



2021-2022 COMMUNITY HEALTH ASSESSMENT

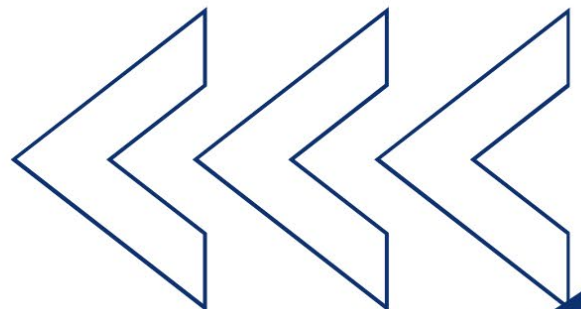
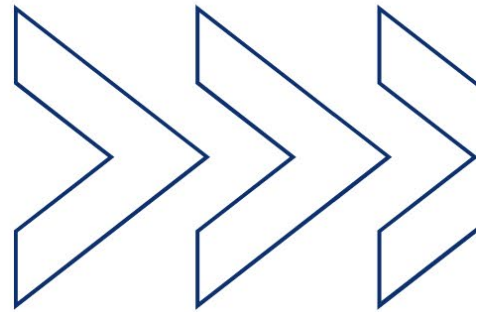


TABLE OF CONTENTS

| | |
|--|----|
| Introduction..... | 3 |
| Community Health and the Public Health System..... | 4 |
| Description of Data Sources | 5 |
| Community Health Survey | 6 |
| Focus Groups | 8 |
| Demographics | 20 |
| Income, Poverty, and Social Programs | 23 |
| Veterans | 24 |
| Families..... | 26 |
| Maternal and Infant Health | 27 |
| Education | 31 |
| Crime | 35 |
| Community Well-Being..... | 35 |
| Quality of Life..... | 41 |
| Community Behavior..... | 44 |
| Community Health Concerns..... | 46 |
| Access to Health Care | 48 |
| Health Screenings | 56 |
| Obesity and Physical Activity..... | 58 |
| Heart Disease | 60 |
| Stroke | 62 |
| High Blood Pressure and Cholesterol | 63 |
| Mental Health..... | 64 |
| Adult Alcohol and Tobacco Use..... | 66 |
| Youth Substance Abuse | 69 |
| Cancer | 71 |
| Diabetes | 74 |
| Respiratory and Pulmonary Disease | 75 |
| Accidental Death..... | 76 |
| Acknowledgements..... | 77 |
| References..... | 78 |

INTRODUCTION

Under the direction of the Southeast District Health Department (SEDHD), the 2021 Community Health Assessment (CHA) was created for the five counties within the Southeast Health District (Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties). This assessment was completed in partnership with the district's six non-for-profit hospitals; Johnson County Hospital, Nemaha County Hospital, CHI St. Mary's, Syracuse Area Health, Pawnee County Memorial Hospital, and Community Medical Center; and various other community partners and agencies. This assessment serves as the fundamental basis for the Community Health Improvement Plan (CHIP) and as a reference document for the six hospitals to assist with strategic planning. Lastly, this assessment provides a multitude of data to inform and educate interested community partners on the health status of the population.

The CHA process is a collaborative effort and aims to serve as a single source of data for community partners and organizations. The primary objective of this assessment is to describe the health status of the population, identify areas for health improvement, and outline the health priorities of the communities. To provide continuous and up-to-date data, this assessment will be updated every three years. Subsequent revisions to this assessment should evaluate progress towards health priorities and detail new priorities, when applicable.

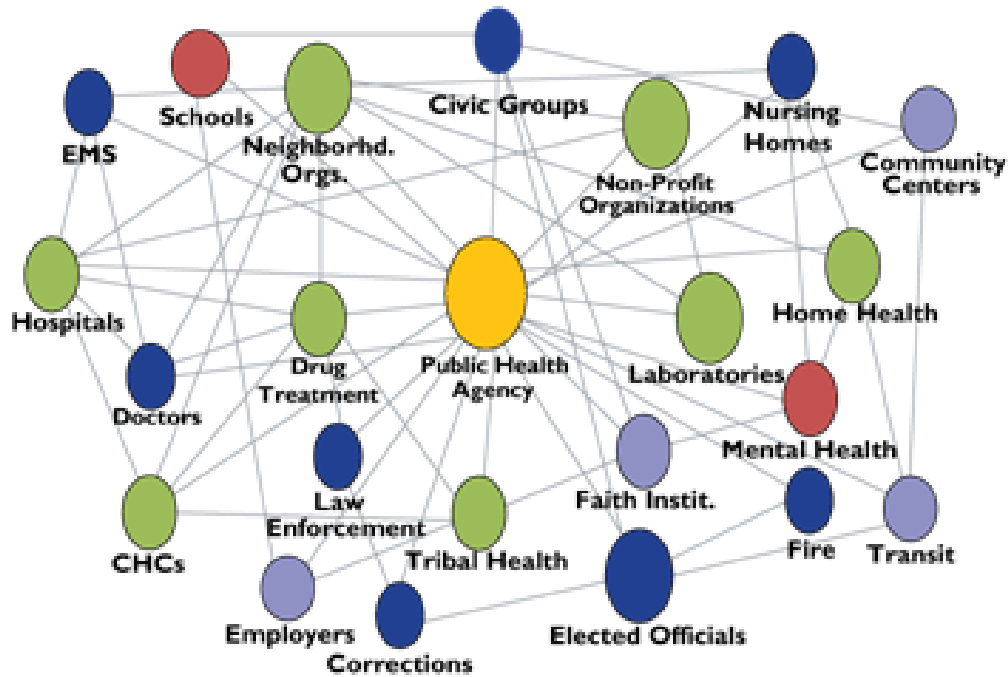
This report contains a broad array of demographic and public health data collected from secondary sources and includes primary data collected by SEDHD. See "Description of Data Sources" section for more information on the main sources of data.

COMMUNITY HEALTH AND THE PUBLIC HEALTH SYSTEM

Community health includes a broad array of issues addressed by numerous agencies. Topics that fall under community health include access to health care, child welfare, crime, alcohol and tobacco use, drug use, poverty, obesity, diabetes, adolescent and child health, chronic diseases, and other various epidemiological topics.

The health of a community is addressed by a collaborative effort amongst diverse community agencies and goes beyond efforts typically undertaken by hospitals and the public health department. Figure 1 illustrates an example of the public health network detailing interdisciplinary relationships between public, private, faith-based, and non-profit agencies that effectively address the health needs of the community.

Figure 1: The Public Health System



Source: Centers for Disease Control and Prevention, 2018

DESCRIPTION OF DATA SOURCES

Table 1 presents a summary of the most frequently cited sources used in this assessment.

| Table 1. Frequently Cited Data Sources. | |
|--|---|
| Behavioral Risk Factor Surveillance System (BRFSS) | A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health. Note that all BRFSS data are age-adjusted, except for indicators keying on specific age groups. The data are also weighted by other demographic variables according to an algorithm defined by the Centers for Disease Control and Prevention. |
| County Health Rankings | A wide array of data from multiple sources combined to give an overall picture of health in a county. Examples of data include premature deaths, access to locations for physical activity, ratio of population to health care professionals, violent crimes, and many other indicators. County Health Rankings provides health outcomes and health factors rankings for 78 counties in Nebraska. |
| Nebraska Crime Commission | Annual counts on arrests (adult and juvenile) by type submitted voluntarily by local and state-level police departments. |
| Nebraska Department of Education | Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores. |
| Nebraska Department of Health and Human Services (DHHS) | A wide array of data around births, mortality, child abuse and neglect, health professionals, and other areas. Note that all mortality data are age-adjusted. |
| Nebraska Risk and Protective Factor Student Survey (NRPFS) | A survey of youth in grades 8, 10, and 12 on risk factors such alcohol, tobacco, drug use, and bullying. |
| U.S. Census/American Community Survey | U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey. |

COMMUNITY HEALTH SURVEY

As part of the CHA process, a survey was distributed in communities within the southeast district. This survey was used as a tool to gauge residents' perceptions on the quality of life in their community, important health issues, and the behaviors that have the greatest impact on the health of their community. The results of the survey were then used in focus groups to identify and discuss issues within the community by key players that also live, work, and play in these communities.

In total, 590 participants completed the community survey from July through September 2021. Results from the survey are presented throughout this assessment in applicable sections. Table 2 presents the demographic characteristics of the participants by county.

| | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|---|-----------|-----------|------------|-----------|------------|
| Total Respondents | 52 | 72 | 219 | 27 | 220 |
| Race | | | | | |
| White Non-Hispanic or Latino | 96.2% | 94.4% | 95.4% | 96.3% | 96.8% |
| Hispanic or Latino | 0.0% | 0.0% | 1.4% | 0.0% | 0.5% |
| African American | 0.0% | 1.4% | 0.5% | 0.0% | 0.0% |
| American Indian/Alaska Native | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Asian | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Native Hawaiian/ Other Pacific Islander | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Two or more races | 0.0% | 1.4% | 1.0% | 0.0% | 0.9% |
| Prefer not to answer | 3.8% | 2.8% | 1.4% | 3.7% | 1.8% |
| Gender | | | | | |
| Male | 19.2% | 9.7% | 19.2% | 18.6% | 10.0% |
| Female | 76.9% | 87.5% | 79.9% | 81.4% | 87.7% |
| Non-binary | 1.9% | 0.0% | 0.5% | 0.0% | 0.4% |
| Prefer not to answer | 1.9% | 2.8% | 0.5% | 0.0% | 1.8% |
| Age | | | | | |
| 18 or under | 0.0% | 1.4% | 1.0% | 0.0% | 0.5% |
| 19 - 24 | 3.8% | 2.8% | 4.6% | 3.7% | 3.6% |
| 25 - 34 | 19.2% | 12.5% | 15.1% | 25.9% | 17.3% |
| 35 - 44 | 26.9% | 34.7% | 19.2% | 25.9% | 21.8% |
| 45 - 54 | 19.2% | 19.4% | 26.0% | 11.1% | 19.5% |
| 55 - 64 | 23.1% | 8.3% | 17.4% | 22.2% | 28.2% |
| 65 - 74 | 3.8% | 16.7% | 12.8% | 11.1% | 7.3% |

| | | | | | | |
|--------------------------------|----------------------------------|--------------|--------------|--------------|--------------|--------------|
| | 75 or over | 3.8% | 4.2% | 4.1% | 0.0% | 1.8% |
| Yearly Household Income | | | | | | |
| | Less than \$20,000 | 5.8% | 5.6% | 5.0% | 0.0% | 5.0% |
| | \$20,000 - \$34,999 | 1.9% | 9.7% | 12.8% | 3.7% | 10.5% |
| | \$35,000 - \$49,999 | 5.8% | 8.3% | 11.9% | 11.1% | 13.6% |
| | \$50,000 - \$74,999 | 21.2% | 15.3% | 17.4% | 18.5% | 25.0% |
| | \$75,000 - \$99,999 | 23.1% | 23.6% | 17.4% | 25.9% | 19.1% |
| | \$100,000 - \$149,999 | 28.8% | 30.6% | 18.3% | 22.2% | 16.8% |
| | \$150,000 - \$199,999 | 13.5% | 4.2% | 9.6% | 11.1% | 6.4% |
| | \$200,000 or more | 0.0% | 2.8% | 7.3% | 7.4% | 3.6% |
| Educational Attainment | | | | | | |
| | Less than high school degree | 0.0% | 1.4% | 2.7% | 0.0% | 2.3% |
| | High school degree or equivalent | 15.4% | 5.6% | 12.8% | 7.4% | 13.2% |
| | Some college but no degree | 11.5% | 18.1% | 15.5% | 22.2% | 21.4% |
| | Associate degree | 26.9% | 12.5% | 18.3% | 22.2% | 26.8% |
| | Bachelor degree | 25.0% | 38.9% | 28.3% | 22.2% | 21.8% |
| | Graduate degree | 21.2% | 23.6% | 22.4% | 26.0% | 14.5% |

FOCUS GROUPS

As a part of the 2021 CHA and CHIP process, SEDHD facilitated six focus groups within the SEDHD region. The focus group schedule included:

- October 13, 2021—Richardson County, virtually via Zoom—meeting hosts: Community Medical Center
- October 27, 2021—Nemaha County, Auburn—meeting hosts: Nemaha County Hospital
- November 19, 2021—Otoe County, Syracuse—meeting hosts: Syracuse Area Health
- November 30, 2021—Otoe County, virtually via Zoom—meeting hosts: CHI Health St. Mary’s
- December 1, 2021—Johnson County, Tecumseh—meeting hosts: Johnson County Hospital
- January 19, 2022—Pawnee County, Pawnee City—meeting hosts: Pawnee County Memorial Hospital

Focus group participants were leaders in communities (including but not limited to local businesses, schools, social service agencies, hospitals, local government, economic development, faith-based organizations, spirited community citizens, etc.) within the corresponding counties of the health district. Participants of the focus groups were recruited by partnering hospitals (CHI Health, Community Medical Center, Pawnee County Memorial Hospital, Syracuse Area Health, and Nemaha County Hospital). All focus groups were facilitated by SEDHD staff using Technology of Participation (ToP)¹ methods. Table 3 defines the target population, location, number of participants, and characteristics of each focus group.

| Table 3: Focus group characteristics | | |
|---|------------------------|----------------------|
| Location | Number of Participants | Participant’s Gender |
| Richardson County, Falls City virtual | 14 | 5 Men 9 Women |
| Nemaha County, Auburn Nemaha County Hospital | 10 | 4 Men 6 Women |
| Otoe County, Syracuse Syracuse Area Health | 8 | 4 Men 4 Women |
| Otoe County, Nebraska City virtual | 21 | 8 Men 13 Women |
| Johnson County, Tecumseh President’s Room | 12 | 5 Men 7 Women |
| Pawnee County, Pawnee City Pawnee City Memorial Hospital | 12 | 7 Men 5 Women |

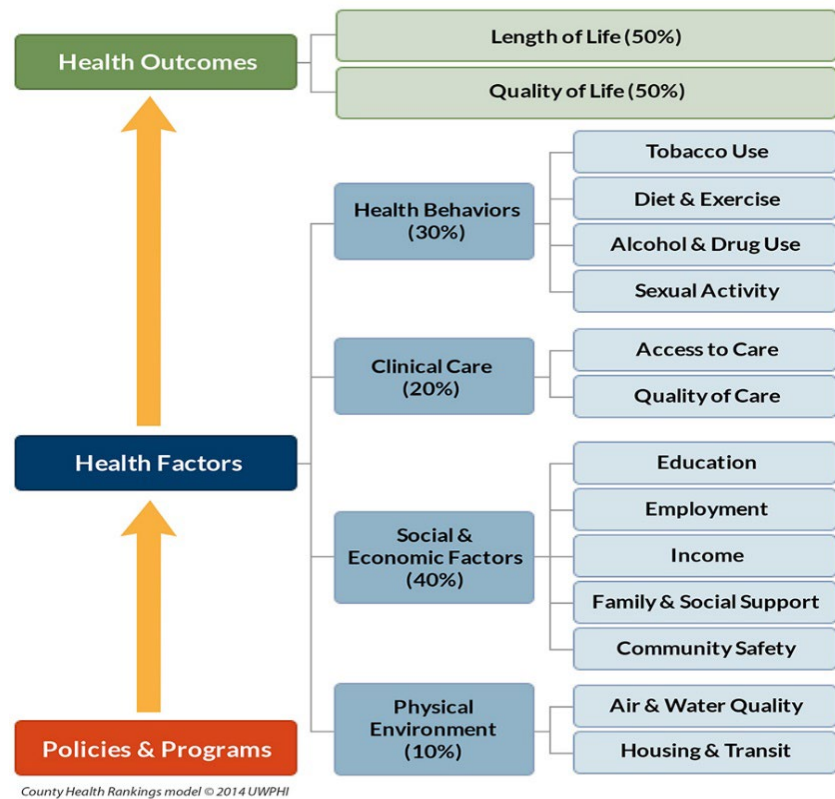
Focus groups lasted for approximately two hours. In each of the focus groups, participants were given a data packet specific to their respective county, created by SEDHD, that consisted of data from secondary sources (such as BRFSS, County Health Rankings and Roadmaps, American Community Survey/US Census Bureau, Nebraska Department of Education, etc.) to provide a broad overview of the county’s health status.

¹ Technology of Participation: <https://www.ica-usa.org/top-training.html>



County Health Rankings and Roadmaps (CHRR), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin, provides reliable local data and evidence to communities to help them identify opportunities to improve their health. The CHRR model is a useful foundation for the SEDHD CHA/CHIP process and consideration of the broad factors that influence health in the district. The CHRR² approach illustrates how the conditions in which we live, work, and play impact our health—often more than clinical care. Health outcomes (length of and quality of life) for a community is greatly impacted by health factors (modifiable conditions within a community) such as social and economic factors, health behaviors, physical environment, and clinical care, which in turn are influenced by local, state and national policies and programs. Figure 2 illustrates the CHRR approach to community health.

Figure 2. County Health Rankings and Roadmaps



Additionally, focus group participants reviewed survey response data from the community health survey (administered by SEDHD and their partners in the five-county area). Specifically, the group considered survey respondents’ 1) three most important factors that would contribute to a high quality of life in the community, 2) three most important health concerns in the community, and 3) three most important risky behaviors in the community.

After a few minutes of individual review, SEDHD asked the group to share and discuss what they knew about the county given the data, the unknowns about the county, the strengths within the county, and the

² County Health Rankings and Roadmaps <http://www.countyhealthrankings.org/what-is-health>

opportunities that exist or could exist in the county. After this discussion, SEDHD asked the group to use dot stickers to prioritize opportunities for moving forward.

Highlights

This section highlights the emerging themes from the six focus groups.

- **Areas of concern/improvement** Health behavior issues included the prevalence of substance use/abuse and mental health needs. Economic issues included poverty and the need for more affordable/quality childcare options for all income brackets; and for affordable, quality housing (especially for low-income and aging populations). Clinical care issues included limited access to mental health services among the population in general and within schools.
- **Strengths** identified were quality healthcare facilities; a good sense of community and community pride among residents; a strong economy with low to middle-wage jobs and low unemployment rates; local commerce; collaboration among public-private partnerships; good schools and other community resources (pools, libraries, churches, parks and recreation programs, etc.).

Emerging themes for **opportunities** across the six focus groups included:

- Expanding adequate, affordable housing efforts
- Expanding community collaboration efforts to meet the needs of the population, such as Central Navigation, social services coordination, and raising awareness of available community resources
- Increasing access to wellness and fitness opportunities, such as youth centers, community centers, and walk/bike paths.

Focus group participants identified missing information that would help inform decisions about strategies and efforts going forward. Based on the missing information identified by participants and to better inform the process, it is recommended that additional information be gathered throughout the CHIP implementation, including:

- Community input that is more representative of all demographics (age, socioeconomic status, race/ethnicity, etc.).
- Environmental and community scans, including asset maps, to gain more awareness of what resources/community efforts are available in each county.
- Funding and sustainability of current and potential community efforts.

Nebraska City (Otoe County) Focus Group Summary

What do we know?

Some populations are underrepresented
 Affordable housing is a priority
 Substance misuse, alcohol dependence, and drug use (illicit drugs) are an issue
 Mental health concerns are prominent
 Lack of mental health providers – some funding is available, providers are hard to find
 COVID has had impact on mental health
 Jobs with adequate wages are a priority – impact on families’ ability to find adequate, affordable housing/access to healthcare
 Nebraska City poverty (16%) is higher than the county (9%), and state (12%)

What strengths exist?

- Collaboration among entities
- Grassroots efforts – EDGE, Keep Nebraska City Beautiful, P4OC, Growing Great Kids, etc.
- Mental health awareness
- Faith community
- Access to mental health services in schools

What opportunities exist or could exist?

- Central Navigation for individuals/families could be expanded
- Housing efforts and opportunities to reach outcomes
- HRSA Opioid grant – CHI Health St. Mary’s

Focus group participants identified the following issues:

- Mental Health service providers (lack of)
- Housing – lac of adequate, affordable housing
- Drug use among youth – marijuana and others, vaping
- Improving skills or skills assessment for adequate wages
- Family caregivers unable to work due to finding/affording healthcare, in-home care
- Childcare



Pawnee City (Pawnee County) Focus Group Summary

What do we know?

Public education of healthcare topics is needed (an area the hospital could expand on)
 More access to behavioral health, mental health, or dental services is a priority
 Need more understanding of root cause of substance use – crisis line is at an all-time high

What strengths exist?

- Good school system
- Good hospital
- Public library
- Wildlife management (NRD)
- Safe community
- Good grocery stores
- Restaurants
- Assisted living facility is a great asset to the community
- Location – close to larger metro area, three interstates
- Lower taxes
- Low cost of living
- Friendly people
- Opportunity for new business
- New community center

What opportunities exist or could exist?

- Housing
- Collaboration to move the county forward
- Federally Qualified Health Center (FQHC)
- Fitness Center
- County event calendar
- Space for new business
- Marketing of southeast Nebraska
- Bringing in younger generations



Focus group participants identified the following issues:

- Poverty
- Need to come up with more middle-income employment opportunities
- Access to exercise
- Affordable housing – better quality housing
- Decline of population
- Broadband is a need
- Access to service – dental, behavioral health, and mental health
- After school activities – not only kids but young adults



Falls City (Richardson County) Focus Group Summary

What do we know?

- Preventable hospital admissions among Medicare beneficiaries higher than the state (has decreased from the past)
- Survey responses to COVID – diagnosed (79% said no), received vaccine (81.69% said yes)

What strengths exist?

- Healthcare facilities (hospital, clinics, behavioral health)
- Good schools
- Excellent law enforcement
- Engaged community leaders
- Clean air
- Individuals engaged through faith community
- Excellent community resource availability
- Excellent broadband access
- Safe community
- Employment opportunities
- Low cost of living
- Good quality of life
- Welcoming community
- Childcare facilities in Falls City participating in Step Up to Quality
- Modern library with programs for youth
- New individuals/families moving to the area
- Strong housing market
- Increased opportunities at community college
- Modern pool/splash pad

What opportunities exist or could exist?

- Expanding the college
- Expanding youth community center
- More things to do in the community to decrease boredom
- Education classes
- Telehealth
- Intensive Outpatient services
- Additional providers coming to Blue Valley Behavioral Health
- Job training through SENCA
- Social services coordination
- Specialty services at the hospital



Focus group participants identified the following issues:

- Behavioral and mental health
- Adequate housing
- Income
- Childcare and pre/after school care
- Senior services shelter for homeless
- Shelter for rehab
- EMS/ambulance services
- Social services coordination
- Foster care availability
- Reducing barriers to cancer treatment/detection/prevention
- Adequate home health coverage
- Obesity
- Drug/alcohol use



Syracuse (Otoe County) Focus Group Summary

| | |
|---|---|
| What do we know? | |
| <ul style="list-style-type: none"> • Need for mental health providers • Demographics of those responding to survey are not representative of those impacted by the outcome • Access to healthcare is an issue • Downstream effect on outcome of top issues • Adult obesity/physical activity difference between state and county | |
| What strengths exist? | What opportunities exist or could exist? |
| <ul style="list-style-type: none"> • Good school • Healthcare • Availability of grocery, pharmacy, restaurants, basic retail • Safe community • Proximity to larger metro areas • Welcoming culture • Different churches/ministerial association • Sports complex • Available youth programs | <ul style="list-style-type: none"> • More local businesses • Transportation • Childcare (before and after school, and full-time) • UniteUs (resource guide for services) • Establish a community network group • Attracting housing development |

Focus group participants identified the following issues:

- Not enough mental health providers
- Medication management
- People want to live here but can't find adequate/appropriate housing.
- Substance misuse
- Joint efforts between law enforcement and medical/healthcare. Same for mental health.
- Transportation issues
- Childcare
- Not enough elderly services



Auburn (Nemaha County) Focus Group Summary

What do we know?

- Correlation between mental/behavioral health problems and perception of the community
- Top three risky behaviors (alcohol dependency, drug use, and adult obesity) can go hand-in-hand with mental health
- Access to exercise opportunities are lower on County Health Rankings
- Dentist to population – more available than state
- Cancer incidence rate higher than state and peer group
- Concern for radon level in county
- Majority of accidental deaths are alcohol-impaired driving deaths

What strengths exist?

- Good healthcare
- Good schools
- Low crime
- Uninsured population is lower than the state
- Peru State College
- Available resources in the county
- Higher high school graduation rate
- Good employers (industry, hospital, schools)
- Stable employers
- Teen birth rates lower than the state
- Adequate exercise/recreational centers
- Organizations addressing economic development
- Good sense and closeness of community
- Community pride
- Tourism
- Strong agricultural community

What opportunities exist or could exist?

- Expand housing
- Expand mental health services with telehealth
- Recruit mental health providers
- Improve preventative health
- Radon screening
- Awareness of resources (how to efficiently use social media or mailing services)
- New employment/development
- Childcare – Communities 4 Kids
- Broadband access (especially for agriculture)
- Community center
- Licensing for agricultural work
- Entrepreneurial services



Focus group participants identified the following issues:

- Lack of housing – hard to bring in employees from outside the county as it’s difficult to find housing
- Mental health
- Not enough available resources
- Alcohol and drug use
- Overall lack of wellness (obesity, mental health, risky behaviors)
- Preventative health measures
- Resources not being utilized enough (mammograms/cancer screenings)
- Culture shift to see value in the resources and utilize the resources
- Access and awareness to healthy foods
- Lack of consistent home life
- Childcare



Tecumseh (Johnson County) Focus Group Summary

What do we know?

- Need more mental health providers and dental providers
- Injury deaths is a problem
- Obesity and physical inactivity show correlation with access to exercise opportunities
- Cancer rates higher than the state and US
- Many problems due to alcohol and substance abuse – need to educate children in schools

What strengths exist?

- Good healthcare
- Good communication and emergency response
- Job opportunities
- Good school system
- Low crime/good law enforcement
- New pool
- Good retail options
- Community is invested
- Churches

What opportunities exist or could exist?

- Good restaurants
- Mining
- Opportunities for youth/teens
- Biking/hiking trails
- Increase in housing units
- Community service organizations
- Increase in businesses around the square

Focus group participants identified the following issues:

- Access to childcare
- Updated schools
- Affordable housing
- Vacant lots are expensive
- Injury rates and where they are coming from
- Healthcare (assisted living)
- Access to mental health services
- Exercise opportunities



DEMOGRAPHICS

Population

The population of the Southeast District is 38,6915. Table 4 presents the population and population density for each county, the district, and compares to the state and the nation.

