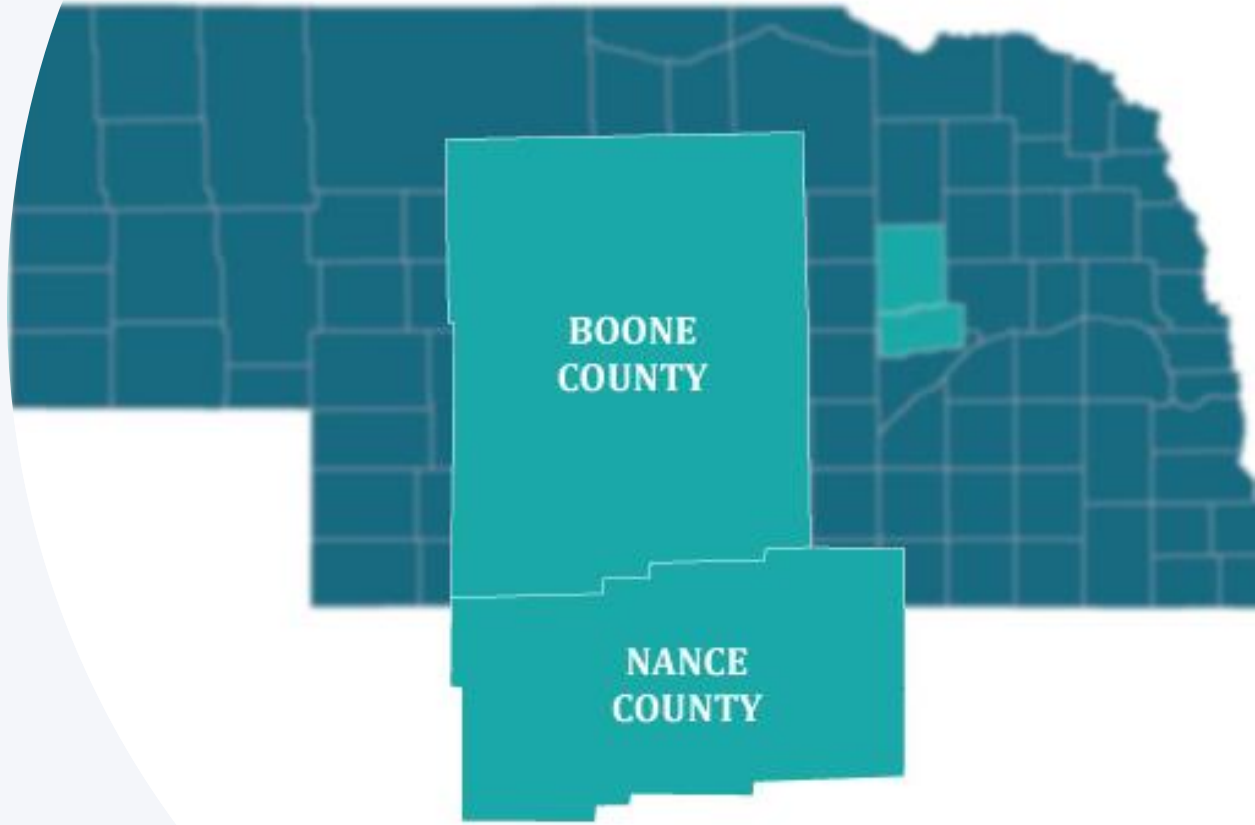


DELIVERED BY:



2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Boone & Nance Counties, Nebraska



TABLE OF CONTENTS

NOTE FROM BOONE AND NANCE COUNTIES	3
ACKNOWLEDGEMENTS	4
INTRODUCTION	5
WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)?	
OVERVIEW OF THE PROCESS	
STEP 1: PLAN AND PREPARE FOR THE ASSESSMENT	8
BRIEF SUMMARY OF 2021 CHNA	
WRITTEN PUBLIC COMMENTS TO 2021 CHNA	
BOONE AND NANCE COUNTIES' 2021-2023 PRIORITY HEALTH NEEDS	
AND IMPACT EVALUATION OF IMPLEMENTED STRATEGIES	
STEP 2: DEFINE BOONE AND NANCE COUNTIES' SERVICE AREA	11
DEMOGRAPHICS AT-A-GLANCE	
THINGS PEOPLE LOVE ABOUT THE COMMUNITY	
TOP COMMUNITY PRIORITIES	
STEPS 3-5: IDENTIFY, UNDERSTAND AND INTERPRET THE DATA	17
SECONDARY DATA COLLECTION	
Assessment of Health Needs Using Secondary Data	
Review of 2021 CHNA Data	
PRIMARY DATA COLLECTION	
Key Informant Interviews, Focus Groups, Community Member Survey and Ranking of Health Needs	
2024 HEALTH NEEDS: COMMUNITY CONDITIONS (IN ORDER AS RANKED BY THE PUBLIC)	25
#1: Access to Childcare.....	26
#2: Substance Use.....	27
#3: Housing and Homelessness (Economic Stability).....	29
#4: Income/Poverty/Employment (Economic Stability).....	31
#5: Food Insecurity.....	33
#6: Access to Healthcare.....	35
#7: Nutrition and Physical Health.....	38
#8: Adverse Childhood Experiences.....	41
#9: Education (Economic Stability).....	42
#10 Preventive Care and Practices.....	44
#11: Internet Access.....	46
#12: Tobacco and Nicotine Use.....	47
#13: Transportation (Economic Stability).....	49
#14: Environmental Conditions.....	51
#15: Crime and Violence.....	52
Sleep (not ranked).....	53
2024 HEALTH NEEDS: HEALTH OUTCOMES (IN ORDER AS RANKED BY THE PUBLIC)	54
#1: Mental Health.....	55
#2: Chronic Diseases.....	57
#3: Injuries.....	61
#4: Maternal, Infant, and Child Health.....	62
#5: HIV/AIDS and Sexually Transmitted Infections (STIs).....	65
LEADING CAUSES OF DEATH IN BOONE AND NANCE COUNTIES	66
IDEAS FOR CHANGE FROM OUR COMMUNITY	67
CURRENT PARTNERS AND RESOURCES ADDRESSING PRIORITY HEALTH NEEDS	68
STEP 6: DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS	69
CONCLUSION AND NEXT STEPS	71
APPENDICES	
APPENDIX A: BENCHMARK COMPARISONS.....	73
APPENDIX B: KEY INFORMANT INTERVIEW PARTICIPANTS.....	75
APPENDIX C: FOCUS GROUP PARTICIPANTS.....	77
APPENDIX D: IMPACT AND PROCESS EVALUATION.....	79
APPENDIX E: COMMUNITY MEMBER SURVEY.....	80
APPENDIX F: IRS CHNA REQUIREMENTS CHECKLIST.....	88
APPENDIX G: PHAB CHA REQUIREMENTS CHECKLIST.....	92
APPENDIX H: REFERENCES.....	94

A NOTE FROM BOONE & NANCE COUNTIES



Boone and Nance Counties, Nebraska, are served by a variety of health organizations, including East Central District Health Department, Boone County Health Center, Genoa Medical Facilities, 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 helps us understand the strengths and weaknesses of the community in order to improve the health and wellbeing of our residents. In order 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, Boone and Nance Counties, including East Central District Health Department, Boone County Health Center, Genoa Medical Facilities, 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 region's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

Boone and Nance Counties and their many health partners conduct CHNAs for measuring and addressing the health status of the communities of Boone and Nance Counties. We have chosen to assess Boone and Nance Counties, Nebraska as our community because this is where we, and those we serve, live and work. We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. 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 Boone and Nance Counties CHNA would not have been possible without the help of numerous organizations that served Boone and Nance Counties, 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.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being 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, Boone County Health Center, Genoa Medical Facilities, 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.

BOONE AND NANCE COUNTIES WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Alcoholics Anonymous in Nebraska
Applied Connective Technologies
Augustana Lutheran Church
Boone Central Schools
Boone County Commissioners
Boone County Health Center
Cedar Rapids Community Club
Center for Survivors
Central Nebraska Community Action
Partnership -Headstart
COR Therapeutics Services
Fullerton Area Senior Center
Genoa Community Bank
Genoa Lions Club

Genoa Medical Facilities
Good Neighbor Community Health Center
Jarecki Law
Kruse Farms
Lakeview Community Schools
Nebraska Department of Economic
Development
Palmer Eye Care
Pinnacle Bank
Platte Valley Literacy Association
Seekers of Serenity
St. Edward Public School
Village of Cedar Rapids
Wagon Hammer Ranch

The 2024 Boone and Nance Counties CHNA report was prepared by Moxley Public Health, LLC, (www.moxleypublichealth.com) an independent consulting firm that works with hospitals, health departments, and other community-based nonprofit organizations both domestically and internationally to conduct Community Health Assessments (CHAs)/Community Health Needs Assessments (CHNAs) and Improvement Plans (CHIPs)/Implementation Strategies.



INTRODUCTION

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?



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 an important piece in the development of a CHIP/Implementation Strategy because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the district, Boone and Nance Counties utilized the most current and reliable information from existing sources and then 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), Boone and Nance Counties 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.



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.

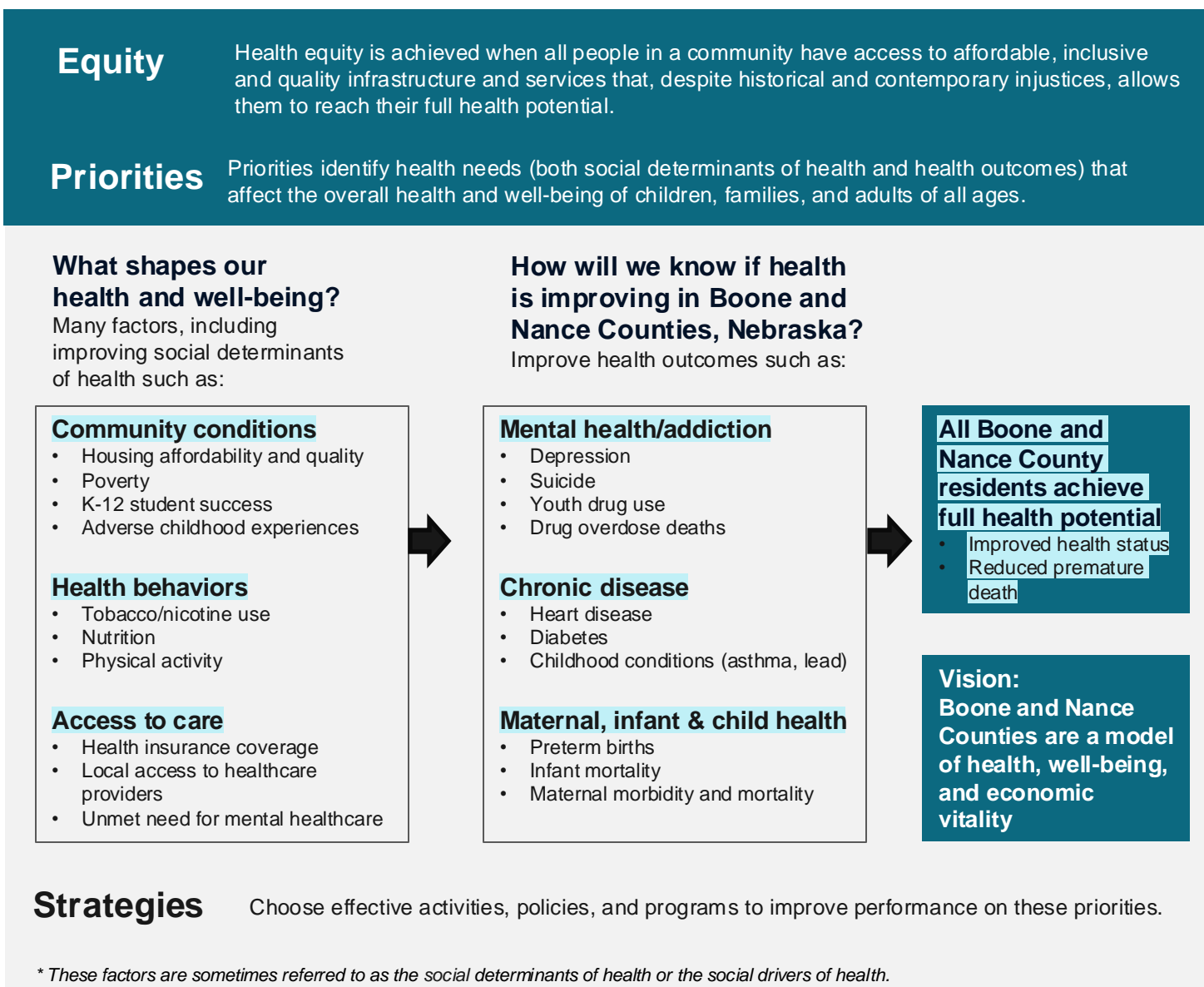
**THE 2024 BOONE AND NANCE COUNTY CHNA
MEETS ALL IRS AND PHAB REGULATIONS.**

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



STEP 1 PLAN AND PREPARE FOR THE ASSESSMENT



IN THIS STEP, BOONE AND NANCE COUNTIES:

- ✓ DETERMINED WHO IN THE COUNTIES 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





PLAN AND PREPARE

Boone and Nance Counties 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



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.

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 2021 CHNA and CHIP/Implementation Strategy were made widely available to the public on the following Boone and Nance County partner websites:

- Boone County Health Center: <https://boonecohealth.org/patient-resources/general-information-3/>
- East Central District Health Department: <https://ecdhd.ne.gov/resources/health-department-reports.html>
- Genoa Medical Facilities: <https://www.genoamedical.org/>

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 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 Boone and Nance Counties, 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. No impact or process evaluation data has been recorded or reported for Nance County and Boone County since the 2021 East Central District Community Health Needs Assessment (CHNA). However, this is an improvement opportunity that has been noted and taken into account for the next CHNA cycle.

STEP 2

DEFINE BOONE AND NANCE COUNTIES' SERVICE AREA



IN THIS STEP, BOONE AND NANCE COUNTIES:

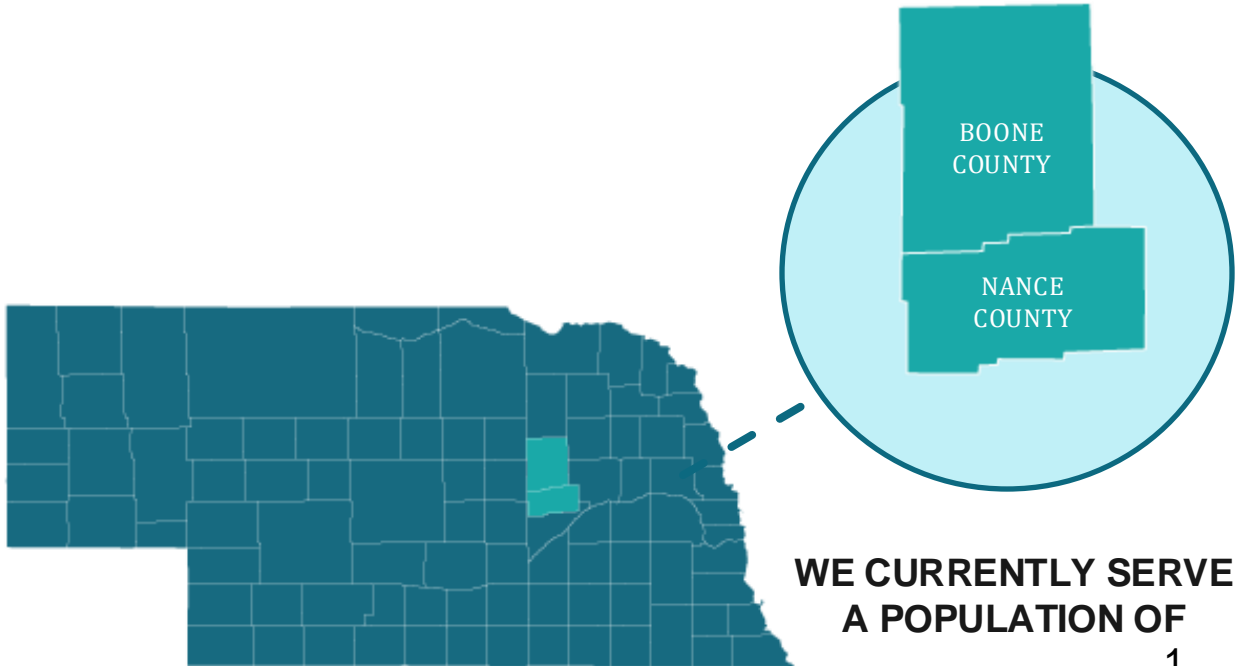
- ✓ DESCRIBED BOONE AND NANCE COUNTIES' SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT



DEFINING BOONE AND NANCE COUNTIES' SERVICE AREA



For the purposes of this report, Boone and Nance Counties define their primary service area as being made up of Boone and Nance Counties, Nebraska.



