Blue Valley Community Action and Public Health Solutions Community Needs Assessment

June 2023

Prepared for:

Prepared by:

Table of Contents

Executive Summary ... 6

Key Findings ... 6

Top Needs ... 6
Community characteristics and socioeconomic issues ... 6
Healthcare access ... 9
Health outcomes ... 9
Mental and behavioral health access ... 10
Mental and behavioral health outcomes, including drug and alcohol use ... 10
Environmental issues ... 11

Introduction ... 12

Background & Purpose ... 12

Methodology ... 12

Secondary Data ... 14

Demographics ... 14

Population by county ... 14
County population change ... 15
Population by race and ethnicity ... 16
Speak a language other than English ... 18

Social Determinants of Health ... 20

Socioeconomic Indicators ... 21

Persons living in poverty ... 21
Persons experiencing homelessness ... 28
Unemployment rate ... 29
Public assistance ... 30
Household income required for childcare expenses ... 32
Food Insecurity ... 33
Free and reduced lunch ... 34
Child welfare placement ... 35

Crime ... 36

Imprisonment rate ... 36
Incarceration Rate ... 37
Crime rates ... 38
Domestic abuse prevalence ... 40
Human trafficking prevalence ... 41
Child maltreatment ... 42

Health Care Access ... 44

Uninsured Adults ... 44
Medicaid ... 45
Medicaid and SCHIP ... 46
Mental health providers ... 47
Emergency medical technicians (EMTs) ... 49

Social Capital/Support ... 50

Internet access ... 50
Childcare centers per capita ... 51

Licensed drivers....52

Education Access & Quality.... 53
2021-2022 graduation rates....53
ACT scores....54
Nebraska Student-Centered Assessment System (NSCAS)....55
4th grade reading proficiency....56
Public PreK schools and enrollment....57

Health Outcomes.... 58
Life expectancy at birth....58
Years of potential life lost....59
Underlying cause of death....60
Heart failure deaths....63
Infant mortality rate....64
Causes of infant mortality....65
Disability....66

Chronic health conditions.... 67
Asthma....67
Blood pressure....68
Cancer (any form)....69
Cancer (skin)....70
Cancer (other than skin cancer)....71
Chronic Obstructive Pulmonary Disease (COPD)....72
Diabetes....73
Overweight and obesity....74
Screen time among youth....77

Alcohol and Tobacco Use.... 78
Current alcohol use among adults....78
Current alcohol use among youth....79
Heavy drinking among adults....80
Binge drinking among adults....81
Current binge drinking among youth....82
Cigarette smoking among adults....83
Current tobacco use among youth....84
E-cigarette use among adults....85
E-cigarette/electronic vapor use among youth....86
Smokeless tobacco use among adults....87

Drug Use.... 88
Marijuana use among adults....88
Marijuana use among youth....89
Opioid misuse among adults....90
Pain reliever misuse among adults....91
Drug overdose deaths....92

Behavioral Health.... 93
Substance abuse and mental health treatment facilities, hospitalizations....93

Teen pregnancy.... 97
Teen births....97

Mental Health and Suicide.... 98
Adverse Childhood Experiences (ACEs)....98

Suicide rates ...99

Nutrition ... 102
Vegetable consumption ...102
Fruit consumption ...103

Physical Activity ... 104
No leisure-time physical activity...104
Walking...105
Physical activity among youth ...106

Injury ... 107
Seat belt use ...107
Child seat usage...108

Vaccinations ... 110
HPV Vaccination ...110

Sexually Transmitted Diseases ... 111
STD rates...111

Physical Environment... 112
Radon levels ...112
Blood lead levels...114
Lead levels in drinking water ...115

Community Needs Assessment Survey Results ... 116

Description of Survey Respondents ... 116

Disability Services ... 120

Food Insecurity ... 121

Housing and Utilities ... 123

Internet Access ... 124

Health Status & COVID-19 Impact ... 125
Open-ended feedback on impact of COVID-19 pandemic on health ...126

Healthcare Access ... 127

Dental Care Access ... 131

Eye Care Access... 133

Mental/Behavioral Health Care Access ... 134

Travel Barriers to Health Care Access ... 135

Employment, Education, and Professional Opportunities ... 136

Social Connectedness ... 137

Home Safety and Emergency Preparedness... 138

Childcare Needs ... 138

Community Amenities ... 140

Health Concerns... 141

Qualitative data on top health concerns 143
Healthy Community 145
Qualitative data on the most important things that make a healthy community. 145
Social and Economic Concerns 147
Qualitative data on the most important social and economic issues 147
Safety Concerns 149
Qualitative data on the most important safety issues 149
Community Assets and Needs 151
Community's strongest assets 151
Community's biggest needs 152
Opportunities to change need in community 154
Agency successes and challenges to meeting needs of community 155
Schools 155
Churches 156
Medical Organizations 156
Economic Development 157
Other Organizations 157
Partner Resource Maps 158
Overall Service Area 158
Butler County 159
Fillmore County 160
Gage County 161
Jefferson County 162
Polk County 163
Saline County 164
Seward County 165
Thayer County 166
York County 167
Appendix A: Community Needs Assessment Survey 168
Appendix B: Survey Data Cleaning Procedures 183
Appendix C: Focus Group Protocol 184
Appendix D: Community Partner Interview Protocol 187
Appendix E: Community Needs Assessment Survey Results for PHS Counties 189
Introduction 189
Methodology 189
PHS Community Needs Assessment Survey Results 189
Description of Survey Respondents 189
Disability Services 193
Food Insecurity 194
Housing and Utilities 196
Internet Access 197
Health Status & COVID-19 Impact 198

Healthcare Access....200
Dental Care Access....203
Eye Care Access....205
Mental/Behavioral Health Care Access....206
Travel Barriers to Health Care Access....207
Employment, Education, and Professional Opportunities....208
Social Connectedness....209
Home Safety and Emergency Preparedness....209
Childcare Needs....210
Community Amenities....211
Health Concerns....212
Healthy Community....216
Social and Economic Concerns....218
Safety Concerns....220

Appendix F: Suggestions for How to Address Issues/Concerns 223

Executive Summary

Blue Valley Community Action (BVCA) and Public Health Solutions (PHS) collaborated to conduct a joint Community Needs Assessment. Partners for Insightful Evaluation (PIE) was contracted to implement a mixed methods approach, which provided both quantitative and qualitative data. In addition to compiling publicly available data from secondary sources, data was collected via an online community survey, 13 interviews with community partners, and two community focus groups.

Key Findings

The following highlights the key findings from the Community Needs Assessment.

Top Needs

- Increasing mental health concerns with limited availability and access for treatment.
- Substance use concerns, including higher rates of heavy drinking among adults, higher rates of marijuana use among youth, and higher rates of tobacco use among adults and youth (relative to state rates) due to mental health concerns, cultural norms, easy access, and limited activities for youth.
- Limited quality housing to ensure safe and affordable living.
- Concerns with inflation and addressing food insecurity and other basic needs.
- Limited affordable quality childcare, with availability during hours when workers need it.
- Limited transportation options for those residing in the smaller communities.
- PHS area residents have higher rates of some chronic health conditions than the state average, including high blood pressure, cancer, chronic obstructive pulmonary disorder, diabetes, obesity, and asthma.
- Radon levels are higher in the BVCA/PHS area and higher than EPA recommended levels, and less than one-quarter of homes have Radon kits.

Community characteristics and socioeconomic issues

Theme	✚ Strengths	✖ Needs
Population changes	◆ Saline, Seward, and York counties experienced an increase in population from 2010 to 2020.	◆ Fillmore, Jefferson, Thayer, and Polk experienced a decrease in population from 2010 to 2020 of 3% or more.
Poverty	◆ The nine-county BVCA area has a slightly lower percentage of people living in poverty (10.1%) compared to the state rate (10.4%).	◆ The five-county PHS area has a higher percentage of people living in poverty (11.7%) compared to the state rate (10.4%). ◆ Among all survey respondents, inflation and cost of living was one of the top social and economic concerns (40% of respondents selected this as one of the top issues that worry them the most).
Unemployment	◆ Unemployment rates in the BVCA and PHS areas (1.8% and 1.9%, respectively) are comparable to the state rate (2%), and all are well below the national rate of 3.3%; focus group and interview participants	◆ Focus group and interview participants noted that a lack of job choices that offer adequate pay, benefits, and flexibility that some families need limit employment options.

	identified access to jobs as a community asset.	
Theme	**✚ Strengths**	**✖ Needs**
Childcare	◆ The percentage of household income required for childcare expenses in the BVCA and PHS areas is lower (22.4% and 23.3%, respectively) when compared to the state (25.2%), and the number of childcare centers per 1,000 population under 5 years old in the BVCA area and PHS areas (8.6 and 8.8, respectively) are comparable to the state rate (8.7).	◆ Among survey respondents, 8% said they need childcare services but are not able to access those services. Cost and availability of quality childcare in the area were cited as the main reasons why those services were not accessible. Childcare was also cited as one of the biggest community needs among the focus group and interview participants.
Education	◆ Focus group and interview participants felt that the quality of schools in their communities was an overall asset. ◆ Public high school graduation rates in the BVCA area during the 2021-2022 school year were 3.9% higher when compared to the state (91.0% vs. 87.1%, respectively). Graduation rates in the PHS area were 2.5% higher when compared to the state (89.6% vs. 87.1%, respectively).	
Food insecurity	◆ 94% of survey respondents indicated they were moderately, very, or extremely confident that they would be able to get the food they need in the next four weeks.	◆ The percentage of the low-income population with low food access (food insecurity) in the BVCA and PHS areas (25.7% and 27.4%, respectively) is higher when compared to the state (19.2%). ◆ Among survey respondents, nearly one quarter (22%) said there was sometimes or often not enough food in their home, and nearly half (46%) of those respondents cited cost as a barrier to food access.
Public assistance	◆ Households in the BVCA area receive SNAP payments at the same rate when compared to the state (8.1%). ◆ Households receiving public assistance income in the BVCA area is similar when compared to the state (both 1.9%), and it's slightly lower in the PHS area when compared to the state (1.8% vs. 1.9%, respectively).	◆ The percentage of households receiving SNAP in the PHS area is higher when compared to the state (10.1% vs. 8.1%, respectively).

Theme	✚ Strengths	✖ Needs
Broadband internet access	◆ Among survey respondents, 95% have access to internet at home.	◆ The PHS and BVCA areas have a lower percentage of households with a broadband internet subscription (82.2% and 84.5%, respectively) when compared to the State (87.3%). ◆ Less than half of survey respondents (46%) were aware of the FCC's Affordable Connectivity Program.
Crime	◆ The crime rate in the BVCA area is lower when compared to the state (15 and 18.3 offenses per 1,000, respectively). ◆ Among focus group and interview participants, many cited low crime rates and an overall sense of feeling safe in their community.	◆ The crime rate in the PHS area is slightly higher when compared to the state (18.5 and 18.3 offenses per 1,000, respectively).
Housing		◆ The total number of persons experiencing homelessness in Nebraska increased 1.6% between 2019 and 2020. ◆ 32% of survey respondents identified “lack of quality housing” as one of their top social and economic concerns. Focus group and interview participants cited housing as a big need in their communities, noting a lack of quality, affordable housing. ◆ Among survey respondents, one quarter said they needed subsidized rental assistance or help with paying for rent.
Transportation		◆ Interview and focus group participants identified transportation as a need in their communities. Among survey respondents, transportation was noted as a reason for not being able to access food resources and childcare services. ◆ More than one quarter of respondents said that they had to travel 1 hour or longer to receive eye, dental, or general health care “about half the time,” “usually,” or “always.”

Healthcare access

Theme	✚ Strengths	✖ Needs
Health insurance	◆ 10.5% of adults in the BVCA area lack health insurance, which is lower when compared to the state (11.4%).	◆ 11.7% of adults in the PHS area lack health insurance, which is 0.3% higher when compared to the state (11.4%). ◆ Among the survey respondents who said they did not see a doctor or healthcare provider in the past year, 40% said it was because they did not have health insurance (similar results for dental and vision).
Provider accessibility	◆ Among survey respondents, more than three quarters agreed or strongly agreed that doctor's offices, health clinics, and urgent care clinics were accessible within a 30-minute drive.	◆ Among survey respondents, only about half agreed or strongly agreed that medical specialists were accessible within a 30-minute drive.
Utilization of care	◆ Among survey respondents, 82% have a general or primary healthcare provider, and 88% have received health care from a doctor or provider in the past year.	

Health outcomes

Theme	✚ Strengths	✖ Needs
Chronic health conditions		◆ The PHS area has higher rates of certain chronic health conditions among adults compared to state rates (8.5% vs 7.8% for asthma, 36.8% vs. 31% for high blood pressure, 14.9% vs. 11.3% for cancer - any form, 8.5% vs. 5.2 for Chronic Obstructive Pulmonary Disorder, 11.1% vs. 9.9% for diabetes, and 39.5% vs. 34.0% for obesity).
Physical activity	◆ 68% of survey respondents strongly agreed or agreed that there are places to be active in the community like parks, trails, pools, gyms, etc.	◆ The PHS area has a higher rate of adults that reported no leisure time physical activity in the past 30 days (27.8%) compared to the state (21.5%).
COVID-19 Pandemic impact on health	◆ Among survey respondents, nearly one quarter (23%) said the COVID-19 Pandemic had a positive impact on their overall health. As noted by focus group participants, positive COVID impacts on health included the following: more family time, better hygiene practices, increased knowledge of the health department, increased resilience, especially among essential workers.	◆ Slightly more than a third (35%) of survey respondents said the COVID-19 Pandemic had a negative impact on their overall health. As noted by focus group participants, negative COVID impacts on health included the following: putting off health and dental care, isolation, increased stress, people leaving their jobs.

Mental and behavioral health access

Theme	✚ Strengths	✖ Needs
Provider accessibility		◆ The mental health provider (MHP) rate in the BVCA area is 132.3 MHP per 100,000 people, 2.2 times lower when compared to the state (292.8 per 100,000 people). The PHS area has an MHP rate of 141.7 MHP per 100,000 people, which is also lower than the state rate. ◆ Among survey respondents, less than half (about 40%) agreed or strongly agreed that mental health care places were accessible within a 30-minute drive.
Utilization of care		◆ Only 23% of survey respondents said they had a mental or behavioral health provider, and 28% said they received mental or behavioral health care in the past year. This is substantially lower than the utilization of other types of health care; however, among those who said they did not receive mental health care in the past year, 72% said they did not have a reason to seek this type of care.

Mental and behavioral health outcomes, including drug and alcohol use

Theme	✚ Strengths	✖ Needs
Alcohol misuse/ abuse	◆ Current alcohol use among 12th grade students was lower in the BVCA area (27.5%) compared to the state (28.7%) and national (32.2%) rates. ◆ Current binge drinking rates among 12th grade students was lower in the PHS (13.1%) and BVCA (12.1%) areas compared to the state (17.5%) and national (17.4%) rates.	◆ Among adults, the PHS area has higher rates of heavy drinking compared to the state (8.4% vs 7.4% for past 30-day heavy drinking), which reflects an increase over time (was 5.4% in 2018). ◆ When presented with a range of safety concerns, survey respondents expressed the highest level of concern/worry for alcohol and drug abuse (34% selected this as one of their top safety concerns).
Drug misuse/ abuse	◆ Among adults, rates of opioid misuse in the past year were similar to the state rate (2.9% vs. 2.8%, respectively).	◆ When presented with a range of health concerns, survey respondents expressed a high level of concern/worry for drug misuse/abuse (43% said they were “extremely worried” or “very worried” about this).
Smoking and tobacco use	◆ Lifetime e-vapor use among 12th grade students was lower in the PHS (38.5%) and BVCA (36.4%) areas compared to the state (39.6%) and national (45.6%) rates.	◆ Current cigarette smoking was higher among adults in the PHS area (16.9%) than statewide (13.9%). ◆ Tobacco use (cigarettes and smokeless tobacco) among 12th grade students was higher in both the PHS (9.0%) and BVCA (8.1%) areas compared to the state (6.8%) and nation (5.2%).

Theme	✚ Strengths	✖ Needs
Marijuana use	◆ Among adults, the PHS area has lower rates of marijuana use (4.8%) compared to the state rate of 6.9%. ◆ Among 12th grade students, marijuana use in the BVCA (19.9%) and PHS (15.6%) areas is lower than the national rate of 22.4%.	◆ Marijuana use among 12th grade students is higher in the BVCA area (19.9%) and PHS area (15.6%) compared to the state (15.0%), primarily driven by use in Saline County (21.8%).
Suicide		◆ The PHS area has a higher suicide rate compared to state (16.1/100k people vs. 14.4/100k people). Gage county has a suicide rate that is 1.5 and 1.7 times higher when compared to the PHS and state, respectively.
Mental health		◆ Among survey respondents, nearly two-thirds (64%) indicated feeling nervous, anxious, or depressed in the past month. ◆ When presented with a range of health concerns, survey respondents expressed a high level of concern/worry for mental health issues (41% said they were "extremely worried" or "very worried" about this). ◆ Community members identified many factors that are negatively impacting mental health, such as COVID, economic instability, and lack of access to care.

Environmental issues

Theme	✚ Strengths	✖ Needs
Radon		◆ Overall, average radon levels in the BVCA area is higher when compared to the state (6.8 pCi/L vs. 6.0 pCi/L, respectively). The average radon levels for the PHS area is also higher when compared to the state (6.4 pCi/L vs. 6.0 pCi/L, respectively). The EPA recommends fixing houses with rates at 4.0 pCi/L or higher. ◆ Only 22% of survey respondents reported having kits in their homes.
Lead		◆ Polk, Saline County, and Gage Counties all had school and childcare facilities with lead levels above the EPA action level of 15 µg/L (micrograms per liter).

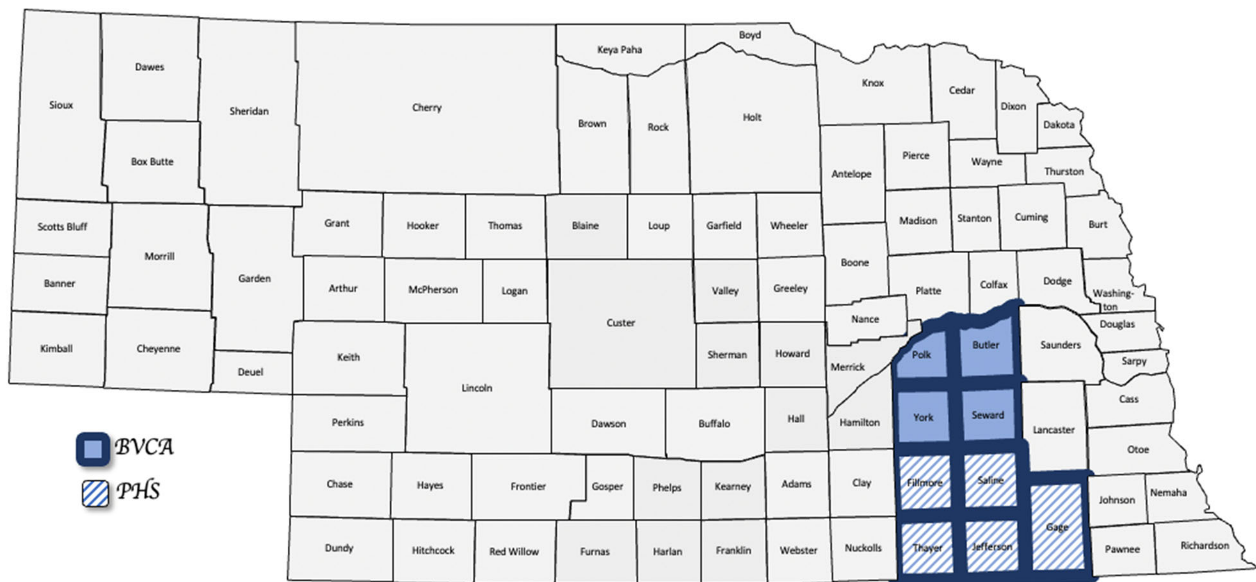
Introduction

Background & Purpose

Blue Valley Community Action (BVCA) and Public Health Solutions (PHS) partnered together to conduct a joint Community Needs Assessment. They contracted with Partners for Insightful Evaluation (PIE) to collect data from community members across a nine-county service area via an online community survey, interviews with key community partners, and two community focus groups (one virtual for English-speaking participants and one in-person for Spanish-speaking participants). PIE also compiled data from secondary sources to inform this Community Needs Assessment.

Methodology

A mixed methods approach was utilized, which provided both quantitative and qualitative data. An online community survey was administered to individuals who lived, worked, or provided services in at least one of the nine counites that are included in the BVCA and/or PHS service area (Butler, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer, and York). The survey was available online and shared by BVCA and PHS between February 19 and April 3 of 2023. BVCA and PHS developed promotional materials with a QR code and link to the survey. These materials were distributed via the BVCA and PHS websites, at area colleges and universities, and with various community organizations. The survey was offered in English and Spanish. A list of survey questions is in Appendix A.



After the survey data was cleaned to remove suspected bots and ineligible cases, a total of 610 respondents were included in the final dataset. A summary of the data cleaning procedures is outlined in Appendix B. Survey data were also weighted by the nine-county region based on age and gender using the 2021 American Community Survey (ACS) 5-year estimates. Table 1 shows weighted and unweighted data for the gender and age variables, as the data was weighted by these two variables. The unweighted data skewed younger and more female, suggesting that using unweighted data would yield biased results toward a younger, female perspective. Analyses were conducted for both weighted and unweighted data, and while the weighted data did not drastically alter the results, this report shows the

weighted results to reflect a more accurate representation of those who reside in the nine counties.

Table 1: Weighted and unweighted comparisons of gender and age.

Gender				
	Weighted n	Weighted %	Unweighted n	Unweighted %
Female	245	54%	319	70%
Male	207	45%	131	29%
Prefer to self-describe	5	1%	3	1%
Total	457		453	
Age				
	Weighted n	Weighted %	Unweighted n	Unweighted %
<18	3	1%	3	1%
18-24	32	8%	40	10%
25-34	87	20%	123	29%
35-44	56	13%	102	24%
45-54	92	22%	60	14%
55-64	92	22%	57	14%
65-74	43	10%	23	6%
75+	22	5%	9	2%
Total	426		417	

Two focus groups and 13 community partner interviews were also conducted to collect qualitative data. A virtual focus group was conducted by PIE on April 11, 2023 for English-speaking participants (n=7) and an in-person focus group was conducted by PHS staff on April 10, 2023 in Crete for Spanish-speaking participants (n=12). The focus group protocol utilized is in Appendix C. The English-speaking focus group participants were recruited from those who completed the survey and expressed an interest in providing additional information, while PHS recruited participants for the Spanish-speaking focus group.

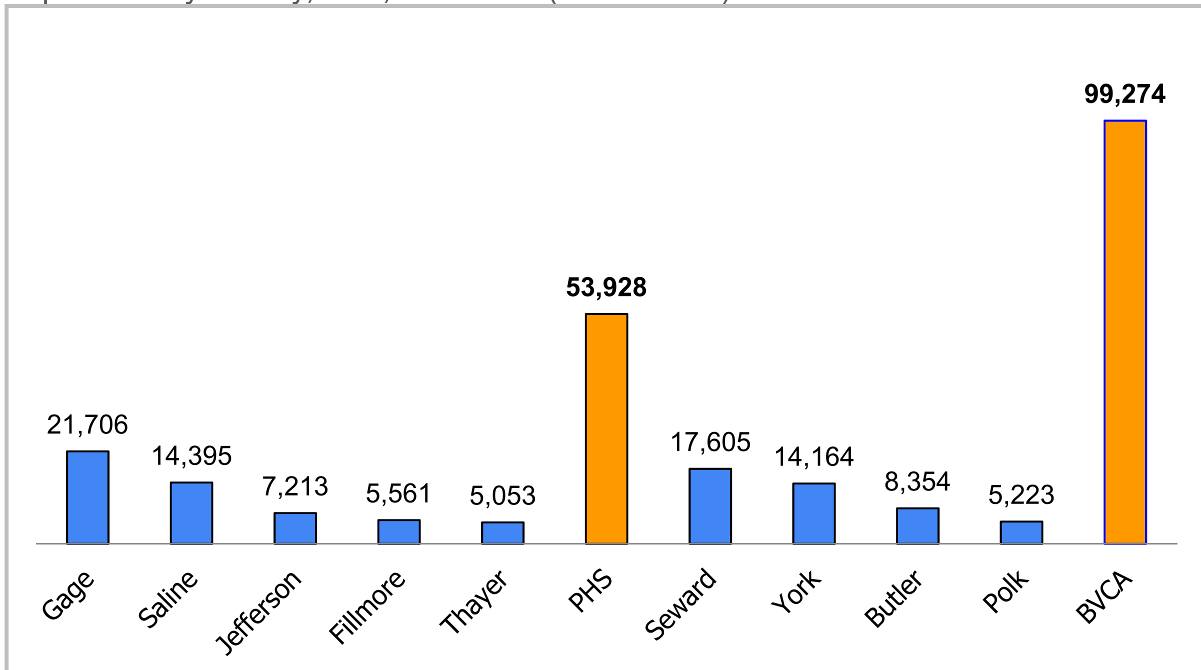
Community partner interviews were conducted by PIE staff between April 6 and April 18, 2023. Interview participants were selected by PHS and BVCA staff as key stakeholders representing different sectors across the region, including business, community-based, education, faith-based, government, and healthcare. The community partner interview protocol is in Appendix D. For some of the questions, interview and focus group participants were presented with preliminary survey data (before the dataset had been cleaned and weighted) and asked to reflect on the results. For these questions, data presented to the Spanish-speaking focus group differed from the English-speaking focus group and partner interviews because the data presented to that group were specific to survey respondents who identified as Hispanic.

Secondary Data

Demographics

Population by county

Population by County, PHS, and BVCA (2017-2021)[1]

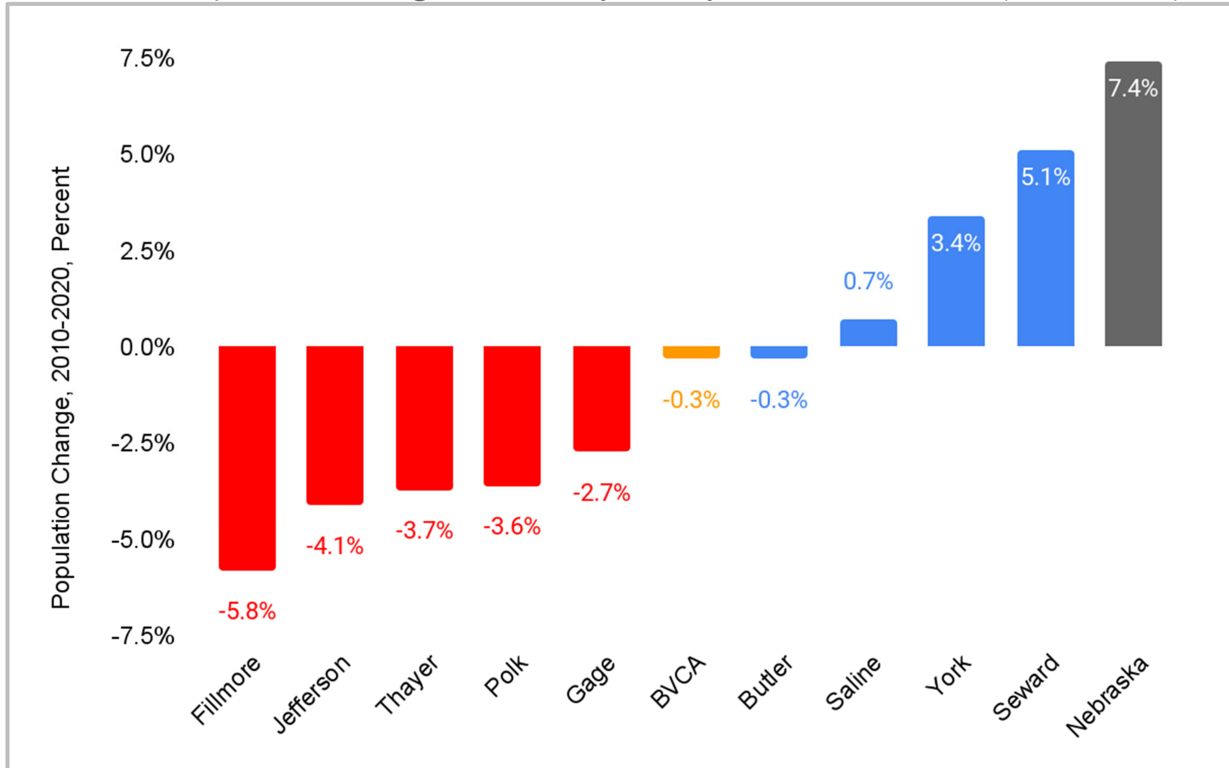


The county with the largest population is Gage County, with a population of 21,706. The county with the smallest population is Thayer County, with a population of 5,053. The full PHS service area has slightly less than 54,000 residents while the BVCA service area is slightly more than 99,000.

[1] ACS 2017-2021 Table DP05

County population change

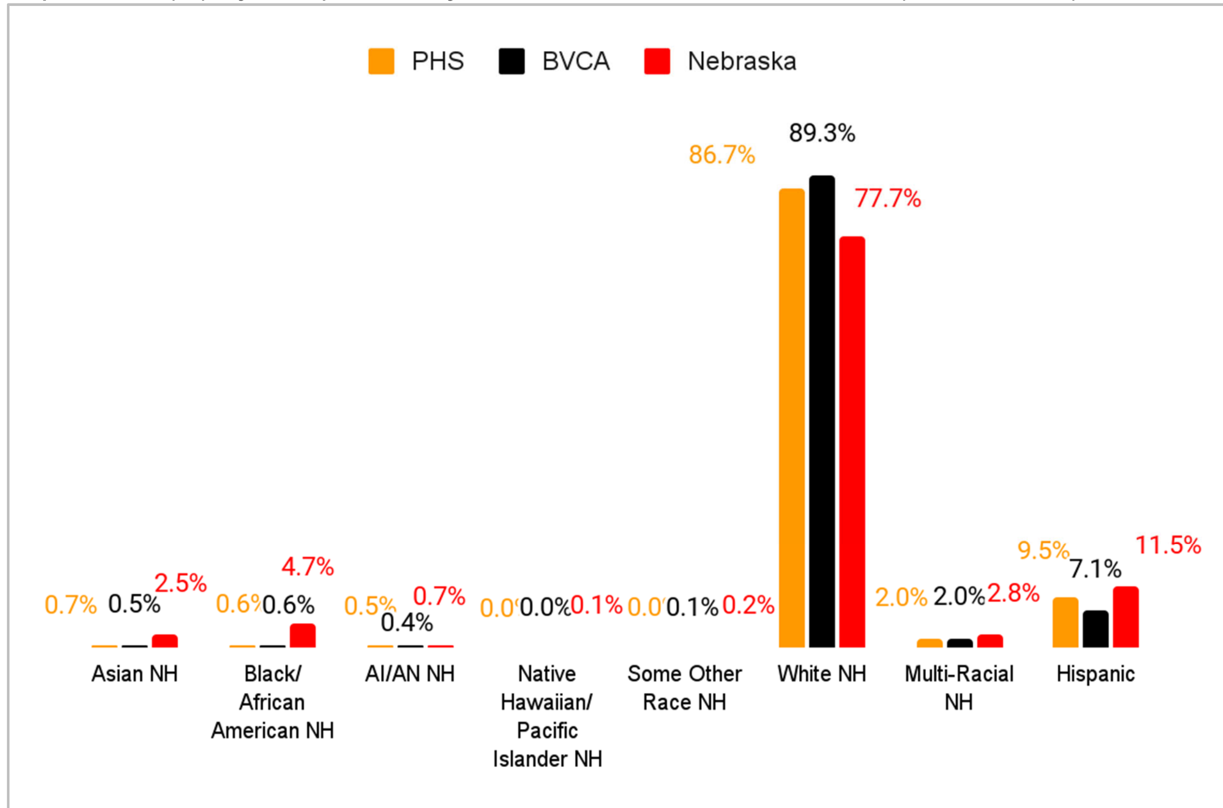
2010-2020 Population Change, Percent by County, BVCA & Nebraska (2017-2021)[1]



Overall, between 2010-2020, BVCA lost 254 people (-0.3% compared to a 7.4% growth in Nebraska). Seward County had the greatest increase in population (+859; 5.1%), followed by York County (+460; 3.4%). Gage County had the greatest decrease in population among all counties (-607; -2.7%), followed by Fillmore County (-339; -5.8%), and Jefferson County (-307; -4.1%).

Population by race and ethnicity

Population (%) by race/ethnicity for PHS, BVCA, and Nebraska (2017-2021)[2]



NH = Non-Hispanic; AI/AN = American Indian/Alaska Native

Overall, the BVCA and PHS areas have lower percentages of racial minority non-Hispanic populations (Asian, Black, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Some Other Race, Multi-Racial) and Hispanics when compared to Nebraska (10.7% for BVCA, 13.3% for PHS vs. 22.5% for Nebraska).

[2] ACS 2017-2021 Table B03002.

Race/ethnicity population by county, PHS, BVCA, and Nebraska (2017-2021)[3]

County	Asian NH	Black/ African American NH	AI/AN NH	Native Hawaiian/ Pacific Islander NH	Some Other Race NH	White NH	Multi-Racial NH	Hispanic
Saline	1.5%	0.8%	0.8%	0.0%	0.1%	68.2%	2.5%	26.2%
PHS	**0.7%**	**0.6%**	**0.5%**	**0.0%**	**0.0%**	**86.7%**	**2.0%**	**9.5%**
BVCA	**0.5%**	**0.6%**	**0.4%**	**0.0%**	**0.1%**	**89.3%**	**2.0%**	**7.1%**
York	0.2%	1.4%	0.5%	0.0%	0.7%	90.2%	1.7%	5.2%
Polk	0.0%	0.0%	0.1%	0.0%	0.0%	91.3%	2.6%	5.9%
Jefferson	0.3%	0.6%	0.0%	0.0%	0.0%	92.5%	1.8%	4.8%
Fillmore	0.4%	0.2%	0.5%	0.0%	0.0%	92.6%	2.1%	4.2%
Butler	0.1%	0.1%	0.3%	0.0%	0.1%	92.6%	2.3%	4.5%
Gage	0.6%	0.6%	0.6%	0.0%	0.0%	93.8%	1.5%	2.9%
Thayer	0.0%	0.2%	0.1%	0.0%	0.2%	94.2%	2.4%	2.9%
Seward	0.3%	0.6%	0.0%	0.1%	0.0%	94.6%	1.8%	2.7%
Nebraska	**2.5%**	**4.7%**	**0.7%**	**0.1%**	**0.2%**	**77.7%**	**2.8%**	**11.5%**

NH = Non-Hispanic; AI/AN = American Indian/Alaska Native

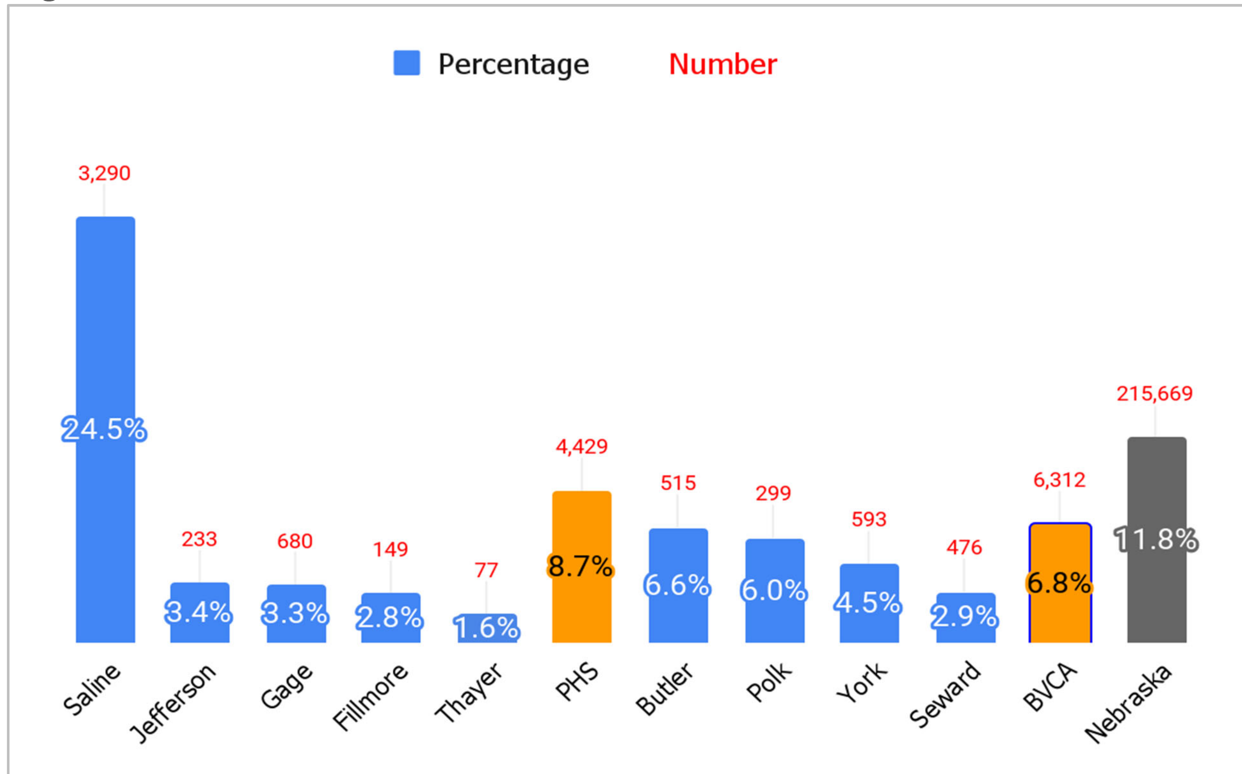
Saline County shows the highest percentage of racial/ethnic minorities in the BVCA area (31.9%) while Seward County shows the lowest percentage of racial/ethnic minorities in the BVCA area (5.5%).

Among racial/ethnic minorities, there are 7,017 Hispanics in the BVCA area (7.1%), followed by 1,946 multi-racial individuals (2.0%), 632 Black/African Americans (0.6%), 473 Asians (0.5%), 370 Native Americans (0.4%), 133 Some Other Race (0.1%), and 13 Native Hawaiian/Pacific Islanders (0.01%).

[3] ACS 2017-2021 Table B03002.

Speak a language other than English

Number and Percent of those 5 years and older who speak a language other than English, 2021[4]



Overall, 6,312 people speak a language other than English in the BVCA area (6.8%), which is 5% lower when compared to the State (11.8%). There are 4,429 people that speak a language other than English in the PHS area (8.7%).

Saline County had the highest percentage of the population who speak a language other than English in the BVCA area (24.5%), followed by Butler County (6.6%), Polk County (6.0%), and York County (4.5%).

---

[4] Data source: U.S. Census Bureau. Language Spoken at Home. 2021 (ACS 5-year estimates). S1601: LANGUAGE SPOKEN AT HOME - Census Bureau Table

Languages spoken by county, 2018[5]

County	Spanish	French	German	Russian	Indo-European languages	Korean	Chinese	Vietnamese	Tagalog	Other Asian languages	Arabic	Other languages
Saline	18.0%	0.0%	0.3%	0.8%	0.0%	0.6%	0.0%	2.4%	0.1%	0.1%	0.2%	0.8%
Jefferson	2.3%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%
Gage	1.5%	0.0%	0.6%	0.2%	0.0%	0.0%	0.2%	0.0%	0.1%	0.3%	0.0%	0.0%
Fillmore	2.2%	0.0%	0.5%	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%
Thayer	1.4%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PHS	**6.0%**	**0.0%**	**0.5%**	**0.3%**	**0.0%**	**0.2%**	**0.1%**	**0.6%**	**0.1%**	**0.2%**	**0.1%**	**0.2%**
Butler	3.1%	0.1%	0.2%	1.3%	0.0%	0.0%	0.0%	0.2%	0.3%	0.2%	0.0%	0.2%
Polk	5.0%	0.3%	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.4%
York	3.4%	0.2%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Seward	1.8%	0.2%	0.5%	0.2%	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%
BVCA	**4.6%**	**0.1%**	**0.5%**	**0.3%**	**0.0%**	**0.1%**	**0.1%**	**0.4%**	**0.1%**	**0.1%**	**0.1%**	**0.2%**
Nebraska	7.4%	0.2%	0.2%	0.1%	N.A.	0.1%	0.3%	0.4%	0.1%	0.4%	0.3%	N.A.

The most common language spoken in the BVCA area was Spanish (4.6%), followed by German (0.5%), and Vietnamese (0.4%). Saline County had the highest percentage of people who speak languages other than English in the BVCA area, including Spanish (18%), Vietnamese (2.4%), other languages (0.8%), Korean (0.6%), and Arabic (0.2%).

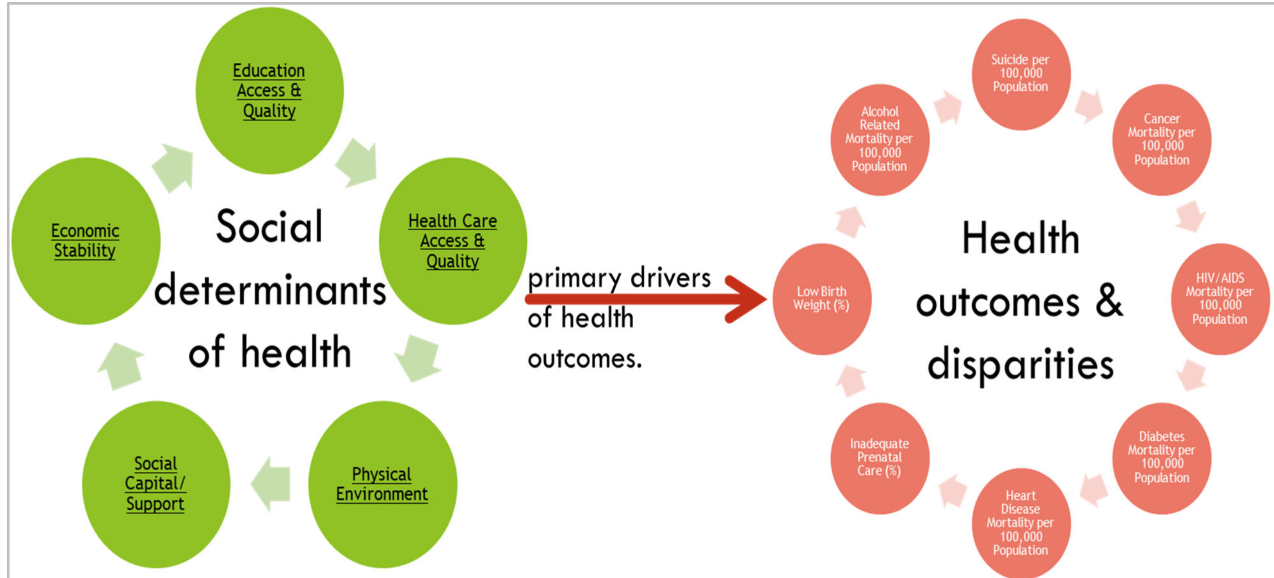
French is spoken by 0.3% residents in Polk County; German is spoken by 0.8% residents in Thayer County; Russian is spoken by 1.3% residents in Butler County; Chinese is spoken by 0.2% residents in Seward County; and other Asian languages are spoken by 0.3% residents in Gage County.

[5] Data source: Nebraska DHHS (2021). Nebraska Language and Limited English Proficiency. Report Card. 21 pages. Based on 2018 (ACS - 5 years estimates). https://dhhs.ne.gov/Reports/Language%20and%20LEP%20Population%20Report%20Card2021.pdf

Social Determinants of Health

"Social determinants of health (SDOH) are 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." (U.S. DHHS, Healthy People 2030). A massive body of evidence strongly links economic/social factors with avoidable illness, and premature death.[6] Improving health of individuals in the most disadvantaged communities improves overall health of all communities. Addressing health and healthcare disparities is important from an equity standpoint to improve overall quality of care and population health.

Social Determinants of Health and Health Disparities

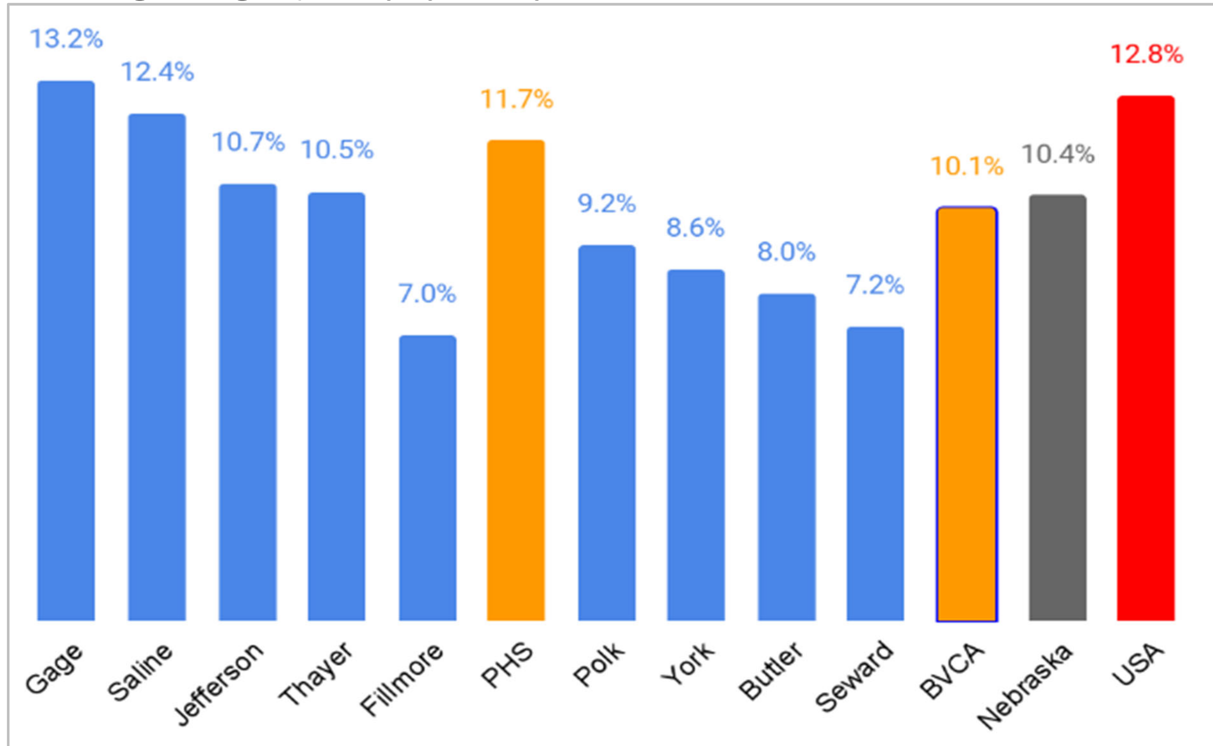


[6] Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports, 129*(1_suppl2), 5-8

Socioeconomic Indicators

Persons living in poverty

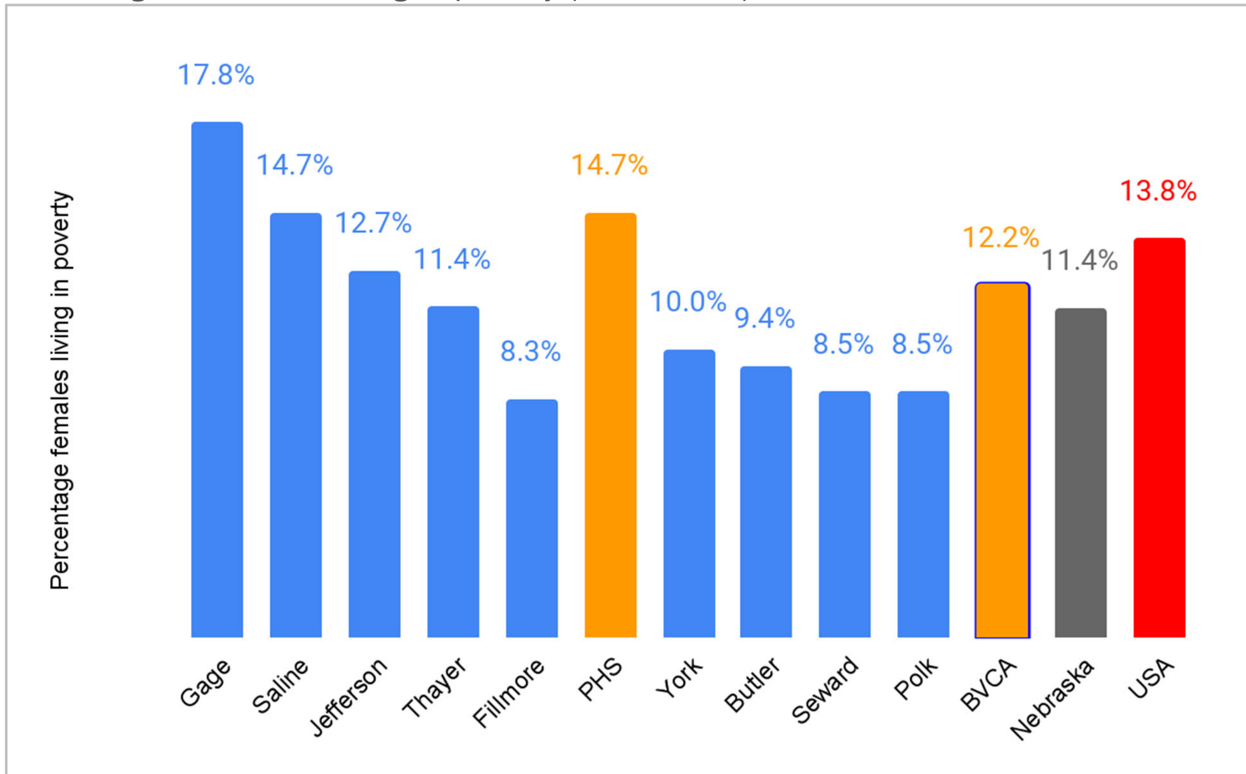
Percentage living in poverty by County, PHS, BVCA, NE, U.S., 2020[7]



A total of 9,349 persons live in poverty in the BVCA area, which represents 10.1% of the total population. Gage County has the highest percentage of people living in poverty (13.2%), followed by Saline County (12.4%). Fillmore and Seward counties have the lowest poverty rates (7% and 7.2%, respectively).

[7] Data source: 2020: ACS 5-Year Estimates Subject Tables. S1701 POVERTY STATUS IN THE PAST 12 MONTHS

Percentage of females living in poverty (2017-2021)[8]

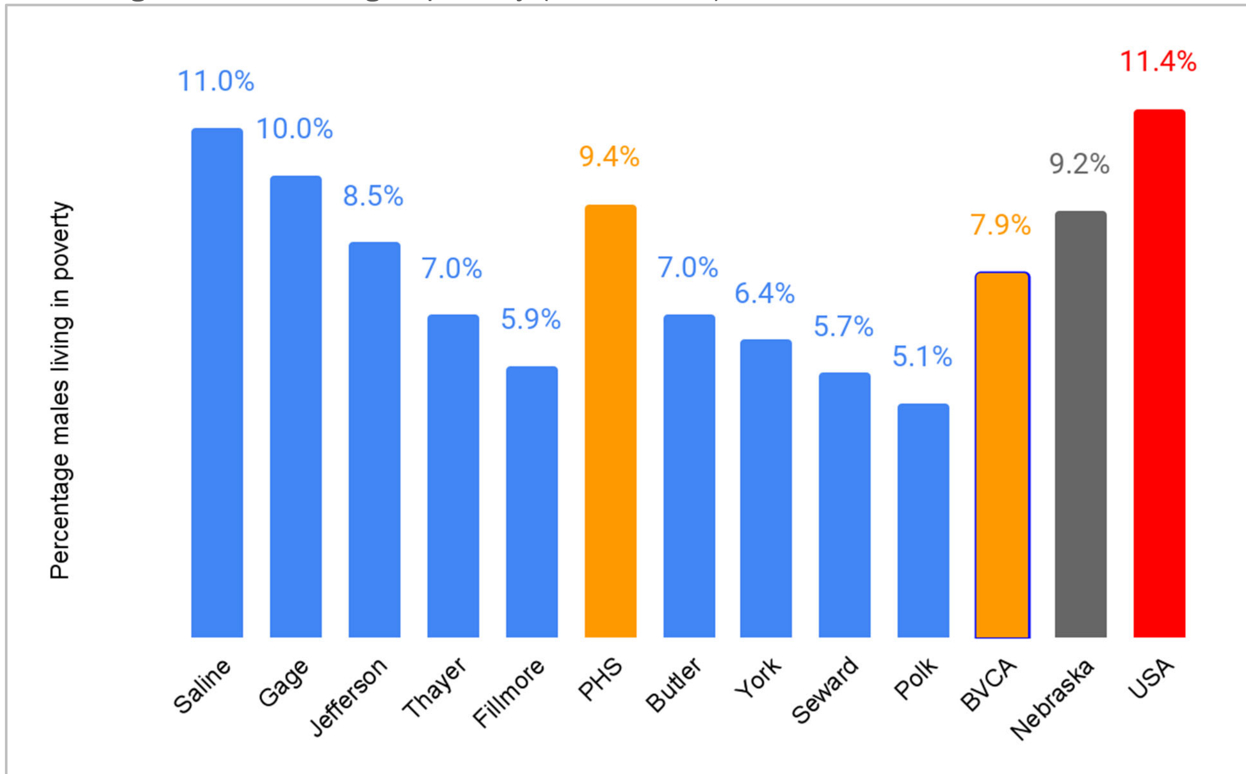


A total of 5,693 females live in poverty in the BVCA area, which represents 12.2% of the total female population (*n* = 46,688), 0.8% higher when compared to the female poverty rate in Nebraska (11.4%). The PHS area has a female poverty rate 3.3 % higher when compared to Nebraska (14.7% vs. 11.4%, respectively).

Gage County has the highest percentage of females living in poverty (17.8%), followed by Saline County (14.7%). Gage County female poverty rate is the fourth highest among all counties in Nebraska. Fillmore (8.3%), and Seward and Polk counties have the lowest female poverty rates (8.5%) in the BVCA area.

[8] ACS 2017-2021 Table S1701

Percentage of males living in poverty (2017-2021)[9]

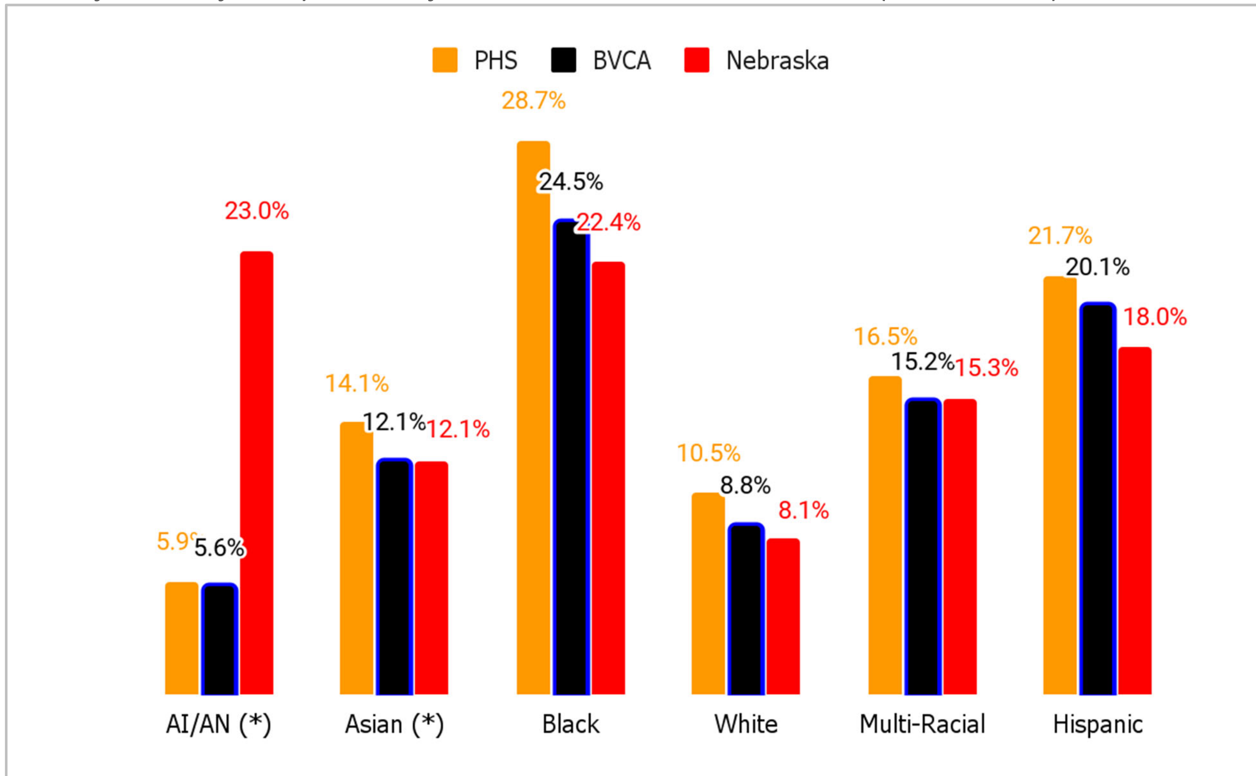


A total of 3,795 males live in poverty in the BVCA area, which represents 7.9% of the total male population (*n* = 48,161), 1.3% lower when compared to the male poverty rate in Nebraska (9.2%). The PHS area has a male poverty rate slightly higher when compared to Nebraska (9.4% vs. 9.2%, respectively).

Saline County has the highest percentage of males living in poverty (11.0%), followed by Gage County (10.0%). Polk and Seward counties have the lowest male poverty rates (5.1% and 5.7, respectively) in the BVCA area.

[9] ACS 2017-2021 Table S1701

Poverty rates by race/ethnicity for PHS, BVCA, and Nebraska (2017-2021)[10]



**Small sample size for PHS and BVCA areas. Use with caution.*

The PHS area shows higher percentages of poverty for the Asian* (14.1%), Black (28.7%), White (10.5%), Multi-racial (16.5%), and Hispanic populations when compared to the whole BVCA area and Nebraska.

[10] ACS 2017-2021 Table S1701

Race/ethnicity poverty rates by county, PHS, BVCA, and Nebraska (2017-2021)[11]

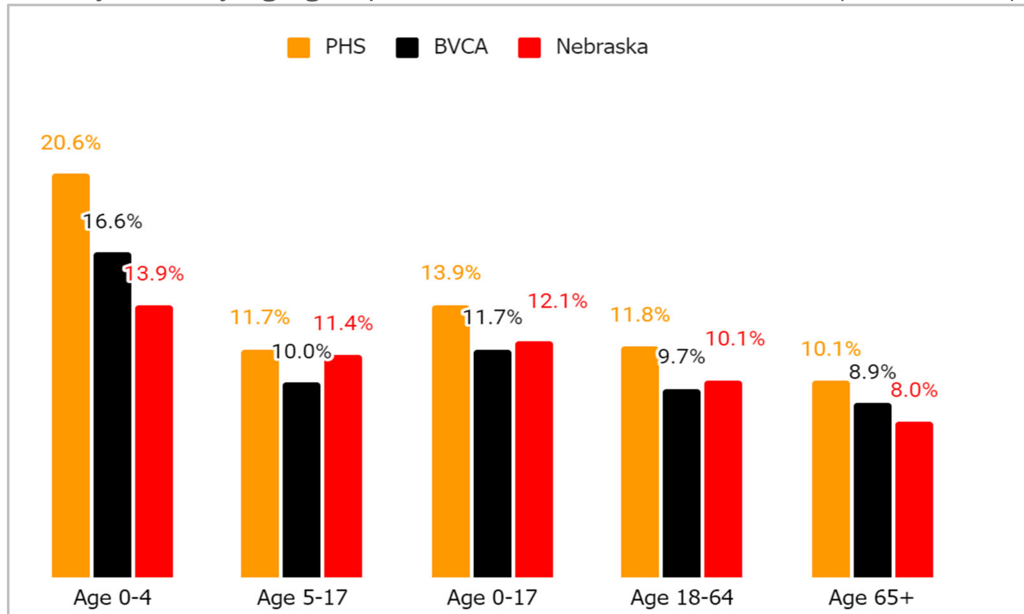
County	Native American/ Alaska Native (*)	Asian (*)	Black	White	Multi-Racial	Hispanic
Gage	8.3%	0.8%	32.3%	13.2%	31.1%	23.1%
Saline	0.0%	16.4%	37.1%	8.2%	11.1%	22.6%
Jefferson	No data	86.4%	0.0%	9.6%	29.8%	14.0%
Thayer	50.0%	No data	9.1%	9.1%	11.4%	4.9%
Fillmore	6.7%	0.0%	16.7%	6.4%	3.1%	24.9%
PHS	**5.9%**	**14.1%**	**28.7%**	**10.5%**	**16.5%**	**21.7%**
Polk	0.0%	No data	Data suppressed	6.7%	3.4%	9.7%
York	100%	0.0%	21.1%	6.8%	29.8%	14.1%
Butler	0.0%	0.0%	No data	7.5%	7.3%	24.1%
Seward	14.3%	0.0%	0.0%	7.0%	7.6%	12.3%
BVCA	**5.6%**	**12.1%**	**24.5%**	**8.8%**	**15.2%**	**20.1%**
Nebraska	23.0%	12.1%	22.4%	8.1%	15.3%	18.0%

**Data for Native Americans and Asians were not highlighted on the table due to small sample sizes.*

Saline County shows the highest percentage of poverty rate among the Black population in the BVCA area (37.1%). Gage County shows the highest percentage of poverty rate among White and multi-racial populations in the BVCA area (13.2% and 31.1%, respectively). Fillmore County shows the highest percentage of poverty rate among the Hispanic population in the BVCA area (24.9%).

[11] ACS 2017-2021 Table S1701

Poverty rates by age-groups for PHS, BVCA, and Nebraska (2017-2021)[12]



The PHS area shows higher percentages of poverty for all age groups when compared to the BVCA area and Nebraska. The 0-4 years old age group experienced a poverty rate **1.5 times higher** when compared to Nebraska (20.6% vs. 13.9%, respectively), the highest disparity compared to the rest of the age groups.

Age-group poverty rates by county, PHS, BVCA, and Nebraska (2017-2021)[13]

County	Age 0-4	Age 5-17	Age 0-17	Age 18-64	Age 65+
Gage	27.0%	15.4%	18.2%	13.4%	10.0%
Saline	30.1%	11.2%	16.1%	11.5%	11.9%
Jefferson	2.3%	3.5%	3.2%	12.9%	12.2%
Thayer	8.1%	12.0%	11.1%	9.4%	6.8%
Fillmore	1.9%	7.8%	6.1%	7.2%	7.7%
PHS	**20.6%**	**11.7%**	**13.9%**	**11.8%**	**10.1%**
Polk	17.6%	12.0%	13.3%	4.7%	5.3%
York	12.6%	8.7%	9.9%	7.9%	6.7%
Butler	14.9%	6.3%	8.6%	7.3%	10.2%
Seward	8.6%	7.0%	7.4%	6.8%	7.4%
BVCA	**16.6%**	**10.0%**	**11.7%**	**9.7%**	**8.9%**
Nebraska	13.9%	11.4%	12.1%	10.1%	8.0%

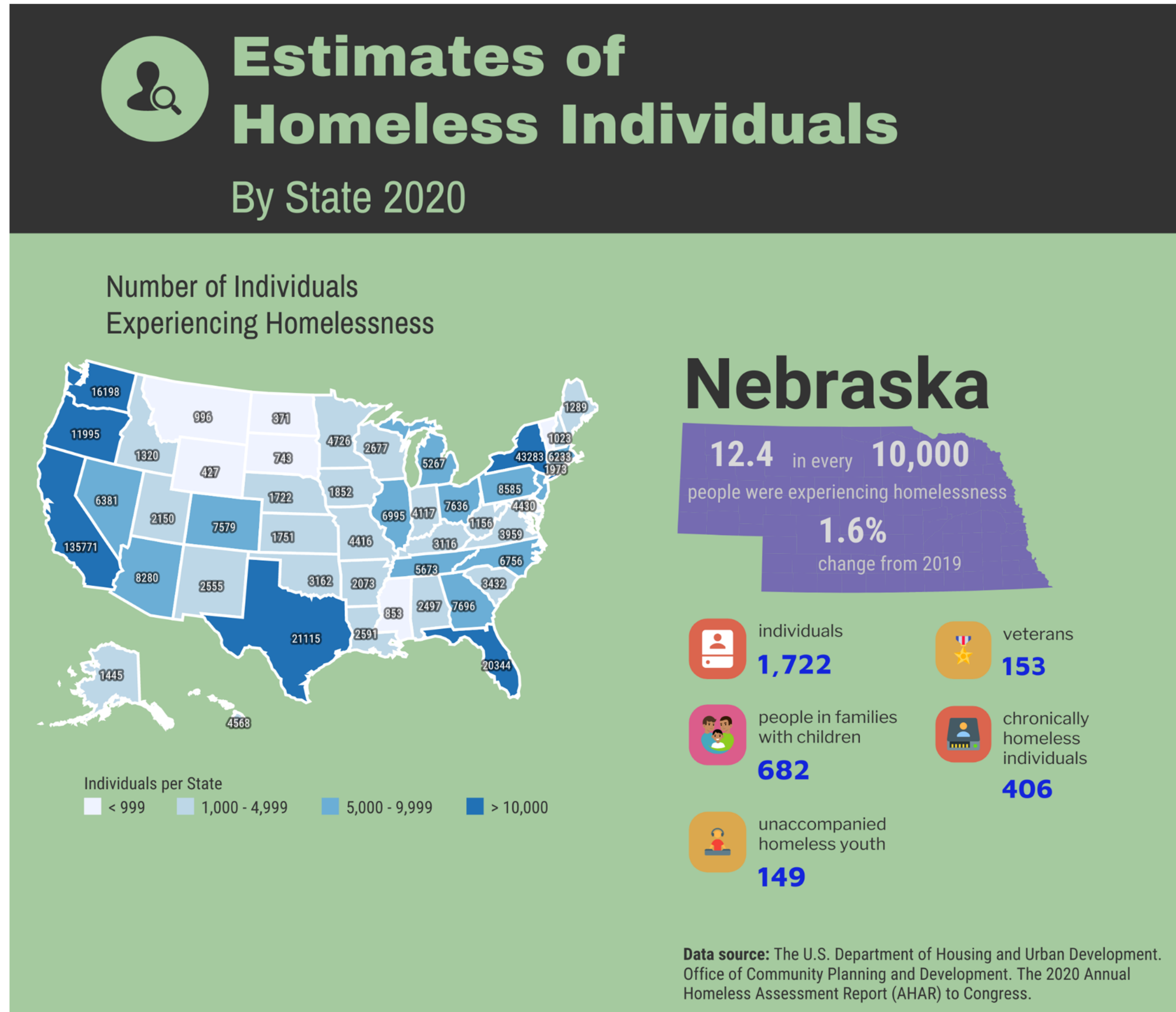
[12] ACS 2017-2021 Table S1701
[13] ACS 2017-2021 Table S1701

When analyzed by county:

- Saline County shows the highest percentage of poverty among the 0-4 years old age group in the BVCA area, followed by Gage County (30.1% and 27%, respectively).
- Gage County shows the highest percentage of poverty among the 5-17 years old age group (15.4%), followed by Thayer and Polk Counties in the BVCA area (12%).
- Gage County shows the highest percentage of poverty among the 0-17 years old age group in the BVCA area, followed by Saline County (18.2% and 16.1%, respectively).
- Gage County shows the highest percentage of poverty among the 18-64 years old age group in the BVCA area, followed by Jefferson County (13.4% and 12.9%, respectively).
- Jefferson County shows the highest percentage of poverty among the 65 years old and older age group in the BVCA area, followed by Saline County (12.2% and 11.9%, respectively).

Persons experiencing homelessness[14]

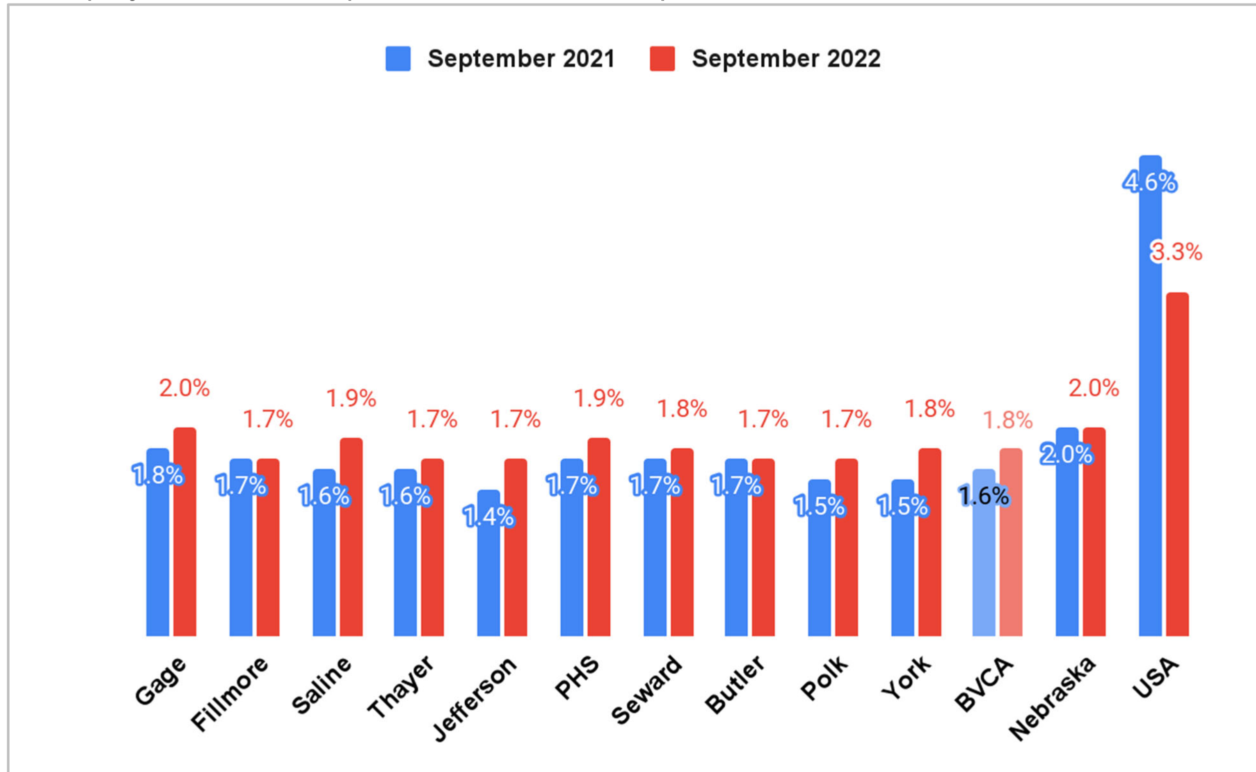
According to the U.S. Department of Housing and Urban Development, there were 2,404 persons (individuals, n = 1,722), and people in families with children (n = 682), who experienced homelessness in Nebraska in 2020. This equates to 12.4 persons for every 10,000 people. The total number of persons experiencing homelessness in Nebraska increased 1.6% between 2019 and 2020.



[14] The U.S. Department of Housing and Urban Development. Office of Community Planning and Development. The 2020 Annual Homeless Assessment Report (AHAR) to Congress. 102 pages. https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf

Unemployment rate

Unemployment Rate, September 2021 and September 2022[15]



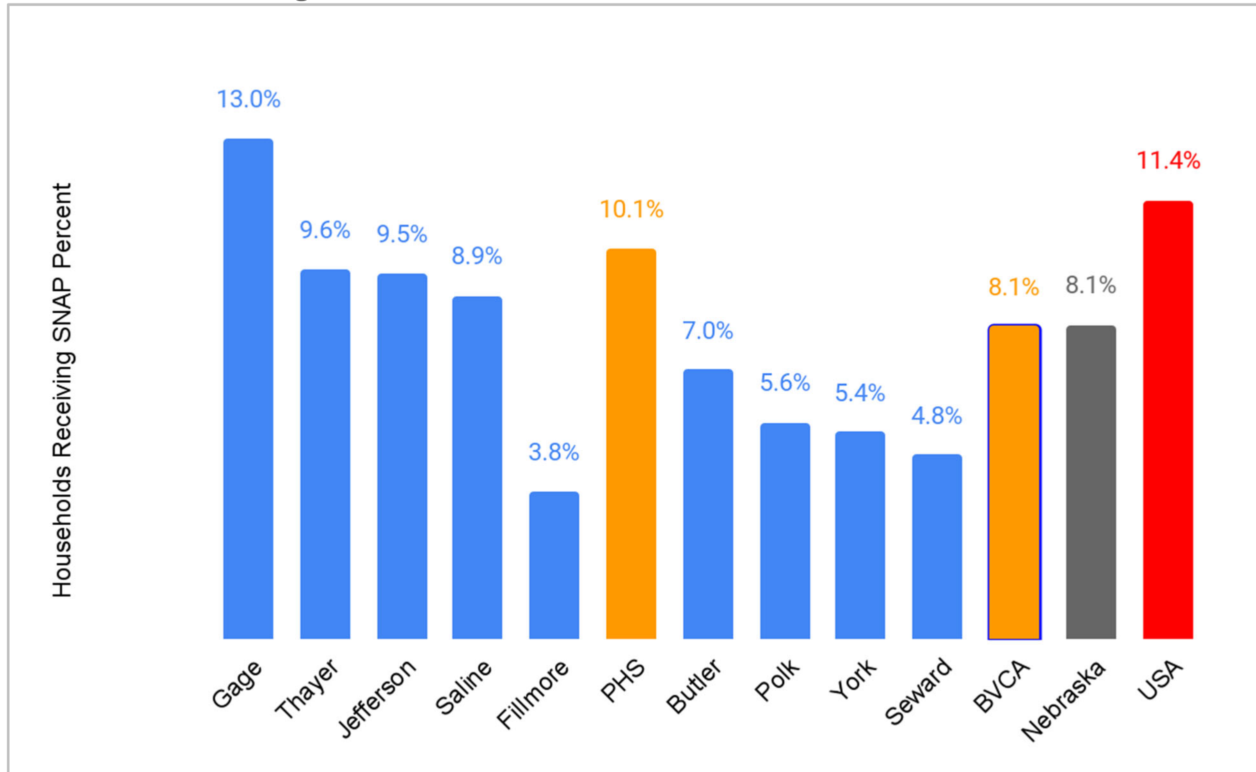
The BVCA area has an unemployment rate 0.2% lower when compared to the state in September 2022 (1.8% vs. 2.0%). There were 958 unemployed persons in the BVCA area in September 2022.

The unemployment rate in the BVCA area increased 0.2% from 1.6% to 1.8% between September 2021 and September 2022, while the unemployment rate stayed constant during the same time period (2.0%) for the state.

[15] Data source: US Department of Labor, Bureau of Labor Statistics. 2022 - September.

Public assistance

Households receiving SNAP, 2020[16]

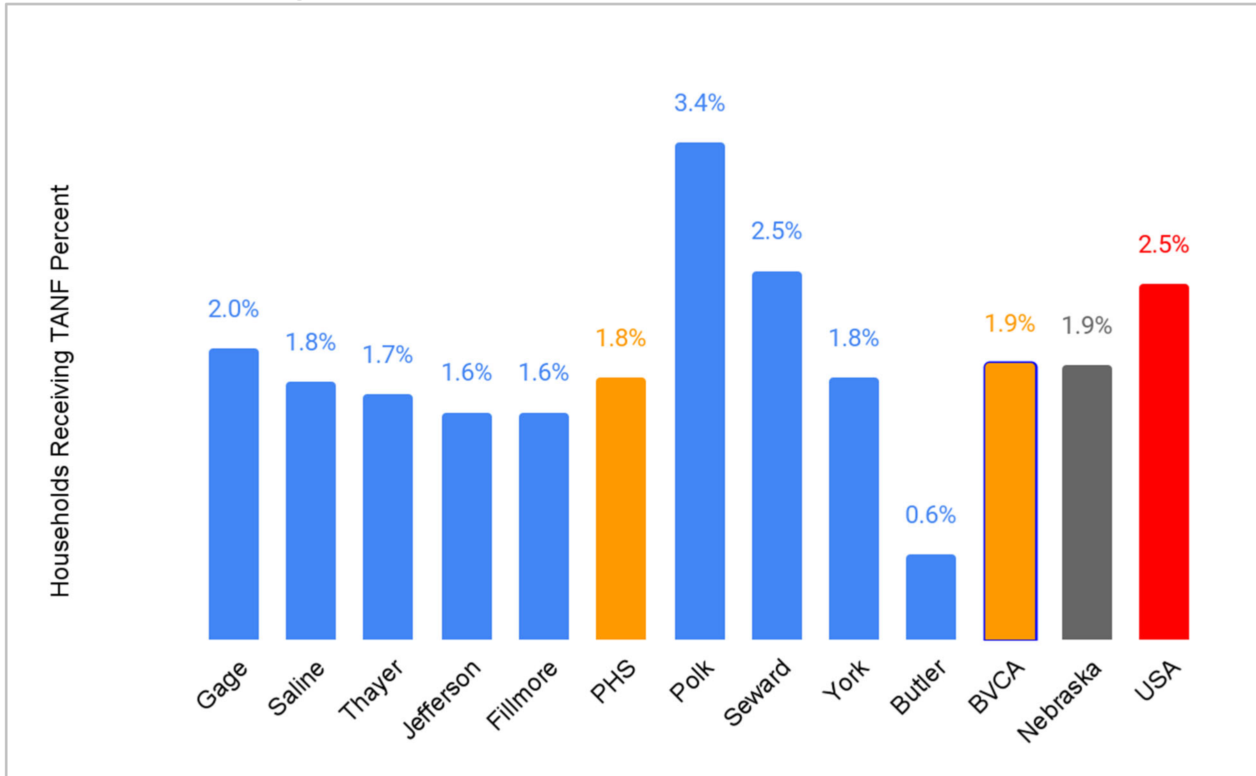


Households receiving SNAP in the PHS area is higher when compared to the state (10.1% vs. 8.1%, respectively). Overall, households in the BVCA area receive SNAP payments at the same rate when compared to the state (8.1%).

Households in Gage County receive the highest percentage of SNAP payments in the BVCA area (13.0%), followed by Thayer County (9.6%), and Jefferson County (9.5%). Fillmore County shows the lowest percent of households receiving SNAP payments (3.8%).

[16] Households Receiving SNAP by Poverty Status (ACS), 2020.

Households receiving TANF (Temporary Assistance to Needy Families), 2020[17]



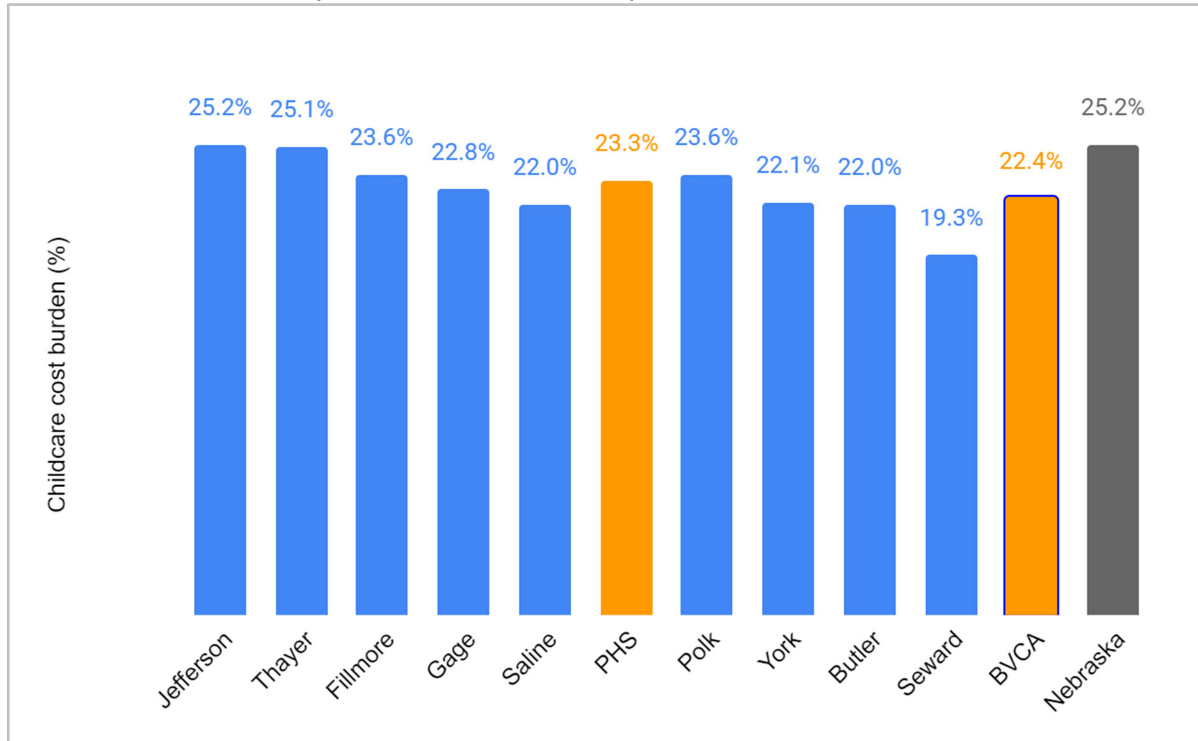
Households receiving public assistance income in the BVCA area is similar when compared to the state (1.9%), and it's slightly lower in the PHS area when compared to the state (1.8% vs. 1.9%, respectively).

Households (n = 70) in Polk County receive the highest percentage of public assistance income (3.4%), 1.8 times higher when compared to the BVCA area (1.9%), followed by Seward County (2.5%; *n* = 172).

[17] Households Receiving TANF by Poverty Status (ACS), 2020.

Household income required for childcare expenses

Household income required for childcare expenses, 2020-2021[18]



Overall, the percentage of household income required for childcare expenses in the BVCA area is lower when compared to the State (22.4% vs. 25.2%, respectively).

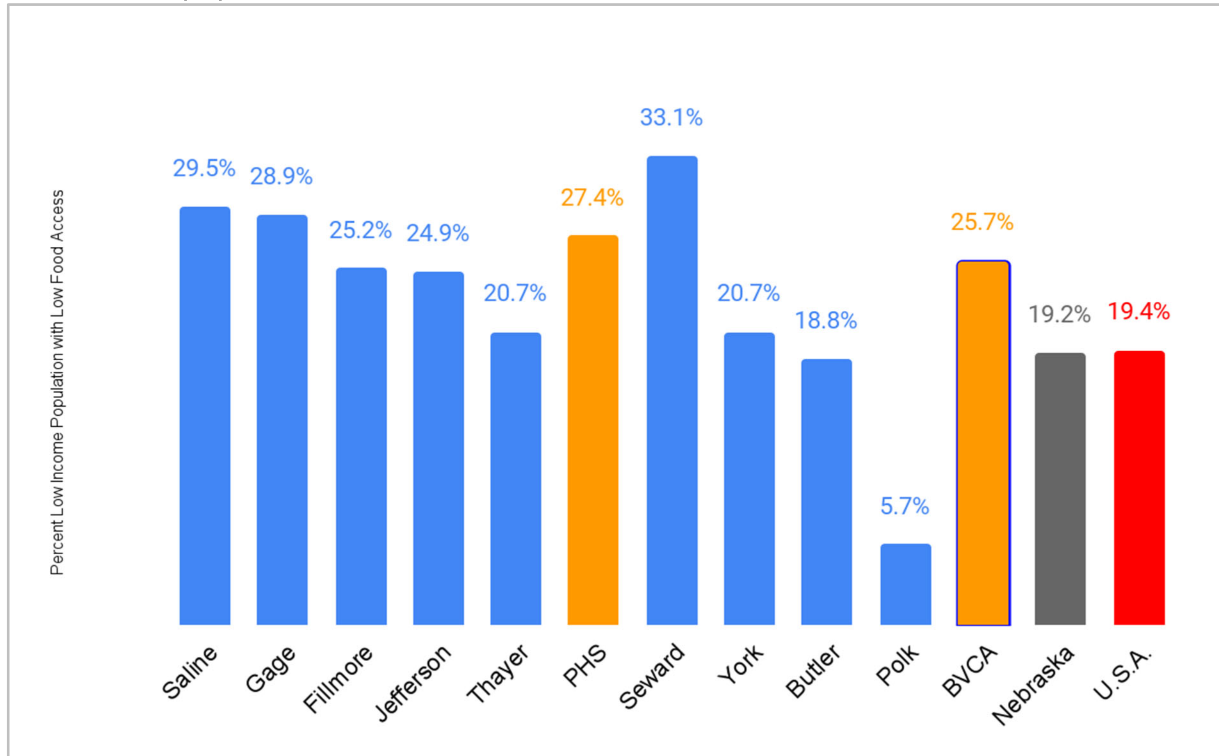
In the PHS area, the percentage of household income required for childcare expenses is also lower when compared to the State (23.3% vs. 25.2%).

The highest percentage of household income required for childcare expenses by county in the BVCA are: Jefferson County (25.2%), followed by Thayer County (25.1%), and the lowest are Seward County (19.3%), followed by Saline and Butler counties (both at 22.0%).

[18] County Health Rankings, Living Wage Calculator, U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE), 2020-2021.

Food Insecurity

Low-income population with low food access[19]



The percentage of the low-income population with low food access ("food insecurity") in the BVCA area is noticeably higher when compared to the State 25.7% vs. 19.2%, respectively). The percentage of people "food insecure" in the PHS area is even higher compared to the State (27.4% vs. 19.2%, respectively).

Overall, there are 7,358 people with low income and with low food access in the BVCA area (PHS area, *n* = 4,933).

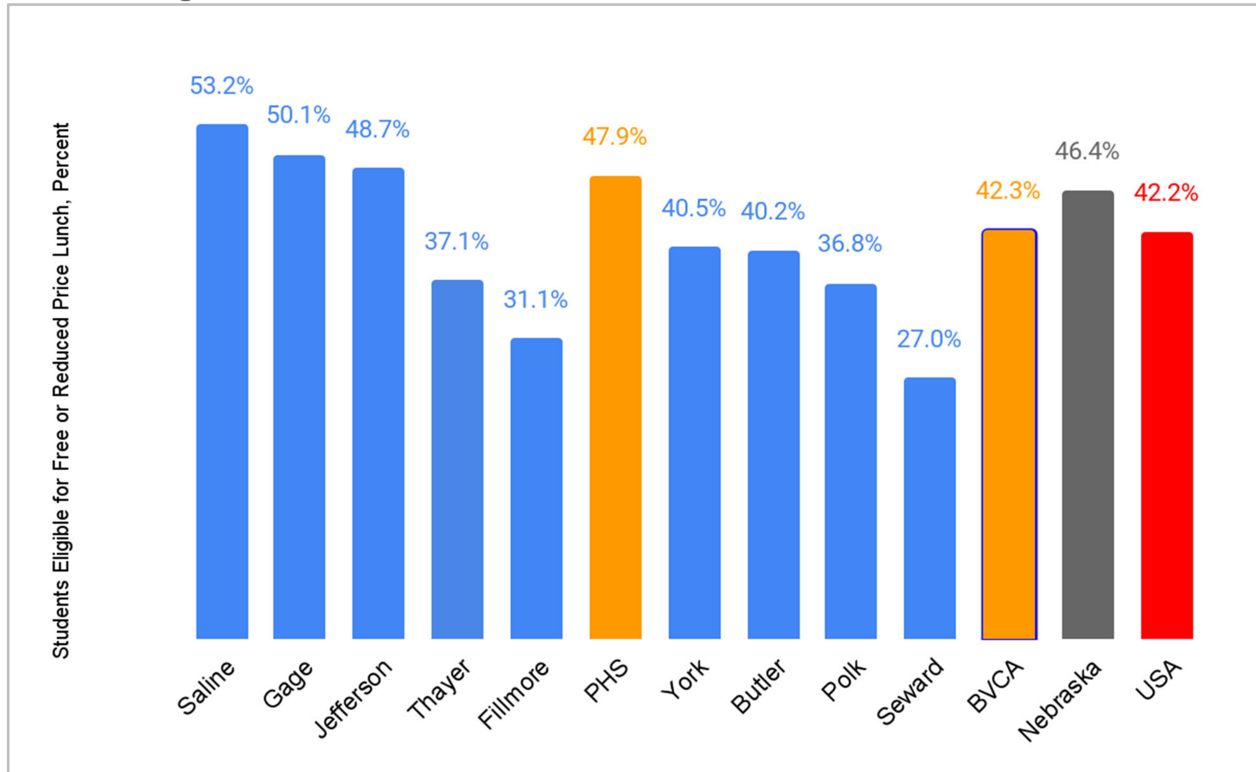
Seward has the largest population of low income with low food access (33.1%), followed by Saline (29.5%), and Gage County (28.9%).

---

[19] Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Source geography. This indicator reports the percentage of the low income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset.

