Central District HEALTH DEPARTMENT

2024 Community Health Assessment

CONTENTS

INTRODUCTION

Central District Health Department (CDHD) serves 79,740 people within a three-county district comprised of Hall, Hamilton, and Merrick counties in central Nebraska. CDHD was formed in 2002 because of State legislation that applied Tobacco Master Settlement funds to organize local health departments statewide. As of November 2024, CDHD is made up of 8 different divisions, including Collective Impact, Community Health, Environmental Health, Health Projects, Infectious Disease, Lead Project, Outreach, and WIC.

As Chief Health Strategist, CDHD is responsible for convening stakeholders that investigate and take action to make meaningful progress on complex health community issues for this three-county district, CDHD 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 to develop a deeper understanding of the health and wellbeing of a community or 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.

For the 2024 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 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, the impact of the social determinants/drivers of health, etc.

Main partners who take the lead role in providing healthcare for the communities within CDHD region and play a key role in the development of this assessment include:

CHI Health Saint Francis, located in Grand Island, Hall County, is a regional referral center, with more than 100 physicians and 1,100 employees working together to build a healthier community. The goal of CHI Health Saint Francis is to provide patients with high-quality medical care close to home, where they can be supported by their family, friends, and community. In 2018, the CHI Health Regional Cancer Center became a QOPI Certified Practice. Services provided by CHI Health Saint Francis include behavioral care, breast cancer care, cancer care, diabetes education, emergency and trauma, general surgery, heart care, home care, maternity center, neurosurgery, nursing, orthopedics, pediatrics, primary care, rehabilitation care, respiratory care, sleep disorders, and wound and ostomy center.

Grand Island Regional Medical Center (GIRMC) is an acute care hospital and is part of Bryan Health, a non-profit, Nebraska owned and governed health system. GIRMC is dedicated to advancing the health of individuals in our region through collaboration with physicians and communities.

Merrick Medical Center, a subsidiary of Bryan Health, is a 6-inpatient bed critical access hospital with a level 4 Trauma designated emergency department, six universal rooms, two surgical suites, a variety of specialty services, physical and occupational therapies, speech therapy, cardiac rehabilitation, pain management and pulmonary function testing. The

hospital serves approximately 216 inpatients per year and approximately 5,270 unique patients annually. Merrick Medical Center's Emergency Room sees 2,000 patients and it performs over 300 surgeries annually. In addition to hospital care, Merrick Medical Center family practice clinics located in Central City and Fullerton are fully staffed Rural Health Clinics which provide primary care and mental health to residents of Merrick County and surrounding areas. The Central City Medical Clinic provides an estimated 11,000 patient visits per year and Fullerton Medical Clinic provides an estimated 2,000 patient visits per year. For the purposes of this report, the communities served are all in Merrick County, as well as Fullerton, which is in Nance County.

Memorial Community Health is a Critical Access Hospital in Aurora, Hamilton County, which offers residents a diverse, modern health care system that includes three family practice clinics, an acute hospital, outpatient specialty and diagnostic services, independent and assisted living facility, and a nursing home. Memorial Community Health is fully licensed by the State of Nebraska and approved by Medicare and Medicaid which sets and oversees the standards of quality for health care institutions; while also being members of the American Hospital Association, the Nebraska Hospital Association, the Nebraska Nursing Home Association, and the Nebraska Assisted Living Association. Memorial Community Health is a not-for-profit organization and is entirely dependent upon revenue from patient services, resident care, and philanthropy.

LETTER FROM THE DIRECTOR

Dear Central District Communities,

This Community Health Assessment (CHA) is intended to help us as a community better understand us as a community. Why is this important? Accurate and updated information is necessary in planning how to protect and promote the health of those we serve. We collaborate with our community partners to update and share our CHA every three years. As you can see in this document, the makeup of our community is always changing. In seeking to understand the health and safety of our community, we have included many topics related to health and wellness.

We have learned over time that where we are born, live, learn, play and age really does matter. Making certain we understand the makeup of our ever-changing community is a key to successful planning. A clear understanding of employment and income helps determine the best actions. We believe that safe, affordable housing is key to a healthy community. We know that there are times when getting enough to eat is a problem.

Making sense of our risk for harm during a disaster and our level of protection makes us safer. The two leading causes of early death continue to be cancer and heart disease. We take a closer look at the quality of life in our community so that we can take measures to improve it. As we look at behavioral health, we include both mental health and substance abuse.

We also know the choices we make every day affect our physical health. Healthy pregnancies and healthy kids are a priority for us. Getting healthcare coverage is not automatic, and there are other barriers to getting regular healthcare.

Along with organizing and reporting existing data, we asked our community for their thoughts.

We invite you to read this entire document or to seek areas of interest for you. We also invite you to contact us with your thoughts, ideas, and suggestions.

Sincerely,

Teresa Anderson MSN, APRN, CNS-BC
Health Director
Central District Health Department

SOCIAL DETERMINANTS OF HEALTH

"Where we are born, live, learn, play, worship, and age really do matter!"

The Office of Disease Prevention and Health Promotion (ODPHP) defines Social Determinants of Health (SDoH) as "the conditions in the environments where people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[1] SDoH's can be divided into five different themes:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Economic Stability: In the United States, 1 in 10 people live in poverty, making it difficult to afford basic needs like adequate housing, access to quality health care, and healthy food.[2] Having a reliable job makes it easier to lead a healthy life. Finding and keeping a job can be exacerbated by issues like chronic health conditions, disabilities, or injuries.[2] These problems are not exclusive to the unemployed; many employed people with a steady flow of income often cannot afford things needed to maintain good health.[2] Programs and policies that increase childcare availability, or those that help people obtain healthy food and adequate healthcare may reduce the pressure of economic instability.[2]

Education Access and Quality: Educational attainment is positively correlated with a healthier and longer life. Factors like living in poverty, having disabilities, attending under-resourced schools, and experiencing social stressors like bullying can lower a child's likelihood of graduating from high school and/or pursuing higher education.[3] People with less than a high school degree are more likely to work physically demanding and/or lower paying jobs.[3] They are also more likely to experience health problems like depression and heart disease.[3] Interventions that help children perform well in school and the development of programs that help families pay for college can have a positive impact on long-term health.[3]

Health Care Access and Quality: Approximately 10% of the United States population does not have health insurance or have only partial insurance coverage.[4] Often, uninsured and underinsured individuals forgo preventive and/or needed healthcare services and medications (like cancer screenings, or diabetes medications) due to costs.[4] Additionally, some people live too far away and/or do not have reliable transportation to get to appointments with a healthcare provider. This is especially true for those living in rural areas who need care from specialty clinics.[4] Efforts to increase insurance coverage, accommodations for accessibility needs, and a commitment to health literacy best practices are each critical steps that help people get essential health care services.[4]

Neighborhood and Built Environment: Individuals of minority groups and/or those with low income are more likely to live and work in places with health and safety risks like violence and low air and water quality.[5] Examples include living in neighborhoods without well-paved sidewalks or functioning streetlights or working in dirty or loud environments.[5] Policy changes related to the built environment at local, state, and federal levels can help promote health and minimize health risks.[5]

Social and Community Context: The themes above and their consequences are out of most people's control. Having a strong support system among family, friends, and coworkers can significantly reduce the impacts of less than favorable circumstances.[6] However, not everyone has social support in their lives, making it important for communities to develop social support interventions for their residents.[6]

The Social Determinants of Health status of states and counties can be measured to assess an area's health risks and subsequent burdens.[7] Through the Community Health Assessment, Central District Health Department (CDHD) aims to evaluate the demographic profile, health outcomes, and healthcare access and utilization in Hall, Hamilton, and Merrick Counties. Reviewing this information helps CDHD plan and adjust long-term systematic efforts like the Community Health Improvement Plan (CHIP), aimed at improving the health of all communities in the Central District.

**Note: general information (race/ethnicity, leading causes of death, monthly income, etc.) is available for national, state, and county level comparison. County-specific data may not be available for more specific/detailed factors such as LGBTQ+ information, alcohol and substance misuse.)*

COMMUNITY HEALTH ASSESSMENT METHODS

The Community Health Assessment (CHA) contains both primary and secondary data sources, including but not limited to community surveys, universities and research centers, and nonprofit and/or governmental organizations (see Data Collection Contributors list pg. 7-8). The collected information is used to identify issues, changes, and trends related to the community's health. In doing so, Central District Health Department and community partners can review and revise the Community Health Improvement Plan (CHIP) priorities and activities as needed based on the assessment findings. Nationwide, the time between 2021 to 2024 was burdened by infectious disease outbreaks including Coronavirus 2019, mpox, avian influenza, and the subsequent responses of an overwhelmed healthcare system. The additional impact of increased mental health needs, misinformation and disinformation, and barriers to access to care made it challenging for public health, healthcare systems, and other sectors to respond.

During the summer of 2023, CDHD launched a community survey to hear directly from the community about their health needs and concerns. The "Community Pulse Survey" was created by the Lincoln-Lancaster Health Department in collaboration with the Nebraska Association of Local Health Directors (NAHLD). It consists of the following questions:

- What was the last major health issue you or your family experienced? (Free response)
- What worries you most about your health or the health of your family? (Free response)
- What are [your] top three health concerns? Choices:
    - Alcohol, Drugs and Tobacco Use
    - Cancer
    - Challenges getting healthy and affordable food
    - Chronic Lung Disease (like asthma, COPD)
    - Diabetes
    - Finding affordable, quality childcare
    - Getting around town safely (for example: driving, walking, riding)
    - Getting enough exercise
    - Heart Disease (for example: high blood pressure, stroke)
    - Mental Health (for example: Depression, Anxiety, PTSD, suicide, etc.)
    - Other
- What is something you do to be healthy? (Free response)
- What would make your neighborhood a healthier place for you or your family? (Free response)

To capture data in the Central District region, CDHD partnered with Multicultural Coalition, the City of Grand Island, the Grand Island Chamber of Commerce, Central Nebraska Council on Alcoholism and Addictions (CNCAA), and Idea Bank (marketing agency) to expand the distribution of the survey. Distribution methods included radio promotion, flyers, and business cards with QR codes that were distributed to additional partners (not mentioned above), and distribution at community events (i.e., concerts, 4th street festival). While this method resulted in 556 responses, respondents were predominately of specific demographic(s) that did not fully represent the diversity of the district. In the spring of 2024, CDHD staff assisted in collecting additional survey responses from community members who speak Spanish, Arabic, and Somali, as well as community members with low literacy levels who may not have participated in the online survey. These (n=58) additional survey responses were obtained to bolster the survey responses from all segments of the Central District community.

DATA COLLECTION CONTRIBUTORS

PRIMARY SOURCES: CENTRAL DISTRICT HEALTH DEPARTMENT

Administration	Anna Rodriguez	Data Specialist
	Liza Thalken	Accreditation Coordinator
	Mike Bockoven	Communication Specialist
Community Health	Nicole Placke	Community Health Manager
	Alondra Argueta Perez	Administrative Secretary
	Landy Juarez	Administrative Secretary
Infectious Disease	Jonna Mangeot	Infectious Disease Manager
	Brenda Ruiz	Health Educator
	Jennifer Barrios	Health Educator

PRIMARY SOURCES: COMMUNITY PARTNERS

Idea Bank Marketing	Jack Sheard	Owner/Marketing Strategist
Multicultural Coalition	Daniel Petersen	Deputy Director
Nebraska Association of Local Health Directors (NALHD)		Provided Community Pusle Survey questions
Lincoln Lancaster Health Department		Developed original survey questions

SECONDARY SOURCES

American Lung Association

ATTOM Data Solutions (Real Estate Data Company)

Campaign for Tobacco-Free Kids

Center For Disease Control And Prevention*

- *Agency for Toxic Substances and Disease Registry (ATSDR)*
- *Division for Heart Disease and Stroke Prevention (DHDSP)*
- *Division of Diabetes Translation-United States Diabetes Surveillance System (USDSS)*
- *Morbidity and Mortality Weekly Report (MMWR)*
- *National Center For Chronic Disease Prevention And Health Promotion (NCCDPHP) – Office on Smoking and Health*
- *National Center for Health Statistics (National Health Interview Survey (NHIS))*
- Office Of Smoking And Health – (National Youth Tobacco Survey)
- *Tobacco-Free Kids Action Fund*
- *Vital Statistics Surveillance Report*
- *Youth Risk Behavior Surveillance System (YRBSS)*

Feeding America: U.S. Hunger Relief Organization

InCharge Debt Solutions

March Of Dimes Perinatal Data Center

Mental Health America

National Cancer Institute*

National Institutes of Health (NIH)

National Safety Council

Nebraska (NE) Department of Health And Human Services (DHHS) - Behavioral Risk Factor Surveillance System (BRFSS), NE Public Health Atlas
Nebraska Department Of Education
Nebraska Department Of Labor
Step Up To Quality – Nebraska Preschool Development Grant
Surgo Ventures, Inc.
The Federal Deposit Insurance Corporation (FDIC)
The National Alliance For Public Safety GIS (NAPSG) Foundation
The National Literacy Institute, LLC
United States Census Bureau-American Community Survey
United States Department Of Health And Human Services – Office Of The Assistant Secretary For Health, Office Of Disease Prevention And Health Promotion – Healthy People 2030
U.S. Department of Housing and Urban Development (HUD) – Office of Policy Development and Research (PD&R)
United States Department of Labor (Women's Bureau) – National Database of Childcare Prices
United States Food And Drug Administration
United States Department of Agriculture
University Of California Los Angeles School Of Law - Williams Institute
University Of Wisconsin Population Health Institute - County Health Rankings And Roadmaps (CHR&R) Program
World Health Organization
**United States (U.S.) Cancer Statistics Working Group: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute*

PART I: COMMUNITY PROFILE

POPULATION DEMOGRAPHICS

"Making sure we understand the makeup of our ever-changing community is key to successful planning."

Central District Health Department (CDHD) serves three counties in Central Nebraska: Hall (population 62,575), Hamilton (9,400) and Merrick (7,765) with a total population of 79,740 (Table 1A). According to the United States Census Bureau, urban areas (Grand Island in Hall County) consist of densely developed territories, including residential, commercial, and other non-residential urban land uses.[8] To obtain urban status, territories must have at least 2,000 housing units or have a population of at least 5,000 people. Rural areas consist of population, housing, and other territories that do not meet urban criteria.[8] The tri-county area is outlined in the map below.[9]

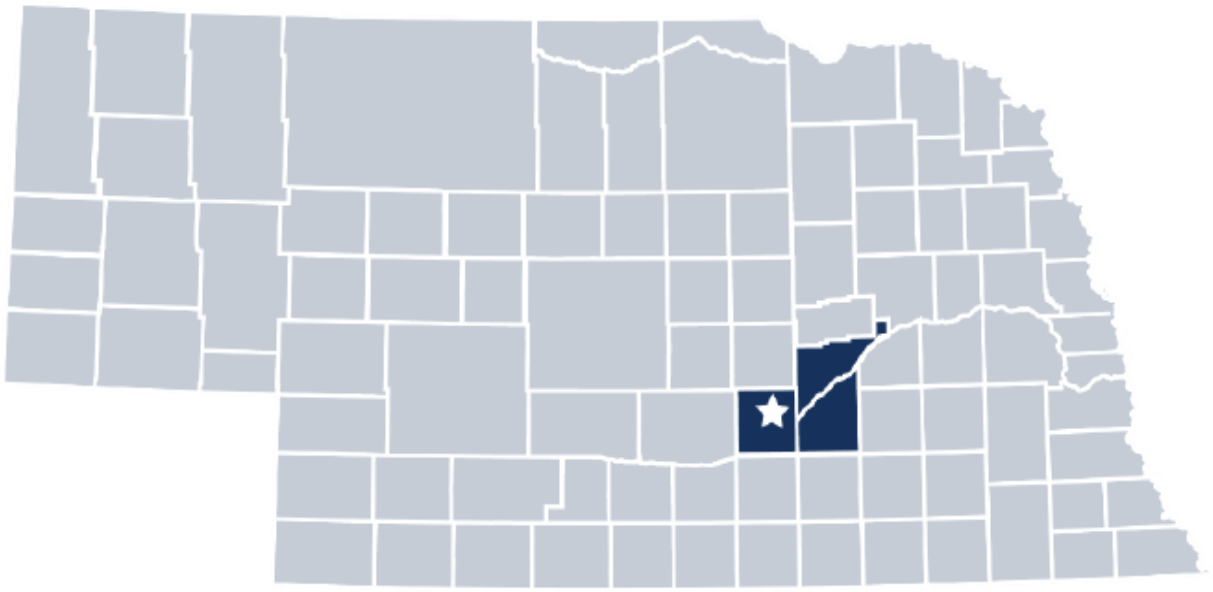
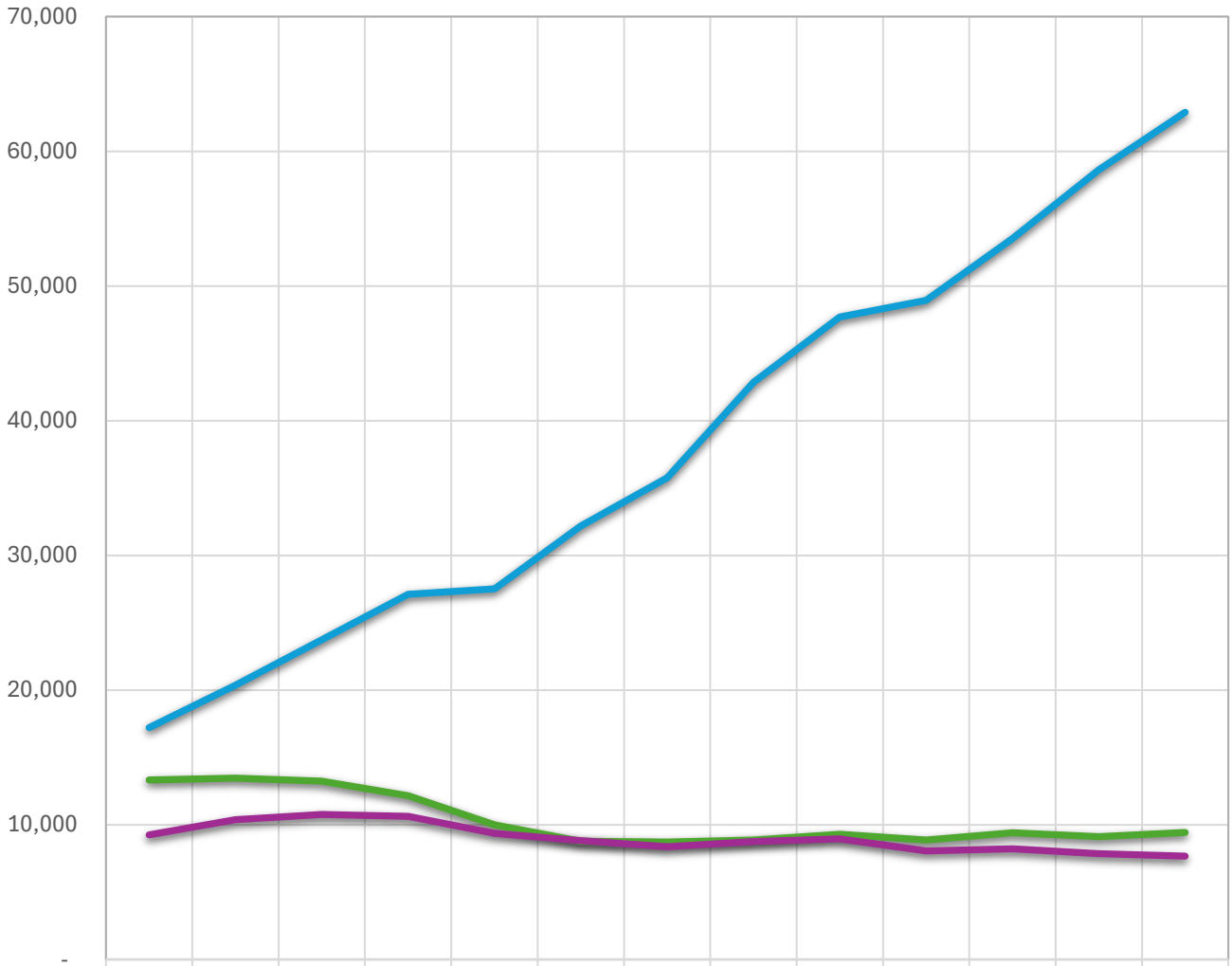


TABLE 1A: TOTAL POPULATION, (2018-2022)[10]	**PEOPLE *(N)***
Hall County, NE	62,575
Hamilton County, NE	9,400
Merrick County, NE	7,675
Nebraska	1,958,939
United States	331,097,593

For over 120 years, Hall County has experienced steady population increases, while Hamilton and Merrick Counties have experienced minimal changes in population (Chart 1A). Chart 1B summarizes these trends and Table 1B highlights the population change estimates.

CHART1A: CENTRAL DISTRICT TOTAL POPULATION TRENDS (N) (1900-2020) [11-15]



	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	2000	2010	2020
Hall	17,206	20,361	23,720	27,117	27,523	32,186	35,757	42,851	47,690	48,925	53,534	58,607	62,895
Hamilton	13,330	13,459	13,237	12,159	9,982	8,778	8,714	8,867	9,301	8,858	9,399	9,121	9,429
Merrick	9,255	10,379	10,763	10,619	9,354	8,812	8,363	8,751	8,945	8,057	8,208	7,848	7,668

CHART 1B: CENTRAL DISTRICT AVERAGE PERCENT POPULATION CHANGES (%) (1900-2020) [11-15]

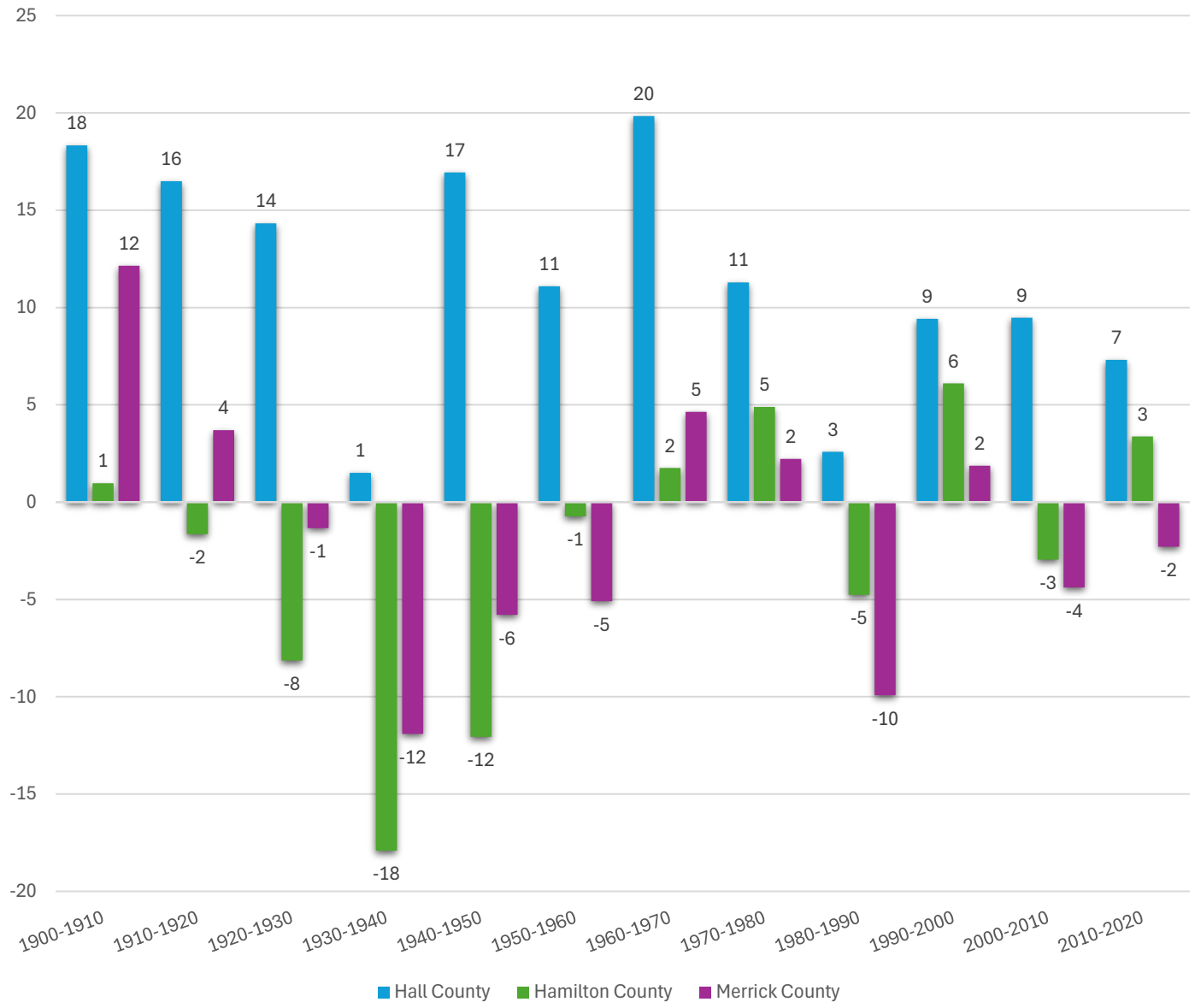


TABLE 1B: ANNUAL ESTIMATES OF THE RESIDENT POPULATION FOR CENTRAL DISTRICT COUNTIES IN NEBRASKA *(N)*, (APRIL 1, 2020 - JULY 1, 2023)[16]

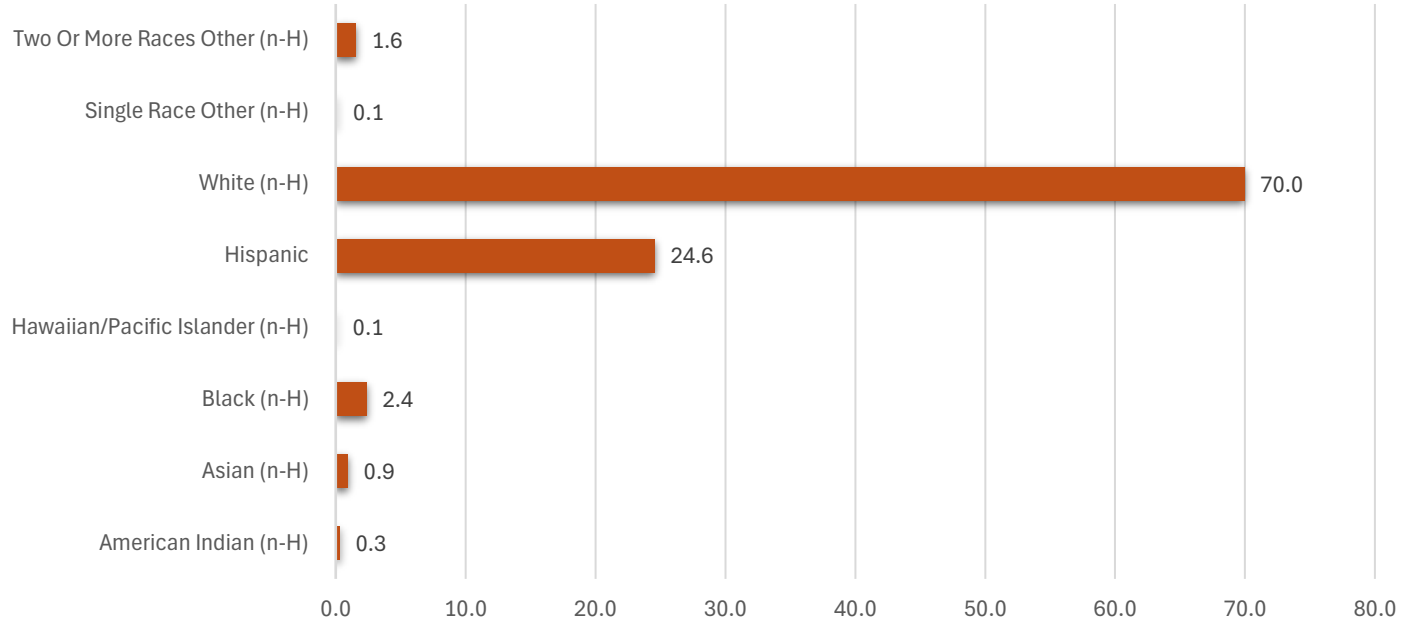
	April 1st, 2020	Population Estimates (as of July 1, 2023)			
Geographic Areas	Estimates Base	2020	2021	2022	2023
Nebraska	1,961,965	1,963,273	1,964,253	1,968,060	1,978,379
Hall County	62,893	62,764	62,075	62,096	62,197
Hamilton County	9,424	9,400	9,384	9,439	9,537
Merrick County	7,665	7,661	7,667	7,715	7,755

RACE/ETHNICITY

"Our diverse population is an asset."

