



Franciscan Healthcare

Your health is our passion.

Community Health Improvement Plan

**In Collaboration with Elkhorn Logan Valley
Public Health Department**

2022-2025

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Elkhorn Logan Valley Public Health Department

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*Proudly serving Burt, Cuming,
Madison and Stanton Counties*

September 7, 2022

Dear Partners and Citizens of Burt, Cuming, Stanton and Madison Counties,

Every three years, Elkhorn Logan Valley Public Health Department (ELVPHD), along with the non-profit hospital partners in the District—conducts a Community Health Needs Assessment. This year, ELVPHD joined efforts with both Franciscan Healthcare (formerly named St. Francis Memorial Hospital) and Faith Regional Health Services. ELVPHD used the web-based Qualtrics survey developed by the Nebraska Association of Local Health Directors (NALHD) to:

1. Assess health concerns of the public;
2. Gauge the impact and experience of certain health issues as they affect the members of our jurisdiction;
3. Measure the extent of the overall practice of health behaviors; and
4. Seek suggested improvements that would make the area healthier.

In previous assessment and planning cycles, jurisdictions were unable to compare local results with statewide results due to a wide variety of assessment tools used in Nebraska. In response to this issue, NALHD made the survey accessible to all local health departments across Nebraska. NALHD designed the survey to serve as both an initial assessment, as well as an assessment released more frequently throughout the implementation of the action plan. Doing this assists departments in keeping current on emerging issues in the community, as well as progress in relation to the implementation of the community-based strategies reflected in this plan.

The planning group agreed to continue with the reduced roster of focus areas and strategies to achieve a more-meaningful impact on the selected priorities. The two main priority areas identified are:

1. Behavioral/mental health (carried over from 2013, 2016, and 2019); and
2. Cancer prevention and screening (identified in 2013 and 2016).

However, since equity imbalances contribute to less than optimal health for all, strategies that actively promote policies, systems and community conditions that enable evenhandedness when it comes to health are incorporated into the strategies.

ELVPHD would like to thank the loyal community partners for their continued dedication and ongoing commitment to this process. With the endemic classification of COVID-19, annual progress reports of the Community Health Improvement Plan will resume for public review at www.elvphd.org.

Thank you to the agencies, community partners, regional groups/coalitions and others that supported our department during the recent pandemic. We are excited to revive our shared community-based work to continue strengthening public health in the district. Your partnership and collaboration is priceless to the ongoing work of our department.

I look forward to continued work with you in the years ahead and more so toward a healthier future for everyone.

Sincerely,

A handwritten signature in dark ink that reads "Gina Uhing".

Gina Uhing, Health Director
Elkhorn Logan Valley Public Health Department

Plan Ownership

For the past three Community Health Assessment and Community Health Improvement Planning cycles, Elkhorn Logan Valley Public Health Department (ELVPHD) has had the pleasure of partnering with the non-profit hospitals in the district to complete a joint Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The major reason is to improve overall community health through the assistance of multiple partners. A joint, universal plan helps to ensure that progress on the identified priorities are approached in unison, while taking into account the various contributions of all partners, and offers a thorough analysis of the current programs and resources, as well as the existing gaps in the current programs, activities and services.

All non-profit hospitals continue to be required to complete a Community Health Needs Assessment to meet Internal Revenue Service (IRS) obligations to maintain their non-profit status. The non-profit partnering hospitals include:

Franciscan Healthcare—West Point, NE
Faith Regional Health Services—Norfolk, NE

All parties recognize that inclusion of members from diverse organizations, we can accomplish more than what could be done by any one organization alone. The purpose of the CHIP is not to create a heavier workload for anyone, but rather, to align efforts of these various organizations to move forward in improving the health of the community in a strategic manner.

What follows is the result of the community's collaborated effort and planning to address health concerns in a way that combines resources and energy to make a measurable impact on the health issues of the ELVPHD district. We understand there are many assets within the ELVPHD district that will aid in the accomplishment of these goals.

In the spirit of holding true to the 'community-driven' intent of this process, community engagement was an overarching concept encompassing the Community Health Needs Assessment and the subsequent formation of the Community Health Improvement Plan. As such, community engagement is discussed under: 1). the Follow-Up and Monitoring section of this plan; and 2). the Detailed Plans for Priority Areas and Strategies work plan tables.

Supplementary Recognitions

In addition, the Midtown Health Center, Inc. (the local, Federally-Qualified Health Center), has to satisfy requirements for their ongoing federal funding. Continued success of the Midtown Health Center is a vital necessity in the ELVPHD District as a major provider of healthcare to the uninsured and underinsured populations in the area.

The Ponca Tribe of Nebraska—particularly the Tribal clinic located in Norfolk, NE, serves as a major partner in the CHA/CHIP process. Because many Tribal members reside within the ELVPHD district, collaborating to improve the health of the Native American population is an important consideration when choosing culturally-appropriate strategies and outcomes.

Finally, due to the national momentum to achieve clinical transformation in the nation, neighboring health districts are collaborating across jurisdictional lines to align their CHIP priorities, goals and outcomes. This is due to the geographical reach of the rural hospital systems and their satellite medical clinics located in neighboring health department jurisdictions. To that end, ELVPHD included input and participation from the following neighbors—

- Three Rivers District Health Department
 - Franciscan Healthcare—West Point, NE (operates family medicine clinic in Scribner, NE).
- North Central District Health Department
 - Faith Regional Health Services/Faith Regional Physician Services—Norfolk, NE (operates family medicine clinics in Pierce and Neligh NE, as well as holds an Affiliate Partnership with Niobrara Valley Hospital, Niobrara, NE).
- Northeast Nebraska Public Health Department
 - Faith Regional Physician Services—Norfolk, NE (operates family medicine clinics in Wakefield, Wayne and Laurel, NE).

Hospital and Local Public Health Collaborations

Some of the major drivers in continuing a high level of collaboration between the health department and the hospitals include:

1. Nebraska State Statutes: Nebraska Statutes (under 71-1628.04) provides guidance on the roles public health departments must play and provides the following four (of the ten) required public health essential services, which fit into the public health role in the Community Health Improvement Plan.

...Each local public health department shall include the essential elements in carrying out the core public health functions, to the extent applicable, within its geographically-defined community, and to the extent funds are available. The essential elements include, but are not limited to, (a) monitoring health status to identify community health problems, (b) diagnosing and investigating health problems and health hazards in the community, (c) informing, educating, and empowering people about health issues, (d) mobilizing community partnerships to identify and solve health problems...

2. The Patient Protection and Affordable Care Act Impact on Hospitals: The historic passage of the Patient Protection and Affordable Care Act (PPACA) called on non-profit hospitals to increase their accountability to the communities they served. PPACA created a new Internal Revenue Code Section 501(r), which clarified certain responsibilities for tax-exempt hospitals. Although tax exempt hospitals had long been required to disclose their community benefits, PPACA added several new requirements. Section 501(r) required a tax-exempt hospital to:
 - Conduct a community health needs assessment every three years
 - The assessment must continue to take into account input from persons who represent the broad interests of the community served, especially those of public health;

- Develop an implementation plan and strategy that addresses how a hospital plans to meet EACH of the health care needs identified by the assessment
 - This plan must continue to be adopted by each hospital's governing body of the organization, and must continue to include an explanation for any assessment findings not being addressed in the plan
- Widely publicize assessment results

As mentioned earlier, this requirement affects all non-profit hospitals in the ELVPHD service area. However, the Public Health Accreditation Board (PHAB) only requires public health departments to conduct a comprehensive community health needs assessment at a minimum of every five years, or more often at the discretion of each public health department. Because of ELVPHD's continued desire to collaborate with the hospitals within its jurisdiction, ELVPHD has committed to continue to conduct their community health assessment every three years, on the same rotation as the hospitals.

3. **Redefinition of Hospital Community Benefit:** Hospitals have been providing community benefits for many years in a variety of ways. In return, hospitals receive a variety of local, state, and federal tax exemptions. The activities listed under "community benefit" are reported on the hospital's IRS 990 report.

Community benefit was recently defined by the IRS as "*the promotion of health for a class of persons sufficiently large so the community as a whole benefits.*" Simply put, community benefit is composed of programs and services designed to address identified needs and improve community health. To qualify as community benefit, initiatives must respond to an identified community need and meet at least one of the following criteria:

- Improve access to healthcare services
 - Enhance health of the community
 - Advance medical or health knowledge
 - Relieve or reduce the burden of government or other community efforts
4. **Public Health Accreditation Board (PHAB) Requirements:** In July of 2011, the PHAB released the first public health standards for the launch of national public health department accreditation. All local health departments pursuing voluntary public health accreditation must have completed a CHA and CHIP. Since the time that the first standards were developed, Version 2022 stands as the most-recent form. Relevant standards include:
 - Participate in, or lead, a collaborative process resulting in a comprehensive community health assessment
 - Collect and maintain reliable, comparable and valid data that provide information on conditions of public health importance and on the health status of the population
 - Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health

- Provide and use the results of the health data analysis to develop recommendations regarding public health policy, processes, programs or interventions

Overview and Process

For 2022, a significant modification to the process was a shift to almost an entirely online and virtual version of the process. Due to the level of response needed by the department and hospital systems to respond to the various stages of the COVID-19 pandemic, many former approaches from previous planning cycles were restructured. This action allowed the health department and the hospital collaborators the flexibility to meet the emergent needs of the community as the pandemic continued to demand our combined attention and continued to affect the health and wellbeing of residents.

The assessment cycle used in this plan commenced with **four** key assessments:

1. The 2021 Nebraska Risk and Protective Factor Student Survey (NRPFSS) surveys students in grades 8, 10 and 12. Every public and private school with an eligible grade can choose to participate. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective measures that predict adolescent problem behaviors. The survey is sponsored by the Nebraska Department of Health and Human Services Division of Behavioral Health and administered/analyzed by Bureau of Sociological Research at the University of Nebraska-Lincoln. In the ELVPHD district, 466 total students responded to the survey—representing 19.7% of eligible students.

Results showed youth alcohol use and youth marijuana use as continued trends, with electronic vaping as the third prevalent across all grade levels. Teens self-reporting depression ranged from 41.1% in 8th grade respondents to 46.7% in 12th grade respondents. Subsequently, 18.8% of 8th grade respondents, up to 21.4% of 12th grade respondents self-reported, in this same survey, consideration of attempting suicide in the past 12 months.

Outcome: Behavioral/Mental health became Priority Area #1 of the action plan, including the reinforcement of suicide assessments starting at youth ages through adulthood, training in mental health first aid, as well as naloxone distribution.

2. An electronic survey, in multiple languages, sent to ethnic minorities in our service area via social media and in-person at various events and walk-in clinics. The survey period spanned from November 2021 – April 2022. The purpose of the survey was to determine the key health issues facing our minority populations, as well as what issues the participants wanted addressed by the health care system. 90 surveys were collected and analyzed. The surveys revealed mental health, mostly due to COVID-19 and the aftermath of the pandemic—including social isolation, feelings of hopelessness due to the economy, and social anxieties of re-establishing normal

living-- were the biggest challenge faced by our ethnic minorities, along with substance use and abuse being a close second.

- a. After the survey analysis was complete, ELVPHD scheduled two community listening sessions—one in Norfolk and one in West Point. In order to get wide representation at these events, ELVPHD utilized word-of-mouth marketing and invitations from specific sectors—such as churches, local governments, non-profits, education and healthcare providers to assist in getting community members and professional to attend the sessions. Approximately 20 attendees attended the listening sessions held in May 2022.

ELVPHD contracted with an outside facilitator to conduct the listening sessions. Thought-provoking questions of attendees included:

- Where would you go to receive mental health services or substance use services?
- Do you feel that there are enough resources to serve these specific needs?
- Does your employer offer any resources?

Outcome: Behavioral/Mental health became Priority Area #1 of the action plan.

3. On June 16, 2022, an electronic survey was sent to healthcare system collaborators and partners—such as long-term care facilities, childcare providers, school officials, health department and hospital board members, clinicians, EMS, UNL extension offices, elected officials, behavioral health providers, law enforcement, Northeast Community College, community-based organizations, city employees, tribal organizations, jails, organizations representing those with disabilities, churches and senior citizen centers. The survey offered respondents an opportunity to indicate their issues or concerns, propose areas of improvement, and submit their feedback in terms of opportunities on the horizon that to be pursued. Approximately 40 surveys were received back.

Results of this survey showed a general concern in relation to misinformation circulating on social media, which gained a new significance during the pandemic, as misinformation rivaled accurate information, which resulted in negative influences on health outcomes. Other concerns included shortages of healthcare workforce, the effect of the economy on businesses and patrons, and future surge of Baby Boomers into the healthcare system—while retirements soar and many long-term care facilities locally are on the verge of closing, or have already closed.

Outcome: Results of the partner survey informed the contents of the action plan pertaining to the two priority areas. The respondents leaving contact information became partners respective to the corresponding priority area.

4. Primary data collected through community-level health assessment survey. Patrons in Burt, Cuming, Stanton and Madison Counties were invited to take the survey by means of any of the following routes—public press releases, radio public service announcements; Chamber of Commerce newsletters; through employers and area businesses, senior citizen centers; social media posts; and distribution of paper flyers. The assessment findings can be found in Appendix I-Community Health Status Assessment 2022 Report, and found online at www.elvphd.org. The Community Health Assessment Report also includes more in-depth information regarding the survey process, analysis methods, and an index of primary and secondary data sources. Approximately 1,100 assessments from adult patrons specifically residing in the ELVPHD district informed the development of this report.

While the previous three assessments repeatedly reinforced the behavioral and mental health issues faced by our communities, the community-level assessment of the patrons at large significantly assisted in the identification of priority two—cancer prevention and screening for early detection.

Outcome: 47.8% of CHA Survey Respondents listed mental health as a top health concern, while 40.4% of CHA Survey Respondents listed cancer as a top health concern. These two priorities

The next phase of planning involved a review of community health data. Data analyzed included the:

- Four assessments detailed above; as well as
- Other sources of secondary data (as noted in the index of primary and secondary data sources) as noted in the Community Health Needs Assessment Report.

Participation: The combined input of the comprehensive assessment totaled 1,657 unduplicated participants. The summary below subdivides the aggregate into units of participation:

- 466 high school students through Nebraska Risk and Protective Factor Student Survey (NRPFSS);
- 110 minority community members OR organizations serving minorities;
- 40 professionals representing various sectors of the community; and
- 1,041 adult community patrons at large completing the community assessment.

The total participation was up by approximately 16.5% (1,422 noted in 2019 vs. 1,657 noted in 2022)--with a great subsection of participation from all four counties.

- 7.9% of survey respondents from Burt County (represents 11.8% of the health district population);
- 24.7% of survey respondents from Cuming County (represents 15.8% of the health district population);
- 3.2% of survey respondents from Stanton County (represents 10.2% of the health district population);

- 64.2% of survey respondents from Madison County (represents 62% of the health district population).

Note that a major suburb located in Stanton County shares a zip code with Norfolk, NE—a larger city in Madison County. Therefore, all Woodland Park respondents, although technically residing in Stanton County, reflect in the Madison County participation numbers by zip code.

The increase in participation is attributed to conversion of a virtual/online assessment method—that preserved the valuable time of an overstretched healthcare workforce, as well as freed up overstrained community partner organizations and informants.

Written Drafts and Review Process: For the drafts of each section of this plan, the information gleaned from the four key assessments previously noted was compiled and served as the foundation—especially the Detailed Plans for Priority Areas and Strategies tables included on pgs. 15-22.

Potential strategies and the respective literature regarding evidence-based outcomes and cultural appropriateness were reviewed from the following resources:

- *The Guide to Community Preventive Services (The Community Guide)*, a resource designed to help identify evidence-based programs, practices and policies—sponsored by the Community Preventative Services Task Force (CPSTF).
- American Hospital Association Best Practices Library—a registry of resources to help healthcare leaders expand their performance in achieving their community health goals.
- Model Practices, a database provided by the National Association of City and County Health Officials (NACCHO), which includes a registry of model practices and promising practices with evidence of improved health outcomes.
- Joint Commission reporting requirements of performance measures required by accredited or certified organizations.
- Various other data and information sets reported by providers and healthcare systems—such as Healthcare Effectiveness Data and Information Set (HEDIS), etc.

ELVPHD considers this a point-in-time document that is open for review and revision as new information and insight is gained at the local, state and national levels. Emerging issues may surface at any time and are eligible for inclusion in the plan.

Community Description and Demographic Data

Community and demographic data were analyzed to get an understanding of who the constituents are that are being served by this plan and to understand how the constituents compare to the state. A complete copy of the demographic data for the ELVPHD service area is included as an attachment within Appendix I.

Aligning the Goals and Strategies

The Local Public Health System (LPHS) provides the foundation for all of the chosen health priorities. To meet these for each priority, the goals and objectives were harmonized with the current strategic issues being addressed by several other entities, including:

1. Elkhorn Logan Valley Public Health Department
2. Franciscan Sisters of Christian Charity Ministries System Strategic Plan, 2022-2025
3. Faith Regional Health Services Strategic Pillars
4. Nebraska Department of Health and Human Services (DHHS) Behavioral Health Strategic Plan 2022-2024
5. The White House National Strategy to Address Our National Mental Health Crisis, 2022
6. Nebraska Cancer Plan, 2022
7. University of Nebraska Medical Center (UNMC) 2023-2026 Strategic Goals and Strategies

Partner Engagement

Throughout the Detailed Plans for Priority Areas and Strategies tables of this plan, various partner organizations are listed as such. Partners and supporters have a stake in the implementation of the Community Health Improvement Plan strategies—either in a personal capacity, or as a professional representative of their employer or a member of a community organization. Participation is noted through the following methods:

- Hospital partners: several times a year, select members of the ELVPHD management team meet with hospital partners to discuss various subject matters, including discussions of CHIP progress and strategies, as well as any other emerging issue, such as the everyday call together during the COVID-19 pandemic.
- In effort to engage partners in the 2022 CHA/CHIP process in a meaningful way, the Accreditation Team decided to make copies of this report available to all CHIP workgroup members. To that end, this report will be emailed to all partners as soon as it is approved by the ELVPHD Board of Health. All subsequent reports will be shared in a similar manner.
- Other ways in which various partners have accepted responsibility are through:
 - **Signed agreements.**
 - **Attendance at ELVPHD-sponsored training sessions.** For example, various business places have acknowledged their interest in programs and health improvement by attendance at voluntary trainings hosted by ELVPHD.
 - **Joint funding applications.** ELVPHD organizes collaborative grant applications with other partners and those partners signed Letters of Collaboration which demonstrate commitment to being involved.
 - **Meeting minutes.** Minutes between ELVPHD and various entities that enter into joint health and wellness endeavors. Meeting minutes demonstrate active involvement by other entities and thus demonstrates that those entities have accepted responsibility by committing to voluntarily participate in various programs.
 - **Voluntary Participation.** Voluntary participation by the public at large in various activities, programs and services.
 - **Policies.** Creation of policies by cities, childcare providers, schools, business owners and others that demonstrate an intended improvement in their respective environments to include policies that improve health and prevent disease.

- **Initiation of new programs or continuation of existing programs.** Various community partners have initiated their own programs to improve health and prevent disease. In addition, several other partners continue to offer services.

Effects and Considerations of COVID-19

In the spirit of transparency, due to the level of response needed by the department to respond to the various stages of the COVID-19 pandemic, the following elements of the 2019-2022 Community Health Improvement Plan (CHIP), as outlined in the previous document, did not occur:

- Follow-up and monitoring,
- Annual reports of progress regarding the implementation of the plan, and
- Annual updates to the plan after gleaning public and partner organization input.

Reprioritizing time and efforts was necessary in allowing the health department and the hospital collaborators the flexibility to meet the emergent needs of the healthcare providers, patrons and organizations residing in our communities.

ELVPHD Follow-Up and Monitoring

The Health Department has assigned the ELVPHD Accreditation Team to commit to continued service and monitoring on each of the priority areas. As such, team members are responsible for:

- Organizing task groups on an as-needed basis, consisting of both field professionals and representative community members.
- Adhering to, and pursuing, the work outlined in the detailed plans.
- Holding true to Performance Measures and evaluation metrics as specified, including holding true to the ELPVHD Quality Improvement and Performance Management Plan.
- Assuring work is coordinated with ELVPHD programs, Strategic Plan, PHAB guidelines.
- Communicating appropriately with the community at large via traditional media, social media, website and newsletter.
- Gathering and reporting the baseline data still needed as indicated in the performance measures section of the action plan.

Those leading the efforts include Elkhorn Logan Valley Public Health Department, St. Franciscan Healthcare, Faith Regional Health Services, and Midtown Health Center, Inc. In order to increase efficiency and economies of scale, redundancy and capacity building is of key interest to all of the above mentioned partners. Further, collaboration on community health improvement efforts is of mutual benefit to all agencies, and moreover, better supports the philosophy of a community-driven improvement effort.

Input is gauged from CHIP workgroups via an annual electronic input survey that is prepared by the Accreditation Coordinator. The survey consists of a review of priorities and goals; the invitation to suggest changes to the current CHIP priorities and goals in regards to additions, deletions or other edits; and solicits input from team members

regarding their respective entities' contribution and progress to the priority areas. As needed, other communications will be held face-to-face or via phone, email, etc. on an as-needed basis throughout the course of the year. It is believed that these methods will ensure timely progress towards specific goals and measures and will ensure that the work remains relevant, and will also decrease likelihood of duplicated efforts.

In addition, the following controls have been put into place at ELVPHD to assure accurate and timely progress in meeting plan objectives and goals:

- All field staff meet with their supervisor, on a mutually-agreed upon time frame, to assure that program outcomes/objectives, etc. are achieved.
- Board of Health receives updates on programs during quarterly Board meetings. ELVPHD retains an 'open door' policy for any Board member and the general public at all times.
- Personnel policies and office procedures communicate expectations for all staff and assure a level of consistency in operations agency-wide and set the tone for a culture of quality and improvement.
- Job descriptions clearly identifying all duties, roles and responsibilities of all staff are signed by the employee on an annual basis and filed in each employee's respective personnel file.

ELVPHD Administrative Assistant/Staff-Program Assistant regularly informs the ELVPHD Accreditation Coordinator of health related happenings in the 4-county area as noted in newspapers and other media venues.

