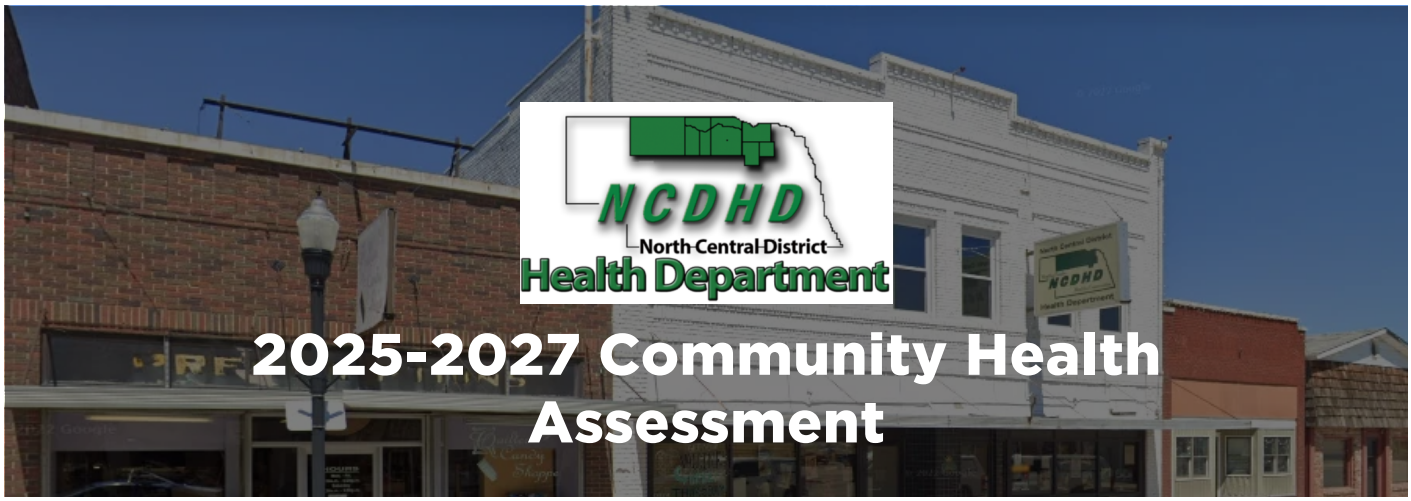


2025-2027 Community Health Assessment

Our Health Tells a Story

As individuals, our health tells a story about our lives. It's more than a medical condition or if we feel sick or well – **where we live, what we have access to, and what choices we make all add up to affect our personal health.**

As a community, our collective health tells an even bigger story, made up of all the individual stories of residents who live here. Understanding the broader story can help us learn more about what we are doing well and where we can better support ourselves, our friends, and our neighbors.

For our story to be one of opportunity, success, and health for all people, we have to start at the very beginning – making sure our community is a place where healthy choices are even possible. When we live in a place that makes healthy choices easier, our behaviors can change. Those daily behaviors form our life stories, building up to our outcomes.

If we work together, we can create better stories for our community, one chapter at a time. We might not be able to write the whole story all at once, but we can build on it over time with small steps to make our community a healthier place to live.

Mobilizing for Action through Planning and Partnerships 2.0

NCDHD employed the MAPP 2.0 framework to identify priorities and strategies to address community health issues. MAPP is an established framework developed by the National Association of County and City Health Officials and has been used by numerous communities since its inception in 2001. Foundationally, the MAPP approach engages community members, stakeholders, and healthcare professionals in assessing the overall health status of the community, prioritizing health concerns, and identifying strengths and gaps salient to community health. The MAPP 2.0 approach used by the NCDHD composed three different but interrelated processes to assess overall health status, systems, and priorities within the community – defined as the coverage area for the NCDHD:

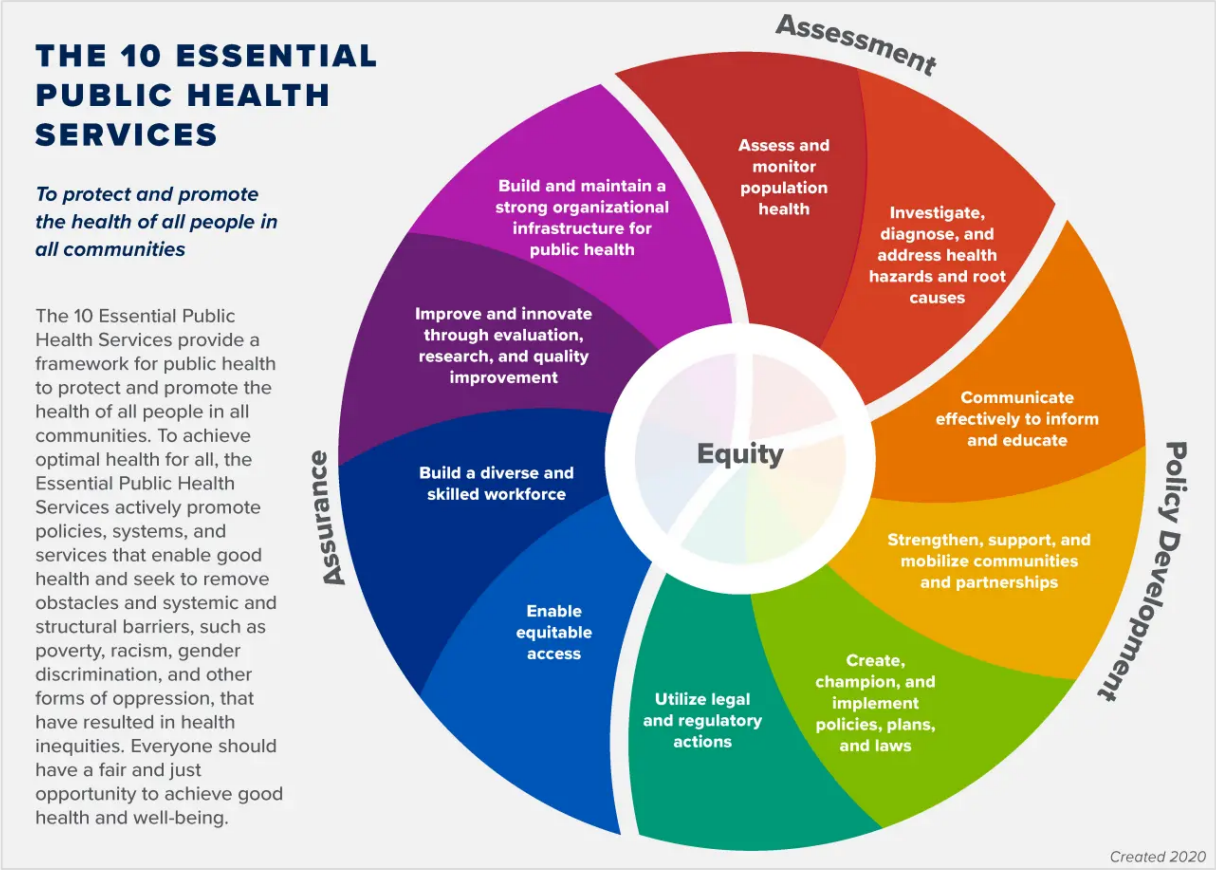
- Community Context Assessment: The Community Context Assessment (CCA) is a qualitative data assessment tool aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems. This was conducted by utilizing MySidewalk, which is an online data dashboard. This can be accessed at https://ncdhd.ne.gov/cha .
- Community Status Assessment: The Community Status Assessment (CSA) is a community-driven quantitative data assessment aimed at understanding the community's status. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression. To complete the CSA, a workgroup was convened on August 28, 2024, to determine how to glean the data. The Community Context Assessment consisted of key informant interviews with hospital CEOs and key hospital personnel (conducted my NCDHD Executive Director), a community survey on Qualtrics (the survey was opened on 9/8/2024 and closed on 10/22/2024), and community focus groups. The focus groups were facilitated by NCDHD in Piere County at the CHI Hospital, Antelope, Holt/Boyd, Cherry, Knox, Brown/ Rock/ Keya Paha Counties, and the NCDHD Board of Health. A summary of findings can be found at https://ncdhd.ne.gov/cha under the "What residents are Saying tab."
- Community Partner Assessment: The Community Partners Assessment (CPA) is an assessment process that allows all the community partners involved in MAPP to critically look at 1) their own individual systems, processes, and capacities and 2) their collective capacity as a network/across all community partners to address health inequities.

This was conducted by gleaning partner insight on valuable partner data during a workgroup, Once the survey questions were selected, the survey was distributed to CHA partners. 36 partners participated in the survey: 11 schools, 1 tribal health department, 1 other tribal entity, 8 city/county government, 7 hospitals, 3 clinics, 3 emergency response, 2 non-profit organizations, 2 faith-based, and 2 other sectors. A summary of findings can be found at https://ncdhd.ne.gov/cha under the "What residents are Saying tab."

What is a Community Health Assessment (CHA)?

One of the main duties of North Central District Health Department is assessing the health of our community so we know what action to take next. The information in this CHA gives us a better picture of our community's health, so we can work with government officials, partner with other organizations, create policy, and use resources to help improve the health of our residents.

If you're interested in learning more about our role in public health, the graphic below explains more about the services we provide.



via CDC, https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

We all desire a long, healthy life

Life Expectancy

Our goal is for every person to live a long, healthy life. Unfortunately, this isn't always the case. One way to measure our community health is to look at life expectancy, which tells us how long an average person is expected to live at the time they are born. Communities with a longer life expectancy are usually those with more opportunities for health, whether through environment or personal choices. The life expectancy of residents in north central Nebraska is 80.1 years, which exceeds the state and national averages. Antelope County, NE boasts the longest life expectancy at 81.6 years, with Rock County being the lowest at 77 years old, which is below both the state and national averages.

Life Expectancy at Birth

80.1
Years
North Central District Health Department

79.2
Years
Nebraska

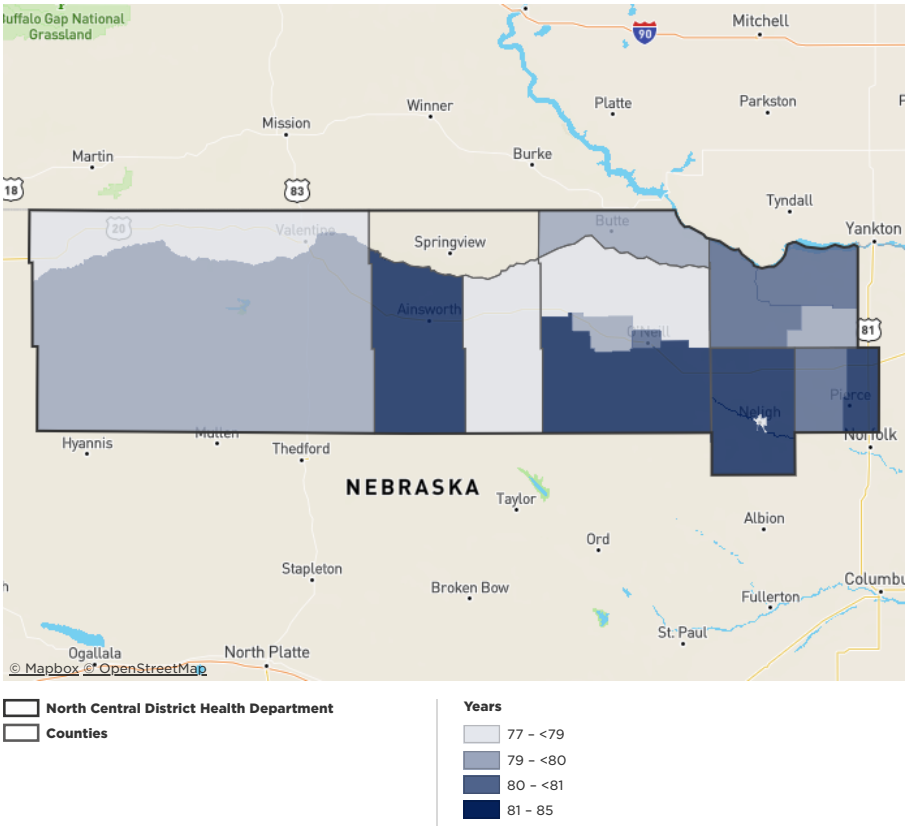
78.8
Years
United States of America

Sources: CDC NCHS USALEEP 2010-2015

Geography	2010-2015 Life Expectancy at Birth
United States of America	78.8
Antelope County, NE	82.6
Boyd County, NE	79.2
Brown County, NE	81.6
Cherry County, NE	78.2
Holt County, NE	79.8
Keya Paha County, NE	No data
Knox County, NE	79.7
Pierce County, NE	80.3
Rock County, NE	77
North Central District Health Department	80.1
Nebraska	79.2

Sources: CDC NCHS USALEEP 2010-2015

Life Expectancy at Birth

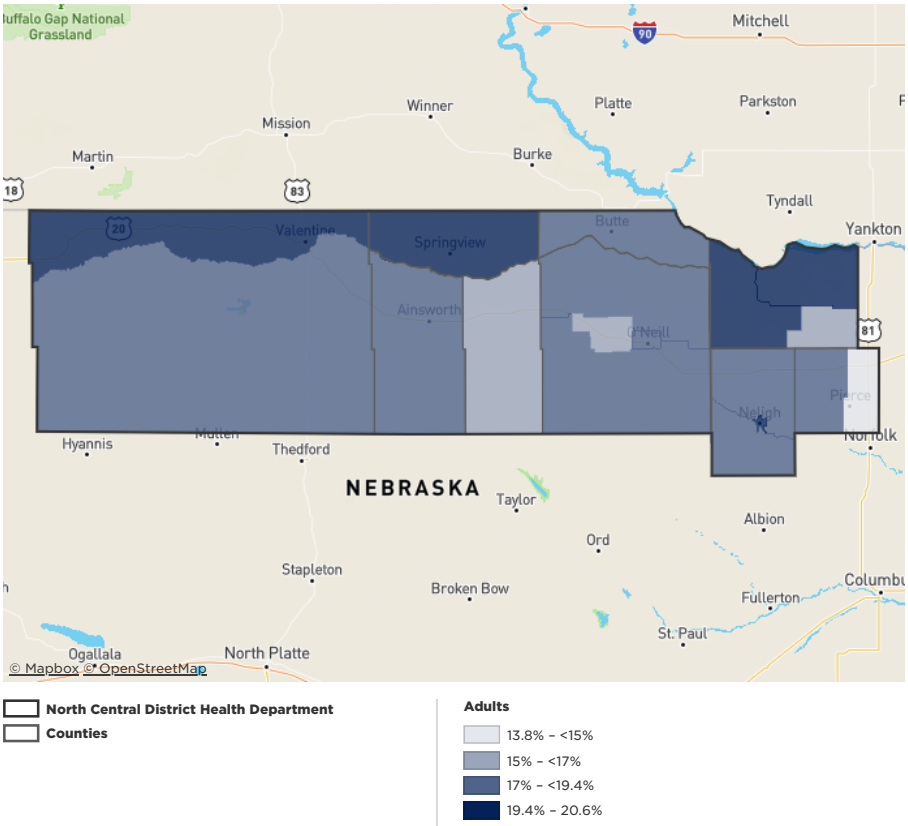


Sources: CDC NCHS USALEEP 2010-2015

Fair or Poor Health Among Adults

We can also listen to our neighbors and how they think of their own health. Knowing how many people rank their health as fair or poor is an important piece of assessing our community's well-being. **If our residents don't feel like they're in good health, there's more work to be done** to make sure our community is healthy.

Fair or Poor Health



Sources: CDC BRFSS PLACES 2022

Demographics

Identifying who lives in our community helps us understand unique health needs. Factors like age, race and ethnicity, sex, languages spoken, immigrant population, veterans, and disabilities are all important to understand the unique needs of our community.

In 2022, the population of north central Nebraska was 44,397 people. The population has steadily decreased from the 55,772 population in 1990 in all counties. The US Census Bureau has forecasted this trend will continue through 2030. Population decline was mentioned in several of the 2024 focus group discussion. This trend has financial, agricultural, employment, and familial impacts.

The residents in north central Nebraska are older than their state counterparts. 3.8% of NCDHD residents are 85 years or older (2.2% Nebraska average), 14.6% are 65 to 74 years old (2.5% Nebraska average), and 9.6% of the population is 60 to 64 (8.4% Nebraska average). Boyd, Cherry, and Holt counties have the highest percentage of residents 85 and up (4.5%). The aging population was discussed in several of the focus groups, concerns ranged from the lack of nursing and assisted living facilities to providing transportation to medical appointments.

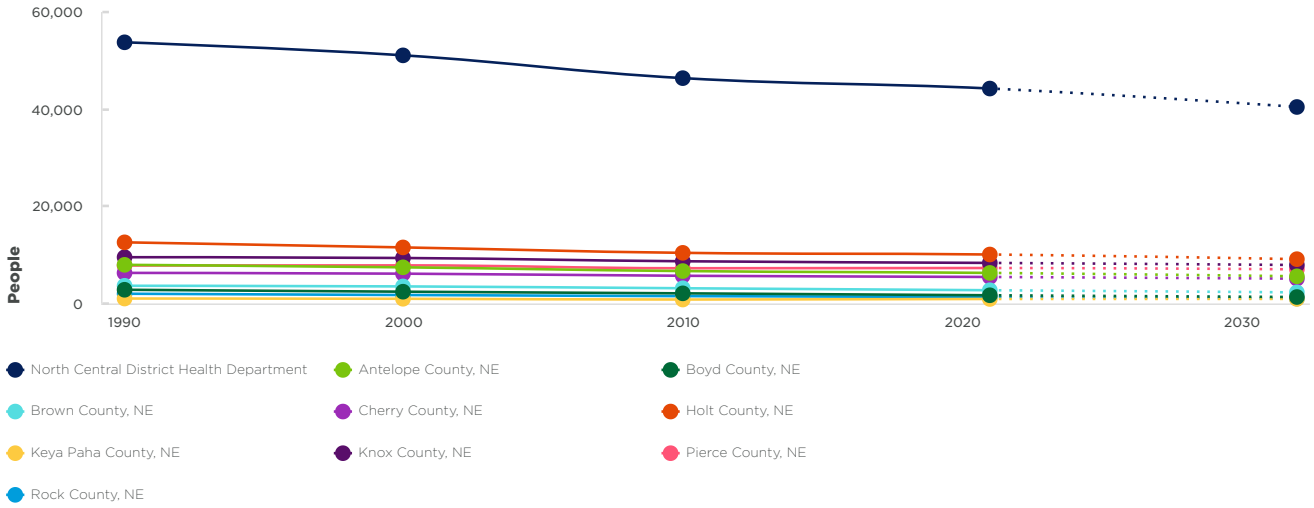
90.7% of the population identifies as White, 3.4% are Hispanic or Latino, 2.3% are Native American, 0.5% are Black, and 2.3 are multiracial. 50.5% of the population are male and 49.5% female. Boyd County has the greatest percentage of males (52%) and Brown County has the lowest percentage of females (50.8%).

1.9% (7.5% Nebraska) of the NCDHD population are immigrants and 1.6% (5% Nebraska) have limited English Proficiency. Holt County has the highest population of individuals with limited English proficiencies (2.4%), and the second highest immigrant population (2.6%), trailing Boyd County with 3.3%. Spanish is the second most common language spoken at home, with 1,065 residents reporting Spanish being the primary language at home; 417 speak another Indo-European language follows, and 161 speak and Asian-Pacific Islander language. The increase in the immigrant and Spanish-speaking population was a common theme in the focus groups. This trend brings opportunities to meet new people, but also brings challenges providing education, communication, and medical care to this population.

NCDHD boast a veteran population of 2,731, that is 8.1% of civilians ages 18 and over in the district (Nebraska 7.5%). Brown (9.6%) and Antelope (9.1%) Counties have the highest percentage of veteran. 5,978 people in the district are living with a disability (13.7%). The district has a higher percentage of those living with disabilities and veteran population than the state. These population often require additional services as well and unique demands on families. NCDHD is a mental and healthcare provider shortage area, creating additional struggles for this population. O'Neill is the only town in the district with a Veteran's Affairs clinic, the next nearest VA clinic is in Norfolk, NE.

Total Population

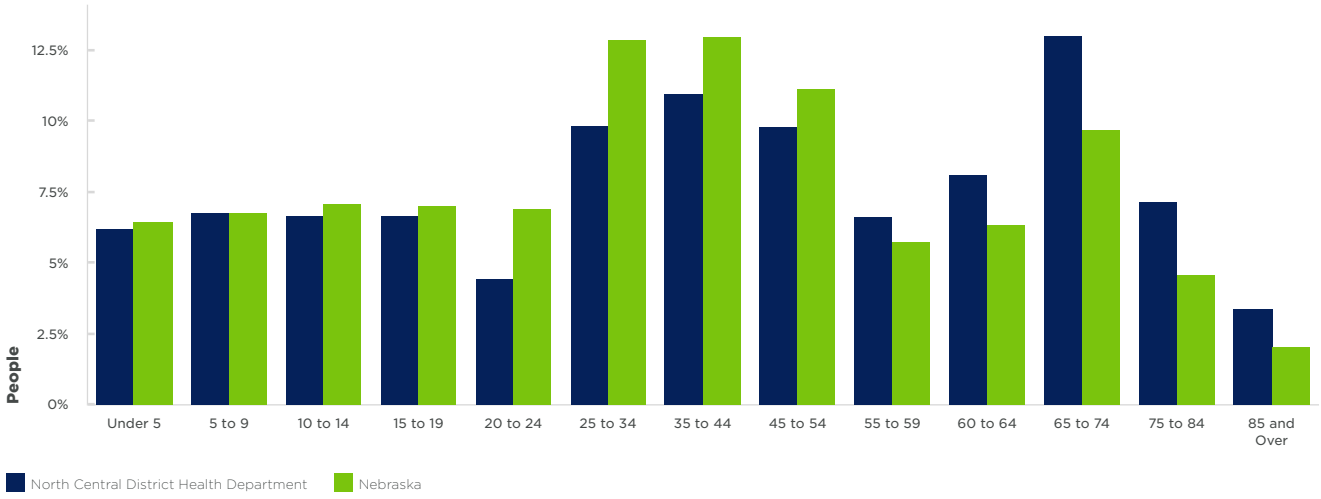
Total Population



Sources: US Census Bureau; US Census Bureau ACS 5-year

Age

Age Distributions



Sources: US Census Bureau ACS 5-year 2019-2023

Child Population

10,673

People ages 0 to 17

North Central District Health Department

484,750

People ages 0 to 17

Nebraska

Senior Population

10,434

People ages 65+

North Central District Health Department

322,165

People ages 65+

Nebraska

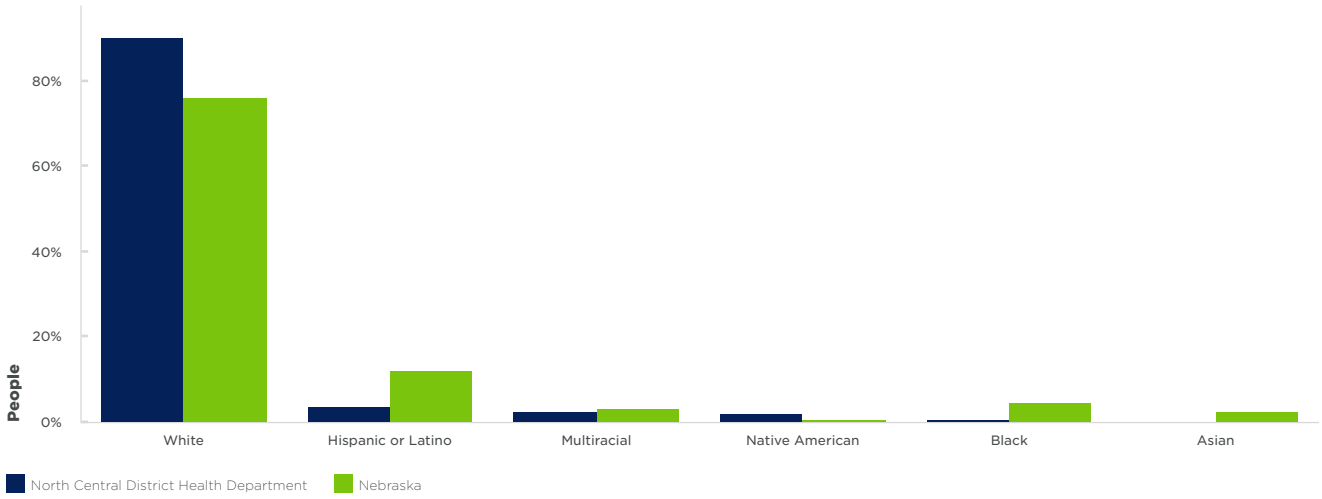
Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Child Population	2019-2023 Senior Population
North Central District Health Department	10,673	10,434
Nebraska	484,750	322,165
Antelope County, NE	1,542	1,512
Boyd County, NE	322	576
Brown County, NE	568	745
Cherry County, NE	1,298	1,202
Holt County, NE	2,547	2,266
Keya Paha County, NE	235	233
Knox County, NE	2,004	2,123
Pierce County, NE	1,857	1,435
Rock County, NE	300	342

Sources: US Census Bureau ACS 5-year 2019-2023

Race & Ethnicity

Race & Ethnicity



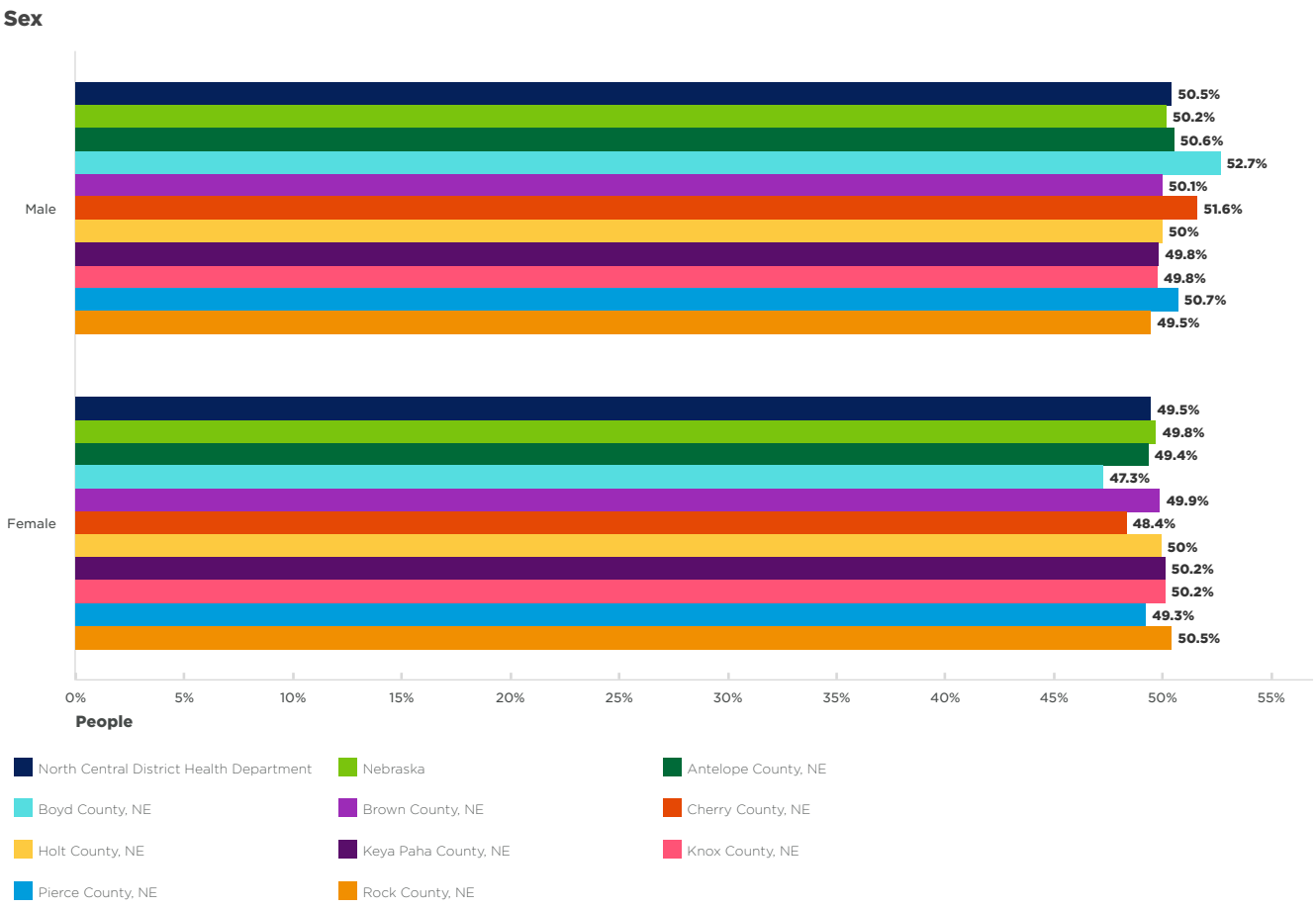
Sources: US Census Bureau ACS 5-year 2019-2023

Race & Ethnicity

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2019-2023 Black or African American	0.9%	0.3%	0%	1%	0.3%	0.1%	0.6%
2019-2023 Asian	0.2%	0%	0%	1.2%	0.5%	0%	0.4%
2019-2023 White	93.4%	92.1%	89.1%	85.1%	91.6%	93.8%	84.9%
2019-2023 Hispanic or Latino	3.8%	3.9%	5.8%	3%	5.5%	3.6%	2.8%
2019-2023 Native American	0.2%	2.9%	0.3%	2.6%	0.2%	0%	8.6%
2019-2023 Multiracial	1%	0.2%	4.2%	6.6%	1.6%	0.2%	2.5%

Sources: US Census Bureau ACS 5-year 2019-2023

Sex



Sources: US Census Bureau ACS 5-year 2019-2023

Immigrants & Languages Spoken

Overall

Immigrant Population

2.1%
of People
North Central District Health Department

7.7%
of People
Nebraska

Limited English Proficiency

1.6%
of People ages 5+
North Central District Health Department

5.2%
of People ages 5+
Nebraska

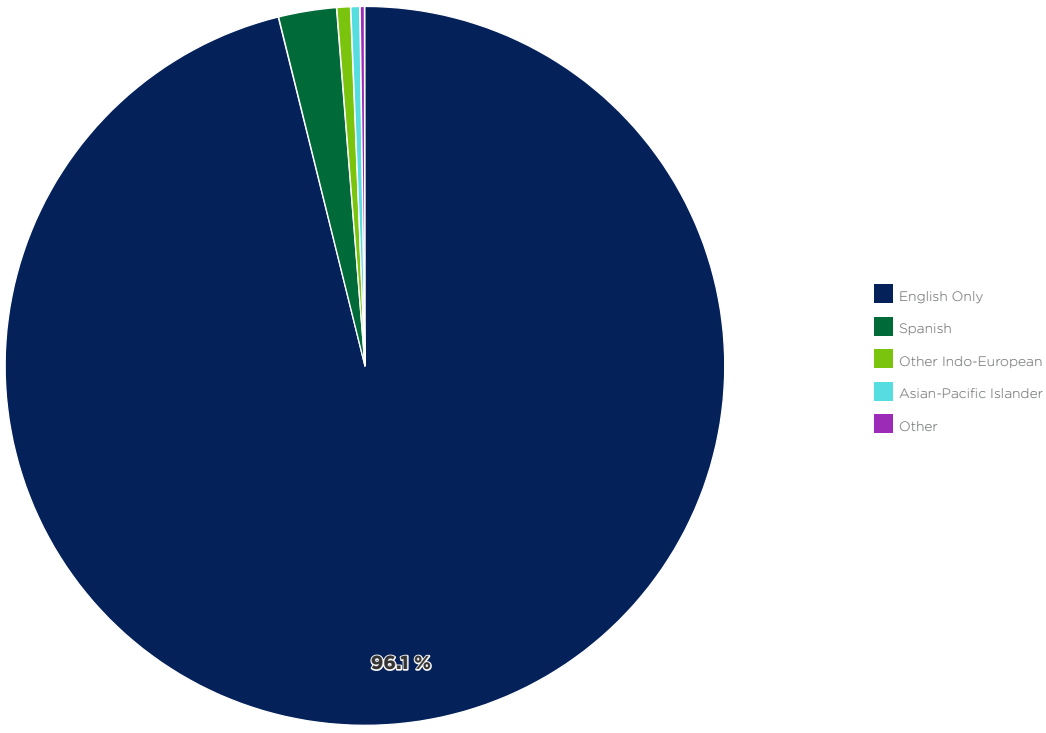
Sources: US Census Bureau ACS 5-year 2019-2023

Note: Limited English Proficiency is defined as speaking English less than "very well."