Change in Population

| Table 4. Total Population and Population Density | | | |
|---|-------------------------|---|---|
| | Total Population | Total Land Area (Square Miles) | Population Density (Per Square Mile) |
| United States | 331,449,281 | 3,532,068.58 | 93.8 |
| Nebraska | 1,961,504 | 76,823.79 | 25.5 |
| Southeast | 38,691 | 2,381.97 | 16.2 |
| Johnson | 5,290 | 376.05 | 14.1 |
| Nemaha | 7,074 | 407.38 | 17.4 |
| Otoe | 15,912 | 615.63 | 25.8 |
| Pawnee | 2,544 | 431.07 | 5.9 |
| Richardson | 7,871 | 551.84 | 14.3 |

Source: U.S. Census Bureau, 2020 – Nebraska 2020 Census

Table 5 shows the change in populations for each county and the Southeast District, according to the United States Census Bureau Decennial Census. Between 2010 and 2020 there was a -1.7% change in population for the Southeast District.

Table 5. Change in Total Population

| | Total Population, 2010 Census | Total Population, 2020 Census | Total Population Change, 2010-2020 | Percent Population Change, 2000-2010 |
|---------------|----------------------------------|----------------------------------|---------------------------------------|---|
| United States | 307,745,539 | 331,449,281 | 23,703,742 | 7.7% |
| Nebraska | 1,826,341 | 1,961,504 | 135,163 | 7.4% |
| Southeast | 39,341 | 38,691 | -650 | -1.7% |
| Johnson | 5,217 | 5,290 | 73 | 1.4% |
| Nemaha | 7,248 | 7,074 | -174 | -2.4% |
| Otoe | 15,740 | 15,912 | 172 | 1.1% |
| Pawnee | 2,773 | 2,544 | -229 | -8.3% |
| Richardson | 8,363 | 7,871 | -492 | -5.9% |

Source: U.S. Census Bureau, 2020 – Nebraska 2020 Census

Population Characteristics

Southeast District counties generally tend to be older compared to the state and the nation. The Southeast District has a lower percentage of the population under the age of 18 (Table 6) and a higher percentage of the population that is aged 65 and older (Table 7).

Table 6. Under 18 Population

| | Total Population | Population Age 0-17 | Percent Population Age 0-17 |
|---------------|------------------|---------------------|-----------------------------|
| United States | 331,449,281 | 73,106,000 | 22.1% |
| Nebraska | 1,961,504 | 485,377 | 24.7% |
| Southeast | 38,691 | 8,707 | 22.5% |
| Johnson | 5,290 | 964 | 18.2% |
| Nemaha | 7,074 | 1,632 | 23.1% |
| Otoe | 15,912 | 3,852 | 24.2% |
| Pawnee | 2,544 | 559 | 22.0% |
| Richardson | 7,871 | 1,700 | 21.6% |

Source: U.S. Census Bureau, 2020 – Nebraska 2020 Census

Table 7. Total Population by Age Groups, Percent

| Report Area | Age 0-4 | Age 5-14 | Age 15-24 | Age 25-34 | Age 35-44 | Age 45-54 | Age 55-64 | Age 65+ |
|---------------|---------|----------|-----------|-----------|-----------|-----------|-----------|---------|
| United States | 6% | 12.6% | 13.2% | 13.9% | 12.7% | 12.7% | 12.9% | 16.0% |
| Nebraska | 6.8% | 13.8% | 13.9% | 13.3% | 12.5% | 11.5% | 12.6% | 15.0% |
| Southeast | 6.1% | 11.4% | 11.4% | 11.0% | 11.2% | 11.8% | 13.5% | 19.7% |
| Johnson | 4.5% | 11.0% | 11.8% | 14.2% | 13.6% | 12.4% | 14.2% | 18.2% |
| Nemaha | 5.7% | 11.7% | 17.1% | 11.0% | 10.7% | 10.4% | 13.4% | 20.0% |
| Otoe | 7.1% | 13.0% | 11.8% | 10.9% | 11.2% | 12.5% | 14.2% | 19.2% |
| Pawnee | 6.6% | 11.6% | 10.6% | 8.2% | 9.4% | 9.9% | 15.3% | 28.4% |
| Richardson | 5.3% | 11.9% | 10.3% | 9.7% | 10.4% | 11.6% | 16.5% | 24.2% |

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

Regarding race and ethnicity, the Southeast District population is primarily white and non-Hispanic. However, Johnson and Otoe counties have larger Hispanic populations compared to the rest of the district, 10.2% and 8.1%, respectively (Table 8 and 9).

Table 8. Total Population by Race Alone, Percent

| | White | Black | Asian | Native American / Alaska Native | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Races |
|---------------|-------|-------|-------|------------------------------------|---------------------------------------|--------------------|-------------------|
| United States | 70.4% | 12.6% | 5.6% | 0.8% | 0.2% | 5.1% | 5.2% |
| Nebraska | 85.3% | 4.8% | 2.5% | 0.9% | 0.1% | 2.5% | 3.9% |
| Southeast | 92.1% | 1.5% | 0.4% | 0.7% | 0.0% | 1.7% | 3.6% |
| Johnson | 83.5% | 5.3% | 1.2% | 1.0% | 0.0% | 4.2% | 4.7% |
| Nemaha | 93.2% | 1.5% | 0.7% | 0.4% | 0.0% | 0.4% | 3.8% |
| Otoe | 93.2% | 0.7% | 0.2% | 0.1% | 0.0% | 2.5% | 3.3% |
| Pawnee | 96.5% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 3.3% |
| Richardson | 93.0% | 1.0% | 0.1% | 2.2% | 0.0% | 0.0% | 3.6% |

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates



Table 9. Total Population by Ethnicity Alone

| Report Area | Total Population | Hispanic or Latino Population | Percent Population Hispanic or Latino | Non-Hispanic Population | Percent Population Non-Hispanic |
|---------------|------------------|-------------------------------|---------------------------------------|-------------------------|---------------------------------|
| United States | 331,449,281 | 59,361,020 | 18.2% | 267,208,288 | 81.8% |
| Nebraska | 1,961,504 | 214,952 | 11.2% | 1,708,874 | 88.8% |
| Southeast | 38,691 | 2,234 | 5.8% | 36,380 | 94.0% |
| Johnson | 5,290 | 524 | 10.2% | 4,594 | 89.8% |
| Nemaha | 7,074 | 203 | 2.9% | 6,775 | 97.1% |
| Otoe | 15,912 | 1,298 | 8.1% | 14,667 | 91.9% |
| Pawnee | 2,544 | 51 | 1.9% | 2,589 | 98.1% |
| Richardson | 7,871 | 158 | 2.0% | 7,755 | 98.0% |

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

INCOME, POVERTY, AND SOCIAL PROGRAMS

Table 10 presents income data for the Southeast District. All counties within the district have a lower median household income and per capita income compared to the state and the nation.

Table 10. Median and Per Capita Income

| | United States | Nebraska | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|-------------------------|---------------|----------|----------|----------|----------|----------|------------|
| Median household income | \$64,994 | \$63,015 | \$49,382 | \$50,236 | \$64,775 | \$46,063 | \$44,524 |
| Per capita income | \$35,384 | \$33,205 | \$24,145 | \$28,448 | \$32,165 | \$24,870 | \$29,074 |

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

Unemployment across the Southeast District is higher than that of the state (Table 11). Johnson County is the only county with a lower unemployment rate than the state.

Table 11. Unemployment Rate, Percent

| United States | Nebraska | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|---------------|----------|---------|--------|------|--------|------------|
| 5.4% | 2.6% | 2.5% | 5.5% | 2.7% | 4.4% | 3.6% |

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates



The Southeast District has a higher percentage of residents (all persons and those under 18 years) in poverty (Table 12). Pawnee and Richardson Counties have the highest percentage of residents in poverty within the district. Likewise, Otoe, Pawnee, and Richardson Counties have the highest percentage of residents under 18 years of age in poverty.

Table 12. Poverty Rate, Percent

| | United States | Nebraska | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|----------------|---------------|----------|---------|--------|-------|--------|------------|
| All people | 13.4% | 11.1% | 8.5% | 11.6% | 11.0% | 18.9% | 12.2% |
| Under 18 years | 18.5% | 13.9% | 11.8% | 8.8% | 19.6% | 36.7% | 16.2% |

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

The percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) is lower, overall, in the Southeast District compared to the state (Table 13). Richardson County has the highest percentage of households participating in SNAP, 10.3%.

Table 13. Supplemental Nutrition Assistance Program Participation, Percent

| Nebraska | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|----------|---------|--------|------|--------|------------|
| 8.3% | 8.3% | 5.8% | 8.0% | 7.8% | 10.3% |

Source: U.S. Census Bureau, 2020 – Demographic and Housing Estimates, 2016-2020 American Community Survey 5-year estimates

Table 14 presents the percentage of children enrolled in Medicaid and the state Children’s Health Insurance Program (CHIP) for each county. In 2016, Pawnee and Richardson Counties had a higher percentage of children enrolled in Medicaid and CHIP compared to the state.

Table 14. Percent of Children Enrolled in Medicaid and CHIP

| | Nebraska | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|------|----------|---------|--------|-------|--------|------------|
| 2012 | 33.7% | 29.7% | 30.5% | 29.6% | 31.9% | 37.8% |
| 2016 | 33.7% | 32.7% | 26.2% | 27.5% | 33.8% | 37.7% |

Source: Voices for Children in Nebraska, 2017

VETERANS

Table 15 presents demographic data on the veteran population within the Southeast District.

Table 15. Veteran Population Demographics by County

| | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|---|---------|--------|-------|--------|------------|
| PERIOD OF SERVICE | | | | | |
| Gulf War (9/2001 or later) veterans | 19.3% | 18.5% | 15.5% | 10.7% | 10.1% |
| Gulf War (8/1990 to 8/2001) veterans | 17.3% | 30.2% | 19.5% | 17.3% | 7.7% |
| Vietnam era veterans | 29.5% | 34.3% | 35.8% | 48.5% | 39.2% |



| | | | | | |
|---|-------|-------|-------|--------|-------|
| Korean War veterans | 7.4% | 5.6% | 8.3% | 15.8% | 23.9% |
| World War II veterans | 7.4% | 1.4% | 4.9% | 10.7% | 3.5% |
| SEX | | | | | |
| Male | 99.1% | 87.5% | 93.8% | 92.9% | 97.6% |
| Female | 0.9% | 12.5% | 6.2% | 7.1% | 2.4% |
| AGE | | | | | |
| 18 to 34 years | 5.7% | 0.0% | 9.4% | 2.6% | 3.3% |
| 35 to 54 years | 31.0% | 34.5% | 20.0% | 16.3% | 16.7% |
| 55 to 64 years | 15.5% | 14.9% | 19.6% | 25.0% | 13.8% |
| 65 to 74 years | 15.2% | 27.0% | 25.6% | 18.4% | 23.8% |
| 75 years and over | 32.7% | 23.6% | 25.4% | 37.8% | 42.4% |
| RACE AND HISPANIC OR LATINO ORIGIN | | | | | |
| White alone | 93.8% | 92.5% | 99.6% | 100.0% | 97.6% |
| Black or African American alone | 0.0% | 0.0% | 0.0% | 0.0% | 0.3% |
| American Indian and Alaska Native alone | 4.5% | 0.0% | 0.3% | 0.0% | 1.2% |
| Asian alone | 0.0% | 6.7% | 0.0% | 0.0% | 0.0% |
| Native Hawaiian and Other Pacific Islander alone | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Some other race alone | 1.2% | 0.0% | 0.0% | 0.0% | 0.0% |
| Two or more races | 0.6% | 0.8% | 0.2% | 0.0% | 0.9% |
| Hispanic or Latino (of any race) | 2.1% | 0.4% | 0.8% | 0.0% | 1.5% |
| White alone, not Hispanic or Latino | 92.9% | 92.1% | 97.9% | 100.0% | 96.1% |
| EDUCATIONAL ATTAINMENT | | | | | |
| Less than high school graduate | 3.6% | 0.4% | 6.5% | 17.9% | 6.3% |
| High school graduate (includes equivalency) | 49.4% | 31.3% | 37.2% | 42.3% | 42.0% |
| Some college or Associate's degree | 24.4% | 40.1% | 38.8% | 29.6% | 34.5% |
| Bachelor's degree or higher | 22.6% | 28.2% | 17.5% | 10.2% | 17.3% |
| EMPLOYMENT STATUS | | | | | |
| Labor force participation rate | 67.4% | 79.6% | 85.7% | 59.3% | 70.2% |
| Unemployment rate | 0.0% | 0.0% | 0.0% | 0.0% | 2.5% |
| POVERTY STATUS IN THE PAST 12 MONTHS | | | | | |

| | | | | | |
|---|-------|-------|-------|-------|-------|
| Income in the past 12 months below poverty level | 1.8% | 0.4% | 3.7% | 7.4% | 7.4% |
| Income in the past 12 months at or above poverty level | 98.2% | 99.6% | 96.3% | 92.6% | 92.6% |
| DISABILITY STATUS | | | | | |
| With any disability | 32.7% | 31.5% | 35.6% | 39.9% | 44.2% |
| Without a disability | 67.3% | 68.5% | 64.4% | 60.1% | 55.8% |
| SERVICE-CONNECTED DISABILITY (ESTIMATE) | | | | | |
| Has a service-connected disability rating: | 87 | 105 | 291 | 82 | 190 |
| 0 percent | 3 | 8 | 11 | 0 | 2 |
| 10 or 20 percent | 57 | 5 | 83 | 30 | 60 |
| 30 or 40 percent | 10 | 49 | 38 | 22 | 51 |
| 50 or 60 percent | 16 | 15 | 54 | 14 | 12 |
| 70 percent or higher | 1 | 11 | 75 | 12 | 45 |
| Rating not reported | 0 | 17 | 30 | 4 | 20 |

Source: U.S. Census Bureau, 2020 - Veteran Status, 2016-2020 American Community Survey 5-year estimates
U.S. Census Bureau, 2020 - Service-connected disability rating status and ratings for civilian veterans 18 years and over, 2016-2020 American Community Survey 5-year estimates

FAMILIES

Tables 16 through 18 present data on household structures within the Southeast District. Households are primarily married couple households. In single-parent households, however, the householder is primarily female. Johnson, Nemaha, and Richardson Counties see higher percentages of single-parent households than the district as a whole and are comparable to or higher than that of the state.

Table 16. Number of Married Couple Family Households with Children Under 18

| Southeast | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|------------------|----------------|---------------|-------------|---------------|-------------------|
| 2971 | 291 | 503 | 1,412 | 192 | 573 |

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 American Community Survey 5-year estimates

Table 17. Composition of Single Parent Households with Children Under 18

| | Southeast | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|---|-----------|---------|--------|------|--------|------------|
| Male householder, no spouse present, family household | 487 | 89 | 127 | 137 | 32 | 102 |
| Female householder, no spouse present, family household | 932 | 160 | 137 | 299 | 73 | 263 |

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 American Community Survey 5-year estimates

Table 18. Single Parent Family Households with Children Under 18 as a Percent of Total Family Households with Children Under 18

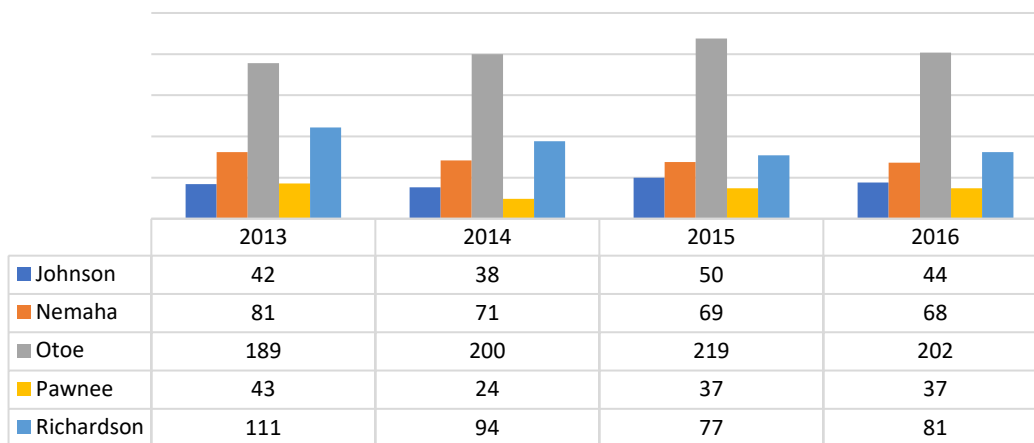
| Nebraska | Southeast | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|----------|-----------|---------|--------|-------|--------|------------|
| 28.7% | 32.3% | 46.1% | 34.4% | 23.6% | 35.4% | 38.9% |

Source: U.S. Census Bureau, 2020 - Households and families, 2016-2020 American Community Survey 5-year estimates

MATERNAL AND INFANT HEALTH

This section provides data of various maternal and infant health metrics, including data on births, prenatal care, breastfeeding, infant mortality, and other topics. Figure 3 presents birth data for each county in the Southeast District.

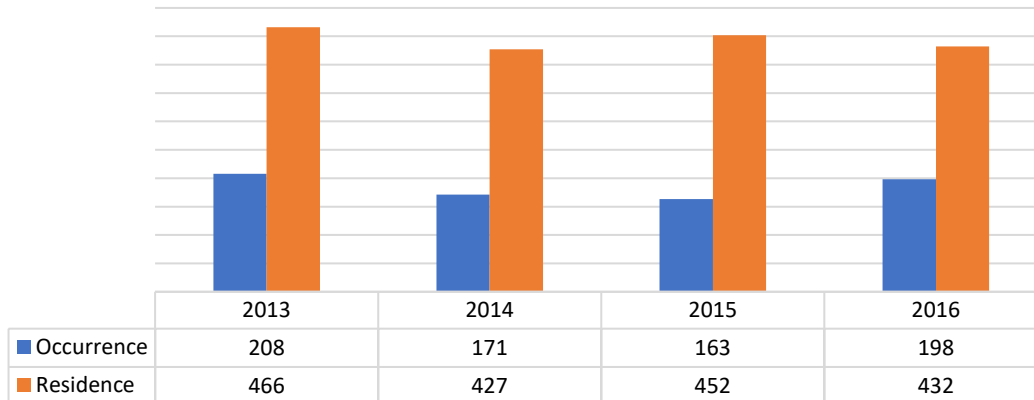
Figure 3. Total Births by County



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

Figure 4 presents birth data by occurrence and residence. Occurrence refers to births that occurred within the district regardless of the usual residence of the mother. Residence refers to births that occurred to mothers that had a usual residence within the district regardless of the birth location.

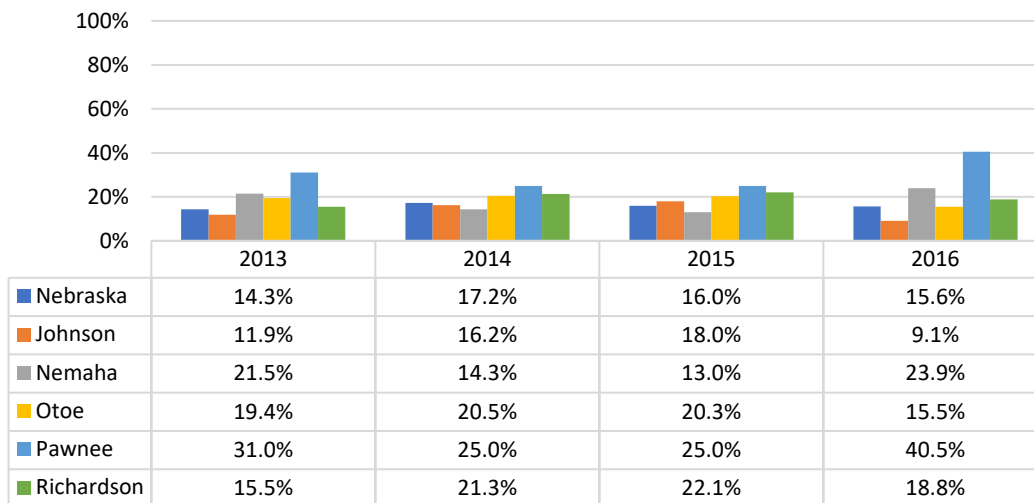
Figure 4. Total Births by Occurrence and Residence, Southeast District



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics

Figure 5 presents data on prenatal care for each county within the Southeast District. In 2016, Nemaha, Pawnee, Richardson Counties had a higher percentage of women who received inadequate prenatal care compared to the state.

Figure 5. Percent Receiving Inadequate Prenatal Care

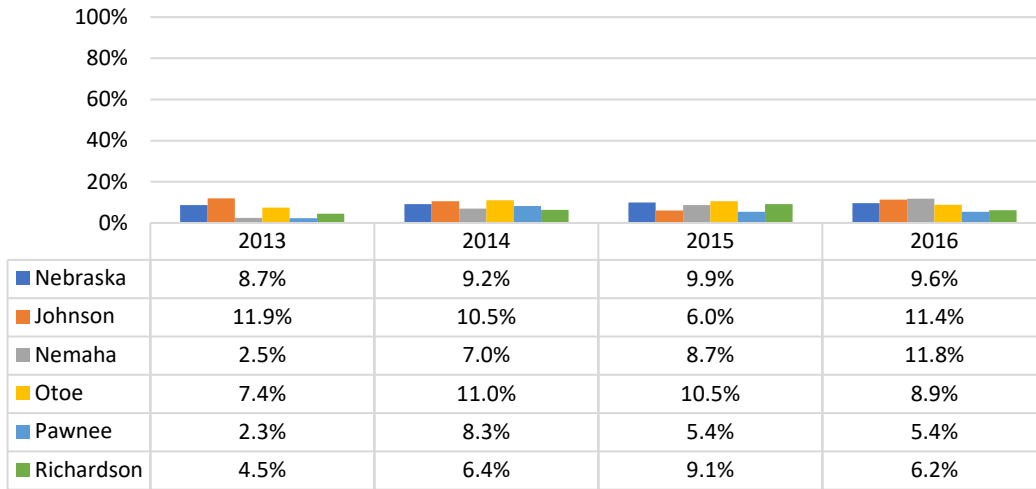


Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

* Adequacy of prenatal care is calculated by using the Kotelchuk Index. The Kotelchuk Index measures adequacy of prenatal care (adequate, inadequate, and intermediate) by using a combination of the following factors: number of prenatal visits; gestation; and trimester prenatal care began.

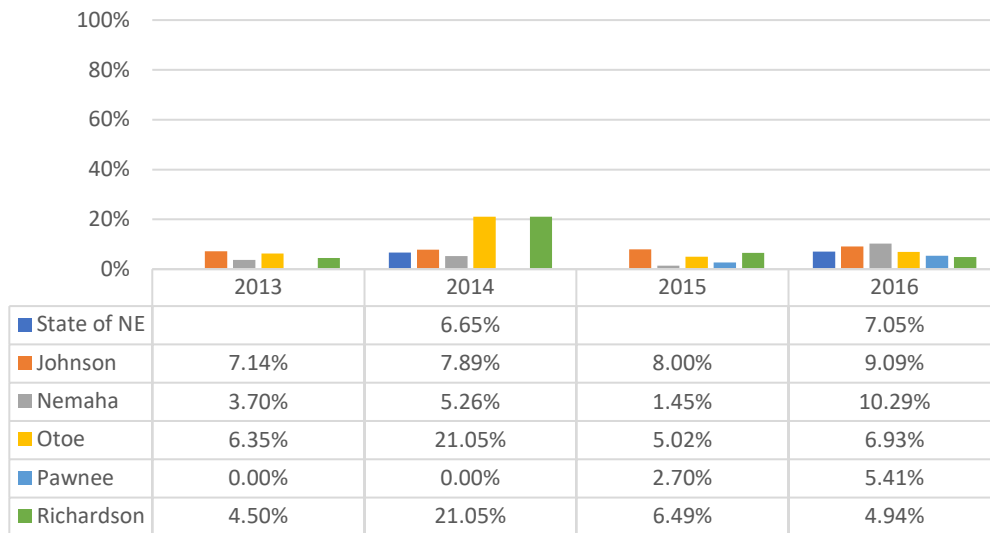
Figure 6 through 8 present county-level data on premature births, low birth weight, and birth defects. In 2016, Johnson and Nemaha Counties had a higher percentage of premature births compared to the state. Also, in 2016, Nemaha and Otoe Counties had a higher percentage of birth defects compared to the state.

Figure 6. Premature Birth as Percent of Total Births



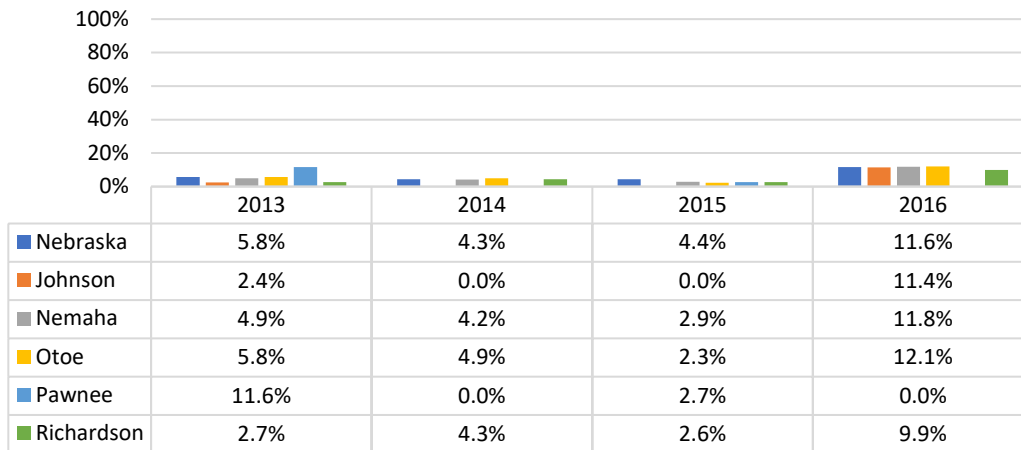
Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics
 * Premature births are live births with <37 weeks of gestation. Gestational age was determined by ultrasound

Figure 7. Low Birth Weight Births by County*



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics
 * Low birth weight is considered any birth weight under 2500 grams, or 5 pounds 9 ounces.

