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COMMUNITY HEALTH NEEDS ASSESSMENT

AND

IMPLEMENTATION STRATEGY

FOR COMMUNITY MEDICAL CENTER, INC.

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Left: *Golfers celebrate a nice putt at the 2021 CMC Foundation Golf Tournament, which raised funds for health and wellness.*
Right: *Entrants take a well-deserved break after completing the Thanksgiving "Turkey Trot" fun-run sponsored by CMC, which encouraged exercise while also donating turkeys to the SENCA Richardson County Food Pantry to help local families in need.*

I. Executive Summary

Community Medical Center, Inc. (CMC) is a 501(c)3 not-for-profit critical access hospital located in Falls City, Nebraska. CMC conducted a Community Health Needs Assessment (CHNA) in 2021 and 2022 to provide direction for health outreach activities for the three years beginning August 1, 2022. This assessment was created in partnership with the Southeast District Health Department, area hospitals, the CMC medical staff, community members, government officials, and other interested parties. The assessment considered public health data, a survey of local citizens, expert opinions, and direct feedback from interested stakeholders in meetings.

The top priorities identified were:

1. Increase access to fitness and wellness opportunities.
2. Increase access to behavioral health resources.
3. Strengthen social support coordination and emergency services.
4. Increase use of preventative services and early detection screenings.

While the issues identified go beyond what any one entity can solve on its own, Community Medical Center is committed to working with others to address these priorities. CMC has developed concrete strategies, which may be modified over time, to further these goals. Progress will be reviewed by the CMC Board of Directors and its Community and Planning Committee and will be reported in summary to the community through the hospital's annual community report.

II. Purpose

The purpose of CMC's Community Health Needs Assessment is to:

1. Identify areas of high need impacting the health of community members.
2. Develop a rational prioritization with input from community members to focus outreach efforts and resources.
3. Establish cooperative relationships among hospital, community members, government, churches, agencies and other interested parties for community health improvement.
4. Comply with section 501(r) of the Internal Revenue Code for not-for-profit hospitals.

III. Process Used

CMC completes a community health needs assessment every three years, with its last assessment in the 2019 fiscal year. While CMC's assessment is specific to the area and people it serves, CMC has found it advantageous to conduct assessments in conjunction with the Southeast District Health Department and the five other hospitals located in the health district. Because the organizations serve communities with similar needs, collaboration helps maximize resources and create natural partnerships when seeking to address common issues.

Southeast District Health Department (SEDHD)

The process used involved pre-planning with the health department; review of available data regarding health status indicators in the county; use of internal and external experts; a survey of community members; a stakeholder meeting open to all community members and involving representatives from government, schools, medical staff, and social service providers; review of progress on priorities established in the previous plan; prioritization of needs identified; and development of a strategic plan to respond to priorities.

The assessment and response plan were reviewed by the Community and Planning Committee of the Community Medical Center Board of Directors on May 23, 2022. After incorporating feedback from that meeting, the document was approved by the Community Medical Center Board of Directors at its regular meeting on July 7, 2022. The document will be posted to the CMC website prior to July 31, 2022 and made available as described in the communication plan.

IV. Community Description

For purposes of assessing health needs, the primary service area of Community Medical Center is best defined as Richardson County, Nebraska, with additional consideration given to those residing just outside of county boundaries, but for whom Community Medical Center is the closest hospital facility. This is consistent with both the purpose for the organization found in its articles of incorporation and the geographic distribution of its patients. The articles of incorporation state that the first purpose of Community Medical Center's existence is "*to operate as a non-profit corporation for the purpose of providing a Community Hospital for Falls City, Nebraska.*" Falls City is the county seat and largest town in Richardson, County. Zip code analysis shows that in 2021 88.5% of inpatients and 85% of outpatients served at CMC were from Richardson County. CMC is the only hospital in the county.

	% of In-Patients	% of IP Visits	% of Out-Patients	% of OP Visits
Richardson, NE	88.5%	90.3%	85.0%	88.3%
Brown, KS	3.6%	2.7%	4.9%	3.8%
Nemaha, NE	1.5%	1.3%	2.4%	1.9%
Nemaha, KS	0.8%	0.7%	1.5%	1.3%
Pawnee, NE	0.4%	0.3%	1.8%	0.9%
Holt, MO	1.3%	1.7%	1.3%	1.4%
Doniphan, KS	1.1%	1.0%	0.7%	0.5%
All Other Counties:	2.7%	2.0%	2.5%	1.9%

Richardson County is in the southeast corner of Nebraska, bounded by Missouri on the East and Kansas on the South. Richardson County had a population of 7,871 in the 2020 Census, down from 8,363 in 2010 (a 5.9% decline). This was the 9th consecutive decade with a reported population decline, since the county's population peaked at 19,826 in the 1930 census. Two communities have over 200 residents: Falls City, with 4,009, and Humboldt, estimated at 850 with final numbers pending. Other communities include Dawson, Verdon, Stella, Shubert, Salem, Rulo, Barada and Preston. A portion of the Reservation of the Iowa Tribe of Kansas and Nebraska is in Richardson County. Non-Richardson localities in close proximity include Big Lake, Missouri; Reserve, Kansas; and Indian Cave State Park.

Community Description (*continued*)

Persons under 18 years comprised 21.6 of county population. Data for 2022 are not yet available for those 65 and older, but in 2010, they made up 24.4% of population. In 2022, those identifying as of white only ethnicity represented 90.9% of population, with American Indian at 2.9%, two or more races 5.2%, Black or African American 0.3%, and Asian 0.5%. Interestingly, the percentage of residents reporting heritage of two or more races more than doubled from 2010. Hispanic or Latino back-ground, alone or included with another category, represented 2.0% of population in 2010. English was the language primarily spoken in the home of 98.5% of households in 2010.

Compared to Nebraska as a whole, Richardson County has a smaller proportion of those under 18 and a significantly higher proportion of those 65 and older. Richardson County had a smaller proportion of traditionally minority races, except for American Indians, for which it has over twice Nebraska's proportion. Richardson County has a very similar proportion of high school graduates but a lower rate of those with bachelor's degrees or higher. Richardson County's rates of persons with disabilities or with income below poverty level were both higher than for the state as a whole.

V. Findings

Richardson County is ranked in the lowest quartile for health outcomes and health factors by County Health Rankings & Roadmaps. Health outcomes, which are based on length of life measures and quality of life measures, suggest opportunities for improvement in reducing premature deaths and reducing the number of residents reporting poor physical and mental health. Health factors considered include behaviors, clinical care, socio-economic indicators, and the physical environment. Factors of concern for Richardson County include a high obesity rate (43%), high smoking rate (20%), low rates of activity and access to fitness opportunities, lower rates of screenings like mammograms and colonoscopies, lower rates of adult vaccination, and limited access to behavioral health resources, all leading to higher rates of preventable medical conditions. In summary, Richardson County residents tend to be older, poorer, have less healthy behaviors, and to be less healthy than residents of the state and nation as a whole. This has profound significance in determining health needs.

	U.S.	Nebraska	Richardson Co.
Median Household Income	$64,994	$63,015	$44,524
Per Capita Income	$35,384	$33,205	$29,074
Unemployment Rate	5.4%	2.6%	3.6%
Under Age 65 with Disability	8.7%	7.7%	9.4%
Persons in Poverty	11.4%	9.2%	9.5%
Households with Children that are Single-Parent	23.0%	28.7%	38.9%
Adults Classified as Obese by BMI	31.9%	34.0%	43.0%
Adults Reporting General Health as Poor or Fair	13.3%	10.8%	16.0%
Adults that are Current Smokers	15.5%	14.9%	20.0%

Please see Appendix C for additional data tables and sources used in the community needs analysis.

Survey results and community discussions indicate that residents are pleased with the efforts made to establish and maintain civic facilities, including hospital, schools, library, aquatic park, community college, etc. At the same time, citizens are concerned about access to social services, whether because services are not available, or because awareness is low, or access is difficult. Likewise, fitness and recreational options were found lacking, while also suggesting the community could better utilize the resources it already has. Emergency services, housing, drug and alcohol support, and medical care needs were all identified as areas of concern.

VI. Priorities

Based on findings, four priorities were established:

1. **Increase access to fitness and wellness opportunities.** Whether in new or existing facilities, community members need more opportunities to be active.
2. **Increase access to behavioral health resources.** Substance abuse is a pervasive problem. Likewise, more support is needed for those suffering from depression, anxiety and other mental health concerns. Isolation from Covid-19 and online lifestyles is worsening these issues, especially among youth.
3. **Strengthen social support coordination and emergency services.** More support is needed for at-risk families and individuals. Further, greater connectedness among those providing social supports will help reduce fatigue and burnout. Additional planning and capacity-building is necessary to address current and potential emergency situations.
4. **Increase use of preventative services and early detection screenings.** These measures are underutilized. Support is needed for education, harnessing the influence of community organizations, and strengthening social networks.

VII. Strategies

1 Increase Access to Fitness and Wellness Opportunities

Initiative		Role/Partners	Resources/Cost	Notes
1.1	Explore potential for combined early childhood/fitness/recreation center.	FCPS to lead, partner with City, EDGE	TBD. Initially, staff time as needed.	Feasibility grant in place through FCPS.
1.2	Add/expand walking trail to hospital campus.	Developer	$10-20K per phase, plus upkeep.	First two phases complete. Phase 3 planned 2022-23.
1.3	Sponsor/encourage regular weekly fitness activities.	Typically lead. Partner with City & Churches.	Staff time & $1K other.	Yoga, water aerobics, community basketball.
1.4	Sponsor teams to support recreation.	Financial.	Expect <$1,000/year	Youth soccer, baseball, softball. Adult volleyball.
1.5	Sponsor events and challenges.	Typically lead. Partner with FC Rec.	Staff time & $2,500 other.	Fun runs, fitness challenges, other activities.
1.6	Evaluate medically-directed weight loss programs.	Analysis	Staff time.	Will work with medical staff.

2 Increase Access to Behavioral Health Resources

Initiative		Role/Partners	Resources/Cost	Notes
2.1	Provide subsidies & financial support to increase availability of behavioral health services.	Partner with Blue Valley, FCPS, Six Pence	Approx $41,700 / year.	In place.
2.2	Expand behavioral health offerings in hospital clinics.	Provider	Will require subsidy of approximately $100K/year.	Offering mental health services in Falls City and Humboldt.
2.3	Explore (and add if feasible) adult focused structured outpatient services.	Analysis and potentially provider.	Will require subsidy of approximately $100K/year.	Working with medical staff. If approved, targeting 1/1/23 start.
2.4	Continue to implement opioid best practice recommendations.	Provider.	Requires subsidy approx $25K/year.	Utilizing PDMP, MAT. Offering med drop box, pain clinic.

3 Strengthen Social Support Coordination and Emergency Services

Initiative		Role/Partners	Resources/Cost	Notes
3.1	Provide subsidy to FCVAS to support on-call availability, especially for transfers.	FCVAS	$15,000 per year.	In place. Will meet with squad to discuss.
3.2	Recruit & train CMC staff to driver role, and establish rotation. As able, expand to other businesses.	Work with FCVAS.	Primarily staff time.	Initial cohort trained, but need additional participants. Target 9/30/22 for operation.
3.3	Increase hours for hospital-based social work in hospital.	Internal, Primary Care, ER	Add .5 FTE	Will hire and begin training by 9/30/22.
3.4	Offer medical triage line to support after hours needs.	External service	$600 to $8,000/ year, depending on utilization	Target implementation by 9/30/22
3.5	Enhance awareness/coordination among social service providers	SENCA, Churches, Primary Care	TBD	Will follow SENCA's lead.
3.6	Explore feasibility of additional transportation support for medical services, especially behavioral health.	SENCA, and internal	Potentially $80K if approved.	Will evaluate as part of budget. May fall to future years.

4 Increase Use of Preventative Services and Early Detection Screenings

Initiative		Role/Partners	Resources/Cost	Notes
4.1	Increase communication to patients regarding recommended screenings, diabetic precautions, etc, using written, electronic and verbal methods.	Primary care clinics.	$8-10K /year for electronic communication tools	Asking patients to consent to electronic reminders at time of registration
4.2	Provide education to community members around recommended screenings.	Primary care clinics, SEDHD	$5K advertizing	Campaign for 2023.
4.3	Increase use of chronic care management, transitions of care management and remote patient monitoring, as appropriate.	Primary care clinics.	Staff time. Unsure whether subsidy would be required.	Primary care clinics doing well. Will work to expand capacity.
4.4	Provide access to home Radon testing for community members.	SEDHD	Minimal	CMC works with SEDHD to maintain supply for public.

VIII. Communication Strategy

The Community Health Needs Assessment and Implementation Strategies were approved and adopted by the Board of Directors of Community Medical Center on July 7, 2022. The plan for communication is as follows:

- Paper Copy Distribution:
  - Nebraska Hospital Association
  - Nebraska Office of Rural Health
  - Southeast Nebraska Health District (SEDHD)
  - Southeast Nebraska Community Action (SENCA)
  - Richardson County Commissioners
  - Falls City Mayor and City Council
  - Humboldt Mayor
  - Falls City Public School District
  - Falls City Sacred Heart School District
  - Humboldt Table Rock Steinauer School District
  - Falls City EDGE
  - Falls City Library
  - Falls City Journal (Newspaper of Record for Richardson County)
  - CMC Board of Directors
  - CMC Active Medical Staff
  - Other copies available by request in the CMC Administrative Office

- Electronic Availability
  - Posted to the CMC website by 8/1/22
  - May be downloaded from the website or requested via email

- Press Communication
  - Press releases to all area radio, newspaper, and television
  - Hospital administration will be available to answer media questions

- Progress Toward Goals
  - Reported Quarterly through the CMC Board Community and Planning Committee
  - Reported to full CMC Board as Committee determines
  - Summarized in the annual CMC community report
  - To CMC managers and staff as part of operational reporting, including posting progress toward key goals on departmental communication boards
  - Will be discussed and reported in writing as part of the next CHNA

Appendix A: Meetings and Participants

Preliminary Meetings:
Planning meetings for this cycle of health assessments were held in late-2020 and Spring and Summer of 2021. Participants included representatives from Southeast District Health Department, Common Spirit Catholic Health Initiatives, and area community hospitals.

Survey:
A link to an online survey was distributed over a variety of platforms to residents of Richardson County in July and August of 2021, with 220 individuals providing responses. Participant demographics and survey results may be found in the SEDHD Health Needs Assessment Document in Appendix C. The response rate from Richardson County was the highest among the five counties of the health district.

Focus Group:
An open meeting (held virtually due to pandemic) was held October 13, 2021. Fourteen individuals participated, including 9 women and 5 men. Participants included representatives from the health department, SENCA community action, Four-County Diversion, Gab & Gobble, CMC, nursing homes, schools, government, medical staff, emergency responders, public health experts, and senior citizens.

Follow-Up Meetings:
Follow-up Meetings were held between the hospital and health department and with the Community and Planning Committee of the CMC Board of Directors. The Community and Planning Committee has been charged with ensuring administration completes a Community Health Needs Assessment and that progress is made towards goals identified.

Appendix B: Summary of 2019 CHNA and Progress Toward Goals

The previous three years were impacted greatly by the COVID-19 pandemic, which created an overwhelming set of community needs which could not have been anticipated when the prior plan was adopted in July of 2019. Pandemic-related activities included holding weekly public information meetings, providing information to media, and conducting public safety and awareness campaigns. CMC was (and is) a site for Covid testing and Covid vaccination. CMC curtailed services to maintain safety and to preserve staffing and other resources to care for affected patients.

Behavioral Health		
1	Participate in quarterly stakeholder group to assess and address gaps.	*Organized quarterly groups. Discontined with COVID.*
2	Evaluate and prioritize program options to support local needs, including:	
	QPR and Mental Health First Aid training.	*Not implemented.*
	Stepping Up initiative in jails.	*CMC now provides jail services.*
	In-home services for transitional needs.	*Transitions of care implemented, including in-home visits.*
	Wellness Recovery Action Plan (WRAP) facilitator training.	*Not implemented.*
	Bridges Out of Poverty training.	*Not implemented.*
	Peer to Peer Supports	*Not implemented.*
	Positive Social Norming Campaign	*Not implemented.*
3	Promote behavioral health screenings in primary care settings	*Increased utilization of PHQ-9 screening tool.*
4	Provide financial support for counseling, including substance abuse.	*Increased financial support to Blue Valley and Falls City Schools to approx $41,700 /yr.*
5	Explore MAT (medication assisted treatment) for opioids.	*Implemented MAT service.*
6	Implement opioid strategies from the NHA Opioid Tool Kit.	*Evaluated and implemented various strategies and best practices.*
7	Rx take-back at the hospital.	*Implemented. Well-used.*
8	Sponsor and support local behavioral health committees and action groups.	*Postponed due to Covid.*

Appendix B: *continued*

Preventative Care and Screenings		
1	Participate in quarterly stakeholder group to assess and address gaps.	*Held initial meetings and then discontinued due to COVID.*
2	Engage in quality improvement efforts to increase public awareness, aid referrals to existing resources and increase screenings offered.	*CMC ran colon cancer media campaign before suspending due to Covid. Added 3-D mammography capacity in 2019 ($200K) & additional mammo tech in 2021. Mammography usage now up more than 50%. Implemented program to promote use of CT lung cancer screenings.*
3	Utilize clinic and hospital resources to support coordinated chronic care management and leverage population health analytics and interventions.	*Implemented a variety of measures, then discontinued or paused many due to COVID. Hired new population health position in 2021 to prepare for transition from pandemic. Diabetic glucose control project very successful.*
4	Support Radon-testing and awareness efforts.	*CMC worked with SEDHD to provide Radon kits. Priorities changed due to COVID.*

Social Determinants of Health		
1	Participate in quarterly stakeholder group to assess and address gaps.	*Held initial meetings and then discontinued due to COVID.*
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.	*Supporting housing efforts and economic development. Supporting local EMS ($15K/year). Other initiatives discontinued or postponed due to COVID.*

Appendix C: Five-County Health Needs Assessment from SEDHD

2021-2022 **COMMUNITY** HEALTH **ASSESSMENT**

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INTRODUCTION

Under the direction of the Southeast District Health Department (SEDHD), the 2021 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; 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.

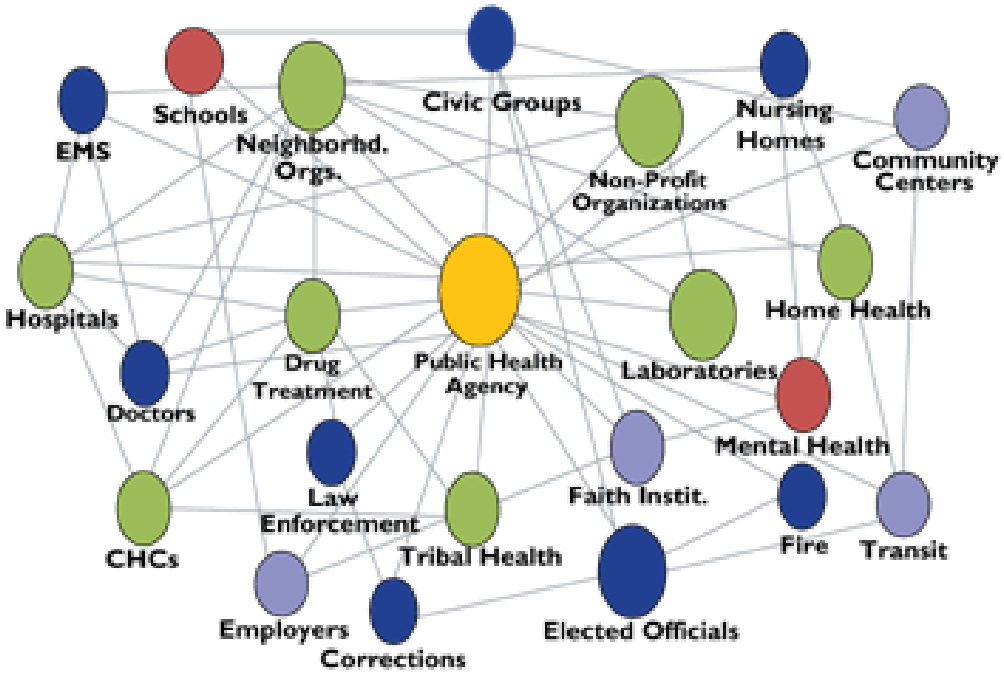
This report contains a broad array of demographic and public health data collected from secondary sources and includes primary data collected by SEDHD. See "Description of Data Sources" section for more information on the main sources of data.

COMMUNITY 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, 590 participants completed the community survey from July through September 2021. Results from the survey are presented throughout this assessment in applicable sections. Table 2 presents the demographic characteristics of the participants by county.

Table 2. Community Health Survey Results - Respondent Demographics

	Johnson	Nemaha	Otoe	Pawnee	Richardson
Total Respondents	**52**	**72**	**219**	**27**	**220**
Race					
White Non-Hispanic or Latino	**96.2%**	**94.4%**	**95.4%**	**96.3%**	**96.8%**
Hispanic or Latino	**0.0%**	**0.0%**	**1.4%**	**0.0%**	**0.5%**
African American	**0.0%**	**1.4%**	**0.5%**	**0.0%**	**0.0%**
American Indian/Alaska Native	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Asian	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Native Hawaiian/ Other Pacific Islander	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Two or more races	**0.0%**	**1.4%**	**1.0%**	**0.0%**	**0.9%**
Prefer not to answer	**3.8%**	**2.8%**	**1.4%**	**3.7%**	**1.8%**
Gender					
Male	**19.2%**	**9.7%**	**19.2%**	**18.6%**	**10.0%**
Female	**76.9%**	**87.5%**	**79.9%**	**81.4%**	**87.7%**
Non-binary	**1.9%**	**0.0%**	**0.5%**	**0.0%**	**0.4%**
Prefer not to answer	**1.9%**	**2.8%**	**0.5%**	**0.0%**	**1.8%**
Age					
18 or under	**0.0%**	**1.4%**	**1.0%**	**0.0%**	**0.5%**
19 - 24	**3.8%**	**2.8%**	**4.6%**	**3.7%**	**3.6%**
25 - 34	**19.2%**	**12.5%**	**15.1%**	**25.9%**	**17.3%**
35 - 44	**26.9%**	**34.7%**	**19.2%**	**25.9%**	**21.8%**
45 - 54	**19.2%**	**19.4%**	**26.0%**	**11.1%**	**19.5%**
55 - 64	**23.1%**	**8.3%**	**17.4%**	**22.2%**	**28.2%**
65 - 74	**3.8%**	**16.7%**	**12.8%**	**11.1%**	**7.3%**

75 or over	**3.8%**	**4.2%**	**4.1%**	**0.0%**	**1.8%**
Yearly Household Income					
Less than $20,000	**5.8%**	**5.6%**	**5.0%**	**0.0%**	**5.0%**
$20,000 - $34,999	**1.9%**	**9.7%**	**12.8%**	**3.7%**	**10.5%**
$35,000 - $49,999	**5.8%**	**8.3%**	**11.9%**	**11.1%**	**13.6%**
$50,000 - $74,999	**21.2%**	**15.3%**	**17.4%**	**18.5%**	**25.0%**
$75,000 - $99,999	**23.1%**	**23.6%**	**17.4%**	**25.9%**	**19.1%**
$100,000 - $149,999	**28.8%**	**30.6%**	**18.3%**	**22.2%**	**16.8%**
$150,000 - $199,999	**13.5%**	**4.2%**	**9.6%**	**11.1%**	**6.4%**
$200,000 or more	**0.0%**	**2.8%**	**7.3%**	**7.4%**	**3.6%**
Educational Attainment					
Less than high school degree	**0.0%**	**1.4%**	**2.7%**	**0.0%**	**2.3%**
High school degree or equivalent	**15.4%**	**5.6%**	**12.8%**	**7.4%**	**13.2%**
Some college but no degree	**11.5%**	**18.1%**	**15.5%**	**22.2%**	**21.4%**
Associate degree	**26.9%**	**12.5%**	**18.3%**	**22.2%**	**26.8%**
Bachelor degree	**25.0%**	**38.9%**	**28.3%**	**22.2%**	**21.8%**
Graduate degree	**21.2%**	**23.6%**	**22.4%**	**26.0%**	**14.5%**

FOCUS GROUPS

As a part of the 2021 CHA and CHIP process, SEDHD facilitated six focus groups within the SEDHD region. The focus group schedule included:

- October 13, 2021—Richardson County, virtually via Zoom—meeting hosts: Community Medical Center
- October 27, 2021—Nemaha County, Auburn—meeting hosts: Nemaha County Hospital
- November 19, 2021—Otoe County, Syracuse—meeting hosts: Syracuse Area Health
- November 30, 2021—Otoe County, virtually via Zoom—meeting hosts: CHI Health St. Mary's
- December 1, 2021—Johnson County, Tecumseh—meeting hosts: Johnson County Hospital
- January 19, 2022—Pawnee County, Pawnee City—meeting hosts: Pawnee County Memorial 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 partnering hospitals (CHI Health, Community Medical Center, Pawnee County Memorial Hospital, Syracuse Area Health, and Nemaha County Hospital). All focus groups were facilitated by SEDHD staff using Technology of Participation (ToP)[1] methods. Table 3 defines the target population, location, number of participants, and characteristics of each focus group.