Geography	2019-2023 Immigrant Population	2019-2023 Limited English Proficiency
Nebraska	7.7%	5.2%
Brown County, NE	4.1%	4%
Holt County, NE	2.7%	2.7%
Antelope County, NE	2.1%	2.3%
North Central District Health Department	2.1%	1.6%
Pierce County, NE	1.4%	1.4%
Keya Paha County, NE	3%	1.1%
Boyd County, NE	3.9%	0.9%
Knox County, NE	0.9%	0.5%
Cherry County, NE	2.2%	0.5%
Rock County, NE	0.5%	0.3%

Sources: US Census Bureau ACS 5-year 2019-2023

Language Spoken at Home Among People Ages 5+

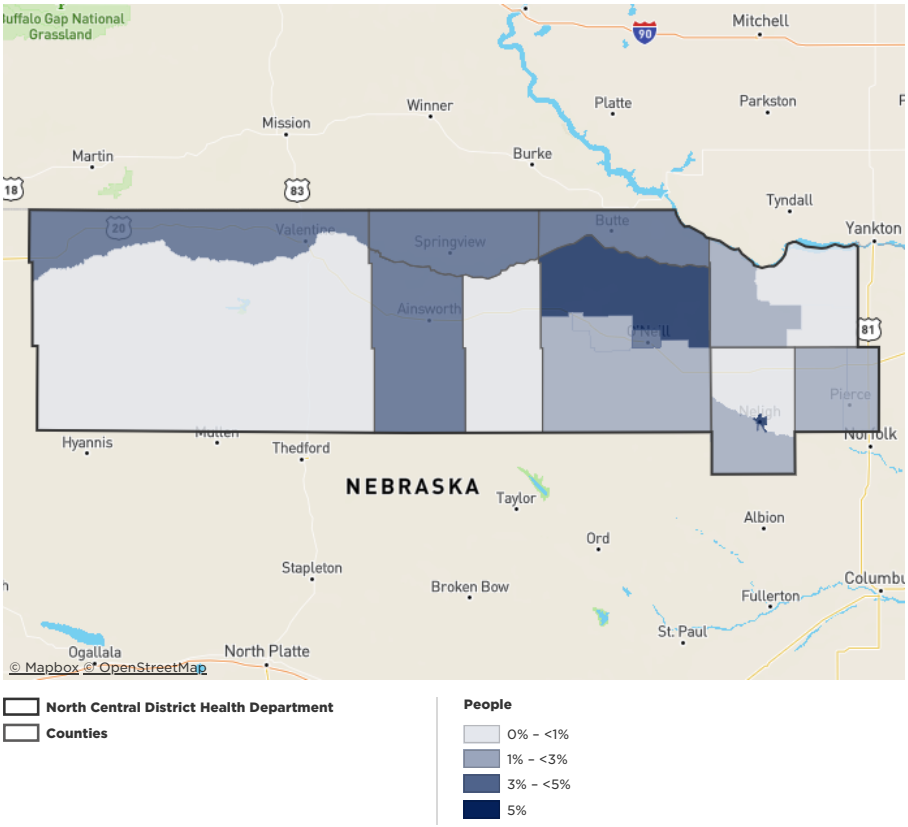


North Central District Health Department

Sources: US Census Bureau ACS 5-year 2019-2023

Map: Immigrant Population

Immigrant Population



Sources: US Census Bureau ACS 5-year 2019-2023

Veterans

Veterans
7%
of Civilians ages 18+
North Central District Health Department

7.2%
of Civilians ages 18+
Nebraska

Veterans
2,362
Civilians ages 18+
North Central District Health Department

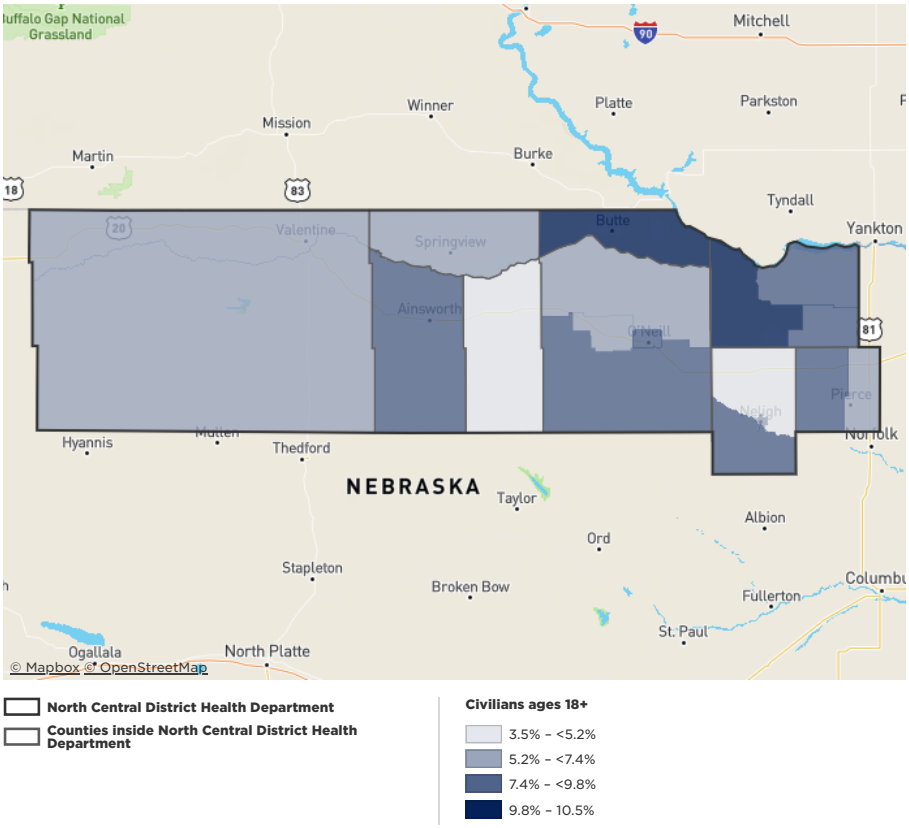
105,516
Civilians ages 18+
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Veterans (Percent)	2019-2023 Veterans (Population)
Antelope County, NE	6.7%	317
Boyd County, NE	10.5%	145
Brown County, NE	7.5%	162
Cherry County, NE	5.6%	232
Holt County, NE	7.1%	534
Keya Paha County, NE	6.4%	45
Knox County, NE	8.2%	523
Pierce County, NE	6.8%	368
Rock County, NE	3.5%	36
North Central District Health Department	7%	2,362
Nebraska	7.2%	105,516

Sources: US Census Bureau ACS 5-year 2019-2023

Veteran Population



Sources: US Census Bureau ACS 5-year 2019-2023

People with Disabilities

Live with a Disability

13.6%
of People
North Central District Health Department

12.1%
of People
Nebraska

Live with a Disability

5,948
People
North Central District Health Department

235,106
People
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

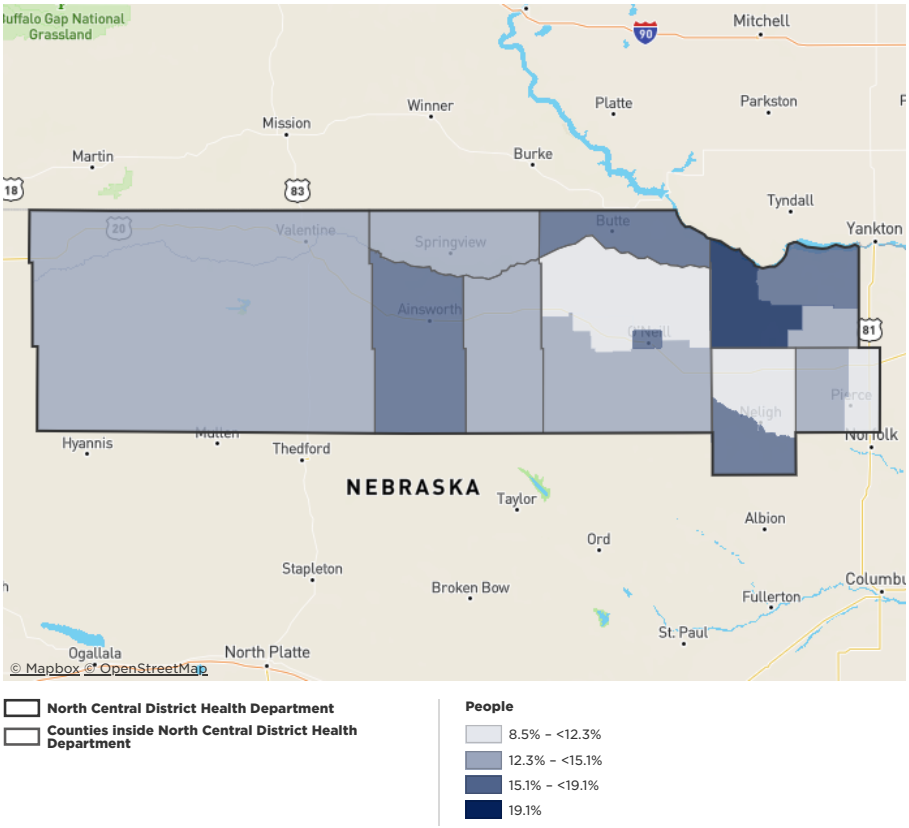
Note: Active-duty military and people living in institutional group quarters such as correctional facilities, skilled-nursing facilities, and other long-term care living arrangements are not reflected in this data.

Geography	2019-2023 People living with a disability (Percent)	2019-2023 People living with a disability (Population)
Antelope County, NE	12.7%	792
Boyd County, NE	17.2%	288
Brown County, NE	15.1%	409
Cherry County, NE	13.2%	717
Holt County, NE	13.4%	1,336
Keya Paha County, NE	12.7%	119
Knox County, NE	16.3%	1,340
Pierce County, NE	10.9%	787
Rock County, NE	12.3%	160
North Central District Health Department	13.6%	5,948
Nebraska	12.1%	235,106

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Active-duty military and people living in institutional group quarters such as correctional facilities, skilled-nursing facilities, and other long-term care living arrangements are not reflected in this data.

People Living with Disabilities



Sources: US Census Bureau ACS 5-year 2019-2023

Note: Active-duty military and people living in institutional group quarters such as correctional facilities, skilled-nursing facilities, and other long-term care living arrangements are not reflected in this data.

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2019-2023 Under 5	6.6%	4%	6.3%	5.9%	6.5%	4.8%	5.9%
2019-2023 5 to 9	7.8%	4.6%	6%	8.3%	6%	6.8%	6.2%
2019-2023 10 to 14	6%	7.6%	4.9%	4.9%	8.5%	6.3%	7.4%
2019-2023 15 to 19	7.2%	3.1%	6.8%	7.3%	5.5%	11.2%	7.2%
2019-2023 20 to 24	4.1%	4.6%	4.3%	3.1%	5.2%	3.8%	4.6%
2019-2023 25 to 34	9.9%	6.9%	10%	10.6%	10.7%	3.7%	9.1%
2019-2023 35 to 44	10.6%	11.3%	10.6%	12.8%	10.5%	8.9%	9.9%
2019-2023 45 to 54	9.3%	8.1%	9.8%	10.2%	9.6%	13.7%	9.7%
2019-2023 55 to 59	5.7%	4.1%	5.3%	6.1%	7.8%	6.8%	7.1%
2019-2023 60 to 64	8.7%	12%	8.9%	8.9%	7.3%	9.1%	7.3%
2019-2023 65 to 74	13.2%	21.4%	15.3%	12%	12.7%	9.5%	13.9%
2019-2023 75 to 84	7.2%	10%	8%	5.7%	6.2%	11.3%	8.1%
2019-2023 85 and Over	3.6%	2.3%	4%	4.2%	3.5%	4%	3.4%

Sources: US Census Bureau ACS 5-year 2019-2023

How to Use This Dashboard

*** The narrative descriptions were drafted in February 2025. If narratives differ from the graph data, consider the graph the most current information. Graphs will automatically update as new data is publicized.

How you use this dashboard might depend on why you care about public health. The data provided serves many purposes, with useful information to help you understand the health of our community better.

If you're a **resident**, you may want to learn more about the health of our community to better help your family, neighbors, and friends. Using this data can help you learn about who lives in our community and the overall needs we have.

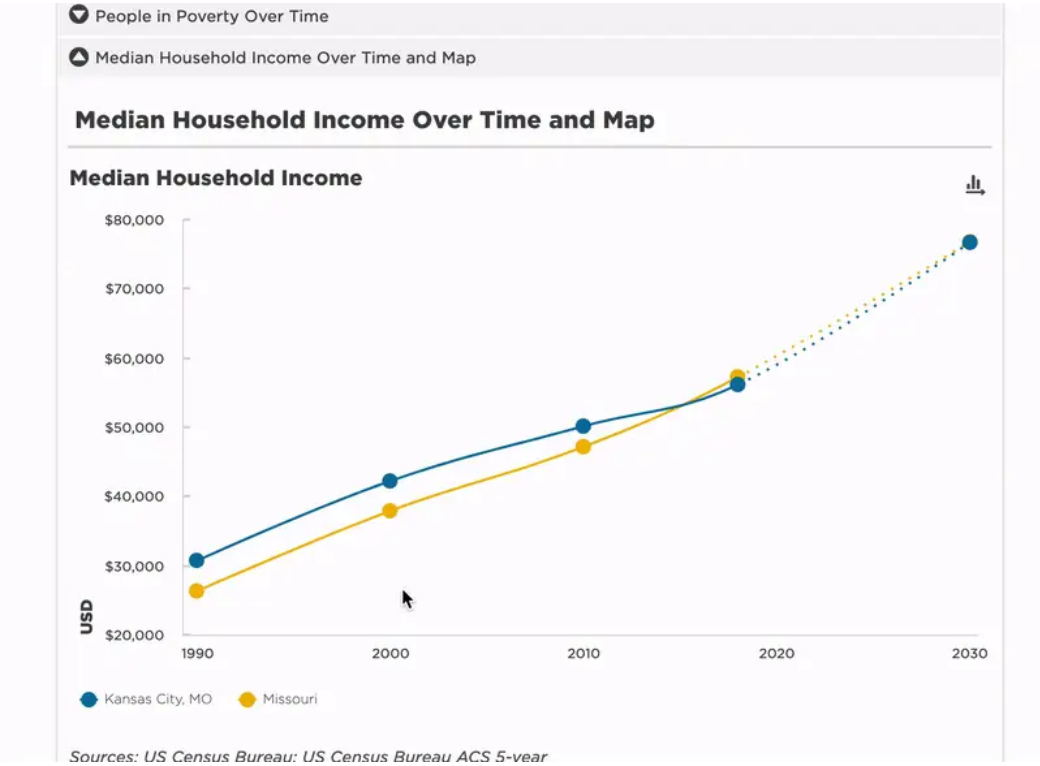
If you're a **community partner, health professional, or elected official**, you can use this dashboard to inform policy, priorities, supply information for grant applications, or learn more about where to allocate resources.

Dashboard Controls

To get the most use out of this data, here's how you can **see, save, and share** it:

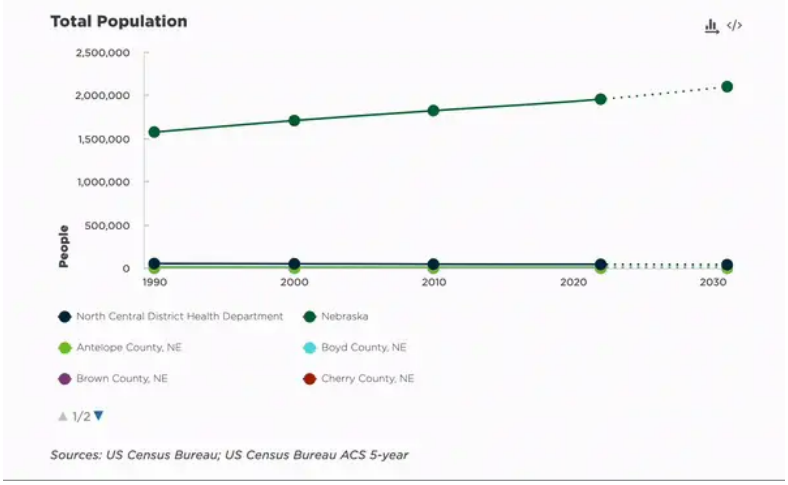
Collections

When more data points are available for a specific topic, you'll see a list of data headings with arrows to the left. **Click on the down arrow** to expand that section and view the data. You can close that section by clicking on the up arrow. A collection may include many presentation types, such as maps, charts, tables, and more.



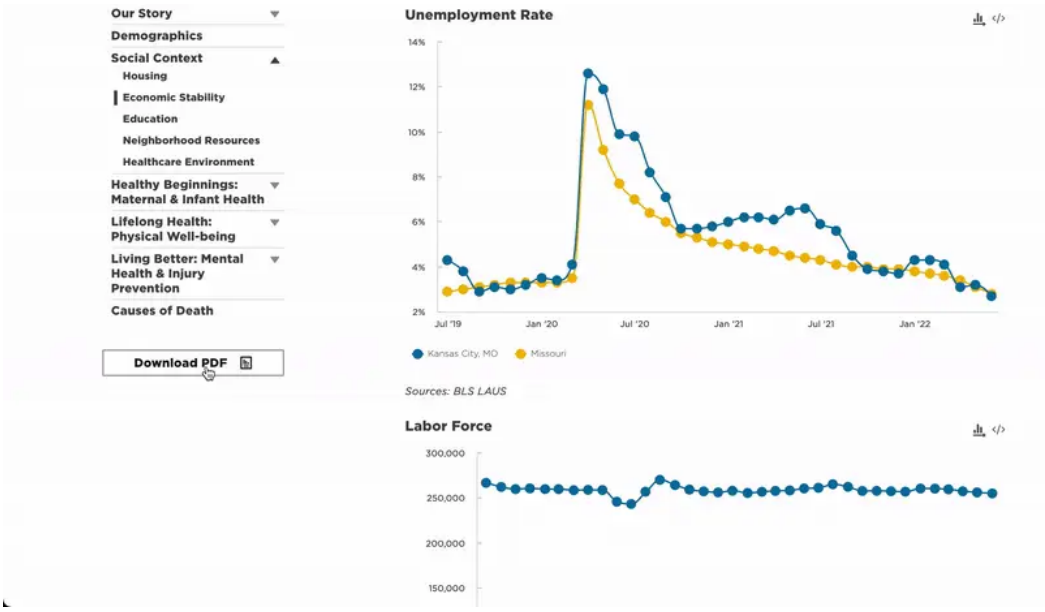
Using Dynamic Visualizations

Some visualizations may have have a large contrast in values for different geographies. For example, the total population of the state compared to a county within that state. To view smaller values, **click on the elements in the legend** to add and remove geographies.



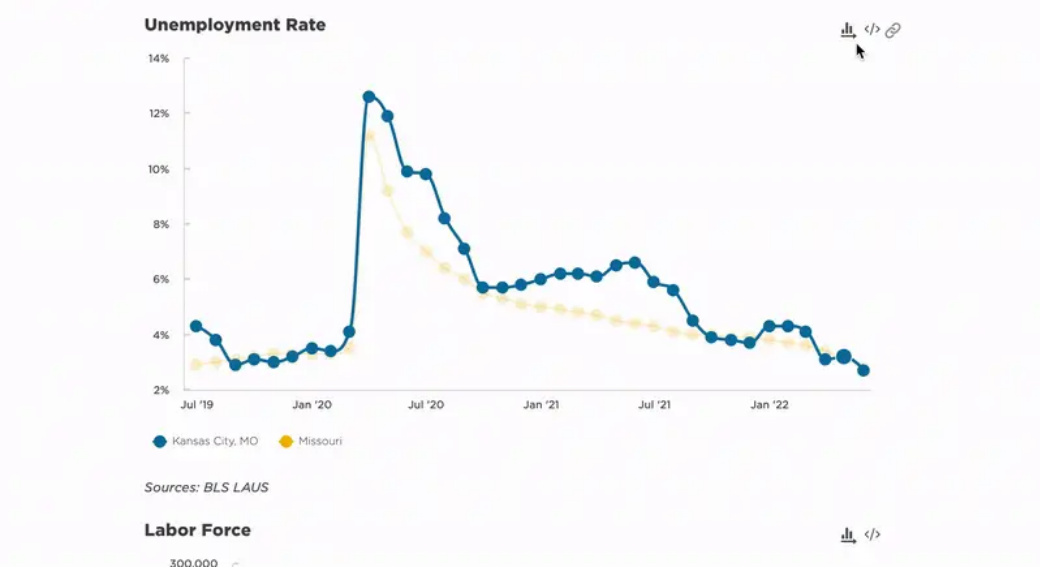
Saving Data

If you want to save the data for yourself, it can be saved as a PDF, CSV (spreadsheet), SVG or PNG (photos), or even GeoJSON (for GIS applications). To see what file types are available, **click on the bar graph icon** on the top right of that data visualization.



Embedding Data on Your Website

If you want to share data from the dashboard on a website, you can **click on the embed code icon </>** on the top right of that visualization. This will allow the people who visit your webpage to interact with dynamic visualizations rather than a static PNG or PDF.



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Executive Summary

The North Central District Health Department's (NCDHD) 2025 Community Health Assessment (CHA) offers a comprehensive, mixed-methods review of the district's health status, helping to guide future priorities and actions. Methods used in this assessment include:

- **Key informant interviews with healthcare partners** to gain expert insights into emerging health issues and system-level challenges
- **A community partner assessment** to identify local organizations' capacities, resources, and strengths
- **Focus groups across the district's counties** to examine community assets, the built environment, and the forces of change influencing residents' health
- **A community health survey with more than 330 respondents** to capture a broad range of perspectives and lived experiences related to health behaviors and outcomes

By integrating both qualitative and quantitative data, the CHA offers a nuanced understanding of the factors influencing health throughout north central Nebraska. This information is further enriched by a robust MySidewalk data dashboard, presenting a wide array of health indicators to support evidence-based decision-making.

Community members can use the CHA to better understand local health challenges and opportunities, while local leaders, coalitions, organizations, and healthcare providers can leverage its findings to strategically allocate resources and address the district's most pressing health issues. Ultimately, the CHA serves as a foundation for a collaborative Community Health Improvement Plan (CHIP), ensuring that health initiatives are inclusive, data-driven, and responsive to the district's unique needs.

This assessment report can be used to:

- **Educate** community members and leaders about the overall health status of the NCDHD service area
- **Inform** healthcare providers and professionals about key health concerns facing residents
- **Clarify** connections between health factors and outcomes using the County Health Rankings model, providing an evidence-based framework for understanding key indicators
- **Support** community-wide discussions to identify public health needs, address data gaps, and develop strategies for tackling priority health issues

The CHA will be updated every three years, ensuring that communities have access to up-to-date data to evaluate progress toward identified health priorities and to guide the selection of new ones.

Key Takeaways & Highlights

Below are synthesized key takeaways, emphasizing issues that emerged consistently across multiple data sources—including key informant interviews, partner assessments, and community surveys. These cross-cutting themes reflect the most pressing, widely recognized community health concerns.

1. Access to Affordable, High-Quality Healthcare

- Broad Concern About Cost: Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance.
- Specialty Care Shortages: Consistently, respondents noted limited access to specialists (e.g., mental health providers, cardiologists, endocrinologists), requiring long-distance travel and long wait times.
- Workforce & Staffing Gaps: Key informants and partners identified persistent challenges in recruiting and retaining healthcare professionals, including nurses, EMS personnel, and other medical staff. Staffing shortages affect care quality, timeliness, and service sustainability.

2. Mental Health and Behavioral Health Needs

- Critical Gaps in Services: Whether through key informant interviews or community surveys, stakeholders underscored a lack of sufficient mental health providers, crisis intervention options, and youth mental health

support. Although depression and poor mental health are less frequently reported by residents than the state average, access to mental health care creates concerns about managing these conditions.

- Substance Abuse & Suicide Prevention: Multiple data sources highlight the need for strategies addressing substance misuse and mental health crises, emphasizing comprehensive, accessible treatment and prevention programs. The drug overdose death rates have increased since 2004 and suicide death rates have consistently increased since 2010.

3. Healthy Living and Chronic Disease Prevention

- Obesity and Related Conditions: Both key informants and community members cite obesity as a major health concern, tied to poor nutrition, limited healthy food options, and a sedentary lifestyle. This helps to explain why the North Central Health District had higher percentages of adults with chronic conditions (obesity, diabetes, coronary heart disease, high blood pressure) compared to the state average.
- Preventive Programs and Community Wellness: Survey respondents and partners alike stress the value of nutrition education, walking trails, fitness centers, and preventive health initiatives (e.g., diabetes management) to support healthier lifestyles.

4. Transportation and Infrastructure Challenges

- Barriers to Care: A common theme across stakeholders is the difficulty of reaching healthcare appointments—particularly specialty and mental health services—due to inadequate transportation. This feedback is despite the district having a higher percentage of adults with health insurance and getting regular check-ups than the state average.
- Community Infrastructure: Improved roads, sidewalks, and public transit options appear frequently as needed elements to enhance health access and encourage active living. A walkability index scored 6.6 for North Central District, compared to 9.2 for Nebraska overall and no data was available showing area dedicated to parks, suggesting significant limitations.

5. Social Determinants of Health and Economic Strain

- Cost of Living: Residents frequently mention high living costs, expensive healthy foods, and financial struggles as barriers to overall health. Data supported this by showing inequities in average income by race and housing costs of 30% or more of household income among 18.4% of residents.
- Food Access: Residents also frequently mentioned expensive healthy foods. This was reinforced by 35.4% of residents living over 10 miles from a grocery store, no larger supercenters or club stores offering more variety and fewer households receiving SNAP benefits despite a higher percentage of households living in poverty without SNAP support.
- Childcare and Aging Populations: Survey results and partner feedback highlight the need for accessible, affordable childcare and support services for older adults, indicating broader social and economic factors at play. Limited data prevents clear insights into the challenge of accessible childcare.

6. Cultural Competence and Diverse Populations

- Growing Diversity: Key informants and survey participants acknowledge demographic shifts, including more Spanish-speaking residents, requiring better translation services and culturally competent care.
- Inclusive Outreach: Partners and community members both emphasize the importance of community engagement, leadership development, and inclusive programs that respond to changing cultural dynamics.

7. Coordinated, Collaborative Community Initiatives

- Shared Resources and Partnerships: Partners and informants agree on the value of coordinated efforts to reduce duplication, maximize limited resources, and create a unified approach to addressing priority health issues.
- Ongoing Data Updates and Engagement: The desire for regular assessment updates and robust data-sharing platforms indicates a commitment to continuous improvement and evidence-based decision-making.

These cross-cutting themes reflect the highest-priority concerns that cut across various stakeholder groups and data sources, providing a roadmap for strategic planning in the forthcoming Community Health Improvement Plan (CHIP).

Recommendations for Future Community Health Needs Assessments (CHNAs)

1. Deepen Focus on Inequities: While the current CHA includes insights on existing health inequities, future efforts should emphasize targeted outreach to community partners serving historically marginalized or hard-to-reach populations. Engaging these groups more directly will provide a richer understanding of barriers to health and inform more tailored, effective interventions.

2. Leverage Additional and Longitudinal Data Sources: Consider integrating hospital claims data, multi-year BRFSS estimates, and other reliable secondary data sources. Combining multiple years of data will help identify trends, highlight differences between communities, and illuminate health inequities that might not be apparent in single-year snapshots.
3. Prioritize Key Health Issues: Narrowing the focus to approximately 10–12 top-priority issues can help stakeholders better align resources and implement targeted strategies. Establishing a clear methodology for selecting these priorities—based on severity, impact, and feasibility—will provide a stronger framework for action and more efficient use of limited resources.

Conclusion

Overall, the NCDHD CHA demonstrates strong collaboration with healthcare system partners, robust community engagement, and effective use of the MySidewalk platform. By more closely examining inequities, expanding data sources, and adopting a more strategic approach to priority-setting, future CHNAs can build on these successes to drive more equitable and impactful community health improvements.

What Residents Are Saying

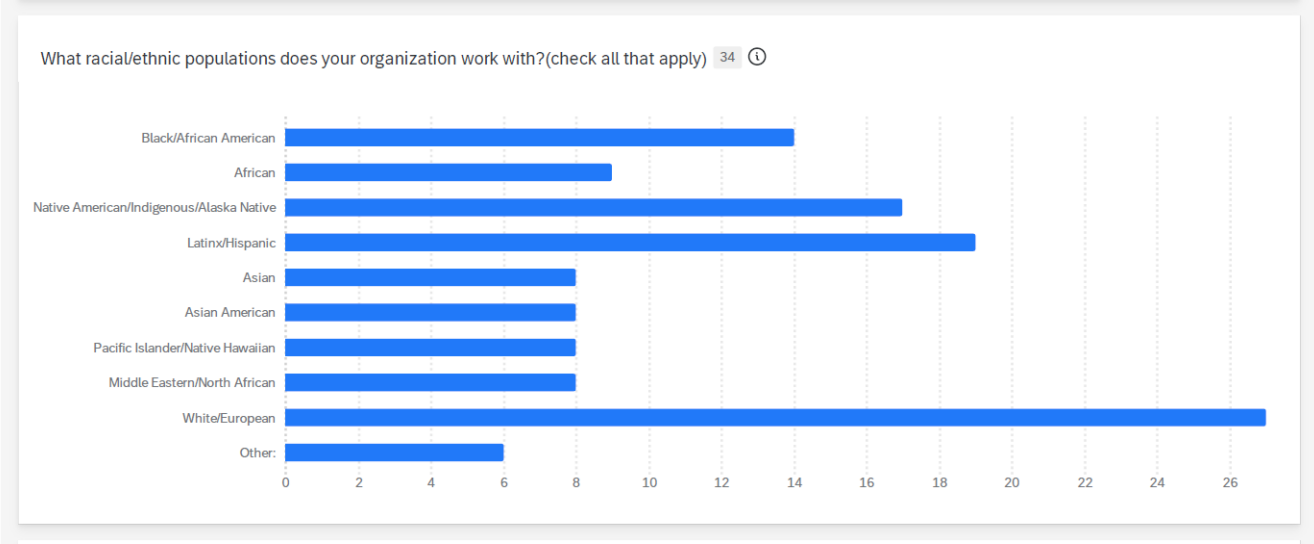
NCDHD and partners gleaned insights from community members through three channels: key informant interviews with area healthcare providers, focus groups, and a general community survey. The summarized results are below, to review county specific results click on the individual county tabs.

