

COMMUNITY HEALTH ASSESSMENT



2019

Loup Basin Public Health Department

Healthier People, Healthier Communities, Healthier Tomorrows.

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Community Health Assessment

LOUP BASIN PUBLIC HEALTH DEPARTMENT

INTRODUCTION

Under the direction of Loup Basin Public Health Department (LBPHD), the 2019 Community Health Assessment (CHA) has been developed for the nine counties in the Loup Basin Health District (Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties in Nebraska) This assessment was conducted in partnership with Jeannie Melham Memorial Medical Center (JMMMC), Valley County Health System (VCHS), Howard County Medical Center (HCMC), and Callaway District Hospital. Collaborations began February 1, 2018 and will be the basis for the Community Health Improvement Plan (CHIP). Due to the IRS regulations which require tax-exempt hospitals to conduct a CHA every 3 years, LBPHD facilitated a joint community health assessment and planning process with the four hospitals in the Loup Basin health district.

The CHA process is collaborative and is intended to serve as a single data report for multiple coalitions, organizations, and hospitals in the nine county region unified by Loup Basin Public Health Department. The purpose of the CHA process is to describe the current health status of the community, identify and prioritize health issues, better understand the range of factors that can impact health, and identify assets and resources that can be mobilized to improve the health of the community.

Priority health areas will be identified in the 2019 Loup Basin Public Health Department Community Health Assessment and addressed in the 2019-2022 Loup Basin Public Health Department Community Health Improvement Plan (CHIP).

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, was again used to conduct this round of the Community Health Needs Assessment and Community Health Improvement Plan development. MAPP emphasizes the partnership with all sectors of the public health system to evaluate the health status of the region it serves, identify priority areas, and develop plans for implementation.



Organization

LBPHD was charged with the leadership of the project. This role included establishing timely schedules, allocation of personnel resources, contracting for additional services, and promotion and media relations. Loup Basin Public Health Department's leadership team provided oversight and quality assurance to the process.

A MAPP Steering Committee was formed with representatives from each of the four Loup Basin hospitals and members of the Custer County Health Coalition. Committee members provided guidance throughout the process and were charged with reviewing data and progress on the chosen priorities, and using quality improvement to modify implementation plans as needed.

Local Public Health System Collaborative Infrastructure

The region enjoys a vigorous, well-established collaborative infrastructure which provided the foundation for the local public health system communication and engagement process. This infrastructure includes:

- Loup Basin Public Health Department Board of Health comprised of twenty members. The twenty-member board is composed of a physician and dentist as well as a County Commissioner and a spirited citizen from each of LBPHD's nine counties.
- The already existing Custer County Health Coalition provided a significant platform for LBPHD to utilize through the MAPP process. The Coalition had representatives from every aspect of the local public health system and provided services from all of the 10 essential services.

MAPP Assessments

- 1. Community Themes and Strengths**
Assembles focus groups that address the community concerns about what is important, how quality of life is perceived, and the assets that exist and can be used to improve community health.
- 2. Local Public Health System Assessment**
Identifies the components, activities, competencies, and capacities of the public health system and how the essential services are being provided through area organizations and entities.
- 3. Forces of Changes Assessment**
Identifies what is occurring, or might occur, that affects the health of the community. Looks at the opportunities and threats that are currently facing the region.
- 4. Community Health Status Assessment**
Identifies priority community health and quality of life issues. Health data provided by Loup Basin Public Health Department.



COMMUNITY HEALTH STATUS ASSESSMENT

Economic and Demographic Data

Overview

SOCIAL AND ECONOMIC FACTORS IN POPULATION HEALTH

Some of the biggest predictors of health in and individual's life come from social and economic factors. This section addresses what social and economic factors of health (education, income, social support, etc.) look like in central Nebraska and what the data indicates about the health of the involved citizens.

Loup Basin Public Health Department Region

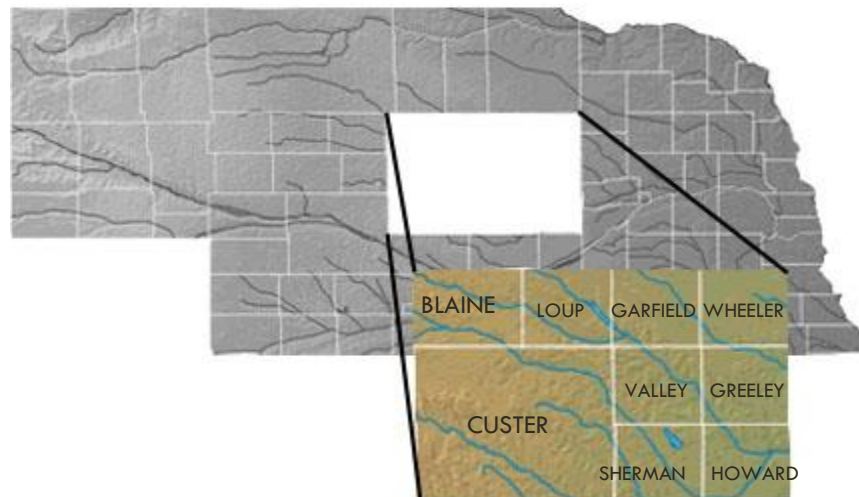
Loup Basin Public Health Department is situated in the heart of Nebraska. The area has a rich agricultural background, including farmland, prairie meadows, and cattle-grazing. Population remains steady, wages remain lower than the state and national averages, and the median age continues to increase.

LBPHD proudly services the counties of Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley and Wheeler.

Quick Facts from US Census Bureau

Population (2017 estimate)	30,928
Population Change in LBPHD District (from 2016)	+0.6%
Incorporated Municipalities	
Unemployment Rate (May 2018)	2.8%**
Total Land Area	7272.7 sq. miles

**Bureau of Labor Statistics for Nebraska



Population

While the population of Nebraska has been slowly increasing over the past 75 years, rural Nebraska's population has been declining. Much of Nebraska's growth is seen in the urban areas.

Figure 1: Nebraska Urban and Rural Populations, 1870-2010

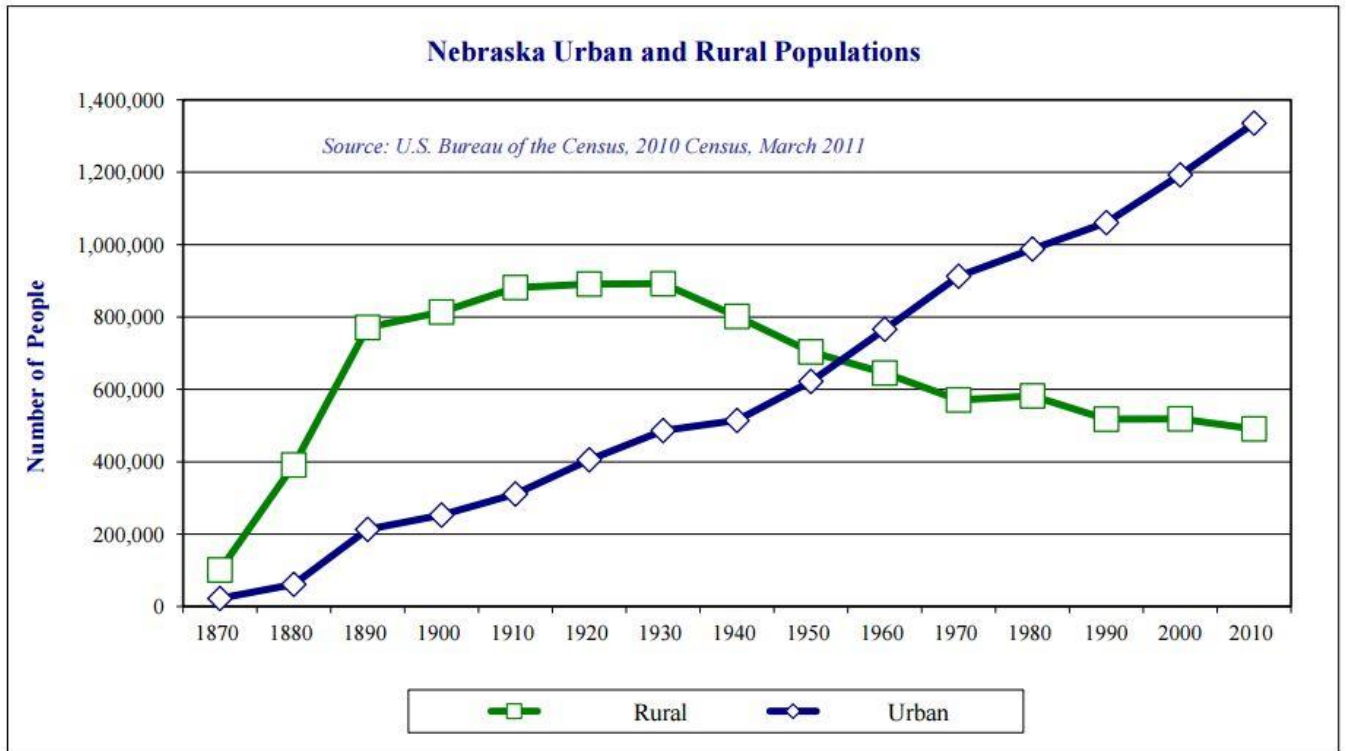
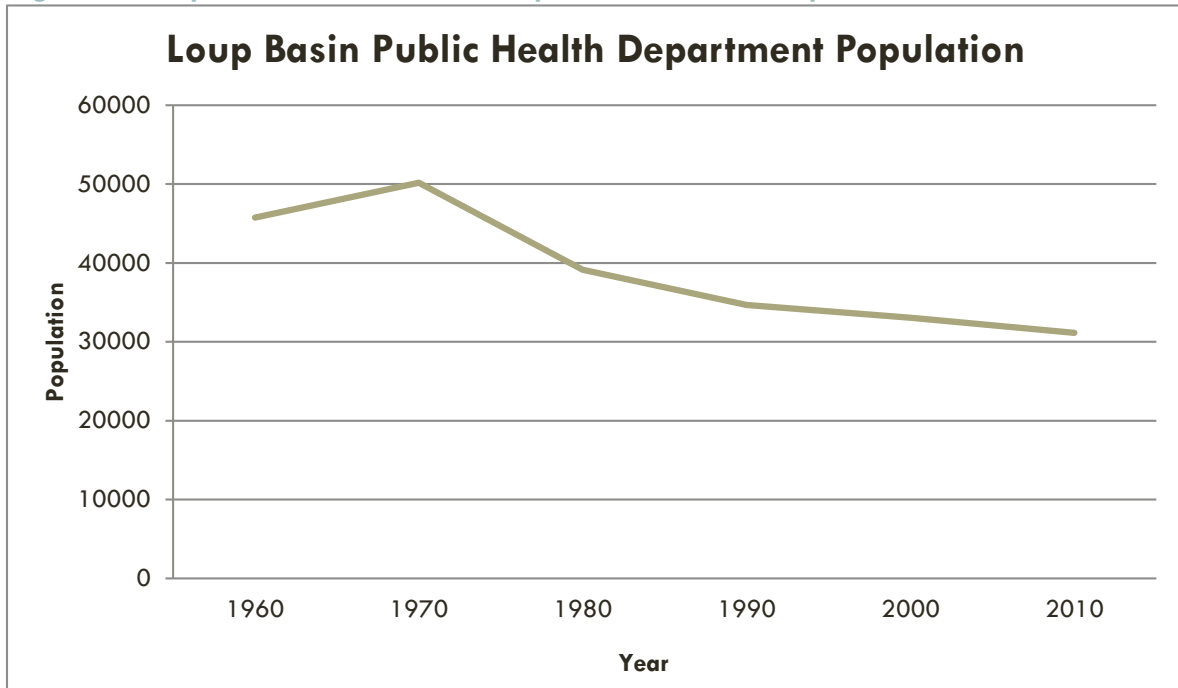


Figure 2: Loup Basin Public Health Department District Population, 1960-2010



Source: US Census Bureau

Figure 1 shows how Nebraska's population growth has been concentrated in the urban areas (including the counties of Douglas, Sarpy, and Lancaster). These counties are home to the Omaha metropolitan area and the state capital, Lincoln.

What does a declining population mean for our region?

- Decreased resources
- Threat of decreased vitality

Population consolidation away from the rural areas is not a new trend, as seen in Figure 1 this has been occurring in Nebraska since the 1950s and is also a global occurrence. Figure 2 echoes that Loup Basin Public Health Department's population, which is primarily rural, has been declining and following the consolidation trend to urban areas. Due to this trend, communities should not focus on ways to halt population loss but rather strategies to improve quality of life and opportunities for their citizens. What central Nebraska lacks in resources must be combated with creative solutions and strengthening of partnerships.

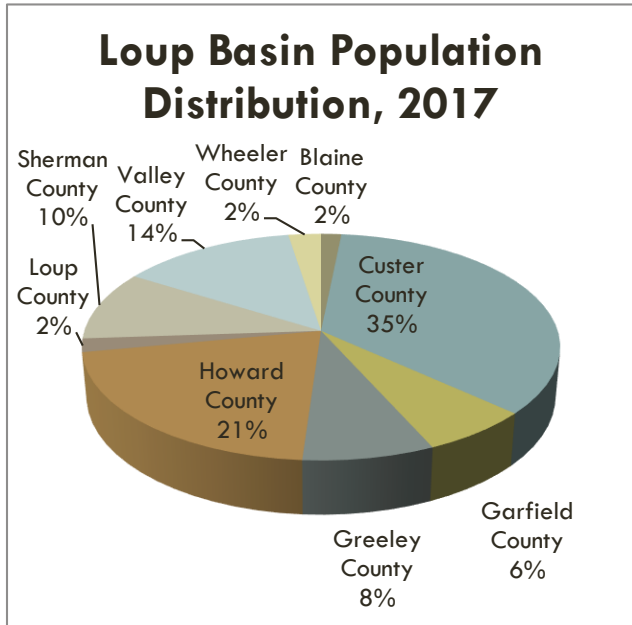


Figure 3: Loup Basin Public Health Department Population Distribution, 2017 Census

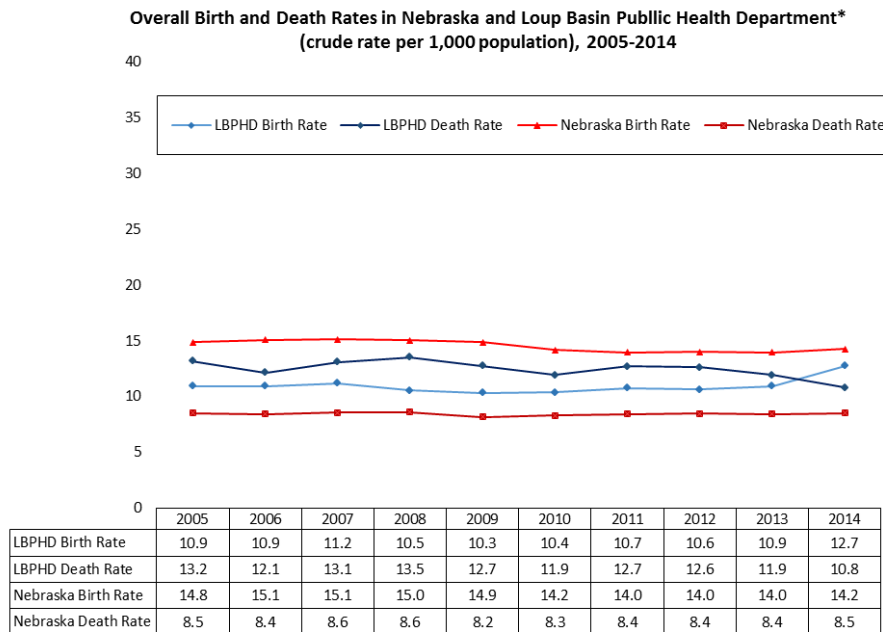
As Figure 3 emphasizes, seventy percent of Loup Basin Public Health Department district’s population is concentrated in the three counties that have more amenities to offer (Custer, Howard and Valley counties). All four hospitals within LBPHD’s district are also located in these three counties. Out of the remaining six counties, three (Garfield, Greeley, and Sherman) offer medical services through satellite clinics. Blaine, Loup and Wheeler counties currently do not have any medical services provided through satellite clinics.

Travel time, lower annual income pose obstacles to the citizens of these counties in terms of

healthcare, economic growth, and community vitality.

Source: US Census Bureau, 2017 population estimate

Figure 4: Overall Birth and Death Rates in Nebraska and Loup Basin Public Health Department, 2005-2014



*Loup Basin Public Health Department includes Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties
Source: Nebraska Vital Records

Table 1: Loup Basin Public Health Department Population Characteristics, 2000-2014

Age	2000		2010			2014		
	Population	% of Total	Population	% of Total	% Change (2000-2010)	Population	% of Total	% Change (2010-2014)
Under 5 years	1,890	5.7%	1,881	6.0%	-0.5%	1,724	5.6%	-8.3%
5 - 14 years	5,089	15.4%	4,007	12.9%	-21.3%	4,010	13.1%	0.1%
15 - 24 years	3,532	10.7%	3,105	10.0%	-12.1%	3,365	11.0%	8.4%
25 - 44 years	7,755	23.4%	6,212	19.9%	-19.9%	6,109	19.9%	-1.7%
45 - 64 years	7,877	23.8%	9,208	29.6%	16.9%	8,623	28.1%	-6.4%
65 - 84 years	5,819	17.6%	5,668	18.2%	-2.6%	5,753	18.7%	1.5%
85 and older	1,160	3.5%	1,059	3.4%	-8.7%	1,127	3.7%	6.4%

Source: Loup Basin CHA Data, prepared by Nebraska DHHS

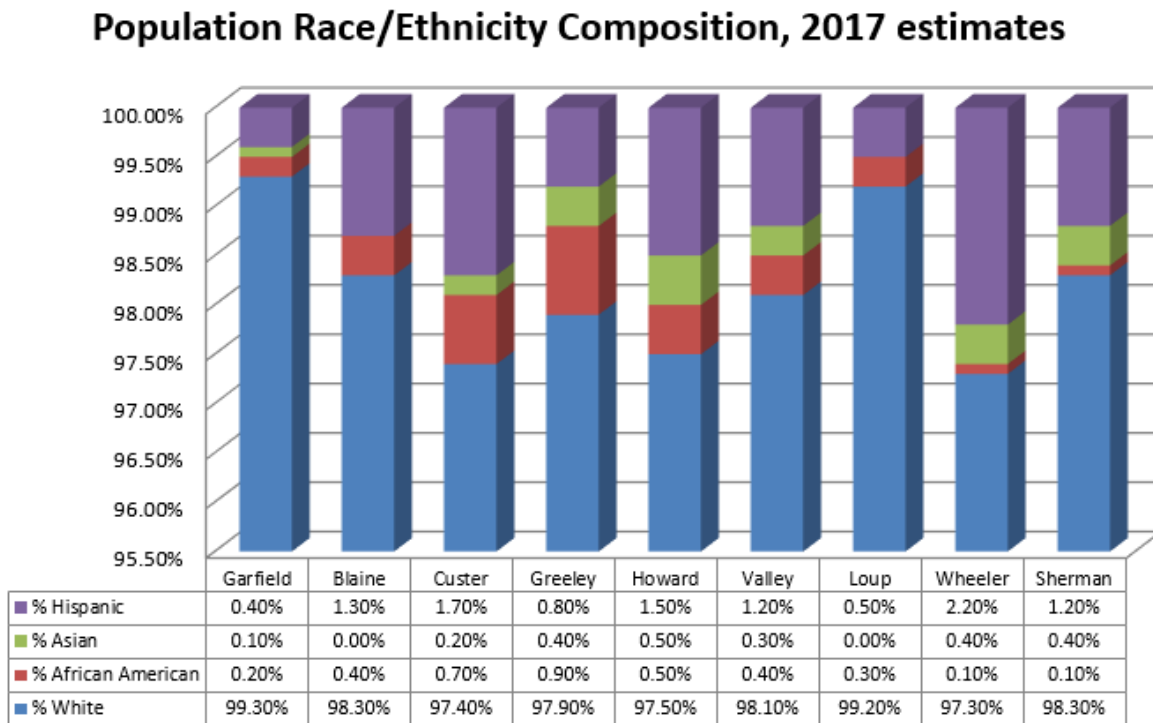
The graph in Figure 4 depicts a change in the trend of the death rate outweighing the birth rate for the first time in 2014. According to the Loup Basin Public Health Department Community Health Assessment Data (Table 1), the population under 5 years old has shown an 8.3% decrease from 2010 to 2014. By examining these two data sources together, we can anticipate in 2015 or 2016 the death rate will again exceed the birth rate and LBPHD's population totals will continue to decline without a change to in-migration.

The trend identified within Loup Basin Public Health Department's district is not echoed throughout the state of Nebraska (Figure 4) where the birth rate has exceeded the death rate by at least 5.7 since 2005.

Race

Race patterns in a population are important to assess because they reveal social patterns. Social issues tend to follow the lines of certain social classes and families, and families have tended to follow race lines. With this understanding we can see social and economic patterns for certain segments of the population.

Figure 5: Race Composition of 9 Loup Basin Public Health Department Counties, 2017 Census estimate



Source: US Census Bureau

In the nine counties that are included in Loup Basin Public Health Department’s district the majority race is white, non-Hispanic (Figure 5). The second largest race includes the Hispanic population. Custer County has a Hispanic rate of 1.7%, but this is also the county with the largest overall population within the district.

Economy

Economic health is the driving force for opportunities and prosperity in a region or community. While it is not the only indicator of wellbeing, quality economic opportunities contribute heavily to the quality of income and the access to education and health care. Thriving local economies also contribute to the vitality of communities and provide a base for shared investments in infrastructure, law enforcement, public spaces, positive neighborhood environments, etc.

The Loup Basin Public Health Department district has its roots in a strong agricultural economy that has endured the rise and fall of markets. Throughout economic ups and downs the unemployment rate has maintained lower than the national average. Professional opportunities and wages do lag behind the state and nation.

EMPLOYMENT AND WORKFORCE

Nebraska’s unemployment rate for May 2018 is equal to the average rate of the LBPHD district. Historically, Nebraska’s rate is lower when compared to the national average (3.8%), although the gap was greater in the previous edition of the Community Health Status report.

Table 2: Unemployment Rates, May 2018

County	Unemployment Rate (%)
Blaine	4.6
Custer	2.2
Garfield	2.5
Greeley	2.7
Howard	2.7
Loup	3.5
Sherman	2.3
Valley	2.6
Wheeler	2.5
Average in Region	2.8%
Nebraska	2.8%
National	3.8%

Source: Bureau of Labor Statistics

Interpreting Unemployment

While unemployment can give us a quick glance as to how the economy of an area is doing, it also does not account for the rate of people who are underemployed or who are working multiple jobs to make ends meet. In an economic downturn, someone who is self-employed or working multiple jobs could lose a significant amount of their work and still not technically be unemployed.

EDUCATIONAL ACHIEVEMENT

Lower levels of educational achievement in LBPHD's district reflect the job force available. Most jobs in the nine county area are in agriculture, manufacturing, etc. and do not require a Bachelor's degree. For the most recent data (Table 4) Loup Basin's district is 3.57% above the Nebraska average for those who have graduated high school. The percentage of persons who have a Bachelor's degree or higher in Nebraska is 10.34% than those occupying the Loup Basin Public Health Department district.

Table 3: Educational Achievement, 2012-2016

County	High School graduate or higher (% of persons 25+)	Bachelor's degree or higher (% of persons 25+)
Blaine	98.7	25.1
Custer	92.3	21.4
Garfield	94.3	18.5
Greeley	93.2	16.6
Howard	92.4	20.3
Loup	97.3	21.9
Sherman	92.5	15.9
Valley	92.7	20.6
Wheeler	95.0	16.6
LBPHD District	94.27	19.66
Nebraska	90.7	30.0
National	87.0	30.3

Source: US Census Bureau, Quick Facts

INCOME AND POVERTY

Table 4 displays the median household incomes across the district. The nine counties vary from the lowest, Valley County, at \$44,657 to Loup County, the highest, at \$56,750. From the 2015 Community Health Status Report, Loup County median household income increased \$18,625. With a population of four hundred sixty-three 18+ the median can be largely affected by small changes.