Annual Report

Annually, using the input from the CHIP workgroups, ELVPHD will prepare a report showing implementation of the plan—including strategies being used, the partners involved, and the status or results of the actions taken. In addition, the report will include annual evaluation reports on progress in implementing the plan, including:

- Progress in meeting performance measures—this includes incorporating the ELVPHD internal performance measures, as well as updating the data tables with the most-recent BRFSS and/or NRPFS report. These sources allows ELVPHD to better track its progress over time.
 - In data comparisons, ELVPHD will track progress in relation to the state average, and will also track trends over time. It is noted that even though ELVPHD may fall below the state average in any given measure, it is also possible that ELVPHD may be making positive progress between reporting periods.
 - Hospital/clinic-based data retrieved from Electronic Medical Records and other data sources providing information on quality of care
- Description of the activities/progress and linking that to the health indicators (data) as defined in the plan, while taking into account that it may take several years to show measureable progress in health indicators (data). If there has been no progress, ELVPHD will explain that no progress has been evidenced to date, and will further explain what ELVPHD intends to do in response to this. Options include: 1)

monitor and make no changes; 2) monitor and implement the recommended changes; 3) refer to quality improvement team for intervention; or 4) delete the activity indefinitely

Procedure for completing the annual report:

1. Add topic to a Manager's Meeting agenda for discussion during a meeting during the first quarter of every year. Record discussion—including any recommendations for edits or additions to the current plan. Review activities and make any adjustments or additions, as appropriate. Develop a plan of action and timeline for completion of the various portions of the report.
2. Once the CHIP, the progress, and the completion timeline is has been reviewed and approved by the Managers, the Accreditation Coordinator will lead the staff in a discussion regarding the plan and course of action in the regularly-scheduled monthly staff meeting.
3. Compile the results of items 1 and 2 above. Once compilation is complete, gather input from CHIP priority workgroups. Note any recommendations for edits or additions.
4. Accreditation Coordinator will meet with Health Director to begin the steps of Description of linking the activities/progress to the health indicators (data) as defined in the plan. Note any areas that will be undergoing an intervention: 1) monitor and make no changes; 2) monitor and implement the recommended changes; 3) refer to quality improvement team for intervention; or 4) delete the activity indefinitely. At this meeting, the Accreditation Coordinator and Health Director will arrive at a final plan of action and due date.
5. Complete the Annual Report of the Community Health Improvement Plan.
6. Present draft in next regularly-scheduled manager's meeting.
7. Present draft to Board of Health for approval.
8. Once approved, post report on ELVPHD website and disseminate report to the CHIP workgroup team members and any other interested parties.

This completion of the report is the responsibility of the Accreditation Coordinator

Annual Plan Updates

Following the completion of the Annual Report, ELVPHD revises and updates the plan at least annually, and more often as evaluation results become available. The revisions can be in the health priorities, objectives, improvement strategies, performance measures, time-frames, targets, or health-outcome indicators listed in the plan. Revisions may be based on achieved performance measures, implemented strategies, changing health status indicators, newly developing or identified health issues, and changing levels of resources or funding. The revised/updated plan is presented in a Manager's Meeting and to the ELVPHD Board of Health each year. The Board of Health is invited to give any additional input to the plan on an as-needed basis. Updating the plan and presenting the plan to the Board of Health is the responsibility of the Health Director. When changes are made, updated plan versions are posted to the ELVPHD website at: www.elvphd.org and are disseminated to high-level partners, such as hospitals, the local FQHC, tribal partners, and statewide associations and professional affiliation groups.

Detailed Plans for Priority Areas and Strategies

PRIORITY 1: BEHAVIORAL/MENTAL HEALTH

47.8% of CHA Survey Respondents listed mental health as a top health concern.

Goal	Proposed Strategies/Activities	Evidence-Based	Potential Partners	Performance Measures																																																			
<p>Increase access to behavioral/mental health services in the ELVPHD health district.</p>	<p>Continue provision of job shadowing experiences and preceptorship programs for potential behavioral/mental health students entering the pipeline, and for current medical students completing field training.</p> <p style="font-size: small; margin-top: 20px;">Reference: Aligns with Faith Regional Health Services student educational rotation experience program. https://www.frhs.org/for-healthcare-professionals-staff/education-training/</p> <p style="font-size: small;">Reference: Aligns with Franciscan Healthcare job shadowing program: https://www.franhealth.org/about/job-shadow.html</p>	X	<p>Faith Regional Health Services</p> <p>Franciscan Healthcare</p> <p>Midtown Health Center, Inc.</p> <p>Other health systems located within the ELVPHD district</p> <p style="text-align: center;">AHEC</p> <p>Region 4 Behavioral Health System</p> <p>Behavioral Health Education Center of Nebraska (BHECN)</p>	<p>Continued stabilization or improvement noted to the Provider Count by County and Change Reports 2010-2020.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #333; color: white;"> <th></th> <th>2010</th> <th>2016</th> <th>2018</th> <th>2020</th> <th>Diff 2010-2020</th> <th>% Diff 2010-2016</th> </tr> </thead> <tbody> <tr> <td>Burt</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0%</td> </tr> <tr> <td>Cuming</td> <td style="text-align: center;">2</td> <td style="text-align: center;">4</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">+50.0%</td> </tr> <tr> <td>Stanton</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0%</td> </tr> <tr> <td>Madison</td> <td style="text-align: center;">82</td> <td style="text-align: center;">87</td> <td style="text-align: center;">91</td> <td style="text-align: center;">101</td> <td style="text-align: center;">19</td> <td style="text-align: center;">+23.17%</td> </tr> </tbody> </table> <p style="font-size: x-small; text-align: right;">(Behavioral Health Education Center of Nebraska [BHECN], 2020).</p> <p style="text-align: center; font-weight: bold; margin-top: 10px;">Total Behavioral Health Providers in Region 4 Area – 2021.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tbody> <tr><td>Psychiatrist</td><td style="text-align: center;">5</td></tr> <tr><td>APRN—Psychiatry discipline</td><td style="text-align: center;">15</td></tr> <tr><td>P.A. –Psychiatry discipline</td><td style="text-align: center;">2</td></tr> <tr><td>Psychologist</td><td style="text-align: center;">16</td></tr> <tr><td>Licensed Independent Mental Health Practitioner (LIMHP)</td><td style="text-align: center;">114</td></tr> <tr><td>Licensed Mental Health Practitioner (LMHP)</td><td style="text-align: center;">36</td></tr> <tr><td>Licensed Alcohol and Drug Counselor (LADC)</td><td style="text-align: center;">14</td></tr> <tr><td>Total by Region</td><td style="text-align: center;">202</td></tr> </tbody> </table> <p style="font-size: x-small; text-align: right;">(Nebraska Medical Center Health Professions Tracking Service, 2021)</p>		2010	2016	2018	2020	Diff 2010-2020	% Diff 2010-2016	Burt	0	1	1	3	3	0%	Cuming	2	4	2	3	1	+50.0%	Stanton	0	0	0	0	0	0%	Madison	82	87	91	101	19	+23.17%	Psychiatrist	5	APRN—Psychiatry discipline	15	P.A. –Psychiatry discipline	2	Psychologist	16	Licensed Independent Mental Health Practitioner (LIMHP)	114	Licensed Mental Health Practitioner (LMHP)	36	Licensed Alcohol and Drug Counselor (LADC)	14	Total by Region	202
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<p>Reference: https://app1.unmc.edu/publichealth/bhecnp/</p> <p>https://www.unmc.edu/publichealth/hpts/</p>	<p>Continue telemedicine access in the district—focusing on behavioral and mental health services.</p> <ul style="list-style-type: none"> FRHS currently doing this Midtown Health Center current services include psychiatric consultation, medication management, and outpatient behavioral health services. <p style="font-size: small; margin-top: 20px;">Reference: Aligns with Faith Regional Health Services Strategic Plan GROWTH pillar—improving access to technology usage for care.</p>	X	<p style="text-align: center;">ELVPHD</p> <p>Hospital/Clinic Leadership</p> <p>Care Providers</p> <p>Region 4 Behavioral Health System</p> <p>Midtown Health Center, Inc.</p>	<p>Increase the number of visits by way of telemedicine—particularly in the area of behavioral and mental health. 2021 baseline in number of psychiatrist visits is:</p> <ul style="list-style-type: none"> 804 Franciscan Healthcare 449 psychiatrist visits Midtown Health Center 																																																			

	Continued collaboration with Northern Nebraska Area Health Education Center (AHEC) to familiarize pipeline students with careers in psychiatry/mental or behavioral health.		AHEC ELVPHD School Systems	Data collection method TBD. Options may include surveying high school seniors for chosen career paths in healthcare OR incorporating post-attende questions with AHEC pertaining to 8 th grade Science Fair, Wayne State College 10 th Grade Career Day, or Cuming County College and Military Fair.
Increase access to training geared towards early detection of suicidal ideation and timely referral and/or intervention in the ELVPHD district.	Continued use of clinical assessments for all patient encounters in the medical setting: <ul style="list-style-type: none"> • Substance misuse and/or substance abuse disorders; and • Suicide risk and triage. 	X	Faith Regional Health Services Franciscan Healthcare Midtown Health Center, Inc. Other service providers located within the ELVPHD district	Increase or maintain the percentage of patients screened per facility protocol for depression. Baseline is: <ul style="list-style-type: none"> • 100% FRHS (use Columbia Suicide Severity Risk Scale [CSSRS] in patients aged 7 and older) required by Joint Commission • 49.5% Franciscan Healthcare (use PHQ-2 and PHQ-9 in ages 12 and older) • 95% Midtown Health Center (use PHQ-9 in ages 12 and older) • 0% ELVPHD
	Instruction of Mental Health First Aid and/or <i>Question.Persuade.Refer.</i> (QPR) trainings for laypersons in the ELVPHD district.	X	ELVPHD County veteran service staff Community-based organizations Faith-based groups Schools Law Enforcement First Responders Nebraska State Suicide Prevention Coalition	Increase the number of persons trained by ELVPHD by 5% each year. Baseline is: <ul style="list-style-type: none"> • 304 persons trained in 2018 • 319 persons trained in 2019 • 104 persons trained in 2020 before funding discontinued due to COVID • 2022 funding application just submitted
Decrease the impact and effect of prescription drug (fentanyl) overdose in the ELVPHD district.	Continue recruiting and encouraging healthcare sector participation in the Nebraska DHHS Naloxone distribution program.	X	ELVPHD Nebraska Pharmacist's Association Stop Overdose Nebraska Healthy Communities Initiative Region 4 Behavioral Health System	Increase the number of participating Narcan pharmacies in the ELVPHD district. Baseline is: <ul style="list-style-type: none"> • The Pill Box Pharmacy, Norfolk • Tekamah Drug Store, Tekamah • Wisner Apothecary, Wisner • Hy-Vee Pharmacy, West Point <p>Increase the number of Naloxne kits distributed through the Naloxone distribution program. Baseline for June of 2022,</p>

<p>See also DHHS Behavioral Health Strategic Plan: https://dhhs.ne.gov/Behavioral%20Health%20Documents/DBH%20Strategic%20Plan%202022-2024.pdf</p>	<p>Continue encouraging public patrons to access the Nebraska DHHS Nalaxone program (utilization of four free doses without a prescription at participating pharmacies).</p>	<p>X</p>	<p>ELVPHD Schools Participating Narcan pharmacies Healthcare service providers Schools</p>	<p>when the first pharmacy in ELVPHD district signed up, through the date of this writing, November 2022. Baseline is 23 kits in aggregate (DHHS, 2022). <small>NOTE: The Pill Box Pharmacy, owned and operated by FRHS, is located within their main campus hospital. https://www.frhs.org/medical-services/pharmacy-services/</small></p> <p>Increase the dissemination of materials from Stop Overdose Nebraska https://stopodne.com by tracking via website analytics the activity from the zip codes deriving from the ELVPHD service area. Baseline to be determined after first year.</p>
<p>In relation to the declared National Mental Health Crisis, increase strategies related to eliminating barriers in equitable access to behavioral health services.</p> <p>See also The White House: https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/</p>	<p>Continued participation in the:</p> <ul style="list-style-type: none"> • DHHS Health Equity Coalition, • NALHD Health Equity Community of Practice, and • DHHS Health Equity biannual retreats <p>Increase understandability of information from medical professionals, including understandability of written information pertaining to medical topics.</p> <ul style="list-style-type: none"> • Survey public participants in 2023 regarding general understandability of messages and suggestions of areas that need improvement; and • Use above survey results to inform action plan with two priority initiatives. <p><small>Reference: Aligns with Faith Regional Health Services Accessibility Statement pertaining to commitment to usability and equal accessibility for all people. https://www.frhs.org/patients-visitors/privacy-practices-patient-rights/accessibility-statement/</small></p>	<p>X</p>	<p>Nebraska Public Departments DHHS NALHD UNMC College of Public Health</p> <p>Nebraska Public Health Departments NALHD Institute for Healthcare Advancement (IHA) Health Literacy Solutions Center ELVPHD Non-profit hospital systems</p>	<p>Baseline survey will be completed in 2023. Once baseline has been established, future surveys will show improvement in understandability.</p>

Behavioral/Mental Health Partners and Supporters

Name	Organization	Name	Organization
Dennis Colsden	Rural Region One Medical Response System	Steve Sill	Cuming County Supervisor
Tommy Newcombe	Region 4 Behavioral Health System	Nikki Mullanix	Elkhorn Logan Valley Public Health Department
Amy Holman	Nebraska Pharmacists Association	Lora Langley	Ponca Tribe of Nebraska
Gretchen Forsell	Northern Nebraska Area Health Education Center	Dara Schlecht	St. Francis Memorial Hospital
Mark Davis	Faith Regional Health Services	Kimberly Powell	Norfolk Family Coalition
Tyler Toline	Franciscan Care Services	Kerri Dittrich	Healthy Communities Initiative
Caitlin Gillham	Elkhorn Logan Valley Public Health Department	Kirk Van Pelt	Stanton County Emergency Management
Deb Zimmerer	Bright Horizons	Delanie Johnson	Nebraska DHHS Department of Behavioral Health
Mark Stordvedt	Oasis Counselling	Captain Don Miller	Norfolk Police Division
Gina Krysl	Northeast Community College	Lisa Sommer	Community Member
Kathy Nordby	Midtown Health Center, Inc.	Greg Hanson	Madison County Veteran's Coalition

PRIORITY 2: CANCER PREVENTION AND SCREENING

40.4% of CHA Survey Respondents listed cancer as a top health concern.

Goal	Proposed Strategies/Activities	Evidence-Based	Potential Partners	Performance Measures
<p>Decrease the burden of obesity in the ELVPHD district as a significant risk factor for cancer.</p>	<p>Increase physical activity through instruction of evidence-based curriculums geared towards dietary improvements and healthy lifestyles. Evidence-based curriculums may include:</p> <ul style="list-style-type: none"> • National Diabetes Prevention Project (NDDP)—both traditional and hybrid • Health Coaches • Eating Smart and Being Active • SPORT 	X	<p>ELVPHD Nebraska DHHS Healthcare Providers Certified Health Coaches Schools UNL County Extension Offices Business/Worksites Medicaid Managed Care Organizations</p>	<p>Decrease in the percentage of community patrons that report concerns with getting enough exercise. Baseline is 28.5% reporting a current concern from 2022 CHA.</p> <p>Increase class participation in the service area by 5% each year. 2021 baseline is:</p> <ul style="list-style-type: none"> • 45 total participants <ul style="list-style-type: none"> ○ 10 hybrid ○ 35 in person
	<p>Increase creation of (or enhanced access to) public places for public use to increase physical activity and improve physical fitness.</p> <ul style="list-style-type: none"> • creating walking trails • parks improvement • Inclusive Playground (Franciscan Healthcare) • Partnership with Core Health (Franciscan Healthcare) 	X	<p>ELVPHD Hospital systems City employees and city officials Local Trails Committees Nebraska Bicycling Alliance Nebraska DHHS Community Planning Trails/Parks Workgroup</p>	<p>Decrease in the percentage of community patrons that report trail and/or park improvements would make the community healthier for their family. Baseline is 30.5% of respondents requesting enhancement in this area according to the 2022 CHA.</p> <p>66.5% of survey responded reported that their health behavior of choice is walking/biking. This reinforces that this is a worthwhile measure to continue investing in as communities. Increase this percentage in future assessment cycles as a result of investment in improvements listed above.</p>

See also: Nebraska Cancer Plan, 2022.
<https://necancer.org/necancerplan>

<p>See also: Nebraska Cancer Plan, 2022. https://necancer.org/necancerplan</p>	<p>Increase fruit and vegetable consumption through instruction of evidence-based curriculums geared towards physical activity and healthy lifestyles. Evidence-based curriculums may include:</p> <ul style="list-style-type: none"> • National Diabetes Prevention Project (NDDP)—both traditional and hybrid • Health Coaches • Eating Smart and Being Active • SPORT • Tai Chi for Arthritis • Stepping On! • Bingocize 	<p>X</p>	<p>ELVPHD Nebraska DHHS Healthcare Providers Health Coaches Schools UNL County Extension Offices Business/Worksites Senior Citizen Centers Northeast Nebraska Area Agency on Aging Medicaid Managed Care Organizations</p>	<p>Establish fully recognized national recognition of hybrid NDDP. Baseline is “preliminarily recognized” pending additional data cycles.</p> <p>Increase class participation in the service area by 5% each year. 2021 baseline is:</p> <ul style="list-style-type: none"> • 45 total participants <ul style="list-style-type: none"> ○ 10 hybrid ○ 35 in person <p>Decrease in the percentage of community patrons that report challenges with getting healthy and affordable food. Baseline is 35.4% reporting a current challenge from 2022 CHA.</p>
<p>Increase cancer-screening rates within the ELVPHD district.</p>	<p>Increase access and utilization of free and low-cost cancer screenings. Such examples include:</p> <ul style="list-style-type: none"> • Dissemination of FOBT kits • Skin Cancer Screenings • Participation as healthcare provider in the Nebraska DHHS Every Woman Matters program as provider of free pap tests, pelvic exams, clinical breast exams and lab fees, and mammography for eligible women. <p><u>Reference:</u> Faith Regional Health Services and affiliated clinics are currently enrolled as Nebraska EWM providers: https://dhhs.ne.gov/Pages/EWM-Provider-Listing.aspx#InplviewHash4dc68ebd-767e-4bd1-8d12-685bd2a93cc1=FilterField1%3DCity-FilterValue1%3DNorfolk</p> <p><u>Reference:</u> Faith Regional Health Services currently provides free skin cancer screenings on a monthly basis. https://www.frhs.org/classes-events/search-results-detail/?eventId=a4118ddc-579a-ec11-a861-000d3a619f08</p>	<p>X</p>	<p>ELVPHD Healthcare providers Nebraska DHHS Pharmacies Northeast Nebraska Area Agency on Aging UNL County Extension Offices Public Libraries and other public community locations PATCH Ponca Tribe of Nebraska</p>	<p>Decrease in the percentage of community patrons that report concerns associated with affordability and cancer screening. Baseline is 34.9% reporting a current concern from 2022 CHA.</p> <p>Increase dissemination of FOBT kits. Baseline post-COVID to be predetermined in year 1.</p> <p>Increase return rate of FOBT kits. Baseline post-COVID to be predetermined in year 1.</p> <p>Increase participation in FRHS skin cancer screening events over the course of one year. Baseline post-COVID to be predetermined.</p> <p>See also Working to Close the Cancer Screening Gap Caused by COVID, National Cancer Institute, 2022: https://www.cancer.gov/news-events/cancer-currents-blog/2022/covid-increasing-cancer-screening</p>

	<p>Increase referrals for age-appropriate routine cancer screenings through reminder/recall initiatives for:</p> <ul style="list-style-type: none"> • Breast cancer screening • Cervical cancer screening • Prostate cancer screening • Colon cancer screening • Lung cancer screening for current or former smokers <p><u>Reference:</u> Faith Regional Health Services currently offers cancer screening services https://www.frhs.org/medical-services/cancer-care/diagnostic-services/</p>	X	<p>ELVPHD Healthcare Providers</p> <p>Support providers and ancillary services—home health, therapy, counselors, dental, vision and other freestanding facilities</p> <p>Home Instead Senior Care</p> <p>Nebraska Respite Network</p> <p>Employers</p> <p>Medicaid Managed Care Organizations</p>	<p>Due to COVID, when elective procedures were not permitted for a period. This resulted in a catch-up period and a demand for services that exceeded health system capacity at the time. A post-COVID baseline will be determined in year one.</p> <p>See also Working to Close the Cancer Screening Gap Caused by COVID, National Cancer Institute, 2022: https://www.cancer.gov/news-events/cancer-currents-blog/2022/covid-increasing-cancer-screening</p>
<p>Increase cancer-prevention activities within the ELVPHD district.</p>	<p>Continue dissemination of radon gas home screening kits in the ELVPHD district.</p>	X	<p>Kits are currently sold at ELVPHD offices in Tekamah, Norfolk, and Wisner.</p>	<p>ELVPHD will increase distribution of radon kits. Baseline is 150 per year.</p> <p>ELVPHD will increase the rate of radon kit returns. Baseline is 65% return rate.</p>
	<p>Increase the administration of HPV vaccines through utilization of third-party reimbursement for insured clients and Vaccines for Children (VFC) program for Medicaid, uninsured and underinsured clients.</p> <p><u>Note:</u> As of October 20, 2022, there are 14 Enrolled VFC Providers in the ELVPHD District. These include ELVPHD, Faith Regional Physician Services Family Medicine, Dinklage Medical Clinic, Midtown Health Center and Ponca Tribe Hills Health and Wellness (DHHS, 2022).</p>	X	<p>ELVPHD Healthcare Providers</p> <p>Northeast Nebraska Community Action Partnership</p> <p>Ponca Tribe of Nebraska</p> <p>Medicaid Managed Care Organizations</p>	<p>1,373 HPV doses administered in the ELVPHD district 2021. (Nebraska DHHS Immunization Program, 2022).</p>
	<p>Continue offering smoking cessation classes for individuals who desire to stop using tobacco products.</p> <p><u>Reference:</u> FRHS is a current provider of lung cancer screening and prevention services in accordance with recommended guidelines. https://www.frhs.org/app/files/public/5932fa28-49db-4e4d-8d5d-9f448938a1fd/2019_frhs_cancer_program_public_outcomes_report.pdf</p>	X	<p>Healthcare Providers</p> <p>Ponca Tribe of Nebraska</p> <p>Medicaid Managed Care Organizations</p>	<p>Increase participation in smoking cessation classes over the course of one year. Baseline post-COVID to be pre-determined.</p> <p>1,937 patients at Franciscan Healthcare have “current tobacco user” listed in their problems list.</p>