Figure 8. Birth Defects as Percent of Total Births



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics

Table 19 presents the percentage of Women, Infants, and Children (WIC) clients that have ever breastfed, exclusively breastfed, and continued to breastfeed their infants up to two years of age.

| | Nebraska | | Johnson | | Nemaha | | Otoe | | Pawnee | | Richardson | |
|--------------------------------------|----------|--------|---------|------|--------|------|------|------|--------|------|------------|------|
| | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 |
| Ever Breastfed | 26,866 | 27,197 | 55 | 52 | 49 | 58 | 139 | 125 | 24 | 23 | 61 | 44 |
| Exclusively Breastfed-1 Week | 2,874 | 2,373 | 7 | 9 | 9 | 12 | 28 | 9 | 3 | 5 | 19 | 4 |
| Exclusively Breastfed-3 month | 1,243 | 1,219 | 4 | 7 | 3 | 5 | 7 | 5 | 2 | 1 | 6 | 4 |
| Exclusively Breastfed-6 month | 682 | 659 | 4 | 3 | 1 | 1 | 2 | 1 | 1 | 0 | 3 | 4 |
| 1 Week | 5,262 | 5,191 | 6 | 12 | 10 | 13 | 25 | 23 | 3 | 7 | 19 | 6 |
| 2 Week | 4,518 | 4,479 | 7 | 14 | 7 | 10 | 21 | 16 | 3 | 5 | 15 | 5 |
| 3 Week | 4,011 | 3,964 | 8 | 13 | 5 | 10 | 20 | 13 | 2 | 4 | 15 | 7 |
| 4 Week | 3,452 | 3,371 | 7 | 12 | 5 | 9 | 15 | 8 | 2 | 0 | 11 | 6 |
| 5 Week | 3,272 | 3,176 | 7 | 10 | 5 | 9 | 15 | 5 | 1 | 0 | 10 | 6 |
| 6 Week | 3,040 | 2,933 | 7 | 8 | 4 | 8 | 10 | 5 | 1 | 1 | 8 | 6 |
| 2 Month | 2,743 | 2,542 | 8 | 7 | 4 | 8 | 11 | 5 | 1 | 1 | 8 | 4 |
| 3 Month | 2,445 | 2,273 | 8 | 6 | 4 | 6 | 9 | 5 | 1 | 1 | 7 | 5 |
| 6 Month | 1,791 | 1,668 | 4 | 1 | 2 | 2 | 6 | 3 | 2 | 1 | 3 | 4 |
| 9 Month | 1,175 | 1,106 | 3 | 2 | 2 | 2 | 5 | 1 | 1 | 2 | 0 | 4 |
| 12 Month | 844 | 912 | 2 | 2 | 2 | 3 | 2 | 0 | 1 | 2 | 0 | 2 |
| 18 Month | 452 | 488 | 1 | 1 | 4 | 1 | 2 | 1 | 2 | 1 | 0 | 2 |
| 24 Month | 282 | 265 | 1 | 0 | 2 | 2 | 3 | 0 | 0 | 0 | 0 | 0 |

Source: Family Health Services, personal communication, March 2022

Table 20 and 21 present total cases of perinatal, fetal, neonatal, and infant deaths for each county in the Southeast District since 2013. Due to the low volume of cases, mortality rates are not displayed as they would be unreliable.

Table 20. Perinatal and Fetal Deaths by Place of Residence*

| | 2013 | | 2014 | | 2015 | | 2016 | |
|------------|------------------|--------------|------------------|--------------|------------------|--------------|------------------|--------------|
| | Perinatal Deaths | Fetal Deaths | Perinatal Deaths | Fetal Deaths | Perinatal Deaths | Fetal Deaths | Perinatal Deaths | Fetal Deaths |
| Nebraska | 233 | 137 | 252 | 155 | 262 | 153 | 255 | 151 |
| Johnson | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Nemaha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Otoe | 3 | 2 | 4 | 3 | 1 | 1 | 6 | 4 |
| Pawnee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Richardson | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

* Fetal death is defined as death prior to birth; noting that any death prior to 20 weeks gestation is not required to be reported. Perinatal death is inclusive of fetal deaths and neonatal deaths.

Table 21. Infant and Neonatal Deaths by Place of Residence

| | 2013 | | 2014 | | 2015 | | 2016 | |
|------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| | Infant Deaths | Neonatal Deaths | Infant Deaths | Neonatal Deaths | Infant Deaths | Neonatal Deaths | Infant Deaths | Neonatal Deaths |
| Nebraska | 139 | 96 | 136 | 97 | 154 | 109 | 166 | 104 |
| Johnson | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nemaha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Otoe | 1 | 1 | 1 | 1 | 0 | 0 | 4 | 2 |
| Pawnee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Richardson | 1 | 1 | 2 | 2 | 0 | 0 | 0 | 0 |

Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

* Infant death is defined as the death of an individual under the age of one year. Neonatal death is the death of an individual under 28 days of age.

EDUCATION

Table 22 presents educational attainment data for the Southeast District and each county for populations over 25 years old. Over one third (36.0%) of residents in the Southeast District have at least a high school diploma or equivalent, which is greater than the state percentage (22.8%). Less than one fourth (21.1%) of the population in the Southeast District has a bachelor's degree or higher, which is lower than the state percentage (33.2%).

Table 22. Highest Level of Educational Attainment – Individuals over 25, Percent

| | Nebraska | Southeast | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|---------------------|----------|-----------|---------|--------|------|--------|------------|
| Less than 9th grade | 3.4% | 3.2% | 4.7% | 2.6% | 2.7% | 10.4% | 1.3% |

Table 22. Highest Level of Educational Attainment – Individuals over 25, Percent

| | Nebraska | Southeast | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|--|----------|-----------|---------|--------|-------|--------|------------|
| 9th to 12th grade, no diploma | 4.5% | 5.8% | 7.7% | 6.3% | 5.0% | 5.8% | 5.7% |
| High school graduate (or GED/equivalent) | 25.7% | 36.0% | 44.9% | 30.0% | 34.1% | 38.3% | 38.1% |
| Some college, no degree | 22.0% | 21.8% | 15.9% | 23.5% | 21.8% | 18.5% | 25.2% |
| Associate degree | 11.1% | 10.4% | 8.3% | 9.6% | 11.0% | 11.5% | 10.8% |
| Bachelor's degree | 21.8% | 15.6% | 13.2% | 19.3% | 17.2% | 9.4% | 13.2% |
| Graduate or professional degree | 11.4% | 7.2% | 5.5% | 8.8% | 8.2% | 6.2% | 5.6% |

Source: U.S. Census Bureau, 2020 – Educational Attainment, American Community Survey 5-year estimates
 * Weighted average by the over 25 population of each county

Table 23 presents graduation rates for public school districts by county.

Table 23. Public High School Graduation Rates

| | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 |
|-----------------------------------|-----------|-----------|-----------|-----------|-----------|
| Johnson County | | | | | |
| Sterling Public Schools | 95% | * | 90% | 92% | 100% |
| Johnson Co Central Public Schools | 91% | 90% | 88% | 94% | 92% |
| Nemaha County | | | | | |
| Johnson-Brock Public Schools | 100% | 100% | 94% | 100% | 100% |
| Auburn Public Schools | 90% | 92% | 95% | 97% | 98% |
| Otoe County | | | | | |
| Syracuse-Dunbar-Avooca Schools | 86% | 93% | 92% | 93% | 98% |
| Nebraska City Public Schools | 88% | 83% | 88% | 82% | 80% |
| Palmyra District O R 1 | 100% | 100% | 97% | 100% | 97% |
| Pawnee County | | | | | |
| Pawnee City Public Schools | 92% | 100% | 95% | 100% | 100% |
| Lewiston Consolidated Schools | 100% | 100% | 100% | * | 100% |
| Richardson County | | | | | |
| Falls City Public Schools | 99% | 94% | 92% | 92% | 90% |
| Humboldt Table Rock Steinauer | 93% | 96% | 100% | 100% | 100% |

Source: Nebraska Department of Education, 2019



Tables 24 through 28 present education statistics for each public school district in the Southeast District.

| Table 24. Education Statistics for Public School Districts in Johnson County | | | | | | | |
|---|---------------------------------------|--------------------------------|-----------|--|-----------|--------------------------|-----------|
| | | Sterling Public Schools | | Johnson County Central Public Schools | | State of Nebraska | |
| | | 2017-2018 | 2018-2019 | 2017-2018 | 2018-2019 | 2017-2018 | 2018-2019 |
| Nebraska Student-Centered Assessment System Performance | % Proficient in English language arts | 57% | 51% | 50% | 49% | 51% | 52% |
| | % Proficient in math | 58% | 65% | 43% | 45% | 51% | 52% |
| | % Proficient in science | 73% | 76% | 74% | 80% | 68% | 66% |
| Student Characteristics | Enrollment | 198 | 216 | 538 | 526 | 323,391 | 325,984 |
| | % Receiving free/reduced lunch | 28% | 29% | 53% | 51% | 46% | 45% |
| | % English language learners | * | * | 6% | 5% | 7% | 7% |
| | % Students in special education | 15% | 15% | 20% | 23% | 15% | 15% |

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available

| Table 25. Education Statistics for Public School Districts in Nemaha County | | | | | | | |
|--|---------------------------------------|-------------------------------------|-----------|------------------------------|-----------|--------------------------|-----------|
| | | Johnson-Brock Public Schools | | Auburn Public Schools | | State of Nebraska | |
| | | 2017-2018 | 2018-2019 | 2017-2018 | 2018-2019 | 2017-2018 | 2018-2019 |
| Nebraska Student-Centered Assessment System Performance | % Proficient in English language arts | 69% | 72% | 59% | 61% | 51% | 52% |
| | % Proficient in math | 66% | 64% | 65% | 56% | 51% | 52% |
| | % Proficient in science | 95% | 85% | 90% | 86% | 68% | 66% |
| Student Characteristics | Enrollment | 342 | 355 | 892 | 937 | 323,391 | 325,984 |
| | % Receiving free/reduced lunch | 35% | 36% | 38% | 37% | 46% | 45% |
| | % English language learners | * | * | * | * | 7% | 7% |
| | % Students in special education | 14% | 10% | 13% | 15% | 15% | 15% |

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available



| Table 26. Education Statistics for Public School Districts in Otoe County | | | | | | | | | |
|--|---------------------------------------|---|---------------|---|---------------|-----------------------------------|---------------|------------------------------|---------------|
| | | Syracuse Dunbar Avoca Public Schools | | Nebraska City Public Schools | | Palmyra District O R 1 | | State of Nebraska | |
| | | 2017- 2018 | 2018- 2019 | 2017- 2018 | 2018- 2019 | 2017- 2018 | 2018- 2019 | 2017- 2018 | 2018- 2019 |
| Nebraska Student- Centered Assessment System Performance | % Proficient in English language arts | 51% | 62% | 24% | 34% | 60% | 63% | 51% | 52% |
| | % Proficient in math | 58% | 64% | 30% | 32% | 57% | 61% | 51% | 52% |
| | % Proficient in science | 85% | 84% | 68% | 54% | 75% | 81% | 68% | 66% |
| Student Characteristics | Enrollment | 772 | 756 | 1465 | 1458 | 544 | 591 | 323,391 | 325,984 |
| | % Receiving free/reduced lunch | 25% | 26% | 48% | 52% | 16% | 20% | 46% | 45% |
| | % English language learners | * | * | 7% | 8% | * | * | 7% | 7% |
| | % Students in special education | 13% | 13% | 20% | 21% | 22% | 23% | 15% | 15% |

Source: Nebraska Department of Education, 2019

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available

| Table 27. Education Statistics for Public School Districts in Pawnee County | | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------|--|---------------|--------------------------|---------------|
| | | Pawnee City Public Schools | | Lewiston Consolidated Schools | | State of Nebraska | |
| | | 2017- 2018 | 2018- 2019 | 2017- 2018 | 2018- 2019 | 2017- 2018 | 2018- 2019 |
| Nebraska Student- Centered Assessment System Performance | % Proficient in English language arts | 38% | 37% | 33% | 42% | 51% | 52% |
| | % Proficient in math | 45% | 47% | 27% | 44% | 51% | 52% |
| | % Proficient in science | 64% | 56% | 38% | 70% | 68% | 66% |
| Student Characteristics | Enrollment | 299 | 293 | 193 | 194 | 323,391 | 325,984 |
| | % Receiving free/reduced lunch | 52% | 50% | 49% | 58% | 46% | 45% |
| | % English language learners | * | * | * | * | 7% | 7% |
| | % Students in special education | 23% | 22% | 20% | 16% | 15% | 15% |

Source: Nebraska Department of Education, 2018

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available



| Table 28. Education Statistics for Public School Districts in Richardson County | | | | | | | |
|---|---------------------------------------|---------------------------|-----------|-------------------------------|-----------|-------------------|-----------|
| | | Falls City Public Schools | | Humboldt Table Rock Steinauer | | State of Nebraska | |
| | | 2017-2018 | 2018-2019 | 2017-2018 | 2018-2019 | 2017-2018 | 2018-2019 |
| Nebraska Student-Centered Assessment System Performance | % Proficient in English language arts | 48% | 58% | 36% | 42% | 51% | 52% |
| | % Proficient in math | 53% | 54% | 45% | 53% | 51% | 52% |
| | % Proficient in science | 76% | 75% | 64% | 64% | 68% | 66% |
| Student Characteristics | Enrollment | 936 | 896 | 364 | 360 | 323,391 | 325,984 |
| | % Receiving free/reduced lunch | 53% | 54% | 51% | 51% | 46% | 45% |
| | % English language learners | * | * | * | * | 7% | 7% |
| | % Students in special education | 18% | 21% | 24% | 24% | 15% | 15% |

Source: Nebraska Department of Education, 2018

* Data has been masked to protect the identity of students when there are fewer than 10 students in a group

** Data past 2018-2019 not available

CRIME

In 2018, there were a total of 959 arrests in the Southeast District. Adults were responsible for 866 arrests, and juveniles accounted for 93 arrests. Tables 29 and 30 present total arrests for adults and juveniles by county.

Table 29. Total Juvenile Arrest by County

| | 2014 | 2015 | 2016 | 2017 | 2018 |
|-------------------|------|------|------|------|------|
| Johnson | - | - | - | - | 1 |
| Pawnee | 6 | 6 | 1 | 10 | - |
| Richardson | 54 | 17 | 37 | 23 | 27 |
| Nemaha | 24 | 13 | 12 | 7 | 10 |
| Otoe | 44 | 48 | 65 | 50 | 55 |
| Southeast | 128 | 84 | 115 | 90 | 93 |

Table 30. Total Adult Arrests by County

| | 2014 | 2015 | 2016 | 2017 | 2018 |
|-------------------|------|------|------|------|------|
| Johnson | 85 | 100 | 44 | 107 | 77 |
| Pawnee | 25 | 22 | 15 | 40 | 12 |
| Richardson | 149 | 164 | 268 | 289 | 277 |
| Nemaha | 243 | 207 | 280 | 241 | 223 |
| Otoe | 256 | 351 | 333 | 308 | 277 |
| Southeast | 758 | 844 | 940 | 985 | 866 |



Table 31 presents arrest rates for each county from 2015 through 2018. In 2018, Richardson County was the only county to have a higher arrest rate than the state, 38.4 and 37.3, respectively.

| Table 31. Arrest Rate per 1,000 Population | | | | |
|---|-------------|-------------|-------------|-------------|
| | 2015 | 2016 | 2017 | 2018 |
| Johnson | 19.2 | 8.6 | 20.9 | 15.2 |
| Pawnee | 10.4 | 6.1 | 18.9 | 4.5 |
| Richardson | 22.5 | 38.5 | 38.9 | 38.4 |
| Nemaha | 31.2 | 41.8 | 24.4 | 33.4 |
| Otoe | 25.1 | 24.9 | 39.4 | 20.8 |
| Nebraska* | 37.3 | 37.2 | 36.63 | 37.3 |

Source: Nebraska Crime Commission, 2019

*State-level arrest data provided by the Nebraska Crime Commission are unreliable as law enforcement agencies are not required to submit arrest data, and some agencies choose not to.

Table 32 presents the total number of arrests for the Southeast District by type from 2014 through 2018. During this period, drug abuse-related crimes, larceny, and simple assault were the top three leading cause for arrest in the district.

| Table 32. Total Arrests in the Southeast District by Type | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Criminal Homicide | 0 | 2 | 1 | 0 | 0 |
| Forcible Rape | 2 | 2 | 2 | 0 | 2 |
| Robbery | 0 | 0 | 2 | 0 | 1 |
| Aggravated Assault | 9 | 10 | 9 | 18 | 22 |
| Burglary | 19 | 17 | 25 | 21 | 11 |
| Larceny | 82 | 52 | 50 | 97 | 118 |
| Motor Vehicle Theft | 4 | 12 | 3 | 3 | 8 |
| Simple Assault | 116 | 130 | 153 | 102 | 96 |
| Arson | 1 | 2 | 0 | 1 | 0 |
| Forgery/Counterfeit | 3 | 5 | 2 | 4 | 1 |
| Fraud | 17 | 7 | 19 | 21 | 11 |
| Embezzlement | 0 | 0 | 0 | 2 | 4 |
| Stolen Property | 1 | 7 | 4 | 6 | 5 |
| Vandalism | 33 | 17 | 29 | 32 | 14 |
| Weapons | 8 | 9 | 10 | 6 | 8 |
| Sex Offense | 2 | 3 | 13 | 14 | 12 |



| | | | | | |
|------------------------------------|-----|-----|-----|-----|-----|
| Drug Abuse | 109 | 168 | 151 | 170 | 139 |
| Offense against kids | 8 | 17 | 11 | 11 | 4 |
| Driving Under the Influence | 139 | 153 | 118 | 118 | 81 |
| Liquor Laws | 129 | 109 | 95 | 104 | 89 |
| Disorderly Conduct | 59 | 46 | 51 | 42 | 25 |
| All other Offenses | 125 | 149 | 301 | 303 | 308 |
| Curfew (Juvenile) | 9 | 6 | 6 | 0 | 0 |
| Runaway (Juvenile) | 10 | 5 | 0 | 0 | 0 |

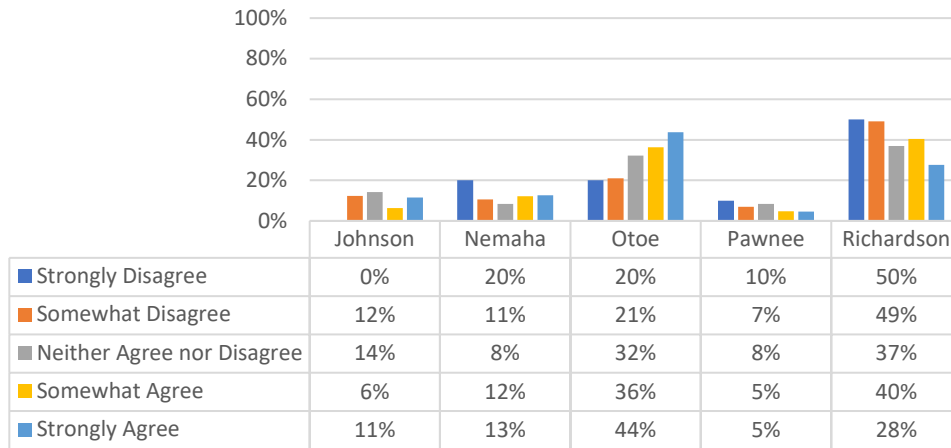
Source: Nebraska Crime Commission, 2019

COMMUNITY WELL-BEING

Survey participants were asked about their perceptions on the well-being of the communities where they reside. Topics assessed included quality of life, the community as a place to raise children and grow old, job availability, social support, and community engagement. Participants were asked to indicate their level agreement with the following response options: strongly disagree, disagree, neutral, agree, and strongly agree. Figures 9 through 18 detail responses to each topic by county.

Quality of Life

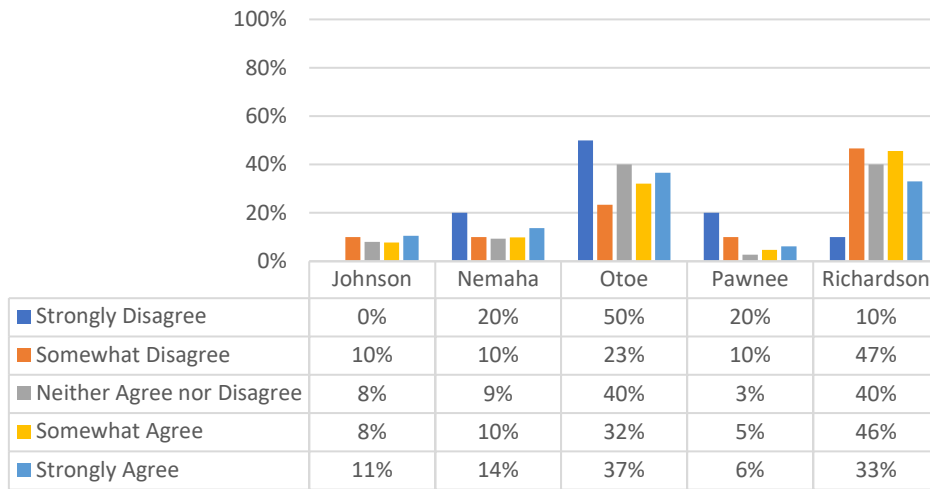
Figure 9. I am satisfied with the quality of life in the community.



Source: SEDHD Community Survey, 2021

The Community as a Place to Raise Children

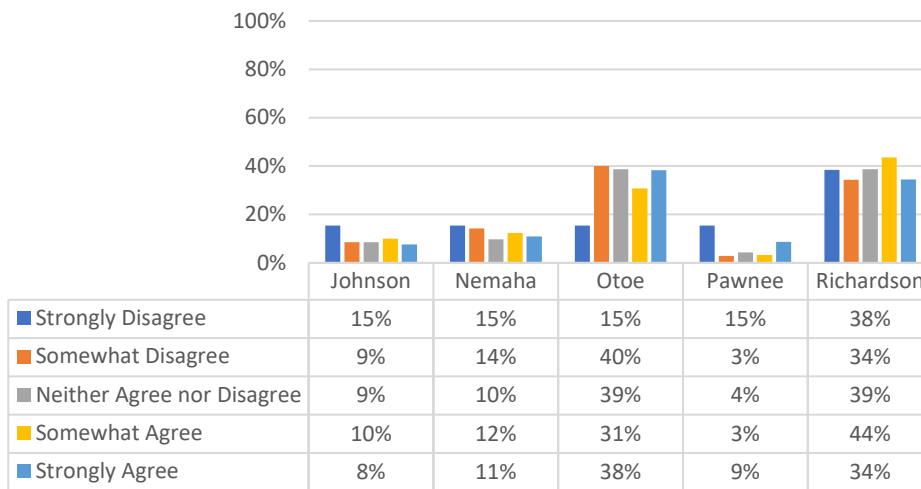
Figure 10. This is a good place to raise children.



Source: SEDHD Community Survey, 2021

The Community as a Place to Grow Old

Figure 11. This is a good place to grow old.



Source: SEDHD Community Survey, 2021

Figure 12. There are enough programs that provide meals for older adults.

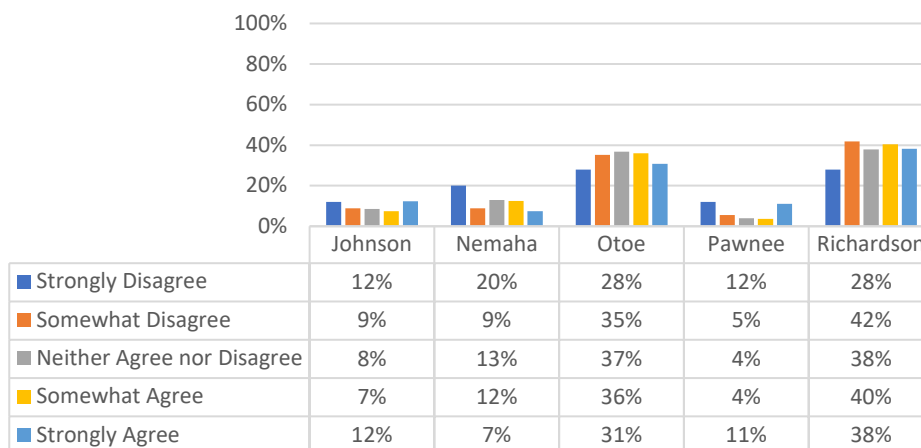
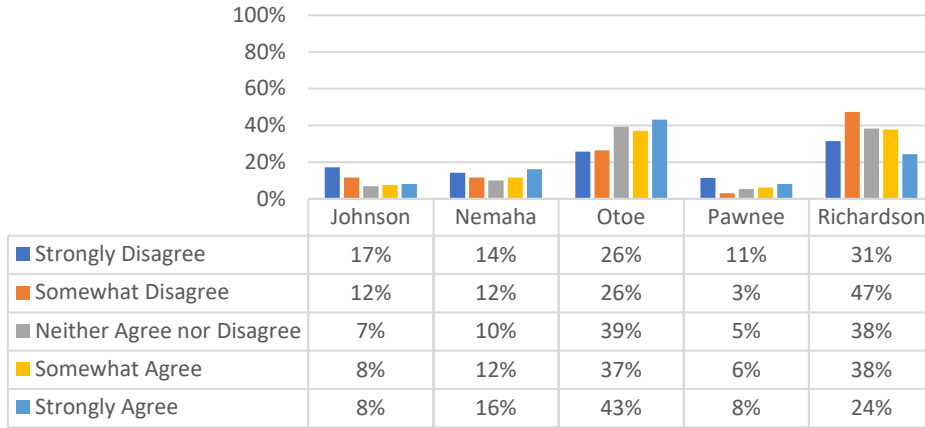


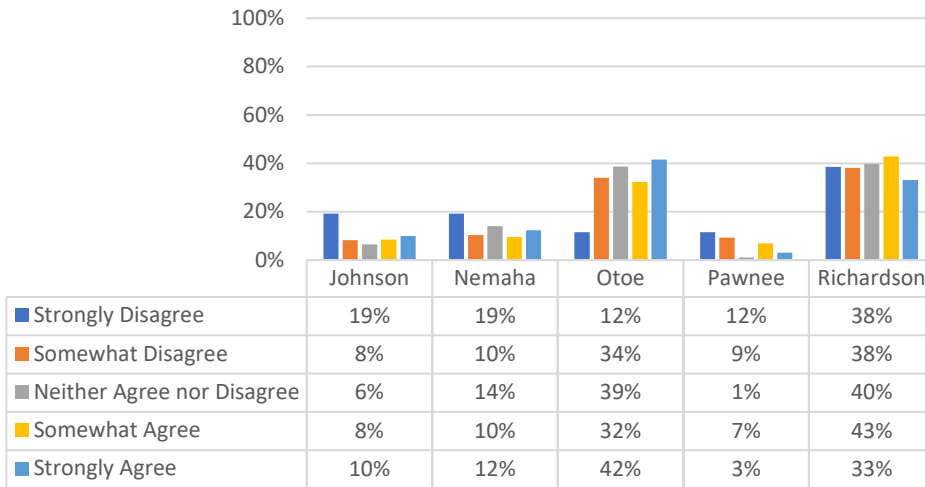
Figure 13. There are support networks for the elderly living alone.



Source: SEDHD Community Survey, 2021

Job Availability

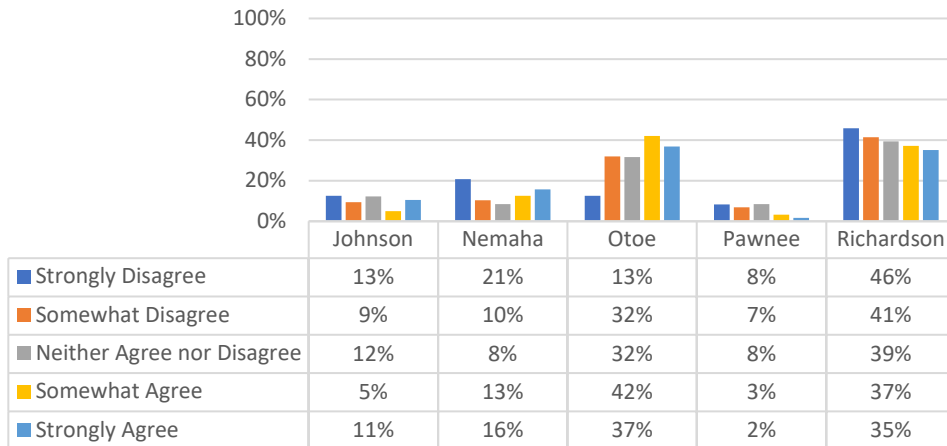
Figure 14. There are jobs available in my community.