Table 3: Focus group characteristics

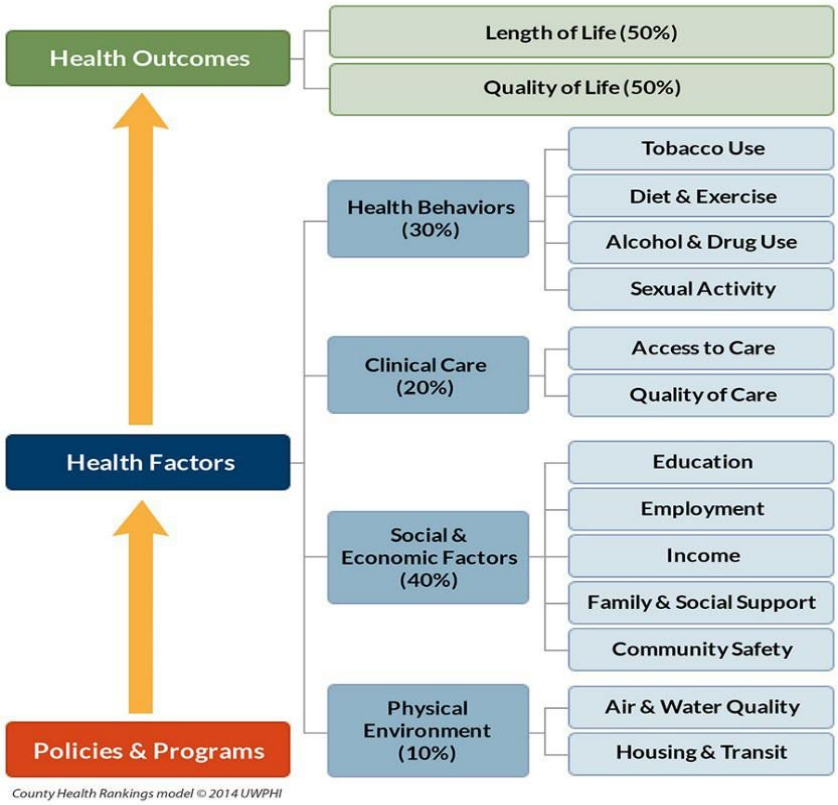
Location	Number of Participants	Participant's Gender
Richardson County, Falls City virtual	14	5 Men 9 Women
Nemaha County, Auburn Nemaha County Hospital	10	4 Men 6 Women
Otoe County, Syracuse Syracuse Area Health	8	4 Men 4 Women
Otoe County, Nebraska City virtual	21	8 Men 13 Women
Johnson County, Tecumseh President's Room	12	5 Men 7 Women
Pawnee County, Pawnee City Pawnee City Memorial Hospital	12	7 Men 5 Women

Focus groups lasted for approximately two hours. In each of the focus groups, participants were given a data packet specific to their respective county, created by SEDHD, 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.

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

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 help them identify opportunities to improve their health. The CHRR model is a useful foundation for the SEDHD 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, SEDHD 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

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

opportunities that exist or could exist in the county. After this discussion, SEDHD asked the group to use dot stickers to prioritize opportunities for moving forward.

Highlights

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

- ***Areas of concern/improvement*** Health behavior issues included the prevalence of substance use/abuse and mental health needs. Economic issues included poverty and the need for more 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*** identified were quality 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; collaboration among public-private partnerships; good schools and other community resources (pools, libraries, churches, parks and recreation programs, etc.).

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

- Expanding adequate, affordable housing efforts

- Expanding community collaboration efforts to meet the needs of the population, such as Central Navigation, social services coordination, and raising awareness of available community resources

- Increasing access to wellness and fitness opportunities, such as youth centers, community centers, and walk/bike paths.

Focus group participants identified missing information that would help inform decisions about strategies and efforts going forward. 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:

- Community input that is more representative of all demographics (age, socioeconomic status, race/ethnicity, etc.).

- Environmental and community scans, including asset maps, to gain more awareness of what resources/community efforts are available in each county.

- Funding and sustainability of current and potential community efforts.

Nebraska City (Otoe County) Focus Group Summary	
What do we know?	
Some populations are underrepresented Affordable housing is a priority Substance misuse, alcohol dependence, and drug use (illicit drugs) are an issue Mental health concerns are prominent Lack of mental health providers – some funding is available, providers are hard to find COVID has had impact on mental health Jobs with adequate wages are a priority – impact on families' ability to find adequate, affordable housing/access to healthcare Nebraska City poverty (16%) is higher than the county (9%), and state (12%)	
What strengths exist?	**What opportunities exist or could exist?**
• Collaboration among entities • Grassroots efforts – EDGE, Keep Nebraska City Beautiful, P4OC, Growing Great Kids, etc. • Mental health awareness • Faith community • Access to mental health services in schools	• Central Navigation for individuals/families could be expanded • Housing efforts and opportunities to reach outcomes • HRSA Opioid grant – CHI Health St. Mary's

Focus group participants identified the following issues:

- Mental Health service providers (lack of)
- Housing – lac of adequate, affordable housing
- Drug use among youth – marijuana and others, vaping
- Improving skills or skills assessment for adequate wages
- Family caregivers unable to work due to finding/affording healthcare, in-home care
- Childcare

Pawnee City (Pawnee County) Focus Group Summary	
What do we know?	
Public education of healthcare topics is needed (an area the hospital could expand on) More access to behavioral health, mental health, or dental services is a priority Need more understanding of root cause of substance use – crisis line is at an all-time high	
What strengths exist?	**What opportunities exist or could exist?**
• Good school system • Good hospital • Public library • Wildlife management (NRD) • Safe community • Good grocery stores • Restaurants • Assisted living facility is a great asset to the community • Location – close to larger metro area, three interstates • Lower taxes • Low cost of living • Friendly people • Opportunity for new business • New community center	• Housing • Collaboration to move the county forward • Federally Qualified Health Center (FQHC) • Fitness Center • County event calendar • Space for new business • Marketing of southeast Nebraska • Bringing in younger generations

Focus group participants identified the following issues:

- Poverty
- Need to come up with more middle-income employment opportunities
- Access to exercise
- Affordable housing – better quality housing
- Decline of population
- Broadband is a need
- Access to service – dental, behavioral health, and mental health
- After school activities – not only kids but young adults

Falls City (Richardson County) Focus Group Summary	
What do we know?	
• Preventable hospital admissions among Medicare beneficiaries higher than the state (has decreased from the past) • Survey responses to COVID – diagnosed (79% said no), received vaccine (81.69% said yes)	
What strengths exist?	**What opportunities exist or could exist?**
• Healthcare facilities (hospital, clinics, behavioral health) • Good schools • Excellent law enforcement • Engaged community leaders • Clean air • Individuals engaged through faith community • Excellent community resource availability • Excellent broadband access • Safe community • Employment opportunities • Low cost of living • Good quality of life • Welcoming community • Childcare facilities in Falls City participating in Step Up to Quality • Modern library with programs for youth • New individuals/families moving to the area • Strong housing market • Increased opportunities at community college • Modern pool/splash pad	• Expanding the college • Expanding youth community center • More things to do in the community to decrease boredom • Education classes • Telehealth • Intensive Outpatient services • Additional providers coming to Blue Valley Behavioral Health • Job training through SENCA • Social services coordination • Specialty services at the hospital

Focus group participants identified the following issues:

- Behavioral and mental health
- Adequate housing
- Income
- Childcare and pre/after school care
- Senior services shelter for homeless
- Shelter for rehab
- EMS/ambulance services
- Social services coordination
- Foster care availability
- Reducing barriers to cancer treatment/detection/prevention
- Adequate home health coverage
- Obesity
- Drug/alcohol use

Syracuse (Otoe County) Focus Group Summary	
What do we know?	
• Need for mental health providers • Demographics of those responding to survey are not representative of those impacted by the outcome • Access to healthcare is an issue • Downstream effect on outcome of top issues • Adult obesity/physical activity difference between state and county	
What strengths exist?	**What opportunities exist or could exist?**
• Good school • Healthcare • Availability of grocery, pharmacy, restaurants, basic retail • Safe community • Proximity to larger metro areas • Welcoming culture • Different churches/ministerial association • Sports complex • Available youth programs	• More local businesses • Transportation • Childcare (before and after school, and full-time) • UniteUs (resource guide for services) • Establish a community network group • Attracting housing development

Focus group participants identified the following issues:

- Not enough mental health providers
- Medication management
- People want to live here but can't find adequate/appropriate housing.
- Substance misuse
- Joint efforts between law enforcement and medical/healthcare. Same for mental health.
- Transportation issues
- Childcare
- Not enough elderly services

Auburn (Nemaha County) Focus Group Summary	
What do we know?	
• Correlation between mental/behavioral health problems and perception of the community • Top three risky behaviors (alcohol dependency, drug use, and adult obesity) can go hand-in-hand with mental health • Access to exercise opportunities are lower on County Health Rankings • Dentist to population – more available than state • Cancer incidence rate higher than state and peer group • Concern for radon level in county • Majority of accidental deaths are alcohol-impaired driving deaths	
What strengths exist?	**What opportunities exist or could exist?**
• Good healthcare • Good schools • Low crime • Uninsured population is lower than the state • Peru State College • Available resources in the county • Higher high school graduation rate • Good employers (industry, hospital, schools) • Stable employers • Teen birth rates lower than the state • Adequate exercise/recreational centers • Organizations addressing economic development • Good sense and closeness of community • Community pride • Tourism • Strong agricultural community	• Expand housing • Expand mental health services with telehealth • Recruit mental health providers • Improve preventative health • Radon screening • Awareness of resources (how to efficiently use social media or mailing services) • New employment/development • Childcare – Communities 4 Kids • Broadband access (especially for agriculture) • Community center • Licensing for agricultural work • Entrepreneurial services

Focus group participants identified the following issues:

- Lack of housing – hard to bring in employees from outside the county as it's difficult to find housing
- Mental health
- Not enough available resources
- Alcohol and drug use
- Overall lack of wellness (obesity, mental health, risky behaviors)
- Preventative health measures
- Resources not being utilized enough (mammograms/cancer screenings)
- Culture shift to see value in the resources and utilize the resources
- Access and awareness to healthy foods
- Lack of consistent home life
- Childcare

Tecumseh (Johnson County) Focus Group Summary	
What do we know?	
• Need more mental health providers and dental providers • Injury deaths is a problem • Obesity and physical inactivity show correlation with access to exercise opportunities • Cancer rates higher than the state and US • Many problems due to alcohol and substance abuse – need to educate children in schools	
What strengths exist?	**What opportunities exist or could exist?**
• Good healthcare • Good communication and emergency response • Job opportunities • Good school system • Low crime/good law enforcement • New pool • Good retail options • Community is invested • Churches	• Good restaurants • Mining • Opportunities for youth/teens • Biking/hiking trails • Increase in housing units • Community service organizations • Increase in businesses around the square

Focus group participants identified the following issues:

- Access to childcare
- Updated schools
- Affordable housing
- Vacant lots are expensive
- Injury rates and where they are coming from
- Healthcare (assisted living)
- Access to mental health services
- Exercise opportunities

DEMOGRAPHICS

Population

The population of the Southeast District is 38,6915. 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	331,449,281	3,532,068.58	**93.8**
Nebraska	1,961,504	76,823.79	**25.5**
Southeast	38,691	2,381.97	**16.2**
Johnson	5,290	376.05	14.1
Nemaha	7,074	407.38	17.4
Otoe	15,912	615.63	25.8
Pawnee	2,544	431.07	5.9
Richardson	7,871	551.84	14.3

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

Table 5 shows the change in populations for each county and the Southeast District, according to the United States Census Bureau Decennial Census. Between 2010 and 2020 there was a -1.7% change in population for the Southeast District.

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

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

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	331,449,281	73,106,000	22.1%
Nebraska	1,961,504	485,377	24.7%
Southeast	38,691	8,707	22.5%
Johnson	5,290	964	18.2%
Nemaha	7,074	1,632	23.1%
Otoe	15,912	3,852	24.2%
Pawnee	2,544	559	22.0%
Richardson	7,871	1,700	21.6%

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

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%	12.6%	13.2%	13.9%	12.7%	12.7%	12.9%	16.0%
Nebraska	6.8%	13.8%	13.9%	13.3%	12.5%	11.5%	12.6%	15.0%
Southeast	6.1%	11.4%	11.4%	11.0%	11.2%	11.8%	13.5%	19.7%
Johnson	4.5%	11.0%	11.8%	14.2%	13.6%	12.4%	14.2%	18.2%
Nemaha	5.7%	11.7%	17.1%	11.0%	10.7%	10.4%	13.4%	20.0%
Otoe	7.1%	13.0%	11.8%	10.9%	11.2%	12.5%	14.2%	19.2%
Pawnee	6.6%	11.6%	10.6%	8.2%	9.4%	9.9%	15.3%	28.4%
Richardson	5.3%	11.9%	10.3%	9.7%	10.4%	11.6%	16.5%	24.2%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 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, 10.2% and 8.1%, 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	70.4%	12.6%	5.6%	0.8%	0.2%	5.1%	5.2%
Nebraska	85.3%	4.8%	2.5%	0.9%	0.1%	2.5%	3.9%
Southeast	92.1%	1.5%	0.4%	0.7%	0.0%	1.7%	3.6%
Johnson	83.5%	5.3%	1.2%	1.0%	0.0%	4.2%	4.7%
Nemaha	93.2%	1.5%	0.7%	0.4%	0.0%	0.4%	3.8%
Otoe	93.2%	0.7%	0.2%	0.1%	0.0%	2.5%	3.3%
Pawnee	96.5%	0.2%	0.0%	0.0%	0.0%	0.0%	3.3%
Richardson	930%	1.0%	0.1%	2.2%	0.0%	0.0%	3.6%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 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	331,449,281	59,361,020	18.2%	267,208,288	81.8%
Nebraska	1,961,504	214,952	11.2%	1,708,874	88.8%
Southeast	38,691	2,234	5.8%	36,380	94.0%
Johnson	5,290	524	10.2%	4,594	89.8%
Nemaha	7,074	203	2.9%	6,775	97.1%
Otoe	15,912	1,298	8.1%	14,667	91.9%
Pawnee	2,544	51	1.9%	2,589	98.1%
Richardson	7,871	158	2.0%	7,755	98.0%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

INCOME, POVERTY, AND SOCIAL PROGRAMS

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

Table 10. Median and Per Capita Income							
	United States	**Nebraska**	**Johnson**	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
Median household income	$64,994	$63,015	$49,382	$50,236	$64,775	$46,063	$44,524
Per capita income	$35,384	$33,205	$24,145	$28,448	$32,165	$24,870	$29,074

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

Unemployment across the Southeast District is higher than that of the state (Table 11). Johnson County is the only county with a lower unemployment rate than the state.

Table 11. Unemployment Rate, Percent						
United States	**Nebraska**	**Johnson**	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
5.4%	2.6%	2.5%	5.5%	2.7%	4.4%	3.6%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

The Southeast District has a higher percentage of residents (all persons and those under 18 years) in poverty (Table 12). 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 Rate, Percent

	United States	Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
All people	13.4%	11.1%	8.5%	11.6%	11.0%	18.9%	12.2%
Under 18 years	18.5%	13.9%	11.8%	8.8%	19.6%	36.7%	16.2%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

The percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) is lower, overall, in the Southeast District compared to the state (Table 13). Richardson County has the highest percentage of households participating in SNAP, 10.3%.

Table 13. Supplemental Nutrition Assistance Program Participation, Percent

Nebraska	Johnson	Nemaha	Otoe	Pawnee	Richardson
8.3%	8.3%	5.8%	8.0%	7.8%	10.3%

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

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	19.3%	18.5%	15.5%	10.7%	10.1%
Gulf War (8/1990 to 8/2001) veterans	17.3%	30.2%	19.5%	17.3%	7.7%

Vietnam era veterans	29.5%	34.3%	35.8%	48.5%	39.2%
Korean War veterans	7.4%	5.6%	8.3%	15.8%	23.9%
World War II veterans	7.4%	1.4%	4.9%	10.7%	3.5%
SEX					
Male	99.1%	87.5%	93.8%	92.9%	97.6%
Female	0.9%	12.5%	6.2%	7.1%	2.4%
AGE					
18 to 34 years	5.7%	0.0%	9.4%	2.6%	3.3%
35 to 54 years	31.0%	34.5%	20.0%	16.3%	16.7%
55 to 64 years	15.5%	14.9%	19.6%	25.0%	13.8%
65 to 74 years	15.2%	27.0%	25.6%	18.4%	23.8%
75 years and over	32.7%	23.6%	25.4%	37.8%	42.4%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	93.8%	92.5%	99.6%	100.0%	97.6%
Black or African American alone	0.0%	0.0%	0.0%	0.0%	0.3%
American Indian and Alaska Native alone	4.5%	0.0%	0.3%	0.0%	1.2%
Asian alone	0.0%	6.7%	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	1.2%	0.0%	0.0%	0.0%	0.0%
Two or more races	0.6%	0.8%	0.2%	0.0%	0.9%
Hispanic or Latino (of any race)	2.1%	0.4%	0.8%	0.0%	1.5%
White alone, not Hispanic or Latino	92.9%	92.1%	97.9%	100.0%	96.1%
EDUCATIONAL ATTAINMENT					
Less than high school graduate	3.6%	0.4%	6.5%	17.9%	6.3%
High school graduate (includes equivalency)	49.4%	31.3%	37.2%	42.3%	42.0%
Some college or Associate's degree	24.4%	40.1%	38.8%	29.6%	34.5%
Bachelor's degree or higher	22.6%	28.2%	17.5%	10.2%	17.3%
EMPLOYMENT STATUS					
Labor force participation rate	67.4%	79.6%	85.7%	59.3%	70.2%
Unemployment rate	0.0%	0.0%	0.0%	0.0%	2.5%

POVERTY STATUS IN THE PAST 12 MONTHS					
Income in the past 12 months below poverty level	1.8%	0.4%	3.7%	7.4%	7.4%
Income in the past 12 months at or above poverty level	98.2%	99.6%	96.3%	92.6%	92.6%
DISABILITY STATUS					
With any disability	32.7%	31.5%	35.6%	39.9%	44.2%
Without a disability	67.3%	68.5%	64.4%	60.1%	55.8%
SERVICE-CONNECTED DISABILITY (ESTIMATE)					
Has a service-connected disability rating:	87	105	291	82	190
0 percent	3	8	11	0	2
10 or 20 percent	57	5	83	30	60
30 or 40 percent	10	49	38	22	51
50 or 60 percent	16	15	54	14	12
70 percent or higher	1	11	75	12	45
Rating not reported	0	17	30	4	20

Source: U.S. Census Bureau, 2020 – Veteran Status, 2016-2020 American Community Survey 5-year estimates

U.S. Census Bureau, 2020 - Service-connected disability rating status and ratings for civilian veterans 18 years and over, 2016-2020 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
2971	291	503	1,412	192	573

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 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 spouse present, family household	487	89	127	137	32	102
Female householder, no spouse present, family household	932	160	137	299	73	263

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 American Community Survey 5-year estimates

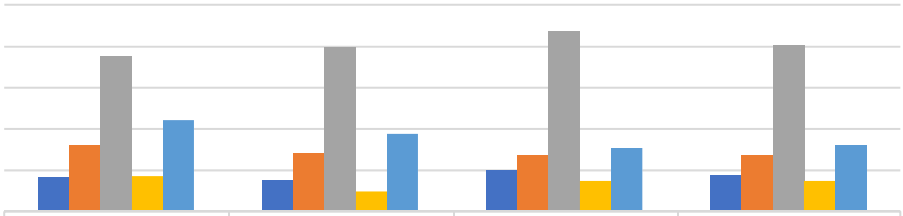
Table 18. Single Parent Family Households with Children Under 18 as a Percent of Total Family Households with Children Under 18						
Nebraska	**Southeast**	**Johnson**	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
28.7%	32.3%	46.1%	34.4%	23.6%	35.4%	38.9%

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 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

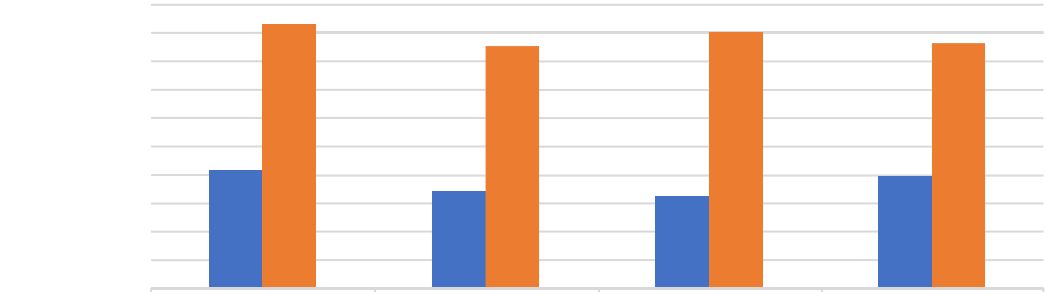


	2013	2014	2015	2016
Johnson	42	38	50	44
Nemaha	81	71	69	68
Otoe	189	200	219	202
Pawnee	43	24	37	37
Richardson	111	94	77	81

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 refers 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

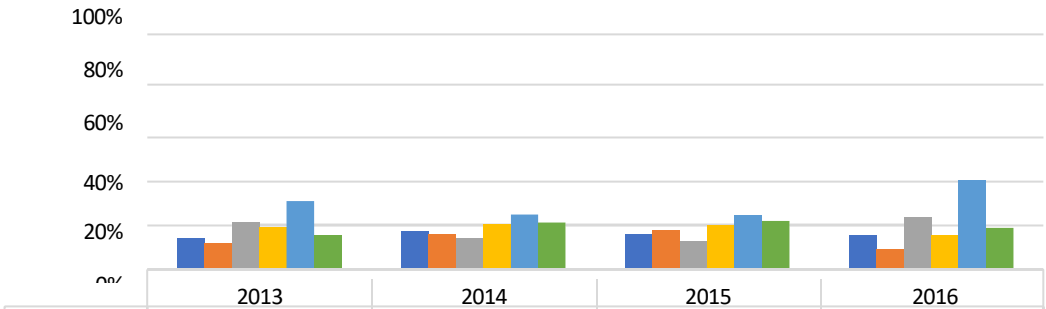


	2013	2014	2015	2016
Occurrence	208	171	163	198
Residence	466	427	452	432

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



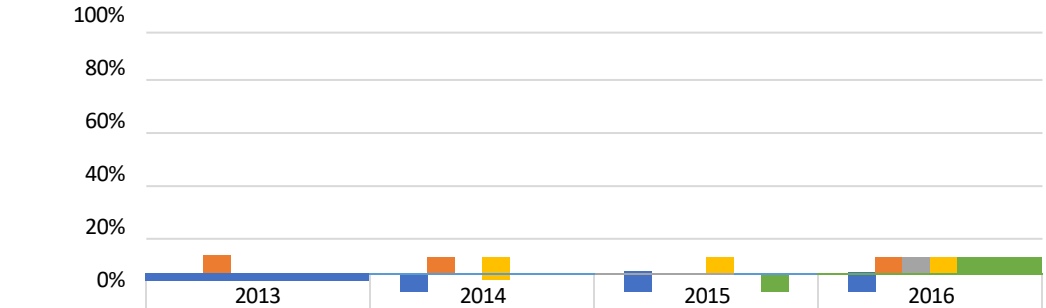
	2013	2014	2015	2016
Nebraska	14.3%	17.2%	16.0%	15.6%
Johnson	11.9%	16.2%	18.0%	9.1%
Nemaha	21.5%	14.3%	13.0%	23.9%
Otoe	19.4%	20.5%	20.3%	15.5%
Pawnee	31.0%	25.0%	25.0%	40.5%
Richardson	15.5%	21.3%	22.1%	18.8%

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

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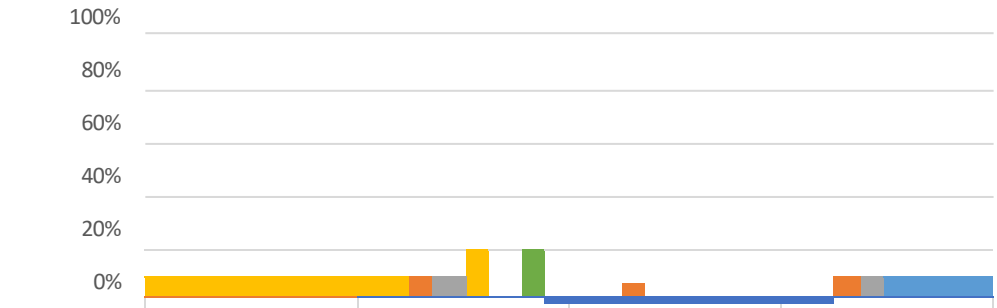
Figure 7. Low Birth Weight Births by County*

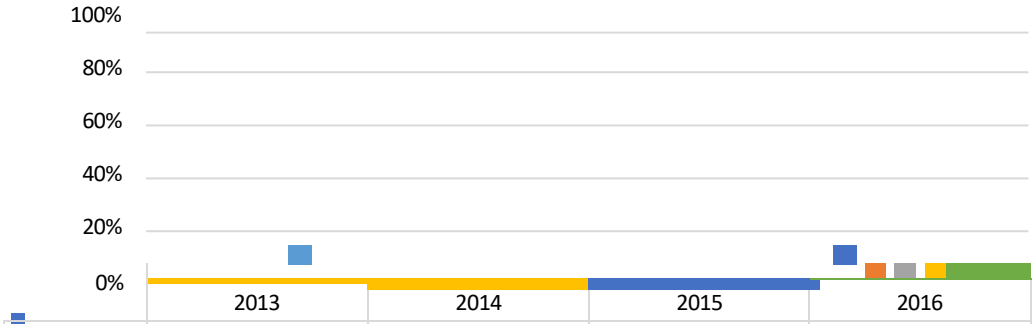


	2013	2014	2015	2016
State of NE		6.65%		7.05%
Johnson	7.14%	7.89%	8.00%	9.09%
Nemaha	3.70%	5.26%	1.45%	10.29%
Otoe	6.35%	21.05%	5.02%	6.93%
Pawnee	0.00%	0.00%	2.70%	5.41%
Richardson	4.50%	21.05%	6.49%	4.94%

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 Breastfeeding Prevalence

	Nebraska		Johnson		Nemaha		Otoe		Pawnee		Richardson	
	2020	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**
Ever Breastfed	26,866	27,197	55	52	49	58	139	125	24	23	61	44
Exclusively Breastfed-1 Week	2,874	2,373	7	9	9	12	28	9	3	5	19	4
Exclusively Breastfed-3 month	1,243	1,219	4	7	3	5	7	5	2	1	6	4
Exclusively Breastfed-6 month	682	659	4	3	1	1	2	1	1	0	3	4
1 Week	5,262	5,191	6	12	10	13	25	23	3	7	19	6
2 Week	4,518	4,479	7	14	7	10	21	16	3	5	15	5
3 Week	4,011	3,964	8	13	5	10	20	13	2	4	15	7
4 Week	3,452	3,371	7	12	5	9	15	8	2	0	11	6
5 Week	3,272	3,176	7	10	5	9	15	5	1	0	10	6
6 Week	3,040	2,933	7	8	4	8	10	5	1	1	8	6
2 Month	2,743	2,542	8	7	4	8	11	5	1	1	8	4
3 Month	2,445	2,273	8	6	4	6	9	5	1	1	7	5
6 Month	1,791	1,668	4	1	2	2	6	3	2	1	3	4
9 Month	1,175	1,106	3	2	2	2	5	1	1	2	0	4
12 Month	844	912	2	2	2	3	2	0	1	2	0	2
18 Month	452	488	1	1	4	1	2	1	2	1	0	2
24 Month	282	265	1	0	2	2	3	0	0	0	0	0

Source: Family Health Services, personal communication, March 2022

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 (36.0%) of residents in the Southeast District have at least a high school diploma or equivalent, which is greater than the state percentage (22.8%). 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 (33.2%).