Cancer Prevention and Screening Partners and Supporters

Name	Organization	Name	Organization
Ashley Strehle	Franciscan Healthcare/Neligh Park All-Inclusive Playground	Linda Miller	ELVPHD/FRHS Board of Directors
Judy Mutzenberger	Cuming County Supervisor	Carol Spenner	NDDP Independent Lifestyle Coach—West Point
Casey Koch	St. Francis Memorial Hospital	Hannah Guenther	University of Nebraska Extension—Cuming County
Shantell Skalberg	Faith Regional Health Services	Delaney Brudigan	Franciscan Care Services
Andrea Trautman	Home Instead Senior Care	Eunice Ramirez	Elkhorn Logan Valley Public Health Department
Jody Woldt	Elkhorn Logan Valley Public Health Department	Kim Schultz	Wisner Green Team
Sandra Renner	Center for Rural Affairs	John Cahill	City of Norfolk
Crystal Hunke	Dinklage Medical Clinic	Val Grimes	City of Norfolk
Brian Blecher	Faith Regional Health Services	Nathan Powell	City of Norfolk
Sue Fuchtman	Faith Regional Health Services Board of Directors	Ann Norgard	Wisner Tree Board
Steven Rames	City of Norfolk	Stasia Stokely	Dinklage Medical Clinic
Terry Nelson	St. Francis Memorial Hospital/West Point Trails Committee	Brian Paulsen	Northeast Community College
Melanie Thompson	Elkhorn Logan Valley Public Health Department/Wisner Trails Committee	Heather Drahota	Elkhorn Logan Valley Public Health Department

Opportunities for Potential Prioritization/Development

- Recruitment and retention of healthcare workforce—all disciplines.
 - Retirement of a large portion of our workforce, all sectors, and the looming result of lack of workers across the board
 - Home stability—economic, alleviation of health disparities, relief from Adverse Childhood Experiences (ACEs), economic impacts of poor economy and rising costs in rural areas
 - Food insecurity with rising costs—including infant formula inaccessibility
 - Opioid overdose and misuse
 - Lack of dentists accepting Medicaid
 - A decline in messaging about SIDS prevention and potential consequences
 - Aging issues: Baby Boomer population and a shift in needs and approaches to reach this significant population
 - Medicaid reimbursement rates for long-term care centers and several local long-term care center facility closures
 - Escalation of violence as the accepted form of conflict resolution
 - Draught conditions and wildfire risk
 - Shortage of EMS providers and subsequent long emergency call response times
 - Seemingly recent influx of car accidents caused by distracted or impaired driving
-

Elkhorn Logan Valley Public Health District
Burt, Cuming, Madison and Stanton counties



Community Health Status Assessment
2022 Report

For more information:

www.ELVPHD.ne.gov

Contact:

Elkhorn Logan Valley Public Health Department

Gina Uhing, Health Director

Wisner NE

402-529-2233

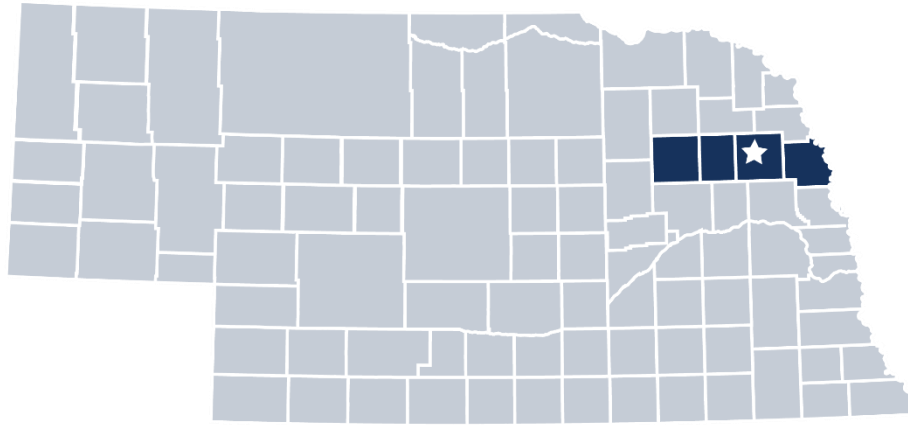
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Introduction

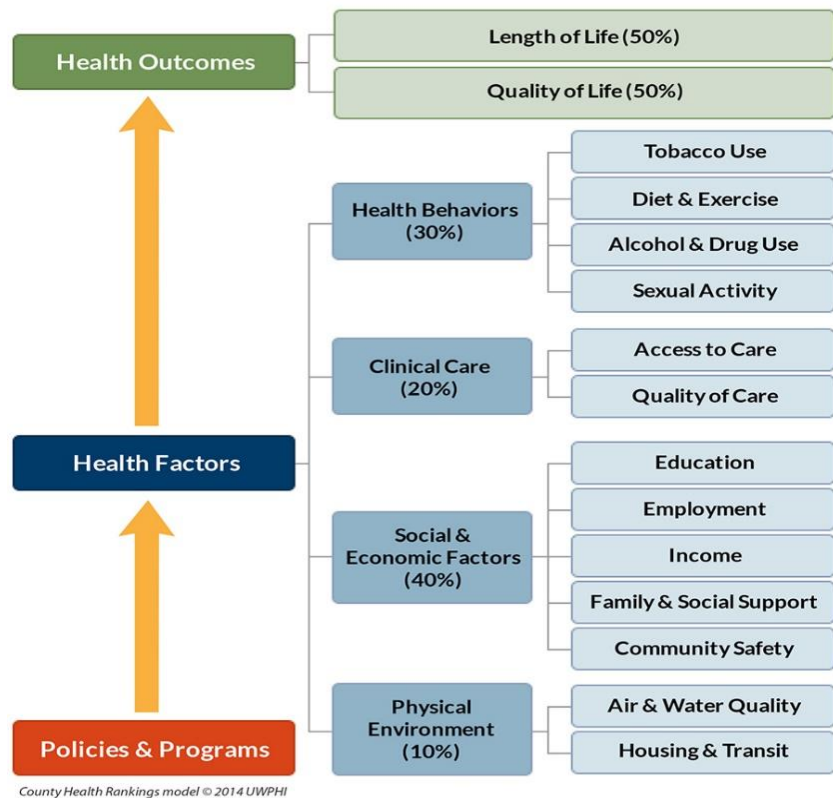
Elkhorn Logan Valley Health Department (ELVPHD) serves 56,354ⁱ people within a four-county district comprised of Burt, Cuming, Madison and Stanton counties in northeastern Nebraska. The Federal Office of Rural Health Policyⁱⁱ classifies all of these counties as rural.



ELVPHD was formed in 2002 as a result of State legislation that applied Tobacco Master Settlement funds to organize local health departments statewide. The mission of ELVPHD is to promote and improve health for all residents of our four-county area.

As Chief Health Strategist—who convenes coalitions that investigate and take action to make meaningful progress on complex health community issuesⁱⁱⁱ—for this four-county district, ELVPHD conducts a community health assessment (CHA) and community health improvement plan (CHIP) every three years. The CHA is a process of gathering and interpreting information from multiple and diverse sources in order to develop a deeper understanding of the health and wellbeing of a community/jurisdiction. The CHA process describes the current health status of the community, identifies and prioritizes health issues and develops a better understanding of the range of factors that influence and impact health. This report focuses on the **Community Health Status Assessment** portion of ELVPHD's CHA. Data were gathered from secondary sources such as Behavioral Risk Surveillance Survey (BRFSS), County Health Rankings and Roadmaps (CHRR), American Community Survey/US Census Bureau, Centers for Disease Control and Prevention (CDC), Nebraska Department of Transportation, Nebraska Department of Education, and the US Bureau of Labor Statistics. This assessment identifies leading causes and emerging issues that impact community health and quality of life, including the leading causes of mortality and morbidity, the general health status of community members, disparities in health outcomes, the access and availability of behavioral and health care, etc.

Figure 1. County Health Rankings and Roadmaps Framework



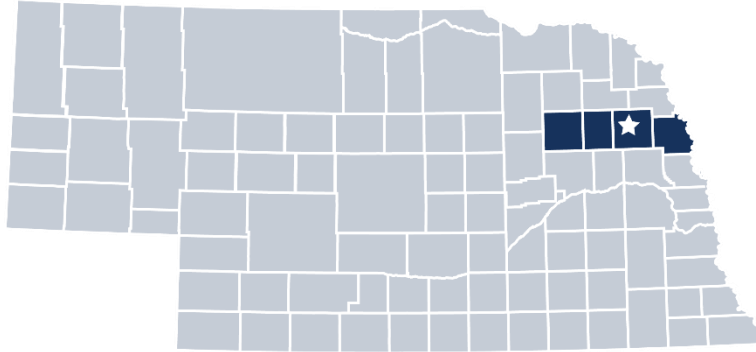
Community Health Status Assessment Methods

This community health status assessment gathered data from secondary sources such as Behavioral Risk Surveillance Survey (BRFSS), County Health Rankings, American Community Survey/US Census Bureau, Centers for Disease Control, Nebraska Crime Commission, Nebraska Department of Education, US Bureau of Labor Statistics, and so on to assess the health status of the ELVPHD region to identify emerging issues and trends, when possible, and to gauge big changes from the, previous, 2019 Community Health Improvement Plan priorities.

Additionally, this community health status assessment reviews the responses to the community health survey, distributed across the ELVPHD region, to determine Community Themes and Strengths. The survey assessed perceptions of important health issues, including wellbeing and quality of life. This survey was available in English and Spanish online. Additionally, ELVPHD posted the survey link on the ELVPHD website and Facebook pages and flyers posted around the communities, as well as information sent to the hospitals, businesses and chambers to share with employees and others. ELVPHD offered a chance to win \$200 grocery gift certificate per county as an incentive to participate. In all, 1583 responses were collected.

Elkhorn Logan Valley Public Health Department District Overview

Elkhorn Logan Valley Public Health Department (ELVPHD), headquartered in Cuming County, serves 56,354^{iv} people within a four-county district comprised of Burt, Cuming, Madison and Stanton counties in the northeastern part of Nebraska. Iowa borders ELVPHD to the east.



Since the ELVPHD district is rural, agriculture/forestry/fishing/hunting, health care/social assistance and manufacturing are major economic drivers.

Quick Facts for ELVPHD Region:^v

Population (2020): **56,866**

Population Change (estimate 4/1/2020 to 7/1/2021): **-.1%**

Unemployment Rate: **2.1%**^{vi}

Total Land Area: **2,063 square miles**

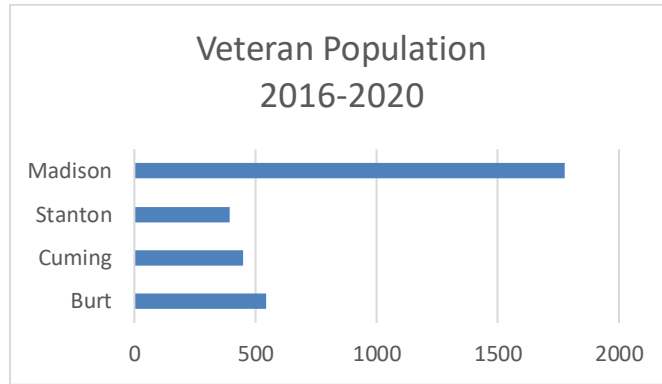
Population Demographics

Nebraska's rural population is decreasing while the urban population is increasing. Nebraska's population in the 2021 Census was estimated at 1,963,692. From 2010 to 2018, the population change in Nebraska is 4.6%. For the same period, the population change is 1.2% for Madison County, -2% for Cuming County, -3% for Stanton County and -5.3% for Burt County.^{vii}

	Burt	Cuming	Stanton	Madison	Totals	Survey Respondents
Population Census, April 1, 2020 ^{viii}	6,722	9,013	5,842	35,585	56,866	
% Female	49.8%	49.7%	48.3%	50%		896
% Male	50.2%	50.3%	51.7%	50%		135
Chose Not to Answer						10

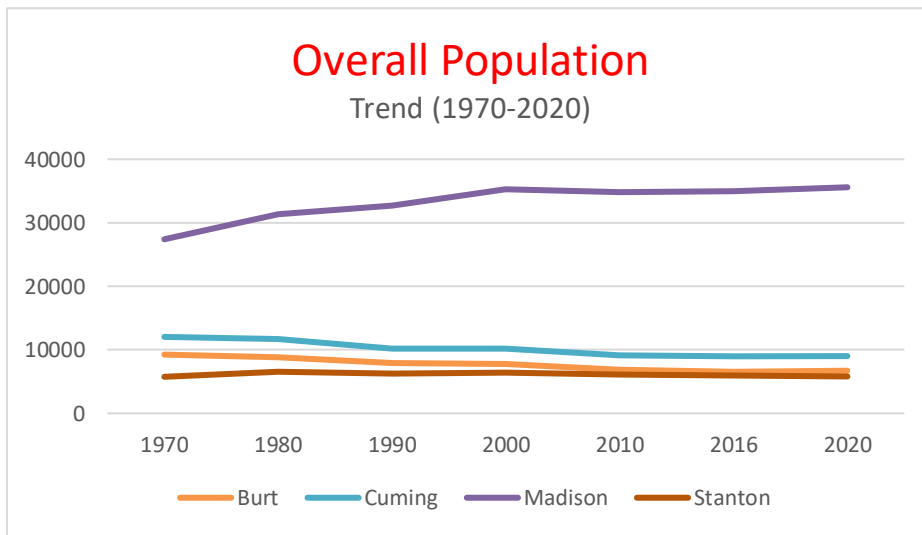
RACE ^{ix}	Burt	Cuming	Stanton	Madison	Survey Respondents
White	91.45	86.8%	90.5%	78.3%	990
Black or African American	.8%	.6%	1.1%	1.7%	1
American Indian and Alaska Native	2.5%	.8%	.8%	2.2%	9
Asian	.4%	.6%	.3%	1.8%	4
Native Hawaiian and other Pacific Islander	.1%		.1%	.1%	0
Two or More Races	1.9%	1.3%	1.3%	1.7%	2
Hispanic or Latino	3.9%	10.9%	6.6%	16.4%	85
Other					3

Figure 2. Veteran Population Trend, ELVPHD (2016-2020)



Source: US Census ACS 2020 5 year estimates

Figure 3. Overall Population Trend, ELVPHD (1970-2020)

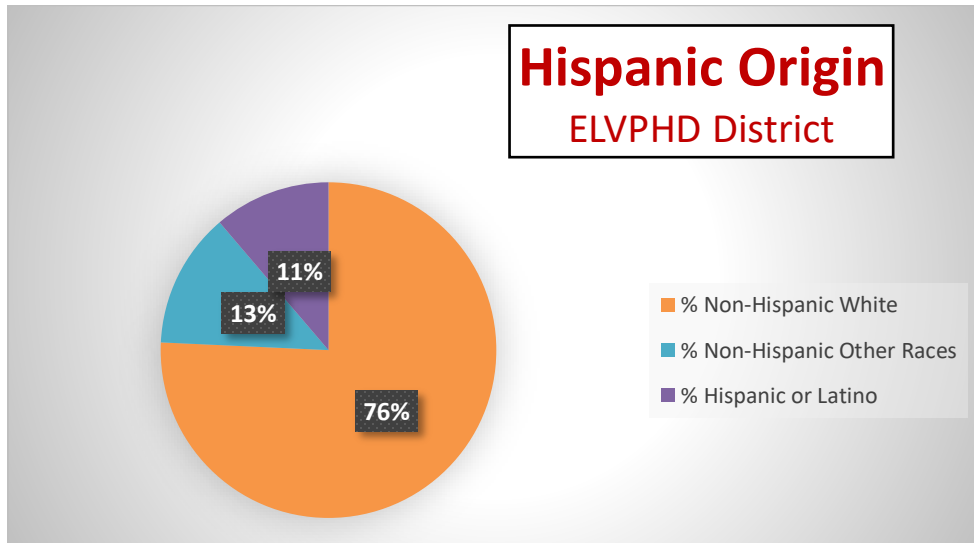


Source: US Census ACS 2020 5 year estimates

Race and Ethnicity

In the ELVPHD district, the percentage of the population that identifies as non-white is 19.3% and 12% in Nebraska. Hispanics represent 12.6% of the ELVPHD district, compared with the state (12%). The majority of the Hispanic population resided in Madison County (16.4%). Within Madison County, the Madison School District had the highest English Language Learners (22%) of all school districts in Madison County. The percent of Hispanic residents in the other four counties was as follows: Cuming, 10.9%; Stanton, 6.6%; Burt, 3.9%. Moreover, Burt and Cuming counties border two Indian Reservations, Winnebago and Omaha. The Ponca Tribe is a landless tribe with members residing within the ELVPHD jurisdiction. Madison County has a diversity index of 36.4%, Stanton County 19.8%, Cuming County 26.6% and Burt County 14.8%.

Figure 4. Hispanic Origin, ELVPHD District



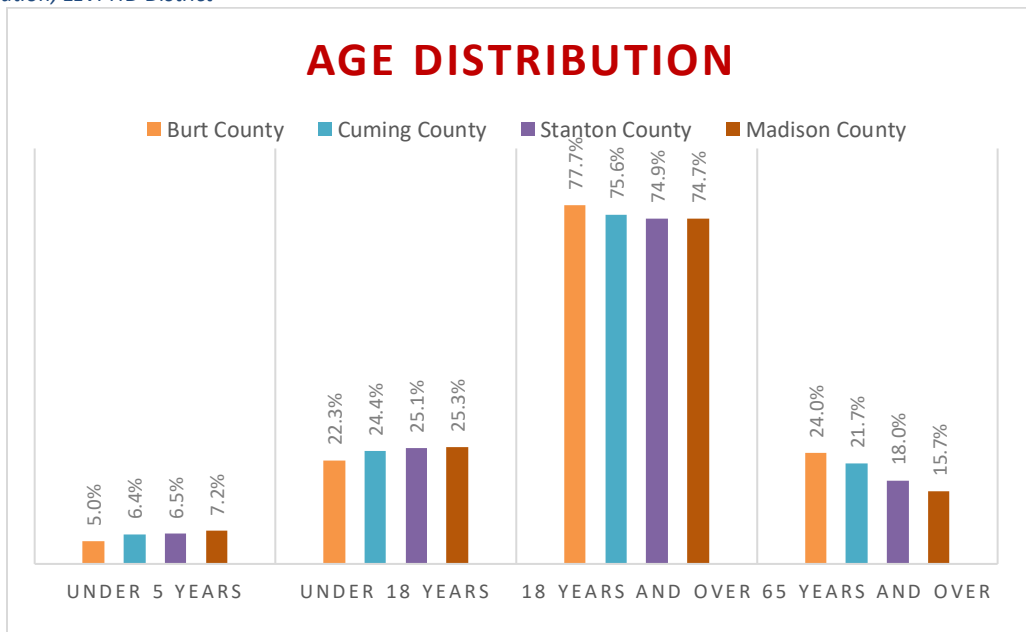
Source: US Census ACS 2020 5 year estimates

Median Age

The average median age in Nebraska in 2020 was 37.2. In Burt County, the median age was 45.6, Cuming County 37.2, Stanton County 41.3, and Madison County 36.6.

In Nebraska, 12.7% of the population reported a disability. Burt County reported 15.8% of the population with a disability while Cuming, Stanton and Madison Counties reported at or below the state level.

Figure 5. Age Distribution, ELVPHD District

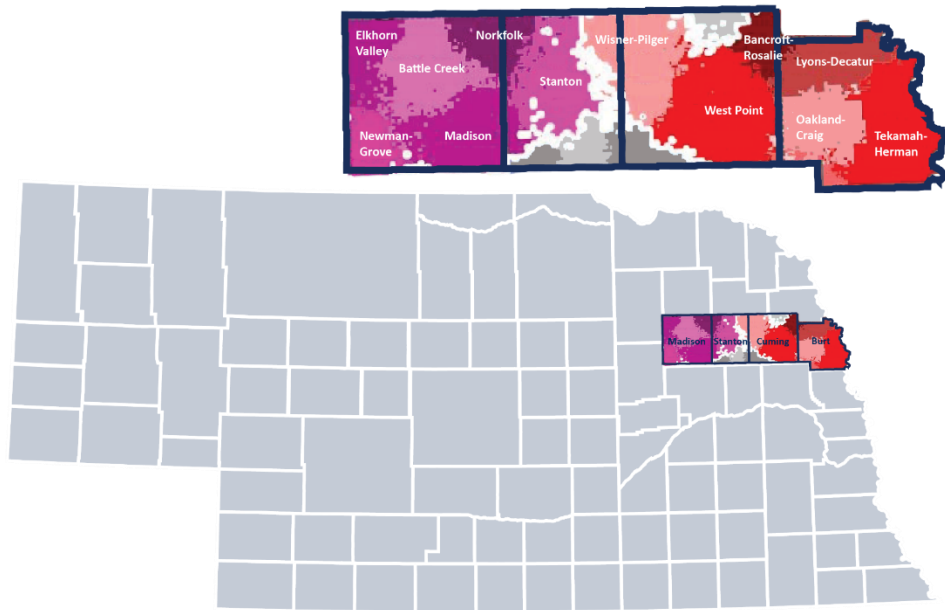


Source: US Census ACS 2020 5 year estimates

School District Profiles

School-related data can provide a timely picture of the cultural and socio-economic shifts in a community that influence health factors and health outcomes at a population level.