Free and reduced lunch

Students Eligible for Free or Reduced-Price Lunch, 2020-2021[20]

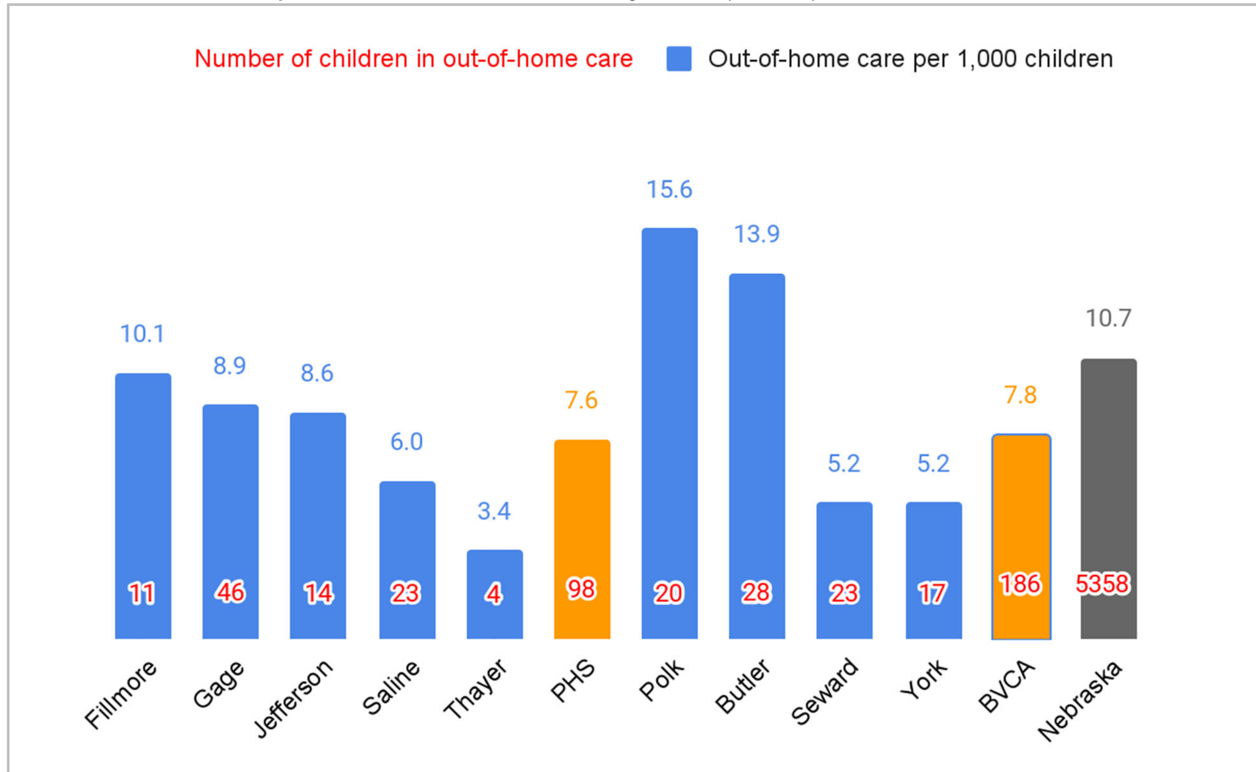


Overall, 7,028 students in the BVCA area are eligible for free or reduced-price lunch (42.3%). Saline County has the highest rate of students eligible for free or reduced-price lunch (53.2%, *n* = 1,687), followed by Gage County (50.1%, *n* = 1,513). Seward and Fillmore have the lowest rate of students eligible for free or reduced-price lunch (27% and 31.1%, respectively).

[20] Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2020-2021.

Child welfare placement

Rates of-out-home placement into welfare system (2019)[21]



There were 7.8 children in out-of home care per 1,000 children in the BVCA area in 2019, a lower rate when compared to the State (10.7 per 1,000), and slightly higher when compared to the PHS area (7.6 per 1,000). A total of 186 children in the BVCA were in out-home-of care in 2019.

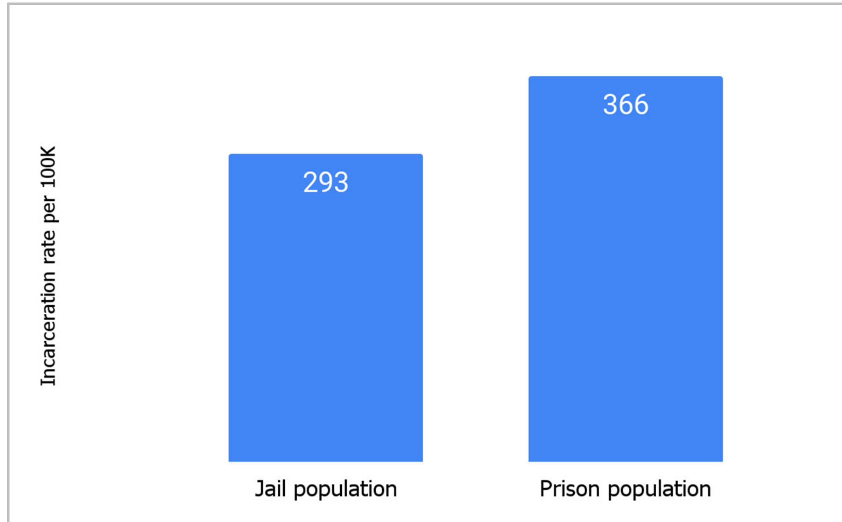
Polk County had the highest rate of children in out-of home care in the BVCA area (15.6 per 1,000), followed by Butler County (13.9 per 1,000). Both counties had higher rates of children in out-of-home care when compared to the State (10.7 per 1,000).

[21] Data source: Kids Count County Data – Voices for Children

Crime

Imprisonment rate

Imprisonment rates in Nebraska: jail and prison (per 100,000)[22]



The imprisonment rate (age 18 years old and older) in Nebraska was 356 per 100,000 in 2020, which is lower when compared to the national total (459 per 100,000). The jail population in 2020 for Nebraska was 4,240 (incarceration rate: 293 per 100,000 people). The prison population for 2020 in Nebraska was 5,306 (incarceration rate: 366 per 100,000).

For Nebraska, there was a 6.6% decrease of persons in prisons between 2019 and 2020, compared to a 15.0% decrease for the nation during the same time period (U.S. Department of Justice. Prisoners in 2020. Table 2, page 8).

"Nebraska was the only state with a 2020 custody population that exceeded its maximum capacity at yearend 2020."[23]

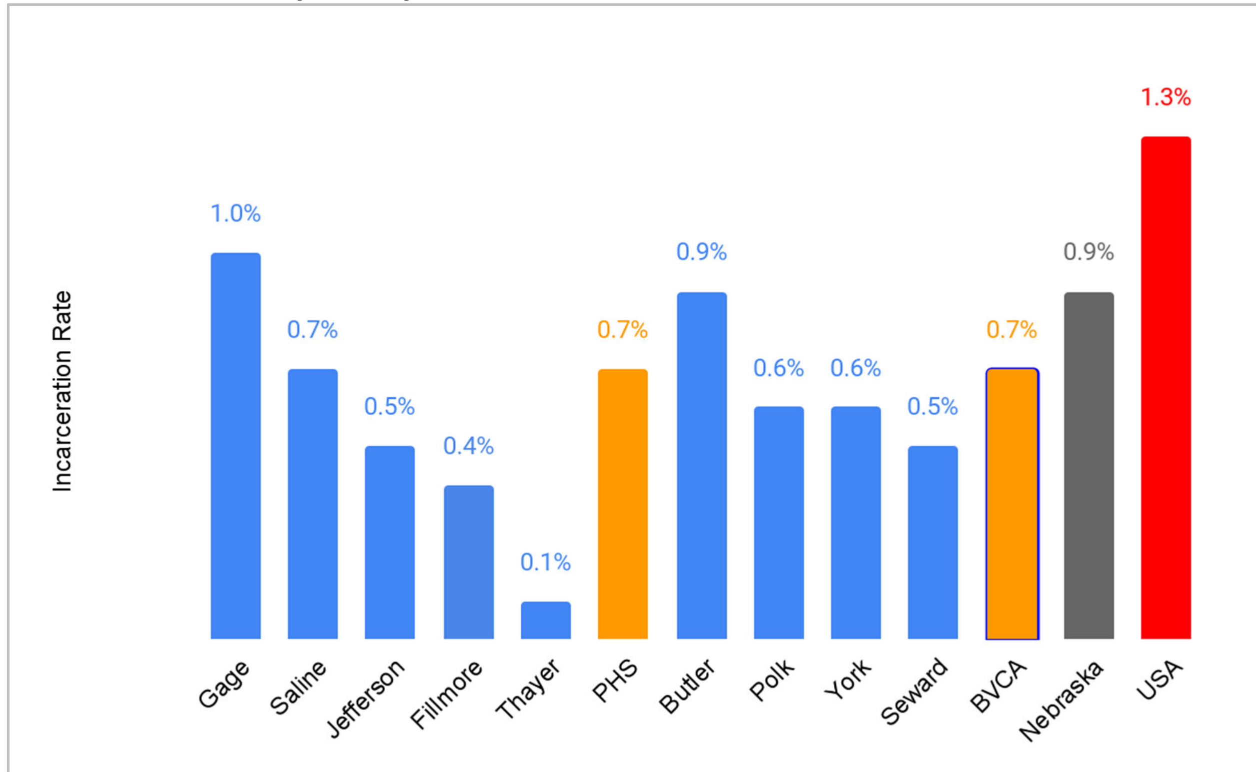
.

[22] Data source: U.S. Department of Justice. National Institute of Corrections. 2020 National Averages. Nebraska: https://nicic.gov/state-statistics/2020/nebraska-2020.

[23] Carson, E.Z. (2021). Prisoners in 2020 – Statistical Tables. *Bureau of Justice Statistics.* https://bjs.ojp.gov/content/pub/pdf/p20st.pdf

Incarceration Rate

Incarceration Rate by County, PHS, BVCA, NE, U.S., 2018[24]

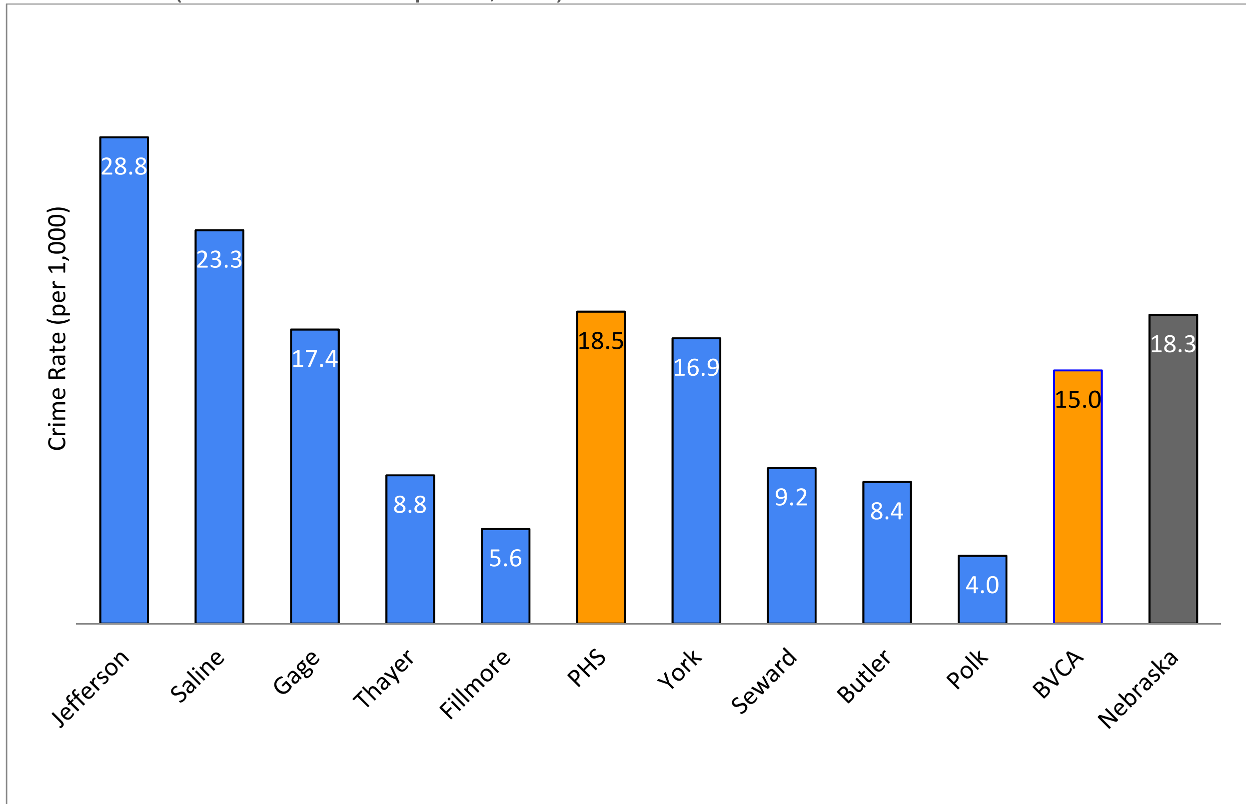


The incarceration rate in the BVCA area is lower than the state average (0.7% vs. 0.9%, respectively). Gage and Butler counties have the highest incarceration rates in the BVCA area (1.0% and 0.9%). Thayer County has the lowest incarceration rate in the BVCA area (0.1%).

[24] Data source: Opportunity Insights. 2018.

Crime rates

Crime Rate (actual offenses per 1,000)[25]



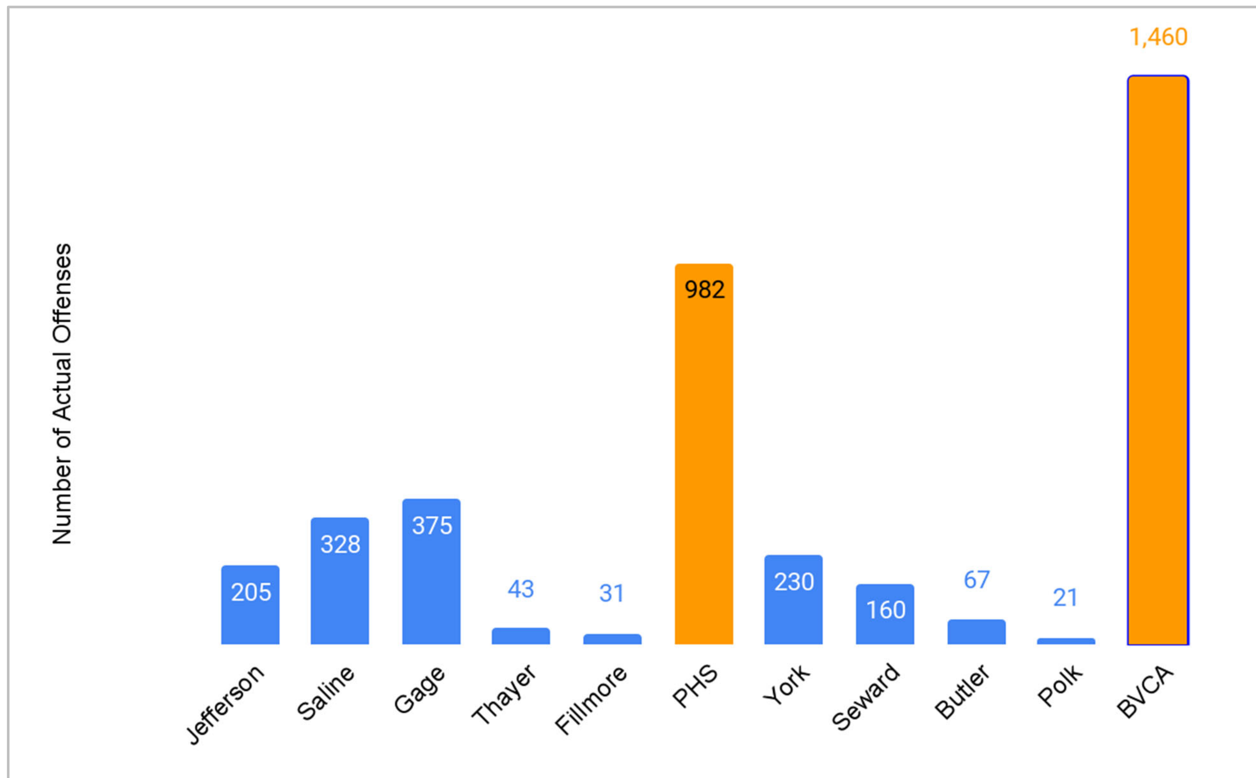
Overall, the crime rate in the BVCA area is lower when compared to the state (15 and 18.3 offenses per 1,000, respectively).

The crime rate in Jefferson and Saline counties is 1.9 and 1.6 times higher when compared to the BVCA area (28.8 and 23.3 crimes per 1,000, respectively).

Polk and Fillmore counties have 3.8 and 2.7 times lower crime rates when compared to the BVCA area (4.0 and 5.6 offenses per 1,000, respectively).

[25] Data source: Nebraska Crime Commission. https://crimestats.ne.gov/public/View/dispview.aspx?ReportId=33 (accessed 12-5-2022).

Number of Actual Offenses[26]

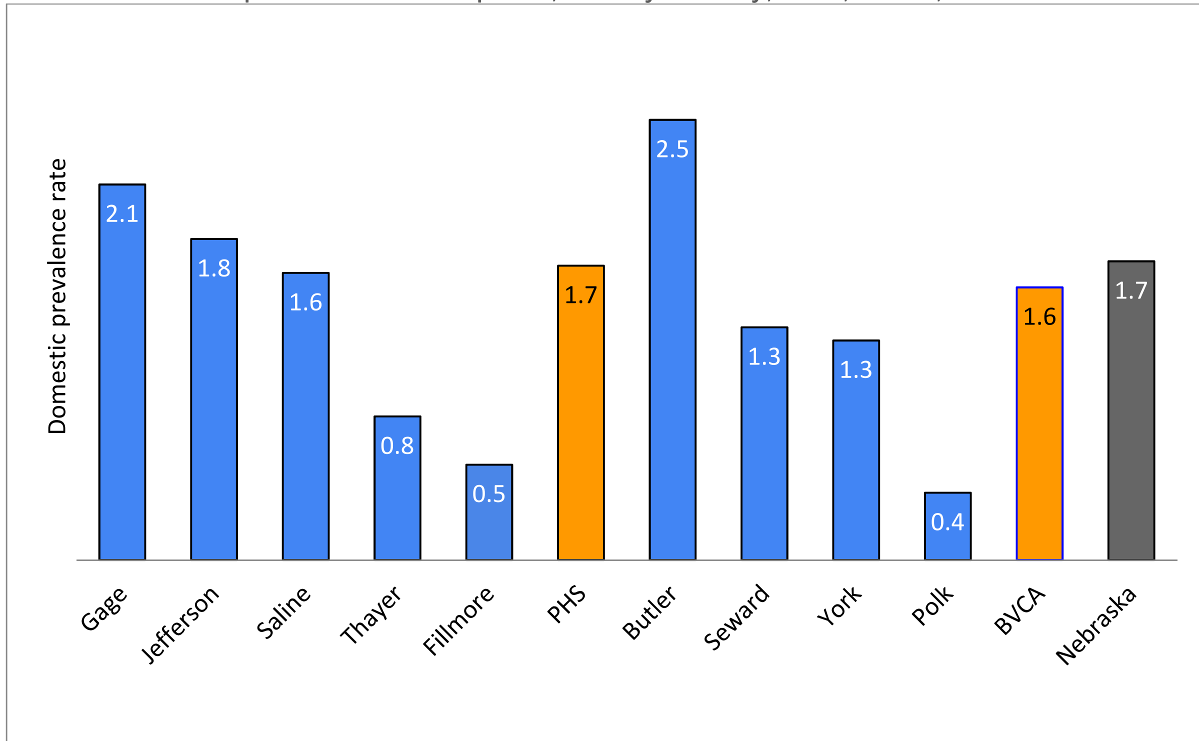


Jefferson, Saline, and Gage counties concentrate 92% of the actual number of offenses in the PHS area (*n* = 908 vs. *n* = 982, respectively), and 62% of the overall number of offenses in the BVCA area (*n* = 908 vs. *n* = 1,460, respectively).

[26] Data source: Nebraska Crime Commission. https://crimestats.ne.gov/public/View/dispview.aspx?ReportId=33 (accessed 12-5-2022).

Domestic abuse prevalence

Domestic abuse prevalence rate per 1,000 by County, PHS, BVCA, NE [27]



Domestic abuse prevalence rates per 1,000 people in the BVCA area are slightly lower compared to the state (1.6 vs. 1.7 per 1,000 people, respectively).

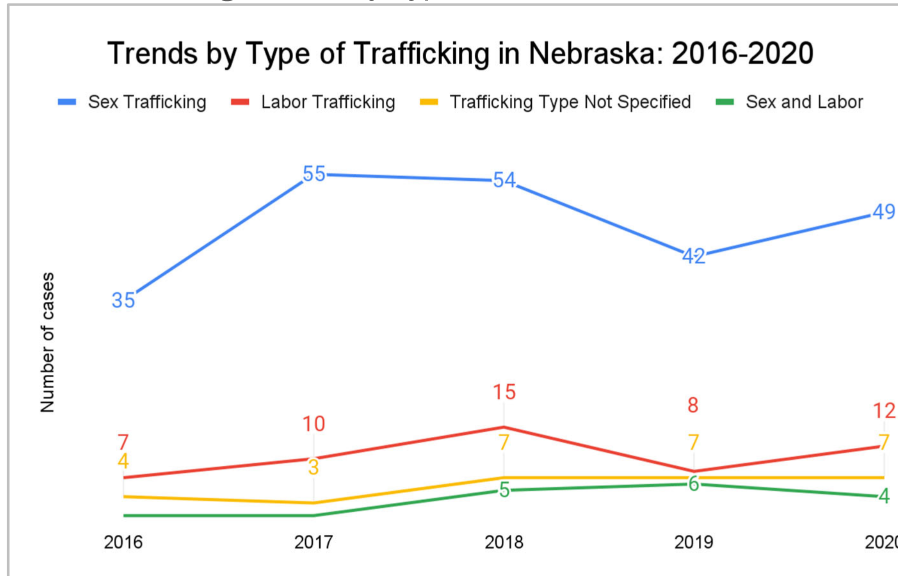
Butler County has the highest domestic violence prevalence rate in the BVCA area (2.5 per 1,000), followed by Gage (2.1), Jefferson (1.8) and Saline (1.6).

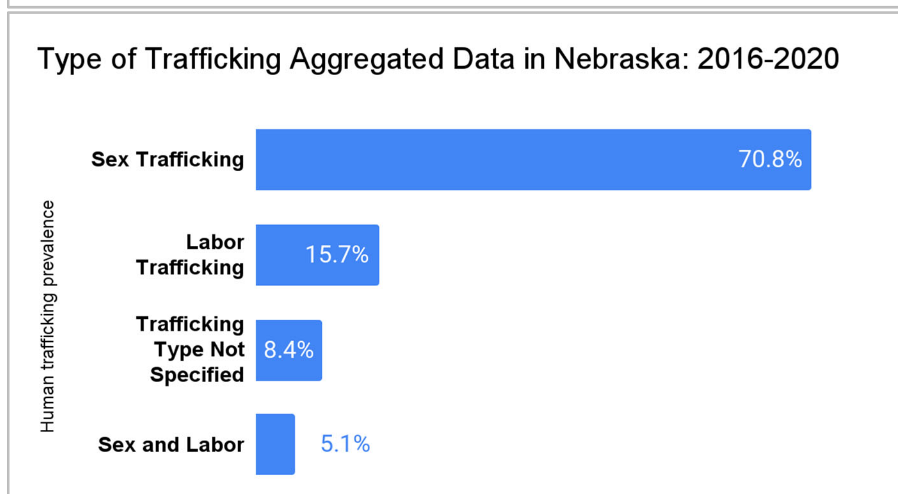
Polk and Fillmore counties have the lowest domestic violence prevalence rate per 1,000 people among all counties in the BVCA area (0.4 and 0.5, respectively).

[27] Data source: Nebraska Crime Commission. 2021 Domestic Abuse Report. https://ncc.nebraska.gov/sites/ncc.nebraska.gov/files/doc/2021%20Domestic%20Assault%20and%20Arrest%20by%20County.pdf

Human trafficking prevalence

Human Tracking Trends by Type [28]





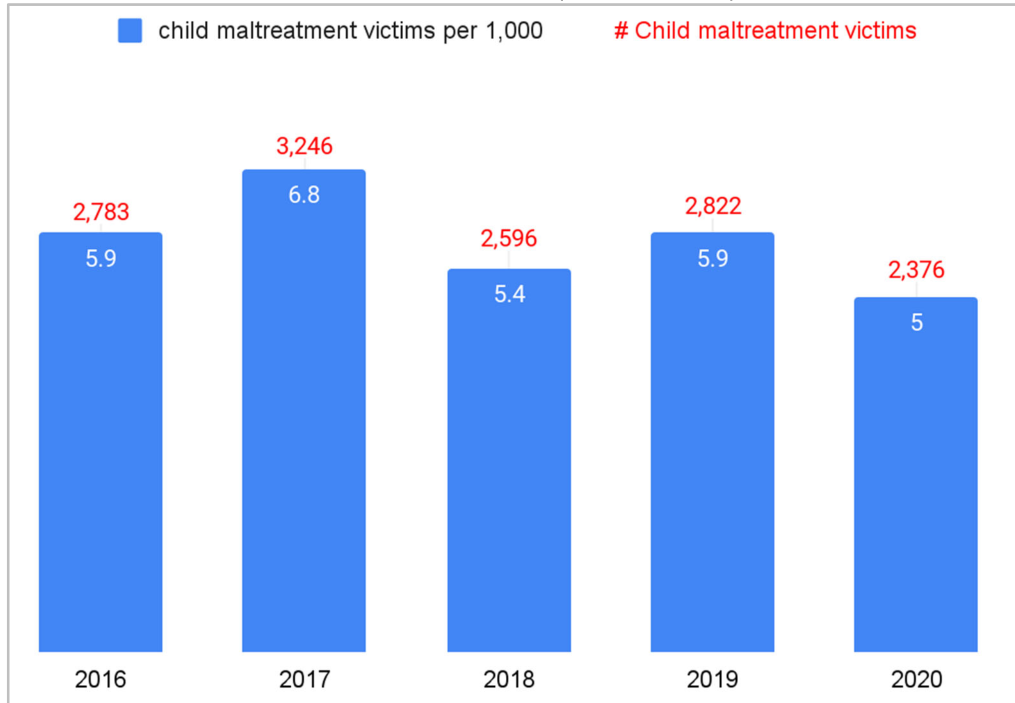
Between 2016 and 2020, seven out of ten (70.8%) types of trafficking in Nebraska are related to sex trafficking, followed by labor trafficking (15.7%), unspecified (8.4%), and sex and labor (5.1%).

Overall, human trafficking in Nebraska increased from a total of 49 cases in 2016 to 72 in 2020, a percentage change of 53%. The total number of cases related to sex trafficking increased 40% between 2016 and 2020, from 35 to 49 cases. The year 2017 recorded the highest number of sex trafficking cases with 55.

[28] Data source: National Human Trafficking Hotline: Nebraska | National Human Trafficking Hotline

Child maltreatment

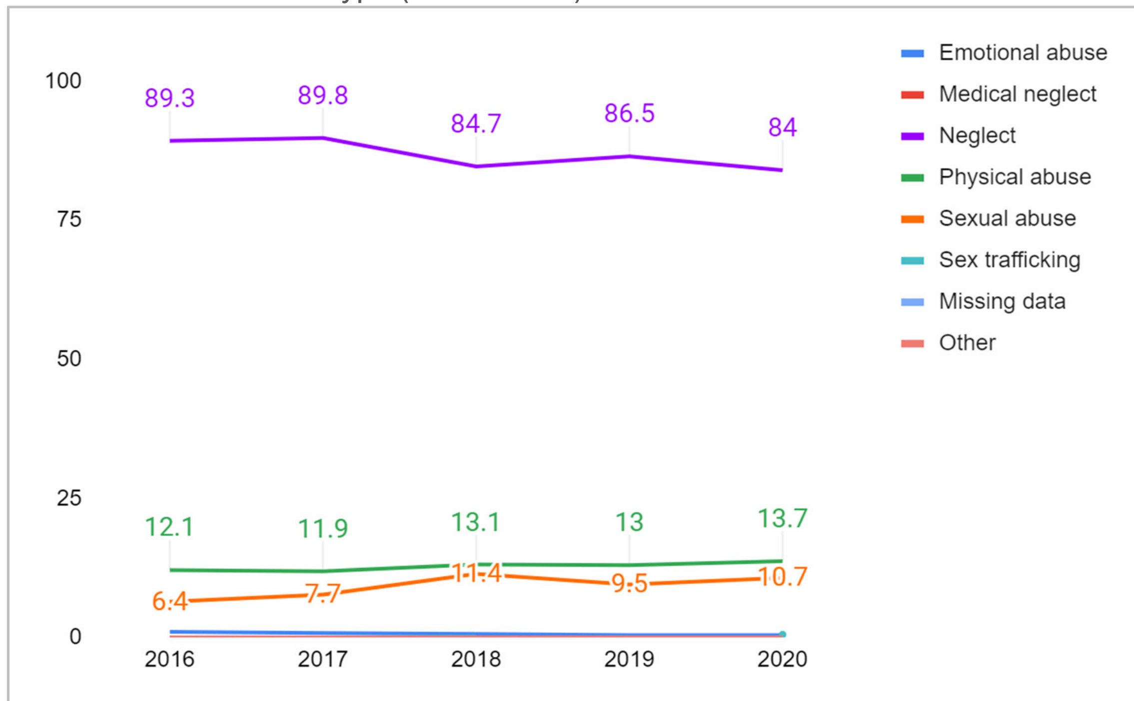
Child maltreatment - number and rate (2016-2020)[29]



There were 2,376 child maltreatment victims in Nebraska in 2020 (5 per 1,000 children), a 14.6% decrease compared to 2016 (*n* = 2,783, 5.9 per 1,000 children).

[29] https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/nebraska.html

Child maltreatment -% type (2016-2020)[30]



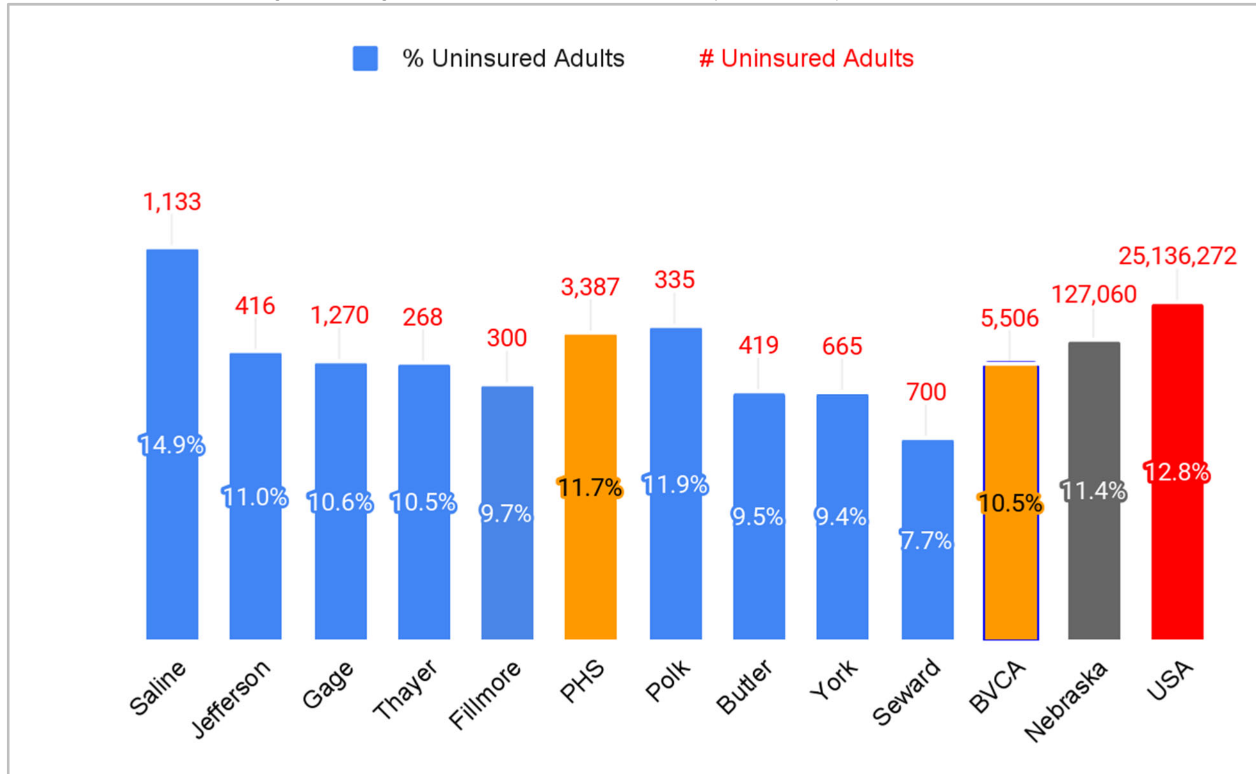
The percentage of children who have been neglected in Nebraska has decreased over time, from 89.3% in 2016 to 84% in 2020. From 2016 to 2020, physical abuse and sexual abuse against children have increased in Nebraska, from 12.1% to 13.7%, and from 6.4% to 10.7%, respectively.

[30] https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/nebraska.html

Health Care Access

Uninsured Adults

Uninsured Adults by County, PHS, BVCA, NE, U.S. (# and %), 2019[31]



Overall, 10.5% of adults (18-64 years old, *n* = 5,506) in the BVCA area lack health insurance, which is lower when compared to the state (11.4%).

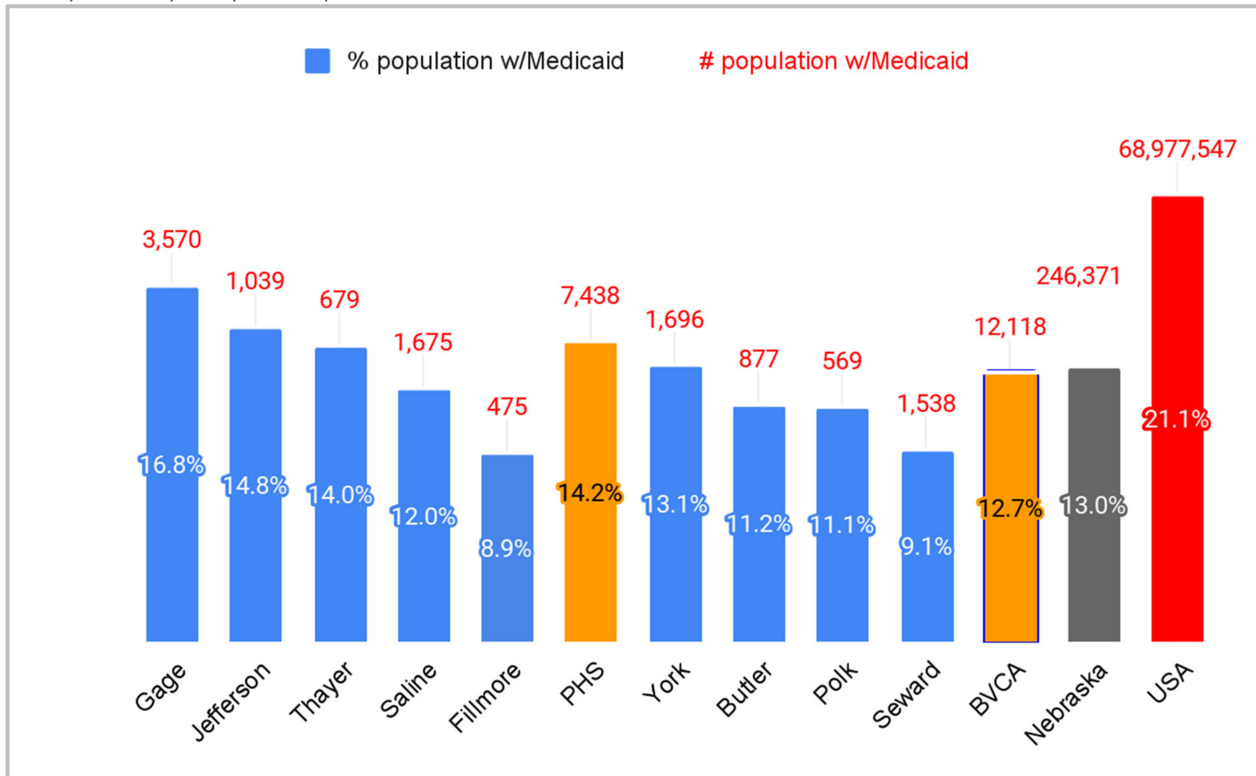
Approximately 11.7% of adults (*n* = 3,387) in the PHS area lack health insurance, which is 0.3% higher when compared to the state (11.4%).

Saline County has the highest percentage of adults without health insurance in the BVCA area (14.9%), followed by Polk County (11.9%), and Jefferson County (11.0%).

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

Medicaid

Number and Percentage of Persons (all eligible ages) with Medicaid by County, PHS, BVCA, NE, U.S. , 2020[32]



Overall, 12.7% of persons (*n* = 12,118) in the BVCA area received Medicaid coverage, which is slightly lower when compared to the state (13.0%).

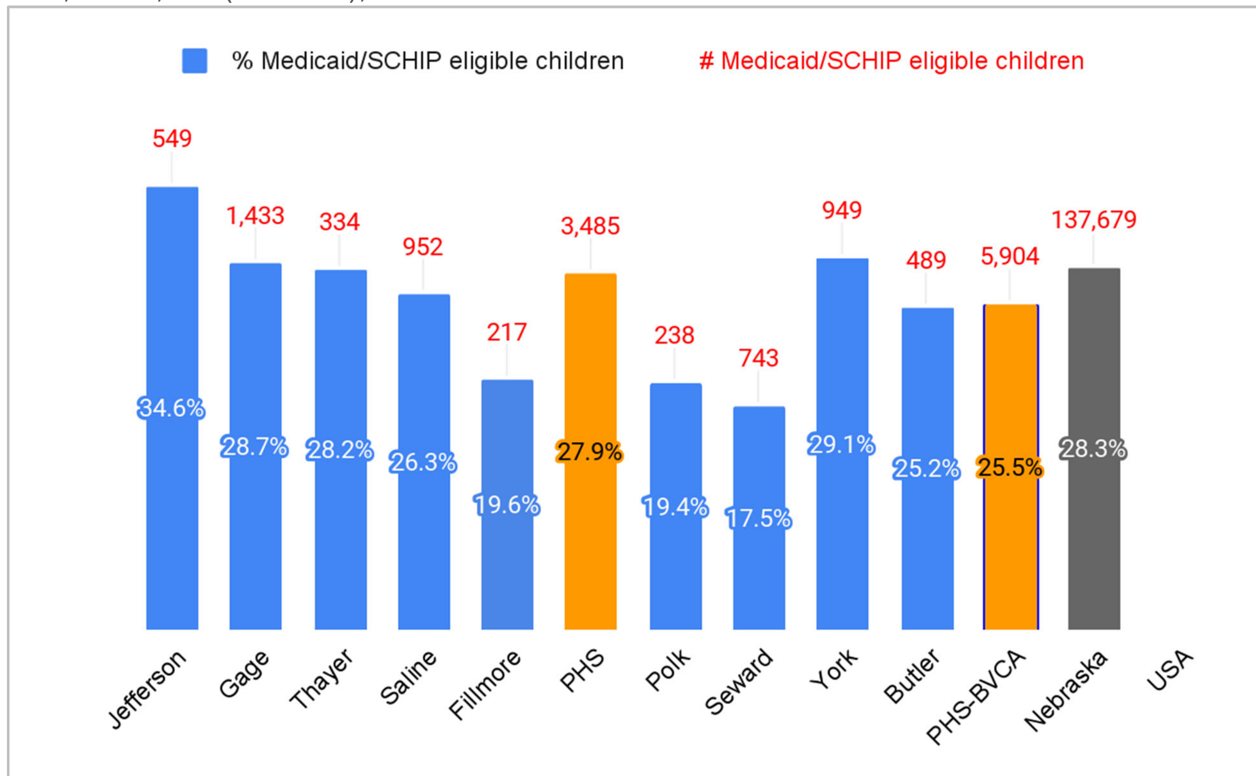
Approximately 14.2% of persons (*n* = 7,438) in the PHS area received Medicaid coverage, which is 1.2% higher when compared to the state (13.0%).

Persons in Gage County received the highest percentage of Medicaid coverage in the BVCA area (16.8%), followed by Jefferson County (14.8%), and Thayer County (14.0%).

[32] Data source: MEDICAID/MEANS-TESTED PUBLIC COVERAGE BY SEX BY AGE 2020: ACS 5-Year Estimates Detailed Tables (Table: C27007)

Medicaid and SCHIP

Medicaid and State Children's Health Insurance (SCHIP) Eligible Children by County, PHS, BVCA, NE (# and %), 2016[33]



Overall, 25.5% of children (*n* = 5,904) in the BVCA area received Medicaid/State Children's Health Insurance (SCHIP) coverage, which is lower when compared to the state (28.3%).

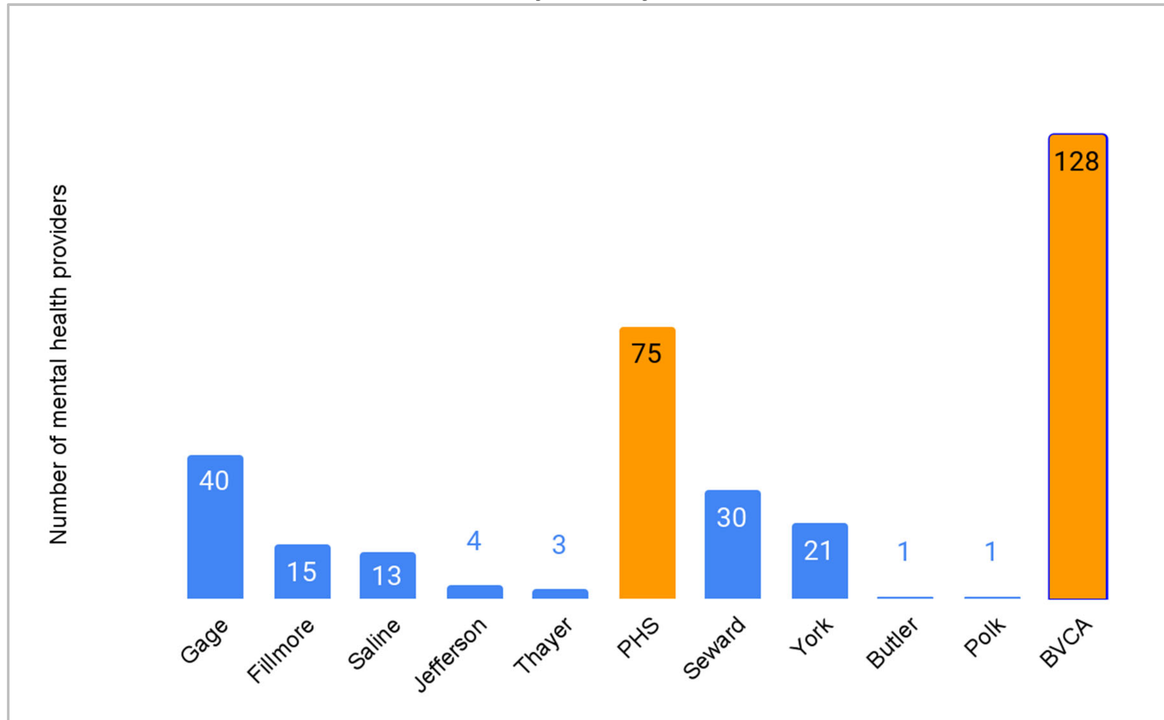
27.9% of children (*n* = 3,485) in the PHS area received Medicaid/SCHIP coverage, which is 0.4% lower when compared to the state (28.3%).

Children in Jefferson County received the highest percentage of Medicaid/SCHIP coverage in the BVCA area (34.6%), followed by York County (29.1%), and Gage County (28.7%).

[33] This data is no longer available at the county-level as of 2019 due to privacy concerns from Nebraska DHHS. Data source: KIDS Count Data Center.

Mental health providers

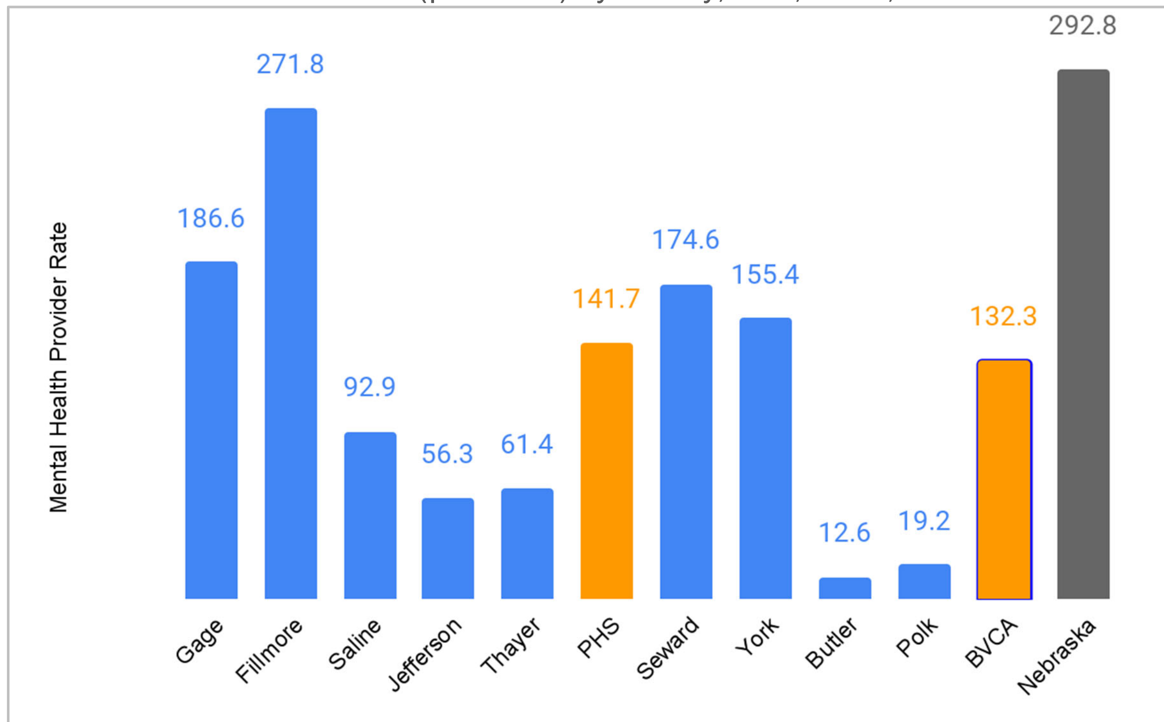
Number of Mental Health Providers by County, PHS, BVCA[34]



There are 128 mental health providers (MHP) in the BVCA area. The total number of MHP in the state is 5,674. The total number of MHP in the PHS area is 75. Overall, the 128 MHP in the BVCA area represent 2.3% of the total MPH in the state. Butler and Polk Counties have only one MHP, followed by Thayer (*n* = 3), and Jefferson (*n* = 4).

[34] Data source: CMS, National Provider Identification, 2021

Mental Health Provider Rate (per 100k) by County, PHS, BVCA, NE[35]



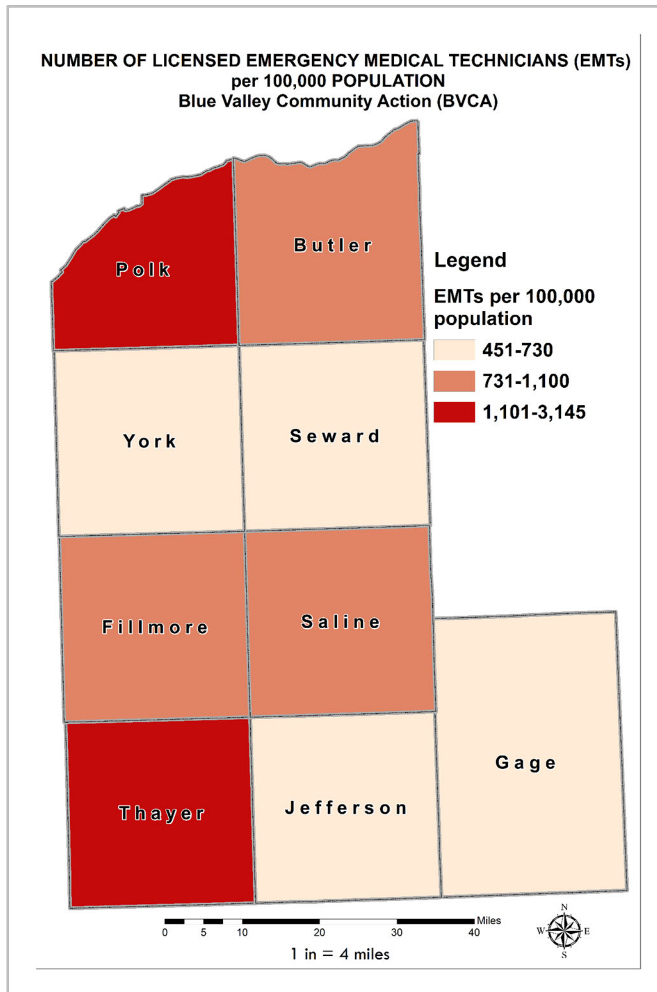
The mental health provider (MHP) rate in the BVCA area is 132.3 MHP per 100,000 people, 2.2 times lower when compared to the state (292.8 per 100,000 people). The PHS area has a MHP rate of 141.7 MHP per 100,000 people, a slightly higher MHP rate when compared to the BVCA area (141.7 vs. 132.3 per 100,000, respectively).

Butler and Polk Counties have the lowest MPH rate in the BVCA area (12.6 and 19.2 MHP per 100,000, respectively), followed by Jefferson and Thayer Counties (56.3 and 61.4 per 100,000 people, respectively).

[35] CMS, National Provider Identification, 2021

Emergency medical technicians (EMTs)

Number of EMTs per 100k people[36]



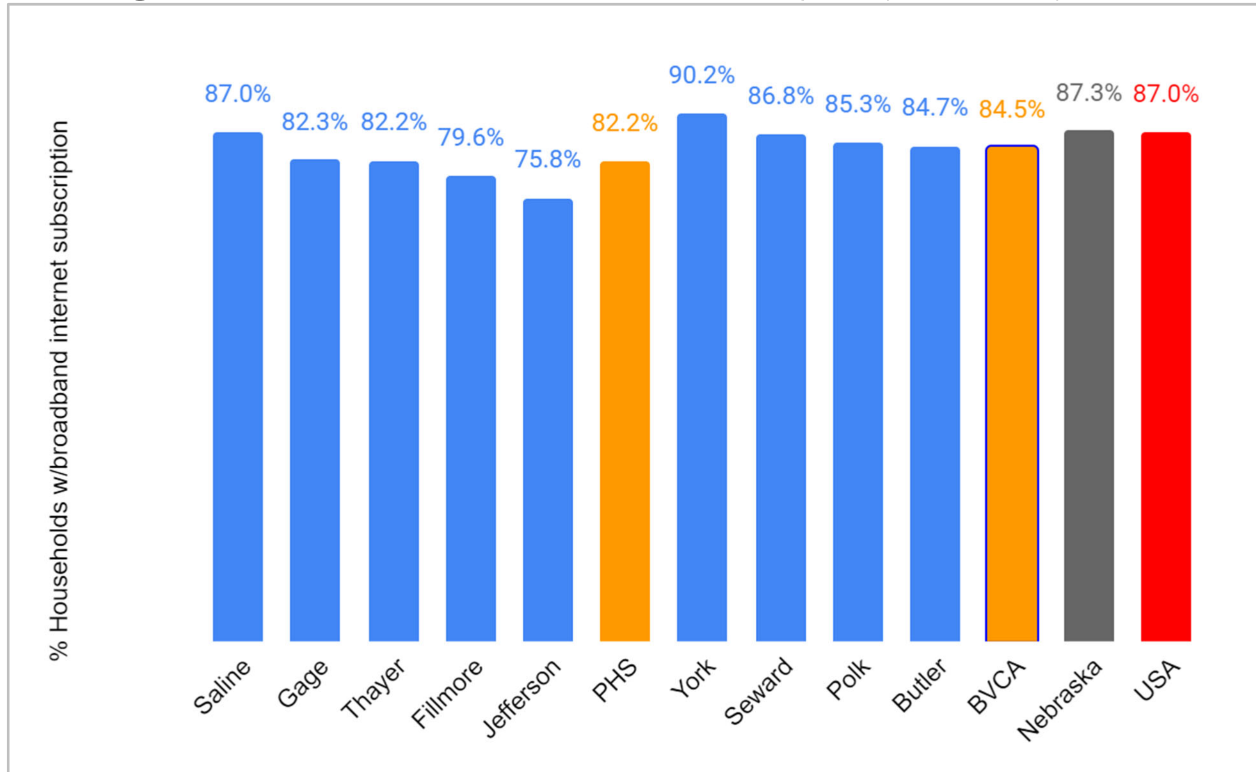
Polk and Thayer counties have the highest number of emergency medical technicians (EMTs) in the BVCA area (1,101 to 3,145 per 100,000). Butler, Fillmore, and Saline counties have between 731 to 1,100 EMTs per 100,000. Gage, Jefferson, Seward, and York counties have the lowest number of EMT per 100,000 in the BVCA area (451 to 730 per 100,000).

[36] Data source: The Status of the Nebraska Healthcare Workforce: Update 2022 (see page 26, figure 20). status_of_the_nebraska_healthcare_workforce_update_2022_final.pdf (unmc.edu)

Social Capital/Support

Internet access

Percentage of homes with a broadband internet subscription (2017-2021)[37]



Both, PHS (82.2%) and BVCA (84.5%) areas have a lower percentage of households with a broadband internet subscription when compared to the State (87.3%). Overall, there are 33,152 households with a broadband internet subscription out of 39,250 households in the BVCA area.

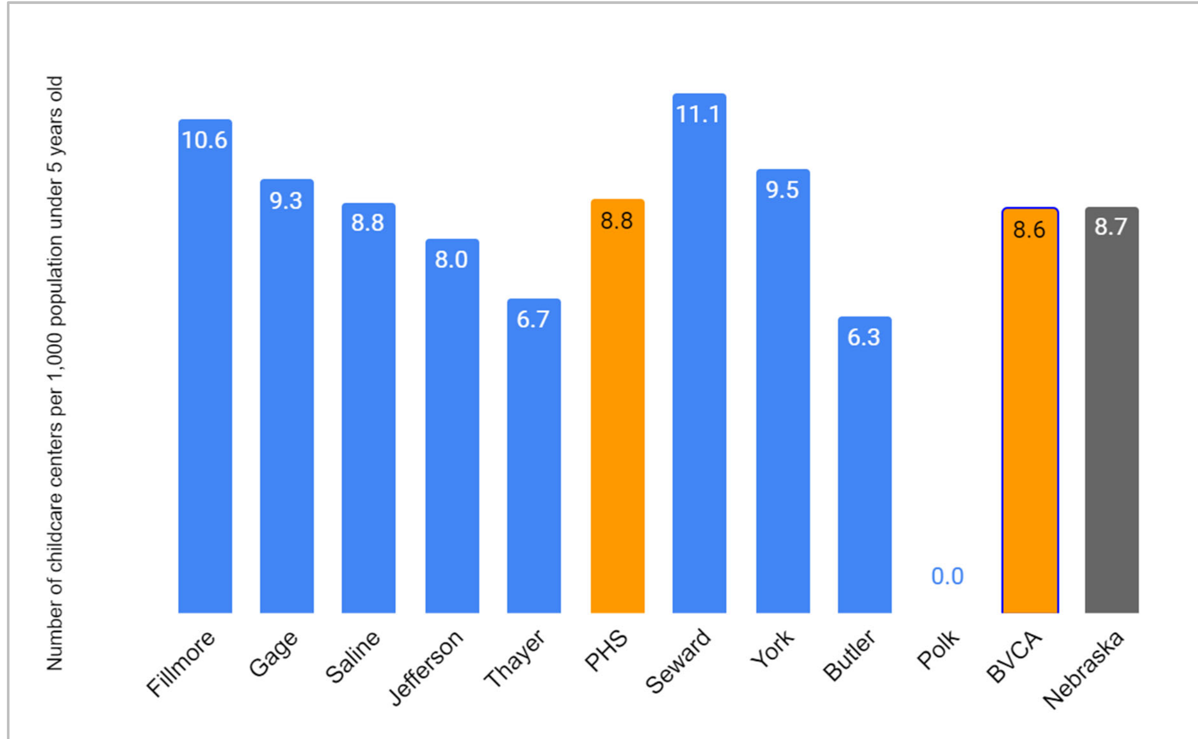
York County has the highest percentage (90.2%) of households with a broadband internet subscription in the BVCA area, followed by Saline County (87.0%), Seward County (86.8%), and Polk County (85.3%).

York County is the only county in the BVCA area that has a higher percentage of households with a broadband internet subscription when compared to the State.

[37] Data source: U.S. Census Bureau QuickFacts: Saline County, Nebraska; United States

Childcare centers per capita

Number of childcare centers per 1,000 population under 5 years old: PHS, BVCA, NE[38]



Overall, the number of childcare centers per 1,000 population under 5 years old in the BVCA area is slightly lower when compared to the State (8.6 vs. 8.7 centers per 1,000 children under 5 years of age, respectively).

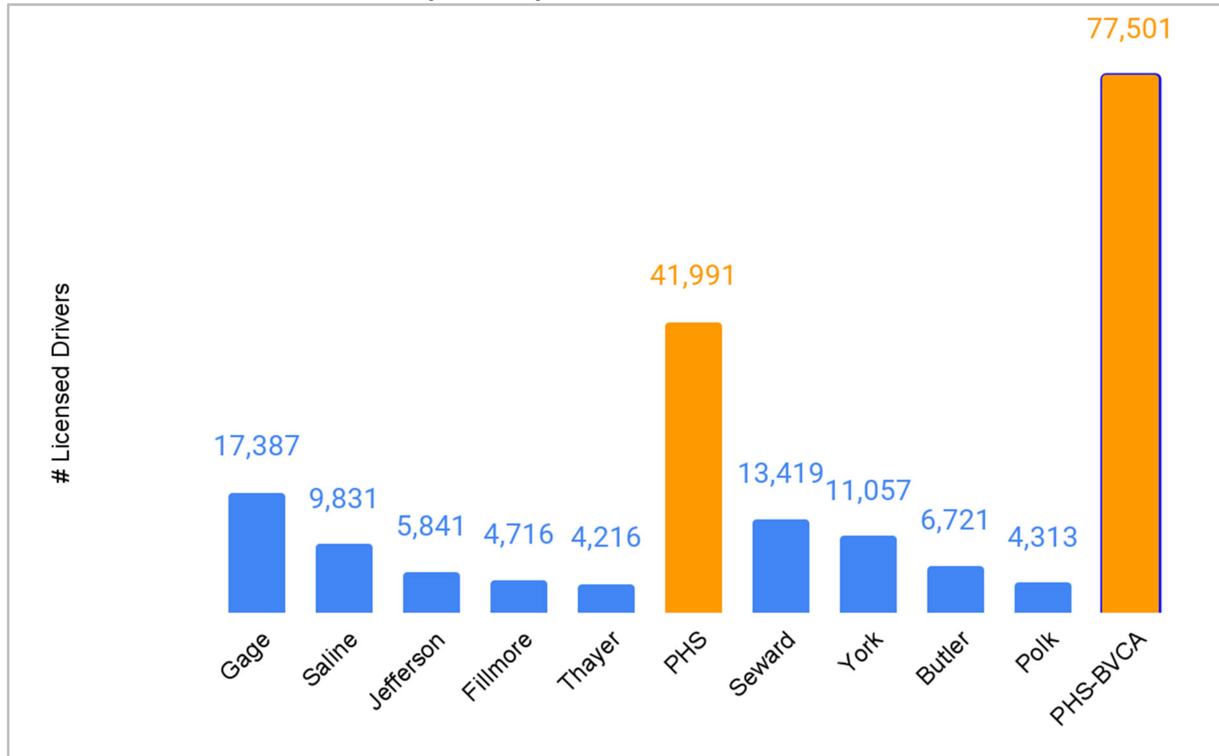
The number of childcare centers per 1,000 population under 5 years old in the PHS area is slightly higher when compared to the State (8.8 vs. 8.7 centers per 1,000 children under 5 years of age, respectively).

The highest number of childcare centers per 1,000 population under 5 years old in the BVCA area by county are: Seward County (11.1), followed by Fillmore County (10.6), and the lowest are Butler County (6.3), followed by Thayer County (6.7).

[38] County Health Rankings, Living Wage Calculator, U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE)

Licensed drivers

Number of Licensed Drivers by County, PHS, BVCA, 2020[39]



The total number of licensed drivers in the BVCA area (*n* = 77,501) represents 5.3% of the number of licensed drivers in the State (*n* = 1,474,924).

The total number of licensed drivers in the PHS area (n = 41,991) represents 2.8% of the number of licensed drivers in the State (*n* = 1,474,924).

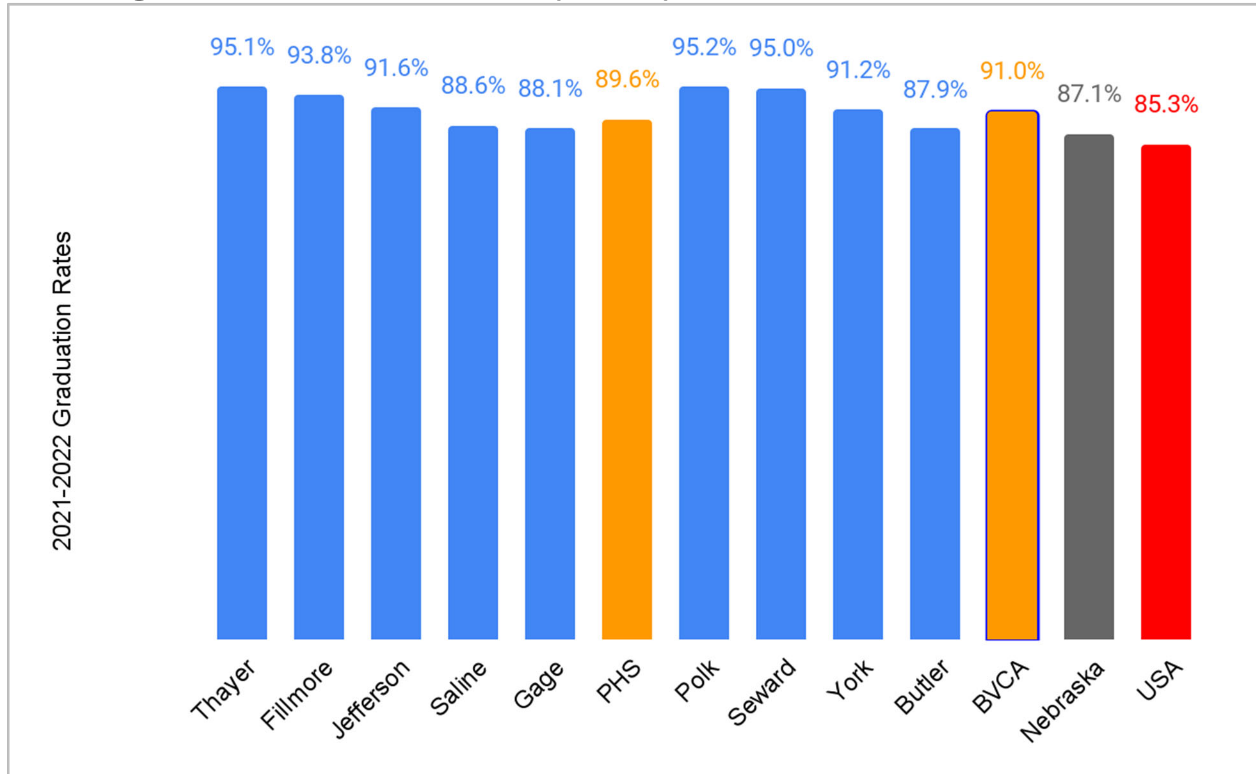
Gage County has the highest number of licensed drivers (n = 17,387), followed by Seward County (n = 13,419), and York County (*n* = 11,057).

[39] Data source: Nebraska Department of Transportation. Nebraska Driver Statistics. https://dot.nebraska.gov/safety/hso/ne-driver-statistics/ https://dot.nebraska.gov/media/7621/tr12licdvrco.pdf

Education Access & Quality

2021-2022 graduation rates

Public High School Graduation Rates by County, PHS, BVCA, NE, U.S. [40]



Overall, graduation rates in the BVCA area during 2021-2022 school year were 3.9% higher when compared to the state (91.0% vs. 87.1%, respectively). Graduation rates in the PHS area were 2.5% is higher when compared to the state (89.6% vs. 87.1%, respectively).

School districts with the highest graduation rates during the 2021-2022 school year are located in Polk County (95.2%), followed by Thayer County (95.1%), Seward County (95%), and Fillmore County (93.8%).

[40] Data source: Nebraska Department of Education (NED), School District Profiles by county, and combined data by Public Health Department (own elaboration): https://nep.education.ne.gov/

ACT scores

2021-2022 ACT Scores for English Language Arts (ELA), Math, & Science[41]

County	ACT-ELA	ACT-MATH	ACT-SCIENCE
Thayer	61.60%	59.20%	63.40%
Gage	56.00%	48.10%	61.70%
Jefferson	43.70%	44.50%	39.00%
Fillmore	36.00%	61.00%	52.00%
Saline	34.60%	37.10%	44.30%
PHS	**45%**	**45%**	**52%**
Butler	61.80%	50.90%	60.70%
Seward	57.90%	61.00%	57.30%
York	53.30%	58.20%	63.00%
Polk	36.00%	37.00%	43.00%
BVCA	**50%**	**51%**	**55%**
Nebraska	**46%**	**44%**	**48%**

The BVCA area shows higher ACT scores in ELA, Math, and Science when compared to the State. PHS area shows similar ACT scores in ELA and Math when compared to the State, and higher ACT scores in science when compared to the state.

Overall, Thayer, Seward, and York counties show the highest ACT scores in ELA, Math, and Science. Seward County is tied with Fillmore County having the highest ACT-math score in the BVCA area (61%).

Saline and Polk counties show the lowest ACT scores in ELA, Math, and Science. Jefferson County shows the lowest ACT-science score in the BVCA area (39%).

[41] Data source: Nebraska Department of Education (NED), School District Profiles by county, and combined data by Public Health Department (own elaboration): https://nep.education.ne.gov/

Nebraska Student-Centered Assessment System (NSCAS)

2021-2022 NSCAS Scores for English Language Arts (ELA), Math, & Science[42]

County	NSCAS - English	NSCAS - Math	NSCAS - Science
Thayer	55.70%	68.90%	85.10%
Fillmore	48.80%	49.60%	69.40%
Gage	45.30%	42.90%	64.90%
Saline	44.60%	48.20%	70.10%
Jefferson	39.00%	40.70%	62.70%
PHS	**45%**	**47%**	**68%**
Seward	59.70%	68.40%	85.90%
Butler	57.90%	60.30%	75.70%
York	50.40%	54.40%	72.70%
Polk	43.00%	50.00%	70.00%
BVCA	**49%**	**52%**	**73%**
Nebraska	**47%**	**46%**	**66%**

The BVCA area shows higher NSCAS scores in ELA, Math, and Science when compared to the State. PHS area shows similar NSCAS scores when compared to the State.

Overall, Seward, Thayer, and Butler counties show the highest NSCAS scores in ELA, Math, and Science.

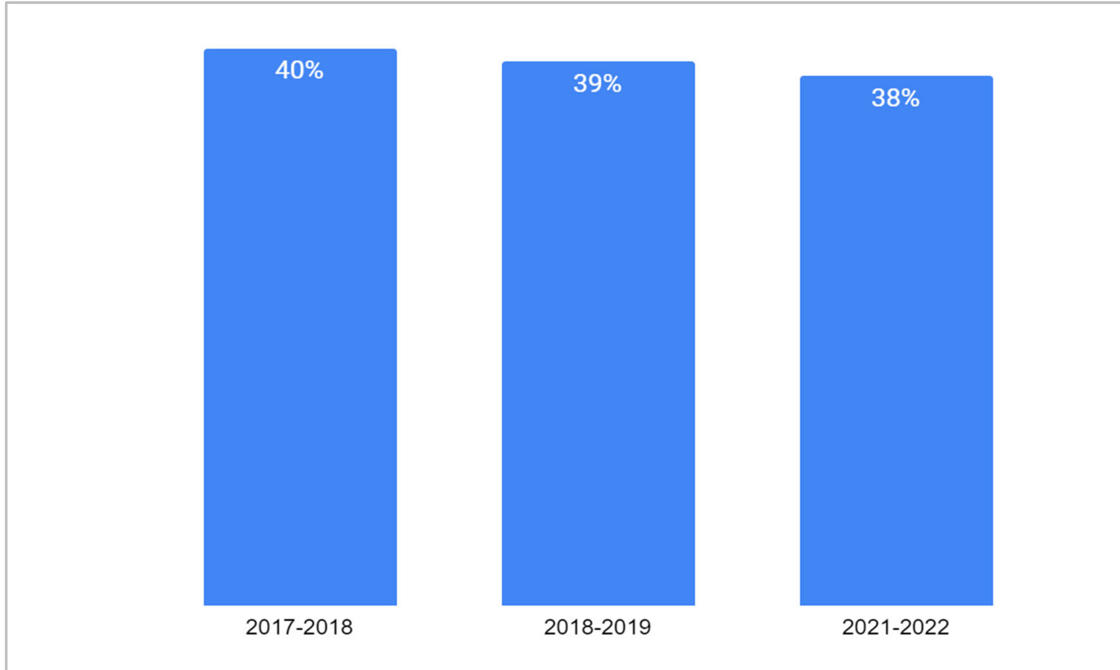
Jefferson County shows the lowest NSCAS scores in ELA, Math, and Science, followed by Gage County.

---

[42] Students who are in their 3rd-Year cohort at the high school level will participate in the NSCAS Alternate or the NSCAS ACT assessments. Data source: Nebraska Department of Education (NED), School District Profiles by county, and combined data by Public Health Department (own elaboration): https://nep.education.ne.gov/

4th grade reading proficiency

4th Grade Reading Proficiency (Nebraska)[43]



Nebraska reported lower fourth grade reading scores for 2021-2022 (38%) compared to 2018-2019 (39%) and 2017-2018 (40%). This trend was also observed at the national level where no state scored higher in 4th grade reading proficiency between 2022 and 2019. Nebraska was included within the 30 states/jurisdictions where scores decreased between 2022 and 2019.[44]

[43] Nebraska Department of Education. Nebraska Education Profile. NEP State - Nebraska Dept of Education.
[44] National Assessment of Educational Progress. NAEP Report Card. https://www.nationsreportcard.gov/reading/states/scores/?grade=4

Public PreK schools and enrollment

Public PreK Schools and Enrollment[45]

County	Number of Public Schools Offering PreK	Number of PreK Students Enrolled
Gage	5	309
Saline	4	277
York	3	224
Seward	3	184
Jefferson	3	137
Fillmore	3	115
Polk	4	108
Butler	4	95
Thayer	3	82
Total	**32**	**1,531**

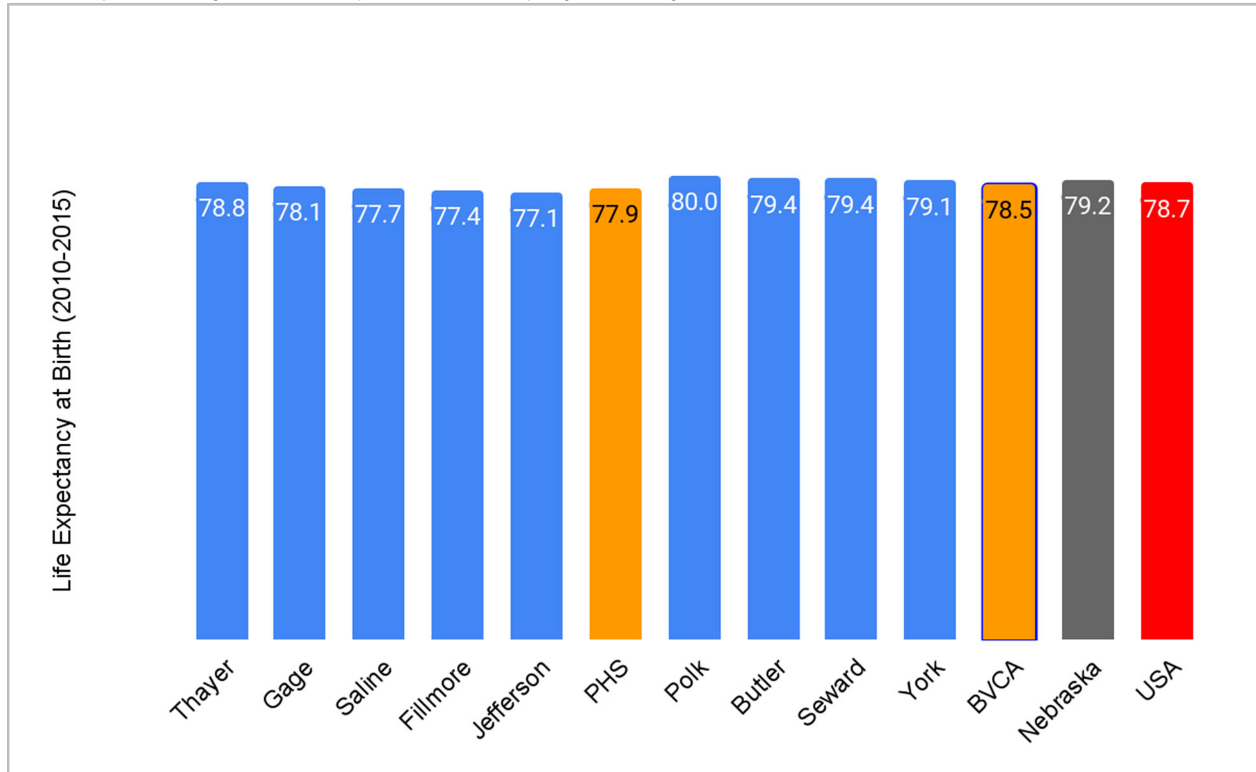
Across the nine-county BVCA area, there were 1,531 PreK students enrolled in 32 public schools. Gage County had the highest number of public schools offering PreK (n=5) and the highest number of PreK students enrolled at 309

[45] Nebraska Department of Education. Data Reports.

Health Outcomes

Life expectancy at birth

Life Expectancy at Birth (2010-2015) by County, PHS, BVCA, NE, U.S. [46]



The life expectancy at birth in the BVCA area is slightly lower when compared to the state (78.5 years vs. 79.2 years, respectively).

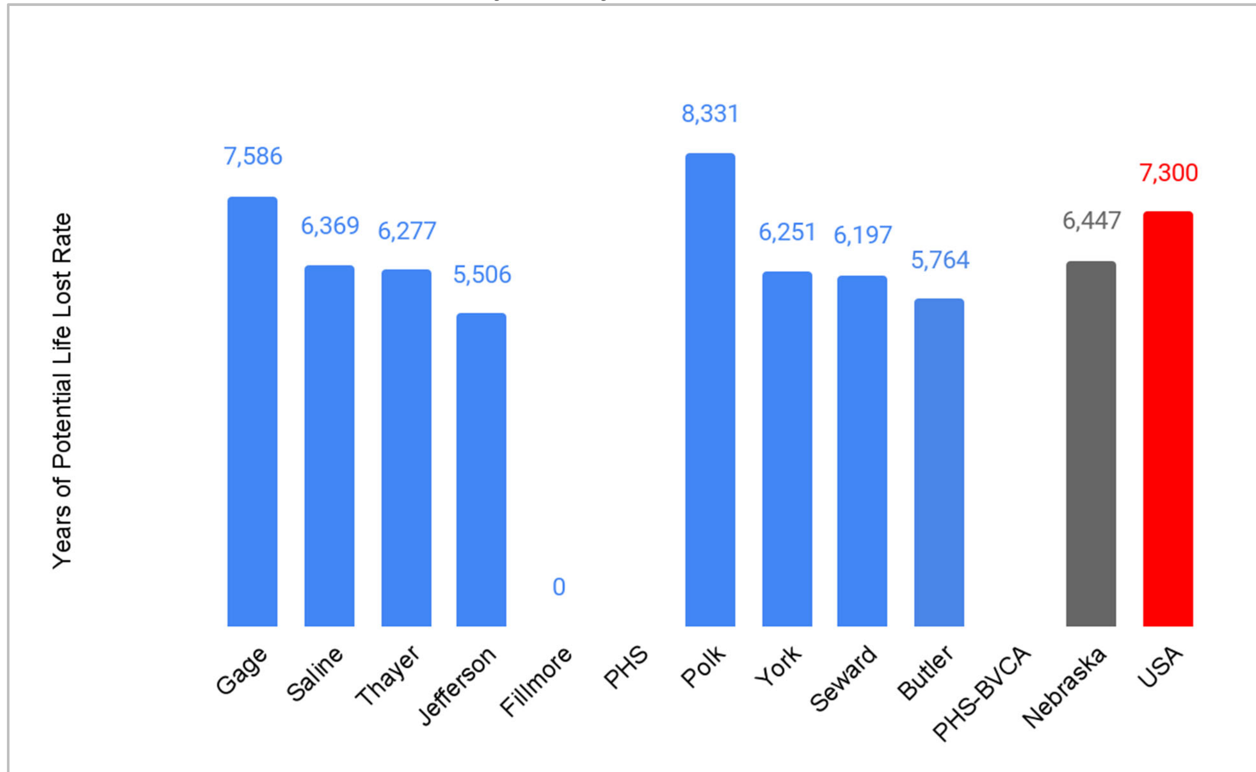
Polk, Butler, Seward, York, and Thayer counties have a higher life expectancy at birth when compared to the BVCA area (ranging from 78.8 to 80 years).

Gage , Saline, Fillmore, and Jefferson counties have a lower life expectancy at birth compared to the BVCA area (ranking from 77.1 to 78.1 years).

[46] Data source: Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.

Years of potential life lost

Years of Potential Life Lost Rate by County, NE, U.S. [47]



Polk and Gage counties have the greatest number of Years of Potential Life Lost (YPLL) (8,331 and 7,581 years per 100,000 people, respectively), both higher when compared to state YPLL (6,447 years per 100,000 people).

Saline, Thayer, York, Seward, Butler, and Jefferson counties have lower YPLL when compared to the state. Data for Fillmore County is not available.

[47] Data source: National Center for Health Statistics - Mortality Files. 2018-2020. Years of potential life lost before age 75 per 100,000 population (age-adjusted).

Underlying cause of death

"The Underlying Cause of Death data available on WONDER are county-level national mortality and population data spanning the years 1999-2020. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence intervals and standard errors for death rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and infant age groups), race, Hispanic ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbanization categories. Data are also available for place of death, month and week day of death, and whether an autopsy was performed."

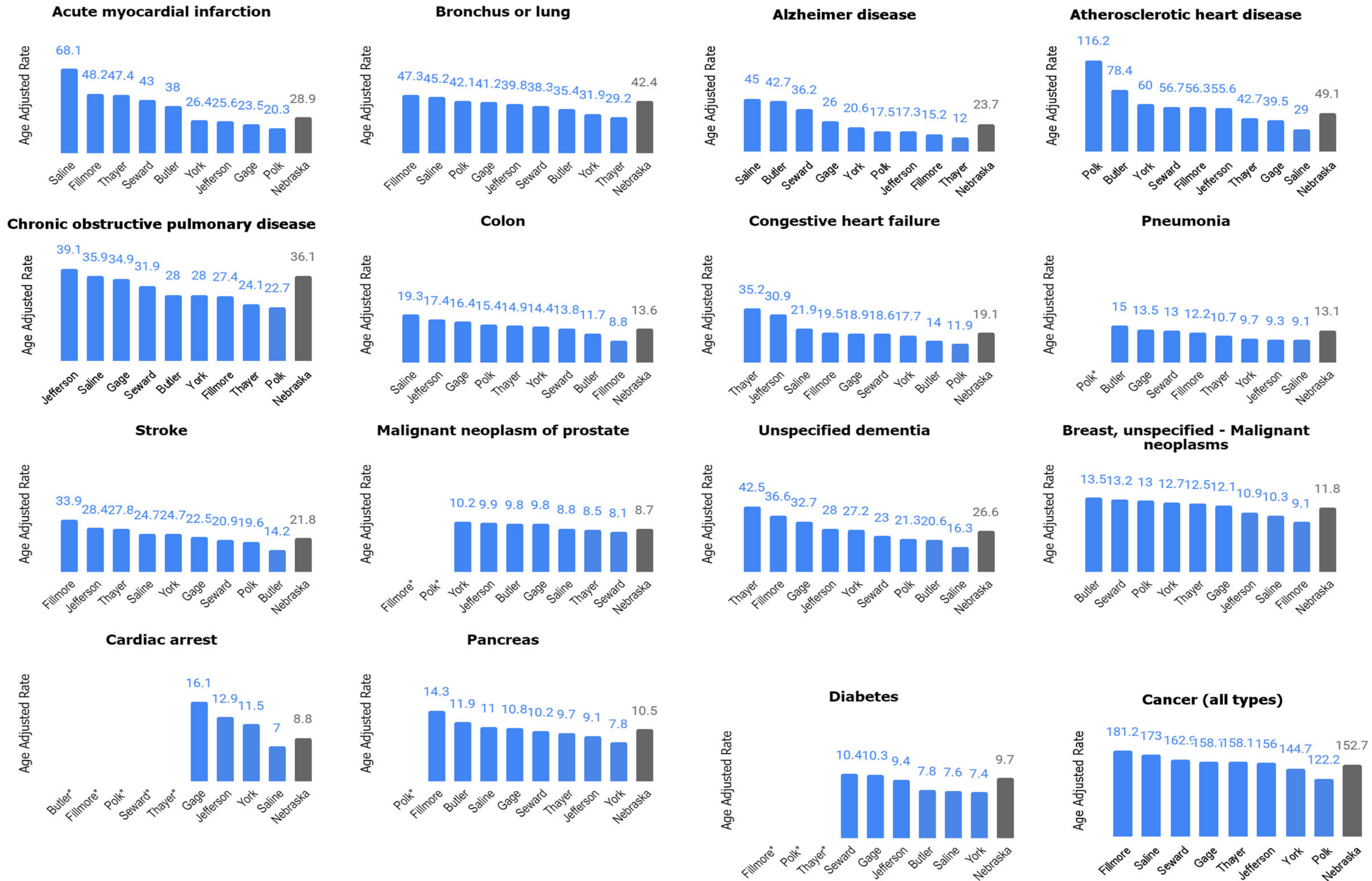
About suppressed data and unreliable rates:

- Statistics representing fewer than ten persons (0-9) are suppressed.
- Rates are marked as "**unreliable**" when the death count is less than 20.

The causes of death where five or more counties are higher than the Nebraska average:

- Acute myocardial infarction
- Atherosclerotic heart disease (Polk is first in the state)
- Stroke
- Cancer (all types)
- Colon cancer
- Breast cancer
- Unspecified dementia (Thayer is second in the state)

Underlying Cause of Death (death rates): 1999-2020 & Rate of Cancer Deaths: 2015-2019[48]



[48] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Mar 9, 2023. Saved Request: Underlying Cause of Death, 1999-2020, D329F046 (cdc.gov)

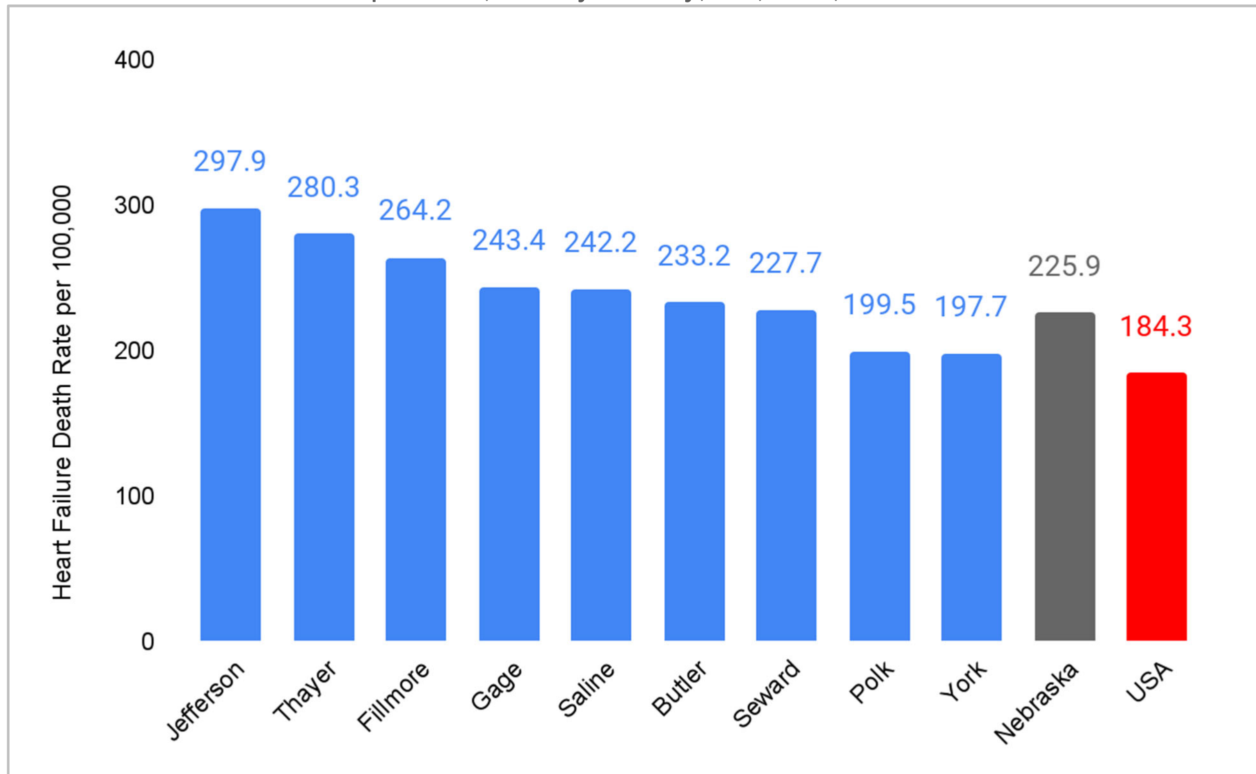
BVCA counties with highest death rates by cause of death[49] (highlighted)

BVCA-County	Acute myocardial infarction	Bronchus or lung	Alzheimer disease	Atherosclerotic heart disease	COPD	Colon	Congestive heart failure	Pneumonia	Stroke	Malignant neoplasm of prostate	Unspecified dementia	Breast, unspecified - Malignant neoplasms	Cardiac arrest	Pancreas	Cancer
Butler	38	35.4	42.7	78.4	28	11.7	14	**15**	14.2	9.8	20.6	**13.5**	Unreliable	11.9	**201.7**
Fillmore	48.2	**47.3**	15.2	56.3	27.4	8.8	19.5	12.2	**33.9**	Unreliable	36.6	9.1	Unreliable	**14.3**	181.2
Gage	23.5	41.2	26	39.5	34.9	16.4	18.9	13.5	22.5	9.8	32.7	12.1	**16.1**	10.8	158.1
Jefferson	25.6	39.8	17.3	55.6	**39.1**	17.4	30.9	9.3	28.4	9.9	28	10.9	12.9	9.1	156
Polk	20.3	42.1	17.5	**116.2**	22.7	15.4	11.9	Unreliable	19.6	Unreliable	21.3	13	Unreliable	Unreliable	122.2
Saline	**68.1**	45.2	**45**	29	35.9	**19.3**	21.9	9.1	24.7	8.8	16.3	10.3	7.0	11	173
Seward	43	38.3	36.2	56.7	31.9	13.8	18.6	13	20.9	8.1	23	13.2	Unreliable	10.2	162.9
Thayer	47.4	29.2	12	42.7	24.1	14.9	**35.2**	10.7	27.8	8.5	**42.5**	12.5	Unreliable	9.7	158.1
York	26.4	31.9	20.6	60	28	14.4	17.7	9.7	24.7	**10.2**	27.2	12.7	11.5	7.8	144.7
Nebraska	28.9	42.4	23.7	49.1	36.1	13.6	19.1	13.1	21.8	8.7	26.6	11.8	8.8	10.5	152.7
County Ranking in the State	**6th**	**9th**	**2nd**	**1st**	**25th**	**4th**	**6th**	**21st**	**6th**	**12th**	**2nd**	**9th**	**14th**	**2nd**	**4th**

[49] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Mar 9, 2023. Saved Request: Underlying Cause of Death, 1999-2020, D329F046 (cdc.gov)

Heart failure deaths

Heart Failure Death Rate per 100,000 by County, NE, U.S., 2018-2020[50]



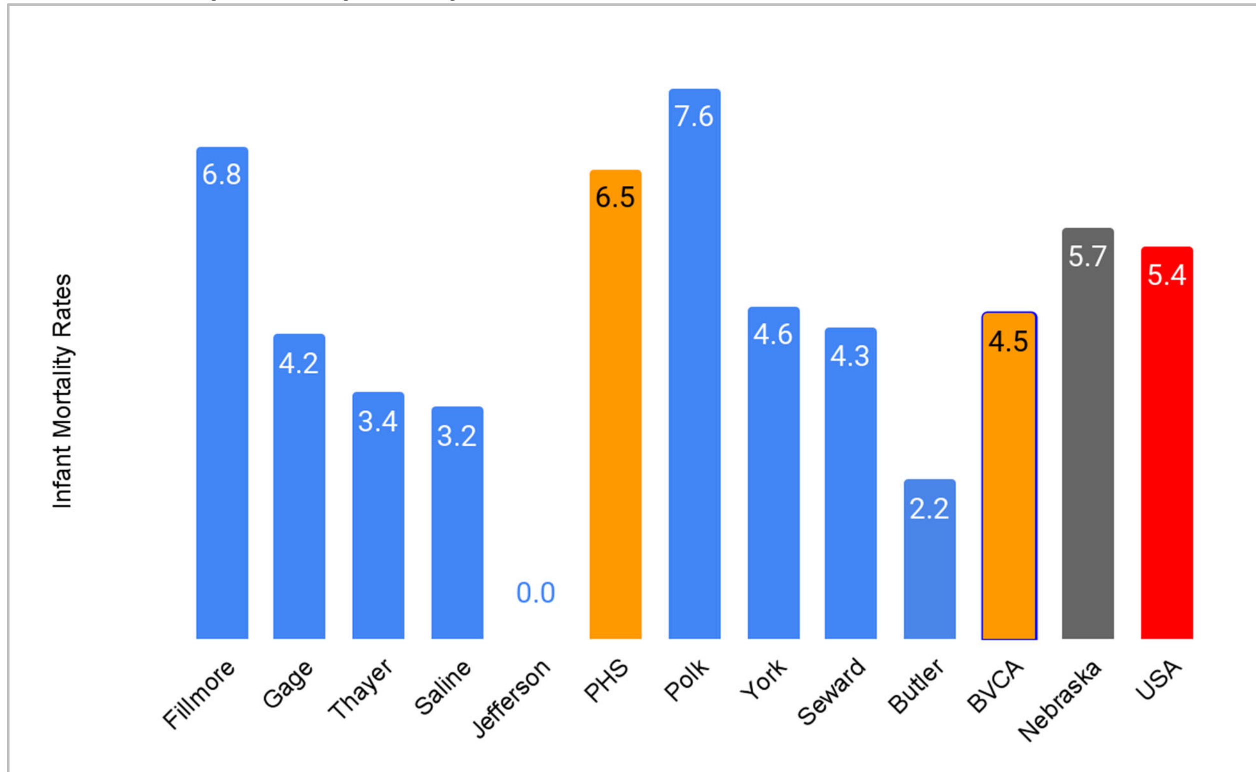
Within the BVCA area, Jefferson County has the highest heart failure death rate among all counties (297.9 per 100,000), followed by Thayer County (280.3 per 100,000), and Fillmore County (264.2 per 100,000). Jefferson County's heart failure death rate is ranked in the top quartile among all counties in Nebraska.