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

	Nebraska	Southeast	Johnson	Nemaha	Otoe	Pawnee	Richardson
Less than 9th grade	3.4%	3.2%	4.7%	2.6%	2.7%	10.4%	1.3%

Table 22. Highest Level of Educational Attainment – Individuals over 25, Percent							
	Nebraska	**Southeast**	**Johnson**	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
9th to 12th grade, no diploma	4.5%	5.8%	7.7%	6.3%	5.0%	5.8%	5.7%
High school graduate (or GED/equivalent)	25.7%	36.0%	44.9%	30.0%	34.1%	38.3%	38.1%
Some college, no degree	22.0%	21.8%	15.9%	23.5%	21.8%	18.5%	25.2%
Associate degree	11.1%	10.4%	8.3%	9.6%	11.0%	11.5%	10.8%
Bachelor's degree	21.8%	15.6%	13.2%	19.3%	17.2%	9.4%	13.2%
Graduate or professional degree	11.4%	7.2%	5.5%	8.8%	8.2%	6.2%	5.6%

Source: U.S. Census Bureau, 2020 – Educational Attainment, 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					
	2016-2017	**2017-2018**	**2018-2019**	**2019-2020**	**2020-2021**
Johnson County					
Sterling Public Schools	95%	*	90%	92%	100%
Johnson Co Central Public Schools	91%	90%	88%	94%	92%
Nemaha County					
Johnson-Brock Public Schools	100%	100%	94%	100%	100%
Auburn Public Schools	90%	92%	95%	97%	98%
Otoe County					
Syracuse-Dunbar-Avoca Schools	86%	93%	92%	93%	98%
Nebraska City Public Schools	88%	83%	88%	82%	80%
Palmyra District O R 1	100%	100%	97%	100%	97%
Pawnee County					
Pawnee City Public Schools	92%	100%	95%	100%	100%
Lewiston Consolidated Schools	100%	100%	100%	*	100%
Richardson County					
Falls City Public Schools	99%	94%	92%	92%	90%
Humboldt Table Rock Steinauer	93%	96%	100%	100%	100%

Source: Nebraska Department of Education, 2019

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

		Sterling Public Schools		Johnson County Central Public Schools		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	57%	51%	50%	49%	51%	52%
	% Proficient in math	58%	65%	43%	45%	51%	52%
	% Proficient in science	73%	76%	74%	80%	68%	66%
Student Characteristics	Enrollment	198	216	538	526	323,391	325,984
	% Receiving free/reduced lunch	28%	29%	53%	51%	46%	45%
	% English language learners	*	*	6%	5%	7%	7%
	% Students in special education	15%	15%	20%	23%	15%	15%

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available

Table 25. Education Statistics for Public School Districts in Nemaha County

		Johnson-Brock Public Schools		Auburn Public Schools		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	69%	72%	59%	61%	51%	52%
	% Proficient in math	66%	64%	65%	56%	51%	52%
	% Proficient in science	95%	85%	90%	86%	68%	66%
Student Characteristics	Enrollment	342	355	892	937	323,391	325,984
	% Receiving free/reduced lunch	35%	36%	38%	37%	46%	45%
	% English language learners	*	*	*	*	7%	7%
	% Students in special education	14%	10%	13%	15%	15%	15%

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available

Table 26. Education Statistics for Public School Districts in Otoe County										
		Syracuse Dunbar Avoca Public Schools		Nebraska City Public Schools		Palmyra District O R 1		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	51%	62%	24%	34%	60%	63%	51%	52%
	% Proficient in math	58%	64%	30%	32%	57%	61%	51%	52%
	% Proficient in science	85%	84%	68%	54%	75%	81%	68%	66%
Student Characteristics	Enrollment	772	756	1465	1458	544	591	323,391	325,984
	% Receiving free/reduced lunch	25%	26%	48%	52%	16%	20%	46%	45%
	% English language learners	*	*	7%	8%	*	*	7%	7%
	% Students in special education	13%	13%	20%	21%	22%	23%	15%	15%

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group
** Data past 2018-2019 not available

Table 27. Education Statistics for Public School Districts in Pawnee County							
		Pawnee City Public Schools		Lewiston Consolidated Schools		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	38%	37%	33%	42%	51%	52%
	% Proficient in math	45%	47%	27%	44%	51%	52%
	% Proficient in science	64%	56%	38%	70%	68%	66%
Student Characteristics	Enrollment	299	293	193	194	323,391	325,984
	% Receiving free/reduced lunch	52%	50%	49%	58%	46%	45%
	% English language learners	*	*	*	*	7%	7%
	% Students in special education	23%	22%	20%	16%	15%	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
** Data past 2018-2019 not available

Table 28. Education Statistics for Public School Districts in Richardson County							
		Falls City Public Schools		Humboldt Table Rock Steinauer		State of Nebraska	
		2017-2018	2018-2019	2017-2018	2018-2019	2017-2018	2018-2019
Nebraska Student-Centered Assessment System Performance	% Proficient in English language arts	48%	58%	36%	42%	51%	52%
	% Proficient in math	53%	54%	45%	53%	51%	52%
	% Proficient in science	76%	75%	64%	64%	68%	66%
Student Characteristics	Enrollment	936	896	364	360	323,391	325,984
	% Receiving free/reduced lunch	53%	54%	51%	51%	46%	45%
	% English language learners	*	*	*	*	7%	7%
	% Students in special education	18%	21%	24%	24%	15%	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

** Data past 2018-2019 not available

CRIME

In 2018, there were a total of 959 arrests in the Southeast District. Adults were responsible for 866 arrests, and juveniles accounted for 93 arrests. Tables 29 and 30 present total arrests for adults and juveniles by county.

Table 29. Total Juvenile Arrest by County					
	2014	2015	2016	2017	2018
Johnson	-	-	-	-	1
Pawnee	6	6	1	10	-
Richardson	54	17	37	23	27
Nemaha	24	13	12	7	10
Otoe	44	48	65	50	55
Southeast	128	84	115	90	93

Table 30. Total Adult Arrests by County					
	2014	2015	2016	2017	2018
Johnson	85	100	44	107	77
Pawnee	25	22	15	40	12
Richardson	149	164	268	289	277
Nemaha	243	207	280	241	223
Otoe	256	351	333	308	277
Southeast	758	844	940	985	866

Source: Nebraska Crime Commission, 2019

Table 31 presents arrest rates for each county from 2015 through 2018. In 2018, Richardson County was the only county to have a higher arrest rate than the state, 38.4 and 37.3, respectively.

Table 31. Arrest Rate per 1,000 Population

	2015	2016	2017	2018
Johnson	19.2	8.6	20.9	15.2
Pawnee	10.4	6.1	18.9	4.5
Richardson	22.5	38.5	38.9	38.4
Nemaha	31.2	41.8	24.4	33.4
Otoe	25.1	24.9	39.4	20.8
Nebraska*	37.3	37.2	36.63	37.3

Source: Nebraska Crime Commission, 2019

*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 2014 through 2018. During this period, drug abuse-related crimes, larceny, and simple assault were the top three leading cause for arrest in the district.

Table 32. Total Arrests in the Southeast District by Type

	2014	2015	2016	2017	2018
Criminal Homicide	0	2	1	0	0
Forcible Rape	2	2	2	0	2
Robbery	0	0	2	0	1
Aggravated Assault	9	10	9	18	22
Burglary	19	17	25	21	11
Larceny	82	52	50	97	118
Motor Vehicle Theft	4	12	3	3	8
Simple Assault	116	130	153	102	96
Arson	1	2	0	1	0
Forgery/Counterfeit	3	5	2	4	1
Fraud	17	7	19	21	11
Embezzlement	0	0	0	2	4
Stolen Property	1	7	4	6	5
Vandalism	33	17	29	32	14
Weapons	8	9	10	6	8
Sex Offense	2	3	13	14	12

Drug Abuse	109	168	151	170	139
Offense against kids	8	17	11	11	4
Driving Under the Influence	139	153	118	118	81
Liquor Laws	129	109	95	104	89
Disorderly Conduct	59	46	51	42	25
All other Offenses	125	149	301	303	308
Curfew (Juvenile)	9	6	6	0	0
Runaway (Juvenile)	10	5	0	0	0

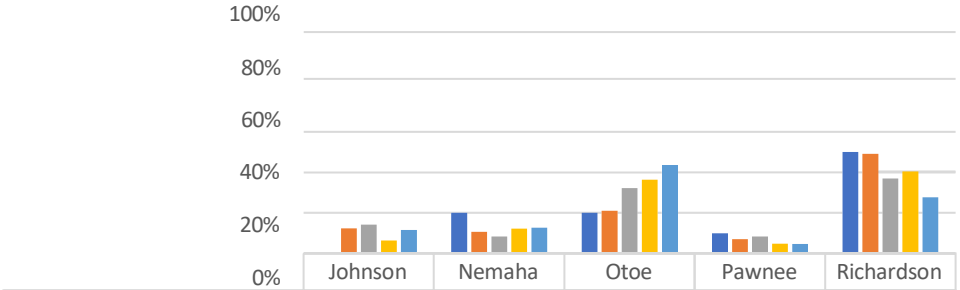
Source: Nebraska Crime Commission, 2019

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.



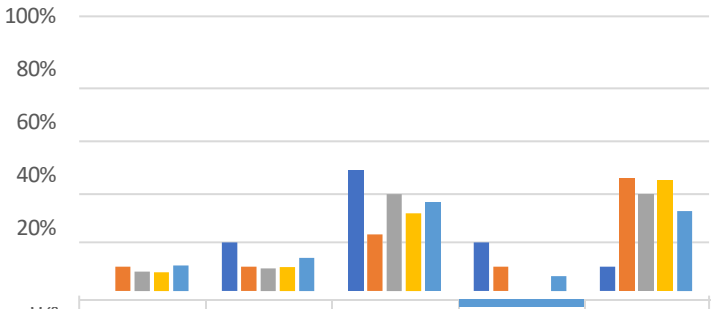
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0%	20%	20%	10%	50%
Somewhat Disagree	12%	11%	21%	7%	49%
Neither Agree nor Disagree	14%	8%	32%	8%	37%
Somewhat Agree	6%	12%	36%	5%	40%
Strongly Agree	11%	13%	44%	5%	28%

Source: SEDHD Community Survey, 2021

T

The Community as a Place to Raise Children

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

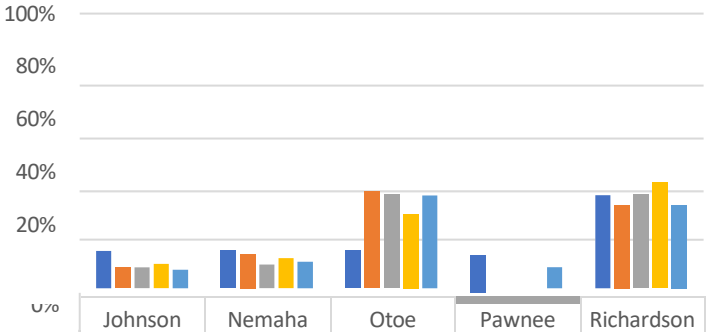


	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0%	20%	50%	20%	10%
Somewhat Disagree	10%	10%	23%	10%	47%
Neither Agree nor Disagree	8%	9%	40%	3%	40%
Somewhat Agree	8%	10%	32%	5%	46%
Strongly Agree	11%	14%	37%	6%	33%

Source: SEDHD Community Survey, 2021

The Community as a Place to Grow Old

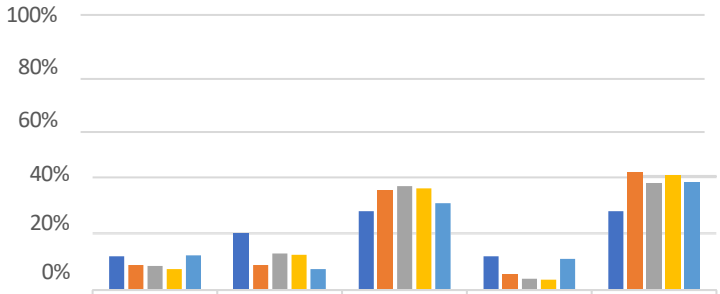
Figure 11. This is a good place to grow old.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	15%	15%	15%	15%	38%
Somewhat Disagree	9%	14%	40%	3%	34%
Neither Agree nor Disagree	9%	10%	39%	4%	39%
Somewhat Agree	10%	12%	31%	3%	44%
Strongly Agree	8%	11%	38%	9%	34%

Source: SEDHD Community Survey, 2021

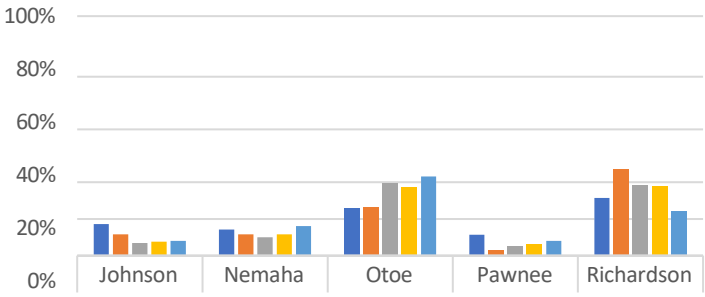
Figure 12. There are enough programs that provide meals for older adults.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	12%	20%	28%	12%	28%
Somewhat Disagree	9%	9%	35%	5%	42%
Neither Agree nor Disagree	8%	13%	37%	4%	38%
Somewhat Agree	7%	12%	36%	4%	40%
Strongly Agree	12%	7%	31%	11%	38%

ource: SEDHD Community Survey, 2021

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

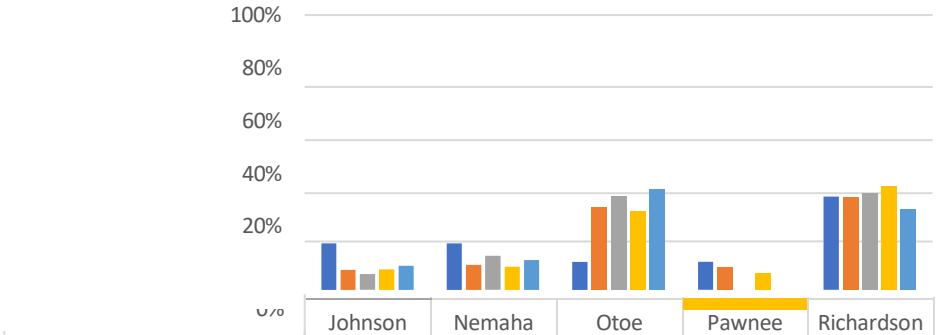


	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	17%	14%	26%	11%	31%
Somewhat Disagree	12%	12%	26%	3%	47%
Neither Agree nor Disagree	7%	10%	39%	5%	38%
Somewhat Agree	8%	12%	37%	6%	38%
Strongly Agree	8%	16%	43%	8%	24%

Source: SEDHD Community Survey, 2021

Job Availability

Figure 14. There are jobs available in my community.

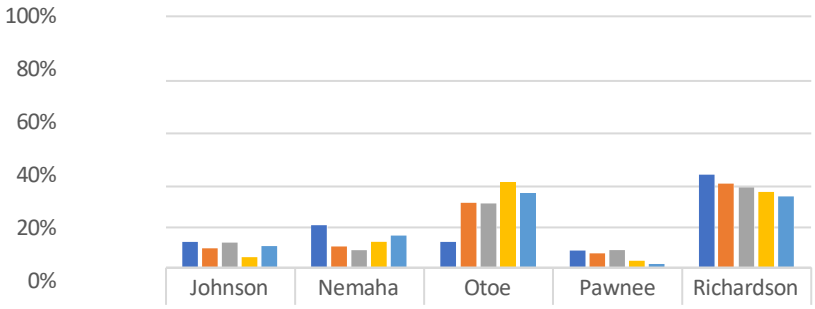


	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	19%	19%	12%	12%	38%
Somewhat Disagree	8%	10%	34%	9%	38%
Neither Agree nor Disagree	6%	14%	39%	1%	40%
Somewhat Agree	8%	10%	32%	7%	43%
Strongly Agree	10%	12%	42%	3%	33%

Source: SEDHD Community Survey, 2021

Social Support and Community Engagement

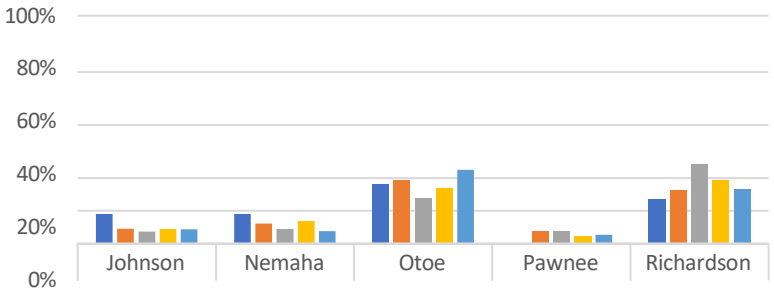
Figure 15. There are networks of support for individuals and families during times of stress and need.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	13%	21%	13%	8%	46%
Somewhat Disagree	9%	10%	32%	7%	41%
Neither Agree nor Disagree	12%	8%	32%	8%	39%
Somewhat Agree	5%	13%	42%	3%	37%
Strongly Agree	11%	16%	37%	2%	35%

Source: SEDHD Community Survey, 2021

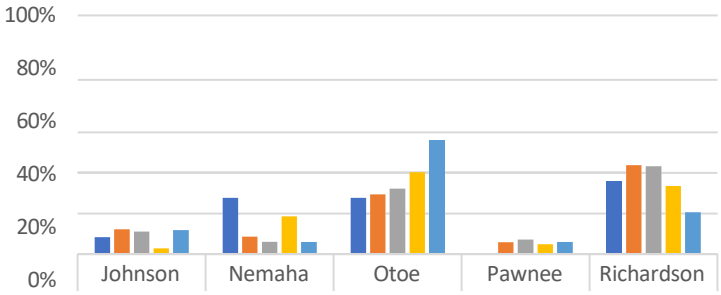
Figure 16. All individuals and groups have the opportunity to contribute to and participate in the community's quality of life.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	18%	18%	36%	0%	27%
Somewhat Disagree	9%	12%	38%	8%	32%
Neither Agree nor Disagree	8%	9%	28%	8%	48%
Somewhat Agree	9%	14%	34%	4%	39%
Strongly Agree	9%	8%	45%	5%	33%

Source: SEDHD Community Survey, 2021

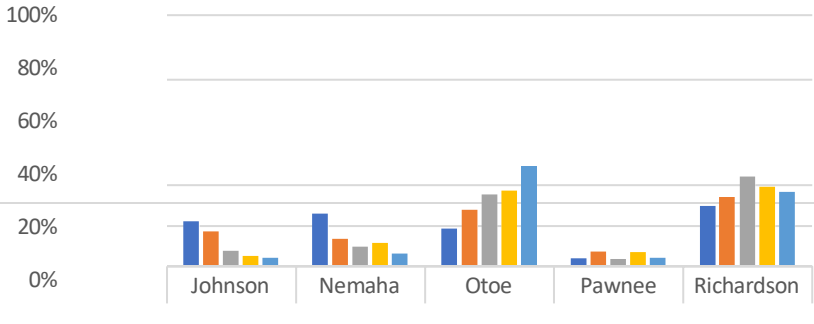
Figure 17. All individuals think that they, individually, can make the community a better place to live.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	8%	28%	28%	0%	36%
Somewhat Disagree	12%	9%	29%	6%	44%
Neither Agree nor Disagree	11%	6%	32%	7%	43%
Somewhat Agree	3%	18%	40%	5%	34%
Strongly Agree	12%	6%	56%	6%	21%

Source: SEDHD Co mmunity Survey, 2021

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

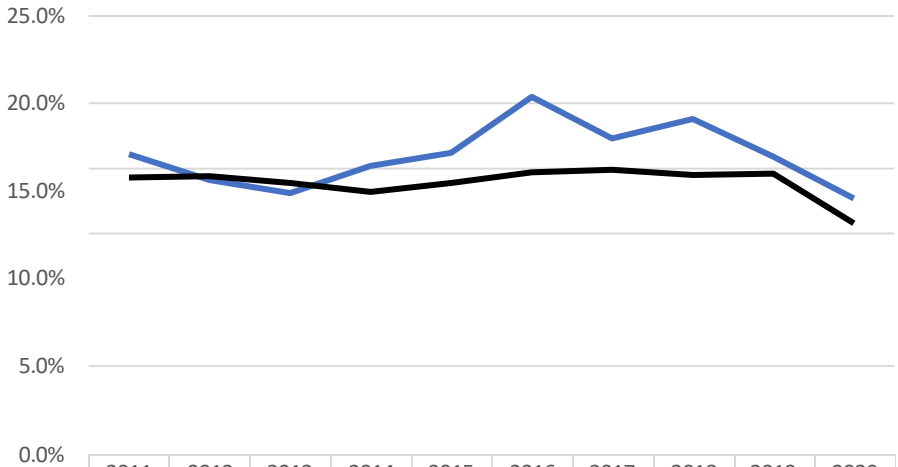


QUALITY OF LIFE

Overall and Physical Health

From 2014 through 2020, the Southeast District had a higher percentage of adults reporting that their general health was fair or poor (Figure 19).

Figure 19. Percentage of Adults Age 18 and Over Reporting General Health as Fair or Poor.



