944
	Hastings Family Care	Adams	223 E 14th St, Ste. 100	Hastings	68901
	Hastings Family Planning	Adams	606 N Minnesota Ave	Hastings	68901
	Hastings Internal Medicine	Adams	2115 N Kansas Ave #105a	Hastings	68901
	Main Street Clinic	Webster	313 N Webster St	Red Cloud	68970
	Mary Lanning Community Health Center	Adams	606 N Minnesota Ave	Hastings	68901
	Mary Lanning Healthcare: Edgar Medical Clinic	Clay	315 North C	Edgar	68935
	Memorial Health Clinic	Clay	319 W Glenvil St	Clay Center	68933
	Nelson Family Medical Center	Nuckolls	76 W 8th St	Nelson	68961
	OB/GYN	Adams	2115 N Kansas Ave #204	Hastings	68901
	Quality Healthcare Clinic	Clay	301 S Way Ave	Sutton	68979
	Superior Family Medical Center	Nuckolls	525 E 11th St	Superior	68978
	Sutton Family Practic	Clay	502 E Maple St	Sutton	68979
	Webster County Clinic	Webster	721 W 6th Ave	Red Cloud	68970

South Heartland District Health Department
Community Health Assessment 2018

Dental Health Providers

Active Dental Health Licenses by License Type and County*				
License Type	Adams	Clay	Nuckolls	Webster
Dentist	25	4	1	
Dental Hygienist	35	5	2	
Public Health Authorization	4	1		
Dental Assistant	2			

Fact Sheet: Access to Care

Oral Health

Dental Hygiene Capacity and Scope

Shared by Dr. Wanda Cloet, DHSC, RCH

Workforce: Dental Hygiene Program – Central Community College

- Established in 1977
- Associate Degree program
    - 1 year of pre-requisites
    - 2 years of dental hygiene curriculum
- Program admits 15 students / year
- Program houses a 15-chair clinic.

Scope of Practice:

- LB 18 allowed dental hygienists to expand their scope of practice:
    - Writing prescriptions as dental hygienists
    - Nitrous oxide administration
    - Denture adjustment
    - Interim therapeutic restoration
- These procedures will expand the practicing registered dental hygienist in the dental offices
- These procedures will also expand the public health dental hygienists in the community based setting.
- LB legislative changes also will expand scope of practice for placement of permanent restorations
    - Both dental assistants and dental hygienists will be able to place permanent restorations with
        i. Additional education
        ii. Clinical Board
    - Nebraska Board of Dentistry is working on the rules and regulations for placement of permanent restorations.

Access to Oral Health Care: CCC-Dental Hygiene Clinic

August to December: Tuesday 8:00 am & 10:00 am, Wednesday 1:00 pm & 3:00 pm, Thursday 4:30 pm & 6:30 pm

January to May: Monday 12:30 pm & 2:30 pm, Tuesday 4:30 pm, Wednesday 1:00 pm, 4:30 pm & 6:30 pm,. Thursday 12:30 pm & 2:30 pm, Friday 9:00 am

Services Provided: Adult cleaning, Child cleaning, Fluoride treatment, Necessary X-rays: Full mouth, Bitewings & Pano, Oral Cancer Screening, Periodontal Assessment, Root Planning (deep cleaning), Sealants, Whitening

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

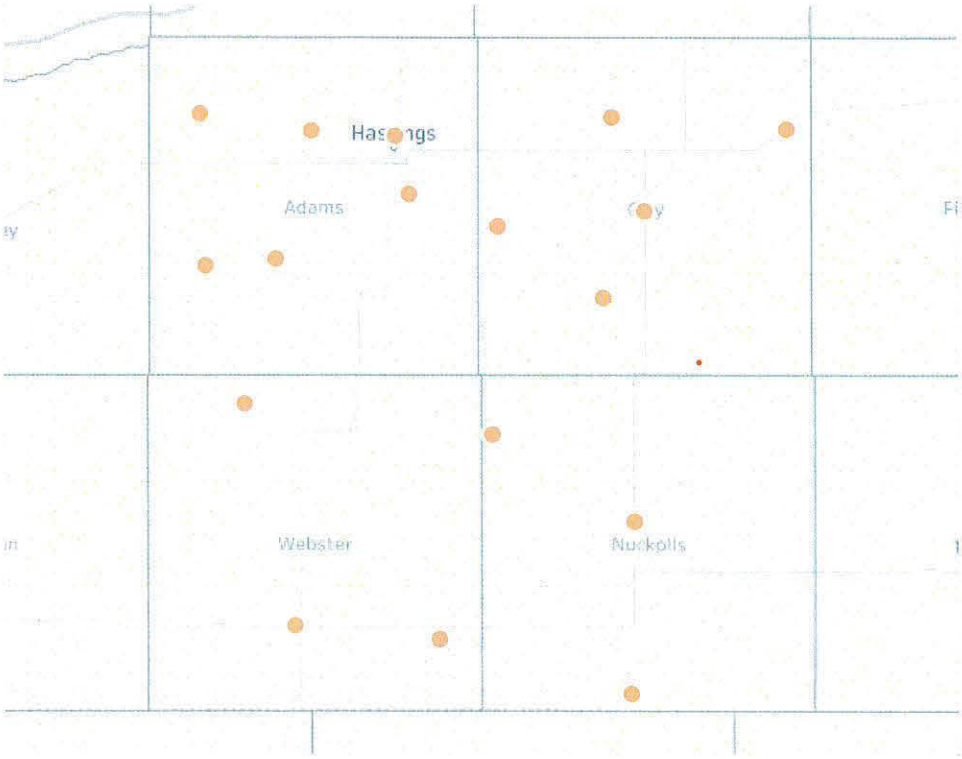
Access to Care & Services

Category
Drug and Alcohol Assistance

Organization	County	Address	City	Zip Code
Area Substance & Alcohol Abuse Prevention (ASAAP)	Adams	835 South Burlington Ave	Hastings	68901
Area Substance and Alcohol Abuse Prevention (ASAAP)	Adams	835 S Burlington Ave, Ste. 114	Hastings	68901
Church of the Plains	Clay	407 N C St	Edgar	68935
Clay Center Christian Church	Clay	31371 Woodland Rd	Clay Center	68933
Crossroads	Adams	702 W 14th St	Hastings	68901
Crystal Meth Anonymous	Adams	521 S St. Joseph Ave	Hastings	68901
Double Trouble	Adams	715 N St. Joseph Ave	Hastings	68901
Evangelical Free Church	Adams	2015 N St. Joseph	Hastings	68901
First Baptist Church	Adams	401 Lincoln Ave	Hastings	68901
First United Methodist Church	Adams	614 N Hastings Ave	Hastings	68901
Gamblers Anonymous	Adams	715 N St. Joseph Ave	Hastings	68901
Hastings Arid Society	Adams	521 S St. Joseph Ave	Hastings	68901
Horizon Recovery Center	Adams	835 S Burlington Ave, Ste. 115	Hastings	68901
Kensington	Adams	233 N Hastings Ave	Hastings	68901
Life Group of Addictions	Adams	100 W 33rd St	Hastings	68901
NE Dept of Health & Human Services	Adams	4200 W 2nd St	Hastings	68902
Revive Ministries: Substance Abuse Programs	Adams	835 S Burlington Ave	Hastings	68901
Salvation Army: Hastings: Substance Abuse Programs	Adams	400 S Burlington Ave	Hastings	68901
South Central Behavioral Services: Hastings Outpatient Substance Abuse Pr..	Adams	616 West 5th Street	Hastings	68902
South Central Behavioral Services: Substance Use Services	Adams	616 W 5th St	Hastings	68902
South Central Substance Abuse Prevention Coalition	Adams	835 Burlington Ave	Hastings	68901
St. Joseph Catholic Church	Nuckolls	1416 California St	Superior	68978
St. Mark's Church	Adams	422 N Burlington Ave	Hastings	68901
The Bridge	Adams	907 S Kansas Ave	Hastings	68901
The Bridge, Inc: Substance Abuse Programs	Adams	907 S Kansas	Hastings	68901
United Methodist Church	Adams	610 N Adams Ave	Juniata	68935

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Access to Care & Services



Category
EMS

Category	Organization	County	Address	City	Zip Code
EMS	Bladen Rescue Service	Webster	211 N Main St	Bladen	68928
	Clay Center Volunteer Ambulance	Clay	111 W Fairfield St	Clay Center	68933
	Fairfield Volunteer Fire Department	Clay	502 D St	Fairfield	68953
	Glenvil Ambulance	Clay	201 Winters Ave	Glenvil	68941
	Guide Rock Volunteer Rescue	Webster	240 W Douglas St	Guide Rock	68942
	Harvard Fire and Rescue	Clay	128 N Harvard Ave	Harvard	68944
	Hastings Fire and Rescue	Adams	1313 N Hastings Ave	Hastings	68901
	Hastings Rural Fire Department	Adams	3630 S Elm Ave	Hastings	68901
	Holstein Rescue Squad	Adams	9750 S Holstein Ave	Holstein	68950
	Juniata Rural Fire District	Adams	1202 N Juniata Ave	Juniata	68955
	Kenesaw Volunteer Fire Department	Adams	115 Maple St	Kenesaw	68956
	Lawrence Fire Department & Rescue Service	Nuckolls	161 S Calvert	Lawrence	68957
	Nelson Volunteer Fire & Rescue	Nuckolls	570 S Main St	Nelson	68961
	Roseland Fire and Rescue Unit	Adams	11902 W Davis St	Roseland	68973
	Superior Volunteer Rescue Squad	Nuckolls	154 W 5th St	Superior	68978
	Sutton Volunteer Ambulance Service	Clay	107 W Grove St	Sutton	68979
	Webster County Ambulance	Webster	720 W 6th Ave	Red Cloud	68970

Edgar Fire and Rescue
Clay County
105 5th
Edgar
68935

South Heartland District Health Department
Community Health Assessment 2018

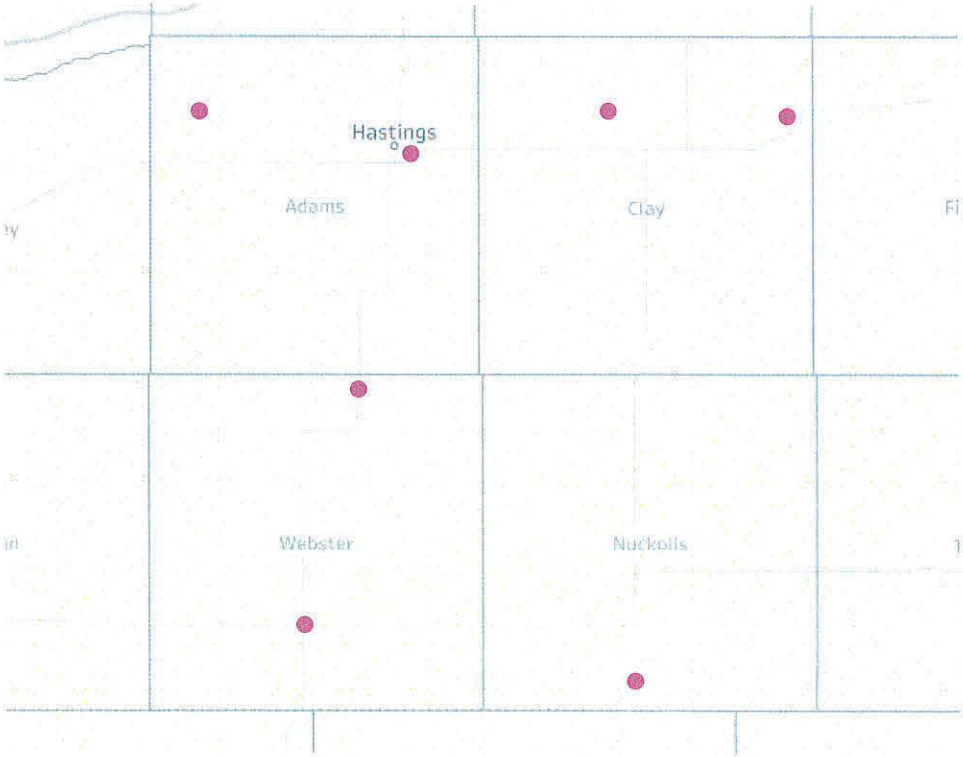
Mental Health Providers

Active Mental Health Licenses by License Type and County*				
License Type	Adams	Clay	Nuckolls	Webster
Independent Mental Health Practitioner	29	4	1	1
Marriage and Family Therapist	1			
Master Social Worker	10	3	1	
Master Social Worker - CMSW				
Mental Health Practitioner	37	4	1	
Professional Counselor	10	1		
Provisional Master Social Worker	4		1	
Provisional Mental Health Practitioner	13	4	1	
Social Worker	17		1	
Supervised Marriage & Family Therapist		2		
Alcohol & Drug Counselor	19	1		
Provisional Alcohol & Drug Counselor	11			
Unduplicated Providers	89	13	2	1

Active Psychology Licenses by License Type and County*				
License Type	Adams	Clay	Nuckolls	Webster
Psychologist	7	2		
Psychological Assistant	2			

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Access to Care & Services



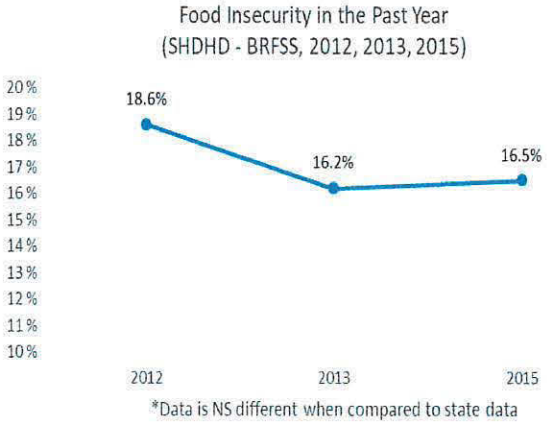
Category
Nursing Home

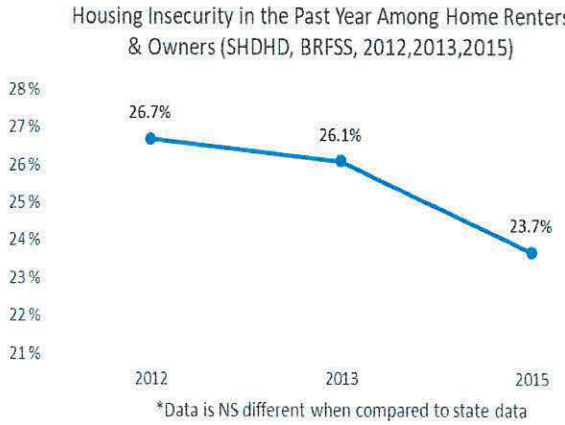
Category	Organization	County	Address	City	Zip Code
Nursing Home	Blue Hill Care Center	Webster	414 North Willson	Blue Hill	68930
	Good Samaritan Society: Hastings Village	Adams	926 East E Street	Hastings	68901
	Good Samaritan Society: Superior	Nuckolls	1710 Idaho Street	Superior	68979
	Harvard Rest Haven	Clay	400 East 7th Street	Harvard	68944
	Heritage of Red Cloud	Webster	636 North Locust Street	Red Cloud	68970
	Premier Estates of Kenesaw	Adams	100 West Elm Avenue	Kenesaw	68956
	Sutton Community Home	Clay	1106 North Saunders	Sutton	68979

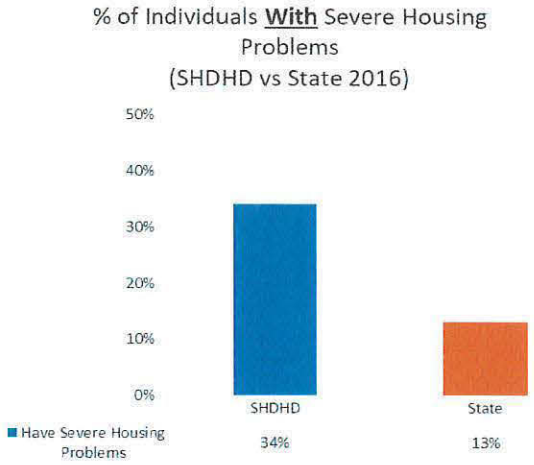
Fact Sheet: Access to Care

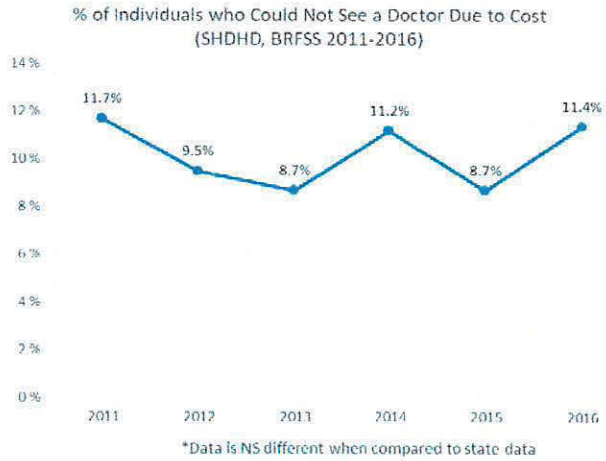
Social Context / Vulnerable Populations

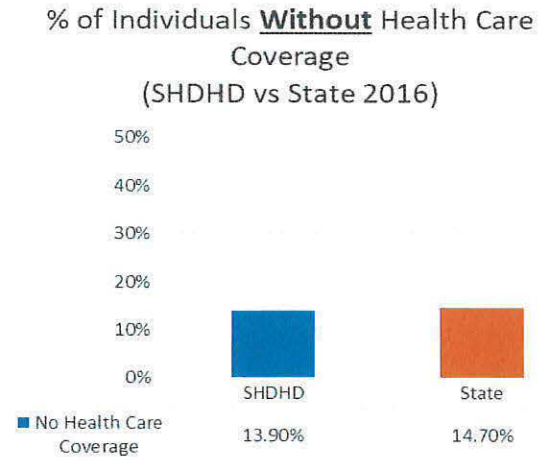
Food, Housing, and Financial Insecurities

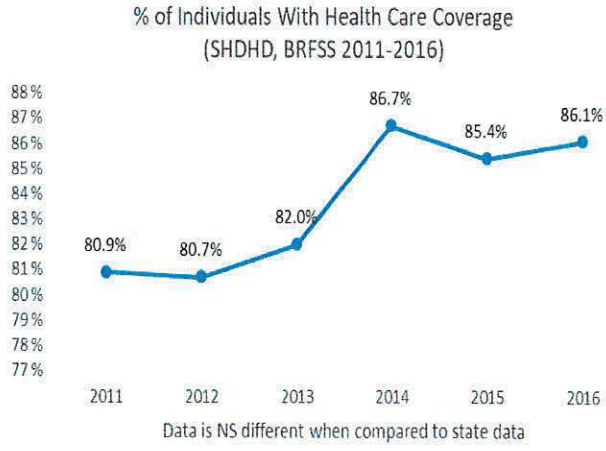




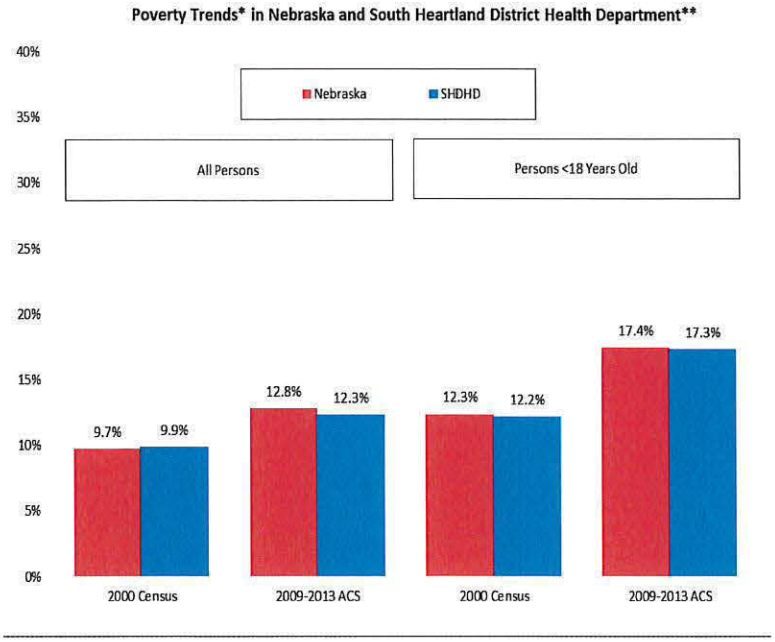








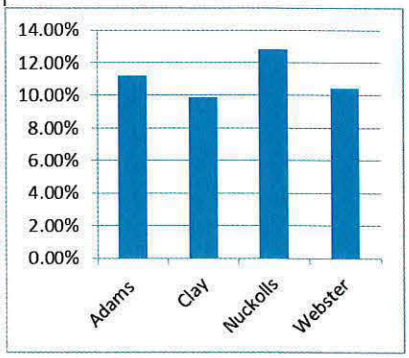
Poverty



*Percentage below 100% of the federal poverty level
**South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties
Source: 2010 U.S. Census; 2009-2013 American Community Survey (ACS)

PERCENTAGE OF PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL	
Adams	11.20%
Clay	9.90%
Nuckolls	12.80%
Webster	10.40%

2012-2016 American Community Survey 5-Year Estimates



Agricultural Sector – Farm Families and Ag Workers

In SHDHD's agriculture-based economy, 90% of the land area is farm and cropland. There are 1,882 farms in the four counties: 567 in Adams, 457 in Clay, 435 in Nuckolls, 423 in Webster, mostly family or individually owned (USDA National Agricultural Statistics Service, 2012 Census of Agriculture, 2014). The number of operators/laborers make up 25% or more of the population in three of the counties, families excluded (see table, below). This is a population with unmet need with respect to access to care.

Number of Operators, Unpaid Labor and Hired Farm Labor in South Heartland District, NE, 2012. (USDA National Agriculture Statistics Service, 2012 Census of Agriculture, 2014)

County	County Population	No. of Operators	Number of Unpaid Labor	Hired Farm Labor	Total Farm Operators and Laborers (% of Pop)
Adams	31,581	842	256	651	1,749 (5.5%)
Clay	6,383	710	327	587	1,624 (25%)
Nuckolls	4,395	627	248	331	1,206 (27%)
Webster	3,675	673	289	354	1,316 (36%)

With many being self-employed, agricultural workers and farm laborers often do not have access to health benefits such as health insurance and/or may have high deductible plans and therefore may not seek health care until there is a critical need. In fact, nationally, a higher percent (10.7%) of farm household members lacked health insurance in 2015 compared to the U.S. population (9.1%) (ARMS, 2015).

Veteran, Military Service Men and Women and Their Families

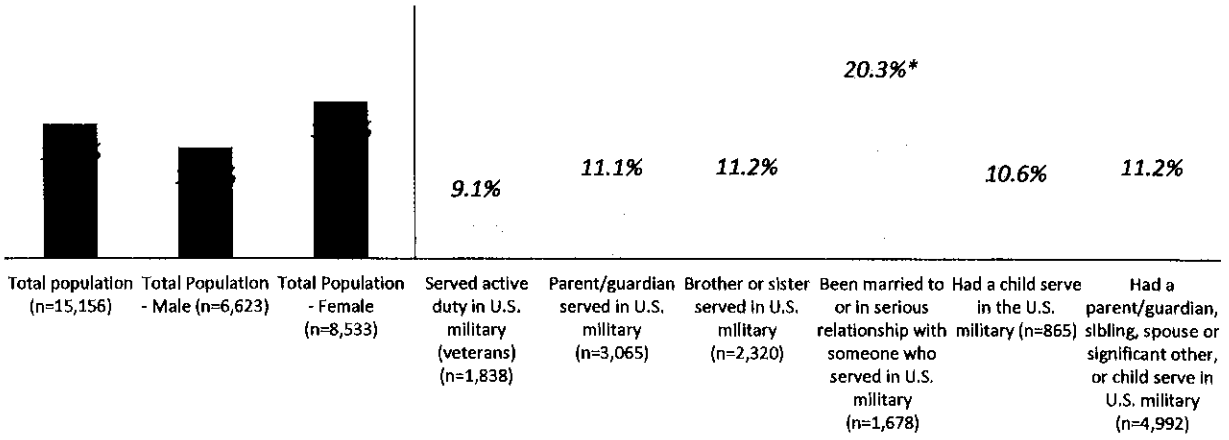
Veteran Population by County, South Heartland District

		VETERAN POPULATION	DISTRICT POPULATION	Square Mile/District	Veteran % of Pop	Pop / Sq mile
SOUTH HEARTLAND		3,523	45,715	2,286	7.71%	20.0
	Adams	2,247	31,684	563	7.09%	56.3
	Clay	496	6,163	572	8.05%	10.8
	Nuckolls	474	4,265	575	11.10%	7.4
	Webster	306	3,603	575	8.48%	6.3

Needed to see a doctor but could not due to cost in the past year, Nebraska

Those who were the spouse/significant other of someone who served in the U.S. military reported that they needed to see the doctor but could not due to cost in the past year at a rate of 20.3%, compared to 12.5% for the total population, a statistically significant difference.

Needed to see a doctor but could not due to cost in the past year



*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Other Special, At-Risk and Vulnerable (SARV) Populations

(See below for SHDHD's SARV plan Special, At-Risk, Vulnerable Populations Demographics Summary Table)

7,891

RESPONDENTS INCLUDING MILITARY SPOUSES SERVICE MEMBERS & VETERANS

MILITARY FAMILIES ARE ASSETS TO NATIONAL DEFENSE AND THEIR LOCAL COMMUNITIES. They are central to the health and capability of the All-Volunteer Force and are good neighbors actively engaged in making their civilian communities great places to live.

Blue Star Families' annual Military Family Lifestyle Survey provides a comprehensive understanding of what it means to serve as a military family and is a blueprint for strengthening America by supporting military families.

BLUE STAR FAMILIES

IN COLLABORATION WITH:

IVMF INSTITUTE FOR VETERANS AND MILITARY FAMILIES
SYRACUSE UNIVERSITY

Funding for the 2017 Military Family Lifestyle Survey provided through the generosity of our presenting sponsor USAA and from Lockheed Martin Corporation, Facebook, and Northrop Grumman.

BLUE STAR FAMILIES

2017 MILITARY FAMILY LIFESTYLE SURVEY

TOP 5 ISSUES RANKED AS MOST CONCERNING

MILITARY SPOUSES

- Amount of time away from family 46%
- Military spouse employment 43%
- Military pay/benefits 40%
- Dependent children's education 39%
- Impact of deployment on children 36%

SERVICE MEMBERS

- Amount of time away from family 47%
- Military pay/benefits 42%
- Family stability/quality of life 34%
- Impact of deployment on children 33%
- Dependent children's education 32%

VETERANS

- Military pay/benefits 42%
- Veteran employment 42%
- PTSD/combat stress/TBI 34%
- Rising number of SM/Vet suicides 30%
- Change in retirement benefits 30%

COSTS TO SERVE

FAMILY SEPARATION

40% **6+ months** of separation in the **last 18 months**

32% **4+ years** of family separation since 9/11

FAMILY FINANCIAL HEALTH

46% **spouse unemployment/ underemployment** is top **obstacle to financial security**

51% of employed military **spouses earned less than $20K** in 2016

MENTAL HEALTH

24% of military **spouses** have been **diagnosed with depression,** rate is **50% higher** than the national average

SATISFIED WITH MILITARY LIFE

72% of **service members**

77% of **military spouses**

COMMUNITY SUPPORT

CIVILIAN COMMUNITY INTEGRATION

31% have **not had** an in-depth **conversation with a local civilian** in the past month

51% feel **they don't belong** in their local civilian community

Military families who report **weekly interaction with local civilian community** were **more likely to recommend military service** to others

TRANSITION

60% of veterans report **adjusting to civilian life was difficult**

CIVIC RESPONSIBILITY

92% feel **volunteering** in community **is important**

DIVERSE EXPERIENCES OF SERVICE

WOULD RECOMMEND SERVICE TO OWN CHILDREN

39% **female** service members and spouses

53% **male** service members and spouses

CHILDCARE

67% of **female** service members **cannot find care** that works

33% of **male** service members **cannot find care** that works

TOP STRESSOR

Female Service Members-- **Impact** of service on **children**

Male Service Members-- **Deployments**

POSITIVE IMPACT OF SERVICE

93% of **female** veterans

95% of **male** veterans

feel military **service** had a **positive impact** on their life

BLUE STAR FAMILIES

2017 MILITARY FAMILY LIFESTYLE SURVEY

SNAPSHOT OF THE MILITARY LIFESTYLE

RECOMMENDING SERVICE

Willingness to recommend service continues to decline

Recommend Service to Own Child

2015	45%
2016	43%
2017	40%

CIVILIAN COMMUNITY ENGAGEMENT

71% **volunteered** in the past year; of those, **78%** volunteer in their **civilian communities**

53% want **greater opportunities** to **meet people, make friends,** or **expand professional networks** in civilian community

SPOUSE EMPLOYMENT

47% Employed

28% Unemployed (actively seeking work)

26% Not in Labor Force

55% of employed military spouses indicate they are **underemployed**

51% of employed military spouses earned less than $20K in 2016

FINANCIAL READINESS

51% **eligible for new** blended **retirement** benefit say they **don't understand it**

49% have **less than $5K** in **savings**

MILITARY CHILDREN

67% **cannot** reliably obtain **childcare**

57% with **special needs child** feel **supported** by their/their service member's chain of command

56% feel **DoD** does **not** provide adequate **support to help children cope** with unique military life challenges

MILITARY SPOUSE CAREGIVERS

43% identify **paying off debt** as **top financial goal**

30% are **unemployed** (actively seeking work)

CIVIL-MILITARY DIVIDE

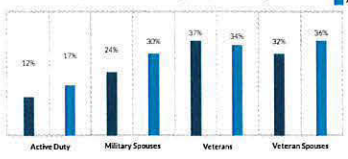
The number of military families who feel general **public understands their sacrifices** is **increasing**

2010	6%
2012	5%
2014	8%
2015	10%
2016	12%
2017	18%

86% of service members feel **serving in military** or other **national service** component is an **important responsibility**

MENTAL HEALTH & WELLNESS

Percent of respondents indicating they were diagnosed with Depression / Anxiety



Rates of depression and anxiety were higher than the general U.S. population for all subgroups except Active Duty

48% of veteran spouses say their **veteran** has exhibited signs of **PTSD** in the **last year**

29% of **veteran spouses** have considered **separation or divorce** in the **past year**

SUICIDE

Experienced suicidal thoughts during time in military

Military Spouses (3% in past year)	Veteran Spouses (6% in past year)	Active Duty Service Members (3% in past year)	Veterans (11% in past year)	Post-9/11 Veterans (12% in past year)
8%	11%	14%	22%	27%

TOP REASON AMONG THOSE PLANNING TO EXIT SERVICE IN NEXT 2 YEARS

Concerns about impact of military service on family

BEST WAYS THE DOD CAN SUPPORT MILITARY FAMILIES

1. Improve Vacation Benefit
2. Move Less
3. Improve Healthcare

Emergency Response Plan, Annex F SARV Plan - Special, At-Risk, Vulnerable Populations Demographics (Resources-Policies-Plans > Plans > SARV Plan, pages 6 & 7)

Demographics for South Heartland District— Special, At-Risk, or Vulnerable (SARV) Populations

	Adams		Clay		Nuckolls		Webster		Total
Population, 2010 est.	31, 364		6542		4500		3812		46218
Elderly/Children									
Less than age 5, 2010	2097	7%	406	6.2%	234	5.9%	233	6.1%	
Less than age 18, 2010	7598	24.2%	1649	25.2%	954	21.2%	862	22.6%	
Age 65 and over, 2010	4838	15.4%	1168	17.9%	1174	26.1%	902	23.7%	
Physical Disabilities									
Some form of disability Age 5 + (2010)	3,830		1,921		1593		1331		8675
Mobility Impaired									1956
Low/no vision									335
Low/no hearing									1341
Medically Dependent/ Fragile/Compromised									
Dialysis NE 1473 (2013)	21		<6		<6		6		27
Behavioral Health/Correctional									
Severe/Persistent Mental Illness	892		68		38		59		
Criminal Justice System	N/A		N/A		N/A		N/A		
Culturally/Economically Disadvantaged/Challenged/Isolated									
Language spoken at home – Population for Age 5 + (2015)	29069		6165		4306		3590		
English only	92.5%		93%		98.5%		97.5%		
Spanish	1639	5.6%	252	4.1%	19	.4%	47	1.3%	
Asian/Pacific	316	1.1%	0	0%	6	.1%	36	1%	
Other Indo-European	197	.68%	179	2.9%	40	.93%	6	.17%	
Speak English less than "very well" (Age 14 +)									
Spanish	868	3%	86	1.4%	2	0	47	1.3%	
Asian/Pacific	213	.7%	0	0	0	0	16	.4%	

Other Indo-European	73	.3%	28	.5%	17	.4%	0	0	
Persons below Poverty	3837	13.2%	530	8.6%	706	16.4%	527	14.7%	
Battered Women/Children	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
College Students	**HC/CCC**								
Living on campus	749 / 260								
Living off campus	320 / 940								
Staff	270 /180-190								
Long-term Care (# Beds)	338		116		122		102		
Assisted Living (# Beds)	444		-		-		85		
Shut ins	TBD		TBD		TBD		TBD		
Transportation Dependent	TBD		TBD		TBSD		TBD		
Single Parents	1468		301		233		121		
Homeless/Shelter Dependent	South Heartland District Health Department is aware that there are homeless people in our district that will require services. No specific data was found.								
Animal/pet owners	TBD		TBD		TBD		TBD		
Transient/Emerging Needs	TBD		TBD		TBD		TBD		
Farm Income Dependent	454		390		352		301		
Farm + Off Farm Income	107		113		124		148		
Responders and Their Families									
Paramedic/EMS	29		74		32		102		
Fire	60		160		145		178		
Police	57		-		-		-		
Sheriff	45		18		8		25		
Direct Care Nurses/CNAs	960		83		94		144		
Primary Care MD/PA	24		6		9		10		
Veteran Population									
Veterans only (2017)	2142		492		356		303		

B. Locate Vulnerable and Hard to Reach Populations and Maintain Ongoing Census

Many individuals who are in the target population are served by one or more local agencies. SHDHD is not able to call every individual in their county area during an emergency. In order to provide individual notification during a public health emergency the Department will encourage the agencies that currently serve individuals with functional and special needs to maintain a list of all regular clients and work with them before, during and after an emergency. Agencies should prepare individuals to be ready for an emergency, attempt to maintain contact with their clients during an emergency and follow-up after an emergency. Agencies serving Vulnerable and Hard to Reach Populations within their county area are identified in Annex A-5 Critical Contacts of the SNS Plan.

Fact Sheet: Access to Care
Medicare Mental Health Billing

Concerns Regarding the Medicare Population's Access to Mental Health Services*

Persons who are Medicare eligible are either: 1) Elderly or 2) Disabled.

<u>Special concerns</u> in terms of need for, and access to Mental Health Care, for both populations:

Barriers to effective short-term treatment include:

- Mental/physical impairments, i.e., memory problems
- Co-occurring medical conditions that impair ability to attend treatment and/or interrupt the process, i.e., surgeries, rehabilitation efforts, chronic pain, etc.
- Interruptions in treatment due to deaths/losses that occur with higher frequency in an aging population

Both populations are living on limited incomes:

- Often making it difficult to afford gas or reliable transportation
- This means that referrals to services outside their immediate local areas are often not viable.
- Some are already traveling from outlying areas for services and traveling additional distances, for example to Grand Island or Kearney, would pose additional hardship, making weekly attendance unlikely.

Some are not able to afford secondary insurance

- Co-insurance, co-pay and/or deductible cost make regular therapy attendance cost prohibitive.

Medicare requires that services be implemented on a face-to-face basis.

<u>Insurers are increasingly limiting access</u> to mental health services in several ways:

1) Session Length:

- Not allowing clinicians to bill for sessions of appropriate length.
  - Several 3rd party payers limit session length to 45 minutes. This makes it impossible to do specific accelerated trauma processing modalities which often require session duration of longer than one hour. This automatically leads to longer, less effective treatment episodes to compensate for shorter session times where less can be accomplished.
- Reducing/restricting the length of time clients can remain in treatment.
  - Often carried out via threat of "audit" for providers, with those who maintain treatment for longer periods of time being targeted for audits. Insurers can then require providers to repay any sessions that the insurers deem to have been reimbursed "inappropriately."
  - These measures lower costs for insurers. However, they are mental health parity issues and would be comparable to limiting kidney dialysis treatments to 15 minute sessions every other week or instructing a surgeon to do open heart surgery in a 20 minute time frame and requiring identification and treatment of possible complications within the same procedure.

<u>Insurers are increasingly limiting access</u> to mental health services in several ways:

2) High deductibles and co-pays:

- Make access to mental health services unaffordable
- If clinicians are "out of network" providers, costs to the client are even higher, yet some insurers will not panel additional providers, i.e., CHI will not panel providers who are not employees of a CHI facility or hospital, leaving clients without adequate choice for services/providers.
- Clinicians are not permitted to waive co-pays or deductibles for particular clients or insurers without doing the same for all insurers/clients under insurance fraud regulations. We can't just eliminate those costs without ramifications.

3) Fewer providers will accept Medicare clients:

- Medicare has contracted with an outside agency to complete Comparative Billing Reports.
- These reports were sent to approximately 10,000 Licensed Clinical Social Workers nationwide. Essentially the message was that Social Workers are billing more 90837 sessions (one hour sessions) for an extended treatment period per client than state and national averages.
- Other disciplines in mental health did not receive these reports, since Licensed Social Workers are the only master's level clinicians that are permitted to bill Medicare. ***This will force many clinicians to discontinue care to Medicare clients, leaving more profound gaps in access to care, especially in rural areas where the number of Social Workers may already be limited.***

**Concerns shared by a licensed mental health provider who provides services in the South Heartland District.*

Fact Sheet: Access to Care
Hospital Emergency Rooms

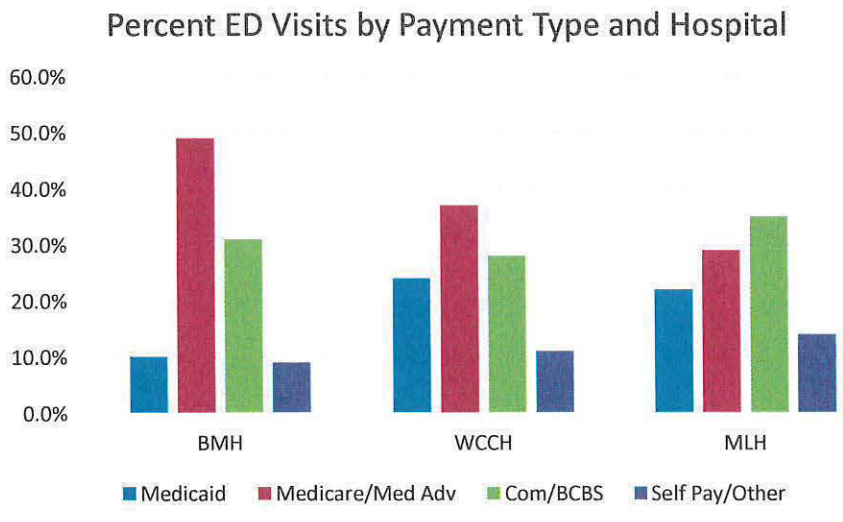
Emergency Room Chief Complaints/Diagnosis:

Mary Lanning	**Brodstone**	**Webster County**
Abdominal pain	Chest Pain	Chest Pain
Shortness of Breath	Migraine	Laceration
Fall	Urinary Tract Infection	Pneumonia
Chest pain	Pneumonia	Abdominal Pain
Fever	Dehydration	Upper Respiratory Infection
		Headache

Barriers to Transfer/Service Referral from ED:

Mary Lanning

- Detox Center capacity
- No safe place for psych patients that do not meet EPC or Inpatient Criteria until they can follow up with outpatient services

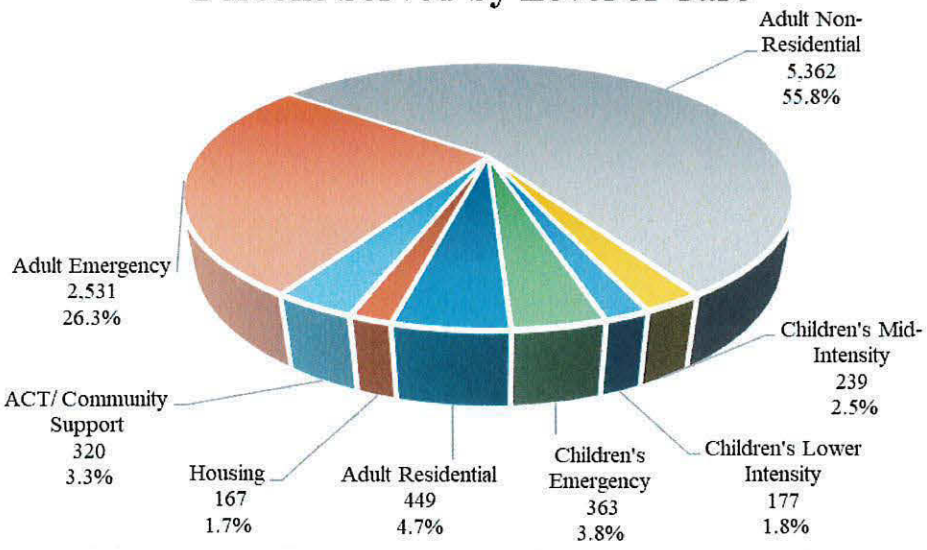


Fact Sheet: Access to Care

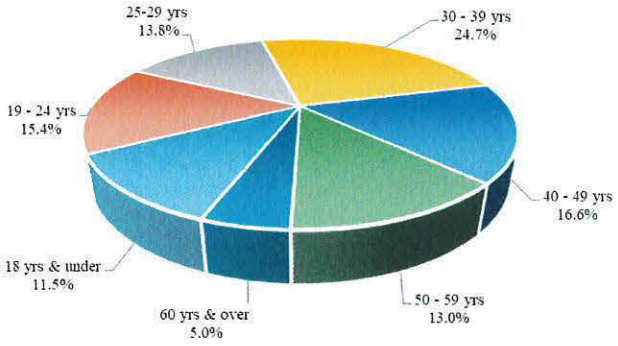
Mental Health Services

Region 3 Behavioral Health – Services Summary for FY 2017-2018

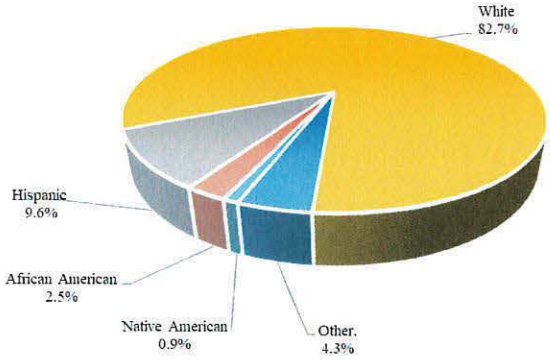
Persons Served by Level of Care



Persons Served by Age Group



Persons Served by Race and Ethnicity



Behavioral Health Services Usage* by County, South Heartland District Health Department

*Numbers may include duplication

	Adams	Clay	Nuckolls	Webster
Behavioral Health Services - Number Served	1822	121	74	101
Detox Facility - # Served by County FY 17-18 (All / Admitted)	83 / 73	23 / 14		
EPC (Adult) or Youth Crisis Inpatient (duplicated) FY 17-18	99	42		

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Section #3 – Focus Group Report

Background

South Heartland District Health Department (SHDHD) conducted 10 focus groups to explore use of and access to health care by their constituents living in the 4 counties that comprise the South Heartland District (including Nuckolls, Webster, Adams and Clay). Based on the recent Public Health Accreditation Board (PHAB) submission, SHDHD wanted to focus on the Access to Care within their service area for these focus groups.

During the month of July 2018, SHDHD held a total of 10 focus groups, of which 6 targeted users/consumers of health care and 4 targeted leaders of local organizations/businesses, including representation from schools, law enforcement, banks, insurance agencies, YMCAs and similar community-based organizations, hospitals, etc., within the South Heartland District. Participants of the focus groups were recruited by SHDHD and partnering hospitals (Brodstone Memorial Hospital, Mary Lanning Memorial Hospital, and Webster County Community Hospital). Two of 6 focus groups targeting users/consumers of health care were comprised of Spanish-speaking community members living in and around the Hastings and Harvard communities. These focus groups were conducted by a bilingual facilitator from SHDHD. All other focus groups targeted English-speakers and were conducted by a facilitator from SHDHD. The Nebraska Association of Local Health Directors was contracted to scribe at all English-speaking focus groups. Table 1 defines the target population, location, number of participants and characteristics of each focus group.

Table 1. Focus group characteristics

Users of Health Care		
Location	**Number of Participants**	**Characteristics**
Clay Center, NE First Congregational Church	10	3 Men 7 Female English-speakers
Harvard, NE Harvard Public School	7	2 Men 5 Women Spanish-speakers
Hastings, NE Hastings Library	7	2 Men 5 Women Spanish-speakers
Hastings, NE Mary Lanning HealthCare	14	6 Men 8 Female English-speakers
Red Cloud, NE Webster County Community Hospital	8	4 Men 4 Women English-speakers
Superior, NE Brodstone Memorial Hospital	12	4 Men 8 Women English-speakers
Leaders of Health Care		
Location	**Number of**	**Participants' Gender**

	Participants	
Clay Center, NE First Congregational Church	14	7 Men 7 Women English-speakers
Red Cloud, NE Webster County Community Hospital	8	3 Men 5 Women English-speakers
Superior, NE Brodstone Memorial Hospital	5	3 Men 2 Women English-speakers
Hastings, NE Mary Lanning HealthCare	43	11 Men 32 Female English-speakers

Focus groups lasted for two hours. In each of the focus groups, participants were given the background of SHDHD and the community health assessment process followed by discussion of 7 questions. The leader group in Hastings, NE, given the number of participants, followed a different format than all other focus groups. The facilitator presented the same background of SHDHD and community health assessment process followed by 7 questions. However, the facilitator managed the focus group through use of small and large group discussion. Participants self-selected their seats at one of eight tables thus creating the small groups. Each small group selected a scribe and leader to capture the discussion and to keep the conversation moving along. The facilitator brought the small groups together for large group discussion around 4 questions. Additionally, the SHDHD and Mary Lanning Memorial Hospital decided to send a survey to invitees that could not make the Hastings Leader Focus Group to elicit more responses. The survey had one respondent. The notes for the questions not discussed in large group format during the Hastings Leader Focus Group and the survey response were included for analysis of focus groups.

Results

The focus groups centered around 7 questions. This section provides themes pulled from the focus group discussions across counties within the South Heartland District by question.

Where do you (or your contingency) go for healthcare?

User group (English-speakers)

Accessing healthcare through telehealth services and providers/services outside of the community were two themes that were mentioned in all focus groups within the South Heartland District. Each focus group discussed that telehealth services (either through an app on their cell phone or as a part of a clinic) was used to access emergency care, blood pressure checks and/or specialty care by endocrinologists and oncologists. Healthcare services were accessed outside the community because people established care in another community or needed specialty care (i.e. Children's Hospital, eye doctor) that was not available in their community. Seniors with Medicare insurance and Veterans are

populations who access healthcare outside of the community in which they reside. Participants from focus groups in counties other than Adams mentioned they access healthcare in Aurora, Geneva, Hastings, Superior and Grand Island.

Half of the focus groups mentioned utilizing healthcare through the following: 1) the local health department (for follow-up from preventative screenings and/or for vaccinations and physicals), 2) physical therapy (mainly among student athletes), 3) hospital/emergency services/urgent care services (services are typically cheaper, faster, and convenient/fits within the participant's schedule than seeing a doctor—in some cases community members will stop by an EMT's off-duty, full-time job to get blood pressure checked, etc.), 4) physicians within the community, and 5) employer-based health opportunities, including health fairs and screenings. Additionally, not seeking care or self-diagnosing by researching on the internet was mentioned. Participants mentioned that people who have high deductibles or large premiums avoid care and use the internet to self-diagnose and/or use home remedies in place of care.

Other ways to access healthcare (mentioned in 1 focus group) include: 1) alternative medicine (such as acupuncturist, chiropractor, etc.), 2) pharmacy for screenings (including blood pressure checks, immunizations), 3) dental and 4) community-based organizations, such as Lions Club for eye checks.

User group (Spanish-speakers)

Participants mentioned that they avoid accessing healthcare as much as possible. Participants expressed that they receive screening tests (e.g. colonoscopies and mammograms) and some dental services in Mexico. However, if they do access healthcare locally, they go to the following places:

- Mary Lanning Healthcare,
- Family Care,
- Harvard Convenient care Monday's and Thursdays,
- Hastings Community Health Center in Hastings,
- Hastings Convenient Care,
- Urgent care,
- SHDHD,
- Sutton Clinic (they said its more economic).

Leader group

Accessing healthcare through hospitals and clinics (within and outside of the community) was the predominant theme that emerged from all leader focus groups within the South Heartland District. In almost all counties, the hospital was mentioned as a place to access healthcare services (i.e. flu shots and emergency care). In counties other than Adams County participants mentioned that when seeking doctors and providers, many people go out-of-town to Hastings, Kearney and Grand Island (specifically for childbirth, pediatric care, and health services for Veterans). In Adams County, participants mentioned there were several places to access healthcare (i.e. doctor's offices, Mary Lanning Hospital, urgent care, Third City Clinic, Community health center and emergency rooms).

A few focus groups mentioned that telehealth services were used to access health services (i.e. health care services for older population and mental health services). Telehealth is used because: 1) it is convenient (younger population is more comfortable with technology and online services) and 2) hospitals/clinics have expanded services to include telehealth (older population live in rural areas

without providers and have mobility restrictions making it more difficult to travel to another town for services). Other places to access healthcare include: assisted living facilities (specifically, a local pharmacy gives flu shots at the assisted living facility and in another county younger people receive care at the assisted living facilities); workplace (website, wellness coaching and employee assistance programs); community-based organizations (schools, pharmacies, health fairs, health department, parish nurses, and faith-based helps with mental health care); community college for dental services. Self-diagnosis/medicating (use the internet to get information, seek medications in Mexico for self-diagnosed condition, self-medicating for addictions due to lack of providers, and do not seek care due to cost/lack of insurance) was mentioned as well.

Some participants mentioned using pharmacists as a link between the provider and patients to increase and assure continuity of care and utilizing the faith-based community as a point of access for people to receive treatment (health care or mental health care) in areas with provider shortages.

When focus group participants were asked how accessing health care has changed over time, responses included: 1) insurance reimbursement/structure and cost of health insurance (i.e. there are more billing/reimbursement demands on providers, so they do not accept some insurances, and people cannot afford health insurance); 2) a more mobile and less connected community. People are used to travelling more so accessing services outside of the community is not a big deal which can potentially decrease the availability of providers in a community that suffers from current provider shortage. Additionally, people without reliable transportation cannot get to appointments because they do not have a support network (neighbors they can rely on and/or family members) within the community and rely on ambulances as taxis and/or do not seek care.

Where do you (or your contingency) get most of your (their) health information?

User group

Internet (including WebMD, Mayo Clinic, and sites recommended by workplace wellness programs) and family/friends were mentioned most frequently as the place people get their health information across all focus groups followed by doctor/providers (in 3 out of 4 focus groups). Participants trusted the WebMD and Mayo Clinic websites mainly due to the branding and reputation of these websites. Other places where health information was accessed include: 1) pharmacies (specifically pharmacists), 2) health fairs, 3) schools (specifically health classes and Educators Health Alliance), 4) chiropractor, 5) beauty shop, 6) health apps and wearable technology (i.e. Fitbit), 7) workplace (through in-services and trainings), 8) UNL Extension office (i.e. print materials and website), 9) nursing on-call services, 10) insurance company and 11) media—specifically newspapers and drug ads on TV. In one focus group, participants talked about the underground or black market of prescription drugs. Some people on pain medications will hold a few pills from a full bottle to take right before they go to their check-up, so they will have a positive urine analysis. The rest of the pills are sold on the black market.

Participants mentioned that information from hospitals/doctors' offices need to be more health literate. In some cases, participants had to take home information from the hospital and read it on their own, and another participant experienced a situation where loved one did not understand the Do No Resuscitate and signed it when hospitalized. Additionally, focus group participants involved with schools indicated that kids come to school with inhalers (or other medicine) and do not know how to use them because no one has showed them.

User group (Spanish-speakers)

The internet, TV shows, community health workers (specifically Head Start) and programs through the SHDHD and YMCA were ways participants from Spanish-speaker user focus groups accessed health information.

Leader group

Internet (including Facebook, WebMD, Mayo Clinic, CDC online, and Google), media (including print and TV ads, TV shows starring doctors), and friends/family were mentioned most frequently as the place people get their health information across all focus groups. Other ways people receive healthcare information are from pharmacies, doctors/providers, workplace, and social circles (i.e. wellness programs/support groups, in-home parties, and hair stylists). Focus group participants mentioned the following considerations: 1) health information needs to be health literate and appropriate for diverse cultural audience, 2) there is a need to educate people about Medicare benefits. Access and availability of technology and internet has allowed a shift from getting information from doctors/providers (or other traditional sources of healthcare) to the internet and media.

What are the biggest concerns you (or your contingency) have about health care?

User group

Across all user focus groups (including Spanish-speaking), **cost of healthcare** (from medical bills to health insurance to senior care/nursing home care) was the biggest concern. Many participants shared stories about family members who are financially strapped because of an unexpected health condition and related medical bills and cost of care for family members. One participant shared that his aunt had a form of pancreatic cancer and had the financial means to try experimental treatments. However, if his parents experienced something like this, they would not be able to afford the experimental treatments.

> *"I'm young but I don't feel that scared about it [cost of healthcare]…I worry more about them [my parents] to be able to raise 3 kids and be able to pay for healthcare they need." ~participant who was 20-30 years of age*

In some cases, participants had family members who retired (in their 40s) from full-time jobs to take care of spouses who had health issues (i.e. Multiple Sclerosis and liver transplant). People become "medically poor" quickly even with health insurance. Another participant had a quintuple heart by-pass survey at age 60 and before this survey, he did not go to doctors. The ability to retire has been put on hold due to this heart surgery and the amount of money it took to maintain good health status after surgery.

Medications for these serious health conditions are life-sustaining and costly.

> *"And you take risks. I take my Xarelto every other day—not every day [as prescribed]." ~participant who was 80+ years of age*

> *"…$250,000 surgery and I was responsible for 20% of it. That's a lot of money. It changed our lifestyle. Whatever we saved is gone." ~participant who was 80+ years of age*

Other concerns included:

1) **sexually transmitted infections (STIs) among LGBT population** (in Adams County). Participants stated that LGBT population do not know where to go for trusted health information. Health classes in high school were taught in a way that did not seem relevant to LGBT students. LGBT students in high school did not feel safe asking questions about risky behaviors and therefore did not know how to protect themselves from getting STIs.

2) **transportation** (to get to appointments/providers). With provider shortages in rural counties and accessing healthcare outside of the community, transportation is costly and a barrier to accessing care for some. Moreover, in rural counties, residents use the ambulance service as a taxi service to access healthcare.

3) **delayed rescue**. The Emergency Medical Services (EMS) is a volunteer force in most rural areas. Recruiting and retaining volunteers is hard due to increased training requirements. Rural areas experience a shortage of EMS volunteers due to pre-existing commitments (i.e. family, work, other). Additionally, in rural areas, seniors are concerned if hurt they will not be found right away.

4) **availability of quality senior care**. Seniors worry about where to go when they cannot live at home. Additionally, some participants indicated that nursing home facilities in smaller communities are not adept at handling Alzheimer patients.

5) **out-of-town care**. Participants expressed that when providers leave the community they are required to travel to another community to receive care. With transportation barriers (mentioned above), this can be difficult for community members.

In addition to the aforementioned concerns, participants indicated that they are concerned about missing out on new technologies that are only available in certain parts of the State; there is no family support for seniors at appointments; hospitals/providers do not stay open after-hours for on-call in rural communities; caregivers do not have support (respite care); school staff need better training to handle students physical, mental and behavioral health needs; individual habits, such as unhealthy eating and lack of sleep, impact long-term health outcomes.

User group (Spanish-speakers)

In addition to the cost of healthcare, regulating health conditions, such as diabetes, high blood pressure, etc., was a concern.

Leader group

Themes among the leader focus groups mirror the user groups with cost of healthcare, availability and affordability of insurance, quality of care, out-of-town care, transportation, and education to prevent health issues as biggest concerns. In addition to these concerns, lack of mental health services and resources for youth, schools and Veterans was a concern for a rural county. Lastly, education to prevent health issues in a multicultural and health literate manner was important in Adams County.

The high cost of healthcare and medication decreases the ability to save money, and some insurances (i.e. Medicare) does not cover the cost of basic services. This high cost makes some people fearful to seek care. Participants stated that constituents work more than one job to have insurance (i.e. farmers), and some constituents go without health insurance all together. The older generation is not retiring

because they need the health insurance. Some small operations are forming "corporations" and hiring one employee to get insurance.

Constituents do not want to travel out of the community for care, and in smaller communities when clinics close, providers have limited hours (office hours 1 time a week). This makes it harder to get appointments when needed; to spend quality time with patients because of high volume of patients; to get prescription medication refills.

Participants gave the following reasons when asked how the biggest concern has changed over time: 1) costs of healthcare are rising; 2) the way healthcare is delivered (i.e. doctors refer out to specialists more than they used to, [patient] has to have an appointment instead of calling [the doctor] when something is wrong, longer wait times to see doctor, doctors not seeing patients for regular check-up/preventative care, pre-authorizations [for services], availability of doctors and relationships with patients, etc.); 3) social isolation; 4) Burn our of healthcare providers, EMTs, etc. because of high demand.

What kinds of health care services are used (or not used) by people you know?

User group

Services utilized by people vary by county and include:

- Mental health services at school—middle and high school students access counselors; college students look for the availability of these services when selecting colleges
- Health fairs/biometric screenings through workplace and at hospitals
- Home health
- Immunization clinics

Services not utilized by people vary by county also and include:

- Chiropractic care—participant mentioned she did not access this during pregnancy because insurance did not cover this service
- Dental care—participants mentioned insurances are not taken everywhere
- Health savings plan—can act as a deterrent to care
- Support groups
- Services offered through workplace, such as counseling services and employee wellness benefits

User group (Spanish-speakers)

Services utilized by people vary by county and include:

- Chronic disease self-management programs—offered through SHDHD and YMCA around blood pressure and diabetes
- Health check-up—every 6 months with local clinic
- Pain clinic
- Doctor
- Ambulance
- Hospice
- Home health
- Medications and remedies access from Mexico or Mexican groceries stores

Leader group

Preventative care was mentioned in across all focus groups as services used by people. Services utilized include school physicals, gym, health fairs for lab draws, immunization clinics, fitness facilities at workplace, vision/dental, school nurse, SHDHD, YMCA classes for cooking, college fitness centers.

In some counties, mental health services are used by people, and in some counties, mental health services are not used. Reasons cited for not accessing mental health services include services not being covered by insurances, wait list to see provider, and crisis-driven system. Services utilized include school nurses/counselors, licensed mental health provider, UNMC telehealth for behavioral health, geriatric mental health services through telehealth at Mary Lanning, ASAP drug prevention through schools, CASA/SASA services, banker who works with numerous ag loans act as a counselor.

> *"As an ag lender you become a counselor [to farmers in times of farming stress, drought]..." ~banker who works with numerous ag loans.*

While mental health services are accessed by some people, youth/schools, older and Veteran populations remain areas of concern to some leaders. Youth and the over access to technology may result in an increase of internalizing of feelings and issues. Schools may not have staff or training to handle mental/behavioral health issues. Parents need tools to help manage their youth's access to technology. Older populations in some counties do not have access to therapy, only psychiatric medication administration. Some Veterans may not be eligible for services at the Veterans Administration and may need mental/behavioral healthcare due to addictions.

Other services utilized by people include: 1) occupational therapy/physical therapy at schools and in community; 2) telehealth services to help with multilingual clients—however, leaders are not seeing use of telehealth through employer-issued insurance; 3) alternative medicine (i.e. massage, chiropractor, essential oils)—these services are cheaper than going to a physician and may be a good place for education; 4) dental care among college students; 5) socialization—just being able to talk and listen; 6) medical services (i.e. primary clinics, ambulatory/surgical services, emergency rooms, urgent care, community health center); 7) workplace programs (i.e. Employee Assistance Programs and wellness programs).

Services not utilized by people include: 1) dental care—limited providers with Medicaid, requires cash up front; 2) services for Veterans. Reasons cited for Veterans not using services were lack of awareness about benefits and how to access the Veterans Administration.

What kinds of health care services do you use to prevent health problems?

User group

Services utilized by people vary by county and include:

- Dental care
- Preventative screenings—such as mammograms
- Walking community trails and/or at community pool

- Wellness programs—such as workplace-based health screenings and programs, Tai Chi and Yoga through hospital
- Fall prevention
- Fitness Centers
- Biking in community
- Cardiac Rehab
- Eye care
- Vitamins
- Regular physicals
- Healthy weight
- Home blood pressure kit
- Fitbit
- Massages
- Immunizations
- Community facilities—such as outdoor activities, baseball,
- Good everyday habits and practices (i.e. ergonomic ways to sit and bend, etc.), and
- Social gatherings at the Community Club.

Services accessed by some participants and that are not located in their community included:

- Sand volleyball, and
- Gymnastic classes.

Lastly, in one community, the county sprays for mosquitos.

User group (Spanish-speakers)

Services utilized by people vary by county and include:

- Preventative screenings—such as mammograms, pap smears, project Homeless Connect for vision screening
- Massages
- Health fairs
- Immunizations
- Self-management programs for diabetes and blood pressure
- Home remedies, and
- Healthy eating.

Leader group

Accessing preventative services in community-based and school-based settings was mentioned across most focus groups. These services included immunization clinics, chronic disease self-management programs, church sponsored screenings/classes, playgrounds, fitness centers, food pantries, edible school yards (greenhouses), and so on. Other services mentioned fell into the following groups:

1) Groups—Yoga, Tai Chi, Zumba, social groups, friends advertising healthy activities, fitness classes, Mary Lanning Health Classes, YWCA after school programs, Zone/education classes through Revive, Inc.

2) Primary care—Every Woman Matters, primary care settings perform depression/substance abuse/tobacco screenings, family planning services
3) Alternative care/holistic
4) Workplace—health fairs, employee wellness programs
5) Policy/environmental/systems supports—walking and biking trails to make communities walkable/bikeable, waiver/care management services, DHHS Medicaid applications, Clean Indoor Air Act and education about smoking, kids' acceptance of seatbelt use, wellness incentives
6) Individual—cooking at home with healthy foods vs processed foods, use of organic/non-GMO foods, vitamins, supplements, look for healthy items when eating out, activity tracker (i.e. Fitbit), smart moves, budget management services, car seat installation, gyms
7) Mental health—opportunity house (offers day services/Alcoholics Anonymous/Narcotics Anonymous, South Central Behavioral Services, senior citizens mental health grant through Sunny Side
8) Education—Encourage families to be active and limit sedentary activities, education to families, teach patients how to prevent recurring hospital visits at home health care visits, scrubby bear, healthy beginnings (parenting programs), education and prevention start with youth throughout lifespan
9) Tech-free center

In some focus groups, participants mentioned that health fairs are ways to get folks screened but recognize there may be some gaps to treatment, i.e. health fair participant's responsibility to share results with their providers, at employer-sponsored health fairs—employees may not have the resources to understand the results.

What do you view as strengths of our local health care?

User group

Strengths of the local healthcare system vary by county and include:

- Churches—in the way of health ministry and community care. People read tidbits through church bulletins every week and attend health screening/blood pressure screening events that are linked with their faith.
- Local hospitals—working to expand services and offering a wide range of professionals/providers
- Doctors/providers
- Clinics and other health services—clinics to get basic services
- EMT services
- Value of the community caring for each other—strong community connections
- Senior center
- 4H extension office.

On the other hand, in one county participants noted that there is a gap in Mental Health services and not a lot of connection between providers.

User group (Spanish-speakers)

The Adams County focus group noted the following strengths of the local healthcare:

- Doctors/providers
- Pain Clinic
- Acupuncture.

The Clay County focus group noted there were not strengths in this community, and there was a lack of local healthcare.

Leader group

Leaders in most focus groups indicated that schools and community connectedness were strengths of local health care. Schools offer meal programs (on a free and/or reduced basis) and were engaged in most counties. Community connectedness was mentioned as being present through community volunteering, some provider and patient relationships, and healthcare systems collaboration and networking. Other strengths vary by county and included:

- Hospital/primary care/clinics (mainly in Adams County)
- Safe community
- Access to outdoor activities

In addition to the strengths mentioned above, strengths mentioned in Adams County included:

- Employer-based wellness programs
- Workforce development
- Community-based programs
- System for services to interact—networking opportunities, non-profits good at referring to each other and staying connected, communication between agencies unless regulations get in the way, Electronic Medical Records, great collaboration, centralized database for access to information, good network/communication, technology brought into hospital, easy to work within community.

What do you view as future demands of our local health care system?

User group

Participants in most focus groups indicated that the future demands of the local healthcare system included an increasing aging population, accessing healthcare outside their community, and unmet mental health needs. Regarding the aging population, participants noted the need for affordable healthcare, quality care with qualified professionals, and more providers and facilities. As populations shrink from rural counties, healthcare providers and services leave the community. Most focus group participants indicated they would not travel for services outside of the community and wanted affordable healthcare services locally. Additionally, most focus groups indicated there were unmet mental and behavioral health needs, especially after State closed hospitals and clinics. With youth experimenting with drugs at an earlier age, addictions are more prevalent. There is a need for preventing mental health issues vs. reacting to mental health crises.

Other demands on the local health care system in the future vary by county and included:

- Culture shift towards being physically active and healthy eating over a lifetime—educate younger children and families as habits start early; school PE classes shift focus from weight lifting to get in shape for sports to other options to be physically active (i.e. juggling); school

sports are competitive in nature and do not focus on lifetime fitness. For example, when kids go out for sports expensive equipment is needed, and at times, kids do not stick with sport (losing the lifetime fitness approach) because they did not succeed at the sport.

- Obesity—big problem in the future, connected health issues, obesity problem is growing and starts with families, current incentives around obesity reduction focus on person vs. family unit.
- Multicultural and multilingual needs for healthcare and mental health services—not only for race/ethnicity but also gender, age, sexual orientation, impairments (i.e. deaf people have a hard time accessing health care and hearing aides are often not covered by insurance and are costly). LGBT population experience depression when "coming out" to family and friends. They do not know who to go to with questions and services. Education LGBT population receives in school around prevention of sexually transmitted infections and other health issues is not relevant. LGBT population is a higher risk population that does not have access to relevant health information and do not know where to access this information.
- Job/Economic issues—many people are working more than one job to make ends meet and are not able to afford healthcare, young community members are not motivated to work at jobs in the community, no access to major medical [insurance] policy, self-employed
- Veterans—increasing number of veterans returning to rural communities, VA reports that there are not enough resources for returning Veterans
- Prevention with families who are struggling to make ends meet—families received services, Child Protection Services does not help, how to reach these families about health issues (i.e. nutrition, hygiene, mental health issues, early intervention)
- Financial literacy—starting with youth
- Outreach and education needs—educate people about services to engage public in services that are offered, connecting people to services, improved education and wellness systems
- EMS/EMT burnout—volunteer service
- Crime rate increasing—due to addiction and law enforcement unable to address it
- Drinking water shortage

Recommendations to meet mental health needs from focus groups included utilizing churches to connect with people as possible support in mental health and train people to provide suicide prevention and mental health first aid at points of non-traditional access (businesses, bankers, etc.). Additional comments included that lifestyles have become so busy that it is difficult to slow down and relax.

User group (Spanish-speakers)

The following are future demands of the local healthcare system indicated by participants:

- Low-income emergency department/clinic/convenient care, pharmacy
- Dentist that accept Medicaid
- Gym for kids and parents to prevent illness
- Food pantry like the one at Catholic Social Services
- Medical interpreter for vision clinic
- Transportation
- Bilingual medical doctors and staff in every clinic

Leader group

Leaders in most focus groups indicated that workforce development and aging populations were the future demands of the local healthcare system. Workforce development needs included:

1) Maintaining and recruiting health care providers and Emergency Medical Services (EMS). Providers/doctors have experienced increased workloads and a decrease in funding. The EMS system is requiring more education (Continuing Education Credits) and training for licensed EMTs and people to become EMTs. These requirements have decreased the number of people who are interested in becoming EMTs. In turn, rural areas struggle with recruiting new volunteer EMTs which is needed with the current aging out of EMS volunteers. Additionally, there are limited resources and funding for EMS in rural areas. All these reasons have lengthened response times when an emergency is called.
2) Delivering multicultural and multilingual care. The South Heartland District has experienced an increase in minority populations. Providers and health care system need to be responsive to different cultures and languages. YMCA experienced difficulties finding bilingual staff.

Demands to meet the aging population include the need for affordable and quality age-appropriate care and facilities. There are children of aging people who take the responsibility for the care and finances of their parents. In cases where family support does not live close by, there is a need for affordable, quality Independent living/retirement. Considerations for communication styles for aging population is needed. Lastly, non-traditional community living for ages 45-65 who cannot live independently is a demand.

Other demands on the local health care system in the future vary by county and included:

- Collaborating/connecting as a community—to enhance services and availability. Engage faith-based organizations, use advocacy programs (i.e. zone program) and utilizing retired volunteers.
- Decreasing and aging populations in counties
- Providing mental health care/services—shortages of providers, addictions/drugs/break-ins, youth experimenting with drugs/marijuana at younger age, detox, anger issues
- Sharing trusted information about local services
- Closing of clinics in rural counties
- Using technology—using apps and alerts on cell phone to reach more population; doing outreach via technology; widening gap between those who can access care through technology
- Focusing on prevention—decrease chronic disease, decrease cost of healthcare, educate about how to take care of self and preventative care, focus on family and social networks vs individuals, treatment of chronic patients in emergency room instead of a treating a true emergency
- Accessing healthcare services/system—educate people on how to access healthcare and the process on getting into the system with doctors taking (or not) new patients; find out motivation to access or engage in established health care, encourage engagement with own health care, incentivize (lower deductibles or premiums), make process easier to access health care, expand healthcare hours, prevent patients from falling through the cracks, low-income populations, minority populations.
- Medication costs
- Teen pregnancy

- Prolonging life vs death
- Shopping for health care instead of family physician

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Section #4 – Focus Group Synthesis

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

Attachment 4

	English				Spanish	
Question #1	**Where do you go for healthcare?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses	**Telehealth**	**Telehealth** nurse comes into community to check blood pressure	**Telehealth** in ER in Webster County	**Telemedicine**--for endocinologist and oncology	Avoid Healthcare as much as possible	Community Health Center, Mary Lanning, Hastings Family Care, Family Medical Center, Convenient Care, Urgent Care
	Employer health screenings	**No care**--those who have huge premiums or high deductibles avoid care, use home remedies instead of accessing care	**PT** for school athletes	**Employer**--health fair	**Dental** services--in Mexico and UNL Dental	
	LHD as followup	**Out of town**--especially for Seniors with Medicare, EMTs transport people from rural communities to out of town care, Veterans go out of State,	**Out of town** --specialty care (eye doctor) or because they are established care in Hastings--will go to Grand Island, Hastings	**LHD**--Clay County HD for shots and physicals	Mary Lanning Healthcare, Family Care, Harvard Convenient care Monday's and Thursdays, Hastings Community Health Center in Hastings, Hastings Convenient Care, Urgent care, SHDHD, Sutton Clinic (they said its more economic),	
	PT for college student athletes	**Emergency services/EMT**--stop in at EMT full-time employment to get screenings, seniors call 911, "Live Assist" for seniors to alert if services are needed.	**Doctor** and specialty care in Webster County	**Out of town**--(Geneva, Aurora, Hastings, Superior)	**Mexico** for screening tests (colonoscopies and mammograms)	
	Alternative medicine--acupuncturist, chiropractor,	Brodstone **Hospital**	**Pharmacy** for screenings (i.e. blood pressure checks and immunizations)	**Community-based Organization**--Lions Club for eye checks		
	Internet (google, web MD) to self-diagnose	**Doctors**	**Dental** in Webster County			
	Out of town--specialty care (i.e. Children's Hospital)					
	Urgent Care--cheaper, more convenient, faster					

	English				Spanish	
Question #2	**Where do you get most of your health information?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Family and friends** --Mom, word of mouth	**Friends/neighbor**	**Family and friends**-- coffee group, family members who are docs	**Family and friends**--local senior group at meals and coffee	Would ask Siri, Hastings focus groups, Google, community health workers such as Beverly (Head Start), Lorena and Lis from SHDHD. They also mentioned that in case of a strong pain they take garlic for migraines or other home remedies for different strong pain. One of the group members didn't take her migraine medications because she didn't want to run out of them, she misunderstood that she had more refills and the bottle said to take continuously. Members continued to talk about what are some medications or remedies for pain.	Lorena Najera from the Health Department, Doctor's Office, Google, Dr. Juan 's book from Univision Television, Information from Schools, Diabetes group, Focus Groups in the community, Blood pressure prevention program from SHDHD and YMCA
	Internet--Web MD(2 comments), Mayo Clinic website (2 comments), Employers have wellness incentives to look at preventative educational resources online site look on internet to see if they need to go to doc WebMD and Mayo Clinic sites are trusted because of the branding and reputation before internet came around, unbiased information	**Pharmacists**	**Internet**	**Internet**		
	Doctor	**Internet--Facebook, google it and then follow up with doc**	**Doctor**--printed summary from doc	**School**-Educators Health Alliance (promotes healthy behaviors and personal health assessments and incentives)		
		Doctors--hospital patient portal, direct communication with doc on phone or online	**Health fairs**	**Health Apps**		
			School-health classes	**Employer--inservices and trainings through employer**		
			Chiropractor	**UNL Extension office**--print, website, etc.		
			Beauty Shop	**Nursing on-call service**--provided through employer as a benefit		
			Wearable technology and Health Apps--Fit bit	**Insurance Company**--nurse follow-up		
			Newpaper			
Notes:	*Drug ads on TV--should there be ads on TV? *Medical Marijuana--good and bad info on internet about it, Illegal in Nebraska, youth are using more and not sure of the impact of use on youth or long-term use, easier to get *Prescription medications--pill parties with youth, shared on the bus, sold for "$10 a pop", folks on these meds will keep 2-3 day supply to take when they go back to doctor as many are tested to see if they are using them and sell the rest of the supply (27 pills or so).	**Do not access anymore--** **Newspapers** used to print directories of services (AA, support groups, etc.)				
Question #2A	**Is the health information you see/receive easy to understand (health literate)?**					
Responses	**Hospitals**--patients have to take home information and read on their own; patients do not always understand their Do Not Resusitate and sign it	**Hospitals** need to make sure that patients are able to understand information given to them	Not asked at this focus group	Not asked at this focus group	Not asked at this focus group	Not asked at this focus group
	Schools--kids come to school with medications (ex: inhaler) and do not know how to use it.					

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

	English				Spanish	
Question #3	**In your family or your friend's families, what are your biggest concerns about your health care?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Cost**	**Cost**	**Cost**--healthcare and senior care/nursing home care	**Cost**--Ambulance; health insurance, drug costs	**Cost** (7 comments)--concerned about medical bills	**Cost**--healthcare; health insurance, financial assistance guidelines have changed
	Habits--energy drink and kids, taking care of yourself before getting sick	**Transportation**--no vehicle or cannot drive to appointment; cost of travel for out of town care; ambulances are used as transportation	**Availability of senior care**--where do seniors go when they can't take care of themselves anymore	**Transporation**--	**Health status**--regulating diabetes and high blood pressure--participate in diabetic and high blood pressure	
	STIs among LGBTQ population--hard to get relevant information (i.e. schools do not teach implications of unprotected anal sex for high risk populations, etc.	**New technologies only available** in certain part of state and missing out	**Availability of providers after hours**--do not stay at hospital after hours (for on-call)	**Adequate Senior Care**--nursing homes are not up to standard and pts don't receive adequate care; alzheimer's patients are locked in rooms because no providers and facility is not prepared to treat them		
		No family support for seniors at appointments	**Getting care outside of community**--when providers leave the community, patient has to go out of town to receive care	**Getting care outside of community**--No Hospital in county; health care providers leave the community and many positions are filled with State agencies		
			Delayed rescue--Seniors not being found right away if they fall	**Delayed rescue**--EMS shortage; EMS fatigue for volunteer emergency responders; increased training discourages volunteers from joining		
				Respite care--no support for caregivers		
				Inadequate training for school staff--not able to care for students with physical/mental/behavioral health needs;		
Notes:	"I'm young but I don't feel that scared about it. I worry about them (parents) to be able to raise kids and pay for healthcare."			Stigma getting treatment for MH services		
	Participant had heart surgery 20 years ago—and took a lot of money to maintain health status. Had to change lifestyle. Young people need to get involved in this issue to change things. Pharmaceutical companies are playing a scheme. Nobody seems to see this.			Using drugs and alcohol to self-medicate for MH issues		
	Participant's brothers had to retire to take care of their wives (MS and Liver transplant) early. Brothers are medically poor.			Limited budgets for community agencies providing care		
	Have to choose how frequent to use medicine to save money.					

	English				Spanish	
Question #4	**What kinds of health care services are used (or not used) by people you know?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Mental Health Services at schools**--middle and high school students accessing counselors; college kids look for the availability of these services when selecting schools	**Chiropractic care** during pregnancy--due to insurance this service was not accessed throughout pregnancy	**Health savings plan**--has one--but acts as a deterrant to care		**Self-management groups**--The total package diabetes group, blood pressure groupat SHDHD and YMCA. Health checkup every 6 months with HFC	**Medications and rememdies** accessed from Mexico or Mexican groceries stores. Pain Clinic, Doctor, Ambulance
	Health Fairs/Biometric screenings at employers and hospitals	**Dental care**--have insurance but don't have offices who take insurance	**Immunization clinic at Superior Clinic**			
		Home health	**mental health services**			
Notes:				Not used: Support groups Counseling services offered through employer Benefits offered as Employee Wellness		

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

	English				Spanish	
Question #5	**What kinds of health care services do you use to prevent health problems?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Dental Care**	**Walking-- paths, groups**	**Dentist**	**Walking**--at community pool	**Preventive screenings**--mammogram, pap smear, project Homeless Connect (eye screening)	**Preventive cares**
	Preventive screenings--mammogram	**Wellness programs**--Tai Chi and Yoga through hospital	**Eye Care**	**Wellness programs**--health fairs through employer	**Massage**	**Health fairs**
	Walking	**Fall prevention**	**Take vitamins**	**Massages**	**Self management programs**--diabetic group and blood pressure group	**Immunizations**
	Wellness programs--Health screenings and programs through employer	**Fitness centers**--Community fitness centers, hospital workout facility	**Regular physicals**	**Immunizations** at Clay County HD	**Home remedies--herbal**	**Self management programs**--diabetic group and blood pressure group
		Sand volleyball--have to travel out of town	**Healthy weight**	**Environmental health**--County sprays for mosquitos		**Home remedies--herbal**
		Gymnastic classes offered in other communities	**Home blood pressure kit**	**Community facilities**--outdoor activities, baseball		**Healthy eating**
		Bicycles--community member refurbishes bikes and gives to low-income families/community orgs	**Wearable technology**--fit bit	**Social gatherings** at the Community Club--to prevent social isolation		
		Cardiac Rehab	**Good everyday practices**--don't shut file cabinet with knees			
Notes:		City Clerk in Nelson--welcome packet describes opportunities in community				

	English				Spanish	
Question #6	**What do you view as strengths of our local health care?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Health ministry** through church	**Hospital**--working to expand services; critical access hospital; still growing in times of closures	**doctors/providers**--good care	Community of care through **churches**		**Doctors/providers**--neurosurgeons, cardiologists
	Hospital (Mary Lanning)--wide range of providers/professionals	**Docs and providers collaborate**--making continuity of care better for patients	**Clinics**--quick clinics to get basic services and relay to provider	Local **Clinic**		**Pain Clinic**
	No out of town travel for good health care	**Clinic and other health services**--provides care for others in surrounding towns too	**Value of community caring for each other**--hair stylist checked on person when she missed an appointment,	**Strong community connections**-social connections		**Acupunture**
		EMT services--large squads--need to focus on recruiting younger EMTs		**Clay center senior center**		
				4H extension office		
				EMT/EMS training		
Notes:	People read tidbits through church bulletins every week, attending health screening/blood pressure screening events that are linked with their faith.	Gap in MH services Not a lot of connections between providers			There is no strength in this community Lack of local health	

	English				Spanish	
Question #7	**What do you view as future local health care needs in our community?**					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	**Baby Boomers**--ability to afford healthcare	**Elderly Care**--appropriate care and qualified professionals to offer services	**Assisted living facility closed**--in Blue Hill and other areas/gap in service	**Elderly care**--more providers and facilities	Low income Emergency Department or clinic or convenient care, pharmacy, dentist, food pantry (Catholic Social Services); Transportation; Gym for kids and parents as a way to prevent illness; medical interpreter for vision clinic	Dentists that accept Medicaid; bilingual medical doctors, bilingual staff in every clinic
	Clinic closures--in rural communities people are not going to travel for services	**Access to care out-of-town**--family cannot or will not make appointments outside of community, have to travel for specialists	**Healthcare providers and services leaving community** as population shrinks	Improved **education and wellness systems**		
	Shift culture towards being physically active and healthy eating over a lifetime-- education to start with families and young kids, school PE classes focus on weight lifting vs other options to be physically active (i.e. juggling), sports are competitive in nature vs. focus on lifetime fitness, when kids go out for sports expensive equipment is needed and at times kids don't stick with sport (losing the lifetime fitness approach) because they did not succeed at the sport, Hastings has walk path but need a walking buddy or group to feel safe walking on trail	**Job/Economic issues**--working more than one job to make ends meet and not able to afford healthcare, young community members are not motivated to work at jobs in the community, who will take ownership of small businesses and farms as owners retire?	**Mental health needs**--state hospital closed and local clinics did not open for care, need to focus on prevention of mental health issues vs. reacting to mental health crisis	Increased services for **mental/behavioral health**		
	Obesity--big problem in future, connected health issues, Obesity problem is growing and starts with families, current incentives around obesity reduction focus on person vs family unit,)	**Veterans**--increasing # of veterans returning to rural communities, VA reports that there are not enough resources for returning Veterans,	**Addiction issues** (2 comments)--drugs seem more prevalent in youth, no way to report suspected drug activities in the community	**Drinking water shortage**		
	Multicultural and lingual providers needed for health care services-- not only for race/ethnicity, gender, age but also including deaf people to access health care (hearing aides are often not covered by insurance); LGBT population--accessing health and mental health services, know where to go, who provides respectful services	**Addressing prevention with familes who are struggling to meet ends**-- familes receive services, CPS does not help, how to reach these families about health issues (i.e., Nutrition, hygiene, mental health issues, early intervention)	**Crime rate increasing**--due to addiction and law enforcement unable to address it	**Affordable care**		
	LGBT population--sexual education in high school is focused on heterosexual behaviors and information, mental health services needed when LGBT "comes out", in school and in community LGBT does not know who to talk to, get services from, etc., higher risk population that does not have access to relevant health information nor do they know where to get	**Financial Literacy**--starting with youth				
		Outreach and education needs--for services and prevention (i.e. diabetes education classes, education about services to engage public in services that are offered, connecting people to services				
		Mental Health needs--not being met				
		EMS/EMT burnout--volunteer service				
		Affordable healthcare--addressing the needs of those who work more than 1 job, no access to major medical [insurance] policy, self-employed				
Notes:		not enough resources and support available in the community to offer families in need Possible solutions for mental health unmet needs: use churches to connect with people/as possible support in mental health train people to provide suicide prevention and mental health first aid at points of non-traditional access (businesses, bankers, etc.)	Focus group seems all middle class, is there outreach to lower incomes? Lifestyles have become so busy that it is difficult to slow down and relax.			There was discussion about how they have to learn the language

South Heartland Community Health Assessment 2018

Focus Group Synthesis

Health System Leaders

Question #1	Where does your contingency go for healthcare?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Out of town care**--Access to health care is spread out many go to Hastings or VA in Grand Island	**Providers** in Hastings, Kearney, Grand Island, **childbirth and Pediatric care in Hastings**	**Ambulance is used as taxi service**	**Hospital/Clinics**--Doctor's offices, Mary Lanning Mental Health and Hospital services, Urgent care, Third City Clinic, Community health center, Emergency Rooms,
	Assisted living/nursing homes	Local **pharmacy** goes to **assisted living** to give flu shots	Younger people receive care at **elderly care facilities**	**Telehealth**
	Hospital--improvements have increased access to services easier for families	**Hospital/Clinics**--Webster Hospital Clinic (flu shots too), Main street clinic (flu shots too), Emergency room, Smith Center, KS clinic, Grand Island VA, Omaha VA	**Urgent Care**--for uninsured	**Employer based**--employee website (Healthcare Blue Book), employee wellness coaching, Employee Assistance programs.
		Worksite Wellness: City of Red Cloud offeres cash incentives for wellness programs Private employer offers discount at YMCA, and cash incentives for using wellness programs	**Pharmacy**--internet based, Mexico and Canada	**Community-based services**-- schools (nurses/counselors), pharmacies, health fairs, health department, parrish nurse
			Faith-Based help with mental health care	Community college **Dental**
			Self-diagnose/medicating--get info online, travel to Mexico to get medication for a self-diagnosed condition, self-medicating for addictions due to lack of providers	**Internet**
			Telehealth for mental health care	
Notes:	**Health Insurance**--hoping Brodstone Administrators will work to accept VA Choice insurance; changes to medicaid have decreased access to services (eye care); changes to Medicare has not changed access but veterans have to receive care through VA (medicare is a secondary provider)	Veteran population in Webster County is decreasing Hard to find consistent caregivers in the community--often see a different provider at each visit (decreased continuity of care with this model)	Faith-based could be a point of access for people to receive treatment in areas with provider shortages Some people don't get treatment due to lack of services cost share plan (insurance)	

		Pharmacists are link between provider and patients...to ensure consistency **Telehealth**--use of telehealth is generational thing, millennials probably more likely to feel comfortable with online services; Elderly patients seem to prefer in person visits so that their doctor can physically check their symptoms	discourages people from getting preventative care causing higher medical bills once treatment is sought out; Increase in cost share plans /"Christian" coverage plans	
Question #1A	**How has this changed over time?**			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Hospitals have expanded services** (Brodstone and Mary Lanning)	**Out-of-town providers/services**--Hastings and Grand Island proive more specialists, people are used to travelling more so it isn't a big deal to get care out-of-town, doctors are limiting specialty clinics in smaller communities because patients travel more to bigger communities,	**Insurance**--Urgent Care use increasing due to lack of insurance, Medicare is changing what it reimburses and increased funding for ambulance service, delay care due to lack of insurance, increased demand in billing requirements and liability	**less insurance coverage**--urgent care requires payment upfront, ER visits can write off charge for visit
		Telehealth-- elderly care because patients can't travel, mental health services, hospital increased use of telehealth for specialties	**Connected community**--people are less connected to neighbors so the ambulance is used more often for taxi service	**Getting into mental health services is not easy--only physically healthy folks can get into detox**
				Transportation to services/appointments an issue

				Students do not have the money to afford office visits/get care, health is not a priority for them, urgent care is more accessible to this population if care is needed, working mulitple jobs to make ends meet

Question #2	Where does your contingency get most of their health information?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Internet**-facebook (especially for school stuff like sports physicals, etc.), younger folks online	**Internet--facebook, google, online, Web MD, Mayo Clinic. CDC online**	**Internet**--a lot of info online and hard to get patients correct info	**Internet**--Facebook, Google
	Media--ads in print and on TV	**School**--reimnders about vaccinations, etc.	**Ads**--commercials advertising medication	**Media**--TV ads, pharmacy ads, TV shows/Dr. Oz, magazine ads and commericals, posters
	Friends--coffee, same conditions, word of mouth	**Ads**	**Friends**--coffee time	**Family/friends**--word of mouth, students (peer to peer),
	Provider	**Friends**--neighbors		**Doctor/Provider**
		Doctor		**Pharmacy**
				Employer--HR and Doctor through employer
				Wellness programs and support groups
Notes:	Health literacy is important		Need to educate folks about Medicare benefits--the books is so big people don't read it	We've become desensitized, Dysfunction = normal, Cultural impact, Healthcare Connections, non-profit agencies, Faith-based agencies, Rural farm families--family members in healthcare, don't access/don't want to know, Self-prescribe, Hairdresser, Alternative Medicine, In Home Party

South Heartland Community Health Assessment 2018

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Question #2A	How has this changed over time?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Technology--30 years ago the only way was to talk to you doc or library	**Using technology in health**--hand held devices to access health information, texts from providers as reminders	Increase in technology	**Technology and internet access:** More information is available which leads to self-diagnosis, but the information available may not always be accurate; less "call Grandma" is happening
		Increase in self-diagnosis		**Faith-based insurance options are new**
		Shrinking health history--younger generations don't have history past immediate family members		**Access to memory care and places that work with Alzhemiers**
Notes:	**Docs are more engaged with patients**--driven by patient satisfaction, younger docs want to be more personable, VA has changed their manner spending more time with clients.			

South Heartland Community Health Assessment 2018
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Question #3	What are the biggest concerns your contigency has about health care?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Cost of care**--high cost of health care decreases ability to save money, high medication costs, covering the cost of basic care needs not covered by Medicare,	**No in town care**--not wanting to travel out of town for care when clinic closes, not having access to care in smaller communities	**Out-of-town care**--people do not want to travel out of the community for providers	**Quality of care/healthcare system**--***availability/access to care*** : Appointment availability: mental health issues will get scheduled out 3 weeks/detox, ability to access, availability of services/specialties, access to quality care, timely crisis treatment, new to area getting into see physician, specialty areas, doctors move around; ***connection/relationship with providers*** /bedside manor; ***Legal*** : HIPAA, Laws and regulations, possible litigation; ***other*** : farmers don't access care until necessary; ***Complex medical issues*** --Obesity, mental health stigma (espec. among farmers), correct source of problem, continuity of care, challenges adapting to current health needs (in reference to Obesity), stress/uncertainty in Ag field (mental health)
	Insurance--working more than one job to have health insurance (farmers), Medicare doesn't cover all health costs, understanding Medicare benefits and management, go without insurance (farmers)	**Quality of care**--hard to refill RX because docs have limited hours/availability in community; less face-to-face time with provider because of more patients due to schedule of provider in town (i.e. every week in town, etc.), high patient loads, losing personal relationship with doc	**Lack of Mental Health services**--Schools do not have resources for mental health, absence of long term care facilities for youth with mental health issues, Veterans can't access service due to wait times	**Cost/price**--monthly cost of insurance, high deductable, cost of employee insurance, cost of healthcare, prices increasing, medication increase, can't get healthcare costs down and decrease overutlization can't get people to take care of themselves Save or have coverage) results in high healthcare costs

		Cost--fearful to go to doc because of high costs		**Insurance**--high deductibles, losing Medicaid, insurance, older generation won't leave employment because they need the insurance, ACA: low deductible at first--but cannot afford now, many not covered or only catastrophic, some small operations are forming "corporations" and hiring an employee to get insurance
				Transporation
				Education to prevent health behaviors/issues multicultural and health literate-- English Language Learners have problems over time with vision, etc., language barrier both ways, knowledge deficit (in reference to Obesity), Home EC or life skills classes in the past--nothing in the catholic schools, generational gap of knowledge, kids at zone program teaching parents about healthy meals, kids loack of exposure to healthy foods--may not eat the health foods--use to eating processed foods, importance of preventive care/push back on "incentive for wellness" programs, health literacy, lack of education; ***Technology*** : technology, googling what's wrong
Notes:				Pay equity--behavioral health/substance abuse Increase ER visits Access to food (in reference to Obesity) Many live on ramen noodles Time

Question #3A	How has this changed over time?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Costs** are rising--not have health care needs met due to high costs	**Service model has changed**--doctors refer out to specialists more than they used to, have to make appt with doc vs. calling when something is wrong, longer wait times for getting in to see doc, docs not seeing pts for regular check-up/preventative care	Social isolation	Preauthorizations, availability, relationship, affordability, specializations/declines
		decreasing population is reducing services	High burn out of health care providers, EMTs, etc because of high demand	
		Cost of care and insurance has increased, Declining health due to high costs--people don't get in when they need to because they can't afford it		

Question #4	What kinds of health care services are used (or not used) by people you know?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Occupational therapists/Physical therapists**	**Occupational Therapist** at schools	**Mental Health Services** (Not Used) often not covered by insurance	**Telehealth services** with technology to help with multiple languages is an improvement to accessing care **NOT USED Employer Issued Insurance has Telehealth/internet**--doc appointments--generational trend perhaps?
	Mental health services (USED) through school nurse and counselor, VA, used more in younger generations, Banker who does a lot of ag loans acts as counselors--	**Mental health services**--licensed MH provider, UNMC telehealth for behavioral health, Geriatric mental health services through telehealth/mary Lanning, School counselors, ASAP drug prevention through schools,CASA/SASA services	**Veteran services**--not used because veterans are not aware of their benefits and how to access the VA	**Alternative medicine**--(massage, chiropractor, essential oils) cheaper than going to the doc, utilization and access and education

Question #5	What kinds of health care services do you use to prevent health problems?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Prevention**--Wellness; VA immunization and prevention programs	**Community based**--Community fitness center, Active playground, Program started by local businesses to provide healthy foods	**Community-based**--Food pantry at church; Health fairs--used as a basic check to monitor blood pressure, etc.	**Community-based**--immunization clinics, DPP, blood pressure management programs, Blood pressure machinges at community locations, church screenings/classes, YMCA/YWCA, (free membership), health fairs, health screening through insurance, flu vaccinations, Safe Kids bike helmets, WIC, **meals on wheels**
		Group--Yoga, Tai chi (sponsored by SHDHD), Zumba groups	**Individual**--cooking with healthy foods vs. processed foods, organic/non-GMO food	**Groups**--social groups, friends advertising healthy activities, fitness classes, Mary Lanning Health Classes, YWCA after school programs, Zone/education classes through Revive, inc.
	School based--Playground, walking to school, prevention and nutrition programs at school	**School-based**--Edible schoolyard; Greenhouse at high school	**Education**--teach patients how to prevent recurring hospital visits at home health care visits	**School-based**--health programs, wellness programs, assessment/wellness, **early head start**
		Education--Encourage families to be active and limit sedentary activities; Education to families		**Primary care**--Every woman matters, primary care, depression screenings, substance abuse screenings, tobacco screenings, Hastings Family Planning
		Tech free center		**Alternative care/holistic**
				Workplace based wellness--health fairs, employee wellness programs
				Policy/environmental/system supports--walking and biking trail, waiver/care management services, DHHS medicaid applications, Clean Indoor Air Act and education about smoking has provided great benefit, Kids accepting of seatbelt use, Wellness incentives

				Individual--vitamins, supplements, look for healthy items when eating out, fitbit/activity trackers, smart moves--time/remembering, budget management services--resources, goal setting, strategy planning, safety--car seat installation, gyms
				Mental Health--opportunity house (day services/AA/NA), south central behavioral services, senior citizens mental health grant through sunny side
				Education--scrubby bear, healthy beginnings (parenting programs), education = prevention/start with youth through lifespan
Notes:	Unisured--don't receive care, farmers try to have healthier behaviors like regular exercise, questions about Obamacare and high deductible plans (may discourage folks to get insurance)			No DARE program anymore Health Fairs: patients responsibility to share with providers, employer based

Health System Leaders

Question #6	What do you view as strengths of our local health care?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/30/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Schools** provide free and reduced meals to respond to the high rate of children's poverty	**Engaged education system**	**Many health services in Sutton**--people don't have to travel out of town	**School meal programs**
	Community connectedness--feeling connected through coffee talk, volunteers support community activities	**Hospital**--open in current times of closures, new providers coming to hospital, asset to community	**Strong relationships**--between providers and patients	**Access to Care**--alternative hours, most HC services are available--basic/specialty/diverse services, PCP (most in network) available--emergency visits and short wait for scheduled visits, wide range of brilliant providers, Choice between pharmacies--locally owned, 2 urgent care clinics, many providers--problem is keeping current list of available services, Mary Lanning Center, Cancer care close to home, Clinics for underserved, Specialists, Access to care, choices and options, levels of care to elderly, new specialists (healthcare), new providers to reduce case loads, home town providers, availability, connection within the comm providers, meeting people's time constraints/referrals, hospital--offer specialities/telehealth, central location, specialists here, access to care, satellite facility; ***Mental health***-- strong mental health, strong recovery from addiction, better mental health access, good recovery community, ACT team--south central behavioral services, Region 3, levels of care for behavioral health
	Safe community	**EMS**--local asset to help start treatment for patients		
	Access to outdoor activities--pools, parks, ball programs			
				Advocates--very helpful! Not available to everyone, community support, size of community--interaction, positive part of community, want healthy community, accountability
				Employer based wellness programs
				Workforce development--school of nursing and dentistry to feed health system

				Community-based programs--to promote their missions and serve the community, Safe Kids programs, YMCA, YWCA, Ryde program, Homeless shelter, good program for food
				System for services to interact--networking, non-profits good at referring to each other and stying connected, communication between agencies unless regulations get in the way, EMR, Great collaboration, centralized database for access to information, good network/communication, technology brought into hospital, easy to work with in community
Notes:		Perception that State discourages small volunteer emergency services		Spec Children Fund People sometimes overwhelmed or fearful Experience and new ideas

Question #7	**What do you view as future demands of our local health care system?**			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	**Aging population and greater needs**	**Workforce needs**--maintaining and recruiting health care providers, Maintain **EMS** services for rural areas	**Workforce needs**--increased educational requirements for volunteer responders (CEUs and training) for maintaining EMT licensure and becoming EMT, limited resources and fewer EMTs longer response times, funding restrictions from State for emergency services in rural areas, increased workloads for health care providers with decrease in funding	**Multicultural and multilingual care**--an increase in minority populations, providers/health care system need to be responsive to different cultures and languages, bilingual employees for YMCA are hard to find, cultural changes, minorities
	Reduced population in county	**Collaborating** to enhance services and availability	**Aging population**--need for care and facilities, intergenerational care and financial responsibility for elderly parents,	**Connecting as a community/population**--engage in faith-based orgs, advocacy programs (i.e. zone program) utlizing retired volunteers,

South Heartland Community Health Assessment 2018

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Facility closures and out-of town care	**Maintain population in county**--to keep current services	**Mental Health Care**--need facilities/services	**Aging population**--advocate for due to lack of family members who live close, independent living/retirement, not financially prepared for future years, communication with aging pop, affordable senior care, angry/mental health issues, **non-traditional community living (age 45-65) cannot live independently**
		Sharing trusted information about local services	**Mental/Behavioral health needs**--shortage of providers, addictions/drugs/break-ins, youth experimenting with drugs/marijuana, detox, anger issues, drug use at younger age,
			Technology--using apps and alerts on cell phone to reach more population, do outreach via technology, widening gap between those who can access care through technology, generational gaps on how to use technology
			Economic opportunities--people want benefits with jobs, less opportunity in Adams County for entry level positions with benefits
			Focus on Prevention-- decrease chronic disease, decrease cost of healthcare, education about how to take care of self, education about preventative care, focus on family and social networks vs. individuals, treatment of chronic patients in emergency instead of true emergency

				Accessing health care services/system-- education to people on how to access healthcare, process on getting into the system with docs taking new patients, motivation to access or engage in established health care, encouraging engagement with own health care, incentivize (lower deductibles or premiums), easier process to access health care, expanded health care hours, low-income population, minority populations, awareness about what one needs/doesn't need, fall through the cracks
Notes:				Pharmacy/medication costs Teen pregnancy Transporation Prolonging life vs. death Shopping for health care instead of family

Brodstone Memorial Hospital

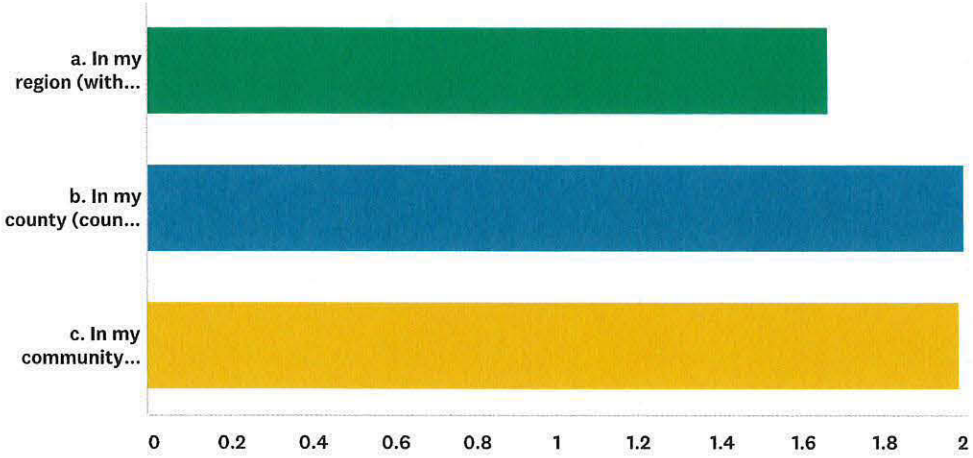
Community Needs Assessment

Community Health Improvement Plan

Section #5 – SHDHD Community Survey

Q1 There are enough hospitals, emergency rooms, urgent care clinics and so forth available:

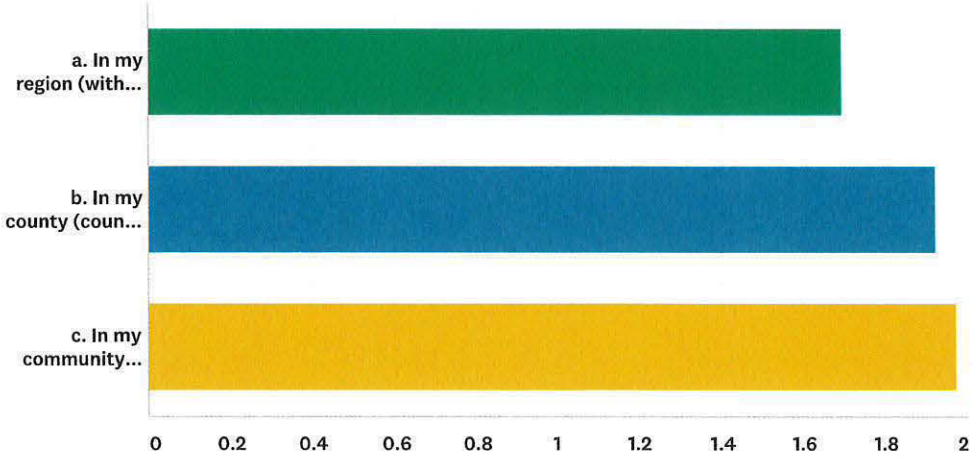
Answered: 924 Skipped: 1



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
a. In my region (within 1 hour drive from my home)	46.75% 432	45.45% 420	3.14% 29	4.00% 37	0.65% 6	924	1.66
b. In my county (county where I live)	38.57% 356	40.85% 377	7.26% 67	9.86% 91	3.47% 32	923	1.99
c. In my community (town/city closest to where I live)	41.43% 382	38.72% 357	5.64% 52	8.46% 78	5.75% 53	922	1.98

Q2 There are enough doctor's offices, health clinics and so forth available:

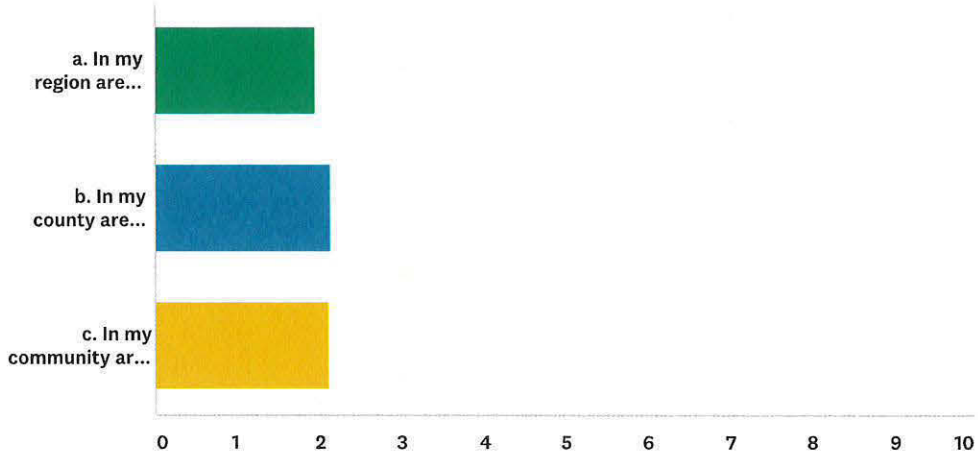
Answered: 922 Skipped: 3



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
a. In my region (within 1 hour drive from my home)	45.34% 418	45.88% 423	4.34% 40	3.80% 35	0.65% 6	922	1.69
b. In my county (county where I live)	36.48% 336	45.93% 423	8.47% 78	7.49% 69	1.63% 15	921	1.92
c. In my community (town/city closest to where I live)	37.57% 346	43.97% 405	6.30% 58	8.47% 78	3.69% 34	921	1.97

Q3 The health care services that are available:

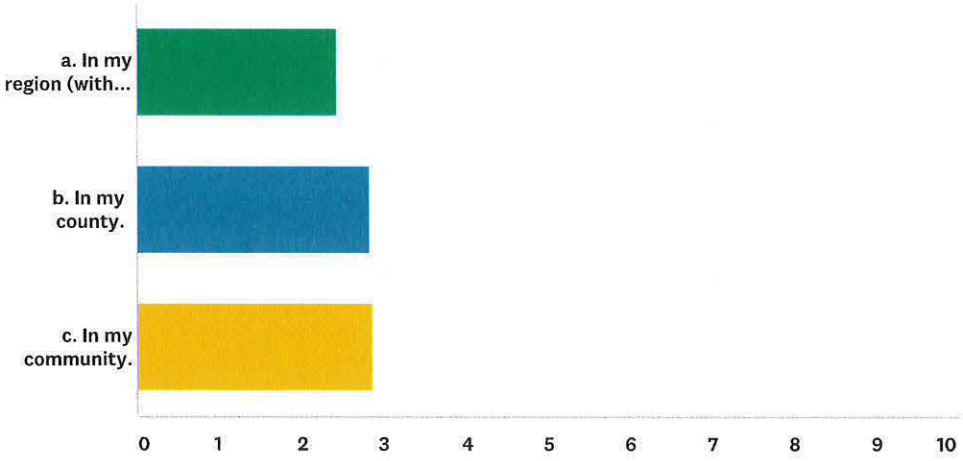
Answered: 923 Skipped: 2



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	N/A	TOTAL	WEIGHTED AVERAGE
a. In my region are excellent.	30.48% 281	49.02% 452	14.43% 133	4.56% 42	0.76% 7	0.76% 7	922	1.95
b. In my county are excellent.	26.87% 248	44.42% 410	17.55% 162	7.48% 69	2.49% 23	1.19% 11	923	2.13
c. In my community are excellent	27.44% 253	43.06% 397	15.84% 146	7.05% 65	2.93% 27	3.69% 34	922	2.12

Q4 There are enough medical specialists available:

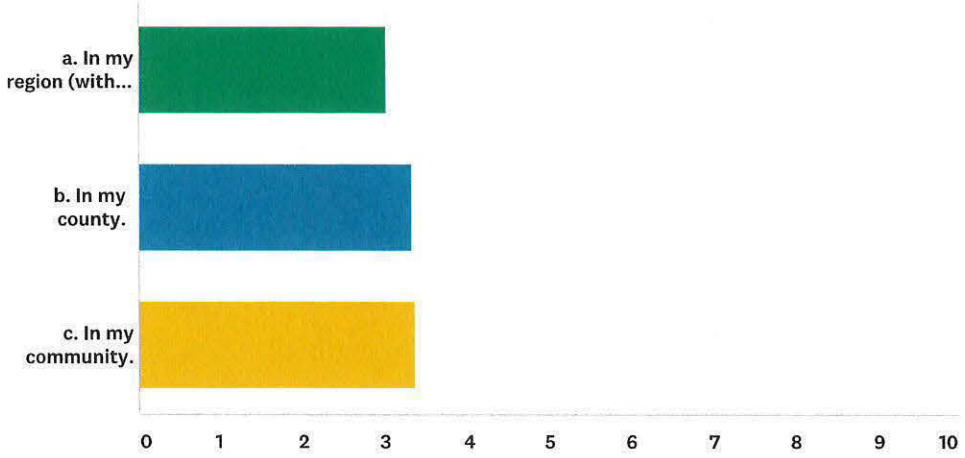
Answered: 923 Skipped: 2



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
a. In my region (within 1 hour drive from my home).	20.28% 187	41.97% 387	15.40% 142	18.87% 174	3.47% 32	922	2.43
b. In my county.	13.67% 126	32.65% 301	19.41% 179	26.46% 244	7.81% 72	922	2.82
c. In my community.	13.76% 127	31.53% 291	18.63% 172	26.00% 240	10.08% 93	923	2.87

Q5 There are enough behavioral health services (counselors, licensed mental health practitioners):

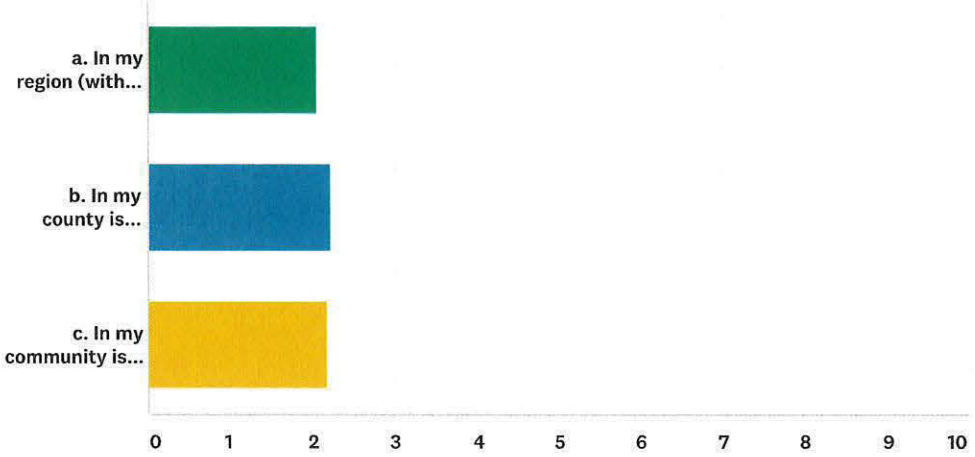
Answered: 923 Skipped: 2



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
a. In my region (within 1 hour drive from my home).	12.35% 114	26.22% 242	22.86% 211	25.46% 235	13.11% 121	923	3.01
b. In my county.	8.56% 79	17.44% 161	24.81% 229	31.42% 290	17.77% 164	923	3.32
c. In my community.	8.13% 75	17.98% 166	23.19% 214	30.55% 282	20.15% 186	923	3.37

Q6 The hospital care being provided:

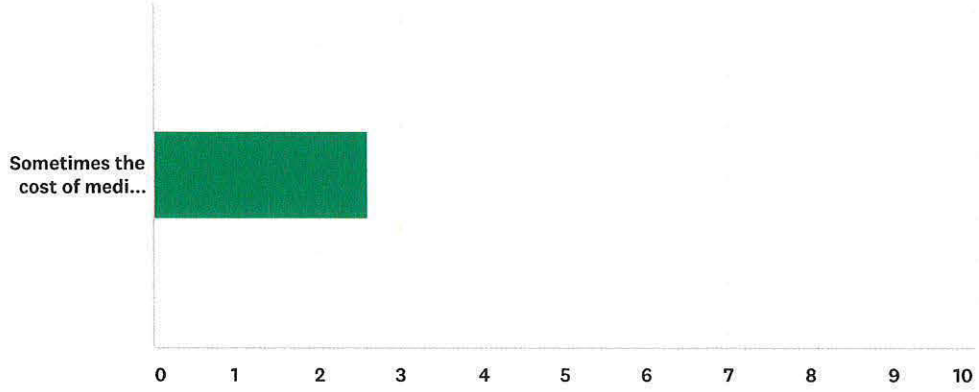
Answered: 925 Skipped: 0



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	N/A	TOTAL	WEIGHTED AVERAGE
a. In my region (within 1 hour drive from my home) is excellent.	28.32% 262	46.16% 427	17.19% 159	5.73% 53	1.51% 14	1.08% 10	925	2.05
b. In my county is excellent	24.54% 227	39.14% 362	18.92% 175	7.57% 70	3.78% 35	6.05% 56	925	2.22
c. In my community is excellent.	26.49% 245	37.95% 351	15.68% 145	7.24% 67	4.00% 37	8.65% 80	925	2.17

Q7 Sometimes the cost of medical care prevents me from getting the care I need for myself or my immediate family.