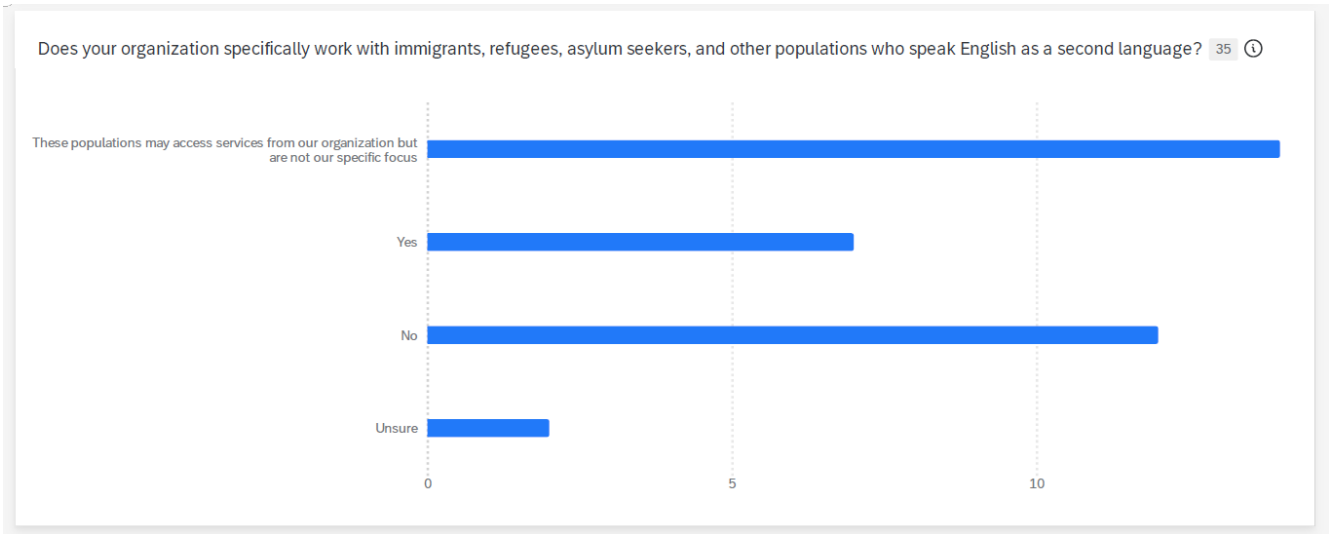
A. Top 10 Takeaways from Healthcare Leadership Key Interviews:

1. **Community Health Assets**: Hospitals, clinics, and health departments are highly valued for providing accessible healthcare and essential services like telehealth, specialty care, and pharmacy services. Community partnerships (senior centers, fitness programs) also contribute to well-being.
2. **Behavioral Health Challenges**: Access to mental health services, particularly in crisis situations, is a major concern. Many communities express the need for local mental health providers, better transportation for mental health appointments, and strategies to address youth mental health issues, including substance abuse and suicide prevention.
3. **Obesity and Related Health Issues**: Obesity is a top health concern, exacerbated by limited access to healthy food, cultural barriers, and a lack of awareness. Childhood obesity is also a key issue, driven by poor nutrition and excessive device use. Schools and community programs are seen as potential venues for improvement.
4. **Transportation Barriers**: Limited public and medical transportation options are affecting access to care, particularly for mental health services, specialist appointments, and elderly care. Many communities are calling for improved transportation infrastructure, including Uber-like services and routine medical transport routes.
5. **Medicare and Insurance Challenges**: Medicare Advantage plans are causing delays and restrictions in care, with concerns over high deductibles, coverage gaps, and patient dissatisfaction. Many communities are struggling with insurance-related barriers that affect access to essential healthcare services.
6. **Workforce and Staffing Shortages**: Recruiting and retaining medical staff, including nurses, specialists, and EMS personnel, is a widespread issue. Housing challenges for staff, high demand for care, and limited daycare services exacerbate these problems.
7. **Specialty Care Access**: Many communities lack local access to specialists like dermatologists, cardiologists, endocrinologists, and mental health professionals. Long-distance travel for specialized care, particularly cancer treatment and surgery, presents significant challenges for patients.
8. **Community Initiatives and Wellness**: There is a strong desire for community wellness programs, including fitness centers, walking trails, mental health outreach, and preventive health education (e.g., diabetes management). These initiatives are seen as essential for improving overall health outcomes.
9. **Volunteer and EMS Services**: Volunteer-based EMS and fire services are highly valued but face sustainability challenges due to recruitment and retention issues. Some areas have seen improvements with paramedic programs, but patient transfers and emergency transport remain problematic in many places.
10. **Cultural Shifts and Patient Population Changes**: Communities are seeing increasing diversity, with more Spanish-speaking populations and a rising need for translation services. This shift is influencing healthcare access and communication, with efforts underway to better accommodate these changes.

B. Top Takeaways from Partner Assessment:

- 36 partners participated in the survey: 11 schools, 1 tribal health department, 1 other tribal entity, 8 city/county government, 7 hospitals, 3 clinics, 3 emergency response, 2 non-profit organizations, 2 faith based, and 2 other sectors.
- Top interests for partnering with the CHA/CHIP process were: to deliver programs effectively and efficiently without duplicating efforts, to increase collaboration and communication amongst groups, and improve the conditions of residents.
- The top most valuable resources and assets of partners were: extensive network of community, strong advocacy and policy influence, and specialized healthcare expertise.





- Other notable populations partners reported working with were: the aging population, youth/ students, homeless population, low socioeconomic populations, victims of domestic abuse, sexual assault, stalking, dating violence, and human trafficking.

C. Top Takeaways from Community Survey Results:

The Community Survey was distributed in north central Nebraska through e-mails, the NCDHD website, partner websites, social media, Reach Media, etc. from September-October 2024. 336 people completed the survey: 51 Antelope, 36 Boyd, 8 Brown, 56 Cherry, 88 Holt, 2 Keya Paha, 28 Knox, 44 Pierce, 6 Rock, and 17 other County residents. Most were in the age groups from 55-64 (83), 34-44 (82), and 45-54 (71). Of the 295 females and 36 males that replied to the survey, 320 were Caucasian, 8 Hispanic or Latino, 4 Native American, 2 African American, and 2 other races.

When asked, ***"What was the last major health issue you or your family experienced?"*** top responses were high blood pressure (90), none (82), obesity (78), diabetes (69), and mental health concerns (67).

When asked, ***"In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?"*** top responses were childcare (42), healthcare (32), and medicine (27).

When asked ***"What would make the area where you live a healthier place for you or your family?"*** top responses were:

- **Lower cost of living**: Many respondents highlighted the need for more affordable housing, groceries, and healthcare.
- **Affordable healthcare**: Participants emphasized high medical costs and the lack of affordable insurance for middle-class families.
- **Access to healthier food**: There is a strong desire for healthier, more affordable food options, including organic produce and fresher grocery items.

- **Recreational and fitness options**: Many expressed the need for more walking trails, gyms, and community centers such as a YMCA, especially for year-round indoor activities.
- **Mental health services**: Better access to mental health care and substance abuse treatment was a common request.
- **Community support and leadership**: Calls for stronger community engagement, leadership opportunities for youth, and more community events and social activities.
- **Childcare**: Affordable, reliable childcare was frequently mentioned, along with after-school programs.
- **Environmental concerns**: Cleaner air, reduced use of chemicals, and better drinking water quality were noted as areas for improvement.
- **Safety and crime reduction**: Some respondents mentioned concerns over drug use, crime, and bullying, seeking safer communities.
- **Transportation and infrastructure**: Improved public transportation, better sidewalks, and roads for walking and biking were seen as important for health.
- **Education**: There was a desire for more health-related education and activities in schools, better school lunches, and increased community awareness about health.
- **Economic improvement**: Better job opportunities, wage increases to match inflation, and support for small businesses were also suggested.
- **Access to specialists**: Easier access to medical specialists without long waits or traveling far was another key theme.
- **Healthier lifestyle encouragement**: Respondents wished for more opportunities to participate in wellness programs, gyms, and community fitness activities.

When asked, ***"What worries you most about your health or the health of your family?"*** top responses were:

- **Financial concerns**:
  - Cost of healthcare, medical bills, and insurance
  - Cost of medications and treatments
  - Lost wages due to illness or care
  - Affording specialty care and prescriptions
  - Rising cost of groceries and healthy food
- **Access to care**:
  - Lack of local healthcare providers and facilities
-
  - Need to travel for better or specialized care
  - Long wait times for specialists and mental health services
  - Remoteness and transportation challenges
  - Concerns about proximity of care in emergencies
- **Mental health**:
  - Concerns about personal and family mental health
  - Impact of stress, anxiety, and depression
  - Limited availability of mental health care
  - Processing traumatic events
- **Chronic illnesses**:
  - Concerns about cancer, heart disease, stroke, diabetes, and dementia
  - Weight management and obesity
  - High blood pressure, thyroid issues, and autoimmune diseases
  - Aging and age-related health issues

- **Nutrition and lifestyle**:
  - Difficulty maintaining a healthy diet due to cost and availability
  - Processed foods, preservatives, chemicals, and harmful ingredients in everyday items
  - Challenges in maintaining a healthy lifestyle (exercise, healthy habits)
  - Lack of community wellness centers or resources for healthier living
- **General health concerns**:
  - Staying healthy and making it a priority
  - Fears of contracting serious diseases (cancer, Alzheimer's, stroke)
  - Safety concerns (accidents, workplace hazards)
  - Concerns about family health, especially children
  - Access to quality, up-to-date care and treatment

ANTELOPE COUNTY

The results of key hospital personnel interviews:

ANTELOPE MEMORIAL HOSPITAL

COMMUNITY'S STRONGEST HEALTH ASSETS

- **Health Department:** Key community asset.
- **Hospital:** Valued for strong community health involvement.
- **Community Partnerships:** Collaboration with local organizations (senior center, nursing home, community center).
- **Senior/Community Center:** Revitalized with health outreach (e.g., monitoring health markers).
- **Support for Nursing Homes:** Cost reductions and service provisions.
- **New Pharmacy:** Essential for Medicaid patients.
- **Fitness and Recreation**: Emphasis on gyms, fitness classes, and parks.
- **Cultural Strengths:** Small towns seen as ideal for families, contributing to well-being.

TOP HEALTH CONCERNS:

- **Quality Improvement:** Focus on healthcare quality, involvement in ACO.
- **Blood Pressure Control:** Community addressing specific health issue with facility-wide initiatives.
  - **Blood Pressure Initiative:** Improved measurement strategies, provider and nurse collaboration.
- **Annual Wellness Visits (AWVs)**: Encouraging proactive screenings, comprehensive care, patient outreach.
- **Medicare Advantage Concerns:** Financial impact and patient education on plan changes.
- **Obesity and Related Issues:**
  - **Prevalence**: Significant concern with contributing conditions.
  - **Challenges**: Limited healthy food access, processed food reliance, and lack of awareness.
  - **Pediatric Focus:** Childhood obesity exacerbated by poor nutrition and device usage.

OBSTACLES:

- **Food Accessibility:** Reliance on processed foods, affordability issues.
  - **Lack of Awareness:** Limited understanding of healthy eating.
  - **Cultural and Financial Barriers**: Affordability and convenience challenges.
- **Educational Challenges:** Difficulty addressing childhood obesity due to weak school lunch programs and limited educational resources.

TOP INITIATIVE IF RESOURCES WERE UNLIMITED:

- **Advantage Plan:** Education and promotion.
- **Wellness Programs:** Walking trails, ponds, family activities for physical and mental health.
- **Mental Health:** Addressing rising anxiety, depression, and social isolation, especially post-COVID.
- **Media Outreach:** Effective strategies include Facebook, radio, and newspapers; adapting to evolving technology.
- **Transportation Challenges:** Issues for mental health services and Medicaid patients; collaboration for uninsured services.
- **Specialty Care Access:** Concern over availability; efforts to contract with independent providers.
- **Home Visits and Parenting Support**: Lacking resources compared to surrounding areas.

The results to the focus group questions: *What strengths and assets does your community and individual community members have? How can these strengths and resources be used to improve community health?*

BUILT ENVIRONMENT

(A description of the man-made physical environment)

- Infrastructure: Senior center /Hospital / Gyms / Drive-in Movie theatre/ Swimming pools in Elgin and Neligh/ Food Market in Elgin and Neligh
- Library in Neligh and Elgin with activities
- Housing study was just conducted and received a grant to assist with housing
- Still lacking housing
- Handicap grant is working on increasing access at local park
- Environment: adding an electrical car port, camping areas at park, Cowboy trail provides access to walking and biking, nice fairground
- New Moon Theatre - raising funds
- History- mills, antique shops
- Low- income housing available
- Outdoor activities- fishing, etc.

Opportunity: Handicapped and Housing Grants

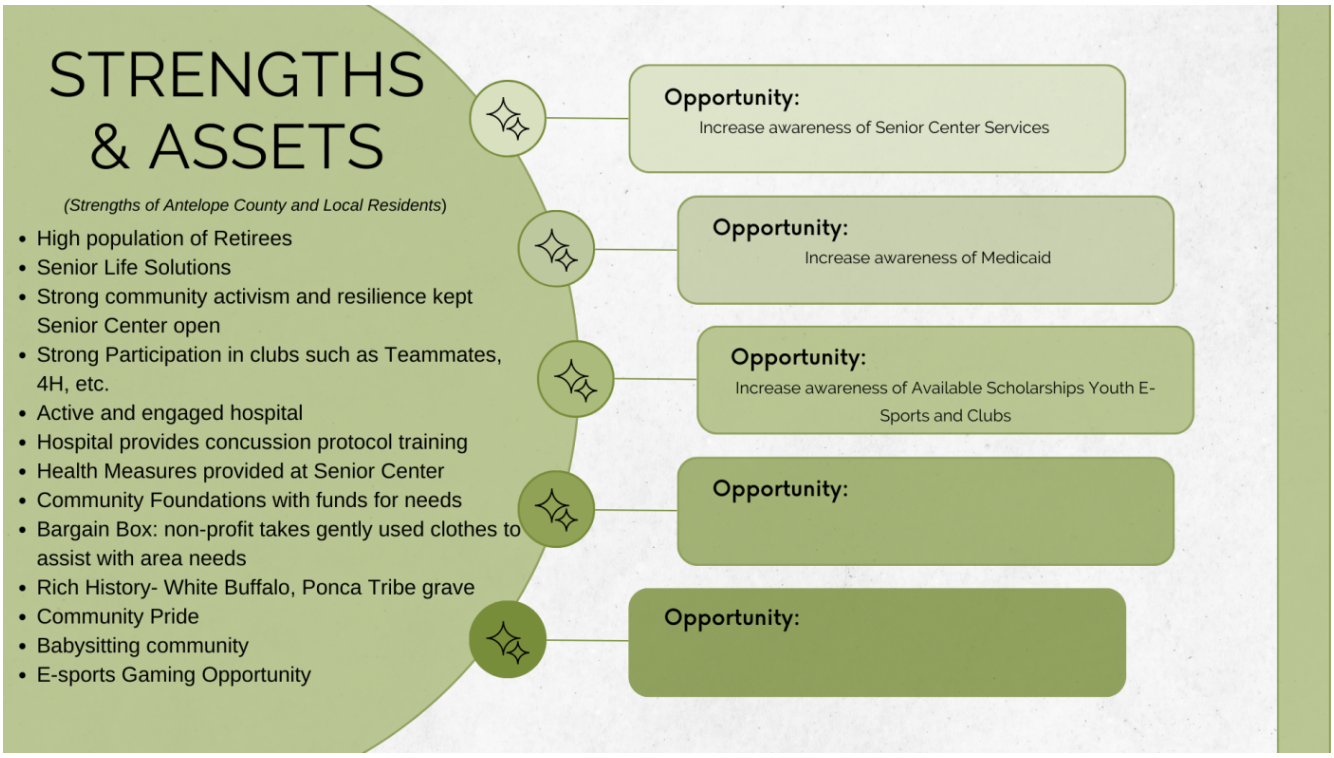
Opportunity: More activities for youth- no bowling

Opportunity: Gym not present in Clearwater

Opportunity: New Moon Theatre fund raising

Opportunity: Sidewalk and Road improvements

The results of focus group questions: ***What physical strengths and resources exist in the built environment of your community? How do these interactions impact the health of community members and what are some opportunities to improve the health and wellness of the community?***



The results from focus group questions: ***What are some events (one-time occurrence), factors (a circumstance or fact that contributes to a result), and/or trends (a general direction in which something is developing or changing) in your community that impact the way people experience life? How does this event, factor, or trend impact the community? Does it present a threat or an opportunity or both?***

FORCES OF CHANGE

Events, Factors, & Trends:	THREATS:	OPPPORTUNITIES:
Employment	Staffing for housekeeping, etc. are difficult to fill. Similar positions are open throughout community.	Increase youth's understanding of employment opportunities/ Place job opportunities where they are (school, social media, etc.)/ Identifying youth strengths & give career direction/ Participation in job fairs. Internships for youth
Medicare Advantage	Inadequate services covered/ inadequate payment/ patients unaware of coverage	Education to Patients & Providers
Access to Mental Health Services	Schools have increased their MH providers and services in school. 988 resources are making MH accessible and utilized.	
COVID-19	Hesitancy to "go back to normal" & joining co-workers in the breakroom/ Student attrition/ more parents are wanting hybrid options/ more parents are homeschooling/ Distrust with CDC and vaccines and healthcare	Time/ Having confidence in protocol, etc. Grants for employees to increased interaction/ policy to include staff interaction/ Team building activities/ Co-worker interaction training.
EMT Population Decreasing	EMT Volunteers are dwindling	Increasing access to EMT education and increasing reimbursement for EMTs. Explore options to increase access to EMT education
Transportation	Low-income populations may not have access to vehicles, or parents are unavailable to get their children to appointments.	Senior Life Solutions provides transportation to appointments/ increase awareness of transport
Local Pharmacy Credentialling	Access to medication is in question with changes to insurance requirements. Small town pharmacies are closing	Hospital opened a Pharmacy in August & is exploring opportunities to provide prescriptions to small towns without a pharmacy or with a pharmacy that doesn't accept insurance.
Clearwater Rodeo/ County Fair	Farming practices impacts water quality/ Farmers work long hours and they are susceptible to injury.	Education on work safety/ Increase collaboration with partners to reach this population.
Agricultural Community	Brings roughly 5,000 people to area	Education & Access to large population

BROWN, ROCK, & KEYA PAHA COUNTIES

The results of key hospital personnel interviews:

ROCK COUNTY HOSPITAL

COMMUNITY'S STRONGEST HEALTH ASSETS

- **Integrated Facility:** Clinic, hospital, and long-term care all within one building.
- **Strong Leadership:** Longtime employees and strong benefits.
- Advanced Imaging: New 64-slice CT scanner enhances imaging capabilities.
- **Nurse Practitioner Model:** Three nurse practitioners and a monthly MD visit; well-received by patients.
- **Financial Stability:** Top employer with strong financial position and benefits.
- **Independent Population:** Community prefers self-sufficiency and avoiding long-term care facilities.

TOP HEALTH CONCERNS:

- **Affordability of Healthcare:** Rising drug prices and limited income affecting access to medications.
- **ER Use and Medicaid Population:** Increased ER use among Medicaid patients; changing billing models.
- **Transportation:** Challenges with non-medical and specialty care appointments; mental health transport often handled by police.
- **Cancer Treatment:** Limited local options; requires significant travel and expenses for treatment.
- **Youth Mental Health:** Stigma and lack of programming; high suicide rates.

OBSTACLES:

- **Diversity:** Increase in Hispanic population and use of translation services.
- **Transportation Needs:** High demand; current resources are insufficient
- Aging Population: Increasing need for transportation and care for the elderly; challenges with maintaining independence.
- **Facility Limitations:** No surgery, OB services, or anesthesia; not enough demand to justify these services.
- **Daycare Access:** Impacts staffing and quality of life; hiring and workforce challenges.
- **Long-Term Care Demand:** High demand for elder care but financially unfeasible to expand.
- **OB Care:** Patients must travel for OB care and delivery, which is a noted access issue.

TOP INITIATIVE IF RESOURCES WERE UNLIMITED:

- **Expanded Transportation:** Uber-style service for local and long-distance needs; adjustment of billing models.
- **Community Wellness Initiatives:** Weight loss challenges and wellness programs using on-site gym.

The results to focus group questions: ***What strengths and assets does your community and individual community members have? How can these strengths and resources be used to improve community health?***

STRENGTHS & ASSETS

(Strengths of Cherry County and Local Residents)

- Great education systems
- School Spirit
- Nice parks in all communities
- Communities have local farmers markets
- Accessible healthcare
- Progress made towards providing mental health services at hospital and in town
- Walking trail grant- mile long paved path throughout park (6-8 feet wide)
- Santee Culture
- College
- Knox County Leadership Group
- Volunteerism with EMT and Ambulance very strong
- Education opportunities with EMS/Ambulance very strong
- County Fair

Opportunity:
Opportunity to incorporate more art if public spaces and events

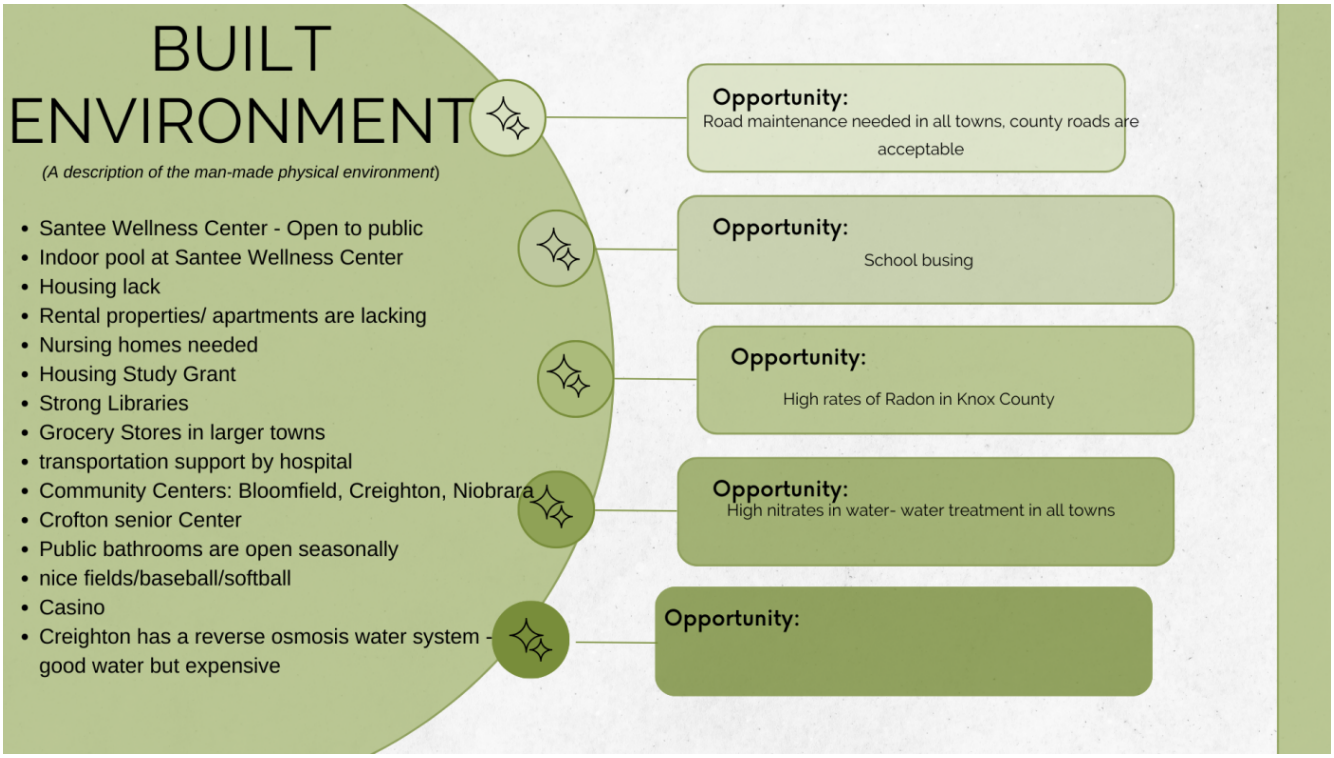
Opportunity:
Employees are needed

Opportunity:
Transferring MH patients

Opportunity:
Santee transfers patients to Yankton and issues with crossing State lines can occur

Opportunity:

The results to focus group questions: ***What physical strengths and resources exist in the built environment of your community? How do these interactions impact the health of community members and what are some opportunities to improve the health and wellness of the community***



The results to focus group questions: ***What are some events (one-time occurrence), factors (a circumstance or fact that contributes to a result), and/or trends (a general direction in which something is developing or changing) in your community that impact the way people experience life? How does this event, factor, or trend impact the community? Does it present a threat or an opportunity or both?***

FORCES OF CHANGE

Events, Factors, & Trends:	THREATS:	OPPPORTUNITIES:
High Elderly population	Care/housing for elderly is lacking. Elderly people are not leaving their homes so this contributes to the lack of homes.	Additional nursing home in Knox County
Increase in Special needs in Children	schools bus students to ESU in Neligh	ESU in Knox County, something closer and more accessible than Neligh
Increase in Spanish speaking population	Language barriers/ kids typically know English/ kids are used as an interpreter	iPad interpreters are used at hospital, could be mirrored elsewhere
Lack of Childcare	Access/ Quality/ Affordability/ people to work at the childcare facilities is an issue/ parents have nowhere to take their kids so they can't get a job	fund raising to support local daycare providers/ LB840 support childcare infrastructure
Medicare Advantage Plan	Reduced access to care	Increase in education and awareness on what Medicare covers so patients are able to make an educated decision on healthcare coverage
Increase in cost of living	Increase in cost of living: housing, gas, healthcare, food, etc.	NE SHIP education and awareness

BOYD & HOLT COUNTY

The results of key hospital personnel interviews:

NIOBRARA VALLEY HOSPITAL

COMMUNITY'S STRONGEST HEALTH ASSETS

- Community Assets:
- Strong involvement of the hospital and local healthcare providers.
- Engaged community that responds well to addressing local issues.

TOP HEALTH CONCERNS:

- **Mental Health: S**ignificant needs, especially access to timely appointments.
- **Diabetic Education:** Need for improved preventative education.
- **Housing and Daycare:** Identified as major obstacles impacting community health.

OBSTACLES:

- **Patient Population Changes:**
  - Increase in Spanish-speaking population and cultural diversity, with a need for translation services.
- **Transportation Concerns:** Challenges in transporting patients, especially for out-of-town appointments.
- **Limited Public Transportation:** affects patient access to care**.**
- **Access to Care Challenges:**
  - Difficulty in transferring patients to higher levels of care due to bed availability.
  - Pharmacy access limited by hours of operation, affecting patient compliance.
  - EMS staff availability concerns, though the community feels fortunate to have a dedicated team.
- **Community Need:** A fitness center with an accessible indoor exercise area for older adults, potentially connected to the hospital expansion.

TOP INITIATIVE IF RESOURCES WERE UNLIMITED:

- **Nursing Home:** Desire to reintroduce or enhance nursing home services.
- **Preventative Education:** Expanding community education on health issues like diabetes.
- **Space Needs:** Concerns about clinic space and storage for current and future needs.

WEST HOLT HOSPITAL

COMMUNITY'S STRONGEST HEALTH ASSETS

- **Aging Population:** Increasing need for transportation and care for the elderly; challenges with maintaining independence.
- **Facility Limitations:** No surgery, OB services, or anesthesia; not enough demand to justify these services.
- **Daycare Access:** Impacts staffing and quality of life; hiring and workforce challenges.
- **Long-Term Care Demand:** High demand for elder care but financially unfeasible to expand.
- **OB Care:** Patients must travel for OB care and delivery, which is a noted access issue.

TOP HEALTH CONCERNS:

- **Patient Transfers:** Logistical issues and availability of transport.
- **Insurance Problems:** High deductibles and complex insurance claims lead to significant patient responsibility and dissatisfaction.
- **Staffing Challenges: Difficulty filling nursing roles and keeping up with demand for trained staff.**

OBSTACLES:

- **Patient Population Changes:**
  - **Increased Diversity:** Notable rise in Hispanic patients and a small increase in other ethnic groups.
  - **Interpreter Services:** Effective use of interpreter services for better communication.
- **Transportation Issues:**
  - **Access to Care:** Difficulty in accessing specialist care due to limited transportation options.
  - **Public Transport Expansion:** Ongoing project to improve public transportation routes and efficiency.
- **Access to Care Issues:**
  - **Specialty Care:** Limited availability of local specialty services like dermatology.
  - **Insurance Limitations:** Restrictions from insurance companies affect the range of services offered.
- **Medicare Advantage**: Issues with misleading coverage and patient dissatisfaction. Local push for these products creates challenges for providers.

TOP INITIATIVE IF RESOURCES WERE UNLIMITED:

- **Housing:** Improve local housing to support staff and community members.
- **Facility Upgrades:** Enhance hospital facilities, such as adding drive-through ER bays.
- **Transportation:** Improve public and medical transportation options.

AVERA ST. ANTHONY'S

COMMUNITY'S STRONGEST HEALTH ASSETS

- **Community Feedback Focus:**
  - Separating healthcare priorities from broader community conversations.
  - Emphasizing healthcare providers' perspectives.
- **Strongest Community Health Assets:**
  - **Healthcare:** Orthopedic services, strong medical staff.
  - **Recreational:** Well-maintained parks, Cowboy Trail, locally produced food, and community sports programs.
  - **Behavioral Health:** Potential for more youth engagement through community assets like discounted events.
- **Gaps in Healthcare Services:**
  - **Specialties:** Dermatology, endocrinology, rheumatology, gastroenterology.
  - **Access:** Limited access to gyms, potential gaps in youth mental health services.

TOP HEALTH CONCERNS:

- **Youth Mental Health:** Lack of meaningful activities for youth.
- **Cardiac Health:** High demand for services, need for preventative care.
- **Orthopedic Care:** Delay in seeking care, underutilization of physical therapy.
- **Substance Use:** Presence of alcohol and drug issues.
- **Transportation:** Challenges in expanding transportation services.
- **Environmental Concerns:** Exposure to pesticides and nitrates, potential health risks.

OBSTACLES:

- **Provider Availability:** Difficulty in recruiting and retaining medical professionals.
- **EMS Services:** Concerns about the future availability of volunteer EMS services.
- **Transportation for Patients:** Limited public transportation affecting access to care.
- **Patient Compliance:** Issues with following medical advice and filling prescriptions.
- **Cost of Medications:** High costs of chemotherapy and other critical medications.

TOP INITIATIVE IF RESOURCES WERE UNLIMITED:

- **In-house Counseling:** Integrating mental health services within the hospital.
- **Cardiology and Oncology Expansion:** Improving access to heart and cancer care locally.
- **Community Wellness Center:** Potential partnership with a YMC A to create a wellness center.
- **Support Groups:** Enhancing support for cancer patients.
- **Strategic Collaboration:** Overcoming historical grudges to collaborate on regional healthcare.