Population growth often impacts the racial and ethnic makeup of a community. Chart 2A and Table 2A show the status of these categories for the Central District area, of the 8 categories presented those of the White race (70%) and Hispanic ethnicity (24.6%) are the most common races and/or ethnicity type.

CHART 2A: CENTRAL DISTRICT RACE & ETHNICITY AVERAGE PERCENTS (%), (2018-2022) (*N*=79,650)* [17]



*(*Hall County N=62,575, Hamilton County N=7,675, Merrick County N=9,400)*

TABLE 2A: CENTRAL DISTRICT RACE AND ETHNICITY CATEGORIES PER COUNTY, (2018-2022) [17]

	Hall County (*N*=62,575)	Percent (%)	Merrick County (*N*=7,675)	Percent (%)	Hamilton County (*N*=9,400)	Percent (%)
American Indian (n-H)	241	0.4	2	0.0	12	0.1
Asian (n-H)	598	1.0	123	1.6	35	0.4
Black (n-H)	1,897	3.0	3	0.0	13	0.1
Hawaiian/Pacific Islander (n-H)	77	0.1	-	0.0	2	0.0
Hispanic and/or Latino	18,797	30.0	412	5.4	365	3.9
White (n-H)	39,939	63.8	6,999	91.2	8,781	93.4
Single Race Other (n-H)	87	0.1	-	0.0	9	0.1
Two Or More Races Other (n-H)	939	1.5	136	1.8	183	1.9

Charts 2B and 2C show the changes in the White/Caucasian population and Hispanic/Latino population of the Central District over the last 30 years. *(The other race/ethnicity categories present in the area do not have visuals due to sample sizes that may not be representative of the actual population composition.)* The increase in total population for the Central

District region is largely attributed to an increase in the Hispanic and/or Latino population, most of whom reside in Hall County. The Hispanic and/or Latino population is over 7 times larger in 2020 than in 1990. Hispanic and/or Latino individuals in the Central District are overwhelmingly of Mexican and Guatemalan origin/descent, followed by Cuban and Salvadorian residents (Chart 2D). Subsequently, most of the area's foreign-born citizens are from Latin America, (Chart 2E).

CHART 2B: WHITE POPULATION TRENDS (%), (1990-2020) [12-15, 18]

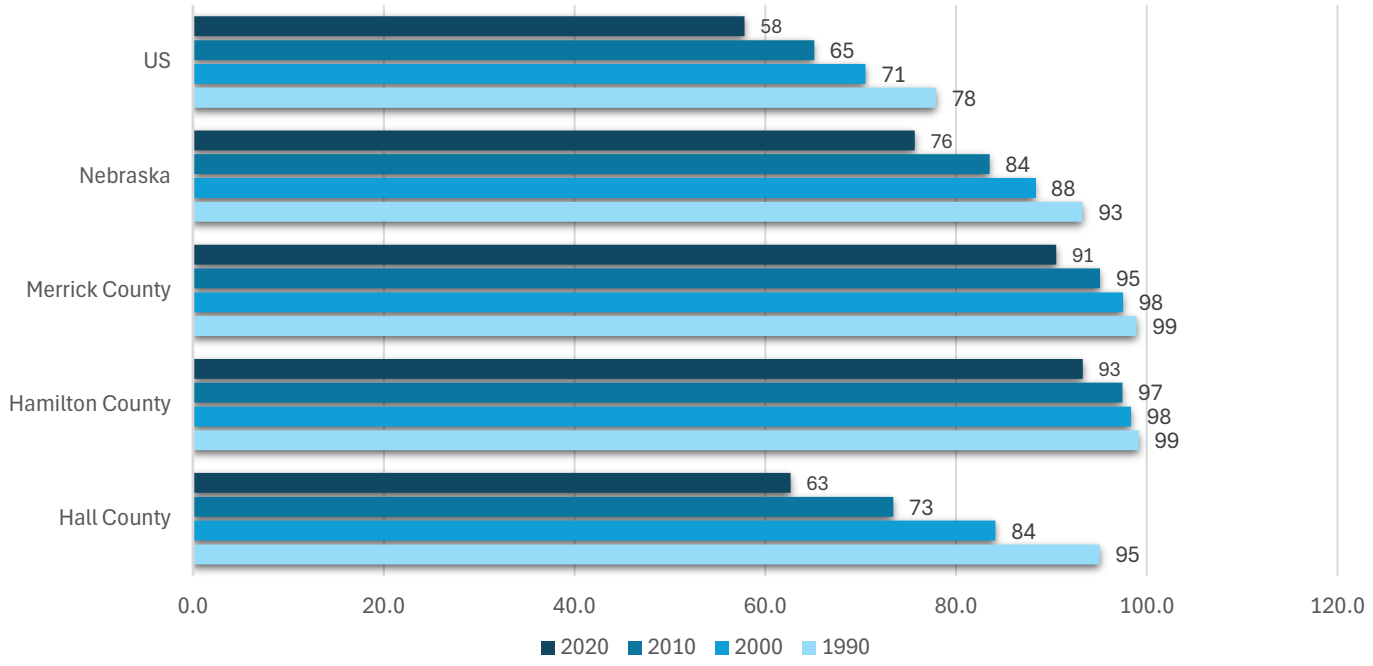


CHART 2C: HISPANIC/LATINO POPULATION TRENDS (%), (1990-2020) [12-15, 18]

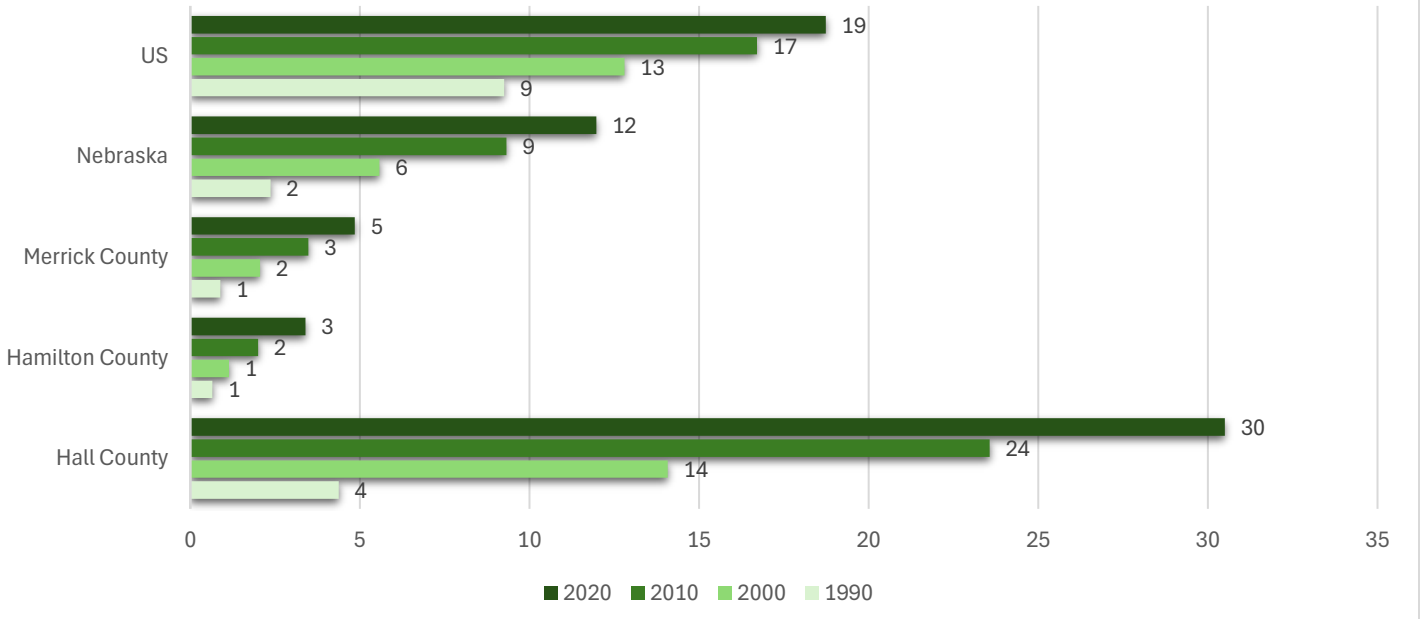
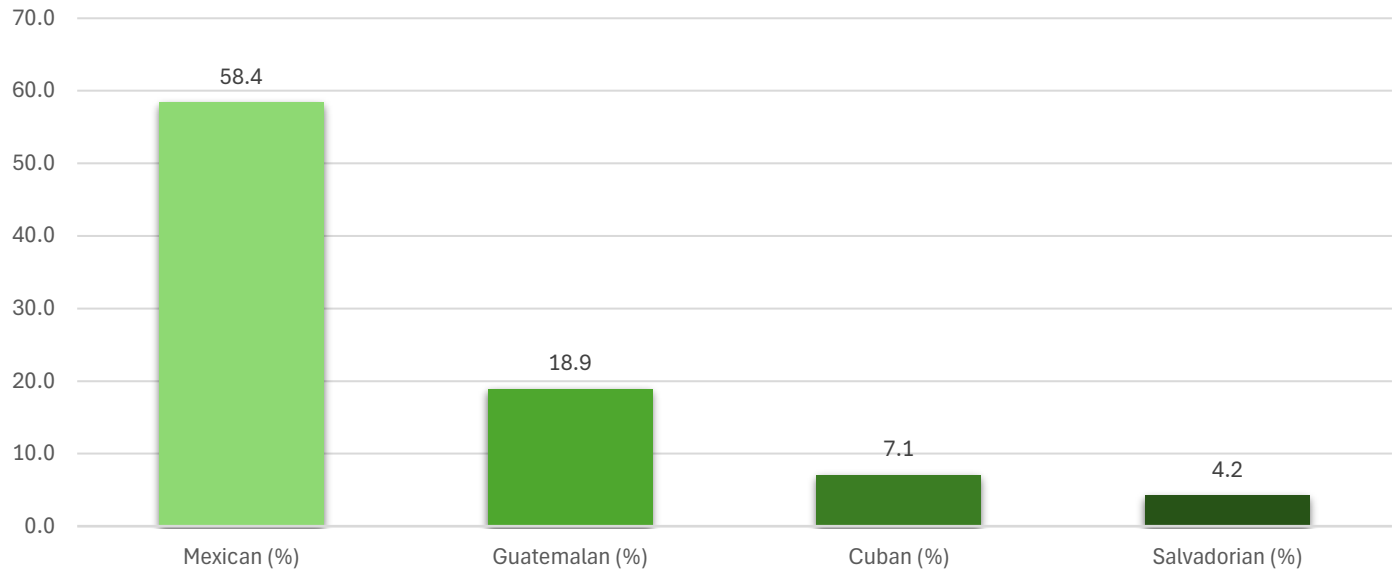
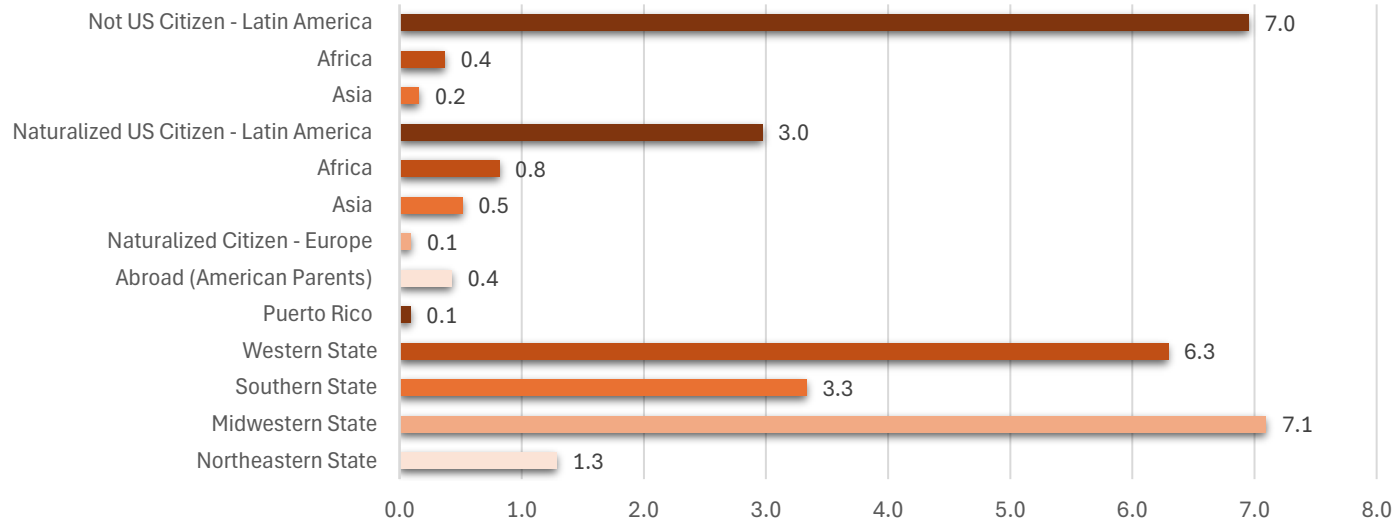


CHART 2D: CENTRAL DISTRICT'S TOP HISPANIC ORIGINS (%), (2018-2022), (*n*=19,574)* [19]



(Hall County n=18,797, Hamilton County n=412, Merrick County n =365)

CHART 2E: NATIVITY & CITIZENSHIP STATUS AMONG CENTRAL DISTRICT RESIDENTS (NOT NATIVE TO NE), (2018-2022), (%) (N=79,560)[12]



*(*Hall County N=62,575, Hamilton County N=7,675, Merrick County N=9,400)*

POPULATION AGE

"Consistently over time, the majority of our population is those age 25-54."

The Central District population falls predominately within 25 and 54 years of age, (Chart 3A). The median age in Hall County is 36, 41 in Hamilton County, and 43 in Merrick County. [21] The purple scale table (Table 3A) represents the age progression of counties in the Central District, the state of Nebraska and the US over the last 30 years (1990, 2000, 2010 and (2018-2022 - the same data from Chart 3A.)[17.]

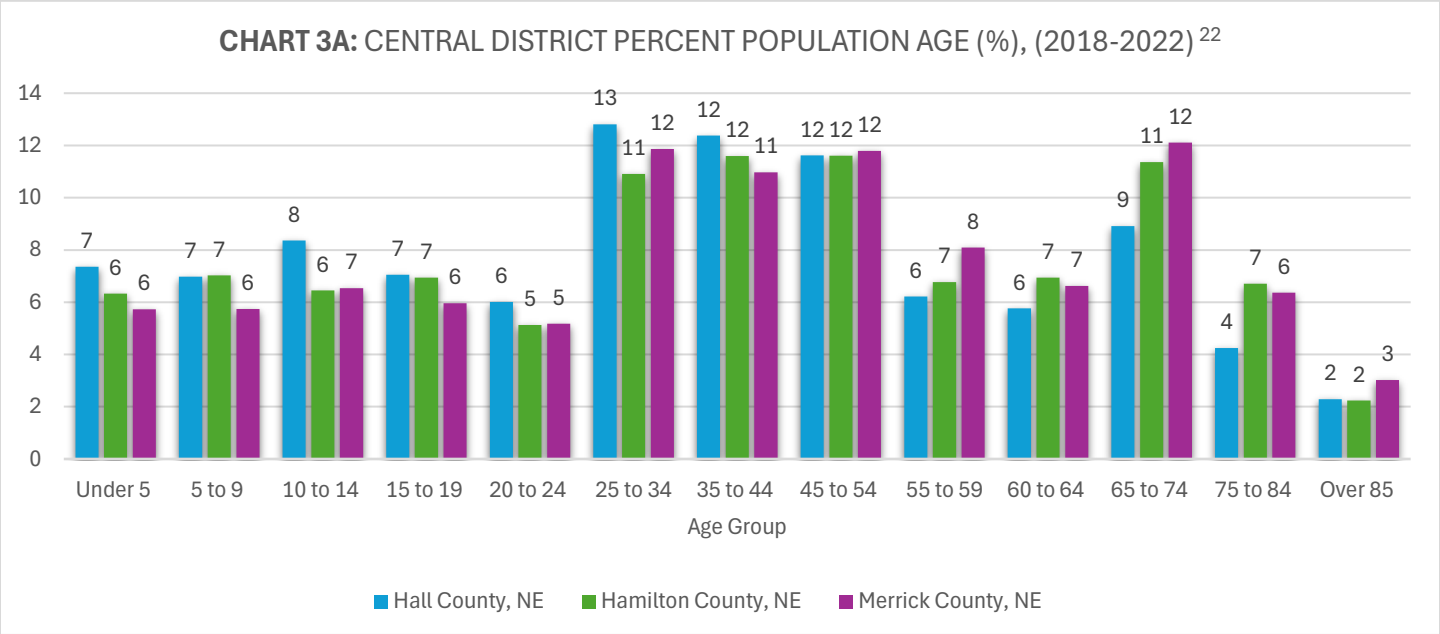


TABLE 3A: CENTRAL DISTRICT POPULATION AGE TRENDS, (1990-2022) (%) [22]

Year	County	<5	5- 9	10-14	15-19	20-24	25-34	35-44	45- 54	55-59	60-64	65-74	75-84	85 +
1990	Hall (n=48,925)	7.8	8.1	8.0	7.0	6.0	16.0	14.8	9.4	4.2	4.4	7.7	4.9	1.7
	Hamilton (n=8,860)	7.7	9.2	7.8	6.4	4.1	14.6	14.7	9.8	4.6	5.1	8.0	5.7	2.4
	Merrick (n=8,055)	7.2	7.7	8.1	7.0	4.5	13.8	13.1	10.9	5.1	4.8	8.8	6.1	2.9
2000	Hall (n=53,534)	7.6	7.6	7.4	7.1	6.3	13.2	15.2	13.3	4.6	3.7	6.9	5.1	1.9
	Hamilton (n=9,401)	6.7	8.4	8.4	8.0	3.6	10.6	15.9	14.2	4.9	4.1	7.6	5.3	2.4
	Merrick (n=8,206)	6.4	7.7	8.3	7.5	4.1	10.0	14.7	13.5	5.5	4.8	8.5	5.9	3.1
2010	Hall (n=58,607)	8.1	7.7	7.2	6.8	5.9	13.4	12.5	13.8	6.1	5.2	6.5	4.7	2.2
	Hamilton (n=9,123)	5.8	7.0	7.8	7.4	3.6	9.6	12.0	16.6	7.4	6.3	8.2	5.5	2.7
	Merrick (n=7,846)	6.0	6.8	7.0	7.2	4.5	10.0	11.6	15.1	7.5	6.2	9.3	6.3	2.5
2018 - 2022	Hall (n=62,575)	7.4	7.0	8.4	7.0	6.0	12.8	12.4	11.6	6.2	5.8	8.9	4.2	2.3
	Hamilton (n=7,675)	5.7	5.7	6.5	6.0	5.2	11.9	11.0	11.8	8.1	6.6	12.1	6.4	3.0
	Merrick (n=9,400)	6.3	7.0	6.4	6.9	5.1	10.9	11.6	11.6	6.8	6.9	11.4	6.7	2.2

LGBTQ+

"Considering Nebraska's LGBTQ demographics is vital to planning public health interventions."

The following information is available at state level only. Sources used for the information below used "LGBT" as their subject of interest (vs including all LGBTQ+ identities).

According to the Behavioral Risk Factor Surveillance System (BRFSS, 2020-2021), the Adult LGBT population in the nation is estimated to be about 5.5%. According to a Gallup tracking survey, 3.8% of Nebraska respondents identify as lesbian, gay, bisexual or transgender. In comparing significant socioeconomic indicators, data show that LGBT individuals are almost twice as likely to reports issues of unemployment, food insecurity, and low income, compared to their non-LGBT counterparts.

CHART GROUP-4A: LGBTQ COMMUNITY DEMOGRAPHICS IN NEBRASKA, (JANUARY 2019)[23]

GENDER	PERCENT (%)
Male	41
Female	59

CG-4B: AGE DISTRIBUTION[23]	LGBT INDIVIDUALS (%)	NON-LGBT INDIVIDUALS (%)
18-24	36	13
25-34	21	17
35-49	19	24
50-64	16	25
65+	9	21
TOTALS	101	100
	AVERAGE AGE *(n)*	AVERAGE AGE *(n)*
	36.6	47.5

Example Interpretation: 36% of the individuals that took this survey are LGBT individuals that are 18-24 years old, etc. Note – the LGBT column not equaling 100 is likely due to a rounding error.

CG-4C: RACE & ETHNICITY[23]	PERCENT (%)
White	71
Latino/a	19
All Other Races	10*

**Unstable estimate due to small sample size*

CG-4D: EDUCATIONAL ATTAINMENT[23]	LGBT INDIVIDUALS (%)	NON-LGBT INDIVIDUALS (%)
High school	45	35
Some college	35	33
Bachelor's	11	20
Post-grad	9	13

CG-4E: SOCIOECONOMIC INDICATORS[23]	LGBT INDIVIDUALS (%)	NON-LGBT INDIVIDUALS (%)
Unemployed	6*	3
Are without health insurance	16*	11

Are food insecure	25	12
Income is less than $24,000	24	n/a
Raising children	32	n/a

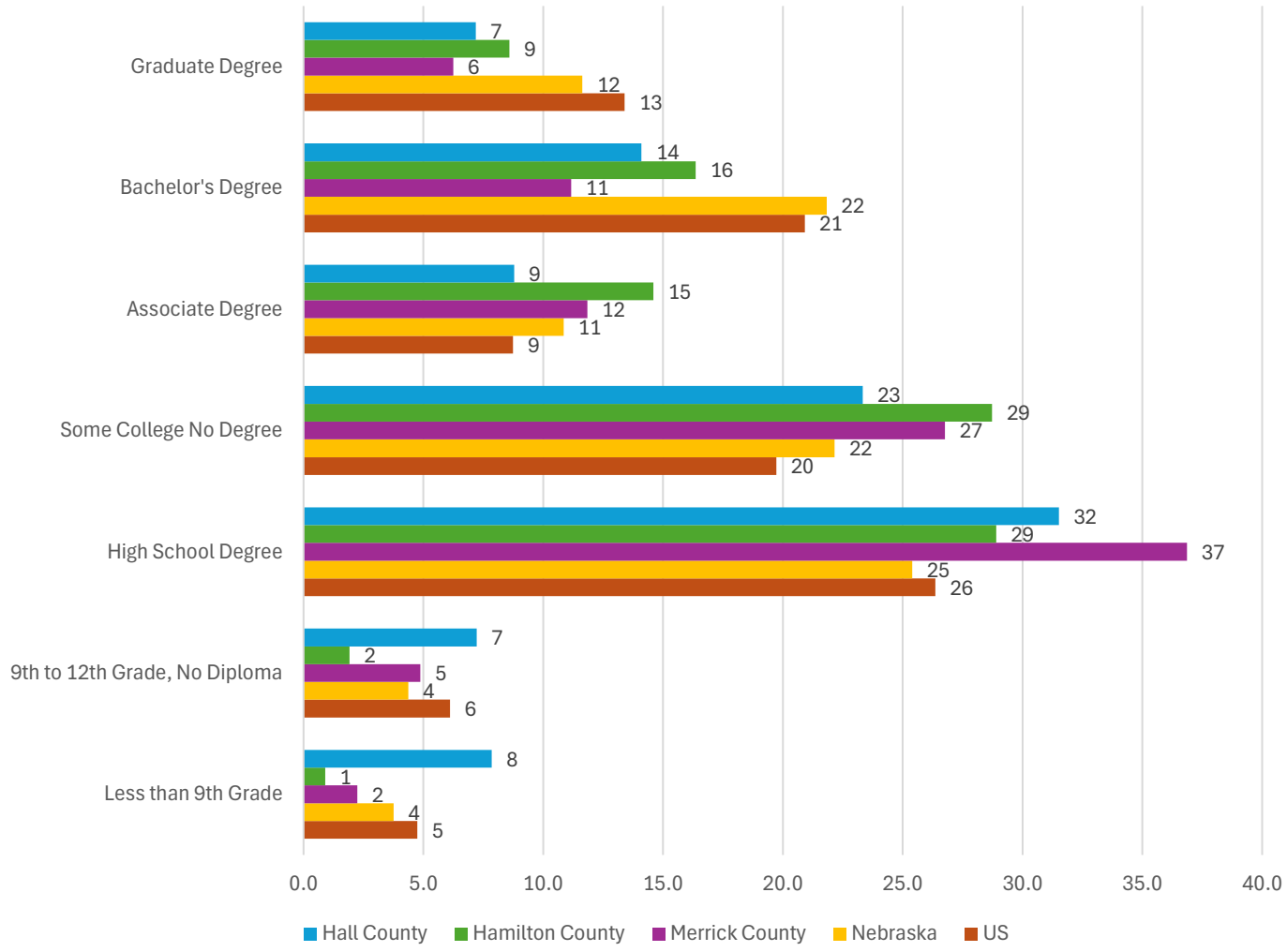
**Unstable estimate due to small sample size*

EDUCATION & LITERACY

"We need to ensure our information is easily understood and in the first language of those we serve."