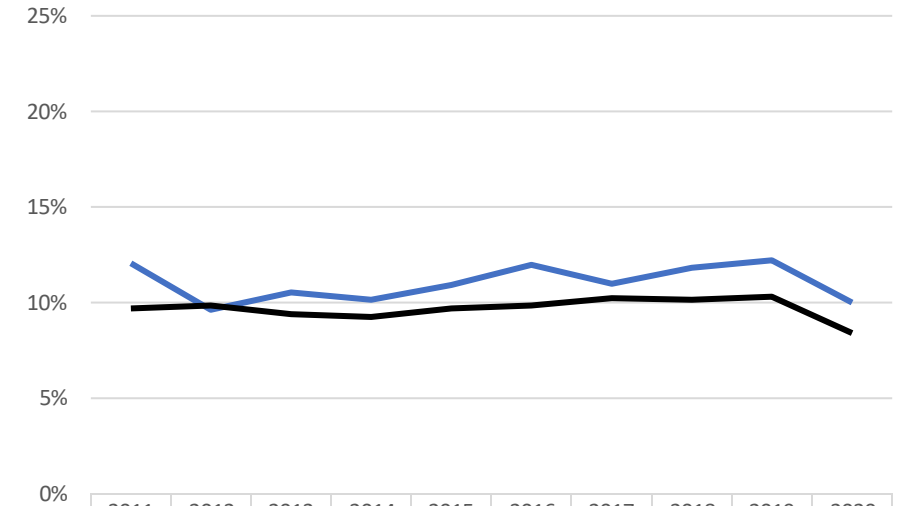
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	16.1%	14.1%	13.1%	15.2%	16.2%	20.5%	17.3%	18.8%	15.9%	12.7%
State of Nebraska	14.3%	14.4%	13.9%	13.2%	13.9%	14.7%	14.9%	14.5%	14.6%	10.8%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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

Likewise, from 2013 through 2020, 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

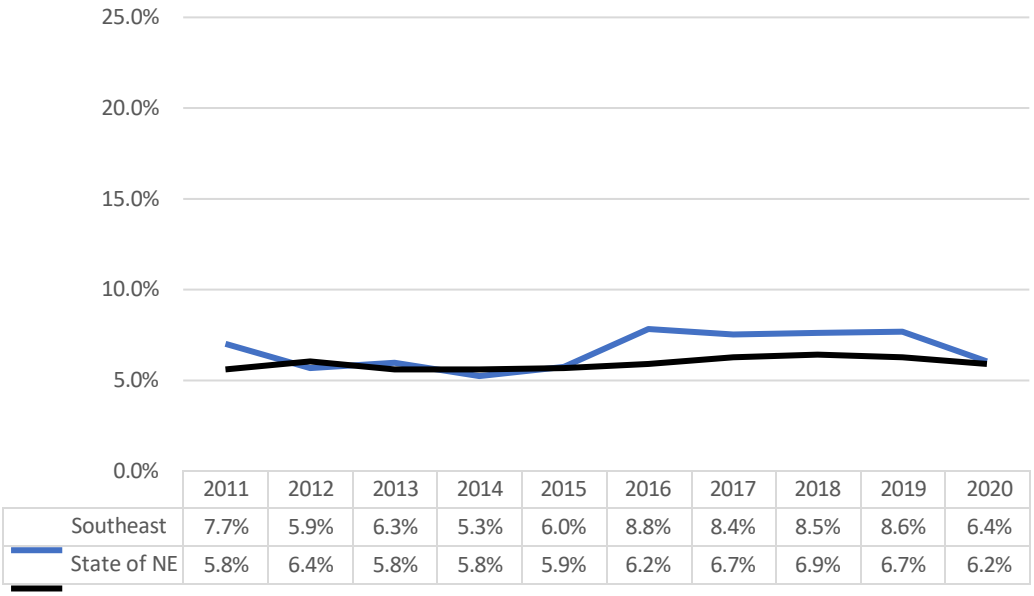


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	12.7%	9.5%	10.7%	10.2%	11.2%	12.6%	11.3%	12.4%	12.9%	10.0%
State of Nebraska	9.6%	9.8%	9.2%	9.0%	9.6%	9.8%	10.3%	10.2%	10.4%	7.9%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Also, from 2011 to 2020, 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	2018	2019	2020
Southeast	7.7%	5.9%	6.3%	5.3%	6.0%	8.8%	8.4%	8.5%	8.6%	6.4%
State of NE	5.8%	6.4%	5.8%	5.8%	5.9%	6.2%	6.7%	6.9%	6.7%	6.2%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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, 79 counties are included in the 2021 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	60	40	18	62	70
Length of Life	70	66	6	31	72
Quality of Life	62	19	32	71	57

Source: County Health Rankings

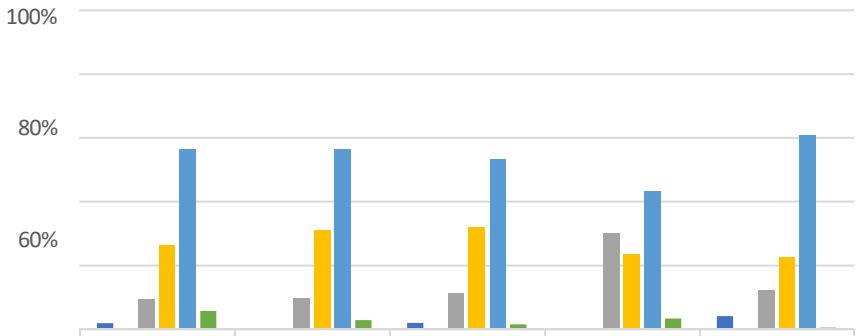
Table 34. County Health Factors Rankings and Subcategories					
	Johnson	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
Health Factors	77	52	33	76	70
Health Behaviors	71	36	32	65	76
Clinical Care	62	22	20	56	63
Social & Economic Factors	75	62	37	77	48
Physical Environment	53	73	61	63	49

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?



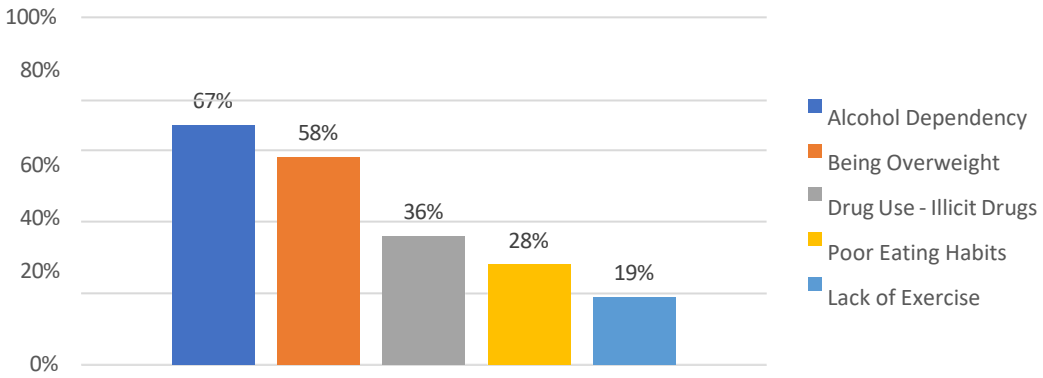
	Johnson	Nemaha	Otoe	Pawnee	Richardson
Very Unhealthy	2%	0%	2%	0%	4%
Somewhat Unhealthy	0%	0%	0%	0%	0%
Unhealthy	9%	10%	11%	30%	12%
Healthy	26%	31%	32%	23%	23%
Somewhat Healthy	57%	56%	53%	43%	61%
Very Healthy	6%	3%	1%	3%	0%

Source: SEDHD Community Survey, 2021

COMMUNITY BEHAVIOR

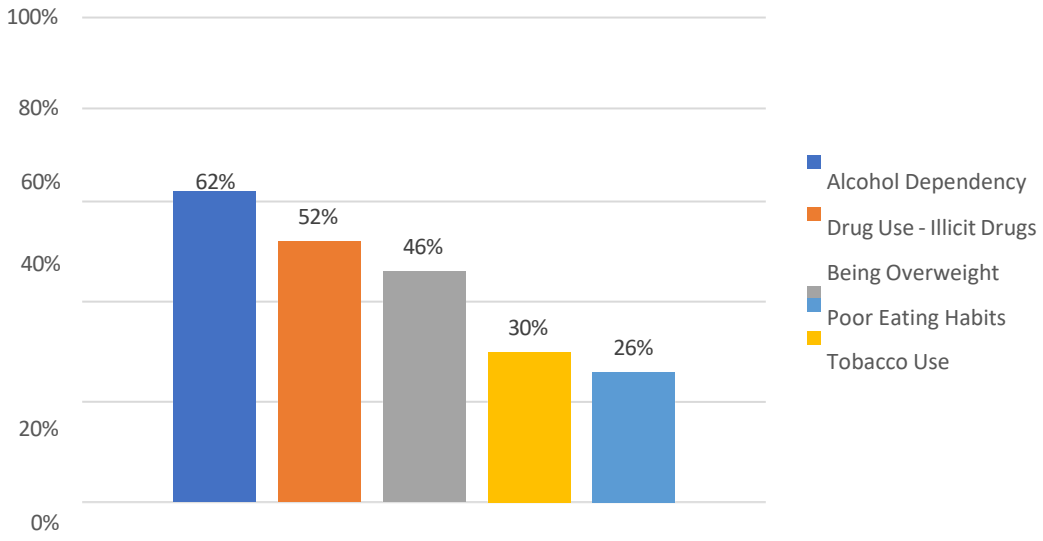
Survey participants were asked what they perceived as the most important risky behaviors that have the greatest impact on the health of their community. Participants selected up to three behaviors from the following options: alcohol dependency, being overweight, dropping out of school, divorce, drug 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



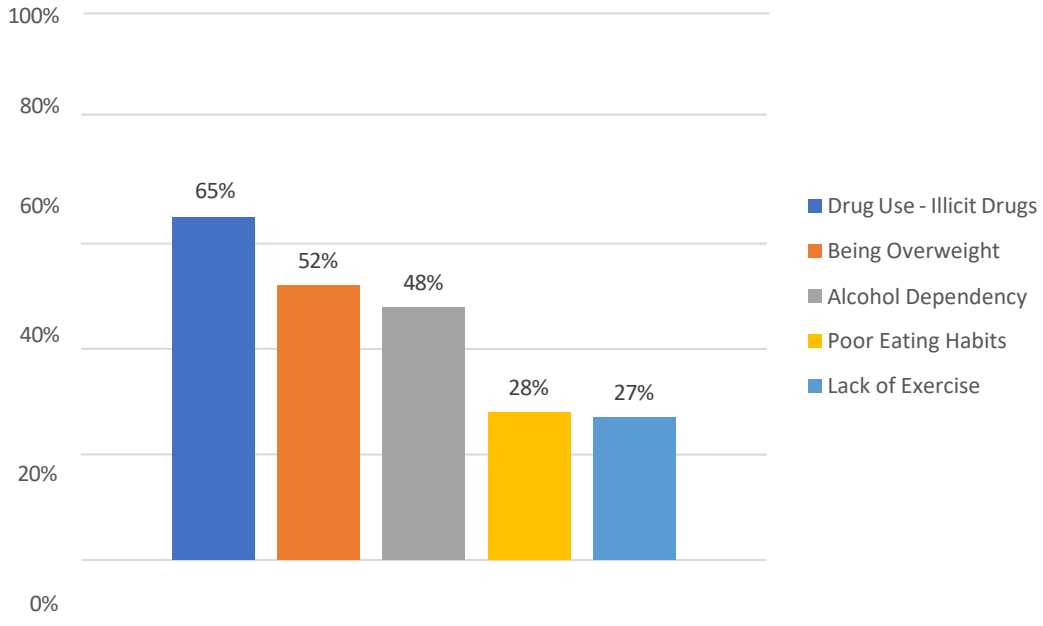
Source: SEDHD Community Survey, 2021

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



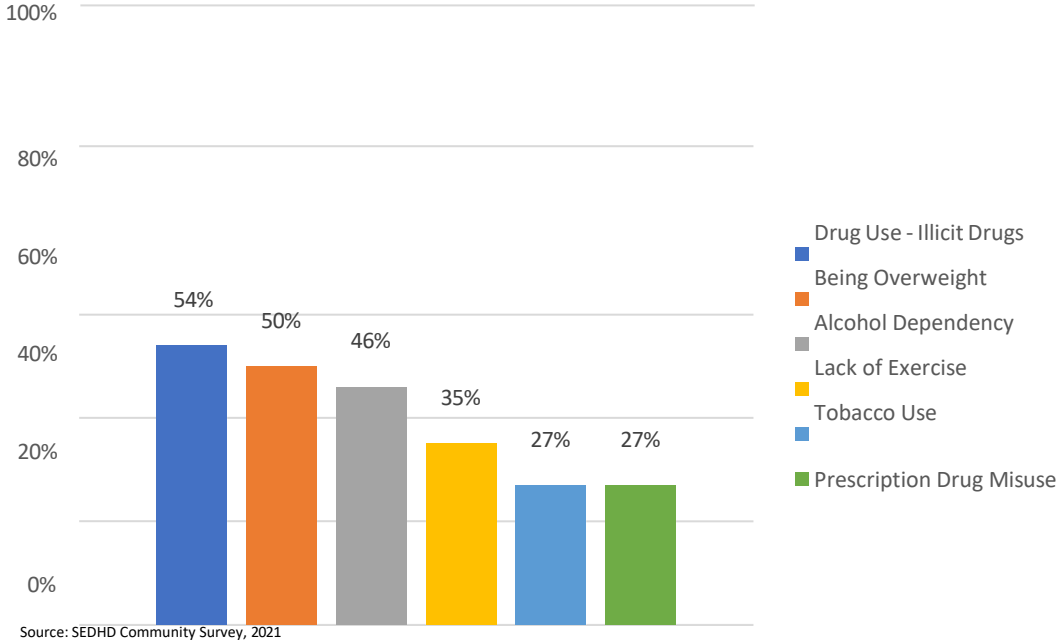
Source: SEDHD Community Survey, 2021

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



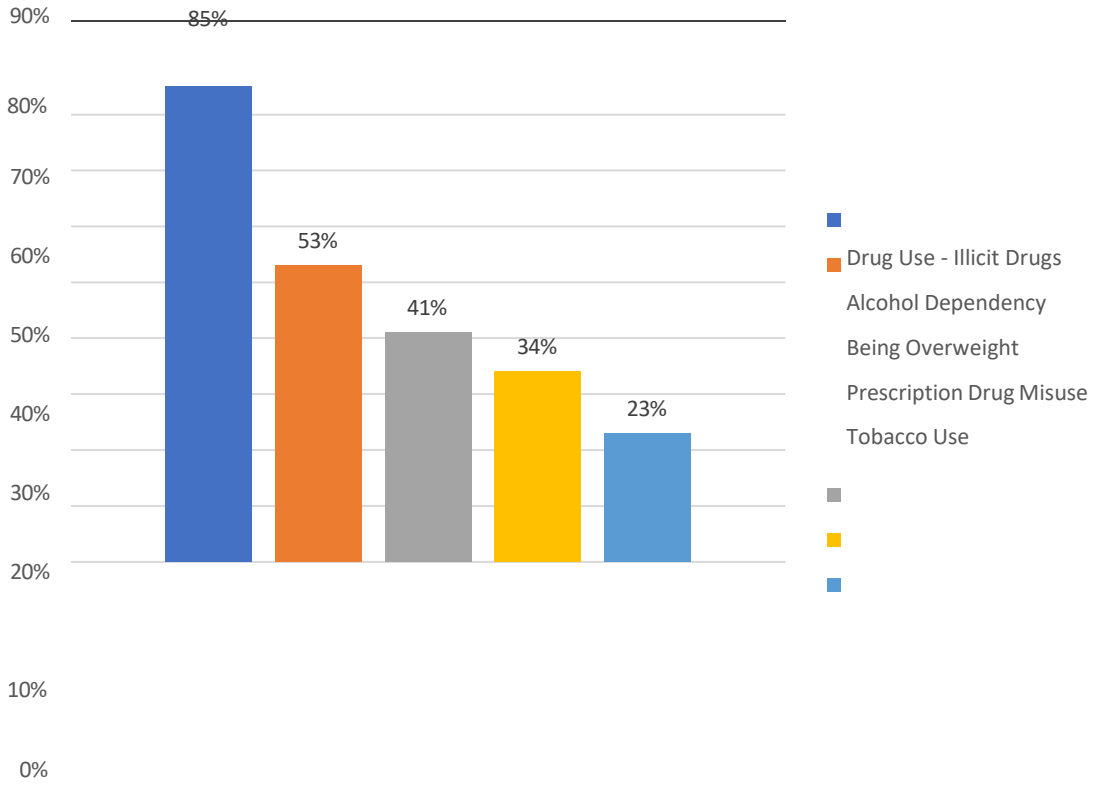
Source: SEDHD Community Survey, 2021

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



Source: SEDHD Community Survey, 2021

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

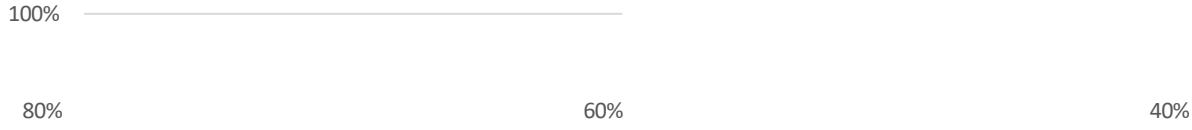


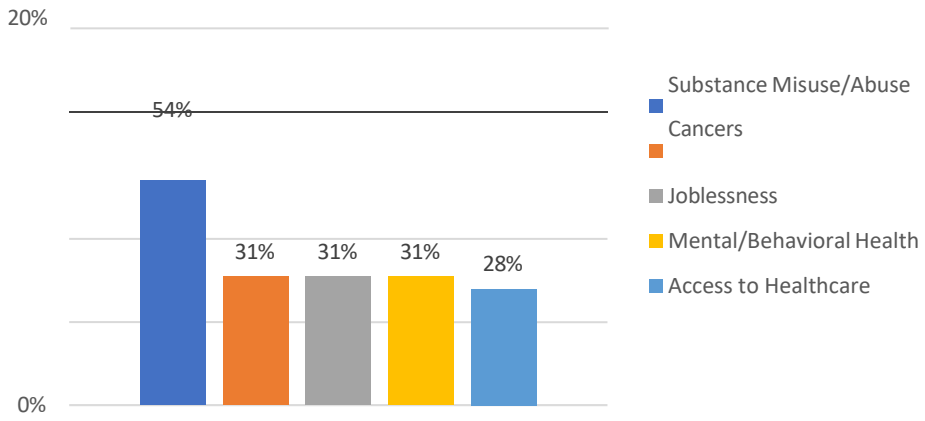
Source: SEDHD Community Survey, 2021

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.

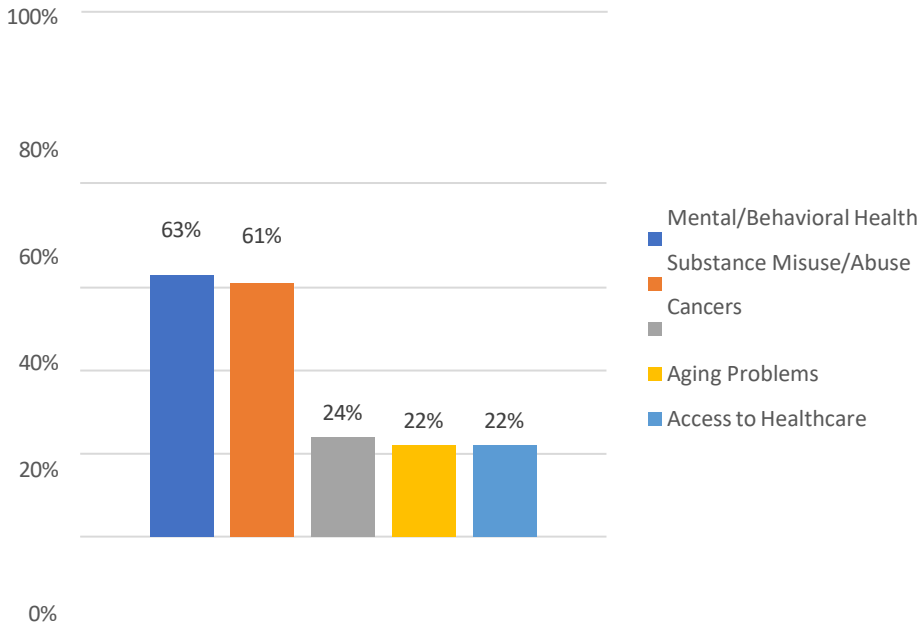
Figure 28. Top Five Responses for Most Important Health Concerns - Johnson County





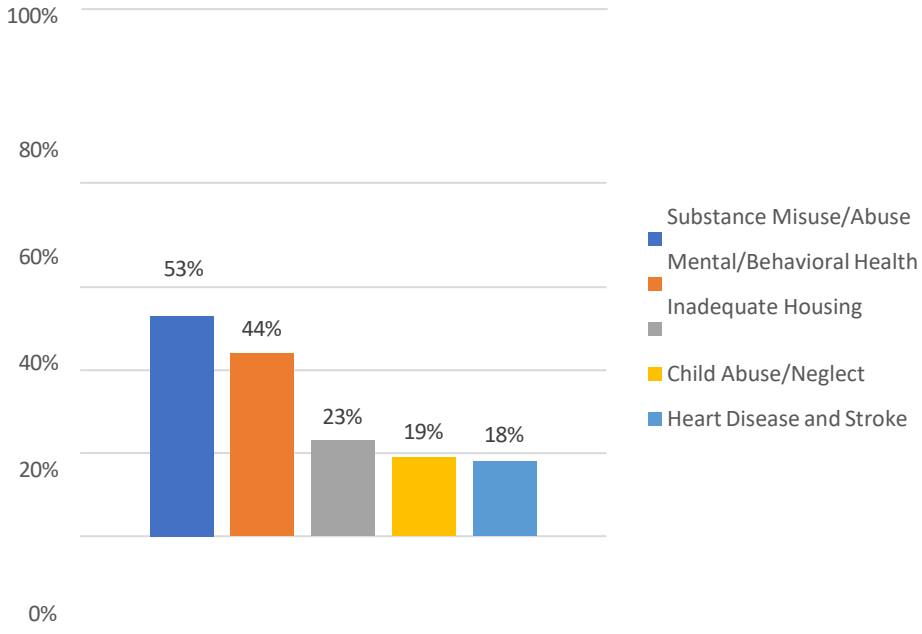
Source: SEDHD Community Survey, 2021

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



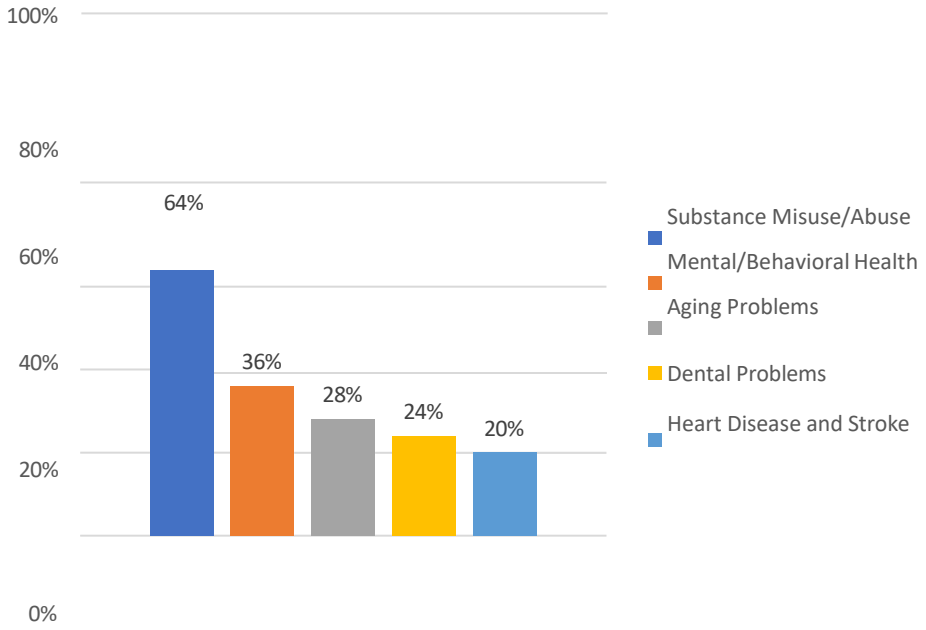
Source: SEDHD Community Survey, 2021

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



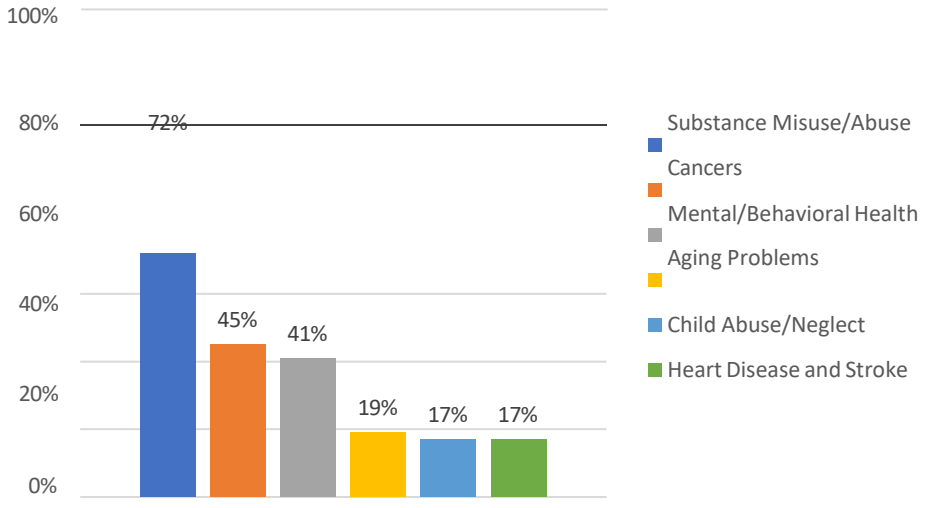
Source: SEDHD Community Survey, 2021

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



Source: SEDHD Community Survey, 2021

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



Source: SEDHD Community Survey, 2021

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 2020. However, Pawnee County had a higher percentage of uninsured population (Table 35). Likewise, the Southeast District had a lower percentage of 19 of age and under population that was without health insurance (Table 36). However, Pawnee County had a high percentage of age 19 and under population without health insurance.