The five counties within the PHS area have the highest heart failure death rates of the BVCA area.

[50] CDC Interactive Atlas of Heart Disease and Stroke: https://nccd.cdc.gov/DHDSPAtlas/?state=County&class=1&subclass=5&theme=14&filters=[[9,1],[2,1],[3,1],[4,1],[7,1]]

Infant mortality rate

Infant Mortality Rates by County, PHS, BVCA, NE, U.S. [51]



Overall, the BVCA area has a lower infant mortality rate when compared to Nebraska (4.5 vs. 5.7 per 1,000, respectively). The PHS area has a higher infant mortality rate when compared to Nebraska (6.5 vs. 5.7 per 1,000, respectively).

Polk and Fillmore counties have the highest infant mortality rates within the BVCA area.

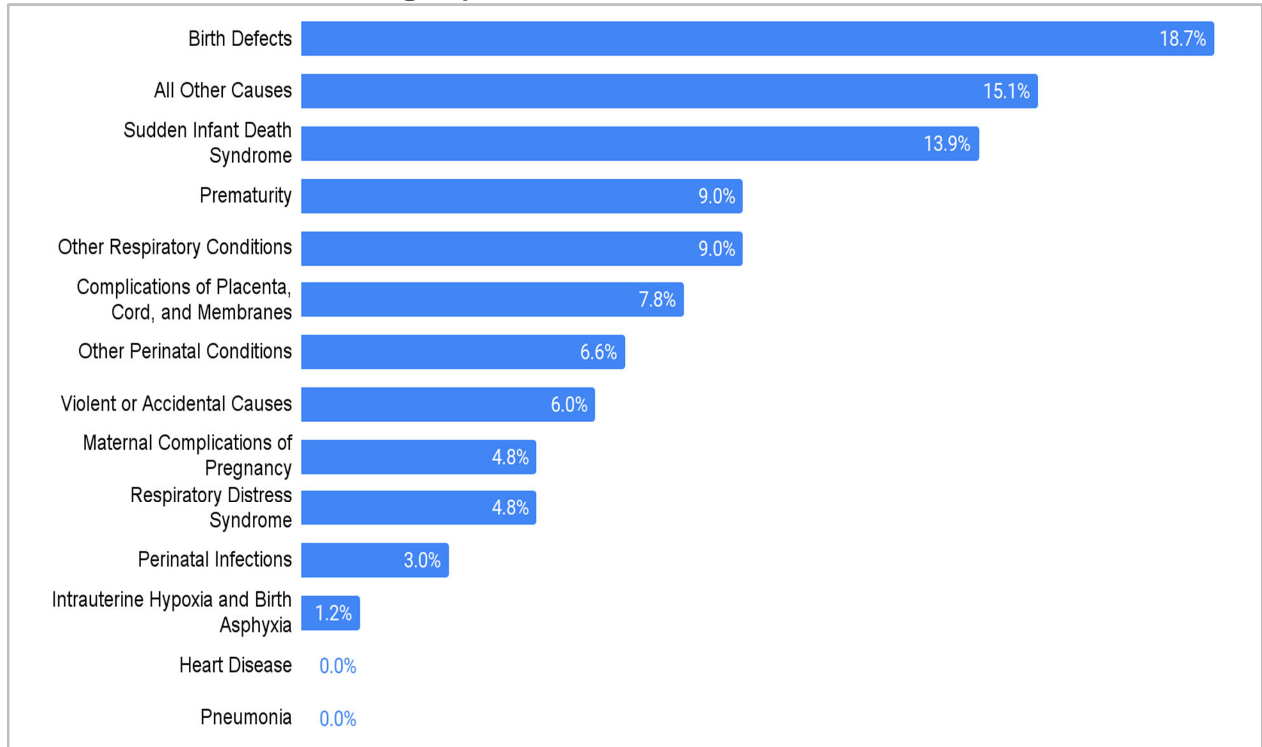
Jefferson and Butler Counties have the lowest infant mortality rates within the BVCA area (0.0 and 2.2 per 1,000, respectively).

---

[51] Data from counties: Data source: NDHHS Vital Statistics. 2012-2016. https://dhhs.ne.gov/Vital%20Statistics%20Reports/Vital%20Stats%20Report%202016.pdf
PHS and BVCA infant mortality rates: 2019 Nebraska Opportunity Maps. State infant mortality rate (2020): CDC. National Center for Health Statistics US infant mortality rate (2020): CDC National Vital Statistics Report. https://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-05.pdf.
Infant mortality rate in Nebraska (2020): 5.5 infant deaths per 1,000 live births. https://www.cdc.gov/nchs/pressroom/states/nebraska/ne.htm

Causes of infant mortality

Deaths Under One Year of Age by Cause, 2016[52]



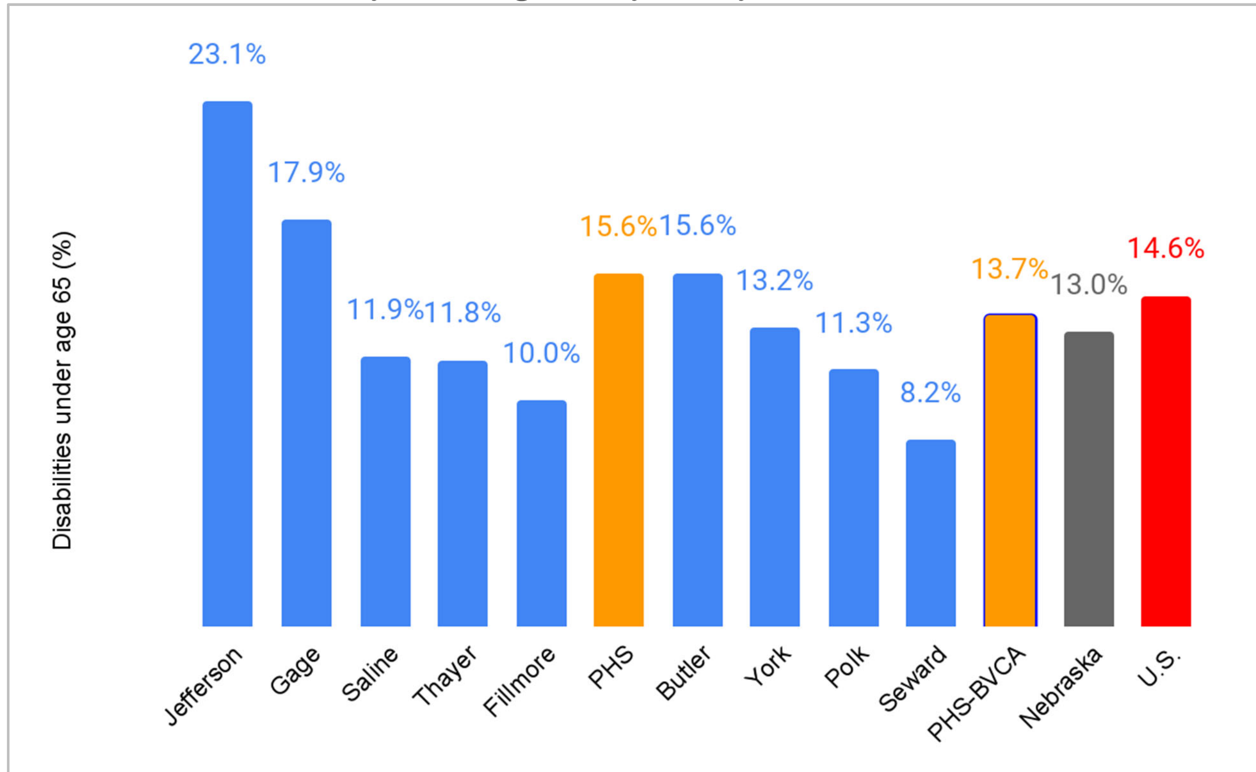
Nearly one-fifth (18.7%) of infant deaths are related to "birth defects", followed by "all other causes" (15.1%), and then by Sudden Infant Death Syndrome (13.9%).

Other 11 causes (i.e., prematurity, respiratory conditions, complications of placenta, cord, and membranes, etc.) comprise 52.4% of the total.

[52] Data source: NDHHS Vital Statistics. 2012-2016. https://dhhs.ne.gov/Vital%20Statistics%20Reports/Vital%20Stats%20Report%202016.pdf

Disability

% Persons with a disability, under age 65, by County, PHS, BVCA, NE, U.S. [53]



Overall, the percentage of persons under 65 years of age with a disability in the BVCA area is 0.7% higher when compared to the State (13.7% vs. 13%, respectively), and 2.6% higher in the PHS area (15.6% vs. 13%, respectively).

Jefferson (23.1%) Gage (17.9%), Butler (15.6%), and York (13.2%) counties have higher percentages of persons under 65 years of age with a disability when compared to the State (13.0%).

The percentage of persons under 65 years of age with a disability in Jefferson County is 1.8 times higher when compared to the State (23.1% vs. 13%, respectively).

[53] Data Source: US Census Bureau, American Community Survey. 2016-20.

Chronic health conditions

The Behavioral Risk Factor Surveillance System (BRFSS) is a health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

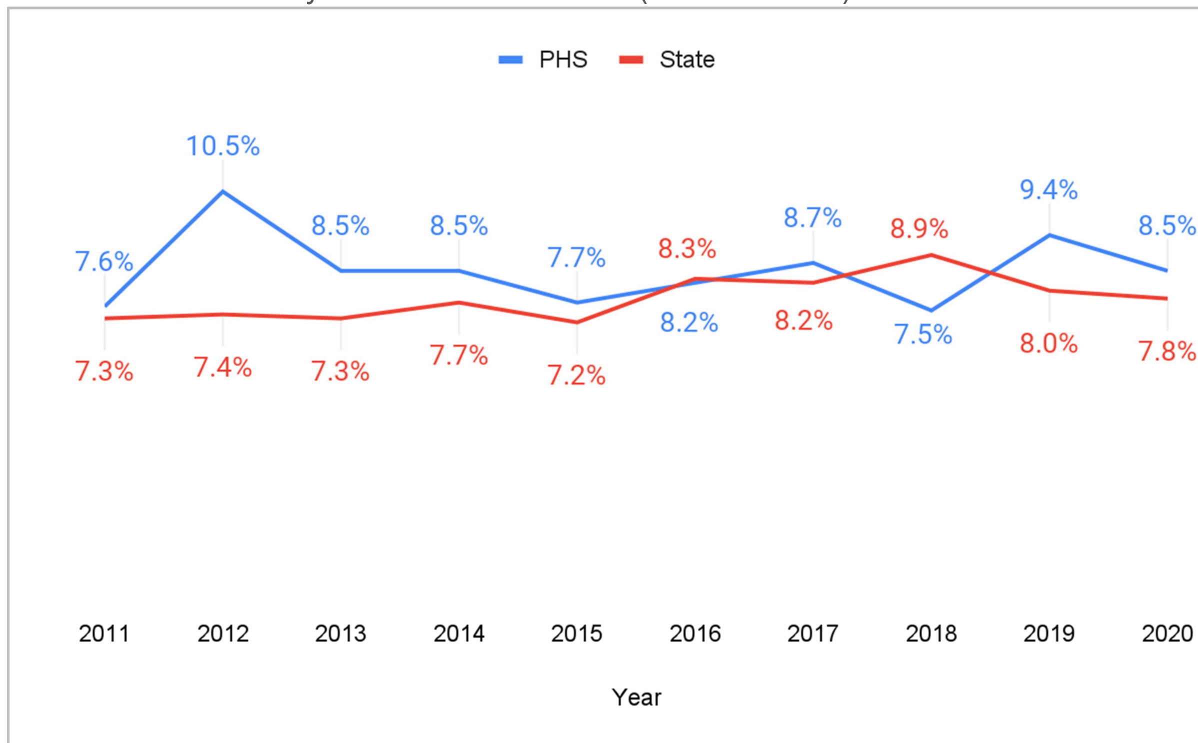
BRFSS Limitations

"BRFSS data are subject to numerous limitations, similar to any population-based survey. Participation in the BRFSS is voluntary and the data are self-reported, which can lead to non-response, recall, and social desirability bias. Furthermore, the BRFSS only targets non-institutionalized adults who are able to complete the interview unassisted by telephone in English or Spanish. Lastly, there may be a small sample for some populations, resulting in data suppression or instability." (NE DHHS).

The following BRFSS health indicators for the PHS area were collected from the NE DHHS, Atlas dashboard system. BRFSS data are available at the local health department (LHD) level, and are not available at the county level.

Asthma

BRFSS data: Currently have asthma - adults (PHS vs. State) 2011-2020

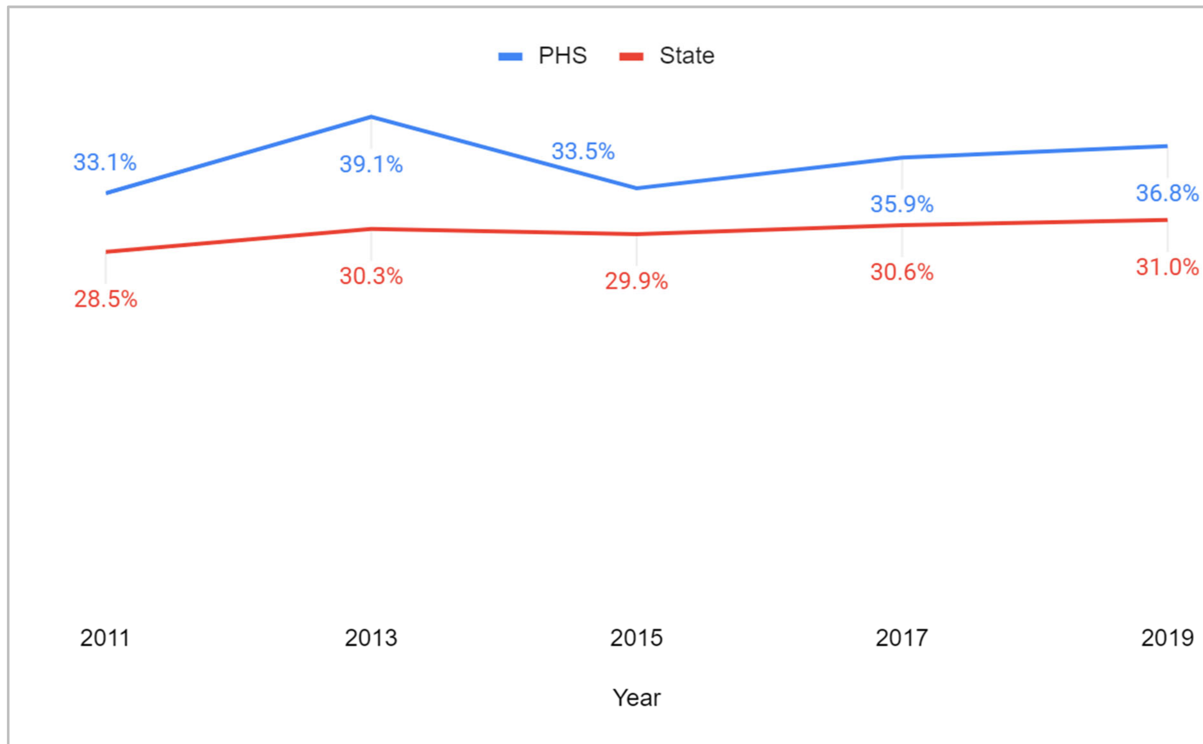


On average, asthma prevalence in the PHS area between 2011-2015 and 2016-2020 was 1.2% and 0.2% higher, respectively, when compared to the state.

The 2016-2020 combined asthma prevalence in the PHS area was 0.3% higher when compared to the state (8.5% vs. 8.2% respectively).

Blood pressure

BRFSS data: Ever told they have high blood pressure - adults (PHS vs. State) 2011-2020

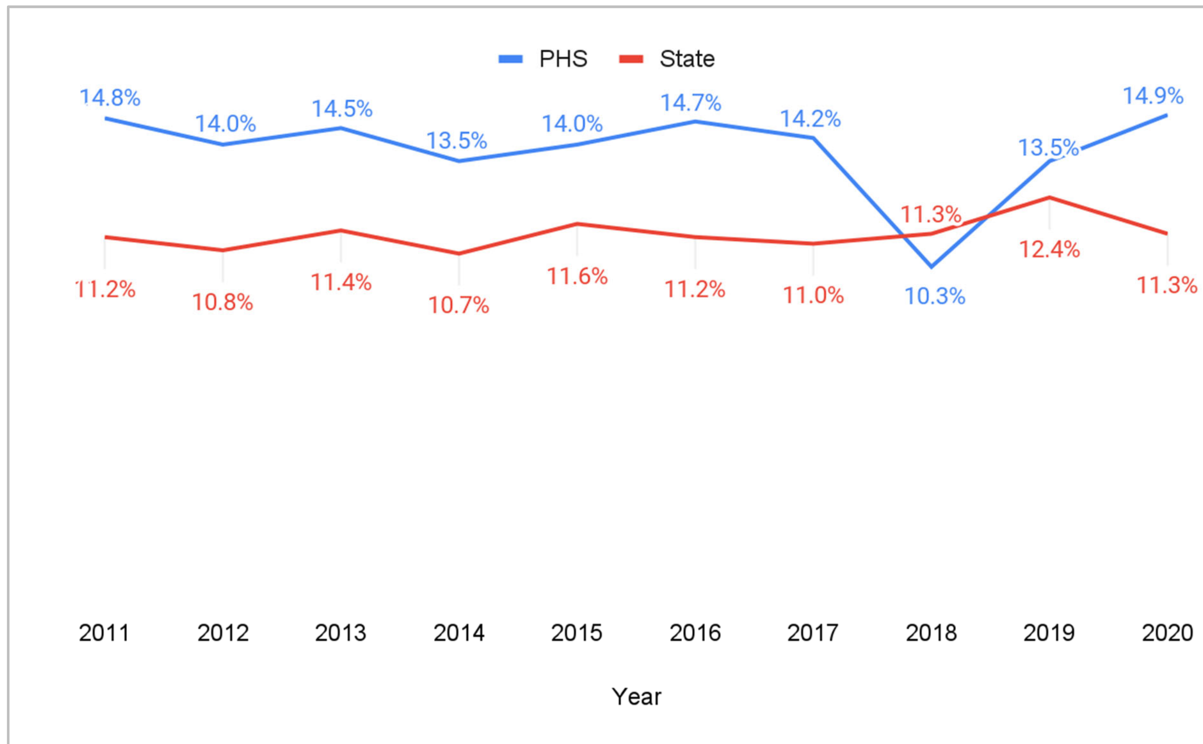


On average, high blood pressure prevalence in the PHS area was 5.6% higher when compared to the State between 2011 and 2019.

Between 2011 and 2019, the highest high blood pressure prevalence in the PHS area was 39.1% in 2013, 8.8% higher when compared to the State (30.3%). The lowest high blood pressure prevalence in the PHS area was measured in 2011 (33.1%), 4.6% higher when compared to the State (28.5%).

Cancer (any form)

BRFSS data: Ever told they have cancer (in any form) - adults (PHS vs. State) 2011-2020



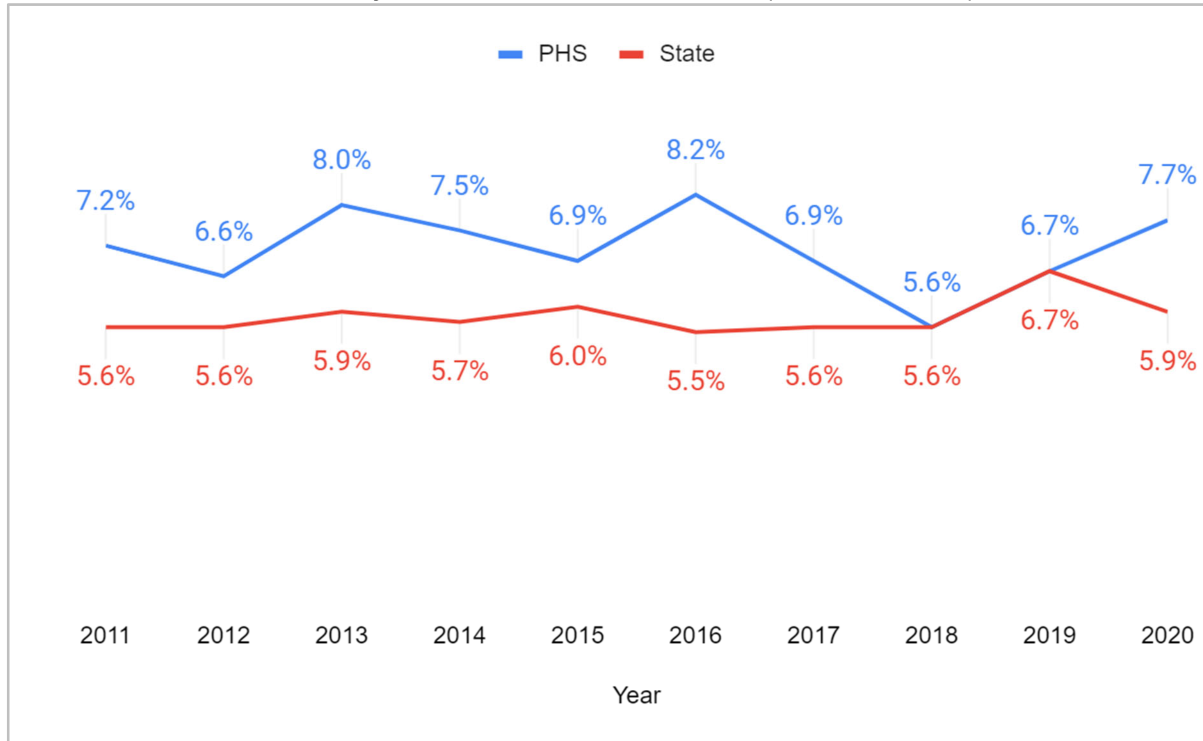
On average, cancer (in any form) prevalence in the PHS area was 2.6% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest cancer (in any form) prevalence in the PHS area was 14.9% in 2020, 3.6% higher when compared to the State (11.3%). The lowest cancer (in any form) prevalence in the PHS area was measured in 2018 (10.3%), 1.0% lower when compared to the State (11.3%).

The 2016-2020 combined cancer (in any form) prevalence in the PHS area was 2.0% higher when compared to the State (13.5% vs. 11.5%, respectively).

Cancer (skin)

BRFSS data: Ever told they have skin cancer - adults (PHS vs. State) 2011-2020



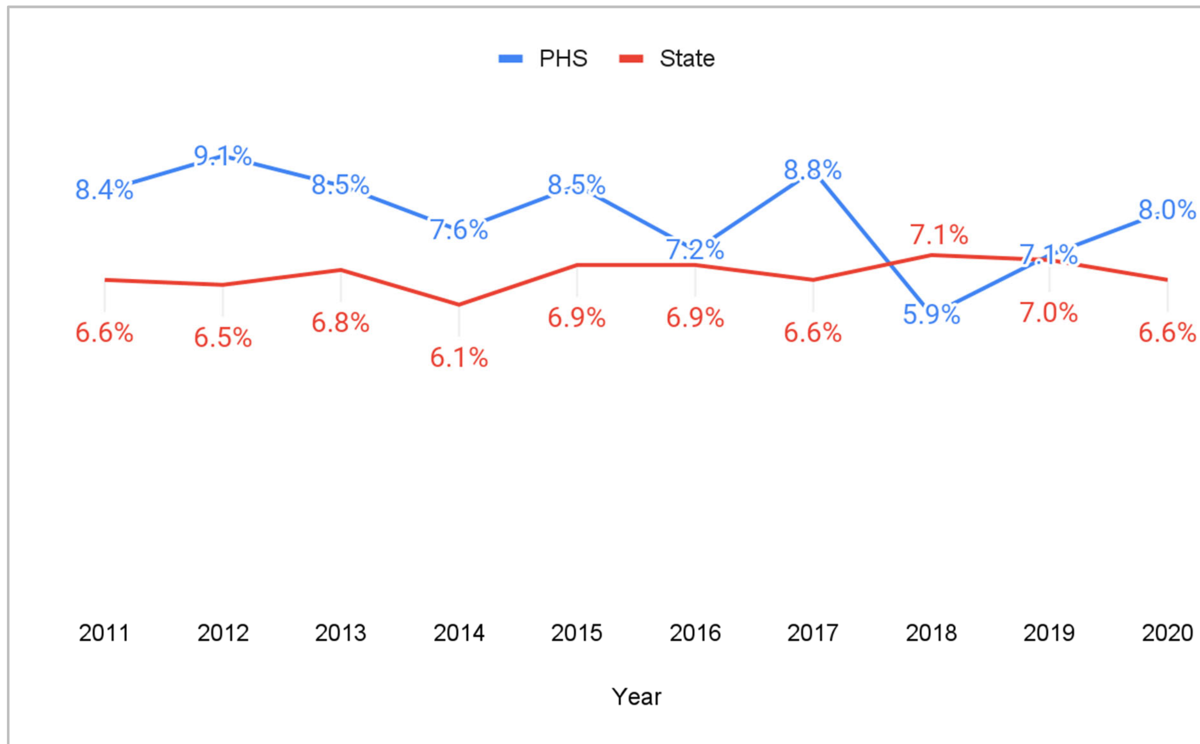
On average, skin cancer prevalence in the PHS area was 1.3% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest skin cancer prevalence in the PHS area was 8.2% in 2016, 2.7% higher when compared to the State (5.5%). The lowest skin cancer prevalence in the PHS area was reported in 2018 (5.6%), the same prevalence when compared to the State (5.6%).

The 2016-2020 combined skin cancer prevalence in the PHS area was 1.1% higher when compared to the State (7.0% vs. 5.9%, respectively).

Cancer (other than skin cancer)

BRFSS data: Ever told they have cancer other than skin cancer - adults (PHS vs. State) 2011-2020



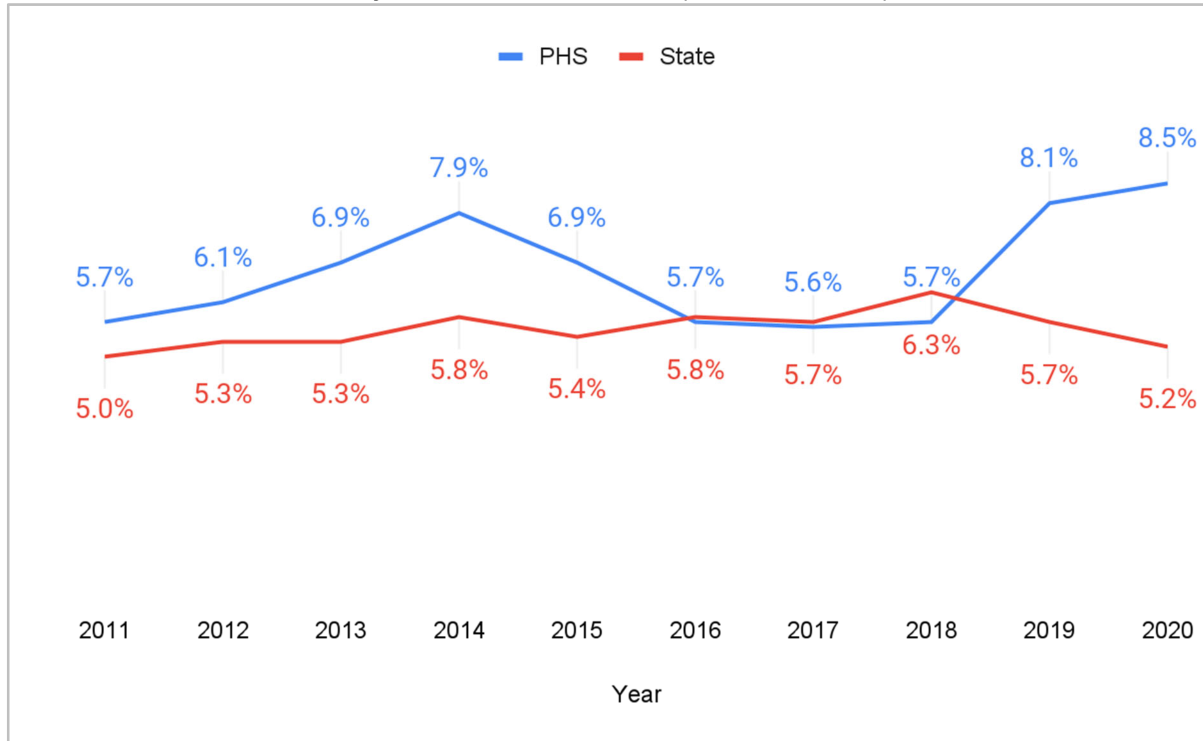
On average, cancer other than skin cancer prevalence in the PHS was 1.2% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest cancer other than skin cancer prevalence in the PHS area was 9.1% in 2012, 2.6% higher when compared to the State (6.5%). The lowest cancer other than skin cancer prevalence in the PHS area was reported in 2018 (5.9%), 1.2% lower when compared to the State (7.1%).

The 2016-2020 combined cancer other than skin cancer prevalence in the PHS area was 0.6% higher when compared to the State (7.4% vs. 6.8%, respectively).

Chronic Obstructive Pulmonary Disease (COPD)

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



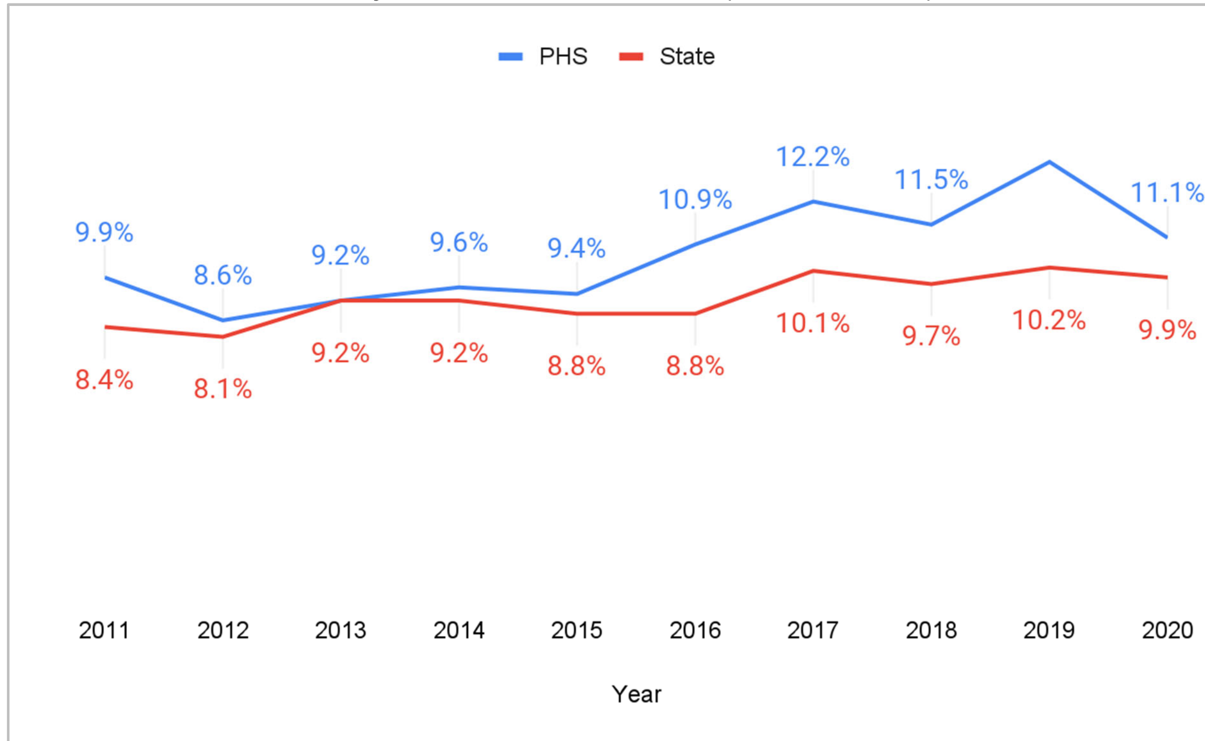
On average, COPD prevalence in the PHS area was 1.2% higher when compared to the State between 2011-2020.

The COPD prevalence rate in the PHS area decreased between 2014 and 2016, and stayed at 5.6% to 5.7% between 2016 and 2017, but increased in 2019 and 2020 (8.1% and 8.5%, respectively), the highest prevalence rate reported during the study period.

The 2016-2020 combined COPD prevalence in the PHS area was 1.0% higher when compared to the state (6.7% vs. 5.7% respectively).

Diabetes

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

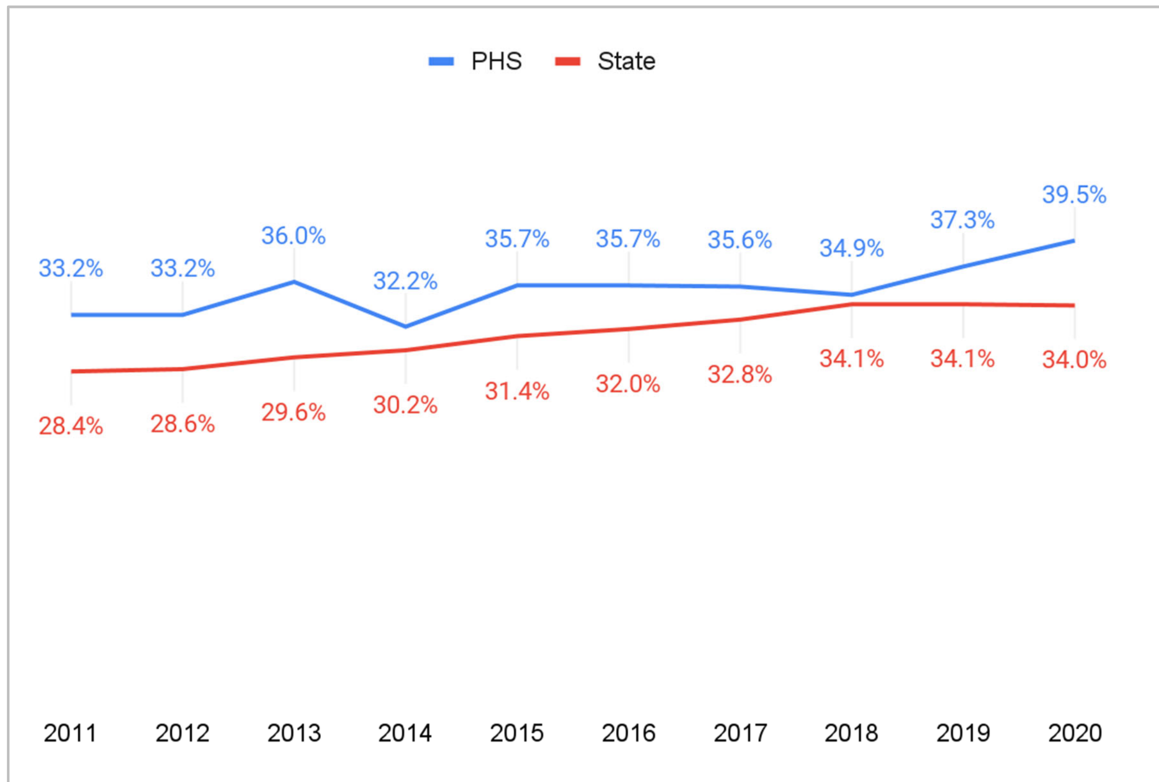


Since 2011, diabetes prevalence in the PHS area was 1.3% higher when compared to the State. Between 2015 and 2020, diabetes prevalence in the PHS increased on average 1.5%, compared to an average increase of 0.6% between 2011-2014.

The 2016-2020 combined diabetes prevalence in the PHS area was 2.1% higher when compared to the state (11.8% vs. 9.7% respectively).

Overweight and obesity

BRFSS data: Body Mass Index (BMI) of 30 or greater - adults (PHS vs. State) 2011-2020[49]

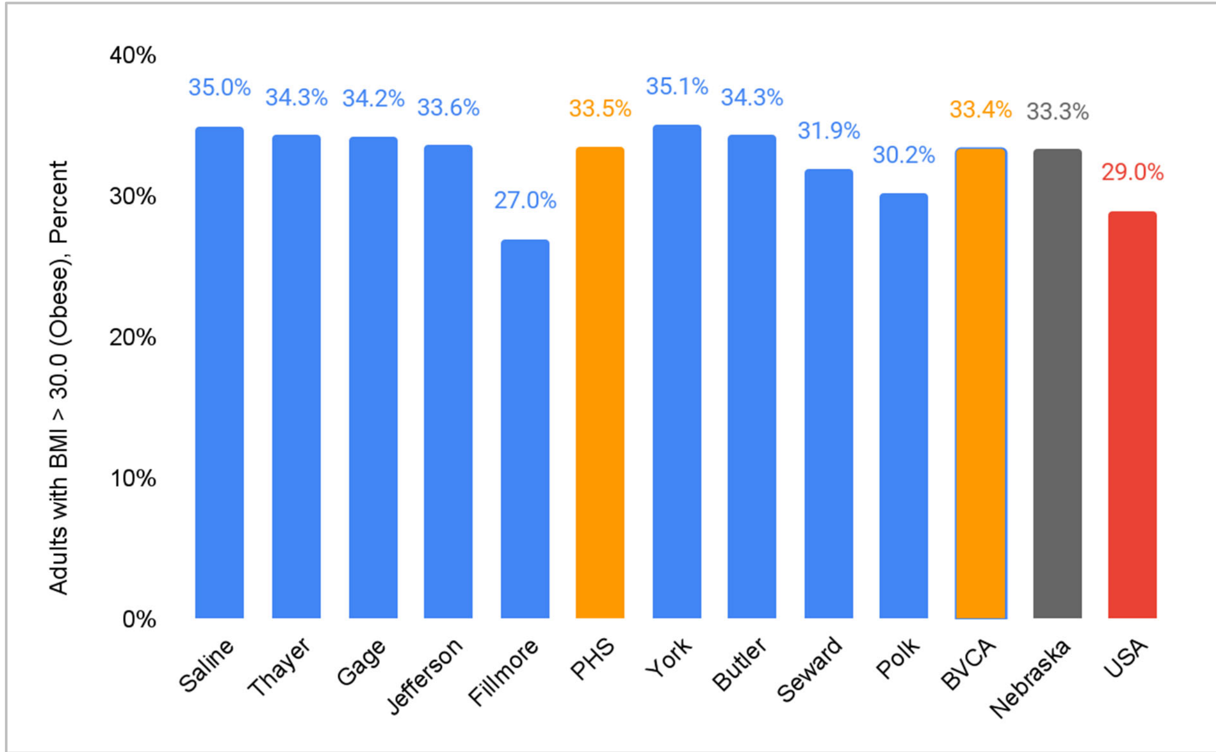


On average, obese (BMI 30+) prevalence in the PHS area was 3.8% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest obese (BMI 30+) prevalence in the PHS area was 39.5% in 2020, 5.5% higher when compared to the State (34.0%). The lowest obese (BMI 30+) prevalence in the PHS area was measured in 2014 (32.2%), 2.0% higher when compared to the State (30.2%).

The 2016-2020 combined obese (BMI 30+) prevalence in the PHS area was 3.2% higher when compared to the state (36.6% vs. 33.4%, respectively).

Adults with BMI > 30.0 (Obese), percent by County, PHS, BVCA, NE, U.S., 2019[54]

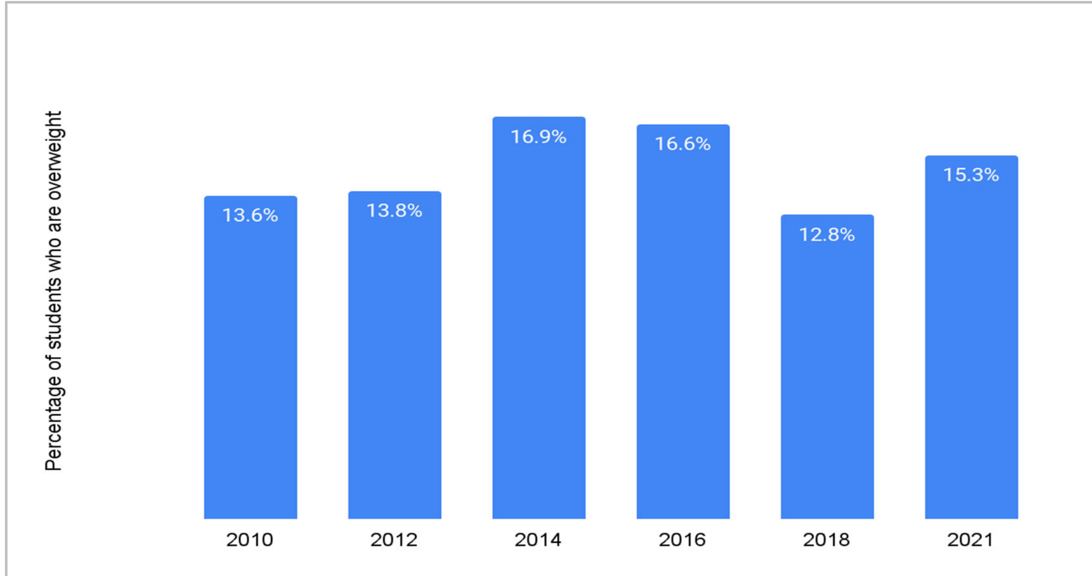


One-third of the BVCA population has obesity (24,124 people; PHS: 33.5% and BVCA: 33.4%), which is similar when compared to the state (33.3%).

York County has the highest obesity rate among all counties (35.1%), followed by Saline County (35%). Fillmore County has the lowest obesity rate (27%), followed by Polk County (30.2%).

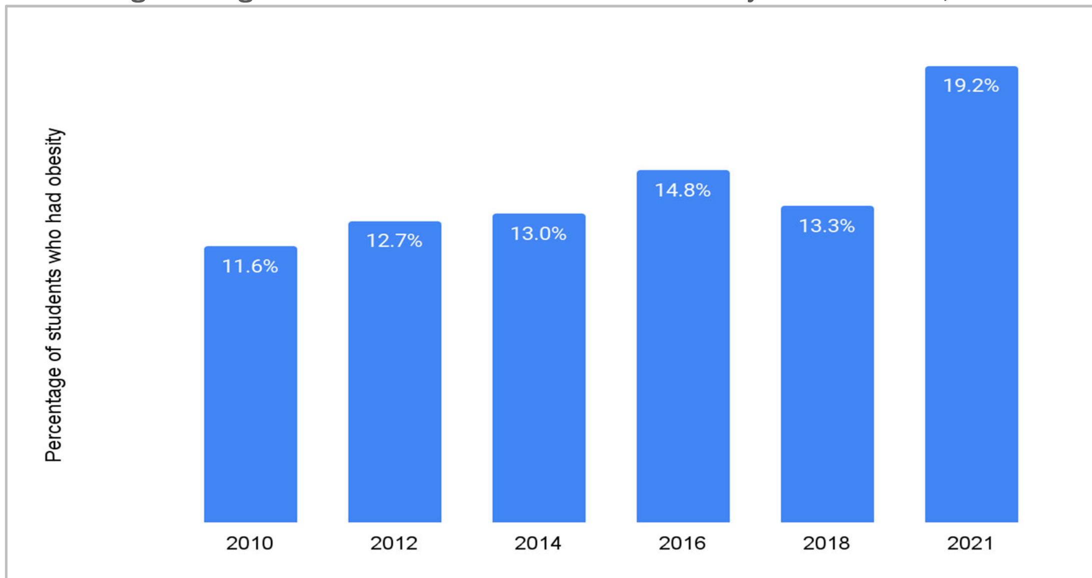
[54] Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.

Percentage of high school students who are overweight in Nebraska, YRBS: 2010-2021[55]



The percentage of students who are overweight slightly increased in Nebraska between 2010 and 2021 (13.6% vs. 15.3%, respectively.)

Percentage of high school students who have obesity in Nebraska, YRBS: 2010-2021[56]

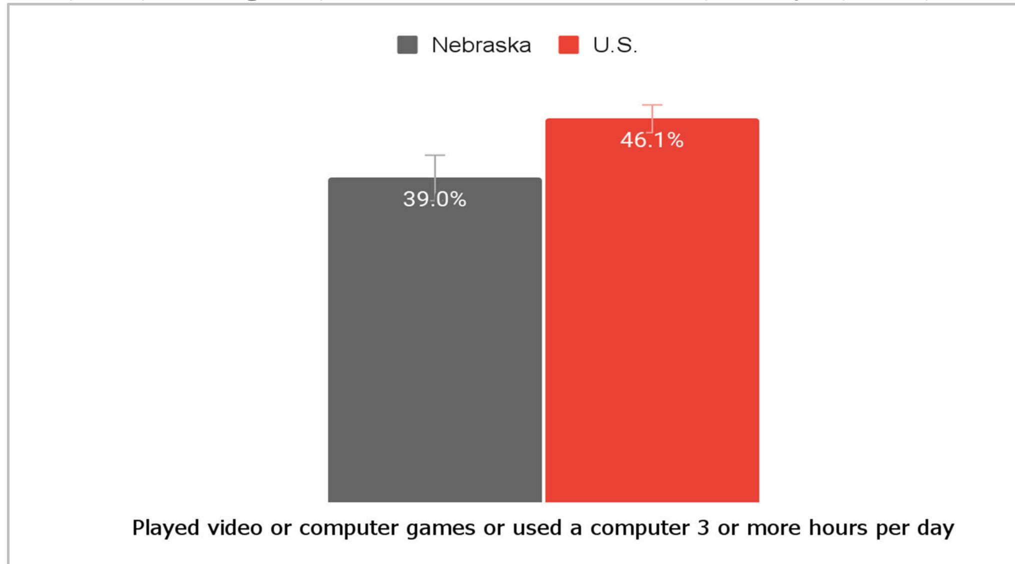


The percentage of students diagnosed with obesity has significantly increased in Nebraska between 2010 and 2021 (11.6% vs. 19.2%, respectively.)

[55] University of Nebraska - Lincoln. Bureau of Sociological Research. 2021/2022 YRBS Results: https://bosr.unl.edu/20212022-yrbs-results
[56] University of Nebraska - Lincoln. Bureau of Sociological Research. 2021/2022 YRBS Results: https://bosr.unl.edu/20212022-yrbs-results

Screen time among youth

Computer/video game/TV for more than 3 hours per day* (2019)[57]



**counting time spent playing games, watching videos, texting, or using social media on their smartphone, computer, Xbox, PlayStation, iPad, or other tablet, for something that was not school work, on an average school day*

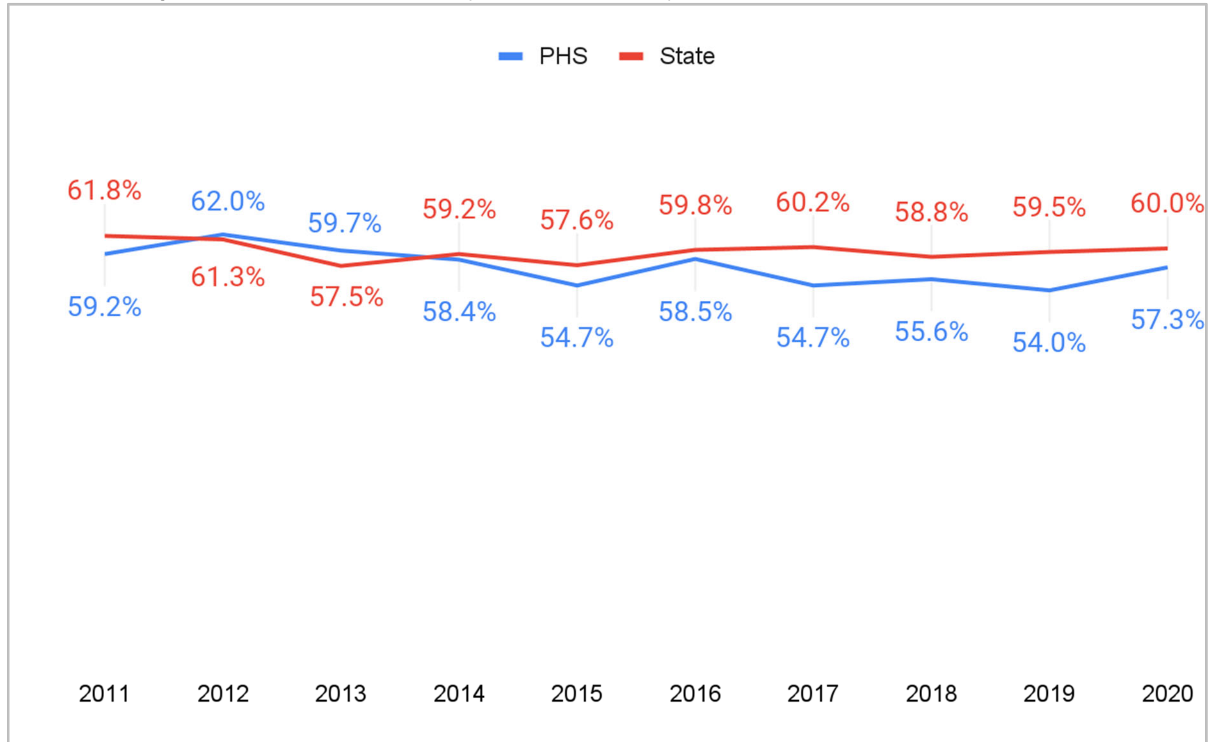
Statistical analysis shows that U.S. youth played significantly higher percentage of hours (3 hours or more per day) when compared to Nebraska youth (39.0% vs. 46.1%, respectively; *p-value* < 0.001).

[57] Data source: Youth Online: High School YRBS - T-Test Nebraska 2019 and United States 2019 Results | DASH | CDC

Alcohol and Tobacco Use

Current alcohol use among adults

Past 30-day alcohol use, adults (PHS vs. State) 2011-2020[58]



On average, past 30-day alcohol use prevalence in the PHS was 2.2% lower when compared to the State between 2011 and 2020.

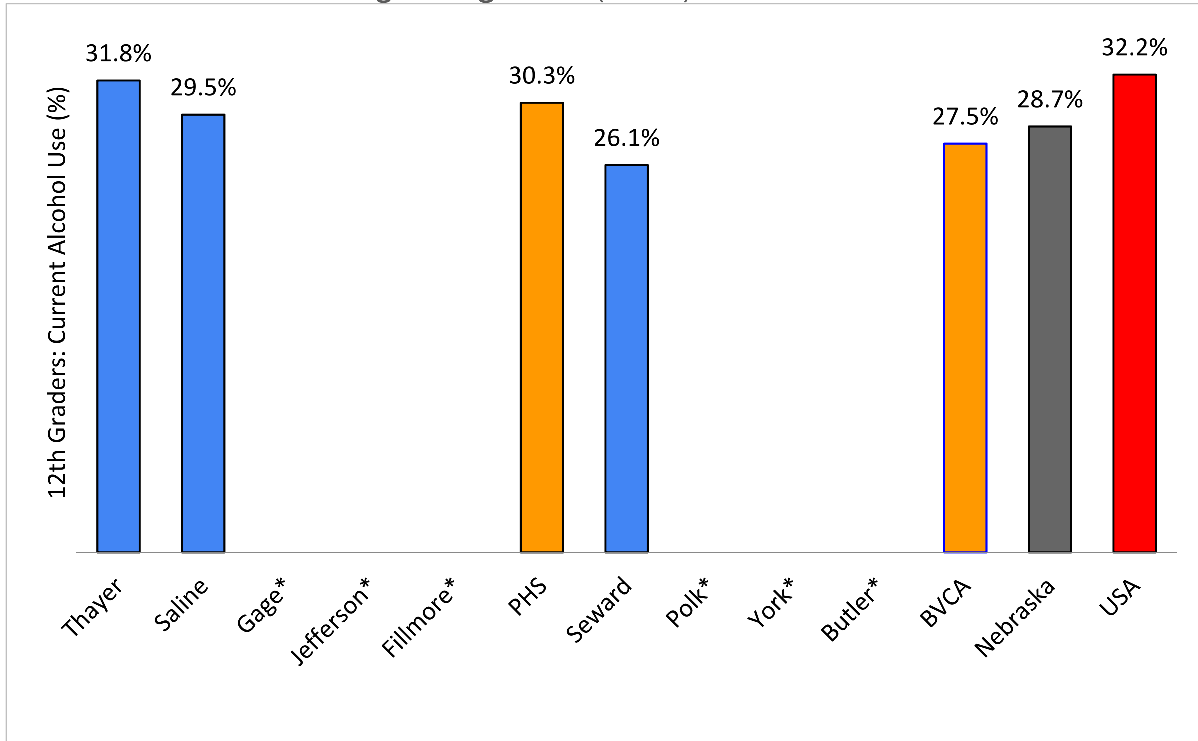
Between 2011 and 2020, the highest past 30-day alcohol use prevalence in the PHS area was 62.0% in 2012, 0.7% higher when compared to the State (61.3%). The lowest past 30-day alcohol use prevalence in the PHS area was reported in 2019 (54.0%), 5.5% lower when compared to the State (59.5%).

The 2016-2020 combined past 30-day alcohol use prevalence in the PHS area was 3.6% lower when compared to the State (56.0% vs. 59.6%, respectively).

[58] Percentage of adults 18 and older who report having at least one alcoholic beverage during the past 30 days, BRFSS

Current alcohol use among youth

Current Alcohol Use Among 12th graders (2021) [59]



(*) No county-level data available in 2021.

27.5% of school children in 12th grade in the BVCA area reported alcohol use one or more times in the past 30 days, which is 1.2% lower when compared to the State (28.7%).

30.3% of 12th graders in the PHS area reported alcohol use in the past 30 days, which is 1.6% higher when compared to the State (28.7%).

The BVCA and PHS areas both had lower rates of past 30-day alcohol use among 12th graders compared to the national rate of 32.2%.

Thayer County had the highest percentage of school children in 12th grade who reported alcohol use in the past 30 days (31.8%), followed by Saline County (29.5%), and Seward County (26.1%).

---

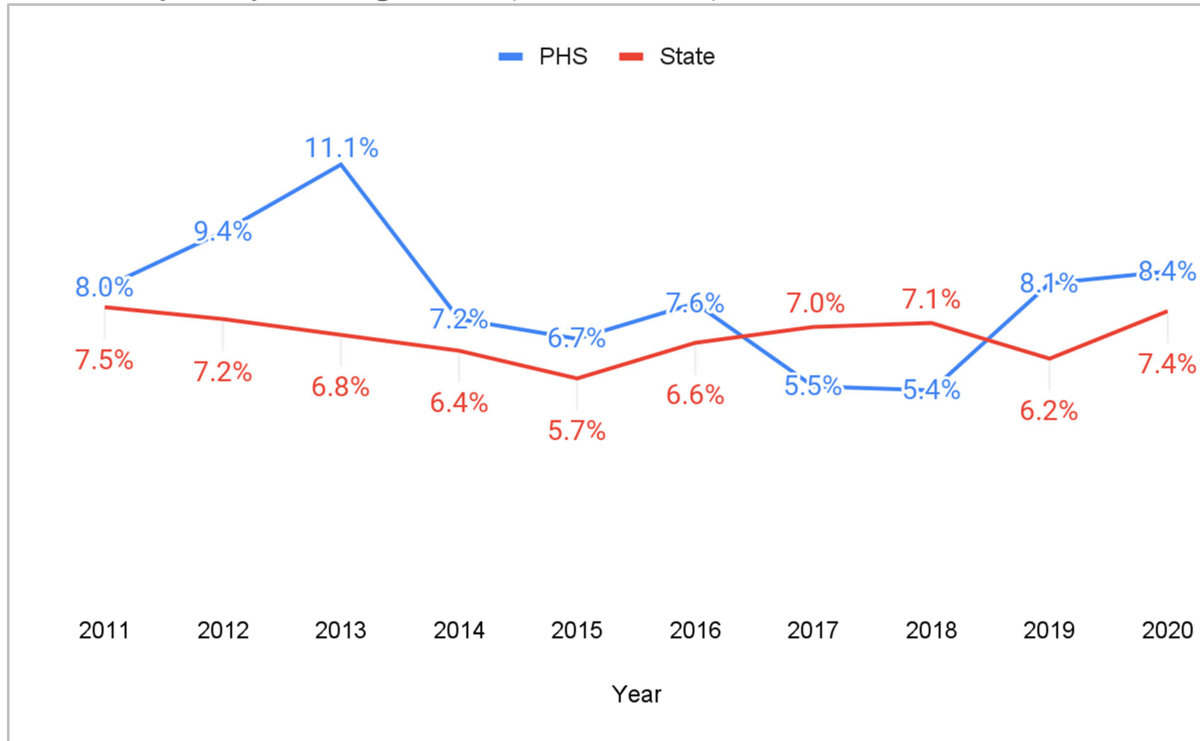
[59] Data sources: County-level - Nebraska Risk and Protective Student Survey (NRPFSS, 2021). Current County-Level Data and Current Health Department-Level Data. BVCA combined data from Public Health Solutions Health Department (PHS) and Four Corners Public Health Department. UN-L. Bureau of Sociological Research: SHARP | Bureau of Sociological Research | Nebraska (unl.edu)

State-level - YRBS 2021: QN41: Percentage of students who currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey). PAGE 42. https://bosr.unl.edu/2021SHARP/YRBS/2021NEH%20Summary%20Tables.pdf

National-level – YRBS 2021

Heavy drinking among adults

Past 30-day heavy drinking, adults (PHS vs. State) 2011-2020[60]



On average, past 30-day heavy drinking prevalence in the PHS was 1.0% higher when compared to the State between 2011 and 2020.

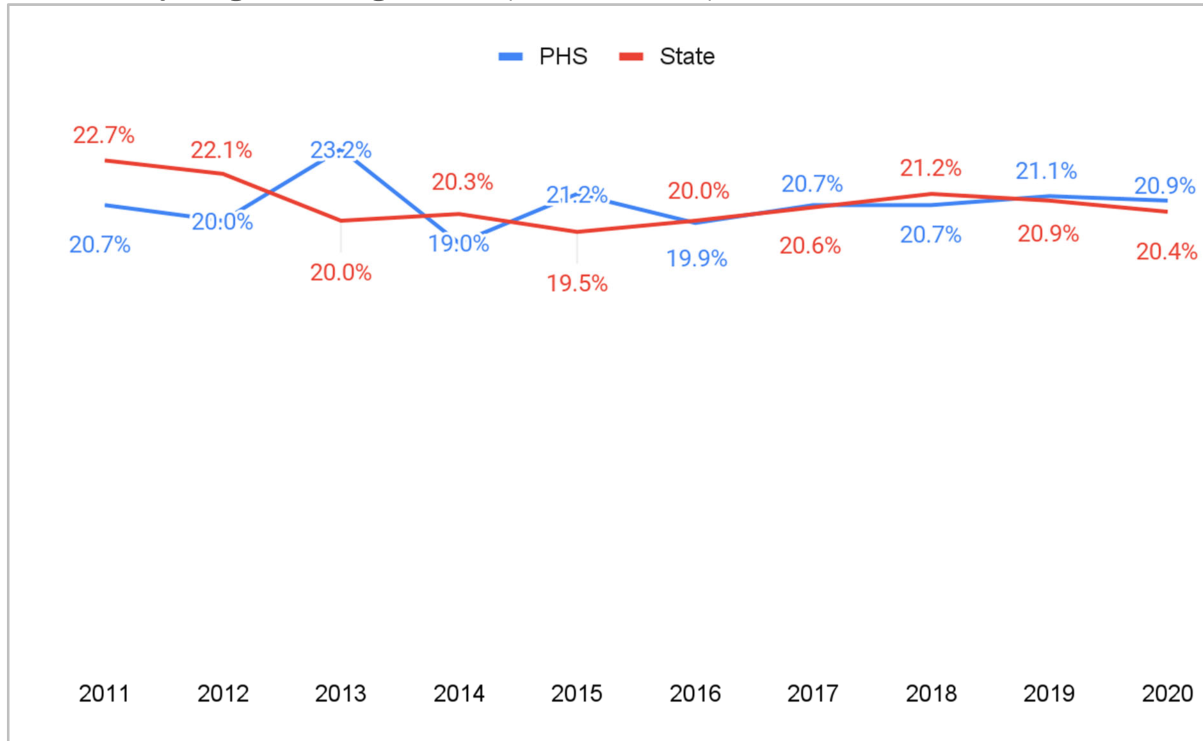
Between 2011 and 2020, the highest past 30-day heavy drinking prevalence in the PHS area was 11.1% in 2013, 4.3% higher when compared to the State (6.8%). The lowest past 30-day heavy drinking prevalence in the PHS area was reported in 2018 (5.4%), 1.7% lower when compared to the State (7.1%).

The 2016-2020 combined past 30-day heavy drinking prevalence in the PHS area was 0.2% higher when compared to the State (7.0% vs. 6.8%, respectively).

[60] Percentage of men 18 and older who report drinking more than 60 alcoholic drinks (an average of more than two drinks per day) during the past 30 days and the percentage of women 18 and older who report drinking more than 30 alcoholic drinks (an average of more than one drink per day) during the past 30 days, BRFSS

Binge drinking among adults

Past 30-day binge drinking, adults (PHS vs. State) 2011-2020[61]



On average, past 30 day binge drinking prevalence in the PHS was 0.1% lower when compared to the State between 2011 and 2020.

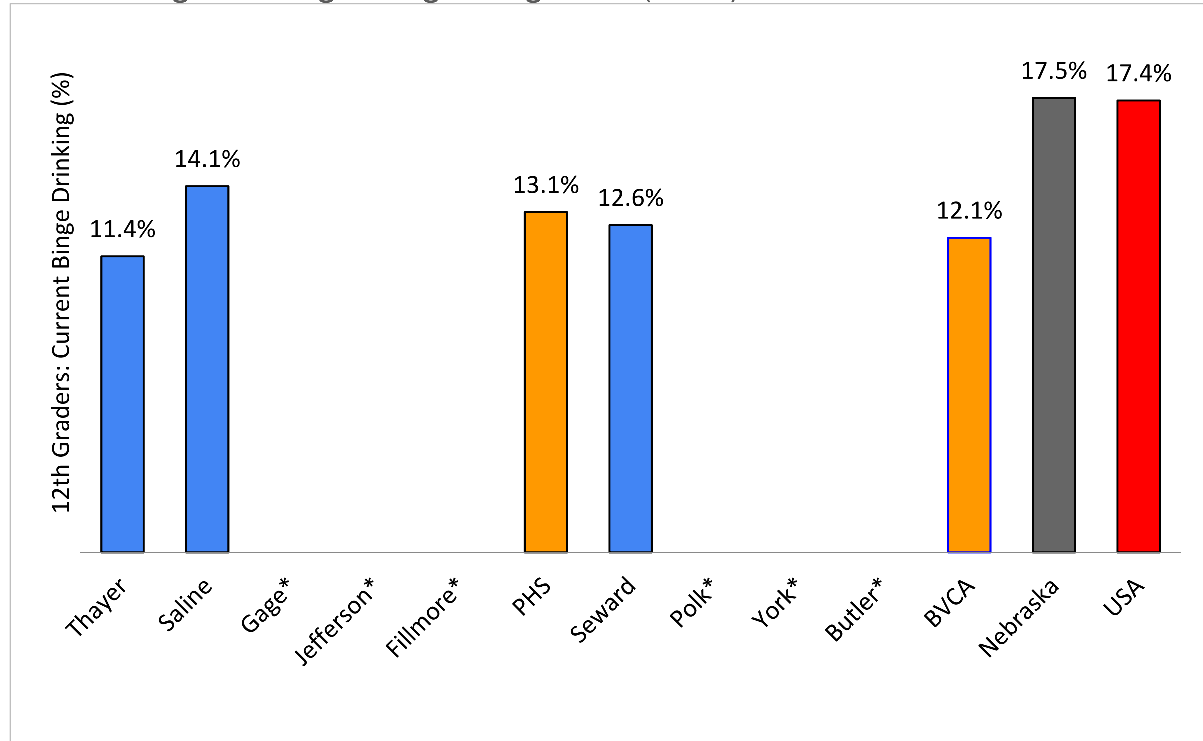
Between 2011 and 2020, the highest past 30 day binge drinking prevalence in the PHS area was 23.2% in 2013, 3.2% higher when compared to the State (20.0%). The lowest past 30 day binge drinking prevalence in the PHS area was reported in 2014 (19.0%), 1.3% lower when compared to the State (20.3%).

The 2016-2020 combined past 30 day binge drinking prevalence in the PHS area was 20.6%, the same as the State prevalence rate (20.6%).

[61] Percentage of adults 18 and older who report having five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion during the past 30 days, BRFSS

Current binge drinking among youth

Current Binge Drinking Among 12th graders (2021)[62]



(*) No county-level data available in 2021.

12.1% of school children in 12th grade in the BVCA area reported binge drinking one or more times in the past 30 days, which is 5.4% lower when compared to the State (17.5%).

13.1% of 12th graders in the PHS area reported binge drinking in the past 30 days, which is 4.4% lower when compared to the State (17.5%).

The BVCA and PHS areas both had lower rates of past 30-day binge drinking among 12th graders compared to the national rate of 17.4%.

Saline County had the highest percentage of school children in 12th grade who reported binge drinking (14.1%), followed by Seward County (12.6%), and Thayer County (11.4%).

---

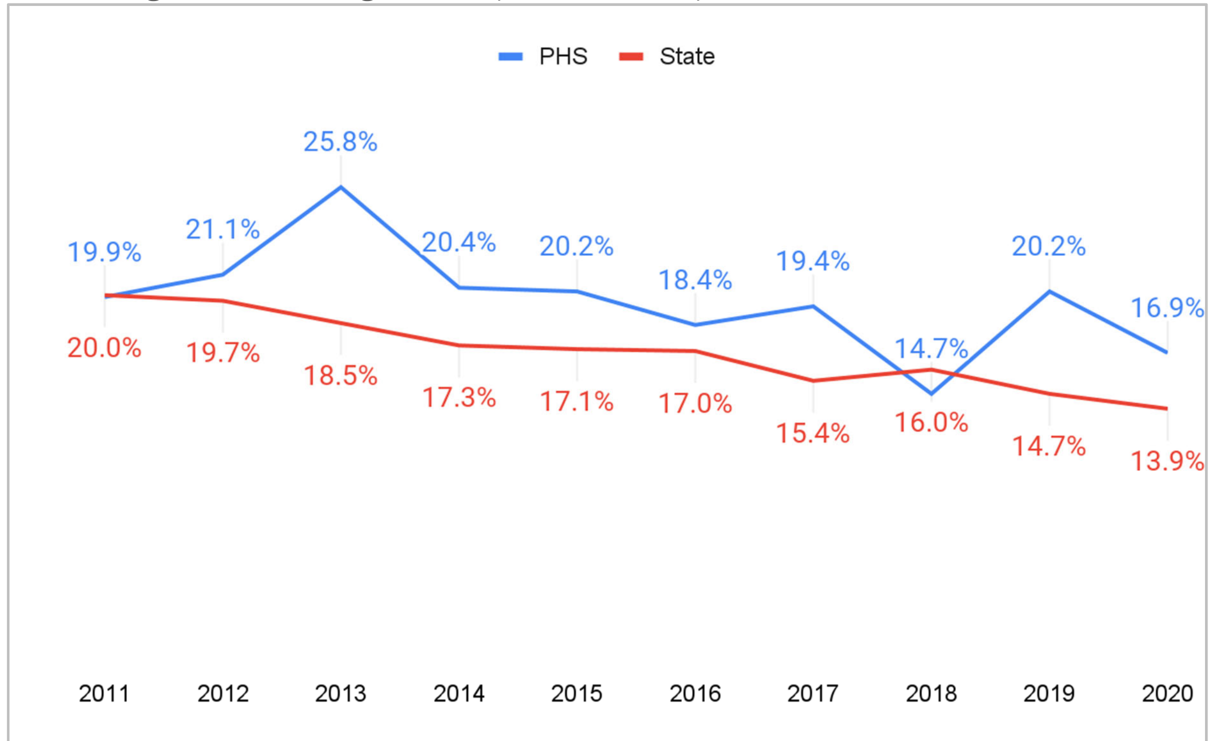
[62] Data sources: County-Level: Nebraska Risk and Protective Student Survey (NRPFSS, 2021). Current County-Level Data and Current Health Department-Level Data. BVCA combined data from Public Health Solutions Health Department (PHS) and Four Corners Public Health Department. UN-L. Bureau of Sociological Research: SHARP | Bureau of Sociological Research | Nebraska (unl.edu)

State-level - YRBS 2021: QN42: Percentage of students who currently were binge drinking (had four or more drinks of alcohol in a row if they were female or five or more drinks of alcohol in a row if they were male, within a couple of hours, on at least 1 day during the 30 days before the survey) - PAGE 43. https://bosr.unl.edu/2021SHARP/YRBS/2021NEH%20Summary%20Tables.pdf

National-level – YRBS 2021

Cigarette smoking among adults

Current cigarette smoking, adults (PHS vs. State) 2011-2020[63]



On average, current cigarette smoking prevalence in the PHS area was 2.7% higher when compared to the State between 2011-2020.

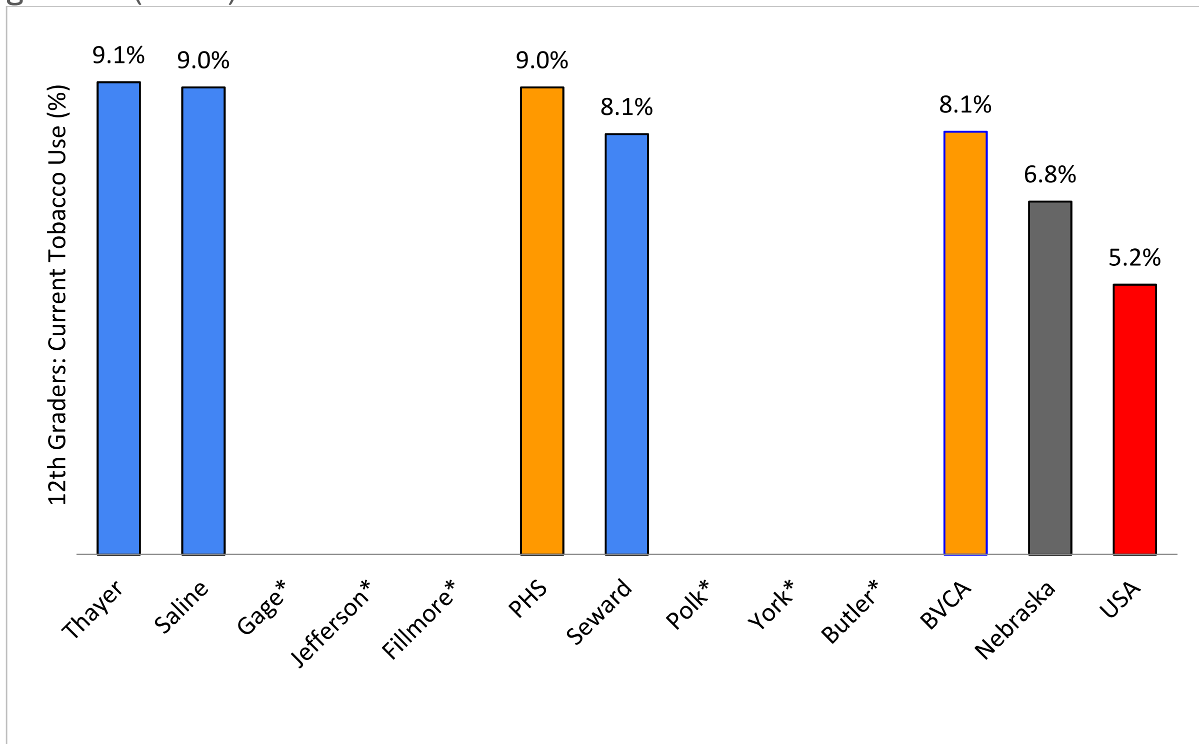
The current cigarette smoking prevalence rate in the PHS area has steadily decreased between 2011 and 2020, from an average prevalence rate of 21.5% between 2011 and 2015, to an average prevalence rate of 17.9% between 2016 and 2020, an average decrease of 3.6% between these two periods.

The 2016-2020 combined current cigarette smoking prevalence in the PHS area was 2.5% higher when compared to the state (17.9% vs. 15.4%, respectively).

[63] Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days, BRFSS

Current tobacco use among youth

Current Tobacco Use (includes cigarettes and smokeless tobacco) Among 12th graders (2021) [64]



(*) No county-level data available in 2021.

8.1% of school children in 12th grade in the BVCA area reported tobacco use (cigarettes and smokeless tobacco) one or more times in the past 30 days, which is 1.3% higher when compared to the state (6.8%) and 2.9% higher when compared to the national rate (5.2%).

9.0% of 12th graders in the PHS area reported tobacco use, which is 2.2% higher when compared to the state (6.8%) and 3.8% higher when compared to the national rate (5.2%).

Thayer County had the highest percentage of school children in 12th grade who reported tobacco use (9.1%), followed by Saline County (9.0%), and Seward County (8.1%).

---

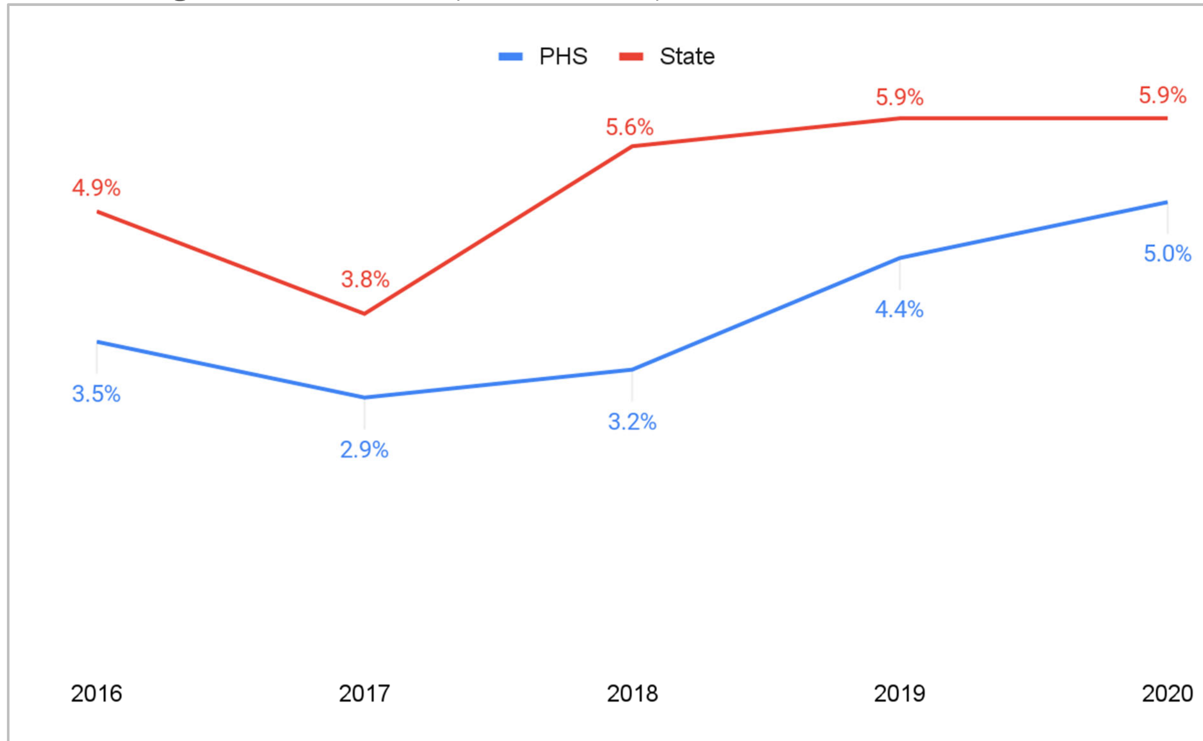
[64] Data sources: County-level: Nebraska Risk and Protective Student Survey (NRPFSS, 2021). Current County-Level Data and Current Health Department-Level Data. BVCA combined data from Public Health Solutions Health Department (PHS) and Four Corners Public Health Department. UN-L. Bureau of Sociological Research: SHARP | Bureau of Sociological Research | Nebraska (unl.edu)

State-Level – YRBS 2021: QNTB3: Percentage of students who currently smoked cigarettes or cigars or used smokeless tobacco (on at least 1 day during the 30 days before the survey). PAGE 37. https://bosr.unl.edu/2021SHARP/YRBS/2021NEH%20Summary%20Tables.pdf

National-level – YRBS 2021

E-cigarette use among adults

Current e-cigarette use, adults (PHS vs. State) 2016-2020[65]



On average, current e-cigarette use prevalence in the PHS area was 1.4% lower when compared to the State between 2016-2020.

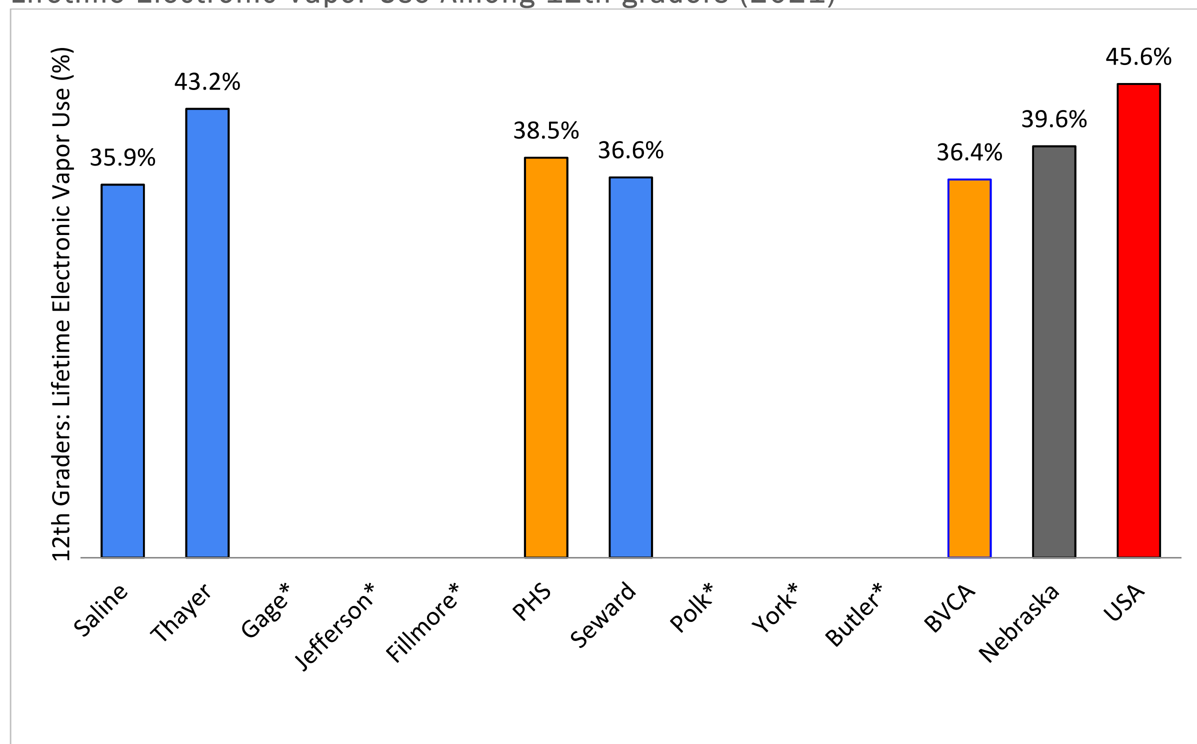
The current e-cigarette use prevalence rate in the PHS area increased between 2017 and 2020, from a prevalence rate of 2.9% in 2017 (the lowest during the reported period) to a prevalence rate of 5.0% in 2020 (the highest during the reported period).

The 2016-2020 combined current e-cigarette use prevalence in the PHS area was 1.4% lower when compared to the state (3.8% vs. 5.2%, respectively).

[65] Percentage of adults 18 and older who report that they currently use e-cigarettes or other electronic “vaping” products either every day or on some days, BRFSS

E-cigarette/electronic vapor use among youth

Lifetime Electronic Vapor Use Among 12th graders (2021)[66]



(*) No county-level data available in 2021.

Overall, 36.4% of school children in12th grade in the BVCA area reported using electronic vapor one or more times in their lifetimes, which is 3.2% lower when compared to the state (39.6%) and 9.2% lower when compared to the national rate of 45.6%.

38.5% of 12th graders in the PHS area reported using electronic vapor, which is slightly lower when compared to the state (39.6%) and 7.1% lower when compared to the national rate of 45.6%.

Thayer County had the highest percentage of school children in 12th grade who reported using electronic vapor (43.2%), followed by Seward County (36.6%), and Saline County (35.9%).

---

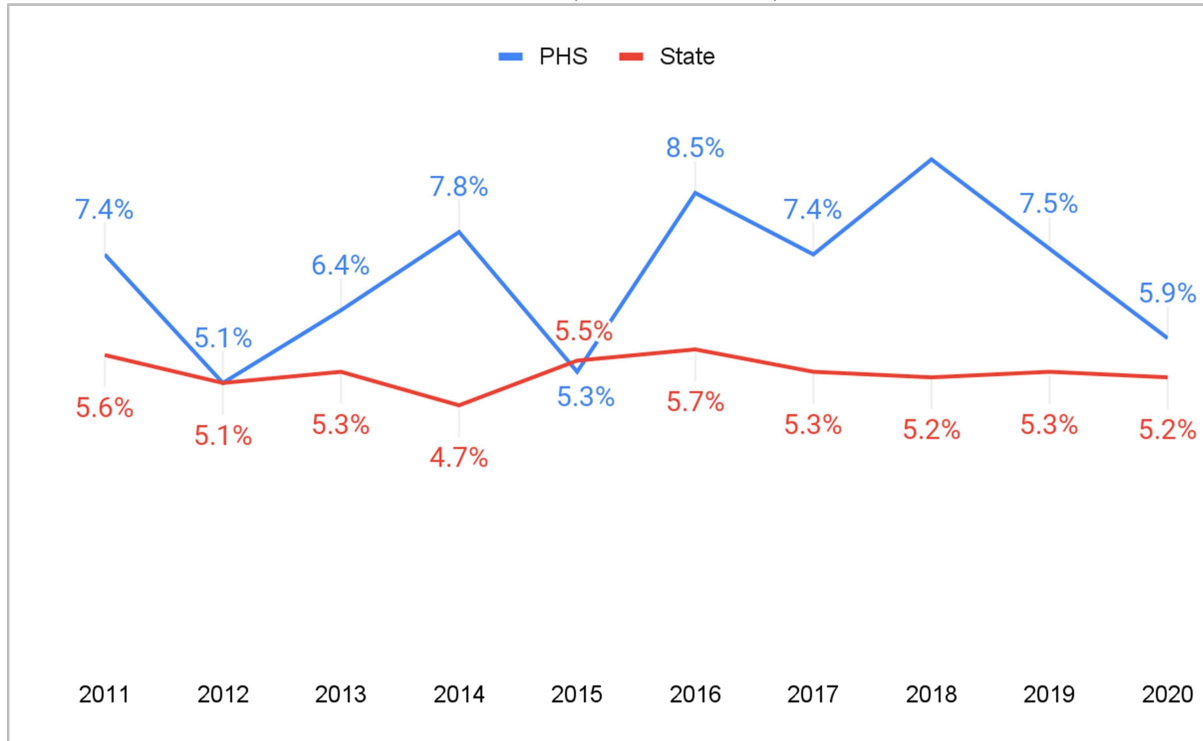
[66] Data sources: County-Level: Nebraska Risk and Protective Student Survey (NRPFSS, 2021). Current County-Level Data and Current Health Department-Level Data. BVCA combined data from Public Health Solutions Health Department (PHS) and Four Corners Public Health Department. UN-L. Bureau of Sociological Research: https://bosr.unl.edu/sharp

State-Level: YRBS 2021 - QN34: Percentage of students who ever used an electronic vapor product (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods [such as JUUL, SMOK, Suorin, Vuse, and blu]) - PAGE 25.
https://bosr.unl.edu/2021SHARP/YRBS/2021NEH%20Summary%20Tables.pdf

National-level – YRBS 2021

Smokeless tobacco use among adults

Current smokeless tobacco use, adults (PHS vs. State) 2011-2020[67]



On average, current smokeless tobacco use prevalence in the PHS area was 1.8% higher when compared to the State between 2011-2020.

Between 2011 and 2020, the highest current smokeless tobacco use prevalence in the PHS area was 8.5% in 2016, 2.8% higher when compared to the State (5.7%). The lowest current smokeless tobacco use prevalence in the PHS area was reported in 2012 (5.1%), the same prevalence rate as the State (5.1%).

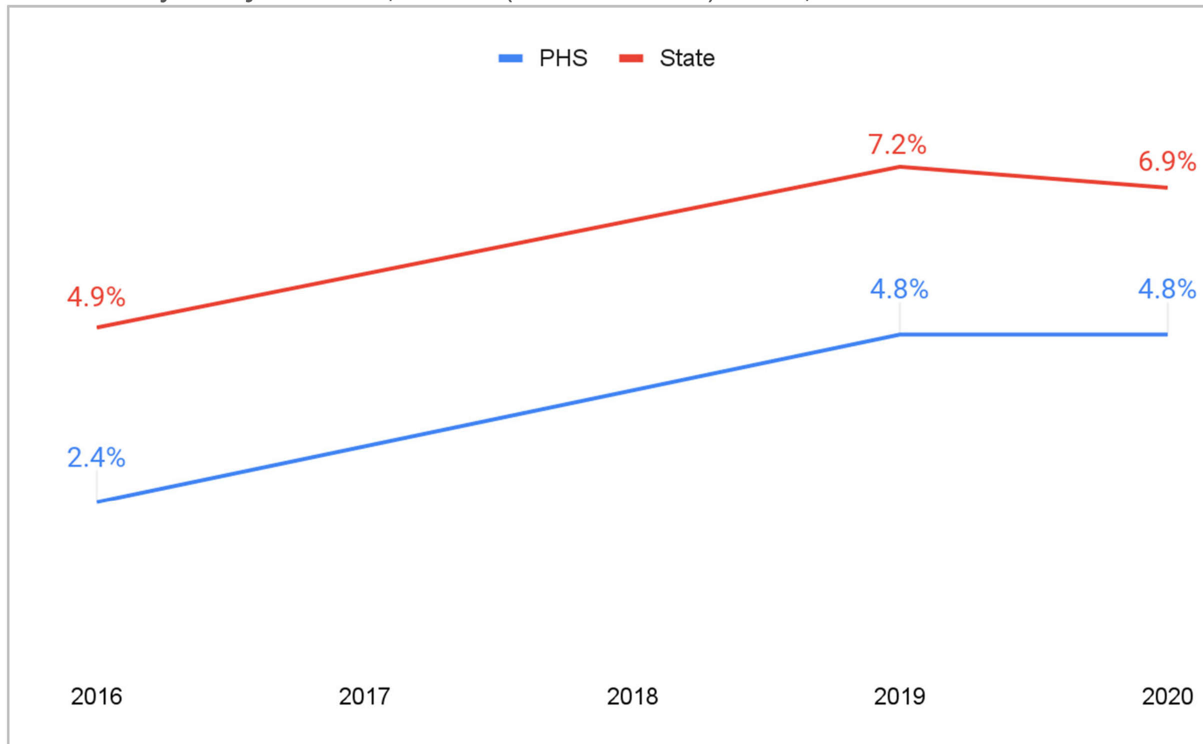
The 2016-2020 combined current smokeless tobacco use prevalence in the PHS area was 1.2% higher when compared to the state (6.5% vs. 5.3%, respectively).

[67] Percentage of adults 18 and older who report that they currently use smokeless tobacco products (chewing tobacco, snuff, or snus) either every day or on some days, BRFSS

Drug Use

Marijuana use among adults

Past 30-day marijuana use, adults (PHS vs. State) 2016, 2019-2020[68]



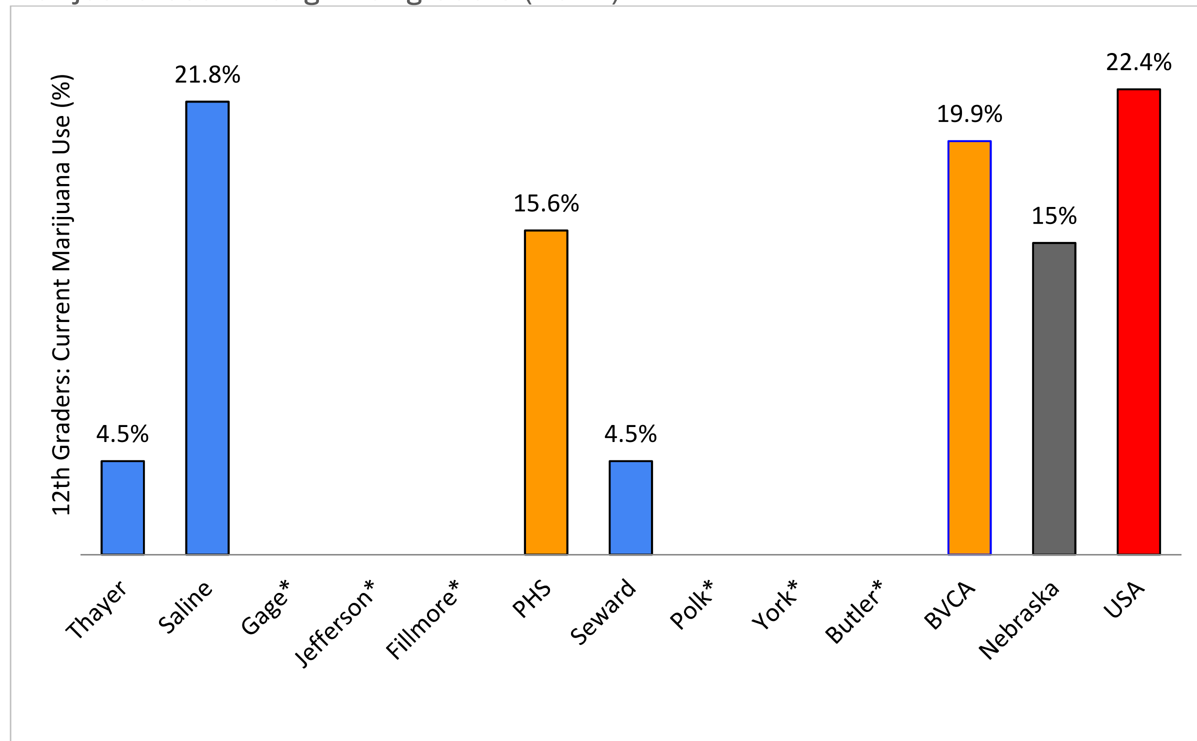
On average, past 30-day marijuana use prevalence in the PHS was 2.3% lower when compared to the State between 2016 and 2019-2020 (4.0% vs. 6.3%, respectively).