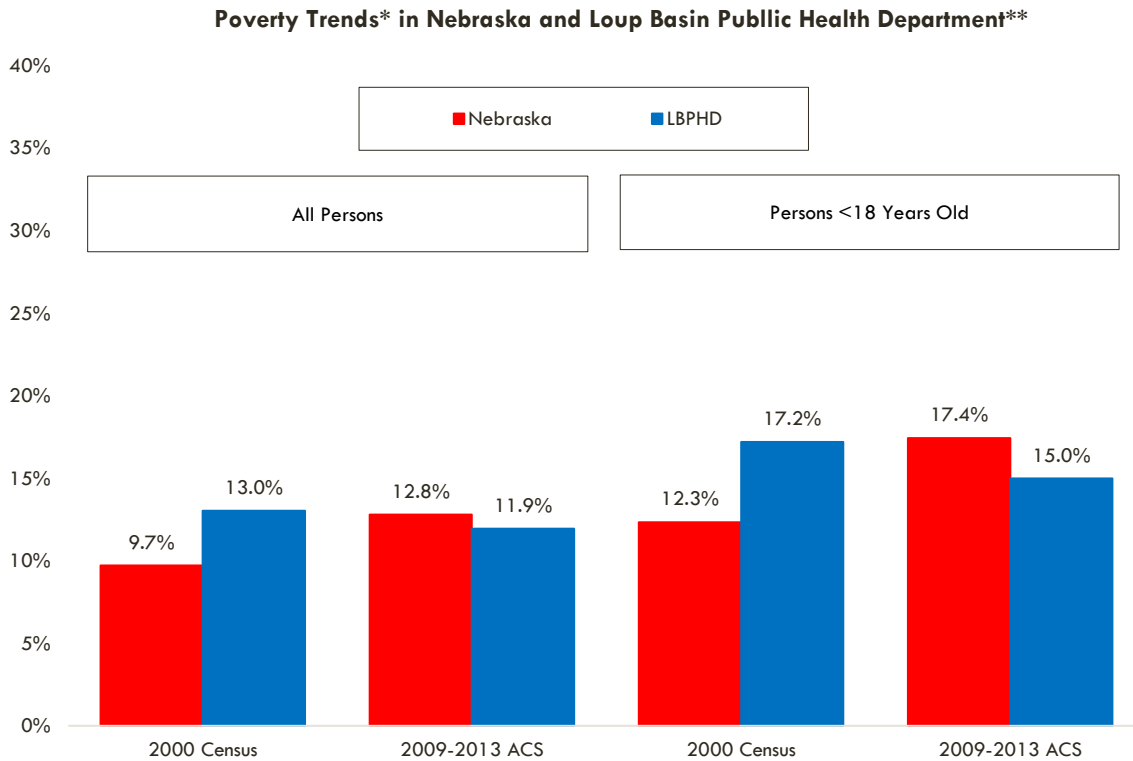
Table 4: Median Household Income, 2012-2016

County	Median Household Income
Blaine	\$50,350
Custer	\$47,083
Garfield	\$45,227
Greeley	\$48,220
Howard	\$52,247
Loup	\$56,750
Sherman	\$46,299
Valley	\$44,657
Wheeler	\$47,452
LBPHD District	\$48,698.33
Nebraska	\$54,384
National	\$55,322

Source: US Census Bureau, Quick Facts

According to the US Census Bureau, the 2012-2016 poverty level of Nebraska was 11.4%. Nebraska’s poverty level falls below the United States which from the same data source was reported to be 12.7%. Figure 6 represents the poverty trend of Nebraska in comparison to LBPHD’s district. For all persons, LBPHD’s rate was higher in the 2000 Census but lower in the 2009-2013 American Community Survey (ACS). The trend reverses for those under 18 years old; Nebraska is lower in the 2000 Census and has a higher percentage below the poverty level in the 2009-2013 ACS. Overall the trend is that poverty levels are higher in those under 18 years of age.

Figure 6: Poverty Trends in Nebraska and Loup Basin Public Health Department



*Percentage below 100% of the federal poverty level

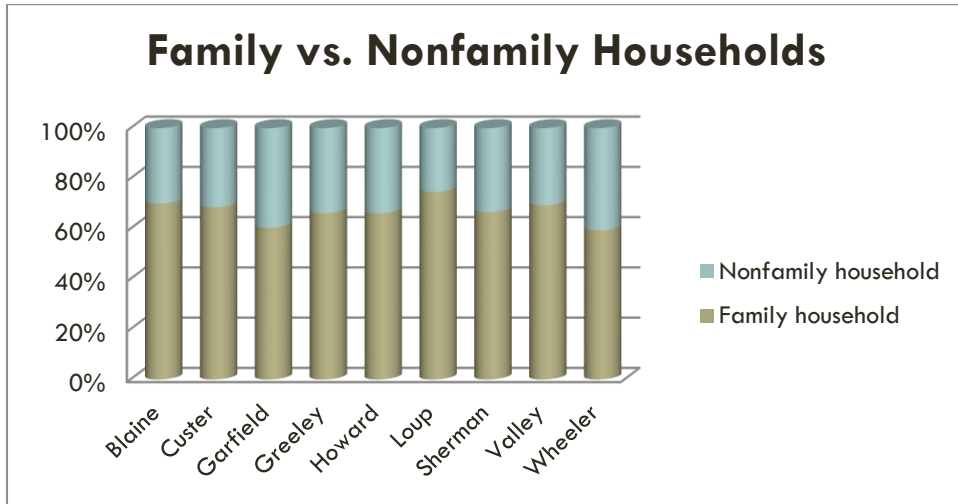
**Loup Basin Public Health Department includes Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties
Source: 2010 U.S. Census; 2009-2013 American Community Survey (ACS)

Source: Loup Basin CHA Data, prepared by Nebraska DHHS

FAMILY TYPE

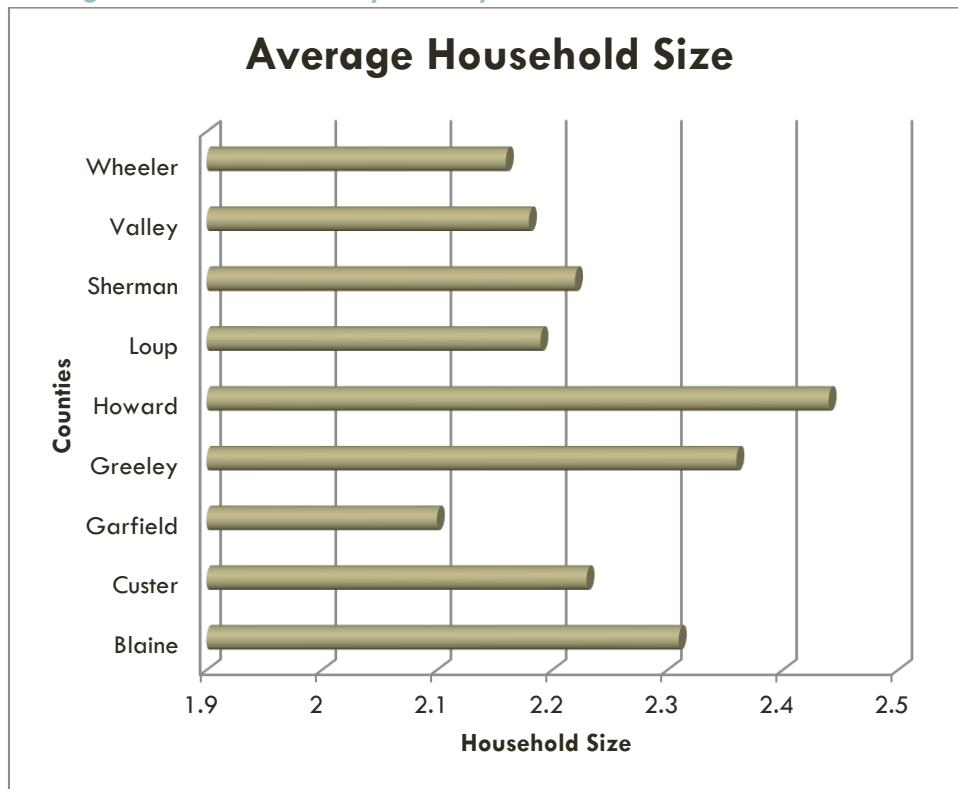
The majority of households throughout Loup Basin Public Health Department’s district are family households (Figure 7). Loup County ranks highest with 70% family households; Wheeler County ranks highest in nonfamily households at 40.7%. Both counties are primarily rural, farming communities. The average household size across the district is 2.24. From the previous edition of this report, every county’s average household size decreased except Howard County which is up 0.03.

Figure 7: Family versus Nonfamily Households by County



Source: US Census Bureau, American Community Survey 2010-2014

Figure 8: Average Household Size by County



Source: US Census Bureau, American Community Survey 2017

Moving Forward

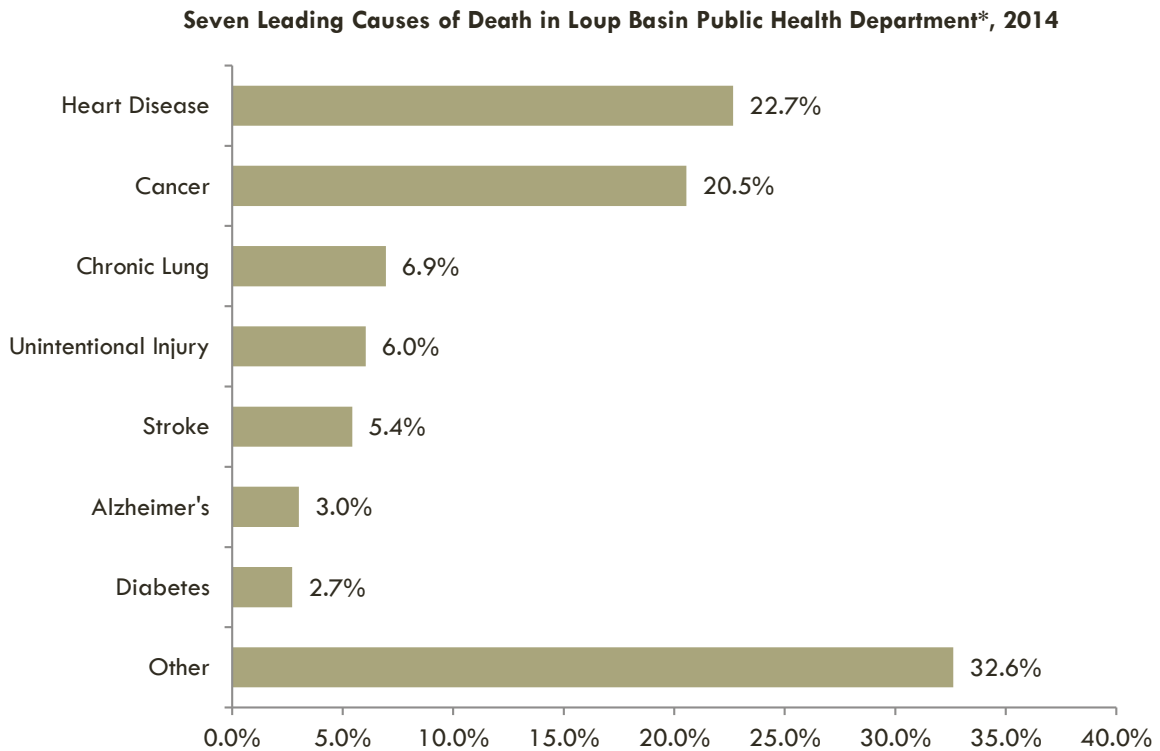
An individual's economic and social well-being directly affects his or her health. While the Loup Basin Public Health Department district has many social and economic indicators that are worse than those of the entire state of Nebraska, the positive is that many of the issues, while complex, can be strategically addressed to have a positive impact. Strong partnerships among educational, governmental, non-profit and business communities that promote financial and social stability for all citizens of central Nebraska will drive sustainable, regional wellness.

Health Data

Overview

According to Loup Basin's Community Health Assessment Data, prepared by Nebraska DHHS from Vital Records, the leading cause of death within the district during 2014 was heart disease followed closely by cancer (Figure 9). According to Nebraska's 2013 Vital Statistics Report, the leading cause of death for the state was cancer representing 22% of all deaths. For the state this was the 5th consecutive year in which cancer has surpassed heart disease as the leading cause of death.

Figure 9: Seven Leading Causes of Death in Loup Basin Public Health Department, 2014



*Loup Basin Public Health Department includes Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties
Source: Nebraska Vital Records

Behavioral Risk Factors Surveillance System

Each year, Loup Basin Public Health Department, working with the State of Nebraska, contracts the University of Nebraska Medical Center (UNMC) to conduct a telephonic survey to gather self-reported health data. This survey, the Behavioral Risk Factor Surveillance System (BRFSS), is done nationally and is coordinated with each of the states through the Centers for Disease Control and Prevention. BRFSS data is not available on a county-by-county basis but rather paints a picture of the entire Loup Basin Public Health Department District.

This survey can be used to identify emerging health problems; establish and track health objectives; develop, implement, and evaluate a broad array of disease prevention activities; and support health-related legislative efforts.

The number of those who self-reported having healthcare coverage in 2015 has increased over the previous years. In 2015, 91.7% had healthcare coverage which is up 5% from 2014. Loup Basin Public Health Department's percentage of those with healthcare coverage is higher than the State of Nebraska as a whole (85.6%). The population statistics reported that only 7.9% of Loup Basin Public Health Department's populous could not see a doctor when they needed to due to cost.

Self-reporting for those who have ever been told they had a heart attack or coronary heart disease increased 0.8%, to 7.2%, within LBPHD's district for 2015, but stayed the same for Nebraska as a whole (5.8%). There has been a slow, declining trend in the number of those who have been told they have high blood pressure, excluding during pregnancy. Over the 5 years of data show Table 5, the decline in LBPHD's populous has been 2.4% to 35.9%. This statistic is again higher in the LBPHD region than Nebraska as a whole (29.9%).

While the trend over the past year declined within LBPHD's district, the Nebraska statistic of those who have ever been told they have cancer (in any form) increased from 10.7 to 11.6%. Tobacco use in the form of cigarettes increased from 2013 to 2015, however smokeless tobacco users have declined from 2013 with the Health Department's jurisdiction.

Unfortunately, the trend of adults reporting they are obese (BMI = 30+) within our district is on a steady uphill climb, with 35.3% self-reporting this statistic. Approximately 9% of LBPHD's district has been diagnosed with diabetes (excluding pregnancy), which is 0.2% higher than the State of Nebraska.

In mental health, Nebraska as a whole has higher percentages of those told they have depression than within LBPHD's district, 17.5% and 13.7% respectively.

Under the Affordable Care Act (ACA) preventative immunizations are covered at 100%. According to the BRFSS data, Nebraskan's and the LBPHD population are not taking advantage of this. In 2015, Nebraska and LBPHD had 47.2% and 43.3%, respectively, receive their annual influenza vaccination. The adherence to this recommendation was better received in the 65+ age group with LBPHD reporting 61.3% and Nebraska reporting 65.2% being vaccinated annually for influenza.

Table 5: BRFSS Health Data, Loup Basin Public Health Department and State, 2015

Indicators	2011		2012		2013		2014		2015	
	LBPHE	NE	LBPHE	NE	LBPHE	NE	LBPHE	NE	LBPHE	NE
General Health Status										
General health fair or poor	14.8%	14.3%	16.9%	14.4%	13.3%	13.9%	14.4%	13.2%	15.0%	13.9%
Average number of days physical health was not good in past 30 days	2.9	3.2	4.0	3.2	2.6	3.1	3.0	3.0	-	-
Health Care Access and Utilization										
No health care coverage, 18-64 year olds	16.6%	19.1%	16.1%	18.0%	13.5%	17.6%	13.3%	15.3%	8.3%	14.4%
Needed to see a doctor but could not due to cost in past year	8.4%	12.5%	11.9%	12.8%	7.4%	13.0%	8.7%	11.9%	7.9%	11.5%
Had routine checkup in past year	55.2%	57.7%	56.4%	60.4%	62.4%	61.6%	58.3%	63.3%	-	-
No personal doctor or health care provider	-	-	-	-	-	-	-	-	15.9%	19.7%
Cardiovascular										
Ever told they had a heart attack or coronary heart disease	8.3%	5.9%	9.7%	6.0%	7.0%	5.9%	6.4%	5.8%	7.2%	5.8%
Ever told they had a stroke	3.0%	2.6%	2.9%	2.4%	4.0%	2.5%	3.2%	2.6%	4.2%	2.5%
Had blood pressure checked in the past year	-	-	-	-	87.1%	84.6%	-	-	-	-
Ever told they have high blood pressure, excluding pregnancy	38.3%	28.5%	-	-	36.1%	30.3%	-	-	35.9%	29.9%
Had cholesterol checked in past 5 years	71.8%	71.8%	-	-	74.2%	74.0%	-	-	70.1%	75.1%
Ever told they have high cholesterol, among those who have ever had it checked	39.6%	38.3%	-	-	37.6%	37.4%	-	-	38.5%	35.1%
Cancer										
Ever told they have skin cancer	7.9%	5.6%	6.3%	5.6%	8.0%	5.9%	8.4%	5.7%	-	-
Ever told they have cancer (in any form)	14.8%	11.2%	12%	10.8%	15.2%	11.4%	16.1%	10.7%	15.1%	11.6%
Up-to-date on colon cancer screening, 50-75 years old	-	-	56.2%	61.1%	57.8%	62.8%	52.9%	64.1%	-	-
Up-to-date on breast cancer screening, female 50-74 years old	-	-	68.9%	74.9%	-	-	62.7%	76.1%	-	-
Tobacco										
Current cigarette smoker	16.5%	20.0%	16.9%	19.7%	11.0%	18.5%	13.1%	17.4%	14.7%	17.1%
Attempted to quit smoking in past year, among current cigarette smokers	51.2%	55.6%	54.2%	57.1%	34.8%	57.1%	61.3%	58.2%	-	-
Current smokeless tobacco use	8.9%	5.6%	8.9%	5.1%	9.8%	5.3%	9.5%	4.7%	6.9%	5.5%
Nutrition/Physical Activity										
Obese (BMI = 30+)	31.5%	28.4%	28.8%	28.6%	30.6%	29.6%	29.9%	30.3%	35.3%	31.4%
Overweight or Obese (BMI = 25+)	69.0%	64.9%	64.2%	65.0%	71.3%	65.5%	70.0%	66.7%	71.9%	67.0%
Consumed fruits less than 1 time per day	39.8%	40.1%	-	-	41.4%	39.7%	-	-	44.9%	41.1%
Consumed vegetables less than 1 time per day	24.3%	26.2%	-	-	18.6%	23.3%	-	-	19.5%	24.7%
No leisure-time physical activity in past 30 days	32.8%	26.3%	26.5%	21.0%	31.5%	25.3%	26.4%	21.3%	33.8%	25.3%
Met aerobic physical activity recommendation	-	-	-	-	-	-	-	-	45.5%	51.3%
Met muscle strengthening recommendation	-	-	-	-	-	-	-	-	21.3%	31.2%
Ever told they have diabetes, excluding pregnancy	10.3%	8.4%	9.0%	8.1%	10.4%	9.2%	9.5%	9.2%	9.0%	8.8%

Mental Health										
Ever told they have depression	15.3%	16.8%	12.1%	16.7%	10.1%	18.2%	14.8%	17.7%	13.7%	17.5%
Average number of days mental health was not good in past 30 days	2.2	3.1	2.8	3.0	1.3	3.0	1.8	2.8		
Frequent mental distress in past 30 days	-	-	-	-	-	-	-	-	6.0%	8.9%
Alcohol										
Any alcohol consumption in past 30 days	55.5%	61.8%	53.1%	61.3%	53.8%	57.5%	52.4%	59.2%	-	-
Binge drank in past 30 days	19.5%	22.7%	17.7%	22.1%	15.1%	20.0%	17.5%	20.3%	14.3%	19.5%
Heaving drinking in past 30 days	6.6%	7.5%	5.5%	7.2%	4.0%	6.8%	5.6%	6.4%	-	-
Immunization and Infectious Disease										
Had a flu vaccination in past year, aged 18 and older	38.2%	41.1%	42.6%	42.2%	43.9%	45.2%	39.4%	43.9%	-	-
Had a flu vaccination in the past year	-	-	-	-	-	-	-	-	43.3%	47.2%
Had a flu vaccination in past year, aged 65 and older	55.3%	61.8%	58.2%	62.9%	59.5%	66.2%	58.8%	64.8%	61.3%	65.2%
Ever had a pneumonia vaccination, aged 65 and older	68.8%	70.3%	67.7%	70.0%	67.7%	71.7%	63.6%	72.3%	-	-
Ever had a shingles vaccination, aged 50 and older	-	-	-	-	-	-	28.2%	27.9%	-	-
Oral Health										
Visited a dentist or dental clinic for any reason in past year	-	-	56.8%	67.6%	-	-	59.2%	66.4%	-	-
Injury										
Always wear a seatbelt when driving or riding in a car	51.4%	71.3%	46.0%	69.7%	52.8%	74.1%	48.3%	72.4%	53.4%	75.4%
Texted while driving in past 30 days	-	-	72.2%	69.1%	-	-	-	-	-	-
Talked on cell phone while driving in past 30 days	-	-	72.2%	69.1%	-	-	-	-	-	-
Injured due to a fall in past year, aged 45 and older	-	-	12.1%	9.9%	-	-	8.7%	8.8%	-	-

Red shaded boxes: LBPHD statistical significance of worse rate than State of Nebraska (not assessed for 2015 column)

Green shaded boxes: LBPHD statistical significance of better rate than State of Nebraska (not assessed for 2015 column)

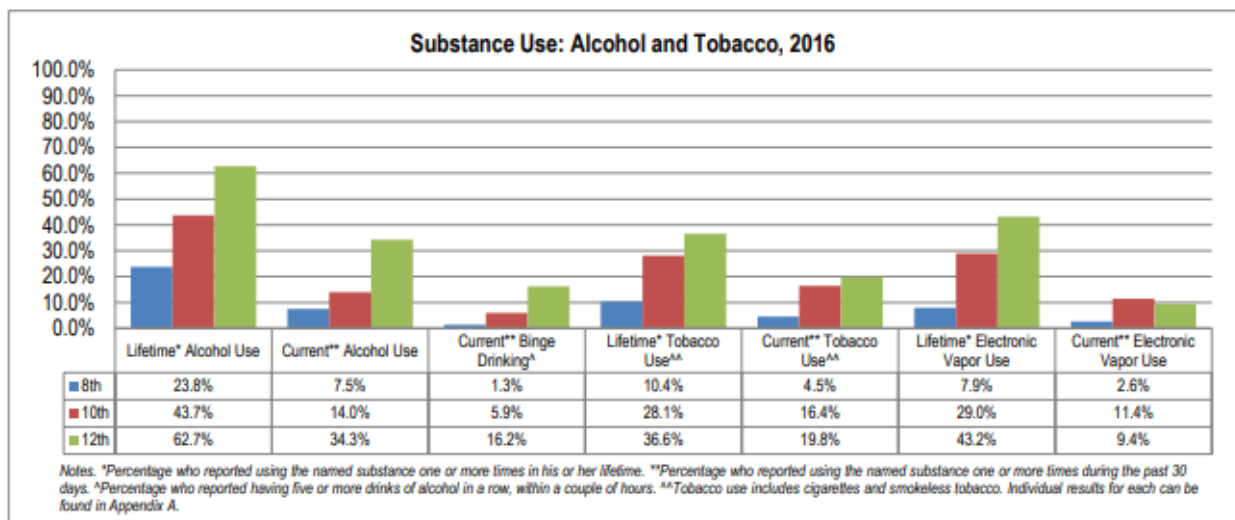
Youth Risk Factors

The Nebraska Risk and Protective Factors Student Survey (NRPFS) is a biennial survey of the students in grades 8, 10 and 12. The goal of the survey is to provide schools and communities with local-level data, therefore it is implemented as a census survey meaning every public and non-public school with an eligible grade can choose to participate. The data presented from this report is not intended to be a representative of a statewide sample.

The survey is designed to assess adolescent substance use, delinquent behavior and many of the risk and protective factors that predict adolescent problem behaviors. These risk and protective factors also highly correlate with substance abuse as well as delinquency, teen pregnancy, school dropout and violence.

The report is generally a good indicator of the problem behaviors and protective factors if there was 60% or more participation. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results. For Loup Basin's 2016 NRPFS report, a total of 776 students participated giving a participation percentage of 64.6%. Statewide only 37.6% of the total enrolled in the designated grade levels participated. Both participation percentages were up from the previous edition of this report.

Figure 10: Substance Use: Alcohol and Tobacco, 2016



Alcohol and tobacco trends upward in all categories, except current electronic vapor use, as students enter higher grade levels. Comparing to the 2014 report, the 8th grade alcohol use, lifetime and current, has gone up 1.5% and 2.8% respectively. This is the first edition of the NRPFS to include the use of electronic vapor devices.