Source: SEDHD Community Survey, 2021

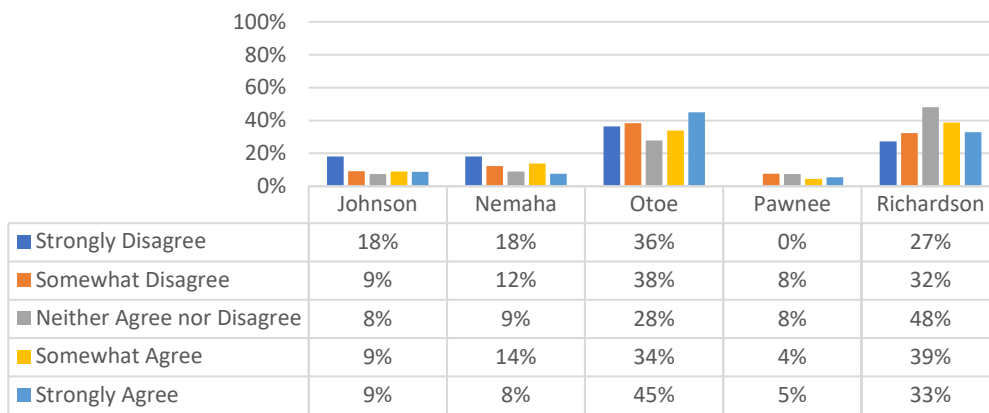
Social Support and Community Engagement

Figure 15. There are networks of support for individuals and families during times of stress and need.



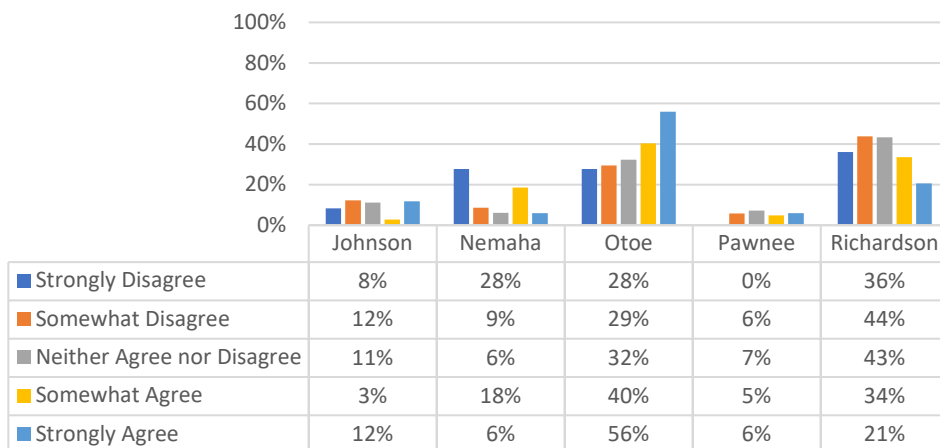
Source: SEDHD Community Survey, 2021

Figure 16. All individuals and groups have the opportunity to contribute to and participate in the community's quality of life.



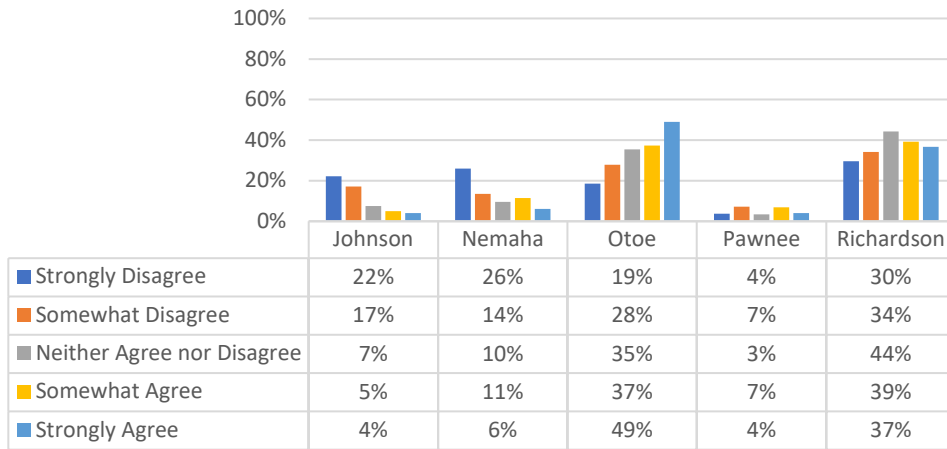
Source: SEDHD Community Survey, 2021

Figure 17. All individuals think that they, individually, can make the community a better place to live.



Source: SEDHD Community Survey, 2021

Figure 18. There is an active sense of civic responsibility and engagement, and civic pride in shared accomplishments.



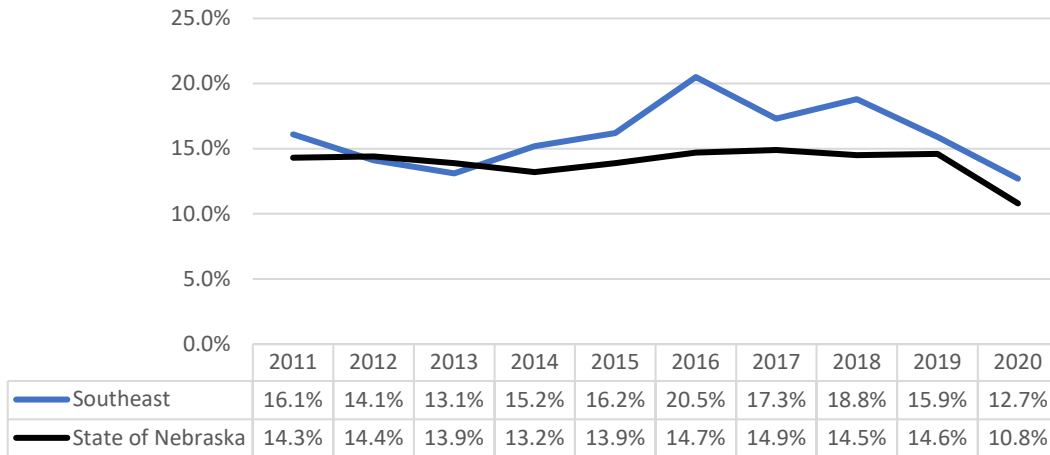
Source: SEDHD Community Survey, 2021

QUALITY OF LIFE

Overall and Physical Health

From 2014 through 2020, the Southeast District had a higher percentage of adults reporting that their general health was fair or poor (Figure 19).

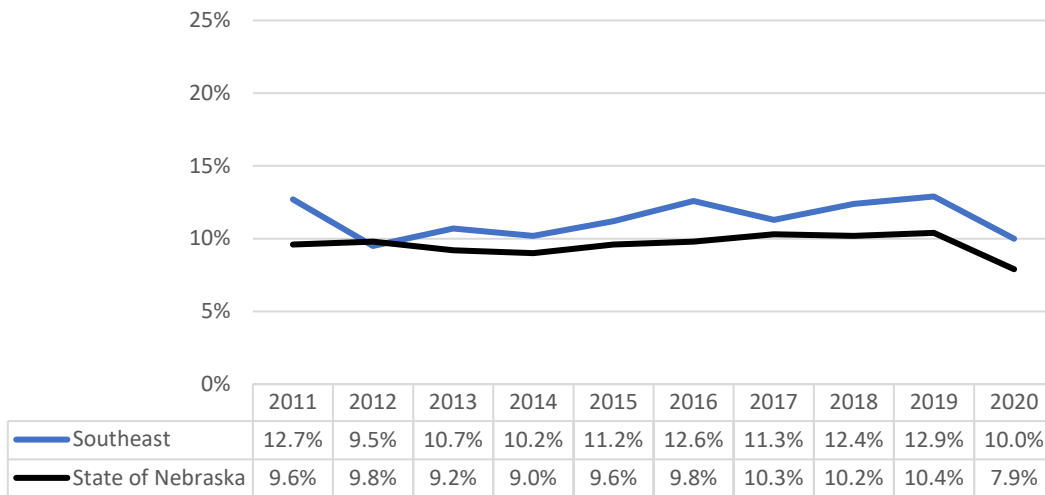
Figure 19. Percentage of Adults Age 18 and Over Reporting General Health as Fair or Poor.



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Response options: Excellent, very good, good, fair, poor.

Likewise, from 2013 through 2020, the Southeast District had a higher percentage of adults reporting that their physical health was not good on 14 or more of the past 30 days (Figure 20).

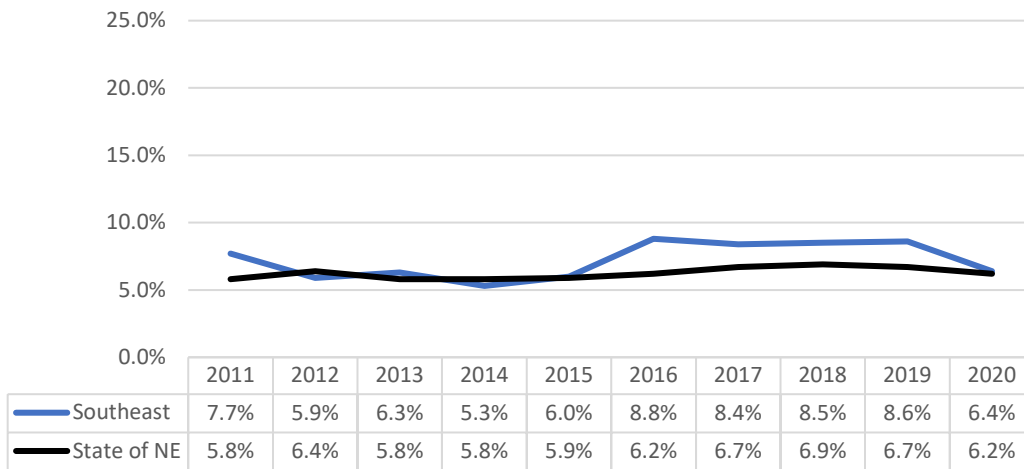
Figure 20. Percent of Adults Ages 18 and Over Reporting Physical Health Was Not Good on 14 or More of the Past 30 Days



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Also, from 2011 to 2020, the Southeast District had a higher percentage of adults reporting that their physical health or mental health limited their usual activities on 14 or more of the past 30 days (Figure 21).

Figure 21. Percent of Adults Ages 18 and Over Reporting Poor Physical or Mental Health Limited Usual Activities on 14 or More of the Past 30 Days



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

County Health Rankings

County Health Rankings provides rankings at the county-level for every state. Rankings are divided into two primary categories, health outcomes and health factors. Health outcomes is subcategorized to include rankings for length of life and quality of life. Health factors is subcategorized to include rankings for health behaviors, clinical care, social and economic factors, and physical environment. For Nebraska, 79 counties are included in the 2021 rankings. Counties that rank closest to 1st are considered to be healthier. Table 33 and Table 34 detail rankings for each of the counties within the southeast district for health outcomes and health factors and include rankings for each subcategory.



Table 33. County Health Outcomes Rankings and Subcategories

| | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|------------------------|---------|--------|------|--------|------------|
| Health Outcomes | 60 | 40 | 18 | 62 | 70 |
| <i>Length of Life</i> | 70 | 66 | 6 | 31 | 72 |
| <i>Quality of Life</i> | 62 | 19 | 32 | 71 | 57 |

Source: County Health Rankings

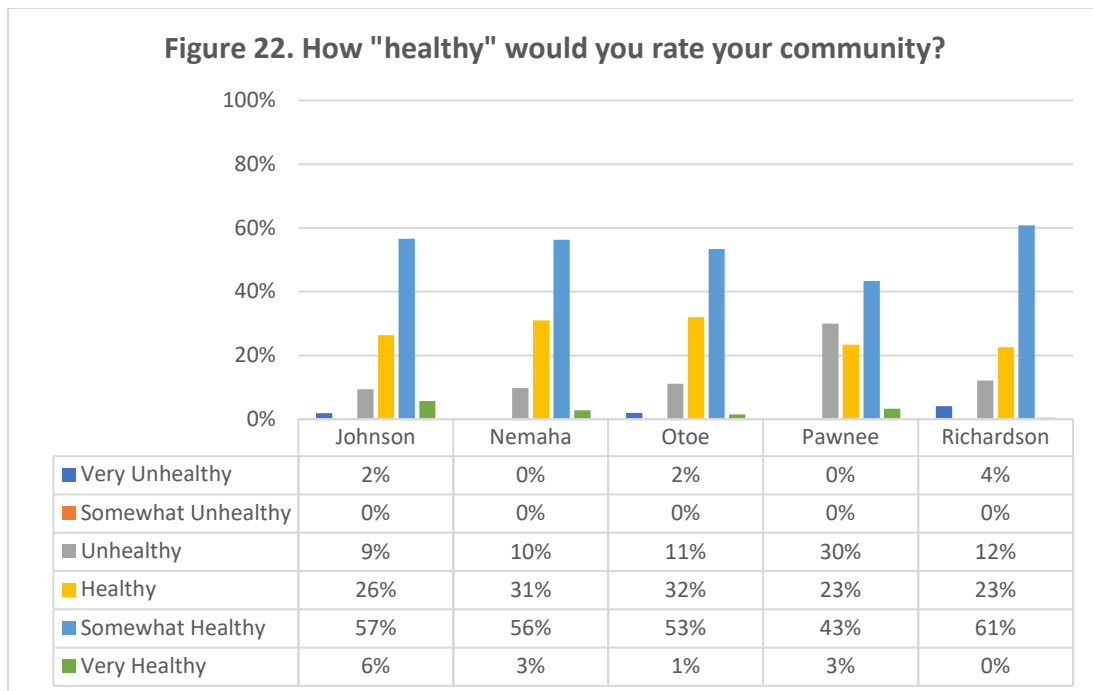
Table 34. County Health Factors Rankings and Subcategories

| | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|--------------------------------------|---------|--------|------|--------|------------|
| Health Factors | 77 | 52 | 33 | 76 | 70 |
| <i>Health Behaviors</i> | 71 | 36 | 32 | 65 | 76 |
| <i>Clinical Care</i> | 62 | 22 | 20 | 56 | 63 |
| <i>Social & Economic Factors</i> | 75 | 62 | 37 | 77 | 48 |
| <i>Physical Environment</i> | 53 | 73 | 61 | 63 | 49 |

Source: County Health Rankings

Perception of Community Health

Survey participants were asked how healthy they would rate their community. Response options included very unhealthy, unhealthy, somewhat healthy, healthy, and very healthy. Over two-thirds of respondents from all counties rated the health of their community as somewhat healthy, healthy, or very healthy. Figure 22 presents responses for each county.



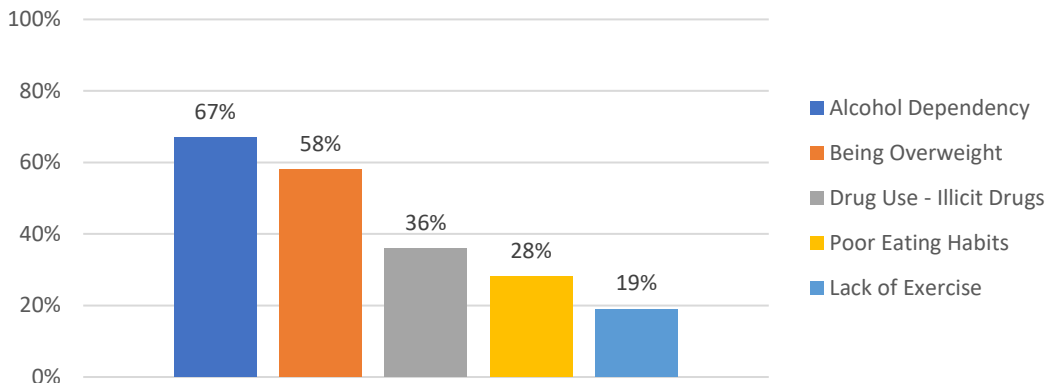
Source: SEDHD Community Survey, 2021



COMMUNITY BEHAVIOR

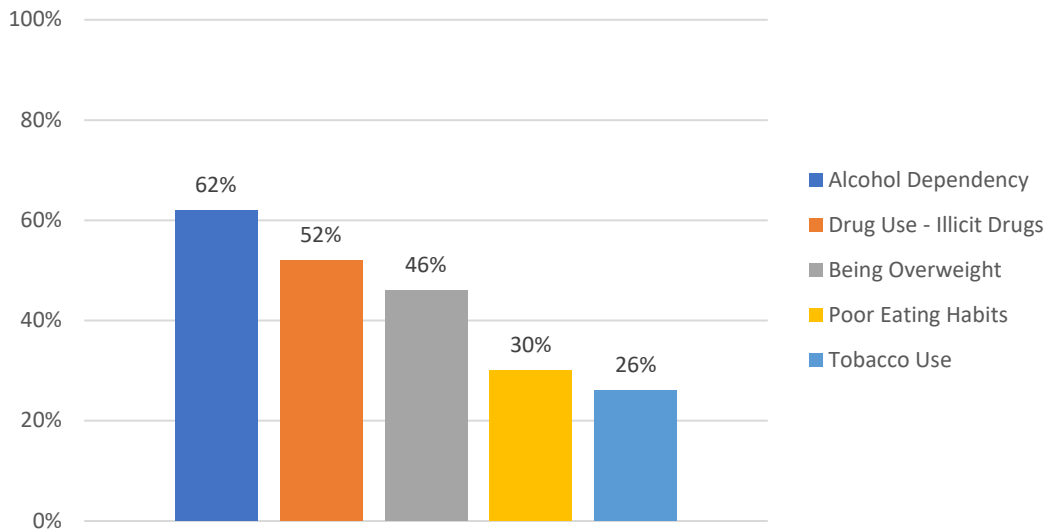
Survey participants were asked what they perceived as the most important risky behaviors that have the greatest impact on the health of their community. Participants selected up to three behaviors from the following options: alcohol dependency, being overweight, dropping out of school, divorce, drug use, lack of exercise, not getting “shots” to prevent disease, not using birth control, not using seat belts/child safety seats, poor eating habits, racism, tobacco use, and unsafe sex. Figures 23 through 27 present the top five responses for each county.

Figure 23. Top Five Responses for Most Important Risky Behaviors - Johnson County



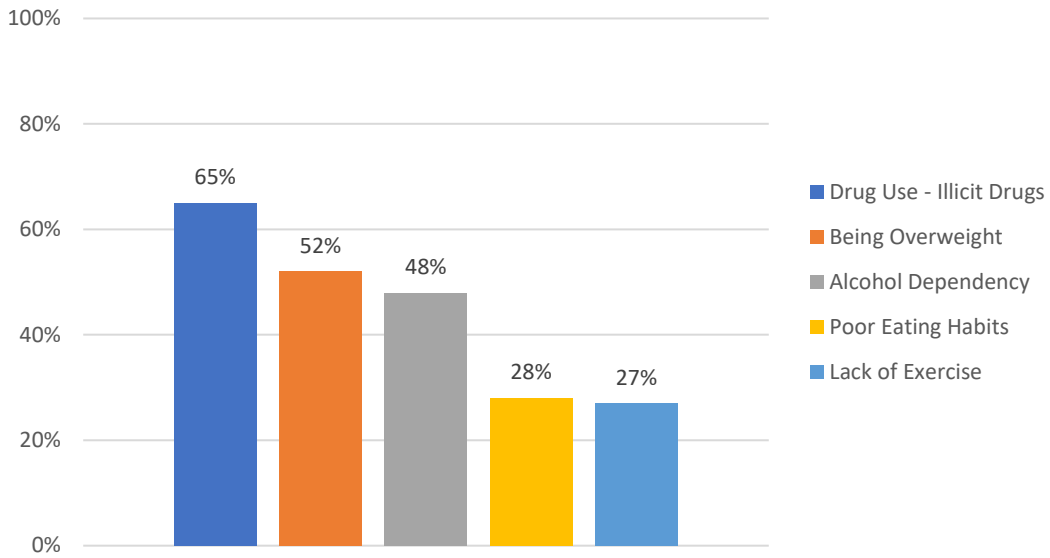
Source: SEDHD Community Survey, 2021

Figure 24. Top Five Responses for Most Important Risky Behaviors - Nemaha County



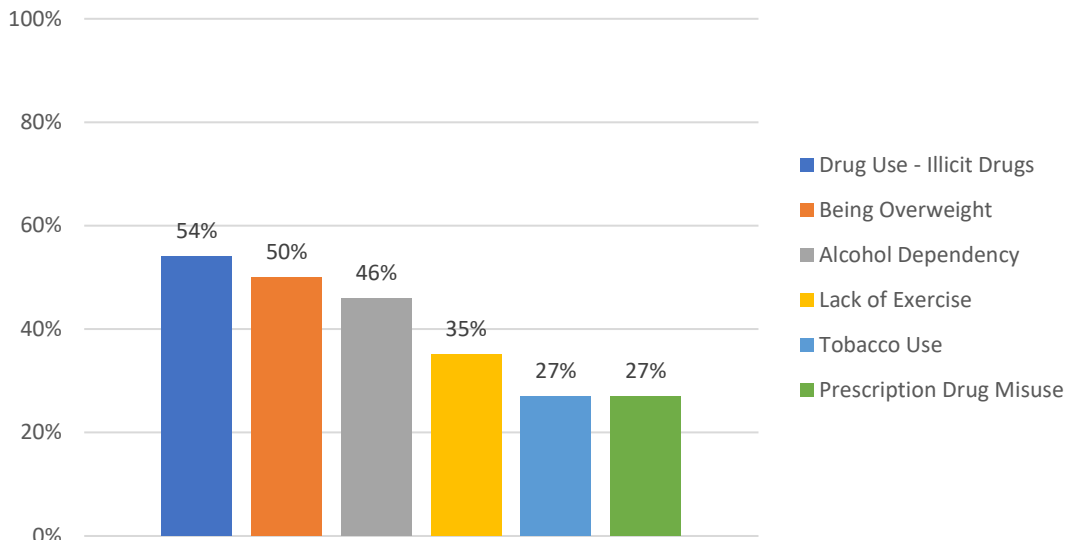
Source: SEDHD Community Survey, 2021

Figure 25. Top Five Responses for Most Important Risky Behaviors - Otoe County



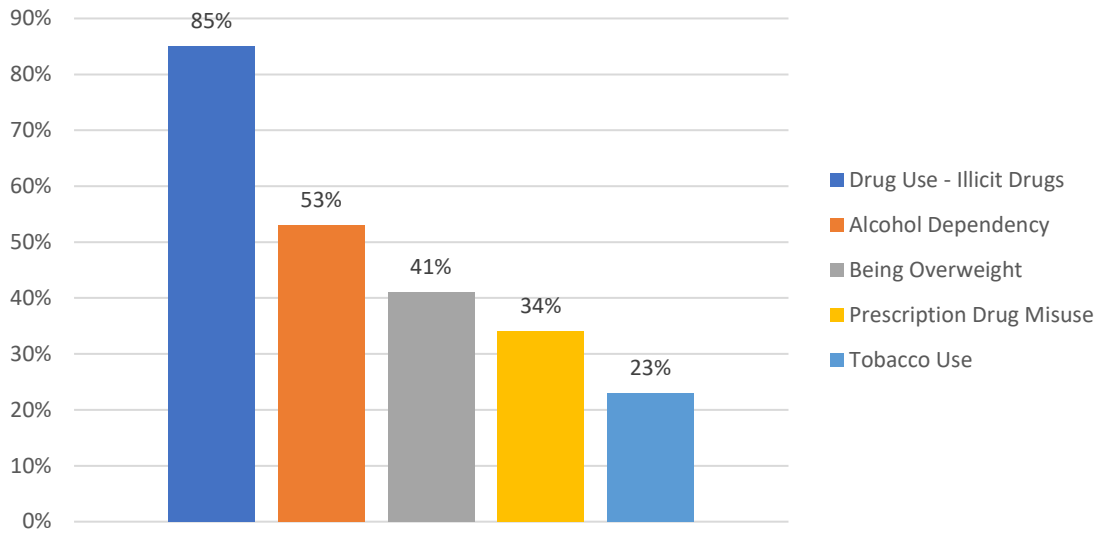
Source: SEDHD Community Survey, 2021

Figure 26. Top Five Responses for Most Important Risky Behaviors - Pawnee County



Source: SEDHD Community Survey, 2021

**Figure 27. Top Five Responses for Most Important Risky Behaviors
- Richardson County**

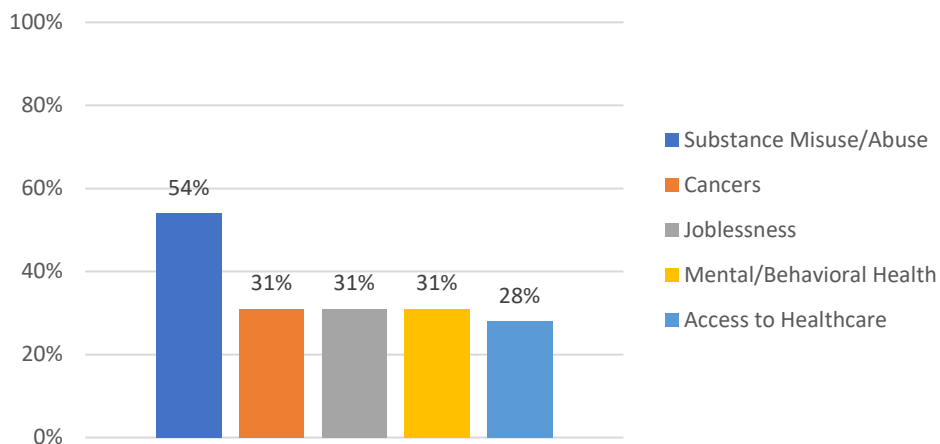


Source: SEDHD Community Survey, 2021

COMMUNITY HEALTH CONCERNS

Survey participants were asked what they perceived as important health concerns in their community. Participants selected up to three health concerns from the following options: access to health care, aging problems (e.g. arthritis, hearing/vision loss, etc.), bullying, cancers, child abuse/neglect, comprehension of health care system, dental problems, diabetes, domestic violence, firearm-related injuries, farming-related injuries, heart disease and stroke, high blood pressure, HIV/AIDS, homicide, homelessness, inadequate housing, infant care (breastfeeding, Sudden Infant Death Syndrome, etc.), infectious disease (Hepatitis, Tuberculosis, etc.), joblessness, lack of access to adequate food supply, lack of resources for parents, mental health problems, motor vehicle crash injuries, rape/sexual abuse, Sexually Transmitted Diseases (STDs), suicide, and workplace-related injuries. Figures 28 through 32 present the top five responses for each county.