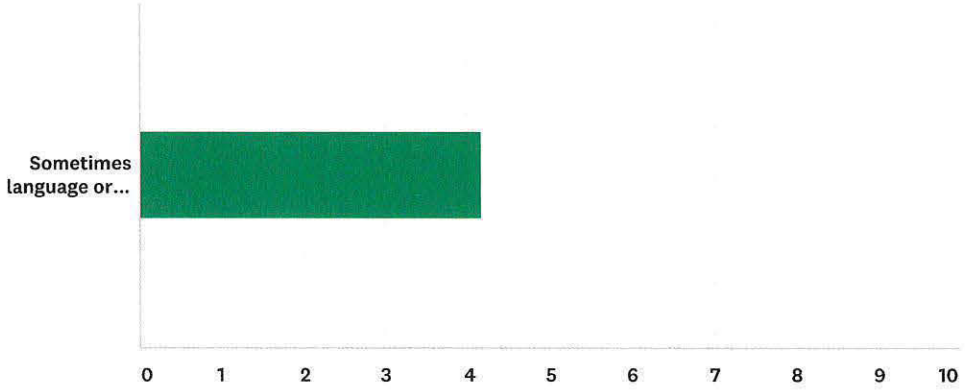
Answered: 925 Skipped: 0



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
Sometimes the cost of medical care prevents me from getting the care I need for myself or my immediate family.	24.54% 227	31.68% 293	13.19% 122	20.00% 185	10.59% 98	925	2.60

Q8 Sometimes language or cultural barriers prevent me from getting the care I need for myself or my immediate family.

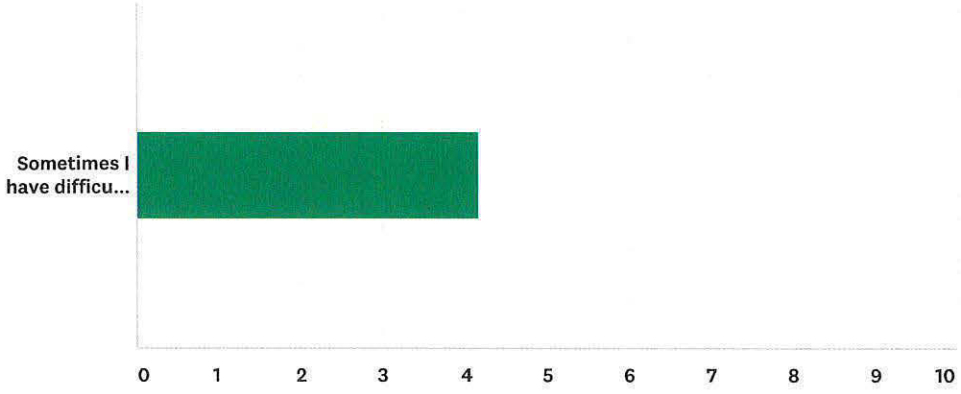
Answered: 925 Skipped: 0



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
Sometimes language or cultural barriers prevent me from getting the care I need for myself or my immediate family.	2.81% 26	4.43% 41	14.27% 132	30.49% 282	48.00% 444	925	4.16

Q9 Sometimes I have difficulty finding transportation to health care providers.

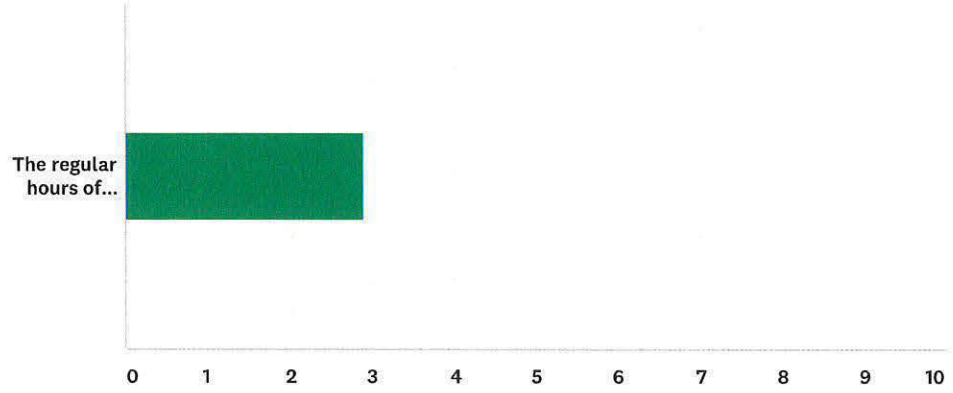
Answered: 925 Skipped: 0



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
Sometimes I have difficulty finding transportation to health care providers.	2.81% 26	3.46% 32	13.62% 126	33.84% 313	46.27% 428	925	4.17

Q10 The regular hours of operation at doctor's offices and health clinics are sometimes not convenient for scheduling care for myself or my immediate family.

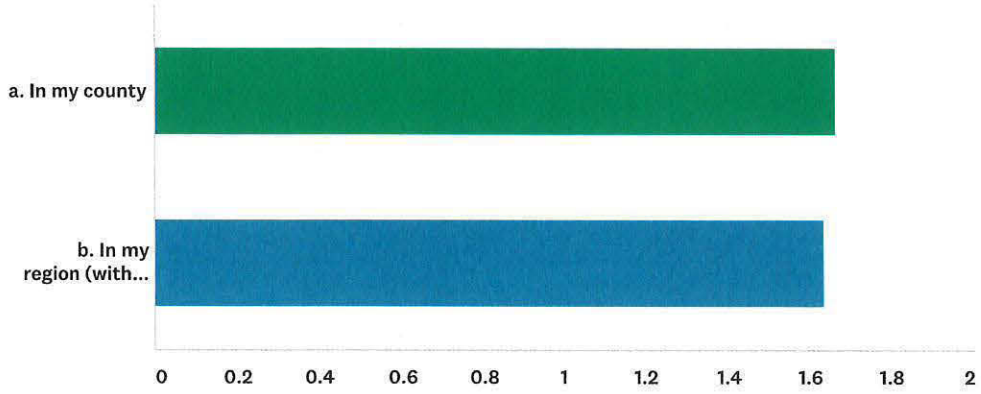
Answered: 925 Skipped: 0



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
The regular hours of operation at doctor's offices and health clinics are sometimes not convenient for scheduling care for myself or my immediate family.	9.19% 85	36.86% 341	18.38% 170	26.70% 247	8.86% 82	925	2.89

Q11 During the past 12 months, I have personally received health care services at a hospital or emergency room located

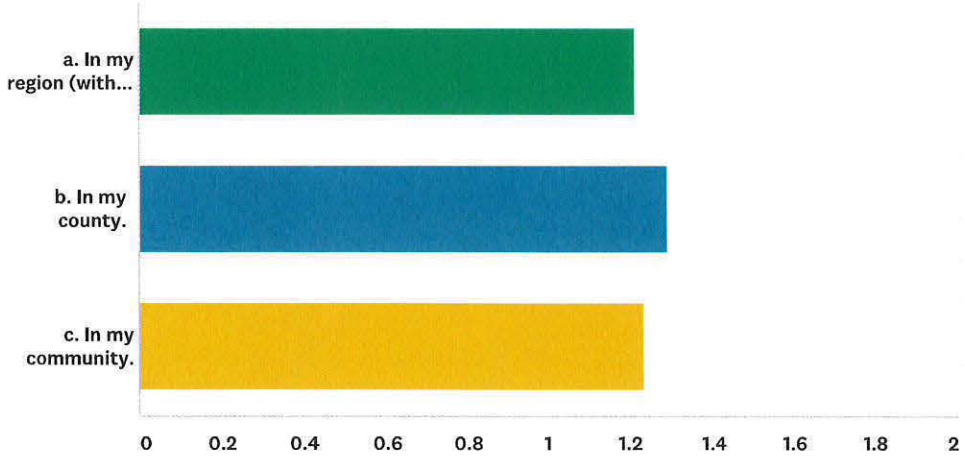
Answered: 925 Skipped: 0



	YES	NO	TOTAL	WEIGHTED AVERAGE
a. In my county	33.51% 310	66.49% 615	925	1.66
b. In my region (within 1 hour drive from my home).	37.30% 345	62.70% 580	925	1.63

Q12 During the past 12 months, I have personally received health care services at a doctor's office, health clinic, or health department located:

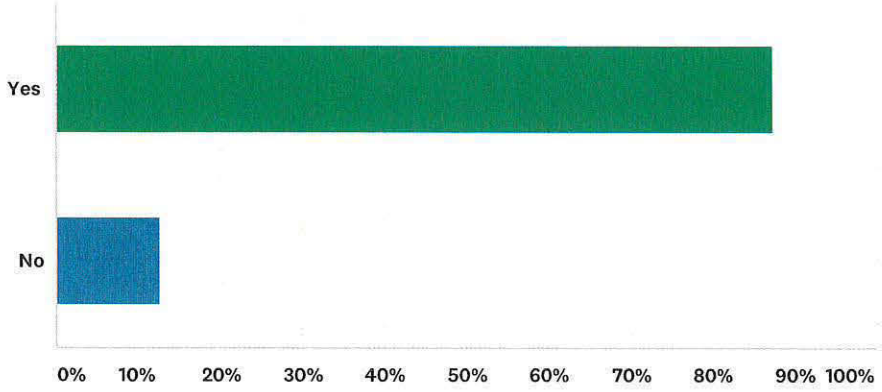
Answered: 925 Skipped: 0



	YES	NO	N/A	TOTAL	WEIGHTED AVERAGE
a. In my region (within 1 hour drive from my home).	75.14% 695	20.11% 186	4.76% 44	925	1.21
b. In my county.	67.35% 623	28.00% 259	4.65% 43	925	1.29
c. In my community.	73.19% 677	21.41% 198	5.41% 50	925	1.23

Q13 I have one person I think of as my personal doctor or health care provider (my medical "home" where I go for most health care needs)

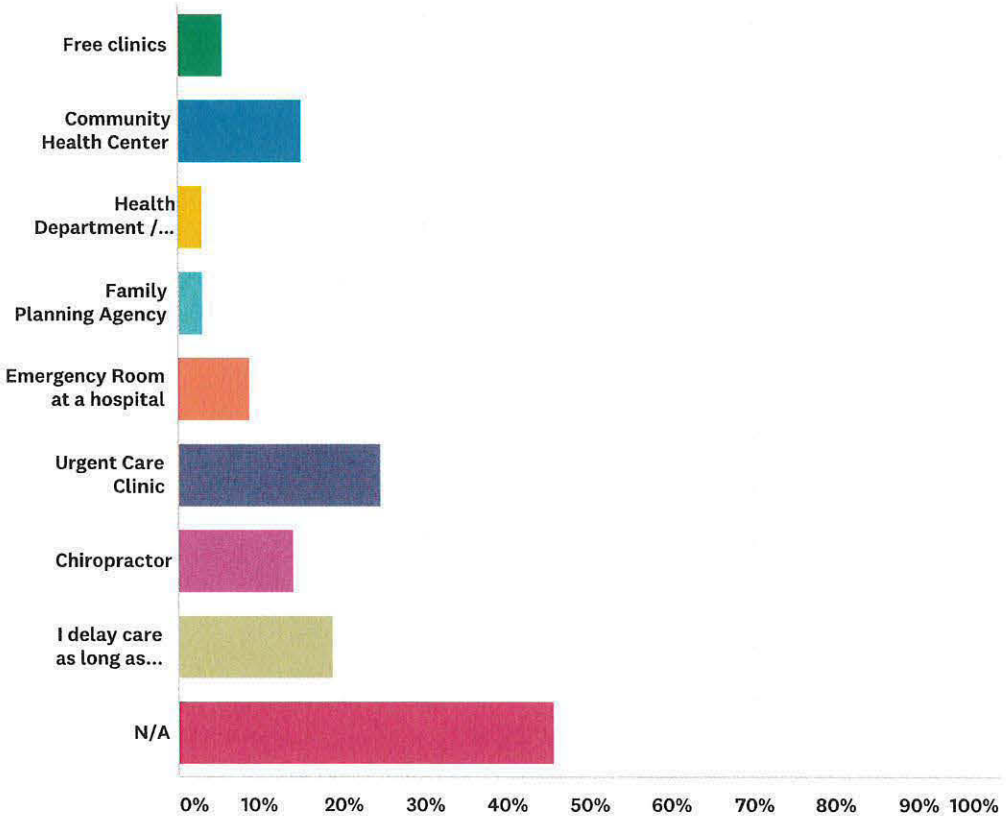
Answered: 925 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	87.46%	809
No	12.54%	116
TOTAL		925

Q14 If you answered NO on #13:Instead, when I need them I receive my health care services from (check all that apply):

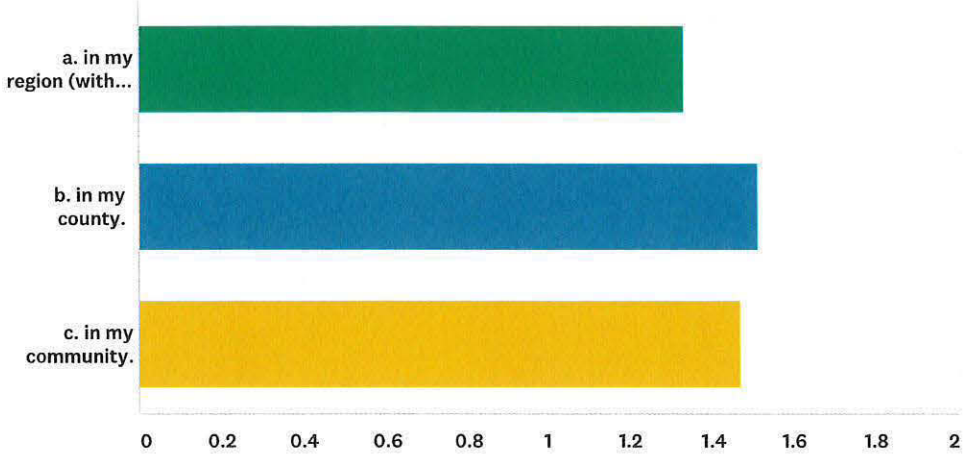
Answered: 206 Skipped: 719



ANSWER CHOICES	RESPONSES	
Free clinics	5.34%	11
Community Health Center	15.05%	31
Health Department / Immunization Clinic	2.91%	6
Family Planning Agency	2.91%	6
Emergency Room at a hospital	8.74%	18
Urgent Care Clinic	24.76%	51
Chiropractor	14.08%	29
I delay care as long as possible or refuse care	18.93%	39
N/A	45.63%	94
Total Respondents: 206		

Q15 During the past 12 months, I have personally received dental care services at a dental clinic located

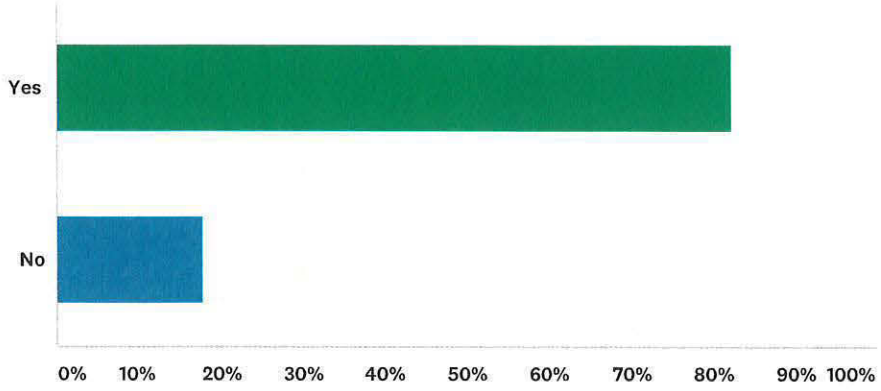
Answered: 925 Skipped: 0



	YES	NO	TOTAL	WEIGHTED AVERAGE
a. in my region (within 1 hour drive from my home).	66.74% 616	33.26% 307	923	1.33
b. in my county.	49.08% 452	50.92% 469	921	1.51
c. in my community.	53.30% 492	46.70% 431	923	1.47

Q16 I have one person I think of as my personal dentist

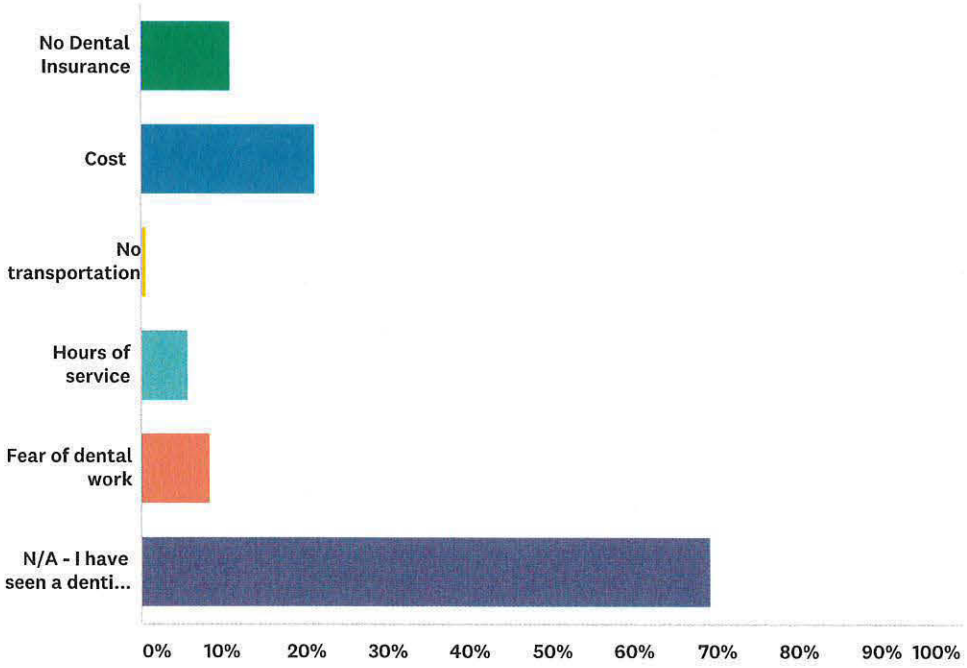
Answered: 923 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	82.12%	758
No	17.88%	165
TOTAL		923

Q17 Reasons I have not seen a dentist in the past year: (check all that apply)

Answered: 627 Skipped: 298

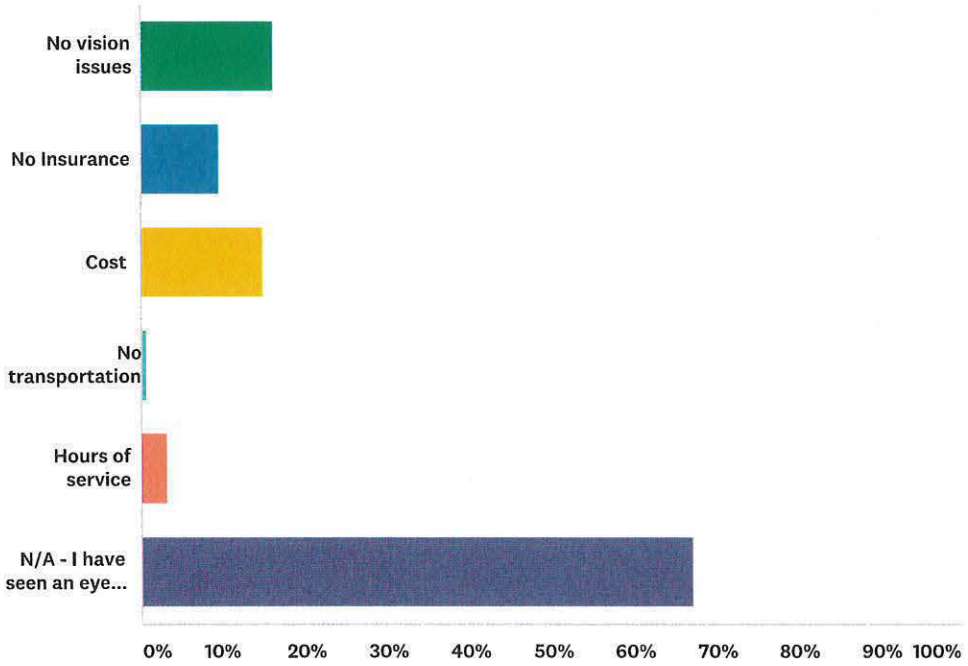


ANSWER CHOICES	RESPONSES	
No Dental Insurance	10.85%	68
Cost	21.05%	132
No transportation	0.64%	4
Hours of service	5.74%	36
Fear of dental work	8.45%	53
N/A - I have seen a dentist in the past year.	69.22%	434

Total Respondents: 627

Q18 Reasons I have not seen an eye doctor in the past year: (check all that apply)

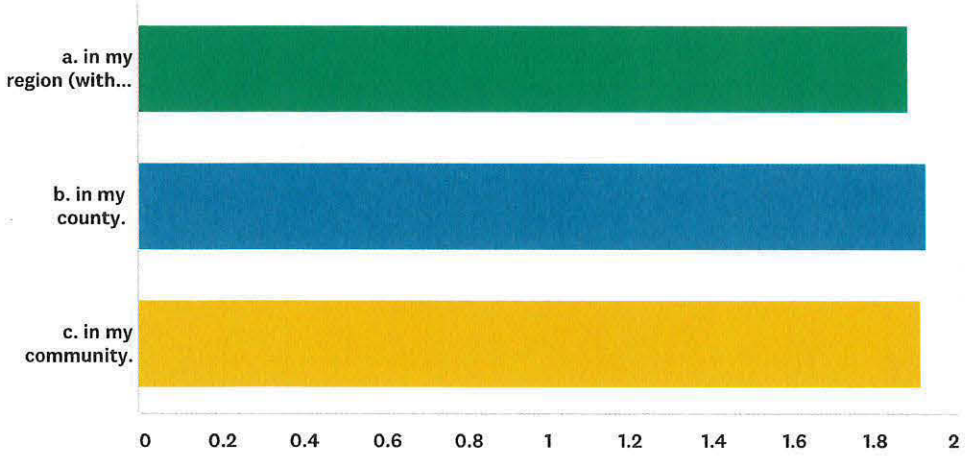
Answered: 773 Skipped: 152



ANSWER CHOICES	RESPONSES	
No vision issues	16.17%	125
No Insurance	9.44%	73
Cost	14.88%	115
No transportation	0.65%	5
Hours of service	3.23%	25
N/A - I have seen an eye doctor in the past year	67.14%	519
Total Respondents: 773		

Q19 During the past 12 months, I have personally received mental / behavioral health services (counseling, life coaching, etc.)

Answered: 925 Skipped: 0



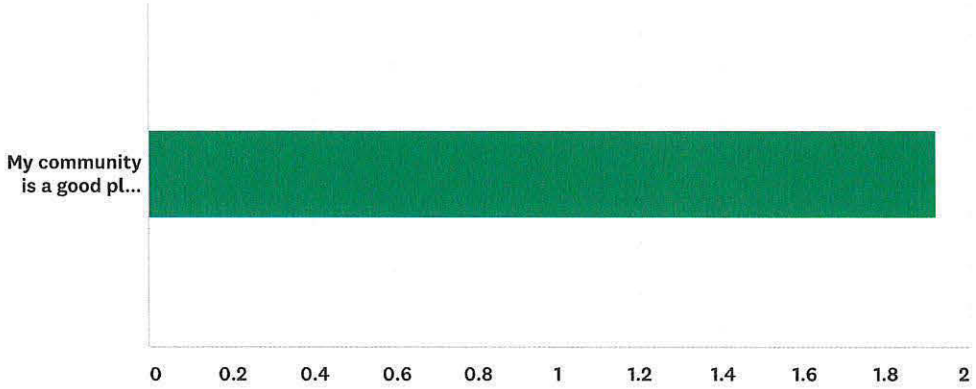
	YES	NO	TOTAL	WEIGHTED AVERAGE
a. in my region (within 1 hour drive from my home).	12.01% 111	87.99% 813	924	1.88
b. in my county.	8.32% 77	91.68% 848	925	1.92
c. in my community.	8.98% 83	91.02% 841	924	1.91

Q20 Please provide additional comments on the health care system in your community, county or region:

Answered: 186 Skipped: 739

Q21 My community is a good place to raise children.

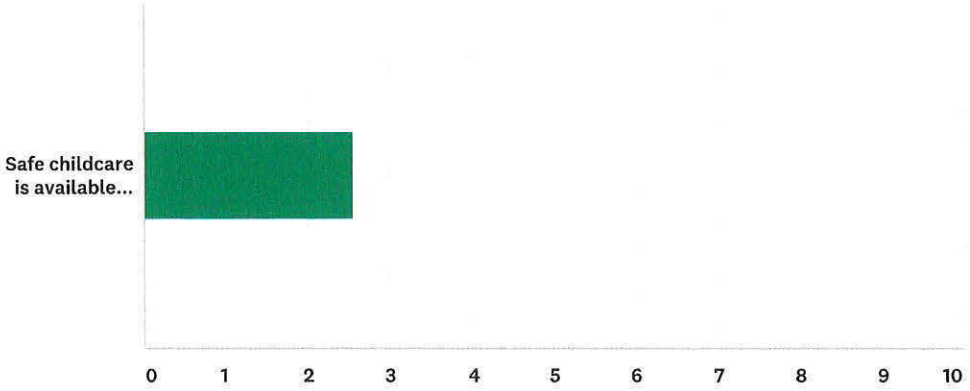
Answered: 916 Skipped: 9



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
My community is a good place to raise children.	35.70% 327	50.00% 458	7.75% 71	2.73% 25	0.33% 3	3.49% 32	916	1.92

Q22 Safe childcare is available in my community.

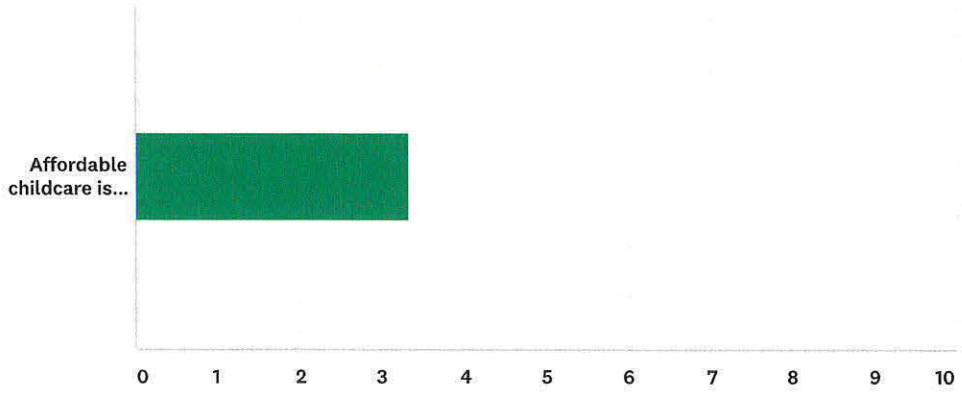
Answered: 916 Skipped: 9



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Safe childcare is available in my community.	22.93% 210	45.31% 415	13.32% 122	3.49% 32	1.53% 14	13.43% 123	916	2.56

Q23 Affordable childcare is available in my community.

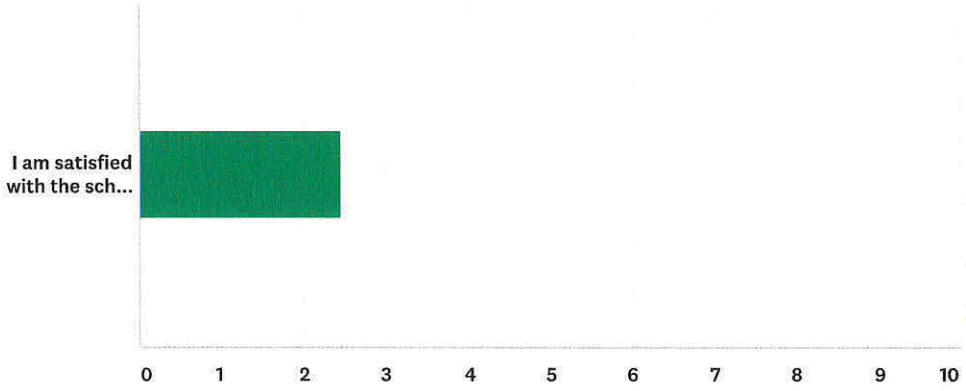
Answered: 916 Skipped: 9



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Affordable childcare is available in my community.	9.61% 88	28.93% 265	24.78% 227	13.21% 121	3.49% 32	19.98% 183	916	3.32

Q24 I am satisfied with the school system in my community.

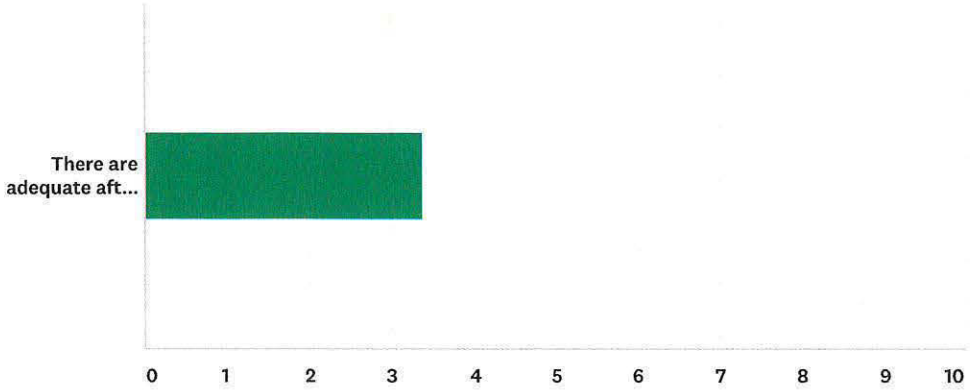
Answered: 916 Skipped: 9



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
I am satisfied with the school system in my community.	24.78% 227	41.48% 380	15.17% 139	7.86% 72	4.48% 41	6.22% 57	916	2.44

Q25 There are adequate after school opportunities for elementary age children (including those run by schools and community groups).

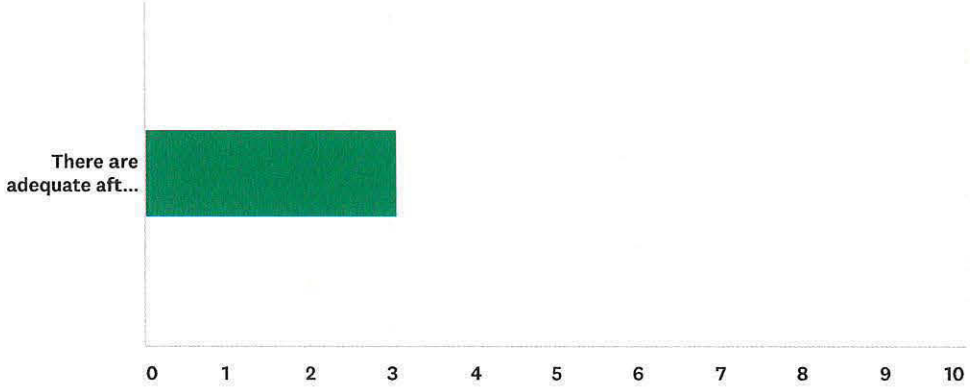
Answered: 916 Skipped: 9



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate after school opportunities for elementary age children (including those run by schools and community groups).	10.70% 98	29.26% 268	17.79% 163	16.59% 152	7.10% 65	18.56% 170	916	3.36

Q26 There are adequate after school opportunities for middle and high school age students (sports teams, clubs, groups, etc.).

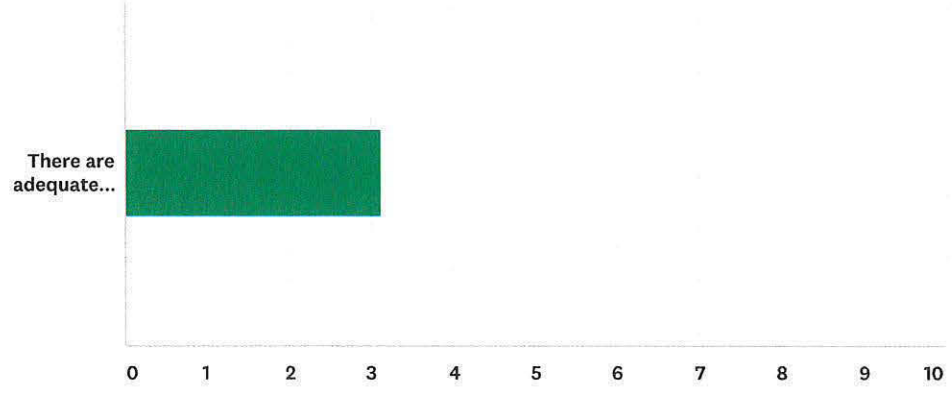
Answered: 916 Skipped: 9



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate after school opportunities for middle and high school age students (sports teams, clubs, groups, etc.).	14.08% 129	37.88% 347	14.85% 136	11.90% 109	4.15% 38	17.14% 157	916	3.06

Q27 There are adequate recreation opportunities for children and youth in my community.

Answered: 916 Skipped: 9



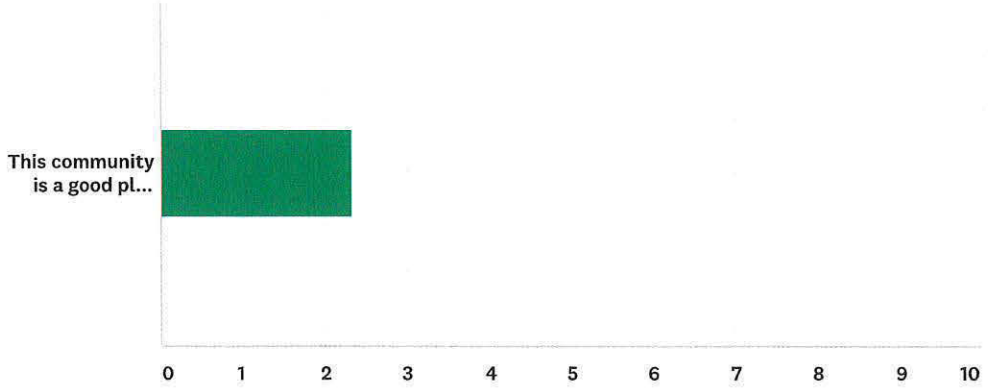
	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate recreation opportunities for children and youth in my community.	11.03% 101	35.48% 325	15.39% 141	19.21% 176	7.64% 70	11.24% 103	916	3.11

Q28 Please provide additional comments on supports for raising children in your community:

Answered: 127 Skipped: 798

Q29 This community is a good place to grow old.

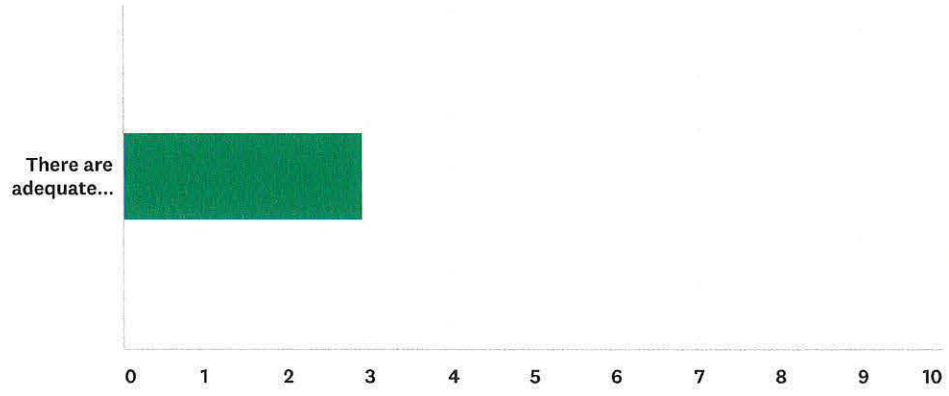
Answered: 910 Skipped: 15



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
This community is a good place to grow old.	21.21% 193	50.44% 459	14.95% 136	6.04% 55	3.30% 30	4.07% 37	910	2.32

Q30 There are adequate recreation and exercise opportunities (parks, trails, fitness centers) for older adults in my community.

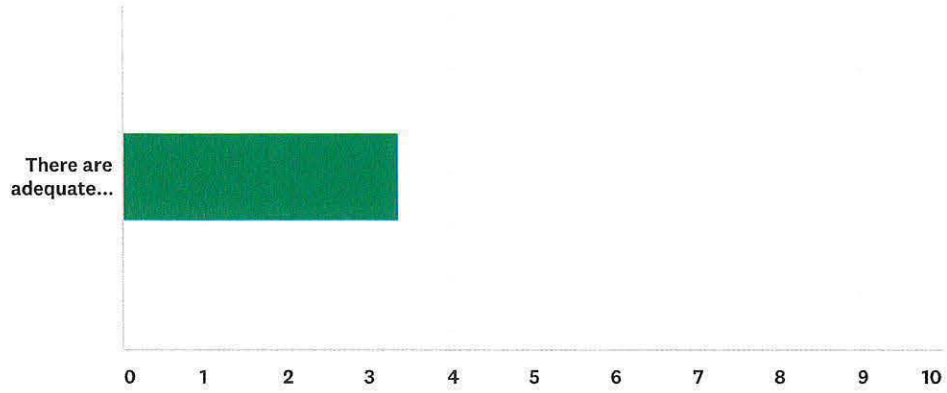
Answered: 910 Skipped: 15



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate recreation and exercise opportunities (parks, trails, fitness centers) for older adults in my community.	11.98% 109	40.77% 371	12.86% 117	20.88% 190	6.59% 60	6.92% 63	910	2.90

Q31 There are adequate housing options (assisted living, retirement centers, maintenance-free homes/apartments) for older adults in my community.

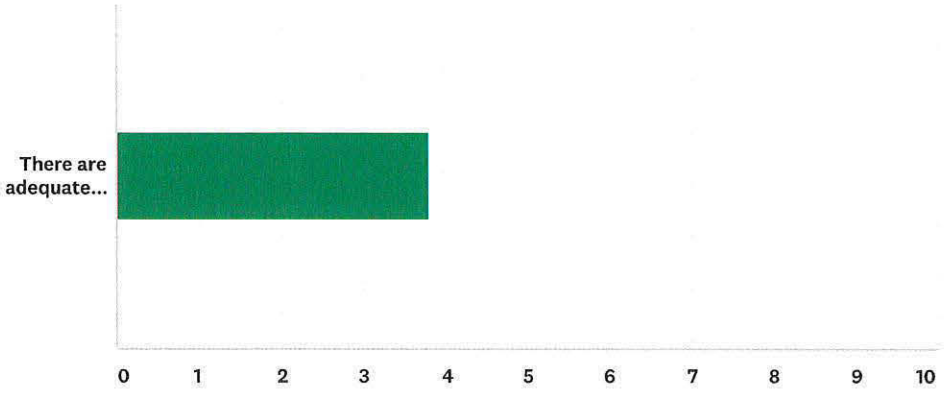
Answered: 910 Skipped: 15



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate housing options (assisted living, retirement centers, maintenance-free homes/apartments) for older adults in my community.	7.36% 67	32.09% 292	15.38% 140	22.09% 201	10.66% 97	12.42% 113	910	3.34

Q32 There are adequate transportation options (public buses, shuttles, handi-vans, taxis) available to take older adults to medical facilities and shopping.

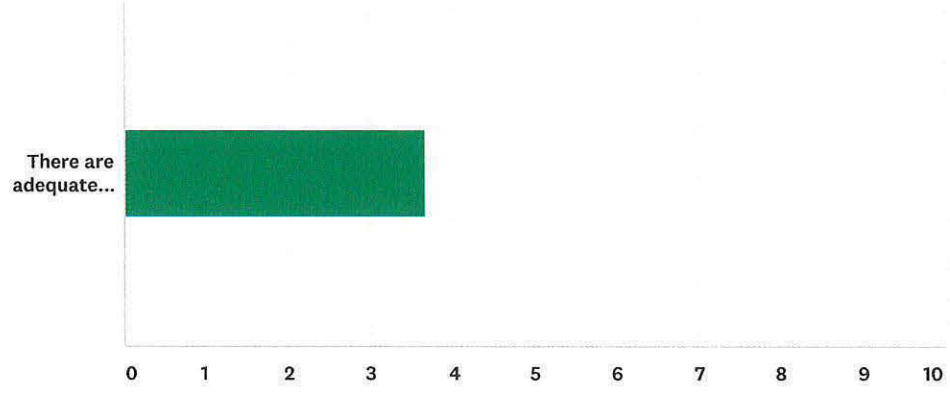
Answered: 910 Skipped: 15



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate transportation options (public buses, shuttles, handi-vans, taxis) available to take older adults to medical facilities and shopping.	2.86% 26	20.55% 187	18.02% 164	27.58% 251	15.49% 141	15.49% 141	910	3.79

Q33 There are adequate programs that provide meals for older adults in my community.

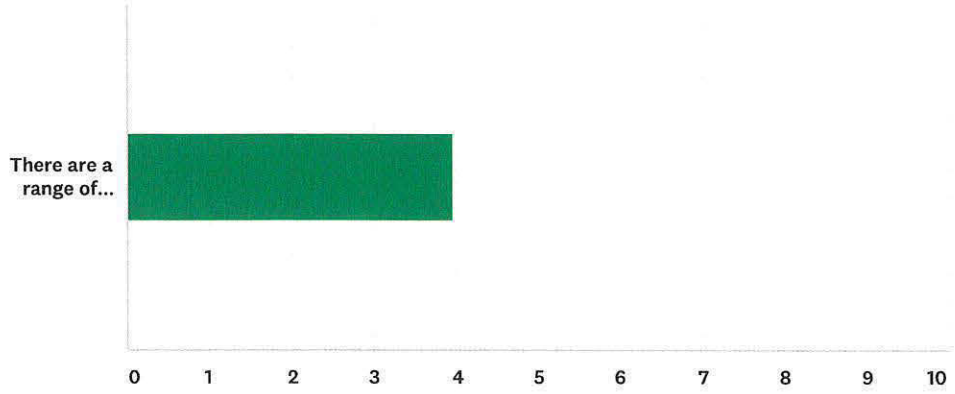
Answered: 910 Skipped: 15



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate programs that provide meals for older adults in my community.	3.41% 31	29.89% 272	19.67% 179	16.04% 146	5.16% 47	25.82% 235	910	3.67

Q34 There are a range of available services (social clubs, social services, groups) in my community for older adults that are living alone.

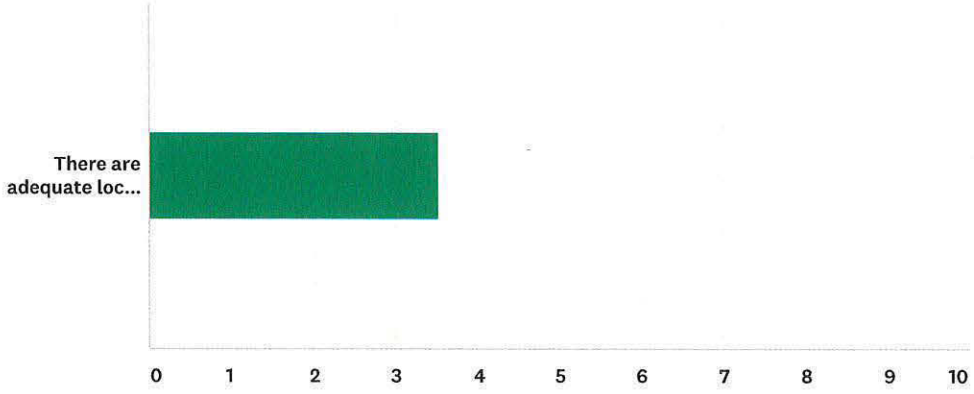
Answered: 910 Skipped: 15



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are a range of available services (social clubs, social services, groups) in my community for older adults that are living alone.	3.08% 28	17.36% 158	23.74% 216	20.55% 187	7.03% 64	28.24% 257	910	3.96

Q35 There are adequate local options (residential care, intermediate and skilled nursing homes) for persons who need long-term care services.

Answered: 910 Skipped: 15



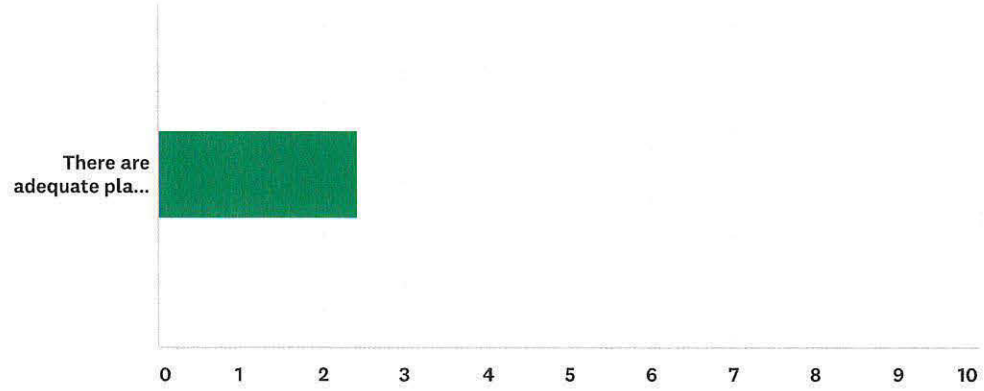
	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate local options (residential care, intermediate and skilled nursing homes) for persons who need long-term care services.	4.73% 43	31.10% 283	17.69% 161	18.79% 171	10.33% 94	17.36% 158	910	3.51

Q36 Please provide additional comments on supports for older adults in your community:

Answered: 103 Skipped: 822

Q37 There are adequate places to exercise and play in my community (parks, walking/biking trails, swimming pools, gyms, fitness centers, and so forth).

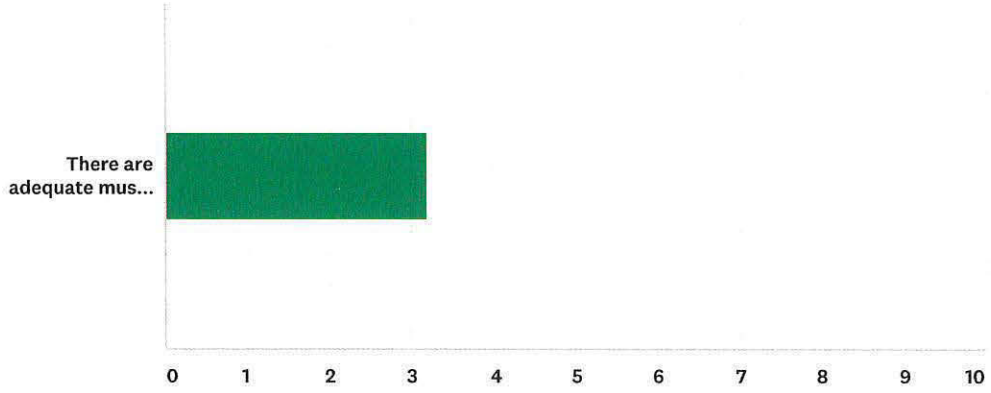
Answered: 904 Skipped: 21



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate places to exercise and play in my community (parks, walking/biking trails, swimming pools, gyms, fitness centers, and so forth).	14.93% 135	53.76% 486	11.39% 103	15.04% 136	4.31% 39	0.55% 5	904	2.42

Q38 There are adequate music, art, theater, and cultural events in my community.

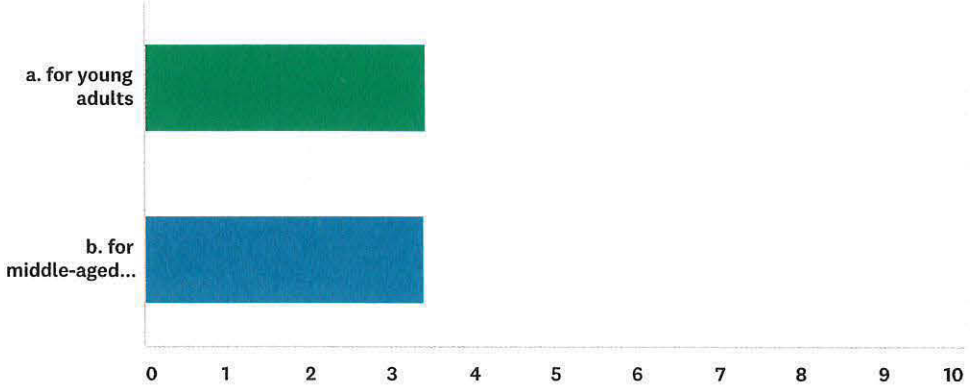
Answered: 904 Skipped: 21



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are adequate music, art, theater, and cultural events in my community.	7.74% 70	29.42% 266	17.81% 161	30.31% 274	11.28% 102	3.43% 31	904	3.18

Q39 There are adequate organized leisure time activities available in my community (such as groups, clubs, teams, and other social activities):

Answered: 904 Skipped: 21



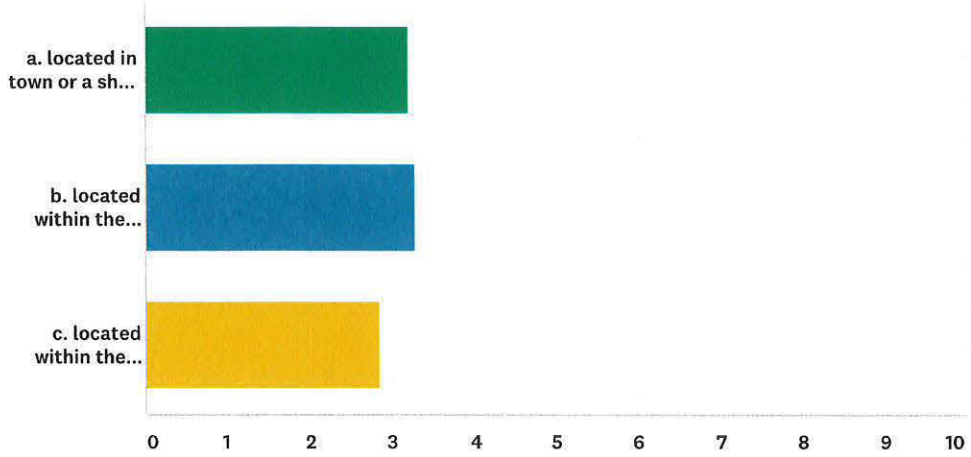
	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
a. for young adults	6.08% 55	28.54% 258	18.14% 164	25.22% 228	10.07% 91	11.95% 108	904	3.40
b. for middle-aged adults	4.99% 45	28.08% 253	20.64% 186	26.97% 243	8.88% 80	10.43% 94	901	3.38

Q40 Please provide additional comments on recreational and leisure-time options in your community:

Answered: 79 Skipped: 846

Q41 For people living in my community, there are enough jobs

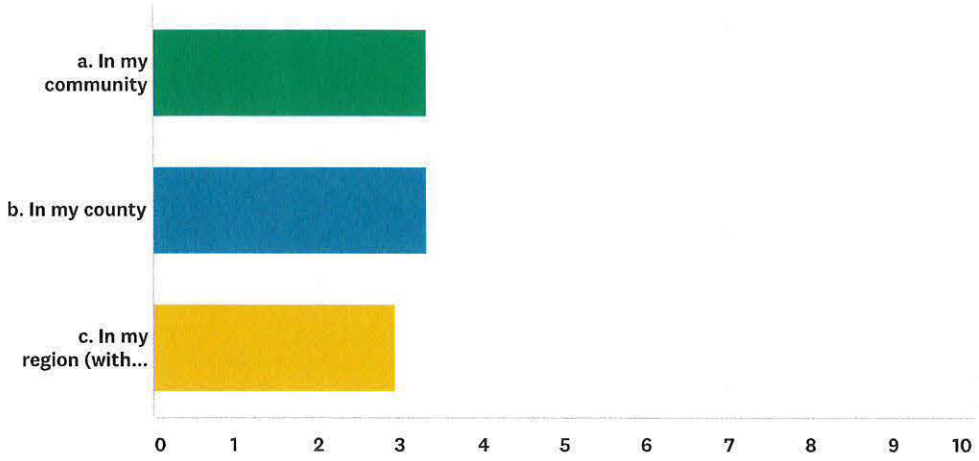
Answered: 897 Skipped: 28



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
a. located in town or a short drive away	6.47% 58	36.50% 327	12.17% 109	26.90% 241	10.27% 92	7.70% 69	896	3.21
b. located within the county.	6.38% 57	33.45% 299	14.09% 126	27.07% 242	9.51% 85	9.51% 85	894	3.28
c. located within the region (within 1 hour drive from my home)	12.18% 109	44.47% 398	14.75% 132	13.41% 120	5.70% 51	9.50% 85	895	2.84

Q42 There are opportunities for employment advancement (promotions, job training, higher education)

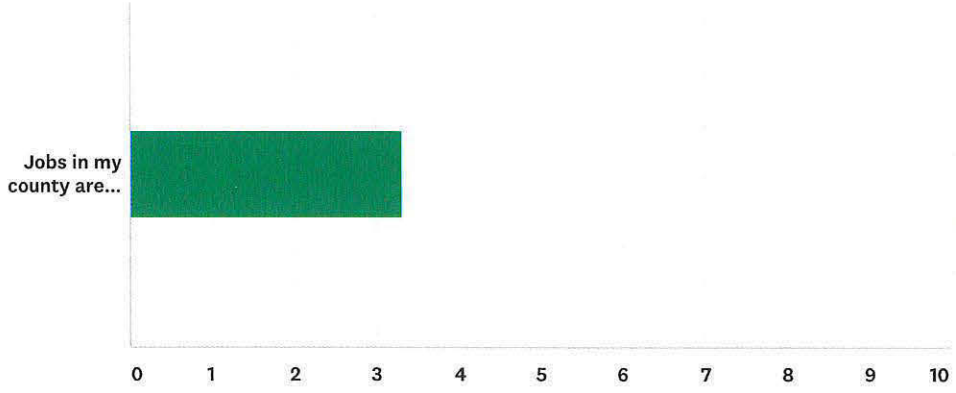
Answered: 897 Skipped: 28



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
a. In my community	4.46% 40	30.10% 270	19.73% 177	27.65% 248	11.26% 101	6.80% 61	897	3.32
b. In my county	4.70% 42	29.75% 266	21.59% 193	25.39% 227	9.73% 87	8.84% 79	894	3.32
c. In my region (within 1 hour drive from my home)	8.95% 80	40.72% 364	19.91% 178	15.77% 141	5.59% 50	9.06% 81	894	2.96

Q43 Jobs in my county are “family friendly” (allow for flexible scheduling, reasonable hours, health insurance, and so forth)

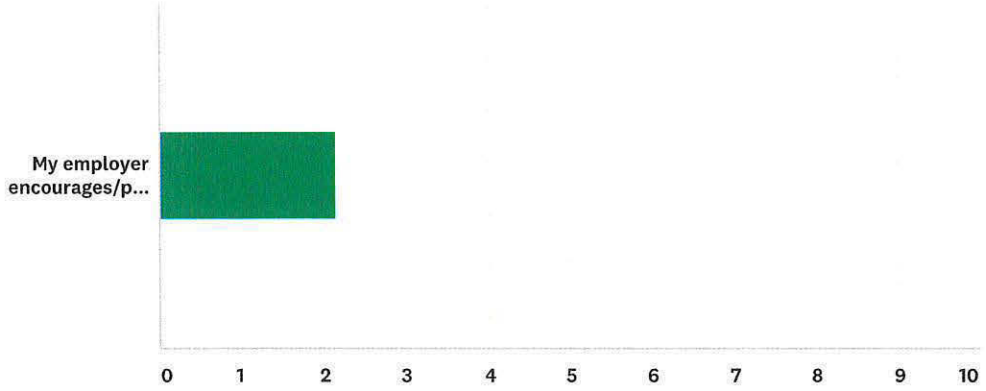
Answered: 897 Skipped: 28



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Jobs in my county are “family friendly” (allow for flexible scheduling, reasonable hours, health insurance, and so forth)	4.24% 38	30.77% 276	25.98% 233	19.96% 179	8.03% 72	11.04% 99	897	3.30

Q44 My employer encourages/promotes healthy behaviors.

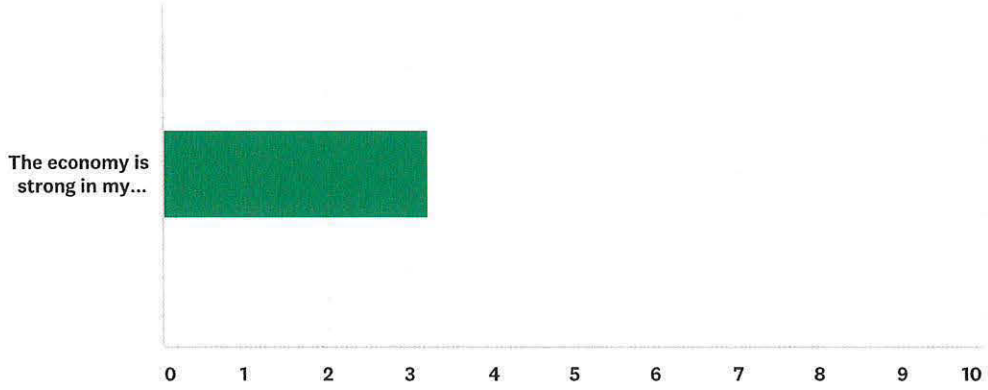
Answered: 897 Skipped: 28



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
My employer encourages/promotes healthy behaviors.	35.79% 321	41.25% 370	11.04% 99	3.23% 29	2.56% 23	6.13% 55	897	2.14

Q45 The economy is strong in my community.

Answered: 897 Skipped: 28



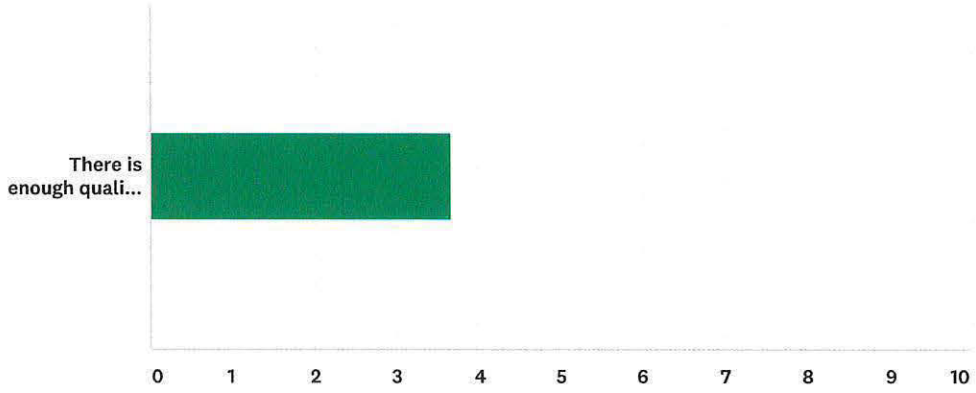
	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
The economy is strong in my community.	4.35% 39	29.65% 266	26.42% 237	23.63% 212	9.92% 89	6.02% 54	897	3.23

Q46 Please provide additional comments on jobs and the economy in your community:

Answered: 79 Skipped: 846

Q47 There is enough quality housing available in my community, including homes and apartments.

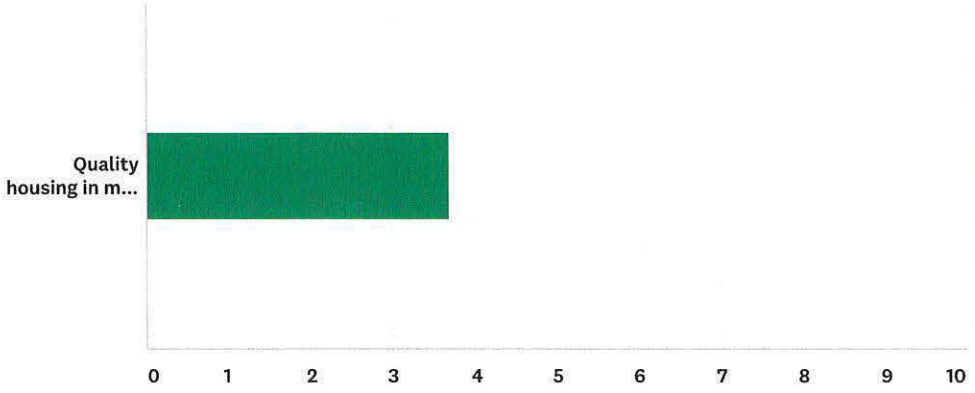
Answered: 894 Skipped: 31



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There is enough quality housing available in my community, including homes and apartments.	2.68% 24	20.25% 181	16.78% 150	36.80% 329	15.66% 140	7.83% 70	894	3.66

Q48 Quality housing in my community is affordable for the average person.

Answered: 894 Skipped: 31



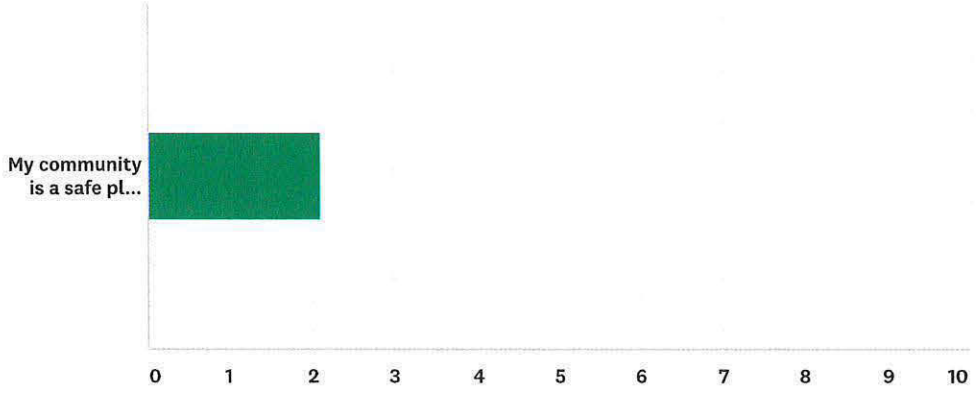
	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Quality housing in my community is affordable for the average person.	1.68% 15	19.46% 174	20.25% 181	33.78% 302	16.22% 145	8.61% 77	894	3.69

Q49 Please provide additional comments on housing in your community:

Answered: 100 Skipped: 825

Q50 My community is a safe place to live, work, and play.

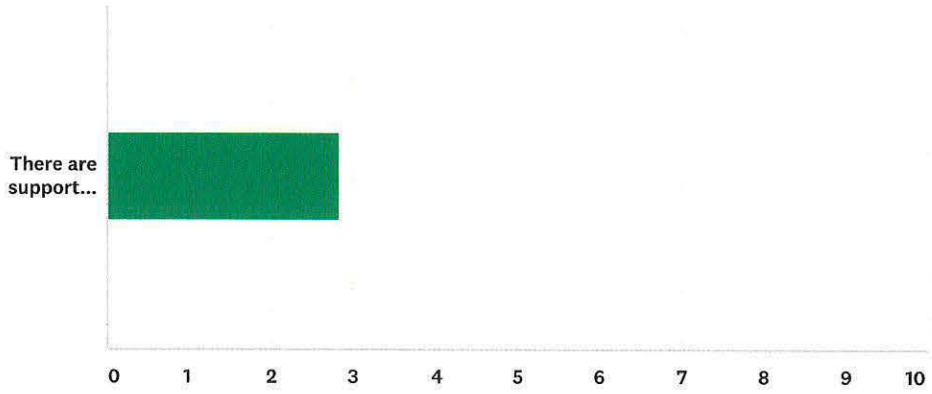
Answered: 888 Skipped: 37



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
My community is a safe place to live, work, and play.	16.89% 150	65.54% 582	11.82% 105	3.94% 35	1.24% 11	0.56% 5	888	2.09

Q51 There are support networks in my community that help during times of stress and need (neighbors, support groups, faith community outreach, community organizations, etc.).

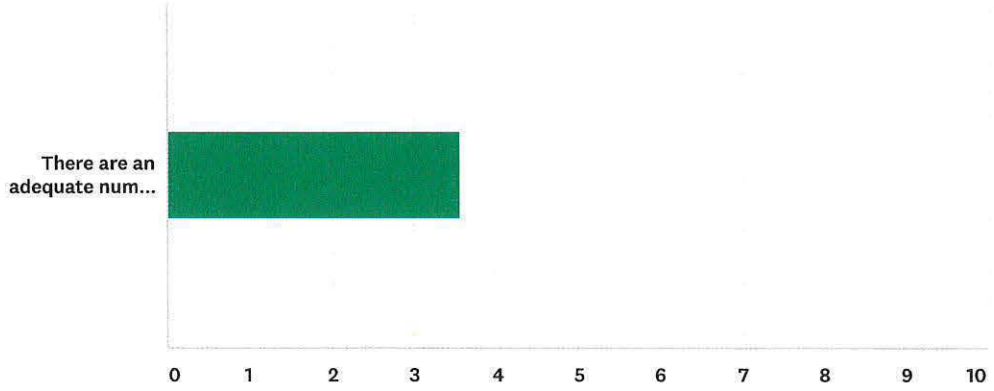
Answered: 888 Skipped: 37



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are support networks in my community that help during times of stress and need (neighbors, support groups, faith community outreach, community organizations, etc.).	8.78% 78	48.87% 434	17.79% 158	9.57% 85	4.73% 42	10.25% 91	888	2.83

Q52 There are an adequate number of volunteers to fill the volunteer needs in my community.

Answered: 888 Skipped: 37



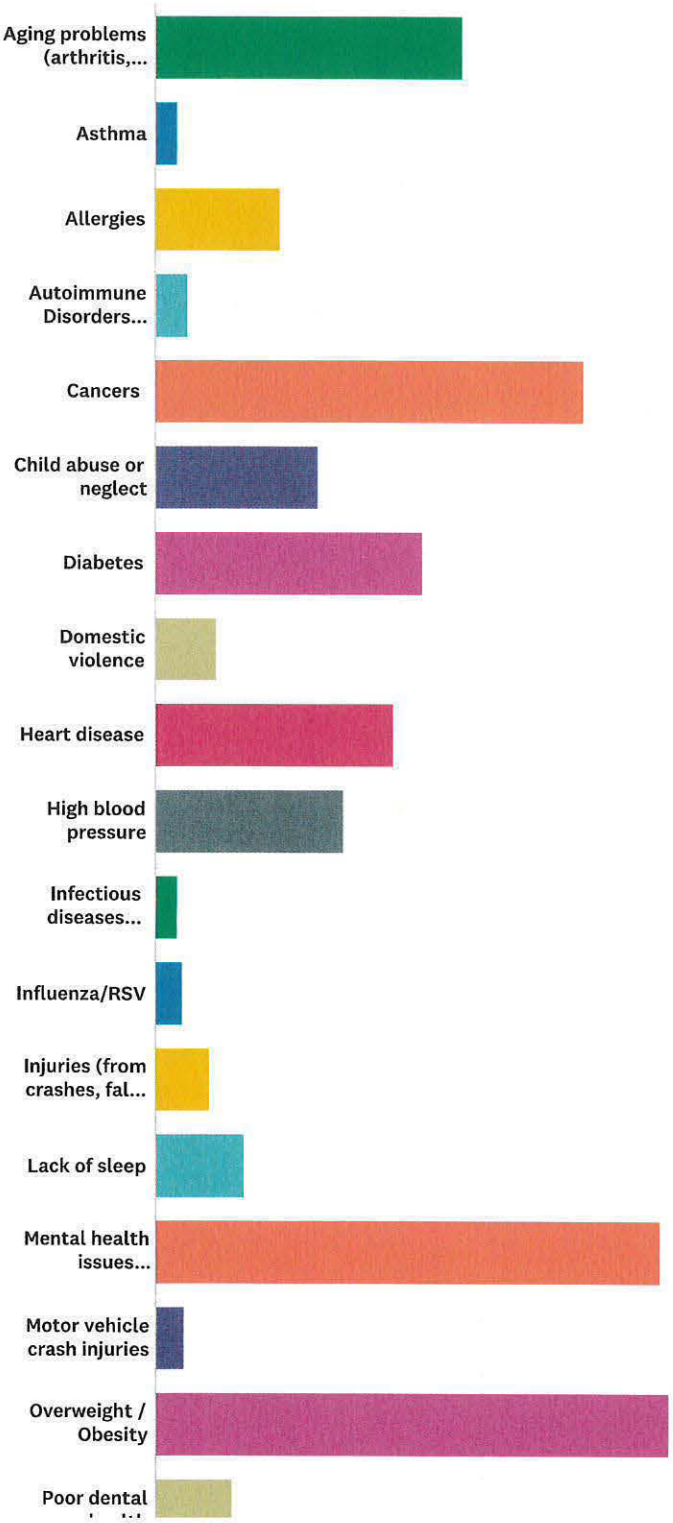
	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are an adequate number of volunteers to fill the volunteer needs in my community.	3.94% 35	26.01% 231	21.73% 193	25.34% 225	4.84% 43	18.13% 161	888	3.56

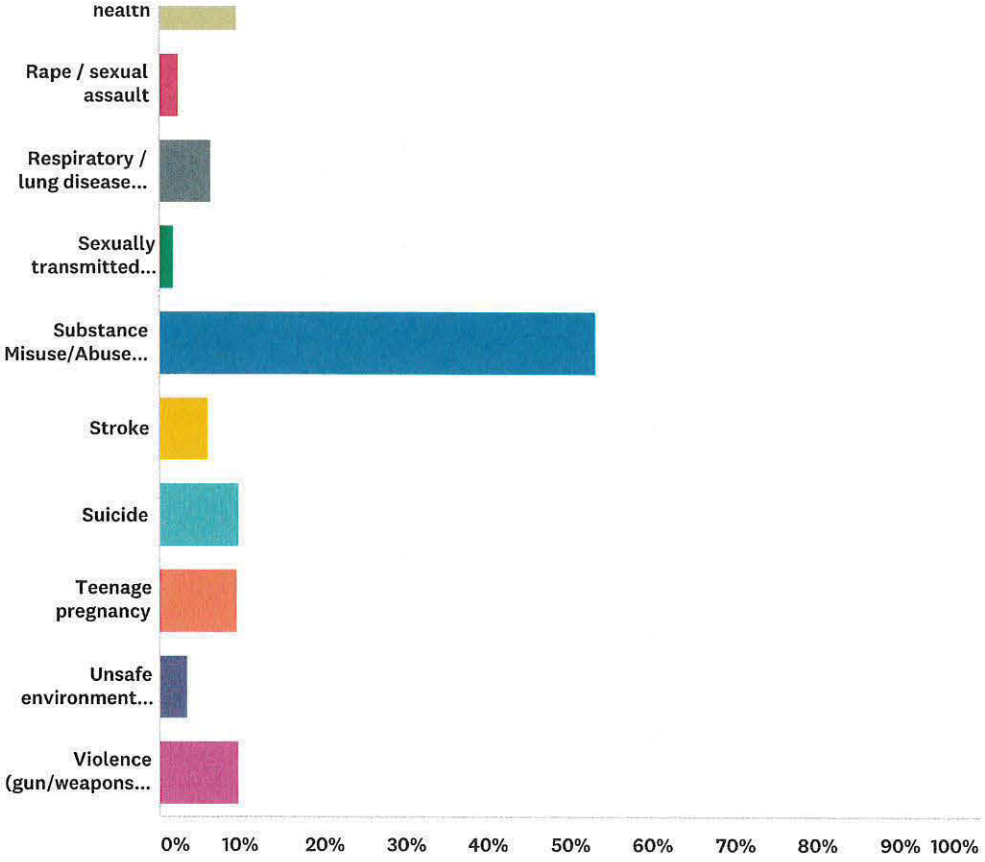
Q53 Please provide additional comments on safety and social support in your community:

Answered: 57 Skipped: 868

Q54 Thinking about what you know from your personal experience and/or the experiences of others you know, what do you think are the 5 most troubling health-related problems in your community? (Choose ONLY 5)

Answered: 874 Skipped: 51





ANSWER CHOICES	RESPONSES	
Aging problems (arthritis, hearing/vision loss, falls)	37.41%	327
Asthma	2.75%	24
Allergies	15.22%	133
Autoimmune Disorders (Multiple Sclerosis, Crohn's Disease, Rheumatoid Arthritis etc.)	4.00%	35
Cancers	52.29%	457
Child abuse or neglect	19.79%	173
Diabetes	32.72%	286
Domestic violence	7.55%	66
Heart disease	29.06%	254
High blood pressure	23.00%	201
Infectious diseases (hepatitis, HIV/AIDS, pertussis, flu, other diseases transmitted from person to person)	2.75%	24
Influenza/RSV	3.43%	30
Injuries (from crashes, falls, farm or ag related, etc)	6.64%	58
Lack of sleep	10.87%	95
Mental health issues (including depression)	61.56%	538
Motor vehicle crash injuries	3.55%	31

Overweight / Obesity	62.47%	546
Poor dental health	9.38%	82
Rape / sexual assault	2.29%	20
Respiratory / lung disease including COPD	6.29%	55
Sexually transmitted diseases	1.60%	14
Substance Misuse/Abuse (Prescription pain meds, alcohol, tobacco products, e-cigarettes, marijuana, meth, injection drugs, PCP, ecstasy, LSD, opioids etc.)	53.09%	464
Stroke	5.95%	52
Suicide	9.61%	84
Teenage pregnancy	9.50%	83
Unsafe environment (poor air/water quality, chemical exposures)	3.43%	30
Violence (gun/weapons, bullying, cyberbullying, assault, etc.)	9.73%	85

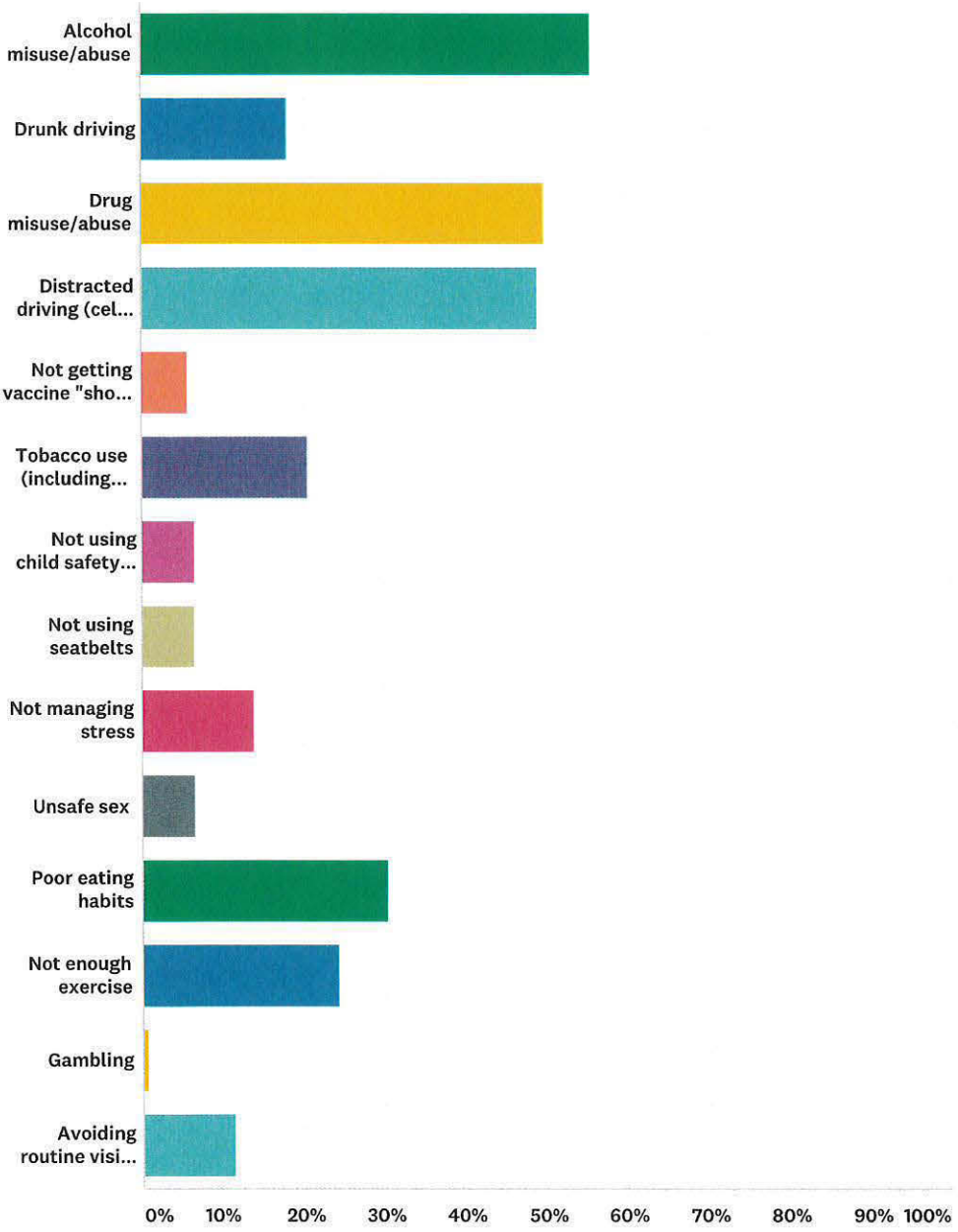
Total Respondents: 874

Q55 From the five you chose above, name the one health problem you think your community should address first?

Answered: 860 Skipped: 65

Q56 From the following list, choose 3 risky behaviors that you think have the most impact of health and well-being in your community? Choose only 3

Answered: 870 Skipped: 55



ANSWER CHOICES	RESPONSES	
Alcohol misuse/abuse	55.75%	485
Drunk driving	17.93%	156
Drug misuse/abuse	49.89%	434

Distracted driving (cell phone use, texting, etc)	48.97%	426
Not getting vaccine "shots" to prevent disease	5.63%	49
Tobacco use (including smokeless tobacco, chewing tobacco, e-cigarettes)	20.46%	178
Not using child safety seat (or not using correctly)	6.44%	56
Not using seatbelts	6.55%	57
Not managing stress	13.79%	120
Unsafe sex	6.55%	57
Poor eating habits	30.34%	264
Not enough exercise	24.25%	211
Gambling	0.57%	5
Avoiding routine visits to health professional	11.26%	98

Total Respondents: 870

Q57 From the three you chose above, name the one risky behavior you think your community should address first.

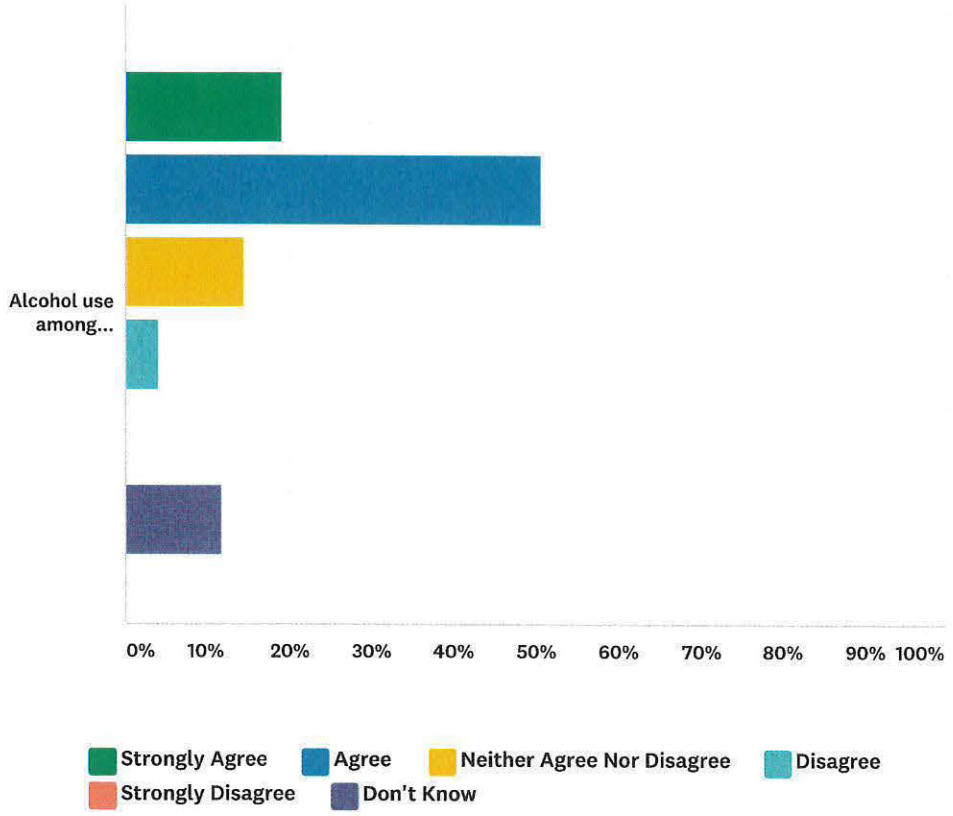
Answered: 856 Skipped: 69

Q58 Please provide additional comments on community health issue priorities:

Answered: 74 Skipped: 851

Q59 Alcohol use among individuals under 21 years old is a problem in my community.

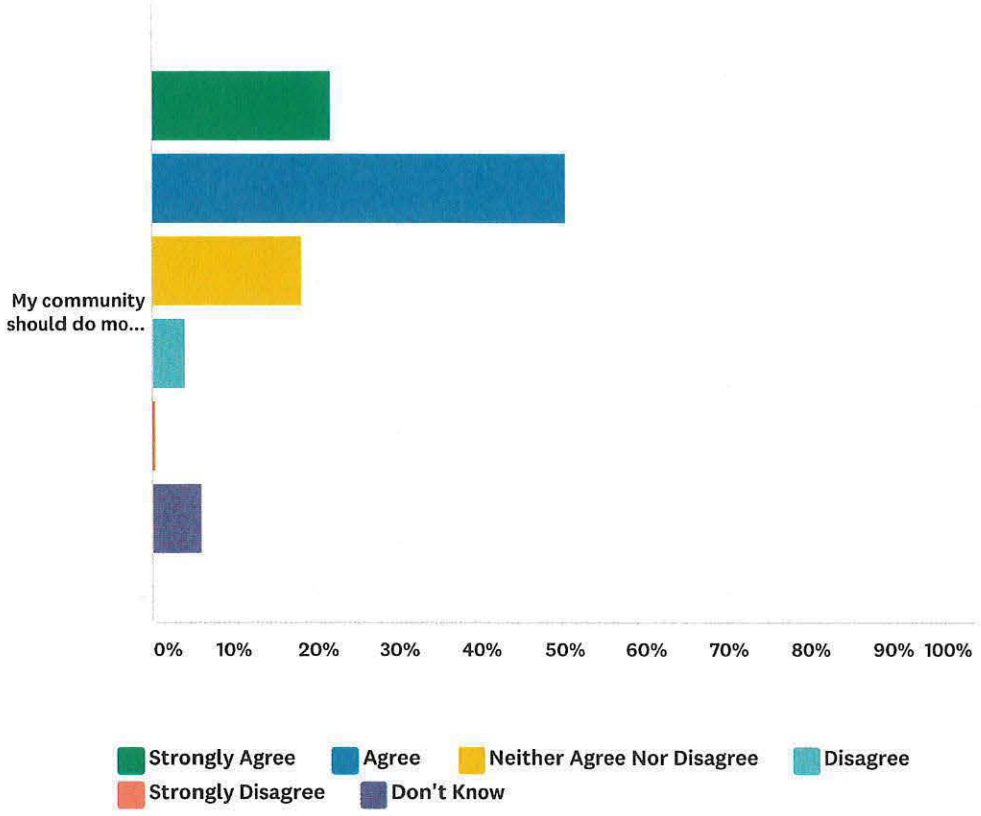
Answered: 868 Skipped: 57



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL
Alcohol use among individuals under 21 years old is a problem in my community.	19.01% 165	50.69% 440	14.40% 125	4.03% 35	0.23% 2	11.64% 101	868

Q60 My community should do more to prevent alcohol use among individuals under 21 years old.

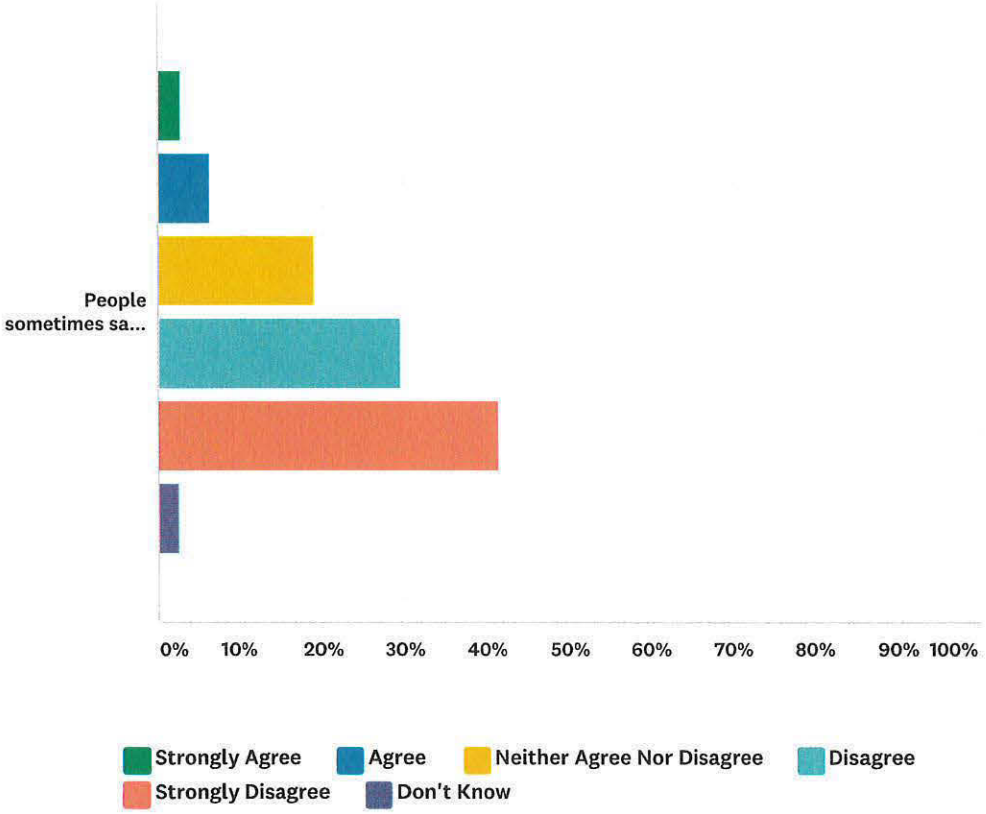
Answered: 868 Skipped: 57



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL
My community should do more to prevent alcohol use among individuals under 21 years old.	21.54% 187	50.12% 435	18.20% 158	4.03% 35	0.35% 3	5.76% 50	868

Q61 People sometimes say that "drinking is a rite of passage for youth" meaning that it is an important milestone for them as they move into adulthood. What is your level of agreement?

Answered: 865 Skipped: 60



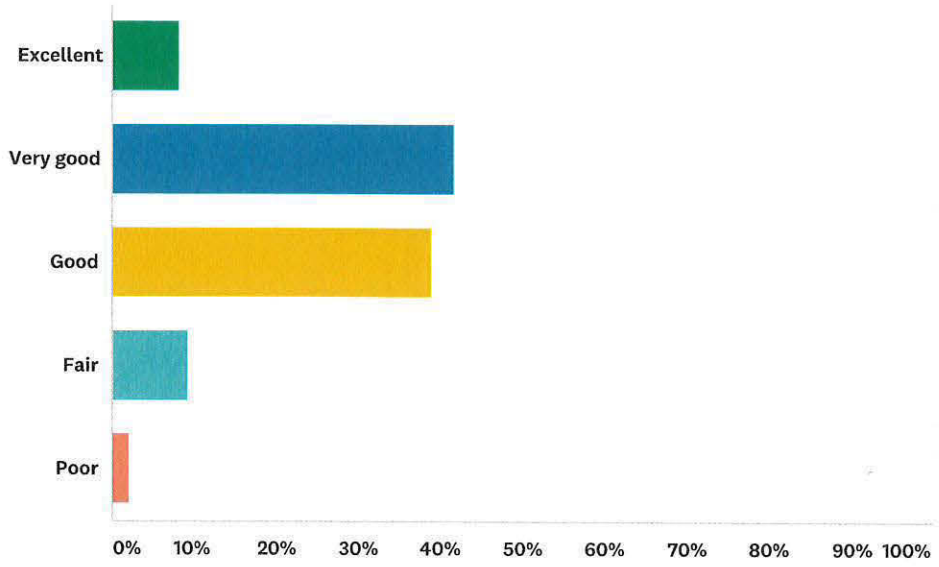
	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL RESPONDENTS
People sometimes say that "drinking is a rite of passage for youth" meaning that it is an important milestone for them as they move into adulthood. What is your level of agreement?	2.66% 23	6.24% 54	19.08% 165	29.60% 256	41.39% 358	2.43% 21	865

Q62 Please provide additional comments on alcohol use and prevention in your community:

Answered: 64 Skipped: 861

Q63 How would you rate the overall quality of life in your community?

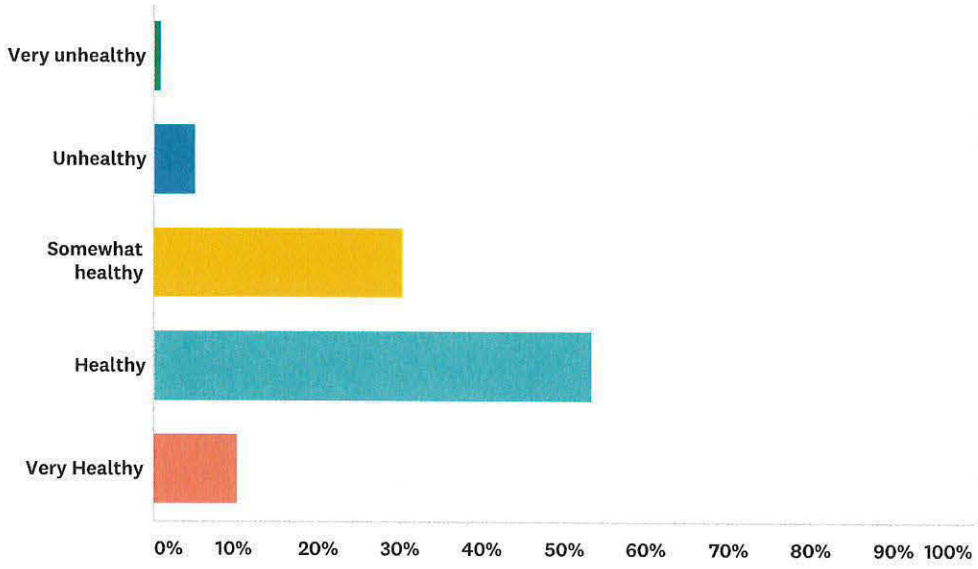
Answered: 854 Skipped: 71



ANSWER CHOICES	RESPONSES	
Excellent	8.20%	70
Very good	41.69%	356
Good	38.88%	332
Fair	9.25%	79
Poor	1.99%	17
TOTAL		854

Q64 How would you rate your own personal health?

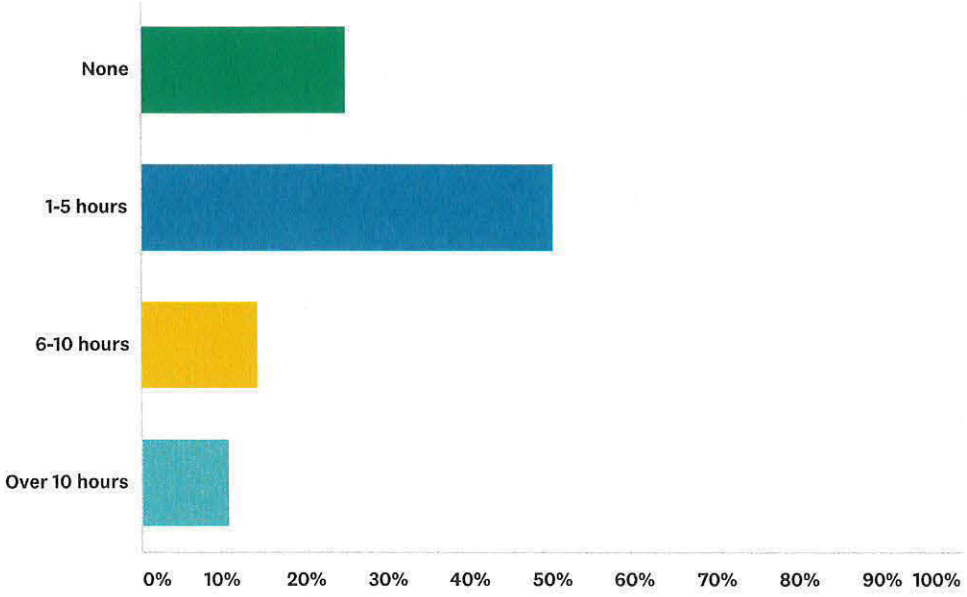
Answered: 856 Skipped: 69



ANSWER CHOICES	RESPONSES	
Very unhealthy	0.93%	8
Unhealthy	5.02%	43
Somewhat healthy	30.37%	260
Healthy	53.39%	457
Very Healthy	10.28%	88
TOTAL		856

Q65 Approximately how many hours per month do you volunteer your time to community service? (e.g., schools voluntary organizations, churches, hospitals, etc.)

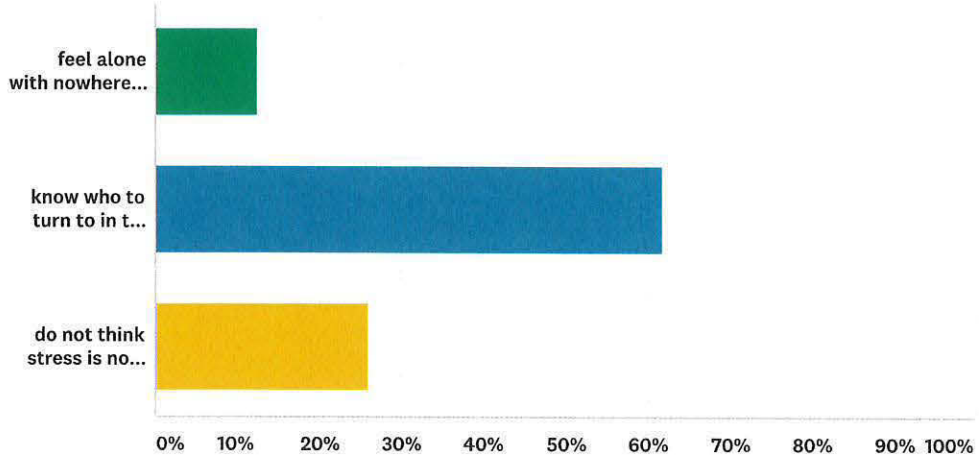
Answered: 856 Skipped: 69



ANSWER CHOICES	RESPONSES	
None	24.88%	213
1-5 hours	50.23%	430
6-10 hours	14.25%	122
Over 10 hours	10.63%	91
TOTAL		856

Q66 Considering stressors in your life, would you say you:

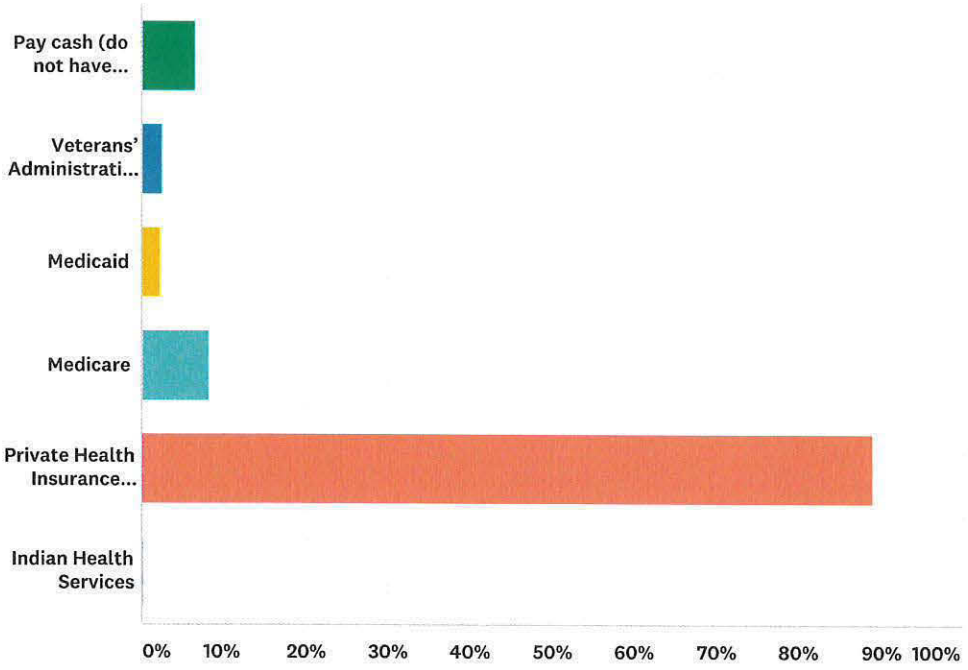
Answered: 854 Skipped: 71



ANSWER CHOICES	RESPONSES	
feel alone with nowhere to turn	12.41%	106
know who to turn to in time of need	61.71%	527
do not think stress is not a significant factor for you	25.88%	221
TOTAL		854

Q67 How do you pay for your health care? (check all that apply)

Answered: 856 Skipped: 69

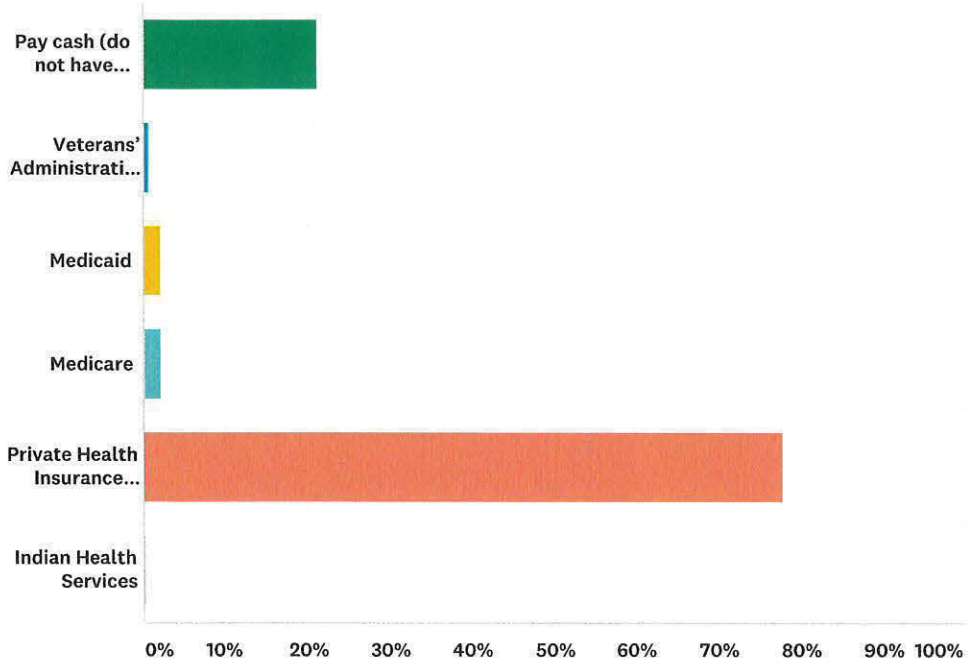


ANSWER CHOICES	RESPONSES	
Pay cash (do not have insurance)	6.54%	56
Veterans' Administration/ TRICARE	2.45%	21
Medicaid	2.34%	20
Medicare	8.06%	69
Private Health Insurance (e.g., Blue Cross, HMO, including insurance through an employer)	89.02%	762
Indian Health Services	0.12%	1

Total Respondents: 856

Q68 How do you pay for dental care? (check all that apply)

Answered: 852 Skipped: 73



ANSWER CHOICES	RESPONSES	
Pay cash (do not have insurance)	21.13%	180
Veterans' Administration/ TRICARE	0.70%	6
Medicaid	2.11%	18
Medicare	2.00%	17
Private Health Insurance (e.g., Blue Cross, HMO, including insurance through an employer)	77.82%	663
Indian Health Services	0.12%	1

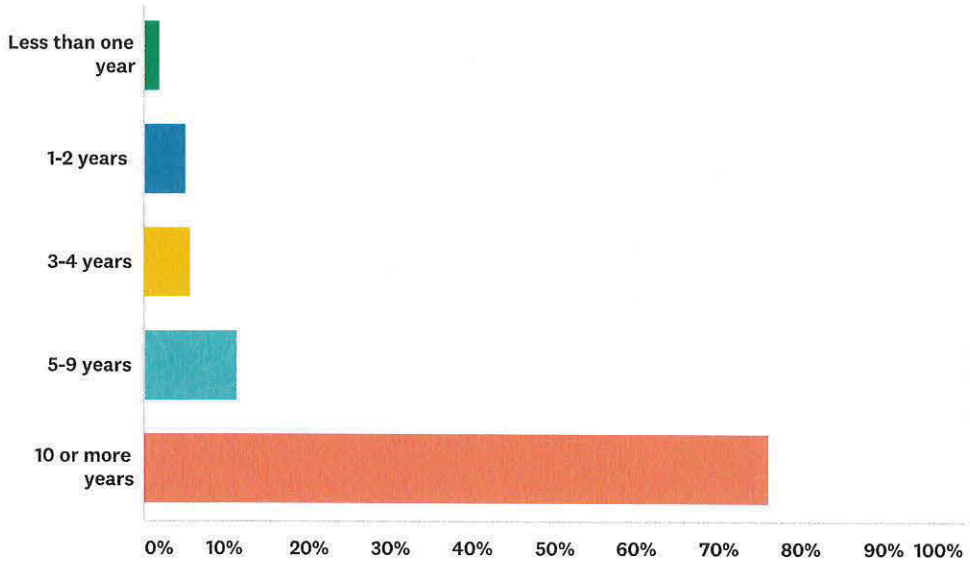
Total Respondents: 852

Q69 How many children less than 18 years of age live in your household?

Answered: 846 Skipped: 79

Q70 How long have you lived in your community?

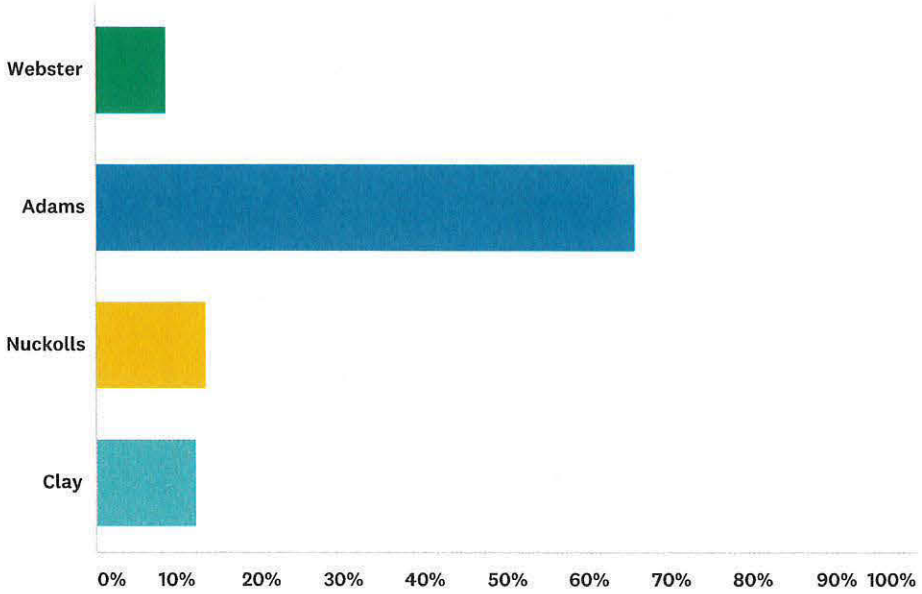
Answered: 856 Skipped: 69



ANSWER CHOICES	RESPONSES	
Less than one year	1.87%	16
1-2 years	5.02%	43
3-4 years	5.72%	49
5-9 years	11.33%	97
10 or more years	76.05%	651
TOTAL		856

Q71 What county do you live in?

Answered: 856 Skipped: 69



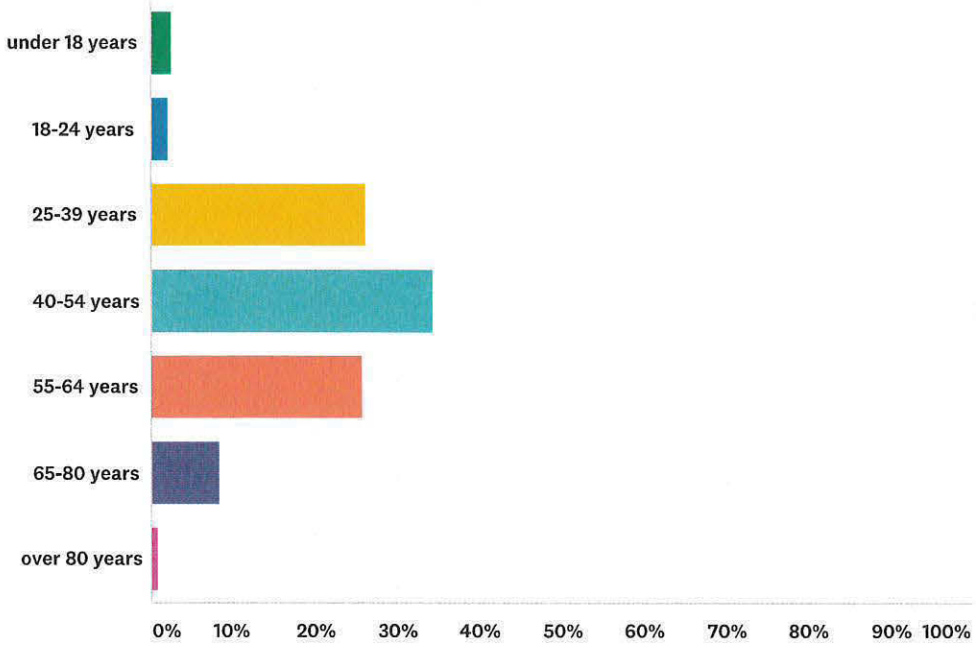
ANSWER CHOICES	RESPONSES	
Webster	8.64%	74
Adams	65.77%	563
Nuckolls	13.43%	115
Clay	12.15%	104
TOTAL		856

Q72 Zip Code where you live:

Answered: 856 Skipped: 69

Q73 Age:

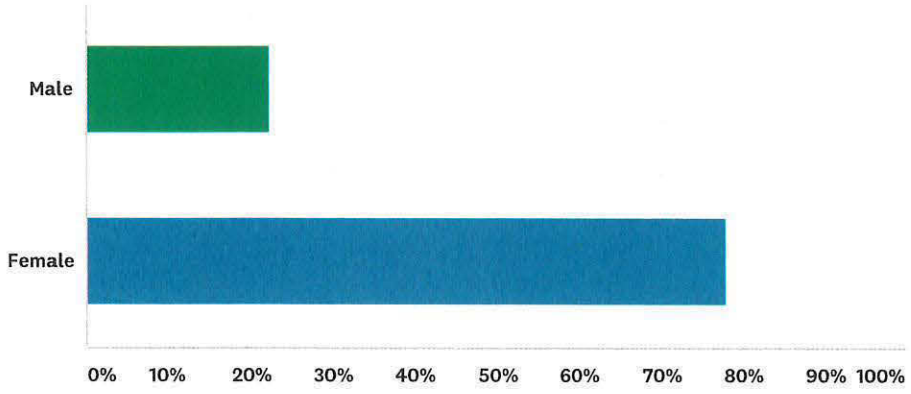
Answered: 856 Skipped: 69



ANSWER CHOICES	RESPONSES	
under 18 years	2.45%	21
18-24 years	2.10%	18
25-39 years	26.05%	223
40-54 years	34.23%	293
55-64 years	25.82%	221
65-80 years	8.41%	72
over 80 years	0.93%	8
TOTAL		856

Q74 Gender:

Answered: 855 Skipped: 70

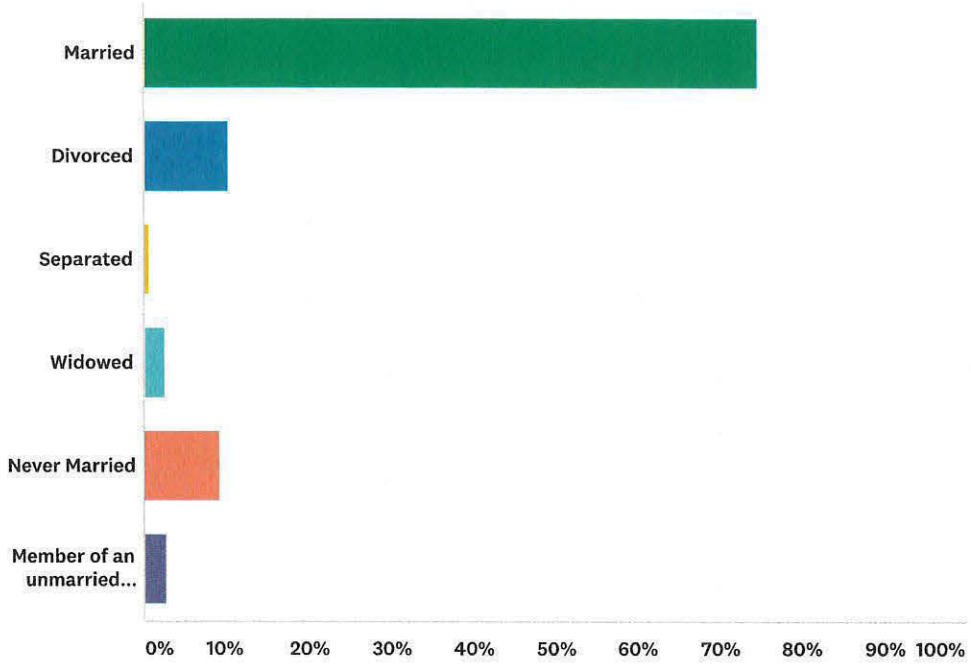


ANSWER CHOICES	RESPONSES	
Male	22.22%	190
Female	77.78%	665
TOTAL		855

SHDHD Community Survey-English-2018

Q75 Marital Status

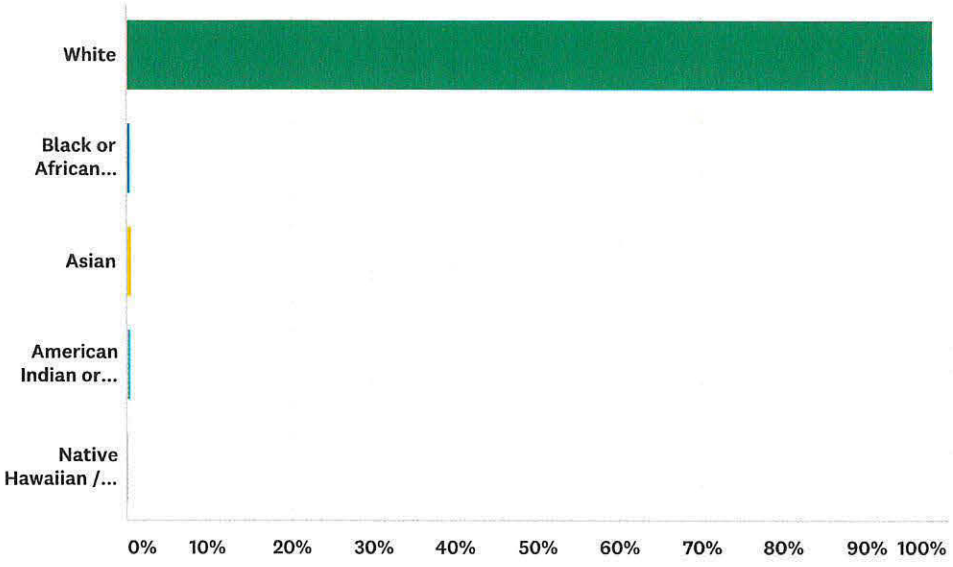
Answered: 856 Skipped: 69



ANSWER CHOICES	RESPONSES	
Married	74.77%	640
Divorced	10.28%	88
Separated	0.58%	5
Widowed	2.57%	22
Never Married	9.11%	78
Member of an unmarried couple	2.69%	23
TOTAL		856

Q76 Which of the following best reflects your race?

