COMMUNITY HEALTH NEEDS ASSESSMENT

and

STRATEGIC RESPONSE PLAN

2019-2022

Serving Others. Caring with Compassion. Making a Difference.

Executive Summary

The Community Health Needs Assessment (CHNA) and Strategic Response Plan (SRP) for Community Medical Center (CMC) for 2019-2022 were developed in a collaborative effort with the Southeast Health District, the six not-for-profit community hospitals operating within the Health District, the College of Public Health at Nebraska Medical Center, and interested agencies and community partners. The resulting analyses, prioritization, strategies and rationales are contained in "*2019 Community Health Assessment*" and in "*2019 Community Health Improvement Plan*" published by the Southeast District Health Department. The purpose of this document is not to be a stand-alone publication, but rather to highlight the specific elements of the publications related to Community Medical Center. In combination, these three documents comprise the Community Health Needs Assessment for Community Medical Center.

Process

Needs were identified through a variety of quantitative and qualitative analyses. Data sources included the Behavioral Risk Factor Surveillance System, County Health Rankings, Nebraska Crime Commission, Nebraska Department of Education, Nebraska Department of Health and Human Services, Nebraska Risk and Protective Factor Student Survey, the U.S. Census American Community Survey, and a voluntary survey of community members. These data sources were compiled by county and shared with a focus group in each county, including a December 20, 2018 meeting in Richardson County. From the analysis and focus group discussions, representatives from the health department and each county met over several months to establish priorities, with follow-up meetings concluding in May 2019 to establish strategies, goals and objectives. These priorities and response strategies will be reviewed and approved by the Community and Planning Committee of the CMC Board and by the Community Medical Center Governing Board on July 15, 2019 and July 25, 2019, respectively. Because Richardson County residents make up 76% of CMC inpatients and 88% of CMC outpatients, the County is felt to be a natural approximation of the overall CMC service area for purposes of health needs planning.

Priorities

The following three priorities were identified:

1. Behavioral/Mental Health
2. Preventative Care and Screenings
3. Social Determinants of Health

Community Medical Center agrees with these priorities.

Strategic Action Plan

Community Medical Center will participate with and support the regional strategies outlined in the *2019 Community Health Improvement Plan*. CMC's specific strategies and focus areas are described below.

Behavioral Health

1. Participate in quarterly stakeholder group to assess and address gaps.
2. Evaluate and prioritize program options to support local needs, including:
   a. QPR and Mental Health First Aid training.
   b. Stepping Up initiative in jails.
   c. In-home services for transitional needs.
   d. Wellness Recovery Action Plan (WRAP) facilitator training.
   e. Bridges Out of Poverty training.
   f. Peer to Peer Supports
   g. Positive Social Norming Campaign
3. Promote behavioral health screenings in primary care settings
4. Provide financial support for counseling, including substance abuse.
5. Explore MAT (medication assisted treatment) for opioids.
6. Implement opioid strategies from the NHA Opioid Tool Kit.
7. Rx take-back at the hospital.
8. Sponsor and support local behavioral health committees and action groups.

Preventative Care and Screenings

1. Participate in quarterly stakeholder group to assess and address gaps.
2. Engage in quality improvement efforts to increase public awareness, aid referrals to existing resources and increase screenings offered.
3. Utilize clinic and hospital resources to support coordinated chronic care management and leverage population health analytics and interventions.
4. Support Radon-testing and awareness efforts.

Social Determinants of Health

1. Participate in quarterly stakeholder group to assess and address gaps.
2. Collaborate with area partners to establish goals and projects to promote health and safety, engage community groups, assist at-risk populations, improve local job opportunities, improve safe housing options, and help connect eligible citizens with existing and emerging health insurance and social support service resources. Enhance collaboration to promote health and safety.

Feedback on Previous CHNA

Focus group participants felt that the 2018 plan, though intended for only a single year, was well-written and showed good funding and progress. The following is a summary of efforts.

Behavioral Health

- Improve availability of counseling.
    - Provided financial assistance to Blue Valley Behavioral Health
    - Provided financial assistance to the public school district for counseling
    - Entered into contract to provide medical and behavioral services to the county jail.
- Reduce incidence of substance abuse and addiction.
    - Implemented PDMP, though routine adoption in still not complete.
    - Pain clinic was expanded.
    - A CRNA completed pain management fellowship.
    - Implemented a drug take-back box.
    - Implemented various aspects of the NHA opioid toolkit, including reviewing all patients on high regular doses.
    - Provided community training on preventing sex trafficking
- Improve mental health of community members.
    - Implemented Accountable Care Teams with regular meetings.
    - Began offering community help line.
    - Partnered with Bryan Health for referral assistance.

Fitness & Obesity

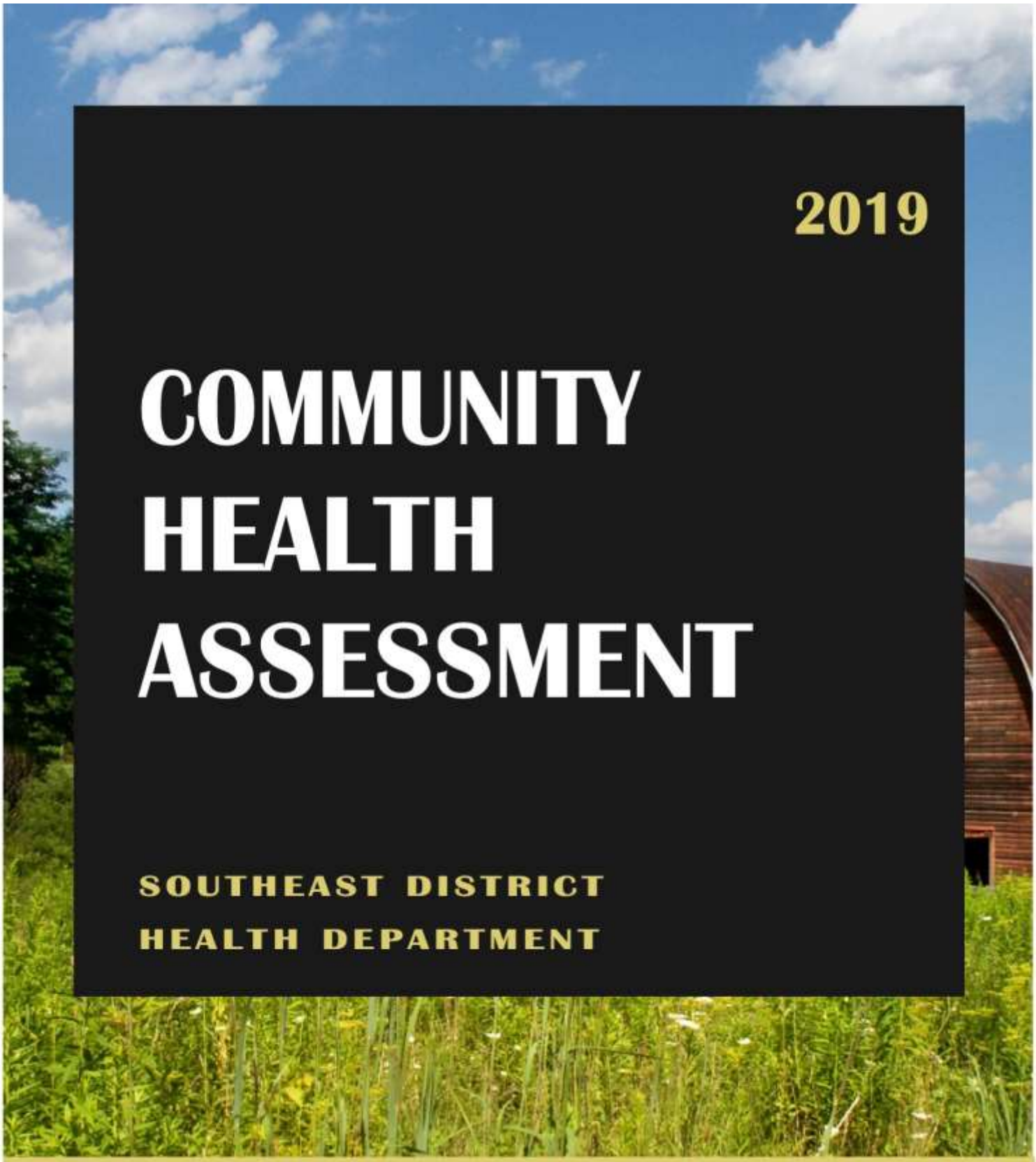
- Increase activity levels
    - Supported youth and adult recreational leagues
    - Sponsored weekly open-gym
    - Offered training assistance
    - Sponsored fun runs and other events
- Support health eating
    - Various discussions, but activities were limited

Prevention of Disease and Management of Chronic Diseases

- Reduce incidence of disease
    - Radon program
    - Concussion awareness assistance
- Increase use of cancer screenings
    - Increased use in clinics by 10-20%
    - Ran media campaign promoting colonoscopy awareness
- Support management of chronic diseases
    - Began community outreach initiative
    - Started home monitoring initiative
    - Implemented community health help line

Other

- Dignity at end of life
    - Sponsored “Conversation Project”
- Access to key services
    - Partnered with FCVAS to strengthen ambulance service and increase # of volunteers



2019

COMMUNITY HEALTH ASSESSMENT

SOUTHEAST DISTRICT
HEALTH DEPARTMENT

Proudly serving Johnson, Nemaha,
Otoe, Pawnee, and Richardson Counties

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INTRODUCTION

Under the direction of the Southeast District Health Department (SEDHD), the 2019 Community Health Assessment (CHA) was created for the five counties within the Southeast Health District (Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties). This assessment was completed in partnership with the district's six non-for-profit hospitals; Johnson County Hospital, Nemaha County Hospital, CHI St. Mary's, Syracuse Area Health, Pawnee County Memorial Hospital, and Community Medical Center; the Nebraska Association of Local Health Directors (NALHD), and various other community partners and agencies. This assessment serves as the fundamental basis for the Community Health Improvement Plan (CHIP) and as a reference document for the six hospitals to assist with strategic planning. Lastly, this assessment provides a multitude of data to inform and educate interested community partners on the health status of the population.

The CHA process is a collaborative effort and aims to serve as a single source of data for community partners and organizations. The primary objective of this assessment is to describe the health status of the population, identify areas for health improvement, and outline the health priorities of the communities. To provide continuous and up-to-date data, this assessment will be updated every three years. Subsequent revisions to this assessment should evaluate progress towards health priorities and detail new priorities, when applicable.

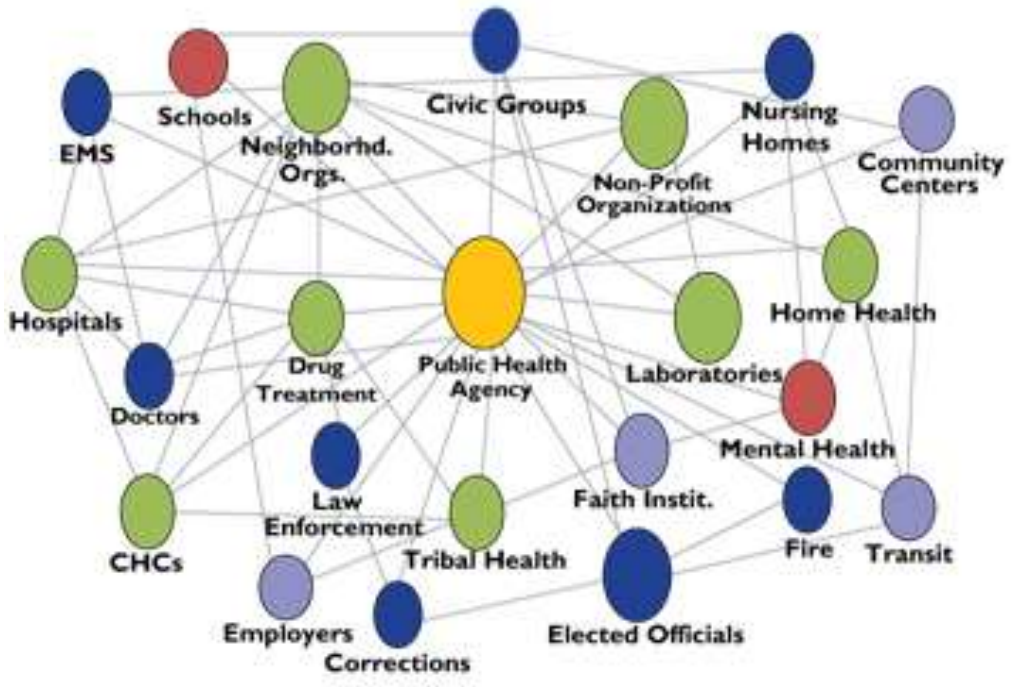
This report contains a broad array of demographic and public health data collected from secondary sources and includes primary data collected by SEDHD. See "Description of Data Sources" section for more information on the main sources of data.

COMMUINTY HEALTH AND THE PUBLIC HEALTH SYSTEM

Community health includes a broad array of issues addressed by numerous agencies. Topics that fall under community health include access to health care, child welfare, crime, alcohol and tobacco use, drug use, poverty, obesity, diabetes, adolescent and child health, chronic diseases, and other various epidemiological topics.

The health of a community is addressed by a collaborative effort amongst diverse community agencies and goes beyond efforts typically undertaken by hospitals and the public health department. Figure 1 illustrates an example of the public health network detailing interdisciplinary relationships between public, private, faith-based, and non-profit agencies that effectively address the health needs of the community.

Figure 1: The Public Health System



Source: Centers for Disease Control and Prevention, 2018

DESCRIPTION OF DATA SOURCES

Table 1 presents a summary of the most frequently cited sources used in this assessment.

Table 1. Frequently Cited Data Sources.	
Behavioral Risk Factor Surveillance System (BRFSS)	A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health. Note that all BRFSS data are age-adjusted, except for indicators keying on specific age groups. The data are also weighted by other demographic variables according to an algorithm defined by the Centers for Disease Control and Prevention.
County Health Rankings	A wide array of data from multiple sources combined to give an overall picture of health in a county. Examples of data include premature deaths, access to locations for physical activity, ratio of population to health care professionals, violent crimes, and many other indicators. County Health Rankings provides health outcomes and health factors rankings for 78 counties in Nebraska.
Nebraska Crime Commission	Annual counts on arrests (adult and juvenile) by type submitted voluntarily by local and state-level police departments.
Nebraska Department of Education	Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Department of Health and Human Services (DHHS)	A wide array of data around births, mortality, child abuse and neglect, health professionals, and other areas. Note that all mortality data are age-adjusted.
Nebraska Risk and Protective Factor Student Survey (NRPFSS)	A survey of youth in grades 8, 10, and 12 on risk factors such alcohol, tobacco, drug use, and bullying.
U.S. Census/American Community Survey	U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.

COMMUNITY HEALTH SURVEY

As part of the CHA process, a survey was distributed in communities within the Southeast District. This survey was used as a tool to gauge residents' perceptions on the quality of life in their community, important health issues, and the behaviors that have the greatest impact on the health of their community. The results of the survey were then used in focus groups to identify and discuss issues within the community by key players that also live, work, and play in these communities.

In total, 421 participants completed the community survey from June through September 2018. Results from the survey are presented throughout this assessment in applicable sections. Table 3 presents the demographic characteristics of the participants by county.

Table 3. Community Health Survey Results - Respondent Demographics

	Johnson	Nemaha	Otoe	Pawnee	Richardson
Total Respondents	9	80	91	39	193
Race					
White Non-Hispanic or Latino	100.0%	95.0%	98.9%	94.9%	93.3%
Hispanic or Latino	0.0%	1.3%	0.0%	0.0%	0.0%
African American	0.0%	0.0%	0.0%	0.0%	0.0%
American Indian/Alaska Native	0.0%	1.3%	0.0%	0.0%	2.1%
Asian	0.0%	0.0%	0.0%	0.0%	1.0%
Native Hawaiian/ Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.5%
Two or more races	0.0%	0.0%	0.0%	2.6%	0.0%
Prefer not to answer	0.0%	2.5%	1.1%	2.6%	3.1%
Gender					
Male	0.0%	11.3%	12.1%	10.3%	16.1%
Female	100.0%	87.5%	85.7%	89.7%	81.9%
Prefer not to answer	0.0%	1.3%	2.2%	0.0%	2.1%
Age					
18 or under	0.0%	1.3%	0.0%	5.1%	0.0%
19 - 24	0.0%	0.0%	1.1%	2.6%	1.6%
25 - 34	33.3%	21.3%	20.9%	5.1%	18.2%
35 - 44	0.0%	21.3%	25.3%	28.2%	19.3%
45 - 54	11.1%	20.0%	17.6%	23.1%	22.4%
55 - 64	33.3%	15.0%	20.9%	20.5%	27.6%
65 - 74	22.2%	18.8%	14.3%	10.3%	9.4%
75 or over	0.0%	2.5%	0.0%	5.1%	1.6%

Yearly Household Income					
Less than $20,000	22.2%	6.3%	2.2%	7.9%	3.7%
$20,000 - $34,999	11.1%	15.0%	18.9%	26.3%	8.4%
$35,000 - $49,999	11.1%	15.0%	6.7%	13.2%	16.8%
$50,000 - $74,999	22.2%	17.5%	22.2%	29.0%	28.3%
$75,000 - $99,999	22.2%	12.5%	21.1%	10.5%	15.7%
$100,000 - $149,999	0.0%	21.3%	18.9%	7.9%	13.6%
$150,000 - $199,999	0.0%	7.5%	2.2%	5.3%	7.3%
$200,000 or more	11.1%	5.0%	7.8%	0.0%	6.3%
Educational Attainment					
Less than high school degree	0.0%	1.3%	0.0%	7.9%	1.0%
High school degree or equivalent	11.1%	12.8%	14.4%	10.5%	10.9%
Some college but no degree	44.4%	16.7%	16.7%	13.2%	20.3%
Associate degree	22.2%	20.5%	23.3%	34.2%	27.1%
Bachelor degree	11.1%	37.2%	27.8%	26.3%	26.0%
Graduate degree	11.1%	11.5%	17.8%	7.9%	14.6%

FOCUS GROUPS

As a part of the 2019 CHA and CHIP process, SEDHD contracted with the NALHD to plan and facilitate five focus groups within the SEDHD region. The focus group schedule included:

- December 3, 2018—Otoe County, Nebraska City—meeting hosts: CHI Health
- December 20, 2018—Pawnee County, Pawnee City—meeting hosts: Pawnee County Memorial Hospital
- December 20, 2018—Richardson County, Falls City—meeting hosts: Community Medical Center
- January 21, 2018—Otoe County, Syracuse—meeting hosts: Syracuse Area Health
- January 21, 2018—Nemaha County, Auburn—meeting hosts: Nemaha County Hospital

Focus group participants were leaders in communities (including but not limited to local businesses, schools, social service agencies, hospitals, local government, economic development, faith-based organizations, spirited community citizens, etc.) within the corresponding counties of the health district. Participants of the focus groups were recruited by SEDHD and partnering hospitals (CHI Health, Community Medical Center, Pawnee County Memorial Hospital, Syracuse Area Health, and Nemaha County Hospital). All focus groups were facilitated by NALHD staff using Technology of Participation (ToP)[1] methods. Table 2 defines the target population, location, number of participants, and characteristics of each focus group.

Table 2: Focus group characteristics

Location	Number of Participants	Participant's Gender
Otoe County, Nebraska City CHI Health	22	8 Men 14 Women
Pawnee County, Pawnee City Pawnee City Library	10	6 Men 4 Women
Richardson County, Falls City Community Medical Center	10	6 Men 4 Women
Otoe County, Syracuse Syracuse Area Health	18	5 Men 13 Women
Nemaha County, Auburn Nemaha County Hospital	15	7 Men 8 Women

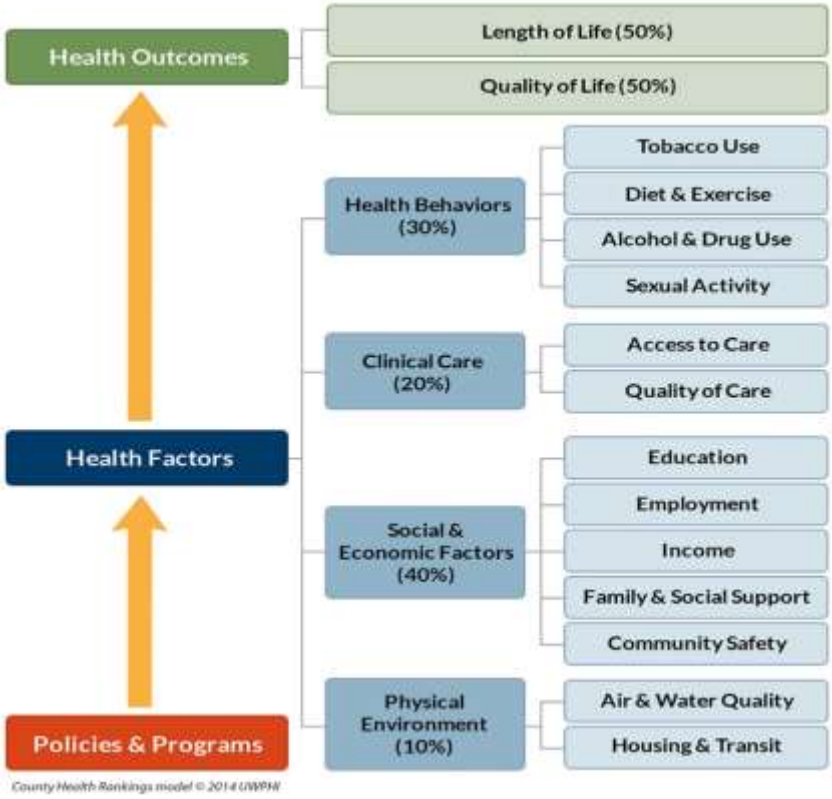
Focus groups lasted for two hours. In each of the focus groups, participants were given a data packet specific to their respective county, created by SEDHD and NALHD, that consisted of data from secondary sources (such as BRFSS, County Health Rankings and Roadmaps, American Community Survey/US Census Bureau, Nebraska Department of Education, etc.) to provide a broad overview of the county's health status.

County Health Rankings and Roadmaps (CHRR), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin, provides reliable local data and evidence to communities to

[1] Technology of Participation: https://www.ica-usa.org/top-training.html

help them identify opportunities to improve their health. The CHRR model is a useful foundation for the SHDHD CHA/CHIP process and consideration of the broad factors that influence health in the district. The CHRR[2] approach illustrates how the conditions in which we live, work, and play impact our health—often more than clinical care. Health outcomes (length of and quality of life) for a community is greatly impacted by health factors (modifiable conditions within a community) such as social and economic factors, health behaviors, physical environment and clinical care, which in turn are influenced by local, state and national policies and programs. Figure 2 illustrates the CHRR approach to community health.

Figure 2. County Health Rankings and Roadmaps



Additionally, focus group participants reviewed survey response data from the community health survey (administered by SEDHD and their partners in the five-county area). Specifically, the group considered survey respondents' 1) three most important factors that would contribute to a high quality of life in the community, 2) three most important health concerns in the community, and 3) three most important risky behaviors in the community.

After a few minutes of individual review, NALHD facilitators asked the group to share and discuss what they knew about the county given the data, the unknowns about the county, the strengths within the county, and the opportunities that exist or could exist in the county. After this discussion, NALHD asked the group to use three dot stickers to prioritize opportunities for moving forward.

[2] County Health Rankings and Roadmaps http://www.countyhealthrankings.org/what-is-health

Highlights

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

- ***Areas of concern/improvement*** clustered mainly within the health behavior and economic domains. Health behavior issues included the prevalence of substance use/abuse and physical inactivity, and high rates of obesity, cancer, heart disease, and mental health needs (including suicide rates). Participants expressed that negative lifestyle choices/health behaviors are pervasive and intergenerational (i.e. tobacco use, limited physical activity, and unhealthy eating). Economic issues included the prevalence of poverty (among families and children) and the need to strengthen the family structure; for higher paying jobs and jobs for spouses in order to recruit and retain professionals; for affordable/quality childcare options for all income brackets; and for affordable, quality housing (especially for low-income and aging populations). Clinical care issues included limited access to mental health services among the population in general and within schools.

- ***Strengths*** lie within the clinical care, economic and social domains—specifically a good number of healthcare providers (such as physicians, pharmacists, dentists, optometrists, emergency medical services) and well-appointed local healthcare facilities; a good sense of community and community pride among residents; a strong economy with low to middle-wage jobs and low unemployment rates; local commerce for everyday needs (grocery stores, hardware stores, etc.); collaboration among public-private partnerships; good schools (some with local higher-education opportunities) and other community resources (pools, libraries, churches, parks and recreation programs, etc.).

Emerging themes for ***opportunities*** across the five focus groups included:

- Targeting mental health needs through the delivery of services (including telehealth services) and resources for triage and education for mental health crisis and suicide ideation;

- Increasing physical activity and healthy eating opportunities and education; and

- Strengthening family support through access to affordable, quality housing and childcare opportunities and more job opportunities (specifically to recruit and retain higher-paid professionals and their families).

Focus group participants identified missing information that would help inform decisions about strategies and efforts going forward. Many participants wanted to know how similar communities were addressing these issues and best practices/evidence-based strategies to improve health in these domains. Based on the missing information identified by participants and to better inform the process, it is recommended that additional information be gathered throughout the CHIP implementation, including:

- (Mental Health) The type and prevalence of tobacco, alcohol and other substance use among youth and the general population; the factors leading to suicide; the impact of mental health on

risky lifestyle/behaviors; and the barriers in accessing mental health services will better define the specific needs around mental health issues for each county;

- (Strengthening family support) The type and structure of families; the impact of family structure on health; the type and availability of housing for various types of families; the employment culture (such as whether there are family-friendly policies, worksite wellness programs, job skills training, a breakdown of job types); types and structure of child care options will better define the specific needs around strengthening family support for each county;

- (Health outcomes) the factors leading to premature death and cancer; pockets of decreased/limited access to health care county-wide (EMS shortages, etc.); the types of motivators to improve health for individuals and communities.