OTHER NOTEABLE CONVERSATION:

Shifts in Patient Population:

- **Cultural Diversity:** Serving Amish and Indian populations; not much change in languages spoken.
- **Transportation Needs:** Desire for routine routes & expansion to accommodate broader community needs, including school children and daycare hours.

The results to focus group questions: *What strengths and assets does your community and individual community members have? How can these strengths and resources be used to improve community health?*

STRENGTHS & ASSETS

(Strengths of Holt/Boyd County and Local Residents)

- Community Care- Meals on Wheels, Community Celebrations
- Safe Community- kids are safe to roam
- Sizeable Park Space * Avera Transportation
- Access to Long-term Care facilities in most towns
- Holt County Economic Development * Local Law Enforcement
- KBRX & local newspapers- Strong local communication channels
- Holt/Boyd Collaborative work, i.e. food pantry
- Ministerial Association- High level of volunteerism
- Push in increase daycares and preschools in area
- Fiber Optic Internet allows at home employment
- Wellbeing: Chiropractors, gyms, NP at hospitals, MH counseling
- Bright Horizons: Domestic, Elder, Sexual Abuse/ Human Trafficking/ Bullying * Local business support community youth and events
- Large variety for Youth Activities * Community Resilience
- Crisis Lines: 988, Safe to Help, Crisis Care Line with Heartland
- Region 4 Behavioral Health * NorthStar Services
- Handlebend- facilitating community connection and creativity
- Nebraska Arts Counsel & local theatre
- After school programs/ Care
- Local business support community youth and events

Opportunity:
Increase awareness of Medicaid

Opportunity:
Bring specialized mental health professionals into area & decrease Mental Health Stigma

Opportunity:
Increase awareness of available services through support staff

Opportunity:
Improve interaction with adults and youth before they need to be sent out for specialized care /

Opportunity:
leverage sustainable community health model

The results to focus group questions: *What physical strengths and resources exist in the built environment of your community? How do these interactions impact the health of community members and what are some opportunities to improve the health and wellness of the community?*

BUILT ENVIRONMENT

(A description of the man-made physical environment)

- Handicap accessible parks
- Splash pads in Chambers and Stuart
- Grocery stores in each town
- Housing- availability of housing for owning and renting
- Water Quality is susceptible to agricultural impact
- Education facilities: public and private schools

Opportunity: Rental property quality

Opportunity: Emergency Roads, Drainage system for roads, Bike Lanes, and sidewalks

Opportunity: Low-interest loans & grants for home improvement/

Opportunity: Caregivers for home assistance/

Opportunity: Improvements for snow removal and enforcement of city codes

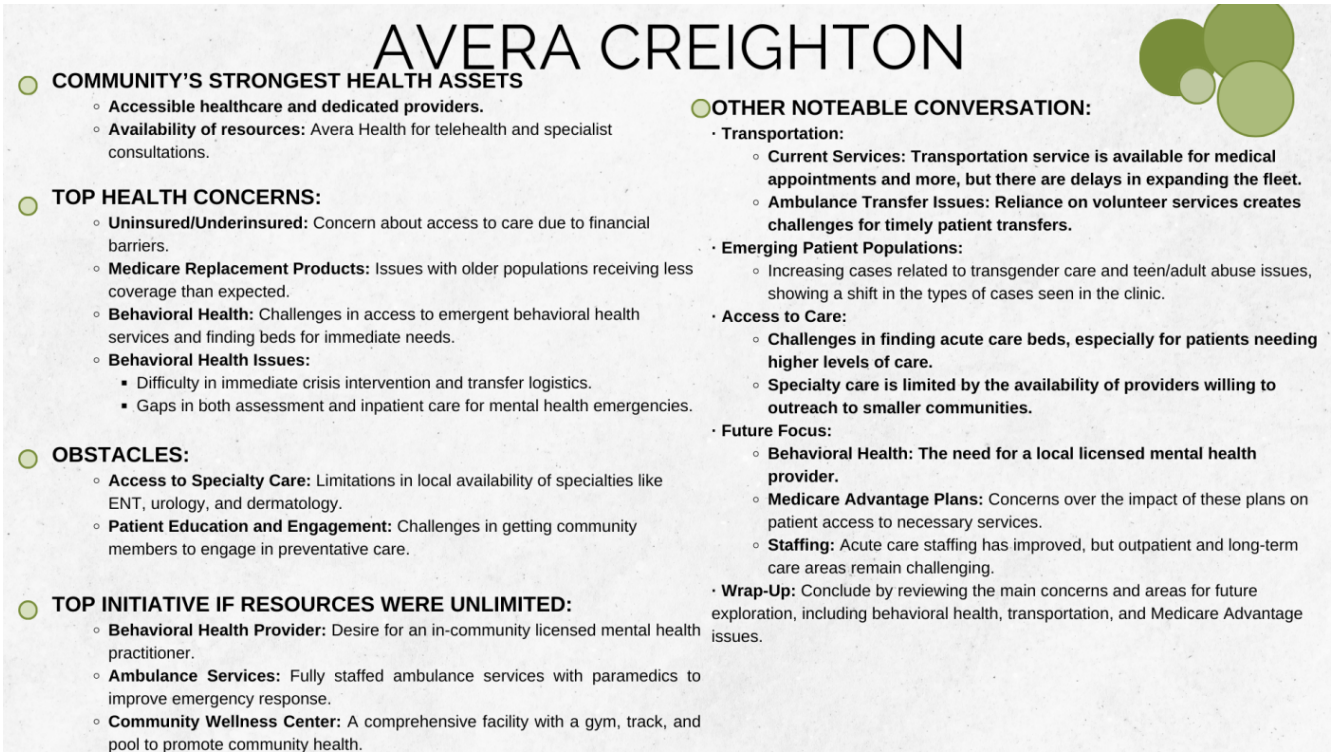
The results to focus group questions: ***What are some events (one-time occurrence), factors (a circumstance or fact that contributes to a result), and/or trends (a general direction in which something is developing or changing) in your community that impact the way people experience life? How does this event, factor, or trend impact the community? Does it present a threat or an opportunity or both?***

FORCES OF CHANGE

Events, Factors, & Trends:	THREATS:	OPPPORTUNITIES:
Workforce	consistently have job opening and have to hire from outside/ workforce quality is also lacking / getting people to show up on time/ barrier between getting off public assistance and employment	Education and support for people who are on public assistance who are getting it off / financial literacy education (BH provides this)
Increase in Spanish Speaking Families	Inadequate services covered/ inadequate payment/ patients unaware of coverage	Support population with school, getting jobs, etc. How to acclimate them to our community. ESL and Family Literacy opportunities. Translation services. Increase awareness of cultural diversity.
Increase in Cost of Living	Increased prices for food and general needs	Education on nutrition
COVID-19	decreases social interaction, fear of sickness, mistrust of healthcare system	Increase social interaction that increases health and wellness
Diabetes	Diabetes and related issues is high	Nutrition Education and support
Aging Population	Farming practices impacts water quality/ Farmers work long hours and they are susceptible to injury.	Providing education on work safety/ Increase collaboration with partners to reach this population.
Agriculture Community	Negative affect on water quality	Water purification grants/ education. Education farmers on spraying levels.
Unhealthy Young people	High levels of young people with cancer and heart disease	Education on Health Living
ICE Raid/ VISA Requirements	Distrust of migrant community/ If a spouse has a certain type of VISA or immigration status, this limits the number of people who work or how many jobs they have	Building Relationships/ Advocacy/ Legal Aid collaboration/ Center for Rural Affairs

KNOX COUNTY

The results of key hospital personnel interviews:



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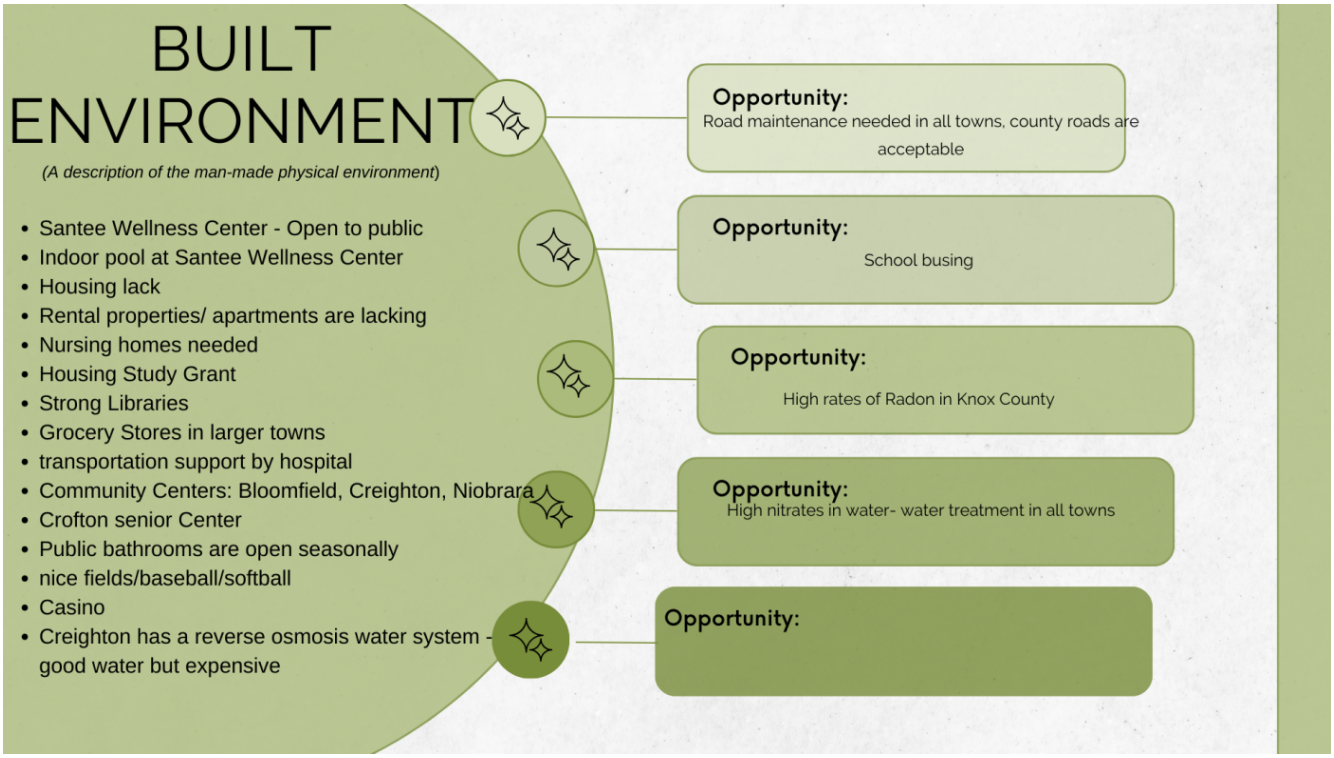

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FORCES OF CHANGE

Events, Factors, & Trends:	THREATS:	OPPPORTUNITIES:
High Elderly population	Care/housing for elderly is lacking. Elderly people are not leaving their homes so this contributes to the lack of homes.	Additional nursing home in Knox County
Increase in Special needs in Children	schools bus students to ESU in Neligh	ESU in Knox County, something closer and more accessible than Neligh
Increase in Spanish speaking population	Language barriers/ kids typically know English/ kids are used as an interpreter	iPad interpreters are used at hospital, could be mirrored elsewhere
Lack of Childcare	Access/ Quality/ Affordability/ people to work at the childcare facilities is an issue/ parents have nowhere to take their kids so they can't get a job	fund raising to support local daycare providers/ LB840 support childcare infrastructure
Medicare Advantage Plan	Reduced access to care	Increase in education and awareness on what Medicare covers so patients are able to make an educated decision on healthcare coverage
Increase in cost of living	Increase in cost of living: housing, gas, healthcare, food, etc.	NE SHIP education and awareness

PIERCE COUNTY

The results of key hospital personnel interviews:

OSMOND GENERAL HOSPITAL

COMMUNITY'S STRONGEST HEALTH ASSETS

- Hospital, medical clinic, and fitness center are strong community assets.
- The grocery store offers a variety of options and delivers to those in need.
- Meals on Wheels program is available, primarily self-funded, and services around 6-10 people depending on the season.
- Pharmacy provides essential healthcare products.

TOP HEALTH CONCERNS:

- **Medicare Advantage Plans:** Concerns over limitations and delays in healthcare services.
- **Overweight Population:** Linked to lack of exercise and seasonal constraints.
- **Barriers to Assistance:** Pride, lack of knowledge, or access to fill out necessary paperwork for assistance programs.

OBSTACLES:

- **Medicare Advantage Plans:** Concerns over limitations and delays in healthcare services.
- **Overweight Population:** Linked to lack of exercise and seasonal constraints.
- **Barriers to Assistance:** Pride, lack of knowledge, or access to fill out necessary paperwork for assistance programs.

TOP INITIATIVE IF RESOURCES WERE UNLIMITED:

- Advocacy and assistance for seniors navigating paperwork, Medicaid, and other services.
- Programs to support legal planning for seniors (e.g., wills, estate planning).
- Revival of community health programs like the Mayo Clinic diet class and elderly exercise programs.
- Enhanced transportation services for elderly and those needing to travel for healthcare.

OTHER NOTEABLE CONVERSATION:

- **Transportation Challenges:**
  - Discontinued transport van service due to cost and staffing issues.
  - Increased reliance on air transport for medical emergencies due to limited ground transport services.
- **Access to Care Issues:**
  - Limited availability of specialists, with increased difficulty in securing visits from cardiologists and other specialists.
  - Telehealth is not widely embraced by the older population, who prefer in-person visits with physicians.
  - Bed availability in larger hospitals is a growing concern, leading to delays in patient transfers.
- **Demographic and Health Service Shifts:**
  - No significant increase in the Hispanic population; most are temporary residents.
  - No major shifts in reasons for emergency visits, though some inappropriate use of ER for minor issues is noted.

CHI PLAINVIEW

COMMUNITY'S STRONGEST HEALTH ASSETS

- Strong primary care, long-term care, home care, and hospice services that address mobility challenges and extend beyond Pierce County.
- Skilled home health services, with plans to add speech therapy.
- EMS Collaboration: Nurses and maintenance staff assist with ambulance services, mitigating EMT shortages and ensuring patient transfer availability.

TOP HEALTH CONCERNS:

- **Access to Care:** Improving preventative care access and community understanding of its importance.
- **Behavioral Health Needs:** Addressing a shortage of local mental health providers; no mental health providers currently reside in the community.

OBSTACLES:

- Increased outreach for preventative health education, with current health fairs not reaching high-need populations.
- High demand for behavioral health services; group therapy is explored as a way to improve access amidst limited provider availability.
- Limited rural availability of licensed mental health professionals (LMHPs); exploring group-based therapy as a potential solution.
- Integration of behavioral health into primary care using short-term counseling; close collaboration between a dual-certified nurse practitioner and an LMHP.

TOP INITIATIVE IF RESOURCES WERE UNLIMITED:

- **Opioid Reduction Efforts:** Interest in programs like the "Billion Pill Challenge" to reduce overprescribing and addiction risks.
- **Transportation Barriers:** Limited out-of-town transport options affect access to care.
- **Specialty Service Needs:** Needs in cardiology, orthopedics, ENT, and dietary services; referrals prioritized for proximity and patient preference.
- **Growth and Expansion**: Plans to expand outpatient, inpatient rehab, and strengthen ER capacity for complex cases.
- **Community Health Observations:** Low uninsured rates and minimal language barriers; slight increase in younger families and Hispanic populations in the area.
- **Group Therapy Interest:** Group therapy could provide support, relieve pressure on individual services, and prevent escalation to higher care levels.

The results to focus group questions: ***What strengths and assets does your community and individual community members have? How can these strengths and resources be used to improve community health?***



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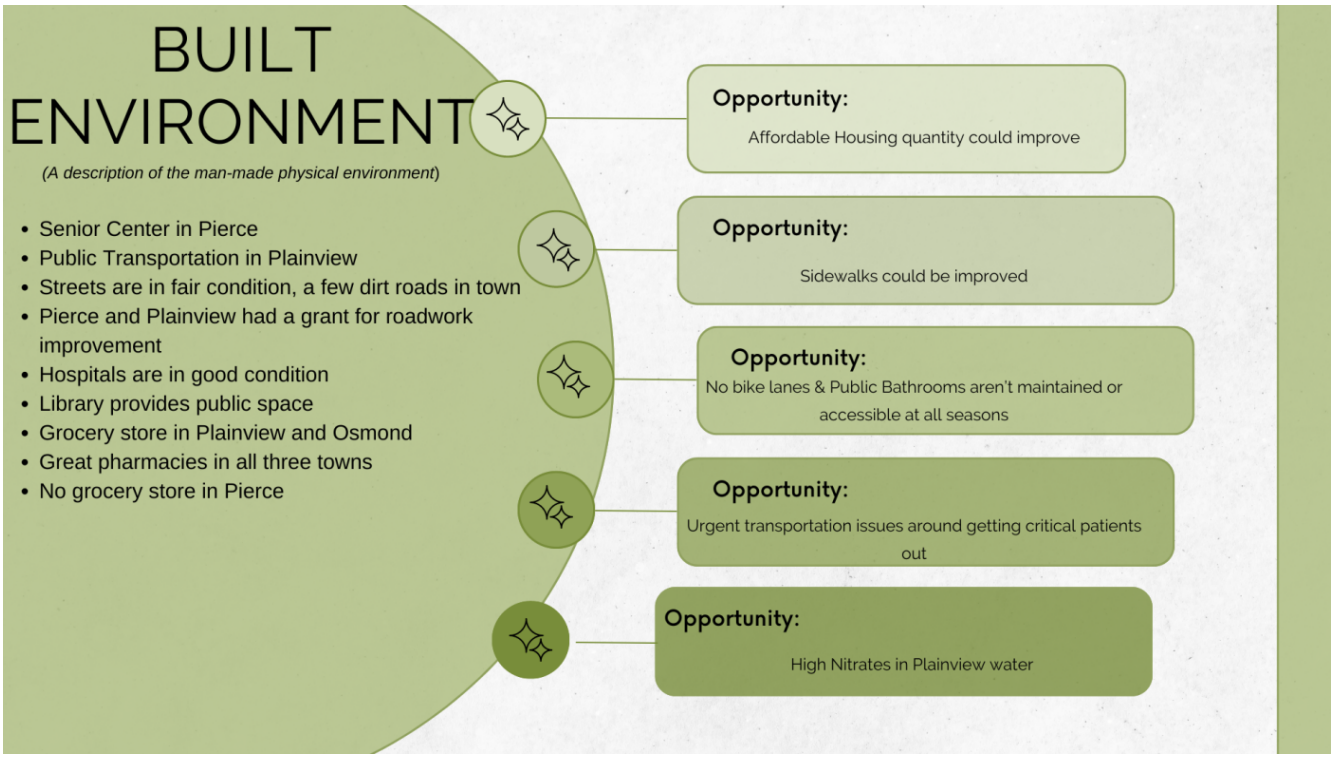

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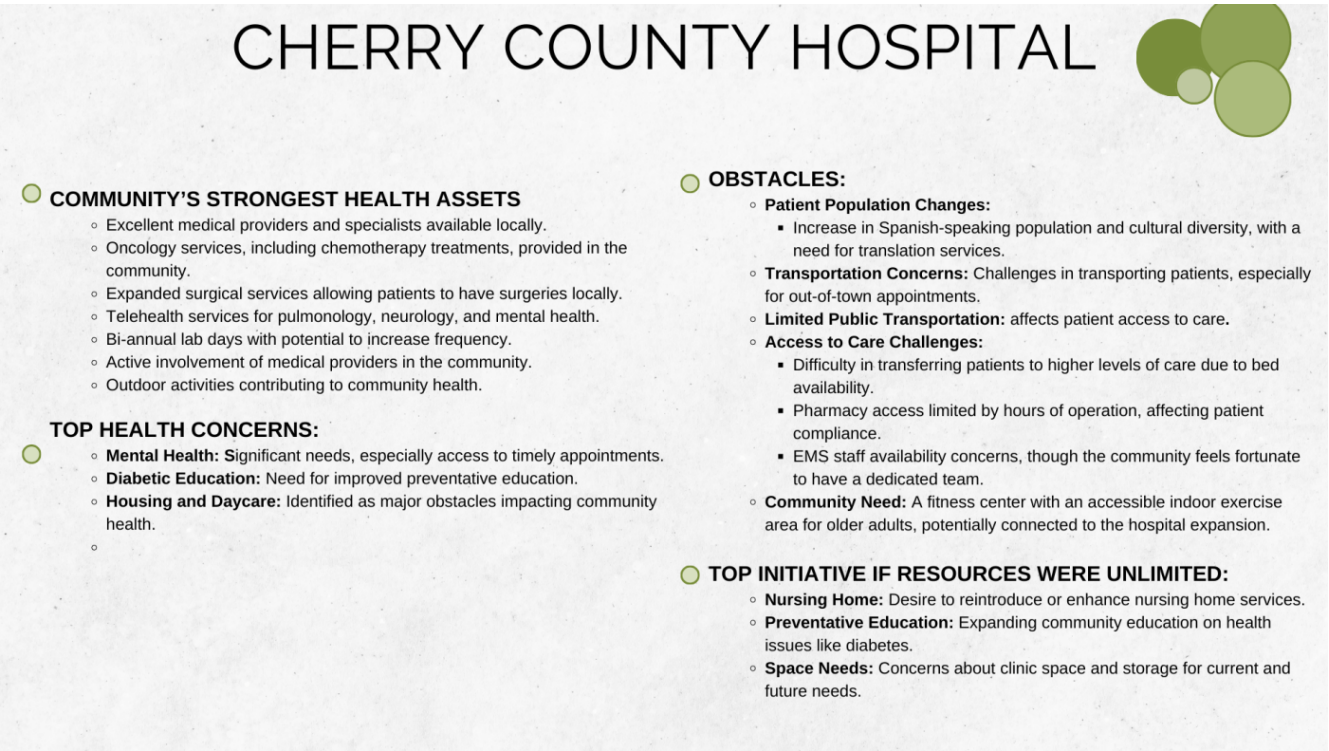
FORCES OF CHANGE

Events, Factors, & Trends:	THREATS:	OPPPORTUNITIES:
COVID-19	Hurt churches and the workforce	Outreach to communities to improve church attendance
Agriculture/ ranching community	corn and/or beef prices affect the entire community	Mentor Programs/ Farm Programs
Youth returning to community	Daycare and young adult activities lacking	Involve youth in community events and organizations, EMS, etc. / young adults church groups/ gift bags for new residents
Daycare Provider shortage	Parents have to travel to neighboring towns to access daycare	Osmond has a great daycare facility/ Pierce has a building for sale could be used/ collaborate daycare with the school
Workforce	finding people to work, skilled and unskilled labor / lack of workforce can cause labor costs to increase	Adding a daycare facility would help/ Opportunity to partner with Economic Development / promoting local positions in schools / shadowing positions for youth / volunteer hours for youth
Proximity to Norfolk	Compete with Norfolk for jobs and shopping	Beneficial resources in Norfolk/ a good way to sell Pierce County

CHERRY COUNTY

The results of key hospital personnel interviews:



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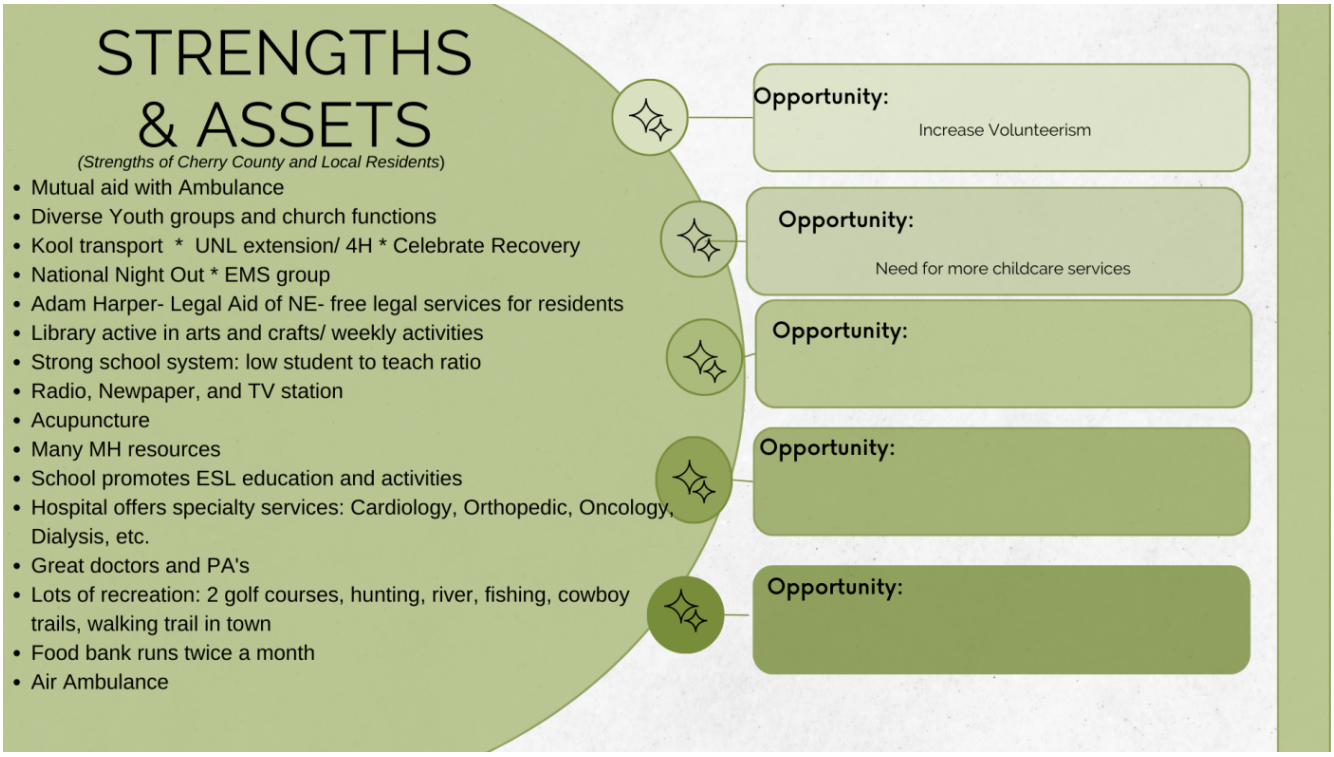

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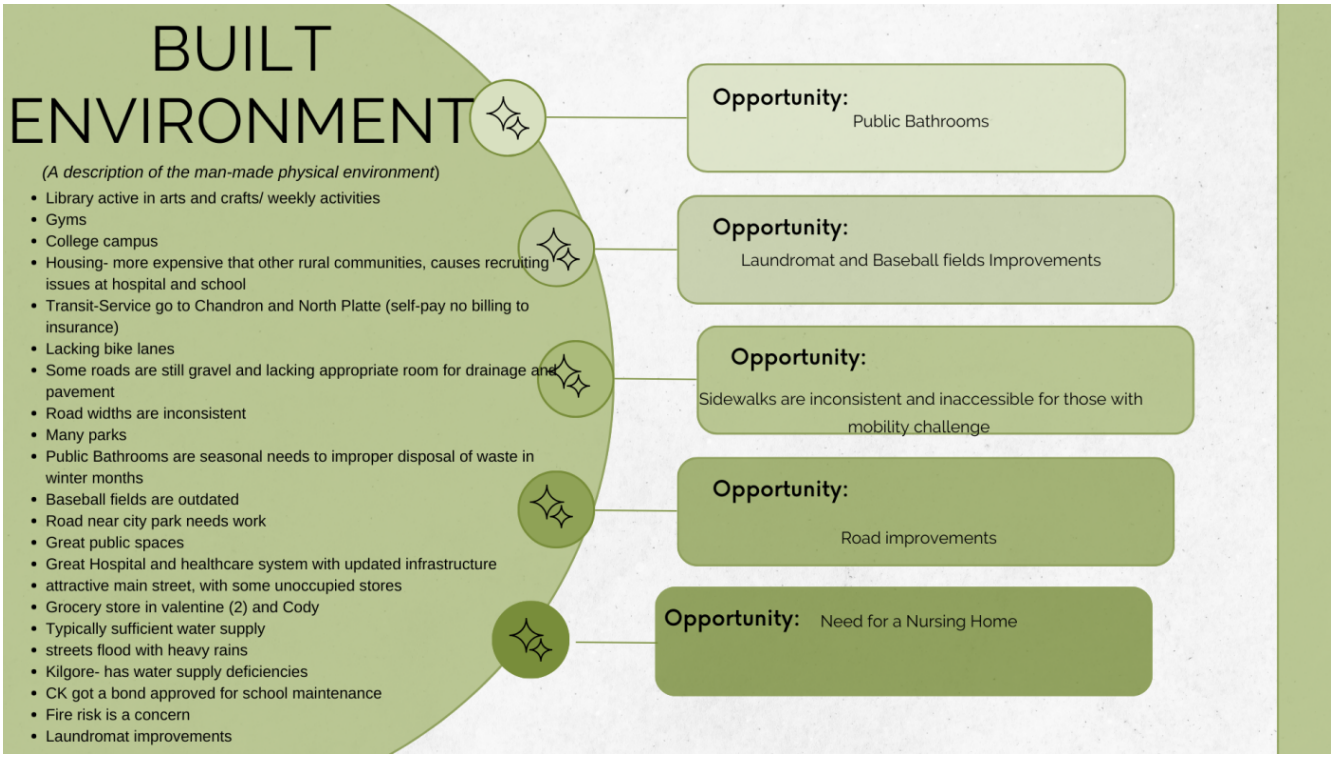

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FORCES OF CHANGE

Events, Factors, & Trends:	THREATS:	OPPPORTUNITIES:
Increase in Meth & Ketamine	increase illegal substances in community many are people just going through	Schools are doing a good job, but we could increase connection and education with parents/ We have AA (meet 3/week) but not NA/ ALANON is present, but don't meet regularly/ AA present in Cody (meet 1once/ week)
Increase in firearm violation	linked in proximity to the Reservation with guns and gangs	
Housing Access	Lack of housing or affordable housing is affecting the recruiting for hospitals and schools	Nursing home presence would assist with this/ Home Grants
Decreased workforce	Less people are seeking employment, the job pool is decreasing, and decreasing standards may follow / unwilling to work	Job fair with youth/ Support school internship opportunity / JAG opportunities
Efforts to bring Movie Theatre back		Support Efforts/ Fund Raising
Larger Transient Population	Lacking immediate services for population regarding MH/ lack of services cause ER visits/ disturbance calls	Mental Health transport/ Northwest Community Action Agency / seeking funding options for assistance
High elderly population	Lacking Nursing homes in area, so people are staying at home longer than the should, causing increases at home accidents	Bring a nursing home to the area / Increase in homecare services
High rates of Syphilis COVID-19 Effects	High rates are affecting newborns	Increase in prenatal care

What impact has COVID-19 had on our community?

The effects of COVID-19 on our community are far-reaching, from economic to social to physical. The 2024 focus group respondents consistently mentioned the lasting social, educational, professional, and financial effects the COVID-19 pandemic had on north central Nebraska.

People at higher risk for COVID-19 death often have other health conditions, such as obesity, diabetes, and lung disease. Preventing these physical illnesses can decrease the amount of people who die from COVID-19.

In Nebraska, males, Whites, and the elderly are at the highest risk of dying from COVID-19. Fortunately, Nebraskans are less likely to die from COVID-10 than their national counterparts.

