PLATTE
COUNTY

2024 COMMUNITY HEALTH NEEDS ASSESSMENT

_____

Platte County, Nebraska

COLUMBUS
COMMUNITY HOSPITAL

East Central
District Health Department
Public Health...It's for everyone.

Good Neighbor
Community Health Center
High quality healthcare...for everyone.

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A NOTE FROM
PLATTE COUNTY

Platte County, Nebraska is served by various health organizations, including East Central District Health Department, Columbus Community Hospital, and Good Neighbor Community Health Center. These partners strive to bring together people and organizations to improve community wellness. The community health needs assessment process is one way we can live out our mission. To fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2024, Platte County, including East Central District Health Department, Columbus Community Hospital, and Good Neighbor Community Health Center, partnered to conduct a comprehensive Community Health Needs Assessment (CHNA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the county's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

Platte County and its many health partners conduct CHNAs to measure and address the health status of the Platte County community. We have chosen to assess Platte County, Nebraska, as our community because this is where we, and those we serve, live and work. We collect quantitative and qualitative data to decide how to meet our community's health needs better. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs and health resources.

The 2024 Platte County CHNA would not have been possible without the help of numerous community organizations, acknowledged on the following pages. It is vital that assessments such as this continue so we know where to direct our resources and use them in the most advantageous ways.

Public health is a community job involving individual facets, including our community members, who work together to create a thriving health and well-being community at home, work, and play.

More importantly, the possibility of this report relies solely on the participation of individuals in our community who committed to participating in interviews and completing our community member survey. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

Sincerely,

Terri Ford-Wolfgram

Terri Ford-Wolfgram
Chief Executive Officer
East Central District Health Department
Good Neighbor Community Health Center

ACKNOWLEDGEMENTS

This Community Health Needs Assessment (CHNA) was made possible thanks to the collaborative efforts of East Central District Health Department, Columbus Community Hospital, Good Neighbor Community Health Center, community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this assessment.

PLATTE COUNTY WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Alcoholics Anonymous in Nebraska

Behlen Manufacturing

Camaco, LLC

Center for Survivors

Central Community College, Columbus Campus

Central Nebraska Community Action Partnership – Head Start

City of Columbus

Columbus/Platte County Convention & Visitors Bureau

Columbus Area Chamber of Commerce

Columbus Area United Way

Columbus Catholic Schools

Columbus Children's Healthcare

Columbus City Council

Columbus Community Hospital

Columbus Community Hospital Foundation

Columbus Family Practice Providers

Columbus Family YMCA

Columbus High School

Columbus Medical Center

Commonwealth Electric

Heartland Workers

Lakeview Community Schools

Lindsay Corporation

Loup Public Power

Nebraska Department of Economic Development

Pillen Family Farms

Platte County Employees

Platte Valley Literacy Association

Seekers of Serenity

INTRODUCTION

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?

Public Health Accreditation

Healthcare Services Master Plan

Implementation Strategies/ CHIPs

Community Health Needs Assessment (CHNA)

Hospital Community Benefit Plans

Other Planning Processes

Hospital & HD CHNAs/ CHAs
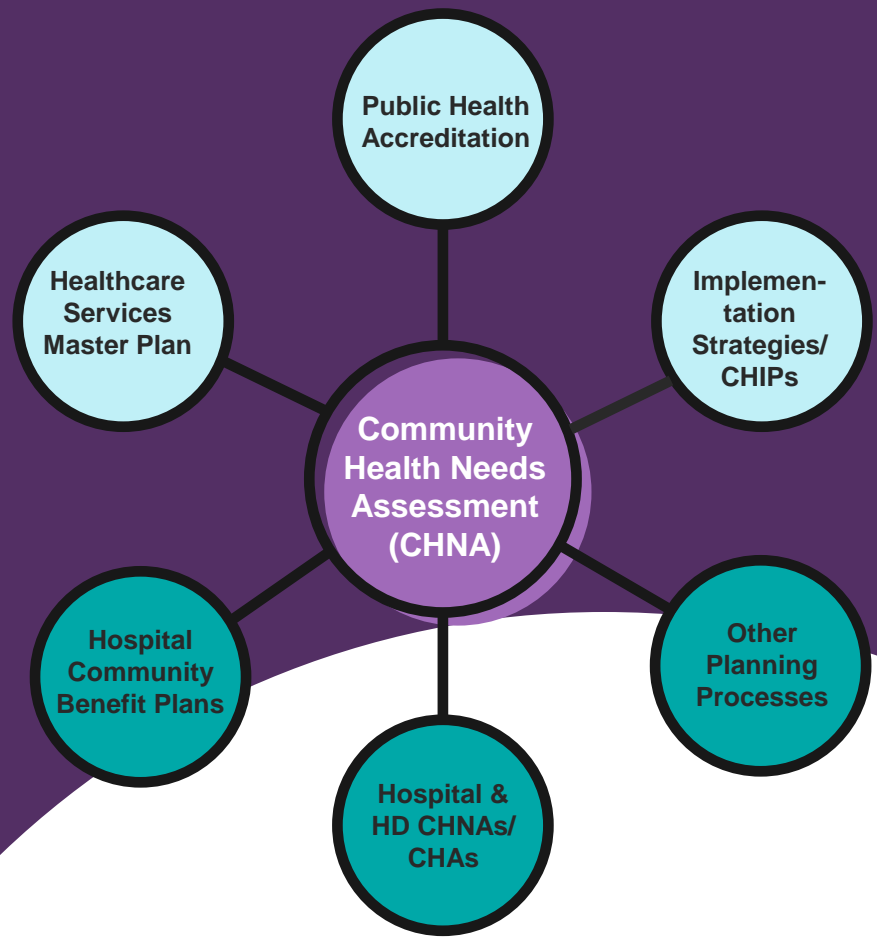
A **Community Health Needs Assessment (CHNA)** is a tool that is used to guide community benefit activities and several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the Internal Revenue Service (IRS). For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHNA is furthermore used to inform community decision-making, the prioritization of health needs and the development, implementation and evaluation of an Improvement Plan (CHIP)/Implementation Strategy.

The CHNA is integral to developing a CHIP/Implementation Strategy because it helps the community understand the health-related issues that must be addressed. To identify and address the district's critical health needs, Platte County utilized the most current and reliable information from existing sources and collected new data through interviews, focus groups, and surveys with community residents and leaders.

OVERVIEW
OF THE PROCESS

In order to produce a comprehensive Community Health Needs Assessment (CHNA), Platte County followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.

Secondary Data Collection → Primary Data Collection → Data Synthesis → Health Needs List → Prioritization → Report Writing

Affordable Care Act (Federal) Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years.

Public Health Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

**THE 2024 PLATTE COUNTY CHNA MEETS
ALL IRS AND PHAB REGULATIONS.**

OVERVIEW
OF THE PROCESS

The following image shows the health improvement framework that this report followed while also adhering to Public Health Accreditation Board (PHAB) requirements, and the community's needs.

Figure 1: Health Improvement Framework

Equity Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities Priorities identify health needs (both social determinants of health and health outcomes) that affect the overall health and well-being of children, families, and adults of all ages.

What shapes our health and well-being?
Many factors, including improving social determinants of health such as:

Community conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental healthcare

How will we know if health is improving in Platte County, Nebraska?
Improve health outcomes such as:

Mental health/addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)

Maternal, infant & child health
- Preterm births
- Infant mortality
- Maternal morbidity and mortality

All Platte County residents achieve their full health potential
- Improved health status
- Reduced premature death

**Vision:
Platte County is a model of health, well-being, and economic vitality**

Strategies Choose effective activities, policies, and programs to improve performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health.

STEP 1
PLAN AND PREPARE FOR THE ASSESSMENT

IN THIS STEP, PLATTE COUNTY:

✓ DETERMINED WHO IN THE COUNTY WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS

✓ PLANNED FOR COMMUNITY ENGAGEMENT

✓ ENGAGED COUNTY LEADERSHIP

✓ DETERMINED HOW THE COMMUNITY HEALTH NEEDS ASSESSMENT WOULD BE CONDUCTED

✓ DEVELOPED A PRELIMINARY TIMELINE

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PLAN AND PREPARE

Platte County began planning for the 2024 Community Health Needs Assessment (CHNA) in 2023. They involved health department, hospital and county leadership and kept organization boards informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHNA. They then formed a timeline for the process.

> **Community Health Needs Assessments (CHNAs) are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.**
>
> - Catholic Health Association (CHA)
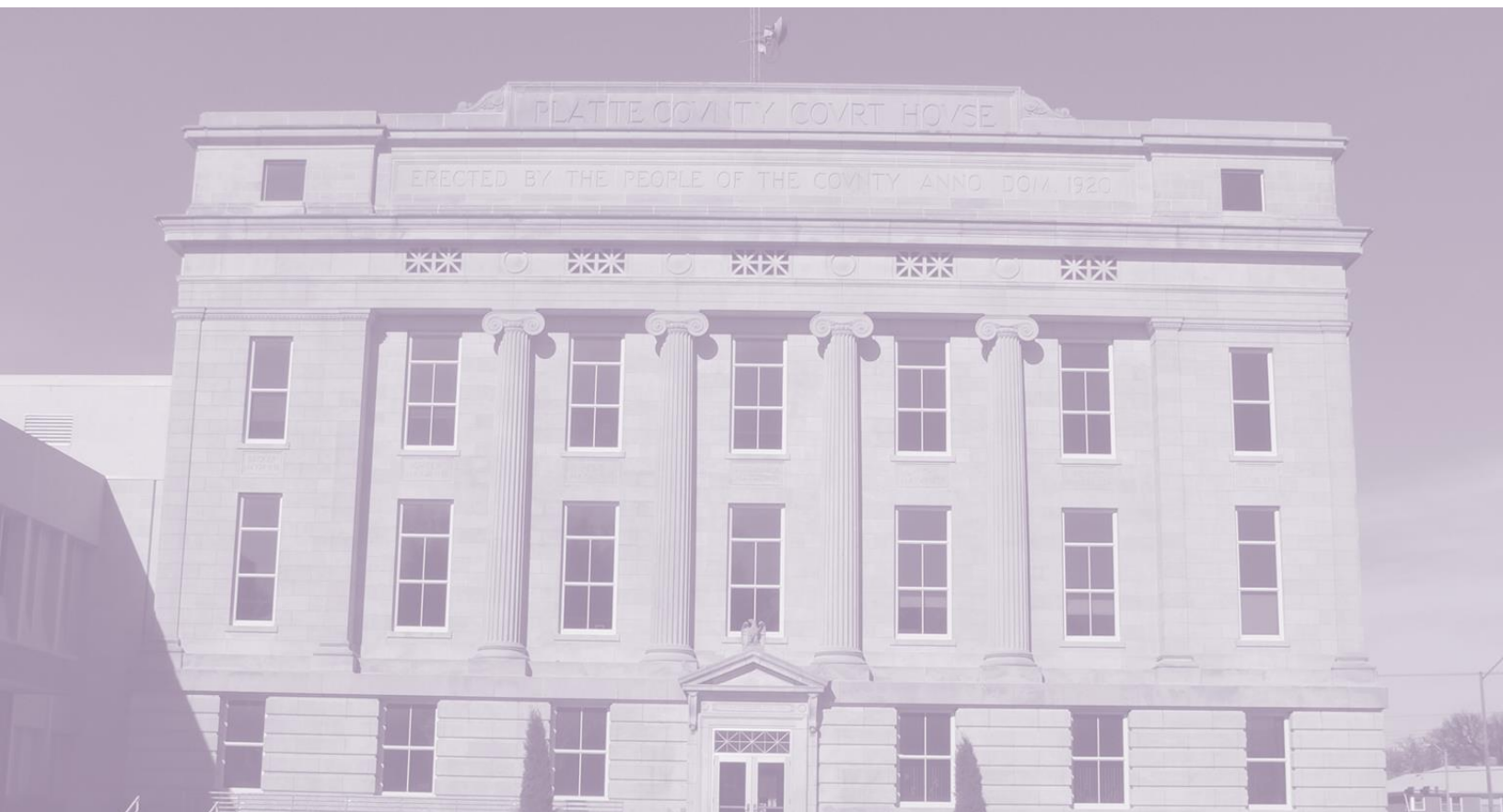
PREVIOUS CHNA & IMPROVEMENT PLAN (CHIP)/ IMPLEMENTATION STRATEGY

BRIEF SUMMARY OF 2021 EAST CENTRAL DISTRICT CHNA

In 2021, a regional Community Health Needs Assessment (CHNA) was conducted for East Central District, Nebraska, which includes Boone, Colfax, Nance, and Platte Counties. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Improvement Plan (CHIP)/Implementation Strategy associated with the 2021 East Central District CHNA addressed mental health, drug abuse and misuse, ongoing diseases such as heart disease, stroke, high blood pressure, diabetes, cancer and respiratory problems, finding housing that is safe and affordable, and bullying. The progress and impact of the strategies that East Central District partners, including those serving Platte County, used to address these significant health needs can be found in **Appendix B**.

PREVIOUS CHNA AND CHIP/IMPLEMENTATION STRATEGY AVAILABILITY TO COMMUNITY

A Community Health Needs Assessment (CHNA) and Improvement Plan (CHIP)/Implementation Strategy are to be made widely available to the community/public and comments and feedback are to be solicited. The previous regional 2021 CHNA and CHIP/Implementation Strategy were made widely available to the public on the following Platte County partner websites:

- Columbus Community Hospital: https://www.columbushosp.org/for-the-community/community-health-needs-assessment
- East Central District Health Department: https://ecdhd.ne.gov/resources/health-department-reports.html

Written comments on this report were solicited on the websites where the report was posted.

EAST CENTRAL DISTRICT 2021-2023 PRIORITY HEALTH NEEDS

A community workgroup developed the regional East Central District 2021-2023 Improvement Plan (CHIP)/Implementation Strategy by reviewing the 2021 CHNA. The workgroup reviewed and discussed the priority areas and agreed that the following priority health issues could be positively impacted by strategies and activities conducted by the health department, hospitals, and community partners:

1. Mental health.
2. Drug abuse and misuse.
3. Ongoing diseases (i.e. heart disease, stroke, hypertension, diabetes, cancer and respiratory problems).
4. Finding housing that is safe and affordable.
5. Bullying.

IMPACT/PROCESS EVALUATION OF 2018-2021 STRATEGIES

In collaboration with community partners, East Central District partners, including those serving Platte County, developed and approved a regional Improvement Plan (CHIP)/Implementation Strategy report for 2021-2023 to address the significant health needs that were identified in the 2021 CHNA. The district partners chose to address: mental health, drug abuse and misuse, ongoing diseases such as heart disease, stroke, high blood pressure, diabetes, cancer and respiratory problems, finding housing that is safe and affordable, and bullying. **Appendix B** describes the evaluation and progress of the strategies that were planned in the 2021-2023 CHIP/Implementation Strategy.

STEP 2
DEFINE THE PLATTE COUNTY SERVICE AREA

IN THIS STEP, PLATTE COUNTY:

✓ DESCRIBED THE PLATTE COUNTY SERVICE AREA

✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

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DEFINING THE
PLATTE COUNTY
SERVICE AREA

For the purposes of this report, Platte County defines their primary service area as being made up of Platte County, Nebraska.

PLATTE COUNTY

WE CURRENTLY SERVE A POPULATION OF

34,219[1]
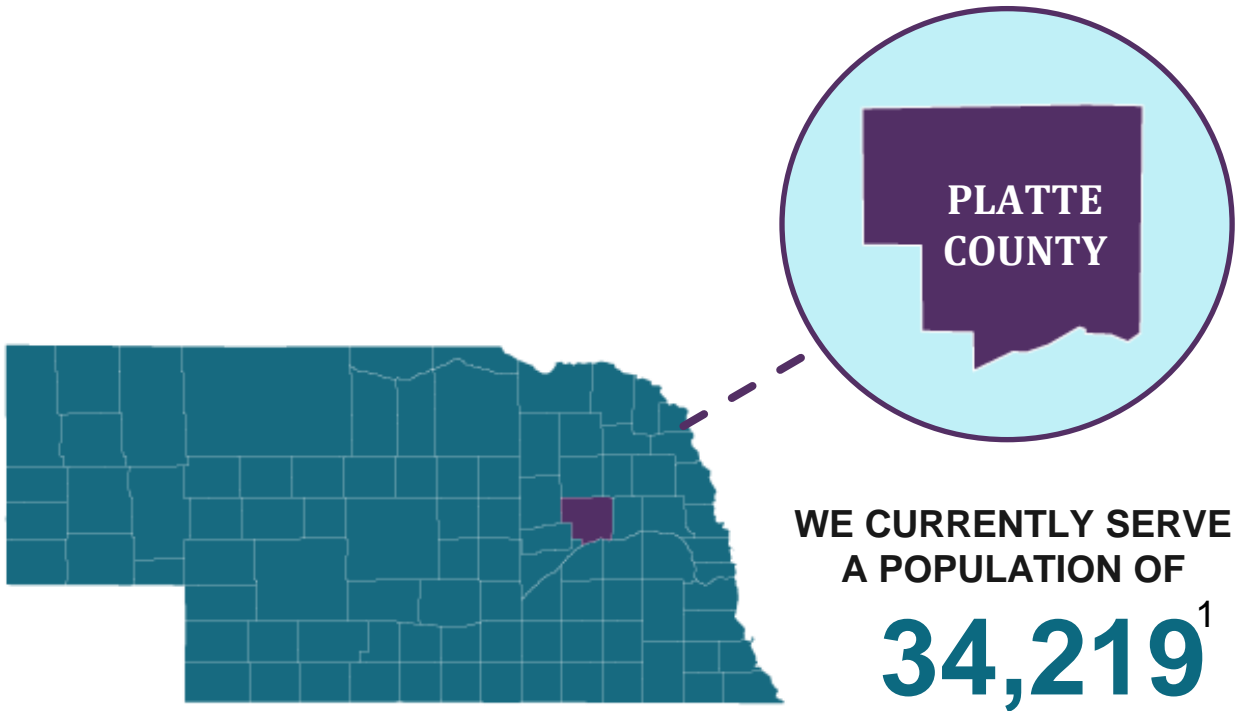
PLATTE COUNTY SERVICE AREA			
COUNTY	**ZIP CODE**	**COUNTY**	**ZIP CODE**
Platte	68601	Platte	68653
Platte	68640	Platte	68644
Platte	68642	Platte	68643
Platte	68758	Platte	68631
Platte	68660	Platte	68602
Platte	68647	Platte	68634

PLATTE COUNTY
AT-A-GLANCE

PLATTE COUNTY

WE CURRENTLY SERVE A POPULATION OF

34,219[1]
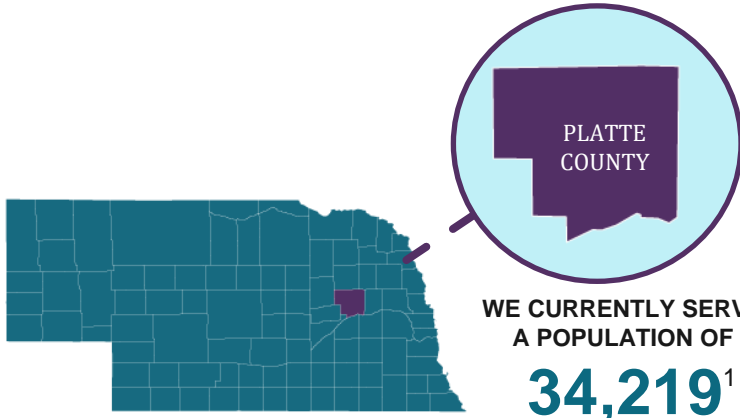
THE POPULATIONS OF PLATTE COUNTY AND NEBRASKA INCREASED FROM 2010 TO 2022, BUT THE STATE POPULATION GREW AT A FASTER RATE
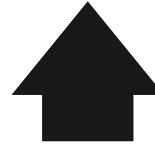
+6%
PLATTE COUNTY

+7%
NEBRASKA

THE % OF MALES IS SLIGHTLY HIGHER THAN FOR FEMALES[2]

49%   **51%**

5%

OF PLATTE COUNTY RESIDENTS ARE VETERANS, SLIGHTLY LOWER THAN THE STATE RATE OF 6%[3]

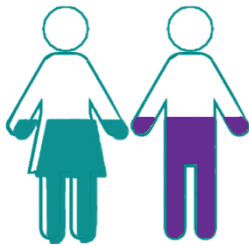**YOUTH AGES 0-19 AND SENIORS 65+ MAKE UP**

44% OF THE POPULATION

IN THE PLATTE COUNTY SERVICE AREA, COMPARED TO 41% FOR NEBRASKA[4]

NEARLY 1 IN 5 PLATTE COUNTY RESIDENTS ARE AGE 65+ (18%)[5]

THE MAJORITY (75%) OF THE POPULATION IN PLATTE COUNTY IDENTIFIES WHITE AS THEIR ONLY RACE, WHILE THE HISPANIC POPULATION COMPRISES NEARLY 21% OF RESIDENTS[7]

83% OF THE POPULATION IN PLATTE COUNTY SPEAKS ONLY ENGLISH AT HOME, WHILE 17% SPEAK SPANISH

11% ARE FOREIGN-BORN

OF THOSE WHO ARE FOREIGN-BORN, NEARLY TWO-THIRDS (61%) ARE NOT AMERICAN CITIZENS[6]

75% WHITE	21% HISPANIC OR LATINO	1% BLACK/ AFRICAN AMERICAN	0.1% AMERICAN INDIAN/ AK NATIVE	0.4% ASIAN	0.01% NATIVE HI/PACIFIC ISLANDER	2% MULTI RACIAL/ OTHER

PLATTE COUNTY HAD 6,327 YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 RESIDENTS, COMPARED TO 6,447 FOR NEBRASKA[8]

PLATTE COUNTY RESIDENTS CAN EXPECT TO LIVE 79.4 YEARS ON AVERAGE , COMPARED TO 78.4 YEARS FOR NEBRASKA[9]

PLATTE COUNTY RANKS 35TH OUT OF NEBRASKA'S 79 COUNTIES BASED ON HEALTH FACTORS THAT WE CAN MODIFY (1 BEING THE HEALTHIEST AND 79 BEING UNHEALTHIEST) [9]

THINGS PEOPLE LOVE ABOUT THE COMMUNITY
FROM INTERVIEWS & FOCUS GROUPS

"Great place to raise kids and it is accessible to a large city."