WE CURRENTLY SERVE
A POPULATION OF

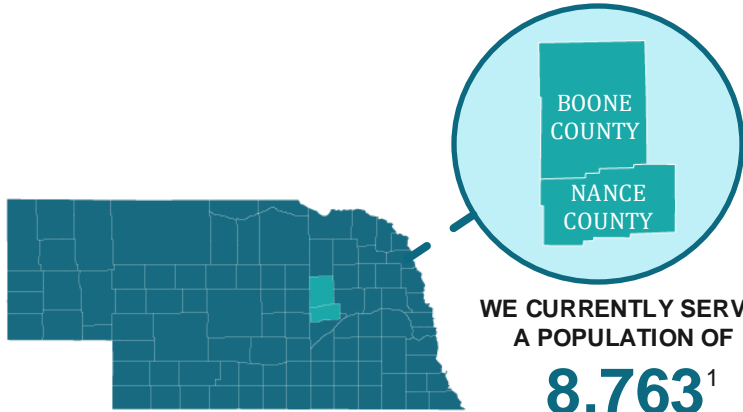
8,763¹

BOONE: 5,397

NANCE: 3,366

BOONE AND NANCE COUNTIES' SERVICE AREA			
COUNTY	ZIP CODE	COUNTY	ZIP CODE
Boone	68620	Nance	68638
Boone	68758	Nance	68640
Boone	68660	Nance	68660
Boone	68627	Nance	68864
Boone	68652	Nance	68663
Boone	68655	Nance	68623

BOONE AND NANCE COUNTIES AT-A-GLANCE



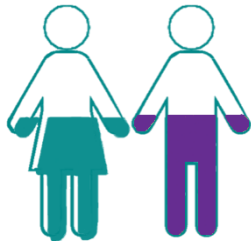
BOONE: 5,397 NANCE: 3,366

THE POPULATION OF NEBRASKA INCREASED FROM 2010 TO 2022.

THE POPULATIONS OF BOONE (-2%) AND NANCE (-10%) COUNTIES DECLINED¹



THE % OF MALES IS SLIGHTLY HIGHER THAN FOR FEMALE²



6% OF BOONE AND NANCE COUNTY RESIDENTS ARE VETERANS, THE SAME AS THE STATE RATE³



YOUTH AGES 0-19 AND SENIORS 65+ MAKE UP

45% OF THE POPULATION

IN BOONE (47%) AND NANCE (44%) COUNTIES, COMPARED TO 41% FOR NEBRASKA⁴

NEARLY 1 IN 4 BOONE AND NANCE COUNTY RESIDENTS ARE AGE 65+, AT 23% AND 22% RESPECTIVELY⁵



98% OF THE POPULATION IN BOONE AND NANCE COUNTIES SPEAKS ONLY ENGLISH AT HOME, WHILE 1% SPEAK SPANISH

THE PROPORTION OF RESIDENTS WHO ARE FOREIGN-BORN IS 1.1% FOR BOONE COUNTY AND 0.3% FOR NANCE COUNTY

OF THOSE WHO ARE FOREIGN-BORN, 40% IN BOONE COUNTY AND 0% IN NANCE COUNTY ARE NOT AMERICAN CITIZENS⁶

THE MAJORITY OF THE POPULATION (96% IN BOONE AND 94% IN NANCE) IDENTIFIES WHITE AS THEIR ONLY RACE⁷



WHITE	HISPANIC OR LATINO	BLACK/AFRICAN AMERICAN	AMERICAN INDIAN/ AK NATIVE	ASIAN	NATIVE HI/PACIFIC ISLANDER	MULTI RACIAL/ OTHER
96% IN BOONE 94% IN NANCE	3% IN BOONE 4% IN NANCE	0.1% FOR BOONE 0.6% IN NANCE	0.1% IN BOONE 0.3% IN NANCE	0.3% IN BOONE 0.2% IN NANCE	0.02% IN BOONE 0.0% IN NANCE	1.3% IN BOONE 1.7% IN NANCE

EAST CENTRAL DISTRICT HAD 6,300 YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 RESIDENTS, COMPARED TO 6,447 FOR NEBRASKA. THIS DATA WAS NOT AVAILABLE FOR BOONE AND NANCE COUNTIES⁸



BOONE AND NANCE COUNTY RESIDENTS CAN EXPECT TO LIVE 80.1 AND 75.5 YEARS (RESPECTIVELY) ON AVERAGE, COMPARED TO 78.4 YEARS FOR NEBRASKA⁹



BOONE AND NANCE COUNTIES RANK 16TH AND 44TH, RESPECTIVELY, 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 a family.”

- Community Member Focus Group
from Boone County

“The community is a big family, everyone takes care of each other and steps up where needed, recently seen in the 2019 flood.”

- Community Member Interview Boone County

In Boone County, 82% of survey respondents volunteered in the community at least once last year, with 34% volunteering 10 or more times

“People in the community have warm hearts that want to serve.”

- Community Member Interview
from Nance County

“Very small town feel, but very progressive.”

- Community Member Focus Group
from Boone County

In Nance County, 83% of survey respondents volunteered in the community at least once last year, with 23% volunteering 10 or more times

“It is a vibrant small town. It is progressing fast with a good hospital and school system.”

- Community Member Interview from Boone County

“We have community members that care and want to make the community better.”

- Community Member Interview from Boone County

“Great small town!”

- Community Member Interview
from Nance County

“I love the rural setting.”

- Community Member Focus Group
from Boone County

“We have some great resources for a rural community. The wellbeing of the community is a priority.”

- Community Member Interview from Boone County

“Nice quality of life benefits, no traffic and no congestion. Great school districts and healthcare.”

- Community Member Focus Group
from Boone County

“I love the quality of life, family, safety, opportunities, great school district, small classes, ability to make more of an impact, rural, less people and traffic and stress.”

- Community Member Interview from Boone County

TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

1. Mental health
2. Cancer
3. Senior/Elderly care and aging related issues

Top socioeconomic, behavioral, and/or environmental factors impacting community:

1. Poverty
2. Housing
3. Lack of funds for nutrition/healthy eating
4. Access to care
5. Agricultural environment/exposure to outside elements
6. Alcohol use
7. Delayed care
8. Lack of childcare
9. Lack of physical activity/sedentary lifestyle

“The cost of healthcare is an issue as an employer because it's hard to employ people on a budget. It has impacted us a lot and it's hard to offer competitive wages to our employees as we grow.”

- Community Member Interview from Boone County

“We have a lack of behavioral health services. We have to travel to Omaha, especially for pediatrics.”

- Community Member Interview
from Boone County

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

1. Mental health concerns/access to mental healthcare

How health concerns are impacting community:

1. Accessibility of drugs for youth
2. Lack of technology monitoring for youth

“Technology in youth isn't being monitored and can be influencing their mental health.”

- Community Member Focus
Group from Boone County

“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

“Truancy is an issue due to high rates of mental health issues. Kids are not showing up to school and have health issues.”

- Community Member Focus
Group from Boone County

TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Low-income population
2. Hispanic population
3. Elderly

“Affordable transportation to things outside the medical world is needed – grocery store, seeing family/friends, church, going to pharmacy, etc.”

- Community Member Focus Group

FROM COMMUNITY FOCUS GROUPS:

Resources people use in the community to address their health needs:

1. Local schools

“The elderly don’t have proper access to care.”

- Community Member Interview
from Nance County

“There is no transportation in town for kids during the school year or the summer.”

- Community Member Focus Group

“The government should inform the public when funding changes.”

- Community Member Focus
Group from Boone County

“Mental health is a priority at our schools.”

- Community Member
Interview from Boone County

“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

STEPS 3, 4 & 5 IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS



IN THIS STEP, BOONE AND NANCE COUNTIES:

- ✓ 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





UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS



HEALTH FACTORS (OR COMMUNITY CONDITIONS) are components of someone’s environment, policies, behaviors, and health care that affect the health outcomes in community residents. 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, BOONE AND NANCE COUNTIES 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 Boone and Nance Counties' 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

In order to build upon the work that was initiated previously, the prior 2021 regional East Central District CHNA was reviewed. When making final decisions for the 2024-2026 Improvement Plan (CHIP)/Implementation Strategy, previous efforts will be assessed and analyzed.

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. Boone and/or Nance 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 district 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
- 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
- Leading causes of death

DATA COLLECTION

PRIMARY

Secondary data collection and discussions with health department leadership, resulted in identifying community health needs that were further assessed in the primary data collection - key informant interviews, focus groups, and a community member survey. The information and data from both 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 **16 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 **47 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 C**). 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: Boone County



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 Boone and Nance Counties community (along with the other counties in East Central District: Colfax and Platte). The survey was made available in English, French, Somali, and Spanish. This resulted in **124 responses** to the community survey (73 for Boone County and 51 for Nance County). 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 Nutrition and physical health/exercise (includes overweight and obesity)
#6 Income/poverty and employment (economic stability)
#7 Preventive care and practices (e.g. screenings, mammograms, vaccinations – ranked under chronic diseases in survey)
#8 Transportation (e.g. public transit, cars, cycling, walking)
#9 Internet/wifi access
#10 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
#11 Tobacco and nicotine use (e.g. smoking and vaping)
#12 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)
#13 Environmental conditions (e.g. air and water quality, vector-borne diseases)
#14 Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
#15 Crime and violence
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 Injuries (e.g. workplace injuries, car accidents, falls, etc.)
#4 Maternal, infant, and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
#5 HIV/AIDS and Sexually Transmitted Infections (STIs) (ranked under infectious diseases in survey)

PRIMARY DATA COLLECTION COMMUNITY MEMBER SURVEY & HEALTH NEED RANKING: Nance County



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 Boone and Nance Counties community (along with the other counties in East Central District: Colfax and Platte). The survey was made available in English, French, Somali, and Spanish. This resulted in **124 responses** to the community survey (73 for Boone County and 51 for Nance County). 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 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)
#4 Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
#5 Housing and homelessness (economic stability)
#6 Income/poverty and employment (economic stability)
#7 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
#8 Nutrition and physical health/exercise (includes overweight and obesity)
#9 Food insecurity (e.g. not being able to access and/or afford healthy food)
#10 Internet/wifi access
#11 Tobacco and nicotine use (e.g. smoking and vaping)
#12 Preventive care and practices (e.g. screenings, mammograms, vaccinations – ranked under chronic diseases in survey)
#13 Transportation (e.g. public transit, cars, cycling, walking)
#14 Crime and violence
#15 Environmental conditions (e.g. air and water quality, vector-borne diseases)
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 combined Boone and Nance County ranking from the community member survey as seen on pages 23 and 24. 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 Boone and Nance Counties 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 AGE¹⁵

IN OUR COMMUNITY



APPROXIMATELY 55% OF BOONE COUNTY AND 60% OF NANCE COUNTY COMMUNITY MEMBERS SURVEYED SELECTED ACCESS TO CHILDCARE AS A PRIORITY COMMUNITY HEALTH NEED

APPROXIMATELY 53% OF BOONE COUNTY AND 26% OF NANCE COUNTY CHILDREN IN NEED OF CHILDCARE DO NOT HAVE ACCESS TO IT, COMPARED TO 19% FOR NEBRASKA¹⁶

75% OF NEBRASKANS SURVEYED SAY THAT QUALITY AFFORDABLE CHILD CARE IS ESSENTIAL TO THE ECONOMY AND WORKERS¹⁷

"There are three daycares, but [the owners of] two of them are going to retire in the next 5 years."
-Community Member Interview from Nance County

"There are very few childcare options. There is only one person who does daycare in town and who is currently looking to retire."
- Community Member Interview from Boone County

"It is hard for people to make enough money while trying to work and afford childcare."
- Community Member Interview from Boone County

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...



Access to childcare was worst in BOONE AND COLFAX COUNTIES, compared to other East Central District counties, where more than 50% of children in need did not have access¹⁶

LOWER-INCOME RESIDENTS may have challenges affording childcare¹⁶



SINGLE PARENTS who lack social support may have a greater need for childcare¹⁶

Boone County survey respondents AGED 25-34 were significantly more likely to report childcare among their top five health concerns than other ages (88%), while Nance County respondents AGED 35-44 ranked the need higher (70%)

Survey respondents with a HOUSEHOLD INCOME OF \$75,000-\$99,000 were significantly more likely to report access to childcare as a priority for both counties (100% for Boone County and 80% for Nance County)

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. Young families

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

1. Hospital daycare
2. Boone Beginnings

#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 Prevention¹⁸

IN OUR COMMUNITY

IN THE COMMUNITY SURVEY, **45%** OF BOONE AND **46%** OF NANCE 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 Nebraska¹⁹

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 month²⁰

9% of Nebraska teens have **binge drank** in the past 30 days²⁰

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

39% of Nebraska teens usually obtain alcohol by someone giving it to them²⁰



3%

of East Central District adults have used marijuana in the past month, compared to **7%** for Nebraska²¹

5% of NSDUH* region 4 (includes Boone and Nance Counties) 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 youth²²



*National Survey on Drug Use and Health, Region 4 contains Boone and Nance Counties



3%

of both East Central District and Nebraska adults have **misused opioids** in the past year²³



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 rates for Boone and Nance Counties were unable to be calculated²⁴

"It is hard for addicts in the community...there aren't a lot of 12 step programs. You have to go to Columbus or Norfolk to get advanced care."

- Community Member Focus Group from Boone County

"Drugs and alcohol don't discriminate."

- Community Member Focus Group

#2 HEALTH NEED SUBSTANCE USE



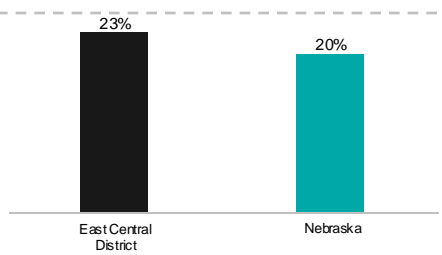
"It is hard for local law enforcement to get involved because in small towns, everyone knows each other. State patrol could get more involved."
- Community Member Interview from Boone County

"There needs to be treatment for addicts and dual diagnosis (mental health) patients."
- Community Focus Group from Boone County



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

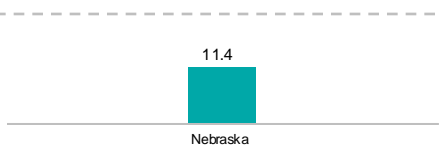
ADULT BINGE DRINKING



HP 2030 TARGET: **25%**
DESIRED DIRECTION: ↓

✓ East Central District meets/ exceeds the target. This indicator was not available for Boone and Nance Counties¹⁹

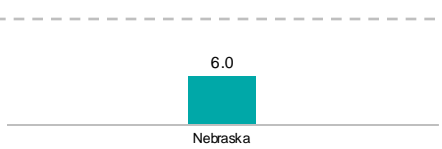
DRUG OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: **20.7 PER 100,000**
DESIRED DIRECTION: ↓

✓ Nebraska meets/ exceeds the target. This indicator was not available for Boone and Nance Counties²⁵

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: **13.1 PER 100,000**
DESIRED DIRECTION: ↓

✓ Nebraska meets/ exceeds the target. This indicator was not available for Boone and Nance Counties²⁵

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...

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 drink²⁰

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) residents²³

Marijuana use is highest among **YOUTH AND YOUNG ADULTS, WHITE, MEN, LOWER INCOME, and LESS EDUCATED** residents²¹

YOUTH are more impacted by substance use due to their developing brains²¹

Top issues/barriers for substance use (reported in interviews):

1. Marijuana
2. Drug use is increasing
3. Alcohol use

Sub-populations most affected by substance use (reported in interviews):

1. High school kids
2. Low-income

#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

78% of Boone County and **67%** of Nance County community survey respondents reported **lack of affordable housing** as an issue in the community. Affordable housing was the **#1 reported resource** needed in the counties

IN OUR COMMUNITY

ACCORDING TO THE U.S. CENSUS BUREAU, 1% OF ALL OCCUPIED HOUSING IN BOONE AND NANCE COUNTY, AS WELL AS NEBRASKA, LACK COMPLETE PLUMBING AND/OR KITCHEN FACILITIES²⁶



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 occupied²⁷**

“Overall, there is a lack of affordable houses but there is low-income housing. However, the low-income housing that exists isn’t a healthy environment.”
- Community Member Focus Group from Boone County



17% OF BOONE AND NANCE COUNTY HOUSEHOLDS ARE ‘COST BURDENED’ (SPEND MORE THAN 35% OF THEIR INCOME ON HOUSING), VS. **26% FOR NEBRASKA**. THIS IS MUCH **HIGHER FOR RENTERS, AT 24% and 30%, respectively²⁸**



NEARLY 1 IN 3 (30%)
EAST CENTRAL DISTRICT ADULTS EXPERIENCED HOUSING INSECURITY IN THE PAST YEAR, COMPARED TO 29% FOR NEBRASKA³⁰



The number of **affordable and available units per 100 very low-income renters** (<50% of area median income) in Nebraska was **only 95**. Boone (2,744) and Nance (3,596) Counties have more affordable and available units compared to the demand. A lack of affordable housing options puts renters at risk for **rent burden, eviction, and homelessness²⁹**



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 HOMELESSNESS DECLINED BY 11%**. THIS MAY HAVE BEEN IMPACTED BY COVID-19 FUNDING AND EVICTION MORATORIUMS³¹



Data shows that **16%** of Boone County and **14%** of Nance County households are **seniors who live alone**, compared to 13% of Nebraska households. Seniors living alone may be **isolated and lack adequate support systems³²**

#3 HEALTH NEED ECONOMIC STABILITY HOUSING AND HOMELESSNESS



"There's not enough rental housing. Newman Grove is particularly expensive."