Overall

COVID-19 Death Rate

14.2
Deaths per 100,000 people
Nebraska

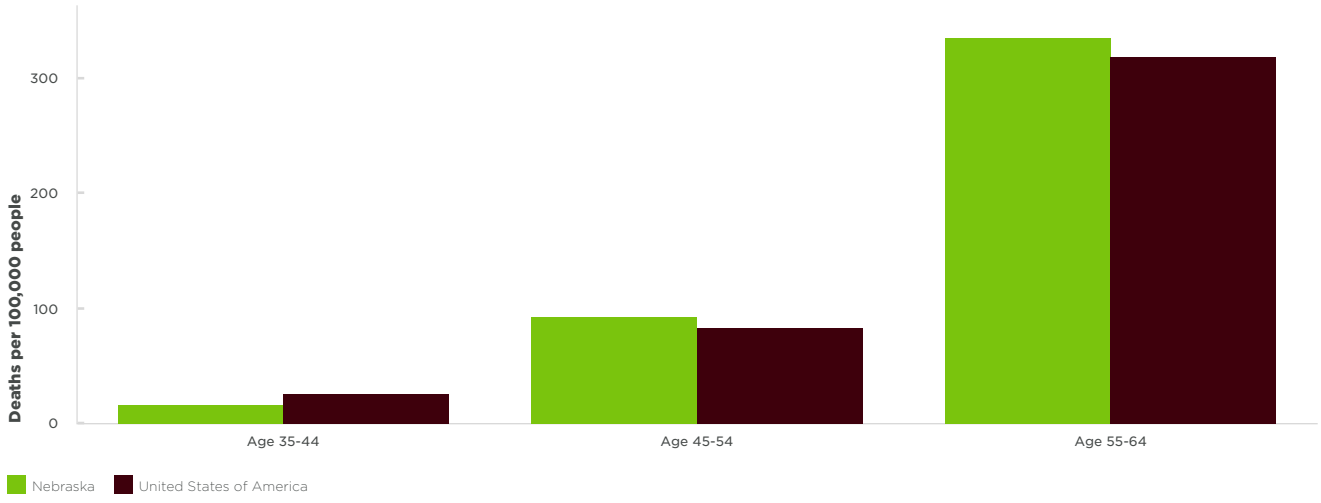
14.9
Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

by Race/Ethnicity

By Age

COVID-19 Death Rate by Age



Sources: CDC WONDER Cause of Death 2023 Crude

By Sex

COVID-19 Death Rate - Female

14.3

Deaths per 100,000 people

Nebraska

14.1

Deaths per 100,000 people

United States of America

COVID-19 Death Rate - Male

14.1

Deaths per 100,000 people

Nebraska

15.7

Deaths per 100,000 people

United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Learn more:

1. Hill, Latoya, and Samantha Artiga. "COVID-19 Cases and Deaths by Race/Ethnicity: Current Data and Changes Over Time." Kauffman Family Foundation, 22 Aug. 2022, https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/

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Where We Live

Our health is a story shaped by the world around us. Where we live, work, how we commute, our education, and income all combine to create the social context that influences our well-being.

Some choices are personal, but some are shaped by what's available. When we have more opportunities to make healthy decisions, we're more likely to see better health outcomes. Barriers, like a lack of nearby jobs or grocery stores with fresh food, can be hurdles for people to overcome. Removing such barriers can increase the community's overall health and wellness.

Key Local Concerns for the NCDHD:

- **Access to Healthy Food:** Low access to health food is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store. With the rural and frontier nature of the district, 35.4% of community members are over 10 miles from a grocery store. This is lower than the state percentage of 54.2%. Keya Paha County has the highest percentage of 99%, in that the County does not have a grocery store. When looking at access to healthy food, Native Americans fair the worst (65.3% reporting they do not have access to health food) and Hispanics fair the best (27.4% report lacking access to healthy food).
- **Income Levels:** The average income in the district is slightly below the Nebraska state average at every age group except those 25 and under. Brown ($44,267) and Boyd ($57,120) Counties has the lowest median household incomes in the district. While NCDHD has lower median household incomes than the state overall, those identifying as multiracial have higher incomes in NCDHD area than the state ($70,839 compared to $62,606) as well as having a higher income than all other racial groups in the district. Native American have the lowest household income levels in the district ($37,750). Keya Paha resident from ages 25-44 make the highest income at $87,813, once in the age bracket of 45- 64 Holt County residents make the highest income. Income levels drastically drop off in the 65 and over age bracket, which is when many people start to retire.
- **Housing Costs:** Housing costs of 30% or more of household income qualify as "excessive." In north central Nebraska, 18.4% of residents face high housing costs, which is lower than the state average (25%).

Addressing these challenges is essential to creating healthier communities for everyone.

Nutrition

Nutrition is a major contributing factor to health and wellness. Poor diets often lead to serious health issues, but sometimes unhealthy food is the only option available. Distance from healthy food choices can be a big hurdle, especially for older adults in rural areas or low-income families without reliable transportation. By improving access to nutritious food, we take a crucial step toward building a healthier community for all.

Low access to health food is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store. With the rural and frontier nature of the district, 35.4% of community members are over 10 miles from a grocery store. This is lower than the state percentage of 54.2%. Keya Paha County has the highest percentage of 99%, in that the County does not have a grocery store. When looking at access to healthy food, Native Americans fair the worst (65.3% report they do not have access to health food) and Hispanics fair the best (only 27.4% report lacking access to healthy food).

Notable in the North Central District of Nebraska, many people have summer gardens, can fresh food, live on ranches or farms, and have access to community gardens. Food pantries and food trucks are heavily utilized in most communities.

Low Access Overall and by Select Characteristics

Have Low Access to Healthy Food

35.3%
People
North Central District Health Department

54.2%
People
Nebraska

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Geography	2019 Low Access to Healthy Food
Antelope County, NE	12.9%
Boyd County, NE	36.3%
Brown County, NE	10.1%
Cherry County, NE	38.8%
Holt County, NE	47.4%
Keya Paha County, NE	99.9%
Knox County, NE	30.7%
Pierce County, NE	46.5%
Rock County, NE	28%
North Central District Health Department	35.3%
Nebraska	54.2%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Low Access to Healthy Food by Select Characteristics

Geography	2019 Low Income People	2019 Housing Units without Vehicles
North Central District Health Department	34.1%	29.6%
Nebraska	52.6%	49.1%
Antelope County, NE	11.3%	1.9%
Boyd County, NE	38%	36.8%
Brown County, NE	11.2%	9.1%
Cherry County, NE	30.7%	14.5%
Holt County, NE	47.7%	56%
Keya Paha County, NE	103.8%	100%
Knox County, NE	39.4%	38.7%
Pierce County, NE	38.9%	33.7%
Rock County, NE	42.4%	25%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.
Low Income is defined as as either a poverty rate of 20 percent or more, or the median family income is 80 percent or less of the state or metro area median income

Low Access by Race or Ethnicity

Low Access to Healthy Food by Race or Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019 Asian	17.4%	58.8%	0%	11.8%	14.3%	0%	44.4%
2019 Black or African American	27%	57.2%	10.5%	0%	0%	38.5%	31.3%
2019 Hispanic or Latino	28.2%	53.2%	7.9%	33.3%	0%	36.8%	21.6%
2019 Multiracial or Other Race	27.4%	53.4%	8.5%	59.4%	2.6%	26.8%	28%
2019 Native American	65.3%	40.6%	9.1%	25%	11.1%	15.5%	44.8%
2019 Native Hawaiian and Pacific Islander	45.5%	53.3%	No data	100%	No data	100%	25%
2019 White	34.7%	54.1%	13%	36.2%	10.2%	40.8%	47.9%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Data includes both Hispanic/Latino and non-Hispanic/Latino unless otherwise noted.

Low Access Among Children, Seniors

Low Access to Healthy Food by Select Age Groups

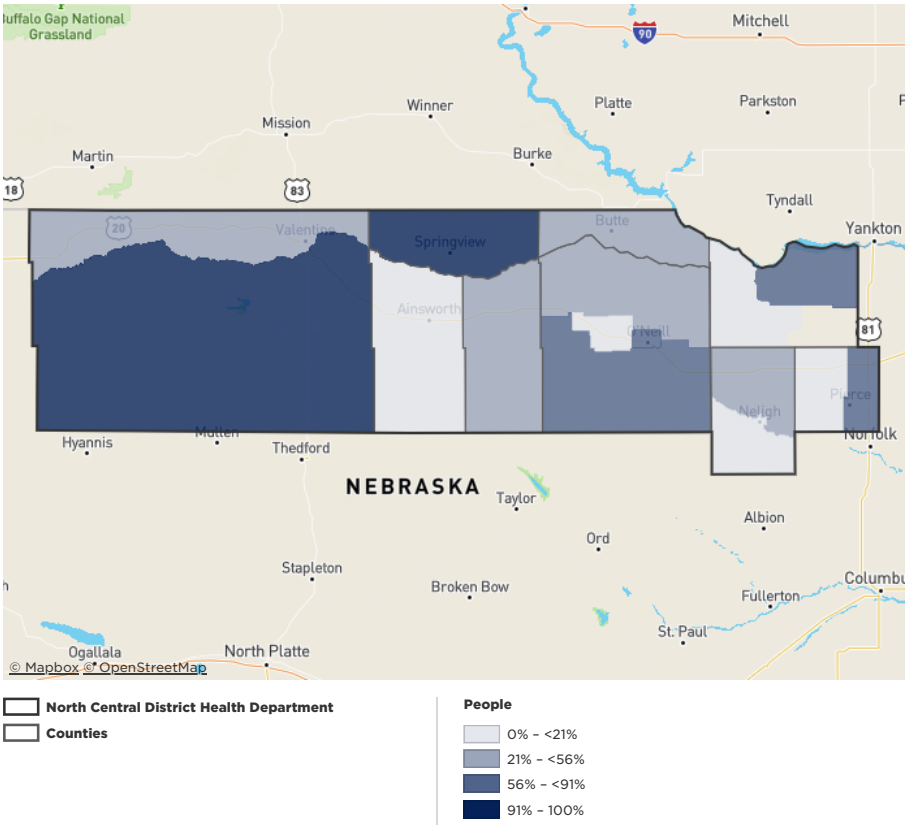
Geography	2019 Children ages 0 to 17	2019 Seniors ages 65+
North Central District Health Department	36.7%	32.8%
Nebraska	54.5%	51.8%
Antelope County, NE	12.2%	12.1%
Boyd County, NE	40.6%	35.9%
Brown County, NE	8.7%	9%
Cherry County, NE	41.3%	35.7%
Holt County, NE	46.9%	49.5%
Keya Paha County, NE	100%	100%
Knox County, NE	34.9%	24.4%
Pierce County, NE	47.4%	42.4%
Rock County, NE	28.2%	23.1%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Map: People with Low Access

People with Low Access to Healthy Food



Sources: USDA ERS FARA 2019

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Food Insecurity

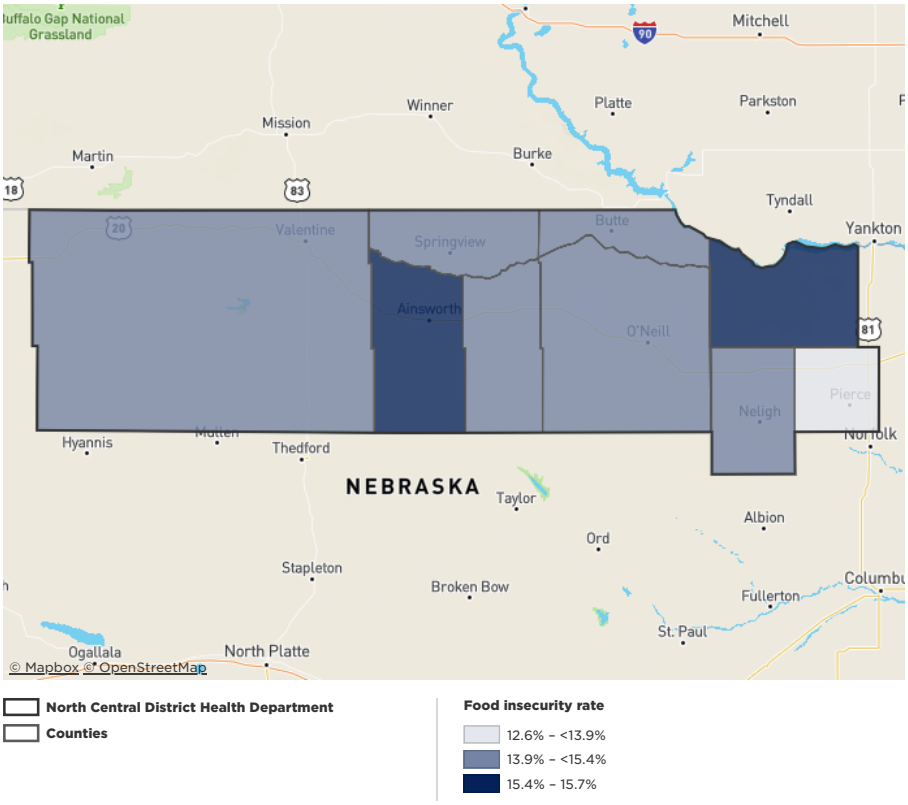
14.5%
of People
Food Insecurity
Nebraska

Sources: Feeding Amer. Map the Meal Gap 2023

Overall Food Insecurity Rate	People
Antelope County, NE	**10.5%**
Boyd County, NE	**10.1%**
Brown County, NE	**8.9%**
Cherry County, NE	**9.9%**
Holt County, NE	**9.6%**
Keya Paha County, NE	**7.5%**
Knox County, NE	**10.5%**
Pierce County, NE	**9.1%**
Rock County, NE	**8.8%**
Nebraska	**10%**

Sources: Feeding Amer. Map the Meal Gap 2021

Food Insecurity Rate



Sources: Feeding Amer. Map the Meal Gap 2023

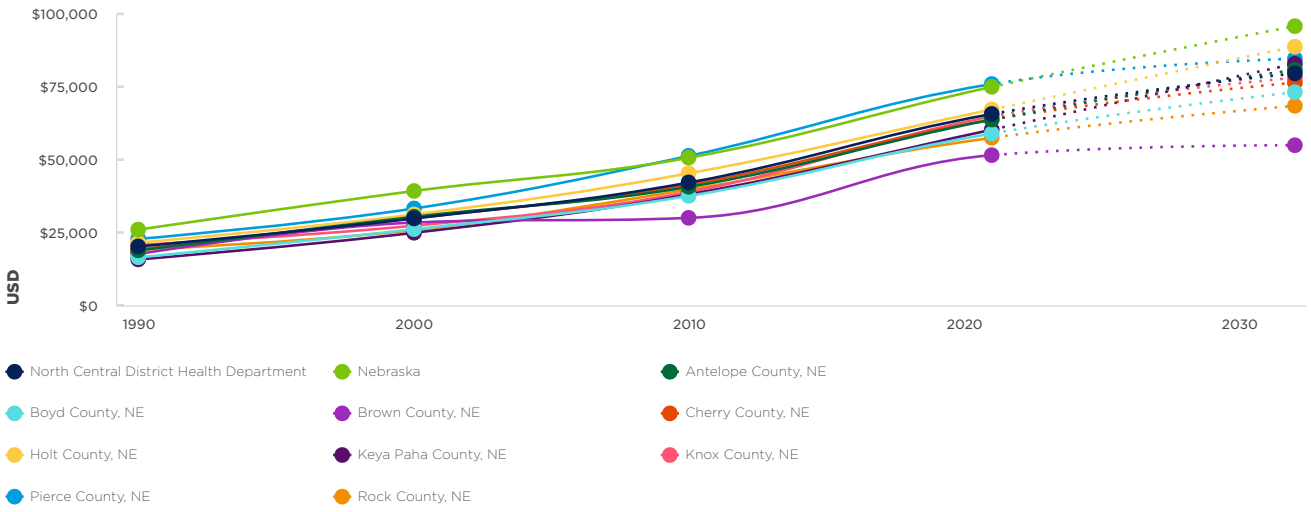
Income affects our quality of life.

Earning a living wage means making enough money to be able to live in our community, including paying for safe shelter, food, and other basic needs. For people who work lower income jobs, this can be difficult. When the cost to live in our community is high, or the jobs available don't pay enough, families have to choose between needs – paying their rent or buying food, getting medical care or having enough gas to get to work.

The average income in the district is slightly below the Nebraska state average at every age group except those 25 and under. Brown ($44,267) and Boyd ($57,120) Counties have the lowest median household incomes in the district. While NCDHD has lower median household incomes than the state overall, those identifying as multiracial have higher incomes in district than the state ($70,839 compared to $62,606) as well as having a higher income than all other racial groups in the district. Native American have the lowest household income levels in the district ($37,750). Keya Paha resident from ages 25-44 make the highest income at $87,813; however, those in the age bracket of 45- 64 years old living in Holt County make the highest income. Income levels drastically drop off in the 65 and over age bracket, which is when many people start to retire.

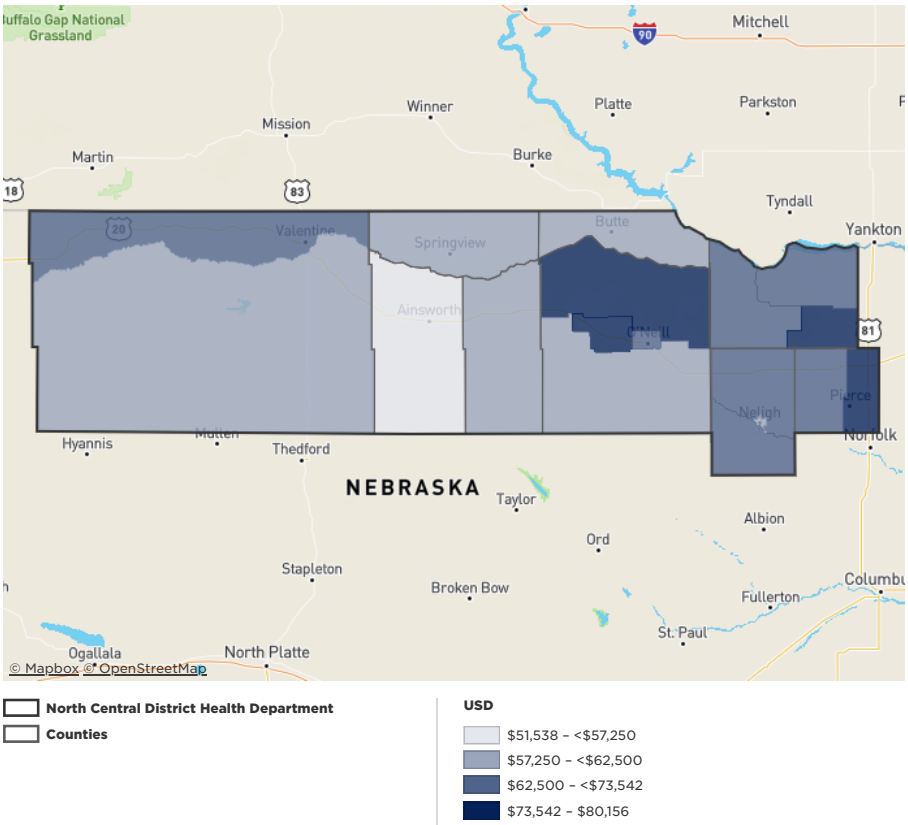
Median Household Income Over Time and Map

Median Household Income



Sources: US Census Bureau; US Census Bureau ACS 5-year

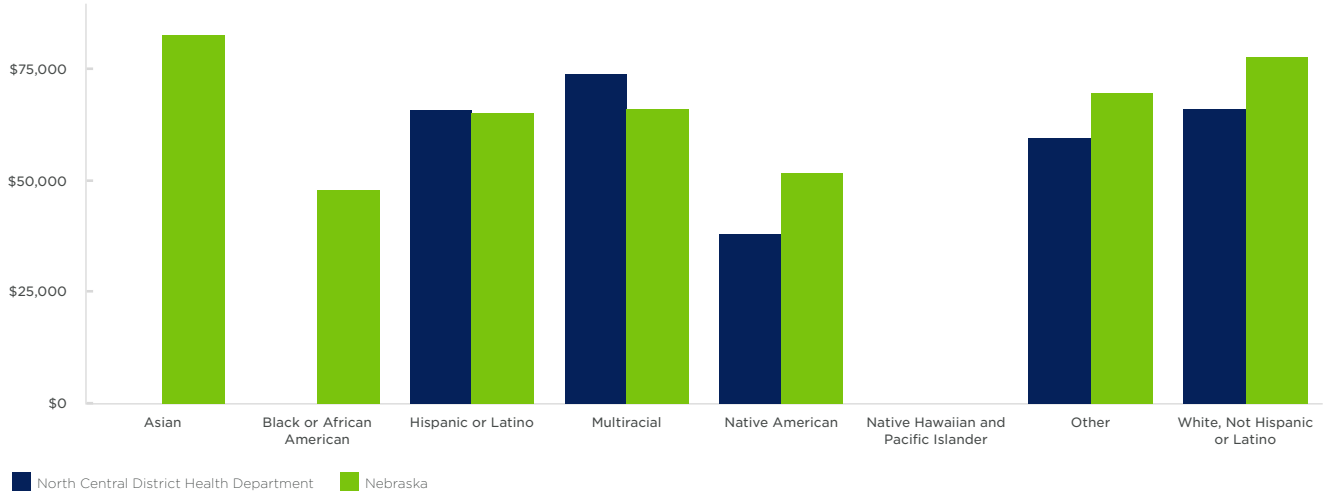
Median Household Income



Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income by Householder's Race/Ethnicity

Median Income by Householder's Race/Ethnicity



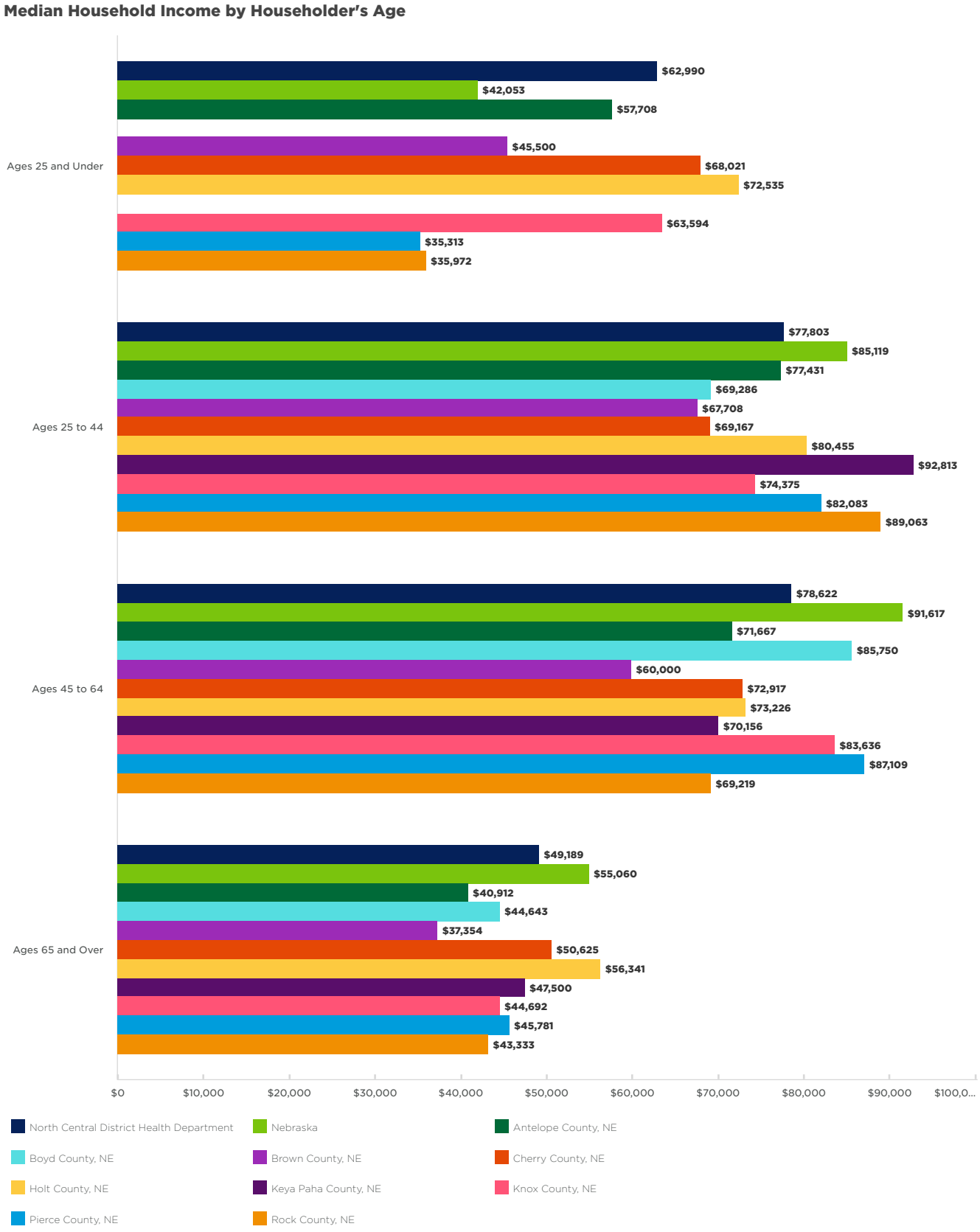
Sources: US Census Bureau ACS 5-year 2019-2023

Note: unless otherwise indicated, data includes both Hispanic or Latino and non-Hispanic or Latino people.

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County NE
2019-2023 Asian	No data	No data	No data	No data	$72,917	No data	No data
2019-2023 Black or African American	No data	No data	No data	No data	No data	No data	No data
2019-2023 Hispanic or Latino	$56,477	No data	$49,722	No data	$81,974	No data	$51,250
2019-2023 Multiracial	$56,818	$36,250	No data	$77,679	$43,750	No data	$61,607
2019-2023 Native American	No data	No data	$30,833	$47,188	No data	No data	$38,846
2019-2023 Native Hawaiian and Other Pacific Islander	No data	No data	No data	No data	No data	No data	No data
2019-2023 Other	$52,955	$46,250	$48,194	No data	$51,607	No data	No data
2019-2023 White - Not Hispanic or Latino	$63,828	$59,297	$51,791	$66,036	$67,030	$59,063	$66,566

Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income by Householder's Age



Sources: US Census Bureau ACS 5-year 2019-2023

High housing costs prevent healthy choices.

Whether renting or owning a home, housing costs are often times the larges line item on a family's monthly budget. A family that spends a large portion of their income on housing doesn't have room left in their budget for the other things they need to survive, let alone thrive. If a family can't afford basic groceries, utility bills, clothing, and gas, things like healthy, fresh food or preventive healthcare are likely not within reach. When the burden of housing limits the personal choices we can make, our health suffers.

Cost Burdened Renters

Renters with Excessive Housing Costs

23.2%
North Central District Health Department

40.8%
Nebraska

All Occupied Housing Units with Excessive Housing Costs

17.7%
North Central District Health Department

25.4%
Nebraska

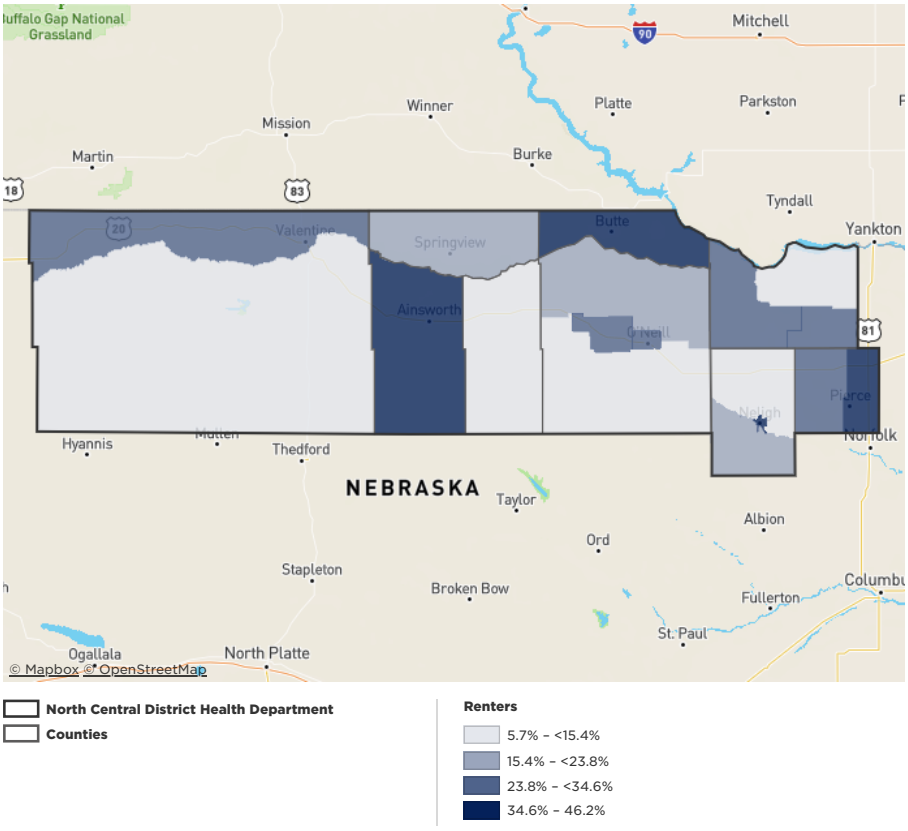
Sources: US Census Bureau ACS 5-year 2019-2023

Note: Housing costs of 30% or more of household income qualify as "excessive."

Geography	2019-2023 Excessive Housing Costs	2019-2023 Renter Excessive Housing Costs
Antelope County, NE	16.7%	20.3%
Boyd County, NE	23.1%	34.6%
Brown County, NE	28.2%	46.2%
Cherry County, NE	16.2%	18.9%
Holt County, NE	17%	20.1%
Keya Paha County, NE	23.2%	15.4%
Knox County, NE	14.4%	20.1%
Pierce County, NE	18.6%	31.1%
Rock County, NE	14.9%	9.2%
North Central District Health Department	17.7%	23.2%
Nebraska	25.4%	40.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Excessive Housing Costs for Renters



Sources: US Census Bureau ACS 5-year 2019-2023

Note: Housing costs of 30% or more of household income qualify as "excessive."