- Community Member Interview

"Columbus is home; a safe place."

- Community Member Interview

"Everyone in the community pulls together and it is a very diverse community."

- Community Member Interview

"Pretty progressive community that tries really hard; great hospital."

- Community Member Interview

"It's very easy to navigate and a very friendly community, both for people that are from here and not."

- Community Member Interview

83% of survey respondents **volunteered** in the community at least once last year, with **38%** volunteering **10 or more times**

"It's not too big and not too small, easy to form connections."

- Community Member Interview

"It is a well-balanced community with lots of good things happening."

- Community Member Interview

"It's big enough to provide opportunities, but small enough to meet the needs of the community and make a difference."

- Community Member Interview

"It is a good hard working community, where people care about each other."

- Community Member Interview

"I like the size, [and that it's] easy to get around, people are down to earth, it's a "big small town". I like seeing patients around town and that my kids go to school together."

- Community Member Interview

TOP PRIORITIES
FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
1. Mental health
2. Obesity
3. Diabetes
4. Heart disease
5. Cancer

Top socioeconomic, behavioral, and/or environmental factors impacting community:
1. Poverty
2. Access to care
3. Lack of transportation
4. Lack of nutrition/healthy eating education
5. Housing

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
1. Mental health concerns
2. Access to healthcare
3. Lack of dental healthcare
4. Lack of specialty clinics
5. Affordability of healthcare

How health concerns are impacting community:
1. Lack of health insurance
2. Lack of transportation
3. Truancy at school
4. People have to leave the area for healthcare
5. Difficult to pay medical bills

"Affordable health care is an issue – mental, dental, behavioral health. It's hard to find providers in rural areas, as providers want to stay in urban areas."

\- Community Member Focus Group

"Mental health is an issue from students to adulthood – short on school resources, mental health practitioners. We are getting better at virtual care options for people in rural areas."

\- Community Member Interview

"With an increase in migrant populations, it is hard to get access to what they need. People are afraid to get care because of their documentation status."

\- Community Member Interview

"I am concerned about the large number of people who are very overweight. This appears to be an issue across all age groups."

\- Community Member Focus Group

"People on the lower end of the social economic scale can't afford care."

\- Community Member Interview

TOP PRIORITIES
FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
1. Hispanic population
2. Refugees/immigrant population
3. Somali population
4. Low-income population
5. Aging population/elderly

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
1. Aging population/elderly
2. Refugees/immigrant population

Resources people use in the community to address their health needs:
1. Primary care
2. Columbus Community Hospital
3. Field House

Top resources that are lacking in the community:
1. Transportation
2. More mental health and addiction treatment options
3. More home healthcare
4. More services for those with intellectual and developmental disabilities

"Being in a new country and not knowing what do [when it comes to insurance] is a challenge."

- Community Member Focus Group

"[The elderly] have a lack of support and this makes accessing care and understanding their information difficult."

- Community Member Interview

"Platte County is over 20% Hispanic, many may not be comfortable accessing healthcare or may not know what is available to them. Resources are available but people don't know about them or are scared to access them."

- Community Member Interview

"There needs to be more in-home non-medical care at a reasonable cost. Dependable caregivers who are able to regularly see their clients."

- Community Member Focus Group

"Immigrants may not feel included or like outsiders."

- Community Member Interview

"There is a need for transportation in the Columbus area."

- Community Member Focus Group

IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS

IN THIS STEP, PLATTE COUNTY:

✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS

✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY

✓ COLLECTED COMMUNITY INPUT AND FEEDBACK

✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS

✓ ANALYZED AND INTERPRETED THE DATA

✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS

✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS

✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES

✓ VALIDATED PRIORITIES

✓ IDENTIFIED AVAILABLE RESOURCES

✓ DETERMINED RESOURCE OPPORTUNITIES

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UNDERSTANDING
PRIORITIZATION OF HEALTH NEEDS

SECONDARY DATA (Existing Data) **+** **PRIMARY DATA** (Interviews, Focus Groups and Surveys) **=** **PRIORITIZATION OF HEALTH FACTORS** **+** **PRIORITIZATION OF HEALTH OUTCOMES**

HEALTH FACTORS or COMMUNITY CONDITIONS are components of someone's environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. These are sometimes referred to as community conditions and include the social determinants of health, health behaviors, and access to care. (Examples include housing and homelessness, crime/violence, access to healthcare, nutrition and access to healthy foods, economic security, etc.)

HEALTH OUTCOMES are health results, diseases, or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal, infant, and child health.

IN ORDER TO ALIGN WITH THE STATE OF NEBRASKA'S MISSION TO IMPROVE HEALTH, WELL-BEING, AND ECONOMIC VITALITY, PLATTE COUNTY INCLUDED THE STATE'S PRIORITY FACTORS AND HEALTH OUTCOMES WHEN ASSESSING THE COMMUNITY.

SECONDARY DATA
EXISTING DATA SOURCES

ASSESSING HEALTH NEEDS USING SECONDARY DATA
Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to the interviews, focus groups, and survey. Significant health needs were identified from the secondary data using the following criteria.

Criteria for Identification of Initial Significant Health Needs:
1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family, and community levels).
3. To determine size or seriousness of the problem, the health need indicators of Platte County service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in **Appendix A**).

The analysis of secondary data yielded a preliminary list of significant health needs (seen in the list to the right), which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, discover gaps in resources, and gather the prioritization of these needs by the community.

REVIEW OF PREVIOUS CHNA DATA
The 2021 regional East Central District CHNA was reviewed to build upon the work initiated previously. Previous efforts will be assessed and analyzed when making final decisions for the 2024-2026 Improvement Plan (CHIP)/Implementation Strategy.

DEFINITIONS
East Central District encompasses four counties: Boone, Colfax, Nance and Platte. When referring to the district as a whole throughout the report, the term 'East Central District' will be used. When referring to a specific county within East Central District (e.g. Platte County) or a combination of East Central District counties (not all four counties), this will be indicated.

National Survey on Drug Use and Health (NSDUH) Region:
Nebraska's NSDUH Region 4 is comprised of Boone, Colfax, Nance and Platte Counties, in addition to 18 other counties: Antelope, Boyd, Brown, Burt, Cedar, Cherry, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Pierce, Rock, Stanton, Thurston and Wayne Counties. When data is only available at the NSDUH regional level, this will be indicated in the report.

> **The secondary and primary data collection will ultimately inform the decisions on health needs that the county will address in the Improvement Plan (CHIP)/Implementation Strategy.**

2024 HEALTH NEEDS TO BE ASSESSED

Below lists the health needs that were assessed by secondary data listed in alphabetical order.

- Access to healthcare (primary, dental/oral, vision, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, arthritis, kidney disease, stroke, cognitive decline, etc.)
- Community conditions (housing, education, economic security, internet access, adverse childhood experiences, access to childcare, crime and violence, transportation, food insecurity, etc.)
- Environmental conditions (air and water quality, vector-borne diseases)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injuries
- Leading causes of death
- Maternal, infant, and child health
- Mental health
- Nutritional and physical activity
- Overweight and obesity
- Preventive practices (vaccines/immunizations, screenings, mammograms, cancer screenings)
- Sleep
- Substance use (alcohol and drugs)
- Tobacco and nicotine use

DATA COLLECTION
PRIMARY

Secondary data collection and discussions with health department leadership identified community health needs further assessed in the primary data collection—key informant interviews, focus groups, and a community member survey. The information and data from the secondary and primary data collection will ultimately inform the needs assessment report and the decisions on health needs that the community will address in its Improvement Plan(CHIP)/Implementation Strategy.

COMMUNITY HEALTH NEEDS IDENTIFIED IN SECONDARY DATA TO BE ASSESSED IN PRIMARY DATA
Access to healthcare (health insurance coverage, local access to providers, unmet need for mental healthcare, etc.)
Chronic diseases (asthma, cancer, childhood conditions, diabetes, heart disease, stroke, etc.)
Community conditions (childcare, crime/violence, housing, education, transportation, income/poverty, economic stability)
HIV/AIDS and Sexually Transmitted Infections (STIs)
Maternal, infant, and child health
Mental health (depression and suicide, etc.)
Nutritional/physical activity (overweight and obesity, etc.)
Preventive practices (vaccines/immunizations, screenings, mammograms/pap smears, etc.)
Substance use (alcohol and drugs, etc.)
Tobacco and nicotine use

PRIMARY DATA COLLECTION
KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **49 experts** from various organizations serving the community and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS
Broad questions asked at the beginning of the interview
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?
Who are some of the populations in the area that are not regularly accessing health care and social services? Why?
Questions asked for each health need
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations and areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

PRIMARY DATA COLLECTION
FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **6 focus groups** with a total of **42 people** in the community. Focus groups included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.

FOCUS GROUP QUESTIONS
What are your biggest health concerns/issues in our community?
How do these health concerns/issues impact our community?
What are some populations/groups in our community that face barriers to accessing health and social services?
What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?
What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?
Do you have any ideas for how to improve health/address health issues in our community?
Do you have any other feedback/thoughts to share with us?

PRIMARY DATA COLLECTION
COMMUNITY MEMBER SURVEY & HEALTH NEED RANKING

Each key informant interview participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. The health department, hospitals and community partners shared the survey link with clients, patients, and others who live and/or work in the Platte community (along with the other counties in East Central District: Boone, Colfax, and Nance). The survey was made available in English, French, Somali, and Spanish. This resulted in **407 responses** to the Platte County community survey. The results of how the health needs were ranked in the survey are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY
#1 Access to childcare
#2 Substance use (alcohol and drugs)
#3 Housing and homelessness (economic stability)
#4 Food insecurity (e.g. not being able to access and/or afford healthy food)
#5 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)
#6 Preventive care and practices (e.g. screenings, mammograms, vaccinations – ranked under chronic diseases in survey)
#7 Transportation (e.g. public transit, cars, cycling, walking)
#8 Income/poverty and employment (economic stability)
#9 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
#10 Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
#11 Nutrition and physical health/exercise (includes overweight and obesity)
#12 Crime and violence
#13 Tobacco and nicotine use (e.g. smoking and vaping)
#14 Environmental conditions (e.g. air and water quality, vector-borne diseases)
#15 Internet/Wi-Fi access
Not ranked: Sleep

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY
#1 Mental health
#2 Chronic diseases (heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, kidney disease, cognitive decline, etc.)
#3 Maternal, infant, and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
#4 HIV/AIDS and Sexually Transmitted Infections (STIs) (ranked under infectious diseases in survey)
#5 Injuries (e.g. workplace injuries, car accidents, falls, etc.)

HEALTH NEEDS
COMMUNITY CONDITIONS

HEALTH NEEDS: COMMUNITY CONDITIONS

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the overall Platte County ranking from the community member survey as seen on page 23. Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Platte County and/or East Central District and the state compared to the benchmark goal.

#1 HEALTH NEED ACCESS TO CHILDCARE

ACCORDING TO THE 2023 COST OF CHILDCARE IN NEBRASKA BREAKDOWN REPORT, THE AVERAGE COST OF CHILDCARE IN NEBRASKA RANGES FROM $11,420 PER YEAR FOR SCHOOL-AGED CHILDREN TO $12,571 PER YEAR FOR INFANTS UNDER ONE YEAR OF AGE[15]

IN OUR COMMUNITY

MORE THAN HALF (55%) OF PLATTE COUNTY COMMUNITY MEMBERS SURVEYED SELECTED ACCESS TO CHILDCARE AS A PRIORITY COMMUNITY HEALTH NEED
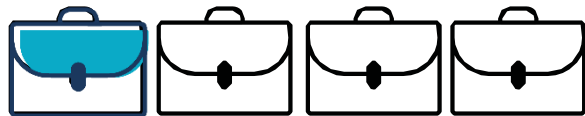
13% OF PLATTE COUNTY CHILDREN IN NEED OF CHILDCARE DO NOT HAVE ACCESS TO IT, COMPARED TO 19% FOR NEBRASKA.[16]

75% OF NEBRASKANS SURVEYED SAY THAT QUALITY AFFORDABLE CHILD CARE IS ESSENTIAL TO THE ECONOMY AND WORKERS[17]

"There are not enough spots to accommodate the growing population."
- Community Member Interview

"People are working just to pay for daycare."
-Community Member Interview

"Even those that work at these childcare facilities can barely afford to send their children there."
- Community Member Interview

25

PRIORITY POPULATIONS
ACCESS TO CHILDCARE

While access to childcare is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

54% of community members surveyed living in PLATTE COUNTY (68601) reported access to childcare as a top concern

LOWER-INCOME RESIDENTS may have challenges affording childcare[16]

SINGLE PARENTS who lack social support may have a greater need for childcare[16]

According to the community survey, more Platte County residents AGED 25-34 (69%) reported childcare among their top five health concerns compared to other ages

Survey respondents with a GRADUATE DEGREE were significantly more likely to report access to childcare as a priority

Top issues/barriers for access to childcare (reported in interviews):
1. Lack of spots/availability
2. Not affordable/expensive
3. Not enough daycares opening

Sub-populations most affected by access to childcare (reported in interviews):
1. Low income
2. Non-standard working hours (evening/night) shift workers

Top resources, services, programs and/or community efforts in the community for access to childcare:
1. Hospital daycare

#2 HEALTH NEED SUBSTANCE USE

Substance use, drug overdose deaths, and social isolation greatly increased nationwide during the COVID-19 pandemic, according to the Centers for Disease Control and Prevention[18]

IN OUR COMMUNITY

IN THE COMMUNITY SURVEY, 44% OF PLATTE COUNTY RESPONDENTS REPORTED SUBSTANCE USE AS ONE OF THEIR TOP HEALTH CONCERNS

23% of adults in East Central District reported **binge drinking** within the past month, higher than the 20% for Nebraska[19]

7% of adults in East Central District and Nebraska are **heavy drinkers**, while **3%** engage in **alcohol impaired driving**[19]

ACCORDING TO THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM:

19% of Nebraska teens have used **alcohol** in the past month[20]

9% of Nebraska teens have binge drank in the past 30 days[20]

12% of Nebraska teens first consumed alcohol before age 13[20]

39% of Nebraska teens usually obtain alcohol by someone giving it to them[20]

3%

of East Central District adults have used marijuana in the past month, compared to **7%** for Nebraska[21]

5% of NSDUH* region 4 (includes Platte County) youth (12-17) surveyed have used marijuana in the past month, compared to 7% for Nebraska youth, while 10% used it in the past year, compared to 13% for Nebraska youth[22]

*National Survey on Drug Use and Health, Region 4 contains Platte County

3%

of both East Central District and Nebraska adults have **misused opioids** in the past year[23]

The **emergency room visit rate for suspected overdose in Nebraska increased** from **42 per 10,000** emergency visits in 2017 to **57 per 10,000** in 2021. Due to low counts, the rate for Platte County was unable to be calculated[24]

"Substance use is considered socially acceptable in the community."
- Community Member Interview

"Schools are having to carry Narcan now, just in case."
- Community Member Interview
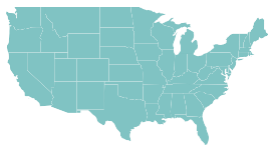
#2 HEALTH NEED SUBSTANCE USE

> "Alcohol is an issue in the community. I am really worried about the community drinking. The elementary school has a no alcohol sign outside of the cafeteria."
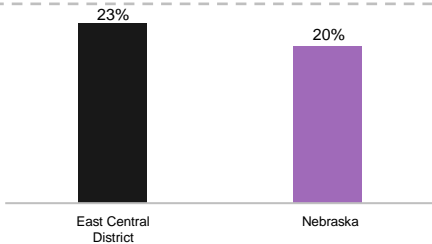> - Community Member Interview

> "We all have a human need for an outlet; some just don't pick the right outlets."
> - Community Member Interview

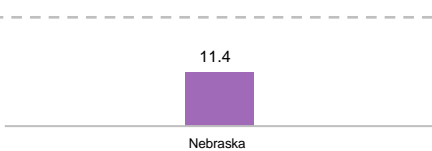## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE DRINKING

23%
East Central District

20%
Nebraska

HP 2030 TARGET: 25%
DESIRED DIRECTION: ⬇

✓ East Central District meets/ exceeds the target. This indicator was not available for Platte County[19]
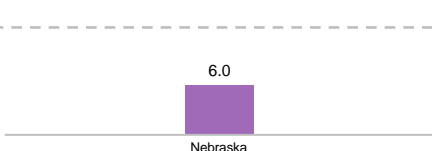
DRUG OVERDOSE DEATHS PER 100,000

HP 2030 TARGET: 20.7 PER 100,000
DESIRED DIRECTION: ⬇

11.4
Nebraska

✓ Nebraska meets/ exceeds the target. This indicator was not available for Platte County[25]

OPIOID OVERDOSE DEATHS PER 100,000

HP 2030 TARGET: 13.1 PER 100,000
DESIRED DIRECTION: ⬇

6.0
Nebraska

✓ Nebraska meets/ exceeds the target. This indicator was not available for Platte County[25]

PRIORITY POPULATIONS
SUBSTANCE USE

While substance use is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Survey respondents whose preferred language is ENGLISH were more likely to select substance use as a priority

According to research, Nebraskan MALE TEENS were more likely than female teens to try drinking alcohol at a younger age, while Nebraskan FEMALE TEENS were more likely to consume alcohol and binge drink[20]

Nebraska-wide non-fatal opioid overdose rates are highest among BLACK and AMERICAN INDIAN/ ALASKAN NATIVE RESIDENTS and MEN[23]

Opioid misuse is highest among WOMEN, HISPANIC, YOUNGER, LOWER INCOME, and LESS EDUCATED (those with a high school diploma or less) residents[23]

Marijuana use is highest among YOUTH AND YOUNG ADULTS, WHITE, MEN, LOWER INCOME, and LESS EDUCATED residents[21]

YOUTH are more impacted by substance use due to their developing brains[21]

Top issues/barriers for substance use (reported in interviews):
1. Alcohol use/alcoholism
2. Meth use

Sub-populations most affected by substance use (reported in interviews):
1. Low-income population

#3 HEALTH NEED
ECONOMIC STABILITY
HOUSING AND HOMELESSNESS

HOUSING AND HOMELESSNESS IS A CONCERN IN TERMS OF QUALITY AND AFFORDABILITY, WHICH INCREASED DURING THE COVID-19 PANDEMIC AND CONTINUED TO DO SO

79% of community survey respondents report **lack of affordable housing** as an issue in the community. Housing and homelessness was ranked #4 out of the top 5 concerns in Platte County

IN OUR COMMUNITY

ACCORDING TO THE U.S. CENSUS BUREAU, **2%** OF ALL OCCUPIED HOUSING IN PLATTE COUNTY **LACK COMPLETE PLUMBING AND/OR KITCHEN FACILITIES**, VS. 1% FOR NEBRASKA[26]

Freddie Mac estimates that the **vacancy rate should be 13%** in a well-functioning housing market. There was only a **8% vacancy rate in East Central District** in 2022, which decreased from 9% in 2017. **24%** of households are **renter occupied**[27]

21% OF PLATTE COUNTY HOUSEHOLDS ARE **'COST BURDENED'** (SPEND MORE THAN 35% OF THEIR INCOME ON HOUSING), VS. **26%** FOR NEBRASKA.[28]

In Platte County, the number **of affordable and available units per 100 very low income renters** (<50% of area median income), at only **50, vs. 95 for Nebraska**. A lack of affordable housing options puts renters at risk for **rent burden, eviction, and homelessness**[29]

"What is considered affordable is not affordable."
- Community Member Interview

NEARLY 1 IN 3 (30%)
EAST CENTRAL DISTRICT ADULTS EXPERIENCED HOUSING INSECURITY IN THE PAST YEAR, COMPARED TO 29% FOR NEBRASKA[30]

IN 2023, THERE WERE AN ESTIMATED
558 PEOPLE
EXPERIENCING HOMELESSNESS IN THE NEBRASKA BALANCE OF STATE CONTINUUM OF CARE (WHICH INCLUDES ALL NEBRASKA REGIONS OUTSIDE OF OMAHA AND LINCOLN)[31]

THE NATIONAL ALLIANCE TO END HOMELESSNESS REPORTED THAT FROM 2020 TO 2022, THE POPULATION OF **PEOPLE EXPERIENCING HOMELESNESS DECLINED BY 11%**. THIS MAY HAVE BEEN IMPACTED BY COVID-19 FUNDING AND EVICTION MORATORIUMS[31]

Data shows that **13% of Platte County** and **10% of Nebraska households are seniors who live alone**. Seniors living alone may be **isolated and lack adequate support systems**[32]

#3 HEALTH NEED
ECONOMIC STABILITY
HOUSING AND HOMELESSNESS

"There is increased cost, lack of affordable housing, and basic rental units. We don't have rental supply for the demand that's there. I have staff members who can't find a place in town."
- Community Member Interview

"There is very expensive housing compared to places like Omaha, and not enough single family homes."
- Community Member Interview

"Home prices are outrageous."
- Community Member Interview

Top issues/barriers for housing and homelessness (reported in interviews):
1. Lack of affordability/expensive homes
2. Not enough available homes in general
3. Poor quality homes

Sub-populations most affected by housing and homelessness (reported in interviews):
1. Low-income population
2. Immigrants/undocumented population
3. Young families

Top resources, services, programs, and/or community efforts for housing and homelessness:
1. United Way
2. Habitat for Humanity
3. Homeless shelter

PRIORITY POPULATIONS

HOUSING AND HOMELESSNESS

While **housing and homelessness** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

PLATTE COUNTY (68601) survey respondents were most likely to say that affordable housing is lacking in the community, compared to other East Central District counties

According to the Nebraska Balance of State Continuum of Care, nearly 13% of individuals experiencing homelessness were **UNSHELTERED,** 81% were White, 21% were Hispanic/Latino/a, 6% were **CHRONICALLY HOMELESS,** and 27% were **YOUTH,** 9% were **YOUNG ADULTS** (ages 18–24), and 4% were seniors[31]

PLATTE COUNTY has the highest rate of households who spend more than 35% of their income or more on housing in the district (21%)[28]

RENTERS (38%) are more likely than homeowners (14%) to spend 35% or more of their income on housing[28]