Past 30-day marijuana use prevalence in the PHS area between 2016 and 2020 increased 2.4%, from 2.4% to 4.8%, respectively.

[68] Percentage of adults 18 and older who report using marijuana or hashish during the past 30 days, BRFSS.

Marijuana use among youth

Marijuana Use Among 12th graders (2021)[69]



Overall, 19.9% of school children in 12th grade in the BVCA area reported marijuana use one or more times in the past 30 days, which is 4.9% higher when compared to the state (15.0%) but 2.5% lower when compared to the national rate of 22.4%.

15.6% of 12th graders in the PHS area reported marijuana use, which is slightly higher when compared to the state (15.0%) but 6.8% lower when compared to the national rate of 22.4%.

Saline County had the highest percentage of school children in 12th grade who reported marijuana use (21.8%), followed by Thayer and Seward counties (4.5%).

---

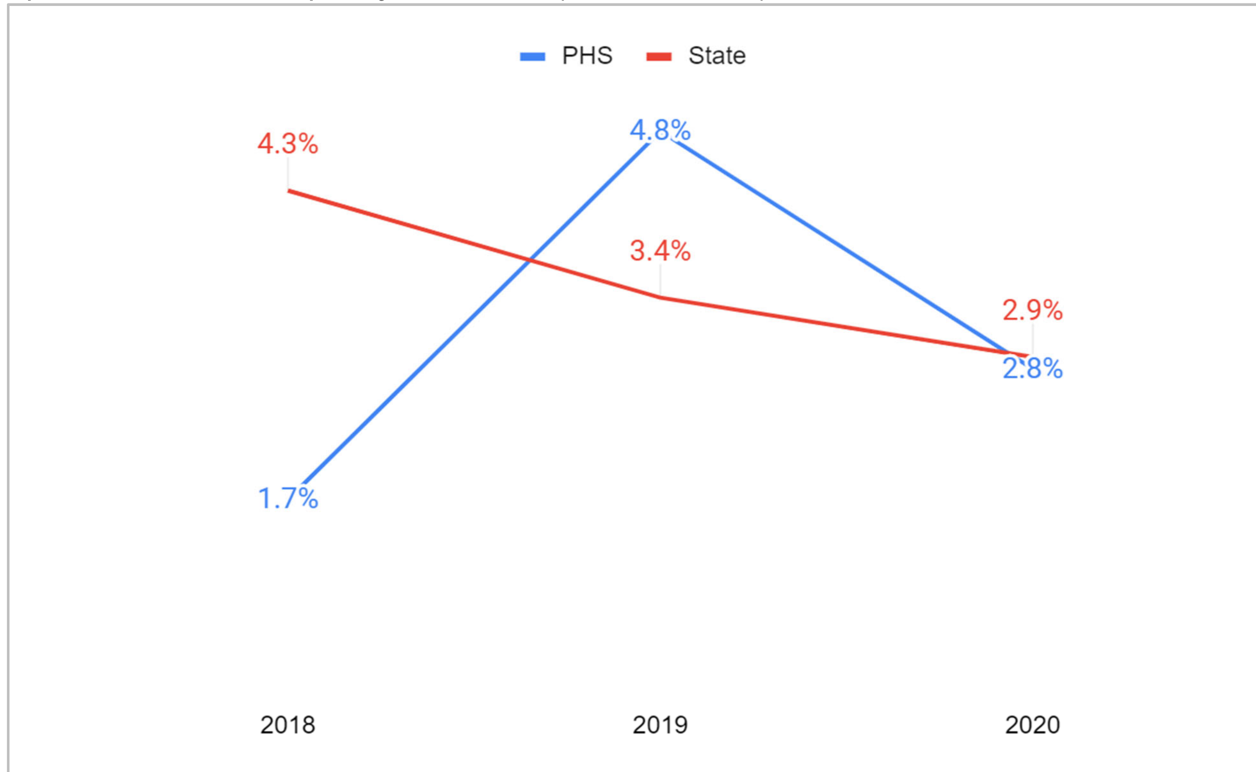
[69] Data sources: County-Level - Nebraska Risk and Protective Student Survey (NRPFSS, 2021). Current County-Level Data and Current Health Department-Level Data. BVCA combined data from Public Health Solutions Health Department (PHS) and Four Corners Public Health Department. UN-L. Bureau of Sociological Research: SHARP | Bureau of Sociological Research | Nebraska (unl.edu)

State-Level: YRBS 2021 - QN47: Percentage of students who currently used marijuana (one or more times during the 30 days before the survey). PAGE 48.
https://bosr.unl.edu/2021SHARP/YRBS/2021NEH%20Summary%20Tables.pdf

National-level – YRBS 2021

Opioid misuse among adults

Opioid misuse in the past year, adults (PHS vs. State) 2018-2020[70]



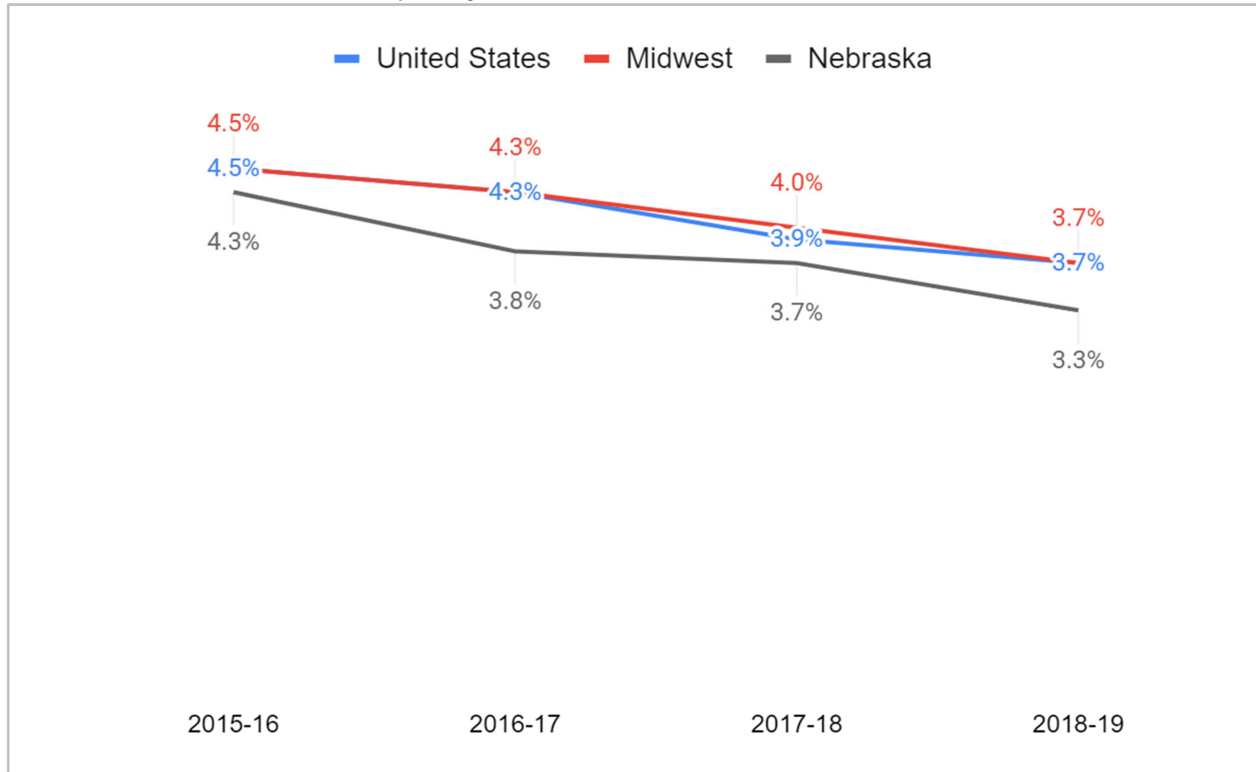
Opioid misuse in the past year prevalence in the PHS area between 2018 and 2020 decreased 2.0%. Opioid misuse in the past year prevalence also decreased for the State during 2018-2020 (-0.5%).

The 2018-2020 combined opioid misuse in the past year prevalence in the PHS area was 0.5% lower when compared to the state (3.0% vs. 3.5% respectively).

[70] Percentage of adults 18 and older who report that they used opioid pain medication more frequently or in higher doses than directed by a doctor during their last filled prescription or used opioid pain medication not prescribed to them, during the past 12 months, BRFSS

Pain reliever misuse among adults

Pain reliever misuse in the past year, adults[71]

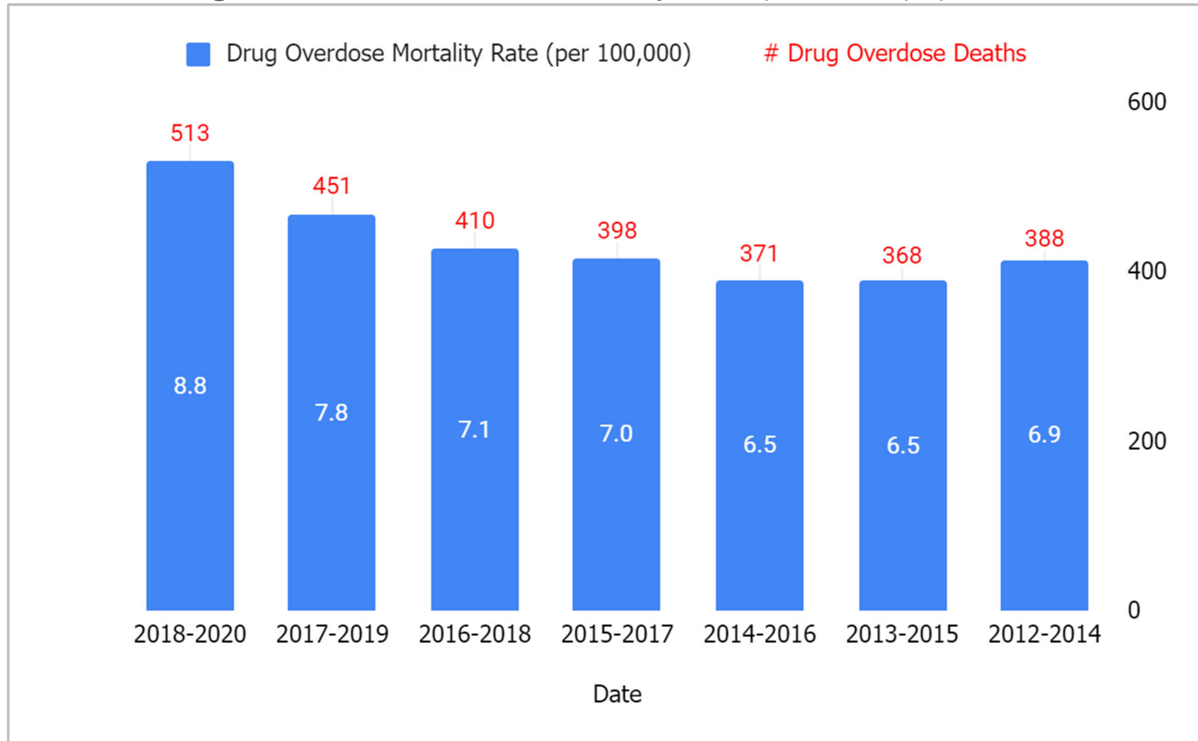


Pain reliever misuse in the past year reported by Nebraska adults was 0.2% to 0.5% lower when compared to the Midwest and the United States between the years 2015-2016 to 2018-2019. Pain reliever misuse in the past year reported by Nebraska adults decreased 1.0% between the years 2015-16 and 2018-19 (from 4.3% to 3.3%, respectively).

[71] Data source: SAMHDA (Substance Abuse and Mental Health Data Archive): NSDUH Substate Estimates (samhsa.gov)

Drug overdose deaths

Number of drug overdose deaths and mortality rates per 100k population [72]



The total number of deaths due to drug overdose was 2,899 persons, between years 2012-2014 and 2018-2020 combined in Nebraska, an increase of 32% during the study period (388 vs. 513, respectively). The drug overdose mortality rate (per 100,000) increased from 6.9 for 2012-2014 to 8.8 for 2018-2020.

[72] Data source: CDC WONDER mortality data. Retrieved from County Health Rankings (2016 to 2022 data sets). Nebraska | County Health Rankings & Roadmaps

Behavioral Health

Substance abuse and mental health treatment facilities, hospitalizations

Number of clients in substance abuse treatment facilities – Nebraska

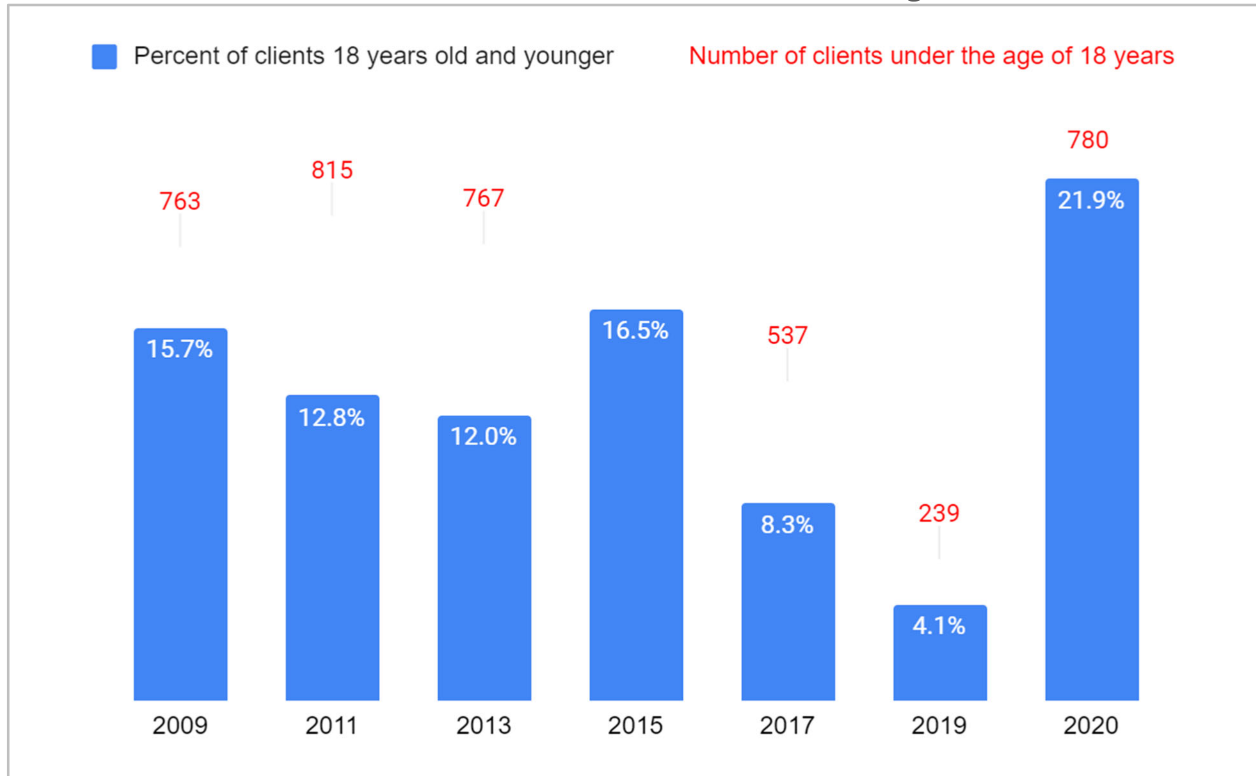
Facility operation, by number and percent[73]						
	Facilities		Clients in treatment on March 31, 2020			
			All clients		Clients under age of 18	
	No.	%	No.	%	No.	%
Private non-profit	74	60.2	2,091	58.8	484	62.1
Private for-profit	29	23.6	958	27	243	31.2
Local, county, or community government	6	4.9	250	7	5	0.6
State government	1	0.8	14	0.4	14	1.8
Federal government	5	4.1	111	3.1	—	—
Tribal government	8	6.5	130	3.7	34	4.4
Total	**123**	**100**	**3,554**	**100**	**780**	**100**

Note: Percentages may not sum to 100 percent due to rounding.

In Nebraska, 123 substance abuse treatment facilities were included in the 2020 N-SSATS report, which reported a total of **3,554** clients in substance abuse treatment on March 31, 2020. **21.9%** of these clients were 18 years old and younger (*n* = **780**) which represents an increase from previous years. See chart on next page.

[73] 2020 NSSATS State Profiles_FINAL.pdf (samhsa.gov)

Nebraska clients in treatment for substance abuse under the age of 18: 2009-2020[74]



In Nebraska, the percentage of clients 18 years old and younger receiving treatment for substance abuse increased **226%** between 2020 and 2019 (n = 239 vs. n = 780, respectively).

[74] National Survey of Substance Abuse Treatment Services (samhsa.gov)

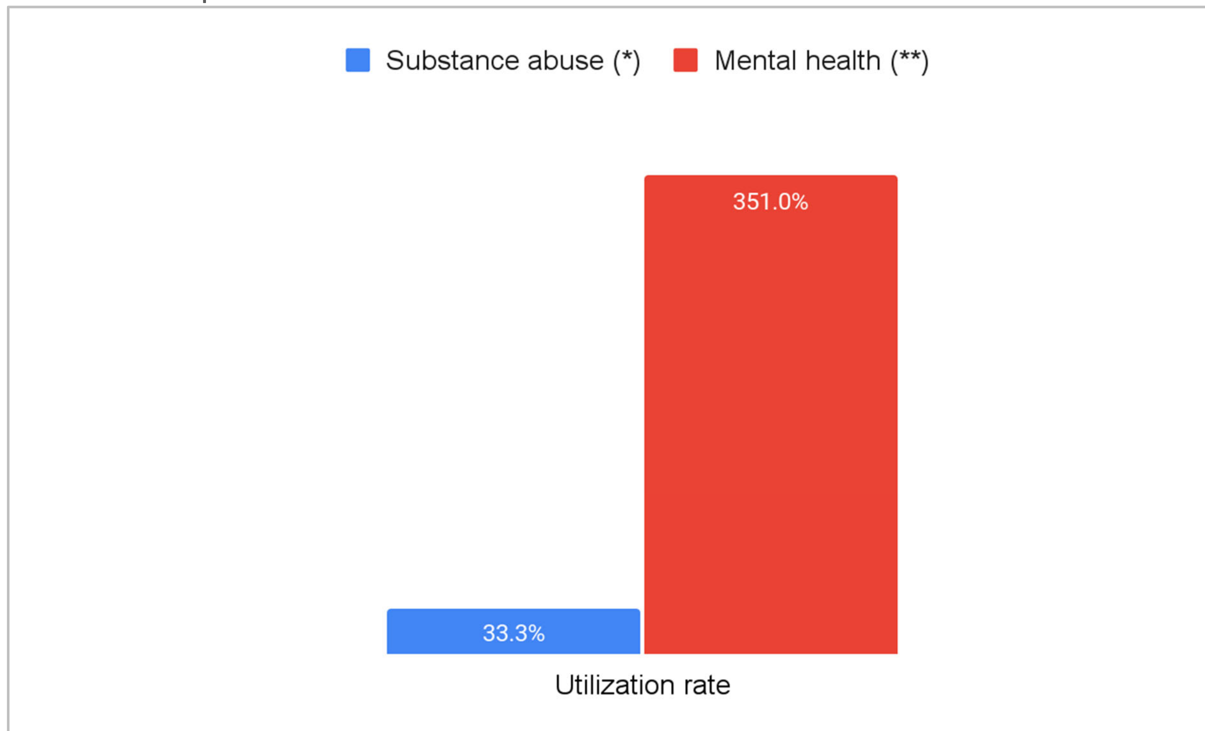
Number of Mental Health and Substance Abuse treatment facilities in the BVCA area[75]

County	# of Mental Health Facilities	# of Substance Abuse Facilities	MH Facilities	Facilities SA
Fillmore	1	1	Blue Valley Behavioral Health-Geneva Office	Blue Valley Behavioral Health-Geneva Office
Saline	1	1	Blue Valley Behavioral Health-Crete Office	Blue Valley Behavioral Health-Crete Office
Thayer	-	-	-	-
Jefferson	1	-	Blue Valley Behavioral Health-Fairbury Office	
Gage	2	2	Blue Valley Behavioral Health-Beatrice Office / Nebraska Mental Health Centers	Blue Valley Behavioral Health-Beatrice Office / Nebraska Mental Health Centers
PHS	**5**	**4**		
Polk	-	-	-	-
Butler	1	1	Blue Valley Behavioral Health-David City Office	Blue Valley Behavioral Health-David City Office
York	1	1	Blue Valley Behavioral Health-York Office	Blue Valley Behavioral Health-York Office
Seward	1	1	Blue Valley Behavioral Health-Seward Office	Blue Valley Behavioral Health-Seward Office
BVCA	**8**	**7**		
Nebraska	127	117		

Overall, there are 8 mental health (MH) and 7 substance abuse (SA) treatment facilities in the BVCA area. Thayer and Polk counties do not have any type of treatment facilities.

[75] Data source: Search For Treatment - FindTreatment.gov

Nebraska hospitalization rates due to mental health or behavioral health[76]



(*): Because substance abuse treatment clients may also occupy non-designated beds, utilization rates may be more than 100 percent.
(**): Utilization rates may exceed 100 percent if the number of mental health clients occupying beds in a service setting exceeds the number of beds allotted for mental health treatment.

In Nebraska, the utilization rate for mental health services exceeded 3.5 times the bed capacity in hospitals[1] during 2020.

In Nebraska, the utilization rate for substance abuse services reached one-third of the bed capacity in hospitals [2] during 2020.

[1] 24-hour hospital inpatient
[2] Hospital inpatient

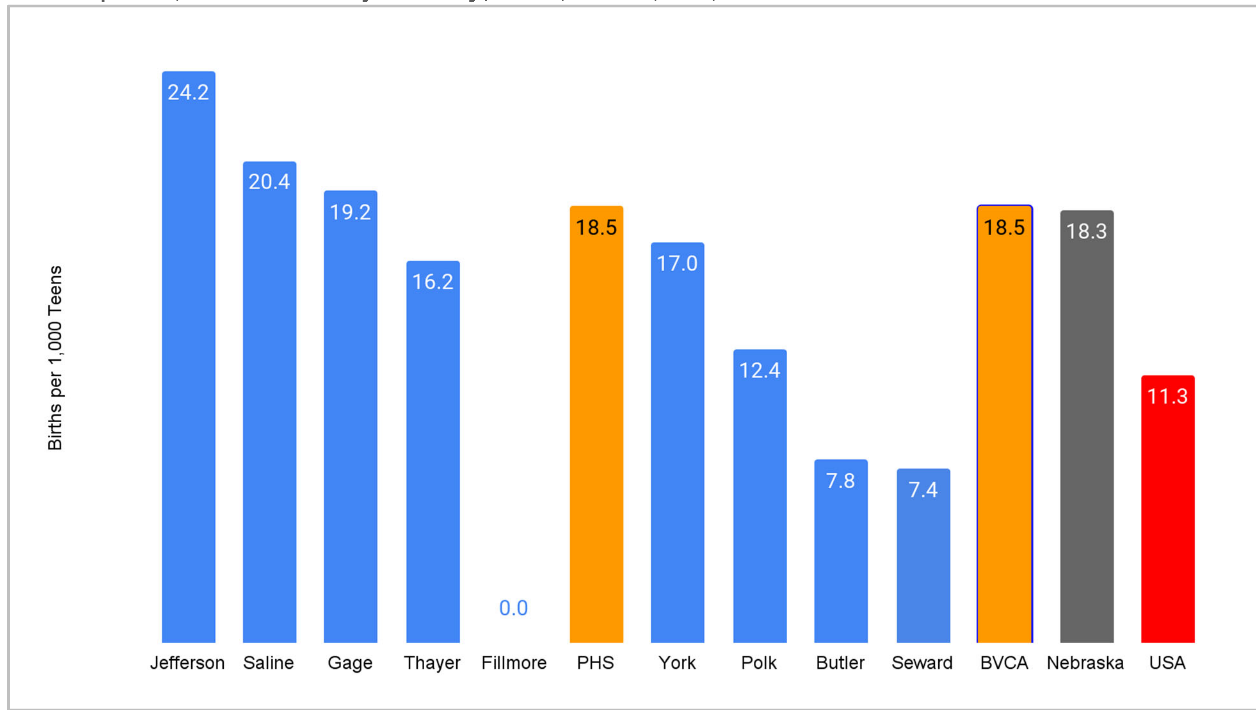
---

[76] Data sources:
Substance abuse: Quick Statistics Results | CBHSQ Data SAMHSA
Mental health: Quick Statistics Results | CBHSQ Data SAMHSA

Teen pregnancy

Teen births

Births per 1,000 Teens by County, PHS, BVCA, NE, U.S. [77]



Jefferson County has 1.3 times higher teen birth rates when compared to the state (24.2 births per 1,000 teens vs. 18.3, respectively), followed by Saline County (20.4 births per 1,000 teens), and Gage County (19.2 births per 1,000 teens).

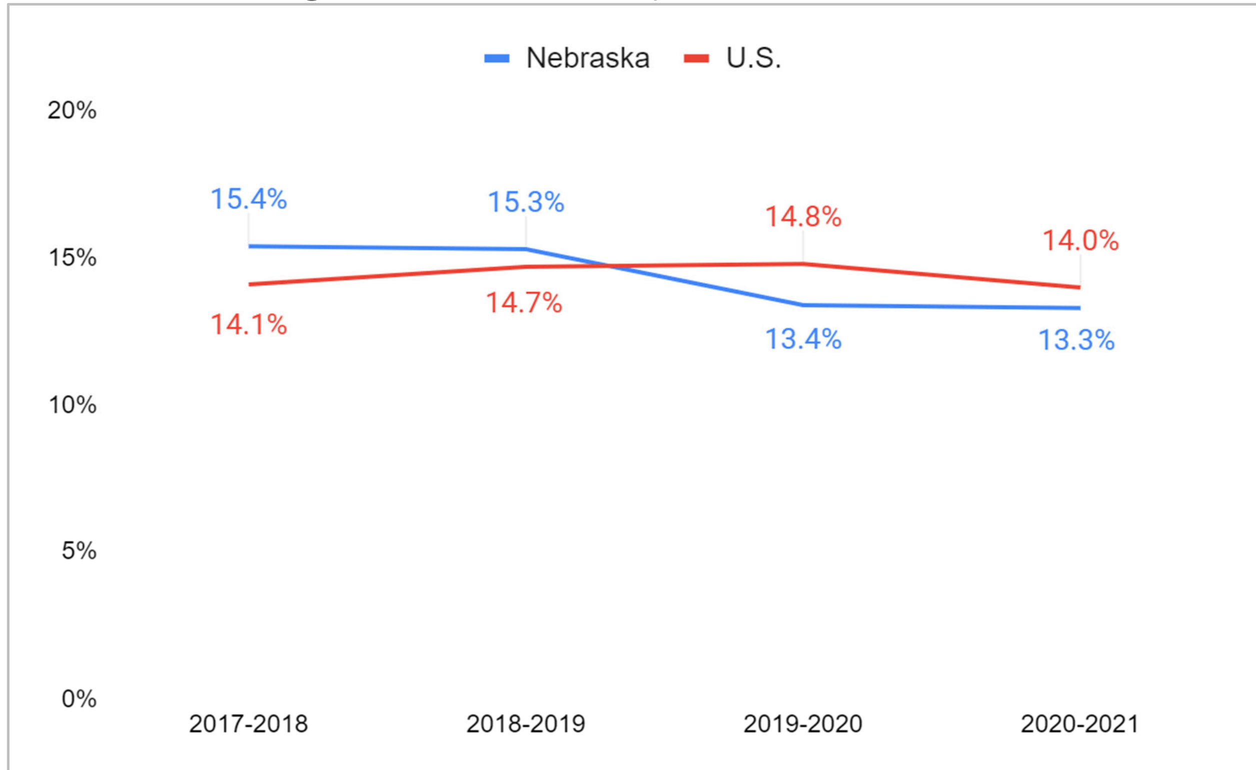
Seward County has 2.5 times lower teen birth rates when compared to the state (7.4 births per 1,000 teens vs. 18.3, respectively), followed by Butler County (7.8 births per 1,000 teens).

[77] Number of births per 1,000 female population ages 15-19. Data source: National Center for Health Statistics - Natality files. 2014-2020

Mental Health and Suicide

Adverse Childhood Experiences (ACEs)[78]

Percent of children ages 0 to 17 who have experienced two or more ACEs[79]



Children 0-17 years old experiencing adverse childhood experiences (ACEs) decreased in Nebraska, from 15.4% in 2017-2018 to 13.3% in 2020-2021. ACEs in the U.S. increased from 14.1% in 2017-2018 to 14.8% in 2019-2020, and decreased to 14% in 2020-2021.

Since 2019-2020, ACEs in Nebraska have been lower when compared to the U.S. (13.3% vs. 14% in 2020-2021, respectively).

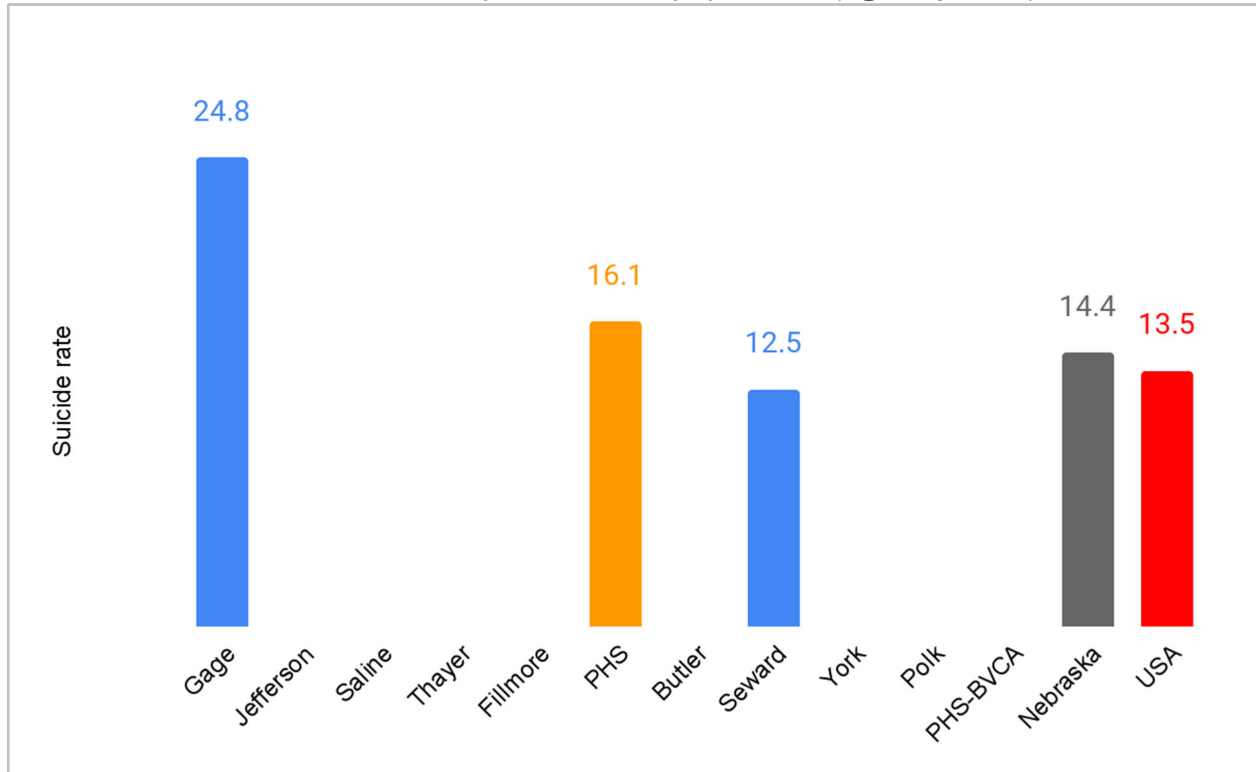
---

[78] **Definition**: Percentage of children ages 0-17 who have ever experienced two or more of the following: parental divorce or separation; living with someone who had an alcohol or drug problem; neighborhood violence victim or witness; living with someone who was mentally ill, suicidal or severely depressed; domestic violence witness; parent served jail time; being treated or judged unfairly due to race/ethnicity; or death of a parent (2-year estimate). https://www.americashealthrankings.org/explore/annual/measure/ACEs_8/state/NE

[79] Data Source: National Survey of Children's Health, U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), 2020-2021.

Suicide rates

Number of deaths due to suicide per 100,000 population (age-adjusted).[80]



Overall, suicide rates in the PHS area are higher when compared to the state (16.1 vs. 14.4 per 100,000 people, respectively). **See map next page**.

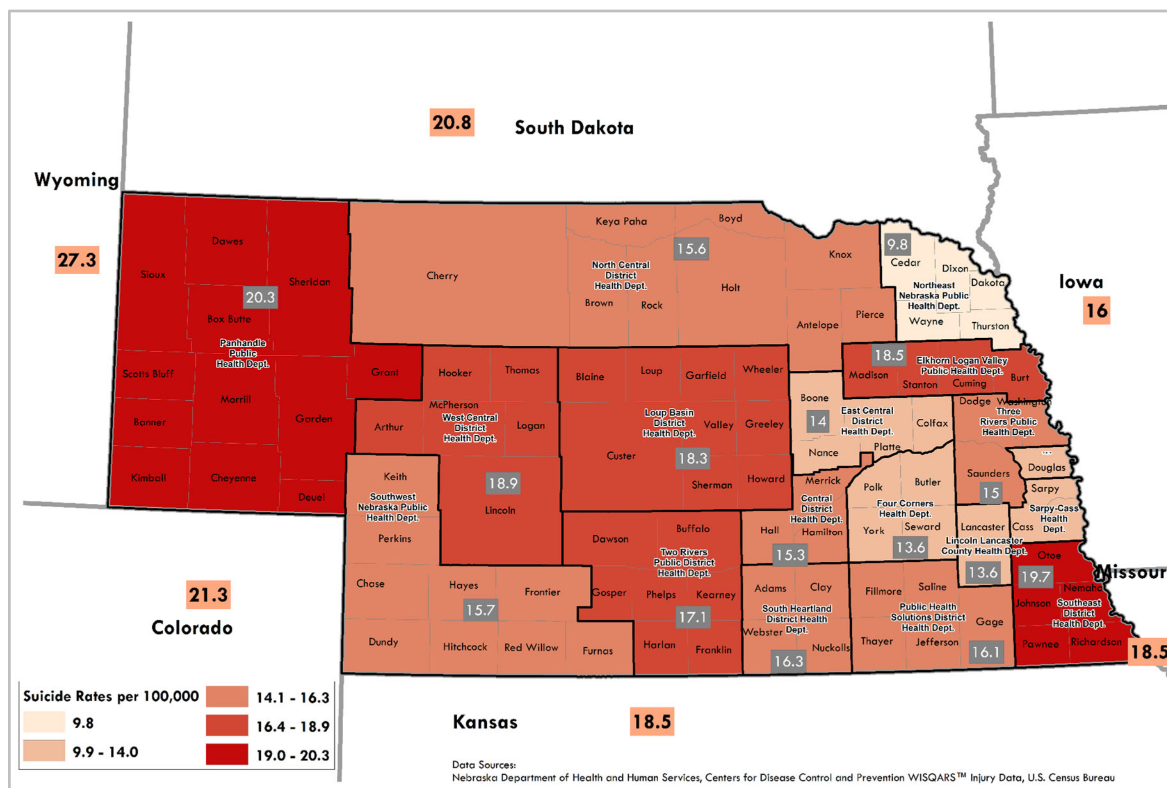
Gage County has a suicide rate that is 1.5 and 1.7 times higher when compared to the PHS and state, respectively.

According to the CDC, there were 283 deaths by suicide in Nebraska in 2020, with the State ranking 28th in the nation. In Nebraska, suicide is the second leading cause of death for 10-24, 25-34, and 35-44 years old age groups (AFSP, 2022).

[80] Data sources:

1. County and state level data: National Center for Health Statistics - Mortality Files 2016-2020.
2. PHS: Nebraska Department of Health and Human Services, Centers for Disease Control and Prevention WISQARS™ Injury Data, U.S. Census Bureau. It's unknown if suicide rates were age-adjusted.
3. American Foundation for Suicide Prevention: Nebraska | AFSP

Nebraska suicide rates per 100K individuals by health department (2016-2020)[81]



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

Suicide rates per 100K individuals (all ages) by health department: 2011-2016 and 2016-2020[82]

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

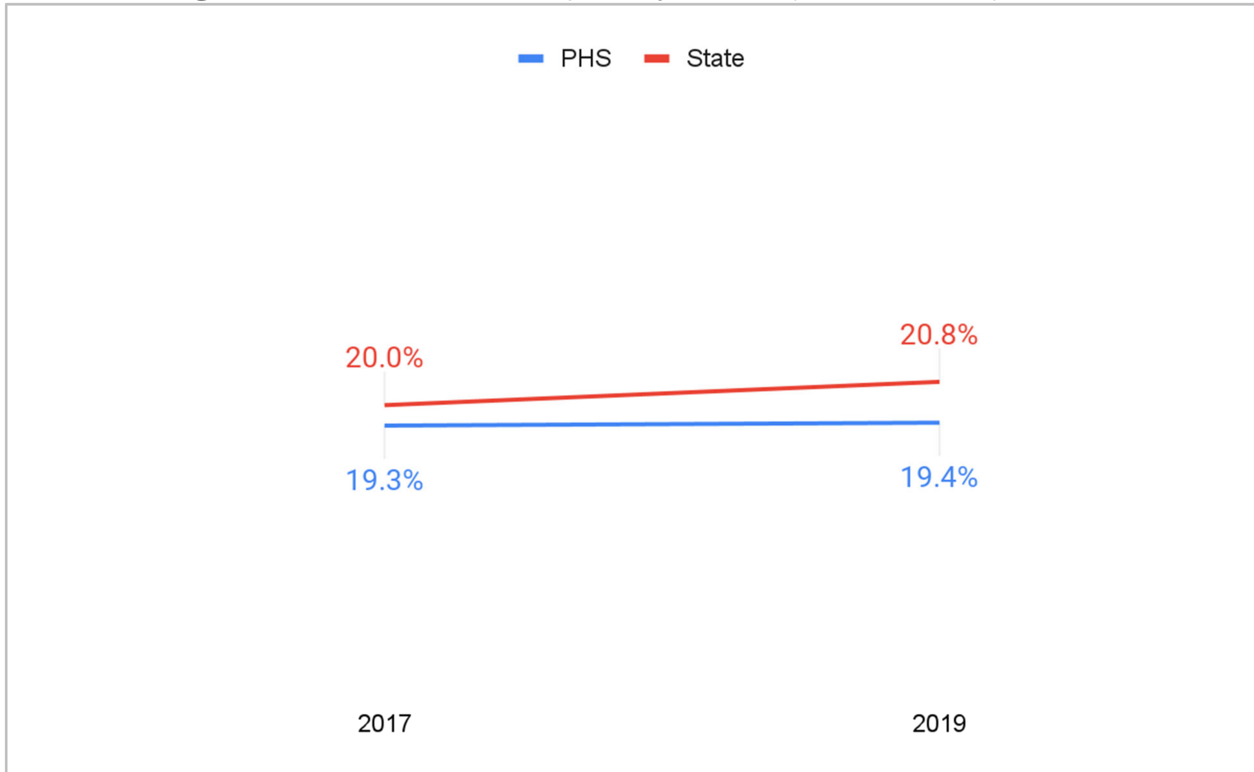
The PHS area had the highest suicide rate per 100,000 individuals among all Nebraska Health Departments for the 2011-2016 combined years (20.2). The suicide rate in the PHS area decreased for the 2016-2020 combined years to 16.1 suicides per 100,000 individuals, the highest decrease among all health departments between the 2011-2016 and 2016-2020 combined years. The PHS area had a higher suicide rate when compared to the state.

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

Nutrition

Vegetable consumption

Consumed vegetables less than 1 time per day, adults (PHS vs. State) 2017, 2019[83]



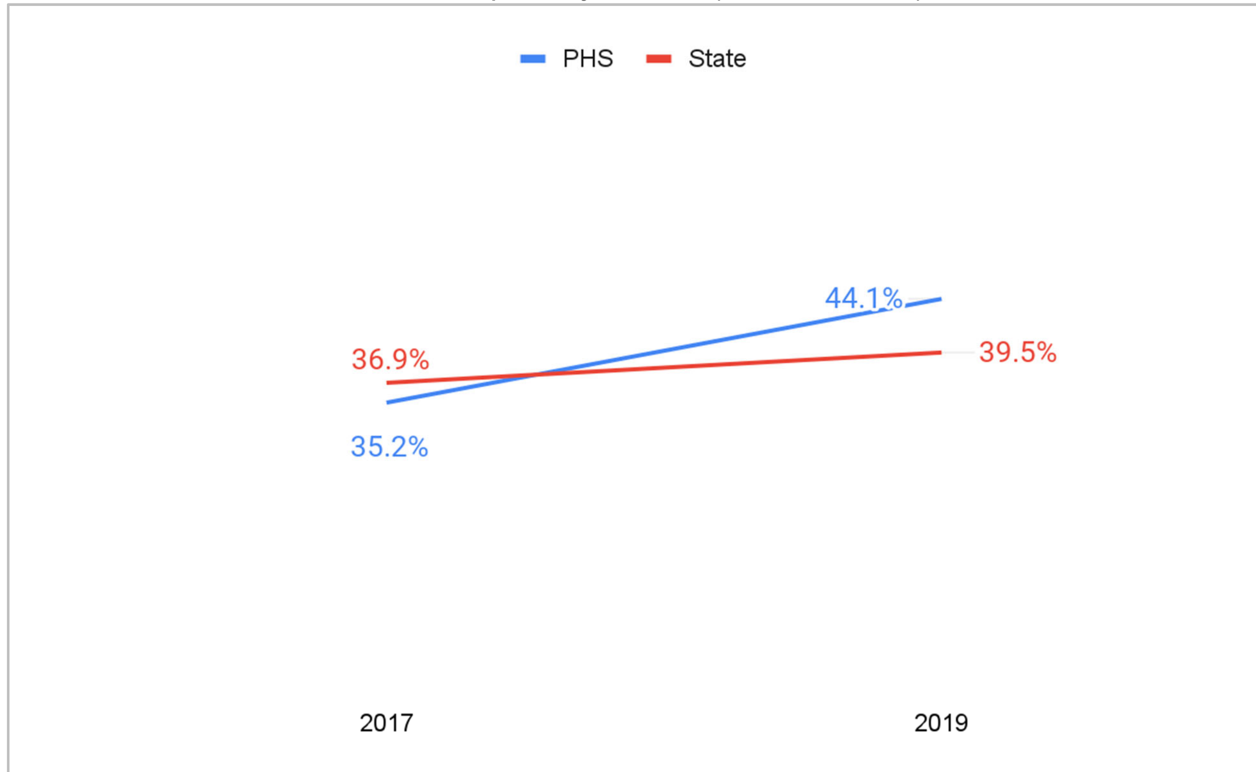
On average, consumed vegetables less than 1 time per day prevalence in the PHS area was 1.0% lower when compared to the State between 2017 and 2019 (19.4% vs. 20.4%, respectively).

Consumed vegetables less than 1 time per day prevalence in the PHS area between 2017 and 2019 slightly increased 0.1%, from 19.3% to 19.4%, respectively. During the same time period, consumed vegetables less than 1 time per day prevalence in the State increased 0.8%, from 20.0% to 20.8%, respectively.

[83] Percentage of adults 18 and older who report consuming vegetables an average of less than one time per day during the past month, BRFSS

Fruit consumption

Consumed fruits less than 1 time per day, adults (PHS vs. State) 2017, 2019[84]



On average, consumed fruits less than 1 time per day prevalence in the PHS area was 1.5% higher when compared to the State between 2017 and 2019 (39.7% vs. 38.2%, respectively).

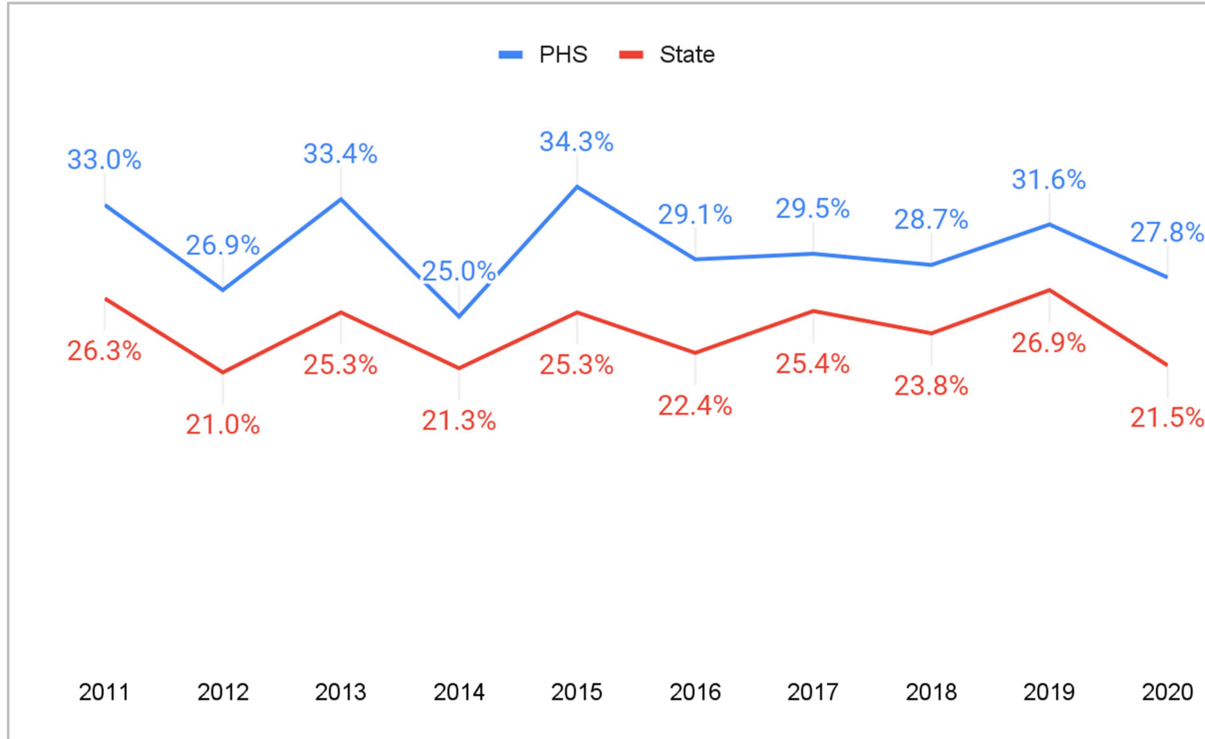
Consumed fruits less than 1 time per day prevalence in the PHS area between 2017 and 2019 increased 8.9%, from 35.2% to 44.1%, respectively. During the same time period, consumed fruits less than 1 time per day prevalence in the State increased 2.6%, from 36.9% to 39.5%, respectively.

[84] Percentage of adults 18 and older who report consuming fruit or 100% fruit juice an average of less than one time per day during the past month, BRFSS

Physical Activity

No leisure-time physical activity

No leisure-time physical activity in the past 30 days, adults (PHS vs. State) 2011-2020[85]



On average, no leisure-time physical activity in the past 30 days prevalence in the PHS was 6.0% higher when compared to the State between 2011 and 2020.

Between 2011 and 2020, the highest no leisure-time physical activity in the past 30 days prevalence in the PHS area was 34.3% in 2015, 9.0% higher when compared to the State (25.3%).

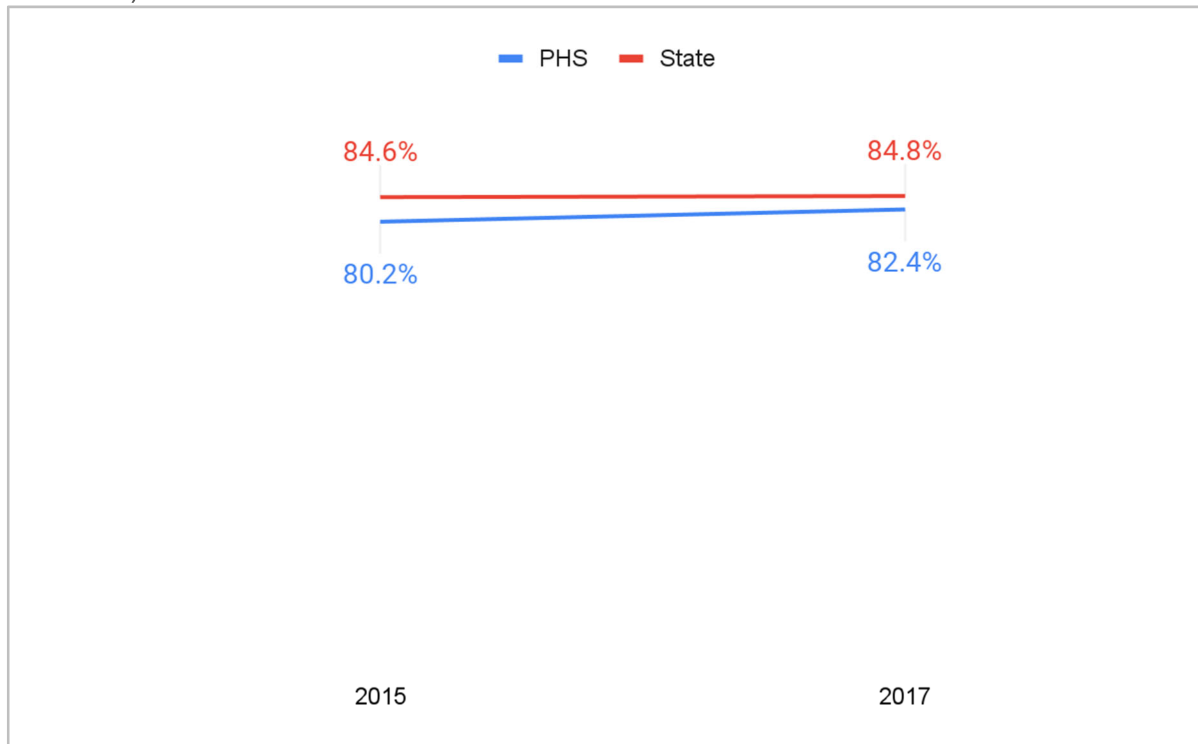
The lowest no leisure-time physical activity in the past 30 days prevalence in the PHS area was reported in 2014 (25.0%), 3.7% higher when compared to the State (25.3%).

The 2016-2020 combined no leisure-time physical activity in the past 30 days prevalence in the PHS area was 5.3% higher when compared to the State prevalence rate (29.3% vs. 24.0%, respectively).

[85] Percentage of adults 18 and older who report no physical activity or exercise (such as running, calisthenics, golf, gardening or walking for exercise) other than their regular job during the past month, BRFSS

Walking

Walk for at least 10 minutes at a time for any reason during a usual week, adults (PHS vs. State) 2015-2017[86]



On average, walk for at least 10 minutes at a time for any reason during a usual week prevalence in the PHS area was 3.4% lower when compared to the State between 2015 and 2017 (81.3% vs. 84.7%, respectively).

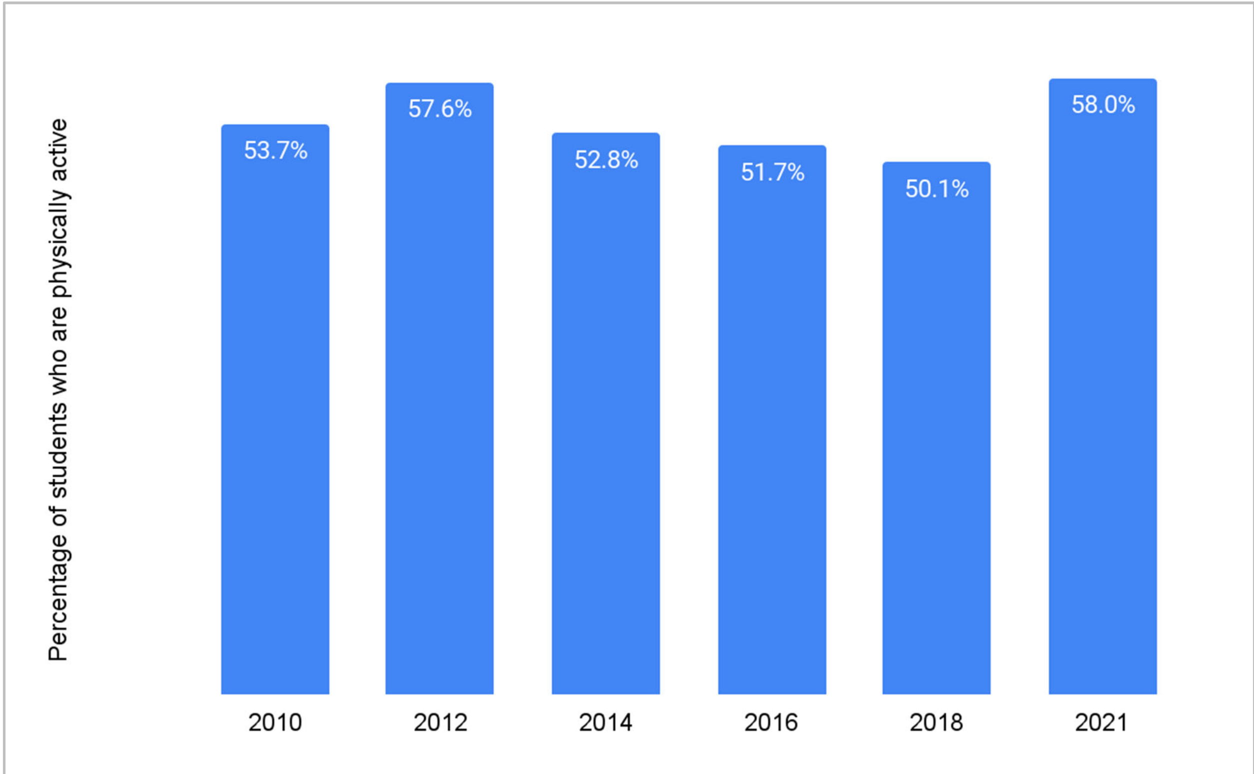
Walk for at least 10 minutes at a time for any reason during a usual week prevalence in the PHS area between 2015 and 2017 increased 2.2%, from 80.2% to 82.4%, respectively.

During the same time period, walk for at least 10 minutes at a time for any reason during a usual week prevalence in the State slightly increased 0.2%, from 84.6% to 84.8%, respectively.

[86] Percentage of adults 18 and older who report that during an average week they walk for at least 10 minutes at a time for recreation, exercise, to get to and from places, or for any other reason, BRFSS

Physical activity among youth

Percent of Nebraska students who were physically active for a total of 60 minutes or more per day on five or more of the past seven days (2010-2021) [87]



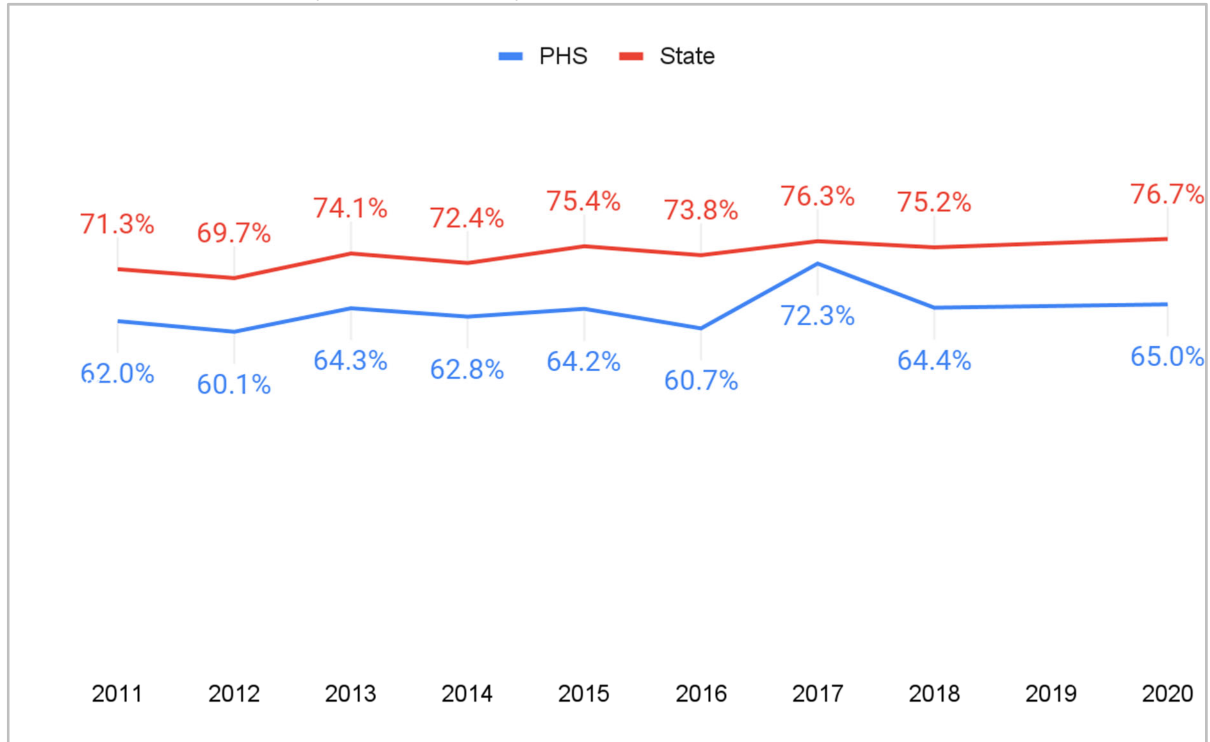
The percentage of high school students who are physically active increased in Nebraska between 2016 and 2021 (51.7% vs. 58.0%, respectively.)

[87] University of Nebraska-Lincoln. Bureau of Sociological Research. YRBS 2020-2021. https://bosr.unl.edu/20212022-yrbs-results

Injury

Seat belt use

Seat belt use, adults (PHS vs. State) 2011-2018, 2020[88]



On average, seat belt use prevalence in the PHS was 9.9% lower when compared to the State between 2011 and 2018, 2020 (64.0% vs. 73.9%, respectively).

Between 2011 and 2018, 2020, the highest seat belt use prevalence in the PHS area was 72.3% in 2017, 4.0% lower when compared to the State (76.3%). The lowest seat belt use prevalence in the PHS area was reported in 2012 (60.1%),9.6 % lower when compared to the State (69.7%).

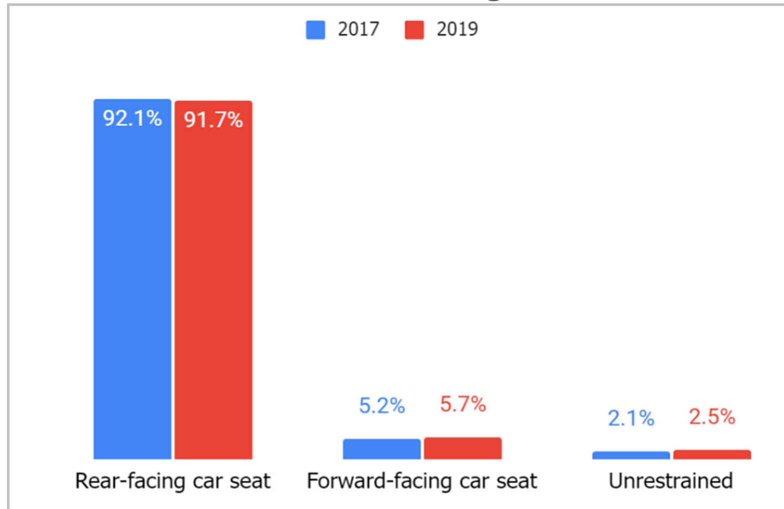
The 2016-2020 combined seat belt use prevalence in the PHS area was 5.3% higher when compared to the State prevalence rate (29.3% vs. 24.0%, respectively).

---

[88] Percentage of adults 18 and older who report that they always use a seatbelt when driving or riding in a car, BRFSS

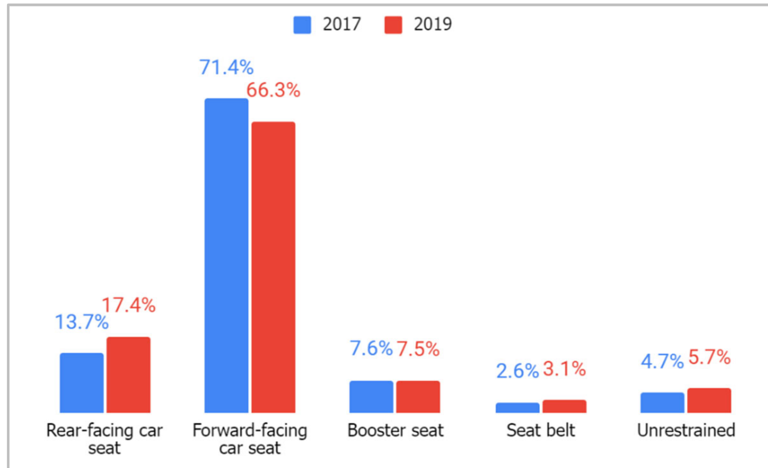
Child seat usage[89]

Restrain Use for Children Under Age 1



The recommendation is to have children under age 1 ride in a rear-facing car seat. According to the 2019 survey, 8.2% of children under age 1 were not in rear-facing car seats (forward facing car seat: 5.7% + unrestrained: 2.5%), a 0.9% higher when compared to the 2017 survey (7.3%).

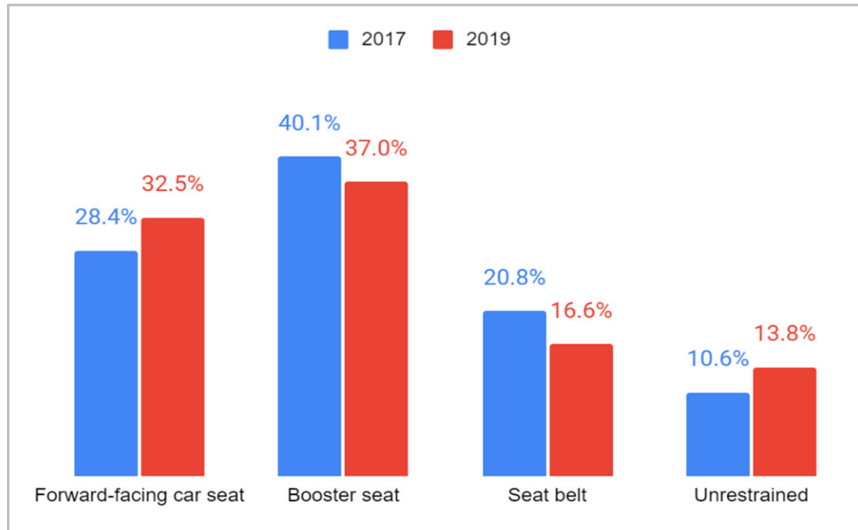
Restrain Use for Children 1 to 3 Years Old



Children 1 to 3 years of age should be in rear-facing car seats for as long as possible." Data shows 83.7% of children 1 to 3 years old were restrained either in rear-facing car seats (17.4%) or in forward-facing car seats (66.3%) in 2019. About 3% of children were prematurely transitioned to seat belts in 2019, a slight increase from 2.6% in 2017. There were 5.7% of children unrestrained in 2019, an increase from 4.7% in 2017.

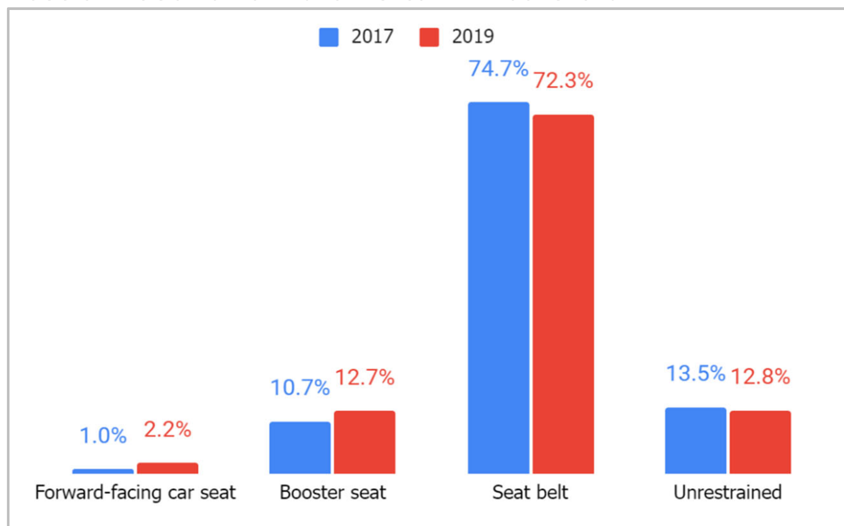
[89] National Highway Traffic Safety Administration (NHTSA): The 2019 National Survey of the Use of Booster Seats (https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813033). Report date: May 2021.

Restrain Use for Children 4 to 7 Years Old



NHTSA recommends: *“Keep your 4- to 7-year-old children in forward-facing car seats with a harness and tether until they reach the top height or weight limit allowed by your car seat's manufacturer. Once they outgrow their forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat”.* Only 69.5% of children 4 to 7 years old were restrained either in forward-facing car seats (32.5%) or in booster seats (37.0%) in 2019. Additionally, 16.6% of children 4 to 7 years old were prematurely transitioned to seat belts and 13.8% were unrestrained in 2019.

Restrain Use for Children 8 to 12 Years Old

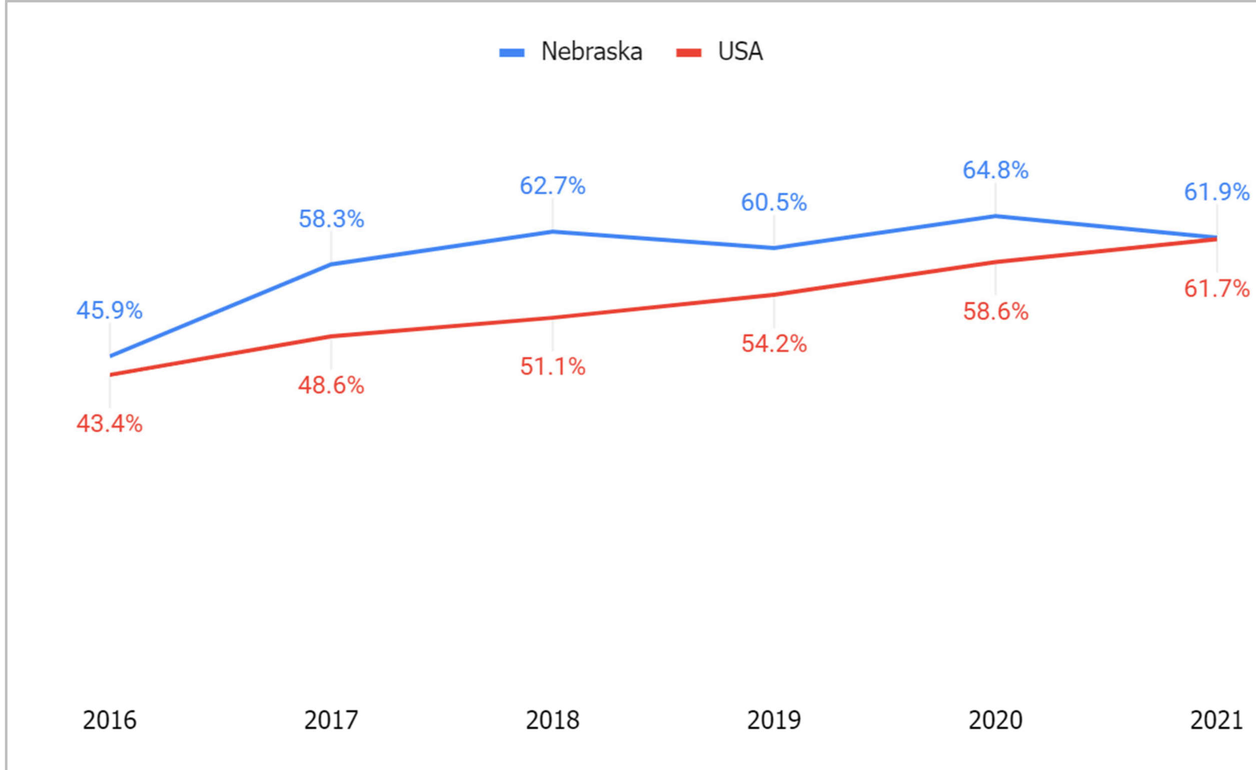


NHTSA recommends: *“Keep your 8- to 12-year-old children in booster seats until they are big enough to fit in a seat belt properly”.* The percentage of children 8 to 12 years old restrained in a booster seat increased 2% between 2017 and 2019 (from 10.7% to 12.7%, respectively). However, the percentage in seat belts decreased 2.4% between 2017 and 2019 (from 74.7% to 72.3%, respectively).

Vaccinations

HPV Vaccination[90]

Percentage of adolescents ages 13-17 who received all recommended doses of the HPV) vaccine



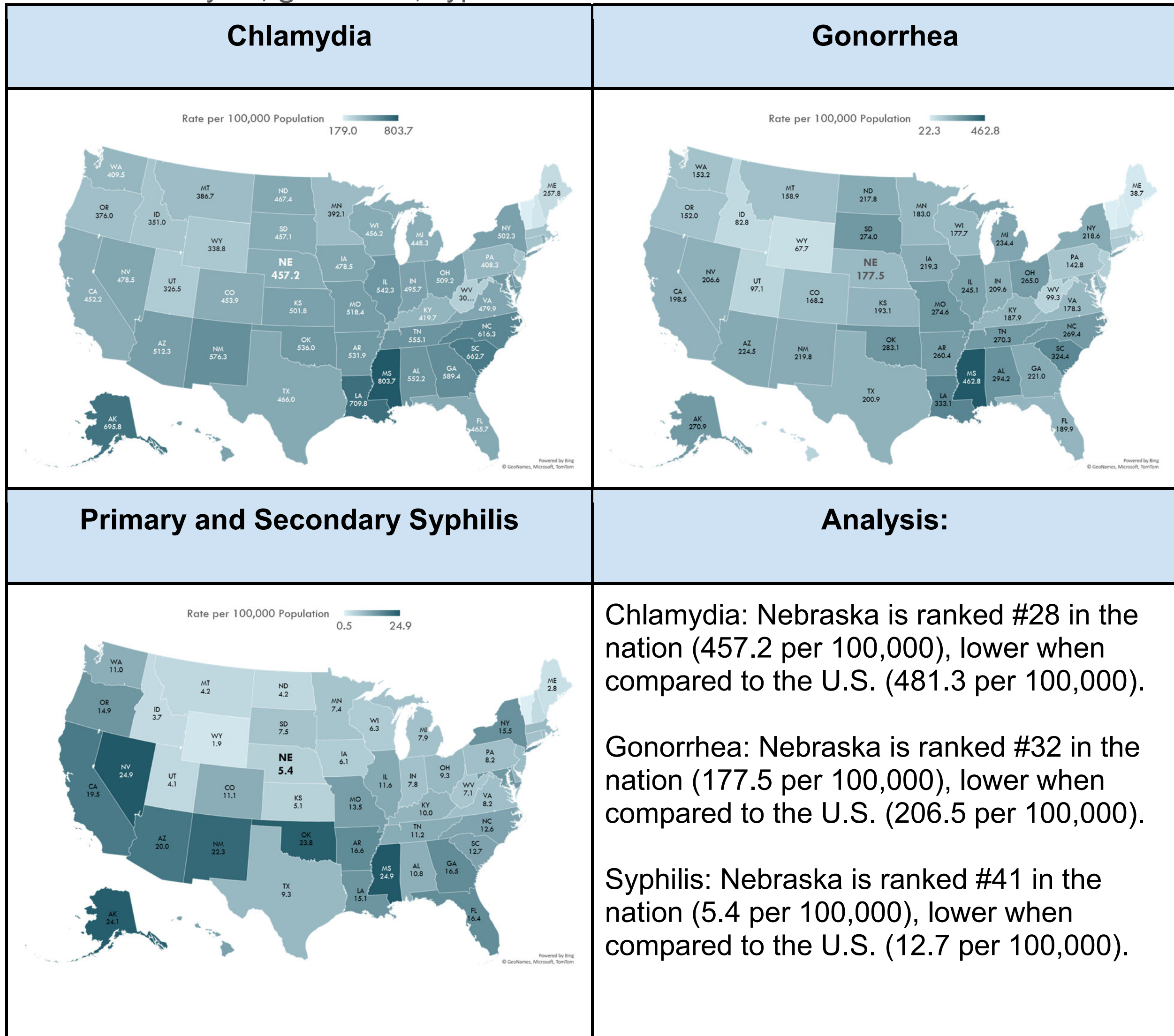
The percentage of adolescents ages 13-17 who received all recommended doses of the human papillomavirus (HPV) vaccine in Nebraska has increased over the years, from 45.9% in 2016, to 61.9% in 2021, a 16% increase. Since 2016, the percentage of Nebraska adolescents who received the HPV vaccine has been higher when compared to the national statistics.

[90] Data source: America's Health Rankings analysis of CDC, National Immunization Survey-Teen, United Health Foundation, AmericasHealthRankings.org, accessed 2023. https://www.americashealthrankings.org/explore/annual/measure/Immunize_HPV/state/NE

Sexually Transmitted Diseases

STD rates

Rates of chlamydia, gonorrhea, syphilis in Nebraska[91]



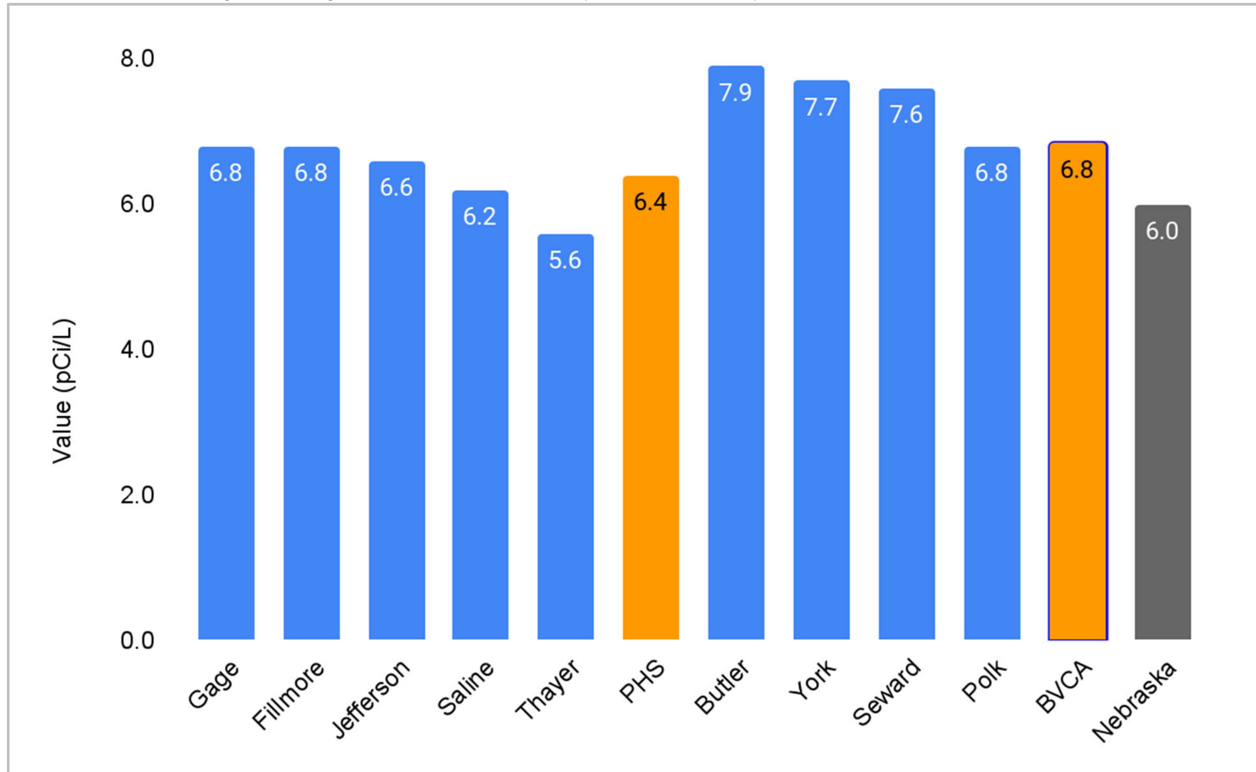
Chlamydia	Gonorrhea
[map]	[map]
Primary and Secondary Syphilis	**Analysis:**
[map]	Chlamydia: Nebraska is ranked #28 in the nation (457.2 per 100,000), lower when compared to the U.S. (481.3 per 100,000). Gonorrhea: Nebraska is ranked #32 in the nation (177.5 per 100,000), lower when compared to the U.S. (206.5 per 100,000). Syphilis: Nebraska is ranked #41 in the nation (5.4 per 100,000), lower when compared to the U.S. (12.7 per 100,000).

[91] Data source: NCHHSTP (https://www.cdc.gov/std/statistics/2020/tables/2020-STD-Surveillance-State-Ranking-Tables.pdf)

Physical Environment

Radon levels

Radon values by county, PHS, BVCA, NE (2008-2017) [92]



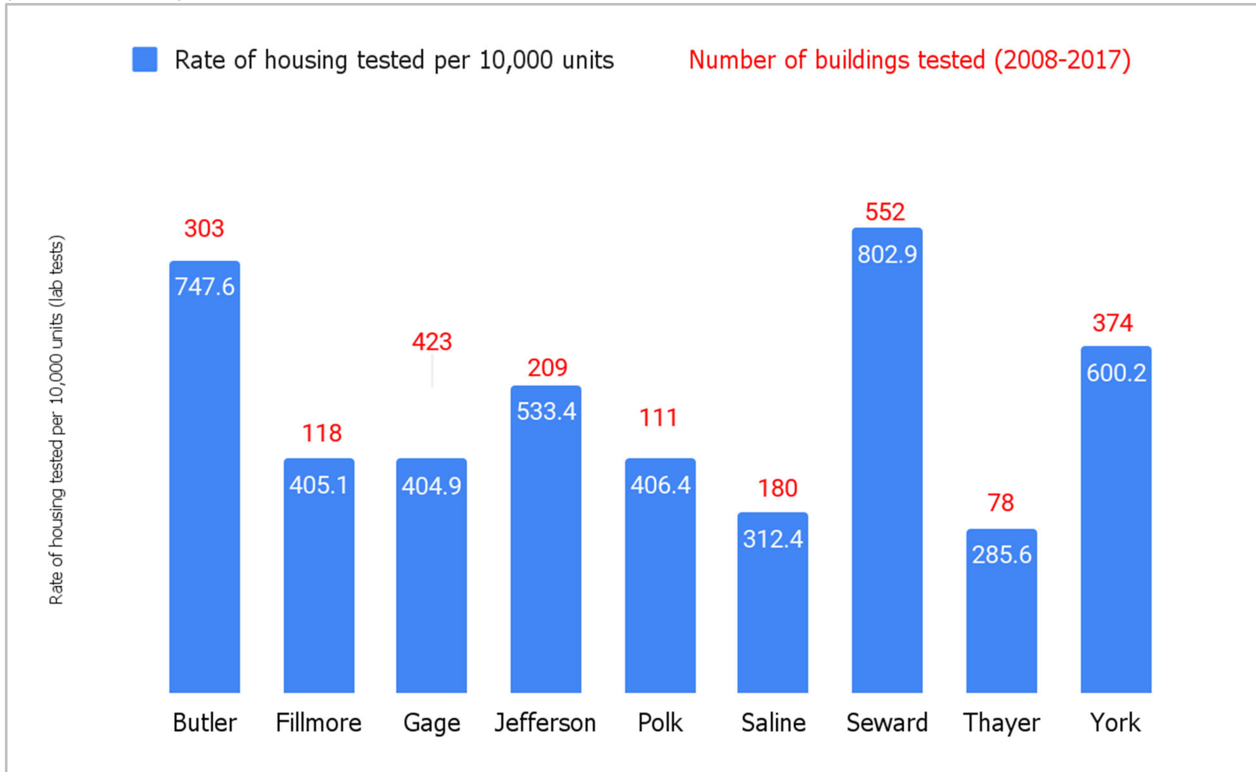
Overall, average radon levels in the BVCA area is 0.8 pCi/L higher when compared to the state (6.8 pCi/L vs. 6.0 pCi/L , respectively). The average radon levels for the PHS area is also higher when compared to the state (6.4 pCi/L vs. 6.0 pCi/L , respectively). The EPA recommends radon levels for homes be below 4 pCi/L.[93]

Butler (7.9 pCi/L), York, (7.7 pCi/L), and Seward (7.6 pCi/L) counties have the highest radon levels in the BVCA area.

Thayer County is the only county in the BVCA area with a radon level lower than the State (5.6 pCi/L vs. 6.0 pCi/L, respectively).

[92] CDC - National Environmental Public Health Tracking Network: National Environmental Public Health Tracking Network Data Explorer (cdc.gov)
Radon Testing Disparity Report for Nebraska (lung.org)
[93] https://www.epa.gov/radon/what-epas-action-level-radon-and-what-does-it-mean#:~:text=EPA%20recommends%20homes%20be%20fixed,L%20and%204%20pCi%2FL.

Number of buildings tested and rate of housing tested per 10,000 units by county (2008-2017) [94]



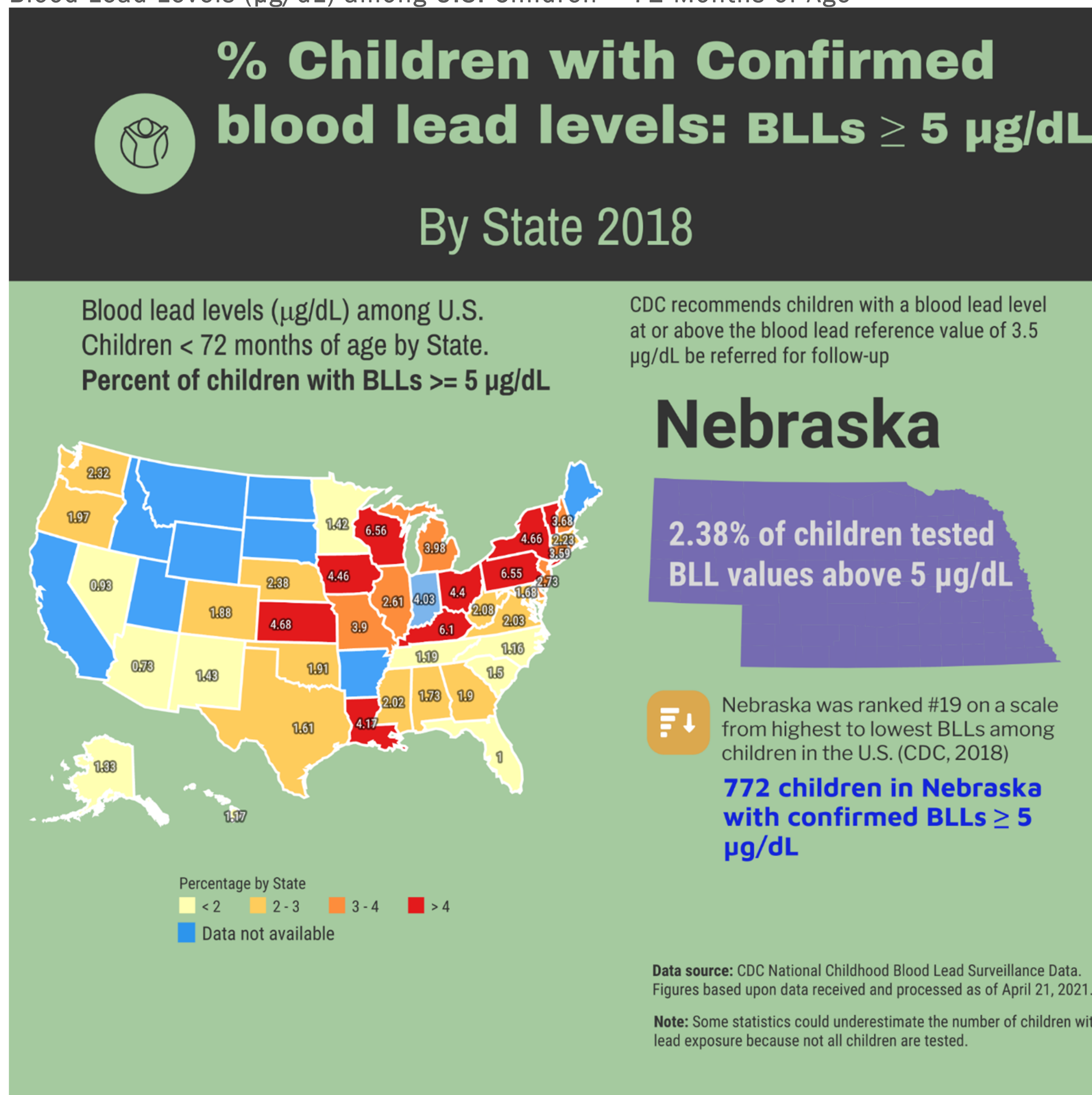
Overall, a total of 2,348 buildings have been tested for Radon in the BVCA area between 2008 and 2017. Seward County has the highest number of buildings tested for Radon during the study period (*n* = 552), followed by York (*n* = 374), and Gage County (*n* = 423).

Seward County has the highest rate of housing tested in the BVCA area (802.9 per 10,000), followed by Butler County (747.6 per 10,000), and York County (600.2 per 10,000).

[94] CDC - National Environmental Public Health Tracking Network: National Environmental Public Health Tracking Network Data Explorer (cdc.gov)
Radon Testing Disparity Report for Nebraska (lung.org)

Blood lead levels

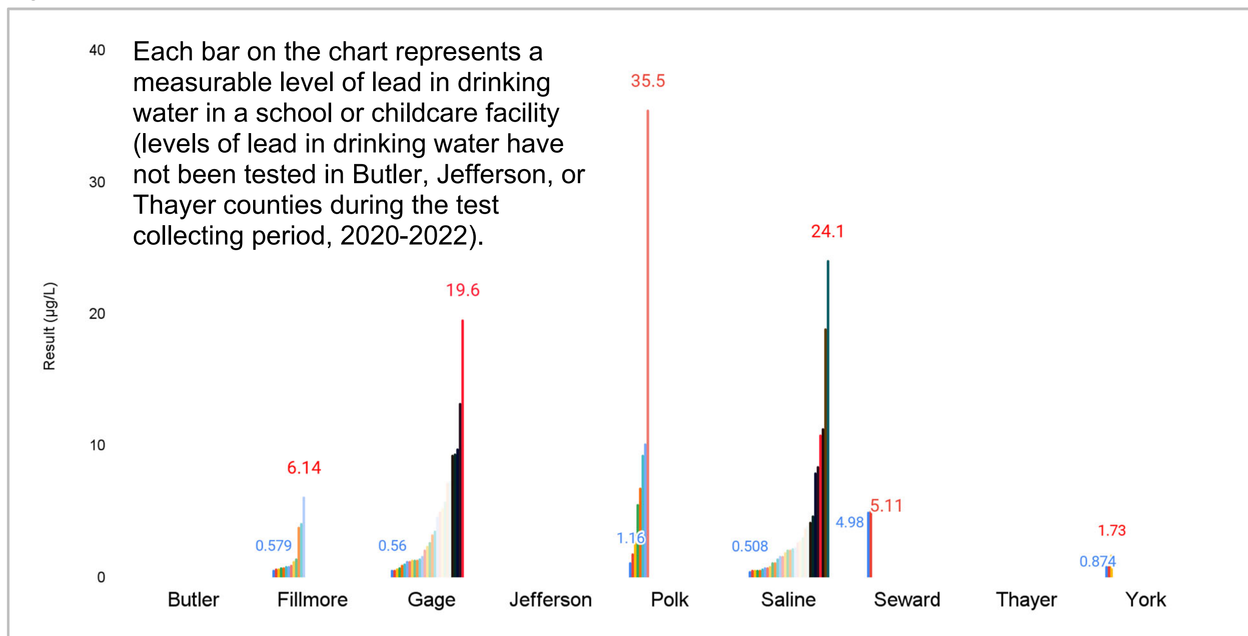
Blood Lead Levels (µg/dL) among U.S. Children < 72 Months of Age[95]



[95] Data source: CDC National Childhood Lead Surveillance data (2012-2018): cbls-national-data-table-sheet.xlsx (cdc.gov)

Lead levels in drinking water[96]

Lead Levels in Drinking Water in Schools and Childcare Facilities by County, 2020-2022



The EPA has established an Action Level of 15 µg/L (micrograms per liter). No one should be drinking water that has tested at this level or higher.