Figure 3. Map of ELVPHD Public School Districts



The following tables highlight key community-level indicators for each county and related public, school districts:

Table 1. Public School District Profile--Burt County

Burt County Public School Districts Profile (2020-2021 based on 2018-2019 school year data) ^{xi}					
		Lyons-Decatur	Oakland-Craig	Tekamah-Herman	Nebraska
Student Characteristics	Enrollment	274	423	509	324,176
	Graduation rate	93%	100%	88%	88%
	College-Going rate	*	78%	75%	75%
	% Receiving free/reduced lunch	48%	35%	52%	46%
	% English language learners	*	*	*	7%
	% Students in special education	19%	18%	17%	16%
Nebraska Student-Centered Assessment System Performance	% proficient in language arts	47%	55%	47%	48%
	% proficient in math	36%	56%	48%	46%
	% proficient in science				*

Quick Facts for Burt County:^{xii}

Population (2020): **6,722**

Population Change (2010-2018): **-5.3%**

% children under 18: **23.3%**

Median Household Income: **\$51,961**

% total population in poverty: **11.5%**

% children living in poverty^{xiii}: **13%**

Unemployment Rate: **3.2%**^{xiv}

Race/Ethnicity--

% Hispanic: **3.9%**

% non-Hispanic, White: **91.4%**

% non-Hispanic, other races: **4.7%**

Table 2. Public School District Profile--Cuming County

Cuming County Public School Districts Profile (2020-2021 based on 2018-2019 school year data)					
		Bancroft-Rosalie	West Point	Wisner-Pilger	Nebraska
Student Characteristics	Enrollment	298	740	433	324,176
	Graduation rate	100%	90%	100%	88%
	College-Going rate	94%	85%	80%	75%
	% Receiving free/reduced lunch	67%	*	54%	46%
	% English language learners	*	9%	6%	7%
	% Students in special education	11%	16%	16%	16%
Nebraska Student-Centered Assessment System Performance	% proficient in language arts	43%	57%	53%	48%
	% proficient in math	40%	54%	51%	46%
	% proficient in science	*	*	*	*

Quick Facts for Cuming County:^{xv}

Population (2020): **9013**

Population Change (2010-2018): **-2.0%**

% children under 18: **24.6%**

Median Household Income: **\$59,202**

% total population in poverty: **7.9%**

% children living in poverty^{xvi}: **10%**

Unemployment Rate: **2.5%**^{xvii}

Race/Ethnicity--

% Hispanic: **10.9%**

% non-Hispanic, White: **86.8%**

% non-Hispanic, other races: **2.3%**

Table 3. Public School District Profile--Madison County

Madison County Public School Districts Profile (2020-2021 based on 2018-2019 school year data)							
		Battle Creek	Elkhorn Valley	Madison	Newman-Grove	Norfolk	Nebraska
Student Characteristics	Enrollment	496	443	568	186	4,444	324,176
	Graduation rate	95%	82%	98%	*	94%	88%
	College-Going rate	88%	81%	72%	*	68%	75%
	% Receiving free/reduced lunch	24%	34%	70%	49%	51%	46%
	% English language learners	*	*	22%	*	5%	7%
	% Students in special education	12%	15%	15%	15%	15%	16%
Nebraska Student-Centered Assessment System Performance	% proficient in language arts	45%	51%	25%	69%	47%	48%
	% proficient in math	56%	48%	19%	72%	44%	46%
	% proficient in science						*

Quick Facts for Madison County:^{xviii}

Population (2020): **35,585**

Population Change (2010-2018): **1.2%**

% children under 18: **25.8%**

Median Household Income: **\$52,334**

% total population in poverty: **10.6%**

% children living in poverty^{xix}: **12%**

Unemployment Rate: **2.3%**^{xx}

Race/Ethnicity--

% Hispanic: **16.4%**

% non-Hispanic, White: **78.3%**

% non-Hispanic, other races: **5.3%**

Table 4. Public School District Profile--Stanton County

Stanton County Public School Districts Profile (2020-2021 based on 2018-2019 school year data)			
		Stanton	Nebraska
Student Characteristics	Enrollment	379	324,176
	Graduation rate	88%	88%
	College-Going rate	80%	75%
	% Receiving free/reduced lunch	32%	46%
	% English language learners	*	7%
	% Students in special education	16%	16%
Nebraska Student-Centered Assessment	% proficient in language arts	45%	48%
	% proficient in math	48%	46%
	% proficient in science	*	*

Quick Facts for Stanton County:^{xxi}

Population (2020): **5,842**

Population Change (2010-2018): **-3.0%**

% children under 18: **24.5%**

Median Household Income: **\$64,808**

% total population in poverty: **10.6%**

% children living in poverty^{xxii}: **9%**

Unemployment Rate: **2.4%**^{xxiii}

Race/Ethnicity--

% Hispanic: **6.6%**

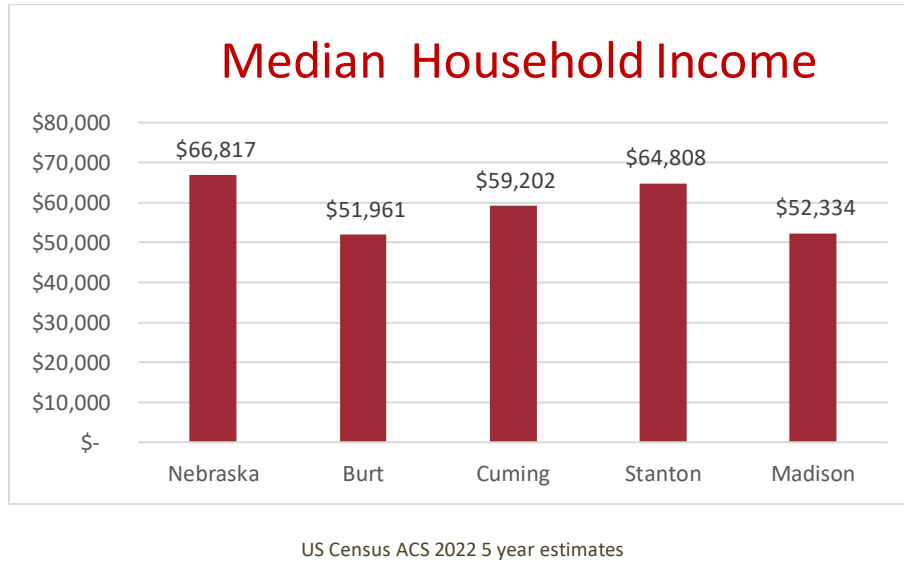
% non-Hispanic, White: **90.5%**

% non-Hispanic, other races: **2.9%**

Socio-Economic Status

Economics According to the American Community Survey five-year estimate (2020), the median household income for Nebraska was \$66,817, and the median household income for the ELVPHD region was \$57,076. Stanton County had a median household income slightly higher than other counties in the ELVPHD district and the state.

Figure 4. Median Household Income, ELVPHD District

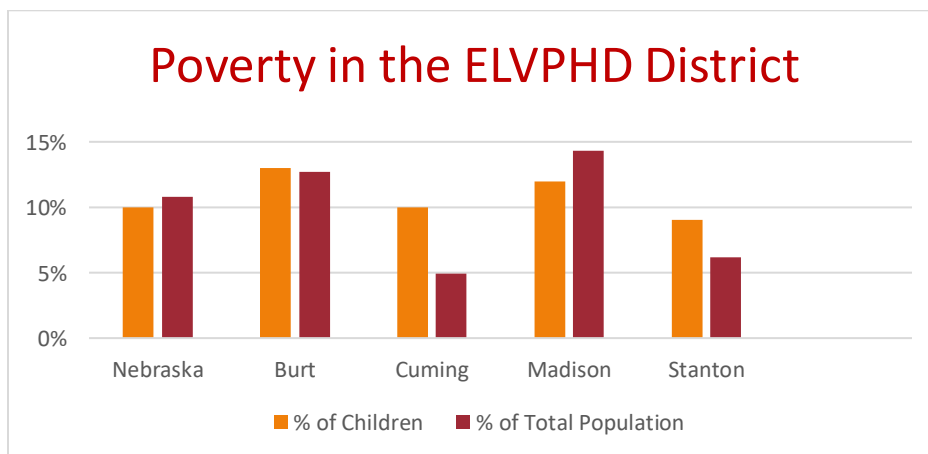


15.5% of children were from single family homes across the ELVPHD region, which was less than the state average of 21%.^{xxiv} Fourteen percent (11%) of children were living in poverty across all counties within the ELVPHD region, which is close to the state rate of 10%.^{xxv} Slightly lower than the state at 4.2%, ELVPHD regional unemployment rate was 3.4%.^{xxvi} Despite the low unemployment rate across the ELVPHD region, families still struggled to make ends meet.

Table 5. Economic Indicators, ELVPHD District

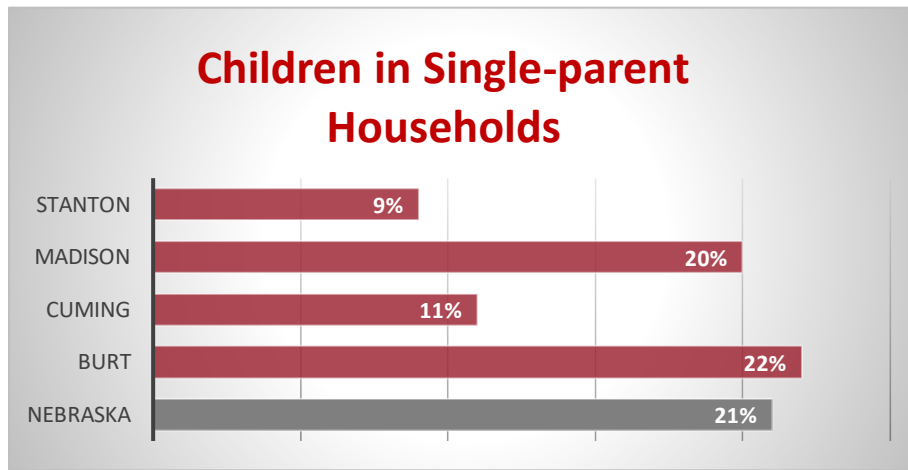
Economic Indicators	ELVPHD region	Nebraska
Median Household Income ^{xxvii}	\$57,076	\$66,817
Children in Single-parent Households ^{xxviii}	15.5%	21%
Percentage of children under age 18 in poverty ^{xxix}	11%	10%
Unemployment ^{xxx}	2.6%	2.8%

Figure 5. Poverty, ELVPHD District



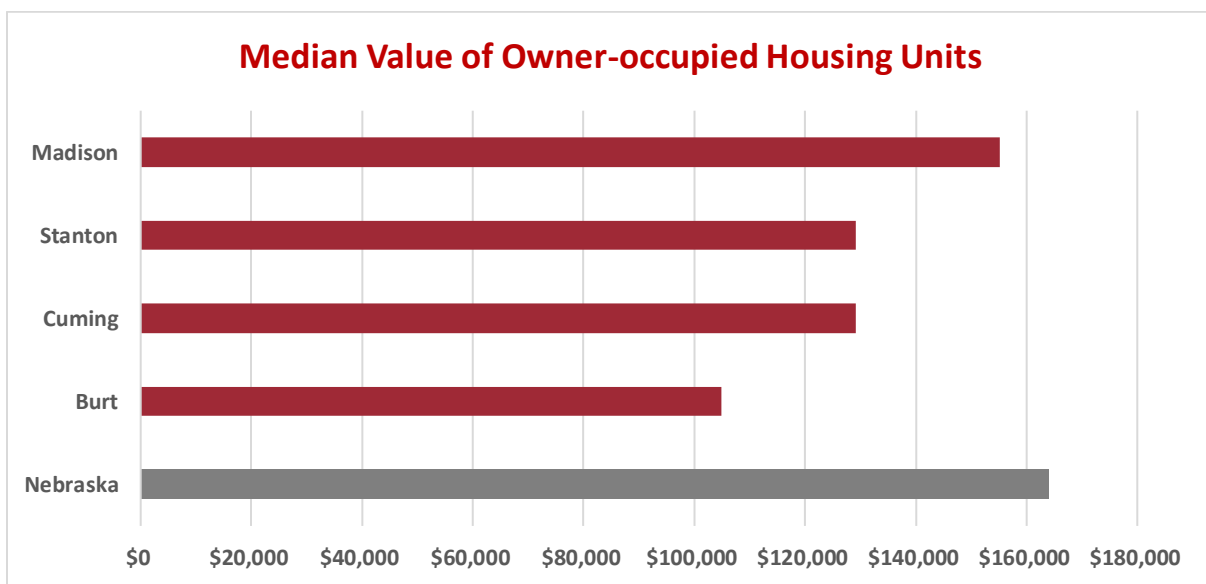
Sources: ACS 2022 5-year estimates; County Health Rankings 2022

Figure 6. Children in Single-Parent Households, ELVPHD District



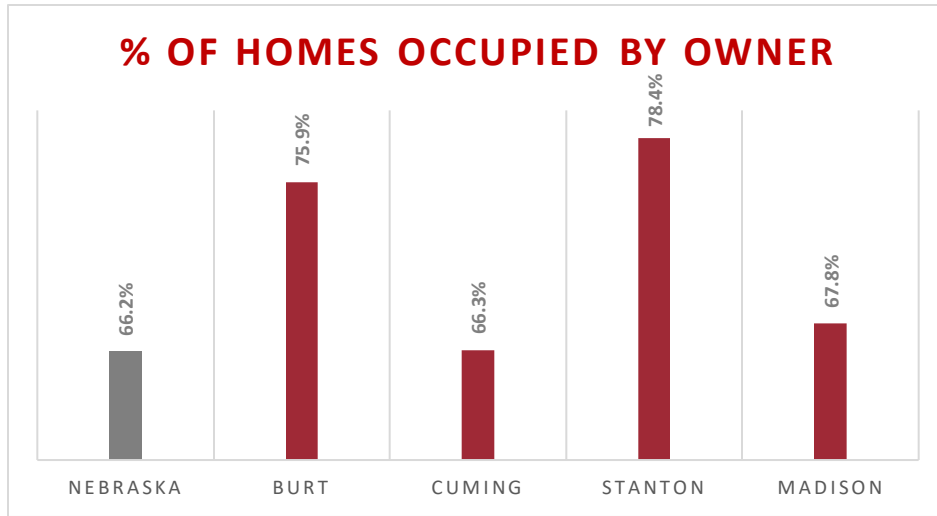
Source: County Health Rankings 2022

Figure 7. Average Residential Value, ELVPHD District



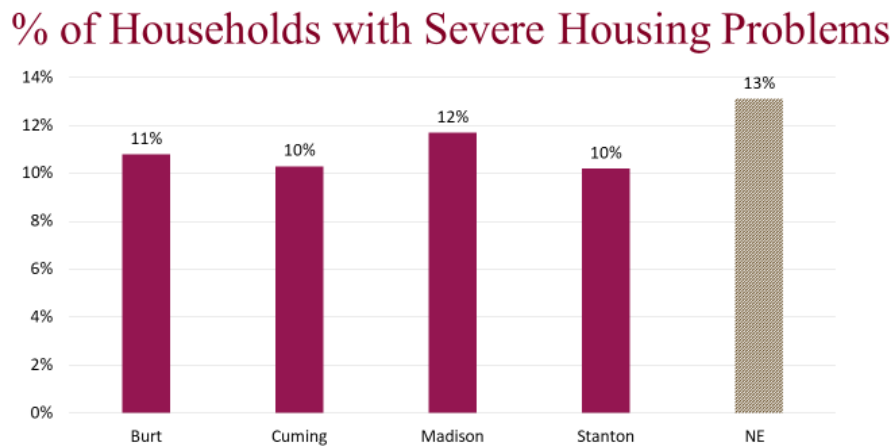
Sources: ACS 2022 5-year estimates 2016-2020

Figure 8. Percentage of Homes Occupied by Owner, ELVPHD District



Sources: ACS 2022 5-year estimates 2016-2020

Figure 9. Percentage of Households with Severe Housing Problems, ELVPHD District



Source: US Dept of Housing and Urban Development, Comprehensive Housing Affordability Strategy, 2018

Housing problems as an indicator is designed to understand the housing needs of low-income households. Figure 12 above is based on the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

Educational Level

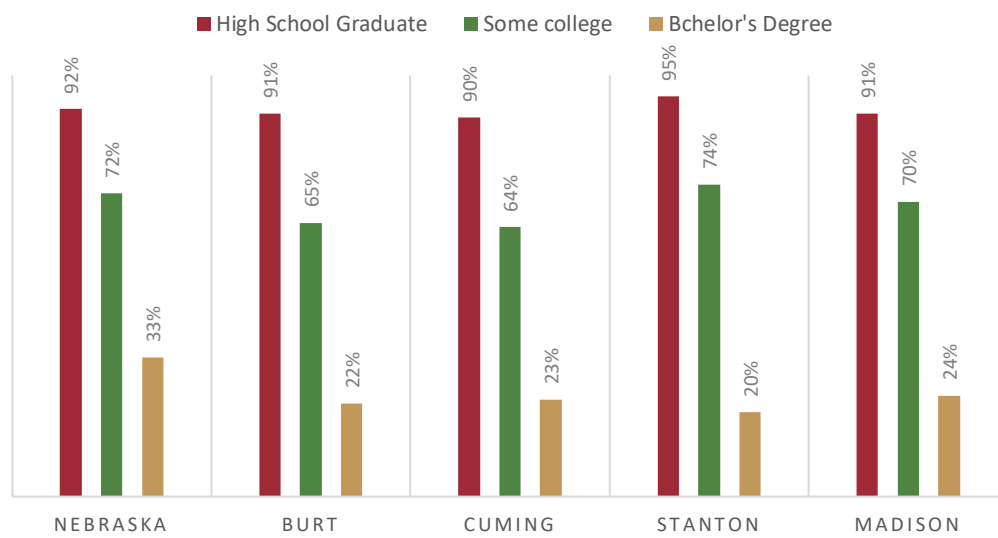
In terms of educational attainment, available data indicate the ELVPHD region has a higher high school graduation rate (93.5%) than the state average (89.6%). ELVPHD region had a slightly lower rate for adults who had some college (counties within the ELVPHD district range from 64% to 74%) than the state (72%). The state averages (32.5%) for those who had completed a bachelor's degree was higher than the average for all counties in the ELVPHD region (range from 19.8% to 23.7%).

Table 6. Education Indicators, ELVPHD District

Education Indicators	ELVPHD region	Nebraska
High school graduation rate ^{xxxii}	93.5%	89.6%
Some college ^{xxxii}	68.2%	72%
Bachelor's degree or higher, percent of persons age 25+ ^{xxxiii}	22.2%	32.5%

Figure 10. Education Levels, ELVPHD District

EDUCATION IN ELVPHD DISTRICT



Health Outcomes

The aforementioned social and economic factors, along with health behaviors, clinical care, and physical environment—otherwise known as modifiable health factors, directly affect how well and how long an individual lives. Furthermore, health outcomes (quality and length of life) are compounded by the presence or the absence of policies and programs that promote health and longevity.

Leading Causes of Death

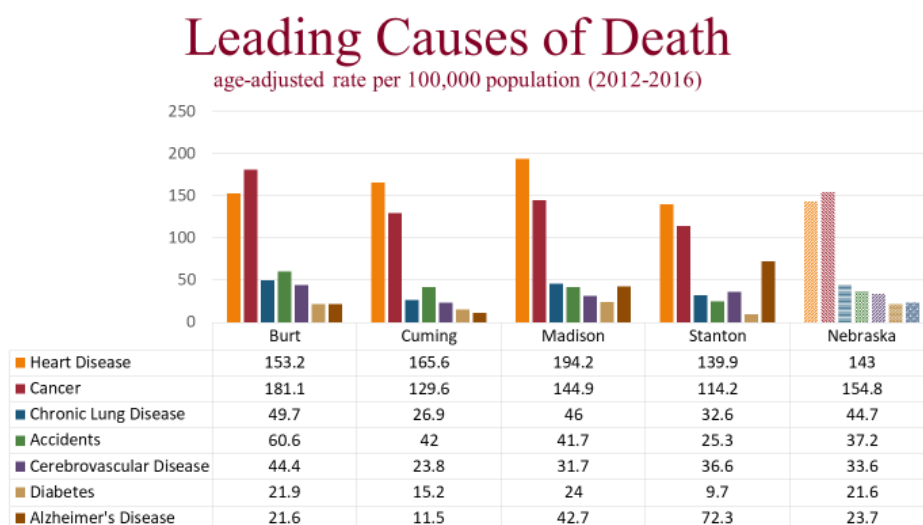
Across the ELVPHD district, heart disease, cancer and chronic lung disease were the leading causes of death, similar to state and national trends. The one exception is death from COVID-19. The most current data for leading causes of death in Nebraska is from 2016 where the National data is from 2020. 330 survey respondents reported heart disease as a health concern.

Table 7. Leading Causes of Death, Nebraska & US

Leading Causes of Death	
Nebraska ^{xxxiv}	United States ^{xxxv}
1. Cancer	1. Heart disease
2. Heart disease	2. Cancer
3. Chronic lung diseases	3. COVID-19
4. Accidents	4. Accidents (unintentional injuries)
5. Cerebrovascular diseases	5. Stroke (cerebrovascular diseases)

Figure 14 illustrates the leading causes of death by county within the ELVPHD region.^{xxxvi} In most cases, counties within the ELVPHD region have higher rates of death due to heart disease and accidents than does the state. The death rate due to cancer for counties in ELVPHD, with the exception of Burt County (181.1/100,000 population), was lower than the state (154.8/100,000 population). The death rate due to chronic lung disease were slightly higher than the state (44.7/100,000 population) in Burt and Madison counties. Of particular note, the death rate due to Alzheimer’s Disease was nearly two times higher in Madison County and three times higher in Stanton County than the state rate (23.7/100,000 population). Most all of these leading causes of death can be influenced by a healthy lifestyle and evidence-based public health strategies that include healthy eating and active living, not smoking, wearing a seatbelt, and limiting alcohol consumption.

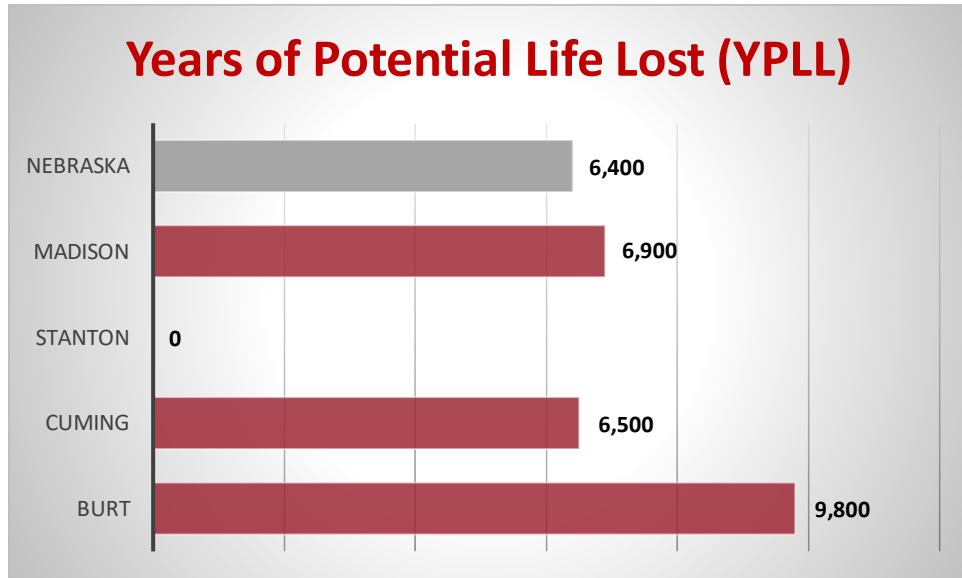
Figure 11. Leading Causes of Death, ELVPHD District



Source: NEDHHS Vital Statistics Report 2016

An indicator that helps communities focus on prevention is the Years of Potential Life Lost (YPLL), which is a measurement of premature death (mortality). YPLL is an estimate of the average years a person would have lived if he/she had not died prematurely—typically before the age of 75. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly.^{xxxvii} Figure 15^{xxxviii} illustrates the average Years of Potential Life Lost for each county within the ELVPHD region compared to the state in 2000. Burt County had a higher YPLL than the state and other counties in the ELVPHD district, which may be due to having had higher death by injury rate along with high rates of mortality due to cancer, chronic lung disease, accidents, stroke and diabetes than the state and other counties in the ELVPHD district.