Figure 11: Substance Use, Other Drugs, 2016

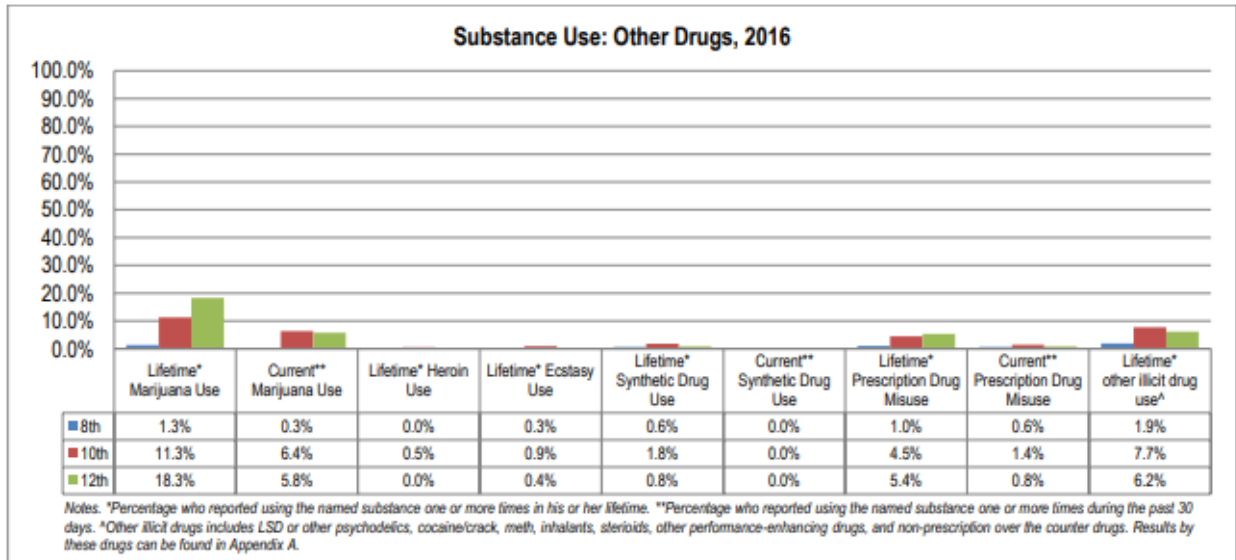
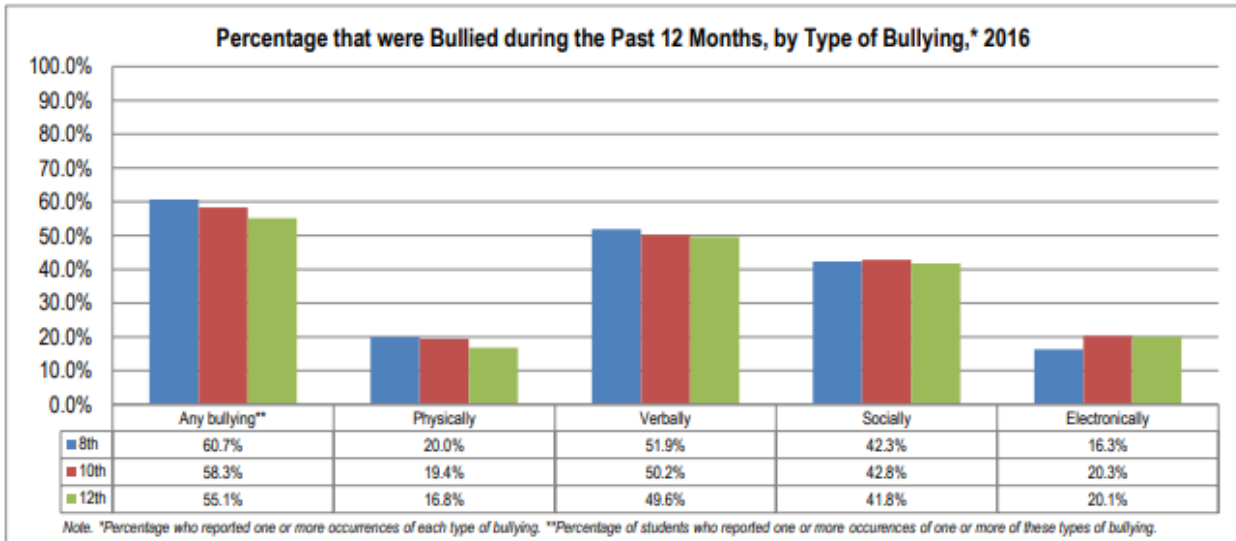


Figure 11 depicts the substance use of marijuana, heroin, ecstasy, synthetic drugs, prescription drugs and other illicit drugs. Lifetime marijuana use has gone down in 8th and 12th graders from the 2014 report, but 10th graders increased 1.8%. This is the first report to break down into the categories above, previously all other drugs were combined into a category titled ‘illicit drug use.’

Figure 12: Percentage that were Bullied during the Past 12 Months, 2016

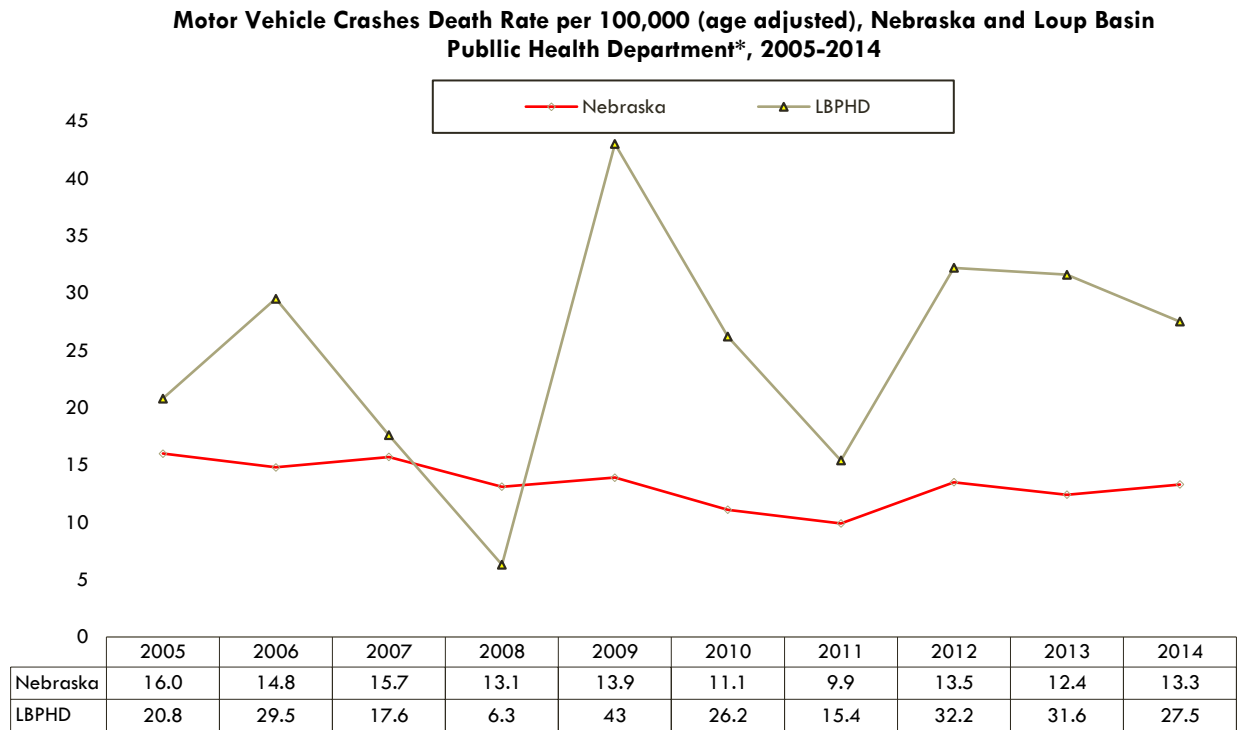


Bullying questions were added to the NRPFS survey in 2010 in response to interest from school and community leaders. Figure 12 displays the trend that most bullying is occurring in person (verbal), closely followed by online/social bullying.

Unintentional Injury

Unintentional injury is the fourth leading cause of death in Loup Basin Public Health Department's district. According to the CDC, 31 million emergency department visits occur each year for unintentional injuries. Each year, NE DHHS tracks the following unintentional injuries for LBPHD: motor vehicle crashes and falls.

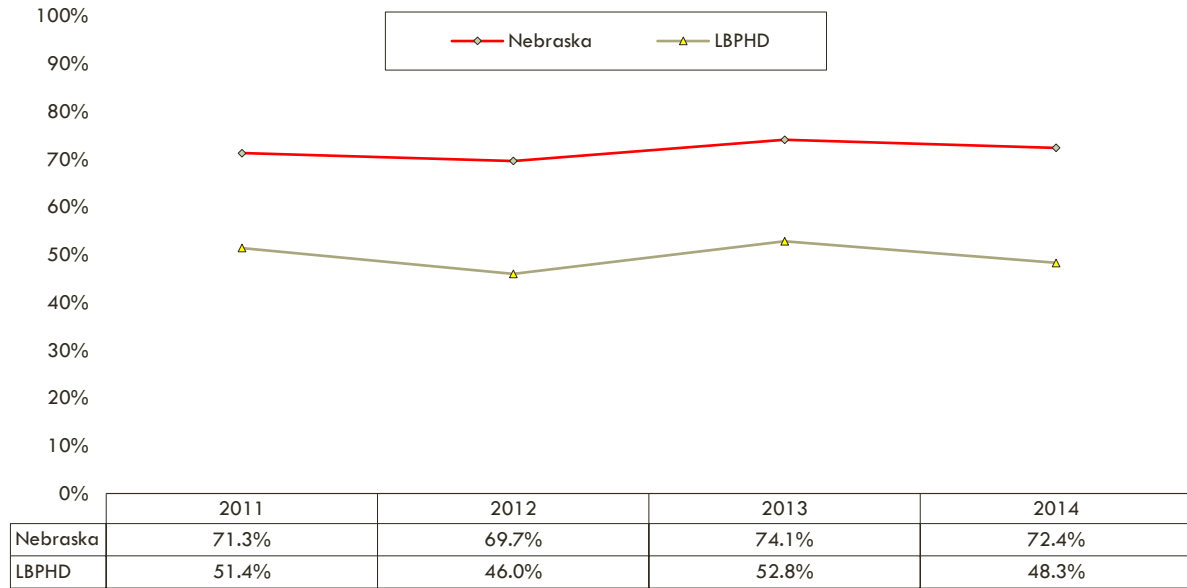
Figure 13: Motor Vehicle Crashes Death Rate per 100,000 (age-adjusted) in Nebraska and Loup Basin Public Health Department, 2005-2014



*Loup Basin Public Health Department includes Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties
 Source: Nebraska Department of Roads; Nebraska Office of Highway Safety

Figure 14: Always Wear a Seatbelt when Driving or Riding in a Car, Adults 18+, Nebraska and Loup Basin Public Health Department, 2011-2014

Always Wear a Seatbelt when Driving or Riding in a Car*, Adults 18+, Nebraska and Loup Basin Public Health Department, 2011-2014**



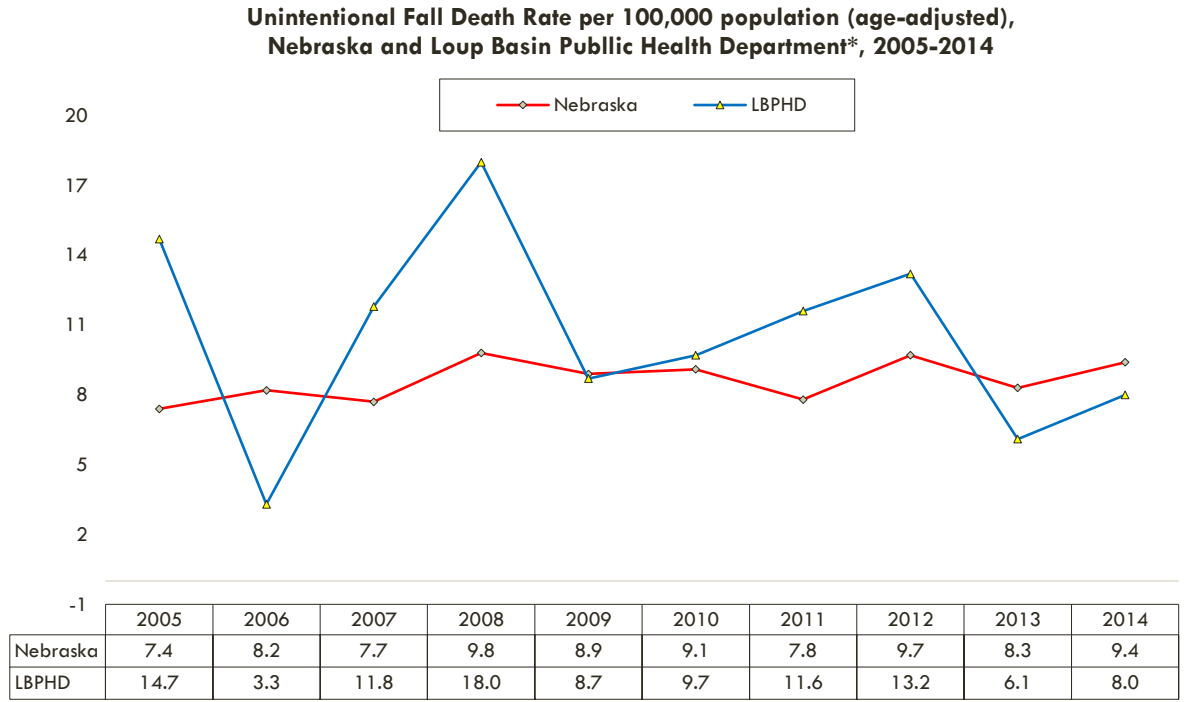
*Percentage of adults 18 and older who report that they always use a seatbelt when driving or riding in a car

**Loup Basin Public Health Department includes Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Figure 13 depicts a grim statistic that Loup Basin Public Health Department has a death rate due to motor vehicle crashes that is more than two times the state average. This large difference has been seen since 2012. This statistic coincides with the seatbelt rate (Figure 14) being substantially lower than Nebraska’s rate since 2011.

Figure 15: Unintentional Fall Death Rate per 100,000 (age-adjusted) in Nebraska and Loup Basin Public Health Department, 2005-2014

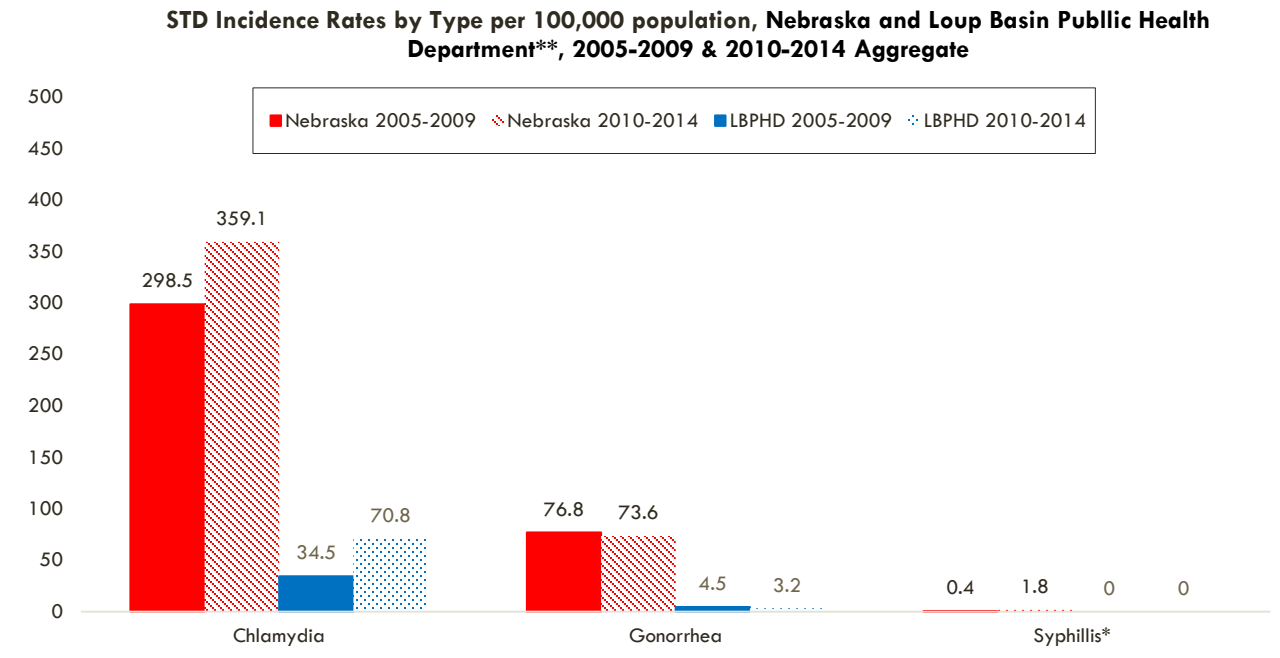


*Loup Basin Public Health Department includes Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties
Source: Nebraska Vital Records; National Center for Health Statistics

For the last two years, the district’s unintentional fall death rate (Figure 15) has been lower than Nebraska’s. According to the CDC, the national rate of deaths from unintentional falls was most recently 9.6 in 2013, which is similar to the State of Nebraska and also higher than LBPHD’s rate.

Communicable Diseases

Figure 16: STD Incidence Rates by Type per 100,000 population, Nebraska and Loup Basin Public Health Department, 2005-2009 & 2010-2014 Aggregate



*Includes Primary and Secondary Syphilis

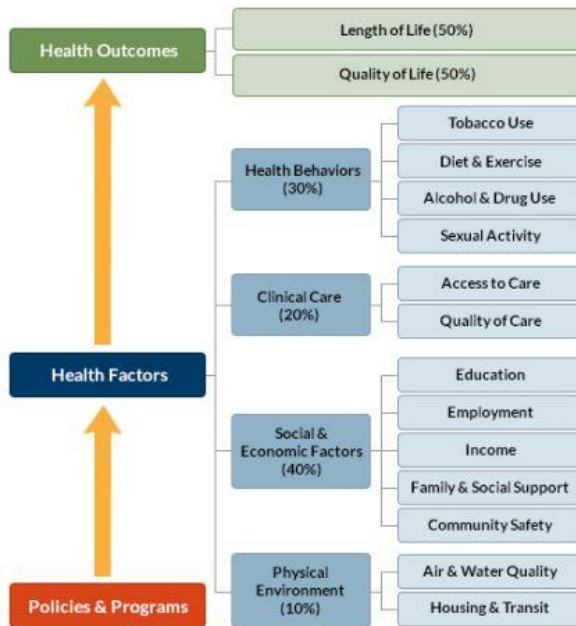
**Loup Basin Public Health Department includes Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties

Source: Nebraska Vital Records; National Center for Health Statistics

The incidence of sexually transmitted diseases throughout Loup Basin Public Health Department is relatively low (Figure 16) when compared to the State of Nebraska. Chlamydia has the highest per 100,000 population rate for the years presented. Chlamydia can affect both men and women, but for women it can cause permanent damage to her reproductive system making it difficult or impossible for her to get pregnant later on.

County Health Rankings

Figure 17: County Health Rankings Model

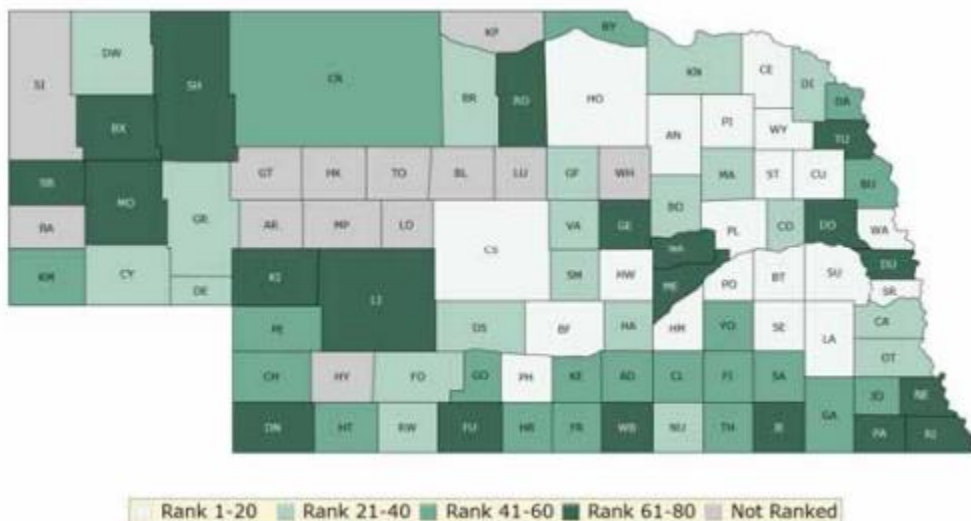


Each year the Robert Wood Johnson Foundation (RWJF) partners with the University of Wisconsin Population Health Institute (UWPHI) to rank the health of nearly every county in the nation. The County Health Rankings illustrate what we know when it comes to what is making people healthy or sick. The Rankings are unique in their ability to measure the current overall health of each county in all 50 states. They also look at variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity and teen births. Communities can use these rankings to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers and

the public.

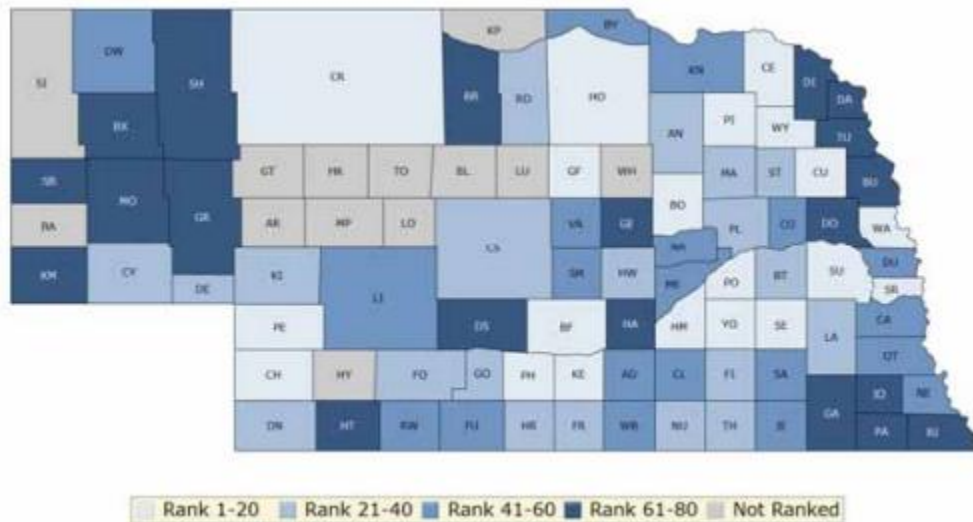
This model, from the 2018 rankings, (Figure 17) shows that one must do more than just exercise and eat well to have good health. Where we live, our environment, education, medical care and the behavioral choices we make all impact healthy outcomes.

Figure 18: Nebraska Health Outcome Rankings, 2018



The green map shows the distribution of Nebraska’s health outcomes, based on an equal weighting of length and quality of life. Lighter colors indicate better performance in the rankings.

Figure 19: Nebraska Health Factors, 2015



The blue map displays Nebraska’s summary ranks for health factors, based on weighted scores for health behaviors, clinical care, social and economic factors and the physical environment. Lighter colors indicate better performance in the respective rankings.

Table 6: County Health Rankings, Loup Basin Public Health Department district, 2018

County	Health Outcomes Ranking	Health Factors Ranking
Blaine	NR	NR
Custer	19	39
Garfield	29	18
Greeley	65	75
Howard	14	29
Loup	NR	NR
Sherman	35	44
Valley	38	47
Wheeler	NR	NR

Source: County Health Rankings, 2018

Rankings are given to the top 78 counties; those with the smallest populations are not ranked. A ranking of 1st is considered to be the healthiest county and 78th the unhealthiest. In LBPHD’s district, Blaine, Loup and Wheeler counties are not ranked.

With the exception of Greeley, the counties that are ranked within our district fall in the middle of the rankings (Table 6). Greeley was previously ranked 22nd in Health Outcomes and 52nd in Health Factors. Being ranked in the bottom half of counties in Nebraska indicates that the majority of their citizens do not practice healthy behaviors and that their socioeconomic environment along with healthcare and physical infrastructure may not be as conducive to healthy living as it could be.

In the 2015 County Health Rankings, our highest rating was Custer at 20th for Health Outcomes and 21st for Health Factors.

It is important to note that the County Health Rankings use broad measures that are standardized based on multiple years of data in order to account for counties of all sizes and make them comparable. Therefore, local data must take precedence. Regardless of the limitations of the County Health Rankings, it gives us a snapshot of the health of the county and helps demonstrate how LBPHD's district is doing in relation to each other and in comparison, to the rest of Nebraska.

FORCES OF CHANGE ASSESSMENT

Purpose

The Forces of Change (FOC) Assessment is aimed at identifying forces – such as trends, factors, or events – that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- Trends – patterns over time
- Factors – circumstance, fact, or influence that contributes to a result or outcome
- Events – one-time occurrences

Methodology

Stephanie Gideon, LBPHD Accreditation Coordinator, led the MAPP Steering Committee through a brainstorming session to identify the forces of change facing the Loup Basin health district in February 2019. During the FOC Assessment, participants answered the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

Representatives from 6 of the 9 counties that Loup Basin Public Health Department serves were present. Participants included health professionals, school representatives, business owners, farmers and ranchers, and other individuals long-involved in their local communities.