45-64 YEAR OLD survey respondents were significantly more likely than other ages to say affordable housing is lacking in the community

"We are lacking dwellings based on the need for the population."
- Community Member Interview

#4 HEALTH NEED
FOOD INSECURITY

According to Feeding America, 9% of Platte County residents and 10% of Nebraskans overall experience FOOD INSECURITY[51]

When asked what resources were lacking in the community of Platte County survey, **34%** of respondents answered **affordable food,** while **30%** of survey respondents ranked **food insecurity** as a top health concern

IN OUR COMMUNITY

The rate of food insecurity among children in Platte County is **10%,** better than the food insecurity rate for Nebraska children of **12%**[52]

According to Feeding America, **cost** is the **#1 barrier** to food security.[51] **39%** of community survey respondents say that a top barrier to being healthy is that healthy food is too expensive

Platte County **single moms** have a **SNAP* utilization rate** of **39%,** vs. **34%** for Nebraska[53]

Seniors (60+) have a **lower utilization rate** at 4% vs. 6% for Nebraska[53]

45%

The percentage of students in Platte County who are eligible for the National School Lunch Program (NSLP) Free & Reduced Price Meals is **41%** on average, with the highest rate being **57%** for **Columbus Public Schools** in 2023-24[54]

PLACES TO ACCESS FOOD IN PLATTE COUNTY:[55]

| FOOD RETAILER	PLATTE
Full-service supermarkets	0
Limited-service stores	0
SNAP* benefit retailers	23
Farmers' markets	2
Fast-food and takeout restaurants	23

The United States Department of Agriculture (USDA) rates 0 of 14 East Central District census tracts as 'low-income' or 'low-access'[55]

*Supplemental Nutrition Assistance Program

A **slightly lower rate** of Platte County than Nebraska households access **SNAP* benefits**[53]

7%
PLATTE COUNTY

8%
NEBRASKA
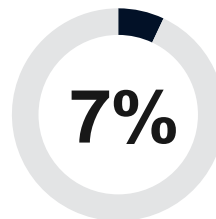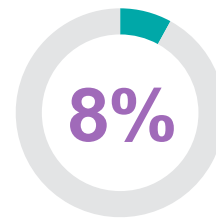
8.7/10
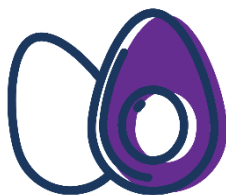
Platte County's **food environment rating** out of 10 (0 being worst and 10 being best) is **8.7/10,** vs. **7.8** for Nebraska[56]

#4 HEALTH NEED
FOOD INSECURITY

"There is an overwhelming amount of fast food."
- Community Member Interview

"Non-healthy food is also expensive
(just like healthy food)."
- Community Member Interview

"It is hard for families to have three meals a day."
- Community Member Interview

"There is a lack of access to healthier food options. There are only two or three standard grocery stores that readily carry healthy options. There are no specialty stores for people to buy organic foods or health foods. For this, they would have to go to either Omaha or Lincoln."
- Community Member Interview

*Supplemental Nutrition Assistance Program

Top issues/barriers for food insecurity (reported in interviews):
1. Expensive/lack of affordability
2. Lack of access/transportation

Sub-populations most affected by food insecurity (reported in interviews):
1. Low-income
2. Rural areas

PRIORITY POPULATIONS
FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to research, food insecurity among **BLACK OR LATINO INDIVIDUALS** is higher than white individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **RURAL**. 1 in 3 people facing hunger are unlikely to qualify for SNAP[57]

Census data says that 44% of food insecure residents in Nebraska are below the SNAP threshold of **130%** of the **POVERTY** level and 66% qualify for federal nutrition programs[53]

PLATTE COUNTY has an overall food insecurity rate of 10%, and SNAP* utilization rate for single moms of 39% and rate for seniors 60+ of 4%[53]

Survey respondents with a **MENTAL HEALTH CONDITION** were significantly more likely to report access to affordable food as a resource lacking in the community

Survey respondents who were **WOMEN** were more likely than men to select food insecurity as a priority health need

"At schools there are no healthy choices in vending machines."
- Community Member Interview

#5 HEALTH NEED
ACCESS TO HEALTHCARE

IN OUR COMMUNITY

ACCORDING TO THE HEALTH RESOURCES AND SERVICE ADMINISTRATION

PLATTE COUNTY

HAS MORE ACCESS TO PRIMARY CARE PROVIDERS RELATIVE TO ITS POPULATION THAN NEBRASKA OVERALL, WHILE LESS ACCESS TO DENTAL CARE PROVIDERS[32]

PLATTE COUNTY 1,283:1[32]   **NEBRASKA 1,302:1**[32]

10% of community survey respondents say that **primary healthcare access is lacking** in the community

PLATTE COUNTY 1,902:1[32]   **NEBRASKA 1,243:1**[32]

16% of community survey respondents say that **dental healthcare access is lacking** in the community

5% of community survey respondents say that **vision healthcare access** is lacking in the community

"There are long waiting lists, especially for specialty clinics." - Community Member Interview

1 IN 5
EAST CENTRAL DISTRICT ADULTS (19% VS. 21% FOR NEBRASKA) DO NOT HAVE A USUAL PRIMARY CARE PROVIDER[33]

1 IN 4
PLATTE COUNTY AND NEBRASKA ADULTS (27%) DID NOT HAVE A ROUTINE CHECKUP IN THE PAST YEAR[33]

BARRIERS TO CARE AND IMPACTS

12% of community survey respondents could not obtain a necessary **prescription medication** in the past year

4% of survey respondents in **Platte County** lack health insurance due to **cost. 9%** of East Central and Nebraska adults **did not get medical care when needed** in the past year due to **cost**[34]

24% of community survey respondents' usual source of care is an **urgent care clinic**

Fewer East Central District **(48%)** than Nebraska adults 40+ **(56%)** have **eye care insurance coverage**[34]

61% of East Central District adults had an **eye exam** in the past year, vs. **62%** for Nebraska[34]

33% of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment

Fewer adults in Platte County **(62%)** than Nebraska **(68%)** **have visited the dentist** in the past year[35]

4% of Nebraska **children did not visit the dentist** in the past year[36]

42% of East Central District adults have **lost teeth** due to tooth decay or gum disease, vs. **35%** for Nebraska[37]

9% of Platte County adults have **lost ALL their teeth,** the same as the **9%** overall for Nebraska[37]

#5 HEALTH NEED
ACCESS TO HEALTHCARE
HEALTH LITERACY

ACCORDING TO 2020 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA, EAST CENTRAL DISTRICT EXPERIENCES LOWER HEALTH LITERACY THAN NEBRASKA OVERALL[38]

HEALTH LITERACY TOPIC	EAST CENTRAL DISTRICT	NEBRASKA
Very easy to get needed advice or information about health or medical topics[38]	68%	71%
Very easy to understand information that medical professionals tell you[38]	53%	58%
Very easy to understand written health information[38]	52%	60%

"There is a need for more multilingual workers."
- Community Member Interview

"Most of the information is written or shared at too high of a literacy level so there is confusion or lack of understanding with that."
- Community Member Interview

"Some clinics don't have health information in Somali and French."
- Community Member Interview

"It's hard to navigate the healthy system for those that have low literacy."
- Community Member Interview

Top issues/barriers for health literacy (reported in interviews):
1. Language barriers
2. Information is written at high literacy levels and is confusing
3. Cultural barriers
4. Low cultural literacy levels

Sub-populations most affected by health literacy (reported in interviews):
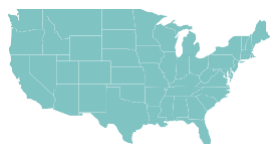1. Non-English speakers/immigrants
2. Hispanic population

Top resources, services, programs and/or community efforts in the community for health literacy:
1. Translation services
2. Hospital
3. Health department

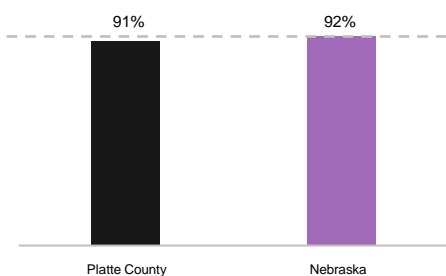# #5 HEALTH NEED
ACCESS TO HEALTHCARE

> *"You have to drive to Omaha to be seen for specialty care."*
> - Community Member Interview

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE

91% Platte County
92% Nebraska

HP 2030 TARGET: 92%
DESIRED DIRECTION: ⬆

❌ Platte County does not yet meet the target[39]

Top issues/barriers for access to healthcare (reported in interviews):
1. Waitlists
2. Not enough local providers
3. Transportation

Sub-populations most affected by access to healthcare (reported in interviews):
1. Low socioeconomic status
2. Immigrant population

> *"There is limited access to primary care, even with 11 primary care providers and 3 pediatricians.."*
> - Community Member Interview

PRIORITY POPULATIONS
ACCESS TO HEALTHCARE

While **access to care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Only 91% of the overall population and 87% of adults in PLATTE COUNTY have health insurance coverage[39]

PLATTE COUNTY (68601) survey respondents were more likely to say their usual source of care is an urgent care (23%), than PLATTE COUNTY (68653) respondents (14%)

Survey respondents **AGES 25-34** were significantly more likely to say that they delayed care because they could not get an appointment that was convenient with their work or child's school schedule

HISPANIC survey respondents were significantly more likely than White respondents to select access to healthcare as a priority

PLATTE COUNTY has lower access to dental care providers than Nebraska, as well as lower rates of dental visits and higher rates of tooth loss[37]

PLATTE COUNTY survey respondents (10%) say their last medical checkup was 3 or more years ago or they have never been to a doctor for a check-up

On the community survey, **WOMEN** were twice as likely as men to say that dental/oral care access was lacking in the community

#6 HEALTH NEED
PREVENTIVE CARE & PRACTICES

ACCESS TO PREVENTIVE CARE HAS BEEN FOUND TO SIGNIFICANTLY INCREASE LIFE EXPECTANCY, AND CAN HELP PREVENT AND MANAGE CHRONIC CONDITIONS, WHICH ARE THE MOST COMMON NEGATIVE HEALTH OUTCOMES IN THE COUNTY[57]

IN OUR COMMUNITY

29% of community survey respondents said that **preventive care & practices** for chronic conditions are a priority health need

8% of community survey respondents have **NEVER** had a **flu shot**

Childhood immunization rates entering Kindergarten in Nebraska range from **96%** for varicella (chicken pox) to **98%** for polio, compared to a national Kindergarten immunization rate of **93%** for all recommended vaccines[69]
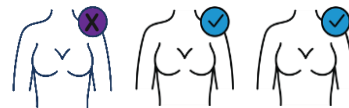
According to state data, more than **29%** of East Central District **seniors** age 65+ did **not** receive a **flu vaccine** in the previous year, compared to 28% for Nebraska[70]

55% of East Central District residents reported getting a **flu vaccine** the previous year vs. 53% for Nebraska, according to state data[72]

For **pneumonia vaccination**, the rate is **72%** for East Central vs. **75%** for Nebraska seniors, and for **shingles vaccination**, the rate is **35%** for the district vs. **37%** for the state (ages 50+)[71]

*"All [preventive practices] took a big hit during COVID and it doesn't seem to have recovered."*
- Community Member Interview

"It's there (preventive practices) but people are not taking advantage of it."
- Community Member Interview

NEARLY 1 IN 3
PLATTE COUNTY WOMEN AGES 50-74 HAVE NOT HAD A MAMMOGRAM IN THE PAST TWO YEARS[73]

NEARLY 3 IN 10 PLATTE COUNTY ADULTS AGES 50–75 DO NOT MEET COLORECTAL SCREENING GUIDELINES[73]

NEARLY 1 IN 5 PLATTE COUNTY WOMEN AGES 21–65 HAVE NOT HAD A PAP SMEAR IN THE PAST THREE YEARS[73]

#6 HEALTH NEED
PREVENTIVE CARE & PRACTICES
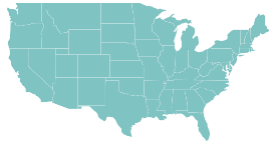
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT ANNUAL FLU VACCINATION
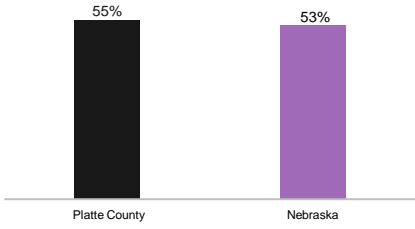
55% Platte County
53% Nebraska

HP 2030 TARGET: 70%
DESIRED DIRECTION: ⬆

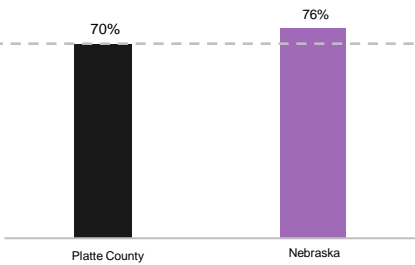❌ East Central District does not yet meet the target. This indicator was not available for Platte County[72]

WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

82% Platte County
78% Nebraska
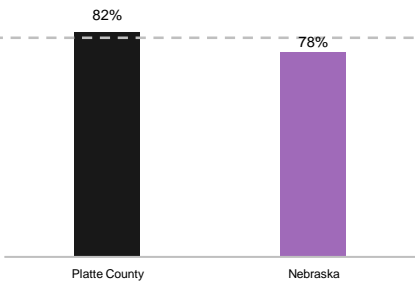
HP 2030 TARGET: 80%
DESIRED DIRECTION: ⬆

✔ Platte County meets/exceeds the target[73]

WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

70% Platte County
76% Nebraska

HP 2030 TARGET: 70%
DESIRED DIRECTION: ⬆

✔ Platte County meets/exceeds the target[73]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

67% Platte County
73% Nebraska
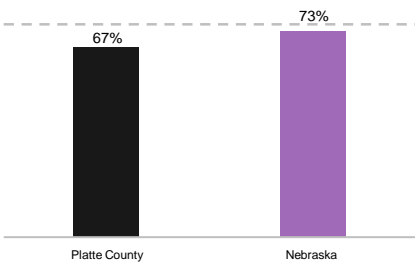
HP 2030 TARGET: 74%
DESIRED DIRECTION: ⬆

❌ Platte County does not yet meet the target[73]

PRIORITY POPULATIONS
PREVENTIVE CARE & PRACTICES

While **preventive care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Data shows that Nebraskans are more likely to engage in preventive care the MORE EDUCATED THEY ARE, THE MORE MONEY THEY MAKE, IF THEY ARE FEMALE, AND THE OLDER THEY ARE[73]

According to the community survey, respondents AGES 35-54 were most likely to report that the last flu shot they got was 5+ years ago

According to the community survey, MEN were significantly more likely than women to have gotten a flu shot less recently or to have never gotten one

HISPANIC survey respondents were significantly less likely than White respondents to say they got a flu shot in the past year

Top issues/barriers for preventive care and practices (reported in interviews):
1. People are not using services
2. Lack of awareness/education
3. Stigma

Sub-populations most affected by preventive care and practices (reported in interviews):
1. Immigrants
2. Elderly
3. Uninsured persons

Top resources, services, programs and/or community efforts in the community for preventive care and practices:
1. Columbus Community Hospital
2. Local and free clinics

#7 HEALTH NEED
ECONOMIC STABILITY
TRANSPORTATION

TRANSPORTATION HAS A MAJOR INFLUENCE ON HEALTH AND ACCESS TO SERVICES (FOR EXAMPLE, ATTENDING ROUTINE AND URGENT APPOINTMENTS, AS WELL AS RUNNING ESSENTIAL ERRANDS THAT SUPPORT DAILY LIFE)

IN OUR COMMUNITY

34% OF COMMUNITY SURVEY RESPONDENTS SAY THAT TRANSPORTATION IS LACKING IN PLATTE COUNTY

"Public transportation is mostly just for seniors to get to the doctor or groceries."
- Community Member Interview

42/100
WALKSCORE COLUMBUS[88]

17/100
WALKSCORE HUMPHREY[88]

25/100
WALKSCORE NEWMAN GROVE[88]

When analyzing the largest population centers in Platte County, according to WalkScore.com, Humphrey is **'Car Dependent' (almost call errands require a car),** while Newman Grove and Columbus are **'Car Dependent' (a few amenities within walking distance)**[60]

ACCORDING TO THE AMERICAN COMMUNITY SURVEY:[34]

**80% OF ALL WORKERS IN PLATTE COUNTY DRIVE ALONE TO WORK, COMPARED TO 77% FOR NEBRASKA**[89]

0.1% OF PLATTE COUNTY RESIDENTS USE PUBLIC TRANSPORTATION TO GET TO WORK (VS. 0.4% FOR NEBRASKA) AND 4% WALK OR BIKE TO WORK (VS. 3% FOR NEBRASKA)[89]

PLATTE COUNTY WORKERS SPEND AN AVERAGE OF 10 MINUTES PER DAY COMMUTING TO WORK, VS NEBRASKA WORKERS THAT SPEND AN AVERAGE OF 19 MINUTES PER DAY COMMUTING TO WORK[89]
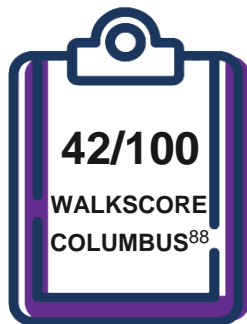
IN THE PAST YEAR, RELIABLE TRANSPORTATION WAS A BARRIER FOR COMMUNITY SURVEY RESPONDENTS TO THE FOLLOWING RESOURCES:

- Medical appointments
- Work/meetings
- Buying food/groceries
- Physical activity opportunities/the gym
- Getting other things for daily living
- School
- Childcare

#7 HEALTH NEED
ECONOMIC STABILITY
TRANSPORTATION

"The community is very wide spread so it is hard to walk from one end to another, especially when the weather is bad."
- Community Member Interview

"We do have a lot of issues with there being no public transportation or no rideshare options. One of the bigger problems is also that this community is very widespread so an individual can't walk a 5 mile stretch to get from point A to point B especially in the winter weather conditions."
- Community Member Interview

"Sidewalks aren't great in the area; there are lot of areas in Schuyler without sidewalks."
- Community Member Interview

Top issues/barriers for transportation (reported in interviews):
1. Lack of public transportation
2. Walking areas/sidewalks need improvement
3. Weather
4. Community is widespread, not walkable

Sub-populations most affected by transportation (reported in interviews):
1. Elderly
2. Low-income
3. Rural areas
4. Disabled

Top resources, services, programs and/or community efforts in the community for transportation:
1. Hospital van service
2. Taxi service in Columbus
3. Van/shuttle service

PRIORITY POPULATIONS
TRANSPORTATION

While **transportation** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

PLATTE COUNTY is less walkable and has a higher proportion of residents who drive to work than the rest of East Central District. Survey respondents here were more likely than other district counties to select transportation as a resource lacking in the community[88,89]

RURAL AREAS have less access to public transit and residents must travel further to access necessary services[88]

45-54 YEAR OLD survey respondents were significantly more likely to report transportation as a lacking resource in the community than other age groups

WOMEN were more than three times as likely as men to select transportation as a priority health need on the community survey

Survey respondents with a **MENTAL HEALTH CONDITION** were significantly more likely to report transportation as a resource lacking in the community

#8 HEALTH NEED
ECONOMIC STABILITY
INCOME/POVERTY AND EMPLOYMENT

ECONOMIC STABILITY INCLUDES INCOME, EDUCATION, EMPLOYMENT, TRANSPORTATION, AND HOUSING AND HOMELESSNESS. 21% OF SURVEY RESPONDENTS SELECTED INCOME/POVERTY AND EMPLOYMENT AS A PRIORITY HEALTH NEED

2% OF PLATTE COUNTY TEENS 16-19 ARE AT RISK BECAUSE THEY ARE NOT IN SCHOOL OR UNEMPLOYED, WHICH IS LOWER THAN THE 4% SEEN STATEWIDE[74]

9% OF THE TEENS THAT ARE NOT IN SCHOOL OR ARE UNEMPLOYED DO NOT HOLD A HIGH SCHOOL DIPLOMA[74]

PLATTE COUNTY IS RANKED 45TH OUT OF 79 COUNTIES IN NEBRASKA ON AVERAGE FOR SOCIAL AND ECONOMIC FACTORS (THE LOWER A RANKING IS, THE BETTER)[75]

IN OUR COMMUNITY

PLATTE COUNTY'S MEDIAN HOUSEHOLD INCOME IS 4% LOWER THAN THE STATE AVERAGE[76]
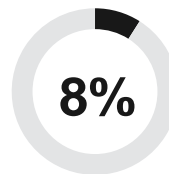
PLATTE COUNTY: $67,100

NEBRASKA: $69,800

LIVES IN POVERTY[77]

8% PLATTE COUNTY

10% NEBRASKA

IS LOW-INCOME[77]
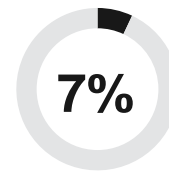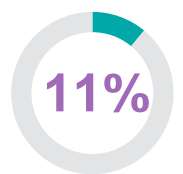
7% PLATTE COUNTY

11% NEBRASKA

PLATTE COUNTY POVERTY AND LOW-INCOME RATES ARE LOWER THAN NEBRASKA[77]

POVERTY RATES ARE HIGHEST FOR CHILDREN AT 10%, THE SAME AS FOR NEBRASKA[77]

2%

OF PLATTE COUNTY ADULTS ARE UNEMPLOYED, COMPARED TO 3% FOR NEBRASKA[78]

POVERTY RATES BY COUNTY AND AGE GROUP[77]

LOCATION	OVERALL	CHILDREN (0-18)	ADULTS (18-64)	SENIORS (65+)
Platte County	8%	10%	8%	6%
East Central District	9%	12%	9%	7%
Nebraska	10%	10%	10%	8%

"There are needs for a qualified workforce, with ~2,000 open jobs in the community."
- Community Member Interview

"The average income in Platte is $67K per family, when you consider the housing and transportation costs, that is not enough."
- Community Member Interview

#8 HEALTH NEED
ECONOMIC STABILITY
INCOME/POVERTY AND EMPLOYMENT

7% OF LOW-INCOME PLATTE COUNTY HOUSEHOLDS UTILIZE FOOD STAMPS VS. 8% FOR NEBRASKA[79]

