



**SOUTHEAST DISTRICT  
HEALTH DEPARTMENT**

**2019  
COMMUNITY  
HEALTH  
IMPROVEMENT  
PLAN**

**Proudly serving Johnson, Nemaha, Otoe,  
Pawnee, and Richardson Counties**

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## Introduction

The Southeast Health District 2019 Community Health Improvement Plan (CHIP) was developed in partnership by the Southeast District Health Department (SEDHD) and the district’s six not-for-profit hospitals – Johnson County Hospital, Nemaha County Hospital, CHI St. Mary’s, Syracuse Area Health, Pawnee County Memorial Hospital, and Community Medical Center – plus various other community partners and agencies. The CHIP addresses health concerns in the five-county district of Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties. As the Chief Health Strategist—who convenes coalitions that investigate and act to make meaningful progress on complex health community issues<sup>1</sup>—for the district, the SEDHD conducts a Community Health Assessment (CHA) and CHIP in collaboration with the not-for-profit hospitals every three years. To maintain their tax-exempt status, hospitals are required to conduct a health assessment every three years. SEDHD conducts a health assessment, at minimum, every five years to be eligible for public health accreditation. This CHIP is the shared vision of the public health system partners within the Southeast Health District.

The goals and strategies in this CHIP align with local, state, and national priorities in order to keep pace with emerging public health challenges, to address leading causes of morbidity and mortality, and to improve and protect the health of populations within the Southeast Health District. This document provides 1) an overview of the district’s health indicators (including data by county when available) and 2) a road map on how to improve the top health concerns in the district over the next three years.

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<sup>1</sup> Public Health Foundation, “Becoming a Community Chief Health Strategist,” [http://www.phf.org/consulting/Pages/Becoming\\_the\\_Community\\_Chief\\_Health\\_Strategist.aspx](http://www.phf.org/consulting/Pages/Becoming_the_Community_Chief_Health_Strategist.aspx) (June 24, 2019).



## County Overview

The SEDHD covers the five rural counties (Johnson, Nemaha, Otoe, Pawnee, and Richardson) in the southeast corner of Nebraska neighboring Iowa and Missouri to the east (bordered by the Missouri River) and Kansas to the south. The district spans 2,382 square miles with a population density average of 16 people per square mile. The largest population centers include Nebraska City (population: 7282), Falls City (population: 4325), Auburn (population: 3460), Syracuse (population: 1942), Tecumseh (population: 1677) and Pawnee City (population: 878).

## Demographics

**Population:** The Southeast Health District, home to 38,865 residents, experienced a -1.84% change in population between 2000 and 2010.

**Race/Ethnicity:** The Southeast Health District is comprised primarily of white and non-Hispanic residents. However, Johnson and Otoe counties have larger Hispanic populations, 10%, and 8% respectively. Compared to the rest of the district, Johnson County has the largest racial minority population (14%), of which non-Hispanic, African American comprise 7%.

**Median Age:** The average median age of counties in the Southeast Health District is 43.7 years. Residents within the district are generally older than state and national averages. Those ages 65 and older comprise 20% of the district's population compared to 14% for the state and 14% nationally. Residents aged 25-64 comprise 49% of the population. Comparatively, the state and national averages for this age group are 51% and 53%, respectively.

## Socio-Economic Status

**Economics:** The median household income for the Southeast Health District is \$51,626 compared to \$56,675 for the state. Just over 1 in 4 children are from single family homes across the district, less than the state average of 29%. The average percentage of students eligible for free/reduced meals at schools across the district is 42%, just below the state average of 44%<sup>2</sup>. However, 19% of children are living in poverty across all counties within the district, higher than the state rate of 16%. Southeast Health District unemployment rate is 2%, similar to the unemployment rate for Nebraska (2%).

<b>Table 1: Economic Indicators</b>	<b>SEDHD</b>	<b>Nebraska</b>
Median Household Income (2013-2017)	\$51,626	\$56,675
Single Parent Households (2013-2017)	26%	29%
Students eligible for free/reduced meals at schools	42%	44%
Percentage of children under age 18 in poverty	19%	16%
Unemployment	2%	2%

**Educational Level:** Over one third (38%) of the adults in the Southeast Health District have at least a high school diploma or equivalent, which is greater than the state average (27%). Less than one fourth (21%) of the adults in the district have a bachelor's degree or higher, lower than the state percentage (30%).