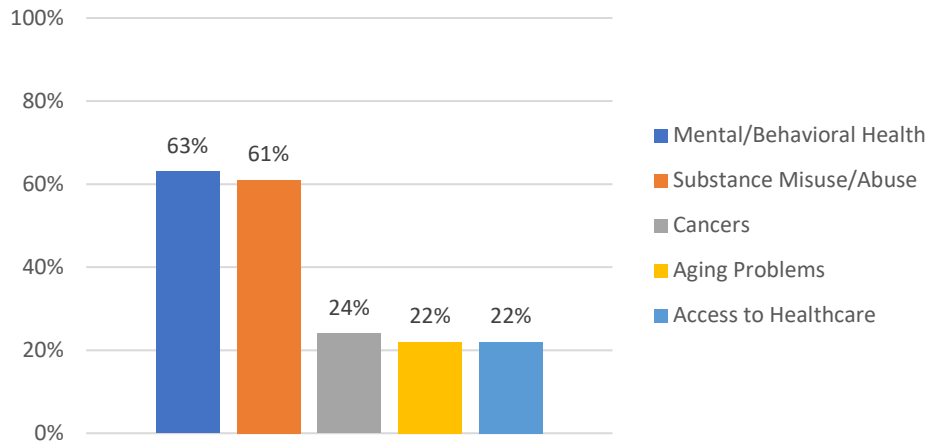
Figure 28. Top Five Responses for Most Important Health Concerns - Johnson County



Source: SEDHD Community Survey, 2021

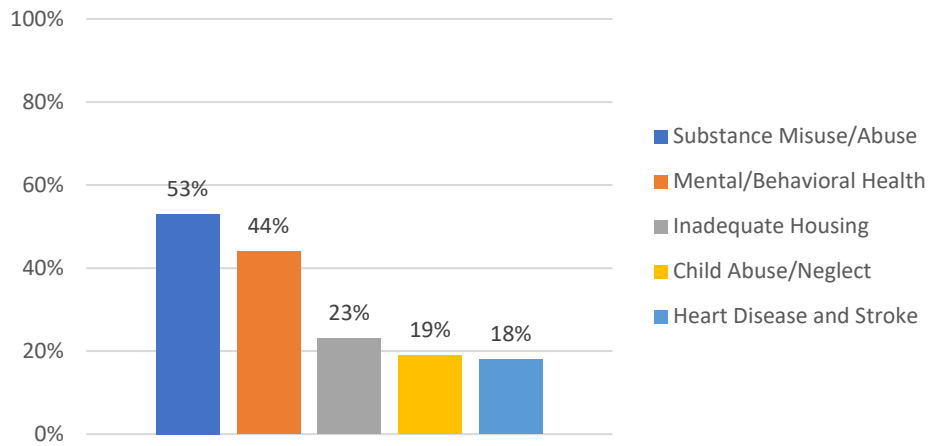


Figure 29. Top Five Responses for Most Important Health Concerns - Nemaha County



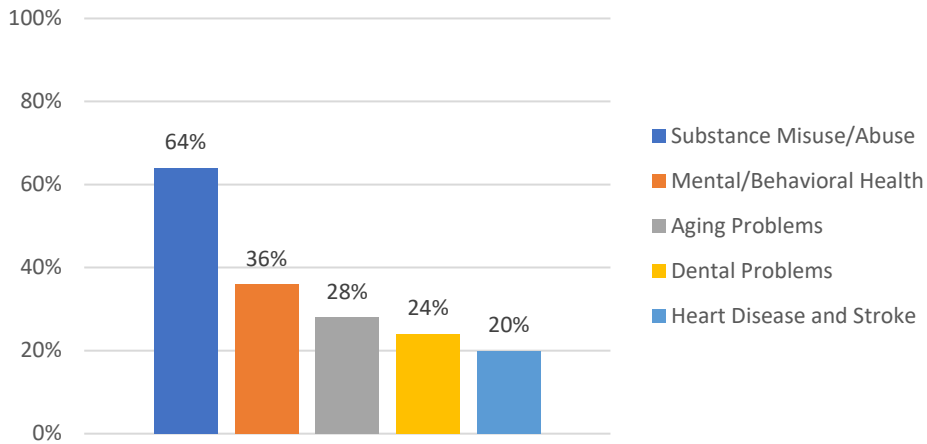
Source: SEDHD Community Survey, 2021

Figure 30. Top Five Responses for Most Important Health Concerns - Otoe County



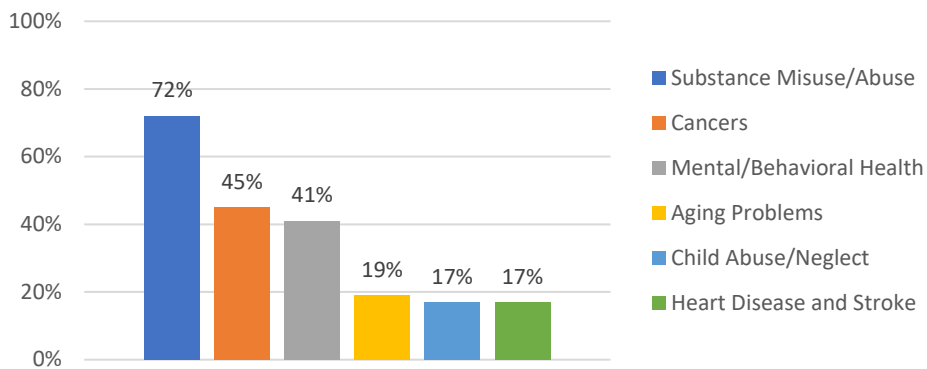
Source: SEDHD Community Survey, 2021

Figure 31. Top Five Responses for Most Important Health Concerns - Pawnee County



Source: SEDHD Community Survey, 2021

Figure 32. Top Five Responses for Most Important Health Concerns - Richardson County



Source: SEDHD Community Survey, 2021

ACCESS TO HEALTH CARE

Health Insurance

The Southeast District had a lower percentage of the population that was without health insurance as compared to the state in 2020. However, Pawnee County had a higher percentage of uninsured population (Table 35). Likewise, the Southeast District had a lower percentage of 19 of age and under population that was without health insurance (Table 36). However, Pawnee County had a high percentage of age 19 and under population without health insurance.

| Table 35. Total Uninsured, Percent | | | | | |
|------------------------------------|---------|--------|------|--------|------------|
| Nebraska | Johnson | Nemaha | Otoe | Pawnee | Richardson |
| 8.2% | 6.1% | 6.5% | 6.4% | 13.2% | 8.7% |

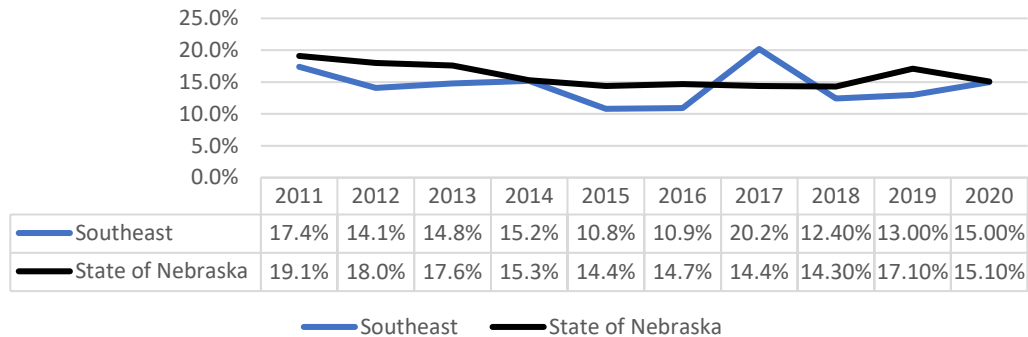
Source: U.S. Census Bureau, 2020 - Selected characteristics of health insurance coverage in the United States, 2016-2020 American Community Survey 5-year estimates

| Table 36. Uninsured – Individuals 19 and Under, Percent | | | | | |
|---|---------|--------|------|--------|------------|
| Nebraska | Johnson | Nemaha | Otoe | Pawnee | Richardson |
| 5.3% | 2.0% | 2.1% | 4.8% | 13.3% | 2.7% |

Source: U.S. Census Bureau, 2020 - Selected characteristics of health insurance coverage in the United States, 2016-2020 American Community Survey 5-year estimates

In 2020, 15% of Southeast District adults ages 18-64 reported having no health care coverage (Figure 33). This indicator has seen a steady increase since 2018 after a sharp decrease from 2017 to 2018, whereas the state had seen a steady downward trend between 2011-2018.

Figure 33. Percent of Adults Ages 18 to 64 Reporting They Have No Health Care Coverage

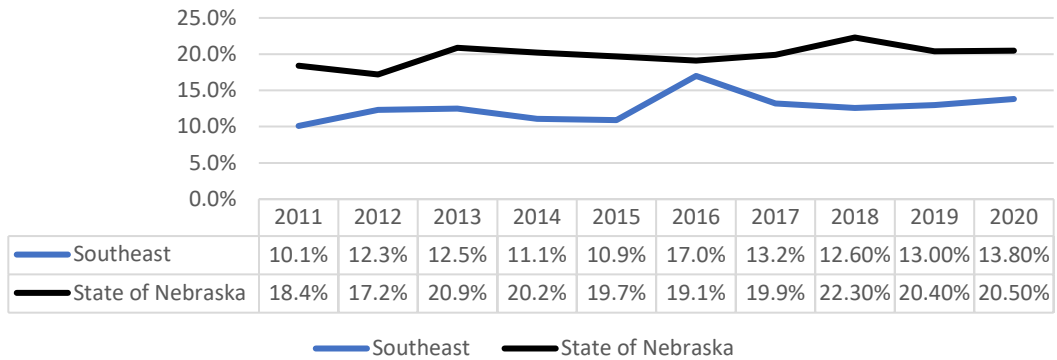


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Access of Health Providers

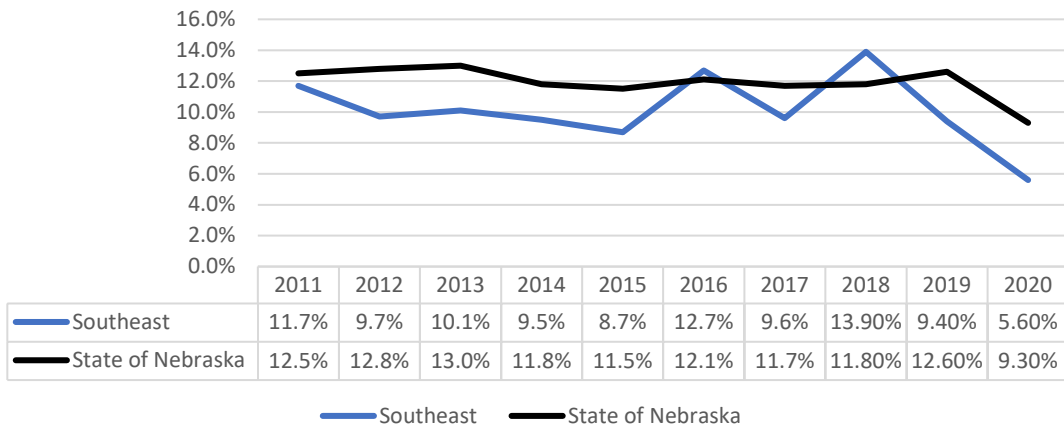
In 2020, fewer Southeast District adults reported not having a personal doctor or health care provider (Figure 34), and fewer adults reported cost as a barrier in seeking care (Figure 35). Additionally, a higher percentage of Southeast District adults reported having had a routine checkup in the past year, compared to the state (Figure 36). However, this percentage is only slightly higher, and both the Southeast District and state data indicate an upward trend in annual checkup completions.

Figure 34. Percent of Adults Ages 18 and Over Reporting They Have No Personal Doctor or Health Care Provider



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

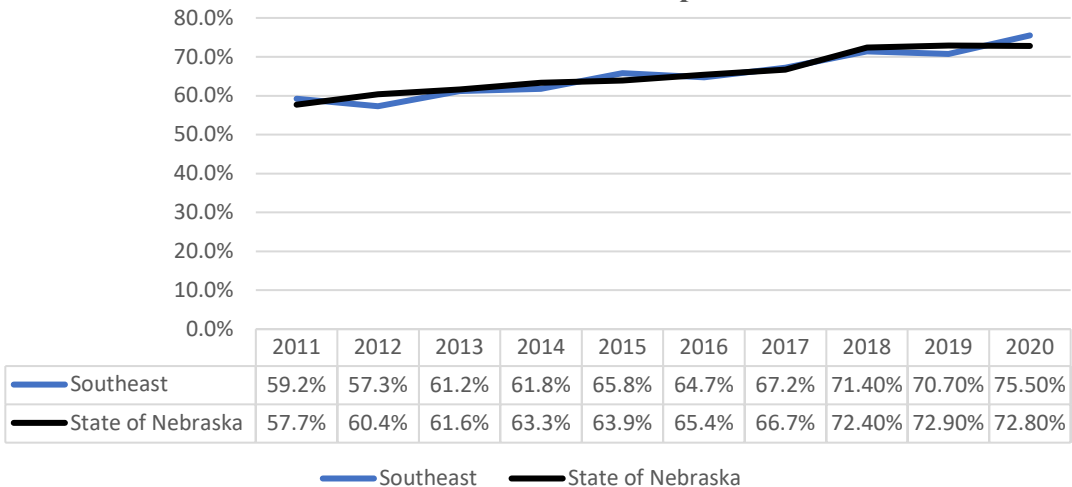
Figure 35. Percent of Adults Ages 18 and Over Reporting They Needed to See a Doctor but Could Not Due to Cost in Past Year[^]



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

[^] Nebraska Healthy People 2020 Measure

Figure 36. Percent of Adults Ages 18 and over Reporting They Had a Routine Checkup in Past Year[^]



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

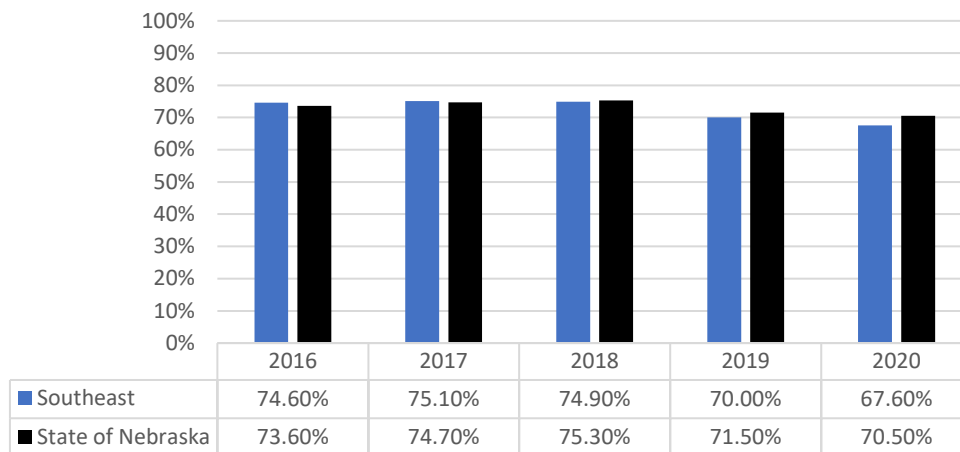
[^] Nebraska Healthy People 2020 Measure



Health Literacy

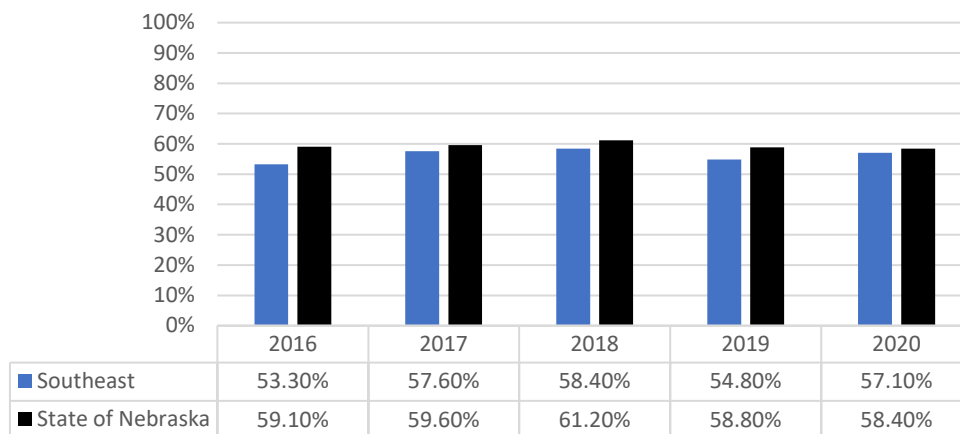
In 2020, The BRFFS included three statements regarding health literacy: 1) Very easy to get needed advice or information about health or medical topics, 2) Very easy to understand information that medical professions tell you, 3) Very easy to understand written health information. Overall, a greater percentage of Southeast District adults found it easy to obtain needed medical advice or information compared to the state (Figure 37). However, Southeast District adults showed lower levels of health literacy regarding the ability to understand the information provided by medical professionals and the ability to understand written health information (Figure 38 and 39).

Figure 37. Very Easy to Get Needed Advice or Information About Health or Medical Topics



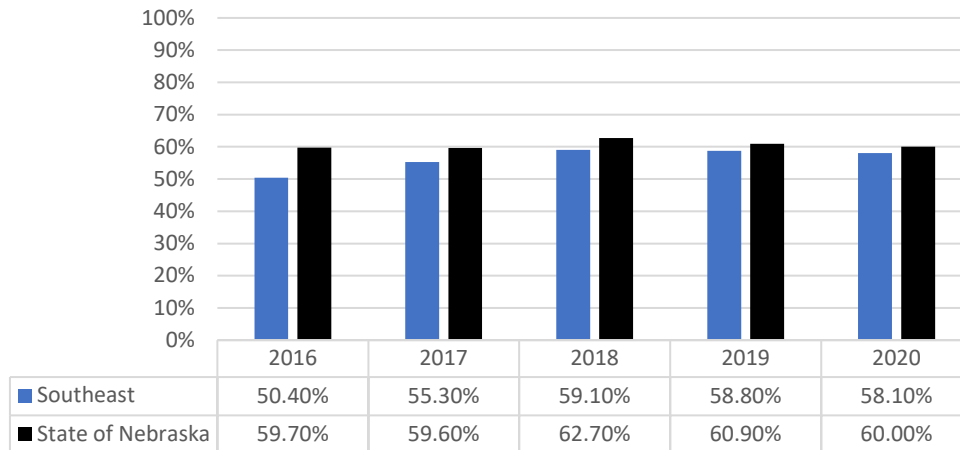
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 38. Very Easy to Understand Information that Medical Professions Tell You



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 39. Very Easy to Understand Written Health Information



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Health Professionals

Table 37 presents Federal Designated Health Professional Shortages in the Southeast District for primary care, mental health, dental health. Johnson and Richardson Counties are designated shortage areas for primary care and all counties, besides Otoe, are designated shortage areas for dental health. Additionally, the entire Southeast District is a designated mental health shortage area.

| Table 37. Federal Designated Health Professional Shortages | | | | | | |
|---|---------|--------|------|--------|------------|--------------|
| | Johnson | Nemaha | Otoe | Pawnee | Richardson | SEDHD Region |
| Primary Care | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Mental Health | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dental Health | ✓ | | ✓ | ✓ | ✓ | ✓ |

Source: U.S. Health and Human Services Health Resources and Services Administration, 2021

Table 38 displays State Designated Health Professional Shortages in the Southeast District for various health professions. All counties within the district are full or partial shortage areas for internal medicine, pediatrics, obstetrics and gynecology, and psychiatrics. Occupational and physical therapy are the only health professions in which the Southeast District did not have a full or partial professional shortage.

| Table 38. State Designated Health Professional Shortages | | | | | | |
|---|---------|--------|---------|--------|------------|--------------|
| | Johnson | Nemaha | Otoe | Pawnee | Richardson | SEDHD Region |
| Family Medicine | ✓ | | | | ✓ | Partial |
| General Surgery | ✓ | ✓ | Partial | ✓ | | Partial |
| Internal Medicine | ✓ | ✓ | Partial | ✓ | ✓ | Partial |
| Pediatrics | ✓ | ✓ | Partial | ✓ | ✓ | Partial |
| Obstetrics and Gynecology | ✓ | ✓ | Partial | ✓ | ✓ | Partial |



| | | | | | | |
|----------------------|---|---------|---------|---------|---|---------|
| Psychiatrics | ✓ | ✓ | Partial | ✓ | ✓ | Partial |
| General Dentistry | | Partial | | Partial | | Partial |
| Pharmacy | | | | ✓ | ✓ | Partial |
| Occupational Therapy | | | | | | |
| Physical Therapy | | | | | | |

Source: Nebraska Department of Health and Human Services Office of Rural Health, 2018

Table 39 displays the ratio of population to primary care physicians, midlevel primary care providers, dentists, and mental health providers. Text highlighted in red indicates health professions for which there is a higher number of people served per health care professional as compared to the state.

| Table 39. Ratio of Population to Health Care Providers | | | | | | |
|--|---------|---------|---------|---------|------------|----------|
| | Johnson | Nemaha | Otoe | Pawnee | Richardson | Nebraska |
| Primary Care Physician | 2,570:1 | 1,390:1 | 1,780:1 | 1,320:1 | 1,980:1 | 1,310:1 |
| Midlevel Primary Care Providers* | 850:1 | - | 2,297:1 | 663:1 | 1,151:1 | 988:1 |
| Dentists | 5,070:1 | 2,320:1 | 1,780:1 | 870:1 | 2,620:1 | 1,270:1 |
| Mental Health Providers | 5,070:1 | 3,490:1 | 1,600:1 | 2,610:1 | 1,120:1 | 360:1 |

Source: County Health Rankings, 2021

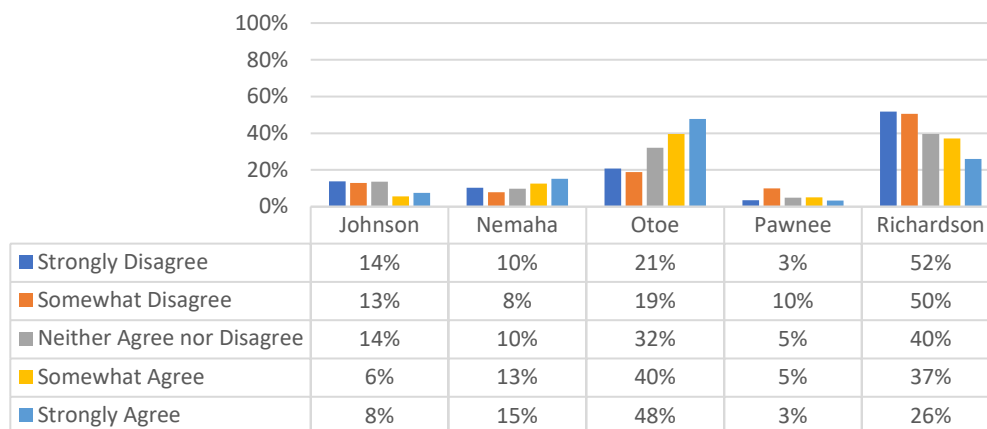
"-" indicates that no data was available from this source

* Midlevel primary care providers include nurse practitioners, physician assistants, and clinical nurse specialists

Community Perception of Health Care System

Survey participants were asked about their perceptions of the health care system in their communities. Topics assessed included health and wellness activities, satisfaction of the health care system, access to family health providers, access to medical specialists, satisfaction of medical care, costs for medical care, and access to medical care. Participants were asked to indicate their level agreement with the following response options: strongly disagree, disagree, neutral, agree, and strongly agree. Figures 40 through 45 detail responses to each topic for each by county.

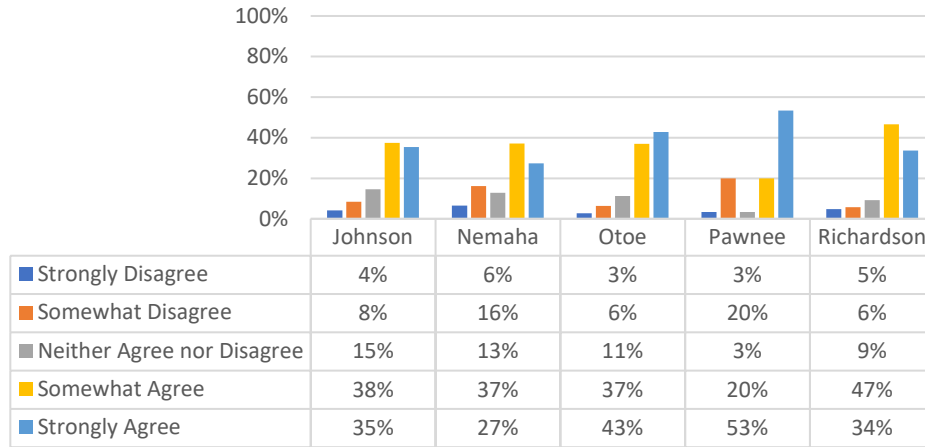
Figure 40. The community has adequate health and wellness activities.



Source: SEDHD Community Survey, 2021

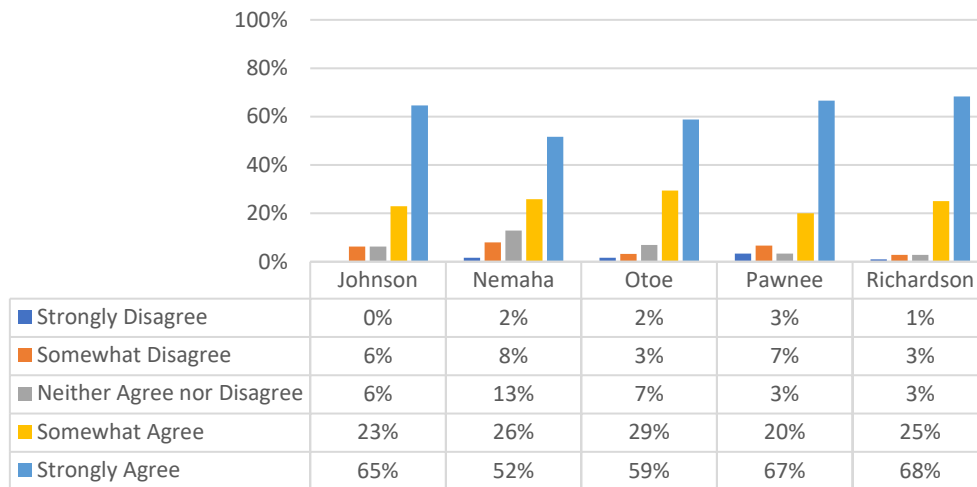


Figure 41. I am satisfied with the healthcare system in the community.