Figure 12. Years of Potential Life Lost (YPLL), ELVPHD District



*Missing data for Stanton County Source: County Health Rankings 2022

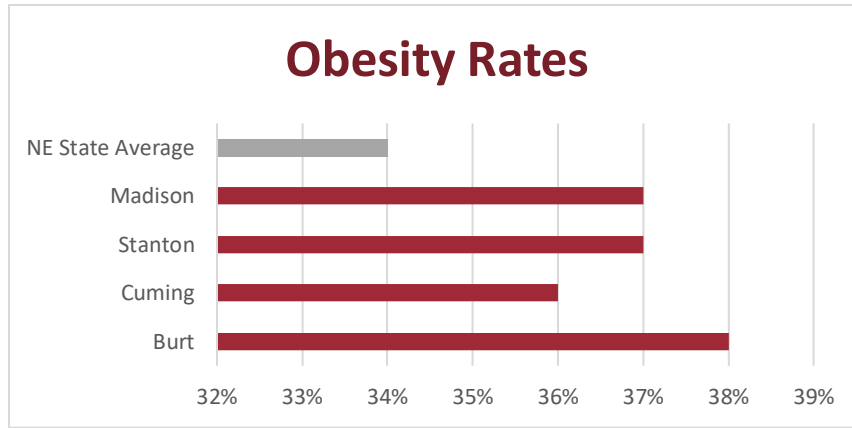
Leading Types of Chronic Disease

Four out of five of the leading causes of death in Nebraska were chronic diseases, including heart disease, cancer, chronic lung disease and cerebrovascular disease. In addition to diabetes, these chronic diseases were the most common, costly and preventable of all health problems in the U.S.^{xxxix} Furthermore, deaths by chronic disease comprised nearly 50% of the Years of Potential Life Lost (YPLL) among Nebraskans.^{xl} Most of these leading types of chronic disease are generally preventable through a healthy lifestyle that includes healthy eating and active living, not smoking and limiting alcohol consumption.

Overweight/Obesity

According to the 2022 County Health Rankings, about 1 in 3 (37%) adults in the ELVPHD district were considered obese (Body Mass Index [BMI] = 30+), slightly higher than the state (34%). According to the Nebraska BRFSS (2016-2020), 71.8% of adults in the ELVPHD district reported being overweight or obese (BMI = 25+), slightly higher than the state (69%), with rates higher among males than females (76.5% and 66.8%, respectively) and Hispanic adults compared to Non-Hispanic, White adults (77.6% and 71.8%, respectively).

Figure 13. Obesity Rates, ELVPHD District



Source: County Health Rankings 2022

Table 8. Overweight/Obesity Rates, ELVPHD

Overweight/Obese ^{xii} (BRFSS, 2016-2020)	Overweight or Obese (BMI=25+)	Obese (BMI=30+)
Nebraska	69%	33%
ELVPHD District	72%	34%
Male	77%	34%
Female	67%	34%
Hispanic	77%	43%
Non-Hispanic, White	72%	33%

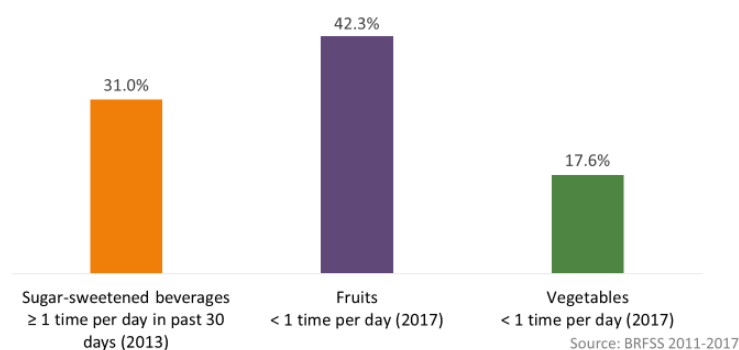
Physical Activity and Nutrition

While 297 survey respondents report getting enough exercise as a health concern, County Health Rankings states that 30% in Burt, Cuming and Madison Counties and 27% in Stanton County report physical inactivity. 23% in Burt County, 65% in Cuming County, 29% in Stanton County and 76% in Madison County report access to exercise opportunities.

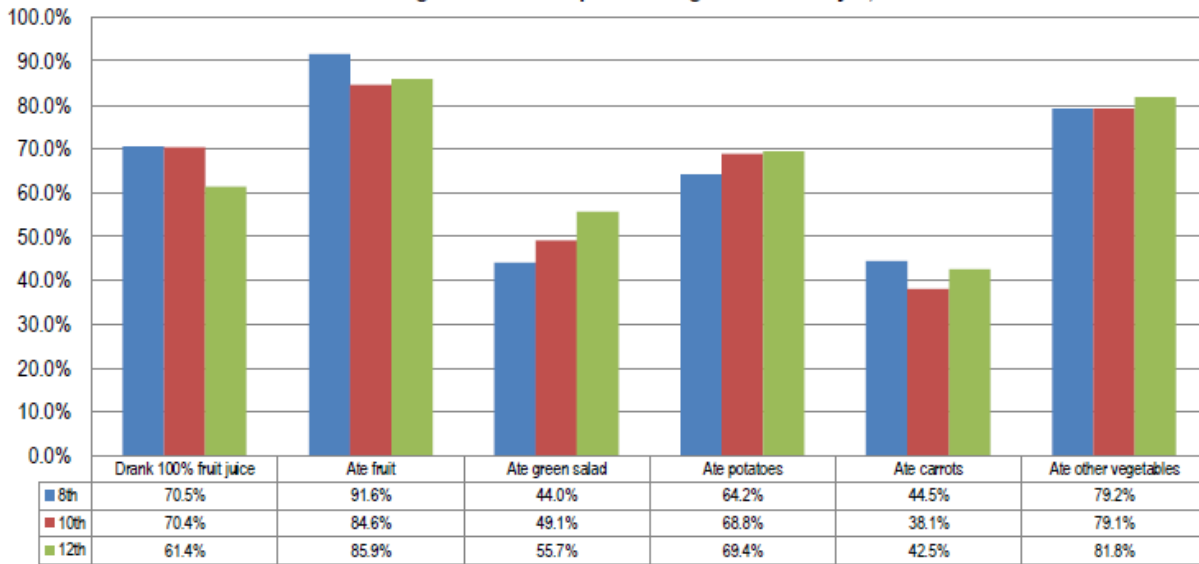
According to the Nebraska BRFSS, healthy eating and active living was not a routine behavior for many adults in the ELVPHD district. Over 33% of adults in this area reported consuming fruits less than 1 time per day (Healthy People 2030 goal = .50 cup/1,000 calories) and nearly 23% of adults consumed vegetables less than 1 time per day (Healthy People 2030 goal = .84 cup/1,000 calories).

Figure 14. Nutrition Behaviors, ELVPHD District

How often adults in ELVPHD consume Sugar-sweetened Drinks, Fruits, Vegetables



Fruit and Vegetable Consumption during the Past 7 Days*, 2021

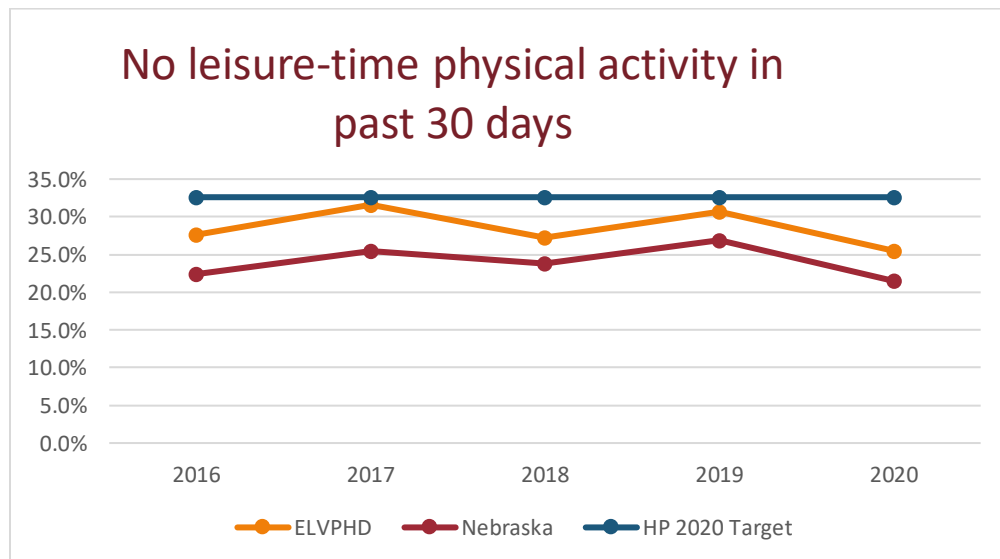


Notes: *Percentage who reported consuming the named drink or food one or more times during the past 7 days.

Source: NRPFS 2021

Despite the majority of adults (83.2%)^{xiii} in the ELVPHD region indicating that they had access to safe places to walk in their neighborhoods, over 1 in 4 adults reported no leisure-time physical activity in the past 30 days. Also, of concern, the 2012 to 2017 trendline indicates that the percentage of ELVPHD residents reporting no leisure-time physical activity has fluctuated.

Figure 15. Physical Activity—No Leisure-Time, ELVPHD District



Source: BRFSS 2016-2020

Heart Disease

According to HealthPeople.gov, heart disease is the leading cause of death and stroke is the fifth leading cause of death in the United States. Heart disease is one of the top two leading causes of death in the ELVPHD district and across the state. Leading a healthy lifestyle, including active living, healthy eating, not smoking and limiting alcohol use, and/or managing other medical conditions, high cholesterol, high blood pressure, or diabetes, reduces the risk of heart-related diseases, including heart attack and stroke. In Nebraska, non-Hispanic, White (81.1/100,000), African American (93.9/100,000), and Native American (94.6/100,000) populations have a higher rate of death due to heart disease than the state (77.4/100,000).^{xliii} 330 ELVPHD CHA survey respondents reported heart disease as a health concern.

Table 9. Heart Disease Indicators, ELVPHD District

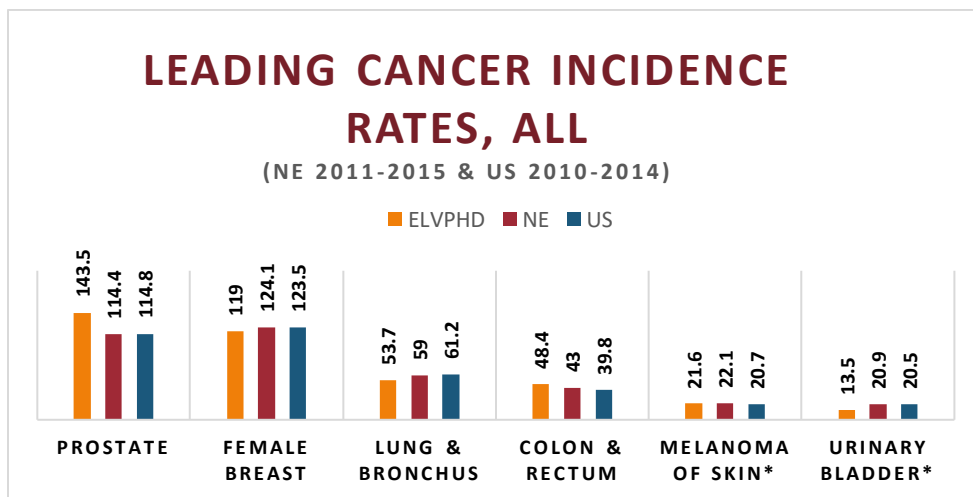
Heart Disease Indicators ^{xliiv}	NE	ELVPHD Region		
		Overall	Female	Male
Ever told they have high blood pressure (excluding pregnancy)	31%	33%	32%	34%
Currently taking blood pressure medication, among those ever told they have high BP	78%	80%	87%	74%
Ever told they have high cholesterol, among those who have ever had it checked	31%	34%	35%	33%

Cancer

Cancer was the second leading cause of death Nebraska in 2018, surpassed by heart disease. For the period 2014-2018, urinary bladder cancer was significantly lower in Madison County than the rest of the state. Prostate cancer was significantly higher than the rest of the state in Burt, Cuming and Madison counties. 421 survey respondents reported cancer as a health concern.

In the ELVPHD region, prostate cancer was the leading type of cancer diagnosed (143.5/100,000 population), which surpassed the state and nation rates (114.4 and 114.8/100,000 population, respectively). Female breast cancer followed as a close second for ELVPHD district (119/100,000 population) and was lower than the state and national rates (124.1 and 123.5/100,000 population, respectively). Notably, the incidence of cancer of any type was three times higher in the ELVPHD district for Hispanics and non-Whites compared to Non-Hispanic, Whites.

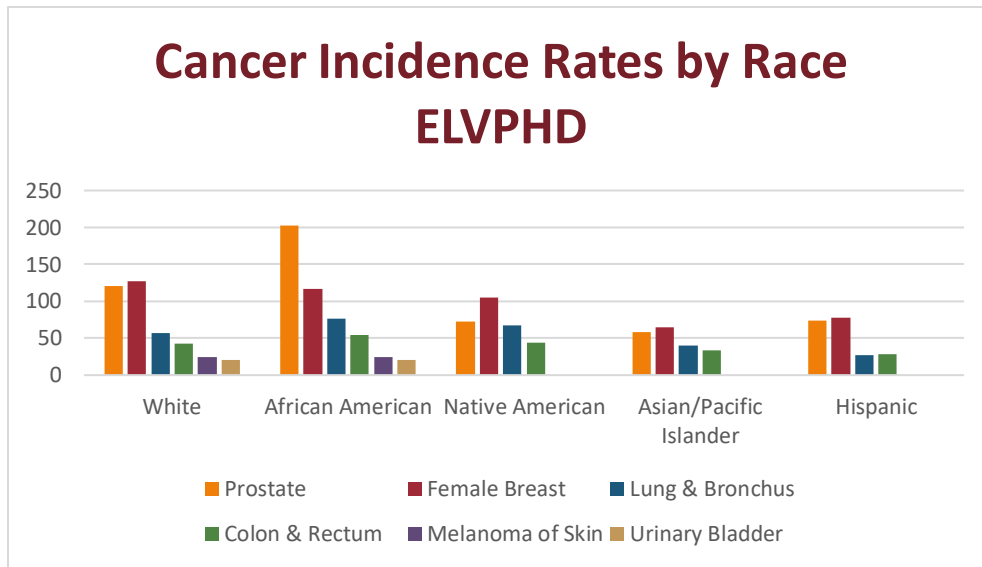
Figure 19. Cancer Incidence Rates, ELVPHD District



Source: Cancer Registry, 2018

*ELVPHD data not available for Burt, Cuming or Stanton counties

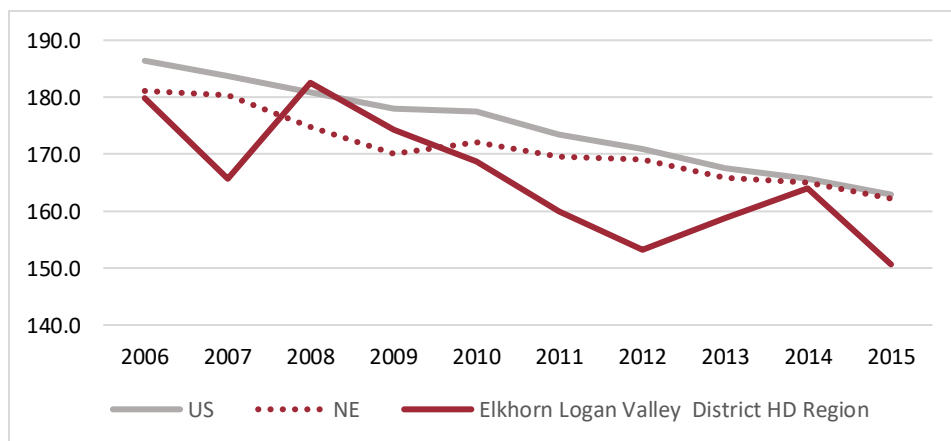
Figure 160. Cancer Incidence Rates by Race, ELVPHD District



Note: Melanoma of Skin and Urinary Bladder not reported in all races. Source: Cancer Registry, 2009-2018

Cancer mortality rates have declined over the past decade in the ELVPHD district, state and nation (see Figure 23). Despite this trend, cancer remained one of top two leading causes of death in the ELVPHD district through 2015.

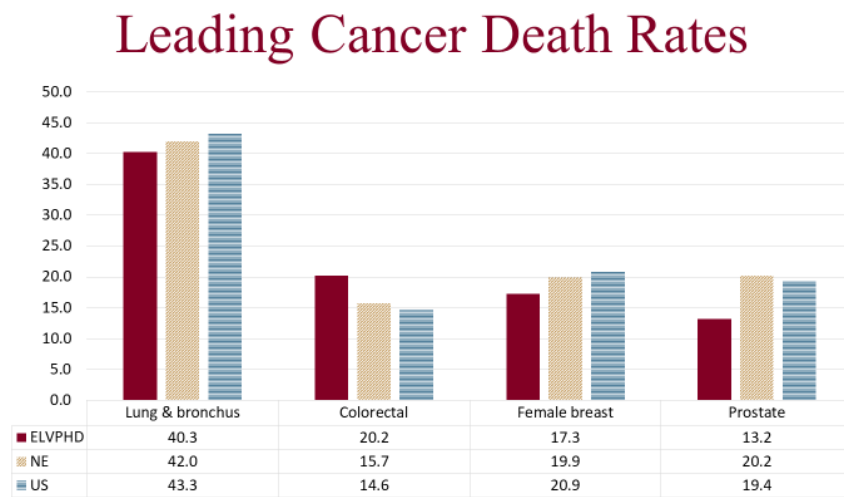
Figure 17. Cancer Mortality Trends (per 100,000 population), ELVPHD District



Cancer mortality data by race and ethnicity was not readily available for the ELVPHD district. Native Americans, African Americans and Whites across Nebraska had cancer mortality rates in excess of the state target of 145.2/100,000 population (see Figure 23).

Lung (and bronchus) cancer was the leading type of cancer that resulted in death in the ELVPHD district (see Figure 24).^{xiv} Tobacco smoking remains the leading cause of lung cancer, responsible for about 80% of lung cancer deaths. Other causes include exposure to secondhand smoke and radon.^{xvi}

Figure 18. Cancer Mortality Rates, ELVPHD District

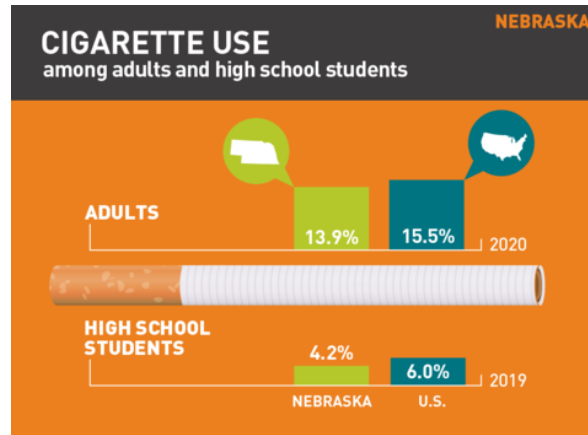


Tobacco and Nicotine Product Usage

Cigarette smoking is the leading cause of preventable disease and death in the US. According to the CDC, the smoking rate among adults in the US has dropped from 20.9% in 2005 to 15.5% in 2016.^{xlvii} According to the Nebraska BRFSS (2016-2020), the smoking rate among adults in the ELVPHD region was 14.9%^{xlviii}, similar to the state smoking rate of 15.4%. Smoking rates among male adults in the ELVPHD region was higher than female adults (13.8% and 16%, respectively) and higher among White, non-Hispanic adults than minority adults (16.8% and 14.6%, respectively). While the smoking rate in ELVPHD was trending downwards, it remains higher than the Healthy People 2020 target (12%).

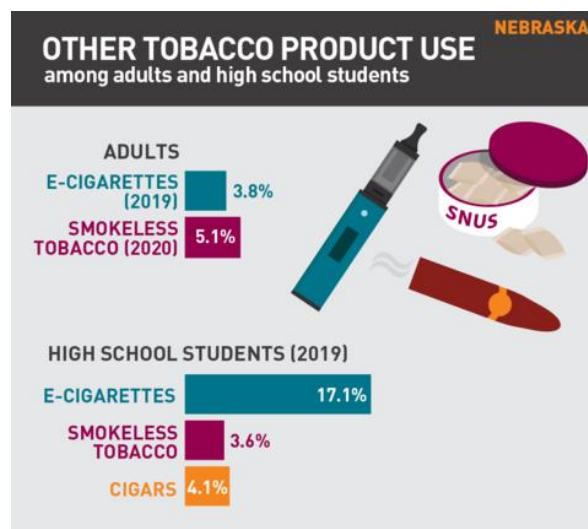
According to the Nebraska BRFSS (2016-2020), E-cigarette use among adults in the ELVPHD district is 5.6% versus 5.2% for the state. Usage is higher amount males (7.5%) than females (3.7%). Usage among White, non-Hispanic adults is equal to minority adults (6.1% and 6.3% respectively).

Figure 19. Tobacco Use Rate, Nebraska



Source: Truth Initiative.org

Figure 20. Tobacco Use—Other Tobacco Product Use Rate, Nebraska



Source: Truth Initiative.org

While Nebraska has a clean indoor air ordinance prohibiting smoking in all government and private workplaces, schools, childcare facilities, restaurants, bars, casinos/gaming establishments, retail stores and recreational/cultural facilities, tobacco products are relatively easy to access and inexpensive. Nebraska’s tobacco tax is \$0.64 per pack, \$1.27 lower than the national average, ranking Nebraska 42nd in the US for its cigarette tax^{xlix}.

Radon Risk

Breathing radon gas is the second-leading cause of lung cancer behind smoking. Nebraska has a high statewide average radon level at 6.3 pCi/L. Over half of the radon tests in the state were above the Environmental Protection Agency’s recommended action level of >4.0 pCi/L. At least 70 of 93 Nebraska counties had an average radon level greater than 4.0 pCi/L, including Burt, Cuming, Madison, and Stanton counties.^l

Injury

Deaths due to injury made up 6% of total deals to Nebraskans and injury was the second leading cause of years of potential life lost after cancer.^{li} Statewide, unintentional motor vehicle crashes and suicide were the leading causes of injury death. Suicide was the leading cause of injury death for Nebraskans age 35-55 and the second leading cause of injury death for ages 5-34. Death rates from falls are relatively low until the age of 65 years, when it begins to rise dramatically.