Nebraska City (Otoe County) Focus Group Summary	
What do we know?	
Financial stability – mental health Opportunity with focusing on healthy economy Need affordable housing Ripple effect of good jobs Job placement need –where to send? Childcare – quality/license that can accept title 20 Limited support for single parents Reports of child abuse – what does it mean? Why? Nosey neighbors? Turnover in system Exercise resources concern and resources - cost? Location? Time? Injury deaths is higher than state? Why? Agriculture? Drug and Alcohol? What are related to policy? For example: seatbelts Education – comparable to state – is a plus Drug use is high – concerning along with related issues (legal and economic) 42% of mental health needs – going elsewhere to get services (gas vouchers)	
What strengths exist?	**What opportunities exist or could exist?**
• Great healthcare and facility • Great schools – collaborate together • Industry and jobs • Foundations for community improvement • Collaboration • Elected leadership • Strong spiritual presence	• Healthy economy • Collaboration/streamline efforts • Better together collaborative – Lisa Cheney (point person) • Attracting jobs/economic development • Post-secondary opportunities for kids (within 60 min, lots of options) plus SCC Center in Nebraska City • Foundations investing in communities • Transportation connections to other cities

Focus group participants identified the following issues:

- Investments by parties in Otoe County
- Pursuit of happiness – what people around you to prosper
- Mission shared – create new communities
- "2 Counties" "7K" – confident in how you fit vs. not – take advantage of job? Untouched?
- Poverty cycle
- Substance abuse
- Connections – stronger networks
- Families don't understand how to get out of hidden rules of poverty
- Doing things "with" vs. for/to people

Focus group participants prioritized the list of opportunities based on what they knew and what strengths existed in the community (instead of using dot stickers)

- Stability – overall--- Who will be home when I get home
- Strong families
- Mental health – across continuum
- Support for single families
- Housing
- Supporting economic development--Investment to win opportunities for jobs collaboration

Focus group participants offered the following next steps:

- Work with employees to help employers with work-life balance, and making jobs that are available attractive
- Family-friendly jobs – wellness time, family time
- High paying jobs
- Market the focus areas to make it a collective effort (NCN and other adults)– meet community where they are.
- Look to future
- Dream big for kids – future orientation opportunities for all kids

Pawnee City (Pawnee County) Focus Group Summary	
What do we know?	**What strengths exist?**
• Low number of rentals/opportunities for housing • Low availability of good paying jobs • Alcohol impaired driving deaths is high • Data packet presents data that aligns with what is seen in corporate business healthcare plan • Behaviors highlighted in the data lead to some of the health outcomes highlighted in the data • Alcohol, tobacco and other drug school policies exist—local school is starting to regulate all controlled substances including nicotine • Percentage of 65 years and older is lower than expected • Behaviors tied to socio-economic status (SES). Low SES associated with risky behaviors (correlations or causalities are questionable) • Multiple variables influence the data/outcomes • Pawnee County data is consistent with nearby counties • Increase percentage of students from non-traditional households—households with "poor" structure • 47% of students eligible for free/reduced lunch • Average household size appears to reflect single parent households • Challenges for families related to daycare and family supports • Drug abuse • Mental health issues • Mental health needs in schools are recognized locally and regionally—resources are scarce • Mental health issues rising with older population as well—related to life events • People want housing (affordable) and jobs (good paying)	• Doctors and hospital and pharmacy—good medical community. Folks from Kansas come to get care here; specialists come here • Good schools • CJ Foods (in community for 33 years) • Strong backbones/infrastructure of faith-based organizations • Pawnee Foundation, Development Corporations, Chamber of Commerce—all active in making community attractive • Grocery and hardware stores • Good streets • Pawnee Village—community vibe and good management • Winery and microbrewery—draw people from out of town • Library—community use and internet access • Location—an hour from everyone • Amish community—construction and good customers • Local mechanical industry • Dollar Store • County seat—draws people here • People

• Some resources (HHS/CAP) are diminishing (such as budgeting class)	
What do we NOT know?	**What opportunities exist or could exist?**
• What's the future? Will there be economic growth? What will happen within local industry? • What will draw young people back? • What will happen with Niobium mine? • Are we ready for growth? • What will future infrastructure for long-term help look like? • What's coming in regulations in healthcare/Medicare? • Who can/will invest in rental properties? • What happens if we lose one of the strengths?	• Recruiting and retaining professionals and families • Improved access to childcare—Childcare and family outreach foundation—childcare facility, job opportunities and outreach • Developing local "urgent care" option or similar healthcare integration coordination model. Is there a ripple effect of financial benefit? (healthcare system, employees, employers) Challenges for hospital on the business side • Regional collaboration • Leveraging telehealth options without complicating viability of local providers • Increase access to mental health services—telehealth? • Improve housing stock in Pawnee Village • Align winery and microbrewery opportunities to draw people into town • Increase "days" for social worker/social services

Focus group participants prioritized the list of opportunities by dot voting:

- Improved access to childcare—Childcare and family outreach foundation—childcare facility, job opportunities and outreach—6 votes
- Increase access to mental health services (telehealth services)—5 votes
- Recruiting and retaining professionals and families—3 votes
- Leveraging telehealth options without complicating viability of local providers—2 votes
- Improve housing stock in Pawnee Village—2 votes
- Developing local "urgent care" option or similar healthcare integration coordination model—2 votes
- Regional collaboration—1 vote
- Increase "days" for social worker/social services—1 vote

The participants brainstormed actions that could help improve health in the community:

- Work together on wellness/health events
- Childcare family foundation (see opportunities)
- Pool resources to coordinate economic development
- Increase transportation options to surrounding options for mental health and social services
- Family outreach—Healthy Families America
- Resources to leverage the opportunities that exist

- Chronic care (or mental health) management in community with health department and other partners (hospital)
- Engaging Chamber of Commerce in working on health

Falls City (Richardson County) Focus Group Summary	
What do we know?	**What strengths exist?**

• Poverty compared to surrounding areas
• Working/not in unemployed pool- yet still increase in poverty
• Looks like limited access to physical activity (could this be partially the way it is?)
• Primary care – poor mental health care access
• We do have Nurse Practitioners and Physician Assistants
• Overdose deaths are high
• Folks concerned about drugs, alcohol, jobs and wages
• Graduation rate could be better (even though good as far as state)
• Folks concerned about cancer?
• Perception of problems not consistent with health outcomes of concern
• People would rather be at home and limping through vs. giving up to state
• People engage in risky lifestyle issues and don't question it
• People stuck in legal trouble – connected to mental health
• No social support/re-entry support – nothing to interrupt drivers that land folks in jail
• Issues are generational
• Mismatch at times between skills and available jobs
• Deteriorating housing stock
  ○ Fuels poverty rate?
  ○ Rental properties are an issue – poorer quality
• Lifestyle issues are pervasive (eating, activity, smoking)
• Transportation –for services, do people go elsewhere? Do they do without?
• Social support – education/job training, too expensive – fuel costs, medications, upkeep of homes
• More obese people
• People don't have the means to live well
	• School systems – behavioral health, Sixpence, etc.
	• Young leaders, groups, energy
	• Library
	• Pool
	• Southeast Community College
	• Lots of community involvement
	• Healthcare availability, Hospital investment in community
	• Low cost of living
	• Generous community – see a need, meet a need
	• Job market in town or close is good
	  ○ Grow-your-own Certified Nursing Assistants, License Practical Nurses
	  ○ Diverse industry base –including retail
	  ○ Location is strength
	• Strong ambulance service
	• Good first response

• Social security not sufficient for living "well" • Cost of healthcare is an issue	
What do we NOT know?	**What opportunities exist or could exist?**
• How does MH access impact, risky lifestyle/behaviors? • What is the status of families? Single parent families? What is the impact of this? • What is the motivation to improve health – for individuals for community as a whole? • What are the successful models? That we can learn from?	• Break large problems down into small achievable pieces – for example: behavioral health system of care elements • Provide support to those who missed out – want better but struggle • Develop support for other folks so they can be well in Falls City – don't want to lose them. • Coordination on social services (move away from heroic efforts) • Being rural – small town connection • Community is giving – donors to causes, libraries, pool • More education on the issues and how eating, lifestyle and exercise impact quality of life • Close gap on risky behaviors aligned with outcomes of concern • Work toward best case scenarios with the citizens who are already engaged/eager to help. Help them be strategic/use best practices • Look for interventions that are teachable to prevent/ease mental health issues. • Early intervention/prevention • Work with young kids

Focus group participants prioritized the list of opportunities by dot voting:

- Break large problems down into small achievable pieces – for example: behavioral health system of care elements—7 votes
- More education on the issues and how eating, lifestyle and exercise impact quality of life--5 votes
- Look for interventions that are teachable to prevent/ease mental health issues—4 votes
- Work toward best case scenarios with the citizens who are already engaged/eager to help. Help them be strategic/use best practices—3 votes
- Early intervention/prevention—2 votes
- Close gap on risky behaviors aligned with outcomes of concern—2 votes
- Develop support for other folks so they can be well in Falls City – don't want to lose them—1 vote
- Coordination on social services (move away from heroic efforts)—1 vote
- Being rural – small town connection—1 vote

- Work with young kids—1 vote

Focus group participants identified the following gaps:

- May add housing, job skills
- Maybe access to health care is a bigger issue than initially discussed--Tactic? Lower cost of health care? Sliding fee, preventive care, free clinic day; remove barriers to access, cost, transportation
- Social aspects
- Success stories/evidence-based programs approaches

Syracuse (Otoe County) Focus Group Summary	
What do we know?	**What strengths exist?**
• Folks would rather travel for mental health than use telehealth? • Weight loss and exercise is priority • Suicide and mental health crisis seem increased in ages 50+ • DARE not in schools anymore • Parents won't always permit student to participate in mentor program at school for fear of exposing home situations. • Educated white females responded to the community survey– this group typically "takes care of stuff/family" • Disconnect between income and price of housing? (could be lower than reflected; maybe more in $90,000 range) • Mental health is a concern – fewer mental health providers in the area than state average • Difference in graduation rates between area schools– Syracuse is higher • Range of free/reduced lunch rates – Palmyra – Syracuse – NE City • Decrease in housing availability for elderly – for young families too – number and quality of housing are issues • Childcare not available	• Commerce: able to get what you need in town – Food and diapers • Hospitals, thrift store--draws from neighboring areas • Parks, ballfields – city resources • Dental, eye doctor, veterinary • Highway 2 • Community pride and action--people come together on decided upon projects • Economically strong – stats compare to national data – seems like local is strong • Youth programs – dance, softball, schools, and Parks and Recreation • Good place to raise kids • Safe – low crime … kids can run around • Sense of community – events where community together socially (i.e. Christmas Tree in town square) • Healthcare – facility, new, 2 hospitals in county; can stay here when need care (not always need to go to Lincoln and Omaha • Churches
What do we NOT know?	**What opportunities exist or could exist?**
• Where are pockets of decreased access county-wide; EMS shortage? Others? • Are jobs an issue with folks who lack transportation? • What do folks who did not take survey think? Populations who are lower educated, "blue collar," lower income, over 75 years of age • Ideas to increase community survey participation from key populations mentioned above – churches, worksites, senior centers, handi-bus • What are the real options for daycare? What is happening in those centers – how do you promote folks opening daycare –	• Grow programs to target 30-60 age range to increase physical activity– will impact kids too! Duck creeks reservoir, kayak – partner with Nemaha County • Turn spectators into movers (parents sit at games watching their kiddos) – trails around facilities to improve physical activity among 30-60 years of age • Address housing and daycare to support young families • Increase awareness on dealing with mental health crisis and suicide ideation • Increase public safety – reach of EMS, mental health suicide awareness response

insurance/certificate barriers, what are the requirements and what other barriers exist? • Why is cancer higher here than other areas? • Drug use – deeper dive, what kind? Who? – this would bring to light what the current situation is. • How to help folks get to mental health resources? • Older population – needs considered around how obesity affects this population.	• Increase mental health practitioners • Increase mental health education across system • Mental health triage plan/Mental health first aid--Resources are available – tap into these • Multicounty opportunities • Mentoring/teammates – revitalize? • Transportation – misuse EMS service for transportation • Increase education/outreach regarding drugs in schools – figure out the lay-of-the-land – use among kids; use among elderly (opioids) *stigma is lower now

Focus group participants prioritized the list of opportunities by dot voting:

- Increase awareness on dealing with mental health crisis and suicide ideation—13 votes
- Address housing and daycare to support young families—10 votes
- Increase education/outreach regarding drugs in schools – figure out the lay-of-the-land – use among kids; use among elderly (opioids) *stigma is lower now —9 votes
- Increase public safety – reach of EMS, mental health suicide awareness response—7 votes
- Grow programs to target 30-60 age range to increase physical activity– will impact kids too! Duck creeks reservoir, kayak – partner with Nemaha County—3 votes
- Increase mental health practitioners—2 votes
- Turn spectators into movers (parents sit at games watching their kiddos) – trails around facilities to improve physical activity among 30-60 years of age—1 vote
- Mental health triage plan/Mental health first aid--Resources are available – tap into these—1 vote
- Multicounty opportunities--1 vote
- Mentoring/teammates – revitalize? --1 vote

Focus group participants offered the following next steps:

- Think tank with city for developing the community to attract and retain folks and their spouses/families
- What opportunities to support new daycare—grants available, tax incentives, foundations, what are other communities doing?
- Start mentoring in elementary schools
- Decrease stigma regarding mental health issues

Auburn (Nemaha County) Focus Group Summary	
What do we know?	**What strengths exist?**

• Heart disease & cancer are high
• Premature death is high
• County Health Ranking is low – 70 out of 80
• Quality of life ranking lower than expected
• Clinical care is high – facility here as example – primary care physician
• Decreased access to exercise opportunities; "move naturally" opportunities here vs. YMCA or walking trail; biking opportunities in town
• Indications that we are "killing ourselves" due to inactivity and increase in binge drinking/alcohol
• Mental health – not great coverage –have to travel; community survey says mental health is a problem
• Drinking water violations in county documented
• Reported violent crimes/100K is high
• Recent suicides (last 5 years)
• Income inequality- seems big but consistent with state
• Free/reduced lunch rate is down
• Unemployment rate is low
• Increase in number of intact families
• Good number of college educated
• Child abuse – only 16% are substantiated
• Teen birth rate is low
• Graduation rate
• # of housing 29% renter occupied … seem low; Availability vs. suitability?
• Screen media is a great tool but can be destructive; Legal system and habits aren't up to task of dealing with it (data hides inequities in community)
• Dialysis not available as needed; Transportation needed
• Young pharmacists – we have them
• Open jobs in education- can be hard to fill?
	• Healthcare here – could still improve some access; Hospital – kudos
	• Recreation and wellness opportunities – leagues, complex, waterways, steamboat
	• Education
	• Law enforcement is engaged
	• Utilities engaged
	• Public-Private partnerships. Example: School market – free for those who need
	• Eye care… entire healthcare community – Dentistry – Pharmacy
	• Retaining youth when they can make living
	• Fishing
	• Location –
	  ○ 1 hour from "cultural center"
	  ○ Brownville
	  ○ Peru State
	  ○ State Park
	• Artistic & Intellectual Capital
	• People step-up when asked
	• Churches
	• S.E.N.D.S

• Strong childcare/childcare development – maybe need more for low income • Recruiting needs two professional jobs • Need stronger family system - balance	
What do we NOT know?	**What opportunities exist or could exist?**
• What are the factors in premature death? • What factors are leading to suicide? • What drives access problems for Mental Health? (Cost, Provider access, Transportation) • Why higher cancer rates here? • What's driving rates of STDs? • How does Ag. Industry (chemicals) impacts health? • What is the "good balance" with screen media? • Community is predominantly white. How do we handle white culture in a diverse world? • Could we provide emergency kits to schools in event of injury? • What is the rate/impact of volunteerism? • How many are not working (disabled) who could be engaged?	• Better engage fine arts and intellectual capital • Leverage volunteers to engage people in community work • Expanding healthcare services targeting young families – OBGYN, Pediatricians • Engage underemployed females • Figure out disconnects on exercise opportunities and activities; target adults of different ages for activity/physical • Target bariatric patients • 40 and up – lifetime activities • Further education while staying put • Develop hub for physical activity • Community center (Pender Model?) • Reframe investment in above – zero tax • Expand mental health opportunities - behavioral health care provision? Integrated behavioral health • Increase access to fresh food – improve nutrition (get fresh food into hands of people who need it) – Restaurants, worksites • Teach people to cook • Help very needy – to arrest generational issues; will improve for all • Strengthen family system so they don't need to look elsewhere

Focus group participants prioritized the list of opportunities by dot voting:

- Expand mental health opportunities - behavioral health care provision? Integrated behavioral health—11 votes
- Strengthen family system so they don't need to look elsewhere—7 votes
- Figure out disconnects on exercise opportunities and activities; Target adults of different ages for activity/physical—7 votes
- Better engage fine arts and intellectual capital—6 votes
- Expanding healthcare services targeting young families – OBGYN, Pediatricians—5 votes
- Develop hub for physical activity; Community center (Pender Model?)—5 votes

- Increase access to fresh food – improve nutrition (get fresh food into hands of people who need it) – Restaurants, worksites—3 votes
- Leverage volunteers to engage people in community work—2 votes
- Further education while staying put—1 vote

DEMOGRAPHICS

Population

The population of the Southeast District is 38,865. Table 4 presents the population and population density for each county, the district, and compares to the state and the nation.

Change in Population

Table 4. Total Population and Population Density

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
United States	321,004,407	3,532,068.58	
Nebraska	1,893,921	76,823.79	24.65
Southeast	38,865	2,381.97	16.32
Johnson	5,200	376.05	13.83
Nemaha	7,041	407.38	17.28
Otoe	15,875	615.63	25.79
Pawnee	2,704	431.07	6.27
Richardson	8,045	551.84	14.58

Source: U.S. Census Bureau, 2017 – Demographic and Housing Estimates, 2013-2017 American Community Survey 5-year estimates
U.S. Census Bureau, 2017 - Population, housing units, area, and density: 2010 – county/county equivalent

Table 5 shows the change in populations for each county and the Southeast District, according to the United States Census Bureau Decennial Census. Between 2000 and 2010 there was a -1.84% change in population for the Southeast District.

Table 5. Change in Total Population				
	Total Population, 2000 Census	**Total Population, 2010 Census**	**Total Population Change, 2000-2010**	**Percent Population Change, 2000-2010**
United States	280,405,781	307,745,539	27,339,758	9.75%
Nebraska	1,711,263	1,826,341	115,078	6.72%
Southeast	40,078	39,341	-737	-1.84%
Johnson	4,488	5,217	729	16.24%
Nemaha	7,576	7,248	-328	-4.33%
Otoe	15,396	15,740	344	2.23%
Pawnee	3,087	2,773	-314	-10.17%
Richardson	9,531	8,363	-1,168	-12.25%

Source: U.S. Census Bureau, 2017 - Population, housing units, area, and density: 2010 – county/county equivalent

Population Characteristics

Southeast District counties generally tend to be older compared to the state and the nation. The Southeast District has a lower percentage of the population under the age of 18 (Table 6) and a higher percentage of the population that is aged 65 and older (Table 7).

Table 6. Under 18 Population			
	Total Population	**Population Age 0-17**	**Percent Population Age 0-17**
United States	321,004,407	73,601,279	22.9%
Nebraska	1,893,921	469,819	24.8%
Southeast	38,865	8499	21.9%
Johnson	5,200	978	18.8%
Nemaha	7,041	1,477	21.0%
Otoe	15,875	3,799	23.9%
Pawnee	2,704	561	20.7%
Richardson	8,045	1,684	20.9%

Source: U.S. Census Bureau, 2017 – Demographic and Housing Estimates, 2013-2017 American Community Survey 5-year estimates

Table 7. Total Population by Age Groups, Percent								
Report Area	**Age 0-4**	**Age 5-14**	**Age 15-24**	**Age 25-34**	**Age 35-44**	**Age 45-54**	**Age 55-64**	**Age 65+**
United States	6.2%	12.8%	13.6%	13.7%	12.7%	13.4%	12.7%	14.9%
Nebraska	6.9%	13.9%	14.0%	13.4%	12.1%	12.4%	12.6%	14.7%
Southeast	5.6%	12.3%	12.6%	10.8%	10.9%	13.0%	14.5%	20.3%
Johnson	4.3%	10.6%	13.0%	13.2%	12.4%	15.0%	13.1%	18.3%
Nemaha	5.3%	12.2%	17.6%	11.5%	9.4%	11.4%	13.7%	18.9%
Otoe	6.5%	13.2%	12.1%	10.6%	11.4%	13.1%	14.2%	18.9%
Pawnee	5.4%	11.5%	9.8%	8.3%	9.6%	12.2%	16.2%	27.1%
Richardson	5.1%	12.0%	10.1%	9.7%	10.5%	13.3%	16.1%	23.1%

Source: U.S. Census Bureau, 2017 – Demographic and Housing Estimates, 2013-2017 American Community Survey 5-year estimates

Regarding race and ethnicity, the Southeast District population is primarily white and non-Hispanic. However, Johnson and Otoe counties have larger Hispanic populations compared to the rest of the district, 9.9% and 7.6%, respectively (Table 8 and 9).

Table 8. Total Population by Race Alone, Percent							
	White	**Black**	**Asian**	**Native American / Alaska Native**	**Native Hawaiian / Pacific Islander**	**Some Other Race**	**Multiple Races**
United States	73.0%	12.7%	5.4%	0.8%	0.2%	4.8%	3.1%
Nebraska	87.8%	4.7%	2.2%	0.8%	0.1%	1.9%	2.4%
Southeast	94.0%	1.3%	0.5%	1.1%	0.0%	1.1%	2.0%
Johnson	86.1%	6.9%	0.9%	1.3%	0.0%	4.0%	0.9%
Nemaha	96.4%	1.4%	0.7%	0.6%	0.0%	0.2%	0.7%
Otoe	95.3%	0.2%	0.5%	0.5%	0.0%	1.3%	2.1%
Pawnee	96.7%	0.0%	0.0%	0.2%	0.0%	0.0%	3.1%
Richardson	93.3%	0.2%	0.2%	2.7%	0.0%	0.2%	3.4%

Source: U.S. Census Bureau, 2017 – Demographic and Housing Estimates, 2013-2017 American Community Survey 5-year estimates

Table 9. Total Population by Ethnicity Alone

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
United States	321,004,407	56,510,571	17.6%	264,493,836	82.4%
Nebraska	1,893,921	198,300	10.5%	1,695,621	89.5%
Southeast	38,865	2,109	5.4%	36,756	94.6%
Johnson	5,200	516	9.9%	4,684	90.1%
Nemaha	7,041	183	2.6%	6,858	97.4%
Otoe	15,875	1,207	7.6%	14,668	92.4%
Pawnee	2,704	49	1.8%	2,655	98.2%
Richardson	8,045	154	1.9%	7,891	98.1%

Source: U.S. Census Bureau, 2017 – Demographic and Housing Estimates, 2013-2017 American Community Survey 5-year estimates

INCOME, POVERTY, AND SOCIAL PROGRAMS

Table 10 presents income data for the Southeast District. The Southeast District and all counties within the district have a lower median household income and per capita income compared to the state and the nation.

Table 10. Income

	United States	Nebraska	Southeast*	Johnson	Nemaha	Otoe	Pawnee	Richardson
Median household income	$57,652	$56,675	$51,626	$49,564	$55,536	$54,605	$42,176	$46,839
Per capita income	$31,177	$29,866	$27,552	$22,398	$28,572	$28,567	$27,196	$28,109

Source: U.S. Census Bureau, 2017 – Selected Economic Characteristics, 2013-2017 American Community Survey 5-year estimates
* Weighted average by the population of each county

Unemployment within the Southeast District is relatively low compared to the state, 2.2.% and 2.6%, respectively (Table 11). Nemaha County is the only county with a higher unemployment rate than the state.

Table 11. Unemployment, Percent

United States	Nebraska	Southeast*	Johnson	Nemaha	Otoe	Pawnee	Richardson
4.1%	2.6%	2.2%	1.0%	3.6%	2.0%	1.5%	2.5%

Source: U.S. Census Bureau, 2017 – Selected Economic Characteristics, 2013-2017 American Community Survey 5-year estimates
* Weighted average by the population of each county

The Southeast District has a higher percentage of residents (all persons and those under 18 years) in poverty (Table 12). 12.3% of the Southeast District population is in poverty, compared to 12.0% for the state, and 18.6% of the residents under 18 years of age are in poverty, compared to 15.6 % for the state. Pawnee and Richardson Counties have the highest percentage of residents in poverty within the district. Likewise, Otoe, Pawnee, and Richardson Counties have the highest percentage of residents under 18 years of age in poverty.

Table 12. Poverty, Percent

	United States	Nebraska	Southeast*	Johnson	Nemaha	Otoe	Pawnee	Richardson
All people	14.6%	12.0%	12.3%	10.1%	11.5%	10.0%	20.5%	16.3%
Under 18 years	20.3%	15.6%	18.6%	10.3%	11.5%	16.2%	35.7%	29.1%

Source: U.S. Census Bureau, 2017 – Selected Economic Characteristics, 2013-2017 American Community Survey 5-year estimates
* Weighted average by the population of each county

The percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) is higher in the Southeast District compared to the state (Table 13). Nemaha and Richardson Counties have the highest percentage of households participating in SNAP, 9.5% and 9.3% respectively. Additionally, both counties are in the top 25 of Nebraska counties with the highest percentage of households participating in SNAP (Food Research and Action Center, 2018).

Table 13. Percent of Households Receiving SNAP

Nebraska*	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
7.7%	9.5%	8.2%	7.3%	9.3%	8.5%	7.3%

Source: American Community Survey 5-year estimates contained in Food Research and Action Center, 2018
* Based on state designation of rural counties which consists of non-metropolitan and non-micropolitan areas as delineated by the Office of Management and Budget.

Table 14 presents the percentage of children enrolled in Medicaid and the state Children's Health Insurance Program (CHIP) for each county. In 2016, Pawnee and Richardson Counties had a higher percentage of children enrolled in Medicaid and CHIP compared to the state.

Table 14. Percent of Children Enrolled in Medicaid and CHIP

	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
2012	33.7%	29.7%	30.5%	29.6%	31.9%	37.8%
2016	33.7%	32.7%	26.2%	27.5%	33.8%	37.7%

Source: Voices for Children in Nebraska, 2017

VETERANS

Table 15 presents demographic data on the veteran population within the Southeast District.

Table 15. Veteran Population Demographics by County

	Johnson	Nemaha	Otoe	Pawnee	Richardson
PERIOD OF SERVICE					
Gulf War (9/2001 or later) veterans	15.3%	21.6%	9.6%	7.0%	23.3%
Gulf War (8/1990 to 8/2001) veterans	17.3%	29.8%	17.6%	21.0%	11.5%
Vietnam era veterans	28.3%	37.6%	33.4%	38.9%	32.3%
Korean War veterans	9.4%	5.3%	11.1%	16.2%	18.1%
World War II veterans	9.4%	4.6%	7.0%	9.6%	6.9%
SEX					
Male	97.2%	85.1%	95.7%	93.0%	90.3%
Female	2.8%	14.9%	4.3%	7.0%	9.7%
AGE					
18 to 34 years	7.9%	10.8%	7.4%	0.9%	16.4%
35 to 54 years	31.9%	29.3%	18.8%	18.8%	21.2%
55 to 64 years	18.1%	13.7%	17.3%	21.0%	10.0%
65 to 74 years	16.1%	22.8%	26.4%	20.5%	24.4%
75 years and over	26.0%	23.3%	30.2%	38.9%	27.9%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	95.4%	93.5%	98.9%	100.0%	96.6%
Black or African American alone	0.0%	0.0%	0.0%	0.0%	0.3%
American Indian and Alaska Native alone	4.1%	0.0%	0.3%	0.0%	2.2%
Asian alone	0.0%	5.5%	0.0%	0.0%	0.0%
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race alone	0.5%	0.0%	0.0%	0.0%	0.0%
Two or more races	0.0%	1.0%	0.8%	0.0%	0.8%
Hispanic or Latino (of any race)	1.3%	0.0%	1.1%	0.0%	0.0%
White alone, not Hispanic or Latino	94.6%	93.5%	97.9%	100.0%	96.6%
EDUCATIONAL ATTAINMENT					
Less than high school graduate	5.4%	0.9%	8.3%	14.8%	5.5%
High school graduate (includes equivalency)	36.7%	40.0%	36.3%	48.9%	53.1%

Some college or associate's degree	41.1%	32.6%	38.7%	17.9%	26.6%
Bachelor's degree or higher	16.8%	26.6%	16.7%	18.3%	14.8%
EMPLOYMENT STATUS					
Labor force participation rate	53.3%	74.5%	85.7%	72.0%	68.1%
Unemployment rate	0.0%	0.0%	0.0%	0.0%	2.2%
POVERTY STATUS IN THE PAST 12 MONTHS					
Income in the past 12 months below poverty level	8.1%	4.0%	3.4%	4.5%	7.6%
Income in the past 12 months at or above poverty level	91.9%	96.0%	96.6%	95.5%	92.4%
DISABILITY STATUS					
With any disability	36.8%	30.0%	33.5%	35.7%	32.9%
Without a disability	63.2%	70.0%	66.5%	64.3%	67.1%
SERVICE-CONNECTED DISABILITY (ESTIMATE)					
Has a service-connected disability rating:	107	132	306	57	149
0 percent	4	9	20	0	4
10 or 20 percent	56	18	109	32	57
30 or 40 percent	27	59	35	9	35
50 or 60 percent	20	17	58	7	17
70 percent or higher	0	7	55	9	36
Rating not reported	0	22	29	0	0

Source: U.S. Census Bureau, 2017 – Veteran Status, 2013-2017 American Community Survey 5-year estimates
U.S. Census Bureau, 2017 - Service-connected disability rating status and ratings for civilian veterans 18 years and over, 2013-2017 American Community Survey 5-year estimates

FAMILIES

Tables 16 through 18 present data on household structures within the Southeast District. Households are primarily married couple households. In single-parent households, however, the householder is primarily female. Johnson, Nemaha, and Richardson Counties see higher percentages of single-parent households than the district as a whole and are comparable to or higher than that of the state.

Table 16. Number of Married Couple Family Households with Children Under 18

Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
3203	360	521	1,366	268	688

Source: U.S. Census Bureau, 2017 - Households and families, 2013-2017 American Community Survey 5-year estimates

Table 17. Composition of Single Parent Households with Children Under 18						
	Southeast	**Johnson**	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
Male householder, no wife present, family household	277	33	66	101	7	70
Female householder, no husband present, family household	861	140	142	323	56	200

Source: U.S. Census Bureau, 2017 - Households and families, 2013-2017 American Community Survey 5-year estimates

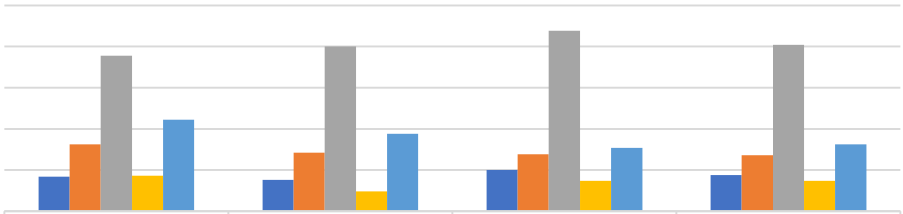
Table 18. Single Parent Family Households with Children Under 18 as a Percent of Total Family Households with Children Under 18						
Nebraska	**Southeast**	**Johnson**	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
28.9%	26.2%	32.5%	28.5%	23.7%	19.0%	28.2%

Source: U.S. Census Bureau, 2017 - Households and families, 2013-2017 American Community Survey 5-year estimates

MATERNAL AND INFANT HEALTH

This section provides data of various maternal and infant health metrics, including data on births, prenatal care, breastfeeding, infant mortality, and other topics. Figure 3 presents birth data for each county in the Southeast District.

Figure 3. Total Births by County

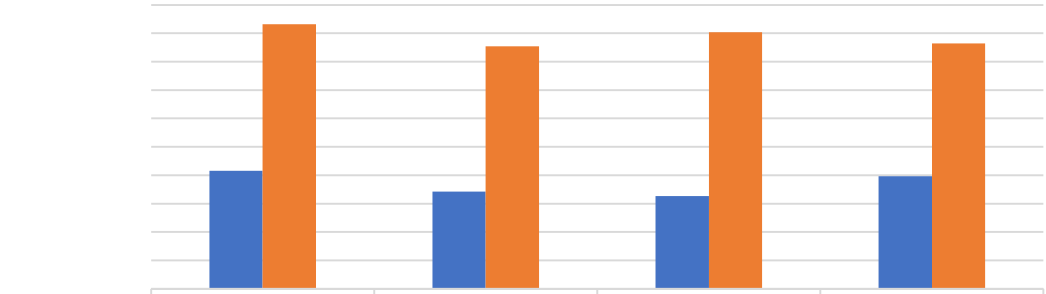


	2013	2014	2015	2016
Johnson	42	38	50	44
Nemaha	81	71	69	68
Otoe	189	200	219	202
Pawnee	43	24	37	37
Richardson	111	94	77	81

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

Figure 4 presents birth data by occurrence and residence. Occurrence refers to births that occurred within the district regardless of the usual residence of the mother. Residence refer to births that occurred to mothers that had a usual residence within the district regardless of the birth location.

Figure 4. Total Births by Occurrence and Residence, Southeast District

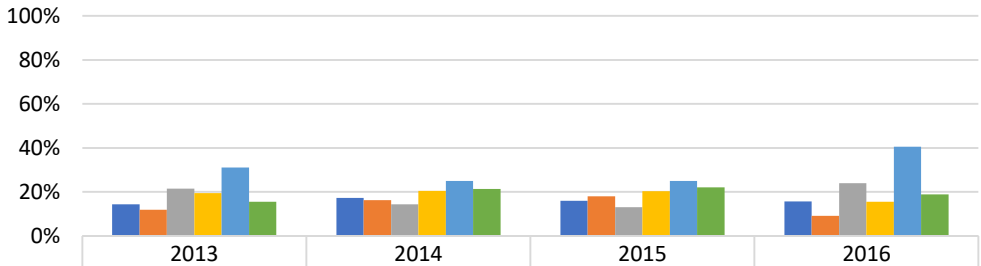


	2013	2014	2015	2016
Occurrence	208	171	163	198
Residence	466	427	452	432

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics

Figure 5 presents data on prenatal care for each county within the Southeast District. In 2016, Nemaha, Pawnee, Richardson Counties had a higher percentage of women who received inadequate prenatal care compared to the state.