Cost Burdened Homeowners

Homeowners with Excessive Housing Costs

15.8%
North Central District Health Department

17.6%
Nebraska

All Occupied Housing Units with Excessive Housing Costs

17.7%
North Central District Health Department

25.4%
Nebraska

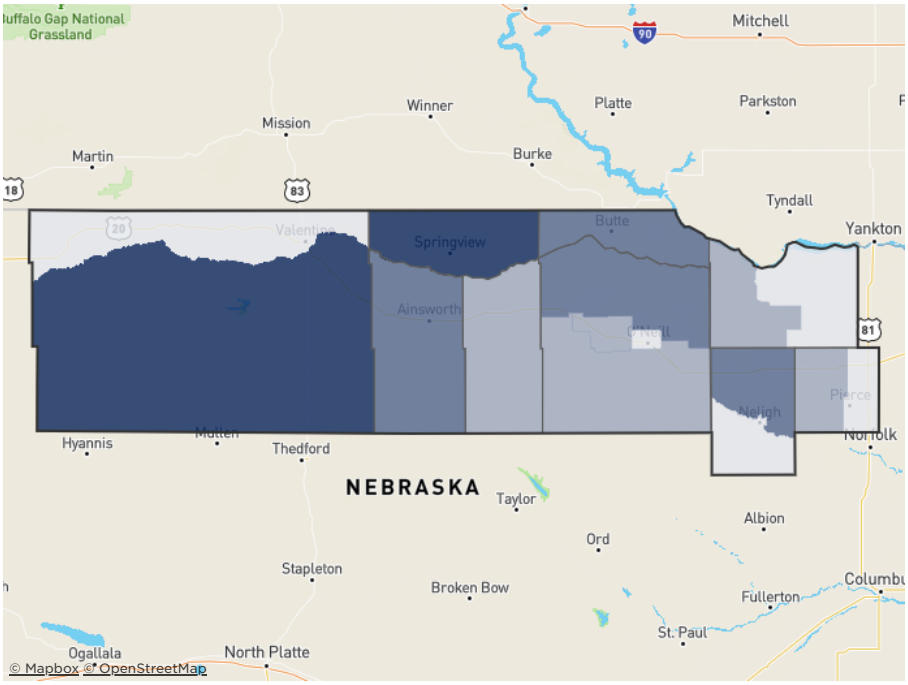
Sources: US Census Bureau ACS 5-year 2019-2023

Note: Housing costs of 30% or more of household income qualify as "excessive."

Geography	2019-2023 All Occupied Housing Units with Excessive Housing Costs	2019-2023 Homeowners with Excessive Housing Costs
Antelope County, NE	16.7%	15.6%
Boyd County, NE	23.1%	20.7%
Brown County, NE	28.2%	21.9%
Cherry County, NE	16.2%	14.6%
Holt County, NE	17%	15.9%
Keya Paha County, NE	23.2%	25.2%
Knox County, NE	14.4%	12.9%
Pierce County, NE	18.6%	15.1%
Rock County, NE	14.9%	16.8%
North Central District Health Department	17.7%	15.8%
Nebraska	25.4%	17.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Excessive Housing Costs for Owners



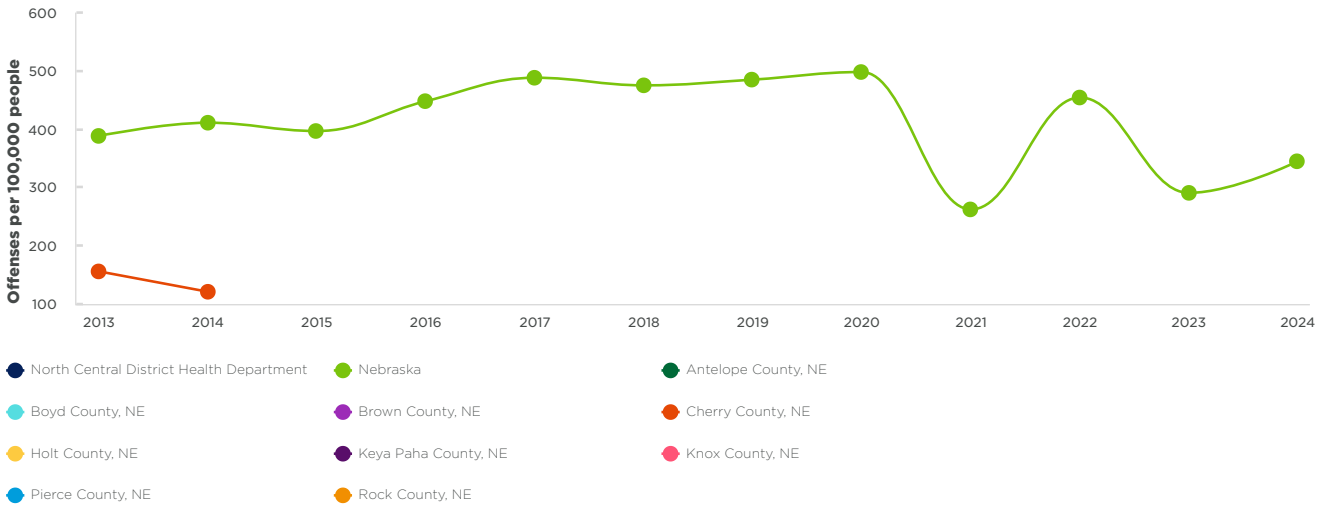
Sources: US Census Bureau ACS 5-year 2019-2023

Note: Housing costs of 30% or more of household income qualify as "excessive."

Community Crime

North central Nebraska has significantly lower crime rates than Nebraska. Cherry County reports the highest crime rate at 55 per 100,000 people, which is still well below the state average. North central Nebraska is known to be a safe community, great for families and raising children. This topic was consistently brought up at the 2024 focus groups and suggested it was a great selling point to bring a workforce into the district.

Violent Crime Rate



Sources: FBI UCR

Law enforcement jurisdictions provide this data to the FBI each year; missing data or years will occur if that data has not ben provided.This data represents reported crimes only. Data includes murder and nonnegligent manslaughter, rape, robbery, and aggravated assault.

Learn more:

1. *"Social Determinants of Health." World Health Organization, https://www.who.int/teams/social-determinants-of-health.*

2. *Braveman, Paula, and Laura Gottlieb. "The Social Determinants of Health: It's Time to Consider the Causes of the Causes." Public Health Reports, vol. 129, no. 1_suppl2, Jan. 2014, pp. 19–31. SAGE Journals, https://doi.org/10.1177/00333549141291S206.*

3. *Gómez, Cynthia A., et al. "Addressing Health Equity and Social Determinants of Health Through Healthy People 2030." Journal of Public Health Management and Practice, vol. 27, no. Supplement 6, Dec. 2021, pp. 249–57. journals.lww.com, https://doi.org/10.1097/PHH.0000000000001297.*

4. *Pesheva, Ekaterina. "ZIP Code or Genetic Code?" Harvard Medical School News & Research, 14 Jan. 2019, https://hms.harvard.edu/news/zip-code-or-genetic-code.*

Setting Our Communities Up for Success

Economic and educational opportunities are key to building healthier communities. Studies show that people with more education tend to live longer, experience fewer serious illnesses, enjoy better mental health, and face less stress from financial struggles. By creating new jobs and offering financial support for those pursuing education, we grow the overall health and wellness of a community.

NCDHD Education and Employment Snapshot:

- **School Enrollment:** The district has 644 children aged 3-4, 2,726 students aged 5-9, 3,023 students aged 10-14, and 2,577 students aged 15-19.
- **Chronically Absent Students:** 2024 Focus Groups mentioned an increased trend of students missing school. This can be seen significantly in:
  - Knox County: 331 students were chronically absent in 2021, up from 227 in 2018
  - Pierce County: 146 students were chronically absent in 2021, up from 91 in 2018.
  - Antelope Counties: 162 students were chronically absent in 2021, up from 58 in 2018
- **High School Graduation Rates:** NCDHD high schoolers are much more likely to graduate (33.6%) than their state counterparts (25.4%); however, the state peers are more likely to complete a bachelor's degree (16.1% vs. 21.8%); or higher education (6.9% vs. 11.6%)
- **Employment:** Slightly below the state average, but many jobs lack access to public transportation.

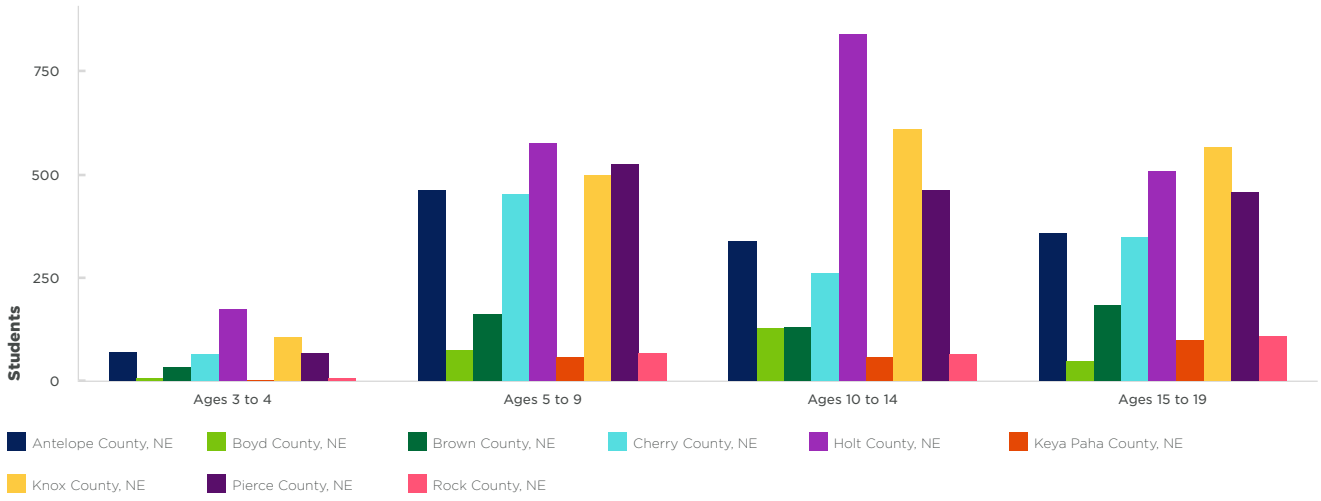
Investing in education and job opportunities is a powerful step toward a thriving, healthy community.

Education

When we keep children engaged in school through high school graduation, we can give them the tools, support, knowledge, and skills that lead to healthier lives. Students with lower reading skills in elementary school are more likely to drop out of high school than students with higher reading skills. Resourcing and supporting our K-12 schools is a key area we can help improve the quality of life for children in our community.

Enrollment

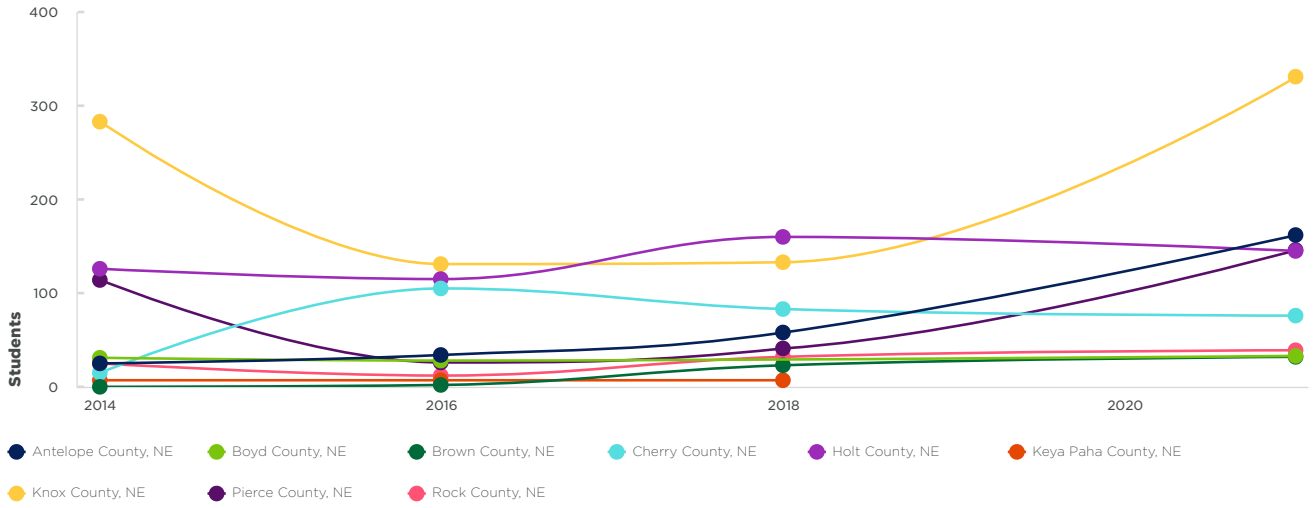
Children and Adolescents Enrolled in School by Age



Sources: US Census Bureau ACS 5-year 2019-2023

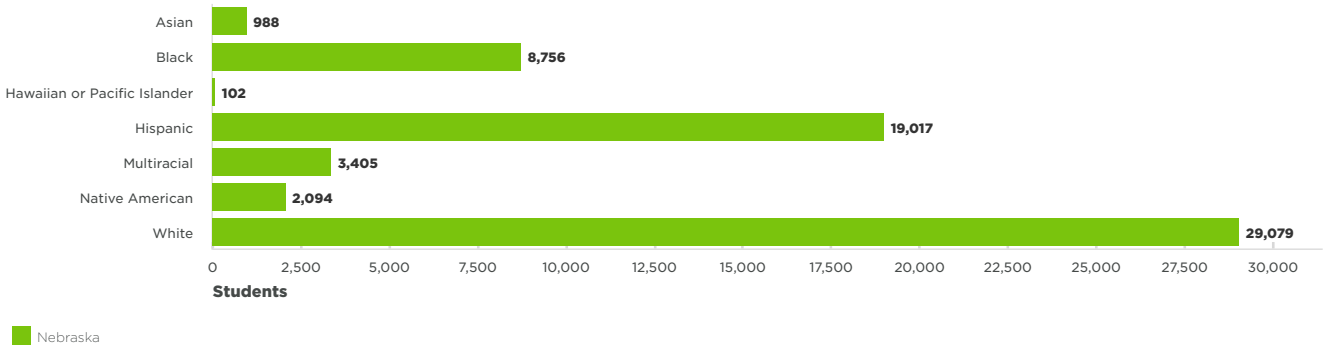
Chronically Absent Students

Chronically Absent Students



Sources: CRDC

Chronically Absent Students by Race/Ethnicity



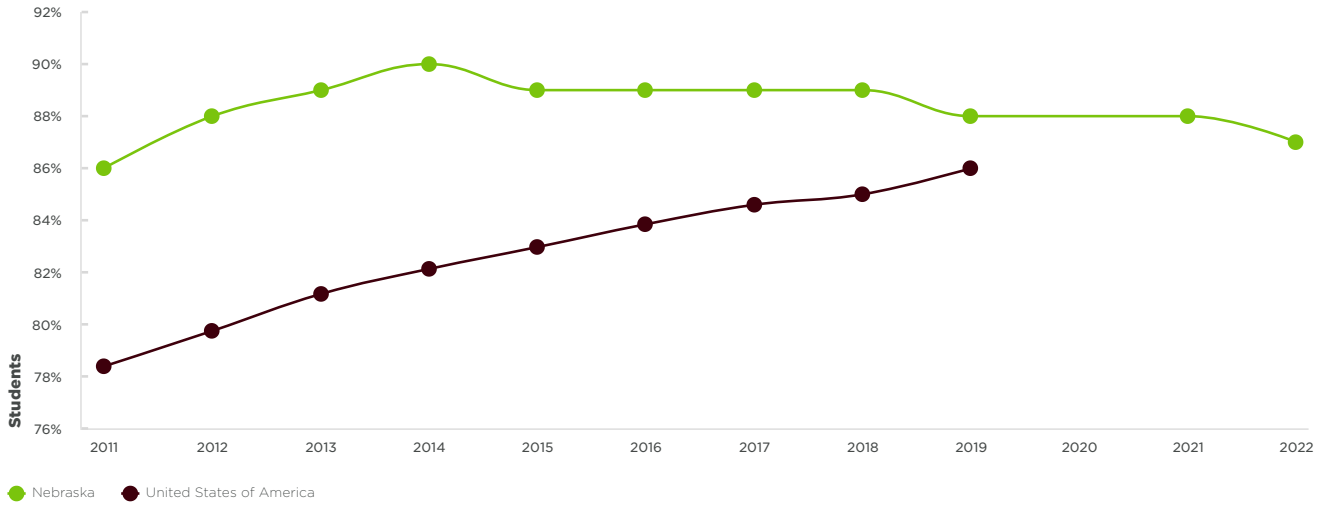
Sources: CRDC 2020-2021

Geography	2020-2021 Hispanic or Latino	2020-2021 Native American	2020-2021 Asian	2020-2021 Native Hawaiian and Pacific Islander	2020-2021 Black or African American	2020-2021 Whtie	2020-202 Multiracia
Antelope County, NE	19	No data	No data	No data	No data	127	No data
Boyd County, NE	No data	2	No data	No data	No data	19	No data
Brown County, NE	4	No data	No data	No data	No data	24	No data
Cherry County, NE	4	15	No data	No data	No data	35	8
Holt County, NE	23	No data	No data	No data	No data	113	No data
Keya Paha County, NE	No data	No data	No data	No data	No data	No data	No data
Knox County, NE	10	180	No data	No data	No data	107	7
Pierce County, NE	11	8	No data	No data	No data	113	9
Rock County, NE	2	No data	No data	No data	No data	35	No data
North Central District Health Department	No data	No data	No data	No data	No data	No data	No data
Nebraska	19,017	2,094	988	102	8,756	29,079	3,405

Sources: CRDC 2020-2021

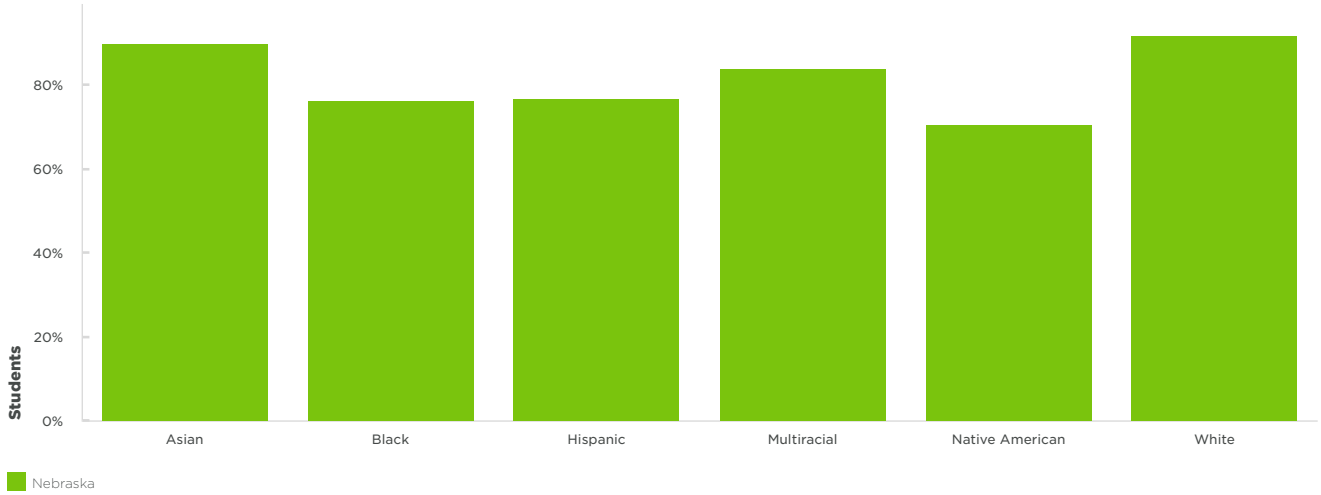
High School Graduation Rate

High School Graduation Rate



Sources: EDFacts

High School Graduation Rate by Race/Ethnicity



Sources: EDFacts 2021-2022

Homeless students

Homeless Students

3,245.3

Nebraska

1,205,259

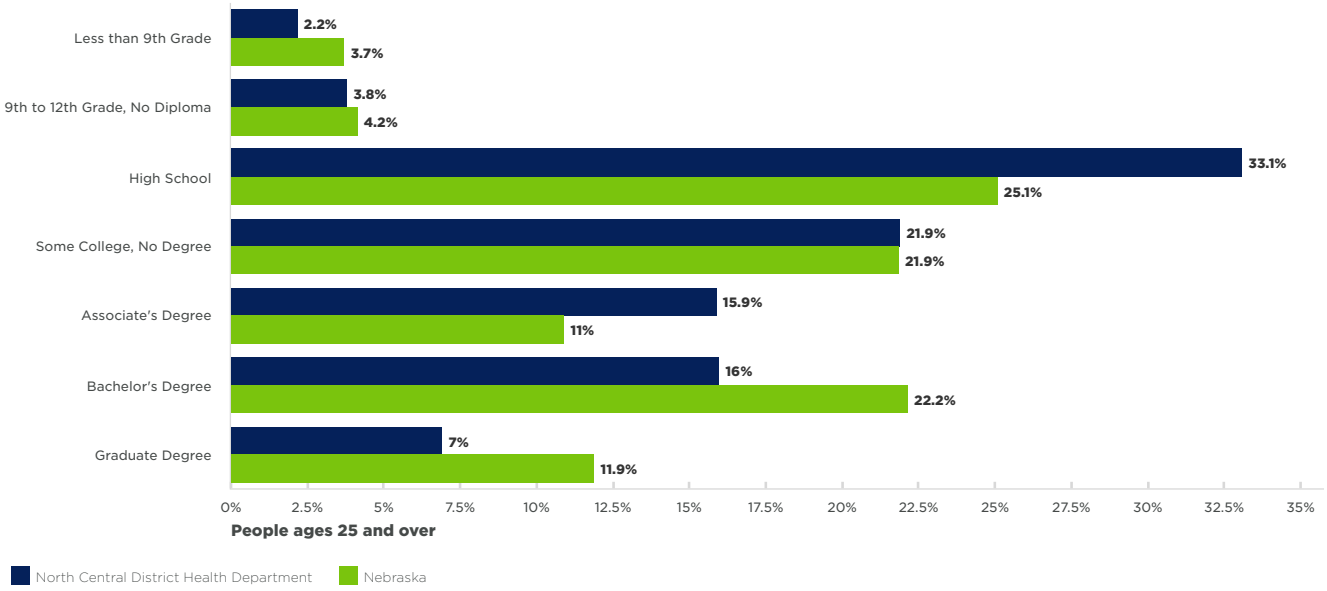
United States of America

Sources: EDFacts 2021-2022

Equip them to keep going.

How much education we achieve is a major factor in our future career and income. A student's lifetime wealth increases by 15% for every year of high school they complete. With more education, we can make enough money to live in our community, have health insurance, and afford more than just the basics. When more people are able to complete high school and beyond, our whole community is healthier.

Highest Level of Education Completed



Sources: US Census Bureau ACS 5-year 2019-2023

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2019-2023 Less than 9th Grade	2.3%	0.8%	2%	1.4%	2.6%	1.7%	2.4%
2019-2023 9th to 12th Grade, No Diploma	4.6%	3.5%	5.7%	1.2%	4.3%	1.4%	4.8%
2019-2023 High School Degree	31.5%	41.2%	31.8%	32.5%	33.7%	32.5%	35%
2019-2023 Some College, No Degree	22.2%	21.6%	26.9%	26.7%	18.5%	25.9%	22.1%
2019-2023 Associate's Degree	19.4%	13.3%	12.4%	14%	13.9%	12.7%	15.9%
2019-2023 Bachelor's Degree	12.7%	10.9%	13.6%	16.7%	19.3%	19.7%	13.7%
2019-2023 Graduate Degree	7.2%	8.7%	7.6%	7.5%	7.8%	6%	6%

Sources: US Census Bureau ACS 5-year 2019-2023

Bachelor's Degree or Higher by Race/Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE
2019-2023 Total	23%	34.1%	19.9%	19.6%	21.2%	24.2%	27%
2019-2023 Asian	2.4%	44.2%	0%	No data	100%	0%	3%
2019-2023 Black or African American	18.7%	21.1%	36.4%	0%	0%	0%	48.4%
2019-2023 Hispanic or Latino	26.8%	15.6%	9.4%	95.1%	40.6%	0%	28.8%
2019-2023 Multiracial	30.8%	26.1%	18.1%	87.2%	39.6%	30%	34.9%
2019-2023 Native American	7.1%	13.5%	100%	0%	0%	7.3%	0%
2019-2023 Native Hawaiian and Pacific Islander	33.3%	24%	0%	No data	No data	No data	No data
2019-2023 Other	26.2%	13.5%	0%	89.7%	26.3%	0%	42.5%
2019-2023 White (Not Hispanic or Latino)	23.3%	36.7%	20.1%	15.9%	20.1%	26.1%	27.2%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

Employment

Not having a job affects many aspects of health and life, from worrying about housing and not being able to buy healthy food, to losing health insurance and the added stress of meeting daily needs that require a paycheck. Unemployment affects both our physical and mental health. When unemployment is high, we know our community is struggling. 63.1% of NCDHD's working age population (16 years and up) are employed. This is slightly lower than the state average of 66.3%. Nebraska percentage of people that are employed per capita is 45.5%. NCDHD's percentage is much lowers at 24.5%. Nebraska's unemployment rate at 2.6% and NCDHD is below that, with only Boyd County matching the state rate. This tells us that most people are not looking for jobs.

Employed

63.1%

of Working-age population (age 16+)

North Central District Health Department

66.3%

of Working-age population (age 16+)

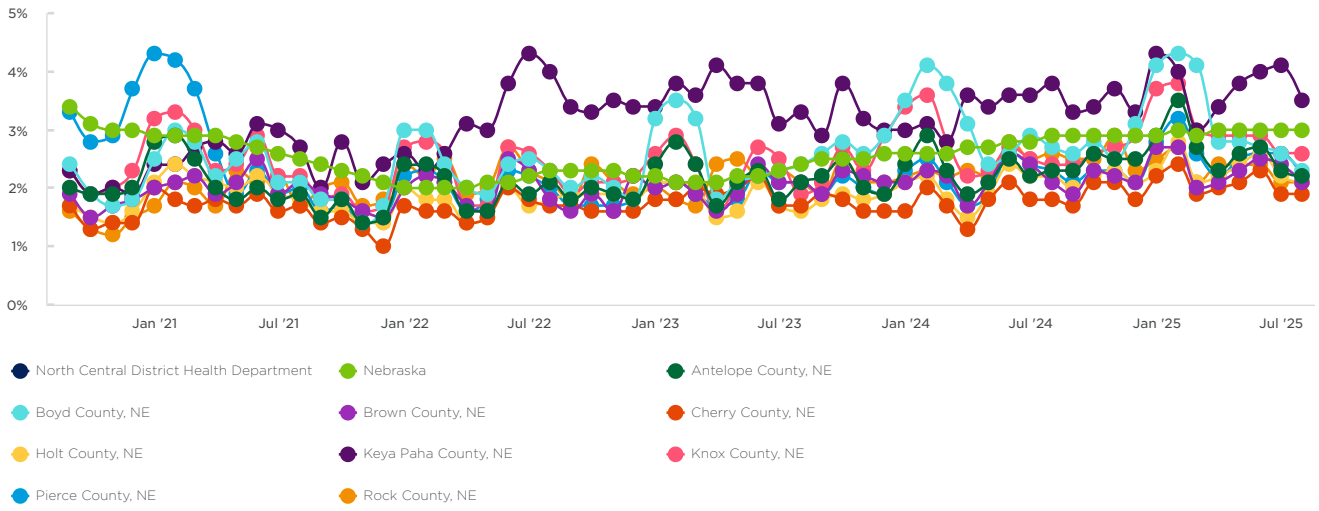
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Total Employed per capita	
Antelope County, NE	**24.2%**
Boyd County, NE	**25.4%**
Brown County, NE	**30.8%**
Cherry County, NE	**27.3%**
Holt County, NE	**31.1%**
Keya Paha County, NE	**4.2%**
Knox County, NE	**17.4%**
Pierce County, NE	**22.3%**
Rock County, NE	**26.2%**
North Central District Health Department	**25.3%**
Nebraska	**47%**

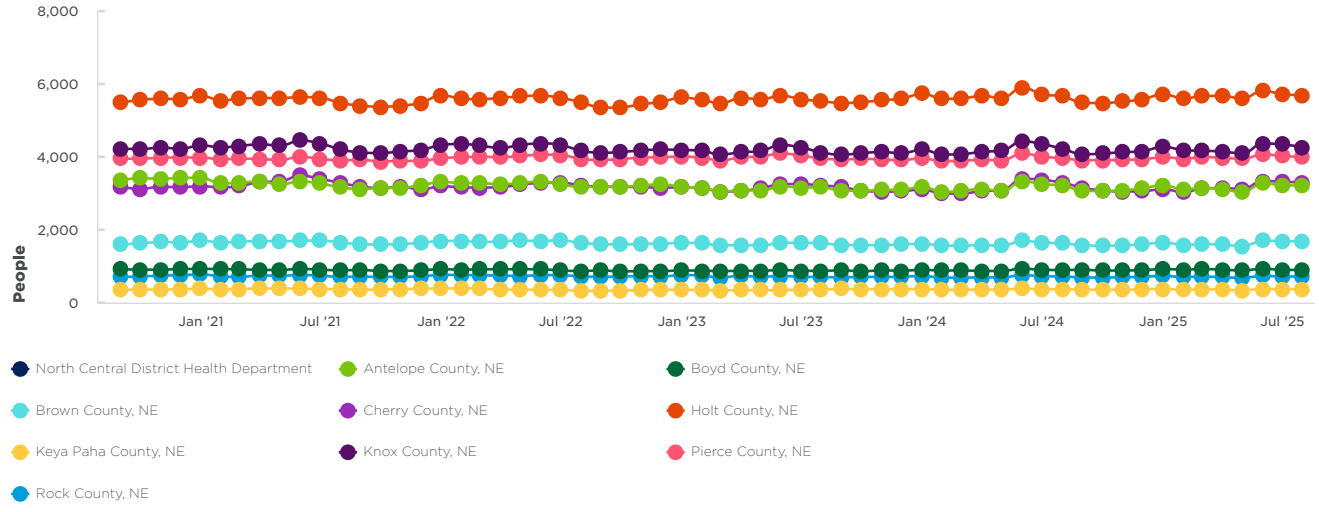
Sources: CBP 2023; US Census Bureau ACS 5-year 2019-2023

Unemployment Rate



Sources: BLS LAUS

Labor Force

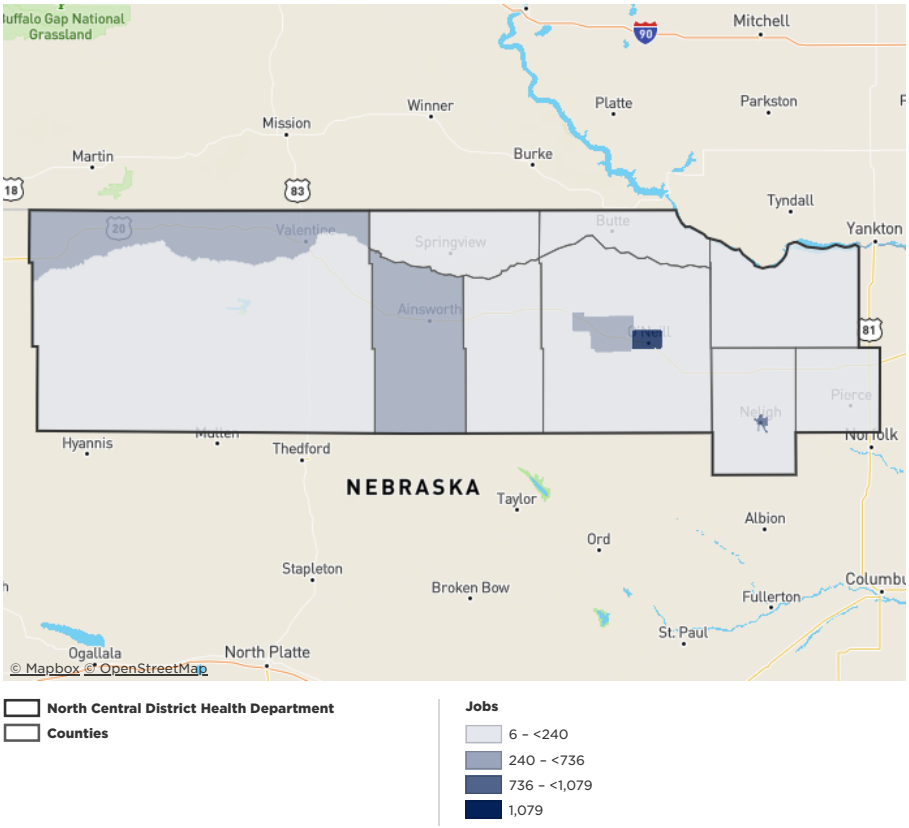


Sources: BLS LAUS

Drive time.