Table 35. Total Uninsured, Percent					
Nebraska	**Johnson**	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
8.2%	6.1%	6.5%	6.4%	13.2%	8.7%

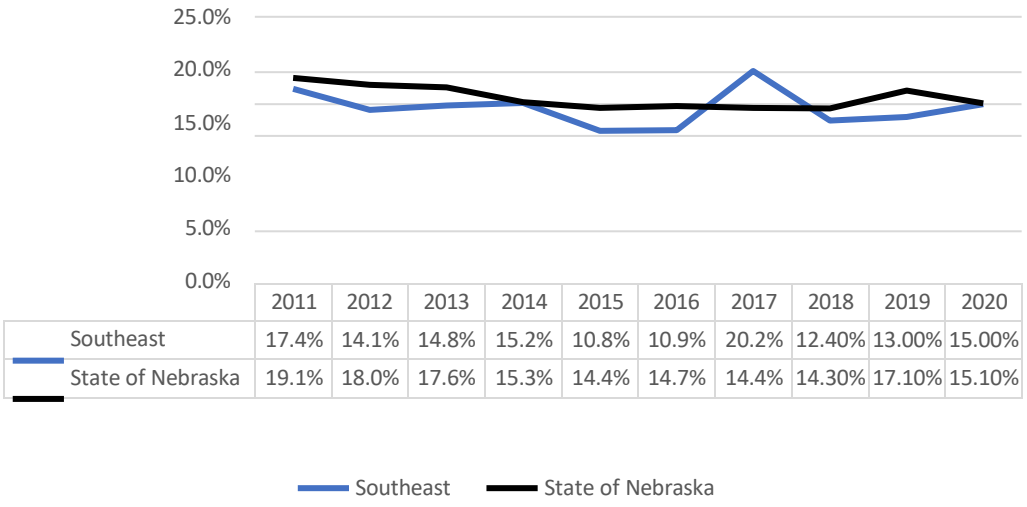
Source: U.S. Census Bureau, 2020 - Selected characteristics of health insurance coverage in the United States, 2016-2020 American Community Survey 5-year estimates

Table 36. Uninsured – Individuals 19 and Under, Percent					
Nebraska	**Johnson**	**Nemaha**	**Otoe**	**Pawnee**	**Richardson**
5.3%	2.0%	2.1%	4.8%	13.3%	2.7%

Source: U.S. Census Bureau, 2020 - Selected characteristics of health insurance coverage in the United States, 2016-2020 American Community Survey 5-year estimates

In 2020, 15% of Southeast District adults ages 18-64 reported having no health care coverage (Figure 33). This indicator has seen a steady increase since 2018 after a sharp decrease from 2017 to 2018, whereas the state had seen a steady downward trend between 2011-2018.

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



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	17.4%	14.1%	14.8%	15.2%	10.8%	10.9%	20.2%	12.40%	13.00%	15.00%
State of Nebraska	19.1%	18.0%	17.6%	15.3%	14.4%	14.7%	14.4%	14.30%	17.10%	15.10%

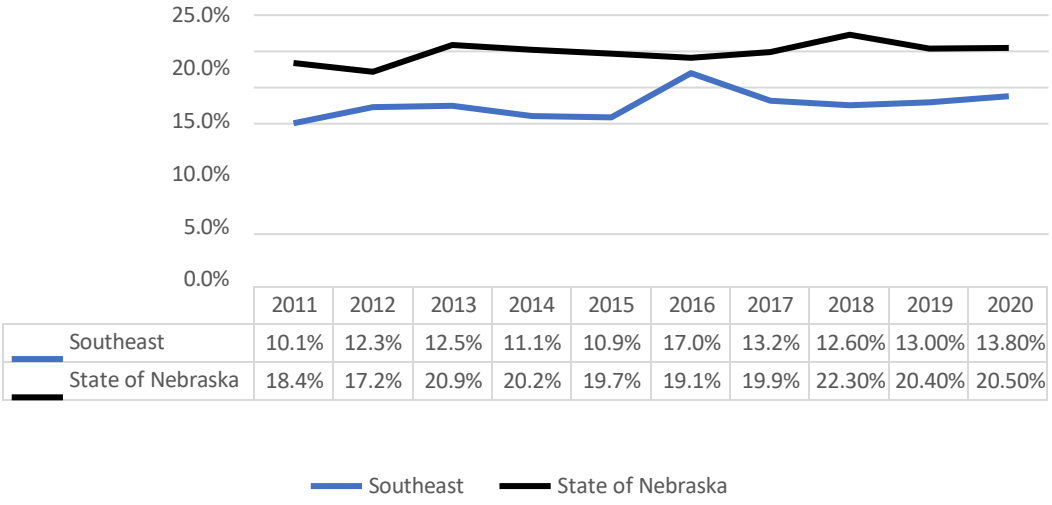
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Access of Health Providers

In 2020, 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.

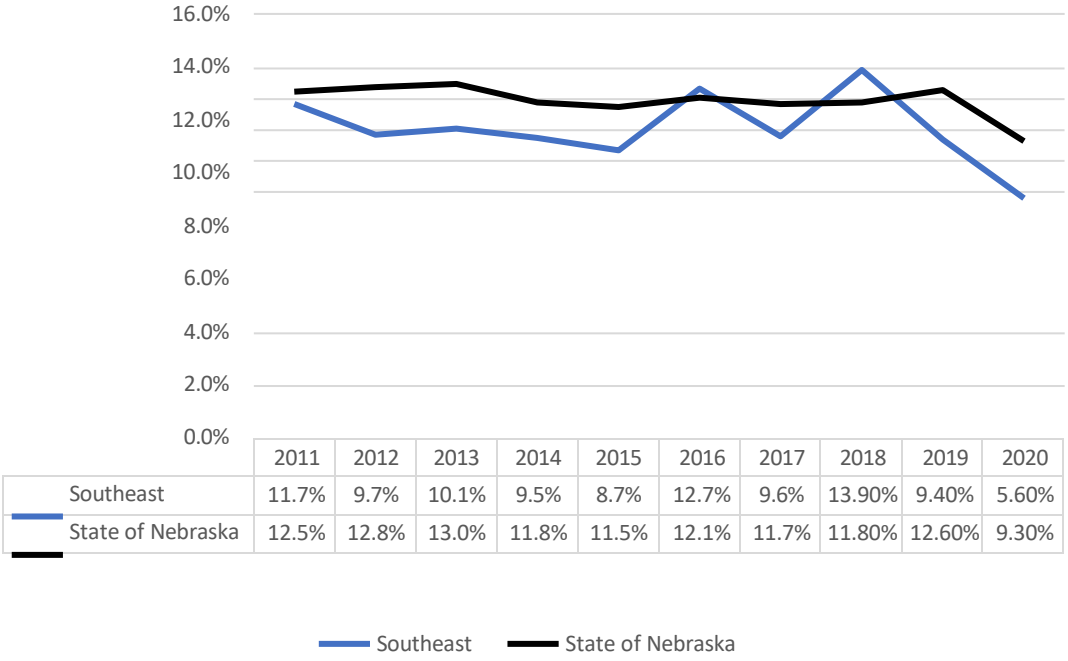
Figure 34. Percent of Adults Ages 18 and Over Reporting They Have No Personal Doctor or Health Care Provider



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	10.1%	12.3%	12.5%	11.1%	10.9%	17.0%	13.2%	12.60%	13.00%	13.80%
State of Nebraska	18.4%	17.2%	20.9%	20.2%	19.7%	19.1%	19.9%	22.30%	20.40%	20.50%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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^

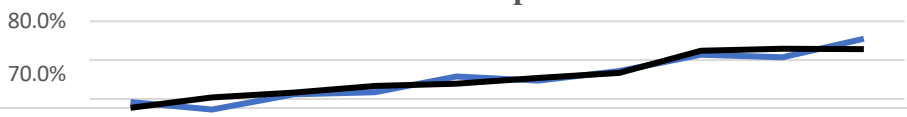


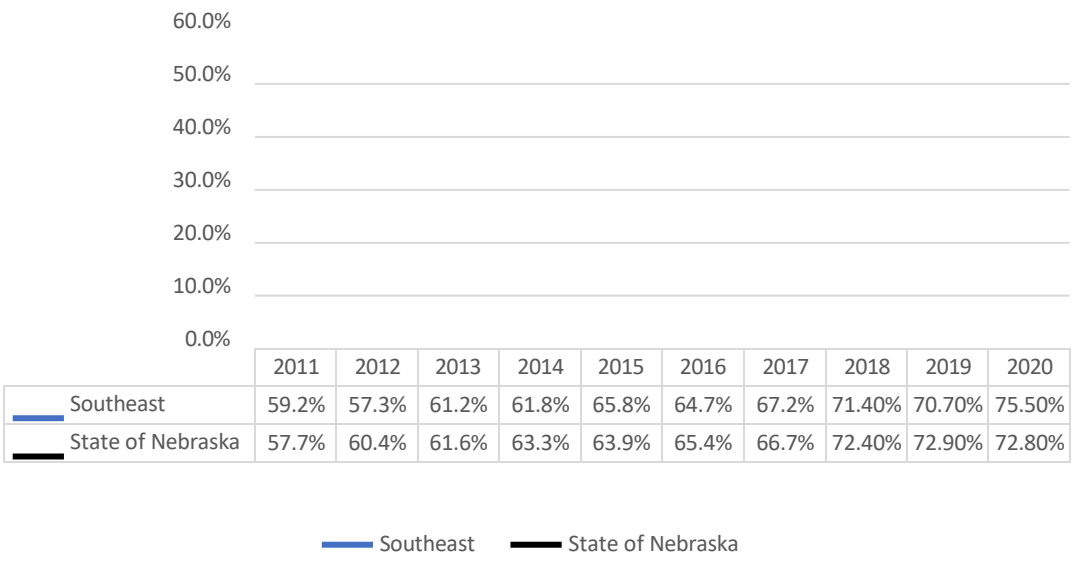
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	11.7%	9.7%	10.1%	9.5%	8.7%	12.7%	9.6%	13.90%	9.40%	5.60%
State of Nebraska	12.5%	12.8%	13.0%	11.8%	11.5%	12.1%	11.7%	11.80%	12.60%	9.30%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

^ 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	2018	2019	2020
Southeast	59.2%	57.3%	61.2%	61.8%	65.8%	64.7%	67.2%	71.40%	70.70%	75.50%
State of Nebraska	57.7%	60.4%	61.6%	63.3%	63.9%	65.4%	66.7%	72.40%	72.90%	72.80%

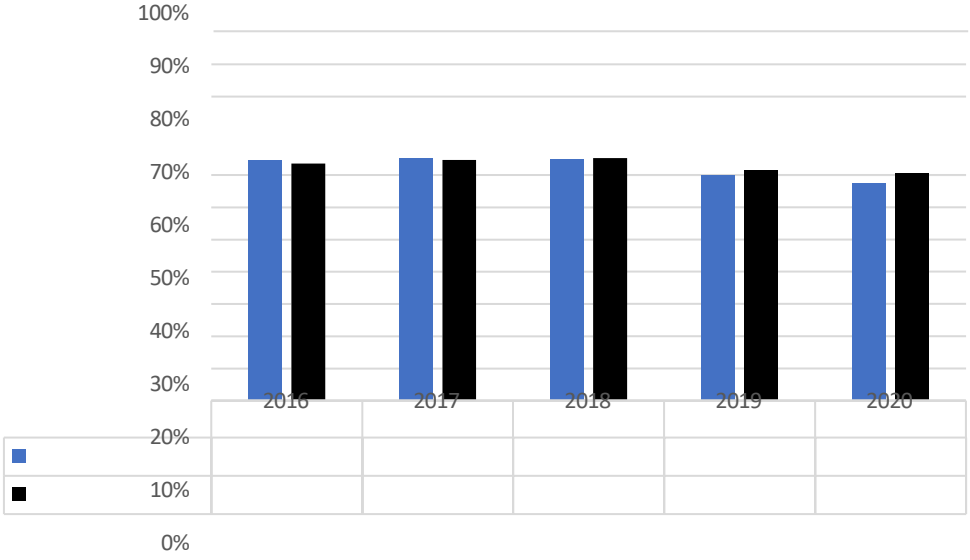
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

^ Nebraska Healthy People 2020 Measure

Health Literacy

In 2020, 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 38 and 39).

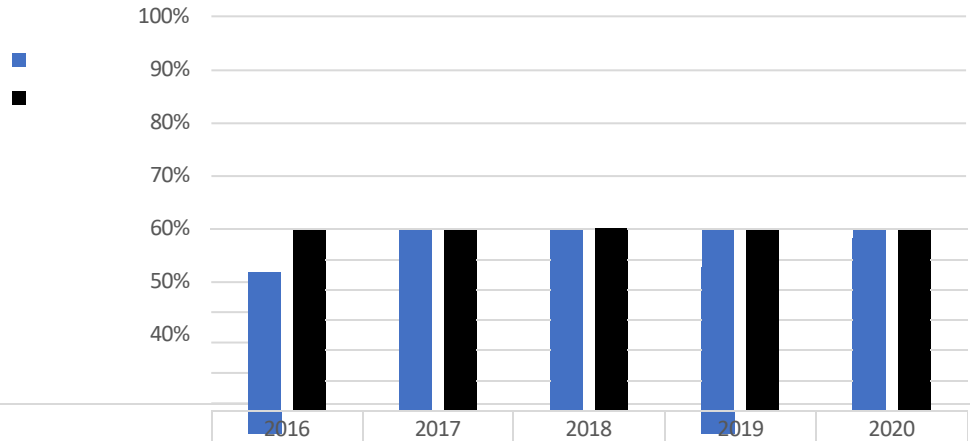
Figure 37. Very Easy to Get Needed Advice or Information ABout Health or Medical Topics



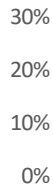
	2016	2017	2018	2019	2020
Southeast	74.60%	75.10%	74.90%	70.00%	67.60%
State of Nebraska	73.60%	74.70%	75.30%	71.50%	70.50%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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

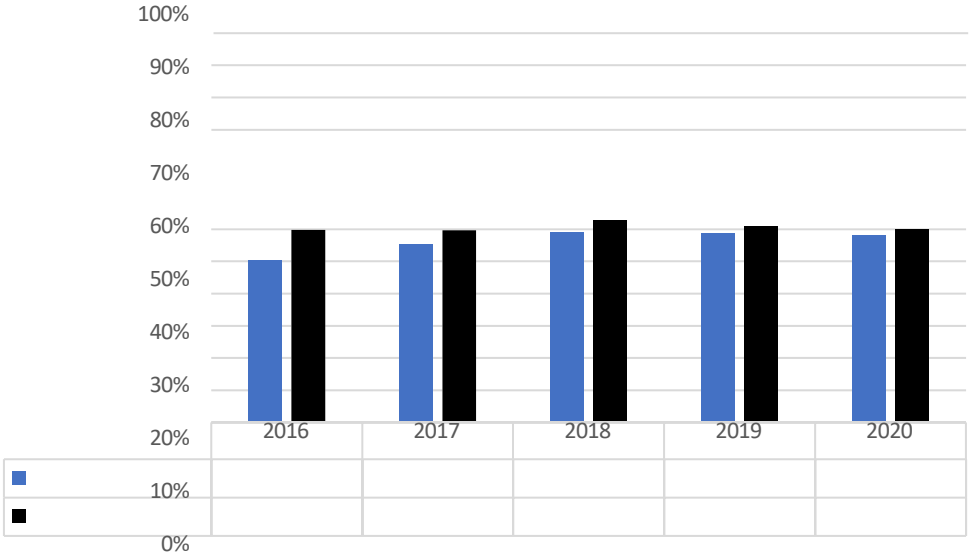


	2016	2017	2018	2019	2020
Southeast	53.30%	57.60%	58.40%	54.80%	57.10%
State of Nebraska	59.10%	59.60%	61.20%	58.80%	58.40%



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 39. Very Easy to Understand Written Health Information



	2016	2017	2018	2019	2020
Southeast	50.40%	55.30%	59.10%	58.80%	58.10%
State of Nebraska	59.70%	59.60%	62.70%	60.90%	60.00%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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, 2021

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	2,570:1	1,390:1	1,780:1	1,320:1	1,980:1	1,310:1
Midlevel Primary Care Providers*	850:1	-	2,297:1	663:1	1,151:1	988:1
Dentists	5,070:1	2,320:1	1,780:1	870:1	2,620:1	1,270:1
Mental Health Providers	5,070:1	3,490:1	1,600:1	2,610:1	1,120:1	360:1

Source: County Health Rankings, 2021

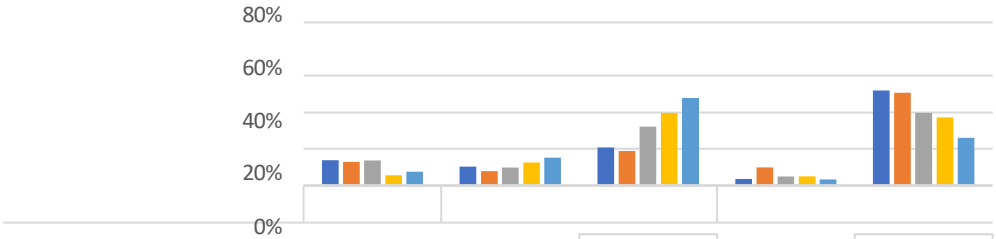
"-" indicates that no data was available from this source

* 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 45 detail responses to each topic for each by county.

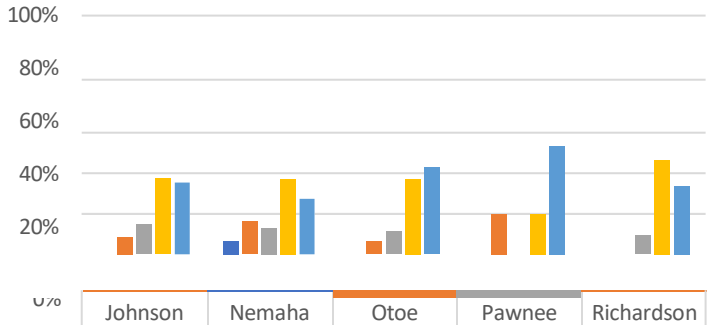
Figure 40. The community has adequate health and wellness activities.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	14%	10%	21%	3%	52%
Somewhat Disagree	13%	8%	19%	10%	50%
Neither Agree nor Disagree	14%	10%	32%	5%	40%
Somewhat Agree	6%	13%	40%	5%	37%
Strongly Agree	8%	15%	48%	3%	26%

Source: SEDHD Community Survey, 2021

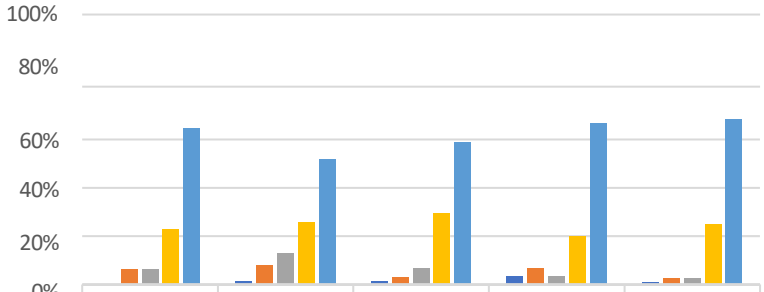
Figure 41. I am satisfied with the healthcare system in the community.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	4%	6%	3%	3%	5%
Somewhat Disagree	8%	16%	6%	20%	6%
Neither Agree nor Disagree	15%	13%	11%	3%	9%
Somewhat Agree	38%	37%	37%	20%	47%
Strongly Agree	35%	27%	43%	53%	34%

Source: SEDHD Community Survey, 2021

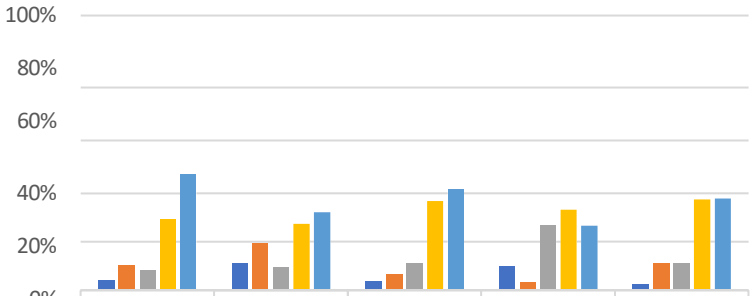
Figure 42. I have easy access to family health providers.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
	0%	2%	2%	3%	1%
Strongly Disagree	6%	8%	3%	7%	3%
Somewhat Disagree	6%	13%	7%	3%	3%
Neither Agree nor Disagree					

Source: SEDHD Community Survey, 2021

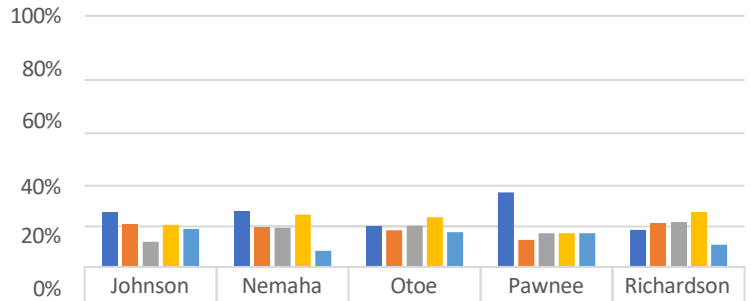
Figure 43. I have easy access to the medical specialists I need.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	4%	11%	4%	10%	2%
Somewhat Disagree	10%	19%	6%	3%	11%
Neither Agree nor Disagree	8%	10%	11%	27%	11%
Somewhat Agree	29%	27%	37%	33%	38%
Strongly Agree	48%	32%	42%	27%	38%

Source: SEDHD Community Survey, 2021

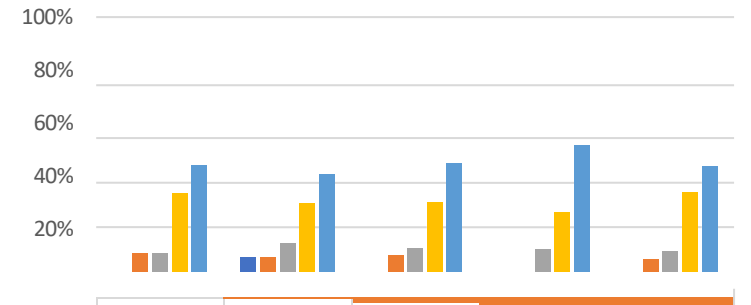
Figure 44. Sometimes it is a problem for me to cover my share of the costs for a medical care visit.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	27%	27%	20%	37%	18%
Somewhat Disagree	21%	19%	18%	13%	22%
Neither Agree nor Disagree	13%	19%	20%	17%	22%
Somewhat Agree	21%	26%	25%	17%	27%
Strongly Agree	19%	8%	17%	17%	11%

Source: SEDHD Community Survey, 2021

Figure 45. I am able to get medical care whenever I need it.



	Johnson	Nemaha	Otoe	Pawnee	Richardson
Strongly Disagree	0%	6%	2%	3%	2%

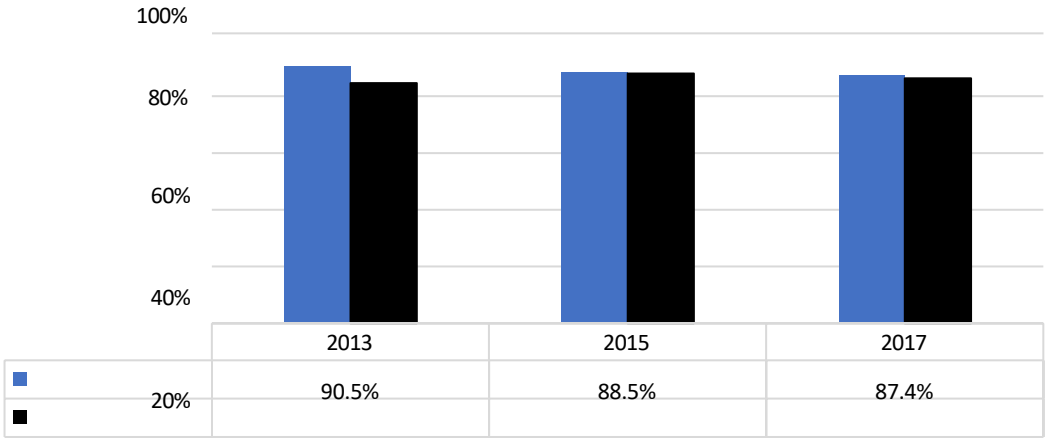
Somewhat Disagree	8%	6%	7%	3%	6%
Neither Agree nor Disagree	8%	13%	11%	10%	9%
Somewhat Agree	35%	31%	31%	27%	36%
Strongly Agree	48%	44%	49%	57%	47%

Source: SEDHD Community Survey, 2021

HEALTH SCREENINGS

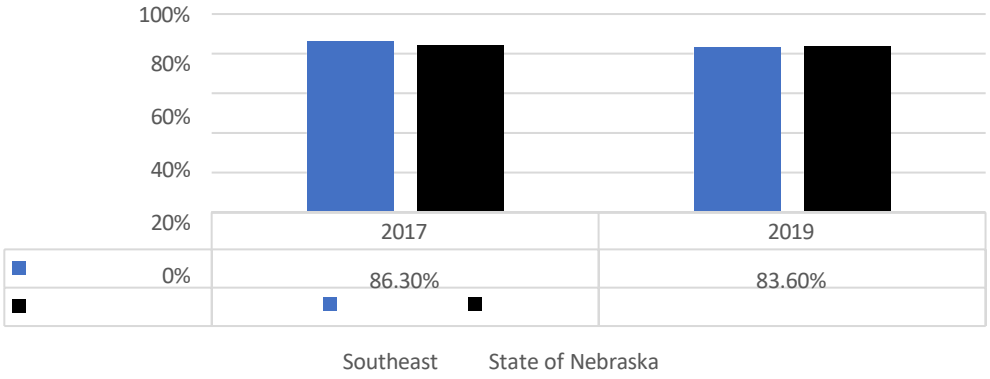
Figures 46 through 50 illustrate BRFSS response data regarding percentages of Southeast District adults who have had various health screenings completed within recommended time frames. Southeast adults tend to have higher completion rates for blood pressure and cholesterol screenings but lower completion rates for cancer screenings (i.e., colon, breast, and cervical cancer screenings).