Figure 5. Percent Receiving Inadequate Prenatal Care

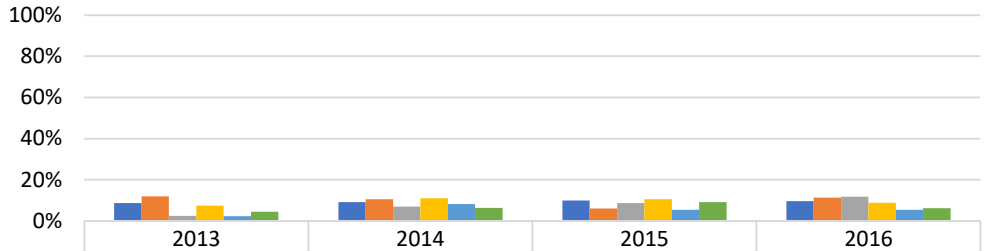


	2013	2014	2015	2016
Nebraska	14.3%	17.2%	16.0%	15.6%
Johnson	11.9%	16.2%	18.0%	9.1%
Nemaha	21.5%	14.3%	13.0%	23.9%
Otoe	19.4%	20.5%	20.3%	15.5%
Pawnee	31.0%	25.0%	25.0%	40.5%
Richardson	15.5%	21.3%	22.1%	18.8%

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report
* Adequacy of prenatal care is calculated by using the Kotelchuk Index. The Kotelchuk Index measures adequacy of prenatal care (adequate, inadequate, and intermediate) by using a combination of the following factors: number of prenatal visits; gestation; and trimester prenatal care began.

Figure 6 through 8 present county-level data on premature births, low birth weight, and birth defects. In 2016, Johnson and Nemaha Counties had a higher percentage of premature births compared to the state. Also, in 2016, Nemaha and Otoe Counties had a higher percentage of birth defects compared to the state.

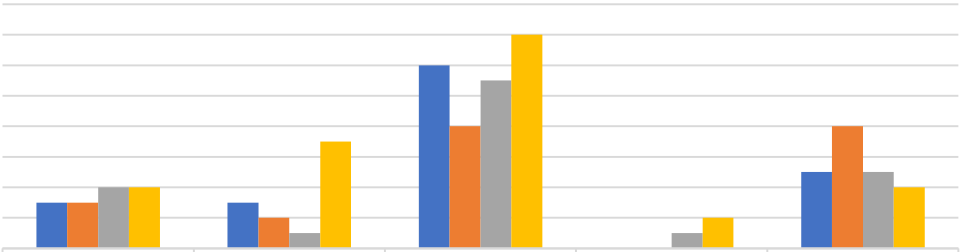
Figure 6. Premature Birth as Percent of Total Births



	2013	2014	2015	2016
Nebraska	8.7%	9.2%	9.9%	9.6%
Johnson	11.9%	10.5%	6.0%	11.4%
Nemaha	2.5%	7.0%	8.7%	11.8%
Otoe	7.4%	11.0%	10.5%	8.9%
Pawnee	2.3%	8.3%	5.4%	5.4%
Richardson	4.5%	6.4%	9.1%	6.2%

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics
* Premature births are live births with < 37 weeks of gestation. Gestational age was determined by ultrasound
.

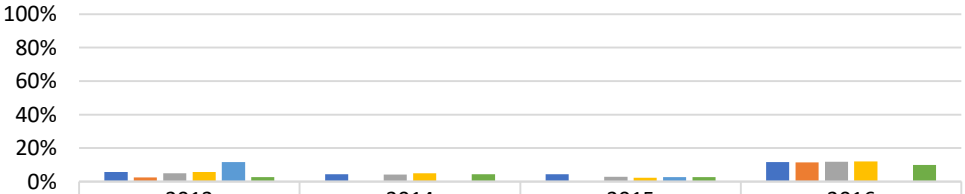
Figure 7. Low Birth Weight Births by County*



	Johnson	Nemaha	Otoe	Pawnee	Richardson
2013	3	3	12	0	5
2014	3	2	8	0	8
2015	4	1	11	1	5
2016	4	7	14	2	4

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics
* Low birth weight is considered any birth weight under 2500 grams, or 5 pounds 9 ounces.

Figure 8. Birth Defects as Percent of Total Births



	2013	2014	2015	2016
Nebraska	5.8%	4.3%	4.4%	11.6%
Johnson	2.4%	0.0%	0.0%	11.4%
Nemaha	4.9%	4.2%	2.9%	11.8%
Otoe	5.8%	4.9%	2.3%	12.1%
Pawnee	11.6%	0.0%	2.7%	0.0%
Richardson	2.7%	4.3%	2.6%	9.9%

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics

Table 19 presents the percentage of Women, Infants, and Children (WIC) clients that have ever breastfed, exclusively breastfed and continued to breastfeed their infants up to two years of age.

Table 19. WIC Client Breastfeeding Prevalence December 2017-November 2018

	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
Ever Breastfed	81%	73%	79%	76%	88%	78%
Exclusively Breastfed-1 Week	43%	71%	71%	56%	43%	50%
Exclusively Breastfed-3 month	16%	22%	44%	6%	25%	18%
Exclusively Breastfed-6 month	9%	13%	20%	5%	17%	0%
1 Week	68%	71%	62%	52%	57%	43%
2 Week	65%	72%	52%	47%	40%	38%
3 Week	62%	69%	57%	49%	20%	42%
4 Week	55%	40%	43%	40%	20%	42%
5 Week	52%	33%	43%	38%	25%	30%
6 Week	48%	21%	47%	31%	25%	0%
2 Month	42%	27%	64%	23%	25%	17%
3 Month	36%	22%	50%	14%	25%	18%
6 Month	25%	25%	28%	18%	17%	14%
9 Month	20%	22%	25%	25%	33%	17%
12 Month	20%	20%	30%	16%	17%	10%
18 Month	10%	0%	33%	0%	0%	0%
24 Month	0%	0%	0%	0%	0%	0%

Source: Family Health Services, personal communication, December 2018

Table 20 and 21 present total cases of perinatal, fetal, neonatal, and infant deaths for each county in the Southeast District since 2013. Due to the low volume of cases, mortality rates are not displayed as they would be unreliable.

Table 20. Perinatal and Fetal Deaths by Place of Residence*

	2013		2014		2015		2016	
	Perinatal Deaths	Fetal Deaths	Perinatal Deaths	Fetal Deaths	Perinatal Deaths	Fetal Deaths	Perinatal Deaths	Fetal Deaths
Nebraska	233	137	252	155	262	153	255	151
Johnson	0	0	1	1	0	0	0	0
Nemaha	0	0	0	0	0	0	0	0
Otoe	3	2	4	3	1	1	6	4
Pawnee	0	0	0	0	0	0	0	0
Richardson	2	1	2	0	0	0	0	0

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

* Fetal death is defined as death prior to birth; noting that any death prior to 20 weeks gestation is not required to be reported. Perinatal death is inclusive of fetal deaths and neonatal deaths.

Table 21. Infant and Neonatal Deaths by Place of Residence

	2013		2014		2015		2016	
	Infant Deaths	Neonatal Deaths	Infant Deaths	Neonatal Deaths	Infant Deaths	Neonatal Deaths	Infant Deaths	Neonatal Deaths
Nebraska	139	96	136	97	154	109	166	104
Johnson	0	0	0	0	0	0	0	0
Nemaha	0	0	0	0	0	0	0	0
Otoe	1	1	1	1	0	0	4	2
Pawnee	0	0	0	0	0	0	0	0
Richardson	1	1	2	2	0	0	0	0

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report
* Infant death is defined as the death of an individual under the age of one year. Neonatal death is the death of an individual under 28 days of age.

EDUCATION

Table 22 presents educational attainment data for the Southeast District and each county for populations over 25 years old. Over one third (38.0%) of residents in the Southeast District have at least a high school diploma or equivalent, which is greater than the state percentage (26.7%). Less than one fourth (21.1%) of the population in the Southeast District has a bachelor's degree or higher, which is lower than the state percentage (30.6%).

Table 22. Highest Level of Educational Attainment – Individuals over 25, Percent

	Nebraska	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
Less than 9th grade	4.1%	2.9%	4.5%	1.4%	3.1%	5.7%	1.9%
9th to 12th grade, no diploma	5.0%	5.9%	7.8%	4.8%	5.7%	4.2%	6.6%
High school graduate (or GED/equivalent)	26.7%	38.0%	41.6%	33.4%	38.2%	43.3%	37.1%
Some college, no degree	23.4%	21.2%	18.6%	21.2%	20.4%	20.4%	24.7%
Associate's degree	10.2%	10.8%	10.3%	11.3%	11.1%	10.5%	10.3%
Bachelor's degree	20.4%	15.3%	12.0%	19.6%	15.6%	11.9%	14.8%
Graduate or professional degree	10.2%	5.8%	5.3%	8.3%	5.8%	4.1%	4.6%

Source: U.S. Census Bureau, 2017 – Educational Attainment, 2013-2017 American Community Survey 5-year estimates
* Weighted average by the over 25 population of each county

Table 23 presents graduation rates for public school districts by county.

Table 23. Public High School Graduation Rates				
	2014-2015	2015-2016	2016-2017	2017-2018
Johnson County				
Sterling Public Schools	89%	100%	95%	*
Johnson Co Central Public Schools	98%	81%	91%	90%
Nemaha County				
Johnson-Brock Public Schools	87%	93%	100%	100%
Auburn Public Schools	93%	92%	90%	92%
Otoe County				
Syracuse-Dunbar-Avoca Schools	98%	97%	86%	93%
Nebraska City Public Schools	88%	88%	88%	83%
Palmyra District O R 1	86%	96%	100%	100%
Pawnee County				
Pawnee City Public Schools	91%	86%	92%	100%
Lewiston Consolidated Schools	*	100%	100%	100%
Richardson County				
Falls City Public Schools	88%	86%	99%	94%
Humboldt Table Rock Steinauer	91%	96%	93%	91%

Source: Nebraska Department of Education, 2018

Tables 24 through 28 present education statistics for each public school district in the Southeast District.

Table 24. Education Statistics for Public School Districts in Johnson County (2017-2018)				
		Sterling Public Schools	Johnson County Central Public Schools	State of Nebraska
Nebraska Student-Centered Assessment System Performance	% Proficient in english language arts	57%	50%	51%
	% Proficient in math	58%	43%	51%
	% Proficient in science	73%	74%	68%
Student Characteristics	Enrollment	198	538	323,391
	% Receiving free/reduced lunch	28%	53%	46%
	% English language learners	*	6%	7%
	% Students in special education	15%	20%	15%

Source: Nebraska Department of Education, 2018
* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

Table 25. Education Statistics for Public School Districts in Nemaha County (2017-2018)				
		Johnson-Brock Public Schools	Auburn Public Schools	State of Nebraska
Nebraska Student-Centered Assessment System Performance	% Proficient in english language arts	69%	59%	51%
	% Proficient in math	66%	65%	51%
	% Proficient in science	95%	90%	68%
Student Characteristics	Enrollment	342	892	323,391
	% Receiving free/reduced lunch	35%	38%	46%
	% English language learners	*	*	7%
	% Students in special education	14%	13%	15%

Source: Nebraska Department of Education, 2018
* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

Table 26. Education Statistics for Public School Districts in Otoe County (2017-2018)					
		Syracuse Dunbar Avoca Public Schools	Nebraska City Public Schools	Palmyra District O R 1	State of Nebraska
Nebraska Student-Centered Assessment System Performance	% Proficient in english language arts	51%	24%	60%	51%
	% Proficient in math	58%	30%	57%	51%
	% Proficient in science	85%	68%	75%	68%
Student Characteristics	Enrollment	772	1465	544	323,391
	% Receiving free/reduced lunch	25%	48%	16%	46%
	% English language learners	*	7%	*	7%
	% Students in special education	13%	20%	22%	15%

Source: Nebraska Department of Education, 2018
* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

Table 27. Education Statistics for Public School Districts in Pawnee County (2017-2018)				
		Pawnee City Public Schools	Lewiston Consolidated Schools	State of Nebraska
Nebraska Student-Centered Assessment System Performance	% Proficient in english language arts	38%	33%	51%
	% Proficient in math	45%	27%	51%
	% Proficient in science	64%	38%	68%

Student Characteristics	Enrollment	299	193	323,391
	% Receiving free/reduced lunch	52%	49%	46%
	% English language learners	*	*	7%
	% Students in special education	23%	20%	15%

Source: Nebraska Department of Education, 2018
* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

Table 28. Education Statistics for Public School Districts in Richardson County (2017-2018)

		Falls City Public Schools	Humboldt Table Rock Steinauer	State of Nebraska
Nebraska Student-Centered Assessment System Performance	% Proficient in english language arts	48%	36%	51%
	% Proficient in math	53%	45%	51%
	% Proficient in science	76%	64%	68%
Student Characteristics	Enrollment	936	364	323,391
	% Receiving free/reduced lunch	53%	51%	46%
	% English language learners	*	*	7%
	% Students in special education	18%	24%	15%

Source: Nebraska Department of Education, 2018
* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

CRIME

In 2017, there were a total of 1,083 arrests in the Southeast District. Adults were responsible for 993 arrests, and juveniles accounted for 90 arrests. Tables 29 and 30 present total arrests for adults and juveniles by county.

Table 29. Total Juvenile Arrest by County

	2013	2014	2015	2016	2017
Johnson	0	-	-	-	-
Pawnee	0	6	6	1	10
Richardson	19	54	17	37	23
Nemaha	17	24	13	12	7
Otoe	90	44	48	65	50
Southeast	126	128	84	115	90

Source: Nebraska Crime Commission, 2018

Table 30. Total Adult Arrests by County					
	2013	2014	2015	2016	2017
Johnson	82	85	100	44	109
Pawnee	23	25	22	15	40
Richardson	199	149	164	268	289
Nemaha	189	243	207	280	245
Otoe	313	256	351	333	310
Southeast	806	758	844	940	993

Source: Nebraska Crime Commission, 2018

Table 31 presents arrest rates for each county from 2015 through 2017. In 2017, Richardson County was the only county to have a higher arrest rate than the state, 38.9 and 25.5, respectively.

Table 31. Arrest Rate per 1,000 Population			
	2015	2016	2017
Johnson	19.3	7.8	21.1
Pawnee	10	6.1	19
Richardson	22.4	38	38.9
Nemaha	30.6	28.3	24.4
Otoe	25.2	22	20
Nebraska*	24.6	24.8	25.5

Source: Nebraska Crime Commission, 2018
*State-level arrest data provided by the Nebraska Crime Commission are unreliable as law enforcement agencies are not required to submit arrest data, and some agencies choose not to.

Table 32 presents the total number of arrests for the Southeast District by type from 2013 through 2017. During this period, drug abuse-related crimes, driving under the influence, and simple assault were the top three leading cause for arrest in the district.

Table 32. Total Arrests in the Southeast District by Type					
	2013	2014	2015	2016	2017
Criminal Homicide	0	0	2	1	0
Forcible Rape	1	2	2	2	0
Robbery	1	0		2	0
Aggravated Assault	8	9	10	9	18
Burglary	26	19	17	25	21
Larceny	92	82	52	50	97
Motor Vehicle Theft	12	4	12	3	3
Simple Assault	159	116	130	153	102
Arson	1	1	2	0	1
Forgery/Counterfeit	3	3	5	2	4
Fraud	14	17	7	19	21
Embezzlement	0	0	0	0	2
Stolen Property	11	1	7	4	6
Vandalism	37	33	17	29	32

Weapons	12	8	9	10	6
Sex Offense	7	2	3	13	14
Drug Abuse	130	109	168	151	170
Offense against kids	130	8	17	11	11
Driving Under the Influence	137	139	153	118	121
Liquor Laws	76	129	109	95	108
Disorderly Conduct	32	59	46	51	42
All other Offenses	138	125	149	301	304
Curfew (Juvenile)	14	9	6	6	0
Runaway (Juvenile)	2	10	5	0	0

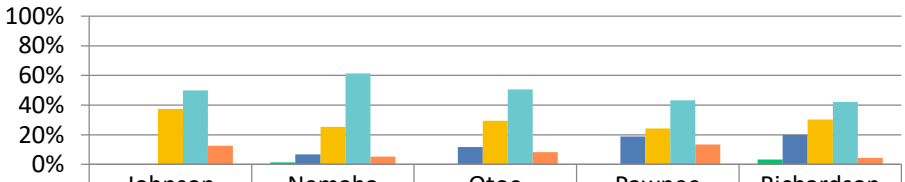
Source: Nebraska Crime Commission, 2018

COMMUNITY WELL-BEING

Survey participants were asked about their perceptions on the well-being of the communities where they reside. Topics assessed included quality of life, the community as a place to raise children and grow old, job availability, social support, and community engagement. Participants were asked to indicate their level agreement with the following response options: strongly disagree, disagree, neutral, agree, and strongly agree. Figures 9 through 18 detail responses to each topic by county.

Quality of Life

Figure 9. I am satisfied with the quality of life in the community.

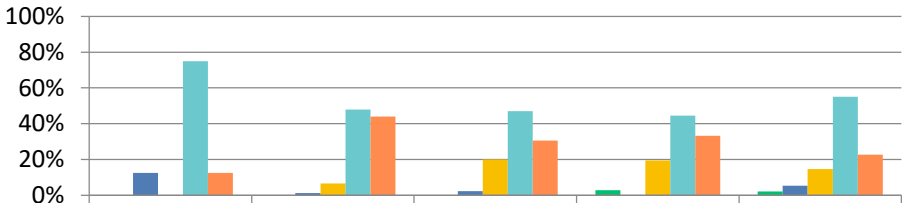


	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	1.3%	0.0%	0.0%	3.2%
Disagree	0.0%	6.7%	11.8%	18.9%	20.0%
Neutral	37.5%	25.3%	29.4%	24.3%	30.3%
Agree	50.0%	61.3%	50.6%	43.2%	42.2%
Strongly Agree	12.5%	5.3%	8.2%	13.5%	4.3%

Source: SEDHD Community Survey, 2018

The Community as a Place to Raise Children

Figure 10. This is a good place to raise children.

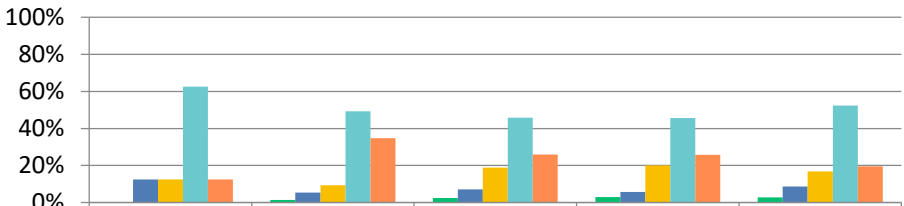


	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	0.0%	0.0%	2.8%	2.2%
Disagree	12.5%	1.3%	2.4%	0.0%	5.4%
Neutral	0.0%	6.7%	20.0%	19.4%	14.6%
Agree	75.0%	48.0%	47.1%	44.4%	55.1%
Strongly Agree	12.5%	44.0%	30.6%	33.3%	22.7%

Source: SEDHD Community Survey, 2018

The Community as a Place to Grow Old

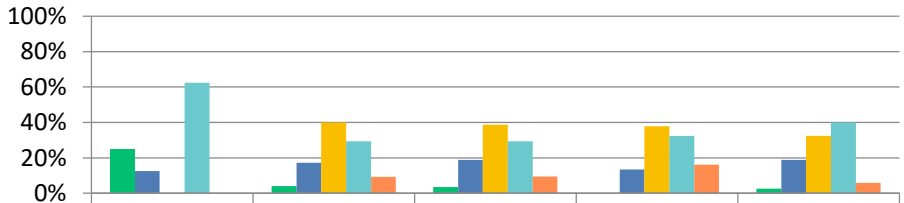
Figure 11. This is a good place to grow old.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	1.3%	2.4%	2.9%	2.7%
Disagree	12.5%	5.3%	7.1%	5.7%	8.7%
Neutral	12.5%	9.3%	18.8%	20.0%	16.8%
Agree	62.5%	49.3%	45.9%	45.7%	52.4%
Strongly Agree	12.5%	34.7%	25.9%	25.7%	19.5%

Source: SEDHD Community Survey, 2018

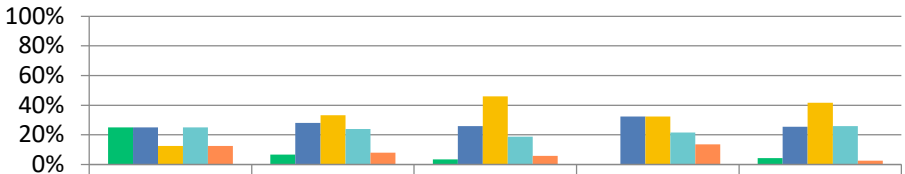
Figure 12. There are enough programs that provide meals for older adults in my community.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	25.0%	4.0%	3.5%	0.0%	2.7%
Disagree	12.5%	17.3%	18.8%	13.5%	18.9%
Neutral	0.0%	40.0%	38.8%	37.8%	32.4%
Agree	62.5%	29.3%	29.4%	32.4%	40.0%
Strongly Agree	0.0%	9.3%	9.4%	16.2%	6.0%

Source: SEDHD Community Survey, 2018

Figure 13. There are support networks for the elderly living alone.

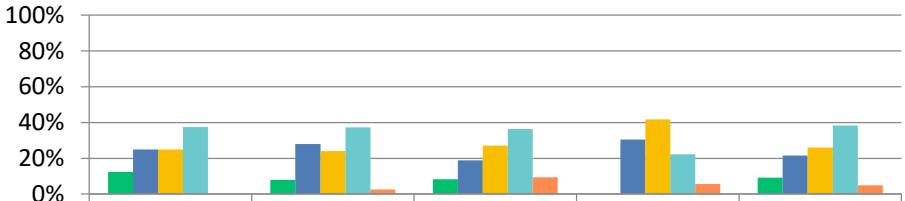


	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	25.0%	6.7%	3.5%	0.0%	4.3%
Disagree	25.0%	28.0%	25.9%	32.4%	25.4%
Neutral	12.5%	33.3%	45.9%	32.4%	41.6%
Agree	25.0%	24.0%	18.8%	21.6%	26.0%
Strongly Agree	12.5%	8.0%	5.9%	13.5%	2.7%

Source: SEDHD Community Survey, 2018

Job Availability

Figure 14. There are jobs available in my community.

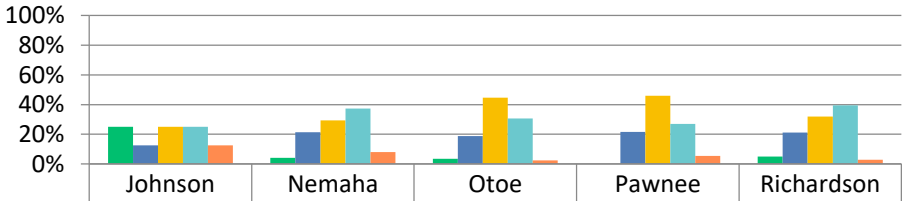


	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	12.5%	8.0%	8.2%	0.0%	9.2%
Disagree	25.0%	28.0%	18.8%	30.6%	21.6%
Neutral	25.0%	24.0%	27.1%	41.7%	26.0%
Agree	37.5%	37.3%	36.5%	22.2%	38.4%
Strongly Agree	0.0%	2.7%	9.4%	5.6%	4.9%

Source: SEDHD Community Survey, 2018

Social Support and Community Engagement

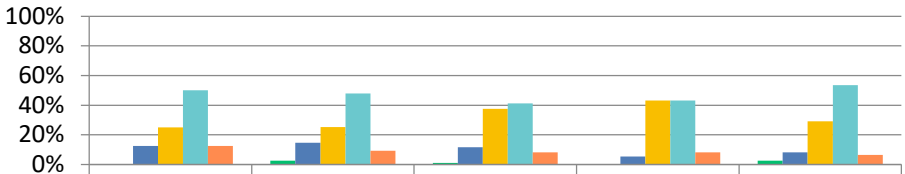
Figure 15. There are networks of support for individuals and families during times of stress and need.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	25.0%	4.0%	3.5%	0.0%	4.9%
Disagree	12.5%	21.3%	18.8%	21.6%	21.1%
Neutral	25.0%	29.3%	44.7%	46.0%	31.9%
Agree	25.0%	37.3%	30.6%	27.0%	39.5%
Strongly Agree	12.5%	8.0%	2.4%	5.4%	2.7%

Source: SEDHD Community Survey, 2018

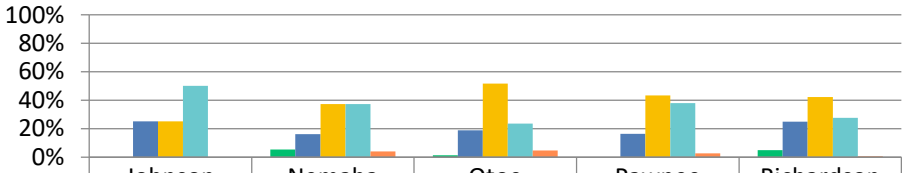
Figure 16. All individuals and groups have the opportunity to contribute to and participate in the community's quality of life.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	2.7%	1.2%	0.0%	2.7%
Disagree	12.5%	14.7%	11.8%	5.4%	8.1%
Neutral	25.0%	25.3%	37.7%	43.2%	29.2%
Agree	50.0%	48.0%	41.2%	43.2%	53.5%
Strongly Agree	12.5%	9.3%	8.2%	8.1%	6.5%

Source: SEDHD Community Survey, 2018

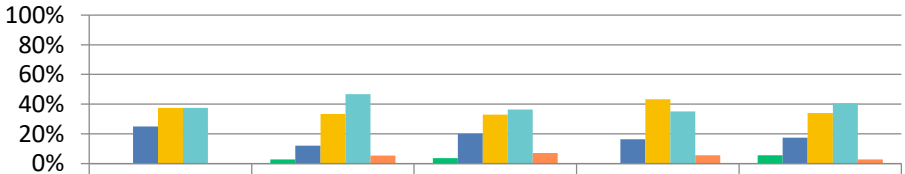
Figure 17. All residents think that they, individually or collectively, can make the community a better place to live.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	5.3%	1.2%	0.0%	4.9%
Disagree	25.0%	16.0%	18.8%	16.2%	24.9%
Neutral	25.0%	37.3%	51.8%	43.2%	42.2%
Agree	50.0%	37.3%	23.5%	37.8%	27.6%
Strongly Agree	0.0%	4.0%	4.7%	2.7%	0.5%

Source: SEDHD Community Survey, 2018

Figure 18. There is an active sense of civic responsibility and engagement and civic pride in shared accomplishments.



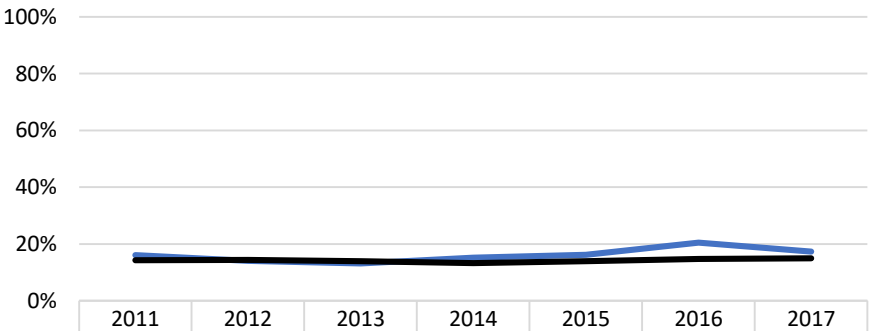
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	2.7%	3.5%	0.0%	5.4%
Disagree	25.0%	12.0%	20.0%	16.2%	17.3%
Neutral	37.5%	33.3%	32.9%	43.2%	34.1%
Agree	37.5%	46.7%	36.5%	35.1%	40.5%
Strongly Agree	0.0%	5.3%	7.1%	5.4%	2.7%

Source: SEDHD Community Survey, 2018

Overall and Physical Health

From 2014 through 2017, the Southeast District had a higher percentage of adults reporting that their general health was fair or poor (Figure 19).

Figure 19. Percent of Adults Ages 18 and Over Reporting General Health as Fair or Poor*

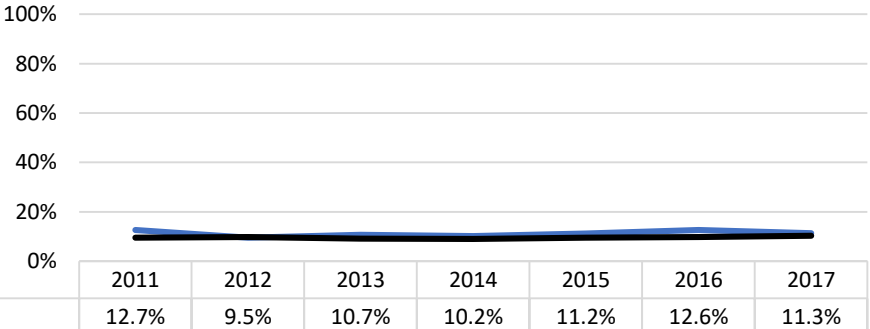


	2011	2012	2013	2014	2015	2016	2017
Southeast	16.1%	14.1%	13.1%	15.2%	16.2%	20.5%	17.3%
State of Nebraska	14.3%	14.4%	13.9%	13.2%	13.9%	14.7%	14.9%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Response options: Excellent, very good, good, fair, poor.

Likewise, from 2013 through 2017, the Southeast District had a higher percentage of adults reporting that their physical health was not good on 14 or more of the past 30 days (Figure 20).