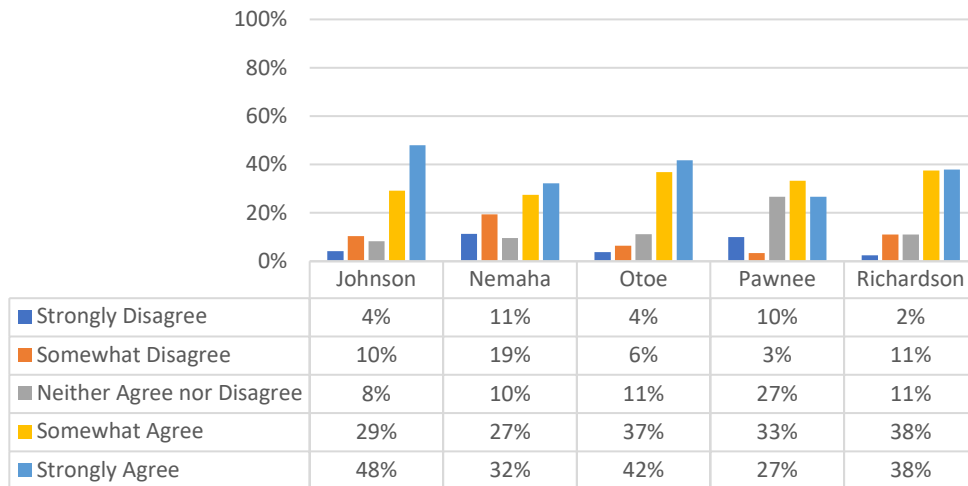
Source: SEDHD Community Survey, 2021

Figure 42. I have easy access to family health providers.



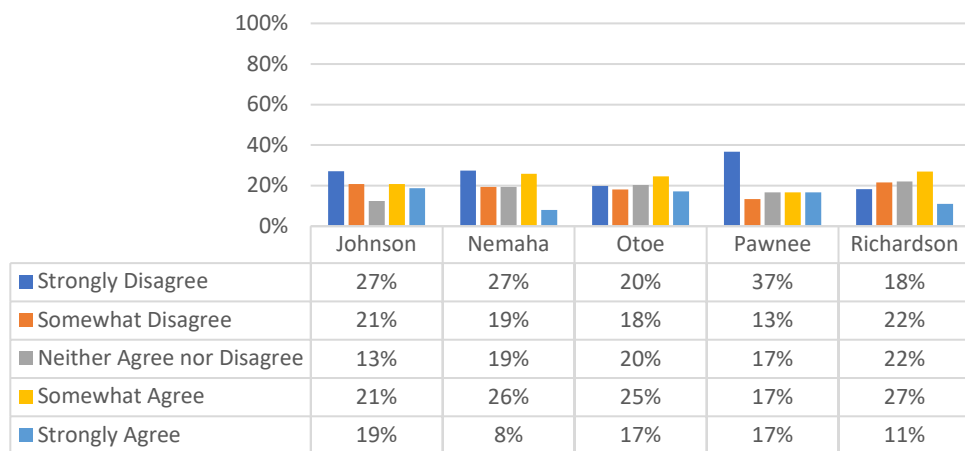
Source: SEDHD Community Survey, 2021

Figure 43. I have easy access to the medical specialists I need.



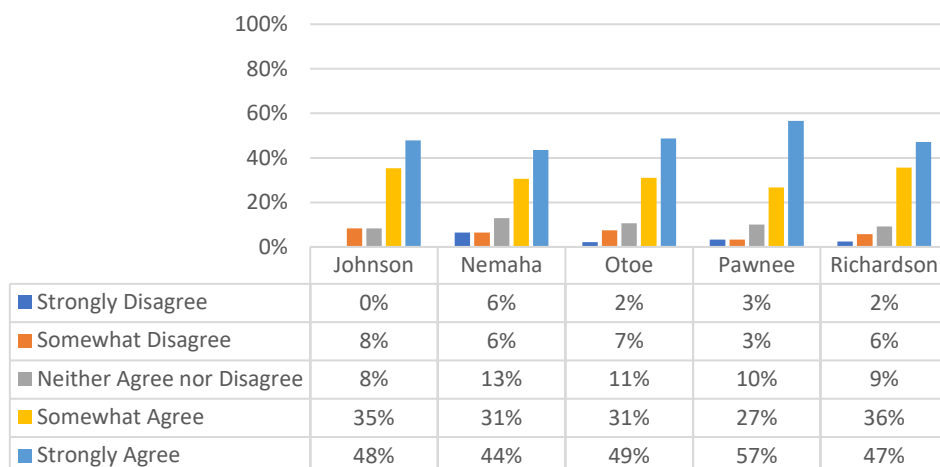
Source: SEDHD Community Survey, 2021

Figure 44. Sometimes it is a problem for me to cover my share of the costs for a medical care visit.



Source: SEDHD Community Survey, 2021

Figure 45. I am able to get medical care whenever I need it.



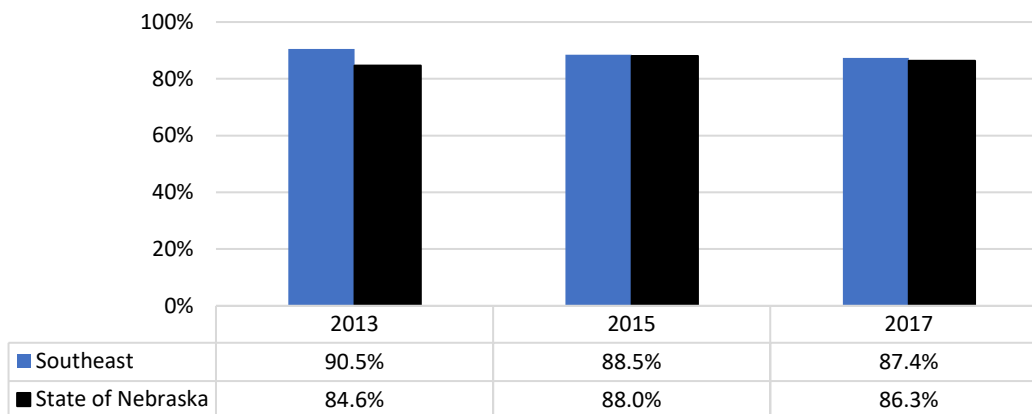
Source: SEDHD Community Survey, 2021



HEALTH SCREENINGS

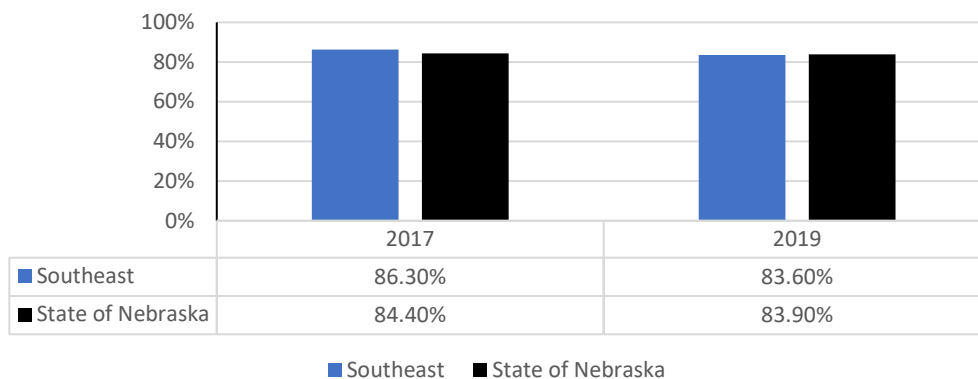
Figures 46 through 50 illustrate BRFSS response data regarding percentages of Southeast District adults who have had various health screenings completed within recommended time frames. Southeast adults tend to have higher completion rates for blood pressure and cholesterol screenings but lower completion rates for cancer screenings (i.e., colon, breast, and cervical cancer screenings).

Figure 46. Percentage of Adults 18 and Older Who Report Having Had Their Blood Pressure During the Past 12 Months



Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

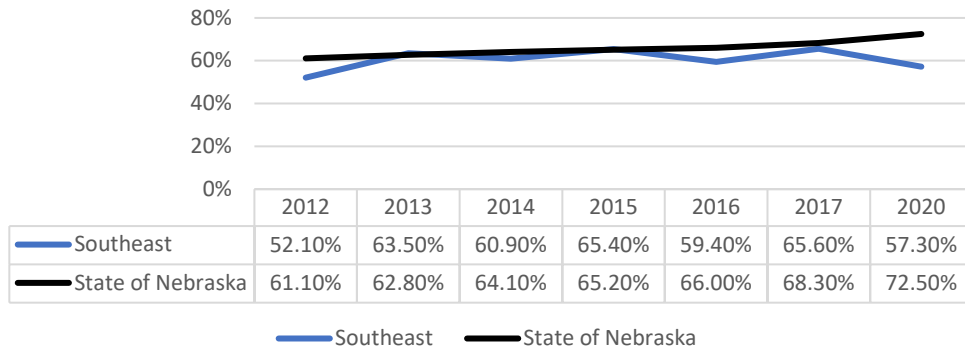
Figure 47. Percentage of Adults 18 and Older Who Report Having Had Their Blood Cholesterol Checked During the Past Five Years ^



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

^ Nebraska Healthy People 2020 Measure

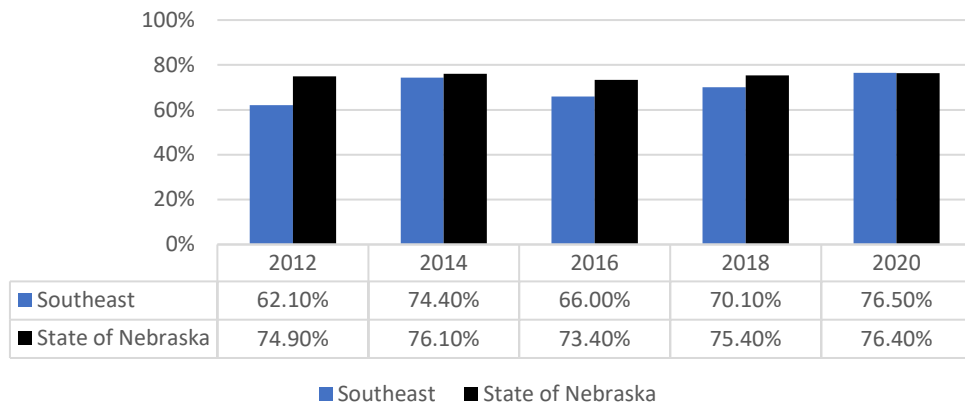
Figure 48. Percentage of Adults 50–75 Years Old Who Report Up-to-Date on Colon Cancer Screening*



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

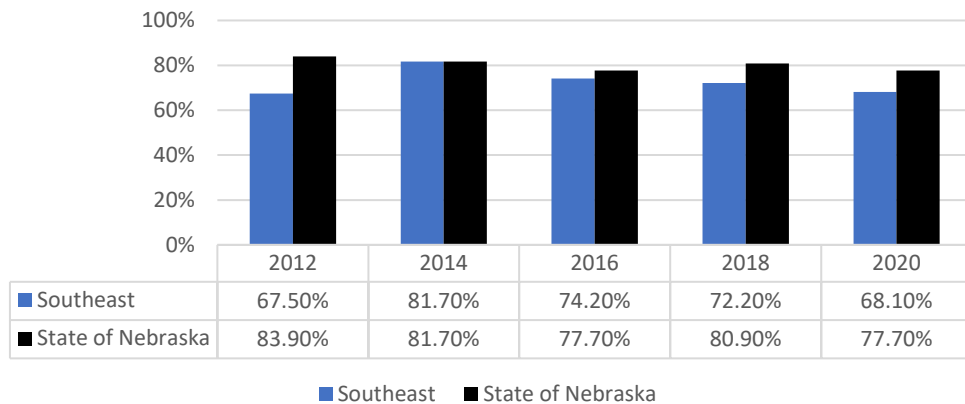
* fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years

Figure 49. Percentage of Females 50-74 Years Old Who Report Having Had a Mammogram During the past Two Years



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 50. Percentage of Females 21-65 years Old Without a Hysterectomy Who Report Having had a Pap Test During the Past Three Years



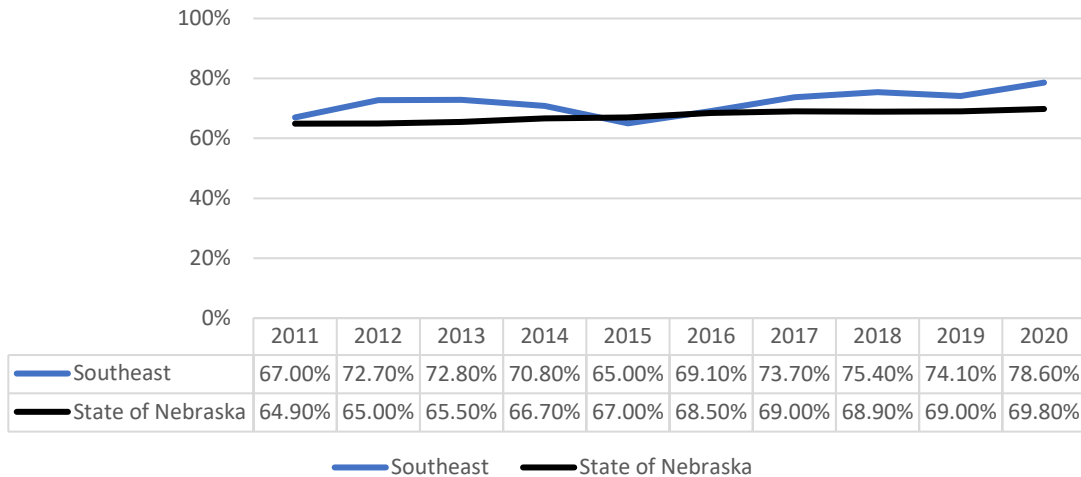
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

OBESITY AND PHYSICAL ACTIVITY

Obesity

In 2020, 78.6% of Southeast District adults reported having a body mass index (BMI) of 25.0 or greater compared to 69.8% for the state, signifying a higher prevalence of an overweight or obese population (Figure 51). The Southeast District has had a higher percentage since 2011, with an increasing trend since 2015.

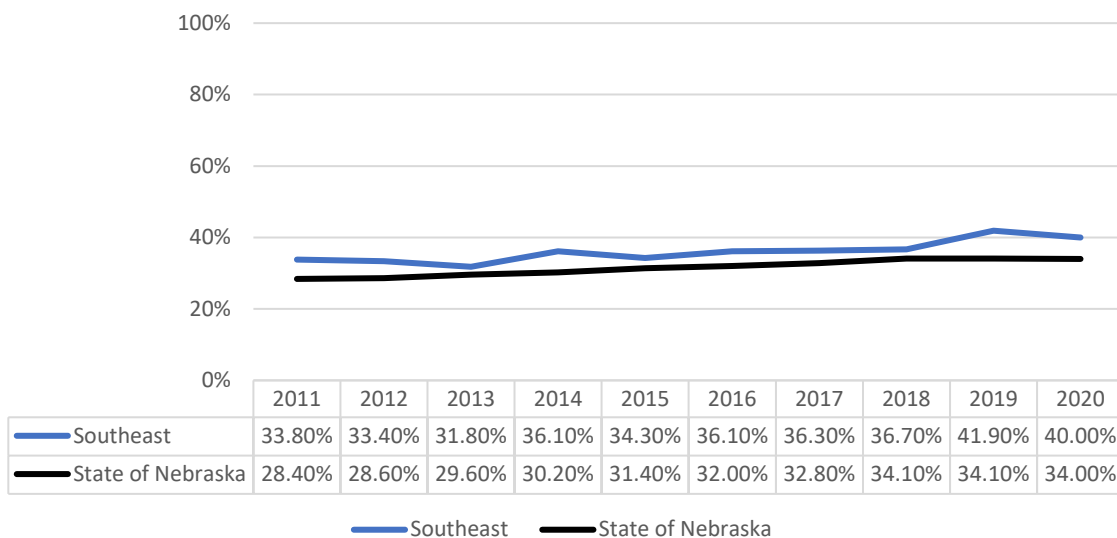
Figure 51. Percentage of Adults 18 and Older with a BMI of 25.0 or Greater*



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Based on self-reported height and weight

Similarly, 40% of Southeast District adults reported having a BMI of 30.0 or greater compared to 34% for the state, signifying a higher prevalence of an obese population (Figure 52).

Figure 52. Percentage of Adults 18 and Older with a BMI of 30.0 or Greater^**



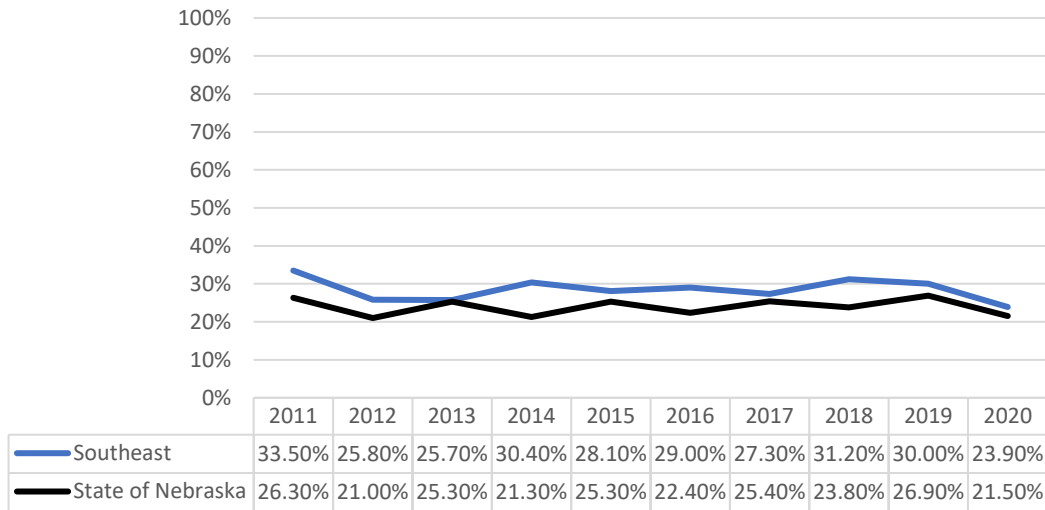
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Based on self-reported height and weight
 ^ Nebraska Healthy People 2020 Measure



Physical Activity

Figures 53 through 56 display BRFSS response data on physical activity trends among Southeast District adults. In general, compared to the state, adults indicated having less time devoted to leisure-time physical activity and tend not to meet recommendations for muscle strengthening or combination of aerobic and muscle-strengthening physical activities. However, more Southeast District adults indicated they met aerobic physical activity recommendations compared to the state.

Figure 53. Percentage of Adults 18 and Older Who Report No Leisure-Time Physical Activity in past 30 Days*[^]

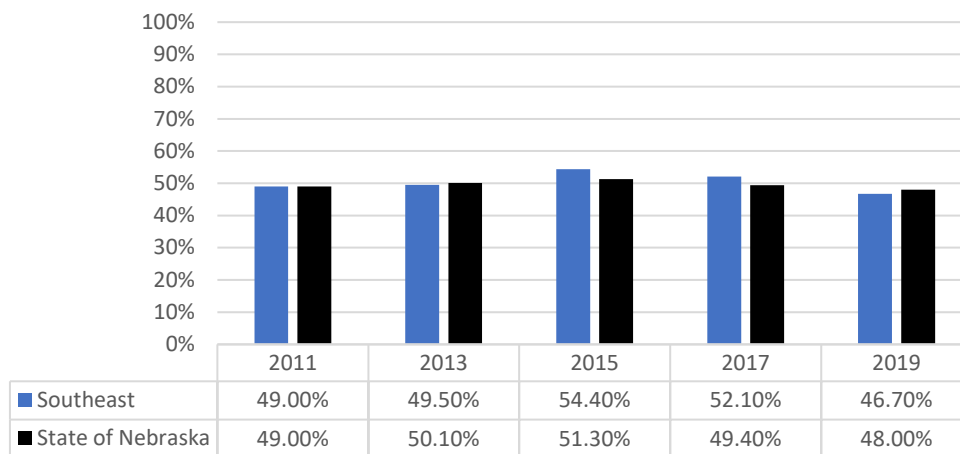


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* 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.

[^] Nebraska Healthy People 2020 Measure

Figure 54. Percentage of Adults 18 and Older that Met Aerobic Physical Activity Recommendation*[^]

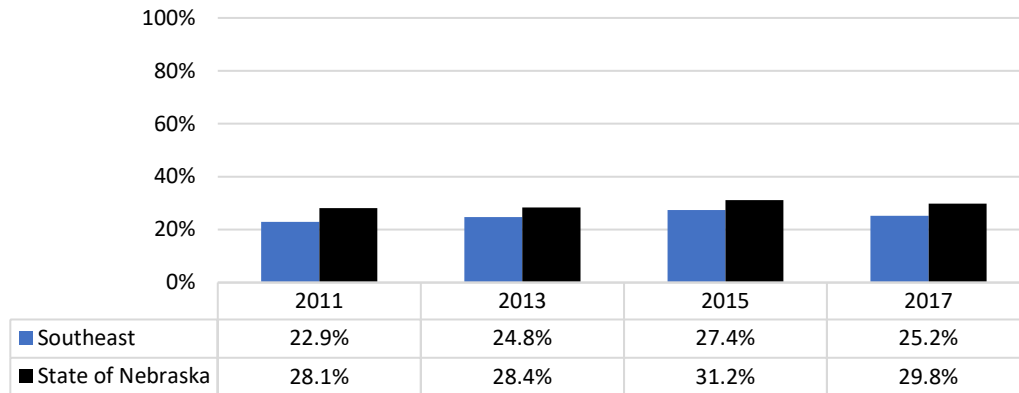


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month.

[^] Nebraska Healthy People 2020 Measure

Figure 55. Percentage of Adults 18 and Older that Met Muscle Strengthening Recommendation*^

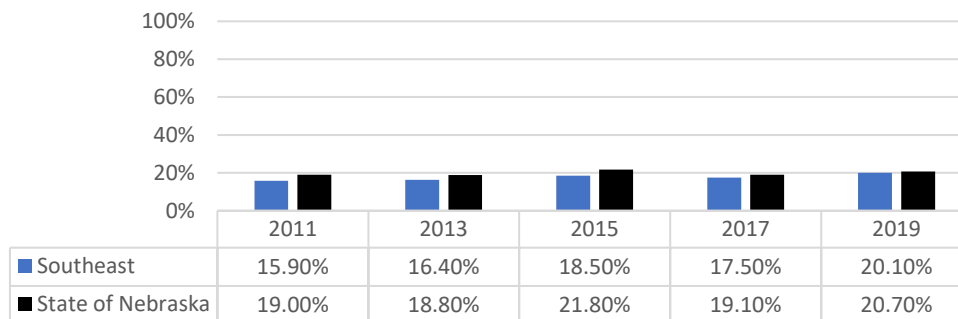


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Percentage of adults 18 and older who report that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month.

^ Nebraska Healthy People 2020 Measure

Figure 56. Percentage of Adults 18 and Older that Met Both Aerobic Physical Activity and Muscle Strengthening Recommendation*^



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

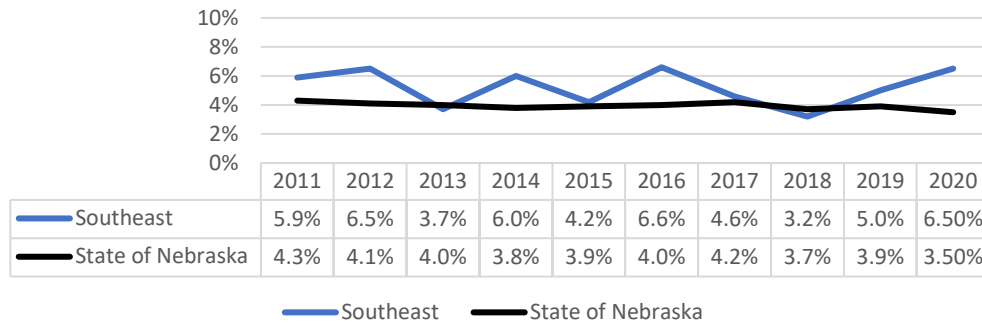
* Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month and that they engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month.

^ Nebraska Healthy People 2020 Measure

HEART DISEASE

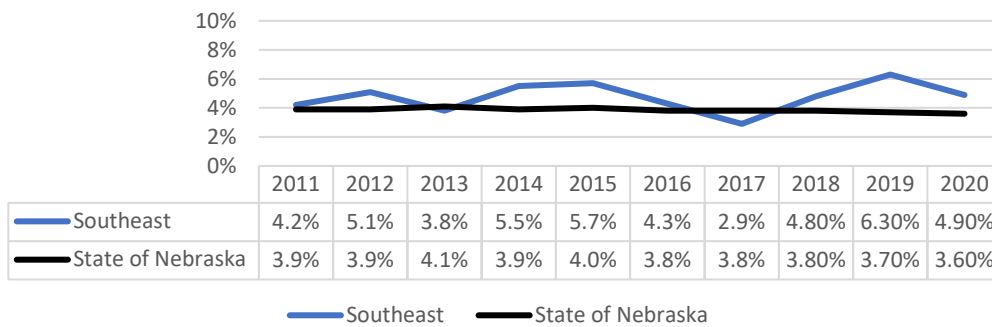
Figures 57 through 59 present BRFSS response data on heart disease within the Southeast District. In 2020, 6.5% of respondents indicated that they have ever been told they had a heart attack, 4.9% indicated ever been told they have coronary heart disease, and 8.0% reported that they had had a heart attack or coronary heart disease. All three of these measures have been on an upward trend since 2017 and are comparable to state data.