Table 10. Leading causes of injury, Nebraska

Table 6: Leading causes of injury	
Leading causes of <i>death</i> by injury in Nebraska (2009-2013)	Leading causes of <i>hospitalizations</i> due to injury in Nebraska (2009-2013)
<ol style="list-style-type: none"> 1. Motor vehicle crashes 2. Suicide 3. Unintentional falls 4. Unintentional poisoning 	<ol style="list-style-type: none"> 1. Unintentional falls 2. Unintentional injuries due to motor vehicle traffic 3. Self-inflicted injuries

In the ELVPHD district, all counties except Stanton County experienced higher rates of death by injury than the state. Of particular note, the death by injury rate in Burt County was over 1.5 times higher than the state (see Figure 31ⁱⁱⁱ).

Figure 25. Injury Death Rate (per 100,000), ELVPHD District

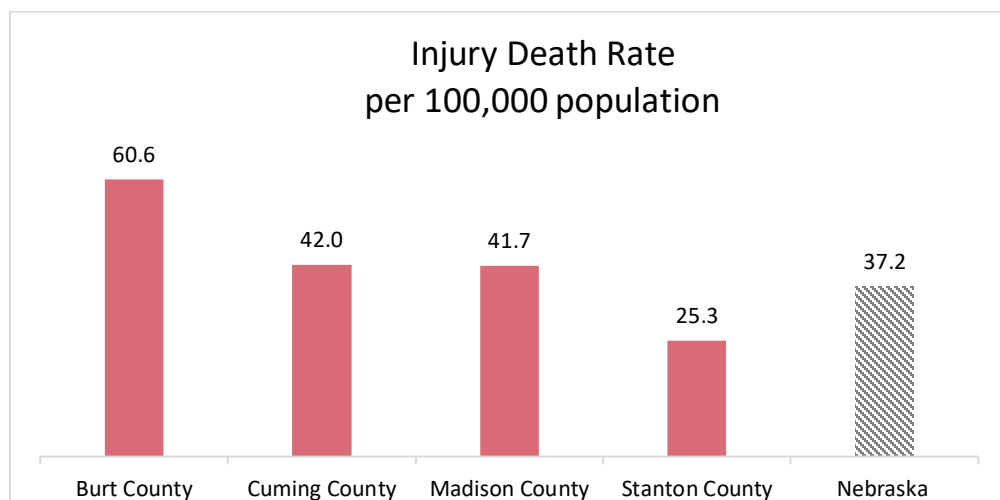
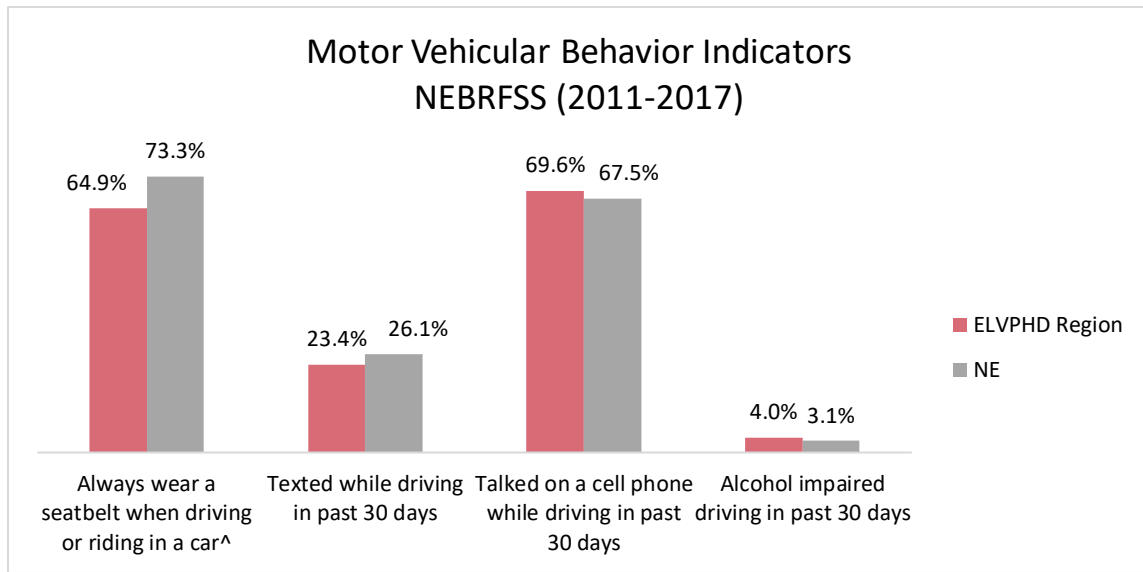
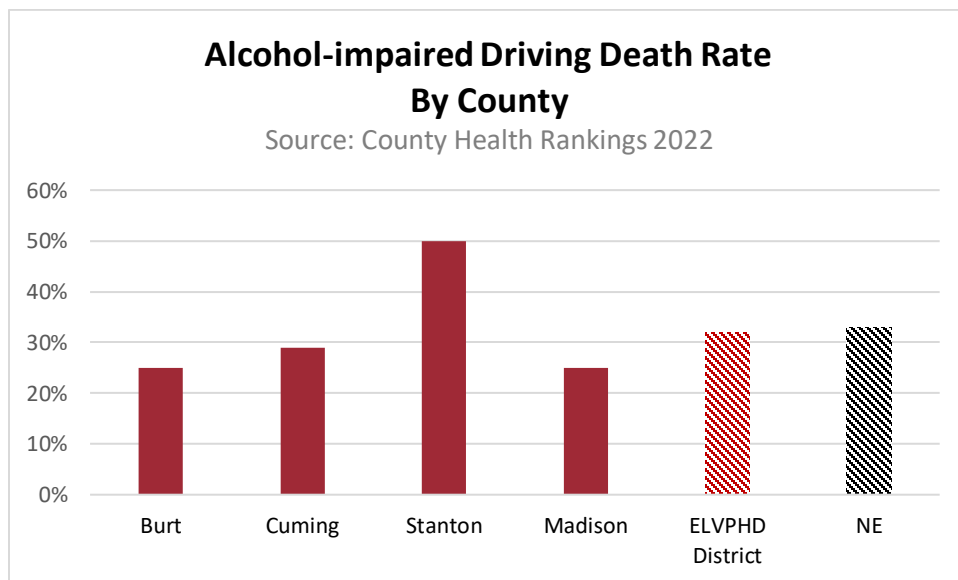


Figure 26. Motor Vehicular Behavior Indicators, ELVPHD District



The death rate caused by alcohol-impaired driving in the ELVPHD district (32%) was similar to the state rate (33%)^{liii}. Specifically, Stanton and Madison counties experienced higher death rates caused by alcohol-impaired driving than the state (see Figure 33).

Figure 27. Alcohol-Impaired Driving--Death Rate, ELVPHD District



Work-related injury across the ELVPHD district was minimal (4.2%) and mirrored the state average (4.8%). Injuries related to falls were more common. Nearly 1 in 4 adults in the ELVPHD district aged 45 years and older experienced a fall in the past year. Almost 8 percent of those falls resulted in an injury.^{liv}

Behavioral/Mental Health and Related Risk Factors

Mental health impacts a person’s ability to maintain good physical health and vice versa. Mental health is strongly associated with the risk, prevalence, progression, outcome, treatment and recovery of chronic diseases, including diabetes, heart disease and cancer. Good mental health is essential for a person to live a healthy and productive life.^{lv}

According to the Nebraska Behavioral Health Needs Assessment in 2016, mental health illness was a common health problem in Nebraska. One in five Nebraskans reported any mental illness—defined as any diagnosable mental, behavioral or emotional disorder other than substance use disorder. Nebraska’s rate is similar to the US rate (18.13%). Concerning, although less common, 4%-7% of Nebraskans reported having serious thoughts of suicide, a major depressive episode, or serious mental illness—defined as a mental disorder causing significant interference with one or major life activity.

Table 11 below summarizes the 2016-2020 BRFSS data regarding mental health indicators for Nebraska and the ELVPHD district. Females fared worse across all indicators. Compared to the state, as a whole, ELVPHD is relatively aligned across all five indicators.

Table 11. Mental Health problem indicators in ELVPHD District: Based on 2016-2020 Behavioral Health Risk Factor Surveillance System Data

	General health fair or poor	Ever told they have depression (%)	Average days mental health was not good in past 30 days	Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)	Average days poor physical or mental health limited usual activities in past 30 days	Poor physical or mental health limited usual activities on 14 or more of the past 30 days
Nebraska	13.9%	17.5%	3.6%	10.9%	2.1%	6.5%
ELVPHD District	14.5%	15.6%	3.1%	9.7%	2.2%	7.3%
Male	13.7%	10.3%	2.4%	7.3%	1.9%	5.9%
Female	15.3%	20.9%	3.9%	12.0%	1.8%	8.7%

Suicide Risk

In Nebraska Suicide is the 13th leading cause of death. It is the 2nd leading cause of death for ages 10-24, ages 25-24 and ages 35-44. 51.58% of communities did not have enough mental health providers to serve residents in 2021 according to federal guidelines. 71% of firearm deaths were suicides and 49% of all suicides were by firearms. ^{lvi}

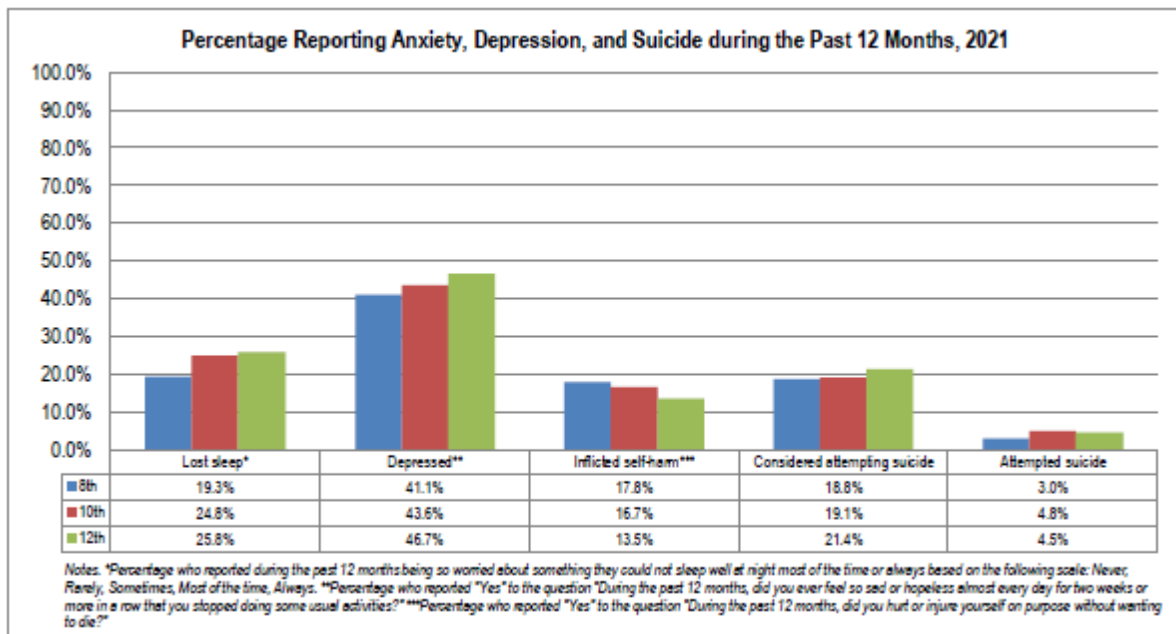
Table 12. Suicide Death Rates

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Nebraska	283	14.86	28
Nationally	45,979	13.48	

Source: American Foundation for Suicide Prevention

Figure 28. Anxiety, Depression, and Suicide – Youth, ELVPHD District



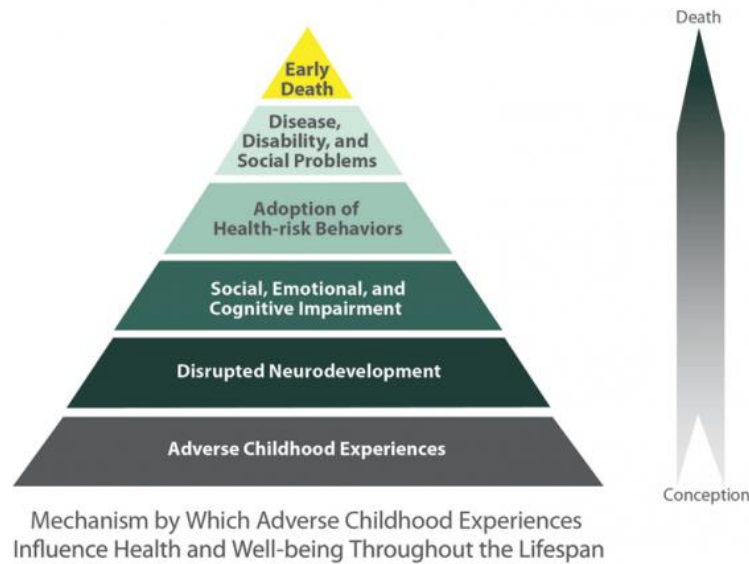
Source: NRPFS 2021

Veterans are at **higher risk for several negative behavioral health outcomes – most alarmingly, suicide**. Data from the [2016 Behavioral Risk Factor Surveillance System \(BRFSS\)](#) show that veteran families are also impacted. Statewide, when compared to other demographic groups, Nebraska's Veteran **spouses and partners report having more poor mental health days and are more likely to have been told that they have depression.** ^{lvii}

Adverse Childhood Experiences

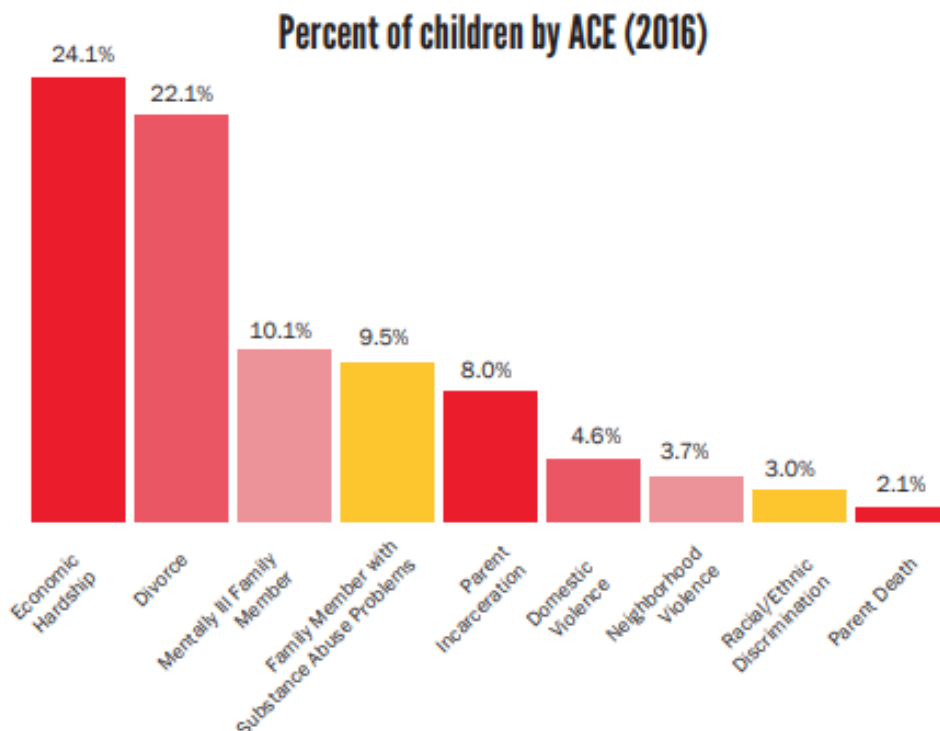
Adverse childhood experiences (ACEs) are one of the most accurate predictors of lifelong health and well-being.^{lxviii} ACEs are stressful or traumatic events that occur before age 18^{lix} and can include things such as a child experiencing abuse and neglect; family effects of struggling to get by financially; seeing/hearing violence in the home; witnessing and/or being the target of neighborhood violence; living with anyone mentally ill, suicidal, or depressed; living with anyone with alcohol or drug problems; experiencing parents who are divorced/separated or serving jail time.^{lx} The landmark Kaiser ACE study showed dramatic links between ACEs and the leading causes of death, risky behaviors, mental health and serious illness.^{lxi} Figure 35 demonstrates the ACE Pyramid, used as the conceptual framework for the Kaiser Study.^{lxii}

Figure 21. ACE Pyramid



In 2016 across the state, 42% of children experienced one (1) or more ACEs. Of those, 22% of children experienced 1-2 ACEs and 20% experienced 3+ ACEs^{lxiii}, which was similar to the US rate of 21.7%^{lxiv}. Figure 36 illustrates the percent of children by ACE category in Nebraska.^{lxv}

Figure 22. Percent of children by ACE category in Nebraska



Resilience is the ability to adapt to stressful or traumatic events, such as ACEs. Resilience is not a genetic factor but more of a learned behavior. Resilience can be cultivated in anyone.^{lxvi} Children who experience protective family routines and habits, such as limited screen time, no TV/screen time in bedrooms, parents who have met all or most of the child's friends, and parents who participate in a child's extracurricular activities^{lxvii} are less likely to experience ACEs.^{lxviii} Community-based strategies to provide safe, stable, nurturing relationships and environments to increase resilience and to reduce ACEs can include:

Program based^{lxi}:

- Home visiting programs for pregnant women and families with newborns
- Parenting training programs
- Intimate partner violence prevention programs
- Social support for parents
- Teen pregnancy prevention and parent support programs for teens
- Treatment for mental illness and substance abuse
- High quality, affordable childcare
- Sufficient income support for low-income families

System/Policy based^{lxi}:

- Increase awareness of ACEs and their impact on health within both the professional and public spaces
- Increase capacity of health care providers to assess for the presence of ACEs and appropriate response
- Enhance capacity of communities to prevent and respond to ACEs through investment in evidence-based prevention programming, trauma interventions and increased access to needed mental health and substance abuse services
- Increased funding for ACE-specific surveys in order to increase their utility and scope

Substance Use Disorders

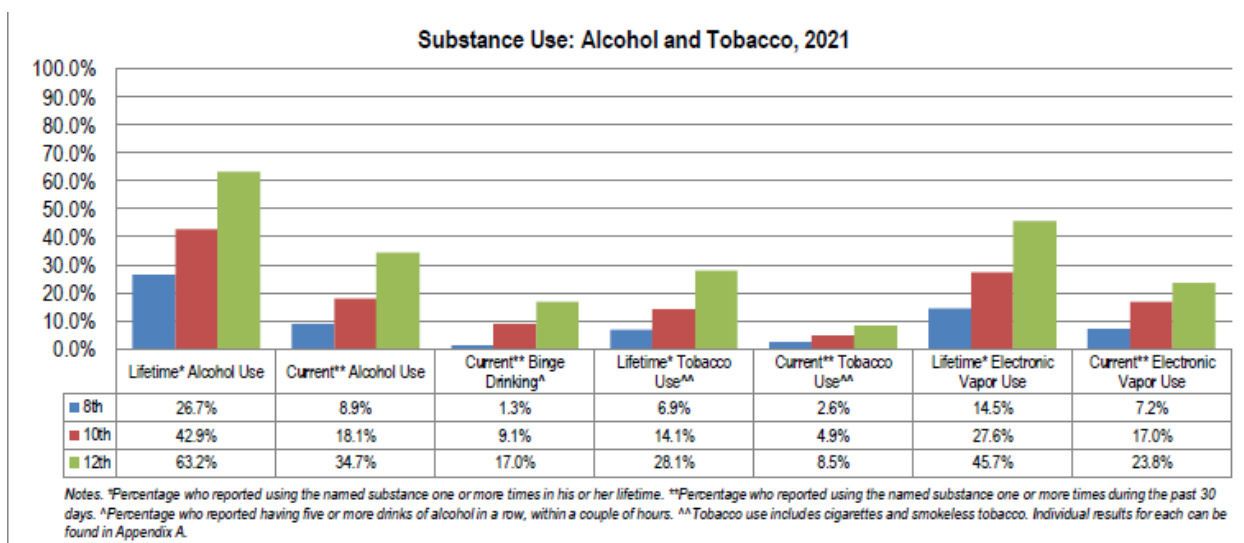
Like mental health, substance use disorders are among the top causes of disability in the US and can make daily activities hard to accomplish.^{lxi} Furthermore, substance use and addiction can advance the development of mental illness due to the effects of substances in changing the brain in ways that make a person more likely to develop a mental illness. Likewise, mental illness can lead to drug use and substance use disorders.^{lxii}

Alcohol Use

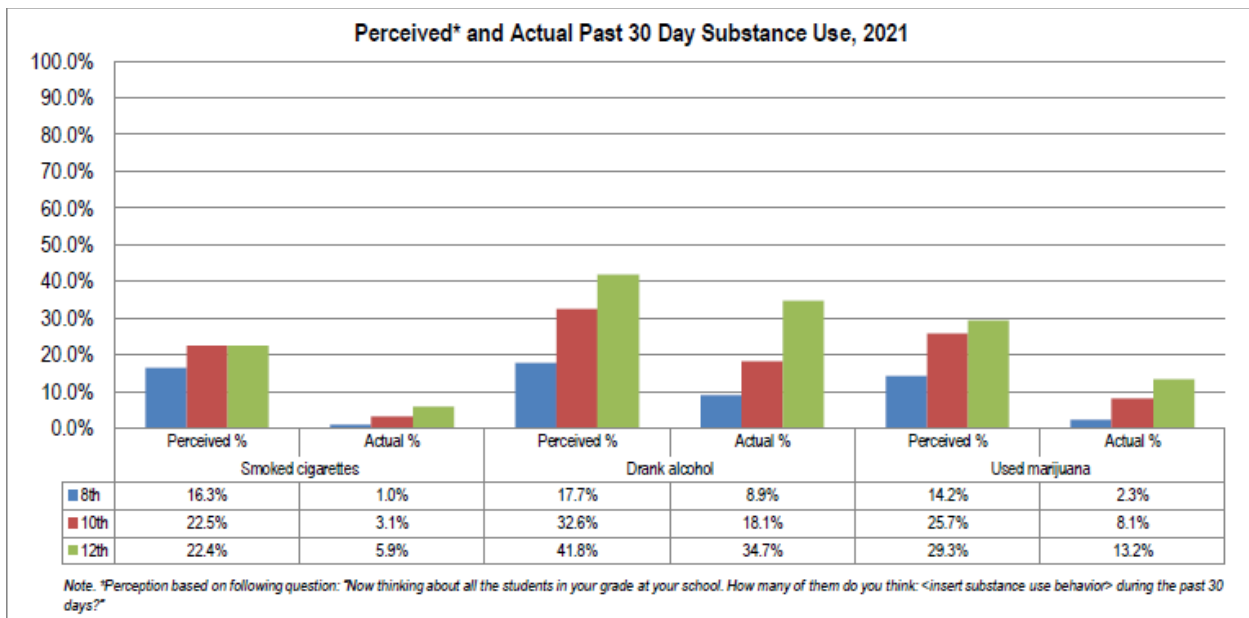
In 2015, Nebraska ranked 47th in the nation for the prevalence of binge drinking (20.3%), a stark difference when compared to West Virginia (ranked 1st, less than 10%).^{lxiii} Excessive alcohol consumption, in either the form of binge drinking (more than 4 drinks on one occasion for men or more than 3 drinks on one occasion for women) or heavy drinking (drinking more than 14 drinks per week for men or more than 7 drinks per week for women), is associated with an increased risk of many health problems.^{lxiv} The Nebraska BRFSS survey in 2020 indicated 20.8% of adults in the ELVPHD region reported binge drinking in the past 30 days, and 7.2% of adults in the ELVPHD region reported heavy drinking in the past 30 days, both of which were higher than the US averages (17% and 6% respectively).