Lead levels in drinking water detected in schools and childcare facilities in Nebraska varied from 0.505 µg/L to 2,120 µg/L during the test collecting period (2020-2022). The median level value of lead drinking water in Nebraska in schools and childcare facilities is 1.48 µg/L.

- Levels of lead in drinking water in the BVCA area varied from 0.508 µg/L to 35.5 µg/L (median = 2.00 µg/L).
- Levels of lead in drinking water in the PHS area varied from 0.508 µg/L to 24.1 µg/L (median = 1.65 µg/L).

Overall, Polk County had the highest detected level of lead in drinking water found in a school/childcare facility in the BVCA area (35.5 µg/L), followed by Saline County (24.1 µg/L), and Gage County (19.6 µg/L).

[96] Data source: Nebraska DHHS: https://dhhs.ne.gov/Pages/Lead-Data.aspx
Interpreting Results: While there are no safe levels of lead in drinking water, the EPA has established an Action Level of 15 µg/L (micrograms per liter). No one should be drinking water that has tested at this level or higher. It is recommended that faucets with lead levels at 10 µg/L or above be replaced or not used for drinking or food prep.

Community Needs Assessment Survey Results

This section contains results from the Community Needs Assessment Survey. Some of the results from this section also contain summarized data from the two focus groups and the 13 community partner interviews to provide additional context and qualitative data to supplement survey results. Areas that contain additional data from the interviews and/or focus groups are noted. Additionally, a summary of survey results from individuals who live, work, or provide services in the 5-county PHS region (Fillmore, Gage, Jefferson, Saline, and Thayer Counties) can be found in Appendix E.

Description of Survey Respondents

A total of 610 respondents were included in the final survey dataset. Using weighted data, the median age of survey respondents was 48, and 54% were female. As shown in Table 2 (weighted data are presented, but representation across counties was not greatly altered after weighting), all nine counties had respondents who lived, worked, and/or provided services in those counties. The denominator in the % columns (the n in the top row) in Table 2 includes respondents who said they lived, worked, or provided services in at least one of the nine counties (i.e., those who skipped the question were not included in the denominator).

Table 2: Respondents who live, work, or provide services in each of the nine counties.

County	Live as a resident or student in this county (n=549)		Work in this county (n=457)		Provide services in this county (n=261)	
	#	%	#	%	#	%
Butler	68	12%	67	15%	24	9%
Fillmore	65	12%	99	22%	53	20%
Gage	86	16%	97	21%	74	28%
Jefferson	92	17%	132	29%	70	27%
Polk	54	10%	59	13%	44	17%
Saline	231	42%	186	41%	96	37%
Seward	60	11%	98	21%	65	25%
Thayer	52	9%	80	18%	54	21%
York	68	9%	68	16%	68	24%

While most respondents selected only one county when asked to indicate which county or counties they live in, 80 respondents selected more than one county. Figure 1 shows the breakdown of the county of residence including those who said they live in more than one county (the "Unknown" category). Over a third of survey respondents were from Saline County, while Polk and York Counties had the lowest representation.

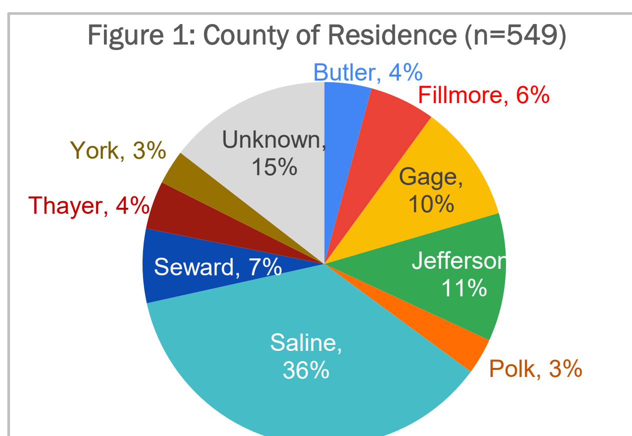
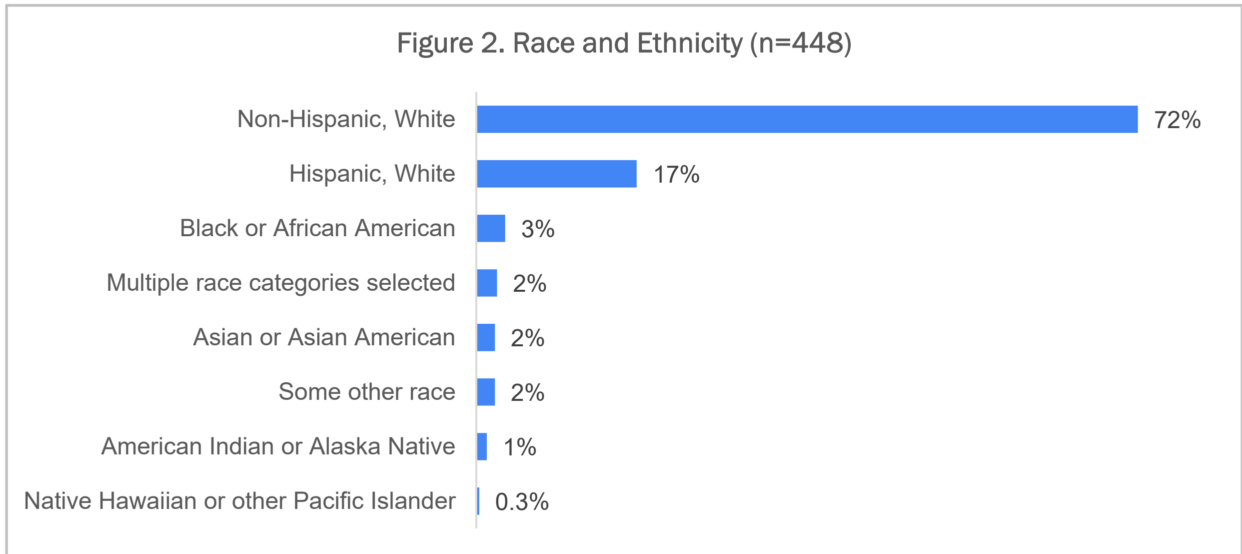
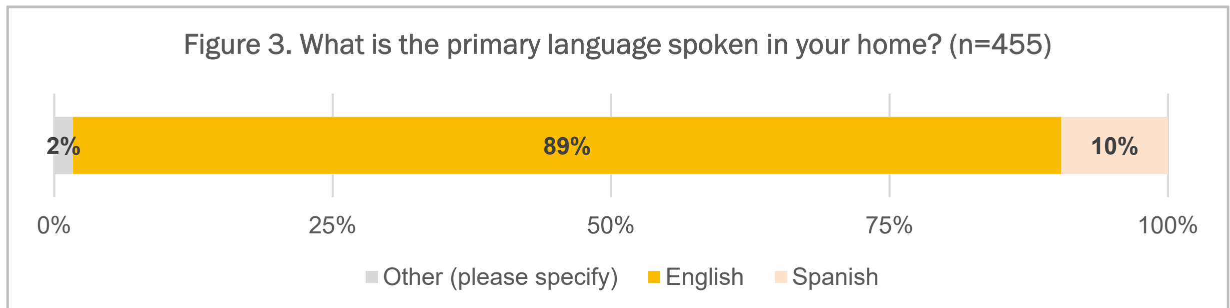


Figure 1: County of Residence (n=549)

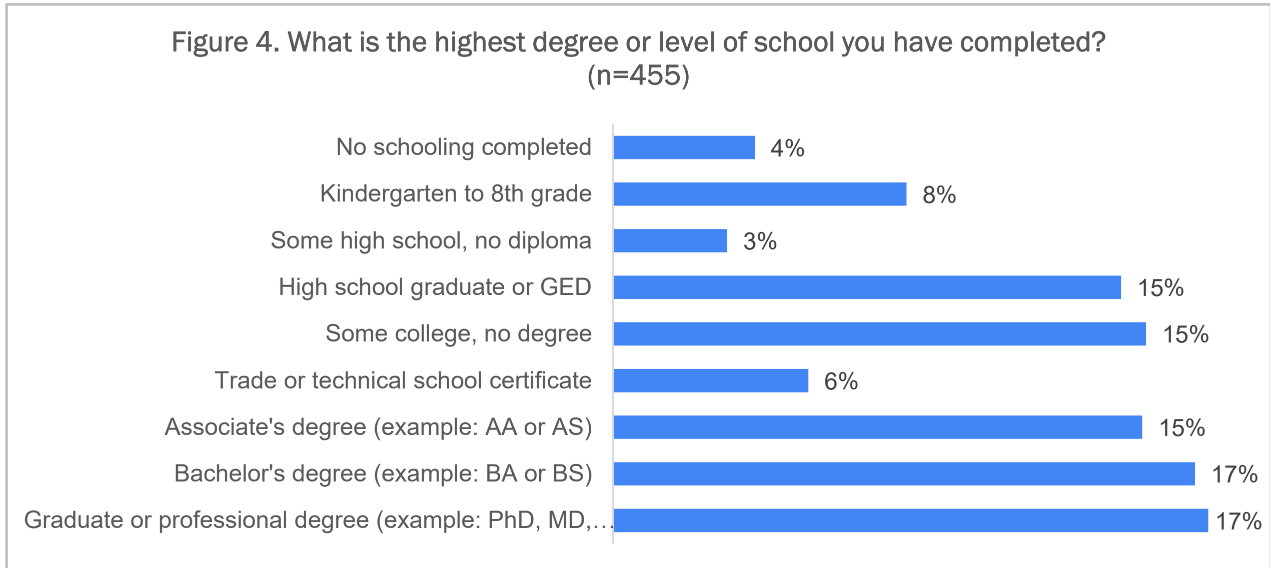
As shown in Figure 2, the majority of survey respondents who answered questions regarding their race and ethnicity (72%) identified as Non-Hispanic, White; however, 17% identified as Hispanic and there was representation from other minority groups as well.



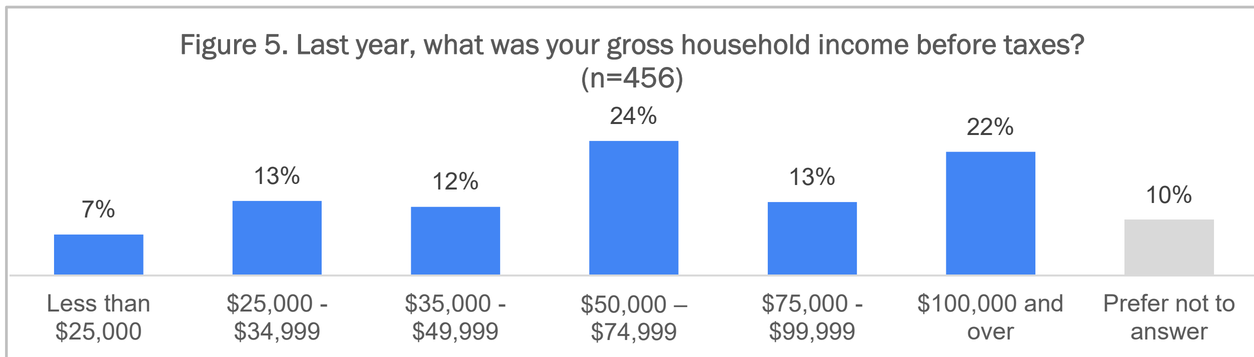
The majority of respondents (89%) spoke English as their primary language in the home, with 10% speaking Spanish (Figure 3). Among the 2% who said they spoke a language other than English or Spanish, Chinese, Kanjobal, and Karen were specified.

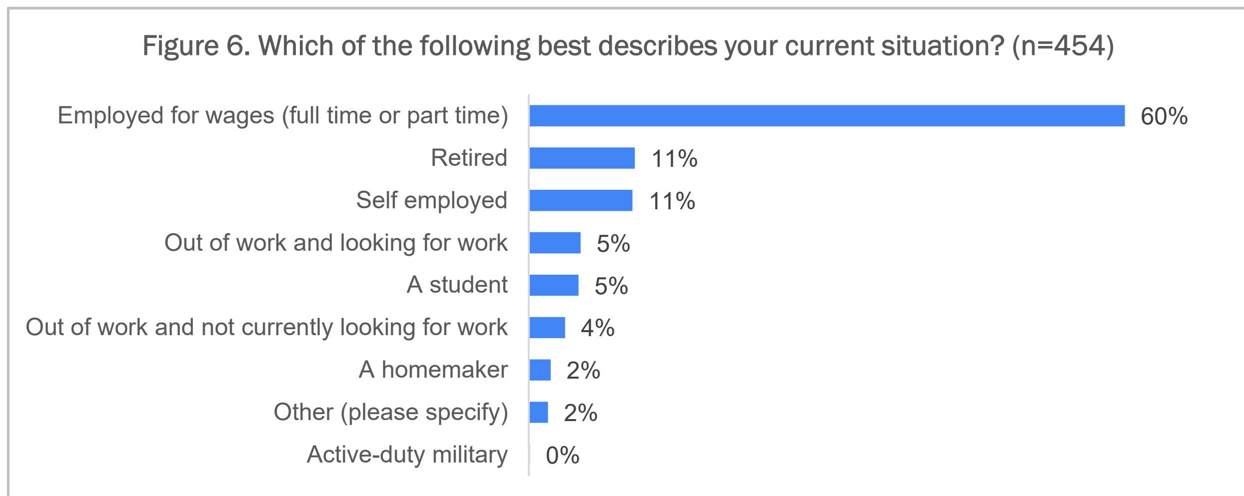


As shown in Figure 4, there was variation among survey respondents' education level, with roughly half completing an associate's, bachelor's, or graduate/professional degree.

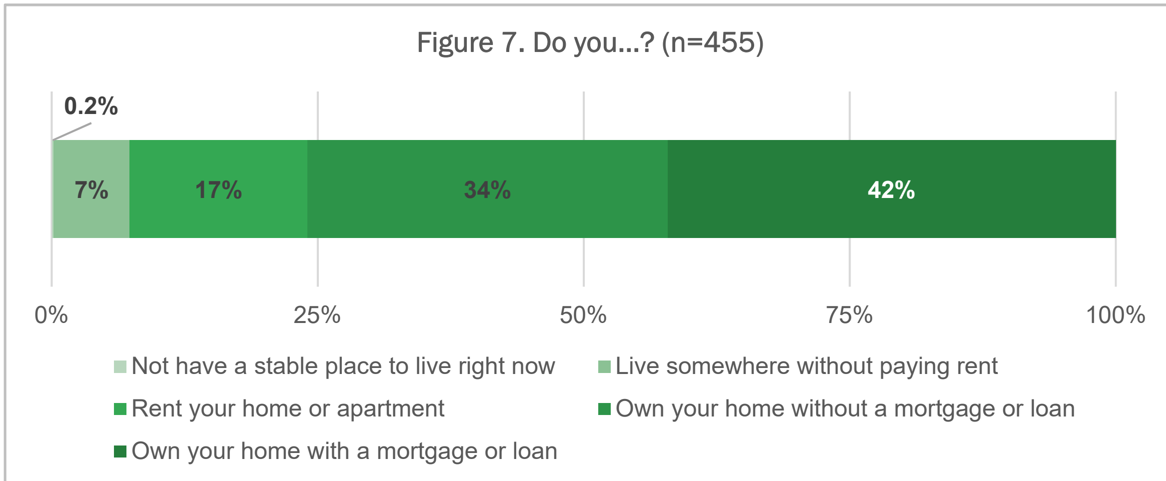


As shown in Figures 5 and 6, most respondents (about 59%) had an annual before tax household income of $50,000 or greater, and about 60% of respondents were employed for wages.





About three quarters (76%) of respondents own a home (Figure 7).



As shown in Figure 8, slightly more than half of survey respondents do not have children under the age of 18 living in their household, and roughly 40% have one or two children. Among those who have children under the age of 18 (n=216), 67% of those children are six years or older (Table 3)

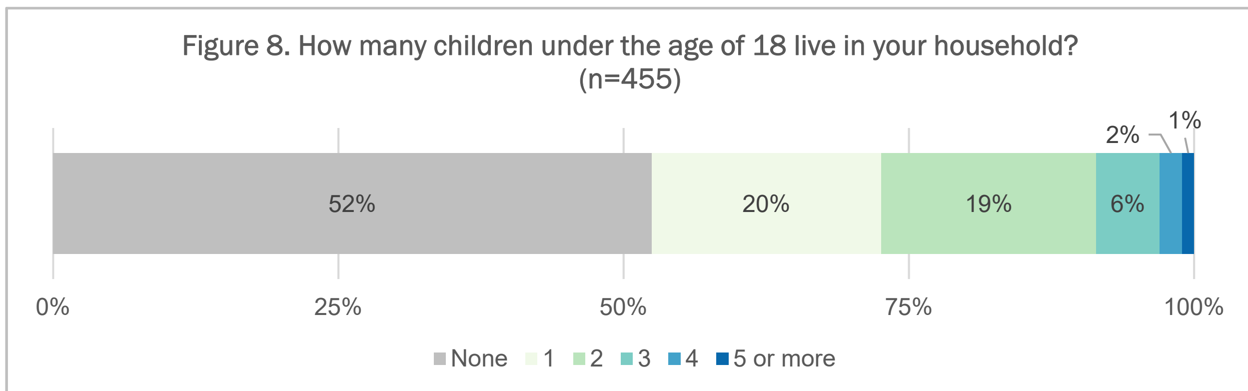
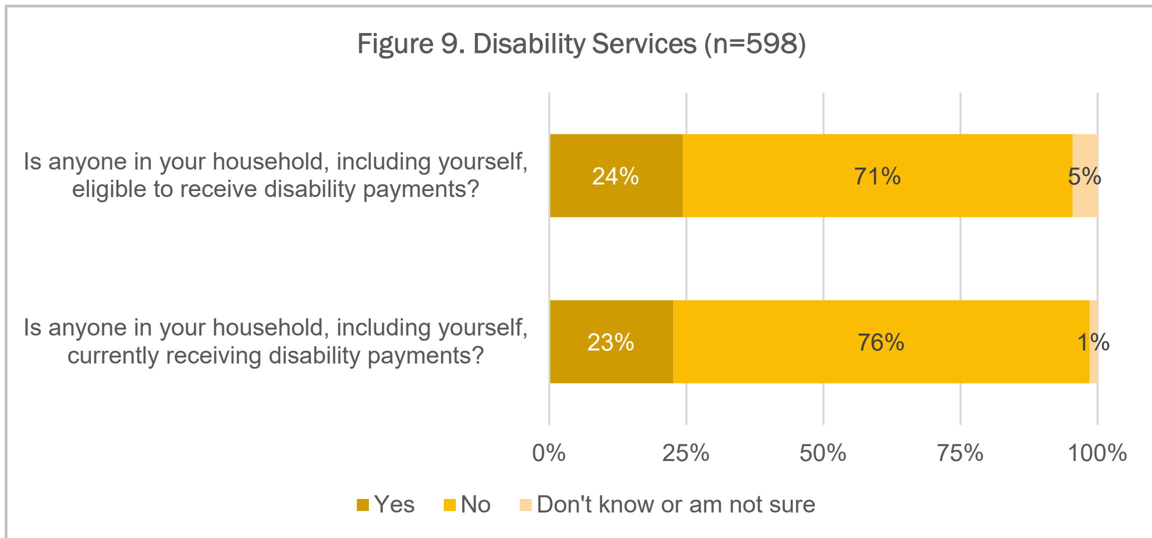


Table 3: Ages of children among respondents who have children under the age of 18 living in their household

Age of Children	n	%
0 – 18 months	27	13%
19 months – 2.5 years old	20	9%
Over 2.5 years old to 5 years old	59	27%
6 years and older	145	67%

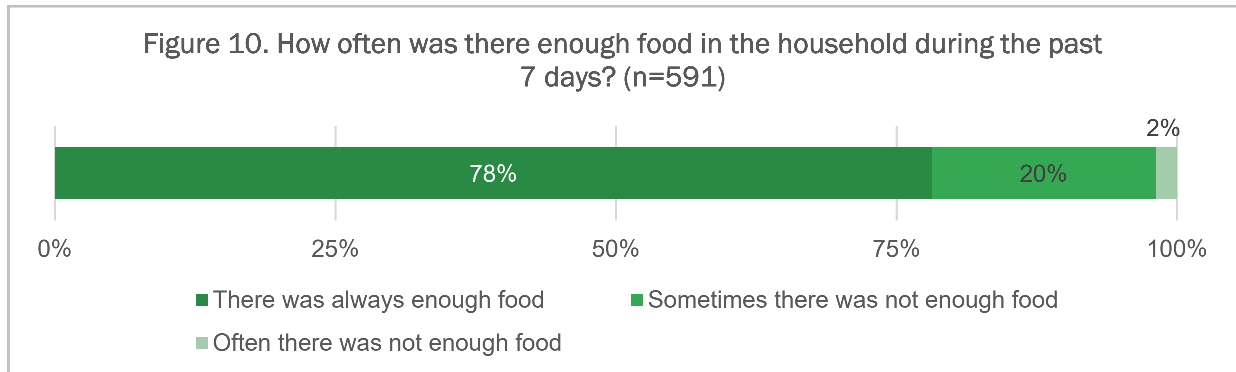
Disability Services

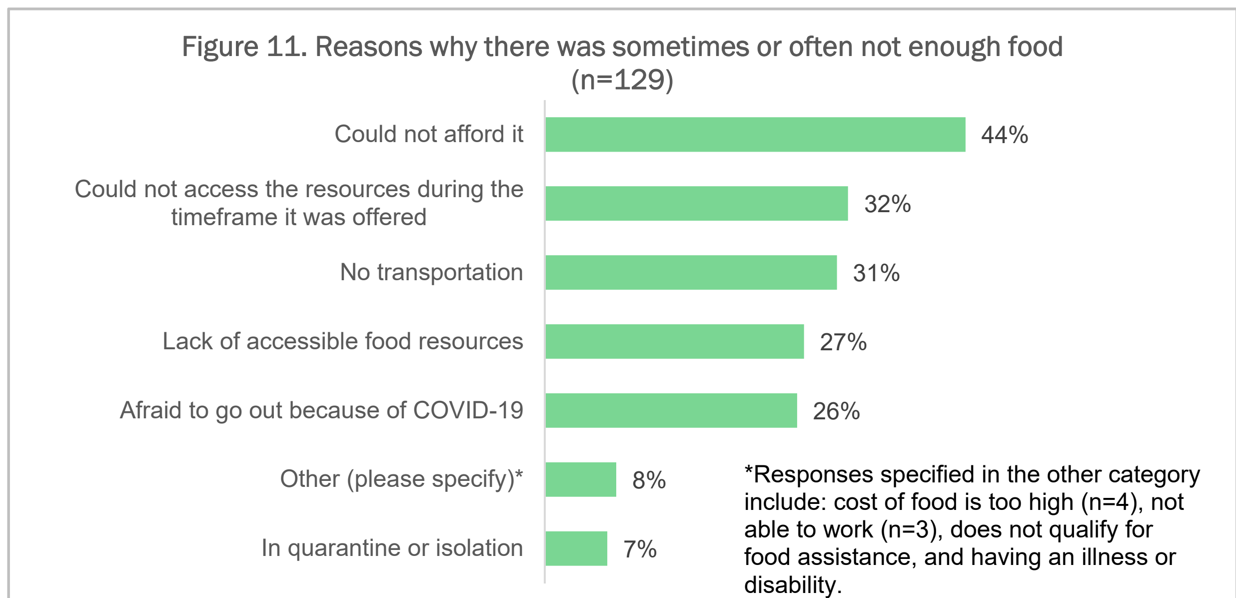
Figure 9 shows that about a quarter of respondents were either eligible to receive disability payments or were currently receiving disability services.



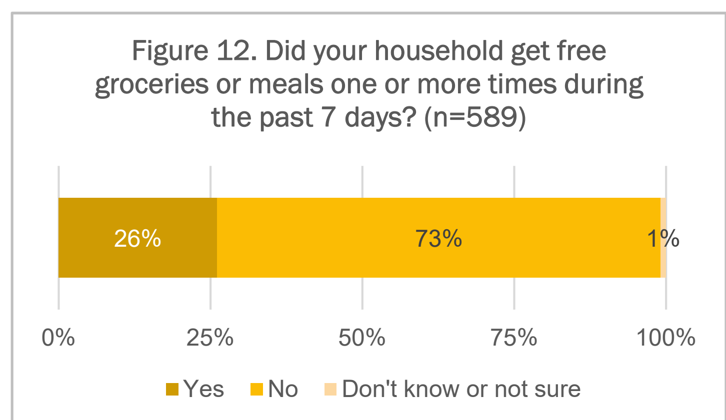
Food Insecurity

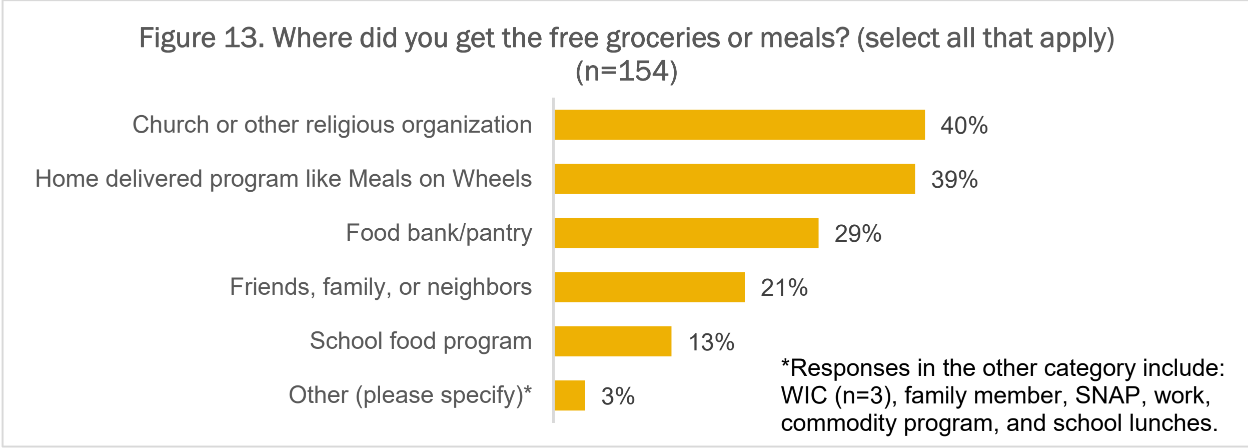
As shown in Figure 10, the majority of respondents (78%) said there was always enough food in their household during the past seven days. As shown in Figure 11, among the 129 respondents who said there was sometimes or often not enough food, the top reason why there was not enough food was affordability (44%), followed by not being able to access food resources during the appropriate timeframe (32%), and lack of transportation (31%).



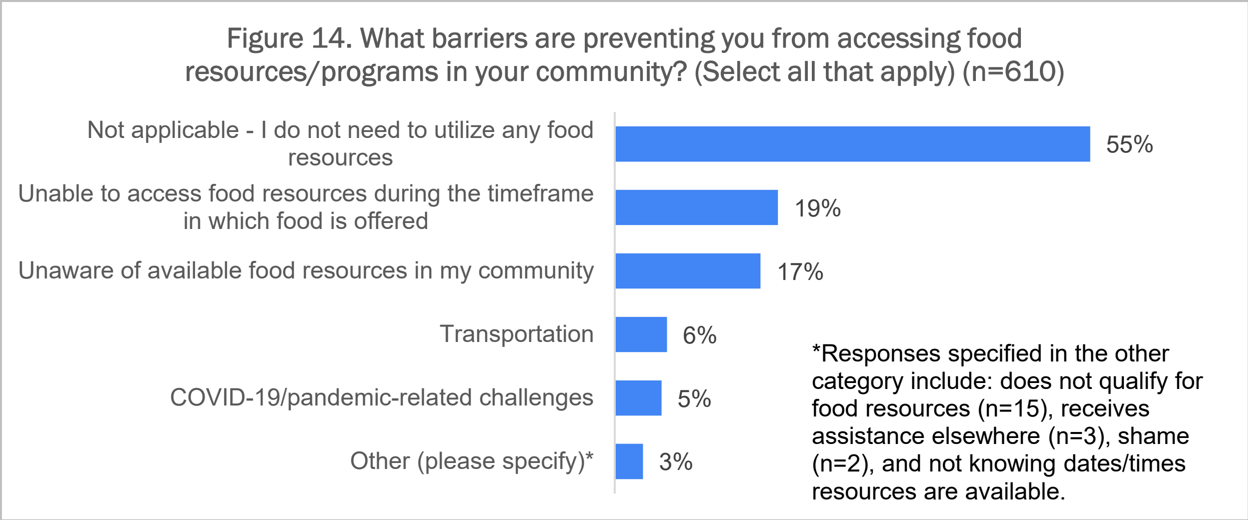


As shown in Figure 12, about a quarter of respondents indicated that their household got free groceries or meals on one or more occasions during the past 7 days. Among the 154 respondents who did receive free groceries or meals, about 40% said they got those groceries or meals from a church or other religious organization or from a home delivered program like Meals on Wheels (Figure 13).

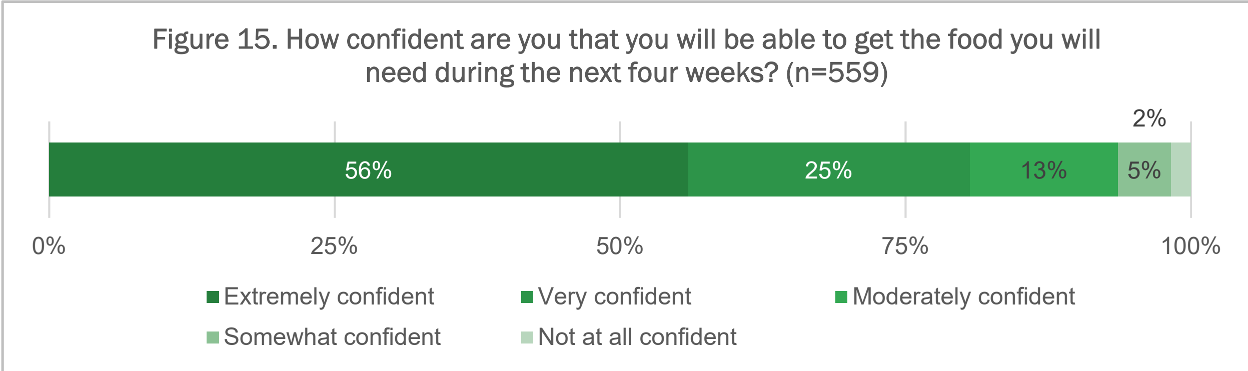




When asked to indicate what prevented them from accessing food resources or programs in their community, more than half (55%) said they do not need to utilize food resources, 19% said they were unable to access resources during the timeframe in which those resources were offered, and 17% said they were unaware of the resources available (Figure 14).

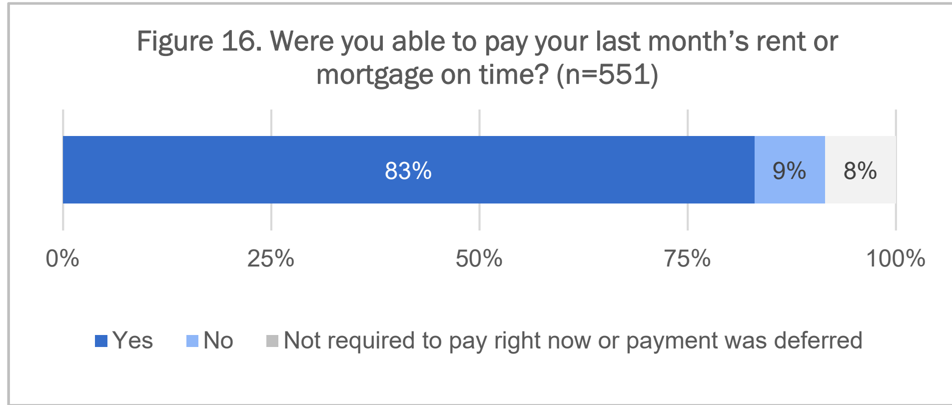


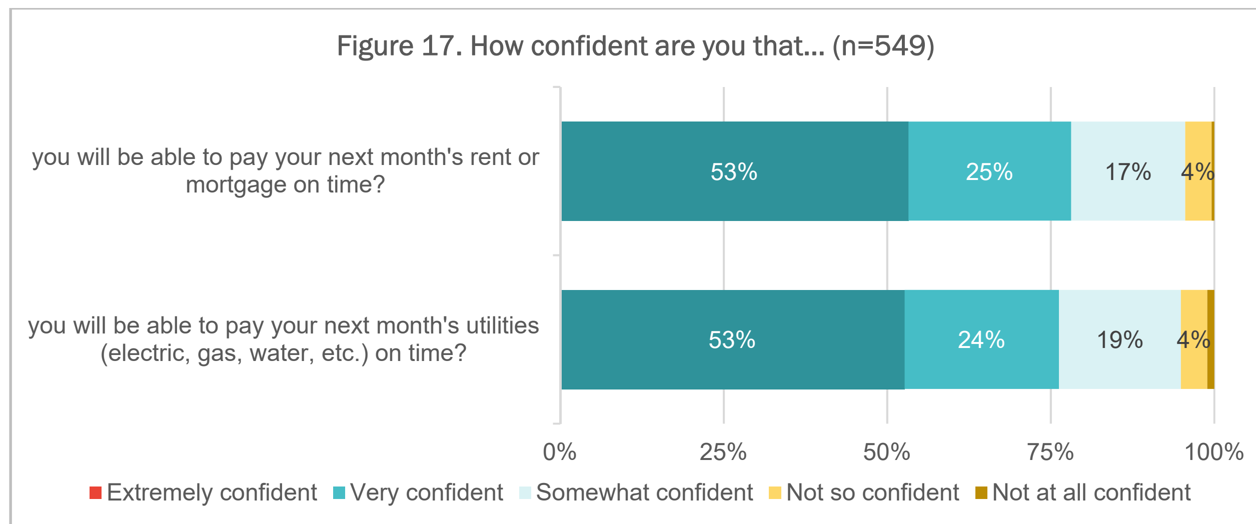
As shown in Figure 15, more than three quarters (81%) of respondents said they were "extremely" or "very confident" that they would be able to access the food they need during the next four weeks.



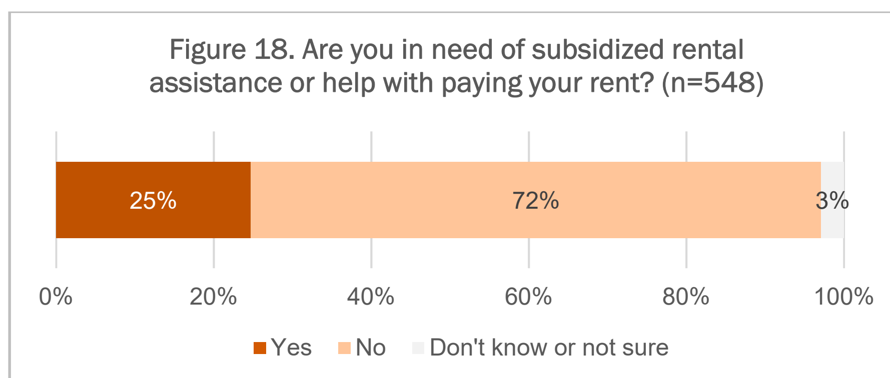
Housing and Utilities

As shown in Figure 16, 83% of respondents said that they were able to pay last month's rent or mortgage on time. Over three quarters of respondents were either "extremely confident" or "very confident" that they would be able to pay next month's rent, mortgage, and utilities on time (Figure 17).



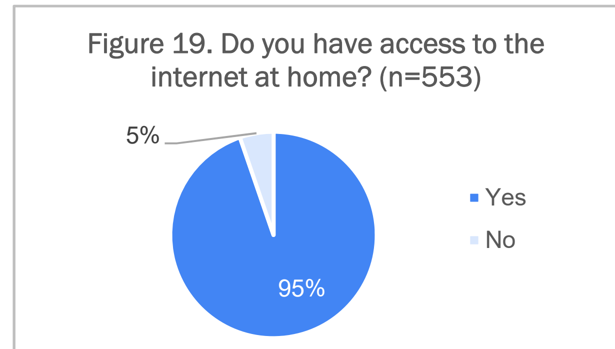


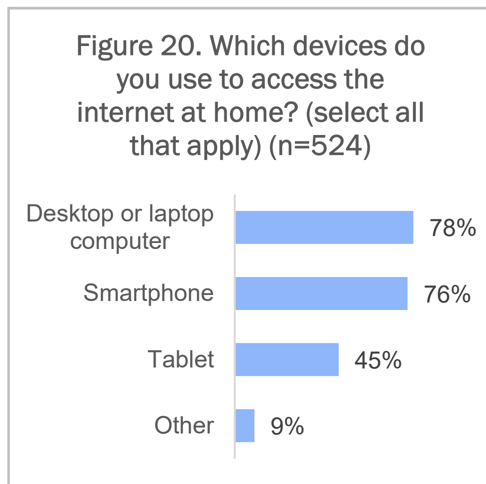
As shown in Figure 18, one quarter of respondents said they were in need of subsidized rental assistance or help with paying rent.

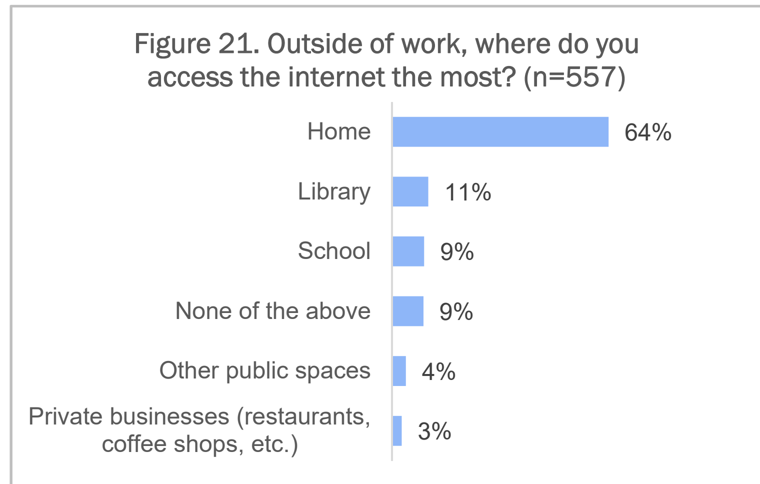


Internet Access

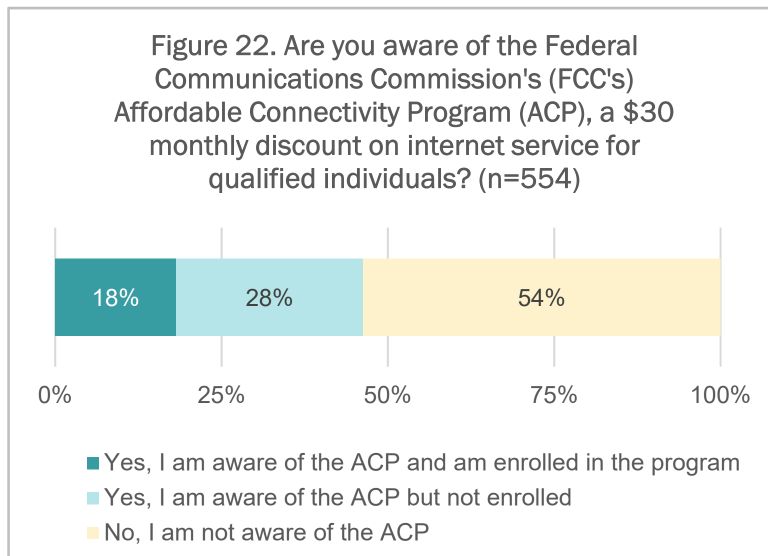
As shown in Figure 19, a vast majority (95%) of survey respondents have access to the internet at home. Among the 524 respondents who have internet access at home, about three quarters access it on a desktop or laptop computer or a smartphone (Figure 20). As shown in Figure 21, outside of work, most respondents (64%) access the internet at home.

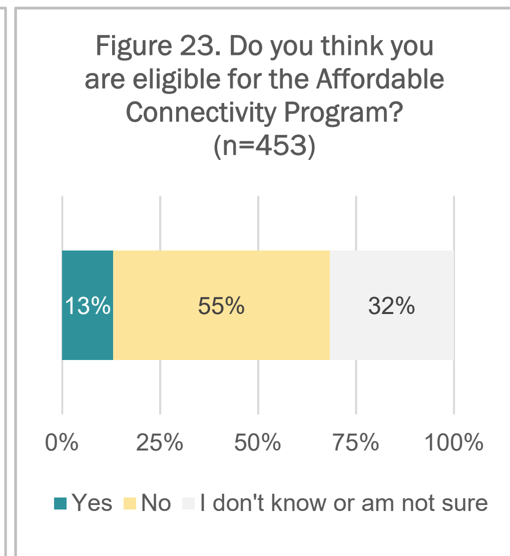






The survey contained a few questions on the Federal Communications Commission's (FCC's) Affordable Connectivity Program (ACP). More than half (54%) of respondents were not aware of this program (Figure 22). A similar percentage of respondents (55%) did not think they were eligible for the ACP (Figure 23).





Health Status & COVID-19 Impact

Survey respondents were asked a few questions about their general and mental health. As shown in Figure 24, a majority (64%) of respondents indicated that they felt nervous, anxious, depressed, or uninterested/unable to do things for several days or more during the last month. Among the 342 respondents who experienced anxiety, nervousness, or depression in the last month, more than half (59%) said that the COVID-19 pandemic affected their anxiety or depression either "somewhat" or "to a great extent" (Figure 25).

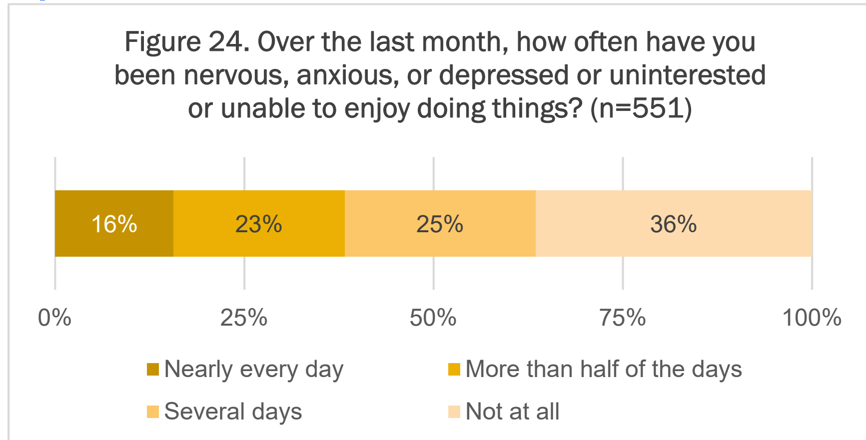


Figure 24. Over the last month, how often have you been nervous, anxious, or depressed or uninterested or unable to enjoy doing things? (n=551)

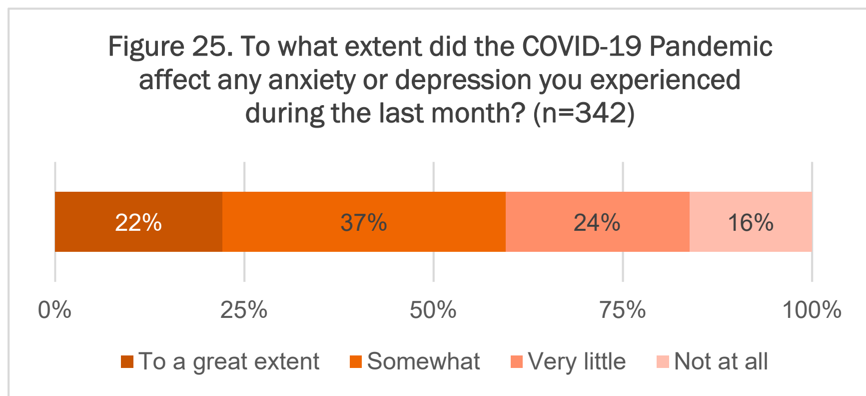


Figure 25. To what extent did the COVID-19 Pandemic affect any anxiety or depression you experienced during the last month? (n=342)

As shown in Figure 26, about one third (34%) of respondents said they are limited in activities because of physical, mental, or emotional problems. More than half (52%) of respondents said that most of the time their health is either "excellent" or "very good," and very few (2%) said their health was "poor" (Figure 27).

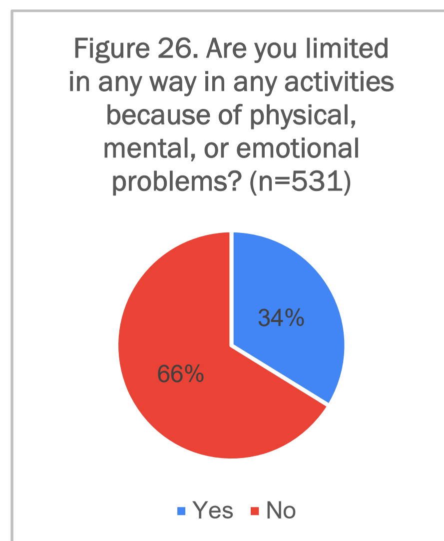


Figure 26. Are you limited in any way in any activities because of physical, mental, or emotional problems? (n=531)

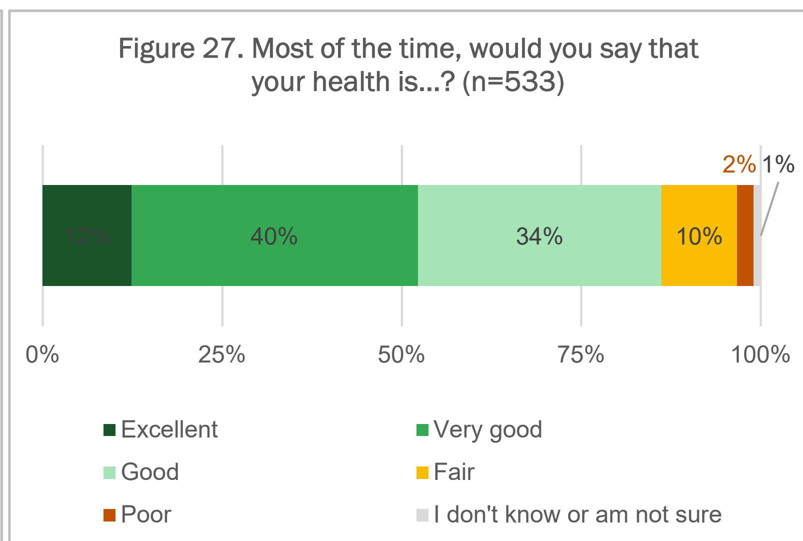
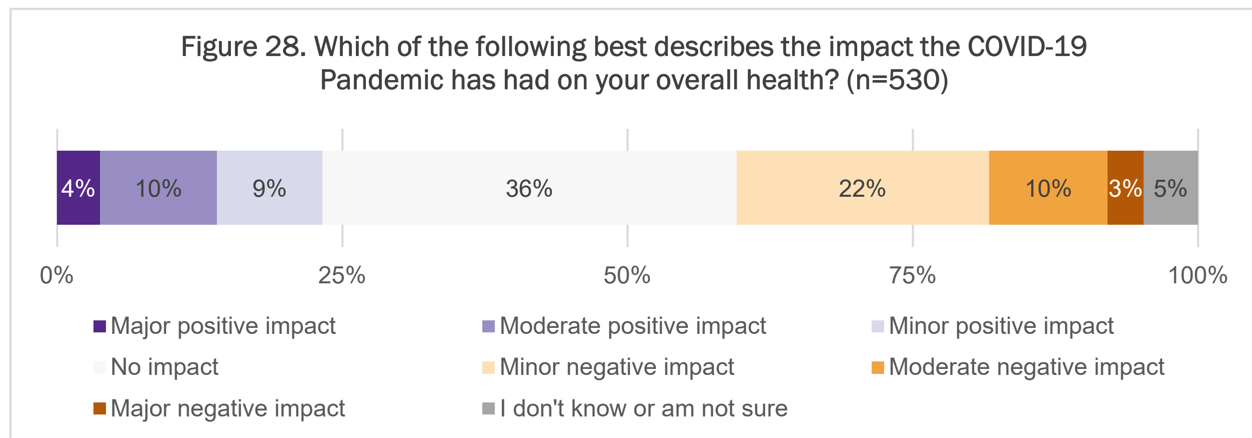


Figure 27. Most of the time, would you say that your health is...? (n=533)

In terms of how the COVID-19 Pandemic impacted overall health (Figure 28), 23% said it had a positive impact, slightly over a third (36%) said it had no impact, and slightly over a third (35%) said it had a negative impact.



Open-ended feedback on impact of COVID-19 pandemic on health

During the focus groups, participants were presented with preliminary data on the survey results from Figure 28 and asked the following: "**Can you describe the ways in which the COVID-19 Pandemic has had a positive or negative impact on the health of people in your community?"**

Positive impacts included the following:

- **Family time**: Participants reported they were able to spend time together as a family and were more mentally healthy during this time. It gave them an opportunity to reset their values. "*I feel like a lot of families that are rural, like not in a larger town, had a better time with COVID, because you had more time on the farm, you had your kids home, they were helping. A lot of people used COVID money to get projects done that they didn't have time to do before … it was just slowing down and being able to focus on some things so that people really thought about that time more fondly now."*
- **Hygiene**: People became more hygienic: washing their hands more, washing vegetables they brought home from the store, and using hand sanitizer.
- **Knowledge of the health department**: The pandemic increased knowledge of what the health department does and helped people understand that they wanted people to be healthy.
- **Taught resilience:** It helped essential personnel increase their resilience and to keep going even when it was hard because they were needed.

Negative impacts included the following:

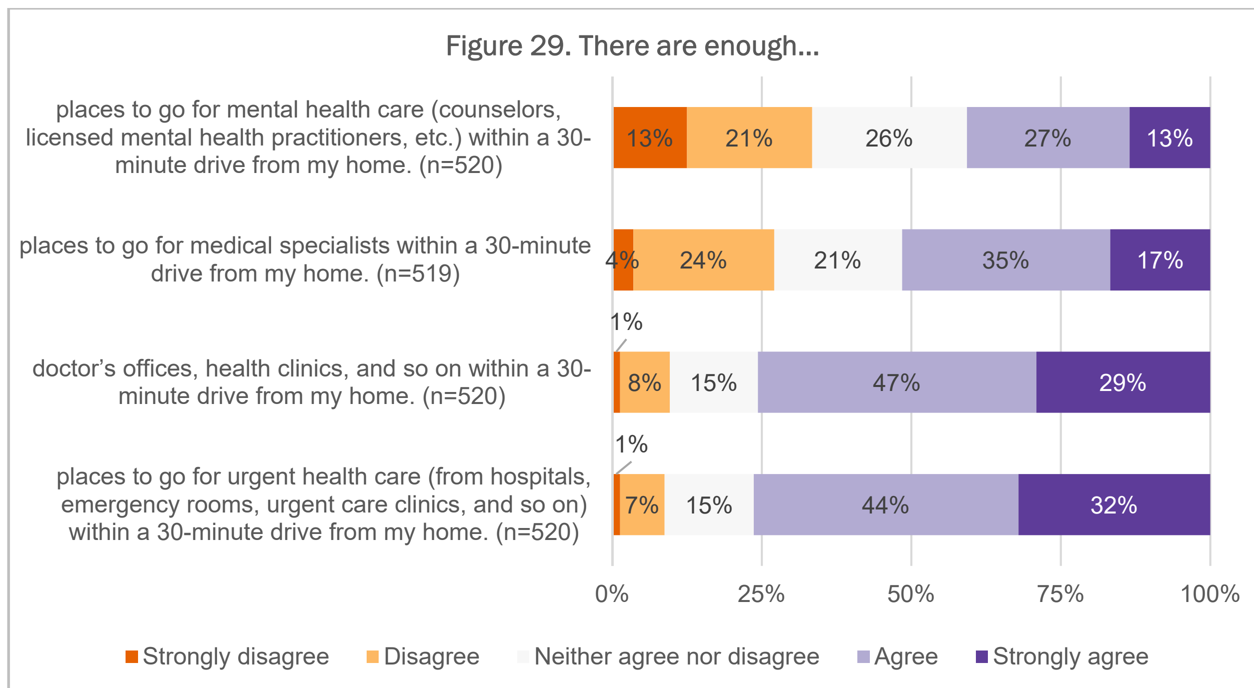
- **Physical health and access to care**: People fell behind on health and dental care. They put off elective surgery and missed important screenings.
- **Children's development**: Participants witnessed speech delays with little kids because they weren't interacting. *"I work with kiddo's birth to age 3, and we saw a lot of speech delays. We're still working with those families that have those speech delays because they were at home. They weren't interacting with other families, other kids outside of the family."* Students' social skills and education also suffered

from the pandemic. *"It really affected a lot of students where they're a little bit more behind than they would have been before."*

- **Isolation**: It was difficult for nursing home residents who became even more isolated. *"It was absolutely brutal on nursing home residents to be totally locked down and away from families and not allowed to communicate."* It was also difficult for relatives to not be able to see their older family members because of the risks. *"For me it was negative, not financially but emotionally. Emotionally, it drained me."*
- **Stress**: It was challenging for working parents to do their job while also managing kids doing school at home. Essential workers, like healthcare workers and food production staff, were under increased pressure. People working in food-related industries could not stop working. *"We feed the people and that can't stop. We had no choice but to keep working…we said, 'Whether we like it or not, we're going to keep working.' We kept working and here we all are, we had no choice because we feed the world. "*
- **Employment**: Some people left their jobs because they were afraid of catching COVID. *"I think that certain people of a certain age were affected monetarily because they had to leave their jobs, many people who worked at Farmland... because of fear or whatever during COVID. [They] said 'I'm going to leave my job because I don't want to die.'"* Businesses closed and people lost their jobs.

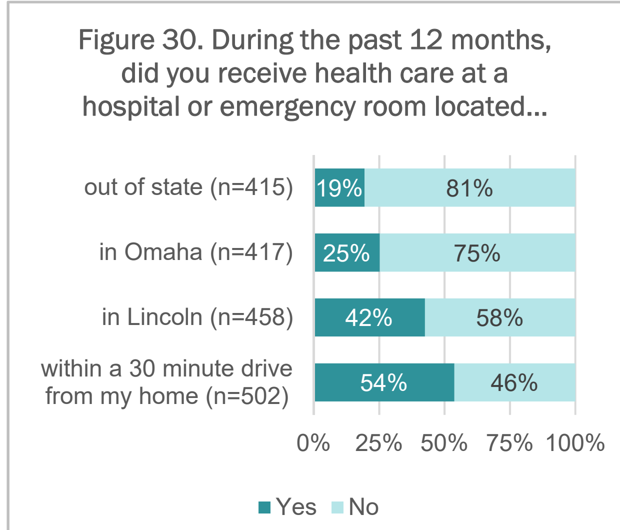
Healthcare Access

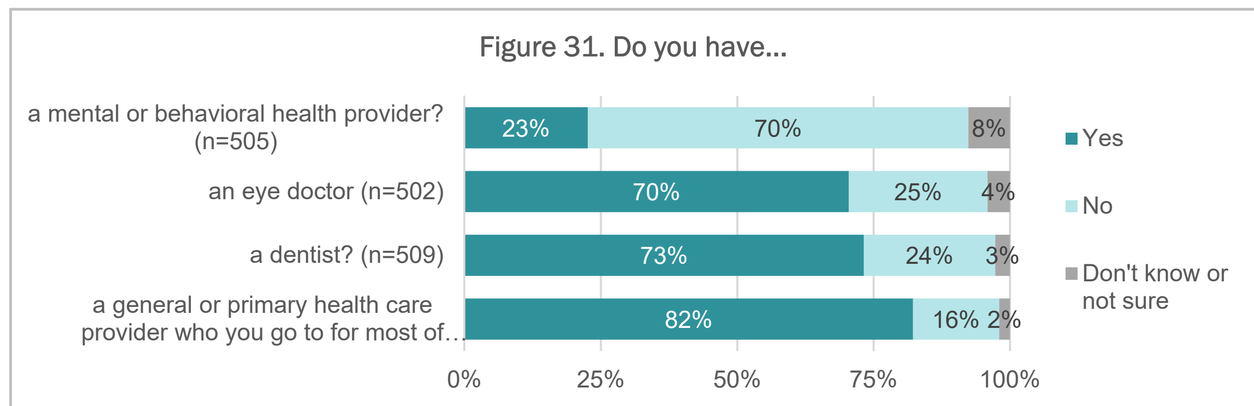
Respondents were asked a series of questions regarding the availability of places to access healthcare within a 30-minute drive from their home. As shown in Figure 29, more than three quarters agreed or strongly agreed that doctor's offices, health clinics, and urgent care clinics were accessible within a 30-minute drive; however, only about half agreed or strongly agreed that medical specialists were available, and less than half (about 40%) agreed or strongly agreed that mental health care places were accessible within a 30-minute drive.



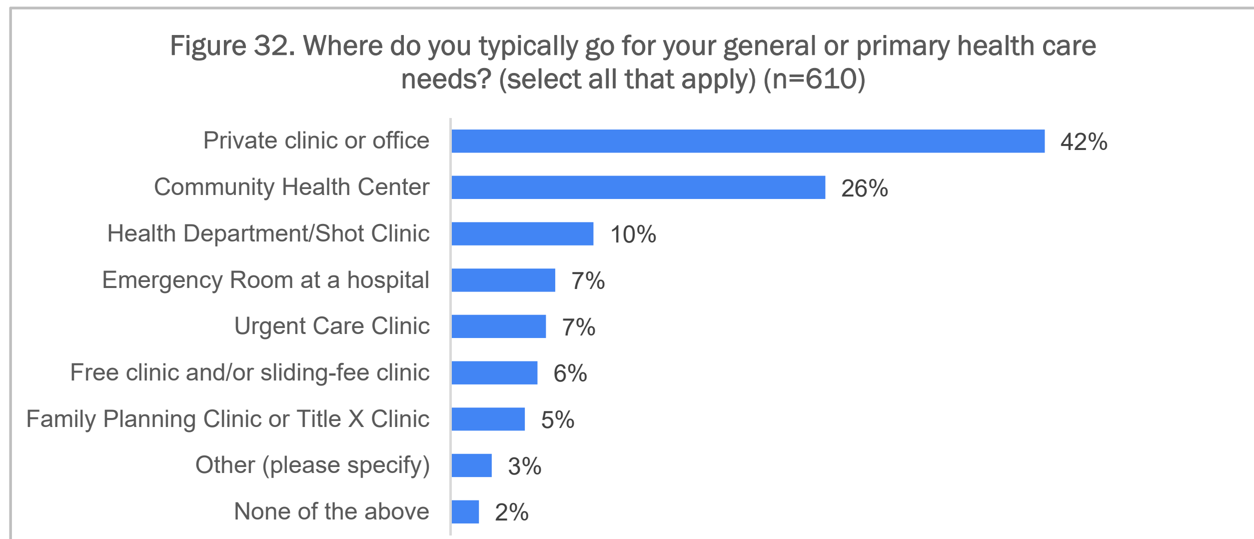
In terms of where respondents received healthcare at a hospital or emergency room, slightly more than half (54%) received this type of care locally (within a 30-minute drive of their home), while 42% received this type of care in Lincoln. A lower proportion of respondents received hospital or emergency care in Omaha or out of state (Figure 30).

Respondents were also asked about the types of healthcare providers they go to. Most respondents (at least 70%) have a general or primary care provider, a dentist, or an eye doctor, but fewer have a mental or behavioral health provider (Figure 31).

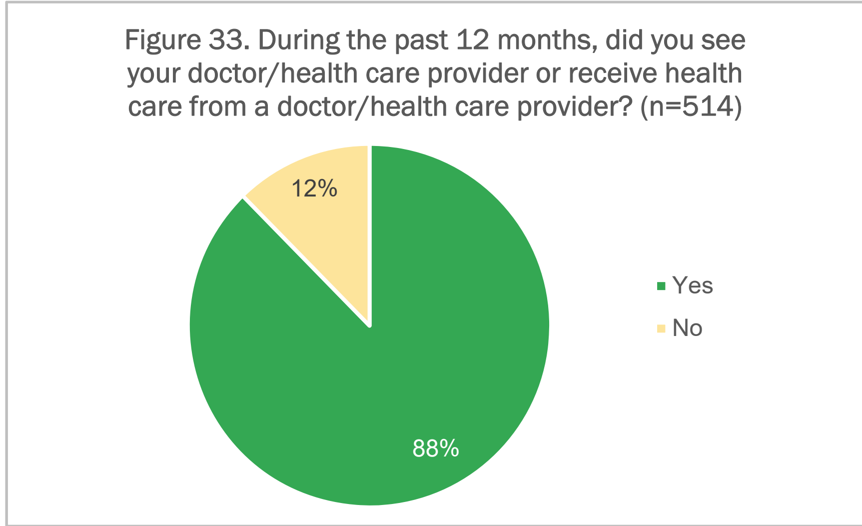


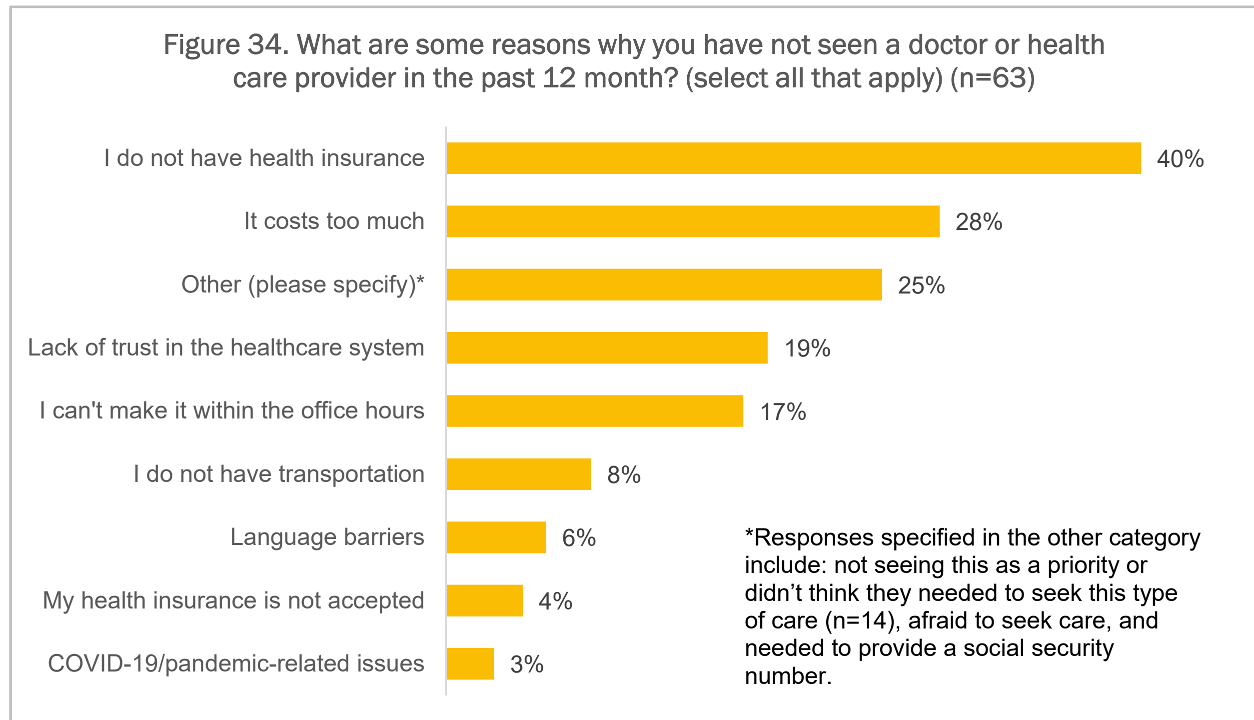


Respondents were asked where they typically go for general or primary healthcare needs (Figure 32); 42% access this type of healthcare at a private clinic or office, and about one quarter (26%) go to a Community Health Center.



As shown in Figure 33, a majority (88%) of respondents reported receiving healthcare from a doctor or provider in the past year. Among the 63 respondents who said they did not see a doctor or healthcare provider in the past year, 40% said it was because they did not have health insurance, and 28% said it was because it costs too much (Figure 34).





Respondents were also asked to indicate how they pay for their healthcare and were given a menu of options to select from (Figure 35); 44% said that they use employer-provided health insurance, 13% use Medicare, and 13% use health insurance that they purchase directly from an insurance company. Only 5% of respondents indicated that they pay cash because they do not have insurance.

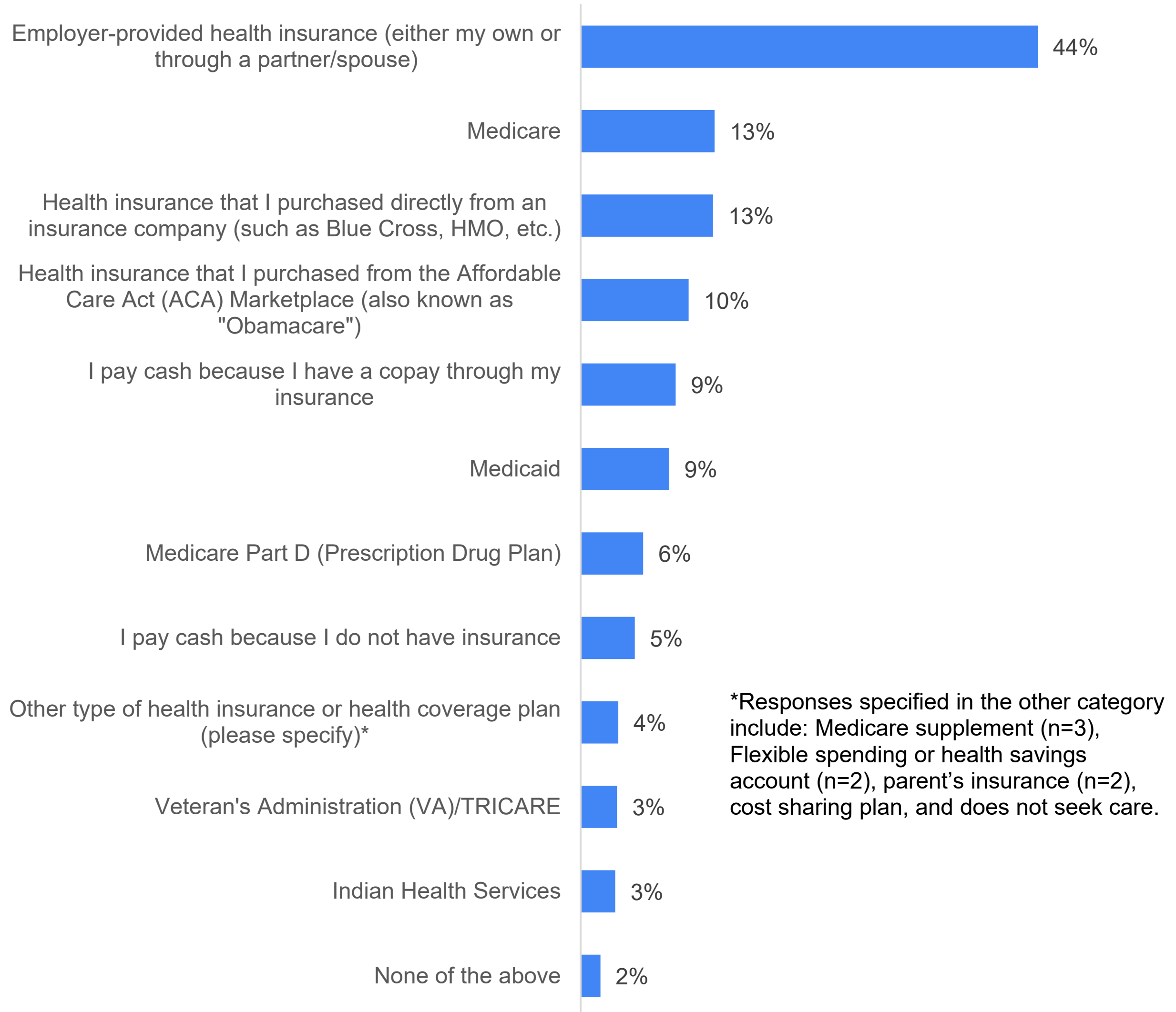
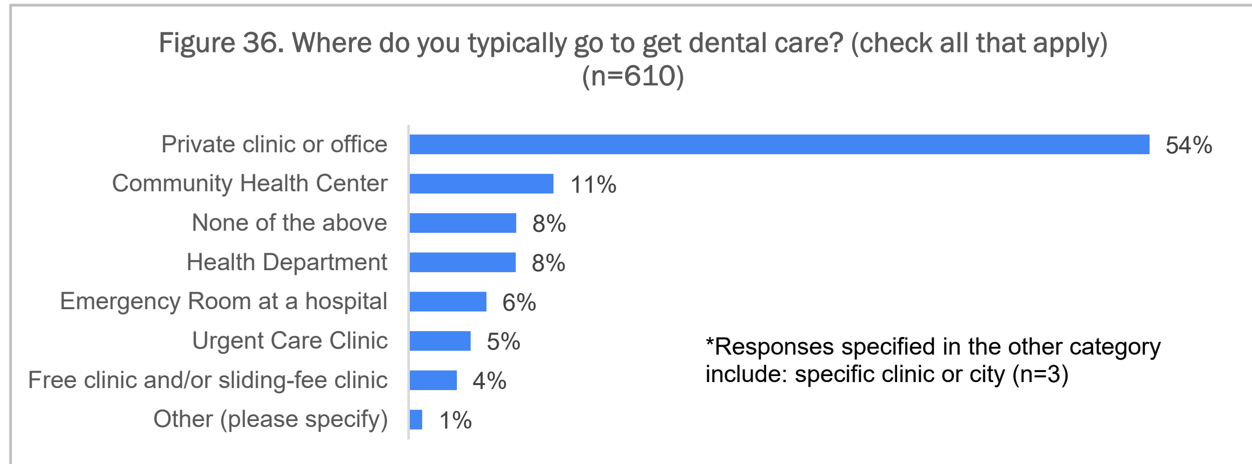


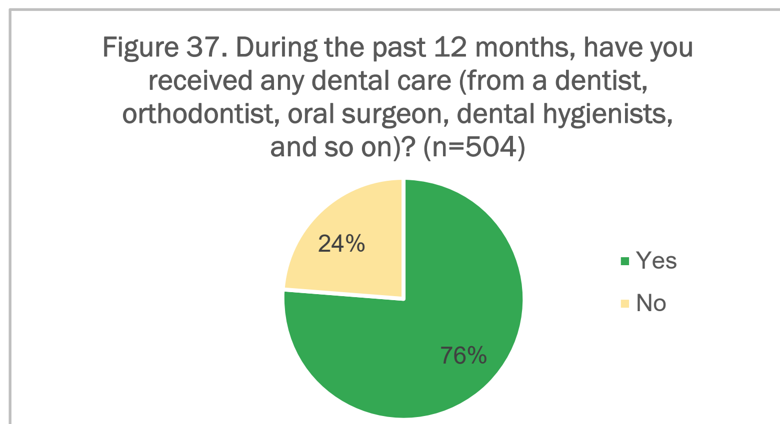
Figure 35. Which of the following options do you use to pay for your health care (doctor's visits, hospital/emergency room visits, medications, etc.)? Select all that apply. (n=610)
Employer-provided health insurance (either my own or through a partner/spouse)
44%
Medicare
13%
Health insurance that I purchased directly from an insurance company (such as Blue Cross, HMO, etc.)
13%
Health insurance that I purchased from the Affordable Care Act (ACA) Marketplace (also known as "Obamacare")
10%
I pay cash because I have a copay through my insurance
9%
Medicaid
9%
Medicare Part D (Prescription Drug Plan)
6%
I pay cash because I do not have insurance
5%
Other type of health insurance or health coverage plan (please specify)*
4%
Veteran's Administration (VA)/TRICARE
3%
Indian Health Services
3%
None of the above
2%
*Responses specified in the other category include: Medicare supplement (n=3), Flexible spending or health savings account (n=2), parent's insurance (n=2), cost sharing plan, and does not seek care.

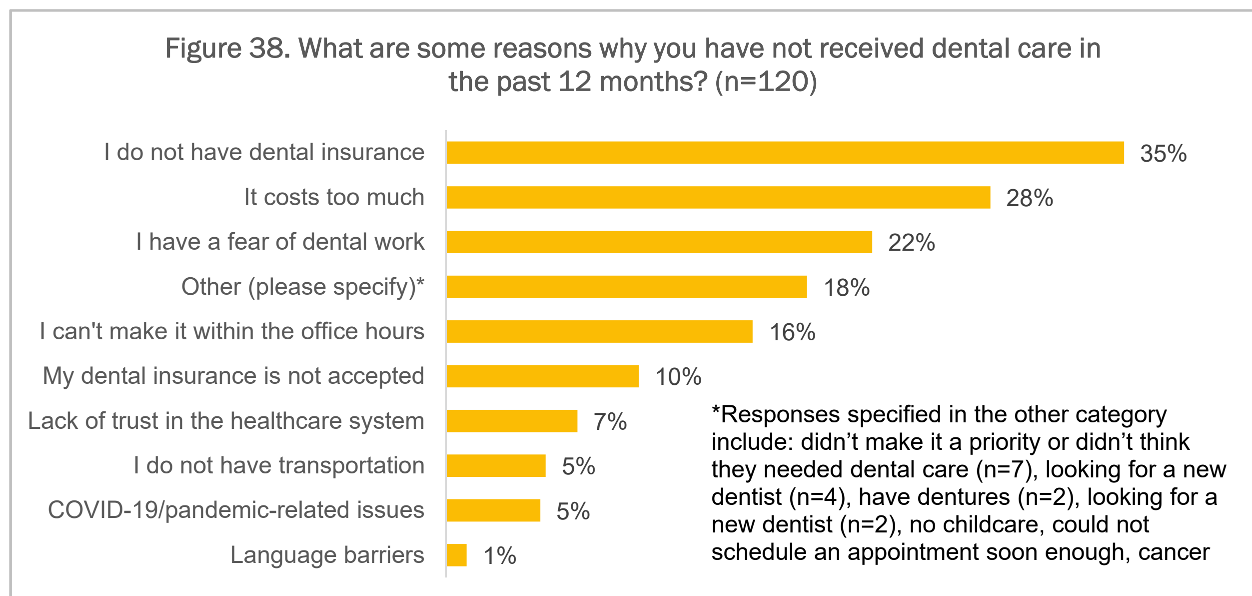
Dental Care Access

Respondents were asked to indicate where they typically go for dental care. More than half (54%) access this dental care at a private clinic or office, and 11% go to a Community Health Center (Figure 36)

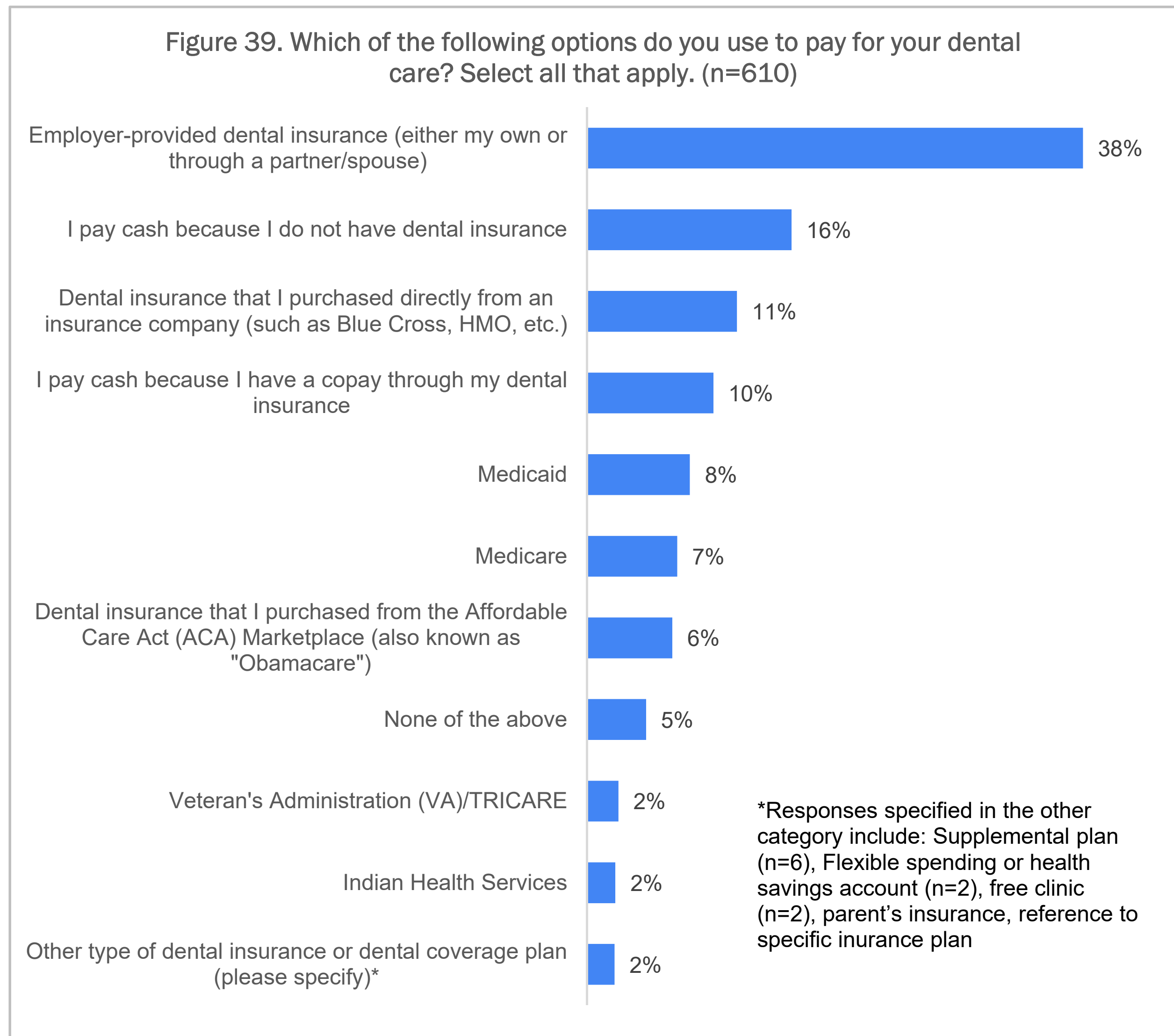


As shown in Figure 37, about three quarters of respondents (76%) received dental care in the past year. Among the 120 respondents who said they did not receive dental care in the past year, 35% said it was because they did not have health insurance, and 28% said it was because it costs too much (Figure 38).



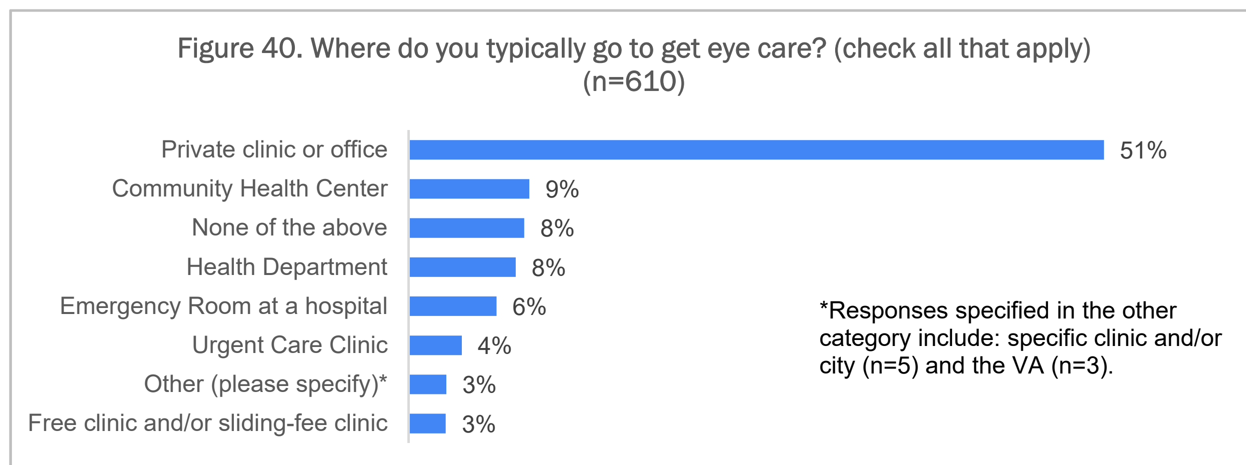


Respondents were also asked to indicate how they pay for their dental care and were given a menu of options to select from (Figure 39); 38% said that they use employer-provided dental insurance, and 16% of respondents indicated that they pay cash because they do not have dental insurance.

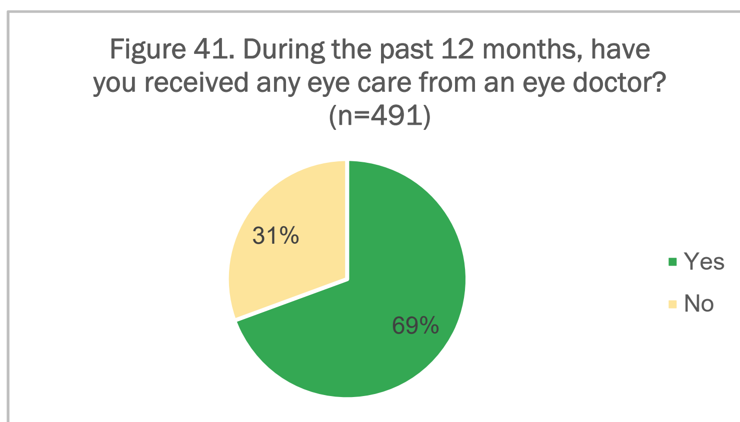


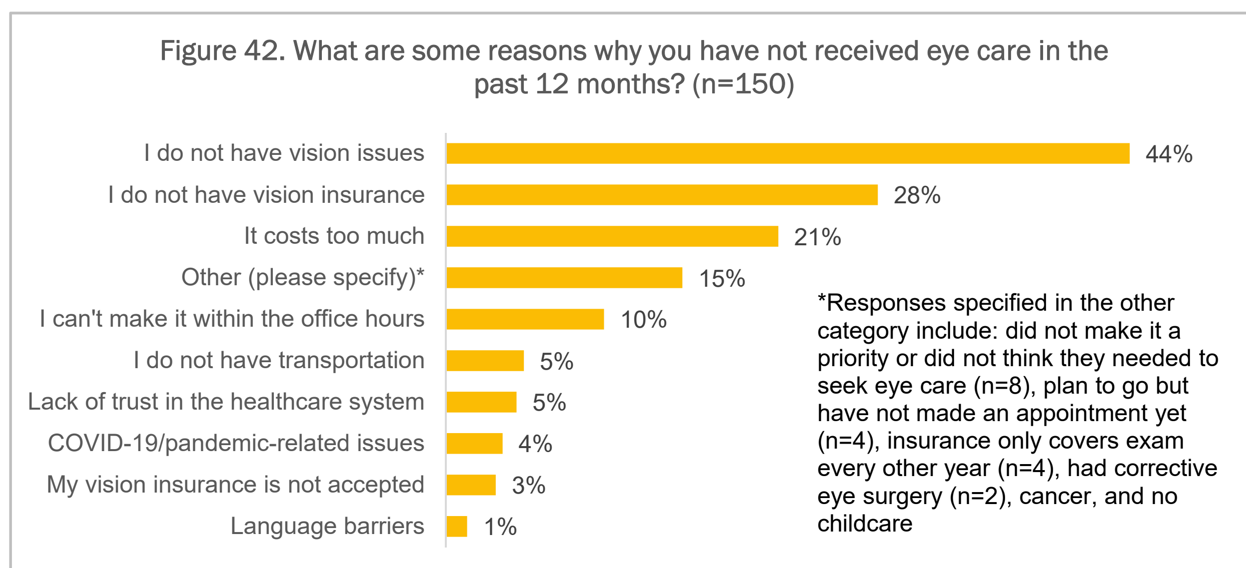
Eye Care Access

Respondents were asked to indicate where they typically go for eye care (Figure 40); more than half (51%) access eye care at a private clinic or office, and 9% go to a Community Health Center.



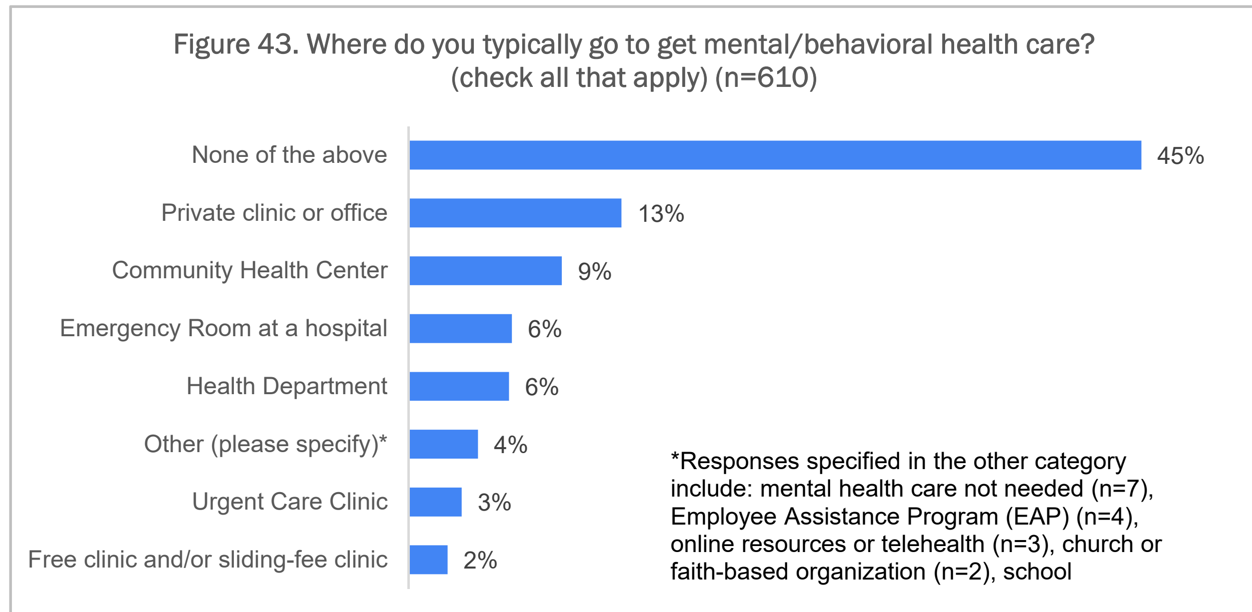
As shown in Figure 41, more than two thirds of respondents (69%) received eye care from an eye doctor in the past year. Among the 150 respondents who said they did not receive eye care in the past year, 44% reported that it was because they did not have vision issues, 28% said it was because they did not have vision insurance, and 21% said it was because it costs too much (Figure 42).



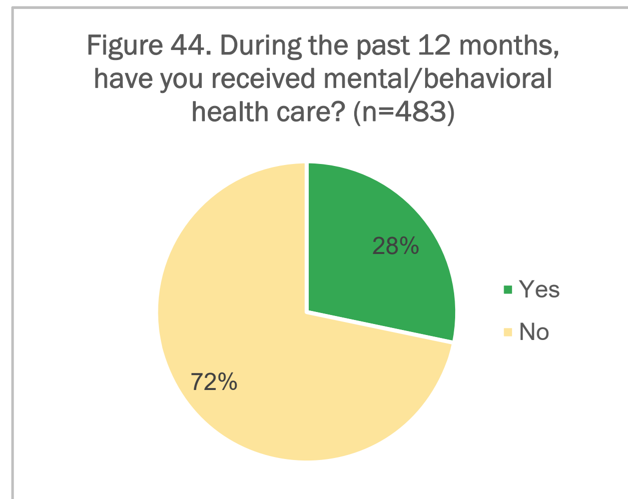


Mental/Behavioral Health Care Access

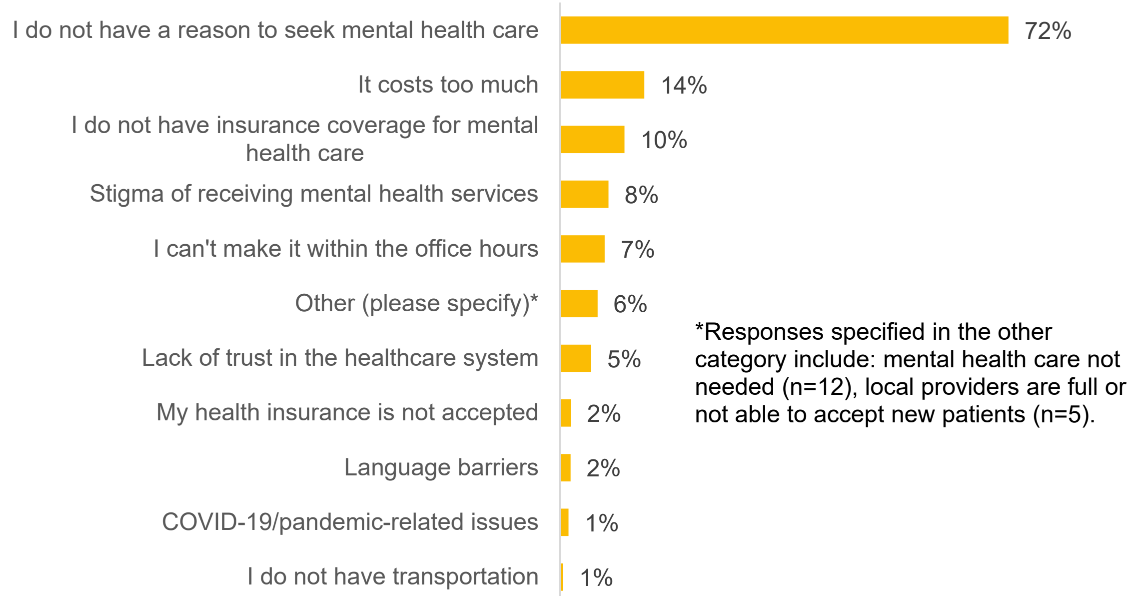
Respondents were asked to indicate where they typically go for mental/behavioral health care (Figure 43); nearly half (45%) said they didn't go to any of the options presented to access mental or behavioral health care, 13% said they go to a private clinic or practice, and 9% go to a Community Health Center.