<sup>2</sup> Robert Wood Foundation, *County Health Rankings and Roadmaps*, <http://www.countyhealthrankings.org>



<b>Table 2: Education Indicators</b>	<b>SEDHD</b>	<b>Nebraska</b>
High school graduate (or GED/equivalent), percentage of persons age 25+	38%	27%
Some college, no degree, percentage of persons age 25+	21%	23%
Associate's degree, percentage of persons age 25+	11%	10%
Bachelor's degree, percentage of persons age 25+	15%	20%
Graduate or professional degree, percentage of persons age 25+	6%	10%



## Overview of Priority Areas

Priority areas were determined through various meetings between SEDHD and the district's six not-for-profit hospitals during the spring of 2019. Rather than selecting definite priorities, SEDHD and its partners elected to prioritize broad, overarching themes within the district. In doing so, individual organizations can tailor their efforts based on their specific needs while also addressing the health status of the district collectively.

Priority areas selected were:

- Behavioral/Mental Health
- Preventative Care and Screening
- Social Determinants of Health

Background data for each priority can be found in the 2019 Southeast District Health Department Community Health Assessment.

## Selecting Goals and Objectives

Goals and objectives for each priority area were determined in a series of meetings in May 2019. Similar to the prioritization process, broad and overarching goals were selected to provide stakeholders the opportunity to tailor this plan to their organization's specific needs. The goals and objectives selected serve as a starting point for the aforementioned priorities. Objectives may be refined and or added following input gathered from community stakeholder meetings to achieve desired outcomes.

## Behavioral/Mental Health Priority Area—Action Plan

**Goal:** Increase the capacity of the community in mental health awareness and behavioral/mental health services and supports (i.e., telehealth/medicine, peer support and behavioral/mental health programming).

### Objectives:

1. By September 30, 2019, convene key stakeholders around behavioral/mental health quarterly to assess and address gaps in behavioral health services/supports.
  - 1.1. Conduct a resource inventory to establish a baseline of behavioral/mental health services and supports

### Partners:

Hospitals  
Local health department  
Primary care clinics  
Law enforcement  
Local behavioral health services

### Strategies/Activities:

- Question. Persuade. Refer. (QPR) and Mental Health First Aid (MHFA) training
- Stepping Up initiative in jails—identifying the behavioral health needs of inmates
- Access to in-home services to address transitional needs
- Increase number of Wellness Recovery Action Plan (WRAP) facilitators
- Bridges Out of Poverty training (public workshops and community initiatives)
- Peer-to-peer supports
- Positive social norming campaigns
- Promote and improve behavioral health and substance use/abuse screenings at the primary care level
- Identify and implement evidence-based strategies

### Outcomes:

- Increased programs/services offered to communities.
- Increased screening for behavioral health needs at the primary care level
- Reduced suicide rates

### Quick Facts:

- 19.4 per 100,000 population (age-adjusted) in the Southeast Health District completed suicide<sup>3</sup>
- Nearly 40% of surveyed 10<sup>th</sup> graders across the district reported feeling so sad or hopeless almost every day for two weeks or more in a row that it stopped them from doing usual activities<sup>4</sup>

### Rationale:

Mental health impacts a person's ability to maintain good physical health. Mental health is strongly associated with the risk, prevalence, progression, outcome, treatment, and recovery of chronic diseases

<sup>3</sup> Nebraska Department of Health and Human Services (DHHS), *Nebraska 2016 Vital Statistics Report*, <http://dhhs.ne.gov/publichealth/Vital%20Statistics%20Reports/Vital%20Stats%20Report%202016.pdf>

<sup>4</sup> DHHS, *Nebraska Risk and Protective Factor Student Survey – Southeast District Health Department*, <https://bosr.unl.edu/SoutheastDistrictHealthDepartment.pdf>



including diabetes, heart disease, and cancer. Good mental health is essential for a person to live a healthy and productive life.<sup>5</sup>

Most counties in Nebraska are designated mental health professional shortage areas. In the Southeast Health District, there were an average of 2,080 people for every one mental health provider (range: 1,340:1 to 2,650:1), nearly five times as many people to mental health provider as the state and national averages (420:1, 470:1 respectively).<sup>6</sup> According to the 2016 Nebraska Behavioral Health Needs Assessment, only 47% of adults in Nebraska with any mental illness received treatment. Additionally, only 43% of youth in Nebraska with depression received treatment.

