Community Health Assessment 2023

Southwest Nebraska Public Health Department

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How to Navigate This Report

This report is designed for easy navigation and quick access to information. Here are some directions on how you can best utilize the features incorporated into this report:

Table of Contents: Located at the beginning of the report, the Table of Contents provides a broad overview of the report's sections. Each item in the Table of Contents is a hyperlink that will take you directly to the corresponding section of the report when clicked. Simply click on the section you wish to read.

Page Navigation: For your convenience, a hyperlink has been added to the top right corner of every page that will take you directly back to the Table of Contents. This allows for easy navigation and switching between sections.

Bibliographical References and Data Sources: All bibliographical references and data sources used in the report are hyperlinked. Clicking on these links will direct you to the original source material, providing easy access for further reading or verifying information.

Keyword Search: You can quickly navigate to specific content in the report by using the keyword search function. Press the CTRL and F keys simultaneously to open the search bar. Enter the keyword(s) you are interested in (e.g., "poverty"; "Keith County"; "food insecurity") and press Enter. The function will highlight all instances of the keyword(s) in the report. Click on the arrows in the search bar to move between the highlighted instances.

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Southwest Nebraska Public Health Department

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Community Health Assessment 2023

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Suggested Citation: *Chilese, M., Ramirez, J. P., Martin, C., & Schnuelle, K., Southwest Nebraska Public Health Department Community Health Assessment 1–142 (2023). McCook, Nebraska; Southwest Nebraska Public Health Department. www.swhealth.ne.gov*

Executive Summary

The last few years during the global COVID-19 pandemic was difficult on everyone. The [Centers for Disease Control and Prevention](#) (CDC) reports that over 1.1 million people died and over 6.2 million people were hospitalized from COVID-19 in the United States. Never in our lifetime have we experienced such a collective trauma of this magnitude. The world as we knew it, changed almost overnight.

Public health practitioners, particularly those within the governmental public health system like the Southwest Nebraska Public Health Department (SWNPHD), were thrust into the spotlight, experiencing both praise and criticism. Yet we remain steadfast in our commitment to elevating community well-being and persist in implementing the work of public health. As we emerge from the shadow of the pandemic, we turn to our community and our partners to check in... **how are we doing right now**?

> *"Public health is the science of protecting and improving the health of people and their communities."* - *[CDC Foundation](#)*
>
> *"Public health improves our quality of life, helps children thrive, reduces human suffering and saves money."* - *[American Public Health Association](#)*

Assessing the health and well-being of our community is a core function of local health departments. A **Community Health Assessment** is a structured opportunity to engage in a collective review of health data and community perspectives to help us answer that question. We are honored to help tell the story of the counties within our district: Keith, Perkins, Chase, Dundy, Hayes, Hitchcock, Frontier, Red Willow and Furnas.

We are eager to share this report in which we've identified several high priority themes: **Mental Health and Suicide Prevention, Physical Activity and Obesity, Access to Health Food, Access to Healthcare, Heart Disease, Cancer and Diabete**s. Our resulting Community Health Improvement Plan (CHIP) elevates a few of these priorities, and we look forward to opportunities to leverage shared strengths and collaborate for collective impact.

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Letter from the Director

Southwest Nebraska
Public Health Department

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May 30, 2023

Ladies and Gentlemen:

It is my pleasure to present the 2023 Southwest Nebraska Public Health Department's (SWNPHD) Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). SWNPHD continually strives to assess the health needs of our district and then develops a plan to address those needs. These processes become the foundation of the work and activities of SWNPHD and their partners in the coming five years.

The CHIP is a long-term, systematic effort to address public health problems in a community. SWNPHD, along with their partners, will prioritize needs, determine activities, acquire resources, and strategically plan for how to attend to the needs and gaps that have been identified. This effort takes many collaborators who are dedicated to a healthy and secure quality of life for all southwest Nebraskans.
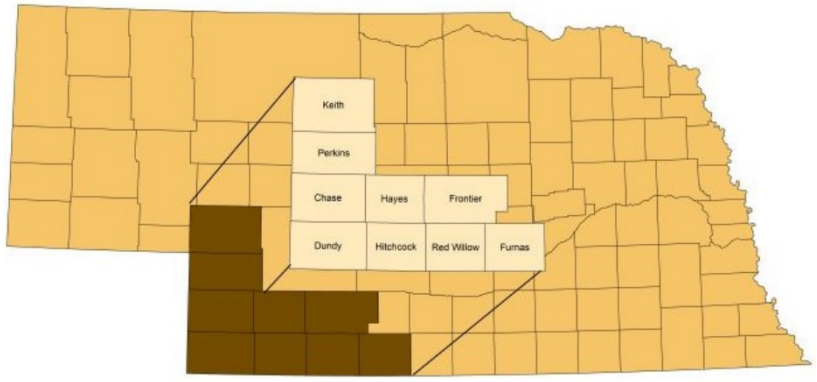
A big thank you to everyone within our district who has participated in the development of the CHA and CHIP and who have partnered with us to improve people's health. We look forward to ongoing collaboration and efforts. Another big thank you to our Board of Health, who have supported us in these efforts and who continue to champion the health department in all their endeavors.

With kind regard,

Myra Stoney, Health Director

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Introduction

Southwest Nebraska Public Health Department (SWNPHD) is a local public health department in western Nebraska, serving nine counties: Keith, Perkins, Chase, Dundy, Hayes, Hitchcock, Frontier, Red Willow and Furnas. This district serves just over 38,000 people as per the 2020 U.S Census population estimate.

Our Mission
The mission of the Southwest Nebraska Public Health Department, in partnership with other entities, is to promote a healthy and secure quality of life for our communities.

Our Board of Health includes one county commissioner and one public spirit-minded person from each of the nine counties of our district. The Board also includes one physician and one dentist, for a total of twenty (20) members.

Board of Health Member	County
Jacci Brown, Commissioner	Chase
Larry Carpenter	Chase
Scott Olson, Commissioner	Dundy
Rita Jones	Dundy
Kevin Owens, Commissioner	Frontier
Erin Pascoe	Frontier
Mike Sexton, Commissioner	Furnas
John Kutnink	Furnas
Jeffrey Unger, Commissioner	Hayes
Leon Kolbet	Hayes
Scott McDonald, Commissioner	Hitchcock
Kerri Miller	Hitchcock
Joan Ervin, Commissioner	Keith
Brian Wilson	Keith
Mark Bottom, Commissioner	Perkins
Laurie Walrod	Perkins
Ted Gans, Commissioner	Red Willow
Terri Skolout	Red Willow
Shiuvaun Jaeger, MD	(Physician)
Scott Tobias, DDS	(Dentist)

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SWNPHD is one of 18 local health departments (LHDs) covering 93 counties of Nebraska formed under the Nebraska Health Care Funding Act (LB 692) passed in 2001 by the Nebraska Legislature. Click HERE to view a condensed summary of Nebraska Revised Statute related to LHDs.
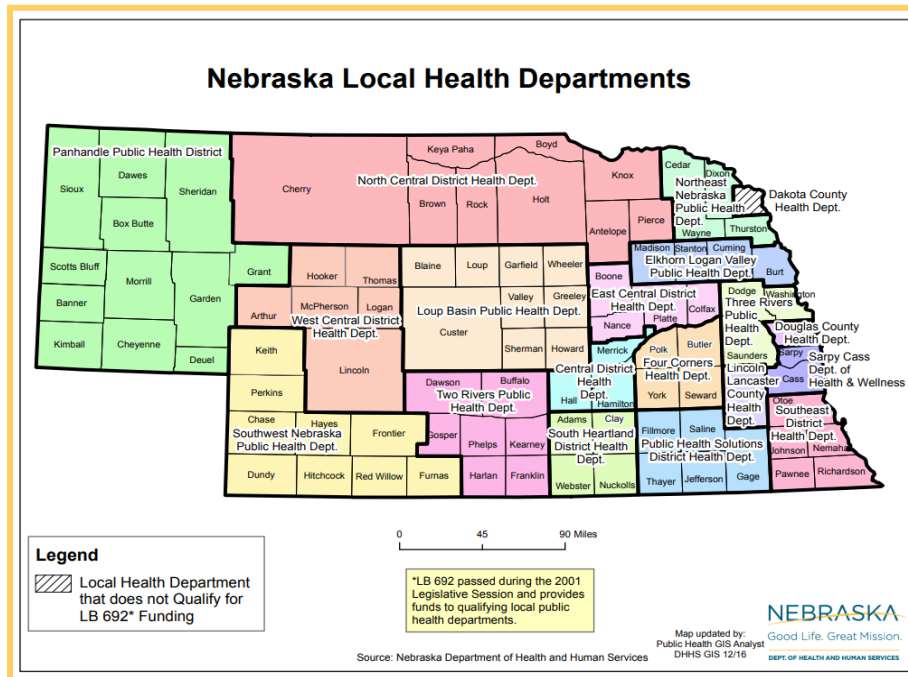
Nebraska local public health departments are charged with providing the 10 Essential Public Health Services to all communities. Conducting assessments to routinely monitor the health of the public is a foundational responsibility and this Community Health Assessment offers a comprehensive point in time review. As the chief public health strategist for our district, we share a leadership role in implementing public health efforts with several hospitals and community organizations. We are proud to have a multitude of great partners that contribute to the well-being of our communities. Special thanks to the hospitals that contribute to community health assessments and improvement planning practices.

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About Community Health Assessments

A Community Health Assessment (CHA) is a vital tool for local public health departments and other community serving organizations to better understand the current state of well-being and inform action. State, Tribal and Local health departments routinely conduct health assessments as a formal practice to capture a snapshot of well-being at a point in time. Utilizing data to drive decision making is imperative for those who serve individuals, families and communities.

This process includes the collection of demographics and health data from a variety of primary and secondary sources to accumulate into a comprehensive review. Additional context may also be captured to better understand the community, identify trends, assess the system of care, elevate strengths, and consider forces that may impact community health and our shared capability to support it.

This effort is most commonly facilitated in collaboration with community partners and organizations invested in supporting and promoting the health and well-being of the community. Many local health departments collaborate with local non-profit hospitals who are also charged with conducting health needs assessments as a way to host a shared vision for wellness and identify alignments and improvement opportunities. While several models exist for this work, many health departments adopt the approach outlined by the Mobilizing for Action through Planning and Partnership (MAPP), developed by the National Association of County and City Health Officials (NACCHO). This recently updated model proposes three assessments for a community-wide planning framework to improve public health: Community Context, Community Status and Community Partners. Each assessment can include several processes to highlight areas of focus determined most relevant at the time of implementation, targeted toward identifying root causes of health issues and inequities among populations.

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Methodology

Our approach was informed by the MAPP framework and national public health accreditation standards with intentional effort to center disparities and social determinants of health as to elevate equity. In similar fashion to the three phases of the MAPP framework, our methodology included:

Phase 1: Build the Foundation	- Form a Design Team - Form a Community Health Partnership - Design Assessments - Establish a Community Vision for Well-Being
Phase 2: Tell the Community Story	- Assess Community Context: Forces of Change - Assess Community Context: Community Survey - Assess Community Context: Assets and System of Care - Review Community Status: Equity and Access to Care - Review Community Status: Health Data Profile
Phase 3: Continuously Improve the Community	- Identify Priorities - Develop a Community Health Improvement Plan

Starting in February 2023, our Design Team (see Appendix H) developed the process and determined what data variables to collect, prioritizing social determinants of health and community context to support a broad lens, noting the multiple community health needs assessments already conducted by our local hospital partners.

Next, we initiated a **Community Health Partnership** (Appendix A), having distributed invitations to a wide network of community organizations, stakeholders and health and human service partners.

This group met virtually over seven total workshops to guide the process from data collection to the identification of key issues (the first five events) and eventually selecting a few priorities for the Community Health Improvement Plan (CHIP) in the last two events. Notes from each of these workshops can be found in the Appendices in the respective report or are available upon request.

Workshop Purpose	Workshop Date	Appendix
Community Vision for Well-Being	February 24, 2023	B
Community Context: Forces of Change	March 23, 2023	C
Community Context: Assets and Systems of Care	April 21, 2023	D
Community Status: Equity and Access to Care Barriers	May 12, 2023	E
Community Health Assessment: Survey & Data Review	June 5, 2023	F

At the **first workshop** (Appendix B), we considered the values and guiding principles of our work, as well as emerging and disappearing trends among the practice of health and human services. This was particularly important, post pandemic, to contemplate our current environment and what shifts have happened that merit our attention. An increased focus on equity, improved capacity for meeting virtually and a rising concern for mental well-being was identified.

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Community Vision for Well-Being

Leveraging practices of Results Based Accountability, we began by considering **"What is the desired condition of well-being for our community?"** Before collecting and analyzing community data, the Community Health Partnership grounded a shared vision of health for individuals, people groups and the greater community. This resulted in a broad vision for community health:

Community Context & System of Care

At the **second workshop,** we facilitated a **Forces of Change** assessment (Appendix C), employing the PESTLE framework to guide our consideration of threats and opportunities that may impact community well-being, and our capacity to do more good.

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Forces of Change that impact well-being

- Distrust of government agencies
- Technology advancing
- Long term care costs
- Increased grocery prices
- Youth vaping
- Childhood vaping
- Misinformation
- Costs of healthcare and health insurance
- Financial hardships
- Immigration
- Free time to dedicate to physical / mental health

- Change of governing board members
- Substance use disorders
- Access to healthy food
- Leftover pandemic distrust
- Backlash from public about public health efforts
- Mixing of cultures
- Difficulty in finding qualified workforce
- Increased awareness around health issues

*not an exhaustive list

SUMMARY of THREATS

- Traditional beliefs, resistance to change
- Drought, physical environment
- Physical separation
- Potential policy barriers
- National dialogue about healthcare access for specific populations
- Public health laws being challenged that could weaken public health infrastructure
- Insurance companies and issues authorizations
- Public health authority
- Data fluency
- Data security
- Security, electronic threats / hackers
- Technology issues and literacy, impersonal, interpreting value
- Social media

- Cultural shifts that are hate driven
- Pandemic lockdowns may have amplified sense of isolation, depression and overall wellbeing
- Spreading of misinformation
- Lack of getting care / services due to high deductibles
- Not enough homes
- Cannot job search or pursue remote opportunities without technology availability
- Cost of school, student loans
- The misinformation will cause the people to not trust those of political parties
- No forward movement on issue of choice / particular issues
- Telehealth access
- Patient portals

SUMMARY of OPPORTUNITIES

- Inspiration from influencers
- Gatherings via community events and activities
- Can improve job opportunities for remote work
- More people might become more economically self sustained with remote opportunities
- Need to clean up public health legislature
- Virtual partnerships
- Access to data / data sharing
- Remote staff could expand workforce diversity

- Rural geography and effect on local healthcare
- State and federal funding incoming
- Quick / efficient communication to patients and between providers, healthcare more accessible
- More access to specialized services, less travel time
- Weather advantages
- Reach younger people
- Personal health tracking devices
- Faster access to personal records
- Virtual partnerships

The Community Health Partnership members then weighed the **Degree of Impact** various issues are perceived to have on the health of the community.

Participants used dot voting to amplify rank:

- ❖ Very Important
- ❖ Somewhat Important
- ❖ Not Important

SUMMARY of HIGH IMPACT to COMMUNITY HEALTH and WELL–BEING

- ✓ Aging population
- ✓ Mental health stigma
- ✓ Cost of living
- ✓ Affordable housing
- ✓ Manmade disasters
- ✓ Healthcare costs
- ✓ Healthy relationships
- ✓ Preventive healthcare
- ✓ Immunizations

SUMMARY of VERY IMPORTANT to COMMUNITY HEALTH and WELL–BEING

- ✓ Community partnerships
- ✓ School systems
- ✓ Data and health information
- ✓ Transportation systems
- ✓ Infrastructure quality
- ✓ Access to dental care
- ✓ Access to specialists
- ✓ Telehealth / Telemedicine
- ✓ Mental health systems
- ✓ Collaborative systems of care
- ✓ Internet availability / stability

Participants then used the same process to rank the perceived **Importance** of various resources to the health of the community.

These top ranking issues and resources are noted as a part of the Community Context, and were carried into the review of health data to inform priorities and future interventions.

The **third workshop** continued the **Community Context: Assets and System of Care** assessment (Appendix D) by elaborating on community strengths. We identified what strengths exist that support collaborative partnerships, and what opportunities might boost our capacity for collective impact. Additionally, the group previewed the current priorities of the six community hospital community health needs assessments to identify potential alignment. In our post pandemic state and perceived need to continue strengthening partnerships, we elected to delay deeper network assessment efforts into the implementation of the CHIP.

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SYSTEM OF CARE OPPORTUNITIES

- Trust building
- Communication with hospitals
- Building rapport
- Resetting us as trusted voice in region
- Bridging the regional landscape
- Potential school collaborations
- Actively planning together
- Sustaining funding
- Reaching minority populations
- Sustaining services when Covid funding is no longer available

- Public trust rebuilt in credible sources
- Continue to improve rural internet access
- Optimize virtual options for healthcare
- Strengthened partnerships building trust
- Champions with time and passion to build / develop resources
- Supporting age demographics at high risk
- Finding and supporting the value in each agency's mission
- Stronger communication

Hospital CHNA Priorities

Cambridge Tri-Valley Health System (Furnas County) 2022	Mental Health, Senior Health, Child Care, Uninsured/Underinsured, Awareness of Healthcare Services, Dental Services, Housing, Nutrition-Healthy Food, School Health
Red Willow County Community Hospital 2022	Prevention, Education & Services to Address High Mortality Rates, Chronic Disease, Preventable Conditions and Unhealthy Lifestyles; Needs of Aging Population; Access to Affordable Care and Reducing Health Disparities; Access to Mental & Behavioral Health Care; Focus on Covid-19 Prevention & Response
Banner Health Ogallala Community Hospital 2019 (Keith County)	Access to Care; Chronic Disease Management; Behavioral Health
Perkins County Health Services 2020	Behavioral Health (Alcohol Abuse Prevention, Drug Abuse Prevention; Healthy Lifestyle Choices (Healthy Eating & Physical Activity)
Dundy County Hospital	N/A
Chase County 2016	Chronic Disease Management & Wellness Education; Cancer Detection & Prevention; Access to Healthcare; Mental Health

Community Context: Equity and Access to Care Barriers

The **fourth workshop** (Appendix E) focused on assessing disparities, inequities, social determinants of health as well as perceived barriers to accessing care. Community Health Partnership members explored definitions and models that frame this work from Healthy People 2030 and BARHII.

HEALTH EQUITY

Healthy People 2030

HEALTH EQUITY:
The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

HEALTH DISPARITY:
A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

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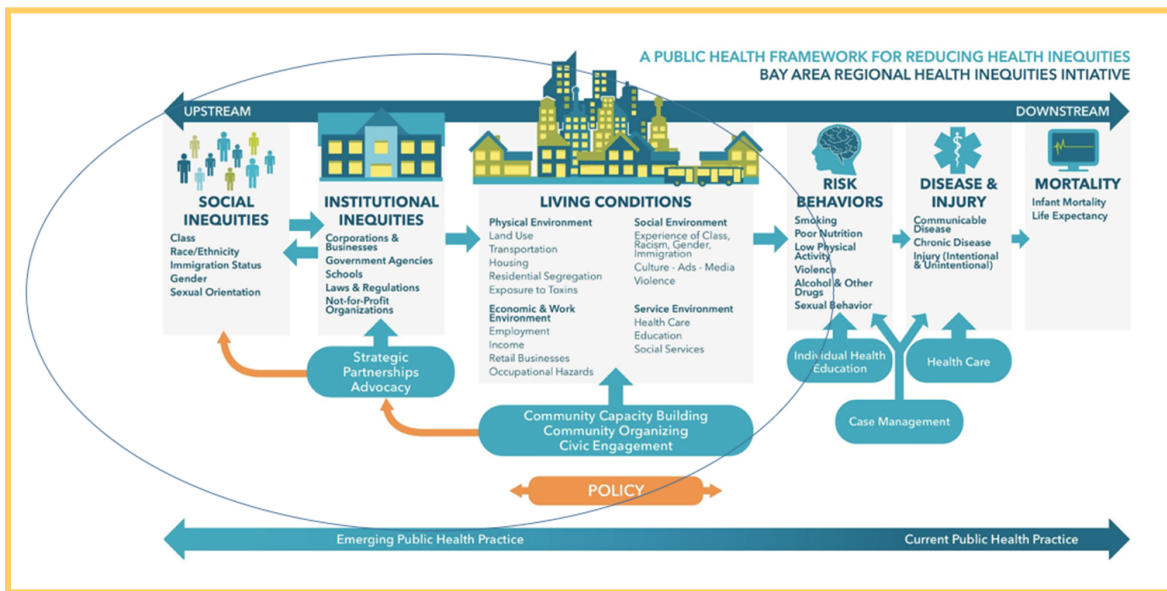
Social determinants of health are defined by the CDC as "non-medical factors that influence health outcomes. These are conditions in which people are born, grow, work, live and age; as well as the wider set of forces and systems shaping the conditions of daily life." These can also include practices within our system of care such as partnership and collaboration, infrastructure and capacity, community engagement and evaluation. Participants discussed our current environment and identified the following:

What are some of the main causes of health inequities in our communities?	What are some of the key skills and characteristics our workforce needs to address health equity?
- Far from care options - Needing to travel for specialized care - Transportation burden - High deductibles - Needing to prioritize children's care - Lower life expectancy - Insurance - Limited resources - Poverty - Lack of childcare	- Bilingual - Networking - Outgoing - Good partnerships - Willingness - Openness - Funding - Building trust - Reaching out, engaging - Curiosity

What might a community with full access to care look like?	
- Sponsored transportation to each healthcare system - Easy to use language access - Enough providers for all - Within one hour from home - Reliable internet services - All providers making referrals to social services - Handicap access - Pharmacy services - Mental health access, virtual and in-person	- Accepts your insurance - Warm handoffs between services and providers - SDOH addressed in care settings - Work with patients on payment plan if needed - Dental access - Clinic urgent care and walk in - Telehealth via phone or tablet available - PT and OT in elderly care - Affordability - Durable medical equipment services

This workshop also included a review of some community demographics, social determinants and health data in which significant inequities or disparities were present. While data is a critical tool of community health assessments, nothing replaces the perspective of lived experience. The SWNPHD has gathered primary data previously within the Minority Health Initiative, and initiated a community survey to further explore the potential challenges to health and well-being as experienced by people living in our district.

Community Survey

We launched the **Community Health Survey** (Appendix G) in April 2023 to capture community member's perception of well-being. Participants had to be an adult resident of a county in our district. Questions focused on individual and community health, barriers and access to healthcare and health related resources. There were several open ended questions to elevate the community voice.

 Survey completion was incentivized with the chance to win a $50 Visa Card for participation, and four total were awarded. There were **422 responses** and a fairly good representation for each county in our district.

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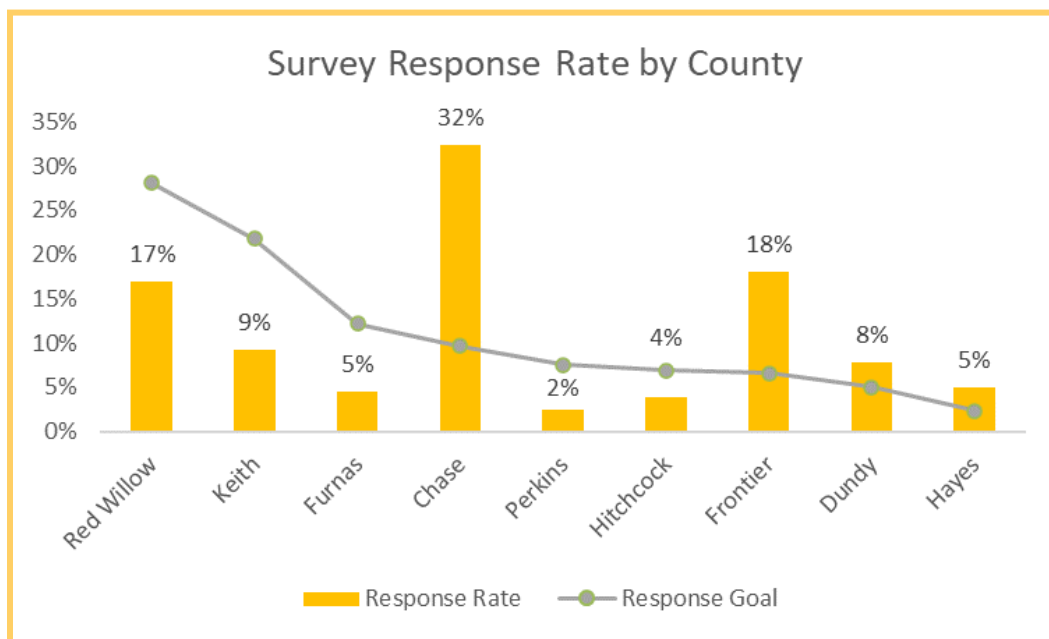
Survey invitations (in English and Spanish) included a QR code and a survey link for easy access. A survey ad was widely distributed into the community by email, posted to social media, sent to news outlets, marketed at community events and promoted by word of mouth from SWNPHD staff.

The survey was also distributed via email to a wide range of SWNPHD staff to community partners including:

Board of Health, Hospitals, Nebraska Plains Healthcare Coalition, Behavioral Health Region and other behavioral health agencies, Fire and EMS agencies, Emergency Management partners, School superintendent and nurses, Long term care facilities, County Commissioners, Social service and disability service agencies, Dentists, Community Action, Area Agency on Aging, Nebraska Respite, Medical equipment companies, Pharmacies and other healthcare providers, community representatives including many from minority and Spanish speaking populations.

The majority of respondents reported being female, and the majority of respondents reported having educational achievement above High School or GED. Not all survey participants provided comments in the open ended questions, but 62% did and offered great insight to the concerns experienced about health from our community members.

Responses by Gender
- Female 77%
- Male 22%
- Prefer not to answer
- Non-binary

Educational Attainment of Respondents
- Post College / Graduate school / Advanced degree: 19%
- College graduate: 39%
- Some College or Technical School: 25%
- High School graduate or GED: 11%
- Some High School: 6%

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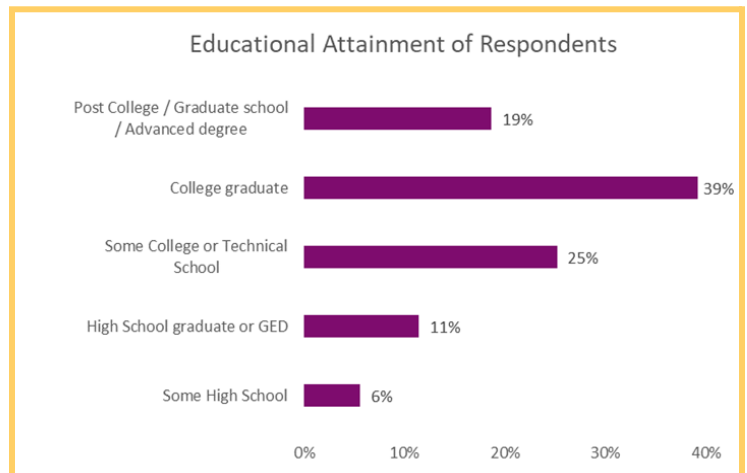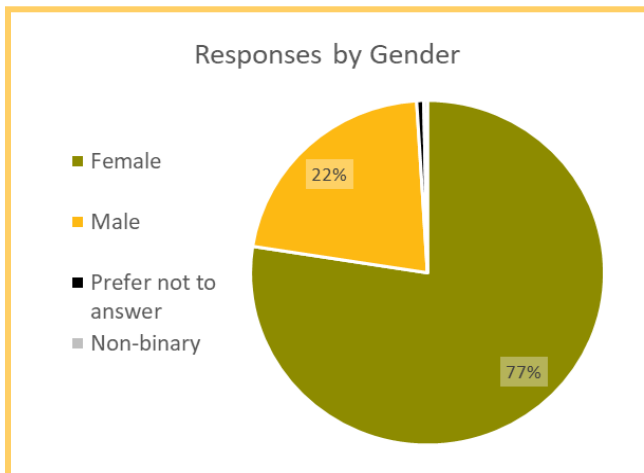
It is important to note that the data from this survey are not a complete story as not all community members participated thus data only represents the perspectives of those who did. The SWNPHD highly values community voice and will continue to pursue representation in its efforts.