- Community Member Focus Group from Boone County

"There are not a lot of options to buy homes for anyone, especially in Albion."

- Community Member Focus Group from Boone County

"Quality housing at a low price is almost non-existent. There are people working on it but it isn't going to happen overnight."

- Community Member Interview from Boone County

"You would have to go to Columbus to get help with housing resources."

- Community Member Interview from Nance County

Top issues/barriers for housing and homelessness (reported in interviews):

1. Not enough available homes in general
2. Lack of affordability/expensive homes

Sub-populations most affected by housing and homelessness (reported in interviews):

1. Low-income population

Top resources, services, programs, and/or community efforts for housing and homelessness:

1. Economic Development

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...



More **BOONE COUNTY** survey respondents (78%) than Nance County respondents (67%) said that affordable housing is lacking in the community

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 seniors³¹

RENTERS (38%) are more likely than homeowners (14%) to spend 35% or more of their income on housing²⁸

35-44 YEAR OLD in Boone County (93%) and **45-54 YEAR OLD** in Nance County (100%) survey respondents were significantly more likely than other ages to say affordable housing is lacking in the community

"Housing is an issue everywhere."

- Community Member Interview from Boone County

#4 HEALTH NEED ECONOMIC STABILITY

INCOME/POVERTY AND EMPLOYMENT



ECONOMIC STABILITY INCLUDES INCOME, EDUCATION, EMPLOYMENT, TRANSPORTATION, AND HOUSING AND HOMELESSNESS. 24% OF BOONE COUNTY AND 25% OF NANCE COUNTY SURVEY RESPONDENTS SELECTED INCOME/POVERTY AND EMPLOYMENT AS A PRIORITY HEALTH NEED

3% OF BOONE COUNTY TEENS 16-19 ARE AT RISK BECAUSE THEY ARE NOT IN SCHOOL OR UNEMPLOYED, WHICH IS LOWER THAN THE 4% SEEN STATEWIDE ⁷⁴

6% OF THESE TEENS DO NOT HOLD A HIGH SCHOOL DIPLOMA⁷⁴



BOONE AND NANCE COUNTIES ARE RANKED 3RD AND 32ND (RESPECTIVELY) OUT OF 79 COUNTIES IN NEBRASKA FOR SOCIAL AND ECONOMIC FACTORS (THE LOWER A RANKING IS, THE BETTER) ⁷⁵

IN OUR COMMUNITY



BOONE AND NANCE COUNTIES' MEDIAN HOUSEHOLD INCOMES ARE LOWER THAN THE STATE AVERAGE⁷⁶

BOONE COUNTY: \$68,500

NANCE COUNTY: \$62,900

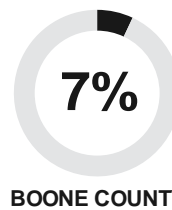
NEBRASKA: \$69,800



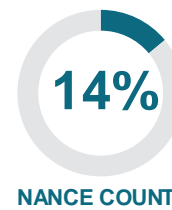
4%

OF NANCE COUNTY AND 1% OF BOONE COUNTY ADULTS ARE UNEMPLOYED, COMPARED TO 3% FOR NEBRASKA ⁷⁸

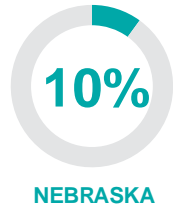
LIVES IN POVERTY⁷⁷



BOONE COUNTY

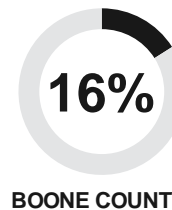


NANCE COUNTY

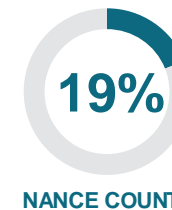


NEBRASKA

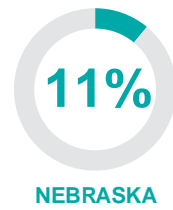
IS LOW-INCOME⁷⁷



BOONE COUNTY



NANCE COUNTY



NEBRASKA

POVERTY RATES OVERALL, FOR ADULTS, AND FOR CHILDREN IN NANCE COUNTY ARE THE HIGHEST IN EAST CENTRAL DISTRICT. BOONE COUNTY HAS THE HIGHEST SENIOR POVERTY RATE IN THE DISTRICT⁷⁷

POVERTY RATES BY COUNTY AND AGE GROUP⁷⁷

LOCATION	OVERALL	CHILDREN (0-18)	ADULTS (18-64)	SENIORS (65+)
Boone County	7%	8%	6%	11%
Nance County	14%	15%	15%	9%
Nebraska	10%	10%	10%	8%

"Everyone is trying to hire, there is no reason to not find a job."
- Community Member Interview from Boone County

"The opportunity for employment is there, but no skilled jobs are available."
- Community Member Interview from Boone County

#4 HEALTH NEED

ECONOMIC STABILITY

INCOME/POVERTY AND EMPLOYMENT



4% OF BOONE COUNTY AND 6% OF NANCE COUNTY LOW-INCOME HOUSEHOLDS UTILIZE FOOD STAMPS VS. 8% FOR NEBRASKA⁷⁹

ACCORDING TO THE U.S. CENSUS BUREAU

1% OF BOONE COUNTY AND 0.3% OF NANCE COUNTY HOUSEHOLDS RECEIVE PUBLIC ASSISTANCE VS. 2% FOR NEBRASKA⁸⁰



2% OF BOONE AND NANCE COUNTY HOUSEHOLDS RECEIVE SUPPLEMENTAL SECURITY INCOME (SSI), COMPARED TO 4% FOR NEBRASKA⁸⁰

"There are not enough job opportunities in the area so people are forced to work in other places."

- Community Member Interview from Boone County

"There are fewer job opportunities and no new opportunities are being generated."

- Community Member Interview from Boone County

Top issues/barriers for income/poverty and employment (reported in interviews):

1. People won't take available jobs
2. Not enough job opportunities in the area
3. Poverty is an increasing issue

Sub-populations most affected by income/poverty and employment (reported in interviews):

1. Low-income residents
2. Elderly

Top resources, services, programs and/or community efforts in the community for income/poverty and employment (reported in interviews):

1. Social services
2. Food drives/pantries

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 55-64** were significantly more likely than other age groups to select **income/poverty and employment** as a priority health need



12% of district **CHILDREN**, 7% of **SENIORS**, and 22% of **FEMALE HEADS-OF HOUSEHOLD (HoH)** living with their minor children, live in poverty⁷⁷

NANCE COUNTY has the lowest median household income in East Central District, and the highest overall, **ADULT (18-64)**, **CHILD (0-18)**, and **SINGLE MOTHER** poverty rate⁷⁶

BOONE COUNTY has the highest rate of **SENIORS 65+** living in poverty in East Central District, at 11%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 services⁷⁷

Research shows that **PEOPLE WITH DISABILITIES** may experience additional challenges obtaining and maintaining employment⁷⁷

"Have more job opportunities for those with intellectual and developmental disabilities."

- Community Member Focus Group

#5 HEALTH NEED FOOD INSECURITY



According to Feeding America, **11% of Nance County, 8% of Boone County, 10% of Nebraskans overall experience FOOD INSECURITY**⁵¹



When asked what resources were lacking in the community, **32%** of Boone County and **33%** of Nance County survey respondents answered **affordable food**, while **26%** of Boone County and **18%** of Nance County respondents ranked **access to healthy food** as a top health concern

IN OUR COMMUNITY



The rate of food insecurity is higher in Nance County **children (13%)**, than for Nebraska children (**12%**). The rate of food insecurity in Boone County children is lower (**9%**) than that of Nebraska⁵²



According to Feeding America, **cost** is the **#1 barrier** to food security.⁵¹ **37%** of community survey respondents say that a top barrier to being healthy is that healthy food is too expensive



Boone County **single moms** have the **highest SNAP* utilization rate** in East Central District at **41%**, vs. **34%** for Nebraska. The rate of Nance County single moms is **21%**⁵³

Seniors (60+) in Boone and Nance Counties have SNAP utilization rates of 2% and 5%, respectively, vs. 6% for Nebraska⁵³



The percentage of students in Boone and Nance Counties who are eligible for the National School Lunch Program (NSLP) Free & Reduced Price Meals is **44%** and **39%**, respectively, with the highest rate being **84%** for **St. Edward Public Schools (Boone)** in 2023-24⁵⁴



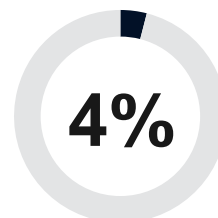
PLACES TO ACCESS FOOD IN BOONE AND NANCE COUNTIES:⁵⁵

FOOD RETAILER	BOONE	NANCE
Full-service supermarkets	0	0
Limited-service stores	0	0
SNAP* benefit retailers	3	4
Farmers' markets	0	0
Fast-food and takeout restaurants	N/A	N/A

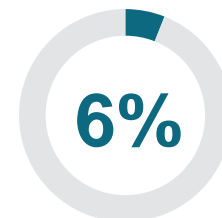
The United States Department of Agriculture (USDA) rates 0 of 14 East Central District census tracts as 'low-income' or 'low-access'⁵⁵

*Supplemental Nutrition Assistance Program

A **lower rate** of Boone and Nance County households than Nebraska households access **SNAP* benefits**⁵³



BOONE COUNTY



NANCE COUNTY



NEBRASKA

8.6/10

Boone County's **food environment rating** out of 10 (0 being worst and 10 being best) is **8.7/10** and Nance County's is **8.5/10**, vs. **7.8** for Nebraska⁵⁶

#5 HEALTH NEED FOOD INSECURITY



“Summer lunch programs are a big help to families who cannot afford food outside of school hours. I hope this program doesn't go away.”

- Community Member Focus Group

“Healthy foods are not as accessible as they should be, and are not affordable for everyone.”

- Community Member Interview from Boone County

Top issues/barriers for food insecurity (reported in interviews):

1. Expensive/lack of affordability
2. Lack of access/transportation
3. Lack of variety at grocery stores

Sub-populations most affected by food insecurity (reported in interviews):

1. Low-income

Top resources, services, programs, and/or community efforts for food insecurity (reported in interviews):

1. Food bank/pantry
2. Grocery stores

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 SNAP⁵⁷

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 programs⁵³

NANCE COUNTY has the highest rate of overall food insecurity in East Central District (13%) as well as **SNAP*** utilization rate for single moms (41%) and seniors 60+ (5%)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 in Nance County **AGES 45-54** and respondents in Boone County **AGES 45-54** were significantly more likely than other age groups to select food insecurity as a priority health need

#6 HEALTH NEED ACCESS TO HEALTHCARE



IN OUR COMMUNITY

ACCORDING TO THE HEALTH RESOURCES AND SERVICE ADMINISTRATION...

Boone County has more access to primary and dental care providers relative to its population than Nebraska overall, while Nance County has less access to dental care providers (data was unavailable for primary care)³²

BOONE COUNTY**
728:1³²



NEBRASKA
1,302:1³²

13% of Nance County and 0% of Boone County community survey respondents say that **primary care access is lacking** in the community

BOONE COUNTY
1,347:1³²



NEBRASKA
1,243:1³²

NANCE COUNTY**
1,130:1³²

40% of Nance County and 8% of Boone County survey respondents say that **dental care access is lacking** in the community

40% of Nance County and 0% of Boone County community survey respondents say that **vision care access** is lacking in the community

“People can’t afford health services. Even those that are middle class and that have insurance, often have high deductible plans.”

- Community Member Interview from Boone County



1 IN 5

EAST CENTRAL DISTRICT ADULTS (19% VS. 21% FOR NEBRASKA) **DO NOT HAVE A USUAL PRIMARY CARE PROVIDER**³³



NEARLY 1 IN 3

BOONE AND NANCE COUNTY ADULTS (30%) **DID NOT HAVE A ROUTINE CHECKUP IN THE PAST YEAR, VS. 27% FOR NEBRASKA**³³

BARRIERS TO CARE AND IMPACTS



20% of Nance County and 10% of Boone County community survey respondents could not obtain a necessary **prescription medication** in the past year



23% of Boone County and 22% of Nance County community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment



11% of Nance County survey respondents lack health insurance due to **cost**. 17% of Nance Counties adults **did not get medical care when needed** in the past year due to **cost**³⁴



Fewer adults in Boone (62%) and Nance Counties (66%) than Nebraska (68%) have visited the dentist in the past year³⁵



3% of Nance County community survey respondents’ usual source of care is an **urgent care clinic**



4% of Nebraska **children did not visit the dentist** in the past year³⁶



Fewer East Central District (48%) than Nebraska adults 40+ (56%) have eye care insurance coverage³⁴

61% of East Central District adults had an **eye exam** in the past year, vs. 62% for Nebraska³⁴

42% of East Central District adults have **lost teeth** due to tooth decay or gum disease, vs. 35% for Nebraska³⁷

10% of Boone and Nance County adults have **lost ALL their teeth**, vs. 9% for Nebraska³⁷

*Based on Boone and Platte Counties only

**Boone and Nance Counties are primary care Health Professional Shortage Areas (HPSAs) for low-income residents. Nance County is an HPSA for low-income residents.

#6 HEALTH NEED ACCESS TO HEALTHCARE

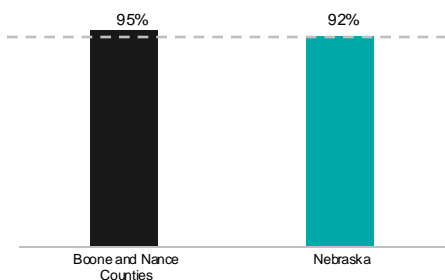


"Affordable healthcare is not affordable."
- Community Member Interview from Nance County



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE



HP 2030 TARGET: **92%**
DESIRED DIRECTION:

Boone and Nance Counties meet/exceeds the target³⁹

Top issues/barriers for access to healthcare (reported in interviews):

1. Not enough dentists in town
2. No vision providers in town
3. Not enough specialists

Sub-populations most affected by access to healthcare (reported in interviews):

1. Elderly

Top resources, services, programs, and/or community efforts for access to healthcare (reported in interviews):

1. Boone County Health Center
2. Columbus Community Hospital
3. Local providers

"Farmers have to get their own self-insurance."
- Community Member Interview from Boone County

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...

4% of residents in Boone County and 6% of residents in Nance County **DO NOT HAVE HEALTH INSURANCE**³⁹

Only 94% of the overall population and 91% of adults in **NANCE COUNTY**, and 96% of the overall population and 93% of adults in **BOONE COUNTY** have health insurance coverage³⁹

NANCE COUNTY survey respondents were more likely than Boone County respondents to say their usual source of care is an emergency department or urgent care clinic

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

WOMEN survey respondents were more likely than men to select access to healthcare as a priority

4% of **BOONE and NANCE COUNTY** survey respondents reported that their last medical checkup was 3-5 years ago

On the community survey, **NANCE COUNTY** respondents were more likely than those from Boone County to say that vision care access was lacking in the community

#6 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 OVERALL³⁸



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%

"Everyone can be better informed in offering health information that is understandable by all people and helping to better health literacy."

- Community Member Interview from Boone County

"It is hard for people to understand Medicare Advantage related information."

- Community Member Interview from Nance County

"Have more simplified information to help people understand insurance."

- Community Member Interview from Boone County

"People are not advocating for themselves and don't know questions to ask and it is important to understand why they take medication. They say 'I don't know why I'm taking this...the doctor told me to take it'."

- Community Member Interview from Boone County

Top issues/barriers for health literacy (reported in interviews):

1. Language barriers
2. It is hard to understand Medicare Advantage

Sub-populations most affected by health literacy (reported in interviews):

1. Non-English speakers/immigrants
2. Elderly

"Older generations are struggling because everything has moved to online. It is hard for them to access their SNAP, Medicaid, or Medicare."