Figure 46. Percentage of Adults 18 and Older Who Report Having Had Their Blood Pressure During the Past 12 Months



Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

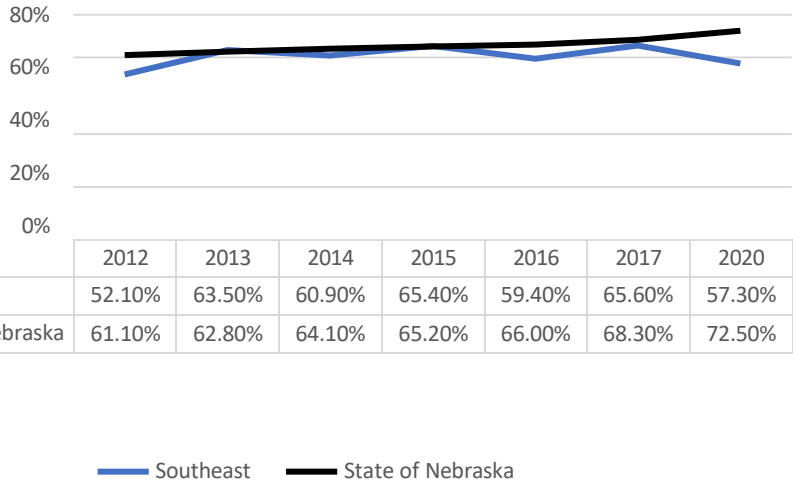
Figure 47. Percentage of Adults 18 and Older Who Report Having Had Their Blood Cholesterol Checked During the Past Five Years ^



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

^ Nebraska Healthy People 2020 Measure

Figure 48. Percentage of Adults 50–75 Years Old Who Report Up-to-Date on Colon Cancer Screening*

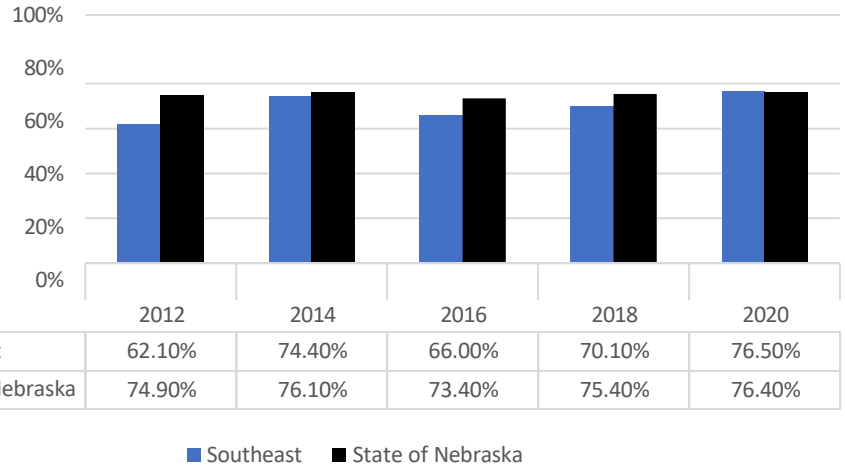


	2012	2013	2014	2015	2016	2017	2020
Southeast	52.10%	63.50%	60.90%	65.40%	59.40%	65.60%	57.30%
State of Nebraska	61.10%	62.80%	64.10%	65.20%	66.00%	68.30%	72.50%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* 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

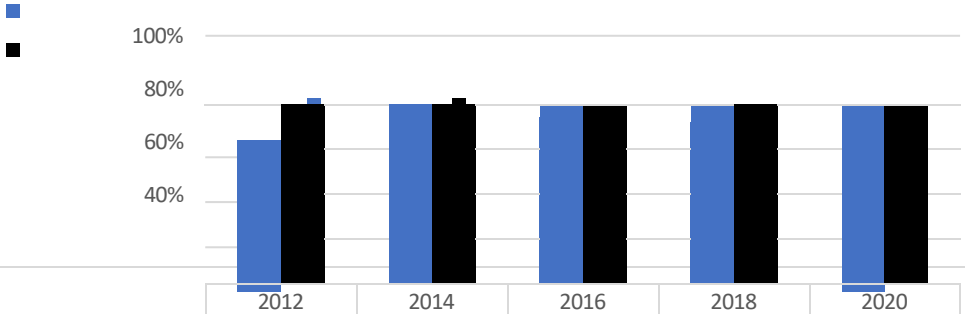
Figure 49. Percentage of Females 50-74 Years Old Who Report Having Had a Mammogram During the past Two Years



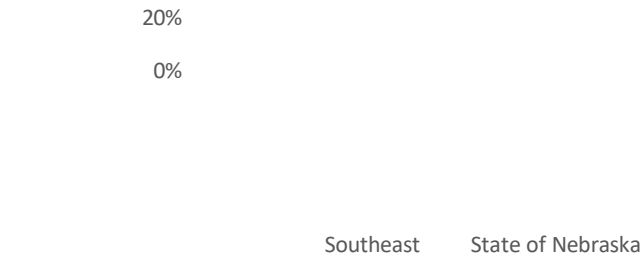
	2012	2014	2016	2018	2020
Southeast	62.10%	74.40%	66.00%	70.10%	76.50%
State of Nebraska	74.90%	76.10%	73.40%	75.40%	76.40%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 50. 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	2018	2020
Southeast	67.50%	81.70%	74.20%	72.20%	68.10%
State of Nebraska	83.90%	81.70%	77.70%	80.90%	77.70%



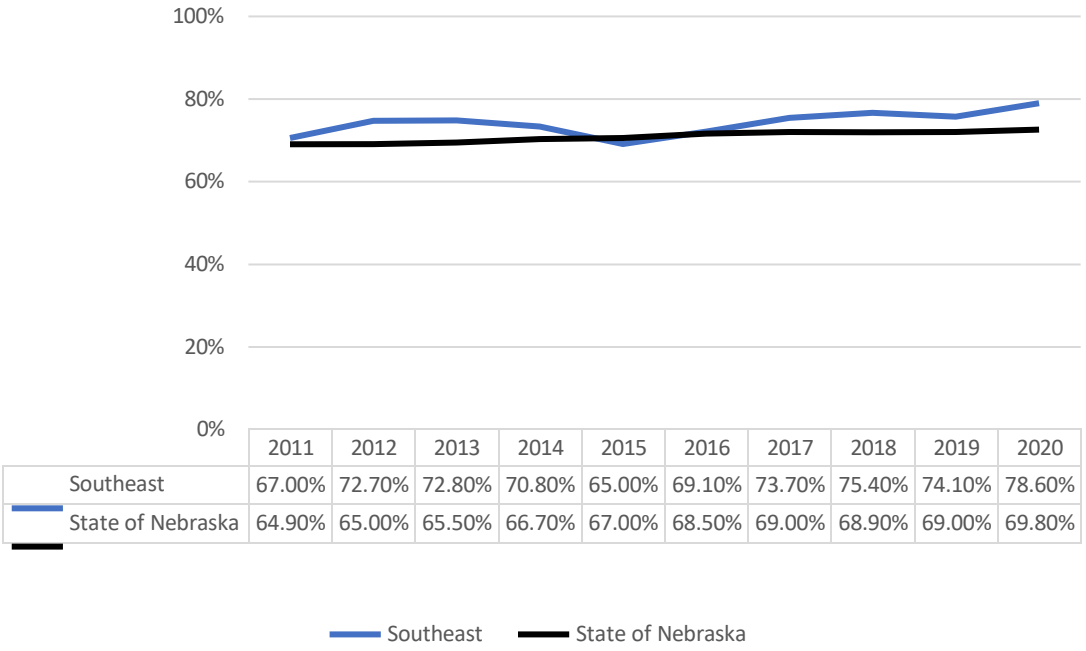
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

OBESITY AND PHYISCAL ACITIVITY

Obesity

In 2020, 78.6% of Southeast District adults reported having a body mass index (BMI) of 25.0 or greater compared to 69.8% for the state, signifying a higher prevalence of an overweight or obese population (Figure 51). The Southeast District has had a higher percentage since 2011, with an increasing trend since 2015.

Figure 51. Percentage of Adults 18 and Older with a BMI of 25.0 or Greater*



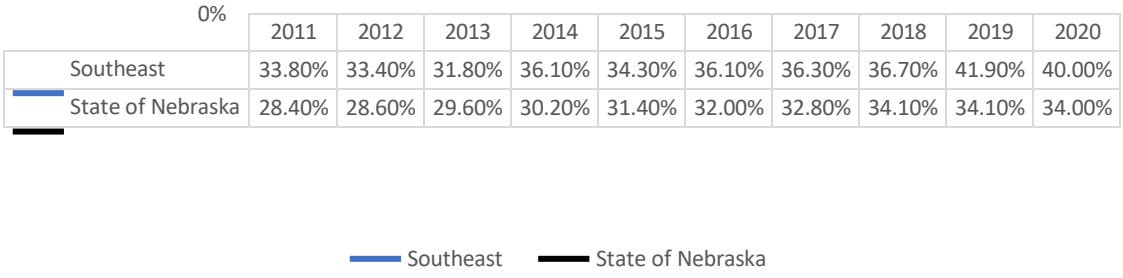
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	67.00%	72.70%	72.80%	70.80%	65.00%	69.10%	73.70%	75.40%	74.10%	78.60%
State of Nebraska	64.90%	65.00%	65.50%	66.70%	67.00%	68.50%	69.00%	68.90%	69.00%	69.80%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Based on self-reported height and weight

Similarly, 40% of Southeast District adults reported having a BMI of 30.0 or greater compared to 34% for the state, signifying a higher prevalence of an obese population (Figure 52).

Figure 52. Percentage of Adults 18 and Older with a BMI of 30.0 or Greater*^



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	33.80%	33.40%	31.80%	36.10%	34.30%	36.10%	36.30%	36.70%	41.90%	40.00%
State of Nebraska	28.40%	28.60%	29.60%	30.20%	31.40%	32.00%	32.80%	34.10%	34.10%	34.00%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

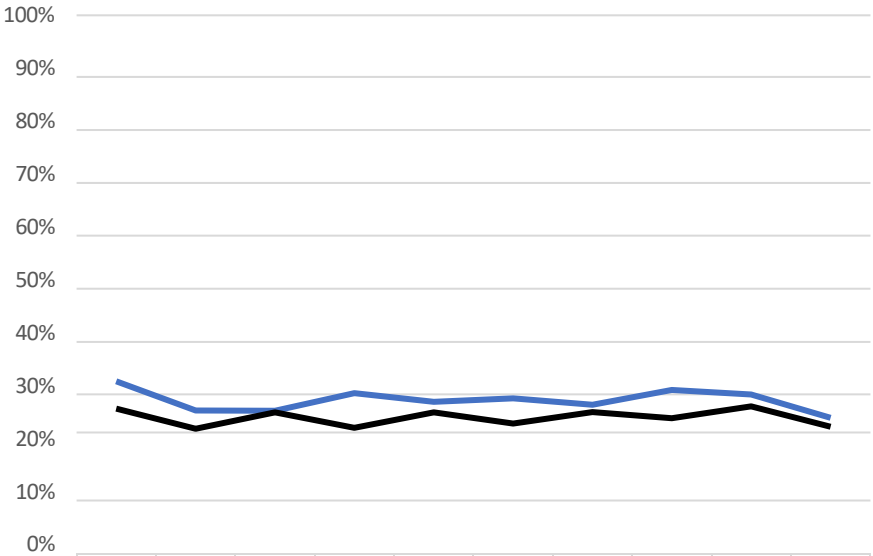
* Based on self-reported height and weight

^ Nebraska Healthy People 2020 Measure

Physical Activity

Figures 53 through 56 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 53. Percentage of Adults 18 and Older Who Report No Leisure-Time Physical Activity in past 30 Days*^



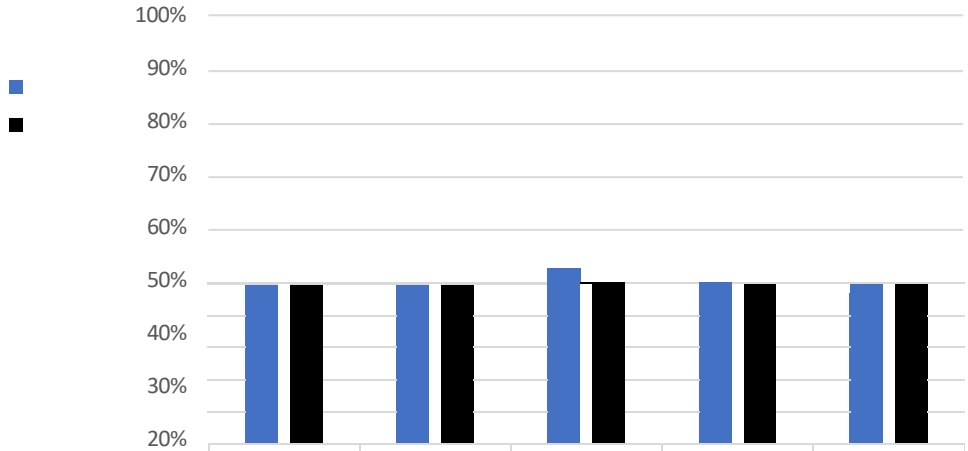
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	33.50%	25.80%	25.70%	30.40%	28.10%	29.00%	27.30%	31.20%	30.00%	23.90%
State of Nebraska	26.30%	21.00%	25.30%	21.30%	25.30%	22.40%	25.40%	23.80%	26.90%	21.50%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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



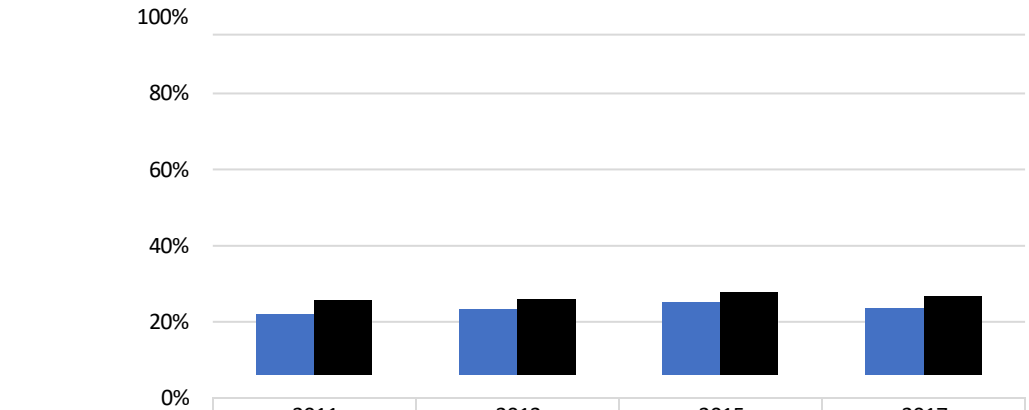
	2011	2013	2015	2017	2019
Southeast	49.00%	49.50%	54.40%	52.10%	46.70%
State of Nebraska	49.00%	50.10%	51.30%	49.40%	48.00%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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



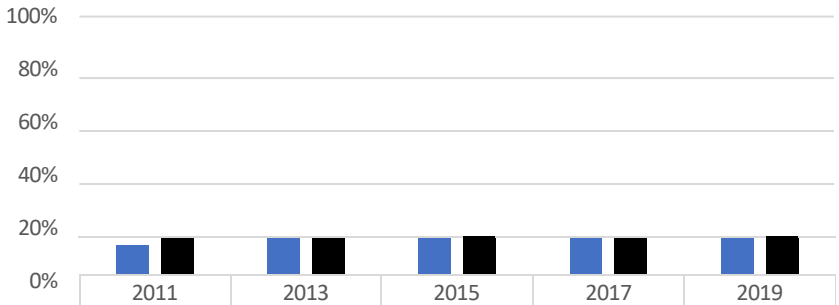
	2011	2013	2015	2017
Southeast	22.9%	24.8%	27.4%	25.2%
State of Nebraska	28.1%	28.4%	31.2%	29.8%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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



	2011	2013	2015	2017	2019
Southeast	15.90%	16.40%	18.50%	17.50%	20.10%
State of Nebraska	19.00%	18.80%	21.80%	19.10%	20.70%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* 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.

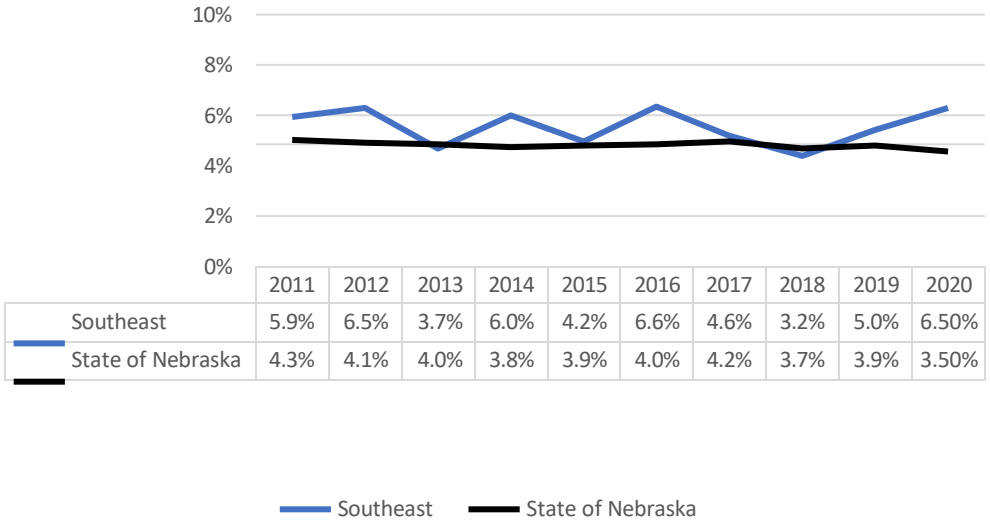
^ Nebraska Healthy People 2020 Measure

HEART DISEASE

Figures 57 through 59 present BRFSS response data on heart disease within the Southeast District. In 2020, 6.5% of respondents indicated that they have ever been told they had a heart attack, 4.9% indicated ever been told they have coronary heart disease, and 8.0% reported that they had had a heart attack or coronary heart disease. All three of these measures have been on an upward trend since 2017 and are

comparable to state data.

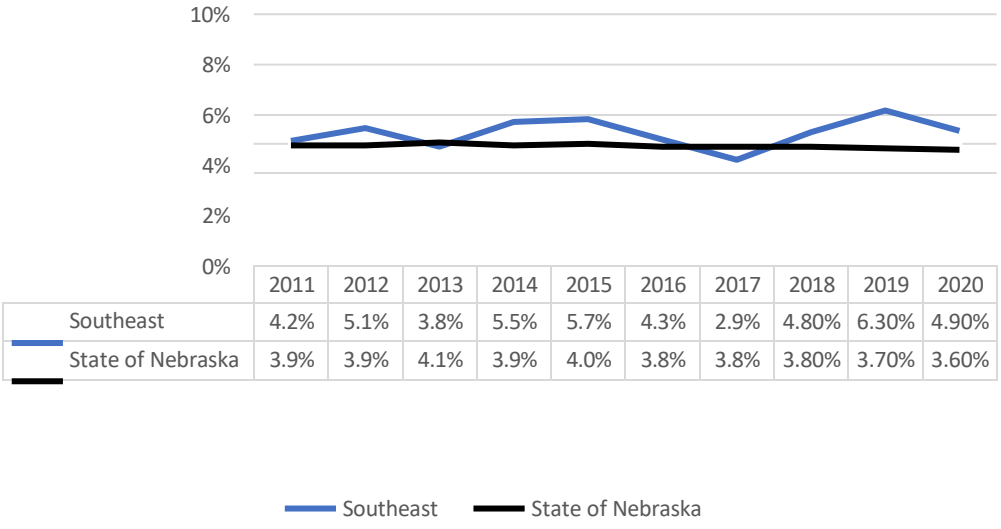
Figure 57. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	5.9%	6.5%	3.7%	6.0%	4.2%	6.6%	4.6%	3.2%	5.0%	6.50%
State of Nebraska	4.3%	4.1%	4.0%	3.8%	3.9%	4.0%	4.2%	3.7%	3.9%	3.50%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

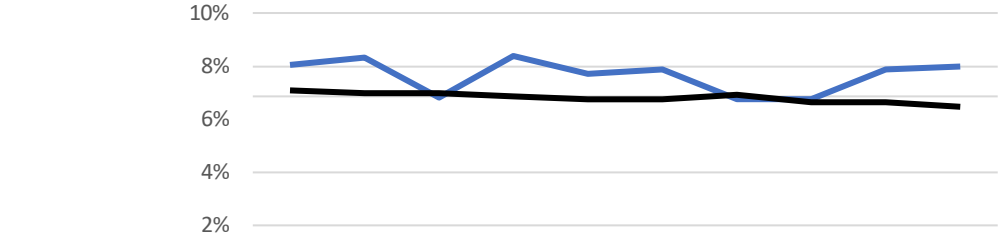
Figure 58. Percent of Adults Ages 18 and Older Ever Told They Have Coronary Heart Disease

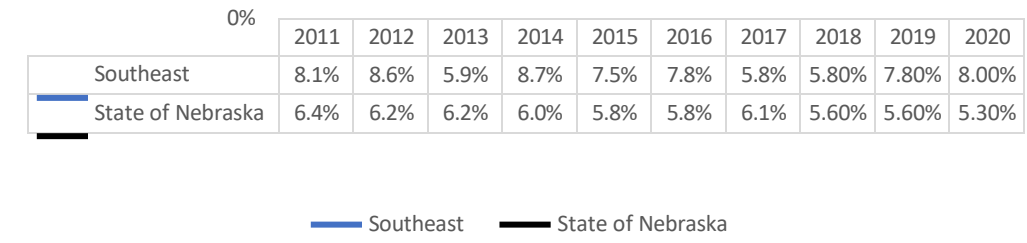


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	4.2%	5.1%	3.8%	5.5%	5.7%	4.3%	2.9%	4.80%	6.30%	4.90%
State of Nebraska	3.9%	3.9%	4.1%	3.9%	4.0%	3.8%	3.8%	3.80%	3.70%	3.60%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 59. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack or Coronary Heart Disease



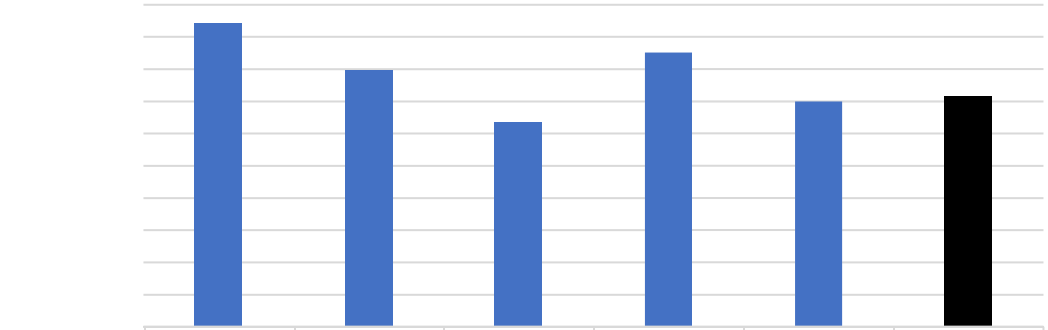


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	8.1%	8.6%	5.9%	8.7%	7.5%	7.8%	5.8%	5.80%	7.80%	8.00%
State of Nebraska	6.4%	6.2%	6.2%	6.0%	5.8%	5.8%	6.1%	5.60%	5.60%	5.30%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 60 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 60. Heart Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



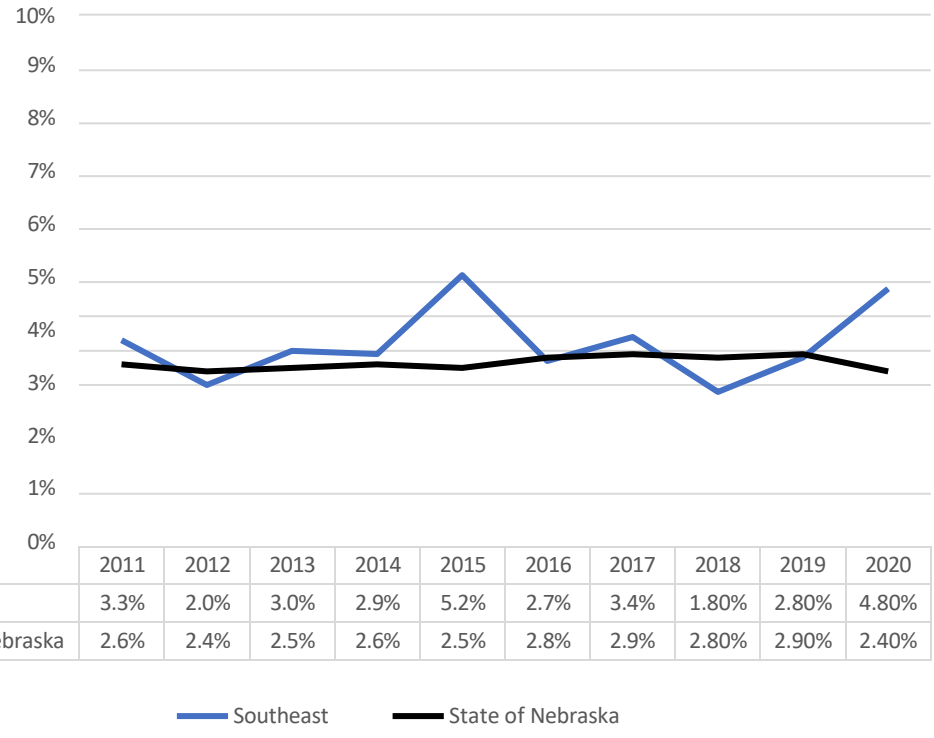
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	188.4	159.0	127.2	170.4	140.0	143.0

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

STROKE

In 2020, 4.8% of BRFSS respondents in the Southeast District reported that they have ever been told that they have had a stroke (Figure 61). This measure has seen a significant increase since 2018 while the state data has remained consistent.