Figure 20. Percent of Adults Ages 18 and Over Reporting Physical Health Was Not Good on 14 or More of the Past 30 Days

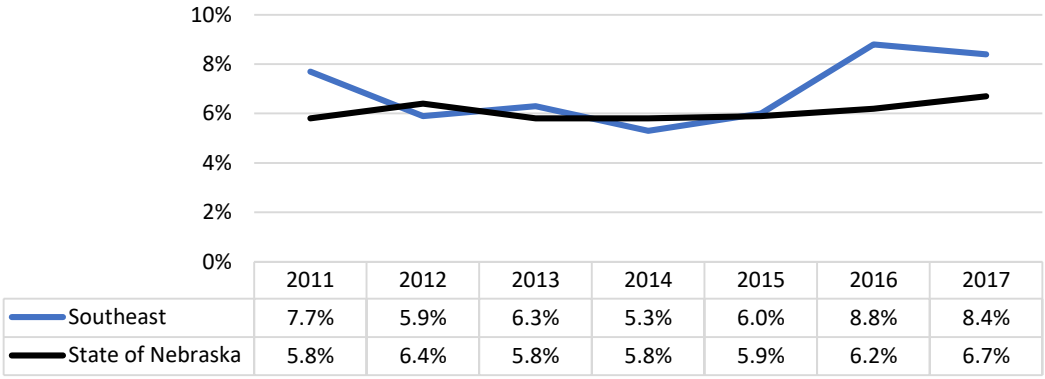


	2011	2012	2013	2014	2015	2016	2017
Southeast	12.7%	9.5%	10.7%	10.2%	11.2%	12.6%	11.3%
State of Nebraska	9.6%	9.8%	9.2%	9.0%	9.6%	9.8%	10.3%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Also, from 2015 to 2017, the Southeast District had a higher percentage of adults reporting that their physical health or mental health limited their usual activities on 14 or more of the past 30 days (Figure 21).

Figure 21. Percent of Adults Ages 18 and Over Reporting Poor Physical or Mental Health Limited Usual Activities on 14 or More of the Past 30 Days



	2011	2012	2013	2014	2015	2016	2017
Southeast	7.7%	5.9%	6.3%	5.3%	6.0%	8.8%	8.4%
State of Nebraska	5.8%	6.4%	5.8%	5.8%	5.9%	6.2%	6.7%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

County Health Rankings

County Health Rankings provides rankings at the county-level for every state. Rankings are divided into two primary categories, health outcomes and health factors. Health outcomes is subcategorized to include rankings for length of life and quality of life. Health factors is subcategorized to include rankings for health behaviors, clinical care, social and economic factors, and physical environment. For Nebraska, 80 counties are included in the 2018 rankings. Counties that rank closest to 1st are considered to be healthier. Table 33 and Table 34 detail rankings for each of the counties within the Southeast District for health outcomes and health factors, and include rankings for each subcategory.

Table 33. County Health Outcomes Rankings and Subcategories

	Johnson	Nemaha	Otoe	Pawnee	Richardson
Health Outcomes	59	70	28	69	62
Length of Life	65	71	29	36	69
Quality of Life	50	49	48	75	41

Source: County Health Rankings

Table 34. County Health Factors Rankings and Subcategories

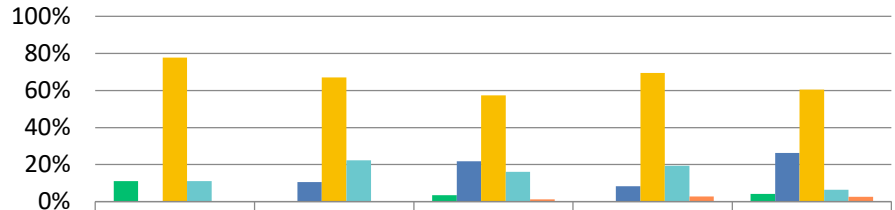
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Health Factors	74	56	48	66	77
Health Behaviors	68	58	71	56	79
Clinical Care	56	30	18	21	71
Social & Economic Factors	70	58	41	73	57
Physical Environment	51	62	67	54	45

Source: County Health Rankings

Perception of Community Health

Survey participants were asked how healthy they would rate their community. Response options included very unhealthy, unhealthy, somewhat healthy, healthy, and very healthy. Over two-thirds of respondents from all counties rated the health of their community as somewhat healthy, healthy, or very healthy. Figure 22 presents responses for each county.

Figure 22. How "healthy" would you rate your community?



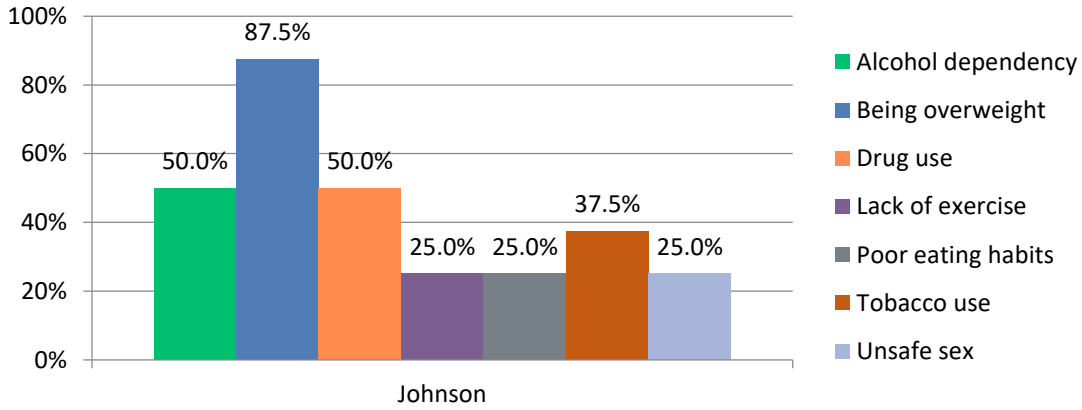
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Very Unhealth	11.1%	0.0%	3.5%	0.0%	4.2%
Unhealthy	0.0%	10.5%	21.8%	8.3%	26.3%
Somewhat Healthy	77.8%	67.1%	57.5%	69.4%	60.5%
Healthy	11.1%	22.4%	16.1%	19.4%	6.3%
Very Healthy	0.0%	0.0%	1.2%	2.8%	2.6%

Source: SEDHD Community Survey, 2018

COMMUNITY BEHAVIOR

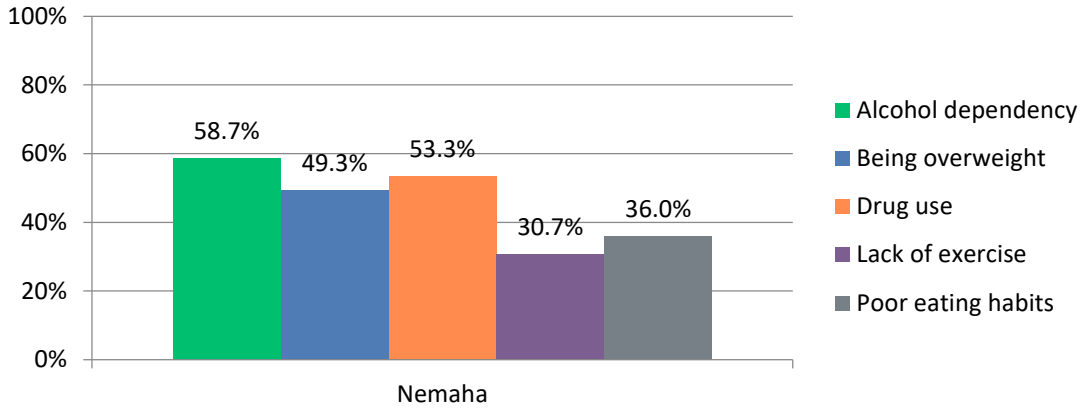
Survey participants were asked what they perceived as the most important risky behaviors that have the greatest impact on the health of their community. Participants selected up to three behaviors from the following options: alcohol dependency, being overweight, dropping out of school, divorce, drug use, lack of exercise, not getting "shots" to prevent disease, not using birth control, not using seat belts/child safety seats, poor eating habits, racism, tobacco use, and unsafe sex. Figures 23 through 27 present the top five responses for each county.

Figure 23. Top Five Responses for Most Important Risky Behaviors - Johnson County



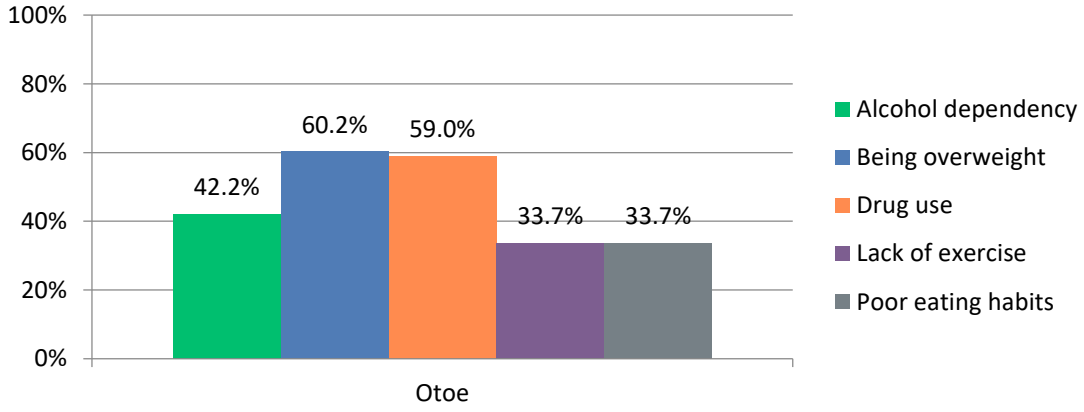
Source: SEDHD Community Survey, 2018

Figure 24. Top Five Responses for Most Important Risky Behaviors - Nemaha County



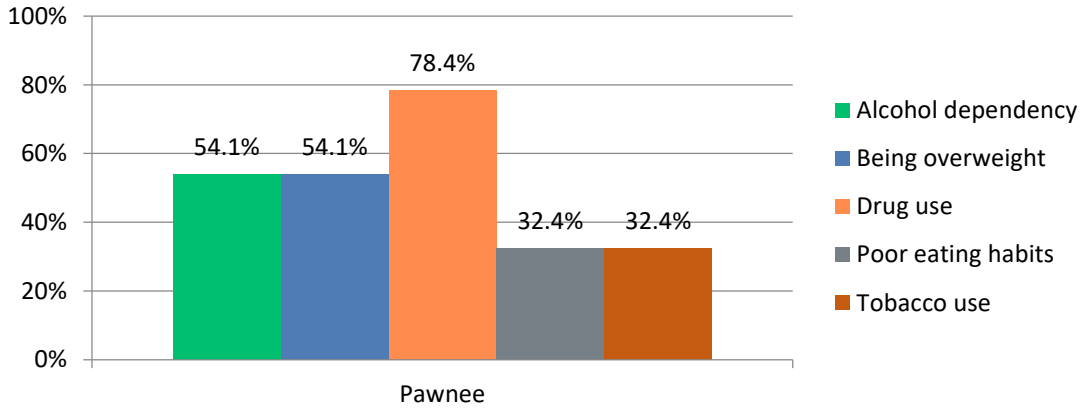
Source: SEDHD Community Survey, 2018

Figure 25. Top Five Responses for Most Important Risky Behaviors - Otoe County



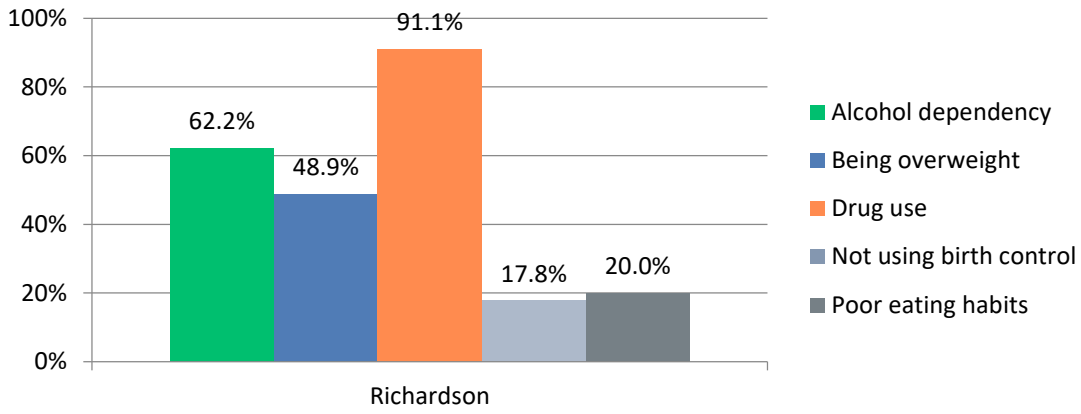
Source: SEDHD Community Survey, 2018

Figure 26. Top Five Responses for Most Important Risky Behaviors - Pawnee County



Source: SEDHD Community Survey, 2018

Figure 27. Top Five Responses for Most Important Risky Behaviors - Richardson County

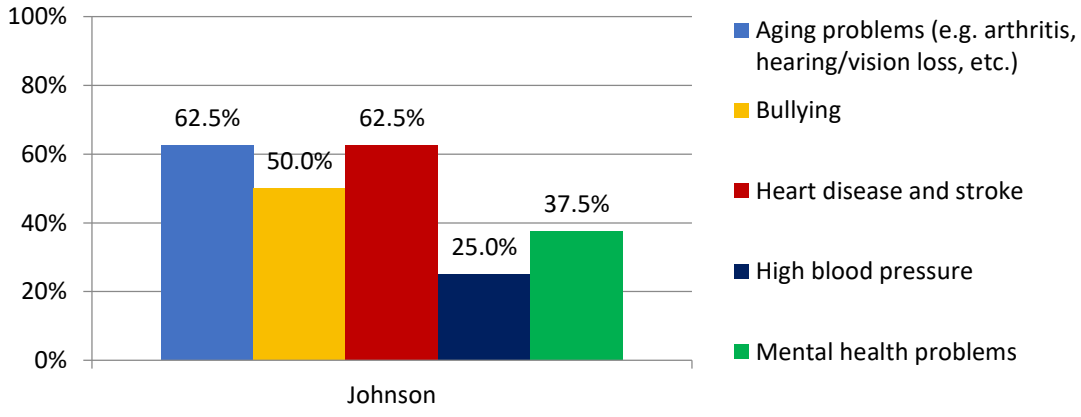


Source: SEDHD Community Survey, 2018

COMMUNITY HEALTH CONCERNS

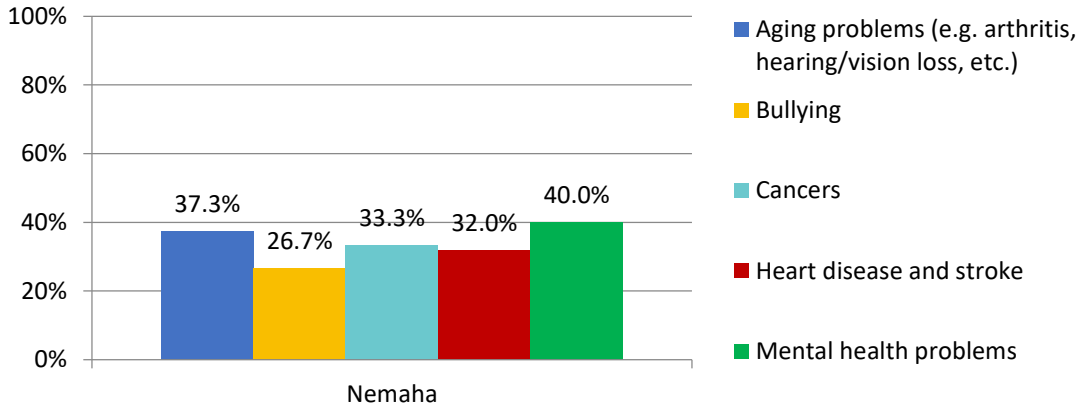
Survey participants were asked what they perceived as important health concerns in their community. Participants selected up to three health concerns from the following options: access to health care, aging problems (e.g. arthritis, hearing/vision loss, etc.), bullying, cancers, child abuse/neglect, comprehension of health care system, dental problems, diabetes, domestic violence, firearm-related injuries, farming-related injuries, heart disease and stroke, high blood pressure, HIV/AIDS, homicide, homelessness, inadequate housing, infant care (breastfeeding, Sudden Infant Death Syndrome, etc.), infectious disease (Hepatitis, Tuberculosis, etc.), joblessness, lack of access to adequate food supply, lack of resources for parents, mental health problems, motor vehicle crash injuries, rape/sexual abuse, Sexually Transmitted Diseases (STDs), suicide, and workplace-related injuries. Figures 28 through 32 present the top five responses for each county.

Figure 28. Top Five Responses for Most Important Health Concerns - Johnson County



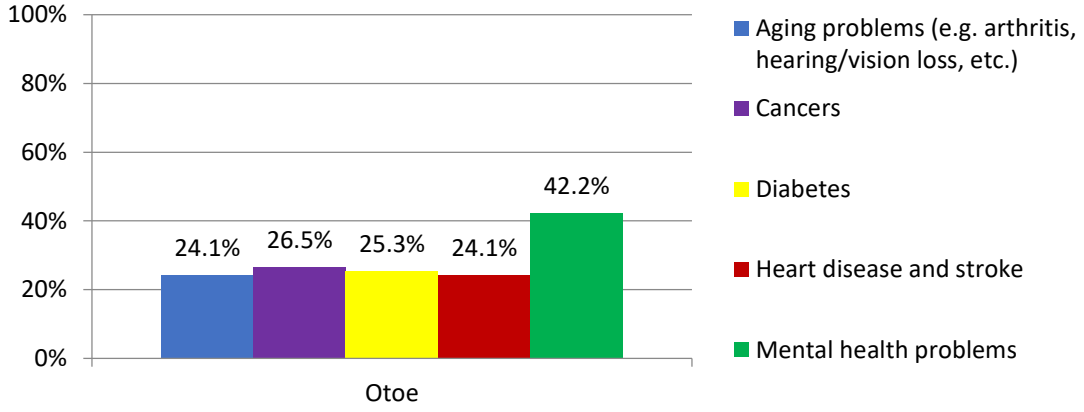
Source: SEDHD Community Survey, 2018

Figure 29. Top Five Responses for Most Important Health Concerns - Nemaha County



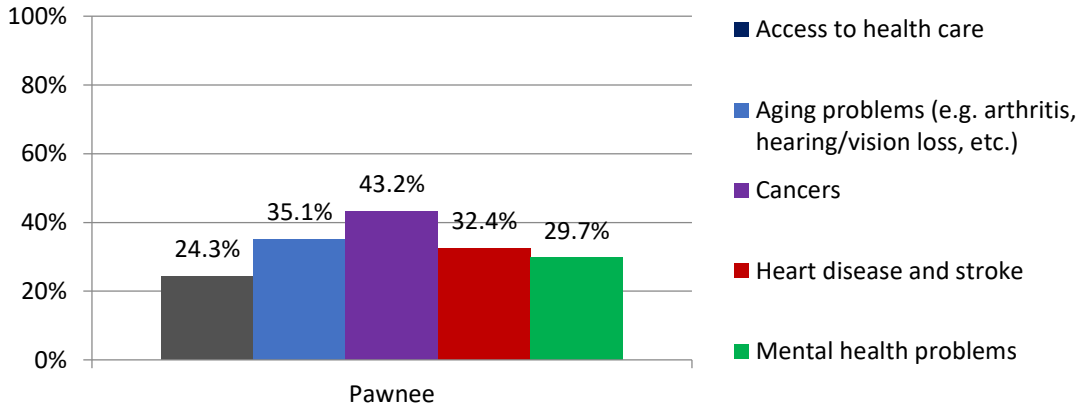
Source: SEDHD Community Survey, 2018

Figure 30. Top Five Responses for Most Important Health Concerns - Otoe County



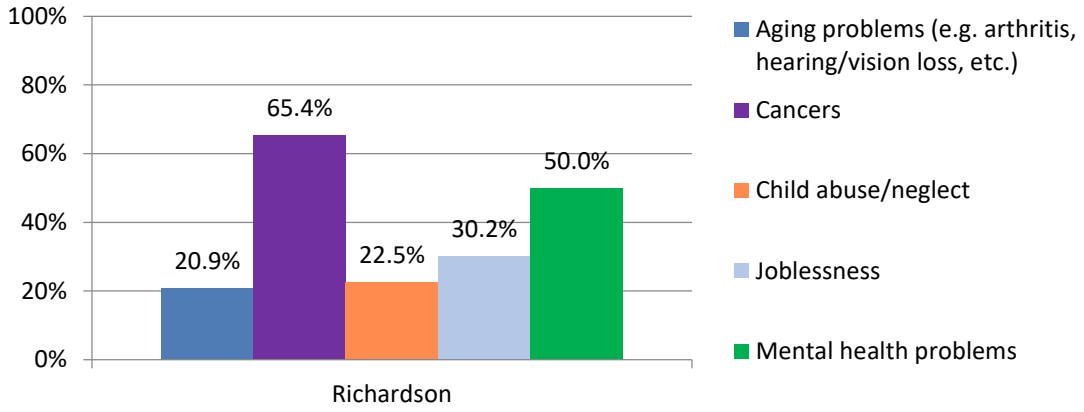
Source: SEDHD Community Survey, 2018

Figure 31. Top Five Responses for Most Important Health Concerns - Pawnee County



Source: SEDHD Community Survey, 2018

Figure 32. Top Five Responses for Most Important Health Concerns - Richardson County



Source: SEDHD Community Survey, 2018

ACCESS TO HEALTH CARE

Health Insurance

The Southeast District had a lower percentage of the population that was without health insurance as compared to the state in 2017. However, Pawnee County had a higher percentage of uninsured population (Table 35). Likewise, the Southeast District had a lower percentage of 18 of age and under population that was without health insurance (Table 36). However, Otoe and Pawnee Counties had high percentages of 18 of age and under population without health insurance with Pawnee county having approximately four times that of the state.

Table 35. Total Uninsured, Percent

Nebraska	Southeast*	Johnson	Nemaha	Otoe	Pawnee	Richardson
9.0%	7.7%	7.3%	6.6%	7.5%	14.0%	7.4%

Source: U.S. Census Bureau, 2017 - Selected characteristics of health insurance coverage in the United States, 2013-2017 American Community Survey 5-year estimates
* Weighted average by the population of each county

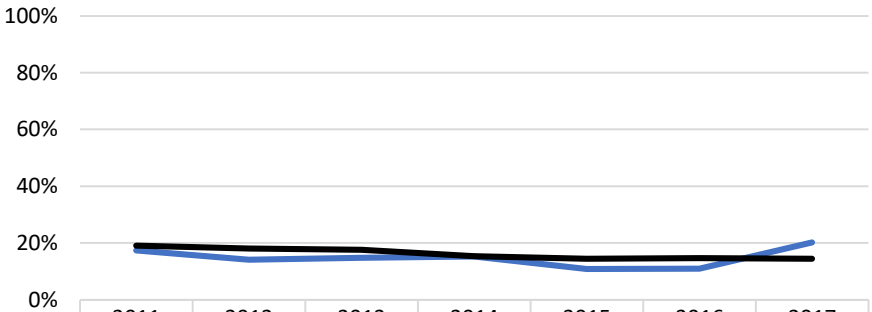
Table 36. Uninsured – Individuals 18 and Under, Percent

Nebraska	Southeast*	Johnson	Nemaha	Otoe	Pawnee	Richardson
5.3%	5.0%	2.0%	1.9%	6.0%	20.9%	2.2%

Source: U.S. Census Bureau, 2017 - Selected characteristics of health insurance coverage in the United States, 2013-2017 American Community Survey 5-year estimates
* Weighted average by the population of each county

In 2017, 20.2% of Southeast District adults ages 18-64 reported having no health care coverage (Figure 33). This indicator has seen a steady increased since 2011 and has almost doubled from the 2015-2016 period, whereas the state has seen a steady downward trend since 2011.

Figure 33. Percent of Adults Ages 18 to 64 Reporting They Have No Health Care Coverage



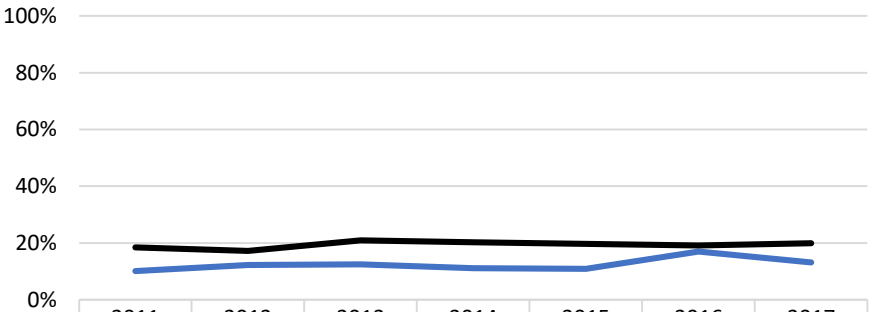
	2011	2012	2013	2014	2015	2016	2017
Southeast	17.4%	14.1%	14.8%	15.2%	10.8%	10.9%	20.2%
State of Nebraska	19.1%	18.0%	17.6%	15.3%	14.4%	14.7%	14.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Access of Health Providers

In 2017, fewer Southeast District adults reported not having a personal doctor or health care provider (Figure 34), and fewer adults reported cost as a barrier in seeking care (Figure 35). Additionally, a higher percentage of Southeast District adults reported having had a routine checkup in the past year, compared to the state (Figure 36). However, this percentage is only slightly higher, and both the Southeast District and state data indicate an upward trend in annual checkup completions.

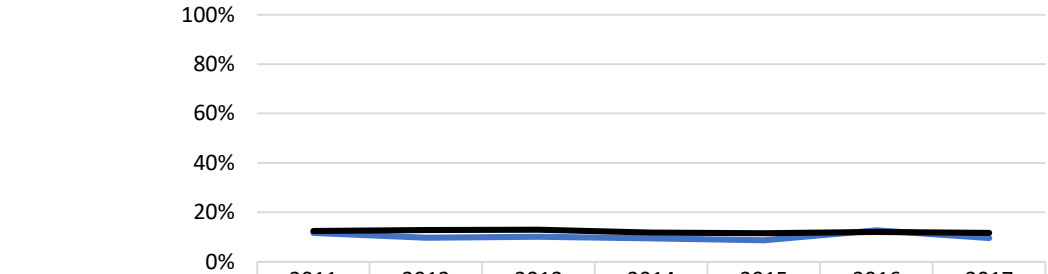
Figure 34. Percent of Adults Ages 18 and Over Reporting They Have No Personal Doctor or Health Care Provider



	2011	2012	2013	2014	2015	2016	2017
Southeast	10.1%	12.3%	12.5%	11.1%	10.9%	17.0%	13.2%
State of Nebraska	18.4%	17.2%	20.9%	20.2%	19.7%	19.1%	19.9%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

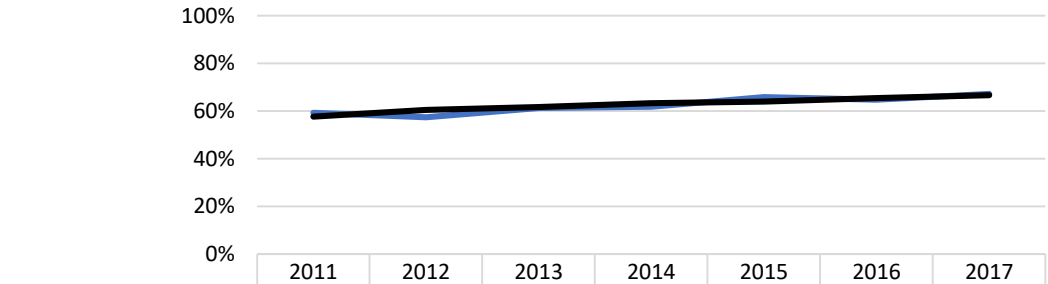
Figure 35. Percent of Adults Ages 18 and Over Reporting They Needed to See a Doctor but Could Not Due to Cost in Past Year^



	2011	2012	2013	2014	2015	2016	2017
Southeast	11.7%	9.7%	10.1%	9.5%	8.7%	12.7%	9.6%
State of Nebraska	12.5%	12.8%	13.0%	11.8%	11.5%	12.1%	11.7%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
^ Nebraska Healthy People 2020 Measure

Figure 36. Percent of Adults Ages 18 and over Reporting They Had a Routine Checkup in Past Year^



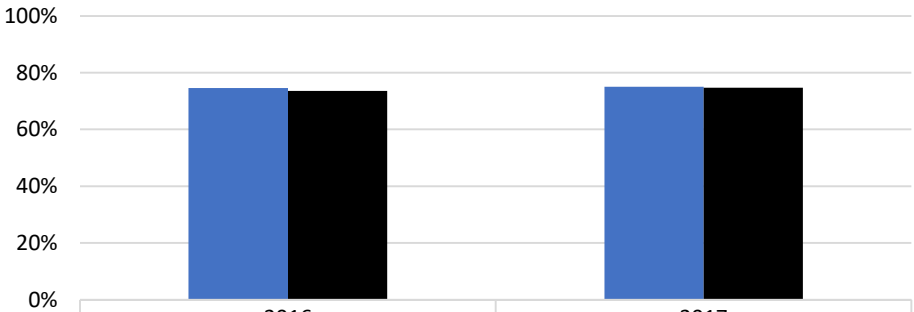
	2011	2012	2013	2014	2015	2016	2017
Southeast	59.2%	57.3%	61.2%	61.8%	65.8%	64.7%	67.2%
State of Nebraska	57.7%	60.4%	61.6%	63.3%	63.9%	65.4%	66.7%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
^ Nebraska Healthy People 2020 Measure

Health Literacy

In 2017, The BRFFS included three statements regarding health literacy: 1) Very easy to get needed advice or information about health or medical topics, 2) Very easy to understand information that medical professions tell you, 3) Very easy to understand written health information. Overall, a greater percentage of Southeast District adults found it easy to obtain needed medical advice or information compared to the state (Figure 37). However, Southeast District adults showed lower levels of health literacy regarding the ability to understand the information provided by medical professionals and the ability to understand written health information (Figure 38a and 39a). Also, a statistically significant difference among genders is present with men showing a lower level of health literacy when compared to women regarding the ability to understand information provided by medical professionals and the ability to understand written health information (Figure 38b and Figure 39b).