Participants were asked to rate the following categories related to the health of their community:

- ➔ The overall quality of life among residents in your community
- ➔ The overall safety in your community
- ➔ Your own personal health
- ➔ Your neighborhood as a place to grow old

How would you rate:

Category	Poor	Fair	Good	Excellent
The overall quality of life among residents in your community?		18%	68%	14%
The overall safety in your community?		11%	70%	18%
Your own personal health?		15%	65%	19%
Your neighborhood as a place to grow old?		16%	53%	30%

■ Poor ■ Fair ■ Good ■ Excellent
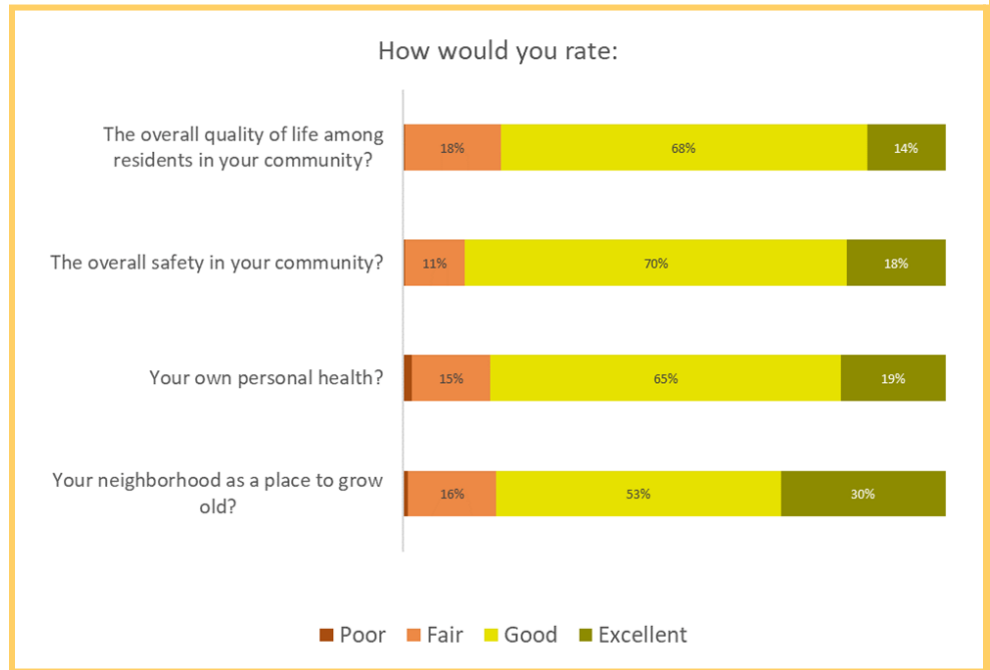
- Over 80% of participants gave a rating of either **"Good"** or **"Excellent"** for each of the categories
- More than half of participants gave a rating of **"Good"** for each of the categories
- Of all categories, participants were most likely to give a **"Poor"** rating, for their own personal health

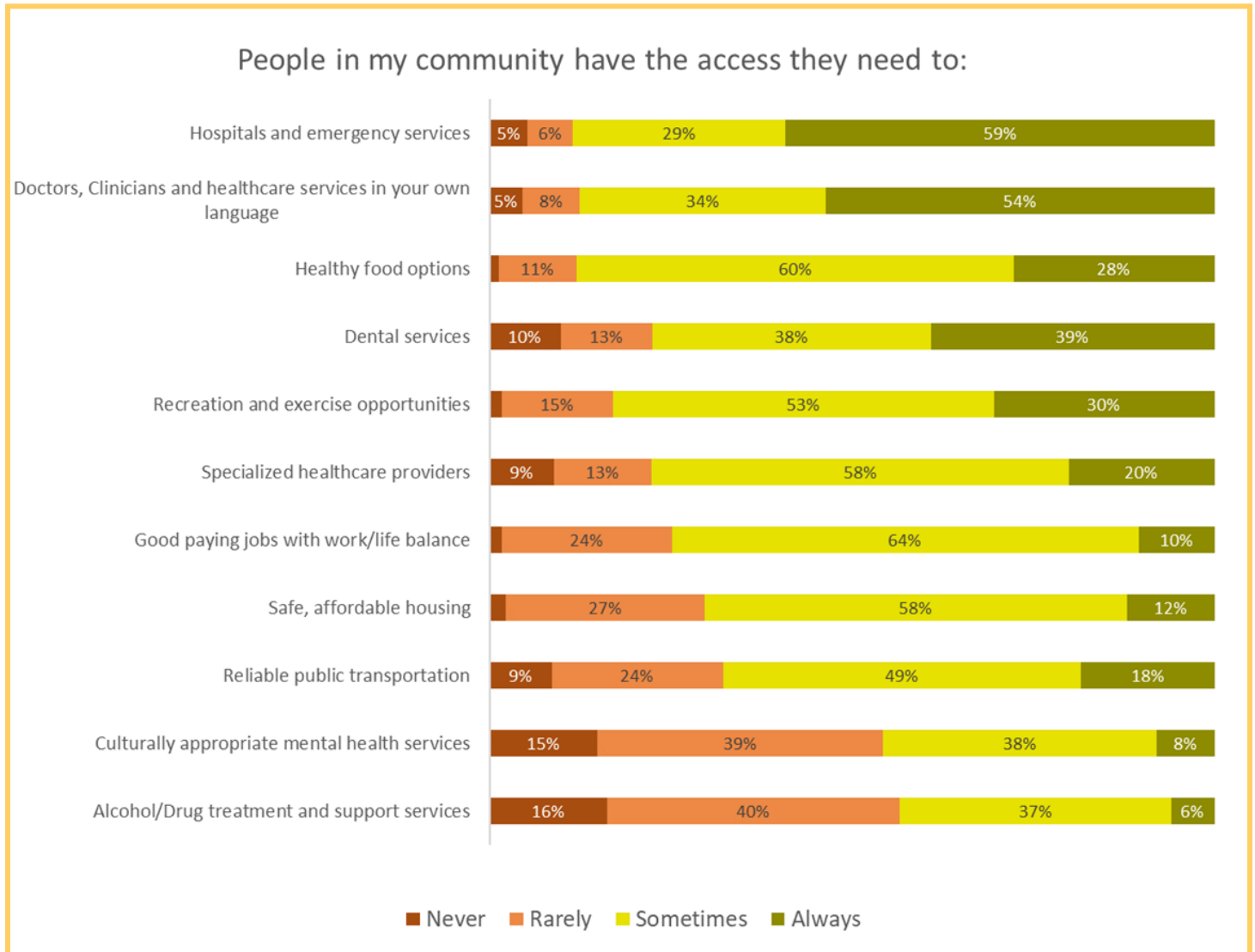| COMMUNITY SURVEY QUOTES ABOUT RURAL COMMUNITY HEALTH |
|---|
| **What worries you most about your health or the health of your loved ones?** |
| "The fact that we live in a small community and sometimes it is hard to get to bigger facilities that can take care of our problems. There are not enough transport services available." |
| **What are the three most important concerns you have about the health and well-being of your community?** |
| "Not enough patients going to the local hospital to keep it open. Short staffed at the hospital and employees leaving from burnout. Not enough choices of quality health care providers." |
| **What are the three most important things that would make your community a healthier place for you and your loved ones?** |
| "Not using as many chemicals on the fields and not spraying so close to town." |

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Participants were asked to rate how accessible each resource is in their community based upon their lived experience and perception of community need.

- (1) Hospitals and emergency services and (2) Healthcare services in their own language, were most often rated to be **"Always"** available
- (1) Good paying jobs, work/life balance and (2) Healthy food options, were most often rated to be **"Sometimes"** available
- (1) Alcohol/drug treatment and support and (2) Culturally appropriate mental health services, were most often rated to be either **"Rarely"** OR **"Never"** available

People in my community have the access they need to:

Resource	Never	Rarely	Sometimes	Always
Hospitals and emergency services	5%	6%	29%	59%
Doctors, Clinicians and healthcare services in your own language	5%	8%	34%	54%
Healthy food options		11%	60%	28%
Dental services	10%	13%	38%	39%
Recreation and exercise opportunities		15%	53%	30%
Specialized healthcare providers	9%	13%	58%	20%
Good paying jobs with work/life balance		24%	64%	10%
Safe, affordable housing		27%	58%	12%
Reliable public transportation	9%	24%	49%	18%
Culturally appropriate mental health services	15%	39%	38%	8%
Alcohol/Drug treatment and support services	16%	40%	37%	6%

■ Never ■ Rarely ■ Sometimes ■ Always

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Participants were asked to indicate which of the following obstacles they face in accessing healthcare. The top three obstacles reported by over 25% of all respondents were:

➔ Specialized care not available nearby
➔ Long wait times or unable to get an appointment when needed
➔ Having insurance but not being able to afford copay or other fees

What are the greatest barriers you experience in accessing healthcare?

Barrier	%
Specialized care is not available near me	31%
Long wait times /Unable to get an appointment when I needed to	28%
Have insurance, but couldn't afford the co-pay or other fees	26%
Travel time to appointments in person	23%
Fear of stigma, bias or being judged or treated poorly	17%
Couldn't take off work	15%
No primary care doctor or healthcare provider that knows me	15%
Other (please specify)	14%
Transportation /Challenge getting to appointments	13%
Healthcare options do not meet my needs	11%
No healthcare insurance or way to cover cost	10%
Need additional support to get to or upkeep healthcare	7%
Language barrier and/or Cultural differences	2%

Other Responses

- Clinic hours
- Quality
- Cost
- Privacy Violations
- Travel times
- Other
- Staff
- No barriers
- Provider not accepting insurance (medicaid, etc.)

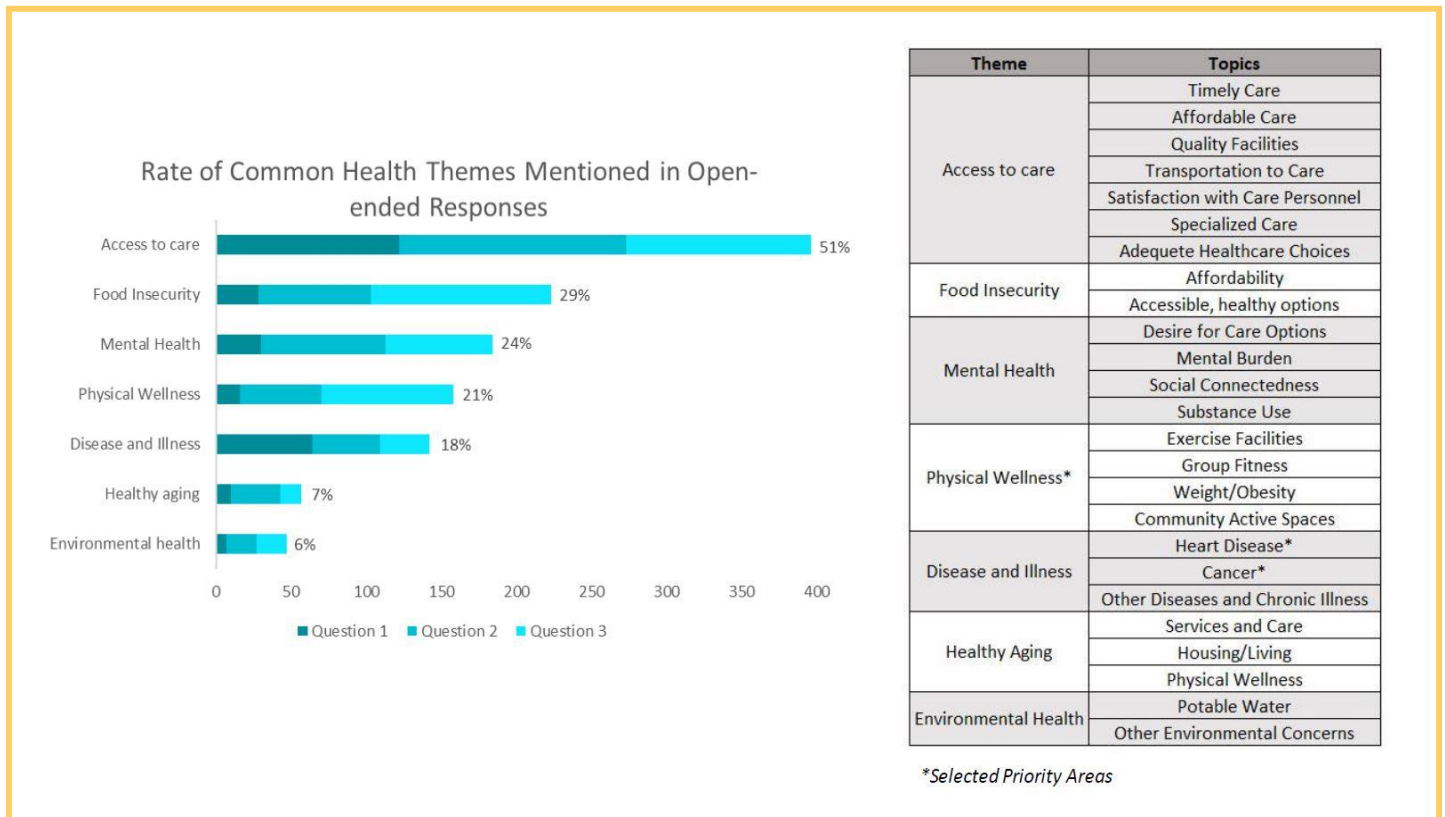| COMMUNITY SURVEY QUOTES ABOUT ACCESS TO CARE |
|---|
| **What worries you most about your health or the health of your loved ones?** |
| "Lack of mental health care, respite services, and dental care for Medicaid patients." |
| **What are the three most important concerns you have about the health and well-being of your community?** |
| "Having affordable health care for everyone, regardless of employment status; access to dental care, regardless of employment; access to healthy activities for all ages and incomes." |
| **What are the three most important things that would make your community a healthier place for you and your loved ones?** |
| "More clinic hours" |

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Participants responded to three open-ended questions (see above) in which they were able to express opinions about their personal health and the well-being of their community. Responses across all questions were analyzed for content and categorized based on emerging themes.

Rate of Common Health Themes Mentioned in Open-ended Responses

Theme	Topics
Access to care	Timely Care
	Affordable Care
	Quality Facilities
	Transportation to Care
	Satisfaction with Care Personnel
	Specialized Care
	Adequete Healthcare Choices
Food Insecurity	Affordability
	Accessible, healthy options
Mental Health	Desire for Care Options
	Mental Burden
	Social Connectedness
	Substance Use
Physical Wellness*	Exercise Facilities
	Group Fitness
	Weight/Obesity
	Community Active Spaces
Disease and Illness	Heart Disease*
	Cancer*
	Other Diseases and Chronic Illness
Healthy Aging	Services and Care
	Housing/Living
	Physical Wellness
Environmental Health	Potable Water
	Other Environmental Concerns

Selected Priority Areas

Participants expressed particular concern about **access to healthcare,** with half of all comments mentioning a struggle with healthcare in some way. Many of these responses focused on concerns with the timeliness and affordability of care, quality and availability of health facilities and staff, and access to specialized care, amongst other topics. Additionally, many participants reported having health insurance but a common barrier included not being able to afford their portion of costs when accessing care.

Besides access to healthcare, responses were grouped into seven other health themes to better describe the overall content. Summarized here are some of the topics most commonly mentioned by participants:
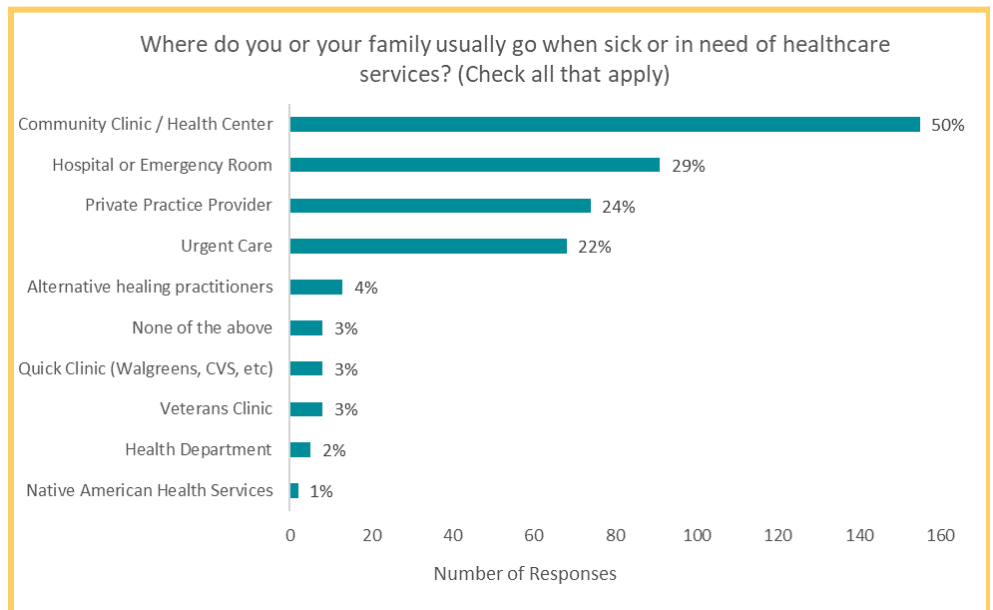
- **Mental Health:** Lack of treatment options for mental health and substance use
- **Physical Wellness:** Desire for safe walking spaces, a walking trail and year-round exercise facilities
- **Disease and Illness:** Concern about cancer and distance to specialized treatment
- **Health aging:** Lack of services and housing facilities for elderly
- **Environmental health:** Serious concerns about air and water quality as well as farming toxins
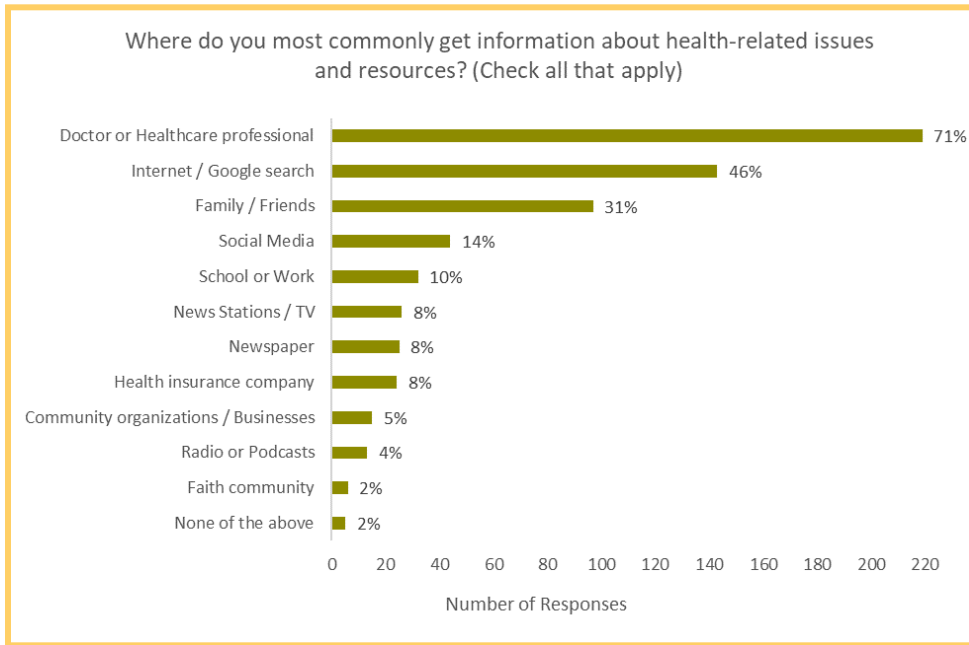
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QUOTES FROM COMMON THEMES IN THE COMMUNITY SURVEY

What worries you most about your health or the health of your loved ones?

"Mental health. There is a big crisis among those in rural/farming communities but it can still be seen as a taboo topic or shameful amongst the older generations."

What are the three most important concerns you have about the health and well-being of your community?

"Healthy food options are un-affordable or not available and have to travel over an hour or more to get any of these or have to order online. Most places to eat here do not have healthy food options or diet sensitive food options (gluten-free, etc.). Fresh produce is expensive or is already on its way out (not fresh)"

What are the three most important things that would make your community a healthier place for you and your loved ones?

" A place where my family can go and all be active together. I would love to see a bike/walk path."

Survey participants were asked where they usually seek healthcare. The highest ranking venues, even above a primary care provider, were:

➔ Community Clinic or Health Center
➔ Hospital or Emergency Room
➔ Urgent Care

This supports the reported challenges with access, potentially inappropriate use of emergency care, or perhaps the lack of routine care that escalates health problems.

Where do you or your family usually go when sick or in need of healthcare services? (Check all that apply)

Venue	Percentage
Community Clinic / Health Center	50%
Hospital or Emergency Room	29%
Private Practice Provider	24%
Urgent Care	22%
Alternative healing practitioners	4%
None of the above	3%
Quick Clinic (Walgreens, CVS, etc)	3%
Veterans Clinic	3%
Health Department	2%
Native American Health Services	1%

Number of Responses

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Where do you most commonly get information about health-related issues and resources? (Check all that apply)

Source	Percentage
Doctor or Healthcare professional	71%
Internet / Google search	46%
Family / Friends	31%
Social Media	14%
School or Work	10%
News Stations / TV	8%
Newspaper	8%
Health insurance company	8%
Community organizations / Businesses	5%
Radio or Podcasts	4%
Faith community	2%
None of the above	2%

Number of Responses

The survey also inquired where people usually go for health information. Given the controversy during the pandemic, we wanted to better understand what members of our community perceived as reliable sources of information. The top three sources reported by participants were:
➔ Doctor or healthcare professional
➔ Internet / Google search
➔ Family / Friends

The primary data within these assessment steps and community survey revealed themes that were widely supported by the secondary data shown in the next section of this report. Although we did not gather environmental health data for this CHA, noting the considerable concern elevated by community members in the survey, this merits further attention. More importantly, the social determinants of health such as economic stress, housing challenges and built environment issues common in rural communities, will require a more coordinated approach to address. At the **fifth workshop** (Appendix F), the Community Health Partnership reviewed the community survey data as well as the community status data presented in the next section of this report.

Community Assessment Themes

HEALTH VISION
Safe Green Spaces
Safe Water
Quality Food
Safe Communities
Equitable Policies
Access to Quality Care
Mental Health Care
Choice of Providers
Wellness Education
Nutrition Education
Healthy Social Interaction
Family Stability
No Tobacco Use
Physical Activity

FORCES of CHANGE
Cost of Living
Financial Hardship
Affordable Housing
Access to Healthy Food
Healthcare Costs
Qualified Medical Staff
Community Partnerships
Aging Population
Healthy Relationships
Physical Health
Substance Abuse
Youth Vaping
Awareness of Health Issues
Preventive Healthcare
Immunizations

EQUITY/ACCESS
Poverty
Higher Wages
Transportation
Child Care Access/Cost
Handicap Accessibility
Internet Access
Cost of Healthcare
Mental Healthcare
Dental Care
Provider Culture
Lack of Healthcare Providers
Healthy Nutrition
Barriers to Stay in Home

COMMUNITY VOICE
Safe Air and Water
Access to Healthy Food
Good Jobs with Benefits
Affordable Housing
Basic Needs
Aging Population
Elderly Care
Access to Activity/Recreation
Culturally Appropriate Care
Substance Abuse Treatment
No Specialized Care
Limited Healthcare Providers
Appointment Availability
Cost of Healthcare
Quality Healthcare
Cancer

June 23, 2023

SWNPHD CHA 2023

ABOUT OUR COMMUNITY

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About our Community

The SWNPHD district includes nine counties: Keith, Perkins, Chase, Dundy, Hayes, Hitchcock, Frontier, Red Willow and Furnas. The county with the largest population is Red Willow, with a population of 10,725, which is 28.0% of the total population of the SWNPHD area (38,322).

Data source: ACS, 2020
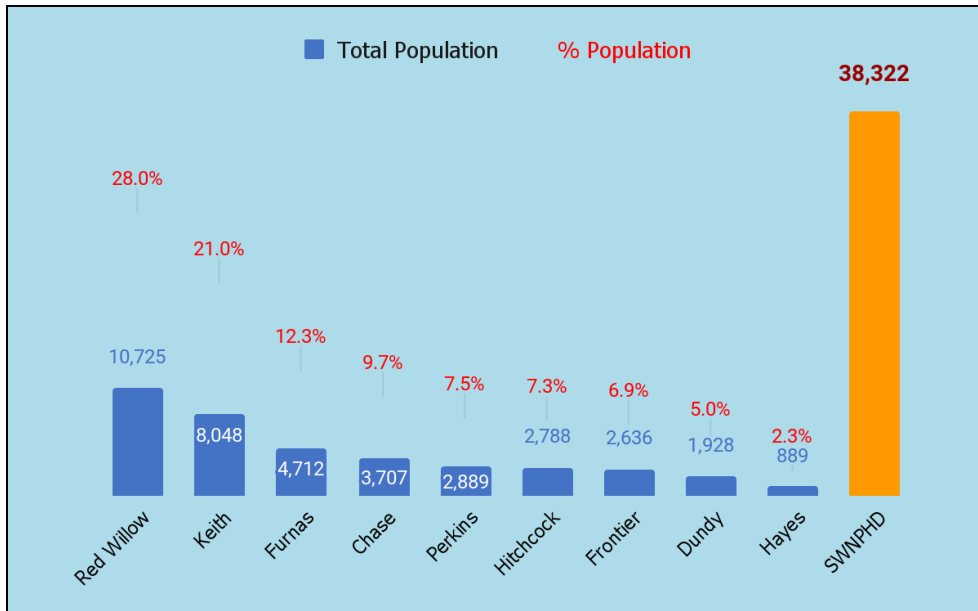
The county with the smallest population is Hayes, with a population of 889, which is 2.3% of the total population of the district. Two counties, Red Willow (28.0%), and Keith (21.0%) counties constitute nearly half (49.0%) of the total population in the SWNPHD area. The SWNPHD area represents 5.1% of the total population in the state (1,923,826).

Data source: ACS 2017-2021 Table B03002. Note: NH = Non Hispanic; AI/AN = American Indian/Alaska Native
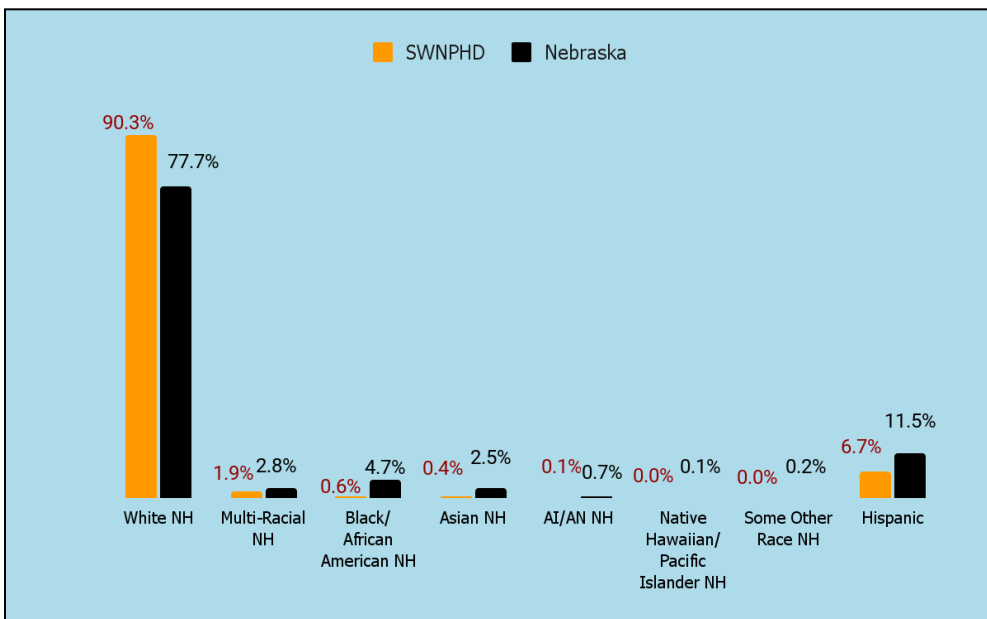
Overall, the SWNPHD area shows lower percentages of minority Non-Hispanic -NH- populations (Asian, Black, AI/AN, Native Hawaiian/Pacific Islander, Some Other race, Multi-Racial), and Hispanics, when compared to Nebraska (9.7% vs. 22.5% respectively).

✍The Black/African American population is highly misrepresented in the district when compared to the State (0.6% vs. 4.7%, respectively).

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Demographics

Among minorities, there are 2,541 Hispanics in the SWNPHD area (6.7%), followed by 736 multi-racial individuals (1.9%), 220 Black/African Americans (0.6%), 136 Asians (0.5%), 46 Native Americans (AI/AN) (0.1%), 10 Some Other Race (0.1%), and none Native Hawaiian/Pacific Islanders (0.00%). ✍Chase County shows the highest percentage of minorities in the SWNPHD area (19.6%). Frontier County shows the lowest percentage of minorities in the SWNPHD area (6.2%).

Race/ethnicity population by county, SWNPHD, and NE (2017-2021)

County: Sorted in alphabetical order:	Asian NH	Black/African American NH	AI/AN NH	Native Hawaiian/ Pacific Islander NH	Some Other Race NH	White NH	Multi-Racial NH	Hispanic Population	Minorities
Chase	2.1%	0.3%	0.0%	0.0%	0.0%	80.4%	1.3%	15.9%	19.6%
Dundy	0.0%	0.2%	0.0%	0.0%	0.0%	92.1%	0.9%	6.9%	8.0%
Frontier	0.0%	0.8%	0.2%	0.0%	0.0%	93.8%	2.6%	2.6%	6.2%
Furnas	0.2%	0.4%	0.5%	0.0%	0.0%	92.6%	1.5%	4.8%	7.4%
Hayes	0.0%	0.0%	0.2%	0.0%	0.0%	92.7%	0.3%	6.7%	7.2%
Hitchcock	0.0%	0.1%	0.1%	0.0%	0.2%	93.7%	2.1%	3.8%	6.3%
Keith	0.4%	1.4%	0.1%	0.0%	0.0%	89.1%	1.3%	7.7%	10.9%
Perkins	0.3%	0.1%	0.0%	0.0%	0.0%	93.3%	1.7%	4.5%	6.6%
Red Willow	0.0%	0.4%	0.1%	0.0%	0.0%	90.8%	3.0%	5.6%	9.1%
SWNPHD	**0.4%**	**0.6%**	**0.1%**	**0.0%**	**0.0%**	**90.3%**	**1.9%**	**6.7%**	**9.7%**
Nebraska	2.5%	4.7%	0.7%	0.1%	0.2%	77.7%	2.8%	11.5%	22.5%

Data source: ACS 2017-2021. **Note:** NH = Non Hispanic; AI/AN = American Indian/Alaska Native

### Median age by county and Nebraska (2017-2021)
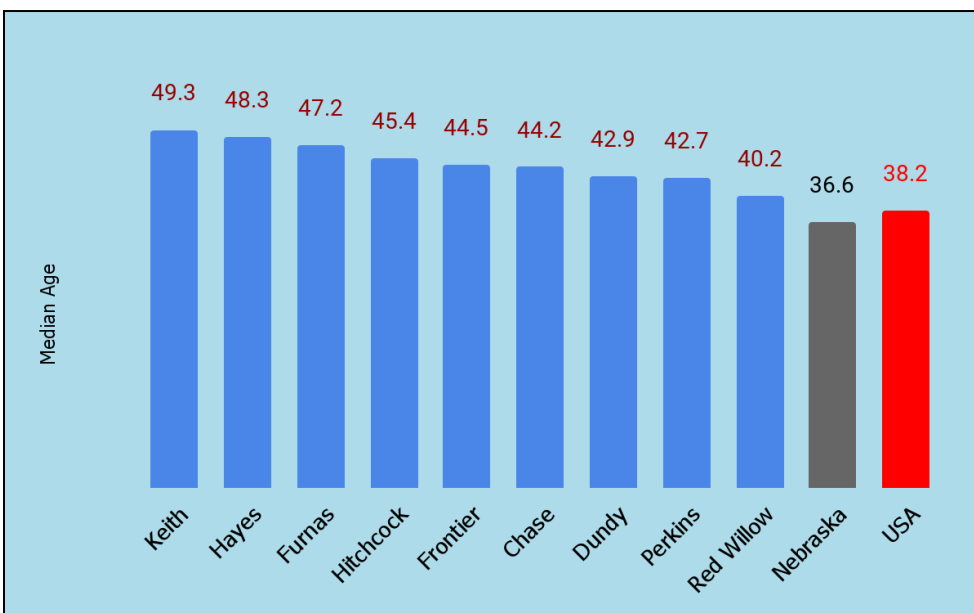
✍The median age in all counties within the SWNPHD area was higher compared to the state, which stands at 36.6 years old.

✍The median age in Keith, Hayes, and Furnas counties was at least 10 years higher than the state's median age of 36.6 years old.

Data source: ACS (2017-2021). **Note:** Data indicator is not available for SWNPHD

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Age group percentages for SWNPHD and NE (2017-2021)
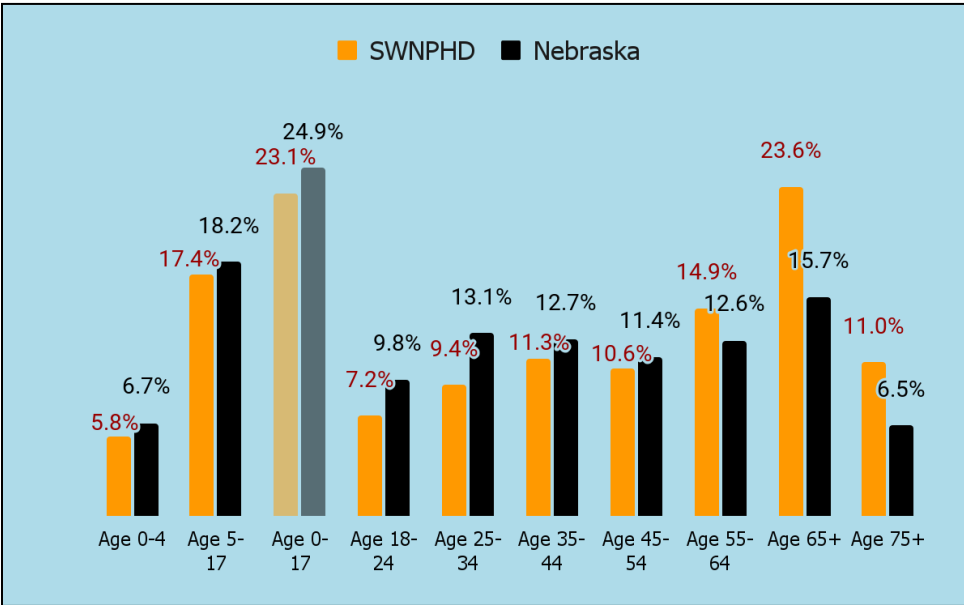
The percentage of people in the SNWPHD area who were 55 years old or older was 38.5% (n = 14,682). This was higher than the state average of 28.3%. The 65 years old and older age group had the greatest proportion of people in the SWNPHD area (23.6%, n = 9,002). This was higher than the state average of 15.7%. The 75 years old and older age group had nearly twice the population of the 0-4 years old age group (4,201 vs. 2,202, respectively).