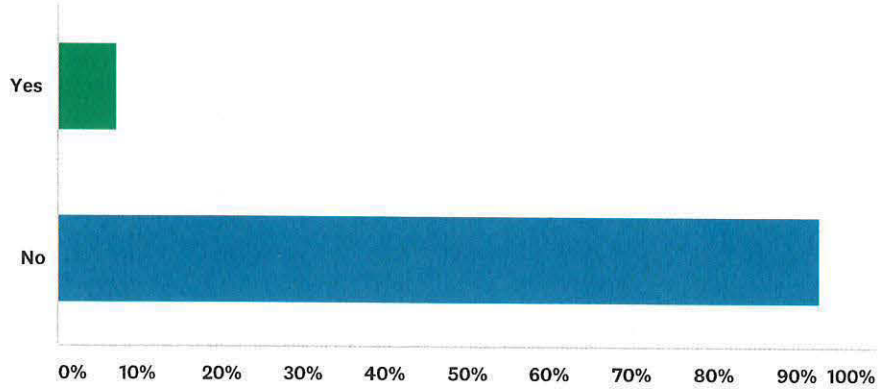
Answered: 856 Skipped: 69



ANSWER CHOICES	RESPONSES	
White	98.36%	842
Black or African American	0.47%	4
Asian	0.58%	5
American Indian or Alaska Native	0.35%	3
Native Hawaiian / Pacific Islander	0.23%	2
TOTAL		856

Q77 Are you Hispanic or Latino?

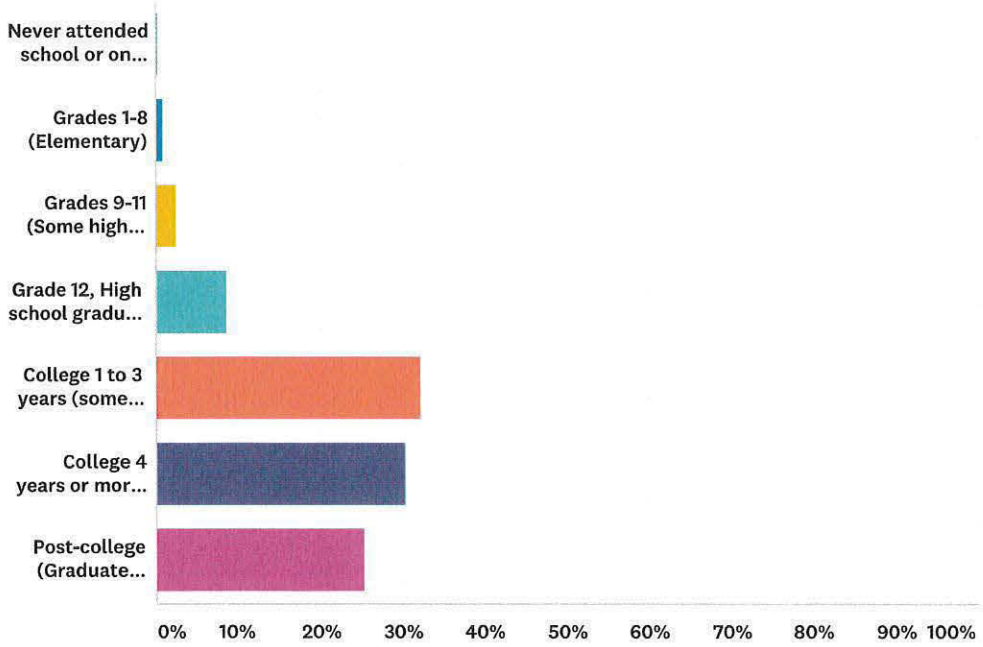
Answered: 856 Skipped: 69



ANSWER CHOICES	RESPONSES	
Yes	7.13%	61
No	92.87%	795
TOTAL		856

Q78 Education: Highest Year of School Completed?

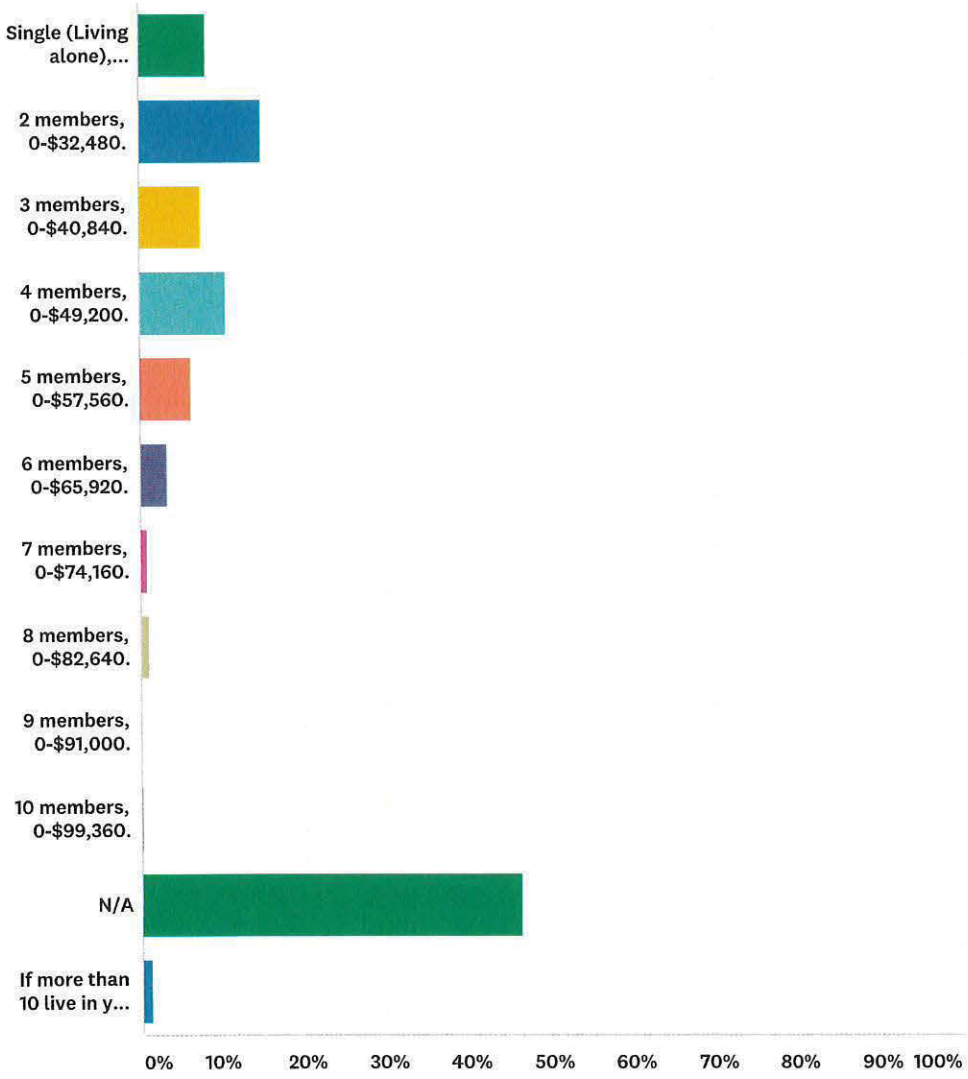
Answered: 856 Skipped: 69



ANSWER CHOICES	RESPONSES	
Never attended school or only attended kindergarten	0.12%	1
Grades 1-8 (Elementary)	0.93%	8
Grades 9-11 (Some high school)	2.57%	22
Grade 12, High school graduate or GED	8.64%	74
College 1 to 3 years (some college or technical school)	32.13%	275
College 4 years or more (college graduate)	30.26%	259
Post-college (Graduate school / Advanced Degree)	25.35%	217
TOTAL		856

Q79 Please select the category that best describes your family size and household income. (If your household size/income not listed below check N/A and see question 79.)

Answered: 856 Skipped: 69

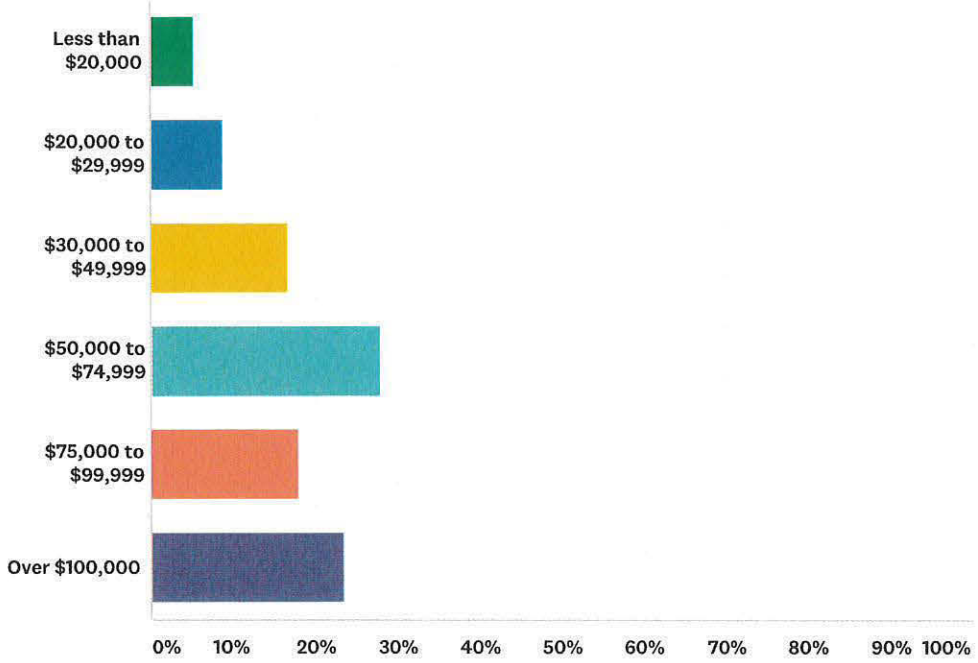


ANSWER CHOICES	RESPONSES	
Single (Living alone), 0-$24,120.	8.18%	70
2 members, 0-$32,480.	14.84%	127
3 members, 0-$40,840.	7.59%	65
4 members, 0-$49,200.	10.40%	89
5 members, 0-$57,560.	6.19%	53
6 members, 0-$65,920.	3.27%	28

7 members, 0-$74,160.	0.93%	8
8 members, 0-$82,640.	1.05%	9
9 members, 0-$91,000.	0.00%	0
10 members, 0-$99,360.	0.23%	2
N/A	46.14%	395
If more than 10 live in your household, please provide number and approximate household income.	1.17%	10
TOTAL		856

Q80 Household income:

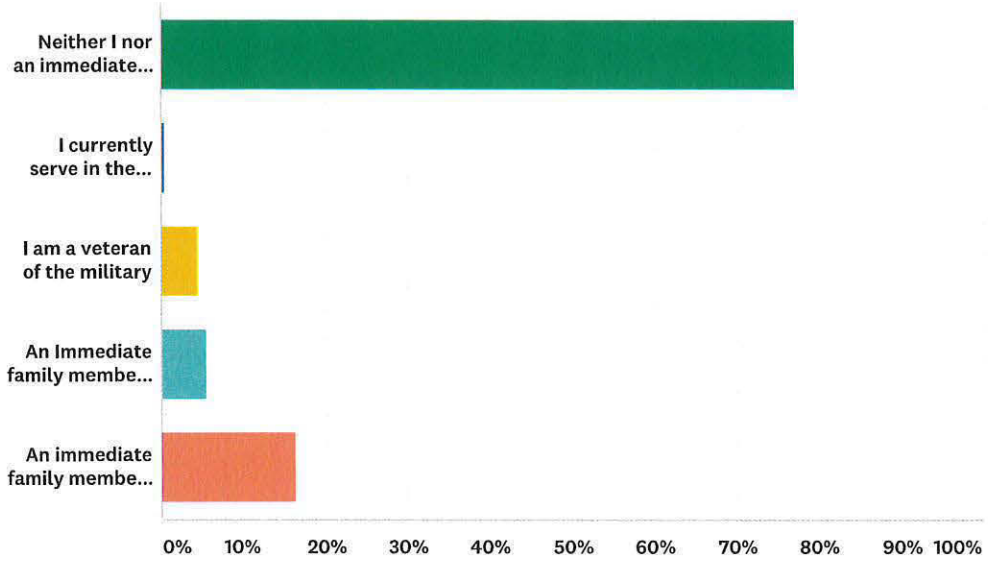
Answered: 851 Skipped: 74



ANSWER CHOICES	RESPONSES	
Less than $20,000	5.17%	44
$20,000 to $29,999	8.81%	75
$30,000 to $49,999	16.80%	143
$50,000 to $74,999	27.85%	237
$75,000 to $99,999	17.98%	153
Over $100,000	23.38%	199
TOTAL		851

Q81 Are you or an immediate family member (child, spouse parent or sibling) either currently serving in the military or a veteran of the military (mark all that apply)

Answered: 850 Skipped: 75



ANSWER CHOICES	RESPONSES	
Neither I nor an immediate family member currently serves in the military or is a military veteran	77.18%	656
I currently serve in the military	0.35%	3
I am a veteran of the military	4.35%	37
An Immediate family member currently serves in the military	5.41%	46
An immediate family member is a veteran of the military	16.24%	138

Total Respondents: 850

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Section #6 – Health Issues Priority Setting Meetings

Attachment 6

SHDHD Priority Setting 09.25.18

South Heartland Community Health Assessment Priority Setting

Contents

Priority Setting
September 25, 2018

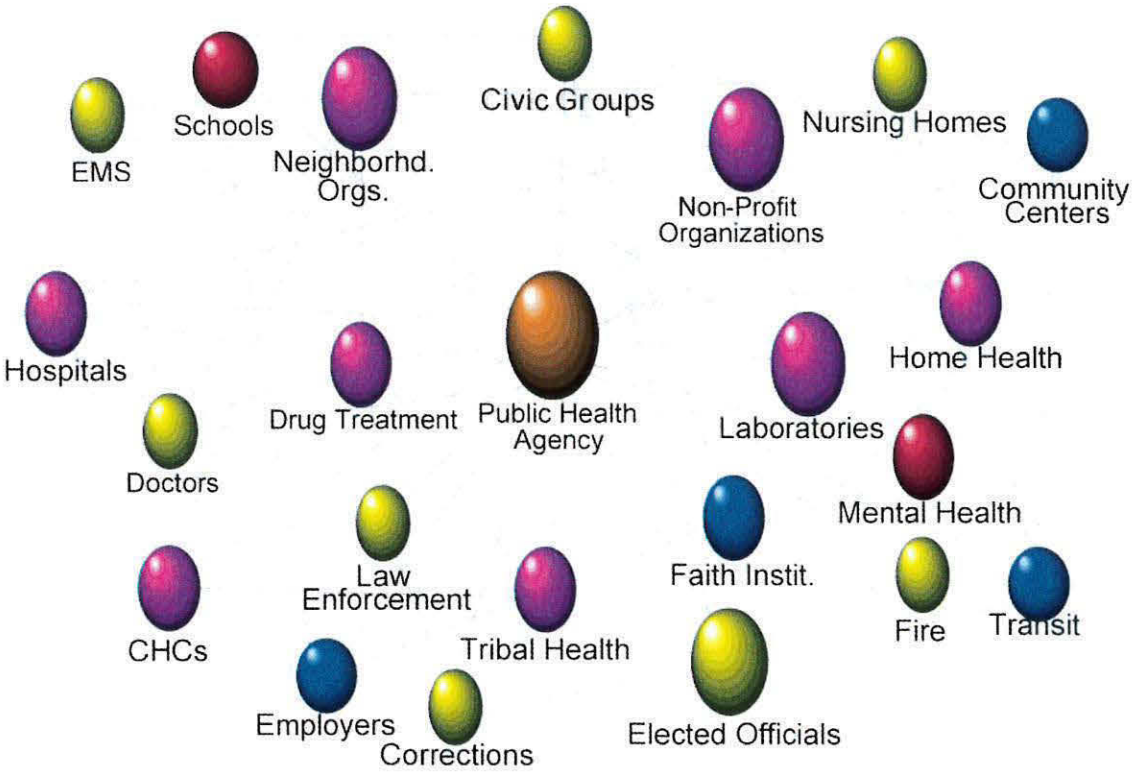
Agenda:

1. **Brief Introductions & Housekeeping**
2. **Review of Objectives**
3. **Criteria Weighting**
4. **Public Health System Overview**
5. **Data Review**
6. **Discussion**
7. **Assessing to Prioritize Community Health Issues**

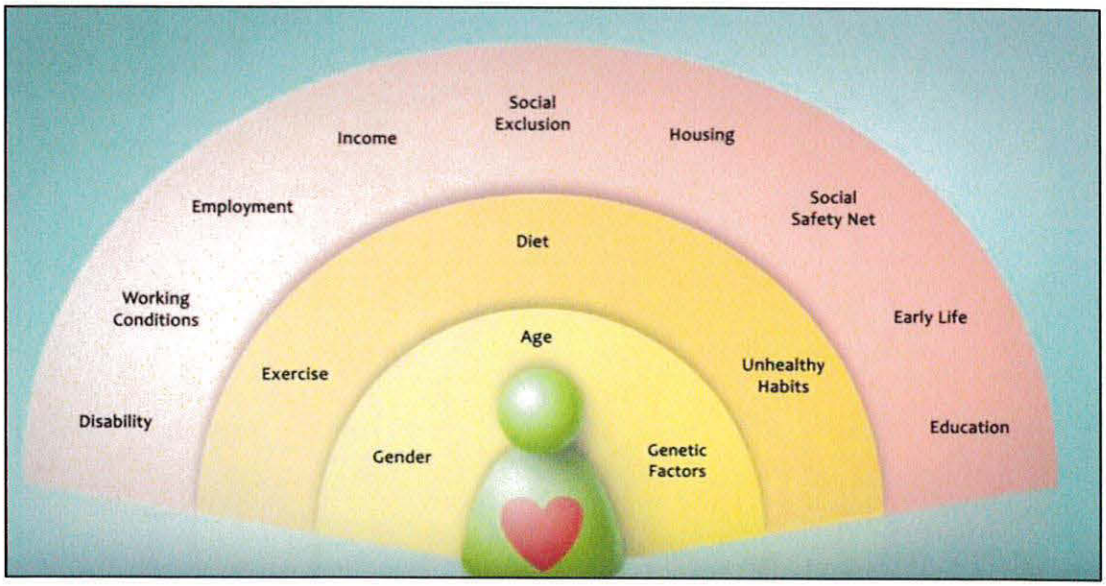
Objectives:

- **Share Data**
- **Prioritize**
- **Position for Strategy Development**

Overall Public Health System



Determinants of Health



Equity - CDC definition: "When everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantage from achieving this potential because of their social position or other socially determined circumstance."' Health equity is the opportunity for every individual to attain their full health potential. Access to quality healthcare is one key in reducing inequities and disparities, but health is more than just disease or illness.

Social determinants of health are "the structural determinants and conditions in which people are born, grow, live, work and age." They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KAISER FAMILY FOUNDATION

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Vision: Healthy People in Health Communities
Adams, Clay, Nuckolls, Webster Counties
SHDHD 07.12.18

Community Health Improvement Tracker – 2016

Progress Toward Target	Priority Area	Baseline Year	2015-2016 Data	Target	Special Thanks to our partners
	Obesity (%)				
✚	Increase the percentage of adults exercising 30 minutes a day, five times per week.	49.1	53.1	52.0	YMCA, UNL Extension, Hastings College, Healthy Hastings, Mary Lanning Wellness, City of Hastings, Choose Healthy Here stores, Brodstone Hospital, Brodstone Healthcare, Harvard Multicultural Parent Association, HPS School Wellness Teams, Harvard Wellness Team, St. Cecilia Wellness Team, DHHS
⬇	Increase the percentage of youth exercising 60 minutes a day, five times per week.	58.7	51.7	62.2	
✚	Consumed fruit more than 1 time per day*	54.6	60.5	58.1	
O	Consumed vegetables more than 1 time per day*	72.9	75.8	77.2	
⬇	Increase the percentage of youth who report eating fruits ≥2 times/day during the past 7 days	23.4	18.0	24.8	
O	Increase the percentage of youth who report vegetables ≥ 3 times/day during the past 7 days	8.5	8.2	10.5	
⬇	Decrease the percentage of adults 18+ years who are overweight or obese (BMI ≥ 25.0)	68.7	70.9	64.6	
⬇	Decrease the percentage of adults who are obese (BMI ≥ 30.0)	30.6	34.4	28.8	
O	Decrease the percentage of children under 18 years who are overweight (BMI ≥ 25) or at risk of becoming overweight (21 < BMI <25)	32.1	32.5	30.0	
	Cancer (% and rate per 100,000)				
O	Increase percentage of women aged 50-74 years who are up-to-date on breast cancer screening	70.0	71.7	74.2	Morrison Cancer Center, Brodstone Healthcare, Webster Co. Hospital, Vital Signs Health Fair, Mary Lanning Cancer Committee, SHDHD Cancer Coalition, American Cancer Society
O	Increase percentage of women aged 21-65 years who are up-to-date on cervical cancer screening rates	80.4	79.3	85.2	
✚	Increase percentage of adults aged 50-75 years who are up-to-date on colorectal cancer screening (annual fecal occult blood test (FOBT), OR sigmoidoscopy every 5 years + FOBT every 3 years, OR colonoscopy	59.9	72.1	60.0	
⬇	Reduce incidence rates due to female breast cancer	128.9	131.6	121.2	
⬇	Reduce mortality rates due to female breast cancer	19.0	22.8	18.0	
✚	Reduce incidence rates due to colorectal cancer	64.7	42.6	60.9	
O	Reduce mortality rates due to colorectal cancer	15.5	15.7	14.6	
✚	Reduce incidence rates due to prostate cancer	161.3	117.1	151.6	
✚	Reduce mortality rates due to prostate cancer	25.1	18.8	23.6	

✚ at or within 1% of target, O within 5% of target, ⬇ greater than 5% change from baseline away from target

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Vision: Healthy People in Health Communities
Adams, Clay, Nuckolls, Webster Counties
SHDHD 07.12.18

Community Health Improvement Tracker – 2016

Progress Toward Target	Priority Area	Baseline Year	2015-2016 Data	Target	Special Thanks to our partners
	Cancer (% and rate per 100,000), continued				**Partners, Continued**
↓	Reduce incidence rates due to skin cancer	18.5	29.0	17.4	Providers for Sun-Safe behavioral counseling, Community Pools, City of Hastings, DHHS Radon Program
↓	Reduce mortality rates due to skin cancer	4.6	5.6	4.3	
+	Reduce incidence rates due to lung cancer	66.2	63.3	62.3	
+	Reduce mortality rates due to lung cancer	48.2	43.9	45.3	
	Mental Health (#)				
O	Average number of days mental health was not good in past 30 days*	3.4	3.1	2.8	Region III, churches/ colleges-suicide prevention; Dr. Kathy Anderson, Mary Lanning - integrated care
+	Mental health was not good on 14 or more of the past 30 days*	11.0	9.2	10.3	
O	Reduce reported suicide attempts by high school students during the past year.	9.6	13.2	9.0	
	Substance Abuse (%)				
O	Decrease the proportion of high school students who reported use of alcohol in the past 30 days.	24.2	23.9	22.7	Horizon Recovery, ASAAP, Region 3, Life of an Athlete, Dr. Ken Zoucha, Dr. Max Owen, Hastings Public Schools, Harvard Public Schools, Hastings Ste. Cecilia Schools
+	Decrease the proportion of high school students who reported use of marijuana in the past 30 days.	12.3	11.3	11.5	
+	Decrease the misuse or abuse of prescription drugs among high school students.	11.8	11.1	11.1	
+	Reduce the proportion of adolescents who report riding in the past 30 days with a driver who had been drinking alcohol	22.7	22.1	21.3	
O	Decrease the proportion of high school students who reported texting or email while driving	38.7	38.6	36.4	
	Access to Care (%)				
O	Increase the proportion of persons with a personal doctor or health care provider.	88.2	83.5	93.5	Mary Lanning Insurance enrollment, SC Partnership (Emergency Dentist), Project Homeless Connect, Salvation Army
+	Increase the proportion of persons who report visiting the doctor for a routine exam in the past year.	63.0	67.0	66.8	
+	Decrease the proportion of persons aged 18 – 64 years without healthcare coverage.	19.3	13.9	18.1	
O	Decrease the proportion of persons reporting cost as a barrier to visiting a doctor in the past year.	9.5	11.4	8.4	
↓	Increase the proportion of persons who report visiting a dentist for any reason in the past year.	67.9	61.6	72.0	

Sources: BRFSS 2015&2016, YRBS 2016, Nebraska Cancer Registry 2015.

+ at or within 1% of target, O within 5% of target, ↓ greater than 5% change from baseline away from target

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

County Health Rankings

6/18/2018

	Nebraska	Adams	Clay	Nuckolls	Webster	Measure	Wt	Source	Year(s)
Health Outcomes		50	47	25	77				
Length of Life		31	34	52	78				
Premature death	6,000	6,400	6,500	7,000	10,100	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	National Center for Health Statistics	2014-2016
Quality of Life		61	58	10	54				
Poor or fair health	14%	15%	13%	13%	14%	Poor or fair health (percent of adults reporting fair or poor health)	10%	Behavioral Risk Factor Surveillance System	2016
Poor physical health days	3.2	3.2	3.1	3.1	3.2	Poor physical health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2016
Poor mental health days	3.2	3.2	3.1	3.1	3.2	Poor mental health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2016
Low birthweight	7%	6%	7%	5%	6%	Low birthweight (percent of live births with weight < 2500 grams)	20%	National Center for Health Statistics - Natality files	2010-2016
Health Factors		42	55	28	54				
Health Behaviors		53	52	25	57				
Adult smoking	17%	17%	17%	15%	18%	Adult smoking (percent of adults that smoke)	10%	Behavioral Risk Factor Surveillance System	2016
Adult obesity	31%	35%	32%	34%	32%	Adult obesity (percent of adults that report a BMI ≥ 30)	5%	CDC Diabetes Interactive Atlas	2014
Physical inactivity	23%	25%	26%	29%	31%	Physical inactivity (percent of adults that report no leisure time physical activity)	2%	CDC Diabetes Interactive Atlas	2014
Excessive drinking	21%	19%	19%	18%	19%	Excessive drinking (percent of adults who report heavy or binge drinking)	2.5%	Behavioral Risk Factor Surveillance System	2016
Motor vehicle crash deaths	12	14	22			Motor vehicle crash deaths per 100,000 population		CDC WONDER mortality data	2010-2016
Sexually transmitted infections	422.9	343.3	190	91.6		Sexually transmitted infections (chlamydia rate per 100,000 population)	2.5%	National Center for HIV/AIDS, Viral Hepatitis,	2015
Teen births	25	27	34	18	26	Teen birth rate (per 1,000 females ages 15-19)	2.5%	National Center for Health Statistics - Natality files	2010-2016
Clinical Care		10	51	36	39				
Uninsured	9%	10%	12%	9%	10%	Uninsured (percent of population < age 65 without health insurance)	5%	Small Area Health Insurance Estimates	2015
Primary care physicians	1,340:1	1,210:1	3,150:1	870:1	1,210:1	Ratio of population to primary care physicians	3%	Area Health Resource File/American Medical Association	2015
Preventable hospital stays	48	47	53	80	60	Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%	Dartmouth Atlas of Health Care	2015
Diabetic screening	87%	91%	93%	89%	88%	Diabetic screening (Percent of diabetics that receive HbA1c screening)	2.5%	Dartmouth Atlas of Health Care	2014
Mammography screening	62%	64%	61%	66%	64%	Mammography screening	2.5%	Dartmouth Atlas of Health Care	2014

Note: Blank values reflect missing or unreliable data. Additional Data found at: https://gis.cdc.gov/grasp/nchhstpatlas/maps.html 06/18/2018 *Sexually Transmitted Infection - Adams County: 329.2 *Sexually Transmitted Infection - Clay County: 95.1 *Sexually Transmitted Infection - Nuckolls County: 69.3 *Sexually Transmitted Infection - Webster County: 110.3 Additional data found at: https://dot.nebraska.gov/media/10414/facts2016.pdf 06/18/2018 **Motor Vehicle Crash Deaths - Adams County: 5 **Motor Vehicle Crash Deaths - Clay County: 1 **Motor Vehicle Crash Deaths - Nuckolls County: 0 **Motor Vehicle Crash Deaths - Webster County: 0 Additional data found at: https://ncc.nebraska.gov/arrest-and-offense-rates-county-map 06/18/2018 ***Violent Crime Rate - Adams County: 2.4 per 1000 people ***Violent Crime Rate - Clay County: 1.0 per 1000 people ***Violent Crime Rate - Nuckolls County: 0.5 per 1000 people ***Violent Crime Rate - Webster County: 0.6 per 1000 people Additional Data found at: http://nep.education.ne.gov/Search?DataYears=20162017 06/18/2018 ****High School Graduation - Adams County: 95% ****High School Graduation - Clay County: 100% ****High School Graduation - Nuckolls County: 100% ****High School Graduation - Webster County: 96.88%

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

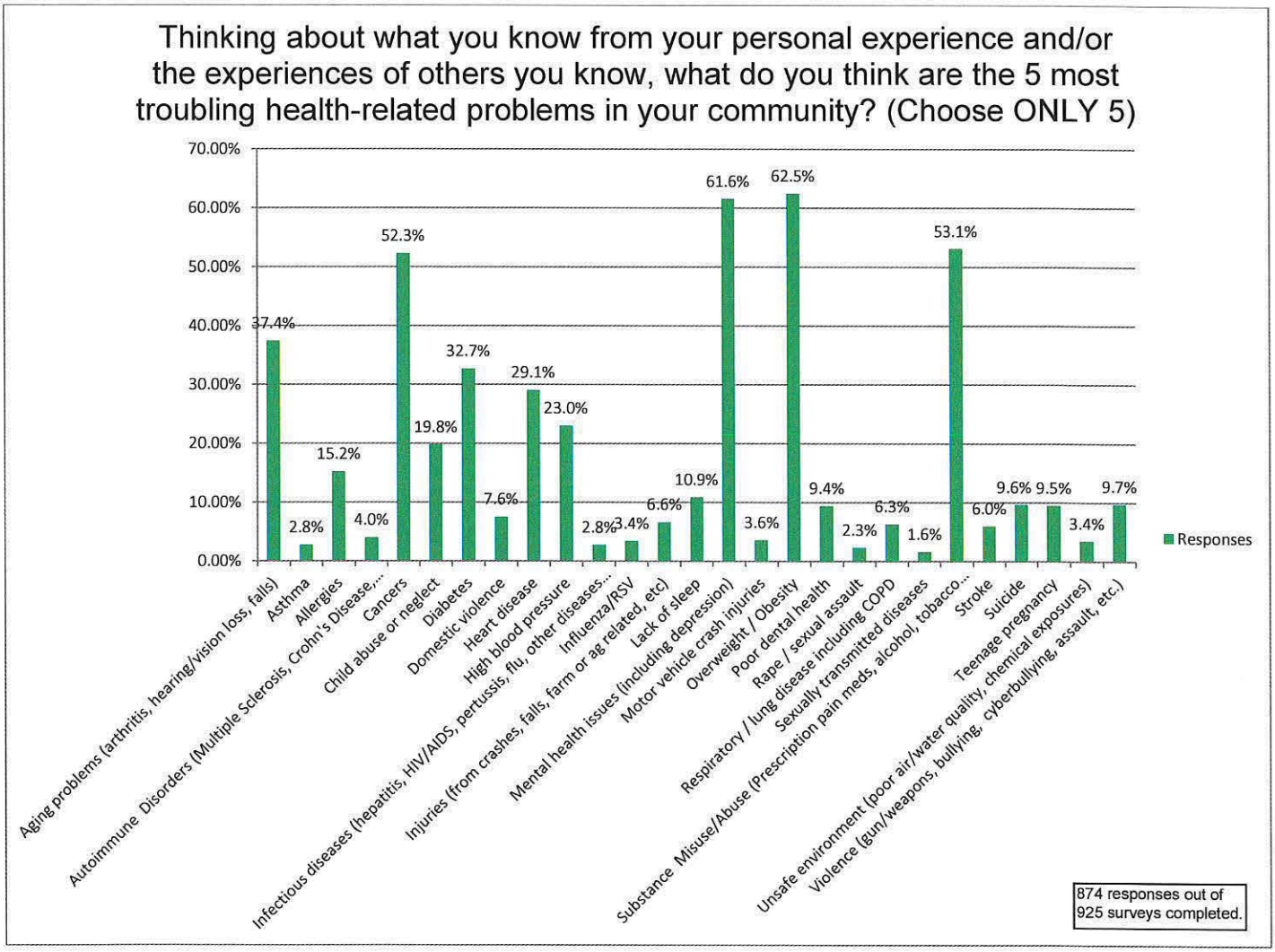
County Health Rankings

6/18/2018

	Nebraska	Adams	Clay	Nuckolls	Webster	Measure	Wt	Source	Year(s)
Health Factors		42	55	28	54				
Social & Economic Factors		48	45	33	67				
High school graduation	87%	91%				High school graduation	5%	EDFacts	2014-2015
Some college	71%	70%	60%	68%	68%	Some college (Percent of adults aged 25-44 years with some post-secondary education)	5%	American Community Survey	2012-2016
Unemployment	3.20%	3.30%	3.30%	3.10%	3.30%	Unemployment rate (percent of population age 16+ unemployed)	10%	Bureau of Labor Statistics	2016
Children in poverty	14%	17%	15%	18%	16%	Children in poverty (percent of children under age 18 in poverty)	7.5%	Small Area Incoome and Poverty Estimates	2016
Social Associations	13.9	14.9	19	41.6	13.8	The number of associations (membership organizations like fitness centers, sports organizations, religious organizations, political organizations, business organizations) per 10,000 population	2.5%	County Business Patterns	2015
Children in single-parent households	29%	25%	29%	31%	24%	Percent of children that live in single-parent household	2.5%	American Community Survey	2012-2016
Violent crime rate	267	204			81	Violent crime rate per 100,000 population	2.5%	Uniform Crime Reporting - FBI	2012-2014
Physical Environment		63	66	14	17				
Air pollution-particulate matter days	8.2	8.7	8.7	8.5	8.2	Air pollution-particulate matter days (average number of unhealthy air quality days)	2.5%	Environmental Public Health Tracking Network	2012
Drinking water violations		Yes	Yes	No	No	Indicates the presence or absence of at least one community water system in the county that received a violation during a specified time frame	2.5%	Safe Drinking Water Information System	2016
Severe housing problems	13%	9%	8%	8%	9%	Percentage of households with one or more of the following problems: lacking complete kitchen facilities, lacking complete plumbing facilities, severely overcrowded, or severely cost burdened	2.0%	Cmprehensive Housing Affordability Strategy (CHAS) data	2010-2014
Driving alone to work	81%	83%	81%	75%	75%	Percentage of the workforce that usually drives to work alone	2.0%	American Community Survey	2012-2016
Long commute - driving alone	18%	13%	31%	16%	26%	The percentage of commuters, among those who commute to work by car, truck, or van alone, who drive longer than 30 minutes to work each day	1.0%	American Community Survey	2012-2016

Note: Blank values reflect missing or unreliable data. Additional Data found at: https://gis.cdc.gov/grasp/nchhstpatlas/maps.html 06/18/2018 *Sexually Transmitted Infection - Adams County: 329.2 *Sexually Transmitted Infection - Clay County: 95.1 *Sexually Transmitted Infection - Nuckolls County: 69.3 *Sexually Transmitted Infection - Webster County: 110.3 Additional data found at: https://dot.nebraska.gov/media/10414/facts2016.pdf 06/18/2018 **Motor Vehicle Crash Deaths - Adams County: 5 **Motor Vehicle Crash Deaths - Clay County: 1 **Motor Vehicle Crash Deaths - Nuckolls County: 0 **Motor Vehicle Crash Deaths - Webster County: 0 Additional data found at: https://ncc.nebraska.gov/arrest-and-offense-rates-county-map 06/18/2018 ***Violent Crime Rate - Adams County: 2.4 per 1000 people ***Violent Crime Rate - Clay County: 1.0 per 1000 people ***Violent Crime Rate - Nuckolls County: 0.5 per 1000 people ***Violent Crime Rate - Webster County: 0.6 per 1000 people Additional Data found at: http://nep.education.ne.gov/Search?DataYears=20162017 06/18/2018 ****High School Graduation - Adams County: 95% ****High School Graduation - Clay County: 100% ****High School Graduation - Nuckolls County: 100% ****High School Graduation - Webster County: 96.88%

Community Themes and Strengths Assessment Survey - Selected Results, SHDHD CHA 2018



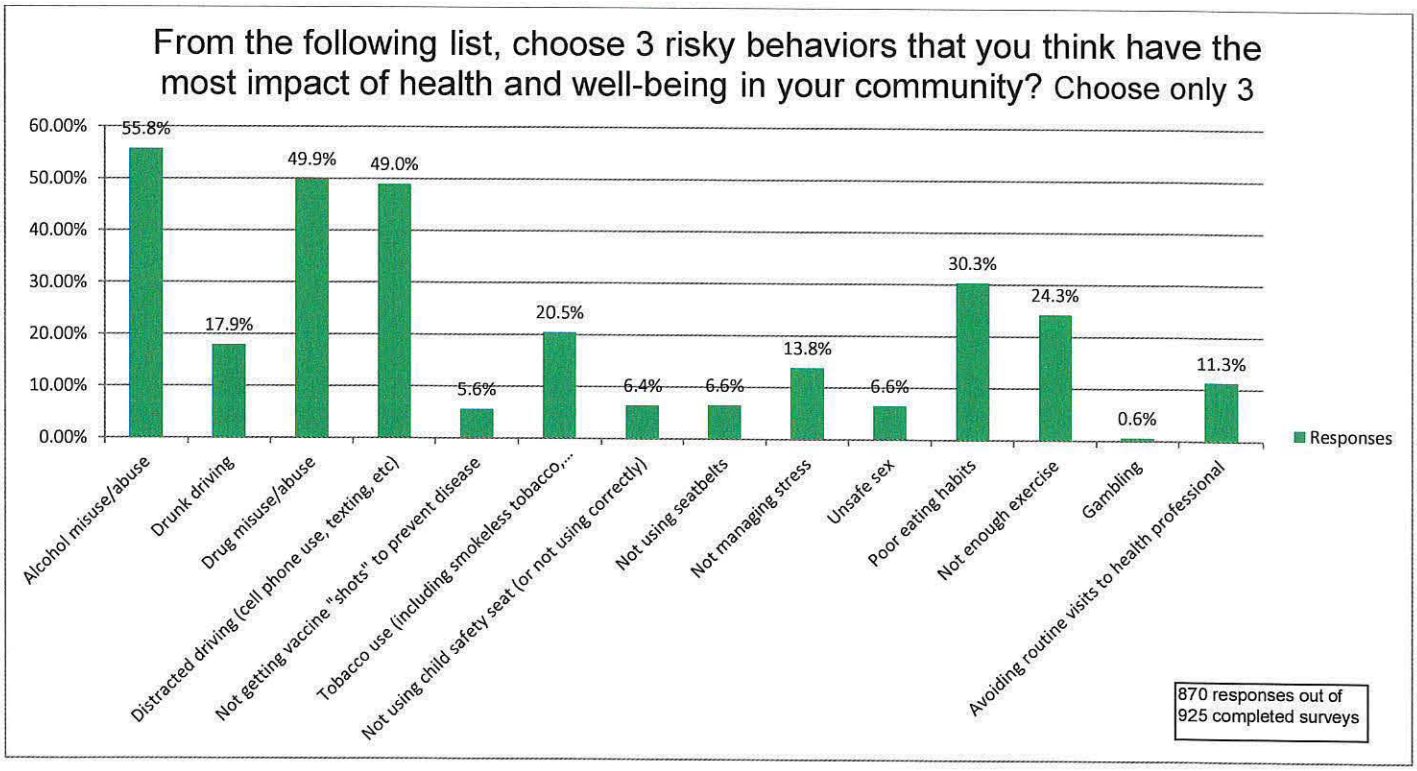
Selected Comments for: Thinking about what you know from your personal experience and/or the experiences of others you know, what do you think are the 5 most troubling health-related problems in your community?

- Moral values declining, apathy increased, "entitled" mentality, w/ no motivation to work hard to improve their life. So many "free" programs/help they end up w/ no sense of purpose, drive & responsibility. Leads to depression, obesity,(diabetes, substance abuse, child neglect).
- The meth problem needs to be dealt with!!!
- poor parenting
- Bedbugs in the hotels, homeless shelters, hospital, and homes.
- people buying the guns, people bullying, not the guns. You give a great list. Abuse and neglect are high across the state. People want more food, sometimes because they are overweight, but they consider food an asset. too much suicide and mental illness.
- Social media addiction.
- Also overweight and obesity
- believe mental health issues are the root cause of most, if not all, illness, abuse, neglect, violence, teen pregnancy, obesity. Mental and emotional issues are behind it all. Fix mental health and you would have 5 or 6 things on this list.
- sex traffic
- Violence/cyber-bullying is largely ignored.
- Really hard to choose just 5.
- cyberbulling and bullying in our schools
- Child abuse and neglect.

Showing 10 words and phrases

Abuse		18.75%	6
Obesity		12.50%	4
Bullying		9.38%	3
Parenting		9.38%	3
Care		6.25%	2
Sex		6.25%	2
Violence		6.25%	2
Education		6.25%	2
Hard		6.25%	2
Problem		6.25%	2

Community Themes and Strengths Assessment Survey - Selected Results, SHDHD 2018



Summary of Participant Responses for Five Priority Health Issue Choices

Showing 24 words and phrases

Community		18.92%	14
Driving		16.22%	12
Issue		14.86%	11
Health		14.86%	11
Drug		8.11%	6
Stress		8.11%	6
Problems		6.76%	5
Think		6.76%	5
School		6.76%	5
Behavior		5.41%	4

- I chose distracted driving, because the others affect the person with the behavior, but this one can kill others.
- By giving us this list, you are telling us what YOU think the "risky behaviors" are. There might be a health reason why I can't get enough exercise, so to me that isn't a risky behavior. I see not going to a medical professional for routine visits as risky behavior, but I have insurance with a reasonable deductible while my friend doesn't so they choose not to go.
- The cost of health professional visits is a deterrent for a lot of people
- Our community needs to be more vocal about the issues leading up to suicide. I know more teens that have died from suicide in the past year than I have in my whole life- and they all have happened in Hastings.
- I see our own police using cell phones while driving.
- Alcohol and tobacco are big issues in the community.
- Accessibility to primary care and prevention is a huge issue, be it due to financial restraints, transportation issues, or knowledge deficit.
- Not managing stress leads to alcohol/drug and other issues but distracted driving impacts everyone daily. I almost hit someone yesterday because she was talking on her cell phone and pulled out in front of me. She has NO idea how close we were to a wreck... inches!!
- Almost all of these I feel are a big concern in my community. Alcohol abuse and drunk driving are not considered problematic and often joked about and praised. So many vehicle deaths could have been prevented with seatbelt use.
- The "not getting vaccines' is to me the most scary. It does not seem like a huge problem here in my community BUT it could catch on like some parts of the country. And I have friends who live in area's that this is a huge problem. Measles and mumps are back. These along with others will not just affect the young but the old too.
- We need more spaces free of secondhand smoke. There could be many more miles of trails for biking and walking.
- Free clinic to the public
- No dentist for medicare patients
- It appears the mentality is to pretend the various problems do not exist and then there is no problem.
- people are always ready for a hand out, they don't pay their bills, the rest of us are called on to take care of it for them through higher costs.

- Legalizing marijuana would be a bad deal.
- The future health well being of Hastings and the nation will be most affected by requiring and expecting individuals to take personal responsibility for and being rewarded for making and maintaining correct life style decisions.
- can we get some equipment in some more parks or more in parks.
- Two men that were high on meth tried to break into my house last summer in the middle of the night.
- Stress I believe is the cause of so many of these behaviors.
- I teach at a school and see the non use of car seats or seat belts for children EVERYDAY!
- We are seeing a huge surge of patients with obesity and obesity related health problems. There needs to be a way to educate our community on nutrition.
- In a perfect world, would like to see more of a "gap" closure between student safety at school and home.
- More then when DUI throw their ass in jail
- we should not be seeing people with 5 DWI arrests pleading down offenses
- I BELIEVE all categories matter. I feel a lot of our children do not get the physical activity they need.
- All three need to be addressed, I just know first hand how detrimental it can be to your health when stress is not managed.
- I think we have a community of low income and uneducated families that are stuck in a cycle of abuse and poor eating habits. it's all mental illness and depression/obesity tied into one. and until we educate and break the cycle with Kids, it will just continue. :(
- alcoholism/avoiding health professional visits
- I think the community has a huge drug issue that needs to be addressed
- BIGGEST ISSUE IS FAMILY BREAKDOWN
- Making old imperial mall into low income or refuge housing.
- It seems as though there are more and more crashes in town on streets that aren't busy. Usually you see wrecks at busy intersections, but now they are becoming more common in residential areas. Distracted driving is a big issue.
- Law enforcement needs to stop "looking the other way" when someone is driving impaired.
- Most chronic diseases can be prevent with healthy lifestyle choices, most importantly what people eat. Poor eating habits contribute to high cholesterol, diabetes, heart disease, types of cancer, stroke, obesity, etc. Exploring more community gardening options and availability is worth looking into as community/neighborhood gardens and gardening efforts promotes a sense of community, wellness, and healthy eating habits.
- Fast food consumption is extremely high which leads to obesity, diabetes and heart disease. Fast food companies encourage "Large size" options at cheaper prices which leads to unhealthy eating habits.
- Drug misuse/abuse and alcohol misuse/abuse are difficult community health issues, but I believe we must continue to look for solutions.
- I thinks that drug misuse/abuse is the reason for having child abuse. Parents that are under the influence of drug and that have a habit of getting high usually don't have time for kids.
- Many legal issues in our county in a close connection to drug/alcohol abuse. This issue usually lead to other problems like some kind of violence along with felony or misdemeanor crimes. Mental is a major issue in our communities, many people go to illegal drugs to deal their issues. Drug are usually the central issue to many people's problems.
- Too many parents more concerned over their social lives and not their kids.
- I do think we also need to address distracted driving. Texting while driving should be a primary offense. I see it with teenagers and adults alike.

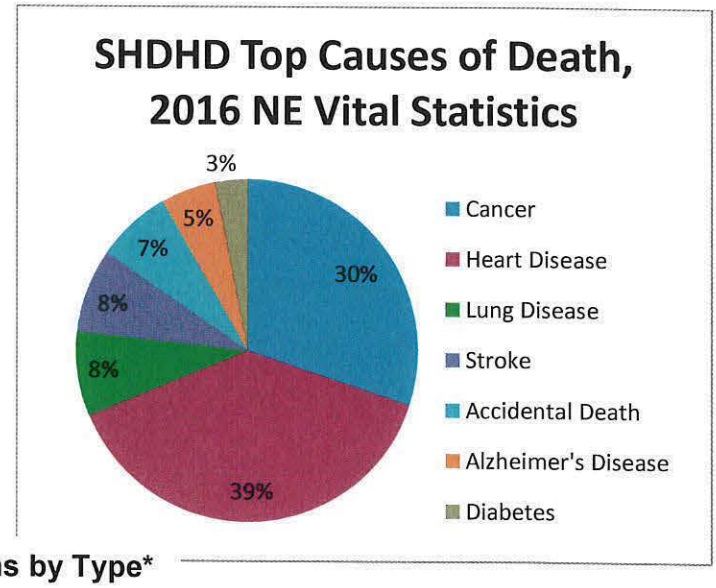
- Excess time spent on social media perhaps contribute to some depression/mental health and that is not listed.
- Many of these behaviors are seen as normal by many in the general population.
- I know that there are numerous drug problems including an increase in the use of pot because of the legalization of marijuana in Colorado.
- I see people driving using their cell phones more than than non cell phone users. Some states have laws against driving while using cel phone.
- It's scary to sit at a busy intersection to see how many people that drive by are on their phones. I see people looking down at their phones ALL of the time.
- quality in school drug and life-skill education
- I also think that all bicycle riders should wear helmets.
- concern for those that work 6 days 12 hour shifts at some organizations-health concern mental/physical,
- We need education/advice for community meals/benefits which seem to be a menu of a meat and carbs. How about using such meals to introduce people to veggies and fruit?
- Community garden participation for all able bodied persons receiving food stamps!
- Health and police need to team up. Our kids feel unsafe, even at school.
- We have people living in houses with no electricity or water.
- This is a scary list and hard to choose 3 because I'm sure they are all an issue. Unfortunately all of these lead to poor parenting which affects future generations.
- Everyday when school lets out, folks drive by my place and most are looking at some device
- Due to the small size of the community, confidential health care is not possible.
- distracted driving has the easiest fix
- Local food places offer lots of fried everything and very few healthy options. Can't walk the streets as dogs are ALWAYS an issue plus streets are sloped so badly it's hard to walk on a level surface. And alcohol is Ev.Vry.WHERE. and over-used!!
- I chose poor eating habits because it's going to take a generational change for the drinking to slow down
- the amount of 'drug-seeking' activity seen at the ER and clinic is STAGGERING.
- I feel it is about promoting an overall healthy life style as a whole
- this goes along with the fitness center. I know they have in the past had exercise classes/aerobics as well as pool aerobics however recently this has not been available. Also it would be nice to have a place for the fitness center other than where it is currently located as it is so cramped. It would also be nice to have more equipment.
- Not being able to manage stress leads to the others.
- I believe mental health should be top priority.
- none at this time
- Education to inform the community about things to watch for. Law enforcement is a concern as well.
- stress, poor eating and alcohol are all related.
- Our teens need to feel valued in our community. Where I live, the majority don't feel that way.
- Distracted Driving in Hastings is an epidemic by adults.
- Type 2 Diabetes is a growing concern
- No stress management or relieve

Fact Sheet
Cancer

Leading Causes of Years of Potential Life Lost (Before Age 75), South Heartland District Health Department*, 2010-2014 Combined

Rank	Cause of Death	Total Deaths	Total YPLL	Average YPLL Per Death
-	All Injury	141	3,364	23.9
1	Cancer	516	3,412	6.6
2	Unintentional Injury	113	2,620	23.2
3	Heart Disease	682	2,421	3.5
4	Suicide	26	667	25.7
5	Chronic Lung Disease	150	368	2.5
6	Stroke	137	322	2.4
7	Diabetes	55	192	3.5
8	Birth Defects	<5	163	40.8
9	Nephritis/Nephrosis	58	111	1.9
10	Pneumonia	55	103	1.9

Source: Nebraska Vital Records

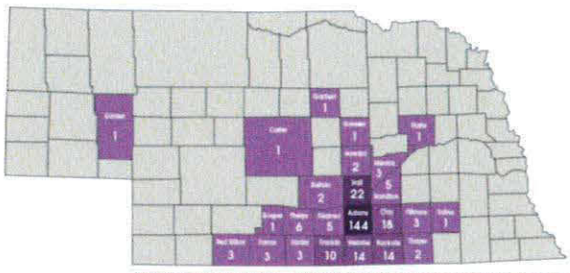


SHDHD Cancer Deaths by Type*

Type	2011-2015
Lung	138
Colon/Rectum	56
Breast	35
Pancreas	30
Prostate	28
Non-Hodgkin Lymphoma	24
Skin	16
Bladder	13

Cancer Statistics

2016 MLH cancer cases by county of residence



15 cases came from counties outside of the state of Nebraska

Cancer in Nebraska Quick Facts:

- Cancer was the leading cause of death in NE for the 6th year in a row. (Nebraska Vital Statistics)
- Cancer is the 2nd leading cause of death in SH Dist. For the years of 2012-2016.

US Fact:

- Estimates suggest that less than 30% of a person's lifetime risk of getting cancer results from uncontrollable factors. The rest you have the power to change, including your diet. *(Harvard Medical School, Sept, 2016)*

Cancer was perceived as 4th most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health–related problems in our community

Table 3. Number of deaths and mortality rates, all sites and top 10 primary sites (rank-ordered by number of deaths), by race/ethnicity, Nebraska, 2004-2013

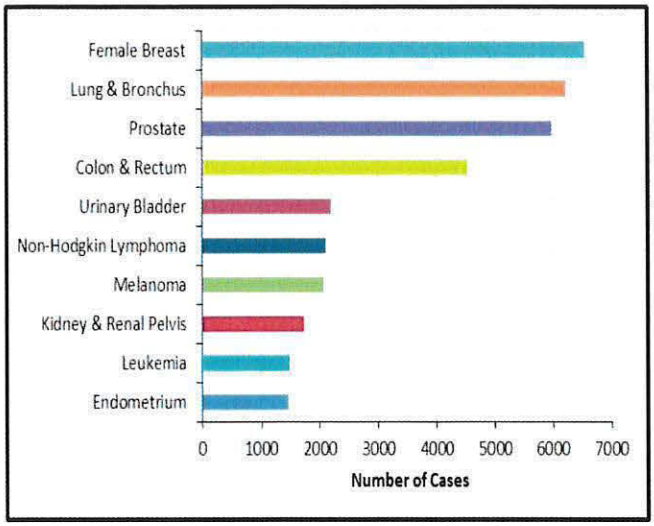
Rank	White			African-American			American Indian			Asian/Pacific Islander			Hispanic*		
	Primary Site	Deaths	Rate	Primary Site	Deaths	Rate	Primary Site	Deaths	Rate	Primary Site	Deaths	Rate	Primary Site	Deaths	Rate
--	All sites	32,435	167.3	All sites	1,129	222.7	All sites	157	168.1	All sites	192	110.6	All sites	499	102.6
1	Lung & bronchus	8,569	44.9	Lung & bronchus	316	63.6	Lung & bronchus	47	58.2	Lung & bronchus	42	24.7	Lung & bronchus	79	19.0
2	Colorectal	3,392	17.2	Colorectal	128	28.2	Colorectal	19	16.4	Liver & intrahepatic bile ducts	32	14.6	Breast (female only)	39	13.3
3	Breast (female only)	2,206	20.6	Breast (female only)	83	27.4	Breast (female only)	11	16.4	Colorectal	19	11.9	Liver & intrahepatic bile ducts	38	8.1
4	Pancreas	2,003	10.3	Pancreas	80	16.3	Kidney & renal pelvis	7	8.3	Pancreas	13	8.0	Colorectal	38	8.0
5	Prostate	1,817	22.8	Prostate	61	34.7	Liver & intrahepatic bile ducts	7	5.5	NHL	12	8.5	Prostate	28	20.6
6	Leukemia	1,370	7.1	Liver & intrahepatic bile ducts	51	8.0	Pancreas	7	4.7	Breast (female only)	11	9.3	Stomach	25	3.9
7	NHL	1,318	6.7	Myeloma	40	8.3	Ovary	6	10.9	Leukemia	7	3.4	Leukemia	24	3.9
8	Brain & central nervous system	947	5.2	Esophagus	35	6.3	Stomach	6	5.9	Stomach	7	2.8	NHL	23	5.2
9	Kidney & renal pelvis	864	4.5	Stomach	28	5.1	Three sites tied	5	--	Brain & central nervous system	6	2.7	Kidney & renal pelvis	22	3.7
10	Esophagus	846	4.4	Leukemia	28	4.9				Two sites tied	4	--	Brain & central nervous system	21	2.3

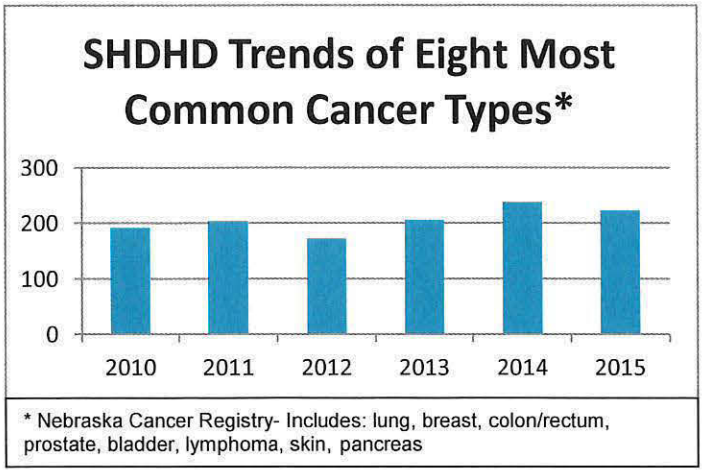
*persons of Hispanic origin may be of any race

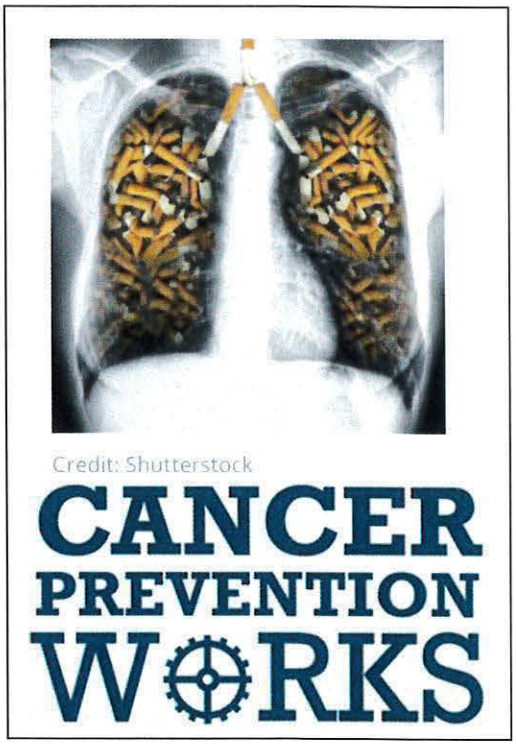
§rates are the average annual number of deaths per 100,000 population, excluding gender-specific sites (cervix uteri, corpus uteri, female breast, ovary, prostate), which are per 100,000 male or female population, and all rates are age-adjusted to the 2000 US population

ABBREVIATION: NHL, Non-Hodgkin lymphoma

Number of Cancers Diagnosed, by Primary Site Nebraska (2010-2014)







A 2012 survey of cancer survivors found that one-third of those surveyed had gone into debt. Of those who had gone into debt, 55 percent owed $10,000 or more.

Source: Banegas M, Guy Jr. G, Yabroff K, et al. For Working-Age Cancer Survivors, Medical Debt And Bankruptcy Create Financial Hardships. Health Affairs. January 2016;35(1):54-61.

Nebraska Cancer Registry Data for SHDHD, 2016

Table 1. Incidence and mortality statistics for cancers of the lung and bronchus; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015

	N Cases	Incidence rate*	N Deaths	Mortality rate**
Adams County	135	69.4	97	48.8
Clay County	24	53.5	12	27.0
Nuckolls County	20	48.1	16	39.6
Webster County	18	56.7	13	39.2
South Heartland HD	197	63.3	138	43.9
Nebraska	6257	58.7	4464	41.8

Table 2. Incidence and mortality statistics for female breast cancer; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015

	N Cases	Incidence rate*	N Deaths	Mortality rate**
Adams County	134	137.7	24	24.6
Clay County	32	148.1	7	28.7
Nuckolls County	20	115.2	‡	4.0
Webster County	13	82.0	3	19.5
South Heartland HD	199	131.6	35	22.8
Nebraska	6714	124.6	1174	20.1

Table 3. Incidence and mortality statistics for cancers of the colon and rectum; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015

	N Cases	Incidence rate*	N Deaths	Mortality rate**
Adams County	88	43.8	33	16.2
Clay County	11	23.6	6	11.6
Nuckolls County	20	71.6	9	19.0
Webster County	14	41.1	8	20.4
South Heartland HD	133	42.6	56	16.3
Nebraska	4527	43.1	1692	15.7

Nebraska Cancer Registry Data for SHDHD, 2016

Table 4. Incidence and mortality statistics for prostate cancer; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015

	N Cases	Incidence rate*	N Deaths	Mortality rate**
Adams County	98	105.1	17	19.3
Clay County	28	118.6	5	22.7
Nuckolls County	30	156.2	6	21.2
Webster County	20	140.2	0	0.0
South Heartland HD	176	117.1	28	18.8
Nebraska	5880	115.1	905	20.2

Table 5. Incidence and mortality statistics for cancers of the urinary bladder; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015

	N Cases	Incidence rate*	N Deaths	Mortality rate**
Adams County	36	17.5	6	2.9
Clay County	6	13.0	‡	1.7
Nuckolls County	11	27.5	3	5.2
Webster County	5	14.8	3	8.3
South Heartland HD	58	17.7	13	3.6
Nebraska	2232	21.9	436	4.0

Table 6. Incidence and mortality statistics for non-Hodgkin lymphoma; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015

	N Cases	Incidence rate*	N Deaths	Mortality rate**
Adams County	40	20.3	12	5.4
Clay County	15	34.8	5	10.6
Nuckolls County	11	33.2	5	10.9
Webster County	7	24.5	‡	6.3
South Heartland HD	73	23.9	24	6.9
Nebraska	2120	20.4	634	5.9

Nebraska Cancer Registry Data for SHDHD, 2016

Table 7. Incidence and mortality statistics for melanoma of the skin; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015

	N Cases	Incidence rate*	N Deaths	Mortality rate**
Adams County	48	29.8	10	5.4
Clay County	11	27.6	‡	4.7
Nuckolls County	9	30.2	‡	6.9
Webster County	6	19.5	‡	6.5
South Heartland HD	74	29.0	16	5.6
Nebraska	2235	22.2	310	2.9

Table 8. Incidence and mortality statistics for cancer of the pancreas; Adams, Clay, Nuckolls, and Webster County residents; South Heartland Health Department jurisdiction residents; and Nebraska residents, 2011-2015

	N Cases	Incidence rate*	N Deaths	Mortality rate**
Adams County	34	18.1	21	10.2
Clay County	3	7.3	3	6.8
Nuckolls County	9	23.4	4	10.4
Webster County	3	9.3	‡	6.1
South Heartland HD	49	16.3	30	9.3
Nebraska	1318	12.4	1116	10.4

*incidence rates are expressed as the average annual number of new cases per 100,000 population (gender-specific cancers are expressed per 100,000 female or male population), and are age-adjusted to the 2000 US population

**mortality rates are expressed as the average annual number of deaths per 100,000 population (gender-specific cancers are expressed per 100,000 female or male population), and are age-adjusted to the 2000 US population

‡number not shown if lower than three (cases or deaths)

¶rate is significantly different from the statewide rate (p<.01)

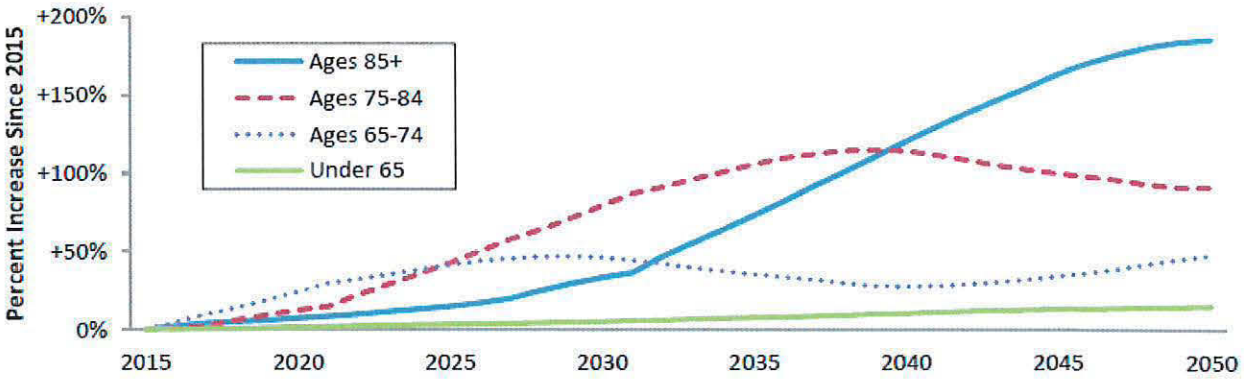
§rate is significantly different from the statewide rate (p<.05)

Fact Sheet

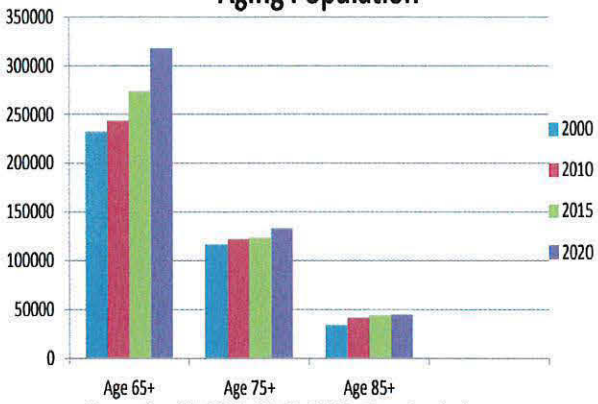
Aging

CONNECTING PEOPLE & RESOURCES
ADAMS CLAY WEBSTER NUCKOLLS
4
STRONG & HEALTHY COMMUNITIES

Projected Population Growth in Nebraska, by Age Group, 2015-2050



Changing Characteristics of Nebraska's Aging Population



From the NDHHS 2012-2015 Plan for Aging.

Top 10 Leading Causes of Death for Ages 65+

1. Heart Disease
2. Cancer
3. COPD
4. Chronic Lung Disease
5. Stroke
6. Alzheimer's
7. Pneumonia
8. Diabetes
9. Unintentional Injury
10. Nephritis/Nephrosis

*Data based on number of deaths 65+ from 2013-2017 in the South Heartland District

SHDHD Aging Population by County, SHDHD

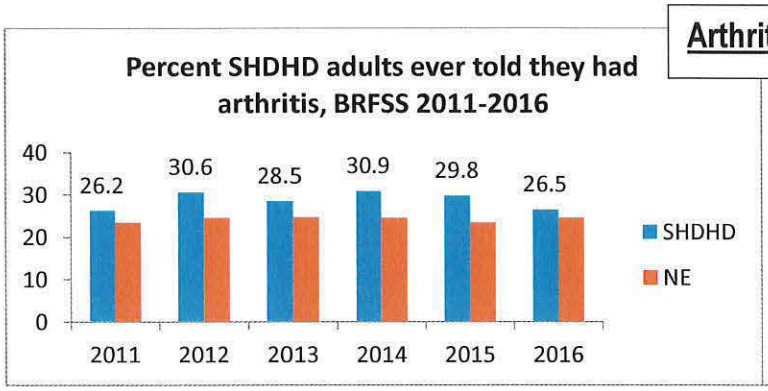
	Adams		Clay		Nuckolls		Webster	
AGE	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total (All ages)	31536	100.00%	6313	100.00%	4352	100.0%	3665	100.0%
Under 5 years	2046	6.5%	389	6.20%	218	5.0%	189	5.2%
5 - 14 years	4179	13.3%	881	13.90%	513	11.8%	470	12.8%
15 - 24 years	4999	15.8%	710	11.20%	425	9.8%	420	11.5%
25 - 44 years	6812	21.6%	1292	20.50%	832	19.1%	658	18.0%
45 - 64 years	8295	26.3%	1827	29.00%	1224	28.1%	1071	29.1%
65 - 84 years	4321	13.7%	1024	16.20%	965	22.2%	744	20.3%
85 and older	884	2.8%	190	3.00%	175	4.0%	113	3.1%

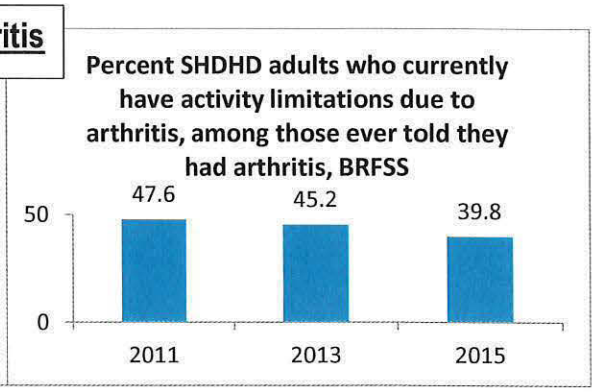
Aging Issues were perceived as 5th most troubling health problem from our Community Themes and Strengths survey of 925 residents *Responses to: Top five most troubling health–related problems in our community*

Public Health
Prevent. Promote. Protect.

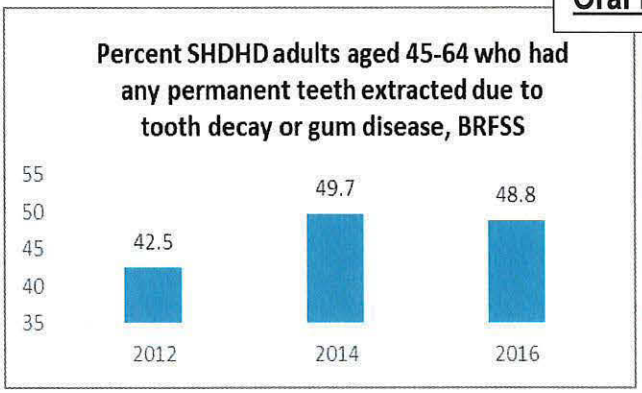
SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

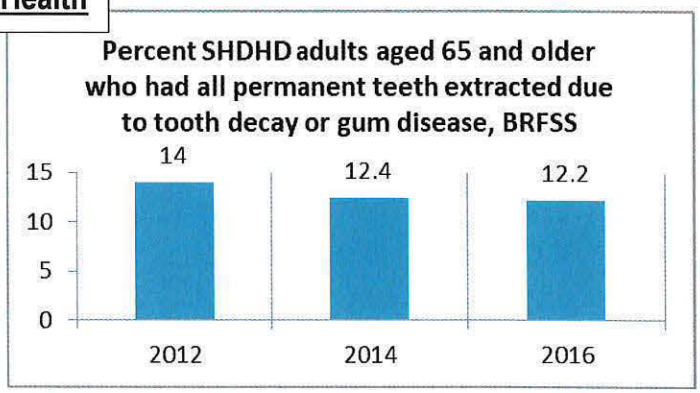
Arthritis





Oral Health





Alzheimer's Quick Facts

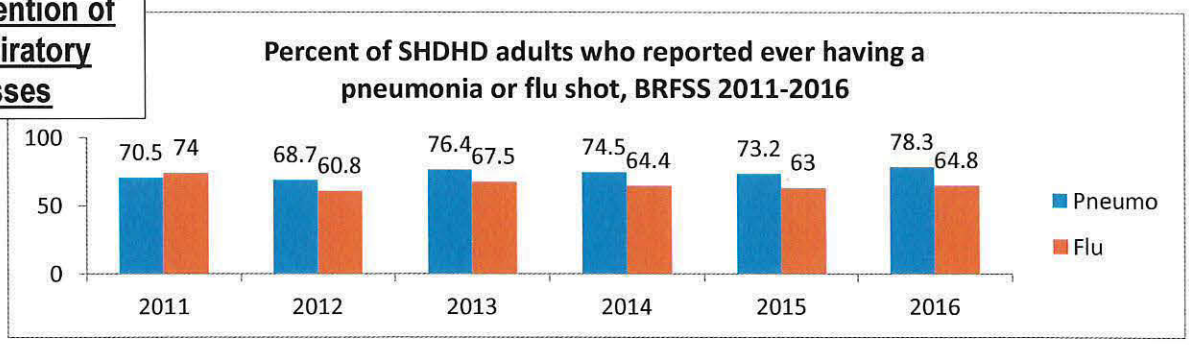
- Alzheimer's disease is a major neurocognitive disorder that causes deteriorating changes in attention, social cognition, executive functioning, learning and memory, perceptual motor functioning and language.[1]
- Scientists do not yet know what causes Alzheimer's, but genetics seemed to play a large part in the onset of the disease. There is interest in the relationship between poor vascular disease and mental decline.[2]
- Increased physically activity, a nutritious diet, social interaction, and mentally stimulating pursuits that help people stay healthy as they age and may decrease the chance of getting Alzheimer's disease.[2]
- There are currently an estimated 33,000 Nebraskans living with Alzheimer's Disease and Related Dementias, and this number is projected to increase by more than 20 percent to 40,000 by 2025.[1]

[1] Source Nebraska Department of Health and Human Services, [2] NIH National Institute on Aging

Cognitive Decline: 10.5%

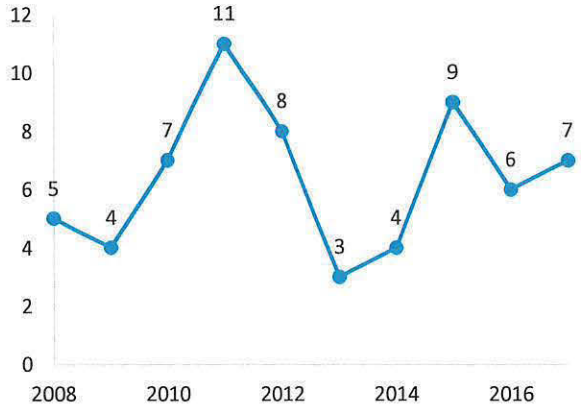
Percent of SHDHD adults aged 45 years and older who have experienced more or worsening confusion or memory loss in past year, BRFSS 2015

Prevention of Respiratory Illnesses



Falls

Number of Deaths from Falls in SHDHD, NE DHHS Vital Stats



Mary Lanning Healthcare Emergency Department 2012-2016 N=861			
Characteristic	**Median**	**N**	**(%)**
Age	84.0		
65-74		192	(22.3)
75-84		279	(32.4)
85+		390	(45.3)
Sex			
Male		274	(31.86)
Female		586	(68.14)
Status after ED visit			
Discharged		529	(61.44)
Admitted		313	(36.35)
Other		19	(2.21)

Between 2012 and 2016, **861** unintentional falls for individuals over 65 years of age came into the MLH ED. The median age of unintentional fall cases was 84.0. Most of the cases were female (68.14%). The majority of cases were discharged from the ED after their visit (61.44%).

Hearing Loss Quick Facts

- Approximately 1 in 3 people between the ages of 65 and 74 experience hearing loss and half of those over 75 are hard of hearing.
- This can lead to depression, withdrawal, frustration, and embarrassment.
- Loud noise is the main cause of hearing loss. Less exposure to loud noise will decrease the chances of hearing loss.
- A buildup of ear wax can also lead to hearing loss.

Source: NIH Institute for Aging

Community Burden - Aging

A new study by researchers from the AARP Public Policy Institute, Stanford University, and Harvard finds that Medicare spends an estimated $6.7 billion more each year on seniors who have little social contact with others. The study found that Medicare spent about $1,600-a-year more on older adults who are socially isolated than those who are not.

Caregiving: 27%

Percent of SHDHD adults who provided regular care/assistance in past month to friend or family member with health issue, BRFSS, 2015

Economic Value of Family Caregiving, Nebraska

Pop of NE	# Caregivers	# per 1000 people	# Care Hours	Economic Value/ hr (unpaid)	Total Economic Value	Caregiver Support Ratio**, 2015	Caregiver Support Ratio, 2050 (projected)
1,870,000	195,000	104 (Rank 47)	182 M	$13.81	$2.5 B	6.0 (rank 44)	2.8 (rank 28)

*Across the States 2018: Profile of Long-Term Services and Supports in Nebraska – AARP

**The caregiver support ratio is defined as the number of people ages 45–64 divided by the number of people ages 80 and older.

SHDHD CHA 2018

Date 09/17/2018

Summary Report

Midlands Agency on Aging

Adams County, FY 2017-18

Undup. Clnt. cnt	
Total	469

NRA	
Score	Count
0	46
1	101
2	79
3	51
4	52
5	28
6	23
7	15
8	8
9	11
10	4
11	1
12	3
13	1
14	1
15	2
16	1
17	1

Race	
American Indian or Alaska Native	1
Native Hawaiian orOther Pacific Islande	1
No Response	10
Persons Reporting 2 or More Races	2
Persons Reporting Some Other Race	5
White	450

Two or more Races	
American Indian or Alaska Native	1
Black or African American	1
White	2

Client Ethnicity	
Hispanic or Latino	6
No Response	10
Not Hispanic or Latino	453

ADL Values	
Bathing	33
Dressing	6
Eating	4
Toileting	8
Transfer	32
Walking	82

Nutritional Classification		
0-2	Good	226
3-5	Moderate	131
6 and Above	High	71

Age	
<60	12
60 - 64	29
65 - 74	128
75-84	173
85 +	127

IADL Count	
Heavy Housework	148
Light Housework	79
Medication Management	27
Need assistance to manage money	32
Need transportation assistance	54
Preparing Meals	41
Shopping	49
Use of Telephone	5

Live With	
Lives Alone	265
Lives with other Family/Fri	30
Lives with Spouse only	170
No Response	4

Gender	
Female	333
Male	132
No Response	4

Poverty	
No	352
No Response	52
Yes	65

TitleXX	
Yes	68

Waiver	

Group Service	Total Units
Access Assistance - III E	438.00
ADRC Options Counseling	91.00
Durable Medical Equipment	37.00
Financial Counseling	140.00
General Information	57.00
Health Clinic	2,990.00
Health Education	3,924.00
Information & Assistance	3,051.00
Information Service - III E	9.00
Information Services - III B	709.00
Legal Assistance	640.80
Nutrition Education	1,755.00
Outreach	159.00
Supportive Services	27,782.00
Volunteerism	20,873.45

ServiceUsage

Service	TotalUnits	Clientcount
Care Management	881.50	67
Chore	193.25	10
Congregate Meals	14216.00	242
Counseling - III E	203.00	20
Emergency Response System	121.00	18
Health Pro/Disease Prevention	635.00	53
Home Delivered Meals	872.00	15
Homemaker	336.00	11
Self Directed Care	12.00	12
Self Directed Care III-E	3.00	3
Supplemental Service - III E	98.00	10
Telephoning/Visiting	1342.00	220
Transportation	159.00	3

* Total units don't include units tracked as group services. Meals include USDA ineligible also.

Acronym key:
NRD - Nutritional Risk Assessment
ADL - Activities of Daily Living
IADL - Instrumental Activities of Daily Living

SHDHD CHA 2018

Date 09/17/2018

Summary Report

Clay County, FY 2017-18

Midlands Agency on Aging

Undup. Clnt. cnt	
Total	216

NRA	
Score	Count
0	9
1	37
2	32
3	21
4	14
5	21
6	15
7	12
8	7
9	5
10	6
11	4
12	4
13	1
14	1

Race	
No Response	1
Persons Reporting Some Other Race	2
White	213

Two or more Races	

Client Ethnicity	
Hispanic or Latino	2
No Response	4
Not Hispanic or Latino	210

ADL Values	
Bathing	15
Dressing	16
Eating	4
Toileting	6
Transfer	22
Walking	45

Nutritional Classification		
0-2	Good	78
3-5	Moderate	56
6 and Above	High	55

Age	
<60	16
60 - 64	15
65 - 74	54
75-84	76
85 +	55

IADL Count	
Heavy Housework	86
Light Housework	37
Medication Management	16
Need assistance to manage money	10
Need transportation assistance	39
Preparing Meals	26
Shopping	30
Use of Telephone	7

Live With	
Lives Alone	95
Lives in Group Setting	1
Lives with other Family/Fri	14
Lives with Spouse only	104
No Response	2

Gender	
Female	139
Male	76
No Response	1

Poverty	
No	114
No Response	61
Yes	41

TitleXX	
Yes	34

Waiver	
Yes	23

Group Service	Total Units
Access Assistance - III E	438.00
ADRC Options Counseling	91.00
Durable Medical Equipment	37.00
Financial Counseling	140.00
General Information	57.00
Health Clinic	2,990.00
Health Education	3,924.00
Information & Assistance	3,051.00
Information Service - III E	9.00
Information Services - III B	709.00
Legal Assistance	640.80
Nutrition Education	1,755.00
Outreach	159.00
Supportive Services	27,782.00
Volunteerism	20,873.45

ServiceUsage

Service	TotalUnits	Clientcount
Care Management	83.50	8
Chore	7.00	2
Congregate Meals	3466.00	141
Emergency Response System	9.00	1
Health Pro/Disease Prevention	283.00	24
Home Delivered Meals	3481.00	32
Homemaker	160.00	12
Supplemental Service - III E	470.00	8
Telephoning/Visiting	10.00	4
Transportation	847.00	34

* Total units don't include units tracked as group services. Meals include USDA ineligible also.

Acronym key:
NRD - Nutritional Risk Assessment
ADL - Activities of Daily Living
IADL - Instrumental Activities of Daily Living

SHDHD CHA 2018

Date 09/17/2018

Summary Report

Nuckolls County, FY 2017-18

Midlands Agency on Aging

Undup. Clnt. cnt	
Total	188

Race	
White	188

Age	
<60	10
60 - 64	19
65 - 74	55
75-84	58
85 +	46

Live With	
Lives Alone	89
Lives in Group Setting	11
Lives with other Family/Fri	13
Lives with Spouse only	75

NRA	
Score	Count
0	5
1	22
2	17
3	17
4	17
5	7
6	11
7	8
8	5
9	9
10	9
11	2
12	5
13	1
14	1
15	1

Gender	
Female	125
Male	63

Two or more Races	

IADL Count	
Heavy Housework	101
Light Housework	43
Medication Management	42
Need assistance to manage money	30
Need transportation assistance	48
Preparing Meals	41
Shopping	51
Use of Telephone	11

Poverty	
No	139
No Response	12
Yes	37

Client Ethnicity	
Hispanic or Latino	3
Not Hispanic or Latino	185

TitleXX	
Yes	126

Waiver	
Yes	12

ADL Values	
Bathing	32
Dressing	22
Eating	8
Toileting	17
Transfer	42
Walking	71

Nutritional Classification		
0-2	Good	44
3-5	Moderate	41
6 and Above	High	52

ServiceUsage		
Service	TotalUnits	Clientcount
Care Management	206.25	12
Chore	19.00	1
Congregate Meals	4793.00	68
Emergency Response System	29.00	3
Health Pro/Disease Prevention	530.00	38
Home Delivered Meals	4952.00	46
Homemaker	1082.25	16
Self Directed Care	3.00	3
Supplemental Service - III E	82.00	8
Transportation	3665.00	53

* Total units don't include units tracked as group services. Meals include USDA ineligible also.

Group Service	Total Units
Access Assistance - III E	438.00
ADRC Options Counseling	91.00
Durable Medical Equipment	37.00
Financial Counseling	140.00
General Information	57.00
Health Clinic	2,990.00
Health Education	3,924.00
Information & Assistance	3,051.00
Information Service - III E	9.00
Information Services - III B	709.00
Legal Assistance	640.80
Nutrition Education	1,755.00
Outreach	159.00
Supportive Services	27,782.00
Volunteerism	20,873.45

Acronym key:
NRD - Nutritional Risk Assessment
ADL - Activities of Daily Living
IADL - Instrumental Activities of Daily Living

SHDHD CHA 2018
Date 09/24/2018

Summary Report

Webster County, FY 2017-18

Midlands Agency on Aging

Undup. Clnt. cnt	
Total	166

Race	
No Response	5
White	161

Age	
<60	4
60 - 64	6
65 - 74	43
75-84	65
85 +	48

Live With	
Lives Alone	68
Lives in Group Setting	4
Lives with other Family/Fri	17
Lives with Spouse only	71
No Response	6

Gender	
Female	108
Male	56
No Response	2

NRA	
Score	Count
0	18
1	45
2	27
3	19
4	11
5	6
6	5
7	1
8	6
9	5
10	3
11	1
13	1

Two or more Races	

Client Ethnicity	
No Response	7
Not Hispanic or Latino	159

IADL Count	
Heavy Housework	88
Light Housework	18
Medication Management	20
Need assistance to manage money	12
Need transportation assistance	41
Preparing Meals	28
Shopping	24
Use of Telephone	4

Poverty	
No	117
No Response	16
Yes	33

TitleXX	
Yes	75

Waiver	
Yes	0

ADL Values	
Bathing	11
Dressing	8
Eating	2
Toileting	3
Transfer	6
Walking	26

Nutritional Classification		
0-2	Good	90
3-5	Moderate	36
6 and Above	High	22

ServiceUsage

Service	TotalUnits	Clientcount
Care Management	332.75	16
Congregate Meals	5453.00	77
Emergency Response System	22.00	3
Health Pro/Disease Prevention	347.00	15
Home Delivered Meals	6806.00	75
Respite Care - III E	70.00	4
Self Directed Care	7.00	7
Supplemental Service - III E	74.00	4
Telephoning/Visiting	5.00	2
Transportation	1935.00	45

* Total units don't include units tracked as group services. Meals include USDA ineligible

Group Service	Total Units
Access Assistance - III E	438.00
ADRC Options Counseling	91.00
Durable Medical Equipment	37.00
Financial Counseling	140.00
General Information	57.00
Health Clinic	2,990.00
Health Education	3,924.00
Information & Assistance	3,051.00
Information Service - III E	9.00
Information Services - III B	709.00
Legal Assistance	640.80
Nutrition Education	1,755.00
Outreach	159.00
Supportive Services	27,782.00
Volunteerism	20,873.45

Acronym key:
NRD - Nutritional Risk Assessment
ADL - Activities of Daily Living
IADL - Instrumental Activities of Daily Living

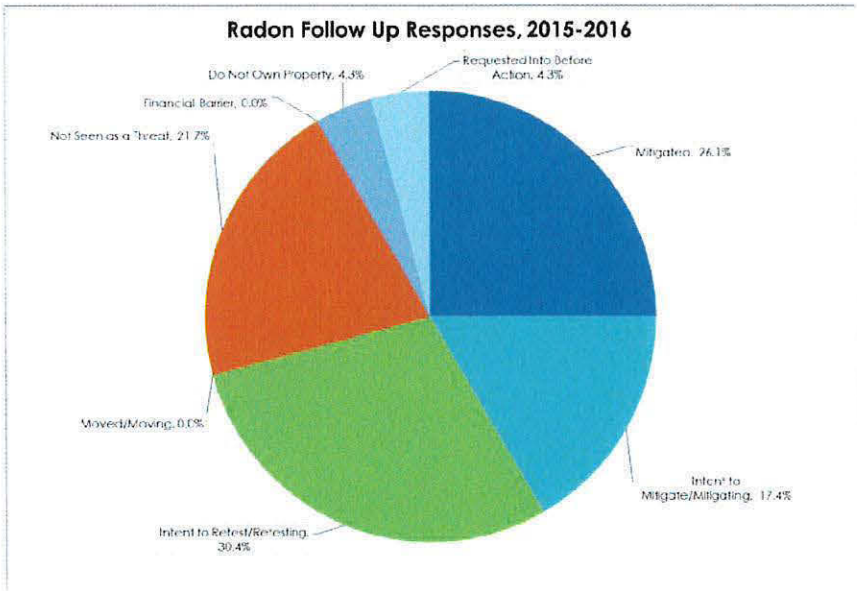
Fact Sheet

Environmental-
Radon / Air / Water Quality

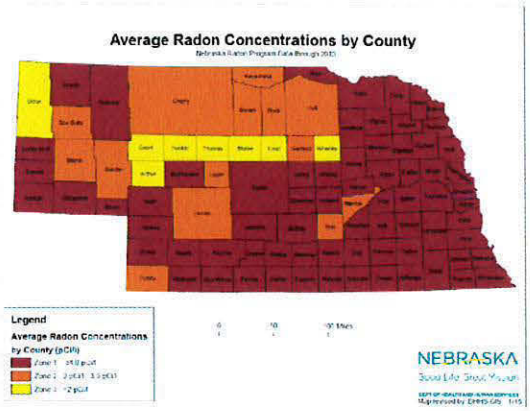
Incidence and Prevalence

County	Total Number of Homes Tested	Average Radon Level (pCi/L)	Highest Result (pCi/L)	Number of Homes Tested Above 4.0 (pCi/L)	Percentage of Homes Tested above 4.0 (pCi/L)
Adams	1,181	6.6	31.2	120	64
Clay	244	8.5	41.8	194	80
Nuckolls	191	8.7	29.0	147	78
Webster	140	10.4	48.0	116	83

Source: Nebraska DHHS, 2015



Results from a telephone survey conducted on 20 South Heartland District residents with highest levels (2016).



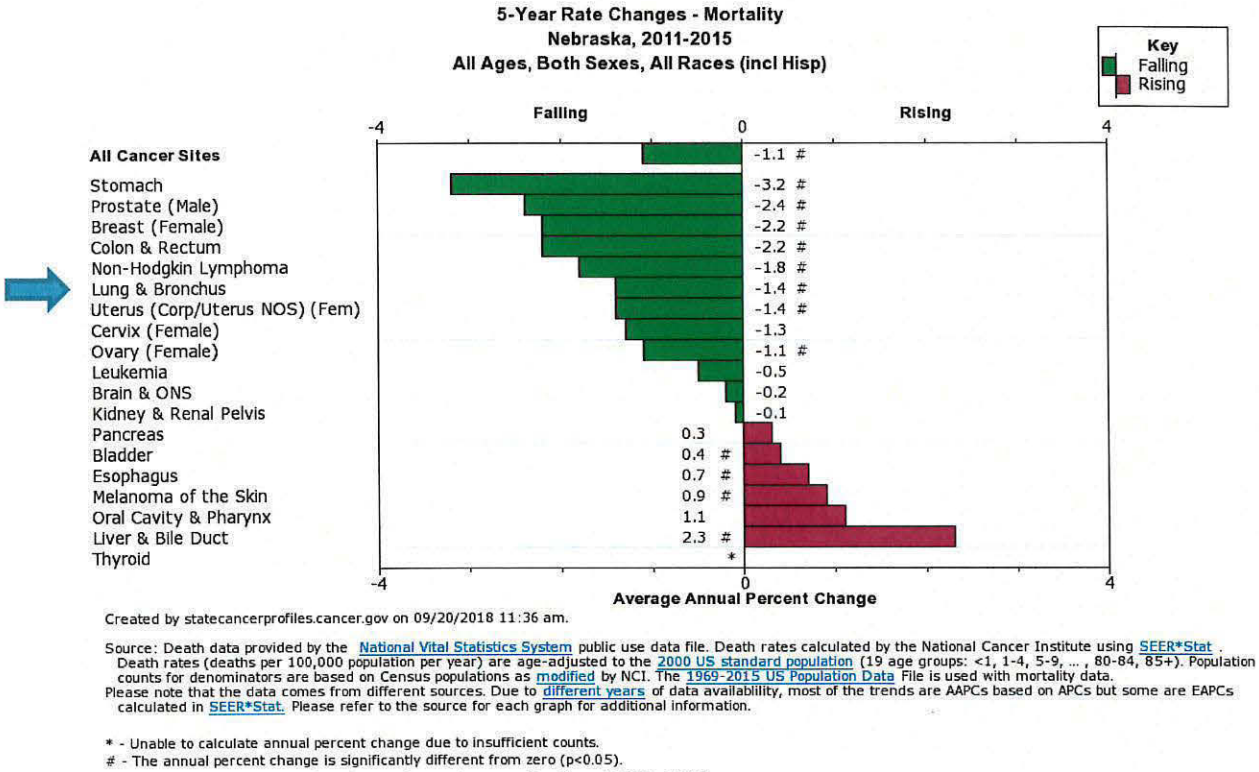
- Average radon levels above 4pCi/L are indicated in red.
- South Heartland has reported results as high as 63.4 pCi/L.
- Approximately 72.3% of homes tested in 2018 were found to have levels greater than 4pCi/L.

Unsafe Environment was perceived as 23th most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health–related problems in our community

Trends

2016-2017	Adams	Webster	Clay	Nuckolls	Other	SHDHD
Max (pCi/L)	17.5	14.5	19.6	13.5	11.6	19.6
Min (pCi/L)	0.5	1.0	0.9	<0.3	1.7	<0.3
Average (pCi/L)	6.1	7.3	7.0	6.9	4.9	6.3
% of Results ≥ 4 pCi/L	71.2%	75.0%	61.9%	50.0%	50.0%	69.2%
2017-2018	**Adams**	**Webster**	**Clay**	**Nuckolls**	**Other**	**SHDHD**
Max (pCi/L)	16.0	19.2	23.5	12.2	9.3	23.5
Min (pCi/L)	1.0	12.5	3.9	9.8	4.9	1.0
Average (pCi/L)	6.5	15.9	11.4	10.9	6.8	7.8
% of Results ≥ 4 pCi/L	65.3%	100.0%	90%	100.0%	100.0%	72.3%



Created by statecancerprofiles.cancer.gov on 09/20/2018 11:36 am.

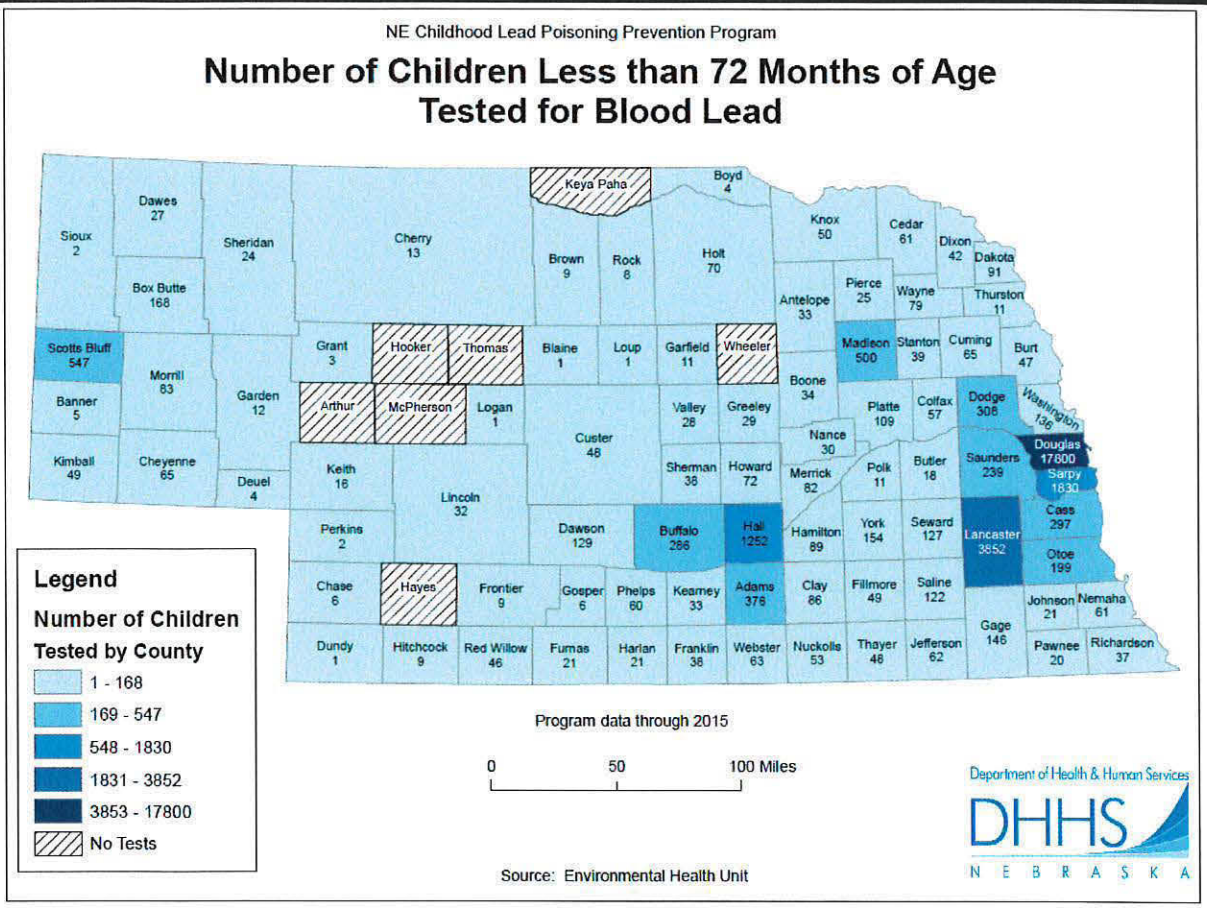
Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat . Death rates (deaths per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Population counts for denominators are based on Census populations as modified by NCI. The 1969-2015 US Population Data File is used with mortality data.
Please note that the data comes from different sources. Due to different years of data availability, most of the trends are AAPCs based on APCs but some are EAPCs calculated in SEER*Stat. Please refer to the source for each graph for additional information.

* - Unable to calculate annual percent change due to insufficient counts.
# - The annual percent change is significantly different from zero (p<0.05).

Sources: NIH, National Cancer Institute, State Cancer Profiles (2011-2015)

The Surgeon General of the United States issued a Health Advisory in 2005 warning Americans about the health risk from exposure to radon in indoor air. The Nation's Chief Physician urged Americans to test their homes to find out how much radon they might be breathing. Dr. Carmona also stressed the need to remedy the problem as soon as possible when the radon level is 4 pCi/L or more. Dr. Carmona noted that more than 20,000 Americans die of radon-related lung cancer each year.

Environmental- Lead



SHDHD Lead Investigations	2018	2017	2016
Lead poisoning (Adult)	1	6	7
Lead poisoning (Child)	5	35	40
Number of Home Lead Assessments with DHHS	2	4	1

Occurrences of Asthma and Lung Disease – Hastings Area

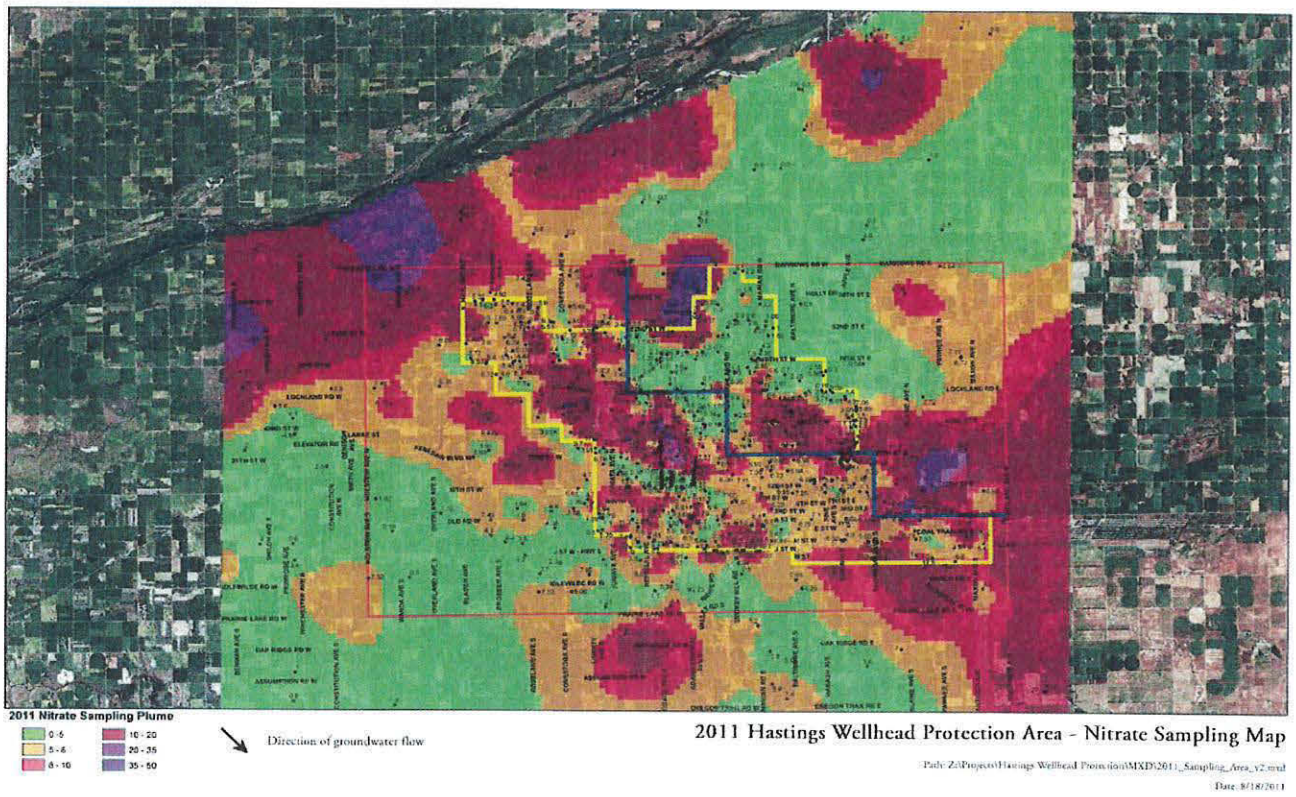
	Number
Adult Asthma	1,772
Pediatric Asthma	487
COPD	1,337

Source: American Lung Association, State of the Air (2015).

According to the CDC (2015) there are 101,854 adults in Nebraska with Asthma.

Environmental- Water Quality

Nitrate Levels



Nitrate levels identified in red and purple (above 10 ppm) indicate unsafe levels for drinking water. Groundwater flow from Northwest to Southeast is being monitored for nitrate levels that may cause nitrate contamination. Nitrate violations in public water systems between 2004 and 2012 have been minimal.