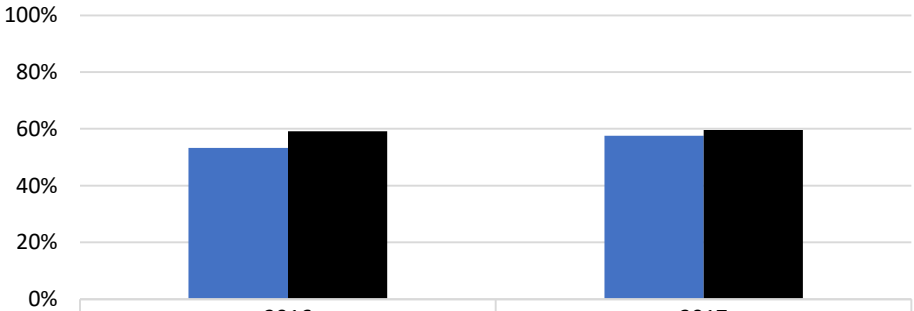
Figure 37. Very Easy to Get Needed Advice or Information About Health or Medical Topics



	2016	2017
Southeast	74.6%	75.1%
State of Nebraska	73.6%	74.7%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

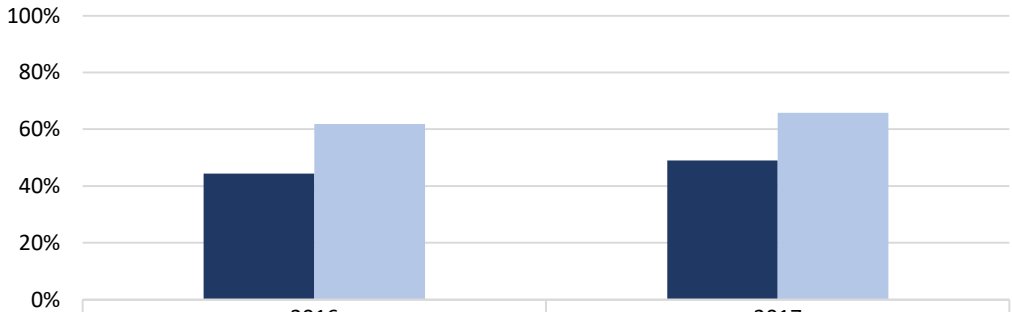
Figure 38a. Very Easy to Understand Information that Medical Professions Tell You



	2016	2017
Southeast	53.3%	57.6%
State of Nebraska	59.1%	59.6%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

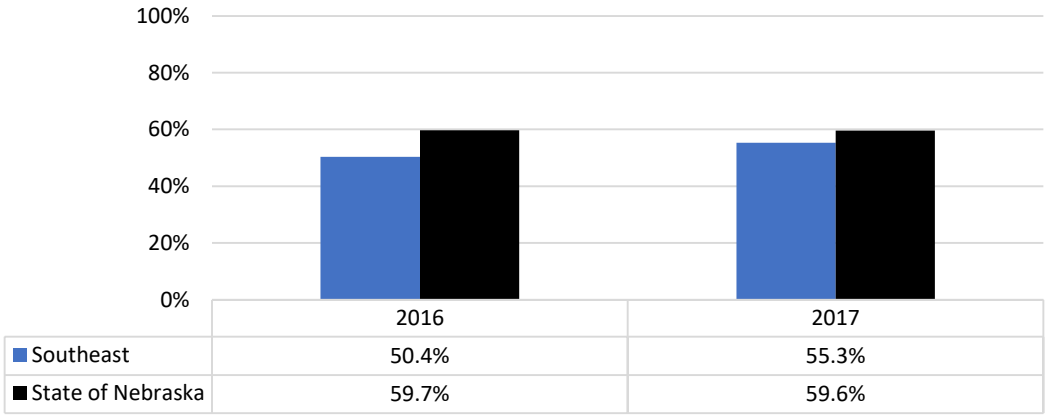
Figure 38b. Very Easy to Understand Information that Medical Professions Tell You , SEDHD Men vs Women



	2016	2017
Men	44.4%	49.0%
Women	61.9%	65.8%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

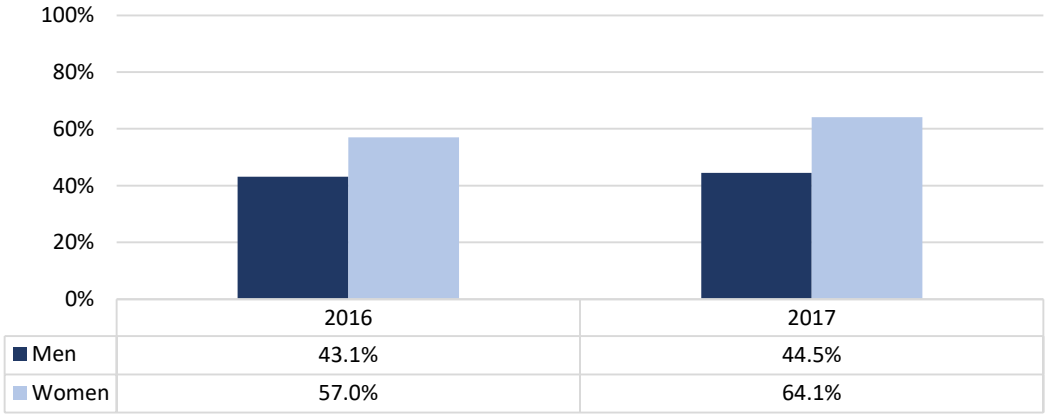
Figure 39a. Very Easy to Understand Written Health Information



	2016	2017
Southeast	50.4%	55.3%
State of Nebraska	59.7%	59.6%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 39b. Very Easy to Understand Written Health Information , SEDHD Men vs Women



	2016	2017
Men	43.1%	44.5%
Women	57.0%	64.1%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Health Professionals

Table 37 presents Federal Designated Health Professional Shortages in the Southeast District for primary care, mental health, dental health. Johnson and Richardson Counties are designated shortage areas for primary care and all counties, besides Otoe, are designated shortage areas for dental health. Additionally, the entire Southeast District is a designated mental health shortage area.

Table 37. Federal Designated Health Professional Shortages

	Johnson	Nemaha	Otoe	Pawnee	Richardson	SEDHD Region
Primary Care	✓				✓	
Mental Health	✓	✓	✓	✓	✓	✓
Dental Health	✓	✓		✓	✓	

Source: U.S. Health and Human Services Health Resources and Services Administration, 2018

Table 38 displays State Designated Health Professional Shortages in the Southeast District for various health professions. All counties within the district are full or partial shortage areas for internal medicine, pediatrics, obstetrics and gynecology, and psychiatrics. Occupational and physical therapy are the only health professions in which the Southeast District did not have a full or partial professional shortage.

Table 38. State Designated Health Professional Shortages

	Johnson	Nemaha	Otoe	Pawnee	Richardson	SEDHD Region
Family Medicine	✓				✓	Partial
General Surgery	✓	✓	Partial	✓		Partial
Internal Medicine	✓	✓	Partial	✓	✓	Partial
Pediatrics	✓	✓	Partial	✓	✓	Partial
Obstetrics and Gynecology	✓	✓	Partial	✓	✓	Partial
Psychiatrics	✓	✓	Partial	✓	✓	Partial
General Dentistry		Partial		Partial		Partial
Pharmacy				✓	✓	Partial
Occupational Therapy						
Physical Therapy						

Source: Nebraska Department of Health and Human Services Office of Rural Health, 2018

Table 39 displays the ratio of population to primary care physicians, midlevel primary care providers, dentists, and mental health providers. Text highlighted in red indicates health professions for which there is a higher number of people served per health care professional as compared to the state.

Table 39. Ratio of Population to Health Care Providers

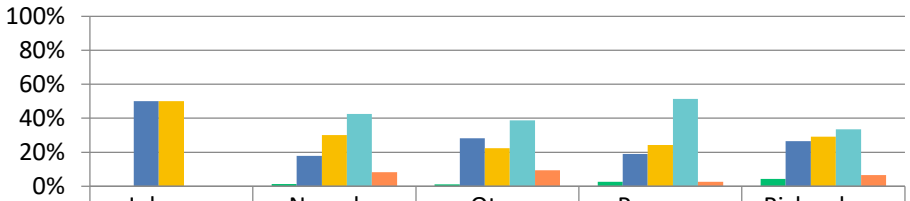
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
Primary Care Physician	5,170:1	1,410:1	1,600:1	890:1	4,050:1	1,340:1
Midlevel Primary Care Providers*	862:1	-	2,297:1	663:1	1,151:1	988:1
Dentists	5,170:1	2,320:1	1,790:1	660:1	2,690:1	1,360:1
Mental Health Providers	-	2,320:1	2,010:1	2,650:1	1,340:1	420:1

Source: County Health Rankings, 2018
"-" indicates that no data was available from this source
* Midlevel primary care providers include nurse practitioners, physician assistants, and clinical nurse specialists

Community Perception of Health Care System

Survey participants were asked about their perceptions of the health care system in their communities. Topics assessed included health and wellness activities, satisfaction of the health care system, access to family health providers, access to medical specialists, satisfaction of medical care, costs for medical care, and access to medical care. Participants were asked to indicate their level agreement with the following response options: strongly disagree, disagree, neutral, agree, and strongly agree. Figures 40 through 46 detail responses to each topic for each by county.

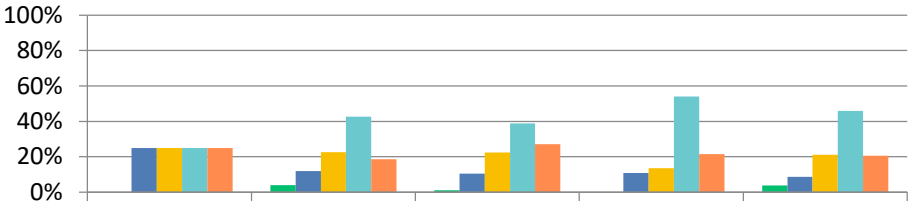
Figure 40. The community has adequate health and wellness activities.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	1.4%	1.2%	2.7%	4.3%
Disagree	50.0%	17.8%	28.2%	18.9%	26.5%
Neutral	50.0%	30.1%	22.4%	24.3%	29.2%
Agree	0.0%	42.5%	38.8%	51.4%	33.5%
Strongly Agree	0.0%	8.2%	9.4%	2.7%	6.5%

Source: SEDHD Community Survey, 2018

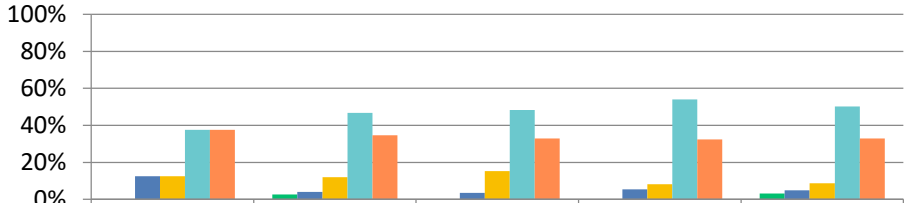
Figure 41. I am satisfied with the health care system in the community.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	4.0%	1.2%	0.0%	3.8%
Disagree	25.0%	12.0%	10.6%	10.8%	8.7%
Neutral	25.0%	22.7%	22.4%	13.5%	21.1%
Agree	25.0%	42.7%	38.8%	54.1%	46.0%
Strongly Agree	25.0%	18.7%	27.1%	21.6%	20.5%

Source: SEDHD Community Survey, 2018

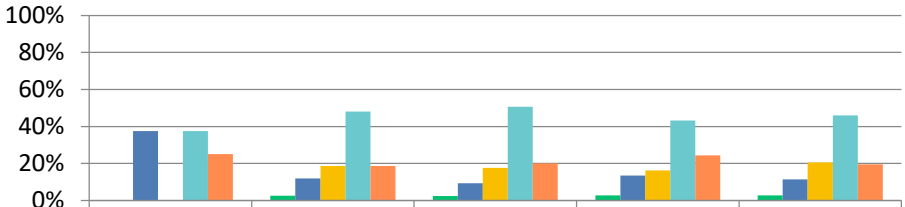
Figure 42. I have easy access to family health providers.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	2.7%	0.0%	0.0%	3.2%
Disagree	12.5%	4.0%	3.5%	5.4%	4.9%
Neutral	12.5%	12.0%	15.3%	8.1%	8.7%
Agree	37.5%	46.7%	48.2%	54.1%	50.3%
Strongly Agree	37.5%	34.7%	32.9%	32.4%	33.0%

Source: SEDHD Community Survey, 2018

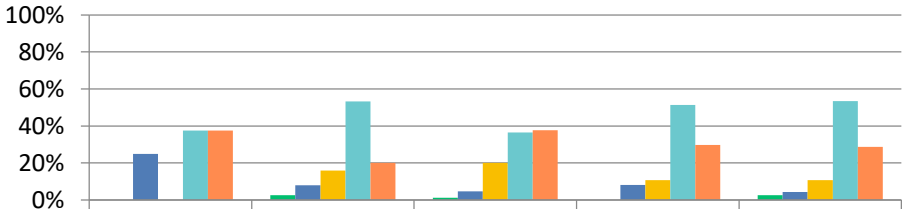
Figure 43. I have easy access to the medical specialists I need.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	2.7%	2.4%	2.7%	2.7%
Disagree	37.5%	12.0%	9.4%	13.5%	11.4%
Neutral	0.0%	18.7%	17.7%	16.2%	20.5%
Agree	37.5%	48.0%	50.6%	43.2%	46.0%
Strongly Agree	25.0%	18.7%	20.0%	24.3%	19.5%

Source: SEDHD Community Survey, 2018

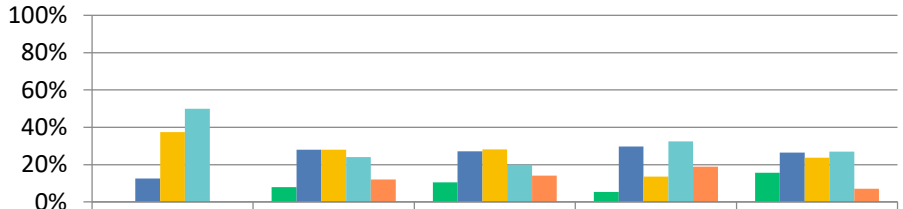
Figure 44. I am very satisfied with the medical care I receive.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	2.7%	1.2%	0.0%	2.7%
Disagree	25.0%	8.0%	4.7%	8.1%	4.3%
Neutral	0.0%	16.0%	20.0%	10.8%	10.8%
Agree	37.5%	53.3%	36.5%	51.4%	53.5%
Strongly Agree	37.5%	20.0%	37.7%	29.7%	28.7%

Source: SEDHD Community Survey, 2018

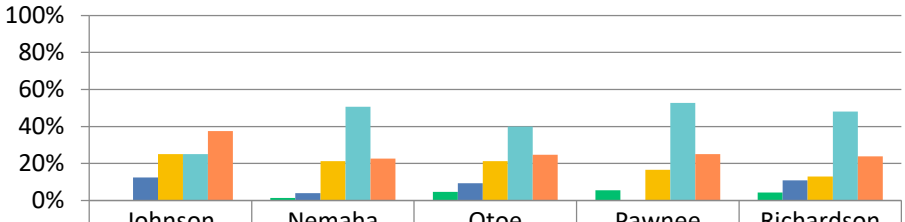
Figure 45. Sometimes it is a problem for me to cover my share of the costs for a medical care visit.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	8.0%	10.6%	5.4%	15.7%
Disagree	12.5%	28.0%	27.1%	29.7%	26.5%
Neutral	37.5%	28.0%	28.2%	13.5%	23.8%
Agree	50.0%	24.0%	20.0%	32.4%	27.0%
Strongly Agree	0.0%	12.0%	14.1%	18.9%	7.0%

Source: SEDHD Community Survey, 2018

Figure 46. I am able to get medical care whenever I need it.



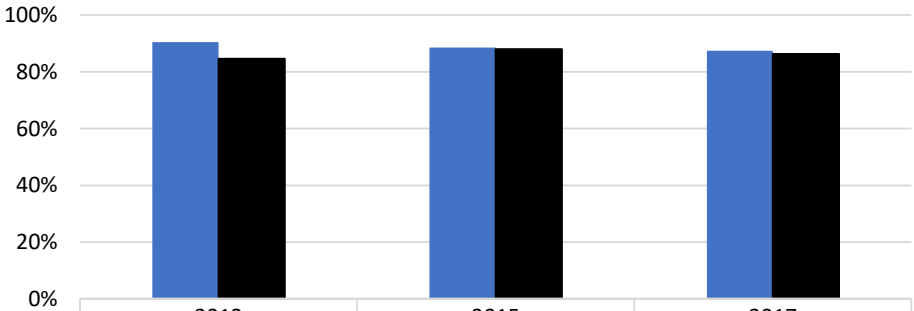
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0.0%	1.3%	4.7%	5.6%	4.3%
Disagree	12.5%	4.0%	9.4%	0.0%	10.8%
Neutral	25.0%	21.3%	21.2%	16.7%	13.0%
Agree	25.0%	50.7%	40.0%	52.8%	48.1%
Strongly Agree	37.5%	22.7%	24.7%	25.0%	23.8%

Source: SEDHD Community Survey, 2018

HEALTH SCREENINGS

Figures 47 through 51 illustrate BRFSS response data regarding percentages of Southeast District adults who have had various health screenings completed within recommended time frames. Southeast adults tend to have higher completion rates for blood pressure and cholesterol screenings but lower completion rates for cancer screenings (i.e., colon, breast, and cervical cancer screenings).

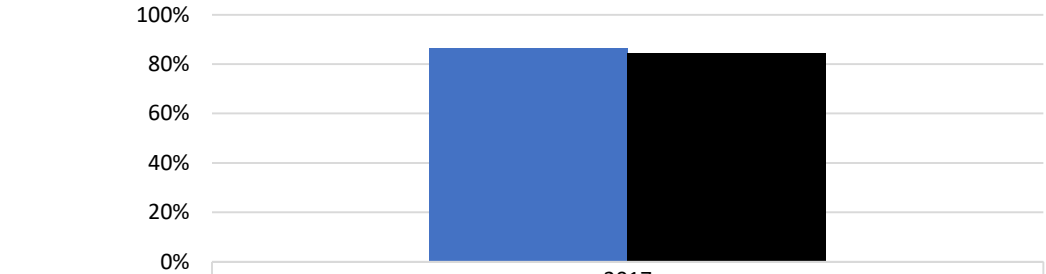
Figure 47. Percentage of Adults 18 and Older Who Report Having Had Their Blood Pressure During the Past 12 Months



	2013	2015	2017
Southeast	90.5%	88.5%	87.4%
State of Nebraska	84.6%	88.0%	86.3%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

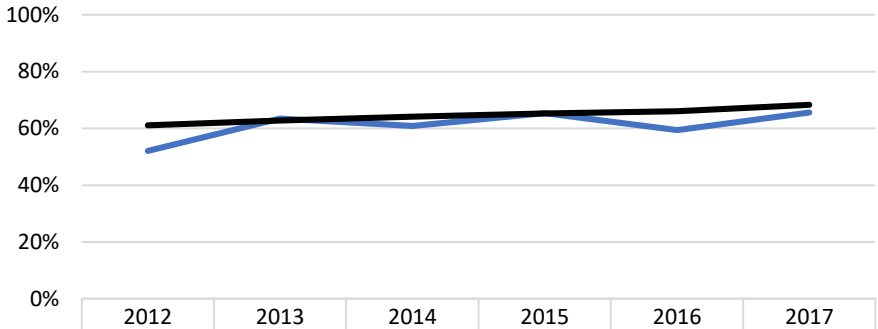
Figure 48. Percentage of Adults 18 and Older Who Report Having Had Their Blood Cholesterol Checked During the Past Five Years ^



	2017
Southeast	86.3%
State of Nebraska	84.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
^ Nebraska Healthy People 2020 Measure

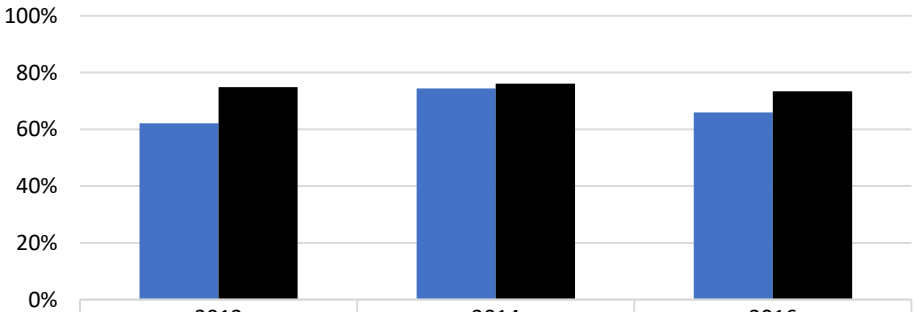
Figure 49. Percentage of Adults 50–75 Years Old Who Report Up-to-Date on Colon Cancer Screening*



	2012	2013	2014	2015	2016	2017
Southeast	52.1%	63.5%	60.9%	65.4%	59.4%	65.6%
State of Nebraska	61.1%	62.8%	64.1%	65.2%	66.0%	68.3%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years

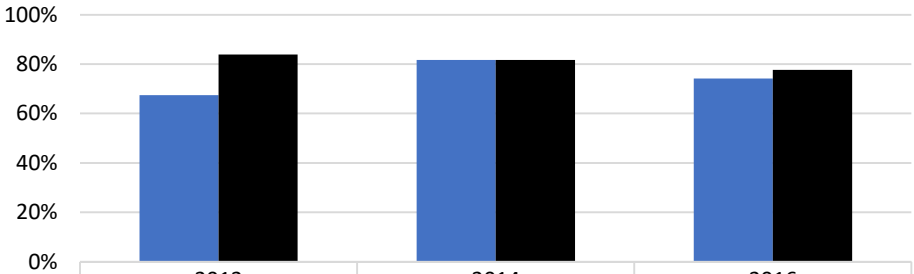
Figure 50. Percentage of Females 50-74 Years Old Who Report Having Had a Mammogram During the past Two Years



	2012	2014	2016
Southeast	62.1%	74.4%	66.0%
State of Nebraska	74.9%	76.1%	73.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 51. Percentage of Females 21-65 years Old Without a Hysterectomy Who Report Having had a Pap Test During the Past Three Years



	2012	2014	2016
Southeast	67.5%	81.7%	74.2%
State of Nebraska	83.9%	81.7%	77.7%

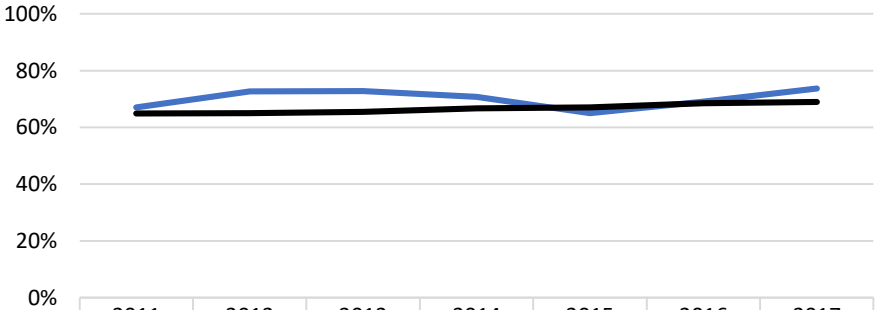
Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

OBESITY AND PHYISCAL ACITIVITY

Obesity

In 2017, 73.7% of Southeast District adults reported having a body mass index (BMI) of 25.0 or greater compared to 69.0% for the state, signifying a higher prevalence of an overweight or obese population (Figure 52). The Southeast District has had a higher percentage since 2011, with an increasing trend since 2015.

Figure 52. Percentage of Adults 18 and Older with a BMI of 25.0 or Greater*

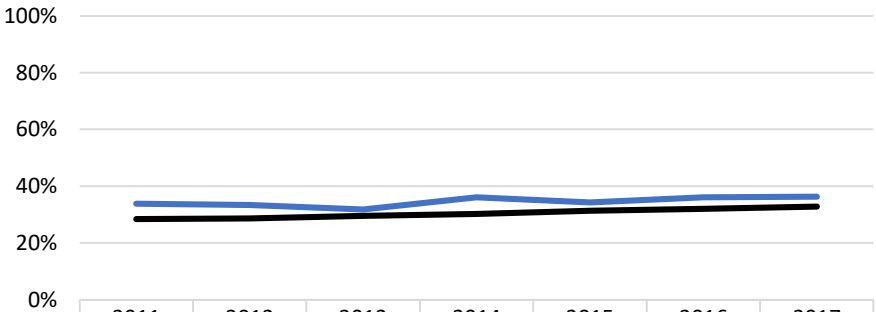


	2011	2012	2013	2014	2015	2016	2017
Southeast	67.0%	72.7%	72.8%	70.8%	65.0%	69.1%	73.7%
State of Nebraska	64.9%	65.0%	65.5%	66.7%	67.0%	68.5%	69.0%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Based on self-reported height and weight

Similarly, 36.3% of Southeast District adults reported having a BMI of 30.0 or greater compared to 32.8% for the state, signifying a higher prevalence of an obese population (Figure 53).

Figure 53. Percentage of Adults 18 and Older with a BMI of 30.0 or Greater*^



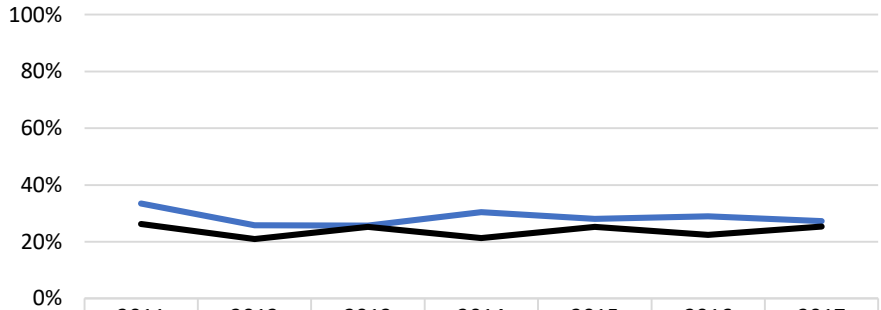
	2011	2012	2013	2014	2015	2016	2017
Southeast	33.8%	33.4%	31.8%	36.1%	34.3%	36.1%	36.3%
State of Nebraska	28.4%	28.6%	29.6%	30.2%	31.4%	32.0%	32.8%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Based on self-reported height and weight
^ Nebraska Healthy People 2020 Measure

Physical Activity

Figures 54 through 57 display BRFSS response data on physical activity trends among Southeast District adults. In general, compared to the state, adults indicated having less time devoted to leisure-time physical activity and tend not to meet recommendations for muscle strengthening or combination of aerobic and muscle-strengthening physical activities. However, more Southeast District adults indicated they met aerobic physical activity recommendations compared to the state.

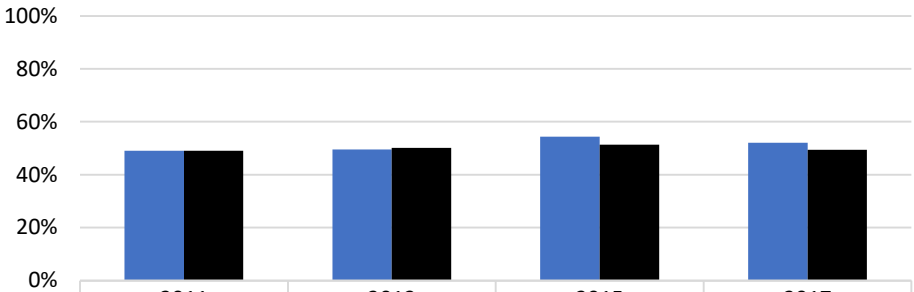
Figure 54. Percentage of Adults 18 and Older Who Report No Leisure-Time Physical Activty in past 30 Days*^



	2011	2012	2013	2014	2015	2016	2017
Southeast	33.5%	25.8%	25.7%	30.4%	28.1%	29.0%	27.3%
State of Nebraska	26.3%	21.0%	25.3%	21.3%	25.3%	22.4%	25.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* 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.
^ Nebraska Healthy People 2020 Measure

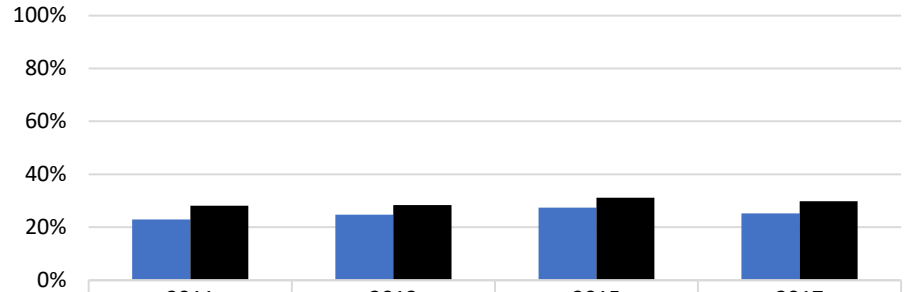
Figure 55. Percentage of Adults 18 and Older that Met Aerobic Phyiscal Activity Recommendation*^



	2011	2013	2015	2017
Southeast	49.0%	49.5%	54.4%	52.1%
State of Nebraska	49.0%	50.1%	51.3%	49.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month.
^ Nebraska Healthy People 2020 Measure

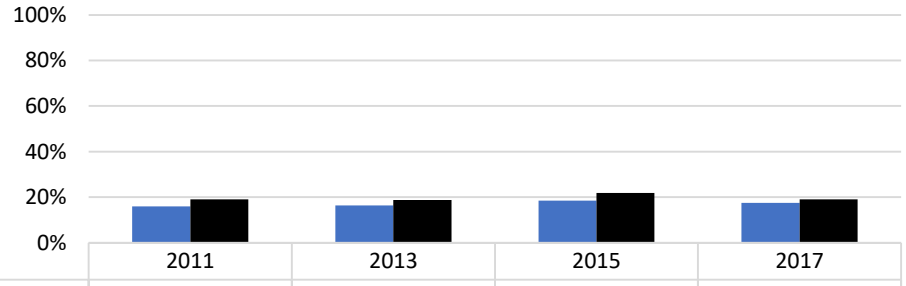
Figure 56. Percentage of Adults 18 and Older that Met Muscle Strengthening Recommendation*^



	2011	2013	2015	2017
Southeast	22.9%	24.8%	27.4%	25.2%
State of Nebraska	28.1%	28.4%	31.2%	29.8%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Percentage of adults 18 and older who report that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month.
^ Nebraska Healthy People 2020 Measure

Figure 57. Percentage of Adults 18 and Older that Met Both Aeroic Physical Activity and Muscle Strengthening Recommendation*^



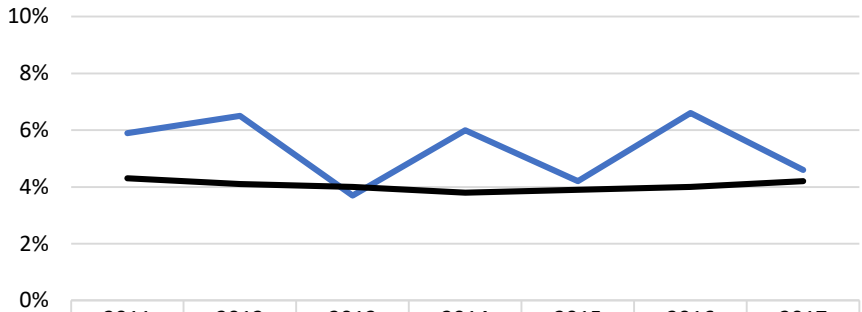
	2011	2013	2015	2017
Southeast	15.9%	16.4%	18.5%	17.5%
State of Nebraska	19.0%	18.8%	21.8%	19.1%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month and that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month.
^ Nebraska Healthy People 2020 Measure

HEART DISEASE

Figures 58 through 60 present BRFSS response data on heart disease within the Southeast District. In 2017, 4.6% of respondents indicated that they have ever been told they had a heart attack, 2.9% indicated ever been told they have coronary heart disease, and 5.8% reported that they had had a heart attack or coronary heart disease. All three of these measures have been on a downward trend since 2011 and are comparable to state data.