Educational attainment is strongly related to economic growth and societal longevity. In public health, it is a key indicator of the health outcomes of communities.[24] Approximately 30% of the individuals in the Central District have a high school degree and 25% have attended some college (Chart 5A and Table 5A). Percentages among those with a bachelor and graduate degrees are higher for the state of Nebraska and the US as compared to the Central District (Chart 5A and Table 5A).

CHART 5A: EDUCATIONAL ATTAINMENT FOR POPULATION 25 YEARS & OLDER (%), (2018-2022), (*n*=52,038)* [25]



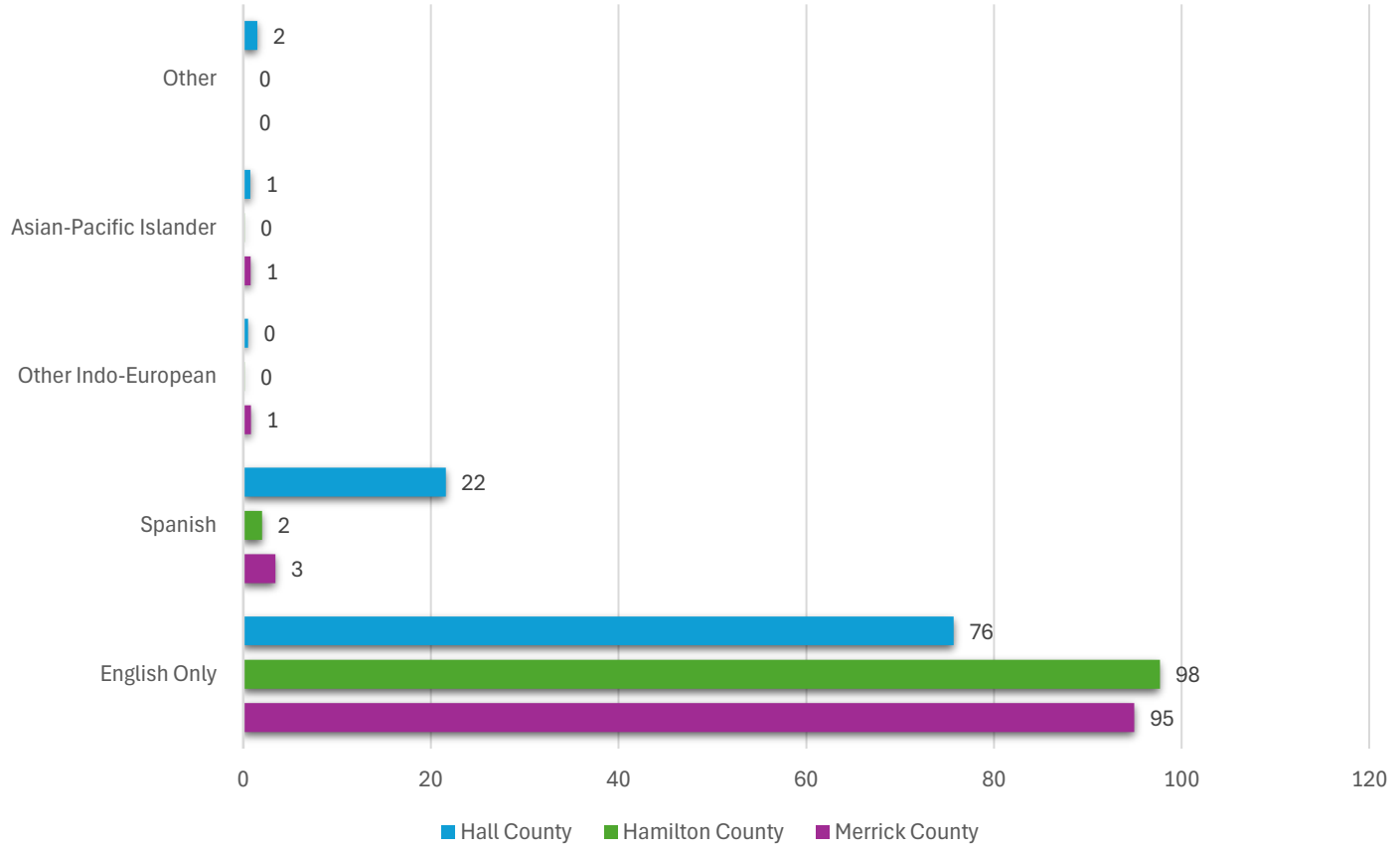
**(Hall County n=40,196, Hamilton County n=6,405, Merrick County n=5,437)*

TABLE 5A: EDUCATIONAL ATTAINMENT COUNTS (2018-2022)[25] *(n)*

Region	Less than 9th Grade	9th-12th Grade, No Diploma	High School Degree	Some College No Degree	Associate's degree	Bachelor's degree	Graduate degree
Hall County	3,155	2,902	12,669	9,379	3,534	5,668	2,889
Hamilton County	58	123	1,851	1,840	935	1,048	550
Merrick County	122	265	2,004	1,455	644	607	340
Nebraska	48,212	56,085	325,873	284,398	139,287	280,101	149,329
United States	10.7M	13.9M	59.7M	44.7M	19.8M	47.4M	30.4M

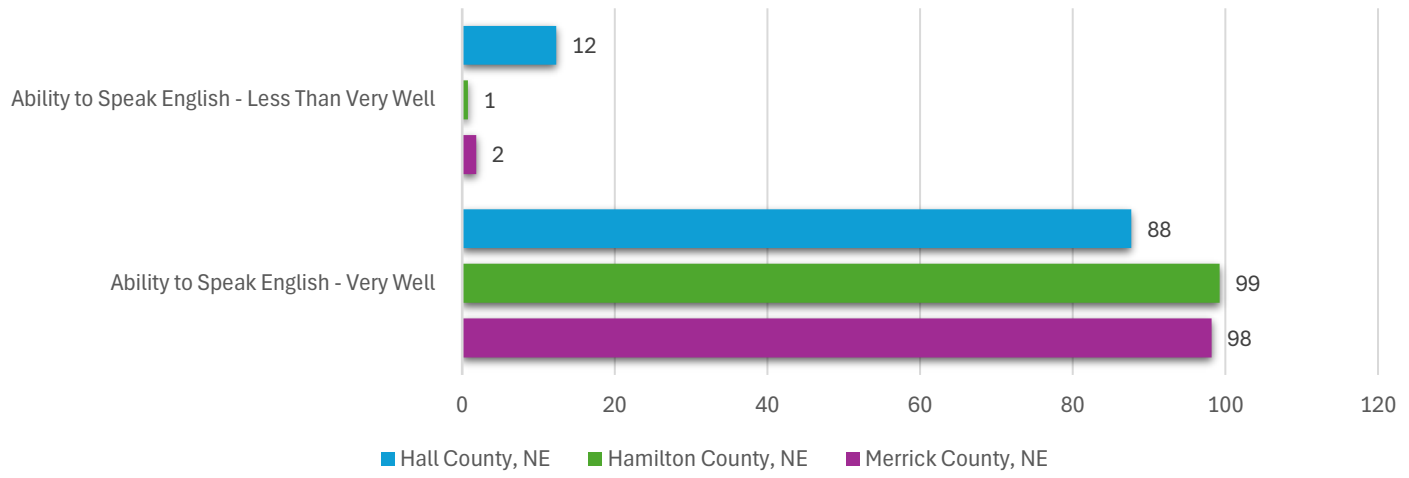
Most residents of Hamilton County (98%) and Merrick County (95%) speak English at home. In Hall County, 76% of individuals speak English at home and 22% speak Spanish at home (Chart 5B). Hall County has the highest percentage (12 %) of people who speak English less than well, while Hamilton and Merrick Counties percentages are 1% and 2 %, respectively (Chart 5C). These percentages equate to approximately 7,340 people who may struggle to speak English (Chart 5C). Table 5B shows that almost half of the Central District population do not find it easy to get health advice/information, to read written health information, or understand information from medical professionals. This suggests a significant need for health literacy education for healthcare providers and staff.

CHART 5B: LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS & OVER, (2018-2022), (*n*=74,012)* [26]



**(Hall County n=57,972, Hamilton County n= 8,805, Merrick County n=7,235)*

CHART 5C: ABILITY TO SPEAK ENGLISH FOR POPULATION 5 YEARS & ABOVE, (2018-2022) (%) (*n*=74,012) * [27]



**(Hall County n=57,972, Hamilton County n= 8,805, Merrick County n=7,235)*

TABLE 5B: HEALTH LITERACY INDICATORS-ADULTS 18+ (2022) [28-30]	NEBRASKA *(N)*	NE (%)	CENTRAL DISTRICT *(N)*	CD (%)
Very Easy to get Needed Advice or Information About Health or Medical Topics	6007	66.2	271	55.3
Very Easy to Understand Written Health Information	5915	57.4	275	44.6
Very Easy to Understand Information that Medical Professionals Tell You	6626	55.4	312	47.2

INCOME & EMPLOYMENT

"A clear understanding of employment and income helps determine best actions."

For the years between 2018-2022, only Hamilton County ($73,254) had a similar Median Household Income (MHI) to that of NE ($71,722) and the nation ($75,149). Hall ($63,553) and Merrick Counties' ($57,873) MHIs were lower (Table 6A). Unemployment rates for both Hall County and Hamilton County are higher than Nebraska's rate (3.1%) during the same period (Table 6B). Merrick County has a significantly lower unemployment rate of 0.5%. Chart 6A and Table 6C show the different categories of employment in the Central District. Most residents work in management, business, science, and art occupations, followed by sales and office occupations. Military occupations are also listed in these two visuals, and veteran status is shown in Chart 6B and Table 6D. Chart 6C highlights poverty status in the tri-county area, the percentages of such tend to move in the direction of older age groups, suggesting potential financial difficulties among age groups that may not work anymore (i.e., retired, etc.)

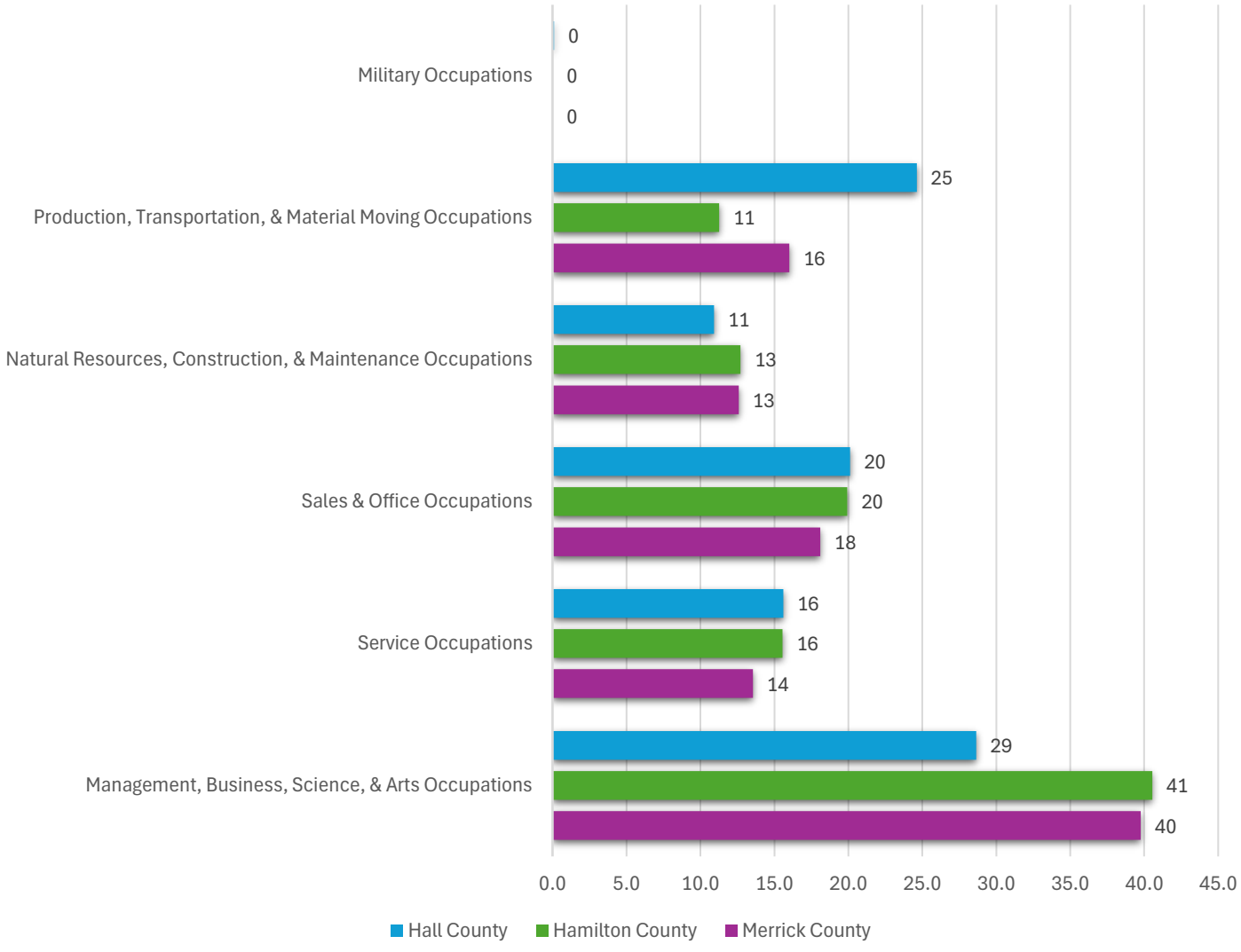
TABLE 6A: MEDIAN HOUSEHOLD INCOME, (2018-2022) [31]	DOLLAR AMOUNT ($)
Hall County, NE	63,553
Hamilton County, NE	73,254
Merrick County, NE	57,873
Nebraska	71,722

United States of America	75,149

TABLE 6B: CENTRAL DISTRICT EMPLOYMENT DATA, (2018-2022)[32]

Region	Unemployment Rate (%)	Total Employed *(n)*	Percent (%)	Total Unemployed *(n)*	Percent (%)
Hall County	2.9	31,229	49.9	940	1.5
Merrick County	0.5	3,973	51.8	19	0.2
Hamilton County	3.6	4,721	50.2	176	1.9
Nebraska	3.1	1,015,656	51.8	32,157	1.6
United States	5.3	158,913,204	48.0	8,944,003	2.7

CHART 6A: OCCUPATION FOR THE CIVILIAN EMPLOYED POPULATION 16 YEARS & OVER, (2018-2022) (%) (*n*=39,995)* [33]

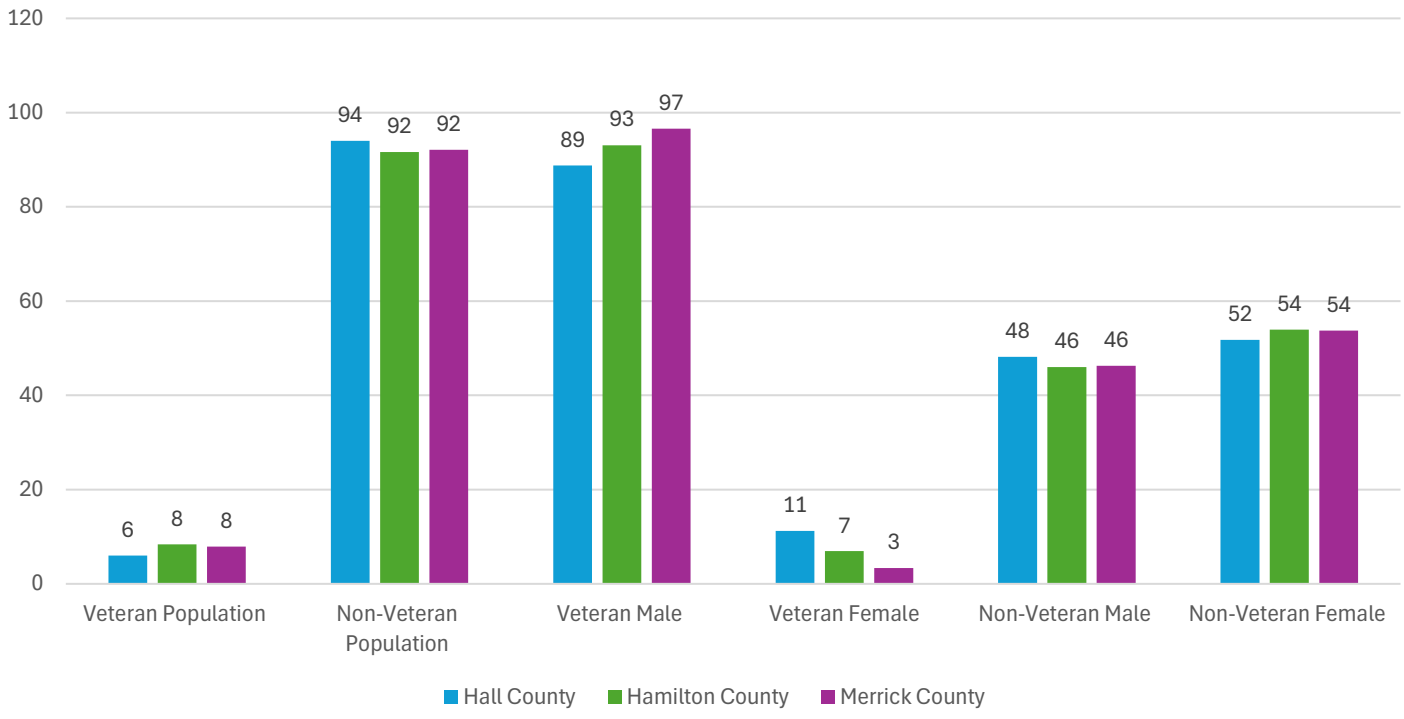


**(Hall County n=31,261, Hamilton County 4,721, Merrick County n=3,973- these same sample sizes are used in Table 6C)*

TABLE 6C: OCCUPATION FOR THE CIVILIAN EMPLOYED POPULATION 16 YEARS & OVER COUNTS *(2018-2022)*[33] *(n)*

Region	Management, Business, Science, and Arts Occupations	Service Occupations	Sales and Office Occupations	Natural Resources, Construction, and Maintenance Occupations	Production, Transportation, and Material Moving Occupations	Military Occupations
Hall County	8,954	4,876	6,288	3,413	7,698	32
Hamilton County	1,914	734	941	600	532	0
Merrick County	1,580	538	719	500	636	0
Nebraska	404,076	158,443	205,888	101,893	145,356	3,584
United States	65,164,340	26,632,838	32,500,088	13,773,265	20,842,673	617,167

CHART 6B: VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS & OVER (2018-2022) (%) (*n*=58,570)* [26]

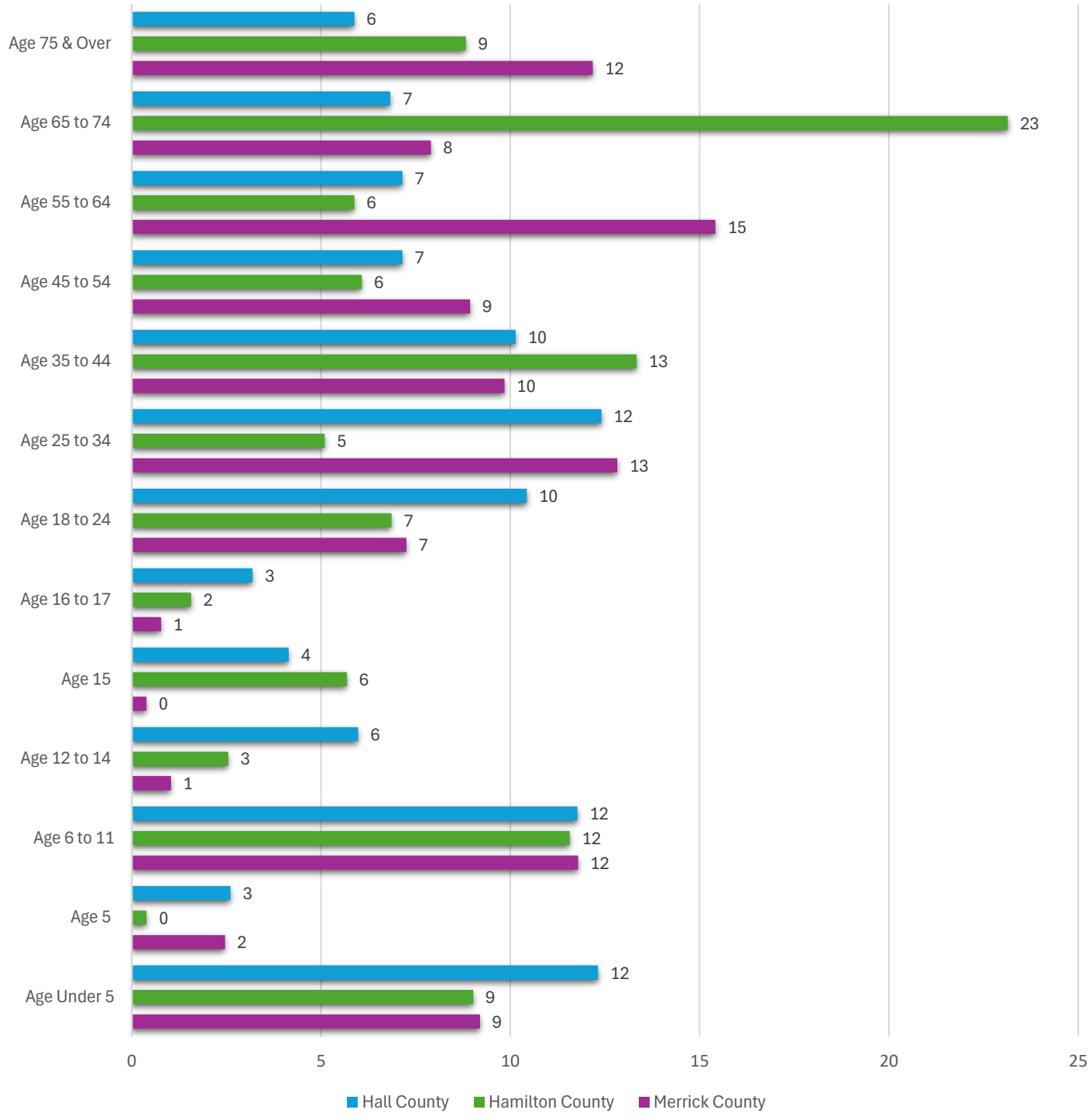


**(Hall County n=45,489, Hamilton County n=7,091, Merrick County n=5,990) 34*

CHART 6D: VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS & OLDER COUNTS (2018-2022) *(n)* [34]

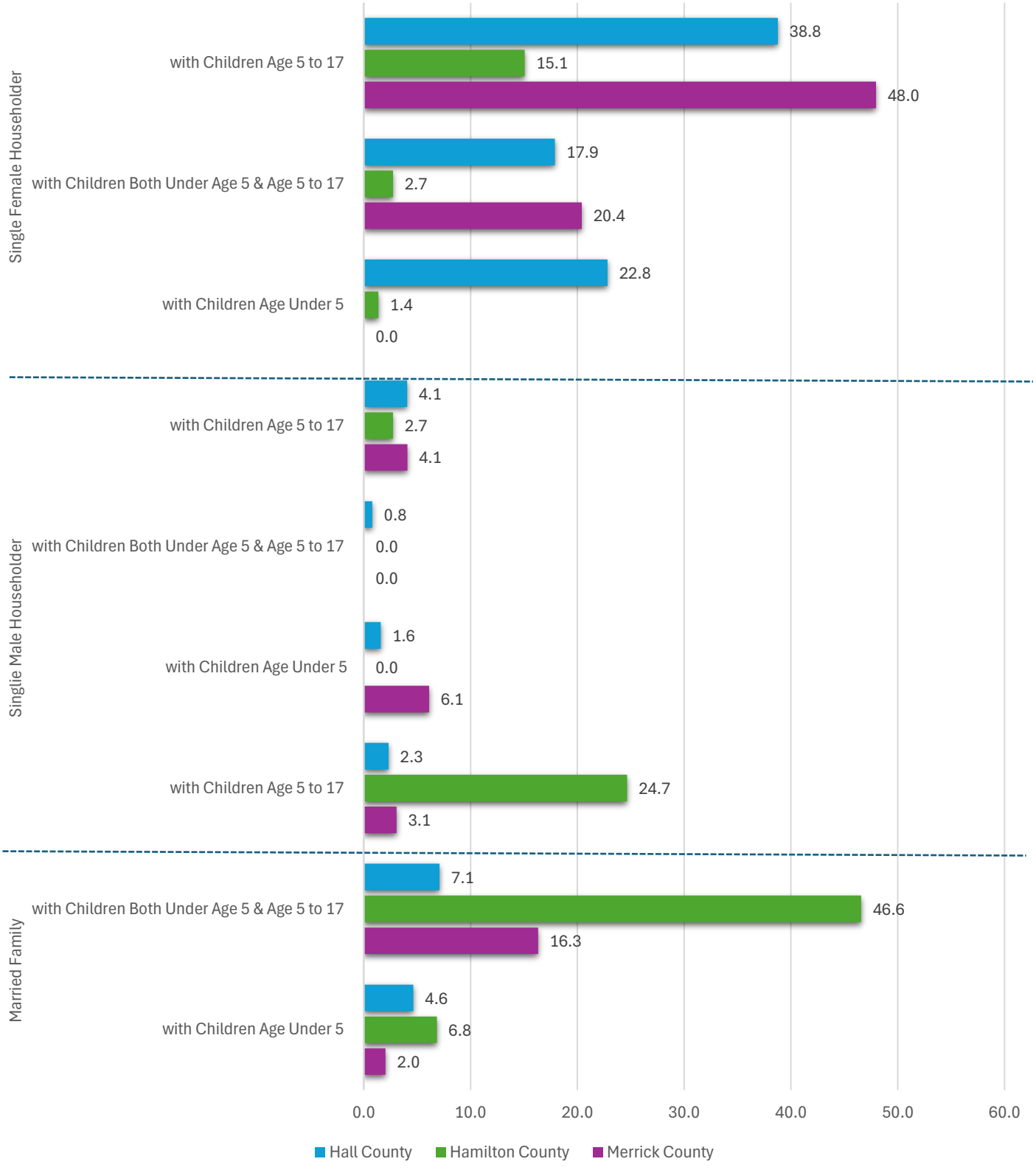
Region	Veteran Population	Non-Veteran Population	Veteran Male	Veteran Female	Non-Veteran Male	Non-Veteran Female
Hall County (n=45,489)	2734	42755	2427	307	20,611	22,144
Merrick County (n=5,990)	473	5517	457	16	2553	2964
Hamilton County (n=7,091)	592	6499	551	41	2991	3508
Nebraska	109,982	1,362,050	99,450	10,532	633,059	728,991
United States	17,038,807	2.40e+08	15,393,807	1,645,000	1.10e+08	1.29e+08