In a mobile world, the amount of time we spend in a vehicle affects our health. For some, travel is a barrier to healthcare appointments, family, social events, etc. When a task is challenging due to lack of a vehicle or long rides on public transportation, the effect on our health adds up. Without long commutes and transport financial strains, we have more time to focus on living a healthy and fulfilled life.

Average Number of Jobs within a 30 Minute Public Transit



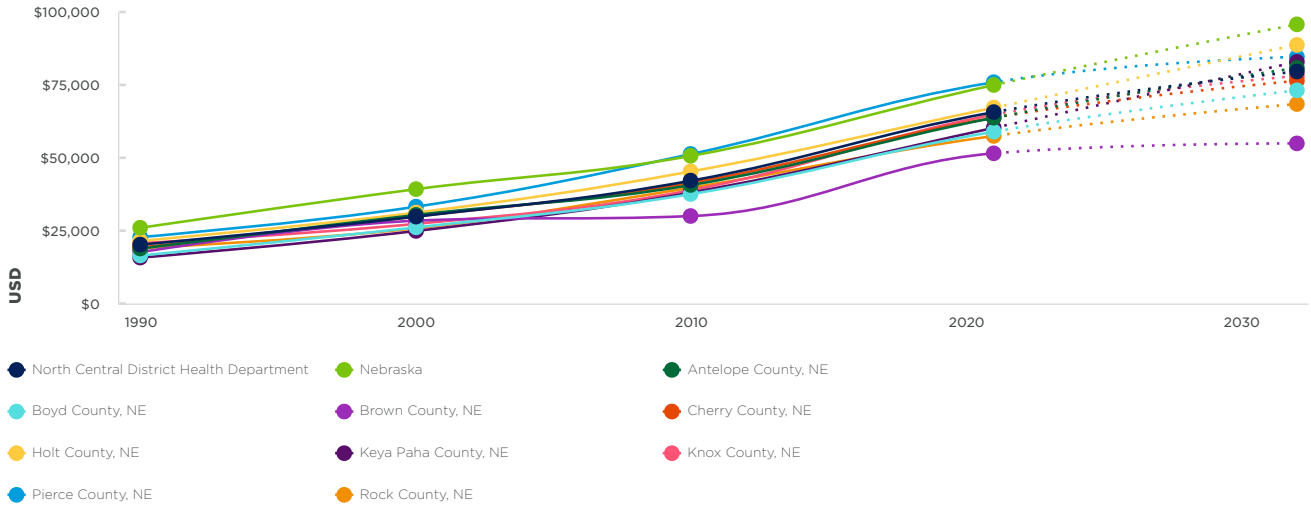
Sources: Access Across America Transit 2022

Income

Earning a living wage means making enough money to be able to live in our community, including paying for safe shelter, food, and other basic needs. For people who work lower income jobs, this isn't always possible. When the cost to live in our community is high, or the jobs available don't pay enough, families have to choose between needs – paying their rent or buying food, getting medical care or having enough gas to get to work.

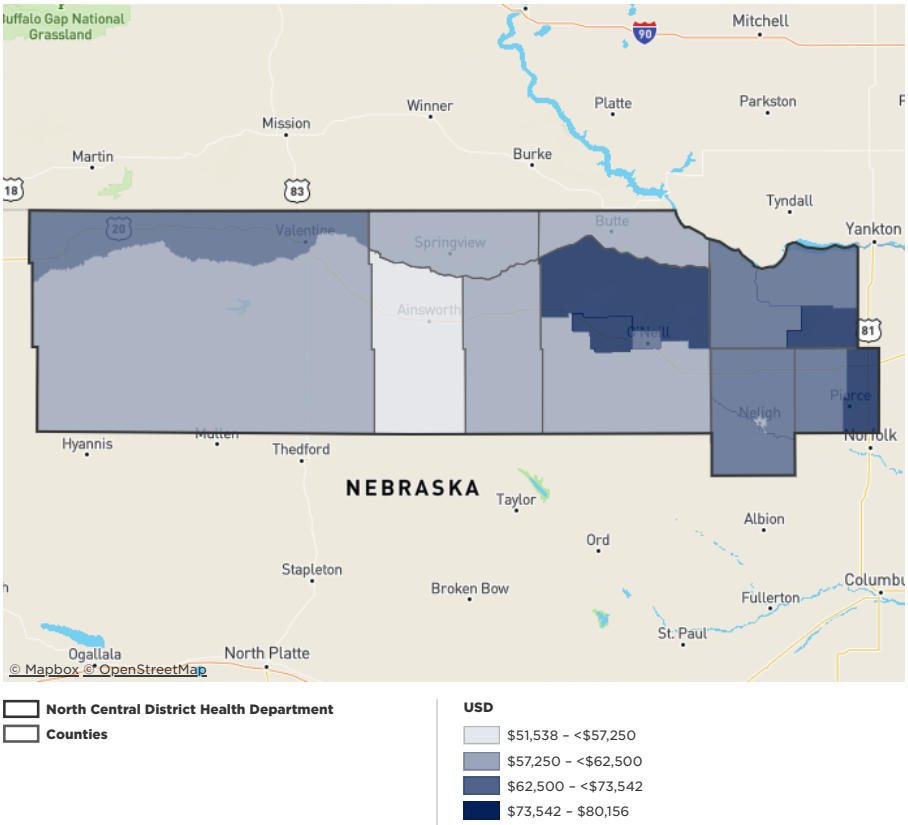
Median Household Income Over Time and Map

Median Household Income



Sources: US Census Bureau; US Census Bureau ACS 5-year

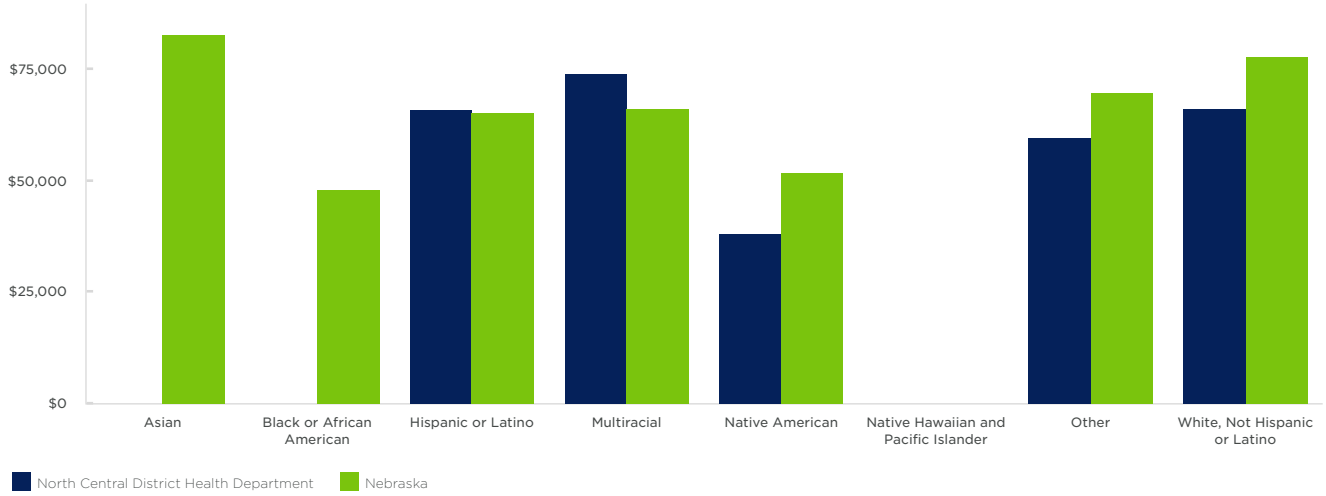
Median Household Income



Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income by Householder's Race/Ethnicity

Median Income by Householder's Race/Ethnicity



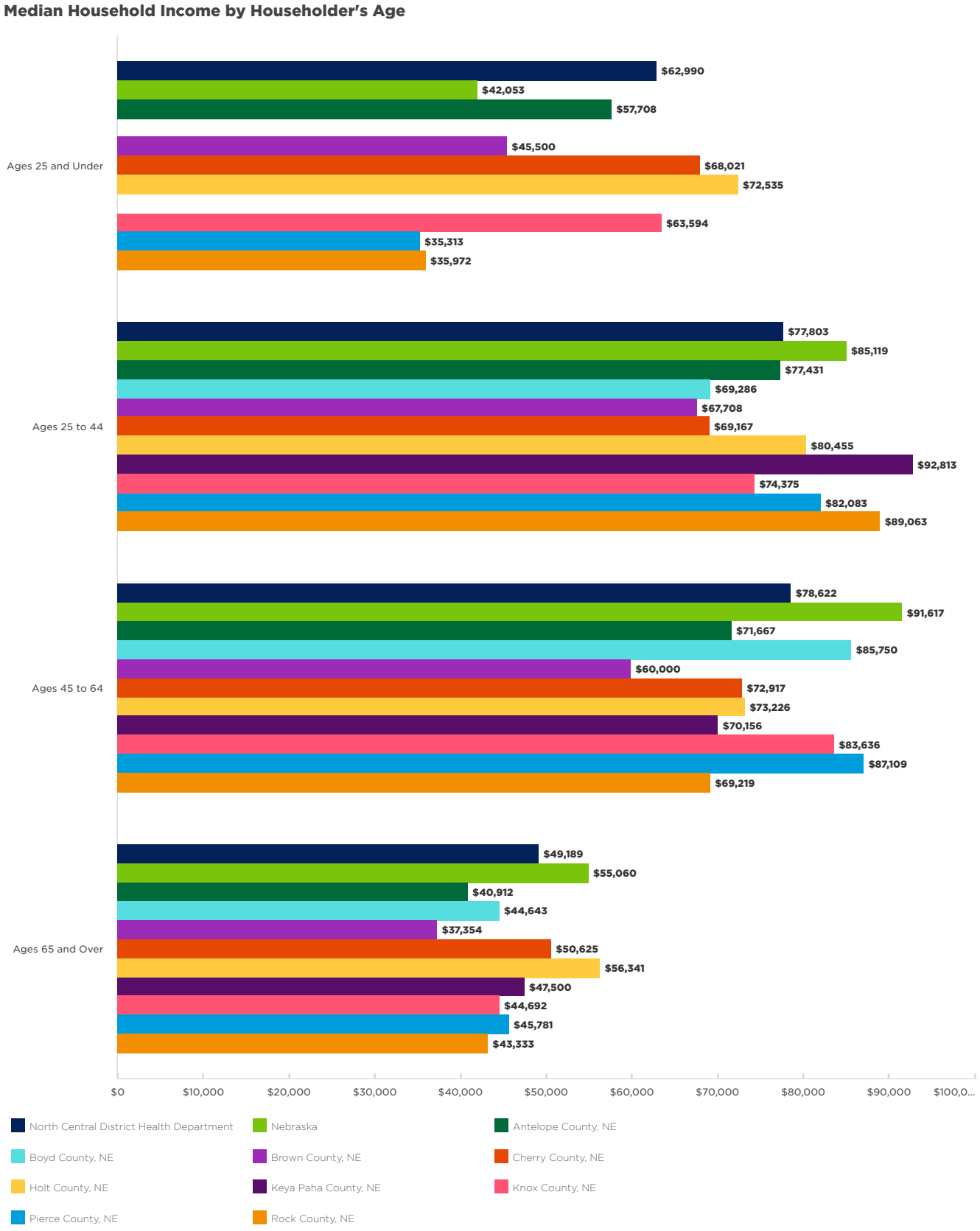
Sources: US Census Bureau ACS 5-year 2019-2023

Note: unless otherwise indicated, data includes both Hispanic or Latino and non-Hispanic or Latino people.

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County NE
2019-2023 Asian	No data	No data	No data	No data	$72,917	No data	No data
2019-2023 Black or African American	No data	No data	No data	No data	No data	No data	No data
2019-2023 Hispanic or Latino	$56,477	No data	$49,722	No data	$81,974	No data	$51,250
2019-2023 Multiracial	$56,818	$36,250	No data	$77,679	$43,750	No data	$61,607
2019-2023 Native American	No data	No data	$30,833	$47,188	No data	No data	$38,846
2019-2023 Native Hawaiian and Other Pacific Islander	No data	No data	No data	No data	No data	No data	No data
2019-2023 Other	$52,955	$46,250	$48,194	No data	$51,607	No data	No data
2019-2023 White - Not Hispanic or Latino	$63,828	$59,297	$51,791	$66,036	$67,030	$59,063	$66,566

Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income by Householder's Age



Sources: US Census Bureau ACS 5-year 2019-2023

Learn more:

1. Zajacova, Anna, and Elizabeth M. Lawrence. "The Relationship between Education and Health: Reducing Disparities through a Contextual Approach." Annual Review of Public Health, vol. 39, Apr. 2018, pp. 273–89. PubMed Central, https://doi.org/10.1146/annurev-publhealth-031816-044628.

2. "Early Childhood: High Return on Investment." Center for High Impact Philanthropy - University of Pennsylvania, https://www.impact.upenn.edu/early-childhood-toolkit/why-invest/what-is-the-return-on-investment/.

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How We Start Matters

When mothers and babies are healthy, the entire community thrives. Giving every baby the best start means focusing on the health of mothers, too. A healthy life begins well before birth, with resources for parents before pregnancy, and continues with access to care throughout pregnancy and beyond. Ensuring that everyone in our community has equal access to quality care leads to healthier pregnancies, safer births, and a brighter future for all children.

NCDHD Families with Children Highlights:

- **Families with Children:** Though there are fewer families with children, the district has a higher percentage of married couples with children and single mothers living in poverty. During the 2024 Focus Groups, a common theme was that the district is a great place to raise a family and may account for the large percentage of married couples with children.
- **Childcare:** Childcare centers are on the rise in many counties, but demand still exceeds supply.
- **Maternal Health:** Nebraska exceeds the national average in prenatal care and breastfeeding rates.

Supporting mothers and children is crucial to building a stronger, healthier community.

It takes a village to raise a child.

Parenting is a difficult task for anyone, and even more so for a single parent or grandparent raising a child. The health of caregivers and children can suffer because of the stress, increasing the risk for some chronic diseases or mental health issues. Single parents struggle more financially than families with more than one parent, affecting every area of life including health. Supporting caregivers in the important task of providing for children helps our entire community thrive.

Single Parent/Guardian Families with Children

24.6%

Families with children

North Central District Health Department

28.9%

Families with children

Nebraska

Single Parent/Guardian Families with Children

1,074

Families

North Central District Health Department

64,543

Families

Nebraska

WIC Authorized Stores

No data

Stores

North Central District Health Department

348

Stores

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023; USDA ERS FEA 2022

Geography	2019-2023 Single Householder Family with Children (Percent)	2019-2023 Single Householder Family with Children (Number)	2022 WIC Authorized Stores
North Central District Health Department	24.6%	1,074	No data
Nebraska	28.9%	64,543	348
Antelope County, NE	23.9%	152	2
Boyd County, NE	24.8%	27	1
Brown County, NE	27%	60	3
Cherry County, NE	28.7%	179	3
Holt County, NE	23%	218	5
Keya Paha County, NE	28.6%	20	No data
Knox County, NE	27.4%	211	7
Pierce County, NE	21.9%	180	2
Rock County, NE	16.3%	27	1

Sources: US Census Bureau ACS 5-year 2019-2023; USDA ERS FEA 2022

Poverty Rate by Family Composition

Geography	2019-2023 Married Couple with Children	2019-2023 Single Females with Children	2019-2023 Single Males with Children
North Central District Health Department	6%	32.3%	7.7%
Nebraska	4.3%	32.4%	13.1%
Antelope County, NE	2.7%	33.3%	0%
Boyd County, NE	1.2%	78.6%	23.1%
Brown County, NE	9.3%	15%	No data
Cherry County, NE	4.5%	0%	0%
Holt County, NE	9.6%	50.4%	11.8%
Keya Paha County, NE	0%	31.3%	0%
Knox County, NE	8.2%	37%	15.8%
Pierce County, NE	4%	31.5%	5.9%
Rock County, NE	4.3%	51.9%	No data

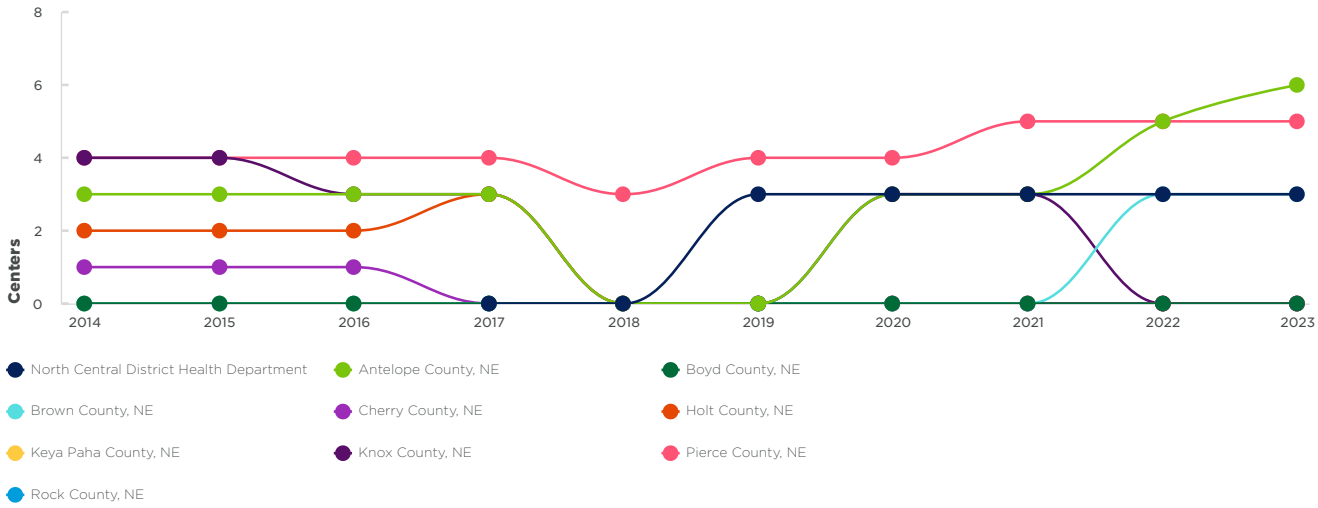
Sources: US Census Bureau ACS 5-year 2019-2023

This data represents the percent of each family type that is in poverty.

Our children deserve quality childcare.

Finding trusted, reliable, and affordable childcare is a challenge for families no matter how much money they make. Having at least one parent employed is required for most families to provide for their children. A lack of childcare can lead to more women leaving the workforce, families slipping into poverty, and food insecurity for children. Access to affordable childcare helps parents keep their jobs and afford housing, giving them financial security and opportunity. They can then pay for consistent childcare, along with their housing, healthy food, and medical care—which all benefit health. Parents need access to quality childcare options close to where they live in order to keep a stable job and allow their children to thrive in safe, caring environments.

Child Care Centers Over Time



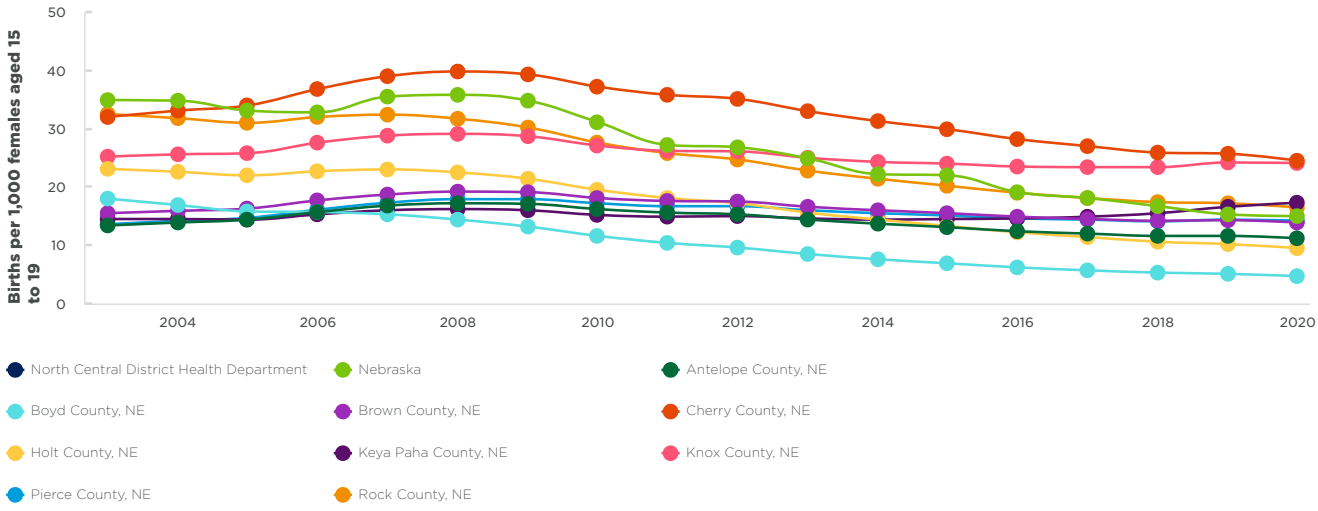
Sources: CBP

Note: If an area has fewer than 3 child care centers in a given year, data for those time periods is suppressed for that area. The businesses shown here typically care for preschoolers, but may offer pre-K or kindergarten educational programs as well as care for older children outside of school.

Address poverty to decrease teen births.

Teen pregnancies occur in all communities, but they are more likely to occur in areas of poverty. Programs or healthcare services that equip teens to make healthy choices can help, but research also shows factors like unemployment, lack of education, and low income are connected to higher teen birth rates. Meeting those needs can help reduce the difference in teen birth rate from one area to another, giving everyone an equal chance to prevent teen pregnancy. Sex education, access to contraception, healthcare for sexually transmitted infection, and sexual violence prevention can help lower teen pregnancy rates in our community.

Teen Birth Rate



Sources: CDC

Healthy pregnancies lead to healthy births.

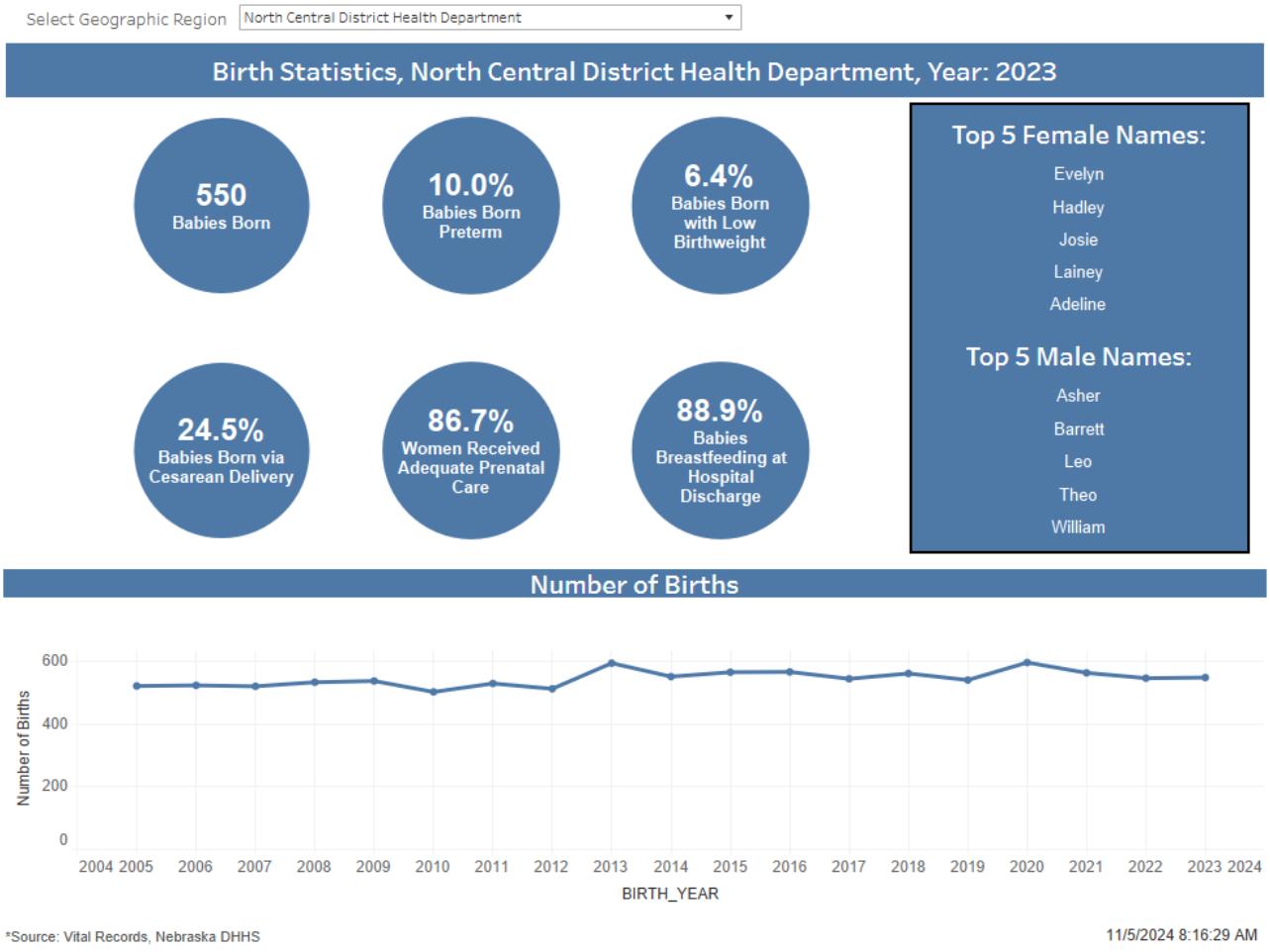
Regular visits to the doctor during pregnancy reduce the risks of pregnancy complications, helps prevent risks to the baby, and helps parents learn about healthy choices they can make along the way.
The Nebraska Department of Health and Human Services dashboard provides annual district and state birth data:

- In 2023, 10% of babies in the NCDHD were preterm, which is better than the state average of 11.1%
- In 2023, 6.4% of babies in the NCDHD measured as low birth weight, which is better than the state average of 8.1%
- In 2023, 24.5% of babies in the NCDHD had a Cesarean delivery, which is better than the state average of 28.6%

- In 2023, 86.7% of mothers in the NCDHD received adequate prenatal care, which is better than the state average of 84.6%
- In 2023, 88.9% of babies in the NCDHD were breastfed at the time of hospital discharge, which is similar to the state average of 90.2%

Prenatal Care:

- Nebraska ranks higher than the national average with 78.9% of mother receiving medical care in their first trimester. White women are more likely to seek medical care in the first trimester than any other race.
- Maternal tobacco use has plummeted from 2009 to 2022 across the national, as well as in Nebraska. In 2022, 5.1% of Nebraska mother reported using tobacco while pregnant, which is slightly worse than the national average of 3%. In Nebraska, Native Americans are most likely to use tobacco during pregnancy, reporting 21% of Native American mother do so during pregnancy.