ACCORDING TO THE U.S. CENSUS BUREAU

1% OF PLATTE COUNTY HOUSEHOLDS RECEIVE PUBLIC ASSISTANCE VS. 2% FOR NEBRASKA[80]

4% OF PLATTE COUNTY HOUSEHOLDS RECEIVE SUPPLEMENTAL SECURITY INCOME (SSI), COMPARED TO 4% FOR NEBRASKA[80]

"Poverty is very real. There isn't a lack of employment. The problem is underemployment. We have people that work a full-time job and still struggle to pay their bills or simply make ends meet."
- Community Member Interview

"There are jobs available almost everywhere...with that being said not all of these jobs are for those lower skilled workers."
- Community Member Interview

"Some companies are being forced to shut down or close early because there is no one to cover shifts."
- Community Member Interview

PRIORITY POPULATIONS

INCOME/POVERTY AND EMPLOYMENT

While **income/poverty and employment** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Survey respondents **AGES 35-44** were significantly more likely than other age groups to select income/ poverty and employment as a priority health need

10% of Platte County **CHILDREN**, 6% of **SENIORS**, and 22% of **FEMALE HEADS-OF HOUSEHOLD** (HoH) living with their minor children live in poverty[77]

According to research, people who are **IMMIGRANTS AND/OR EXPERIENCE LANGUAGE BARRIERS** may have additional challenges with accessing employment, education, and health and social services[77]

Science says that **PEOPLE WITH DISABILITIES** may experience additional challenges obtaining and maintaining employment[77]

Top issues/barriers for income/poverty and employment (reported in interviews):
1. People won't take the available jobs
2. Cost of living
3. Low pay

Sub-populations most affected by income/poverty and employment (reported in interviews):
1. Immigrants
2. Single parents

#9 HEALTH NEED
ADVERSE CHILDHOOD EXPERIENCES

ADVERSE CHILDHOOD EXPERIENCES (ACEs), INCLUDING ABUSE, NEGLECT, MENTAL ILLNESS, SUBSTANCE ABUSE, DIVORCE/ SEPARATION, WITNESSING VIOLENCE, AND HAVING AN INCARCERATED RELATIVE CAN HAVE **LIFELONG IMPACTS**[84]

FIVE OF THE TOP 10 LEADING CAUSES OF DEATH ARE ASSOCIATED WITH ACEs[84]

IN OUR COMMUNITY

21% OF SURVEY RESPONDENTS SELECTED ADVERSE CHILDHOOD EXPERIENCES (ACEs) AS A PRIORITY HEALTH NEED

Nebraska's child abuse rate of
5 per 1,000 children
is slightly higher than the national rate of
4 per 1,000 children[85]

17% OF NEBRASKA CHILDREN HAVE EXPERIENCED 2 OR MORE ACEs[86]

Research shows that youth with the most assets are MORE LIKELY TO:[87]
- Do Well In School
- Be Civically Engaged
- Value Diversity

Research shows that youth with the most assets are LEAST LIKELY TO have problems with:[87]
- Alcohol Use
- Violence
- Sexual Activity

"We see kids at the high school level being impacted by traumatic events. It impacts learning and how we educate."
- Community Member Interview

"More ACEs training is happening in the community, but there needs to be more."
- Community Member Interview

PRIORITY POPULATIONS
ADVERSE CHILDHOOD EXPERIENCES (ACEs)

While **adverse childhood experiences (ACEs)** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

CHILDREN WITH THE FOLLOWING RISK FACTORS:[87]
- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

Significantly more respondents who HAD UNSTABLE HOUSING ranked 'adverse childhood experiences' as a top health concern in the community survey compared to those with a steady place to live

Top issues/barriers for ACEs (reported in interviews):
1. High concern in the community
2. Lack of behavioral/mental health providers
3. Not enough resources

Sub-populations most affected by ACEs (reported in interviews):
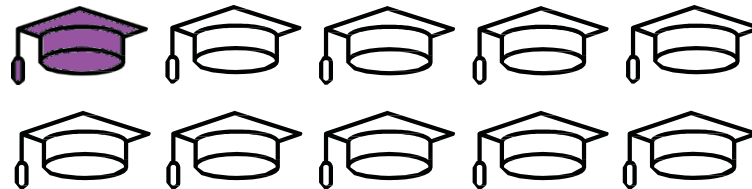1. Refugees/immigrants
2. School-aged kids
3. Low socioeconomic status

#10 HEALTH NEED
ECONOMIC STABILITY
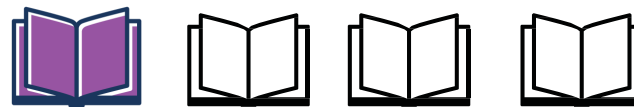### EDUCATION

EDUCATIONAL ATTAINMENT IS A KEY DRIVER OF HEALTH AND WAS SELECTED AS A PRIORITY HEALTH NEED BY 17% OF SURVEY RESPONDENTS

IN OUR COMMUNITY

ACCORDING TO CENSUS DATA, 10% OF PLATTE COUNTY RESIDENTS DID NOT GRADUATE HIGH SCHOOL, WHICH IS WORSE THAN THE 8% FOR NEBRASKA[81]

25% OF PLATTE COUNTY RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER (VS. 34% FOR THE STATE OF NEBRASKA)[82]

47% OF 3- AND 4-YEAR-OLDS IN PLATTE COUNTY ARE ENROLLED IN PRESCHOOL, COMPARED TO 43% FOR NEBRASKA[83]

PRESCHOOL ENROLLMENT CAN IMPROVE SHORT AND LONG-TERM SOCIOECONOMIC AND HEALTH OUTCOMES, PARTICULARLY FOR DISADVANTAGED CHILDREN[83]

PLATTE COUNTY'S AVERAGE HIGHSCHOOL GRADUATION RATE (93%) IS HIGHER THAN THAT OF THE STATE (87%). COLUMBUS PUBLIC SCHOOLS (PLATTE COUNTY) HAD THE LOWEST HIGH SCHOOL GRADUATION RATE FOR 2022-2023 IN EAST CENTRAL DISTRICT (87%)[84]
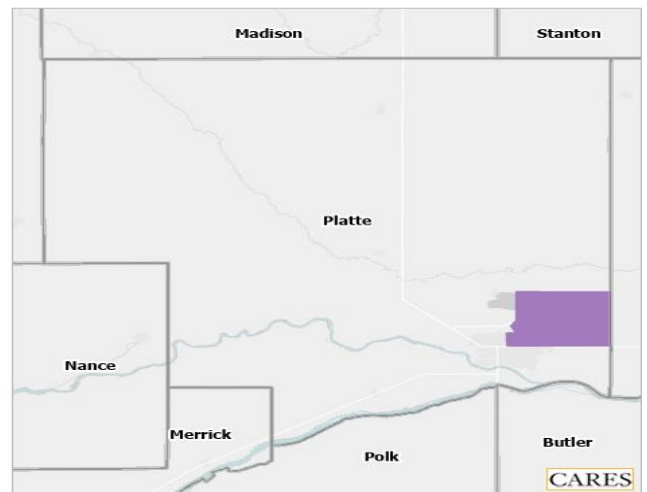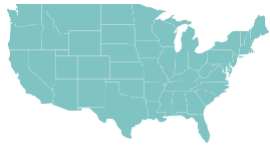

This "vulnerable population footprint map" from the Center for Applied Research and Engagement (CARES) shows areas of Platte County where more than **20% of the population lacks a high school education** (the southeast portion of Platte County, highlighted in **purple**)[85]

"There are fewer high school students coming to college because the population is declining."
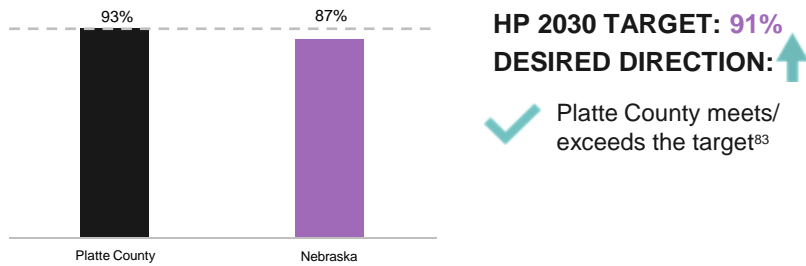- Community Member Interview

#10 HEALTH NEED
ECONOMIC STABILITY
EDUCATION

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE

93% — Platte County
87% — Nebraska

HP 2030 TARGET: 91%
DESIRED DIRECTION: ↑

✓ Platte County meets/exceeds the target[83]

IN 2022-2023, PLATTE COUNTY'S **CHRONIC ABSENTEEISM RATE** WAS **17%**, BETTER THAN THE **22%** FOR NEBRASKA[86]

COLUMBUS PUBLIC SCHOOLS HAD THE HIGHEST RATE (**19%**) IN THE DISTRICT, WHILE **HUMPHREY PUBLIC SCHOOLS** HAD THE LOWEST AT **9%**[86]

"Preschool is not offered at 7 in the evening. There is a major disconnect with that and the shift work."
- Community Member Interview

"Some schools in the area have been fighting to keep their schools open, there is not a lot of enrollment."
- Community Member Interview

"[Some students are working] part-time, some may have 1-2 jobs or more to provide for their family. They may have to pause to deal with life and then come back to school."
- Community Member Interview

PRIORITY POPULATIONS

EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

10% of PLATTE COUNTY residents do not have a high school diploma and only 18% have a Bachelor's degree or higher[81]

HISPANIC survey respondents were significantly more likely than White respondents to select education as a priority health need

CHILDREN WHO ARE LOWER INCOME are less likely to be enrolled in school at 3 and 4 years old compared to higher income children[83]

The Platte County community survey found that those **AGED 65+** were less likely to have completed post-secondary education compared to other age groups

Top issues/barriers to education (reported in interviews):
1. Lack of spots/availability in preschools
2. Lack of preschool resources
3. Teacher shortage
4. Language barriers

Sub-populations most affected by education (reported in interviews):
1. Non-English speakers/Immigrants
2. Low-income
3. Teachers

Top resources, services, programs, and/or community efforts for education:
1. School system
2. English Language Program/language services
3. The public school has a preschool

#11 HEALTH NEED
NUTRITION & PHYSICAL HEALTH

IN OUR COMMUNITY

73% OF COMMUNITY SURVEY RESPONDENTS RATED THEIR PHYSICAL HEALTH AS **'EXCELLENT' and 'GOOD'** WHILE **23%** RATED IT AS **'AVERAGE'**

83% of East Central District residents say they have **access to safe places to walk in their neighborhood**, compared to **88% for Nebraska**[40]

15% OF COMMUNITY SURVEY RESPONDENTS SAY THAT **RECREATIONAL SPACES ARE LACKING** IN PLATTE COUNTY

ACCORDING TO 2023 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA, **MORE PLATTE COUNTY THAN NEBRASKA ADULTS ARE SEDENTARY** (DID NOT PARTICIPATE IN LEISURE TIME PHYSICAL ACTIVITY IN THE PAST MONTH)[41]
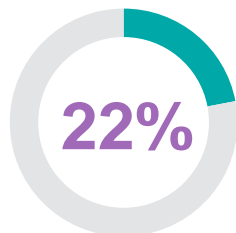
26%

PLATTE COUNTY

22%

NEBRASKA

4% OF COMMUNITY SURVEY RESPONDENTS SAY THAT **RELIABLE TRANSPORTATION** HAS KEPT THEM FROM **BUYING FOOD/ GROCERIES OR PARTICIPATING IN PHYSICAL ACTIVITY** IN THE PAST YEAR
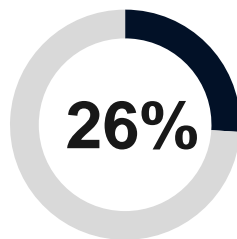
Nearly three-quarters (**74%**) of East Central District residents are **overweight or obese**, higher than the state rate of 70%. 36% of Platte County adults were reported to be obese. 35% of Nebraska youth are overweight or **obese**[42]

22% of adults in East Central District **do not consume any daily vegetables**, slightly higher than Nebraska (20%)[43]

20% of East Central District adults **meet physical activity guidelines**, which is **worse** than 21% for Nebraska[44]
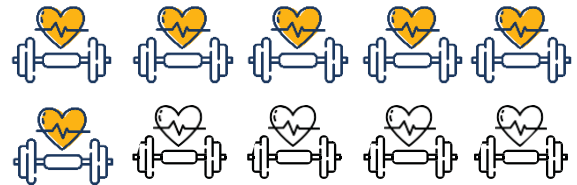
58% of Nebraska youth **meet physical activity guidelines**, while 13% were not physically active at least one day of the prior week[45]

74% of Nebraska youth spent **3+ hours per day on screen time** (not including schoolwork) on an average school day[46]

PLATTE COUNTY WAS **RANKED 26TH OUT OF 79** COUNTIES FOR HEALTH BEHAVIORS, WITH 1 BEING THE BEST RANKING AND 79 BEING THE WORST RANKING[47]
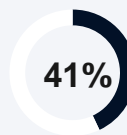
#11 HEALTH NEED
NUTRITION & PHYSICAL HEALTH

BUSY SCHEDULE
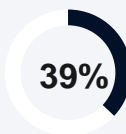*"Many believe that because they work so hard at their jobs, they don't need to exercise regularly."*

50%

LACK OF ENERGY
"People work 12 hour days and don't want to take an extra hour to work out."

41%

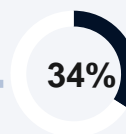**MONEY**
"There is a community field house with a wellness center and it is wonderful, but will people spend money to be a part of it?"

39%

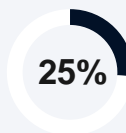**BARRIERS TO GETTING HEALTHIER**

STRESS
"I need daycare to go workout, and having to pay both daycare and a membership is so expensive!"
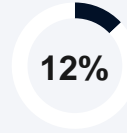
34%

INTIMIDATION OF GOING TO A GYM
"Financial situations may limit people, but you can still get out and walk."

25%

I DON'T LIKE TO EXERCISE
"People don't want to move."

12%

Reported in community member survey, quotes from key informant interviews

"There is a lack of emphasis on how important it is to eat healthy foods."
- Community Member Interview

"Schools aren't serving very healthy choices."
- Community Member Focus Group

"We make sure that people don't go hungry but we don't make sure they aren't eating foods that are going to kill them."
- Community Member Interview

Top issues/barriers for nutrition and physical health (reported in interviews):
1. Mindset/lack of motivation
2. Not affordable/expensive
3. Lack of education on healthy eating
4. Weather

Sub-populations most affected by nutrition and physical health (reported in interviews):
1. Low-income
2. Immigrant population

Top resources, services, programs, and/or community efforts for nutrition and physical health:
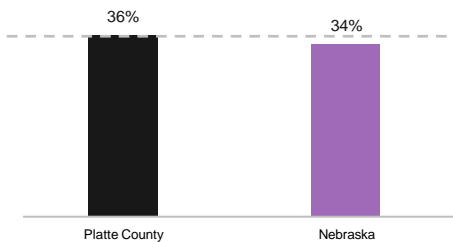1. Field House
2. Walking trails
3. Parks
4. Local education
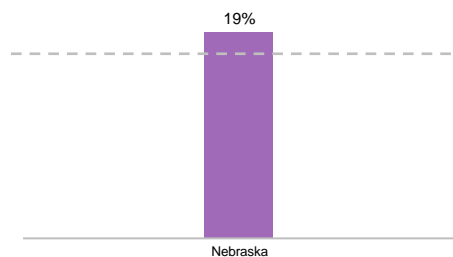
#11 HEALTH NEED
NUTRITION & PHYSICAL HEALTH
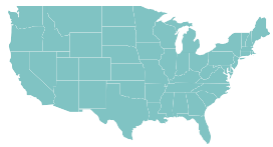
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY

36% — Platte County
34% — Nebraska

HP 2030 TARGET: 36%
DESIRED DIRECTION: ⬇

✓ Platte County meets the target[42]

CHILDREN & TEEN OBESITY

19% — Nebraska

HP 2030 TARGET: 16%
DESIRED DIRECTION: ⬇

✗ Nebraska does not yet meet the target. This data was not available for Platte County[42]

"The biggest challenge is that it gets really cold."
- Community Member Interview

"There is local education but it is not as effective when people think they are not being unhealthy."
- Community Member Interview

"The unhealthy options are easier, so people tend to gravitate towards that."
- Community Member Interview

PRIORITY POPULATIONS
NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to data, **TEEN GIRLS** are much more likely than boys to report trying to lose weight, regardless of BMI[48]

Survey respondents **AGES 25-44** were significantly more likely than other age groups to select a busy schedule, convenience (eating out is easier), and cost as barriers to getting healthier. They were also most likely to say that community recreational spaces are lacking.

According to research, **LOWER INCOME INDIVIDUALS, MALES,** and **OLDER ADULTS** are more likely to experience overweight and obesity, not exercise, and to not eat enough fruits and vegetables[49]

YOUNG ADULTS AGES 18 TO 24 are at risk for being inactive[50]

PLATTE COUNTY survey respondents who were **WOMEN** were more likely than men to say that recreational spaces are lacking in the community

45-54 YEAR OLDS were more likely to select overweight and obesity as a priority health need on the community member survey than those 25-44

MEN who responded to the survey were significantly more likely than women to select overweight and obesity as a priority health need

MIDDLE INCOME survey respondents were significantly more likely to say that cost is a barrier to getting healthy than those making over $100,000

46

#12 HEALTH NEED CRIME AND VIOLENCE

9% OF COMMUNITY SURVEY RESPONDENTS SELECTED CRIME AND/OR VIOLENCE AS A PRIORITY HEALTH NEED TO ADDRESS IN THE COMMUNITY

IN OUR COMMUNITY

PLATTE COUNTY'S 2022 PROPERTY AND VIOLENT CRIME RATES ARE MUCH LOWER THAN THE STATE OF NEBRASKA OVERALL. BOTH PROPERTY AND VIOLENT CRIME RATES HAVE DECLINED SINCE 2020[94]

PLATTE COUNTY 219

NEBRASKA 1,889

PROPERTY CRIME RATES PER 100,000[94]

PLATTE COUNTY 47

NEBRASKA 283

VIOLENT CRIME RATES PER 100,000[94]

"People know about the crime before people are even arrested. People hear about everything here."
- Community Member Interview

"The court system doesn't help rehabilitate."
- Community Member Interview

"There have been talks of a casino that is coming...[I think] this will bring more people, more crime, and more drugs."
- Community Member Interview

"There have been some behavioral incidents in the schools with violence threats, but nothing has been acted out on."
- Community Member Interview

PRIORITY POPULATIONS
CRIME AND VIOLENCE

While **crime and violence** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

55-64 YEAR-OLDS were significantly more likely to select crime and violence as a priority health need on the community member survey than 25-44 year olds

LOWER INCOME survey respondents were most likely to select crime and violence as a priority

Top issues/barriers for crime and violence(reported in interviews):
1. Drug use
2. Increasing issue
3. Alcohol use
4. Child abuse

Sub-populations most affected by crime and violence (reported in interviews):
1. Low-income

Top resources, services, programs and/or community efforts in the community for crime and violence:
1. Law enforcement

#13 HEALTH NEED
TOBACCO AND NICOTINE USE

9% OF COMMUNITY SURVEY RESPONDENTS INDICATED THAT ADDRESSING TOBACCO AND NICOTINE USE IN THE COMMUNITY WAS A PRIORITY HEALTH NEED

IN OUR COMMUNITY

**THE LEADING CHRONIC DISEASE CAUSES OF DEATH IN PLATTE COUNTY ARE:**

#1 HEART DISEASE

#2 CANCER

#3 CHRONIC LOWER RESPIRATORY DISEASE

#4 STROKE

SMOKING IS A RISK FACTOR FOR ALL OF THESE CHRONIC DISEASES[90]

15%
OF PLATTE COUNTY ADULTS ARE CURRENT SMOKERS (VS. 14% FOR NEBRASKA)[93]

6%
OF BOTH DISTRICT AND STATE ADULTS USE E-CIGARETTES, WHILE 21% OF EAST CENTRAL DISTRICT ADULTS HAVE USED THEM IN THEIR LIFETIME, VS. 25% FOR THE STATE[93]

RATES OF CURRENT CIGARETTE SMOKING ARE SIMILAR FOR NSDUH* REGION 4 TEENS TO NEBRASKA TEENS[91]

3%
NSDUH* REGION 4
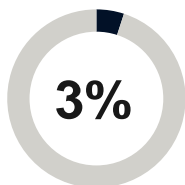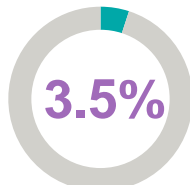
3.5%
NEBRASKA

- **18%** of Nebraska youth have **ever smoked** a cigarette[92]
- **14% use e-cigarettes** and **30% have ever used** them[92]
- **15% are currently using a tobacco product** and **35% have ever used a tobacco product**[92]

- **Attempted to quit smoking** in past year: **57%** for district vs. **53%** for Nebraska[93]
- **Have rule not allowing smoking inside their home: 95%** for district vs. **93%** for Nebraska[93]
- **Have rule not allowing smoking inside their vehicle: 89%** for district vs. **87%** for Nebraska[93]

"Vapes are easy to hide. They look like flash drives. People are making clothes to help hide vapes as well."
- Community Member Interview

"Not enough is being done to educate the youth on the dangers of vaping."
- Community Member Interview

*National Survey on Drug Use and Health, Region 4 contains Platte County

#13 HEALTH NEED
TOBACCO AND NICOTINE USE
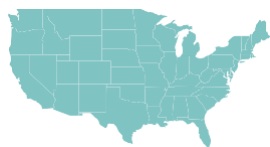
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING

HP 2030 TARGET: 6%
DESIRED DIRECTION: ↓

❌ Platte County does not yet meet the target[93]

15% — Platte County
14% — Nebraska

"There are many vape/smoke shops in the area.."
- Community Member Interview

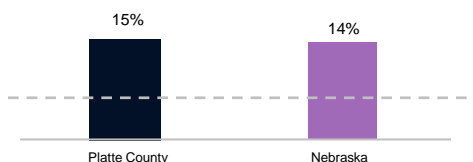*"School staff have to patrol school for vaping."*
- Community Member Interview