Through a facilitated brainstorming discussion, participants shared their ideas and insights and assembled a comprehensive list of forces that affect the health and quality of life in their community. The identified forces were reviewed and for each force, associated threats and opportunities for the community and the local public health system were identified.

Results

Forces(Trend, Events, Factors)	Threats Posed	Opportunities Created
Nebraska Child Safety Restraint law (effective January 1, 2019)	(1) Burden on low income families to buy car seats (2) Very low compliance with past laws	(1) Increased opportunities for HD to do community outreach (2) Car set technicians (3) Funding for car seats through grants
Measles Outbreak	(1) Exposure to a preventable disease (2) Missing work / lack of income	(1) Increased opportunities for HD to do community outreach (2) Increase in people receiving vaccinations

	(3) Healthcare costs (4) Lack of education	
Immigration	(1) Communication barrier (2) Exposure to diseases (3) Cost to community / lack of healthcare (4) Separation of families (5) Drugs entering the community	(1) Access to translators (2) Promotion of preventative health screenings
Retaining volunteers of EMS and Fire Department	(1) Aging population of current volunteers (2) A large time commitment for volunteer and family (3) A large liability	(1) Retention of elderly safely at home for longer in community (2) Stabilizes rural communities (3) Good community outreach
Lack of OB services	(1) Increase of infant and maternal mortality rates (2) Growth of a community (3) Decrease prenatal care (4) Families leave area for additional medical services	(1) Solicitation of OB doctors (2) EMS can expand knowledge / supplies must be on hand (3) Primary doctors cover prenatal
High demand of shingles vaccine	(1) Increased outbreaks (2) People aren't getting second shot to complete series (3) Quality of life is lowered	(1) Public awareness is increased (2) Increase in ordering vaccine

Summary

The results of the FOC Assessment will be used both for reporting back to key stakeholders and identifying strategic issues.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Purpose

The Local Public Health System (LPHS) Assessment, designed by National Public Health Performance Standards Program, measures the ten essential public health services. The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance.

Methodology

To conduct the 2019 LPHS Assessment Loup Basin Public Health Department utilized Google Drive. All 10 essential health services were considered and the survey format of google drive was used as the voting method. There were 13 participants in the assessment, representing a wide array of organizations within the local public health system.

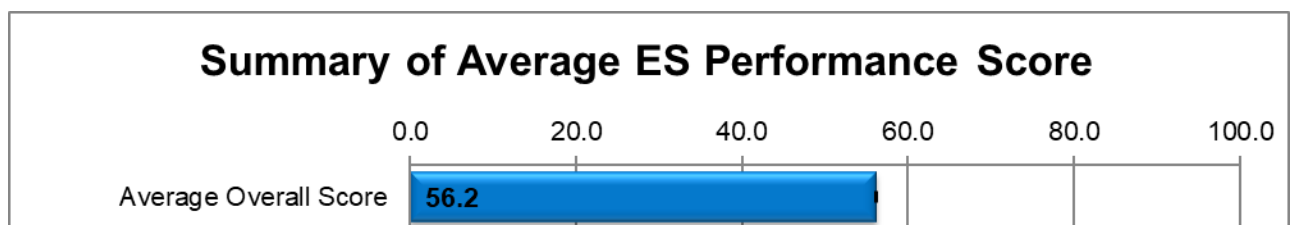
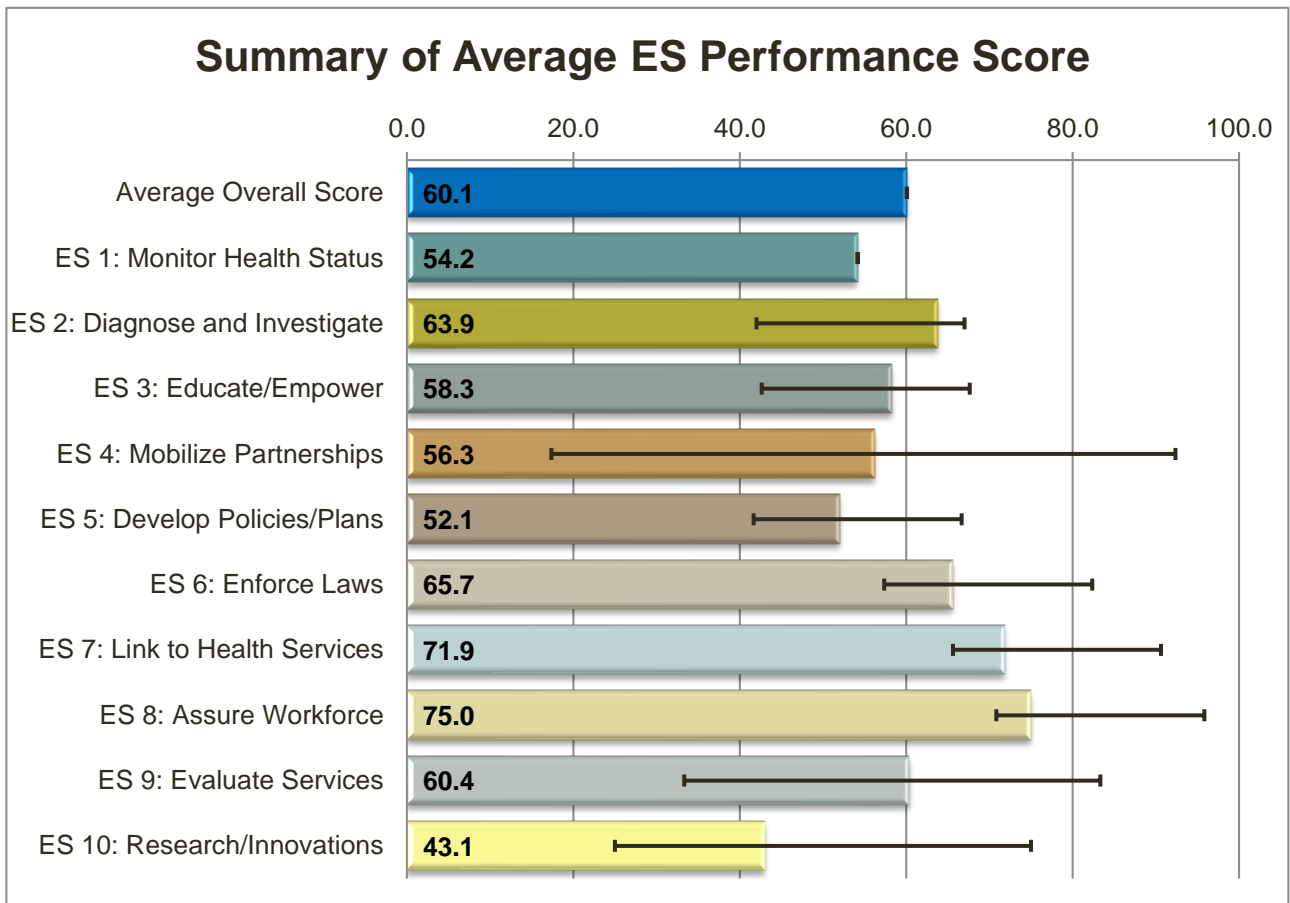
Each participant rated the level of activity for each essential service and model standards according to table 1 below.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Assessment Results

Based upon the responses provided by the participants during the assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which the public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

The graph below displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.



In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Also, within this table performance scores from the 2016 assessment and 2019 assessment are able to be compared. According to the average overall score, LBPHD score has increased.

Table 2. Model Standards by Essential Services	Performance Scores 2016	Performance Scores 2019
ES 1: Monitor Health Status	56.9	54.2
1.1 Community Health Assessment	58.3	50.0
1.2 Current Technology	50.0	50.0
1.3 Registries	62.5	62.5
ES 2: Diagnose and Investigate	72.2	63.9
2.1 Identification/Surveillance	66.7	58.3
2.2 Emergency Response	62.5	58.3
2.3 Laboratories	87.5	75.0
ES 3: Educate/Empower	58.3	58.3
3.1 Health Education/Promotion	50.0	50.0
3.2 Health Communication	58.3	58.3
3.3 Risk Communication	66.7	66.7
ES 4: Mobilize Partnerships	56.3	56.3
4.1 Constituency Development	62.5	62.5
4.2 Community Partnerships	50.0	50.0
ES 5: Develop Policies/Plans	54.2	52.1
5.1 Governmental Presence	41.7	25.0
5.2 Policy Development	58.3	58.3
5.3 CHIP/Strategic Planning	50.0	50.0
5.4 Emergency Plan	66.7	75.0
ES 6: Enforce Laws	49.9	65.7
6.1 Review Laws	56.3	68.8
6.2 Improve Laws	33.3	58.3
6.3 Enforce Laws	60.0	70.0
ES 7: Link to Health Services	56.3	71.9
7.1 Personal Health Service Needs	62.5	68.8
7.2 Assure Linkage	50.0	75.0
ES 8: Assure Workforce	63.1	75.0
8.1 Workforce Assessment	50.0	75.0
8.2 Workforce Standards	75.0	75.0

8.3 Continuing Education	65.0	75.0
8.4 Leadership Development	62.5	75.0
ES 9: Evaluate Services	51.3	60.4
9.1 Evaluation of Population Health	43.8	50.0
9.2 Evaluation of Personal Health	60.0	41.7
9.3 Evaluation of LPHS	50.0	25.0
ES 10: Research/Innovations	43.8	43.1
10.1 Foster Innovation	37.5	62.5
10.2 Academic Linkages	50.0	41.7
10.3 Research Capacity	43.8	25.0
Average Overall Score	56.2	60.1
Median Score	56.3	59.4

The data created from this assessment establishes the foundation upon which the local public health system (LPHS) can set priorities for performance improvement and gives the LPHS the ability to identify specific quality improvement projects.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Summary

Two elements comprise the Community themes and Strengths Assessment: a community survey and key informant interviews. The Loup Basin Community Survey is a 16-question survey covering various aspects of a healthy community, including health factors, health problems, risky behaviors, and various aspects of satisfaction with life in the community. Key informant interviewees included health professionals, school administrators, and other individuals long-involved in their local communities, who provided their perspectives about the quality of life in their community. Following are highlights from the 2018 Loup Basin Community Survey and Key Informant Interviews.

Loup Basin Community Survey – 2018 highlights

- 95.9% of respondents reported that they are satisfied with the quality of life in their community.
- 99.0% of respondents reported that the community is a good place to raise children.
- 95.8% of respondents reported that their community is a good place to grow old.
- 99.4% of respondents reported that their community is a safe place to live.
- 71.1% of respondents indicated that there is economic opportunity in their community.
- 87.2% of respondents reported that they are satisfied with the health care system in their community.
- The top three perceived health problems indicated by respondents were (1) Cancers (indicated by 66.2%), (2) Aging problems (e.g., arthritis, hearing/vision loss, etc.) (49.6%), and (3) Heart disease and stroke (42.3%).
- The top three perceived risky behaviors indicated by respondents were (1) Alcohol and drug use (indicated by 73.4%), (2) Being overweight (58.9%), and (3) Texting/cell phone use while driving (57.5%).

Key Informant Interviews – 2018 highlights

Key informants indicated many strengths in their respective communities, including medical services, community cohesion (low crime, neighborly and friendly people), opportunities for physical activity (yoga, walking, outdoor activities), progressive and future-oriented communities, and a clean environment.

The top three factors detrimental to the quality of life in the community were (1) A need for more affordable housing, (2) the remoteness from some specialized medical services (for example, psychiatry, optometry, and emergency services), and (3) a need for better paying jobs.

2018 Community Health Needs Assessment

Overview and Methodology

In 2018, the Loup Basin Public Health Department conducted a Community Health Assessment. This needs assessment provides valuable data on community perceptions that can be used by the health department for planning purposes. The needs assessment also provides the three major hospitals in the area with valuable data for their own planning processes. The three major hospitals in the area served by the Loup Basin Public Health Department are located in Custer, Howard, and Valley Counties (see Appendices A, B, and C for survey results specific to these three counties). In addition, the following other counties are served by Loup Basin: Blaine, Loup, Wheeler, Garfield, Greeley, and Sherman. See Appendix D for a summary of the results for Garfield County. The sample sizes for the remaining counties was too small to allow for county-level results.

Two elements comprise this needs assessment: a community survey and a key informant interview (see Appendices E and F for the survey instrument and interview questions). Following is a brief description of the survey and key informant interview, as well as the methodology used to collect each.

A Community Health Assessment for the Loup Basin District was previously conducted in 2015. In 2018, the same methodology was used as in 2015. This report provides comparisons to the 2015 survey results.

Loup Basin Community Survey

The Loup Basin Community Survey is a 16-question survey covering various aspects of a healthy community, including health factors, health problems, risky behaviors, and various aspects of satisfaction with life in the community. Following the same methodology as in 2015, the survey was administered at a variety of local health clinics and medical centers. Surveys were collected from March through June in 2018.

Key Informant Interviews

Health professionals, school administrators, and other individuals long-involved in their local communities were asked to participate in a brief and informal five-question interview about the quality of life in their community. Key informants were selected based on their knowledge, insight, and involvement with their community. These interviews were conducted primarily in the form of a paper-and-pencil response to five open-ended questions. A total of 11 interviews were conducted in May and June of 2018.

Loup Basin Community Survey Results

Demographics

There was a total of 633 respondents to the Loup Basin Community Survey in 2018. While each county was represented in the survey, the majority of respondents came from Custer, Valley, Howard, and Garfield counties (Figure 1).

Figure 1	Respondents by county (percentage of survey sample)	
	2015	2018
Blaine	14 (3.2%)	13 (2.1%)
Custer	115 (26.3%)	215 (34.0%)
Garfield	56 (12.8%)	109 (17.2%)
Greeley	23 (5.3%)	18 (2.8%)
Howard	66 (15.1%)	63 (10.0%)
Loup	9 (2.1%)	7 (1.1%)
Sherman	13 (3.0%)	40 (6.3%)
Valley	85 (19.4%)	109 (17.2%)
Wheeler	20 (4.6%)	18 (2.8%)
Other (outside of Loup Basin)	22 (5.0%)	24 (3.8%)
Unidentified (zip code not provided)	15 (3.4%)	17 (2.7%)
Total	438	633

There was a fairly even distribution of respondents across all age groups, with the exception of the 25 and under age group in both years of the survey (Figure 2).

Figure 2	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=433)	7.1%	24.5%	24.7%	22.8%	20.9%
2018 (n=631)	6.2%	23.8%	26.6%	22.3%	21.1%

In both survey administrations, females considerably outnumbered males (Figure 3).

Figure 3	Gender	
	Male	Female
2015 (n=433)	23.3%	76.7%
2018 (n=623)	17.3%	82.7%

The vast majority of respondents identified as White/Caucasian in both survey administrations (Figure 4).

Figure 4	Race/ethnicity					
	African-American/Black	Asian/Pacific Islander	Hispanic/Latino	Native American	White/Caucasian	Two or more races
2015 (n=432)	0.5%	0.5%	0.5%	0.5%	97.9%	0.2%
2018 (n=627)	0.3%	0.0%	0.6%	0.8%	97.9%	0.2%

The majority of respondents represent long-standing in their community, with around three-fourths reporting that they have lived in their community for 10 years or more in both years of the survey (Figure 5).

Figure 5	Length of time lived in community		
	1-5 years	5-10 years	10 or more years
2015 (n=430)	17.0%	10.9%	72.1%
2018 (n=631)	13.0%	11.4%	75.6%

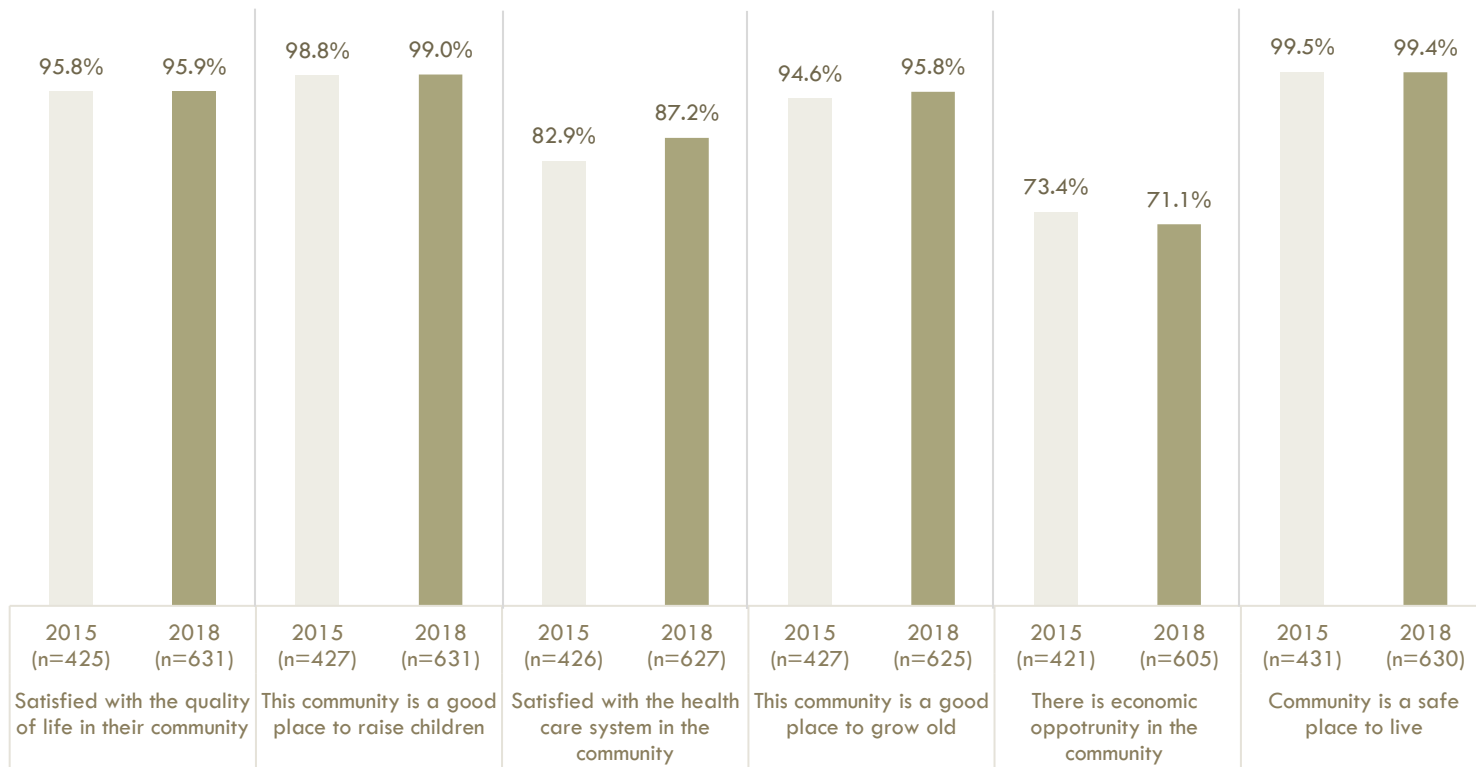
Representing their wide geographical placement, respondents reported a wide variety of facilities most often used for their health care needs, with the top three being Valley County Health System, Callaway Clinics and Hospital, and Burwell Family Practice in 2018 (Figure 6).

Figure 6	Facility most often used for health care needs	
	2015 (n=382)	2018 (n=595)
Valley County Health System	22.8%	22.3%
Callaway Clinics and Hospital	7.1%	20.2%
Burwell Family Practice	7.9%	13.3%
Howard County Medical Center	24.9%	11.8%
Central Nebraska Medical Clinic	5.0%	6.2%
Jennie Melham Medical Center	4.5%	1.7%
Broken Bow Medical Center	11.5%	1.5%
Stevens Medical Clinic	2.6%	1.0%
Other	13.7%	22.0%

Survey Results

Overall, respondents reported relatively high levels of community satisfaction on six survey items in both survey administrations. The vast majority (95% or more) reported satisfaction with the quality of life in their community, the community as a place to raise children, the community as a place to grow old, and the community as a safe place to live. Satisfaction with the health care system in the community was lower at 87.2%, and satisfaction with economic opportunities in the community was even lower at 71.1%, in 2018 (Figure 7).

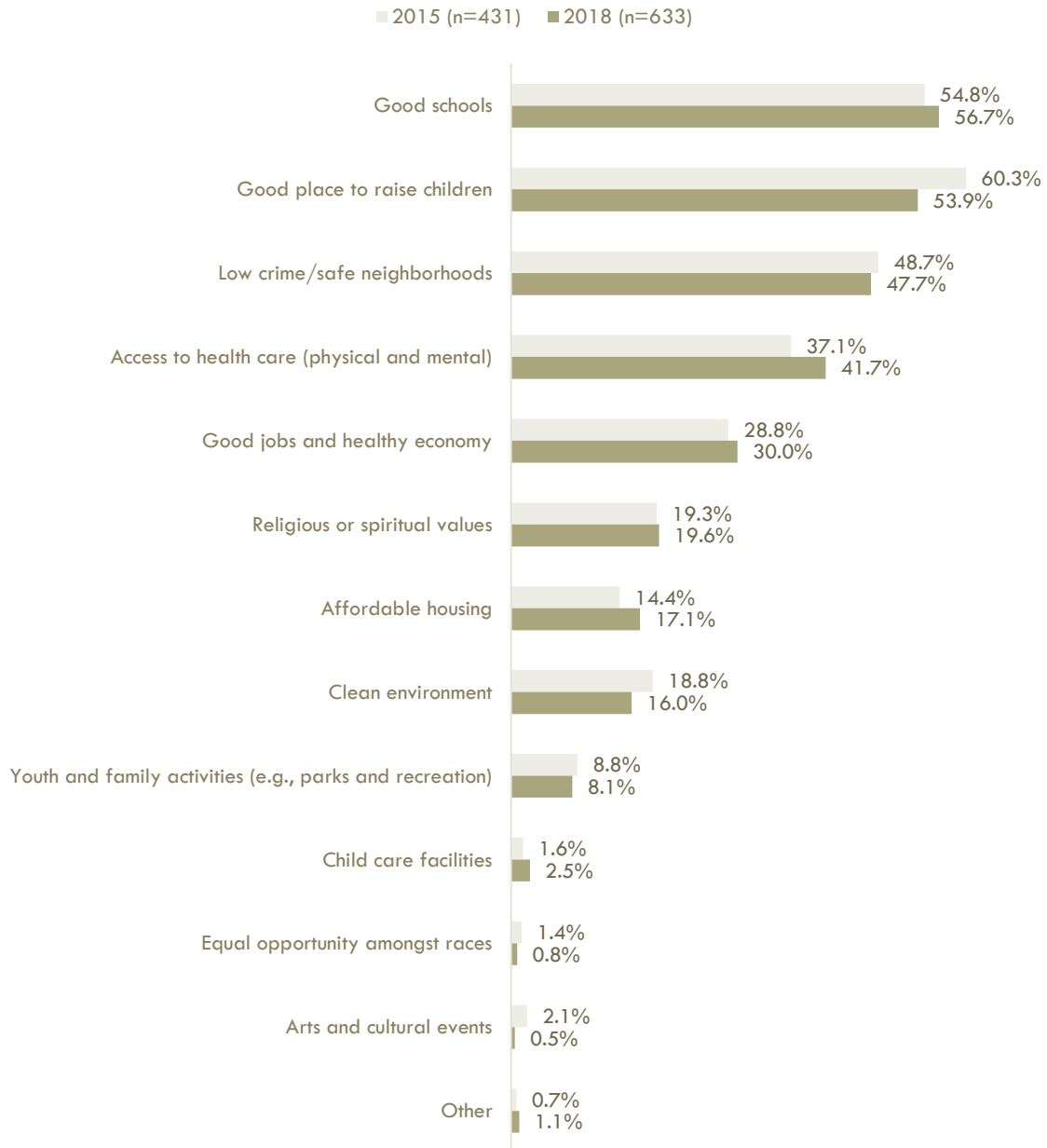
Figure 7. Community Satisfaction*



*Response options: Yes or No

Respondents were asked to identify the three most important factors for a healthy community from a pre-defined list. The top three responses in 2018 were good schools, good place to raise children, and low crime/safe neighborhoods. Though in a slightly different order, these three factors were also comprised the top 3 in 2015 (Figure 8).