CHART 6C: POVERTY STATUS IN THE PAST 12 MONTHS BY AGE, (2018-2022) (%)
(*n*=9,142)* [35]



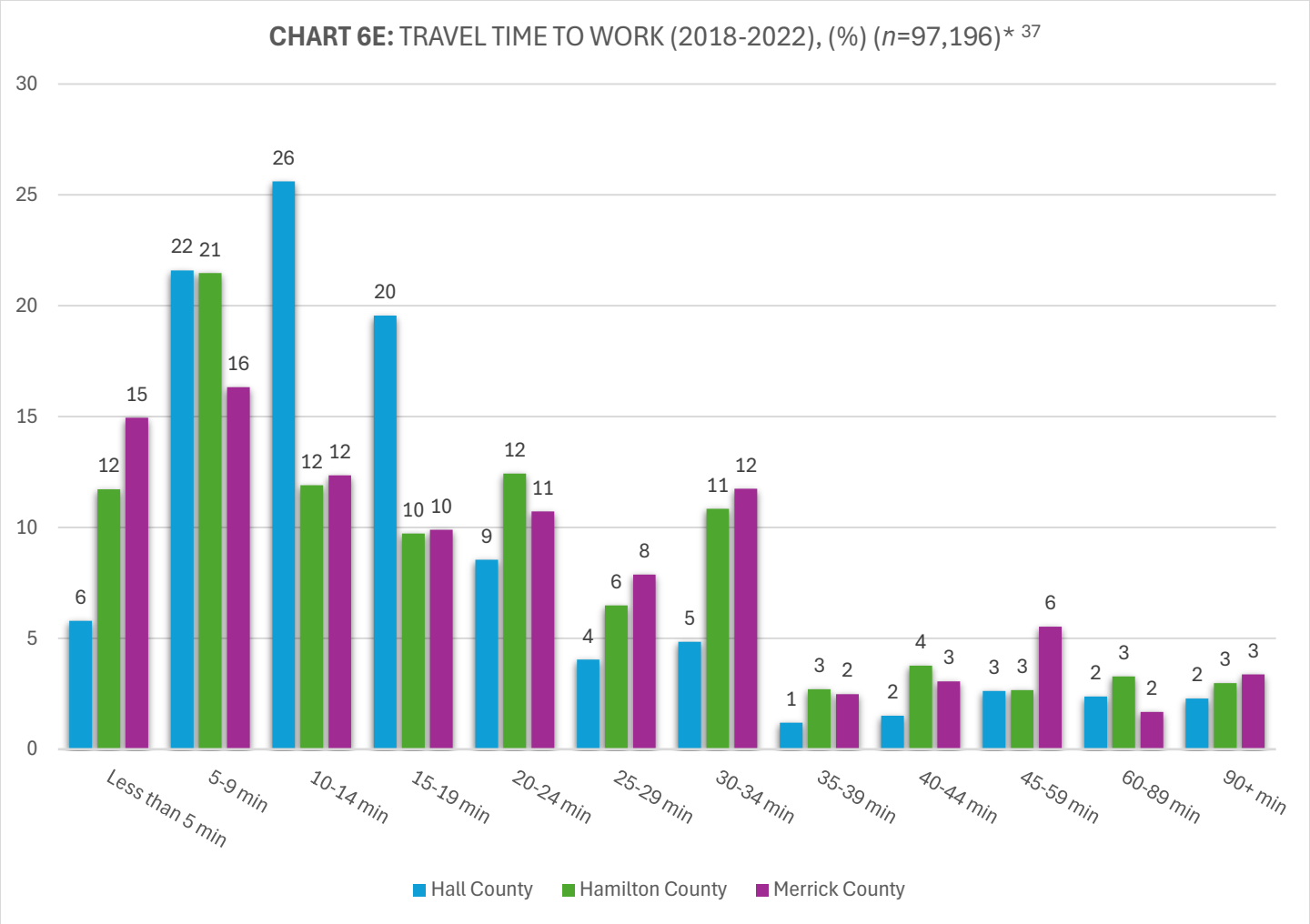
(Hall County n=7,860, Hamilton County n=510, Merrick County n=772)

CHART 6D: FAMILIES BELOW POVERTY LEVEL IN THE PAST 12 MONTHS BY PRESENCE OF RELATED CHILDREN UNDER 18 YEARS OLD, (2018-2022) (%) (*n*=1,551)* [36]



(Hall n=1,380, Hamilton n=73, Merrick n=98)

Another aspect of work that may be overlooked is travel time to work. Access to a well-functioning vehicle is essential to daily life in the Central District because there are few public transportation options. Chart 6D shows that typical travel time tends to be less than 20 minutes. However, nearly 28% of Hall County, 48% of Hamilton County and 39% of Merrick County have a 20+ minute commute.



(Hall County n=29,753, Hamilton County n=4,318, Merrick County n=3,619)

HOUSING

"We have learned that safe, affordable housing is key to a healthy community."

Overall, median estimated property value has increased between 2021 and 2023 in the tri-county area (Chart 7A). Hall County's largest increase in median estimated property value (MEPV) occurred from 2022 to 2023, (+$30,553). Hamilton County's largest increase in MEPV occurred from 2022 to 2023 (+$32,284) and Merrick County's MEPV increase was from 2021 to 2022 (+$20,555). Merrick County was the only county to show a decrease in MEPV, which occurred from 2022 to 2023 (-$8,469). These swells in MEPV could in part be due to the nationwide inflation experienced during this period, which could be problematic if median earnings do not keep up with these increases. More people own their home or pay a mortgage compared to the percentage of those renting (Chart 7B).

CHART 7A: MEDIAN ESTIMATED PROPERTY VALUE, (2021-2023) [38]

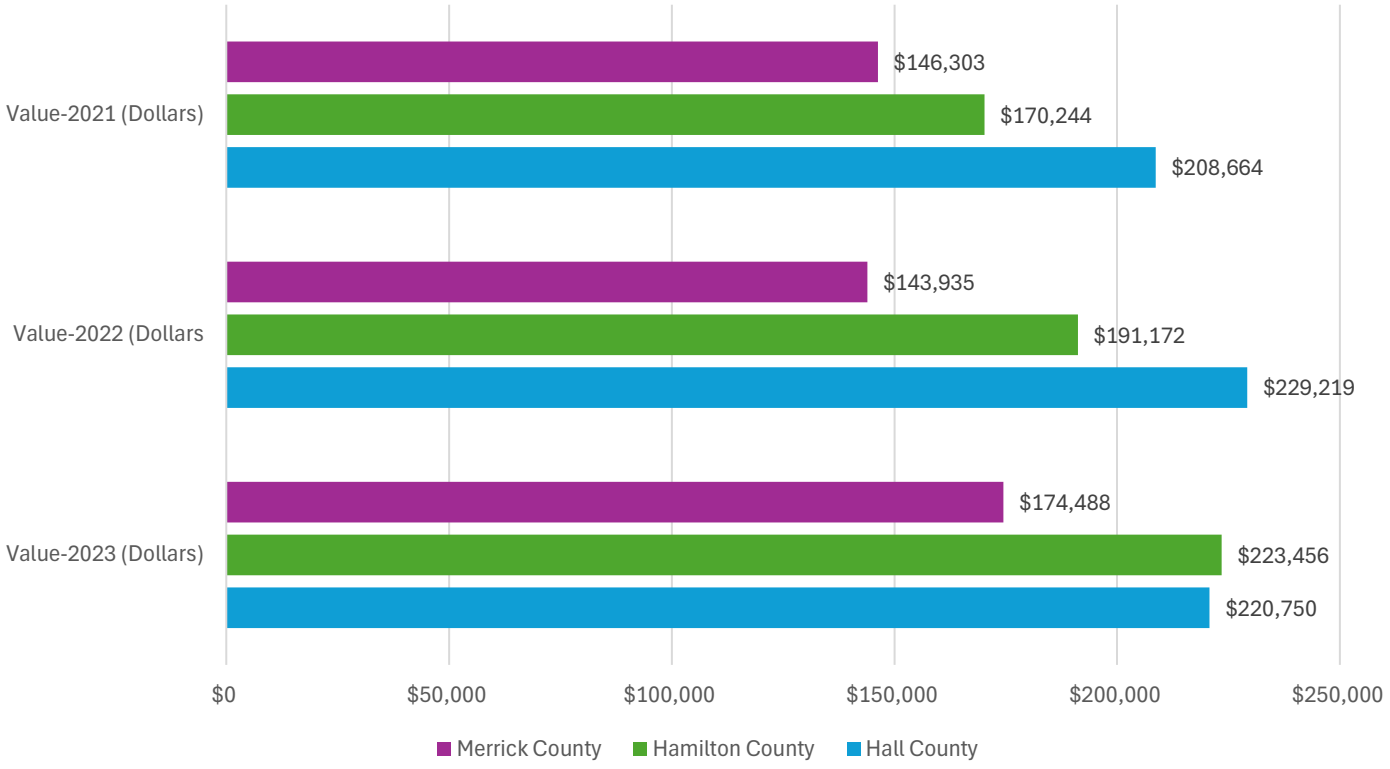
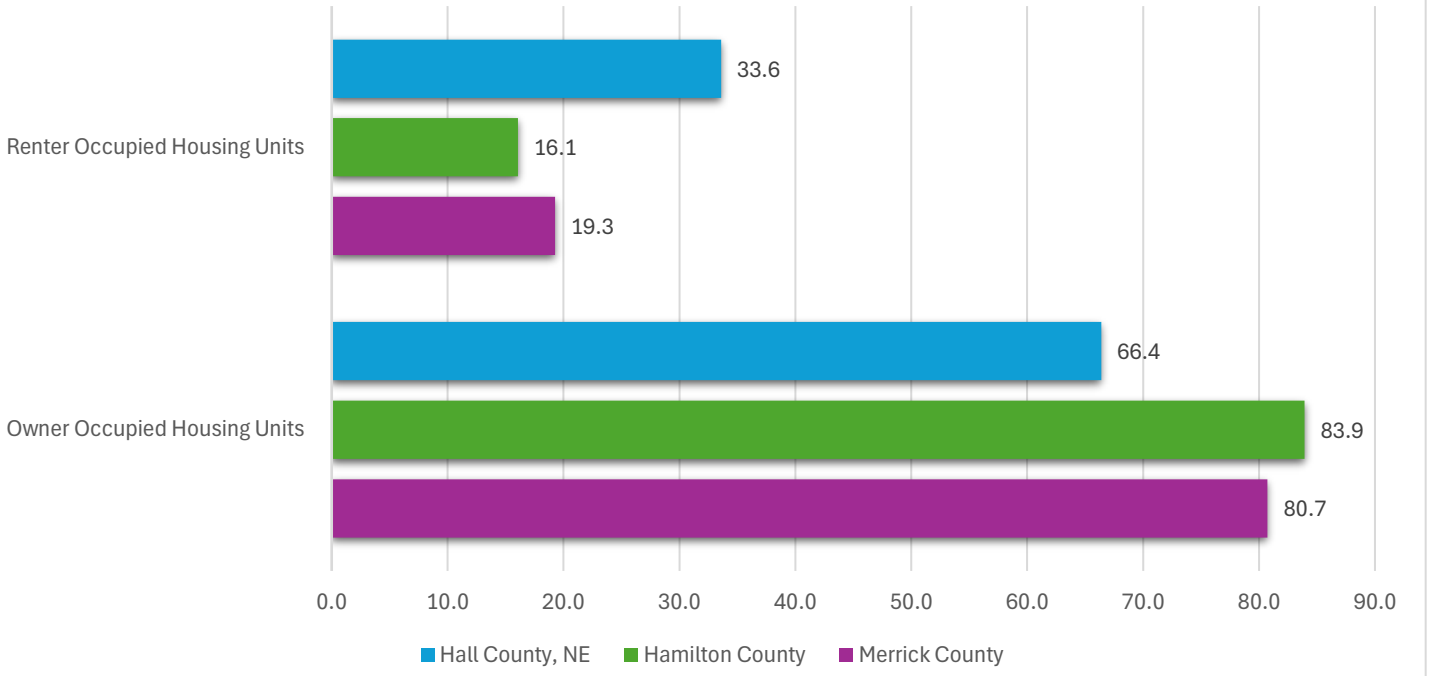


CHART 7B: TOTAL POPULATION IN OWNER VS. RENTER OCCUPIED HOUSING UNITS, (2018-2022) (%) (*n*=78,459)* [39]



(Hall County n=61,650, Hamilton County n=9.270, Merrick County n=7,539)

Chart 7C shows that income of owner-occupied housing is almost twice that of renter occupied housing in all three counties. It is widely accepted that mortgage payments should be no more than 25-28% of monthly gross income.[40] It is noteworthy that 12% of Hall County residents, 12% of Hamilton County residents and 17% of Merrick County residents spend more than 34% of their income on mortgage payments (Table 7D). More so, rent affordability can quickly become financially problematic and affect other aspects of life, especially for those whose rent is more than 30% of their income (Chart 7E) [41].

CHART 7C: MEDIAN HOUSEHOLD INCOME IN PAST 12 MONTHS IN INFLATION-ADJUSTED DOLLARS ($) FOR OWNER & RENTER OCCUPIED HOMES, (2018-2022) [42]

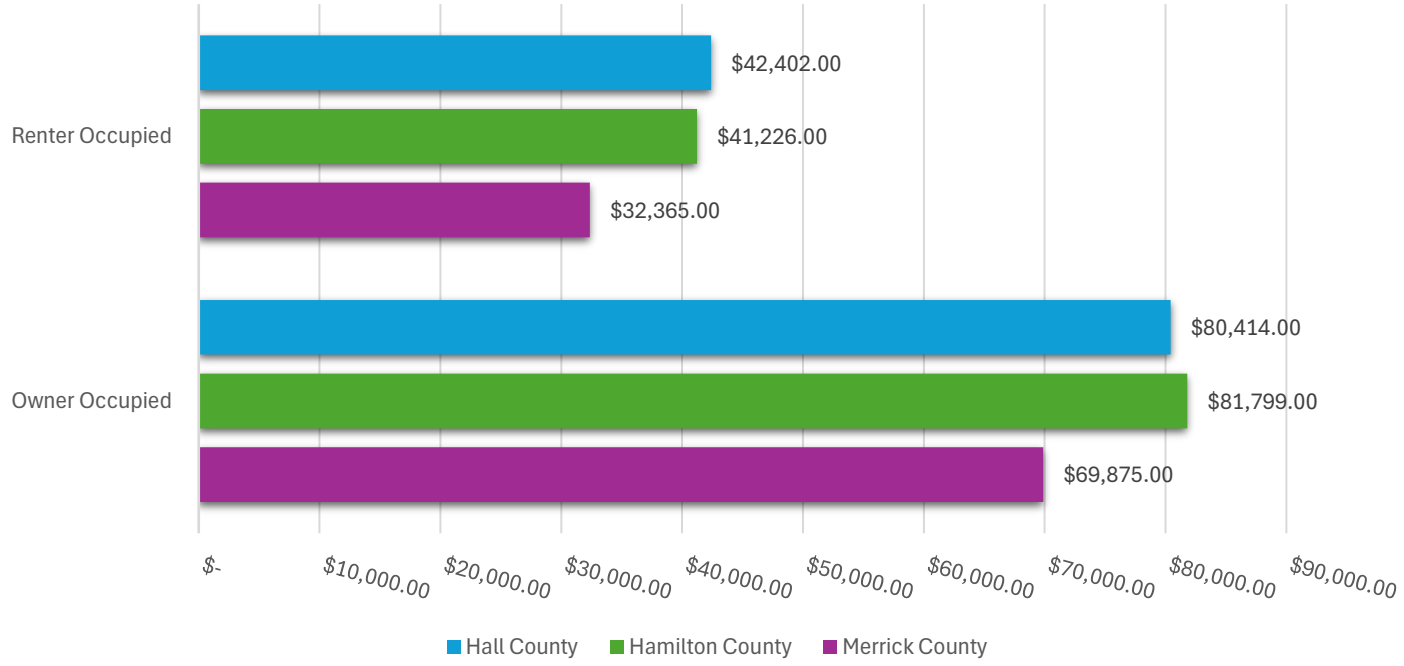
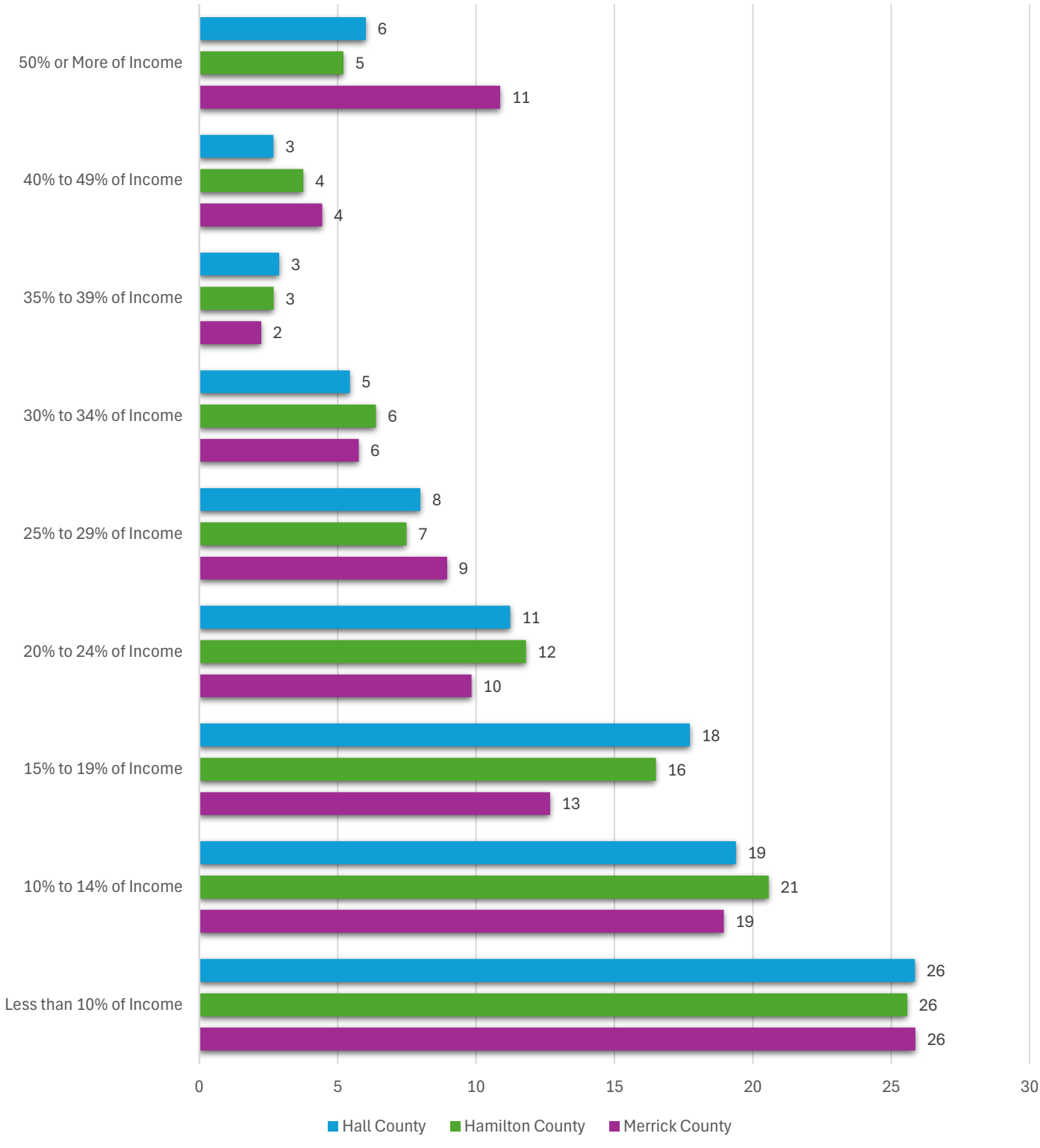
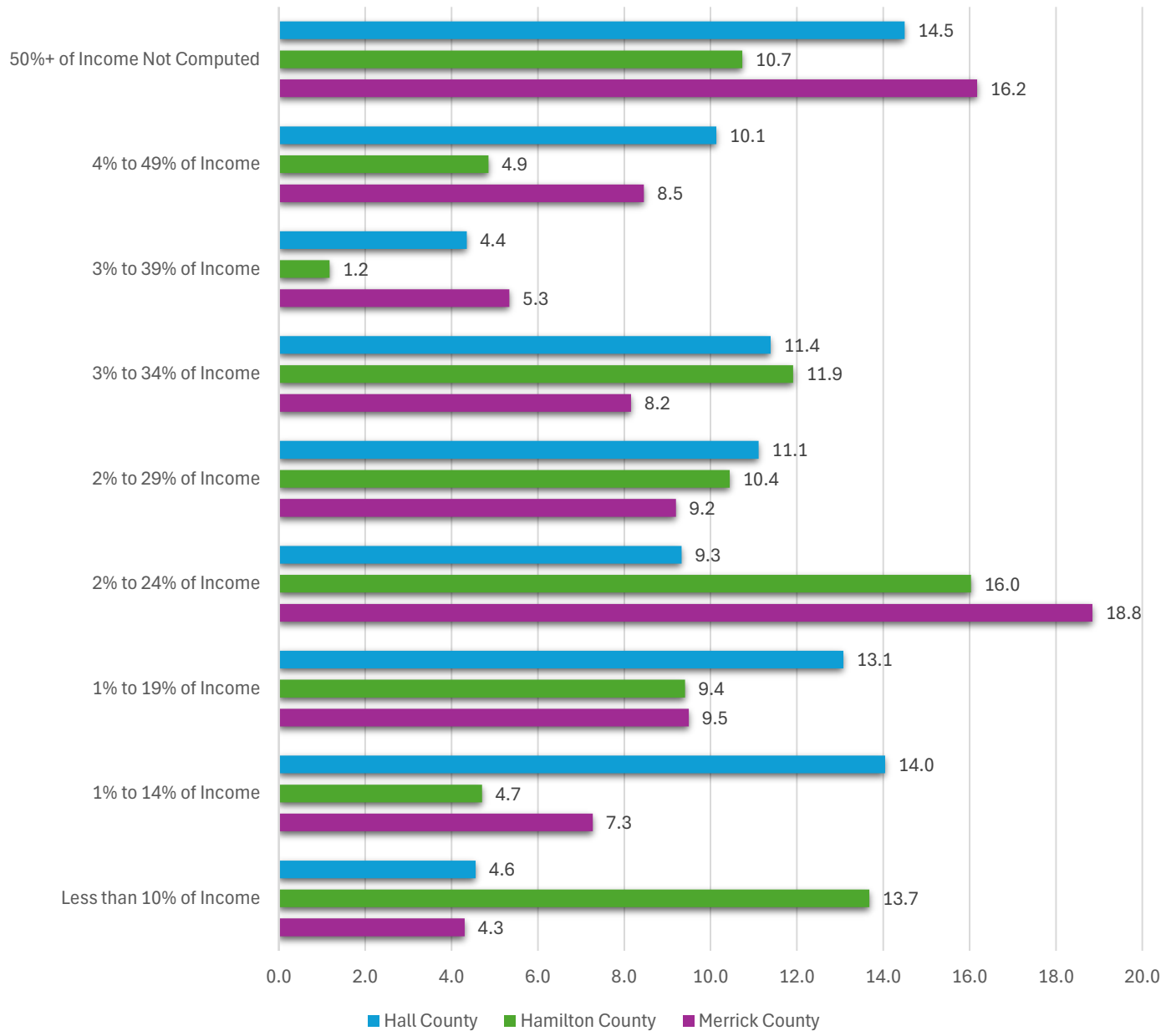


CHART 7D: MORTGAGE STATUS BY SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS, (2018-2022) (*n*=17,845)* [43]



(Hall County=14,948, Hamilton County n=2,897, Merrick County n=2,501)

CHART 7E: GROSS RENT* AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS, (2018-2022) (%): (*n*=9,758)** [44]



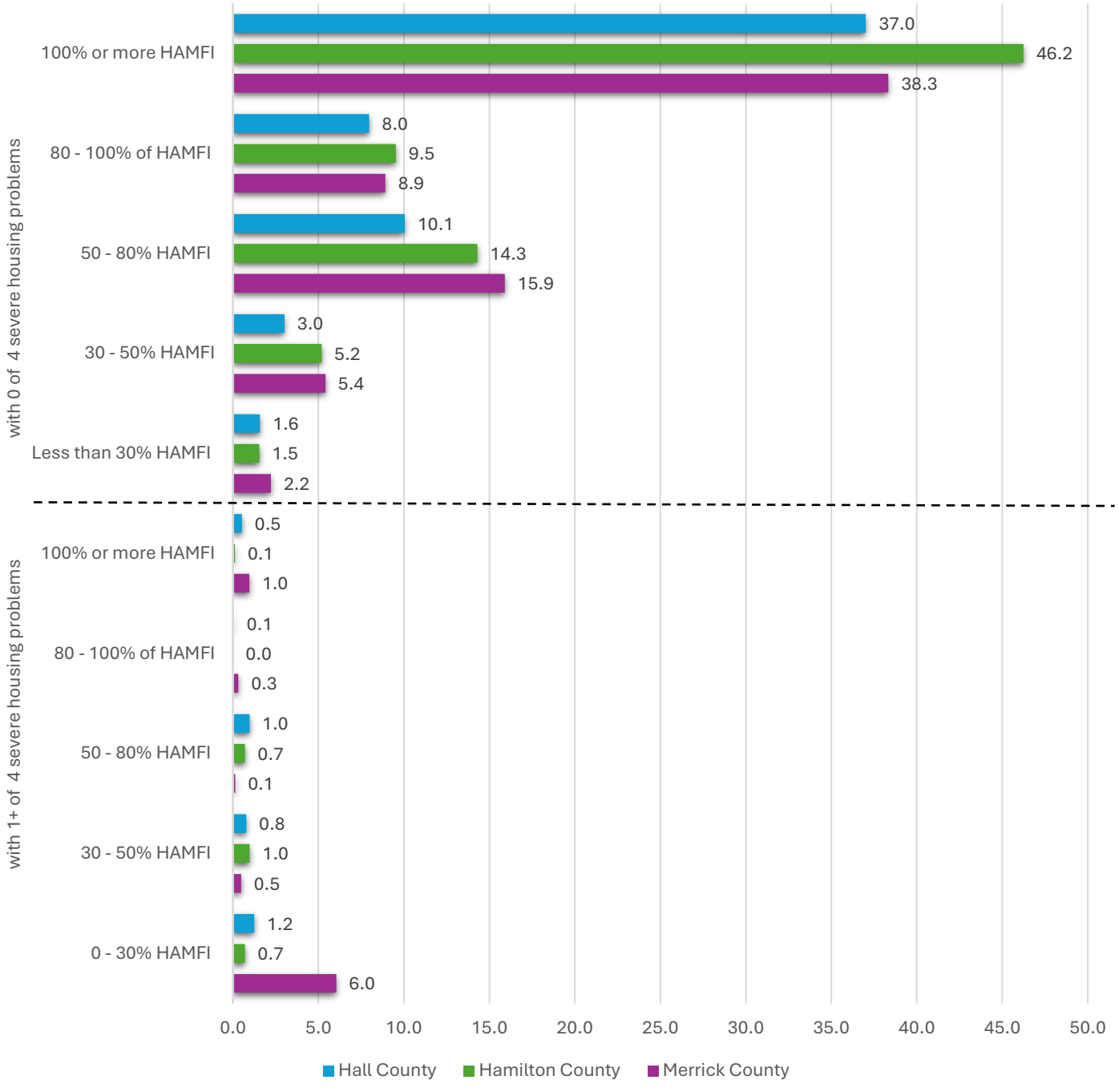
*Gross Rent is defined as a percentage of household income that is a computed ratio of monthly gross rent to monthly household income. [44] *Units for which no cash rent is paid and units occupied by households that reported no income, or a net loss comprise the category, "Not computed."* [44.]