Top issues/barriers for tobacco and nicotine use (reported in interviews):
1. Vaping
2. Smoking
3. Too accessible

Sub-populations most affected by tobacco and nicotine use (reported in interviews):
1. Youth

Top resources, services, programs and/or community efforts in the community for tobacco and nicotine use:
1. Education in schools

PRIORITY POPULATIONS
TOBACCO AND NICOTINE USE

While **tobacco and nicotine** use is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to health department data, the smoking rate is highest in WHITE RESIDENTS AND RESIDENTS BETWEEN THE AGES OF 35-44[93]

25-34 YEAR OLDS were significantly more likely than other ages to select tobacco and nicotine use as a priority health need on the community member survey

According to the community member survey, **15% of MEN in PLATTE COUNTY** considered smoking a top concern compared to women (7%)

People with **MENTAL HEALTH ISSUES** are more likely to smoke[93]

YOUTH are more likely to **VAPE/ USE E- CIGARETTES** than smoke tobacco[92]

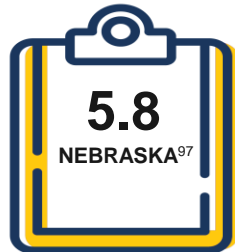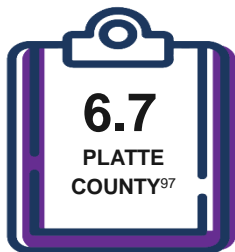People who are **LOWER-INCOME AND LESS EDUCATED** are more likely to smoke[93]

#14 HEALTH NEED
ENVIRONMENTAL CONDITIONS

5% OF PLATTE COUNTY SURVEY RESPONDENTS **REPORTED ENVIRONMENTAL CONDITIONS** AS A **TOP HEALTH NEED** FOR THE COMMUNITY

IN OUR COMMUNITY

6.7
PLATTE COUNTY[97]

5.8
NEBRASKA[97]

In 2019, Platte County had **poorer air quality than Nebraska overall** (a higher number of micrograms of particulate matter per cubic meter of air)[97]

In 2021, at least 1 community water system in Platte County reported a **health-based drinking water violation**[97]

"There are corn fields that are very close to residential areas, where they spray pesticides and crop dust, so that is concerning."
- Community Member Interview

"Water quality can be a little questionable with it being an agricultural area. There is a high cancer rate which may be related to water quality."
- Community Member Interview

PRIORITY POPULATIONS
ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

CHILDREN are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects[56]

PLATTE COUNTY (tied with Colfax County) has the highest level of air pollution in East Central District[97]

Top issues/barriers to environmental conditions (reported in interviews):
1. Water quality (nitrates)
2. Agricultural farms

Sub-populations most affected by environmental conditions (reported in interviews):
1. Immigrants

Top resources, services, programs, and/or community efforts for environmental conditions:
1. Testing centers/services
2. Nebraska Health and Human services/State Health Program

In 2023, there were 0 cases of **West Nile virus** and **1 positive mosquito pool** in East Central District[98]

#15 HEALTH NEED
INTERNET ACCESS

HOUSEHOLDS AND COMMUNITIES WITH LIMITED INTERNET ACCESS ARE AT A COMPETITIVE, EDUCATIONAL, AND HEALTHCARE DISADVANTAGE, CREATING A 'DIGITAL DIVIDE'[95] INTERNET ACCESS WAS SELECTED AS A PRIORITY NEED BY 7% OF SURVEY RESPONDENTS

IN OUR COMMUNITY

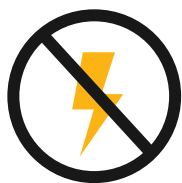**CELLULAR DATA & BROADBAND ARE THE MOST COMMON FORMS OF INTERNET ACCESS[96]**

NEBRASKA RANKS

#33

OUT OF THE 50 U.S. STATES FOR BROADBAND COVERAGE, WITH 1 BEING BEST COVERAGE[96]

11%

OF PLATTE COUNTY HOUSEHOLDS (1,452) LACK ANY INTERNET ACCESS, COMPARED TO JUST 9% FOR NEBRASKA[96]

11%

OF PLATTE COUNTY HOUSEHOLDS LACK BROADBAND INTERNET ACCESS, COMPARED TO JUST 7% FOR NEBRASKA[96]

PRIORITY POPULATIONS
INTERNET ACCESS

While **internet access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

LOWER INCOME people have a lower likelihood of having internet access, according to research[70]

According to the community survey, **MEN** were most likely to say that internet access is a priority health need

Top issues/barriers to internet access (reported in interviews):
1. Spotty coverage
2. Lack of service in rural areas
3. Affordability

Sub-populations most affected by internet access (reported in interviews):
1. Rural areas
2. Low-income

Top resources, services, programs, and/or community efforts for internet access:
1. Internet providers
2. Library
3. Public access points

"It is very hard for local businesses to effectively operate with the current internet."
- Community Member Interview

"Some families have to choose between food and being Wi-Fi accessible."
- Community Member Interview

HEALTH NEED
SLEEP

This health need was not ranked in the community member survey; however, it remains an important health need.

ADEQUATE SLEEP IMPROVES BRAIN PERFORMANCE, MOOD, AND HEALTH. NOT GETTING ENOUGH QUALITY SLEEP REGULARLY RAISES THE RISK OF MANY DISEASES AND DISORDERS. THESE RANGE FROM HEART DISEASE AND STROKE TO OBESITY AND DEMENTIA[118]

IN OUR COMMUNITY

BOTH EAST CENTRAL DISTRICT AND NEBRASKA ADULTS GET 7.1 HOURS OF SLEEP PER NIGHT ON AVERAGE[118]
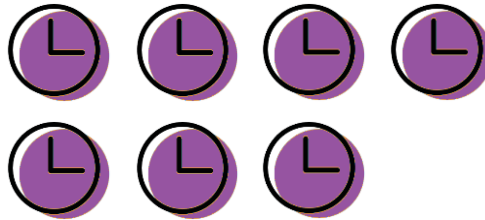
29%

OF PLATTE COUNTY ADULTS GET INADEQUATE SLEEP EACH NIGHT (LESS THAN 7 HOURS), COMPARED TO 28% FOR NEBRASKA[118]

74%

OF NEBRASKA YOUTH DO NOT GET 8 OR MORE HOURS OF SLEEP ON A TYPICAL SCHOOL NIGHT (INADEQUATE SLEEP)[119]

"There are lots of factories open 24/7, this can impact sleep schedules."
- Community Member Interview

PRIORITY POPULATIONS
SLEEP

While **sleep** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

YOUTH are more likely to get inadequate sleep than adults and are more likely to experience adverse effects of not getting enough sleep[119]

Top issues/barriers for sleep (reported in interviews):
1. Factory workers
2. Kids are staying up late on their phones
3. People aren't getting enough sleep

Sub-populations most affected by sleep (reported in interviews):
1. Non-standard working hours (evening/night) shift workers
2. Kids/youth

Top resources, services, programs and/or community efforts in the community for sleep:
1. Hospital sleep lab

"It would take a culture change for people to realize that only sleeping for five hours is not healthy."
- Community Member Interview

HEALTH OUTCOMES

HEALTH NEEDS: HEALTH OUTCOMES

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the overall Platte County ranking from the community member survey as seen on page 23. Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Platte County and/or East Central District and the state compared to the benchmark goal.

#1 HEALTH NEED MENTAL HEALTH

MENTAL HEALTH AND ACCESS TO MENTAL HEALTHCARE was the **#1 RANKED HEALTH NEED** reported in the community member survey, with **65%** of respondents selecting this option

10% of survey respondents **needed mental health counselling** in the past year but could not get it. **45%** reported **mental healthcare access as lacking** in the community

OVER ONE-QUARTER (26%) OF PLATTE COUNTY RESIDENTS WHO RESPONDED TO THE 2024 COMMUNITY MEMBER SURVEY RATE **THEIR ACCESS TO MENTAL OR BEHAVIORAL HEALTH SERVICES AS LOW OR VERY LOW**, WITH ANOTHER **49%** RATING IT AS **NEUTRAL**
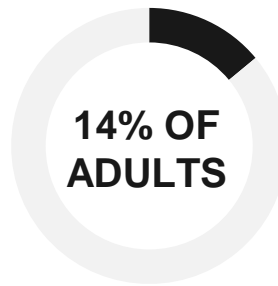
IN OUR COMMUNITY

29% OF YOUTH

in Nebraska reported that their **mental health was not good** (most of the time or always) in the past month[11]

36% OF YOUTH

in Nebraska felt **sad or hopeless** for at least 2 weeks in the past month, so that they stopped doing usual activities[11]

14% OF ADULTS

in Platte County have been diagnosed with **depression** by a mental health professional, compared to 17% for Nebraska[11]

9% OF ADULTS
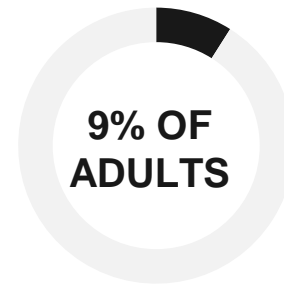
in East Central District experienced **frequent mental distress** (2+ weeks/ month in the past year), compared to 12% for Nebraska[11]

THE 2023 COUNTY HEALTH RANKINGS FOUND THAT PLATTE COUNTY HAS FEWER MENTAL HEALTH PROVIDERS RELATIVE TO ITS POPULATION WHEN COMPARING THE COUNTY RATIOS TO NEBRASKA[12]

PLATTE COUNTY 451:1[12]

NEBRASKA 329:1[12]

PLATTE COUNTY ADULTS REPORT 4.1 MENTALLY UNHEALTHY DAYS PER MONTH, COMPARED TO 4.3 FOR NEBRASKA[13]

ONLY 13% OF PLATTE COUNTY COMMUNITY MEMBER SURVEY RESPONDENTS REQUIRING MENTAL OR BEHAVIORAL HEALTH SERVICES RECEIVED ALL THE CARE THEY NEEDED

Platte County's adult suicide mortality rate of 23 per 100,000 is **higher** than Nebraska's rate of 19 per 100,000[14]

19% of Nebraska **youth considered attempting suicide** in the past year, while the youth (10-19) **suicide mortality rate was 8 per 100,000**[14]

"We do not have great mental healthcare here. I would love to be able to send more kids to psychiatrists, counseling, behavioral health…"
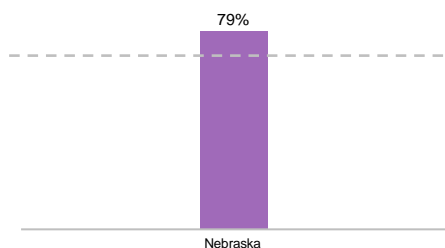- Community Member Interview

#1 HEALTH NEED
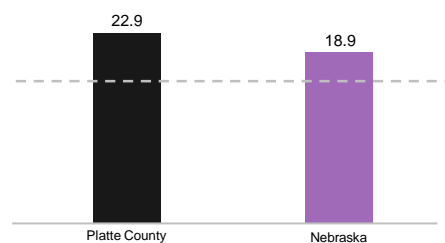# MENTAL HEALTH
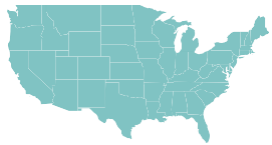
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ABILITY TO GET HELP FOR MENTAL HEALTH ISSUES

79%

Nebraska

HP 2030 TARGET: 69%
DESIRED DIRECTION: ⬆

✓ Nebraska meets/ exceeds the target. This data was not available for Platte County[11]

SUICIDE RATE

22.9

Platte County

18.9

Nebraska

HP 2030 TARGET: 12.8 PER 100,000
DESIRED DIRECTION: ⬇

✗ Platte County does not yet meet the target[14]

"The psychiatry clinic is full and struggling to keep up with demands."
- Community Member Interview

"We need more licensed practitioners, they are better at dealing with that (mental health) than the police and to avoid the legal system."
- Community Member Interview

"There is a lack of well trained personnel for mental health."
- Community Member Interview

PRIORITY POPULATIONS

MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

19% of PLATTE COUNTY survey respondents reported that they did not know where to go or how to find behavioral or mental health providers

55-64 YEAR OLDS were significantly more likely than other ages to rank their access to mental healthcare as low or very low in the community member survey

12% of PLATTE COUNTY residents living in **ZIP CODE 68601** reported having a mental health disorder, higher than other county ZIP Codes[13]

The entire "Catchment 4" area of Nebraska (made up of 22 counties including Platte County) is designated as a geographic **MENTAL HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)**[12]

WOMEN were significantly less likely than men to rate their mental health as 'excellent' on the community survey and more likely to say that community mental healthcare access is lacking

WHITE survey respondents were significantly more likely than Hispanic respondents to select mental health as a priority

Top issues/barriers for mental health (reported in interviews):
1. Not enough counselors & psychiatrists
2. Long waits
3. Stigma

Sub-populations most affected by mental health (reported in interviews):
1. Youth
2. Rural areas

#2 HEALTH NEED CHRONIC DISEASES

IN OUR COMMUNITY

11% OF PLATTE COUNTY ADULTS RATE THEIR HEALTH AS FAIR OR POOR, THE SAME AS THE STATE OF NEBRASKA[58]

☒ POOR

☒ FAIR

☐ GOOD

☐ VERY GOOD

☐ EXCELLENT

12%

12% of Platte County, East Central District, and Nebraska adults identified as having a **disability**[59]

Ambulatory disabilities were the most common type (5%)[59]

AMBULATORY	HEARING	COGNITIVE	INDEPENDENT LIVING	VISION	SELF-CARE
5%	4%	4%	3%	2%	2%

PLATTE COUNTY RANKED 15TH OUT OF 79 COUNTIES FOR HEALTH OUTCOMES, WITH 1 BEING THE BEST AND 79 BEING THE WORST[60]

THERE WERE 6,327 (AGE-ADJUSTED) YEARS OF POTENTIAL LIFE LOST AMONG PLATTE COUNTY RESIDENTS UNDER AGE 75, IN 2023, VS. 6,447 FOR NEBRASKA[61]

"Lots of undiagnosed chronic disease in the community."
- Community Member Interview

"We are a meat and potatoes state, along with not a lot of exercise."
- Community Member Interview

"There is poor access to diabetes education."
- Community Member Interview

Top issues/barriers for chronic diseases (reported in interviews):
1. Poor diet
2. Lifestyle
3. Lack of exercise
4. Obesity

Sub-populations most affected by chronic diseases (reported in interviews):
1. Low-income
2. Elderly
3. Hispanic population

Top resources, services, programs and/or community efforts in the community for chronic diseases:
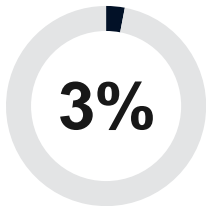1. Local education
2. Columbus Community Hospital

#2 HEALTH NEED
CHRONIC DISEASES

HEART DISEASE & HYPERTENSION

HEART DISEASE IS THE LEADING CAUSE OF DEATH IN EAST CENTRAL DISTRICT AND PLATTE COUNTY[62]

3%

of Platte County adults reported that they have had a **stroke**, vs. 2% for **Nebraska**[62]

5%
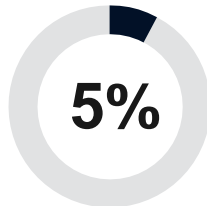
of Platte County adults reported being told they have had a **heart attack, or coronary heart disease**, the same as state percentage for Nebraska (5%)[62]

28%
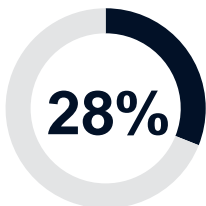
of Platte County resident adults have **hypertension** vs. the 31% for Nebraska[62]

30%
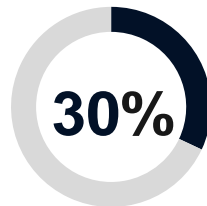
of Platte County adults have **high cholesterol**, compared to 31% of Nebraska adults[62]

KIDNEY DISEASE & ARTHRITIS

3%
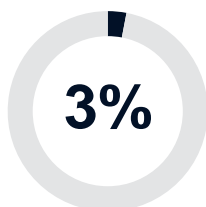
of both Platte County and Nebraska adults have **kidney disease**[63]

21%
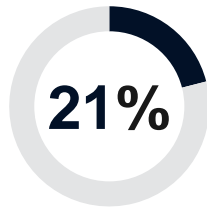
of Platte County adults have **arthritis**, compared to 23% of Nebraska adults[63]

DIABETES

9%

of Platte County adults have **diabetes**, compared to 10% for the state[64]

9% OF EAST CENTRAL DISTRICT ADULTS HAVE PREDIABETES (VS. 8% FOR NEBRASKA)[64]

OF THOSE WITH PREDIABETES, 20% WILL GO ON TO DEVELOP DIABETES WITHIN FIVE YEARS WITHOUT LIFESTYLE MODIFICATION[64]

ASTHMA AND COPD

8%

of Platte County has **asthma**, the same as Nebraska[65]

5%

of Platte County residents have **Chronic Obstructive Pulmonary Disease** (COPD)[65]

COGNITIVE DECLINE

10%

of both East Central District and Nebraska adults ages 45+ experienced **worsening confusion or memory loss** in the past year[66]

#2 HEALTH NEED CHRONIC DISEASES

ACCORDING TO THE U.S. CANCER STATISTICS DATA VISUALIZATIONS TOOL, CANCER IS THE SECOND LEADING CAUSE OF DEATH IN PLATTE COUNTY AND EAST CENTRAL DISTRICT. THE OVERALL CANCER INCIDENCE (CRUDE RATE) PER 100,000 IS LOWER THAN NEBRASKA[67]

458[67]
EAST CENTRAL DISTRICT

530[67]
NEBRASKA

BREAST, COLON, NON-HODGKIN'S LYMPHOMA, BLADDER, PANCREAS, AND BRAIN AND OTHER CNS CANCERS HAD HIGHER INCIDENCE RATES PER 100,000 IN PLATTE COUNTY THAN NEBRASKA[67]

Site	Platte County	Nebraska
All Sites	458	530
Breast (female)	145	131
Prostate	124	125
Colon & Rectum	53	41
Lung and Bronchus	52	52
Non-Hodgkin's Lymphoma	21	19
Melanoma of Skin	21	28
Bladder (urinary)	20	19
Pancreas	18	13
Kidney & Renal Pelvis	18	18
Uterus	17	27
Thyroid	11	16
Leukemia	10	15
Brain and Other CNS	9	7
Oral Cavity & Pharynx	8	13
Ovary	N/R	9
Cervix	N/R	7
Testis	N/R	7
Liver & Intrahepatic Bile Duct	N/R	6
Myeloma	N/R	6
Esophagus	N/R	5
Stomach	N/R	5
Larynx	N/R	3
Hodgkin's Lymphoma	N/R	3
Mesothelioma	N/R	1

NOTE: Rates are per 100,000 population. Age-adjusted rates not available from the CDC at the county level after 2020. Number of deaths are not available for counties with 10 or fewer deaths, due to privacy concerns.