Most Recent Nitrate-N Concentrations

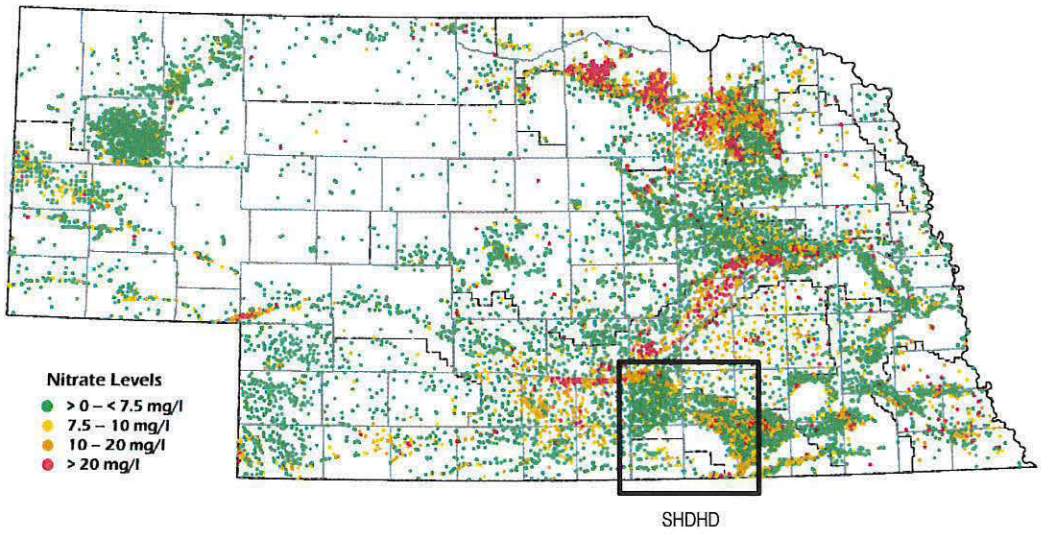
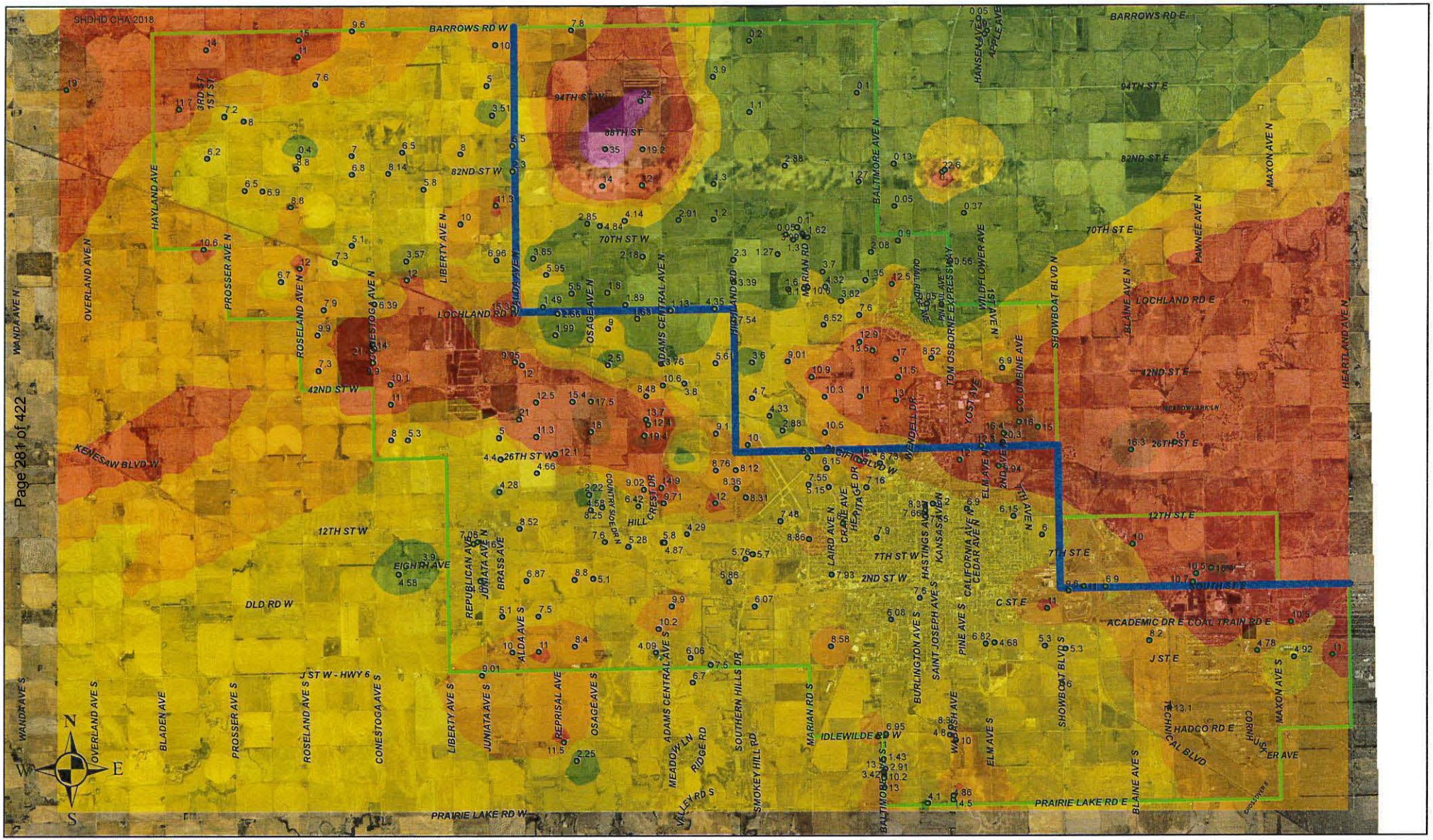


Figure 11. Most recent recorded Nitrate-N concentrations of 18,160 wells from 1997-2016. (Source: Quality-Assessed Agrichemical Database for Nebraska Groundwater, 2017) *Empty areas indicate no data reported, not the absence of nitrate in groundwater.*



2015 Nitrate (mg/L)

- 0-5
- 5-8
- 8-10
- 10-15
- 15-20
- 20-30
- 30-55

New WHPA Boundary

NRD_Divided_Boundary

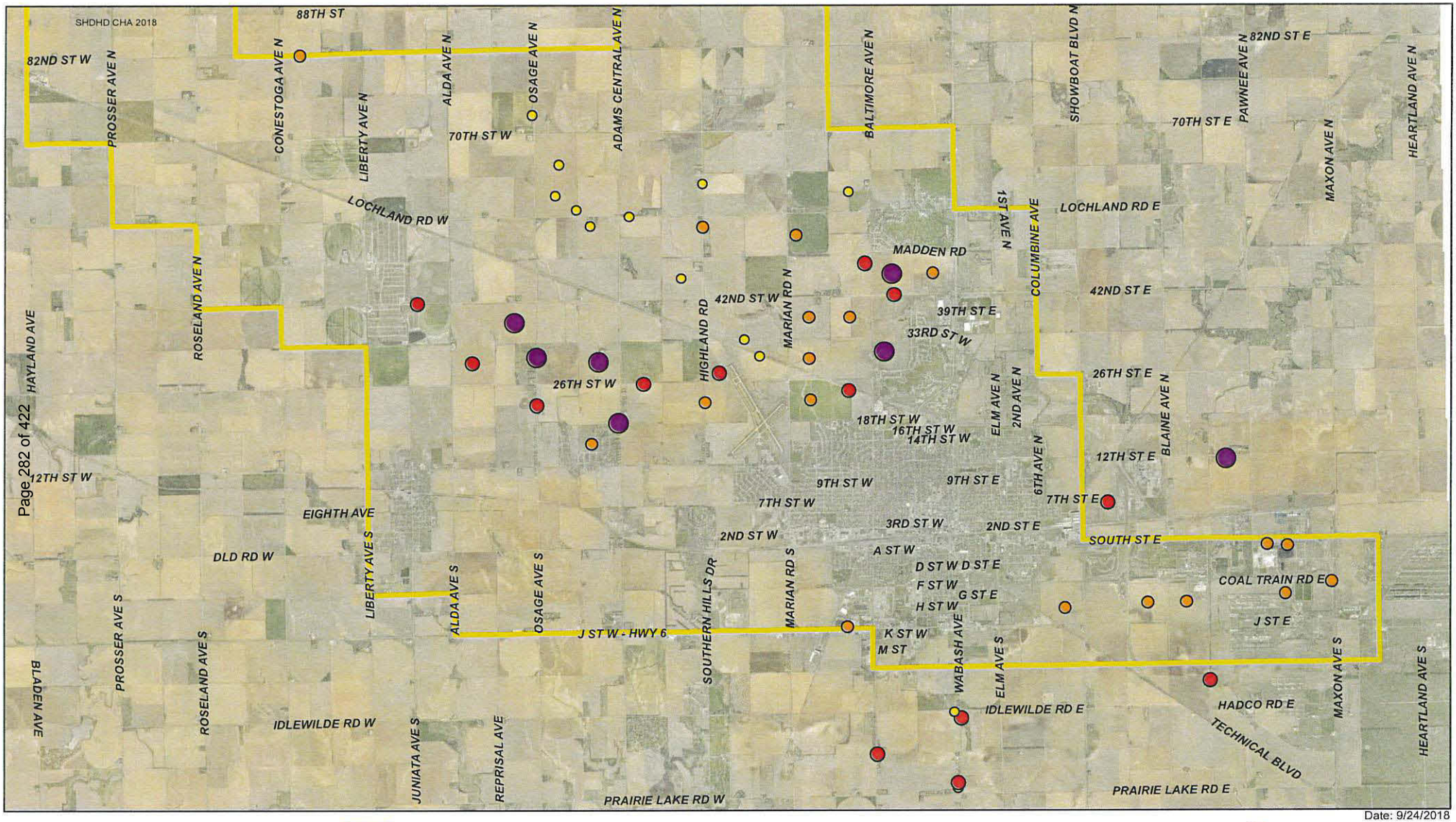
Direction of groundwater flow

Document Path: \\Birch\GIS\Projects\Hastings Wellhead Protection\MXD\2015\NitrateResults2015.mxd

Nitrate Results - 2015

Date: 10/9/2015

30



Date: 9/24/2018

17 & 18 Nitrates

- 0-5 mg/L
- 5-10 mg/L
- 10-16 mg/L
- 16+ mg/L
- HWPA Boundary

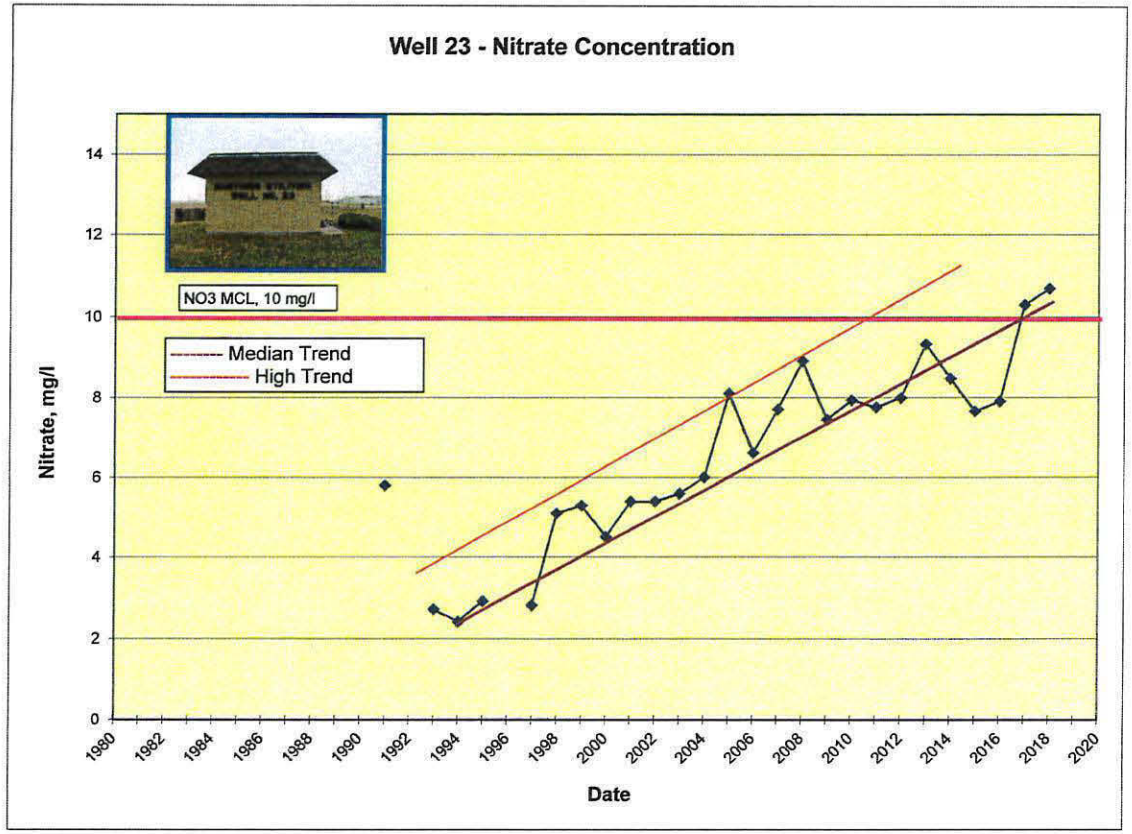
2017 & 2018 Nitrate Results

N

HASTINGS UTILITIES

Well 23 - Nitrate Concentration

Date	Nitrate, mg/l
3/20/1991	5.8
6/8/1993	2.7
4/5/1994	2.4
8/9/1995	2.9
5/2/1995	2.6
5/2/1995	2.5
12/15/1997	2.8
3/11/1998	1.5
9/23/1998	5
10/2/1998	5.1
9/3/1999	5.3
7/24/2000	4.5
8/7/2000	4.1
8/9/2000	2.9
10/24/2000	3.4
8/14/2001	4.8
8/5/2001	5.4
8/12/2002	5.4
8/25/2003	5.6
8/2/2004	6
6/13/2005	8.1
7/18/2005	6.7
8/16/2006	6.6
8/27/2007	7.7
9/17/2007	7.7
8/25/2009	7.33
4/21/2010	6.31
7/27/2010	7.93
10/27/2010	7.84
1/26/2011	6.97
4/13/2011	7.75
7/20/2011	7.11
10/18/2011	5.76
1/24/2012	5.15
5/2/2012	7.01
8/1/2012	7.99
10/30/2012	7.89
1/23/2013	8.05
4/16/2013	8.26
7/30/2013	9.32
10/23/2013	8.33
1/14/2014	8.47
4/22/2014	7.37
8/13/2014	7.48
10/8/2014	7.96
1/27/2015	7.65
4/27/2015	5.12
11/29/2016	7.9
8/10/2017	**10.3**
8/11/2017	**10.2**
8/15/2017	9.68



Date	Nitrate, mg/l
10/12/2017	8.06
11/27/2017	8.32
2/12/2018	8.04
5/9/2018	8.00
8/13/2018	**10.7**
8/20/2018	**10.6**

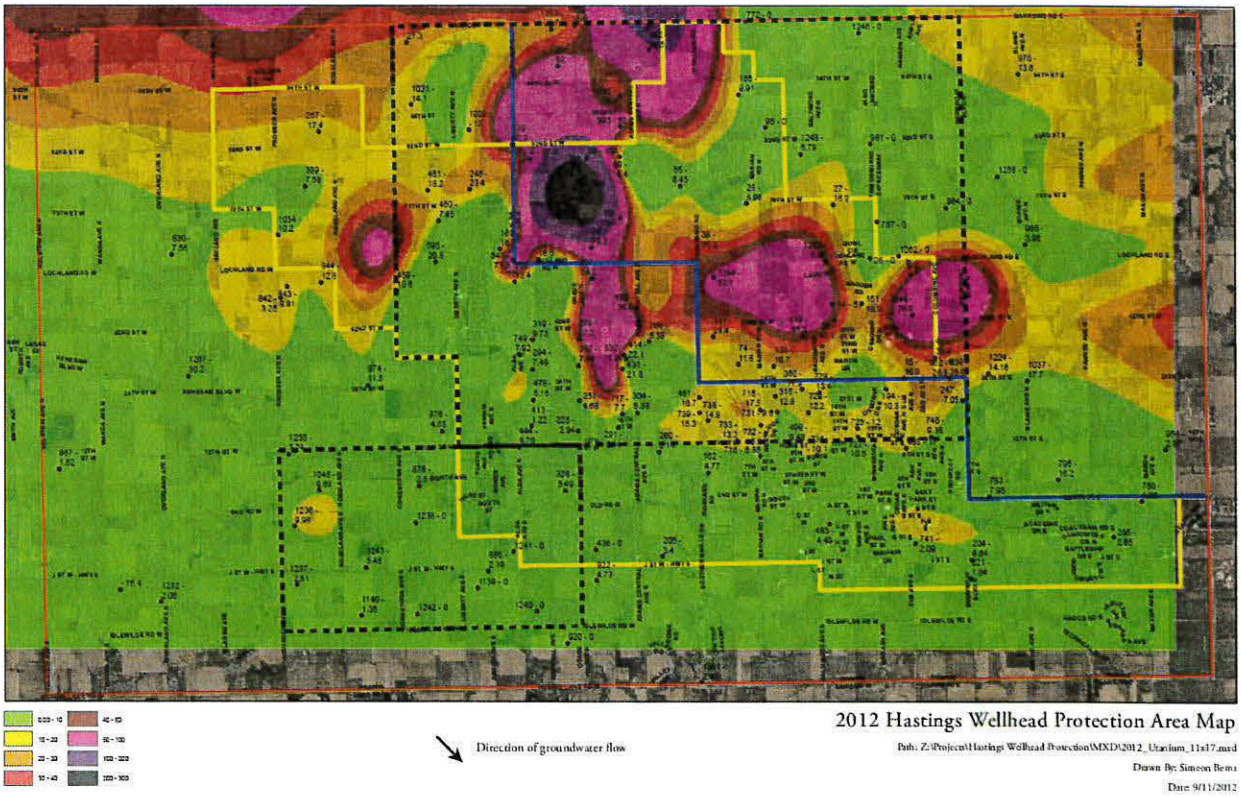
County/City Population* # Nitrate Violations (Highlights)

City	Population	2012	2013	2014	2015	2016	2017	2018	Total
Deweese	63	2							2
Edgar	470		1	2	1			2	6
Hastings	24,991					1	1		2
Ong	59						2	1	3
Prosser	71		4		2	1			7
Total		2	5	2	3	2	3	0	20

Reported Nitrate violations for cities and counties within South Heartland District, 2012-2018.

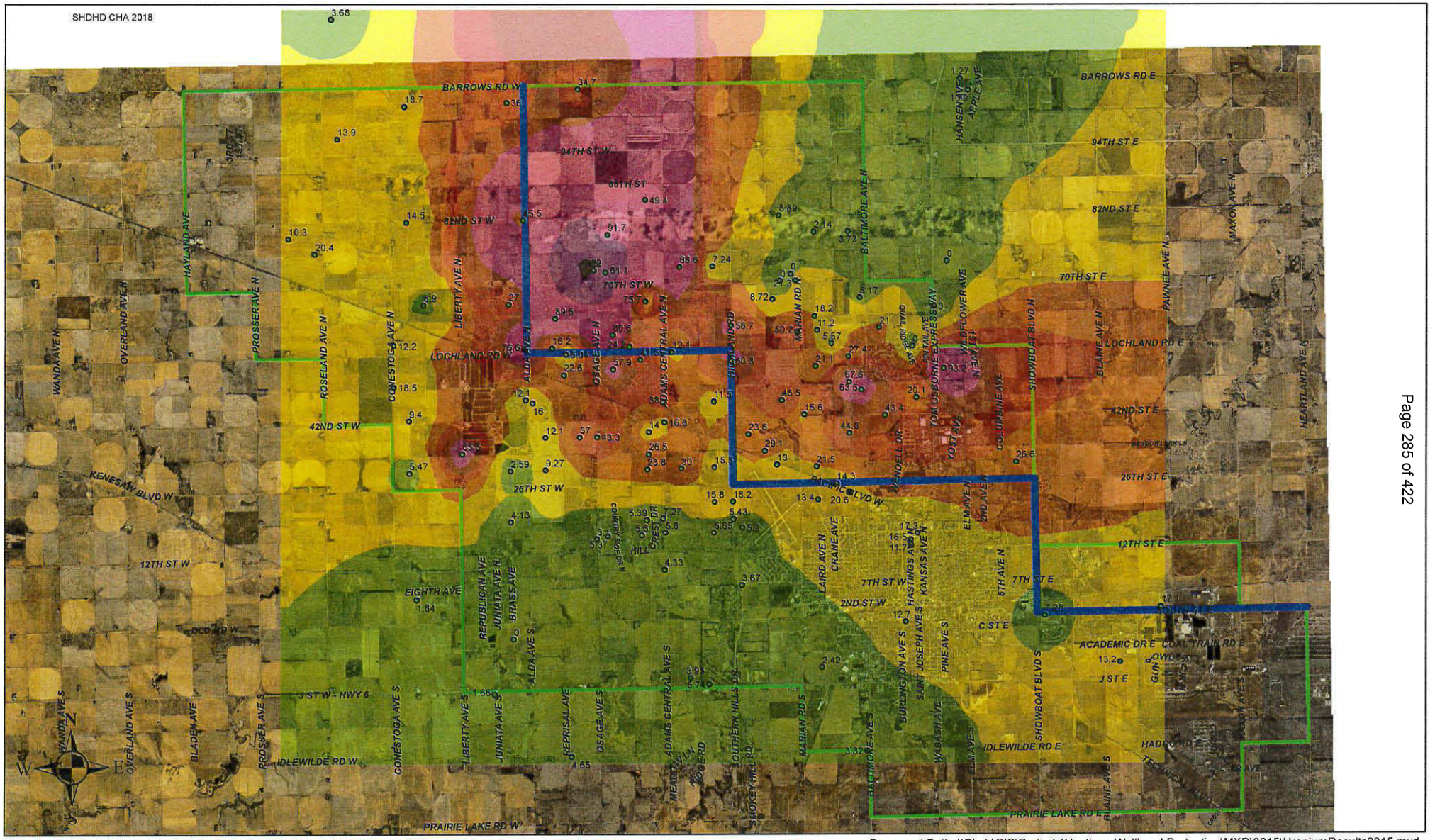
- Population data from US Census Bureau, 2016 census. http://www.census.gov/
- Rules and Regulations for Nebraska public water systems can be found here: http://www.dhhs.ne.gov/reg/t179.htm
- * Population served by Community Water Systems

Uranium Levels



Uranium levels in red, pink, purple and grey (above 35 mci) indicate unsafe levels for drinking water. Studies suggest that ingesting of high levels of uranium may be associated with an increased risk of kidney damage[1]. Exposure to soluble uranium in drinking water has not been shown to increase the risk of developing cancer. The Environmental Protection Agency (EPA) has estimated that the additional lifetime risk associated with drinking water that contains uranium at the concentration allowed in a public water supply is about 1 in 10,000. One fatal cancer in per 10,000 people exposed might occur from Uranium exposure after 70 years of drinking approximately two liters of public water per day.

Source: University of Nebraska-Lincoln Extension, Institute of Agricultural and Natural Resources, (2008)



2015 Uranium
- 0-10
- 10-20
- 20-30
- 30-40
- 40-50
- 50-100
- 100-200
- 200+
- New WHPA Boundary
- NRD_Divided_Boundary

Direction of groundwater flow

Document Path: \\Birch\GIS\Projects\Hastings Wellhead Protection\MXD\2015\UraniumResults2015.mxd

Uranium Results - 2015

Date: 10/9/2015

34

Fact Sheet

Domestic Violence, Sexual Assault & Child Abuse/Neglect

CONNECTING PEOPLE & RESOURCES
ADAMS CLAY 4 WEBSTER NUCKOLLS
STRONG & HEALTHY COMMUNITIES

Cases of Domestic Violence by County and Type (2017)

	Aggravated Domestic Violence	Simple Domestic Violence
Adams	7	121
Clay	2	1
Nuckolls	0	0
Webster	0	2

Data from the Nebraska Crime Commission. Statistics are the combined number of Aggravated and Simple domestic assaults.

What is Domestic Violence?

Domestic Violence is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.

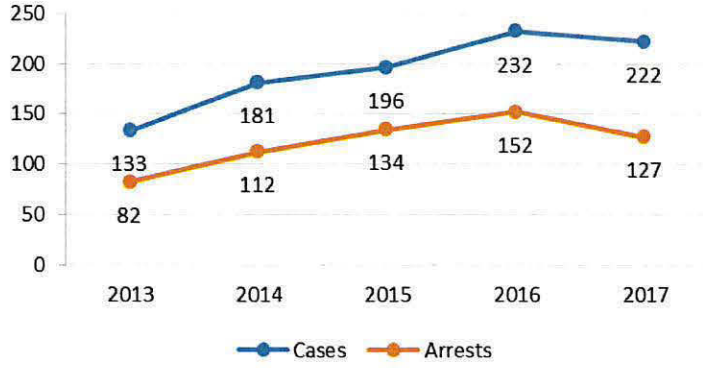
What is Sexual Assault?

Sexual Assault is an assault of a sexual nature on another person, or any sexual act committed without consent.

What is Child Abuse?

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of abuse: Physical Abuse; Sexual Abuse; Emotional Abuse and Neglect.

Trends: Cases and Arrests of Domestic Violence in the South Heartland District

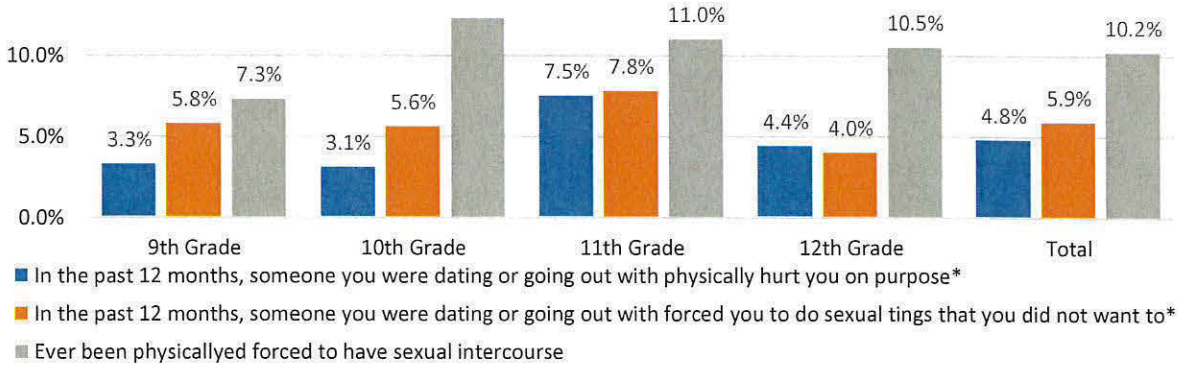


SASA

- Stands for Spousal Abuse/Sexual Assault
- Helped 746 survivors in 2017
- 1,363 bed nights and 4,089 meals were provided at shelters.
- Filed 133 protections orders and 51 harassment orders.
- Court accompaniment was provided 188 times.
- Community education about domestic violence

Data from the SASA in Hastings, NE

Domestic Violence and Sexual Assault in SHDHD High School Students



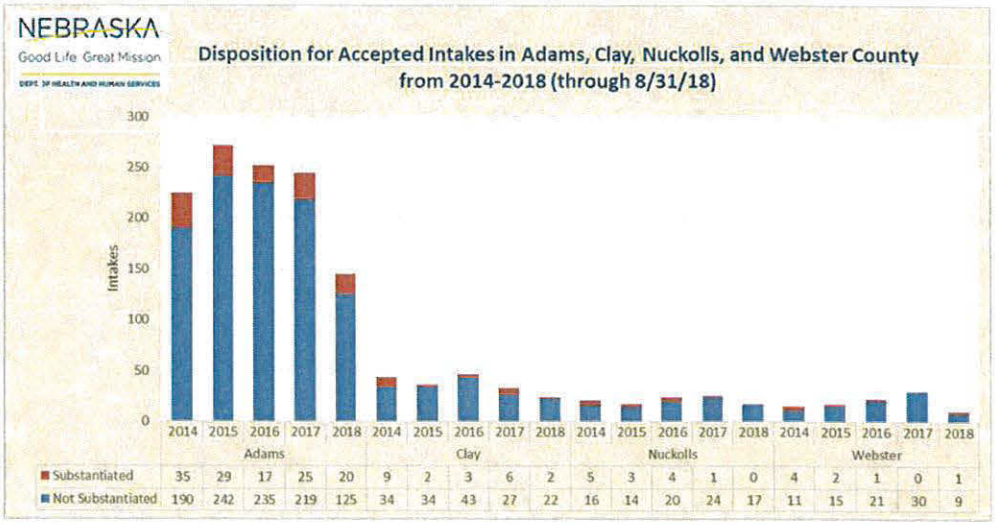
Data from Youth Risk Behavior Survey.
*Percentages combined for answer. Percentage includes answers or 1 time, 2 or 3 times, 4 or 5 times, and 6 or more times.

Child Abuse/Neglect Intakes by Disposition and County, SHDHD

ACE

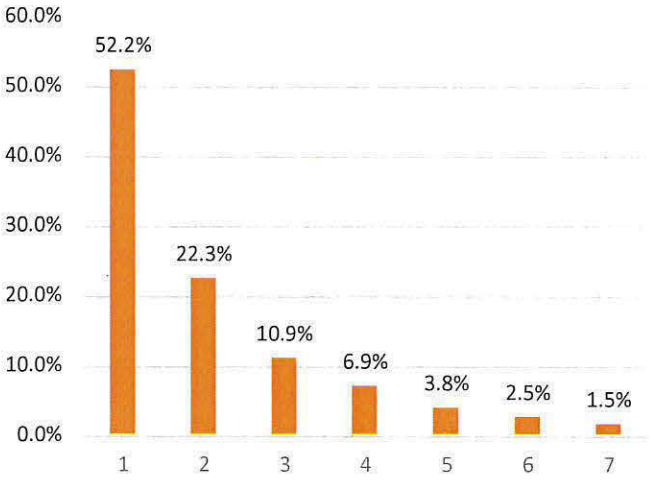
What is an ACE?

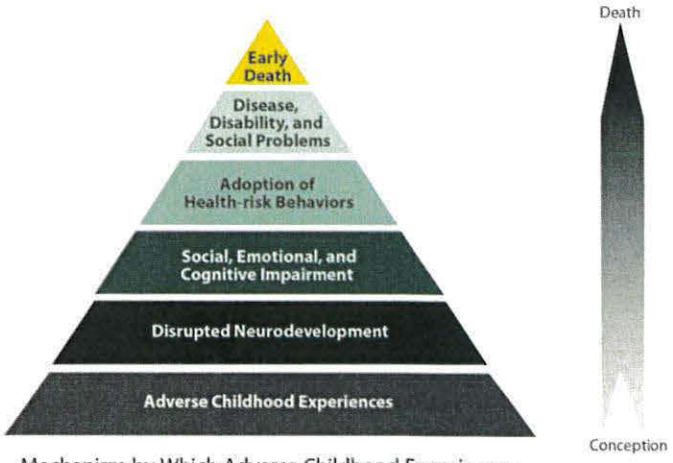
According to the CDC, an ACE, or Adverse Childhood Experience, is a negatively impacting experience that a child may face. ACEs have a tremendous impact on future violence, victimization, and perpetration, and lifelong health opportunities. They are categorized into three groups: abuse, neglect, and family/household change.



Number of ACEs: 2015 State BFRSS

Nebraska BFRSS 2015. From UNMC Behavioral Health Needs Assessment





Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

From the CDC and Prevention-Kaiser ACE Study

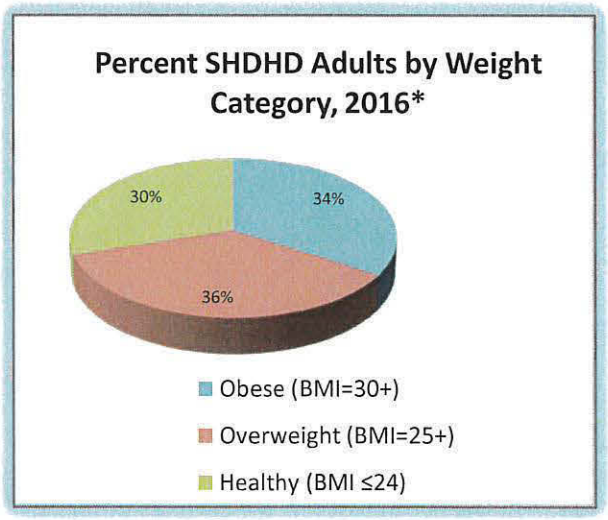
Question	Total	Male	Female
Did you live with anyone who was depressed, mentally ill, or suicidal?	Yes: 18.0%	Yes: 15.6%	Yes: 20.3%
Did you live with anyone who was a problem drinker or alcoholic?	Yes: 24.6%	Yes: 22.2%	Yes: 26.8%
Did you live with anyone who used illegal street drugs or who abused prescription medications?	Yes: 10.8%	Yes: 11.7%	Yes: 10.0%
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	Yes: 8.7%	Yes: 10.0%	Yes: 7.4%
Were you parents separated or divorced?	Yes: 24.9%	Yes: 25.0%	Yes: 24.7%
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	At least once: 16.8%	At least once: 16.7%	At least once: 16.9%
	Multiple times: 11.2%	Multiple times: 11.9%	Multiple Times: 10.4%

Data for this table were provided by the Nebraska Department of Health & Human Services. Nebraska BFRSS, 2015

Fact Sheet
Overweight/Obesity

CONNECTING PEOPLE & RESOURCES
ADAMS CLAY 4 WEBSTER NUCKOLLS
STRONG & HEALTHY COMMUNITIES

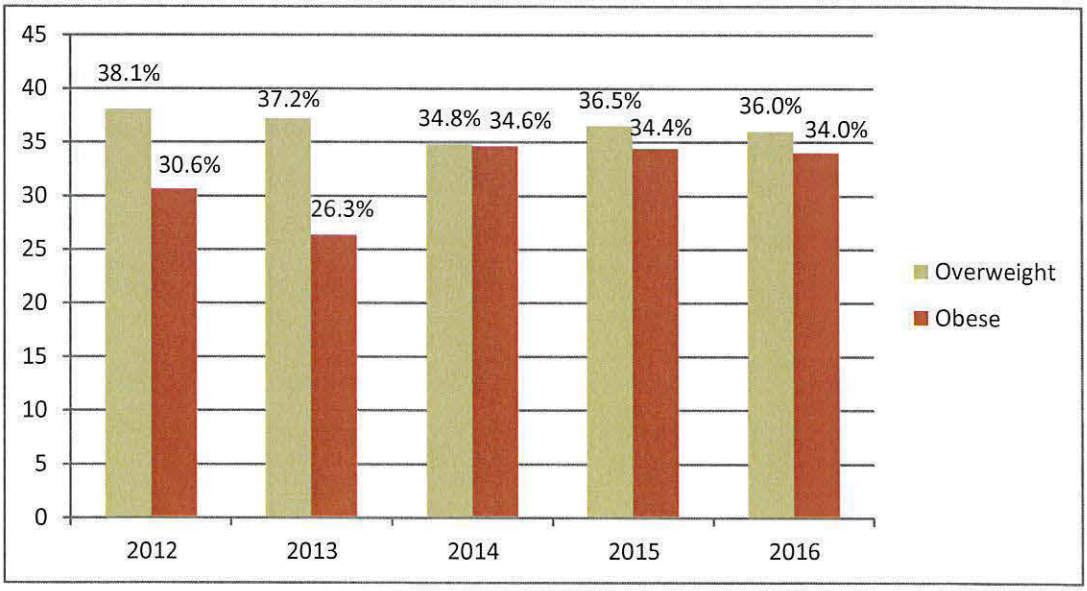
Incidence and Prevalence



*BRFSS Data

Trends

SHDHD Obesity Trends, 2012-2016*

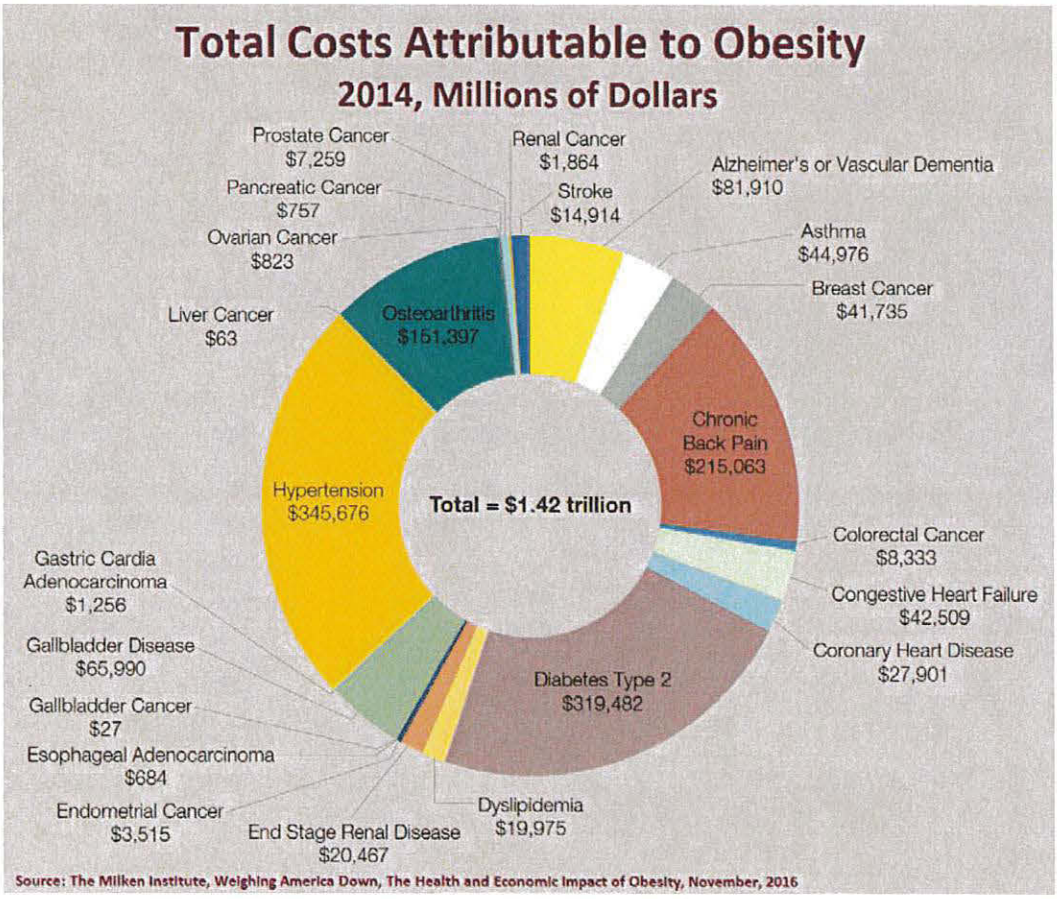


Obesity was perceived as #1 most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health-related problems in our community

Nebraska has the 15th highest Adult Obesity Rate in the nation and the 33rd highest Obesity Rate for Youth ages 10-17.

Robert Wood Johnson Foundation, 2018



Breakdown of Daily Average Vegetable Consumption by Group, SNAP-Ed Population

This indicator reports the average daily consumption of vegetables by vegetable group. Data represents the average daily consumption of adults living at or below 185% of the Federal Poverty Level (FPL).

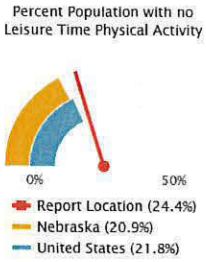
Report Area	Servings of Vegetables per Day, Total	Servings of Beans per Day	Servings of Green Vegetables per Day	Servings of Orange Vegetables per Day	Servings of Other Vegetables per Day
Report Location	1.7	0.3	0.46	0.24	0.77
Adams County, NE	1.7	0.3	0.46	0.24	0.77
Clay County, NE	1.7	0.3	0.46	0.24	0.77
Nuckolls County, NE	1.7	0.3	0.46	0.24	0.77
Webster County, NE	1.7	0.3	0.46	0.24	0.77
Nebraska	1.7	0.32	0.42	0.25	0.75
United States	1.8	0.38	0.5	0.27	0.66

Prepared by engagementnetwrok.org. 9/26/2018

Physical Inactivity

Within the report area, 8,726 or 24.4% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

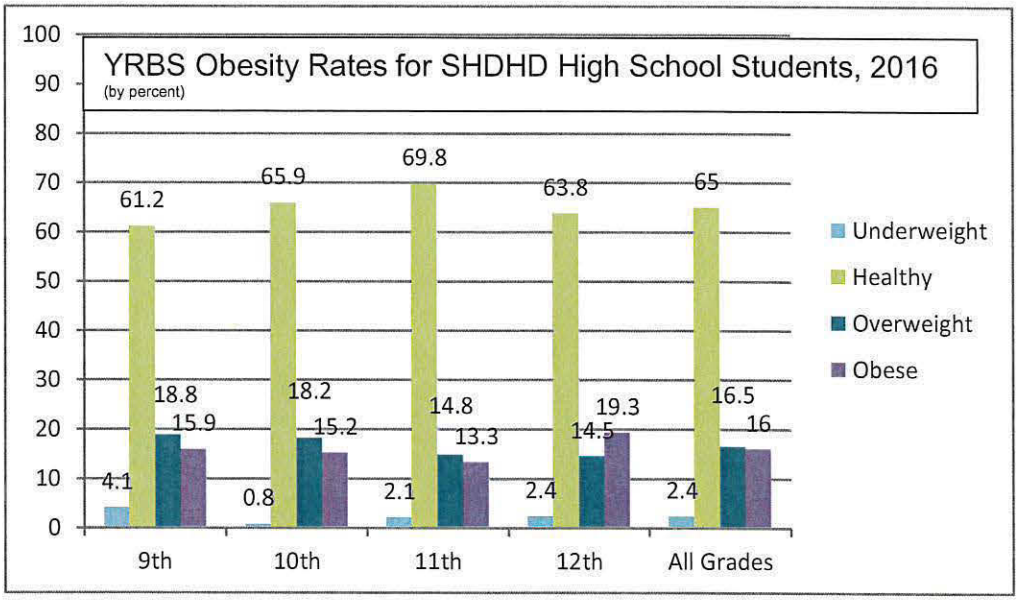
Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Location	33,855	8,726	24.4%
Adams County, NE	22,992	5,702	23.9%
Clay County, NE	4,675	1,136	22.5%
Nuckolls County, NE	3,397	992	26.5%
Webster County, NE	2,791	896	29.4%
Nebraska	1,352,107	290,828	20.9%
United States	234,207,619	52,147,893	21.8%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County → Show more details Prepared by engagementnetwrok.org. 9/26/2018

Risk Factors

- Genetics
- Inactivity
- Unhealthy diet and eating
- Family lifestyle
- Quitting smoking
- Pregnancy
- Lack of sleep
- Age
- Certain medications
- Social and economic issues

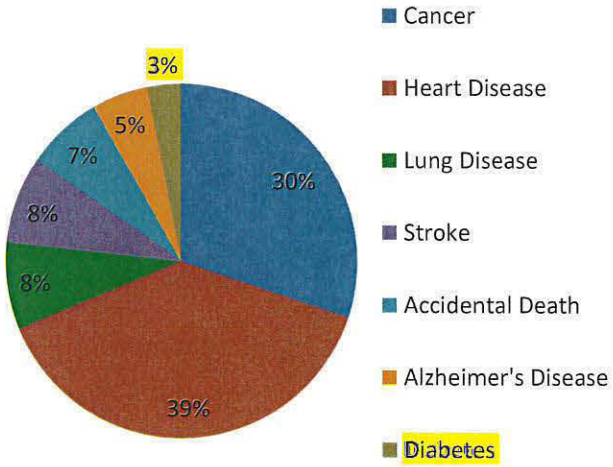


John Hopkins University HUB. 9/25/2017 https://hub.jhu.edu/2017/09/26/weight-loss-costs-savings-hopkins-study/

Fact Sheet
Diabetes

Incidence and Prevalence

SHDHD Top Causes of Death, 2016



23%

of total U.S. healthcare costs are attributed to diabetes.

2016 - Diabetes is the 7th leading cause of death in NE

2017 & 2018 – Diabetes is the leading reason for ML primary clinic visits.

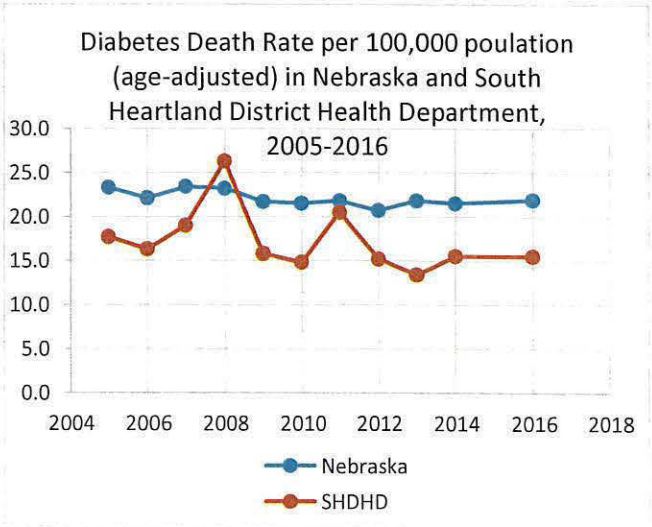
Mortality

An estimated 104,000 Nebraska adults have diabetes, and over 250,000 are undiagnosed, according to 2009

Deaths due to Diabetes (2016)

Adams	5
Clay	2
Nuckolls	3
Webster	1

Data Source: Nebraska Department of Health and Human Services Vital Statistics Reports (2016)



Diabetes was perceived as 6th most troubling health issue from our Community Themes and Strengths survey of 925 residents

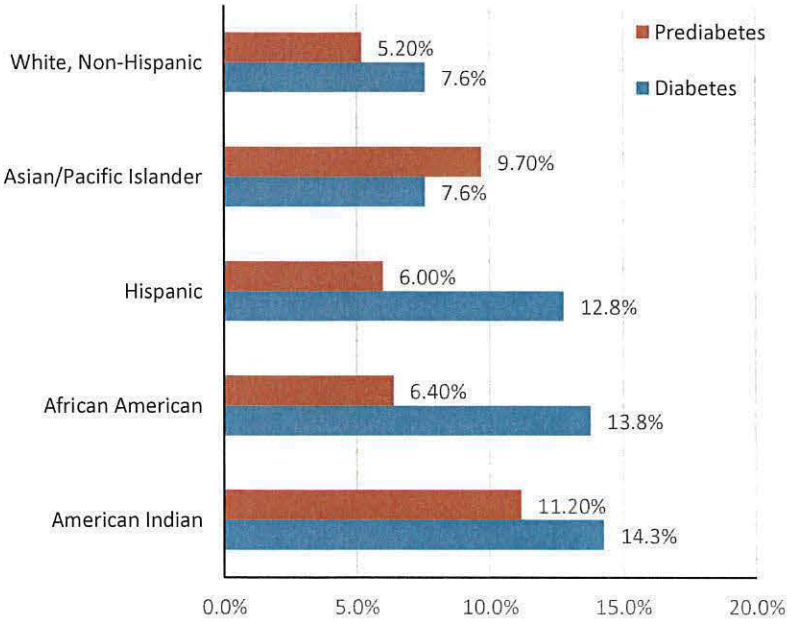
Responses to: Top five most troubling health–related problems in our community

Public Health
Prevent · Promote · Protect

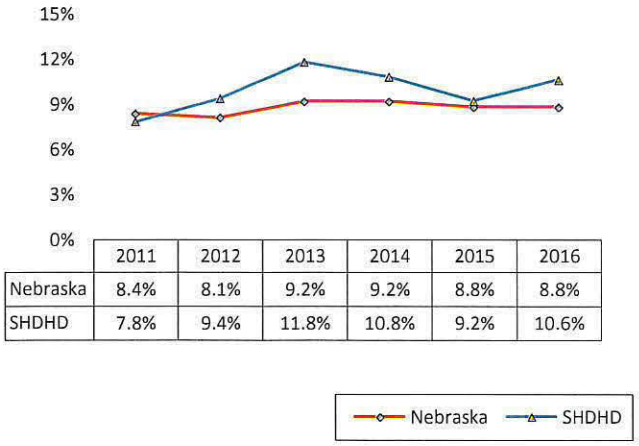
SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Demographics

NE Age-Adjusted prevalence of Diabetes and Prediabetes among Adults by Race/Ethnicity, 2012-2016



Ever told they have Diabetes (excluding pregnancy)*, Adults 18+, Nebraska and South Heartland District Health Department** 2011-2016



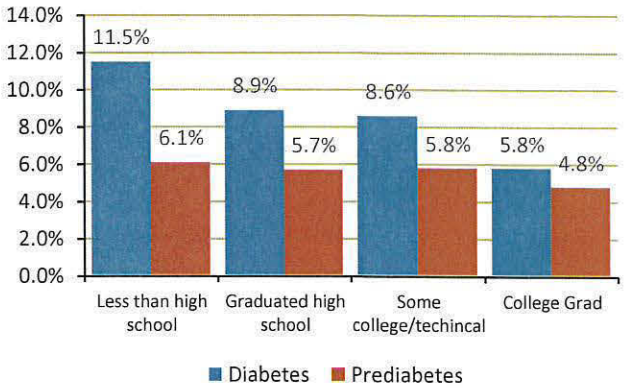
	2011	2012	2013	2014	2015	2016
Nebraska	8.4%	8.1%	9.2%	9.2%	8.8%	8.8%
SHDHD	7.8%	9.4%	11.8%	10.8%	9.2%	10.6%

*Percentage of adults 18 and older who report that they have ever been told by a doctor that they have diabetes (excluding pregnancy)
**South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Risk Factors

- Family history of diabetes
- History of gestational diabetes or giving birth to at least one baby weighing 9 lbs. or more
- African American, Hispanic/Latino, American Indian, Native Hawaiian, or Pacific Islander heritage
- Physical inactivity
- High blood pressure
- Smoking
- Being overweight or obese
- Being age 45 years or older
- Impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- Low HDL cholesterol or high triglycerides

NE Age-Adjusted prevalence of Diabetes and Prediabetes among Adults by Education Level and Annual Household Income, 2012-2016



Data from Nebraska BRFSS study 2012-2016

DHHS Quick Facts

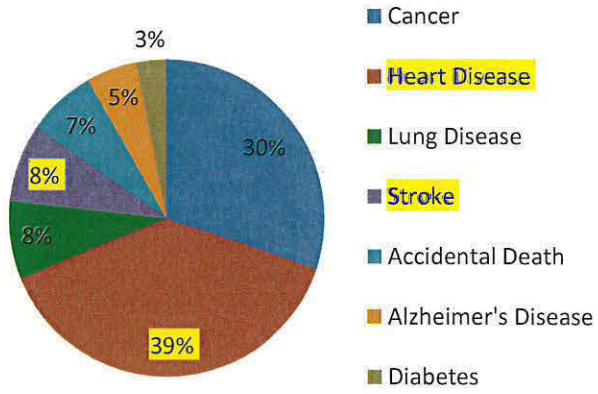
- In Nebraska, the prevalence of obesity has doubled in less than two decades, and close to two-thirds of Nebraska adults are now above their healthy weight, putting them at increased risk for developing diabetes.
- Almost 1 in 11 (8.8%) Nebraska adults were diagnosed with diabetes in 2016.
- 10.6% of adults 18+ in the South Heartland District were told that they have diabetes in 2016.
- Only 6% of Nebraskan adults are aware of having prediabetes.
- 15-30% of people with prediabetes will develop Type 2 diabetes within 5 years.
- Diabetes is the 7th leading cause of death in Nebraska in 2016.

Fact Sheet

Cardiovascular Heart Disease/Stroke

Incidence and Prevalence

SHDHD Top Causes of Death, 2016*



Leading Causes of Years of Potential Life Lost (Before Age 75), South Heartland District Health Department*, 2010-2014 Combined

Rank	Cause of Death	Total Deaths	Total YPLL	Average YPLL Per Death
-	All Injury	141	3,364	23.9
1	Cancer	516	3,412	6.6
2	Unintentional Injury	113	2,620	23.2
3	Heart Disease	682	2,421	3.5
4	Suicide	26	667	25.7
5	Chronic Lung Disease	150	368	2.5
6	Stroke	137	322	2.4
7	Diabetes	55	192	3.5
8	Birth Defects	<5	163	40.8
9	Nephritis/Nephrosis	58	111	1.9
10	Pneumonia	55	103	1.9

Source: Nebraska Vital Records

*South Heartland District Health Department includes Adams, Clay,

Trends

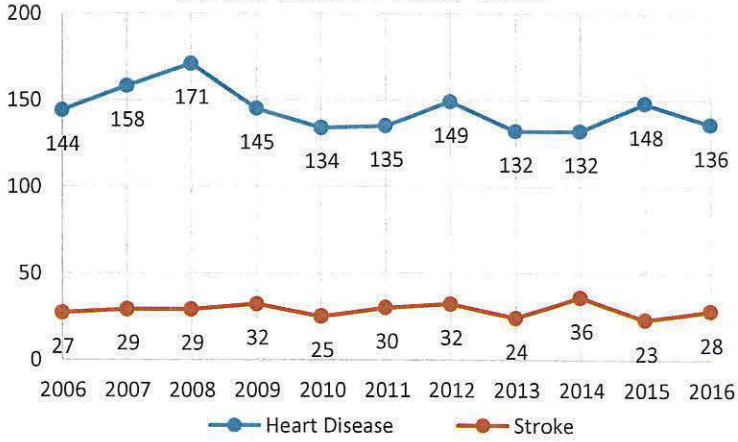
Number of deaths due to Heart Disease and Stroke per County*

	2016
Adams	91
Clay	17
Nuckolls	14
Webster	14

* Data Source: Nebraska Department of Health and Human Services Vital Statistics Reports (2016)

Mortality

Total Deaths due to Heart Disease and Stroke SHDHD 2005-2016*



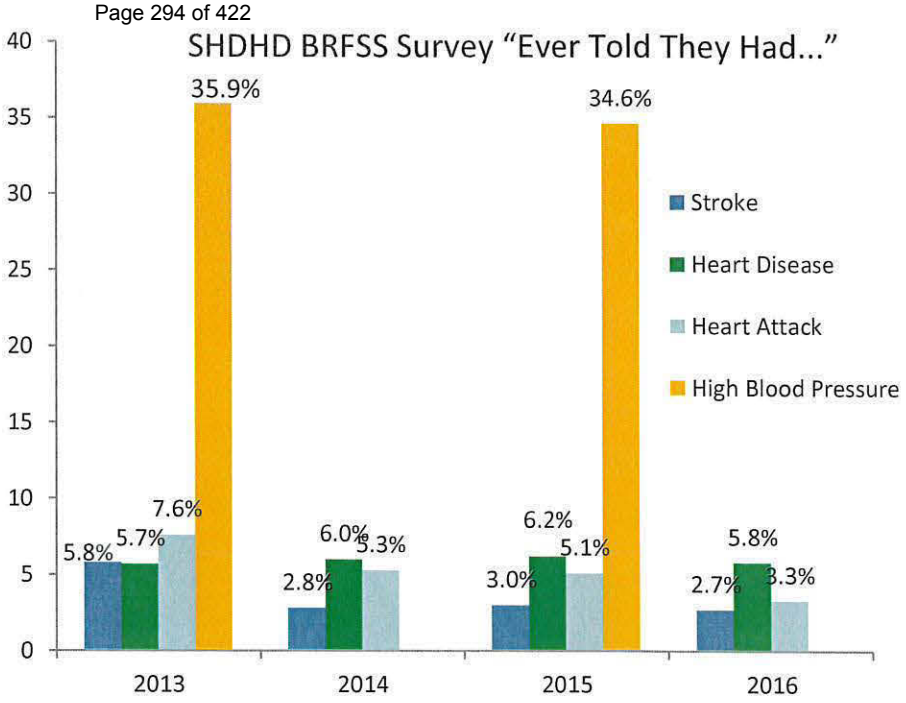
Heart Disease was perceived as the 6th most troubling health issue from our Community Themes and Strengths survey of 925 residents and High Blood Pressure was perceived as the 7th most troubling.

Responses to: Top five most troubling health–related problems in our community

Risk Factors

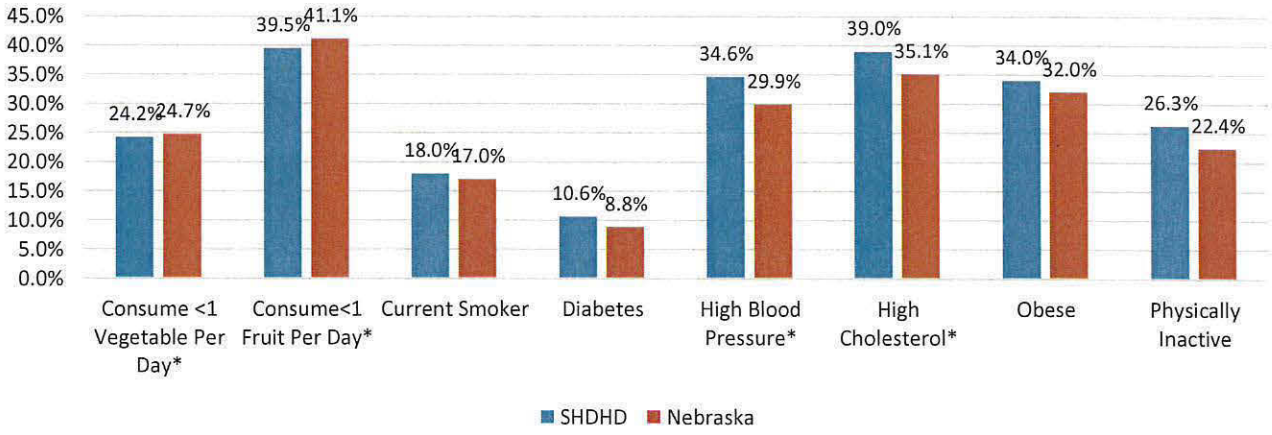
Preventable Risk Factors
- Type-2 Diabetes
- High Blood Cholesterol
- High Blood Pressure
- Lack of Physical Activity
- Overweight and Obesity
- Unhealthy Eating
- Smoking

Non-Preventable Risk Factors
- Increasing Age
- Male Gender
- Race/Ethnicity
- Family History of Premature CVD



Risk Factors

Prevalence Of Selected Risk Factors For Cardiovascular Disease Among Adults, 2016



Sources: NE BRFSS Data 2015 and 2016.
Notes: * 2015 data used. Physically inactive was defined as no leisure time physical activity in the last 30 days.

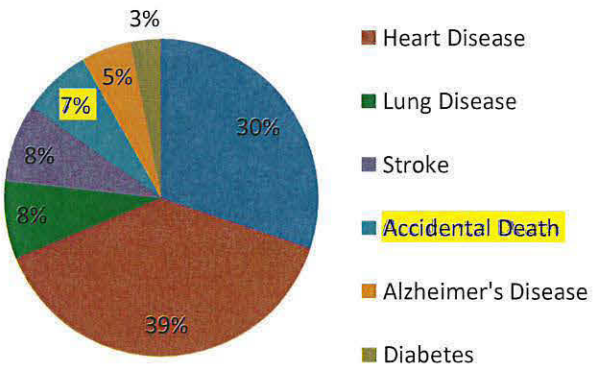
Quick Facts

- **CVD was the leading cause of death in Nebraska AND in the South Heartland District.**
- In 2016, 2.7% of adults in the SHDHD reported ever being told they had a stroke (BRFSS 2016).
- CVD is related in 1 in 4 Nebraska Deaths (DHHS, 2018).
- In 2016, total hospital charges for CVD in Nebraska was over $1 billion (DHHS, 2018).
- In 2016, 7.4%% reported having a Heart attack or being told they have Coronary Heart Disease (BRFSS, 2016).
- About 1 in every 10 Nebraska Adults reported that they have been diagnosed with or had a heart attack or stroke during their lifetime. Subsequently, these individuals are at extreme high risk for a recurrent heart attack or stroke.
- Nebraska Adults earning less than $25,000 (BRFSS, 2010) are more than twice as likely to be affected by CHD as those who earn more than $50,000.
- **According the BRFSS, in 2016, 70.0% of SHDHD residents were overweight and/or obese.**

Fact Sheet
Injury

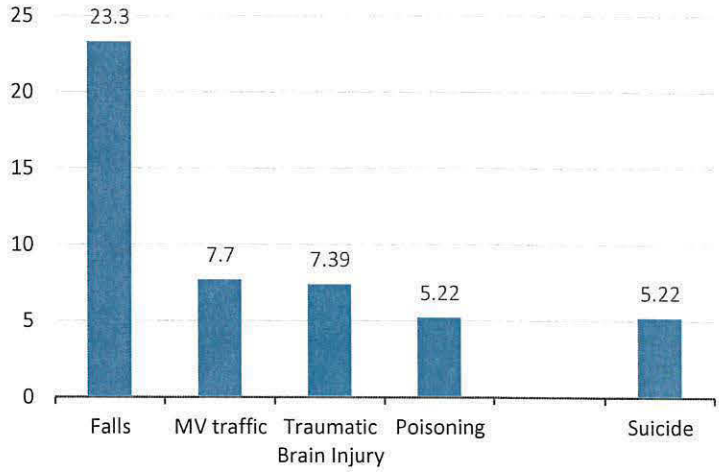
Incidence and Prevalence

SHDHD Top Causes of Death, 2016



- Accidental Death is the 5th leading cause of death in for South Heartland

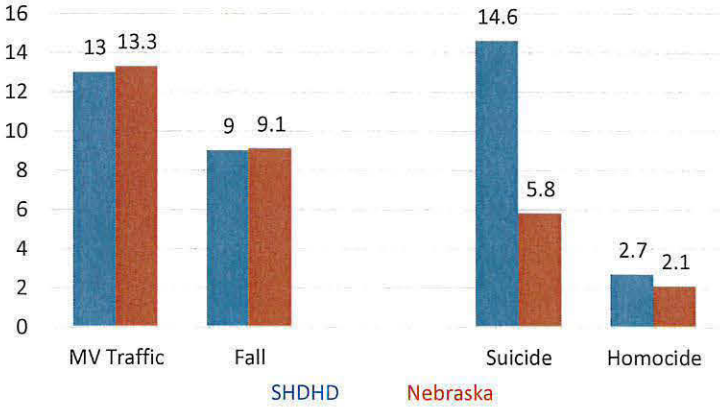
Age-adjusted Injury Hospitalization Rates by Cause, 2014



Data from SHDHD Injury Data, 2014
*Rates per 10,000 population

Mortality

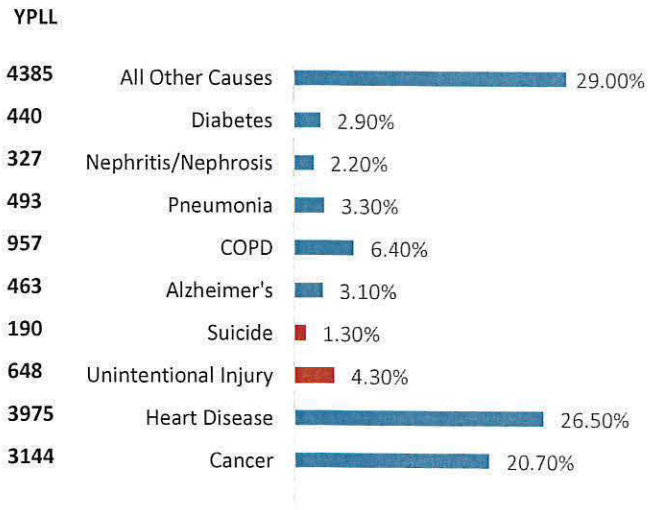
Age-adjusted Injury Death Rates by Cause, 2013-2017 (per 100,000 pop.)



Motor vehicle crashes were the leading cause of injury death in the counties served by SHDHD. Falls were the second leading cause of injury death; suicide was third. Source: Nebraska Vital Records

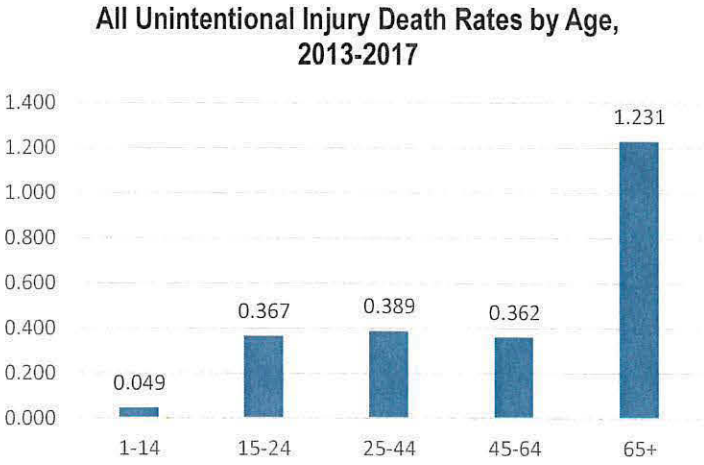
Burden

Years of Potential Life Lost (YPLL) Before Age 75 by Cause of Death, SHDHD, 2013-2017



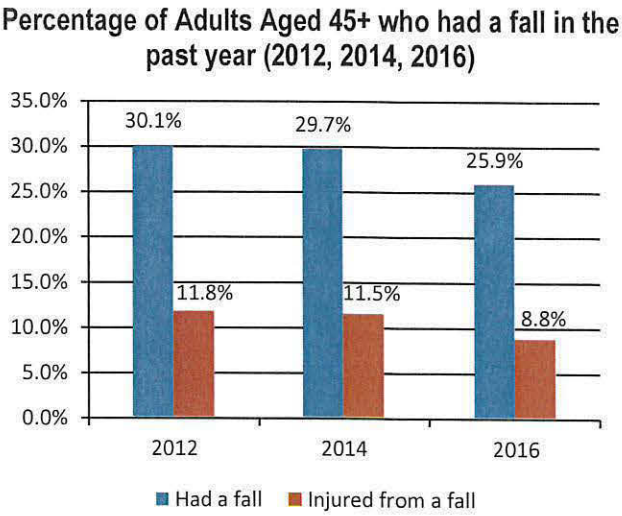
Injury was perceived as 13th most troubling health issue from our Community Themes and Strengths survey of 925 residents
Responses to: Top five most troubling health–related problems in our community

Demographics



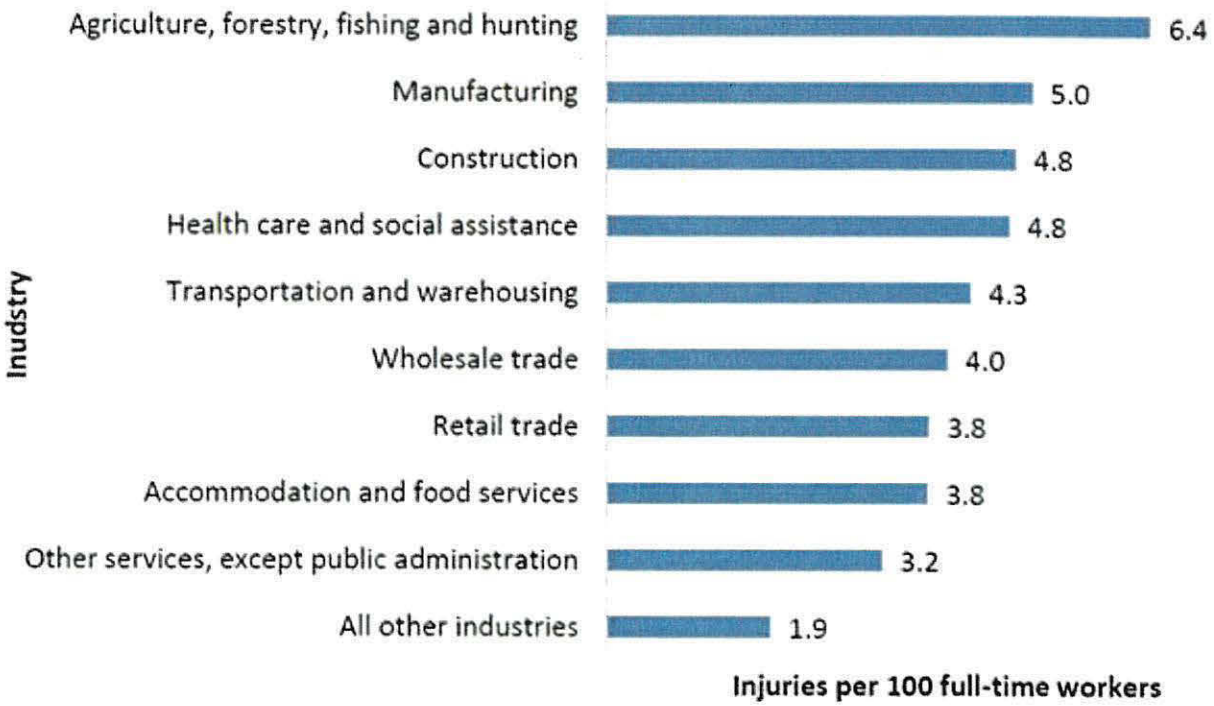
3 times the number of males died compared to females from unintentional injury in the SHDHD coverage area.

Behavioral Risk Factors



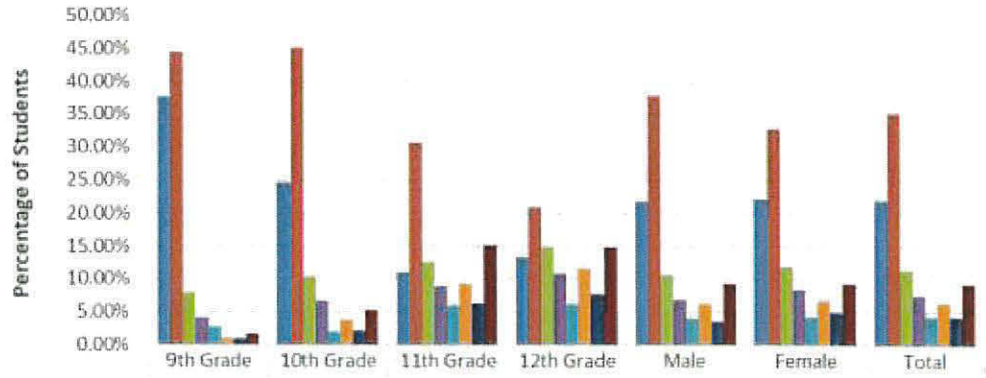
Source: NE BRFSS 2012, 2014, 2016

Figure 58: Average estimated non-fatal occupational injury rate by industry, Nebraska, 2009-2013 (n=113,600)



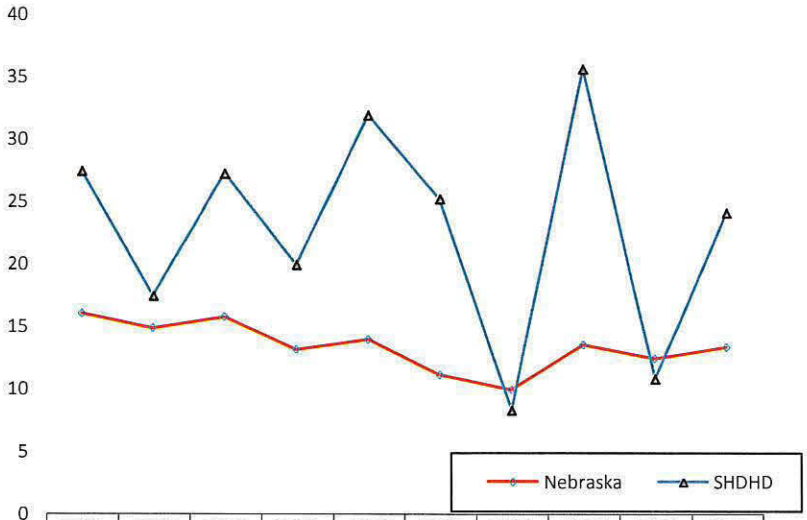
Source: BLS Survey of Occupational Injuries and Illnesses (SOII), 2009-2013

Frequency of emailing or texting and driving among SHDHD High School Students – YRBS, 2016



	9th Grade	10th Grade	11th Grade	12th Grade	Male	Female	Total
I did not drive a car or other vehicle during the past 30 days	37.60%	24.60%	11.00%	13.20%	21.70%	22.20%	21.90%
0 days	44.30%	45.10%	30.70%	20.90%	37.80%	32.70%	35.20%
1 or 2 days	7.90%	10.40%	12.50%	14.90%	10.60%	11.80%	11.30%
3 to 5 days	4.10%	6.70%	9.00%	10.80%	6.80%	8.40%	7.60%
6 to 9 days	2.60%	1.90%	6.00%	6.10%	4.10%	4.30%	4.20%
10 to 19 days	0.90%	3.70%	9.30%	11.50%	6.20%	6.60%	6.40%
20 to 29 days	0.90%	2.20%	6.30%	7.80%	3.60%	4.90%	4.30%
All 30 days	1.70%	5.20%	15.20%	14.90%	9.20%	9.20%	9.20%

Motor Vehicle Crashes Death Rate per 100,000 (age adjusted), Nebraska and South Heartland District Health Department*, 2005-2014



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nebraska	16.0	14.8	15.7	13.1	13.9	11.1	9.9	13.5	12.4	13.3
SHDHD	27.4	17.4	27.2	19.9	31.9	25.2	8.3	35.6	10.8	24.1

*South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties
Source: Nebraska Department of Roads; Nebraska Office of Highway Safety

Fact Sheet
Mental Health

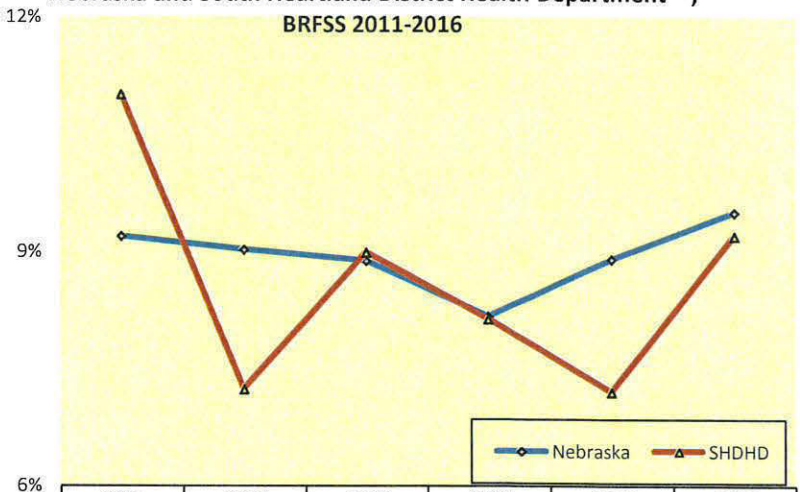
"We know that mental illness is an important public health problem in itself and is also associated with chronic medical diseases such as cardiovascular disease, diabetes, obesity, and cancer... we need to expand surveillance activities that monitor levels of mental illness in the United States in order to strengthen our prevention efforts."

— Ileana Arias, Ph.D., Principle Deputy Director, Centers for Disease Control and Prevention (CDC)

- Approximately 30,000 clients are served through the Nebraska Division of Behavioral Health Services each year.
- Among adults with mental illness, only 47% report receiving treatment.
- 43% of adolescents reporting depression receive treatment.
- 24.1% of Nebraska HS Students reported feeling depressed in the past year and 15% reported serious thoughts of committing Suicide
- The Nebraska suicide rate for 10-24 year-olds exceeds the national rate.

Incidence and Prevalence

Frequent Mental Distress in the Past 30 Days*, Adults 18+, Nebraska and South Heartland District Health Department, BRFSS 2011-2016**



	2011	2012	2013	2014	2015	2016
Nebraska	9.2%	9.0%	8.9%	8.2%	8.9%	9.5%
SHDHD	11.0%	7.2%	9.0%	8.1%	7.2%	9.2%

*Percentage of adults 18 and older who report that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the previous 30 days
**South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties

Behavioral Health Consumer Survey Summary of Results: Agreement Rate Adults Aged 18+ (2012-2017)

	2012	2013	2014	2015	2016	2017
Access	80.5%	82.3%	81.4%	82.8%	81.3%	82.3%
Treatment Quality	86.0%	86.2%	84.8%	87.4%	86.0%	85.9%
Outcomes	74.2%	69.8%	71.5%	72.9%	68.3%	69.2%
General Satisfaction	83.6%	85.0%	78.8%	86.6%	84.1%	86.1%
Participation in Treatment Plan	76.7%	78.9%	83.7%	79.4%	78.2%	76.4%
Improved Functioning	76.1%	71.2%	74.3%	73.1%	68.0%	69.9%
Social Connectedness	74.7%	68.7%	71.3%	68.4%	67.6%	67.1%

Source: DHHS-DBH 2017 Behavioral Health Consumer Survey Results

Mental Health was perceived as 2nd[th] most troubling health issue from our Community Themes and Strengths survey of 925 residents

Responses to: Top five most troubling health–related problems in our community

Public Health

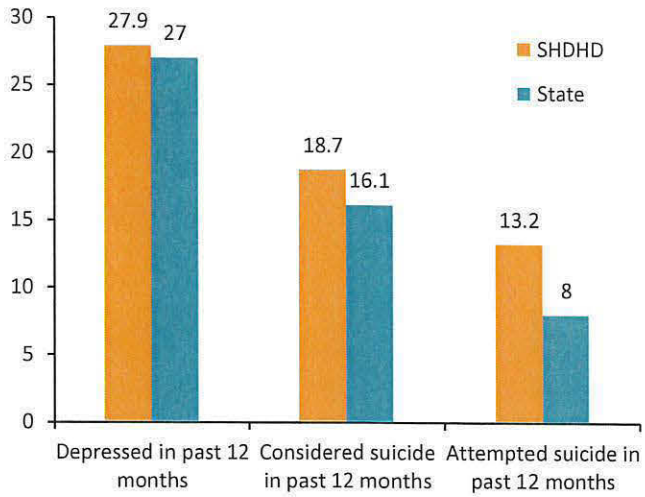
SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Perceived Barriers to Behavioral Health Services

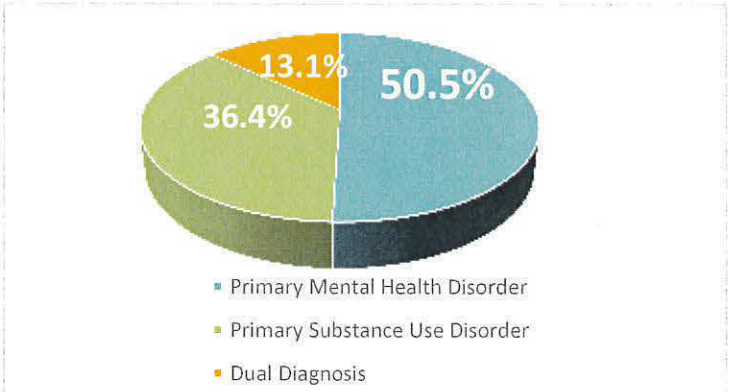
Cost	**74.8%**
Not knowing what services are available	**64.2%**
Stigma (embarrassment and/or fear of "being judged")	**62.9%**
Insurance won't cover the cost of services	61.7%
Services are not well advertised	53.6%
Not knowing about behavioral health issues	49.2%
Lack of transportation	39.4%
Too far to travel	36.0%
Long wait time to receive services	24.8%
Services aren't available	22.5%
Specialized services not available	17.8%
Conflict of interest with available services and/or providers	16.3%
Lack of good services	12.3%
Other	3.8%

Source: Schmeeckle, J. (2012).
Behavioral Health and Integrated Care Needs Assessment.

Percentage of Depression and Suicide- High School Students (Grades 9-12), YRBS 2016



BRFSS, 2016 Treatment Admissions

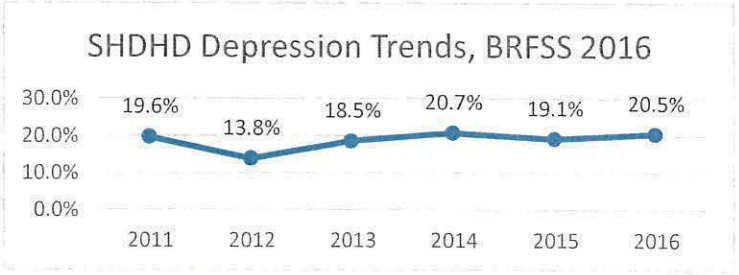


Reasons for Admission:

- 50.5% of persons served were admitted for a primary mental health disorder.
- 36.4% had a primary substance use disorder.
- 13.1% experienced a dual diagnosis of a primary mental illness and primary substance dependence disorder

Risk Factors

- having a biological relative, such as a parent or sibling, with a mental illness
- in utero exposure to biological or environmental hazards stressful life situations, such as unemployment, financial problems, a loved one's death or divorce
- substance abuse
- abuse, neglect or other childhood trauma
- chronic medical conditions, such as cancer
- traumatic experiences such as assault or military combat
- having few friends or few healthy relationship
- stressful life conditions



Public Behavioral Health System Expenditures

Nebraska Expenditures

The expenditures for mental health and substance use disorders for the previous three years are reflected in **Table 6.9**. These funds include state and federal revenues supporting community based treatment, recovery, and prevention initiatives in Nebraska as well as work force training and development activities. In 2016, the expenditure for the Division of Behavioral Health (DBH) funded public behavioral system in Nebraska was over $94,000,000 for mental health and substance use disorder services combined (**Table 6.9**). This was a considerable increase compared to the 2014 expenditure of about $86,000,000.

Table 6.9: Nebraska's Mental Health & Substance Use Disorder Program Expenditures: FY 2014-2016

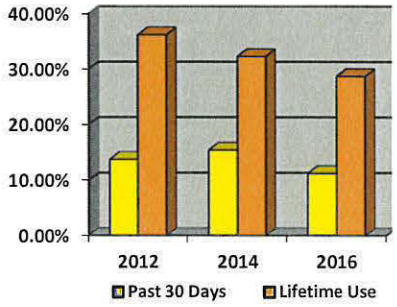
Service	2014	2015	2016
Mental Health	55,760,743.04	56,632,592.15	60,383,501.62
Substance Use	30,127,033.76	32,161,577.78	33,737,609.80
Total	85,887,746.80	88,794,169.93	94,121,111.42

Data for this table were provided by the Nebraska Department of Health & Human Services Division of Behavioral Health

Fact Sheet
Tobacco Use

Incidence and Prevalence

Percentage of SHDHD High School Students who have used Cigarettes, YRBS 2012-2016



SHDHD Youth Tobacco Use Past 30 Days, YRBS 2016				
	9th	10th	11th	12th
Smokeless	2%	6.8%	10.1%	6.8%
E-Cigarettes	15.4%	14.4%	17.7%	19.8%
Cigar Use	2%	6.8%	9.6%	9.9%

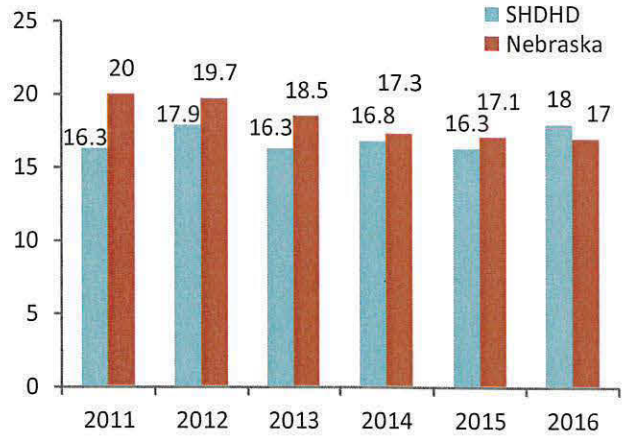
The Toll of Tobacco in Nebraska	
High school students who smoke	7.4% (7,700)
Male high school students who smoke cigars (female use much lower)	8.3%
High school students who use e-cigarettes	9.4%
Kids (under 18) who become new daily smokers each year	900
Adults in Nebraska who smoke	17.0% (245,500)
Proportion of cancer deaths in Nebraska attributable to smoking	27.1%

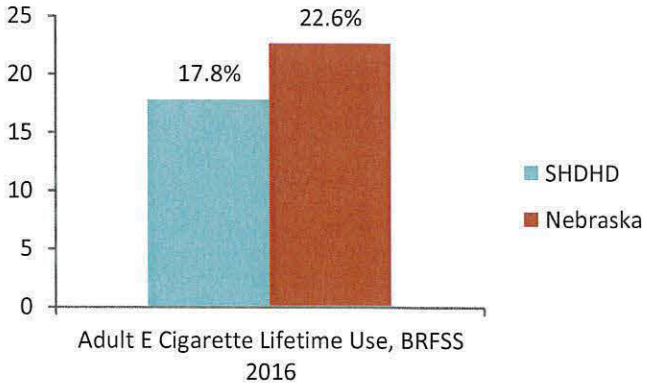
Percent of Adults who currently smoke

NE	Adams	Clay	Nuckolls	Webster
17%	17%	17%	15%	18%

Source: County Health Rankings, 2018

Current Tobacco Use among Adults Aged 18+ SHDHD- , '11-'16 (by Percent)





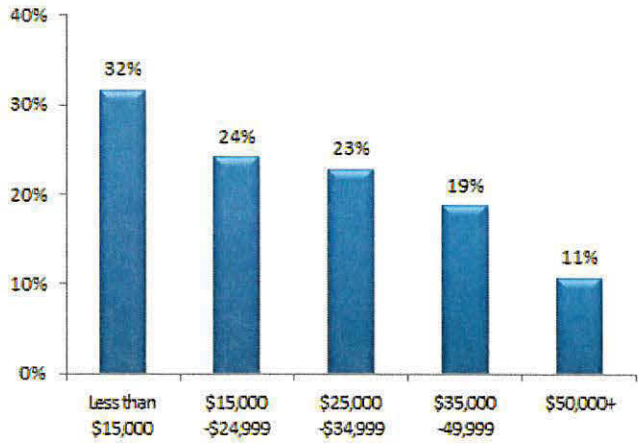
Adult E Cigarette Lifetime Use, BRFSS 2016

Substance Abuse was perceived as 3th most troubling health issue from our Community Themes and Strengths survey of 925 residents

Exposure to secondhand smoke*	
Non-smokers' exposure to secondhand smoke at home	5.5%
Homes with a smoke-free rule	89.0%
Non-smokers' exposure to secondhand smoke in family car	8.6%
Family vehicles with a smoke-free rule	85.2%
Mortality and diseases associated with tobacco in Nebraska**	
Annual smoking-related deaths	2,500
Annual smoking-related healthcare cost	$ 795 million
Annual smoking-related healthcare cost per capita	$ 727
Annual smoking-related years of productive life lost	13 years

Sources: *Adult Tobacco Survey (ATS); Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Tobacco Free Nebraska (TFN) - Nebraska Department of Health and Human Services. **CDC, 2014
Data and Trend on Tobacco Use in NE Report

Figure 13. Adult Smoking Rate by Income in Nebraska, 2014



Source: Nebraska BRFSS

Tobacco's Toll in Nebraska
(December 13, 2017)

Adults who smoke	17.0%
High school students who smoke	13.3%
Death caused by smoking each year	2,500
Annual health care costs directly caused by smoking	$795 million
Proportion of cancer deaths attributable to smoking	27.1%
Residents' state and federal tax burden from smoking-caused government expenditures	$746 per household
Estimated annual tobacco industry marketing in state	$58.8 million
Ratio of industry marketing to state tobacco prevention spending	22.9 to 1

Fact Sheet
Alcohol & Substance Use

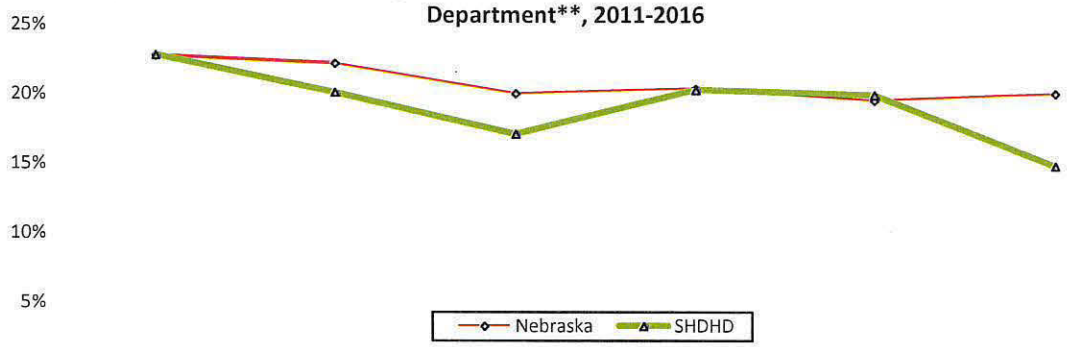
CONNECTING PEOPLE & RESOURCES
ADAMS CLAY 4 WEBSTER NUCKOLLS
STRONG & HEALTHY COMMUNITIES

Trends in Incidence and Prevalence of Alcohol Use

Heavy Drinking in past 30 days Adults 18+ in Nebraska and SHDHD, 2011-2016

	2011	2012	2013	2014	2015	2016
Nebraska	7.5%	7.2%	6.8%	6.4%	5.7%	6.6%
SHDHD	7.9%	7.8%	4.1%	6.2%	6.3%	5.2%

Binge Drank in the Past 30 Days*, Adults 18+, Nebraska and South Heartland District Health Department, 2011-2016**



	2011	2012	2013	2014	2015	2016
Nebraska	22.7%	22.1%	20.0%	20.3%	19.5%	20.0%
SHDHD	22.8%	20.0%	17.1%	20.2%	19.9%	14.8%

*Percentage of adults 18 and older who report having five or more drinks for men/four or more drinks for women on at least one occassion during the past 30 days

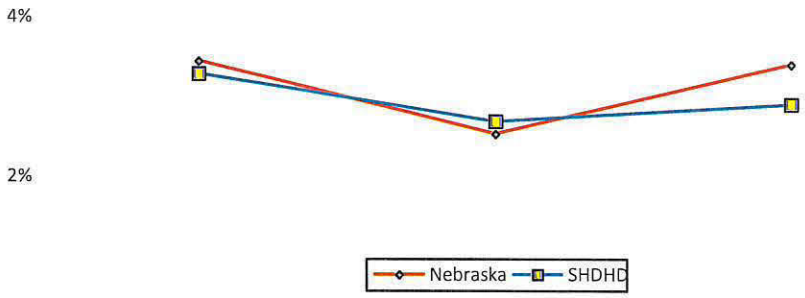
**South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties

Substance Abuse issues were perceived as 3rd most troubling health problem from our Community Themes and Strengths survey of 925 residents *Responses to: Top five most troubling health–related problems in our community*

Public Health
Prevent. Promote. Protect.

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Alcohol-Impaired Driving during the Past 30 days*, Adults 18+, Nebraska and South Heartland District Health Department, 2012-2016**

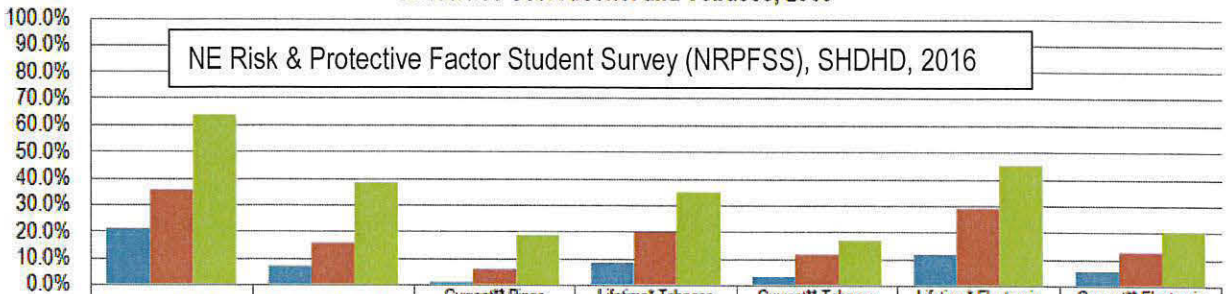


	2012	2014	2016
Nebraska	3.4%	2.5%	3.4%
SHDHD	3.3%	2.7%	2.9%

*Percentage of adults 18 and older who report driving after having had perhaps too much to drink during the past 30

Substance Use: Alcohol and Tobacco, 2016

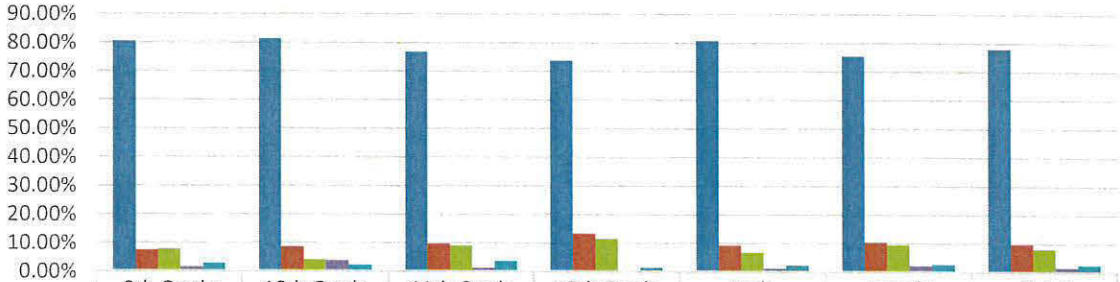
NE Risk & Protective Factor Student Survey (NRPFSS), SHDHD, 2016



	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
8th	21.0%	6.9%	0.9%	8.2%	2.9%	11.7%	5.3%
10th	35.5%	15.6%	5.8%	19.8%	11.5%	28.8%	12.5%
12th	63.6%	38.3%	18.6%	34.9%	16.6%	45.0%	20.2%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*

The number of times in the past 30 days that one has ridden in a car or other vehicle with someone who had been drinking alcohol - SHDHD YRBS, 2016



	9th Grade	10th Grade	11th Grade	12th Grade	Male	Female	Total
0 times	80.40%	81.30%	76.60%	73.60%	80.60%	75.40%	77.90%
1 time	7.30%	8.60%	9.60%	13.20%	9.20%	10.20%	9.70%
2 or 3 times	7.90%	4.10%	9.00%	11.50%	6.80%	9.50%	8.20%
4 or 5 times	1.50%	3.70%	1.20%	0.30%	1.10%	2.10%	1.60%
6 or more times	2.90%	2.20%	3.60%	1.40%	2.20%	2.80%	2.60%

Morbidity / Mortality: Alcohol

Alcohol-Impaired Driving Deaths by County

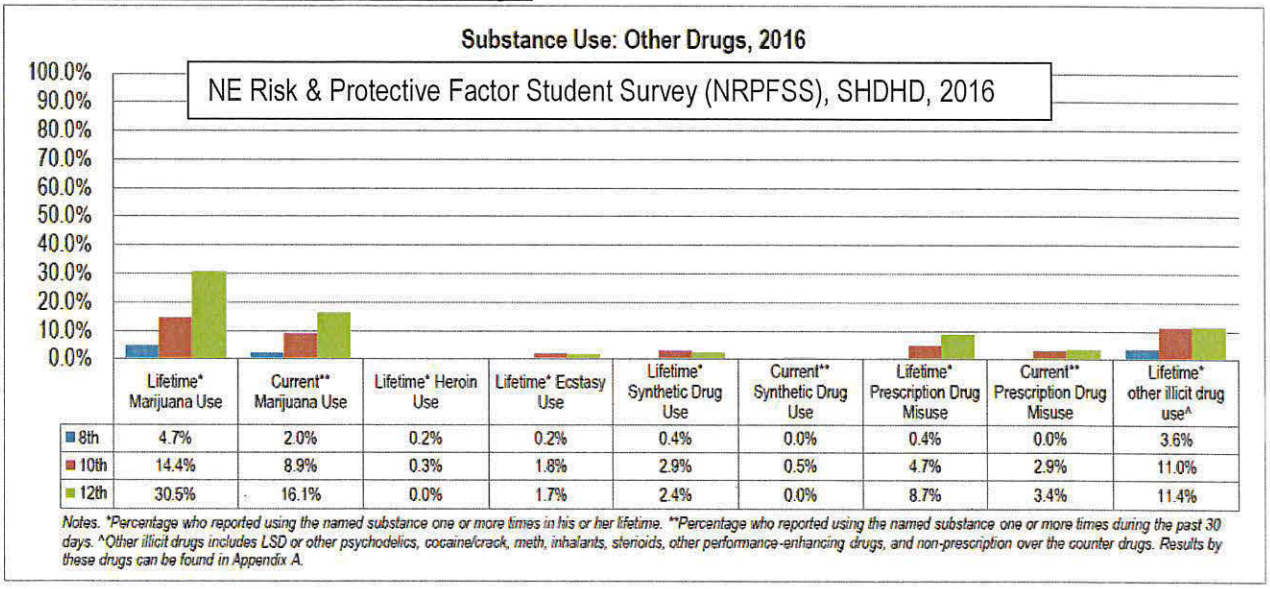
2018	# Alcohol Impaired Driving Deaths	% Alcohol-Impaired Driving Deaths
Adams	5	36%
Clay	8	73%
Nuckolls	2	50%
Webster	0	0%

Fatality Analysis Reporting System, County Health Rankings 2018

Deaths due to Cirrhosis Liver

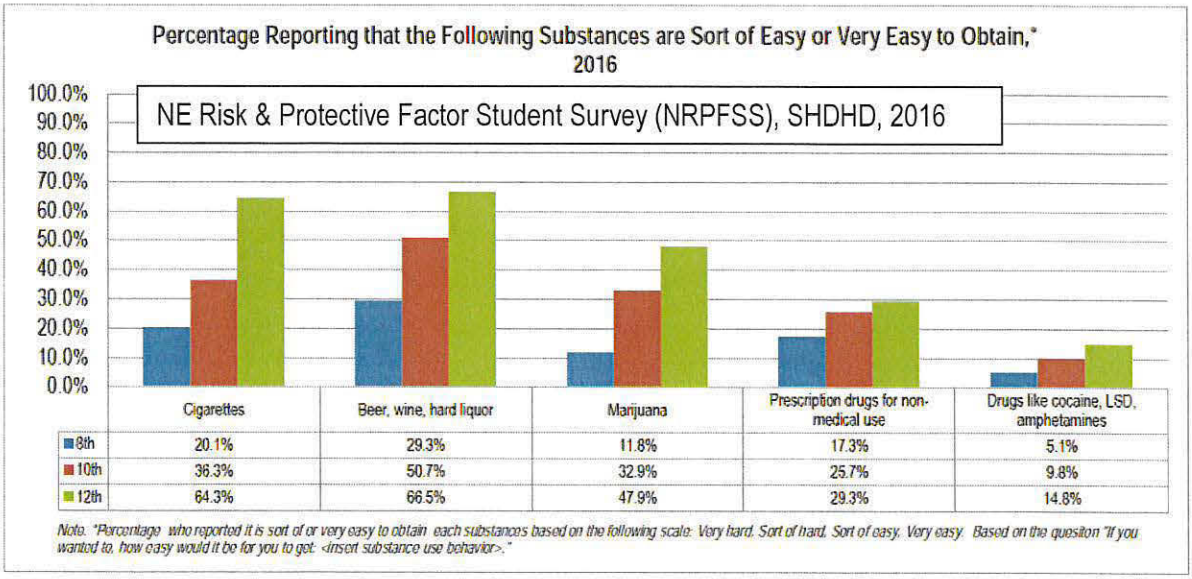
Years	SHDHD #	Age-Adjusted Rate (AAR) per 100,000	NE AAR per 100,000
01-05	12	4.6	6.6
05-09	15	7.1	6.8
09-13	17	7.3	7.7
13-17	23	8.2	8.8

Substance Use: Other Drugs



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
8th	4.7%	2.0%	0.2%	0.2%	0.4%	0.0%	0.4%	0.0%	3.6%
10th	14.4%	8.9%	0.3%	1.8%	2.9%	0.5%	4.7%	2.9%	11.0%
12th	30.5%	16.1%	0.0%	1.7%	2.4%	0.0%	8.7%	3.4%	11.4%

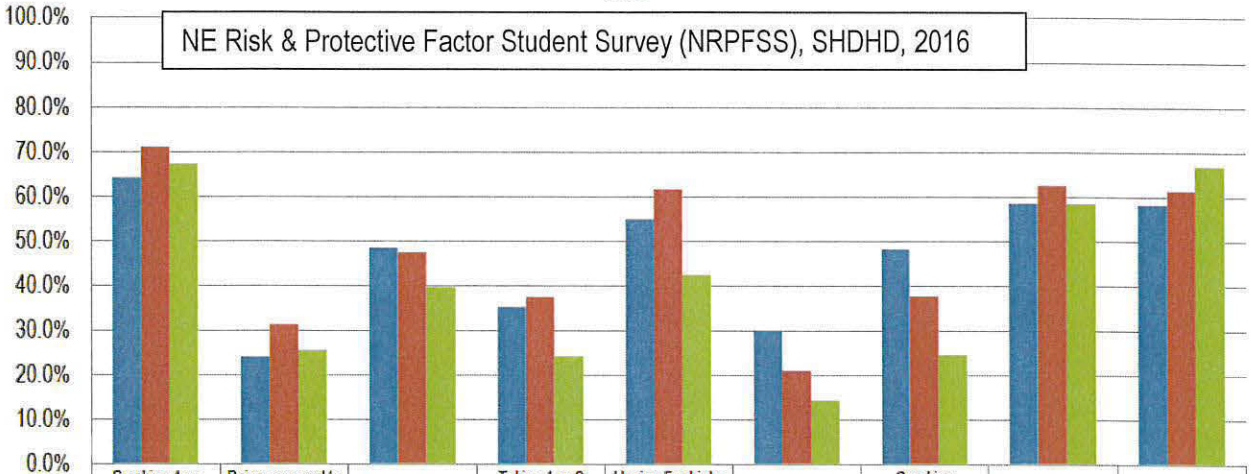
*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, steroids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*



	Cigarettes	Beer, wine, hard liquor	Marijuana	Prescription drugs for non-medical use	Drugs like cocaine, LSD, amphetamines
8th	20.1%	29.3%	11.8%	17.3%	5.1%
10th	36.3%	50.7%	32.9%	25.7%	9.8%
12th	64.3%	66.5%	47.9%	29.3%	14.8%

*Note. *Percentage who reported it is sort of or very easy to obtain each substances based on the following scale: Very hard, Sort of hard, Sort of easy, Very easy. Based on the quesiton "If you wanted to, how easy would it be for you to get: <insert substance use behavior>."*

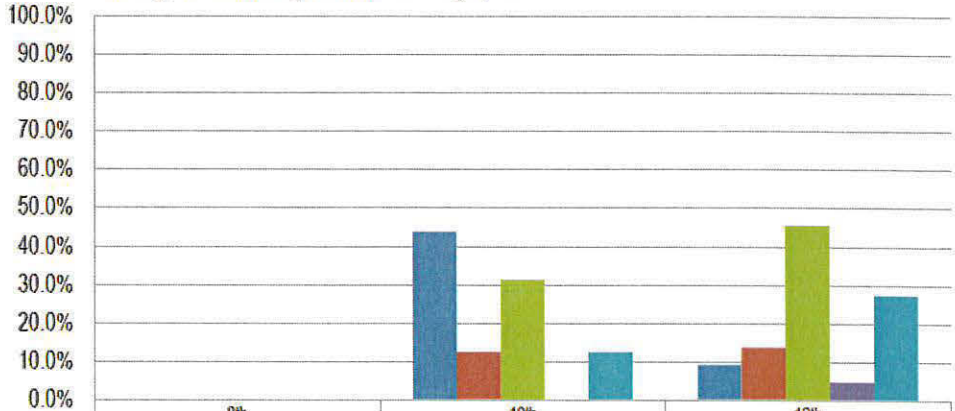
Percentage Reporting that the Following Substance Use Behaviors Place People at Great Risk*, 2016



	Smoking 1 or more packs of cigarettes daily	Being exposed to other people's cigarette smoke	Use smokeless tobacco daily	Taking 1 or 2 drinks of alcohol nearly every day	Having 5+ drinks of alcohol 1 or 2 times a week	Trying marijuana once or twice	Smoking marijuana 1 or 2 times a week	Misusing prescription drugs	Using inhalants
8th	64.2%	24.1%	48.5%	35.3%	54.9%	29.9%	48.1%	58.5%	58.2%
10th	70.9%	31.2%	47.4%	37.4%	61.5%	21.0%	37.6%	62.4%	61.2%
12th	67.2%	25.6%	39.6%	24.3%	42.4%	14.4%	24.6%	58.4%	66.7%

*Note. *Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>."*

Sources for Obtaining Prescription Drugs during the Past 30 Days, among Students who Reported Using Them during the Past 30 Days,* 2016



	8th (<10 cases)	10th (n=16)**	12th (n=22)**
Took them from home without my parents' knowledge		43.8%	9.1%
Bought them from someone		12.5%	13.6%
Someone gave them to me		31.3%	45.5%
Took them from someone else without their knowledge		0.0%	4.5%
Got them some other way (not listed)		12.5%	27.3%

*Notes. *Among past 30 day prescription drug users, the usual manner they used for obtaining prescription drugs during the past 30 days. **The n-size displayed is the same for all sources given that the manner for obtaining prescription drugs is asked as one question.*

Prescription Drug Use

From: Youth Risk Behavior Survey, 2016 (SHDHD Schools)

During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

OVERALL	Total		9th Grade		10th Grade		11th Grade		12th Grade	
	N	%	N	%	N	%	N	%	N	%
0 times	999	88.8%	266	93.0%	253	89.4%	205	84.0%	274	88.1%
1 or 2 times	44	3.9%	9	3.1%	12	4.2%	14	5.7%	9	2.9%
3 to 9 times	34	3.0%	7	2.4%	6	2.1%	9	3.7%	12	3.9%
10 to 19 times	26	2.3%	1	0.3%	6	2.1%	9	3.7%	10	3.2%
20 to 39 times	8	0.7%	1	0.3%	0	0.0%	3	1.2%	4	1.3%
40 or more times	14	1.2%	2	0.7%	6	2.1%	4	1.6%	2	0.6%
Totals	1125	100.0%	286	100.0%	283	100.0%	244	100.0%	311	100.0%

From: Youth Risk Behavior Survey, 2014 (SHDHD Schools)

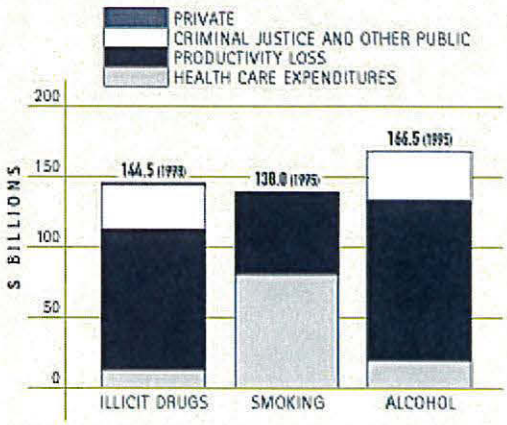
During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

OVERALL	Total		9th Grade		10th Grade		11th Grade		12th Grade	
	N	%	N	%	N	%	N	%	N	%
0 times	1101	88.9%	312	91.5%	242	90.6%	283	84.7%	263	89.5%
1 or 2 times	64	5.2%	15	4.4%	8	3.0%	29	8.7%	12	4.1%
3 to 9 times	31	2.5%	3	0.9%	8	3.0%	9	2.7%	11	3.7%
10 to 19 times	19	1.5%	3	0.9%	5	1.9%	9	2.7%	2	0.7%
20 to 39 times	9	0.7%	4	1.2%	1	0.4%	1	0.3%	3	1.0%
40 or more times	14	1.1%	4	1.2%	3	1.1%	3	0.9%	3	1.0%
Totals	1238	100.0%	341	100.0%	267	100.0%	334	100.0%	294	100.0%

Productivity Losses from Substance Abuse are Substantial

FIGURE 1

Societal Costs from Substance Abuse



SOURCE: Center on an Aging Society tabulations of published data from The Economic Costs of Drug Abuse in the United States, 1992-1998, Office of National Drug Control Policy, September 2001 and Schneider Institute for Health Policy, Substance Abuse: The Nation's Number One Health Problem, Robert Wood Johnson Foundation, Princeton, NJ, February 2001 Update.

Community Burden of Substance Abuse

The societal costs of substance abuse in disease, premature death, lost productivity, theft and violence, including unwanted and unplanned sex, as well as the cost of interdiction, law enforcement, prosecution, incarceration, and probation are, however, greater than the value of the sales of these addictive substances (see Figure 1.) Everyone pays for these costs. Consumers pay in the form of higher prices for goods and services. Employers and employees pay higher health insurance premiums. Taxpayers pay higher taxes for the public expenditures of health care, law enforcement, the judicial system, incarceration as well as prevention and treatment programs. The price is also reflected in the need for foster care and homeless shelters. Substance abuse also hinders economic growth and diverts resources away from future investments.

Substance Abuse: Facing the Costs: Issue Brief Number 1. August

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Section #7 – Community Health Improvement Tracker

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Community Health Improvement Tracker – 2016

Progress Toward Target	Priority Area	Baseline Year	2015-2016 Data	Target	Special Thanks to our partners
	Obesity (%)				
✚	Increase the percentage of adults exercising 30 minutes a day, five times per week.	49.1	53.1	52.0	YMCA, UNL Extension, Hastings College, Healthy Hastings, Mary Lanning Wellness, City of Hastings, Choose Healthy Here stores, Brodstone Hospital, Brodstone Healthcare, Harvard Multicultural Parent Association, HPS School Wellness Teams, Harvard Wellness Team, St. Cecilia Wellness Team, DHHS
⬇	Increase the percentage of youth exercising 60 minutes a day, five times per week.	58.7	51.7	62.2	
✚	Consumed fruit more than 1 time per day*	54.6	60.5	58.1	
○	Consumed vegetables more than 1 time per day*	72.9	75.8	77.2	
⬇	Increase the percentage of youth who report eating fruits ≥2 times/day during the past 7 days	23.4	18.0	24.8	
○	Increase the percentage of youth who report vegetables ≥ 3 times/day during the past 7 days	8.5	8.2	10.5	
⬇	Decrease the percentage of adults 18+ years who are overweight or obese (BMI ≥ 25.0)	68.7	70.9	64.6	
⬇	Decrease the percentage of adults who are obese (BMI ≥ 30.0)	30.6	34.4	28.8	
○	Decrease the percentage of children under 18 years who are overweight (BMI ≥ 25) or at risk of becoming overweight (21 < BMI <25)	32.1	32.5	30.0	
	Cancer (% and rate per 100,000)				
○	Increase percentage of women aged 50-74 years who are up-to-date on breast cancer screening	70.0	71.7	74.2	Morrison Cancer Center, Brodstone Healthcare, Webster Co. Hospital, Vital Signs Health Fair, Mary Lanning Cancer Committee, SHDHD Cancer Coalition, American Cancer Society
○	Increase percentage of women aged 21-65 years who are up-to-date on cervical cancer screening rates	80.4	79.3	85.2	
✚	Increase percentage of adults aged 50-75 years who are up-to-date on colorectal cancer screening (annual fecal occult blood test (FOBT), OR sigmoidoscopy every 5 years + FOBT every 3 years, OR colonoscopy	59.9	72.1	60.0	
⬇	Reduce incidence rates due to female breast cancer	128.9	131.6	121.2	
⬇	Reduce mortality rates due to female breast cancer	19.0	22.8	18.0	
✚	Reduce incidence rates due to colorectal cancer	64.7	42.6	60.9	
○	Reduce mortality rates due to colorectal cancer	15.5	15.7	14.6	
✚	Reduce incidence rates due to prostate cancer	161.3	117.1	151.6	
✚	Reduce mortality rates due to prostate cancer	25.1	18.8	23.6	

✚ at or within 1% of target, ○ within 5% of target, ⬇ greater than 5% change from baseline away from target

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Vision: Healthy People in Health Communities
Adams, Clay, Nuckolls, Webster Counties
SHDHD 07.12.18

Community Health Improvement Tracker – 2016

Progress Toward Target	Priority Area	Baseline Year	2015-2016 Data	Target	Special Thanks to our partners
	Cancer (% and rate per 100,000), continued				**Partners, Continued**
↓	Reduce incidence rates due to skin cancer	18.5	29.0	17.4	Providers for Sun-Safe behavioral counseling, Community Pools, City of Hastings, DHHS Radon Program
↓	Reduce mortality rates due to skin cancer	4.6	5.6	4.3	
+	Reduce incidence rates due to lung cancer	66.2	63.3	62.3	
+	Reduce mortality rates due to lung cancer	48.2	43.9	45.3	
	Mental Health (#)				
O	Average number of days mental health was not good in past 30 days*	3.4	3.1	2.8	Region III, churches/ colleges-suicide prevention; Dr. Kathy Anderson, Mary Lanning - integrated care
+	Mental health was not good on 14 or more of the past 30 days*	11.0	9.2	10.3	
O	Reduce reported suicide attempts by high school students during the past year.	9.6	13.2	9.0	
	Substance Abuse (%)				
O	Decrease the proportion of high school students who reported use of alcohol in the past 30 days.	24.2	23.9	22.7	Horizon Recovery, ASAAP, Region 3, Life of an Athlete, Dr. Ken Zoucha, Dr. Max Owen, Hastings Public Schools, Harvard Public Schools, Hastings Ste. Cecilia Schools
+	Decrease the proportion of high school students who reported use of marijuana in the past 30 days.	12.3	11.3	11.5	
+	Decrease the misuse or abuse of prescription drugs among high school students.	11.8	11.1	11.1	
+	Reduce the proportion of adolescents who report riding in the past 30 days with a driver who had been drinking alcohol	22.7	22.1	21.3	
O	Decrease the proportion of high school students who reported texting or email while driving	38.7	38.6	36.4	
	Access to Care (%)				
O	Increase the proportion of persons with a personal doctor or health care provider.	88.2	83.5	93.5	Mary Lanning Insurance enrollment, SC Partnership (Emergency Dentist), Project Homeless Connect, Salvation Army
+	Increase the proportion of persons who report visiting the doctor for a routine exam in the past year.	63.0	67.0	66.8	
+	Decrease the proportion of persons aged 18 – 64 years without healthcare coverage.	19.3	13.9	18.1	
O	Decrease the proportion of persons reporting cost as a barrier to visiting a doctor in the past year.	9.5	11.4	8.4	
↓	Increase the proportion of persons who report visiting a dentist for any reason in the past year.	67.9	61.6	72.0	

Sources: BRFSS 2015&2016, YRBS 2016, Nebraska Cancer Registry 2015.