**(Hall County n=9,078, Hamilton County n=680, Merrick County n=674)*

Additional indicators to consider related to housing and its effects on community members are the presence of severe problems as defined by HAMFI, which stands for HUD Area Median Family Income, (HUD – Housing and Urban Development).[45] The HAMFI indicators (housing problems) include overcrowding, high housing costs, lack of kitchen facilities, and lack of plumbing facilities.[45] Tables 7F and 7G show that home-renters are more likely to experience these issues than homeowners.

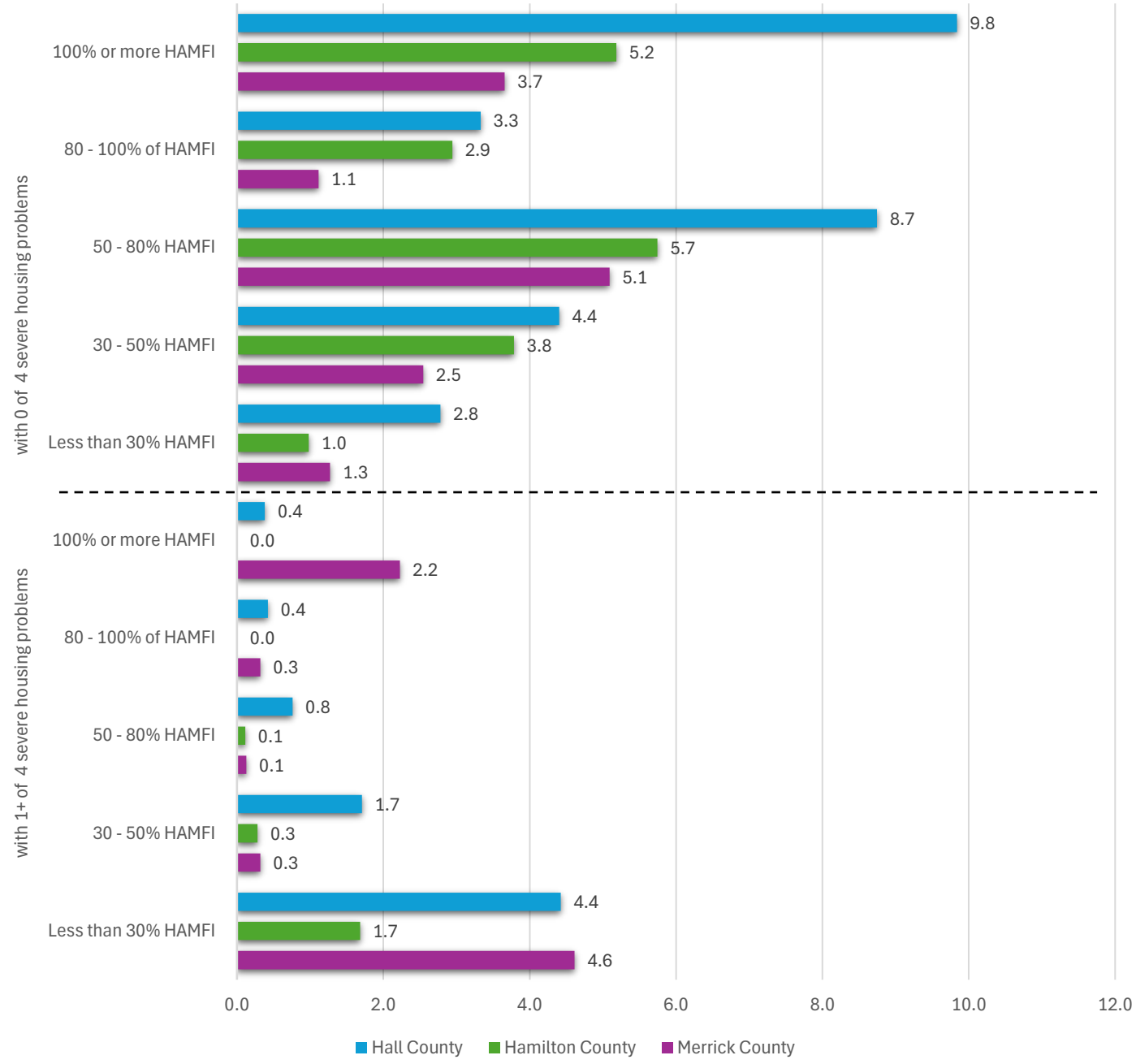
Example interpretation for Tables 7F and 7G: both charts have a dashed going across the middle – for each chart, the bars on top of the chart represent owners/renters that do NOT have any of the four severe housing problems and the bars below the dashed line are owners/renters that DO have 1 or more of the severe housing problems. The percentages (30-50% HAMFI for this example) denote those that have a median family income that is 30-50% greater than their area's median family income.

CHART 7F: OWNER OCCUPIED HOUSING BY PRESENCE OF SEVERE HOUSING PROBLEMS BY HAMFI PERCENTAGE, (2017-2021) (%) (*n*=30,441)*[45]



(Hall County: n= 23,730, Hamilton County: n=3,568, Merrick County: n=3,143)

CHART 7G: RENTER OCCUPIED HOUSING BY PRESENCE OF SEVERE HOUSING PROBLEMS BY HAMFI PERCENTAGE (2017-2021) (%) (*n*=30,441)*[45]



**(Hall County: n= 23,730, Hamilton County: n=3,568, Merrick County: n=3,143)*

DISABILITY STATUS

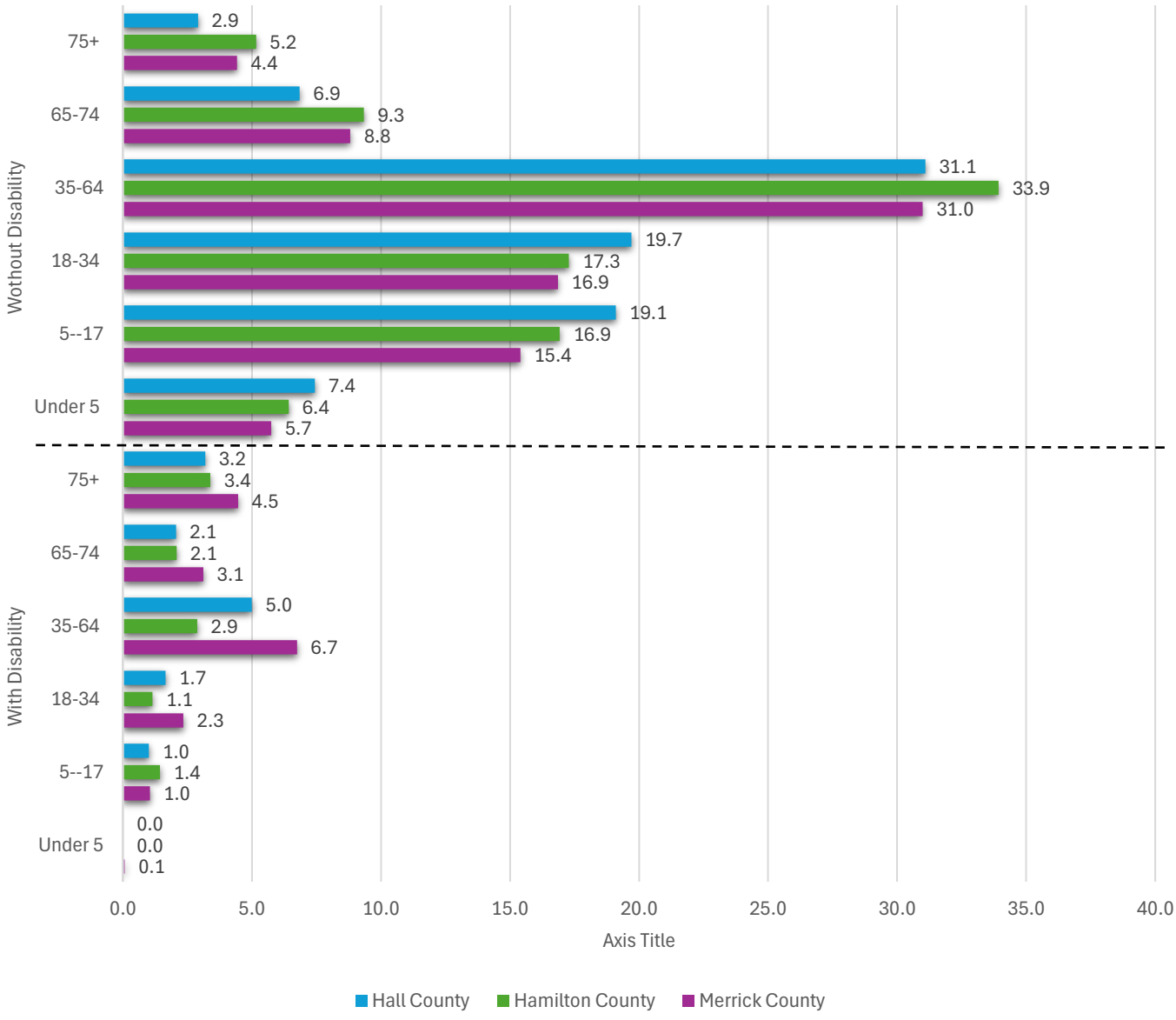
"We need to understand and meet the needs of those with disabilities."

According to the World Health Organization (WHO), the term disability has three dimensions: impairment, activity limitation, and participation restriction.[47] Each of these dimensions are defined as follows:

- Impairment in a person's body structure or function, or mental functioning; examples of impairments include loss of a limb, loss of vision or memory loss. [47]
- Activity limitations, such as difficulty seeing, hearing, walking, or problem solving. [47]
- Participation restrictions in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services [47.]

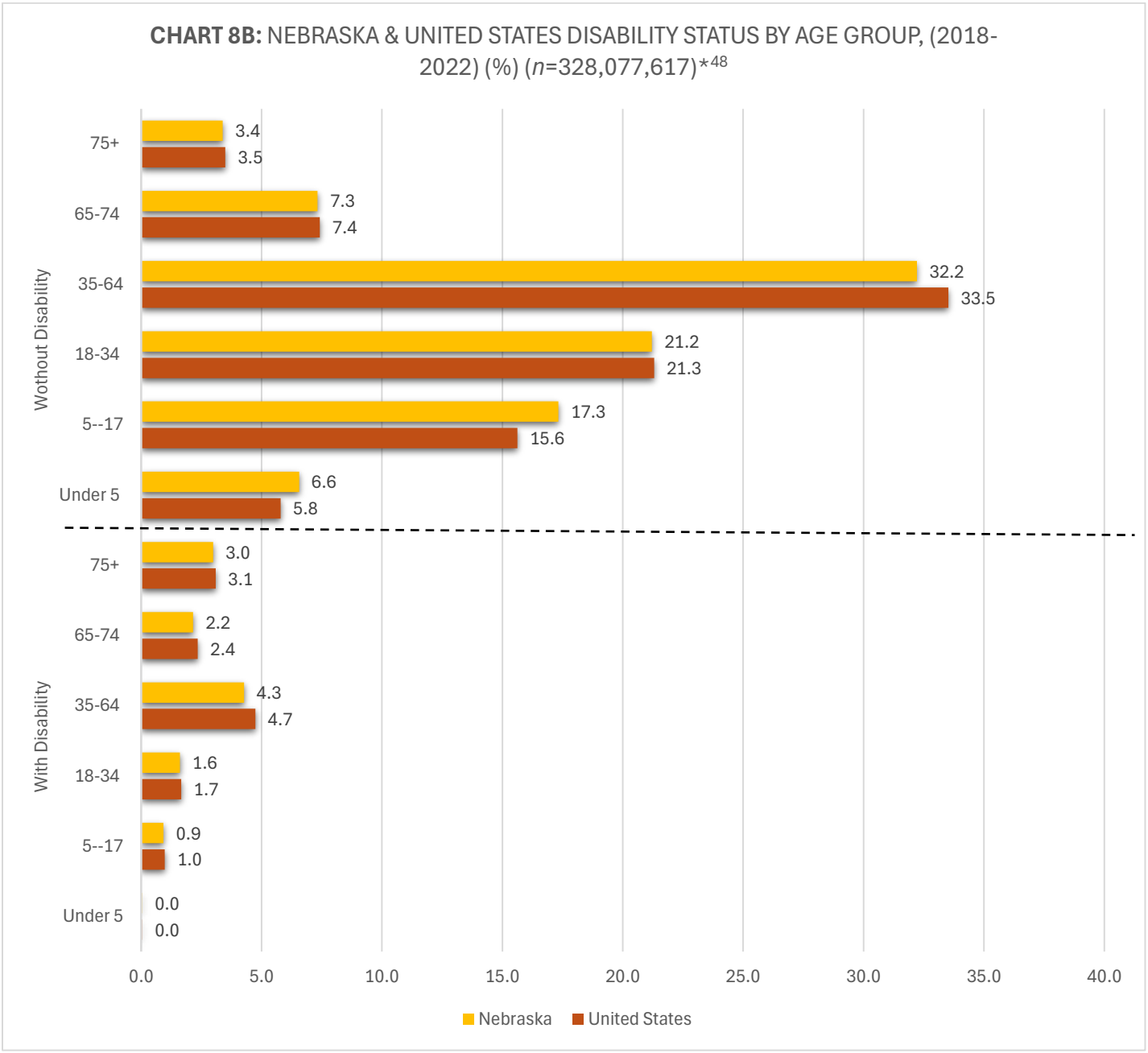
Charts 8A and 8B show that most individuals with disability are 35 years or older, specifically in the 35-64 age bracket in Central District, Nebraska, and United States. TABLE 8A shows the counts the percentages of Charts 8A and 8B are based on.

CHART 8A: CENTRAL DISTRICT DISABILITY STATUS BY AGE GROUP, (2018-2022) (%) (*n*=78,716)* [48]



**(Percentages were calculated by sample sizes that were split by county, Hall County: (n=61,882), Hamilton County: (n=9,263), and Merrick County: (n=7,571))*

CHART 8B: NEBRASKA & UNITED STATES DISABILITY STATUS BY AGE GROUP, (2018-2022) (%) (*n*=328,077,617)*[48]



(Nebraska (n=1,930,107), US (n=326,147,510 – values from Chart 8A and 8B correspond with those in Table 8A))

TABLE 8A: DISABILITY COUNTS *(n)*[48]	UNDER 5	5--17	18-34	35-64	65-74	75+
Hall County (*n*=61,882)	0	624	1023	3092	1276	1974
Hamilton County (*n*=9,263)	0	133	106	267	193	314
Merrick County (*n*=7,571)	5	79	177	511	236	338
NE (*n*=1,930,107)	763	17,813	31,019	82,382	41,642	57,594
US (*n*=326,147,510)	131,689	3,180,317	5,420,682	15,459,138	76,69,207	10,080,423

FOOD INSECURITY

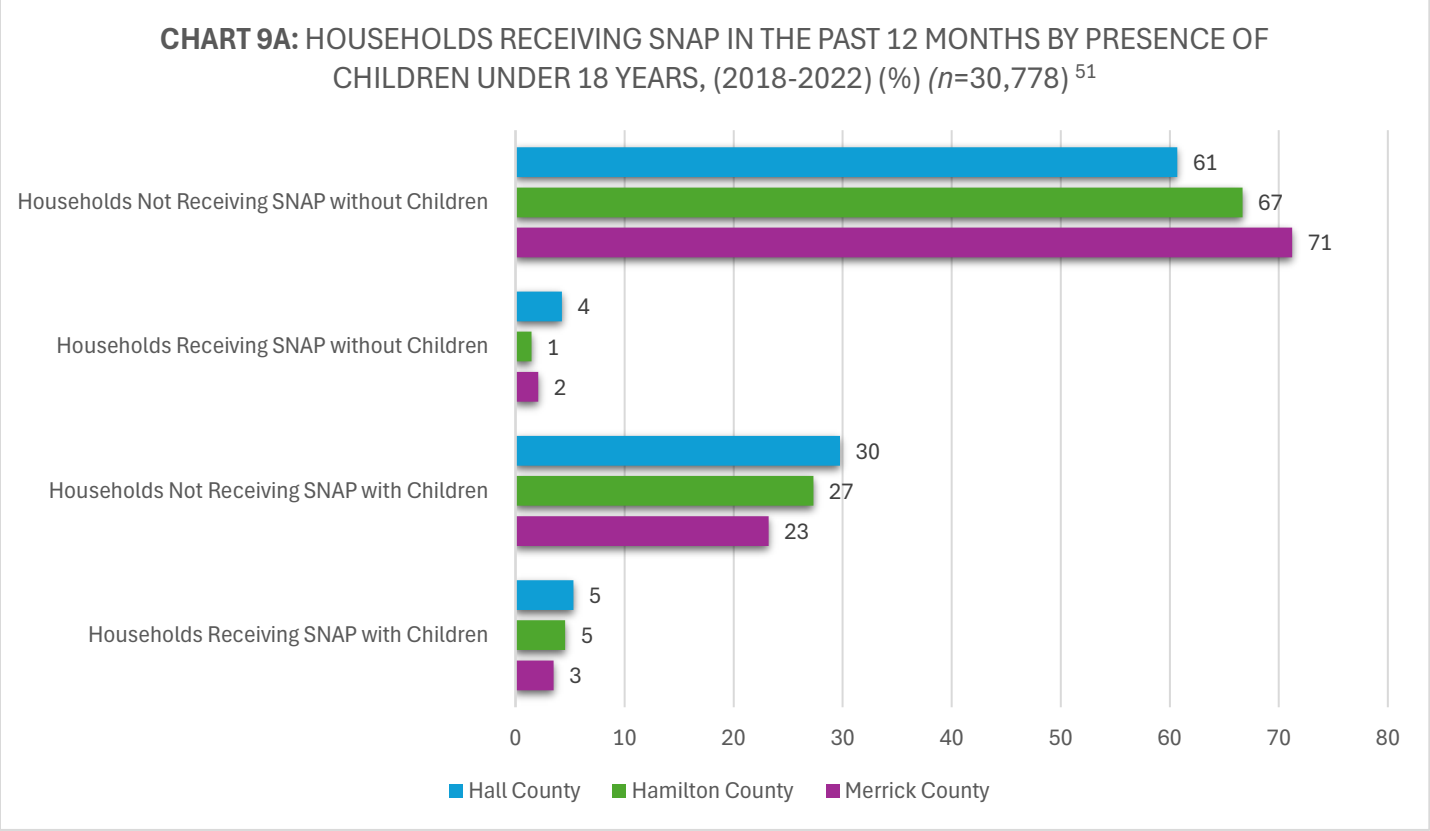
"We know that there are times when getting enough to eat is a problem."

The United States Department of Agriculture defines food insecurity as "a household-level economic and social condition of limited or uncertain access to adequate food." [49] Food insecurity is a consequence of social factors like low income and unemployment, which can result in barriers related to educational attainment, health behaviors, and health outcomes. Table9A below shows the percentage of those experiencing food insecurity in the Central District, Nebraska, and the US. Of the three counties, Hall County has higher percentages of food insecurity, most notably in children and Black/African American residents. Chart 9A shows that at least 3% of the households receiving SNAP in each county have children present. While the data Table 9A and Chart 9A are measured by different variables, it is possible that the percentage of households with children receiving SNAP may be higher than reported.

TABLE 9A: FOOD INSECURITY RATES (2022) * [50]	OVERALL POPULATION	SENIORS	ADULTS	CHILDREN	BLACK/AFRICAN AMERICAN nH**	HISPANIC	WHITE nH**
Hall County	14.80%	n/a	17.70%	21.70%	48.00%	29.00%	11.00%
Hamilton County	11.10%	n/a	8.40%	15.10%	n/a	n/a	9.00%
Merrick County	14.20%	n/a	10.90%	19.40%	n/a	n/a	11.00%
Nebraska	13.60%	4.50%	12.80%	19.20%	35.00%	28.00%	11.00%
United States	13.10%	7.40%	13.90%	17.90%	20.40%	19.40%	10.30%

**: Food insecurity percentages for Asian, American Indian, Native Hawaiian/Pacific Islander, & other race(s) not available.*

*** nH: non-Hispanic*

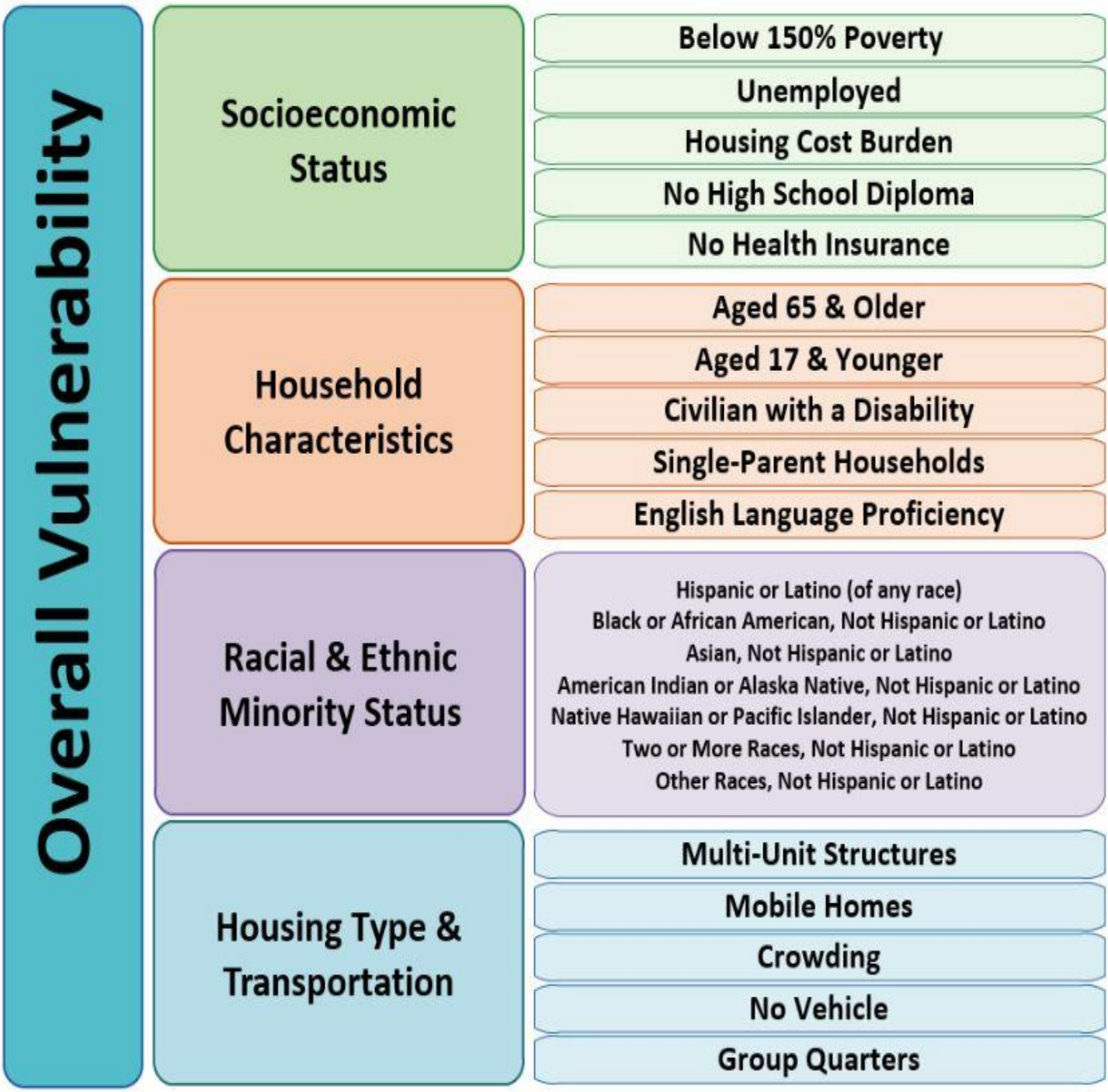


(Percentages were calculated by sample sizes that were split by county, Hall County: (n=24,026), Hamilton County: (n=3,577), and Merrick County: (n= 3,175))*

CDC/ATSDR SOCIAL VULNERABILITY INDEX

"Making sense of our risk for harm during a disaster and our level of protection make us safer."