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

✗ Platte County does not yet meet the Healthy People 2030 target for breast, prostate, lung, colorectal, and overall cancer mortality rates[67,68]

#2 HEALTH NEED
CHRONIC DISEASES

PRIORITY POPULATIONS
CHRONIC DISEASES

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

60% of PLATTE COUNTY residents with hypertension reported that they are currently taking blood pressure medication, the lowest of East Central District counties[38]

PLATTE COUNTY has higher rates of female breast cancer than other East Central District counties[62]

MEN were 2x as likely as women to select cognitive decline as a priority on the community member survey

LOWER INCOME and **PEOPLE WITH LOW EDUCATION** are at a higher risk of developing many chronic conditions[68]

Chronic conditions are more common in **OLDER ADULTS**[68]

People with **HIGH EXPOSURE TO AIR POLLUTION**[68]

People who **SMOKE**[68]

People with challenges with **PHYSICAL ACTIVITY AND NUTRITION**[68]

"A lot of individuals within this community have an old farmer mentality, saying that well my daddy was a farmer and he ate a piece of toast every morning with a layer of butter on it and he didn't have any heart disease, so heart disease isn't going to hurt me."
- Community Member Interview

"Heart disease and stroke are top killers in this area."
- Community Member Interview

"There are higher than average rates of childhood cancers."
- Community Member Interview

#3 HEALTH NEED
MATERNAL, INFANT & CHILD HEALTH

3% OF COMMUNITY SURVEY RESPONDENTS SELECTED MATERNAL, INFANT & CHILD HEALTH AS A PRIORITY COMMUNITY HEALTH NEED TO ADDRESS

IN OUR COMMUNITY

PLATTE COUNTY'S TEEN BIRTH RATE IS 21 PER 1,000 FEMALE TEENS, HIGHER THAN NEBRASKA'S (18 PER 1,000)[98]

THE LACK OF LOCAL PRENATAL CARE PROVIDERS AND FACILITIES WAS THE MOST FREQUENT ISSUE RELATED TO MATERNAL, INFANT, AND CHILD HEALTH RAISED IN INTERVIEWS

IN 2021, THERE WERE **10 CASES** OF ELEVATED BLOOD LEAD LEVELS IN EAST CENTRAL DISTRICT CHILDREN UNDER 6 (3% OF THE TOTAL NUMBER OF CASES IN NEBRASKA AND PROPORTIONAL TO THE COUNTY'S POPULATION). OUT OF THE **22% OF NEBRASKA CHILDREN TESTED, 1.5% HAD ELEVATED BLOOD LEAD LEVELS[99]**

PLATTE COUNTY AND NEBRASKA'S LOW BIRTH WEIGHT RATE IS

6%

BABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK FOR DISEASE, DISABILITY, AND DEATH[100]

30% OF PLATTE COUNTY AND NEBRASKA HOUSEHOLDS ARE CARING FOR CHILDREN UNDER AGE 18[101]

"[The clinic is] seeing more sick moms/maternal morbidity than when we first started because of the rise of diabetes, hypertension, and obesity."
- Community Member Interview

"There needs to be more care for moms. Some hospitals have quit doing deliveries."
- Community Member Interview

SEVERE MATERNAL MORBIDITIES (SMM) ARE UNEXPECTED OUTCOMES OF CHILDBIRTH THAT RESULT IN SIGNIFICANT HEALTH CONSEQUENCES. SMM ARE MORE THAN **100 TIMES AS COMMON AS PREGNANCY-RELATED MORTALITY** AND HAVE INCREASED UP TO 75% IN THE LAST DECADE NATIONWIDE[102]

THE RATE OF SMM IN NEBRASKA IS 67 PER 10,000 HOSPITAL DELIVERIES (ONE OF THE LOWEST IN THE NATION)[102]

#3 HEALTH NEED
MATERNAL, INFANT & CHILD HEALTH
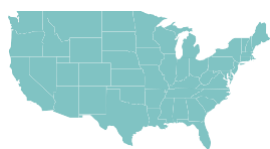
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ANY BREASTFEEDING
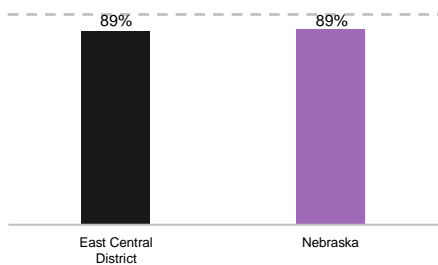
89% East Central District

89% Nebraska

HP 2030 TARGET: 92%
DESIRED DIRECTION: ↑

✗ East Central District does not yet meet the target. This data was not available This data was not available for Platte County[104]

"There are not a lot of OBs here, but a lot of family doctors take care of it."
- Community Member Interview

FROM 2017-2021, 50 DEATHS OCCURRED TO NEBRASKA RESIDENTS WHEN PREGNANT OR WITHIN A YEAR AFTER THE END OF A PREGNANCY AND 14 (28%) WERE PREGNANCY RELATED. NEBRASKA HAS A LOWER PREGNANCY-RELATED MORTALITY RATIO THAN THE NATION[103]

CONTRIBUTING FACTORS TO PREGNANCY RELATED DEATHS IN NEBRASKA:[103]

#1 LACK OF CONTINUITY OF CARE (71%)

#2 LACK OF ACCESS/FINANCIAL RESOURCES (57%)

#3 CLINICAL SKILL/ QUALITY OF CARE (57%)

#4 LACK OF KNOWLEDGE (43%)

#5 DELAY OF CARE (36%)

82% OF THESE DEATHS MAY BE PREVENTABLE[103]

Top issues/barriers for maternal, infant, and child health (reported in interviews):
1. Lack of care/no local care options
2. Hypertension

Sub-populations most affected by maternal, infant, and child health (reported in interviews):
1. Teens
2. Immigrants

Top resources, services, programs and/or community efforts in the community for maternal, infant, and child health:
1. Columbus Community Hospital

#3 HEALTH NEED
MATERNAL, INFANT & CHILD HEALTH
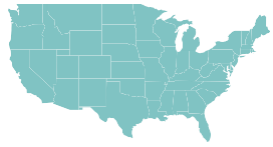
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

PRETERM BIRTH RATE

11%
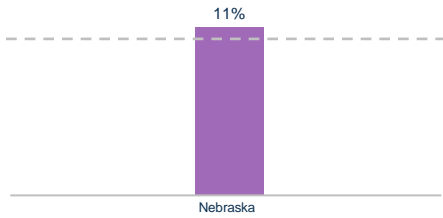
Nebraska

HP 2030 TARGET: 9%
DESIRED DIRECTION: ⬇

❌ Nebraska does not yet meet the target. This data was not available for Platte County[105]

INFANT MORTALITY RATE PER 1,000

6.0
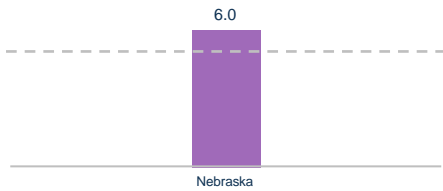
Nebraska

HP 2030 TARGET: 5 PER 1,000
DESIRED DIRECTION: ⬇

❌ Nebraska does not yet meet the target. This data was not available for Platte County[106]

ON-TIME PRENATAL CARE

80%
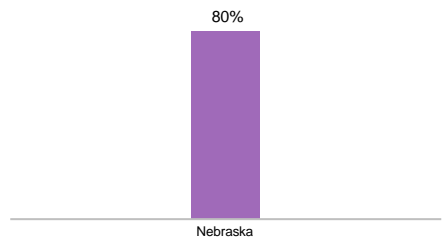
Nebraska

HP 2030 TARGET: 95%
DESIRED DIRECTION: ⬆

❌ Nebraska does not yet meet the target. This data was not available for Platte County[107]

PRENATAL NON-SMOKING RATE

92%
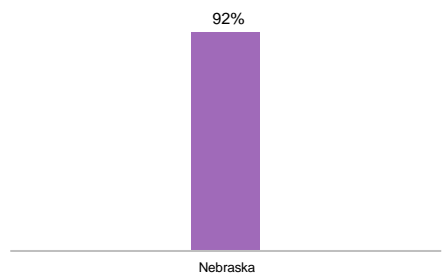
Nebraska

HP 2030 TARGET: 96%
DESIRED DIRECTION: ⬆

❌ Nebraska does not yet meet the target. This data was not available for Platte County[08]

PRIORITY POPULATIONS
MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant, and child health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

In Nebraska, as in the nation, rates of severe maternal morbidity and mortality are higher among NON-HISPANIC BLACK WOMEN compared to white women[102,103]

Research data shows that in RURAL NEBRASKA and for those with a HIGHSCHOOL DIPLOMA OR LESS, the severe maternal morbidity (SMM) rates and mortality rates are higher[102,103]

"The health department has a reproductive health clinic that adolescents can access without a parent under Title 10 law."
- Community Member Interview

#4 HEALTH NEED HIV/AIDS & STIs

THE COVID-19 PANDEMIC **MAY HAVE IMPACTED THE TESTING AND DIAGNOSIS RATES** FOR HIV & STIs[109]

IN OUR COMMUNITY

THE MOST COMMON SEXUALLY TRANSMITTED INFECTIONS (STIs) IN NEBRASKA ARE CHLAMYDIA AND GONORRHEA, **WITH A** LOWER PREVALENCE OF HIV. **DATA WAS NOT AVAILABLE AT THE EAST CENTRAL DISTRICT OR PLATTE COUNTY LEVEL DUE TO LOW RATES**[110,111]

Chlamydia	457
Gonorrhea	178
Overall HIV Prevalence	147
Syphilis	5
New HIV Cases	4

Nebraska rates per 100,000

22%
EAST CENTRAL DISTRICT
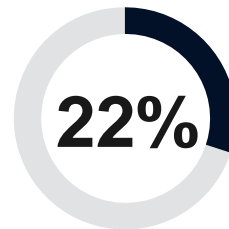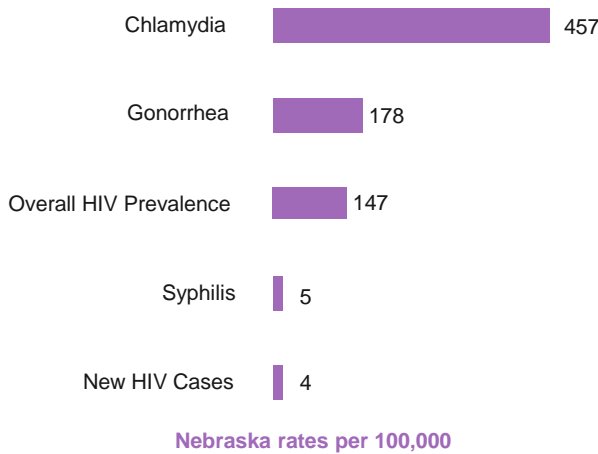
29%
NEBRASKA

LESS THAN ONE-QUARTER OF EAST CENTRAL DISTRICT RESIDENTS HAVE EVER BEEN TESTED FOR HIV, COMPARED TO 29% FOR THE STATE[112]

#4 HEALTH NEED
HIV/AIDS & STIs

ACCORDING TO STATE DATA, JUST UNDER HALF (48%) OF INDIVIDUALS LIVING WITH HIV IN NEBRASKA HAVE PROGRESSED TO AN AIDS DIAGNOSIS

77% OF NEBRASKANS WITH HIV ARE RECEIVING MEDICAL CARE AND 68% ARE VIRALLY SUPRESSED[113]

"The Field House sees a lot of public sex acts in underage populations."
- Community Member Interview

"STI testing is not free but sexual assault is, so people tend to forgo testing to avoid being stigmatized."
- Community Member Interview

"The health department has a reproductive health clinic that adolescents can access without a parent under Title 10 law."
- Community Member Interview

PRIORITY POPULATIONS
HIV/AIDS & Sexually Transmitted Infections (STIs)

While **HIV/AIDS and STIs** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

BLACK MALES (7x), HISPANIC MALES (3x), and BLACK FEMALES (23x) in Nebraska are much more likely to be living with an HIV diagnosis than their white counterparts[111]

WOMEN have higher rates of chlamydia, particularly those **AGED 20–24**[112]

MEN have higher rates of syphilis and gonorrhea[112]

Top issues/barriers for HIV/AIDS & STIs (reported in interviews):
1. Stigma

Sub-populations most affected by HIV/AIDS & STIs (reported in interviews):
1. Younger populations

Top resources, services, programs and/or community efforts in the community for HIV/AIDS & STIs:
1. Health department
2. Local clinic
3. Local education

#5 HEALTH NEED INJURIES

PLATTE COUNTY'S UNINTENTIONAL INJURY DEATH RATE (59 PER 100,000 POPULATION) IS HIGHER THAN THAT OF NEBRASKA (45 PER 100,000)[113]

IN OUR COMMUNITY
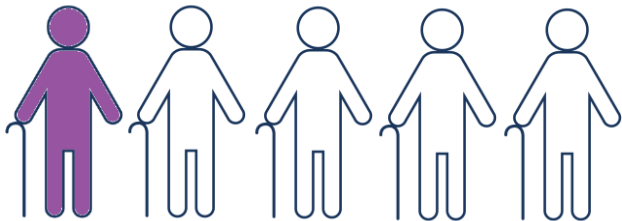
1 IN 5 EAST CENTRAL DISTRICT ADULTS AGES 45+ FELL ONE OR MORE TIMES IN THE PAST YEAR (20%), COMPARED TO 24% FOR NEBRASKA[114]

6% OF EAST CENTRAL DISTRICT ADULTS AGES 45+ EXPERIENCED A FALL-RELATED INJURY IN THE PAST YEAR, VS. 8% FOR NEBRASKA[115]

59%

OF EAST CENTRAL DISTRICT ADULTS TALKED ON THEIR CELL PHONE WHILE DRIVING IN THE PAST MONTH, VS. 67% FOR NEBRASKA[116]

24% TEXTED OR EMAILED WHILE DRIVING, VS. 27% FOR NEBRASKA[116]

71% ALWAYS WEAR A SEATBELT IN THE CAR, VS. 77% FOR NEBRASKA[116]

5%

OF BOTH EAST CENTRAL DISTRICT AND NEBRASKA ADULTS EXPERIENCED A WORK-RELATED INJURY OR ILLNESS IN THE PAST YEAR[117]

PRIORITY POPULATIONS
INJURIES

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

PLATTE COUNTY has a higher unintentional injury death rate (59 per 100,000 population) than the East Central District average (55 per 100,000)[113]

Individuals who work in jobs with a higher risk of occupational injury, such as MANUFACTURING, CONSTRUCTION, AGRICULTURE, TRANSPORTATION, TRADES, AND FRONTLINE WORKERS[117]

Top issues/barriers for injuries (reported in interviews):
1. High occurrence of workplace injuries

Sub-populations most affected by injuries (reported in interviews):
1. Factory/Plant/Industrial workers
2. Agricultural workers/farmers

Top resources, services, programs and/or community efforts in the community for injuries:
1. Columbus Community Hospital

"There are a lot of workplace related injuries, but they need to be sent out [of the community]."
- Community Member Interview

"There is an issue with there being staff shortages when it comes to providing care for these injuries."
- Community Member Interview

LEADING CAUSES
OF DEATH

Cause	Platte County	Nebraska
HEART DISEASE	224	185
CANCER	206	182
CHRONIC LOWER RESPIRATORY DISEASE	123	93
COVID-19	57	55
UNINTENTIONAL INJURY	55	45
STROKE	53	42
ISCHEMIC HEART DISEASE	48	89
ALZHEIMER'S DISEASE	39	38
PARKINSON'S DISEASE	23	13
DIABETES	23	30
KIDNEY DISEASE	18	12
SUICIDE	17	15
INFLUENZA/PNEUMONIA	16	17
SEPTICEMIA	N/R	9
LIVER DISEASE & CIRRHOSIS	N/R	14
HYPERTENSION / HYPERTENSIVE RENAL DISEASE	N/R	18

PLATTE COUNTY   **NEBRASKA**

THE TOP FIVE LEADING CAUSES OF DEATH IN PLATTE COUNTY ARE: HEART DISEASE, CANCER, COVID-19, CHRONIC LOWER RESPIRATORY DISEASE, AND UNINTENTIONAL INJURIES, WITH MOST MORTALITY RATES PER 100,000 BEING HIGHER THAN FOR NEBRASKA[120]

NOTE: Rates are per 100,000 population. Age-adjusted rates not available from the CDC at the county level after 2020. Number of deaths are not available for counties with 10 or fewer deaths, due to privacy concerns.

IDEAS FOR CHANGE
FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

EDUCATION
- Increase options for non-standard working hours (evening/night) shift workers.
- Adult programs.
- Local schools need more support.
- Increase healthy eating/physical education
- Help students who are struggling in general.

ACCESS TO CHILDCARE
- More childcare spots.
- More specialty facilities for children with special needs.
- Creating company daycares.
- Tax credits for daycare use.
- Increase funding for large centers.

MATERNAL, INFANT & CHILD HEALTH
- Increase healthy eating/physical activity education.

TOBACCO/NICOTINE USE
- More education for kids.
- Nebraska help line.

CRIME AND/OR VIOLENCE
- Increase mental health resources.
- Gun control.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)
- More bilingual therapists/counselors.

HOUSING
- Focus on the workforce development grant.
- Create a homelessness agency.

ENVIRONMENTAL CONDITIONS
- Improve water filtration services.

NUTRITION/PHYSICAL ACTIVITY
- Healthy eating/physical activity education literature.
- More school programs.
- More farmer's markets.
- More affordable options for food.
- YMCA involvement in nutrition and access to food.
- More programs targeted to immigrants.
- Make the field house more affordable.
- More green trails.
- More physical education classes.
- More access to healthy food.

ACCESS TO HEALTHCARE
- More affordable coverage options in the community.
- Dedicated contact person needed for navigating healthcare systems.
- Allow the hospital to take over the health department.
- Better translation services in the hospitals.
- Hire more nurse navigators.
- Increase training opportunities for nurses.
- More Somali and French materials.
- Have services at a reduced cost for those that cannot afford it.
- More local education.
- Have doctors volunteer in the community.
- More staffing for caregiving.
- Caregiver support.

IDEAS FOR CHANGE
FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

MENTAL HEALTH/SUBSTANCE USE

- Create open dialogue on mental health and substance use.
- Better education on mental health and substance use.
- Increase access to physical activity.
- More education for parents.
- Increase clubs/support groups for kids.
- Increase telehealth access.
- Education on mental health for the Somali community.
- Education on marijuana and vaping for youth.
- More school services and control of substance use.
- More drug testing at work.
- Create more outlets to receive help.

HEALTH LITERACY

- Better translation services in the hospitals.
- More nurse navigators.
- Better training for nurses to make patients feel more comfortable, allowing them to ask questions.
- Create culturally sensitive health materials that are picture heavy for low literacy levels (in English, Spanish, French, and Somali).
- Teach people who to listen to in healthcare (increase trust).

HIV/AIDS & STIs

- More education and destigmatization on infectious diseases, HIV/AIDS, and STIs.
- Better access to protection (infectious diseases, HIV/AIDS, STIs).

ECONOMIC SECURITY/ POVERTY/EMPLOYMENT

- Employer provided transportation.
- Charities support.

TRANSPORTATION

- Create/expand bus routes.

CHRONIC DISEASES

- More education on chronic diseases.
- Increase healthy eating/ physical activity education.
- Better care plans for diabetes.
- More funding needed for facilities that specialize in dementia care.
- Increase opportunities to keep elderly people active.
- Have providers go to directly to dementia facilities instead of telehealth.
- Make healthcare more affordable.
- Create a bigger cancer center.
- Find the cause of perceived high cancer rates.
- Better access to cancer screenings.

OTHER OPPORTUNITES

- Create a community center.
- Increase focus on rural areas.
- More programs for teens and social interaction.
- Create a new youth center downtown (Columbus).
- Create opportunities for ongoing focus groups for people to provide feedback.
- Show that the community cares about Black people.
- Increase parenting education.

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Education
Centennial Elementary School
Central Community College
Christ Lutheran School
Columbus After School Programs
Columbus Area United Way
Columbus Christian School
Columbus Public Library
Columbus Public Schools
Duncan Elementary School
Education Service Unit (ESU) #7
Emerson Elementary School
Holy Family Schools
Humphrey Public Schools
Humphrey St. Francis School
Immanuel Lutheran School
Lakeview Community Schools
Lindsay Attendance Center
Lindsay Holy Family School
Lost Creek Elementary School
Lynn Hans
Nebraska Extension - Platte County
Nebraska Vocational Rehabilitation: Columbus Office
NorthStar of Nebraska
North Park Elementary
Pathways Beyond/Early Steps to Success Building
Platte Center Elementary School
Platte Valley Early Learning Connection
Platte Valley Literacy Association
Scotus Central Catholic High School
Shell Creek Public School
Scotus Central Catholic
St. Anthony Catholic Elementary School
St. Bonaventure Catholic Elementary School
St. Francis Schools
St. Isidore Catholic Elementary School
St. John's Lutheran School
Sunrise Elementary School
Terri Lewis
Twin River Public Schools
West Park Elementary

Legal Assistance
American Civil Liberties Union (ACLU) Nebraska
Center for Survivors
Centro Hispano Comunitario De Nebraska
Immigrant Legal Center
Legal Aid of Nebraska

Emergency & General Needs
2-1-1
Center for Survivors
Central Nebraska Community Services
Columbus Even Start
City Taxi
Columbus Area Transit System
Columbus/Platte County Convention & Visitors Bureau Columbus/Platte County
Columbus Emergency Relief
Columbus Fire Department
Columbus Municipal
Columbus United Way
Creston Volunteer Fire Department
Crisis Navigators
Duncan Fire Department
Emergency Management Agencies
Fabulous Forever
Goodwill Industries
Humphrey Fire & Rescue
Lindsay Volunteer Fire Department
Monroe Volunteer Fire & Rescue Department
Nebraska Family Helpline
Platte County Ambulance
Region 4 Assistance Programs
Rural Metro of Columbus
Salvation Army Thrift Store
Simon House
Starlink
Seekers of Serenity Place
Senior Center

Employment/Job Training
Central Community College Career and Employment Services
Columbus Workforce Development
Equus Workforce Solutions
Proteus
Region V Services Columbus
Vantage Career Center

Crime and Violence
Center for Survivors
Columbus Area United Way
Columbus Police Department
Humphrey Police Department
Nebraska State Patrol
Nebraska Child Abuse Hotline
Platte County District Court
Platte County Victim Assistance
Platte County Probation Office District 5
Platte County Sheriff's Office

Housing and Homelessness
Brookstone Acres
Central Northeast
Community Action Partnership
Columbus Emergency Relief
Columbus Housing Authority
Columbus Rescue Mission
Cottonwood Senior Living
Edgewood Columbus Senior Living
Emerald Nursing & Rehab Columbus
Good Samaritan Society - Estates
Habitat for Humanity of Columbus
Meridian Gardens Assisted Living
Mid-Nebraska Lutheran Home & Newman House
Prairie Village Retirement Center
Region V Services Columbus Community Administrator

Food Security
Central Community College
Food and Hygiene Pantry - Columbus Campus
Central
Nebraska Community Action Partnership
Columbus Community Hospital
Holiday Spirit Co-op
Platte County Food Pantry
Salvation Army
Senior Center - Columbus
University
of Nebraska Cooperative Extension - Platte County
WIC (Women, Infants, and Children)

Social Services
Alzheimer's Association
American Red Cross
Central Nebraska Community Services
Columbus Area United Way
Columbus Even Start
Columbus Area Future Fund
Columbus Area Transit
Columbus Area United Way
Crisis Navigators
Health and Human Services
Nebraska Department of Health and Human Services
Newman Grove Senior Citizens
Region V Services Columbus
Senior Center: Columbus
The Arc of Platte County
Versatile Support Services, Inc.

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Healthcare
Alegent Health Cardiology Outreach
Beverly Healthcare - Columbus & Schuyler
Birthright of Columbus
Columbus Children's Healthcare Pediatric Clinic
Central Nebraska Community Action Partnership
Columbus Cancer Care Foundation
Columbus Care and Rehabilitation
Columbus Community Hospital
Columbus Family Practice Associates
Columbus Otolaryngology
Columbus Surgery Center, LLC
Columbus Urgent Care
Columbus Visiting Physicians Clinic
Creighton Internal Medicine at Columbus
Dialysis Center of Columbus
East Central District Health Department
Good Neighbor Community Health Center
Good Neighbor Community Reproductive Health Clinic
Home Health & Hospice - Private Duty of Columbus Community Hospital
Hospice of Columbus Community Hospital
Kelly Family Dentistry
Midwest Allergy and Asthma Clinic
Midwest Urology Associates
Midwest Radiation Oncology
Newman Grove Medical Clinic
North Central Radiology
Orthopedics and Sports Medicine
Platte-Colfax Community & Family Partnership

Mental Health and Substance Use
Alcoholics Anonymous
Arthritis Support Group
Behavioral Health Specialist, Inc. -Columbus Satellite Clinic
Birthright - Columbus
Catholic Charities
Charla Lambert
Colgrove Counseling Center, LLC
Columbus Clinic
Columbus Rescue Mission
Crisis Text Line
Douglas Draeger
East Central District Health Department
Educational Service Unit (ESU) #7
Good Life Counseling & Support, LLC -Columbus
Good Neighbor Community Health Center
Good Neighbor Community Reproductive Health Clinic
Jolaine Edwards
Larry Wilson
Mary Phillips
Narcotics Anonymous
National Suicide Prevention Lifeline
Nebraska Tobacco Quitline
Ring Counseling Services
Seekers of Serenity Place
Sharon Sue Nyffeler
Youth & Families for Christ

STEP 6
DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

IN THIS STEP, PLATTE COUNTY:

- WROTE AN EASILY UNDERSTANDABLE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

- ADOPTED AND APPROVED CHNA REPORT

- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

DOCUMENT, ADOPT/POST
AND COMMUNICATE RESULTS

Platte County worked with Moxley Public Health to pool expertise and resources to conduct the 2024 Community Health Needs Assessment (CHNA). By gathering secondary (existing) data and conducting new primary research as a team (through focus groups with subpopulations and priority groups, interviews with community leaders, and a survey that went out to the community), the stakeholders will be able to understand the community's perception of health needs. Additionally, the community partners will be able to prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance by Platte County residents.