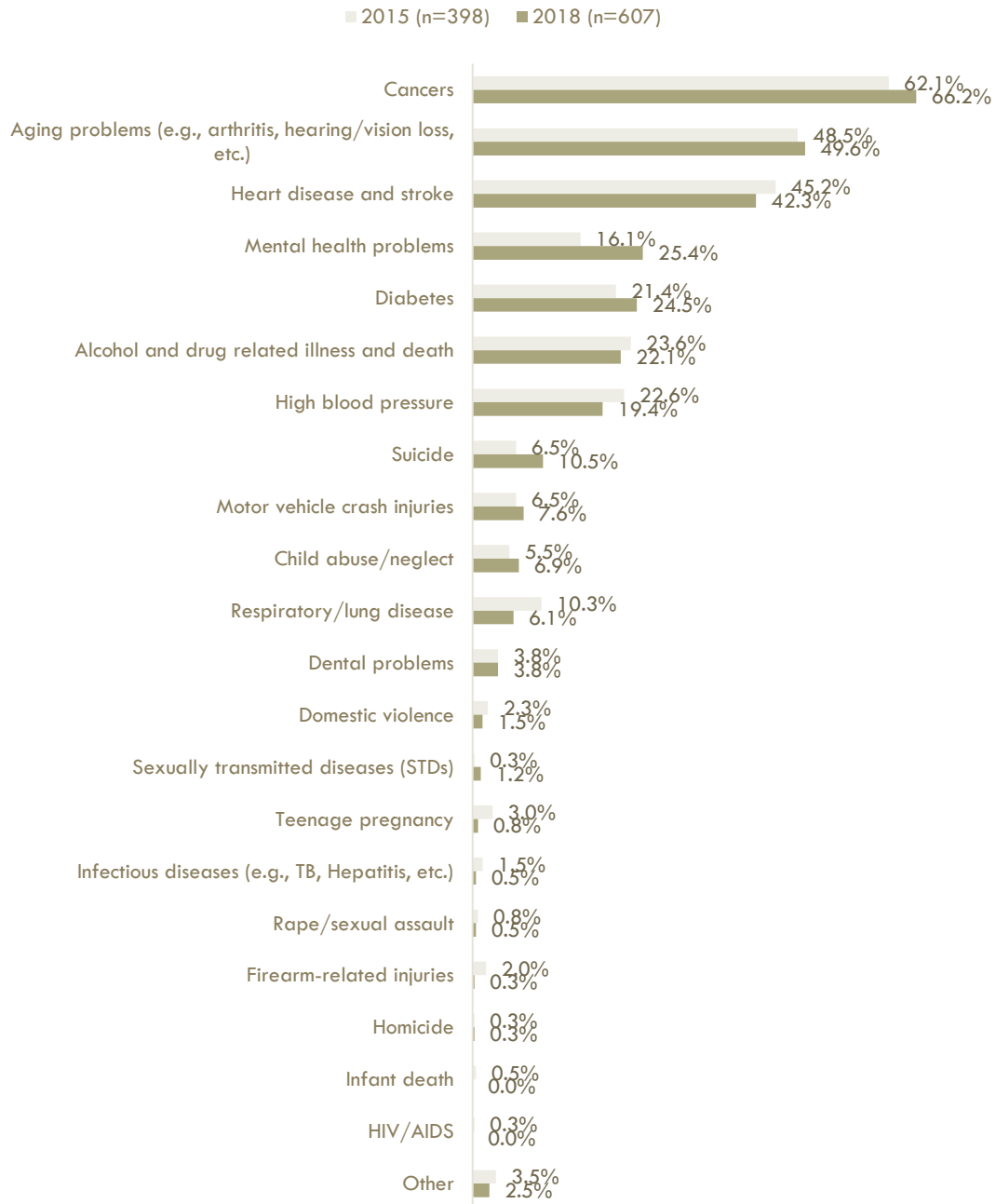
Figure 8. Most important factors for a "healthy community"*



*Respondents were asked to select the top 3 from a given list.

Respondents were asked to identify the top three health problems that are most concerning in their community. In 2018, cancer was selected as the clear top concern, followed by aging problems, heart disease and stroke, mental health problems, diabetes, alcohol and drug related illness and death, and high blood pressure. The top 3 concerns remained the same from 2015 (Figure 9).

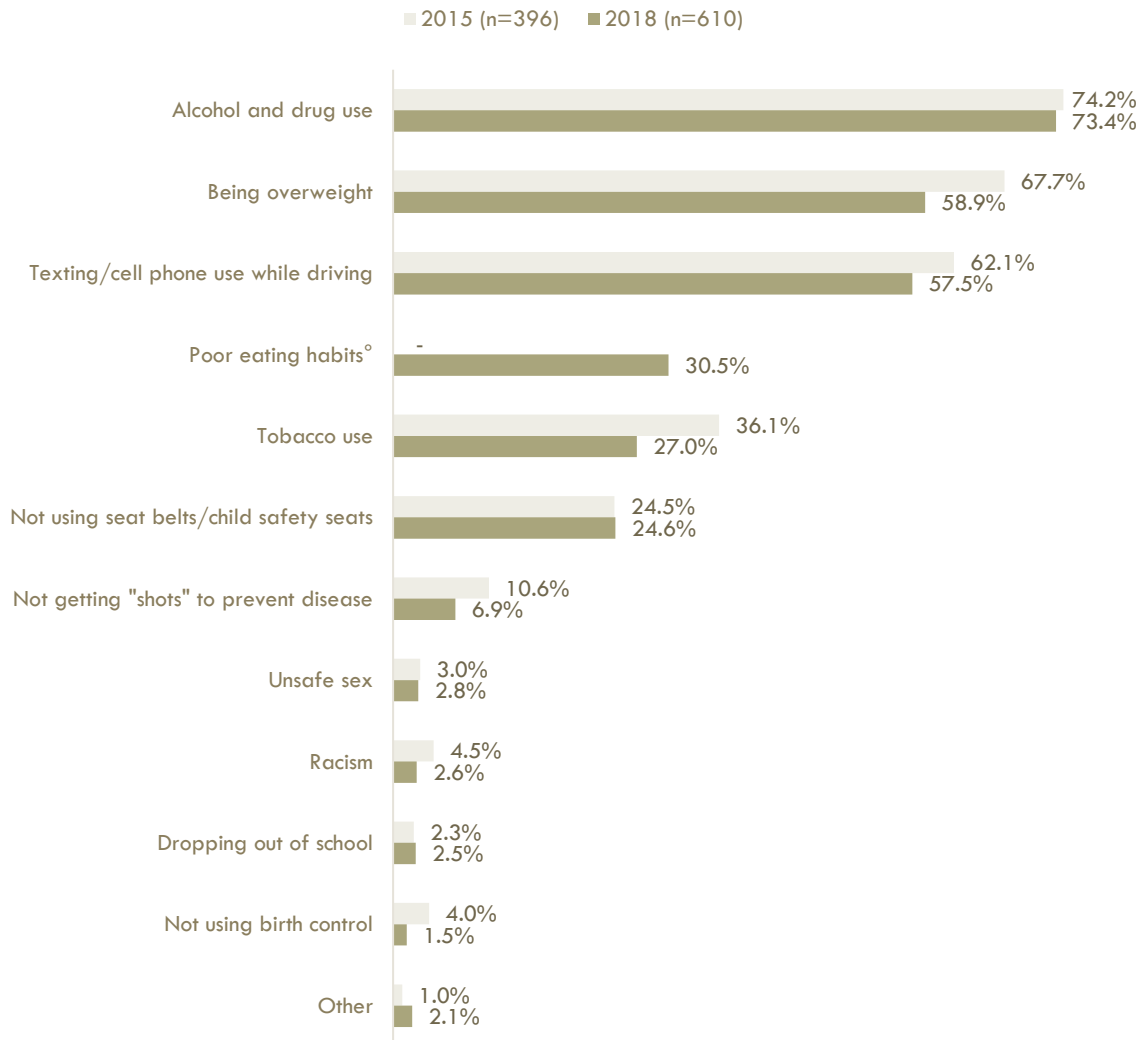
Figure 9. Most concerning "health problems" in the community



*Respondents were asked to select the top 3 from a given list.

Respondents were asked to identify the top three risky behaviors that are most concerning in their community. The top three selections in 2018 were alcohol and drug use, being overweight, and texting/cell phone use while driving. These were also the top 3 in 2015 (Figure 10).

Figure 10. "Risky behaviors" most concerning to the community*

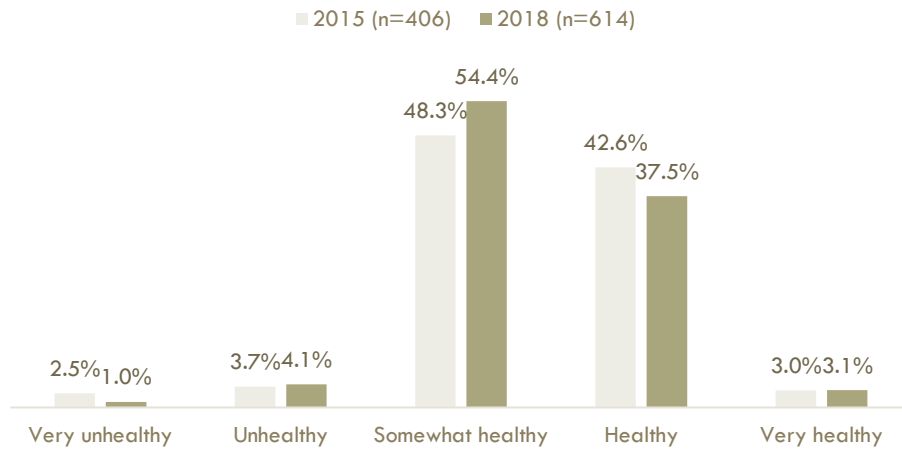


*Respondents were asked to select the top 3 from a given list.

^oOption added in 2018

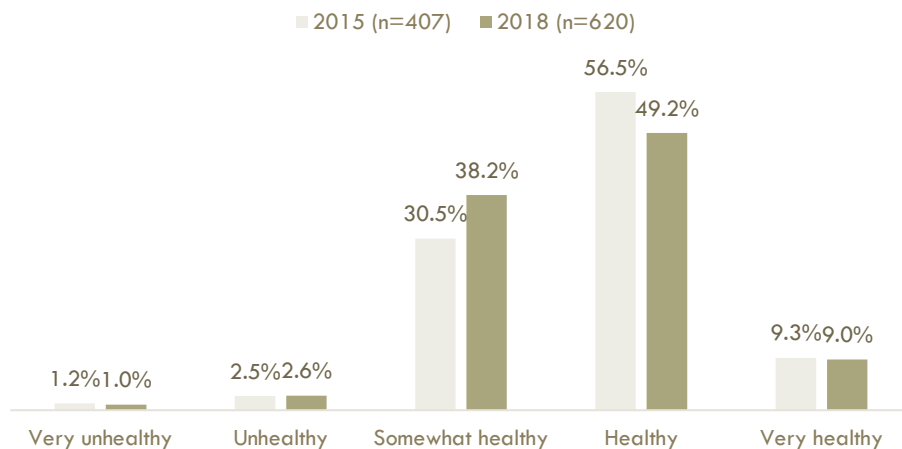
In 2018, The vast majority of respondents rated their community as either “somewhat healthy” (54.4%) or “healthy” (37.5%), responses in position 3 and 4 on a 5-point scale (Figure 11).

Figure 11. How would you rate your community as a "Healthy Community?"



In both survey administrations, respondents tended to rate their overall health as slightly higher than their rating of the overall health for their community, with 38.2% rating their health as “somewhat healthy”, 49.2% as “healthy”, and 9.0% as “very healthy” in 2018 (Figure 12, compare to Figure 11 above).

Figure 12. How would you rate your own personal health?



Key Informant Interview Results

Discussion

In 2018, a total of 11 individuals from 5 different counties in the Loup Basin District participated in key informant interviews. The interviewees were selected based on their knowledge and involvement in the public activities of their respective communities. Among the interviewees there was strong representation from health professionals and school administrators, as well as others long-involved in their local communities. The majority of the interviewees have lived in their respective communities for at least ten years (much longer in most cases). It is important to note that the interviewees held widely different views about the strengths and needs of their communities, as they represented not only different communities, but also different professional points of view. Accordingly, searching for commonalities among the interview responses can be challenging. Nevertheless, there are some shared opinions among some respondents.

Following is a brief summary of the key informant interviews. Following this summary is a complete bulleted list of responses from the interviews. Note: This report does not compare key informant interview results to Loup Basin's previous Community Health Needs Assessment. See the report released in 2016 for a summary of the 2015 key informant interviews.

Health and Quality of Life in the Community

All 11 interviewees had generally positive statements regarding the health and quality of life in their community. Some factors mentioned by the interviewees as positively impacting the quality of life in their respective communities include access to medical services, outdoor activities, and community events.

Strengths and Factors Contributing to the Quality of Life in the Community

Respondents mentioned numerous strengths and factors that contribute in a positive way to the quality of life in their community. Each interviewee had a unique opinion on what makes their community healthy, though quality medical services were mentioned by many respondents. In addition to quality medical services, other community strengths noted by respondents include the following:

- Community cohesion (low crime, neighborly and friendly people)
- Opportunities for physical activity (yoga, walking, outdoor activities, etc.)
- Progressive, future-oriented communities
- Clean environment

Weaknesses and Factors Detrimental to Quality of Life in the Community

Interviewees were asked about what they perceive to be weaknesses and contributing factors that decrease the quality of life in their community. Again, interviewees appear to have unique viewpoints. Three issues were mentioned by more one respondent: (1) A need for more affordable housing, (2) the remoteness from some specialized medical services (for example, psychiatry, optometry, and emergency services), and (3) a need for better paying jobs. In addition to these three areas, other areas of need mentioned only once by respondents include the following:

- Issues related to being overweight
- People not going to wellness exams and routine screenings
- Vacant buildings
- Need for assisted living facility
- Local law enforcement isn't firm enough

Barriers to Improving the Health and Quality of Life in the Community

Interviewees were asked about existing barriers to improving the health and quality of life in their community. A condensed summary of these barriers includes the following:

- Small and remote communities
- Lack of physical activity and knowledge about healthy lifestyles
- Cost of healthcare
- Availability of good paying jobs
- Need for a walking/biking trail
- Need to clean up some properties
- Infrequent access to medical specialists in the community

Solutions

Finally, interviewees were asked what they thought could be done to address the barriers inhibiting community health in terms of specific actions, policies, or funding priorities. Based on their varied perceptions of community need, interviewees had varied perceptions of solutions. Below is a condensed list of solutions offered by the interviewees:

- Healthy eating classes and exercise programs
- Build a wellness center and offer health education
- Organize volunteers to clean up properties
- Seek federal grants for rural areas
- Build quality, low-income housing
- Fund a psychiatrist to serve the area

Full Interview Responses

Following is a bulleted summary by question of each response to the Key Informant Interviews.

1. *In general, who would you rate the health and quality of life in the community?*
 - Fair
 - Good – getting better, more walking, riding bikes, yoga.
 - The quality of life in Burwell is very good. There are a lot of medical services and the culture is very receptive to outdoor activities (i.e., fishing, rodeo, horseback riding, etc.).
 - Generally, health is medical. There is a portion who is extremely healthy, some who just are, and a portion who are extremely unhealthy.
 - In general, the health and quality of life in the community of Burwell is good. There are areas that need improvement.
 - Excellent
 - Very good, good health facilities, good doctors.
 - On a scale of 1 to 10, I would rate Loup City as a 7.
 - Excellent
 - I think for our size of community we have many strong resources. High quality.
 - Excellent

2. *What are the strengths and contributing factors that improve the quality of life in the community? Please explain why.*
 - Small community – less stress in regard to traffic. We know our neighbors and most people in the community. Our local grocery store has variety and fair prices. Central NE Community Action Partnership provides several services that are used and needed. County Seat located in our town, making county services accessible to our growing elderly population. Sherman Lake is a big plus.
 - Yoga class, weight room, walking group.
 - Trained medical personnel is definitely a strength. Access to outdoor activities – Calamus Reservoir.
 - Having a strong medical practice in the community. Having the medical providers accessible for all patients and types.
 - The community has adequate medical services. The regional hospital in Ord is a plus. Specialized medical is 90 miles away at a minimum.
 - 3 doctors – 30 years – 70 years old/youth plus experience. Doctor #4 arriving Sept. 2018 – 31 years old. PA # arriving Sept. 2018 – 26 yrs. Old. Modern hospital clinic.
 - Progressive – St. Paul always looks 10 years down the road, building on a good foundation. Hospital is building on, more staff. All good.
 - Access to healthcare – currently have two medical clinics, dental office. Low rate of violence – for the most part residents feel safe and children can walk to school. Good school system (access to education). Have opportunities from pre-K to 12th grade.
 - Low crime rate, friendly people, opportunities to volunteer and be involved. Dollar general helped fill a gap for basic needs.
 - Innovative hospital gets a lot of resources to town, strong school system, numerous mental health counselors, fun community events.
 - Clean air, friendly people, fresh water, volunteer ambulance and first responders.

3. *What are the weaknesses and contributing factors that decrease the quality of life in the community? Please explain why.*

- Need more affordable rentals for low income families. Need daycare for working parents. Need more jobs that pay more than minimum wage.
- Overweight problems
- Somewhat isolated due to our remoteness. This may have an impact on certain medical services.
- People's inability and/or lack of caring for their own self. Wellness exams and routine screenings are important for early detection. But people don't or won't do it.
- The community needs to show more pride in the appearance of the community. Several vacant buildings are an eyesore and unwelcoming.
- Desperately need assisted living facility. Would be a good bridge from independent apartment to long-term care nursing home. Decrease in Medicaid payments to long-term care nursing home.
- Not enough jobs for the unskilled. Housing is very expensive.
- Recently lost our eye clinic, so have to drive to access vision care. EMT squad is very small and frequently go on calls – need more volunteers. Housing – not much housing for those wanting to rent (quality housing).
- Expensive housing for a rural community. Lack of moderate-sized homes for families. Many too small for families with children.
- Local law enforcement isn't firm enough. County attorney doesn't hold people accountable. We need a psychiatrist in area to get families in with.
- There is a great distance to a doctor or care facility which can be fatal in an emergency situation.

4. *What barriers, if any, exist to improving health and quality of life in the community?*

- Too small of a community to attract investors.
- People who are over-weight continue to be overweight. Watch TV more, games on TV, cell phone usage.
- Remoteness of the area. People, in general get stuck in doing things a certain way.
- Cost of healthcare is a huge factor. Patients lack of knowledge about living a healthy lifestyle.
- Money
- Marketing study for assisted living facility – nearly \$10,000. Financial feasibility study for assisted living - \$20,000 to \$30,000. Then USDA would finance. Need financial assistance. Financial stability for long-term care facility.
- Availability of jobs that pay enough to support family. Small town – many young people moving to bigger cities where there are more opportunities. Lack of childcare.
- Hope the Community Center moves forward. Wish there was a hike-bike trail so could ride bike for a distance and not be on the highway. Burwell seems “land locked” and difficult to find areas to build homes or businesses.
- Some businesses on square need to be cleaned up.
- Specialists are only in the area on certain days during the month.

5. *What needs to be done to address these issues? What specific actions, policy, or funding priorities would you support because they would contribute to a healthier community?*

- Not sure
- More healthy eating classes. More exercise programs.
- Continue to educate. Partnering with the school is great. Continue to pull in adults.
- Working with different groups to help build a Wellness Center that involves the local providers. Education opportunities to be aware and know how to stay healthy.
- The community needs to take pride in the appearance of the community. Volunteer clean up of properties.
- Find government assistance programs for rural areas – not the 10,000+ populations.
- More entry level positions with training for these people. Low income housing would be great.
- I would like to see more housing units that people could rent (housing that is affordable and of quality). More daycare options.
- I don't know if there are any grants available to help with funding. Not sure what policies could be enacted. I feel people are more likely to contribute if they see a specific effort/plan of action.
- Having an area psychiatrist. County Board to look at data around County Attorney.

Appendix A –Community Survey Results for Custer County

Demographics

Number of respondents from Custer County:

- 2015: 115
- 2018: 215

Figure 13	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=105)	5.7%	18.1%	23.8%	29.5%	22.9%
2018 (n=215)	20.0%	21.9%	21.9%	34.0%	20.0%

Figure 14	Gender	
	Male	Female
2015 (n=112)	30.4%	69.6%
2018 (n=212)	78.3%	78.3%

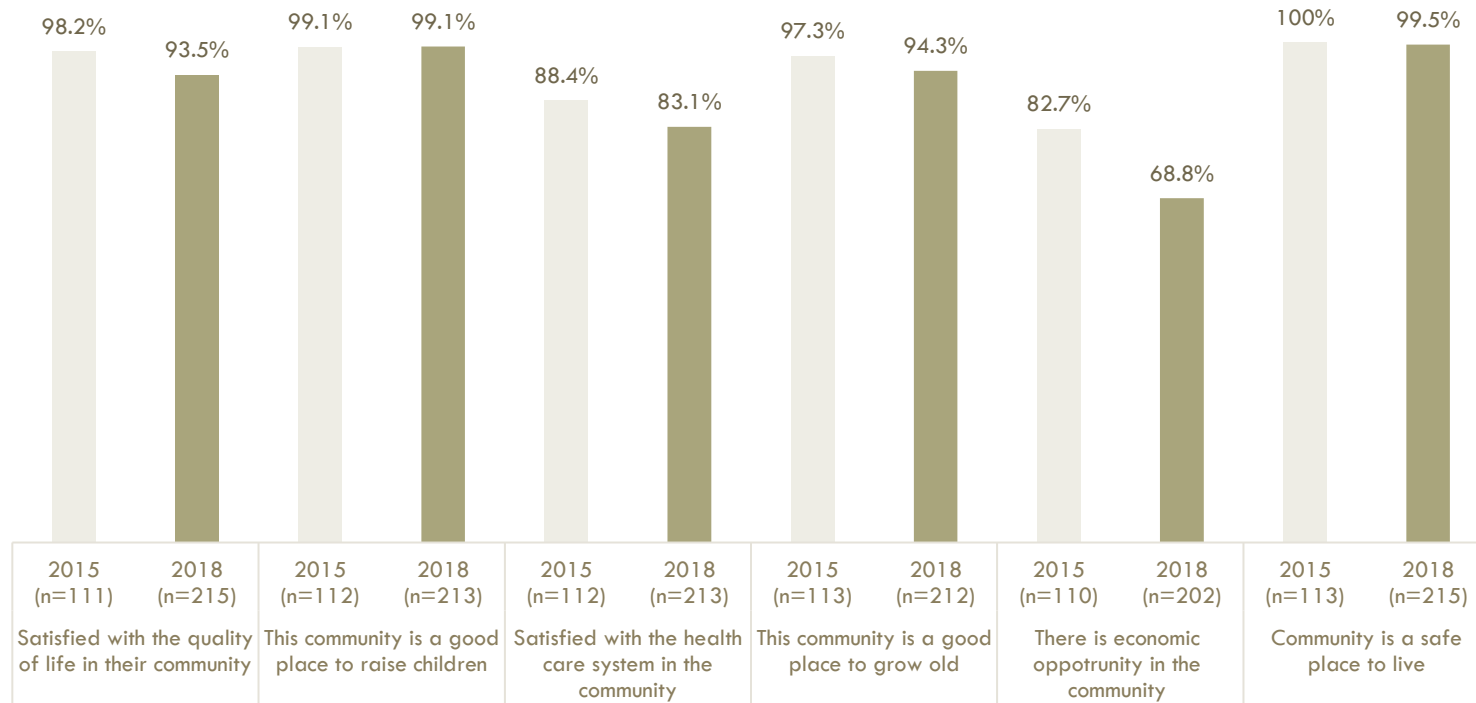
Figure 15	Race/ethnicity					
	African-American/Black	Asian/Pacific Islander	Hispanic/Latino	Native American	White/Caucasian	Two or more races
2015 (n=113)	0.0%	0.0%	0.0%	0.0%	100%	0.0%
2018 (n=214)	0.5%	0.0%	0.5%	0.9%	97.7%	0.5%

Figure 16 Length of time lived in community			
	1-5 years	5-10 years	10 or more years
2015 (n=113)	12.4%	9.7%	77.9%
2018 (n=214)	9.8%	75.7%	9.8%

Figure 17 Facility most often used for health care needs		
	2015 (n=99)	2018 (n=208)
Callaway Clinics and Hospital	15.2%	57.2%
Central Nebraska Medical Clinic	23.2%	13.9%
Jennie Melharm Medical Center	7.1%	9.6%
Broken Bow Medical Center	29.3%	3.4%
Other	16.1%	15.9%