### Populations at Risk:

- Veterans
- Men
- Youth

### Indicators:

1. **Adult Mental Health Status:** The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their mental health status. The question asked is, "Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?" (Table 3).

<b>Table 3</b>	<b>SEDHD</b>	<b>Nebraska</b>
<i>Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)<sup>7</sup></i>	8.2%	8.0%

2. **Youth Mental Health Status:** The Nebraska Department of Education conducts an annual survey to youth in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades that asks youth about their mental health status. Schools voluntarily administer the survey to students. The questions asked of particular interest include “during the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?”, "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?", "During the past 12 months, did you ever seriously consider attempting suicide?", and "During the past 12 months, did you actually attempt suicide?" (Tables 4)

<b>Table 4</b>	<b>SEDHD*</b>
<i>During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?<sup>8</sup></i>	
<i>8<sup>th</sup> grade</i>	27.3%
<i>10<sup>th</sup> grade</i>	37.1%
<i>12<sup>th</sup> grade</i>	35.1%
<i>During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?<sup>9</sup></i>	

<sup>5</sup> United States Department of Health and Human Services (HHS), *Healthy people 2020: Mental Health*, Office of Disease Prevention and Health Promotion, <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health>

<sup>6</sup> Robert Wood Foundation, op. cite.

<sup>7</sup> DHHS, *Nebraska Behavioral Risk Factor and Surveillance System*, [http://dhhs.ne.gov/publichealth/Pages/brfss\\_reports.aspx](http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx)

<sup>8</sup> DHHS, *Nebraska Risk and Protective Factor Student Survey*, op. cite.

<sup>9</sup> Ibid





	8 <sup>th</sup> grade	14.1%
	10 <sup>th</sup> grade	15.1%
	12 <sup>th</sup> grade	12.6%
<i>During the past 12 months, did you ever seriously consider attempting suicide?<sup>10</sup></i>		
	8 <sup>th</sup> grade	16.6%
	10 <sup>th</sup> grade	19.2%
	12 <sup>th</sup> grade	15.4%
<i>During the past 12 months, did you actually attempt suicide?<sup>11</sup></i>		
	8 <sup>th</sup> grade	3.3%
	10 <sup>th</sup> grade	5.9%
	12 <sup>th</sup> grade	4.0%

*\*Comparison data for the State is not included because the participation rate for the state is not considered representative due to low participation rates. However, Southeast Health District data is considered representative due to the 72.2% participation rate from all eligible schools (public and non-public) in the district.*

#### Healthy People 2020 Indicators

- i) MHMD-4.1: Reduce the proportion of adolescents aged 12-17 years who experience major depressive episodes (MDEs).

Baseline: 8.3% of adolescents aged 12-17 experienced a major depressive episode in 2008

Target: 7.5%

3. **Suicide:** The Southeast Health District's age-adjusted suicide rate was 19.4 per 100,000 population, 1.6 times higher than the state rate of 12.3 per 100,000.<sup>12</sup>

#### Healthy People 2020 Indicators

- ii) MHMD-1: Reduce the suicide rate.

Baseline: 11.3 suicides per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

Target: 10.2 suicides per 100,000 population

#### Relevant and Existing Resources and Programs:

The following are local programs, services and coalitions that focus on mental health in the Southeast Health District:

<sup>10</sup> Ibid

<sup>11</sup> Ibid

<sup>12</sup> DHHS, *Nebraska 2016 Vital Statistics Report, op. cite.*



- Blue Valley Behavioral Health
- Richardson County Assertive Community Treatment
- Community Health Partnership of Nemaha County
- Southeast Nebraska Prevention Partnerships
- WRAP, MHFA, QPR, Bridges Out of Poverty, and other behavioral/mental health training



## Preventative Care and Screenings Priority Area—Action Plan

**Goal:** Increase the number of individuals who receive preventative care and screenings as a means of early detection and preventative care for chronic diseases, cancer, and other health-related illnesses.