Data source: ACS (2017-2021)

Age groups by county, SWNPHD, and NE (2017-2021)

Keith County had the greatest proportion of people 65 years old and older in the SWNPHD area (27.6%, *n* = 2,298) followed, by Hitchcock County (25.2%, *n* = 662), and Frontier County (24.9%, *n* = 626). Hitchcock County had the greatest proportion of people 0-17 years old (25.0%, *n* = 657), followed by Perkins County (24.8%, *n* = 710), and Hayes County (24.7%, *n* = 220).

County Sorted in alphabetical order:	Age 0-4	Age 5-17	Age 0-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+	Age 75+
Chase	5.3%	18.6%	23.9%	6.5%	8.0%	14.5%	10.4%	12.6%	24.1%	12.8%
Dundy	7.4%	16.9%	24.3%	6.9%	10.2%	10.2%	11.9%	17.4%	19.1%	7.3%
Frontier	4.9%	15.0%	19.9%	12.1%	9.0%	10.1%	9.1%	14.8%	24.9%	11.6%
Furnas	6.1%	16.7%	22.8%	6.6%	9.0%	10.4%	11.6%	14.9%	24.6%	10.7%
Hayes	6.6%	18.1%	24.7%	3.7%	10.1%	9.7%	12.1%	18.3%	21.4%	9.8%
Hitchcock	7.0%	18.0%	25.0%	5.2%	8.6%	11.3%	9.9%	14.8%	25.2%	10.7%
Keith	4.9%	16.3%	21.2%	5.7%	8.8%	10.2%	11.1%	15.4%	27.6%	13.4%
Perkins	6.0%	18.8%	24.8%	6.6%	9.8%	12.5%	9.7%	13.2%	23.5%	10.5%
Red Willow	5.9%	18.1%	24.0%	8.6%	10.4%	11.6%	10.2%	15.0%	20.1%	9.5%
SWNPHD	5.8%	17.4%	23.1%	7.2%	9.4%	11.3%	10.6%	14.9%	23.6%	11.0%
Nebraska	6.7%	18.2%	24.9%	9.8%	13.1%	12.7%	11.4%	12.6%	**15.7%**	**6.5%**

Data source: ACS (2017-2021)

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## Households with Seniors Age 65+ (2014-2018 vs. 2017-2021)
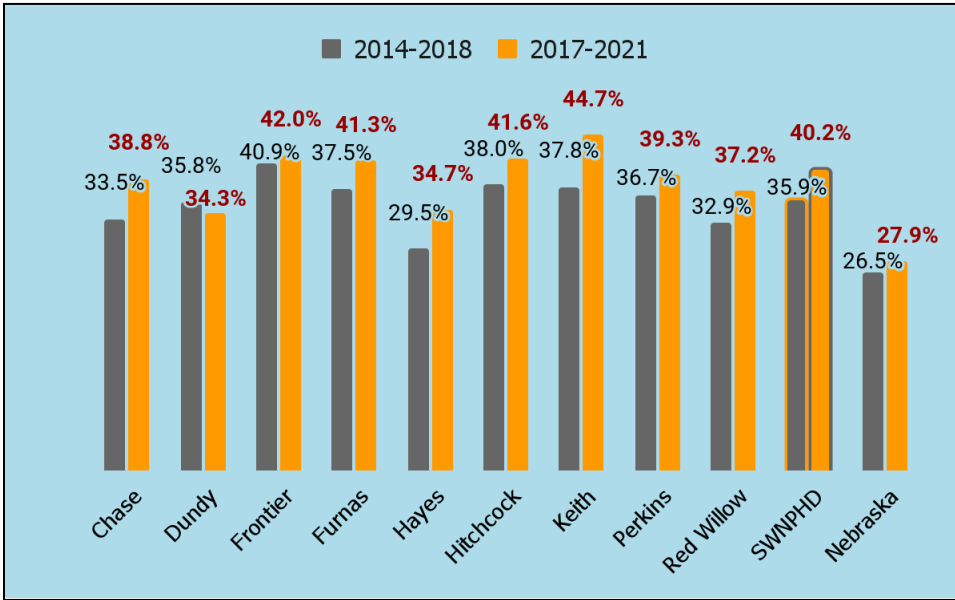
The percentage of seniors 65 years old and older in the SWNPHD area increased by 4.3% between 2014-2018 and 2017-2021 (a net increase of 328 households). ✍ This percentage is **3.0 times higher** when compared to the increase in Nebraska (1.4%). Keith County had the highest increase of seniors between 2014-2018 and 2017-2021 (6.9%, n = 222). Chase County had the second, with an increase of 5.3% (n = 13).

Data source: ACS (2014-2018 and 2017-2021)

Seniors Age 65+ Living Alone (2014-2018 vs. 2017-2021)

The percentage of seniors 65 years old and older living alone in the SWNPHD area increased by 2.6% between 2014-2018 and 2017-2021 (a net increase of 248 households). ✍ This percentage is **6.5 times higher** when compared to the increase in Nebraska (0.4%).
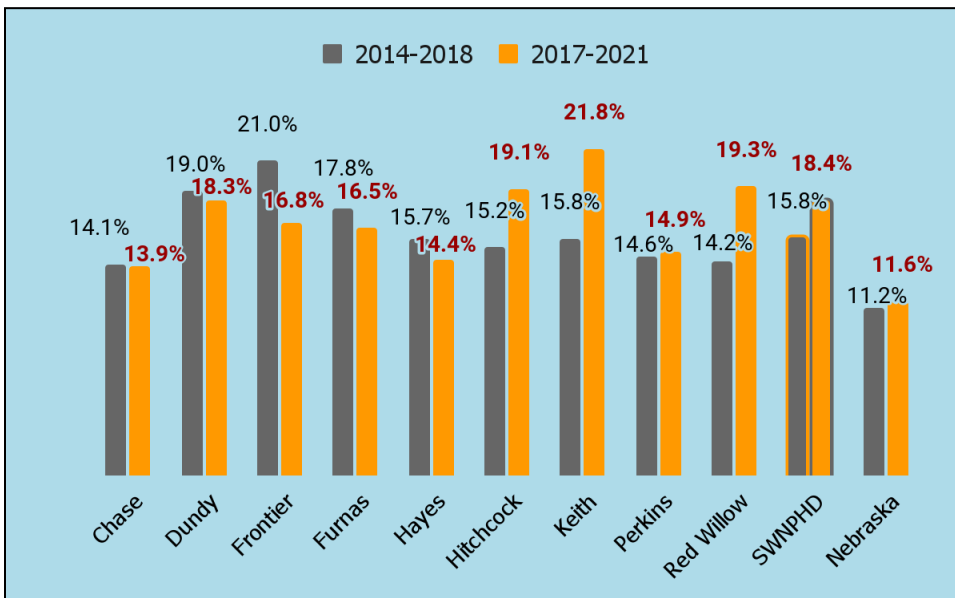
Keith County had the greatest increase of seniors living alone between 2014-2018 and 2017-2021 (6.0%, n = 209). Red Willow County had the second greatest, with an increase of 5.0% (*n* = 199).

Data source: ACS (2014-2018 and 2017-2021)

COMMUNITY SURVEY QUOTES	What are the three most important concerns you have about the health and well-being of your community?
	"Someone to check on the elderly"

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Speak a language other than English (5 years old and older), 2017-2021
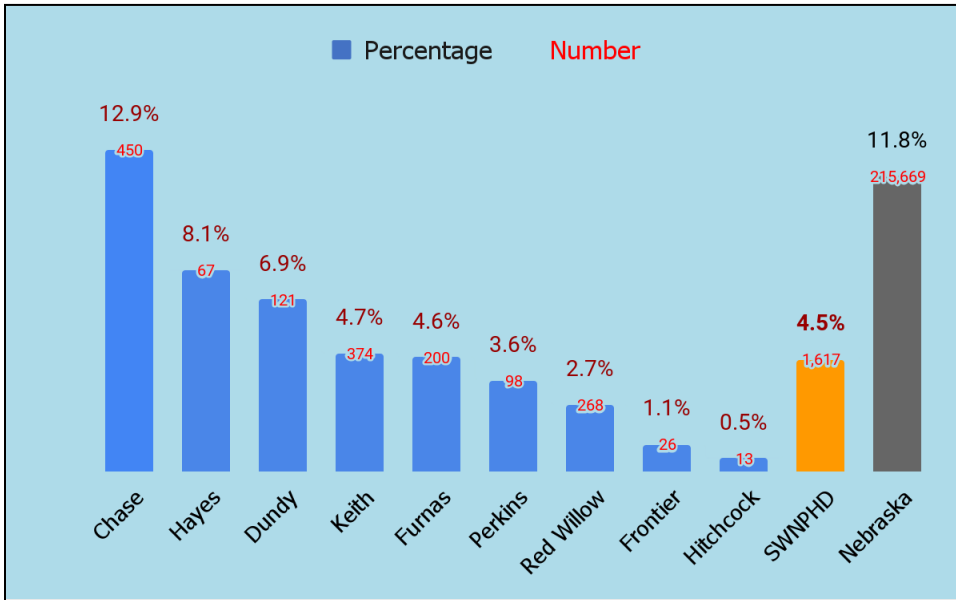

Overall, 1,617 people speak a language other than English in the SWNPHD area (4.5%), 7.3% lower when compared to the State (11.8%). The most common language other than English spoken was Spanish (*n* = 1,292) by 3.6% of the population in the SWNPHD district, lower when compared to the State (7.7%). Other Indo-European languages comprised 0.6% (*n* = 228) of the population in the area. Other languages are spoken by a fraction of the population (0.01%, *n* = 3).

Data source: ACS(2017-2021) S1601. Language spoken at home.

✍Chase County had the highest percentage of the population who speak a language other than English (12.9%), followed by Hayes County (8.1%), and Dundy County (6.9%).

4th grade reading proficiency (SWNPHD): 2018-2019
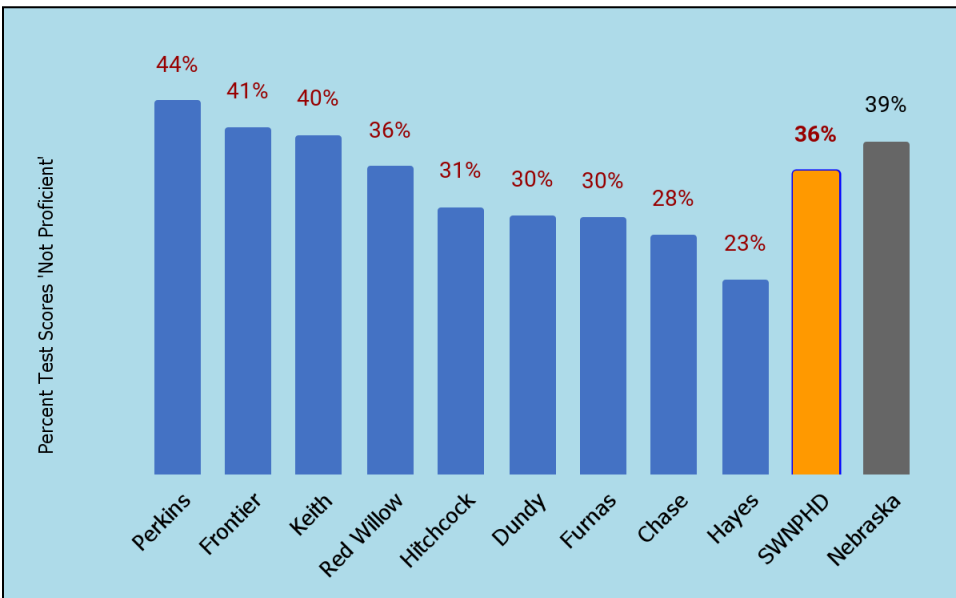
The SWNPHD area reported lower "not proficient" fourth-grade reading scores (36%) when compared to the the State for 2018-2019 (36% vs. 39%, respectively). Perkins, Frontier, and Keith Counties reported higher fourth-grade "not proficient" reading scores when compared to the State (44%, 41%, and 40%, respectively). Hayes County reported the lowest fourth-grade "not proficient" reading scores in the SWNPHD area (23%), followed by Chase County (28%).

Data source: Language Arts Test Scores, Grade 4, Percent Not Proficient by County, EDFacts 2018-19. https://cares.page.link/Vwzp

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Disabled population by county, SWNPHD, NE (2017-2021)

Data source: ACS (2017-2021)
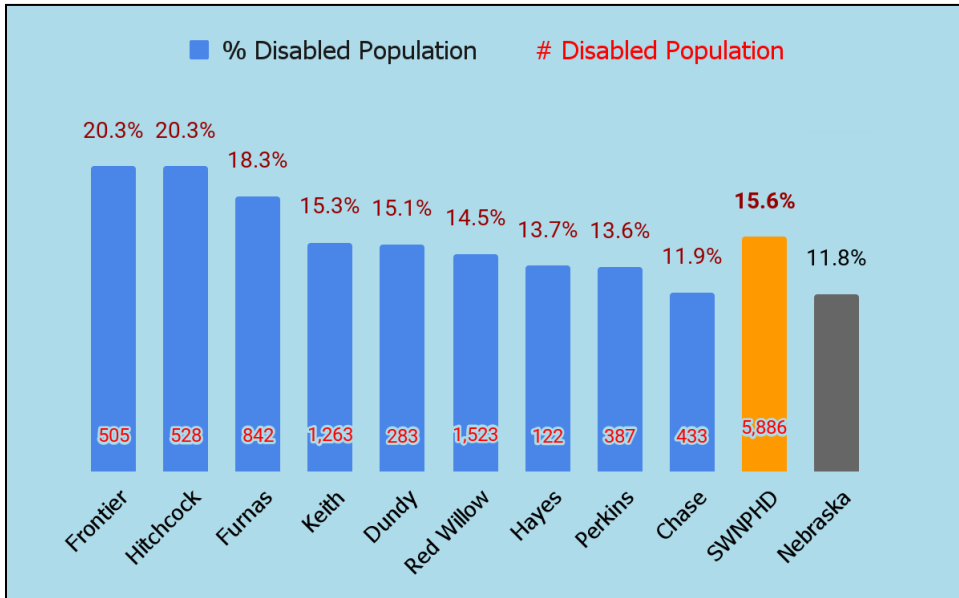
The SWNPHD area had a total of 5,886 disabled individuals between 2017 and 2021, accounting for 15.6% of the population. ✍Compared to the state average of 11.8%, all counties in the SWNPHD area reported higher percentages of disabled individuals. ✍Frontier and Hitchcock counties ranked third in the State with a disabled population percentage of 20.3%.

More information regarding disabled population in Appendix J.

| COMMUNITY SURVEY QUOTES |
|---|
| **What worries you most about your health or the health of your loved ones?** |
| "Cost of diagnostic tests and procedures"
"Having several chronic conditions. I worry about affording good health insurance" |
| **What are the three most important things that would make your community a healthier place for you and your loved ones?** |
| "Keeping hospitals staffed"
"Walking paths for bikes and wheelchairs"
"Health clinics that accept walk-ins or same day appointments" |
| **What are the three most important concerns you have about the health and well-being of your community?** |
| "Resources for elderly community"
"Nursing shortage"
"Lack of services" |

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Social & Economic Factors

Research indicates that economic opportunity is one the most powerful predictors of good health, and that impacts on health are especially pronounced for people in or near poverty. Research indicates that economic opportunity, especially having a job, is one the most powerful predictors of good health, and that impacts on health are especially pronounced for people in or near poverty. (Braveman *et al.*, 2018).

"Evidence links greater wealth with better health." (RWJF, 2018).

Children from low-income families experience higher mortality rates compared to those from more affluent backgrounds (Pascoe et al., 2016)

People with lower socioeconomic status tend to have worse health outcomes. This is often linked to factors such as lack of access to quality healthcare, living in areas with poor air quality, and having jobs that don't provide health insurance or that are physically demanding (Glymour, Avendano, & Kawach, 2014).

Median Household Income by county, NE, U.S. (2020)[1]
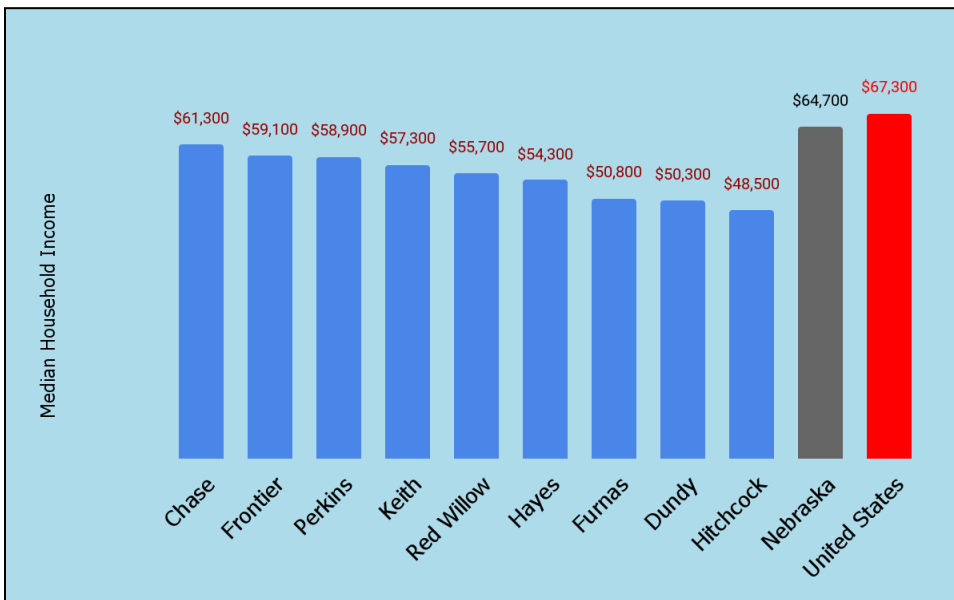
✍Median household income for all counties in the SWNPHD district was lower when compared to the State (between $3,400 to $16,200 lower). Furnas, Dundy, and Hitchcock counties had the lowest median income in the area.
✍Median household income in these three counties was 21-25% lower compared to median household income in Nebraska.
✍Hitchcock County was ranked 4th with the lowest median household income across all counties in the State ($48,500).

Data source: Small Area Income and Poverty Estimates.
https://www.census.gov/programs-surveys/saipe.html

COMMUNITY SURVEY QUOTES	What worries you most about your health or the health of your loved ones?
	"Have access to the resources needed as well as the ability to afford it." "I worry about affording good health insurance"

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[1] The income where half of households in a county earn more and half of households earn less.
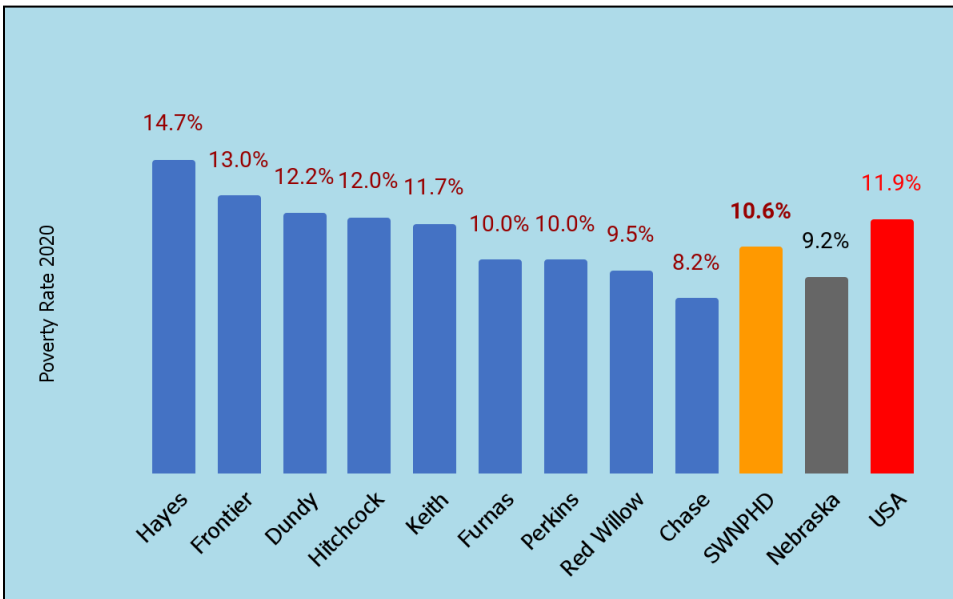
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Unemployment rate (2021 and 2022)

Data source: US Department of Labor, Bureau of Labor Statistics. 2021 and 2022 - October.
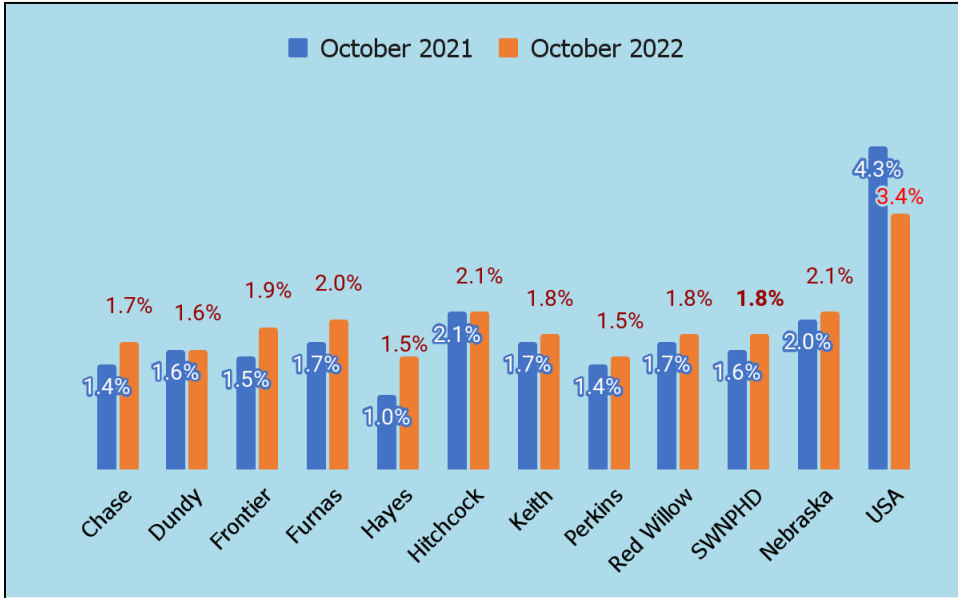
The SWNPHD district had an unemployment rate 0.3% lower when compared to the State in October 2022 (1.8% vs. 2.1%). There were 391 unemployed persons in the area in October 2022. The unemployment rate in the SWNPHD district increased 0.2% from 1.6% to 1.8% between October 2021 and October 2022, while the unemployment rate increased 0.1% during the same time period for the State (from 2.0% to 2.1%).

Percentage of persons living in poverty by county, SWNPHD, NE, U.S. (2020)

Data source: US Census Bureau, Small Area Income and Poverty Estimates. 2020.
Source geography: County

A total of 3,931 persons were living in poverty in the SWNPHD district, which represents 10.6% of the total population. Hayes County had the highest percentage of people living in poverty (14.7%), followed by Frontier County (12.4%). Chase and Red Willow counties had the lowest poverty rates (8.2% and 9.5%, respectively).

| COMMUNITY SURVEY QUOTES	What worries you most about your health or the health of your loved ones?
	"The price of seeking healthcare" "Cost of utilizing my healthcare"

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Children in Poverty by County, SWNPHD, NE (2021)
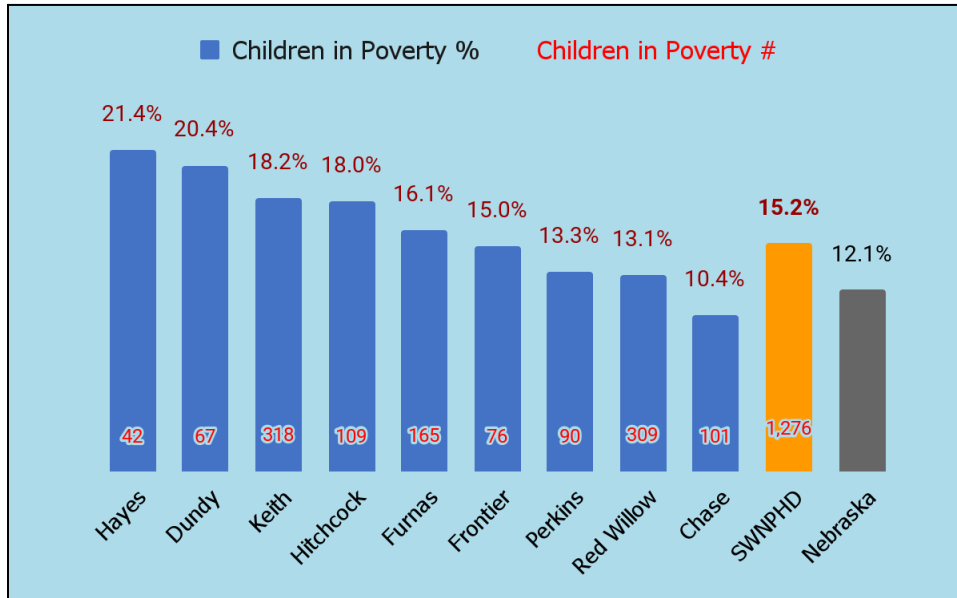
For 2021, a total of 1,276 children were living in poverty in the SWNPHD area, which represents 15.2% of the total population of children (n = 8,410). Hayes County had the highest percentage of children living in poverty (14.7%), followed by Dundy County (20.4%). Chase County had the lowest poverty rate among children in the SWNPHD area (10.4%; the only county with a percentage of children living in poverty below the state average of 12.1%)[2].

Data source: Small Area Income and Poverty Estimates, 2021.

## Children in Poverty by Race/Ethnicity, County, NE (2021)
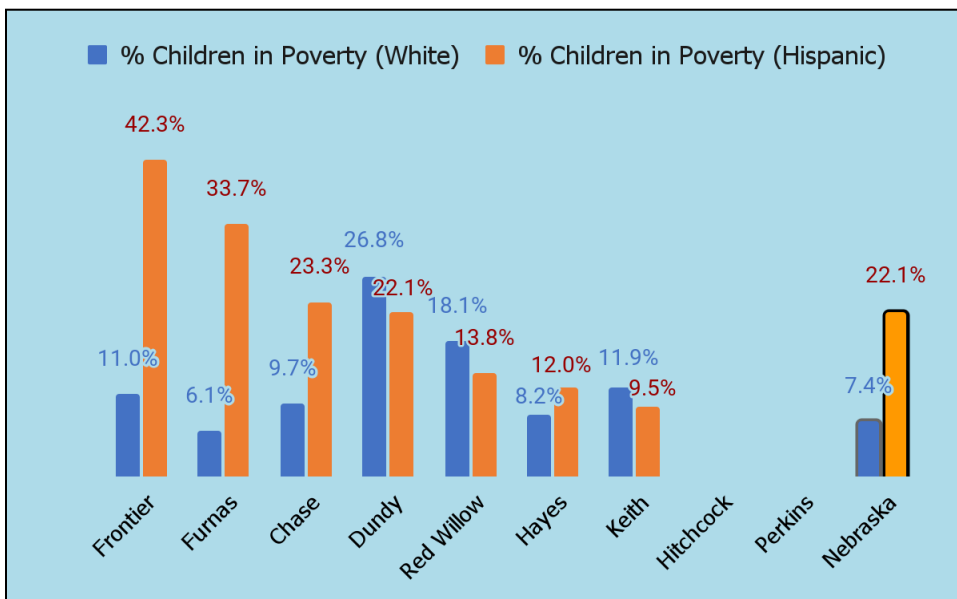
✍ Frontier County had a poverty rate of 42.3% among Hispanic children, which is more than **four times** the poverty rate among White children (11.0%). Compared to the statewide percentage of Hispanic children living in poverty (22.1%), Frontier, Furnas, and Chase counties had a higher percentage of Hispanic children living in poverty. Compared to Hispanic children, White children in Dundy, Red Willow, and Keith counties had a higher percentage living in poverty.

Data source: Small Area Income and Poverty Estimates, 2021.

COMMUNITY SURVEY QUOTES	What are the three most important concerns you have about the health and well-being of your community?
	"I worry about the number of kids living in poverty"

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[2] There are 59,447 (12.1%) children living in poverty in Nebraska (ACS, 5-year estimates. 2021). Table S1701. Poverty Status In the Past 12 Months.

Households receiving SNAP benefits (ACS, 2017-2021)
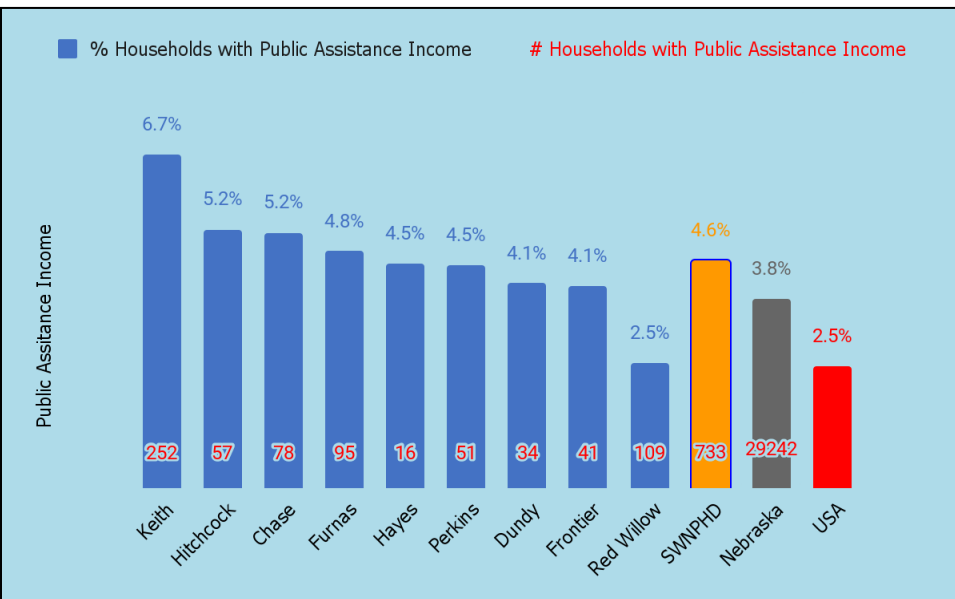

Data source: ACS (2017-2021)
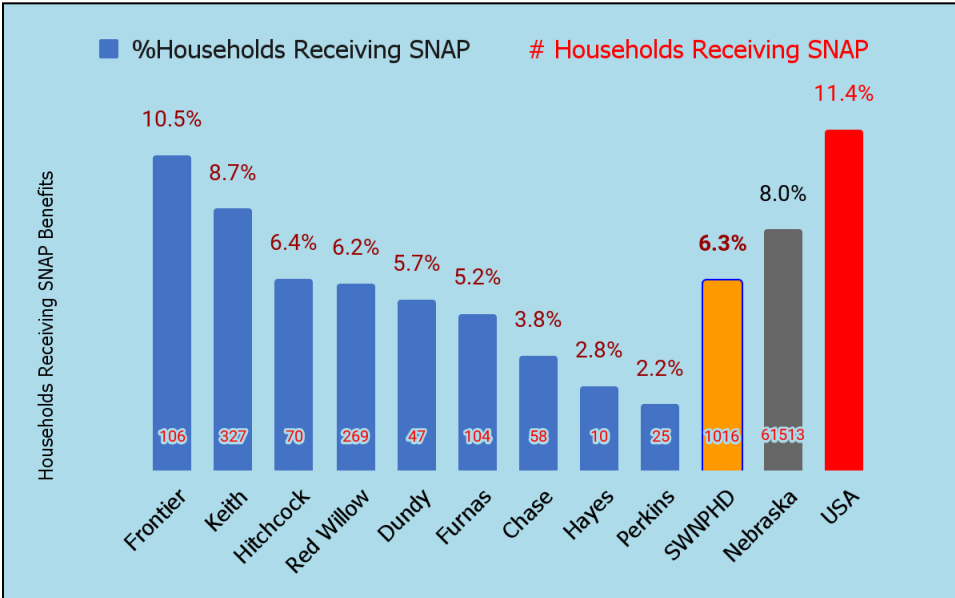
The percentage of households receiving SNAP benefits in the SWNPHD area was lower when compared to the state for combined years 2017-2021 (6.3% vs. 8.0%, respectively). Overall, 1,016 households in the SWNPHD area were receiving SNAP benefits.