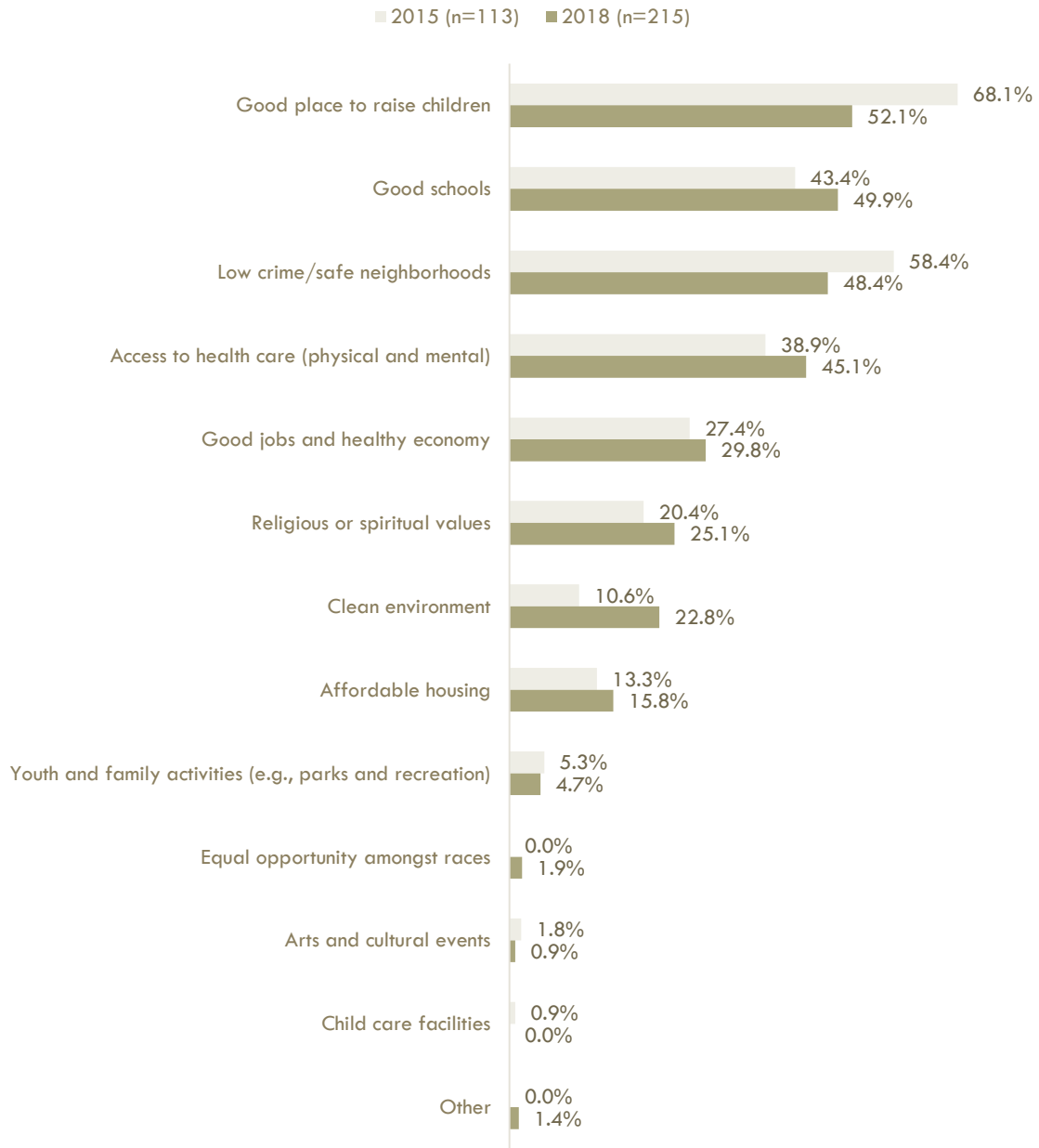
Survey Results

Figure 18. Community Satisfaction*



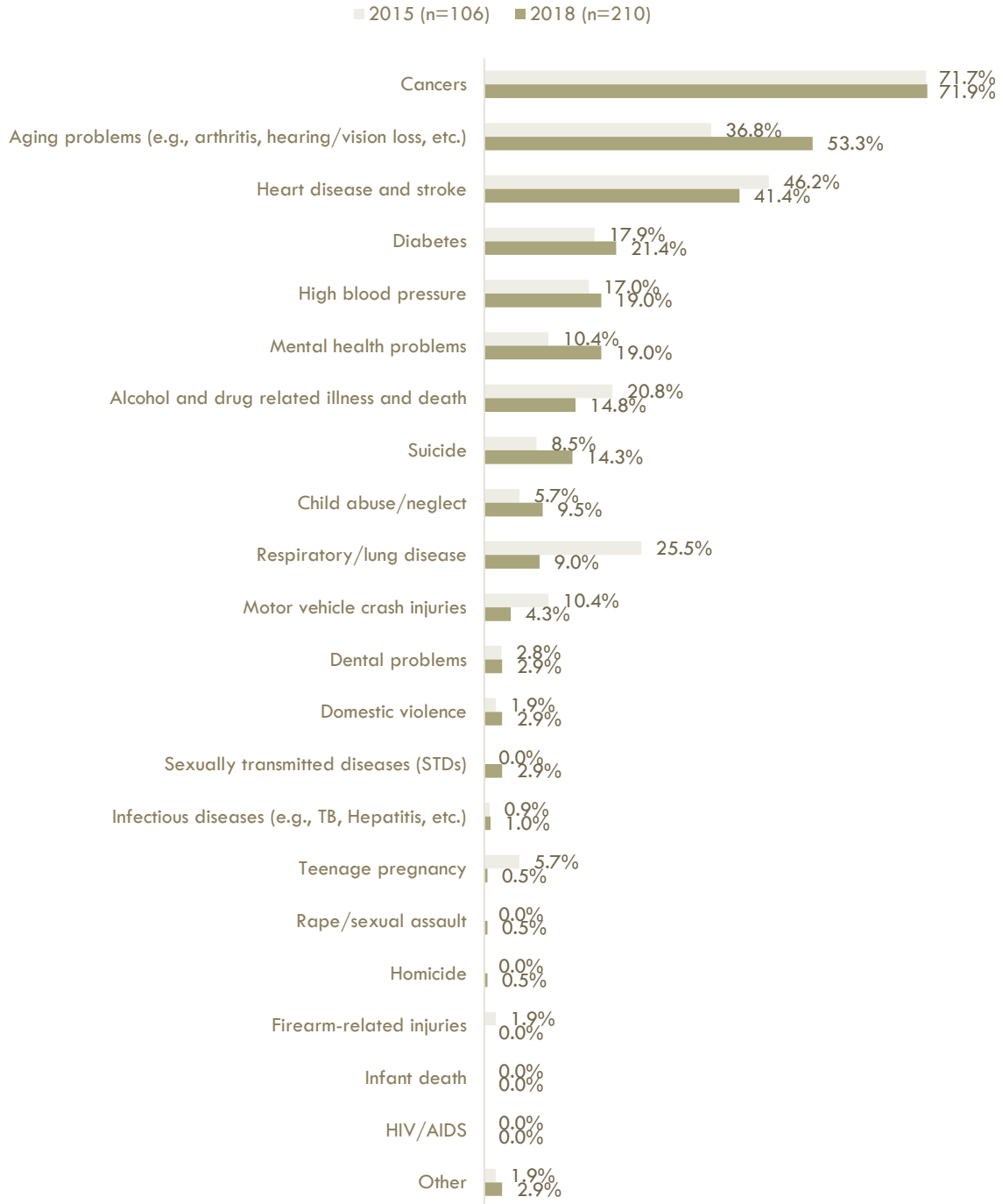
*Response options: Yes or No

Figure 19. Most important factors for a "healthy community"*



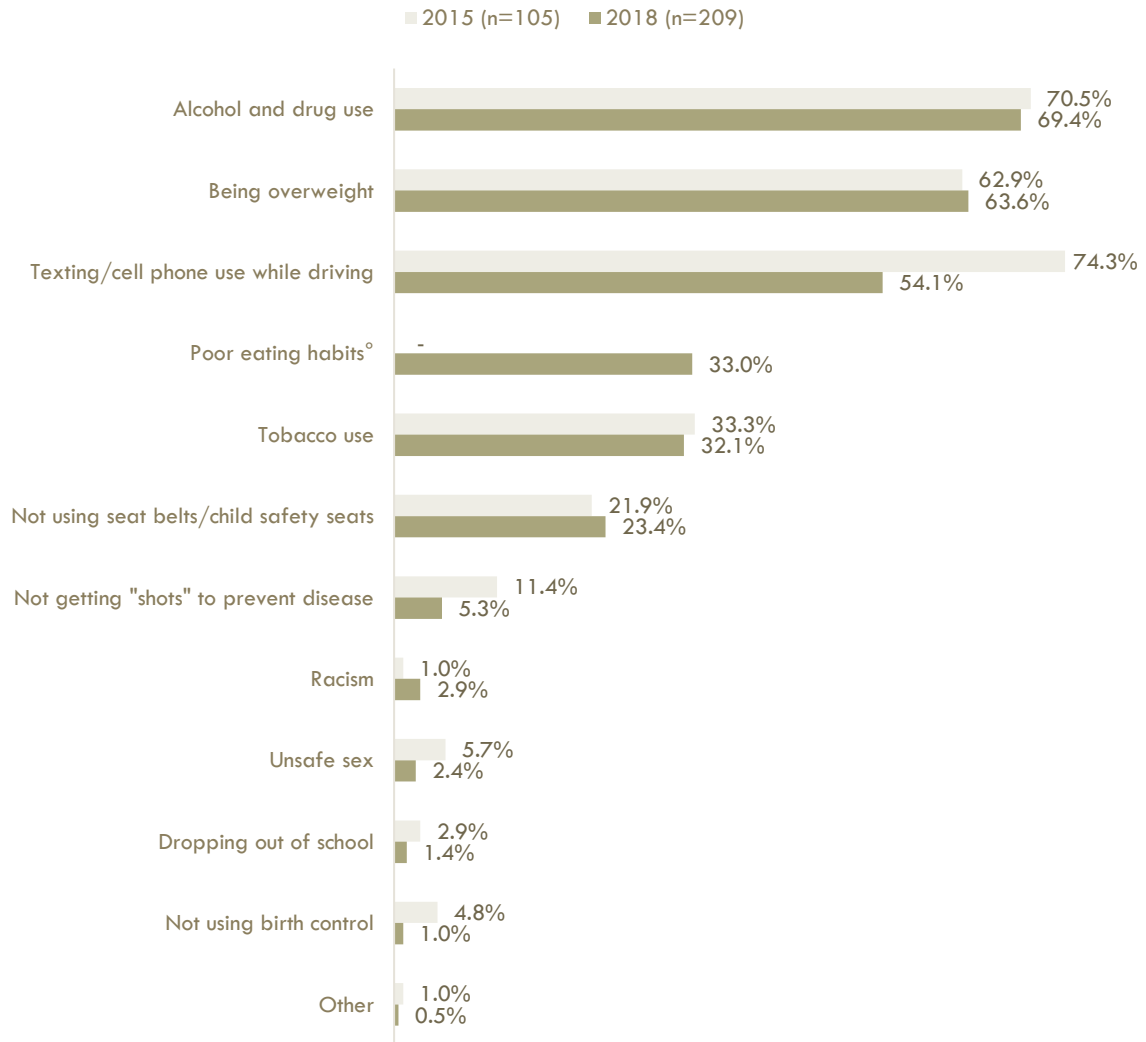
*Respondents were asked to select the top 3 from a given list.

Figure 20. Most concerning "health problems" in the community



*Respondents were asked to select the top 3 from a given list.

Figure 21. "Risky behaviors" most concerning to the community*



*Respondents were asked to select the top 3 from a given list.

^oOption added in 2018

Figure 22. How would you rate your community as a "Healthy Community?"

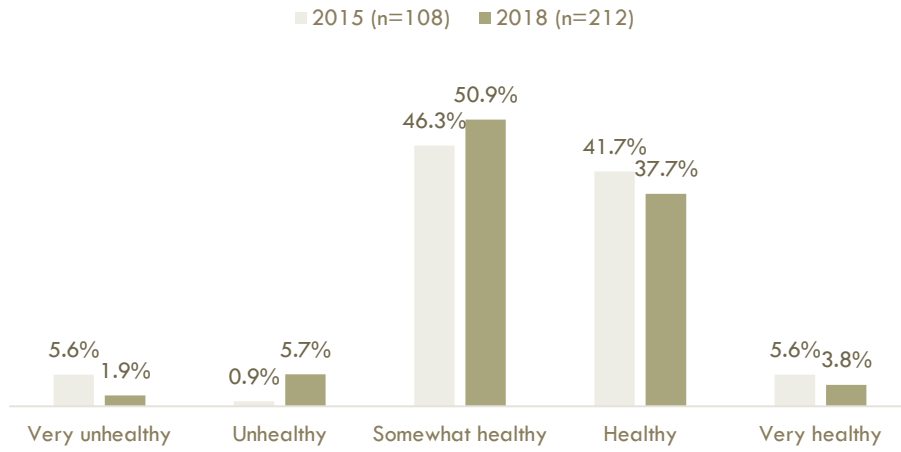
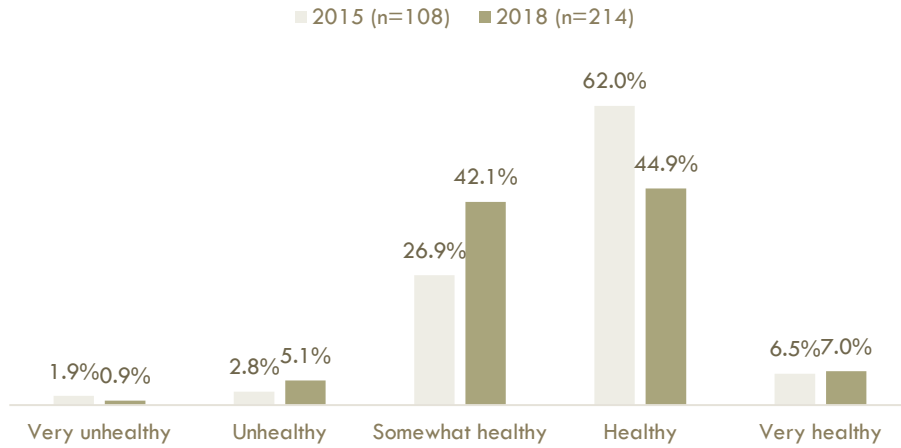


Figure 23. How would you rate your own personal health?



Appendix B –Community Survey Results for Howard County

Demographics

Number of respondents from Howard County:

- 2015: 66
- 2018: 63

Figure 24	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=66)	12.1%	31.8%	22.7%	22.7%	10.6%
2018 (n=63)	30.2%	31.7%	22.2%	14.3%	30.2%

Figure 25	Gender	
	Male	Female
2015 (n=66)	15.2%	84.8%
2018 (n=62)	80.6%	80.6%

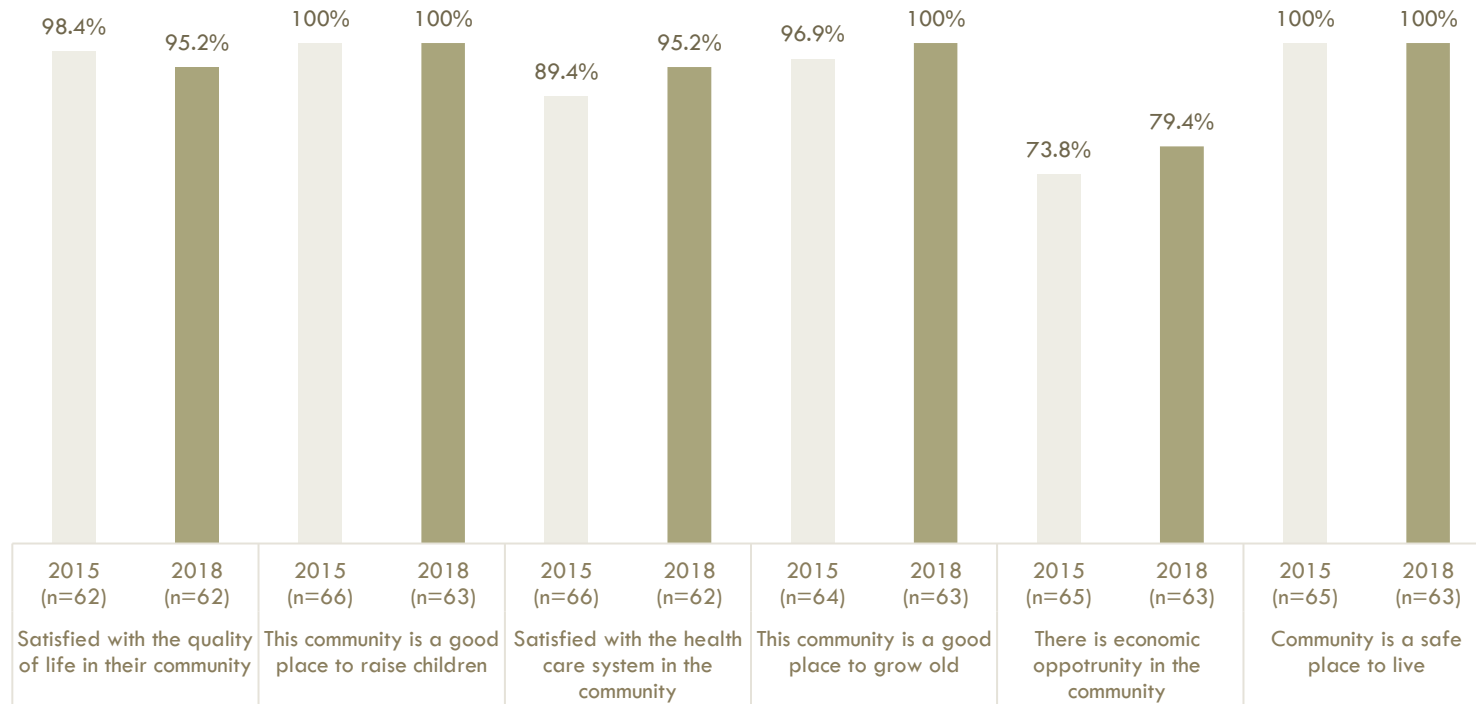
Figure 26	Race/ethnicity					
	African-American/Black	Asian/Pacific Islander	Hispanic/Latino	Native American	White/Caucasian	Two or more races
2015 (n=65)	1.5%	3.1%	0.0%	1.5%	93.8%	0.0%
2018 (n=62)	0.0%	0.0%	0.0%	0.0%	100%	0.0%

Figure 27	Length of time lived in community		
	1-5 years	5-10 years	10 or more years
2015 (n=65)	24.6%	7.7%	67.7%
2018 (n=63)	14.3%	73.0%	14.3%

Figure 28	Facility most often used for health care needs	
	2015 (n=64)	2018 (n=59)
Howard County Medical Center	89.1%	83.1%
Other	10.9%	16.9%