**Objective:** By September 30, 2019, convene key stakeholders around preventative care, screenings, and coordinated chronic care management quarterly to assess and address gaps in screenings and referrals to services/treatment of chronic disease, cancer, and other health-related illnesses.

### Partners:

Primary care providers  
Local health department  
Hospitals

### Strategies/Activities:

- Increase public awareness of the importance of regular, preventative care to positive health outcomes
- Increase access to existing community resources pertaining to preventative screenings
- Increase screenings (diabetes, colorectal, etc.) and referral to services/treatment network
- Coordinated chronic care management
- Identify and implement evidence-based strategies

### Outcomes:

- A baseline of chronic care management established
- Improved preventative screening rates (diabetes, cancer, heart disease, etc.)

### Quick Facts:

- 15% of SEDHD residents (aged 18-64) are uninsured<sup>13</sup>
- 10% of SEDHD residents (ages 18 and over) needed to see a doctor but could not due to cost in the past year<sup>14</sup>
- 38% of SEDHD residents (ages 18 and over) did not have a routine checkup in the past year<sup>15</sup>

### Rationale:

Access to primary medical, dental, vision, and behavioral health services are essential in maintaining good overall health. Additionally, some counties within the Southeast Health District experience lower incidence of chronic disease but higher mortality rates. Thus, signifying the need for preventative services, early diagnosis, and early intervention programs to reduce disease morbidity and mortality.

### Populations at Risk:

Low-income children and families

### Indicators:

1. **Personal health care provider status:** The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their access to health

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<sup>13</sup> DHHS, *Nebraska Behavioral Risk Factor and Surveillance System*, *op. cite*.

<sup>14</sup> Ibid

<sup>15</sup> Ibid



care. The question asked of particular interest is, "Do you have one person you think of as your personal doctor or health care provider?" (Table 5).

<b>Table 5</b>	<b>SEDHD</b>	<b>Nebraska</b>
<i>Percent of adults ages 18 and over reporting they have a personal doctor or health care provider<sup>16</sup></i>	87%	81%

**Health People 2020 Indicators**

- i) AHS-3: Increase the proportion of persons with a usual primary care provider.

Baseline: 76.3% of persons had a usual primary care provider in 2007

Target: 83.9%

- ii) AHS-7 (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.

Baseline: Not applicable

Target: Not applicable

2. **Cancer screening behaviors of adults:** The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their utilization of health care services. The particular questions asked were (Table 6):

- a. *Colon cancer screening* – “How long has it been since you had your last blood stool test using a home kit?” and “How long has it been since you had your last sigmoidoscopy or colonoscopy?”
- b. *Breast cancer screening* – “How long has it been since you had your last mammogram?”

<b>Table 6</b>	<b>SEDHD</b>	<b>Nebraska</b>
<i>Percent of adults 50-74 years old who report up-to-date on colon cancer screening<sup>17</sup></i>	61%	65%
<i>Percent of females 50-74 years old who report having had a mammogram during the past two years<sup>18</sup></i>	68%	75%

**Health People 2020 Indicators**

- i) C-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Baseline: 52.1% of adults aged 50-75 received a colorectal cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)

<sup>16</sup> DHHS, *Nebraska Behavioral Risk Factor and Surveillance System, op. cite.*

<sup>17</sup> Ibid

<sup>18</sup> Ibid



Target: 70.5%

- ii) C-17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

Baseline: 73.7% of females aged 50-74 received a breast cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)

Target: 81.1%

- 3. **Diabetes screening behaviors of adults:** The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their diabetes screenings. The questions asked of particular interest include “Ever told you have diabetes?” and “Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?” (Table 7).

<b>Table 7</b>	<b>SEDHD</b>	<b>Nebraska</b>
<i>Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have diabetes (excluding pregnancy)<sup>19</sup></i>	12%	10%
<i>Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have pre-diabetes or borderline diabetes (excluding pregnancy)<sup>20</sup></i>	5%	6%

#### Healthy People 2020 Leading Indicators

- i) D-1: Reduce the annual number of new cases of diagnosed diabetes in the population.

Baseline: 8.0 new cases of diabetes per 1,000 population aged 18 to 84 years occurred in the past 12 months, as reported in 2006–08 (age adjusted to the year 2000 standard population)

Target: 7.2 new cases per 1,000 population aged 18 to 84 years

- ii) D-15: Increase the proportion of persons with diabetes whose condition has been diagnosed.