Households in Frontier County received the highest percentage of SNAP benefits in the SWNPHD area (10.5%, *n* = 106), followed by

Keith County (8.8%, *n* =327). These two counties reported a higher percentage of their population receiving SNAP benefits when compared to the State (8.0%). Perkins County showed the lowest percent of households receiving SNAP benefits (2.2%, *n* = 25) for combined years 2017-2021.

Households receiving Public Assistance Income (Temporary Assistance to Needy Families - TANF): 2017-2021

Data source: Households with Supplemental Security Income, Percent of Total Households by County, ACS 2017-21
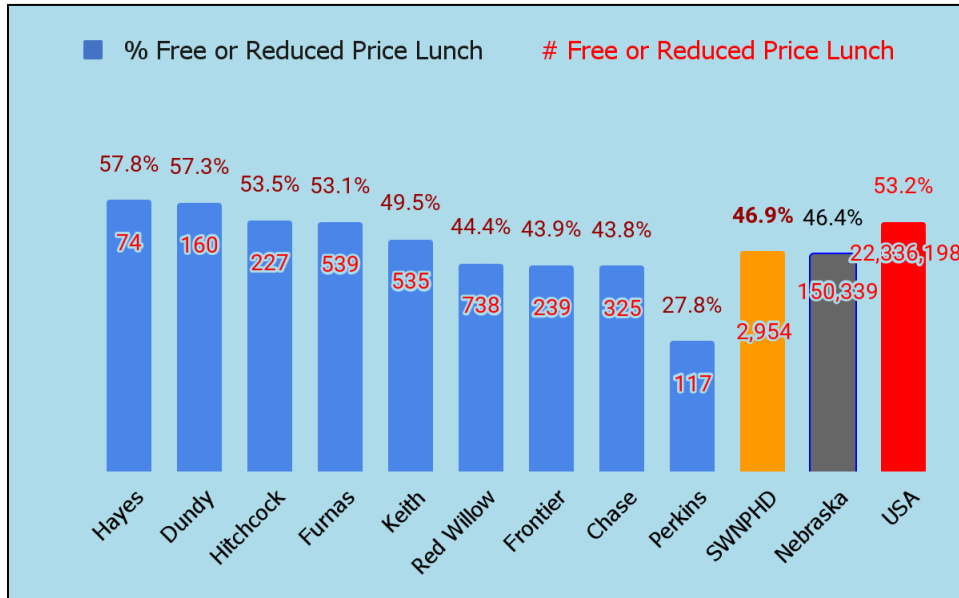
Households receiving public assistance income in the SWNPHD district was higher when compared to the state (4.6% vs. 3.8%, respectively). Overall, 733 households were receiving public assistance income in the area for combined years 2017-2021. Households in Keith County received the highest percentage of public assistance income (6.7%, *n* = 252), 1.5 times higher when compared to the SWNPHD area (4.6%), followed by Hitchcock County (5.2%; *n* = 57), and Chase County (5.2%; *n* = 78).

Households in Red Willow County received the lowest percentage of public assistance income in the SWNPHD area (2.5%; *n* = 109) for combined years 2017-2021.

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Students Eligible for Free or Reduced Price Lunch, Percent by County, SWNPHD, NE, U.S., 2021

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2020-2021
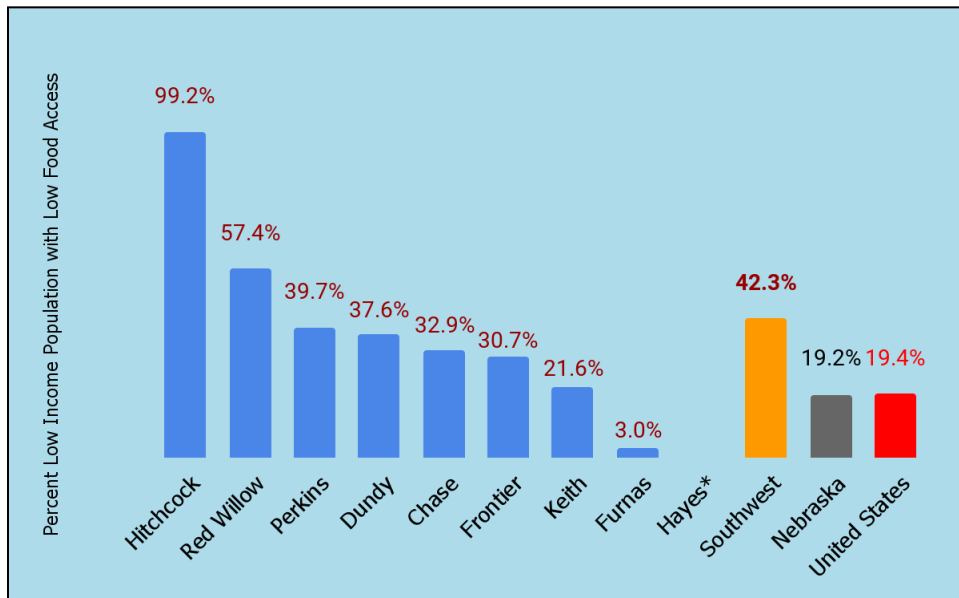
Overall, 2,954 students in the SWNPHD disstrict are eligible for free or reduced price lunch (46.9%).

Hayes County has the highest rate of students eligible for free or reduced price lunch (57.8%, *n* = 74), followed by Dundy County (57.3%, *n* = 160). Perkins County has the lowest rate of students eligible for free or reduced price lunch (27.8% , *n* = 117).

Food Insecurity by County, SWNPHD, NE, U.S. (2021)[3]

"Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality." (Brownson, Haire-Joshu, & Luke, 2006; Dhurandhar, 2016).

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Source geography. **Note:** Data suppressed or not available for Hayes County.

✍ The percentage of the low income population with low food access ("food insecurity") in the SWNPHD district is noticeably higher when compared to the State 42.3% vs. 19.2%, respectively). Overall, there are **5,418 persons** with low income and with low food access in the SWNPHD area.
Hitchcock County has the largest population of low income with low food access (99.2%), followed by Red Willow (57.4%), and Perkins County (39.7%). Furnas County has the lowest population of low income with low food access (3.0%), followed by Keith County (21.6%).

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[3] This indicator reports the percentage of the low income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset.

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## Households with Broadband Access: 2021
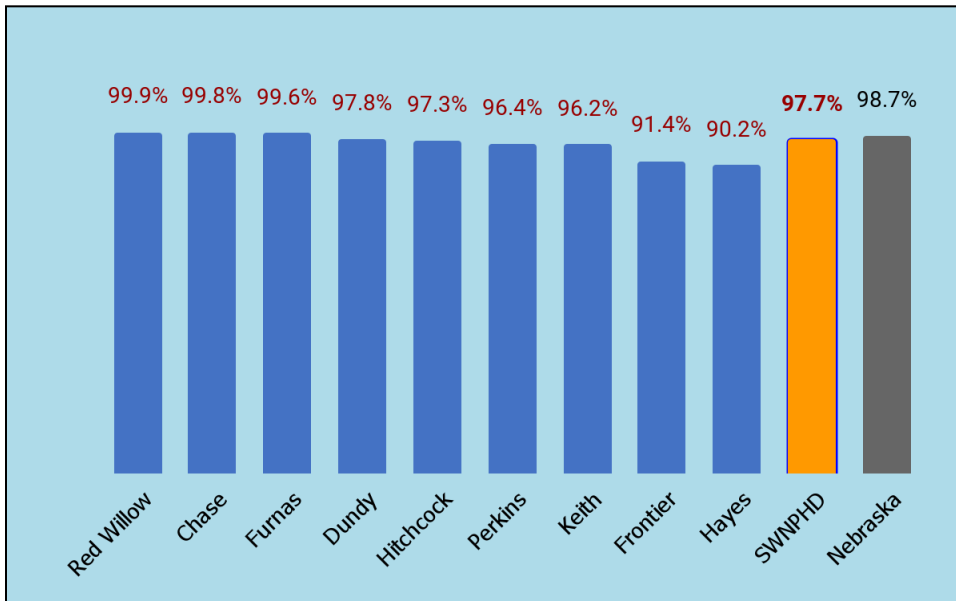
Overall, 97.7% of households in the SWNPHD area had access to broadband internet, which is slightly lower when compared to the State (98.7%) for 2021. Rew Willow (99.8%), Chase (99.6%), Furnas (99.6%), and Dundy (97.8%) counties had a higher percentage of households with access to broadband internet when compared to the State (98.7%).

✎ Hayes and Frontier counties had the lowest percentage of households in the SWNPHD area with access to broadband internet for 2021 (90.2% and 91.4%, respectively).

Data source: Household Broadband Access, Pct. Households in a High-Speed Internet Service Area by County, FCC June 2021. https://cares.page.link/3Krb

## Households with No Vehicle, ACS 2017-21
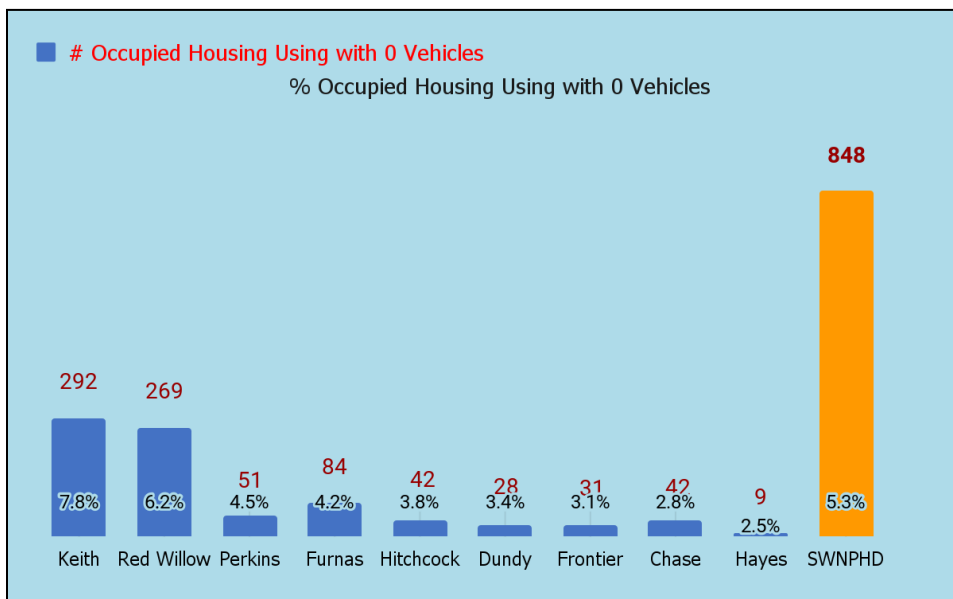
In the SWNPHD area, there were a total of 848 households with no vehicles, representing 5.3% of all households in the area. Keith County had the third highest percentage of households with no vehicle (7.8%) in the State.

Data source: ACS 2017-21

✎ Keith County had the third highest percentage of households with no vehicle (7.8%) in the state.

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Number of Licensed Drivers by County, SWNPHD, 2020
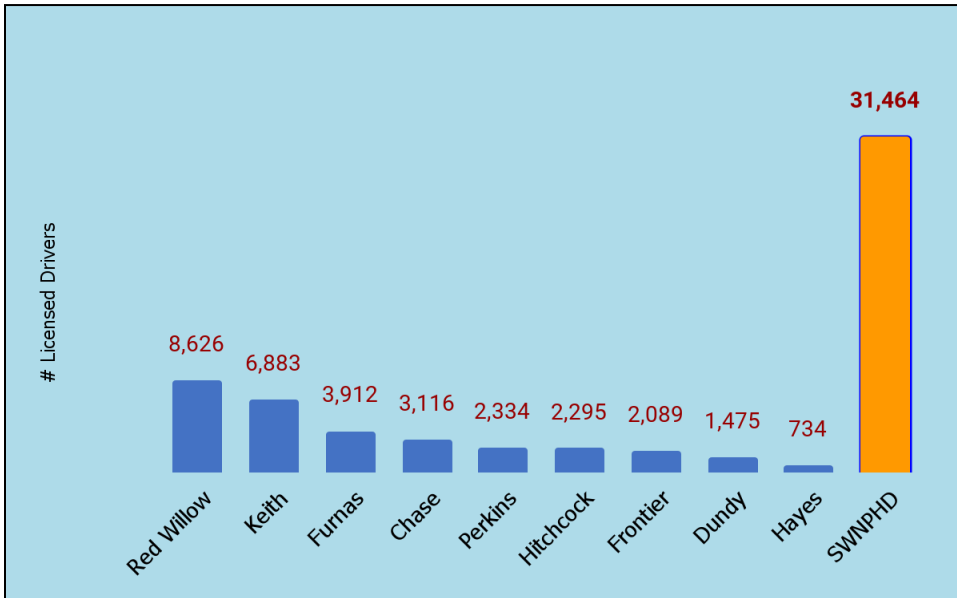
The total number of licensed drivers in the SWNPHD district (*n* = 31,464) represented 2.1% of the number of licensed drivers in the State (*n* = 1,474,924) in 2020. Red Willow County had the highest number of licensed drivers (n = 8,387), followed by Keith County (n = 6,883), and Furnas County (*n* = 3,912) for 2021.

Data sources: https://dot.nebraska.gov/safety/hso/ne-driver-statistics/
https://dot.nebraska.gov/media/7621/tr12licdvrco.pdf

COMMUNITY SURVEY QUOTES
What worries you most about your health or the health of your loved ones?
"Not enough transport services available" "Transporting to any needed specialized care"
What are the three most important things that would make your community a healthier place for you and your loved ones?
"Available, low cost transportation." "Public transportation" "Convenient transportation" "Having transportation"
What are the three most important concerns you have about the health and well-being of your community?
"Lack of transportation for many" "Transportation for healthcare" "Access due to poor roads" "Convenient transportation" "Public transportation issues"

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Social Support

"*Social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network.*" (Rupasingha, Goetz, & Freshwater, 2006).

"*Research suggests that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking.*" (House, 2001).

Social Associations: Number of membership associations per 10,000 population (2020)[4]
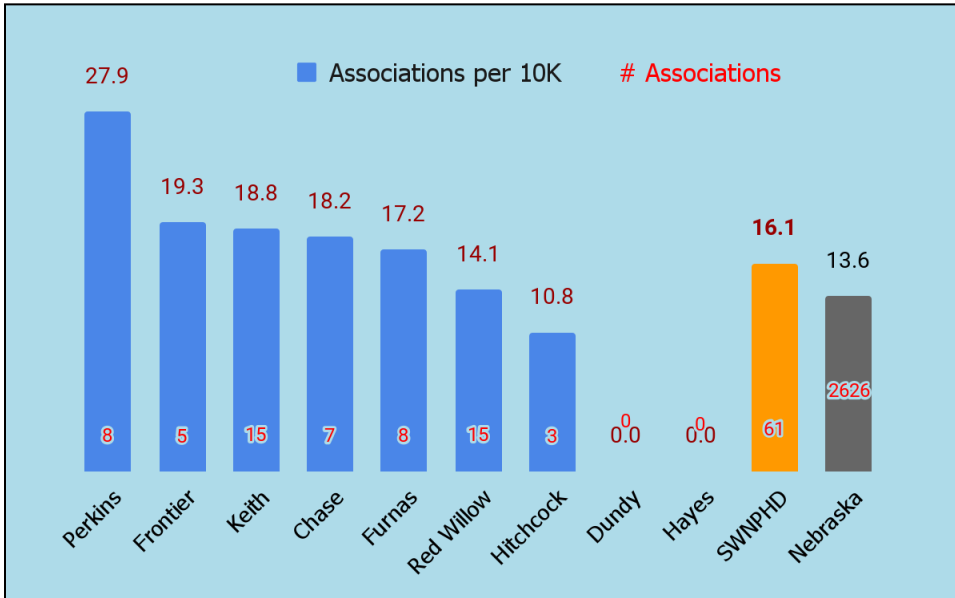
Overall, the SWNPHD district reported a total of 61 associations, which translates to a rate of 16.1 associations per 10,000 people—higher than the state's average of 13.6 associations per 10,000 people.

Perkins County stood out with a rate of 27.9 associations per 10,000 people (*n* = 8), which is **1.7 times higher** when compared to the SWNPHD area. Neither Dundy nor Hayes counties accounted for any associations.

Data source: US Census Bureau. County Business Patterns: 2020https://www.census.gov/data/datasets/2020/econ/cbp/2020-cbp.html. **Note:** Data suppressed or not available for Dundy and Hayes counties.

COMMUNITY SURVEY QUOTES
What are the three most important things that would make your community a healthier place for you and your loved ones?
"We should be building one another other up" "Greater variety of businesses that offer more varied social opportunities" "Friendly interactions between people to feel like we belong" "More activities that do not cost much" "Community grassroots organizations" "More opportunities that will allow us to better know our neighbors and have a sense of community which I believe creates happier, healthier people"

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[4] The membership organizations (NAICS code) in this measure include civic organizations (813410), bowling centers (713950), golf clubs (713910), fitness centers (713940), sports organizations (711211), religious organizations (813110), political organizations (813940), labor organizations (813930), business organizations (813910), and professional organizations (813920).

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How is our Community doing right now?

Health status and outcomes are essential indicators of the well-being of individuals and populations. They encompass various measures that reflect the health of a community, including life expectancy, morbidity, mortality rates, prevalence of diseases, and quality of life among others. Life expectancy at birth, for example, is a widely used indicator of the overall health and longevity of a population. It represents the average number of years a newborn is expected to live if current mortality rates continue to apply throughout the person's life (World Health Organization)[5].

In addition to physical health measures, mental health is an essential component of health status. Mental health disorders such as depression and anxiety can substantially reduce individuals' quality of life. It is important to consider behavioral health alongside physical health, as they are often interconnected (National Institute of Mental Health)[6]. Health Outcomes are influenced by many factors, such as clean water, affordable housing, the quality of medical care and the availability of good jobs. Programs and policies at the local, state and federal levels influence these factors.

Health Status and Outcomes

Life expectancy at birth by County, NE (2018-2020 combined)
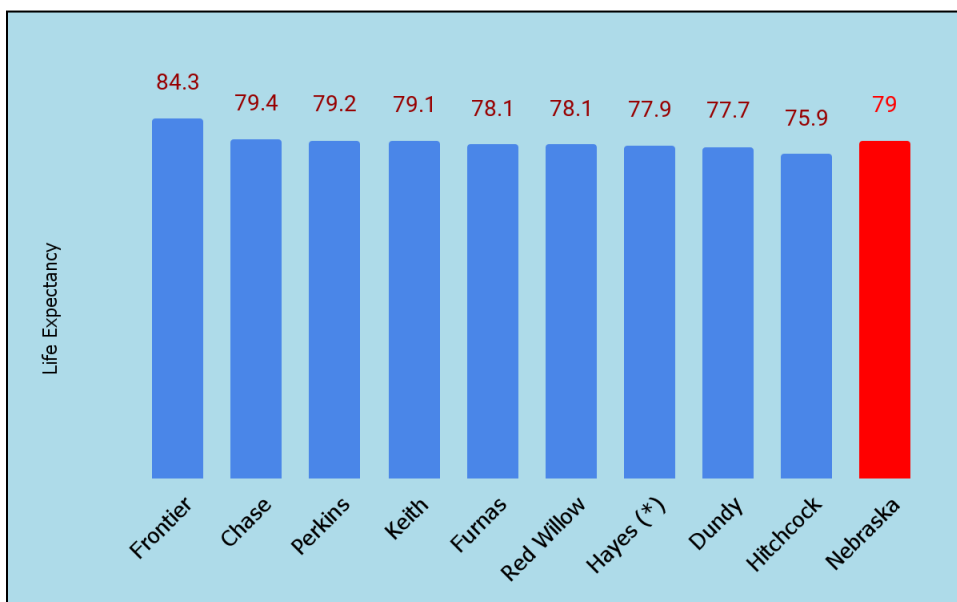
Frontier, Chase, Perkins, and Keith counties had a higher life expectancy at birth (ranging from 79.1 to 84.3 years years old) when compared to Nebraska (79 years old).

Furnas, Red Willow, Hayes, Dundy, and Hitchcock counties had a lower life expectancy at birth (ranking from 75.9 to 78.1 years old) when compared to Nebraska (79 years old) .

Data source: National Center for Health Statistics https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html
Notes: 2020 Life expectancy at birth for SWNPHD is not available. Hayes*****: Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. - Mortality Files. Average number of years a person can expect to live. 2018-2020. County Health Rankings.

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[5] WHO. Global Health Estimates: Life expectancy and leading causes of death and disability. Accessed at:
https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates
[6] NIH. Mental Health Information. Accessed at: https://www.nimh.nih.gov/health

✍ Hitchcock County had a life expectancy **8.4 years lower** when compared to Frontier County (75.9 vs. 84.3 years old, respectively).

Life Expectancy by County in the SWNPHD Area, NE, U.S. (2015-2017 to 2018-2020)

Geography (counties sorted in alphabetical order)	2015-2017	2016-2018	2017-2019	2018-2020	Life Expectancy Difference 2015-2017 - 2018-2020
Chase	79	78.7	78.8	79.4	0.4
Dundy	81.6	77.6	77.5	77.7	-3.9
Frontier	87.9	86.6	85.5	84.3	-3.6
Furnas	78.2	78.6	78.2	78.1	-0.1
Hayes	N/A	N/A	N/A	N/A	N/A
Hitchcock	76.5	76.4	75.7	75.9	-0.6
Keith	79.8	79.5	79.7	79.1	-0.7
Perkins	81.7	81.4	79.1	79.2	-2.5
Red Willow	78.8	78.7	79.2	78.1	-0.7
Nebraska	79.5	79.6	79.6	79	-0.5
U.S.A.	79.1	79.1	79.2	78.5	-0.6
County Health Rankings by Year of Publication:	2019	2020	2021	2022 & 2023	

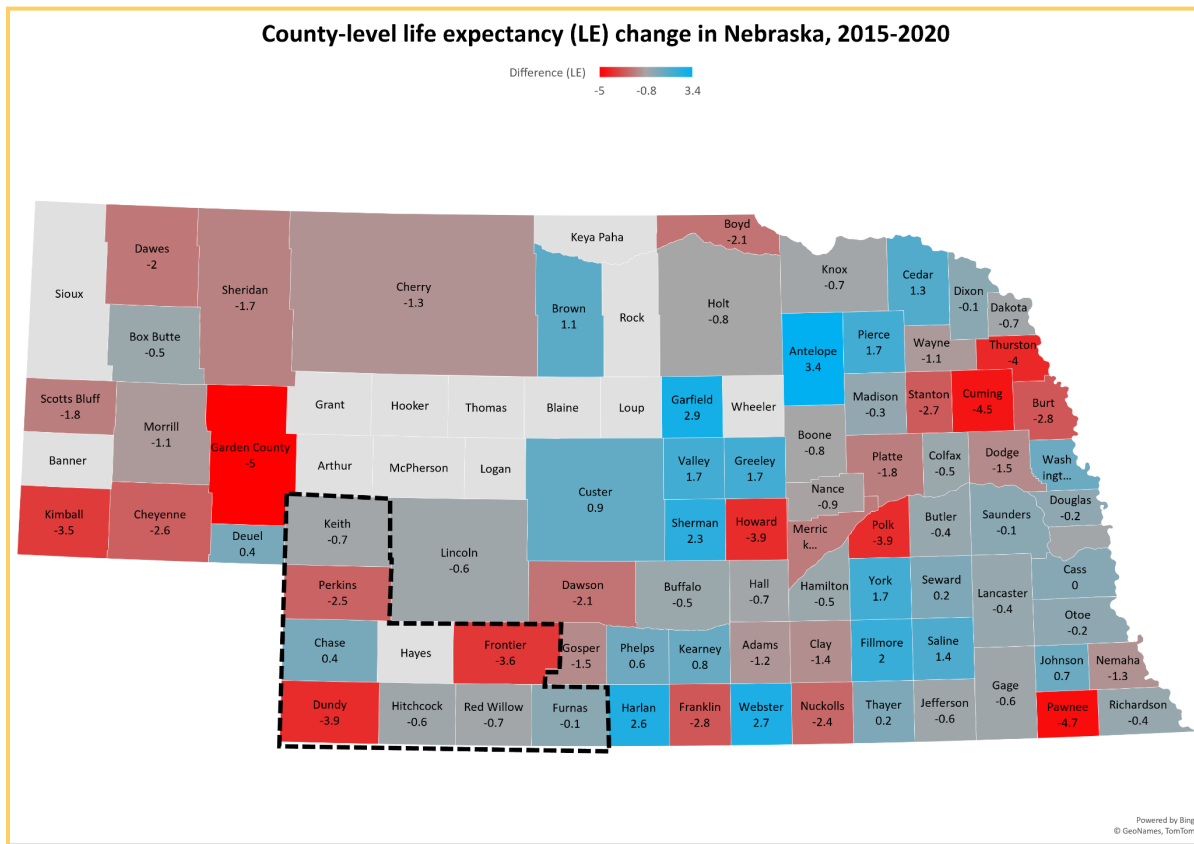Data source: National Center for Health Statistics - Mortality File

Findings:

Chase County: Life expectancy in Chase County showed a slight increase from 79 years in 2015-2017 to 79.4 years in 2018-2020, a difference of 0.4 years.

Dundy County: ✍Dundy County experienced a significant decrease in life expectancy. It decreased from 81.6 years in 2015-2017 to 77.7 years in 2018-2020, a difference of -3.9 years.

COMMUNITY SURVEY QUOTES	**What worries you the most about your health or the health of your loved ones?**
	"Something will happen and I will have to go to a larger facility elsewhere." "Accessibility to timely care" "EMS response in our area" "The chance that needed care is not available" "Medical response and transfer times to a larger hospital in the event of an emergency"

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County-level life expectancy change in Nebraska (2015-2020)

County-level life expectancy (LE) change in Nebraska, 2015-2020

Data source: National Center for Health Statistics - Mortality File

✎ Among the 56 counties in Nebraska that reported a decrease in life expectancy (LE) between 2015-17 and 2018-2020, Dundy, Polk, and Howard counties ranked 5th with the greatest decrease in LE.

COMMUNITY SURVEY QUOTES
What are the three most important things that would make your community a healthier place for you and your loved ones?
"Programs for youth on health and safety" "More affordable healthy food options" "More community activities to promote being active" "Improved life/work balance"
What are the three most important concerns you have about the health and well-being of your community?
"Keeping our hospitals open" "Lack of opportunities to be active in a clean, enclosed, and/or safe environment" "Limited number of trained EMTs in rural areas"

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Years of potential life lost (2018-2020)
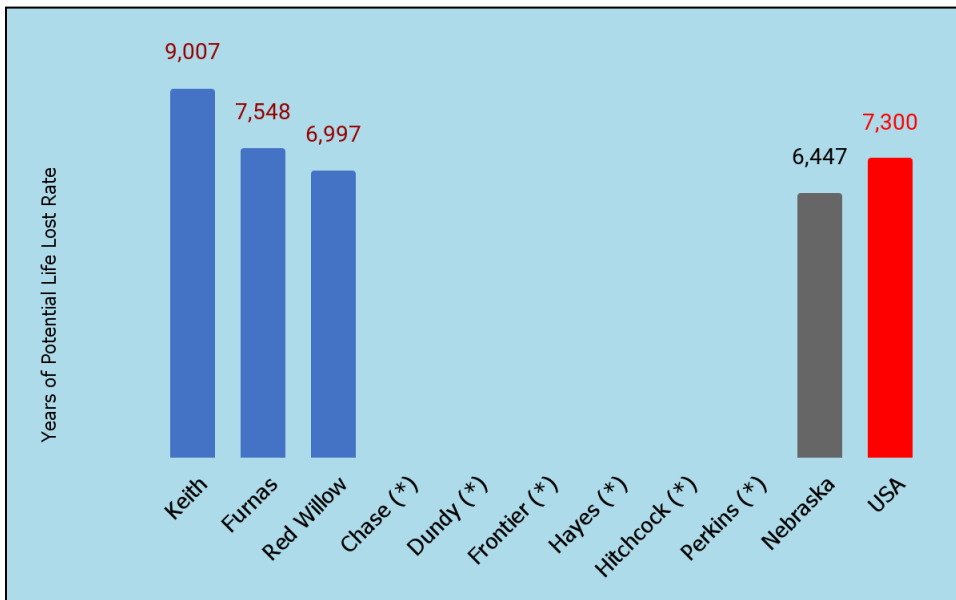
Keith, Furnas, and Red Willow counties had the greatest number of Years of Potential Life Lost (YPLL) (9,007, 7,548, and 6,997 years per 100,000 people, respectively), higher when compared to State YPLL (6,447 years per 100,000 people).

Data source: National Center for Health Statistics - Mortality Files. 2018-2020 Years of potential life lost before age 75 per 100,000 population (age-adjusted). **Note:** (*) YPLL values for Chase, Dundy, Frontier, Hayes, Hitchcock, and Perkins Counties were suppressed due to small sample size.

COMMUNITY SURVEY QUOTES
What worries you most about your health or the health of your loved ones?
"Quick care for cardiac or stroke" "Falling in old age"
What are the three most important things that would make your community a healthier place for you and your loved ones?
"More indoor exercise availability" "It would help if we actually promoted healthier lifestyles" "Employment opportunities with healthcare benefits"
What are the three most important concerns you have about the health and well-being of your community?
"Water pollution, air pollution due to farming and feed lot operations" "Healthy food options are un-affordable or not available and have to travel over an hour"

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Access to Care

Health coverage has been associated with decrease in mortality (i.e., cardiovascular mortality) (Miller, Johnson, & Wherry, 2019). Lack of access to healthcare can lead to delayed or inadequate treatment, which can worsen health conditions (Parolin & Lee, 2022; Wolfe, McDonald, & Holmes, 2020).