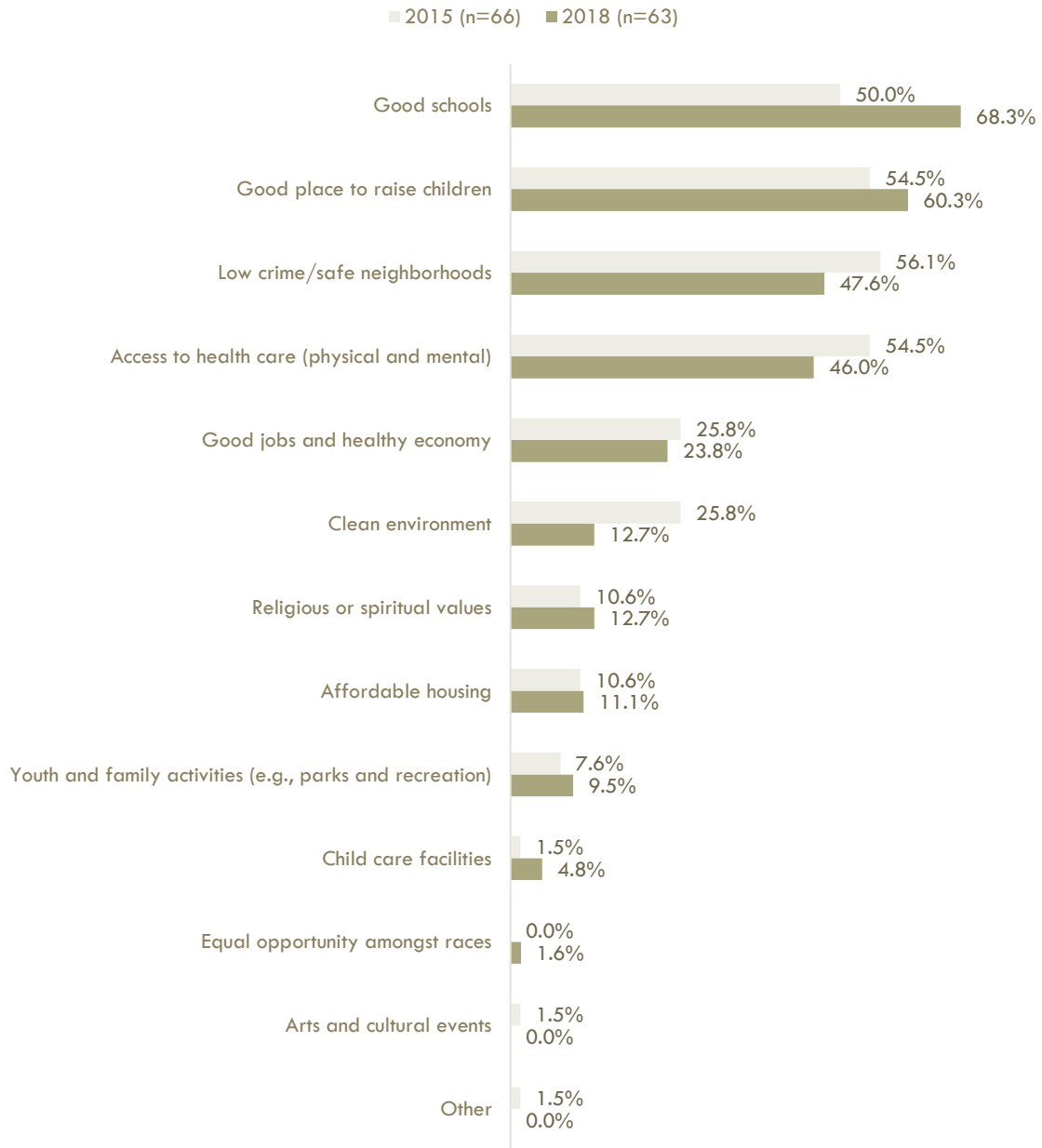
Survey Results

Figure 29. Community Satisfaction*



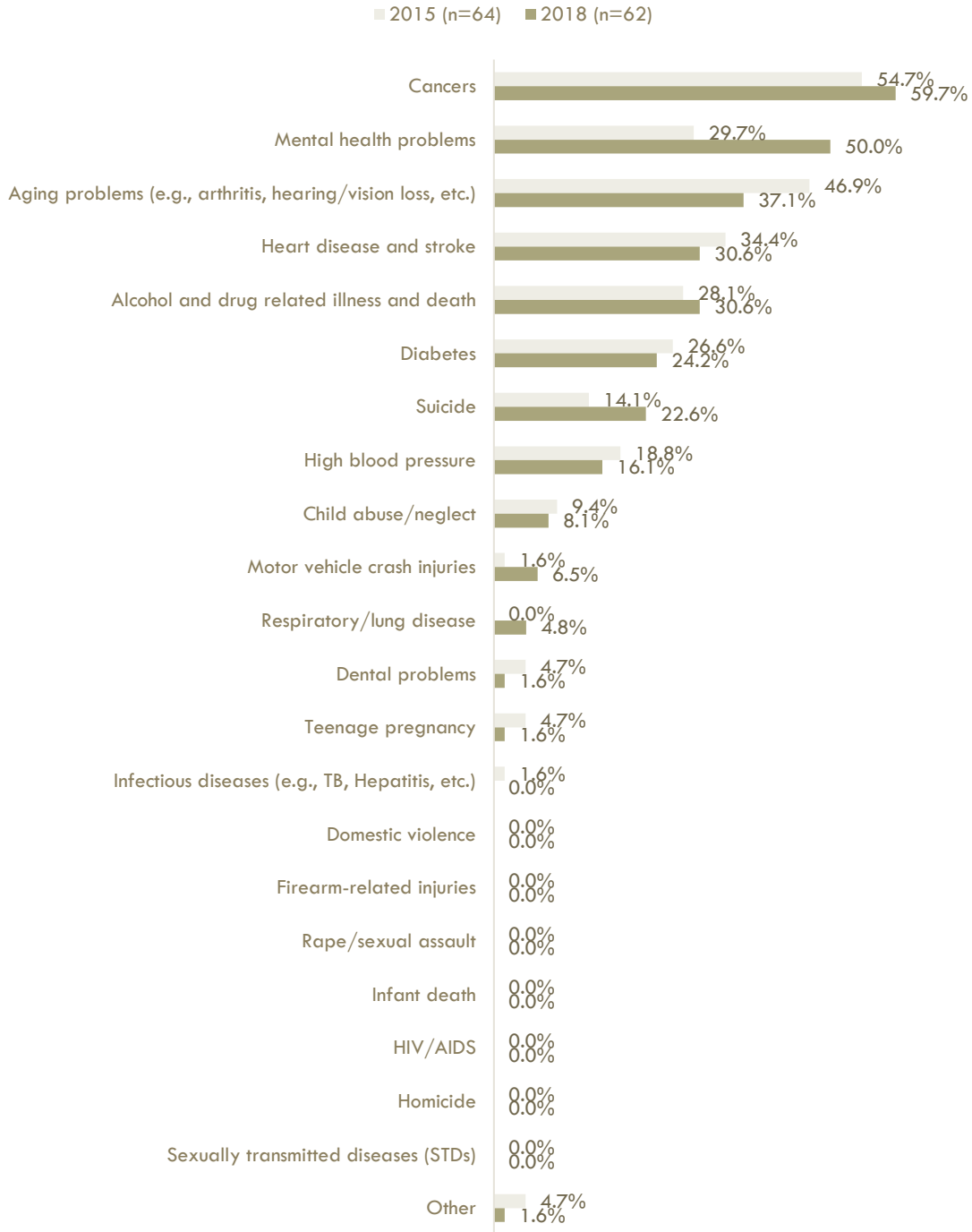
*Response options: Yes or No

Figure 30. Most important factors for a "healthy community"*



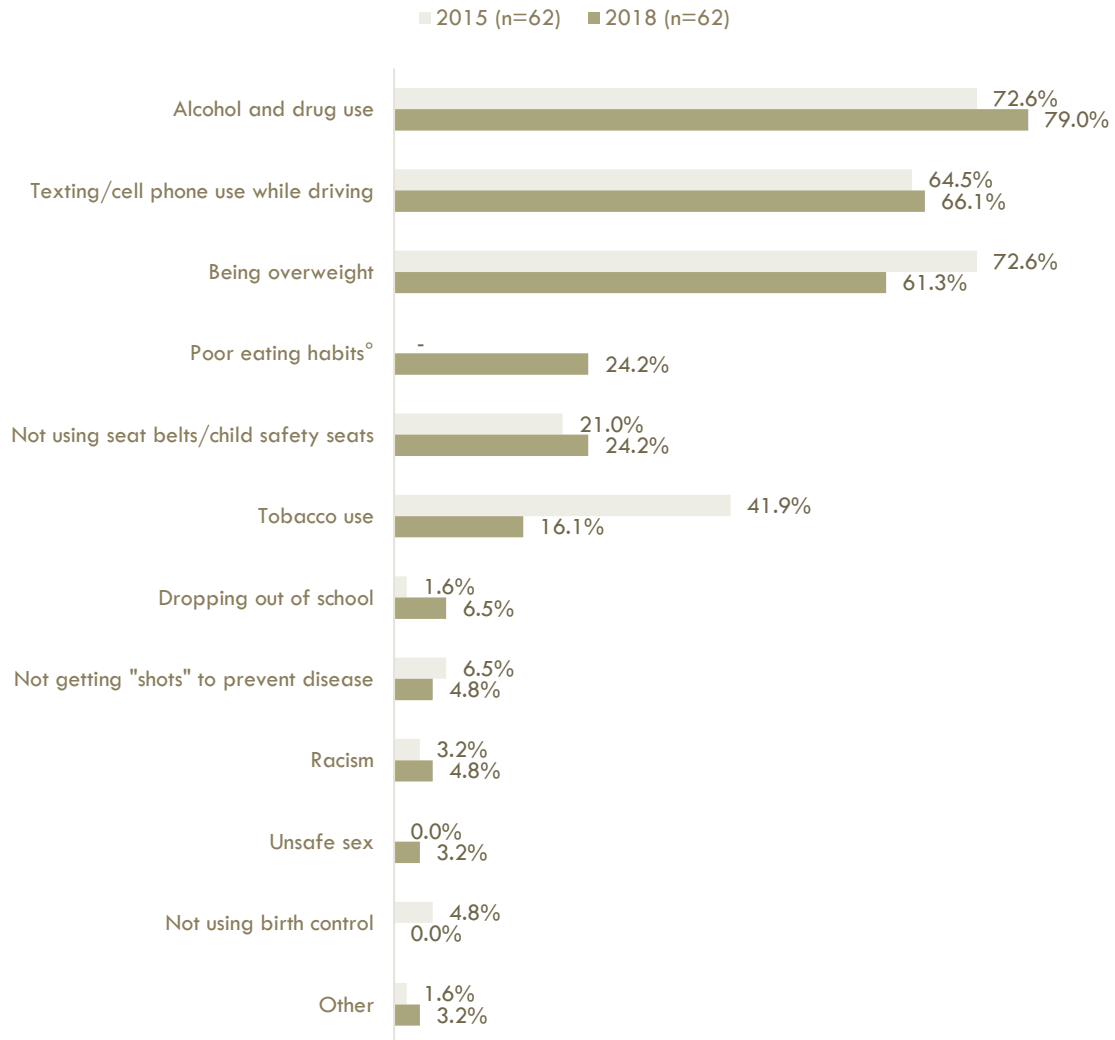
*Respondents were asked to select the top 3 from a given list.

Figure 31. Most concerning "health problems" in the community



*Respondents were asked to select the top 3 from a given list.

Figure 32. "Risky behaviors" most concerning to the community*



*Respondents were asked to select the top 3 from a given list.

^oOption added in 2018

Figure 33. How would you rate your community as a "Healthy Community?"

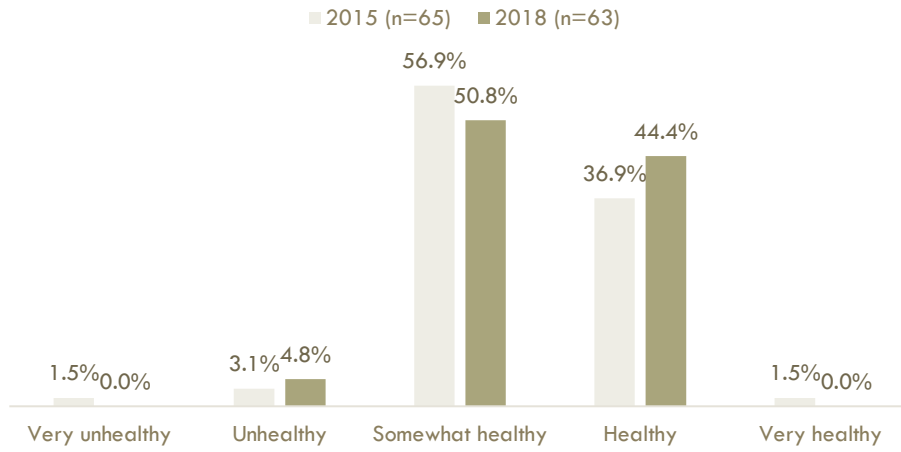
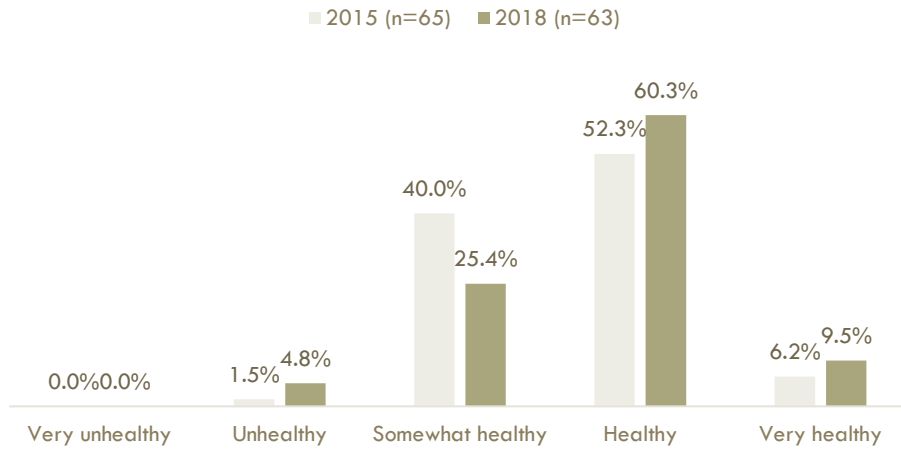


Figure 34. How would you rate your own personal health?



Appendix C –Community Survey Results for Valley County

Demographics

Number of respondents from Valley County:

- 2015: 85
- 2018: 109

Figure 35	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=85)	3.5%	25.9%	29.4%	18.8%	22.4%
2018 (n=109)	35.8%	28.4%	21.1%	7.3%	35.8%

Figure 36	Gender	
	Male	Female
2015 (n=85)	21.2%	78.8%
2018 (n=109)	85.3%	85.3%

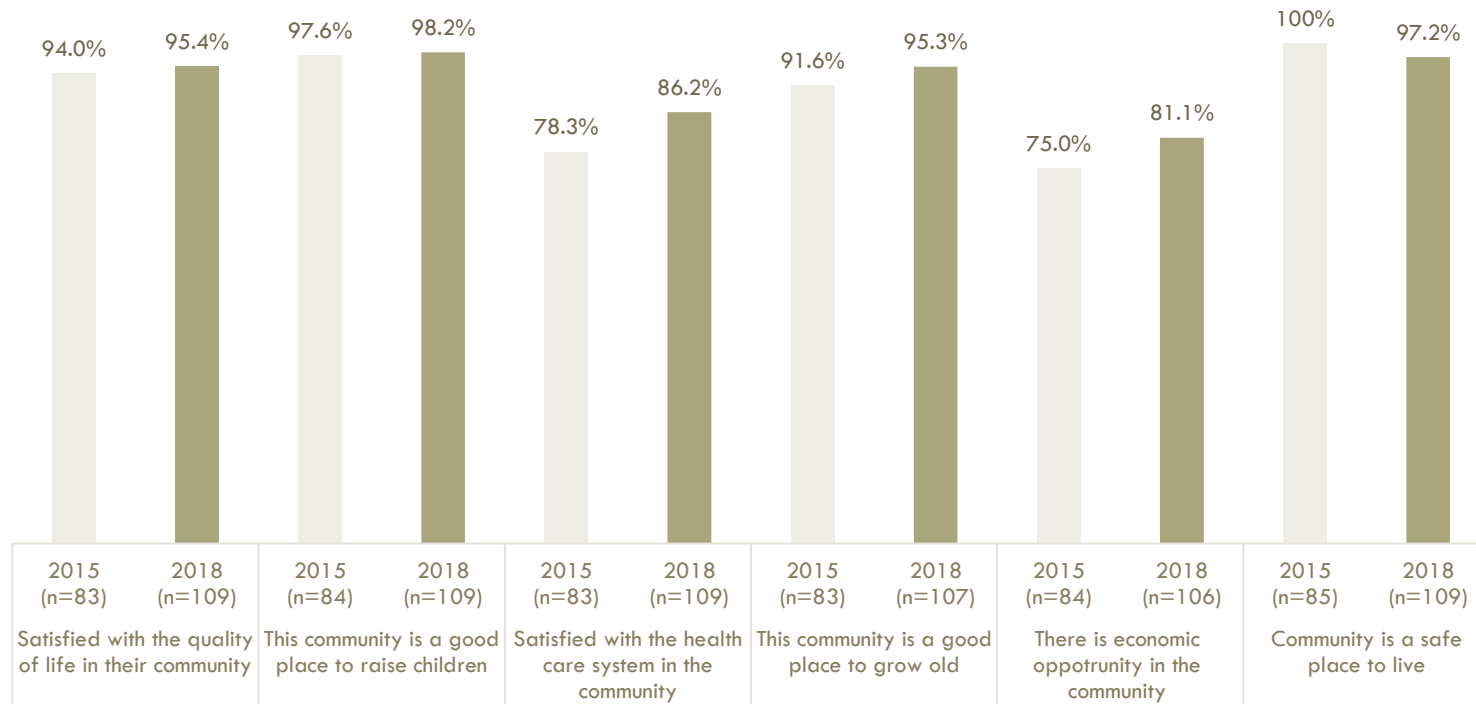
Figure 37	Race/ethnicity					
	African-American/Black	Asian/Pacific Islander	Hispanic/Latino	Native American	White/Caucasian	Two or more races
2015 (n=85)	1.2%	0.0%	1.2%	0.0%	97.6%	0.0%
2018 (n=109)	0.0%	0.0%	1.8%	0.0%	98.2%	0.0%

Figure 38	Length of time lived in community		
	1-5 years	5-10 years	10 or more years
2015 (n=84)	15.5%	13.1%	71.4%
2018 (n=108)	13.9%	70.4%	13.9%

Figure 39		Facility most often used for health care needs	
	2015 (n=78)	2018 (n=104)	
Valley County Health System	70.5%	76.0%	
Prompt care	0.0%	4.8%	
Stevens Medical Clinic	10.0%	2.9%	
Broken Bow Clinic	10.3%	0.0%	
Other	9.2%	16.3%	

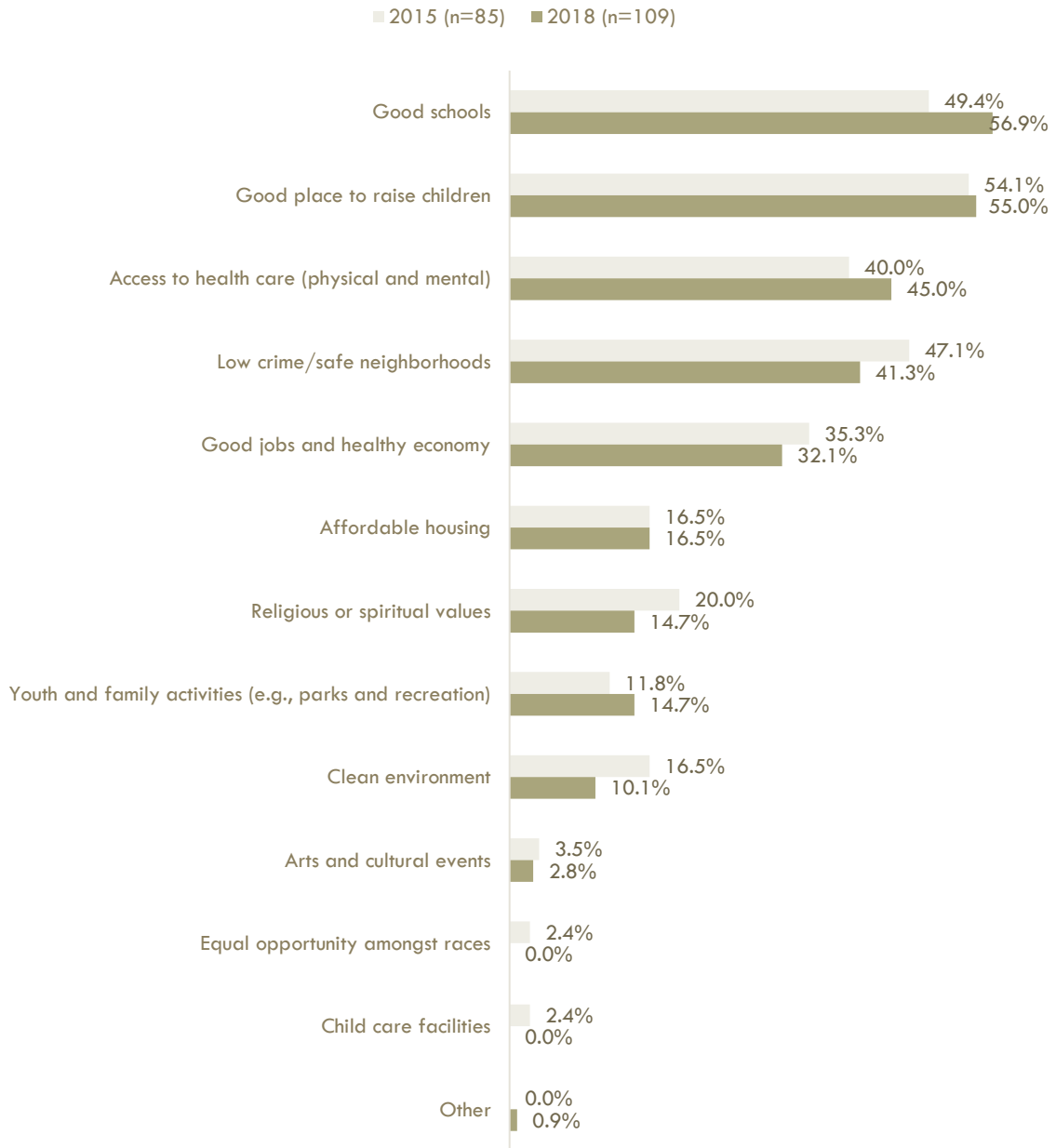
Survey Results

Figure 40. Community Satisfaction*



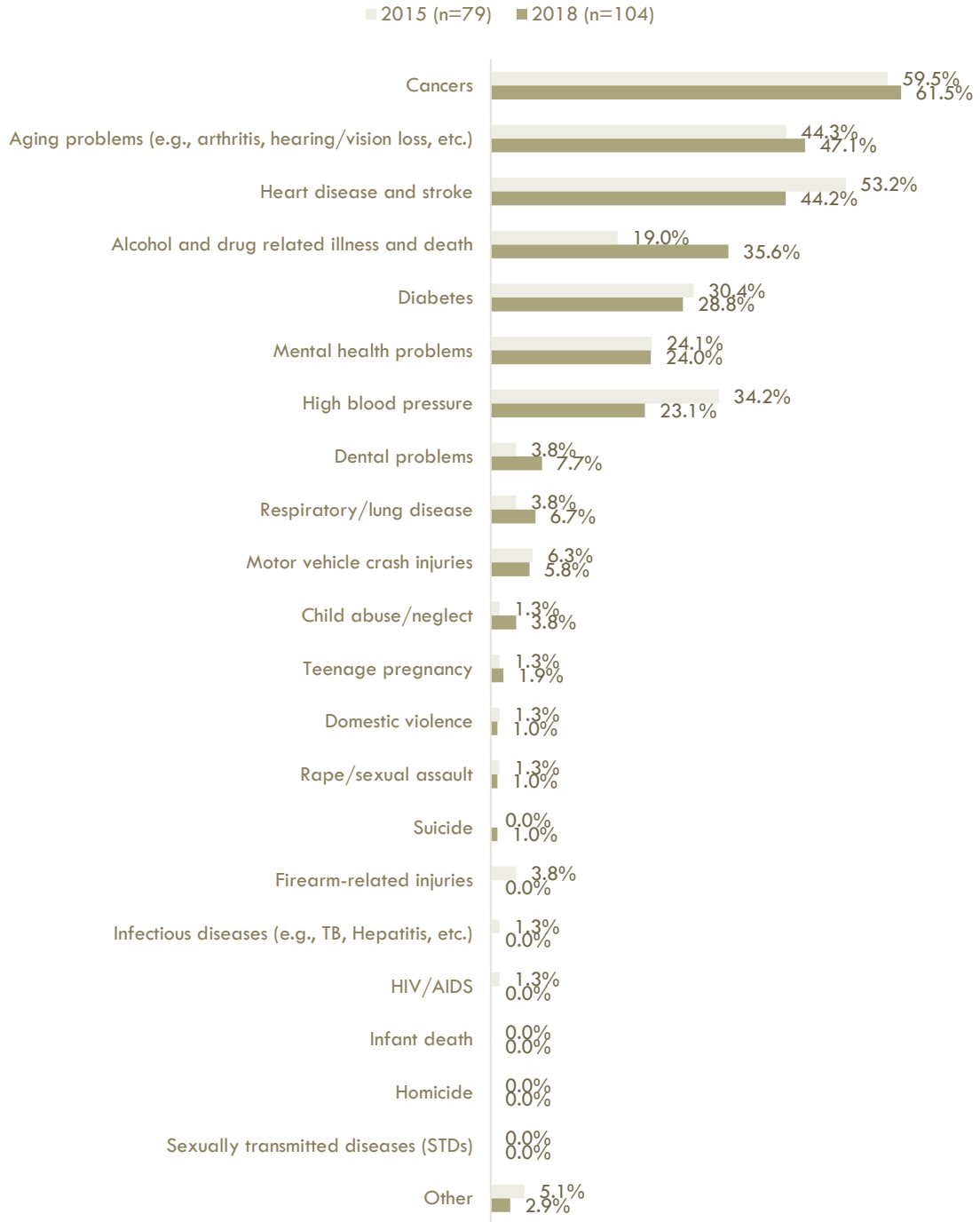
*Response options: Yes or No

Figure 41. Most important factors for a "healthy community"*



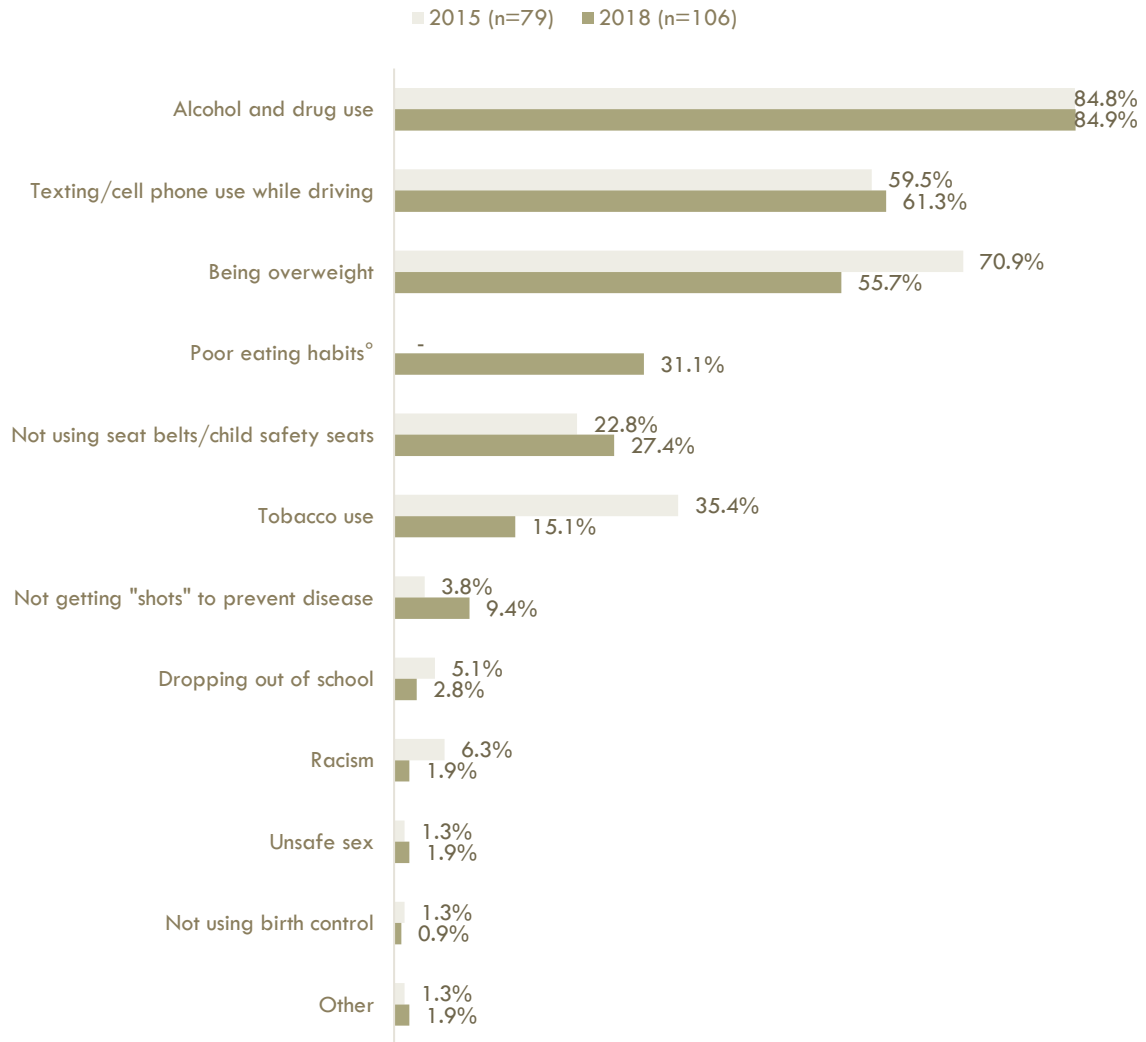
*Respondents were asked to select the top 3 from a given list.

Figure 42. Most concerning "health problems" in the community



*Respondents were asked to select the top 3 from a given list.

Figure 43. "Risky behaviors" most concerning to the community*



*Respondents were asked to select the top 3 from a given list.

^oOption added in 2018

Figure 44. How would you rate your community as a "Healthy Community?"