The 2024 Platte County CHNA, which builds upon the prior regional assessment completed in 2021, meets all Public Health Accreditation Board (PHAB), Internal Revenue Service (IRS), and Nebraska state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This Platte County CHNA report was adopted in May 2024.

The report is widely available to the public on the health department and hospital websites:

- Columbus Community Hospital: https://www.columbushosp.org/for-the-community/community-health-needs-assessment
- East Central District Health Department: https://ecdhd.ne.gov/resources/health-department-reports.html

Written comments on this report are welcomed and can be made by emailing:

- Columbus Community Hospital: aeblaser@columbushosp.org
- East Central District Health Department: tfordwolfgram@ecdhd.ne.gov

CONCLUSION & NEXT STEPS

NEXT STEPS WILL BE:

- IMPROVEMENT PLAN (CHIP)/IMPLEMENTATION STRATEGY FOR 2024-2026

- SELECT PRIORITY HEALTH NEEDS

- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2024-2026 PRIORITY HEALTH NEEDS

- DEVELOP SMART OBJECTIVES FOR IMPROVEMENT PLAN (CHIP)/IMPLEMENTATION STRATEGY

- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

CONCLUSION
NEXT STEPS FOR PLATTE COUNTY

- Monitor community comments on this CHNA report (ongoing) to the provided contacts.

- Select a final list of priority health needs to address using criteria recommended by Moxley Public Health and approved by Platte County partners. (The identification process to decide the priority health needs that will be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why others will not be addressed will also be public knowledge.)

- Community partners (including East Central District Health Department, Columbus Community Hospital, Good Neighbor Community Health Center, and many other organizations throughout the county) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Nebraska Department of Health and Human Services.)

- The 2024-2026 Improvement Plan (CHIP)/Implementation Strategy (that includes indicators and SMART objectives to successfully monitor and evaluate the plan/strategy) will be adopted and approved by the health department and hospitals, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.

APPENDIX A
IMPACT AND PROCESS EVALUATION

IMPACT AND PROCESS EVALUATION

The following tables indicate the priority health needs selected from the 2021 regional Community Health Needs Assessment (CHNA) and the impact of actions from the 20212023 Improvement Plan (CHIP)/Implementation Strategy on the previous priority health needs. The following tables are not exhaustive of these activities but highlight what has been achieved in the county since the previous CHNA. The impact data (indicators of each priority health need to show if it is improving or worse) and process data (to show whether the strategies are happening) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHNA.

APPENDIX A:
IMPACT AND PROCESS EVALUATION

COLUMBUS COMMUNITY HOSPITAL (CCH)

CCH has chosen to focus on addressing four of the five areas of concern identified in the 2021 East Central District CHNA. The City of Columbus, Columbus Area Chamber of Commerce and Habitat for Humanity are already working on the need for housing that is safe and affordable, so CCH is able to focus its resources elsewhere.

The hospital will work hand in hand with the ECDHD and other health- and business-related agencies to address these community needs. Specifically, CCH will take the lead in addressing the identified needs of access to mental health care, treatment for drug abuse and misuse, and treatment for ongoing diseases.

#1 Mental health care

Platte County and the surrounding areas continue to experience an increase in mental health care needs — both inpatient and outpatient. Columbus Community Hospital has taken the lead in the following:

- **Objective:** Enhance and expand mental health resources in our community.
    - **Action step:** CCH led a community health inventory of what exists for mental health care in our area, commissioning a third-party consultant survey of access behavioral health in the general area. This survey quantified the manpower in the area and looked at lead time to appointments.

- **Objective:** Recruit top-level mental health physicians and other providers to the area.
    - **Action step:** CCH continued to expand Columbus Psychiatry Clinic, which opened in 2019. The clinic now has multiple psychiatrists, nurse practitioners and licensed independent mental health providers.
    - CCH worked with Bryan Telehealth to create access to a wide variety of mental health experts.

- **Objective:** Create an option for top-level mental health care for the geriatric population.
    - **Action step:** In 2021, CCH opened a 10-bed senior behavioral health inpatient unit that exclusively serves older adults.

- **Objective:** Expand options for community education on mental health initiatives.
    - **Action step:** CCH continually uses experts from the outpatient clinic to develop educational programming for the community, including seminars on:
        - ADHD.
        - Children and screen time.
        - Stress in children.

APPENDIX A:
IMPACT AND PROCESS EVALUATION

<u>**COLUMBUS COMMUNITY HOSPITAL (CCH) (CONTINUED)**</u>

#2 Drug abuse and misuse

CCH will work to reduce substance abuse to protect the health, safety and quality of life for all.

- **Objective:** Create awareness about antibiotics use and abuse.
    - **Action step:** CCH has continued a public education campaign that teaches our community about proper antibiotics use. While antibiotics are important health care tools, they should only be used for treating certain infections caused by bacteria.
- **Objective:** Offer non-addictive options for pain relief.
    - **Action step:** CCH continues to expand its use of non-opioid pain management. The hospital's anesthesia department was one of the first in the state to offer the iovera° treatment. This clinically proven, non-opioid pain management solution uses the body's natural response to cold to relieve pain.
    - CCH continues to deliver materials and provide presentations for providers across the area related to opioid intervention.
    - CCH continues to offer telemedicine options for opioid intervention.

#3 Treatment for ongoing diseases

Diseases such as heart disease, diabetes, stroke, cancer, high blood pressure, and diabetes continue to take lives and reduce quality of life. CCH has embarked on many community partnerships to tackle these diseases head-on.

- **Objective:** Prevent diabetes and improve advanced care for those with the disease.
    - **Action step:** CCH provides comprehensive diabetes education for members of the community. It offers specialized classes and hosts diabetes events for the public at least twice a year.
- **Objective:** Decrease incidences of heart disease in the community.
    - **Action step:** In 2022, CCH opened a cardiac catheterization lab at the hospital that allows doctors to perform lifesaving cardiac procedures. It also opened Columbus Cardiology Clinic, which educates the community about signs of heart disease and steps people can take to improve their heart health.
    - Columbus Cardiology Clinic works with local employers to offer free heart-health screenings on site, so that employees can learn whether they are at risk for a heart event.

APPENDIX A:
IMPACT AND PROCESS EVALUATION

<u>COLUMBUS COMMUNITY HOSPITAL (CCH) (CONTINUED)</u>

#3 Treatment for ongoing diseases

- **Objective:** Decrease obesity and provide options for physical activity in the community.
  - **Action step:** In January 2024, the hospital opened a 240,000-square-foot fieldhouse, which offers the community a plethora of indoor recreational options. In an area of the country where people spend much of their time indoors for half the year, the Columbus Fieldhouse encourages physical activity no matter the weather, which decreases community members' risk for heart disease, stroke and other chronic diseases.
  - Up until December 2023, CCH offered Walk with a Doc monthly. It was a walking program that took place at various locations around the community. Local health care providers presented a health-based topic to the group, followed by a 45-50-minute walk with the provider. The purpose of the walk was to encourage physical activity and allow community members to meet new and established physicians and health care providers from around the Columbus area.
  - CCH continues to work with local restaurants, encouraging them to add healthy foods to their menus so members of the community have options when they go out to eat.
  - CCH continues to work with local churches to offer the Walk to Bethlehem and the Walk to Jerusalem, walking programs that encourage participants to walk virtually the distance from Columbus to Bethlehem and Jerusalem, respectively.
- **Objective:** Provide comprehensive care for cancer patients.
  - **Action step:** In 2022, the hospital acquired Columbus Cancer Care, an outpatient clinic that provides radiation oncology services. This is the first step toward creating a Cancer Center concept — a facility where community members can receive all the cancer services they need in one location.

#4 Bullying

Bullying — both in-person and online — is an ongoing problem for children of all ages. CCH has partnered with Smart Gen Society to specifically address challenges facing children in the digital landscape.

- **Objective:** Decrease social media bullying.
  - **Action step:** CCH brought in experts from Smart Gen Society, an organization that offers preventive workshops and resources for parents, teachers, sports teams and businesses. These experts provided educational programming that focused on decreasing bullying in the digital landscape.

BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares county rates of the identified health needs to national goals called **Healthy People 2030 Objectives** (where available). These benchmarks show how the county compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes to track the impact of our Improvement Plan (CHIP)/Implementation Strategy to address priority health needs.

APPENDIX B:
HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Platte County health and social indicators were compared to the Healthy People (HP) 2030 objectives. The **black** indicators are HP 2030 objectives that did not meet established benchmarks, and the **purple** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. Healthy People Objectives are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	**DESIRED DIRECTION**	**LOCATION**	**HP 2030 OBJECTIVES**
High school graduation rate[84]	⬆	92.7% (Platte County)	90.7%
Child health insurance rate[39]	⬆	93.3% (Platte County)	92.4%
Adult health insurance rate[39]	⬆	87% (Platte County)	92.4%
Unable to obtain medical care[33]	⬇	8.5% (East Central District)	5.9%
Cancer deaths[65]	⬇	192.7 (Platte County)	122.7 per 100,000 persons
Colon/rectum cancer deaths[90]	⬇	14.0 (Platte County)	8.9 per 100,000 persons
Lung cancer deaths[90]	⬇	30.0 (Platte County)	25.1 per 100,000 persons
Female breast cancer deaths[90]	⬇	26.0 (Platte County)	15.3 per 100,000 persons
Prostate cancer deaths[90]	⬇	18.0 (Nebraska)	16.9 per 100,000 persons
Stroke deaths[14]	⬇	43.9 (Platte County)	33.4 per 100,000 persons
Unintentional injury deaths[14]	⬇	58.8 (Platte County)	43.2 per 100,000 persons
Suicide deaths[14]	⬇	17.1 (Platte County)	12.8 per 100,000 persons
Suicide attempts by adolescents[11]	⬇	10.1 (Nebraska)	1.8 per 100 adolescents
Suicidal thoughts in sexually active L/G/B high school students[11]	⬇	63.5% (East Central District)	52.1%
Liver disease (cirrhosis) deaths[14]	⬇	12.6 (Nebraska)	10.9 per 100,000 persons
Drug-overdose deaths[14]	⬇	11.4 (Nebraska)	20.7 per 100,000 persons
Overdose deaths involving opioids[14]	⬆	6.0 (Nebraska)	13.1 per 100,000 persons
On-time prenatal care (HP2020 Goal)[107]	⬇	80.3% (Nebraska)	84.8%
Infant death rate[106]	⬇	6.0 (Nebraska)	5.0 per 1,000 live births
Adult obese, ages 20+[42]	⬇	36.0% (Platte County)	36.0%
Students, grades 9th to 12th obese[42]	⬇	19.2% (East Central District)	15.5%, children & youth, 2-19
Food insecurity and hunger[51]	⬇	8.2% (Platte County)	6.0%
Adults engaging in binge drinking in past month[19]	⬇	22.5% (East Central District)	25.4%
Cigarette smoking by adults[93]	⬇	15.0% (Platte County)	6.1%
Pap smears, ages 21-65, screened in the past 3 years[73]	⬆	81.9% (Platte County)	79.2%
Mammogram, ages 50-74, screened in the past 2 years[73]	⬆	69.6% (Platte County)	80.3%
Colorectal cancer screenings, ages 50-75, per guidelines[73]	⬆	67.3% (Platte County)	68.3%
Annual adult influenza vaccination[72]	⬆	54.5% (East Central District)	70.0%
Persons with substance use disorder who received treatment[11]	⬆	5.5% (East Central District)	14.0%

APPENDIX C
KEY INFORMANT INTERVIEW PARTICIPANTS

KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **49** leaders, representatives, and members of the Platte County community who were consulted for their expertise on the needs of the community. The following individuals were identified by the CHNA team as leaders based on their professional expertise and knowledge of various target groups throughout Platte County.

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. Dave Hiebner	Principal	Columbus High School
2. Dr. Nick Wulf	Obstetrician-Gynecologist	Columbus Community Hospital
3. Jason Buss	HR Manager and Global EHS Leader	Camaco, LLC
4. Dr. Daniel Rosenquist	Family Physician	Columbus Family Practice Providers
5. Dr. Kimberly Allen	Pediatrician	Columbus Children's Healthcare
6. Dawson Brunswick	President	Columbus Area Chamber of Commerce
7. Mayor Jim Bulkley	Mayor	City of Columbus
8. Jeff Ohnoutka	Executive Director	Columbus Catholic Schools
9. Sarah Pillen	Co-CEO	Pillen Family Farms
10. Roberta Miksch	Collective Impact Director	Columbus Area United Way
11. Hope Freshour	Executive Director	
12. Kathy Fuchser	Vice President/Campus President	Central Community College, Columbus Campus
13. Dr. Mark Howerter	Chief Medical Officer; Emergency Department Medical Director	Columbus Community Hospital
14. Abbie Tessendorf	Director	Center for Survivors
	Board Member	Columbus Community Hospital
15. Misty Liss	Patient Account Associate	Columbus Community Hospital
16. Dustin Hill	Practice Manager, Columbus Orthopedic and Sports Medicine Clinic	Columbus Community Hospital

Continued on next page…

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
17. Corey Briggs	CEO	Columbus Family YMCA
18. Dr. Kurt Kapels	Hospitalist Clinical Director	Columbus Community Hospital
19. Lisa Perrin	ACU/ICU/Infusion Center Director	Columbus Community Hospital
20. Dr. Venkata Kolli	Child & Adolescent Psychiatrist	Columbus Community Hospital
21. Tawny Sandifer	Vice-President of Patient Care Services and Chief Nursing Officer	Columbus Community Hospital
22. K.C. Belitz	Director	Nebraska Department of Economic Development
23. Cathy Gall	Nurse Practitioner	Good Neighbor Community Health Center
24. Tara Vasicek	City Administrator	City of Columbus
25. Angie Ramaekers	Director of Volunteer & Guest Services	Columbus Community Hospital
26. Cori Fullner	Executive Director	Columbus Community Hospital Foundation
27. Billi Jo Benson	Director, Surgery Center	Columbus Community Hospital
28. Kim Eisenmann	Director of Maternal Child Health	Columbus Community Hospital
29. Dr. Luke Lemke	Family Physician	Columbus Medical Center
30. Ashley Carlson	Practice Manager, Columbus Cancer Care	Columbus Community Hospital
31. Jason Cline	Superintendent	Lakeview Community Schools
32. Jessica Hicks	Chief Public Health Officer	East Central District Health Department

Continued on next page…

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
33. Jill Zaruba	Wiggles and Giggles Therapy for Kids	Columbus Community Hospital
34. Jody Evans	Director, Home Health and Hospice	Columbus Community Hospital
35. Wendy Kallhoff	Health Science Pathway Instructor	Columbus Community Hospital
36. Korie Whitmore	Director of Clinics	Columbus Community Hospital
38. Doug Janssen	Director of Rehabilitative Services	Columbus Community Hospital
39. Lucas Novotny	Director of Performance and Training	Columbus Community Hospital
40. Dr. Tara Sjuts	Psychologist, Columbus Psychiatry Clinic	Columbus Community Hospital
41. Jennifer Brownlow	Wellness Director	Columbus Family YMCA
42. Chantel Sempek 43. Shelby Heesacker	Practice Manager, Humphrey and Lindsay Medical Clinics Registered Nurse	Columbus Community Hospital
44. Heidi Wesch	Physician Relations Representative	Columbus Community Hospital
45. Jenni Buggi	Practice Manager, Columbus Psychiatry Clinic	Columbus Community Hospital
46. Sue Deyke	Emergency Department Director	Columbus Community Hospital
47. Theresa Grape	Director	Columbus/Platte County Convention & Visitors Bureau
48. Ann Babel	Practice Manager, Columbus Cardiology Clinic	Columbus Community Hospital
49. Nicole Blaser	Director of Quality & Compliance	Columbus Community Hospital

FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **6 focus groups** conducted with **42 community members** in Platte County, including the number of participants, format, and groups represented.

COLUMBUS
COMMUNITY HOSPITAL

East Central
District Health Department
Public Health...It's for everyone.

Good Neighbor
Community Health Center
High quality healthcare...for everyone.

APPENDIX D:
FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS				
GROUP REPRESENTED	**FORMAT**	**PARTICIPATING ORGANIZATION(S)**	**COUNTY/COUNTIES**	**# OF PARTICIPANTS**
1. Hispanic	In-Person	East Central District Health Department	Platte (Columbus)	1
2. People who use substances or are in recovery from substance use	Zoom	Alcoholics Anonymous of Nebraska, Seekers of Serenity	Boone, Colfax, Nance, Platte	6
3. Youth (parents including single parents, teachers, youth-serving organizations)	In-Person	East Central District Health Department	Boone, Colfax, Nance, Platte	6
4. Elderly/Seniors (65+)	In-Person	Columbus Community Hospital	Boone, Colfax, Nance, Platte	10
5. Business and Industry Leaders	In-Person/ Zoom	Columbus Community Hospital, Lindsay Corporation, Loup Public Power, City of Columbus, Behlen Manufacturing, Pinnacle Bank, Platte County Employees, Cornhusker Public Power, Nor-AM Cold Storage, Commonwealth Electric, Camaco	Boone, Colfax, Nance, Platte	12
6. English Language Learners/African Immigrants (French-Speaking)	In-Person	Platte Valley Literacy Association	Boone, Colfax, Nance, Platte	7
	TOTAL			**42**

APPENDIX E
COMMUNITY MEMBER SURVEY

COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to the Platte County community (along with the other counties in East Central District: Boone, Colfax, and Nance) to get their perspectives and experiences on the health assets and needs of the community they call home. The survey was made available in English, French, Somali, and Spanish. This resulted in **407 responses** from community members in Platte County to the community survey.

APPENDIX E:
COMMUNITY MEMBER SURVEY

Boone, Nance, Colfax, and Platte Counties are conducting a Community Health Needs Assessment (CHNA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in Boone, Nance, Colfax, and Platte Counties) to complete this short, 15-minute survey. This information will help guide us as we consider services and programs that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

1. Which county do you live in? (choose one)
- Boone
- Nance
- Colfax
- Platte

2. Which ZIP Code do you live or reside in? (choose one)

68620	68638	68644
68758	68640	68643
68660	68660	68631
68627	68864	68602
68652	68663	68634
68655	68623	None of the above, I live primarily at the following ZIP code:
68601	68601	
68661	68640	
68629	68642	
68641	68758	
68633	68660	
68643	68647	
68659	68653	

3. Where do you work? (choose one)

68620	68638	68644
68758	68640	68643
68660	68660	68631
68627	68864	68602
68652	68663	68634
68655	68623	None of the above, I work primarily at the following ZIP code:
68601	68601	
68661	68640	
68629	68642	
68641	68758	
68633	68660	I am not currently employed
68643	68647	
68659	68653	

4. Which of the following best describes your age?
- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

5. What is your gender identity? (select all that apply)
- Woman
- Man
- Transgender
- Non-binary
- Prefer not to answer
- Other/Not Listed (feel free to specify)

6. What is your sexual orientation? (select all that apply)
- Heterosexual or straight
- Bisexual
- Gay
- Lesbian
- Asexual
- Prefer not to answer
- Other/Not Listed (feel free to specify)

7. What is your race and/or ethnicity? (select all that apply)
- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Other/Not Listed (feel free to specify)

8. Which is your primary language spoken at home?
- English
- French
- Somali
- Spanish
- Other/Not Listed (feel free to specify)

9. How many children, ages 0-18, live in your household?

0	6	12
1	7	13
2	8	14
3	9	15
4	10	Other/Not Listed (feel free to specify)
5	11	

APPENDIX E:
COMMUNITY MEMBER SURVEY

10. What is the highest level of education you have completed?
- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

11. Are you currently employed?
- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled

12. If you are currently employed, which of the following best describes your occupational category? (select all that apply to your occupation)
- Art, culture, recreation, tourism and sport
- Business, finance and administration
- Education, law and social, community and government services
- Health
- Management
- Manufacturing and utilities
- Military
- Natural and applied sciences and related occupations
- Natural resources, agriculture and related production
- Sales and service
- Trades, transport and equipment operators and related occupations
- Other/Not Listed (feel free to specify)

13. What is your annual household income?
- Less than $20,000
- $20,000-$34,999
- $35,000-$49,999
- $50,000-$74,999
- $75,000-$99,999
- Over $100,000

14. Do you have any of the following disabilities or chronic conditions? (select all that apply)
- Attention deficit
- Autism
- Blind or visually impaired
- Deaf or hard of hearing
- Health-related disability
- Learning disability
- Mental health condition
- Mobility-related disability
- Speech-related disability
- Other/Not Listed (feel free to specify or tell us more)
- None of the above

15. What is your current living situation?
- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere
- Other/Not Listed (feel free to specify)
- None of the above

16. Have you experienced any of the following types of abuse in the past year? (select all that apply)
- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/Psychological (negatively affecting someone's mental health, manipulation, etc.)
- Financial/Economic (using money/finances to control someone)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Other/Not Listed (feel free to specify)

17. While it can be hard to choose, do your best to select what you feel are the TOP 5 CONCERNS OF OUR COMMUNITY? (please check your top 5)
- Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, health literacy, etc.)
- Access to childcare
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Chronic diseases (e.g. heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, preventive care and screenings, etc.)
- Cognitive decline (worsening confusion, dementia, Alzheimer's)
- Crime and violence
- Drug and alcohol use (marijuana, opioids, heavy drinking, binge drinking, etc.)
- Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Housing and homelessness
- Income/poverty and employment
- Internet/wifi access
- Infectious diseases
- Injuries (workplace injuries, car accidents, falls, etc.)
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
- Mental health and access to mental healthcare
- Nutrition and physical health/exercise
- Obesity and overweight
- Oral/dental health (dental visits, tooth decay/gum disease, etc.)
- Tobacco and nicotine use/smoking/vaping
- Transportation (e.g. public transit, cars, cycling, walking)
- Vision care (eye care access to care and utilization)
- Other/Not Listed (feel free to specify)