The Social Vulnerability Index (SVI) is "a tool that helps identify communities that may need support before, during, and after disasters or other emergencies." [52-53] Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability) and are based on 15 variables including: socioeconomic status, household characteristics, racial & ethnic minority status, housing type, and transportation. Each of these are shown in the figure below. [52-53]



The SVI statewide comparison seen in Table 10A shows Hall County has the highest overall SVI score in the Central District, followed by Merrick County. Hamilton County has a significantly lower SVI score, indicating it is the least vulnerable of the three counties. In a nationwide comparison (Table 10B), the Central District counties show similar trends, with Hall County still scoring as a county with high vulnerability. In this national comparison, Hamilton and Merrick counties score lower.

TABLE 10A: STATEWIDE SVI COMPARISON BY COUNTY, (2022) [52-53]

County	Overall, SVI Score	Socioeconomic Status	Household Characteristics	Racial & Ethnic Minority Status	Housing Type & Transportation
Hall	0.9891	1	0.9348	0.9565	0.837
Hamilton	0.1196	0.1957	0.3152	0.2391	0.0652
Merrick	0.4783	0.5	0.5978	0.4891	0.3587

TABLE 10B: NATIONWIDE SVI COMPARISON BY COUNTY, (2022) [52-53]

County	Overall, SVI Score	Socioeconomic Status	Household Characteristics	Racial & Ethnic Minority Status	Housing Type & Transportation
Hall	0.7343	0.6487	0.882	0.7378	0.496
Hamilton	0.0229	0.0433	0.3471	0.1276	0.0105
Merrick	0.1947	0.2405	0.593	0.2399	0.0955

This pattern and rank of the vulnerability of the three counties is consistent over time (Tables 10C and 10D). Hall County's prominent level of vulnerability is likely due to the size and diversity of its population, in addition to other factors. [52-53]

TABLE 10C: OVERALL, SVI STATEWIDE COMPARISON BY COUNTY, HISTORICAL TRENDS, (2014-2020) [52-53]

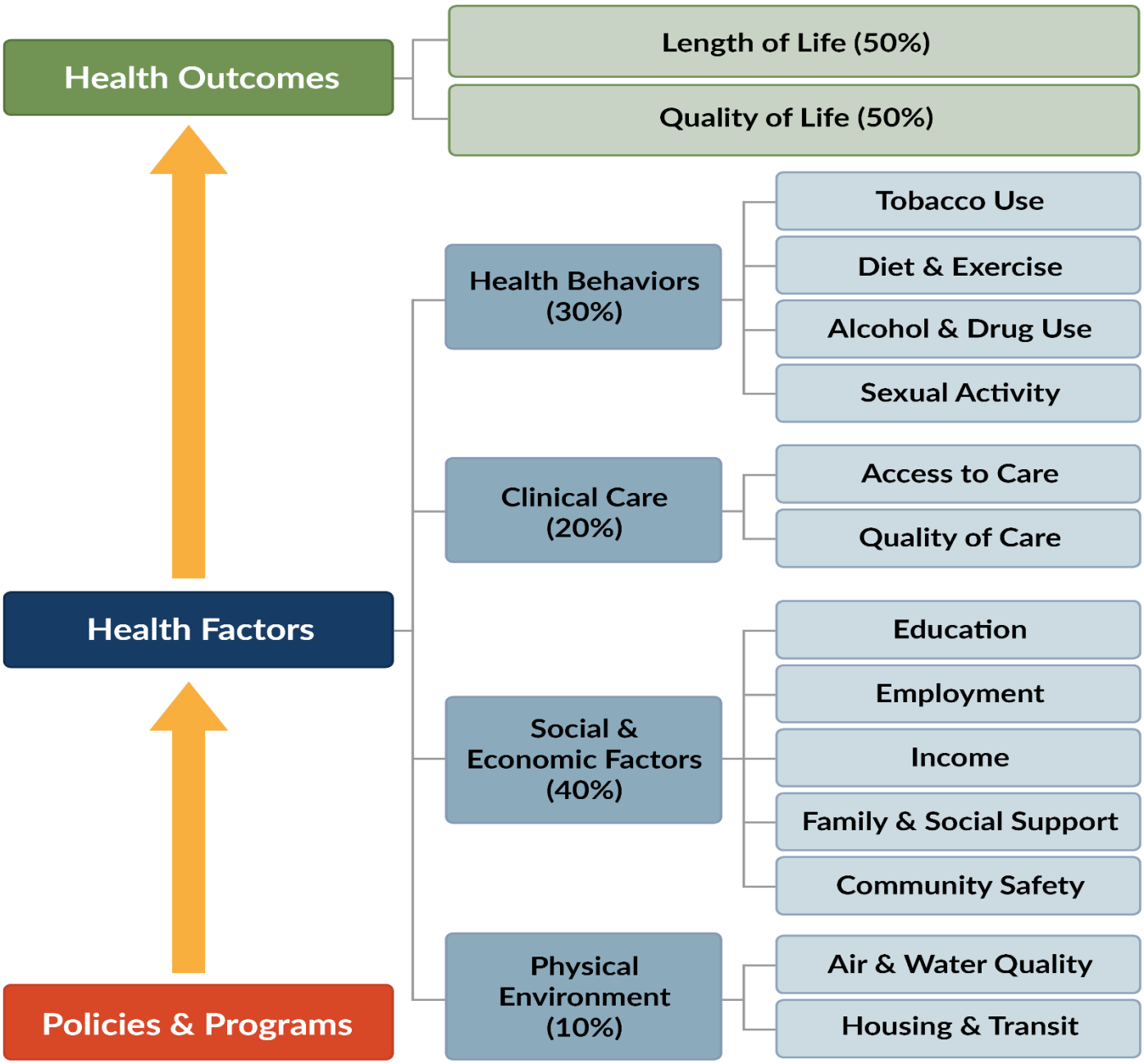
County	2014	2016	2018	2020
Hall	0.9783	0.9565	0.9565	1
Hamilton	0.0326	0.0761	0.087	0.0326
Merrick	0.6413	0.7065	0.6196	0.7391

TABLE 10D: OVERALL, SVI NATIONWIDE COMPARISON BY COUNTY, HISTORICAL TRENDS, (2014-2020) [52-53]

County	2014	2016	2018	2020
Hall	0.6826	0.6683	0.6701	0.7228
Hamilton	0.0089	0.0083	0.0089	0.0064
Merrick	0.1331	0.1843	0.1975	0.2995

PART II-A: HEALTH OUTCOMES

Health Outcomes are related to the Social Determinants of Health factors described in the Community Profile of this assessment. The two health outcomes that will be discussed are length of life and quality of life (see visual below).[54] Length of life is measured by premature death, life expectancy, and infant mortality.[54] Quality of life includes self-reported physical and mental wellness.[54] Now that the makeup of each county has been explored, the following sections (II-A and II-B) will break down data to the county level, when available, to demonstrate the similarities and differences in quality and length of life between each county. By reviewing these similarities and differences, CDHD and partners are better able to develop interventions and policies to support the health needs in each unique area.



LEADING CAUSES OF DEATH

"The two leading causes of early death continue to be cancer and heart disease."

The 2018-2022 leading causes of death for the United States and the state of Nebraska are shown in Tables 11A and 11B. The US's top six causes of death are heart disease (167.2/100,000 people), cancer (142.3/100,000), accidents (64/100,000), COVID-19 (44.5/100,000), Stroke (39.5/100,000), and chronic lower respiratory disease (34.3/100,000). The top leading causes of death in Nebraska are heart disease (154.3/100,000), cancer (142.2/100,000), accidents (46.8/100,000), chronic lower respiratory diseases (37.4/100,000), COVID-19 (35.5/100,000), and Stroke (35.1/100,000). Among the three counties (Tables 11C, 11D, and 11E), cancer is the most common cause of death, followed by heart disease. The national and state rates for these two illnesses are about two to three times larger than those of any of the Central District counties. Hamilton County has a slightly higher death rate for cancer (81.1/100,000) compared to the other counties, and Merrick County's death rate from heart disease (75.9/100,000) is higher than the rate for Hall County (52.3/100,000).

TABLE 11A: LEADING CAUSES OF DEATH-UNITED STATES, (2022) [55-65]	**DEATH COUNT *(N)***	**DEATH RATE**
Heart disease	702,880	167.2
Cancer	608,371	142.3
Accidents (unintentional injuries)	227,039	64.0
COVID-19	186,552	44.5
Stroke (cerebrovascular diseases)	165,393	39.5
Chronic lower respiratory diseases	147,382	44.2
Alzheimer's disease	120,122	28.9
Diabetes	101,209	24.1
Nephritis, nephrotic syndrome, and nephrosis.	57,937	13.8
Chronic liver disease and cirrhosis	54,803	13.8

TABLE 11B: LEADING CAUSES OF DEATH (LCD)-NEBRASKA, (2022) [55-65]	**DEATH COUNT *(N)***	**DEATH RATE**
Heart disease	3,804	154.3
Cancer	3,490	142.2
Accidents	989	46.8
Chronic lower respiratory diseases	929	37.4
COVID-19	873	35.5
Stroke	867	35.1
Alzheimer's disease	746	30.0
Diabetes	539	22.1
Hypertension	430	17.2
Suicide	306	15.6

TABLE 11C: LCD-HALL COUNTY, (2024) [66]	**DEATH COUNT *(N)***	**DEATH RATE**
Malignant Neoplasms	163	94.5
Diseases of Heart	112	64.9
COVID-19	69	40.0
Accidents	60	34.8
Chronic Lower Respiratory Disease	44	25.5

TABLE 11D: LCD-HAMILTON COUNTY, (2024) [67]	DEATH COUNT *(N)*	DEATH RATE
Malignant Neoplasms	28	110.4
Disease of Heart	14	n/a
COVID-19	12	n/a

TABLE 11E: LCD-MERRICK COUNTY, (2024) [68]	DEATH COUNT *(N)*	DEATH RATE
Malignant Neoplasms	24	114.3
Diseases of Heart	23	109.6
COVID-19	16	n/a

Another way to view health outcomes is through the Years of Potential Life Lost (YPLL) variable, which measures the number of years lost due to premature death, which is defined as death before the age of 75 per 100,000 population (age-adjusted).[69] Table 11F below shows the YPLL data at the local, state, and national level. Hamilton County has a significantly low YPLL (5,000), while Merrick County has the highest (8,200).

TABLE 11F: YEARS OF POTENTIAL LIFE LOST, (2024) [69]	YEARS
Hall	7600
Hamilton	5000
Merrick	8200
Nebraska	6800
United States	8000

HEART DISEASE

"Approximately one third of Central District adults say they have high blood pressure and/or obesity which are risk factors for heart disease."

Heart disease or cardiovascular disease are the general terms used to describe ailments that affect the function and composition of the heart like coronary artery disease (CAD), heart failure, arrhythmia, and risk factors like hypertension, hypercholesterolemia, etc.[70-72] Heart disease is one of the top leading causes of death in the Central District area, the state of Nebraska, and the United States.

Table 12A show the state and national death rates for overall cardiovascular disease and related ailments and is disaggregated by race and ethnicity. Black and/or African American individuals are at significantly higher risk of having any of the four ailments regardless of geography. Persons of the American Indian & Alaskan Native race also have higher death rates, specifically in overall cardiovascular disease death rates. Hispanic and/or Latino individuals and Asian and Pacific Islander people have relatively low death rate levels for the same two variables. Caucasian persons show similar rates to those of the US and NE for all four categories. In comparing the three counties to NE (Table 12B), death rates for Total Cardiovascular Disease and Heart Disease are similar and high. Hall County tends to have higher numbers of Stroke deaths, while Hamilton County has a higher rate of Preventable and Avoidable Deaths. All three counties and the state of Nebraska had lower death rate levels than the US regardless of ailment.

TABLE 12A: HEART DISEASE DEATH RATES PER 100,000, ALL R/E, GENDERS, AGES, (2019-2021)[70]

	OVERALL CARDIOVASCULAR DISEASE DEATH RATE		HEART DISEASE DEATH RATE		STROKE DEATH RATE		AVOIDABLE HEART DISEASE & STROKE DEATH RATE	
Race & Ethnicity	*NE*	*US*	*NE*	*US*	*NE*	*US*	*NE*	*US*
All R/E	203.4	223.0	149.6	168.1	34.7	39.0	132.7	159.5
Black/African American non-Hispanic (nH)	261.5	308.0	158.2	223.7	58.8	57.0	168.0	223.4
White (nH)	205.7	225.6	153.0	172.9	34	37.6	133.9	159.0
Hispanic	112.1	166.4	73.1	118.5	27.2	34.8	75.8	130.1
American Indian & Alaskan Native (nH)	254.8	198.0	193.6	149.5	n/a	33.6	175.3	148.9
Asian & Pacific Islander (nH)	109.6	128.6	64.1	85.0	34.5	31.5	87.2	102.7
Native Hawaiian or Other Pacific Islander	n/a	245.0	n/a	177.9	n/a	48.5	n/a	182.6
More than one race	69.8	101.0	n/a	74.1	n/a	19.1	54.2	75.4

12B: DEATH (MORTALITY) RATES PER 100,000, ALL R/E, GENDERS, AGES, (2019-2021) [70]

Region	Total Cardiovascular Disease	Heart Disease	All Stroke	Preventable/Avoidable Deaths
Hall	194.6	137.7	40.7	118.9
Merrick	201.4	170.9	27.6 (smoothed)	122.9
Hamilton	165.4	125.6	29.0 (smoothed)	101.8
Nebraska	203.4	149.6	34.7	132.7
USA	223.0	168.1	39.0	159.5

High cholesterol, diabetes, obesity, physical inactivity, and smoking are all risk factors that can cause cardiovascular disease. Table 12C shows that high cholesterol, obesity, and physical inactivity are the most common risk factors among the Central District. Table 12D shows that 6.4% of Nebraskans and 10.6% of Central District residents that took part in the Behavioral Risk Factor Surveillance System (BRFSS) Survey have been told they have had a heart attack or coronary heart disease. Approximately 2% of both geographies' respondents have been told they have had a stroke (Table 12E).

TABLE 12C: PREVALENCE (%), (2021) [70] **RISK FACTORS (%), (2021) [70]**

REGION	Coronary Heart Disease	High BP	Stroke	High Cholesterol	Diabetes	Obesity	Physical Inactivity	Smoking
Hall	6.3	33.3	3.2	35.1	8.9	38.2	25.8	15.7
Hamilton	6.1	34.8	3.0	38.6	9.2	37.7	21.2	12.7
Merrick	7.2	35.8	3.5	35.3	8.5	39.1	20.7	16.3

TABLE 12D: EVER TOLD THEY HAD A HEART ATTACK OR CORONARY HEART DISEASE, ADULTS 18 AND OLDER, AGE-ADJUSTED, (2022) [71]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,373	6.4
Central District	359	10.6

12E: EVER TOLD THEY HAD A STROKE, ADULTS 18 AND OLDER, (2022) [72]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,460	2.5
Central District	360	1.8

DIABETES

"Nearly one in ten adults has been diagnosed with diabetes."

Diabetes is also a leading cause of death for Nebraska and the US. Although not present in the lists of the counties, diabetes is worth mentioning because it is one of the risk factors for cardiovascular disease (the first or second cause of death at the state, local and national level.) Diabetes prevalence, which is the proportion of the population that has diabetes at a specific point in time, was highest among Hall County (10%), followed by Merrick County and Nebraska (both at 9%), and Hamilton County at 8% per current data (Table 13A). Diagnosed diabetes rates for 2021 are like those of 2020 rates (Table 13B). For 2021, diagnosed diabetes values by race and/or ethnicity are also available for NE and US. Diabetes was diagnosed most often for Hispanic and/or Latino people and for Black or African American people at both the state and national level (Table13C). Tables 13D and 13E show that approximately 9% and 10% of Nebraska and Central District individuals have been told they have diabetes and pre-diabetes. Diabetes mortality rates, also only available for NE and the US, are 22.1/100,000 and 24.1/100,000 respectively (Table 13F).

TABLE 13A: DIABETES PREVALENCE, ADULTS 20 AND OLDER, (2024) * [66-68]	**PERCENTAGE (%)**
Hall County	10.0
Hamilton County	8.0
Merrick County	9.0
Nebraska	9.0

**Data from year 2021 was used for the current (2024) values seen in Diabetes Prevalence table above.*

TABLE 13B: DIAGNOSED DIABETES TOTAL, ADULTS 18+ YEARS, AGE-ADJUSTED, (2021)[73]

Region	Percentage (%)	Count *(n)*
Hall	8.9	4,343
Merrick	8.5	622
Hamilton	9.2	789
Nebraska (2022)	9.7	161,508
United States (2022)	8.4	24,400

TABLES 13C: EVER TOLD THEY HAVE DIABETES (EXCLUDING PREGNANCY), ADULTS 18 AND OLDER, (2022) [74]

Region	Sample Size *(n)*	Percent (%)
State Of Nebraska	7,463	10.8
Central District	360	11.7

TABLE 13D: EVER TOLD THEY HAVE PRE-DIABETES (EXCLUDING PREGNANCY), ADULTS 18 AND OLDER, AGE-ADJUSTED, (2022) [75]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	3,665	8.5
Central District	169	10.4

TABLE 13E: DIABETES MORTALITY RATES BY REGION, PER 100,000 PEOPLE, (2022) [76]

Region	Death Rate	Death Count *(n)*
Nebraska	22.1	539
United States	24.1	101,209

CANCER

"Nine percent of adults have been diagnosed with some form of cancer."

The incidence rates (new cases per 100,000 people per year) for numerous cancer types among Nebraska and the US are shown in Table 14A. The Nebraska and United States incidence rates for all cancer sites are similar (456.2/100,000 and 444.4/100,000, respectively.) Breast cancer rates in females (NE: 130.7/100,000, US: 129.8/100,000), and prostate cancer in males (NE: 122.6/100,000, US: 113.2/100,000) are higher than the other cancer types listed on the table for both locations. Other cancers with high incidence rates for NE and US include breast in situ- an early form of cancer (NE: 28.3/100,000, US: 29.3/100,000), lung and bronchial (NE: 52.2/100,00, US: 53.1/100,000), melanoma of the skin (NE: 28.7/100,000, US: 22.7/100,000), and cancer of the uterus in females (NE: 27.7/100,000, US: 27.8/100,000). Table 5B shows similar patterns in the cancer incidence rates for each of the Central District counties.

TABLE 14A: CANCER AGE—ADJUSTED INCIDENCE RATES (CASES PER 100,000 POPULATION PER YEAR,) ALL STAGES, (2017-2021) [77]	**NE RATE**	**USA RATE**
All Cancer Sites	*456.2*	*444.4*
Bladder	19.1	18.8
Brain & Ons	7.1	6.3
Breast (Female)	***130.7***	***129.8***
Breast (In Situ) (Female)	***28.3***	***29.3***
Cervix (Female)	7.4	7.5
Childhood (Ages <15, All Sites)	17.5	16.8
Childhood (Ages <20, All Sites)	19.6	18.4
Colon & Rectum	39.2	36.4
Esophagus	4.9	4.5
Kidney & Renal Pelvis	18.7	17.3
Leukemia	13.8	14.1

Liver & Bile Duct	6.0	8.6
Lung & Bronchus	***52.2***	***53.1***
Melanoma of the Skin	***28.7***	***22.7***
Non-Hodgkin Lymphoma	19.3	18.5
Oral Cavity & Pharynx	13.0	12.0
Ovary (Female)	9.0	10.1
Pancreas	13.1	13.5
Prostate (Male)	***122.6***	***113.2***
Stomach	5.0	6.3
Thyroid	15.7	12.9
Uterus (Corpus & Uterus, Nos) (Female)	***27.7***	***27.8***

TABLE 14B: CANCER INCIDENCE RATES (FOR EVERY 100,00 PEOPLE) (2017-2021)[78]

Region	All Types of Cancer	Breast (Female)	Colon & Rectum	Lung & Bronchus	Melanoma of the Skin	Prostate (Male)	Uterus, (Corpus & Uterus, NOS) (Female
Hall	432	112	148	52	26	92	31
Merrick	470	78	25	44	<16	110	<16
Hamilton	480	138	19	60	44	156	<16

Mortality rates in the Central District are like the state and national rates. Higher death rates are noted in the following types of cancer: Lung and Bronchial, Breast (Female), Prostate (Male), Colon and Rectal, and Pancreatic (Table 14C). Mortality rates for all cancer types are around 150/100,000 people for the tri county area. Lung and Bronchial cancer death rates are the most prominent (Table 14D). For 2022, the percentage of people who have been diagnosed with any type of cancer in 2022 is higher in NE (11.0%) compared to that of the Central District (9.0%) (Table14E).

TABLE 14C: CANCER AGE-ADJUSTED MORTALITY RATES BY CANCER SITE (2018-2022)[77]	**NE RATE**	**USA RATE**
All Cancer Sites	*147.6*	*146.0*
Bladder	4.1	4.1
Brain & Ons	5.1	4.4
Breast (Female)	19.5	19.3
Cervix (Female)	1.9	2.2
Childhood (Ages <15, All Sites)	2.3	1.9
Childhood (Ages <20, All Sites)	2.2	2.1
Colon & Rectum	14.7	12.9
Esophagus	4.5	3.7
Kidney & Renal Pelvis	3.9	3.4
Leukemia	6.2	5.9
Liver & Bile Duct	4.7	6.6
Lung & Bronchus	31.7	32.4
Melanoma of the Skin	2.5	2.0
Non-Hodgkin Lymphoma	5.0	5.0
Oral Cavity & Pharynx	2.8	2.6

Ovary (Female)	5.5	6.0
Pancreas	11.9	11.2
Prostate (Male)	19.3	19.0
Stomach	2.2	2.7
Thyroid	0.6	0.5
Uterus (Corpus & Uterus, Nos) (Female)	5.3	5.2

TABLE 14D: CANCER DEATH RATES (FOR EVERY 100,000 PEOPLE) (2017-2021)[78]

Region	All Types of Cancer	Breast (Female)	Colon & Rectum	Lung & Bronchus	Melanoma of the Skin	Prostate (Male)	Uterus, (Corpus & Uterus, NOS) (Female)
Hall	141	16	43	30	<16	13	<16
Merrick	143	<16	<16	24	<16	<16	<16
Hamilton	146	<16	<16	37	<16	<16	<16

TABLE 14E: EVER TOLD THEY HAVE CANCER (IN ANY FORM), ADULTS 18 AND OLDER, (2022) [79]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,420	11.0
Central District	359	9.0

CHRONIC LOWER RESPIRATORY DISEASE

"In the Central District, persons with incomes less than $50,000 are nearly twice as likely to have COPD."

Mortality rates for lower respiratory disease in the US and Nebraska are shown in Table15A below.

TABLE 15A: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATES BY REGION, (2022) [59]

Region	Death Rate	Death Count *(n)*
Nebraska	37.4	929
United States	44.2	147,382

Chronic obstructive pulmonary disease (COPD) is a serious respiratory disease. COPD is a group of lung diseases, including chronic bronchitis and emphysema.[80] Table 15B shows that 83,859 Nebraskans have been diagnosed with COPD, with an overall prevalence rate of 5.6%.

TABLE 15B: COPD IN NEBRASKA, (2023) [80]

Adults Diagnosed with COPD	83,859 (people)
COPD Prevalence	5.6 (%)

The percentage of individuals that have been told they have COPD in the Central District is approximately 6.5%. If data is broken down by gender of respondents, 8.1% of women and 5% of men have been told they have COPD. The illness is also diagnosed more often in individuals that make less than $25,000, (NE: 11.9%, CD: 11.1%)

TABLE 15C: EVER TOLD THEY HAVE COPD, ADULTS 18 AND OLDER, AGE-ADJUSTED, (2022) [81]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,453	5.6
Central District	361	6.5

Sex

Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,995	5.9	3,458	5.2
Central District	198	8.1	163	5.0

Income

Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,095	10.5	1,972	6.2	1,249	5.0	2,089	2.7
Central District	70	15.6	105	4.5	--	--	87	2.5

In 2022, 11.5% of 7460 Nebraskans sampled had been told they had asthma at some point in their lives, compared to 9.0% in the Central District (Table Group 15D). Breaking down data by income range, people who make less than $25,000 (NE: 15.3%, CD: 15.0%) are more likely to have been told they have asthma than people in other income categories.

TABLE 15D: EVER TOLD THEY HAVE ASTHMA, ADULTS 18 AND OLDER, 2022 [82]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,460	11.5
Central District	361	9.0

Income

Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,097	15.3	1,976	12.1	1,251	11.8	2,089	10.6
Central District	70	15.0	105	7.0	--	--	87	9.2

ACCIDENTS

"Accidents including homicides, suicides, motor vehicle crashes, and poisonings are the third leading cause of death in Nebraska."

Accidents are the third leading cause of death, in both the United States (64 per 100,000 people, n= 227,039) and Nebraska (46.8 per 100,000 people, n=989) (Tables 11A-11B).[58] Tables 16A and 16B show the injury death rates for the Central District, Nebraska, and the United States in 2024 and 2023. Injuries include but are not limited to homicides, suicides, motor vehicle crashes, and poisonings.[58] Overall injury rates appear to be stable when comparing the two years together, except for Hamilton County whose injury rate increased by 8 accidents (per 100,000 people.)