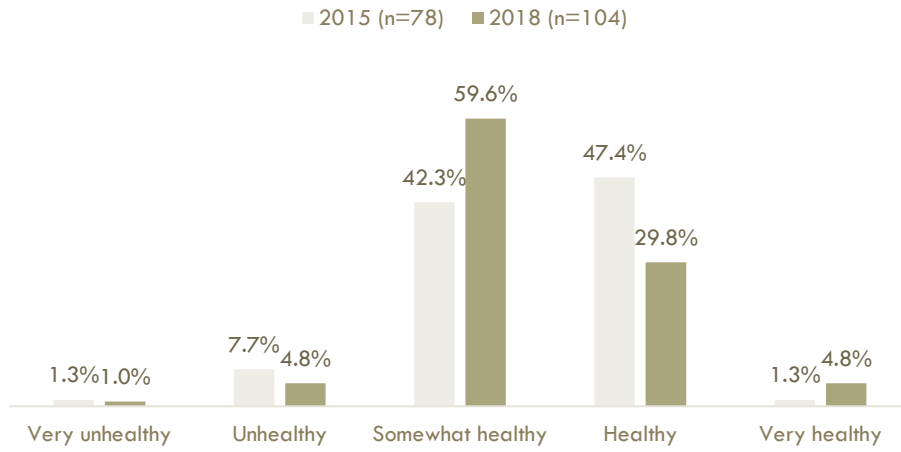
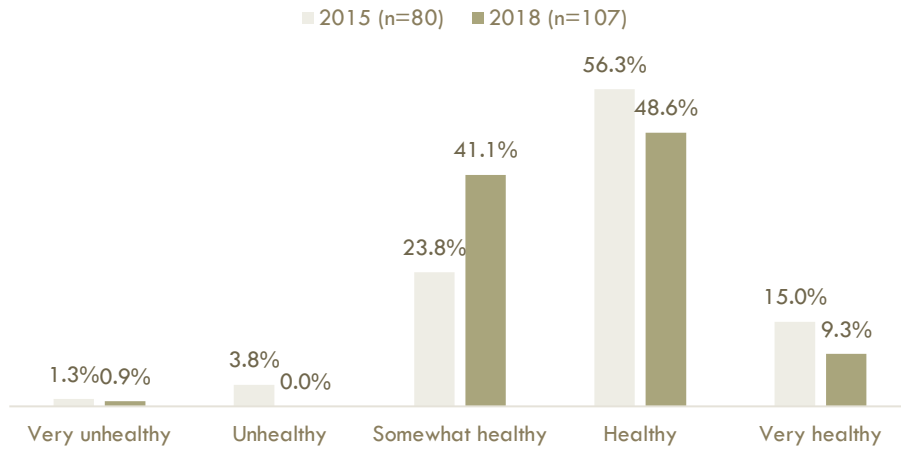


Figure 45. How would you rate your own personal health?



Appendix D –Community Survey Results for Garfield County

Demographics

Number of respondents from Garfield County:

- 2015: 56
- 2018: 109

Figure 46	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=55)	1.8%	29.1%	21.8%	25.5%	21.8%
2018 (n=109)	22.9%	21.1%	22.9%	23.9%	22.9%

Figure 47	Gender	
	Male	Female
2015 (n=55)	29.1%	70.9%
2018 (n=106)	11.3%	11.3%

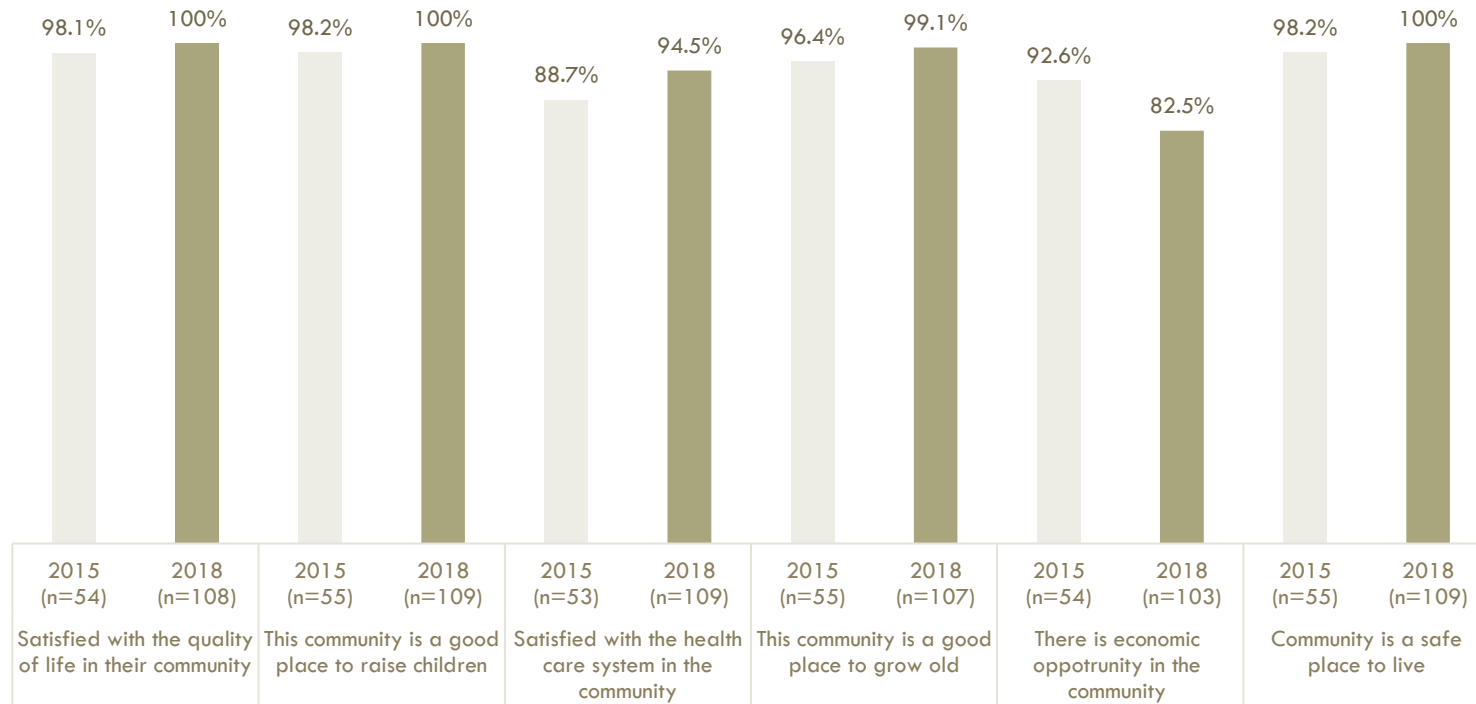
Figure 48	Race/ethnicity					
	African-American/Black	Asian/Pacific Islander	Hispanic/Latino	Native American	White/Caucasian	Two or more races
2015 (n=55)	0.0%	0.0%	0.0%	0.0%	98.2%	1.8%
2018 (n=106)	0.0%	0.0%	0.0%	0.9%	98.1%	0.9%

Figure 49		Length of time lived in community		
	1-5 years	5-10 years	10 or more years	
2015 (n=55)	7.3%	18.2%	74.5%	
2018 (n=109)	8.3%	82.6%	8.3%	

Figure 50		Facility most often used for health care needs	
	2015 (n=50)	2018 (n=101)	
Burwell Family Practice	52.0%	62.3%	
Valley County Health System	36.0%	23.8%	
Other	12.0%	13.9%	

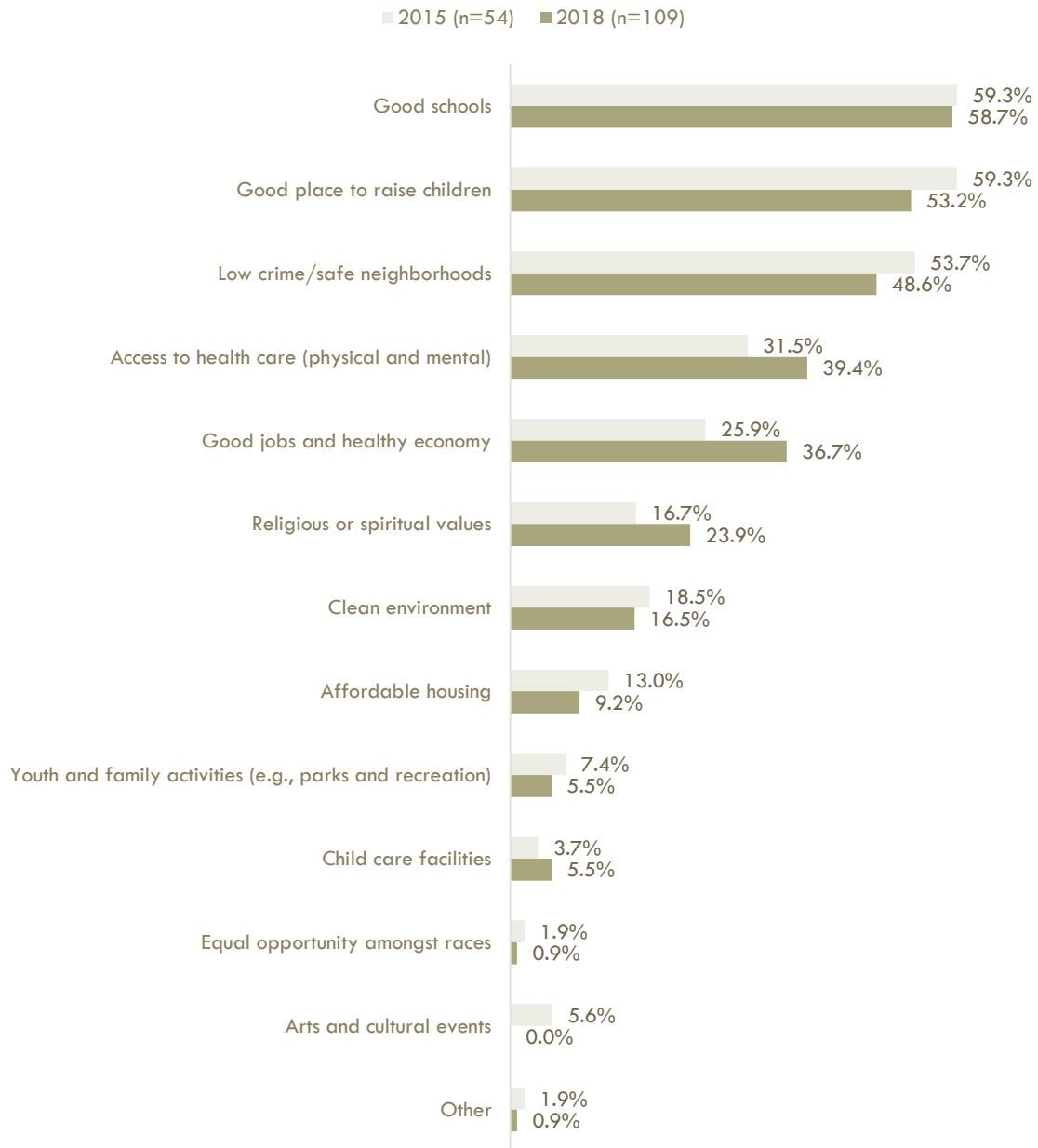
Survey Results

Figure 51. Community Satisfaction*



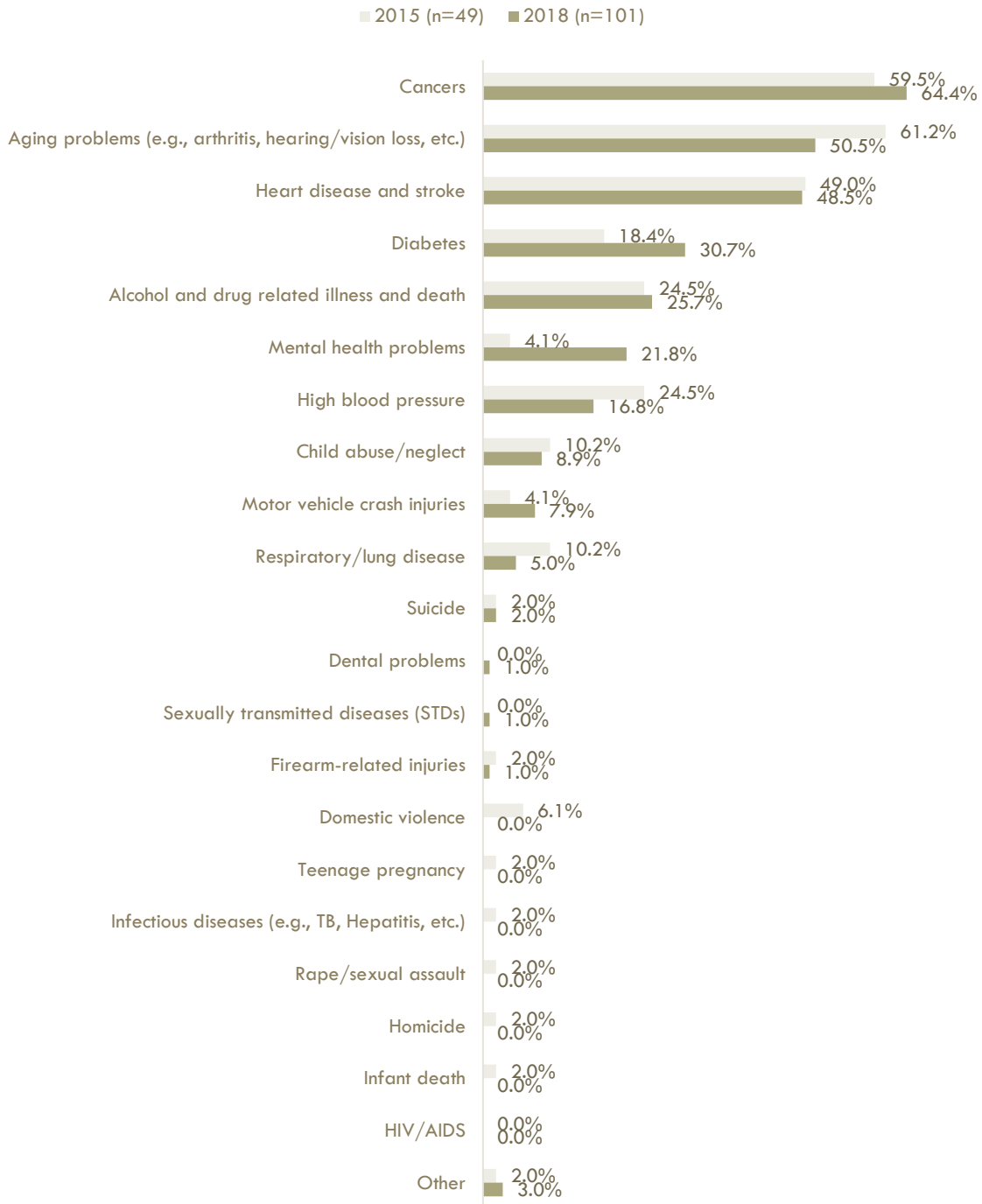
*Response options: Yes or No

Figure 52. Most important factors for a "healthy community"*



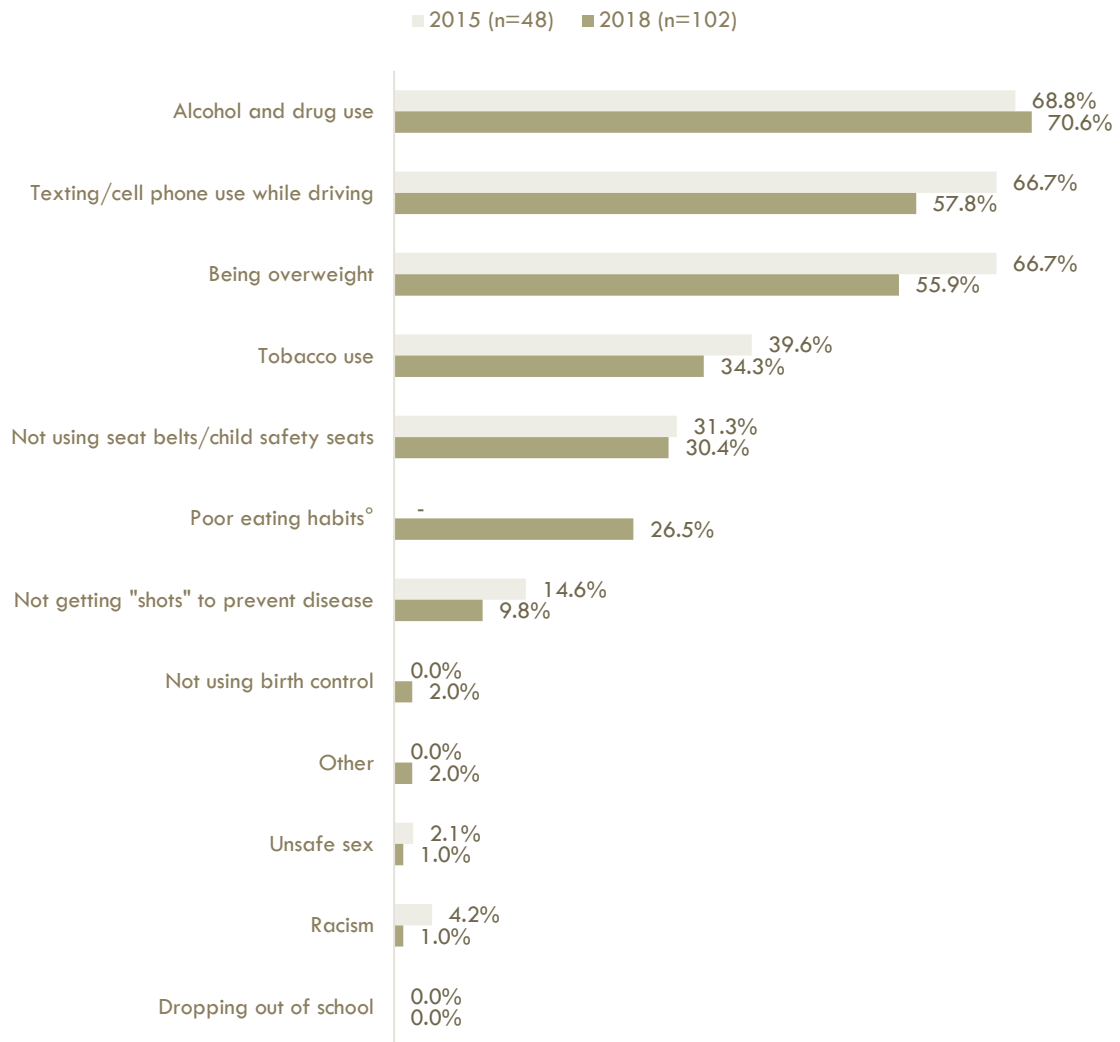
*Respondents were asked to select the top 3 from a given list.

Figure 53. Most concerning "health problems" in the community



*Respondents were asked to select the top 3 from a given list.

Figure 54. "Risky behaviors" most concerning to the community*



*Respondents were asked to select the top 3 from a given list.

^oOption added in 2018

Figure 55. How would you rate your community as a "Healthy Community?"

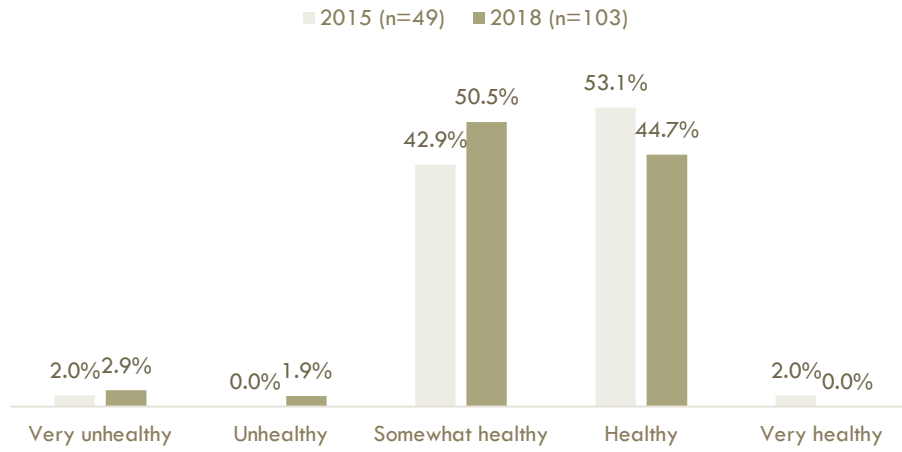
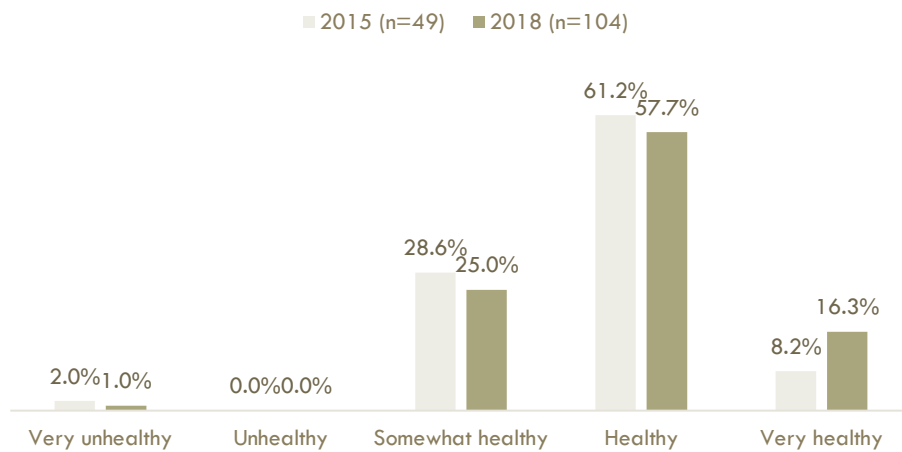


Figure 56. How would you rate your own personal health?



Appendix E –Loup Basin Community Survey

1. Zip Code where you live: _____

2. Age: 25 or less
 26 - 39
 40 - 54
 55 - 64
 65 or over

3. Gender: Male Female

4. Ethnic group you most identify with:
 African American / Black
 Asian / Pacific Islander
 Hispanic / Latino
 Native American
 White / Caucasian
 Other _____

5. How long have you lived in this community? 1 - 5 years 5 - 10 years 10 or more years

6. Are you satisfied with the quality of life in your community? Yes No

7. Is this community a good place to raise children? Yes No

8. In the following list, please select the **3 most important factors for a “Healthy Community.”**

Only select top 3.

<input type="checkbox"/> Good place to raise children	<input type="checkbox"/> Affordable housing
<input type="checkbox"/> Low crime / safe neighborhoods	<input type="checkbox"/> Arts and cultural events
<input type="checkbox"/> Good schools	<input type="checkbox"/> Equal opportunity amongst races
<input type="checkbox"/> Access to health care (physical and mental)	<input type="checkbox"/> Good jobs and healthy economy
<input type="checkbox"/> Youth and family activities (e.g. parks and recreation)	<input type="checkbox"/> Religious or spiritual values

Clean environment
 Other _____

Child care facilities

9. Are you satisfied with the health care system in the community?: Yes No

Please list the facility you use most for your health care needs:

10. Is this community a good place to grow old? Yes No

11. Is there economic opportunity in the community? Yes No

12. Is the community a safe place to live? Yes No

13. In the following list, select the top 3 **“Health Problems” that are the most concerning** in our community.

Only select the top 3.

Aging problems (e.g. arthritis, hearing/vision loss, etc.)

High blood pressure
 HIV / AIDS

Respiratory / lung disease
 Sexually transmitted diseases (STD's)

Cancers

Homicide

Suicide

Child abuse / neglect

Infant death

Teenage pregnancy

Dental problems

Infectious diseases (e.g. TB hepatitis, etc.)

Alcohol and drug related illness and death

Diabetes

Domestic violence

Mental health problems

Firearm-related injuries

Motor vehicle crash injuries

Other _____

Heart Disease and stroke

Rape / sexual assault

14. In the following list, please select the top 3 **“risky behaviors” that are the most concerning** in our community.

Only select the top 3.

Alcohol and drug use

Tobacco use

Being overweight

Not using birth control

Dropping out of school

Not using seat belts / child safety seats

Not getting "shots" to prevent disease

Unsafe sex

Racism

Other _____

Texting / cell phone use while driving

15. How would you rate your community as a "Healthy Community?"

Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

16. How would you rate your own personal health?

Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

Appendix F –Key Informant Interview Questions

1. In general, who would you rate the health and quality of life in the community?
2. What are the strengths and contributing factors that improve the quality of life in the community?
Please explain why.
3. What are the weaknesses and contributing factors that decrease the quality of life in the community?
Please explain why.
4. What barriers, if any, exist to improving health and quality of life in the community?
5. What needs to be done to address these issues? What specific actions, policy, or funding priorities would you support because they would contribute to a healthier community?

PRIORITIZATION PROCESS

The selection of health priorities and strategies will be the work of LBPHD, county hospitals, and other local agencies using this document as a reference.