18. **If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (select all that apply)**
    - I am waiting to get coverage through my job
    - I don't think I need health insurance
    - I haven't had time to deal with it
    - It costs too much
    - I am not eligible or do not qualify
    - It is too confusing to sign up
    - Does not apply - I have health coverage/insurance
    - Other/Not Listed (feel free to specify)

19. **During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (select all that apply)**
    - Could not get an appointment quickly enough/too long of a wait for an appointment
    - Could not get an appointment that was convenient with my work hours or child's school
    - schedule
    - Distrust/fear of discrimination
    - Insurance did not cover the cost of the procedure or care
    - Lack of provider awareness and/or education about my health condition
    - Lack of transportation to the appointment
    - Language barriers
    - No insurance and could not afford care
    - Insurance did not cover the cost of the procedure or care
    - Not knowing where to go or how to find a doctor
    - Technology barriers with virtual visits/telehealth services
    - Not having a provider who understands and/or respects my cultural or religious beliefs
    - The appointment was too far away and outside of East Central District
    - No barriers and did not delay health care - received all the care that was needed
    - Other/Not Listed (feel free to specify)

20. **Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (select all that apply)**
    - Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
    - Emergency room department at the hospital
    - Urgent care clinic
    - I wouldn't go to a doctor unless it was an emergency
    - Not sure
    - None of the above
    - Other/Not Listed (feel free to specify)

21. **How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?**
    - Within the last year
    - 1-2 years ago
    - 3-5 years ago
    - More than 5 years ago
    - I have never been to a doctor for a checkup

22. **If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.**
    - Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
    - Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
    - Emergency room department at hospital
    - Urgent care clinic
    - I wouldn't go to a doctor unless it was an emergency
    - Not sure
    - None of the above

23. **How would you rate your current access to mental or behavioral health services?**
    - Very high access
    - High access
    - Neutral
    - Low access
    - Very low access

24. **What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (select all that apply)**
    - Could not get an appointment quickly enough/ too long of a wait for an appointment
    - Distrust/fear of discrimination
    - No insurance and it costs too much
    - I have insurance but it did not cover the cost of the services
    - Not knowing where to go or how to find behavioral or mental health providers
    - COVID-19 appointment cancellation, concern of
    - Lack of provider awareness and/or education about my health condition
    - Lacked transportation to the appointment
    - Language barriers
    - Not having a provider who understands and/or respects my cultural or religious beliefs
    - Office hours of provider don't work with my schedule
    - Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
    - Technology barriers with virtual visits/telehealth services
    - Uncomfortable with mental or behavioral health provider
    - Do not need behavioral or mental health care
    - No barriers – received all the behavioral and mental health care that was needed
    - Other/Not Listed (feel free to specify)

APPENDIX E:
COMMUNITY MEMBER SURVEY

25. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (select all that apply)
- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)
- Other/Not Listed (feel free to specify)

26. In the last year, was there a time when you needed prescription medicine but were not able to get it?
- Yes
- No

27. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?
- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

28. In the last year, was there a time when you needed dental care but could not get it?
- Yes
- No

29. In the last year, was there a time when you needed mental health counseling but could not get it?
- Yes
- No

30. Do you have a personal physician?
- Yes
- No

31. How long has it been since you have had a flu shot?
- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

32. Overall, my physical health is:
- Good
- Average
- Poor
- Excellent

33. Overall, my mental health is:
- Good
- Average
- Poor
- Excellent

34. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):
- Medical Appointments
- Buying food/groceries
- Getting other things for daily living
- Work/meetings
- Childcare
- Physical activity opportunities/the gym
- School (for yourself or another member of your family)
- Not applicable
- Other/Not Listed (feel free to specify)

35. What resources are lacking within our community? (select all that apply)
- Affordable food
- Affordable housing
- Recreational spaces
- Primary healthcare access
- Dental/Oral healthcare access
- Vision healthcare access
- Mental healthcare access
- Transportation
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other/Not Listed (feel free to specify)

36. How many times did you volunteer in our community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local senior citizens, etc.)
- I didn't volunteer
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10 or more times

37. Do you have any other feedback or comments to share with us?

Thank you! Please send this survey to anyone you know who lives and/or works in Boone, Nance, Colfax, and Platte Counties.

APPENDIX E:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS
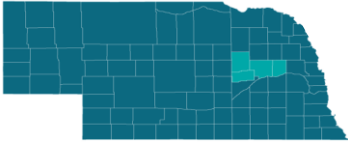
The majority of East Central District survey respondents live in Platte County, followed by Colfax County. The response breakdown by county was fairly consistent with East Central District's population by county, though there was slight underrepresentation of Platte County and overrepresentation of Colfax County

- 56% Platte
- 27% Colfax
- 10% Boone
- 7% Nance
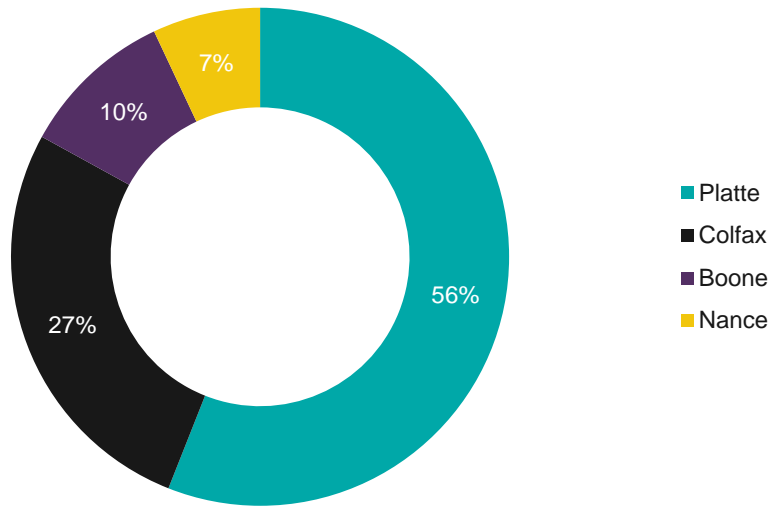
The highest proportion of Platte County respondents live in Columbus (68601), consistent with the population of the county

68601	84%
68653	4%
68642	3%
68644	2%
68602	1%
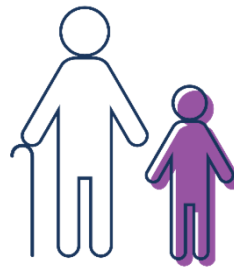
There was a greater proportion of survey responses from working age rather than young or older adults, particularly from the 45-64 year-old age group. The majority (51%) have children under 18 living with them

55-64	24%
45-54	23%
35-44	20%
25-34	15%
65+	11%
18-24	3%
Under 18	3%
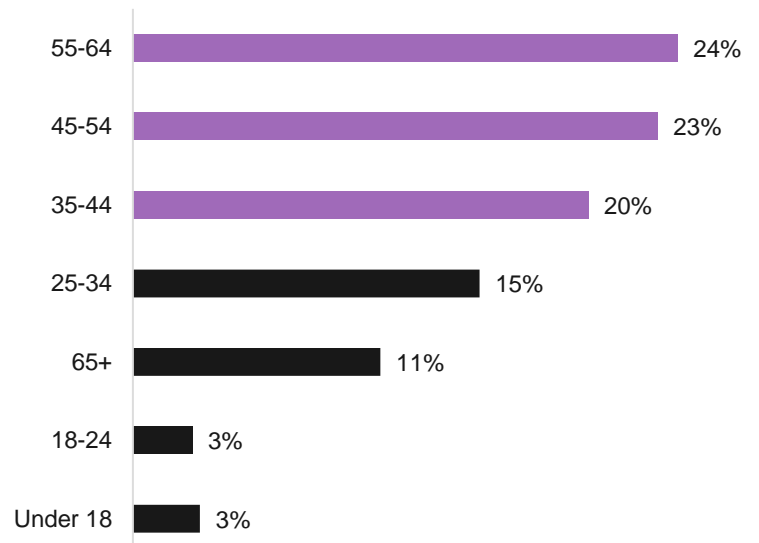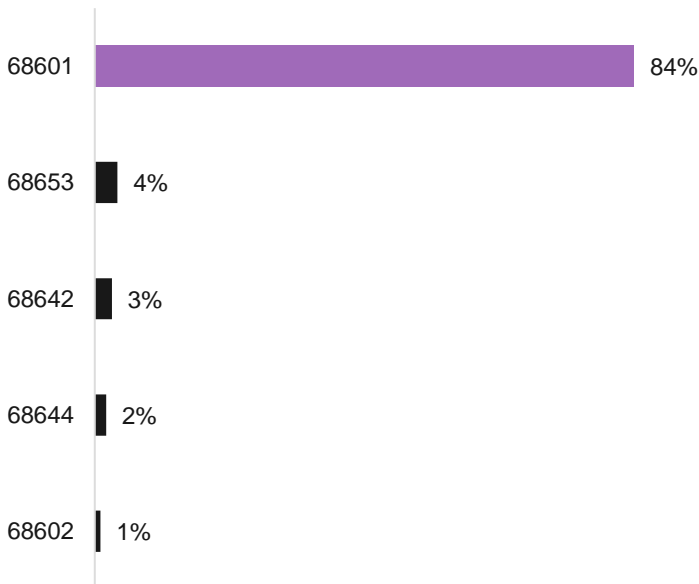
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

The majority of respondents were women

Female — 76%
Male — 23%
Other/Prefer not to answer — 1%

The majority of respondents were White, consistent with the composition of the district. There was a significant proportion of Hispanic respondents, though they were still underrepresented compared to the district population

White/Caucasian — 92%
Hispanic/Latino/a — 9%
Multiracial/More than one race — 0.44%
Other/Not Listed (feel free to specify) — 0.44%
Native American/Alaska Native — 0.44%
Black or African American — 0.44%
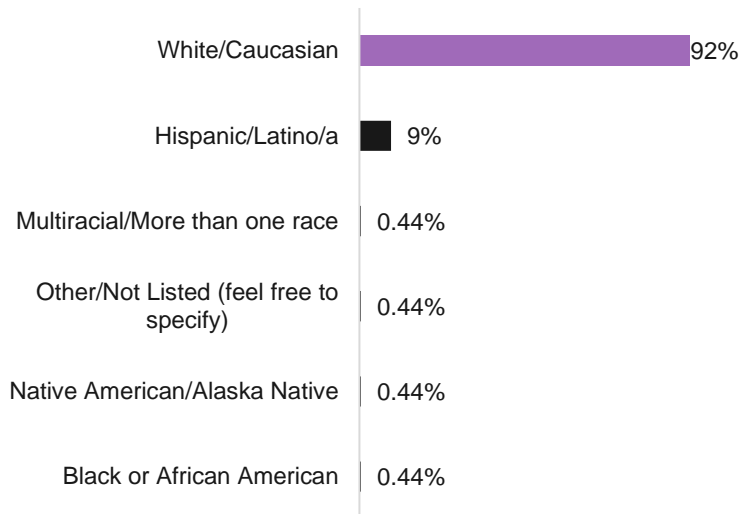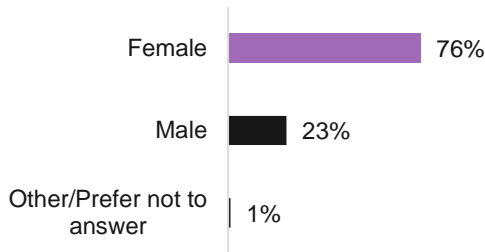
The majority of respondents' prefer to speak English, while there were some who prefer Spanish

English — 96%
Spanish — 4%
French — 0%
Somali — 0%
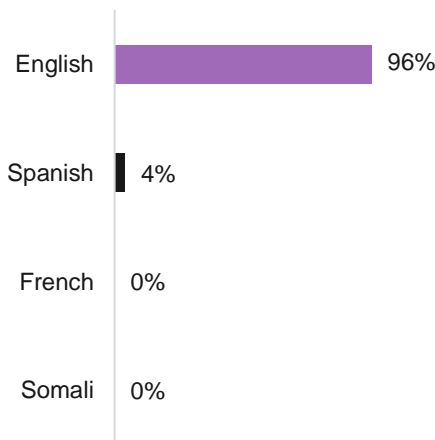
The majority of respondents were straight

Heterosexual or Straight — 95%
Bisexual — 2%
Prefer not to answer — 1%
Other — 1%
Gay — 0%
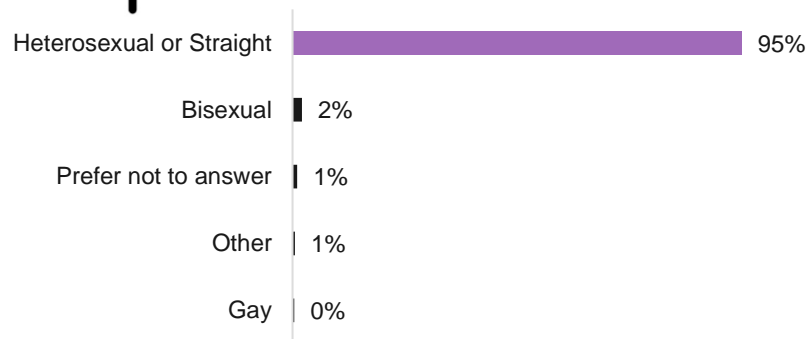
19% of respondents identified as having a disability

No Disability — 81%
Disability — 19%
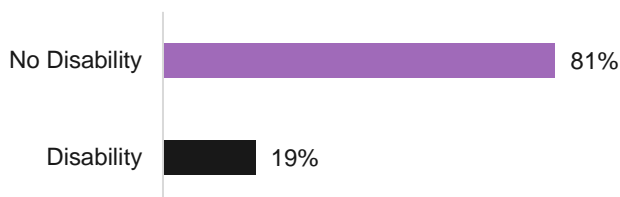
Most respondents have steady housing

I have a steady place to live — 97%
I have a place to live today, but I am worried about losing it in the future — 1%
Other/Not Listed (feel free to specify) — 1%
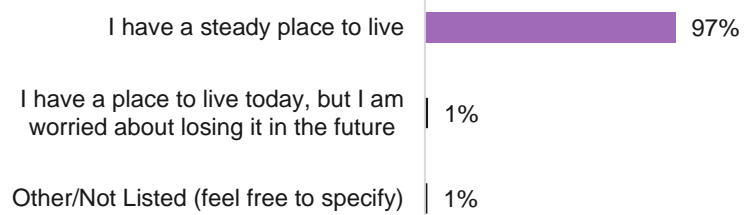
APPENDIX E:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

Respondents were generally higher income, with almost half having an annual household income of $100,000 or more. Lower income individuals were underrepresented

Income	
Over $100,000	55%
$75,000-$99,999	16%
$50,000-$74,999	15%
$35,000-$49,998	9%
$20,000-$34,999	4%
Less than $20,000	1%
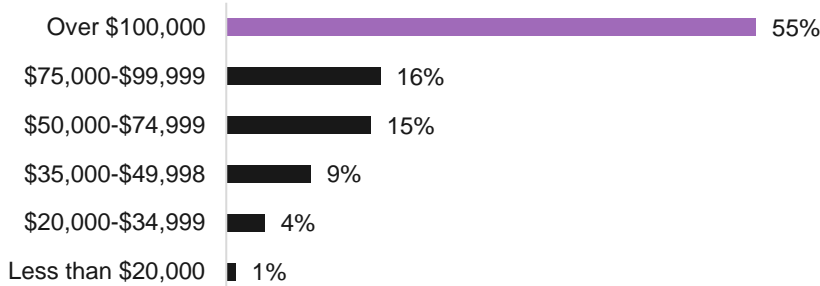
The majority of respondents are employed full-time

Employment	
Full-time	81%
Part-time	9%
Retired	7%
Student	2%
Disabled	0.44%
Unemployed	0.44%
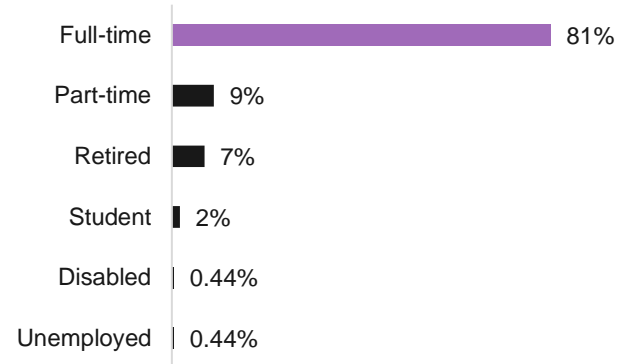
The majority of respondents have at least an Associate's degree

Education	
Bachelor's degree (e.g. BA, BS)	37%
Graduate degree (e.g. MA, MS, PhD, EdD, MD)	28%
Associate's degree (e.g. AA, AS)	13%
Some college but no degree	8%
High School degree or equivalent	6%
Trade School or Vocational Certificate	5%
Less than a High School diploma	3%
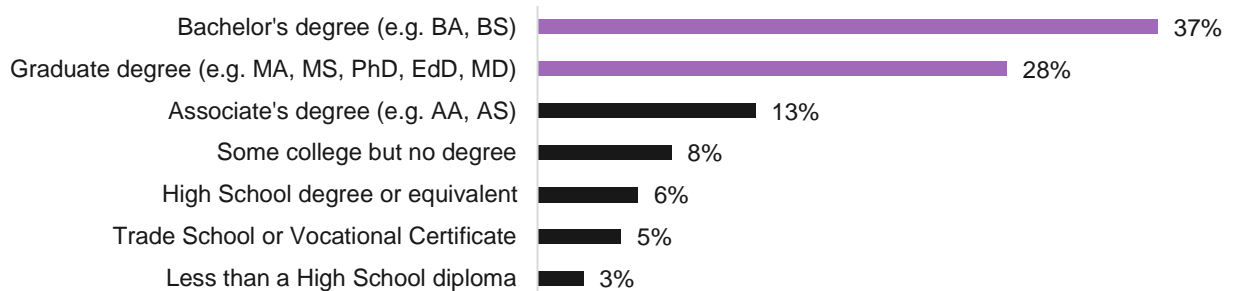
While a variety of occupational categories were represented, Health was by far the most common, followed by Education

Occupation	
Health	44%
Education	16%
Business, finance and administration	11%
Manufacturing and utilities	7%
Management	6%
Other	6%
Sales and service	6%
Government services	5%
None of the above	5%
Law and social	3%
Trades, transport and equipment operators and related…	2%
Natural resources, agriculture and related production	2%
Art, culture, recreation, tourism and sport	2%
Natural and applied sciences and related occupations	0.47%

INTERNAL REVENUE SERVICE (IRS) CHECKLIST: COMMUNITY HEALTH NEEDS ASSESSMENT

MEETING THE IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Internal Revenue Service (IRS) requirements for a Community Health Needs Assessment (CHNA) serve as the official guidance for IRS compliance. The following pages demonstrate how this CHNA meets those IRS requirements.

APPENDIX F:
IRS CHNA REQUIREMENTS CHECKLIST

		INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS		
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	Appendix B (77-80)	**A. Activities Since Previous CHNA(s)** i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy. ii. Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(5)(C) (b)(6)(F)	
✓	3-23	**B. Process and Methods**		
		Background Information		
		i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	b)(6)(F)(ii)	
		ii. Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	
		iii. Defines the community it serves, which:		
		a. Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance.	(b)(i)	
		b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions.	(b)(3)	
		c. May not exclude medically underserved, low-income, or minority populations who live i n the geographic areas from which the hospital draws its patients.	(b)(6)(i)(A)	
		iv. Describes how the community was determined.	(b)(6)(i)(A)	
		v. Describes demographics and other descriptors of the hospital service area.	(b)(6)(i)(A)	

APPENDIX F:
IRS CHNA REQUIREMENTS CHECKLIST

		INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS		
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✓	Methods: 3-23, Appendix B, C, D, E Data: 24-76	*Health Needs Data Collection* i. Describes data and other information used in the assessment:	(b)(6)(ii)	Primary and secondary data is integrated together throughout the report.
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	
		i. CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii)	
		ii. Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(5)(i)	
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(6)(F)(iii)	
		b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(6)(F)(iii)	
		1. Medically underserved populations 2. Low-income populations 3. Minority populations		
		c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(i)(A)	
		iii. Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(5)(i)(B)	
		iv. Describes over what time period such input was provided and between what approximate dates.	(b)(5)(ii)	
		v. Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	

APPENDIX F:
IRS CHNA REQUIREMENTS CHECKLIST

		INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS		
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✓		**C. CHNA Needs Description & Prioritization**		Integrated throughout the report
	11-23	i. Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.
		ii. Prioritized description of significant health needs identified.	(b)(6)(i)(D)	
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
	69-70	iv. Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.	(b)(4) (b)(6)(E)	
✓		**D. Finalizing the CHNA**		Integrated throughout the report The CHNA was adopted by Platte County leadership in 2024 and made widely available by posting on hospital and health department websites (report will be made available in other formats such as paper upon request): Columbus Community Hospital: https://www.columbushosp.org/for-the-community/community-health-needs-assessment East Central District Health Department: https://ecdhd.ne.gov/resources/health-department-reports.html
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	
		ii. CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	
		iii. Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)- 1(b)(29).	(b)(7)(i)(A)	
		a. May not be a copy marked "Draft."	(b)(7)(ii)	
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT

MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENT

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHNA meets the PHAB requirements.

APPENDIX G:
PHAB CHA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD COMMUNITY HEALTH ASSESSMENT REQUIREMENTS			
YES	**PAGE #**	**PHAB REQUIREMENTS CHECKLIST**	**NOTES/ RECOMMENDATIONS**
✓	4	a. A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.
✓	5-23	b. The process for how partners collaborated in developing the CHA.	
✓	24-76	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	13	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	24-76	e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	24-76	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	69-70	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHA must address the jurisdiction as described in the description of Standard 1.1.	

APPENDIX H
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