Uninsured Adults by County, SWNPHD, NE, U.S. (2019)
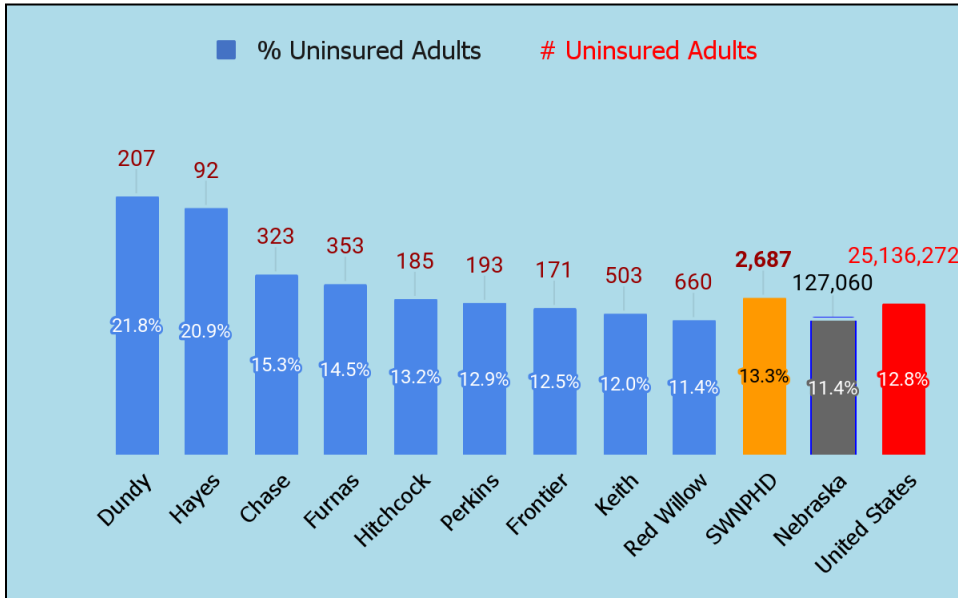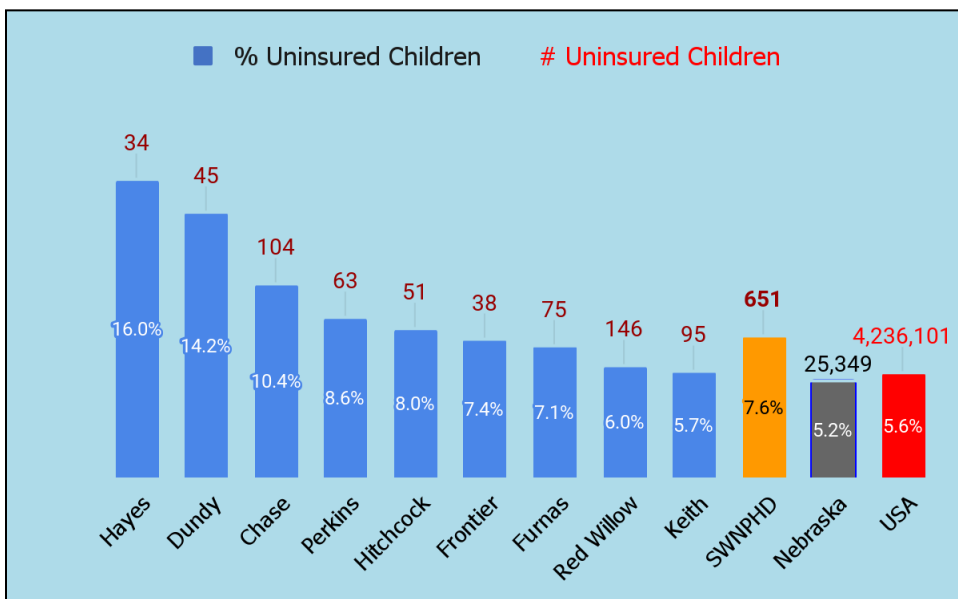

Overall, 13.3% of adults (18-64 yo, *n* = 2,687) in the SWNPHD area lack health insurance, which is higher when compared to the state (11.4%).

✍ Dundy County had the highest percentage of adults without health insurance in the SWNPHD area (21.8%), followed by Hayes County (20.9%), and Chase County (15.3%).

Data source: US Census Bureau, Small Area Health Insurance Estimates. 2019. Source geography: County

### Uninsured Children by County, SWNPHD, NE, U.S. (2019)

Overall, 7.6% of children (0-18 yo, *n* = 651) in the SWNPHD area lack health insurance, which is higher when compared to the state (5.2%).

✍ Hayes County had the highest percentage of children without health insurance in the SWNPHD area (16.0%), followed by Dundy County (14.2%), and Chase County (10.4%).

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2019. Source geography: County

Between 2019 and 2021, Nebraska experienced a 14.3% decrease in the number of uninsured children. (Alker, Osorio, &, Park, 2022).

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Medicaid (all eligible ages): County, SWNPHD, Tribes, NE, U.S. (2017-2021)
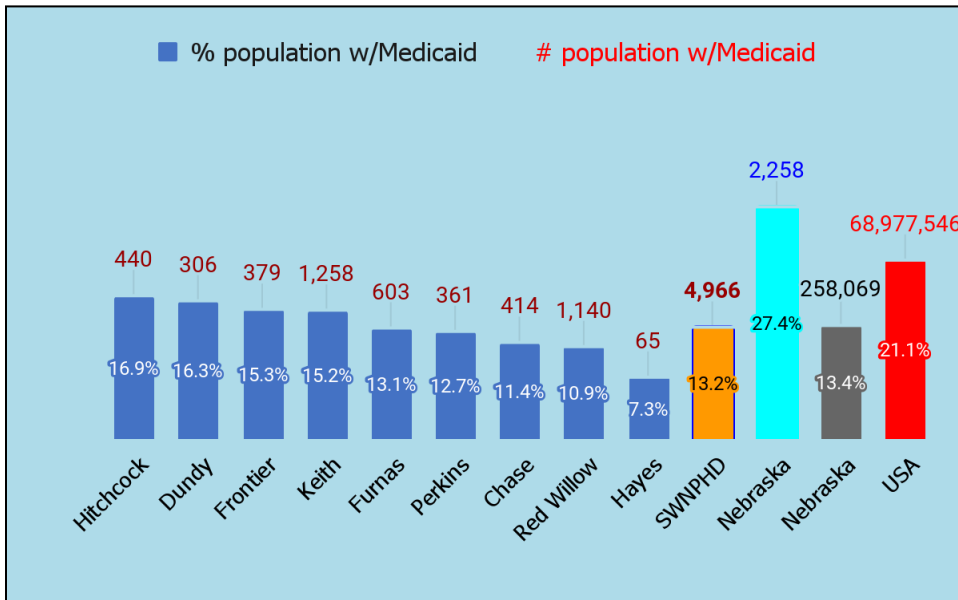
Overall, 13.2% of persons (*n* = 4,966) in the SWNPHD area received Medicaid coverage, which is slightly lower when compared to the state (13.4%).

Persons in Hitchcock County received the highest percentage of Medicaid coverage in the SWNPHD area (16.9%), followed by Dundy County (16.3%), Frontier County (15.3%), and Keith County (15.2%).

Data source: ACS (2017-2021). Medicaid/Means-tested Public Coverage by Sex by Age American Community Survey 5-year estimates. Retrieved from <https://censusreporter.org>

The following table shows the distribution of Medicaid coverage by county, the public health department, Nebraska, and the United States by age groups and gender. It highlights the highest percentages of Medicaid coverage in red and the lowest in green. Dundy County shows the highest percentage of females under 19 years of age with Medicaid, and Keith County with the highest percentage of males under 19 years of age with Medicaid coverage.

COMMUNITY SURVEY QUOTES	What are the three most important concerns you have about the health and well-being of your community?
	"Affordability and being able to access the medications and labs that is needed and convenience" "Availability of specialty providers and in home therapy services" "Health disparities among communities" "Rising cost of food and others necessities" "Lack of after hour pharmacy in rural areas"

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Medicaid (county, SWNPHD, NE, U.S.- age groups, & gender) 2017-2021 combined data

County Sorted in alphabetical order:	Total population	# Medicaid (all eligible ages)	% Medicaid (all eligible ages)	% Male under 19 years w/Medicaid	% Female under 19 years w/Medicaid	% Male 19 to 64 years: w/Medicaid	% Female 19 to 64 years: w/Medicaid	% Male 65 years and over w/Medicaid	% Female 65 years and over w/Medicaid	% All males w/Medicaid	% All females w/Medicaid
Chase	3,639	414	11.4%	26.5%	30.6%	3.3%	3.7%	6.5%	12.9%	9.0%	13.5%
Dundy	1,874	306	16.3%	32.4%	48.4%	7.6%	12.0%	1.6%	10.7%	13.7%	19.3%
Frontier	2,485	379	15.3%	32.4%	26.9%	10.1%	7.9%	9.9%	20.8%	15.4%	15.1%
Furnas	4,591	603	13.1%	35.2%	27.2%	5.6%	7.6%	10.3%	8.5%	14.0%	12.3%
Hayes	891	65	7.3%	10.9%	16.8%	4.7%	6.5%	2.3%	4.8%	5.6%	8.9%
Hitchcock	2,599	440	16.9%	35.9%	39.8%	8.0%	12.5%	4.1%	11.7%	15.4%	18.6%
Keith	8,264	1,258	15.2%	39.6%	27.3%	5.4%	9.0%	9.0%	19.1%	14.4%	16.0%
Perkins	2,840	361	12.7%	26.7%	16.5%	7.6%	11.5%	8.2%	10.0%	12.9%	12.5%
Red Willow	10,504	1,140	10.9%	20.8%	24.9%	3.9%	6.4%	6.7%	13.1%	9.5%	12.2%
SWNPHD	37,687	4,966	13.2%	29.5%	27.5%	5.6%	8.0%	7.5%	14.0%	12.3%	14.1%
Nebraska	1,923,866	258,069	13.4%	28.4%	27.2%	6.4%	9.3%	8.4%	10.6%	12.7%	14.1%
U.S.	326,912,552	68,977,546	21.1%	39.3%	39.0%	13.8%	18.0%	12.4%	12.4%	19.9%	22.3%

Data source: ACS (2017-2021). Medicaid/Means-tested Public Coverage by Sex by Age. Retrieved from <https://censusreporter.org>

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**Disparities: Medicaid coverage (2017-2021)**

Gender: Female residents in the SWNPHD were more likely to have Medicaid coverage when compared to males (14.1% vs. 12.3%, respectively). Dundy County had the highest percentage of females with Medicaid coverage (19.3%), followed by Hitchcock County (18.6%).

Age: Overall, 28.6% of SWNPHD residents under 19 years old had Medicaid coverage, when compared to 6.7% of those between 19 to 64 years of age, and 11.0% of residents 65 years old and older.

Age and gender: Overall, males under 19 years old in the SWNPHD area were more likely to have Medicaid coverage when compared to females (29.5% vs. 27.5%, respectively). Females between 19 and 64 years of age in the SWNPHD area were more likely to have Medicaid coverage when compared to males (8.0% vs. 5.6%, respectively). Females 65 years old and older were 1.9 times more likely to have Medicaid coverage when compared to males (14.0% vs. 7.5%, respectively).

Geography, age and gender: Females under 19 years old in Dundy County had the highest percentage of Medicaid coverage in the SWNPHD area (48.4%), followed by Hitchcock County (39.8%). Males under 19 years old in Keith County had the highest percentage of Medicaid coverage in the SWNPHD area (39.6%), followed by Hitchcock County (35.9%). Females 65 years old and older in Frontier County had the highest percentage of Medicaid coverage in the SWNPHD area (20.8%), followed by Keith County (19.1%).

Needed to see a doctor but could not due to cost in past year, adults 18 and older (SWNPHD vs. Nebraska) 2011-2020
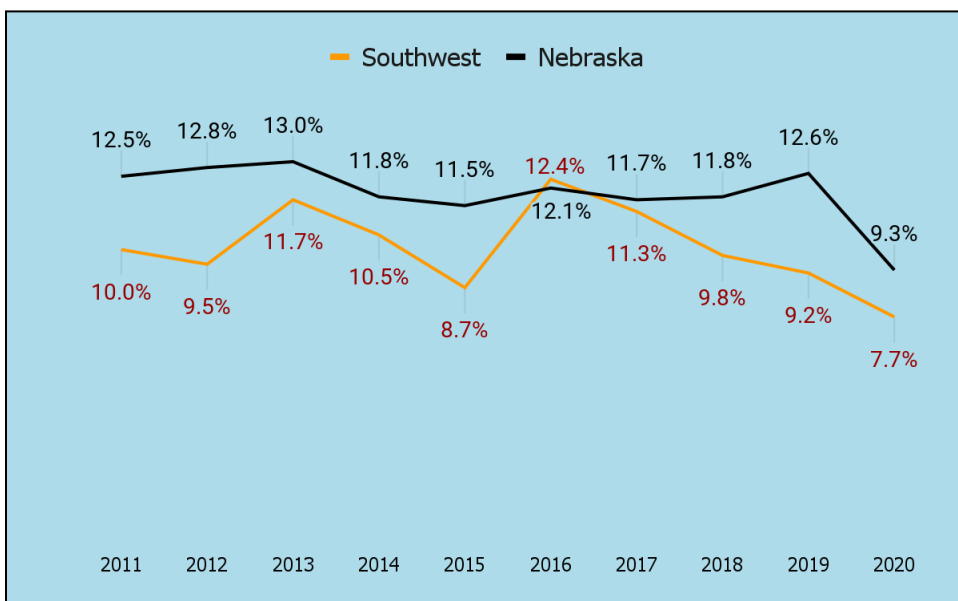
In nine out of the past 10 years (2011-2020) needed to see a doctor but could not due to cost for adults 18 years old and older in the SWNPHD area was lower when compared to the State.

The 2016-2020 combined needed to see a doctor but could not due to cost percentage in the SWNPHD area was 0.4% lower when compared to the State (11.5% vs. 11.9% respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: Needed to see a doctor but could not due to cost in past year, adults 18 and older (2016-2020 combined data) - SWNPHD

➔   **Race-ethnicity(*):** ✍ From 2016-2020, the **Hispanic** population in the SWNPHD area was **2.2 times less likely** to see a doctor due to cost when compared to the White-NH population (22.9%* vs. 10.5%, respectively).

➔   **Gender:** ✍ **Female** residents in the SWNPHD were **1.7 times less likely** to see a doctor due to cost when compared to males (9.7% vs. 5.7%, respectively).

Age: Among all age groups, the 35-44 years old age group had the highest percentage (14.5%) of individuals who reported not seeing a doctor due to cost.

➔   **Income:** ✍ Residents in the SWNPHD earning less than $25,000/year were **7.1 times less likely** to see a doctor due to cost when compared to those earning more than $75,000/year (25.5% vs. 3.6%, respectively).

Education: Residents in the SWNPHD who have attained less than a High School education were **1.8 times less likely** to see a doctor due to cost when compared to those who have attained graduate education (17.0% vs. 9.2%, respectively).

*Unstable estimate, use with caution. Data available for Hispanic and White population only. Data was suppressed for the rest of races due to small numbers.

No health care coverage, adults 18-64 years old (SWNPHD vs. Nebraska) 2011-2020
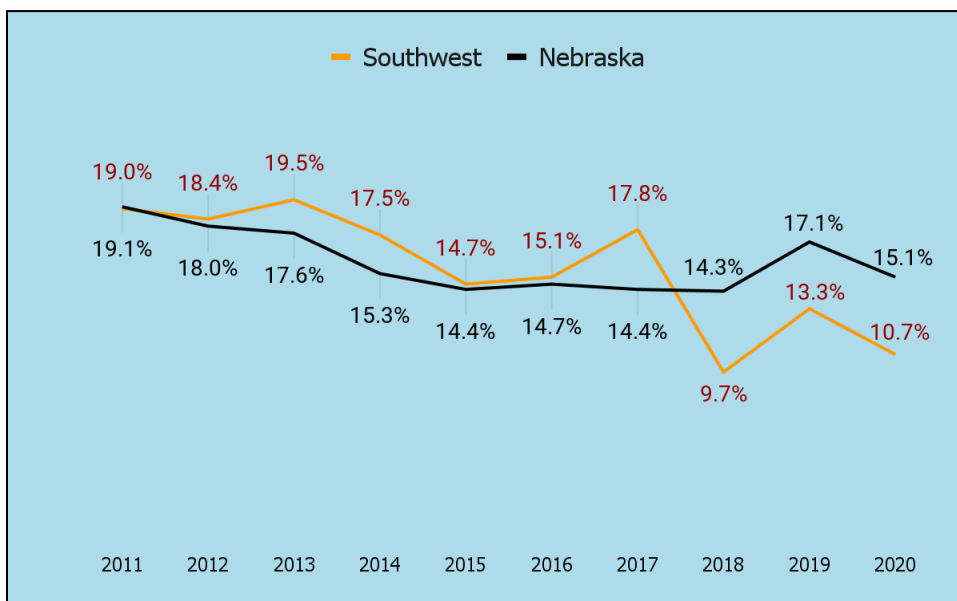
No health care coverage significantly decreased in the SWNPHD area between 2017 and 2018, from 17.8% to 9.7%, respectively, and since then it has been lower compared to the State.

The 2016-2020 combined no health care coverage in the SWNPHD area was 1.7% lower when compared to the State (13.4% vs. 15.1% respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: No health care coverage, adults 18-64 years old (2016-2020 combined data) - SWNPHD
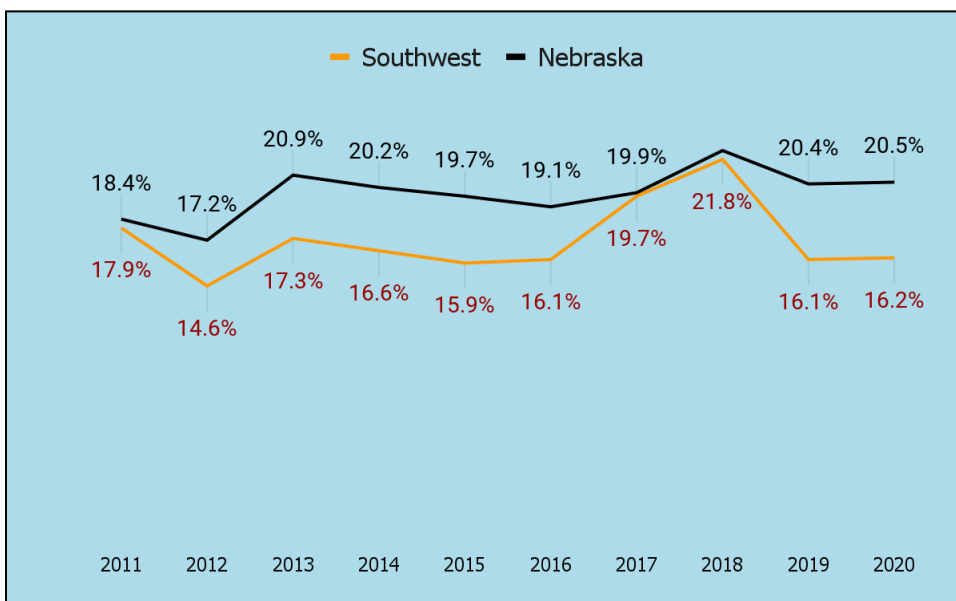
➔   **Race-ethnicity(*):** ✍ From 2016-2020, the **Hispanic population** in the SWNPHD area was **4.1 times less likely** to have health care coverage when compared to the White-NH population (44.7% vs. 11.0%).

➔   **Gender:** ✍ **Male** residents in the SWNPHD were **1.4 times less likely** to have health care coverage when compared to females (15.6% vs. 10.9%, respectively).

Age: The 35-44 years old age group reported the highest percentage of not having health care coverage among all age groups (16.4%).

Income: ✍ Residents in the SWNPHD earning less than $25,000/year were **8.3 times less likely** to have health care coverage when compared to those earning more than $75,000/year (34.9% vs. 4.2%, respectively).

Education: ✍ Residents in the SWNPHD who have attained less than a High School education were **7.2 times less likely** to have health care coverage when compared to those who have attained graduate education (29.4% vs. 4.1%, respectively).

No personal doctor or health care provider, adults 18 and older (SWNPHD vs. Nebraska) 2011-2020

From 2011 to 2020, the percentage of people having no personal doctor or health care provider for adults 18 years old and older was lower in the SWNPHD area when compared to the state.

The 2016-2020 combined no personal doctor or health care provider for 18 years old and older adults in the SWNPHD area was 2.4% lower when compared to the state (18.0% vs. 20.4%, respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

Disparities: No personal doctor or health care provider, adults 18 and older (2016-2020 combined data) - SWNPHD

➔ **Race-ethnicity(*):** ✍ From 2016-2020, the **Hispanic** population in the SWNPHD area was **2.4 times less likely** to have a personal doctor or health care provider when compared to the White-NH population (45.8% vs. 18.7%, respectively).

➔ **Gender:** ✍ **Male** residents in the SWNPHD were **2.1 times less likely** to have a personal doctor or health care provider when compared to females (24.2% vs. 11.8%, respectively).

Age: The 18-24 years old age group reported the highest percentage of not having a personal doctor or health care provider among all age groups (31.3%).

Income: Residents in the SWNPHD earning less than $25,000/year were **1.8 times less likely** to have a personal doctor or health care provider when compared to those earning more than $75,000/year (30.0% vs. 17.1%, respectively).

Education: Residents in the SWNPHD who have attained less than a High School education were **2.3 times less likely** to have a personal doctor or health care provider when compared to those who have attained graduate education (25.5% vs. 23.2%, respectively).

*Unstable estimate, use with caution

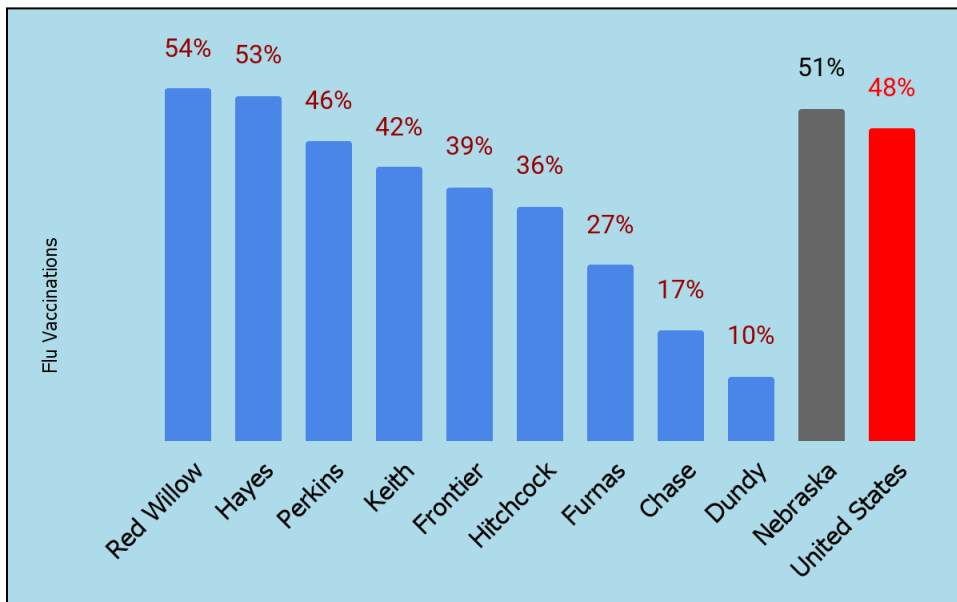## Rate of Mental Health Providers by County, SWNPHD, NE (2021)
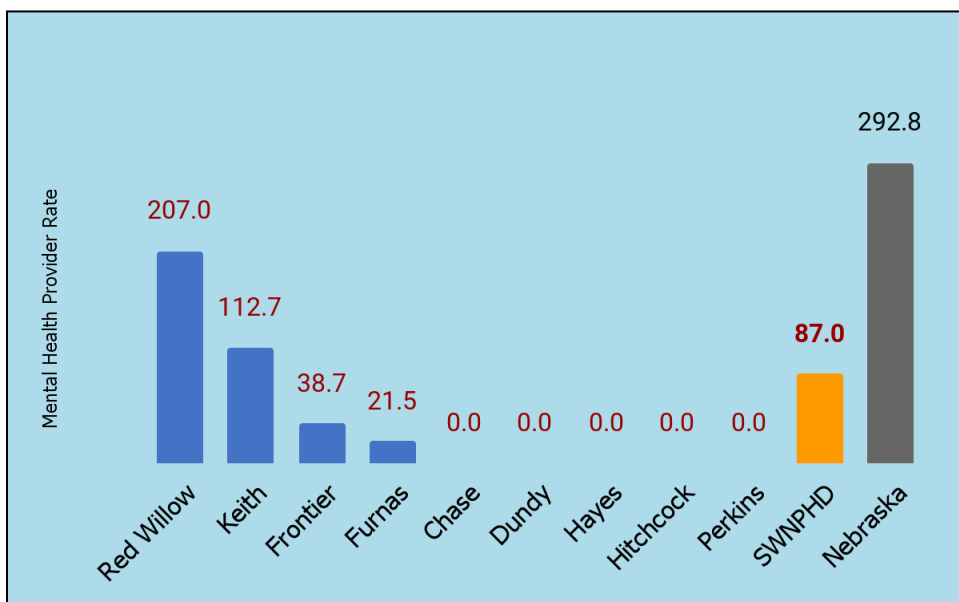
There are 87 mental health providers (MHP) per 100,000 people in the SWNPHD area. The state rate of MHP was 292.8 per 100,000.

✍ Overall, the MHP rate in the SWNPHD area is **3.4 times lower** when compared to the State.

Data source: CMS, National Provider Identification, 2021

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Flu Vaccinations by County, NE, U.S. (2020)

Red Willow and Hayes counties had the highest flu vaccination rates in the SWNPHD area, higher when compared to the State. Flu vaccination rates for the rest of the counties in the SWNPHD area was lower when compared to the State average.

✍ Dundy County had the lowest flu vaccination rate in the State (10%).

Data source: Mapping Medicare Disparities Tool. **Notes:** Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. The 2022 County Health Rankings used data from 2020 for this measure.


Health Conditions: Chronic Diseases

Chronic diseases, such as heart disease, stroke, cancer, diabetes, obesity, and arthritis, are among the most common and costly health problems. They are also among the most preventable. Chronic diseases have significant impacts on health outcomes, affecting both the quality and the length of individuals' lives.

Chronic diseases often result in a diminished quality of life. They can lead to decreased physical functioning, thereby limiting individuals' ability to perform activities of daily living, such as walking, bathing, or eating. Moreover, chronic conditions can also have a severe psychological impact. Living with a chronic disease often brings about emotional distress due to symptoms management, treatment costs, or the fear of disease progression. Consequently, depression and anxiety are more common in people with chronic diseases.

In terms of longevity, chronic diseases are leading causes of death and disability worldwide. For instance, diseases like heart disease, cancer, and stroke are the top three causes of death in many developed countries. These diseases can lead to premature death, significantly reducing an individual's lifespan.

BRFSS data: Ever told they have cancer (in any form) - adults (SWNPHD vs. State) 2011-2020
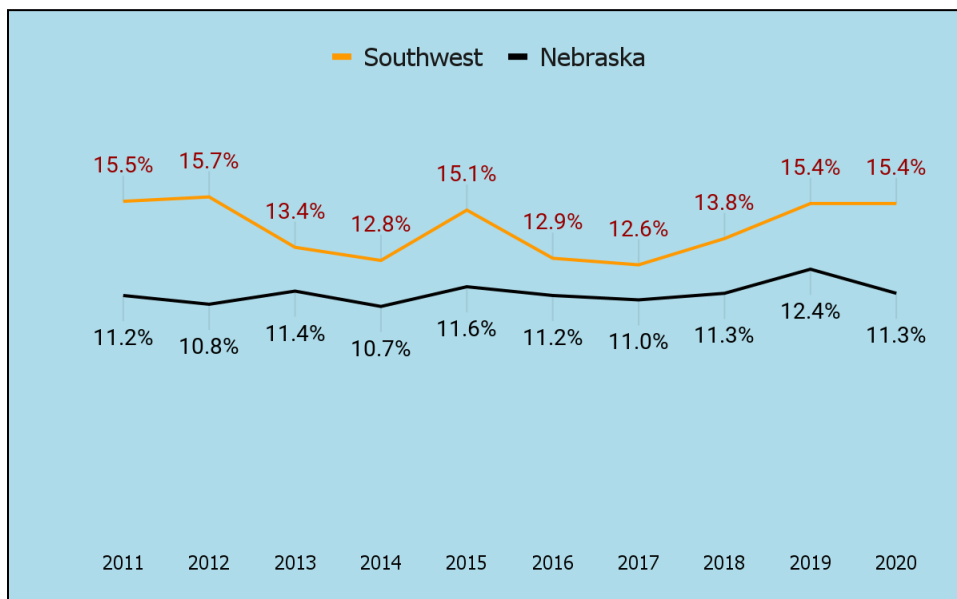
On average, cancer (in any form) prevalence in the SWNPHD area was 3.0% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest cancer (in any form) prevalence in the SWNPHD area was 15.7% in 2012, 4.9% higher when compared to the State (10.8%). The lowest cancer (in any form) prevalence in the SWNPHD area was measured in 2017 (12.6%), 1.6% higher when compared to the State (11.0%).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

✍ The 2016-2020 combined cancer (in any form) prevalence in the SWNPHD area was **1.2 times higher** when compared to the State (14.0% vs. 11.5%, respectively).

**Disparities: Ever told they have cancer (in any form). 2016-2020 combined years**

➔ **Race-ethnicity:** ✍ From 2016-2020, the SWNPHD White-NH population had the highest prevalence of cancer (in any form) compared to Hispanics (10.4% vs. 5.0%, respectively).

➔ **Gender:** ✍ Female residents in the SWNPHD area were **1.2 times more likely** to have cancer (in any form) when compared to males (15.0% vs. 13.0%, respectively).

Age: The 65 years old and older age group was nearly twice as likely to have cancer (in any form) compared to the 55-64 years old age group (29.9% vs. 15.6%, respectively).

Income: ✍ Residents in the SWNPHD earning less than $25,000/year were **1.6 times more likely to have cancer** (in any form) compared to those earning more than $75,000/year (12.9% vs. 8.3%, respectively).

Education: Residents in the SWNPHD who have attained less than a High School education were **1.2 more likely** to have cancer (in any form) compared to those who have attained graduate education (11.3% vs. 9.4%, respectively).

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BRFSS data: Ever told they have skin cancer - adults (SWNPHD vs. State) 2011-2020
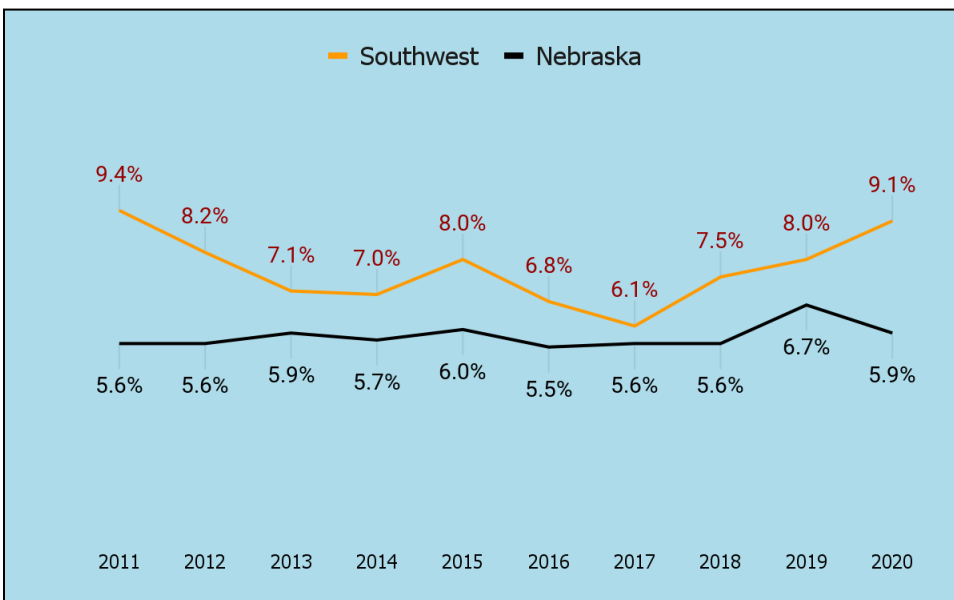
On average, skin cancer prevalence in the SWNPHD area was 1.9% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest skin cancer prevalence in the SWNPHD area was 9.4% in 2011, 2.7% higher when compared to the State (3.8%). The lowest skin cancer prevalence in the SWNPHD area was reported in 2017 (6.1%), 0.5% higher when compared to the State (5.6%).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

✍ The 2016-2020 combined skin cancer prevalence in the SWNPHD area was **1.3 times higher** when compared to the State (7.5% vs. 5.9%, respectively).