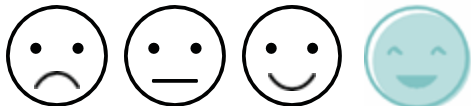
- Community Member Interview from Boone County

#7 HEALTH NEED NUTRITION & PHYSICAL HEALTH



IN OUR COMMUNITY

33% OF BOONE COUNTY AND 3% OF NANCE COUNTY COMMUNITY SURVEY RESPONDENTS RATED THEIR PHYSICAL HEALTH AS 'EXCELLENT' WHILE 49% OF BOONE COUNTY AND 50% OF NANCE COUNTY RATED IT AS 'GOOD'



83% of East Central District residents say they have access to safe places to walk in their neighborhood, compared to 88% for Nebraska⁴⁰

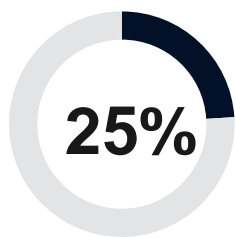
43% OF NANCE COUNTY AND 24% OF BOONE COUNTY COMMUNITY SURVEY RESPONDENTS SAY THAT RECREATIONAL SPACES ARE LACKING



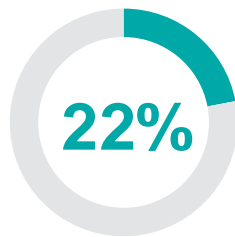
4% OF NANCE COUNTY AND 3% OF BOONE COUNTY COMMUNITY SURVEY RESPONDENTS SAY THAT RELIABLE TRANSPORTATION HAS KEPT THEM FROM BUYING FOOD/ GROCERIES OR PHYSICAL ACTIVITY IN THE PAST YEAR



ACCORDING TO 2023 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA, MORE BOONE AND NANCE COUNTY ADULTS THAN NEBRASKA ADULTS ARE SEDENTARY (DID NOT PARTICIPATE IN LEISURE TIME PHYSICAL ACTIVITY IN THE PAST MONTH)⁴¹



BOONE AND NANCE COUNTIES



NEBRASKA



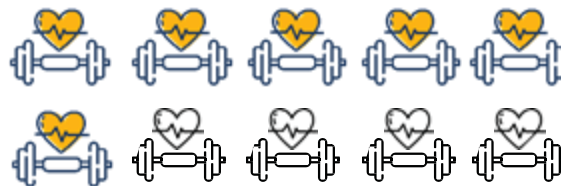
Nearly three-quarters (74%) of East Central District residents are overweight or obese, higher than the state rate of 70%. 42% of Boone County and 40% of Nance County adults were reported to be obese. 35% of Nebraska youth are overweight or obese⁴²



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 Nebraska⁴⁴



58% of Nebraska youth meet physical activity guidelines, while 13% were not physically active at least one day of the prior week⁴⁵

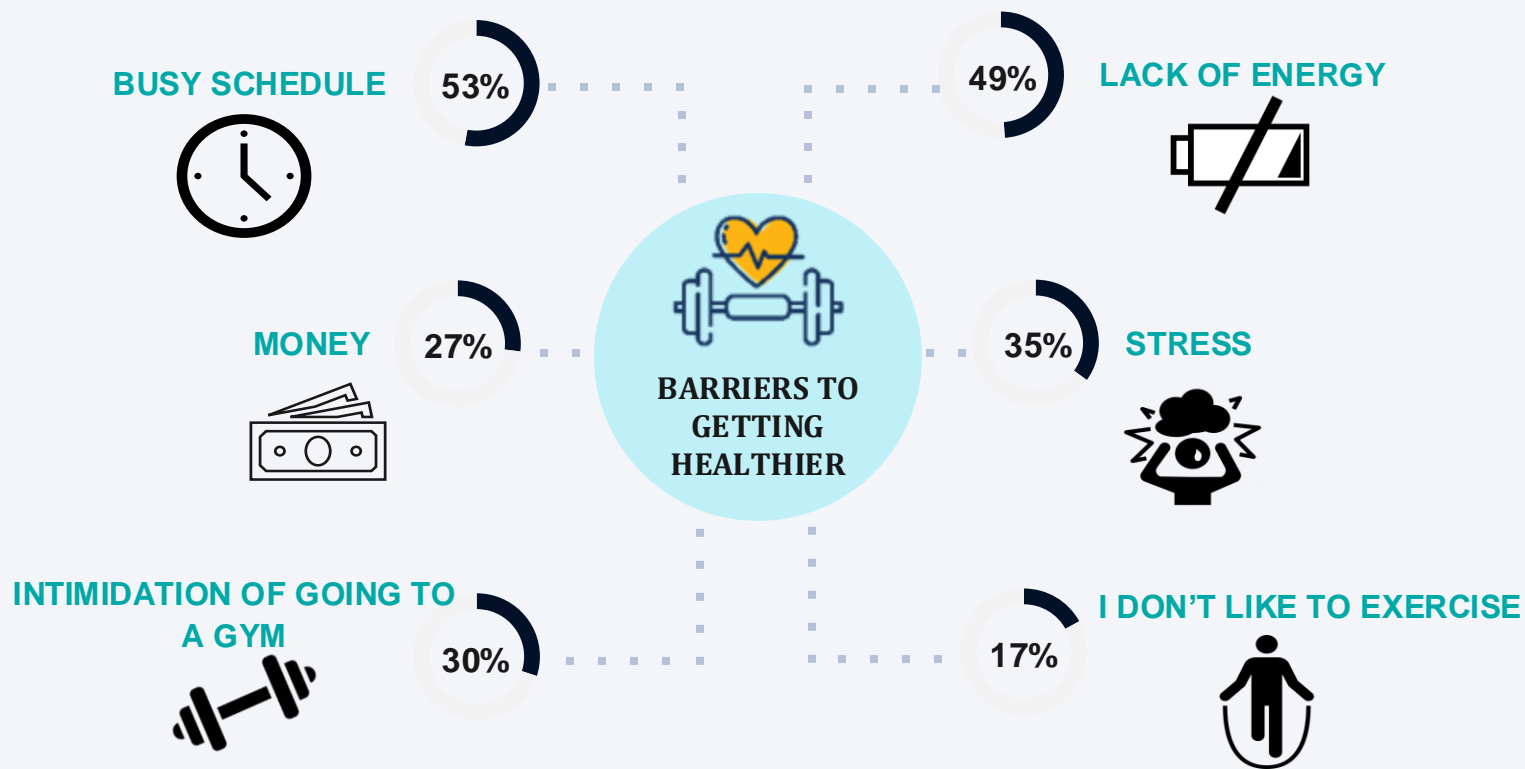


74% of Nebraska youth spent 3+ hours per day on screen time (not including schoolwork) on an average school day⁴⁶

COUNTY RANKINGS FOR HEALTH BEHAVIORS (OUT OF 79 COUNTIES, WITH 1 BEING THE BEST RANKING AND 79 BEING THE WORST RANKING)⁴⁷

Boone County	53
Nance County	62

#7 HEALTH NEED NUTRITION & PHYSICAL HEALTH



Reported in community member survey, percentages combined for Boone and Nance Counties.

"There are not a lot of indoor options. We have no gym and no indoor facility."
- Community Member Interview from Boone County

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

"How do you tackle the fact that cheese puffs are cheaper than bananas?"
- Community Member Focus Group

Top issues/barriers for nutrition and physical health (reported in interviews):

1. Lack of indoor physical activity options

Top resources, services, programs, and/or community efforts for nutrition and physical health:

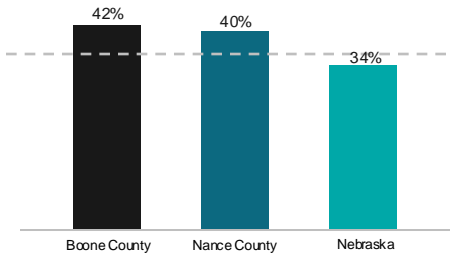
1. Walking trails
2. Parks
3. Recreational programs
4. Local schools

#7 HEALTH NEED NUTRITION & PHYSICAL HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY

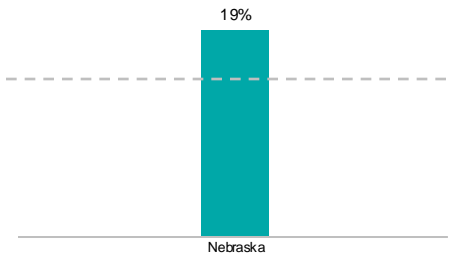


HP 2030 TARGET: 36%

DESIRED DIRECTION: ↓

✗ Boone and Nance Counties do not yet meet the target⁴²

CHILDREN & TEEN OBESITY



HP 2030 TARGET: 16%

DESIRED DIRECTION: ↓

✗ Nebraska does not yet meet the target. This data was not available for Boone and Nance Counties⁴²

"We face the same issues as the rest of the nation. There are options but people seem to prefer the unhealthier options."

- Community Member Interview from Boone County

PRIORITY POPULATIONS NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical health** are major issues 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 BMI⁴⁸



Survey respondents in Boone and Nance Counties **AGES 25-44** were significantly more likely than other age groups to select stress, lack of energy, busy schedule, 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 vegetables⁴⁹



YOUNG ADULTS AGES 18 TO 24 are at risk for being inactive⁵⁰

NANCE COUNTY (43%) survey respondents were significantly more likely than Boone County (24%) to say that recreational spaces are lacking in the community

65+ YEAR OLDS were most likely to select overweight and obesity as a priority health need on the community member survey



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

Survey respondents with household incomes between \$50,000-\$74,000 in both counties were significantly more likely to say that cost is a barrier to getting healthy

#8 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 IMPACTS⁸⁴

FIVE OF THE TOP 10 LEADING CAUSES OF DEATH ARE ASSOCIATED WITH ACEs⁸⁴

IN OUR COMMUNITY

16% OF BOONE COUNTY AND 21% OF NANCE COUNTY 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 children⁸⁵**



In East Central District, the rate is highest in **Nance County** at 9 per 1,000 children⁸⁵

17% OF NEBRASKA CHILDREN HAVE EXPERIENCED 2 OR MORE ACEs⁸⁶



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

"Adverse childhood experiences lead to a higher chance of negative outcomes in adulthood."

- Community Member Interview from Boone County

"There are a lack of community wide resources to alleviate this issue."

- Community Member Interview from Boone County

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...



NANCE COUNTY has a higher child abuse rate than other East Central District counties⁸⁵

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 are EMPLOYED FULL-TIME ranked 'adverse childhood experiences' as a top health concern in the community survey

Top issues/barriers for ACEs (reported in interviews):

1. High concern in the community
2. Lack of behavioral/mental health providers

Sub-populations most affected by ACEs (reported in interviews):

1. Low socioeconomic status

Top resources, services, programs, and/or community efforts for ACEs (reported in interviews):

1. Social Services
2. School-based counseling/Social workers
3. Mental Health/Counseling services

#9

HEALTH NEED ECONOMIC STABILITY EDUCATION

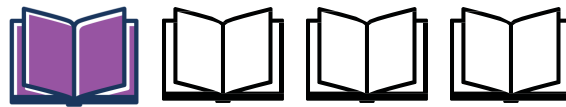


EDUCATIONAL ATTAINMENT IS A **KEY DRIVER OF HEALTH**, SELECTED AS A **PRIORITY HEALTH NEED** BY **32%** OF NANCE COUNTY AND **3%** OF BOONE COUNTY SURVEY RESPONDENTS

IN OUR COMMUNITY



ACCORDING TO CENSUS DATA, **6%** OF BOONE AND NANCE COUNTY RESIDENTS **DID NOT GRADUATE HIGH SCHOOL**, WHICH IS **BETTER** THAN THE **8%** FOR NEBRASKA⁸¹



26% OF BOONE COUNTY RESIDENTS AND **14%** OF NANCE COUNTY RESIDENTS HAVE A **BACHELOR'S DEGREE OR HIGHER** (VS. **34%** FOR THE STATE OF NEBRASKA)⁸²

THE PROPORTION OF 3- AND 4-YEAR-OLDS **ENROLLED IN PRESCHOOL** IS **44%** IN BOONE COUNTY AND **61%** IN NANCE COUNTY, COMPARED TO **43%** FOR NEBRASKA⁸³

PRESCHOOL ENROLLMENT CAN **IMPROVE SOCIOECONOMIC AND HEALTH OUTCOMES**, PARTICULARLY FOR DISADVANTAGED CHILDREN⁸³

THE **HIGH SCHOOL GRADUATION RATES** IN BOONE COUNTY (**94%**) AND NANCE COUNTY (**92%**) ARE **HIGHER** THAN THAT OF THE STATE (**87%**)

TWIN RIVER PUBLIC SCHOOLS (NANCE COUNTY) HAS A HIGH SCHOOL GRADUATION RATE OF **100%**⁸⁴

“There is a lot of pressure for high achieving students in school and sports, it is causing stress for students.”

- Community Member Focus Group from Boone County

“Parents also need parenting education. They need to work together with schools and manage expectations on each side and be aware of what's going on.”

- Community Member Focus Group

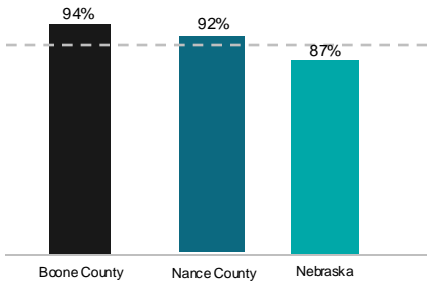
#9

HEALTH NEED ECONOMIC STABILITY EDUCATION



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



HP 2030 TARGET: **91%**
DESIRED DIRECTION:

Both Boone and Nance Counties meet/exceeds the target⁸³

IN 2020-2021, THE **CHRONIC ABSENTEEISM RATE** WAS **13% IN BOONE COUNTY** AND **10% IN NANCE COUNTY**, **BETTER THAN THE 22% FOR NEBRASKA**⁸⁶

ST. EDWARD PUBLIC SCHOOLS (BOONE COUNTY) HAD THE HIGHEST RATE IN EAST CENTRAL DISTRICT AT **22%**⁸⁶

"Kids are not feeling comfortable talking with school counselors without them going to others, and then rumors are started."
- Community Member Focus Group

"The last few years we saw an influx in English as a second language learners, [even though] we did not have the staff to accommodate this. We now have a strong force of educators to cater to this need."
- Community Member Interview from Boone County

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...

8% of NANCE COUNTY residents do not have a high school diploma and only 12% have a Bachelor's degree or higher⁸¹

NANCE COUNTY survey respondents with a household income of OVER \$100,000 were more likely to select education as a priority health need

CHILDREN WHO ARE LOWER INCOME are less like to be enrolled in school at 3 and 4 years old compared to higher income children⁸³

Top issues/barriers to education (reported in interviews):

1. Teacher shortage

Sub-populations most affected by education (reported in interviews):

1. Low-income

Top resources, services, programs, and/or community efforts for education (reported in interviews):

1. Free Preschool
2. School system

#10 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 BOONE AND NANCE COUNTIES⁵⁷

IN OUR COMMUNITY



18% of Boone County and 7% of Nance County community survey respondents said that preventive care & practices for chronic conditions are a priority health need

5%
of Boone
County

6%
of Nance
County

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 vaccines⁶⁹

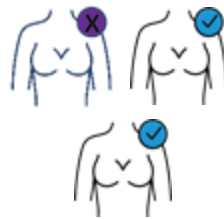


According to state data, more than 29% of East Central District seniors age 65+ did not receive a flu vaccine in the previous year, compared to 28% for Nebraska⁷⁰

55%

of East Central District residents reported getting a flu vaccine the previous year vs. 53% for Nebraska, according to state data⁷²

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



NEARLY 1 IN 3 BOONE AND NANCE COUNTY WOMEN AGES 50-74 HAVE NOT HAD A MAMMOGRAM IN THE PAST TWO YEARS⁷³



NEARLY 1 IN 5 BOONE AND NANCE COUNTY ADULTS AGES 50-75 DO NOT MEET COLORECTAL SCREENING GUIDELINES⁷³



NEARLY 1 IN 3 BOONE AND NANCE COUNTY WOMEN AGES 21-65 HAVE NOT HAD A PAP SMEAR IN THE PAST THREE YEARS⁷³

“People are looking for providers when they are sick right now, they forget about when they are healthy.”
- Community Member Focus Group

“People don’t want to take off work to get screened or go for preventive care and check-up appointments.”
- Community Member Interview

#10 HEALTH NEED PREVENTIVE CARE & PRACTICES

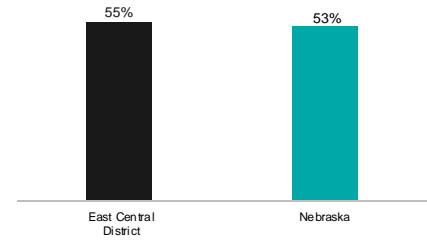


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT ANNUAL FLU VACCINATION

HP 2030 TARGET: **70%**
DESIRED DIRECTION:

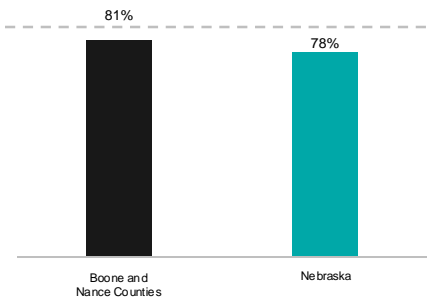
East Central District does not yet meet the target. This data was not available for Boone and Nance Counties⁷²



WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

HP 2030 TARGET: **84%**
DESIRED DIRECTION:

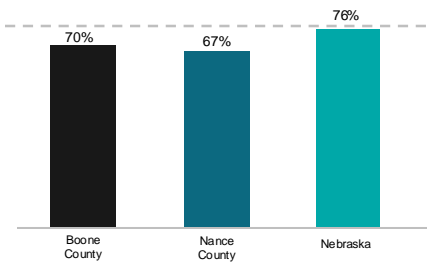
Boone and Nance Counties do not yet meet the target⁷³



WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

HP 2030 TARGET: **77%**
DESIRED DIRECTION:

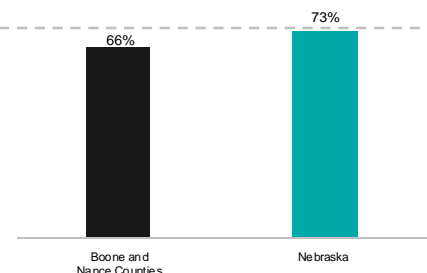
Boone and Nance Counties do not yet meet the target⁷³



ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

HP 2030 TARGET: **74%**
DESIRED DIRECTION:

Boone and Nance Counties do not yet meet the target⁷³



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, **10% of Nance County and 5% of Boone County** respondents reported that the last flu shot they got was **5+ years ago or more**



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

Survey respondents with a household income between **\$20,000-\$34,999** for Nance County and **\$50,000-\$74,999** for Boone County were significantly less likely than other respondents to say they got a flu shot in the past year