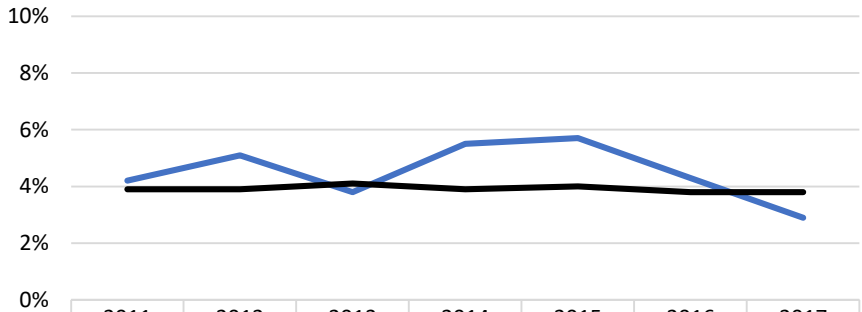
Figure 58. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack



	2011	2012	2013	2014	2015	2016	2017
Southeast	5.9%	6.5%	3.7%	6.0%	4.2%	6.6%	4.6%
State of Nebraska	4.3%	4.1%	4.0%	3.8%	3.9%	4.0%	4.2%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

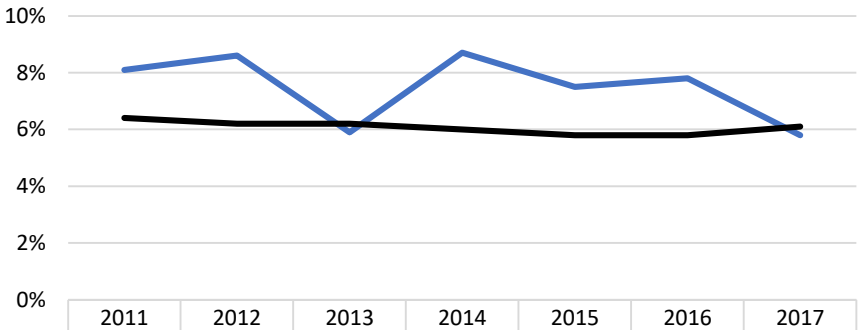
Figure 59. Percent of Adults Ages 18 and Older Ever Told They Have Coronary Heart Disease



	2011	2012	2013	2014	2015	2016	2017
Southeast	4.2%	5.1%	3.8%	5.5%	5.7%	4.3%	2.9%
State of Nebraska	3.9%	3.9%	4.1%	3.9%	4.0%	3.8%	3.8%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 60. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack or Coronary Heart Disease

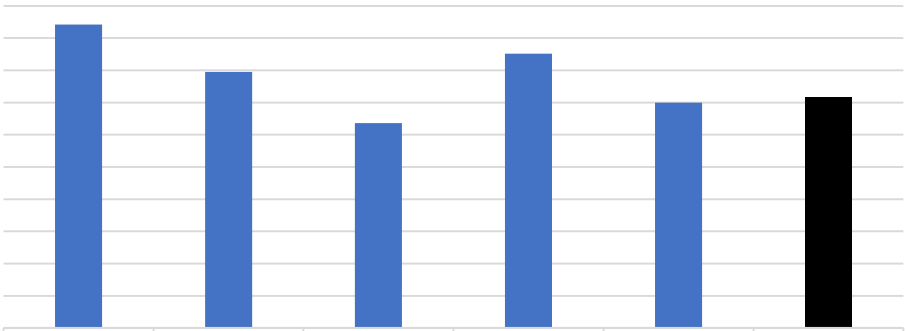


	2011	2012	2013	2014	2015	2016	2017
Southeast	8.1%	8.6%	5.9%	8.7%	7.5%	7.8%	5.8%
State of Nebraska	6.4%	6.2%	6.2%	6.0%	5.8%	5.8%	6.1%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 61 displays heart disease mortality rates for each county as compared to the state. Johnson, Nemaha, and Pawnee Counties have higher mortality rates with Johnson County having the highest in the district.

Figure 61. Heart Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



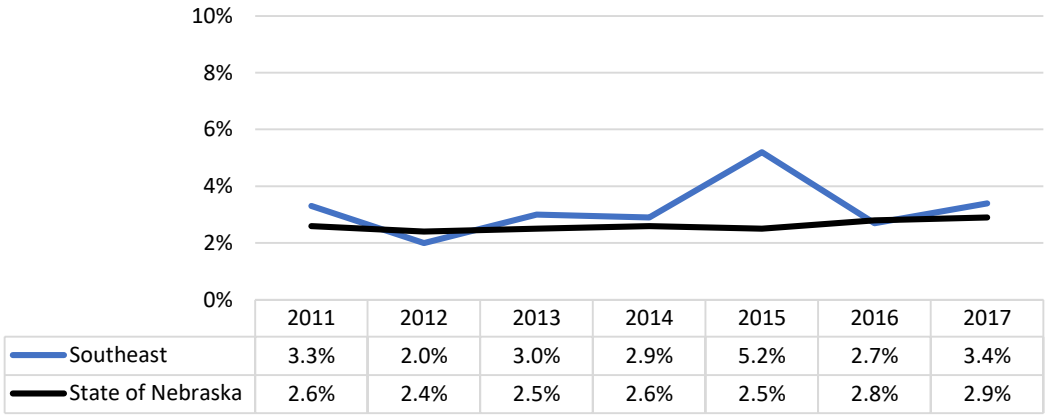
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	188.4	159.0	127.2	170.4	140.0	143.0

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

STROKE

In 2017, 3.4% of BRFSS respondents in the Southeast District reported that they have ever been told that they have had a stroke (Figure 62). This measure has been consistent since 2011 (besides a sharp increase in 2015) and has aligned with the state data.

Figure 62. Percent of Adults Ages 18 and Older Ever Told They Had a Stroke

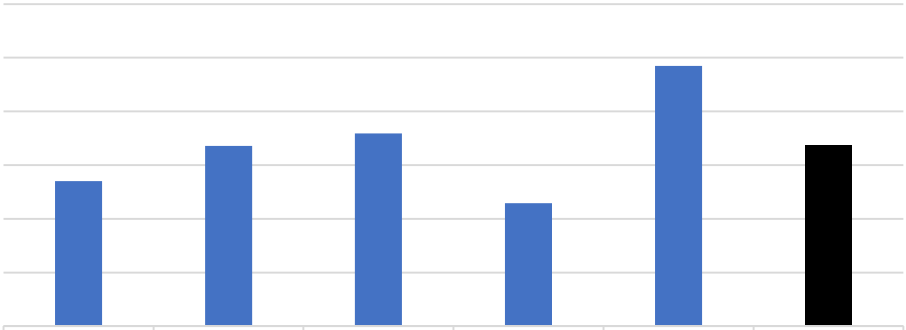


	2011	2012	2013	2014	2015	2016	2017
Southeast	3.3%	2.0%	3.0%	2.9%	5.2%	2.7%	3.4%
State of Nebraska	2.6%	2.4%	2.5%	2.6%	2.5%	2.8%	2.9%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 63 displays cerebrovascular disease mortality rates for each county as compared to the state. Otoe and Richardson Counties had higher mortality rates, 35.9 and 48.5, respectively.

Figure 63. Cerebrovascular Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



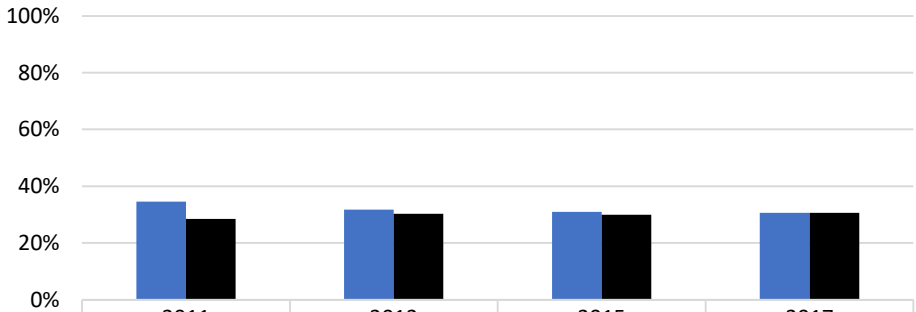
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	27.0	33.6	35.9	22.9	48.5	33.6

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

HIGH BLOOD PRESSURE AND CHOLESTEROL

In 2017, 30.6% of Southeast District adults reported that they have ever been told by a medical professional that they have high blood pressure, aligning with the state percentage (Figure 64). This measure has been trending downward since 2011. Likewise, in 2017, more Southeast District adults indicated being told that they have high cholesterol compared to the state, 32.7% and 31.9%, respectively (Figure 65).

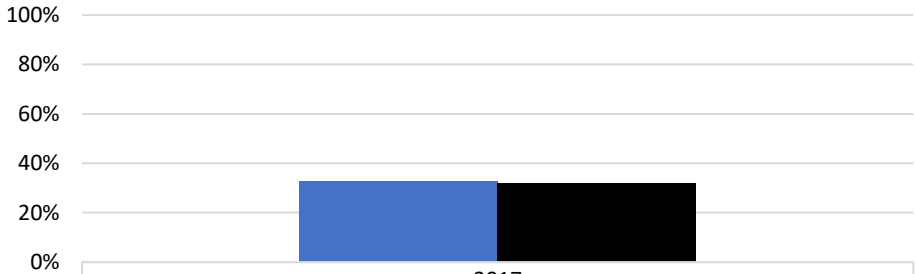
Figure 64. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have High Blood Pressure*^



	2011	2013	2015	2017
Southeast	34.6%	31.7%	31.0%	30.6%
State of Nebraska	28.5%	30.3%	29.9%	30.6%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Excluding pregnancy
^ Nebraska Healthy People 2020 Measure

Figure 65. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have Ever Been Told that Their Blood Cholesterol is High^



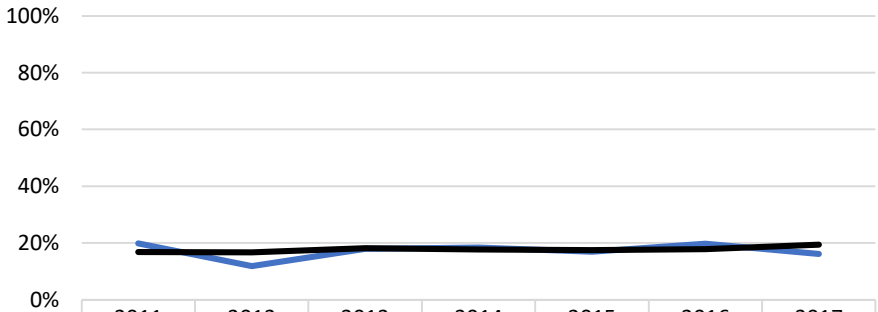
	2017
Southeast	32.7%
State of Nebraska	31.9%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
^ Nebraska Healthy People 2020 Measure

MENTAL HEALTH

In 2017, 16.1% of Southeast Districts adults reported ever being told they have depression, compared to 19.4% for the state (Figure 66). This indicator has been on a downward trend since 2011 and has been consistent with the state data. Likewise, in 2017, 7.8% of Southeast District adults report that their mental health was not good on 14 or more of the previous 30 days, compared to 10.5% for the state (Figure 67). This indicator has also been on a downward trend since 2011 and has been consistent with the state data.

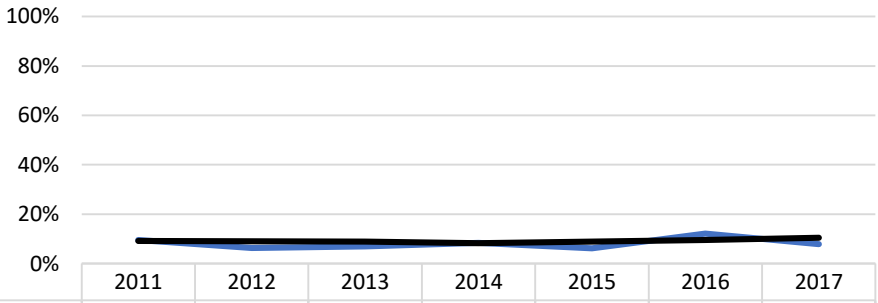
Figure 66. Percentage of Adults 18 and Older Who Report that They Have Depression*



	2011	2012	2013	2014	2015	2016	2017
Southeast	19.9%	11.9%	17.9%	18.4%	16.9%	19.8%	16.1%
State of Nebraska	16.8%	16.7%	18.2%	17.7%	17.5%	17.8%	19.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Includes depression, major depression, dysthymia, or minor depression

Figure 67. Percentage of Adults 18 and Older Who Report that Thier Mental Health was not Good on 14 or More of the Previous 30 Days*



	2011	2012	2013	2014	2015	2016	2017
Southeast	9.6%	6.3%	7.0%	8.4%	6.2%	12.1%	7.8%
State of Nebraska	9.2%	9.0%	8.9%	8.2%	8.9%	9.5%	10.5%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Includes stress, depression, and problems with emotions

Table 40 presents additional BRFSS measures on mental health for Southeast District adults.

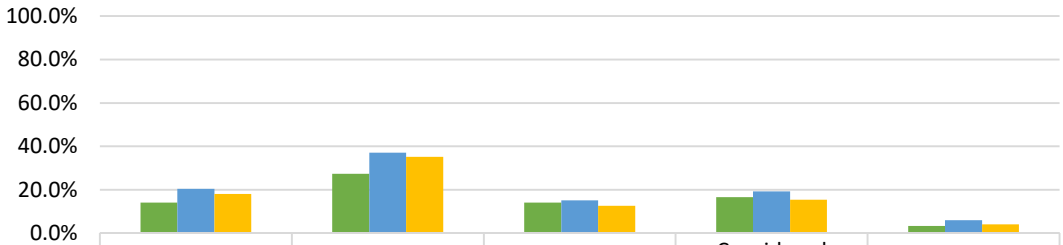
Table 40. Mental Health Indicators Among Adults 18 and Older (2012)

	Southeast	State of Nebraska
Currently taking medication or receiving treatment for a mental health condition	8.0%	11.0%
Symptoms of serious mental health illness in past 30 days*	3.8%	3.2%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Percentage reporting answers to six questions measuring risk for serious psychological distress during the past 30 days (based on the Kessler 6 (K6) instrument) that generate a score of 13 or higher, suggesting serious mental illness

Figures 68 presents percentages of Southeast District youth who reported anxiety, depression, and suicide in 2016.

Figure 68. Percentage Reporting Anxiety, Depression, and Suicide During Past 12 Months Among 8th, 10th, and 12th Grade Students

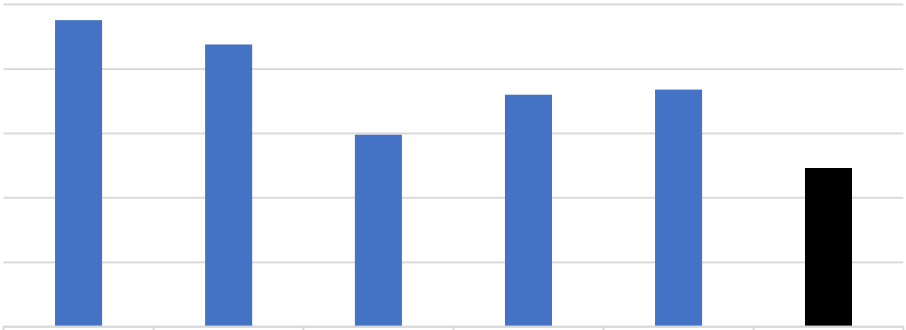


	Lost sleep*	Depressed**	Inflicted self-harm***	Considered attempting suicide	Attemped suicide
8th	14.1%	27.3%	14.1%	16.6%	3.3%
10th	20.4%	37.1%	15.1%	19.2%	5.9%
12th	18.0%	35.1%	12.6%	15.4%	4.0%

Source: Nebraska Risk and Protective Factor Student Survey, 2016
*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 of injure yourself on purpose without wanting to die?"

Figure 69 displays suicide mortality rates for each county and compared to the state. All counties within the district have a higher suicide mortality rate with Johnson and Nemaha Counties having the highest rates within the district.

Figure 69. Age-Adjusted Suicide Mortality Rate per 100,000 Population (2012-2016)



	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	23.8	21.9	14.9	18.0	18.4	12.3

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

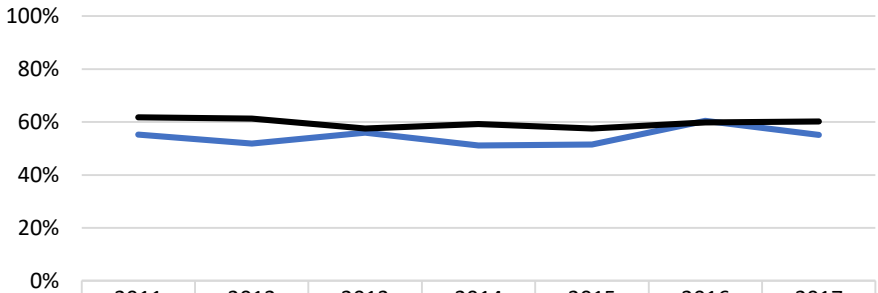
ADULT ALCOHOL AND TOBACCO USE

Alcohol

Figures 70 through 72 present BRFSS response data regarding adult alcohol consumption. In general, respondents in the Southeast District reported lower rates than the state for consuming any alcohol, binge

drinking, or heavy drinking within the past 30 days. These measures have remained somewhat consistent since 2011 with a slight downward trend regarding heavy drinking.

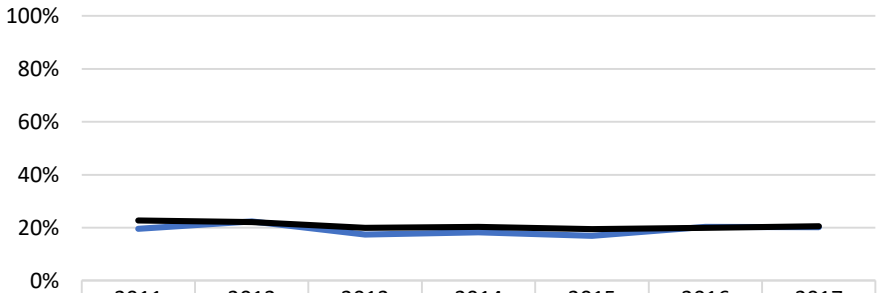
Figure 70. Percentage of Adults 18 and Older Who Report Having Any Alcohol Consumption in past 30 Days



	2011	2012	2013	2014	2015	2016	2017
Southeast	55.3%	51.9%	56.0%	51.2%	51.5%	60.5%	55.1%
State of Nebraska	61.8%	61.3%	57.5%	59.2%	57.6%	59.8%	60.2%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

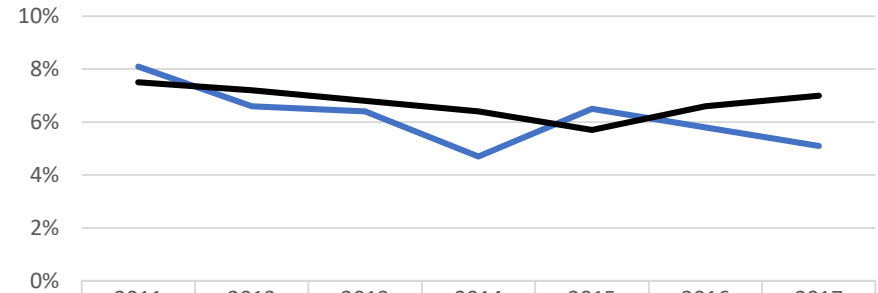
Figure 71. Percentage of Adults 18 and Older Who Report Having Binge Drank in past 30 Days*^



	2011	2012	2013	2014	2015	2016	2017
Southeast	19.6%	22.3%	17.4%	18.3%	16.9%	20.3%	20.2%
State of Nebraska	22.7%	22.1%	20.0%	20.3%	19.5%	20.0%	20.6%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
*Binge drinking defined as five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion
^ Nebraska Healthy People 2020 Measure

Figure 72. Percentage of Adults 18 and Older Who Report Heavy Drinking in past 30 Days *



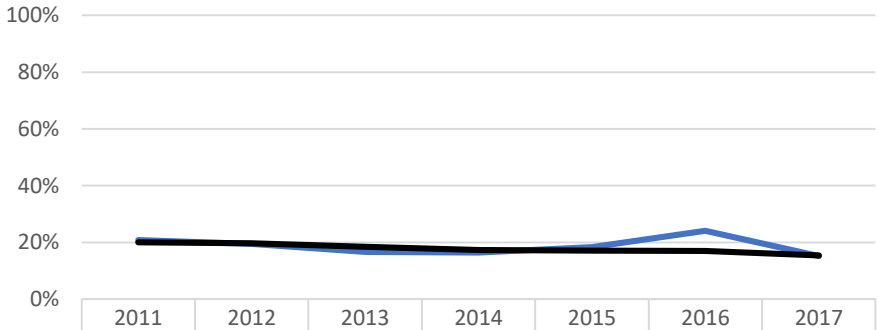
	2011	2012	2013	2014	2015	2016	2017
Southeast	8.1%	6.6%	6.4%	4.7%	6.5%	5.8%	5.1%
State of Nebraska	7.5%	7.2%	6.8%	6.4%	5.7%	6.6%	7.0%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
* Heavy drinking defined as drinking more than 60 alcoholic drinks (an average of more than two drinks per day) during the past 30 days for men and drinking more than 30 alcoholic drinks (an average of more than one drink per day) for women

Tobacco

Figures 73 through 75 present BRFSS response data regarding adult tobacco use. The Southeast District and the state have similar current cigarette use in 2017, 15.2% and 15.4%, respectively. Cigarette smoking has been on a steady downward trend for both the Southeast District and the state. However, there has been a slight upward trend regarding smokeless tobacco use and electronic cigarettes for the Southeast District.

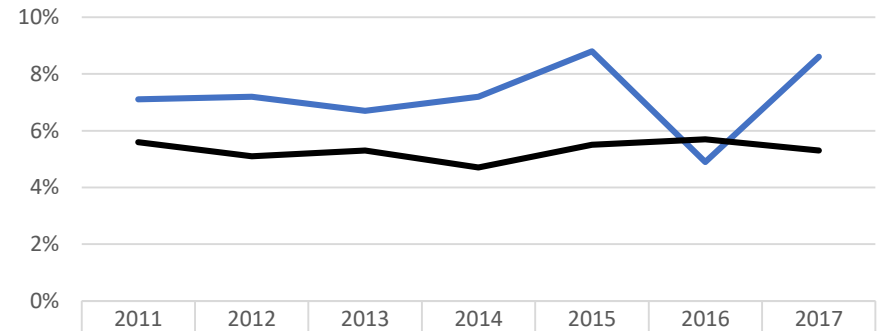
Figure 73. Percentage of Adults 18 and Older Who Report that They Currently Smoke Cigarettes^



	2011	2012	2013	2014	2015	2016	2017
Southeast	20.8%	19.5%	16.7%	16.4%	18.3%	24.1%	15.2%
State of Nebraska	20.0%	19.7%	18.5%	17.3%	17.1%	17.0%	15.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
^ Nebraska Healthy People 2020 Measure

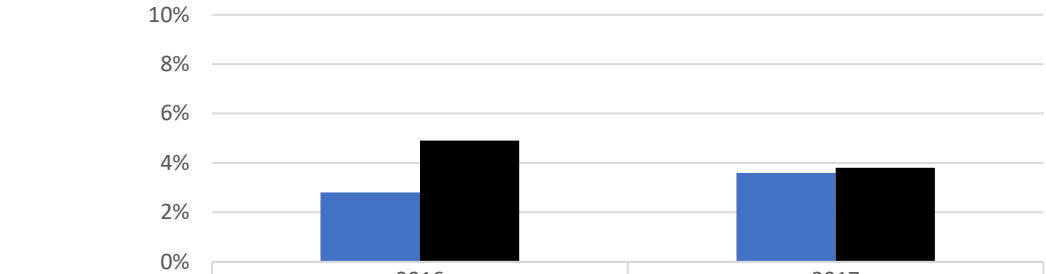
Figure 74. Percentage of Adults 18 and Older Who Report that They Currently Use Smokeless Tobacco Products^



	2011	2012	2013	2014	2015	2016	2017
Southeast	7.1%	7.2%	6.7%	7.2%	8.8%	4.9%	8.6%
State of Nebraska	5.6%	5.1%	5.3%	4.7%	5.5%	5.7%	5.3%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
^ Nebraska Healthy People 2020 Measure

Figure 75. Percentage of Adults 18 and Older Who Report that They Currently Use E-cigarettes or Other Electronic "Vaping" Products



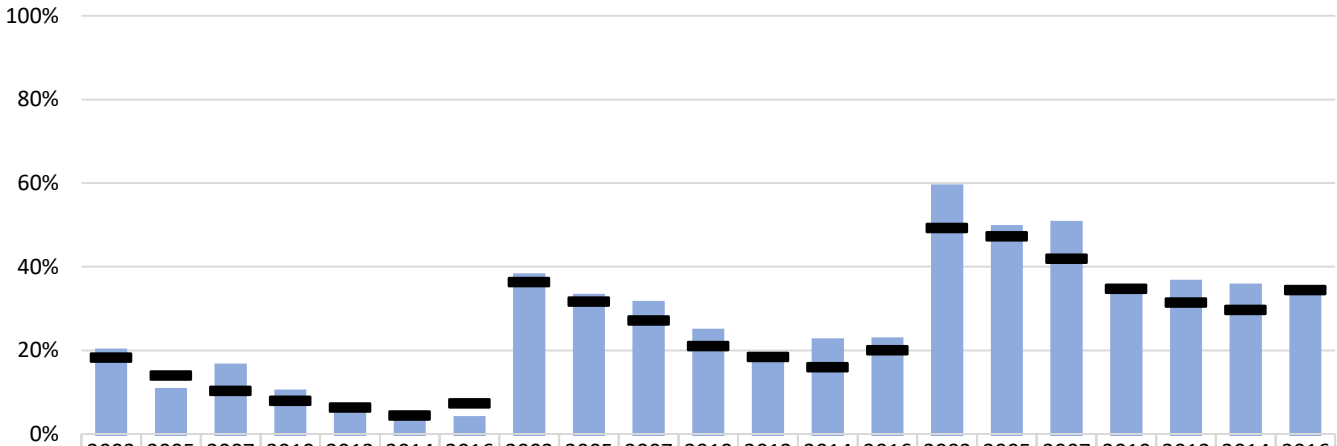
	2016	2017
Southeast	2.8%	3.6%
State of Nebraska	4.9%	3.8%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
^ Nebraska Healthy People 2020 Measure

YOUTH SUBSTANCE ABUSE

Reported rates of past 30-day underage alcohol use have been on the decline in both the Southeast District and the state from 2003 to 2016 (Figure 76).

Figure 76. Past 30 Day Alcohol Use Among 8th, 10th, and 12th Graders

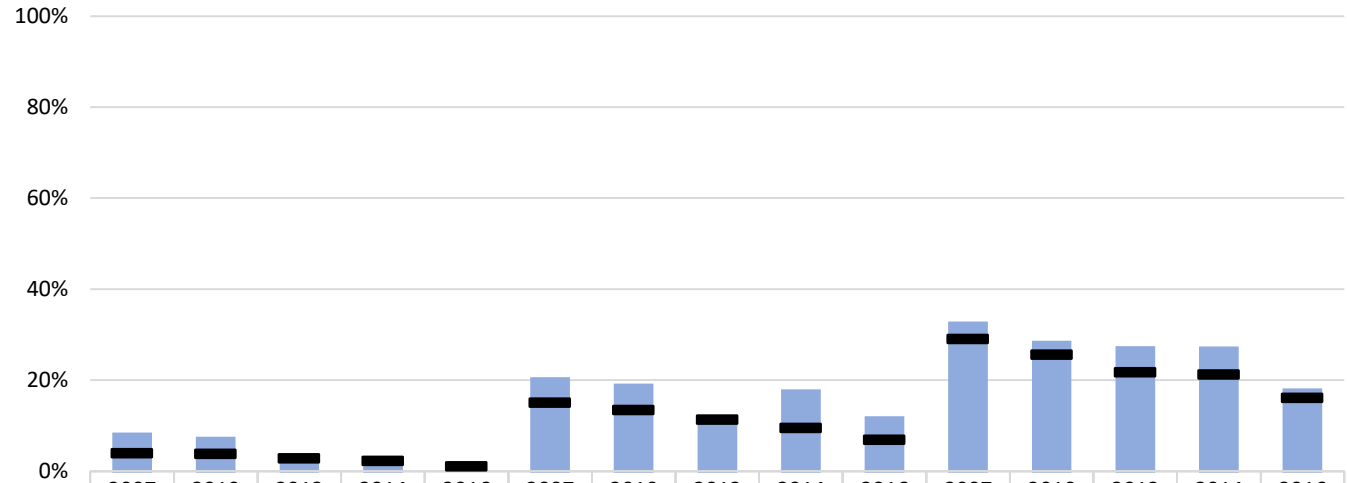


	8th Grade							10th Grade							12th Grade						
	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
Southeast	18.8%	9.4%	15.2%	9.0%	3.6%	4.0%	2.7%	36.8%	31.9%	30.2%	23.6%	17.1%	21.3%	21.5%	58.1%	48.4%	49.4%	33.8%	35.3%	34.4%	32.4%
State of Nebraska	18.2%	13.9%	10.3%	7.9%	6.3%	4.4%	7.3%	36.3%	31.6%	27.1%	21.0%	18.4%	15.9%	20.0%	49.2%	47.2%	41.9%	34.7%	31.4%	29.6%	34.4%

Source: Nebraska Risk and Protective Factor Student Survey, 2016

Likewise, past 30-day binge drinking has been on a decline in both the Southeast District and the state from 2007 to 2016 (Figure 77). Reported binge drinking among Southeast District 10th and 12th graders have consistently been higher than the state since 2007.