Figure 61. Percent of Adults Ages 18 and Older Ever Told They Had a Stroke

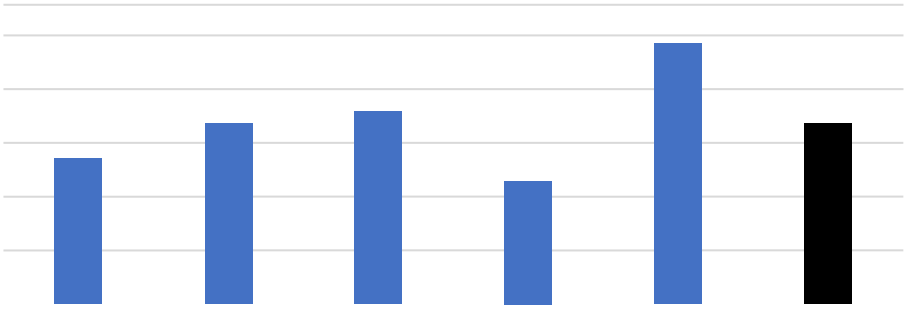


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	3.3%	2.0%	3.0%	2.9%	5.2%	2.7%	3.4%	1.80%	2.80%	4.80%
State of Nebraska	2.6%	2.4%	2.5%	2.6%	2.5%	2.8%	2.9%	2.80%	2.90%	2.40%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 62 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 62. Cerebrovascular Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



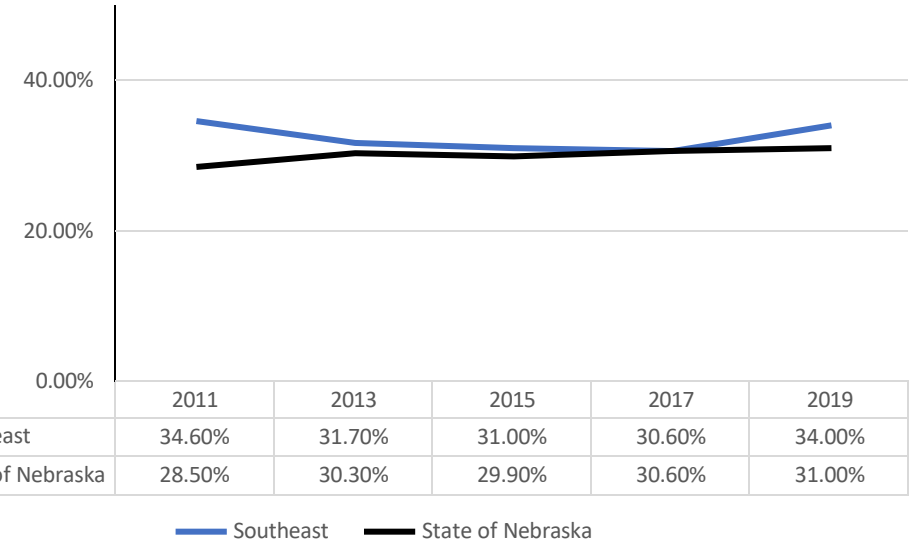
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	27.0	33.6	35.9	22.9	48.5	33.6

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

HIGH BLOOD PRESSURE AND CHOLESTEROL

In 2020, 34% of Southeast District adults reported that they have ever been told by a medical professional that they have high blood pressure, exceeding the state percentage (Figure 63). This measure had been trending downward since 2011, however the percentage increased between 2017 and 2019. Likewise, in 2020, more Southeast District adults indicated being told that they have high cholesterol compared to the state, 33.5% and 31.1%, respectively (Figure 64).

Figure 63. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have High Blood Pressure*^



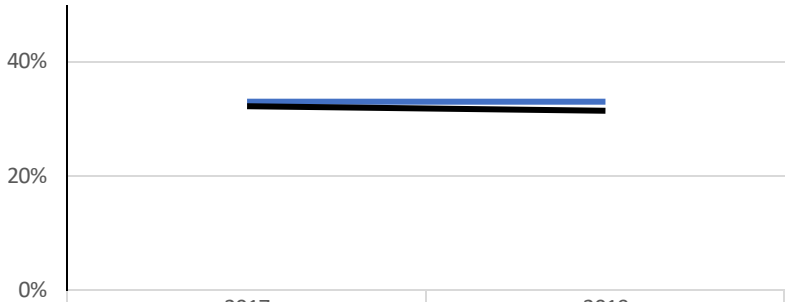
	2011	2013	2015	2017	2019
Southeast	34.60%	31.70%	31.00%	30.60%	34.00%
State of Nebraska	28.50%	30.30%	29.90%	30.60%	31.00%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Excluding pregnancy

^ Nebraska Healthy People 2020 Measure

Figure 64. 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	2019
Southeast	32.70%	33.50%
State of Nebraska	31.90%	31.10%

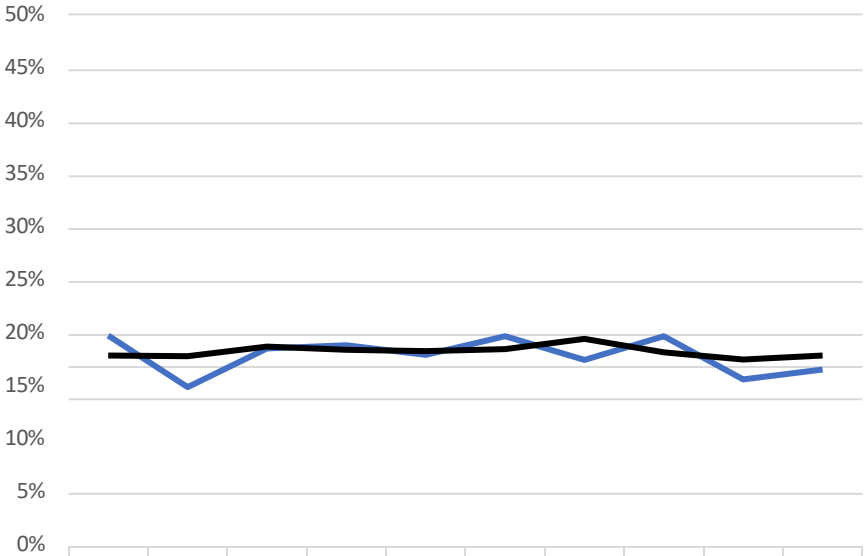
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

^ 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 65). 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 66). This indicator has also been on a downward trend since 2011 and has been consistent with the state data.

Figure 65. Percentage of Adults 18 and Older Who Report that They have Depression.

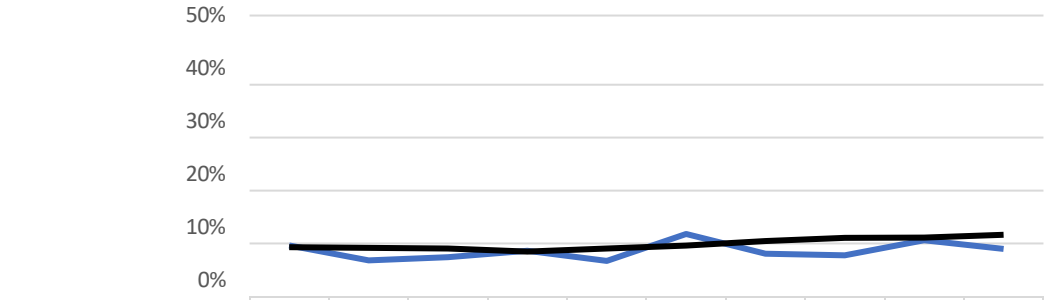


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	19.90%	11.90%	17.90%	18.40%	16.90%	19.80%	16.10%	19.80%	13.10%	14.60%
State of Nebraska	16.80%	16.70%	18.20%	17.70%	17.50%	17.80%	19.40%	17.30%	16.20%	16.80%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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

Figure 66. Percentage of Adults 18 and Older Who Report that Their Mental Health was not Good on 14 or More of the Previous 30 Days*



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	9.60%	6.30%	7.00%	8.40%	6.20%	12.10%	7.80%	7.40%	10.70%	8.80%
State of Nebraska	9.20%	9.00%	8.90%	8.20%	8.90%	9.50%	10.50%	11.20%	11.30%	11.90%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* 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)

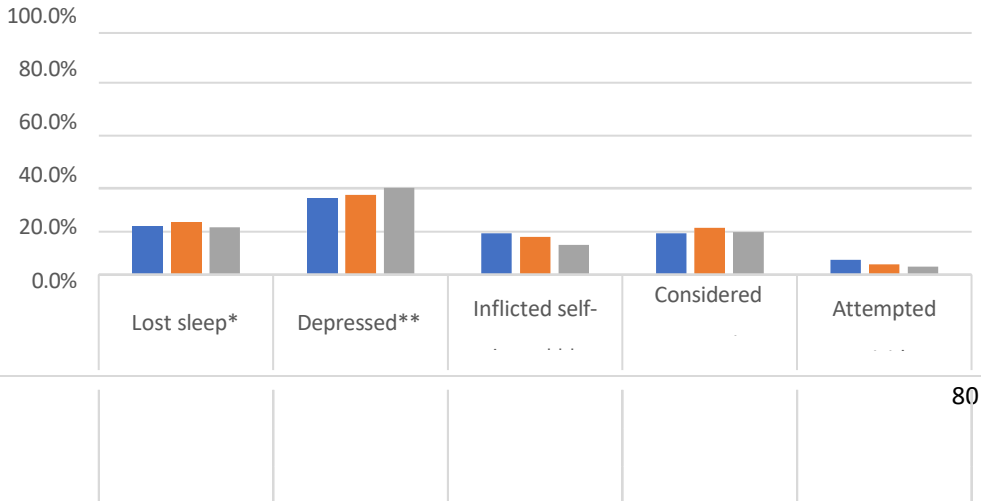
	Southeast	State of Nebraska
Currently taking medication or receiving treatment for a mental health condition	8.0%	11.0%
Symptoms of serious mental health illness in past 30 days*	3.8%	3.2%

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 67 presents percentages of Southeast District youth who reported anxiety, depression, and suicide in 2018.

Figure 67. Percentage Reporting Anxiety, Depression, and Suicide During Past 12 Months Among 8th, 10th, and 12th Grade Students



				suicide	
8th grade	22.3%	35.5%	19.2%	19.2%	6.9%
10th grade	24.3%	37.0%	17.6%	21.7%	4.9%
12th grade	22.1%	40.3%	13.9%	19.8%	3.8%

Source: Nebraska Risk and Protective Factor Student Survey, 2018

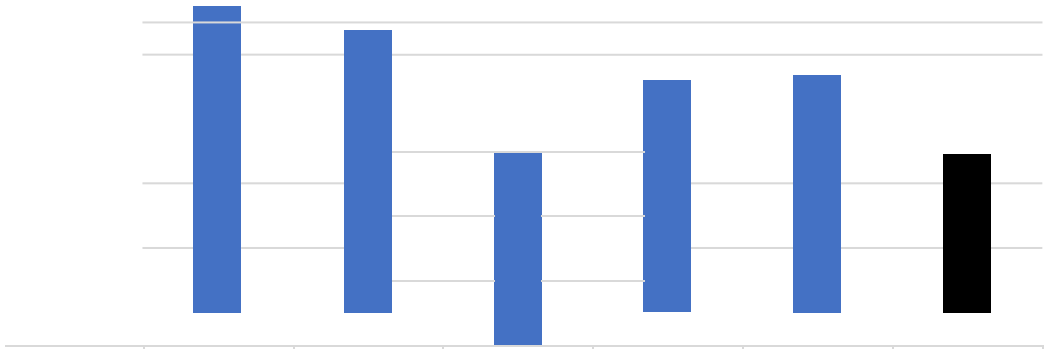
*Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always.

**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 68 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 68. 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

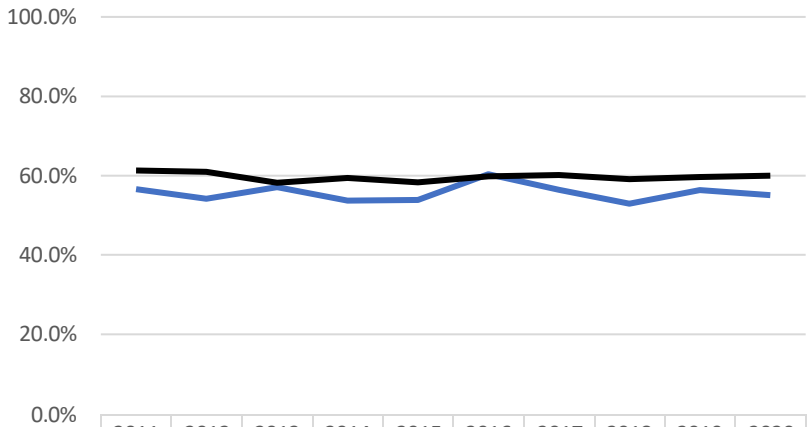
Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

ADULT ALCOHOL AND TOBACCO USE

Alcohol

Figures 69 through 71 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.

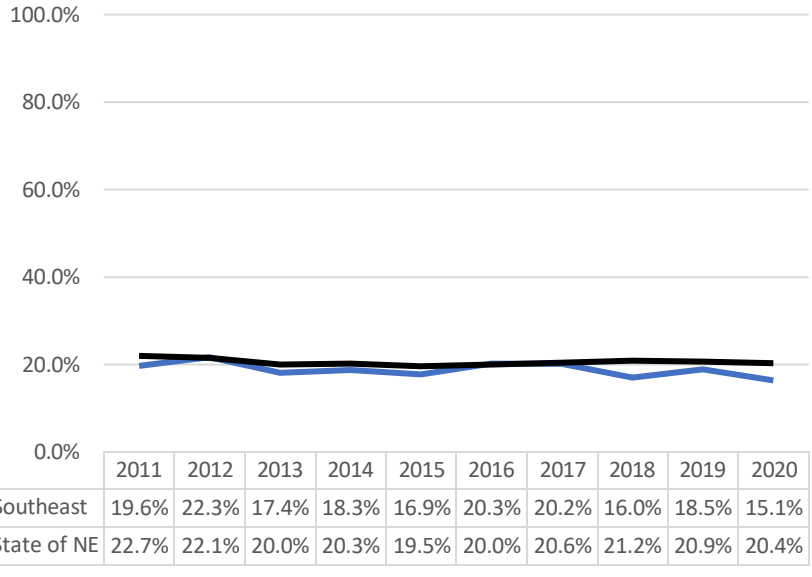
Figure 69. Percentage of Adults 18 and Older Who Report Having Any Alcohol Consumption in past 30 Days



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	55.3%	51.9%	56.0%	51.2%	51.5%	60.5%	55.1%	50.2%	54.9%	53.2%
State of NE	61.8%	61.3%	57.5%	59.2%	57.6%	59.8%	60.2%	58.8%	59.5%	60.0%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 70. Percentage of Adults 18 and Older Who Report Having Binge Drank in past 30 Days*^



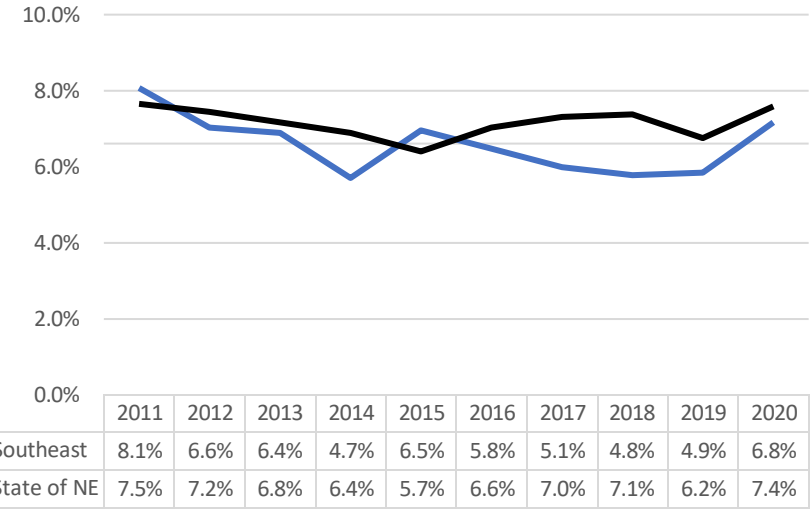
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	19.6%	22.3%	17.4%	18.3%	16.9%	20.3%	20.2%	16.0%	18.5%	15.1%
State of NE	22.7%	22.1%	20.0%	20.3%	19.5%	20.0%	20.6%	21.2%	20.9%	20.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	8.1%	6.6%	6.4%	4.7%	6.5%	5.8%	5.1%	4.8%	4.9%	6.8%
State of NE	7.5%	7.2%	6.8%	6.4%	5.7%	6.6%	7.0%	7.1%	6.2%	7.4%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

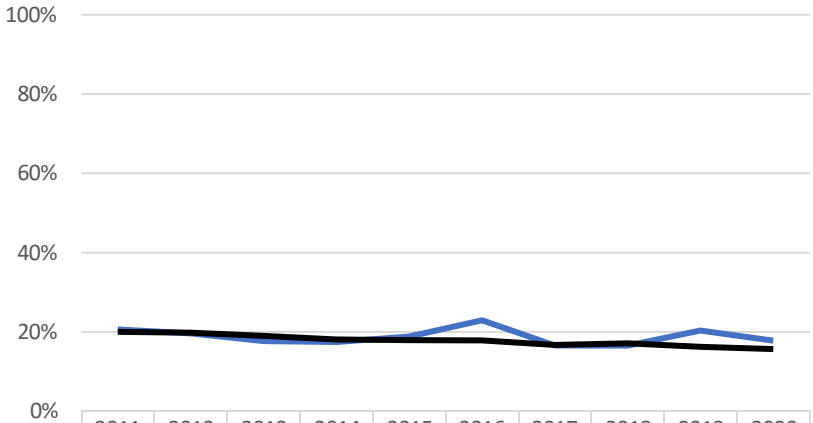
* Heavy drinking defined as drinking more than 60 alcoholic drinks (an average of more than two drinks per day) during the past 30 days for men and drinking more than 30 alcoholic drinks (an average of more than one drink per day) for women

Tobacco

Figures 72 through 74 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 72. Percentage of Adults 18 and Older Who Report that They Currently Smoke Cigarettes^

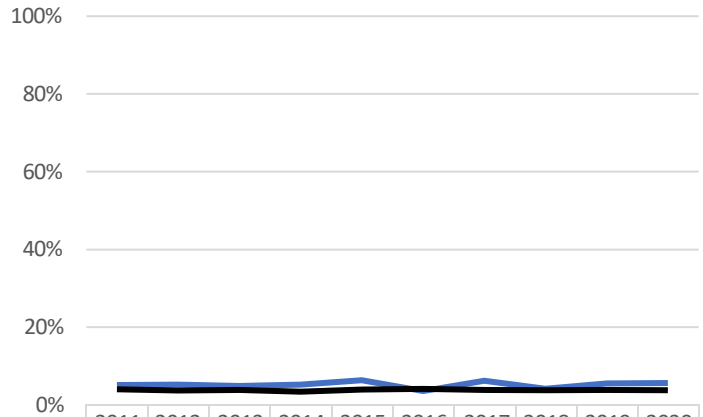


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	20.8%	19.5%	16.7%	16.4%	18.3%	24.1%	15.2%	15.1%	20.5%	16.8%
State of Nebraska	20.0%	19.7%	18.5%	17.3%	17.1%	17.0%	15.4%	16.0%	14.7%	13.9%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

^ Nebraska Healthy People 2020 Measure

Figure 73. Percentage of Adults 18 and Older Who Report that They Currently Use Smokeless Tobacco Products^

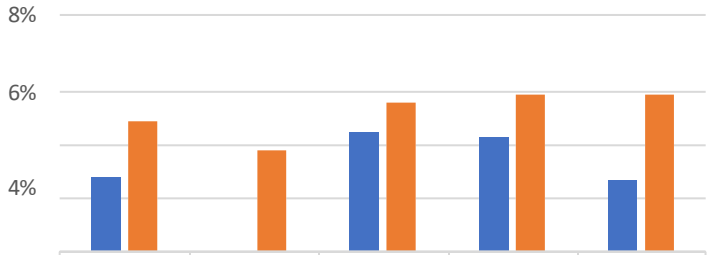


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	7.1%	7.2%	6.7%	7.2%	8.8%	4.9%	8.6%	5.7%	7.6%	7.8%
State of Nebraska	5.6%	5.1%	5.3%	4.7%	5.5%	5.7%	5.3%	5.2%	5.3%	5.2%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

^ Nebraska Healthy People 2020 Measure

Figure 74. Percentage of Adults 18 and Older Who Report that They Currently Use E-cigarettes or Other Electronic "Vaping" Products



	2016	2017	2018	2019	2020
Southeast	2.8%	0.0%	4.5%	4.3%	2.7%
State of Nebraska	4.9%	3.8%	5.6%	5.9%	5.9%

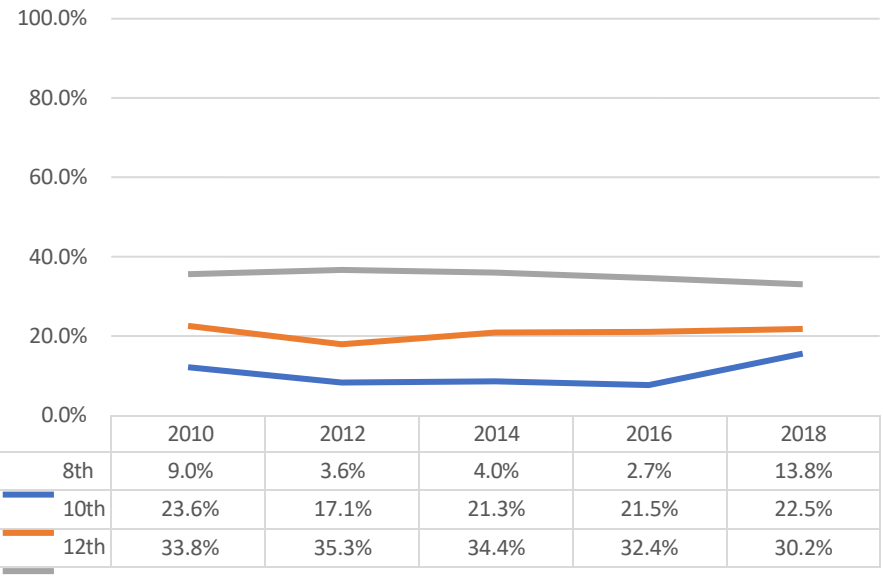
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

^ Nebraska Healthy People 2020 Measure

YOUTH SUBSTANCE ABUSE

Reported rates of past 30-day underage alcohol use have been on the decline for 10th and 12th grade students from 2010 to 2018 (Figure 75).