The 2021 Nebraska Risk and Protective Factor Student Survey (NRPFS) assesses Nebraska students in grades 8, 10, and 12 on levels of substance use, risk, protection and delinquent behavior. The ELVPHD has a 19.7% participation rate vs. 16.9% for the state. The survey participants were identified as 52.1% male and 47.9% female. White represented 68.2% of participants, 20.1% Hispanic, 5.6% American Indian, 3% African American, and 3.1% other races.

Figure 23. Substance Use: Alcohol and Tobacco – Youth, ELVPHD District

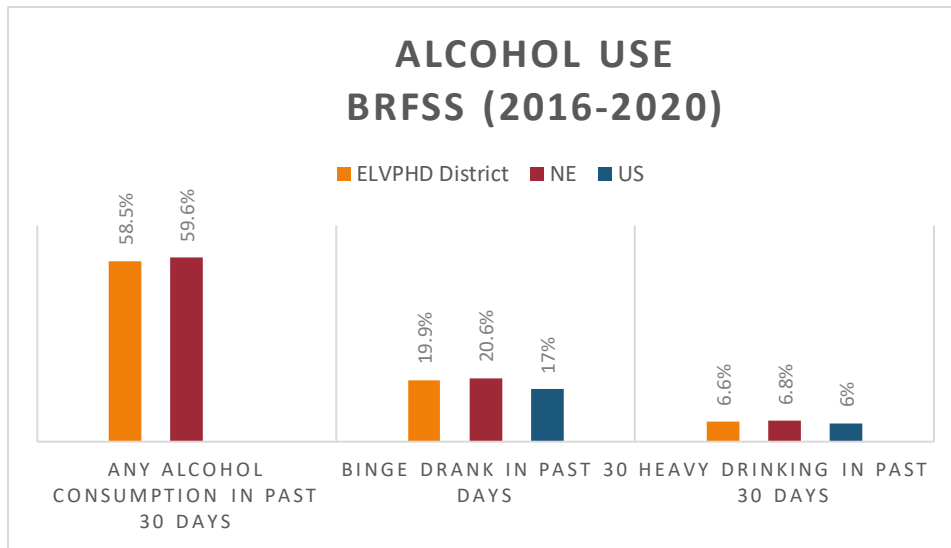


Source: NRPFS 2021



Source: NRPFFS 2021

Figure 32. Alcohol Use, ELVPHD District



Maternal and Child Health

Infant mortality (death of an infant before his/her first birthday) is an indicator of maternal and child health within a community. More importantly, this indicator is a marker of overall health of a community due to the associations between the causes of infant death and other factors that are likely to influence health—such as social and economic factors, general living conditions and other quality of life factors.^{lxxv} The infant mortality rate (the number of infant deaths per 1,000 live births in the same year) in the US was 5.4 in 2020.^{lxxvi}

Nebraska fairs a little bit better than the US with an infant mortality rate of 6.^{lxxvii} Figure 38 illustrates the stark differences between counties across the ELVPHD district regarding infant mortality.^{lxxviii} Stanton counties' infant mortality rate was higher than the state rate and over two times higher than Burt and Cuming counties' rates.

Table 12 provides an overview of the birth statistics, maternal and child health indicators. Notably, the teen birth rate in Madison County was almost two times the rate of other counties in the ELVPHD district and higher than the state rate (an average of 10 and 25, respectively).

Table 13. Maternal and Child Health Indicators, ELVPHD District

Maternal and Child Health Indicators	Burt	Cuming	Madison	Stanton	ELVPHD District	NE
Birth rate ^{lxxix}	10.5	11.2	13.5	13.3	11.8	13.9
Teen birth rate ^{lxxx}	16	12	23	13	16	25
Low birthweight ^{lxxxi}	7%	5%	6%	8%	6.5%	7%

Healthcare Access and Utilization

Healthcare Insurance Coverage

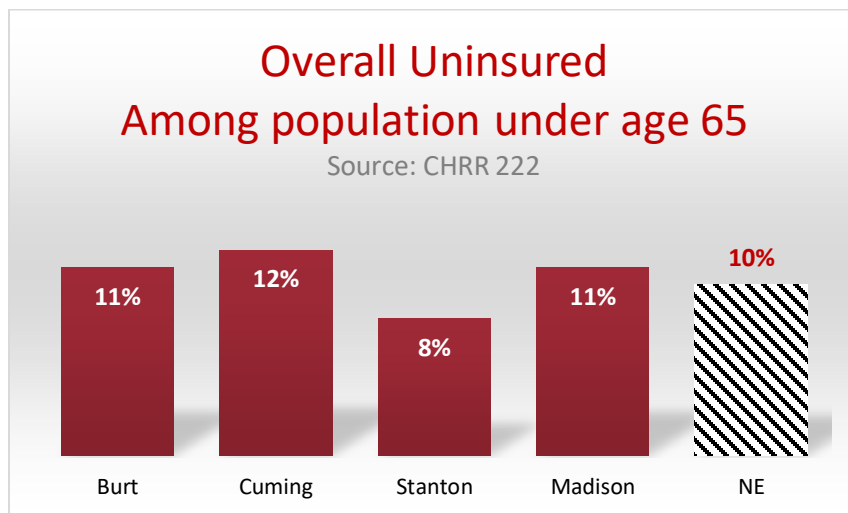
According to the Nebraska BRFSS (5-year average; see Table 13), nearly one in five adults aged 18-64 in the ELVPHD district did not have health care coverage.

Table 14. Health Care Access Indicators, ELVPHD District

Health Care Access Indicators ^{lxxxii} (BRFSS, 2016-2020)	NE	ELVPHD Region		
		Overall	Male	Female
No health care coverage, 18-64-year olds	15.1%	15.7%	15.3%	16.2%

To provide a county snapshot for uninsured among the population under age 65, the latest County Health Rankings (see Figure 39) reported that more adults under age 65 in the ELVPHD district were uninsured than the state average (10%). The exception was Stanton County (7%).

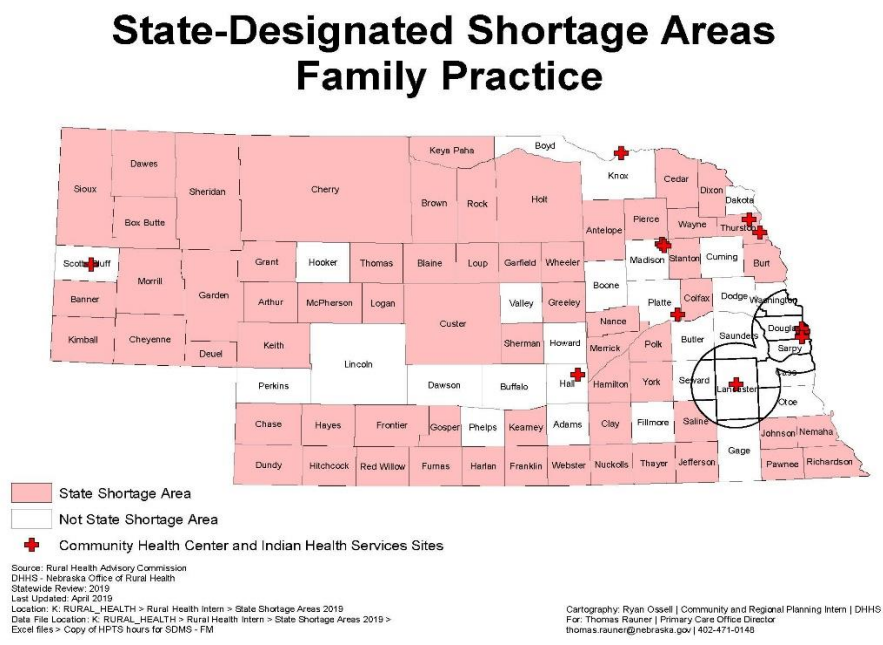
Figure 24. Uninsured Rates—18-64 years of age, ELVPHD District



Healthcare Providers

While lack of health insurance, cost of health care services and age of clientele may be contributing factors of not accessing health care, health professional shortages can compound the issue. About 3 in 4 adults in ELVPHD district had a personal doctor or healthcare provider.^{lxxxiii} According to the Health Resources and Services Administration (HRSA), some counties and areas within counties that comprise the ELVPHD district were designated as Medically Underserved Areas (MUA). MUAs are “counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.” The following map (figure 40) illustrates the federal health professional shortage area for primary care across the state in 2019.

Figure 34. State- Designated Shortage Areas – Family Practice



Notably, all of Burt and Stanton Counties were state designated shortage areas for primary care. To help ease this provider shortage problem, Physician’s Assistants (PA-Cs) and Nurse Practitioners (APRNs) were utilized in many primary care clinics in the ELVPHD region, and the Northern Nebraska Area Health Education Center (AHEC) worked with healthcare agencies to place students on paths to training to be healthcare providers. Between 2013 and 2018, the ratio of population to primary care provider had improved in each of the counties (no data was available for Stanton County), yet this ratio fell below the state ratio (see Table 14). The 2022 data shows that the ration has increased on Burt and Madison counties.

Table 15. Ratio of Population per Primary Care Provider, ELVPHD District

Ratio of Population : Primary Care Provider

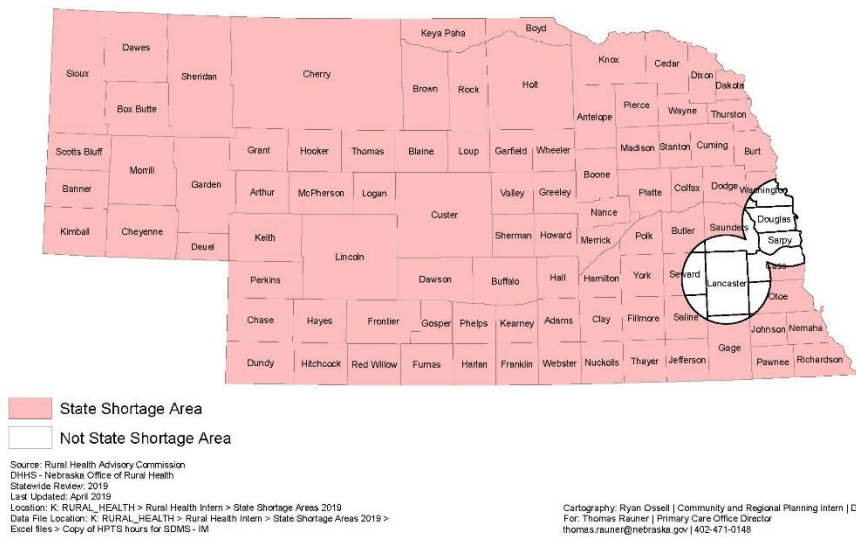
	NE	Burt	Cuming	Madison	Stanton
2013	1413:1	3425:1	3052:1	1397:1	No Data
2016	1345:1	3287:1	2999:1	1260:1	No Data
2018	1340:1	2200:1	2280:1	1350:1	No Data
2022	1310:1	3230:1	2210:1	1740:1	No Data

Generally, emergency rooms and primary care offices are the most common place where people with behavioral health needs seek care. Often clinicians in these settings do not have the resources and/or training to appropriately respond to behavioral health needs. Overall, 66% of primary care providers report that they are unable to respond to people with behavioral health needs due to a shortage of mental health providers and to insurance barriers.^{lxxxiv}

Most all counties in the state are designated as mental health professional shortage areas (see Figure 41). In the ELVPHD district, the ratio of population to mental health provides ranges from 170:1 to 6,480:1. The state average is 340:1.^{lxxxv} Even with ELVPHD’s known mental health professional shortage area designation, access to behavioral health care may be further complicated by other barriers, including lack of insurance coverage and stigma often associated with mental illness.^{lxxxvi}

Figure 35. Mental Health Care, State-Designated Shortage Areas

State-Designated Shortage Areas Psychiatry and Mental Health



In other health professional care, including dentistry and pharmacy, counties within ELVPHD were designated as shortage areas. Figures 42, 43, and Table 15 illustrate these shortages.

Figure 36. Dentistry, State-Designated Shortage Areas

State-Designated Shortage Areas General Dentistry

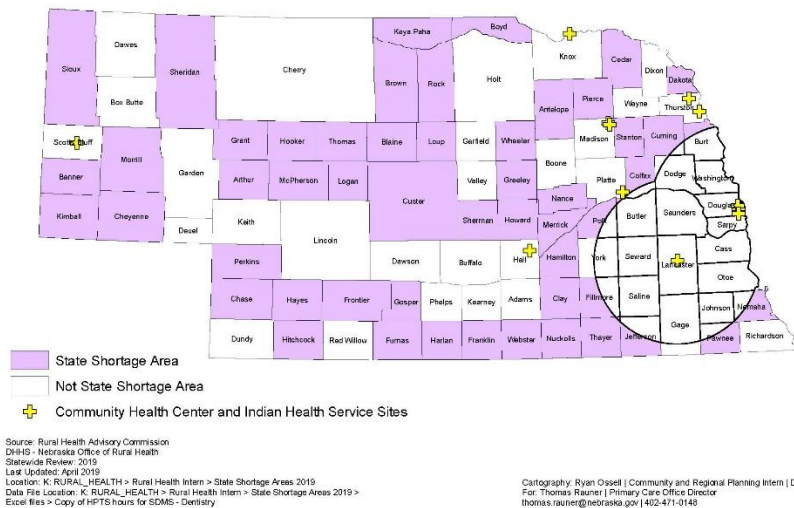


Figure 37. Pharmacist, State-Designated Shortage Areas

State-Designated Shortage Areas Pharmacy

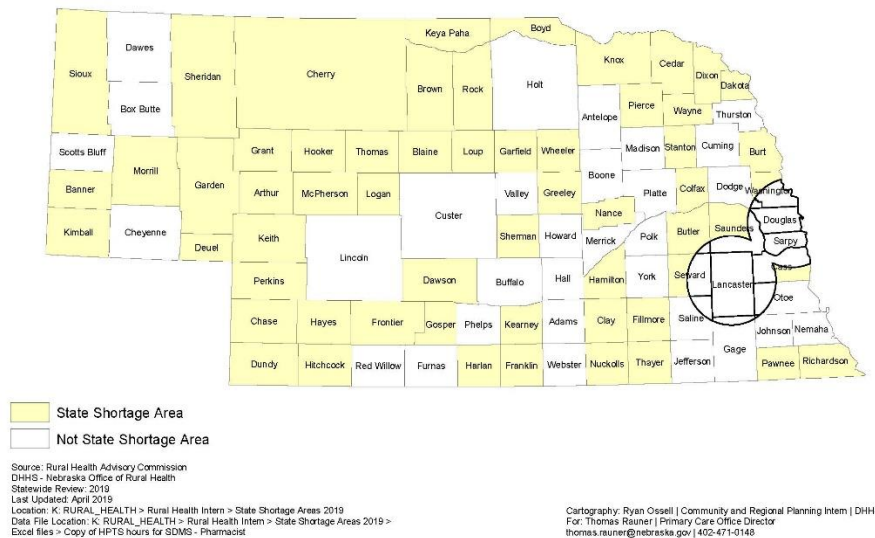


Table 16. Ratio of Population per Type of Provider, ELVPHD District

Ratio of Population : Type of Provider (2022)

	NE	Burt	Cuming	Madison	Stanton
Primary care physicians	1310:1	3230:1	2210:1	1750:1	No Data
Dentists	1260:1	3240:1	2200:1	770:1	No Data
Mental health providers	340.1	6480:1	1100:1	170:1	5880:1

Source: CHRR 2022

Health Care and Prevention Assets

In the ELVPHD district, health care providers and services include two hospitals, namely Faith Regional Health Services (Norfolk, Madison County) and St. Francis Memorial Hospital (West Point, Cuming County). The area also has one Federally Qualified Health Center (FQHC; Midtown Health Center in Norfolk, Madison County) and several other medical clinics all of which provide primary care, dental, health prevention and promotion and emergency care services. Many medical clinics in the ELVPHD district are open traditional business hours (from 8:00am to 5:00pm, Monday through Friday), except for the FQHC located in Madison County which offers services on a sliding-fee scale, until 6:00 p.m. Additionally, ELVPHD district has 26 dental clinics, concentrated in the western part of the district, and 17 EMS service providers. Providers offering specialty services travel to these medical clinics from outside of the ELVPHD district and hold office hours from weekly to once monthly at select medical clinics/hospitals.

Access for Aging Populations:

Multiple nursing homes are available in the ELVPHD district offering assisted living and around the clock nursing care for residents. However due to funding restrictions and limited payment reimbursement from insurance providers, a large nursing home facility closed in the ELVPHD area. Home-health professional and agencies are present in the ELVPHD district.

ELVPHD offers several preventative services including fall prevention (i.e. Tai Chi and Stepping On) for the older adult populations. Additionally, senior centers and the Northeast Nebraska Area Agency on Aging offer older adult prevention programming, such as activities, assistance and referrals to resources.

Access for Veteran Populations:

Multiple agencies in the ELVPHD district offer services for Veterans and their families. The Norfolk Veterans Affairs (VA) clinic and local hospitals and clinics offer health care. Other support services for Veterans and their families are offered by agencies such as the Northeast Nebraska Community Action Partnership, local churches, local Veterans of Foreign Wars (VFW) posts, American Legions, County Veteran Service Officers and the Department of Labor.

Preventative Screenings

Nearly 23% of adults in the ELVPHD did not receive a routine checkup in the past year.

Table 17. Preventative Health Screening Indicators, ELVPHD District

Preventative Health Screening Indicators ^{lxxxvii} (BRFSS, 2016-2020)	NE	ELVPHD Region		
		Overall	Male	Female
Preventative Screenings				
Heart Disease				
Had cholesterol checked in past 5 years	84%	85%	80%	89%
Cancer				
Up to date on colon cancer screening, 50-75-year olds	73%	70%	67%	72%
Up to date on breast cancer screening, female 50-74-year olds	76%			76%
Up to date on cervical cancer screening, female 21-65-year olds	78%			75%
Routine Checkups				
Had a routine checkup in past year	70%	71%	65%	77%

Figure 38. Colon Cancer Screening Rates, ELVPHD District

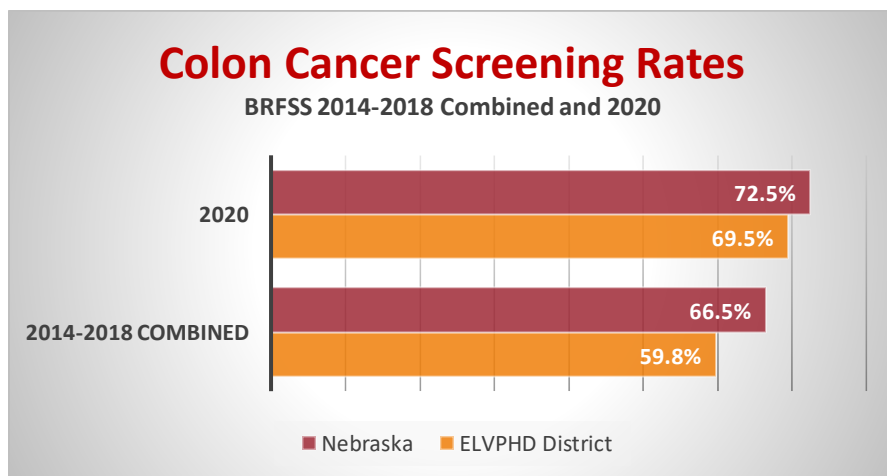


Figure 39. Breast Cancer Screening Rates, ELVPHD District

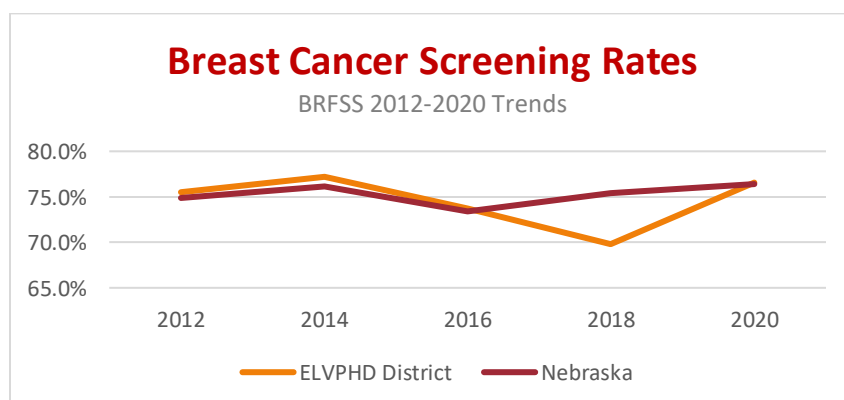
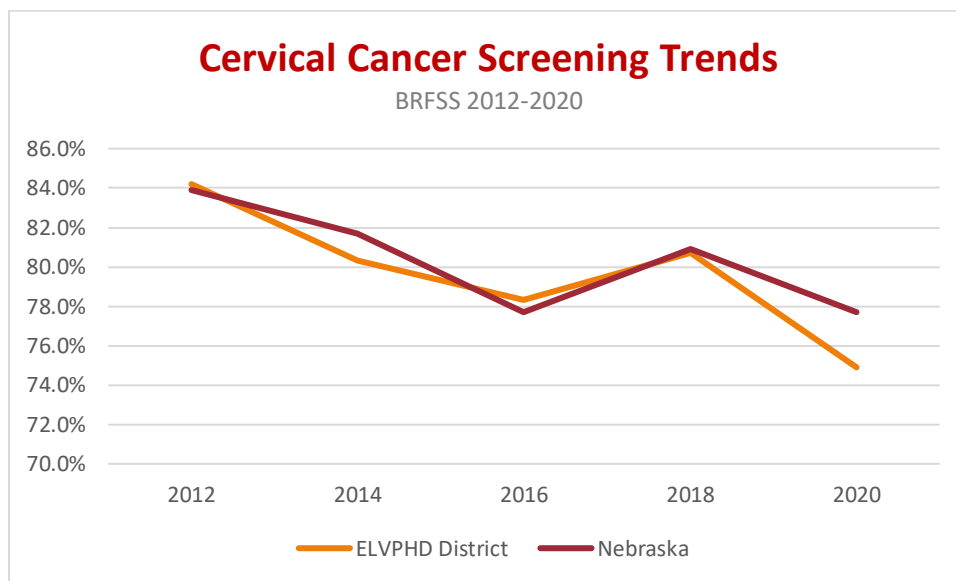


Figure 25. Cervical Cancer Screening Rates, ELVPHD District



Barriers to Accessing Health Care

Accessing health care is complicated by multiple factors, such as the ability to travel to care locations, location and number of healthcare providers, types and costs of services offered, insurance coverage, etc. The four counties in the ELVPHD district span over 100 miles from East to West and can take nearly two hours to travel across by car. The two area hospitals are located in different parts of the district and have multiple clinic locations, keeping driving distance fairly low. However, inclement weather, especially snow, can impact accessibility to healthcare services. There is also some variability in the maintenance of roads with main highways receiving the most attention and gravel roads receiving less attention after a significant snowfall which can delay travel to any service. Many residents in ELVPHD district live on gravel roads that experience this variability in the maintenance of those roads. Mass transportation is very limited throughout the ELVPHD district.