Figure 77. Past 30 Day Binge Drinking* Among 8th, 10th, and 12th Graders

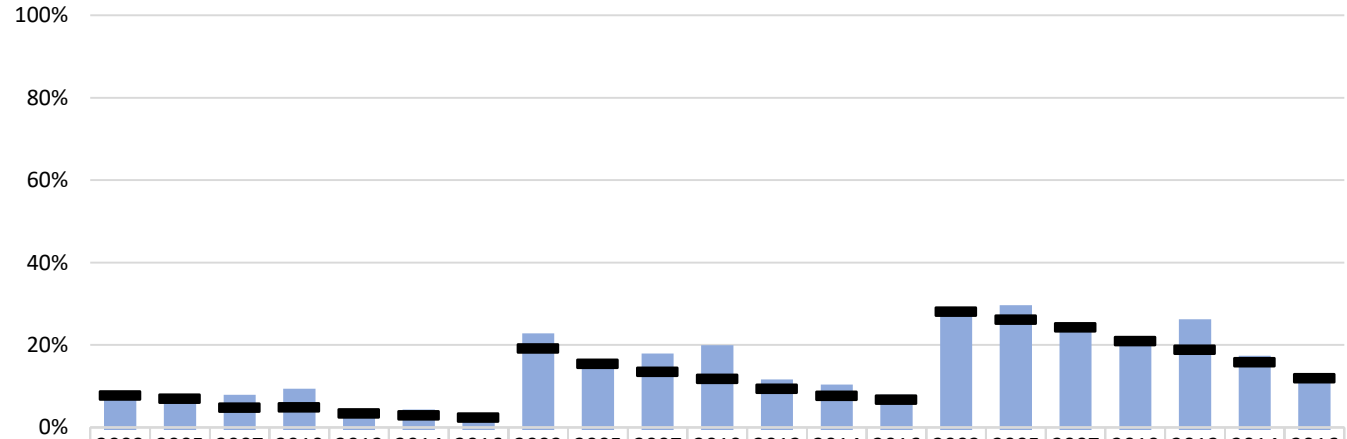


	2007	2010	2012	2014	2016	2007	2010	2012	2014	2016	2007	2010	2012	2014	2016
Southeast	7.0%	6.1%	1.6%	1.1%	0.0%	19.2%	17.8%	10.8%	16.5%	10.6%	31.4%	27.2%	26.0%	25.9%	16.7%
State of Nebraska	3.9%	3.8%	2.8%	2.2%	1.0%	15.0%	13.4%	11.3%	9.5%	6.9%	29.0%	25.6%	21.7%	21.2%	16.1%

Source: Nebraska Risk and Protective Factor Student Survey, 2016

Similar to alcohol use, past 30-day cigarette use among youth has been on a decline in both the Southeast District and the state (Figure 78). Since 2003, there has been an approximate 15% decrease for 10th and 12th-grade students, and almost a 4% decrease for 8th-grade students in the Southeast District.

Figure 78. Past 30 Day Cigarette Use Among 8th, 10th, and 12th Graders

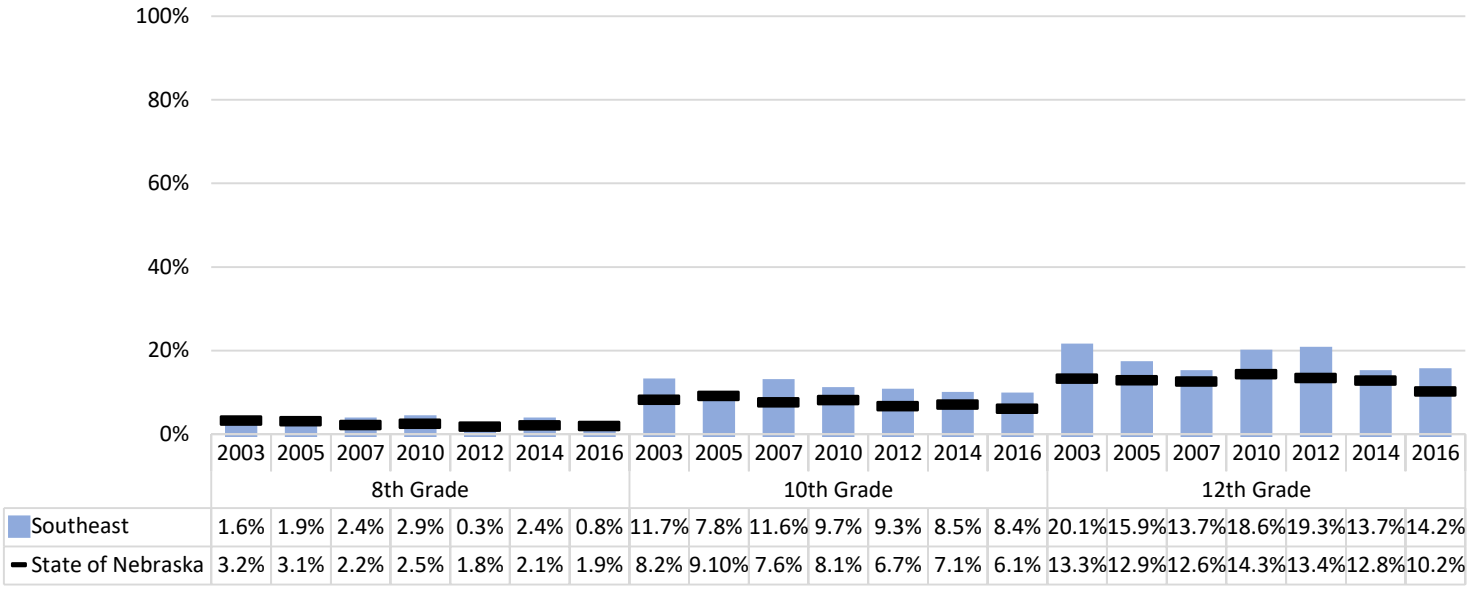


	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
	8th Grade							10th Grade							12th Grade						
Southeast	6.0%	5.5%	6.3%	7.8%	1.8%	2.7%	1.7%	21.2%	13.7%	16.3%	18.3%	10.0%	8.8%	6.3%	26.7%	28.0%	21.9%	18.9%	24.6%	15.8%	11.0%
State of Nebraska	7.7%	6.9%	4.7%	4.8%	3.3%	2.9%	2.3%	19.1%	15.40	13.4%	11.7%	9.3%	7.6%	6.7%	28.0%	26.1%	24.2%	20.9%	18.8%	15.8%	11.9%

Source: Nebraska Risk and Protective Factor Student Survey, 2016

Smokeless tobacco use has declined slightly for both the Southeast District and the state since 2003 (Figure 79). However, Southeast District 10th and 12th- grade students have consistently reported higher rates of smokeless tobacco use than the state.

Figure 79. Past 30 Day Smokeless Tobacco Use Among 8th, 10th, and 12th Graders

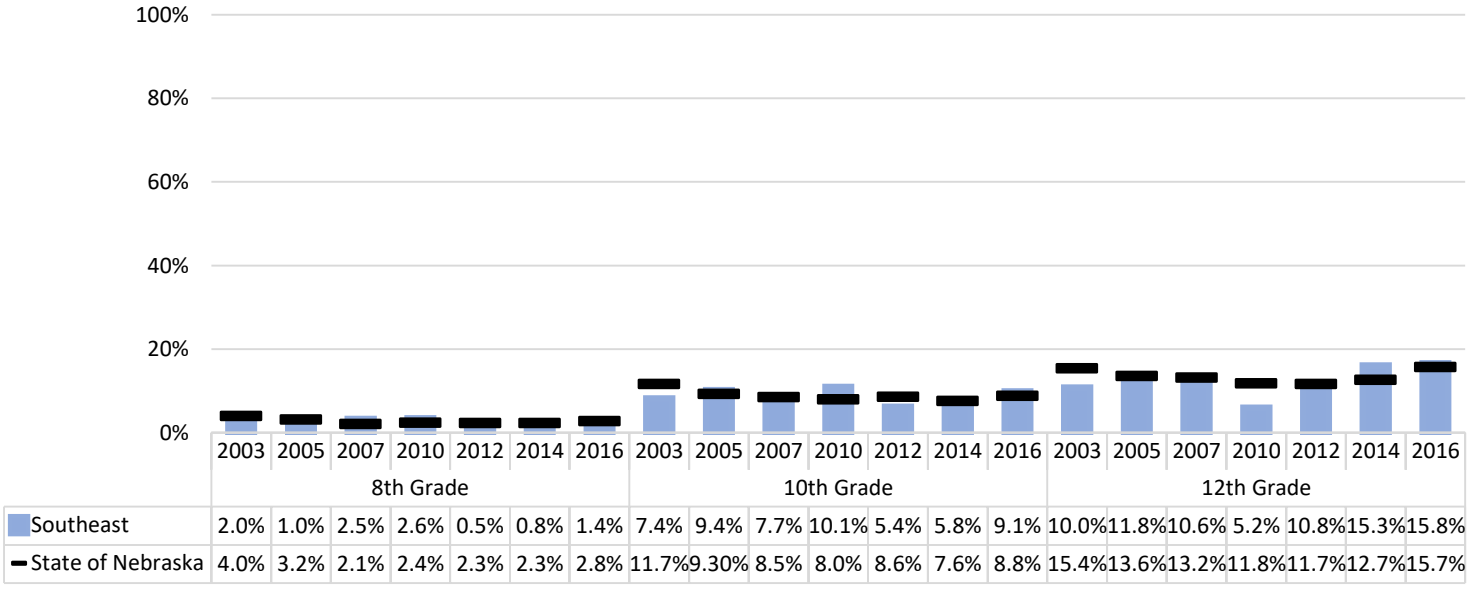


	8th Grade							10th Grade							12th Grade						
	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
Southeast	1.6%	1.9%	2.4%	2.9%	0.3%	2.4%	0.8%	11.7%	7.8%	11.6%	9.7%	9.3%	8.5%	8.4%	20.1%	15.9%	13.7%	18.6%	19.3%	13.7%	14.2%
State of Nebraska	3.2%	3.1%	2.2%	2.5%	1.8%	2.1%	1.9%	8.2%	9.10%	7.6%	8.1%	6.7%	7.1%	6.1%	13.3%	12.9%	12.6%	14.3%	13.4%	12.8%	10.2%

Source: Nebraska Risk and Protective Factor Student Survey, 2016

While alcohol and cigarette use have been on the decline among youth, trends for marijuana use in the Southeast District and in the state appear to be increasing (Figure 80). In 2016, 15.8% of 12th-grade students reported 30-day marijuana use compared to 10% reporting use in 2003.

Figure 80. Past 30 Day Marijuna Use Among 8th, 10th, and 12th Graders

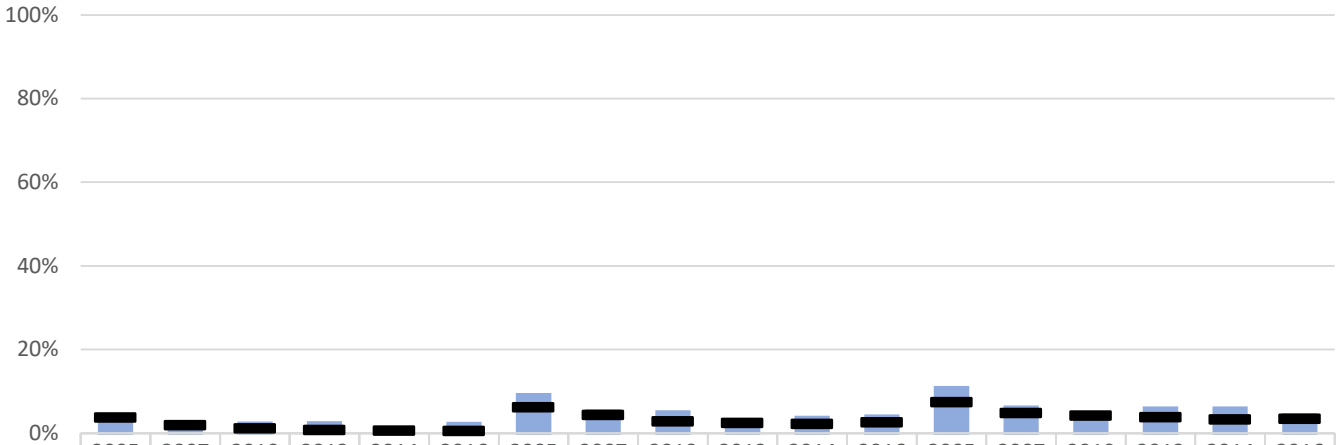


	8th Grade							10th Grade							12th Grade						
	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
Southeast	2.0%	1.0%	2.5%	2.6%	0.5%	0.8%	1.4%	7.4%	9.4%	7.7%	10.1%	5.4%	5.8%	9.1%	10.0%	11.8%	10.6%	5.2%	10.8%	15.3%	15.8%
State of Nebraska	4.0%	3.2%	2.1%	2.4%	2.3%	2.3%	2.8%	11.7%	9.30%	8.5%	8.0%	8.6%	7.6%	8.8%	15.4%	13.6%	13.2%	11.8%	11.7%	12.7%	15.7%

Source: Nebraska Risk and Protective Factor Student Survey, 2016

Past 30-day prescription drug use has been declining in both the Southeast District and the state since 2005 (Figure 81). However, prescription drug use among Southeast 10th and 12th grade students has been routinely higher in most years.

Figure 81. Past 30 Day Prescription Drug Use (Not Prescribed by a Doctor) Among 8th, 10th, and 12th Graders



	2005	2007	2010	2012	2014	2016	2005	2007	2010	2012	2014	2016	2005	2007	2010	2012	2014	2016
Southeast	2.7%	1.5%	1.2%	1.3%	0.0%	1.1%	8.0%	4.1%	3.9%	0.4%	2.6%	2.9%	9.7%	5.0%	2.3%	4.8%	4.8%	3.2%
State of Nebraska	3.7%	1.9%	1.1%	0.7%	0.6%	0.5%	6.20%	4.3%	2.8%	2.4%	2.2%	2.6%	7.4%	4.8%	4.2%	3.8%	3.3%	3.4%

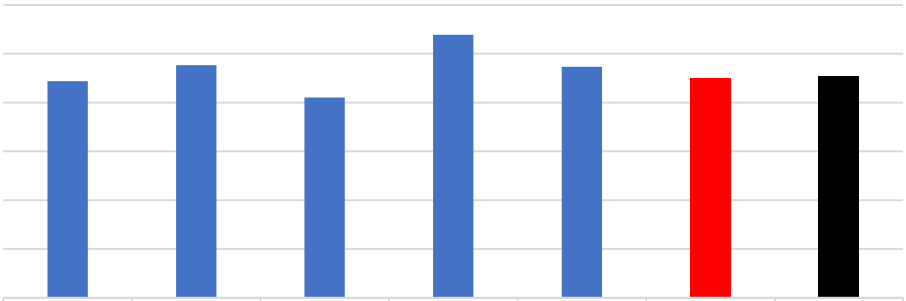
Source: Nebraska Risk and Protective Factor Student Survey, 2016

CANCER

Cancer Incidence

The Southeast District had a lower cancer incidence rate over the five years of 2011-2015 compared to the state, 450.6 and 453.7, respectively (Figure 82). However, Nemaha, Pawnee, and Richardson Counties all had incidence rates that were greater than the state. Regarding cancer incidence by type, the Southeast District and each county (where data is available) individually had higher incidence rates for lung and bronchus, breast, and colon and rectum cancers (Figure 83). Because of a low number of cases, some country-specific incidence rates are not represented.

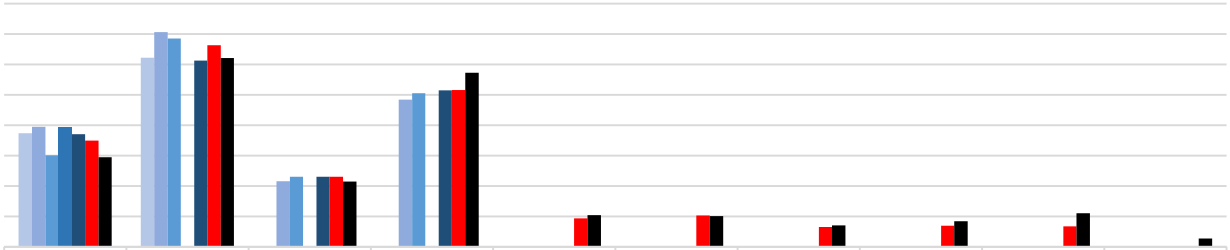
Figure 82. Incidence of Cancer (All Types) per 100,000 Population



	Jonhson	Nemaha	Otoe	Pawnee	Richardson	Southeast District	Nebraska
2011-2015	443.5	476.7	410.2	538.5	473.2	450.6	453.7

Source: Nebraska Department of Health and Human Services Cancer Registry, 2015.

Figure 83. Incidence of Cancer by Type per 100,000 Population (2011-2015)

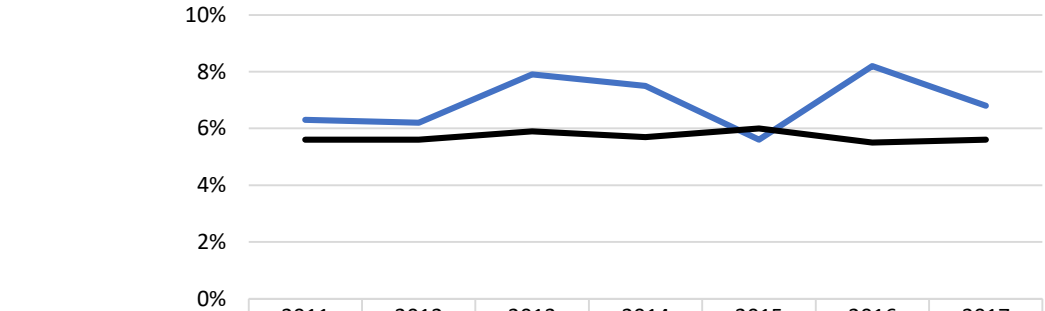


	Lung & Bronchus	Breast	Colon and Rectum	Prostate	Urinary Bladder	Non-Hodgkin Lymphoma	Leukemia	Kidney & Renal Pelvis	Melanoma of the Skin	Liver & Intrahepatic Bile Duct
Johnson	74.8	124.4	-	-	-	-	-	-	-	-
Nemaha	79.0	141.2	43.2	96.9	-	-	-	-	-	-
Otoe	60.2	136.9	46.2	101.1	-	-	-	-	-	-
Pawnee	78.6	-	-	-	-	-	-	-	-	-
Richardson	74.1	122.5	46.2	103.0	-	-	-	-	-	-
Southeast	69.9	132.6	46.2	103.1	18.7	20.7	13.1	13.9	13.5	-
Nebraska	59.0	124.1	43.0	114.4	20.9	20.3	14.1	16.8	22.1	5.5

Source: Nebraska Department of Health and Human Services Cancer Registry, 2015
"-" Rates based on less than 20 cases are statistically unreliable and are not displayed.

Figures 84 through 86 present BRFSS response data on cancer. In 2017, 6.8% of adults within the Southeast District reported ever being told that they have skin cancer compared to 5.6% for the state. 9.6% of adults reported ever being told they have cancer other than skin cancer compared to 6.6% for the state, a statistically significant difference. Lastly, 15.0% of adults reported ever being told they have cancer in any form compared to 11.0% for the state, a statistically significant difference.

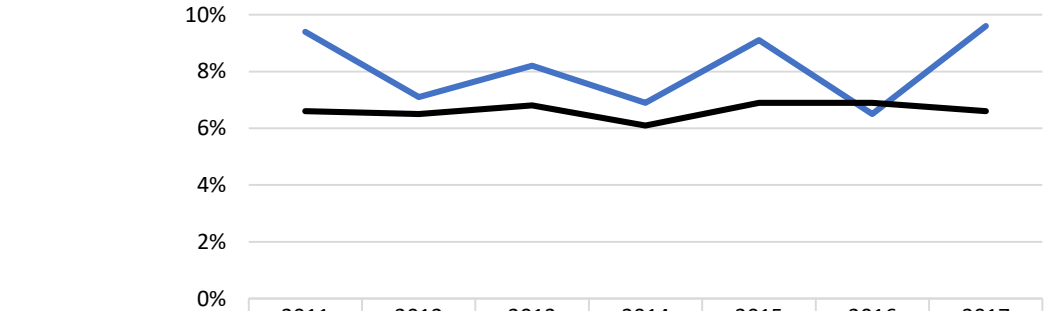
Figure 84. Percent of Adults Ages 18 and Older Ever Told They Have Skin Cancer



	2011	2012	2013	2014	2015	2016	2017
Southeast	6.3%	6.2%	7.9%	7.5%	5.6%	8.2%	6.8%
State of Nebraska	5.6%	5.6%	5.9%	5.7%	6.0%	5.5%	5.6%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

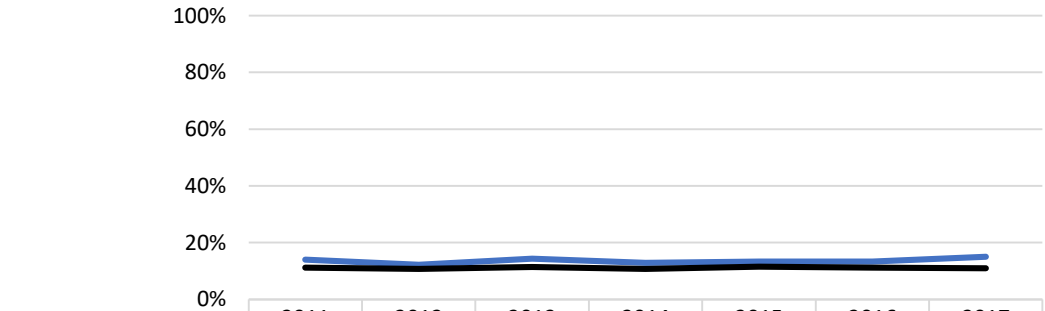
Figure 85. Percent of Adults Ages 18 and Older Ever Told They Have Cancer Other than Skin Cancer



	2011	2012	2013	2014	2015	2016	2017
Southeast	9.4%	7.1%	8.2%	6.9%	9.1%	6.5%	9.6%
State of Nebraska	6.6%	6.5%	6.8%	6.1%	6.9%	6.9%	6.6%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 86. Percent of Adults Ages 18 and Older Ever Told They Have Cancer (In Any Form)



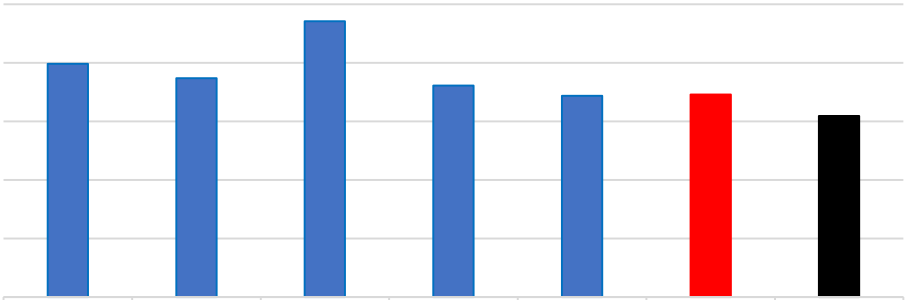
	2011	2012	2013	2014	2015	2016	2017
Southeast	14.0%	12.2%	14.4%	12.9%	13.4%	13.4%	15.0%
State of Nebraska	11.2%	10.8%	11.4%	10.7%	11.6%	11.2%	11.0%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Cancer Mortality

The Southeast District had higher cancer mortality rates over the five years of 2011-2015 compared to the state, 173.1 and 154.8, respectively (Figure 87). Regarding cancer mortality by type, the Southeast District had higher mortality rates for lung and bronchus, colon and rectum, prostate, non-Hodgkin Lymphoma cancers (Figure 88). Because of a low number of cases, some county-specific mortality rates are not represented.

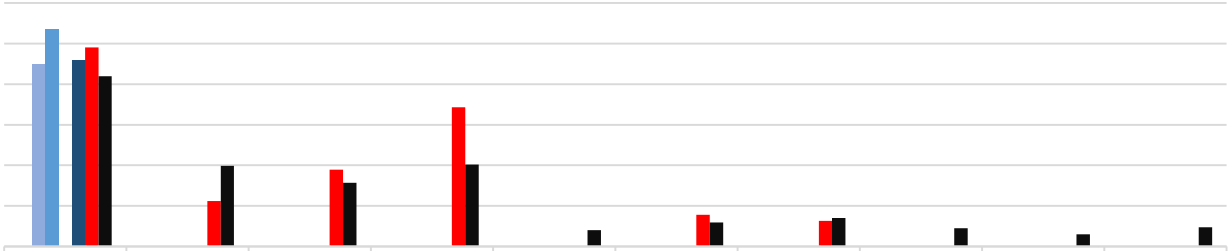
Figure 87. Cancer Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



	Johnson	Nemaha	Otoe	Pawnee	Richardson	Southeast District	Nebraska
2012-2016	199.2	187.1	235.6	180.7	172.0	173.1	154.8

Source: Nebraska Department of Health and Human Services Vital Statistics, 2018; Nebraska Department of Health and Human Services Cancer Registry, 2015.

Figure 88. Cancer Mortality by Type per 100,000 Population (2011-2015)



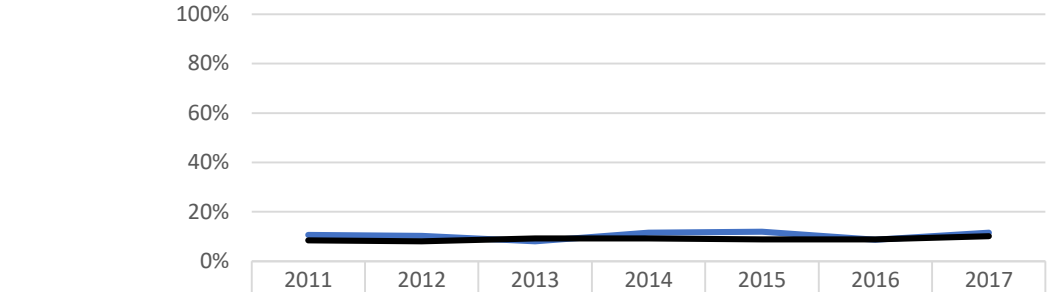
	Lung & Bronchus	Breast	Colon and Rectum	Prostate	Urinary Bladder	Non-Hodgkin Lymphoma	Leukemia	Kidney & Renal Pelvis	Melanoma of the Skin	Liver & Intrahepatic Bile Duct
Johnson	-	-	-	-	-	-	-	0.0	0.0	-
Nemaha	44.9	-	-	-	-	-	-	-	-	-
Otoe	53.7	-	-	-	-	-	-	-	-	-
Pawnee	-	-	-	-	-	-	-	-	-	-
Richardson	46.1	-	-	-	-	-	-	-	-	0.0
Southeast	49.1	11.2	18.9	34.3	-	7.8	6.3	-	-	-
Nebraska	42.0	19.9	15.7	20.2	4.0	5.9	7.0	4.5	3.0	4.7

Source: Nebraska Department of Health and Human Services Cancer Registry, 2015
"-" Rates based on less than 20 cases are statistically unreliable and are not displayed.

DIABETES

The percentage of BRFSS respondents in the Southeast District and the state reporting they have ever been told that they have diabetes has been on the rise since 2011. In 2017, 11.5% of respondents in the Southeast District indicated that they have ever been told that they have diabetes compared to 10.1% for the state (Figure 89).

Figure 89. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told that They Have Diabetes (Excluding Pregnancy)

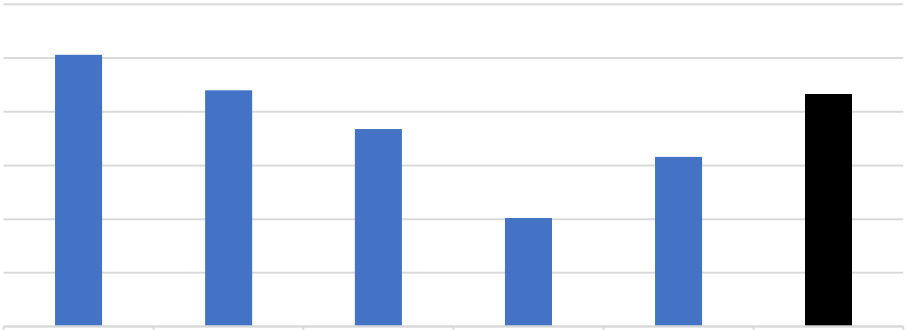


	2011	2012	2013	2014	2015	2016	2017
Southeast	10.7%	10.3%	8.1%	11.6%	12.0%	8.7%	11.5%
State of Nebraska	8.4%	8.1%	9.2%	9.2%	8.8%	8.8%	10.1%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 90 presents diabetes mortality rates by county compared to the state. Johnson and Nemaha Counties had the highest mortality rates in the district, and both were higher than the state mortality rate.