As shown in Figure 44, slightly more than a quarter of respondents (28%) received mental/behavioral health care in the past year, which is substantially lower than the other forms of care (primary/general health, dental, and eye).

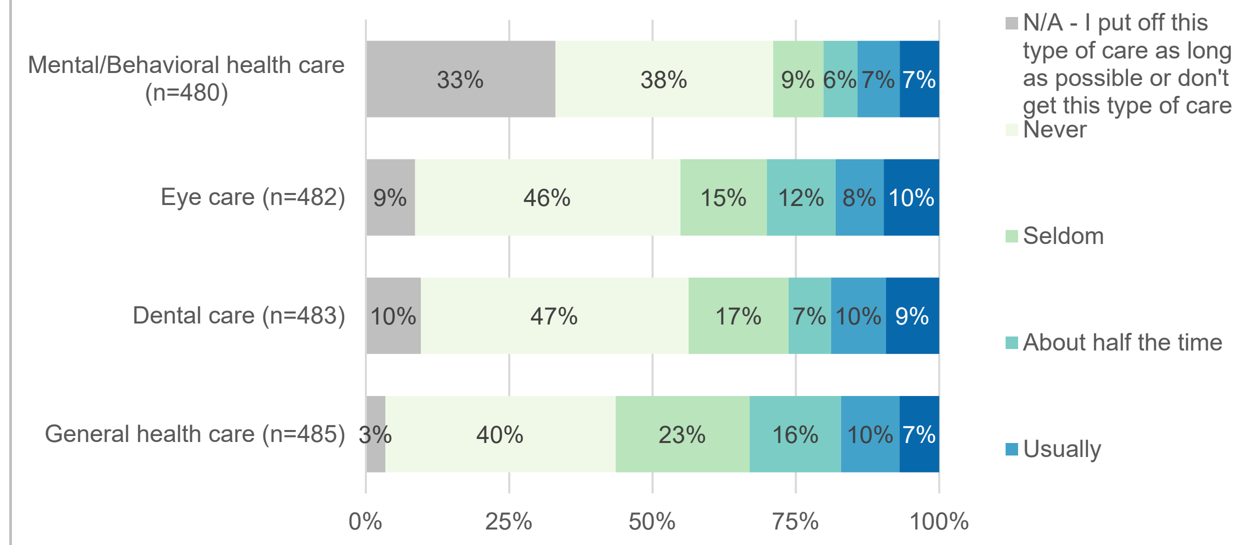


Among the 347 respondents who said they did not receive mental/behavioral health care in the past year, 72% said it was because they did not have a reason to seek mental health care, 14% said it was because it costs too much, and 10% said it was because they did not have insurance coverage (Figure 45).



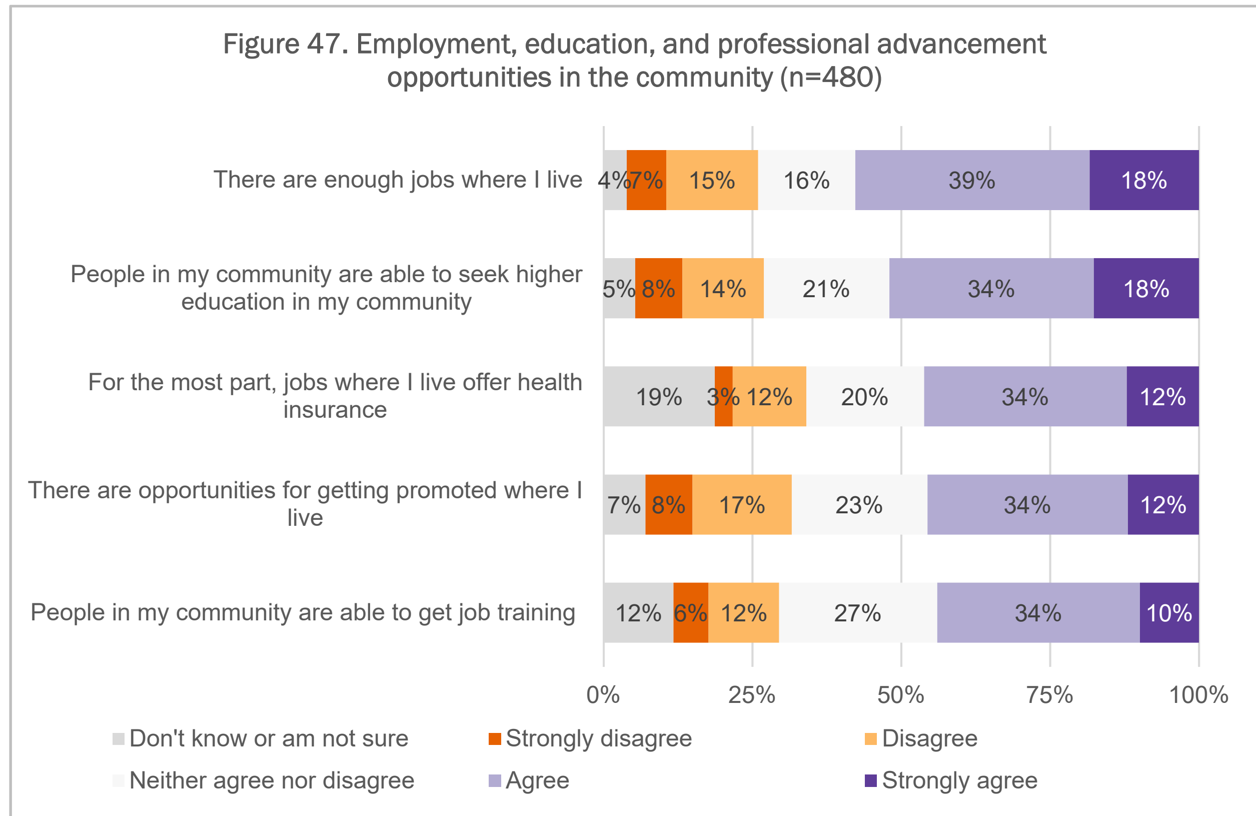
Travel Barriers to Health Care Access

As shown in Figure 46, although a substantial proportion of respondents said they never had to travel 1 hour or longer to receive health care, more than one quarter of respondents said that they had to travel 1 hour or longer to receive eye, dental, or general health care "about half the time," "usually," or "always."



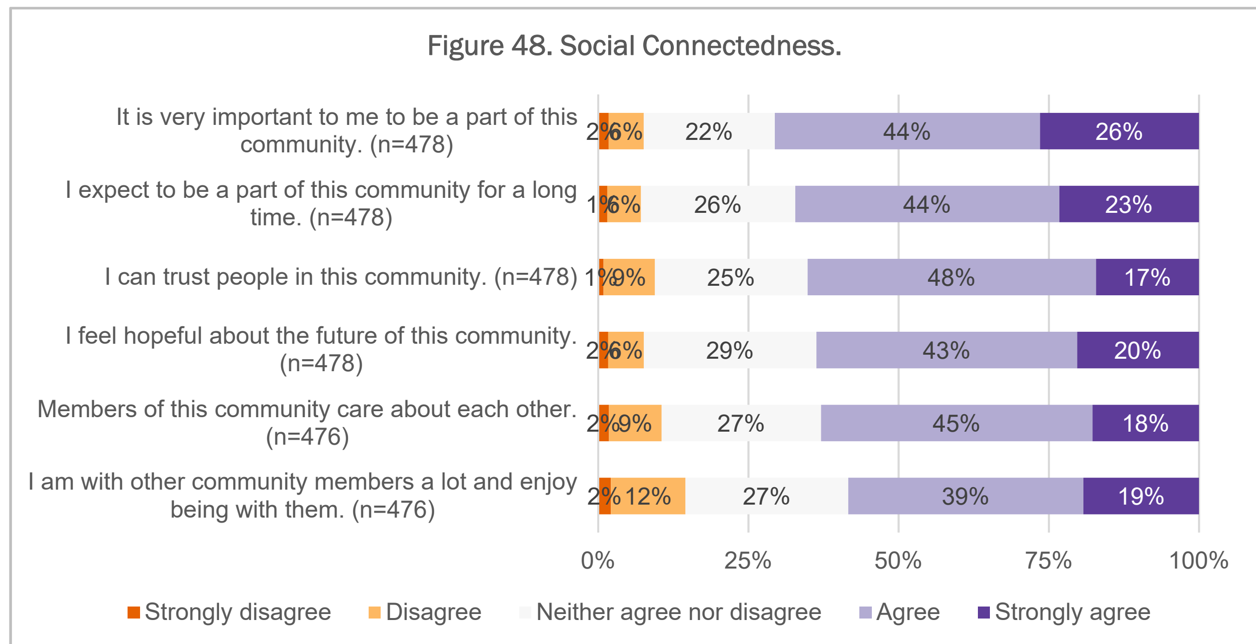
Employment, Education, and Professional Opportunities

Respondents were asked a series of questions regarding employment, education, and professional advancement opportunities in their community. A little more than half of respondents strongly agreed or agreed that there were enough jobs, and that people were able to seek higher education where they live (Figure 47). Slightly less than half of respondents strongly agreed or agreed about statements regarding the availability of job benefits (such as health insurance) and opportunities like training and promotions.

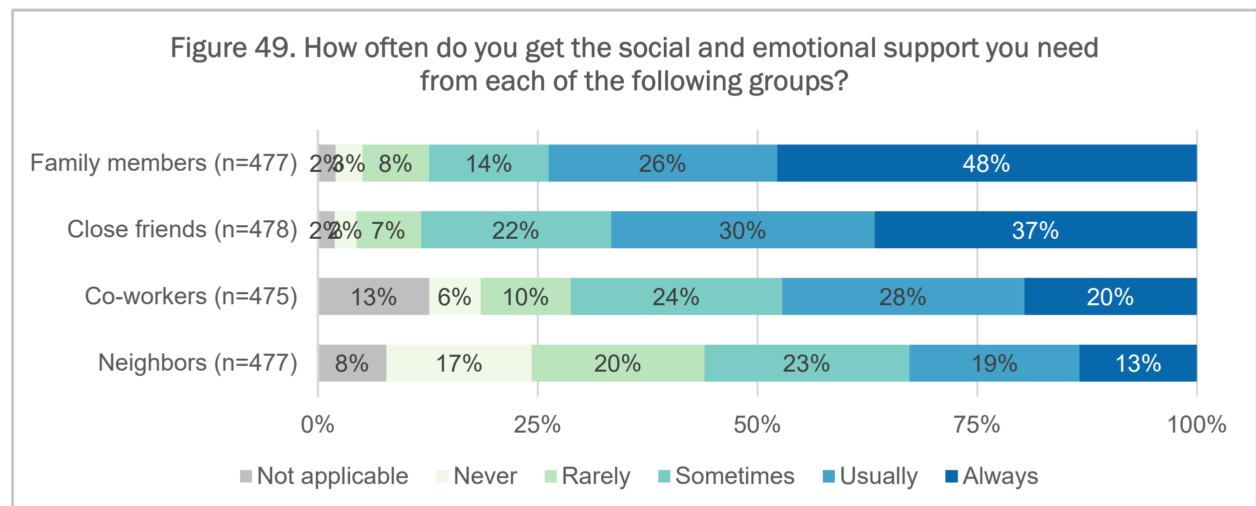


Social Connectedness

Respondents were asked a series of questions related to social connectedness in their community. As shown in Figure 48, more than half of respondents strongly agreed or agree with the statements and few strongly disagreed or disagreed, suggesting that respondents overall feel connected to their communities and the people in their communities.

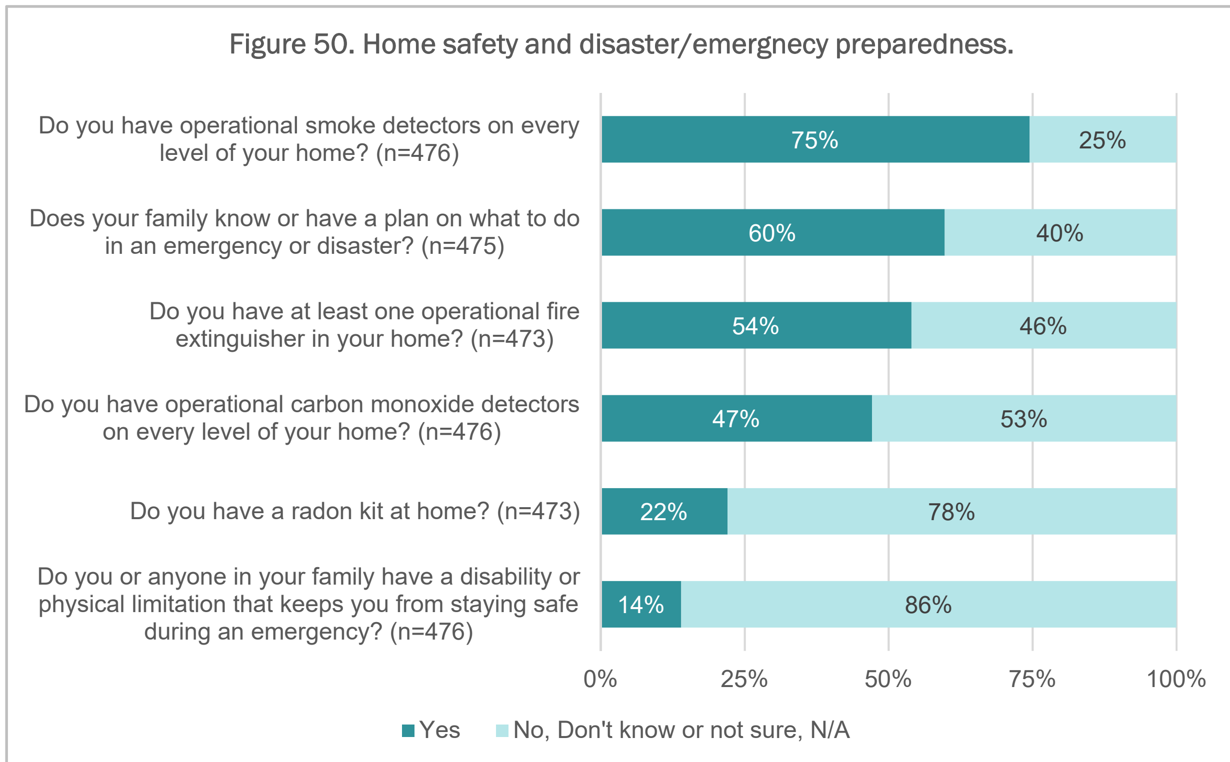


In terms of getting social and emotional support from certain groups of people (Figure 49), more than two-thirds of respondents said they get support from their family and close friends “usually” or “always,” but less than half get support from co-workers or neighbors “usually” or “always.”



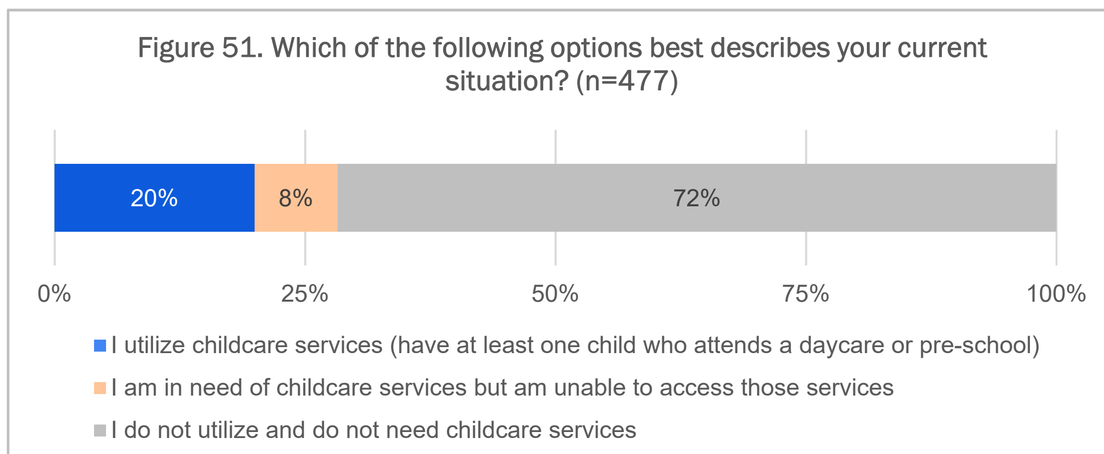
Home Safety and Emergency Preparedness.

Respondents were asked a series of questions regarding home/personal safety and emergency preparedness. As shown in Figure 50, three quarters of respondents have operational smoke detectors in their home, 60% have an emergency/disaster plan, and slightly more than half (54%) have an operational fire extinguisher in their home. Fewer have carbon monoxide detectors or a radon kit (47% and 22%, respectively). About 14% of respondents indicated they or someone in their family has a physical limitation or disability that keeps them from staying safe during an emergency.

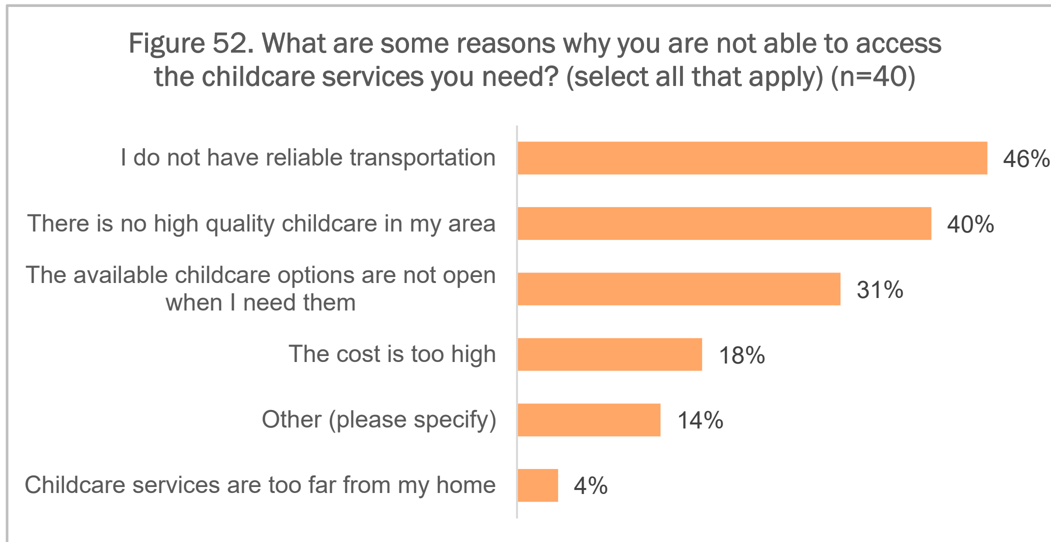


Childcare Needs

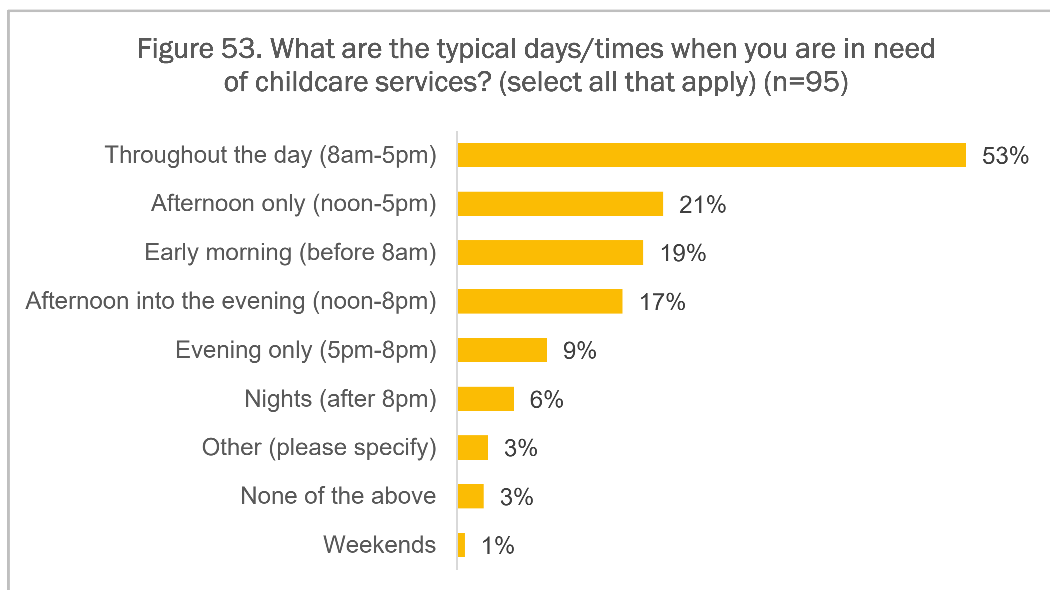
As shown in Figure 51, a majority of respondents (72%) do not utilize and do not need childcare services.



Among the 40 respondents who said they need childcare services but are not able to access those services, the main reasons are due to lack of transportation and availability of services (Figure 52).

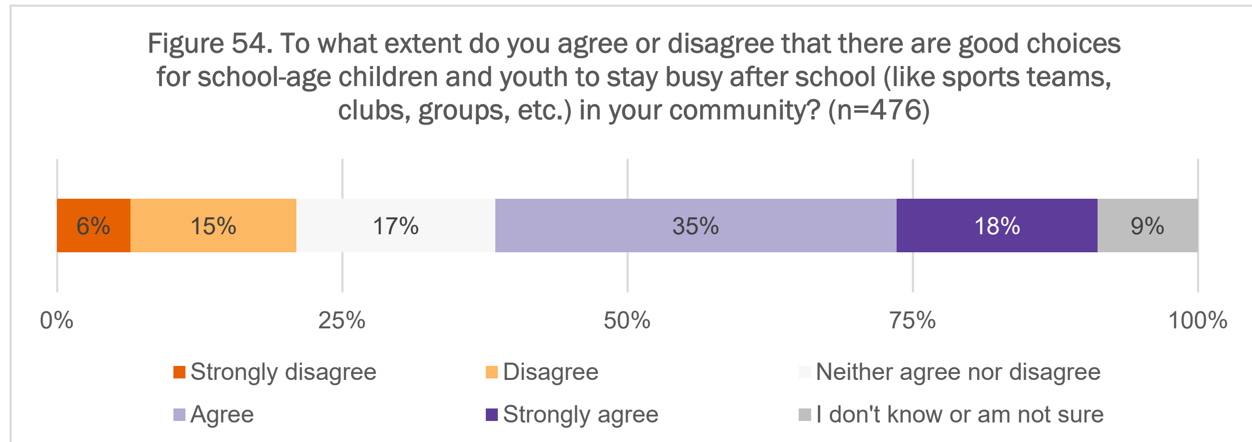


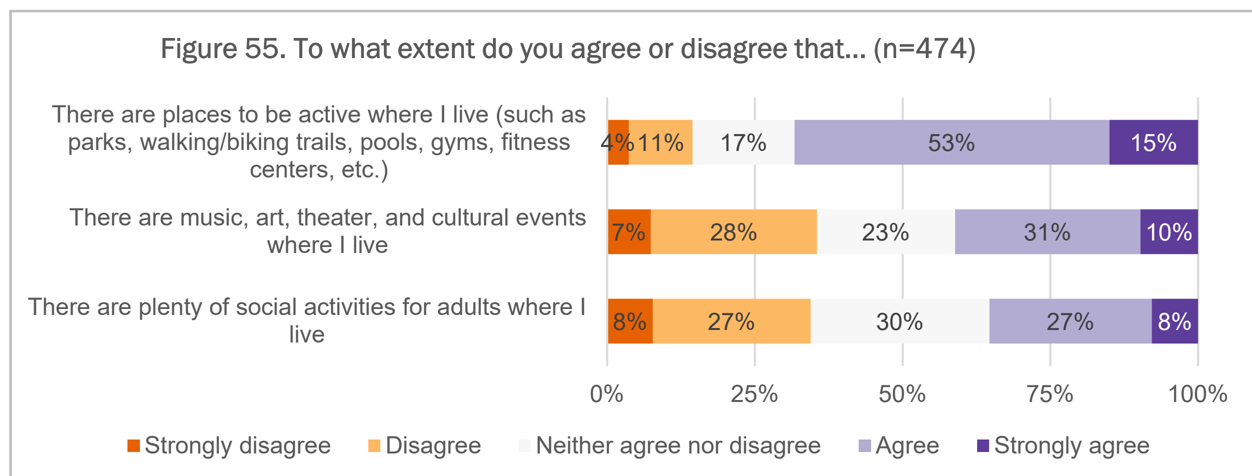
Among the 95 respondents who said they utilize childcare services, about half (53%) said they need childcare throughout the day (between 8am and 5pm), and some said they need childcare during other times, with nearly one in ten (9%) noting they have a need for care in the evenings (Figure 53). Community partners and focus group participants also noted that childcare needs present a barrier for people trying to find jobs and work. They explained that there are limited childcare options in their communities, especially options that offer childcare during different times of the day that may cover alternative work shifts, such as second or third shifts.



Community Amenities

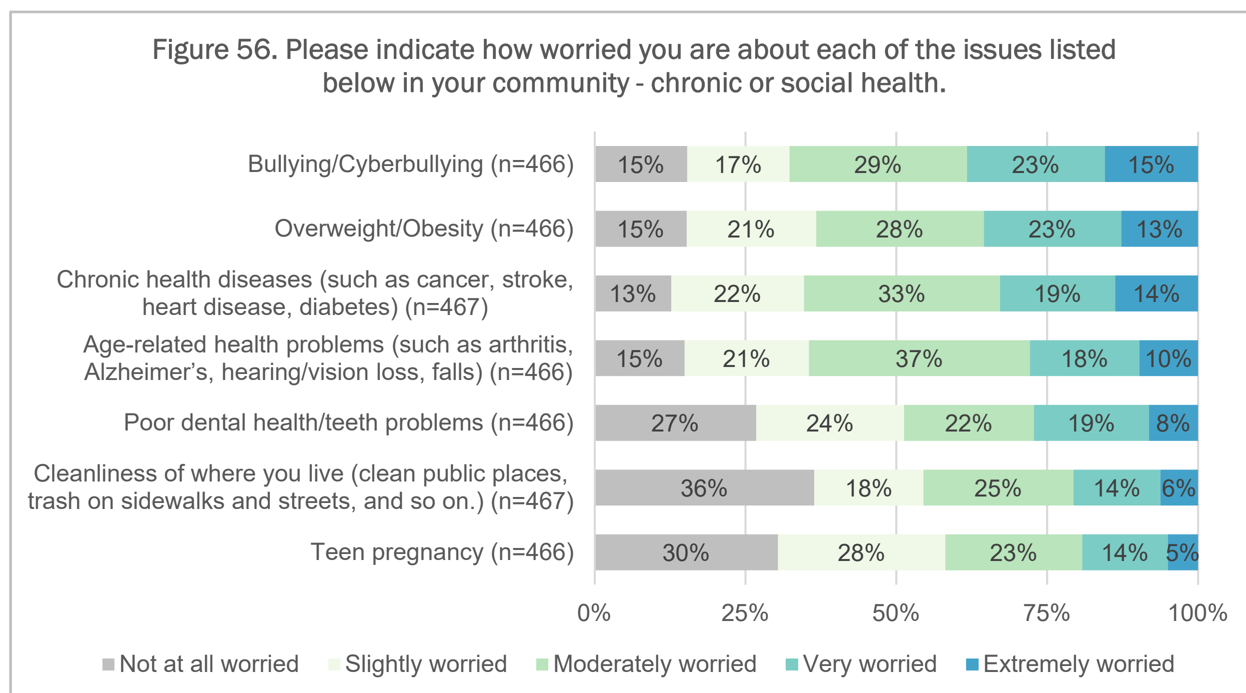
As shown in Figure 54, slightly more than half (53%) of survey respondents strongly agreed or agreed that there are good choices for school-age children and youth to stay busy after school. Likewise, a majority (68%) strongly agreed or agreed that there are places to be active in the community like parks, trails, pools, gyms, etc. (Figure 55). Fewer respondents (less than half) strongly agreed or agreed that there were music, art, or cultural events and social activities for adults in their community.

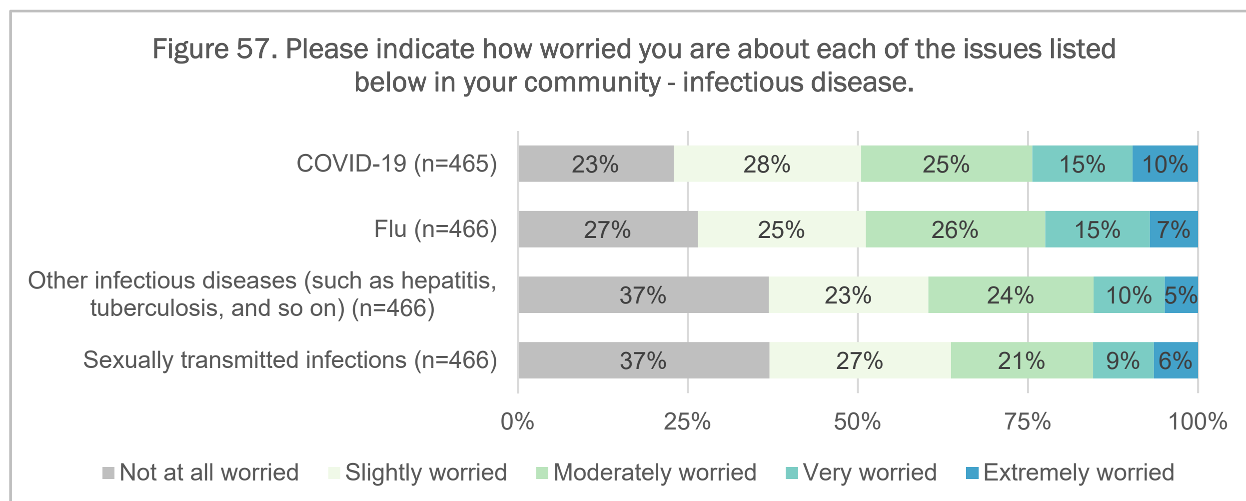


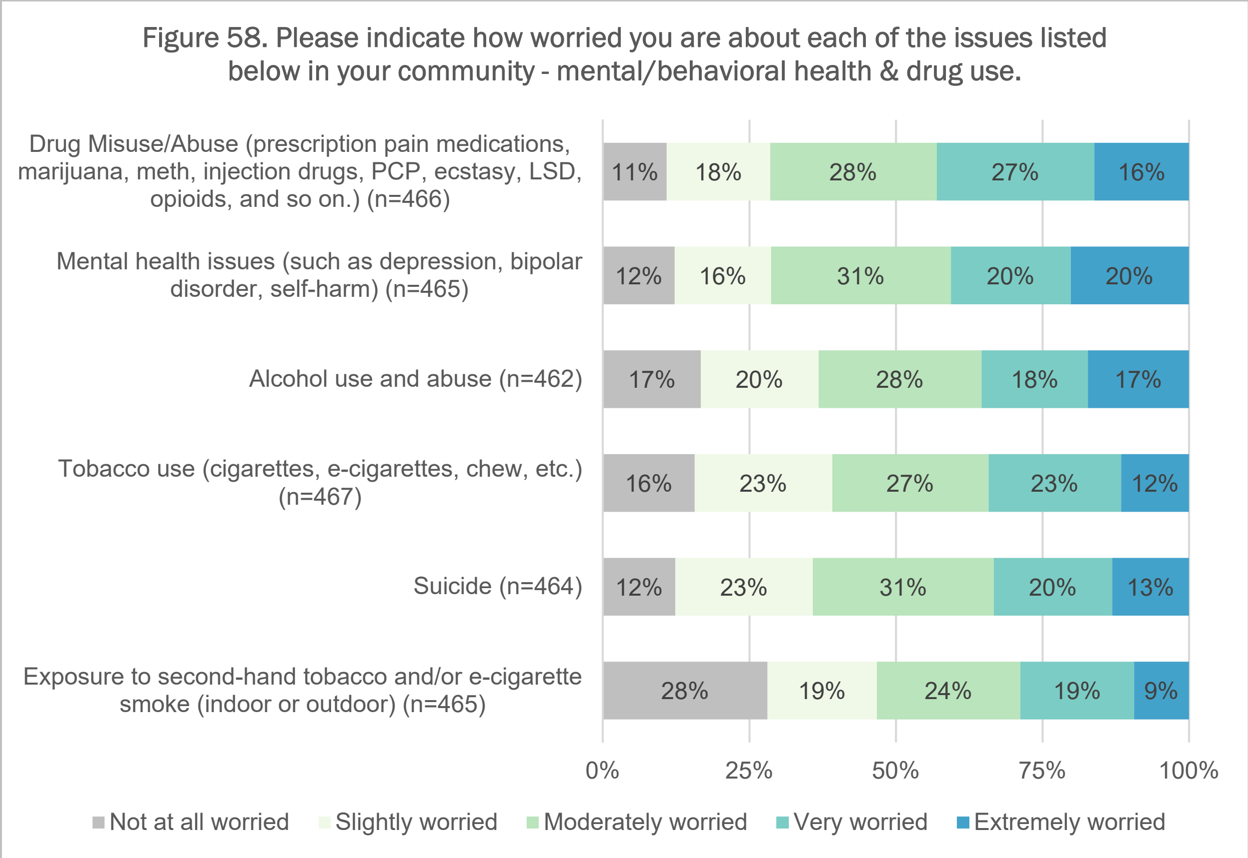


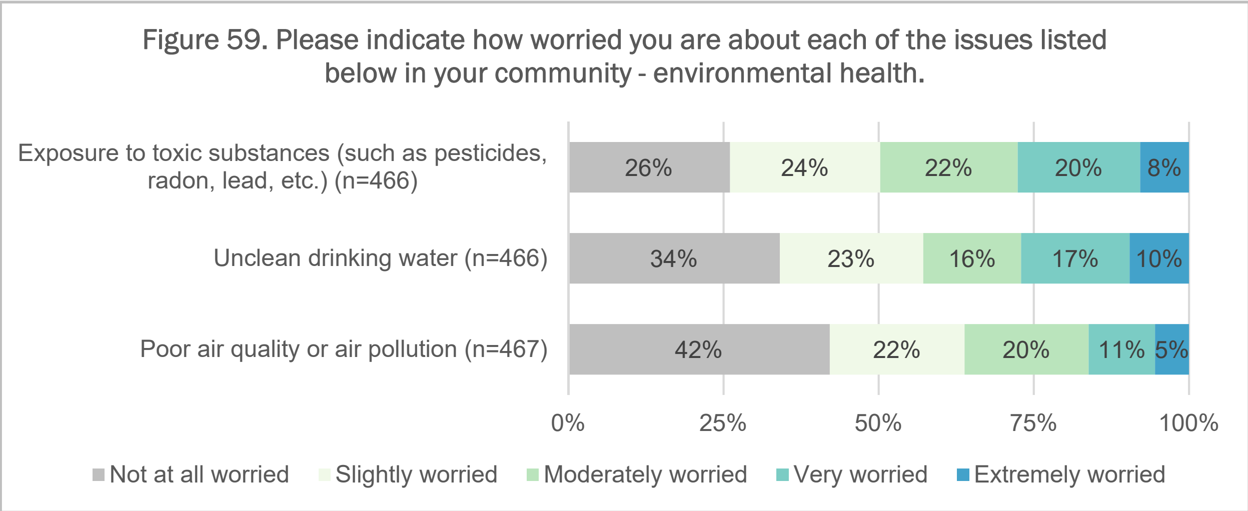
Health Concerns

Respondents were asked a series of questions to assess how concerned or worried they were about various health concerns across four broad categories (chronic or social health, infectious disease, mental/behavioral health & drug use, and environmental health). Results are shown in Figures 56-59. Across the four broad categories, respondents expressed the highest level of concern/worry for the mental and behavioral health issues and the lowest level of concern/worry for infectious disease. Across all the health issues, respondents expressed the highest level of concern/worry for drug misuse/abuse and mental health issues (43% and 41% said they were with "extremely worried" or "very worried," respectively).









Additionally, survey respondents were asked to provide any additional information they would like to share about the health issues where they live. Six respondents mentioned exposure to toxic chemicals was an issue, three said they wished to have access to more affordable places and opportunities for physical activity, and two referenced a concern about the cost of healthcare or mental health care.

Qualitative data on top health concerns

During the community focus group sessions and partner interviews, participants were presented with preliminary data on the survey results from Figures 56 and 58 and asked to indicate why they felt that mental health was identified as one of the top concerns and what the underlying issues were (English focus group and partner interviews) or why they felt that bullying/cyberbullying was identified as one of the top concerns and what the underlying issues were (Spanish focus group).

Participants listed the following reasons that mental health issues rose to the top as a concern in the community:

- **COVID**: The pandemic increased mental health concerns, especially isolation, and made concerns within families more visible. In some cases, COVID lowered stigma enough that more people were willing to seek help but can't get it. *"Maybe it's from going through the COVID period that we went through. How that was [for] people, the vulnerable, the old, and the young, for the most part were very isolated. The aftereffects are profound on that." "Obviously we have a long way to go, but I do think that [the pandemic] opened up the door to have conversations, and so people started seeking out services which just taxed our system more than it was already taxed."*
- **Not enough providers to serve people who need help**: *"When they identify a child with behavioral problems at school, or they know that there's more within the family context that needs to be addressed, sometimes not having providers around, it becomes a barrier for them to seek the help they need."*
- **Suicides in the community**: One participant noted that there had been several suicides in the area in the last year.
- **Stigma**: Some people are still hesitant to get help; however, some participants noted there is less stigma so people are more willing to talk about their concerns and either seek out treatment or accept a referral. *"There are more self-referrals and just more referrals in general for people that have stress and anxiety and depression. [People are] more comfortable talking to somebody about it, more comfortable even taking medication for it, things like that. It's just not as much of a stigma."*
- **Cost**: Some people who need help and would like to get treatment cannot afford it because they are uninsured or underinsured and some would have to drive out of town to get help which would require time away from work and gas or other transportation. *"It is so much of a barrier to take off work, to go to an appointment, to find a provider, to prove that you need it, to get insurance to cover it."*
- **Economic instability**: Inflation has pushed the prices of everything up while people are still struggling post-pandemic, there are gaps in government assistance programs, and people do not have stable housing.
- **Drugs and alcohol**: People are using substances to cope with mental health concerns.
- **Depression among men in agriculture**: They ride the markets up and down, they are often responsible for family-owned operations, and they experience a lot of stigma around mental health.

Underlying issues participants identified for why mental health issues exist, include:

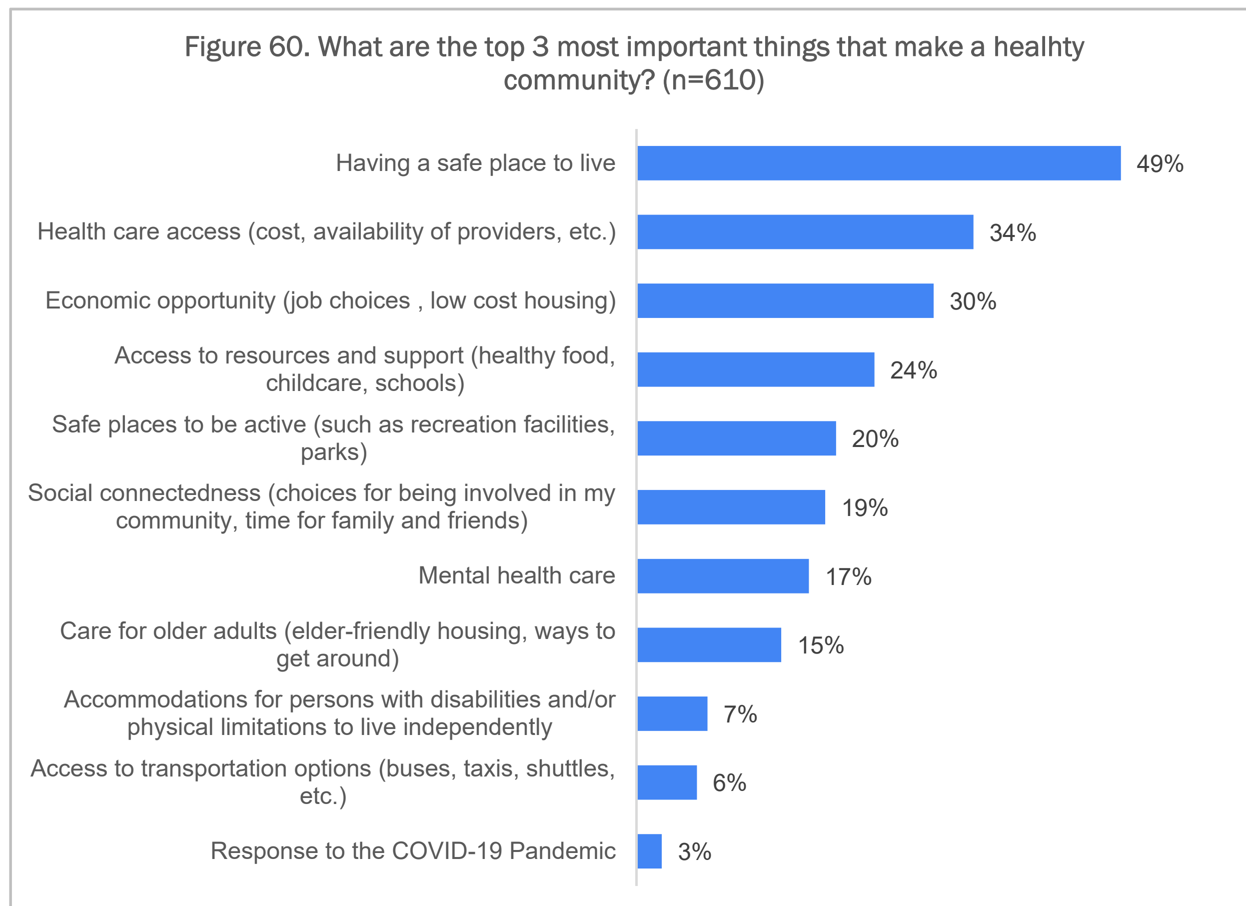
- **Availability and access**: It is hard to keep mental health providers in the community when they have more opportunities in cities. Participants noted that telehealth is available for some people, but they must have internet that is good enough to utilize those services. *“Telehealth is a great thing, but then you have to look at the flip side, too, especially in some of our rural areas. They may have internet but it's not strong, or they don’t have it.”*
- **Poverty and/or not having basic needs met**.
- **Use of social media**. *"I think it's an increase in their use of technology, as it relates to social media and not having to be in face-to-face relationships really as much a person can seclude themselves quite easily in our culture."*
- **Isolation and lack of in-person relationships**.

Participants listed the following reasons that bullying/cyberbullying rose to the top as a concern in the community:

- **Use of technology and social media**: Children are constantly on their phones or if they don't have a phone, they get on the phone of a family member. *“Children spend too much time with screens."* Children have overtaken adults in their knowledge of technology. Children sometimes use language or symbols to insult one another that parents don't understand. Lack of regulation hurts children and families. *"Technology generates so much money and so much money is invested that it is going by leaps and bounds and we do not have time to regulate. I think there should be restrictions and regulations with children."*
- **Some parents have schedules that do not allow them to know as much about what their children are doing.** Children as young as 7-8 years old have access to cell phones and their parents don't know what they are doing on them. *"I feel that one should not demonize technology so much but teach parents how to control access to technology for their children so that they can know what their children are doing."*
- **Lack of access to professional help and treatment**: Parents don’t know what is going on with their children and if they do know there is an issue, they don’t have access to treatment. *"We don't know what's going on with them, we don't know what's going on in their minds and we don't have access to mental health [care]."*
- **Parents are fearful of school shootings and not being able to keep their kids safe**. *"I think [parents are] already living with that fear because there is so much untreated mental illness."*

Healthy Community

Respondents were asked to select their top three most important things that make a healthy community from a list of options. As shown in Figure 60, having a safe place to live was the most selected option (49%), followed by health care access (34%).



Additionally, survey respondents were asked to provide any additional information they would like to share about the most important things that make a healthy community. Seven respondents mentioned volunteerism and people who are actively involved in their community, six cited good access to healthcare and mental health care, two made a reference to having more inclusive communities, and two expressed a desire for more access to places and opportunities to be physically active.

Qualitative data on the most important things that make a healthy community.

During the community focus group sessions and partner interviews, participants were presented with preliminary data on the survey results from Figure 60 and asked to provide further detail as to what having a safe place to live looks like to them (English focus group and partner interviews) or what health care access looks like to them (Spanish focus group).

Some of the things that participants listed as making them feel safe, include:

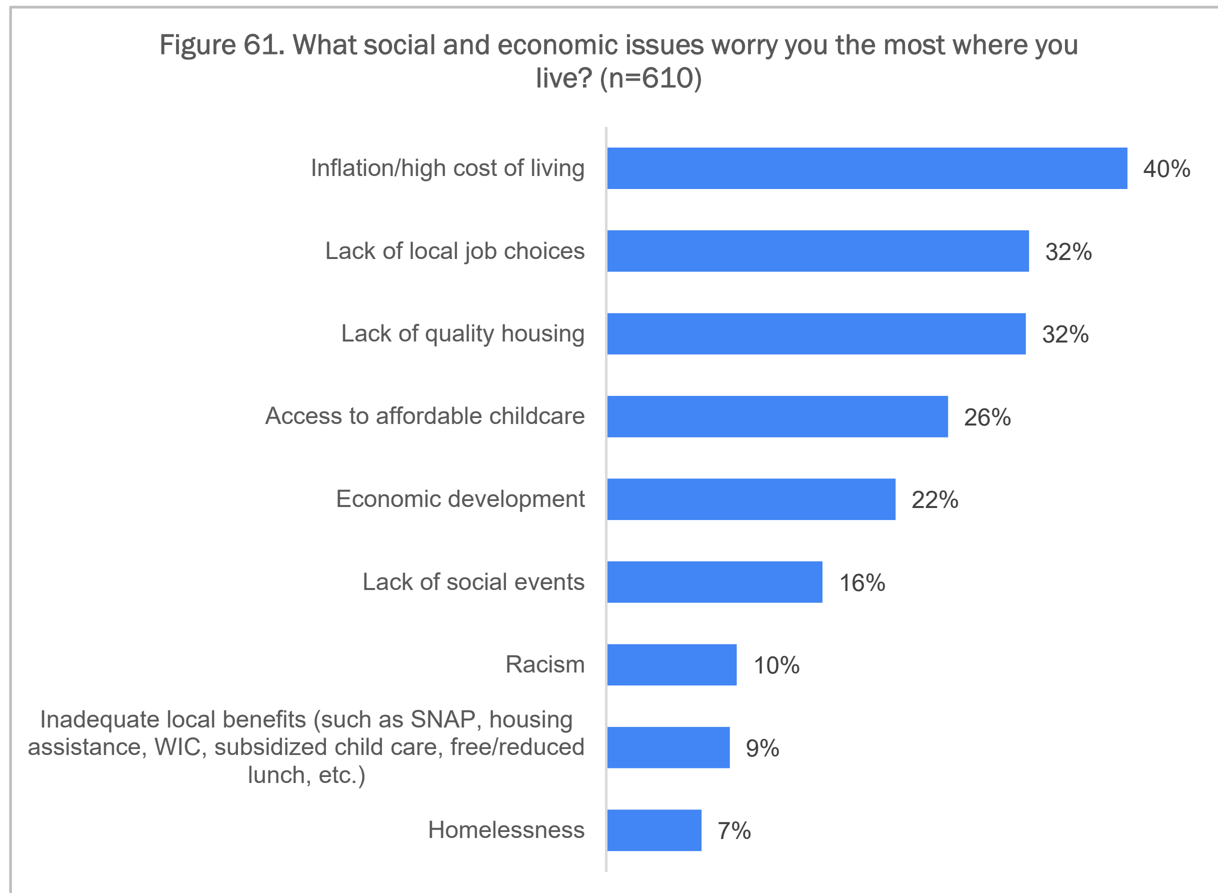
- **Safe and affordable housing**: These characteristics were listed as playing a role in housing safety: having housing options at many price points, housing prices not changing drastically without warning, not allowing houses to sit empty which can attract squatters, and having good landlords than invest in their properties. *“The security of maintaining your housing, like if you are renting and your rent might be jacked up because housing prices are increasing exponentially. To me that wouldn’t feel safe.”*
- **Meeting basic needs**: Community members are able to meet their basic needs including housing, water, electricity, food and medical care. For those that are struggling to meet their needs, they know where to go to receive help.
- **Feeling safe in public spaces**: Both children and adults can be outside and in public spaces without feeling concerned for their safety. *"Just being able to walk your dog or play outside and not having a lot of crime, and you [don't] have to worry about being outside and not being safe." "I think the feeling is that it is very safe raising kids here. There's not a fear of letting them go explore."*
- **Places for kids to be with adult supervision**: Having options of places children can be that foster a variety of interests and offer adult supervision helps the community to feel safe.
- **Good law enforcement and low crime rate**: Law enforcement officials having a positive relationship within the community leads to more positive outcomes. Low crime rates help people to feel safe in their homes and in the community.
- **Access to medical care**: Having quick, well-trained first responders and general access to medical care leads to a sense of safety among participants.
- **Trustworthy neighbors**: Having responsible neighbors, including having friendly relationships with other people in the community and not having drug use nearby.
- **Childcare providers that are well-trained**: Ensuring a well-trained workforce are caring for the youngest children in the community. *“Having daycare providers that are trained. There are people sending kiddos to places that, I'll be honest with you, they're just not up to speed with everything and that's a safety issue…We have no other choices but to go to some of these places. Making sure that they are truly equipped to handle [child care] and provide good educational opportunities before [children] get to school in their early childhood years, I think, is something that [would make our] community that much more safe.”*

Participants listed the following ways that health care access could be improved:

- **Provide options for health care for people who do not have insurance**. The hospital is an excellent resource for people who have insurance, but for people that do not have insurance they have very few options.
- **Offer a diabetes prevention program at times when people who need it can attend.**
- **Work with partners on getting people vaccinated**.
- **Offer a pharmacy with low-cost generics for people who can't otherwise afford their medication** or work with pharmacies to see if they can donate medications to people who can't afford it.

Social and Economic Concerns

Respondents were asked to select the top three social and economic issues that worry them the most where they live. As shown in Figure 61, inflation/high cost of living was the most selected option (40%), followed by lack of local job choices and lack of quality housing (both 32%).



Additionally, survey respondents were asked to provide any additional information they would like to share about the social and economic issues where they live. Ten respondents mentioned the high cost of living and/or a need for more affordable housing, six noted a need for more access to a certain service or amenity that is not currently available in their community, four expressed a concern about divisiveness, lack of inclusivity, or racism, three noted a need for more and/or better quality childcare options, three expressed a concern about the lack of available jobs or workers, three noted a concern related to drug use or mental health, and two mentioned a concern about the loss of businesses in their community.

Qualitative data on the most important social and economic issues

During the community focus group sessions and partner interviews, participants were presented with preliminary data on the survey results from Figure 61 and asked to indicate why they felt that lack of local job choices was identified as one of the top concerns and what the underlying issues were. Lack of local job choices was the top concern from the preliminary dataset, but

after the dataset had been cleaned to remove suspected bots, inflation and high cost of living became the top social and economic issue.

Across both the interviews and focus groups, participants felt there were jobs available in their communities and that their communities have a low unemployment rate. They mentioned seeing help wanted signs and having knowledge of job openings in several sectors in the community including at restaurants, plants, and the hospital. *"We have a low unemployment rate [and] we have a high job opening rate. So, we have a lack of willing workforce."* The reason that many participants offered for why 'lack of local job choices' rose to the top as a concern was specific to the lack of choices, not simply a lack of jobs.

Participants listed a few issues with the jobs that are available in the community that can be barriers:

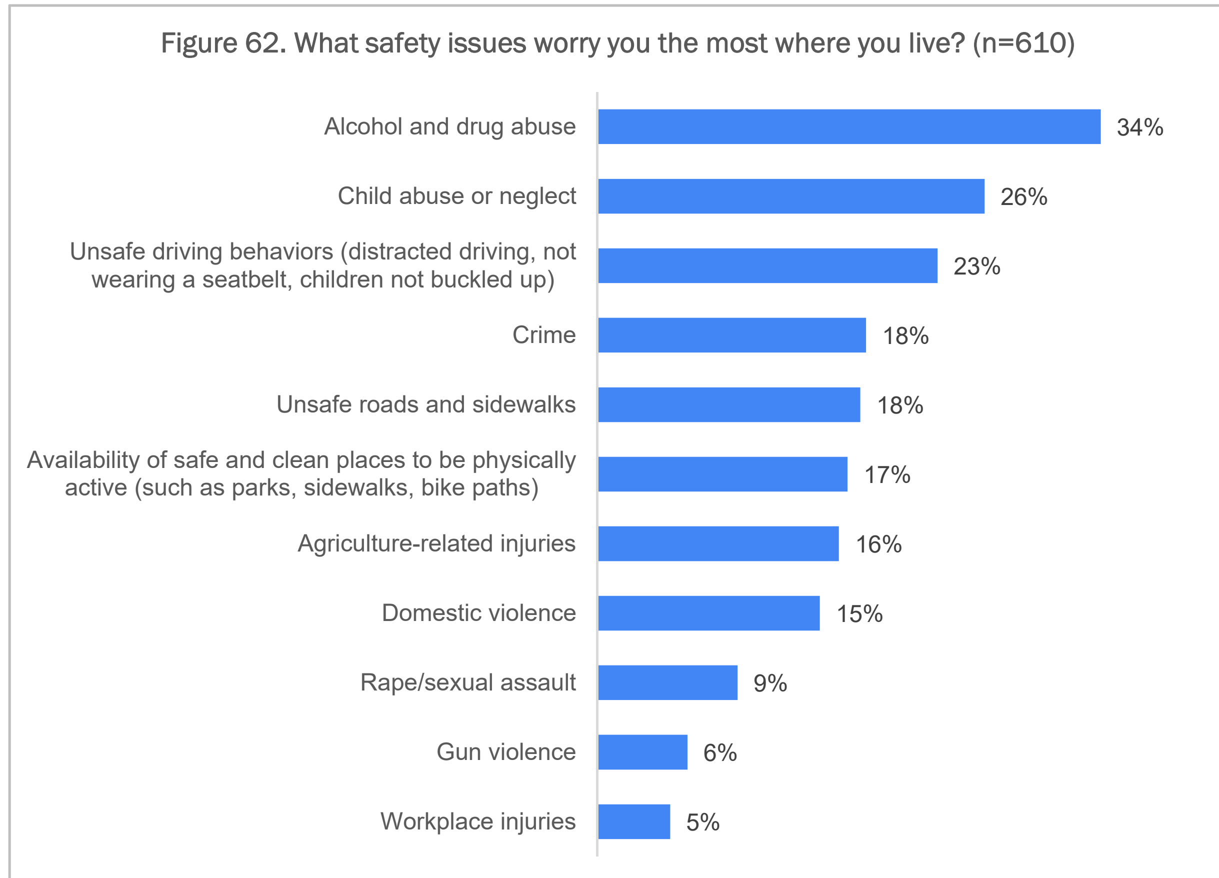
- **Minimum wage**: Some jobs in the community pay minimum wage which is not enough for many people to live off. *"I think we've created a problem where it is easier to live off social services than it is to be employed if you're making less than $12 an hour. Ultimately the solution I would have is that you have a sliding scale for social services, where if a mom goes and gets a $10 an hour job, she doesn't lose all her services in that job. Until we do that, I don't think we're going to fix the problem."*
- **Lack of benefits**: Not all jobs offer benefits that people need, such as medical insurance and paid leave.
- **Higher education requirements**: Jobs at the hospital or school may be available, but many people living in the community do not have the educational background to apply for those positions. Many jobs also require the ability to speak English fluently, which not everyone in the community can do.
- **Hard physical labor**: It is a risk that people who take these jobs could be hurt or killed while in those positions. *"We know that the work there is hard and many people from there come out injured and that's why they stop working."* Additionally, not all people want or are suited to physically demanding jobs.

Additionally, participants noted underlying issues that make it difficult for people to work:

- **Childcare**: Families are not always able to take advantage of multiple shifts being available because childcare is not available when they would be working. *"We have a lot of a different facilities that work all day round. Some people work second shift, some people work third shift, and childcare isn't available during that time."*
- **Time with family**: Workers who are required to work overtime, are not able to choose their shift, and have little flexibility miss out on opportunities with their families. *"You earn well [at the plant] but, you end up sore, there is no time, there is nothing, there is money but there is no time for neither the family nor the children."*
- **Skill and job growth**: Many jobs do not offer the opportunity to learn new skills that could be beneficial to the workers, such as learning English for those that don't speak it or learning new job skills that would allow them to grow. Some jobs also do not offer the opportunity to move up or grow into higher level positions.
- **Flexibility**: workers are left in a predicament if their position could fire them if they are late or must leave early to tend to their family such as picking up a sick child or attending appointments. This is especially a concern when paired with many of the other issues the community is experiencing like lack of childcare, poor transportation options, and lack of locally available services.

Safety Concerns

Respondents were asked to select the top three safety issues that worry them the most where they live. As shown in Figure 62, alcohol and drug abuse was the most selected option (34%), followed by child abuse or neglect (26%).



Additionally, survey respondents were asked to provide any additional information they would like to share about the safety issues where they live. Five respondents noted a traffic safety-related issue (e.g., need for more car seat safety checks/events, speeding, etc.), four cited concerns about drug use or a lack of related prevention and education programs, and three expressed concerns about law enforcement or public safety.

Qualitative data on the most important safety issues

During the community focus group sessions and partner interviews, participants were presented with preliminary data on the survey results from Figure 62 and asked to indicate why they felt that alcohol and drug abuse (English focus group and partner interviews) or availability of safe and clean places to be physically active was (Spanish focus group) was identified as one of the top safety concerns and what the underlying issues were.

Participants from the English-speaking focus group listed the following reasons as to why alcohol and drug abuse rose to the top as a concern in the community:

- **Mental Health**: Substances are used to self-medicate for mental health issues like depression and feelings of isolation. *"We have a massive mental health problem that's showing up as a drug problem, but it's something much deeper than drugs. Drugs are an easy solution."*
- **Genetics and parenting**: Use of substances can be passed down in families and becomes a perpetual cycle. This can be exacerbated by neglectful parenting.
- **Culture**: It is a cultural norm to have alcohol at events *"In many ways it has been changing cultural norms. We don't hardly have any events that don't feature alcohol anywhere in Southeast Nebraska and it seems okay with some people to drink and drive [with] their kids in the car."*
- **Underage drinking**: Parents are laxer about young people drinking in smaller communities.
- **Access to drugs**: Substances are readily available. People make and sell drugs in residential areas.
- **Permissive attitudes**: Legalized recreational marijuana use in some states makes it seem okay for people to use.
- **Law enforcement**: Lack of police presence in some small towns makes it so people feel safe using and selling.

Participants from the Spanish-speaking focus group listed the following reasons as to why places to be physically active rose to the top as a concern in the community:

- **Segregated areas**: Some areas are segregated where part of the town is nice and has nice parks and paths while other areas are not well maintained and pose a risk such as holes in sidewalks.
- **Lack of equipment or resources that people want to use**: Well-maintained soccer fields where adults and children could play are not available. Equipment in parks that adults can use while their children play, like stationary bikes, are not available. Resources that are available in larger cities, like scooters that can be checked out and workout equipment along walking paths, are not available in smaller communities. Children get bored in small parks with limited equipment options.

Community Assets and Needs

Participants in the partner interviews and community focus groups were asked to elaborate on their community's strongest assets and needs. Additionally, partners who participated in interviews were asked to comment on any current or anticipated events, projects, or trends that could change the needs in your community moving forward and were asked to comment on their/their organization's biggest successes and challenges when it comes to meeting the needs of their community.

Partner interview participants were also asked to share how 1) their organization could help to address some of the issues/community concerns that were identified in the survey and 2) how BVCA and PHS could help to address some of the issues/community concerns that were identified in the survey. Results from these questions are included in Appendix F.

Community's strongest assets

Across partner interviews and community focus groups, community members tended to agree that some of the area's strongest assets included:

- **Schools**: Many people commented that there are good schools available in the area, emphasizing that they provide good academic opportunities for students.
- **Activities that are available for youth and families**: While some felt that availability of activities was a need in the area, many felt that the community had activities that were an asset, such as parks and rec programming, 4H, nice parks, disc golf, movie theater, swimming pool, youth sports teams, community concerts, and more. *"It is a small city but what I like is that there are a lot of places to hang out. Many people go out to the park safely ... I have been here now 9 years and I have never heard that a child gets lost or that something happens to them in the park."*
- **Some key resources and services are available**: While resources and services were also listed as a need by many participants, they also acknowledged the resources they had available as assets. In a focus group one participant stated: *"Nobody dies of hunger here."* This sentiment was reflected in interviews as well where participants noted services like the food pantry and backpack programs. Other specific resources noted included: Head Start/Early Head Start, library, juvenile probation, and vaccination clinics.
- **Business community and jobs**: Participants felt that there were businesses that improved their quality of life, like grocery stores and restaurants, while also having industries that employed many people. Participants pointed to strong collaborations and the Chamber of Commerce as important aspects of why the business community was an asset. *"We have good partnerships between businesses and organizations... We have some very good employers in our community who try really hard to take good care of their people, with safety as a primary concern."* Additionally, having large employers in the community gives many participants the sense that jobs are plentiful. *"There is enough work for everyone here. Those who do not work it's because they don't want to."* It is important to note that while there may be job openings, that does not mean there aren't concerns around employment choices.
- **The hospital and doctors**: Having access to a good hospital and doctors that treat people well was noted as a strength by many participants. *"We do have a strong medical community, as far as like the services that are provided through our hospital, through our clinic, through our wellness center."* They noted that having these

medical resources was important, but so was the fact that the hospital provides jobs for local residents and that they collaborate with other organizations. *"I would say that we have a lot of collaboration in our community. We work closely. Our healthcare facility works closely with the schools who work closely with the senior centers."*

- **Law enforcement**: Both police and sheriff's departments were noted as being an asset to the area. Across both interviews and the Spanish-speaking focus group, participants felt that law enforcement helped them feel safe while also being an integral part of the community. *"We have an interactive and friendly police force that is supported greatly here in our community."*
- **Safety**: Participants also noted that they generally felt safe in their community and believed that the crime rate was low. They attributed feelings of safety to law enforcement and people looking out for one another. *"I feel like our community is pretty close, and I think people watch out for each other and know each other and are involved in things together. So, I think that creates a safe environment."*
- **Places to exercise, especially the walking path**: Participants noted how important the walking path was for them and that it was an important aspect of living well in their community. Some noted that seeing the success of the path made them want to see it expanded.

There were a few additional assets that were brought forward by community partners who were interviewed but were not mentioned in the focus groups, including:

- **Close-knit community:** While not discussed in focus groups, many participants who were interviewed noted that their small communities felt close-knit and friendly. *"There is a real sense of small community, that people care for one another. When we moved here in 2010, we were transplants. We were outsiders. We didn't have roots here...people quickly welcomed us and made us feel a part of the community."* They noted that this also showed how people in the community showed up for one another. *"I think there are quite a few people that are very dedicated to this community that they've been here for generations. and they give a lot of themselves and their time trying to make this a better place."*
- **Proximity to larger communities**: Some interview participants noted that living near a larger community such as Lincoln, or near a community where there was a major employer was the best of both worlds. *"We have such close proximity to Lincoln that that's another attractive piece that people can still have. You always hear in Seward that we have the small town feel with big city access."*

Community's biggest needs

Across partner interviews and community focus groups, community members tended to agree that some of the area's biggest needs included:

- **Housing**: Both options for housing and quality of housing were brought up as being concerns in the area. Respondents noted that both low-income and middle-income housing was lacking, and this caused economic issues in that they cannot attract and retain workers without housing. *"Housing is very, very tight, and the housing that would be available for our lower income families is even more limited. I know we were looking for housing for a couple of families this school year, and there just was nothing in town. So, we had a couple of families that were homeless for a period of*

time, and then they eventually moved on to another community because we didn't have housing available that they could afford."

- **Medical and mental health services**: While most participants noted physical health services as an asset, they did note that some services are not available in their community including dental services, specialist care such as dermatology and optometry, as well as services for people without insurance. *"For people who have a job here...they have access to private insurance, it's a very big privilege, but there is another part of the population, very large, that for work reasons, for document reasons, for any reason, they do not have health insurance. So, people who do not have health insurance don't do annual exams, they do not do Pap smears, they do not do mammograms, they do not check their cholesterol... it really is needed, low-income services for people who do not have access to medical and specialty insurance."* Additionally, participants noted that care for seniors and isolation among this population was another gap that needed attention. *"Some of our seniors do not have access to family or close friends. I get a lot of phone calls for people that have just such diverse needs. Where do I even start referring them for this? I'm not a case manager, but I become one, by default."* More widespread, however, was the concern about mental health care. Many participants were concerned that mental health treatment was needed but there were not enough providers to meet those needs. *"I do think that mental health is still a big need. In our community we have been able to partner with the ESU to have a mental health clinician come into our school this year. That has been fantastic to serve our students. But of course, still in our community there is that need for mental health."*
- **Access to resources and services**: While some participants felt there were community resources and services available, others still noticed gaps. Some of the concerns they noted included: needing help with bed bugs, parenting classes or resources, more than one place to purchase groceries, adult education classes such as cooking or mechanic, communication about resources available in Spanish, and information for professionals on how to help families.
- **Substance use and treatment**: Participants reported a concern about substance use, both alcohol and drugs, and the lack of treatment options in their communities. They felt that additional education was needed for young people to help them avoid substances and to get treatment if they were already struggling.
- **Activities for youth and families**: The two main concerns were that youth needed more activities and greater recreation options were needed for adults. For youth, participants wanted activities that would keep them busy and not allow them to make risky decisions. *"We have some kids that are latchkey kids or have a lot of unsupervised time. It's kind of a concern for me, just kids being left alone a lot."* For adults, participants wanted more opportunities for recreation in their home communities. *"I think that areas for recreation [are needed]. There are many, many people that I know, Latinos, who go to play soccer in Lincoln. When they go to play soccer in Lincoln, already being in Lincoln, they buy in Lincoln, they eat in Lincoln, they spend in Lincoln, that is a lot of money that people are not spending here. They no longer spend here, there are no taxes and if there are no taxes then we do not have services and it is a vicious circle."*
- **Childcare**: Participants report that there is a lack of spots for young children who need care and they would like to see an increase in quality care. *"They don't have near enough day care spots, especially quality day care spots for sure. Along with*

that, I think we have such a demand for preschool. I think we're doing a lot of good things, but there's just not enough." Additionally, there is a lack of programming and spots for older children who need care after school and during the summer. *"We need an after-school program, and we need a summertime system where you can take your school age kids."*

There were a few additional needs that were brought forward by community partners who were interviewed but were not mentioned in the focus groups, including:

- **Concerns around poverty**: Participants noted how poverty played a role in many other issues including housing, safety, being part of the workforce, and childcare. A couple of participants noted that there were some resources available to meet certain needs, but they were sometimes difficult to know about or access. *"There's a lot of agencies that are helping to provide [for] needs within the community for people that are on the lower end of income, or just going through a time in their life where they're down on their luck, but not everybody knows who to connect different people to. [We should] have some sort of centralized hub or a centralized assessment to be able to direct people effectively to the resources that they could possibly utilize to help them the better themselves and their situation."*
- **Transportation**: Participants reported that there is a need for more transportation options for people in small communities. New immigrants, some older adults, and some stay-at-home parents do not drive which makes it difficult for them to attend appointments and meet their daily needs. For those that have access to taxis, they cannot utilize this option if they have a child in a car seat. Some people resort to walking everywhere because they have no other choice.

Opportunities to change need in community

Partner interview participants listed the following events, projects, and trends that could impact the needs of their community:

- **Inflation and the economy:** Inflation has negatively impacted what people can buy with their limited resources.
- **Childcare**: Working on creating a childcare center in an old building. Communities for Kids is working on expanding childcare staff in Beatrice. *"They've been working closely with and providing local daycare centers extra funding for certain things like adding more staff, adding updated playground equipment, different things like that. So that's been really huge, but that's just Gage County, and there's such a need all around."* Rooted in Relationships is a program in Gage and Jefferson and, hopefully, Thayer, that is training childcare providers to look at positive relationship building and social-emotional growth.
- **Housing**: Some housing developments that are in the process of being built are geared toward middle income. Anticipate this could bring in more professionals. The city council and mayor are taking on abandoned houses to remove them from the community.
- **Walking trail**: The community is enthusiastic about the walking path. *"I think the community has embraced the walking path and [there is] potential for that to continue to expand and grow, and go to other parts of our community. The goal is to get it to go around our whole community."*
- **Access to healthcare and physical activity opportunities**: The hospital is involved in expanding healthcare access and opportunities for health-related

education offerings. A wellness center is being built. There will be sports and exercise classes, like a YMCA. While positive, there are also concerns for some people who have sports/fitness type businesses that they'll lose their money to this center and with increased competition and they may not survive.
- **Activities for youth:** A family has started a fun-plex and the library provides opportunities for kids.
- **Jobs**: Baby boomers are looking at retirement which could open more jobs. Pet Source is expanding, which will increase jobs. Places have been closing and layoffs have happened with some employers which may lead to people needing more services or help getting a new job.
- **Technology**: Broadband expansion and fiberoptics installation will be a tremendous help. The county used ARPA funds to help with this and are looking for more grants.

Agency successes and challenges to meeting needs of community

Successes and challenges are summarized below, according to each partner type.

Schools

Successes	Challenges
1. A partnership with the hospital in providing mental health care, which helped students experiencing mental health concerns. "*I definitely think the partnership with the hospital and providing mental health services has been a huge plus and something that is definitely helping students that are experiencing not only mental health crisis, but also just improving their mental health in general."* 2. Schools and businesses partnering, including businesses offering supplies for schools. *"The school and other businesses do a good job of partnering and helping each other out."* 3. Empowering families to help their child. *"One of our successes is that we've really focused on empowering families and parents to advocate and help their child. Our last survey that we did for our kiddos that receive early childhood special education services, birth to 3, 100% of our families in our last cycle said that that they feel like they know their rights for special education, they're able to advocate for their child's needs, and then they feel like they can help their child. That was a big success for us."*	1. Students' attendance and involvement in activities has decreased, especially since COVID. This has impacted student's educational attainment, including their ability to graduate. 2. Views of education in general have been worse, people don't think highly of schools. 3. The needs of kids are too extreme (e.g. behavioral concerns and underlying issues). "*Some of the needs of the kids are a lot more extreme than what a lot of us are trained to help and deal with on a daily basis."* 4. Schools are able to identify kids that need mental health support, but parents are not always able to get them the help they need and schools are not always able to refer these kids to the appropriate services or treatments.

Churches

Successes	Challenges
1. Bringing care and comfort to the community with a comfort dog. They have been invited by others to bring the dog to schools, skilled care/assisted living facilities, civic groups, and libraries. It brings some comfort for people going through difficult times and gives them an avenue to share what they are going through. 2. Offering a pantry program. It is open 2 hours, 3 days per week and served about 50 households per month which is an increase from last year because of high grocery costs. They have partnered with Lincoln Food Bank. 3. Putting on trauma training and offering new services to help with building community	1. People's willingness to enter into another person's life and help them. They need more people who are willing to take risks and invest in others. 2. It is overwhelming how much need there is and the variety of needs. They don't always know how to help without enabling. *"It's overwhelming how much need there is. and the variety of needs that people come in with. I want to help, but I don't always know how to get them the help that would be reasonable without enabling them."* 3. Finding people that care when the culture is apathetic. People need more than money and services; they need connection with people that care and their community. 4. The community has suffered a lot of losses and a lot of people have left.

Medical Organizations

Successes	Challenges
1. One hospital added new positions. They are enhancing the availability of providers and opened a new family medicine clinic with more providers and additional clinic space, offering same day appointments. They have added more specialists, which has improved access and prevents people from having to drive out of town to get specialty care. They continue to have nursing home beds available. Strong occupational health services are available and offered to employers. They have partnered with BVCA to do childhood vaccinations. 2. One hospital had to close their mental health inpatient unit, which has allowed them to offer more outpatient services in this space. They are reaching more people now to serve mental health needs. They have also hired more therapists and are now able to contract with more school districts to put therapists in schools.	1. Assisted living facilities are full. 2. Hospitals are having trouble filling staff positions for nursing and lab. 3. The number of raises and bonuses that one hospital had to give during COVID could make things challenging financially down the road. Inflation could also affect this. 4. The expense of healthcare services and the difficulty in navigating them. "*The fact that health care is expensive. It's getting people to navigate that piece that's really hard to understand. We've hired some financial counselors that help people sit down and understand their bill, or understand their insurance and what might be better products or opportunities…that might better serve them.*"

Economic Development

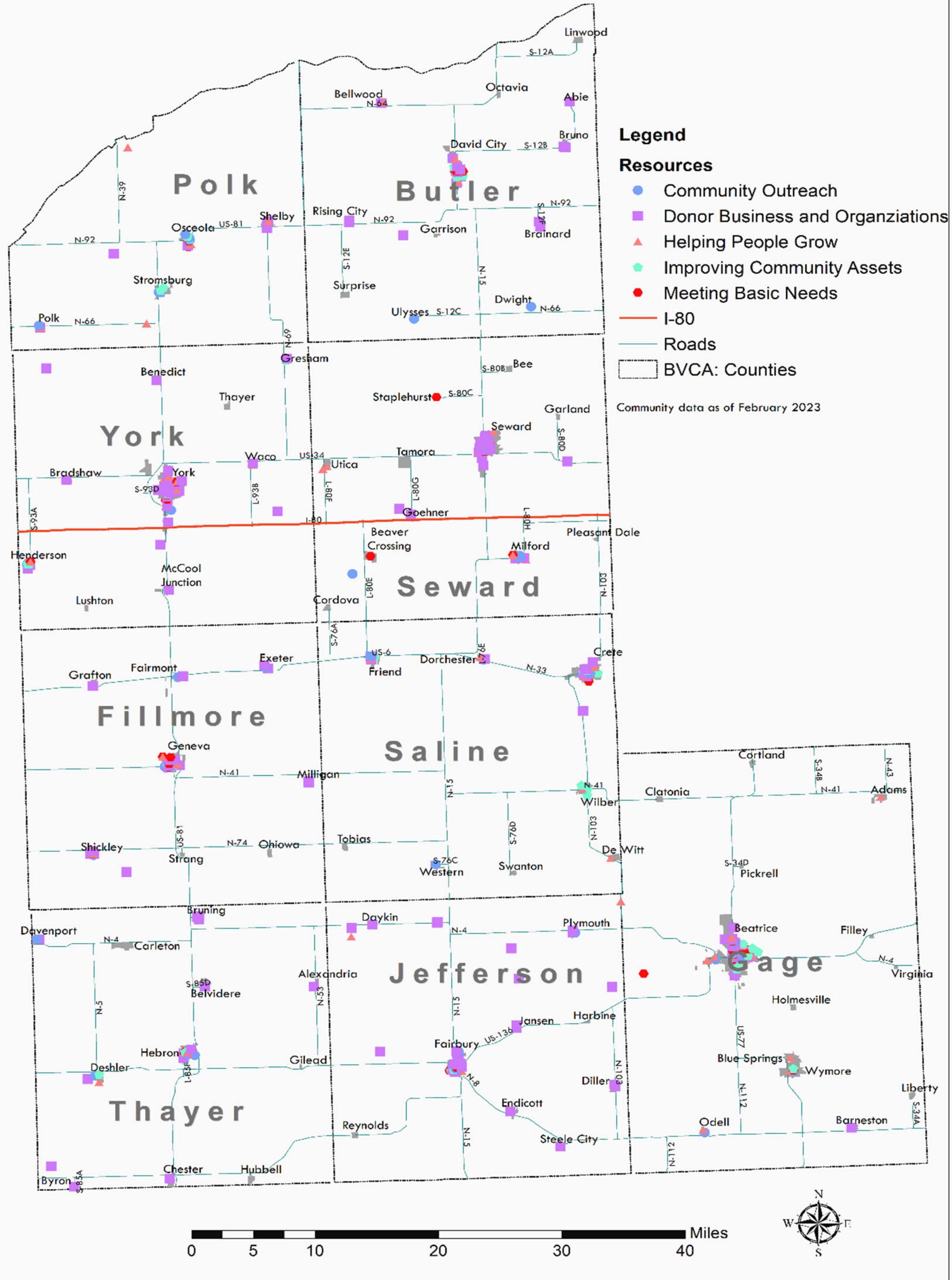
Successes	Challenges
1. One organization received a grant to work on childcare needs. They are working on a training program and are also focusing on retention of employees. 2. One organization is helping people that have more needs than in years past. In the past they helped people that were very employable, now they're helping those that have more intense needs and are doing a better job of helping people be successful.	1. Establishing quality, affordable and reliable childcare. One community is about 140 spots short. A lot of providers have waiting lists. Infant spots are particularly needed. People are having to choose to stay home or rely on family for childcare. *"We are in a childcare desert...we know that our child care spots are being taken by people from out of county. We also know that there are waiting lists and we have about 4 or 5 in-home providers that are wanting to retire in the next 5 years...We have a high number, but we also have an even higher number of infant spots that are not available in our community. We have people that are having to choose to stay home to provide childcare or find a family member ... so economic development now includes childcare."* 2. Sometimes their partners don't have the funding available to help them meet identified needs. 3. COVID prevented these organizations from doing networking opportunities.

Other Organizations

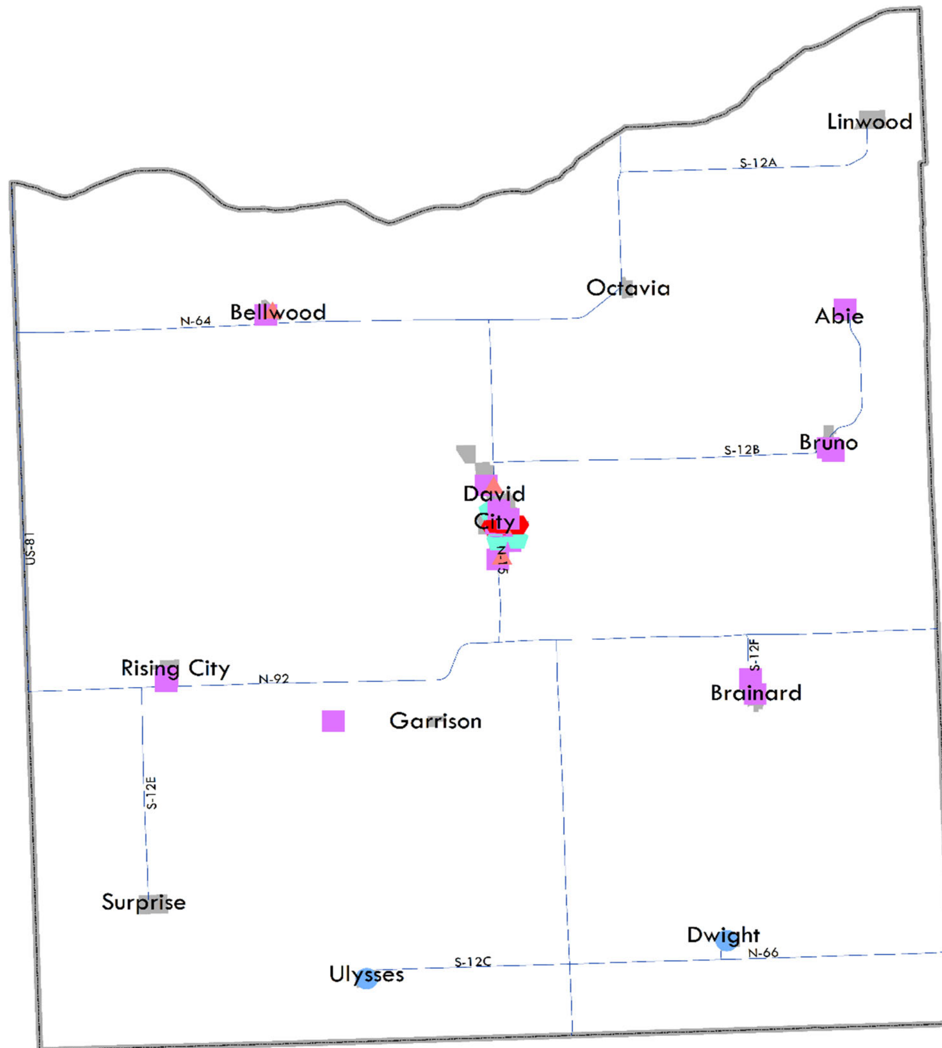
Successes	Challenges
1. One organization has had success making in-roads with new people. They have developed strategies to frame conversations around finding common ground and people are more willing to open up and talk about something they care about. "I pretty much make a disclaimer at the beginning of my sessions, and say, 'This is not about pushing. I believe in you. This is about finding common ground.' I have seen people just opening up and being willing to talk about something we all care about. So [we] forget about the political or the extreme views or anything. [We] find ourselves in a place where we share a common interest. That has been a success because it has been well received, with very few exceptions. I think people are ready to work on something together."	1. Developing trust with the community, especially when it comes to public health information. Misinformation and disinformation are big concerns. 2. One partner mentioned that their county needs to address infrastructure (maintain roads, etc.). This is a big cost. A lot of equipment and personnel to pay for services. The needs and what the county has to pay for are always evolving (e.g., protection from cyber attacks). 3. Planning and zoning processes. 4. Maintaining a balance with regulations (discouraging development vs. protecting public safety).