Top issues/barriers for preventive care and practices (reported in interviews):

1. Lack of transportation
2. People are not using services
3. Lack of awareness/education
4. Lack of basic insurance coverage

Top resources, services, programs and/or community efforts in the community for preventive care and practices (reported in interviews):

1. Local clinics
2. Boone County Health Center

#11 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 13% OF BOONE COUNTY AND 14% OF NANCE COUNTY SURVEY RESPONDENTS

IN OUR COMMUNITY

NEBRASKA RANKS

#33

OUT OF THE 50 U.S. STATES FOR BROADBAND COVERAGE, WITH 1 BEING BETTER COVERAGE⁹⁶

CELLULAR DATA & BROADBAND ARE THE MOST COMMON FORMS OF INTERNET ACCESS⁹⁶



18%

OF NANCE COUNTY HOUSEHOLDS AND 16% OF BOONE COUNTY HOUSEHOLDS LACK ANY INTERNET ACCESS, COMPARED TO JUST 9% FOR NEBRASKA⁹⁶



32%

OF NANCE COUNTY HOUSEHOLDS AND 25% OF BOONE COUNTY HOUSEHOLDS LACK BROADBAND INTERNET ACCESS, COMPARED TO JUST 7% FOR NEBRASKA⁹⁶

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 research⁷⁰



According to the community survey, 45-54 YEAR OLDS were most likely to say that internet access is a priority health need

NANCE COUNTY has the lowest overall coverage of broadband internet access out of all East Central District counties

Top issues/barriers to internet access (reported in interviews):

1. Lack of access

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

"Our more rural areas have little to no availability for broadband access."
- Community Member Interview from Boone County

"Throughout the community there are many dead areas where [internet] access is not available."
- Community Member Interview from Nance County

#12 HEALTH NEED TOBACCO AND NICOTINE USE



13% OF BOONE COUNTY AND 14% OF NANCE COUNTY 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 BOONE AND NANCE COUNTIES ARE:

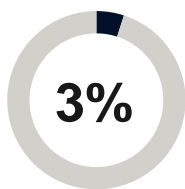
#1 HEART DISEASE

#2 CANCER

#3 STROKE

SMOKING IS A RISK FACTOR FOR ALL OF THESE CHRONIC DISEASES⁹⁰

RATES OF CURRENT CIGARETTE SMOKING ARE SIMILAR FOR NSDUH* REGION 4 TEENS TO NEBRASKA TEENS⁹¹



NSDUH* REGION 4



NEBRASKA

- 18% of Nebraska youth have ever smoked a cigarette⁹²
- 14% use e-cigarettes and 30% have ever used them⁹²
- 15% are currently using a tobacco product and 35% have ever used a tobacco product⁹²



17%

OF BOONE AND NANCE 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 STATE⁹³



- Attempted to quit smoking in past year: 57% for district vs. 53% for Nebraska⁹³
- Have rule not allowing smoking inside their home: 95% for district vs. 93% for Nebraska⁹³
- Have rule not allowing smoking inside their vehicle: 89% for district vs. 87% for Nebraska⁹³

“Vaping is socially praised, driving up rates in adolescents.”

- Community Member Interview from Boone County

“Kids are ordering vapes online, then they sell them.”

- Community Member Focus Group from Boone County

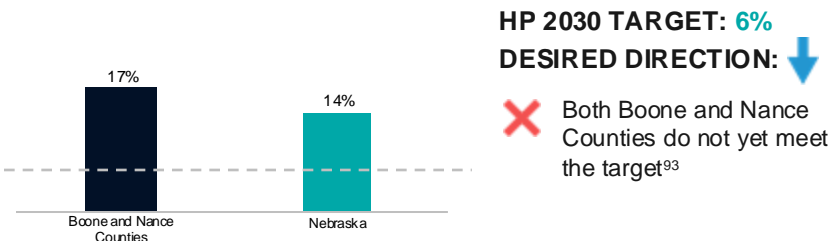
*National Survey on Drug Use and Health, Region 4 contains Boone and Nance Counties

#12 HEALTH NEED TOBACCO AND NICOTINE USE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



"In the past year, it seems vaping in the schools has improved- but it is still a large issue."
- Community Member Interview from Boone County

Top issues/barriers for tobacco and nicotine use (reported in interviews):

1. Vaping
2. Smoking

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

1. Youth

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 East Central District data, the smoking rate is highest in **WHITE RESIDENTS AND RESIDENTS BETWEEN THE AGES OF 35-44**⁹³

25-34 YEAR OLDS in Nance County and **65+ YEAR OLDS** in Boone County were significantly more likely than other ages to select tobacco and nicotine use as a priority health need on the community member survey

NANCE COUNTY has the highest smoking rate in East Central District (**17%**)¹⁵

People with **MENTAL HEALTH ISSUES** are more likely to smoke⁹³



YOUTH are more likely to **VAPE/ USE E- CIGARETTES** than smoke tobacco⁹²

People who are **LOWER-INCOME AND LESS EDUCATED** are more likely to smoke⁹³



#13

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

27% OF NANCE COUNTY AND 14% OF BOONE COUNTY COMMUNITY SURVEY RESPONDENTS SAY THAT TRANSPORTATION IS LACKING IN THE COMMUNITY

ACCORDING TO THE AMERICAN COMMUNITY SURVEY:³⁴



74% OF ALL WORKERS IN BOONE COUNTY DRIVE ALONE TO WORK, COMPARED TO 73% FOR NANCE COUNTY. THESE ARE BOTH LOWER THAN THE STATE RATE OF 78%⁸⁹



0.4% OF BOONE COUNTY AND NEBRASKA RESIDENTS USE PUBLIC TRANSPORTATION TO GET TO WORK (COMPARED TO 0% FOR NANCE COUNTY). 5% OF BOONE COUNTY AND 4% OF NANCE COUNTY RESIDENTS WALK OR BIKE TO WORK (VS. 3% FOR NEBRASKA)⁸⁹



NANCE COUNTY WORKERS SPEND AN AVERAGE OF 26 MINUTES PER DAY COMMUTING TO WORK. THIS IS HIGHER THAN THE STATE AVERAGE OF 19 MINUTES AND THE BOONE COUNTY AVERAGE OF 17 MINUTES⁸⁹



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

“Public Transportation is practically non-existent outside of school transportation. Aging populations are suffering from this more than others.”

- Community Member Interview from Boone County

BOONE COUNTY:



NANCE COUNTY:



When analyzing the largest population centers in Boone and Nance counties, according to WalkScore.com, Albion and Genoa are ‘Somewhat Walkable’ (some amenities within walking distance)⁶⁰

#13

HEALTH NEED
ECONOMIC STABILITY
TRANSPORTATION

"You could easily miss an appointment due to lack of transportation which could really affect you - court appointment, renting a place, etc. This very often ends up in relapse or incarceration due to disappointment in the system."

- Community Member Focus Group

"There are no public transportation or rideshare options. Many community members can't afford a car and/or unable to walk."

- Community Member Interview from Boone County

"There is no public transportation which typically isn't an issue in such a small town. However, when you factor in populations who would be unable to walk it poses a larger problem."

- Community Member Interview from Boone County

Top issues/barriers for transportation (reported in interviews):

1. Lack of public transportation
2. No Rideshares (Uber/Lyft)
3. Community is widespread; not walkable

Sub-populations most affected by transportation (reported in interviews):

1. Elderly
2. Low-income
3. Disabled

Top resources, services, programs and/or community efforts in the community for transportation:

1. Van/shuttle service
2. Walking spaces (walking trails, etc.)
3. Good Samaritan

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...

NANCE COUNTY has a higher rate of carpooling to work for residents ages 45-54 (46%), compared to the state average of (17%)^{88,89}



RURAL AREAS have less access to public transit and residents must travel further to access necessary services⁸⁸

NANCE AND BOONE COUNTY residents spend longer commuting to work than other East Central District residents⁸⁹

11% of Boone County and 7% of Nance County survey respondents reported transportation as a top priority health need



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

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

"Many patients walk to their appointments."

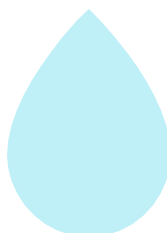
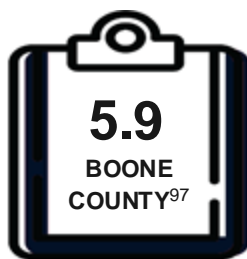
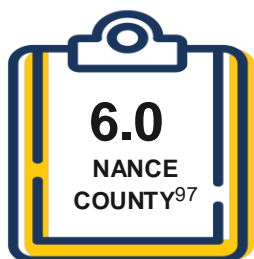
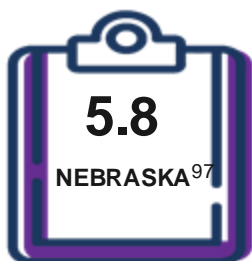
- Community Member Interview from Boone County

#14 HEALTH NEED ENVIRONMENTAL CONDITIONS



8% OF BOONE COUNTY AND 4% OF NANCE COUNTY SURVEY RESPONDENTS REPORTED ENVIRONMENTAL CONDITIONS AS A TOP HEALTH NEED FOR THE COMMUNITY

IN OUR COMMUNITY



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



In 2019, Boone and Nance Counties had **similar air quality to Nebraska overall** (based on number of micrograms of particulate matter per cubic meter of air)⁹⁷

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 effects⁵⁶

Top issues/barriers to environmental conditions (reported in interviews):

1. Water quality (nitrates)
2. High cancer rates

Top resources, services, programs, and/or community efforts for environmental conditions:

1. Testing centers/services



In 2023, there were **0 cases of West Nile virus** and **1 positive mosquito pool** in East Central District⁹⁸

"Town wells have recently all been replaced. Community members are often placed under water restrictions due to contamination."
- Community Member Interview from Boone County

"In recent years, community members have been advised that the water was unsafe for individuals under 2 years of age to drink."
- Community Member Interview from Nance County

"Not all counties add fluoride to their water [for dental health]."
- Community Member Interview

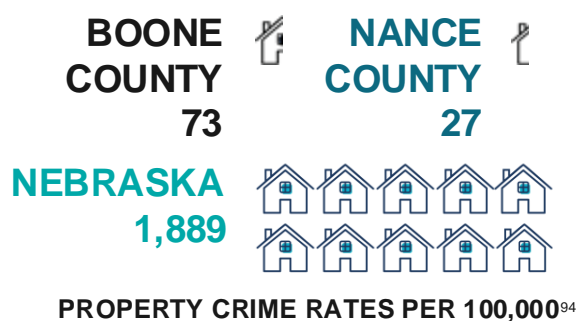
#15 HEALTH NEED CRIME AND VIOLENCE



4% OF NANCE COUNTY AND 0% OF BOONE COUNTY COMMUNITY MEMBERS SELECTED CRIME AND/OR VIOLENCE AS A PRIORITY HEALTH NEED TO ADDRESS IN THE COMMUNITY

IN OUR COMMUNITY

BOONE AND NANCE COUNTIES' 2022 PROPERTY AND VIOLENT CRIME RATES ARE MUCH LOWER THAN THE STATE OF NEBRASKA OVERALL. BOTH PROPERTY AND VIOLENT CRIME RATES HAVE DECLINED SINCE 2020⁹⁴



PRIORITY POPULATIONS CRIME AND VIOLENCE

While **crime and violence** are major issues 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...

65+ YEAR-OLDS were significantly more likely to select crime and violence as a priority health need on the community member survey than other age groups

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

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

1. Law enforcement

"There are occasional spikes in crime rates here and there."
- Community Member Interview from Boone County

"There is a safety concern with kids talking to strangers online. They think things are ok and they don't know who they are talking to in another state. Nebraska is high for sex trafficking and parents aren't aware."
- Community Member Focus Group from Boone County

"There is low or no prosecution for drug dealers. The small towns can't afford it. It's hard on Sheriff's departments."
- Community Member Interview from Nance County

"Safety measures for violence in schools and workplaces are having to be put in place. There are concerns for active shooters and violent behavior."
- Community Member Focus Group from Boone County

HEALTH NEED SLEEP

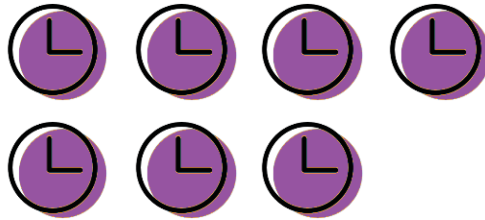
This health need was not ranked in the community member survey; however, it remains an important health need.



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



32%

OF NANCE COUNTY ADULTS GET INADEQUATE SLEEP EACH NIGHT (LESS THAN 7 HOURS), COMPARED TO 28% FOR BOONE COUNTY AND NEBRASKA ¹¹⁸



74%

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

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



NANCE COUNTY has a slightly higher rate of inadequate sleep than adults in other East Central District counties ¹¹⁸

Sub-populations most affected by sleep (reported in interviews):

1. Non-standard working hours (evening/night) shift workers

"A lot of children aren't getting a good amount of sleep, both with technology and bedtimes that aren't enforced."

- Community Member Interview from Boone County

"A lot of county residents, especially those who are shift workers, are unable to get a proper amount of sleep."

- Community Member Interview from Boone County

HEALTH NEEDS 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 combined Boone and Nance County ranking from the community member survey as seen on pages 23 and 24. 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 Boone and Nance Counties 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 were the **#1 RANKED HEALTH NEED** reported in the community member survey, with **55%** of Boone County and **50%** of Nance County respondents selecting this option

23% of Nance County and **13%** of Boone County survey respondents **needed mental health counselling** in the past year but **could not get it**. **53%** of Nance County and **32%** of Boone County residents said **mental healthcare access is lacking** in the community

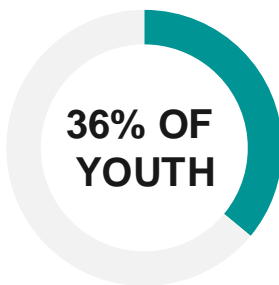
41%

OF NANCE COUNTY AND 18% OF BOONE 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 38% FOR NANCE AND 49% FOR BOONE COUNTY RATING IT AS NEUTRAL

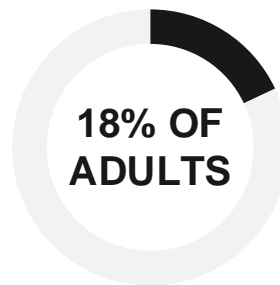
IN OUR COMMUNITY



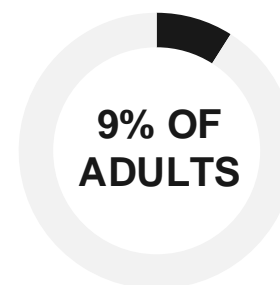
in Nebraska reported that their **mental health was not good** (most of the time or always) in the past month¹¹



in Nebraska felt **sad or hopeless** for at least 2 weeks in the past month, so that they stopped doing usual activities¹¹



in Nance County have been diagnosed with **depression** by a mental health professional. This is slightly higher than Boone County and Nebraska (17%)¹¹



in East Central District experienced **frequent mental distress** (2+ weeks/ month in the past year), compared to 12% for Nebraska¹¹

THE 2023 COUNTY HEALTH RANKINGS FOUND THAT BOONE COUNTY HAS **FEWER MENTAL HEALTH PROVIDERS** RELATIVE TO ITS POPULATION WHEN COMPARING TO NEBRASKA, (DATA WAS UNAVAILABLE FOR NANCE COUNTY)¹²

BOONE COUNTY
2,693:1¹²



NEBRASKA
329:1¹²

NANCE COUNTY ADULTS REPORT 4.6 MENTALLY UNHEALTHY DAYS PER MONTH, COMPARED TO 4.2 FOR BOONE COUNTY AND 4.3 FOR THE STATE¹³

ONLY 20% OF BOONE COUNTY AND 8% OF NANCE COUNTY RESPONDENTS TO THE COMMUNITY MEMBER SURVEY REQUIRING MENTAL OR BEHAVIORAL HEALTH SERVICES RECEIVED ALL THE CARE THEY NEEDED

East Central District's adult suicide mortality rate of **23 per 100,000** is **higher** than Nebraska's rate of 19 per 100,000 (data was unavailable for Boone and Nance Counties due to low counts)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

"Lack of availability in both providers and reliable transportation are contenders in the unmet need for mental health care."

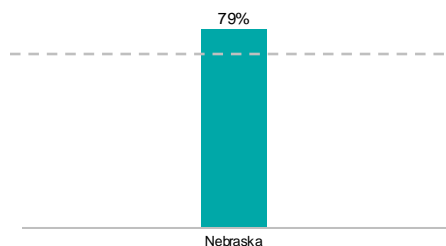
- Community Member Interview from Boone County

#1 HEALTH NEED MENTAL HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

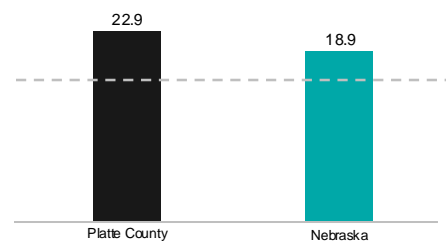
ABILITY TO GET HELP FOR MENTAL HEALTH ISSUES



HP 2030 TARGET: 69%
DESIRED DIRECTION: ↑

✓ Nebraska meets/ exceeds the target. This data was not available for Boone and Nance Counties¹¹

SUICIDE RATE



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

✗ East Central District data was only available for Platte County, which does not yet meet the target¹⁴

"There are mental health concerns at schools and locally. We need improvement of care surrounding mental health."