Disparities: Ever told they have skin cancer

Race-ethnicity: From 2016-2020, the SWNPHD White-NH population had the highest prevalence of skin cancer compared to Hispanics (5.4% vs. 0.0%*****, respectively).

Gender: Male residents in the SWNPHD area were 1.2 times more likely to have skin cancer when compared to females (8.0% vs. 6.9%, respectively).

Age: The 65 years old and older age group was twice as likely to have skin cancer compared to the 55-64 years old age group (17.0% vs. 8.5%, respectively).

Income: Residents in the SWNPHD earning less than $25,000/year were 1.4 times more likely to have skin cancer compared to those earning more than $75,000/year (5.7% vs. 4.2%, respectively).

Education: Residents in the SWNPHD who have attained less than H.S. were more likely to have skin cancer compared to those who have attained graduate education (5.6% vs. 5.1%, respectively).

* Unstable estimate, use with caution.

BRFSS data: Ever told they have cancer other than skin cancer - adults (SWNPHD vs. State) 2011-2020
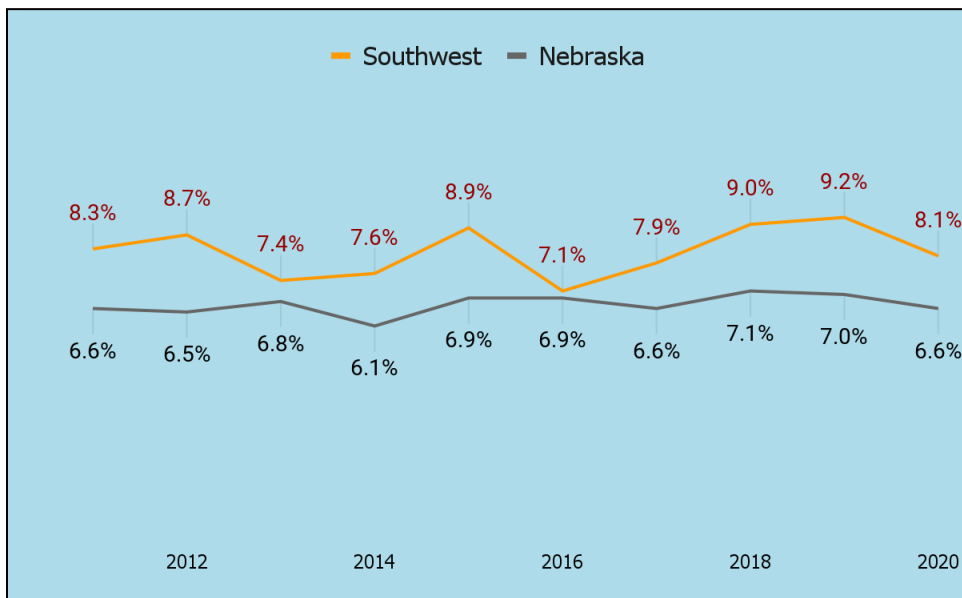
On average, cancer other than skin cancer prevalence in the SWNPHD was 1.5% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest cancer other than skin cancer prevalence in the SWNPHD area was 9.2% in 2019, 2.2% higher when compared to the State (7.0%). The lowest cancer other than skin cancer prevalence in the SWNPHD area was reported in 2016 (7.1%), 0.2% higher when compared to the State (6.9%).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

The 2016-2020 combined cancer other than skin cancer prevalence in the SWNPHD area was 1.5% higher when compared to the State (8.3% vs. 6.8%, respectively).

Disparities: Ever told they have cancer other than skin cancer (SWNPHD)

Race-ethnicity: From 2016-2020, the SWNPHD White-NH population had the highest prevalence of cancer other than skin cancer compared to Hispanics (6.1% vs. 5.0%*, respectively).

Gender: Female residents in the SWNPHD area were 1.5 times more likely to have cancer other than skin cancer when compared to males (9.0% vs. 6.6%, respectively).

Age: The 65 years old and older age group was twice as likely to have cancer other than skin cancer compared to the 55-64 years old age group (17.2% vs. 8.8%, respectively).

Income: Residents in the SWNPHD area earning less than $25,000/year were 1.7 times more likely to have cancer other than skin cancer compared to those earning more than $75,000/year (8.4% vs. 4.9%, respectively).

Education: Residents in the SWNPHD area who have attained less than H.S. were more likely to have cancer other than skin cancer compared to those who have attained graduate education (6.5% vs. 5.4%, respectively).

BRFSS data: Ever told they have diabetes - adults (SWNPHD vs. State) 2011-2020

Diabetes is a chronic condition known to have broad impacts on physical, social, and mental well-being (Zhang et al., 2014), and causes significant morbidity and mortality in the United States.
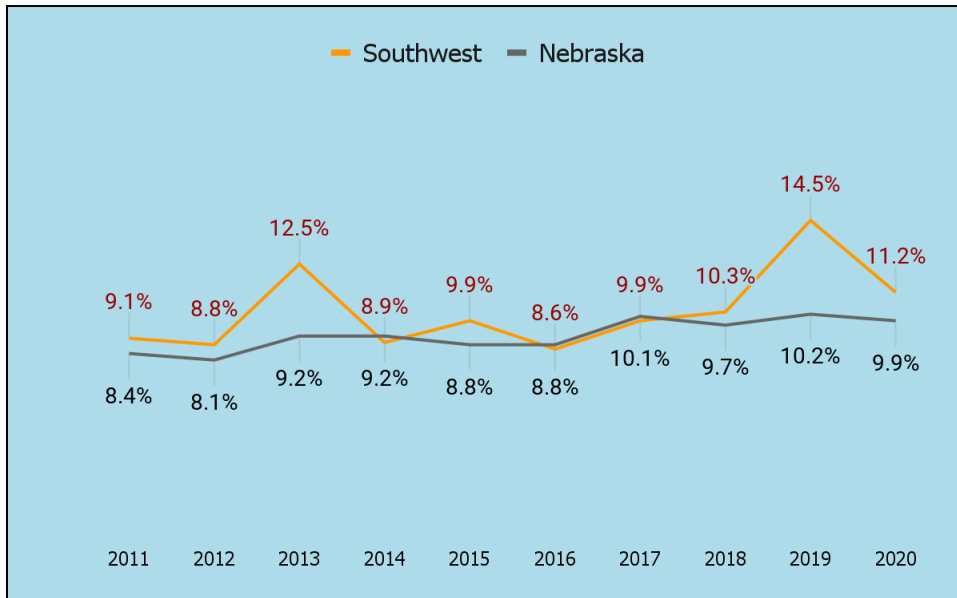
✍ In seven out of the past 10 years (2011-2020) diabetes prevalence in the SWNPHD area was higher when compared to the State. In 2019, SWNPHD showed the highest diabetes prevalence rate (14.5%), 4.3% higher when compared to the State (10.2%)

The 2016-2020 combined years diabetes prevalence in the SWNPHD area was 1.2% higher when compared to the state (10.9% vs. 9.7% respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

Disparities: Ever told they have diabetes (SWNPHD) (2016-2020)

➔ **Race-ethnicity(*):** ✍From 2016-2020, the Hispanic population in the SWNPHD area was twice as likely to have diabetes compared to the White-NH population (15.0% vs. 7.7%, respectively).

Gender: Male residents in the SWNPHD were more likely to have diabetes when compared to females (11.6% vs. 10.2%, respectively).

Age: The 65 years old and older age group reported the highest percentage of having diabetes among all age groups (19.1%), and **1.4 times more likely** to report diabetes when compared to the 55-64 years old age group (14.0%).

Income: ✍ Residents in the SWNPHD earning less than $25,000/year were **2.1 times more likely** to have diabetes compared to those earning more than $75,000/year (13.8% vs. 6.7%, respectively).

Education: Residents in the SWNPHD who have attained less than a High School education were **1.7 times more likely** to have diabetes compared to those who have attained graduate education (11.3% vs. 6.7%, respectively).

Percentage of adults 20 years old and older with diagnosed diabetes (age-adjusted) by county (2020)
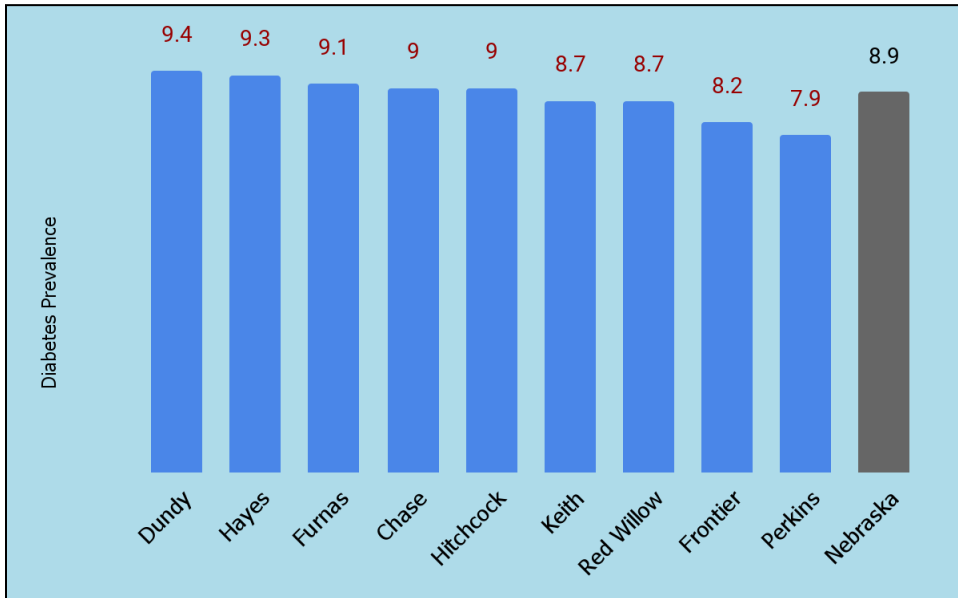
Out of the nine counties in the SWNPHD area, Dundy, Hayes, Furnas, Chase, and Hitchcock show a higher diabetes prevalence rate among individuals aged 20 years old and older when compared to the State.

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2020). County Health Rankings (2023 dataset).

BRFSS data: Ever told they have had a heart attack or coronary heart disease, adults (SWNPHD vs. State) 2011-2020
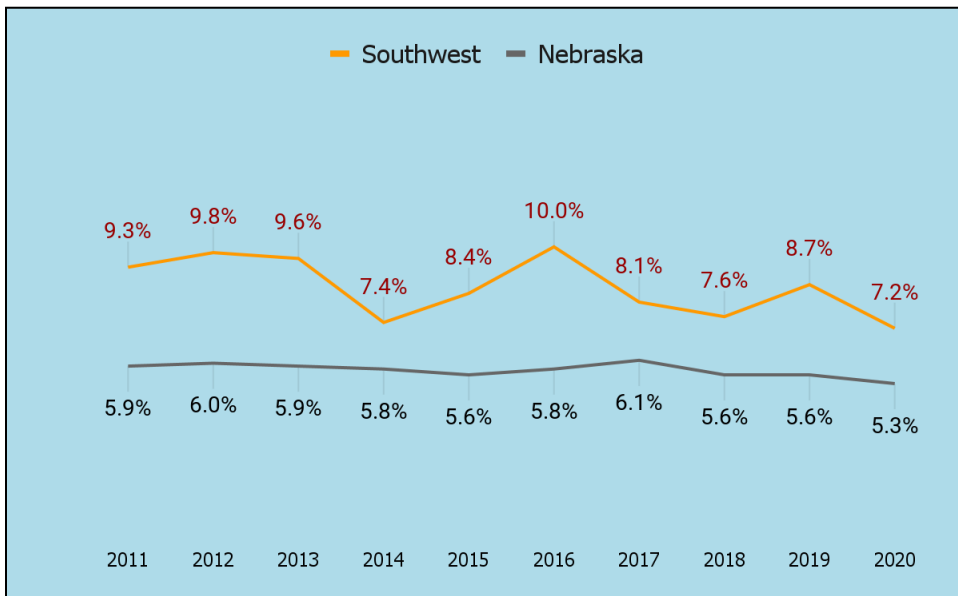
On average, heart attack or coronary heart disease prevalence in the SWNPHD area was 2.9% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest heart attack or coronary heart disease prevalence in the SWNPHD area was 10.0% in 2016, 4.2% higher when compared to the State (5.8%). The lowest heart attack or coronary heart disease prevalence in the SWNPHD area was measured in 2020 (7.2%), 1.9% higher when compared to the State (5.3%).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

✍ The 2016-2020 combined heart attack or coronary heart disease prevalence in the SWNPHD area was **1.5 times higher** when compared to the State (8.3% vs. 5.7% respectively).

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Disparities: Ever told they have had a heart attack or coronary heart disease (SWNPHD) 2016-2020 combined years.

Race-ethnicity: From 2016-2020, the SWNPHD Hispanic population had a heart attack or coronary heart disease prevalence of 6.6%, 1.0% higher when compared to the White-NH population (5.6%*****).

✍ **Gender:** Male residents in the SWNPHD area were **1.4 times more likely** to have had a heart attack or coronary heart disease when compared to females (9.7% vs. 6.9%, respectively).

Age: The 65 years old and older age group was **2.3 times more likely** to have had a heart attack or coronary heart disease compared to the 55-64 years old age group (18.5% vs. 7.9%, respectively).

Income: Residents in the SWNPHD earning less than $25,000/year were **1.4 times more likely** to have had a heart attack or coronary heart disease compared to those earning more than $75,000/year (7.9% vs. 5.5%, respectively).

Education: Residents in the SWNPHD who have attained less than a High School education were **1.6 times more likely** to have had a heart attack or coronary heart disease compared to those who have attained graduate education (8.1% vs. 5.1%, respectively).

BRFSS data: Ever told they have high blood pressure - adults (SWNPHD vs. State) 2011, 2013, 2015, 2017, 2019
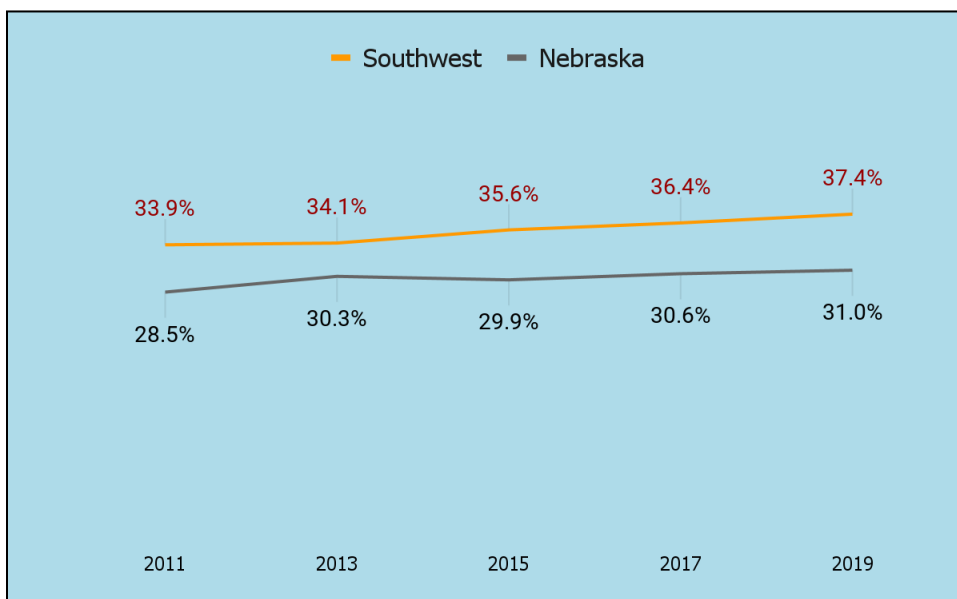
On average, high blood pressure prevalence in the SWNPHD area was 5.4% higher when compared to the State between 2011 and 2019.

Between 2011 and 2019, the highest high blood pressure prevalence in the SWNPHD area was 37.4% in 2019, 6.4% higher when compared to the State (31.0%). The lowest high blood pressure prevalence in the SWNPHD area was measured in 2011 (33.9%), 5.4% higher when compared to the State (28.5%).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: Ever told they have high blood pressure (SWNPHD), 2015, 2017, 2019 combined

Race-ethnicity: From 2015-2017-2019, the SWNPHD White-NH population had a high blood pressure prevalence slightly higher when compared to the Hispanic population (30.1% vs. 28.4%*, respectively).

Gender: Male residents in the SWNPHD area were 1.2 times more likely to have high blood pressure when compared to females (40.0% vs. 33.1%, respectively).

Age: The 65 years old and older age group was 1.5 times more likely to have high blood pressure when compared to the 55-64 years old age group (62.7% vs. 42.7%, respectively).

Income: Residents in the SWNPHD earning less than $25,000/year were more likely to have high blood pressure when compared to those earning more than $75,000/year (32.0% vs. 28.9%, respectively).

Education: Residents in the SWNPHD who have attained less than H.S. were 1.3 times more likely to have high blood pressure when compared to those who have attained graduate education (34.0% vs. 26.2%, respectively).

BRFSS data: Ever told they have COPD - adults (SWNPHD vs. State) 2011-2020
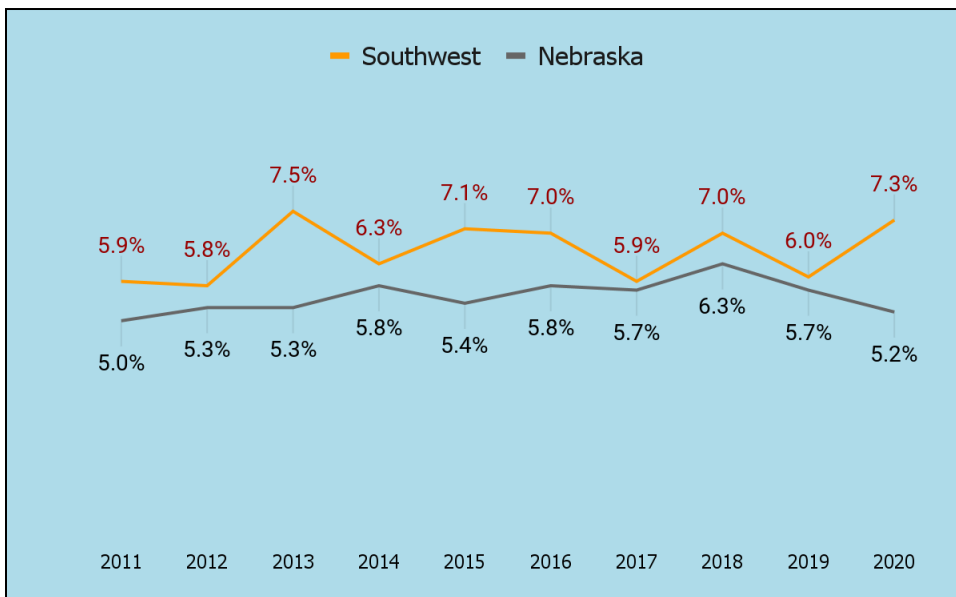
On average, COPD prevalence in the SWNPHD area was 1.0% higher when compared to the State between 2011-2020.

The COPD prevalence rate in the SWNPHD area was highest in 2013 and 2020 (7.5% and 7.3%, respectively).

The 2016-2020 combined COPD prevalence in the SWNPHD area was 0.9% higher when compared to the state (6.6% vs. 5.7% respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: Ever told they have COPD - adults: 2011-2020

Race-ethnicity: From 2016-2020, the SWNPHD White-NH population had a COPD prevalence of 5.1%, higher when compared to the Hispanic population (0.0%*****). *****Unstable estimate, use with caution.

Gender: Female residents in the SWNPHD area were more likely to have had COPD when compared to males (7.1% vs. 6.2%, respectively).

Age: The 65 years old and older age group was 1.6 times more likely to have had COPD compared to the 55-64 years old age group (13.1% vs. 8.1%, respectively).

✍ **Income:** Residents in the SWNPHD earning less than $25,000/year were **6.9 times more likely** to have had COPD compared to those earning more than $75,000/year (12.4% vs. 1.8%, respectively). [7]

Education: Residents in the SWNPHD who have attained less than H.S. were **4.1 times more likely** to have had COPD compared to those who have attained graduate education (9.0% vs. 2.2%, respectively).

BRFSS data: Obesity (BMI 30+) - adults (SWNPHD vs. State) 2011-2020
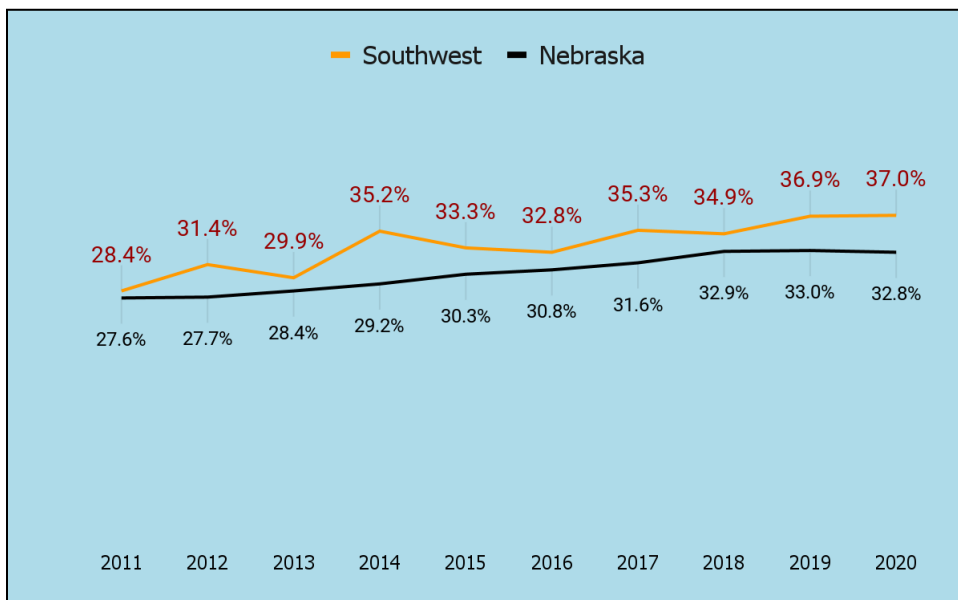
On average, obesity (BMI 30+) prevalence in the SWNPHD area was 3.1% higher when compared to the State between 2011-2020.

The obesity (BMI 30+) prevalence rate in the SWNPHD area was highest in 2020, 4.2% higher when compared to the State (37.0% vs. 32.8%, respectively).

The 2016-2020 combined obesity (BMI 30+) prevalence in the SWNPHD area was 2.0% higher when compared to the state (35.4% vs. 33.4% respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

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[7] People of lower socioeconomic status (SES) often face greater exposure to environmental risk factors that contribute to the development of Chronic Obstructive Pulmonary Disease (COPD). These risk factors encompass tobacco smoking, secondhand smoke exposure, indoor and outdoor air pollution, and exposure to biomass fuels.

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Disparities: Obesity (BMI 30+) - adults (SWNPHD) 2016-2020

Race-ethnicity: From 2016-2020, the White-NH population in the SWNPHD area had a higher prevalence of obesity (BMI 30+) when compared to the Hispanic* population (35.0% vs. 34.4%, respectively).

Gender: Male residents in the SWNPHD were more likely to have obesity (BMI 30+) when compared to females (36.4% vs. 34.2%, respectively).

Age: The 45-54 years old age group reported the highest percentage of obesity (BMI 30+) among all age groups (42.2%), and were 1.6 times more likely to report obesity when compared to the 18-34 years old age group (26.3%).

Income: Residents in the SWNPHD earning between $50,000 and $74,999/year were **1.4 times more likely** to have obesity (BMI 30+) compared to those earning more than $75,000/year (40.4% vs. 29.9%, respectively).

Education: Residents in the SWNPHD who have attained some post H.S. education were **1.3 times more likely** to have obesity (BMI 30+) compared to those who have attained graduate education (38.1% vs. 28.9%, respectively).

*Unstable estimate, use with caution.

Obesity (adults with BMI > 30.0) by county, SWNPHD, NE, US (2019)
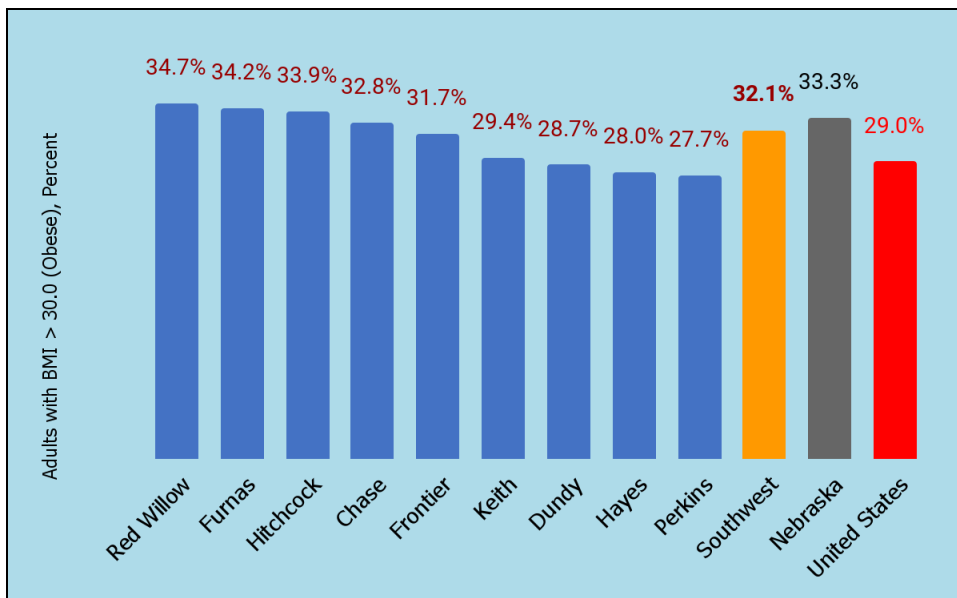
Nearly one-third of the SWNPHD population had obesity (9,372 people; 32.1%), which was slightly lower when compared to the State (33.3%).

Red Willow County had the highest obesity rate among all counties (34.7%), followed by Furnas County (34.2%). Perkins County had the lowest obesity rate (27.7%), followed by Hayes County (28.0%).

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.

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Health Behaviors

Health behaviors encompass a range of actions that individuals, families, or communities undertake which have an impact on their health, either positively or negatively. They include lifestyle choices such as diet, physical activity, sleep, hygiene, and substance use, among others. For example, a balanced diet and regular exercise are beneficial health behaviors that can help prevent chronic diseases such as obesity, diabetes, and heart disease. Conversely, health-damaging behaviors could include substance abuse, tobacco smoking, or living a sedentary lifestyle.

Health behaviors don't occur in a vacuum but are largely influenced by the socio-ecological environment. The choices available in the places where people live, learn, work, and engage in recreational activities significantly shape these behaviors. This idea is rooted in the socio-ecological model of health, which emphasizes the interaction between, and interdependence of, factors within and across all levels of a health problem.

For instance, living in a neighborhood with ample green spaces, accessible gyms, and healthy food options might encourage individuals to exercise more and eat healthily. Conversely, residing in a "food desert" where fast food outlets outnumber supermarkets or living in unsafe neighborhoods where outdoor physical activity is risky, may contribute to unhealthy diet choices and sedentary behaviors. Similarly, workplaces that encourage regular breaks and offer stress management resources can positively influence health behaviors.

Health behaviors are also heavily influenced by cultural, economic, and social factors. Cultural norms and beliefs can shape dietary habits, attitudes towards physical activity, and perceptions of health and illness. Economic status impacts the ability to afford health-promoting resources like nutritious food, gym memberships, and preventive health care. Social factors, such as the level of social support and community engagement, can influence health behaviors as well.

Health behaviors are complex and multifaceted, influenced by individual decisions and a variety of external factors. Understanding these behaviors and their determinants can help in developing effective strategies to promote healthier choices and improve public health outcomes.

COMMUNITY SURVEY QUOTES	**What are the three most important things that would make your community a healthier place for you and your loved ones?**
	"Programs to help with access to affordable healthy foods" "Support classes or groups to educate and promote healthy eating, exercise" "Cultural encouragement away from sedentary lifestyle" "Be more aware of health issues and spreading sickness in the community."

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Access to Exercise Opportunities by County, NE, U.S. (2021)

Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise (Babey *et al.*, 2013).
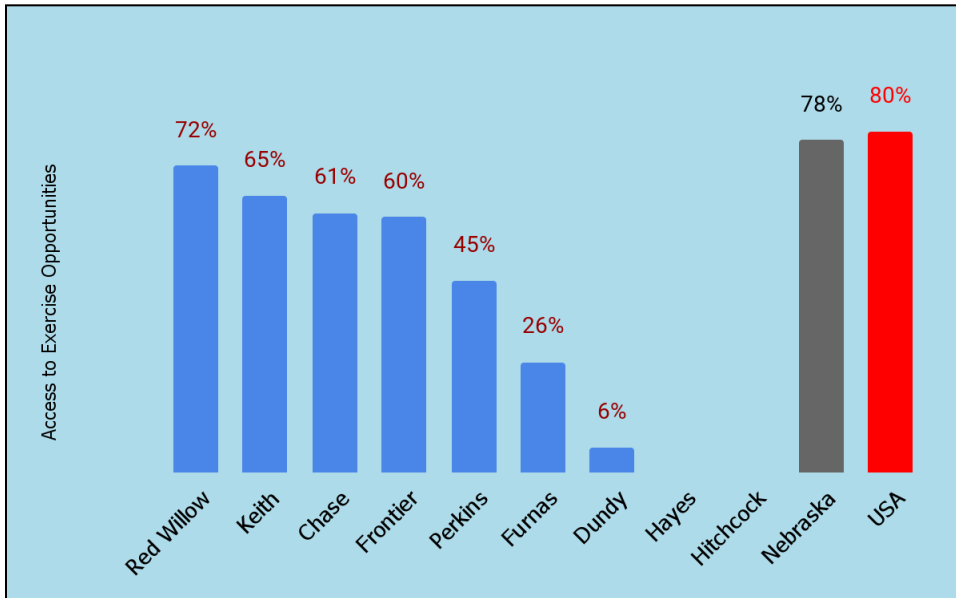

In Nebraska, 78% of people lived close to a park or recreation facility. ✍ Within the SWNPHD area, all residents had fewer exercise opportunities compared to the rest of Nebraskans.

Less than half of the populations in Perkins, Furnas, and Dundy counties had access to exercise opportunities.

Data sources: ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles. **Notes:** Data suppressed or not available for Hayes and Hitchcock counties. Data indicator is not available for SWNPHD. The 2022 County Health Rankings used data from 2010 & 2021 for this measure.