Figure 90. Diabetes Mellitus Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



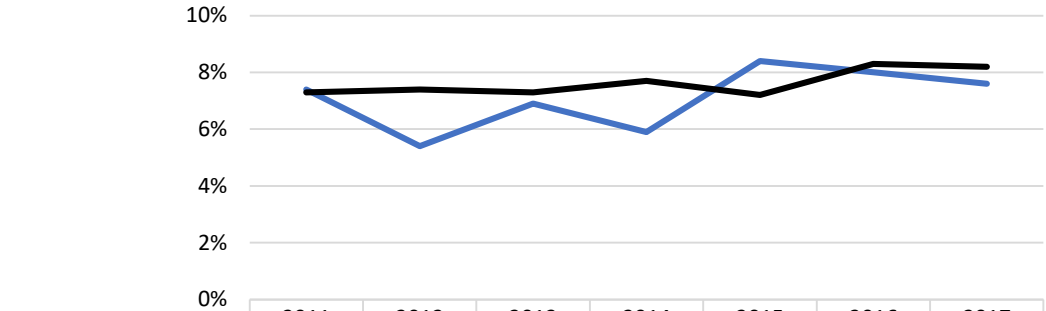
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	25.3	22.0	18.4	10.1	15.8	21.6

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

RESPIRATORY AND PULMONARY DISEASE

In 2017, 7.6% of Southeast District adults reported that they had been told by a medical professional that they currently have Asthma (Figure 91). This percentage has been relatively consistent with the state average since 2011.

Figure 91. Percentage of Adults 18 and Older Who Report that They Currently Have Asthma

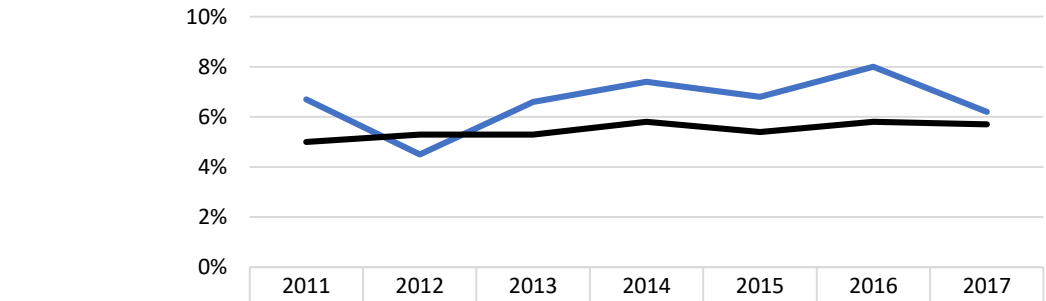


	2011	2012	2013	2014	2015	2016	2017
Southeast	7.4%	5.4%	6.9%	5.9%	8.4%	8.0%	7.6%
State of Nebraska	7.3%	7.4%	7.3%	7.7%	7.2%	8.3%	8.2%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Since 2013, Southeast District adults have consistently reported that they have ever told they have chronic obstructive pulmonary disease (COPD) at a higher percentage than the state (Figure 92).

Figure 92. Percentage of Adults 18 and Older Who Report that They Have COPD, Emphysema, or Chronic Bronchitis*

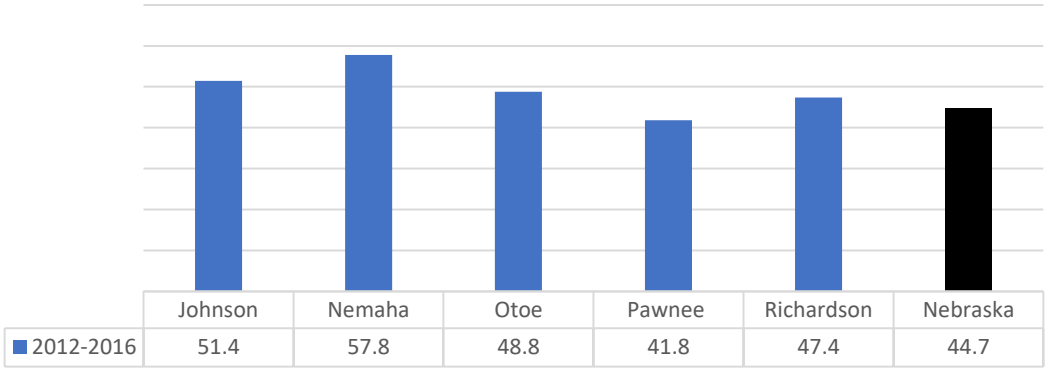


	2011	2012	2013	2014	2015	2016	2017
Southeast	6.7%	4.5%	6.6%	7.4%	6.8%	8.0%	6.2%
State of Nebraska	5.0%	5.3%	5.3%	5.8%	5.4%	5.8%	5.7%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figures 93 and 94 present mortality rates for chronic lung disease and pneumonia. The Southeast District had a higher chronic lung disease and pneumonia mortality rate compared to the state. Nemaha County had the highest mortality rate in the district for both chronic lung disease and pneumonia.

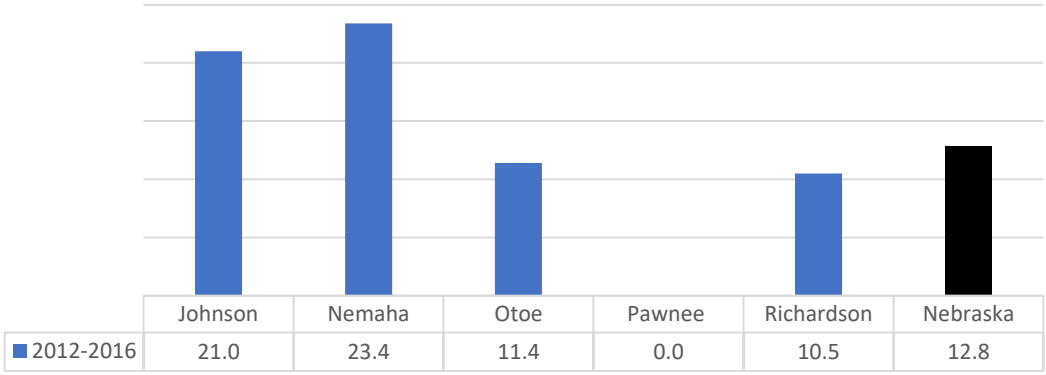
Figure 93. Chronic Lung Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	51.4	57.8	48.8	41.8	47.4	44.7

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

Figure 94. Pneumonia Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



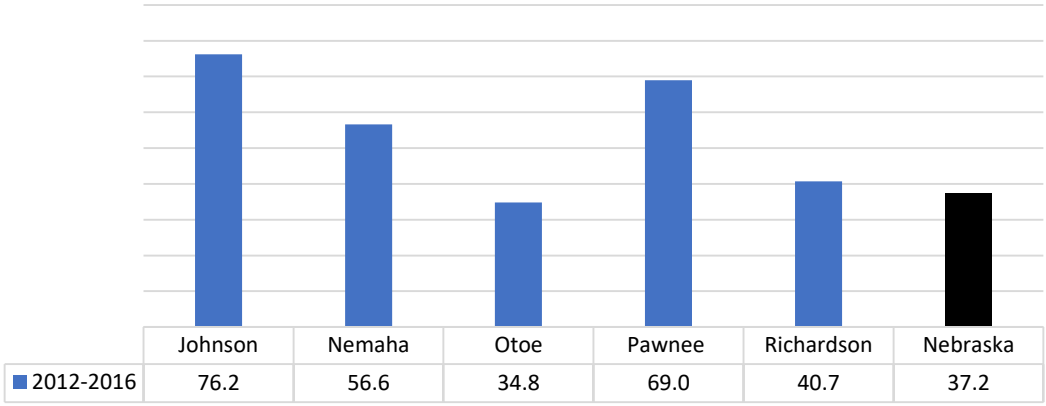
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	21.0	23.4	11.4	0.0	10.5	12.8

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

ACCIDENTAL DEATH

Accidental deaths include a board array of mortality mechanisms including motor vehicle accidents, falls, drug poisonings, fires and burns, drownings, suffocations, work-related accidents, and other similar types of unintentional injuries. Figure 95 presents unintentional injury morality rates for the Southeast District. In general, the district has a higher mortality rate than the state with all counties, besides Otoe, having higher rates. Most concerning is that Johnson and Pawnee Counties have mortality rates that are almost two times that of the state.

Figure 95. Unintentional Injury Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

Table 41 presents accidental mortality rates by type. Due to small sample sizes, only district level data is available as county-specific rates would be unreliable.

Table 41. Accidental Death Rates per 100,000 Population by Type (2014).

	Drowning	Fall	Fire-related	Firearm-related	Homicide	Motor Vehicle	Poisoning	Traumatic brain injury
Southeast	-	13.3	-	15.3	0.0	18.9	-	30.7
State of Nebraska	1.0	9.4	0.8	9.4	3.3	12.9	8.6	20.8

Source: Nebraska Department of Health and Human Services Vital Records, personal communication, March 2019
"-" Rates based on fewer than 5 cases have been suppressed.

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Community Medical Center
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SOUTHEAST DISTRICT HEALTH DEPARTMENT

2019 COMMUNITY HEALTH IMPROVEMENT PLAN

Proudly serving Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties

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Introduction

The Southeast Health District 2019 Community Health Improvement Plan (CHIP) was developed in partnership by the Southeast District Health Department (SEDHD) and the district's six not-for-profit hospitals – Johnson County Hospital, Nemaha County Hospital, CHI St. Mary's, Syracuse Area Health, Pawnee County Memorial Hospital, and Community Medical Center – plus various other community partners and agencies. The CHIP addresses health concerns in the five-county district of Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties. As the Chief Health Strategist—who convenes coalitions that investigate and act to make meaningful progress on complex health community issues[1]—for the district, the SEDHD conducts a Community Health Assessment (CHA) and CHIP in collaboration with the not-for-profit hospitals every three years. To maintain their tax-exempt status, hospitals are required to conduct a health assessment every three years. SEDHD conducts a health assessment, at minimum, every five years to be eligible for public health accreditation. This CHIP is the shared vision of the public health system partners within the Southeast Health District.

The goals and strategies in this CHIP align with local, state, and national priorities in order to keep pace with emerging public health challenges, to address leading causes of morbidity and mortality, and to improve and protect the health of populations within the Southeast Health District. This document provides 1) an overview of the district's health indicators (including data by county when available) and 2) a road map on how to improve the top health concerns in the district over the next three years.

[1] Public Health Foundation, "Becoming a Community Chief Health Strategist," http://www.phf.org/consulting/Pages/Becoming_the_Community_Chief_Health_Strategist.aspx (June 24, 2019).

County Overview

The SEDHD covers the five rural counties (Johnson, Nemaha, Otoe, Pawnee, and Richardson) in the southeast corner of Nebraska neighboring Iowa and Missouri to the east (bordered by the Missouri River) and Kansas to the south. The district spans 2,382 square miles with a population density average of 16 people per square mile. The largest population centers include Nebraska City (population: 7282), Falls City (population: 4325), Auburn (population: 3460), Syracuse (population: 1942), Tecumseh (population: 1677) and Pawnee City (population: 878).

Demographics

Population: The Southeast Health District, home to 38,865 residents, experienced a -1.84% change in population between 2000 and 2010.

Race/Ethnicity: The Southeast Health District is comprised primarily of white and non-Hispanic residents. However, Johnson and Otoe counties have larger Hispanic populations, 10%, and 8% respectively. Compared to the rest of the district, Johnson County has the largest racial minority population (14%), of which non-Hispanic, African American comprise 7%.

Median Age: The average median age of counties in the Southeast Health District is 43.7 years. Residents within the district are generally older than state and national averages. Those ages 65 and older comprise 20% of the district's population compared to 14% for the state and 14% nationally. Residents aged 25-64 comprise 49% of the population. Comparatively, the state and national averages for this age group are 51% and 53%, respectively.

Socio-Economic Status

Economics: The median household income for the Southeast Health District is $51,626 compared to $56,675 for the state. Just over 1 in 4 children are from single family homes across the district, less than the state average of 29%. The average percentage of students eligible for free/reduced meals at schools across the district is 42%, just below the state average of 44%[2]. However, 19% of children are living in poverty across all counties within the district, higher than the state rate of 16%. Southeast Health District unemployment rate is 2%, similar to the unemployment rate for Nebraska (2%).

Table 1: Economic Indicators	SEDHD	Nebraska
Median Household Income (2013-2017)	$51,626	$56,675
Single Parent Households (2013-2017)	26%	29%
Students eligible for free/reduced meals at schools	42%	44%
Percentage of children under age 18 in poverty	19%	16%
Unemployment	2%	2%

Educational Level: Over one third (38%) of the adults in the Southeast Health District have at least a high school diploma or equivalent, which is greater than the state average (27%). Less than one fourth (21%) of the adults in the district have a bachelor's degree or higher, lower than the state percentage (30%).

[2] Robert Wood Foundation, *County Health Rankings and Roadmaps*, http://www.countyhealthrankings.org

Table 2: Education Indicators	SEDHD	Nebraska
High school graduate (or GED/equivalent), percentage of persons age 25+	38%	27%
Some college, no degree, percentage of persons age 25+	21%	23%
Associate's degree, percentage of persons age 25+	11%	10%
Bachelor's degree, percentage of persons age 25+	15%	20%
Graduate or professional degree, percentage of persons age 25+	6%	10%

Overview of Priority Areas

Priority areas were determined through various meetings between SEDHD and the district's six not-for-profit hospitals during the spring of 2019. Rather than selecting definite priorities, SEDHD and its partners elected to prioritize broad, overarching themes within the district. In doing so, individual organizations can tailor their efforts based on their specific needs while also addressing the health status of the district collectively.

Priority areas selected were:

- Behavioral/Mental Health
- Preventative Care and Screening
- Social Determinants of Health

Background data for each priority can be found in the 2019 Southeast District Health Department Community Health Assessment.

Selecting Goals and Objectives

Goals and objectives for each priority area were determined in a series of meetings in May 2019. Similar to the prioritization process, broad and overreaching goals were selected to provide stakeholders the opportunity to tailor this plan to their organization's specific needs. The goals and objectives selected serve as a starting point for the aforementioned priorities. Objectives may be refined and or added following input gathered from community stakeholder meetings to achieve desired outcomes.

Behavioral/Mental Health Priority Area—Action Plan

Goal: Increase the capacity of the community in mental health awareness and behavioral/mental health services and supports (i.e., telehealth/medicine, peer support and behavioral/mental health programming).

Objectives:

1. By September 30, 2019, convene key stakeholders around behavioral/mental health quarterly to assess and address gaps in behavioral health services/supports.

    1.1. Conduct a resource inventory to establish a baseline of behavioral/mental health services and supports

Partners:

Hospitals
Local health department
Primary care clinics
Law enforcement
Local behavioral health services

Strategies/Activities:

- Question. Persuade. Refer. (QPR) and Mental Health First Aid (MHFA) training
- Stepping Up initiative in jails—identifying the behavioral health needs of inmates
- Access to in-home services to address transitional needs
- Increase number of Wellness Recovery Action Plan (WRAP) facilitators
- Bridges Out of Poverty training (public workshops and community initiatives)
- Peer-to-peer supports
- Positive social norming campaigns
- Promote and improve behavioral health and substance use/abuse screenings at the primary care level
- Identify and implement evidence-based strategies

Outcomes:

- Increased programs/services offered to communities.
- Increased screening for behavioral health needs at the primary care level
- Reduced suicide rates

Quick Facts:

- 19.4 per 100,000 population (age-adjusted) in the Southeast Health District completed suicide[3]
- Nearly 40% of surveyed 10th graders across the district reported feeling so sad or hopeless almost every day for two weeks or more in a row that it stopped them from doing usual activities[4]

Rationale:

Mental health impacts a person's ability to maintain good physical health. Mental health is strongly associated with the risk, prevalence, progression, outcome, treatment, and recovery of chronic diseases

[3] Nebraska Department of Health and Human Services (DHHS), *Nebraska 2016 Vital Statistics Report*, http://dhhs.ne.gov/publichealth/Vital%20Statistics%20Reports/Vital% 20Stats%20Report%202016.pdf
[4] DHHS, *Nebraska Risk and Protective Factor Student Survey – Southeast District Health Department*, https://bosr.unl.edu/SoutheastDistrictHealthDepartment.pdf

including diabetes, heart disease, and cancer. Good mental health is essential for a person to live a healthy and productive life. [5]

Most counties in Nebraska are designated mental health professional shortage areas. In the Southeast Health District, there were an average of 2,080 people for every one mental health provider (range: 1,340:1 to 2,650:1), nearly five times as many people to mental health provider as the state and national averages (420:1, 470:1 respectively).[6] According to the 2016 Nebraska Behavioral Health Needs Assessment, only 47% of adults in Nebraska with any mental illness received treatment. Additionally, only 43% of youth in Nebraska with depression received treatment.

Populations at Risk:

Veterans
Men
Youth

Indicators:

1. Adult Mental Health Status*:* The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their mental health status. The question asked is, "Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?" (Table 3).

Table 3	***SEDHD***	***Nebraska***
Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)[7]	8.2%	8.0%

2. Youth Mental Health Status*:* The Nebraska Department of Education conducts an annual survey to youth in 8th, 10th, and 12th grades that asks youth about their mental health status. Schools voluntarily administer the survey to students. The questions asked of particular interest include "during the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?", "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?", "During the past 12 months, did you ever seriously consider attempting suicide?", and "During the past 12 months, did you actually attempt suicide?" (Tables 4)

Table 4	*SEDHD**
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?[8]	
8th grade	27.3%
10th grade	37.1%
12th grade	35.1%
During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?[9]	

[5] United States Department of Health and Human Services (HHS), *Healthy people 2020: Mental Health*, Office of Disease Prevention and Health Promotion, https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health
[6] Robert Wood Foundation, op. cite.
[7] DHHS, *Nebraska Behavioral Risk Factor and Surveillance System,* http://dhhs.ne.gov/publichealth/ Pages/brfss_ reports.aspx
[8] DHHS, *Nebraska Risk and Protective Factor Student Survey, op. cite.*
[9] Ibid

8th grade	14.1%
10th grade	15.1%
12th grade	12.6%
During the past 12 months, did you ever seriously consider attempting suicide?[10]	
8th grade	16.6%
10th grade	19.2%
12th grade	15.4%
During the past 12 months, did you actually attempt suicide?[11]	
8th grade	3.3%
10th grade	5.9%
12th grade	4.0%

**Comparison data for the State is not included because the participation rate for the state is not considered representative due to low participation rates. However, Southeast Health District data is considered representative due to the 72.2% participation rate from all eligible schools (public and non-public) in the district.*

Healthy People 2020 Indicators

i) MHMD-4.1: Reduce the proportion of adolescents aged 12-17 years who experience major depressive episodes (MDEs).

Baseline: 8.3% of adolescents aged 12-17 experienced a major depressive episode in 2008

Target: 7.5%

3. Suicide: The Southeast Health District's age-adjusted suicide rate was 19.4 per 100,000 population, 1.6 times higher than the state rate of 12.3 per 100,000.[12]

Healthy People 2020 Indicators

ii) MHMD-1: Reduce the suicide rate.

Baseline: 11.3 suicides per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

Target: 10.2 suicides per 100,000 population

Relevant and Existing Resources and Programs:

The following are local programs, services and coalitions that focus on mental health in the Southeast Health District:

[10] Ibid
[11] Ibid
[12] DHHS, *Nebraska 2016 Vital Statistics Report, op. cite.*

- Blue Valley Behavioral Health
- Richardson County Assertive Community Treatment
- Community Health Partnership of Nemaha County
- Southeast Nebraska Prevention Partnerships
- WRAP, MHFA, QPR, Bridges Out of Poverty, and other behavioral/mental health training

Preventative Care and Screenings Priority Area—Action Plan

Goal: Increase the number of individuals who receive preventative care and screenings as a means of early detection and preventative care for chronic diseases, cancer, and other health-related illnesses.

Objective: By September 30, 2019, convene key stakeholders around preventative care, screenings, and coordinated chronic care management quarterly to assess and address gaps in screenings and referrals to services/treatment of chronic disease, cancer, and other health-related illnesses.

Partners:

Primary care providers
Local health department
Hospitals

Strategies/Activities:

- Increase public awareness of the importance of regular, preventative care to positive health outcomes
- Increase access to existing community resources pertaining to preventative screenings
- Increase screenings (diabetes, colorectal, etc.) and referral to services/treatment network
- Coordinated chronic care management
- Identify and implement evidence-based strategies

Outcomes:

- A baseline of chronic care management established
- Improved preventative screening rates (diabetes, cancer, heart disease, etc.)

Quick Facts:

- 15% of SEDHD residents (aged 18-64) are uninsured[13]
- 10% of SEDHD residents (ages 18 and over) needed to see a doctor but could not due to cost in the past year[14]
- 38% of SEDHD residents (ages 18 and over) did not have a routine checkup in the past year[15]

Rationale:

Access to primary medical, dental, vision, and behavioral health services are essential in maintaining good overall health. Additionally, some counties within the Southeast Health District experience lower incidence of chronic disease but higher mortality rates. Thus, signifying the need for preventative services, early diagnosis, and early intervention programs to reduce disease morbidity and mortality.

Populations at Risk:

Low-income children and families

Indicators:

1. Personal health care provider status: The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their access to health

[13] DHHS, *Nebraska Behavioral Risk Factor and Surveillance System, op. cite.*
[14] Ibid
[15] Ibid

care. The question asked of particular interest is, "Do you have one person you think of as your personal doctor or health care provider?" (Table 5).

Table 5	*SEDHD*	*Nebraska*
Percent of adults ages 18 and over reporting they have a personal doctor or health care provider[16]	87%	81%

Health People 2020 Indicators

i) AHS-3: Increase the proportion of persons with a usual primary care provider.

Baseline: 76.3% of persons had a usual primary care provider in 2007

Target: 83.9%

ii) AHS-7 (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.

Baseline: Not applicable

Target: Not applicable

2. Cancer screening behaviors of adults*:* The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their utilization of health care services. The particular questions asked were (Table 6):

a. *Colon cancer screening* – "How long has it been since you had your last blood stool test using a home kit?" and "How long has it been since you had your last your last sigmoidoscopy or colonoscopy?"

b. *Breast cancer screening* – "How long has it been since you had your last mammogram?"

Table 6	*SEDHD*	*Nebraska*
Percent of adults 50-74 years old who report up-to-date on colon cancer screening[17]	61%	65%
Percent of females 50-74 years old who report having had a mammogram during the past two years[18]	68%	75%

Health People 2020 Indicators

i) C-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Baseline: 52.1% of adults aged 50-75 received a colorectal cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)

[16] DHHS, *Nebraska Behavioral Risk Factor and Surveillance System, op. cite.*
[17] Ibid
[18] Ibid

Target: 70.5%

ii) C-17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

Baseline: 73.7% of females aged 50-74 received a breast cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)

Target: 81.1%

3. Diabetes screening behaviors of adults: The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their diabetes screenings. The questions asked of particular interest include "Ever told you have diabetes?" and "Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?" (Table 7).

Table 7	***SEDHD***	***Nebraska***
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)[19]	12%	10%
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)[20]	5%	6%

Healthy People 2020 Leading Indicators

i) D-1: Reduce the annual number of new cases of diagnosed diabetes in the population.

Baseline: 8.0 new cases of diabetes per 1,000 population aged 18 to 84 years occurred in the past 12 months, as reported in 2006–08 (age adjusted to the year 2000 standard population)

Target: 7.2 new cases per 1,000 population aged 18 to 84 years

ii) D-15: Increase the proportion of persons with diabetes whose condition has been diagnosed.

Baseline: 72.5% of adults aged 20 years and over with diabetes had been diagnosed, as reported in 2005–08 (age adjusted to the year 2000 standard population)

Target: 79.8 %

[19] DHHS, *Nebraska Behavioral Risk Factor and Surveillance System, op. cite.*
[20] Ibid

iii) D-14: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.

Baseline: 53.1% of adults aged 18 years and over with diagnosed diabetes reported they ever received formal diabetes education in 2012 (age adjusted to the year 2000 standard population)
Target: 62.5%

4. *Blood pressure screening behaviors of adults:* The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their blood pressure screenings. The questions asked of particular interest include "During the past 12 months, have you had your blood pressure taken by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional?" and "Thinking about the last time you had your blood pressure checked by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional, do you recall being told that your blood pressure was normal, borderline high, or high?" (Table 8).

Table 8	***SEDHD***	***Nebraska***
Percentage of adults 18 and older who report having had their blood pressure taken by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional during the past 12 months[21]	87%	86%
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 high blood pressure (excluding pregnancy)[22]	30.6%	30.6%

Healthy People 2020 Indicators

i) HDS-4: Increase the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high.

Baseline: 90.6% of adults aged 18 years and over had their blood pressure measured within the preceding two years and could state their blood pressure in 2008 (age adjusted to the year 2000 standard population)

Target: 92.6%

5. *Cholesterol screening behavior of adults:* The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their cholesterol screenings. The questions asked of particular interest include "About how long has it been since you last had your blood cholesterol checked?" and "Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?" (Table 9).

Table 9	***SEDHD***	***Nebraska***
Percentage of adults 18 and older who report having had their blood cholesterol checked during the past five	86%	84%

[21] DHHS, *Nebraska Behavioral Risk Factor and Surveillance System, op. cite.*
[22] Ibid

years[23]		
Among adults 18 and older who report that they have ever had their blood cholesterol checked, the percentage who report that they have ever been told by a doctor, nurse, or other health professional that their blood cholesterol is high[24]	33%	32%

Healthy People 2020 Indicators

i) HDS-6: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Baseline: 74.6% of adults aged 18 years and over had their blood cholesterol checked within the preceding 5 years in 2008 (age adjusted to the year 2000 standard population)

Target: 82.1%

ii) HDS-7: Reduce the proportion of adults with high total blood cholesterol levels.

Baseline: 15.0% of adults aged 20 years and over had total blood cholesterol levels of 240 mg/dL or greater in 2005–08 (age adjusted to the year 2000 standard population)

Target: 13.5%

Age-adjusted disease mortality rates per 100,000 population, by county[25]:

Table 10	***Johnson***	***Nemaha***	***Otoe***	***Pawnee***	***Richardson***	***Nebraska***
Heart Disease	188.4	159.0	127.2	170.4	140.0	143.0
Cerebrovascular Disease	27.0	33.6	35.9	22.9	48.5	33.6
Diabetes Mellitus	25.3	22.0	18.4	10.1	15.8	21.6
Cancer (all types)	199.2	187.1	235.6	180.7	172.0	154.8

Relevant and Existing Resources and Programs:

- Minority Health Initiative – SEDHD
- Health Hub – SEDHD
- Well at Work – SEDHD
- Diabetes Prevention Program
- County/community hospitals
- Primary care clinics

[23] DHHS, *Nebraska Behavioral Risk Factor and Surveillance System, op. cite.*
[24] Ibid
[25] DHHS Vital Statistics Report, op. cite.

Social Determinants of Health Priority Area—Action Plan

Goal: Develop a sustainable regional infrastructure for collective impact to increase the number of SEDHD residents who are healthy at every stage of life

Objectives:

1. By September 30, 2019, convene key stakeholders around social determinates of health to assess and address gaps in social supports and identify factors that reduce access and utilization of social programs and services.

    1.1. Conduct a resource inventory to establish a baseline of services and supports programs that address areas related to improving SEDHD residents' quality of life and health outcomes.

Partners:

Hospitals
Local health department
Primary care clinics
Law enforcement
Local behavioral health services
Community action agency
Community coalitions
Schools

Strategies/Activities:

- Enhance diverse, cross-sector collaboration to promote health and safety
- Engage and empower people and communities to implement prevention policies and programs
- Ensure a strategic focus on populations at greatest risk
- Identify and implement evidence-based strategies

Outcomes:

- Increased use of evidence-based practices for all projects
- Enhanced community and regional coalitions

Quick Facts:

- Nearly 1 in 5 children age 17 and under in the Southeast Health District live in poverty.[26]
    - Richardson and Pawnee counties were the highest in the district (30% and 24% respectively; state average 17%).
- Percent of Single parent households – NE 29%, Johnson County 28%; Pawnee County 29%; Otoe County 27%; Nemaha County 24%; Richardson County 21%.[27]
- Percent of homes occupied by owner – NE 66%; Richardson County 75%; Johnson County 74%; Otoe County 74%; Nemaha County 71%; Pawnee County 77%.[28]
- Percent of households with severe housing problems (at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen, or plumbing facilities) – NE 13%; Johnson

[26] Voices for Children in Nebraska, *Kids Count in Nebraska 2017 Report,* https://voicesforchildren.com/wp-content/uploads/2018/01/2017-Kids-Count-in-Nebraska-Report.pdf
[27] Nebraska Legislative Research Office, *Counties-at-a-Glance* (November 2018), https://nebraskalegislature.gov/pdf/reports/research/counties_at_a_glance_2018.pdf
[28] Ibid

County 13%; Otoe County 12%; Richardson County 11%; Nemaha County 11%; Pawnee County 11%[29]

Rationale:

Unless we change the conditions that contribute to poor health, too many Americans will continue to needlessly fall ill despite advances in healthcare. Healthy People 2020 identified social determinants, the range of personal, social, economic and environmental factors which contribute to health outcomes, as one of the Leading Health Topics since home, work, school, neighborhood, and community environments play vital roles in improving health. Adopting policies that improve these social determinants, including access to quality education, safe housing, availability of jobs, access to healthy foods and social connectedness, can have lasting effects on individual health. Due to poverty, access to education, and other immediate environmental and systematic barriers, it is hard to prioritize a healthy lifestyle let alone lead a healthy lifestyle for many Americans. Residents in Southeast Health District are not immune to these experiences and effects.

Populations at Risk:

Children
Low-income families

Indicators:

Due to the wide range of conditions that comprise the Social Determinants of Health, this priority area focuses on leveraging partnerships, convening community partners, streamlining programs and initiatives, promoting collaboration, and reducing duplicative programs – all aiming to improve SEDHD residents' quality of life and health outcomes. While traditional indicators for Social Determinants of Health, including housing, food insecurity, poverty, quality education, etc., have been identified, the SEDHD and its partners will focus efforts on the objectives identified above as a way to track progress. Additionally, metrics from the other priority areas within this CHIP will be recognized as part of the metrics for improving the Social Determinants of Health as these are conditions that improve health outcomes and quality of life.

Relevant and Existing Resources and Programs:

- Partners for Otoe County
- Better Together – Nebraska City
- Growing Great Kids in Southeast Nebraska
- Southeast Nebraska Community Action Partnership
- Project Response
- Local Housing Authorities
- Bridges Out of Poverty training

[29] Nebraska Legislative Research Office, op. cite

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