- Community Member Focus Group from Boone County

"Currently, there is no psychiatric ward at the hospital and no bed availability for adolescent patients."

- Community Member Interview from Boone County

"Being a rural community we are faced with the challenge of increased stigma around mental health [especially in men], paired with a lack of resources."

- Community Member Interview from Boone County

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...

BOONE COUNTY residents have much lower access to mental health professionals compared to other East Central District counties and the state¹²



NANCE COUNTY experienced the highest depression prevalence and number of mentally unhealthy days per month in East Central District¹³

The entire "Catchment 4" area of Nebraska (made up of 22 counties including Boone and Nance Counties) is designated as a geographic **MENTAL HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)**¹²

35-44 YEAR OLDS in Boone County and **55-64 YEAR OLDS** in Nance County were significantly more likely than other ages to rank their access to mental healthcare as low in the community member survey

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. Stigma

Top resources, services, programs and/or community efforts in the community for affected by mental health (reported in interviews):

1. Counseling in schools
2. Genoa Medical Facilities

#2 HEALTH NEED CHRONIC DISEASES



IN OUR COMMUNITY

11% OF BOONE AND NANCE COUNTY ADULTS RATE THEIR HEALTH AS FAIR OR POOR, THE SAME AS THE STATE OF NEBRASKA⁵⁸

- POOR
- FAIR
- GOOD
- VERY GOOD
- EXCELLENT

15%

14% of Boone County and 17% of Nance County adults identified as having a disability (average of 15%), compared to 12% of both East Central District and Nebraska adults⁵⁹

Ambulatory disabilities were the most common disability type in Nance County (7%), whereas in Nance County, cognitive disabilities (7%) were most common⁵⁹

	AMBULATORY	HEARING	INDEPENDENT LIVING	COGNITIVE	VISION	SELF-CARE
BOONE COUNTY	7%	5%	5%	3%	2%	2%
NANCE COUNTY	6%	5%	5%	7%	3%	2%

COUNTY RANKINGS FOR HEALTH OUTCOMES (OUT OF 79 COUNTIES, WITH 1 BEING THE BEST RANKING AND 79 BEING THE WORST RANKING)⁶⁰

Boone County	38
Nance County	41

THERE WERE 6,300 (AGE-ADJUSTED) YEARS OF POTENTIAL LIFE LOST AMONG EAST CENTRAL DISTRICT RESIDENTS UNDER AGE 75, IN 2023, VS. 6,447 FOR NEBRASKA⁶¹

“Having a poor diet and sedentary lifestyle can be a barrier [to managing chronic diseases].”
- Community Member Interview from Nance County

“Cancer is a big issue, but I cannot say what may be causing it.”

- Community Member Interview from Nance County

“Diabetes and obesity are concerns. It is hard to get diabetes supplies in these areas. Not enough nutrition services and help for chronic diseases.”

- Community Member Focus Group from Boone County

Top issues/barriers for chronic diseases (reported in interviews):

1. Poor diet
2. Lifestyle
3. High rates of cancer
4. Increased dementia and cognitive decline
5. Lack of care options for dementia and cognitive decline

Sub-populations most affected by chronic diseases (reported in interviews):

1. Low-income
2. Elderly

Top resources, services, programs and/or community efforts in the community for chronic diseases:

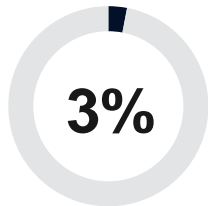
1. Local education
2. Genoa Medical Facilities
3. Local Clinic
4. Care Units/Facilities

#2 HEALTH NEED CHRONIC DISEASES

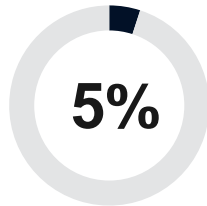


HEART DISEASE & HYPERTENSION

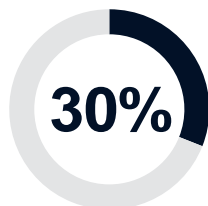
HEART DISEASE IS THE LEADING CAUSE OF DEATH IN BOONE AND NANCE COUNTIES⁶²



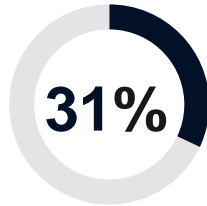
of Boone Nance County adults reported that they have had a **stroke**, vs. 2% for Nebraska⁶²



of Boone and Nance County adults reported being told they have had a **heart attack, or coronary heart disease**, the same as for Nebraska⁶²



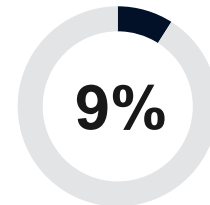
of Boone and Nance County adults have **hypertension**, vs. 31% for Nebraska⁶²



of Boone County, Nance County, and Nebraska adults have **high cholesterol**⁶²



DIABETES



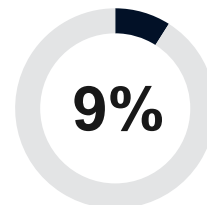
8% of Boone County and 9% of Nance County adults have **diabetes**, compared to 10% for the state⁶⁴

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

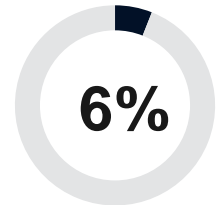
OF THOSE WITH **PREDIABETES**, 20% WILL GO ON TO DEVELOP **DIABETES** WITHIN FIVE YEARS WITHOUT LIFESTYLE MODIFICATION⁶⁴



ASTHMA AND COPD



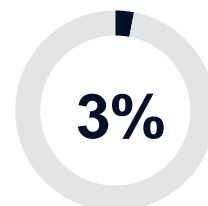
of Boone and Nance County adults have **asthma**, vs. 8% for the state⁶⁵



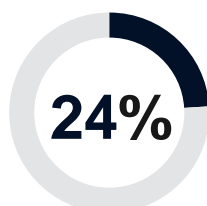
of Boone and Nance County adults have **Chronic Obstructive Pulmonary Disease (COPD)**, compared to 5% for Nebraska⁶⁵



KIDNEY DISEASE & ARTHRITIS



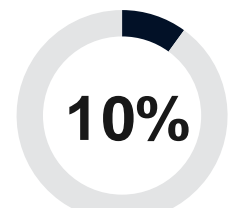
of Boone County, Nance County, and Nebraska adults reported that they have had a **stroke**⁶³



23% of Boone County and 24% of Nance County adults have **arthritis**, compared to 23% of Nebraska adults⁶³



COGNITIVE DECLINE



of both East Central District and Nebraska adults ages 45+ experienced **worsening confusion or memory loss** in the past year⁶⁶

#2 HEALTH NEED CHRONIC DISEASES



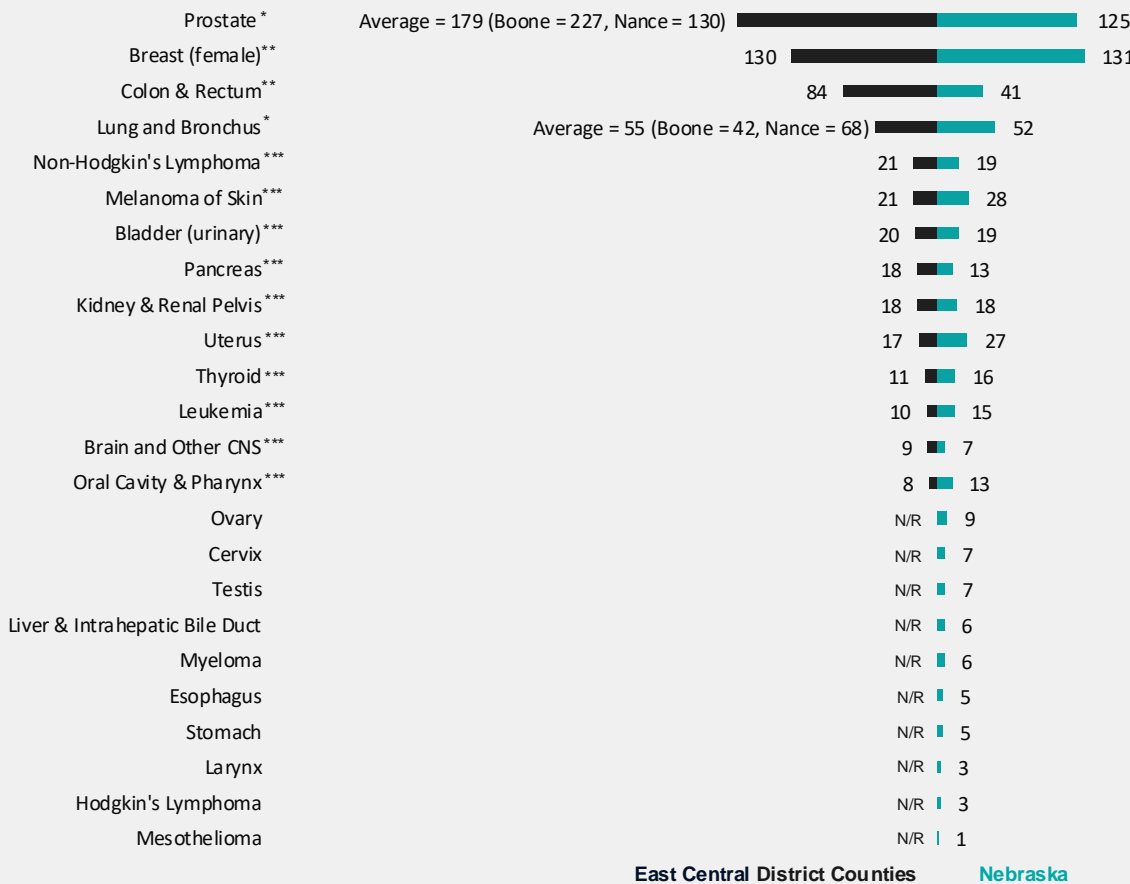
ACCORDING TO THE U.S. CANCER STATISTICS DATA VISUALIZATIONS TOOL, CANCER IS THE SECOND LEADING CAUSE OF DEATH IN BOONE AND NANCE COUNTIES, AND THE OVERALL CANCER INCIDENCE (CRUDE RATE) PER 100,000 IS LOWER FOR BOTH COUNTIES THAN NEBRASKA⁶⁷

522
BOONE COUNTY⁶⁷

448
NANCE COUNTY⁶⁷

530
NEBRASKA⁶⁷

WHILE INCIDENCE RATES PER 100,000 FOR MOST CANCERS COULD NOT BE CALCULATED FOR BOONE AND NANCE COUNTIES DUE TO LOW COUNTS, PROSTATE, BREAST, COLON, AND LUNG CANCER RATES FOR THESE COUNTIES WERE HIGHER THAN FOR NEBRASKA⁶⁷



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.
 *Boone and Nance County average.
 **Boone County only.
 *Boone, Colfax and Platte Counties only.
 ***Platte County only.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS



East Central District does not yet meet the Healthy People 2030 target for breast, prostate, lung, colorectal, and overall cancer mortality rates. Only overall cancer mortality rates were available for Boone and Nance Counties, which did not meet the target^{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...

NANCE COUNTY has higher rates of disability, high cholesterol, arthritis, and asthma compared to other East Central District counties. The county health outcome ranking is also worst in the district at 41 out of 79 counties⁶²⁻⁶⁶

BOONE COUNTY has higher cancer and high cholesterol rates than other counties within East Central District^{62,67}

NANCE COUNTY has a higher chronic lower respiratory disease mortality rate than other counties within East Central District^{62,67}

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 conditions⁶⁸

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

“There is a lack of awareness surrounding many of the chronic health issues within the community.”

- Community Member Interview from Boone County

“The diabetes medication is hundreds of dollars, and insurance won’t cover it.”

- Community Member Interview from Nance County

“Uninsured members in the community are facing larger barriers when accessing care and medications.”

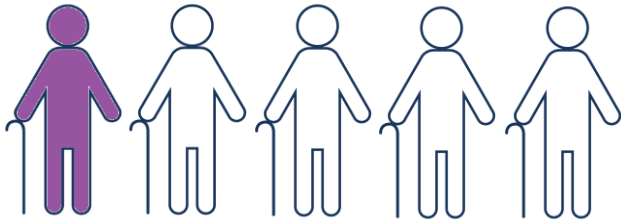
- Community Member Interview from Boone County

#3 HEALTH NEED INJURIES



EAST CENTRAL DISTRICT'S **UNINTENTIONAL INJURY DEATH RATE** (55 PER 100,000 POPULATION) IS **HIGHER** THAN THAT OF NEBRASKA (45 PER 100,000). RATES WERE UNAVAILABLE FOR BOONE AND NANCE COUNTIES DUE TO LOW COUNTS¹¹³

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 NEBRASKA¹¹⁴

6% OF EAST CENTRAL DISTRICT ADULTS AGES 45+ EXPERIENCED A **FALL-RELATED INJURY** IN THE PAST YEAR, VS. **8%** FOR NEBRASKA¹¹⁵



59%

OF EAST CENTRAL DISTRICT ADULTS TALKED ON THEIR **CELL PHONE** WHILE DRIVING IN THE PAST MONTH, VS. **67%** FOR NEBRASKA¹¹⁶

24% **TEXTED OR EMAILED** WHILE DRIVING, VS. **27%** FOR NEBRASKA¹¹⁶

71% **ALWAYS WEAR A SEATBELT** IN THE CAR, VS. **77%** FOR NEBRASKA¹¹⁶



5%

OF BOTH EAST CENTRAL DISTRICT AND NEBRASKA ADULTS EXPERIENCED A **WORK-RELATED INJURY OR ILLNESS** IN THE PAST YEAR¹¹⁷

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...



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

Top resources, services, programs and/or community efforts in the community for injuries:

1. PT/OT Facility
2. Boone County Health Center

"We have good basic care around here for post-injury care, but for serious issues, the trauma facility is two hours away."

- Community Member Interview from Boone County

"There are not enough emergency medical local volunteers. We are so thankful to the volunteers, but we need more of them."

- Community Member Interview from Boone County

#4 HEALTH NEED MATERNAL, INFANT & CHILD HEALTH



4% OF NANCE COUNTY AND 0% OF BOONE COUNTY COMMUNITY SURVEY RESPONDENTS SELECTED MATERNAL, INFANT & CHILD HEALTH AS A PRIORITY COMMUNITY HEALTH NEED TO ADDRESS

IN OUR COMMUNITY



BOONE COUNTY'S TEEN BIRTH RATE IS 9 PER 1,000 FEMALE TEENS, LOWER THAN NEBRASKA (18 PER 1,000). NANCE COUNTY'S RATE WAS UNAVAILABLE DUE TO SMALL COUNTS⁹⁸



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 LEVELS⁹⁹



THE LOW BIRTH WEIGHT RATE FOR BOONE AND NANCE COUNTIES IS

7%

VS. 6% FOR NEBRASKA. BABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK FOR DISEASE, DISABILITY, AND DEATH¹⁰⁰



24% OF BOONE COUNTY AND 25% OF NANCE COUNTY HOUSEHOLDS ARE CARING FOR CHILDREN UNDER AGE 18, COMPARED TO 30% FOR NEBRASKA¹⁰¹

"[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

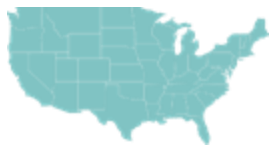


SEVERE MATERNAL MORBIDITIES (SMM) ARE UNEXPECTED OUTCOMES OF CHILDBIRTH THAT RESULT IN SIGNIFICANT HEALTH CONSEQUENCES. SMM ARE MORE THAN 100 TIMES AS COMMON AS PREGNANCY-RELATED MORTALITY AND HAVE INCREASED UP TO 75% IN THE LAST DECADE NATIONWIDE¹⁰²



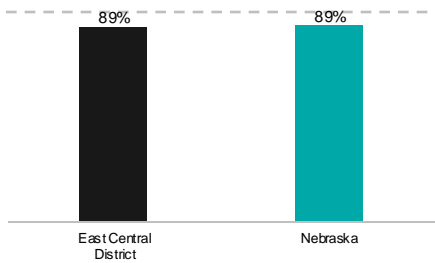
THE RATE OF SMM NEBRASKA IS 67 PER 10,000 HOSPITAL DELIVERIES (ONE OF THE LOWEST IN THE NATION)¹⁰²

#4 HEALTH NEED MATERNAL, INFANT & CHILD HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ANY BREASTFEEDING



HP 2030 TARGET: **92%**
DESIRED DIRECTION: **↑**

× East Central District does not yet meet the target. This data was not available for Boone and Nance Counties¹⁰⁴

“Providers may push for C-sections for the sake of their own convenience.”
- Community Member Interview from Boone County

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 PREVENTABLE¹⁰³

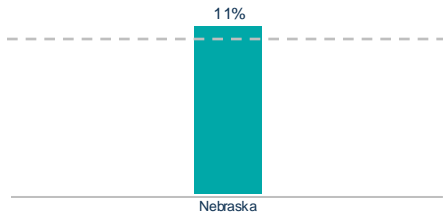
“There is a lack of maternal care [in town], you have to travel. Many people are unaware not all hospitals do deliveries.”
- Community Member Interview from Boone County

#4 HEALTH NEED MATERNAL, INFANT & CHILD HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

PRETERM BIRTH RATE

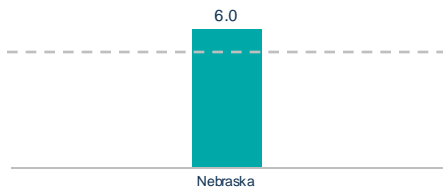


HP 2030 TARGET: 9%

DESIRED DIRECTION: ↓

✗ Nebraska does not yet meet the target. This data was not available for Boone and Nance Counties¹⁰⁵

INFANT MORTALITY RATE PER 1,000

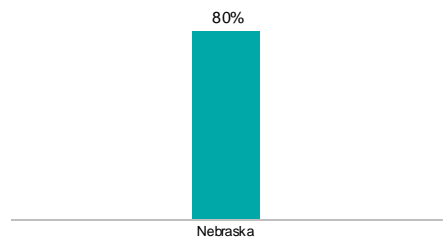


HP 2030 TARGET: 5 PER 1,000

DESIRED DIRECTION: ↓

✗ Nebraska does not yet meet the target. This data was not available for Boone and Nance Counties¹⁰⁶

ON-TIME PRENATAL CARE

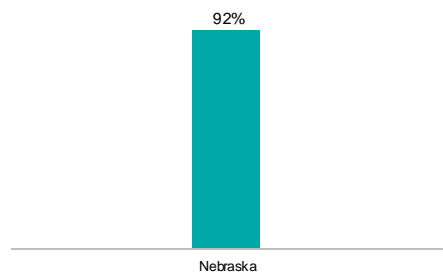


HP 2030 TARGET: 95%

DESIRED DIRECTION: ↑

✗ Nebraska does not yet meet the target. This data was not available for Boone and Nance Counties¹⁰⁷

PRENATAL NON-SMOKING RATE



HP 2030 TARGET: 96%

DESIRED DIRECTION: ↑

✗ Nebraska does not yet meet the target. This data was not available for Boone and Nance Counties¹⁰⁸

PRIORITY POPULATIONS MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant, and child health** are major issues 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}

“There are services in the area. However, if a specialty case were to arise they would have to be transported and treated elsewhere.”