Cost of healthcare services can be another barrier to care for ELVPHD residents. Nearly one in 10 adults aged 18-64 needed to see a doctor but could not due to cost within the past year, and 1 in 5 adults aged 18-64 had no health care coverage.^{lxxxviii} Though data are not available for ELVPHD by race/ethnicity, Hispanics had the highest uninsured rates of any racial or ethnic group across the state (57.7%)^{lxxxix} and nation.^{xc} In the US, Medicare provides universal health coverage to adults 65 and older; however, cost-sharing and premium contributions continue to be a serious burden for many.^{xcii}

Table 18. Access to Care Indicators, ELVPHD District

Table X: Access to Care Indicators ^{xcii} (BRFSS, 2016-2020)	ELVPHD Region	NE
Needed to see a doctor but could not due to cost in past year	9%	12%
No personal doctor or health care provider	23%	20%
No health care coverage, 18-64-year olds	16%	15%

Healthcare professional shortages is another barrier to care for ELVPHD residents. Nearly 1 in 4 adults in the ELVPHD report not having a personal doctor or health care provider. Furthermore across the state, nearly 1 in 2 Hispanics and 35% of Native American’s reported not having a personal doctor or health care provider.^{xciii}

Health Disparities and Priority Populations

Rurality is associated with a number of negative health outcomes, specifically higher premature mortality rates, infant mortality rates, and age-adjusted death rates. Rurality is also associated with a number of negative health behaviors that contribute to chronic disease and death, such as unhealthy diets and limitations in meeting moderate or vigorous physical activity recommendations.^{xciv} These data paint a stark picture of health disparities given one factor, geography. There are disparities related to race and ethnicity independent from geography, and there are disparities related to geography independent from race and ethnicity. When disparities from independent factors overlap, such as race/ethnicity overlapping with geography, the result is a dual disparity resulting in some of the poorest health statuses seen in the nation.^{xcv}

Literacy and primary language must be taken into account in all health contexts. It is estimated that only 1 in 10 American adults have the skills needed to use health information that is routinely available in health care facilities, retail outlets, and they media.^{xcvi} *“Being able to read does not necessarily mean one will be health literate, however, the lack of basic literacy skills does mean that patients almost certainly will have difficulty reading and understanding basic health information”*.^{xcvii} Basic literacy and health literacy levels are also factors associated with health disparities.

Language barriers also contribute to health disparities and exacerbate difficulties understanding and acting on health information.^{xcviii} The ELVPHD district is home to immigrant and second-language English speakers from Mexico, Central America, Africa, Myanmar (the Karenni)^{xcix} and other areas.

Table 18 summarizes the health literacy indicators within the ELVPHD district. About 44% of the adult population in the ELVPHD district finds it difficult to understand information that medical professionals tell you. Additionally, 44% adults in the ELVPHD district reported that written health information is not always easy to understand.

Table 19. Health Literacy Indicators, ELVPHD District

Health Literacy Indicators ^c	ELVPHD Region
Very easy to get needed advice or information about health or medical topics, Adults 18 and older	71.1%
Very easy to understand information that medical professions tell you, Adults 18 and older	56.1%
Very easy to understand written health information, Adults 18 and older	56.5%

Overall, ELVPHD district has a higher percentage of residents who were Veterans than compared to the state (see Table 19). Nearly 1 in 5 residents in the ELVPHD were Veterans aged 65 and older and 1 in 10 residents were Veterans aged 18 and older. Although the US Department of Veteran Affairs (VA) assists Veterans in accessing health care and other services, eligibility status for these services depends greatly upon the branch of service, time served, and discharge status. Even when Veterans access services, challenges still exist for health care professionals to effectively understand and treat health issues in Veterans due complex military histories and medical needs. Unlike previous generations, many younger Veterans experienced frequent deployments to multiple conflict areas, exposure to explosions in close proximity and longer tours of duty.^{ci}

Table 20. Veteran Status, ELVPHD District

Veteran Status ^{cii}	% veterans
Burt County	9.3
Cuming County	9.8
Madison County	7.5
Stanton County	8.0
ELVPHD District	8.6

Community Themes and Strengths

ELVPHD developed a Community Survey and worked with partners to deliver the survey to residents through the ELVPHD district. This 10-question survey was made up of Likert-scale, multiple-choice and open-ended questions. The goal of the survey was to assess the communities' perception regarding the issues that are important to their health and wellbeing, the quality of life in their respective communities, and the assets they feel are important in their respective communities. This survey was available in English and Spanish and in print and online. ELVPHD offered an incentive to increase participation.

There were 1,583 responses, of which the majority of survey respondents self-identified as white. While not representative of the population of the region, as a whole, many of the survey responses are consistent with other data collected as part of this Health Status Assessment. The survey revealed the following:

The following are health concerns in the ELVPHD district. The top five responses from the CHA survey are listed below:

Figure 41. Top five health concerns in ELVPHD District – CHA Survey

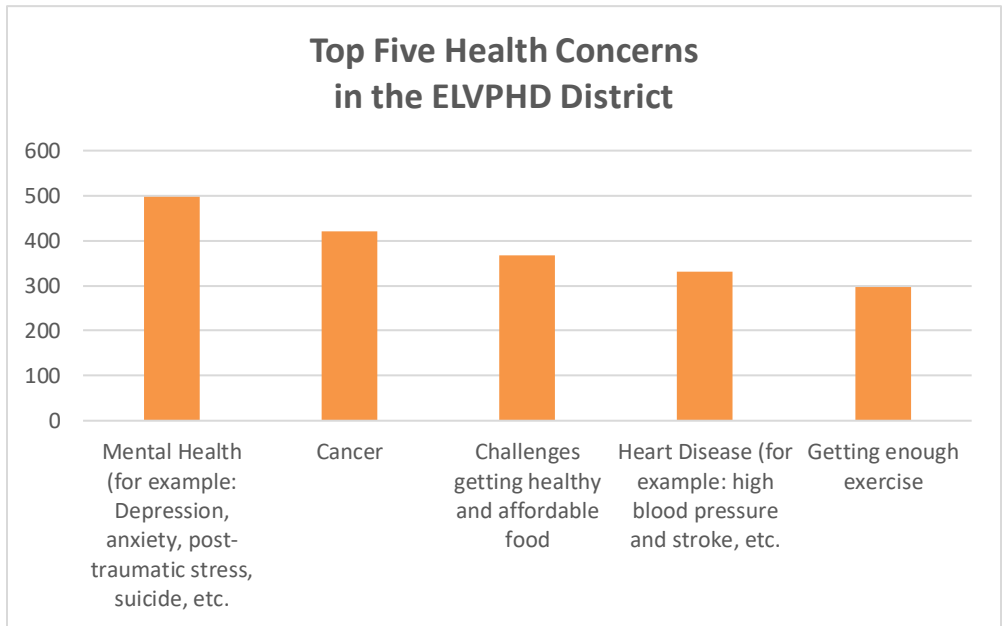


Figure 42. Last major health issue, ELVPHD District – CHA Survey

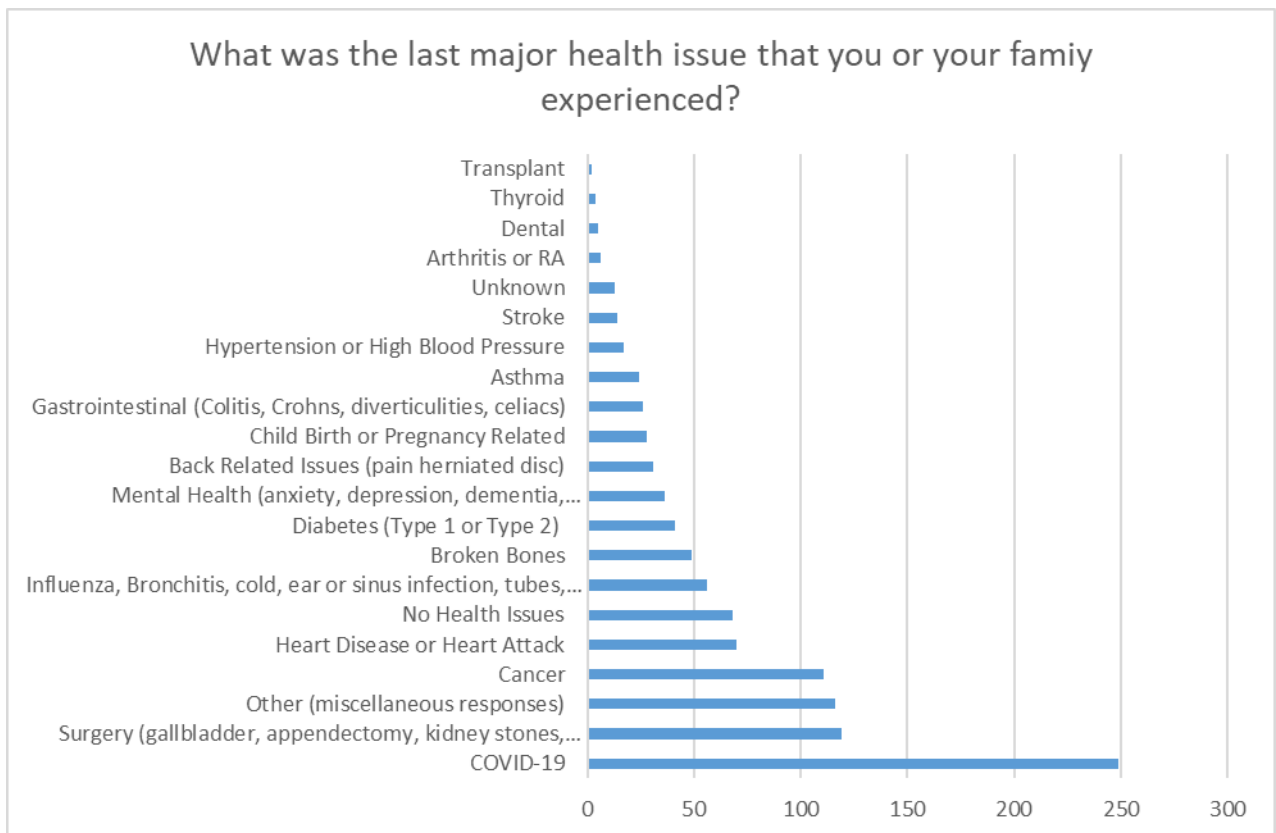


Figure 43. What worries you most about your health or health of your family, ELVPHD District – CHA Survey

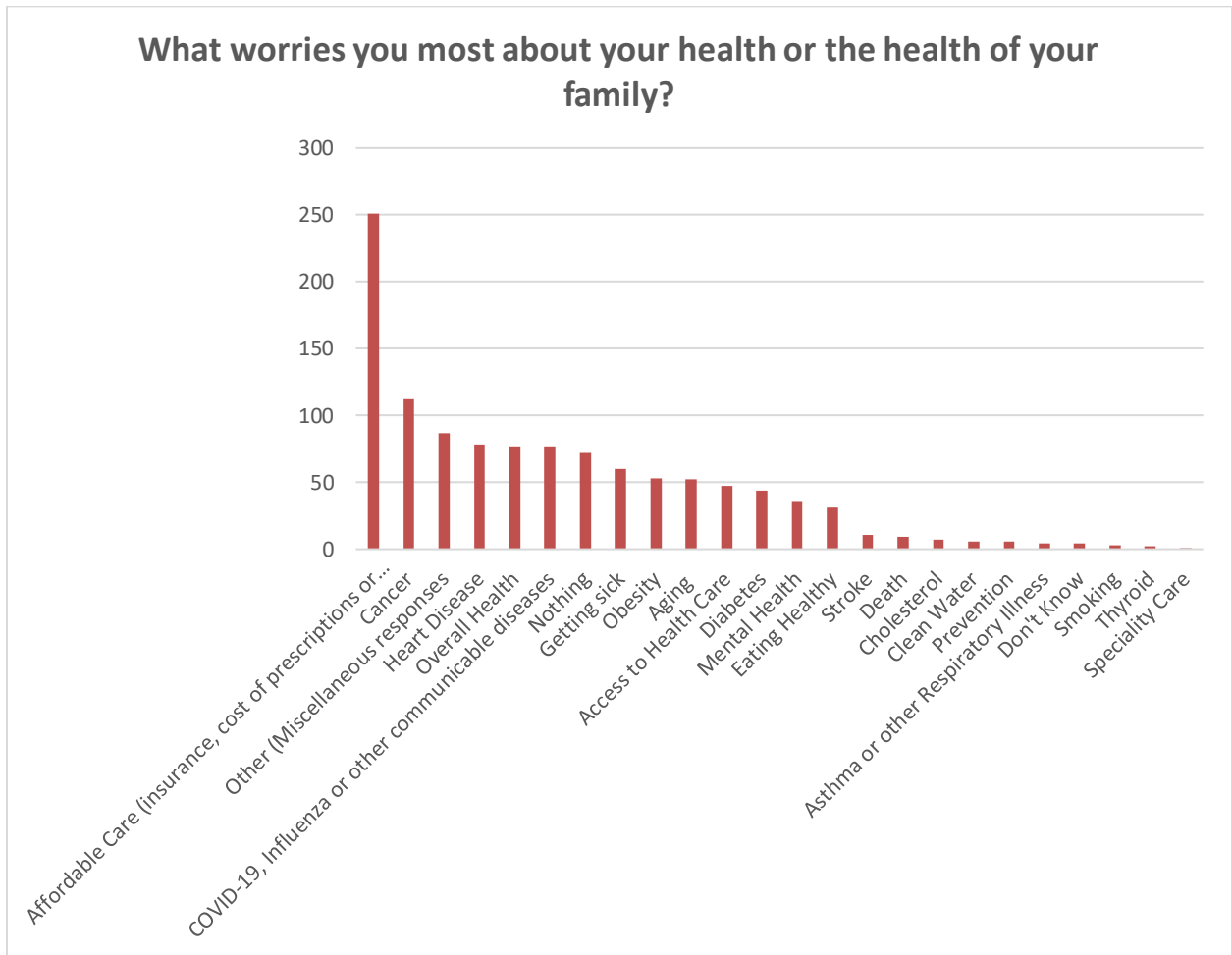


Figure 44. What is something you do to be healthy, ELVPHD District – CHA Survey

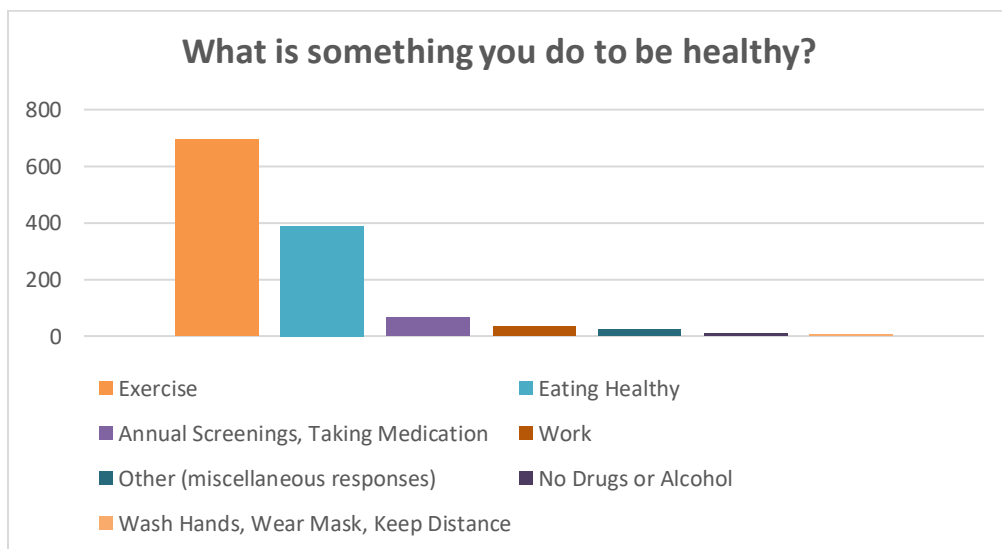
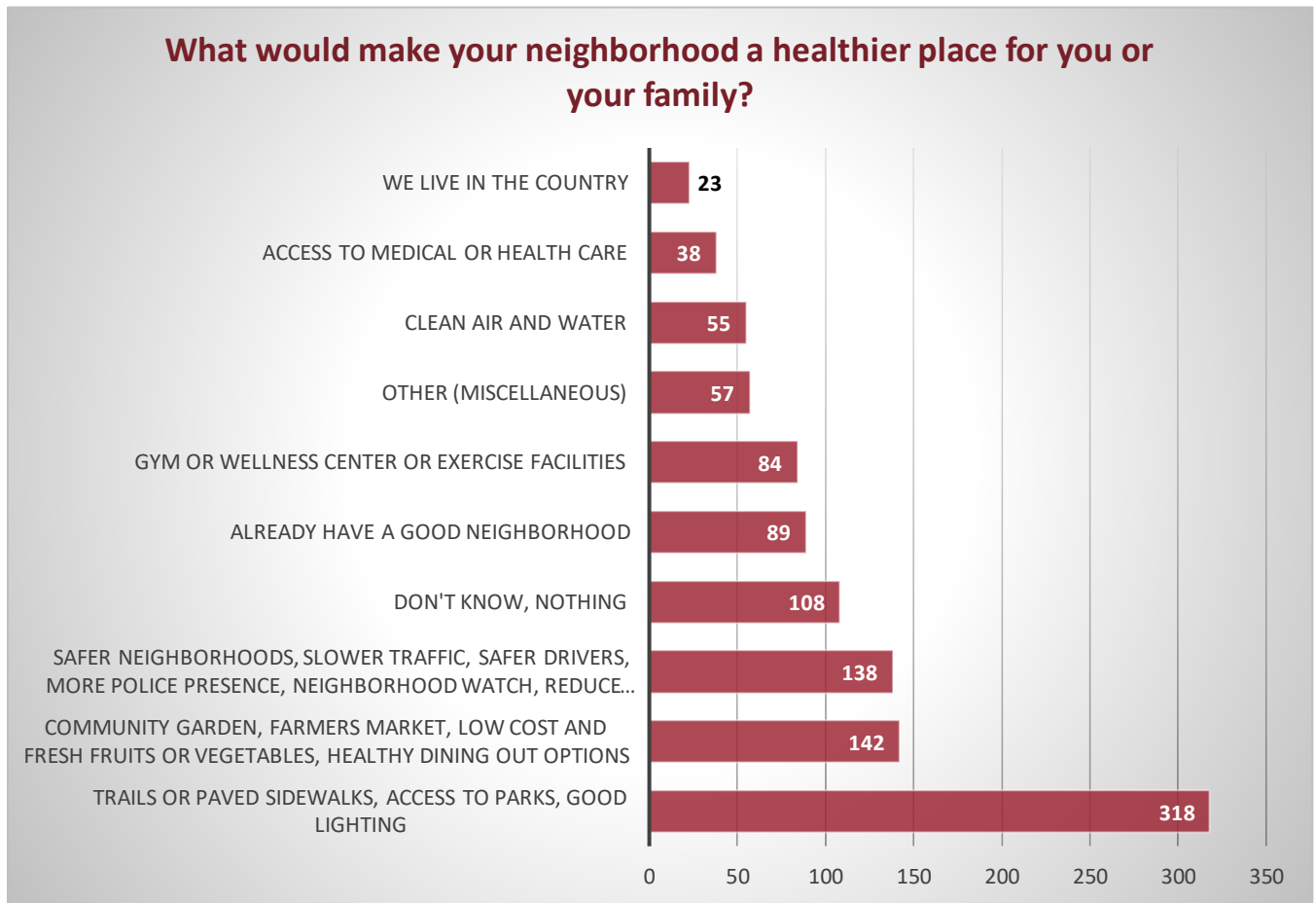


Figure 45. What would make your neighborhood a healthier place for you or your family, ELVPHD District – CHA Survey



Health Summary: ELVPHD District

The majority of the adult population within the ELVPHD district reported their general health was good or better in the BRFSS between 2016-2020. However, nearly 1 in 10 people within the ELVPHD district indicated they experienced frequent mental distress. Table 20 summarizes the general health of the adult population within the ELVPHD district.

Table 20. General Health Indicators, ELVPHD District

General Health Indicators ^{ciii}	ELVPHD District	NE
General health fair or poor	14.5%	13.9%
Average number of days physical health was not good in past 30 days	3.5	3.2
Physical health was not good on 14 or more of the past 30 days	10.7%	9.7%
Average number of days mental health was not good in past 30 days	3.1	3.6
Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)	9.7%	10.9%
Average days poor physical or mental health limited usual activities in past 30 days	2.2	2.1
Poor physical or mental health limited usual activities on 14 or more of the past 30 days	7.3%	6.5%

Not unlike the state, the ELVPHD district experienced primary care and mental health professional shortages, reducing access to needed health services. The Years of Potential Life Lost (YPLL), a measurement of preventable deaths, in the ELVPHD district surpassed the state rate. More specifically, Burt County’s YPLL rate was higher than the state rate. Multiple factors impact how well and how long we live. Things like education, availability of jobs, access to healthy foods, social connectedness, and housing conditions all impact our health outcomes. Conditions in which we live, work and play have an enormous impact on our health, long before we ever see a doctor. It is imperative to build a culture of health where getting healthy, staying healthy and making sure our kids grow up healthy are top priorities.

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