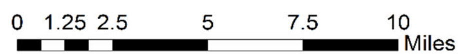
Partner Resource Maps

Overall Service Area



Butler County

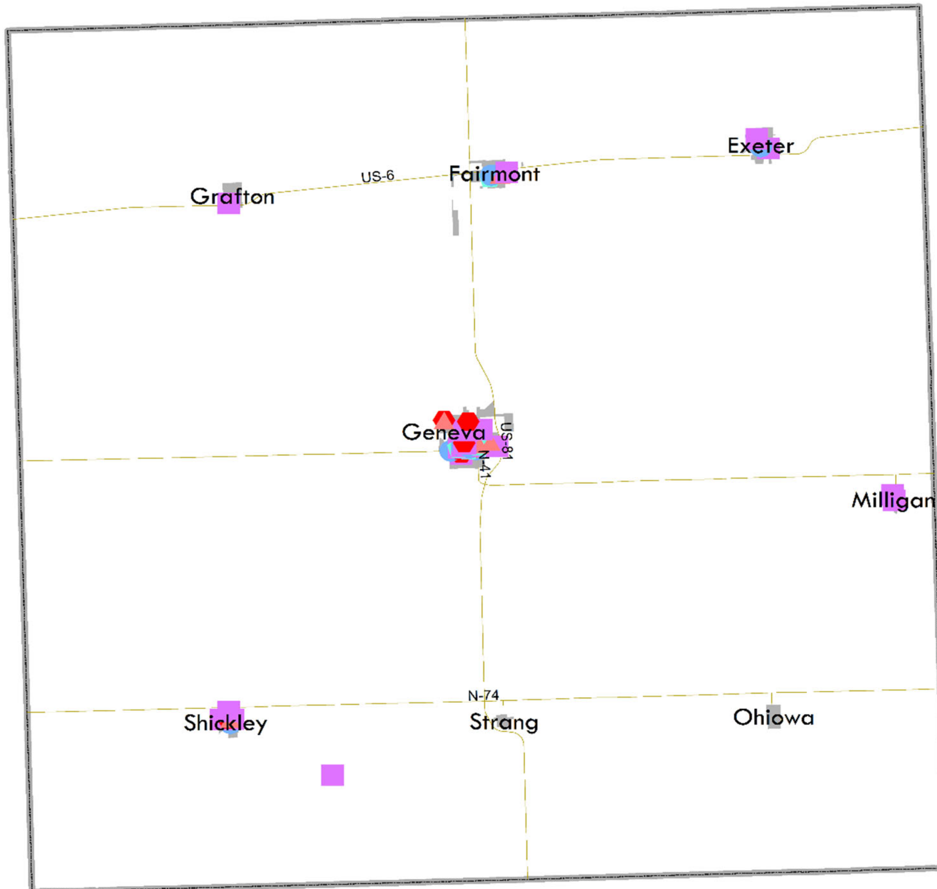


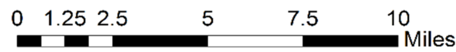


Fillmore County

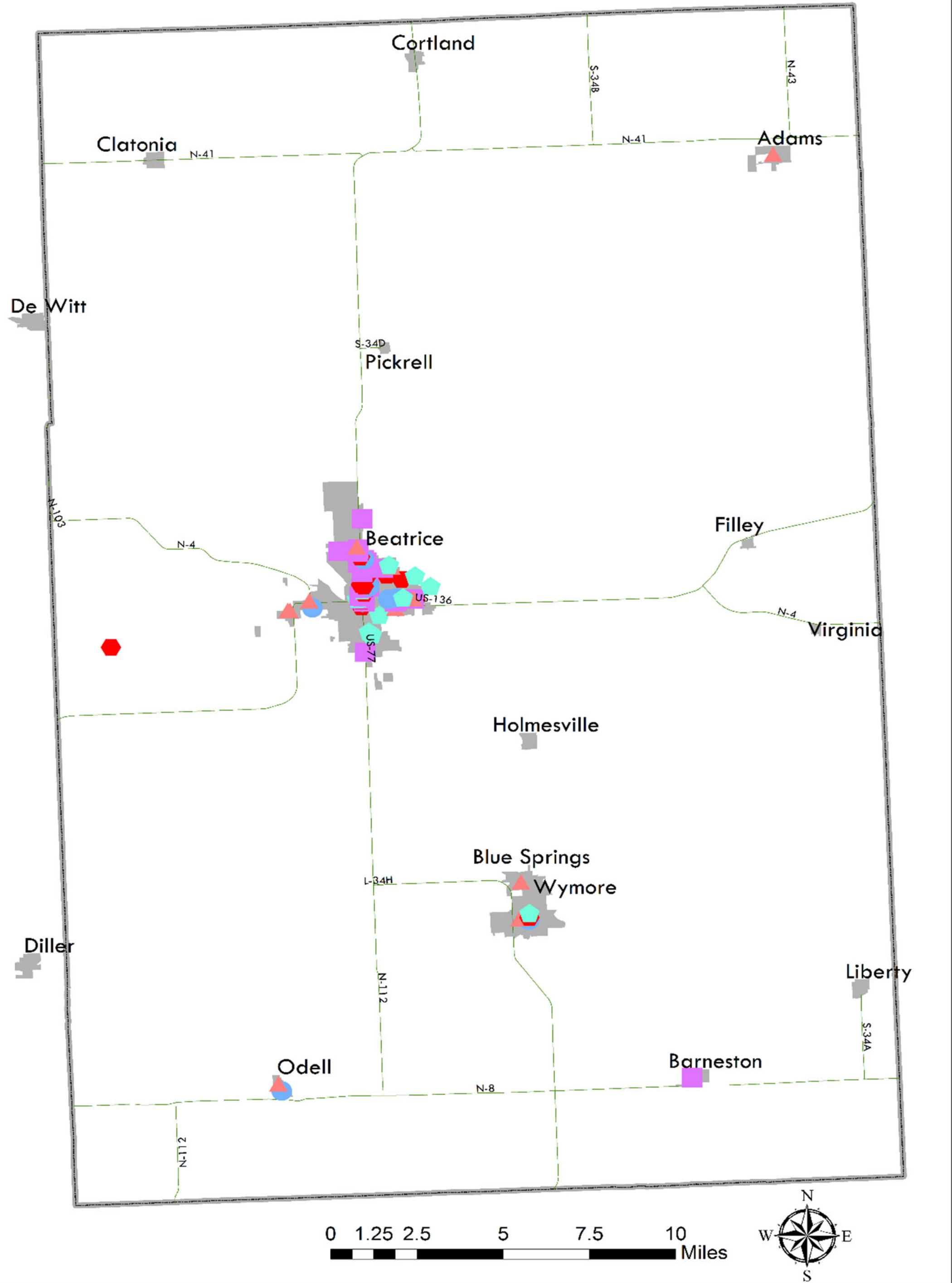
FILLMORE COUNTY RESOURCES

- Community Outreach
- Donor Business and Organziations
- Helping People Grow
- Improving Community Assets
- Meeting Basic Needs

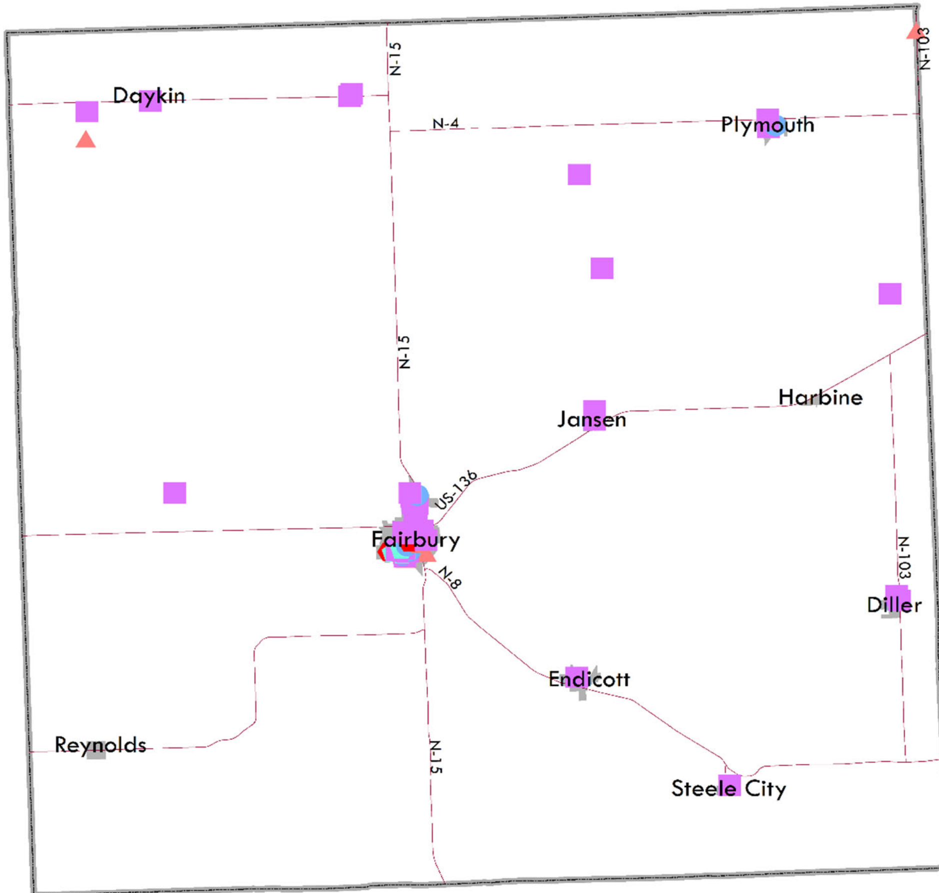


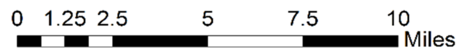


Gage County

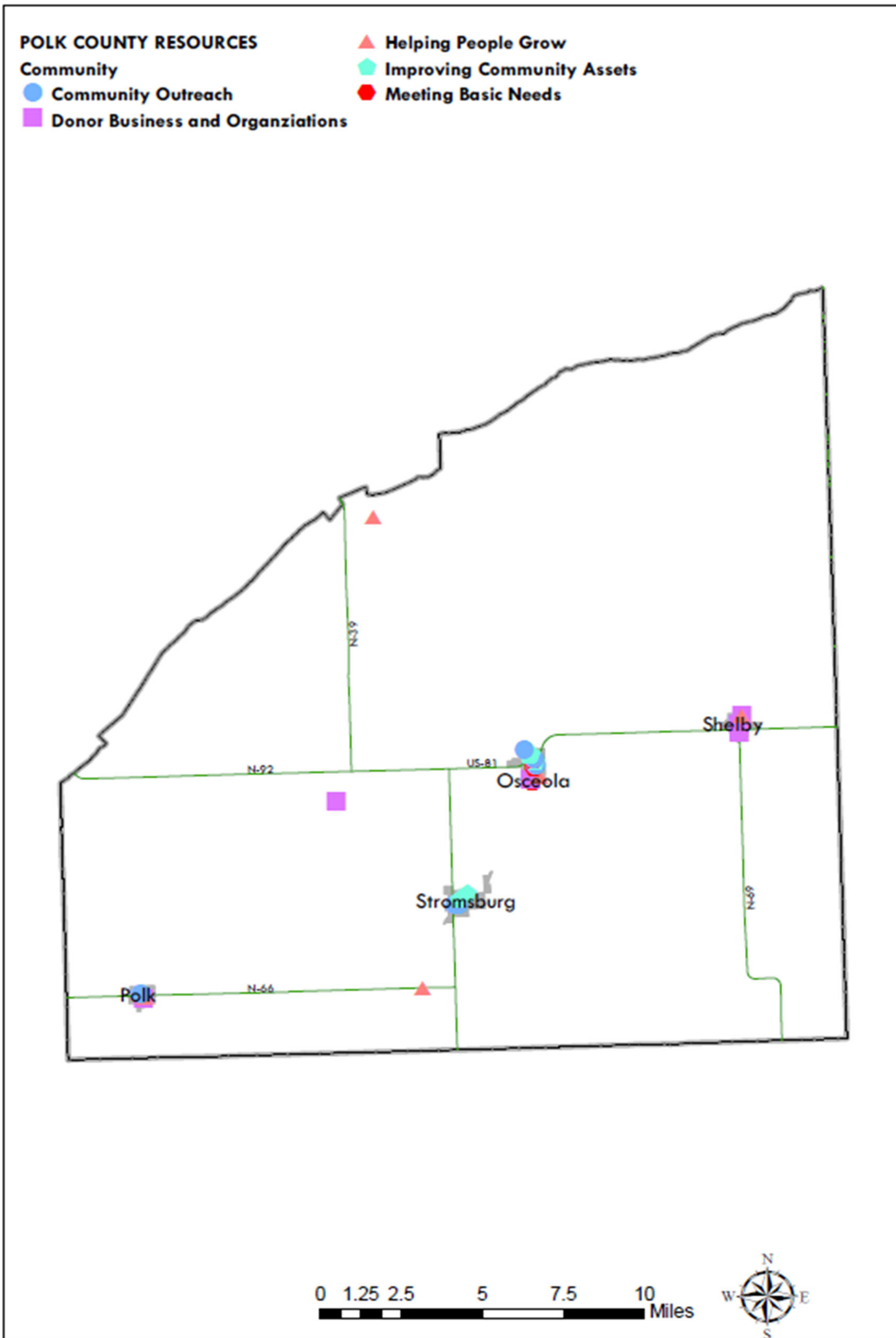


Jefferson County

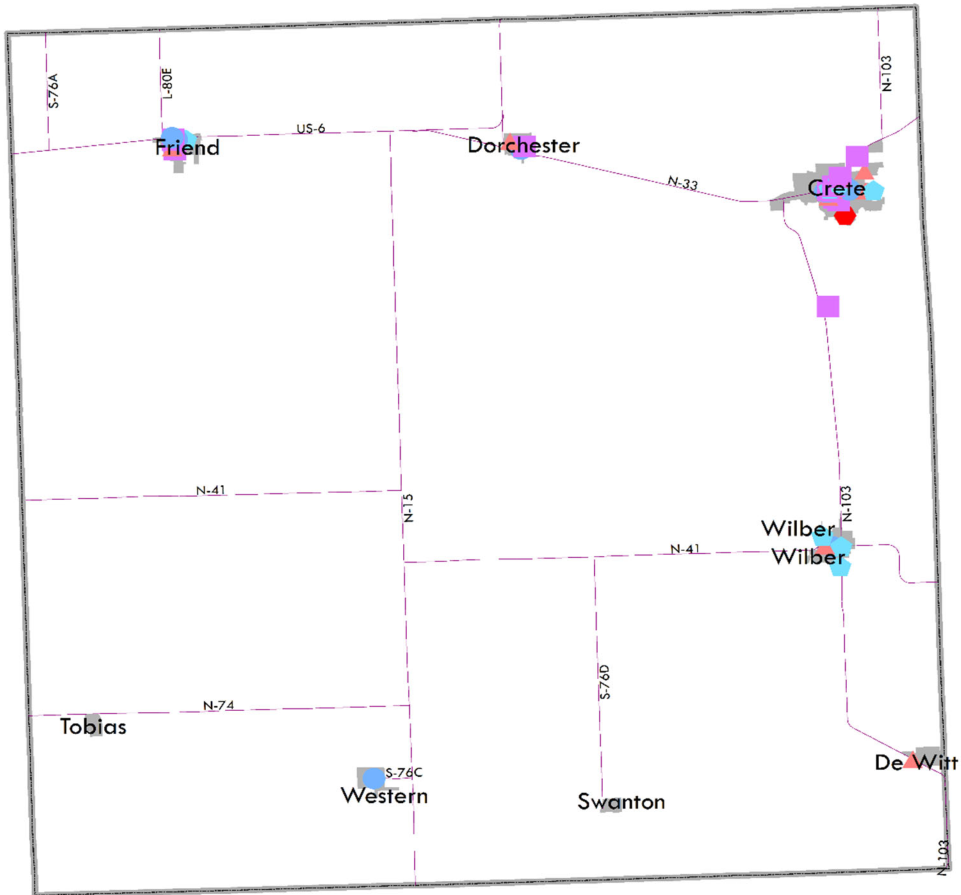


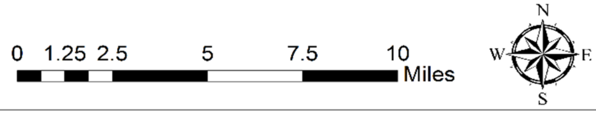


Polk County



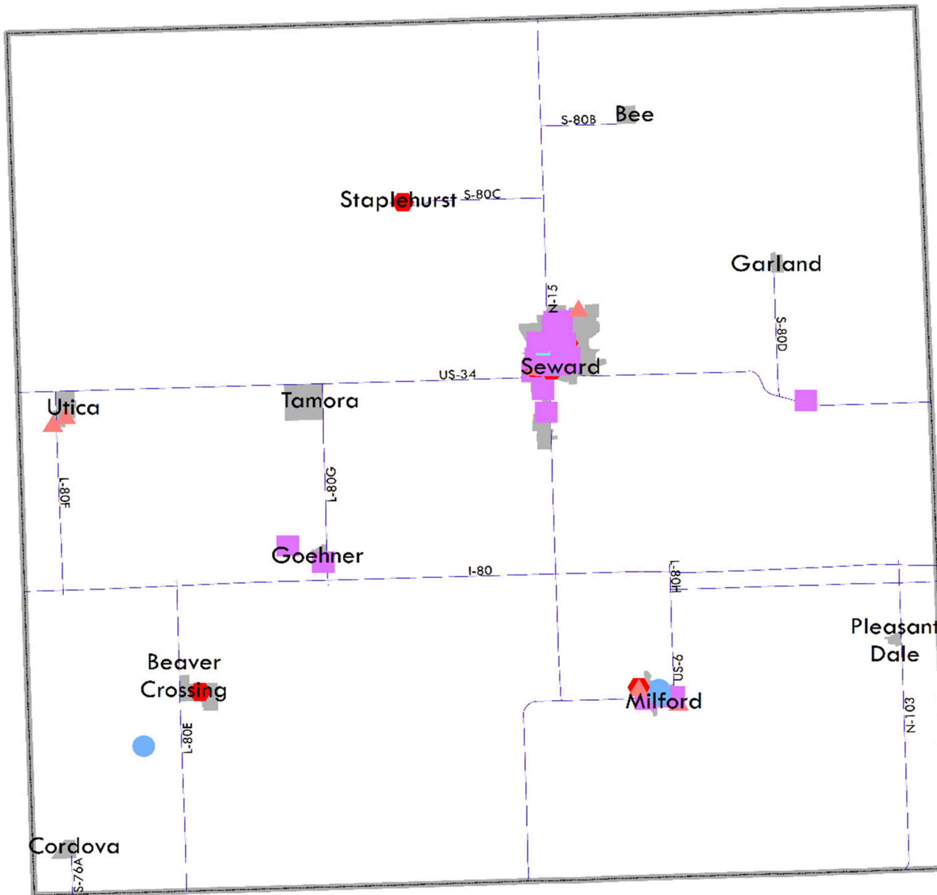
Saline County

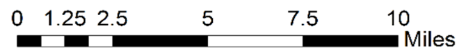




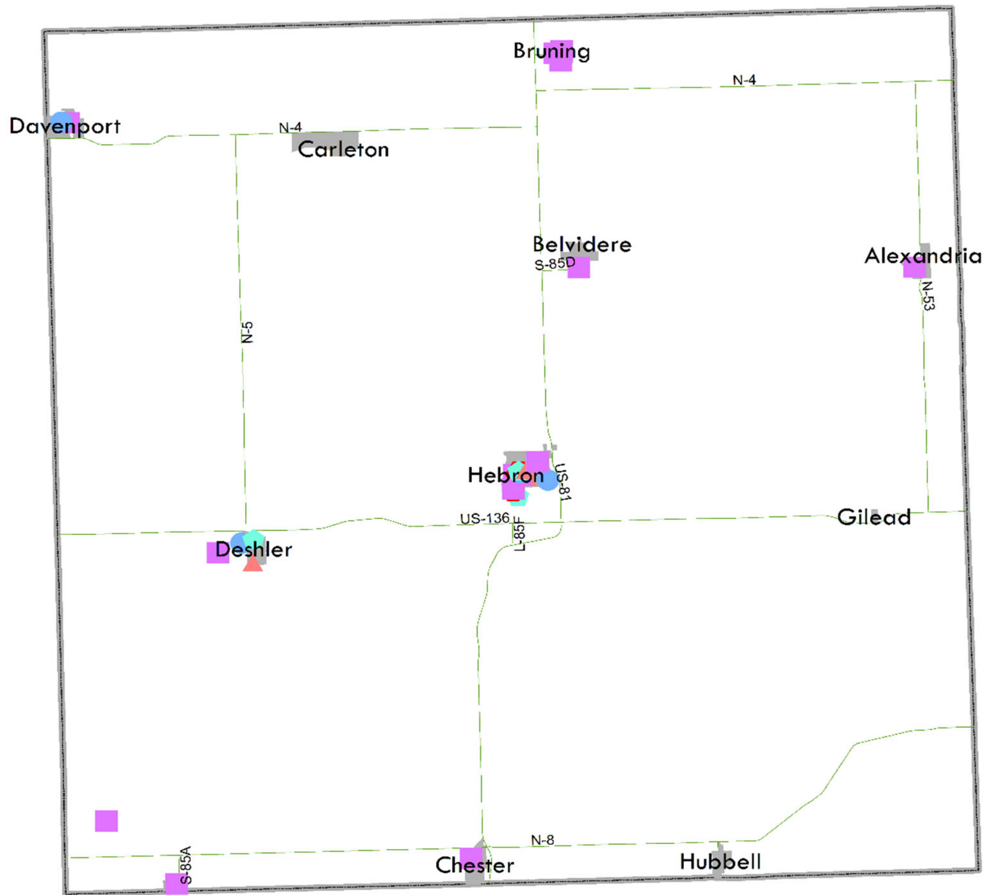
Seward County

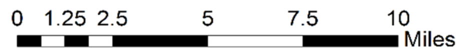
SEWARD COUNTY RESOURCES
- Community Outreach
- Donor Business and Organziations
- Helping People Grow
- Improving Community Assets
- Meeting Basic Needs



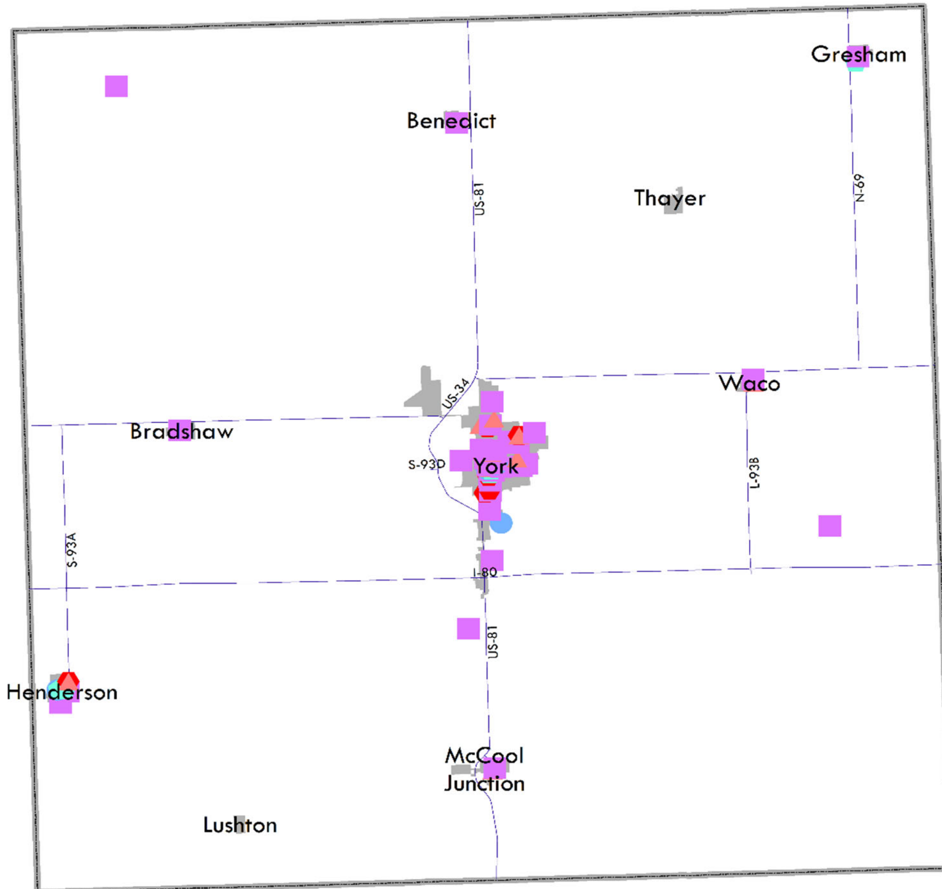


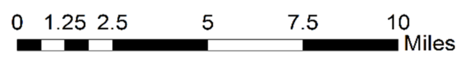
Thayer County

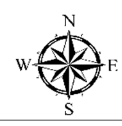




York County







Appendix A: Community Needs Assessment Survey

Introduction
This survey is a joint effort between Blue Valley Community Action Partnership (BVCA) and Public Health Solutions District Health Department (PHS).

This survey is for anyone who lives, works, or provides services in Butler, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer, and York Counties. If you are a student or living here only for a short time, we want to hear from you too. We want to know what you think the most important local issues are in your county. Your feedback will help BVCA and PHS identify ways to better serve you and those in your community.

A few notes about the survey:

- Your responses will be confidential.
- We estimate that it will take about 15-20 minutes to answer all the questions in this survey. If you exit the survey before you answer all the questions, you will not be able to go back and finish later. Please make sure you have time to complete the entire survey when you start it.
- As a thank you for your time, you may enter your contact information at the end of the survey for a **chance to win one of 20 $50 Visa gift cards**. Your contact information will not be linked to your survey answers.

Thank you for your participation in this survey. Your input is incredibly valuable!

Survey eligibility

1. Do you live (either as a resident or student), work, or provide services in any of the following Nebraska counties: Butler, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer, or York?
    - Yes
    - No

Counties

2. For each county, please indicate if you live, work, or provide services. (select all that apply)

	I live in this county as a resident or student	*I work in this county*	*I provide services in this county*
Butler			
Fillmore			
Gage			
Jefferson			
Polk			
Saline			
Seward			
Thayer			
York			

Social Services – Disability

3. Is anyone in your household, including yourself, currently receiving disability payments?
- Yes
- No
- Don't know or am not sure

4. Is anyone in your household, including yourself, eligible to receive disability payments
- Yes
- No
- Don't know of am not sure

Food insecurity
5. Getting enough food can be a problem for some people. Which of the following best describes your household in the last 7 days?
- There was always enough food (skip to Q7)
- Sometime there was not enough food
- Often there was not enough food

6. What are some reasons why your household did not have enough food? (select all that apply)
- Could not afford it
- No transportation
- Lack of accessible food resources
- Could not access the food resources during the timeframe in which food was offered
- Afraid to go out because of COVID-19
- In quarantine or isolation
- Other (please specify)

7. In the last 7 days, did your household get free groceries or one or more free meals?
- Yes (skip to Q9)
- No
- Don't know or not sure

8. Where did you get the free groceries or meals? (select all that apply)
- Food bank/pantry
- Home delivered program like Meals on Wheels
- Church or other religious organization
- Friends, family, or neighbors
- School food program
- Other (please specify)

9. What barriers are preventing you from accessing food resources/programs in your community? (Select all that apply) *Examples of food resources/programs include: Supplemental Nutrition Assistance Program (SNAP)*, *Food Pantries*, *Commodity Supplemental Food Program (CSFP)*, *Women, Infants, and Children (WIC)*, *Meals on Wheels*, *FoodNet*
- Transportation
- Unable to access food resources during the timeframe in which food is offered
- Unaware of available food resources in my community
- COVID-19/pandemic-related challenges
- Other (please specify)
- Not applicable - I do not need to utilize any food resources

10. How confident are you that you will be able to get the food you will need during the next four weeks?

- Extremely confident
- Very confident
- Moderately confident
- Somewhat confident
- Not at all confident

Housing stability, utilities

11. Housing costs are a challenge for some people right now. Were you able to pay your last month's rent or mortgage on time?

- Yes
- No
- Not required to pay right now or payment was deferred

12. How confident are you that you will be able to pay your next month's rent or mortgage on time?

- Extremely confident
- Very confident
- Somewhat confident
- Not so confident
- Not at all confident

13. How confident are you that you will be able to pay your next month's utilities (electric, gas, water, etc.) on time?

- Extremely confident
- Very confident
- Somewhat confident
- Not so confident
- Not at all confident

14. Are you in need of subsidized rental assistance or help with paying your rent?

- Yes
- No
- Don't know or not sure

Internet access

15. Do you have access to the internet at home?

- Yes
- No

16. Which devices do you use to access the internet at home? (select all that apply)

- Smartphone
- Desktop or laptop computer
- Tablet
- Other
- None of the above

17. Outside of work, where do you access the internet the most?

- Home
- Library
- School
- Other public spaces
- Private businesses (restaurants, coffee shops, etc.)
- None of the above

18. Are you aware of the Federal Communications Commission's (FCC's) Affordable Connectivity Program (ACP), a $30 monthly discount on internet service for qualified individuals?
- Yes, I am aware of the ACP and am enrolled in the program
- Yes, I am aware of the ACP but not enrolled
- No, I am not aware of the ACP

19. Do you think you are eligible for the Affordable Connectivity Program?
- Yes
- No
- I don't know or am not sure

Mental Health
20. Some adults experience more anxiety and depression during stressful times. Over the last month, how often have you been nervous, anxious, or depressed or uninterested or unable to enjoy doing things?
- Nearly every day
- More than half of the days
- Several days
- Not at all (skip to Q22)

21. To what extent did the COVID-19 Pandemic affect any anxiety or depression you experienced during the last month?
- To a great extent
- Somewhat
- Very little
- Not at all

General Health
22. Are you limited in any way in any activities because of physical, mental, or emotional problems?
- Yes
- No

23. Most of the time, would you say that your health is...?
- Excellent
- Very good
- Good
- Fair
- Poor
- I don't know or am not sure

24. Which of the following best describes the impact the COVID-19 Pandemic has had on your overall health.

- Major positive impact
- Moderate positive impact
- Minor positive impact
- No impact
- Minor negative impact
- Moderate negative impact
- Major negative impact
- I don't know or am not sure

Healthcare access and utilization

25. This set of questions ask about the healthcare system where you live. For each statement, please mark how much you agree or disagree.

	Strongly agree	*Agree*	*Neither agree nor disagree*	*Disagree*	*Strongly disagree*
There are enough places to go for urgent health care (from hospitals, emergency rooms, urgent care clinics, and so on) within a 30-minute drive from my home.					
There are enough doctor's offices, health clinics, and so on within a 30-minute drive from my home.					
There are enough places to go for medical specialists within a 30-minute drive from my home.					
There are enough places to go for mental health care (counselors, licensed mental health practitioners, etc.) within a 30-minute drive from my home					

26. During the past 12 months, did you receive health care at a hospital or emergency room located...

	Yes	*No*
Within a 30 minute drive from my home		
In Lincoln		
In Omaha		
Out of state		

27. Do you have...

	Yes	*No*	*Don't know or not sure*
A general or primary health care provider (doctor, physician assistant, nurse practitioner, etc.) who you go to for most of your health care needs?			
A dentist?			
An eye doctor?			

A mental or behavioral health provider (counselor, therapist, psychiatrist, life coach, etc.)?			

28. Where do you typically go for your general or primary health care needs? (select all that apply)

- Free clinic and/or sliding-fee clinic
- Community Health Center
- Health Department/Shot Clinic
- Family Planning Clinic or Title X Clinic
- Emergency Room at a hospital
- Urgent Care Clinic
- Private clinic or office
- Other (please specify)
- None of the above

29. During the past 12 months, did you see your doctor/health care provider or receive health care from a doctor/health care provider?

- Yes (skip to Q31)
- No

30. What are some reasons why you have not seen a doctor or health care provider in the past 12 month? (select all that apply)

- I do not have health insurance
- My health insurance is not accepted
- It costs too much
- I do not have transportation
- I can't make it within the office hours
- COVID-19/pandemic-related issues
- Lack of trust in the healthcare system
- Language barriers
- Other (please specify)

31. Which of the following options do you use to pay for your health care (doctor's visits, hospital/emergency room visits, medications, etc.)? Select all that apply.

- Employer-provided health insurance (either my own or through a partner/spouse)
- Health insurance that I purchased directly from an insurance company (such as Blue Cross, HMO, etc.)
- Health insurance that I purchased from the Affordable Care Act (ACA) Marketplace (also known as
- "Obamacare")
- Medicaid
- Medicare
- Medicare Part D (Prescription Drug Plan)
- Indian Health Services
- Veteran's Administration (VA)/TRICARE
- I pay cash because I have a copay through my insurance
- I pay cash because I do not have insurance
- Other type of health insurance or health coverage plan (please specify)
- None of the above

Dental care access and utilization

32. Where do you typically go to get dental care? (check all that apply)

- Free clinic and/or sliding-fee clinic
- Community Health Center
- Health Department
- Emergency Room at a hospital
- Urgent Care Clinic
- Private clinic or office
- Other (please specify)
- None of the above

33. During the past 12 months, have you received any dental care (from a dentist, orthodontist, oral surgeon, dental hygienists, and so on)?

- Yes (skip to Q35)
- No

34. What are some reasons why you have not received dental care in the past 12 months?

- I do not have dental insurance
- My dental insurance is not accepted
- It costs too much
- I do not have transportation
- I can't make it within the office hours
- I have a fear of dental work
- COVID-19/pandemic-related issues
- Lack of trust in the healthcare system
- Language barriers
- Other (please specify)

35. Which of the following options do you use to pay for your dental care? Select all that apply.

- Employer-provided dental insurance (either my own or through a partner/spouse)
- Dental insurance that I purchased directly from an insurance company (such as Blue Cross, HMO, etc.)
- Dental insurance that I purchased from the Affordable Care Act (ACA) Marketplace (also known as
- "Obamacare")
- Medicaid
- Medicare
- Indian Health Services
- Veteran's Administration (VA)/TRICARE
- I pay cash because I have a copay through my dental insurance
- I pay cash because I do not have dental insurance
- Other type of dental insurance or dental coverage plan (please specify)
- None of the above

Eye care access and utilization

36. Where do you typically go to get eye care? (check all that apply)

- Free clinic and/or sliding-fee clinic
- Community Health Center
- Health Department

- Emergency Room at a hospital
- Urgent Care Clinic
- Private clinic or office
- Other (please specify)
- None of the above

37. During the past 12 months, have you received any eye care from an eye doctor?
    - Yes (skip to Q39)
    - No

38. What are some reasons why you have not received eye care in the past 12 months?
    - I do not have vision issues
    - I do not have vision insurance
    - My vision insurance is not accepted
    - It costs too much
    - I do not have transportation
    - I can't make it within the office hours
    - COVID-19/pandemic-related issues
    - Lack of trust in the healthcare system
    - Language barriers
    - Other (please specify)

Mental health care access and utilization

39. Where do you typically go to get mental/behavioral health care (such as counseling, life coaching, and so on)? (check all that apply)
    - Free clinic and/or sliding-fee clinic
    - Community Health Center
    - Health Department
    - Emergency Room at a hospital
    - Urgent Care Clinic
    - Private clinic or office
    - Other (please specify)
    - None of the above

40. During the past 12 months, have you received mental/behavioral health care (such as counseling, life coaching, and so on)?
    - Yes (skip to Q42)
    - No

41. What are some reasons why you have not received mental/behavioral health care in the past 12 months? (select all that apply)
    - I do not have a reason to seek mental health care
    - I do not have insurance coverage for mental health care
    - My health insurance is not accepted
    - It costs too much
    - I do not have transportation
    - I can't make it within the office hours
    - COVID-19/pandemic-related issues
    - Lack of trust in the healthcare system

- Language barriers
- Stigma of receiving mental health services
- Other (please specify)

Barriers to health care access

42. How often do you have to travel 1 hour or longer to receive general health care, dental care, eye care, or mental/behavioral health care?

	Always	*Usually*	*About half the time*	*Seldom*	*Never*	*N/A – I put off this type of care as long as possible or didn't get this type of care*
General health care						
Dental care						
Eye care						
Mental/behavioral health care						

Employment opportunities in the community

43. This set of questions asks about employment and higher education opportunities where you live. Please indicate how much you agree or disagree with these statements.

	Strongly agree	*Agree*	*Neither agree nor disagree*	*Disagree*	*Strongly disagree*	*Don't know or am not sure*
There are enough jobs where I live						
There are opportunities for getting promoted where I live						
People in my community are able to get job training						
People in my community are able to seek higher education in my community						
For the most part, jobs where I live offer health insurance.						

Social Connectedness

44. Please indicate how much you agree or disagree with the following statements:

	Strongly agree	*Agree*	*Neither agree nor disagree*	*Disagree*	*Strongly disagree*
I can trust people in this community.					
It is very important to me to be a part of this community.					
I am with other community members a lot and enjoy being with them.					
I expect to be a part of this community for a long time.					
I feel hopeful about the future of this community					

Members of this community care about each other					

45. How often do you get the social and emotional support you need from each of the following groups?

	Always	*Usually*	*Sometimes*	*Rarely*	*Never*	*Not applicable*
Family members						
Close friends						
Co-workers						
Neighbors						

Home and personal safety

46. Please answer the following questions regarding home safety and disaster/emergency preparedness.

	Yes	*No*	*Don't know or not sure*	*N/A*
Does your family know or have a plan on what to do in an emergency or disaster?				
Do you or anyone in your family have a disability or physical limitation that keeps you from staying safe during an emergency?				
Do you have a radon kit at home?				
Do you have operational smoke detectors on every level of your home?				
Do you have operational carbon monoxide detectors on every level of your home?				
Do you have at least one operational fire extinguisher in your home?				

Childcare needs

47. Which of the following options best describes your current situation?

- I utilize childcare services (have at least one child who attends a daycare or pre-school) (skip to Q49)
- I am in need of childcare services but am unable to access those services
- I do not utilize and do not need childcare services (skip to Q50)

48. What are some reasons why you are not able to access the childcare services you need? (select all that apply)

- The cost is too high
- There is no high quality childcare in my area
- I do not have reliable transportation
- The available childcare options do not fit with my work schedule or are not open when I need them
- Childcare services are too far from my home
- Other (please specify)

49. What are the typical days/times when you are in need of childcare services? (select all that apply)

- Early morning (before 8am)
- Throughout the day (8am-5pm)
- Afternoon only (noon-5pm)
- Afternoon into the evening (noon-8pm)
- Evening only (5pm-8pm)
- Nights (after 8pm)
- Weekends
- Other (please specify)
- None of the above

Community amenities and physical activity opportunities

50. To what extent do you agree or disagree that there are good choices for school-age children and youth to stay busy after school (like sports teams, clubs, groups, etc.) in your community?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know or am not sure

51. The next set of questions asks about choices for relaxing and having fun where you live. Please indicate how much you agree or disagree with these statements.

	Strongly agree	*Agree*	*Neither agree nor disagree*	*Disagree*	*Strongly disagree*
There are music, art, theater, and cultural events where I live					
There are plenty of social activities for adults where I live					
There are places to be active where I live (such as parks, walking/biking trails, pools, gyms, fitness centers, etc.)					

Community perceptions of health

52. We are interested in learning which health-related issues worry you the most where you live. For the next several questions, please indicate how worried you are about each of the issues listed below in your community.

	Extremely worried	*Very worried*	*Moderately worried*	*Slightly worried*	*Not at all worried*
Age-related health problems (such as arthritis, Alzheimer's, hearing/ vision loss, falls)					
Bullying/Cyberbullying					
Cleanliness of where you live (clean public places, trash on sidewalks and streets, and so on.)					

Chronic health diseases (such as cancer, stroke, heart disease, diabetes)					
Overweight/Obesity					
Poor dental health/teeth problems					
Teen pregnancy					

53. Please indicate how worried you are about each of the issues listed below in your community.

	Extremely worried	*Very worried*	*Moderately worried*	*Slightly worried*	*Not at all worried*
Sexually transmitted infections					
Flu					
COVID-19					
Other infectious diseases (such as hepatitis, tuberculosis, and so on)					

54. Please indicate how worried you are about each of the issues listed below in your community.

	Extremely worried	*Very worried*	*Moderately worried*	*Slightly worried*	*Not at all worried*
Drug misuse/abuse (prescription pain medications, marijuana, meth, injection drugs, PCP, ecstasy, LSD, opioids, and so on)					
Tobacco use (cigarettes, e-cigarettes, chew, etc.)					
Exposure to second-hand tobacco and/or e-cigarette smoke (indoor or outdoor)					
Alcohol use and abuse					
Mental health issues (such as depression, bipolar disorder, self-harm, etc.)					
Suicide					

55. Please indicate how worried you are about each of the issues listed below in your community.

	Extremely worried	*Very worried*	*Moderately worried*	*Slightly worried*	*Not at all worried*
Poor air quality or air pollution					
Unclean drinking water					
Exposure to toxic substances (such as pesticides, radon, lead, et.c)					

56. Please tell us anything else you would like us to know about the health issues where you live.

57. Among the options listed below, what are the top 3 most important things that make a healthy community? Please select only 3.

- Having a safe place to live
- Social connectedness (choices for being involved in my community, time for family and friends)
- Health care access (cost, availability of providers, etc.)
- Mental health care
- Care for older adults (elder-friendly housing, ways to get around)
- Economic opportunity (job choices , low cost housing)
- Access to resources and support (healthy food, childcare, schools)
- Safe places to be active (such as recreation facilities, parks)
- Access to transportation options (buses, taxis, shuttles, etc.)
- Response to the COVID-19 Pandemic
- Accommodations for persons with disabilities and/or physical limitations to live independently

58. Please tell us anything else you would like us to know about the most important things that make a healthy community for you.

Community perceptions of social and economic problems
59. What social and economic issues worry you the most where you live? Please select up to 3 options from the list below.

- Lack of quality housing
- Homelessness
- Lack of local job choices
- Access to affordable childcare
- Lack of social events
- Inadequate local benefits (such as SNAP, housing assistance, WIC, subsidized child care, free/reduced
- lunch, etc.)
- Racism
- Economic development
- Inflation/high cost of living

60. Please tell us anything else you would like us to know about the social and economic issues where you live.

Community perceptions of safety
61. What safety issues worry you the most where you live? Please select up to 3 options from the list below.

- Alcohol and drug abuse
- Availability of safe and clean places to be physically active (such as parks, sidewalks, bike paths)
- Child abuse or neglect
- Crime
- Domestic violence
- Agriculture-related injuries
- Rape/sexual assault
- Unsafe roads and sidewalks
- Unsafe driving behaviors (distracted driving, not wearing a seatbelt, children not buckled up)

- Gun violence
- Workplace injuries

62. Please tell us anything else you would like us to know about the safety issues where you live.

Tell us about yourself
63. What is your gender?
- Male
- Female
- Prefer to self-describe
- Prefer not to say

64. What is your age?

65. Are you Hispanic, Latino, Latina, or of Spanish origin?
- Yes
- No

66. What is your race? (select all that apply)
- White
- Black or African American
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Some other race (please specify)

67. What is the primary language spoken in your home?
- English
- Spanish
- Other (please specify)

68. What is the highest degree or level of school you have completed?
- No schooling completed
- Kindergarten to 8th grade
- Some high school, no diploma
- High school graduate or GED
- Some college, no degree
- Trade or technical school certificate
- Associate's degree (example: AA or AS)
- Bachelor's degree (example: BA or BS)
- Graduate or professional degree (example: PhD, MD, JD)

69. Last year, what was your gross household income before taxes?
- Less than $25,000
- $25,000 - $34,999
- $35,000 - $49,999
- $50,000 – $74,999
- $75,000 - $99,999

- $100,000 and over
- Prefer not to answer

70. Have you or anyone in your immediate family served in the military? (select all that apply)
    - Yes - I served in the military
    - Yes - My husband, wife, or significant other served in the military
    - Yes - My child served in the military
    - No - Neither I nor anyone in my immediate family served in the military

71. Which of the following best describes your current situation?
    - Employed for wages (full time or part time)
    - Self employed
    - Out of work and looking for work
    - Out of work and not currently looking for work
    - A homemaker
    - A student
    - Active-duty military
    - Retired
    - Other (please specify)

72. Do you...
    - Own your home without a mortgage or loan
    - Own your home with a mortgage or loan
    - Rent your home or apartment
    - Live somewhere without paying rent
    - Not have a stable place to live right now

73. How many children under the age of 18 live in your household?
    - None
    - 1
    - 2
    - 3
    - 4
    - 5 or more

74. How many of the children living in your household are in each of the following age groups?
    - 0-18 months:
    - 19 months – 2.5 years old:
    - Over 2.5 years old to 5 years old:
    - 6 years and older:

Closing

75. Is there anything else you would like to share with us?

Appendix B: Survey Data Cleaning Procedures

1. Cases that did not meet the eligibility criteria (i.e., respondent said "No" to the question, "Do you live (either as a resident or student), work, or provide services in any of the following Nebraska counties: Butler, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer, or York?" were not included in the dataset.
    a. Of the 1,241 total respondents, 33 said no, left with **1,208** cases.

2. Cases were excluded from the final dataset if…
    a. Respondent provided an answer to the open-ended question, "Please tell us anything else you would like us to know about the health issues where you live" (Q56), AND the response was more than 10 characters AND the response was duplicated in another case AND if other indicators suggested it was fake data (completed at odd hours – between midnight and 6am, out of state address)
        i. 336 excluded based on these criteria.

    b. Respondent said they lived in one of the nine counties AND they completed the section of the survey that asked for contact information for the gift card lottery (Q76) AND had a non-Nebraska City, State, or Zip code listed. Unless the case was a student, then they were not excluded from the dataset.
        i. 83 excluded based on these criteria.

    c. Respondent had a start timestamp with more than two duplicates AND other indicators suggested it was fake data (completed at odd hours – between midnight and 6am, had duplicate end timestamp that was less than 1 minute based on a calculation of start minus end timestamps, out of state address)
        i. 84 cases excluded based on these criteria.

    d. Respondent had no data beyond first question: "Do you live (either as a resident or student), work, or provide services in any of the following Nebraska counties: Butler, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer, or York?" OR respondent only provided data in the contact information section for the gift card lottery.
        i. 35 cases excluded based on these criteria.

    e. Completed the survey in less than 5 minutes or in more than 50 minutes (based on a calculation of start minus end timestamps) AND had another indicator to suggest it was fake data (completed at odd hours – between midnight and 6am, out of state address).
        i. 60 cases excluded based on these criteria. Left with **610** cases.

Appendix C: Focus Group Protocol

Date of Focus Group:
Focus Group Facilitator:
Location of Interview:
Number of Participants:

Introduction

Thank you for taking time to meet with me and agreeing to participate in this focus group. I'm ___________with Partners for Insightful Evaluation. We are working with Blue Valley Community Action Partnership (BVCA) and Public Health Solutions District Health Department (PHS) to conduct a community needs assessment of the counties these two organizations serve.

As part of the needs assessment, I am conducting focus groups with community members selected from BVCA and/or PHS's service area. The goal of these focus group is to better understand community assets, needs, and services.

The focus group will take about 45-60 minutes. I have a set of questions I'll be asking, and I'll be taking notes throughout the interview. If it is okay with everyone, I would like to record this interview so that I can go back to make sure I've captured everything accurately.

The information you share with me will be confidential. Your responses will be summarized and aggregated with others and your name will not be linked to specific responses or comments. We will share this information in aggregate in a report along with other data. BVCA and PHS will use the information in this report for various purposes, including strategic planning, resource allocation, service improvements, and to better understand the strengths and challenges experienced by the communities each organization serves.

Before we get started, I'd like to share some ground rules:
My role with the focus group is to ask questions that allow you to reflect and share your opinions on the topic, and I'll also moderate the conversation. I won't be weighing in with my thoughts or answering questions from the group unless it's related to the focus group logistics.

To help with the discussion, I wanted to lay some ground rules for the conversation:

- There are no right or wrong answers. Every person's experiences and opinions are important, and we're interested in hearing all points of view.
- Not everyone has to answer each question, but I'd love to hear from each person throughout the conversation.
    - While it's important for everyone in the group to participate, your participation is voluntary. It's okay if you'd like to abstain from questions you aren't comfortable with, and you can also let us know if you don't know or don't have an opinion on something. That's helpful for us to know as well.
- It's okay to talk to each other and not just me, especially since this is meant to be a discussion.
    - That being said, it's important to be respectful of others opinions, even if you don't agree.
- Only one person speaks at a time.

- What is said in the room – *or on our zoom session* – stays here. We want everyone to feel comfortable sharing if/when sensitive information comes up.
- To the degree possible, try to stay on topic; I want to be respectful of the time you're giving to participate in this focus group, so I may need to ask you to stop and change topics from time to time.

As a thank you for your time, I will provide or send you via email a $20 electronic gift card after the session.

Do you have any questions for me before we begin?

<u>Basic Information</u>

1. ***To get started, please state your first name and the community you are from.***

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

<u>Community Needs and Services</u>

2. Thinking about being a safe and thriving place to live and work…
   a. What do you think are your community's strongest assets?
   b. What do you think are your community's biggest needs?

3. According to the community survey that was recently conducted, people in your community identified <having a safe place to live (English-speaking group) or health care access (cost, availability of providers, etc) (Spanish-speaking group)> as the most important thing that makes a healthy community. Can you provide further detail as to what <having a safe place to live (English-speaking group) or health care access (cost, availability of providers, etc) (Spanish-speaking group)> looks like to you?
   a. What are the things in your community that present challenges to this?
   b. How do you feel BVCA/PHS could help create a healthier community?

4. According to the community survey that was recently conducted, people in your community identified <mental health issues such as depression, bipolar disorder, self-harm, etc. (English-speaking group) or Bullying/Cyberbullying (Spanish-speaking group)> as a top health concern that they are most worried about). We would like to better understand why people may feel this is a concern in your community. Can you explain why you think people identified this as a concern in your community?
   a. What do you feel are the underlying reasons why this issue exists?
   b. How do you feel BVCA/PHS could help address this issue?
5. According to the community survey that was recently conducted, people in your community identified < lack of local job choices> as the primary social and economic issue they are most worried about in your community. Can you explain what the specific issues are with <lack of local job choices>?

   a. What do you feel are the underlying reasons why this issue exists?
   b. How do you feel BVCA/PHS could help address this issue?

6. According to the community survey that was recently conducted, people in your community identified <alcohol and drug abuse (English-speaking group) or availability of safe and clean places to be physically active (Spanish-speaking group)> as the primary safety problem they are most worried about in your community Can you explain what the specific issues are with <alcohol and drug abuse (English-speaking group) or availability of safe and clean places to be physically active (Spanish-speaking group)>?
   a. What do you feel are the underlying reasons why this issue exists?
   b. How do you feel BVCA/PHS could help address this issue?

7. What are some current or anticipated events, projects, or trends that could change the needs in your community moving forward?

COVID Impact

1. According to the community survey that was recently conducted, <30% (English-speaking group) or 24% (Spanish-speaking group)> of people in your community said that the COVID-19 Pandemic had a negative impact on their overall health while <37% (English-speaking group) or 59% (Spanish-speaking group)> said that it had a positive impact on their overall health. Can you describe the ways in which the COVID-19 has had a positive or negative impact on the health of people in your community?

Closing

Thank you for your time. We appreciate your participation and willingness to share your concerns about issues your community is facing. The complete Community Needs Assessment is anticipated to be released in May or June and will be posted on BVCA's and PHS's websites.

Appendix D: Community Partner Interview Protocol

Thank you for taking time to meet with me and agreeing to participate in this interview. I'm ___________with Partners for Insightful Evaluation. We are working with Blue Valley Community Action Partnership (BVCA) and Public Health Solutions District Health Department (PHS) to conduct a community needs assessment of the counties these two organizations serve.

As part of the needs assessment, I am interviewing about 18 key partners representing community organizations from various sectors selected from BVCA and/or PHS's service area. The goal with these interviews is to better understand community assets, needs, and services.

The interview will take about 30 minutes. I have a set of questions I'll be asking, and I'll be taking notes throughout the interview. If it is okay with you, I would like to record this interview so that I can go back to make sure I've captured everything accurately.

The information you share with me will be confidential. Your responses will be summarized and aggregated with others and your name will not be linked to specific responses or comments. We will share this information in aggregate with BVCA and PHS in a report along with other data. BVCA and PHS will use the information in this report for various purposes, including strategic planning, resource allocation, service improvements, and to better understand the strengths and challenges experienced by the communities each organization serves.

As a thank you for your time, I will send you via email a $20 electronic gift card after the interview.

Do you have any questions for me before we begin?

Basic Information
Name:
Organization:
Position/Role:

1. Where is your organization located and which counties or geographic area(s) does your organization serve?

Community Needs and Services

2. Thinking about being a safe and thriving place to live and work…
    a. What do you think are your community's strongest assets?
    b. What do you think are your community's biggest needs?

3. According to the community survey that was recently conducted, people in your community identified <having a safe place to live> as the most important thing that makes a healthy community. Can you provide further detail as to what <having a safe place to live> looks like to you?
    a. How do you feel your organization could help create a healthier community and with having a safe place to live?
    b. How do you feel BVCA/PHS could help your organization create a healthier

community and with having a safe place to live?

4. According to the community survey that was recently conducted, people in your community identified <mental health issues such as depression, bipolar disorder, self-harm, etc.> as a top health concern that they are most worried about. We would like to better understand why people may feel this is a concern in your community. Can you explain why you think people identified this as a concern in your community?
    a. What do you feel are the underlying reasons why this issue exists?
    b. How do you feel your organization could help address this issue?
    c. How do you feel BVCA/PHS could help address this issue?

5. According to the community survey that was recently conducted, people in your community identified <lack of local job choices> as the primary social and economic issue they are most worried about in your community. Can you explain what the specific issues are with <lack of local job choices>?
    a. What do you feel are the underlying reasons why this issue exists?
    b. How do you feel your organization could help address this issue?
    c. How do you feel BVCA/PHS could help address this issue?

6. According to the community survey that was recently conducted, people in your community identified <alcohol and drug abuse> as the primary safety problem they are most worried about in your community. Can you explain what the specific issues are with <alcohol and drug abuse>?
    a. What do you feel are the underlying reasons why this issue exists?
    b. How do you feel your organization could help address this issue?
    c. How do you feel BVCA/PHS could help address this issue?

7. What are some current or anticipated events, projects, or trends that could change the needs in your community moving forward?

8. What have been your/your organization's biggest successes and challenges when it comes to meeting the needs of your community?
    Success:
    Challenge:

Partnerships

9. What can BVCA do to help you/your organization better serve the needs of your community?

10. What can PHS do to help you/your organization better serve the needs of your community?

Closing

Thank you for your time. We appreciate your participation and willingness to share your concerns about issues your community is facing. The complete Community Needs Assessment is anticipated to be released in May or June and will be posted on BVCA's and PHS's websites.

Appendix E: Community Needs Assessment Survey Results for PHS Counties

Public Health Solutions Community Needs Assessment Survey Results

May 2023

Introduction

Blue Valley Community Action (BVCA) and Public Health Solutions (PHS) contracted with Partners for Insightful Evaluation (PIE) to collect data from community members across a nine-county service area via an online community survey, interviews with key community partners, and two community focus groups (one virtual for English-speaking participants and one in-person for Spanish-speaking participants).

Methodology

A mixed methods approach was utilized, which provided both quantitative and qualitative data. An online community survey was administered to individuals who lived, worked, or provided services in at least one of the nine counites that are included in the BVCA and/or PHS service area (Butler, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer, and York). The survey was administered between February 19 and April 3 of 2023. The survey was offered in English and Spanish. Survey data were also weighted by the nine-county region based on age and gender using the 2021 American Community Survey (ACS) 5-year estimates. Data were analyzed using weighted and unweighted data. The results in the report show the weighted survey data among respondents who live, work, or provide services in at least one of the counties within the PHS district (Fillmore, Gage, Jefferson, Saline, and Thayer Counties).

PHS Community Needs Assessment Survey Results

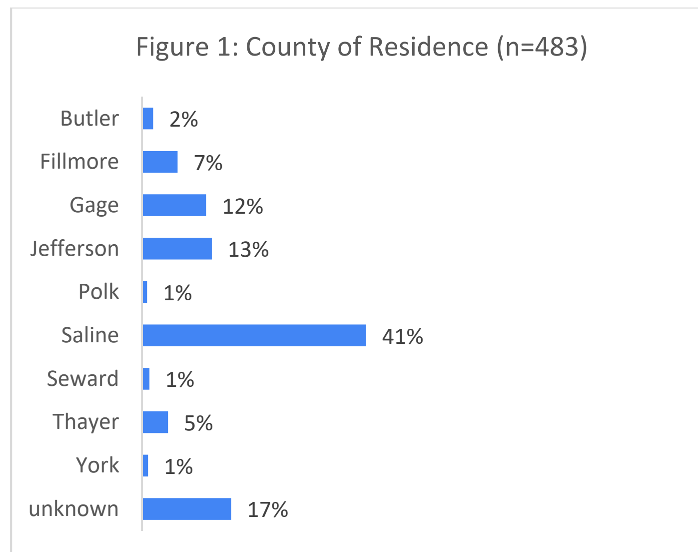
Description of Survey Respondents

A total of 525 respondents were included in the final survey dataset. As shown in Table 1, all nine counties had respondents who lived, worked, and/or provided services in those counties. The denominator in the % columns (the n in the top row) in Table 1 includes respondents who said they lived, worked, or provided services in at least one of the nine counties (i.e., those who skipped the question were not included in the denominator).

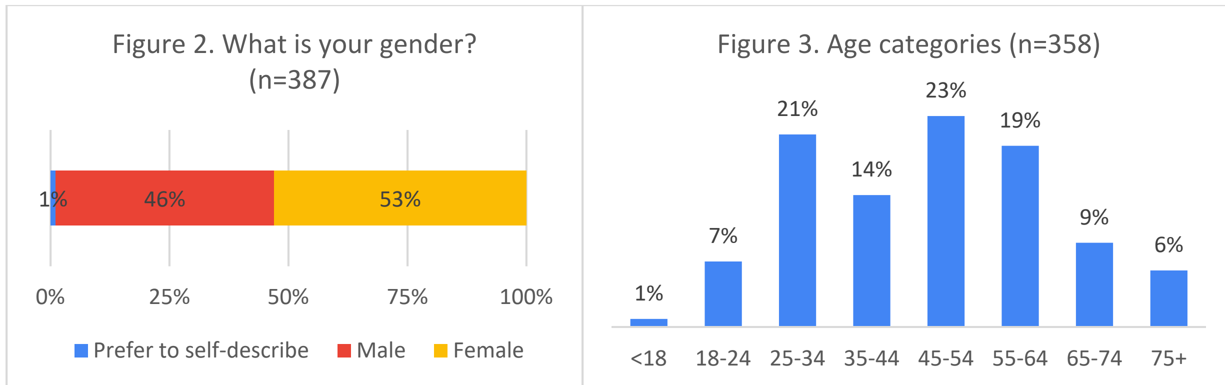
Table 1: Respondents who live, work, or provide services in each of the nine counties.

County	Live as a resident or student in this county (n=483)		Work in this county (n=391)		Provide services in this county (n=224)	
	#	%	#	%	#	%
Butler	55	11%	54	14%	19	8%
Fillmore	65	13%	99	25%	53	24%
Gage	86	18%	97	25%	74	33%
Jefferson	92	19%	132	34%	70	31%
Polk	42	9%	49	12%	33	15%
Saline	231	48%	186	48%	96	43%
Seward	31	6%	68	17%	52	23%
Thayer	52	11%	80	21%	54	24%
York	68	8%	68	14%	68	23%

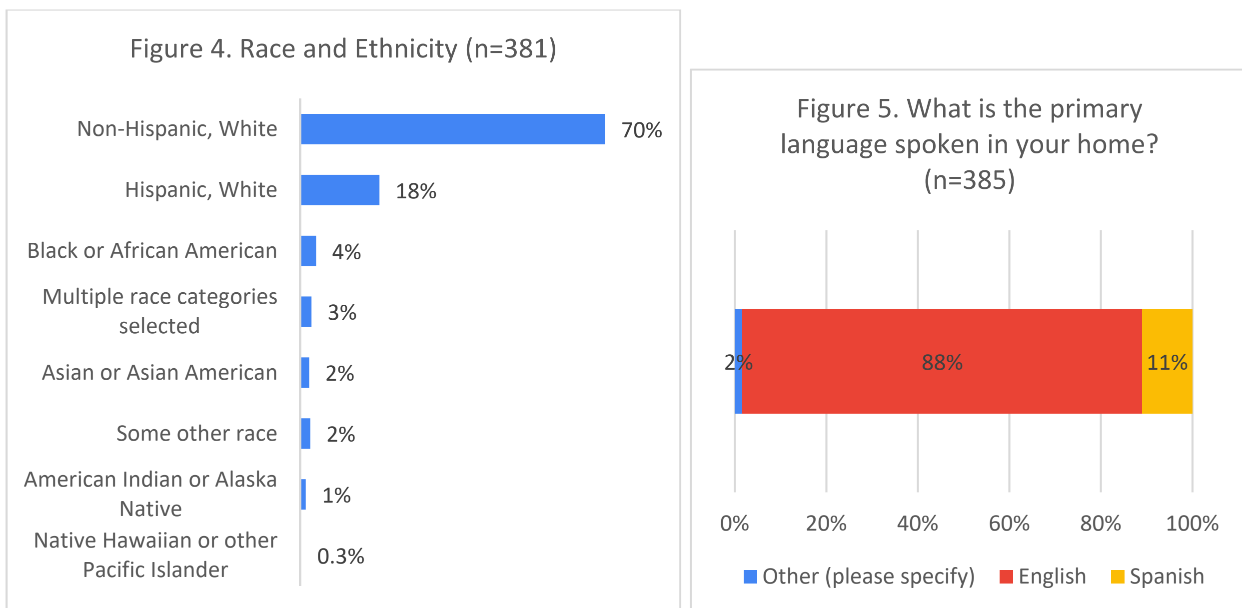
While most respondents selected only one county when asked to indicate which county or counties they live in, 80 respondents selected more than one county. Figure 1 shows the breakdown of the county of residence including those who said they live in more than one county (the "Unknown" category). Over a third of survey respondents were from Saline County.



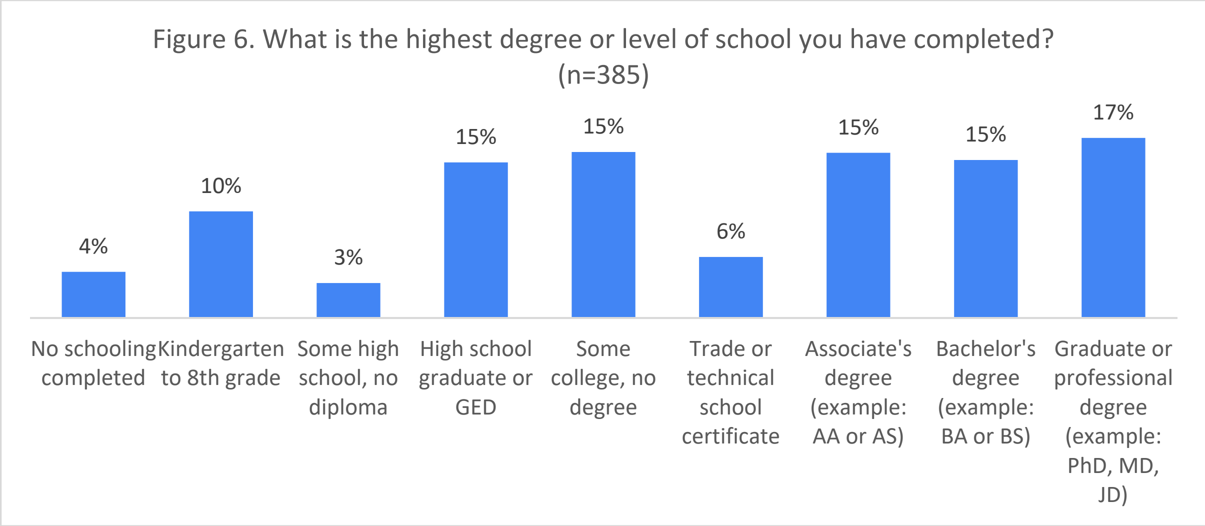
As shown in Figures 2 and 3, slightly more than half (53%) of survey respondents identified as female, and about 42% of respondents were either in the 45-54 or 55-64 age category. The mean age of survey respondents was 47.2 years, and the median age was 48 years.



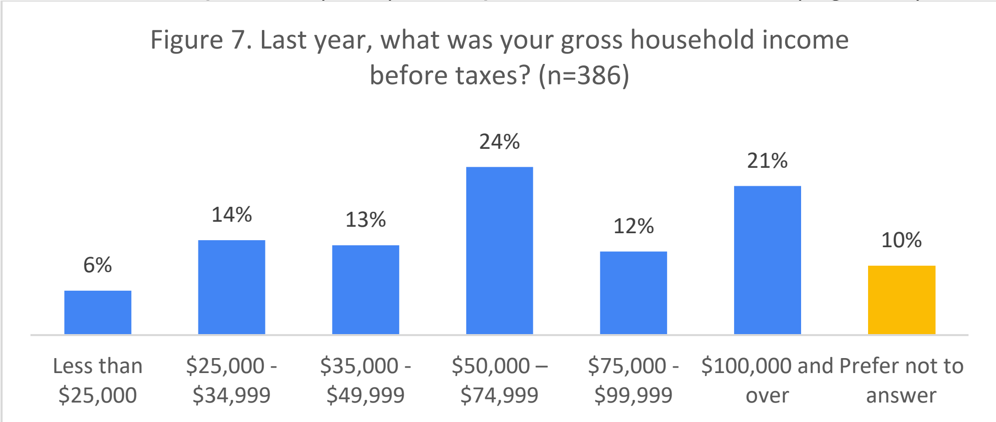
As shown in Figure 4, the majority of survey respondents who answered questions regarding their race and ethnicity (70%) identified as Non-Hispanic, White. As shown in Figure 5, the majority of respondents (88%) spoke English as their primary language in the home. Among the 2% who said they spoke a language other than English or Spanish, Chinese, Kanjobal, and Karen were specified.

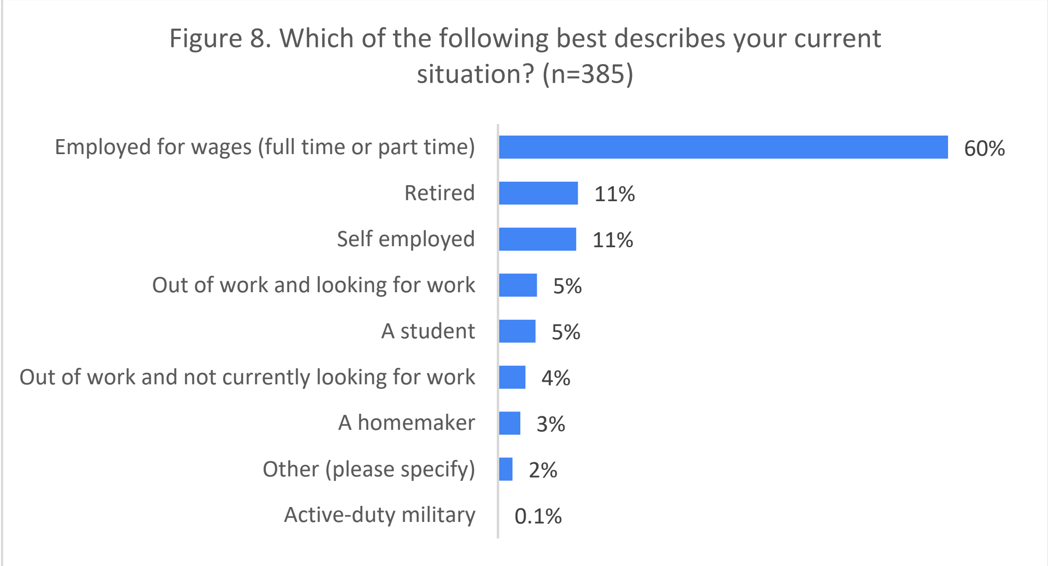


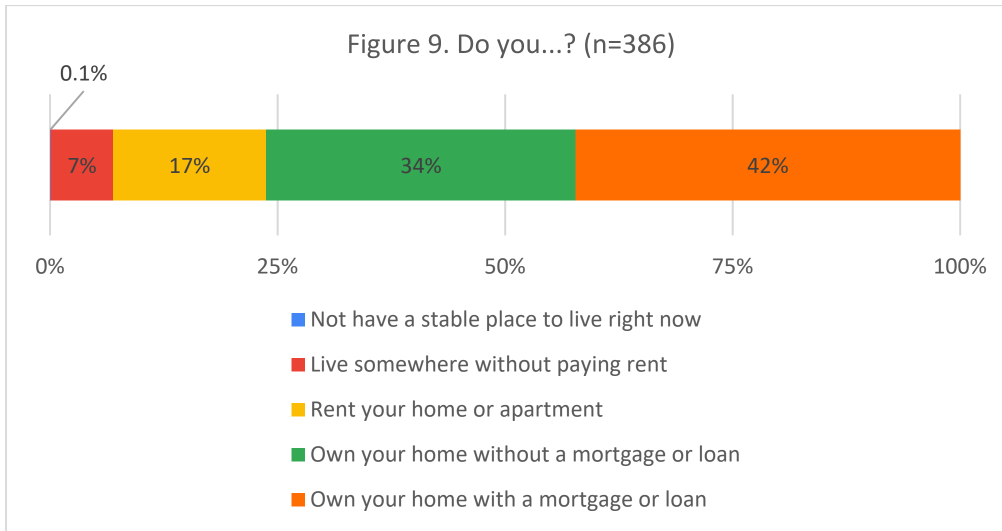
As shown in Figure 6, there was variation among survey respondents' education level, and nearly half completed an associate's, bachelor's, or graduate/professional degree.



As shown in Figures 7 and 8 the majority of respondents (about 57%) had an annual before tax household income of $50,000 or greater, and about 60% of respondents were employed for wages. About three quarters (76%) of respondents own a home (Figure 9).







As shown in Figure 10, half of survey respondents do not have children under the age of 18 living in their household, and roughly 40% have one or two children. Among those who have children under the age of 18 (n=195), 66% of those children are six years or older (Table 2)

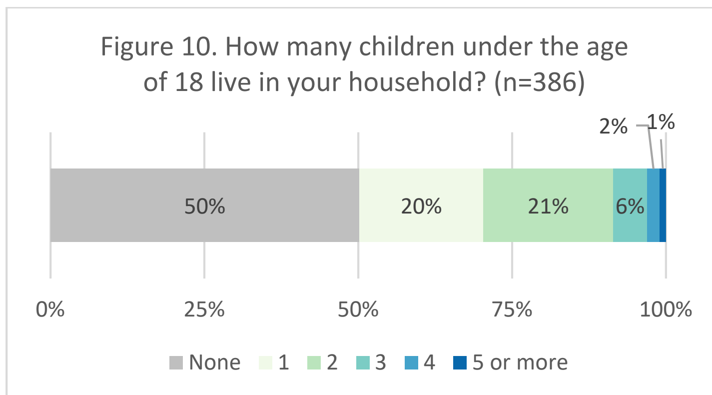
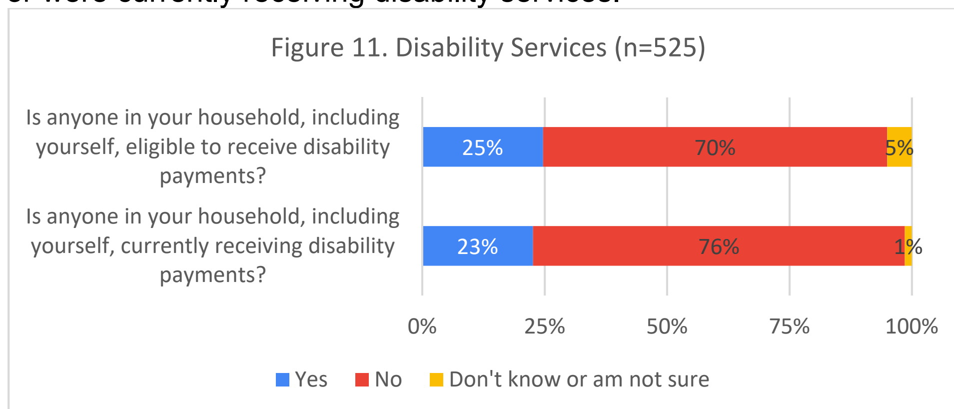


Table 2: Ages of children among respondents who have children under the age of 18 living in their household.

	n	%
0-18 months	27	14%
19 months - 2.5 years old	20	10%
Over 2.5 years old to 5 years old	53	27%
6 years and older	129	66%

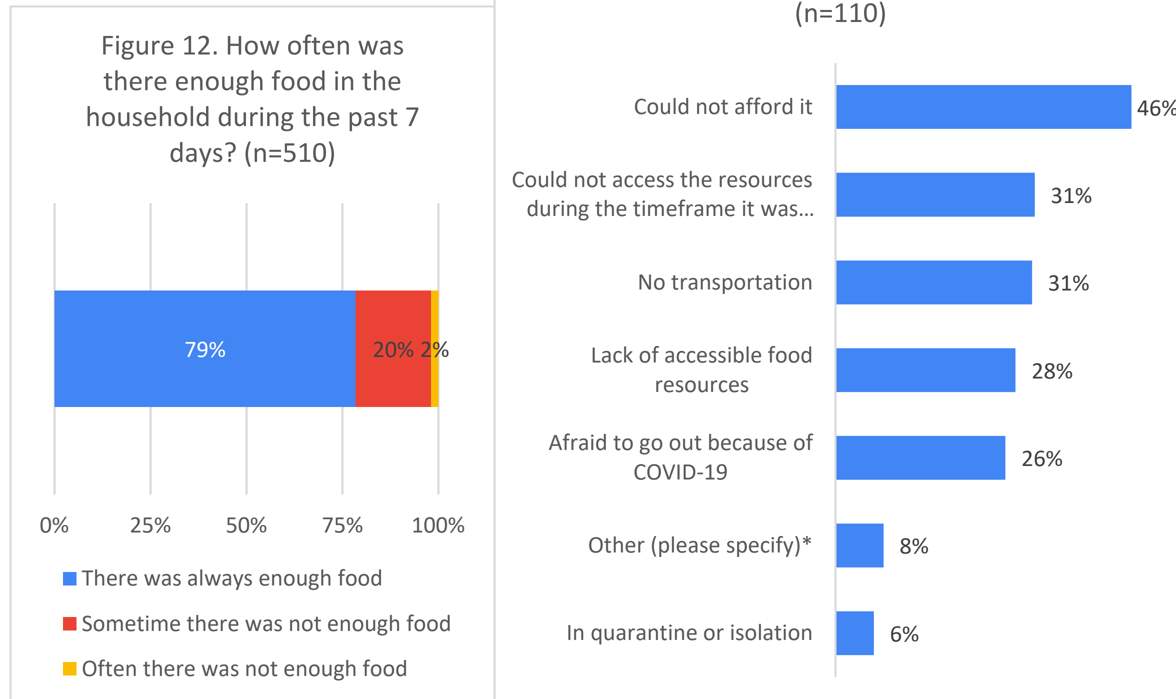
Disability Services

Figure 11 shows that about a quarter of respondents were either eligible to receive disability payments or were currently receiving disability services.

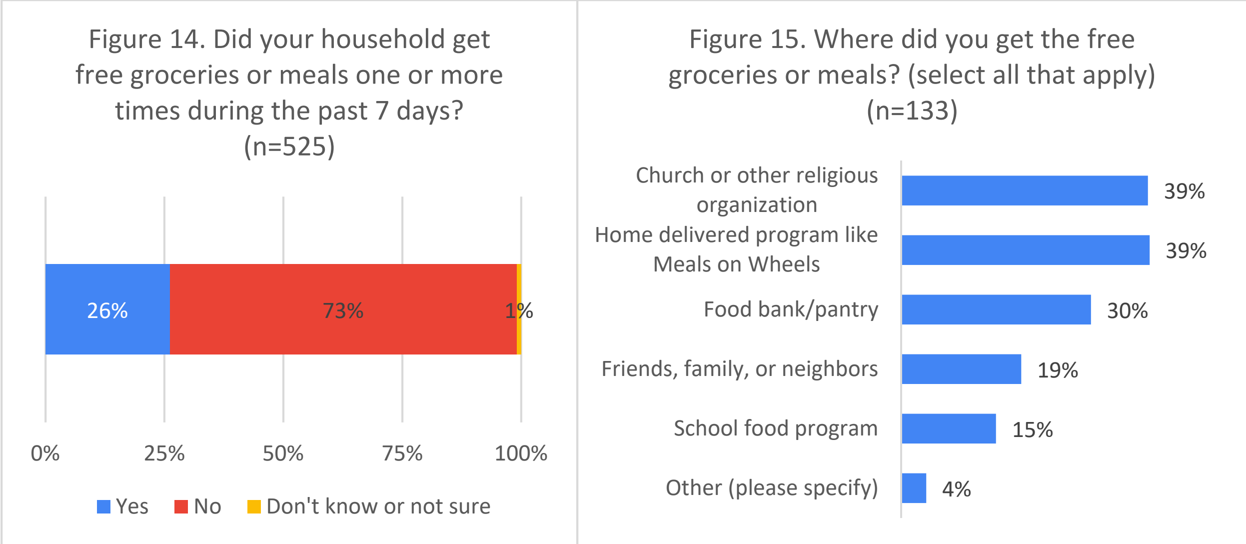


Food Insecurity

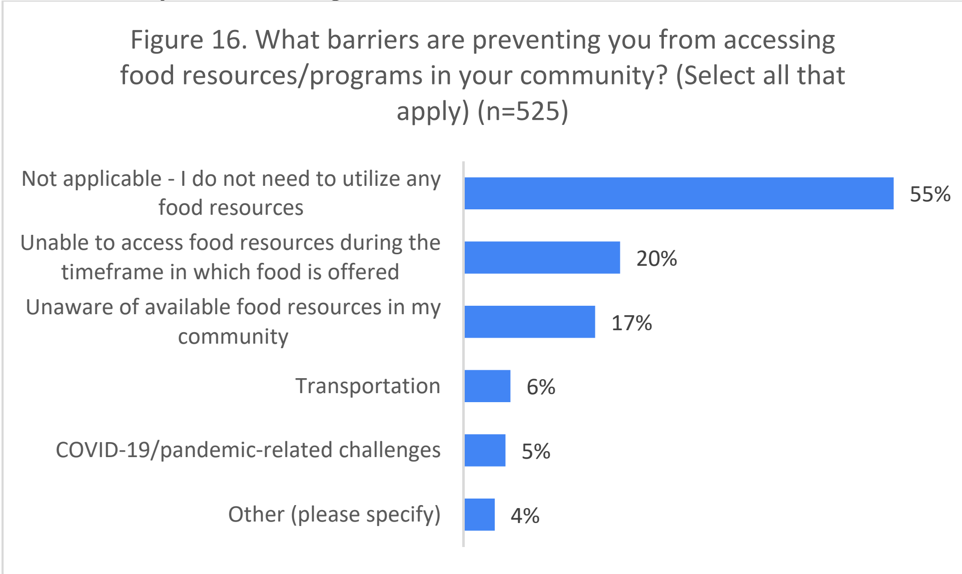
As shown in Figure 12, the majority of respondents (79%) said that there was always enough food in their household during the past seven days. As shown in Figure 13, among the 110 respondents who said there was sometimes or often not enough food, the top reason why there was not enough food was affordability (46%), followed by not being able to access food resources during the appropriate timeframe (31%), and lack of transportation (31%).

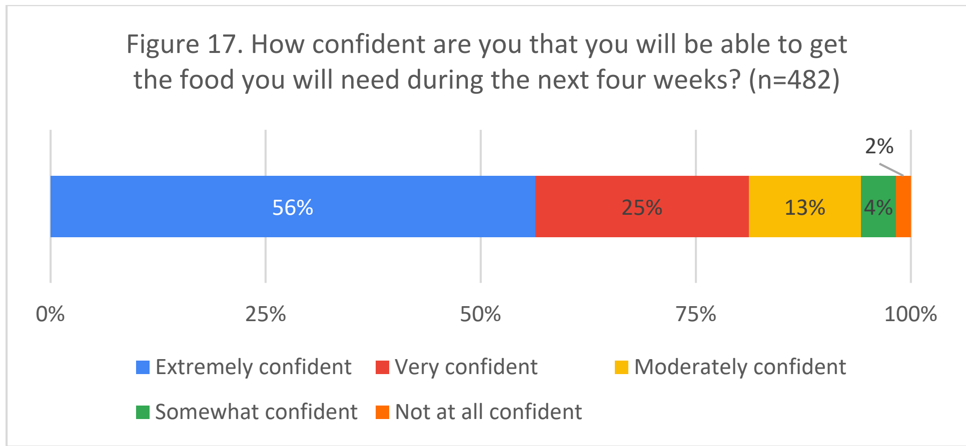


As shown in Figure 14, about a quarter of respondents indicated that their household got free groceries or meals on one or more occasions during the past 7 days. Among the 133 respondents who did receive free groceries or meals, 39% said they got those groceries or meals from a church or other religious organization or from a home delivered program like Meals on Wheels (Figure 15).



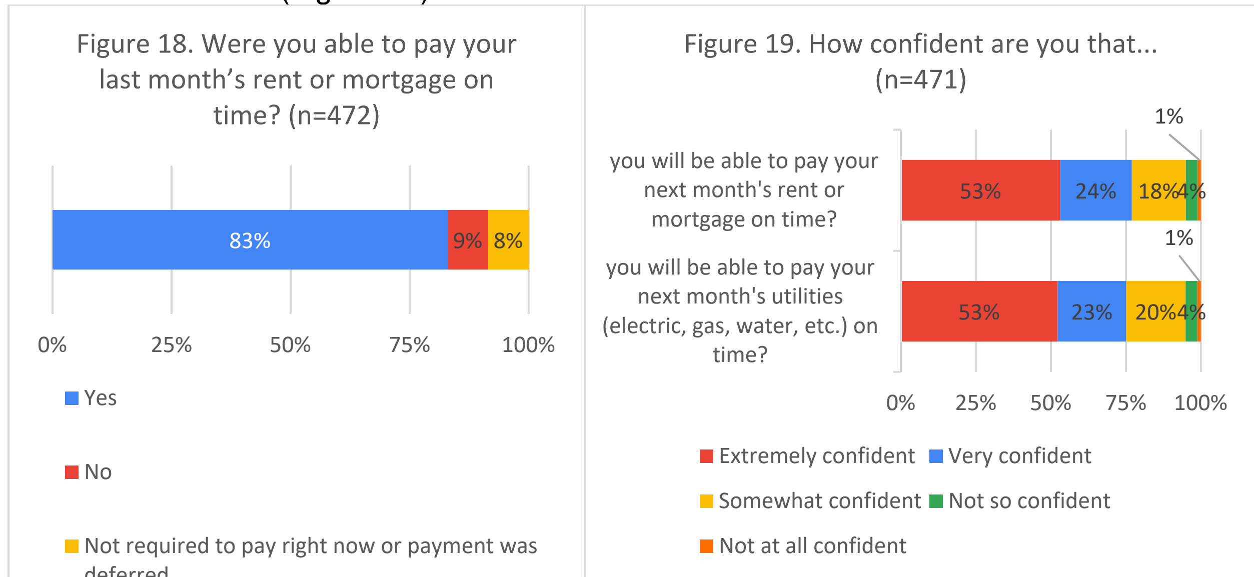
When asked to indicate what barriers were preventing them from accessing food resources or programs in their community, more than half (55%) of respondents said they do not need to utilize food resources, 20% said they were unable to access resources during the timeframe in which those resources were offered, and 17% said they were unaware of the resources that were available (Figure 16). As shown in Figure 17, more than three quarters (81%) of respondents said they were “extremely” or “very confident” that they would be able to access the food they need during the next four weeks.



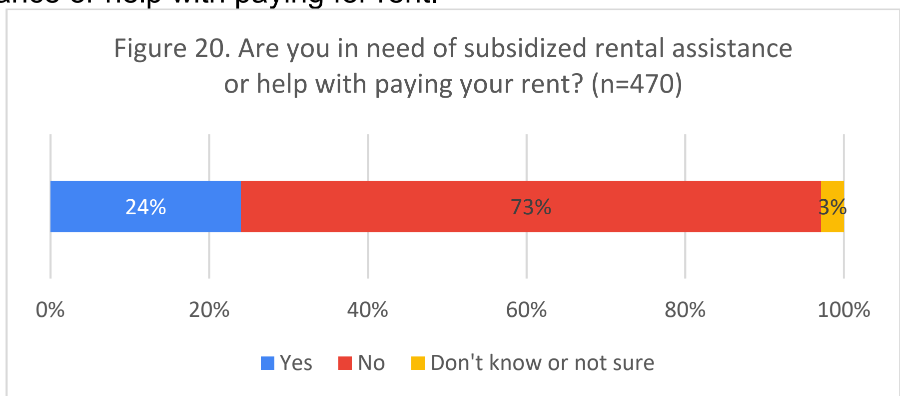


Housing and Utilities

As shown in Figure 18, 83% of respondents said that they were able to pay last month's rent or mortgage on time. Over three quarters of respondents were either "extremely confident" or "very confident" that they would be able to pay next month's rent, mortgage, and utilities on time (Figure 19).

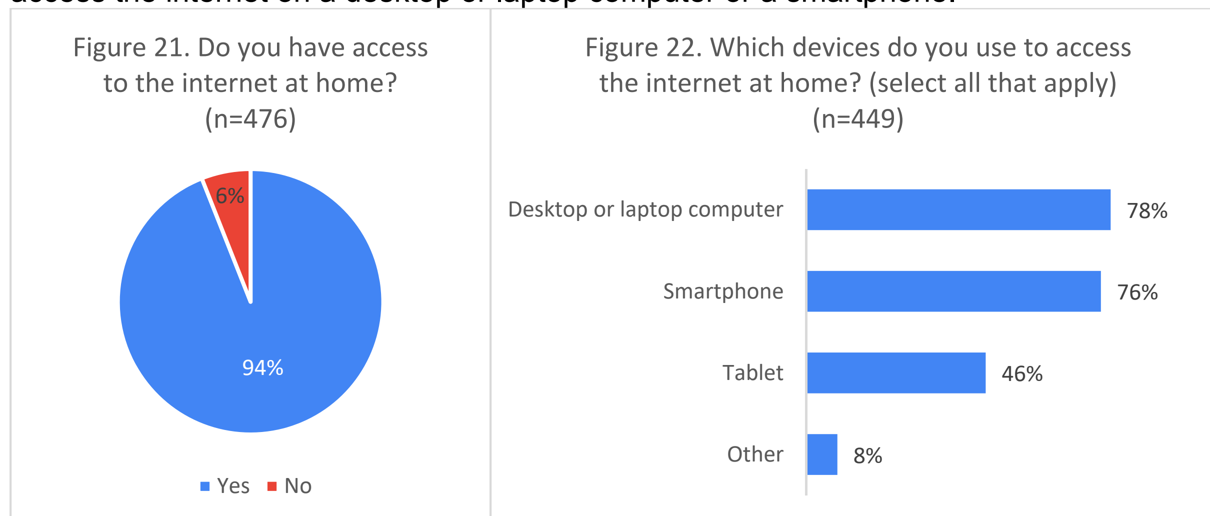


As shown in Figure 20, one quarter of respondents said they were in need of subsidized rental assistance or help with paying for rent.

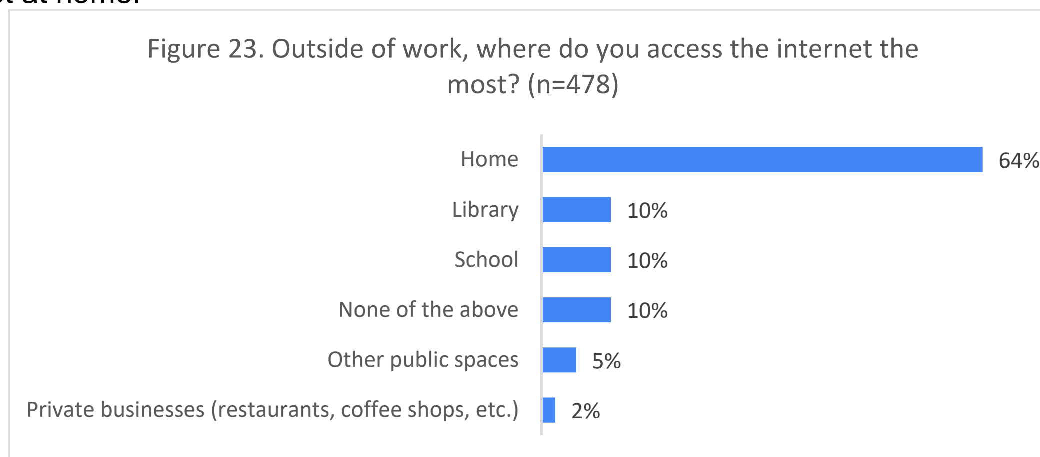


Internet Access

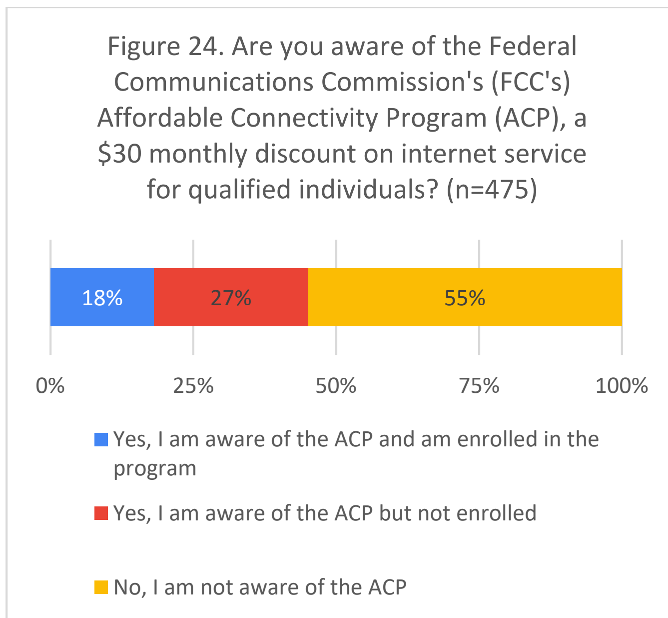
As shown in Figure 21, 94% of survey respondents have access to internet at home. Among the 449 respondents who have internet access at home, about three quarters access the internet on a desktop or laptop computer or a smartphone.

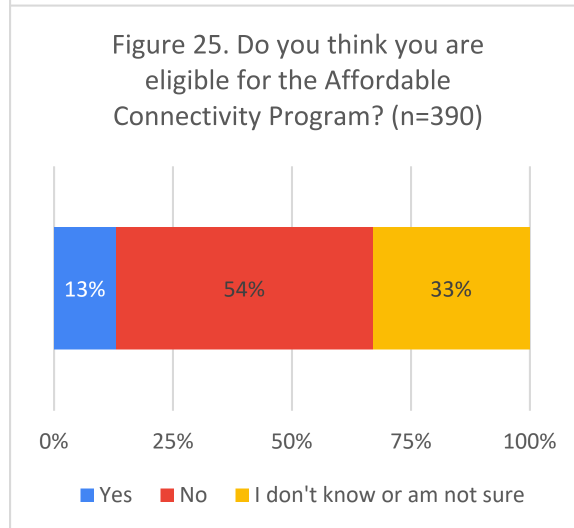


As shown in Figure 23, outside of work, the majority of respondents (64%) access the internet at home.



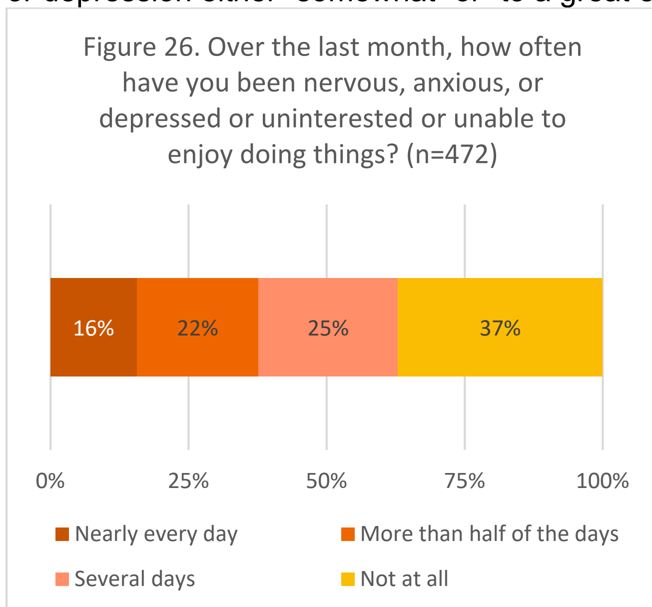
The survey contained a few questions on the Federal Communications Commission's (FCC's) Affordable Connectivity Program (ACP). As shown in Figure 24, more than half (55%) of respondents were not aware of this program. A similar percentage of respondents (54%) did not think they were eligible for the ACP (Figure 25).

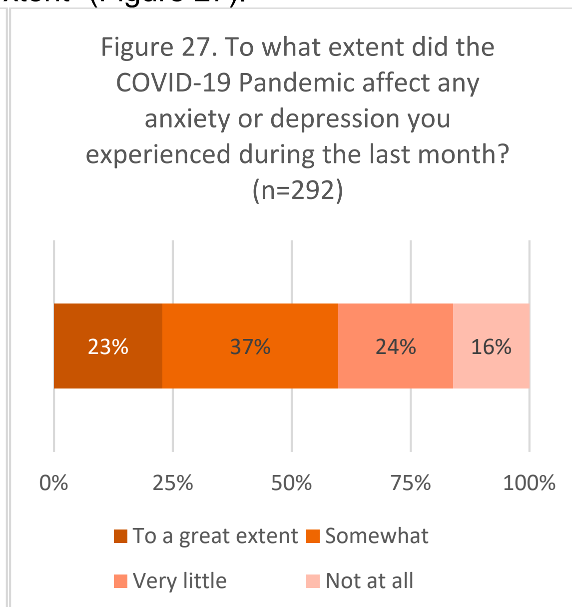




Health Status & COVID-19 Impact

Survey respondents were asked a few questions about their general and mental health. As shown in Figure 26, a majority (63%) of respondents indicated that they felt nervous, anxious, depressed, or uninterested/unable to do things for several days or more during the last month. Among the 292 respondents who experienced anxiety, nervousness, or depression in the last month, 60% said that the COVID-19 pandemic affected their anxiety or depression either "somewhat" or "to a great extent" (Figure 27).





As shown in Figure 28, about one third (34%) of respondents said they are limited in activities because of physical, mental, or emotional problems. More than half (53%) of respondents said that most of the time their health is either "excellent" or "very good," and very few (2%) said their health was "poor" (Figure 29).

Figure 28. Are you limited in any way in any activities because of physical, mental, or emotional problems? (n=456)

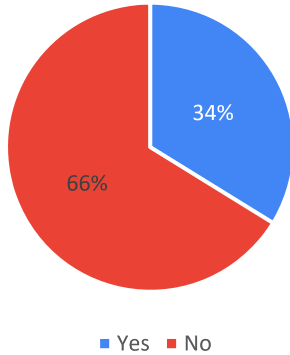
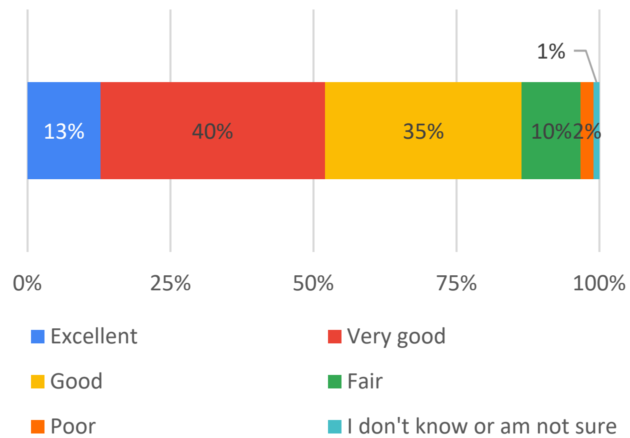
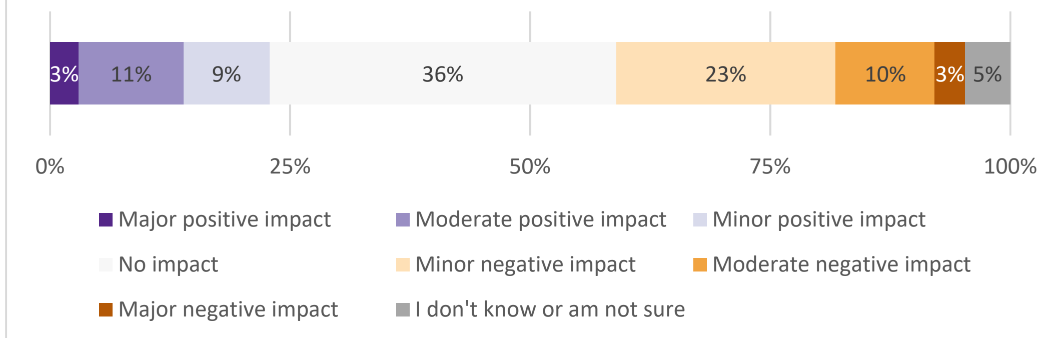


Figure 29. Most of the time, would you say that your health is...? (n=458)

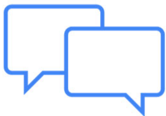


In terms of how the COVID-19 Pandemic impacted overall health (Figure 30), 23% said it had a positive impact, slightly over a third (36%) said it had no impact, and slightly over a third (37%) said it had a negative impact.