- Community Member Interview from Boone County

“Postpartum mothers, they have to go back to work within 6 weeks and their self-care isn't prioritized.”

- Community Member Focus Group

#5 HEALTH NEED HIV/AIDS & STIs

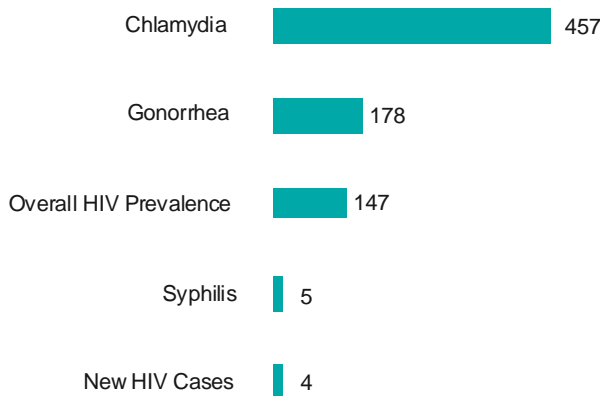


THE COVID-19 PANDEMIC MAY HAVE IMPACTED THE TESTING AND DIAGNOSIS RATES FOR HIV & STIs¹⁰⁹

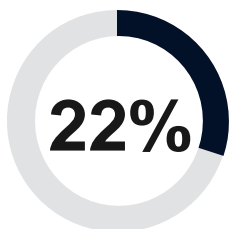
IN OUR COMMUNITY



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 BOONE AND NANCE COUNTY LEVEL DUE TO LOW RATES^{110,111}



Nebraska rates per 100,000



EAST CENTRAL DISTRICT



NEBRASKA



LESS THAN ONE-QUARTER OF EAST CENTRAL DISTRICT RESIDENTS HAVE EVER BEEN TESTED FOR HIV, COMPARED TO 29% FOR THE STATE¹¹²

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

While **HIV/AIDS and STIs** are a major issues 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) are much more likely to be living with an HIV diagnosis than their white counterparts¹¹¹

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

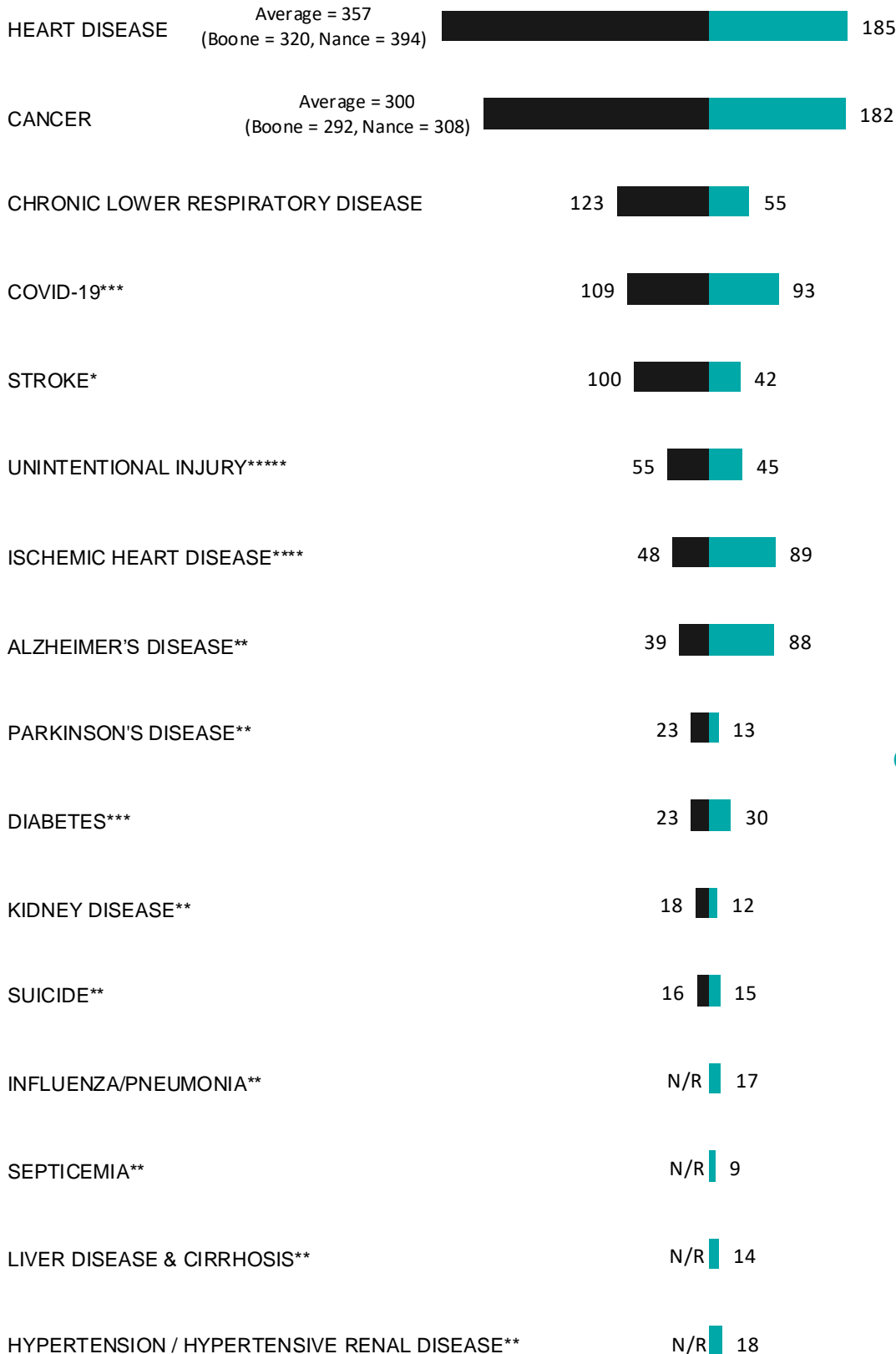
MEN have higher rates of syphilis and gonorrhea¹¹²



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 SUPPRESSED**¹¹³

LEADING CAUSES OF DEATH



THE TOP TWO LEADING CAUSES OF DEATH IN BOONE AND NANCE COUNTIES ARE HEART DISEASE AND CANCER. WHILE MORTALITY RATES PER 100,000 FOR MOST CAUSES WERE ONLY AVAILABLE AT THE EAST CENTRAL DISTRICT LEVEL, MOST WERE HIGHER THAN FOR NEBRASKA¹²⁰

EAST CENTRAL DISTRICT COUNTIES NEBRASKA

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. For those causes, rates are ONLY for the remaining counties in East Central District.
 *Boone County only.
 **Boone, Nance and Platte Counties only.
 ***Boone, Nance and Platte Counties only.
 ****Boone, Colfax and Platte Counties only.

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.

ACCESS TO HEALTHCARE

- There should be more home health options from the local hospitals.

HEALTH LITERACY

- Have more simplified information to help people understand insurance.

NUTRITION/PHYSICAL ACTIVITY

- More active promotion/better marketing.
- Insurance incentives for healthy habits.
- More green trails.
- Have a bus that goes to the YMCA in Columbus three times a week. Have a retired veteran or middle aged person drive the bus.

TOBACCO/NICOTINE USE

- More community wide outreach.
- D.A.R.E. (Drug Abuse Resistance Education).

CRIME

- Have state patrol more involved in crime.

EDUCATION

- Better Interprofessional Education (IPE) adherence.

MENTAL HEALTH/SUBSTANCE USE

- Early intervention/prevention in schools for suicide.
- Bring back D.A.R.E. (Drug Abuse Resistance Education).
- Treatment for addicts and dual diagnosis (mental health)

PEOPLE WITH DISABILITIES

- Increase access to accessible bathrooms and automatic doors.
- Businesses need more ADA (Americans with Disabilities Act) friendly entrances.
- Increase training on supporting people with disabilities.
- Increase local programs for people with disabilities.

OTHER OPPORTUNITIES

- Create opportunities for ongoing focus groups and individual interviews for people to provide feedback.

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

Belgrade Public School
Boone Central Public School District
Boone County Libraries
Boone and Nance 4-H
Cedar Rapids School District
Fullerton Public School District
Koala-T-Preschool
Shady Nook Public School
Shell Creek Public School
St. Edward Public School District
St. John The Baptist Elementary School
St. Michael's Elementary School
Twin River School District
University of Nebraska Cooperative
Extension - Boone and Nance Counties

Childcare

Ashley's Daycare
BCHC Tiny Treasures Daycare 1 & 2
Bright Futures
Boone Beginnings Early Childhood and Family Development Center
Bunches of Hugs
Busy Bee Daycare
Child Care Registry-HHS Courthouse
Creative Cards Childcare
Kayberly's Kiddos
Kendra's Care for Kids
Little Chargers Daycare
Mama O's Daycare
Young At Heart Daycare, Too, and the Third

Food Security

Beaver Valley Senior Citizen's Center
Boone County Food Pantry
Fullerton Area Senior Center
Genoa Food Pantry
Pawnee Senior Center
Senior Center: Petersburg
University of
Nebraska Cooperative Extension -
Boone and Nance Counties

Healthcare

Boone County Health Center
Boone County Medical Clinic
Cloverlodge Care Center
Columbus Otolaryngology Clinic
Country Clinics Primary Care
Eye Physicians
Genoa Medical Facilities/Genoa
Community Hospital
Lone Tree Medical Associates
Midwest Urology Associates
Orthopedics and Sports Medicine
Park Street Medical Clinic

Social Services

Albion Senior Center
Beaver Valley Senior Citizen's Center
Boone County Health Center
Cedar Rapids Senior Center
Faith Lutheran Church
First Baptist Church
First Congregational Church
Fullerton Area Senior Center
Mount Calvary Lutheran Church
Pawnee Senior Center
Peace Lutheran Church
Presbyterian Church
Saint Peter's Catholic Church
Salem Lutheran Church
Seventh Day Advent Church
St. Bonaventure Church
St. Edward's Catholic Church
St. Michaels Catholic Church
United Church of Christ
United Methodist Church (Albion,
Genoa, and Fullerton)
Zion Lutheran Church

Housing and Homelessness

Arbor Care Centers-Fullerton, LLC
Cloverlodge Care Center
Good Samaritan Society - Estates
Hoffmeister Homes
Looking Glass Estates
Valley View Assisted Living

Crime and Violence

Albion Police Department
Boone County Sheriff's Department
Genoa Police Department
Nance County District Court
Nance County Sheriff's Office
Nebraska State Patrol
Nebraska Child Abuse Hotline
St. Edward Police Department

Emergency & General Needs

2-1-1
Belgrade Volunteer Fire Department
Boone County Ambulance Service
Boone County Health Center
Cedar Rapids Volunteer Fire Department
Fullerton Volunteer Fire Department
Genoa Volunteer Fire Department
Inspection Station for Child Seats-Boone
County Health Center
Petersburg Volunteer Fire & Rescue
Primrose Rural Fire District 5
St. Edward Fire Department
Wolf Memorial Good Samaritan Center

Mental Health and Substance Use

Alcoholics Anonymous (Albion and
Fullerton)
Boone County Health Center

STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



IN THIS STEP, BOONE AND NANCE COUNTIES:

- 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



Boone and Nance Counties 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 Boone and Nance County residents.

The 2024 Boone and Nance County CHNA, which builds upon the prior 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 Boone and Nance County CHNA report was adopted in June 2024.

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

- Boone County Health Center: <https://boonecohealth.org/patient-resources/general-information-3/>
- East Central District Health Department: <https://ecdhd.ne.gov/resources/health-department-reports.html>
- Genoa Medical Facilities: <https://www.genoamedical.org/>

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

- Boone County Health Center: cpoore@boonecohealth.org
- East Central District Health Department: fordwolfgram@ecdhd.ne.gov
- Genoa Medical Facilities: aroebuck@genoamedical.org



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 EAST CENTRAL DISTRICT PARTNERS



- Monitor community comments on this CHNA report (ongoing) to the provided contacts.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by Boone and Nance County partners. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge.)
- Community partners (including Boone County Health Center, East Central District Health Department, Genoa Medical Facilities, Good Neighbor Community Health Center and many other organizations throughout the counties) 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 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 counties compare to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Improvement Plan (CHIP)/Implementation Strategy to address priority health needs.



APPENDIX A: HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS



Where data were available, Boone and Nance 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 **blue** 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	↑	94.0% (Boone County); 92.0% (Nance County)	90.7%
Child health insurance rate ³⁹	↑	97.0% (Boone County); 98.0% (Nance County)	92.4%
Adult health insurance rate ³⁹	↑	93.0% (Boone County); 90.5% (Nance County)	92.4%
Unable to obtain medical care ³³	↓	8.5% (East Central District)	5.9%
Heart disease deaths ⁶⁵	↓	320.4 (Boone County); 393.6 (Nance County)	71.1 per 100,000 persons
Cancer deaths ⁶⁵	↓	291.7 (Boone County); 307.7 (Nance County)	122.7 per 100,000 persons
Colon/rectum cancer deaths ⁹⁰	↓	14.0 (Platte County only)	8.9 per 100,000 persons
Lung cancer deaths ⁹⁰	↓	30.0 (Platte County only)	25.1 per 100,000 persons
Female breast cancer deaths ⁹⁰	↓	26.0 (Platte County only)	15.3 per 100,000 persons
Prostate cancer deaths ⁹⁰	↓	18.0 (Nebraska)	16.9 per 100,000 persons
Stroke deaths ¹⁴	↓	100.4 (Boone County only)	33.4 per 100,000 persons
Unintentional injury deaths ¹⁴	↓	55.0 (East Central District, Nance County excluded)	43.2 per 100,000 persons
Suicide deaths ¹⁴	↓	17.1 (Platte County only)	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	↓	42.1% (Boone County); 39.8% (Nance 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	↓	8.3% (Boone County); 10.9% (Nance County)	6.0%
Adults engaging in binge drinking in past month ¹⁹	↓	22.5% (East Central District)	25.4%
Cigarette smoking by adults ⁹³	↓	16.7% (Boone County); 17.4% (Nance County)	6.1%
Pap smears, ages 21-65, screened in the past 3 years ⁷³	↑	80.7% (Boone County); 81.4% (Nance County)	79.2%
Mammogram, ages 50-74, screened in the past 2 years ⁷³	↑	69.9% (Boone County); 67.4% (Nance County)	80.3%
Colorectal cancer screenings, ages 50-75, per guidelines ⁷³	↑	66.5% (Boone County); 65.5% (Nance 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 B KEY INFORMANT INTERVIEW PARTICIPANTS



KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **16** leaders, representatives, and members of the Boone and Nance County communities 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 the Boone and Nance County communities.