BRFSS data: No leisure-time physical activity in the past 30 days, adults (SWNPHD vs. State) 2011-2020
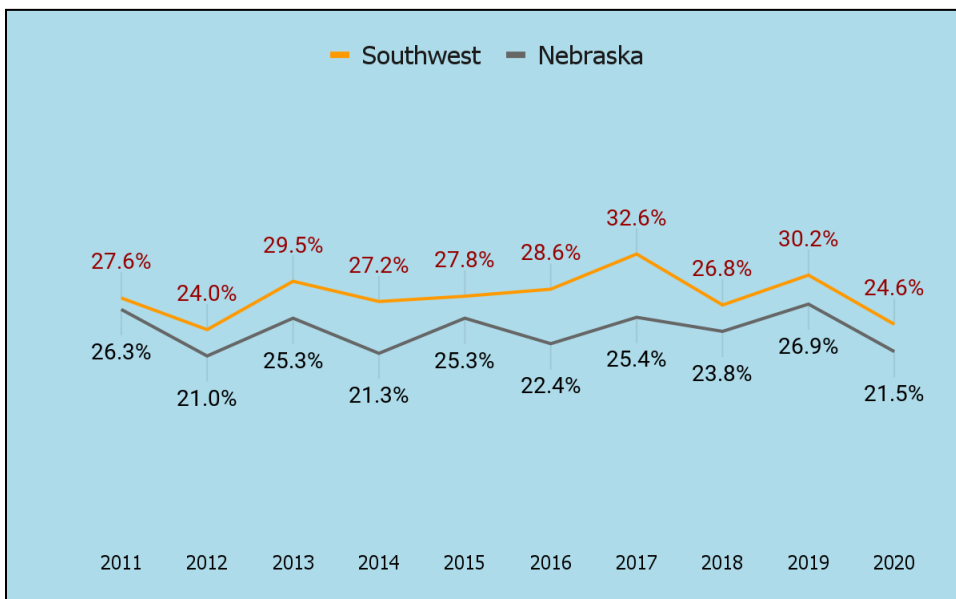
On average, no leisure-time physical activity in the past 30 days prevalence in the SWNPHD was 4.0% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest no leisure-time physical activity in the past 30 days prevalence in the SWNPHD area was 32.6% in 2017, 7.2% higher when compared to the State (25.4%). The lowest no leisure-time physical activity in the past 30 days prevalence in the SWNPHD area was reported in 2012 (24.0%), 3.0% higher when compared to the State (21.0%).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

✍ The 2016-2020 combined no leisure-time physical activity in the past 30 days prevalence in the SWNPHD area was **1.2 times higher** when compared to the State (28.8% vs. 24.0%, respectively).

Disparities: No leisure-time physical activity in the past 30 days. SWNPHD. 2016-2020 combined years.

Race-ethnicity: From 2016-2020, the Hispanic population in the SWNPHD area was slightly more likely to report no leisure time physical activity in the past 30 days when compared to the White-NH population (26.4%* vs. 26.0%, respectively) . *Unstable estimate, use with caution.

➔ **Gender:** Male residents in the SWNPHD area were more likely to report no leisure time physical activity in the past 30 days when compared to females (30.6% vs. 26.4%, respectively).

Age: The 65 years old and older age group reported the highest proportion of individuals to have no physical activity in the past 30 days when compared to all age groups (36.7%).

Income: Households in the SWNPHD earning less than $25,000/year were **1.7 times less likely** to have no leisure time physical activity in the past 30 days when compared to those earning $75,000 or more per year (33.2% vs. 20.1%, respectively).

✍ **Education:** Residents in the SWNPHD who have attained less than H.S. were **3.1 times less likely** to report to have no leisure time physical activity in the past 30 days when compared to those who have attained graduate education (46.7% vs. 15.0%, respectively).

BRFSS data: Walk for at least 10 minutes at a time for any reason during a usual week, adults (SWNPHD vs. State) 2015-2017
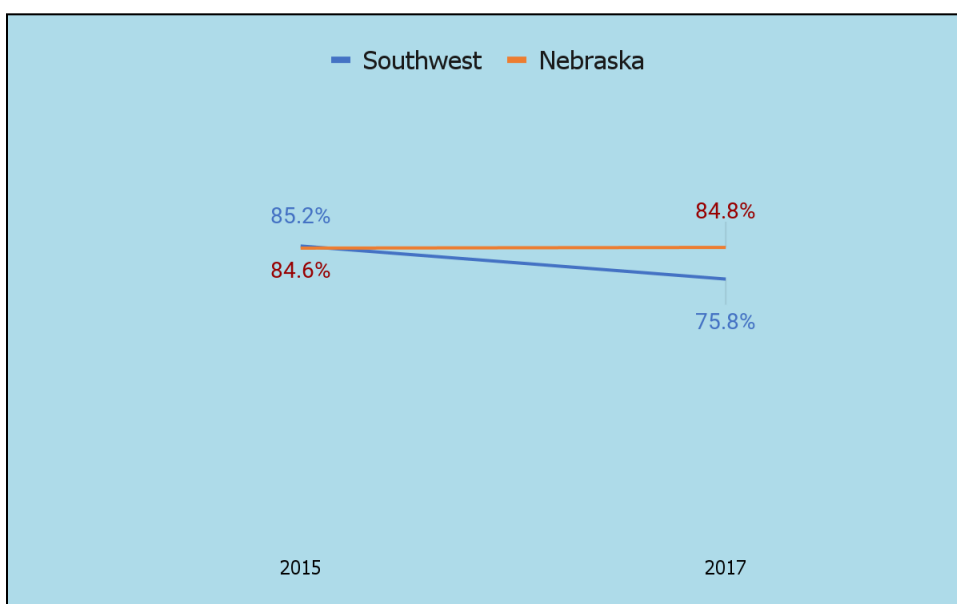
On average, walk for at least 10 minutes at a time for any reason during a usual week prevalence in the SWNPHD area was 4.2% lower when compared to the State between 2015 and 2017 (80.5% vs. 84.7%, respectively).

Walk for at least 10 minutes at a time for any reason during a usual week prevalence in the SWNPHD area between 2015 and 2017 decreased 9.4%, from 85.2% to 75.8%. During the same time period, walk for at least 10 minutes at a time for any reason during a usual week prevalence in the State slightly increased 0.2%, from 84.6% to 84.8%.

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: Walk for at least 10 minutes at a time for any reason during a usual week

Race-ethnicity: From 2016-2020, 81.6% of the White-NH population in the SWNPHD area reported walking for at least 10 minutes at a time for any reason during a usual week. Data for the rest of races/ethnicities were not available due to small numbers.

Gender: Male residents in the SWNPHD area were slightly more likely to walk for at least 10 minutes at a time for any reason during a usual week when compared to females (80.8% vs. 80.3%, respectively).

Age: The 55-64 years old age group had the highest proportion of individuals that reported walking for at least 10 minutes at a time for any reason during a usual week when compared to all age groups (85.3%).

Income: Households in the SWNPHD earning $75,000 or more per year were more likely to report walking for at least 10 minutes at a time for any reason during a usual week when compared to those earning less than $25,000/year (88.1% vs. 84.6%, respectively).

Education: Residents in the SWNPHD who have attained H.S. or GED* education were 1.2 times less likely to report walking for at least 10 minutes at a time for any reason during a usual week compared to those who have attained graduate education (74.6% vs. 88.7%, respectively). *Data for those with Less than H.S. education was not available due to small numbers.

BRFSS data: Consumed fruits less than 1 time per day, adults (SWNPHD vs. State) 2017, 2019
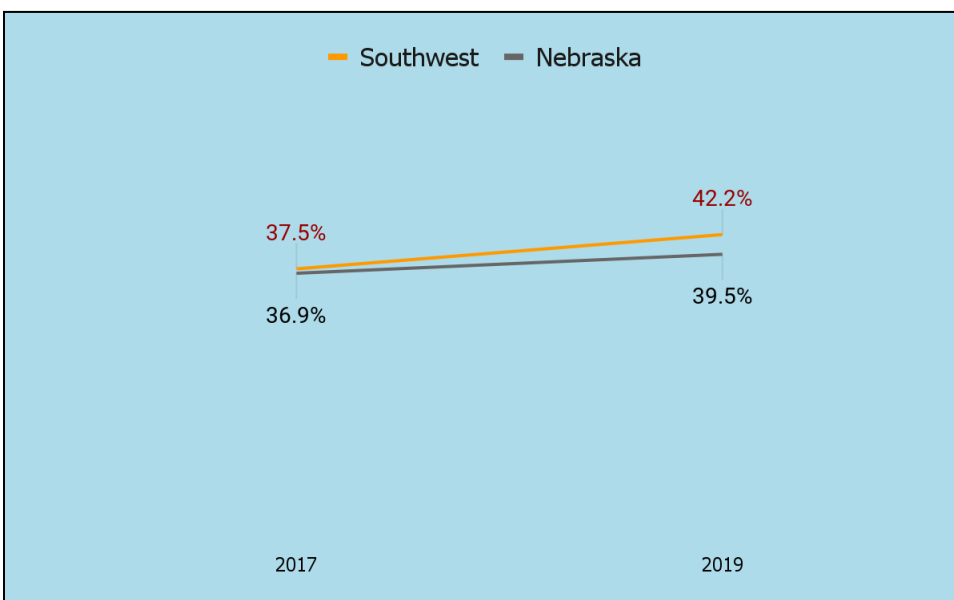
On average, consumed fruits less than 1 time per day prevalence in the SWNPHD area was 1.7% higher when compared to the State between 2017 and 2019 (39.9% vs. 38.2%, respectively).

Consumed fruits less than 1 time per day prevalence in the SWNPHD area between 2017 and 2019 increased 4.7%, from 37.5% to 42.2%, respectively. During the same time period, consumed fruits less than 1 time per day prevalence in the State increased 2.6%, from 36.9% to 39.5%, respectively.

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2017-2019). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: Consumed fruits less than 1 time per day, 2017, 2019 combined

Race-ethnicity: From 2017-2019 combined, 42.0% of the SWNPHD area White-NH population consumed fruits less than 1 time per day. No data was available for other races/ethnicities.

Gender: Male residents in the SWNPHD area were 1.3 times more likely to consume fruits less than 1 per day when compared to females (44.3% vs. 35.6%, respectively).

Age: The 55-64 years old age group showed the highest proportion of individuals who consumed fruits less than 1 time per day when compared to all age groups (44.4%).

Income: Households in the SWNPHD earning between $50,000 and $74,999 were more likely to consume fruits less than 1 time per day when compared to the rest of the earning groups (54.9%).

Education: Residents in the SWNPHD who have attained a High School education or GED were **1.4 times** more likely to consume fruits less than 1 time per day compared to those who have attained a college graduate education (47.0% vs. 34.2%, respectively).

BRFSS data: Consumed vegetables less than 1 time per day, adults (SWNPHD vs. State) 2017, 2019
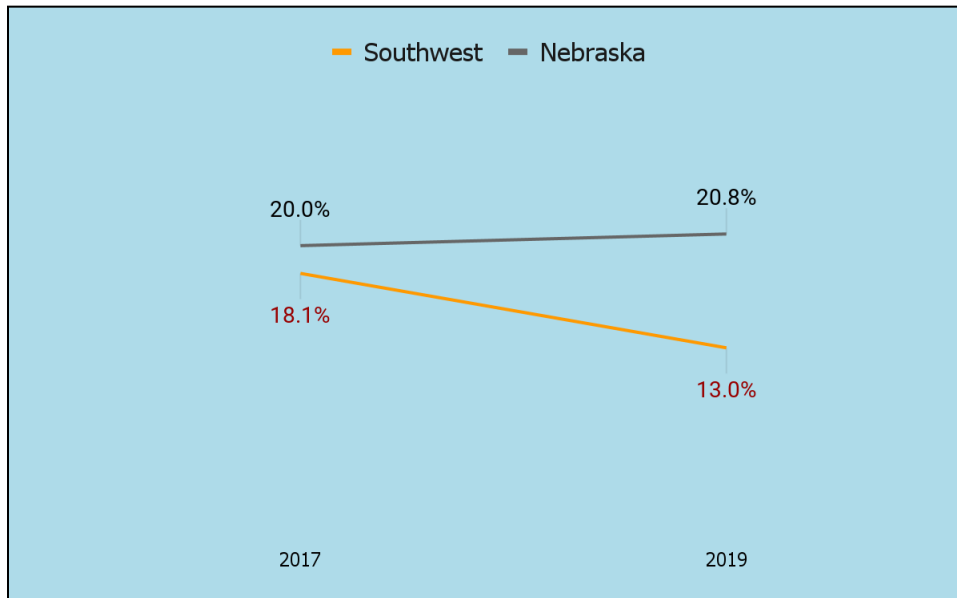
On average, consumed vegetables less than 1 time per day prevalence in the SWNPHD area was 4.9% lower when compared to the State between 2017 and 2019 (15.6% vs. 20.4%, respectively).

Consumed vegetables less than 1 time per day prevalence in the SWNPHD area between 2017 and 2019 decreased 5.1%, from 18.1% to 13.0%, respectively. During the same time period, consumed vegetables less than 1 time per day prevalence in the State increased 0.8%, from 20.0% to 20.8%, respectively.

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2017-2019). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: Consumed vegetables less than 1 time per day, 2017, 2019 combined

Race-ethnicity: From 2017-2019 combined, 14.7% of the SWNPHD White-NH population consumed vegetables less than 1 time per day. No data was available for other races/ethnicities due to small numbers.

Gender: Male residents in the SWNPHD area are more likely to consume vegetables less than 1 per day when compared to females (16.0% vs. 15.2%, respectively).

Age: The 18-34 years old age group showed the highest proportion of individuals who consumed vegetables less than 1 time per day when compared to all age groups (16.9%).

Income: Households in the SWNPHD earning less than $25,000/year were more likely to consume vegetables less than 1 time per day when compared to the rest of earning groups (23.6%).

✍ **Education:** Residents in the SWNPHD who have attained less than H.S. were **2.3 times more likely** to consume vegetables less than 1 time per day compared to those who have attained graduate education (24.1% vs. 10.6%, respectively).

BRFSS data: Current cigarette smoking, adults (SWNPHD vs. State) 2011-2020
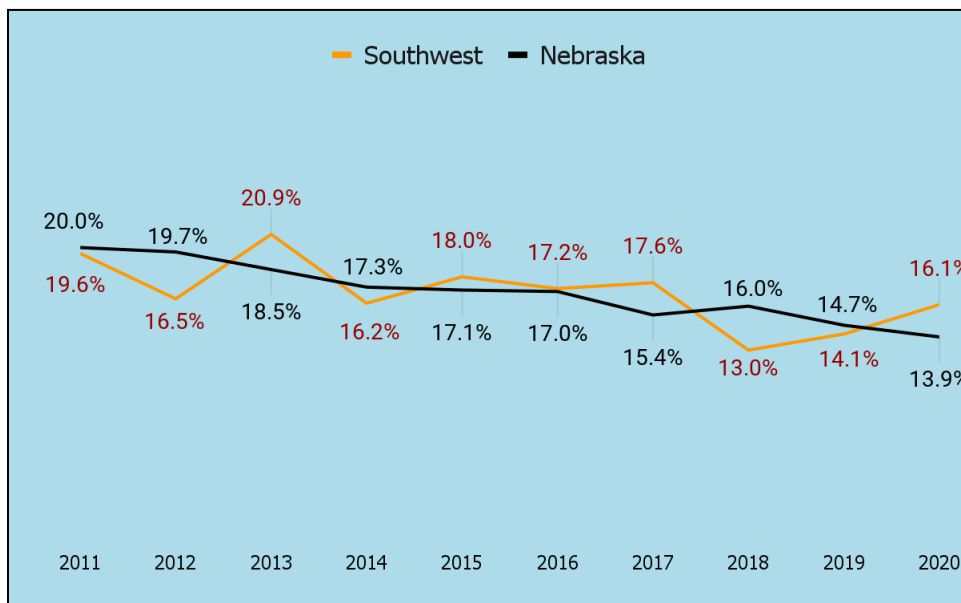
On average, current cigarette smoking prevalence in the SWNPHD area was 0.1% lower when compared to the State between 2011-2020.

Current cigarette smoking prevalence rate in the SWNPHD area steadily decreased between 2011 and 2020, from an average prevalence rate of 18.2% between 2011 and 2015, to an average prevalence rate of 15.6% between 2016 and 2020, an average decrease of 2.6% between these two periods.

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

The 2016-2020 combined current cigarette smoking prevalence in the SWNPHD area was 0.2% higher when compared to the state (15.6% vs. 15.4%, respectively).

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Disparities: Current cigarette smoking (SWNPHD): 2016-2020 combined

Race-ethnicity: From 2016-2020, the SWNPHD White-NH population reported a higher prevalence of cigarette smoking compared to Hispanics (16.8% vs. 15.9%*, respectively). *Unstable estimate, use with caution.

Gender: Male residents in the SWNPHD area were more likely to smoke cigarettes when compared to females (16.1% vs. 15.1%, respectively).

Age: The 35-44 years old age group was 2.2 more likely to smoke cigarettes when compared to the 65 years old and older age group (21.2% vs. 9.5%, respectively).

✍ **Income:** Residents in the SWNPHD earning less than $25,000/year were **3.9 times more likely** to smoke cigarettes when compared to those earning more than $75,000/year (35.3% vs. 9.0%, respectively).

Education: Residents in the SWNPHD who have attained less than H.S. were 2.6 times more likely to smoke cigarettes when compared to those who have attained graduate education (23.3% vs. 8.8%, respectively).

BRFSS data: Current smokeless tobacco use, adults (SWNPHD vs. State) 2011-2020
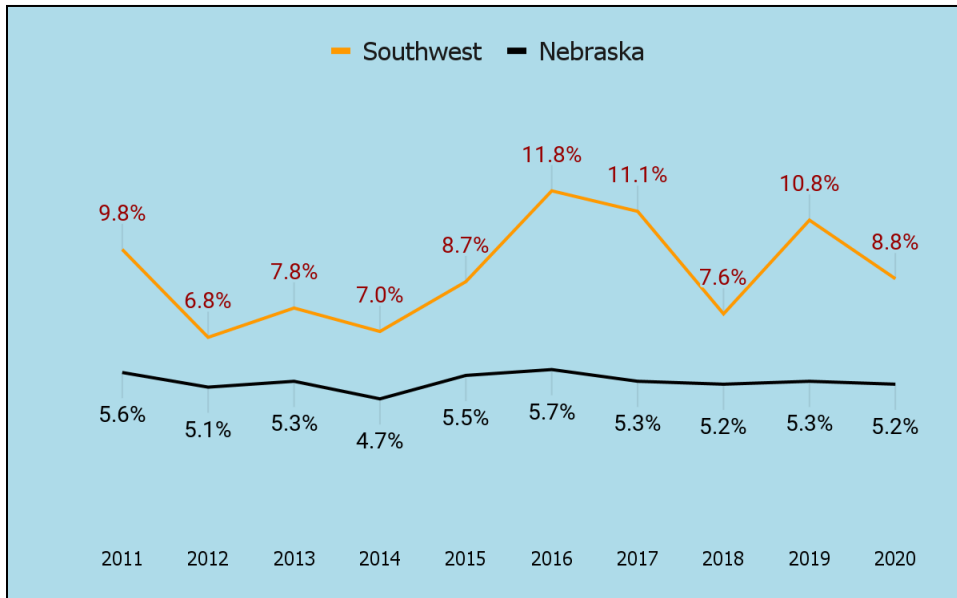
On average, current smokeless tobacco use prevalence in the SWNPHD area was 3.7% higher when compared to the State between 2011-2020.

Between 2011 and 2015, the average current smokeless tobacco use prevalence in the SWNPHD area was 8.0%, 2.0% higher when compared to the prevalence between in 2016 and 2020 (8.0% vs. 10.0%, respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

✍ The 2016-2020 combined current smokeless tobacco use prevalence in the SWNPHD area was **1.9 times higher** when compared to the State (10.0% vs. 5.3%, respectively).

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Disparities: Current smokeless tobacco use (SWNPHD). 2016-2020 combined years

Race-ethnicity: From 2016-2020, the SWNPHD White-NH population was more likely to use smokeless tobacco when compared to Hispanics (11.7% vs. 8.6%*, respectively).

➔   **Gender:** ✍ Male residents in the SWNPHD area were **9.1 times more likely** to use smokeless tobacco when compared to females (18.2% vs. 2.0%, respectively).

Age: The 18-34 years old age group was the most likely to use smokeless tobacco when compared to to all age groups (16.1%).

Income: Residents in the SWNPHD earning more than $75,000/year were more likely to use smokeless tobacco when compared to those earning less than $25,000/year (12.0% vs. 9.7%, respectively).

Education: Residents in the SWNPHD who have attained a H.S. education or GED were more likely to use smokeless tobacco compared to those who have attained less than H.S. (11.9% vs. 8.7%, respectively).

 *Unstable estimate, use with caution.

BRFSS data: Current e-cigarette use, adults (SWNPHD vs. State) 2016-2020
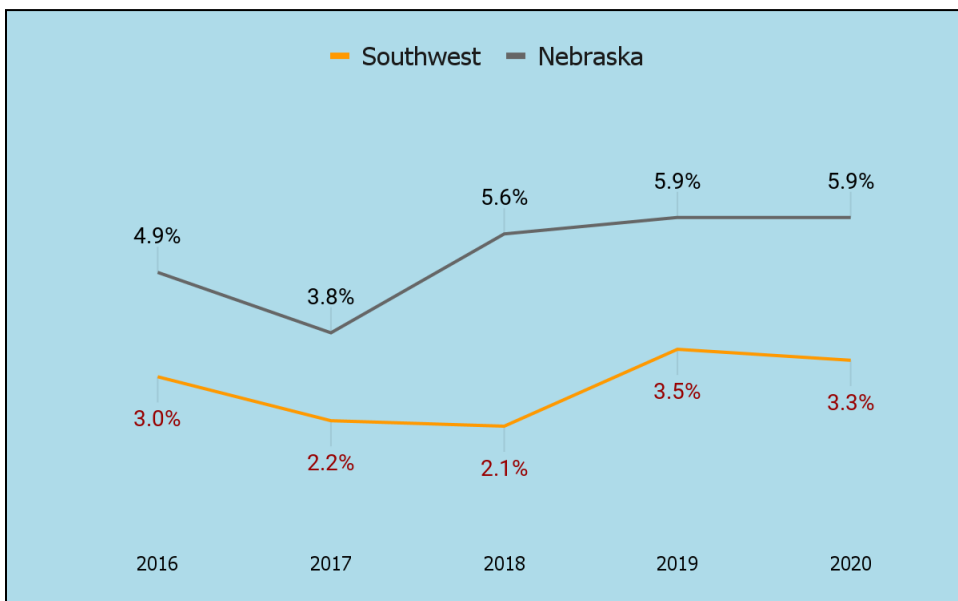
On average, current e-cigarette use prevalence in the SWNPHD area was 2.4% lower when compared to the State between 2016-2020.

Current e-cigarette use prevalence rate in the SWNPHD area increased between 2018 and 2020, from a prevalence rate of 2.1% in 2018 (the lowest during the reported period) to a prevalence rate of 3.3% in 2020 (a 1.2% increase).

The 2016-2020 combined current e-cigarette use prevalence in the SWNPHD area was 2.4% lower when compared to the state (2.8% vs. 5.2%, respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: Current e-cigarette use (SWNPHD) 2016-2020

Race-ethnicity: From 2016-2020, the SWNPHD White-NH population was more likely to use e-cigarettes compared to Hispanics (3.6% vs. 0.0%*****, respectively). *****Unstable estimate, use with caution.
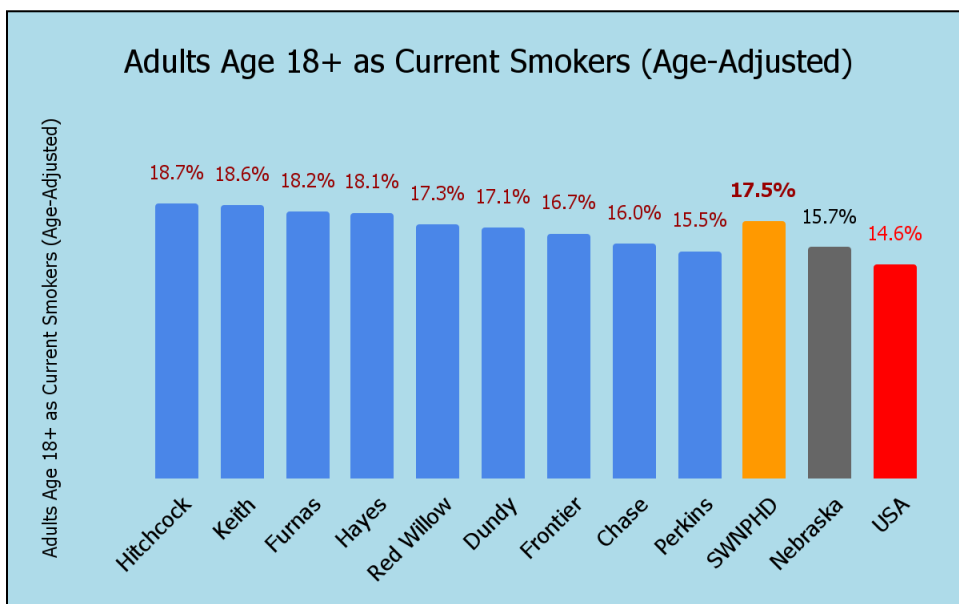
Gender: Male residents in the SWNPHD area were 1.9 times more likely to use e-cigarettes when compared to females (3.7% vs. 1.9%, respectively).

Age: The 18-34 years old age group was most likely to use e-cigarettes compared to to all age groups (6.4%).

Income: Residents in the SWNPHD earning less than $25,000/year were more likely to use e-cigarettes compared to those earning more than $75,000/year (5.0% vs. 4.5%, respectively).

✍ **Education:** Residents in the SWNPHD who have attained less than H.S. were **6.8 times more likely** to use e-cigarettes compared to those who have attained graduate education (5.4% vs. 0.8%, respectively).

Smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days, adults (County, SWNPHD, NE, U.S.) 2020

Adults Age 18+ as Current Smokers (Age-Adjusted)

Hitchcock 18.7%, Keith 18.6%, Furnas 18.2%, Hayes 18.1%, Red Willow 17.3%, Dundy 17.1%, Frontier 16.7%, Chase 16.0%, Perkins 15.5%, SWNPHD 17.5%, Nebraska 15.7%, USA 14.6%

On average, lifetime cigarette smoking prevalence in the SWNPHD area was 1.8% higher when compared to the State in 2020 (17.5 vs. 15.7%, respectively).

Hitchcock County showed the highest lifetime cigarette smoking prevalence in the SWNPHD area (18.7%), followed by Keith County, and Furnas County (18.2%).

Perkins County showed the lowest lifetime cigarette smoking prevalence in the SWNPHD area (15.5%), followed by Chase County (16.0%), and Frontier County (16.7%).

Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: County

BRFSS data: Opioid misuse in the past year, adults (SWNPHD vs. State) 2018-2020

Legend: ■ Southwest ■ Nebraska

4.3%
3.4%
2.9%
3.3%
2.2%
2.5%
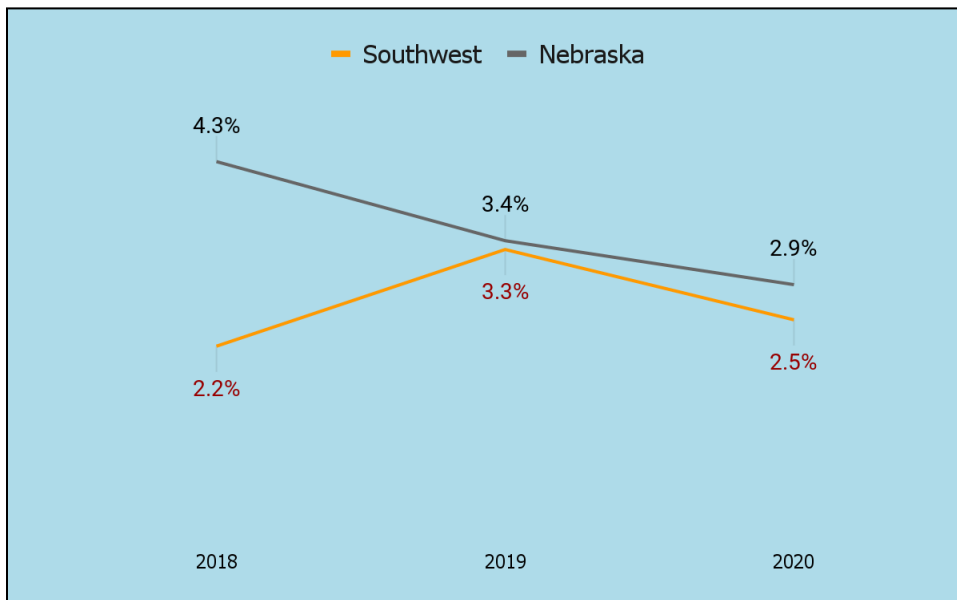
2018   2019   2020

Opioid misuse in the past year prevalence in the SWNPHD area between 2019 and 2020 decreased -0.8%. Opioid misuse in the past year prevalence also decreased for the State during 2019-2020 (-0.5%).

The 2018-2020 combined opioid misuse in the past year prevalence in the SWNPHD area was 0.8% lower when compared to the state (2.7% vs. 3.5% respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2011-2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

Disparities: Opioid misuse in the past year (SWNPHD) 2018-2020

Race-ethnicity: From 2018-2020, opioid misuse in the pas year was 3.3% for the SWNPHD White-NH population. No data was reported for minorities.

Gender: Male residents in the SWNPHD area were **1.7 times** more likely to report opiod misuse in the past year when compared to females (3.3% vs. 2.0%, respectively*****).

✍ **Age**: The 18-34 years old age group was most likely to report opiod misuse in the past year compared to all age groups (5.4%). Opioid misuse prevalence among the 18-34 years old age group was **2.0 times higher** when compared to the SWNPHD population (2.7%).

Income: Households in the SWNPHD earning less than $25,000/year were **3.1 times more more likely** to report opioid misuse in the past year compared to those earning more than $75,000/year (5.0% vs. 1.6%, respectively).

✍ **Education:** Residents in the SWNPHD who have attained graduate education were **4.1 times more likely** to report opioid misuse in the past year compared to those who have attained H.S. or G.E.D. education** (14.8% vs. 3.6%*, respectively). These results contrast those found at the state level, where individuals with a college degree showed the lowest prevalence of opioid misuse in the past year compared to those with lower levels of education. Specifically, the misuse rate among college graduates was 2.0%, compared to 7.7% among individuals with less than a high school education

**Unstable estimates, use with caution.*
**No data was available for those who attained less than H.S. education.

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Oral Health

Poor oral health, such as gum disease (periodontitis) and tooth decay (caries), can significantly impact an individual's systemic health. Chronic oral infections can lead to an increased risk of cardiovascular diseases, including heart disease and stroke. This is believed to occur as a result of bacteria from the mouth entering the bloodstream and contributing to plaque formation in the arteries, which can lead to heart disease (Chhibber-Goel *et al.,* 2016).

Oral health is also connected to diabetes. Research shows that people with diabetes are more susceptible to developing periodontal disease, and severe periodontal disease can increase blood sugar, contributing to increased periods of time when the body functions with a high blood sugar, which further exacerbates diabetes (Preshaw *et al.,* 2012).