+ at or within 1% of target, O within 5% of target, ↓ greater than 5% change from baseline away from target

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Section #8 – Complete List of Resources

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CONNECTING PEOPLE & RESOURCES ADAMS CLAY 4 WEBSTER NUCKOLLS STRONG & HEALTHY COMMUNITIES

Resources:

Access to Care:

Evidence Based Practices:

- CHRR: Policies & Programs that can Improve Health, filtered by Access to Care: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies?f%5B0%5D=field_program_health_factors%3A12068&items_per_page=50
- HP2020 Access to Health Services evidence-based resources: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/ebrs
- HP2020 Access to Health Services Objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives
- HP202 Access to Health Services Goals: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
- The Community Guide- What Works: https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Health-Communication-Health-Information-Technology.pdf
- CDC: Improving access to children's mental healthcare: https://www.cdc.gov/childrensmentalhealth/access.html
- Milbank Memorial Fund: *Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers,* March 15, 2017 | Elizabeth Tobin Tyler, JD, MA, Rachel L. Hulkower, JD, MSPH, and Jennifer W. Kaminski, PhD. https://www.milbank.org/publications/behavioral-health-integration-in-pediatric-primary-care-considerations-and-opportunities-for-policymakers-planners-and-providers/
- Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers: https://www.milbank.org/wp-content/uploads/2017/03/MMF_BHI_Executive-Summary-FINAL.pdf
- Behavioral Health Integration in Pediatric Primary Care: by Elizabeth Tobin Tyler, JD, MA, Rachel L. Hulkower, JD, MSPH, and Jennifer W. Kaminski, PhD A Milbank-Supported Considerations and Opportunities for Policymakers, Planners, and Providers- Report: https://www.milbank.org/wp-content/uploads/2017/03/MMF_BHI_REPORT_FINAL.pdf
- Milbank Memorial Fund: Behavioral Health Integration and Workforce Development: https://www.milbank.org/wp-content/uploads/2018/05/Milbank-Memorial-Fund-issue-brief-BHI-workforce-development-FINAL.pdf
- CDC Prevention Checklist- https://www.cdc.gov/prevention/index.html
- Providing Access to Mental Health Services for Children in Rural Areas: https://www.cdc.gov/ruralhealth/child-health/images/Mental-Health-Services-for-Children-Policy-Brief-H.pdf \
- Access to Health Care, CDC Vital Signs: https://www.cdc.gov/vitalsigns/healthcareaccess/index.html

National, State, Regional Plans:

- HP2020 Access to Health Services Objectives (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives
- NE DHHS Division of Behavioral Health Strategic Plan: http://dhhs.ne.gov/Reports/Behavioral%20Health%20Strategic%20Plan%202017-2020.pdf

- Nebraska State Health Improvement Plan (SHIP): http://dhhs.ne.gov/publichealth/Documents/SHIP%20Plan%20-%202017-2021.pdf

Data:

- HP2020 Access to Health Services Snapshots: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/national-snapshot
- Health Insurance and Access to Care- CDC: https://www.cdc.gov/nchs/data/factsheets/factsheet_health_insurance_and_access_to_care.pdf
- Disability and Access to Health Care- CDC: https://www.cdc.gov/features/disabilities-health-care-access/index.html
- Health Care Systems and Substance use Disorders: https://addiction.surgeongeneral.gov/executive-summary/report/health-care-systems-and-substance-use-disorders
- Nebraska Minority Disparities Chart book: http://dhhs.ne.gov/Reports/Minority%20Disparities%20Chart%20Book%20-%202016.pdf
- Access to Health Care- Data are for the U.S.: https://www.cdc.gov/nchs/fastats/access-to-health-care.htm
- Coverage and Access Data- CDC: https://www.cdc.gov/nchs/health_policy/coverage_and_access.htm
- SHDHD Community Health Assessment Data Fact Sheets: www.southheartlandhealth.org

Mental Health:

Evidence Based Practices:

- Community Preventive Services Task Force Findings-Mental Health: https://www.thecommunityguide.org/task-force-findings?field_topic_tid_selective=7614&field_recommendation_tid_selective=All&field_published_date_value%5Bmin%5D%5Byear%5D=1998&field_published_date_value%5Bmax%5D%5Byear%5D=2018
- U.S Preventive Services: https://www.uspreventiveservicestaskforce.org/Search
- HP2020 Mental Health evidence-based resources: https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f%5B%5D=field_ebr_topic_area%3A3498&ci=0&se=0&pop=
- HP2020 Mental Health Objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives
- HP2020 Mental Health Goals: https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders
- Screening for Depression in Adults: https://jamanetwork.com/journals/jama/fullarticle/2484345
- Primary Care Interventions to Prevent Child Maltreatment: U.S. Preventive Services Task Force Recommendation Statement: http://annals.org/aim/fullarticle/1696071/primary-care-interventions-prevent-child-maltreatment-u-s-preventive-services
- Screening for Depression in Children and Adolescents: https://www.ncbi.nlm.nih.gov/pubmed/26908686
- Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: U.S. Preventive Services Task Force: http://annals.org/aim/fullarticle/1558517/screening-intimate-partner-violence-abuse-elderly-vulnerable-adults-u-s

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CONNECTING PEOPLE & RESOURCES ADAMS CLAY 4 WEBSTER NUCKOLLS STRONG & HEALTHY COMMUNITIES

National, State, Regional Plans:

- HP2020 Mental Health Objectives (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives
- NE DHHS Division of Behavioral Health Strategic Plan: http://dhhs.ne.gov/Reports/Behavioral%20Health%20Strategic%20Plan%202017-2020.pdf
- Nebraska State Health Improvement Plan (SHIP): http://dhhs.ne.gov/publichealth/Documents/SHIP%20Plan%20-%202017-2021.pdf
- National Institute of Mental Health: https://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml
- World Health Organization Strategic Plan for Mental Health: http://afrolib.afro.who.int/doc_num.php?explnum_id=7570

Data:

- CDC Community Health Online Resources Center- Substance Misuse: https://nccd.cdc.gov/DCH_CHORC/#
- Health Care Systems and Substance use Disorders: https://addiction.surgeongeneral.gov/executive-summary/report/health-care-systems-and-substance-use-disorders
- Mental Health Information: https://www.nimh.nih.gov/health/index.shtml
- Mental Health Information from Mental Health America: http://www.mentalhealthamerica.net/mental-health-information
- Mental Health Data from CDC: https://www.cdc.gov/mentalhealth/data_publications/index.htm
- Nebraska Region 3 Behavioral Health Services, Annual Report: http://www.region3.net/Portals/0/Annual%20Reports/Region%203_AR2017.pdf
- SHDHD Community Health Assessment Data Fact Sheets: www.southheartlandhealth.org

Substance Misuse:

Evidence Based Practices:

- Community Preventive Services Task Force Findings- Tobacco: https://www.thecommunityguide.org/task-force-findings?field_topic_tid_selective=7620&field_recommendation_tid_selective=All&field_published_date_value%5Bmin%5D%5Byear%5D=1998&field_published_date_value%5Bmax%5D%5Byear%5D=2018
- National Cancer Institute-Tobacco Control Intervention Programs: https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102271&choice=default
- U.S Preventive Services: https://www.uspreventiveservicestaskforce.org/Search
- CHRR: Policies & Programs that can Improve Health, filtered by Alcohol and Drug Use: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies?f%5B0%5D=field_program_health_factors%3A12056
- HP2020 Substance Misuse evidence-based resources: https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f%5B%5D=field_ebr_topic_area%3A3500&f%5B%5D=field_ebr_topic_area%3A3510&ci=0&se=0&pop=

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CONNECTING PEOPLE & RESOURCES ADAMS CLAY 4 WEBSTER NUCKOLLS STRONG & HEALTHY COMMUNITIES

- HP2020 Substance Misuse Objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives
- HP2020 Substance Misuse Goals: https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse
- HP2020 Substance Misuse Objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives
- HP2020 Substance Misuse Goals: https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use
- Treating Tobacco Use and Dependence- 2008 update: https://www.ncbi.nlm.nih.gov/books/NBK63952/
- Improving quality of care in substance abuse treatment using five key process improvement principles: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3495233/

National, State, Regional Plans:

- HP2020 Substance Misuse Objectives (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives
- HP2020 Tobacco Use Objectives (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives
- Nebraska State Health Improvement Plan (SHIP): http://dhhs.ne.gov/publichealth/Documents/SHIP%20Plan%20-%202017-2021.pdf
- Nebraska Substance Abuse Prevention Strategic Plan: http://dhhs.ne.gov/Documents/NE_Sub_Abuse_Prev_Strat_Plan.pdf
- NE DHHS Division of Behavioral Health Strategic Plan: http://dhhs.ne.gov/Reports/Behavioral%20Health%20Strategic%20Plan%202017-2020.pdf

Data:

- CDC Community Health Online Resources Center- Substance Misuse: https://nccd.cdc.gov/DCH_CHORC/#
- Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/data/
- Person Who Injects Drugs: https://www.cdc.gov/pwid/substance-treatment.html
- Smoking and Tobacco Use- CDC: https://www.cdc.gov/tobacco/basic_information/index.htm?s_cid=osh-stu-home-nav-003
- Smoking and Tobacco Use Facts- CDC: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm?s_cid=osh-stu-home-spotlight-001
- Behavior Health Useful Links: http://dhhs.ne.gov/behavioral_health/Pages/beh_mhsa.aspx
- Nebraska Region 3 Behavioral Health Services, Annual Report: http://www.region3.net/Portals/0/Annual%20Reports/Region%203_AR2017.pdf
- SHDHD Community Health Assessment Data Fact Sheets: www.southheartlandhealth.org

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CONNECTING PEOPLE & RESOURCES ADAMS CLAY 4 WEBSTER NUCKOLLS STRONG & HEALTHY COMMUNITIES

Obesity and Related Health Conditions:

Evidence Based Practices:

- Community Preventive Services Task Force Findings- Obesity: https://www.thecommunityguide.org/task-force-findings?field_topic_tid_selective=7617&field_recommendation_tid_selective=All&field_published_date_value%5Bmin%5D%5Byear%5D=1998&field_published_date_value%5Bmax%5D%5Byear%5D=2018
- National Cancer Institute-Obesity Intervention Programs: https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=1592287&choice=default
- U.S Preventive Services: https://www.uspreventiveservicestaskforce.org/Search
- CHRR: Policies & Programs that can Improve Health, filtered by Diet and Exercise: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies?f%5B0%5D=field_program_health_factors%3A12058
- HP2020 Obesity evidence-based resources: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resources?f%5B%5D=field_ebr_topic_area%3A3516&f%5B%5D=field_ebr_topic_area%3A3502&f%5B%5D=field_ebr_topic_area%3A3504&pop=&ci=0&se=0
- HP2020 Obesity Objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives
- HP2020 Obesity Goals: https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status
- HP2020 Obesity Goals: https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity
- HP2020 Obesity Objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity/objectives
- HP2020 Obesity Goals: https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes
- HP2020 Obesity Objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives
- CDC Obesity Evidence Based Strategies: https://www.cdc.gov/obesity/strategies/community.html

National, State, Regional Plans:

- HP2020 Nutrition (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives
- HP2020 Heart Disease and Stroke (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives
- HP2020 Diabetes (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives
- HP2020 Physical Activity (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity/objectives

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CONNECTING PEOPLE & RESOURCES ADAMS CLAY 4 WEBSTER NUCKOLLS STRONG & HEALTHY COMMUNITIES

- Nebraska Physical Activity and Nutrition Plan: http://dhhs.ne.gov/publichealth/Documents/StatePlanPresentation.pdf
- Nebraska State Health Improvement Plan (SHIP): http://dhhs.ne.gov/publichealth/Documents/SHIP%20Plan%20-%202017-2021.pdf

Data:

- CDC Overweight and Obesity Data and Statistics: https://www.cdc.gov/obesity/data/index.html
- CDC Community Health Online Resources Center- Obesity: https://nccd.cdc.gov/DCH_CHORC/#
- At-A-Glance: A Fact Sheet for Professionals: https://health.gov/paguidelines/factsheetprof.aspx
- Blue Hill Comprehensive Plan: https://static1.squarespace.com/static/59073fd915d5db2857ed5591/t/59235b3d5016e13293b005ad/1495489407112/Comprehensive+Plan.pdf
- Hastings Comprehensive Plan: https://www.cityofhastings.org/assets/site/coh/documents/doccentral/Comprehensive-Development-Plan1482166724.pdf
- Superior Comprehensive Plan: http://www.cityofsuperior.org/cityCodes/Comp%20Plan/2014SuperiorCompPlant.pdf
- Screening for Obesity in Children and Adolescents: https://jamanetwork.com/journals/jama/fullarticle/2632511
- Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Cardiovascular Risk Factors: https://jamanetwork.com/journals/jama/fullarticle/2643315
- Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults: https://jamanetwork.com/journals/jama/fullarticle/2702878
- Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement: http://annals.org/aim/fullarticle/2490528
- SHDHD Community Health Assessment Data Fact Sheets: www.southheartlandhealth.org

Cancer:

Evidence Based Practices:

- Community Preventive Services Task Force Findings- Cancer: https://www.thecommunityguide.org/task-force-findings?field_topic_tid_selective=7607&field_recommendation_tid_selective=All&field_published_date_value%5Bmin%5D%5Byear%5D=1998&field_published_date_value%5Bmax%5D%5Byear%5D=2018
- National Cancer Institute-Breast Cancer Intervention Programs: https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102263&choice=default
- National Cancer Institute-Cervical Cancer Intervention Programs: https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102264&choice=default
- National Cancer Institute-Colorectal Cancer Intervention Programs: https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102265&choice=default
- National Cancer Institute-Prostate Cancer Intervention Programs: https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=28360573&choice=default
- U.S Preventive Services: https://www.uspreventiveservicestaskforce.org/Search
- HP2020 Cancer evidence-based resources: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resources?f%5B%5D=field_ebr_topic_area%3A3513&ci=0&se=0&pop=

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CONNECTING PEOPLE & RESOURCES ADAMS CLAY 4 WEBSTER NUCKOLLS STRONG & HEALTHY COMMUNITIES

- HP2020 Cancer Objectives: https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives
- HP2020 Cancer Goals: https://www.healthypeople.gov/2020/topics-objectives/topic/cancer
- CDC Cancer Policy and Practices: https://www.cdc.gov/cancer/promoting_prevention.htm
- Medications for Risk Reduction of Primary Breast Cancer in Women: U.S. Preventive Services Task Force Recommendation Statement: http://annals.org/aim/fullarticle/1740757/using-medications-decrease-risk-breast-cancer-women-recommendations-from-u
- Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement: https://www.ncbi.nlm.nih.gov/pubmed/26757170
- Screening for Cervical Cancer: https://jamanetwork.com/journals/jama/fullarticle/2697704
- Screening for Colorectal Cancer: https://jamanetwork.com/journals/jama/fullarticle/2529486
- Behavioral Counseling to Prevent Skin Cancer: https://jamanetwork.com/journals/jama/fullarticle/2675556
- Screening for Skin Cancer: https://jamanetwork.com/journals/jama/fullarticle/2536638
- The Breast Cancer Risk Assessment Tool- NIH: https://bcrisktool.cancer.gov/
- What Works Cervical Cancer: https://www.thecommunityguide.org/resources/one-pager-multicomponent-interventions-increase-cancer-screening-cervical-cancer
- What Works Breast Cancer: https://www.thecommunityguide.org/resources/one-pager-multicomponent-interventions-increase-cancer-screening-breast-cancer
- What Works Colon Cancer: https://www.thecommunityguide.org/resources/one-pager-multicomponent-interventions-increase-cancer-screening-colorectal-cancer

National, State, Regional Plans:

- HP2020 Cancer Objectives (baseline and target indicators): https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives
- National Cancer Institute Plan: https://www.cancer.gov/about-nci/budget/plan/progress
- Nebraska Cancer Plan: http://dhhs.ne.gov/publichealth/Documents/Nebraska%20Cancer%20Coalition%20Plan%202017%20-%202022.pdf

Data:

- State Cancer Profiles: https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=nebraska
- Cancer Control Planet- Breast Cancer: https://cancercontrolplanet.cancer.gov/planet/breast_cancer.html
- Cancer Control Planet- Cervical Cancer: https://cancercontrolplanet.cancer.gov/planet/cervical_cancer.html
- Cancer Control Planet- Colorectal Cancer: https://cancercontrolplanet.cancer.gov/planet/colorectal_cancer.html
- Cancer Control Planet- Prostate: https://cancercontrolplanet.cancer.gov/planet/prostate_cancer.html
- CDC Community Health Online Resources Center- Cancer: https://nccd.cdc.gov/DCH_CHORC/#
- CDC Cancer Data and Statics: https://www.cdc.gov/cancer/dcpc/data/index.htm
- SHDHD Community Health Assessment Data Fact Sheets: www.southheartlandhealth.org

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Appendix #1 – Behavioral Risk Factor Surveillance System - Summary Table for SHDHD Adults 18 and Older, 2016

Summary Table for South Heartland District Health Department Adults 18 and Older, 2016

Indicators	Overall						Men						Women					
	LHD			State			LHD			State			LHD			State		
	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %
General Health Status																		
General health fair or poor health	17.0	13.8	20.8	14.7	13.8	15.6	17.5	12.6	23.9	13.8	12.6	15.1	16.5	12.7	21.1	15.5	14.3	16.8
Health Care Access																		
No health care coverage, 18-64 year olds	13.9	10.1	18.8	14.7	13.6	16.0	12.9	7.8	20.5	15.0	13.3	16.9	14.9	9.9	21.9	14.4	12.9	16.2
No personal doctor or health care provider	16.5	13.0	20.8	19.1	18.0	20.2	18.2	13.2	24.6	24.5	22.8	26.2	14.8	10.2	21.0	13.8	12.5	15.2
Needed to see a doctor but could not due to cost in past year	11.4	8.9	14.5	12.1	11.2	13.1	11.2	7.6	16.1	10.1	8.9	11.4	11.6	8.4	15.8	14.0	12.7	15.5
Chronic Disease and Clinical Risk Factors																		
Ever told they had a heart attack or coronary heart disease	7.4	5.6	9.7	5.8	5.4	6.3	10.0	7.1	14.0	6.9	6.2	7.7	4.8	3.2	7.3	4.7	4.1	5.3
Ever told they had a stroke	2.7	1.8	4.0	2.8	2.5	3.2	3.3	1.9	5.5	2.6	2.1	3.1	2.1	1.0	4.1	3.0	2.5	3.6
Ever told they have diabetes (excluding pregnancy)	10.6	8.5	13.2	8.8	8.2	9.5	11.4	8.3	15.5	8.7	7.8	9.7	9.9	7.2	13.5	8.9	8.1	9.8
Ever told they have cancer	15.2	12.4	18.4	11.2	10.6	11.9	14.8	11.0	19.5	10.1	9.3	11.1	15.5	11.8	20.2	12.3	11.3	13.3
Cancer Screening																		
Up-to-date on colon cancer screening, 50-75 year olds	63.5	57.1	69.4	66.0	64.3	67.6	59.9	50.3	68.7	65.2	62.8	67.6	67.5	59.4	74.6	66.7	64.5	68.9
Up-to-date on breast cancer screening, female 50-74 year olds	-	-	-	-	-	-	-	-	-	-	-	-	69.0	60.8	76.2	73.4	71.3	75.4
Up-to-date on cervical cancer screening, female 21-65 year olds	-	-	-	-	-	-	-	-	-	-	-	-	80.8	72.9	86.7	77.7	75.5	79.8
Overweight and Obesity																		
Obese (BMI=30+)	34.0	29.8	38.6	32.0	30.8	33.2	32.6	26.6	39.1	32.6	30.8	34.3	35.6	29.7	42.0	31.4	29.7	33.1
Overweight or Obese (BMI=25+)	70.0	65.3	74.3	68.5	67.3	69.8	73.5	66.6	79.4	74.9	73.1	76.6	66.1	59.3	72.2	61.8	59.9	63.6
High Risk Behavior																		
No leisure-time physical activity in past 30 days	26.3	22.6	30.4	22.4	21.4	23.5	25.0	19.9	31.0	20.7	19.3	22.3	27.6	22.5	33.3	24.1	22.7	25.6
Get less than 7 hours of sleep per day	28.0	24.2	32.2	29.6	28.4	30.8	28.1	22.8	34.2	29.7	27.9	31.5	28.0	22.7	33.9	29.5	27.9	31.2
Current cigarette smoking	18.0	14.7	21.7	17.0	16.0	18.1	20.7	15.8	26.6	18.6	17.1	20.3	15.3	11.4	20.1	15.4	14.1	16.8
Current smokeless tobacco use	6.1	4.3	8.6	5.7	5.1	6.2	11.0	7.6	15.7	10.5	9.5	11.7	1.2	0.4	3.8	0.9	0.6	1.3
Binge drank in past 30 days	14.8	11.7	18.6	20.0	18.9	21.1	21.2	16.1	27.5	27.2	25.4	29.0	8.5	5.5	12.9	13.1	11.9	14.4
Always wear a seatbelt when driving or riding in a car	65.9	61.3	70.2	73.8	72.7	74.9	58.3	51.6	64.7	66.8	65.0	68.5	73.4	66.9	79.0	80.6	79.2	81.8
Mental Health																		
Ever told they have depression	20.5	17.1	24.4	17.8	16.8	18.8	17.4	12.9	23.1	12.1	10.9	13.4	23.5	18.7	29.1	23.4	21.8	25.0
Frequent mental distress in past 30 days	9.2	6.9	12.2	9.5	8.7	10.4	8.4	5.3	13.0	7.0	6.0	8.1	10.0	7.0	14.2	12.0	10.8	13.3
Immunization																		
Had a flu vaccination in past year	44.5	39.9	49.2	44.4	43.1	45.7	39.4	33.1	46.0	39.4	37.5	41.3	49.7	43.1	56.2	49.3	47.6	51.1
Had a flu vaccination in past year, aged 65 years and older	64.8	57.5	71.4	62.7	60.8	64.6	68.4	57.6	77.5	62.8	59.8	65.6	61.2	51.2	70.4	62.7	60.2	65.1
Oral Health																		
Visited a dentist or dental clinic for any reason in past year	64.7	60.1	69.0	68.7	67.5	69.9	57.5	50.8	64.0	65.9	64.1	67.7	71.9	65.9	77.2	71.4	69.8	73.0

Data reflect the four county LHD region of Adams, Clay, Nuckolls, and Webster Counties

Notes (1) % reflects the weighted percentage for adults 18 and older; L% and U% reflect the lower and upper limits for the 95% confidence interval, respectively; (2) LHD=local/district health department; BMI=body mass index

Source: Behavioral Risk Factor Surveillance System, Nebraska Department of Health and Human Services; January 2018

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Appendix #2 - Behavioral Risk Factor Surveillance System – Detailed Summary Table for SHDHD Adults 18 and Older, 2016

BRFSS Detailed Summary Table for South Heartland District Health Department Adults 18 and Older, 2011-2016

Indicators	Overall							Men							Women							LHD Gender Diff.[a]
	South Heartland			State of NE				South Heartland			State of NE				South Heartland			State of NE				
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	
General Health Status																						
General health fair or poor																						
2011	872	17.3%	(14.4 - 20.7)	25,347	14.3%	(13.7 - 14.9)	NS	336	17.6%	(13.7 - 22.9)	10,198	14.8%	(13.9 - 15.7)	NS	534	16.8%	(13.0 - 21.5)	15,149	13.9%	(13.1 - 14.7)	NS	No
2012	605	13.8%	(10.6 - 17.8)	19,132	14.4%	(13.7 - 15.2)	NS	236	11.2%	(7.5 - 16.3)	7,855	14.8%	(13.5 - 15.7)	NS	369	16.3%	(11.4 - 22.6)	11,277	14.3%	(13.4 - 15.2)	NS	No
2013	821	16.8%	(13.3 - 20.9)	17,108	13.9%	(13.1 - 14.8)	NS	267	18.1%	(12.7 - 25.2)	6,963	13.4%	(12.2 - 14.7)	NS	354	15.4%	(11.6 - 20.2)	10,143	14.4%	(13.3 - 15.6)	NS	No
2014	936	14.5%	(12.2 - 17.1)	22,370	13.2%	(12.5 - 13.9)	NS	413	14.2%	(11.0 - 18.2)	9,585	13.5%	(12.4 - 14.5)	NS	523	14.7%	(11.6 - 18.5)	12,785	12.9%	(12.0 - 13.8)	NS	No
2015	694	15.2%	(12.2 - 18.9)	17,539	13.9%	(13.1 - 14.8)	NS	306	18.0%	(13.2 - 24.0)	7,564	13.7%	(12.5 - 14.9)	NS	388	12.5%	(9.2 - 16.8)	9,975	14.2%	(13.1 - 15.3)	NS	No
2016	650	17.0%	(13.8 - 20.8)	15,166	14.7%	(13.8 - 15.6)	NS	301	17.5%	(12.6 - 23.9)	6,633	13.8%	(12.6 - 15.1)	NS	349	16.5%	(12.7 - 21.1)	8,533	15.5%	(14.3 - 16.8)	NS	No
Average number of days physical health was not good in past 30 days																						
2011	860	3.1	(2.6 - 3.7)	24,901	3.2	(3.0 - 3.3)	NS	337	3.1	(2.2 - 4.0)	10,067	2.9	(2.7 - 3.1)	NS	523	3.2	(2.5 - 3.8)	14,834	3.4	(3.2 - 3.6)	NS	No
2012	599	3.5	(2.7 - 4.4)	18,819	3.2	(3.1 - 3.4)	NS	235	3.0	(1.8 - 4.1)	7,759	2.9	(2.7 - 3.1)	NS	364	4.1	(2.9 - 5.2)	11,060	3.6	(3.4 - 3.8)	NS	No
2013	810	3.6	(2.8 - 4.5)	16,808	3.1	(2.9 - 3.3)	NS	264	3.8	(2.4 - 5.2)	6,877	2.8	(2.6 - 3.0)	NS	346	3.4	(2.6 - 4.4)	9,931	3.4	(3.2 - 3.7)	NS	No
2014	913	3.4	(2.8 - 4.1)	22,024	3.0	(2.9 - 3.1)	NS	401	3.6	(2.6 - 4.8)	9,464	2.8	(2.6 - 3.0)	NS	512	3.3	(2.5 - 4.1)	12,560	3.2	(3.0 - 3.4)	NS	No
2015	683	3.1	(2.4 - 3.7)	17,316	3.1	(3.0 - 3.3)	NS	301	3.3	(2.3 - 4.3)	7,476	2.8	(2.6 - 3.0)	NS	382	2.8	(2.1 - 3.5)	9,839	3.5	(3.3 - 3.7)	NS	No
2016	643	3.6	(3.1 - 4.6)	14,984	3.3	(3.1 - 3.5)	NS	300	4.2	(2.9 - 5.5)	6,561	2.9	(2.6 - 3.1)	NS	343	3.4	(2.6 - 4.2)	8,423	3.7	(3.4 - 4.0)	NS	No
Physical health was not good on 14 or more of the past 30 days																						
2011	860	10.1%	(8.2 - 12.6)	24,901	9.6%	(9.1 - 10.1)	NS	337	10.4%	(7.4 - 14.2)	10,067	9.0%	(8.3 - 9.8)	NS	523	9.9%	(7.5 - 13.2)	14,834	10.1%	(9.4 - 10.8)	NS	No
2012	599	11.2%	(8.2 - 15.2)	18,819	9.8%	(9.2 - 10.4)	NS	235	9.9%	(5.8 - 16.4)	7,759	8.6%	(7.8 - 9.5)	NS	364	12.6%	(8.6 - 18.0)	11,060	11.0%	(10.1 - 11.8)	NS	No
2013	810	10.8%	(8.1 - 14.3)	16,808	9.2%	(8.5 - 9.9)	NS	264	11.1%	(6.9 - 17.3)	6,877	7.9%	(7.0 - 8.9)	NS	346	10.6%	(7.6 - 14.7)	9,931	10.4%	(9.4 - 11.5)	NS	No
2014	913	10.4%	(8.2 - 13.0)	22,024	9.0%	(8.4 - 9.6)	NS	401	11.1%	(7.9 - 15.4)	9,464	8.3%	(7.4 - 9.1)	NS	512	9.7%	(7.1 - 13.0)	12,560	9.7%	(9.0 - 10.5)	NS	No
2015	683	9.5%	(7.3 - 12.3)	17,316	9.6%	(9.0 - 10.3)	NS	301	10.5%	(7.2 - 15.1)	7,476	8.6%	(7.7 - 9.6)	NS	382	8.5%	(5.9 - 12.1)	9,839	10.7%	(9.8 - 11.6)	NS	No
2016	643	12.0%	(9.5 - 15.1)	14,984	9.8%	(9.1 - 10.6)	NS	300	13.8%	(9.9 - 18.9)	6,561	8.4%	(7.4 - 9.4)	+	343	10.3%	(7.4 - 14.1)	8,423	11.2%	(10.2 - 12.3)	NS	No
Average number of days mental health was not good in past 30 days																						
2011	858	3.4	(2.7 - 4.0)	25,036	3.1	(2.9 - 3.2)	NS	332	2.9	(2.1 - 3.8)	10,097	2.5	(2.3 - 2.7)	NS	526	3.8	(2.9 - 4.7)	14,939	3.6	(3.4 - 3.8)	NS	No
2012	592	2.5	(1.8 - 3.2)	18,935	3.0	(2.9 - 3.2)	NS	231	1.7	(0.8 - 2.5)	7,786	2.5	(2.4 - 2.6)	NS	361	3.4	(2.3 - 4.5)	11,149	3.5	(3.3 - 3.7)	NS	No
2013	815	2.7	(1.9 - 3.6)	16,889	3.0	(2.8 - 3.1)	NS	266	2.8	(1.6 - 4.1)	6,889	2.3	(2.1 - 2.6)	NS	349	2.7	(1.6 - 3.7)	10,000	3.6	(3.3 - 3.8)	NS	No
2014	919	2.7	(2.2 - 3.2)	22,132	2.8	(2.6 - 2.9)	NS	402	2.0	(1.4 - 2.7)	9,483	2.3	(2.1 - 2.5)	NS	517	3.3	(2.5 - 4.1)	12,649	3.3	(3.1 - 3.5)	NS	No
2015	690	2.5	(1.8 - 3.1)	17,369	2.9	(2.7 - 3.1)	NS	304	2.2	(1.3 - 3.1)	7,491	2.3	(2.1 - 2.6)	NS	386	2.7	(1.9 - 3.6)	9,878	3.5	(3.2 - 3.7)	NS	No
2016	644	3.1	(2.4 - 3.7)	15,035	3.2	(3.0 - 3.4)	NS	300	2.7	(1.8 - 3.6)	6,568	2.4	(2.1 - 2.6)	NS	344	3.5	(2.6 - 4.4)	8,467	4.0	(3.6 - 4.3)	NS	No
Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)																						
2011	858	11.0%	(8.6 - 14.0)	25,036	9.2%	(8.7 - 9.7)	NS	332	9.4%	(6.2 - 14.0)	10,097	7.7%	(7.0 - 8.4)	NS	526	12.5%	(9.2 - 16.9)	14,939	10.7%	(9.9 - 11.5)	NS	No
2012	592	7.2%	(4.8 - 10.7)	18,935	9.0%	(8.4 - 9.7)	NS	231	5.0%	(2.4 - 10.3)	7,786	7.4%	(6.6 - 8.3)	NS	361	9.4%	(5.9 - 14.7)	11,149	10.6%	(9.7 - 11.5)	NS	No
2013	815	9.0%	(6.1 - 13.0)	16,889	8.9%	(8.2 - 9.6)	NS	266	9.2%	(5.1 - 16.1)	6,889	6.8%	(5.9 - 7.9)	NS	349	8.8%	(5.3 - 14.1)	10,000	10.9%	(9.8 - 12.0)	NS	No
2014	919	8.1%	(6.3 - 10.5)	22,132	8.2%	(7.8 - 8.6)	NS	402	5.5%	(3.3 - 8.9)	9,483	6.4%	(5.6 - 7.3)	NS	517	10.7%	(7.9 - 14.3)	12,649	9.9%	(9.0 - 10.8)	NS	No
2015	690	7.2%	(5.0 - 10.2)	17,369	8.9%	(8.2 - 9.6)	NS	304	6.1%	(3.5 - 10.5)	7,491	6.9%	(6.0 - 7.9)	NS	386	8.3%	(5.2 - 13.0)	9,878	10.8%	(9.8 - 11.9)	NS	No
2016	644	9.2%	(6.9 - 12.2)	15,035	9.5%	(8.7 - 10.4)	NS	300	8.4%	(5.3 - 13.0)	6,568	7.0%	(6.0 - 8.1)	NS	344	10.0%	(7.0 - 14.2)	8,467	12.0%	(10.8 - 13.3)	NS	No
Average days poor physical or mental health limited usual activities in past 30 days																						
2011	864	1.8	(1.2 - 1.9)	25,183	1.9	(1.8 - 2.0)	NS	336	1.5	(1.0 - 2.0)	10,136	1.7	(1.6 - 1.9)	NS	528	1.8	(1.2 - 2.1)	15,047	2.0	(1.9 - 2.1)	NS	No
2012	601	1.8	(1.1 - 2.4)	19,022	2.0	(1.8 - 2.1)	NS	236	0.9	(0.4 - 1.5)	7,819	1.7	(1.5 - 1.9)	-	365	2.5	(1.5 - 3.6)	11,203	2.2	(2.0 - 2.4)	NS	No
2013	819	2.2	(1.6 - 2.9)	16,986	1.9	(1.7 - 2.0)	NS	269	2.4	(1.3 - 3.6)	6,936	1.7	(1.5 - 1.9)	NS	350	2.1	(1.3 - 2.8)	10,050	2.0	(1.9 - 2.2)	NS	No
2014	932	1.9	(1.5 - 2.4)	22,228	1.8	(1.7 - 1.9)	NS	410	2.1	(1.3 - 2.8)	9,541	1.6	(1.5 - 1.8)	NS	522	1.8	(1.3 - 2.4)	12,687	1.9	(1.8 - 2.1)	NS	No
2015	689	1.8	(1.3 - 2.3)	17,430	1.9	(1.7 - 2.0)	NS	303	2.3	(1.4 - 3.2)	7,529	1.6	(1.4 - 1.8)	NS	386	1.3	(0.9 - 1.8)	9,901	2.1	(1.9 - 2.3)	-	No
2016	648	2.3	(1.7 - 2.9)	15,084	2.0	(1.8 - 2.2)	NS	301	2.7	(1.7 - 3.7)	6,592	1.7	(1.5 - 1.9)	NS	347	1.9	(1.3 - 2.6)	8,492	2.3	(2.1 - 2.6)	NS	No
Poor physical or mental health limited usual activities on 14 or more of the past 30 days																						
2011	864	4.4%	(3.3 - 6.0)	25,183	5.8%	(5.4 - 6.2)	NS	336	3.9%	(2.4 - 6.3)	10,136	5.4%	(4.8 - 6.0)	NS	528	4.9%	(3.3 - 7.3)	15,047	6.2%	(5.7 - 6.8)	NS	No
2012	601	5.6%	(3.8 - 8.5)	19,022	6.4%	(5.9 - 6.9)	NS	236	2.6%	(1.2 - 5.7)	7,819	5.3%	(4.7 - 6.0)	NS	365	8.4%	(5.0 - 13.7)	11,203	7.4%	(6.7 - 8.2)	NS	No
2013	819	7.1%	(4.9 - 10.1)	16,986	5.8%	(5.3 - 6.4)	NS	269	6.1%	(4.6 - 13.9)	6,936	5.2%	(4.4 - 6.1)	NS	350	6.1%	(4.0 - 9.1)	10,050	6.5%	(5.7 - 7.3)	NS	No
2014	932	6.4%	(4.8 - 8.5)	22,228	5.8%	(5.4 - 6.4)	NS	410	6.9%	(4.5 - 10.5)	9,541	5.3%	(4.6 - 6.1)	NS	522	5.9%	(4.0 - 8.6)	12,687	6.4%	(5.7 - 7.1)	NS	No
2015	689	6.3%	(4.5 - 8.8)	17,430	5.9%	(5.4 - 6.4)	NS	303	8.1%	(5.1 - 12.6)	7,529	5.1%	(4.5 - 5.9)	NS	386	4.6%	(2.8 - 7.3)	9,901	6.6%	(6.0 - 7.3)	NS	No
2016	648	7.5%	(5.5 - 10.1)	15,084	6.2%	(5.6 - 6.8)	NS	301	9.2%	(6.1 - 13.7)	6,592	4.9%	(4.2 - 5.7)	+	347	5.8%	(3.8 - 8.8)	8,492	7.4%	(6.6 - 8.5)	NS	No

Indicators	Overall							Men							Women							LHD Gender Diff.[e]
	South Heartland			State of NE				South Heartland			State of NE				South Heartland			State of NE				
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	
Health Care Access and Utilization																						
No health care coverage, 18-64 year olds																						
2011	530	19.1%	(15.0 - 23.9)	16,614	19.1%	(18.3 - 20.0)	NS	223	23.2%	(16.8 - 31.1)	7,107	22.0%	(20.7 - 23.4)	NS	307	15.0%	(10.5 - 20.9)	9,507	16.2%	(15.2 - 17.3)	NS	No
2012	344	19.3%	(13.9 - 26.1)	12,310	18.0%	(17.0 - 19.0)	NS	146	18.9%	(10.1 - 26.9)	5,450	20.3%	(18.8 - 21.8)	NS	198	21.7%	(14.2 - 31.8)	6,860	15.7%	(14.5 - 17.0)	NS	No
2013	387	18.0%	(13.1 - 24.3)	10,939	17.6%	(16.4 - 18.9)	NS	172	18.9%	(11.6 - 29.4)	4,720	18.4%	(16.8 - 20.4)	NS	215	17.1%	(11.5 - 24.7)	6,219	16.9%	(15.3 - 18.5)	NS	No
2014	596	13.3%	(10.3 - 17.0)	14,323	15.3%	(14.3 - 16.4)	NS	269	14.1%	(9.7 - 19.9)	6,443	17.0%	(15.4 - 18.7)	NS	327	12.5%	(8.9 - 17.5)	7,880	13.5%	(12.3 - 14.9)	NS	No
2015	430	14.6%	(10.9 - 19.3)	11,342	14.4%	(13.3 - 15.5)	NS	200	10.5%	(6.7 - 15.9)	5,187	15.4%	(13.8 - 17.1)	NS	230	18.6%	(12.7 - 26.5)	6,155	13.4%	(12.0 - 14.9)	NS	No
2016	413	13.9%	(10.1 - 18.8)	9,749	14.7%	(13.6 - 16.0)	NS	197	12.9%	(7.8 - 20.5)	4,538	15.0%	(13.3 - 16.9)	NS	216	14.9%	(9.9 - 21.9)	5,211	14.4%	(12.9 - 16.2)	NS	
Has health care coverage, 18-64 year olds[A]																						
2011	530	80.9%	(76.1 - 85.0)	16,614	80.9%	(80.0 - 81.7)	NS	223	76.8%	(68.9 - 83.2)	7,107	78.0%	(76.6 - 79.3)	NS	307	85.0%	(79.1 - 89.5)	9,507	83.8%	(82.7 - 84.8)	NS	No
2012	344	80.7%	(73.9 - 86.1)	12,310	82.0%	(81.0 - 83.0)	NS	146	83.1%	(73.1 - 89.9)	5,450	79.7%	(78.2 - 81.2)	NS	198	78.3%	(68.2 - 85.8)	6,860	84.3%	(83.0 - 85.5)	NS	No
2013	387	82.0%	(75.7 - 86.9)	10,939	82.4%	(81.1 - 83.6)	NS	172	81.1%	(70.6 - 88.4)	4,720	81.6%	(79.6 - 83.4)	NS	215	82.9%	(75.3 - 88.5)	6,219	83.1%	(81.5 - 84.7)	NS	No
2014	596	86.7%	(83.0 - 89.7)	14,323	84.7%	(83.6 - 85.7)	NS	269	85.9%	(80.1 - 90.3)	6,443	83.0%	(81.3 - 84.6)	NS	327	87.5%	(82.5 - 91.1)	7,880	86.5%	(85.1 - 87.7)	NS	No
2015	430	85.4%	(80.7 - 89.1)	11,342	85.6%	(84.5 - 86.7)	NS	200	89.5%	(84.1 - 93.3)	5,187	84.6%	(82.9 - 86.2)	NS	230	81.4%	(73.5 - 87.3)	6,155	86.6%	(85.1 - 88.0)	NS	No
2016	413	86.1%	(81.2 - 89.9)	9,749	85.3%	(84.0 - 86.4)	NS	197	87.1%	(79.5 - 92.2)	4,538	85.0%	(83.1 - 86.7)	NS	216	85.1%	(78.1 - 90.1)	5,211	85.6%	(83.8 - 87.1)	NS	No
No personal doctor or health care provider																						
2011	870	15.3%	(12.0 - 19.3)	25,340	18.4%	(17.6 - 19.1)	NS	336	20.9%	(15.6 - 27.4)	10,192	25.1%	(23.8 - 26.3)	NS	534	10.2%	(6.5 - 15.5)	15,148	12.0%	(11.1 - 12.8)	NS	Yes
2012	604	11.8%	(8.2 - 16.8)	19,132	17.2%	(16.4 - 18.1)	NS	235	13.3%	(8.0 - 21.3)	7,847	23.7%	(22.3 - 25.1)	-	369	10.4%	(6.0 - 17.4)	11,285	11.0%	(10.1 - 12.0)	NS	No
2013	622	19.5%	(14.6 - 25.5)	17,093	20.9%	(19.8 - 22.0)	NS	268	27.6%	(19.7 - 37.1)	6,956	27.6%	(25.7 - 29.4)	NS	354	11.5%	(8.7 - 15.1)	10,137	14.4%	(13.2 - 15.7)	NS	Yes
2014	940	18.3%	(15.3 - 21.8)	22,354	20.2%	(19.2 - 21.2)	NS	416	25.4%	(20.6 - 30.9)	9,569	27.0%	(25.6 - 28.5)	NS	524	11.3%	(8.4 - 15.1)	12,785	13.6%	(12.5 - 14.8)	NS	Yes
2015	592	14.8%	(11.4 - 18.8)	17,509	19.7%	(18.7 - 20.8)	NS	304	15.6%	(11.2 - 21.9)	7,542	25.7%	(24.1 - 27.5)	-	388	13.7%	(9.3 - 19.7)	9,967	13.9%	(12.7 - 15.2)	NS	No
2016	650	16.5%	(13.0 - 20.8)	15,138	19.1%	(18.0 - 20.2)	NS	302	18.2%	(13.2 - 24.6)	6,617	24.5%	(22.8 - 26.2)	NS	348	14.8%	(10.2 - 21.0)	8,521	13.8%	(12.5 - 15.2)	NS	No
Has a personal doctor or health care provider (one or more than one)[A]																						
2011	870	84.7%	(80.7 - 88.0)	25,340	81.6%	(80.9 - 82.4)	NS	336	79.1%	(72.6 - 84.4)	10,192	74.9%	(73.7 - 76.2)	NS	534	89.8%	(84.5 - 93.5)	15,148	88.0%	(87.2 - 88.9)	NS	Yes
2012	604	88.2%	(83.2 - 91.8)	19,132	82.8%	(81.9 - 83.6)	NS	235	86.7%	(78.7 - 92.0)	7,847	76.3%	(74.9 - 77.7)	+	369	89.6%	(82.6 - 94.0)	11,285	89.0%	(88.0 - 89.9)	NS	No
2013	622	80.5%	(74.5 - 85.4)	17,093	79.1%	(78.0 - 80.2)	NS	268	72.4%	(62.9 - 80.3)	6,956	72.5%	(70.6 - 74.3)	NS	354	88.5%	(80.9 - 93.3)	10,137	86.6%	(84.3 - 88.8)	NS	Yes
2014	940	81.7%	(78.4 - 84.7)	22,354	79.8%	(78.8 - 80.8)	NS	416	74.6%	(69.1 - 79.4)	9,569	73.0%	(71.5 - 74.5)	NS	524	88.7%	(84.9 - 91.6)	12,785	86.4%	(85.2 - 87.5)	NS	Yes
2015	592	85.2%	(81.2 - 88.6)	17,509	80.3%	(79.2 - 81.3)	NS	304	84.2%	(78.1 - 88.8)	7,542	74.3%	(72.5 - 75.9)	+	388	86.3%	(80.3 - 90.7)	9,967	86.1%	(84.8 - 87.3)	NS	No
2016	650	83.5%	(79.2 - 87.0)	15,138	80.9%	(79.8 - 82.0)	NS	302	81.6%	(75.4 - 86.8)	6,617	75.5%	(73.8 - 77.2)	NS	348	85.2%	(79.0 - 89.8)	8,521	86.2%	(84.8 - 87.5)	NS	No
Has a personal doctor or health care provider (one or more than one), aged 65 years and older[A]																						
2011	341	94.2%	(90.0 - 96.7)	8,584	95.7%	(95.1 - 96.2)	NS	114	90.5%	(82.6 - 95.1)	3,033	94.4%	(93.4 - 95.3)	NS	227	96.6%	(91.0 - 98.9)	5,551	96.8%	(95.9 - 97.1)	NS	No
2012	258	96.1%	(93.1 - 97.8)	6,711	95.6%	(94.7 - 96.3)	NS	90	97.0%	(90.9 - 99.0)	2,368	93.6%	(91.9 - 95.0)	NS	168	95.3%	(91.3 - 97.5)	4,343	97.1%	(96.3 - 97.7)	NS	No
2013	230	93.7%	(89.1 - 96.4)	6,015	93.9%	(92.9 - 94.8)	NS	94	92.3%	(84.3 - 96.4)	2,188	92.3%	(90.4 - 93.8)	NS	136	94.9%	(88.2 - 97.9)	3,827	95.2%	(93.9 - 96.2)	NS	No
2014	331	92.9%	(88.8 - 95.5)	7,633	95.1%	(94.4 - 95.7)	NS	139	89.5%	(82.0 - 94.1)	3,057	93.5%	(92.2 - 94.6)	NS	192	95.9%	(91.2 - 98.2)	4,776	96.4%	(95.7 - 96.9)	NS	No
2015	259	97.3%	(93.2 - 98.9)	6,022	94.8%	(93.9 - 95.5)	NS	102	97.5%	(90.5 - 99.4)	2,297	93.6%	(92.1 - 94.8)	NS	157	97.1%	(90.0 - 99.2)	3,725	95.7%	(94.6 - 96.6)	NS	No
2016	234	95.6%	(91.3 - 97.8)	5,270	95.1%	(94.2 - 95.9)	NS	105	94.9%	(85.9 - 98.3)	2,025	94.5%	(93.1 - 95.6)	NS	129	96.3%	(91.8 - 98.4)	3,245	95.8%	(94.4 - 96.8)	NS	No
Needed to see a doctor but could not due to cost in past year[A]																						
2011	873	11.7%	(9.1 - 14.9)	25,350	12.5%	(11.9 - 13.2)	NS	340	9.7%	(6.3 - 14.4)	10,203	10.7%	(9.9 - 11.6)	NS	533	13.6%	(9.9 - 18.4)	15,147	14.2%	(13.4 - 15.2)	NS	No
2012	603	9.5%	(6.5 - 13.5)	19,144	12.6%	(12.1 - 13.0)	NS	235	5.3%	(2.8 - 9.7)	7,859	11.1%	(10.0 - 12.2)	-	368	13.5%	(8.7 - 20.4)	11,285	14.4%	(13.4 - 15.5)	NS	No
2013	623	8.7%	(6.3 - 11.9)	17,103	13.0%	(12.1 - 13.9)	-	269	6.7%	(4.0 - 11.3)	6,963	10.9%	(9.7 - 12.2)	NS	354	10.6%	(7.1 - 15.7)	10,140	15.0%	(13.8 - 16.4)	NS	No
2014	936	11.2%	(9.0 - 13.9)	22,359	11.8%	(11.1 - 12.6)	NS	413	9.8%	(6.9 - 13.9)	9,588	10.2%	(9.1 - 11.3)	NS	523	12.5%	(9.4 - 16.3)	12,771	13.4%	(12.4 - 14.6)	NS	No
2015	591	8.7%	(6.3 - 12.0)	17,522	11.5%	(10.7 - 12.3)	NS	304	6.1%	(3.1 - 12.8)	7,559	9.8%	(8.7 - 11.1)	NS	387	9.3%	(6.8 - 14.5)	9,963	13.1%	(12.0 - 14.3)	NS	No
2016	651	11.4%	(8.9 - 14.5)	15,156	12.1%	(11.2 - 13.1)	NS	302	11.2%	(7.6 - 16.1)	6,623	10.1%	(8.9 - 11.4)	NS	349	11.6%	(8.4 - 15.8)	8,533	14.0%	(12.7 - 15.5)	NS	No
Had a routine checkup in past year																						
2011	862	56.9%	(52.6 - 61.1)	24,983	57.7%	(56.8 - 58.7)	NS	335	50.5%	(43.9 - 57.0)	10,049	50.6%	(49.2 - 52.0)	NS	527	62.9%	(57.3 - 68.1)	14,934	64.6%	(63.4 - 65.8)	NS	Yes
2012	603	63.0%	(57.6 - 68.2)	18,929	60.4%	(59.4 - 61.4)	NS	237	63.3%	(54.8 - 71.0)	7,789	55.0%	(53.5 - 56.6)	NS	366	62.6%	(55.6 - 69.5)	11,140	65.6%	(64.3 - 66.9)	NS	No
2013	616	61.8%	(56.2 - 67.1)	16,919	61.6%	(60.4 - 62.8)	NS	264	54.7%	(46.2 - 63.0)	6,899	56.2%	(54.3 - 58.1)	NS	352	68.5%	(61.6 - 74.7)	10,020	66.5%	(65.3 - 68.4)	NS	No
2014	927	64.2%	(60.4 - 67.9)	22,090	63.3%	(62.3 - 64.4)	NS	411	59.6%	(53.9 - 65.1)	9,488	57.7%	(56.1 - 59.3)	NS	516	68.7%	(63.5 - 73.4)	12,602	68.8%	(67.4 - 70.2)	NS	No
2015	685	69.3%	(64.8 - 73.6)	17,331	63.9%	(62.8 - 65.1)	NS	302	58.1%	(51.7 - 73.9)	7,470	58.7%	(56.9 - 60.5)	+	383	70.5%	(63.8 - 76.5)	9,861	69.1%	(67.5 - 70.6)	NS	No
2016	645	67.0%	(62.6 - 71.1)	15,060	65.4%	(64.1 - 66.6)	NS	300	63.3%	(56.8 - 69.2)	6,582	60.6%	(58.7 - 62.5)	NS	345	70.7%	(64.8 - 76.1)	8,478	70.0%	(68.4 - 71.6)	NS	No

Indicators	Overall								Men								Women								LHD Gender Diff.*
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		
Heart Disease and Stroke																									
Ever told they had a heart attack																									
2011	874	4.6%	(3.4 - 6.3)	25,292	4.3%	(4.0 - 4.7)	NS		340	6.9%	(4.6 - 10.1)	10,194	5.7%	(5.2 - 6.3)	NS		534	2.5%	(1.5 - 4.1)	15,098	2.9%	(2.6 - 3.3)	NS		Yes
2012	604	5.3%	(3.5 - 8.1)	19,102	4.1%	(3.7 - 4.4)	NS		235	7.7%	(4.6 - 12.7)	7,842	5.3%	(4.8 - 6.0)	NS		369	3.0%	(1.4 - 6.5)	11,260	2.9%	(2.5 - 3.2)	NS		No
2013	623	7.6%	(5.2 - 11.1)	17,035	4.0%	(3.6 - 4.4)	+		269	10.2%	(6.1 - 16.6)	6,925	5.2%	(4.6 - 5.9)	+		354	5.1%	(3.0 - 8.6)	10,110	2.9%	(2.4 - 3.4)	NS		No
2014	937	5.3%	(3.9 - 7.1)	22,309	3.6%	(3.5 - 4.2)	NS		412	8.5%	(6.0 - 11.8)	9,541	5.1%	(4.6 - 5.6)	+		525	2.2%	(1.3 - 3.7)	12,768	2.6%	(2.3 - 3.0)	NS		Yes
2015	692	5.1%	(3.6 - 7.2)	17,455	3.9%	(3.5 - 4.3)	NS		304	7.7%	(5.1 - 11.6)	7,530	5.3%	(4.7 - 6.0)	NS		388	2.6%	(1.5 - 4.6)	9,925	2.6%	(2.2 - 2.9)	NS		Yes
2016	651	3.3%	(2.3 - 4.7)	15,111	4.0%	(3.6 - 4.4)	NS		302	4.4%	(2.8 - 7.0)	6,598	5.0%	(4.4 - 5.6)	NS		349	2.1%	(1.1 - 3.9)	8,513	3.0%	(2.6 - 3.6)	NS		No
Ever told they have coronary heart disease																									
2011	864	4.1%	(3.1 - 5.5)	25,121	3.9%	(3.6 - 4.2)	NS		337	5.5%	(3.6 - 8.1)	10,110	4.8%	(4.4 - 5.3)	NS		527	2.9%	(1.9 - 4.5)	15,011	3.1%	(2.7 - 3.4)	NS		No
2012	596	5.4%	(3.7 - 7.8)	18,988	3.9%	(3.6 - 4.3)	NS		232	9.0%	(5.8 - 13.7)	7,796	4.9%	(4.4 - 5.5)	+		364	1.9%	(1.0 - 3.6)	11,192	3.0%	(2.6 - 3.4)	NS		Yes
2013	616	5.7%	(4.1 - 7.8)	16,942	4.1%	(3.7 - 4.5)	NS		266	6.7%	(4.3 - 10.3)	6,884	5.1%	(4.5 - 5.8)	NS		350	4.6%	(2.9 - 7.5)	10,058	3.0%	(2.6 - 3.6)	NS		No
2014	931	6.0%	(4.6 - 7.8)	22,202	3.9%	(3.6 - 4.3)	+		410	7.8%	(5.6 - 10.9)	9,509	4.8%	(4.3 - 5.4)	+		521	4.3%	(2.9 - 6.3)	12,693	3.1%	(2.7 - 3.5)	NS		No
2015	685	6.2%	(4.5 - 8.6)	17,403	4.0%	(3.6 - 4.3)	+		303	9.3%	(6.2 - 13.7)	7,503	5.0%	(4.4 - 5.7)	+		382	3.2%	(2.0 - 5.3)	9,900	2.9%	(2.6 - 3.3)	NS		Yes
2016	651	5.8%	(4.3 - 7.9)	15,078	3.8%	(3.4 - 4.2)	+		301	8.2%	(5.6 - 11.9)	6,590	4.4%	(3.9 - 5.0)	+		350	3.5%	(2.1 - 5.6)	8,488	3.1%	(2.7 - 3.7)	NS		No
Ever told they had a heart attack or coronary heart disease																									
2011	866	8.5%	(6.5 - 11.0)	25,158	6.4%	(6.0 - 6.7)	NS		338	9.2%	(6.6 - 12.7)	10,143	8.0%	(7.4 - 8.7)	NS		528	3.9%	(2.6 - 5.8)	15,015	4.8%	(4.4 - 5.2)	NS		Yes
2012	597	8.7%	(6.3 - 11.9)	18,998	6.2%	(5.8 - 6.6)	NS		232	13.1%	(8.9 - 18.8)	7,806	7.6%	(7.1 - 8.5)	+		365	4.5%	(2.5 - 7.9)	11,192	4.6%	(4.2 - 5.1)	NS		Yes
2013	618	9.5%	(6.9 - 13.0)	16,935	6.2%	(5.7 - 6.7)	+		267	12.6%	(8.1 - 19.0)	6,882	7.7%	(7.0 - 8.5)	NS		351	6.5%	(4.2 - 10.1)	10,053	4.7%	(4.1 - 5.3)	NS		No
2014	929	8.1%	(6.4 - 10.1)	22,180	6.0%	(5.6 - 6.4)	+		408	11.0%	(8.2 - 14.6)	9,493	7.4%	(6.8 - 8.1)	+		521	5.3%	(3.7 - 7.4)	12,687	4.6%	(4.1 - 5.0)	NS		Yes
2015	685	8.3%	(6.3 - 10.8)	17,383	5.8%	(5.4 - 6.3)	NS		302	12.2%	(8.7 - 16.8)	7,503	7.5%	(6.7 - 8.3)	+		383	4.4%	(2.9 - 6.7)	9,880	4.3%	(3.9 - 4.8)	NS		Yes
2016	650	7.4%	(5.6 - 9.7)	15,021	5.6%	(5.4 - 6.3)	NS		301	10.0%	(7.1 - 14.0)	6,558	6.9%	(6.2 - 7.7)	NS		349	4.6%	(3.2 - 7.3)	8,463	4.7%	(4.1 - 5.3)	NS		No
Ever told they had a stroke																									
2011	873	3.2%	(2.2 - 4.8)	25,355	2.6%	(2.4 - 2.9)	NS		340	4.2%	(2.6 - 6.9)	10,209	2.4%	(2.1 - 2.8)	NS		533	2.2%	(1.4 - 3.5)	15,146	2.8%	(2.5 - 3.2)	NS		No
2012	606	3.4%	(2.0 - 5.5)	19,118	2.4%	(2.2 - 2.7)	NS		237	2.3%	(0.9 - 5.8)	7,851	2.7%	(2.3 - 3.1)	NS		369	4.4%	(2.4 - 7.8)	11,267	2.2%	(1.9 - 2.6)	NS		No
2013	622	5.8%	(3.8 - 8.7)	17,080	2.5%	(2.2 - 2.8)	+		269	7.5%	(4.2 - 12.9)	6,954	2.2%	(1.9 - 2.6)	+		353	4.1%	(2.3 - 7.3)	10,126	2.8%	(2.4 - 3.3)	NS		No
2014	939	2.8%	(1.9 - 4.1)	22,359	2.6%	(2.4 - 2.9)	NS		414	2.6%	(1.4 - 4.8)	9,576	2.7%	(2.3 - 3.1)	NS		525	3.0%	(1.8 - 4.8)	12,783	2.6%	(2.2 - 3.0)	NS		No
2015	691	3.0%	(1.9 - 4.8)	17,509	2.5%	(2.3 - 2.9)	NS		303	4.5%	(2.5 - 7.9)	7,550	2.7%	(2.2 - 3.1)	NS		388	1.5%	(0.7 - 3.2)	9,959	2.4%	(2.1 - 2.8)	NS		No
2016	650	2.7%	(1.8 - 4.0)	15,154	2.8%	(2.5 - 3.2)	NS		302	3.3%	(1.9 - 5.5)	6,627	2.6%	(2.1 - 3.1)	NS		348	2.1%	(1.0 - 4.1)	8,527	3.0%	(2.5 - 3.6)	NS		No
Blood Pressure and Cholesterol																									
Had blood pressure checked in past year																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	276	85.0%	(78.8 - 89.6)	7,804	84.6%	(83.1 - 86.0)	NS		120	80.9%	(70.5 - 88.2)	3,150	81.2%	(78.8 - 83.4)	NS		156	89.0%	(81.6 - 93.7)	4,654	87.8%	(86.8 - 89.5)	NS		No
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	311	91.4%	(86.4 - 94.7)	7,947	88.0%	(86.6 - 89.2)	NS		145	93.7%	(88.0 - 96.8)	3,461	85.2%	(83.1 - 87.1)	+		166	89.4%	(80.8 - 94.4)	4,486	90.6%	(88.8 - 92.2)	NS		No
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Ever told they have high blood pressure (excluding pregnancy)^																									
2011	871	35.7%	(31.8 - 39.7)	25,356	28.5%	(27.8 - 29.3)	+		339	39.4%	(33.3 - 45.8)	10,212	30.3%	(29.1 - 31.5)	+		532	32.2%	(27.5 - 37.3)	15,144	26.9%	(25.9 - 27.9)	NS		No
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	621	35.9%	(31.3 - 40.8)	17,095	30.3%	(29.2 - 31.4)	NS		268	38.2%	(31.0 - 45.8)	6,956	32.5%	(30.8 - 34.1)	NS		353	33.7%	(28.1 - 39.9)	10,129	28.2%	(26.9 - 29.6)	NS		No
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	693	34.6%	(30.5 - 38.8)	17,515	29.9%	(28.9 - 30.9)	NS		306	41.1%	(34.8 - 47.6)	7,546	32.6%	(31.1 - 34.2)	+		387	28.1%	(23.4 - 33.4)	9,969	27.2%	(26.0 - 28.5)	NS		Yes
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Currently taking blood pressure medication, among those ever told they have high BP																									
2011	361	70.9%	(63.2 - 77.6)	9,505	77.9%	(76.5 - 79.2)	NS		152	64.7%	(53.7 - 74.3)	3,877	72.0%	(69.8 - 74.1)	NS		209	76.2%	(67.0 - 83.3)	5,628	84.2%	(82.5 - 85.7)	NS		No
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	262	76.4%	(71.0 - 84.4)	6,747	76.5%	(75.6 - 80.3)	NS		120	77.0%	(66.2 - 85.2)	2,826	73.1%	(70.2 - 75.9)	NS		142	80.0%	(68.8 - 87.8)	3,919	84.5%	(82.3 - 86.4)	NS		No
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	277	87.9%	(82.0 - 92.1)	6,665	77.8%	(75.9 - 79.6)	+		130	83.8%	(74.4 - 90.1)	3,016	73.0%	(70.1 - 75.7)	NS		147	93.6%	(87.5 - 97.1)	3,669	83.4%	(80.9 - 85.6)	+		No
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		

Indicators	Overall								Men								Women								LHD Gender Diff.[e]
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		
Had cholesterol checked in past 5 years^																									
2011	839	73.7%	(69.2 - 77.7)	24,606	71.8%	(71.0 - 72.7)	NS		324	66.1%	(59.0 - 72.5)	9,923	67.9%	(66.8 - 69.3)	NS		515	80.6%	(75.1 - 85.1)	14,683	75.6%	(74.5 - 76.7)	NS		Yes
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	603	74.7%	(68.7 - 79.9)	16,649	74.0%	(72.8 - 75.2)	NS		258	72.7%	(63.2 - 80.6)	6,804	71.1%	(69.2 - 72.9)	NS		345	76.7%	(68.9 - 83.0)	9,845	76.9%	(75.3 - 78.4)	NS		No
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	678	76.0%	(71.3 - 80.2)	16,986	75.1%	(73.9 - 76.2)	NS		301	78.7%	(72.4 - 84.0)	7,354	71.8%	(70.0 - 73.5)	NS		377	73.3%	(66.1 - 79.4)	9,632	78.2%	(76.8 - 79.7)	NS		No
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Ever told they have high cholesterol, among those who have ever had it checked^																									
2011	755	41.4%	(37.3 - 45.6)	20,831	38.3%	(37.3 - 39.3)	NS		272	46.3%	(39.8 - 53.2)	8,015	40.8%	(39.1 - 42.1)	NS		483	37.6%	(32.7 - 42.7)	12,816	36.3%	(35.1 - 37.6)	NS		No
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	532	43.2%	(38.1 - 48.4)	14,365	37.4%	(36.1 - 38.6)	NS		222	43.8%	(36.0 - 52.0)	5,672	40.0%	(38.0 - 41.9)	NS		310	42.5%	(36.3 - 49.0)	8,693	35.0%	(33.6 - 36.6)	NS		No
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	582	39.0%	(34.5 - 43.7)	14,651	35.1%	(34.0 - 36.3)	NS		259	44.4%	(37.5 - 51.5)	6,128	37.5%	(35.7 - 39.4)	NS		323	33.2%	(27.8 - 39.1)	8,523	33.0%	(31.5 - 34.5)	NS		No
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Diabetes																									
Ever told they have diabetes (excluding pregnancy)^																									
2011	874	7.8%	(6.2 - 9.9)	25,393	8.4%	(7.9 - 8.8)	NS		340	9.1%	(6.5 - 12.6)	10,222	8.6%	(7.9 - 9.3)	NS		534	6.6%	(4.8 - 9.1)	15,171	8.2%	(7.6 - 8.8)	NS		No
2012	808	9.4%	(6.7 - 12.9)	19,156	8.1%	(7.6 - 8.6)	NS		237	8.3%	(5.1 - 13.1)	7,861	8.3%	(7.6 - 9.1)	NS		369	10.4%	(6.6 - 16.1)	11,295	7.9%	(7.3 - 8.5)	NS		No
2013	822	11.8%	(9.2 - 15.0)	17,110	9.2%	(8.5 - 9.9)	NS		268	13.1%	(9.1 - 18.4)	6,958	10.1%	(9.0 - 11.2)	NS		354	10.5%	(7.5 - 14.6)	10,142	8.3%	(7.5 - 9.2)	NS		No
2014	940	10.8%	(8.8 - 13.1)	22,386	9.2%	(8.6 - 9.7)	NS		416	11.4%	(8.6 - 15.1)	9,598	9.7%	(8.9 - 10.6)	NS		524	10.2%	(7.7 - 13.4)	12,790	8.6%	(7.9 - 9.3)	NS		No
2015	694	9.2%	(7.1 - 11.9)	17,547	8.8%	(8.2 - 9.4)	NS		306	10.0%	(6.9 - 14.3)	7,565	9.0%	(8.2 - 9.9)	NS		388	8.4%	(5.8 - 11.9)	9,982	8.6%	(7.8 - 9.3)	NS		No
2016	852	10.6%	(8.5 - 13.2)	15,171	8.8%	(8.2 - 9.5)	NS		302	11.4%	(8.3 - 15.5)	6,630	8.7%	(7.8 - 9.7)	NS		350	9.9%	(7.2 - 13.5)	8,541	8.9%	(8.1 - 9.8)	NS		No
Ever told they have pre-diabetes (excluding pregnancy)																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	327	6.1%	(3.8 - 9.6)	8,549	5.5%	(4.8 - 6.3)	NS		139	7.3%	(3.9 - 13.3)	3,452	5.9%	(4.8 - 7.2)	NS		188	4.8%	(2.5 - 9.1)	5,097	5.1%	(4.1 - 6.2)	NS		No
2014	490	6.5%	(4.4 - 9.4)	11,165	5.8%	(5.1 - 6.5)	NS		212	9.6%	(6.0 - 15.2)	4,723	5.8%	(4.8 - 6.9)	NS		278	3.6%	(2.0 - 6.1)	6,442	5.7%	(4.9 - 6.7)	NS		No
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	649	6.0%	(4.3 - 8.5)	14,966	6.0%	(5.5 - 6.6)	NS		301	6.6%	(4.0 - 10.7)	6,547	5.3%	(4.6 - 6.2)	NS		348	5.5%	(3.5 - 8.6)	8,439	6.7%	(5.9 - 7.6)	NS		No
Cancer																									
Ever told they have skin cancer																									
2011	870	7.5%	(6.0 - 9.4)	25,359	5.6%	(5.3 - 6.0)	NS		340	9.0%	(6.5 - 12.2)	10,205	6.3%	(5.8 - 6.8)	NS		530	6.1%	(4.4 - 8.5)	15,154	5.0%	(4.6 - 5.5)	NS		No
2012	804	9.3%	(7.1 - 12.1)	19,133	5.8%	(5.2 - 6.0)	+		236	11.0%	(7.6 - 15.7)	7,859	5.8%	(5.3 - 6.4)	+		368	7.7%	(5.1 - 11.4)	11,274	5.4%	(4.9 - 5.0)	NS		No
2013	820	7.7%	(5.7 - 10.4)	17,087	5.9%	(5.5 - 6.3)	NS		287	7.6%	(5.1 - 11.2)	6,956	6.3%	(5.7 - 7.1)	NS		353	7.6%	(5.0 - 12.2)	10,131	5.4%	(4.9 - 6.0)	NS		No
2014	941	5.9%	(4.6 - 7.5)	22,370	5.7%	(5.4 - 6.1)	NS		416	6.0%	(4.1 - 8.6)	9,586	5.9%	(5.4 - 6.5)	NS		525	5.9%	(4.2 - 8.0)	12,784	5.6%	(5.1 - 6.1)	NS		No
2015	694	7.9%	(6.1 - 10.1)	17,512	6.0%	(5.6 - 6.4)	NS		306	7.6%	(5.4 - 11.1)	7,656	6.4%	(5.7 - 7.0)	NS		388	8.0%	(5.6 - 11.4)	9,956	5.6%	(5.1 - 6.2)	NS		No
2016	851	8.0%	(6.1 - 10.4)	15,150	5.5%	(5.0 - 5.9)	+		301	8.5%	(5.9 - 12.1)	6,818	5.8%	(5.1 - 6.5)	NS		350	7.5%	(5.0 - 11.1)	8,534	5.2%	(4.6 - 5.8)	NS		No
Ever told they have cancer other than skin cancer																									
2011	871	8.4%	(6.6 - 10.7)	25,369	6.6%	(6.2 - 7.0)	NS		340	8.6%	(6.0 - 12.1)	10,219	5.0%	(4.6 - 5.5)	+		531	8.3%	(6.3 - 11.5)	15,150	8.1%	(7.5 - 8.6)	NS		No
2012	804	6.4%	(4.6 - 8.8)	19,136	6.5%	(6.0 - 6.9)	NS		236	5.3%	(3.1 - 8.8)	7,858	5.0%	(4.5 - 5.6)	NS		368	7.5%	(4.9 - 11.3)	11,278	7.9%	(7.2 - 8.5)	NS		No
2013	822	6.8%	(5.0 - 9.2)	17,104	6.8%	(6.3 - 7.3)	NS		269	5.4%	(3.3 - 8.7)	6,955	5.6%	(5.0 - 6.4)	NS		353	8.2%	(5.4 - 12.0)	10,139	8.0%	(7.3 - 8.8)	NS		No
2014	940	7.7%	(6.1 - 9.7)	22,380	6.1%	(5.7 - 6.5)	NS		416	7.3%	(5.1 - 10.3)	9,590	4.6%	(4.1 - 5.1)	+		524	8.1%	(6.0 - 11.0)	12,790	7.6%	(7.0 - 8.3)	NS		No
2015	690	7.5%	(5.7 - 9.8)	17,524	6.9%	(6.4 - 7.3)	NS		304	6.6%	(4.3 - 10.0)	7,557	5.2%	(4.6 - 5.8)	NS		386	8.5%	(6.0 - 11.9)	9,967	8.5%	(7.8 - 9.2)	NS		No
2016	852	8.4%	(6.3 - 11.0)	15,165	6.9%	(6.3 - 7.4)	NS		302	7.8%	(5.1 - 11.8)	6,629	5.5%	(4.9 - 6.2)	NS		350	8.9%	(6.2 - 12.8)	8,536	8.2%	(7.4 - 9.0)	NS		No
Ever told they have cancer (in any form)																									
2011	867	14.3%	(11.9 - 16.9)	25,315	11.2%	(10.7 - 11.7)	+		340	15.2%	(11.8 - 19.4)	10,192	10.1%	(9.5 - 10.8)	+		527	13.4%	(10.4 - 17.0)	15,123	12.2%	(11.5 - 12.9)	NS		No
2012	802	14.4%	(11.6 - 17.7)	19,100	10.8%	(10.3 - 11.4)	+		235	15.0%	(10.9 - 20.3)	7,846	9.6%	(8.9 - 10.4)	+		367	13.7%	(10.3 - 18.1)	11,254	11.9%	(11.2 - 12.7)	NS		No
2013	819	12.7%	(10.1 - 15.8)	17,062	11.4%	(10.8 - 12.1)	NS		267	11.7%	(8.4 - 16.1)	6,946	10.6%	(9.7 - 11.6)	NS		352	13.6%	(9.9 - 18.3)	10,116	12.3%	(11.4 - 13.2)	NS		No
2014	940	11.7%	(9.8 - 14.0)	22,338	10.7%	(10.2 - 11.2)	NS		416	11.1%	(8.4 - 14.4)	9,568	9.3%	(8.6 - 10.0)	NS		524	12.4%	(9.8 - 15.6)	12,770	12.1%	(11.4 - 12.9)	NS		No
2015	690	13.7%	(11.2 - 16.6)	17,481	11.6%	(11.0 - 12.2)	NS		304	12.5%	(9.2 - 16.7)	7,541	10.2%	(9.5 - 11.1)	NS		386	14.9%	(11.4 - 19.1)	9,940	12.9%	(12.1 - 13.8)	NS		No
2016	851	15.2%	(12.4 - 18.4)	15,132	11.2%	(10.6 - 11.9)	+		301	14.8%	(11.0 - 19.5)	6,607	10.1%	(9.3 - 11.1)	NS		350	15.5%	(11.8 - 20.2)	8,525	12.3%	(11.3 - 13.3)	NS		No

Indicators	Overall							Men							Women							LHD Gender Diff.[e]
	South Heartland			State of NE				South Heartland			State of NE				South Heartland			State of NE				
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	
Up-to-date on colon cancer screening, 50-75 year olds^																						
2011	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2012	310	59.9%	(53.1 - 66.4)	9,022	61.1%	(59.6 - 62.5)	NS	121	63.2%	(52.3 - 72.9)	3,733	58.4%	(56.1 - 60.6)	NS	189	57.1%	(48.4 - 65.3)	5,289	63.6%	(61.7 - 65.4)	NS	No
2013	315	61.0%	(54.6 - 67.0)	7,979	62.8%	(61.1 - 64.4)	NS	133	58.3%	(48.5 - 67.6)	3,275	61.0%	(58.5 - 63.6)	NS	182	63.2%	(54.8 - 70.8)	4,704	64.4%	(62.2 - 66.6)	NS	No
2014	468	62.8%	(57.7 - 67.7)	10,646	64.1%	(62.8 - 65.5)	NS	200	59.6%	(51.7 - 67.0)	4,661	63.0%	(61.0 - 65.1)	NS	268	65.8%	(59.0 - 72.0)	5,965	65.2%	(63.4 - 67.0)	NS	No
2015	325	72.1%	(65.9 - 77.5)	8,007	65.2%	(63.6 - 66.7)	NS	144	68.4%	(58.8 - 76.7)	3,446	63.7%	(61.3 - 66.1)	NS	181	76.0%	(68.6 - 82.2)	4,561	66.6%	(64.6 - 68.5)	+	No
2016	314	63.5%	(57.1 - 69.4)	7,036	66.0%	(64.3 - 67.8)	NS	149	59.9%	(50.3 - 68.7)	3,073	65.2%	(62.8 - 67.6)	NS	165	67.5%	(59.4 - 74.6)	3,963	66.7%	(64.5 - 68.9)	NS	No
Up-to-date on breast cancer screening, female 50-74 year olds^																						
2011	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2012	180	75.8%	(67.3 - 82.7)	5,200	74.9%	(73.2 - 76.5)	NS	-	-	- -	-	-	- -		180	75.8%	(67.3 - 82.7)	5,200	74.9%	(73.2 - 76.5)	NS	NA
2013	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2014	265	71.7%	(65.1 - 77.4)	5,904	76.1%	(74.5 - 77.7)	NS	-	-	- -	-	-	- -		265	71.7%	(65.1 - 77.4)	5,904	76.1%	(74.5 - 77.7)	NS	NA
2015	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2016	164	69.0%	(60.8 - 76.2)	3,914	73.4%	(71.3 - 75.4)	NS	-	-	- -	-	-	- -		164	69.0%	(60.8 - 76.2)	3,914	73.4%	(71.3 - 75.4)	NS	NA
Up-to-date on cervical cancer screening, female 21-65 year olds^																						
2011	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2012	128	85.8%	(75.9 - 91.8)	5,055	83.9%	(82.5 - 85.2)	NS	-	-	- -	-	-	- -		128	85.8%	(75.9 - 91.8)	5,055	83.9%	(82.5 - 85.2)	NS	NA
2013	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2014	241	79.3%	(72.8 - 84.5)	5,779	81.7%	(80.0 - 83.3)	NS	-	-	- -	-	-	- -		241	79.3%	(72.8 - 84.5)	5,779	81.7%	(80.0 - 83.3)	NS	NA
2015	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2016	165	80.8%	(72.9 - 86.7)	3,814	77.7%	(75.5 - 79.8)	NS	-	-	- -	-	-	- -		165	80.8%	(72.9 - 86.7)	3,814	77.7%	(75.5 - 79.8)	NS	NA
Arthritis																						
Ever told they have arthritis																						
2011	870	26.2%	(23.1 - 29.6)	25,285	23.4%	(22.8 - 24.1)	NS	337	21.7%	(17.4 - 26.6)	10,184	20.1%	(19.2 - 21.1)	NS	533	30.4%	(26.2 - 35.1)	15,101	26.6%	(25.7 - 27.6)	NS	No
2012	601	30.8%	(26.4 - 35.3)	19,069	24.6%	(23.8 - 25.4)	+	235	29.3%	(23.0 - 36.6)	7,839	21.5%	(20.3 - 22.6)	+	366	31.9%	(26.4 - 37.9)	11,250	27.7%	(26.8 - 28.6)	NS	No
2013	619	28.5%	(24.4 - 32.9)	17,917	24.7%	(23.8 - 25.7)	NS	268	26.6%	(20.7 - 33.5)	6,925	21.6%	(20.2 - 23.0)	NS	351	30.3%	(25.1 - 36.2)	10,992	27.8%	(26.5 - 29.2)	NS	No
2014	939	30.9%	(27.7 - 34.4)	22,307	24.6%	(23.8 - 25.4)	+	415	29.7%	(25.0 - 34.9)	9,560	21.6%	(20.5 - 22.8)	+	524	32.1%	(27.8 - 36.8)	12,747	27.4%	(26.3 - 28.6)	NS	No
2015	691	29.8%	(26.1 - 33.9)	17,472	23.4%	(22.6 - 24.3)	+	305	29.7%	(24.3 - 35.7)	7,540	19.7%	(18.5 - 20.9)	+	386	30.0%	(24.9 - 35.7)	9,932	27.1%	(25.9 - 28.4)	NS	No
2016	649	26.5%	(23.0 - 30.3)	15,137	24.6%	(23.6 - 25.6)	NS	301	23.7%	(18.9 - 29.4)	6,622	21.7%	(20.3 - 23.2)	NS	348	29.2%	(24.2 - 34.7)	8,515	27.4%	(26.0 - 28.8)	NS	No
Currently have activity limitations due to arthritis, among those ever told they have arthritis^																						
2011	289	47.6%	(40.9 - 54.3)	7,973	45.2%	(43.6 - 46.8)	NS	90	55.2%	(43.6 - 66.2)	2,711	42.6%	(40.0 - 45.2)	NS	199	42.4%	(34.7 - 50.5)	5,262	47.1%	(45.1 - 49.2)	NS	No
2012	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2013	206	45.2%	(37.0 - 53.6)	5,480	42.4%	(40.3 - 44.6)	NS	80	49.4%	(36.2 - 62.7)	1,881	41.0%	(37.4 - 44.6)	NS	126	41.6%	(32.0 - 51.9)	3,599	43.5%	(40.8 - 46.2)	NS	No
2014	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2015	231	39.8%	(32.4 - 47.7)	5,148	44.0%	(41.9 - 46.1)	NS	96	39.1%	(28.6 - 50.7)	1,852	41.9%	(38.6 - 45.3)	NS	135	40.4%	(30.5 - 51.2)	3,294	45.5%	(42.9 - 48.1)	NS	No
2016	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
Asthma																						
Ever told they have asthma																						
2011	873	10.6%	(8.2 - 13.5)	25,327	11.5%	(10.9 - 12.1)	NS	339	9.4%	(6.5 - 13.5)	10,194	10.5%	(9.8 - 11.3)	NS	534	11.7%	(8.3 - 16.2)	15,133	12.4%	(11.6 - 13.3)	NS	No
2012	604	11.5%	(8.5 - 15.4)	19,105	10.8%	(10.2 - 11.5)	NS	238	8.6%	(5.1 - 14.1)	7,847	9.7%	(8.8 - 10.7)	NS	366	14.3%	(9.8 - 20.4)	11,258	11.9%	(11.1 - 12.9)	NS	No
2013	622	12.4%	(9.4 - 16.2)	17,066	11.2%	(10.5 - 12.0)	NS	268	13.1%	(8.3 - 20.0)	6,946	9.6%	(8.6 - 10.8)	NS	354	11.8%	(8.6 - 15.9)	10,122	12.8%	(11.7 - 13.9)	NS	No
2014	940	12.7%	(10.4 - 15.4)	22,355	12.2%	(11.5 - 13.0)	NS	416	12.1%	(9.0 - 16.2)	9,583	10.8%	(9.8 - 11.9)	NS	524	13.2%	(10.1 - 17.2)	12,772	13.6%	(12.6 - 14.7)	NS	No
2015	691	13.4%	(10.5 - 16.8)	17,492	12.1%	(11.3 - 12.9)	NS	305	11.5%	(7.8 - 16.7)	7,554	10.7%	(9.6 - 12.0)	NS	386	15.2%	(11.2 - 20.3)	9,938	13.4%	(12.3 - 14.5)	NS	No
2016	652	12.0%	(9.3 - 15.3)	15,144	12.4%	(11.5 - 13.4)	NS	302	9.9%	(6.5 - 14.9)	6,622	10.4%	(9.2 - 11.8)	NS	350	14.0%	(10.2 - 18.8)	8,522	14.3%	(13.1 - 15.7)	NS	No
Currently have asthma																						
2011	671	7.0%	(5.0 - 9.6)	25,257	7.3%	(6.9 - 7.8)	NS	339	5.3%	(3.3 - 8.6)	10,170	6.0%	(5.4 - 6.7)	NS	532	8.5%	(5.5 - 12.8)	15,087	8.6%	(8.0 - 9.4)	NS	No
2012	603	8.0%	(5.6 - 11.4)	19,053	7.4%	(6.9 - 7.9)	NS	236	5.3%	(2.9 - 9.5)	7,832	6.1%	(5.4 - 6.9)	NS	367	10.7%	(6.8 - 16.3)	11,221	8.7%	(7.9 - 9.4)	NS	No
2013	620	9.1%	(6.6 - 12.5)	17,024	7.3%	(6.7 - 8.0)	NS	268	9.3%	(5.5 - 15.4)	6,930	5.6%	(4.8 - 6.4)	NS	352	8.9%	(6.1 - 12.7)	10,094	9.1%	(8.2 - 10.0)	NS	No
2014	937	9.1%	(7.1 - 11.5)	22,289	7.7%	(7.2 - 8.3)	NS	415	7.5%	(5.1 - 10.7)	9,562	6.2%	(5.5 - 7.0)	NS	522	10.6%	(7.7 - 14.4)	12,727	9.2%	(8.4 - 10.1)	NS	No
2015	687	7.8%	(5.7 - 10.4)	17,436	7.2%	(6.6 - 7.8)	NS	304	5.6%	(3.4 - 9.0)	7,533	5.4%	(4.7 - 6.2)	NS	383	9.9%	(6.8 - 14.3)	9,902	8.9%	(8.0 - 9.9)	NS	No
2016	651	8.5%	(6.2 - 11.6)	15,116	8.3%	(7.5 - 9.1)	NS	301	6.1%	(3.4 - 10.6)	6,609	6.1%	(5.2 - 7.1)	NS	350	11.0%	(7.6 - 15.6)	8,507	10.4%	(9.3 - 11.6)	NS	No

Indicators	Overall							Men							Women							LHD Gender Diff.[e]
	South Heartland			State of NE				South Heartland			State of NE				South Heartland			State of NE				
	n[a]	mean or % [b]	95% C.I.[c] (Low - High)	n[a]	mean or % [b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or % [b]	95% C.I.[c] (Low - High)	n[a]	mean or % [b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or % [b]	95% C.I.[c] (Low - High)	n[a]	mean or % [b]	95% C.I.[c] (Low - High)	Sig[d]	
Chronic Obstructive Pulmonary Disease (COPD)																						
Ever told they have COPD																						
2011	866	5.6%	(4.1 - 7.5)	26,280	5.0%	(4.6 - 5.3)	NS	335	5.9%	(3.8 - 9.1)	10,171	4.4%	(3.9 - 4.9)	NS	531	5.3%	(3.5 - 7.8)	15,109	5.5%	(5.0 - 6.0)	NS	No
2012	601	5.4%	(3.8 - 7.6)	19,075	5.3%	(4.9 - 5.8)	NS	234	5.6%	(3.3 - 9.2)	7,832	4.7%	(4.1 - 5.3)	NS	367	5.3%	(3.1 - 8.9)	11,243	5.0%	(5.4 - 6.6)	NS	No
2013	622	7.5%	(5.1 - 10.7)	17,035	5.3%	(4.9 - 5.8)	NS	268	10.3%	(6.3 - 16.5)	6,932	4.8%	(4.2 - 5.5)	+	354	4.7%	(2.9 - 7.7)	10,103	5.8%	(5.2 - 6.6)	NS	No
2014	935	7.8%	(6.1 - 9.8)	22,313	5.8%	(5.3 - 6.2)	NS	413	6.7%	(4.6 - 9.7)	9,555	5.5%	(4.9 - 6.2)	NS	522	8.8%	(6.4 - 12.0)	12,758	6.1%	(5.5 - 6.7)	NS	No
2015	690	6.6%	(5.2 - 9.0)	17,466	5.4%	(5.0 - 5.9)	NS	304	7.7%	(5.2 - 11.3)	7,536	4.8%	(4.2 - 5.4)	NS	386	5.9%	(4.0 - 8.7)	9,930	6.1%	(5.5 - 6.7)	NS	No
2016	648	6.3%	(4.5 - 8.8)	15,119	5.8%	(5.3 - 6.4)	NS	301	6.9%	(4.2 - 11.3)	6,612	5.1%	(4.4 - 6.0)	NS	347	5.7%	(3.7 - 8.7)	8,507	6.5%	(5.7 - 7.4)	NS	No
Kidney Disease																						
Ever told they have kidney disease																						
2011	873	2.1%	(1.4 - 3.2)	25,345	2.2%	(2.0 - 2.4)	NS	340	1.6%	(0.8 - 3.1)	10,208	2.1%	(1.8 - 2.5)	NS	533	2.6%	(1.8 - 4.4)	15,137	2.2%	(2.0 - 2.5)	NS	No
2012	604	4.3%	(2.7 - 6.6)	19,122	2.4%	(2.2 - 2.7)	+	235	3.6%	(1.9 - 6.9)	7,850	2.2%	(1.8 - 2.6)	NS	369	4.9%	(2.7 - 8.6)	11,272	2.7%	(2.3 - 3.1)	NS	No
2013	623	1.5%	(0.8 - 2.9)	17,080	2.0%	(1.8 - 2.3)	NS	269	1.2%	(0.3 - 4.1)	6,953	1.9%	(1.5 - 2.4)	NS	354	1.7%	(0.8 - 3.6)	10,127	2.1%	(1.8 - 2.6)	NS	No
2014	937	3.3%	(2.3 - 4.6)	22,362	2.1%	(1.9 - 2.4)	NS	415	1.9%	(1.0 - 3.8)	9,586	2.0%	(1.7 - 2.4)	NS	522	4.6%	(3.0 - 6.9)	12,776	2.3%	(2.0 - 2.6)	+	No
2015	692	3.2%	(2.0 - 5.0)	17,502	2.4%	(2.1 - 2.7)	NS	306	1.7%	(0.6 - 4.7)	7,550	2.2%	(1.8 - 2.7)	NS	386	4.7%	(2.8 - 7.7)	9,952	2.5%	(2.1 - 2.9)	NS	No
2016	650	2.4%	(1.5 - 3.8)	15,150	2.8%	(2.4 - 3.2)	NS	302	1.6%	(0.7 - 4.0)	6,624	2.2%	(1.8 - 2.8)	NS	348	3.1%	(1.8 - 5.3)	8,526	3.4%	(2.8 - 4.0)	NS	No
Tobacco & E-Cigarettes																						
Current cigarette smoking^																						
2011	874	16.3%	(13.3 - 19.8)	26,324	20.0%	(19.3 - 20.7)	NS	340	16.4%	(13.7 - 24.2)	10,189	22.1%	(21.0 - 23.3)	NS	534	14.4%	(10.8 - 18.8)	15,135	17.9%	(17.0 - 18.9)	NS	No
2012	602	17.9%	(13.7 - 23.1)	18,985	19.7%	(18.9 - 20.6)	NS	237	20.6%	(14.2 - 28.9)	7,801	21.4%	(20.1 - 22.7)	NS	365	15.3%	(10.3 - 22.0)	11,184	18.1%	(17.0 - 19.2)	NS	No
2013	607	16.3%	(12.6 - 20.9)	16,667	16.5%	(17.5 - 19.5)	NS	261	20.7%	(14.5 - 28.7)	6,790	19.8%	(18.3 - 21.4)	NS	346	12.3%	(8.6 - 17.1)	9,897	17.2%	(15.9 - 18.5)	NS	No
2014	918	16.6%	(13.9 - 20.1)	21,729	17.3%	(16.5 - 18.2)	NS	405	17.7%	(13.6 - 22.7)	9,311	18.5%	(17.3 - 19.9)	NS	513	15.8%	(12.0 - 20.6)	12,418	16.2%	(15.1 - 17.3)	NS	No
2015	679	16.3%	(13.1 - 20.2)	17,079	17.1%	(16.2 - 18.1)	NS	298	17.3%	(12.7 - 23.0)	7,355	16.4%	(17.0 - 19.9)	NS	381	15.4%	(11.1 - 21.1)	9,724	15.8%	(14.7 - 17.1)	NS	No
2016	632	18.0%	(14.7 - 21.7)	14,790	17.0%	(16.0 - 18.1)	NS	293	20.7%	(15.8 - 26.6)	6,463	18.6%	(17.1 - 20.3)	NS	339	15.3%	(11.4 - 20.1)	8,327	15.4%	(14.1 - 16.8)	NS	No
Attempted to quit smoking in past year, among current cigarette smokers																						
2011	119	47.9%	(37.1 - 58.9)	4,195	55.6%	(53.5 - 57.7)	NS	54	49.4%	(34.1 - 64.9)	1,914	53.4%	(50.4 - 56.3)	NS	65	46.0%	(31.7 - 61.0)	2,281	58.3%	(55.4 - 61.2)	NS	No
2012	77	55.5%	(40.7 - 69.4)	3,023	57.1%	(54.7 - 59.6)	NS	34	-*	-* - -*	1,406	55.2%	(51.7 - 58.7)	NA	43	-*	-* - -*	1,617	59.3%	(55.9 - 62.7)	NA	NA
2013	85	62.9%	(49.7 - 74.4)	2,545	57.1%	(54.1 - 60.2)	NS	44	-*	-* - -*	1,147	55.9%	(51.5 - 60.3)	NA	41	-*	-* - -*	1,399	58.5%	(54.3 - 62.6)	NA	NA
2014	124	63.2%	(52.5 - 72.8)	3,241	58.2%	(55.5 - 60.9)	NS	58	69.9%	(56.3 - 80.8)	1,469	57.9%	(54.0 - 61.8)	NS	66	55.9%	(40.3 - 70.4)	1,752	58.5%	(54.6 - 62.2)	NS	No
2015	94	57.6%	(45.6 - 68.7)	2,476	59.1%	(56.1 - 62.0)	NS	47	-*	-* - -*	1,145	59.2%	(54.8 - 63.5)	NA	47	-*	-* - -*	1,331	58.9%	(54.8 - 62.9)	NA	NA
2016	106	59.8%	(49.3 - 69.4)	2,181	54.6%	(51.2 - 58.0)	NS	56	60.9%	(46.4 - 73.7)	1,049	52.7%	(47.9 - 57.5)	NS	50	58.3%	(43.2 - 71.9)	1,132	56.9%	(52.1 - 61.5)	NS	No
Current smokeless tobacco use^																						
2011	874	5.5%	(3.6 - 8.7)	25,406	5.6%	(5.2 - 6.0)	NS	340	10.8%	(6.9 - 16.6)	10,231	10.5%	(9.7 - 11.4)	NS	534	0.8%	(0.2 - 3.0)	15,175	0.8%	(0.6 - 1.0)	NS	Yes
2012	604	9.9%	(6.5 - 14.6)	19,041	5.1%	(4.6 - 5.6)	+	236	19.4%	(13.0 - 28.1)	7,826	9.5%	(8.7 - 10.5)	+	368	0.7%	(0.2 - 2.2)	11,213	0.8%	(0.6 - 1.2)	NS	Yes
2013	606	3.8%	(2.3 - 6.3)	16,732	5.3%	(4.7 - 5.9)	NS	261	6.9%	(4.0 - 11.6)	6,813	10.1%	(9.0 - 11.2)	NS	347	1.0%	(0.2 - 3.9)	9,919	0.7%	(0.5 - 0.9)	NS	Yes
2014	919	6.3%	(4.6 - 8.6)	21,797	4.7%	(4.2 - 5.1)	NS	405	10.9%	(7.7 - 15.1)	9,340	8.5%	(7.7 - 9.3)	NS	514	1.7%	(0.8 - 3.9)	12,457	1.0%	(0.7 - 1.3)	NS	Yes
2015	680	6.2%	(4.3 - 8.8)	17,123	5.5%	(4.9 - 6.1)	NS	298	11.8%	(8.2 - 16.7)	7,372	9.9%	(8.9 - 11.1)	NS	382	0.7%	(0.2 - 2.6)	9,751	1.1%	(0.8 - 1.6)	NS	Yes
2016	635	6.1%	(4.3 - 8.6)	14,830	5.7%	(5.1 - 6.2)	NS	294	11.0%	(7.8 - 15.7)	6,478	10.5%	(9.5 - 11.7)	NS	341	1.2%	(0.4 - 3.8)	8,352	0.9%	(0.6 - 1.3)	NS	Yes
Has rule not allowing smoking anywhere inside their home																						
2011	-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		
2012	-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		
2013	276	90.7%	(85.4 - 94.2)	7,750	88.7%	(87.4 - 89.8)	NS	118	92.4%	(86.3 - 95.9)	3,121	88.3%	(86.2 - 90.0)	NS	158	89.0%	(79.5 - 94.4)	4,629	89.1%	(87.5 - 90.5)	NS	No
2014	465	87.9%	(83.6 - 91.1)	10,582	89.0%	(87.9 - 90.0)	NS	197	85.9%	(79.1 - 90.7)	4,448	87.9%	(86.1 - 89.5)	NS	268	89.7%	(83.7 - 93.6)	6,134	90.0%	(88.6 - 91.2)	NS	No
2015	317	92.4%	(87.8 - 95.4)	7,816	90.1%	(88.9 - 91.1)	NS	129	92.8%	(85.7 - 96.5)	3,261	89.2%	(87.2 - 90.9)	NS	188	92.1%	(84.7 - 96.1)	4,555	90.9%	(89.6 - 92.1)	NS	No
2016	302	88.7%	(82.4 - 93.0)	7,109	90.8%	(89.6 - 91.8)	NS	137	86.5%	(74.7 - 93.3)	3,122	91.2%	(89.8 - 92.5)	NS	165	91.1%	(85.3 - 94.7)	3,987	90.4%	(88.5 - 92.0)	NS	No
Lifetime e-cigarette use																						
2011	-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		
2012	-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		
2013	-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		
2014	-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		
2015	-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		-	-	- - -	-	-	- - -		
2016	635	17.6%	(14.3 - 21.9)	14,819	22.6%	(21.4 - 23.9)	NS	295	20.9%	(15.5 - 27.6)	6,474	25.1%	(23.3 - 27.0)	NS	340	14.6%	(10.7 - 19.7)	8,345	20.2%	(18.7 - 21.9)	NS	No

Indicators	Overall								Men								Women								LHD Gender Diff.[e]
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)		Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)		Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)		Sig[d]	
Current e-cigarette use																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2016	635	2.8%	(1.7 - 4.6)	14,819	4.9%	(4.3 - 5.6)		NS	295	2.6%	(1.3 - 5.5)	6,474	5.3%	(4.5 - 6.4)		NS	340	3.0%	(1.6 - 5.6)	8,345	4.5%	(3.7 - 5.6)		NS	No
Overweight and Obesity																									
Obese (BMI=30+)^																									
2011	845	29.6%	(25.8 - 33.6)	24,366	28.4%	(27.6 - 29.2)		NS	339	33.2%	(27.3 - 39.6)	10,102	29.2%	(28.0 - 30.4)		NS	506	26.0%	(21.4 - 31.1)	14,264	27.5%	(26.5 - 28.6)		NS	No
2012	588	30.6%	(26.0 - 35.6)	18,385	28.6%	(27.7 - 29.6)		NS	235	27.1%	(20.8 - 34.5)	7,781	29.2%	(27.9 - 30.6)		NS	353	34.1%	(27.7 - 41.0)	10,604	28.1%	(26.8 - 29.3)		NS	No
2013	581	26.3%	(22.2 - 30.9)	16,250	29.6%	(28.4 - 30.7)		NS	263	25.3%	(19.5 - 32.1)	6,860	30.8%	(29.1 - 32.5)		NS	318	27.4%	(21.9 - 33.7)	9,390	28.4%	(26.9 - 29.9)		NS	No
2014	898	34.6%	(31.1 - 38.4)	21,130	30.2%	(29.2 - 31.3)		NS	413	37.4%	(32.3 - 42.9)	9,399	31.7%	(30.2 - 33.2)		NS	485	31.7%	(26.8 - 36.9)	11,731	28.7%	(27.4 - 30.1)		NS	No
2015	855	34.4%	(30.2 - 38.9)	16,265	31.4%	(30.3 - 32.5)		NS	298	38.5%	(32.3 - 45.1)	7,323	32.9%	(31.3 - 34.6)		NS	357	30.1%	(24.8 - 36.1)	8,942	29.8%	(28.3 - 31.3)		NS	No
2016	614	34.0%	(29.8 - 38.6)	14,173	32.0%	(30.8 - 33.2)		NS	298	32.6%	(26.6 - 39.1)	6,460	32.6%	(30.8 - 34.3)		NS	316	35.5%	(29.7 - 42.0)	7,713	31.4%	(29.7 - 33.1)		NS	No
Overweight or Obese (BMI=25+)																									
2011	845	63.2%	(58.9 - 67.4)	24,366	64.9%	(64.0 - 65.8)		NS	339	70.1%	(63.4 - 76.0)	10,102	72.8%	(71.5 - 74.1)		NS	506	56.4%	(50.7 - 61.9)	14,264	56.8%	(55.5 - 58.1)		NS	Yes
2012	588	68.7%	(63.1 - 73.7)	18,385	65.0%	(64.0 - 66.0)		NS	235	72.5%	(63.8 - 79.8)	7,781	72.3%	(70.8 - 73.7)		NS	353	64.8%	(57.5 - 71.4)	10,604	57.8%	(56.2 - 59.0)		NS	No
2013	581	63.5%	(57.7 - 68.9)	16,250	65.5%	(64.2 - 66.7)		NS	263	65.9%	(56.8 - 73.9)	6,860	72.2%	(70.4 - 74.0)		NS	318	60.9%	(53.5 - 67.9)	9,390	58.5%	(56.8 - 60.2)		NS	No
2014	898	69.4%	(65.6 - 72.9)	21,130	66.7%	(65.6 - 67.8)		NS	413	75.1%	(69.9 - 79.6)	9,399	73.8%	(72.3 - 75.3)		NS	485	63.3%	(57.8 - 68.4)	11,731	59.2%	(57.7 - 60.7)		NS	Yes
2015	855	70.9%	(66.3 - 75.0)	16,265	67.0%	(65.8 - 68.2)		NS	298	79.4%	(73.2 - 84.5)	7,323	73.4%	(71.7 - 75.1)		NS	357	61.8%	(55.0 - 68.0)	8,942	60.2%	(58.6 - 61.9)		NS	Yes
2016	614	70.0%	(65.3 - 74.3)	14,173	68.5%	(67.3 - 69.8)		NS	298	73.5%	(66.6 - 79.4)	6,460	74.9%	(73.1 - 76.6)		NS	316	66.1%	(59.3 - 72.2)	7,713	61.8%	(59.9 - 63.6)		NS	No
Nutrition																									
Consumed sugar-sweetened beverages 1 or more times per day in past 30 days																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	275	26.4%	(22.4 - 35.2)	7,822	28.5%	(26.8 - 30.3)		NS	118	37.2%	(27.7 - 47.9)	3,164	35.8%	(33.1 - 38.5)		NS	157	19.6%	(13.1 - 28.4)	4,658	21.7%	(19.7 - 24.0)		NS	No
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Currently watching or reducing sodium or salt intake																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	277	56.1%	(49.1 - 62.8)	7,818	46.3%	(44.6 - 48.1)		+	119	54.2%	(43.8 - 64.3)	3,165	43.4%	(40.8 - 46.0)		NS	158	57.9%	(48.5 - 66.7)	4,653	49.1%	(46.8 - 51.5)		NS	No
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	310	47.3%	(40.3 - 54.4)	7,892	46.8%	(45.0 - 48.5)		NS	145	48.8%	(38.2 - 59.4)	3,436	46.0%	(43.4 - 48.7)		NS	165	46.0%	(37.0 - 55.3)	4,456	47.5%	(45.2 - 49.8)		NS	No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Median times per day consumed fruits																									
2011	813	0.98	(0.96 - 1.01)	24,090	1.02	(1.02 - 1.04)		-	313	0.71	(0.57 - 0.91)	9,660	0.99	(0.99 - 1.00)		-	500	1.04	(0.99 - 1.14)	14,430	1.14	(1.13 - 1.14)		NS	Yes
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	577	0.98	(0.93 - 1.11)	15,949	1.00	(1.00 - 1.00)		NS	245	0.90	(0.86 - 0.98)	6,462	0.99	(0.99 - 1.00)		-	332	1.13	(0.98 - 1.41)	9,487	1.07	(1.06 - 1.14)		NS	No
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	650	1.00	(0.98 - 1.10)	16,135	1.00	(1.00 - 1.00)		NS	284	1.00	(0.95 - 1.09)	6,899	0.99	(0.98 - 1.00)		NS	366	1.03	(0.98 - 1.14)	9,236	1.03	(1.02 - 1.09)		NS	No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Consumed fruits less than 1 time per day																									
2011	813	44.4%	(40.1 - 48.8)	24,090	40.1%	(39.2 - 41.1)		NS	313	56.1%	(49.3 - 62.7)	9,660	46.2%	(44.8 - 47.6)		+	500	34.0%	(28.6 - 39.7)	14,430	34.3%	(33.1 - 35.6)		NS	Yes
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	577	41.4%	(36.0 - 47.0)	15,949	39.7%	(38.5 - 41.0)		NS	245	49.8%	(41.4 - 58.2)	6,462	45.4%	(43.4 - 47.3)		NS	332	33.6%	(27.0 - 40.8)	9,487	34.4%	(32.8 - 36.1)		NS	Yes
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	650	39.5%	(34.9 - 44.2)	16,135	41.1%	(39.9 - 42.4)		NS	284	41.3%	(34.8 - 48.1)	6,899	47.4%	(45.6 - 49.3)		NS	366	37.5%	(31.3 - 44.3)	9,236	35.1%	(33.5 - 36.7)		NS	No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			

Indicators	Overall							Men							Women							LHD Gender Diff.[d]
	South Heartland			State of NE				South Heartland			State of NE				South Heartland			State of NE				
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	
Median times per day consumed vegetables																						
2011	808	1.44	(1.40 - 1.57)	23,765	1.46	(1.44 - 1.50)	NS	310	1.28	(1.15 - 1.43)	9,534	1.35	(1.33 - 1.41)	NS	498	1.59	(1.50 - 1.75)	14,251	1.57	(1.57 - 1.61)	NS	Yes
2012	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2013	571	1.49	(1.34 - 1.59)	15,700	1.57	(1.55 - 1.58)	NS	242	1.18	(1.04 - 1.31)	6,373	1.43	(1.42 - 1.50)	-	329	1.72	(1.58 - 2.10)	9,327	1.70	(1.66 - 1.73)	NS	Yes
2014	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2015	635	1.50	(1.42 - 1.64)	15,850	1.53	(1.50 - 1.58)	NS	275	1.46	(1.33 - 1.59)	6,786	1.42	(1.40 - 1.46)	NS	360	1.57	(1.42 - 1.78)	9,064	1.62	(1.58 - 1.69)	NS	No
2016	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
Consumed vegetables less than 1 time per day																						
2011	808	27.1%	(23.3 - 31.3)	23,765	26.2%	(25.4 - 27.1)	NS	310	34.8%	(28.4 - 41.7)	9,534	29.7%	(28.4 - 31.0)	NS	498	20.1%	(18.1 - 24.8)	14,251	22.9%	(21.8 - 24.1)	NS	Yes
2012	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2013	571	24.8%	(20.1 - 30.2)	15,700	23.3%	(22.2 - 24.4)	NS	242	32.3%	(24.3 - 41.4)	6,373	26.6%	(25.0 - 28.4)	NS	329	17.7%	(13.5 - 23.0)	9,327	20.1%	(18.7 - 21.6)	NS	Yes
2014	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2015	635	24.2%	(20.2 - 28.7)	15,850	24.7%	(23.7 - 25.9)	NS	275	24.6%	(18.8 - 31.6)	6,786	28.3%	(26.6 - 30.0)	NS	360	23.8%	(18.5 - 29.9)	9,064	21.4%	(20.1 - 22.8)	NS	No
2016	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
Physical Activity																						
No leisure-time physical activity in past 30 days^																						
2011	829	29.2%	(25.5 - 33.2)	24,433	26.3%	(25.5 - 27.1)	NS	319	34.7%	(28.7 - 41.3)	9,795	27.2%	(26.0 - 28.5)	+	510	24.2%	(20.0 - 29.0)	14,638	25.4%	(24.3 - 26.5)	NS	No
2012	606	24.0%	(19.7 - 28.9)	19,153	21.0%	(20.2 - 21.9)	NS	237	27.6%	(21.0 - 35.7)	7,865	20.4%	(19.3 - 21.7)	NS	369	20.3%	(15.3 - 26.4)	11,288	21.6%	(20.5 - 22.8)	NS	No
2013	582	29.5%	(24.5 - 34.9)	16,158	26.3%	(24.2 - 26.4)	NS	246	35.2%	(27.1 - 44.3)	6,567	26.3%	(24.7 - 28.1)	NS	336	24.3%	(19.3 - 30.1)	9,591	24.3%	(22.9 - 25.8)	NS	No
2014	940	26.1%	(23.0 - 29.4)	22,397	21.3%	(20.4 - 22.1)	+	415	28.2%	(23.5 - 33.4)	9,599	21.2%	(20.0 - 22.5)	+	525	24.0%	(20.1 - 28.5)	12,798	21.4%	(20.2 - 22.5)	NS	No
2015	652	23.4%	(19.7 - 27.6)	16,319	25.3%	(24.3 - 26.4)	NS	286	24.1%	(18.8 - 30.4)	6,997	25.3%	(23.8 - 26.9)	NS	366	22.7%	(17.8 - 28.4)	9,322	25.4%	(24.0 - 26.8)	NS	No
2016	650	26.3%	(22.5 - 30.4)	15,169	22.4%	(21.4 - 23.5)	NS	302	25.0%	(19.9 - 31.0)	6,633	20.7%	(19.3 - 22.3)	NS	348	27.6%	(22.5 - 33.3)	8,536	24.1%	(22.7 - 25.6)	NS	No
Met aerobic physical activity recommendation^																						
2011	799	49.1%	(44.7 - 53.5)	23,735	49.0%	(48.0 - 49.9)	NS	307	48.8%	(40.0 - 53.8)	9,544	47.2%	(45.8 - 48.6)	NS	492	51.1%	(46.5 - 56.8)	14,191	50.8%	(49.4 - 51.9)	NS	No
2012	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2013	560	46.2%	(40.8 - 51.7)	15,730	50.1%	(48.8 - 51.4)	NS	237	40.4%	(32.6 - 48.8)	6,416	48.8%	(46.9 - 50.7)	NS	323	51.6%	(44.6 - 58.6)	9,314	51.4%	(49.7 - 53.1)	NS	No
2014	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2015	641	53.1%	(48.4 - 57.9)	15,878	51.3%	(50.0 - 52.5)	NS	280	52.4%	(45.5 - 59.1)	6,832	51.1%	(49.2 - 53.0)	NS	361	53.9%	(47.3 - 60.4)	9,046	51.4%	(49.8 - 53.1)	NS	No
2016	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
Met muscle strengthening recommendation^																						
2011	819	24.2%	(20.5 - 28.4)	24,204	28.1%	(27.3 - 29.0)	NS	314	22.7%	(17.2 - 29.3)	9,597	32.0%	(30.6 - 33.4)	-	505	25.6%	(20.7 - 31.1)	14,607	24.5%	(23.4 - 25.6)	NS	No
2012	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2013	577	22.7%	(18.5 - 27.6)	16,021	28.4%	(27.2 - 29.6)	NS	242	21.4%	(15.4 - 29.1)	6,499	31.0%	(29.2 - 32.8)	-	335	23.9%	(18.3 - 30.4)	9,522	26.0%	(24.5 - 27.6)	NS	No
2014	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2015	636	26.7%	(21.4 - 30.4)	16,117	31.2%	(30.1 - 32.5)	NS	281	29.8%	(23.7 - 36.8)	6,893	34.9%	(33.1 - 36.8)	NS	357	21.5%	(16.0 - 28.3)	9,224	27.7%	(26.2 - 29.3)	NS	No
2016	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
Met both aerobic physical activity and muscle strengthening recommendations^																						
2011	794	17.4%	(14.0 - 21.4)	23,567	19.0%	(18.2 - 19.8)	NS	305	16.8%	(11.8 - 23.3)	9,477	19.7%	(18.5 - 20.9)	NS	489	18.0%	(13.7 - 23.3)	14,090	18.4%	(17.4 - 19.4)	NS	No
2012	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2013	560	14.1%	(10.6 - 18.3)	15,635	18.8%	(17.8 - 19.9)	NS	237	11.6%	(7.2 - 18.2)	6,366	19.4%	(17.9 - 21.0)	NS	323	16.3%	(11.6 - 22.5)	9,269	18.2%	(16.8 - 19.6)	NS	No
2014	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2015	629	18.7%	(14.9 - 23.3)	15,724	21.8%	(20.7 - 22.9)	NS	276	21.2%	(15.6 - 28.0)	6,757	23.3%	(21.6 - 25.1)	NS	353	16.3%	(11.5 - 22.7)	8,967	20.3%	(18.9 - 21.7)	NS	No
2016	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
Walk for at least 10 minutes at a time for any reason during a usual week																						
2011	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2012	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2013	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2014	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		
2015	312	87.4%	(82.3 - 91.2)	7,895	84.6%	(83.3 - 85.8)	NS	146	86.4%	(77.8 - 92.0)	3,442	84.2%	(82.2 - 86.0)	NS	166	88.3%	(81.4 - 92.9)	4,453	85.1%	(83.4 - 86.6)	NS	No
2016	-	-	- -	-	-	- -		-	-	- -	-	-	- -		-	-	- -	-	-	- -		

Indicators	Overall								Men								Women								LHD Gender Diff.[e]
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		
Have access to safe places to walk in their neighborhood																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	310	85.1%	(79.8 - 89.2)	7,893	88.4%	(87.2 - 89.4)	NS		144	89.4%	(82.8 - 93.6)	3,439	88.8%	(87.2 - 90.3)	NS		166	81.3%	(72.9 - 87.5)	4,454	87.9%	(86.3 - 89.3)	NS		No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Injury																									
Always wear a seatbelt when driving or riding in a car[h]																									
2011	822	62.6%	(58.4 - 67.0)	24,208	71.3%	(70.5 - 72.1)	-		315	50.7%	(43.9 - 57.4)	9,683	63.7%	(62.4 - 65.0)	-		507	73.5%	(68.1 - 78.3)	14,525	78.6%	(77.5 - 79.5)	NS		Yes
2012	598	60.6%	(55.0 - 66.0)	18,851	69.7%	(68.7 - 70.6)	-		232	46.6%	(38.4 - 54.9)	7,731	61.7%	(60.2 - 63.2)	-		366	74.1%	(67.1 - 80.1)	11,120	77.3%	(76.1 - 78.4)	NS		Yes
2013	577	65.7%	(60.5 - 70.6)	16,053	74.1%	(73.0 - 75.2)	-		244	50.2%	(41.8 - 58.6)	6,520	67.0%	(65.3 - 68.7)	-		333	80.0%	(74.2 - 84.8)	9,533	80.6%	(79.5 - 82.1)	NS		Yes
2014	912	59.0%	(55.1 - 62.8)	21,599	72.4%	(71.5 - 73.3)	-		401	50.8%	(45.1 - 56.4)	9,241	64.7%	(63.2 - 66.2)	-		511	67.1%	(61.7 - 72.0)	12,358	79.8%	(78.7 - 80.9)	-		Yes
2015	640	62.5%	(57.6 - 67.2)	16,136	75.4%	(74.4 - 76.4)	-		279	55.3%	(48.3 - 62.1)	6,900	68.2%	(66.5 - 69.9)	-		361	69.7%	(62.9 - 75.7)	9,236	82.3%	(81.1 - 83.4)	-		Yes
2016	626	65.9%	(61.3 - 70.2)	14,828	73.8%	(72.7 - 74.9)	-		291	58.3%	(51.6 - 64.7)	6,370	66.8%	(65.0 - 68.5)	-		335	73.4%	(66.9 - 79.0)	8,258	80.6%	(79.2 - 81.8)	-		Yes
Texted while driving in past 30 days																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	286	21.0%	(15.4 - 28.0)	11,451	26.8%	(25.8 - 27.9)	NS		116	26.9%	(17.7 - 38.8)	4,757	29.2%	(27.5 - 31.0)	NS		170	15.9%	(10.2 - 24.1)	6,694	24.4%	(22.8 - 26.0)	NS		No
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	310	22.7%	(16.9 - 29.7)	7,820	24.9%	(23.3 - 26.6)	NS		125	23.6%	(15.5 - 34.1)	3,209	27.6%	(25.0 - 30.3)	NS		185	21.8%	(14.1 - 32.2)	4,411	22.3%	(20.3 - 24.4)	NS		No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Talked on a cell phone while driving in past 30 days																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	287	60.7%	(53.9 - 67.1)	11,424	69.1%	(68.0 - 70.2)	-		116	66.5%	(56.3 - 75.4)	4,742	71.5%	(69.9 - 73.2)	NS		171	55.8%	(48.9 - 64.3)	6,682	66.7%	(65.2 - 68.2)	-		No
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	304	67.6%	(60.8 - 73.7)	7,604	67.0%	(65.3 - 68.6)	NS		122	75.8%	(65.9 - 83.6)	3,203	71.0%	(68.5 - 73.3)	NS		182	59.6%	(50.3 - 68.3)	4,401	63.1%	(60.8 - 65.2)	NS		No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Had a fall in past year, aged 45 years and older																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	480	30.1%	(25.4 - 35.1)	13,738	28.8%	(27.7 - 29.9)	NS		180	27.8%	(20.8 - 35.9)	5,384	26.9%	(25.3 - 28.5)	NS		300	32.1%	(26.2 - 38.6)	8,354	30.5%	(29.1 - 31.9)	NS		No
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	665	29.7%	(25.9 - 33.7)	15,671	26.1%	(25.1 - 27.1)	NS		279	32.1%	(26.2 - 38.5)	6,513	24.5%	(23.0 - 26.1)	+		386	27.5%	(22.9 - 32.6)	9,158	27.6%	(26.2 - 29.0)	NS		No
2015	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2016	446	25.9%	(21.7 - 30.5)	10,369	29.0%	(27.7 - 30.3)	NS		206	23.3%	(17.6 - 30.1)	4,333	28.1%	(26.2 - 30.1)	NS		240	28.5%	(22.8 - 35.0)	6,036	29.7%	(28.0 - 31.5)	NS		No
Injured due to a fall in past year, aged 45 years and older																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	479	11.8%	(8.7 - 15.7)	13,719	9.9%	(9.2 - 10.6)	NS		179	8.9%	(5.0 - 15.4)	5,377	7.7%	(6.7 - 8.7)	NS		300	14.2%	(10.1 - 19.6)	8,342	11.8%	(10.9 - 12.9)	NS		No
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	664	11.5%	(9.0 - 14.6)	15,647	8.8%	(8.2 - 9.5)	NS		278	12.1%	(8.3 - 17.3)	6,502	6.8%	(6.0 - 7.7)	+		386	10.9%	(7.9 - 15.0)	9,145	10.6%	(9.7 - 11.6)	NS		No
2015	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2016	446	8.6%	(6.3 - 12.0)	10,367	10.1%	(9.3 - 11.0)	NS		206	8.9%	(5.4 - 14.1)	4,333	7.8%	(6.8 - 9.0)	NS		240	8.7%	(6.7 - 13.1)	6,034	12.2%	(11.0 - 13.6)	NS		No
Mental Health																									
Ever told they have depression																									
2011	870	19.6%	(16.5 - 23.2)	25,333	16.5%	(16.2 - 17.5)	NS		338	13.9%	(10.0 - 18.9)	10,196	11.5%	(10.7 - 12.4)	NS		532	25.0%	(20.4 - 30.2)	15,135	22.0%	(21.0 - 23.0)	NS		Yes
2012	605	13.8%	(10.4 - 18.1)	19,115	16.7%	(16.0 - 17.5)	NS		237	8.9%	(5.6 - 13.9)	7,653	12.4%	(11.4 - 13.5)	NS		368	18.6%	(13.2 - 25.5)	11,262	20.9%	(19.8 - 22.1)	NS		No
2013	623	18.5%	(14.6 - 23.1)	17,065	18.2%	(17.3 - 19.2)	NS		269	15.0%	(9.9 - 22.2)	6,940	12.9%	(11.8 - 14.2)	NS		354	21.9%	(16.8 - 28.2)	10,125	23.4%	(22.0 - 24.8)	NS		No
2014	937	20.7%	(17.8 - 23.9)	22,346	17.7%	(16.9 - 18.6)	NS		416	14.7%	(11.1 - 19.1)	9,582	13.0%	(11.8 - 14.2)	NS		521	26.5%	(22.2 - 31.4)	12,764	22.3%	(21.1 - 23.5)	NS		Yes
2015	691	19.1%	(15.7 - 23.2)	17,485	17.5%	(16.7 - 18.5)	NS		303	12.1%	(8.4 - 17.2)	7,534	12.4%	(11.3 - 13.7)	NS		388	25.9%	(20.5 - 32.2)	9,951	22.5%	(21.2 - 23.8)	NS		Yes
2016	651	20.5%	(17.1 - 24.4)	15,138	17.8%	(16.8 - 18.8)	NS		302	17.4%	(12.9 - 23.1)	6,609	12.1%	(10.9 - 13.4)	NS		349	23.5%	(18.7 - 29.1)	8,529	23.4%	(21.8 - 25.0)	NS		No