TABLE 16A: MORTALITY RATES BY ACCIDENT TYPE, (PER 100,000), (2024) [83]	INJURY [66-68]	FIREARM [66-68]	HOMICIDE [66-68]	MOTOR VEHICLE CRASH [66-68, 83]	SUICIDE [66-68]
Hall	63	8	--	13	15
Hamilton	58	--	--	--	--
Merrick	49	--	--	--	--
Nebraska	63	10	3	12	15
United States	80	13	6	12	14

TABLE 16B: MORTALITY RATES BY ACCIDENT TYPE, (PER 100,000), (2023) [83]	INJURY [66-68]	FIREARM [66-68]	HOMICIDE [66-68]	MOTOR VEHICLE CRASH [66-68, 83]	SUICIDE [66-68]
Hall	60	7	--	13	16
Hamilton	50	--	--	15	--
Merrick	51	--	--	--	--
Nebraska	61	10	3	13	14
United States	76	12	6	12	14

PART II-B: HEALTH OUTCOMES

HEALTH RISK FACTORS

"Let' take a closer look at the quality of life in our community so that we can take measures to improve it."

Quality of life is the second of the two variables used to measure health outcomes. Quality of life can be impacted by health risk factors, habits or exposures that increase the likelihood of developing a disease or health disorder. Examples of health risk factors include mental health illnesses, physical inactivity, obesity, substance and/or tobacco use, and excessive alcohol consumption. [84] The table below shows a sample of adults from Central District and Nebraska who self-reported fair or poor general health.

TABLE 17A: GENERAL HEALTH FAIR OR POOR, ADULTS 18 AND OLDER, AGE-ADJUSTED, (2022) [85]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,465	15.1
CDHD	361	14.8

MENTAL HEALTH

"Nearly 14% of adults have been told at some time that they have depression."

The following information is from Mental Health America's "The State of Mental Health in America Report", 2024 Edition.[86] Table 18A below provides the definitions for four general rankings the report includes:

TABLE 18A: MENTAL HEALTH (MH) RANKINGS (2024)[86]	OVERALL RANKINGS	PREVALENCE OF MENTAL HEALTH ILLNESS	ACCESS TO CARE	MH WORKFORCE AVAILABILITY RATIO (PATIENT: 1 PROVIDER)
1-13	Lower prevalence of mental illness (MI) & higher rates of access to care	Lower prevalence of Mental Illness (MI) and substance-use issues	More access to quality and affordable insurance, mental health treatment and special education	140:1 to 240: 1
39-51	Higher prevalence of MI and lower rates of access to care	Higher prevalence of MI & substance-use issues	Less access to the above	460:1 to 800:1

Chart 18A shows Nebraska's overall rankings out of 51 states. The adult rankings and youth rankings are broken down into more specific variables in Tables 18B and 18C. For Nebraska adults the variable that inhibits access to care the most is "Adults with any mental Illness (AMI) with private insurance that did not cover mental or emotional problems," while "youth with Major Depressive Episode (MDE) not receiving mental health services at all," affects children the most. The prevalence of mental health in both groups is most affected by "serious thoughts of suicide."

CHART 18A: NEBRASKA MENTAL HEALTH RANKINGS (OUT OF 51 STATES), (2024) [86]

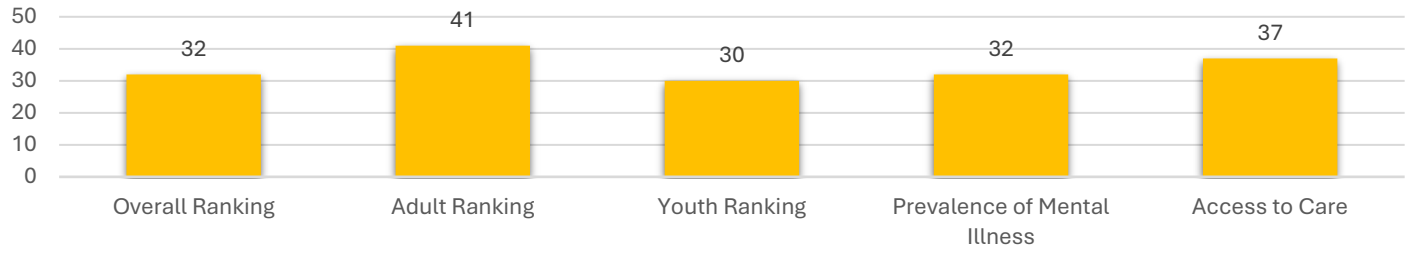


TABLE 18B: ACCESS TO CARE IN NEBRASKA, (2024) [86]	**RANK (OUT OF 51 STATES)**	**PERCENT (%)**	**COUNT *(n)***
Adults With Substance Use Disorder (SUD) Who Needed but Did Not Receive Treatment	26	75.19	213,000
Adults With AMI With Private Insurance That Did Not Cover Mental or Emotional Problems	49	17.60	39,000
Adults Reporting 14+ Mentally Unhealthy Days A Month Who Could Not See a Doctor Due to Costs	30	23.52	42,413
Youth With MDE Who Did Not Receive Mental Health Services	41	65.10	24,000
	RANK	**RATE**	**COUNT *(n)***
Adults With AMI Who Are Uninsured	34	9.40	33,000
Youth With Private Insurance That Did Not Cover Mental or Emotional Problems	32	8.30	8,000
Students (K+) Identified with Emotional Disturbance for An Individual Education Program	13	9.17	2,840
Youth With MDE Who Reported Treatment or Counseling Helped Them	44	48.10	6,000

TABLE 18C: PREVALENCE OF MENTAL HEALTH ILLNESS IN NEBRASKA, (2024) [86]	**RANK (OUT OF 51 STATES)**	**PERCENT (%)**	**COUNT *(N)***
Adults With Any Mental Illness (AMI)	37	25.71	376,000
Adult Substance Abuse Disorder	15	17.58	257,000
Adult Serious Thoughts of Suicide	49	6.15	90,000
Youth With At Least One Major Depressive Episode (MDE) In the Past Year	34	21.12	35,000
Youth With Substance Use Disorder in The Past Year	23	8.86	15,000
Youth With Serious Thoughts of Suicide	41	14.18	24,000
Youth (Age 6-17) Flourishing	7	63.00	200,239

Table18D shows county level data (when available) - the "Poor Mental Health Days" variable is defined as the average number of mentally unhealthy days reported in the past 30-days. The "Frequent Mental Distress" variable shows the percentage of adults reporting 14 or more days of poor mental health per month. Merrick County has the highest patient to mental provider ratio out of the areas of interest.

TABLE18D: MENTAL HEALTH MARKERS, (2024) [66-68]	POOR MENTAL HEALTH DAYS (PER 100,000 PEOPLE)	FREQUENT MENTAL DISTRESS (%)	PATIENT TO MENTAL HEALTH PROVIDER RATIO	SUICIDES (PER 100,000 PEOPLE)
Hall	4.1	14	240p:1	15
Merrick	4.4	14	2,570p:1	N/A
Hamilton	3.9	13	790p:1	N/A
Nebraska	4.3	14	310p:1	15
US	4.8	15	320p:1	14

The following two tables represent the self-reported answers for questions from the Behavioral Risk Factor Surveillance System (BRFSS) survey (2022).

Table 18E shows that of the 7,451 Nebraskans included in the BRFSS survey, 17.0% had been told they have depression at some point in their lives. The Central District value is 13.9% out of 361 respondents. Women are more likely to have been told they have depression at the state level (NE: 23.6%, n=3990) and in the Central District (23.6%, n=198) than men at the state level (10.4%, n=3,461) and in the Central District (6.5%, n=163).

TABLE 18E: EVER TOLD THEY HAVE DEPRESSION, ADULTS 18 AND OLDER, (2022) [87]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,451	17.0
CDHD	361	13.9

Sex

Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,990	23.6	3,461	10.4
Central District	198	22.3	163	6.5

Table Group 18F: shows that 12.1% (n=7,420) of Nebraskans and 11.2% (n=357) of Central District respondents reported mental health was not good for 14 or more days in the past month (frequent mental distress). Women were more likely to report frequent mental distress (NE: 15.7%, n=3,977), (CD: 16.1%, n=195) than men (NE: 8.4%, n=3,443), (CD: 6.9%, n=162). Among four income brackets, people who earn less than $25,000 were more likely to report frequent mental distress.

TABLE 18F: MENTAL HEALTH WAS NOT GOOD ON 14 OR MORE OF THE PAST 30 DAYS (I.E., FREQUENT MENTAL DISTRESS), ADULTS 18 AND OLDER, (2022) [88]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,420	12.1
CDHD	357	11.2

Sex

Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,977	15.7	3,443	8.4
Central District	195	16.1	162	6.9

Income

Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,085	21.4	1,967	14.7	1,242	11.9	2,087	8.3
Central District	66	23.5	105	13.5	--	--	87	3.0

PHYSICAL HEALTH

"One third of adults in the Central District report no leisure-time activity in the past thirty days."

The Center for Disease Control and Prevention recommends that adults (ages 18-64) get at least 150 minutes of moderate-intensity activity and 2 days of muscle strengthening activities each week.[89] Nationwide, only about 24.2% of individuals meet those recommendations. [90] The prevalence of obesity in the US is over 20%. When broken down by regions, percentages are as follows [91]:

- Northeast: 28.6%
- Midwest: 36.0%
- South: 34.7%
- West: 29.1%

The following three tables represent self-reported answers to questions from the Nebraska Behavioral Risk Factor Surveillance System (BRFSS).

Table 19A shows that 24.7% (n=7467) of adult Nebraskans and 34.4% (n=362) of adult Central District residents had no leisure time activity in the past 30 days at the time of survey. In the Central District, 26.7% of White respondents and 48.4% of Hispanic and/or Latino respondents had no leisure time activity in the last 30 days, which is higher than the state rate for the same ethnic groups.

TABLE 19A: NO LEISURE-TIME PHYSICAL ACTIVITY IN PAST 30 DAYS, ADULTS 18 AND OLDER, AGE-ADJUSTED, (2022) [92]

Region	Count *(n)*	Percent (%)
State of Nebraska	7,467	24.7
Central District	362	34.4

Race/Ethnicity

Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black* *(n)*	P (%)	Asian/ PI* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	6,242	21.8	679	37.5	171	20.8	72	20.4	103	34.6	74	32.8
Central District	272	26.7	79	48.4	--	--	--	--	--	--	--	--

Lack of activity can significantly impact a community's rate of being overweight and/or obese. Overall obesity percentages (BMI of 30 or greater) for Nebraska and the Central District respondents are 35.3% and 36.3% respectively (Table 19B). Over 70% of respondents at the local and state level reported they are overweight (BMI of 25 or greater) or obese (Table 19C). Being overweight and/or having obesity can lead to serious health issues like those discussed in the first part of this assessment: heart disease, cancers, and breathing problems.

TABLE 19B: OBESE (BMI=30+), ADULTS 18 AND OLDER, (2022) [93]

Region	Count *(n)*	Percent (%)
Nebraska	6,853	35.3
Central District	317	36.3

TABLE 19C: OVERWEIGHT OR OBESE (BMI=25+), ADULTS 18 AND OLDER, (2022) [94]

Region	Count *(n)*	Percent (%)
State of Nebraska	6,853	70.4
Central District	317	74.2

SUBSTANCE USE

"Of all Nebraska high school students, eleven precent report using marijuana once or more in the past 30 days."

Substance use refers to the use of alcohol, tobacco products, illicit drugs, inhalants, etc., that can be consumed, inhaled, injected or absorbed into the body to the point of dependence and other health effects like heart disease, cancer, lung disease, mental illness, and death.[95] Youth are more at risk for these negative health effects if using these substances. The table below presents the answers provided by Nebraskan high school students to the Youth Risk Behavior Survey, 2021.[96]

TABLE 20A: NEBRASKA HIGH SCHOOL STUDENTS, (2021) [96]

Question	Total Percentage (%)	Sample Size (n)
Ever used marijuana one or more times during their life	18.7	660
Tried marijuana for the first time before age 13 years	3.3	655
Currently used marijuana one or more times during the 30 days before the survey	11.0	656
Ever took prescription pain medicine* without a doctor's prescription or differently than how a doctor told them to use it one or more times in their life	7.1	656
Ever used inhalants** one or more times during their life	7.3	657
Ever injected any illegal drug (using a needle) one or more times during their life	0.9	658

**Drugs such as codeine, Vicodin, oxycontin, hydrocodone, and Percocet*
*** Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high*

Marijuana-use in adults 18 and older in Nebraska and the Central District are 9.7% (n=6,564) and 6.0% (n=312), respectively (Table 20B). Marijuana use among age groups is considerably greater in the 18–44-year age group, compared to the two older groups. Opiate misuse percentages are lower compared to those of marijuana use for both Nebraska (2.9%, n=6,492) and the Central District (3.6%, n=283) (Table 20C). Misuse percentages are highest among the Hispanic/Latino and American Indian groups (state data only).

TABLE 20B: MARIJUANA USE-USED MARIJUANA IN PAST 30 DAYS, ADULTS18 AND OLDER, (2022) [97]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,564	9.7
CDHD	312	6.0

Age Group

Region	18-44 *(n)*	Percent (%)	45-64 *(n)*	Percent (%)	65+ (%)	Percent (%)
State of Nebraska	1,779	14.6	1,945	7.3	2,798	3.1
Central District	94	8.4	98	4.5	119	3.1

TABLE 20C: OPIOID MISUSE IN PAST YEAR, ADULTS 18 AND OLDER, (2020) [98]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,492	2.9
CDHD	283	3.6

Race/Ethnicity

Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	5,705	2.4	430	6.7	133	3.9	53	7.9	52	1.7
Central District	244	3.1	--	--	--	--	--	--	--	--

Table 20D below shows the increasing mortality rates in Hall County area are like the state rates, which are increasing across the four-year period.

TABLE 20D: DRUG OVERDOSE DEATH RATES PER 100,000 PEOPLE [66-68]	**(2024)**	**(2023)**	**(2022)**	**(2021)**
Hall	8	7	7	5
Merrick	n/a	n/a	n/a	n/a
Hamilton	n/a	n/a	n/a	n/a
Nebraska	10	9	9	8
US	27	23	23	21

ALCOHOL USE

"In the Central District, 21% of adults report binge drinking in the past 30 days as compared to 19% of all Nebraskans."

The liver is a vital organ involved in metabolic processes like cleansing the blood and the digestive process. [99] The liver can process small amounts of alcohol, but excessive drinking and binge drinking can result in far ranging health effects like increased risk of injury, violence, and alcohol poisoning, hypertension, heart disease, liver disease, and cancer.[99] Among BRFSS survey respondents, 57.2% of Nebraska respondents and 48.5% of Central District respondents (48.5% n=324) reported alcohol consumption in the previous 30 days (Table 21A). Reports of binge drinking among respondents were 19.3% (n=6869) for Nebraskans and 21.0% (n=323) for Central District respondents (Table 21B). Binge drinking is more common among men than women and among those with an income of $75,000 and above when looking at income brackets. Table 21C shows heavy drinking with similar patterns to that of binge drinking, but on a smaller scale.

TABLE 21A: ANY ALCOHOL CONSUMPTION IN PAST 30 DAYS, ADULTS 18 AND OLDER, (2022) [100]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,921	57.2
CDHD	324	48.5

TABLE 21B: BINGE DRANK IN PAST 30 DAYS, ADULTS 18 AND OLDER, (2022) [101]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,869	19.3
Central District	323	21.0

Sex

Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,671	15.6	3,198	23.2
Central District	177	12.4	146	28.5

Income

Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,027	14.2	1,864	16.7	1,191	22.3	1,992	25.9
Central District	68	4.2	96	18.4	--	--	83	28.6

TABLE 21C: HEAVY DRINKING IN PAST 30 DAYS, ADULTS 18 AND OLDER, (2022) [102]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	6,889	7.3
CDHD	322	4.9

Sex

Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,686	7.1	3,203	7.5
Central District	177	4.5	145	5.2

Income

Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,030	6.1	1,868	6.7	1,194	6.7	1,998	9.6
Central District	69	0.0	95	2.6	--	--	83	10.4

Hall County's percentage of alcohol-impaired driving deaths is the highest among the tri-county area, and like that of the United States (Table 21D).

TABLE 21D: ALCOHOL-IMPAIRED DRIVING DEATHS PERCENTS (%), (2024) [66-68]

Hall	23
Merrick	14
Hamilton	0
Nebraska	32
US	26

SMOKING/TOBACCO USE

"Central Nebraska has a lower rate of adults who smoke but a greater rate who use smokeless tobacco compared to all Nebraska adults."

Smoking and tobacco use can cause illnesses like cancer, COPD, diabetes, heart disease, stroke, gum disease, and vision loss or blindness. [103] In the United States, smoking among adults is highest among those ages 25 through 64 (cumulatively 27.5%) and among White populations (12.9%) and Black or African American populations (11.7%) (Table 22A). [104] In the Central District, 11.9% and 13.0% of Nebraskans adults reported current smoking (Table 22B). Current e-cigarette use is about 8% for adults at the state and local level (Table 22C). When disaggregated by age groups, people ages 18 to 44 are more likely to use e-cigarettes compared to those 45 and older. Smokeless tobacco use among adults is shown on Table 22D. People ages 18-44 have a higher smokeless tobacco use compared to people ages 45 and above. Current cigarette tax in NE: $0.64, and ranks 42nd in tax amount, compared to the average of the U.S. of $1.96 per pack. [105]

TABLE 22A: CURRENT SMOKING AMONG ADULTS IN THE UNITED STATES, (2022) [106]

Age	Percentage (%)
18-24	4.8
25-44	12.5
45-64	15.1
65+	8.7
Race Ethnicity	Percentage (%)
American Indian/Alaskan Native (Non-Hispanic) (nH)	19.3
Asian non-Hispanic (nH)	4.6
Black (nH)	14.2
Hispanic	8.0
White (nH)	12.7
Other Race (nH)	11.9
Sex	Percentage (%)
Men	13.2
Women	10.0

TABLE 22B: CURRENT CIGARETTE SMOKING, ADULTS 18 & OLDER, (2022) [107]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,090	13.0
Central District	337	11.9

TABLE 22C: CURRENT E-CIGARETTE USE, ADULTS 18 AND OLDER, (2022) [108]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,087	8.5
Central District	336	8.0

Age Group

Region	18-44 *(n)*	Percent (%)	45-64 *(n)*	Percent (%)	65+ (%)	Percent (%)
State of Nebraska	1,978	14.8	2,073	4.0	2,986	1.2
Central District	101	15.6	103	2.7	131	0.0

TABLE 22D: CURRENT SMOKELESS TOBACCO USE, ADULTS 18 AND OLDER, (2022) [109]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,102	4.5
Central District	337	6.1

Age Group

Region	18-44 *(n)*	Percent (%)	45-64 *(n)*	Percent (%)	65+ (%)	Percent (%)
State of Nebraska	1,980	5.7	2,079	4.5	2,994	1.9
Central District	101	9.0	103	4.4	132	2.8

Nationally 2.8 million youth are currently using tobacco products, (2023-2024) [110]

TOBACCO USE [110]	HIGH SCHOOL STUDENTS (%)	MIDDLE SCHOOL STUDENTS (%)
2022	16.5	4.5
2023	12.6	6.6
2024	10.1	5.4

MATERNAL AND CHILD HEALTH

"The Maternal Vulnerability Index (MVI) helps us understand why some pregnancies are more at risk based on social and environmental factors. Higher scores indicate greater risk. Hall County's MVI is 39.1 as compared to 11.1 for all of Nebraska."

Maternal and child health is an essential aspect of a healthy community, and there are three indicators that can be used to measure the status of this group (Table 23A). Fertility rate is defined as the number of children born to those of childbearing age, (15-44 years). [111] Teen birth rates are the number of births per 1,000 females ages 15-19. [111] Low birth weight refers to the percentage of live births with a birth weight of less than 2,500 grams. [111]

TABLE 23A: MATERNAL & CHILD HEALTH INDICATORS (2024) [66-68,111]

REGION	Fertility Rate (per 1,000 females ages 15-44)	Teen Birth Rate	Low birthweight
Hall	null	33	7%
Merrick	null	20	6%
Hamilton	null	8	9%
Nebraska	63.6 (2022)	18	7%
US	54.4 (2022)	19	8%

The status of the United States' infant mortality rate is shown in Table 23B. The total death rate includes deaths per 1,000 live births. [113] Neonatal death rates refer to the number of deaths before the 28-day mark. [113] Post-neonatal rates are the number of deaths from 28-364 days per 1,000 live births. [113] In the following section of Table 23B, infant mortality rates for the nation in both 2021 and 2022 are shown to be highest among Black/African American individuals (10.55 and 10.86 infant deaths per 1,000 live births) and lowest among Asian Non-Hispanic individuals (3.69 and 3.50 infant deaths per 1,000 live births). Birth defects are the most common cause of infant deaths in Nebraska (23.9%) (Table 23C). From 2012 to 2022, the NE infant mortality rate was between 4.7-6.1 infant deaths per 1,000 live births (Chart 23 A).

TABLE 23B: US INFANT MORTALITY RATE [112]

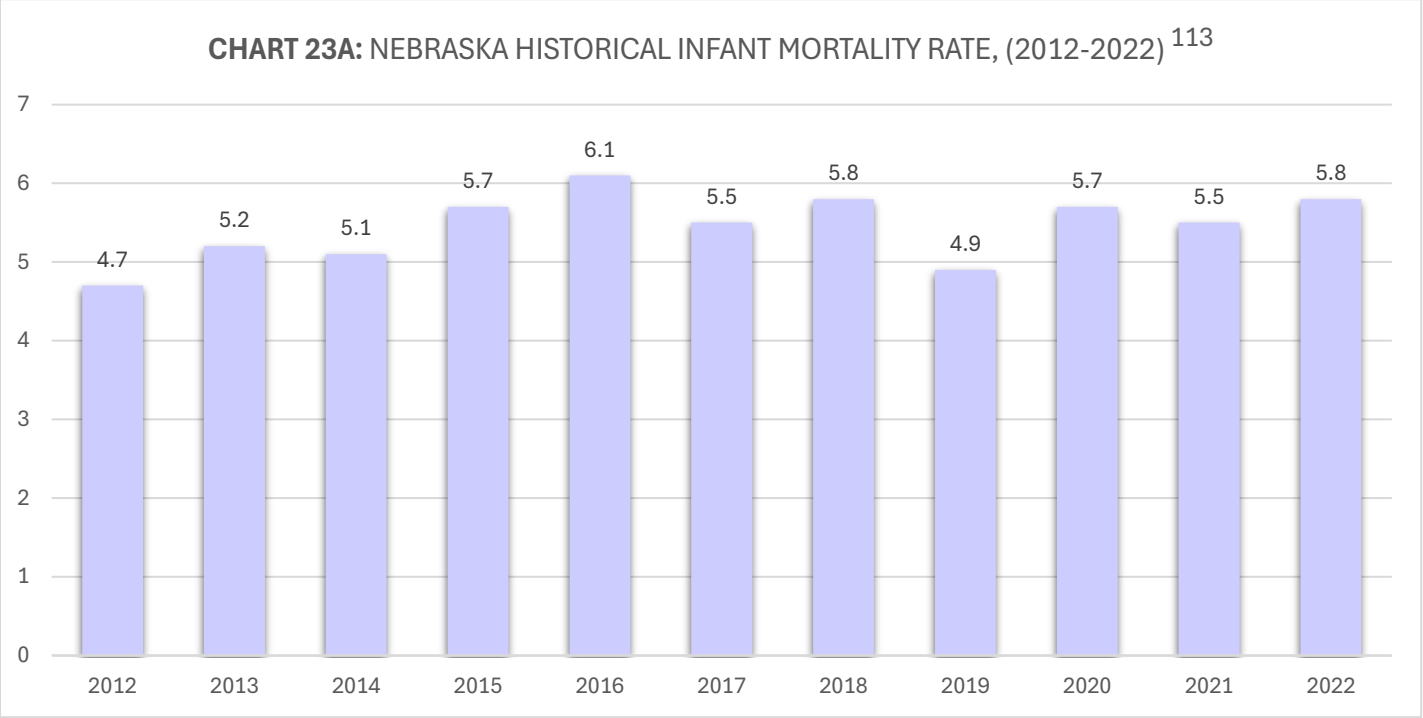
	2021 (final)	2022 (provisional)
Total	5.44	5.60
Neonatal	3.49	3.58
Post-neonatal	1.95	2.02

US Infant Mortality Rate by Race and Hispanic Origin [112]

	2021 (final)	2022 (provisional)
American Indian And Alaska Native, Non-Hispanic (nH)	7.46	9.06
Asian, (nH)	3.69	3.50
Black and/or African American, (nH)	10.55	10.86
Native Hawaiian Or Other Pacific Island, (nH)	7.76	8.50
White, (nH)	4.36	4.52
Hispanic	4.79	4.88

TABLE 23C: LEADING CAUSES OF INFANT DEATH IN NEBRASKA (2024) [113]	PERCENT
Birth Defects	23.9

Accidents	8.7
Preterm Birth And Low Birth Weight	8.3
Sudden Unexpected Infant Death	8.0



The Maternal Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Scores range from 0 to 100, where larger values indicate increased vulnerability. [113, 114]

Table 23D shows that Hall County's MVI (45) is twice as high as that of Nebraska (26) and Merrick County (24) and is nearly four times as large as that of Hamilton County (10). Of the six factors related to maternal vulnerability that are listed in the second part of Table 23D, Nebraska's MVI is moderately affected by Reproductive Healthcare (84), which includes access to family planning and reproductive services including abortion, as well as the availability of skilled attendants. The rest of the factors listed are classified as low vulnerability and are defined as: [113]

- General Healthcare: accessibility and utilization of healthcare, including insurance coverage and Medicaid expansion status.
- Socioeconomic Determinants: include educational attainment, poverty, food insecurity, and social support.
- Physical Health: prevalence of noncommunicable diseases and sexually transmitted infections
- Physical Environment: violent crime rates, housing conditions, pollution, and access to transportation.
- Mental Health and Substance Abuse: included stress, mental illness, and addiction