APPENDIX B: KEY INFORMANT INTERVIEW PARTICIPANTS BOONE AND NANCE COUNTIES



INTERVIEW PARTICIPANTS			
NAME(S)	ROLE	ORGANIZATION	COUNTY
1. Jeff Jarecki	Attorney	Jarecki Law	Boone
2. Lindsay Tenski	Principal	St. Edward Public School	Boone
3. Matt Niewohner	County Commissioner	Boone County	Boone
4. Christy Yosten	Trustee/Member	Boone Central Schools/Community Club	Boone
5. Allison Kuester	Eye Physician and Owner	Palmer Eye Care	Boone
6. Jay Wolf	Rancher/Farmer/Businessman	Wagon Hammer Ranch	Boone
7. Kurt Kruse	Rancher/Farmer	Independent	Boone
8. Val Slizoski	Social Worker	Boone County Health Center	Boone
9. Steven Ruzek	Loan Officer	Cornerstone Bank	Boone
10. Rita Robinson	Village Clerk	Village of Cedar Rapids	Boone
11. Kayla Baker	Director of Mental Health	Boone County Health Center	Boone
12. Tony Levander	Funeral Director	Levander Funeral Homes	Boone
13. Pastor Hillary Christensen 14. Pastor Evan Christensen	Pastors	Augustana Lutheran Church	Nance
15. Brad Wieck	President	Genoa Community Bank	Nance
16. Philip Beyer	District Governor	Genoa Lions Club	Nance

APPENDIX C FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **6 focus groups** conducted with **47 community members**, including the number of participants, format, and groups represented.



APPENDIX C: FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS				
GROUP REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	COUNTY/COUNTIES	# OF PARTICIPANTS
1. People who use substances or are in recovery from substance use	Zoom	Alcoholics Anonymous of Nebraska, Seekers of Serenity	Boone, Colfax, Nance, Platte	6
2. Youth (parents (including single parents), teachers, youth-serving organizations)	In-Person	East Central District Health Department	Boone, Colfax, Nance, Platte	6
3. Elderly/Seniors (65+)	In-Person	Columbus Community Hospital	Boone, Colfax, Nance, Platte	10
4. 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
5. English Language Learners/African Immigrants (French-Speaking)	In-Person	Platte Valley Literacy Association	Boone, Colfax, Nance, Platte	7
6. General - Boone and Nance (Rural) Counties	Zoom	COR Therapeutics Services, LLC, Applied Connective, Boone County Health Center, Genoa Medical Facilities	Boone and Nance	4
TOTAL				47

APPENDIX D IMPACT AND PROCESS EVALUATION



IMPACT AND PROCESS EVALUATION

No impact or process evaluation data has been recorded or reported for Nance County and Boone County since the 2021 East Central District Community Health Needs Assessment (CHNA). However, this is an improvement opportunity that has been noted and taken into account for the next CHNA cycle.



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 Boone and Nance County communities (along with the other counties in East Central District: Colfax and Platte) 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 **124 responses** to the community survey in Boone and Nance Counties (73 for Boone County and 51 for Nance County).



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

3. Where do you work? (choose one)

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

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

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)

APPENDIX E: COMMUNITY MEMBER SURVEY



- 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)

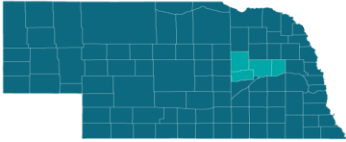
36. How many times did you volunteer in our community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local 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

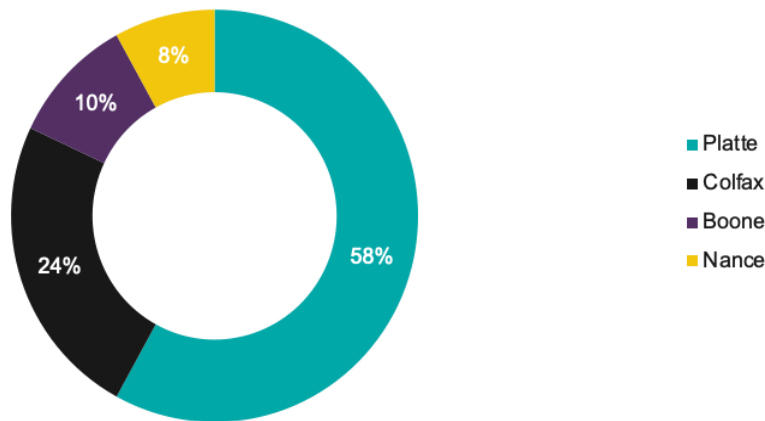
37. Do you have any other feedback or comments to share with us?

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



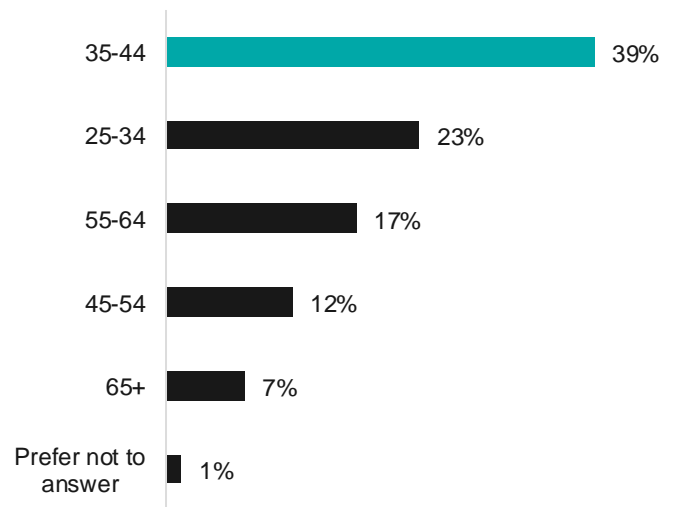
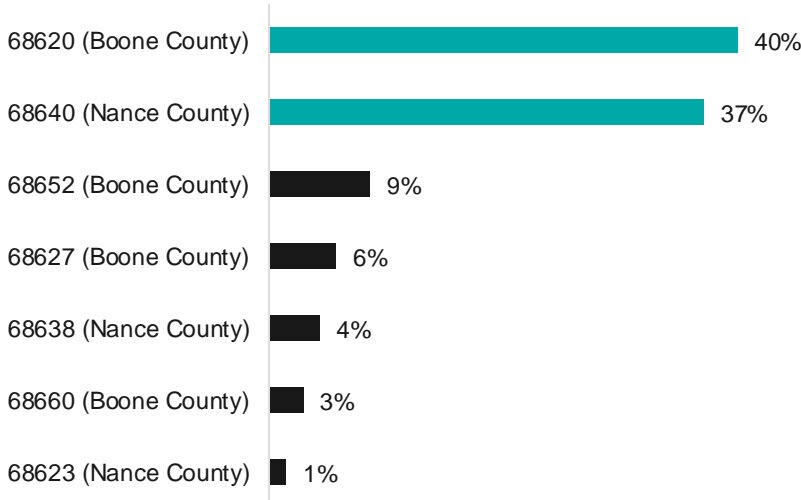
The majority of East Central District survey respondents live in **Platte County**, followed by **Colfax County**. The response breakdown by county was fairly **consistent with East Central District's population by county**, though there was slight underrepresentation of Platte County and overrepresentation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



The highest proportion of respondents live in **ZIP Code 68620 in Boone County** and **ZIP Code 68640 in Nance County**, consistent with the population of the counties



There was a greater proportion of survey responses from **working age** rather than young or older adults, particularly from the 35-44 year-old age group. The majority (63%) have children under 18 living with them



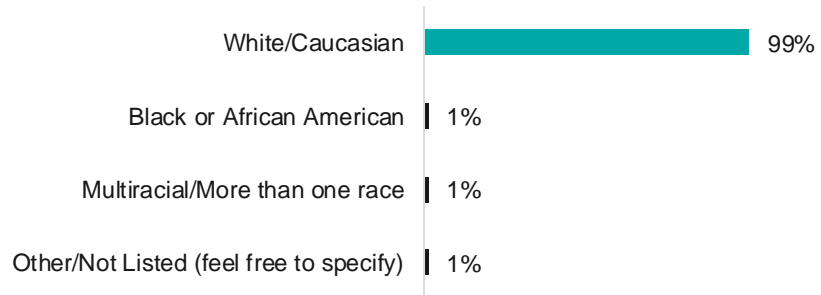
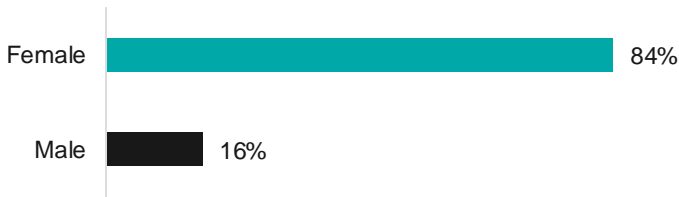
APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



The majority of respondents were **women**



The majority of respondents were **White**, consistent with the composition of the district. There was limited responses by **Black or African American, Multiracial, and Other** respondents



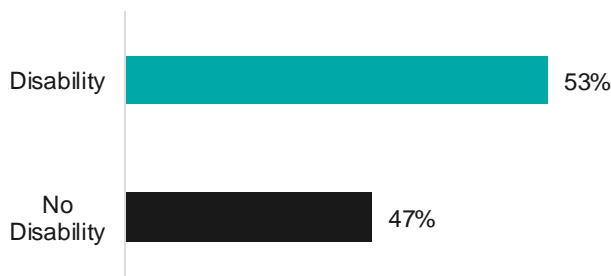
All of the respondents prefer to speak **English**



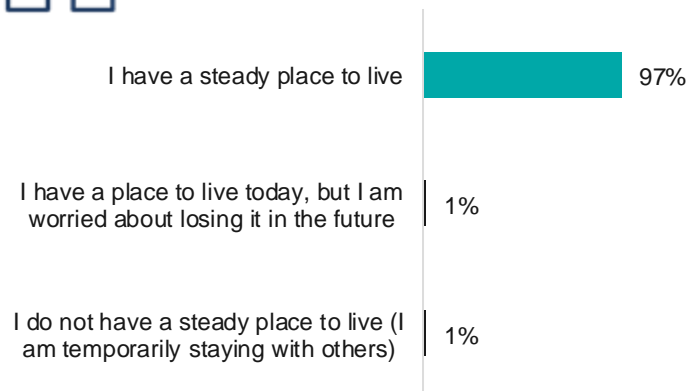
The majority of respondents were **straight**



53% of respondents identified as having a **disability**



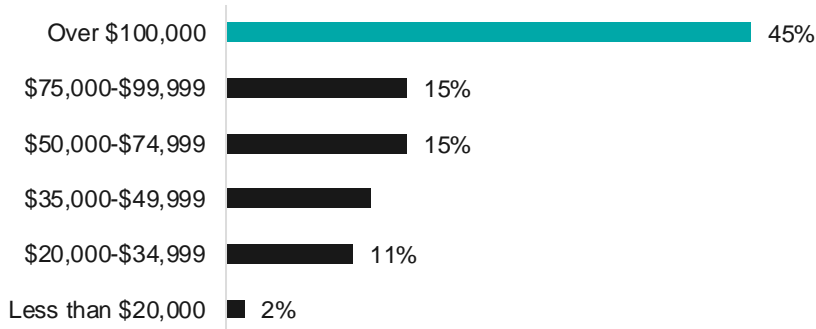
Most respondents have **steady housing**



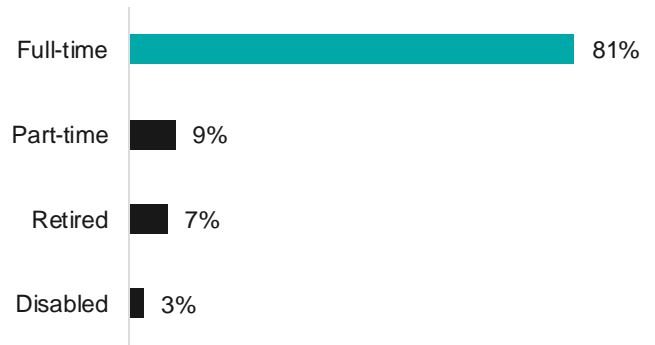
APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



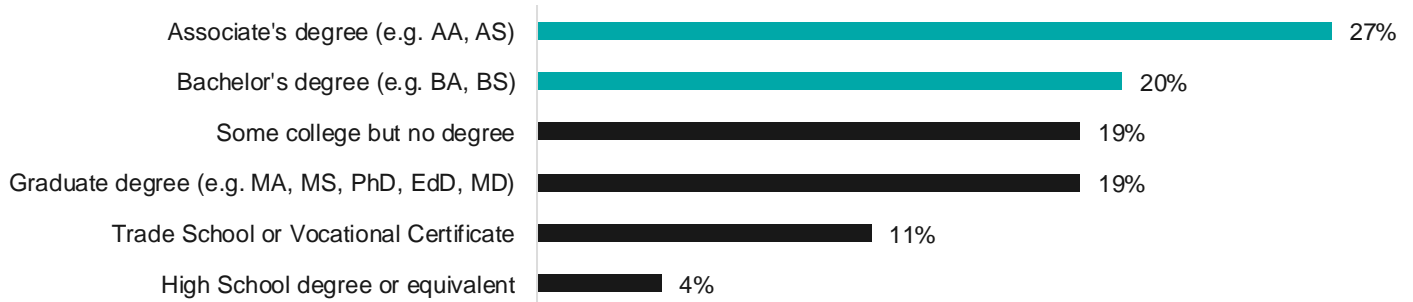
Respondents were generally **higher income**, with almost half having an annual household income of **\$100,000 or more**. Lower income individuals were underrepresented



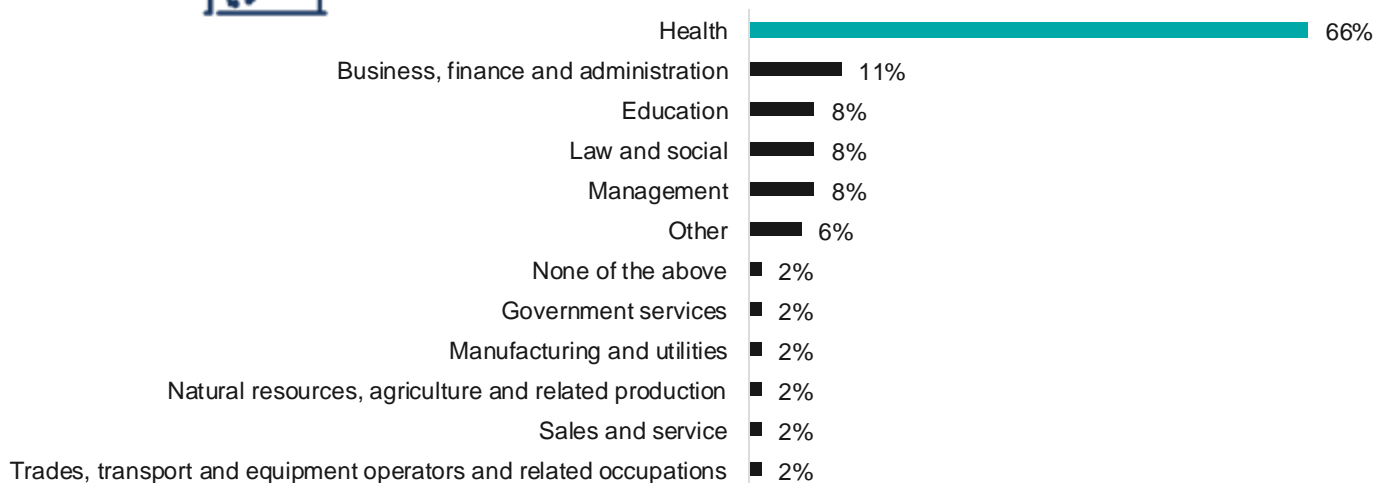
The majority of respondents are **employed full-time**



The majority of respondents have at least an **Associate's degree**



While a variety of occupational categories were represented, **Health** was by far the most common, followed by **Business, Finance and Administration**



APPENDIX F

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
		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)	
✓	4-24	B. Process and Methods		
		<i>Background Information</i>		
		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)	
		ii. 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 in 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: 4-24, Appendix B, C, D, E Data: 25-74	<i>Health Needs Data Collection</i>		Primary and secondary data is integrated together throughout the report.
		i. Describes data and other information used in the assessment:	(b)(6)(ii)	
		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
	11-24	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)	
68	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
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	<p>The CHNA was adopted by East Central District Partners 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):</p> <p>Boone County Health Center: https://boonecohealth.</p> <p>Central District Health Department: https://ecdhd.ne.gov/resources/health-department-reports.html</p> <p>Genoa Medical Facilities: https://www.genoamedical.org/</p>
		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)	

APPENDIX G

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	<p>a. A list of participating partners involved in the CHA process. Participation must include:</p> <ul style="list-style-type: none"> 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. 	<p>Integrated throughout the report</p> <p>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.</p>
✓	5-24	b. The process for how partners collaborated in developing the CHA.	
✓	25-74	<p>c. Comprehensive, broad-based data. Data must include:</p> <ul style="list-style-type: none"> i. Primary data. ii. Secondary data from two or more different sources. 	Primary and secondary data is integrated together throughout the report
✓	13	<p>d. A description of the demographics of the population served by the health department, which must, at minimum, include:</p> <ul style="list-style-type: none"> 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. 	
✓	25-74	<p>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:</p> <ul style="list-style-type: none"> i. Health status ii. Health behaviors. 	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	25-74	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.
✓	68	<p>g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.</p> <p>The CHA must address the jurisdiction as described in the description of Standard 1.1.</p>	

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APPENDIX H:

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APPENDIX H:

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