Figure 30. Which of the following best describes the impact the COVID-19 Pandemic has had on your overall health? (n=455)



<u>Qualitative data on the impact of the COVID-19 Pandemic on health</u>



During the community focus group sessions, participants were presented with preliminary data on the survey results from Figure 30 and asked the following question: "**Can you describe the ways in which the COVID-19 Pandemic has had a positive or negative impact on the health of people in your community?"**

Positive impacts included the following:

- **Family time**: Participants reported they were able to spend time together as a family and were more mentally healthy during this time. It gave them an opportunity to reset their values. "*I feel like a lot of families that are rural, like not in a larger town, had a better time with COVID, because you had more time on the farm, you had your kids home, they were helping. A lot of people used COVID money to get projects done that they didn't have time to do before … it was just slowing down and being able to focus on some things so that people really thought about that time more fondly now."*

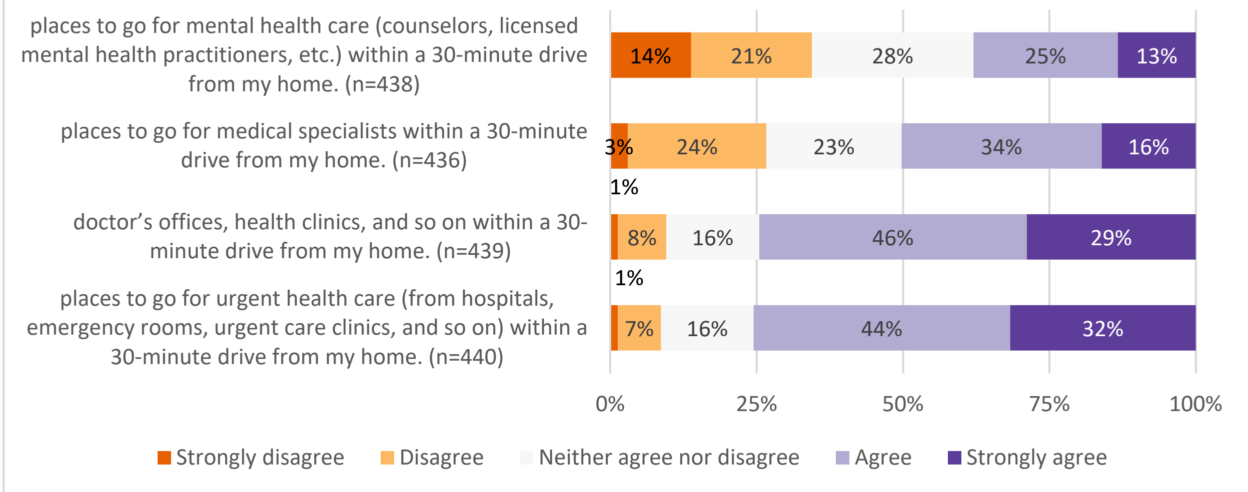
- **Hygiene**: People became more hygienic: washing their hands more, washing vegetables they brought home from the store, and using hand sanitizer.
- **Knowledge of the health department**: The pandemic increased knowledge of what the health department does and helped people understand that they wanted people to be healthy.
- **Taught resilience:** It helped essential personnel increase their resilience and to keep going even when it was hard because they were needed.

Negative impacts included the following:

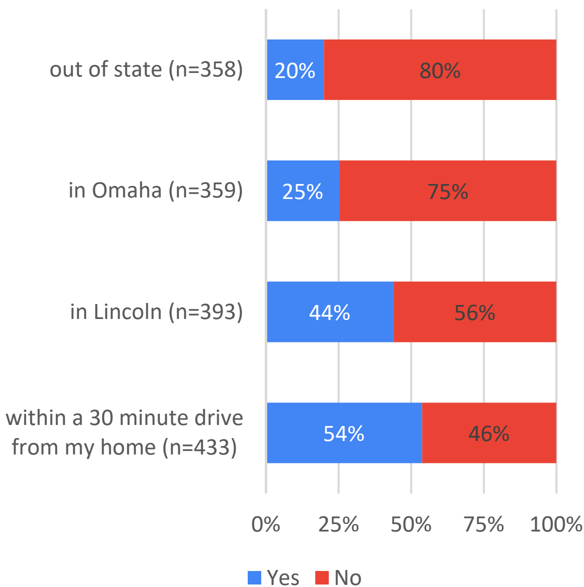
- **Physical health and access to care**: People fell behind on health and dental care. They put off elective surgery and missed important screenings.
- **Children's development**: Participants witnessed speech delays with little kids because they weren't interacting. *"I work with kiddo's birth to age 3, and we saw a lot of speech delays. We're still working with those families that have those speech delays because they were at home. They weren't interacting with other families, other kids outside of the family."* Students' social skills and education also suffered from the pandemic. *"It really affected a lot of students where they're a little bit more behind than they would have been before."*
- **Isolation**: It was difficult for nursing home residents who became even more isolated. *"It was absolutely brutal on nursing home residents to be totally locked down and away from families and not allowed to communicate."* It was also difficult for relatives to not be able to see their older family members because of the risks. *"For me it was negative, not financially but emotionally. Emotionally, it drained me."*
- **Stress**: It was challenging for working parents to do their job while also managing kids doing school at home. Essential workers, like healthcare workers and food production staff, were under increased pressure. People working in food-related industries could not stop working. *"We feed the people and that can't stop. We had no choice but to keep working…we said, 'Whether we like it or not, we're going to keep working.' We kept working and here we all are, we had no choice because we feed the world. "*
- **Employment**: Some people left their jobs because they were afraid of catching COVID. *"I think that certain people of a certain age were affected monetarily because they had to leave their jobs, many people who worked at Farmland... because of fear or whatever during COVID. [They] said 'I'm going to leave my job because I don't want to die.'"* Businesses closed and people lost their jobs.

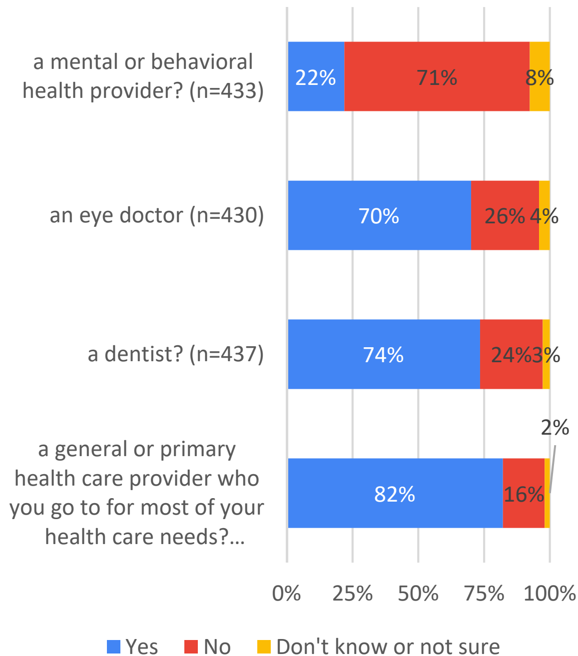
Healthcare Access

Respondents were asked a series of questions to get their input on the availability of places to access healthcare within a 30-minute drive from their home. As shown in Figure 31, more than three quarters agreed or strongly agreed that doctor's offices, health clinics, and urgent care clinics were accessible within a 30-minute drive; however, only about half agreed or strongly agreed that medical specialists were available, and less than half (38%) agreed or strongly agreed that mental health care places were accessible within a 30-minute drive.

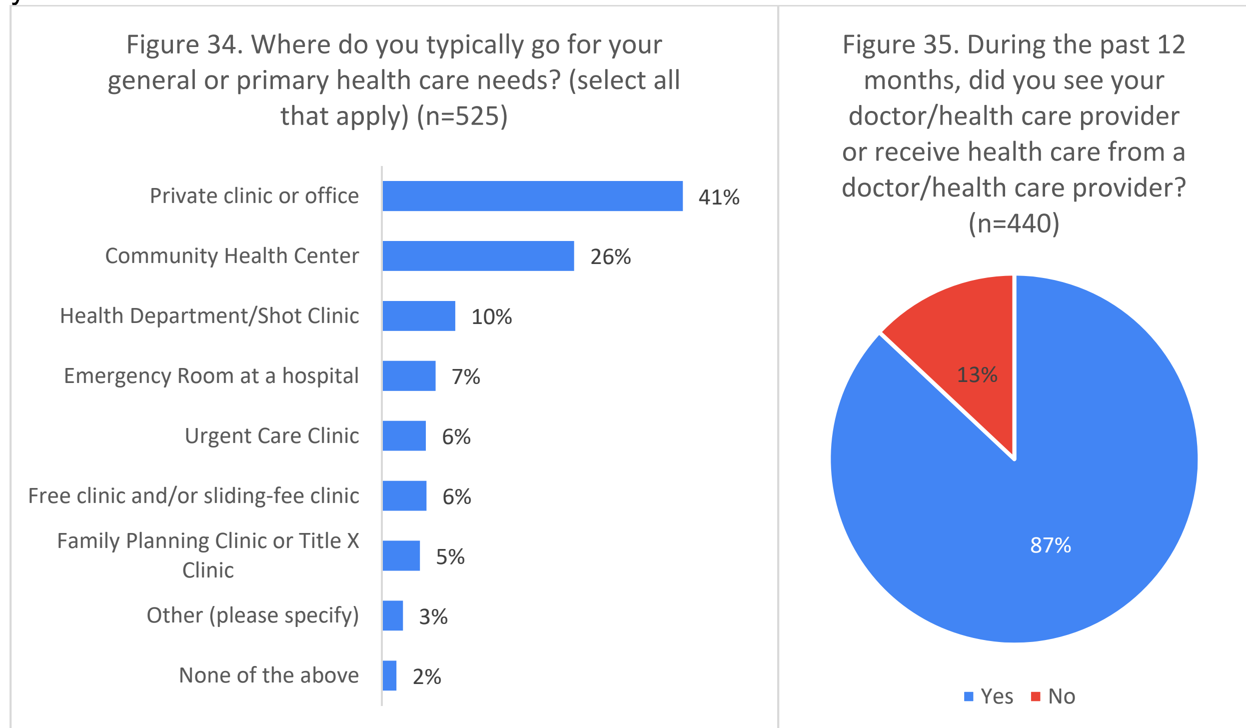


In terms on where respondents received healthcare at a hospital or emergency room, slightly more than half (54%) received this type of care locally (within a 30-minute drive of their home), while 44% received this type of care in Lincoln, and lower proportions of respondents received hospital or emergency care in Omaha or out of state (Figure 32). Respondents were also asked about the types of healthcare providers they go to. As shown in Figure 33, a majority of respondents (at least 70%) have a general or primary care provider, a dentist, or an eye doctor, but fewer (less than one quarter) have a mental or behavioral health provider.

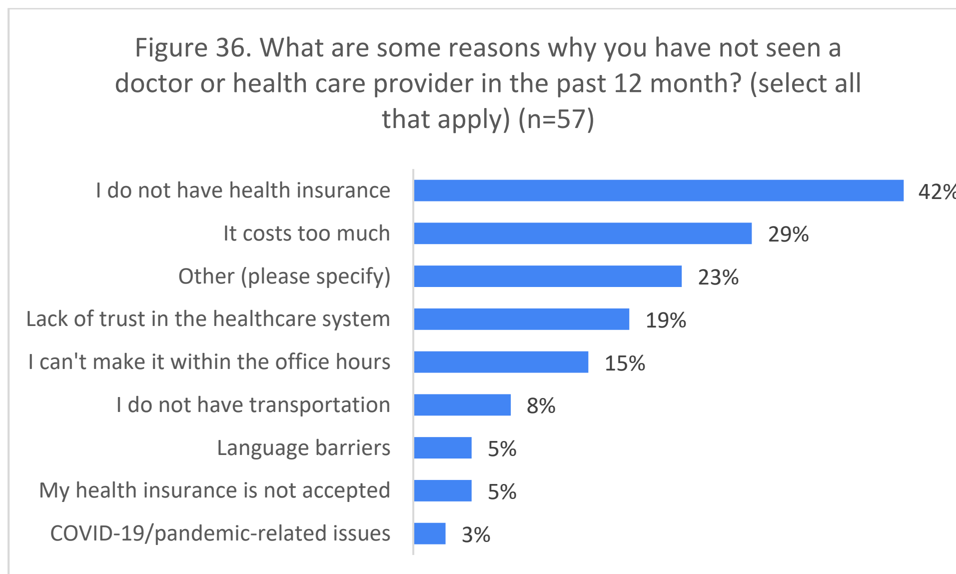




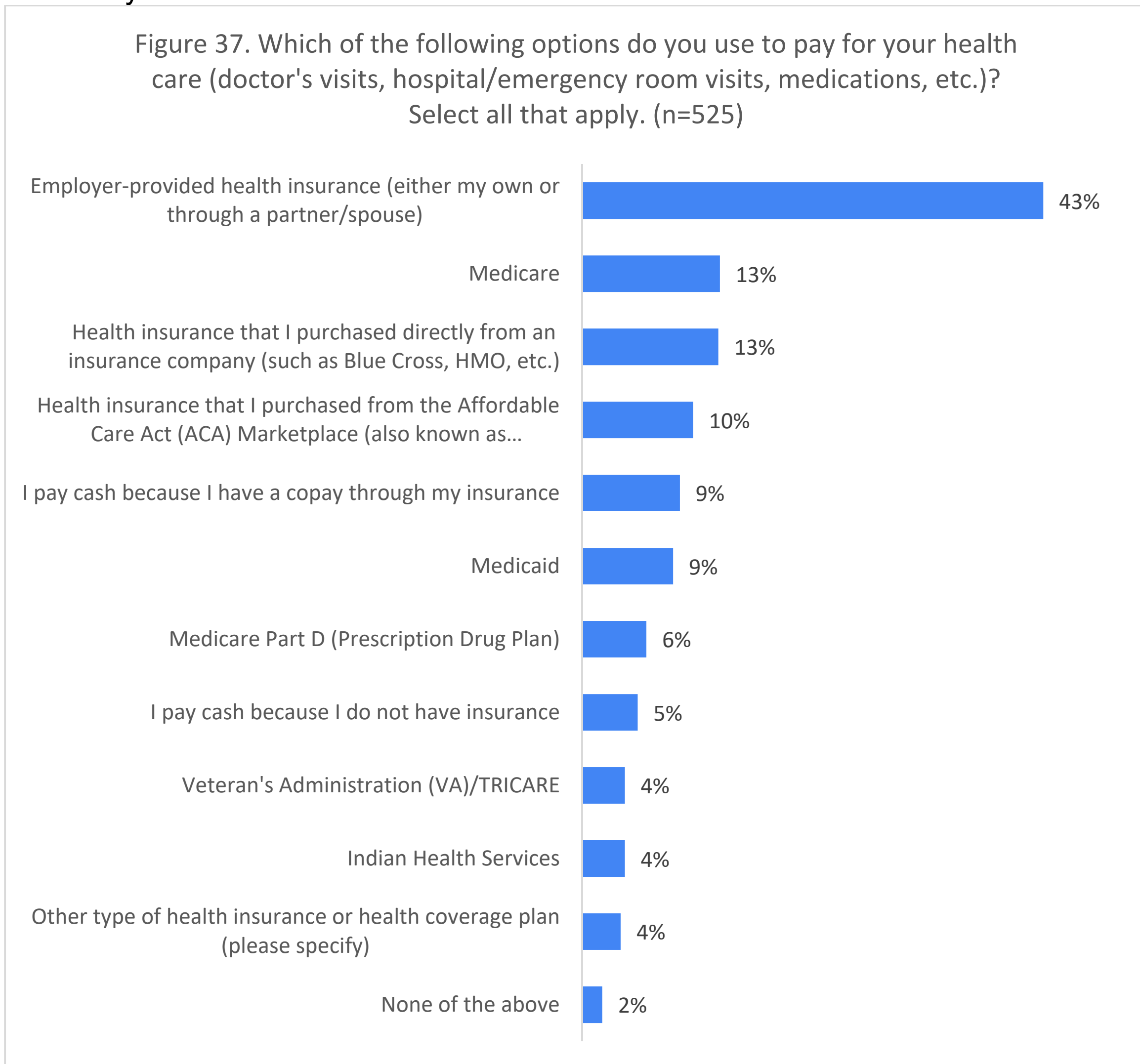
Respondents were asked to indicate where they typically go for general or primary healthcare needs (Figure 34); 41% access this type of healthcare at a private clinic or office, and about one quarter (26%) go to a Community Health Center. As shown in Figure 35, a majority (87%) of respondents received healthcare from a doctor or provider in the past year.



Among the 57 respondents who said they did not see a doctor or healthcare provider in the past year, 42% said it was because they did not have health insurance, and 28% said it was because it costs too much (Figure 36).

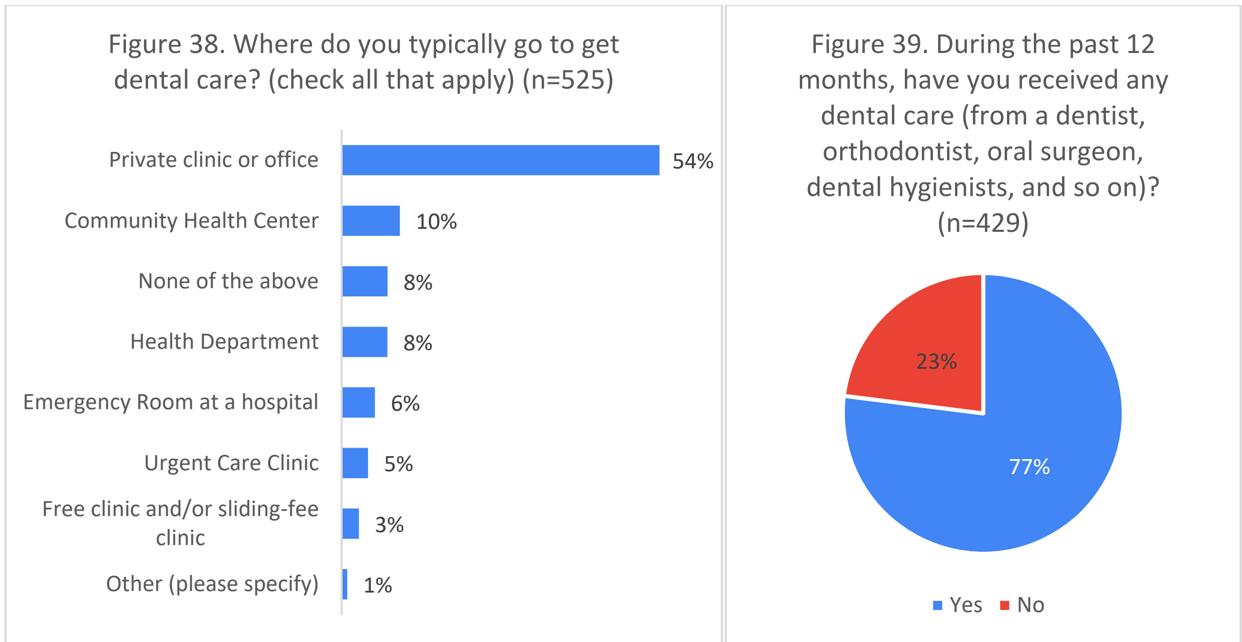


Respondents were also asked to indicate how they pay for their healthcare and were given a menu of options to select from (Figure 37); 43% said that they use employer-provided health insurance, 13% use Medicare, and 13% use health insurance that they purchase directly from an insurance company. Only 5% of respondents indicated that they pay cash because they do not have insurance.

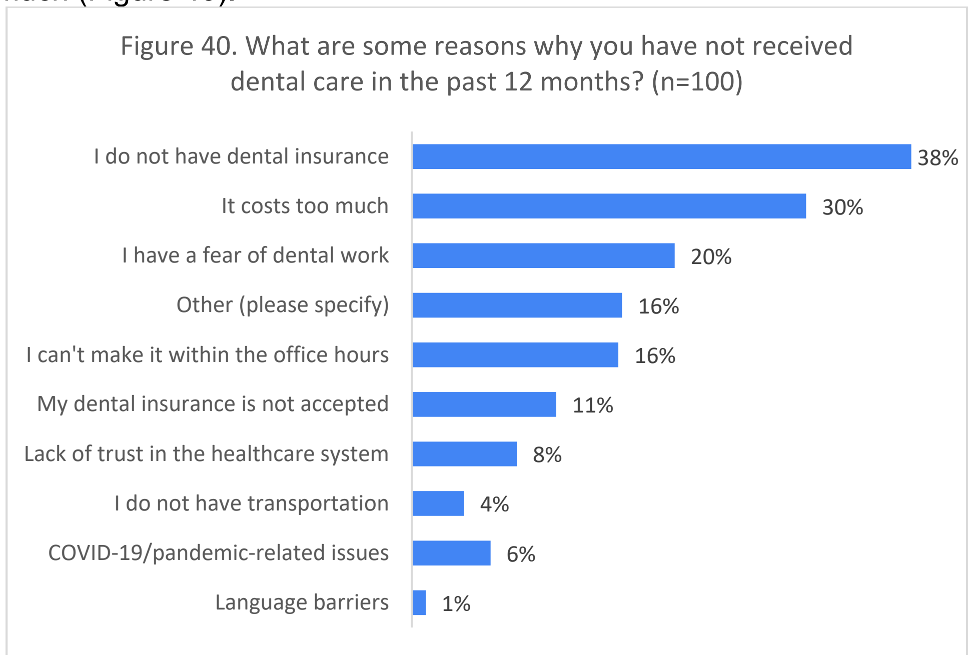


Dental Care Access

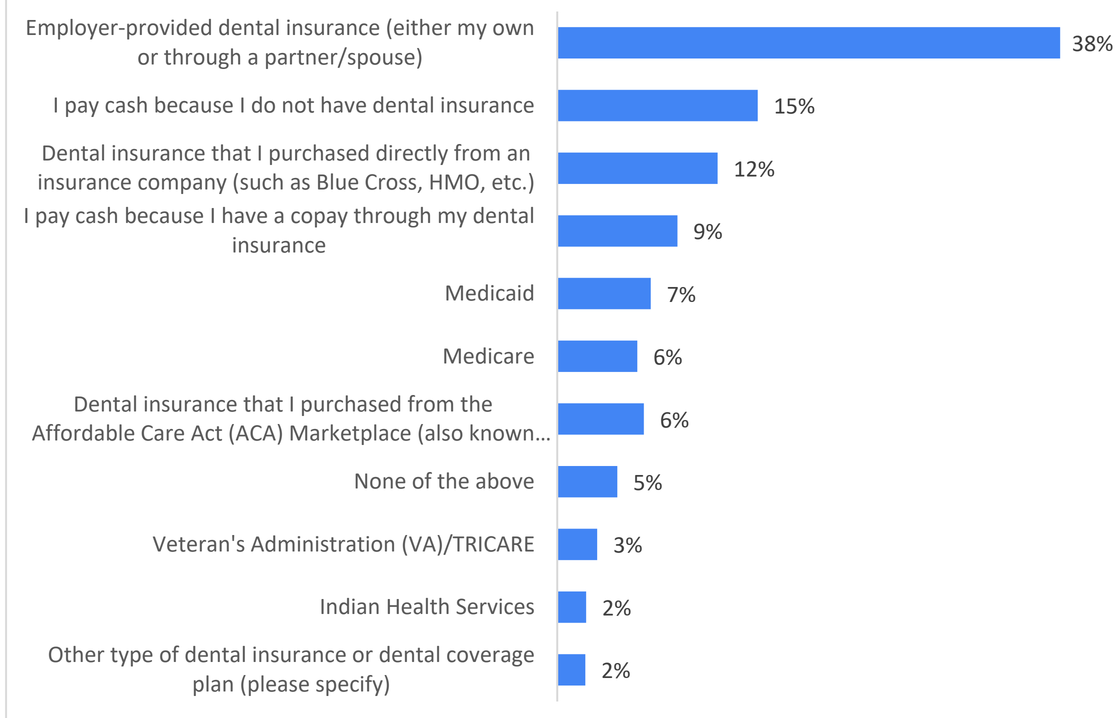
Respondents were asked to indicate where they typically go for dental care (Figure 38); more than half (54%) access this dental care at a private clinic or office, and 10% go to a Community Health Center. As shown in Figure 39, about three quarters of respondents (77%) received dental care in the past year.



Among the 100 respondents who said they did not receive dental care in the past year, 38% said it was because they did not have health insurance, and 30% said it was because it costs too much (Figure 40).

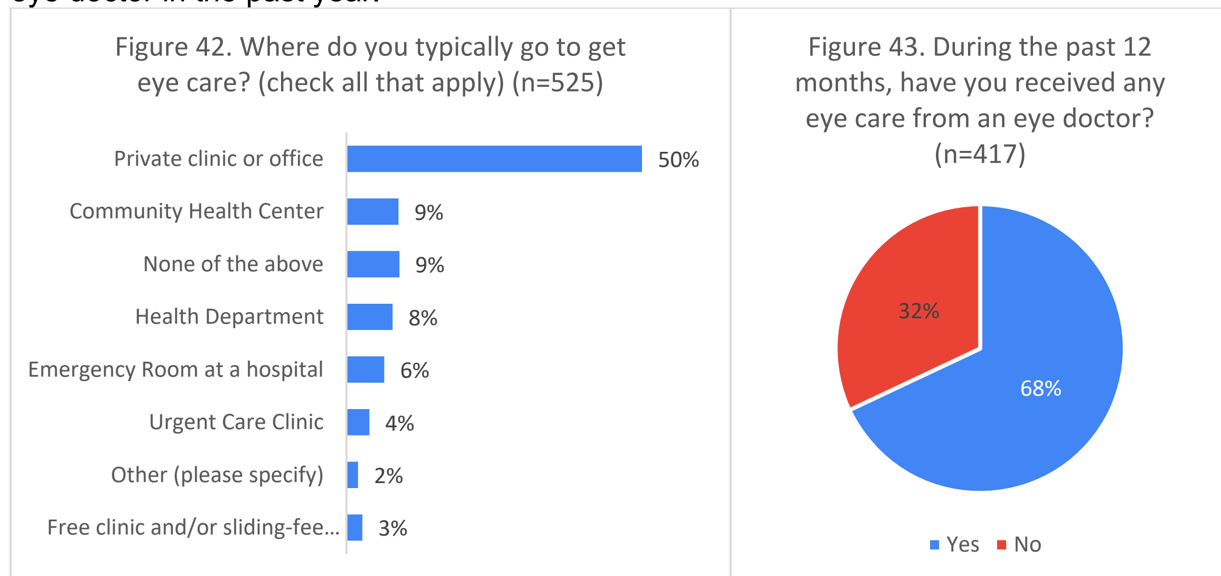


Respondents were also asked to indicate how they pay for their dental care and were given a menu of options to select from (Figure 41); 38% said that they use employer-provided dental insurance, and 15% of respondents indicated that they pay cash because they do not have dental insurance.

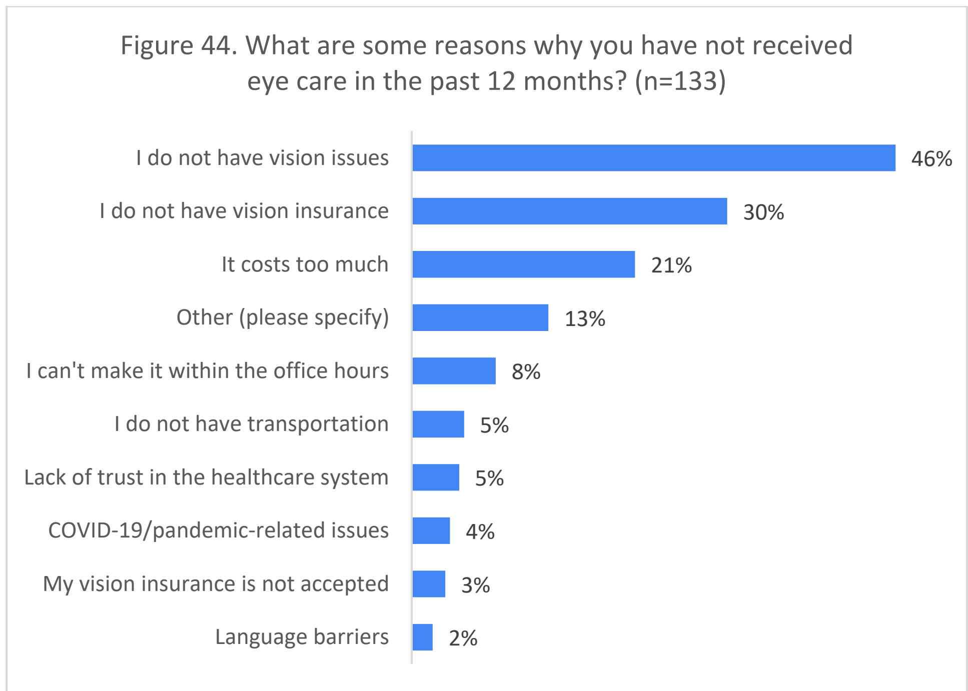


Eye Care Access

Respondents were asked to indicate where they typically go for eye care (Figure 42); half access eye care at a private clinic or office, and 9% go to a Community Health Center. As shown in Figure 43, more than two thirds of respondents (68%) received eye care from an eye doctor in the past year.

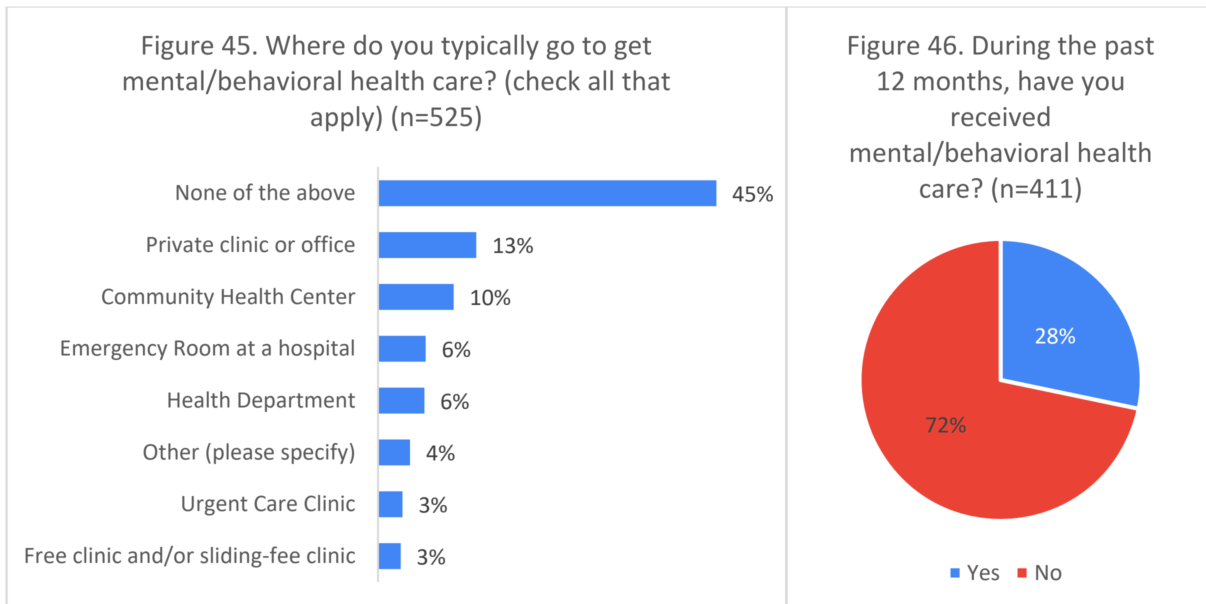


Among the 133 respondents who said they did not receive eye care in the past year, 46% said it was because they did not have vision issues, 30% said it was because they did not have vision insurance, and 21% said it was because it costs too much (Figure 44).



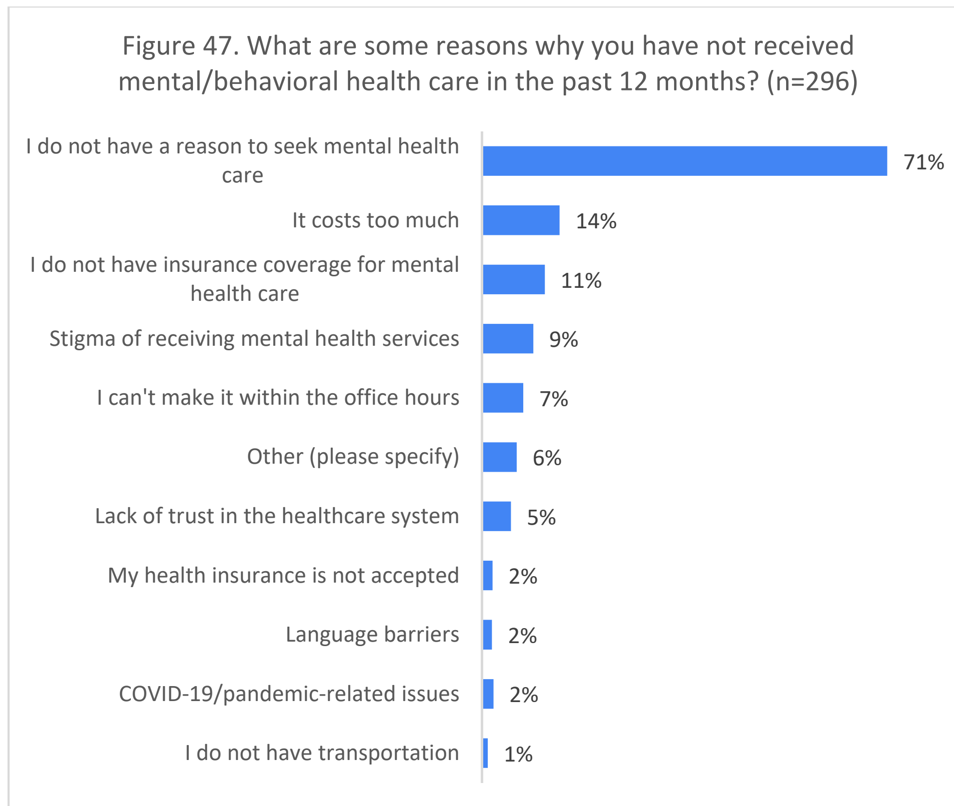
Mental/Behavioral Health Care Access

Respondents were asked to indicate where they typically go for mental/behavioral health care (Figure 45); nearly half (45%) said they didn't go to any of the options presented to access mental or behavioral health care, 13% said they go to a private clinic or practice, and 10% go to a Community Health Center. As shown in Figure 46, slightly more than a quarter of respondents (28%) received mental/behavioral health care in the past year, which is substantially lower than the other forms of care (primary/general health, dental, and eye).



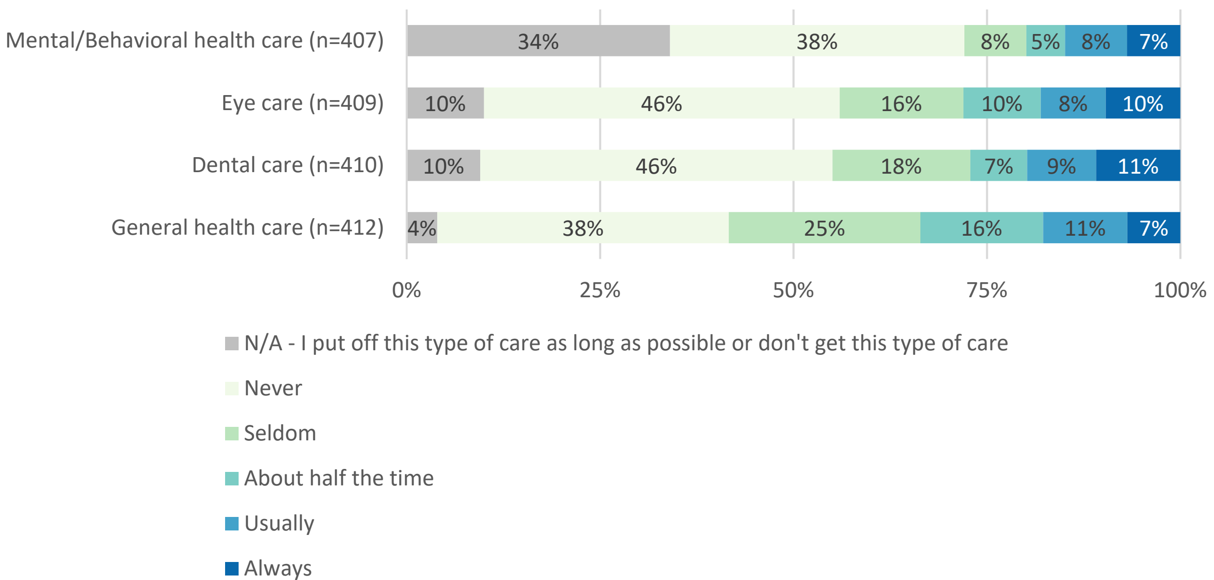
Among the 296 respondents who said they did not receive mental/behavioral health care in

the past year, 71% said it was because they did not have a reason to seek mental health care, 14% said it was because it costs too much, and 10% said it was because they did not have insurance coverage (Figure 47).



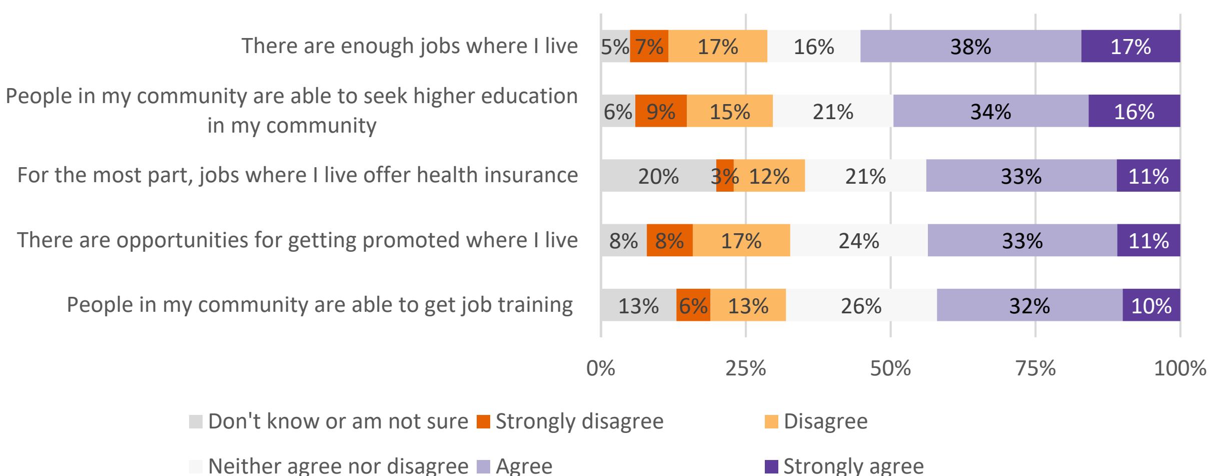
Travel Barriers to Health Care Access

As shown in Figure 48, although a substantial proportion of respondents said they never had to travel 1 hour or longer to receive health care, more than one quarter of respondents said that they had to travel 1 hour or longer to receive eye, dental, or general health care “about half the time,” “usually,” or “always.”



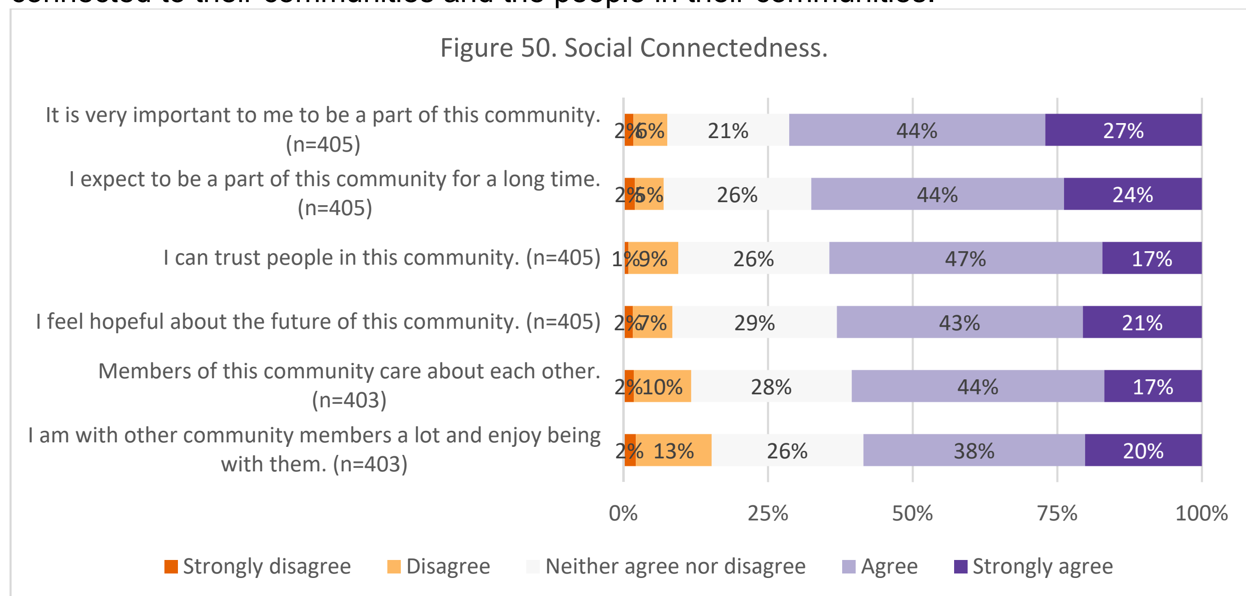
Employment, Education, and Professional Opportunities

Respondents were asked a series of questions regarding employment, education, and professional advancement opportunities in their community. As shown in Figure 49, a little more than half of respondents strongly agreed or agreed that there were enough jobs, and that people were able to seek higher education where they live. Slightly less than half of respondents strongly agreed or agreed about statements regarding the availability of job benefits (such as health insurance) and opportunities like training and promotions.

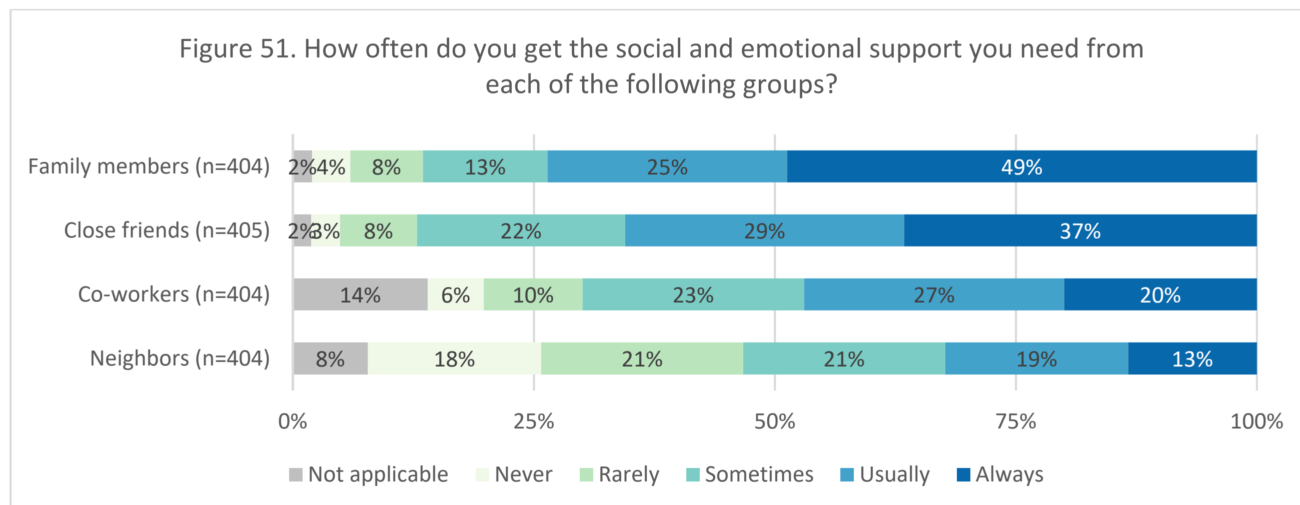


Social Connectedness

Respondents were asked a series of questions related to social connectedness in their community. As shown in Figure 50, more than half of respondents strongly agreed or agree with these statements and few strongly disagreed, suggesting that respondents overall feel connected to their communities and the people in their communities.



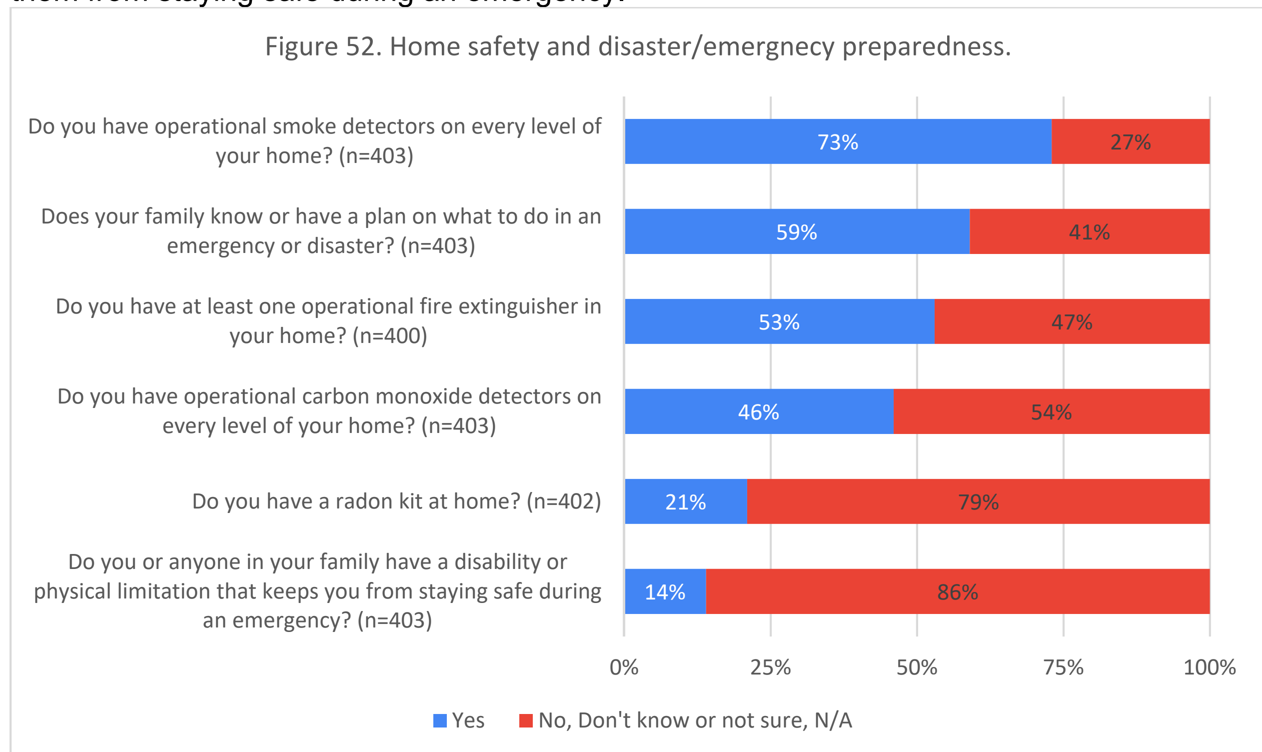
In terms of getting social and emotional support from certain groups of people (Figure 51), more than two-thirds of respondents said they get support from their family and close friends "usually" or "always," but less than half get support from co-workers or neighbors "usually" or "always."



Home Safety and Emergency Preparedness.

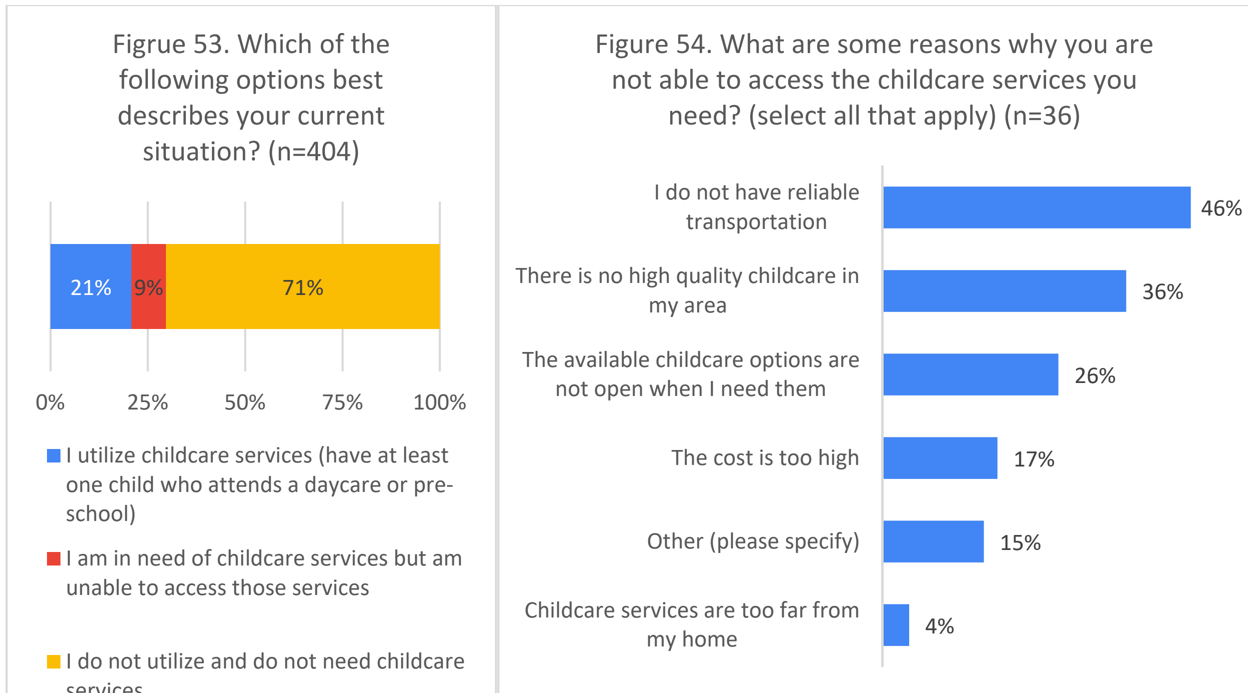
Respondents were asked a series of questions regarding home/personal safety and emergency preparedness. Nearly three quarters of respondents (73%) have operational smoke detectors in their home, 59% have an emergency/disaster plan, and slightly more than half (53%) have an operational fire extinguisher in their home. Fewer have carbon

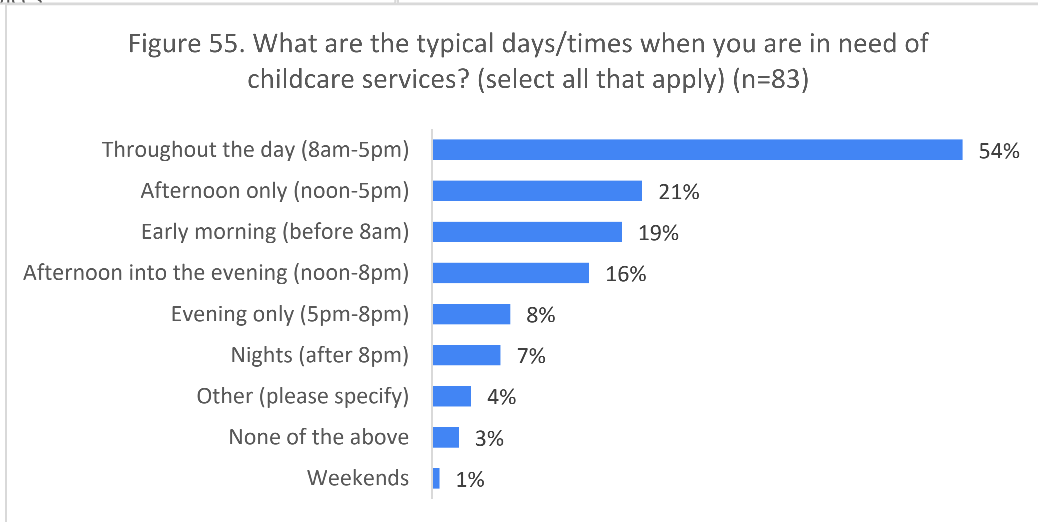
monoxide detectors or a radon kit (46% and 21%, respectively). About 14% of respondents indicated they or someone in their family has a physical limitation or disability that keeps them from staying safe during an emergency.



Childcare Needs

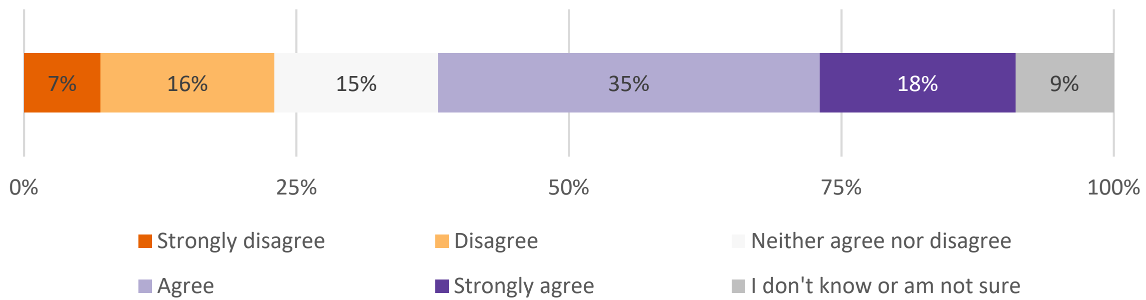
As shown in Figure 53, a majority of respondents (71%) do not utilize and do not need childcare services. Among the 36 respondents who said they need childcare services but are not able to access those services, the main reasons are due to lack of transportation and availability of services (Figure 54). Among the 83 respondents who said they utilize childcare services, about half (54%) said they need childcare throughout the day (between 8am and 5pm), and few said they need childcare during other times such as nights or evenings (Figure 55).

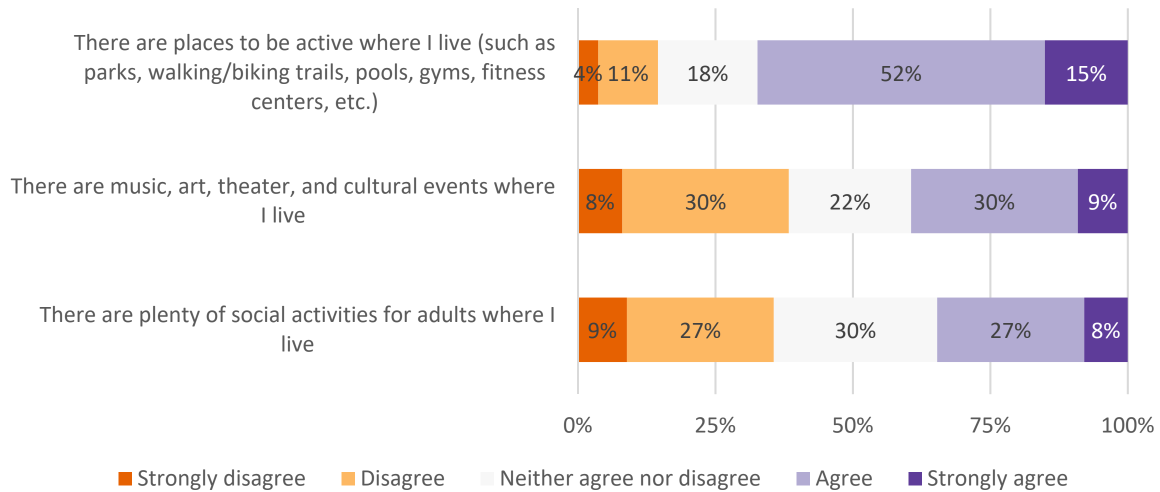




Community Amenities

As shown in Figure 56, slightly more than half (53%) of survey respondents strongly agreed or agreed that there are good choices for school-age children and youth to stay busy after school. A majority (68%) strongly agreed or agreed that there are places to be active in the community like parks, trails, pools, gyms, etc. (Figure 57). Fewer respondents (less than half) strongly agreed or agreed that there were music, art, or cultural events and social activities for adults in their community.





Health Concerns

Respondents were asked a series of questions to assess how concerned or worried they were about various health concerns across four broad categories (chronic or social health, infectious disease, mental/behavioral health & drug use, and environmental health). Results are shown in Figures 58-61. Across the four broad categories, respondents expressed the highest level of concern/worry for the mental and behavioral health issues and the lowest level of concern/worry for infectious disease. Across all the health issues, respondents expressed the highest level of concern/worry for drug misuse/abuse and mental health issues (44% and 41% said they were with “extremely worried” or “very worried,” respectively)

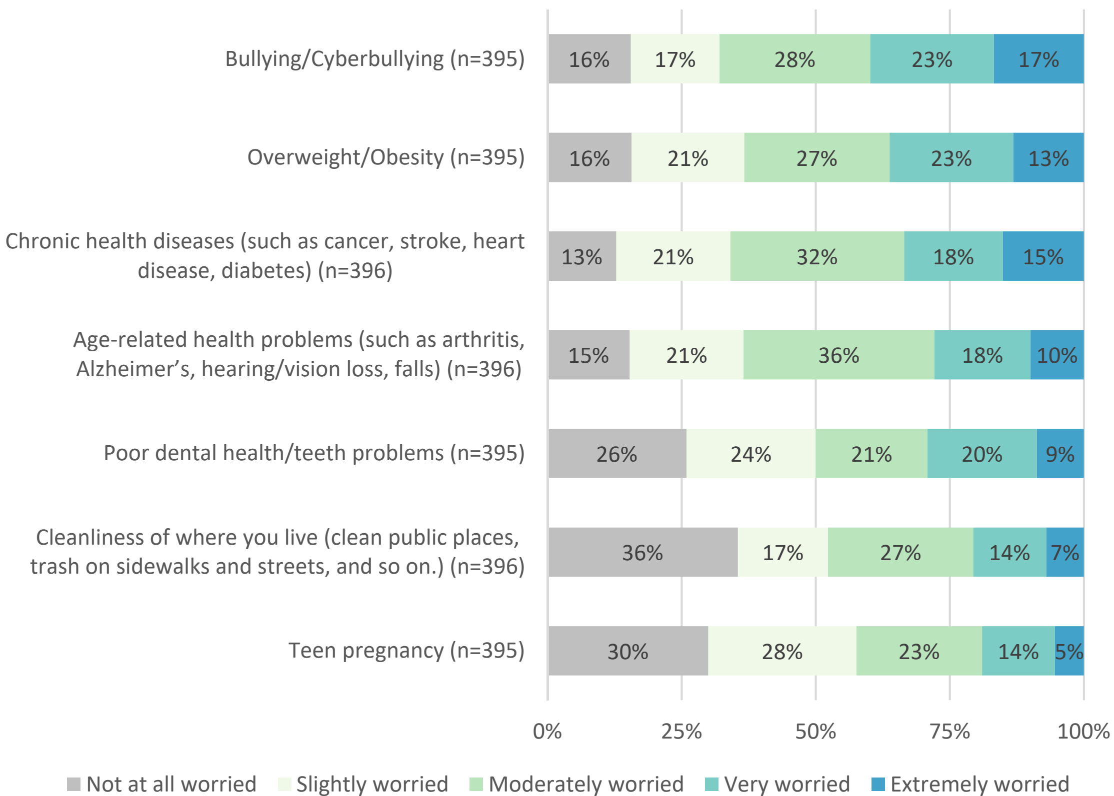


Figure 58. Please indicate how worried you are about each of the issues listed below in your community - chronic or social health.
Bullying/Cyberbullying (n=395)
16%
17%
28%
23%
17%
Overweight/Obesity (n=395)
16%
21%
27%
23%
13%
Chronic health diseases (such as cancer, stroke, heart disease, diabetes) (n=396)
13%
21%
32%
18%
15%
Age-related health problems (such as arthritis, Alzheimer's, hearing/vision loss, falls) (n=396)
15%
21%
36%
18%
10%
Poor dental health/teeth problems (n=395)
26%
24%
21%
20%
9%
Cleanliness of where you live (clean public places, trash on sidewalks and streets, and so on.) (n=396)
36%
17%
27%
14%
7%
Teen pregnancy (n=395)
30%
28%
23%
14%
5%
0%
25%
50%
75%
100%
Not at all worried
Slightly worried
Moderately worried
Very worried
Extremely worried

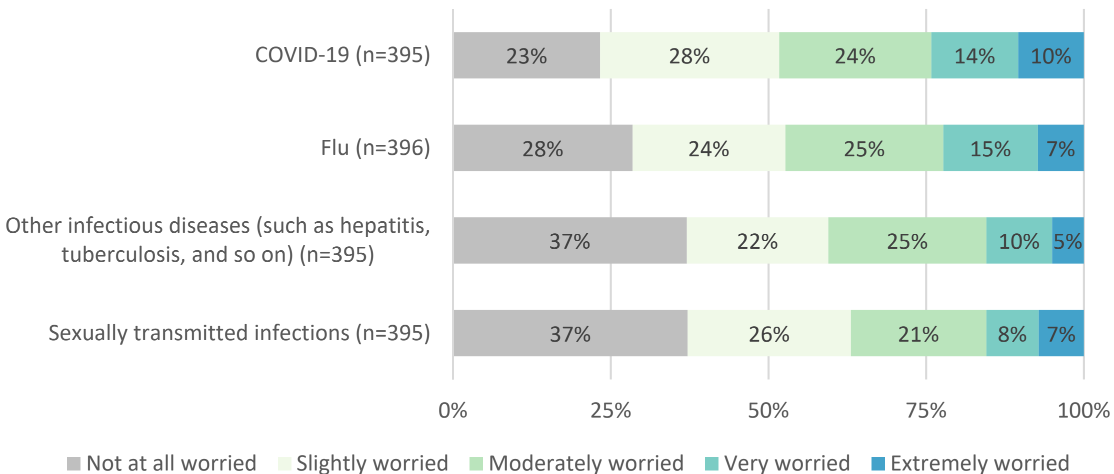
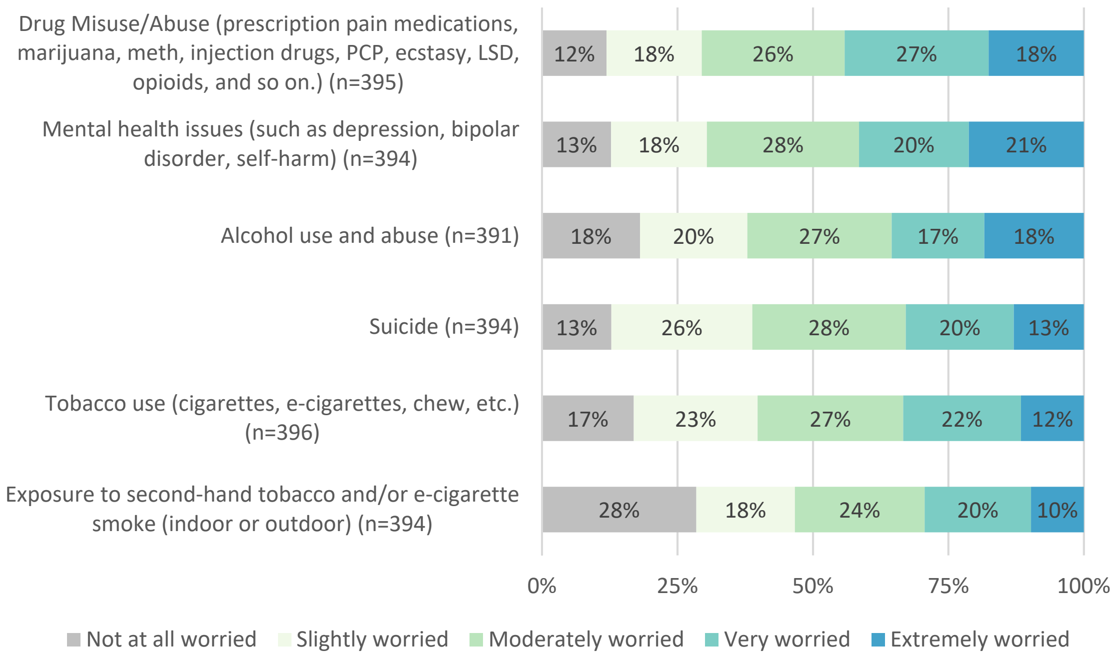
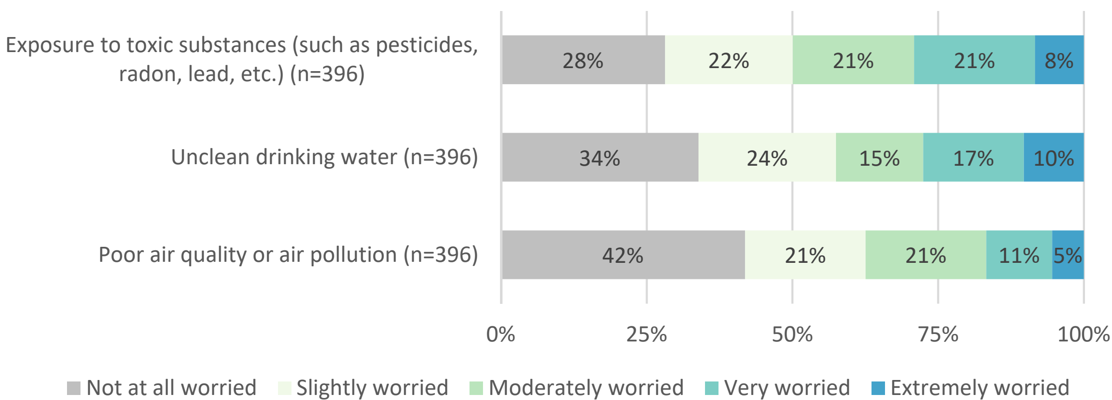
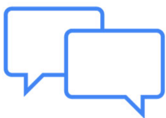


Figure 59. Please indicate how worried you are about each of the issues listed below in your community - infectious disease.
COVID-19 (n=395)
23%
28%
24%
14%
10%
Flu (n=396)
28%
24%
25%
15%
7%
Other infectious diseases (such as hepatitis, tuberculosis, and so on) (n=395)
37%
22%
25%
10%
5%
Sexually transmitted infections (n=395)
37%
26%
21%
8%
7%
0%
25%
50%
75%
100%
Not at all worried
Slightly worried
Moderately worried
Very worried
Extremely worried





Qualitative data on top health concerns



During the community focus group sessions and partner interviews, participants were presented with preliminary data on the survey results from Figures 58 and 60 and asked to indicate why they felt that mental health was identified as one of the top concerns and what the underlying issues were (English focus group and partner interviews) or why they felt that bullying/cyberbullying was identified as one of the top concerns and what the underlying issues were (Spanish focus group).

Participants listed the following reasons that mental health issues rose to the top as a concern in the community:

- **COVID**: The pandemic increased mental health concerns, especially isolation, and made concerns within families more visible. In some cases, COVID lowered stigma enough that more people were willing to seek help but can't get it. *"Maybe it's from going through the COVID period that we went through. How that was [for] people, the vulnerable, the old, and the young, for the most part were very isolated. The aftereffects are profound on that." "Obviously we have a long way to go, but I do think that [the pandemic] opened up the door to have conversations, and so people started seeking out services which just taxed our system more than it was already taxed."*
- **Not enough providers to serve people who need help**: *"When they identify a child with behavioral problems at school, or they know that there's more within the family context that needs to be addressed, sometimes not having providers around, it becomes a barrier for them to seek the help they need."*
- **Suicides in the community**: One participant noted that there had been several suicides in the area in the last year.
- **Stigma**: Some people are still hesitant to get help; however, some participants noted that there is less stigma so people are more willing to talk about their concerns and either seek out treatment or accept a referral. *"There are more self-referrals and just more referrals in general for people that have stress and anxiety and depression. [People are] more comfortable talking to somebody about it, more comfortable even taking medication for it, things like that. It's just not as much of a stigma."*
- **Cost**: Some people who need help and would like to get treatment cannot afford it because they are uninsured or underinsured and some would have to drive out of town to get help which would require time away from work and gas or other transportation. *"It is so much of a barrier to take off work, to go to an appointment, to find a provider, to prove that you need it, to get insurance to cover it."*
- **Economic instability**: Inflation has pushed the prices of everything up while people are still struggling post-pandemic, there are gaps in government assistance programs, and people do not have stable housing
- **Drugs and alcohol**: People are using substances to cope with mental health concerns.
- **Depression among men in agriculture**: They ride the markets up and down, they are often responsible for family-owned operations, and they experience a lot of stigma around mental health.

Underlying issues participants identified for why mental health issues exist, include:

- **Availability and access**: It is hard to keep mental health providers in the community when they have more opportunities in cities. Participants noted that telehealth is available for some people, but they must have internet that is good enough to utilize those services. *"Telehealth is a great thing, but then you have to look at the flip side, too, especially in some of our rural areas. They may have internet but it's not strong, or they don't have it."*
- **Poverty and/or not having basic needs met**.
- **Use of social media**. *"I think it's an increase in their use of technology, as it relates to social media and not having to be in face-to-face relationships really as much a person can seclude themselves quite easily in our culture."*

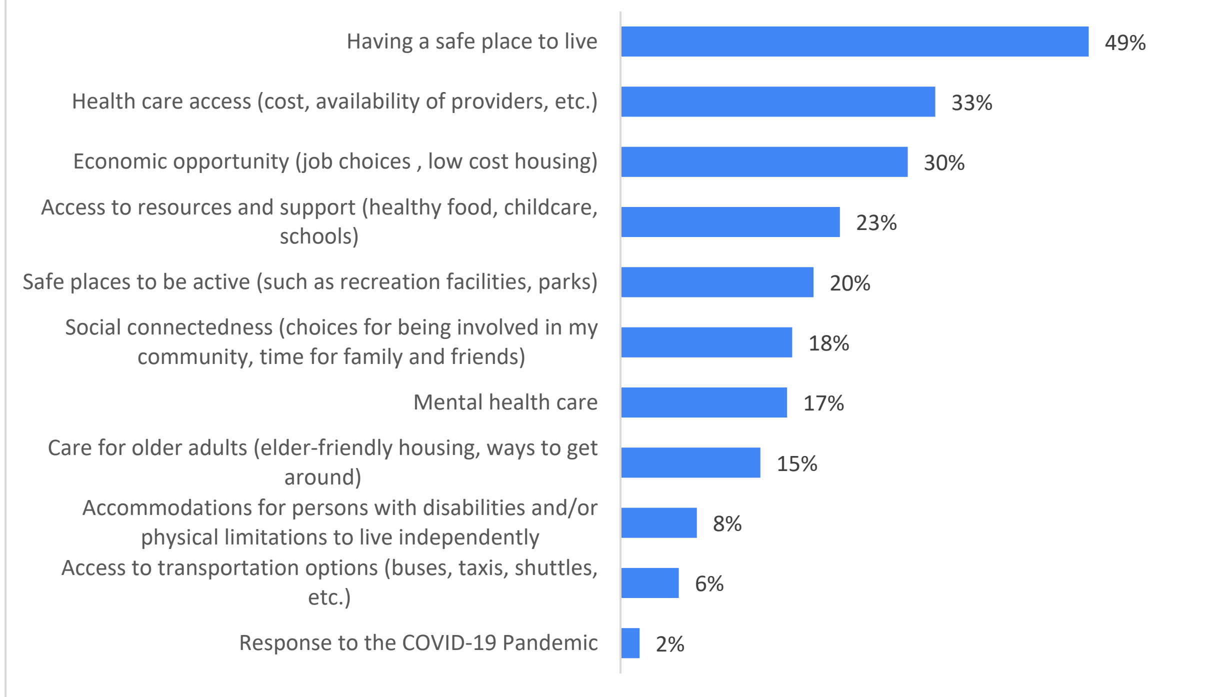
- **Isolation and lack of in-person relationships**.

Participants listed the following reasons that bullying/cyberbullying rose to the top as a concern in the community:

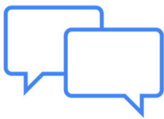
- **Use of technology and social media**: Children are constantly on their phones or if they don't have a phone, they get on the phone of a family member. *"Children spend too much time with screens."* Children have overtaken adults in their knowledge of technology. Children sometimes use language or symbols to insult one another that parents don't understand. Lack of regulation hurts children and families. *"Technology generates so much money and so much money is invested that it is going by leaps and bounds and we do not have time to regulate. I think there should be restrictions and regulations with children."*
- **Some parents have schedules that do not allow them to know as much about what their children are doing.** Children as young as 7-8 years old have access to cell phones and their parents don't know what they are doing on them. *"I feel that one should not demonize technology so much but teach parents how to control access to technology for their children so that they can know what their children are doing."*
- **Lack of access to professional help and treatment**: Parents don't know what is going on with their children and if they do know there is an issue, they don't have access to treatment. *"We don't know what's going on with them, we don't know what's going on in their minds and we don't have access to mental health [care]."*
- **Parents are fearful of school shootings and not being able to keep their kids safe**. *"I think [parents are] already living with that fear because there is so much untreated mental illness."*

Healthy Community

Respondents were asked to select their top three most important things that make a healthy community from a list of options. As shown in Figure 62, having a safe place to live was the most selected option (49%), followed by health care access (33%).



Qualitative data on the most important things that make a healthy community.



During the community focus group sessions and partner interviews, participants were presented with preliminary data on the survey results from Figure 62 and asked to provide further detail as to what having a safe place to live looks like to them (English focus group and partner interviews) or what health care access looks like to them (Spanish focus group).

Some of the things that participants listed as making them feel safe, include:

- **Safe and affordable housing**: These characteristics were listed as playing a role in housing safety: having housing options at many price points, housing prices not changing drastically without warning, not allowing houses to sit empty which can attract squatters, and having good landlords than invest in their properties. *"The security of maintaining your housing, like if you are renting and your rent might be jacked up because housing prices are increasing exponentially. To me that wouldn't feel safe."*
- **Meeting basic needs**: Community members are able to meet their basic needs including housing, water, electricity, food and medical care. For those that are struggling to meet their needs, they know where to go to receive help.
- **Feeling safe in public spaces**: Both children and adults can be outside and in public spaces without feeling concerned for their safety. *"Just being able to walk your dog or play outside and not having a lot of crime, and you [don't] have to worry about being outside and not being safe." "I think the feeling is that it is very safe raising kids here. There's not a fear of letting them go explore."*

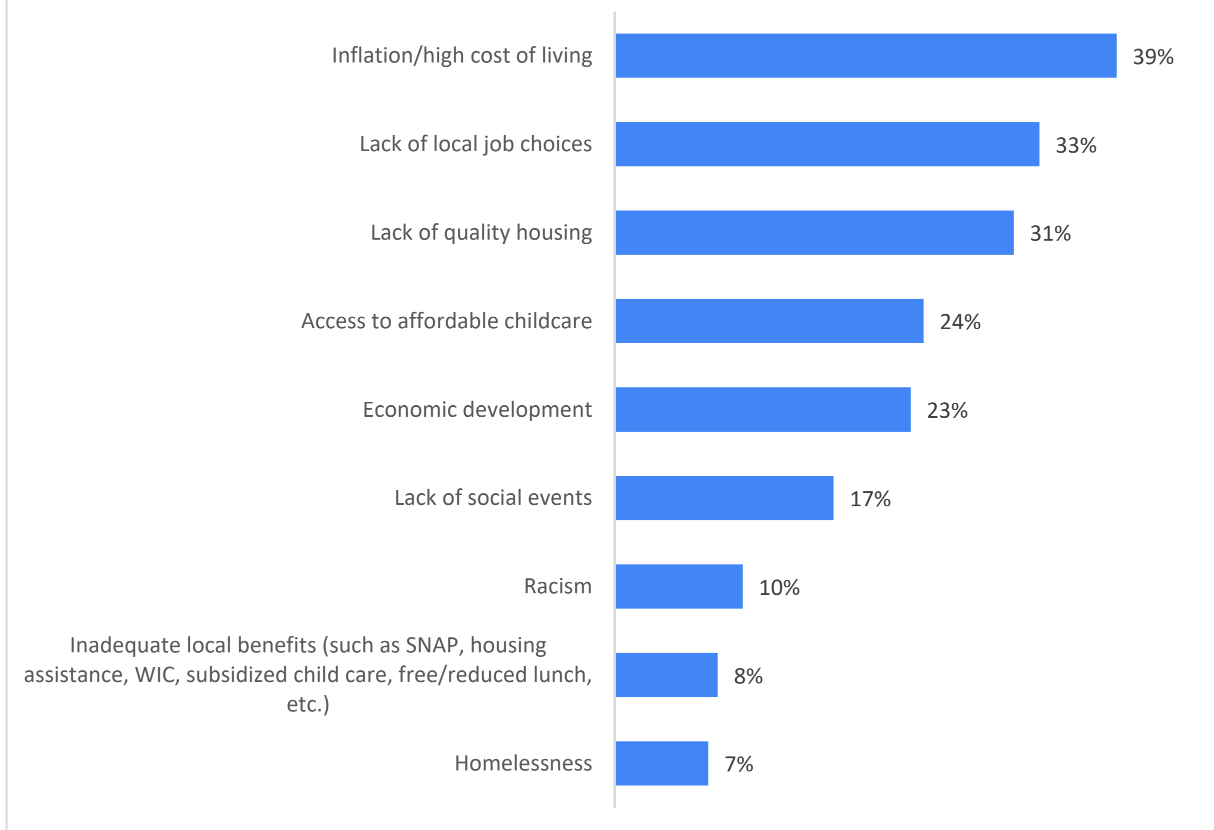
- **Places for kids to be with adult supervision**: Having options of places children can be that foster a variety of interests and offer adult supervision helps the community to feel safe.
- **Good law enforcement and low crime rate**: Law enforcement officials having a positive relationship within the community leads to more positive outcomes. Low crime rates help people to feel safe in their homes and in the community.
- **Access to medical care**: Having quick, well-trained first responders and general access to medical care leads to a sense of safety among participants.
- **Trustworthy neighbors**: Having responsible neighbors, including having friendly relationships with other people in the community and not having drug use nearby.
- **Childcare providers that are well-trained**: Ensuring a well-trained workforce are caring for the youngest children in the community. *"Having daycare providers that are trained. There are people sending kiddos to places that, I'll be honest with you, they're just not up to speed with everything and that's a safety issue…We have no other choices but to go to some of these places. Making sure that they are truly equipped to handle [child care] and provide good educational opportunities before [children] get to school in their early childhood years, I think, is something that [would make our] community that much more safe."*

Participants listed the following ways that health care access could be improved:

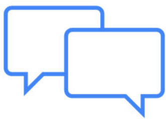
- **Provide options for health care for people who do not have insurance**. The hospital is an excellent resource for people who have insurance, but for people that do not have insurance they have very few options.
- **Offer a diabetes prevention program at times when people who need it can attend.**
- **Work with partners on getting people vaccinated**.
- **Offer a pharmacy with low-cost generics for people who can't otherwise afford their medication** or work with pharmacies to see if they can donate medications to people who can't afford it.

Social and Economic Concerns

Respondents were asked to select the top three social and economic issues that worry them the most where they live. As shown in Figure 63, inflation/high cost of living was the most selected option (39%), followed by lack of local job choices and lack of quality housing (33% and 31%, respectively).



Qualitative data on the most important social and economic issues



During the community focus group sessions and partner interviews, participants were presented with preliminary data on the survey results from Figure 63 and asked to indicate why they felt that lack of local job choices was identified as one of the top concerns and what the underlying issues were.

Across both the interviews and focus groups, participants felt that there were jobs available in their areas and they have a low unemployment rate. They mentioned seeing help wanted signs and having knowledge of job openings in several sectors in the community including at restaurants, plants, and the hospital. *"We have a low unemployment rate [and] we have a high job opening rate. So, we have a lack of willing workforce."* The reason that many participants offered for why 'lack of local job choices' rose to the top as a concern was specific to the lack of choices not simply a lack of jobs.

Participants listed a few issues with the jobs that are available in the community that can be barriers:

- **Minimum wage**: Some jobs in the community pay minimum wage which is not enough for many people to live off. *"I think we've created a problem where it is easier to live off social services than it is to be employed if you're making less than $12 an hour. Ultimately the solution I would have is that you have a sliding scale for social*

services, where if a mom goes and gets a $10 an hour job, she doesn't lose all her services in that job. Until we do that, I don't think we're going to fix the problem."

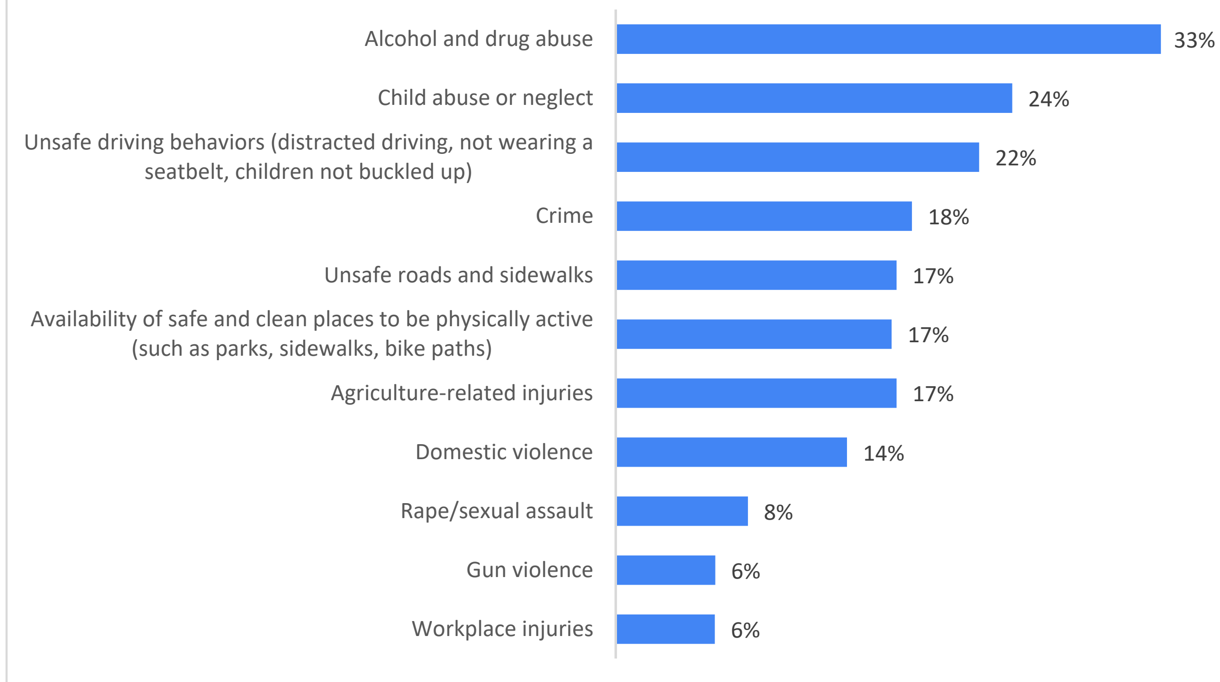
- **Lack of benefits**: Not all jobs offer benefits that people need, such as medical insurance and paid leave.
- **Higher education requirements**: Jobs at the hospital or school may be available, but many people living in the community do not have the educational background to apply for those positions. Many jobs also require the ability to speak English fluently, which not everyone in the community can do.
- **Hard physical labor**: It is a risk that people who take these jobs could be hurt or killed while in those positions. *"We know that the work there is hard and many people from there come out injured and that's why they stop working."* Additionally, not all people want or are suited to physically demanding jobs.

Additionally, participants noted underlying issues that make it difficult for people to work:

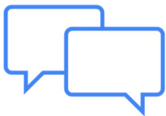
- **Childcare**: Families are not always able to take advantage of multiple shifts being available because childcare is not available when they would be working. *"We have a lot of a different facilities that work all day round. Some people work second shift, some people work third shift, and childcare isn't available during that time."*
- **Time with family**: Workers who are required to work overtime, are not able to choose their shift, and have little flexibility miss out on opportunities with their families. *"You earn well [at the plant] but, you end up sore, there is no time, there is nothing, there is money but there is no time for neither the family nor the children."*
- **Skill and job growth**: Many jobs do not offer the opportunity to learn new skills that could be beneficial to the workers, such as learning English for those that don't speak it or learning new job skills that would allow them to grow. Some jobs also do not offer the opportunity to move up or grow into higher level positions.
- **Flexibility**: workers are left in a predicament if their position could fire them if they are late or must leave early to tend to their family such as picking up a sick child or attending appointments. This is especially a concern when paired with many of the other issues the community is experiencing like lack of childcare, poor transportation options, and lack of locally available services.

Safety Concerns

Respondents were asked to select the top three safety issues that worry them the most where they live. As shown in Figure 64, alcohol and drug abuse was the most selected option (33%), followed by child abuse or neglect (24%).



Qualitative data on the most important safety issues



During the community focus group sessions and partner interviews, participants were presented with preliminary data on the survey results from Figure 64 and asked to indicate why they felt that alcohol and drug abuse (English focus group and partner interviews) or availability of safe and clean places to be physically active was (Spanish focus group) was identified as one of the top safety concerns and what the underlying issues were.

Participants listed the following reasons that alcohol and drug abuse rose to the top as a concern in the community:

- **Mental Health**: Substances are used to self-medicate for mental health issues like depression and feelings of isolation. *"We have a massive mental health problem that's showing up as a drug problem, but it's something much deeper than drugs. Drugs are an easy solution."*
- **Genetics and parenting**: Use of substances can be passed down in families and becomes a perpetual cycle. This can be exacerbated by neglectful parenting.
- **Culture**: It is a cultural norm to have alcohol at events *"In many ways it has been changing cultural norms. We don't hardly have any events that don't feature alcohol anywhere in Southeast Nebraska and it seems okay with some people to drink and drive [with] their kids in the car."*
- **Underage drinking**: Parents are laxer about young people drinking in smaller communities.
- **Access to drugs**: Substances are readily available. People make and sell drugs in residential areas.
- **Permissive attitudes**: Legalized recreational marijuana use in some states makes it seem okay for people to use.

- **Law enforcement**: Lack of police presence in some small towns makes it so people feel safe using and selling.

Participants listed the following reasons that places to be physically active rose to the top as a concern in the community:

- **Segregated areas**: Some areas are segregated where part of the town is nice and has nice parks and paths while other areas are not well maintained and pose a risk such as holes in sidewalks.
- **Lack of equipment or resources that people want to use**: Well-maintained soccer fields where adults and children could play are not available. Equipment in parks that adults can use while their children play, like stationary bikes, are not available. Resources that are available in larger cities, like scooters that can be checked out and workout equipment along walking paths, are not available in smaller communities. Children get bored in small parks with limited equipment options.

Appendix F: Suggestions for How to Address Issues/Concerns

Outlined below is feedback provided through the partner interviews for how to address issues and concerns identified through the community survey.

Creating a safe place to live

Interview participants noted that their organizations could help to create a safe place to live by:

- Offering children activities to engage in, including educating on respecting and valuing the community. *"As far as the schools go, probably just educating [on] the respect and the value of taking ownership and pride, and where you live is another way that we can contribute to a safe and thriving community."*
- Increase family engagement in children's education.
- Working with parents to address attendance issues.
- Collaborating with domestic violence organizations to help people get out of dangerous situations.
- Provide a relational service, people don't just need services they also need time.
- Doing home visiting to provide resources to families.
- Doing research and helping employers to connect with people looking for jobs.

Interview participants suggested the following ways that BVCA/PHS could help with creating a safe place to live:

- Provide funding that can be used to support youth.
- Work with partners to increase mental health supports.
- Work with law enforcement to get a handle on substance use in the community.
- Create more communication and awareness around the services that already exist.
- Develop a central hub for resources in the community.
- Hire more people to serve community members reaching out for help.
- Find ways to connect the "transient community" to people who have been in the community longer.
- Continue and expand the home visiting program.
- Provide resources on eradicating bed bugs.
- Provide education on "adulting" in English and Spanish, like how to secure safe housing, how to get a home loan, how to apply for services, farming information, how to do your taxes, etc.
- Offer opportunities for members of the community to learn Spanish. *"We can't just force it on everyone else to learn English. I think we need to start learning Spanish as a community."*

Addressing mental health issues

Interview participants noted their organizations could help to address mental health issues by:

- Continuing to offer counseling in schools that is currently being done as a partnership with the hospital.
- Offer use local college/university facilities for events.
- Continuing church programs in the summer for children.
- Offer grief support groups.
- Offer professional development to home visitors to identify toxic stress.
- Push employers to educate staff within organizations.

Interview participants suggested the following ways that BVCA/PHS could help to address mental health issues:

- Funding – write for grant opportunities that would meet the needs that have been identified by the community.
- Telehealth – offer a hotspot or incentive for internet providers, provide laptops to rent or have a drive for old cell phones to use with a hotspot. This could be a community project. Apply for grants to help with this also. *“Public Health and Blue Valley have a lot more experience and savvy when it comes to writing grants, or being that entry point for some of those programs that are out there. They could benefit all of the areas rather than duplicating services and having each community work on it separately.”*
- Providers – develop a program that would make mental health treatment available locally. Work with law enforcement to have mental health professionals respond to mental health related emergency calls instead of police responding. Help the hospital promote local health services. Help them promote the hospital as a good local source of care rather than going to Lincoln or Omaha. Help get the message across that healthcare is best served locally.
- Serve older populations – many older people don’t have a device or know how to run it, could offer classes on how to use their phone to get help.
- Help for parents – provide parenting classes, information sessions about mental health, youth assistance programs, and material support (food, clothing, etc.) for families in need.
- Neutral location – for people that prefer in-person therapy options, offer a neutral location like a church or hospital where transportation is easy, and stigma can be reduced. There are buildings in town not being used, so could partner with someone to use them. People don’t like it when other people know they are going to get help. *“[In] small communities everybody knows everybody's business all the time.”*
- Suicide prevention – engage in suicide prevention efforts across communities.

Addressing alcohol and drug abuse

Iinterview participants noted the following ways that BVCA/PHS could help to address alcohol and drug abuse:

- Partner with schools to educate young people and their families.
- Offer alternative activities for young people that don’t involve drugs and alcohol. Give young people something to do that isn’t just sports.
- Provide alcohol-free events for adults.
- Partner with other organizations, like substance use prevention coalitions, to work on this. *"I really do think we need to get a handle on drugs in our community, and I know there have been numerous organizations working on that and trying to do that."*
- Increase access to substance use and mental health treatment. *“If they have found alcohol or drugs as a coping strategy, having someone ... teaching them other healthy ways to [cope] maybe [they will] overcome that addiction. So, I think part of it is just resources.”*
- Reduce stigma around mental health issues.
- Increase access to support groups, like AA.

Addressing lack of local job choices

Interview participants noted the following ways that BVCA/PHS could help to address a lack of local job choices:

- Develop a "one stop shop" that community members could go to that offers a variety of services including: a computer lab, classes (GED, English, parenting, cooking, work skills), reading for children, citizenship, a food bank, vaccine administration, and more. *"Many of the programs that they mention are still on, like the GED, English classes, basic math classes and things like that for people, there are many aids here in Crete, but the problem is that they are decentralized. Some are in one part [of town] another in another part and one doesn't know where to start. For example, you say that there is help for people who want to do physicals, dental care, and things like that, but people don't know where to go, they don't know where to start."*
- Partner with other agencies to work on underlying problems with housing and childcare.
- Provide a mentoring program for young people.
- Share stories of people who have been successful and overcome adversity.
- Provide resources for people who are looking for jobs.
- Promote new businesses that come to town.