TABLE 23D: MATERNAL VULNERABILITY INDEX (2024) [113, 114]	**SCORE**
Hall County	45
Hamilton County	10
Merrick County	24
Nebraska	26

Factors Related to MV (2024)[114]	HALL COUNTY	HAMILTON COUNTY	MERRICK COUNTY	NEBRASKA
Mental Health & Substance Abuse	2	2	4	0
Physical Environment	76	19	2	10
Physical Health	48	6	44	36
Socioeconomic Determinants	61	7	15	34
General Healthcare	27	25	41	39
Reproductive Healthcare	69	88	97	84

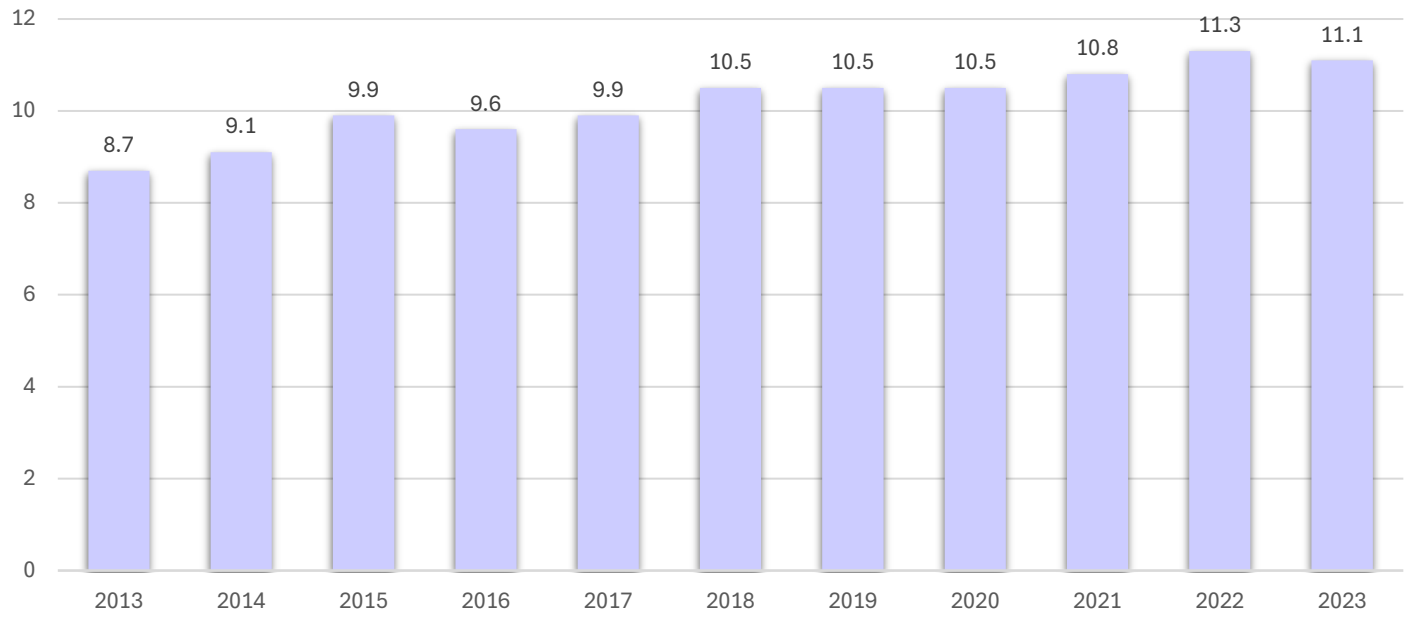
Preterm birth is defined as a birth with less than 37 weeks gestation based on obstetric estimate of gestational age. [113]Every state has received a preterm birth grade that is compared to the goal preterm birth rate of 8.1% (A-), which is set by the March of Dimes. [113] Nebraska's preterm birth rate of 10.4% results in a D+ on the grading scale (Table 23E). When viewed by race and ethnicity, Black/African American people have the highest percentage of preterm births (15.0%), which is 1.5 times higher than the rate for White/Caucasian individuals (10.5%).[113] Factors that can increase likelihood of preterm births like smoking and high blood pressure are listed in the third portion of Table 23E. [113] Nebraska's historical preterm birth rate from 2013 to 2023 is shown in Chart 23B.

TABLE 23E: PRETERM BIRTH GRADE (2024) [113]	PERCENT	GRADE
US	10.4	D+
Nebraska	11.1	D

Preterm Birth Rate by Race/Ethnicity, (NE) (2024) [113]	PERCENT
White	10.5
Hispanic	11.1
Asian	12.7
Pacific Islander	13.2
American Indian/Alaska Native	13.3
Black	15.0

Factors that Make Birthing People More Likely to Have a Preterm Birth (2024) [113]	PERCENT (%)	PERCENTAGE OF ALL BIRTHS (%)
Smoking	14.9	5.9
Hypertension	26.2	3.4
Unhealthy Weight	12.9	34.0
Diabetes	32.1	1.3

CHART 23B: NEBRASKA HISTORICAL PRETERM BIRTH RATE (%), (2013-2023) [113]



Maternal death is defined as the death of a person while pregnant or within 42 days of terminating a pregnancy, caused by, or aggravated by the pregnancy and/or its management. [115] The goal maternal mortality rate for the United States is 15.7 deaths per 100,000 live births. The current rates for the US and Nebraska are 23.2 and 25.1 deaths per 100,000 live births, respectively (Table 23F) [113, 116] Other related clinical measures include percentages for the following:

- Low risk cesarean births: for first-time moms, carrying a single baby, positioned head-first and at least 37 weeks pregnant. [113]
- Inadequate prenatal care: include those that received care at the fifth month or later of pregnancy or less than 50% of the appropriate number of visits for infant's gestational age. [113]

TABLE 23F: CLINICAL MEASURES, (2024) [113]	**US**	**NE**
Maternal Mortality Rate	23.2 per 100,000 births	25.1 per 100,000 births
Low Risk Cesarean Birth Percentage	26.6%	22.9%
Inadequate Prenatal Care Percentage	15.7%	12.6%

Table 23G presents the status of critical policy measures needed to improve or sustain maternal and child healthcare in Nebraska.

TABLE 23G: POLICY MEASURES – NEBRASKA (2024) [113]

Medicaid Extension	State has extended coverage for women to one year postpartum
Medicaid Expansion	State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy
Mental Health	State Medicaid program requires and reimburses for postpartum mental health screening.

Paid Family Leave	State has required employers to provide a paid option while out on parental leave
Doula Reimbursement Policy	State Medicaid agency is actively reimbursing doula care
Commitment to Prevention	State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths
Midwife Policies (adopted to support the growth and sustainability of the midwifery workforce.	Pay Parity
	Independent Practice
	Prescriptive Authority
	Licensure for certified midwives

KEY[113]

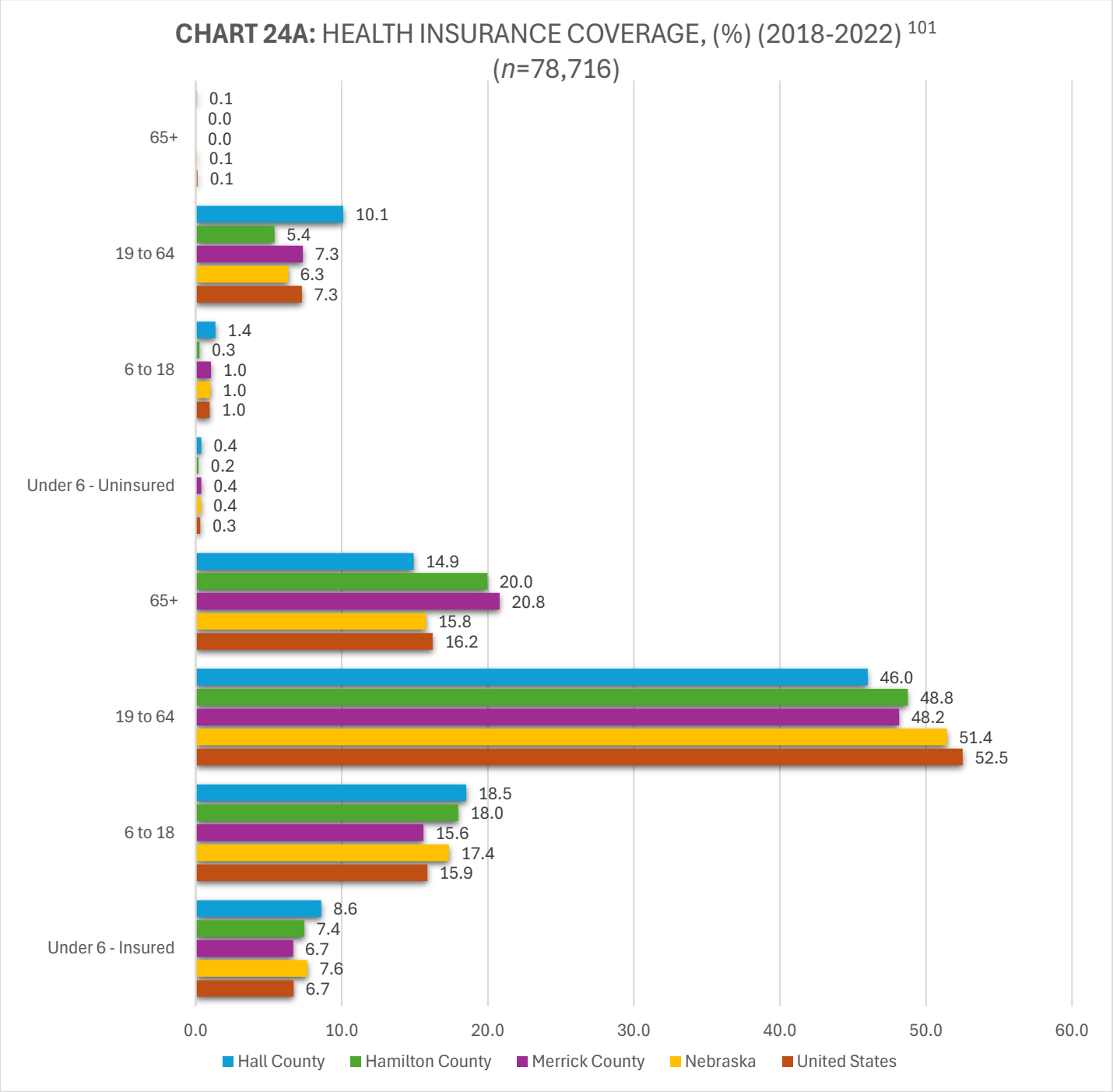
State has the indicated funding/policy
State does not have the indicated funding/policy

PART III: ACCESS TO CARE

HEALTHCARE COVERAGE

"In the Central District, 22% of adults report no health coverage as compared to 10.8% for the state."

Quality healthcare and healthcare coverage is crucial for maintaining a decent quality of life, as well as key to protecting individuals from financial strain when they experience poor health. People may forgo both preventative and curative healthcare if they are uninsured or underinsured or if they do not have the means to get themselves to providers. [117] Chart 24A shows healthcare coverage by group for the US, Nebraska, and for Hall, Hamilton, and Merrick Counties between 2018 and 2022.



Similarly, Table 24A presents individuals that reported no health care coverage in Nebraska and the Central District. Lack of healthcare coverage among both men and women is higher in the Central District compared to the state. In Nebraska, the percentage of no healthcare coverage among Hispanic and/or Latino residents is nearly 3 times larger than that of White residents. In the Central District, percentages of no healthcare coverage among Hispanic and/or Latino residents are nearly 7 times larger than those of White residents.

TABLE 24A: NO HEALTH CARE COVERAGE, ADULTS 18-64 YEARS OLD, (2022) [119]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	4,101	10.8
Central District	209	22.4

Sex

Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	2,055	8.3	2,046	13.3
Central District	104	26.0	105	19.5

Race/Ethnicity

Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black* *(n)*	P (%)	Asian/ PI* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	3,156	5.7	577	40.3	126	12.2	61	7.0	75	22.5	57	9.5
Central District	130	14.7	71	41.3	--	--	--	--	--	--	--	--

SEEKING CARE

"There are many barriers to getting regular healthcare."

Approximately 10.2% (n=7,462) of Nebraskans and 11.7% (n=362) of Central District residents have forgone a doctor's visit due to costs in the past year (Table 25A). When separated by sex, the percentages are 11.3% for Nebraskan women and 15% of Central District women. The percentage among men is a bit lower at 9.1% for Nebraskan men and 8.18% of Central District men. Comparisons between race and ethnicity show that those who reported their race as White/Caucasian have a significantly lower percentage of individuals that could not afford health care at the time of survey. Approximately 20% of those that make less $25,000 and those that make $25,000-$49,999 went without doctor appointments due to cost in the past year, compared to less than 5% among those making $75,000 or more.

TABLE 25A: NEEDED TO SEE A DOCTOR BUT COULD NOT DUE TO COST IN PAST YEAR, ADULTS 18 AND OLDER, AGE-ADJUSTED, (2022) [120]

Region	Sample Size *(n)*	Percent (%)
State Of Nebraska	7,462	10.2
Central District	362	11.7

Sex

Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	4,001	11.3	3,461	9.1

Central District	198	15.0	164	8.8

Race/Ethnicity

Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black * *(n)*	P (%)	Asian/ PI* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	6,240	8.7	679	19.3	171	16.8	71	12.2	103	11.1	74	19.8
Central District	272	8.9	79	22.0	--	--	--	--	--	--	--	--

Income

Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,098	22.5	1,976	17.1	1,250	9.1	2,090	4.9
Central District	70	22.9	105	22.8	--	--	87	4.7

The percentage of individuals that reported no personal doctor or healthcare provider (HCP) was 17.1% for Nebraska and 21.9% for the Central District (Table 25B). In both Nebraska and the Central District, a lower percentage of women reported no personal HCP compared to men. Groups most likely to report no HCP were people ages 18-44, Hispanic and/or Latino respondents, and individuals that reported making less than $25,000.

TABLE 25B: NO PERSONAL DOCTOR OR HEALTH CARE PROVIDER, ADULTS 18 & OLDER, (2022) [121]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,442	17.1
Central District	362	21.9

Sex

Region	Female *(n)*	Percent (%)	Male *(n)*	Percent (%)
State of Nebraska	3,994	13.1	3,448	21.2
Central District	198	19.0	164	24.4

Age Group

Region	18-44 *(n)*	Percent (%)	45-64 *(n)*	Percent (%)	65+ (%)	Percent (%)
State of Nebraska	2,048	27.5	2,194	10.6	3,134	3.7
Central District	105	36.3	115	10.4	141	10.0

Race/Ethnicity

Region	White* *(n)*	P (%)	Hispanic *(n)*	P (%)	Black * *(n)*	P (%)	Asian/ PI* *(n)*	P (%)	Am. Indian* *(n)*	P (%)	Multi-racial**(n)*	P (%)
State of Nebraska	6,229	14.9	675	42.1	168	15.5	71	10.6	103	23.0	73	11.6

Central District	272	16.0	79	45.2	--	--	--	--	--	--	--	--

Income

Region	Less than $25,000 *(n)*	Percent (%)	$25,000-$49,999 *(n)*	Percent (%)	$50,000-$74,999 *(n)*	Percent (%)	$75,000+ *(n)*	Percent (%)
State of Nebraska	1,097	27.7	1,967	23.5	1,247	17.4	2,087	10.9
Central District	70	37.8	105	34.9	--	--	87	10.0

Clinical care is anything relating to the direct medical treatment or testing of patients. Access to affordable, quality health care can prevent disease and lead to earlier disease detection.[66-68] Communities are living longer lives because of breakthroughs in clinical care, such as advancements in vaccinations, surgical procedures, and preventative screenings. [66-68] Tables 25C-25H below present the percentage of those who participated in regular preventative healthcare opportunities, provider to patient ratios, and health care coverage of some at-risk groups (i.e., Medicare recipients.)

TABLE 25C: HAD A ROUTINE CHECKUP IN PAST YEAR, ADULTS 18 AND OLDER, (2022) [122]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	7,386	74.7
Central District	358	68.4

TABLE 25D: UP TO DATE ON BREAST CANCER SCREENING, FEMALES 50-74 YEARS OLD, (2022) [123]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	1,721	76.8
Central District	81	70.6

TABLE 25E: UP TO DATE ON CERVICAL CANCER SCREENING, FEMALES 21-65 YEARS OLD, (2020) [124]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	3,323	77.7
Central District	143	73.4

TABLE 25F: UP TO DATE ON COLON CANCER SCREENING, 50-75 YEARS OLD, (2022) [125]

Region	Sample Size *(n)*	Percent (%)
State of Nebraska	3,810	64.1
Central District	176	58.2

TABLE 25G: EVER HAD A COVID-19 VACCINATION, ADULTS 18 & OLDER, (2022) [126]

Region	Sample Size (n)	Percent (%)
State Of Nebraska	6,654	76.2

Central District	317	70.9

TABLE 25H: CLINICAL CARE, (2024) [66-68]

Region	Uninsured: Percentage of population under age 65 without health insurance.	Primary Care Physicians: Ratio of population to primary care physicians.	Dentists: Ratio of population to dentists.	Mental Health Providers: Ratio of population to mental health providers.	Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Mammography Screening: Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Flu Vaccinations: Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Hall	13%	r1,720:1	r1,110:1	r240:1	2,622	57%	55%
Merrick	8%	r 2,560:1	r1,540:1	r2,570:1	1,572	57%	37%
Hamilton	6%	r 940:1	r1,890:1	r790:1	1,558	45%	52%
NE	8%	r1,340:1	r1,220:1	r310:1	2,249	50%	49%
US	10%	r1,330:1	r1,360:1	r320:1	2,681	43%	46%

Clinical Care, 2024 Not Included in Ranking [66-68]

Region	Uninsured Adults: percentage of adults under age 65 without health insurance.	Uninsured Children: Percentage of children under age 19 without health insurance.	Other primary care providers: Ratio of population to primary care providers other than physicians.
Hall	15%	7%	r650:1
Merrick	9%	5%	r2,570:1
Hamilton	7%	4%	r3,140:1
NE	10%	5%	r630:1
US	12%	5%	r760:1

COMMUNITY SURVEY DATA

"In this survey, 60% stated what worried them most about their own health or the health of their family was quality healthcare and support."

During the summer of 2023 and winter of 2024, CDHD and partners (listed on pages 4 and 5) surveyed a total of 615 individuals, 542 of which were from Hall, Hamilton, and Merrick Counties. This survey provided CDHD and partners the opportunity to gain a current, detailed understanding of the tri-county area's perspective on health, assess the degree to which needs are being met, and identify areas in need of improvement. The answers to the Community Pulse Survey questions are shown in Tables Q1-Q5 below.

**Questions are detailed in the methods portion of this assessment (page 8) and can also be seen in the CHA Free-Response Categories beginning at the bottom of page 68.*

Q1: WHAT WAS THE LAST MAJOR HEALTH ISSUE YOU OR YOUR FAMILY EXPERIENCED? (*n* =298)

	Hall County (n=218)	Percentage (%)	Hamilton County (n=38)	Percentage (%)	Merrick County (n=42)	Percentage (%)
Cancer	36	16	6	16	7	17
Cardiovascular Health	47	22	7	18	9	21
Health of A Loved One	27	12	5	13	8	19
Infection	47	22	8	21	3	7
Mental Health	30	14	6	16	5	12
Surgery	31	14	6	16	10	24

Q2: WHAT WORRIES YOU MOST ABOUT YOUR HEALTH OR THE HEALTH OF YOUR FAMILY? (*n* =315)

	Hall County (n=226)	Percentage (%)	Hamilton County (n=44)	Percentage (%)	Merrick County (n=45)	Percentage (%)
Cancer	30	13	1	2	7	16
Affordable & Quality Healthcare/ Support	112	50	21	48	27	60
Deteriorating Health/Health Impairment	35	16	7	16	2	4
Health Of A Loved One	21	9	9	20	4	9
Mental Health	28	12	6	14	5	11

Q3: IN YOUR EXPERIENCE, WHAT ARE THE TOP 3 HEALTH CONCERNS? (*n* =1671)

	Hall County (n=1029)	Percentage (%)	Hamilton County (n=208)	Percentage (%)	Merrick County (n=218)	Percentage (%)
Diabetes	87	9	19	9	15	7
Cancer	140	14	26	12	25	12

Alcohol, Drugs, & Tobacco Use	155	15	24	12	38	18
Challenges Getting Healthy & Affordable Food	117	11	26	13	18	8
Chronic Lung Disease	23	2	4	2	3	1
Finding Affordable, Quality Childcare	118	12	32	15	31	14
Getting Around Town Safely	35	3	3	1	7	3
Getting Enough Exercise	65	6	12	6	17	8
Heart Disease	90	9	15	7	24	11
Mental Health	199	19	47	23	40	18

Q4: WHAT IS SOMETHING YOU DO TO BE HEALTHY? (*n*=430)

	Hall County (n=308)	Percentage (%)	Hamilton County (n=63)	Percentage (%)	Merrick County (n=59)	Percentage (%)
Healthier Consumption/Habits	112	36	25	40	22	37
Physical Activity	196	64	38	60	37	63

Q5: WHAT WOULD MAKE YOUR NEIGHBORHOOD A HEALTHIER PLACE FOR YOU OR YOUR FAMILY? (*n* =213)

	Hall County (n=308)	Percentage (%)	Hamilton County (n=63)	Percentage (%)	Merrick County (n=59)	Percentage (%)
Improve Environmental Quality	42	27	4	17	9	25
More Affordable & Accessible Recreational Areas/Opportunities	79	52	17	71	20	56
Positive Community/Social Engagement/Activities	32	21	3	12	7	19

COMMUNITY HEALTH ASSESSMENT FREE-RESPONSE CATEGORIES

Question	Category Name	Common Responses
What Was The Last Major Health Issue You Or Your	Cancer	Breast, thyroid, pancreatic, skin, and prostate cancer, cancer scares, diagnoses, recuperation
	Cardiovascular Health	Stroke, a fib, arrhythmia, heart attack/disease/failure, cardiac arrest, cholesterol, blood clots, blood pressure, factor five Leiden,

Family Experienced?		surgery, hospitalization, (congenital) heart defects, blood sugar, circulation problems, anemia
	Health (of a Loved One)	Health of husband, child, parent, sibling, broken bone, chronic illness - Parkinson's, car accident, hit by car, alcoholism, relapse, diabetes, surgery
	Infection	Covid-19, Influenza, shingles, AMR (Antimicrobial Resistance), Histoplasmosis, food poisoning, dengue, meningitis, urinary tract infection, malaria, common cold, cellulitis
	Mental Health	Suicide/al ideation, anxiety, depression, sleepiness, insomnia, stress, isolation, PTSD, grief, ADHD/OCD diagnosis, worsening condition, alcoholism, psychogenic nonepileptic seizure, big life changes, behavioral issues
	Surgery	Replacement of the knees, hip, & heart valve. Removal of gallbladder, appendix, tonsils, hysterectomy. Surgery for: eyes, broken bones, back/spine, cervical fusion, hands, hernia, ulcerative colitis, aneurysm, & heart. Kidney transplant, giving birth.
What Worries You Most About Your Health Or The Health Of Your Family?	Affordable and quality healthcare/support	Do not seek care/take meds because of expense, cannot miss work. Must travel for care, long waiting lists, shortage of providers, health literacy support for older generation. Will never meet deductible. Keeping Medicaid/care/SSD.
	Cancer	Diagnoses, getting cancer, cancer recurrence in self and family, hereditary risks
	Deteriorating Health/Health Impairment	Need more expert care on aging, losing insurance, being a burden to others, getting a serious and/or chronic disease, controlling current disease, losing mobility, consequences of risky habits (lifetime smokers)
	Health (of a Loved One)	Cannot properly support family – partner, kids, newborn, aging parents. Weight gain, diabetes, heart attack, depression, smoking, risks for the chronically ill, my kids getting cancer, familial deaths, alcoholism, low quality HCPs, mental health provider access.
	Mental Health	At-risk youth, depression, lack of support/help, access to crisis mental health services, losing control/breakdowns – issues going untreated, aging, insurance coverage, stress management, apathy, impact of death of loved one
What Is Something You Do To Be Healthy?	Healthier Consumption/Habits	Practicing mindful eating, meal planning, growing food in garden, cooking at home, eating low carb meals, more fruits/veg, protein, (eating a plant-based diet) adding natural herbs and remedies to diet, drinking water, intermittent fasting, taking vitamins. No artificial sugars, fried, processed food. Completing annual wellness check.
	Physical Activity	Exercise: with family, multiple times a week, work at standing desk, sports: Tia Chi, volleyball, pickleball, swimming. Activities: walking, yoga, meditation strength training, bike riding, step aerobics, sleep well, go to the gym/YMCA, clean/sanitize home, work outside/garden
What Would Make Your Neighborhood A	Improve Environmental Quality	Get rid of abandoned vehicles, moldy vacant houses/outdoor areas, cut down cotton trees, fireplaces and wood burning stoves, mosquitos/ants, smells from JBS and cow poo, less wildfire

Healthier Place For You Or Your Family?		smoke, less noise pollution, stop spraying insecticides and herbicides. More shaded areas, plant (fruit) trees/flowers, community gardens, organic farms, safe (lake/drinking water,) more walking areas, enforce speed limits, trash (and pet cleanup,) enforce animal control, no chickens in city.
	More affordable and accessible recreational areas/opportunities	Better trails (and sidewalks) for walking/biking/hiking, more (affordable) exercise facilities/equipment for senior citizens and people with mobility issues, handicap fishing areas. More kid/family friendly recreational areas/parks, summer pools, community sports for adults/kids, hands on health events that are free, group exercising opportunities/Zumba/yoga classes, make community pedestrian friendly.
	Positive community/social engagement/activities	More family-friendly areas/facilities like waterparks, diversified activities for all ages, get to know my neighbors, not experience racism/discrimination, community gardens, connect with people (in ways that do not include drinking and or religion,) make marijuana use legal, de-normalize alcohol abuse and other risky behaviors. Health Department involvement with the shelters and halfway houses to supply health education.

We realize that there is a lot to digest within this community health assessment. We invite you to read this entire document or to seek areas of interest for you. We also invite you to contact us with your thoughts, ideas, and suggestions. In public health, we know that we are only successful when our work is inclusive of the public we serve. We are pleased and thankful for our community partners who have been integral to the development of this assessment document and who are part of planning the community health improvement plan in 2025.

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