Indicators	Overall								Men								Women								LHD Gender Diff.[e]
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		
Frequent Mental Distress in past 30 days																									
2011	858	11.0%	(8.6 - 14.0)	25,036	9.2%	(8.7 - 9.7)	NS		332	9.4%	(6.2 - 14.0)	10,097	7.7%	(7.0 - 8.4)	NS		526	12.5%	(9.2 - 16.9)	14,939	10.7%	(9.9 - 11.5)	NS		No
2012	592	7.2%	(4.8 - 10.7)	18,935	9.0%	(8.4 - 9.7)	NS		231	5.0%	(2.4 - 10.3)	7,786	7.4%	(6.6 - 8.3)	NS		361	9.4%	(5.9 - 14.7)	11,149	10.6%	(9.7 - 11.5)	NS		No
2013	515	9.0%	(6.1 - 13.0)	16,889	8.9%	(8.2 - 9.6)	NS		266	9.2%	(5.1 - 16.1)	6,889	6.8%	(5.9 - 7.9)	NS		349	8.8%	(5.3 - 14.1)	10,000	10.9%	(9.8 - 12.0)	NS		No
2014	919	8.1%	(6.3 - 10.5)	22,132	8.2%	(7.6 - 8.8)	NS		402	5.5%	(3.3 - 8.9)	9,483	6.4%	(5.6 - 7.3)	NS		517	10.7%	(7.9 - 14.3)	12,649	9.9%	(9.0 - 10.8)	NS		No
2015	690	7.2%	(5.0 - 10.2)	17,369	8.9%	(8.2 - 9.6)	NS		304	6.1%	(3.6 - 10.5)	7,491	6.9%	(6.0 - 7.9)	NS		386	8.3%	(5.2 - 13.0)	9,878	10.8%	(9.8 - 11.9)	NS		No
2016	644	9.2%	(6.9 - 12.2)	15,035	9.5%	(8.7 - 10.4)	NS		300	8.4%	(5.3 - 13.0)	6,568	7.0%	(6.0 - 8.1)	NS		344	10.0%	(7.0 - 14.2)	8,467	12.0%	(10.8 - 13.3)	NS		No
Currently taking medication or receiving treatment for a mental health condition																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	299	5.9%	(3.2 - 10.7)	6,643	11.0%	(10.0 - 12.1)	NS		112	2.9%	(1.3 - 6.7)	2,693	7.4%	(6.2 - 8.9)	NS		187	8.7%	(4.1 - 17.4)	3,950	14.5%	(12.9 - 16.2)	NS		No
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Symptoms of serious mental illness in past 30 days																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	293	1.7%	(0.6 - 4.6)	5,555	3.2%	(2.6 - 3.9)	NS		109	0.6%	(0.1 - 4.1)	2,657	2.5%	(1.8 - 3.7)	NS		184	2.7%	(0.9 - 8.2)	3,898	3.8%	(2.9 - 4.9)	NS		No
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Alcohol and Drug Use																									
Any alcohol consumption in past 30 days																									
2011	813	56.2%	(51.8 - 60.5)	24,051	61.8%	(60.9 - 62.7)	-		311	64.7%	(57.9 - 70.9)	9,597	67.7%	(66.4 - 69.1)	NS		502	48.6%	(43.1 - 54.2)	14,454	56.2%	(55.0 - 57.4)	-		Yes
2012	800	54.5%	(49.1 - 59.9)	18,891	61.3%	(60.3 - 62.3)	-		235	65.5%	(57.4 - 72.9)	7,749	68.7%	(67.2 - 70.1)	NS		365	43.9%	(37.0 - 51.1)	11,142	54.2%	(52.8 - 55.6)	-		Yes
2013	804	50.7%	(45.4 - 56.0)	16,814	57.5%	(56.2 - 58.7)	-		259	60.7%	(52.2 - 68.7)	6,754	63.3%	(61.4 - 65.2)	NS		345	41.4%	(35.1 - 48.1)	9,860	51.8%	(50.2 - 53.5)	-		Yes
2014	915	58.0%	(54.1 - 61.7)	21,612	59.2%	(58.1 - 60.3)	NS		402	66.3%	(60.8 - 71.4)	9,246	65.2%	(63.6 - 66.8)	NS		513	49.8%	(44.6 - 55.1)	12,366	53.4%	(52.0 - 54.9)	NS		Yes
2015	673	57.8%	(53.1 - 62.2)	16,939	57.6%	(56.4 - 58.8)	NS		294	64.1%	(57.5 - 70.3)	7,282	63.8%	(62.0 - 65.5)	NS		379	51.5%	(45.0 - 57.9)	9,657	51.6%	(50.0 - 53.2)	NS		No
2016	631	53.7%	(49.0 - 58.4)	14,723	59.8%	(58.5 - 61.0)	-		293	60.7%	(53.8 - 67.2)	6,421	68.0%	(66.1 - 69.8)	NS		338	46.9%	(40.5 - 53.4)	8,302	51.8%	(50.0 - 53.6)	NS		Yes
Binge drank in past 30 days^																									
2011	811	22.6%	(19.1 - 26.9)	23,948	22.7%	(21.9 - 23.5)	NS		309	31.9%	(25.7 - 38.9)	9,533	30.2%	(28.9 - 31.5)	NS		502	14.6%	(10.9 - 19.4)	14,415	15.7%	(14.7 - 16.7)	NS		Yes
2012	590	20.0%	(15.5 - 25.5)	18,742	22.1%	(21.3 - 23.0)	NS		229	30.6%	(22.9 - 39.5)	7,664	29.1%	(27.6 - 30.5)	NS		361	10.4%	(6.3 - 16.7)	11,078	15.5%	(14.5 - 16.6)	NS		Yes
2013	602	17.1%	(13.3 - 21.8)	16,500	20.0%	(19.0 - 21.1)	NS		258	24.1%	(17.7 - 31.8)	6,687	25.2%	(23.6 - 26.9)	NS		344	10.7%	(6.9 - 16.1)	9,813	15.0%	(13.8 - 16.4)	NS		Yes
2014	908	20.2%	(17.1 - 23.8)	21,443	20.3%	(19.4 - 21.3)	NS		399	28.5%	(23.5 - 34.2)	9,149	26.8%	(25.3 - 28.3)	NS		509	12.1%	(9.8 - 16.3)	12,294	14.1%	(13.0 - 15.3)	NS		Yes
2015	671	19.9%	(16.2 - 24.3)	16,832	19.5%	(18.5 - 20.5)	NS		294	24.2%	(18.7 - 30.8)	7,216	26.0%	(24.4 - 27.8)	NS		377	15.7%	(11.0 - 22.0)	9,616	13.1%	(12.0 - 14.3)	NS		No
2016	627	14.8%	(11.7 - 18.6)	14,620	20.0%	(18.9 - 21.1)	-		291	21.2%	(16.1 - 27.5)	6,367	27.2%	(25.4 - 29.0)	NS		336	8.5%	(5.5 - 12.9)	8,253	13.1%	(11.9 - 14.4)	NS		Yes
Heavy drinking in past 30 days																									
2011	808	7.0%	(5.0 - 9.6)	23,906	7.5%	(7.0 - 8.1)	NS		307	9.6%	(6.1 - 14.8)	9,514	9.2%	(8.4 - 10.2)	NS		501	4.6%	(3.0 - 7.1)	14,392	5.9%	(5.2 - 6.6)	NS		No
2012	588	7.8%	(4.9 - 12.1)	18,738	7.2%	(6.6 - 7.7)	NS		227	9.1%	(4.9 - 16.3)	7,668	8.5%	(7.7 - 9.4)	NS		361	6.5%	(3.2 - 13.0)	11,070	5.9%	(5.3 - 6.6)	NS		No
2013	600	4.1%	(2.4 - 6.9)	16,513	6.8%	(6.2 - 7.5)	NS		258	5.8%	(3.1 - 10.7)	6,698	7.3%	(6.4 - 8.3)	NS		342	2.5%	(1.0 - 6.3)	9,815	6.3%	(5.5 - 7.2)	NS		No
2014	908	6.2%	(4.5 - 8.6)	21,447	6.4%	(5.9 - 7.0)	NS		396	8.0%	(5.1 - 12.3)	9,158	7.5%	(6.7 - 8.5)	NS		512	4.6%	(2.9 - 7.2)	12,289	5.3%	(4.7 - 6.1)	NS		No
2015	669	6.3%	(4.4 - 8.9)	16,815	5.7%	(5.1 - 6.4)	NS		293	7.1%	(4.4 - 11.4)	7,214	7.0%	(6.0 - 8.1)	NS		376	5.5%	(3.3 - 9.0)	9,601	4.6%	(3.9 - 5.3)	NS		No
2016	628	5.2%	(3.5 - 7.5)	14,634	6.6%	(5.9 - 7.3)	NS		292	7.1%	(4.5 - 10.9)	6,376	8.0%	(7.0 - 9.1)	NS		336	3.3%	(1.6 - 6.6)	8,258	5.2%	(4.4 - 6.2)	NS		No
Alcohol impaired driving in past 30 days																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	801	3.3%	(1.7 - 6.2)	18,895	3.4%	(3.1 - 3.8)	NS		234	6.3%	(3.2 - 12.1)	7,741	5.5%	(4.9 - 6.3)	NS		367	0.4%	(0.1 - 1.6)	11,154	1.4%	(1.1 - 1.8)	NS		Yes
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	912	2.7%	(1.7 - 4.3)	21,627	2.5%	(2.2 - 2.9)	NS		400	4.2%	(2.4 - 7.0)	9,242	4.2%	(3.5 - 4.9)	NS		512	1.3%	(0.5 - 3.4)	12,385	1.0%	(0.7 - 1.3)	NS		No
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	628	2.9%	(1.5 - 5.5)	14,666	3.4%	(2.9 - 3.9)	NS		290	5.0%	(2.4 - 10.1)	6,383	5.1%	(4.3 - 6.0)	NS		338	0.9%	(0.3 - 2.9)	8,283	1.7%	(1.3 - 2.4)	NS		No

Indicators	Overall								Men								Women								LHD Gender Diff.*
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		
Took pain medication prescribed by doctor in past year																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	295	32.9%	*(26.8 - 39.6)*	11,767	30.2%	*(29.1 - 31.4)*	NS		119	40.7%	*(30.7 - 51.5)*	4,835	27.3%	*(25.7 - 29.0)*	+		176	26.2%	*(19.4 - 34.3)*	6,932	33.0%	*(31.5 - 34.6)*	NS		No
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	316	28.9%	*(23.3 - 35.3)*	7,868	33.5%	*(31.9 - 35.1)*	NS		130	29.8%	*(21.1 - 39.8)*	3,283	28.9%	*(26.6 - 31.4)*	NS		186	28.2%	*(21.2 - 36.5)*	4,575	37.9%	*(35.8 - 40.1)*	NS		No
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Had leftover pain meds after last filled script, among those who took pain meds in past year																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	96	47.7%	*(36.0 - 59.7)*	3,848	49.2%	*(46.9 - 51.4)*	NS		46	-*	-* - -*	1,423	43.9%	*(40.4 - 47.4)*	NA		50	51.8%	*(35.7 - 67.5)*	2,425	53.4%	*(50.5 - 56.3)*	NS		NA
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	95	33.7%	*(23.4 - 45.9)*	2,684	45.7%	*(42.8 - 48.7)*	NS		41	-*	-* - -*	995	42.6%	*(37.9 - 47.4)*	NA		54	35.5%	*(22.4 - 51.3)*	1,689	48.0%	*(44.4 - 51.7)*	NS		NA
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Used marijuana in past 30 days																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	607	4.1%	*(2.3 - 7.2)*	14,160	4.9%	*(4.2 - 5.7)*	NS		281	7.1%	*(3.7 - 13.2)*	6,143	7.2%	*(6.0 - 8.6)*	NS		326	1.0%	*(0.3 - 3.4)*	8,017	2.7%	*(2.1 - 3.5)*	NS		Yes
Immunization and Infectious Disease																									
Had a flu vaccination in past year, aged 18 years and older																									
2011	616	49.1%	*(44.8 - 53.4)*	24,156	41.1%	*(40.2 - 42.0)*	+		311	46.2%	*(39.7 - 52.9)*	9,663	35.1%	*(33.8 - 36.5)*	+		505	51.6%	*(48.0 - 57.2)*	14,493	46.8%	*(45.6 - 48.1)*	NS		No
2012	600	43.0%	*(37.8 - 48.4)*	18,903	42.2%	*(41.2 - 43.2)*	NS		234	38.2%	*(30.6 - 46.4)*	7,754	36.8%	*(35.4 - 38.2)*	NS		366	47.7%	*(40.8 - 54.7)*	11,149	47.5%	*(46.1 - 48.8)*	NS		No
2013	576	43.0%	*(37.9 - 48.3)*	16,022	45.2%	*(43.9 - 46.4)*	NS		243	39.4%	*(31.8 - 47.6)*	6,506	41.2%	*(39.4 - 43.1)*	NS		333	46.4%	*(39.7 - 53.2)*	9,516	48.9%	*(47.2 - 50.6)*	NS		No
2014	913	43.1%	*(39.4 - 46.9)*	21,638	43.9%	*(42.9 - 45.0)*	NS		401	35.7%	*(31.6 - 42.2)*	9,262	38.8%	*(37.3 - 40.4)*	NS		512	49.3%	*(44.1 - 54.5)*	12,376	48.9%	*(47.4 - 50.3)*	NS		Yes
2015	641	42.0%	*(37.5 - 46.6)*	16,091	47.2%	*(46.0 - 48.4)*	NS		278	42.4%	*(35.8 - 49.2)*	6,883	40.8%	*(39.0 - 42.6)*	NS		363	41.6%	*(35.8 - 47.9)*	9,208	53.4%	*(51.7 - 55.0)*	-		No
2016	628	44.5%	*(39.9 - 49.2)*	14,685	44.4%	*(43.1 - 45.7)*	NS		292	39.4%	*(33.1 - 46.0)*	6,401	39.4%	*(37.5 - 41.3)*	NS		336	49.7%	*(43.1 - 56.2)*	8,284	49.3%	*(47.6 - 51.1)*	NS		No
Had a flu vaccination in past year, aged 65 years and older^																									
2011	323	74.0%	*(68.4 - 78.9)*	8,185	61.8%	*(60.3 - 63.3)*	+		107	75.7%	*(66.0 - 83.2)*	2,875	59.6%	*(57.1 - 62.1)*	+		216	72.8%	*(65.8 - 78.8)*	5,310	63.4%	*(61.5 - 65.3)*	+		No
2012	255	60.8%	*(53.2 - 67.9)*	6,625	62.9%	*(61.2 - 64.6)*	NS		88	59.1%	*(46.3 - 70.8)*	2,327	60.9%	*(58.1 - 63.6)*	NS		167	62.3%	*(53.5 - 70.3)*	4,298	64.4%	*(62.4 - 66.5)*	NS		No
2013	218	67.5%	*(59.7 - 74.4)*	5,652	66.2%	*(64.2 - 68.1)*	NS		90	64.2%	*(51.6 - 75.2)*	2,067	67.6%	*(64.4 - 70.6)*	NS		128	70.3%	*(60.9 - 78.3)*	3,585	65.0%	*(62.6 - 67.4)*	NS		No
2014	325	64.4%	*(58.5 - 69.9)*	7,610	64.7%	*(63.2 - 66.2)*	NS		134	61.4%	*(52.0 - 70.0)*	2,971	65.9%	*(63.5 - 68.3)*	NS		191	67.0%	*(59.5 - 73.8)*	4,639	63.8%	*(61.8 - 65.7)*	NS		No
2015	241	63.0%	*(56.0 - 69.5)*	5,578	65.2%	*(63.4 - 67.0)*	NS		95	67.3%	*(56.3 - 76.7)*	2,119	64.1%	*(61.1 - 66.9)*	NS		146	59.0%	*(49.9 - 67.6)*	3,459	66.1%	*(63.9 - 68.2)*	NS		No
2016	228	64.6%	*(57.5 - 71.4)*	5,130	62.7%	*(60.8 - 64.6)*	NS		102	68.4%	*(57.6 - 77.5)*	1,967	62.8%	*(59.8 - 65.6)*	NS		126	61.2%	*(51.2 - 70.4)*	3,163	62.7%	*(60.2 - 65.1)*	NS		No
Ever had a pneumonia vaccination, aged 65 years and older^																									
2011	316	70.5%	*(64.4 - 75.9)*	7,997	70.3%	*(68.8 - 71.7)*	NS		104	66.2%	*(55.7 - 75.4)*	2,772	66.7%	*(64.2 - 69.1)*	NS		212	73.5%	*(66.1 - 79.7)*	5,225	72.9%	*(71.2 - 74.5)*	NS		No
2012	251	68.7%	*(61.1 - 75.5)*	6,413	70.0%	*(68.4 - 71.6)*	NS		85	60.0%	*(46.9 - 71.7)*	2,225	66.9%	*(64.1 - 69.6)*	NS		166	76.3%	*(68.1 - 82.9)*	4,188	72.3%	*(70.3 - 74.1)*	NS		No
2013	211	76.4%	*(69.2 - 82.3)*	5,478	71.7%	*(69.8 - 73.4)*	NS		84	73.9%	*(61.8 - 83.1)*	1,970	71.5%	*(68.5 - 74.3)*	NS		127	78.5%	*(69.4 - 85.5)*	3,508	71.8%	*(69.4 - 74.0)*	NS		No
2014	314	74.5%	*(68.9 - 79.4)*	7,372	72.3%	*(70.9 - 73.7)*	NS		132	70.8%	*(61.7 - 78.5)*	2,849	70.3%	*(67.9 - 72.5)*	NS		182	77.9%	*(70.8 - 83.7)*	4,523	73.9%	*(72.1 - 75.7)*	NS		No
2015	235	73.2%	*(66.1 - 79.2)*	5,452	73.8%	*(72.1 - 75.4)*	NS		92	68.4%	*(57.0 - 77.9)*	2,056	70.3%	*(67.4 - 73.0)*	NS		143	77.5%	*(68.6 - 84.4)*	3,396	76.5%	*(74.5 - 78.4)*	NS		No
2016	226	78.3%	*(71.5 - 83.8)*	5,060	75.9%	*(74.2 - 77.5)*	NS		101	72.9%	*(61.9 - 81.6)*	1,927	73.7%	*(70.9 - 76.3)*	NS		125	83.5%	*(75.2 - 89.4)*	3,133	77.6%	*(75.5 - 79.7)*	NS		No
Had a tetanus vaccination since 2005																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	532	56.3%	*(50.4 - 61.9)*	14,650	60.2%	*(58.9 - 61.5)*	NS		222	56.8%	*(49.3 - 67.7)*	6,015	63.1%	*(61.1 - 65.0)*	NS		310	53.9%	*(46.7 - 60.9)*	8,635	57.4%	*(55.8 - 59.1)*	NS		No
2014	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	577	64.4%	*(59.5 - 69.0)*	13,574	64.2%	*(62.9 - 65.4)*	NS		270	68.2%	*(60.9 - 74.6)*	5,939	67.5%	*(65.5 - 69.3)*	NS		307	60.7%	*(53.9 - 67.1)*	7,635	60.9%	*(59.2 - 62.7)*	NS		No

Indicators	Overall								Men								Women								LHD Gender Diff.[e]
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]	
Ever had a shingles vaccination, aged 50 years and older																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	611	32.9%	(28.9 - 37.1)	14,246	27.8%	(26.9 - 28.9)	NS		253	34.7%	(28.5 - 41.4)	5,892	25.7%	(24.2 - 27.3)	+		358	31.3%	(26.4 - 36.6)	8,354	29.8%	(28.4 - 31.3)	NS	No
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
Ever been tested for HIV, 18-64 year olds (excluding blood donation)																									
2011	485	25.1%	(20.7 - 30.0)	15,561	30.6%	(29.7 - 31.6)	NS		198	21.2%	(15.3 - 28.7)	6,612	28.4%	(27.0 - 29.9)	NS		287	28.6%	(22.6 - 35.4)	8,949	33.1%	(31.7 - 34.6)	NS	No
2012	338	27.3%	(21.6 - 33.7)	11,879	30.9%	(29.8 - 32.1)	NS		142	23.4%	(16.0 - 32.8)	5,254	27.9%	(26.3 - 29.5)	NS		196	31.2%	(23.3 - 40.3)	6,625	34.0%	(32.4 - 35.7)	NS	No
2013	346	24.5%	(19.2 - 30.8)	10,649	31.6%	(30.3 - 33.3)	NS		149	20.1%	(13.1 - 29.7)	4,304	29.1%	(27.0 - 31.3)	NS		197	28.8%	(21.4 - 37.5)	5,745	34.4%	(32.5 - 36.4)	NS	No
2014	559	26.6%	(22.4 - 31.2)	13,474	30.9%	(29.6 - 32.2)	NS		255	24.4%	(18.9 - 30.8)	6,042	28.5%	(26.8 - 30.5)	NS		304	28.8%	(22.9 - 35.5)	7,432	33.2%	(31.4 - 35.0)	NS	No
2015	388	27.3%	(22.1 - 33.1)	10,152	32.0%	(30.6 - 33.5)	NS		178	26.8%	(19.8 - 35.1)	4,604	29.2%	(27.2 - 31.4)	NS		210	27.8%	(20.8 - 36.3)	5,548	34.9%	(32.9 - 36.9)	NS	No
2016	387	28.3%	(23.4 - 33.7)	9,145	31.9%	(30.4 - 33.5)	NS		185	29.1%	(22.2 - 37.0)	4,263	28.5%	(26.4 - 30.7)	NS		202	27.5%	(21.0 - 35.2)	4,882	35.4%	(33.2 - 37.6)	NS	No
Oral Health																									
Visited a dentist or dental clinic for any reason in past year^																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	801	67.9%	(62.4 - 72.9)	19,052	67.6%	(66.6 - 68.5)	NS		236	68.7%	(60.6 - 75.9)	7,827	64.2%	(62.7 - 65.6)	NS		365	67.0%	(59.4 - 73.8)	11,225	70.9%	(69.6 - 72.1)	NS	No
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	935	61.6%	(57.8 - 65.2)	22,256	66.4%	(65.4 - 67.4)	-		413	59.6%	(54.2 - 65.2)	9,544	63.2%	(61.7 - 64.8)	NS		522	63.2%	(58.0 - 68.2)	12,714	69.5%	(68.1 - 70.8)	NS	No
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	649	64.7%	(60.1 - 69.0)	15,089	68.7%	(67.5 - 69.9)	NS		301	57.5%	(50.8 - 64.0)	6,597	65.9%	(64.1 - 67.7)	-		348	71.9%	(65.9 - 77.2)	8,492	71.4%	(69.8 - 73.0)	NS	Yes
Had any permanent teeth extracted due to tooth decay or gum disease																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	597	42.2%	(37.1 - 47.5)	18,824	39.8%	(38.8 - 40.8)	NS		234	40.8%	(33.2 - 48.9)	7,750	39.2%	(37.7 - 40.6)	NS		363	43.6%	(38.9 - 50.6)	11,074	40.4%	(39.1 - 41.7)	NS	No
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	929	44.9%	(41.2 - 48.7)	22,085	39.1%	(38.1 - 40.1)	+		412	49.2%	(43.6 - 54.8)	9,490	39.4%	(37.9 - 40.9)	+		517	40.6%	(35.8 - 45.6)	12,595	38.9%	(37.5 - 40.2)	NS	No
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	642	44.8%	(40.3 - 49.3)	14,988	38.2%	(37.0 - 39.4)	+		300	47.3%	(40.8 - 53.9)	6,559	37.6%	(35.8 - 39.3)	+		342	42.2%	(36.2 - 48.5)	8,429	38.9%	(37.3 - 40.5)	NS	No
Had any permanent teeth extracted due to tooth decay or gum disease, 45-64 year olds^																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	223	42.5%	(35.2 - 50.2)	7,138	47.7%	(46.1 - 49.3)	NS		93	39.7%	(28.7 - 51.8)	3,077	48.7%	(46.3 - 51.1)	NS		130	45.2%	(35.7 - 55.0)	4,061	46.7%	(44.6 - 48.8)	NS	No
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	344	49.7%	(43.9 - 55.5)	8,200	45.9%	(44.3 - 47.5)	NS		150	56.5%	(47.7 - 64.9)	3,631	47.5%	(45.1 - 50.0)	NS		194	43.4%	(35.9 - 51.1)	4,569	44.3%	(42.1 - 46.5)	NS	No
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	222	48.8%	(41.5 - 56.2)	5,356	45.1%	(43.1 - 47.1)	NS		106	54.0%	(43.3 - 64.4)	2,446	46.4%	(43.5 - 49.3)	NS		116	43.1%	(33.6 - 53.1)	2,910	43.8%	(41.2 - 46.5)	NS	No
Had all permanent teeth extracted due to tooth decay or gum disease, aged 65 years and older																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	254	16.2%	(10.4 - 21.8)	6,502	13.4%	(12.3 - 14.5)	NS		89	13.5%	(6.6 - 25.4)	2,313	12.0%	(10.3 - 13.9)	NS		165	16.8%	(10.9 - 25.1)	4,189	14.4%	(13.0 - 16.0)	NS	No
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	325	15.3%	(11.5 - 20.0)	7,657	14.1%	(13.0 - 15.2)	NS		136	9.5%	(5.4 - 16.1)	3,010	14.4%	(12.8 - 16.3)	NS		189	20.5%	(14.9 - 27.6)	4,647	13.8%	(12.5 - 15.2)	NS	No
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	229	14.9%	(10.2 - 21.2)	5,179	13.2%	(11.9 - 14.6)	NS		104	15.9%	(8.9 - 26.8)	1,993	10.6%	(9.0 - 12.5)	NS		125	13.8%	(8.6 - 21.5)	3,186	15.3%	(13.5 - 17.3)	NS	No
Had all permanent teeth extracted due to tooth decay or gum disease, 65-74 year olds^																									
2011	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2012	108	14.0%	(7.3 - 25.3)	3,149	11.3%	(9.9 - 12.8)	NS		43	-*	-* - -*	1,268	9.3%	(7.5 - 11.4)	NA		65	11.5%	(5.4 - 22.7)	1,881	13.1%	(11.1 - 15.3)	NS	NA
2013	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2014	184	12.4%	(8.0 - 18.8)	4,089	10.9%	(9.6 - 12.3)	NS		86	7.3%	(3.3 - 15.3)	1,804	12.0%	(9.9 - 14.4)	NS		98	17.7%	(10.5 - 28.3)	2,285	9.8%	(8.3 - 11.7)	NS	No
2015	-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		-	-	- -	-	-	- -	-		
2016	129	12.2%	(7.4 - 19.4)	2,815	10.4%	(9.0 - 12.0)	NS		64	8.2%	(3.4 - 18.4)	1,168	8.6%	(6.9 - 11.2)	NS		65	16.6%	(9.0 - 28.7)	1,647	11.8%	(9.9 - 14.1)	NS	No

Indicators	Overall								Men								Women								LHD Gender Diff.[e]
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)		Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)		Sig[d]	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)		Sig[d]	
Had teeth cleaned by dentist/hygienist in past year, among those with 1+ permanent teeth																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2016	589	63.4%	(58.5 - 67.9)	13,764	67.4%	(66.1 - 68.6)		NS	267	57.1%	(49.9 - 64.0)	6,092	63.9%	(62.0 - 65.8)		NS	322	69.2%	(62.9 - 74.9)	7,672	70.8%	(69.1 - 72.5)		NS	No
Social Context																									
Housing insecurity in past year, among those who own or rent their home^																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	264	26.7%	(19.6 - 34.9)	6,089	26.6%	(25.0 - 28.3)		NS	99	28.2%	(18.4 - 39.1)	2,481	24.7%	(22.3 - 27.3)		NS	165	27.1%	(18.2 - 38.4)	3,608	28.5%	(26.3 - 30.8)		NS	No
2013	261	26.1%	(20.1 - 33.2)	7,324	28.8%	(27.1 - 30.5)		NS	111	25.3%	(18.5 - 33.7)	2,961	25.0%	(22.5 - 27.7)		NS	150	26.9%	(19.3 - 36.1)	4,363	32.3%	(30.0 - 34.7)		NS	No
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	301	23.7%	(17.7 - 30.9)	7,461	28.5%	(26.8 - 30.2)		NS	120	22.6%	(14.1 - 34.2)	3,109	26.6%	(24.2 - 29.2)		NS	181	24.7%	(17.0 - 34.5)	4,352	30.3%	(28.1 - 32.5)		NS	No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Food insecurity in past year^																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	297	18.6%	(12.9 - 26.2)	6,521	17.6%	(16.2 - 19.0)		NS	111	12.8%	(6.2 - 24.6)	2,684	13.9%	(12.1 - 16.0)		NS	186	23.8%	(15.5 - 34.5)	3,937	21.1%	(19.1 - 23.2)		NS	No
2013	276	16.2%	(11.5 - 22.5)	7,828	19.0%	(17.6 - 20.6)		NS	119	11.0%	(5.4 - 21.1)	3,159	15.4%	(13.4 - 17.7)		NS	157	21.5%	(14.7 - 30.3)	4,669	22.5%	(20.5 - 24.6)		NS	No
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	321	16.5%	(11.6 - 23.0)	7,918	21.0%	(19.5 - 22.5)		NS	130	15.9%	(8.7 - 27.3)	3,309	17.9%	(15.8 - 20.2)		NS	191	17.1%	(11.3 - 25.0)	4,609	24.0%	(22.1 - 25.1)		NS	No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Caregiving																									
Provided regular care/assistance in past month to friend or family member with health issue																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	309	27.0%	(21.0 - 33.9)	7,883	24.7%	(23.2 - 26.2)		NS	144	20.0%	(13.1 - 29.2)	3,434	21.1%	(19.1 - 23.4)		NS	165	33.1%	(24.4 - 43.1)	4,449	28.0%	(25.9 - 30.2)		NS	No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Cognitive Decline																									
Experienced more or worsening confusion or memory loss in past year, aged 45 years and older																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2014	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2015	225	10.5%	(6.7 - 16.1)	5,767	9.4%	(8.4 - 10.5)		NS	108	7.2%	(3.5 - 14.4)	2,436	10.2%	(8.7 - 12.0)		NS	117	13.7%	(7.9 - 22.8)	3,331	8.6%	(7.3 - 10.2)		NS	No
2016	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
Inadequate Sleep																									
Get less than 7 hours of sleep per day																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	618	29.6%	(24.7 - 35.0)	16,972	31.8%	(30.6 - 33.0)		NS	269	35.1%	(27.2 - 43.9)	6,927	32.6%	(30.8 - 34.4)		NS	349	24.1%	(18.9 - 30.3)	10,045	31.0%	(29.5 - 32.6)		NS	No
2014	932	29.6%	(26.0 - 33.3)	22,172	30.0%	(29.0 - 31.0)		NS	412	29.2%	(24.2 - 34.8)	9,527	30.7%	(29.2 - 32.2)		NS	520	29.9%	(25.1 - 35.2)	12,645	29.4%	(28.1 - 30.7)		NS	No
2015	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2016	649	28.0%	(24.2 - 32.2)	15,097	28.6%	(28.4 - 30.8)		NS	301	28.1%	(22.8 - 34.2)	6,610	29.7%	(27.9 - 31.5)		NS	348	28.0%	(22.7 - 33.9)	8,487	29.5%	(27.9 - 31.2)		NS	No
Average hours of sleep per day																									
2011	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2012	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2013	618	7.2	(7.1 - 7.4)	16,972	7.1	(7.0 - 7.1)		NS	269	7.1	(6.9 - 7.3)	6,927	7.0	(7.0 - 7.1)		NS	349	7.3	(7.1 - 7.5)	10,045	7.1	(7.0 - 7.1)		NS	No
2014	932	7.1	(7.0 - 7.2)	22,172	7.1	(7.0 - 7.1)		NS	412	7.1	(7.0 - 7.3)	9,527	7.0	(7.0 - 7.1)		NS	520	7.1	(7.0 - 7.3)	12,645	7.1	(7.1 - 7.1)		NS	No
2015	-	-	- -	-	-	- -			-	-	- -	-	-	- -			-	-	- -	-	-	- -			
2016	649	7.1	(7.0 - 7.2)	15,097	7.1	(7.1 - 7.1)		NS	301	7.2	(7.0 - 7.4)	6,610	7.1	(7.0 - 7.2)		NS	348	7.0	(6.9 - 7.2)	8,487	7.1	(7.1 - 7.2)		NS	No

Indicators	Overall								Men								Women								LHD Gender Diff.[e]
	South Heartland			State of NE					South Heartland			State of NE					South Heartland			State of NE					
	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		n[a]	mean or %[b]	95% C.I.[c] (Low - High)	n[a]	mean or %[b]	95% C.I.[c] (Low - High)	Sig[d]		
Occupational Safety and Health																									
Work-related injury or illness in past year, among employed or recently out of work																									
2011	-	-	- - -	-	-	- - -	-		-	-	- - -	-	-	- - -	-		-	-	- - -	-	-	- - -	-		
2012	-	-	- - -	-	-	- - -	-		-	-	- - -	-	-	- - -	-		-	-	- - -	-	-	- - -	-		
2013	182	7.2%	*(3.7 - 13.5)*	4,952	4.8%	*(3.9 - 5.8)*	NS		77	11.8%	*(5.6 - 23.4)*	2,246	6.1%	*(4.8 - 7.7)*	NS		105	2.3%	*(0.6 - 8.1)*	2,706	3.3%	*(2.2 - 4.9)*	NS		No
2014	281	5.8%	*(3.1 - 10.7)*	6,966	4.9%	*(4.1 - 5.9)*	NS		149	6.6%	*(3.0 - 14.0)*	3,403	5.4%	*(4.4 - 6.7)*	NS		132	4.7%	*(1.6 - 13.0)*	3,563	4.3%	*(3.1 - 6.0)*	NS		No
2015	215	7.6%	*(3.5 - 16.0)*	5,434	5.7%	*(4.7 - 6.8)*	NS		114	14.8%	*(6.8 - 29.4)*	2,727	7.1%	*(5.6 - 9.0)*	NS		101	0.3%	*(0.0 - 2.3)*	2,707	3.9%	*(2.9 - 5.3)*	-		Yes
2016	-	-	- - -	-	-	- - -	-		-	-	- - -	-	-	- - -	-		-	-	- - -	-	-	- - -	-		

Note: Data reflect the four county LHD region of Adams, Clay, Nuckolls, and Webster Counties

Note: Data reflect both landline and cell phone responses

Note: This table is not intended to be inclusive of all BRFSS indicators; some were excluded due to small numbers at the LHD level

Note: This table excludes 2011 BRFSS optional module and state added questions data due to the data being landline only

Note: The results in this table may be slightly different than results in previously published reports and tables due differences in the software used and/or how the statistical analysis code was written; these results were analyzed using SAS and SAS-callable SUDAAN software

[a] Non-weighted sample size among adults 18 and older (unless different age group noted)

[b] Weighted mean, median, or percentage (percentages are followed by the % symbol) among adults 18 and older (unless different age group noted)

[c] Low and High are the lower and upper limits of the 95% confidence interval, respectively

[d] Symbols represent: "+" = LHD value significantly higher than the state value; "-" = LHD value significantly lower than the state value; "NS" = LHD value not statistically different than the state value; significant differences based on 95% confidence interval overlap

[e] Indicates whether there is a significant difference by gender within the LHD region, based on non-overlapping 95% confidence intervals; note that small sample sizes for males and females can make interpreting significance difficult due to large confidence intervals

^ Reflects a Nebraska Healthy People 2020 (HP2020) measure

* Data suppressed due to a small number of respondents (i.e., fewer than 50)

Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS); January 2018

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Appendix #3 - Behavioral Risk Factor Surveillance System - Data Report

2016 Nebraska Behavioral Risk Factor Surveillance System (BRFSS) Data:

Selected Variables on Veterans and Family Members of Veterans

NALHD
Nebraska Association of Local Health Directors

VETSET NEBRASKA
Serve. Educate. Transition.

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Report prepared by

Schmeeckle Research Inc.
Lincoln, NE
402.477.5407
will@schmeeckleresearch.com

Introduction and Methodology

BRFSS Background

The Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys among Nebraska adults annually since 1986 for the purpose of collecting data on health-related risk behaviors and events, chronic health conditions, and use of preventive services. Information gathered during these surveys is used to identify emerging health problems, establish and track health objectives, and develop, implement, and evaluate a broad array of disease prevention activities in the state.

The BRFSS is a cross-sectional telephone survey of adults 18 and older conducted in all 50 states, the District of Columbia, and three U.S. territories with technical and methodological assistance provided by the Centers for Disease Control and Prevention (CDC). Survey questions are standardized to ensure comparability of data with other states and to monitor trends over time.

Veterans, Family Members of Veterans and the Work of NALHD's VetSET project

In 2016, respondents to the BRFSS in Nebraska were asked to identify if they were veterans of the U.S. military (i.e., if they have ever served active duty in the U.S. military). In the second half of 2016, respondents were asked to identify if they have a parent/guardian, brother or sister, spouse or significant other, or child who served in the U.S. military.

The Nebraska Association of Local Health Directors (NALHD) operates a project known as VetSET ("Serve, Education, Transition"). The project was funded by the Department of Veterans' Affairs to provide outreach to veterans and families and connect them with needed services.

Funding from NALHD allowed the BRFSS to include the veteran family member questions in the second half of 2016.

Purpose

The purpose of this report is to compare veterans and family members of veterans to the general population on a set of 22 BRFSS indicators (see the appendix for a detailed description of these indicators). These 22 indicators were selected for their close or proximal alignment with the work of the VetSET project. Data from this report can be used to illustrate areas of need for veterans and their family members in Nebraska.

How to Interpret the Data (use caution)

Many of the indicators in this report vary significantly by gender. For example, males are approximately twice as likely to report binge drinking in the past 30 days as compared to females (see Indicator 18 below). Furthermore, the vast majority (91.6%) of veterans surveyed were males, and accordingly the spouses/significant others of veterans are mostly females. For comparison between veterans or their family members and the total population, it will be necessary to see how the total population differs on gender for each indicator. It is necessary to use caution when comparing data between veterans and their family members and the total population due to the gender differences inherent in the makeup of the veteran population.

A Note on Survey Weighting

The Centers for Disease Control and Prevention (CDC) does the weighting of data for each state. Survey weighting allows a set of surveys that may not represent the population demographically to be adjusted (or weighted) to more accurately reflect the population they are intended to represent.

From the 1980s to 2010, CDC used a statistical method called post stratification to weight BRFSS survey data to known proportions of age, race and ethnicity, sex, and geographic region within a population. In 2011, the BRFSS moved to a new weighting methodology known as iterative proportional fitting or raking. Raking has several advantages over post stratification. First, it allows the introduction of more demographic variables, such as education level, marital status, and home ownership, into the statistical weighting process than would have been possible with post stratification. This advantage reduces the potential for bias and increases the representativeness of estimates. Second, raking allows for the incorporation of a now-crucial variable, telephone ownership (landline and/or cellular telephone), into the BRFSS weighting methodology. Beginning with the 2011 dataset, raking succeeded post stratification as the BRFSS statistical weighting method. As noted, age, sex, categories of ethnicity, geographic regions within states, marital status, education level, home ownership and type of phone ownership are currently used to weight BRFSS data.

The weight used for those who identified as family members was this "core" weight provided by the CDC. Since the military family questions were asked only during the last six months, the data for the last six months technically should be re-weighted for only those respondents. However, the "core" weight for the entire survey year was only available from the CDC for these respondents. This weighting issue is believed to be very minor and to have very little impact on the data included in this report.

Acknowledgment

Special thanks to Jeff Armitage (Epidemiology Surveillance Coordinator for the Division of Public Health, Nebraska Department of Health and Human Services) for running the analyses the BRFSS data used in this report, as well as for providing valuable insights.

Demographics

Table 1 outlines the survey respondents as a percentage of all respondents. Table 2 displays demographics of veteran survey respondents compared to no-veterans.

Table 1	Survey respondents
	Percent of total
Served active duty in U.S. military (veterans)	12.1%
Parent/guardian served in U.S. military	40.0%
Brother or sister served in U.S. military	26.1%
Been married to or in serious relationship with someone who served in U.S. military	17.6%
Had a child serve in the U.S. military	8.1%
Had a child serve in the U.S. military among those with children 18 year of age or older	16.5%
Had a parent/guardian, sibling, spouse or significant other, or child serve in U.S. military	60.4%

Table 2	Demographics of Veteran and Non-Veteran Survey Respondents		
		Veterans	**Non-veterans**
Gender	*Male*	91.6%	44.0%
	Female	8.4%	56.0%
Urban/Rural	*Urban – Large*	60.6%	58.4%
	Urban - Small	19.4%	21.3%
	Rural	20.0%	20.3%
Race/Ethnicity	*White (non-Hispanic)*	89.4%	82.1%
	Minority	10.6%	17.9%
Educational Attainment	*Less than high school*	4.6%	10.7%
	High school diploma/GED	32.0%	26.7%
	Some college or tech. school	38.1%	35.6%
	Graduated college	25.3%	27.0%
Household Income	*Less than $25,000*	18.2%	24.5%
	$25,000 to $49,999	29.8%	26.3%
	$50-000 to $74,999	20.9%	17.0%
	$75,000 or more	31.1%	32.3%

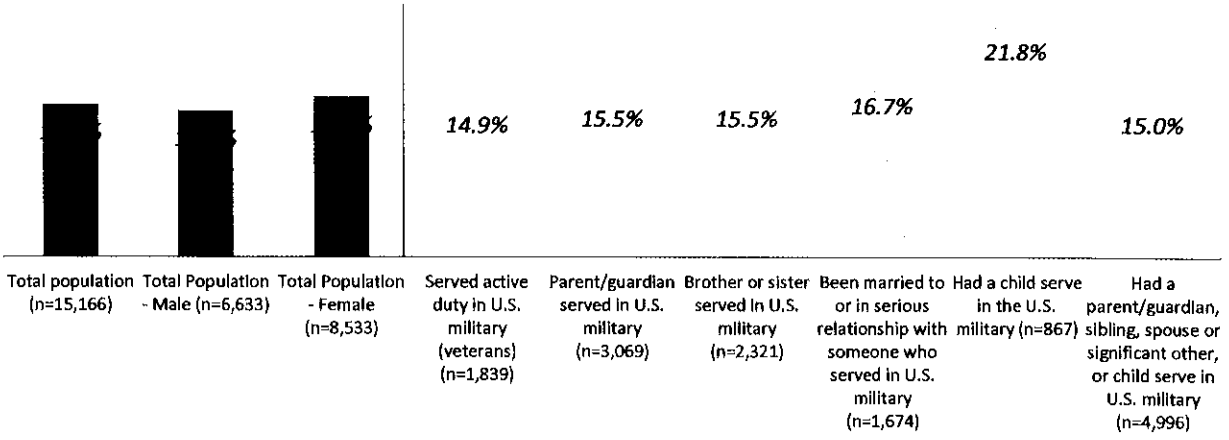
Results Section 1.

Selected BRFSS Results

Indicator 1. General health fair or poor

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "general health fair or poor". However, those who have had a child serve in the U.S. military reported their general health as fair or poor at a rate of 21.8%, compared to 14.2% for the total population (Figure 1).

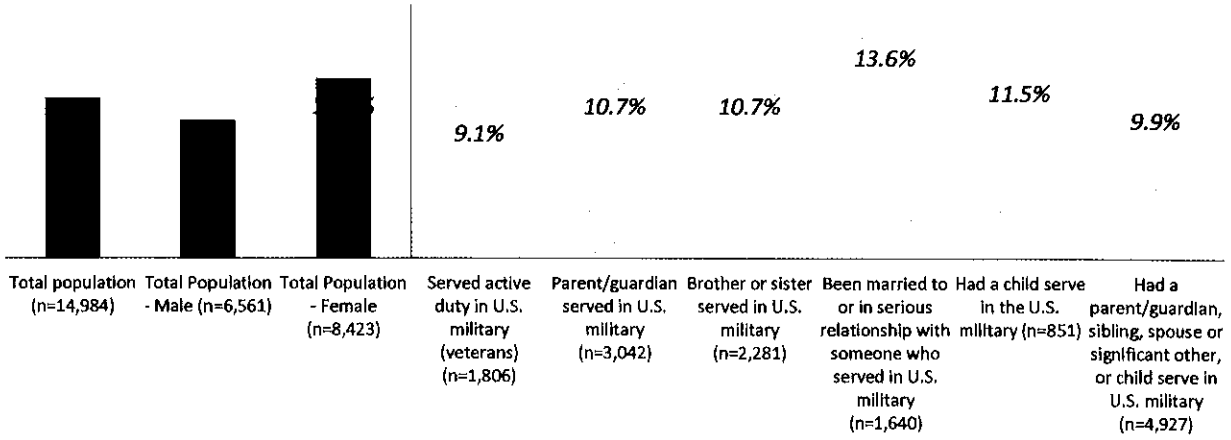
Figure 1. General health fair or poor



Indicator 2. Physical health was not good on 14 or more of the past 30 days

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "physical health was not good on 14 or more of the past 30 days" (Figure 2).

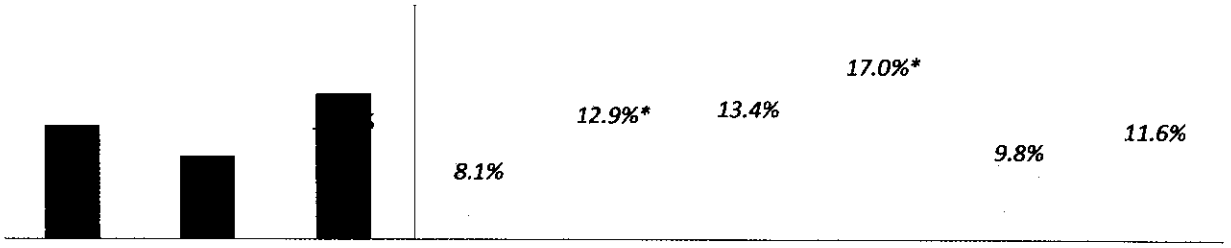
Figure 2. Physical health was not good on 14 or more of the past 30 days



Indicator 3. Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)

Family members of veterans appear to be more affected by mental health issues, most notably those who have been married to or in a serious relationship with someone who served in the U.S. military. Among this spouse/significant other group, 17.0% reported that their mental health was not good on 14 or more of the past 30 days, compared to 9.6% for the total population, a statistically significant difference (Figure 3).

Figure 3. Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)

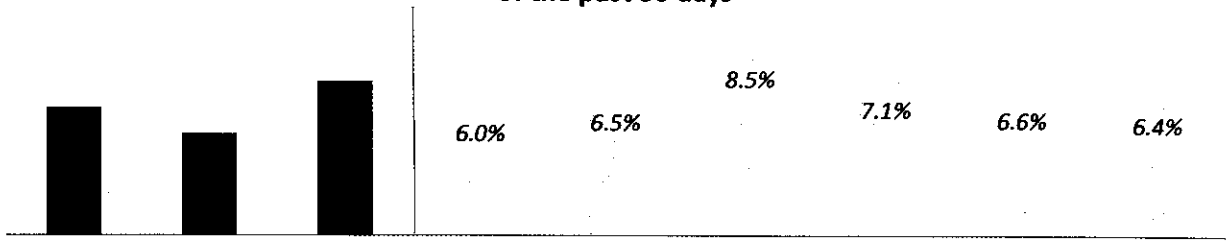


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 4. Poor physical or mental health limited usual activities on 14 or more of the past 30 days

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "poor physical or mental health limited usual activities on 14 or more of the past 30 days" (Figure 4).

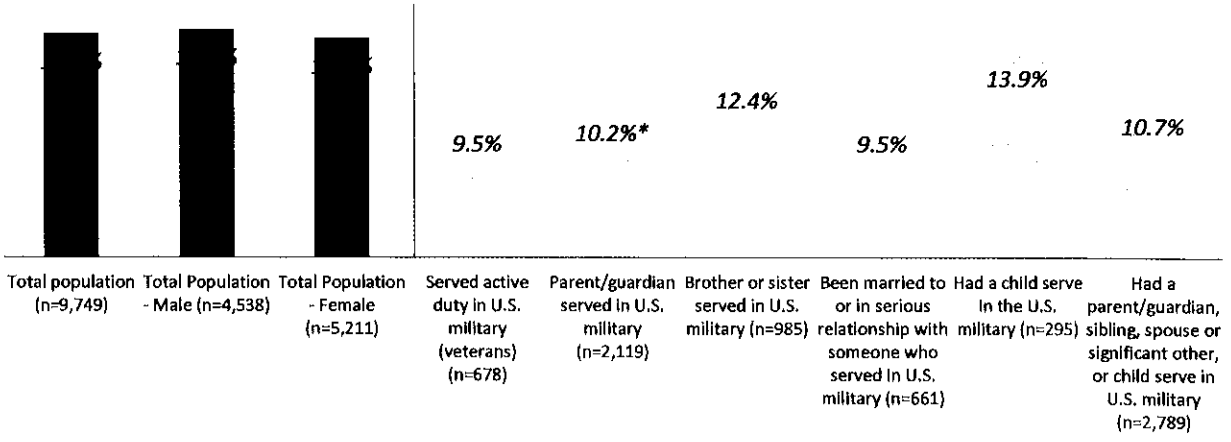
Figure 4. Poor physical or mental health limited usual activities on 14 or more of the past 30 days



Indicator 5. No health care coverage (18-64 year olds)

In general, veterans and their family members appear to have better access to health care coverage, with those who reported that their parent/guardian served reporting a rate of no health care coverage (among those ages 18 to 64) at 10.2%, compared to 15.0% for the total population, a statistically significant difference (Figure 5).

Figure 5. No health care coverage (18-64 year olds)

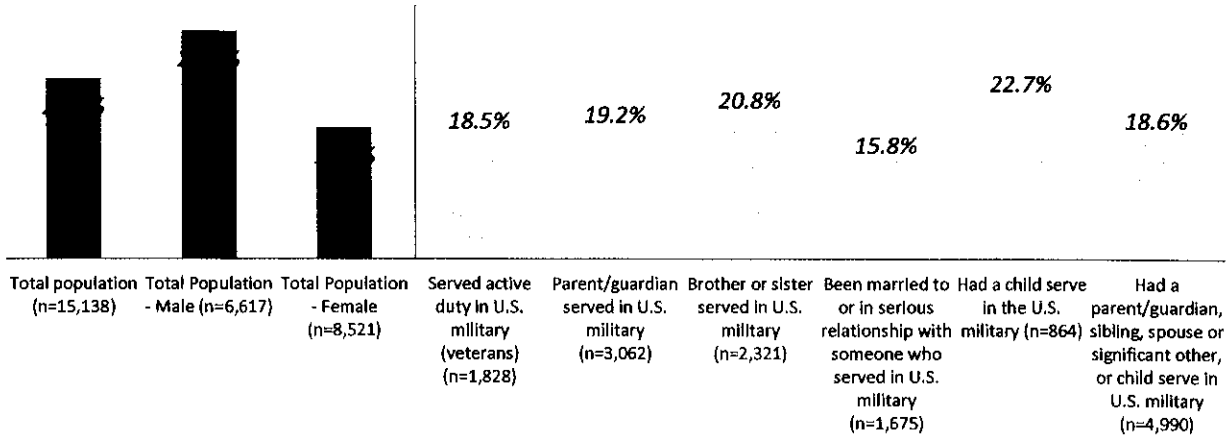


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 6. No personal doctor or health care provider

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "no personal doctor or health care provider" (Figure 4).

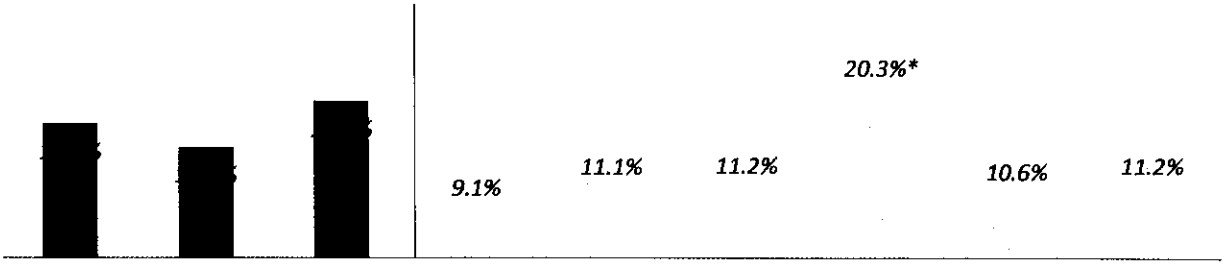
Figure 6. No personal doctor or health care provider



Indicator 7. Needed to see a doctor but could not due to cost in the past year

Those who were the spouse/significant other of someone who served in the U.S. military reported that they needed to see the doctor but could not due to cost in the past year at a rate of 20.3%, compared to 12.5% for the total population, a statistically significant difference (Figure 7).

Figure 7. Needed to see a doctor but could not due to cost in the past year

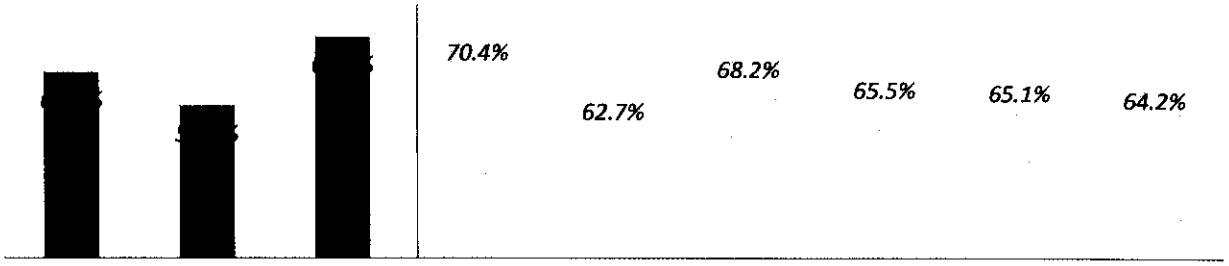


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 8. Had a routine checkup in the past year

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "had a routine checkup in the past year" (Figure 8).

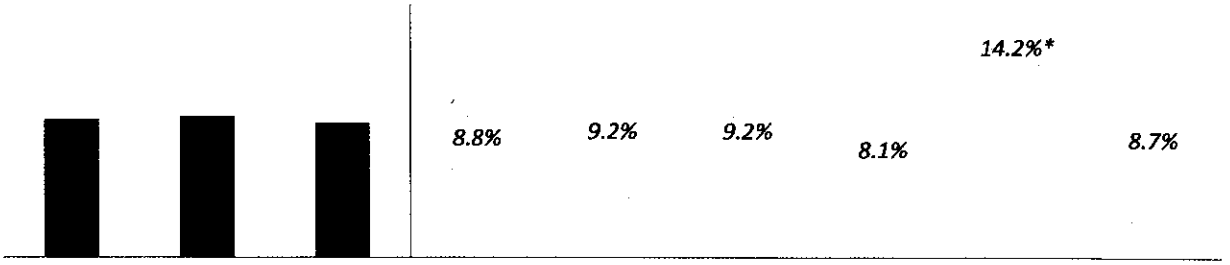
Figure 8. Had a routine checkup in the past year



Indicator 9. Ever told they have diabetes (excluding pregnancy)

Among those who have had a child serve in the U.S. military, 14.2% report that they have ever been told by a health professional that they have diabetes, compared to 8.2% for the total population, a statistically significant difference (Figure 9).

Figure 9. Ever told they have diabetes (excluding pregnancy)

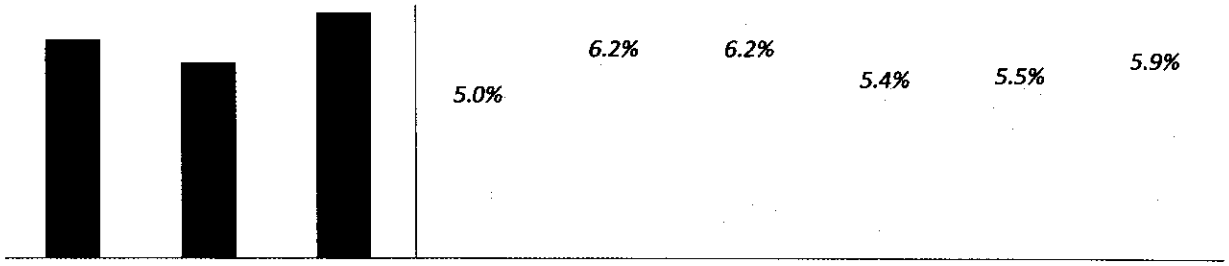


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 10. Ever told they have pre-diabetes (excluding pregnancy)

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "ever told they have pre-diabetes" (Figure 10).

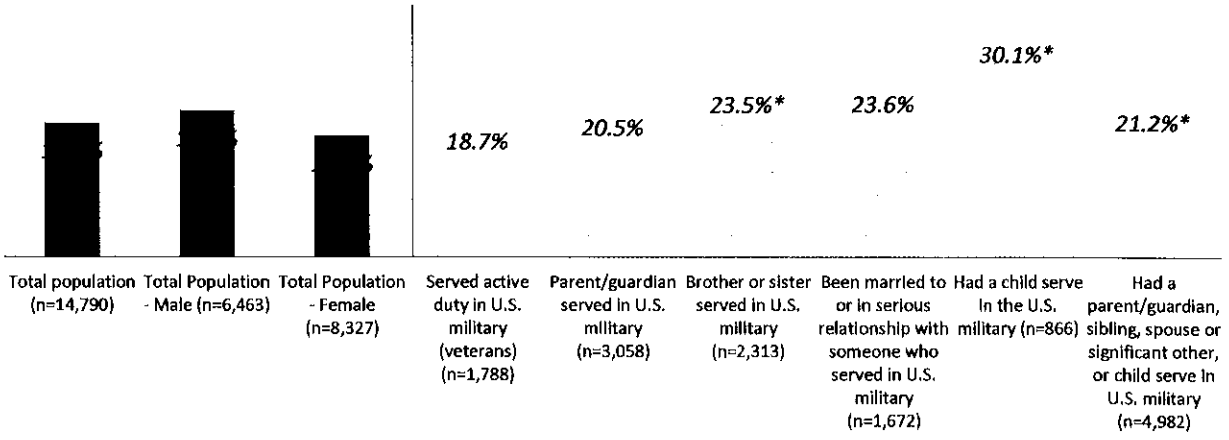
Figure 10. Ever told they have pre-diabetes (excluding pregnancy)



Indicator 11. Current cigarette smoking

Cigarette smoking is significantly higher among family members of veterans as compared to the total population. Those who reported that they have had a child serve in the U.S. military reported the highest rates of cigarette smoking at 30.1%, compared to 17.5% for the total population (Figure 11).

Figure 11. Current cigarette smoking

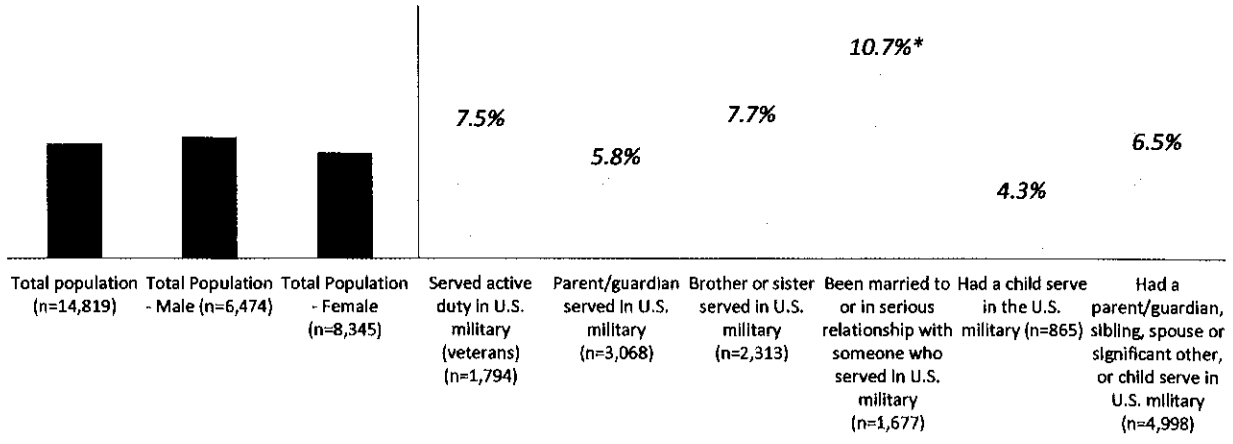


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 12. Current e-cigarette use

Among those who were married or in a serious relationship with someone who served in the U.S. military, 10.7% reported current e-cigarette use, compared to 5.1% for the total population, a statistically significant difference (Figure 12).

Figure 12. Current e-cigarette use

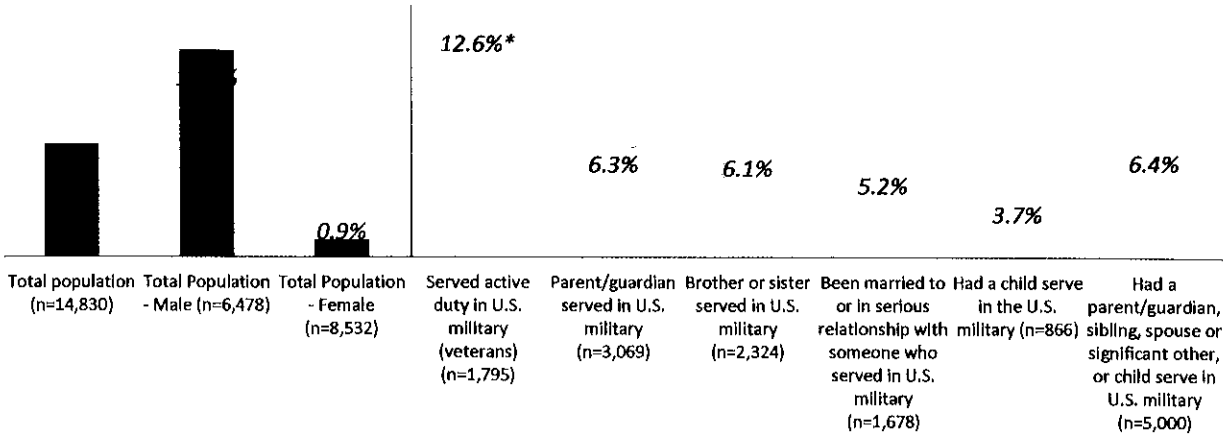


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 13. Current smokeless tobacco use

Veterans reported currently using smokeless tobacco at a rate of 12.6%, compared to 5.9% for the total population, a statistically significant difference.

Figure 13. Current smokeless tobacco use

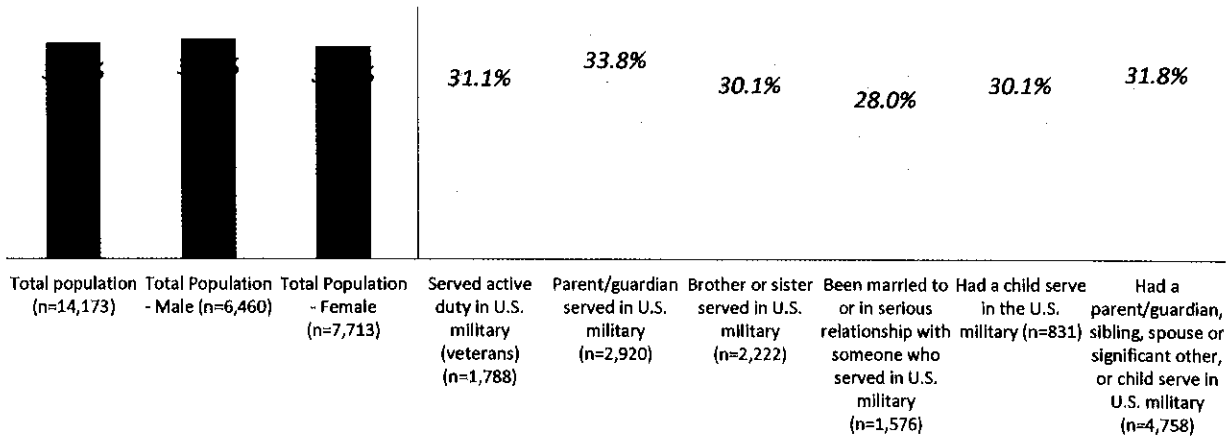


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 14. Obese (BMI of 30 or higher)

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "obese (BMI of 30 or higher)" (Figure 14).

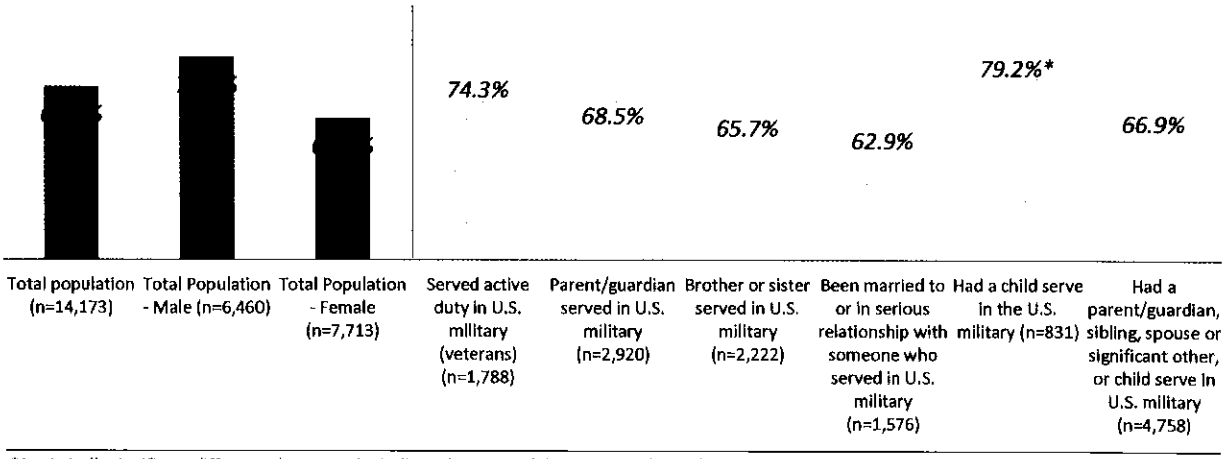
Figure 14. Obese (BMI of 30 or higher)



Indicator 15. Overweight or obese (BMI of 25 or higher)

Among those who have had a child serve in the U.S. military, 79.2% reported a height and weight that registered as overweight or obese (BMI of 25 or higher), compared to 68.7% for the total population, a statistically significant difference (Figure 15).

Figure 15. Overweight or obese (BMI of 25 or higher)

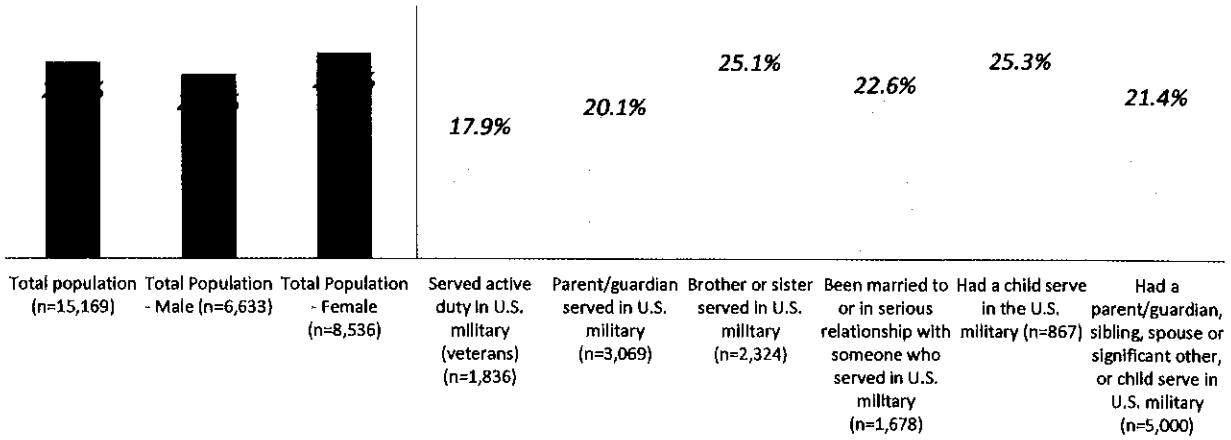


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 16. No leisure time physical activity in the past 30 days

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "no leisure time physical activity in the past 30 days" (Figure 16).

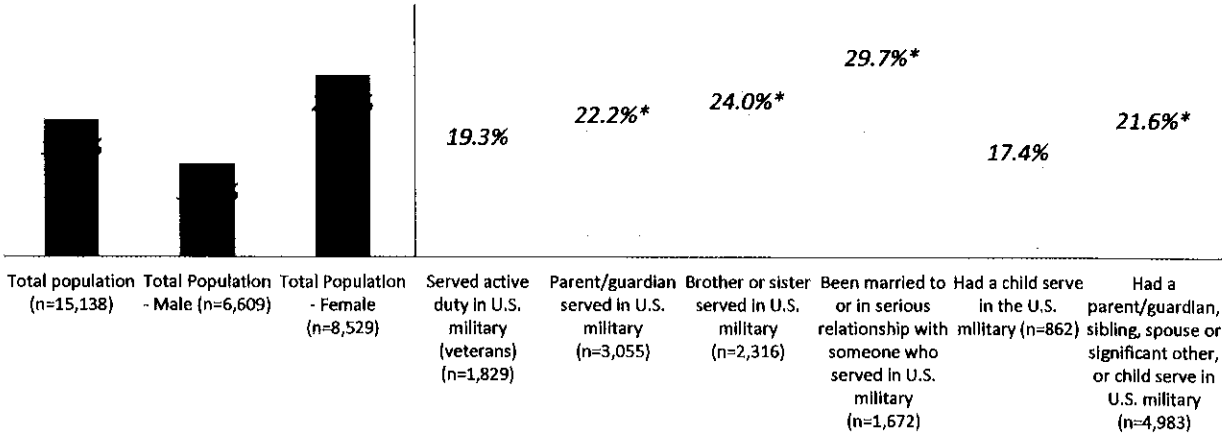
Figure 16. No leisure time physical activity in the past 30 days



Indicator 17. Ever told they have depression

Family members of veterans reported being told that they have depression by a health professional at significantly higher rates compared to the total population. Most notably, 29.7% spouses/significant others of those who have served in the U.S. military reported that they have been told they have depression, compared to 17.9% for the total population (Figure 17).

Figure 17. Ever told they have depression

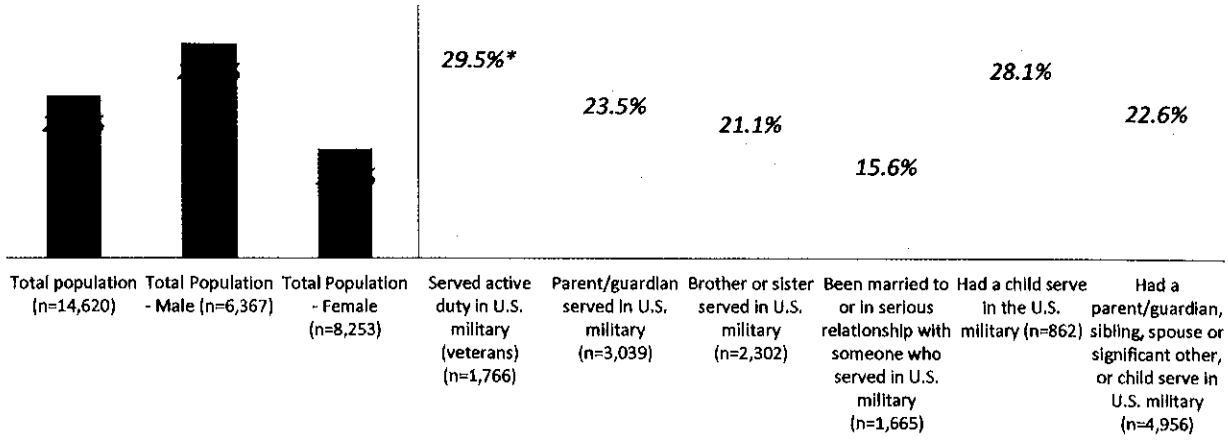


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 18. Binge drank in the past 30 days

Veterans reported significantly higher rates of binge drinking compared to the total population. Nearly three-in-ten (29.5%) veterans reported that they binge drank in the past 30 days, compared to 21.1% for the total population (Figure 18).

Figure 18. Binge drank in the past 30 days

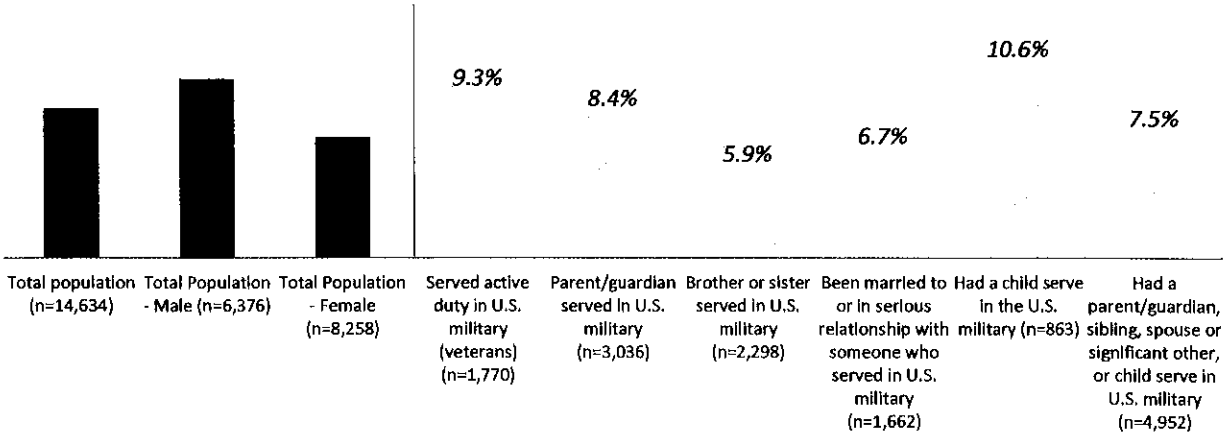


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 19. Heavy drinking in the past 30 days

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "heavy drinking in the past 30 days" (Figure 19).

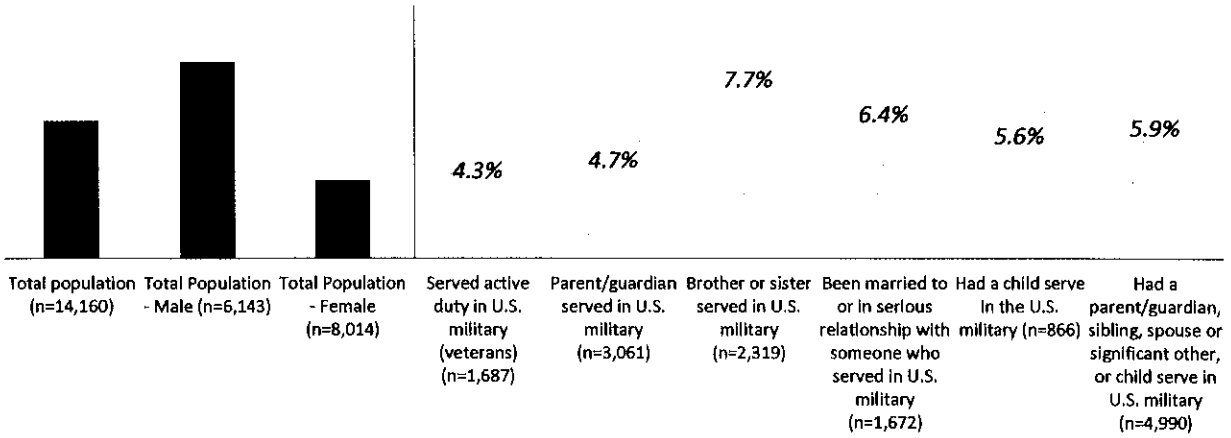
Figure 19. Heavy drinking in the past 30 days



Indicator 20. Marijuana use in the past 30 days

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "marijuana use in the past 30 days" (Figure 20).

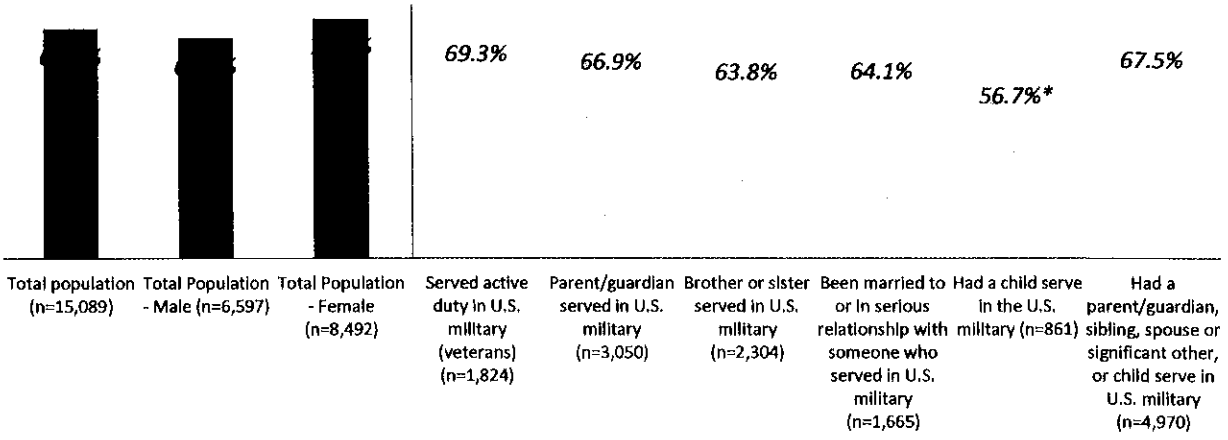
Figure 20. Marijuana use in the past 30 days



Indicator 21. Visited a dentist or dental clinic for any reason in the past year

Among those who have had a child serve in the U.S. military, 56.7% reported that they visited a dentist or dental clinic in the past year, compared to 68.5% for the total population, a statistically significant difference (Figure 21).

Figure 21. Visited a dentist or dental clinic for any reason in the past year

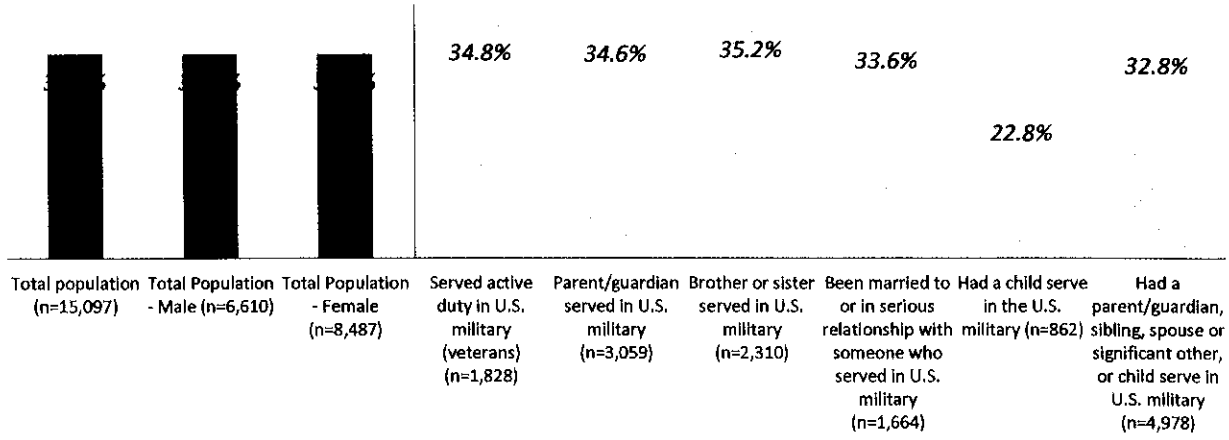


*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Indicator 22. Get less than 7 hours of sleep per day

There were no statistically significant differences between veterans/family members of veterans and the total population on the indicator "get less than 7 hours of sleep per day" (Figure 22).

Figure 22. Get less than 7 hours of sleep per day



*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Results Section 2.

Detailed Tables of Selected Results

Table 3: Indicators by "Ever served active duty in U.S. military (veterans)"

		Total population			Served active duty in U.S. military (non-veterans)			DID NOT serve active duty in U.S. military (non-veterans)		
		Sample Size (n)[a]	Weighted %[b]	95% C.I.[c] Low - High	Sample Size (n)[a]	Weighted %[b]	95% C.I.[c] Low - High	Sample Size (n)[a]	Weighted %[b]	95% C.I.[c] Low - High
1.	General health fair or poor	15,166	14.2%	(13.4-15.1)	1,839	14.9%	(12.1-18.2)	13,321	14.1%	(13.2-15.0)
2.	Physical health was not good on 14 or more of the past 30 days	14,984	9.5%	(8.8-10.3)	1,806	9.1%	(7.3-11.3)	13,172	9.6%	(8.8-10.4)
3.	Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)	15,035	9.6%	(8.8-10.5)	1,809	8.1%	(5.6-11.5)	13,321	9.7%	(8.9-10.7)
4.	Poor physical or mental health limited usual activities on 14 or more of the past 30 days	15,084	5.9%	(5.4-6.6)	1,820	6.0%	(4.6-7.8)	13,258	5.9%	(5.3-6.6)
5.	No health care coverage (18-64 year olds)	9,749	15.0%	(13.8-16.3)	678	9.5%	(6.2-14.4)	9,066	15.4%	(14.2-16.8)
6.	No personal doctor or health care provider	15,138	20.1%	(18.9-21.2)	1,828	18.5%	(14.2-23.9)	13,304	20.1%	(19.0-21.3)
7.	Needed to see a doctor but could not due to cost in the past year	15,156	12.5%	(11.5-13.5)	1,838	9.1%	(6.3-13.2)	13,312	12.8%	(11.8-13.9)
8.	Had a routine checkup in the past year	15,060	64.2%	(62.9-65.5)	1,827	70.4%	(64.1-76.0)	13,227	63.7%	(62.3-65.0)
9.	Ever told they have diabetes (excluding pregnancy)	15,171	8.2%	(7.6-8.8)	1,837	8.8%	(7.3-10.5)	13,328	7.9%	(7.3-8.6)
10.	Ever told they have pre-diabetes (excluding pregnancy)	14,986	5.7%	(5.2-6.3)	1,812	5.0%	(3.9-6.5)	13,168	5.8%	(5.2-6.4)
11.	Current cigarette smoking	14,790	17.5%	(16.4-18.6)	1,788	18.7%	(14.9-23.4)	12,997	17.4%	(16.2-18.5)
12.	Current e-cigarette use	14,819	5.1%	(4.4-5.8)	1,794	7.5%	(4.6-12.0)	13,021	4.9%	(4.2-5.6)
13.	Current smokeless tobacco use	14,830	5.9%	(5.3-6.5)	1,795	12.6%	(9.0-17.3)	13,031	5.5%	(4.9-6.2)
14.	Obese (BMI of 30 or higher)	14,173	32.1%	(30.9-33.4)	1,788	31.1%	(26.4-36.2)	12,382	32.0%	(30.7-33.3)
15.	Overweight or obese (BMI of 25 or higher)	14,173	68.7%	(67.4-69.9)	1,788	74.3%	(68.2-79.5)	12,382	67.7%	(66.4-69.0)
16.	No leisure time physical activity in the past 30 days	15,169	21.9%	(20.8-22.9)	1,836	17.9%	(14.9-21.3)	13,327	22.3%	(21.2-23.4)
17.	Ever told they have depression	15,138	17.9%	(16.8-19.0)	1,829	19.3%	(15.4-24.1)	13,304	17.8%	(16.7-18.9)
18.	Binge drank in the past 30 days	14,620	21.1%	(19.9-22.3)	1,766	29.5%	(24.9-34.6)	12,851	20.7%	(19.5-21.9)
19.	Heavy drinking in the past 30 days	14,634	6.7%	(6.0-7.5)	1,770	9.3%	(6.0-14.1)	12,860	6.6%	(5.9-7.4)
20.	Marijuana use in the past 30 days	14,160	5.1%	(4.4-6.0)	1,687	4.3%	(2.1-8.9)	12,469	5.1%	(4.4-5.9)
21.	Visited a dentist or dental clinic for any reason in the past year	15,089	68.5%	(67.2-69.7)	1,824	69.3%	(64.5-73.8)	13,260	68.4%	(67.1-69.7)
22.	Get less than 7 hours of sleep per day	15,097	30.4%	(29.1-31.7)	1,828	34.8%	(29.4-40.6)	13,263	30.0%	(28.8-31.4)

[a] Non-weighted sample size (i.e. number of survey respondents) [b] Weighted according to the CDC BRFSS methodology [c] 95% confidence interval (lower and upper limits)

Table 4: Indicators by "Had a parent/guardian, sibling, spouse or significant other, or child serve in U.S. military"

	Total population			Had a parent/guardian, sibling, spouse or significant other, or child serve in U.S. military			HAVE NOT had a parent/guardian, sibling, spouse or significant other, or child serve in U.S. military		
	Sample Size (n)[a]	Weighted %[b]	95% C.I.[c] Low - High	Sample Size (n)[a]	Weighted %[b]	95% C.I.[c] Low - High	Sample Size (n)[a]	Weighted %[b]	95% C.I.[c] Low - High
1. General health fair or poor	15,166	14.2%	(13.4-15.1)	4,996	15.0%	(12.9-17.4)	2,307	15.8%	(13.6-18.2)
2. Physical health was not good on 14 or more of the past 30 days	14,984	9.5%	(8.8-10.3)	4,927	9.9%	(8.4-11.6)	2,291	9.9%	(8.1-12.0)
3. Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)	15,035	9.6%	(8.8-10.5)	4,951	11.6%	(9.7-13.9)	2,298	8.0%	(6.4-10.0)
4. Poor physical or mental health limited usual activities on 14 or more of the past 30 days	15,084	5.9%	(5.4-6.6)	4,968	6.4%	(5.1-8.0)	2,303	5.5%	(4.3-7.2)
5. No health care coverage (18-64 year olds)	9,749	15.0%	(13.8-16.3)	2,789	10.7%	(8.9-13.0)	1,818	18.4%	(15.6-21.4)
6. No personal doctor or health care provider	15,138	20.1%	(18.9-21.2)	4,990	18.6%	(16.2-21.2)	2,305	22.5%	(20.0-25.2)
7. Needed to see a doctor but could not due to cost in the past year	15,156	12.5%	(11.5-13.5)	4,992	11.2%	(9.4-13.3)	2,308	13.9%	(11.7-16.4)
8. Had a routine checkup in the past year	15,060	64.2%	(62.9-65.5)	4,966	64.2%	(61.3-67.0)	2,287	62.4%	(59.4-65.3)
9. Ever told they have diabetes (excluding pregnancy)	15,171	8.2%	(7.6-8.8)	4,997	8.7%	(7.6-10.1)	2,309	8.9%	(7.3-10.7)
10. Ever told they have pre-diabetes (excluding pregnancy)	14,986	5.7%	(5.2-6.3)	4,992	5.9%	(4.9-7.2)	2,302	4.5%	(3.5-5.7)
11. Current cigarette smoking	14,790	17.5%	(16.4-18.6)	4,982	21.2%	(18.8-23.8)	2,305	14.2%	(12.1-16.7)
12. Current e-cigarette use	14,819	5.1%	(4.4-5.8)	4,998	6.5%	(4.9-8.6)	2,309	4.2%	(3.0-5.8)
13. Current smokeless tobacco use	14,830	5.9%	(5.3-6.5)	5,000	6.4%	(5.1-8.1)	2,308	6.6%	(5.3-8.2)
14. Obese (BMI of 30 or higher)	14,173	32.1%	(30.9-33.4)	4,758	31.8%	(29.1-34.5)	2,164	31.8%	(29.0-34.8)
15. Overweight or obese (BMI of 25 or higher)	14,173	68.7%	(67.4-69.9)	4,758	66.9%	(63.9-69.7)	2,164	69.5%	(66.6-72.2)
16. No leisure time physical activity in the past 30 days	15,169	21.9%	(20.8-22.9)	5,000	21.4%	(19.2-23.6)	2,305	21.6%	(19.2-24.1)
17. Ever told they have depression	15,138	17.9%	(16.8-19.0)	4,983	21.6%	(19.1-24.4)	2,304	15.0%	(13.0-17.1)
18. Binge drank in the past 30 days	14,620	21.1%	(19.9-22.3)	4,956	22.6%	(20.0-25.3)	2,297	20.3%	(17.9-22.8)
19. Heavy drinking in the past 30 days	14,634	6.7%	(6.0-7.5)	4,952	7.5%	(5.8-9.6)	2,296	6.5%	(5.1-8.3)
20. Marijuana use in the past 30 days	14,160	5.1%	(4.4-6.0)	4,990	5.9%	(4.4-7.9)	2,303	5.7%	(4.3-7.7)
21. Visited a dentist or dental clinic for any reason in the past year	15,089	68.5%	(67.2-69.7)	4,970	67.5%	(64.7-70.1)	2,303	67.7%	(64.7-70.5)
22. Get less than 7 hours of sleep per day	15,097	30.4%	(29.1-31.7)	4,978	32.8%	(30.1-35.6)	2,299	29.5%	(26.7-32.5)

[a] Non-weighted sample size (i.e. number of survey respondents) [b] Weighted according to the CDC BRFSS methodology [c] 95% confidence interval (lower and upper limits)

Conclusion

While there are many noteworthy areas in which veterans and their family members may have differed from the general population on the 22 BRFSS indicators in this report, it appears that mental health is the most prominent area indicating a need for services for veterans and their families.

On the indicator (#3) "Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)" there was a striking difference between family members of veterans and the general population. More than one-in-six (17.0%) spouses/significant others of veterans reported that their mental health was not good on 14 or more of the past 30 days, which is nearly double the rate of 9.6% for all of Nebraska. Spouses/significant others of military veterans are mostly females, and females report higher rates of mental distress in general. Nevertheless, the 17.0% rate of frequent mental distress reported by spouses/significant others is notably higher than the 12.3% reported by females across the state. In addition, parents/guardians and brothers/sisters of military veterans report notably high rates of frequent mental distress (12.9% for parents/guardians and 13.4% for brothers/sisters).

Perhaps even more telling is Indicator 17: "Every told they have depression." Nearly one-in-five (17.9%) out of the total population has ever been told by a health professional that they have depression. Among veterans, this rate is slightly higher at 19.3%, but notably higher than the rate of 12.1% among all males in Nebraska, and veterans were 92% male in this survey sample. Females tend to report rates of depression that are approximately double that for males. Among all females, the reported rate of ever having depression was 23.7%. Among spouses/significant others, the reported rate of ever having depression was notably higher than this rate for all females at 29.7%. In addition, parents/guardians and brothers/sisters reported rates of ever having depression that are notably higher than the rate for the overall population (22.2% for parents/guardians and 24.0% for brothers/sisters).

Clearly, these two indicators point to a relatively high need for mental health services primarily for family members of veterans, but also for veterans themselves.

Appendix: Indicator Definitions

Indicator	Definition
1. General health fair or poor	Percentage of adults 18 and older who report that their general health is fair or poor.
2. Physical health was not good on 14 or more of the past 30 days	Percentage of adults 18 and older who report that their physical health (including physical illness and injury) was not good on 14 or more of the previous 30 days.
3. Indicator 3. Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)	Percentage of adults 18 and older who report that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the previous 30 days.
4. Poor physical or mental health limited usual activities on 14 or more of the past 30 days	Percentage of adults 18 and older who report that their usual activities (such as self-care, work, and recreation) were limited due to poor physical or mental health on 14 or more of the previous 30 days.
5. No health care coverage (18-64 year olds)	Percentage of adults 18-64 years old who report that they do not have any kind of health care coverage.
6. No personal doctor or health care provider	Percentage of adults 18 and older who report that they do not have a personal doctor or health care provider.
7. Needed to see a doctor but could not due to cost in the past year	Percentage of adults 18 and older who report that they needed to see a doctor but could not because of cost during the past 12 months.
8. Had a routine checkup in the past year	Percentage of adults 18 and older who report that they visited a doctor for a routine checkup during the previous 12 months.
9. Ever told they have diabetes (excluding pregnancy)	Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have diabetes (excluding pregnancy).
10. Ever told they have pre-diabetes (excluding pregnancy)	Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have pre-diabetes or borderline diabetes (excluding pregnancy).
11. Current cigarette smoking	Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days.
12. Current e-cigarette use	Percentage of adults 18 and older who report that they currently use electronic cigarettes either every day or on some days.
13. Current smokeless tobacco use	Percentage of adults 18 and older who report that they currently use smokeless tobacco products (chewing tobacco, snuff, or snus) either every day or on some days.

Indicator	Definition
14. Obese (BMI of 30 or higher)	Percentage of adults 18 and older with a body mass index (BMI) of 30.0 or greater, based on self-reported height and weight.
15. Overweight or obese (BMI of 25 or higher)	Percentage of adults 18 and older with a body mass index (BMI) of 25.0 or greater, based on self-reported height and weight.
16. No leisure time physical activity in the past 30 days	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.
17. Ever told they have depression	Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have a depressive disorder (depression, major depression, dysthymia, or minor depression).
18. Binge drank in the past 30 days	Percentage of adults 18 and older who report having five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion during the past 30 days.
19. Heavy drinking in the past 30 days	Percentage of men 18 and older who report drinking more than 60 alcoholic drinks (an average of more than two drinks per day) during the past 30 days and the percentage of women 18 and older who report drinking more than 30 alcoholic drinks (an average of more than one drink per day) during the past 30 days.
20. Marijuana use in the past 30 days	Percentage of adults 18 and older who report that they used marijuana at least once in the past 30 days.
21. Visited a dentist or dental clinic for any reason in the past year	Percentage of adults 18 and older who report that they visited a dentist or dental clinic for any reason within the past year.
22. Get less than 7 hours of sleep per day	Percentage of adults 18 and older who report that they get an average of 7 or more hours of sleep in a 24-hour period.

Brodstone Memorial Hospital

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Appendix #4 – Youth Risk Behavior Oversample, 2016-17

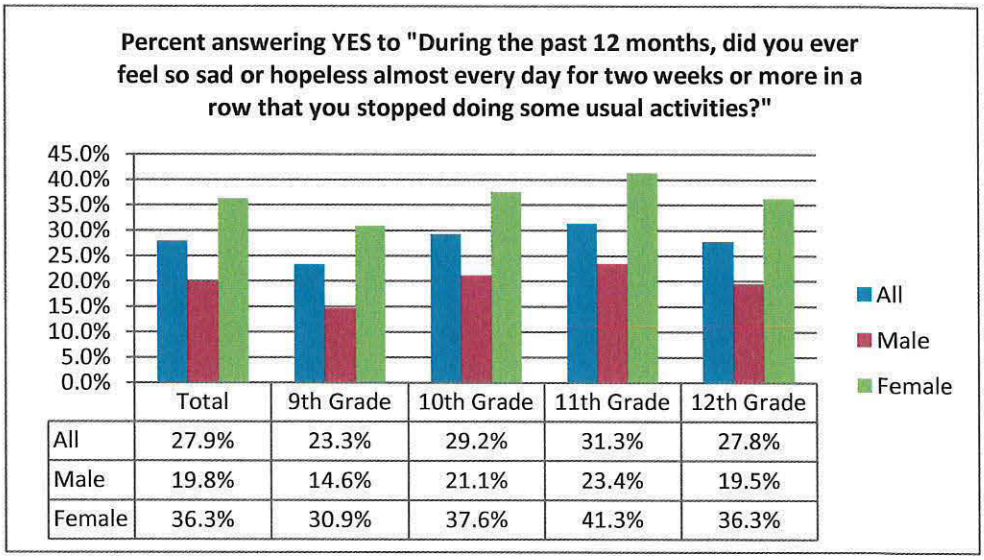
Appendix 4

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

February 9, 2018
Data Source: South Heartland District Health Department
Youth Risk Behavior Survey (YRBS) Oversample, 2016-17

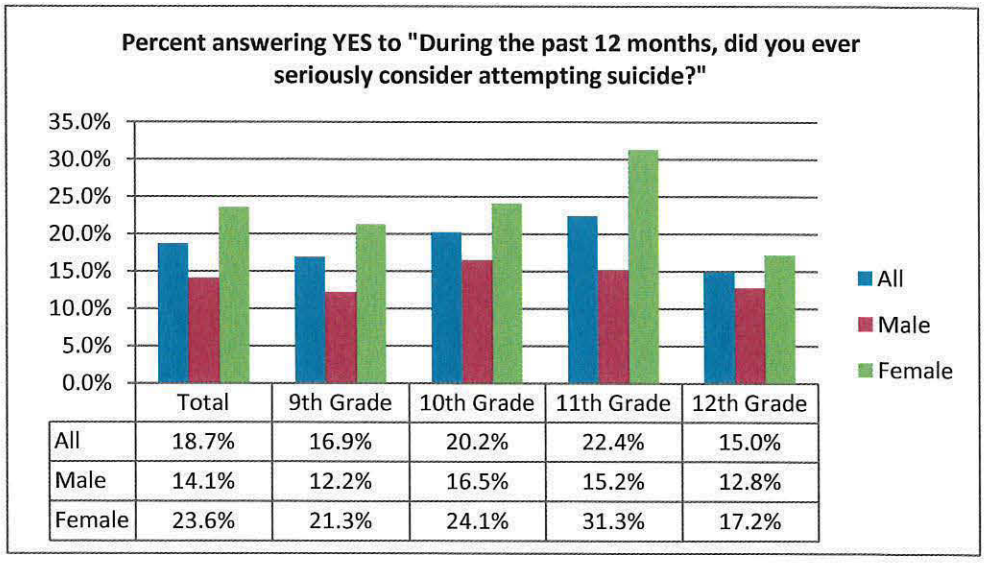
Mental Health and Suicide among South Heartland District High School Students in Adams, Clay, Nuckolls and Webster Counties by Gender and Grade, 2016-2017 School Year

Fig. 1 Depressed during the past 12 months



	Total	9th Grade	10th Grade	11th Grade	12th Grade
All	27.9%	23.3%	29.2%	31.3%	27.8%
Male	19.8%	14.6%	21.1%	23.4%	19.5%
Female	36.3%	30.9%	37.6%	41.3%	36.3%

Fig. 2 Considered Suicide during the past 12 months

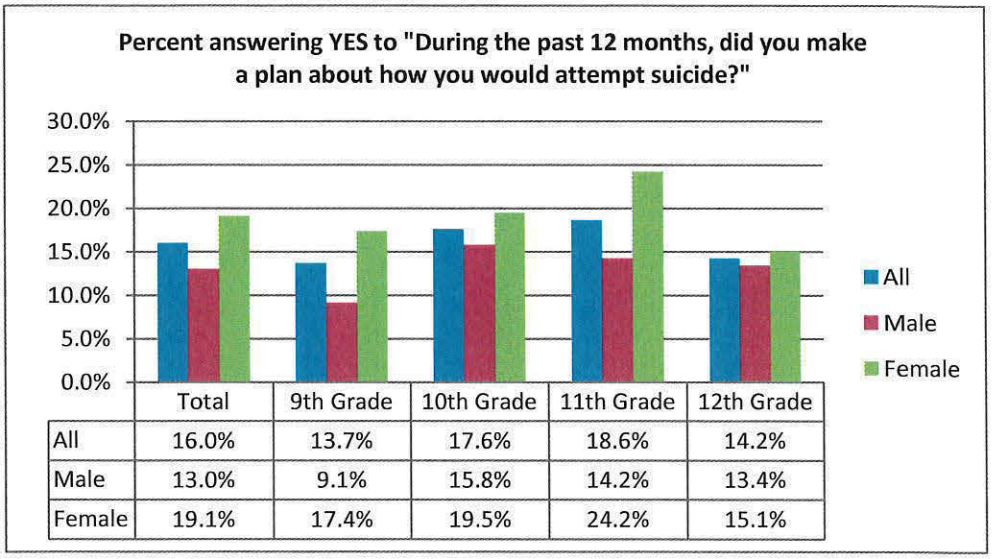


	Total	9th Grade	10th Grade	11th Grade	12th Grade
All	18.7%	16.9%	20.2%	22.4%	15.0%
Male	14.1%	12.2%	16.5%	15.2%	12.8%
Female	23.6%	21.3%	24.1%	31.3%	17.2%

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

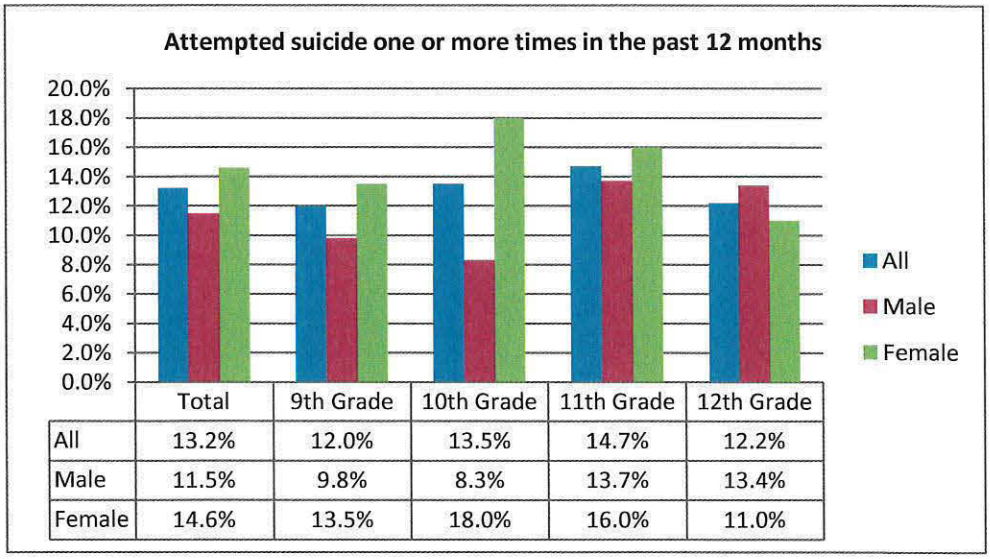
February 9, 2018
Data Source: South Heartland District Health Department
Youth Risk Behavior Survey (YRBS) Oversample, 2016-17

Fig. 3
Made a Plan for Suicide during the past 12 months



	Total	9th Grade	10th Grade	11th Grade	12th Grade
All	16.0%	13.7%	17.6%	18.6%	14.2%
Male	13.0%	9.1%	15.8%	14.2%	13.4%
Female	19.1%	17.4%	19.5%	24.2%	15.1%

Fig. 4
Attempted Suicide during the past 12 months

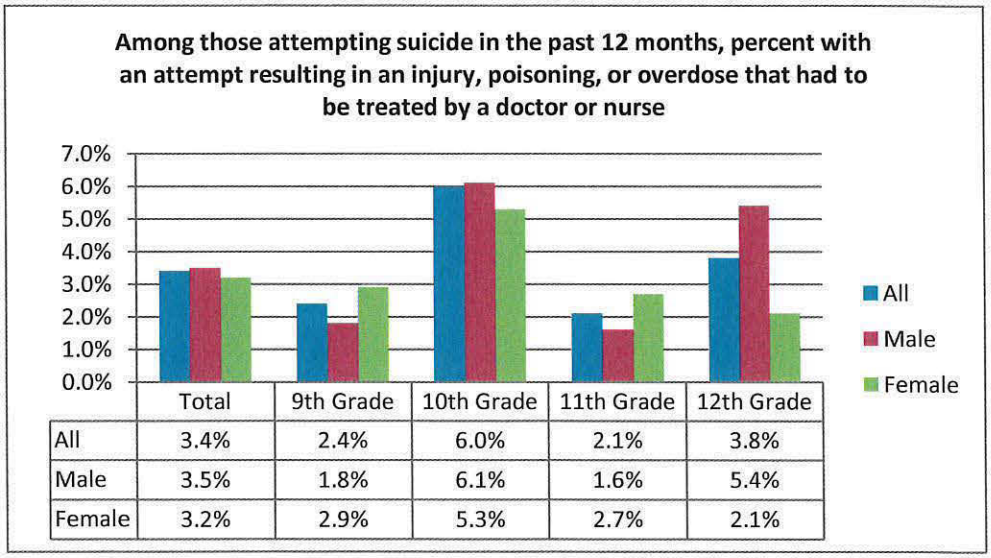


	Total	9th Grade	10th Grade	11th Grade	12th Grade
All	13.2%	12.0%	13.5%	14.7%	12.2%
Male	11.5%	9.8%	8.3%	13.7%	13.4%
Female	14.6%	13.5%	18.0%	16.0%	11.0%

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

February 9, 2018
Data Source: South Heartland District Health Department
Youth Risk Behavior Survey (YRBS) Oversample, 2016-17

Fig. 5 Treatment Required Due to Suicide Attempt during the past 12 months



	Total	9th Grade	10th Grade	11th Grade	12th Grade
All	3.4%	2.4%	6.0%	2.1%	3.8%
Male	3.5%	1.8%	6.1%	1.6%	5.4%
Female	3.2%	2.9%	5.3%	2.7%	2.1%

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

February 9, 2018
Data Source: State of Nebraska
2017 Youth Risk Behavior Survey Results

Selected Data from State of Nebraska 2017 Youth Risk Behavior Survey Results: Mental Health and Suicide among Nebraska High School Students

Fig. 6 Mental Health and Suicide among Nebraska High School Students, by Gender and Grade, 2017
From: State of Nebraska 2017 Youth Risk Behavior Survey Results

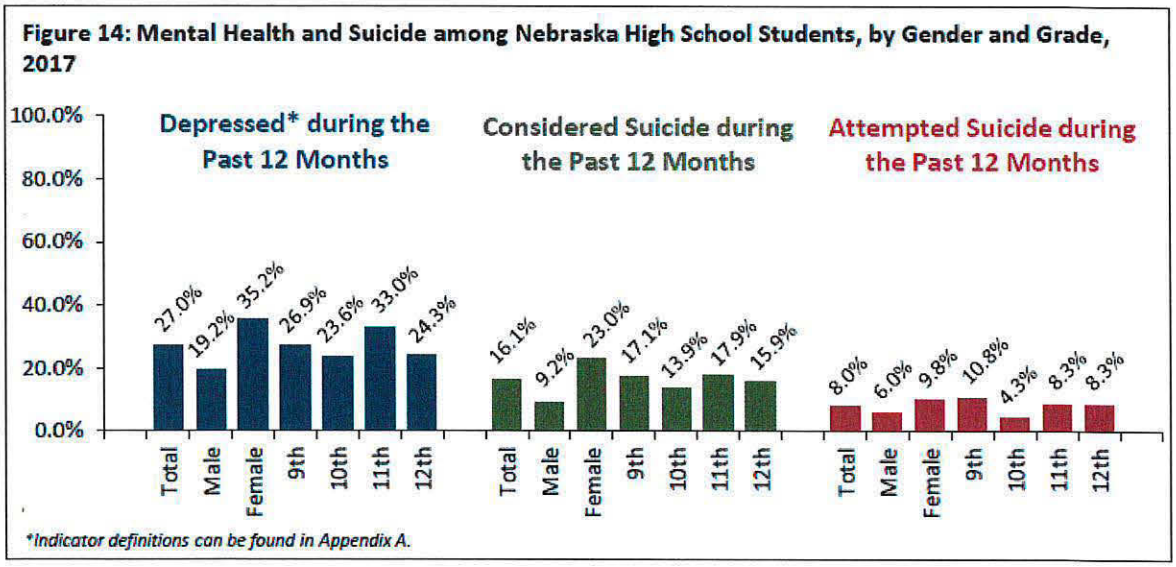


Fig. 7 Relationship between Bullying and Mental Health measures in Nebraska High School Students, 2017
From: State of Nebraska 2017 Youth Risk Behavior Survey Results

Association between Bullying and Depression/Suicide

- A greater proportion of students who reported being bullied during the past 12 months reported that they were depressed, considered suicide, and attempted suicide during the past 12 months than those who did not report being bullied (Table 2).