Figure 57. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack



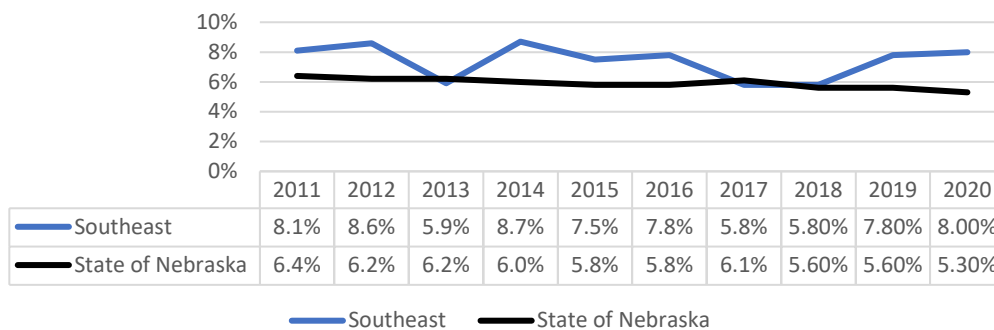
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 58. Percent of Adults Ages 18 and Older Ever Told They Have Coronary Heart Disease



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

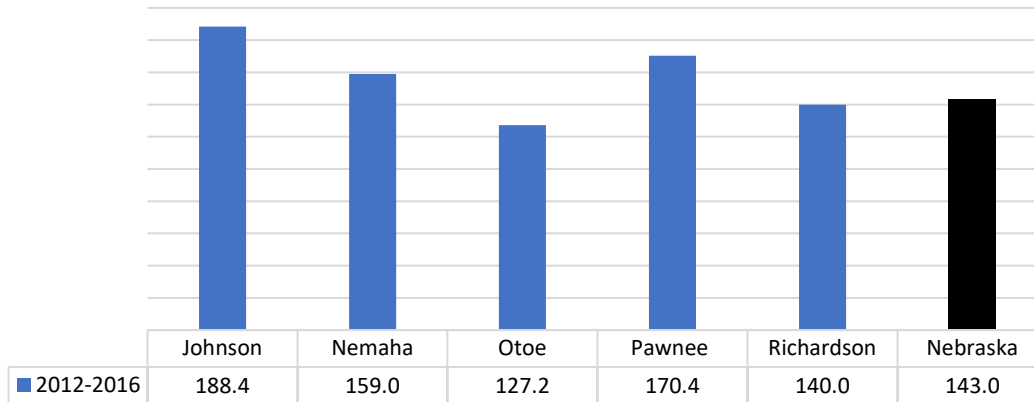
Figure 59. Percent of Adults Ages 18 and Older Ever Told They Had a Heart Attack or Coronary Heart Disease



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 60 displays heart disease mortality rates for each county as compared to the state. Johnson, Nemaha, and Pawnee Counties have higher mortality rates with Johnson County having the highest in the district.

Figure 60. Heart Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)

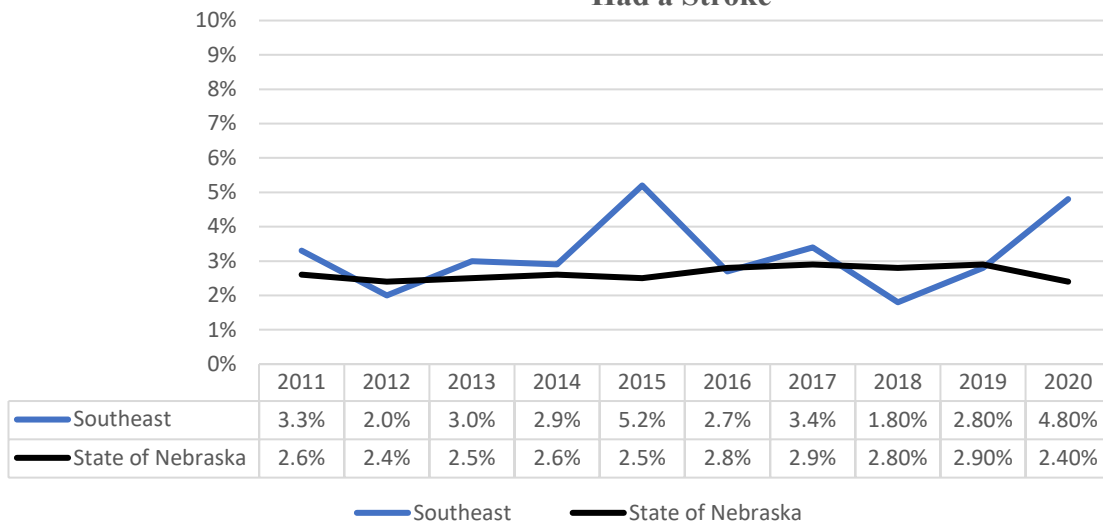


Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

STROKE

In 2020, 4.8% of BRFSS respondents in the Southeast District reported that they have ever been told that they have had a stroke (Figure 61). This measure has seen a significant increase since 2018 while the state data has remained consistent.

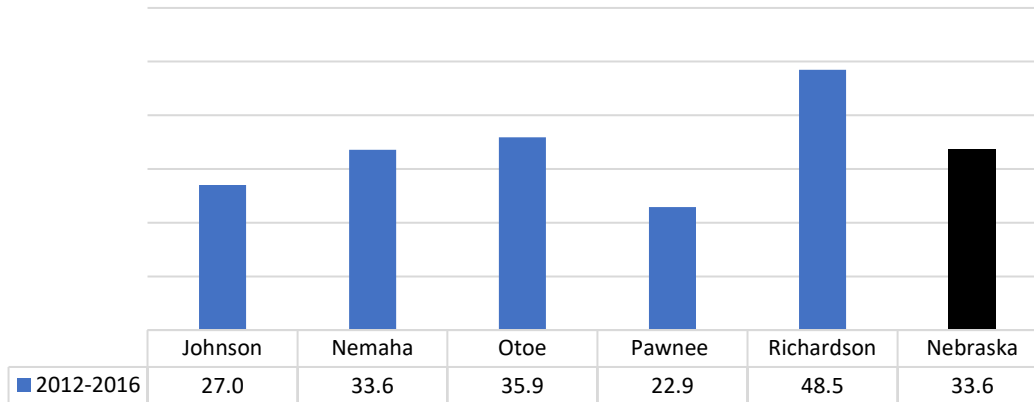
Figure 61. Percent of Adults Ages 18 and Older Ever Told They Had a Stroke



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 62 displays cerebrovascular disease mortality rates for each county as compared to the state. Otoe and Richardson Counties had higher mortality rates, 35.9 and 48.5, respectively.

Figure 62. Cerebrovascular Disease Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)

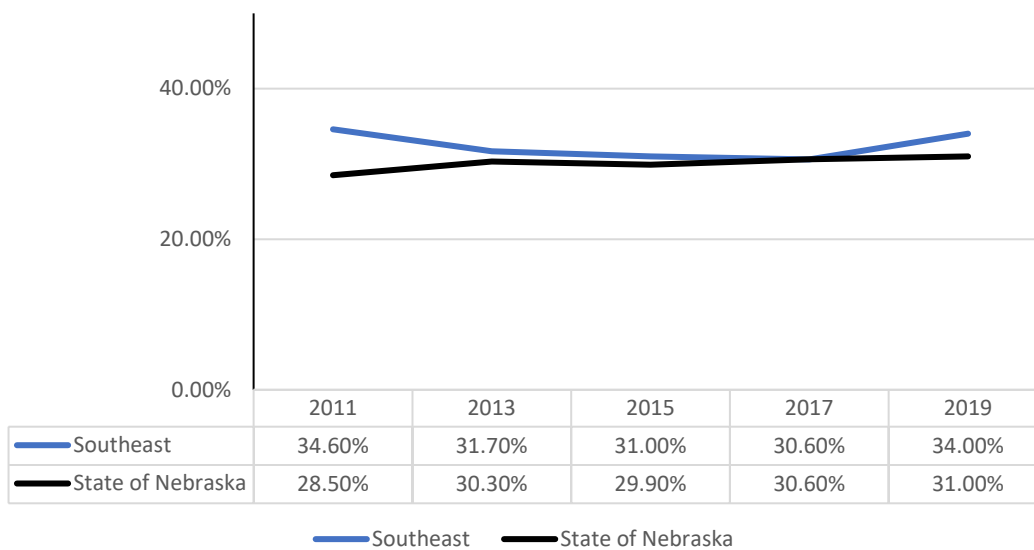


Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

HIGH BLOOD PRESSURE AND CHOLESTEROL

In 2020, 34% of Southeast District adults reported that they have ever been told by a medical professional that they have high blood pressure, exceeding the state percentage (Figure 63). This measure had been trending downward since 2011, however the percentage increased between 2017 and 2019. Likewise, in 2020, more Southeast District adults indicated being told that they have high cholesterol compared to the state, 33.5% and 31.1%, respectively (Figure 64).

Figure 63. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have High Blood Pressure*^

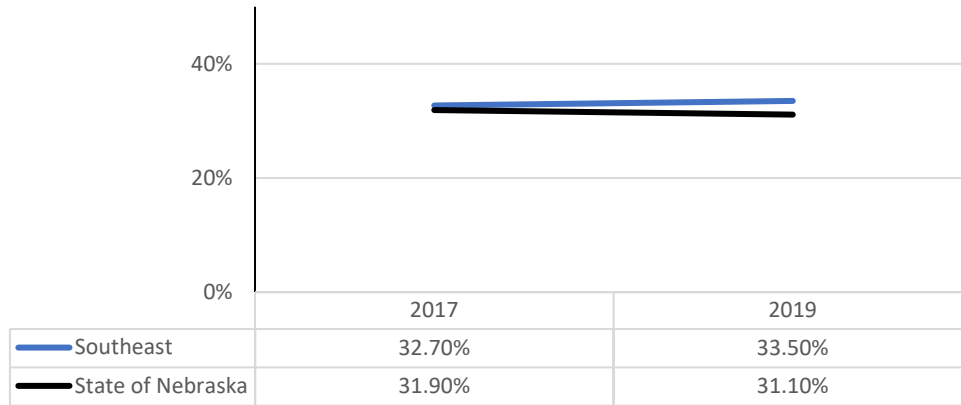


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

* Excluding pregnancy

^ Nebraska Healthy People 2020 Measure

Figure 64. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told They Have Ever Been Told that Their Blood Cholesterol is High[^]

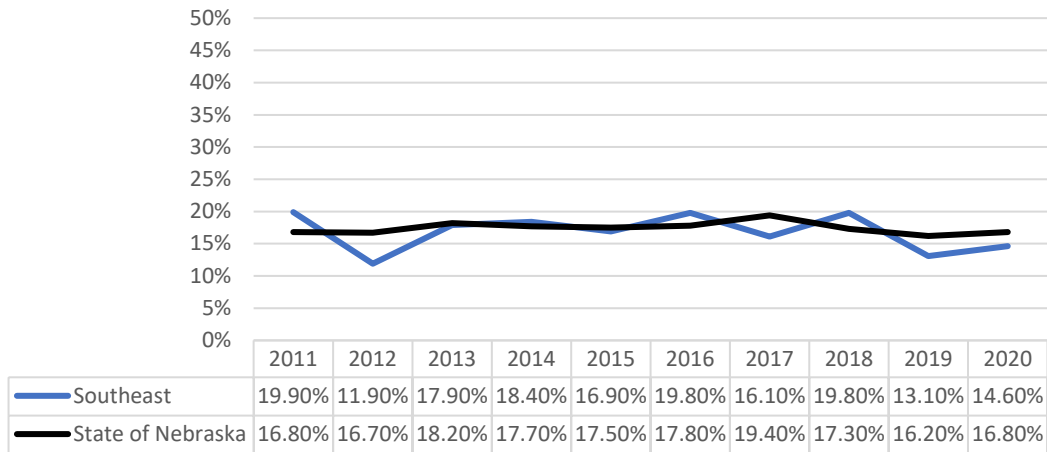


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure

MENTAL HEALTH

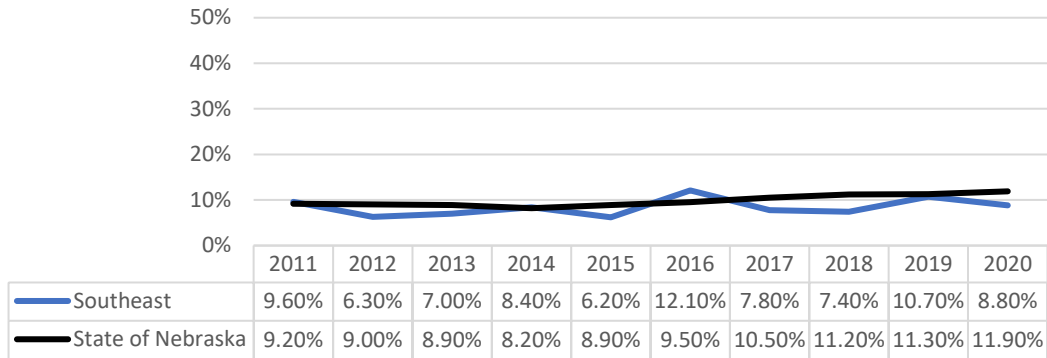
In 2017, 16.1% of Southeast Districts adults reported ever being told they have depression, compared to 19.4% for the state (Figure 65). This indicator has been on a downward trend since 2011 and has been consistent with the state data. Likewise, in 2017, 7.8% of Southeast District adults report that their mental health was not good on 14 or more of the previous 30 days, compared to 10.5% for the state (Figure 66). This indicator has also been on a downward trend since 2011 and has been consistent with the state data.

Figure 65. Percentage of Adults 18 and Older Who Report that They have Depression.



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Includes depression, major depression, dysthymia, or minor depression

Figure 66. Percentage of Adults 18 and Older Who Report that Their Mental Health was not Good on 14 or More of the Previous 30 Days*



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
 * Includes stress, depression, and problems with emotions

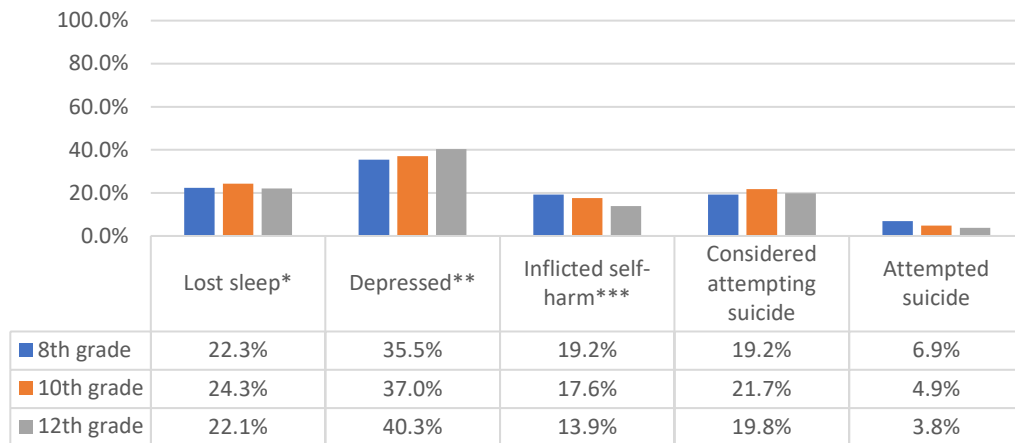
Table 40 presents additional BRFSS measures on mental health for Southeast District adults.

| Table 40. Mental Health Indicators Among Adults 18 and Older (2012) | | |
|---|------------------|--------------------------|
| | Southeast | State of Nebraska |
| Currently taking medication or receiving treatment for a mental health condition | 8.0% | 11.0% |
| Symptoms of serious mental health illness in past 30 days* | 3.8% | 3.2% |

Source: Nebraska Behavioral Risk Factor Surveillance System, 2017
 * Percentage reporting answers to six questions measuring risk for serious psychological distress during the past 30 days (based on the Kessler 6 (K6) instrument) that generate a score of 13 or higher, suggesting serious mental illness

Figures 67 presents percentages of Southeast District youth who reported anxiety, depression, and suicide in 2018.

Figure 67. Percentage Reporting Anxiety, Depression, and Suicide During Past 12 Months Among 8th, 10th, and 12th Grade Students

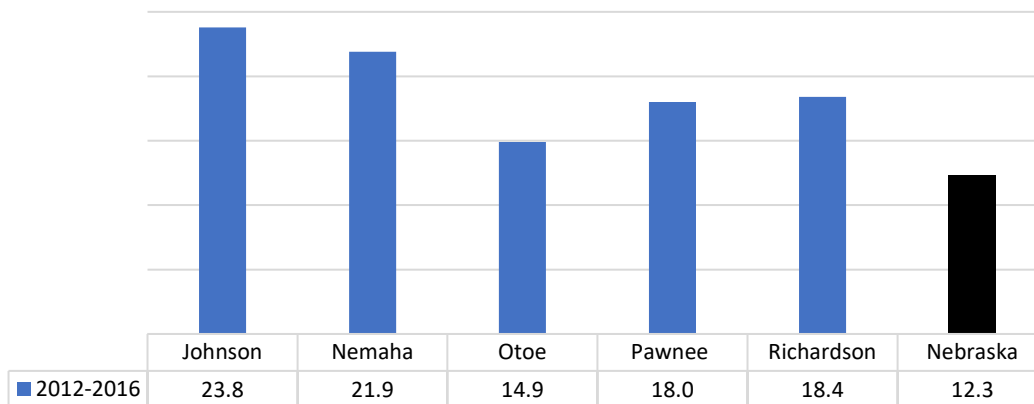


Source: Nebraska Risk and Protective Factor Student Survey, 2018
 *Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always.
 **Percentage who reported "Yes" to the question "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"
 ***Percentage who reported "Yes" to the question "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?"



Figure 68 displays suicide mortality rates for each county and compared to the state. All counties within the district have a higher suicide mortality rate with Johnson and Nemaha Counties having the highest rates within the district.

Figure 68. Age-Adjusted Suicide Mortality Rate per 100,000 Population (2012-2016)



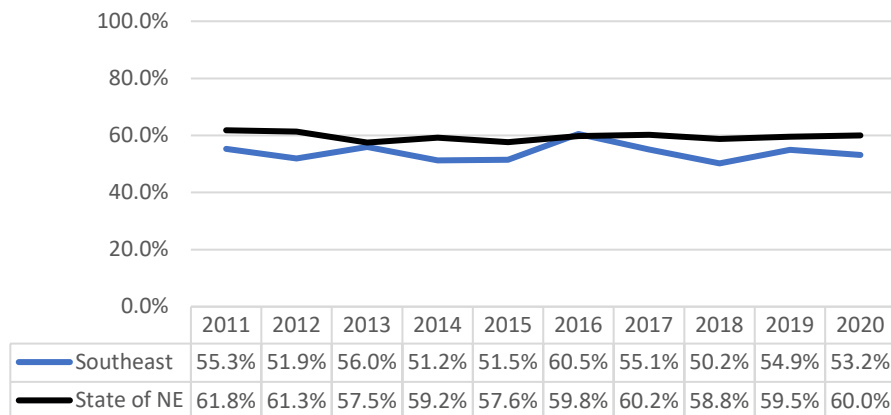
Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

ADULT ALCOHOL AND TOBACCO USE

Alcohol

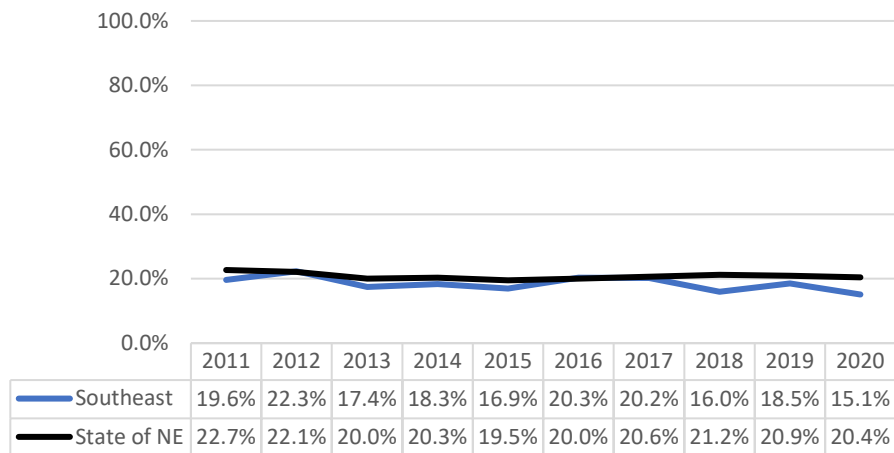
Figures 69 through 71 present BRFSS response data regarding adult alcohol consumption. In general, respondents in the Southeast District reported lower rates than the state for consuming any alcohol, binge drinking, or heavy drinking within the past 30 days. These measures have remained somewhat consistent since 2011 with a slight downward trend regarding heavy drinking.

Figure 69. Percentage of Adults 18 and Older Who Report Having Any Alcohol Consumption in past 30 Days



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 70. Percentage of Adults 18 and Older Who Report Having Binge Drank in past 30 Days*^

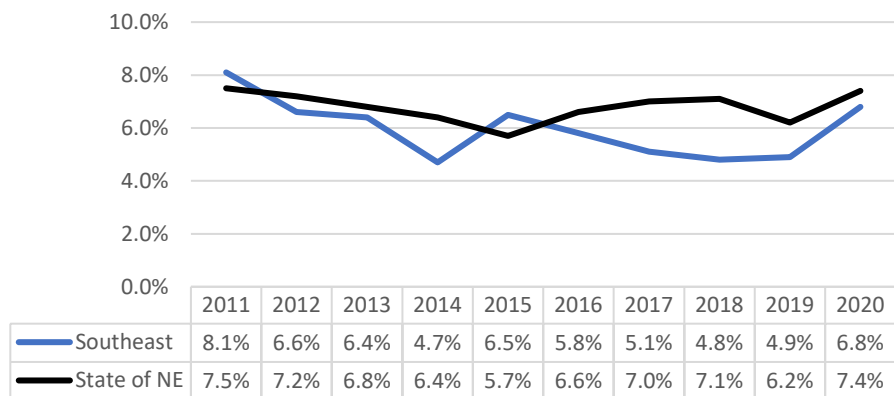


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

*Binge drinking defined as five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion

^ Nebraska Healthy People 2020 Measure

Figure 71. Percentage of Adults 18 and Older Who Report Heavy Drinking in past 30 Days *



Source: Nebraska Behavioral Risk Factor Surveillance System, 2017

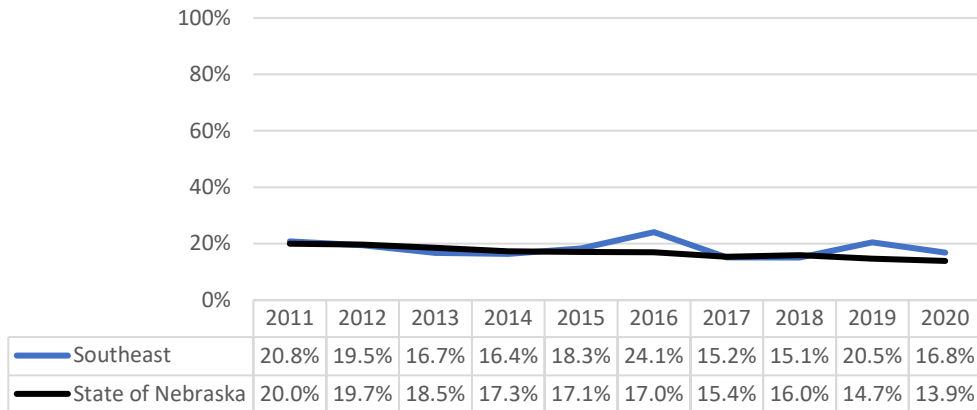
* Heavy drinking defined as drinking more than 60 alcoholic drinks (an average of more than two drinks per day) during the past 30 days for men and drinking more than 30 alcoholic drinks (an average of more than one drink per day) for women

Tobacco

Figures 72 through 74 present BRFSS response data regarding adult tobacco use. The Southeast District and the state have similar current cigarette use in 2017, 15.2% and 15.4%, respectively. Cigarette smoking has been on a steady downward trend for both the Southeast District and the state. However, there has been a slight upward trend regarding smokeless tobacco use and electronic cigarettes for the Southeast District.

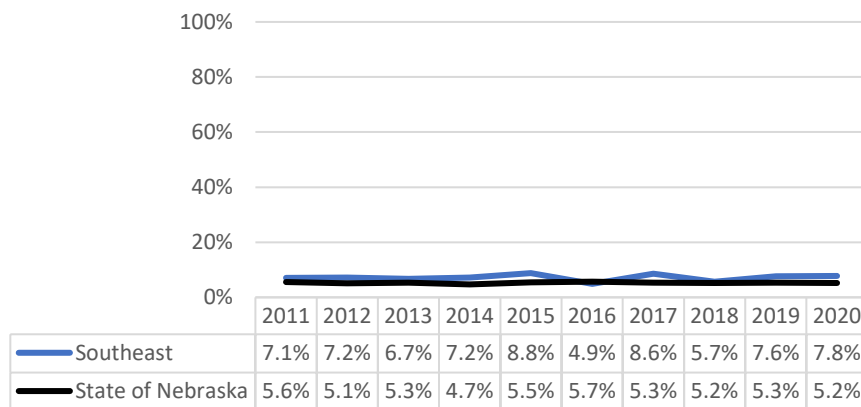


Figure 72. Percentage of Adults 18 and Older Who Report that They Currently Smoke Cigarettes[^]



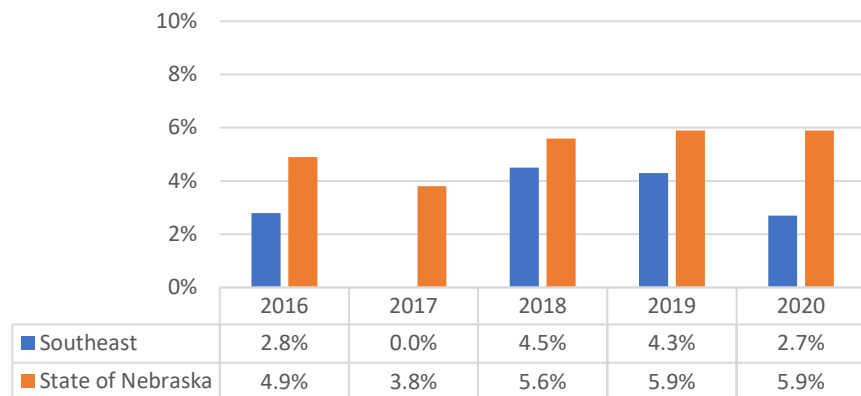
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure

Figure 73. Percentage of Adults 18 and Older Who Report that They Currently Use Smokeless Tobacco Products[^]



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure

Figure 74. Percentage of Adults 18 and Older Who Report that They Currently Use E-cigarettes or Other Electronic “Vaping” Products



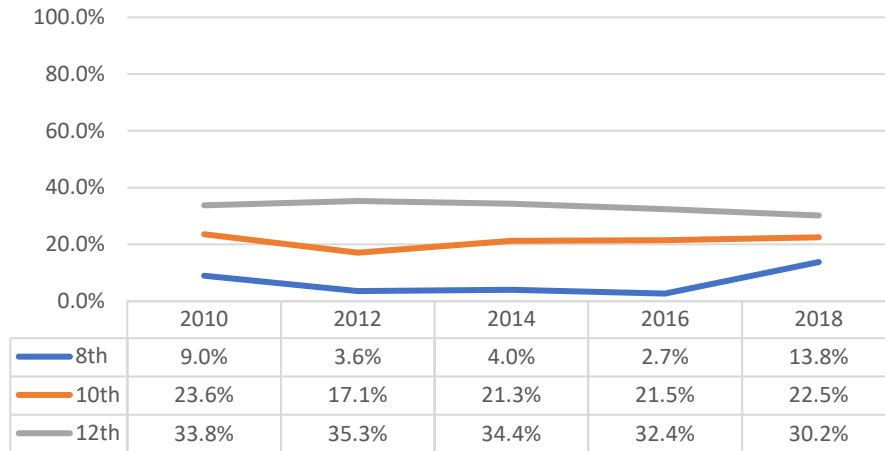
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020
[^] Nebraska Healthy People 2020 Measure



YOUTH SUBSTANCE ABUSE

Reported rates of past 30-day underage alcohol use have been on the decline for 10th and 12th grade students from 2010 to 2018 (Figure 75).