Baseline: 72.5% of adults aged 20 years and over with diabetes had been diagnosed, as reported in 2005–08 (age adjusted to the year 2000 standard population)

Target: 79.8 %

<sup>19</sup> DHHS, *Nebraska Behavioral Risk Factor and Surveillance System, op. cite.*

<sup>20</sup> Ibid



- iii) D-14: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.

Baseline: 53.1% of adults aged 18 years and over with diagnosed diabetes reported they ever received formal diabetes education in 2012 (age adjusted to the year 2000 standard population)

Target: 62.5%

- 4. *Blood pressure screening behaviors of adults:* The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their blood pressure screenings. The questions asked of particular interest include “During the past 12 months, have you had your blood pressure taken by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional?” and “Thinking about the last time you had your blood pressure checked by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional, do you recall being told that your blood pressure was normal, borderline high, or high?” (Table 8).

<b>Table 8</b>	<b>SEDHD</b>	<b>Nebraska</b>
<i>Percentage of adults 18 and older who report having had their blood pressure taken by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional during the past 12 months<sup>21</sup></i>	87%	86%
<i>Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (excluding pregnancy)<sup>22</sup></i>	30.6%	30.6%

**Healthy People 2020 Indicators**

- i) HDS-4: Increase the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high.

Baseline: 90.6% of adults aged 18 years and over had their blood pressure measured within the preceding two years and could state their blood pressure in 2008 (age adjusted to the year 2000 standard population)

Target: 92.6%

- 5. *Cholesterol screening behavior of adults:* The Nebraska Department of Health and Human Services conducts an annual survey to adults aged 18 and older that asks residents about their cholesterol screenings. The questions asked of particular interest include “About how long has it been since you last had your blood cholesterol checked?” and “Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?” (Table 9).

<b>Table 9</b>	<b>SEDHD</b>	<b>Nebraska</b>
<i>Percentage of adults 18 and older who report having had their blood cholesterol checked during the past five</i>	86%	84%

<sup>21</sup> DHHS, *Nebraska Behavioral Risk Factor and Surveillance System, op. cite.*

<sup>22</sup> Ibid



	years <sup>23</sup>	
<i>Among adults 18 and older who report that they have ever had their blood cholesterol checked, the percentage who report that they have ever been told by a doctor, nurse, or other health professional that their blood cholesterol is high<sup>24</sup></i>	33%	32%

### Healthy People 2020 Indicators

- i) HDS-6: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Baseline: 74.6% of adults aged 18 years and over had their blood cholesterol checked within the preceding 5 years in 2008 (age adjusted to the year 2000 standard population)

Target: 82.1%

- ii) HDS-7: Reduce the proportion of adults with high total blood cholesterol levels.

Baseline: 15.0% of adults aged 20 years and over had total blood cholesterol levels of 240 mg/dL or greater in 2005–08 (age adjusted to the year 2000 standard population)

Target: 13.5%

Age-adjusted disease mortality rates per 100,000 population, by county<sup>25</sup>:

<b>Table 10</b>	<b>Johnson</b>	<b>Nemaha</b>	<b>Otoe</b>	<b>Pawnee</b>	<b>Richardson</b>	<b>Nebraska</b>
<i>Heart Disease</i>	188.4	159.0	127.2	170.4	140.0	143.0
<i>Cerebrovascular Disease</i>	27.0	33.6	35.9	22.9	48.5	33.6
<i>Diabetes Mellitus</i>	25.3	22.0	18.4	10.1	15.8	21.6
<i>Cancer (all types)</i>	199.2	187.1	235.6	180.7	172.0	154.8

### Relevant and Existing Resources and Programs:

- Minority Health Initiative – SEDHD
- Health Hub – SEDHD
- Well at Work – SEDHD
- Diabetes Prevention Program
- County/community hospitals
- Primary care clinics

<sup>23</sup> DHHS, *Nebraska Behavioral Risk Factor and Surveillance System*, op. cite.

<sup>24</sup> Ibid

<sup>25</sup> DHHS Vital Statistics Report, op. cite.