Table 2. Mental Health Measures by Bullying during the Past 12 Months, 2017

	Overall	Not Bullied	Bullied at School or Electronically
Depressed*	27.0%	19.1%	47.0%
Considered suicide	16.1%	9.4%	33.3%
Attempted suicide	8.0%	3.4%	17.1%

*Indicator definitions can be found in Appendix A.

Brodstone Memorial Hospital

Community Needs Assessment

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Appendix #5 – Nebraska Risk and Protective Student Survey Results for 2016 – South Heartland District Health Department

Nebraska Risk and Protective Factor Student Survey Results for 2016

Profile Report:

South Heartland District Health Department

Sponsored by:
Nebraska Department of Health and Human Services
Division of Behavioral Health

Administered by:
Bureau of Sociological Research
University of Nebraska-Lincoln

NRPFSS is part of the Student Health and Risk Prevention (SHARP) Surveillance System that administers surveys to youth enrolled in Nebraska schools

Table of Contents

Introduction and Overview

This report summarizes the findings from the 2016 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2016 survey represents the seventh implementation of the NRPFSS and the fourth implementation of the survey under the Nebraska Student Health and Risk Prevention (SHARP) Surveillance System. SHARP consists of the coordinated administration of three school-based student health surveys in Nebraska, including the NRPFSS, the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). The Nebraska SHARP Surveillance System is administered by the Nebraska Department of Health and Human Services and the Nebraska Department of Education through a contract with the Bureau of Sociological Research at the University of Nebraska-Lincoln. For more information on the Nebraska SHARP Surveillance System please visit http://bosr.unl.edu/sharp.

As a result of the creation of SHARP and its inclusion of the NRPFSS, the administration schedule shifted from the fall of odd calendar years to the fall of even calendar years. The first three administrations of the NRPFSS occurred during the fall of 2003, 2005, and 2007, while the fourth administration occurred during the fall of 2010, leaving a three-year gap (rather than the usual two-year gap) between the most recent administrations. The 2012, 2014, and 2016 administrations also occurred during the fall, as will future administrations, taking place during even calendar years (i.e., every two years).

The NRPFSS targets Nebraska students in grades 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the NRPFSS is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate. Therefore data presented in this report are not to be considered a representative statewide sample. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective measures that predict adolescent problem behaviors. The NRPFSS is adapted from a national, scientifically-validated survey and contains information on risk and protective measures that are locally actionable. These risk and protective measures are also highly correlated with substance abuse as well as delinquency, teen pregnancy, school dropout, and violence. Along with other locally attainable sources of information, the information from the NRPFSS can aid schools and community groups in planning and implementing local prevention initiatives to improve the health and academic performance of their youth.

Table 1.1 provides information on the student participation rate for South Heartland District Health Department and the state as a whole. The participation rate represents the percentage of all eligible students who took the survey. If 60 percent or more of the students participated, the report is generally a good indicator of the levels of substance use, risk, protection, and delinquent behavior in South Heartland District Health Department. If fewer than 60.0 percent participated, a review of who participated should be completed prior to generalizing the results to your entire student population.

2016 NRPFSS Sponsored by:

The 2016 NRPFSS is sponsored by Grant #5U79SP020162-04 under the Strategic Prevention Framework Partnerships for Success Grant for the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention through the Nebraska Department of Health and Human Services Division of Behavioral Health.

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The Bureau of Sociological Research (BOSR) at the University of Nebraska – Lincoln (UNL) collected the NRPFSS data for this administration as well as the 2010, 2012, and 2014 administrations. As part of BOSR's commitment to high quality data, BOSR is a member of the American Association of Public Opinion Researchers (AAPOR) Transparency Initiative. As part of this initiative, BOSR pledges to provide certain methodological information whenever data are collected. This information as it relates to the NRPFSS is available on BOSR's website (www.bosr.unl.edu/sharp).

Table 1.1. Survey Participation Rates, 2016

	South Heartland District Health Department 2016			State 2016		
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated
Grade						
8th	450	575	78.3%	10803	25792	41.9%
10th	385	554	69.5%	9580	25029	38.3%
12th	415	621	66.8%	8327	25541	32.6%
Total	1250	1750	71.4%	28710	76362	37.6%

Note. The grade-specific participation rates presented within this table consist of the number of students who completed the NRPFSS divided by the total number of students enrolled within the participating schools. For schools that were also selected to participate in the YRBS or YTS, the participation rate may be adjusted if students were only allowed to participate in one survey. In these cases, the number of students who completed the NRPFSS is divided by the total number of students enrolled that were not eligible to participate in the YRBS or YTS.

Again, the goal of the NRPFSS is to collect school district and community-level data and not to collect representative state data. However, state data provide insight into the levels of substance use, risk, protection, and delinquent behavior among all students in Nebraska. In 2016, 37.6 percent of the eligible Nebraska students in grades 8, 10, and 12 participated in the NRPFSS.

The 2016 participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution. Failure to obtain a high participation rate statewide is, in part, due to low levels of participation within Douglas and Sarpy Counties, which combined had a 17.2% participation rate in 2016 compared to 51.3% for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2016 survey within South Heartland District Health Department and the state overall.

Table 1.2. Participant Characteristics, 2016

	South Heartland District Health Department 2016		State 2016	
	n	%	n	%
Total students	1253		28940	
Grade				
8th	450	35.9%	10803	37.3%
10th	385	30.7%	9580	33.1%
12th	415	33.1%	8327	28.8%
Unknown	3	0.2%	230	0.8%
Gender				
Male	633	50.5%	14737	50.9%
Female	619	49.4%	14129	48.8%
Unknown	1	0.1%	74	0.3%
Race/Ethnicity				
Hispanic*	195	15.6%	4702	16.2%
African American	29	2.3%	953	3.3%
Asian	20	1.6%	587	2.0%
American Indian	18	1.4%	783	2.7%
Pacific Islander	2	0.2%	88	0.3%
Alaska Native	1	0.1%	35	0.1%
White	971	77.5%	21376	73.9%
Other	13	1.0%	341	1.2%
Unknown	4	0.3%	75	0.3%

*Notes. *Hispanic can be of any race. In columns, n=number or frequency and %=percentage of distribution.*

Overview of Report Contents

The report is divided into the following three sections: (1) substance use; (2) violence, bullying, and mental health; and (3) feelings and experiences at home, school, and in the community. Within each section, highlights of the 2016 survey data for South Heartland District Health Department are presented along with state and national estimates, when available.

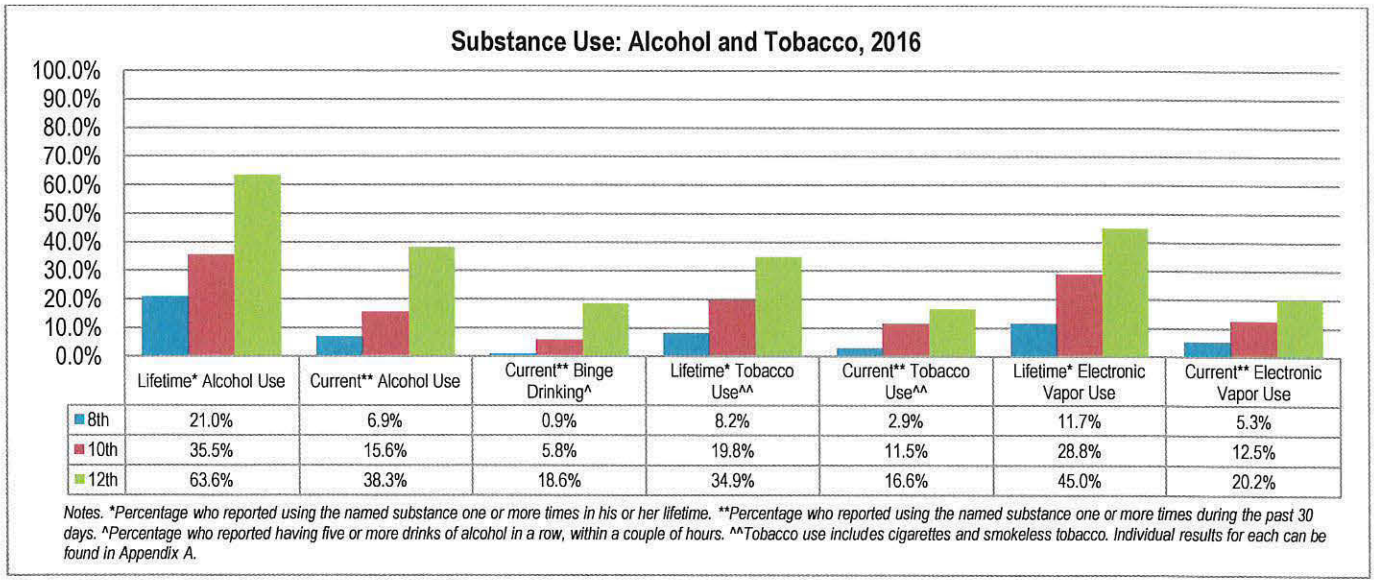
When there are less than 10 survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. However, those respondents are included in regional- and state-level results. Furthermore, if a grade level has 10 or more respondents but an individual question or sub-group presented in this report has less than 10 respondents then results for the individual item or sub-group are not reported.

A number of honesty measures were also created to remove students who may not have given the most honest answers. These measures included reporting use of a fictitious drug, using a substance during the past 30 days but not in one's lifetime, answering that the student was not at all honest when filling out the survey, and providing an age and grade combination that are highly unlikely. Students whose answers were in question for any one of these reasons were excluded from reporting. For South Heartland District Health Department, 41 students met these criteria.

Substance Use

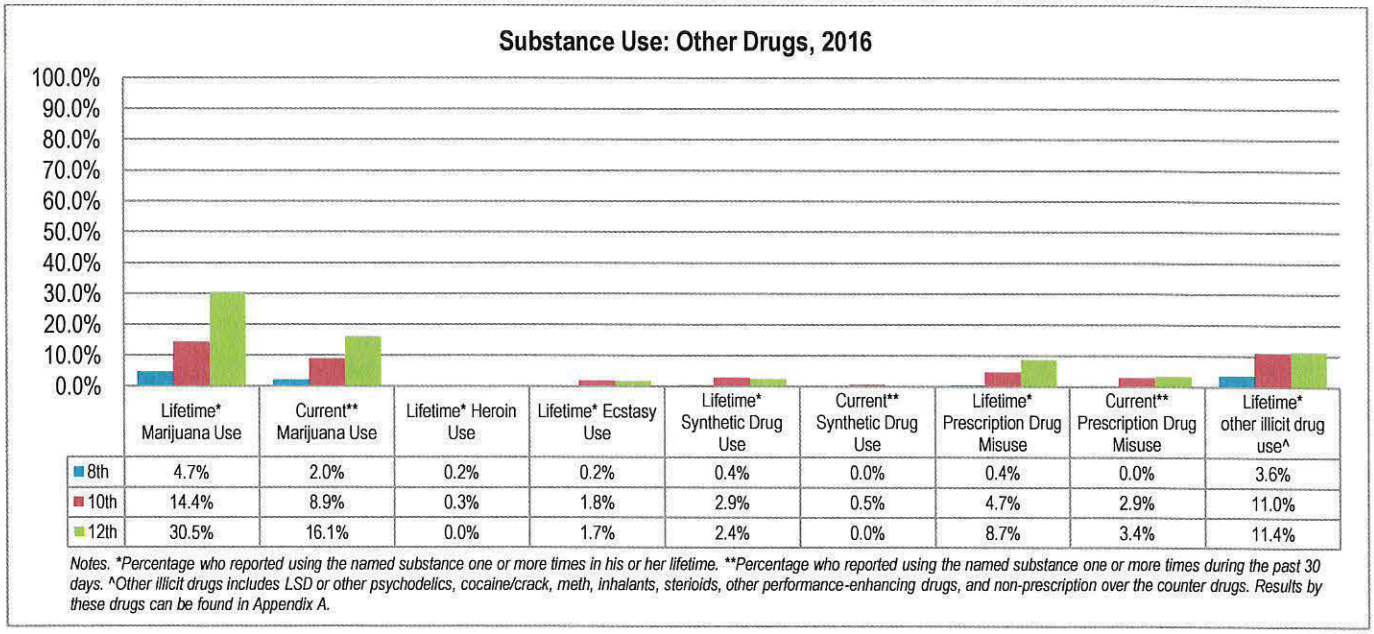
This section contains information on the use of alcohol, tobacco, and other drugs among 8th, 10th, and 12th grade students in Nebraska. In addition, there is information on the sources and places of use, attitudes and perceptions, sources for help with problems, and awareness of prevention messages. To provide greater context for the results from South Heartland District Health Department, overall state and national results are presented when available. As discussed earlier, the state results are not to be considered a representative statewide sample. The national data source is the Monitoring the Future survey, administered by the Institute for Social Research at the University of Michigan and sponsored by the National Institute on Drug Abuse and National Institutes of Health.

Substance Use



	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
8th	21.0%	6.9%	0.9%	8.2%	2.9%	11.7%	5.3%
10th	35.5%	15.6%	5.8%	19.8%	11.5%	28.8%	12.5%
12th	63.6%	38.3%	18.6%	34.9%	16.6%	45.0%	20.2%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
8th	4.7%	2.0%	0.2%	0.2%	0.4%	0.0%	0.4%	0.0%	3.6%
10th	14.4%	8.9%	0.3%	1.8%	2.9%	0.5%	4.7%	2.9%	11.0%
12th	30.5%	16.1%	0.0%	1.7%	2.4%	0.0%	8.7%	3.4%	11.4%

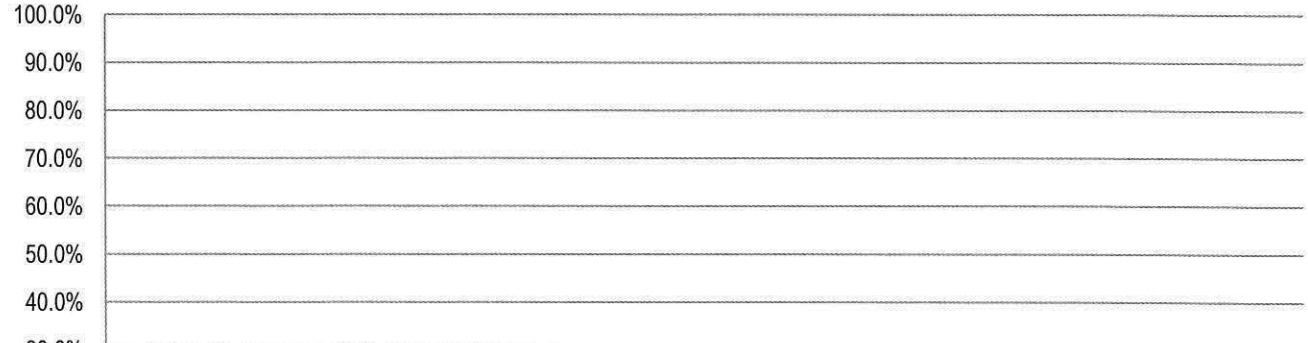
*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, sterioids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*

8th Grade Substance Use: Alcohol and Tobacco, 2016

	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
Report Level	21.0%	6.9%	0.9%	8.2%	2.9%	11.7%	5.3%
State	23.0%	7.3%	1.0%	9.5%	3.5%	12.4%	6.0%
Nation	22.8%	7.3%				17.5%	6.2%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*

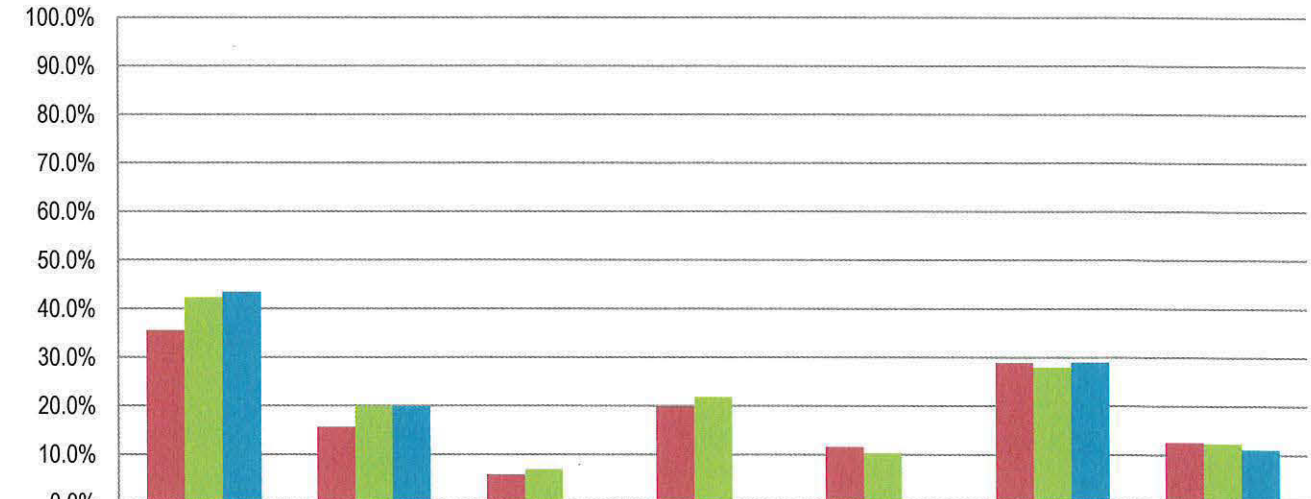
8th Grade Substance Use: Other Drugs, 2016



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
Report Level	4.7%	2.0%	0.2%	0.2%	0.4%	0.0%	0.4%	0.0%	3.6%
State	5.4%	2.8%	0.1%	0.1%	0.6%	0.2%	1.6%	0.5%	4.9%
Nation	12.8%	5.4%	0.5%	1.7%					

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, sterioids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*

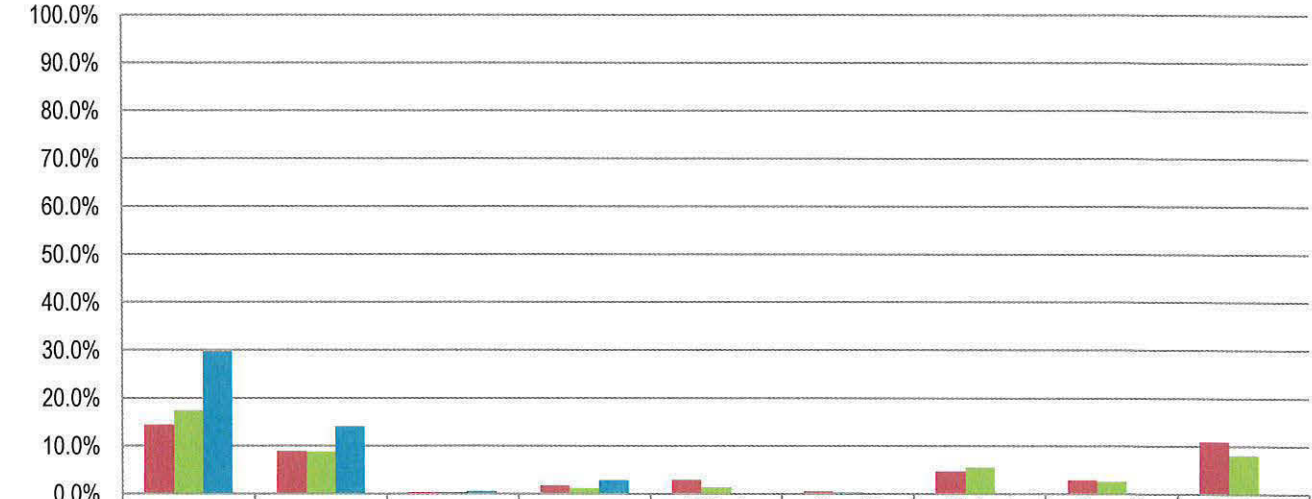
10th Grade Substance Use: Alcohol and Tobacco, 2016



	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
Report Level	35.5%	15.6%	5.8%	19.8%	11.5%	28.8%	12.5%
State	42.3%	20.0%	6.9%	21.8%	10.3%	28.0%	12.3%
Nation	43.4%	19.9%				29.0%	11.0%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*

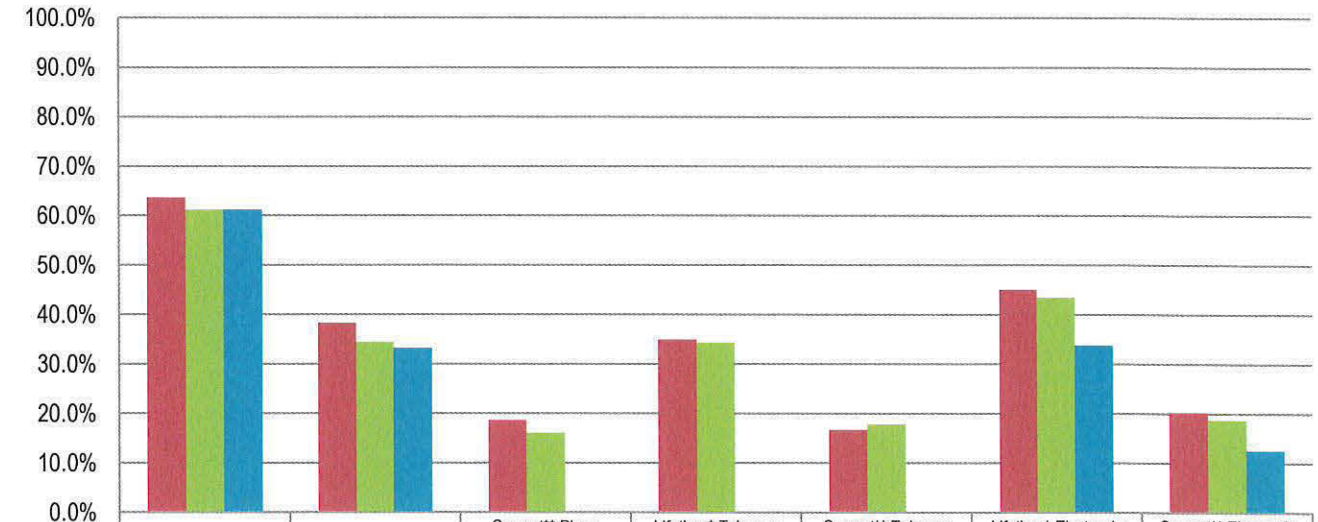
10th Grade Substance Use: Other Drugs, 2016



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
Report Level	14.4%	8.9%	0.3%	1.8%	2.9%	0.5%	4.7%	2.9%	11.0%
State	17.4%	8.8%	0.3%	1.2%	1.4%	0.3%	5.6%	2.6%	8.1%
Nation	29.7%	14.0%	0.6%	2.8%					

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, sterioids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*

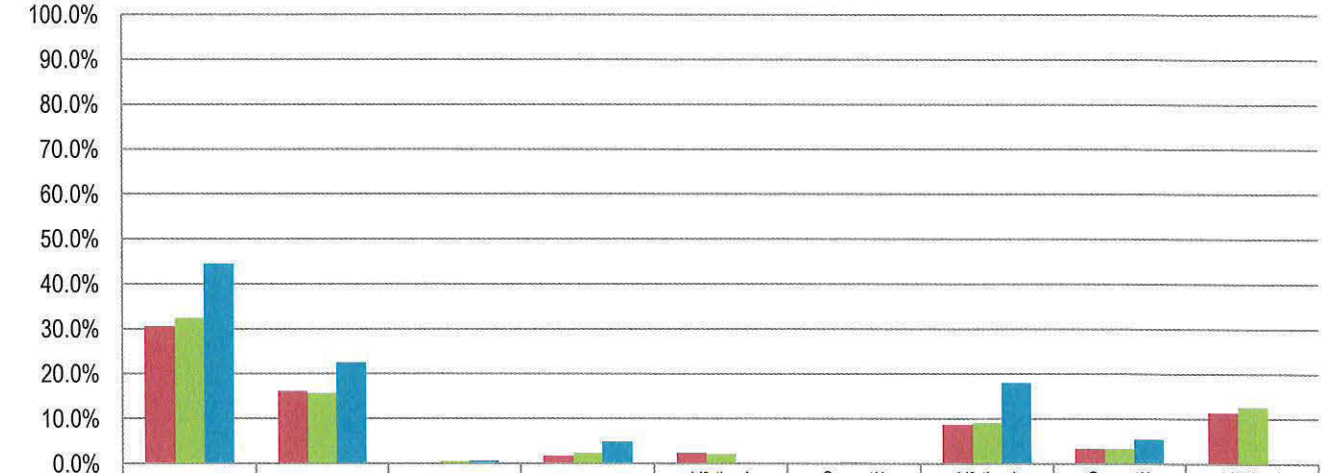
12th Grade Substance Use: Alcohol and Tobacco, 2016



	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
Report Level	63.6%	38.3%	18.6%	34.9%	16.6%	45.0%	20.2%
State	61.2%	34.4%	16.1%	34.3%	17.8%	43.4%	18.7%
Nation	61.2%	33.2%				33.8%	12.5%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*

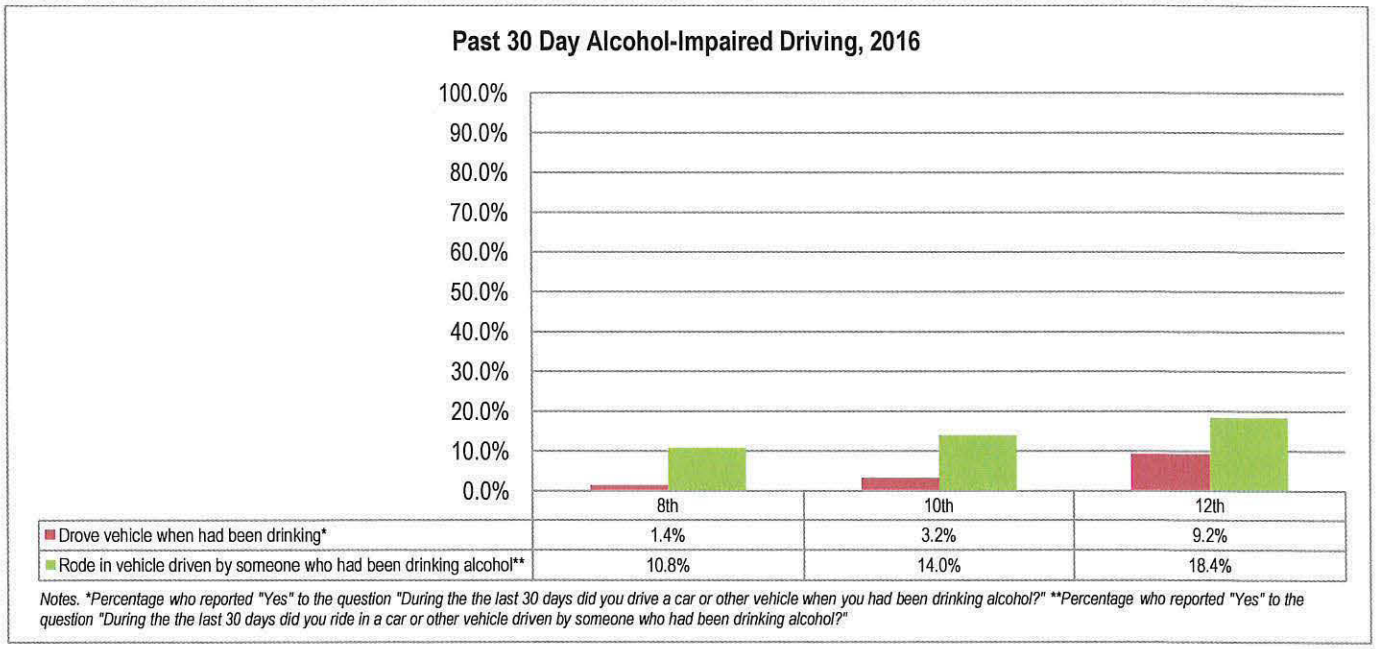
12th Grade Substance Use: Other Drugs, 2016



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
Report Level	30.5%	16.1%	0.0%	1.7%	2.4%	0.0%	8.7%	3.4%	11.4%
State	32.4%	15.7%	0.5%	2.4%	2.2%	0.3%	9.1%	3.4%	12.7%
Nation	44.5%	22.5%	0.7%	4.9%			18.0%	5.4%	

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, sterioids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*

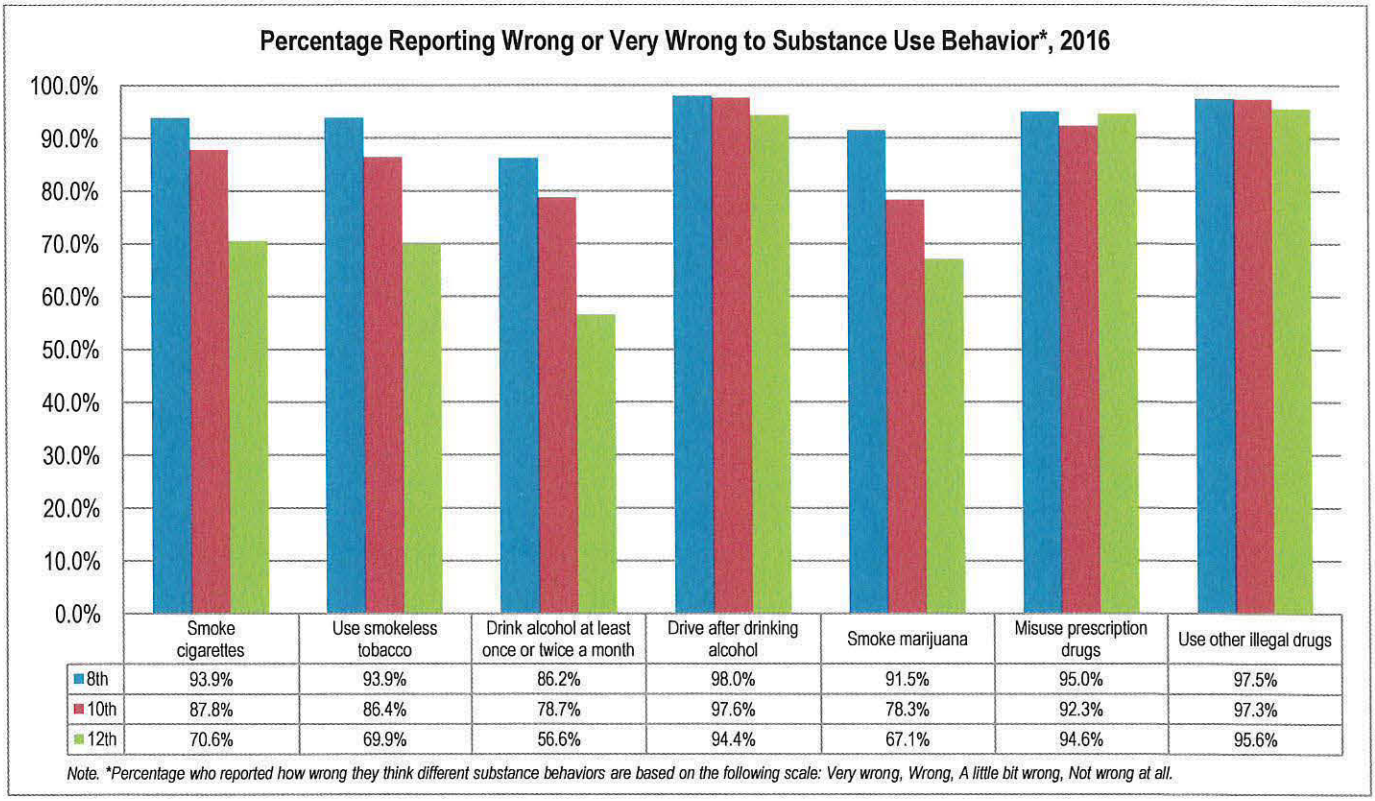
Past 30 Day Alcohol-Impaired Driving



	8th	10th	12th
Drove vehicle when had been drinking*	1.4%	3.2%	9.2%
Rode in vehicle driven by someone who had been drinking alcohol**	10.8%	14.0%	18.4%

*Notes. *Percentage who reported "Yes" to the question "During the the last 30 days did you drive a car or other vehicle when you had been drinking alcohol?" **Percentage who reported "Yes" to the question "During the the last 30 days did you ride in a car or other vehicle driven by someone who had been drinking alcohol?"*

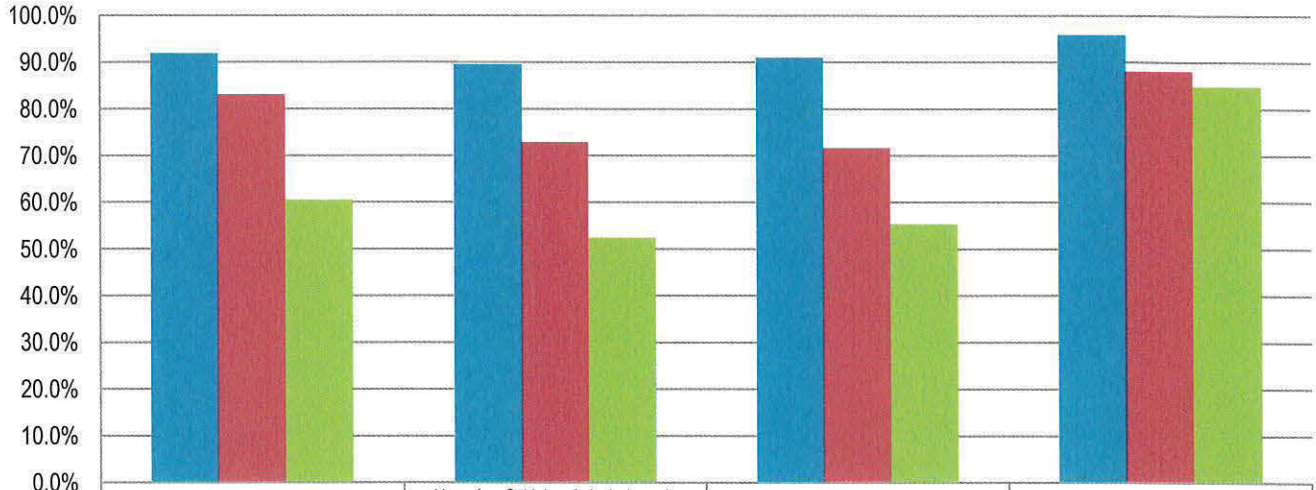
Attitudes toward Substance Use



	Smoke cigarettes	Use smokeless tobacco	Drink alcohol at least once or twice a month	Drive after drinking alcohol	Smoke marijuana	Misuse prescription drugs	Use other illegal drugs
8th	93.9%	93.9%	86.2%	98.0%	91.5%	95.0%	97.5%
10th	87.8%	86.4%	78.7%	97.6%	78.3%	92.3%	97.3%
12th	70.6%	69.9%	56.6%	94.4%	67.1%	94.6%	95.6%

*Note. *Percentage who reported how wrong they think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.*

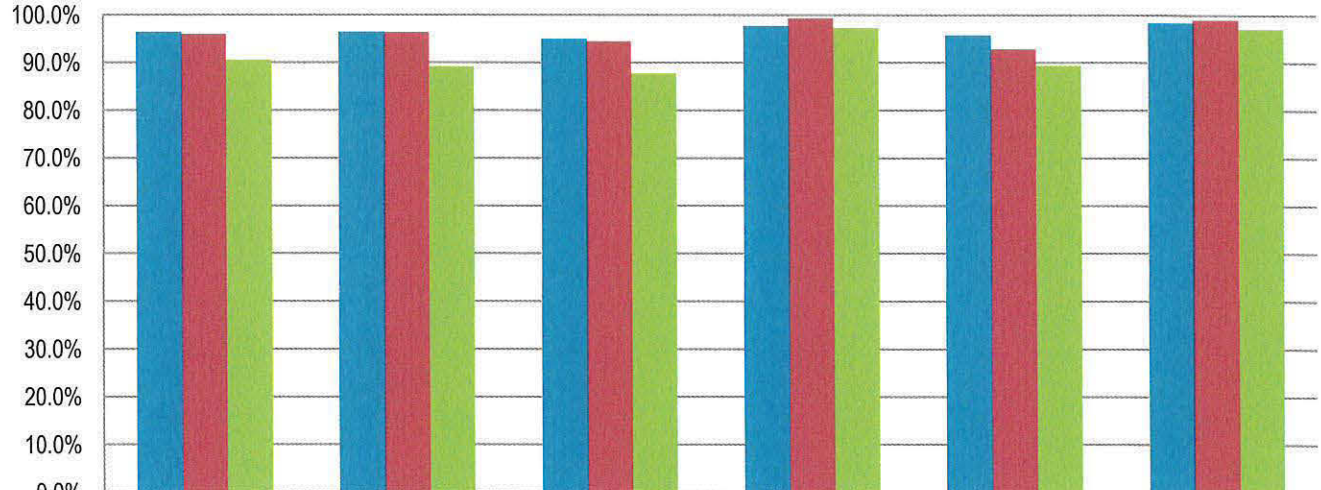
Percentage Reporting Peer Wrong or Very Wrong to Substance Use Behavior*, 2016



	Smoke tobacco	Have 1 or 2 drinks of alcohol nearly every day	Smoke marijuana	Misuse prescription drugs
8th	91.9%	89.6%	91.0%	95.9%
10th	83.1%	72.8%	71.6%	88.1%
12th	60.5%	52.4%	55.3%	84.8%

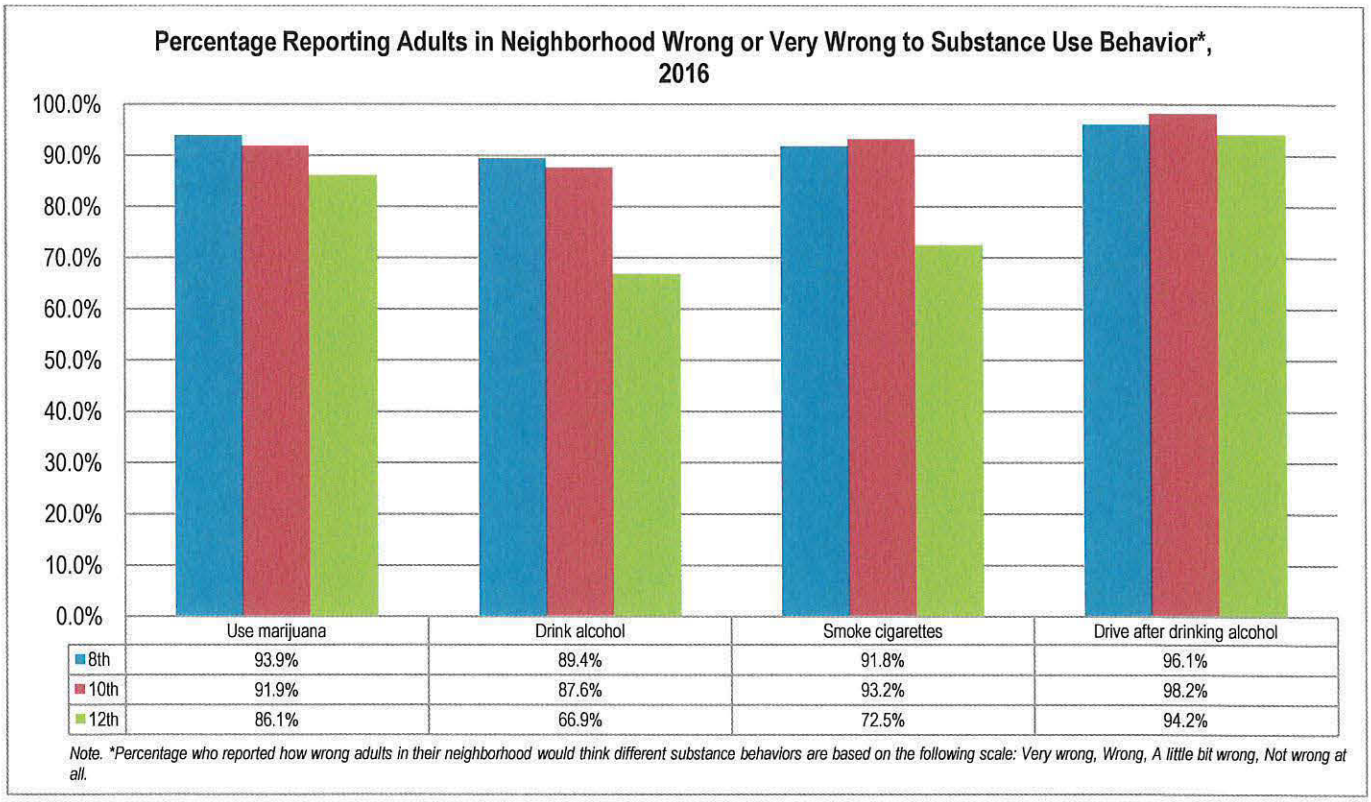
*Note. *Percentage who reported how wrong their friends would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.*

Percentage Reporting Parent Wrong or Very Wrong to Substance Use Behavior*, 2016



	Smoke cigarettes	Use smokeless tobacco	Have 1 or 2 drinks of alcohol nearly every day	Drive after drinking alcohol	Smoke marijuana	Misuse prescription drugs
8th	96.4%	96.4%	95.0%	97.7%	95.7%	98.4%
10th	96.0%	96.3%	94.4%	99.2%	92.8%	98.9%
12th	90.6%	89.2%	87.7%	97.3%	89.4%	97.1%

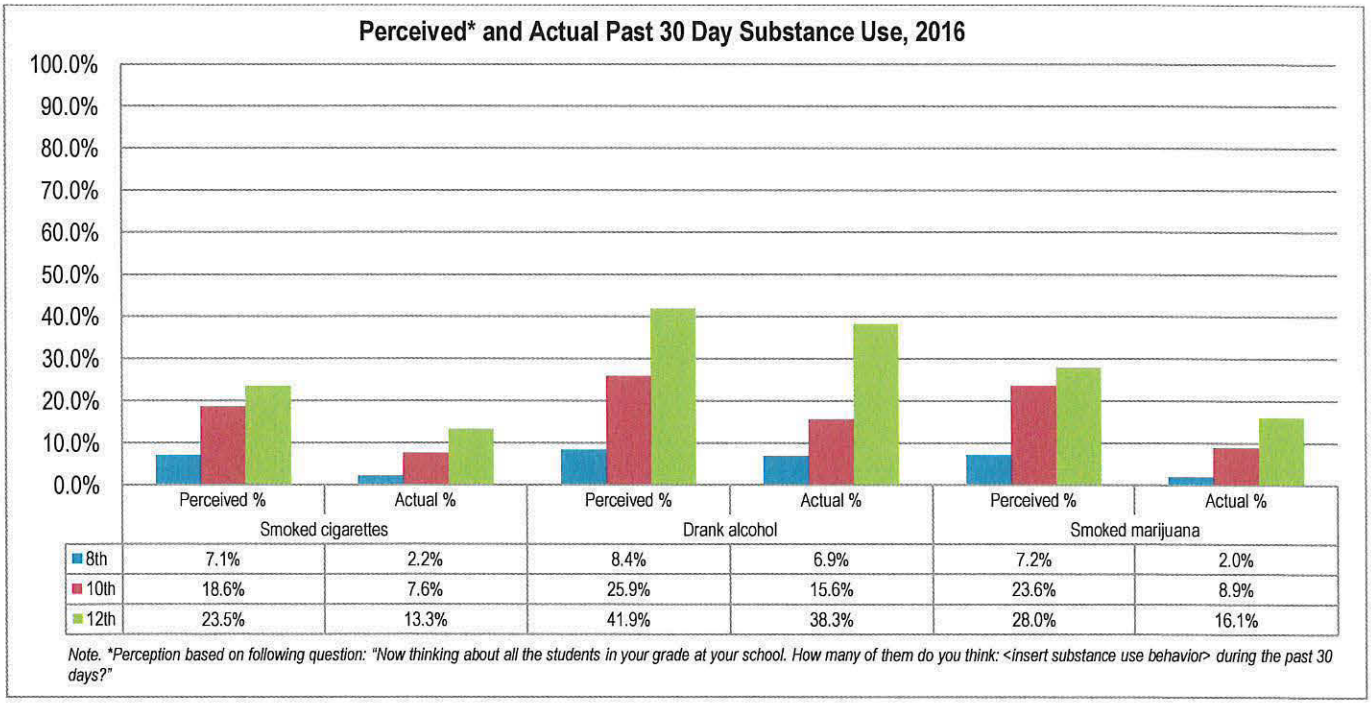
*Note. *Percentage who reported how wrong their parents would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.*



	Use marijuana	Drink alcohol	Smoke cigarettes	Drive after drinking alcohol
8th	93.9%	89.4%	91.8%	96.1%
10th	91.9%	87.6%	93.2%	98.2%
12th	86.1%	66.9%	72.5%	94.2%

*Note. *Percentage who reported how wrong adults in their neighborhood would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.*

Perceived and Actual Substance Use during the Past 30 Days

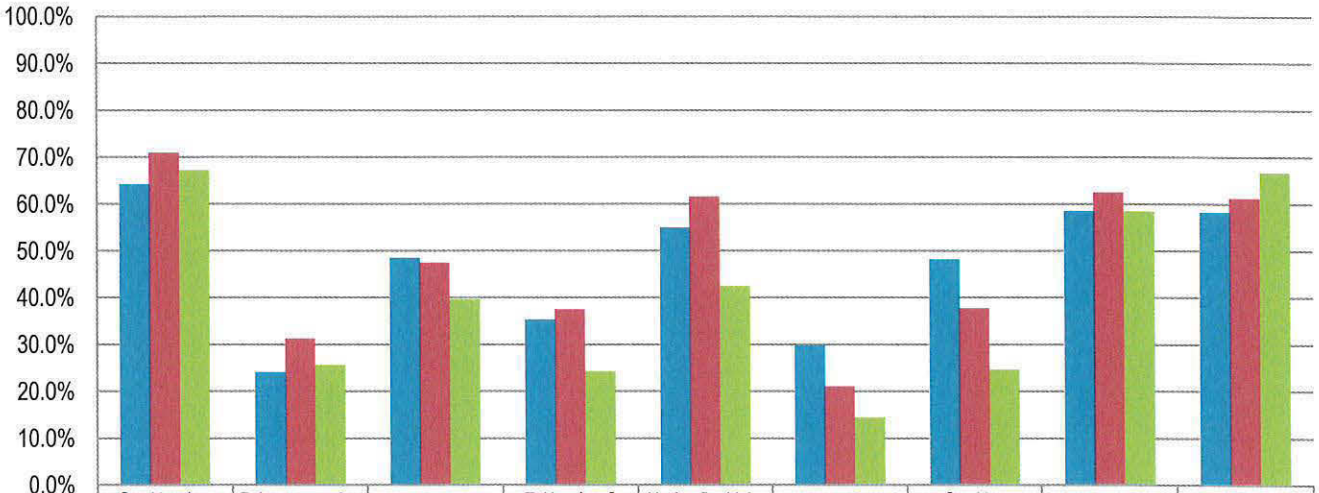


	Smoked cigarettes		Drank alcohol		Smoked marijuana	
	Perceived %	Actual %	Perceived %	Actual %	Perceived %	Actual %
8th	7.1%	2.2%	8.4%	6.9%	7.2%	2.0%
10th	18.6%	7.6%	25.9%	15.6%	23.6%	8.9%
12th	23.5%	13.3%	41.9%	38.3%	28.0%	16.1%

*Note. *Perception based on following question: "Now thinking about all the students in your grade at your school. How many of them do you think: <insert substance use behavior> during the past 30 days?"*

Perceived Risk from Substance Use

Percentage Reporting that the Following Substance Use Behaviors Place People at Great Risk*, 2016

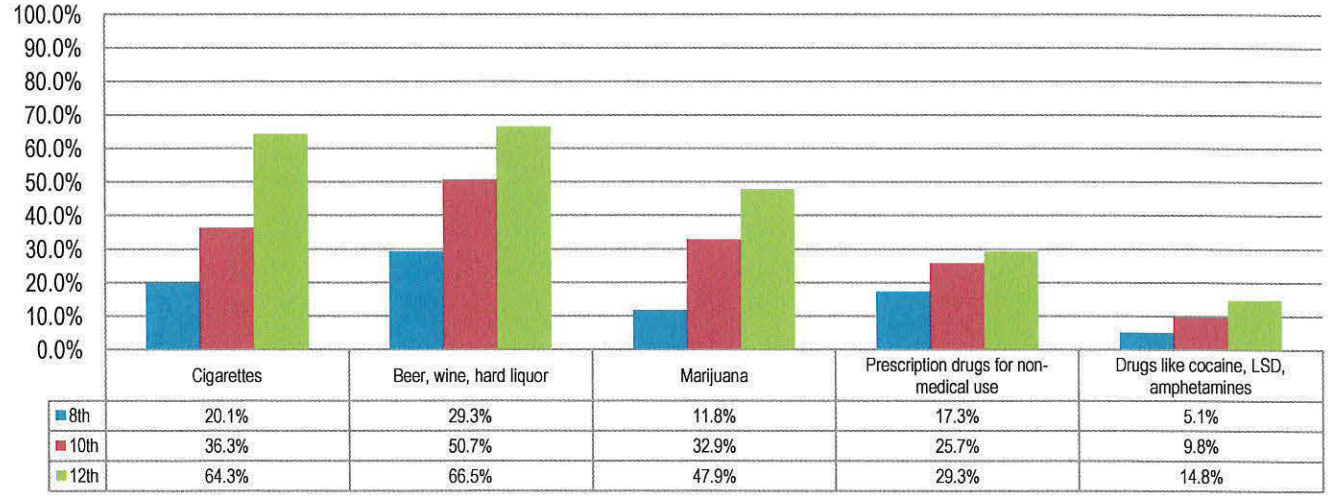


	Smoking 1 or more packs of cigarettes daily	Being exposed to other people's cigarette smoke	Use smokeless tobacco daily	Taking 1 or 2 drinks of alcohol nearly every day	Having 5+ drinks of alcohol 1 or 2 times a week	Trying marijuana once or twice	Smoking marijuana 1 or 2 times a week	Misusing prescription drugs	Using inhalants
8th	64.2%	24.1%	48.5%	35.3%	54.9%	29.9%	48.1%	58.5%	58.2%
10th	70.9%	31.2%	47.4%	37.4%	61.5%	21.0%	37.6%	62.4%	61.2%
12th	67.2%	25.6%	39.6%	24.3%	42.4%	14.4%	24.6%	58.4%	66.7%

*Note. *Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>."*

Perceived Availability of Substances

Percentage Reporting that the Following Substances are Sort of Easy or Very Easy to Obtain,* 2016

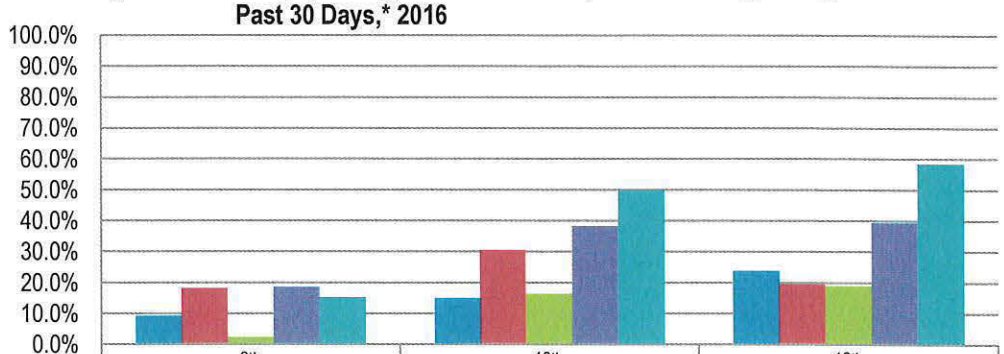


	Cigarettes	Beer, wine, hard liquor	Marijuana	Prescription drugs for non-medical use	Drugs like cocaine, LSD, amphetamines
8th	20.1%	29.3%	11.8%	17.3%	5.1%
10th	36.3%	50.7%	32.9%	25.7%	9.8%
12th	64.3%	66.5%	47.9%	29.3%	14.8%

*Note. *Percentage who reported it is sort of or very easy to obtain each substances based on the following scale: Very hard, Sort of hard, Sort of easy, Very easy. Based on the quesiton "If you wanted to, how easy would it be for you to get: <insert substance use behavior>."*

Places and Sources of Substance Use during the Past 30 Days

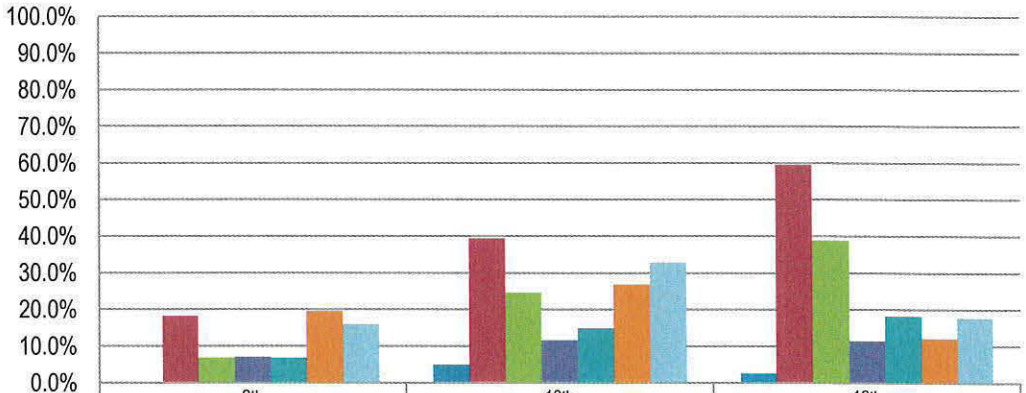
Places of Alcohol Use during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days,* 2016



	8th (n=46)**	10th (n=61)**	12th (n=161)**
My home with my parents' permission	9.1%	15.0%	23.9%
My home without my parents' permission	18.2%	30.5%	19.4%
Someone else's home with their parents' permission	2.3%	16.4%	18.9%
Someone else's home without their parents' permission	18.6%	38.3%	39.4%
Some other place (not listed)	15.2%	50.0%	58.4%

*Notes. *Among past 30 day alcohol users, the percentage who reported using alcohol in each manner during the past 30 days. **The n-size displayed is the largest n-size across these questions. Because each place is asked individually, the n-size may vary across places.*

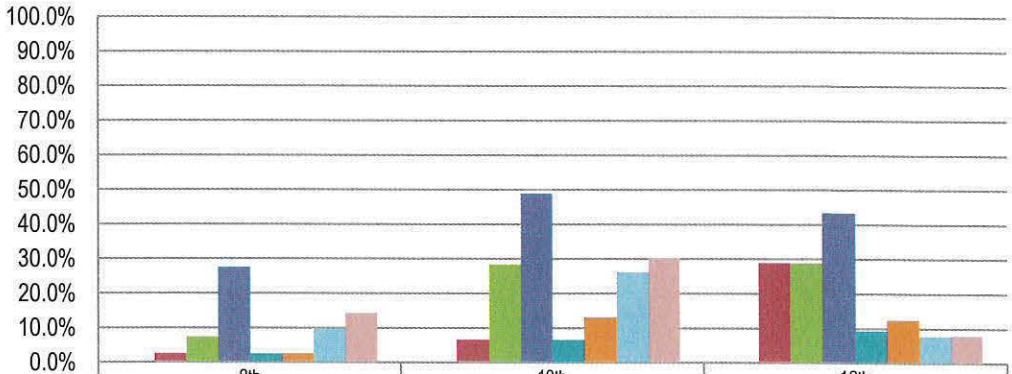
Sources for Obtaining Alcohol during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days,* 2016



	8th (n=45)**	10th (n=61)**	12th (n=160)**
Bought it in liquor store, gas station, or grocery store	0.0%	4.9%	2.5%
Got it at a party	18.2%	39.3%	59.4%
Gave someone money to buy it for me	6.8%	24.6%	38.9%
Parents gave or bought it for me	7.0%	11.5%	11.4%
Other family member gave or bought it for me	6.7%	14.8%	18.2%
Took it from home without my parents' permission	19.5%	26.7%	12.1%
Got it or took it from a friend's house	15.9%	32.8%	17.7%

*Notes. *Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner during the past 30 days. .**The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.*

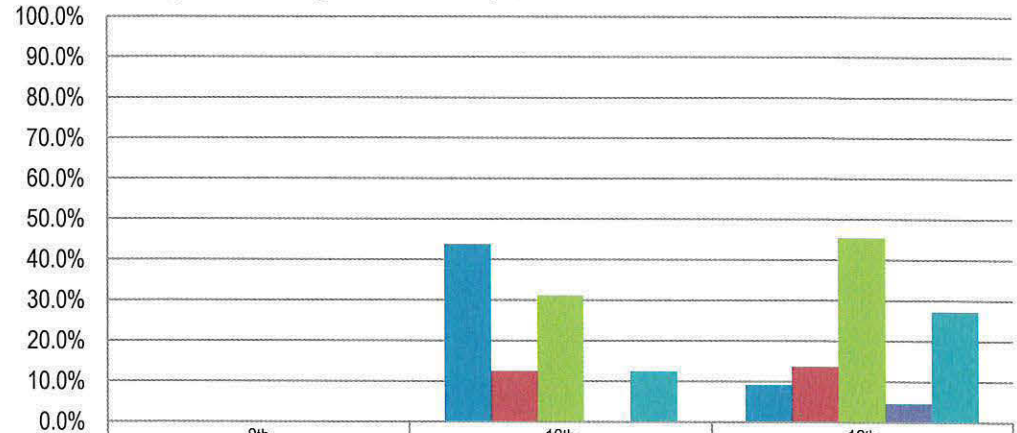
Sources for Obtaining Cigarettes during the Past 30 Days, among Students who Reported Smoking during the Past 30 Days,* 2016



	8th (n=42)**	10th (n=47)**	12th (n=67)**
Bought them myself with a fake ID	0.0%	0.0%	0.0%
Bought them myself without a fake ID	2.5%	6.5%	28.8%
Gave someone money to buy them for me	7.3%	28.3%	28.8%
Borrowed them from someone else	27.5%	48.9%	43.3%
My parents gave them to or bought them for me	2.4%	6.5%	9.2%
Other family member gave them to or bought them for me	2.4%	13.0%	12.3%
Took them from home without my parents' permission	9.8%	26.1%	7.7%
Got them some other way (not listed)	14.3%	30.4%	7.9%

*Notes. *Among past 30 day cigatette users, the percentage who reported obtaining cigarettes in each manner during the past 30 days. These scores may include students 18 and older.**The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.*

Sources for Obtaining Prescription Drugs during the Past 30 Days, among Students who Reported Using Them during the Past 30 Days,* 2016

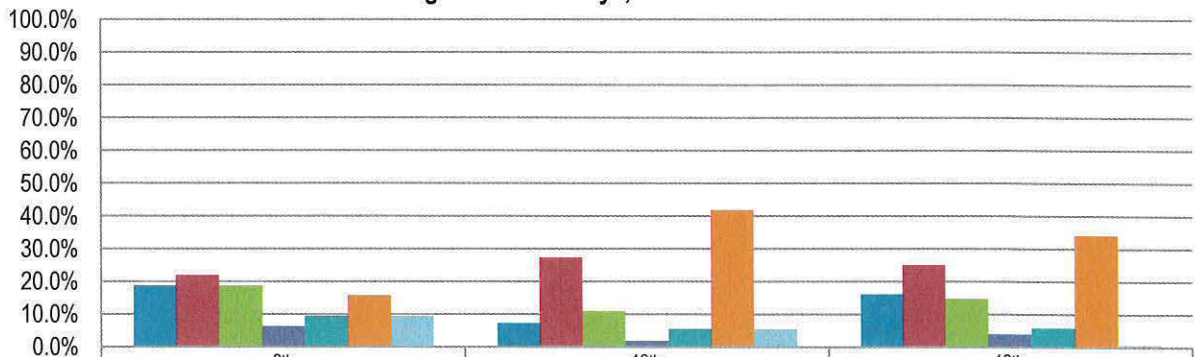


	8th (<10 cases)	10th (n=16)**	12th (n=22)**
Took them from home without my parents' knowledge		43.8%	9.1%
Bought them from someone		12.5%	13.6%
Someone gave them to me		31.3%	45.5%
Took them from someone else without their knowledge		0.0%	4.5%
Got them some other way (not listed)		12.5%	27.3%

*Notes. *Among past 30 day prescription drug users, the usual manner they used for obtaining prescription drugs during the past 30 days. **The n-size displayed is the same for all sources given that the manner for obtaining prescription drugs is asked as one question.*

Types of Alcohol Used Among Those Who Used Alcohol during the Past 30 Days

Type of Alcohol Usually Consumed during the Past 30 Days, among Students who Drank Alcohol during the Past 30 Days,* 2016

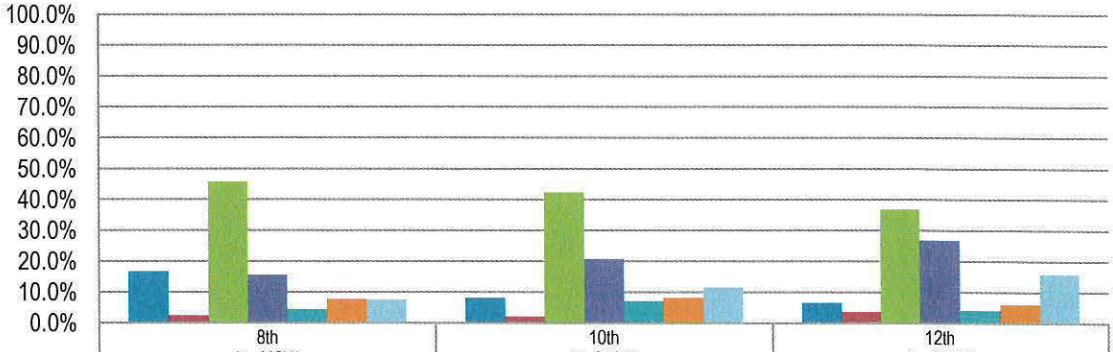


	8th (n=32)**	10th (n=55)**	12th (n=156)**
No usual type	18.8%	7.3%	16.0%
Beer	21.9%	27.3%	25.0%
Flavored malt beverages	18.8%	10.9%	14.7%
Wine coolers	6.3%	1.8%	3.8%
Wine	9.4%	5.5%	5.8%
Liquor	15.6%	41.8%	34.0%
Some other type (not listed)	9.4%	5.5%	0.6%

*Notes. *Among past 30 day alcohol users, the type of alcohol that they usually drank during the past 30 days. **The n-size displayed is the same for all types given that type of alcohol usually consumed is asked as one question.*

Sources for Help with Drug or Alcohol Problem

First Person to go to for Drug or Alcohol Problem*, 2016

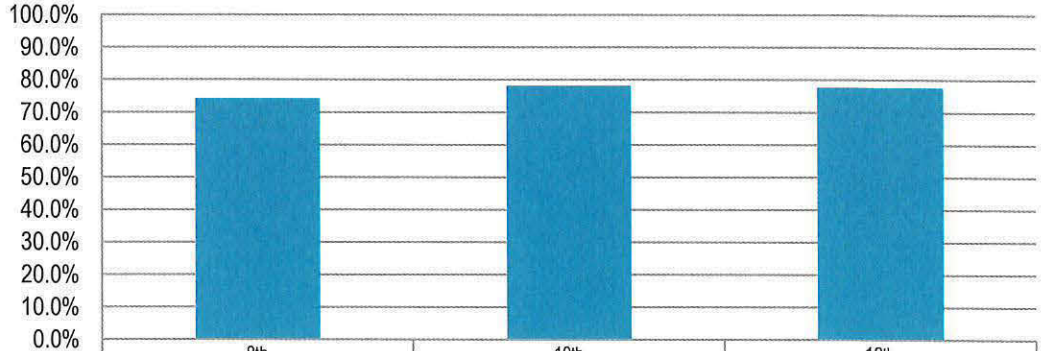


	8th (n=413)**	10th (n=371)**	12th (n=410)**
A counselor in school	16.7%	8.1%	6.6%
Another adult in school	2.4%	2.2%	3.7%
Parents or caregivers	45.8%	42.3%	36.8%
Friends	15.5%	20.8%	26.8%
Counselor or program outside of school	4.4%	7.0%	4.1%
Another adult outside of school	7.7%	8.1%	6.1%
Wouldn't go to anyone	7.5%	11.6%	15.9%

*Notes. *Based on the question "If you had a drug or alcohol problem and needed help, who is the first person you would go to?" **The n-size displayed is the same for all sources given that source of help for a drug or alcohol problem is asked as one question.*

Anti-Alcohol and Anti-Drug Message Awareness

Percentage Reporting Seeing or Hearing Anti-Alcohol or Anti-Drug Messages during the Past 12 Months*, 2016



	8th	10th	12th
Seen or heard anti-alcohol or anti-drug messages	74.2%	78.2%	77.6%

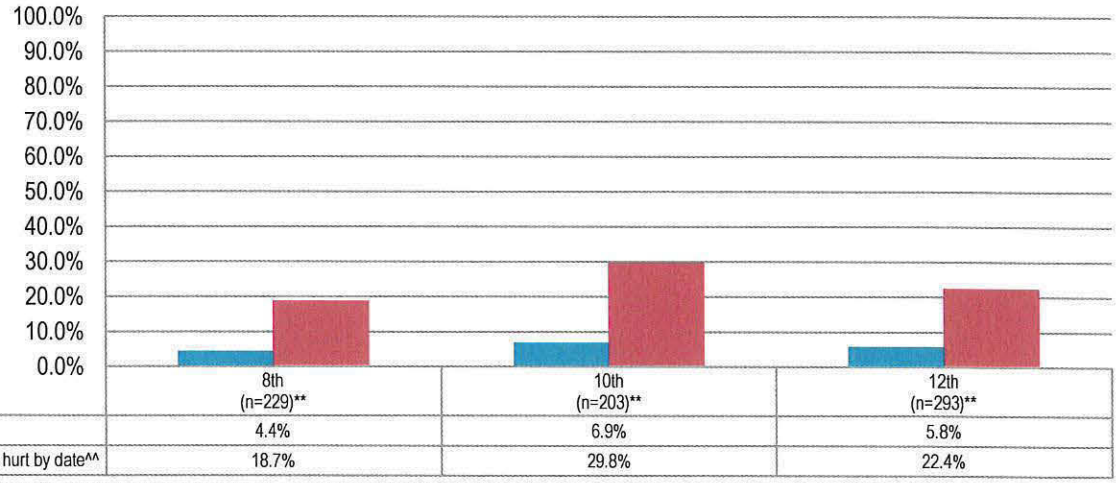
*Notes. *Percentage who reported "Yes" to the question "In the past 12 months, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?"*

Violence, Bullying, and Mental Health

This section contains information on dating violence, bullying, anxiety, depression, and suicide among 8th, 10th, and 12th grade students in Nebraska. In addition, there is information on sources for help with depression and suicide ideation and attitudes toward the future.

Dating Violence during the Past 12 Months

Percentage Reporting Dating Violence, among Students who Reported Dating during the Past 12 Months, by Type of Dating Violence*, 2016

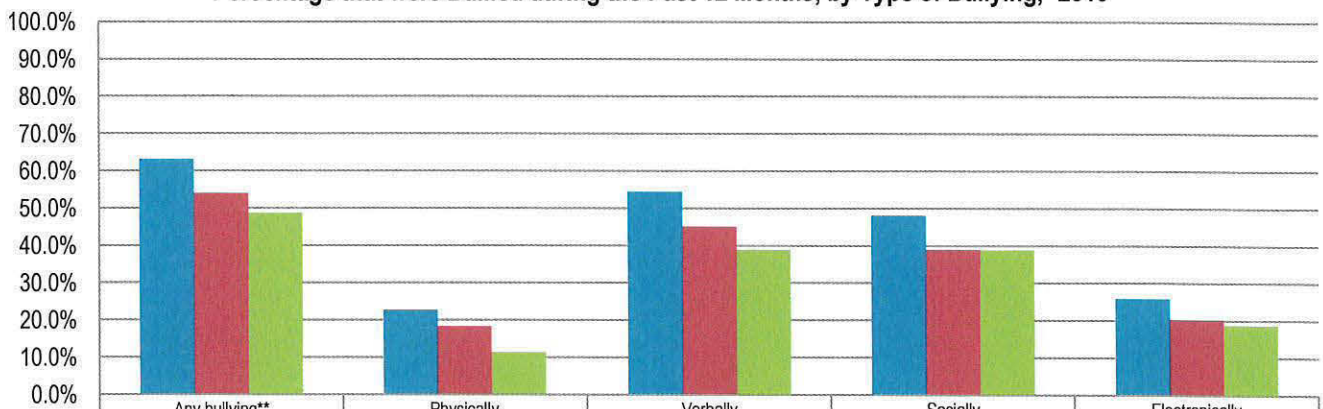


	8th (n=229)**	10th (n=203)**	12th (n=293)**
Physically hurt by date^	4.4%	6.9%	5.8%
Controlled or emotionally hurt by date^^	18.7%	29.8%	22.4%

*Notes. *Among students that dated or went out with anyone during the past 12 months, the percentage who reported experiencing each type of dating violence. ^Percentage who reported "Yes" to the question "During the past 12 months, did someone you were dating or going out with physically hurt you on purpose?" ^^Percentage who reported one or more occurrences of being purposely controlled or emotional hurt by someone they were dating or going out with during the past 12 months. **The n-size displayed is the largest n-size across these questions. Because each type is asked individually, the n-size may vary across types.*

Bullying during the Past 12 Months

Percentage that were Bullied during the Past 12 Months, by Type of Bullying,* 2016

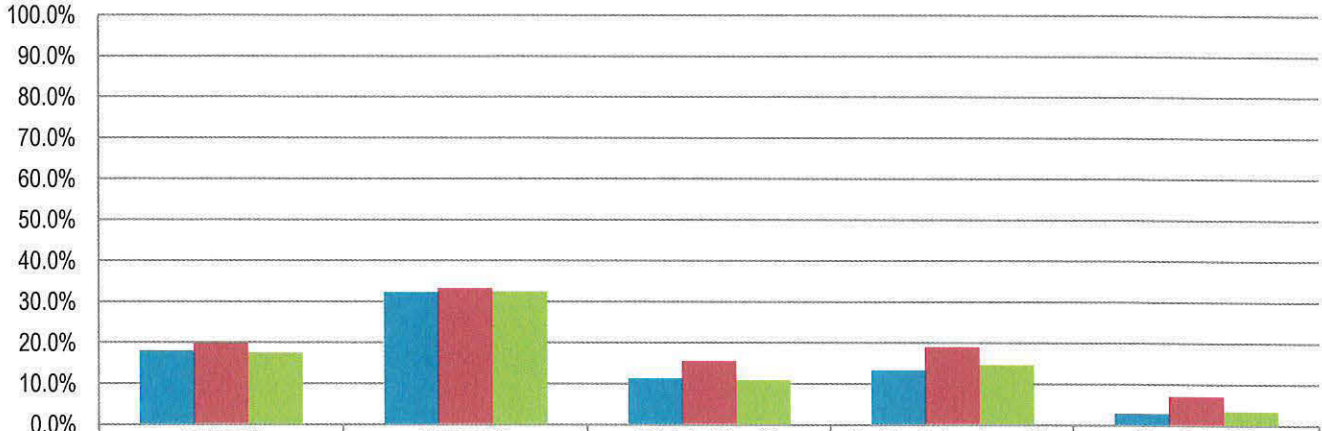


	Any bullying**	Physically	Verbally	Socially	Electronically
8th	63.1%	22.7%	54.4%	48.1%	25.8%
10th	54.0%	18.3%	45.1%	38.9%	20.2%
12th	48.7%	11.3%	38.9%	38.8%	18.8%

*Note. *Percentage who reported one or more occurrences of each type of bullying. **Percentage of students who reported one or more occurences of one or more of these types of bullying.*

Anxiety, Depression, and Suicide during the Past 12 Months

Percentage Reporting Anxiety, Depression, and Suicide during the Past 12 Months, 2016

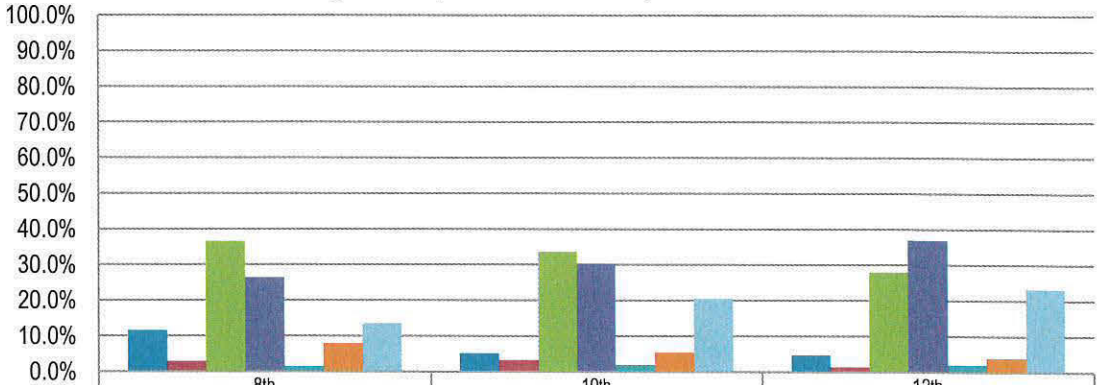


	Lost sleep*	Depressed**	Inflicted self-harm***	Considered attempting suicide	Attempted suicide
8th	18.0%	32.3%	11.3%	13.3%	2.9%
10th	19.9%	33.2%	15.5%	19.0%	7.1%
12th	17.5%	32.5%	10.9%	14.6%	3.4%

*Notes. *Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. **Percentage who reported "Yes" to the question "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" ***Percentage who reported "Yes" to the question "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?"*

Sources for Help if Depressed or Suicidal

First Person to go to if Depressed or Suicidal*, 2016

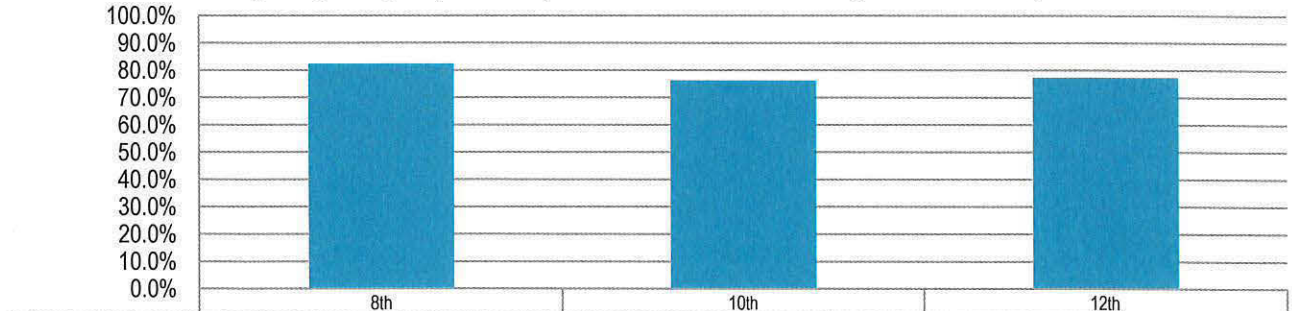


	8th (n=417)**	10th (n=371)**	12th (n=404)**
A counselor in school	11.5%	5.1%	4.7%
Another adult in school	2.9%	3.2%	1.2%
Parents or caregivers	36.5%	33.7%	28.0%
Friends	26.4%	30.2%	36.9%
Counselor or program outside of school	1.4%	1.9%	2.0%
Another adult outside of school	7.9%	5.4%	4.0%
Wouldn't go to anyone	13.4%	20.5%	23.3%

*Notes. *Based on the question "If you were depressed or felt suicidal, who is the first person you would go to for help?" **The n-size displayed is the same for all sources given that source of help is asked as one question.*

Attitudes toward the Future

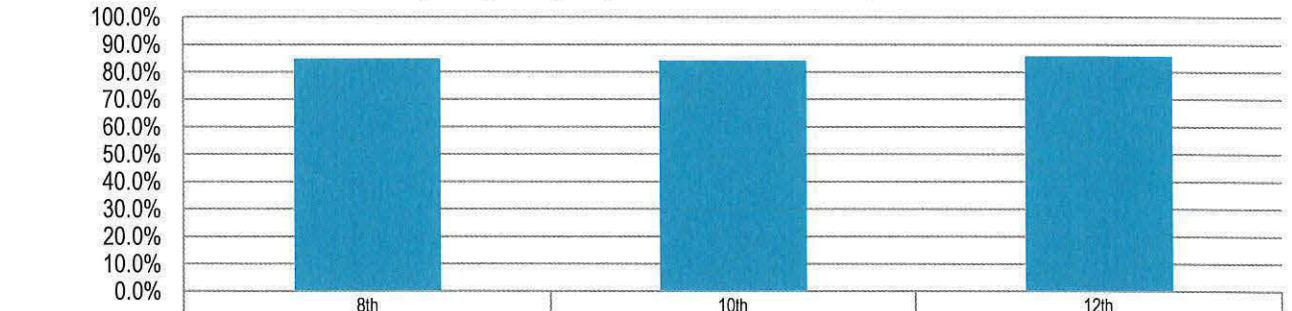
Percentage Reporting they were Hopeful About the Future during the Past Week*, 2016



	8th	10th	12th
Hopeful about the future	82.4%	76.3%	77.4%

*Notes. *Percentage who reported they "Agree" or "Strongly agree" to the question "In the past week, I have felt hopeful about the future." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.*

Percentage Reporting they Can Make Plans Work*, 2016



	8th	10th	12th
Can make plans work	84.8%	84.1%	85.7%

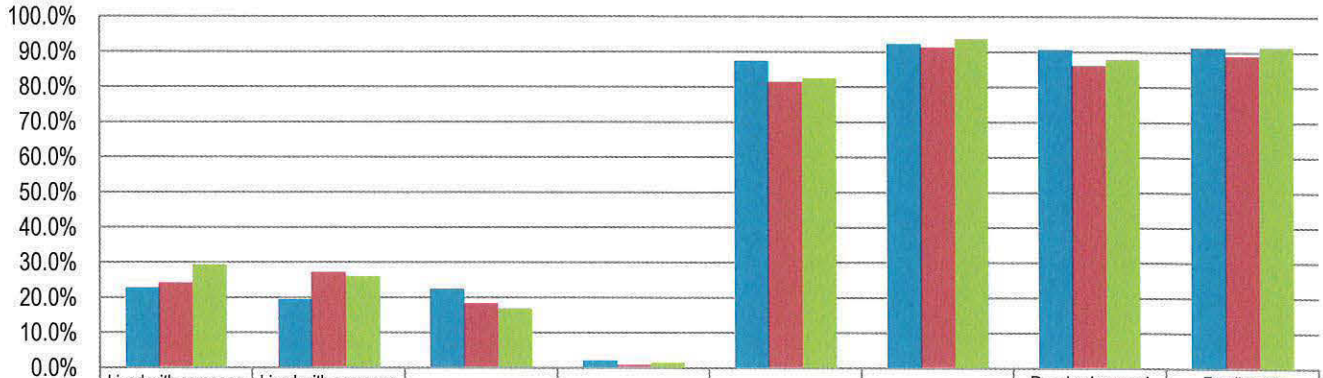
*Notes. *Percentage who reported they "Agree" or "Strongly agree" to the question "When I make plans, I am almost certain that I can make them work." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.*

Feelings and Experiences at Home, School, and in the Community

This section contains information on feelings and experiences with family, at school, and in the community for 8th, 10th, and 12th grade students in Nebraska.

Feelings and Experiences with Family

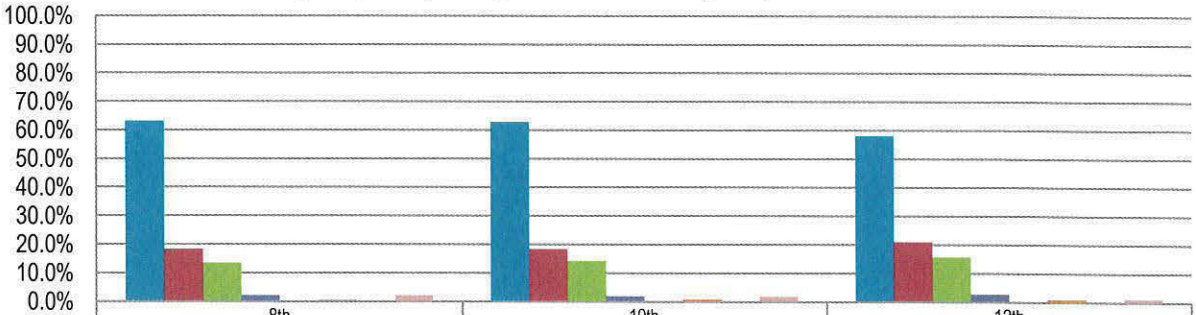
Feelings and Experiences with Family, 2016



	Lived with someone with drug or alcohol problem*	Lived with someone mentally ill or depressed*	Parents served time in jail*	Not enough food at home**	Adult at home who listens***	Adult at home who encourages***	Receive love and support from family***	Family sets standards for behavior***
8th	22.7%	19.4%	22.4%	2.1%	87.4%	92.2%	90.6%	91.3%
10th	24.1%	27.1%	18.3%	0.8%	81.4%	91.3%	86.0%	88.9%
12th	29.3%	26.1%	16.9%	1.5%	82.5%	93.7%	87.9%	91.5%

*Note. *Percentage who reported "Yes" to the experience with family based on the following scale: Yes, No, Not sure. **Percentage who reported during the past 30 days they went hungry because there was not enough food in their home most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. ***Percentage who reported they agree or strongly agree to the experience or feeling with family based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.*

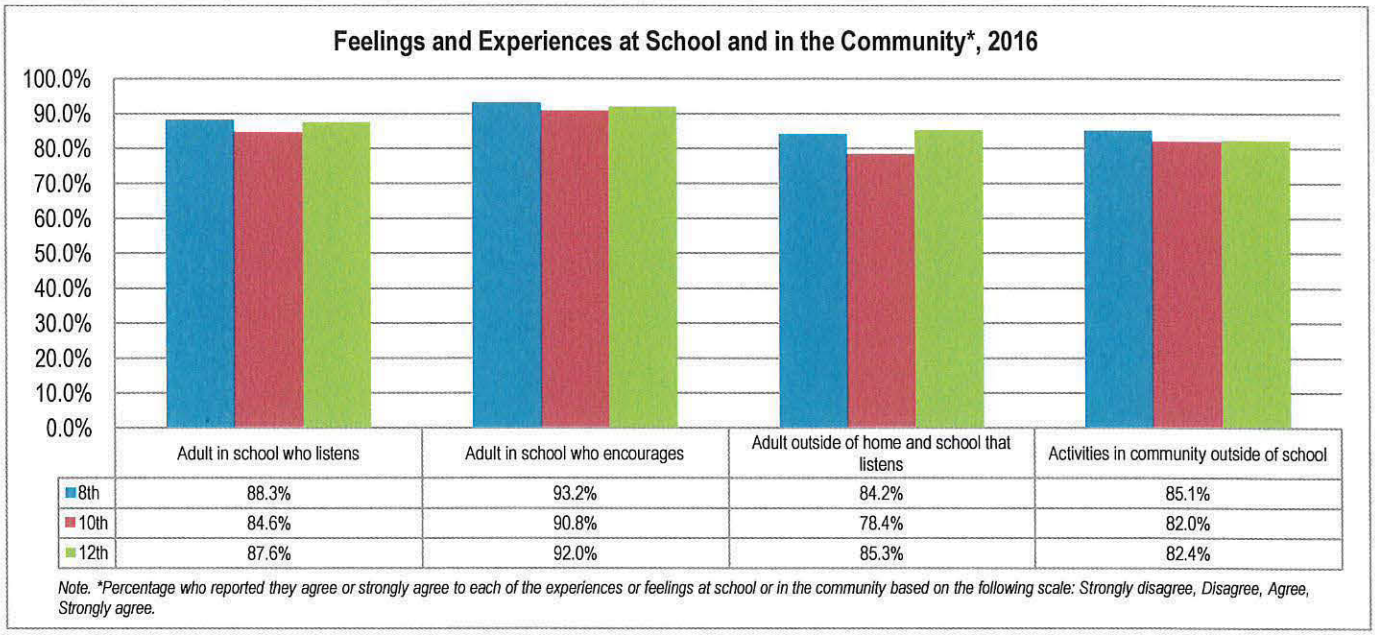
Percentage Reporting Living with the Following People*, 2016



	8th (n=431)**	10th (n=377)**	12th (n=411)**
Both parents	63.1%	62.9%	58.2%
One parent	18.3%	18.3%	20.9%
One parent and stepparent	13.5%	14.3%	15.8%
Other relatives	2.1%	1.9%	2.7%
Group home	0.2%	0.0%	0.2%
Foster family	0.5%	0.8%	1.0%
Friends	0.0%	0.0%	0.0%
Other	2.3%	1.9%	1.2%

*Notes. *Based on the question "Do you live with:" **The n-size displayed is the same for all people given that who they live with is asked as one question.*

Feelings and Experiences at School and in the Community



	Adult in school who listens	Adult in school who encourages	Adult outside of home and school that listens	Activities in community outside of school
8th	88.3%	93.2%	84.2%	85.1%
10th	84.6%	90.8%	78.4%	82.0%
12th	87.6%	92.0%	85.3%	82.4%

*Note. *Percentage who reported they agree or strongly agree to each of the experiences or feelings at school or in the community based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.*

Tips for Using the NRPFSS Results

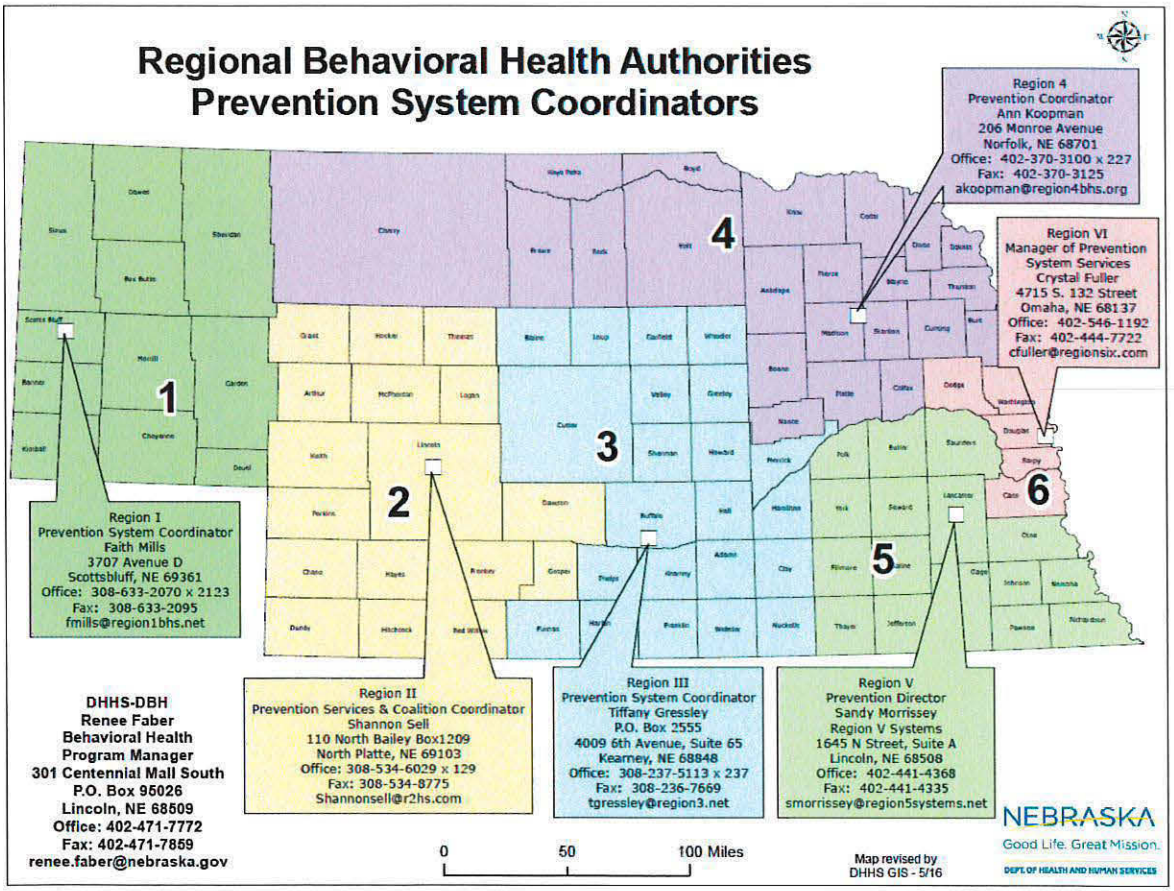
As a valued stakeholder in your community, you play an important role in prevention by teaching skills, imparting knowledge, and in helping to establish a strong foundation of character and values based on wellness, including prevention of substance use, suicide, and other risky behaviors. Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to promoting physical health and overall wellness.

There are a variety of strategies (or interventions) that can be used to increase protective factors and reduce the impact of risk factors. Prevention in schools is often completed through educational programs and school policies and procedures that contribute to the achievement of broader health goals and prevent problem behavior.

Prevention strategies typically fall into two categories:

- **Environmental Strategies**
  - These strategies effect the entire school environment and the youth within it.
    - An example of an environmental strategy would be changing school policy to not allow athletes to play if they are caught using substances.
- **Individual Strategies**
  - These strategies target individual youth to help them build knowledge, wellness, and resiliency.
    - An example of an individual strategy would be providing a curriculum as part of a health class about the harms of substances.

If you would like to implement strategies in your school or community, please contact your regional representative as shown on the map below.



You may also wish to do your own research. The following websites provide listings of evidence-based practices:

- **The National Registry of Evidence-based Programs and Practices (NREPP)**
  - This is a searchable online evidence-based repository and review system designed to provide the public with reliable information on more than 350 mental health and substance use interventions that are available for implementation.
  - **Website: http://nrepp.samhsa.gov/landing.aspx**

- **The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG)**
  - This contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.
  - **Website: https://www.ojjdp.gov/mpg/**

- **The Suicide Prevention Resource Center**
  - This has a variety of suicide prevention resources available.
  - **Website: http://www.sprc.org/**

In accordance with LB923, public school staff in Nebraska are required to complete at least 1 hour of suicide awareness and prevention training each year. To learn more, visit the Nebraska Department of Education website at **https://www.education.ne.gov/Safety/index.html**. Resources on Bullying Prevention and Suicide Prevention are listed.

A variety of print materials on behavioral health topics including depression, trauma, anxiety, and suicide are available from the Substance Abuse and Mental Health Services Administration (SAMHSA). Materials include toolkits for school personnel, educational fact sheets for parents and caregivers, wallet cards and magnets with the National Suicide Prevention Lifeline. The direct link to the SAMHSA store is **https://store.samhsa.gov/home**.

Another resource for kids, teens, and young adults is the **Boys Town National Hotline**, specifically the **Your Life Your Voice campaign**. Wallet cards and other promotional materials are available at no cost for distribution to students, school staff, parents, etc. **http://www.yourlifeyourvoice.org/Pages/home.aspx**. Remember, talking about suicide with a student does not put an idea of attempting suicide in a student's mind.

Additional contacts for tips on data use and prevention resources can be found in Appendix B.

APPENDIX A: Trend Data

Outcomes	Definition	Grade 8							Grade 10							Grade 12						
		2003	2005	2007	2010	2012	2014	**2016**	2003	2005	2007	2010	2012	2014	**2016**	2003	2005	2007	2010	2012	2014	**2016**
	Alcohol	42.1%	40.9%	34.3%	27.3%	20.3%	15.5%	21.0%	60.7%	60.9%	66.1%	43.4%	49.7%	40.1%	35.5%	73.1%	84.1%	78.5%	70.8%	59.3%	67.6%	63.6%
	Cigarettes	26.3%	17.9%	17.4%	12.0%	6.4%	10.7%	6.5%	44.7%	37.9%	35.5%	27.2%	30.1%	19.3%	16.0%	50.1%	53.3%	48.1%	40.6%	36.2%	36.5%	31.2%
	Smokeless tobacco	8.9%	10.8%	8.7%	12.1%	4.7%	4.0%	2.9%	20.2%	17.7%	16.1%	16.9%	19.9%	10.4%	9.1%	23.7%	30.7%	35.4%	29.2%	22.5%	28.3%	15.4%
	Marijuana[1]	6.7%	3.9%	1.4%	2.3%	1.3%	6.1%	4.7%	22.8%	17.9%	9.7%	15.9%	24.0%	13.3%	14.4%	30.7%	21.9%	19.0%	24.2%	26.5%	30.0%	30.5%
	LSD/other psychedelics	2.1%	0.0%	0.0%	0.6%	0.0%	0.3%	0.7%	3.1%	1.9%	1.6%	0.8%	0.6%	2.0%	2.6%	3.4%	3.0%	0.0%	3.3%	1.4%	4.4%	3.9%
	Cocaine/crack	2.3%	0.6%	0.0%	0.6%	0.0%	0.8%	0.2%	4.6%	2.0%	1.6%	1.8%	0.6%	1.1%	0.8%	4.0%	3.0%	0.0%	3.6%	2.6%	2.4%	2.9%
	Meth[2]	1.0%	0.6%	0.0%	0.6%	0.0%	0.5%	0.4%	5.8%	3.0%	0.0%	1.3%	1.1%	0.0%	0.8%	4.2%	1.8%	0.0%	1.7%	1.6%	1.4%	1.0%
	Inhalants	11.9%	14.0%	11.4%	2.8%	3.4%	2.5%	2.5%	16.3%	14.6%	11.3%	6.0%	3.3%	2.3%	2.9%	9.4%	11.8%	2.5%	5.3%	3.3%	1.4%	1.9%
	Steroids	NA	0.9%	2.9%	0.0%	0.0%	1.0%	0.2%	NA	1.0%	0.0%	0.8%	0.3%	0.3%	0.3%	NA	2.4%	1.3%	1.1%	0.9%	0.7%	0.7%
	Other performance-enhancing drugs	NA	0.3%	1.4%	0.6%	0.4%	1.0%	0.2%	NA	3.6%	6.5%	6.8%	3.6%	2.0%	3.4%	NA	13.6%	11.4%	10.0%	6.3%	5.8%	2.7%
	Prescription drugs[3]	NA	5.9%	4.3%	1.1%	0.8%	2.0%	0.4%	NA	12.1%	6.5%	6.0%	6.1%	4.5%	4.7%	NA	16.6%	5.1%	11.1%	9.9%	8.5%	8.7%
	Non-prescription drugs[4]	NA	NA	4.3%	0.6%	1.3%	1.5%	1.1%	NA	NA	3.2%	4.7%	3.9%	3.4%	2.9%	NA	NA	1.3%	5.3%	5.9%	5.5%	4.1%
	Alcohol	18.3%	14.6%	13.0%	8.6%	5.5%	4.6%	6.9%	31.0%	31.0%	24.2%	22.6%	18.6%	14.7%	15.6%	41.7%	45.0%	47.4%	36.3%	32.2%	39.7%	38.3%
	Binge drinking	NA[9]	NA[9]	5.7%	5.1%	1.7%	2.0%	0.9%	NA[9]	NA[9]	11.3%	15.8%	12.5%	6.8%	5.8%	NA[9]	NA[9]	38.5%	27.0%	20.8%	29.0%	18.6%
	Cigarettes	8.4%	4.6%	5.8%	2.9%	1.3%	3.3%	2.2%	21.1%	16.5%	9.7%	14.8%	11.4%	3.7%	7.6%	31.8%	25.4%	17.7%	17.8%	19.9%	16.7%	13.3%
	Smokeless tobacco	3.1%	4.2%	4.3%	6.9%	1.7%	2.8%	1.3%	7.9%	10.8%	11.3%	9.3%	6.1%	4.8%	6.0%	8.9%	12.4%	20.3%	17.2%	11.7%	15.7%	7.5%
	Marijuana[1]	2.8%	1.4%	0.0%	0.6%	0.4%	3.0%	2.0%	12.7%	6.8%	0.0%	8.1%	13.6%	5.9%	8.9%	15.5%	5.3%	2.5%	11.1%	11.1%	12.7%	16.1%
	Prescription drugs[3]	NA	3.0%	1.4%	1.1%	0.4%	1.3%	0.0%	NA	6.3%	3.2%	2.1%	3.0%	1.7%	2.9%	NA	8.4%	2.5%	4.2%	5.6%	3.4%	3.4%
Past 30 Day Perceived Substance Use	Other illegal drugs	NA[5]	NA[5]	NA[5]	1.5%	2.1%	7.0%	3.5%	NA[5]	NA[5]	NA[5]	12.7%	13.5%	12.1%	13.1%	NA[5]	NA[5]	NA[5]	13.8%	15.7%	16.0%	12.6%
	Smoked cigarettes	20.5%	15.6%	17.6%	8.5%	4.2%	6.9%	5.7%	23.5%	18.2%	24.2%	8.9%	13.7%	6.9%	6.5%	18.8%	15.3%	21.5%	9.2%	7.7%	8.6%	6.3%
	Drank alcohol	33.8%	29.5%	31.9%	22.2%	11.7%	10.6%	13.2%	24.6%	19.1%	22.6%	11.1%	13.7%	6.9%	8.6%	16.4%	17.6%	19.0%	7.6%	8.4%	9.6%	6.1%
	Drank alcohol regularly	5.1%	4.4%	0.0%	3.4%	0.4%	1.0%	1.4%	3.0%	2.6%	4.9%	0.5%	2.8%	1.7%	1.3%	1.9%	1.2%	1.3%	1.4%	0.9%	1.4%	0.5%
	Smoked marijuana	5.0%	1.4%	1.4%	1.1%	0.4%	2.1%	2.9%	6.1%	4.1%	4.8%	2.9%	3.1%	1.1%	2.1%	2.4%	0.6%	0.0%	1.9%	2.3%	2.4%	1.5%

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

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Outcomes	Definition	Grade 8							Grade 10							Grade 12						
		2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
	Grades were A's and B's	NA	NA	82.4%	78.0%	80.7%	89.3%	89.5%	NA	NA	76.7%	80.4%	77.0%	84.0%	81.3%	NA	NA	76.6%	83.7%	83.0%	79.9%	79.2%
	Interesting courses	29.5%	51.1%	51.4%	27.7%	33.6%	39.5%	36.7%	30.1%	42.3%	33.9%	30.5%	29.0%	30.6%	25.5%	27.0%	37.1%	43.0%	38.1%	39.9%	36.1%	27.5%
	Learning important for future	65.7%	74.3%	68.6%	70.5%	69.9%	68.8%	70.0%	53.3%	54.7%	69.4%	56.2%	58.1%	46.9%	47.5%	44.2%	46.5%	51.9%	55.8%	47.8%	44.9%	42.3%
	Enjoy being in school	48.0%	54.5%	52.9%	40.6%	42.4%	55.2%	47.0%	40.1%	37.0%	45.2%	36.4%	41.8%	37.7%	32.5%	37.9%	30.2%	39.2%	38.8%	42.5%	34.7%	27.2%
	Teacher acknowledgement[6]	NA	NA	NA	73.0%	70.5%	73.5%	78.3%	NA	NA	NA	68.2%	62.2%	59.2%	73.0%	NA	NA	NA	71.3%	68.1%	59.8%	67.7%
	Chances to get involved[6]	94.7%	96.0%	100.0%	94.3%	95.4%	95.9%	94.2%	96.7%	97.8%	96.8%	95.8%	95.3%	94.8%	95.5%	94.0%	95.9%	98.7%	95.3%	96.5%	96.2%	93.9%
	Chances to talk with teachers[6]	88.0%	90.3%	92.9%	85.2%	81.9%	84.4%	85.2%	87.2%	86.1%	98.4%	82.7%	80.8%	83.7%	81.3%	89.6%	90.6%	89.9%	83.4%	85.3%	88.0%	85.4%
	Feel safe[6]	NA	NA	NA	89.5%	89.3%	90.0%	87.2%	NA	NA	NA	85.6%	87.1%	87.8%	81.9%	NA	NA	NA	88.9%	89.7%	92.4%	87.1%
	Okay to cheat[6]	25.1%	15.1%	14.5%	16.5%	8.4%	9.2%	10.6%	34.9%	32.2%	21.0%	22.3%	22.7%	22.5%	23.9%	39.9%	50.0%	43.0%	31.3%	26.3%	26.7%	35.9%
	Parents know where I am[6,7]	89.7%	90.9%	90.0%	90.3%	94.1%	95.4%	90.0%	90.6%	85.3%	91.9%	91.3%	86.6%	93.2%	89.4%	81.4%	79.2%	83.5%	85.4%	89.3%	85.1%	89.4%
	Clear substance use rules[6]	92.9%	92.1%	92.8%	90.9%	96.6%	94.4%	92.0%	90.9%	87.5%	90.2%	91.3%	89.4%	93.2%	86.4%	88.0%	84.3%	92.3%	88.5%	91.9%	91.3%	86.2%
	Help for personal problems[6,7]	84.0%	82.2%	81.4%	84.0%	87.3%	87.2%	85.4%	77.1%	79.9%	80.6%	81.1%	78.7%	79.9%	79.5%	80.2%	78.1%	91.1%	78.2%	79.6%	75.8%	82.5%
	Ask about homework[6,7]	89.9%	91.1%	91.4%	90.3%	91.9%	90.5%	89.4%	85.3%	76.4%	88.7%	81.4%	82.1%	83.6%	81.0%	73.9%	65.5%	72.2%	70.5%	68.9%	73.4%	79.8%
	Important to be honest with parents[6,7]	92.7%	92.9%	92.9%	89.7%	96.6%	92.9%	91.1%	87.7%	86.1%	98.4%	89.9%	86.4%	88.7%	87.6%	90.1%	82.5%	91.1%	89.4%	91.0%	88.2%	86.4%
	Discussed dangers of alcohol[7]	NA	NA	NA	50.6%	53.8%	60.3%	47.6%	NA	NA	NA	53.6%	44.8%	48.6%	41.5%	NA	NA	NA	48.6%	41.8%	41.3%	38.5%
	Hard to buy alcohol from store	NA	NA	NA	87.7%	88.4%	81.2%	87.1%	NA	NA	NA	79.1%	76.6%	82.0%	80.5%	NA	NA	NA	81.9%	75.8%	76.7%	80.5%
	Caught by police if drinking[6,8]	40.7%	51.3%	38.6%	NA	46.2%	58.8%	63.3%	24.7%	28.5%	24.2%	NA	35.0%	33.2%	48.0%	22.5%	17.3%	22.8%	NA	34.1%	32.9%	35.7%
	Caught by police if drinking and driving[6,8]	NA	NA	NA	NA	74.2%	77.6%	76.1%	NA	NA	NA	NA	66.7%	63.7%	73.9%	NA	NA	NA	NA	63.8%	56.7%	68.4%
	Caught by police if smoking marijuana[6,8]	53.0%	64.8%	45.7%	NA	66.9%	69.1%	70.7%	35.4%	41.3%	38.7%	NA	44.1%	47.0%	57.5%	26.8%	26.5%	22.8%	NA	38.3%	33.9%	39.1%
	Adults I can talk to[6]	71.2%	80.5%	65.7%	NA	63.2%	71.0%	65.5%	60.5%	72.1%	60.7%	NA	55.6%	61.1%	56.5%	57.1%	75.4%	73.4%	NA	63.9%	56.4%	54.5%
	Okay to steal[6]	9.7%	5.4%	8.7%	6.9%	2.9%	1.5%	2.5%	13.0%	12.0%	3.2%	7.0%	7.8%	4.3%	6.0%	11.9%	13.6%	3.8%	6.6%	4.2%	4.1%	5.6%
	Okay to beat people up[6]	37.1%	26.2%	18.8%	32.0%	27.4%	22.6%	27.5%	45.2%	38.2%	43.5%	36.8%	45.4%	36.7%	37.8%	50.5%	39.4%	44.3%	38.2%	33.1%	37.1%	39.1%
	Gang involvement	9.5%	7.3%	12.9%	4.2%	3.1%	2.7%	3.8%	6.1%	4.4%	6.5%	6.1%	5.6%	4.1%	2.1%	3.1%	2.4%	5.2%	3.1%	3.2%	1.8%	1.5%

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Notes

**This indicates that there were less than 10 cases.*
***This indicates that the criteria for a report were not met.*
[1]Prior to 2010, the question asked students if they had "used marijuana (grass, pot) or hashish (hash, hash oil)." In 2010, the wording was changed to "used marijuana."
[2]Prior to 2010, the question asked students if they had "taken 'meth' (also known as 'crank', 'crystal', or 'ice'." In 2010, the wording was changed to "used methamphetamines (meth, speed, crank, crystal meth, or ice)."
[3]Prior to 2010, the question asked students if they had "used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycotin, or sleeping pills without a doctor telling you to take them." In 2010, the wording was changed to "used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycotin, Vicodin, or Percocet) without a doctor telling you to take them."
[4]Prior to 2010, the question asked students if they had "used a non-prescription cough or cold medicine (robos, DMX, etc.) to get high and not for medical reasons." In 2010, the wording was changed to "used a non-prescription cough or cold medicine (robo, robo-tripping, DMX) to get high and not for medical reasons."
[5]In 2010, this question was changed significantly. As a result, trend data are not available prior to 2010.
[6]Prior to 2016, the question was asked using the following scale: NO!, no, yes, YES!. In 2016, the question scale changed to the following: Strongly disagree, Disagree, Agree, Strongly agree.
[7]Prior to 2016, the question asked students about their "parents" or "mom or dad". In 2016, the wording was changed to "parents or caregivers".
[8]Prior to 2016, the question asked students "Would a kid be caught by police, if he or she:". In 2016, the wording was changed to "You would be caught by the police if you:".
[9]Prior to 2007, the question asked students about binge drinking "during the past 2 weeks". In 2007, the wording was changed to ask students about binge drinking "during the past 30 days". Because of this difference, trend data are not available prior to 2007.

Note. The number of students and/or school districts included from year to year could vary due to schools participating in some administrations and not others. As a result, these trend findings should be approached with some caution.

APPENDIX B: Contacts for Prevention

Division of Behavioral Health
Nebraska Department of Health and Human Services
Renee Faber, Behavioral Health Services Manager
renee.faber@nebraska.gov
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-7772 phone
(402) 471-7859 fax
http://www.dhhs.ne.gov/Behavioral_Health/

Tobacco Free Nebraska
Nebraska Department of Health and Human Services
Amanda Mortensen
Tobacco Free Nebraska Program Manager
amanda.mortensen@nebraska.gov
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-9270 phone
(402) 471-6446 fax
www.dhhs.ne.gov/tfn

Nebraska Department of Education
Chris Junker, Safe and Healthy Schools Coordinator
chris.junker@nebraska.gov
123 N. Marian Road
Hastings, NE 68901
(402) 462-4187 ext. 166 phone
(402) 460-4773 fax
www.education.ne.gov

Nebraska Department of Highway Safety
Fred Zwonechek, Administrator
Fred.Zwonechek@nebraska.gov
5001 S. 14th Street
P.O. Box 94612
Lincoln, NE 68509
(402) 471-2515 phone
(402) 471-3865 fax
http://www.transportation.nebraska.gov/nohs/

This report was prepared for the State of Nebraska by the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln.
bosr@unl.edu
907 Oldfather Hall
P.O. Box 880325
Lincoln, NE 68588-0325
http://bosr.unl.edu

For information about SHARP and/or the NRPFSS:

Kim Meiergerd, SHARP Project Manager
Bureau of Sociological Research
University of Nebraska-Lincoln
kmeiergerd2@unl.edu
(402) 472-3692 phone
(402) 472-4568 fax
http://bosr.unl.edu/sharp

David DeVries
Epidemiological Surveillance Coordinator
Division of Behavioral Health
Nebraska Department of Health and Human Services
david.devries@nebraska.gov
(402) 471-7793 phone
(402) 471-7859 fax

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Appendix #6 - Nebraska Risk and Protective Student Survey – Adams County – not included

Appendix #7 - Nebraska Risk and Protective Student Survey – Webster County – not included

Brodstone Memorial Hospital

Community Needs Assessment

Community Health Improvement Plan

Appendix #8 - Nebraska Risk and Protective Student Survey Results for 2016 – Nuckolls County

Nebraska Risk and Protective Factor Student Survey Results for 2016

Profile Report:

Nuckolls County

Sponsored by:
Nebraska Department of Health and Human Services
Division of Behavioral Health

Administered by:
Bureau of Sociological Research
University of Nebraska-Lincoln

NRPFSS is part of the Student Health and Risk Prevention (SHARP) Surveillance System that administers surveys to youth enrolled in Nebraska schools

Table of Contents

Introduction and Overview

This report summarizes the findings from the 2016 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2016 survey represents the seventh implementation of the NRPFSS and the fourth implementation of the survey under the Nebraska Student Health and Risk Prevention (SHARP) Surveillance System. SHARP consists of the coordinated administration of three school-based student health surveys in Nebraska, including the NRPFSS, the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). The Nebraska SHARP Surveillance System is administered by the Nebraska Department of Health and Human Services and the Nebraska Department of Education through a contract with the Bureau of Sociological Research at the University of Nebraska-Lincoln. For more information on the Nebraska SHARP Surveillance System please visit http://bosr.unl.edu/sharp.

As a result of the creation of SHARP and its inclusion of the NRPFSS, the administration schedule shifted from the fall of odd calendar years to the fall of even calendar years. The first three administrations of the NRPFSS occurred during the fall of 2003, 2005, and 2007, while the fourth administration occurred during the fall of 2010, leaving a three-year gap (rather than the usual two-year gap) between the most recent administrations. The 2012, 2014, and 2016 administrations also occurred during the fall, as will future administrations, taking place during even calendar years (i.e., every two years).

The NRPFSS targets Nebraska students in grades 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the NRPFSS is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate. Therefore data presented in this report are not to be considered a representative statewide sample. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective measures that predict adolescent problem behaviors. The NRPFSS is adapted from a national, scientifically-validated survey and contains information on risk and protective measures that are locally actionable. These risk and protective measures are also highly correlated with substance abuse as well as delinquency, teen pregnancy, school dropout, and violence. Along with other locally attainable sources of information, the information from the NRPFSS can aid schools and community groups in planning and implementing local prevention initiatives to improve the health and academic performance of their youth.

Table 1.1 provides information on the student participation rate for Nuckolls County and the state as a whole. The participation rate represents the percentage of all eligible students who took the survey. If 60 percent or more of the students participated, the report is generally a good indicator of the levels of substance use, risk, protection, and delinquent behavior in Nuckolls County. If fewer than 60.0 percent participated, a review of who participated should be completed prior to generalizing the results to your entire student population.