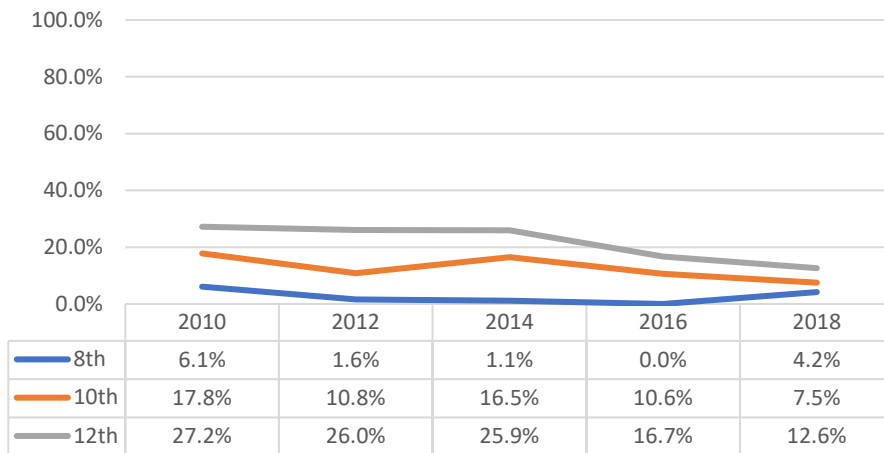
Figure 75. Past 30 Day Alcohol Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

Likewise, past 30-day binge drinking has been on a decline from 2010 to 2018 (Figure 76).

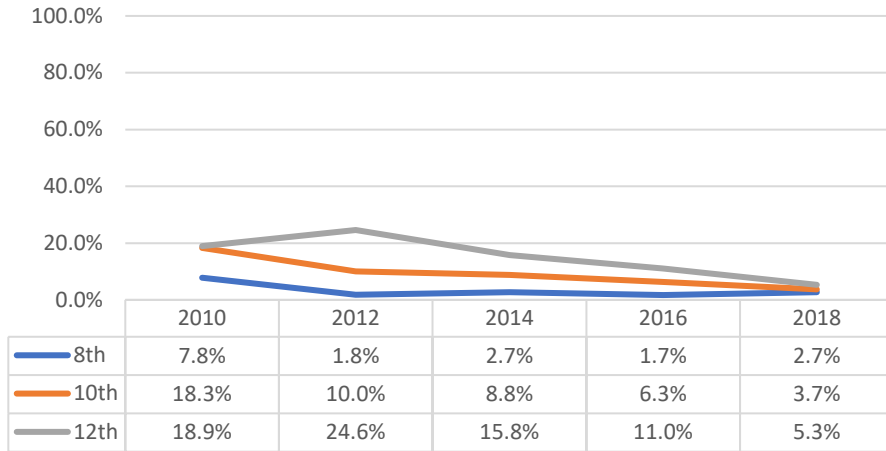
Figure 76. Past 30 Day Binge Drinking* Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

Similar to alcohol use, past 30-day cigarette use among youth has been on a decline (Figure 77).

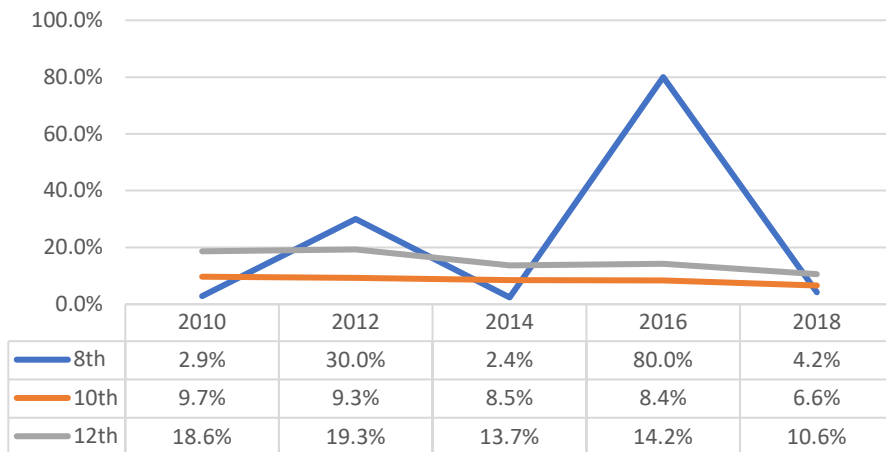
Figure 77. Past 30 Day Cigarette Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

Smokeless tobacco use has declined slightly for Southeast District 10th and 12th- grade students (Figure 78). However, usage among 8th grade students has seen sharp increases in 2012 and 2016.

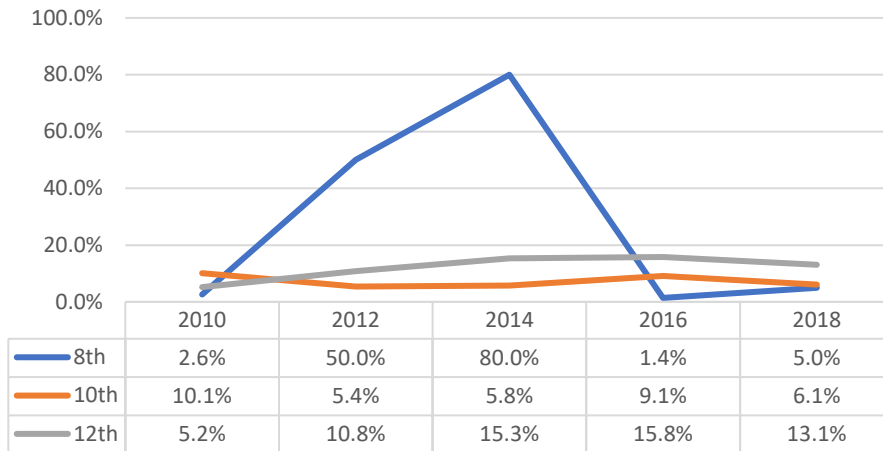
Figure 78. Past 30 Day Smokeless Tobacco Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

While alcohol and cigarette use have been on the decline among youth, trends for marijuana use in the Southeast District appear to be increasing (Figure 79). In 2016, 13.1% of 12th-grade students reported 30-day marijuana use compared to 5.2% reporting use in 2010.

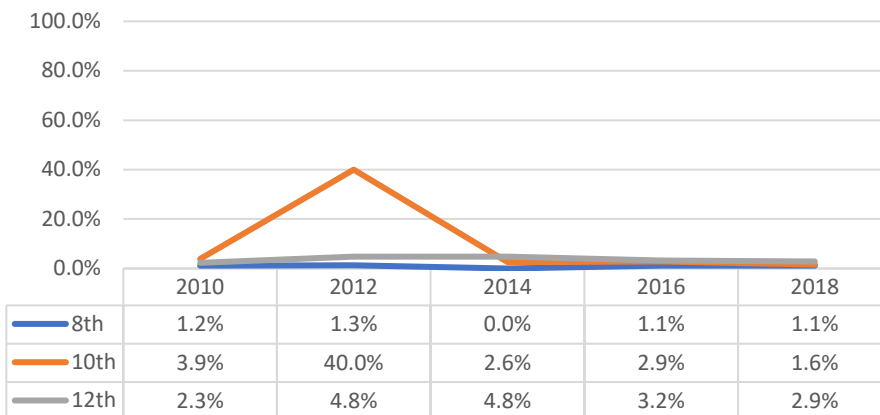
Figure 79. Past 30 Day Marijuana Use Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

Past 30-day prescription drug use has been declining in the Southeast District and the state since 2010 (Figure 80). However, prescription drug use among Southeast 10th grade students was significantly higher in 2012.

Figure 80. Past 30 Day Prescription Drug Use (Not Prescribed by a Doctor) Among 8th, 10th, and 12th Graders



Source: Nebraska Risk and Protective Factor Student Survey, 2018

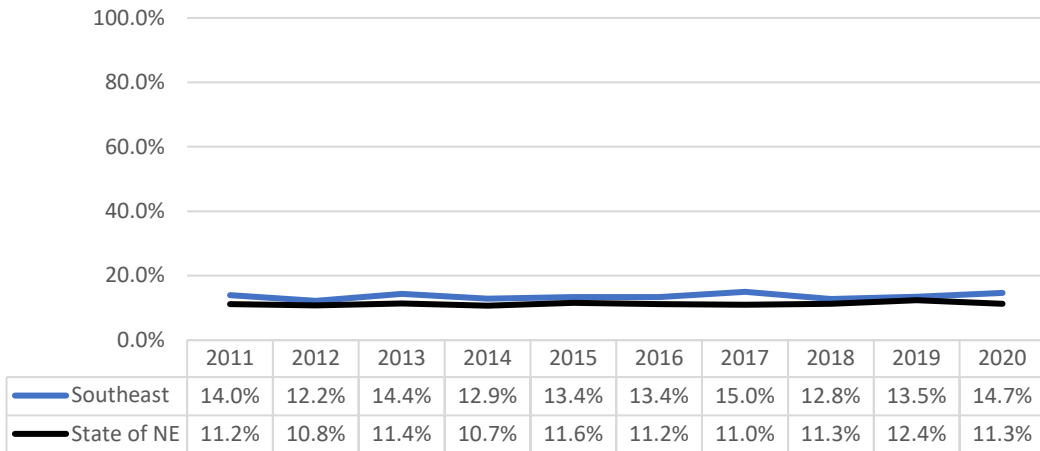
CANCER

Cancer Incidence

Figures 81 through 83 present BRFSS response data on cancer. In 2020, 14.7% of adults within the Southeast District reported ever being told that they have cancer compared to 11.3% for the state. 9.3% of adults reported ever being told they have cancer other than skin cancer compared to 5.9% for the state, a statistically significant difference.

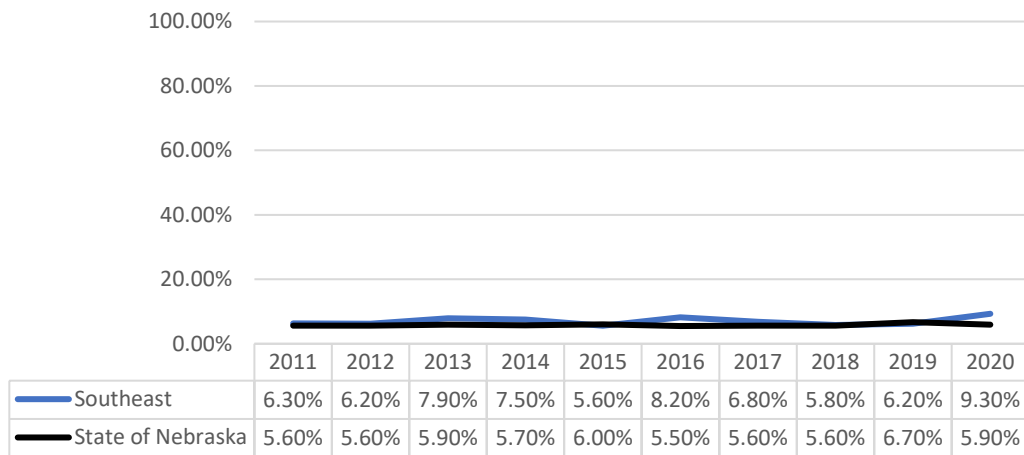


Figure 81. Percent of Adults Ever Told They Have Cancer (any form)



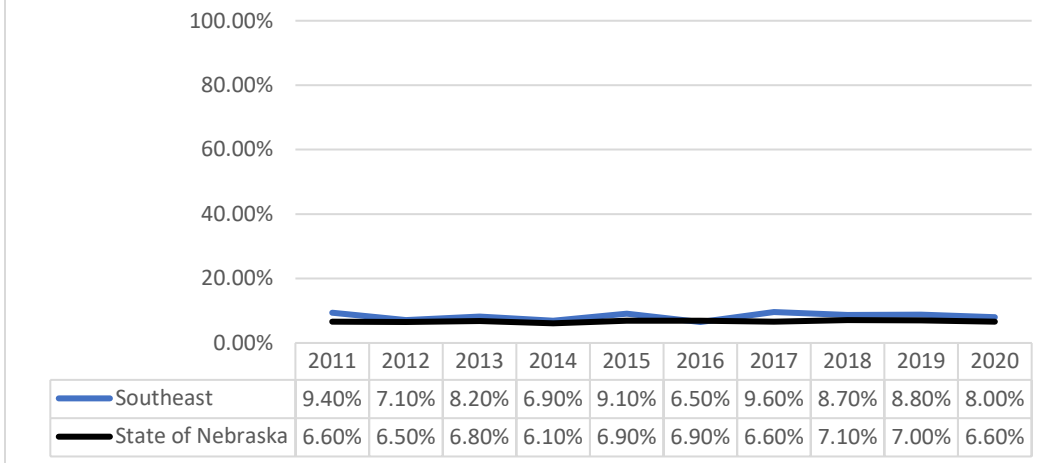
Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 82. Percent of Adults Ages 18 and Older Ever Told They Have Skin Cancer



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 83. Percent of Adults Ages 18 and Older Ever Told They Have Cancer Other than Skin Cancer

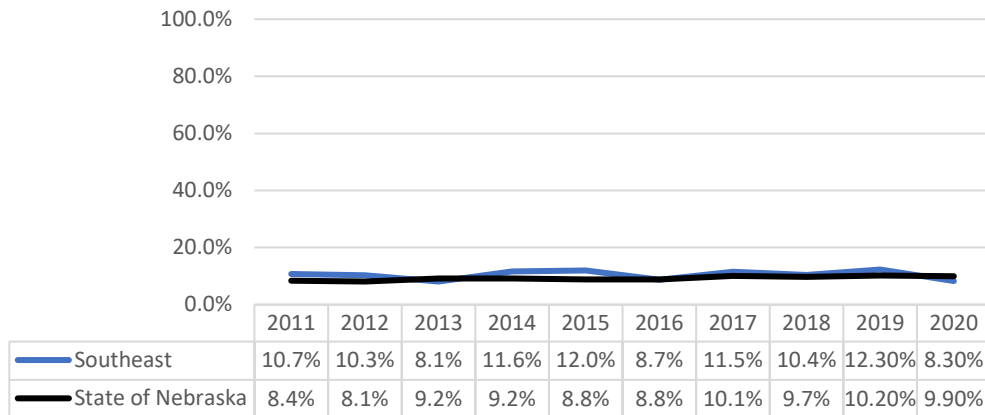


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

DIABETES

The percentage of BRFSS respondents in the Southeast District and the state reporting they have ever been told that they have diabetes has slightly decreased since 2011. In 2020, 8.3% of respondents in the Southeast District indicated that they have ever been told that they have diabetes compared to 9.9% for the state (Figure 84).

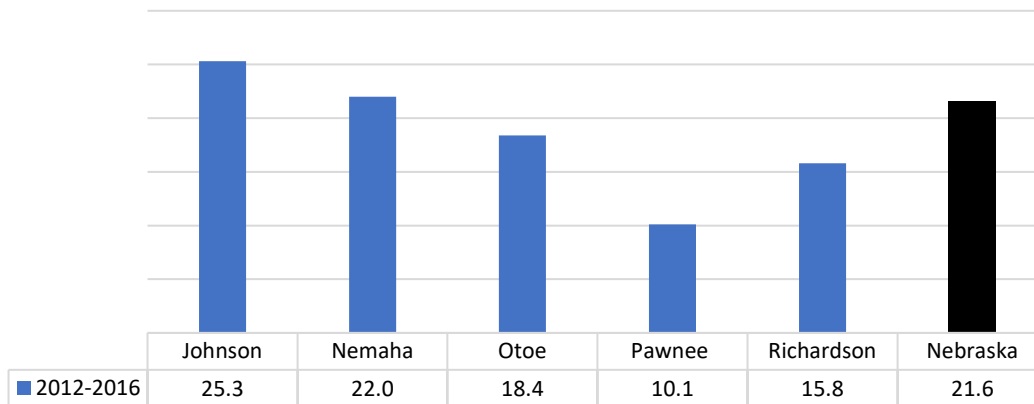
Figure 84. Percentage of Adults 18 and Older Who Report that They Have Ever Been Told that They Have Diabetes (Excluding Pregnancy)



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Figure 85 presents diabetes mortality rates by county compared to the state. Johnson and Nemaha Counties had the highest mortality rates in the district, and both were higher than the state mortality rate.

Figure 85. Diabetes Mellitus Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)

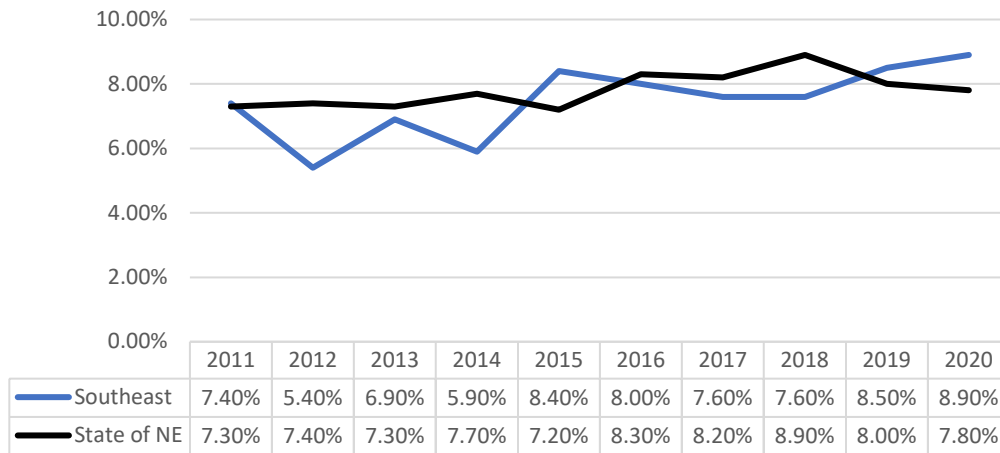


Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

RESPIRATORY AND PULMONARY DISEASE

In 2020, 8.9% of Southeast District adults reported that they had been told by a medical professional that they currently have Asthma (Figure 86). This percentage has been relatively consistent with the state average since 2011.

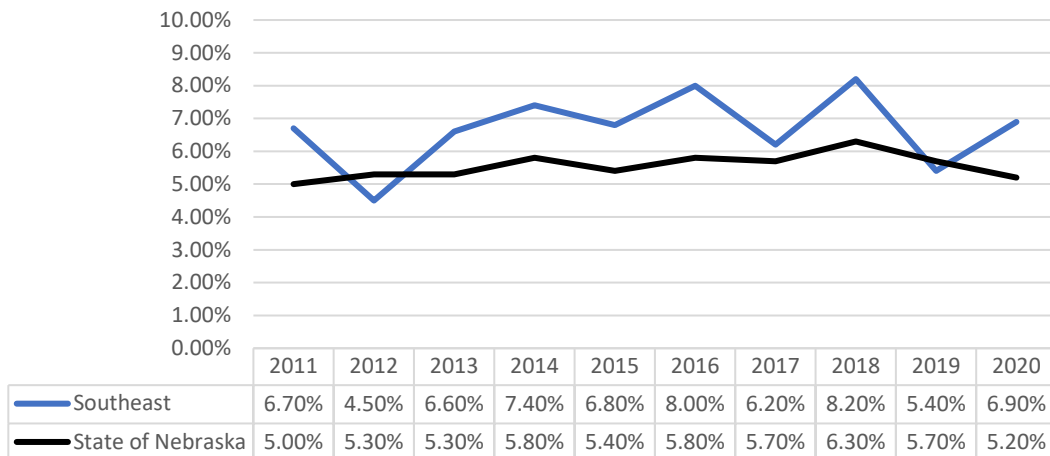
Figure 86. Percentage of Adults 18 and Older Who Report that They Currently Have Asthma



Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

Since 2013, Southeast District adults have consistently reported that they have ever told they have chronic obstructive pulmonary disease (COPD) at a higher percentage than the state (Figure 87).

Figure 87. Percentage of Adults 18 and Older Who Report that They Have COPD

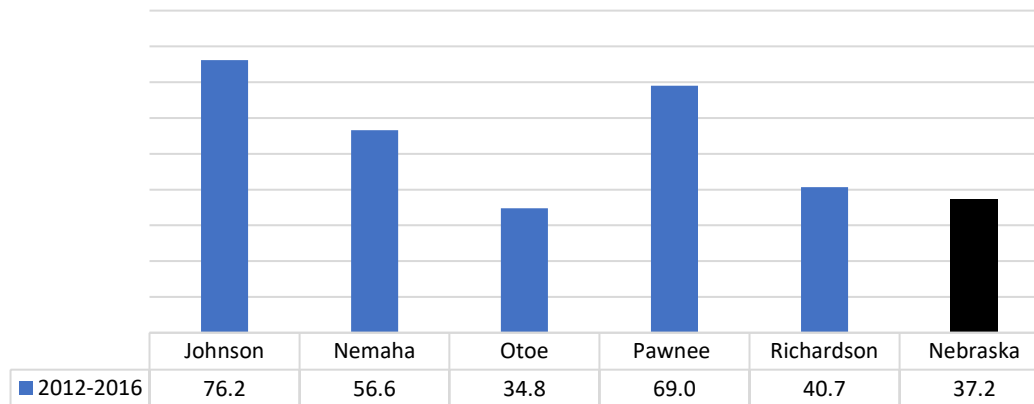


Source: Nebraska Behavioral Risk Factor Surveillance System, 2020

ACCIDENTAL DEATH

Accidental deaths include a broad array of mortality mechanisms including motor vehicle accidents, falls, drug poisonings, fires and burns, drownings, suffocations, work-related accidents, and other similar types of unintentional injuries. Figure 88 presents unintentional injury mortality rates for the Southeast District. In general, the district has a higher mortality rate than the state with all counties, besides Otoe, having higher rates. Most concerning is that Johnson and Pawnee Counties have mortality rates that are almost two times that of the state.

Figure 88. Unintentional Injury Age-Adjusted Mortality Rate per 100,000 Population (2012-2016)



Source: Nebraska Department of Health and Human Services 2012-2016 Vital Statistics Report

Table 41 presents accidental mortality rates by type. Due to small sample sizes, only district level data is available as county-specific rates would be unreliable.

Table 41. Accidental Death Rates per 100,000 Population by Type (2014).

| | Drowning | Fall | Fire-related | Firearm-related | Homicide | Motor Vehicle | Poisoning | Traumatic brain injury |
|-------------------|----------|------|--------------|-----------------|----------|---------------|-----------|------------------------|
| Southeast | - | 13.3 | - | 15.3 | 0.0 | 18.9 | - | 30.7 |
| State of Nebraska | 1.0 | 9.4 | 0.8 | 9.4 | 3.3 | 12.9 | 8.6 | 20.8 |

Source: Nebraska Department of Health and Human Services Vital Records, personal communication, March 2019

"-" Rates based on fewer than 5 cases have been suppressed.

ACKNOWLEDGEMENTS

Johnson County Hospital

Matt Snyder, Director of Nursing

Nemaha County Hospital

Marty Fattig, Chief Executive Officer

CHI Health St. Mary's

Ashley Carroll, Healthier Communities Coordinator

Traci Reuter, Healthy Communities/Foundation Coordinator

Syracuse Area Health

Michael Harvey, President and Chief Executive Officer

Pawnee County Memorial Hospital

John Werner, Chief Executive Officer

Community Medical Center

Ryan Larsen, Chief Executive Officer



REFERENCE

- Centers for Disease Control and Prevention. (2018). *The public health system and the 10 essential public health services*. Retrieved from <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>
- County Health Rankings. (2021). *Health Rankings*. Retrieved from <https://www.countyhealthrankings.org/>
- Food Research and Action Center. (2018). *SNAP county map*. Retrieved from <http://www.frac.org/snap-county-map/snap-counties.html>
- Nebraska Crime Commission. (2019). *Arrest and offense data*. Retrieved from https://www.nebraska.gov/crime_commission/arrest/arrest.cgi
- Nebraska Department of Education. (2019). *Nebraska education profile*. Retrieved from <http://nep.education.ne.gov/>
- Nebraska Department of Health and Human Services. (2020). *Nebraska behavioral risk factor and surveillance system*. Retrieved from http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx
- Nebraska Department of Health and Human Services. (2018). *Nebraska 2016 vital statistics report*. [PDF Document]. Retrieved from <http://dhhs.ne.gov/publichealth/Vital%20Statistics%20Reports/Vital%20Stats%20Report%202016.pdf>
- Nebraska Department of Health and Human Services. (2018). Nebraska risk and protective factor student survey – Southeast District Health Department report. [PDF Document].
- Robert Wood Foundation. (2020). *County health rankings and roadmaps*. Retrieved from <http://www.countyhealthrankings.org/>
- U.S. Health and Human Services. (2020). Health professions shortage areas. *Health Resources and Services Administration*. Retrieved from <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- U.S. Census Bureau. (2020). *Demographic and housing estimates, 2016-2020 American Community Survey 5-year estimates*. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>
- U.S. Census Bureau. (2020). *Educational attainment, 2016-2020 American Community Survey 5-year estimates*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1501&prodType=table
- U.S. Census Bureau. (2020). *Households and families, 2016-2020 American Community Survey 5-year estimates*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1101&prodType=table
- U.S. Census Bureau. (2020). *Population, housing units, area, and density: 2020 – county/county equivalent, 2020 census summary file*. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

- U.S. Census Bureau. (2020). *Selected characteristics of health insurance coverage in the United States, 2016-2020 American Community Survey 5-year estimates*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S2701&prodType=table
- U.S. Census Bureau. (2020). *Selected economic characteristics, 2016-2020 American Community Survey 5-year estimates*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table#
- U.S. Census Bureau. (2020). *Selected Social Characteristics in the United States*. Retrieved from https://data.census.gov/cedsci/table?q=Population%20Total&g=0400000US31_0500000US31097,31127,31131,31133,31147&tid=ACSDT5Y2020.B01003
- U.S. Census Bureau. (2020). *Veteran status, 2016-2020 American Community Survey 5-year estimates*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S2101&prodType=table
- U.S. Census Bureau. (2020). *Service-connected disability rating status and ratings for civilian veterans 18 years and over, 2016-2020 American Community Survey 5-year estimates*. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_B21100&prodType=table
- U.S. Census Bureau. (2020). *Total Population - 2020: ACS 5-Year Estimates Detailed Tables*. Retrieved from https://data.census.gov/cedsci/table?q=Population%20Total&g=0400000US31_0500000US31097,31127,31131,31133,31147&tid=ACSDT5Y2020.B01003
- Voices for Children in Nebraska. (2020). *Kids count in Nebraska 2020 report*. [PDF Document]. Retrieved from <https://voicesforchildren.com/wp-content/uploads/2018/01/2017-Kids-Count-in-Nebraska-Report.pdf>