Figure 75. Past 30 Day Alcohol Use Among 8th, 10th, and 12th Graders

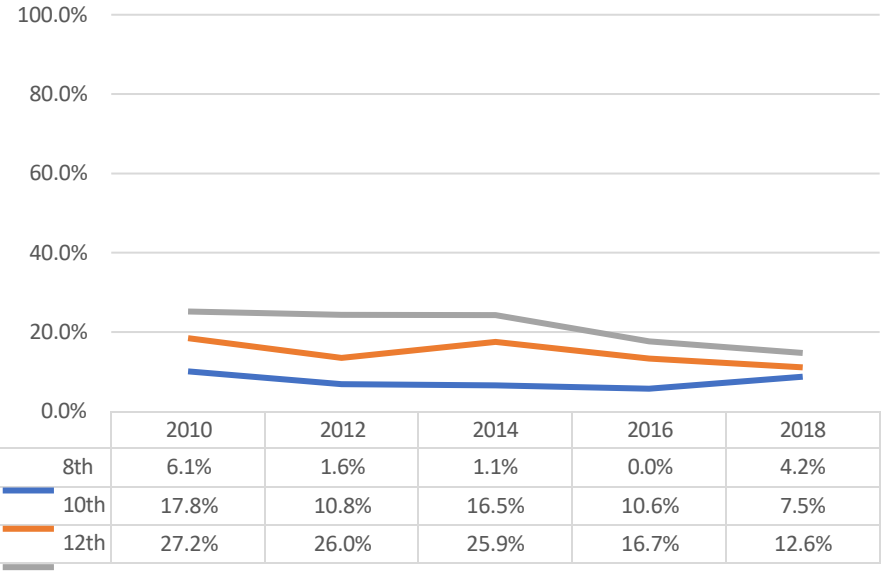


	2010	2012	2014	2016	2018
8th	9.0%	3.6%	4.0%	2.7%	13.8%
10th	23.6%	17.1%	21.3%	21.5%	22.5%
12th	33.8%	35.3%	34.4%	32.4%	30.2%

Source: Nebraska Risk and Protective Factor Student Survey, 2018

Likewise, past 30-day binge drinking has been on a decline from 2010 to 2018 (Figure 76).

Figure 76. Past 30 Day Binge Drinking* Among 8th, 10th, and 12th Graders

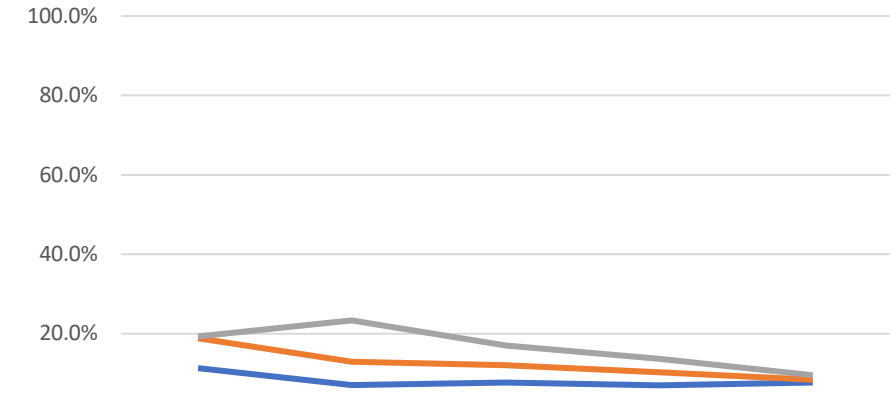


	2010	2012	2014	2016	2018
8th	6.1%	1.6%	1.1%	0.0%	4.2%
10th	17.8%	10.8%	16.5%	10.6%	7.5%
12th	27.2%	26.0%	25.9%	16.7%	12.6%

Source: Nebraska Risk and Protective Factor Student Survey, 2018

Similar to alcohol use, past 30-day cigarette use among youth has been on a decline (Figure 77).

Figure 77. Past 30 Day Cigarette Use Among 8th, 10th, and 12th Graders

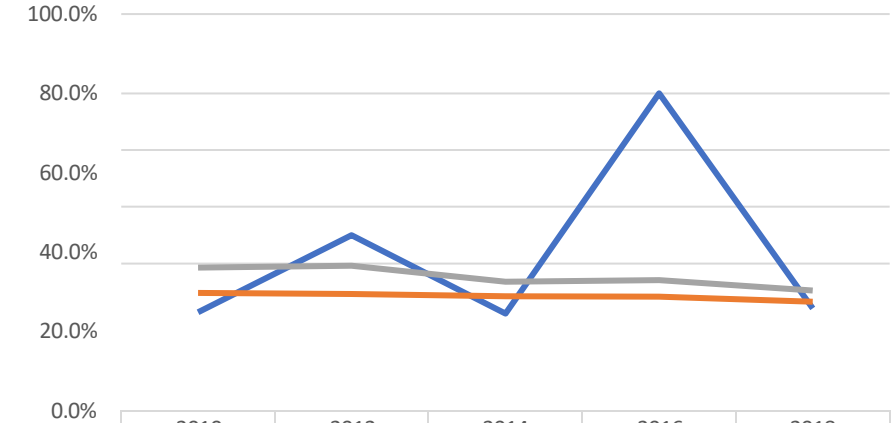


	2010	2012	2014	2016	2018
8th	7.8%	1.8%	2.7%	1.7%	2.7%
10th	18.3%	10.0%	8.8%	6.3%	3.7%
12th	18.9%	24.6%	15.8%	11.0%	5.3%

Source: Nebraska Risk and Protective Factor Student Survey, 2018

Smokeless tobacco use has declined slightly for Southeast District 10th and 12th- grade students (Figure 78). However, usage among 8th grade students has seen sharp increases in 2012 and 2016.

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

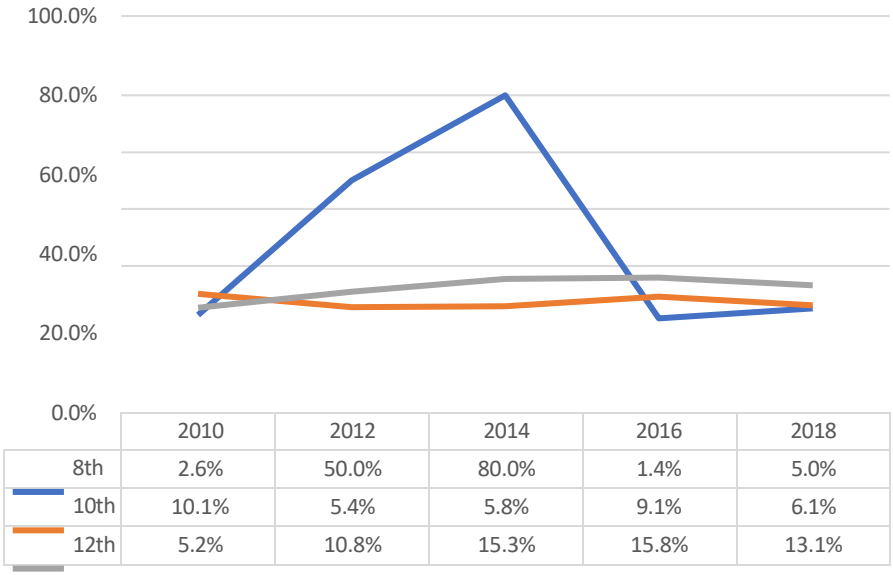


	2010	2012	2014	2016	2018
8th	2.9%	30.0%	2.4%	80.0%	4.2%
10th	9.7%	9.3%	8.5%	8.4%	6.6%
12th	18.6%	19.3%	13.7%	14.2%	10.6%

Source: Nebraska Risk and Protective Factor Student Survey, 2018

While alcohol and cigarette use have been on the decline among youth, trends for marijuana use in the Southeast District appear to be increasing (Figure 79). In 2016, 13.1% of 12th-grade students reported 30-day marijuana use compared to 5.2% reporting use in 2010.

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

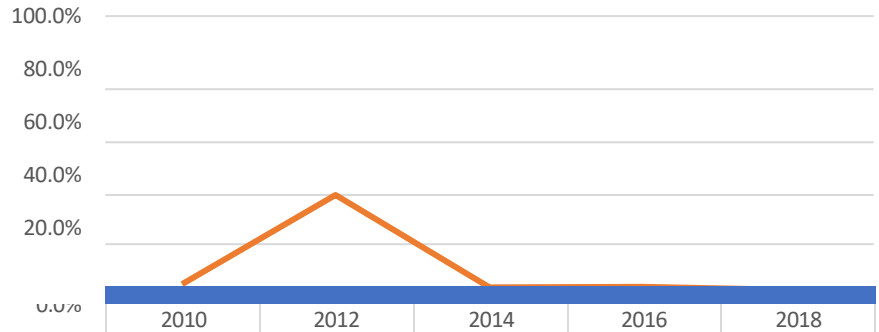


	2010	2012	2014	2016	2018
8th	2.6%	50.0%	80.0%	1.4%	5.0%
10th	10.1%	5.4%	5.8%	9.1%	6.1%
12th	5.2%	10.8%	15.3%	15.8%	13.1%

Source: Nebraska Risk and Protective Factor Student Survey, 2018

Past 30-day prescription drug use has been declining in the Southeast District and the state since 2010 (Figure 80). However, prescription drug use among Southeast 10th grade students was significantly higher in 2012.

Figure 80. Past 30 Day Prescription Drug Use (Not Prescribed by a Doctor) Among 8th, 10th, and 12th Graders



	2010	2012	2014	2016	2018
8th	1.2%	1.3%	0.0%	1.1%	1.1%
10th	3.9%	40.0%	2.6%	2.9%	1.6%
12th	2.3%	4.8%	4.8%	3.2%	2.9%

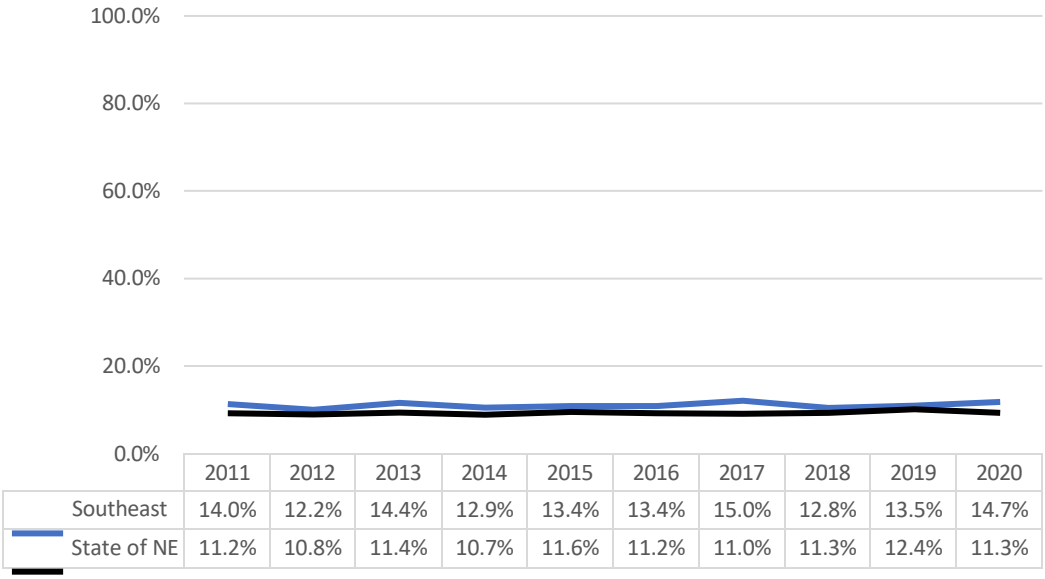
Source: Nebraska Risk and Protective Factor Student Survey, 2018

CANCER

Cancer Incidence

Figures 81 through 83 present BRFSS response data on cancer. In 2020, 14.7% of adults within the Southeast District reported ever being told that they have cancer compared to 11.3% for the state. 9.3% of adults reported ever being told they have cancer other than skin cancer compared to 5.9% for the state, a statistically significant difference.

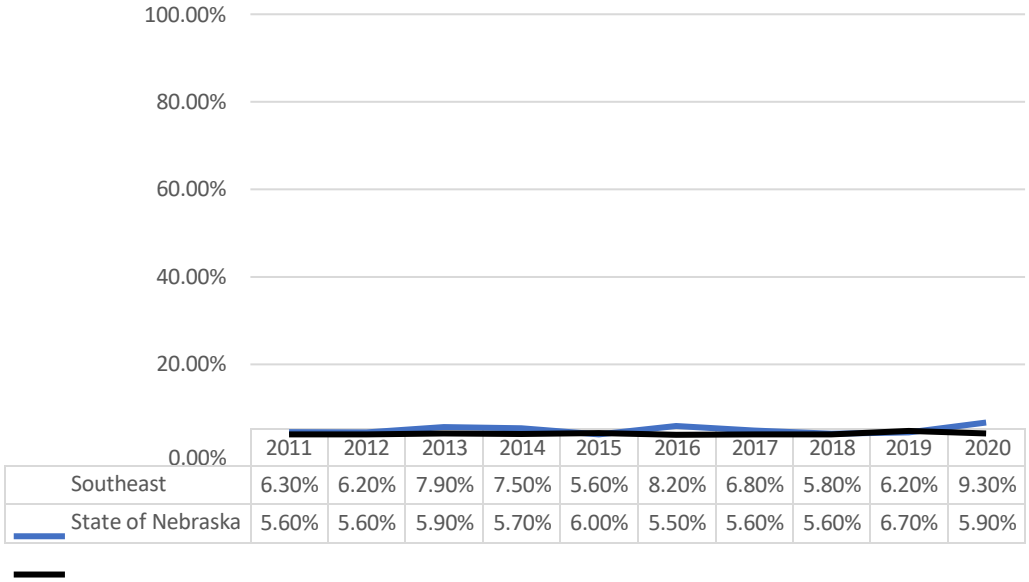
Figure 81. Percent of Adults Ever Told They Have Cancer (any form)



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	14.0%	12.2%	14.4%	12.9%	13.4%	13.4%	15.0%	12.8%	13.5%	14.7%
State of NE	11.2%	10.8%	11.4%	10.7%	11.6%	11.2%	11.0%	11.3%	12.4%	11.3%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

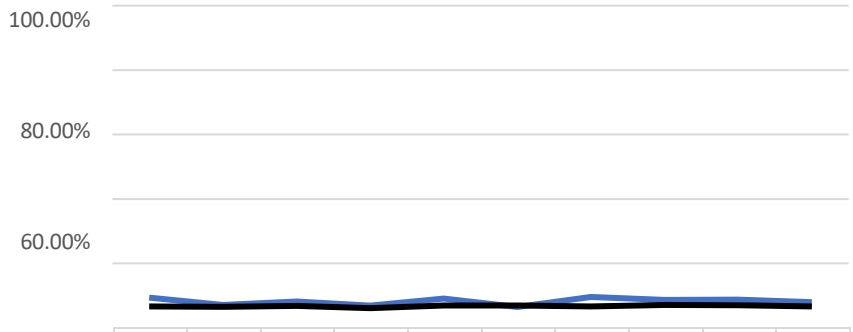
Figure 82. Percent of Adults Ages 18 and Older Ever Told They Have Skin Cancer



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	6.30%	6.20%	7.90%	7.50%	5.60%	8.20%	6.80%	5.80%	6.20%	9.30%
State of Nebraska	5.60%	5.60%	5.90%	5.70%	6.00%	5.50%	5.60%	5.60%	6.70%	5.90%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 83. Percent of Adults Ages 18 and Older Ever Told They Have Cancer Other than Skin Cancer



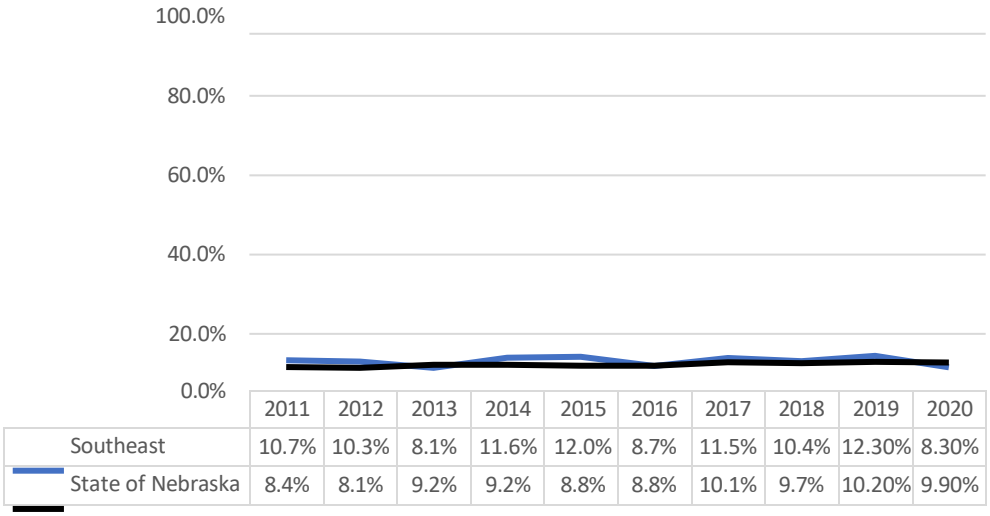
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	9.40%	7.10%	8.20%	6.90%	9.10%	6.50%	9.60%	8.70%	8.80%	8.00%
State of Nebraska	6.60%	6.50%	6.80%	6.10%	6.90%	6.90%	6.60%	7.10%	7.00%	6.60%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

DIABETES

The percentage of BRFSS respondents in the Southeast District and the state reporting they have ever been told that they have diabetes has slightly decreased since 2011. In 2020, 8.3% of respondents in the Southeast District indicated that they have ever been told that they have diabetes compared to 9.9% for the state (Figure 84).

Figure 84. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told that They Have Diabetes (Excluding Pregnancy)

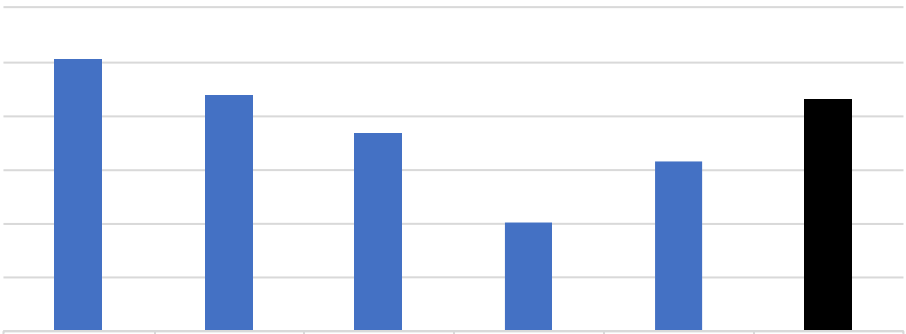


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	10.7%	10.3%	8.1%	11.6%	12.0%	8.7%	11.5%	10.4%	12.30%	8.30%
State of Nebraska	8.4%	8.1%	9.2%	9.2%	8.8%	8.8%	10.1%	9.7%	10.20%	9.90%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 85 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 85. Diabetes Mellitus Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



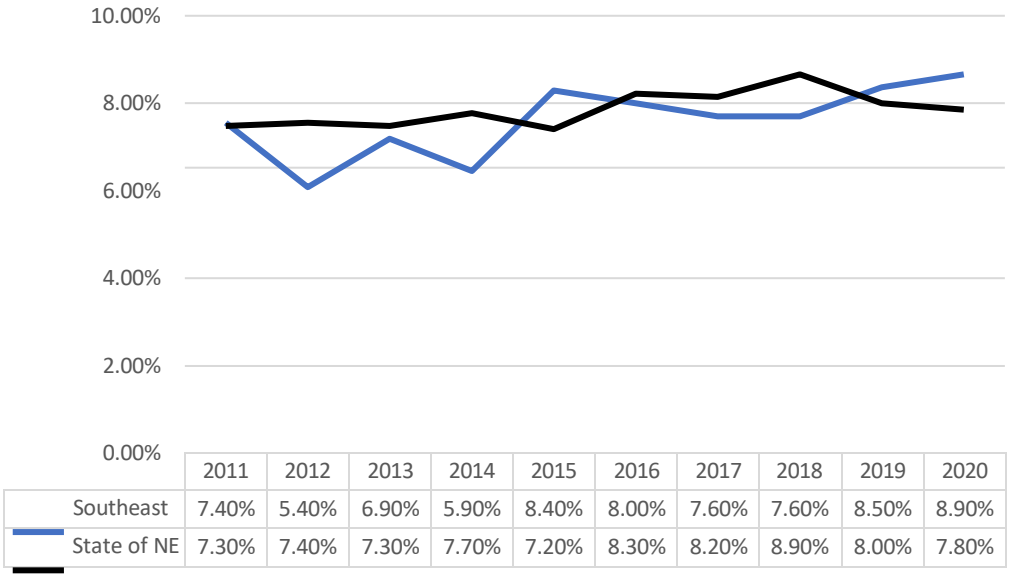
	Johnson	Nemaha	Otoe	Pawnee	Richardson	Nebraska
2012-2016	25.3	22.0	18.4	10.1	15.8	21.6

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

RESPIRATORY AND PULMONARY DISEASE

In 2020, 8.9% of Southeast District adults reported that they had been told by a medical professional that they currently have Asthma (Figure 86). This percentage has been relatively consistent with the state average since 2011.

Figure 86. Percentage of Adults 18 and Older Who Report that They Currently Have Asthma

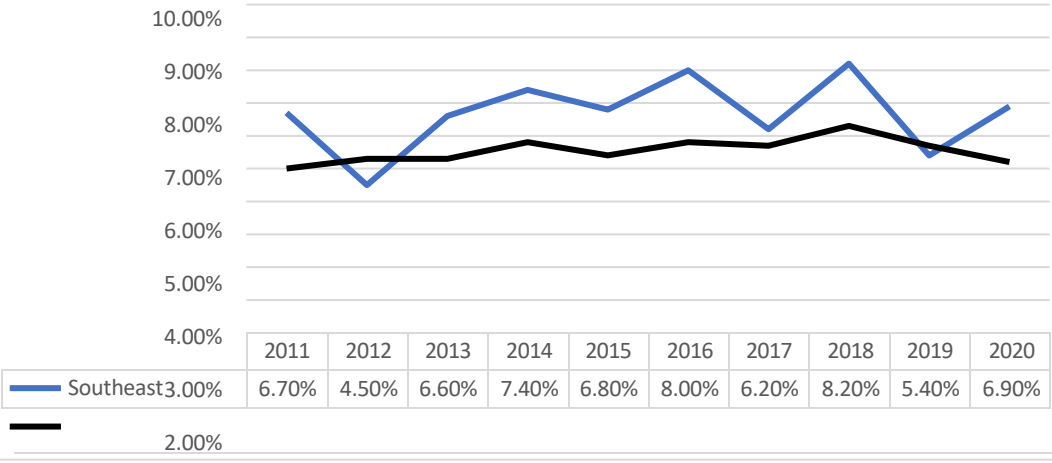


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	7.40%	5.40%	6.90%	5.90%	8.40%	8.00%	7.60%	7.60%	8.50%	8.90%
State of NE	7.30%	7.40%	7.30%	7.70%	7.20%	8.30%	8.20%	8.90%	8.00%	7.80%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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 87).

Figure 87. Percentage of Adults 18 and Older Who Report that They Have COPD



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southeast	6.70%	4.50%	6.60%	7.40%	6.80%	8.00%	6.20%	8.20%	5.40%	6.90%

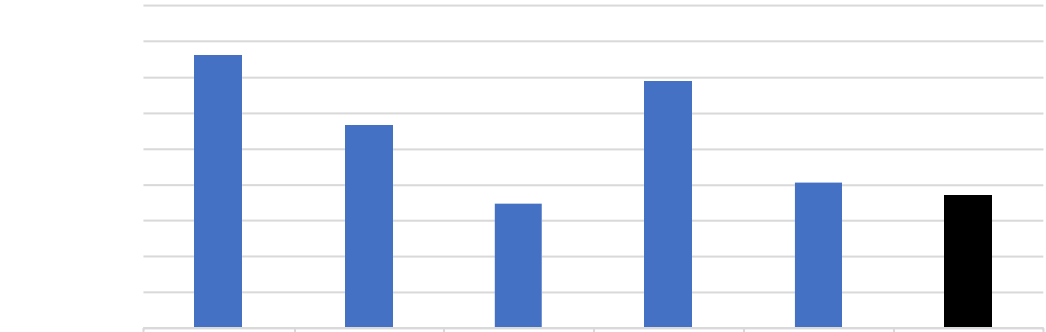
State of Nebraska	5.00%	5.30%	5.30%	5.80%	5.40%	5.80%	5.70%	6.30%	5.70%	5.20%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

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 88 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 88. 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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Based on the recommendations of the community focus group members and analysis of relevant public health data by Southeast District Health Department, Community Medical Center has prioritized the following community health needs for its Richardson County service area for the next three years.

1. Access to fitness and wellness opportunities.
    a. Support efforts to evaluate possibility of community wellness center.
    b. Support additional wellness infrastructure.
    c. Sponsor fitness activities for all ages.
    d. Evaluate medically-directed weight loss programs.

2. Access to behavioral health resources.
    a. Expand behavioral health offerings as part of specialty clinic.
    b. Support behavioral health access, including substance abuse, through subsidy assistance to schools and BVBH and arrangements with other providers as available.
    c. Implement opioid best practices.
    d. As feasible, add adult-focused structured outpatient services.

3. Coordination and strengthening of social and emergency services and supports.
    a. Add social work staff hours.
    b. Explore ways to expand utilization of home-accessible technology
    c. Expand transportation assistance options
    d. Support volunteer ambulance squads and strengthen transfer options
    e. Coordinate emergency planning and drills locally and regionally

4. Increasing use of preventative services and screenings for early detection.
    a. Support primary care efforts around prevention.
    b. Provide community education on recommended preventative measures and screenings.