2016 NRPFSS Sponsored by:

The 2016 NRPFSS is sponsored by Grant #5U79SP020162-04 under the Strategic Prevention Framework Partnerships for Success Grant for the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention through the Nebraska Department of Health and Human Services Division of Behavioral Health.

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The Bureau of Sociological Research (BOSR) at the University of Nebraska – Lincoln (UNL) collected the NRPFSS data for this administration as well as the 2010, 2012, and 2014 administrations. As part of BOSR's commitment to high quality data, BOSR is a member of the American Association of Public Opinion Researchers (AAPOR) Transparency Initiative. As part of this initiative, BOSR pledges to provide certain methodological information whenever data are collected. This information as it relates to the NRPFSS is available on BOSR's website (www.bosr.unl.edu/sharp).

Table 1.1. Survey Participation Rates, 2016

	Nuckolls County 2016			State 2016		
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated
Grade						
8th	66	74	89.2%	10803	25792	41.9%
10th	63	72	87.5%	9580	25029	38.3%
12th	72	90	80.0%	8327	25541	32.6%
Total	201	236	85.2%	28710	76362	37.6%

Note. The grade-specific participation rates presented within this table consist of the number of students who completed the NRPFSS divided by the total number of students enrolled within the participating schools. For schools that were also selected to participate in the YRBS or YTS, the participation rate may be adjusted if students were only allowed to participate in one survey. In these cases, the number of students who completed the NRPFSS is divided by the total number of students enrolled that were not eligible to participate in the YRBS or YTS.

Again, the goal of the NRPFSS is to collect school district and community-level data and not to collect representative state data. However, state data provide insight into the levels of substance use, risk, protection, and delinquent behavior among all students in Nebraska. In 2016, 37.6 percent of the eligible Nebraska students in grades 8, 10, and 12 participated in the NRPFSS.

The 2016 participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution. Failure to obtain a high participation rate statewide is, in part, due to low levels of participation within Douglas and Sarpy Counties, which combined had a 17.2% participation rate in 2016 compared to 51.3% for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2016 survey within Nuckolls County and the state overall.

Table 1.2. Participant Characteristics, 2016

	Nuckolls County 2016		State 2016	
	n	%	n	%
Total students	201		28940	
Grade				
8th	66	32.8%	10803	37.3%
10th	63	31.3%	9580	33.1%
12th	72	35.8%	8327	28.8%
Unknown	0	0.0%	230	0.8%
Gender				
Male	103	51.2%	14737	50.9%
Female	98	48.8%	14129	48.8%
Unknown	0	0.0%	74	0.3%
Race/Ethnicity				
Hispanic*	14	7.0%	4702	16.2%
African American	0	0.0%	953	3.3%
Asian	0	0.0%	587	2.0%
American Indian	4	2.0%	783	2.7%
Pacific Islander	2	1.0%	88	0.3%
Alaska Native	0	0.0%	35	0.1%
White	181	90.0%	21376	73.9%
Other	0	0.0%	341	1.2%
Unknown	0	0.0%	75	0.3%

*Notes. *Hispanic can be of any race. In columns, n=number or frequency and %=percentage of distribution.*

Overview of Report Contents

The report is divided into the following three sections: (1) substance use; (2) violence, bullying, and mental health; and (3) feelings and experiences at home, school, and in the community. Within each section, highlights of the 2016 survey data for Nuckolls County are presented along with state and national estimates, when available.

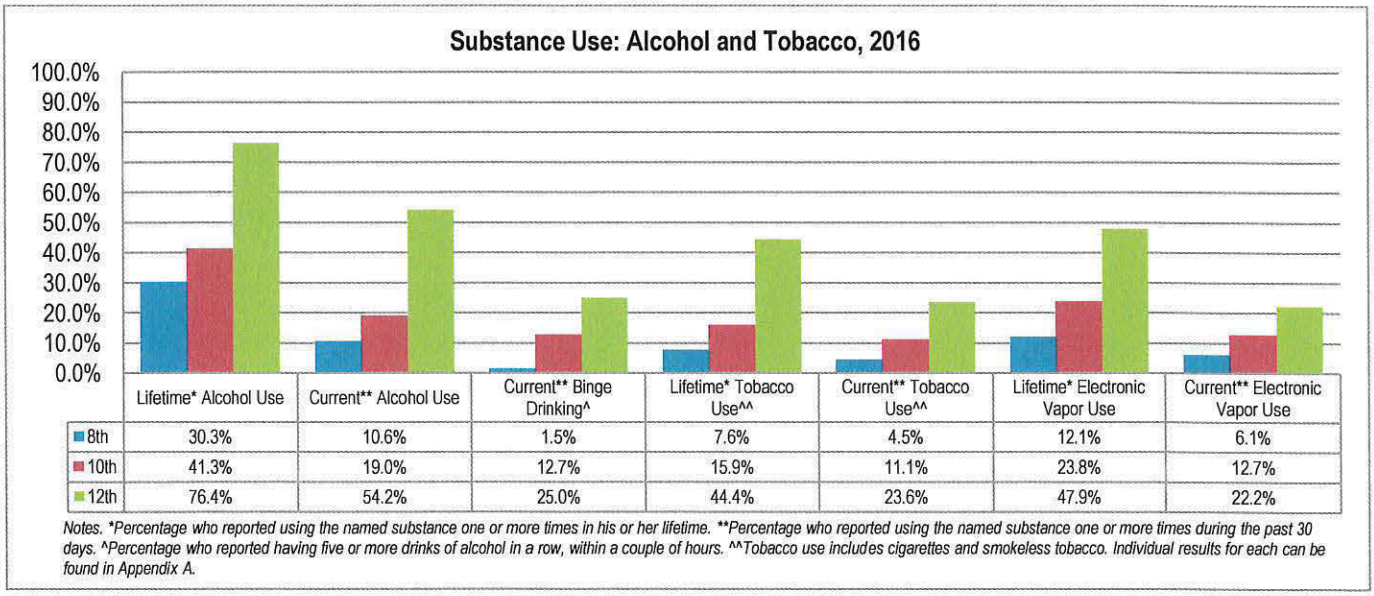
When there are less than 10 survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. However, those respondents are included in regional- and state-level results. Furthermore, if a grade level has 10 or more respondents but an individual question or sub-group presented in this report has less than 10 respondents then results for the individual item or sub-group are not reported.

A number of honesty measures were also created to remove students who may not have given the most honest answers. These measures included reporting use of a fictitious drug, using a substance during the past 30 days but not in one's lifetime, answering that the student was not at all honest when filling out the survey, and providing an age and grade combination that are highly unlikely. Students whose answers were in question for any one of these reasons were excluded from reporting. For Nuckolls County, five students met these criteria.

Substance Use

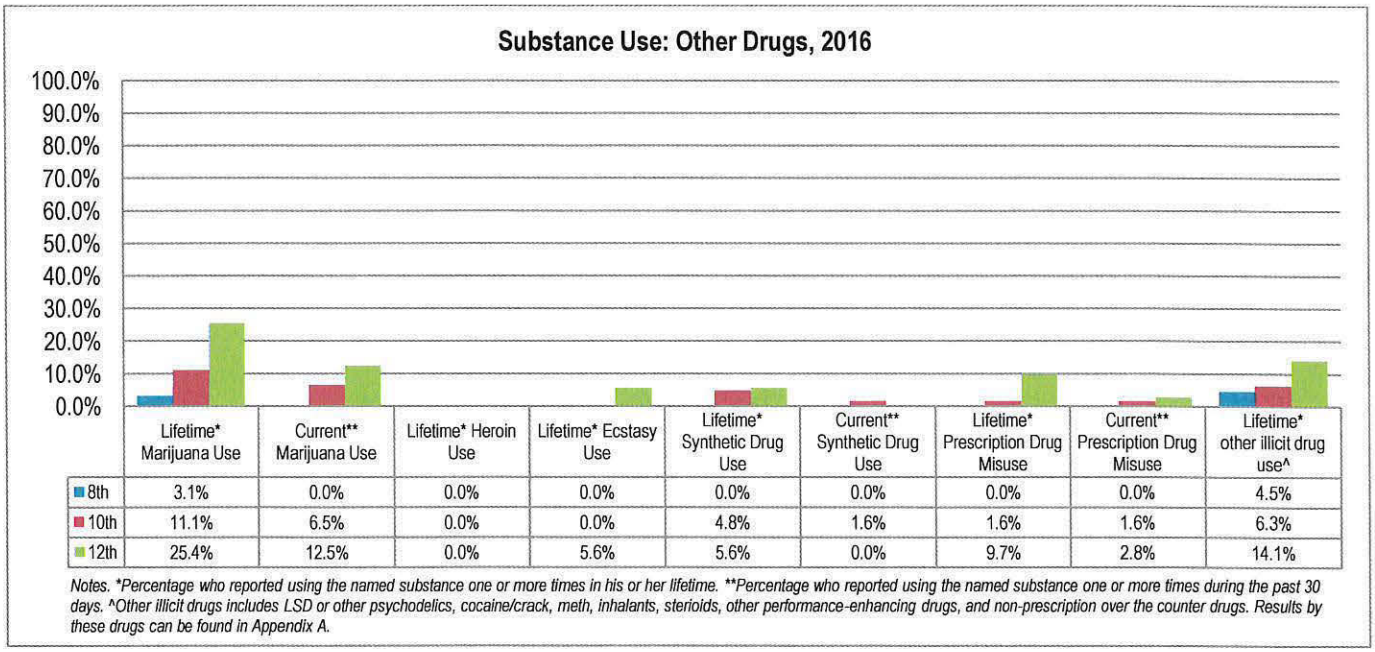
This section contains information on the use of alcohol, tobacco, and other drugs among 8th, 10th, and 12th grade students in Nebraska. In addition, there is information on the sources and places of use, attitudes and perceptions, sources for help with problems, and awareness of prevention messages. To provide greater context for the results from Nuckolls County, overall state and national results are presented when available. As discussed earlier, the state results are not to be considered a representative statewide sample. The national data source is the Monitoring the Future survey, administered by the Institute for Social Research at the University of Michigan and sponsored by the National Institute on Drug Abuse and National Institutes of Health.

Substance Use



	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
8th	30.3%	10.6%	1.5%	7.6%	4.5%	12.1%	6.1%
10th	41.3%	19.0%	12.7%	15.9%	11.1%	23.8%	12.7%
12th	76.4%	54.2%	25.0%	44.4%	23.6%	47.9%	22.2%

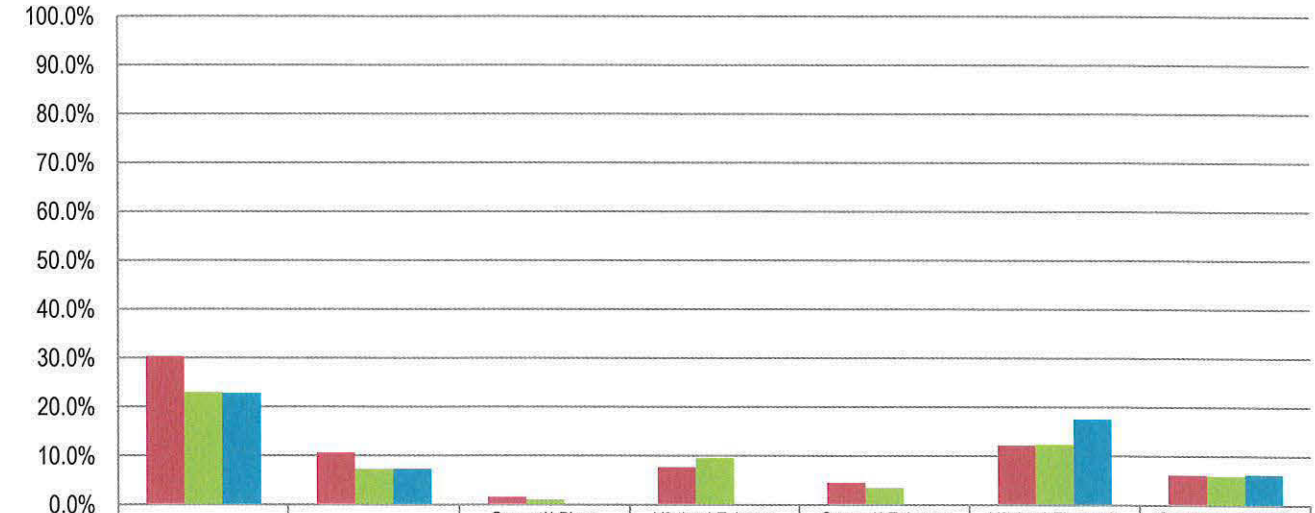
*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
8th	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%
10th	11.1%	6.5%	0.0%	0.0%	4.8%	1.6%	1.6%	1.6%	6.3%
12th	25.4%	12.5%	0.0%	5.6%	5.6%	0.0%	9.7%	2.8%	14.1%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, sterioids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*

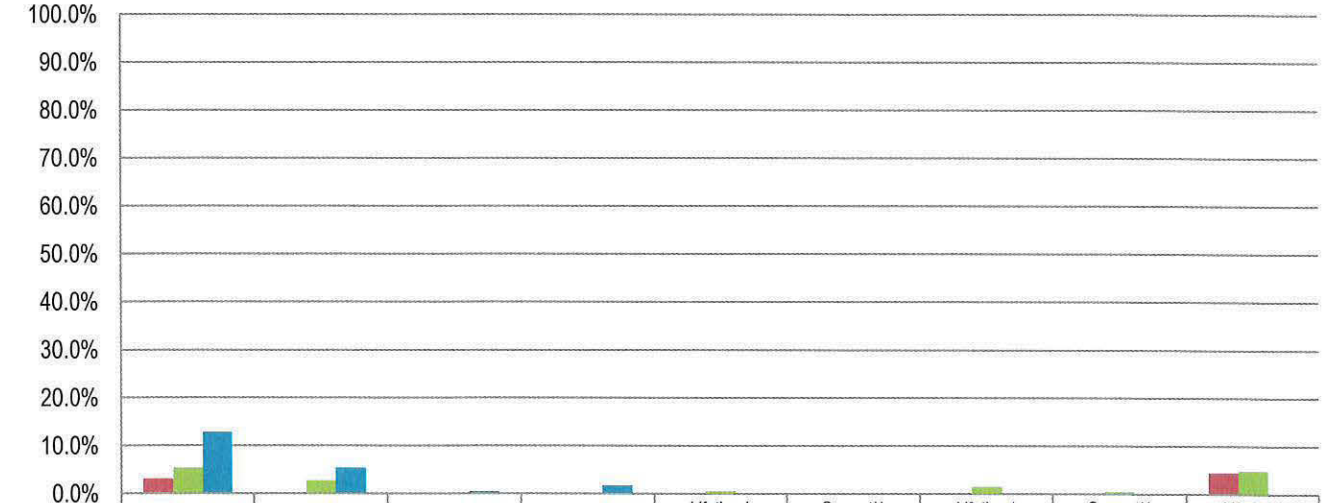
8th Grade Substance Use: Alcohol and Tobacco, 2016



	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
Report Level	30.3%	10.6%	1.5%	7.6%	4.5%	12.1%	6.1%
State	23.0%	7.3%	1.0%	9.5%	3.5%	12.4%	6.0%
Nation	22.8%	7.3%				17.5%	6.2%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*

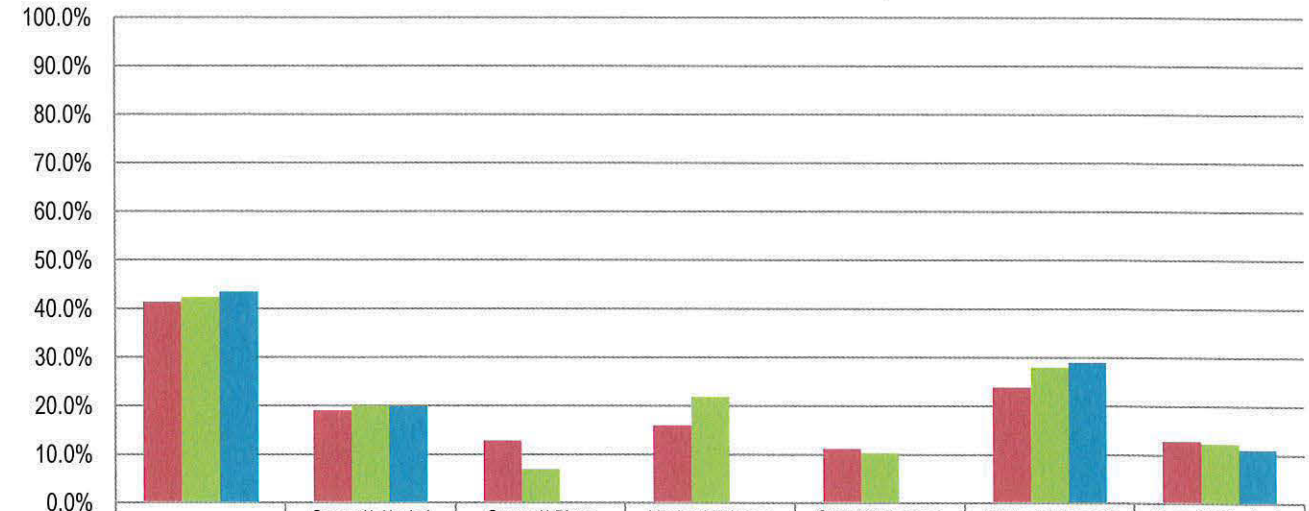
8th Grade Substance Use: Other Drugs, 2016



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
Report Level	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%
State	5.4%	2.8%	0.1%	0.1%	0.6%	0.2%	1.6%	0.5%	4.9%
Nation	12.8%	5.4%	0.5%	1.7%					

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, steriolds, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*

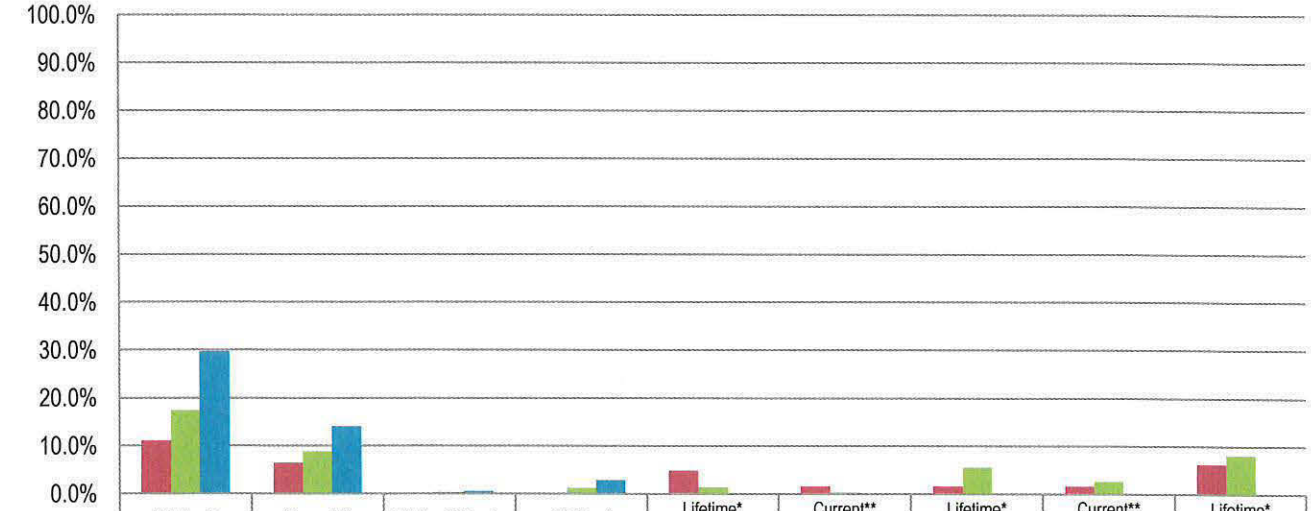
10th Grade Substance Use: Alcohol and Tobacco, 2016



	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
Report Level	41.3%	19.0%	12.7%	15.9%	11.1%	23.8%	12.7%
State	42.3%	20.0%	6.9%	21.8%	10.3%	28.0%	12.3%
Nation	43.4%	19.9%				29.0%	11.0%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*

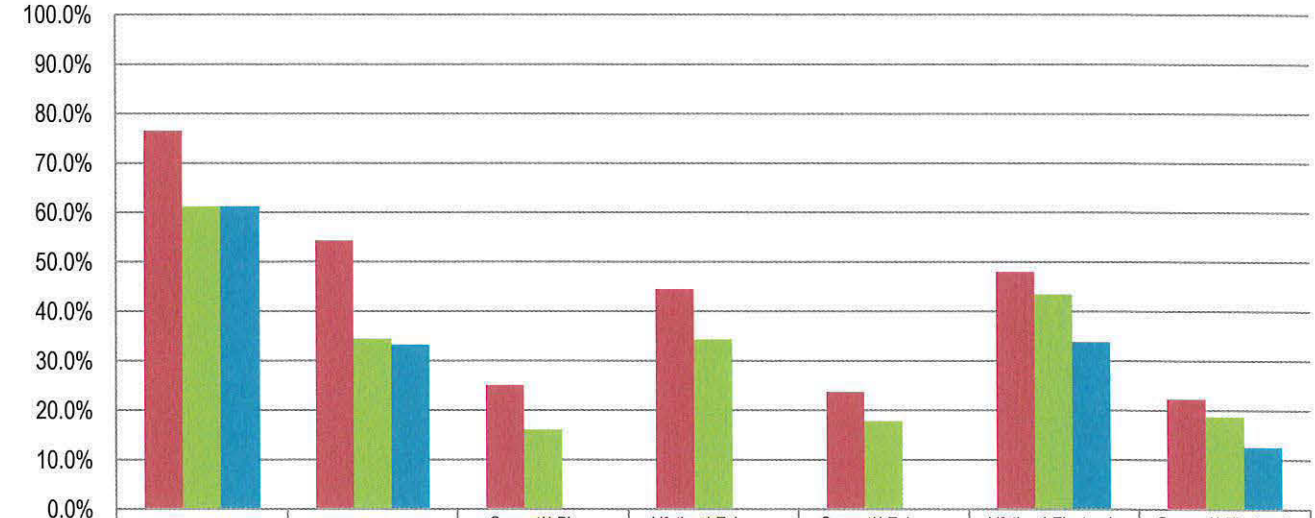
10th Grade Substance Use: Other Drugs, 2016



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
Report Level	11.1%	6.5%	0.0%	0.0%	4.8%	1.6%	1.6%	1.6%	6.3%
State	17.4%	8.8%	0.3%	1.2%	1.4%	0.3%	5.6%	2.6%	8.1%
Nation	29.7%	14.0%	0.6%	2.8%					

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, sterioids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*

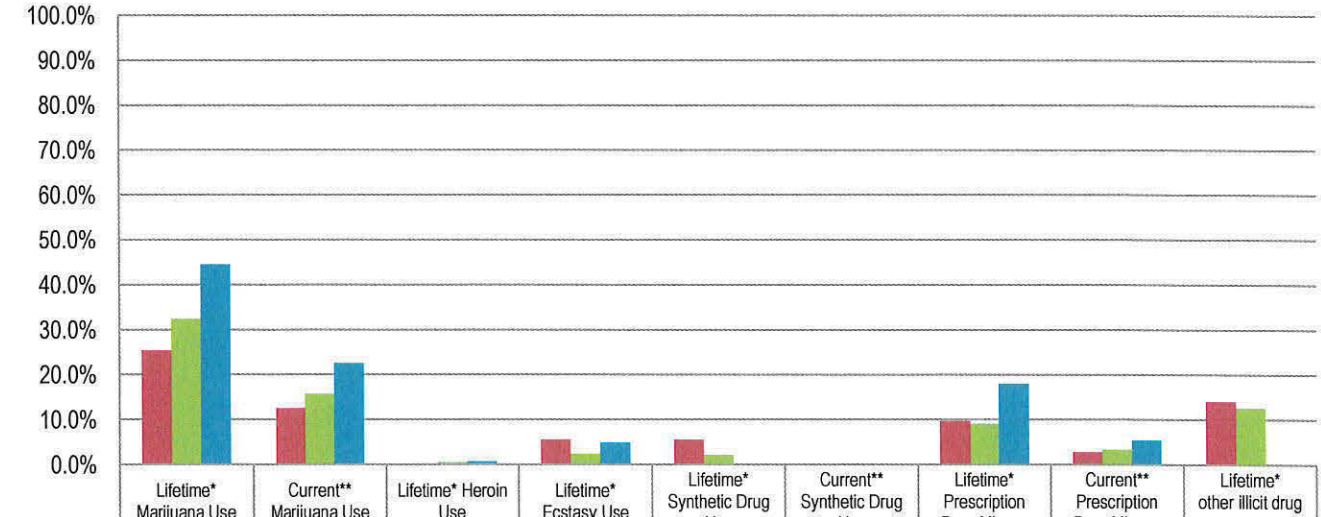
12th Grade Substance Use: Alcohol and Tobacco, 2016



	Lifetime* Alcohol Use	Current** Alcohol Use	Current** Binge Drinking^	Lifetime* Tobacco Use^^	Current** Tobacco Use^^	Lifetime* Electronic Vapor Use	Current** Electronic Vapor Use
Report Level	76.4%	54.2%	25.0%	44.4%	23.6%	47.9%	22.2%
State	61.2%	34.4%	16.1%	34.3%	17.8%	43.4%	18.7%
Nation	61.2%	33.2%				33.8%	12.5%

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.*

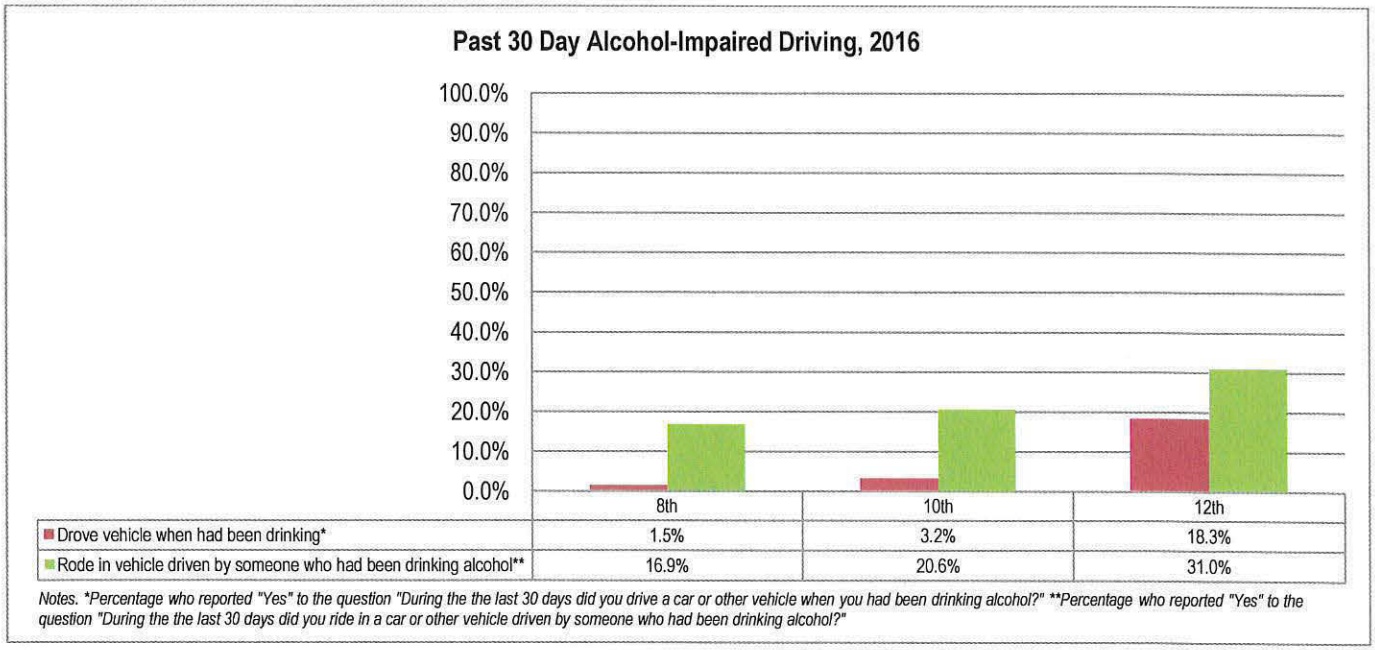
12th Grade Substance Use: Other Drugs, 2016



	Lifetime* Marijuana Use	Current** Marijuana Use	Lifetime* Heroin Use	Lifetime* Ecstasy Use	Lifetime* Synthetic Drug Use	Current** Synthetic Drug Use	Lifetime* Prescription Drug Misuse	Current** Prescription Drug Misuse	Lifetime* other illicit drug use^
Report Level	25.4%	12.5%	0.0%	5.6%	5.6%	0.0%	9.7%	2.8%	14.1%
State	32.4%	15.7%	0.5%	2.4%	2.2%	0.3%	9.1%	3.4%	12.7%
Nation	44.5%	22.5%	0.7%	4.9%			18.0%	5.4%	

*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychodelics, cocaine/crack, meth, inhalants, steriods, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.*

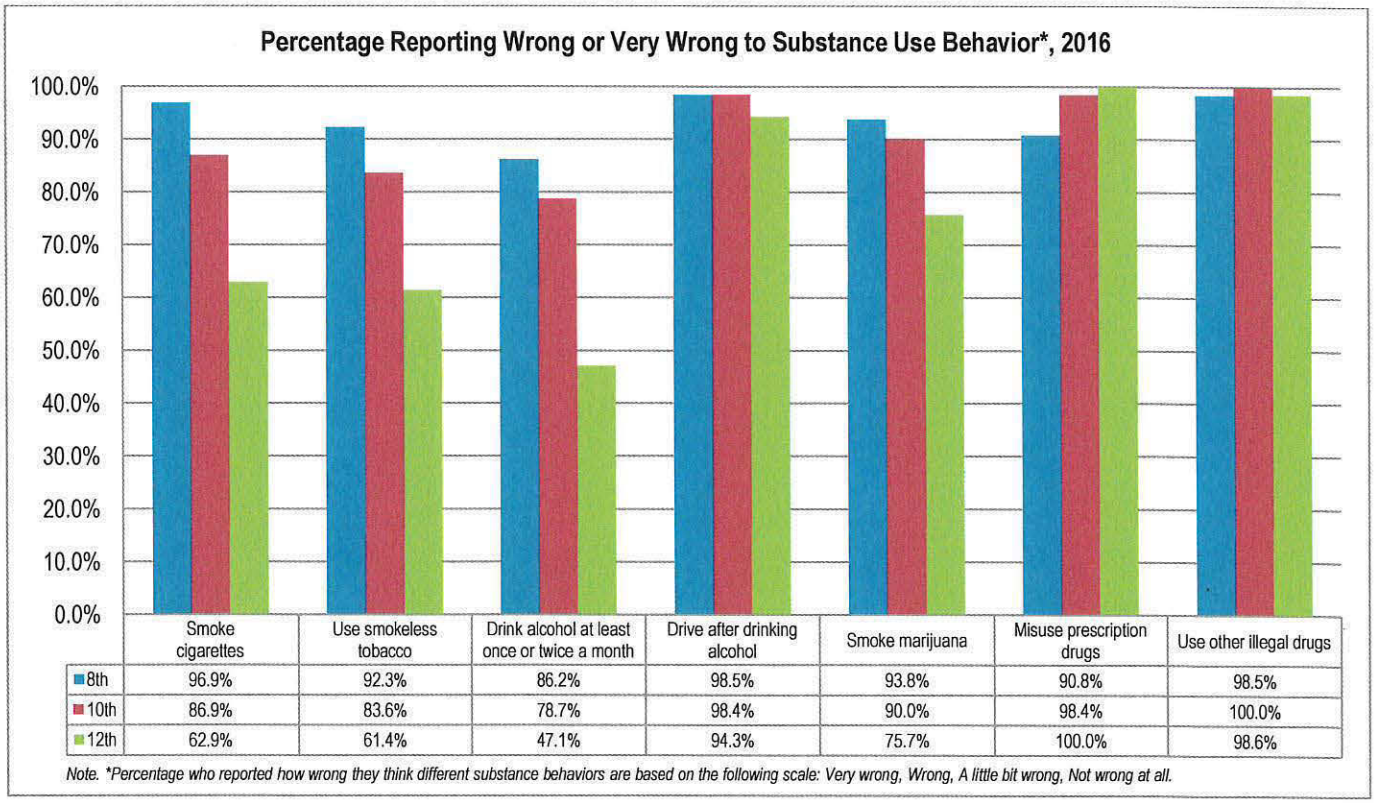
Past 30 Day Alcohol-Impaired Driving



	8th	10th	12th
Drove vehicle when had been drinking*	1.5%	3.2%	18.3%
Rode in vehicle driven by someone who had been drinking alcohol**	16.9%	20.6%	31.0%

*Notes. *Percentage who reported "Yes" to the question "During the the last 30 days did you drive a car or other vehicle when you had been drinking alcohol?" **Percentage who reported "Yes" to the question "During the the last 30 days did you ride in a car or other vehicle driven by someone who had been drinking alcohol?"*

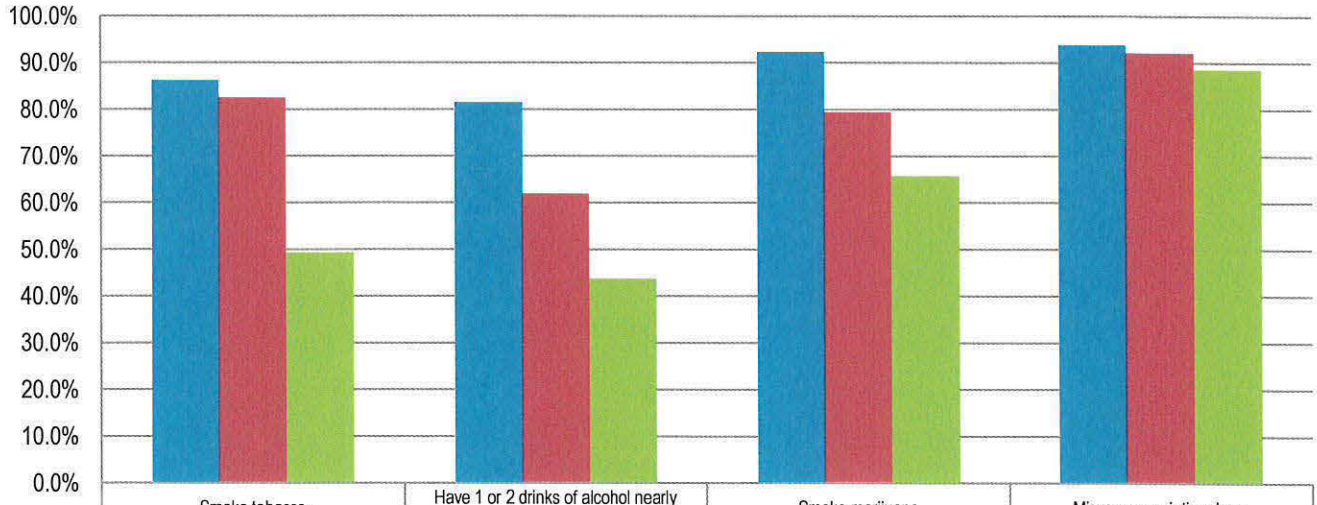
Attitudes toward Substance Use



	Smoke cigarettes	Use smokeless tobacco	Drink alcohol at least once or twice a month	Drive after drinking alcohol	Smoke marijuana	Misuse prescription drugs	Use other illegal drugs
8th	96.9%	92.3%	86.2%	98.5%	93.8%	90.8%	98.5%
10th	86.9%	83.6%	78.7%	98.4%	90.0%	98.4%	100.0%
12th	62.9%	61.4%	47.1%	94.3%	75.7%	100.0%	98.6%

*Note. *Percentage who reported how wrong they think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.*

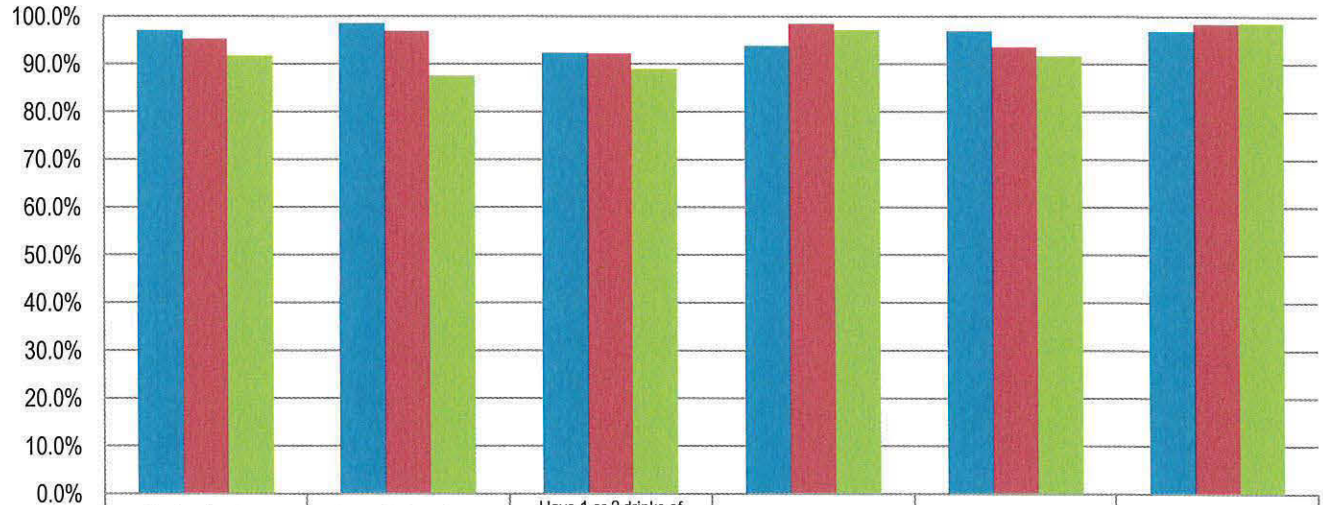
Percentage Reporting Peer Wrong or Very Wrong to Substance Use Behavior*, 2016



	Smoke tobacco	Have 1 or 2 drinks of alcohol nearly every day	Smoke marijuana	Misuse prescription drugs
8th	86.2%	81.5%	92.3%	93.8%
10th	82.5%	61.9%	79.4%	92.1%
12th	49.3%	43.7%	65.7%	88.6%

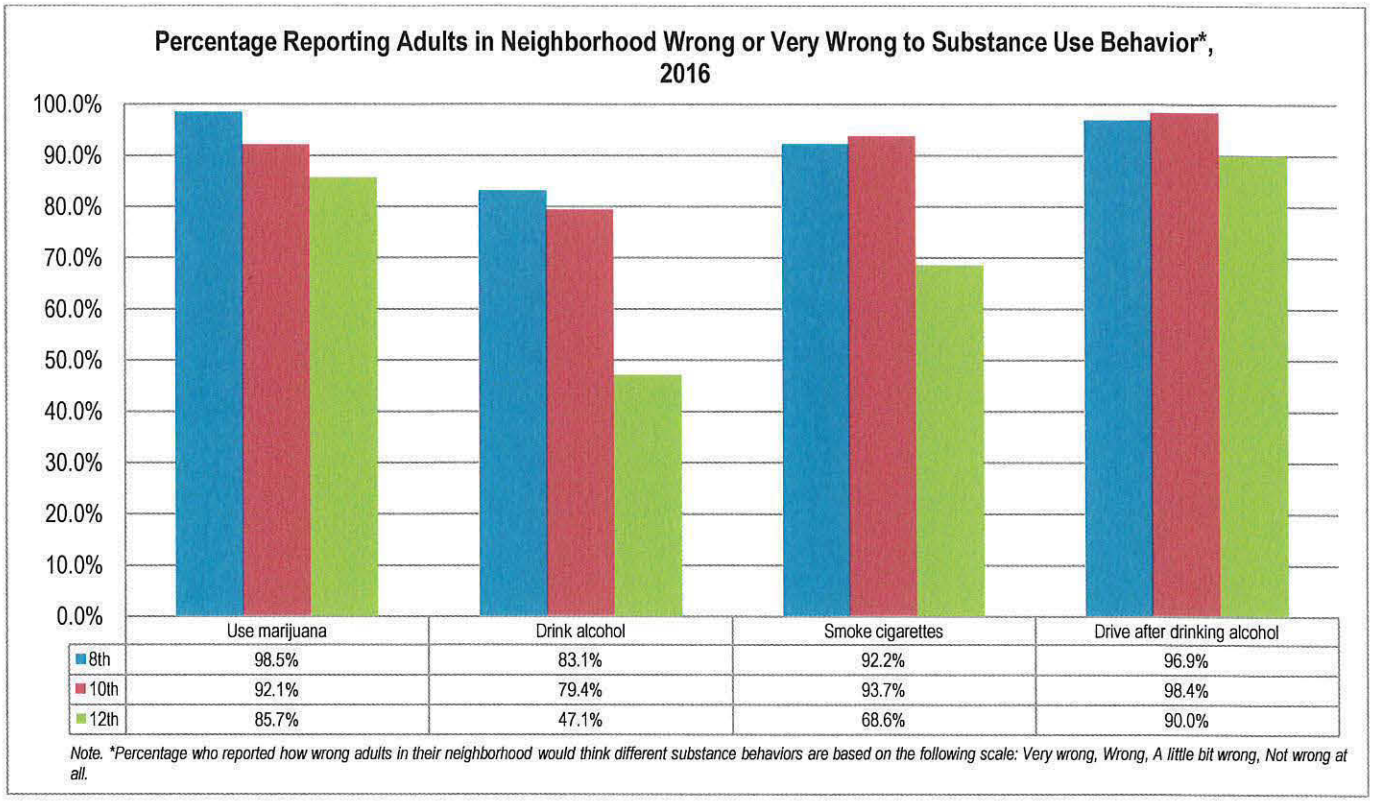
*Note. *Percentage who reported how wrong their friends would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.*

Percentage Reporting Parent Wrong or Very Wrong to Substance Use Behavior*, 2016



	Smoke cigarettes	Use smokeless tobacco	Have 1 or 2 drinks of alcohol nearly every day	Drive after drinking alcohol	Smoke marijuana	Misuse prescription drugs
8th	97.0%	98.5%	92.3%	93.8%	96.9%	96.9%
10th	95.2%	96.8%	92.1%	98.4%	93.5%	98.4%
12th	91.7%	87.5%	88.9%	97.2%	91.7%	98.6%

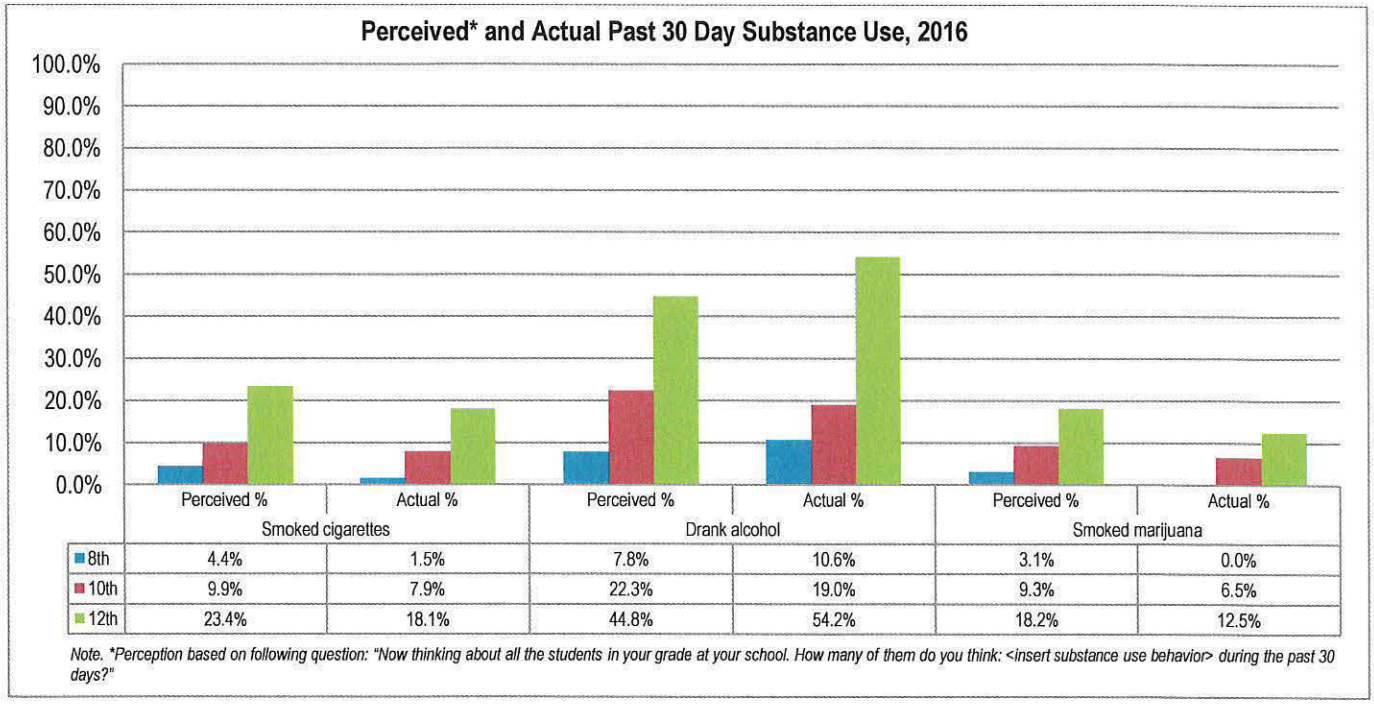
*Note. *Percentage who reported how wrong their parents would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.*



	Use marijuana	Drink alcohol	Smoke cigarettes	Drive after drinking alcohol
8th	98.5%	83.1%	92.2%	96.9%
10th	92.1%	79.4%	93.7%	98.4%
12th	85.7%	47.1%	68.6%	90.0%

*Note. *Percentage who reported how wrong adults in their neighborhood would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.*

Perceived and Actual Substance Use during the Past 30 Days

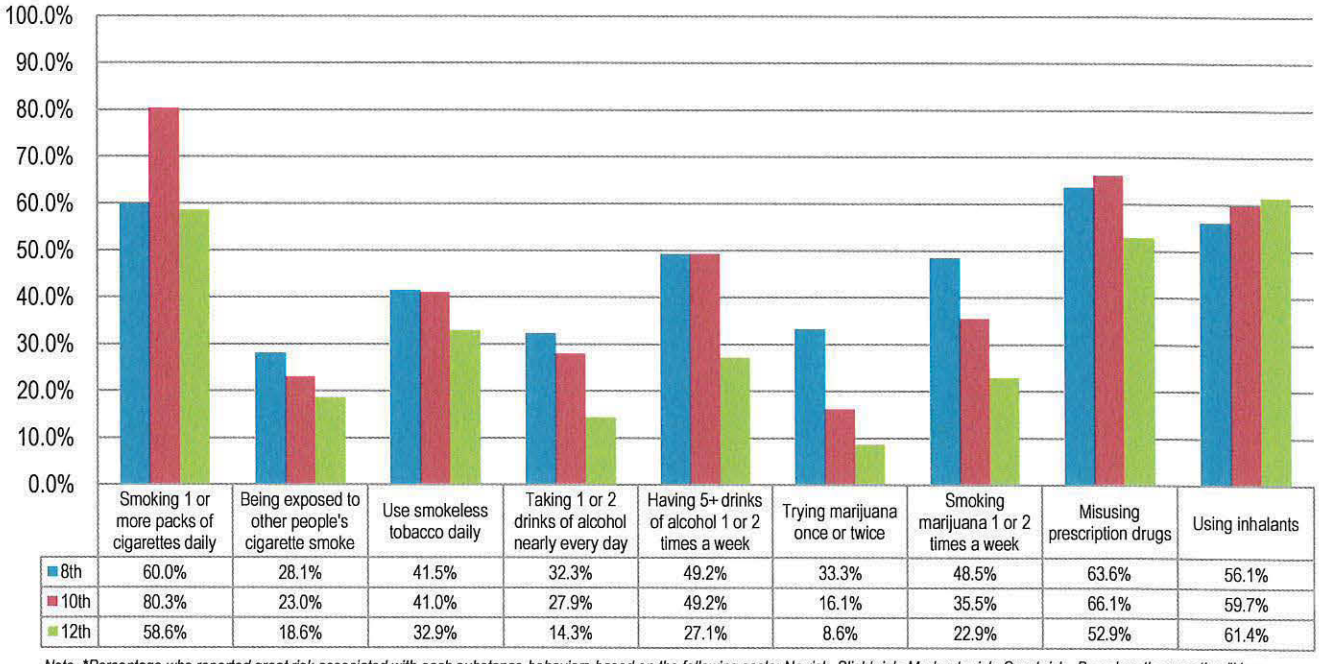


	Smoked cigarettes		Drank alcohol		Smoked marijuana	
	Perceived %	Actual %	Perceived %	Actual %	Perceived %	Actual %
8th	4.4%	1.5%	7.8%	10.6%	3.1%	0.0%
10th	9.9%	7.9%	22.3%	19.0%	9.3%	6.5%
12th	23.4%	18.1%	44.8%	54.2%	18.2%	12.5%

*Note. *Perception based on following question: "Now thinking about all the students in your grade at your school. How many of them do you think: <insert substance use behavior> during the past 30 days?"*

Perceived Risk from Substance Use

Percentage Reporting that the Following Substance Use Behaviors Place People at Great Risk*, 2016

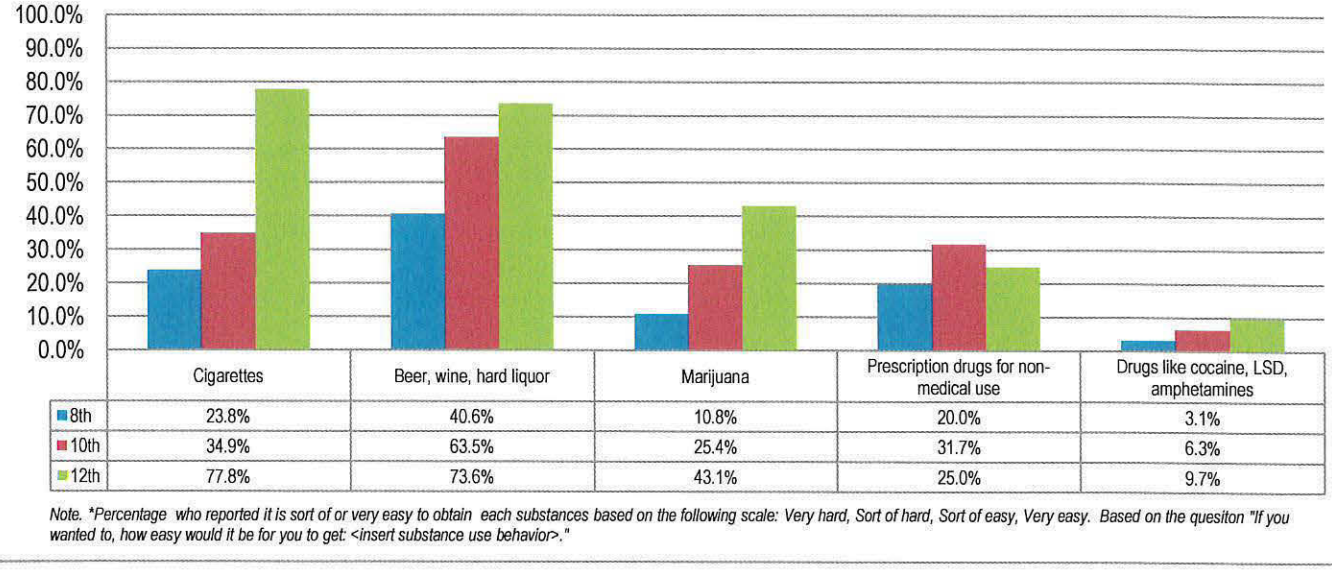


	Smoking 1 or more packs of cigarettes daily	Being exposed to other people's cigarette smoke	Use smokeless tobacco daily	Taking 1 or 2 drinks of alcohol nearly every day	Having 5+ drinks of alcohol 1 or 2 times a week	Trying marijuana once or twice	Smoking marijuana 1 or 2 times a week	Misusing prescription drugs	Using inhalants
8th	60.0%	28.1%	41.5%	32.3%	49.2%	33.3%	48.5%	63.6%	56.1%
10th	80.3%	23.0%	41.0%	27.9%	49.2%	16.1%	35.5%	66.1%	59.7%
12th	58.6%	18.6%	32.9%	14.3%	27.1%	8.6%	22.9%	52.9%	61.4%

*Note. *Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>."*

Perceived Availability of Substances

Percentage Reporting that the Following Substances are Sort of Easy or Very Easy to Obtain,* 2016

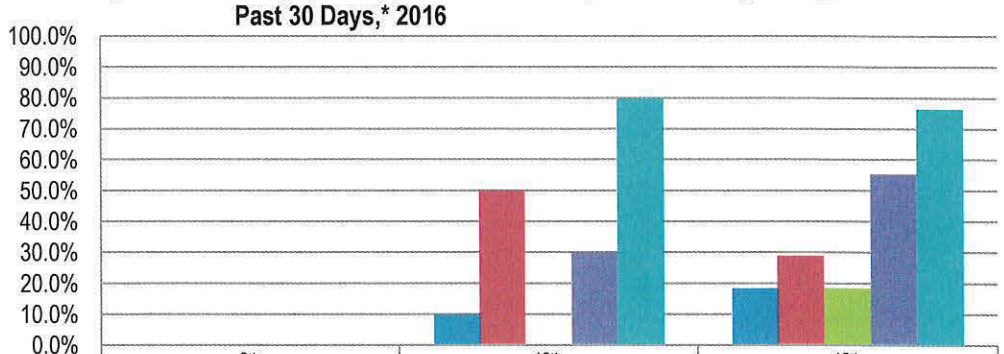


	Cigarettes	Beer, wine, hard liquor	Marijuana	Prescription drugs for non-medical use	Drugs like cocaine, LSD, amphetamines
8th	23.8%	40.6%	10.8%	20.0%	3.1%
10th	34.9%	63.5%	25.4%	31.7%	6.3%
12th	77.8%	73.6%	43.1%	25.0%	9.7%

*Note. *Percentage who reported it is sort of or very easy to obtain each substances based on the following scale: Very hard, Sort of hard, Sort of easy, Very easy. Based on the quesiton "If you wanted to, how easy would it be for you to get: <insert substance use behavior>."*

Places and Sources of Substance Use during the Past 30 Days

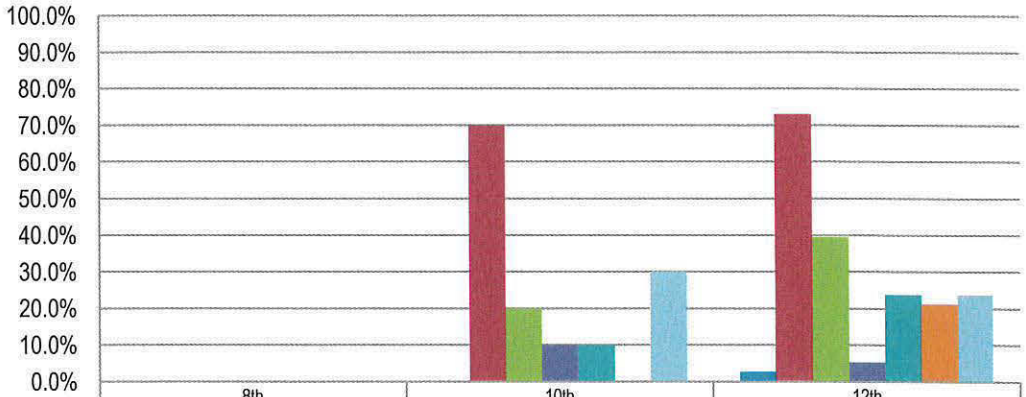
Places of Alcohol Use during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days,* 2016



	8th (<10 cases)	10th (n=10)**	12th (n=38)**
My home with my parents' permission		10.0%	18.4%
My home without my parents' permission		50.0%	28.9%
Someone else's home with their parents' permission		0.0%	18.4%
Someone else's home without their parents' permission		30.0%	55.3%
Some other place (not listed)		80.0%	76.3%

*Notes. *Among past 30 day alcohol users, the percentage who reported using alcohol in each manner during the past 30 days. **The n-size displayed is the largest n-size across these questions. Because each place is asked individually, the n-size may vary across places.*

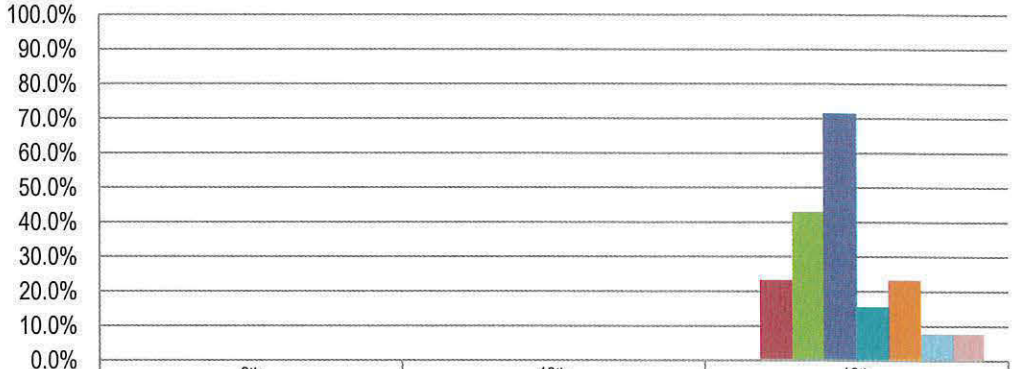
Sources for Obtaining Alcohol during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days,* 2016



	8th (<10 cases)	10th (n=10)**	12th (n=38)**
Bought it in liquor store, gas station, or grocery store		0.0%	2.6%
Got it at a party		70.0%	73.0%
Gave someone money to buy it for me		20.0%	39.5%
Parents gave or bought it for me		10.0%	5.3%
Other family member gave or bought it for me		10.0%	23.7%
Took it from home without my parents' permission			21.1%
Got it or took it from a friend's house		30.0%	23.7%

*Notes. *Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner during the past 30 days. .**The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.*

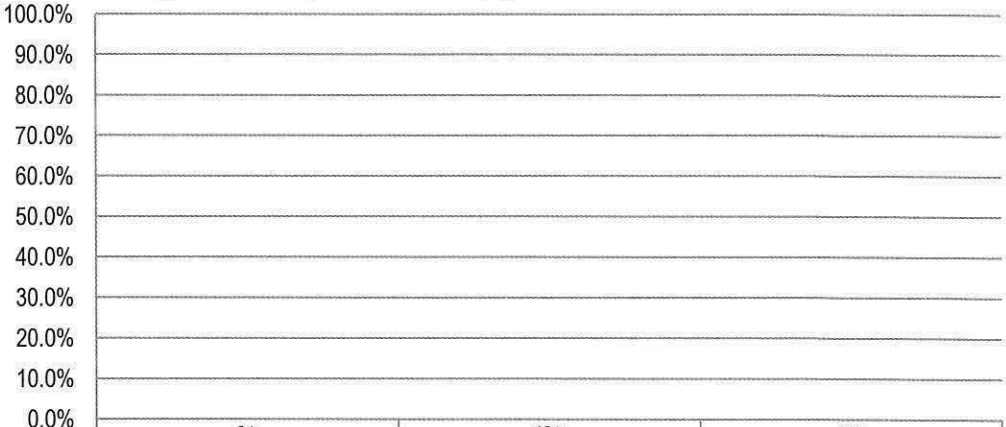
Sources for Obtaining Cigarettes during the Past 30 Days, among Students who Reported Smoking during the Past 30 Days,* 2016



	8th (<10 cases)	10th (<10 cases)	12th (n=14)**
Bought them myself with a fake ID			0.0%
Bought them myself without a fake ID			23.1%
Gave someone money to buy them for me			42.9%
Borrowed them from someone else			71.4%
My parents gave them to or bought them for me			15.4%
Other family member gave them to or bought them for me			23.1%
Took them from home without my parents' permission			7.7%
Got them some other way (not listed)			7.7%

*Notes. *Among past 30 day cigatette users, the percentage who reported obtaining cigarettes in each manner during the past 30 days. These scores may include students 18 and older.**The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.*

Sources for Obtaining Prescription Drugs during the Past 30 Days, among Students who Reported Using Them during the Past 30 Days,* 2016

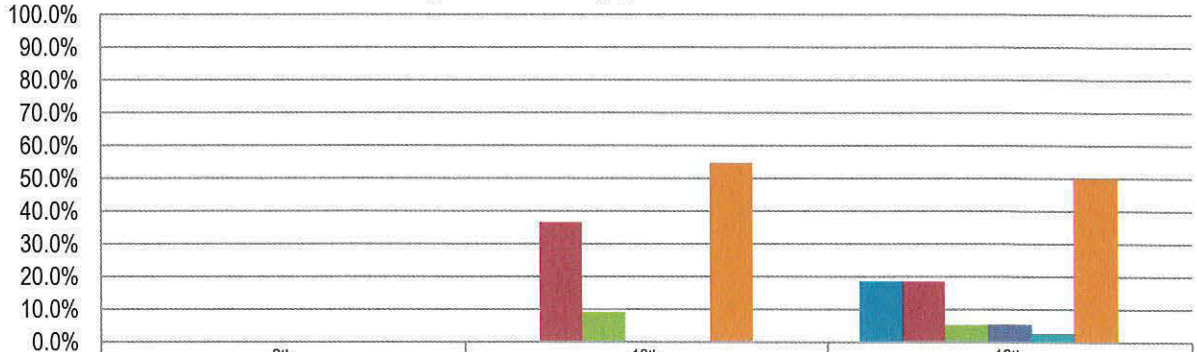


	8th (<10 cases)	10th (<10 cases)	12th (<10 cases)
Took them from home without my parents' knowledge			
Bought them from someone			
Someone gave them to me			
Took them from someone else without their knowledge			
Got them some other way (not listed)			

*Notes. *Among past 30 day prescription drug users, the usual manner they used for obtaining prescription drugs during the past 30 days. **The n-size displayed is the same for all sources given that the manner for obtaining prescription drugs is asked as one question.*

Types of Alcohol Used Among Those Who Used Alcohol during the Past 30 Days

Type of Alcohol Usually Consumed during the Past 30 Days, among Students who Drank Alcohol during the Past 30 Days,* 2016

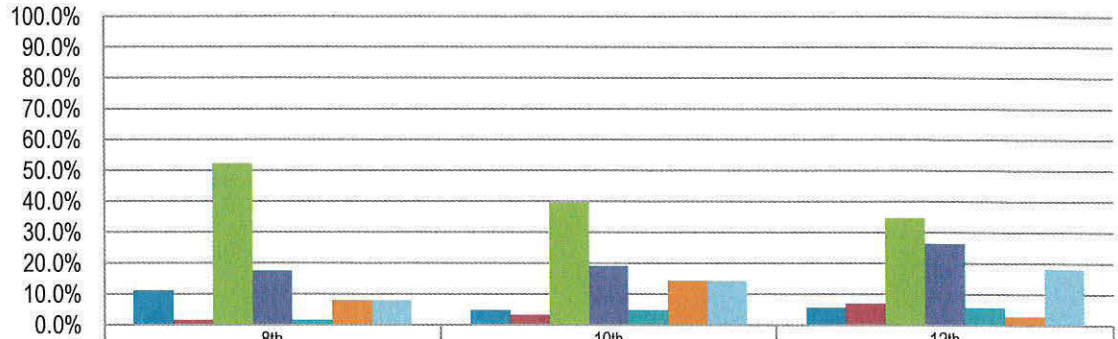


	8th (<10 cases)	10th (n=11)**	12th (n=38)**
No usual type		0.0%	18.4%
Beer		36.4%	18.4%
Flavored malt beverages		9.1%	5.3%
Wine coolers		0.0%	5.3%
Wine		0.0%	2.6%
Liquor		54.5%	50.0%
Some other type (not listed)		0.0%	0.0%

*Notes. *Among past 30 day alcohol users, the type of alcohol that they usually drank during the past 30 days. **The n-size displayed is the same for all types given that type of alcohol usually consumed is asked as one question.*

Sources for Help with Drug or Alcohol Problem

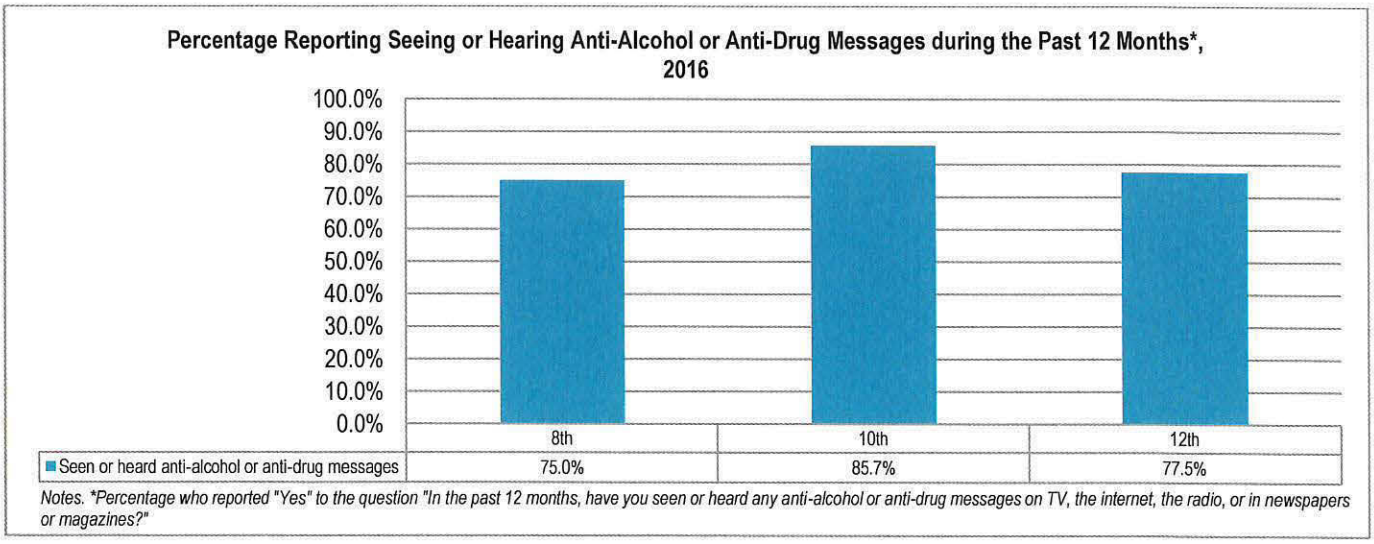
First Person to go to for Drug or Alcohol Problem*, 2016



	8th (n=63)**	10th (n=63)**	12th (n=72)**
A counselor in school	11.1%	4.8%	5.6%
Another adult in school	1.6%	3.2%	6.9%
Parents or caregivers	52.4%	39.7%	34.7%
Friends	17.5%	19.0%	26.4%
Counselor or program outside of school	1.6%	4.8%	5.6%
Another adult outside of school	7.9%	14.3%	2.8%
Wouldn't go to anyone	7.9%	14.3%	18.1%

*Notes. *Based on the question "If you had a drug or alcohol problem and needed help, who is the first person you would go to?" **The n-size displayed is the same for all sources given that source of help for a drug or alcohol problem is asked as one question.*

Anti-Alcohol and Anti-Drug Message Awareness



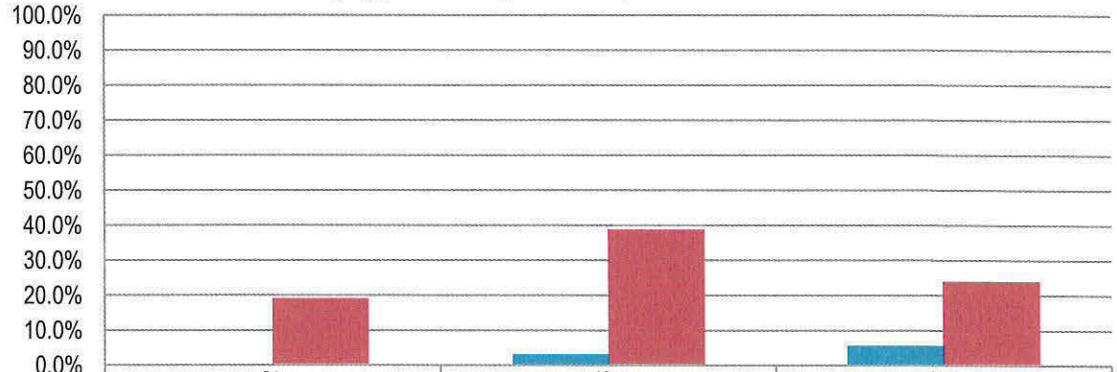
*Notes. *Percentage who reported "Yes" to the question "In the past 12 months, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?"*

Violence, Bullying, and Mental Health

This section contains information on dating violence, bullying, anxiety, depression, and suicide among 8th, 10th, and 12th grade students in Nebraska. In addition, there is information on sources for help with depression and suicide ideation and attitudes toward the future.

Dating Violence during the Past 12 Months

Percentage Reporting Dating Violence, among Students who Reported Dating during the Past 12 Months, by Type of Dating Violence*, 2016

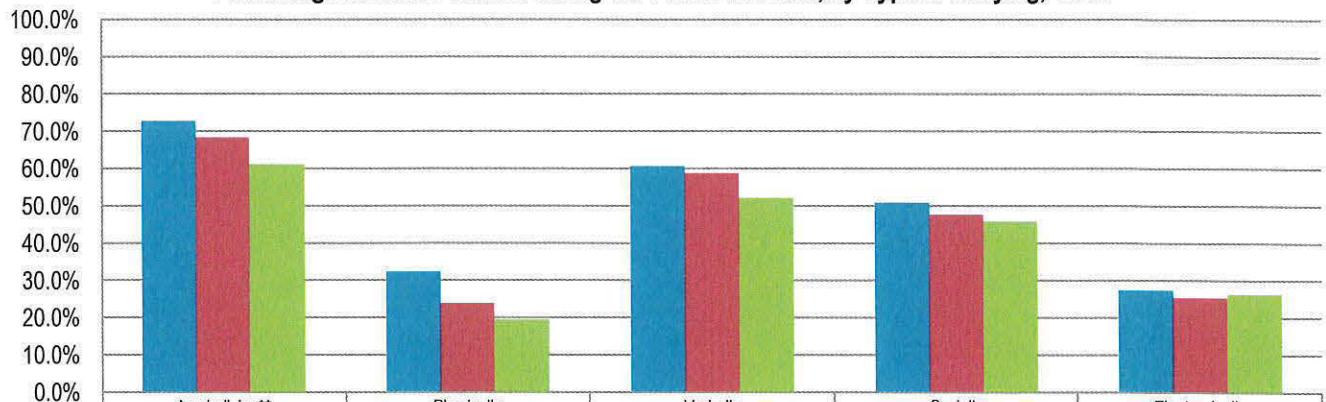


	8th (n=21)**	10th (n=32)**	12th (n=54)**
Physically hurt by date^	0.0%	3.1%	5.6%
Controlled or emotionally hurt by date^^	19.0%	38.7%	24.0%

*Notes. *Among students that dated or went out with anyone during the past 12 months, the percentage who reported experiencing each type of dating violence. ^Percentage who reported "Yes" to the question "During the past 12 months, did someone you were dating or going out with physically hurt you on purpose?" ^^Percentage who reported one or more occurrences of being purposely controlled or emotional hurt by someone they were dating or going out with during the past 12 months. **The n-size displayed is the largest n-size across these questions. Because each type is asked individually, the n-size may vary across types.*

Bullying during the Past 12 Months

Percentage that were Bullied during the Past 12 Months, by Type of Bullying,* 2016

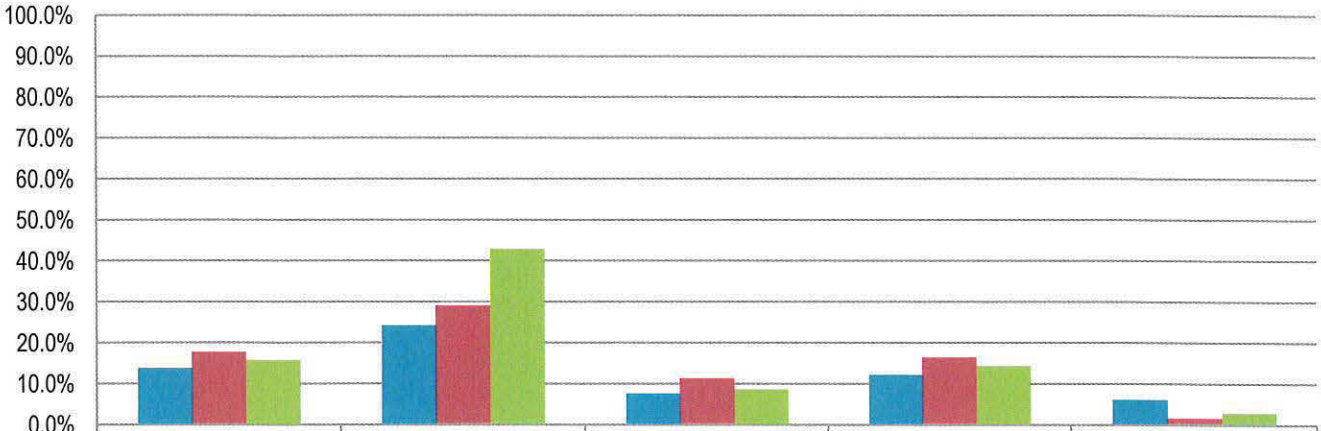


	Any bullying**	Physically	Verbally	Socially	Electronically
8th	72.7%	32.3%	60.6%	50.8%	27.3%
10th	68.3%	23.8%	58.7%	47.6%	25.4%
12th	61.1%	19.4%	52.1%	45.8%	26.4%

*Note. *Percentage who reported one or more occurrences of each type of bullying. **Percentage of students who reported one or more occurences of one or more of these types of bullying.*

Anxiety, Depression, and Suicide during the Past 12 Months

Percentage Reporting Anxiety, Depression, and Suicide during the Past 12 Months, 2016

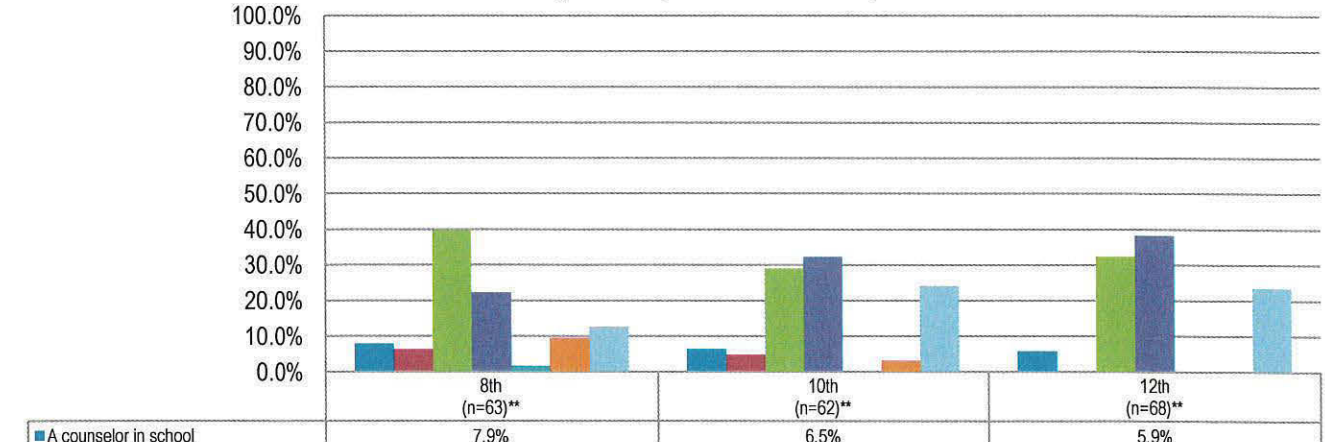


	Lost sleep*	Depressed**	Inflicted self-harm***	Considered attempting suicide	Attempted suicide
8th	13.8%	24.2%	7.6%	12.1%	6.1%
10th	17.7%	29.0%	11.3%	16.4%	1.6%
12th	15.7%	42.9%	8.6%	14.3%	2.9%

*Notes. *Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. **Percentage who reported "Yes" to the question "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" ***Percentage who reported "Yes" to the question "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?"*

Sources for Help if Depressed or Suicidal

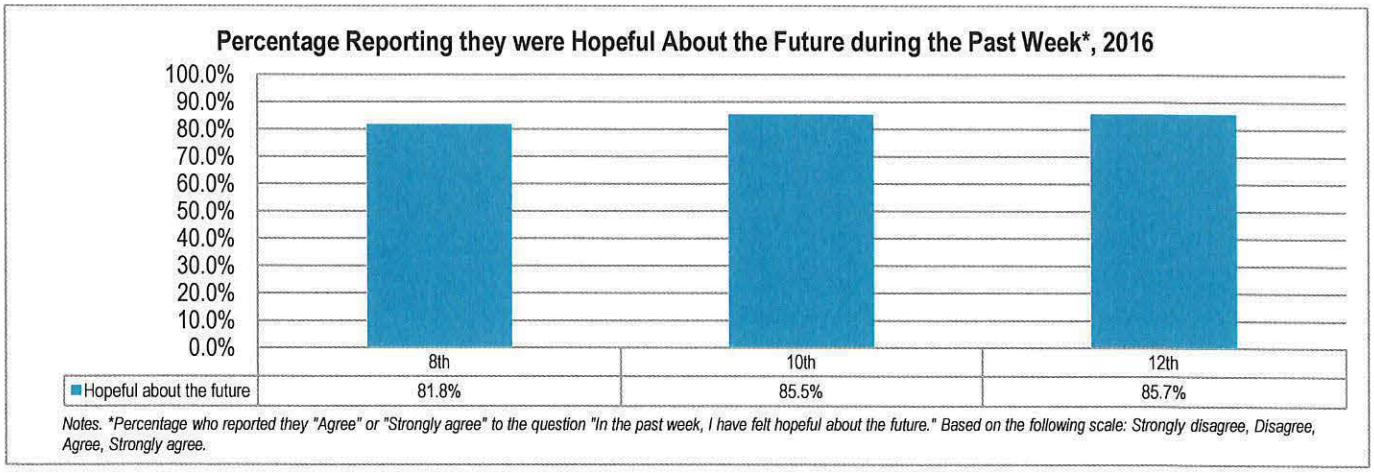
First Person to go to if Depressed or Suicidal*, 2016



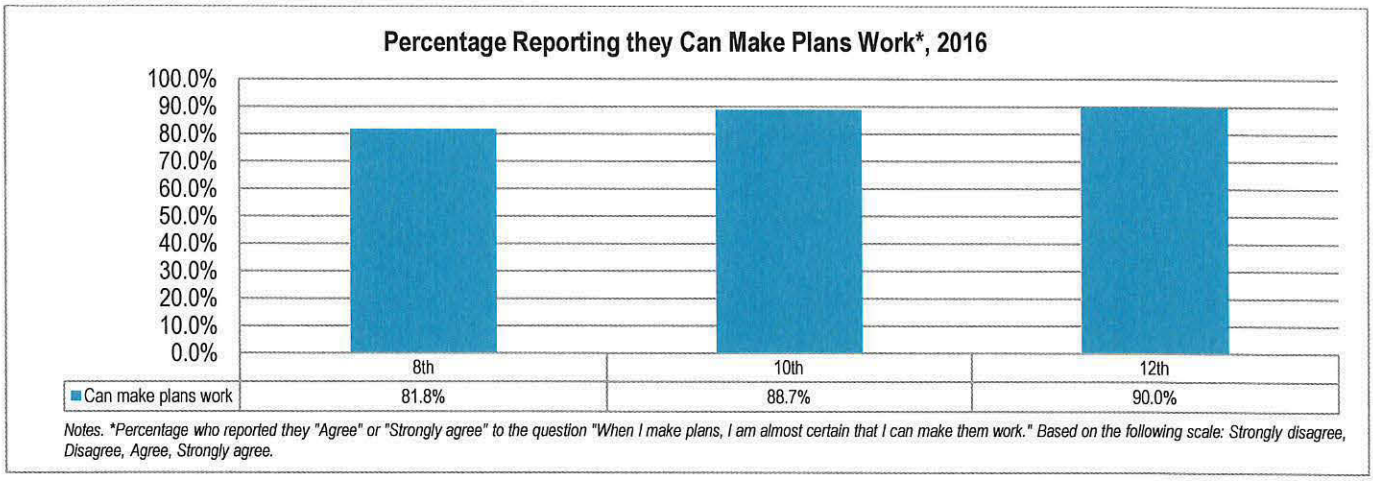
	8th (n=63)**	10th (n=62)**	12th (n=68)**
A counselor in school	7.9%	6.5%	5.9%
Another adult in school	6.3%	4.8%	0.0%
Parents or caregivers	39.7%	29.0%	32.4%
Friends	22.2%	32.3%	38.2%
Counselor or program outside of school	1.6%	0.0%	0.0%
Another adult outside of school	9.5%	3.2%	0.0%
Wouldn't go to anyone	12.7%	24.2%	23.5%

*Notes. *Based on the question "If you were depressed or felt suicidal, who is the first person you would go to for help?" **The n-size displayed is the same for all sources given that source of help is asked as one question.*

Attitudes toward the Future



*Notes. *Percentage who reported they "Agree" or "Strongly agree" to the question "In the past week, I have felt hopeful about the future." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.*



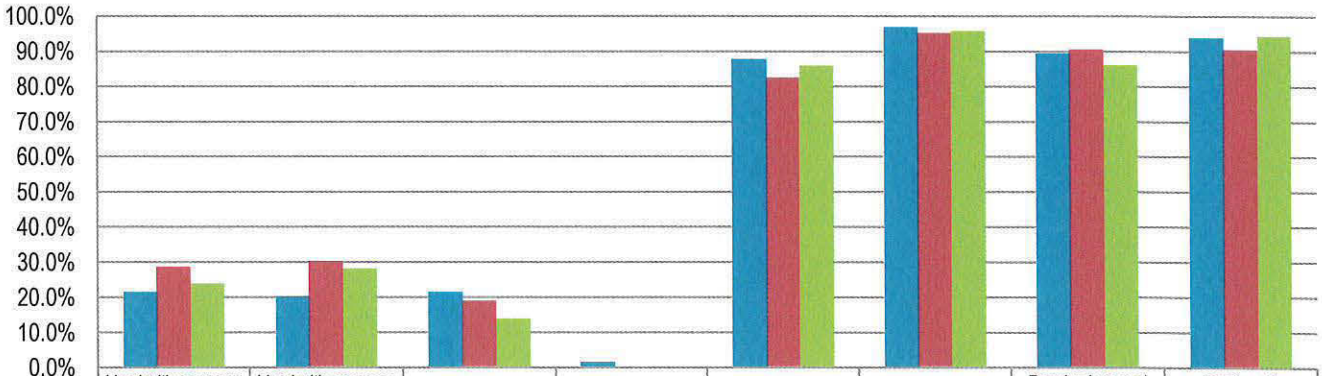
*Notes. *Percentage who reported they "Agree" or "Strongly agree" to the question "When I make plans, I am almost certain that I can make them work." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.*

Feelings and Experiences at Home, School, and in the Community

This section contains information on feelings and experiences with family, at school, and in the community for 8th, 10th, and 12th grade students in Nebraska.

Feelings and Experiences with Family

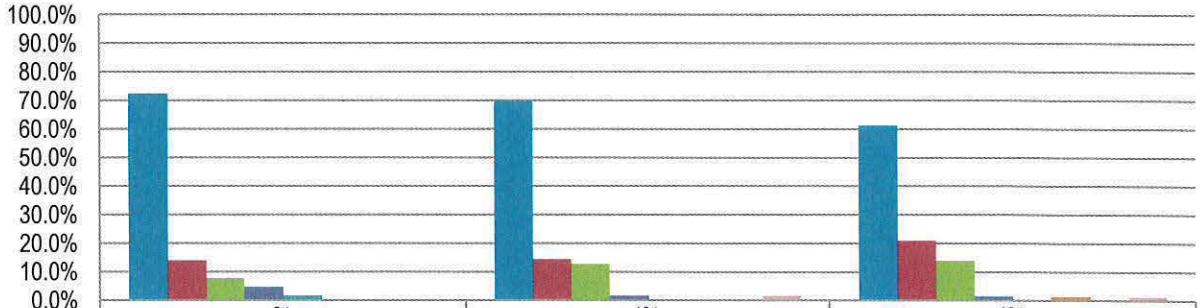
Feelings and Experiences with Family, 2016



	Lived with someone with drug or alcohol problem*	Lived with someone mentally ill or depressed*	Parents served time in jail*	Not enough food at home**	Adult at home who listens***	Adult at home who encourages***	Receive love and support from family***	Family sets standards for behavior***
8th	21.5%	20.3%	21.5%	1.5%	87.7%	96.9%	89.4%	93.9%
10th	28.6%	30.2%	19.0%	0.0%	82.5%	95.2%	90.5%	90.5%
12th	23.9%	28.2%	13.9%	0.0%	85.9%	95.8%	86.1%	94.4%

*Note. *Percentage who reported "Yes" to the experience with family based on the following scale: Yes, No, Not sure. **Percentage who reported during the past 30 days they went hungry because there was not enough food in their home most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. ***Percentage who reported they agree or strongly agree to the experience or feeling with family based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.*

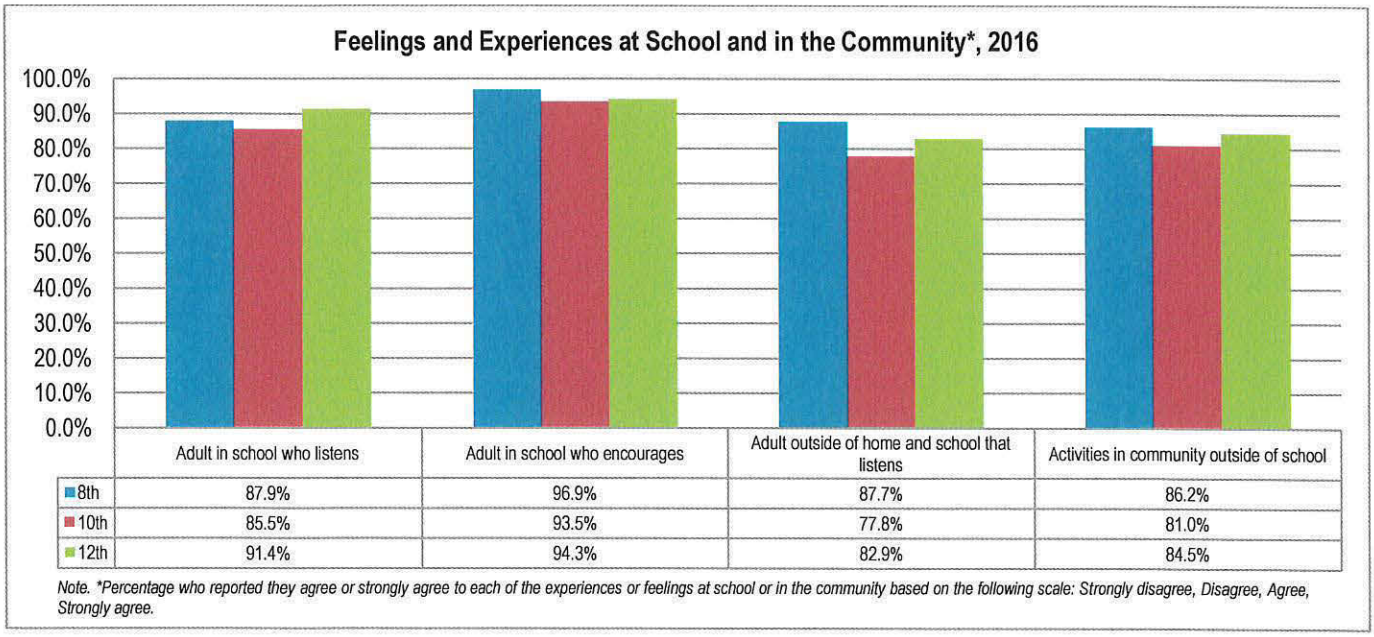
Percentage Reporting Living with the Following People*, 2016



	8th (n=65)**	10th (n=63)**	12th (n=72)**
Both parents	72.3%	69.8%	61.1%
One parent	13.8%	14.3%	20.8%
One parent and stepparent	7.7%	12.7%	13.9%
Other relatives	4.6%	1.6%	1.4%
Group home	1.5%	0.0%	0.0%
Foster family	0.0%	0.0%	1.4%
Friends	0.0%	0.0%	0.0%
Other	0.0%	1.6%	1.4%

*Notes. *Based on the question "Do you live with:" **The n-size displayed is the same for all people given that who they live with is asked as one question.*

Feelings and Experiences at School and in the Community



	Adult in school who listens	Adult in school who encourages	Adult outside of home and school that listens	Activities in community outside of school
8th	87.9%	96.9%	87.7%	86.2%
10th	85.5%	93.5%	77.8%	81.0%
12th	91.4%	94.3%	82.9%	84.5%

*Note. *Percentage who reported they agree or strongly agree to each of the experiences or feelings at school or in the community based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.*

Tips for Using the NRPFSS Results

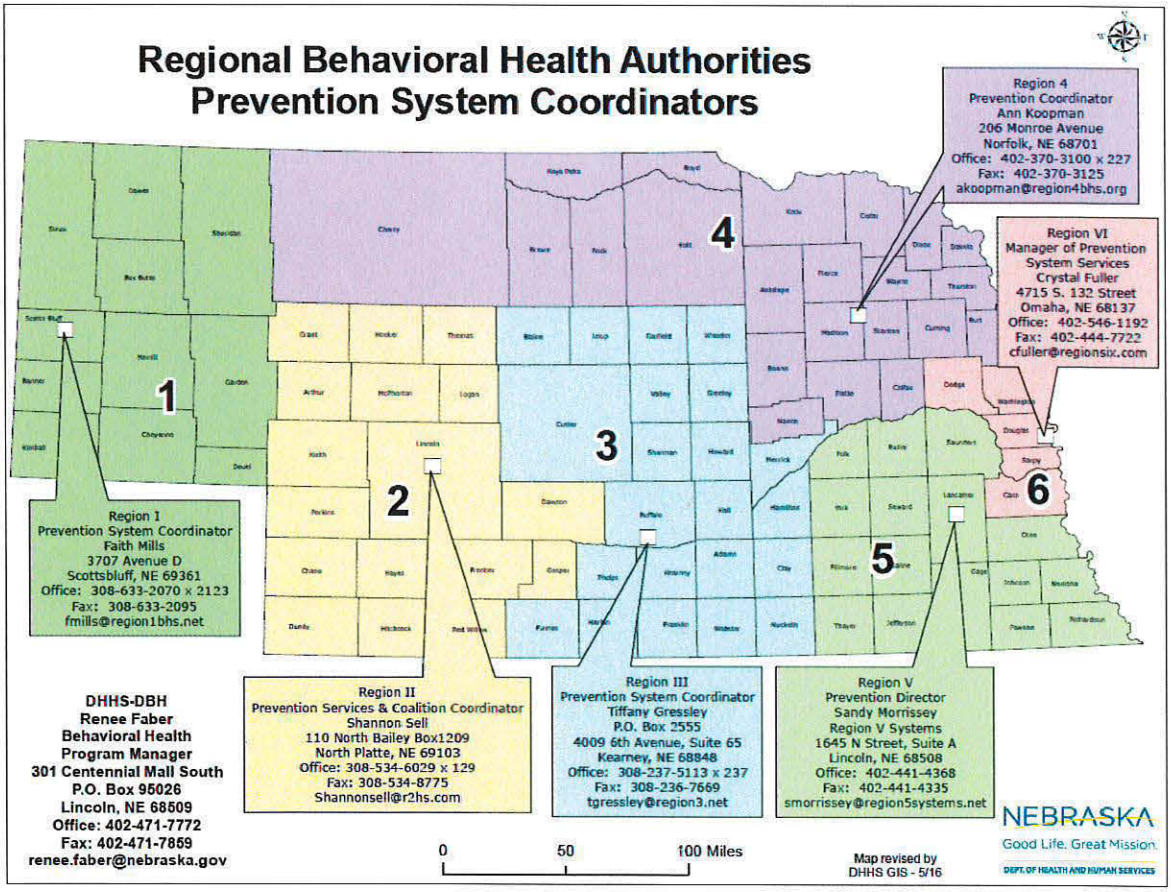
As a valued stakeholder in your community, you play an important role in prevention by teaching skills, imparting knowledge, and in helping to establish a strong foundation of character and values based on wellness, including prevention of substance use, suicide, and other risky behaviors. Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to promoting physical health and overall wellness.

There are a variety of strategies (or interventions) that can be used to increase protective factors and reduce the impact of risk factors. Prevention in schools is often completed through educational programs and school policies and procedures that contribute to the achievement of broader health goals and prevent problem behavior.

Prevention strategies typically fall into two categories:

- **Environmental Strategies**
  - These strategies effect the entire school environment and the youth within it.
    - An example of an environmental strategy would be changing school policy to not allow athletes to play if they are caught using substances.
- **Individual Strategies**
  - These strategies target individual youth to help them build knowledge, wellness, and resiliency.
    - An example of an individual strategy would be providing a curriculum as part of a health class about the harms of substances.

If you would like to implement strategies in your school or community, please contact your regional representative as shown on the map below.



You may also wish to do your own research. The following websites provide listings of evidence-based practices:

- **The National Registry of Evidence-based Programs and Practices (NREPP)**
  - This is a searchable online evidence-based repository and review system designed to provide the public with reliable information on more than 350 mental health and substance use interventions that are available for implementation.
  - **Website: http://nrepp.samhsa.gov/landing.aspx**

- **The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG)**
  - This contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.
  - **Website: https://www.ojjdp.gov/mpg/**

- **The Suicide Prevention Resource Center**
  - This has a variety of suicide prevention resources available.
  - **Website: http://www.sprc.org/**

In accordance with LB923, public school staff in Nebraska are required to complete at least 1 hour of suicide awareness and prevention training each year. To learn more, visit the Nebraska Department of Education website at **https://www.education.ne.gov/Safety/index.html**. Resources on Bullying Prevention and Suicide Prevention are listed.

A variety of print materials on behavioral health topics including depression, trauma, anxiety, and suicide are available from the Substance Abuse and Mental Health Services Administration (SAMHSA). Materials include toolkits for school personnel, educational fact sheets for parents and caregivers, wallet cards and magnets with the National Suicide Prevention Lifeline. The direct link to the SAMHSA store is **https://store.samhsa.gov/home**.

Another resource for kids, teens, and young adults is the **Boys Town National Hotline**, specifically the **Your Life Your Voice campaign**. Wallet cards and other promotional materials are available at no cost for distribution to students, school staff, parents, etc. **http://www.yourlifeyourvoice.org/Pages/home.aspx**. Remember, talking about suicide with a student does not put an idea of attempting suicide in a student's mind.

Additional contacts for tips on data use and prevention resources can be found in Appendix B.

APPENDIX A: Trend Data

Outcomes	Definition	Grade 8							Grade 10							Grade 12						
		2003	2005	2007	2010	2012	2014	**2016**	2003	2005	2007	2010	2012	2014	**2016**	2003	2005	2007	2010	2012	2014	**2016**
Lifetime Substance Use	Alcohol	NA**	NA**	NA**	31.3%	22.6%	17.9%	30.3%	NA**	NA**	NA**	42.5%	40.4%	43.8%	41.3%	NA**	NA**	NA**	73.3%	67.3%	65.7%	76.4%
	Cigarettes	NA**	NA**	NA**	15.9%	6.0%	10.3%	7.6%	NA**	NA**	NA**	28.8%	29.8%	21.3%	12.7%	NA**	NA**	NA**	41.3%	40.0%	47.2%	38.9%
	Smokeless tobacco	NA**	NA**	NA**	17.5%	6.2%	8.1%	4.5%	NA**	NA**	NA**	23.3%	30.4%	21.3%	7.9%	NA**	NA**	NA**	29.3%	30.9%	51.4%	29.2%
	Marijuana[1]	NA**	NA**	NA**	1.6%	1.2%	2.6%	3.1%	NA**	NA**	NA**	8.3%	14.0%	6.3%	11.1%	NA**	NA**	NA**	17.3%	23.6%	28.6%	25.4%
	LSD/other psychedelics	NA**	NA**	NA**	0.0%	0.0%	0.0%	1.5%	NA**	NA**	NA**	0.0%	0.0%	4.2%	0.0%	NA**	NA**	NA**	0.0%	0.0%	5.7%	7.0%
	Cocaine/crack	NA**	NA**	NA**	0.0%	0.0%	0.0%	1.5%	NA**	NA**	NA**	0.0%	0.0%	0.0%	1.6%	NA**	NA**	NA**	0.0%	1.8%	5.7%	0.0%
	Meth[2]	NA**	NA**	NA**	0.0%	0.0%	0.0%	1.5%	NA**	NA**	NA**	0.0%	0.0%	0.0%	3.2%	NA**	NA**	NA**	0.0%	1.8%	2.9%	4.2%
	Inhalants	NA**	NA**	NA**	6.3%	2.4%	5.1%	4.5%	NA**	NA**	NA**	4.1%	5.3%	0.0%	1.6%	NA**	NA**	NA**	6.7%	1.8%	2.9%	1.4%
	Steroids	NA	NA**	NA**	0.0%	0.0%	0.0%	1.5%	NA	NA**	NA**	0.0%	1.8%	0.0%	0.0%	NA	NA**	NA**	1.3%	1.8%	0.0%	0.0%
	Other performance-enhancing drugs	NA	NA**	NA**	0.0%	0.0%	0.0%	0.0%	NA	NA**	NA**	13.7%	5.3%	10.4%	0.0%	NA	NA**	NA**	9.3%	10.9%	5.7%	4.2%
	Prescription drugs[3]	NA	NA**	NA**	0.0%	0.0%	0.0%	0.0%	NA	NA**	NA**	4.1%	8.8%	4.2%	1.6%	NA	NA**	NA**	14.7%	10.9%	17.1%	9.7%
	Non-prescription drugs[4]	NA	NA	NA**	1.6%	1.2%	0.0%	1.5%	NA	NA	NA**	2.7%	0.0%	4.2%	1.6%	NA	NA	NA**	4.0%	7.3%	2.9%	6.9%
Past 30 Day Substance Use	Alcohol	NA**	NA**	NA**	10.9%	6.0%	5.1%	10.6%	NA**	NA**	NA**	23.3%	15.8%	20.8%	19.0%	NA**	NA**	NA**	40.0%	32.7%	51.4%	54.2%
	Binge drinking	NA[9]	NA[9]	NA**	4.7%	1.2%	2.6%	1.5%	NA[9]	NA[9]	NA**	15.1%	12.3%	8.3%	12.7%	NA[9]	NA[9]	NA**	36.0%	23.6%	48.6%	25.0%
	Cigarettes	NA**	NA**	NA**	3.2%	1.2%	2.6%	1.5%	NA**	NA**	NA**	12.3%	15.8%	6.4%	7.9%	NA**	NA**	NA**	13.3%	16.4%	30.6%	18.1%
	Smokeless tobacco	NA**	NA**	NA**	11.1%	0.0%	5.1%	4.5%	NA**	NA**	NA**	9.6%	8.8%	10.6%	6.3%	NA**	NA**	NA**	12.0%	18.2%	27.8%	12.5%
	Marijuana[1]	NA**	NA**	NA**	1.6%	0.0%	0.0%	0.0%	NA**	NA**	NA**	0.0%	5.3%	6.3%	6.5%	NA**	NA**	NA**	1.3%	14.5%	20.0%	12.5%
	Prescription drugs[3]	NA	NA**	NA**	0.0%	0.0%	0.0%	0.0%	NA	NA**	NA**	2.7%	3.5%	4.2%	1.6%	NA	NA**	NA**	4.0%	1.8%	11.4%	2.8%
Past 30 Day Perceived Substance Use	Other illegal drugs	NA[5]	NA[5]	NA[5]	0.6%	2.8%	0.7%	1.6%	NA[5]	NA[5]	NA[5]	4.2%	11.3%	8.8%	2.5%	NA[5]	NA[5]	NA[5]	3.5%	8.7%	13.5%	7.2%
Age of First Use (12 or Younger)	Smoked cigarettes	NA**	NA**	NA**	12.5%	1.2%	5.3%	6.2%	NA**	NA**	NA**	8.2%	19.3%	2.1%	3.2%	NA**	NA**	NA**	7.9%	20.0%	16.7%	5.7%
	Drank alcohol	NA**	NA**	NA**	18.8%	12.9%	13.2%	21.5%	NA**	NA**	NA**	13.7%	16.1%	8.5%	8.1%	NA**	NA**	NA**	5.3%	7.3%	5.6%	11.6%
	Drank alcohol regularly	NA**	NA**	NA**	3.1%	1.2%	0.0%	0.0%	NA**	NA**	NA**	0.0%	7.0%	2.1%	1.6%	NA**	NA**	NA**	0.0%	1.8%	0.0%	1.4%
	Smoked marijuana	NA**	NA**	NA**	1.6%	0.0%	0.0%	1.5%	NA**	NA**	NA**	0.0%	3.5%	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	0.0%	1.4%

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Outcomes	Definition	Grade 8							Grade 10							Grade 12						
		2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
Experiences at School	Grades were A's and B's	NA	NA	NA**	75.4%	76.2%	76.9%	81.5%	NA	NA	NA**	82.2%	82.1%	85.4%	79.4%	NA	NA	NA**	86.8%	83.6%	72.2%	76.4%
	Interesting courses	NA**	NA**	NA**	38.5%	28.6%	28.2%	27.3%	NA**	NA**	NA**	27.4%	15.8%	18.8%	14.3%	NA**	NA**	NA**	35.5%	29.1%	27.8%	20.8%
	Learning important for future	NA**	NA**	NA**	68.8%	57.6%	64.1%	56.1%	NA**	NA**	NA**	68.5%	56.1%	39.6%	38.1%	NA**	NA**	NA**	46.1%	38.2%	30.6%	34.7%
	Enjoy being in school	NA**	NA**	NA**	42.4%	39.7%	35.1%	37.9%	NA**	NA**	NA**	42.3%	41.1%	34.0%	19.0%	NA**	NA**	NA**	40.3%	36.5%	38.2%	22.2%
	Teacher acknowledgement[6]	NA	NA	NA	81.3%	65.5%	81.1%	80.3%	NA	NA	NA	69.9%	55.4%	55.3%	59.7%	NA	NA	NA	72.4%	70.9%	69.4%	72.9%
	Chances to get involved[6]	NA**	NA**	NA**	95.3%	94.1%	100.0%	95.5%	NA**	NA**	NA**	91.8%	96.4%	95.7%	96.4%	NA**	NA**	NA**	97.4%	94.6%	97.2%	97.1%
	Chances to talk with teachers[6]	NA**	NA**	NA**	85.9%	76.2%	84.2%	80.3%	NA**	NA**	NA**	88.9%	82.5%	85.1%	83.9%	NA**	NA**	NA**	88.0%	80.0%	75.0%	80.0%
	Feel safe[6]	NA	NA	NA	93.5%	80.7%	86.1%	92.4%	NA	NA	NA	91.8%	80.7%	88.9%	80.6%	NA	NA	NA	100.0%	89.1%	88.9%	88.6%
	Okay to cheat[6]	NA**	NA**	NA**	12.5%	8.2%	10.6%	19.7%	NA**	NA**	NA**	19.2%	29.8%	38.3%	22.6%	NA**	NA**	NA**	26.3%	27.3%	41.7%	52.9%
Experiences with Family	Parents know where I am[6,7]	NA**	NA**	NA**	90.5%	94.0%	97.4%	87.9%	NA**	NA**	NA**	96.6%	93.0%	91.7%	96.8%	NA**	NA**	NA**	85.5%	87.3%	79.4%	87.5%
	Clear substance use rules[6]	NA**	NA**	NA**	90.5%	96.4%	94.9%	90.9%	NA**	NA**	NA**	95.7%	86.0%	97.9%	90.5%	NA**	NA**	NA**	88.2%	89.1%	88.2%	84.7%
	Help for personal problems[6,7]	NA**	NA**	NA**	81.0%	85.7%	87.2%	81.5%	NA**	NA**	NA**	82.9%	75.0%	87.2%	77.8%	NA**	NA**	NA**	73.7%	74.5%	76.5%	86.1%
	Ask about homework[6,7]	NA**	NA**	NA**	93.7%	91.5%	94.9%	92.4%	NA**	NA**	NA**	88.6%	89.5%	89.6%	83.9%	NA**	NA**	NA**	72.4%	70.9%	82.4%	82.9%
	Important to be honest with parents[6,7]	NA**	NA**	NA**	93.7%	97.5%	97.4%	90.9%	NA**	NA**	NA**	95.7%	87.5%	93.8%	90.5%	NA**	NA**	NA**	88.2%	90.9%	82.4%	83.3%
	Discussed dangers of alcohol[7]	NA	NA	NA	52.4%	59.5%	64.1%	47.7%	NA	NA	NA	60.0%	36.8%	68.1%	44.4%	NA	NA	NA	42.1%	34.5%	32.4%	36.6%
Experiences in Community	Hard to buy alcohol from store	NA	NA	NA	90.5%	84.0%	88.9%	86.2%	NA	NA	NA	79.7%	77.8%	71.7%	93.7%	NA	NA	NA	82.7%	69.1%	85.3%	81.7%
	Caught by police if drinking[6,8]	NA**	NA**	NA**	NA	38.1%	61.5%	53.8%	NA**	NA**	NA**	NA	33.9%	31.3%	47.6%	NA**	NA**	NA**	NA	27.3%	20.6%	36.6%
	Caught by police if drinking and driving[6,8]	NA	NA	NA	NA	67.9%	74.4%	76.9%	NA	NA	NA	NA	58.9%	66.7%	73.0%	NA	NA	NA	NA	54.6%	52.9%	59.2%
	Caught by police if smoking marijuana[6,8]	NA**	NA**	NA**	NA	63.1%	74.4%	69.2%	NA**	NA**	NA**	NA	54.5%	52.1%	58.7%	NA**	NA**	NA**	NA	38.2%	20.6%	38.0%
	Adults I can talk to[6]	NA**	NA**	NA**	NA	60.2%	71.8%	70.8%	NA**	NA**	NA**	NA	57.9%	66.7%	59.7%	NA**	NA**	NA**	NA	60.0%	57.1%	57.1%
Other Experiences	Okay to steal[6]	NA**	NA**	NA**	6.3%	1.2%	0.0%	1.5%	NA**	NA**	NA**	4.1%	5.3%	0.0%	0.0%	NA**	NA**	NA**	2.6%	0.0%	8.3%	2.9%
	Okay to beat people up[6]	NA**	NA**	NA**	31.3%	32.1%	23.7%	24.2%	NA**	NA**	NA**	28.8%	47.4%	34.0%	33.9%	NA**	NA**	NA**	27.6%	29.1%	52.8%	46.4%
	Gang involvement	NA**	NA**	NA**	1.7%	6.2%	2.9%	6.1%	NA**	NA**	NA**	1.4%	5.6%	2.2%	0.0%	NA**	NA**	NA**	2.7%	3.8%	2.9%	2.9%

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Notes

**This indicates that there were less than 10 cases.*
***This indicates that the criteria for a report were not met.*
[1]Prior to 2010, the question asked students if they had "used marijuana (grass, pot) or hashish (hash, hash oil)." In 2010, the wording was changed to "used marijuana."
[2]Prior to 2010, the question asked students if they had "taken 'meth' (also known as 'crank', 'crystal', or 'ice'." In 2010, the wording was changed to "used methamphetamines (meth, speed, crank, crystal meth, or ice)."
[3]Prior to 2010, the question asked students if they had "used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycotin, or sleeping pills without a doctor telling you to take them." In 2010, the wording was changed to "used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycotin, Vicodin, or Percocet) without a doctor telling you to take them."
[4]Prior to 2010, the question asked students if they had "used a non-prescription cough or cold medicine (robos, DMX, etc.) to get high and not for medical reasons." In 2010, the wording was changed to "used a non-prescription cough or cold medicine (robo, robo-tripping, DMX) to get high and not for medical reasons."
[5]In 2010, this question was changed significantly. As a result, trend data are not available prior to 2010.
[6]Prior to 2016, the question was asked using the following scale: NO!, no, yes, YES!. In 2016, the question scale changed to the following: Strongly disagree, Disagree, Agree, Strongly agree.
[7]Prior to 2016, the question asked students about their "parents" or "mom or dad". In 2016, the wording was changed to "parents or caregivers".
[8]Prior to 2016, the question asked students "Would a kid be caught by police, if he or she:". In 2016, the wording was changed to "You would be caught by the police if you:".
[9]Prior to 2007, the question asked students about binge drinking "during the past 2 weeks". In 2007, the wording was changed to ask students about binge drinking "during the past 30 days". Because of this difference, trend data are not available prior to 2007.

Note. The number of students and/or school districts included from year to year could vary due to schools participating in some administrations and not others. As a result, these trend findings should be approached with some caution.

APPENDIX B: Contacts for Prevention

Division of Behavioral Health
Nebraska Department of Health and Human Services
Renee Faber, Behavioral Health Services Manager
renee.faber@nebraska.gov
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-7772 phone
(402) 471-7859 fax
http://www.dhhs.ne.gov/Behavioral_Health/

Tobacco Free Nebraska
Nebraska Department of Health and Human Services
Amanda Mortensen
Tobacco Free Nebraska Program Manager
amanda.mortensen@nebraska.gov
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-9270 phone
(402) 471-6446 fax
www.dhhs.ne.gov/tfn

Nebraska Department of Education
Chris Junker, Safe and Healthy Schools Coordinator
chris.junker@nebraska.gov
123 N. Marian Road
Hastings, NE 68901
(402) 462-4187 ext. 166 phone
(402) 460-4773 fax
www.education.ne.gov

Nebraska Department of Highway Safety
Fred Zwonechek, Administrator
Fred.Zwonechek@nebraska.gov
5001 S. 14th Street
P.O. Box 94612
Lincoln, NE 68509
(402) 471-2515 phone
(402) 471-3865 fax
http://www.transportation.nebraska.gov/nohs/

This report was prepared for the State of Nebraska by the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln.
bosr@unl.edu
907 Oldfather Hall
P.O. Box 880325
Lincoln, NE 68588-0325
http://bosr.unl.edu

For information about SHARP and/or the NRPFSS:

Kim Meiergerd, SHARP Project Manager
Bureau of Sociological Research
University of Nebraska-Lincoln
kmeiergerd2@unl.edu
(402) 472-3692 phone
(402) 472-4568 fax
http://bosr.unl.edu/sharp

David DeVries
Epidemiological Surveillance Coordinator
Division of Behavioral Health
Nebraska Department of Health and Human Services
david.devries@nebraska.gov
(402) 471-7793 phone
(402) 471-7859 fax