BRFSS: Had any permanent teeth extracted due to tooth decay or gum disease, Adults (SWNPHD vs. State) 2012-2020
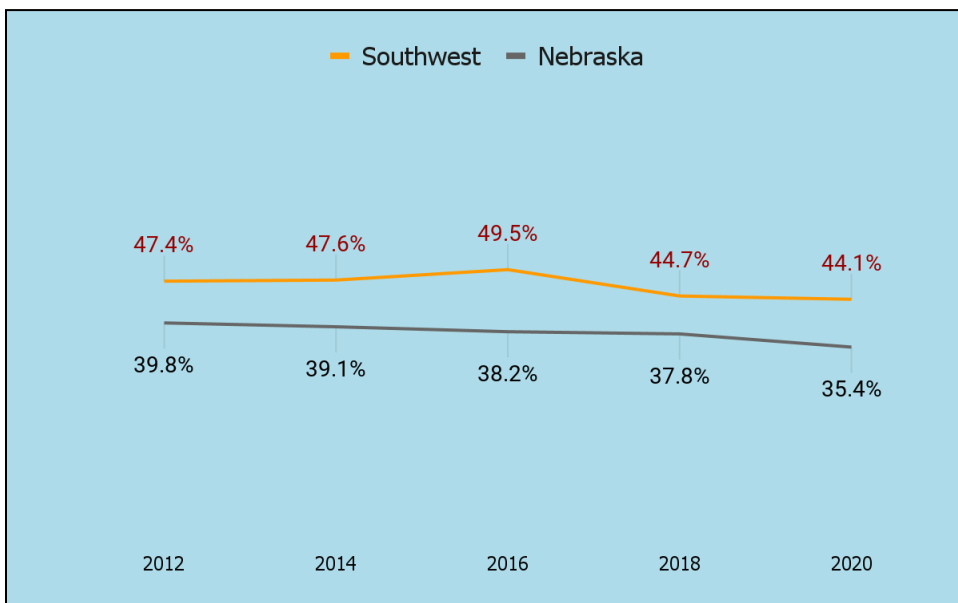
On average, teeth extracted prevalence in the SWNPHD area was 8.6% higher when compared to the State between 2012-2020.

Teeth extracted prevalence in the SWNPHD area decreased between 2012 and 2020, from 47.4% in 2012 to 44.1% in 2020.

✍ The 2016-2020 combined teeth extracted prevalence in the SWNPHD area was 8.3% higher when compared to the state (46.1% vs. 37.8%, respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2012, 2014, 2016, 2018, and 2020). NE DHHS.
https://atlas-dhhs.ne.gov/Atlas/BRFSS

COMMUNITY SURVEY QUOTES	What are the three most important concerns you have about the health and well-being of your community?
	"Limited dentists available" "Lack of dental care for low income households" "No dental care for those with Medicaid" "Our teeth are not very healthy"

Disparities: Had any permanent teeth extracted due to tooth decay or gum disease, Adults (SWNPHD vs. State) 2012-2020

Race-ethnicity: From 2016-2020 combined, the SWNPHD White-NH population was more likely to report teeth extracted when compared to Hispanics (39.0% vs. 35.7%*****, respectively).

Gender: Female residents in the SWNPHD area were slightly more likely to report teeth extracted when compared to males (46.5% vs. 45.7%, respectively).

Age: The 65 years old and older age group reported the highest teeth extracted prevalence when compared to to all age groups (72.1%).

✍ **Income:** Residents in the SWNPHD earning less than $25,000/year were **2.4 times more likely** to report teeth extracted when compared to those earning more than $75,000/year (58.4% vs. 25%, respectively).

Education: Residents in the SWNPHD who have attained a H.S. education or GED were **2.1 times more likely** to report teeth extracted compared to those who have college graduate education (49.7% vs. 24.2%, respectively).

 *Unstable estimate, use with caution.

BRFSS: Had teeth cleaned by dentist/hygienist in past year, among those with 1+ permanent teeth, Adults 18 and older, (SWNPHD vs. State) 2016-2018
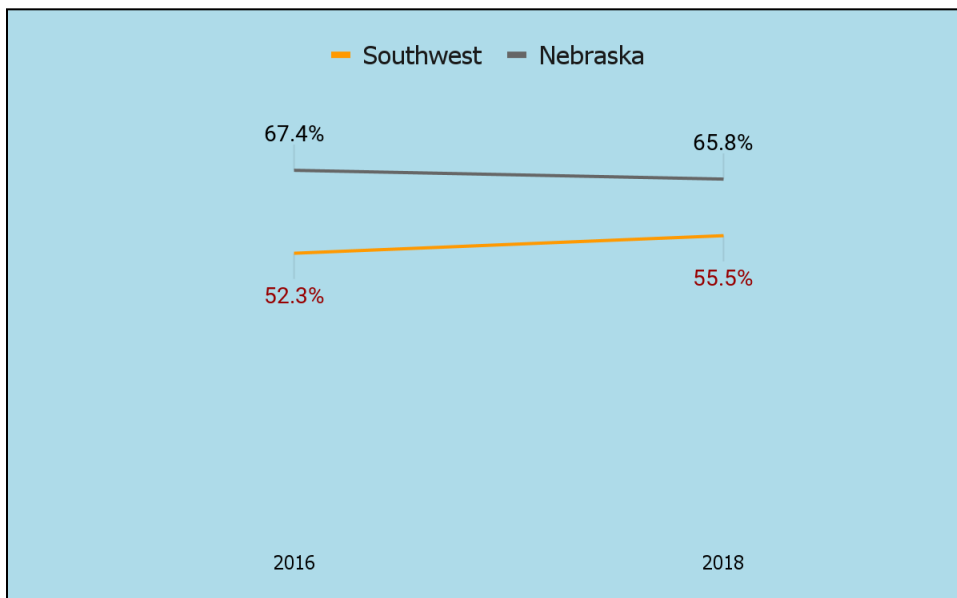
Had teeth cleaned by dentist/hygienist in past year prevalence in the SWNPHD area slighlty increased between 2016 and 2018, from 52.3% in 2016 to 55.5% in 2018.

✍ The 2016-2018 combined teeth cleaned by dentist/hygienist in past year prevalence in the SWNPHD area was 12.7% lower when compared to the state (53.9% vs. 66.6%, respectively).

Data source: Behavioral Risk Factor Surveillance System (BRFSS, 2016 and 2018). NE DHHS. https://atlas-dhhs.ne.gov/Atlas/BRFSS

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Disparities: Had teeth cleaned by dentist/hygienist in past year, among those with 1+ permanent teeth, Adults 18 and older, (SWNPHD vs. State) 2016-2018

Race-ethnicity: Over the combined years of 2016 to 2018, 56.3% of the white, non-Hispanic population within the SWNPHD area reported having their teeth cleaned by a dentist or hygienist in the past year. Data for minorities was not available due to small numbers.

Gender: Female residents in the SWNPHD area were more likely to report having their teeth cleaned by a dentist or hygienist in the past year when compared to males (59.0% vs. 48.8%, respectively).

Age: The 65 years old and older age group were more likely to report having their teeth cleaned by a dentist or hygienist in the past year when compared to all age groups (57.0%). ✍ The 18-34 age group reported the lowest prevalence of having their teeth cleaned by a dentist or hygienist in the past year (49.1%).

Income: Residents in the SWNPHD earning less than $25,000/year were **2.0 times less likely** to report having their teeth cleaned by a dentist or hygienist in the past year when compared to those earning more than $75,000/year (37.5% vs. 74.7%, respectively).

✍ **Education:** Residents in the SWNPHD area who have attained less than H.S. education were **2.4 times less likely** to report having their teeth cleaned by a dentist or hygienist in the past year compared to those who have college graduate education (28.4% vs. 66.9%, respectively).

COMMUNITY SURVEY QUOTES
What worries you most about your health or the health of your loved ones?
"Lack of dentists that take Medicaid" "The dentist"
What are the three most important things that would make your community a healthier place for you and your loved ones?
"Available affordable dental services" "Ability to get children into dentists"

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Quality of Life: Mental Health

Mental health plays a crucial role in an individual's overall well-being and quality of life. It encompasses emotional, psychological, and social aspects that contribute to an individual's ability to cope with daily challenges, maintain relationships, and achieve optimal functioning. Poor mental health increases the risk of various physical health problems, including cardiovascular disease, diabetes, and chronic pain (Baumeister et al., 2016). Conversely, maintaining good mental health is associated with better physical health outcomes, such as improved immune function and longevity (Segerstrom & Miller, 2004).

> Research has "found that counties with more unhealthy days were likely to have higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates, and prevalence of disability than counties with fewer unhealthy days". (Jia, Muennig, Lubetkin, & Gold, 2004).

Average number of mentally unhealthy days reported in past 30 days (age-adjusted) by County, NE, U.S. (2020)
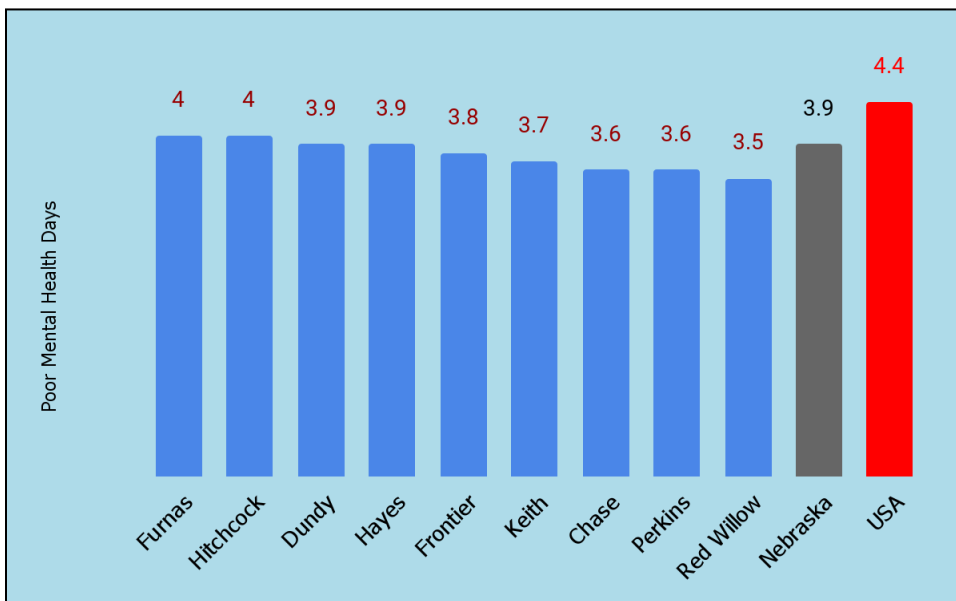

In the SWNPHD area, Furnas, Hitchcock, Dundy, and Hayes counties had an average number of mentally unhealthy days equal to or higher compared to the State.

Note: Data indicator is not available for SWNPHD.

COMMUNITY SURVEY QUOTES	What worries you the most about your health or the health of your loved ones?
	"Lack of behavioral health counseling access due to poor roads" "Not having access and/or affordable access to mental health professionals" "Mental health, depression & anxiety"

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Suicide rates (county smoothed rates for SWNPHD), NE, and U.S. 2016-2020 combined years
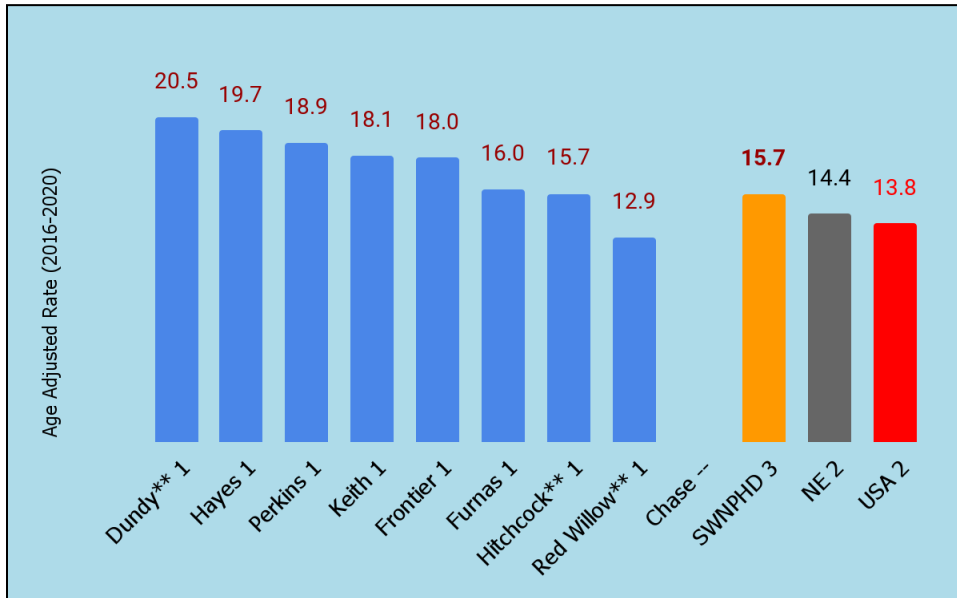
On average, suicide rates in the SWNPHD area were higher when compared to the State between 2016-2020 (15.7 vs. 14.4 per 100,000, respectively). It is estimated a total number of **278 deaths due to suicide** in the SWNPHD area between 2016-2020 when compared to 8,876 suicide deaths in the State during the same time period (based on smoothed age adjusted suicide rates).

Data source: Web-based Injury Statistics Query and Reporting System-CDC WISQARS Fatal Injury Mapping. **Notes**: 1: Smoothed Age Adjusted Rate; 2: Age-Adjusted Rate; 3: 2016-2020 NE DHHS, CDC, US Census Bureau. ****** indicates Unstable values. -- indicates Suppressed values. To learn more about smoothed rate calculations for counties, click here.

✍ Smoothed county age adjusted suicide rates show that Dundy County had the highest suicide rate in the SWNPHD area (20.5 per 100,000), followed by Hayes County (19.7 per 100,00), and Perkins County (18.9 per 100,000 per 100,000).

Disparities: Suicide rates - age adjusted rates (Nebraska) 2016-2020 combined years

➔ **Race-ethnicity:** ✍From 2016-2020, the **Nebraska Native American** population had the highest prevalence of suicide rates compared to all races and ethnicities (16.4 per 100,000).

➔ **Gender:** Nebraska **males** were **4.5 times more likely** to die of suicide compared to Nebraska females (23.7 vs. 5.3 per 100,000, respectively).

➔ **Age**: The 35-39 years old age group had the highest suicide rate among all age groups (22.2 per 100,000), followed by the 55-59 years old age group (21.9 per 100,000), and the 45-49 years old age group (21.8 per 100,000). ✍The highest suicide rate among Nebraska females was found in the 50-54 years old age group (11.6 per 100,000), and the 80-84 years old age group for Nebraska males (38.7 per 100,000).

Suicide rates per 100,000 individuals (all ages) by health department: 2011-2016 and 2016-2020

| Local Health Department	2011-2016	2016-2020	Difference
Panhandle Public	9.7	20.3	10.6
Southeast	11.5	19.7	8.2
West Central	13.7	18.9	5.2
Elkhorn Logan Valley	8.7	18.5	9.8
Loup Basin	12.6	18.3	5.7
Two River	7.8	17.1	9.3
South Heartland	8.7	16.3	7.6
Public Health Solutions	20.2	16.1	-4.1
Southwest Nebraska	**11.7**	**15.7**	**4**
North Central District	8.4	15.6	7.2
Central	8.8	15.3	6.5
Three River Public	8.9	15	6.1
East Central	12.5	14	1.5
Four Corners	12.7	13.6	0.9
Lancaster	10	13.6	3.6
Douglas County	7.9	12.8	4.9
Sarpy Cass	13.6	12.2	-1.4
Northeast Nebraska Public	6.7	9.8	3.1
State Total suicide rates per 100K	**9.9**	**14.4**	**4.5**

Data source: Nebraska Department of Health and Human Services, Centers for Disease Control and Prevention WISQARS™ Injury Data, U.S. Census Bureau

The suicide rate in the SWNPHD area increased between the 2011-2016 and 2016-2020 combined years.

The SWNPHD area was ranked 9th from highest to lowest suicide rates among all health departments (15.7 per 100,000 individuals), higher when compared to the State (14.4 per 100,000 individuals) for the 2016-2020 combined years.

COMMUNITY SURVEY QUOTES	What are the three most important concerns you have about the health and well-being of your community?
	"An older population that doesn't see the value of investing in the youth" "Lack of things to enrich life in town" "No mental health services available for those that need it"

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Students Reporting Feeling Depressed: SWNPHD vs. NE (2021)*
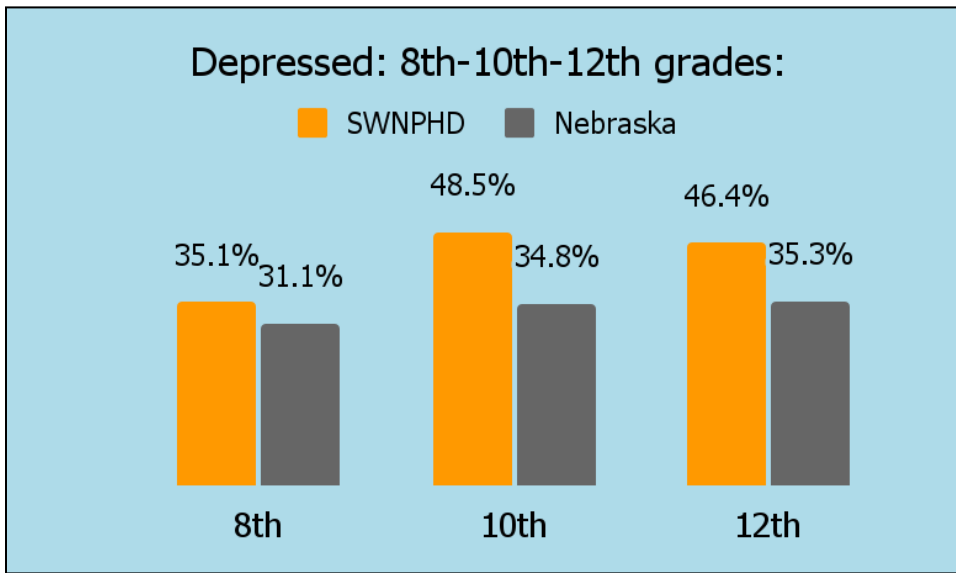
✍ Overall, the percentage of SWNPHD students feeling depressed (8th, 10th, and 12th graders) was higher when compared to the State.

10th graders from the SWNPHD had the highest percentage of feeling depressed (48.5%) when compared to 8th and 12th graders (35.1% and 46.4%, respectively).

Data source: Nebraska Risk Protective Factor Student Survey (2021).
https://bosr.unl.edu/sharp
Note: Data presented in the NRPFSS are not to be considered a representative statewide sample. The participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution.

COMMUNITY SURVEY QUOTES
What worries you most about your health or the health of your loved ones?
"Having access to mental health providers along with the ability to have serious conversations without the stigma attached to the issue"
What are the three most important things that would make your community a healthier place for you and your loved ones?
"More services to assist juveniles More recreational opportunities"   "People come together in good causes to serve, communicate, and support each other"   "A place where my family can go and all be active together"
What are the three most important concerns you have about the health and well-being of your community?
"No place for youth to go and hand out without getting into trouble"   "Stigma related to mental health issues"   "Alcohol abuse/ use as a coping tool for underlying mental health disorders"

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Students Feeling Depressed by Health Department (2016, 2018, 2021)*

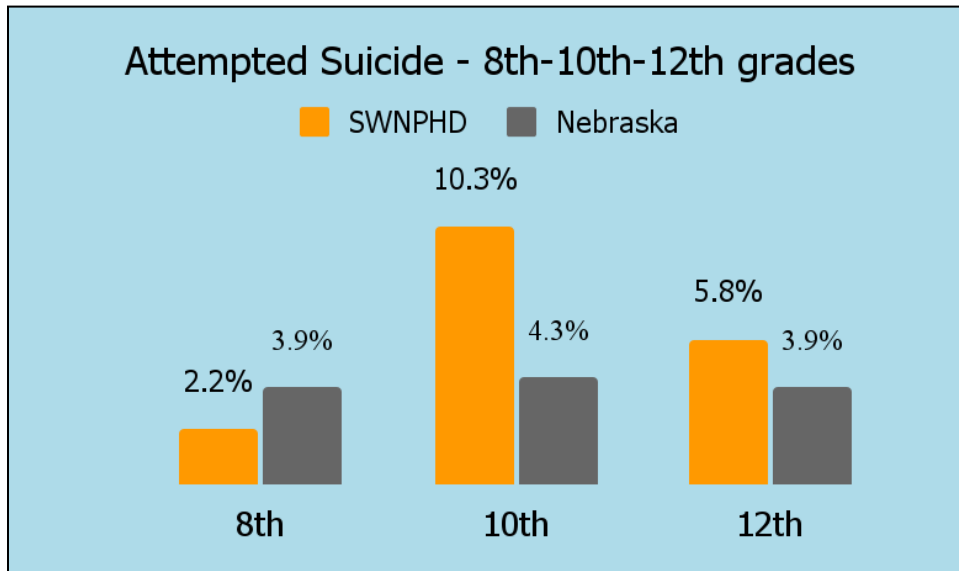| Geography (n = 20 health departments)	8th	10th	12th	Year
SWNPHD	35.1% (Rank 7th)	48.5% (Rank 4th)	46.4% (Rank 6th)	2021
Central District Health Department	31.2%	33.9%	32.1%	2018
Dakota County	31.6%	14.3%	28.6%	2016
Douglas County Health Department	26.2%	40.5%	42.6%	2021
East Central District Health Department	41.8%	33.8%	28.7%	2021
Elkhorn Logan Valley Public Health Department	41.1%	43.6%	46.7%	2021
Four Corners Health Department	26.9%	35.0%	38.8%	2021
Lancaster County	26.6%	32.9%	30.7%	2016
Loup Basin Public Health Department	33.9%	32.8%	38.5%	2021
North Central District Health Department	32.4%	33.7%	31.1%	2021
Northeast Nebraska Public Health Department	38.1%	37.6%	32.2%	2021
Panhandle Public Health Department	42.2%	50.7%	42.0%	2021
Public Health Solutions	28.8%	40.5%	52.5%	2021
Sarpy/Cass Department of Health and Wellness	31.1%	25.5%	35.5%	2018
Scotts Bluff County Health Department	42.5%	57.6%	58.5%	2021
South Heartland District Health Department	36.4%	38.4%	45.7%	2021
Southeast District Health Department	34.4%	37.9%	48.2%	2021
Three Rivers Public Health Department	25.5%	49.0%	47.0%	2021
Two Rivers Public Health Department	33.2%	38.1%	39.5%	2021
West Central District Health Department	34.1%	39.3%	38.5%	2018
Nebraska	31.1%	34.8%	35.3%	2021

Data source: Nebraska Risk Protective Factor Student Survey (2021). https://bosr.unl.edu/sharp

*Note: Data presented in the NRPFSS are not to be considered a representative statewide sample. The participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution.

Among students who felt depressed in 10th grade, SWNPHD ranked 4th, preceded by the Scotts Bluff County Health Department, Panhandle Public Health Department, and the Three Rivers Public Health Department.

COMMUNITY SURVEY QUOTES	What are the three most important concerns you have about the health and well-being of your community?
	"Our kids deserve these two places to enjoy and interact with their peers" "Lack of community exercise areas/gyms; Lack of healthy food options; Lack of mental health care" "Having safe & easy access to walking trails & activities to stay healthful"

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Student Attempted Suicide (2021): SWNPHD vs. NE*

Attempted Suicide - 8th-10th-12th grades

SWNPHD   Nebraska

	8th	10th	12th
SWNPHD	2.2%	10.3%	5.8%
Nebraska	3.9%	4.3%	3.9%

✎ Overall, the percentage of attempted suicide among SWNPHD students (10th and 12th graders) was higher when compared to the State.

✎ 10th graders from the SWNPHD had the highest percentage of attempted suicides (10.3%) when compared to 8th and 12th graders (2.2% and 5.8%, respectively).

Data source: Nebraska Risk Protective Factor Student Survey (2021).
https://bosr.unl.edu/sharp
Note: Data presented in the NRPFSS are not to be considered a representative statewide sample. The participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing studentsstatewide, so the state-level results should be interpreted with some caution.

COMMUNITY SURVEY QUOTES
What are the three most important things that would make your community a healthier place for you and your loved ones?
"Our community could benefit greatly from programs such as youth gymnastics, martial arts/self defense, and art skills offerings. There are too few programs and too few resources" "More nutritious foods, more recreational activities, more outdoor activities" "It takes a village to raise our children, we need safe places for our youth to create, learn, and work"

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Student Attempted Suicide by Health Department (2016, 2018, 2021)*

| Geography (n = 20 health departments)	8th	10th	12th	Year
SWNPHD	**2.2% (Rank 18th)**	**10.3% (Rank 1st)**	**5.8% (Rank 2nd)**	2021
Central District Health Department	3.7%	4.4%	3.3%	2018
Dakota County	3.7%	7.1%	0.0%	2016
Douglas County Health Department	2.1%	3.6%	3.5%	2021
East Central District Health Department	4.6%	2.7%	1.0%	2021
Elkhorn Logan Valley Public Health Department	3.0%	4.8%	4.5%	2021
Four Corners Health Department	2.5%	4.3%	3.9%	2021
Lancaster County	4.5%	3.5%	3.9%	2016
Loup Basin Public Health Department	2.4%	3.0%	4.5%	2021
North Central District Health Department	3.8%	4.6%	3.1%	2021
Northeast Nebraska Public Health Department	6.8%	3.4%	1.1%	2021
Panhandle Public Health Department	5.0%	**9.6%**	5.3%	2021
Public Health Solutions	3.4%	2.7%	4.9%	2021
Sarpy/Cass Department of Health and Wellness	4.0%	3.4%	3.2%	2018
Scotts Bluff County Health Department	5.5%	9.1%	**9.8%**	2021
South Heartland District Health Department	3.1%	4.9%	3.3%	2021
Southeast District Health Department	4.2%	6.0%	4.3%	2021
Three Rivers Public Health Department	1.2%	6.8%	2.7%	2021
Two Rivers Public Health Department	4.9%	6.7%	3.1%	2021
West Central District Health Department	3.2%	5.1%	3.3%	2018
Nebraska	**3.9%**	**4.3%**	**3.9%**	2021

Data source: Nebraska Risk Protective Factor Student Survey (2021). https://bosr.unl.edu/sharp

***Note:** Data presented in the NRPFSS are not to be considered a representative statewide sample. The participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution.

✍ Among students who attempted suicide in 10th grade, SWNPHD ranked **highest,** followed by the Panhandle Public Health Department.

✍ Among students who attempted suicide in 12th grade, SWNPHD ranked **second,** preceded by the Scotts Bluff County Health Department.

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Death disparities due to suicide by race/ethnicity (NE, 2018)
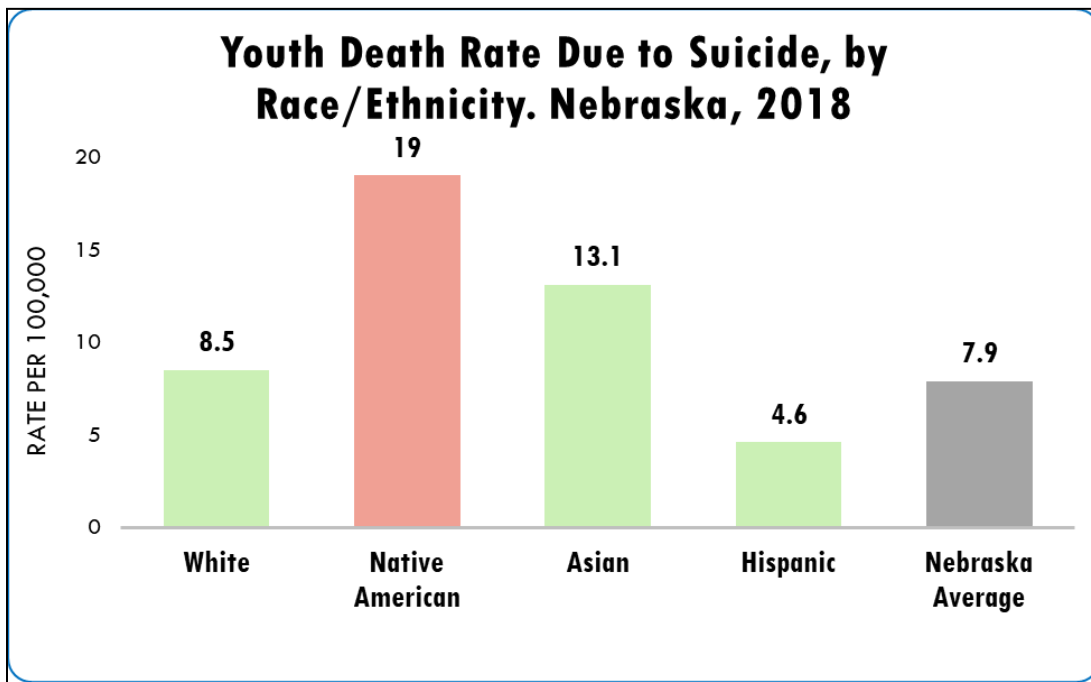
The youth death rate due to suicide among Native Americans is **2.4 times higher** when compared to Nebraska youth.

Data source: Nebraska 2020. Title V Needs Assessment – Issue Briefs. Suicide among Nebraska Youth. Available at https://dhhs.ne.gov/2020%20Needs%20Assessment/10%20-%20Suicide.pdf

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The World Health Organization (WHO) states:

*"Health is a state of complete physical, mental and social well-being
and not merely the absence of disease or infirmity.*

*Mental health is a state of well-being in which an individual realizes his or her own abilities,
can cope with the normal stresses of life, can work productively and is able to make
a contribution to his or her community.*

*Mental health is fundamental to our collective and individual ability as humans to think,
emote, interact with each other, earn a living and enjoy life.*

***Mental health is an integral part of health;
indeed, there is no health without mental health."***

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Closing Summary

This 2023 Community Health Assessment marks a point in time review of how our community is doing right now. While this data is not exhaustive, it does offer a picture of well-being and opportunities that organizations and collective groups might take to improve health outcomes for our communities.

Our ultimate intent for this process was to identify 'red flag' issues based upon these criteria:

- *Size of the problem*
- *Comparing counties / state*
- *Inequities / Disparities*
- *Historical trends*

After reviewing all primary and secondary data collected, the Community Health Partnership narrowed the focus to elevate several key health issues. It is our hope to encourage community action toward these key findings.

➔ **Mental Health**
➔ **Suicide Prevention**
➔ **Physical Activity**
➔ **Obesity**
➔ **Access to Healthy Food**
➔ **Access to Healthcare**
➔ **Heart Disease**
➔ **Cancer**
➔ **Diabetes**
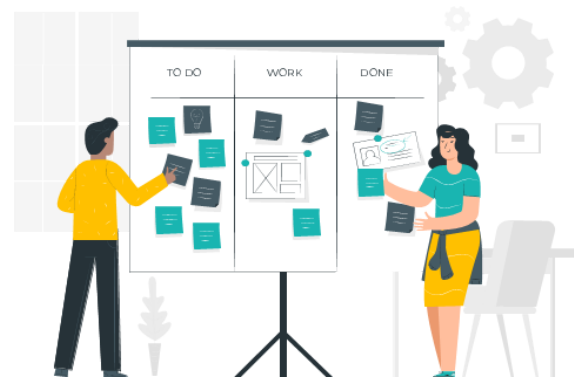
For the SWNPHD, this process informed the development of the **2023-2025 Community Health Improvement Plan** by selecting the top few priorities and informing strategies to improve the health of individuals, families and neighborhoods in our district. We welcome partnerships for collective impact as we stretch to do more good.

We express gratitude for all who participated and contributed to this process, including our hospital and healthcare partners, behavioral health agencies, community organizations and most specifically - all the members of our communities that elevated their voice via the community survey. Thank you!

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Design Team Consultant Information

Our Design Team for the Community Health Assessment and Community Health Improvement Plan process included collaboration with three Nebraska based consultants.

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APPENDIX

Available upon request