## Social Determinants of Health Priority Area—Action Plan

**Goal:** Develop a sustainable regional infrastructure for collective impact to increase the number of SEDHD residents who are healthy at every stage of life

### Objectives:

1. By September 30, 2019, convene key stakeholders around social determinates of health to assess and address gaps in social supports and identify factors that reduce access and utilization of social programs and services.
  - 1.1. Conduct a resource inventory to establish a baseline of services and supports programs that address areas related to improving SEDHD residents’ quality of life and health outcomes.

### Partners:

Hospitals  
Local health department  
Primary care clinics  
Law enforcement  
Local behavioral health services  
Community action agency  
Community coalitions  
Schools

### Strategies/Activities:

- Enhance diverse, cross-sector collaboration to promote health and safety
- Engage and empower people and communities to implement prevention policies and programs
- Ensure a strategic focus on populations at greatest risk
- Identify and implement evidence-based strategies

### Outcomes:

- Increased use of evidence-based practices for all projects
- Enhanced community and regional coalitions

### Quick Facts:

- Nearly 1 in 5 children age 17 and under in the Southeast Health District live in poverty.<sup>26</sup>
  - Richardson and Pawnee counties were the highest in the district (30% and 24% respectively; state average 17%).
- Percent of Single parent households – NE 29%, Johnson County 28%; Pawnee County 29%; Otoe County 27%; Nemaha County 24%; Richardson County 21%.<sup>27</sup>
- Percent of homes occupied by owner – NE 66%; Richardson County 75%; Johnson County 74%; Otoe County 74%; Nemaha County 71%; Pawnee County 77%.<sup>28</sup>
- Percent of households with severe housing problems (at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen, or plumbing facilities) – NE 13%; Johnson

<sup>26</sup> Voices for Children in Nebraska, *Kids Count in Nebraska 2017 Report*, <https://voicesforchildren.com/wp-content/uploads/2018/01/2017-Kids-Count-in-Nebraska-Report.pdf>

<sup>27</sup> Nebraska Legislative Research Office, *Counties-at-a-Glance* (November 2018), [https://nebraskalegislature.gov/pdf/reports/research/counties\\_at\\_a\\_glance\\_2018.pdf](https://nebraskalegislature.gov/pdf/reports/research/counties_at_a_glance_2018.pdf)

<sup>28</sup> Ibid





County 13%; Otoe County 12%; Richardson County 11%; Nemaha County 11%; Pawnee County 11%<sup>29</sup>

### Rationale:

Unless we change the conditions that contribute to poor health, too many Americans will continue to needlessly fall ill despite advances in healthcare. Healthy People 2020 identified social determinants, the range of personal, social, economic and environmental factors which contribute to health outcomes, as one of the Leading Health Topics since home, work, school, neighborhood, and community environments play vital roles in improving health. Adopting policies that improve these social determinants, including access to quality education, safe housing, availability of jobs, access to healthy foods and social connectedness, can have lasting effects on individual health. Due to poverty, access to education, and other immediate environmental and systematic barriers, it is hard to prioritize a healthy lifestyle let alone lead a healthy lifestyle for many Americans. Residents in Southeast Health District are not immune to these experiences and effects.

### Populations at Risk:

Children  
Low-income families

### Indicators:

Due to the wide range of conditions that comprise the Social Determinants of Health, this priority area focuses on leveraging partnerships, convening community partners, streamlining programs and initiatives, promoting collaboration, and reducing duplicative programs – all aiming to improve SEDHD residents’ quality of life and health outcomes. While traditional indicators for Social Determinants of Health, including housing, food insecurity, poverty, quality education, etc., have been identified, the SEDHD and its partners will focus efforts on the objectives identified above as a way to track progress. Additionally, metrics from the other priority areas within this CHIP will be recognized as part of the metrics for improving the Social Determinants of Health as these are conditions that improve health outcomes and quality of life.

### Relevant and Existing Resources and Programs:

- Partners for Otoe County
- Better Together – Nebraska City
- Growing Great Kids in Southeast Nebraska
- Southeast Nebraska Community Action Partnership
- Project Response
- Local Housing Authorities
- Bridges Out of Poverty training

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<sup>29</sup> Nebraska Legislative Research Office, op. cite



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### Johnson County Hospital

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### Syracuse Area Health

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### Pawnee County Memorial Hospital

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### Community Medical Center

Ryan Larsen, Chief Executive Officer

### Nebraska Association of Local Health Directors

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