Select Geographic Region: State of Nebraska

Birth Statistics, State of Nebraska, Year: 2023

- **24,111** Babies Born
- **11.1%** Babies Born Preterm
- **8.1%** Babies Born with Low Birthweight
- **28.6%** Babies Born via Cesarean Delivery
- **84.6%** Women Received Adequate Prenatal Care
- **90.2%** Babies Breastfeeding at Hospital Discharge

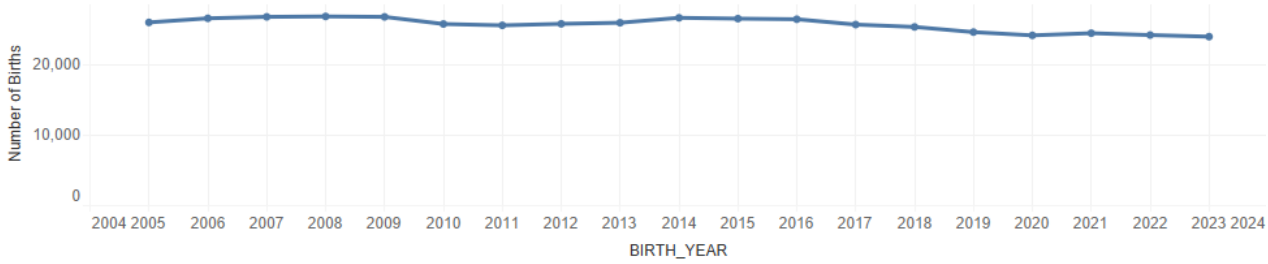
Top 5 Female Names:

Charlotte
Olivia
Sophia
Amelia
Evelyn

Top 5 Male Names:

Oliver
Liam
Henry
Theodore
Noah

Number of Births



*Source: Vital Records, Nebraska DHHS

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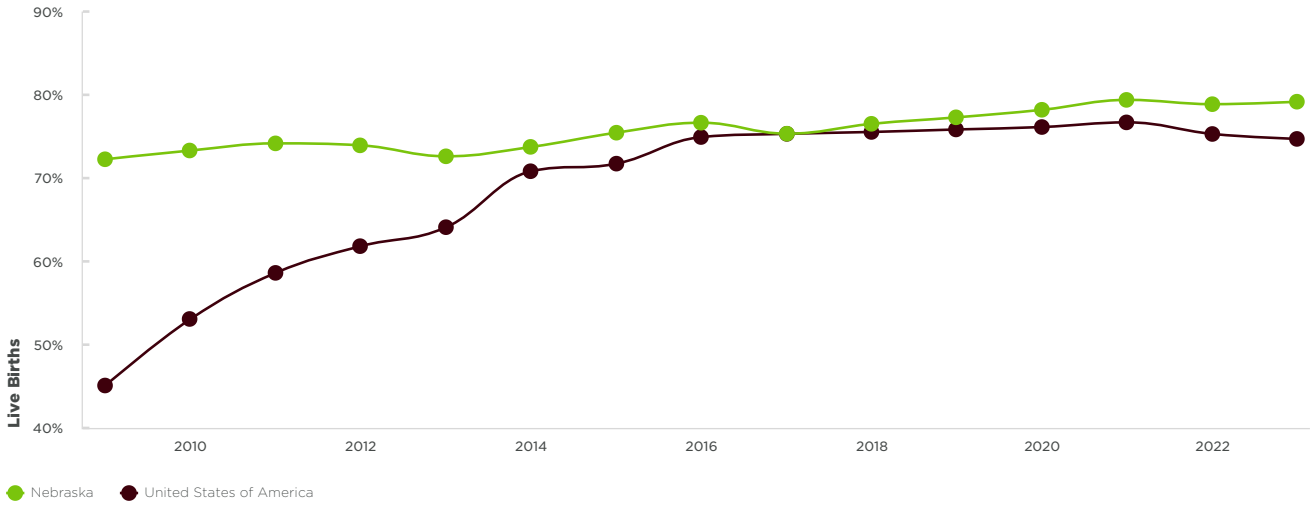
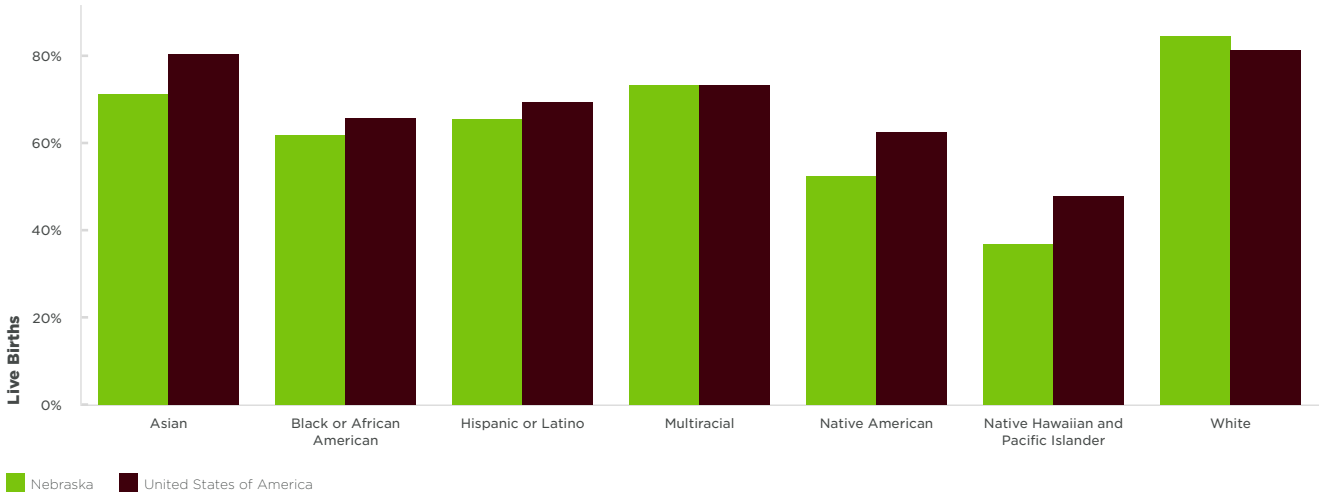
Prenatal Care Started in First Trimester



Sources: CDC WONDER Natality

Prenatal Care Started in First Trimester by Mother's Race/Ethnicity



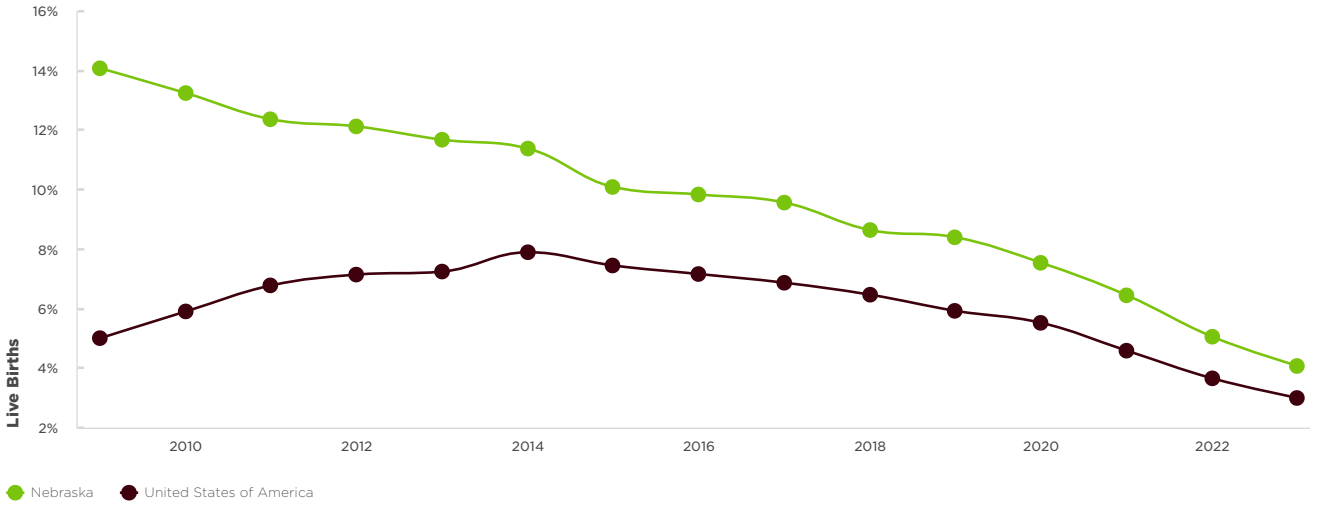
Sources: CDC WONDER Natality 2019-2023

Note: Unless otherwise indicated, all data is non-Hispanic or Latino.

Let's help moms stop smoking.

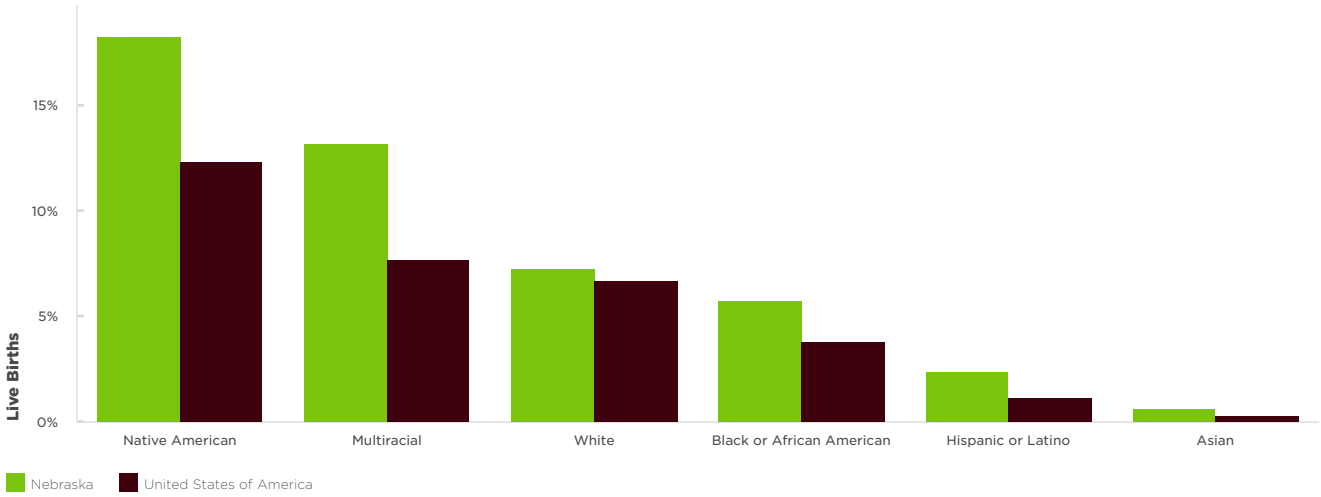
Nicotine is incredibly addictive. Quitting is difficult for anyone, often taking multiple tries. Stopping tobacco use is incredibly important for a safe pregnancy and baby. A mother who's able to stop smoking will reduce the risk of preterm birth and low birth weight, but they need additional support.

Tobacco Use During Pregnancy



Sources: CDC WONDER Natality

Tobacco Use During Pregnancy by Mother's Race/Ethnicity



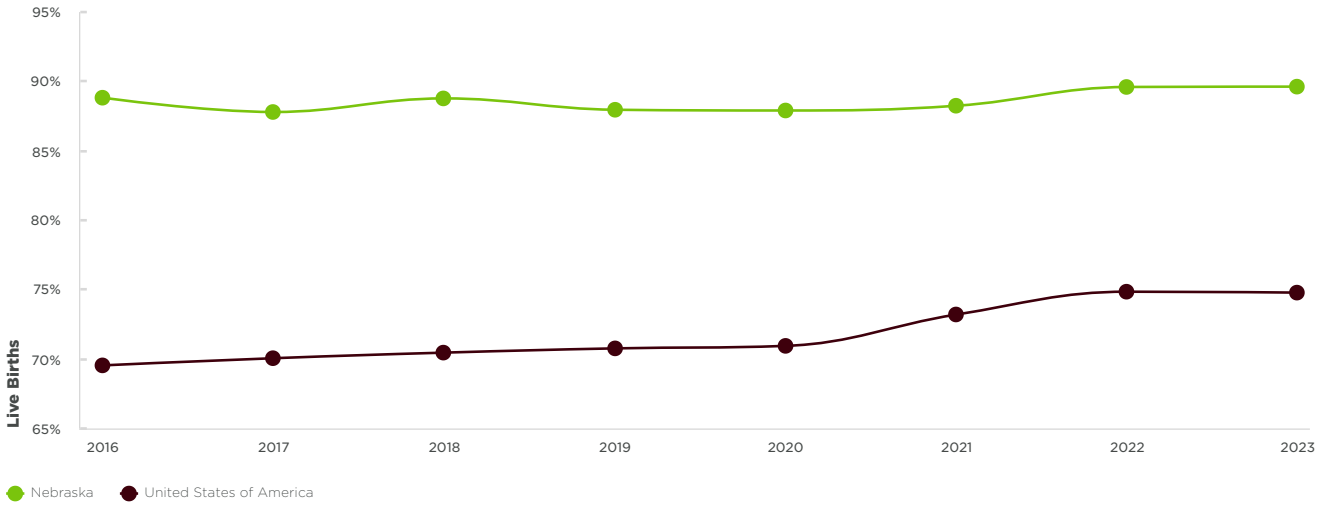
Sources: CDC WONDER Natality 2019-2023

Note: Unless otherwise indicated, all data is non-Hispanic or Latino.

Breastfeeding: The Common Choice for Moms

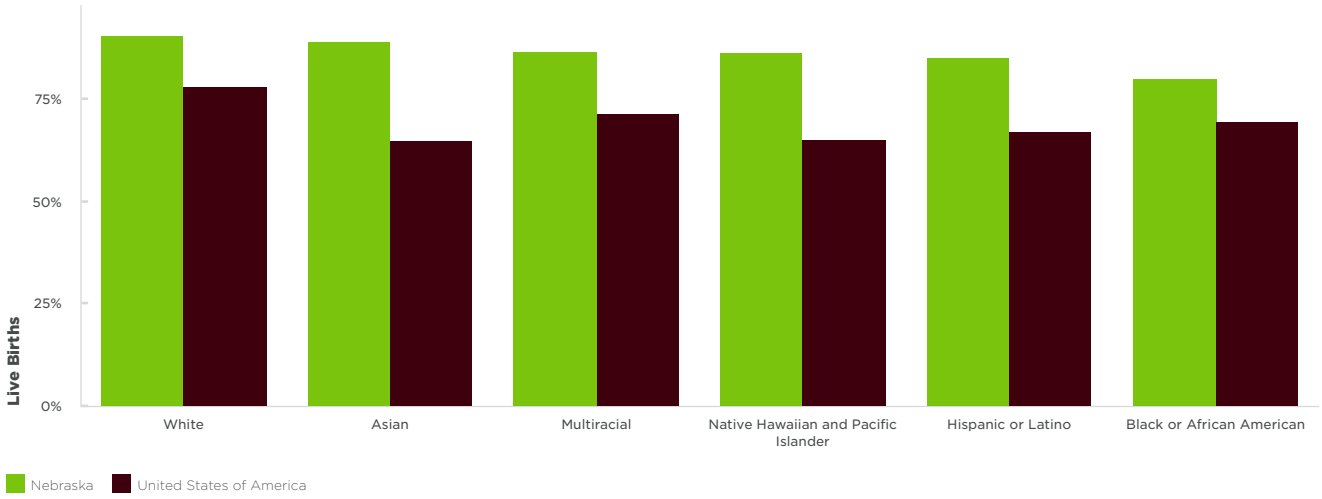
Every couple can choose if breastfeeding is right for their child. Ensure families have accurate information on the information that breast milk provides ideal nutrition, can prevent illness, and reduces the mother's chance of developing some diseases is imperative for families to make healthy decisions. To make breastfeeding a reality, it is important for families to have conversations about the type of support the mother needs to provide the best nutrition to the baby, such as: maternity leave, access to breast pumps and supplies, jobs that support mothers who need to pump during their shift, etc. If we want our communities to be as healthy as possible, reducing barriers for mothers to breastfeed is crucial.

Infants Breastfed Before Being Discharged from Hospital



Sources: CDC WONDER Natality

Infants Breastfed Before Being Discharged from Hospital by Mother's Race & Ethnicity



Sources: CDC WONDER Natality 2019-2023

Note: Unless otherwise indicated, all data is non-Hispanic or Latino.

Every baby should have a chance.

Reducing infant mortality starts well before pregnancy with the mother's own health and continues with regular medical care throughout pregnancy. This is another piece of information that can show differences in healthcare access. Families in rural communities and Black families tend to have fewer doctors, hospitals, and other resources available where they live. Because of the lack of access, rural families can have higher rates of infant mortality than those in cities, and Black families can have higher rates than white families. No family should have to suffer the loss of a child. **Improving access to healthcare for every geographic region and racial or ethnic group benefits us all.**

5.7
Deaths per 1,000 live births
Infant Mortality Rate
Nebraska

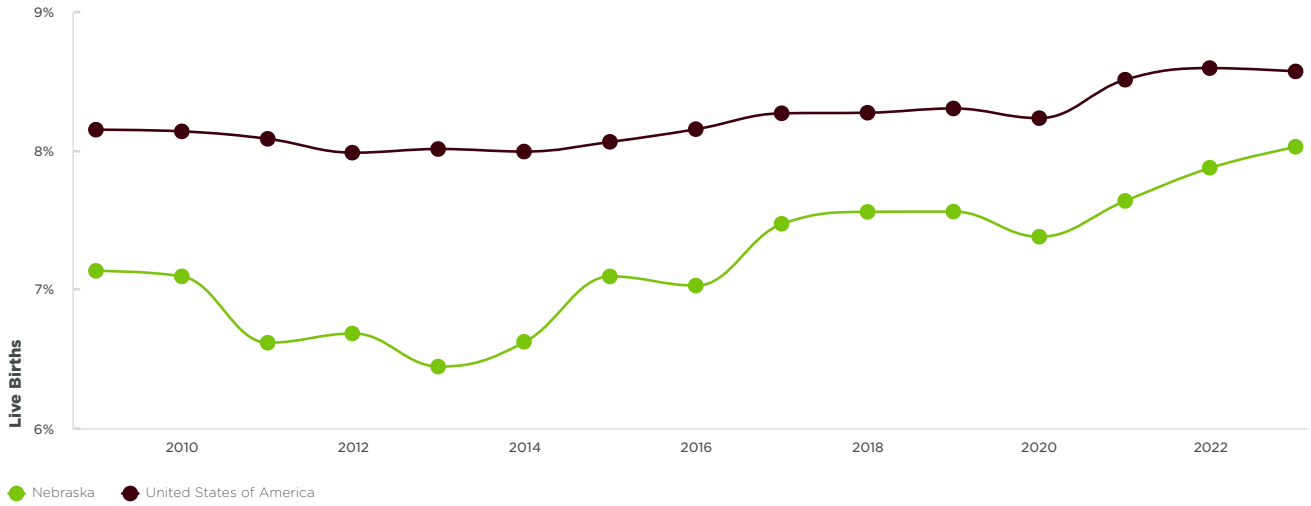
Sources: National Center for Health Statistics - Natality and Mortality Files 2016-2022 via RWJF County Health Rankings & Roadmaps 2025

A strong start paves the way for a healthy life.

Babies who are born preterm are more likely to have serious health complications, including low birth weight, that can impact their health for the rest of their lives. Factors such as a mother's age, ongoing health conditions, exposure to pollution, substance use, the effects of racism, and more increase the risk of a baby being born too early and with too low of a birth weight. When preterm births and low birth weight outcomes rise in our community, our families need better access to education, resources, and healthcare providers to help them deliver a healthy baby.

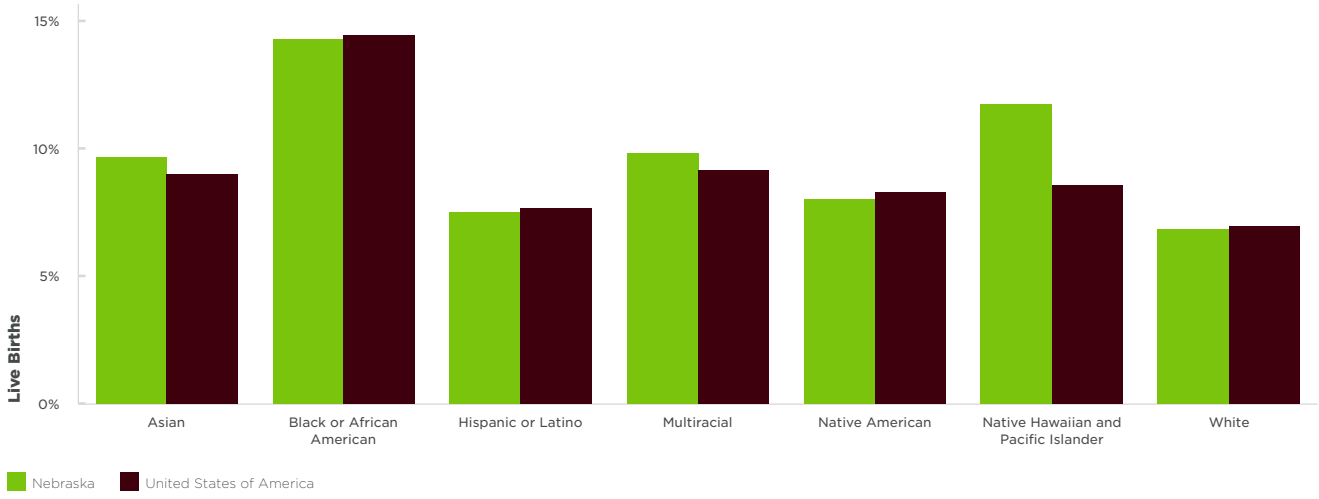
Low Birth Weight

Low Birth Weight



Sources: CDC WONDER Natality

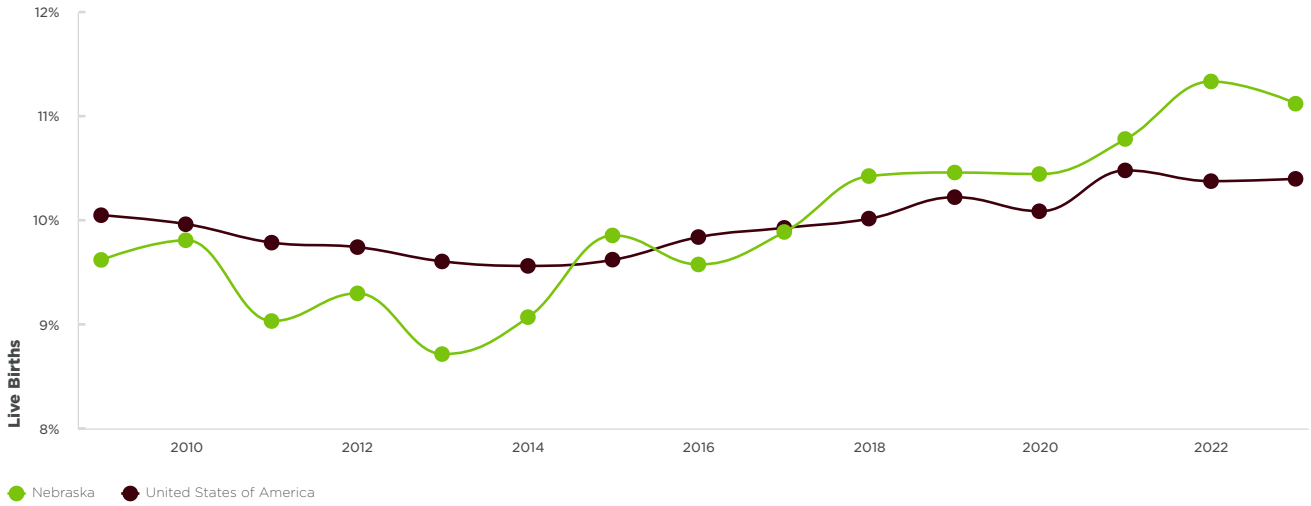
Low Birth Weight Rate by Mother's Race/Ethnicity



Sources: CDC WONDER Natality 2019-2023

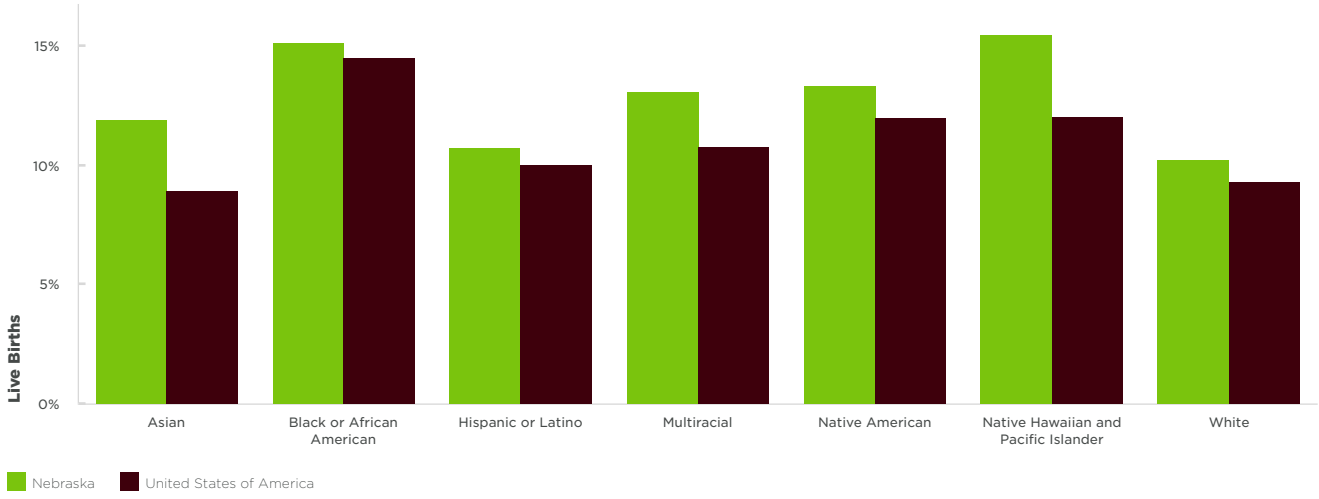
Preterm Births

Preterm Births



Sources: CDC WONDER Natality

Preterm Birth Rate by Mother's Race/Ethnicity



Sources: CDC WONDER Natality 2019-2023

Learn more:

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14. CDC. The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. 2013, p. 1-60.

Healthcare and Healthy Living

Access to healthcare and healthy lifestyle choices is essential for everyone to live life to the fullest. Prioritizing prevention over treatment can save us time, money, and unnecessary suffering. When we focus on avoiding illness and chronic diseases, we invest in our well-being and future.

Healthy habits—such as not smoking, eating nutritious foods, getting enough sleep, exercising regularly, and attending annual check-ups—play a critical role in keeping us healthy. Quality medical care allows us to maintain our health and enjoy longer, more fulfilling lives. Plus, a healthier population translates to fewer lost days of productivity, learning, and earning potential. By prioritizing preventative care, we can create a community that thrives rather than merely survives.

Key Health Concerns in Our Community:

- **Smoking:** In our district, a higher percentage (15.7%) of adults smoke regularly compared to the statewide average (14.2%). Fortunately, youth smoking has drastically declined. Cherry County has the highest percentage of adult smokers in the district at 18.8% and Keya Paha the lowest at 12.9%.
- **Physical Inactivity:** We also see a larger number of adults who are physically inactive, which can lead to various health complications. 28.6% of north central Nebraskans are physically inactive, compared to the state's average of 25.2%.
- **Doctor Check-ups:** On a positive note, more adults in our district are getting regular check-ups and have health insurance compared to the state average.
- **Mental Health:** Unfortunately, many counties in our district face challenges with access to mental health providers, resulting in a high ratio of people to available professionals.

By addressing these issues and emphasizing preventive care, we can build a healthier, more vibrant community for everyone.

Smoking is deadly.

Smoking is the number one cause of preventable death and affects nearly every organ in the body. The earlier someone smokes the more likely they are to become addicted, a concerning fact since smoking usually starts in youth. Quitting smoking is one of the most beneficial things a person can do for their health. Tobacco Free Nebraska has free tobacco cessation products to assist individuals in their quit attempts.

Smoke Regularly

15.7%
Adults
North Central District Health Department

14.2%
Adults
Nebraska

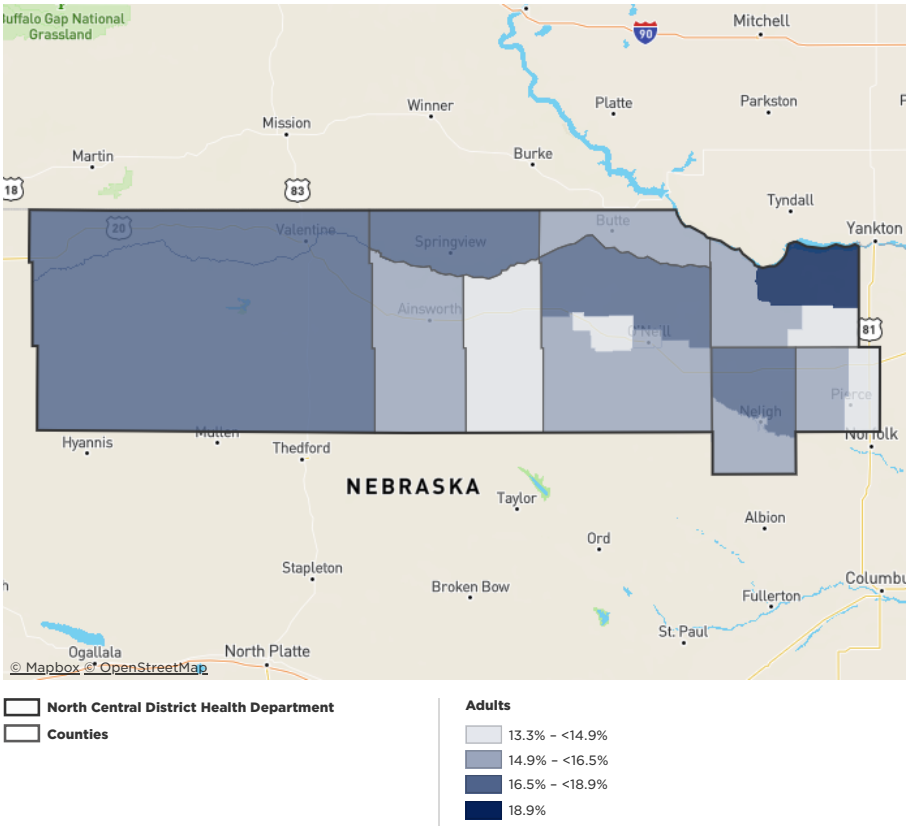
Sources: CDC BRFSS PLACES 2022

This data represents the share of adults who have smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Geography	2022 Regular Smoking Among Adults
Antelope County, NE	13.6%
Boyd County, NE	14.9%
Brown County, NE	14.3%
Cherry County, NE	18.8%
Holt County, NE	15.6%
Keya Paha County, NE	12.9%
Knox County, NE	16.4%
Pierce County, NE	14.2%
Rock County, NE	15.3%
North Central District Health Department	15.7%
Nebraska	14.2%

Sources: CDC BRFSS PLACES 2022

Smoking Regularly



Sources: CDC BRFSS PLACES 2022

This data represents the share of adults who have smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Forward movement benefits everyone.

From childhood through adulthood, physical activity is a key factor to improve physical and mental health and prevent disease. However, many of us are not as active as we might want to be with lack of time and energy, low social support, or limited access to a safe place to exercise on the list of barriers. Creating a community where exercise is available for all people might include creating more parks and greenspaces, adding bicycle lanes, ensuring safe walking paths, equipping people to walk or bike to work, and more.

Overview

Physical Inactivity

28.6%
of Adults
North Central District Health Department

25.2%
of Adults
Nebraska

Active Commuters who Walk, Bike, or Take Public Transit

6.1%
of Commuters
North Central District Health Department

3.5%
of Commuters
Nebraska

Sources: CDC BRFSS PLACES 2022; US Census Bureau ACS 5-year 2019-2023

Physical inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

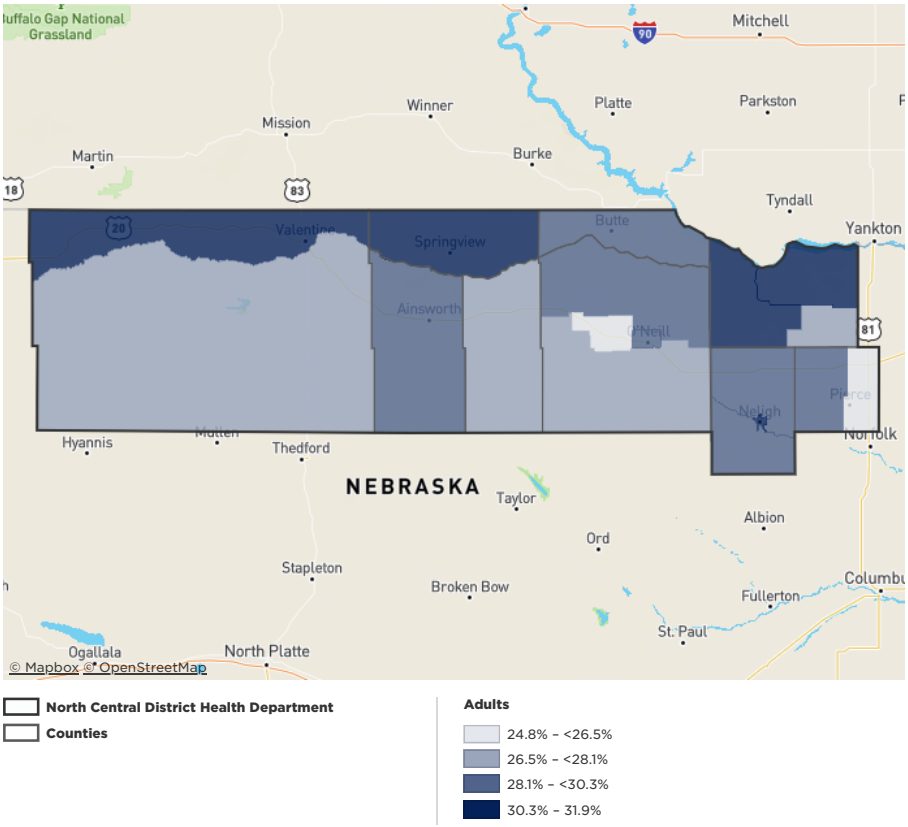
Geography	2022 Physical Inactivity	2019-2023 Active Commuters who Walk, Bike, or Take Public Transit
Antelope County, NE	26.2%	4.8%
Boyd County, NE	28.1%	13.9%
Brown County, NE	28.4%	5.3%
Cherry County, NE	30.4%	8%
Holt County, NE	28.7%	6.6%
Keya Paha County, NE	26.9%	11.5%
Knox County, NE	30.8%	5.1%
Pierce County, NE	25.9%	3.9%
Rock County, NE	27.5%	5.3%
North Central District Health Department	28.6%	6.1%
Nebraska	25.2%	3.5%

Sources: CDC BRFSS PLACES 2022; US Census Bureau ACS 5-year 2019-2023

Physical inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

Map: Physical Inactivity

Physical Inactivity

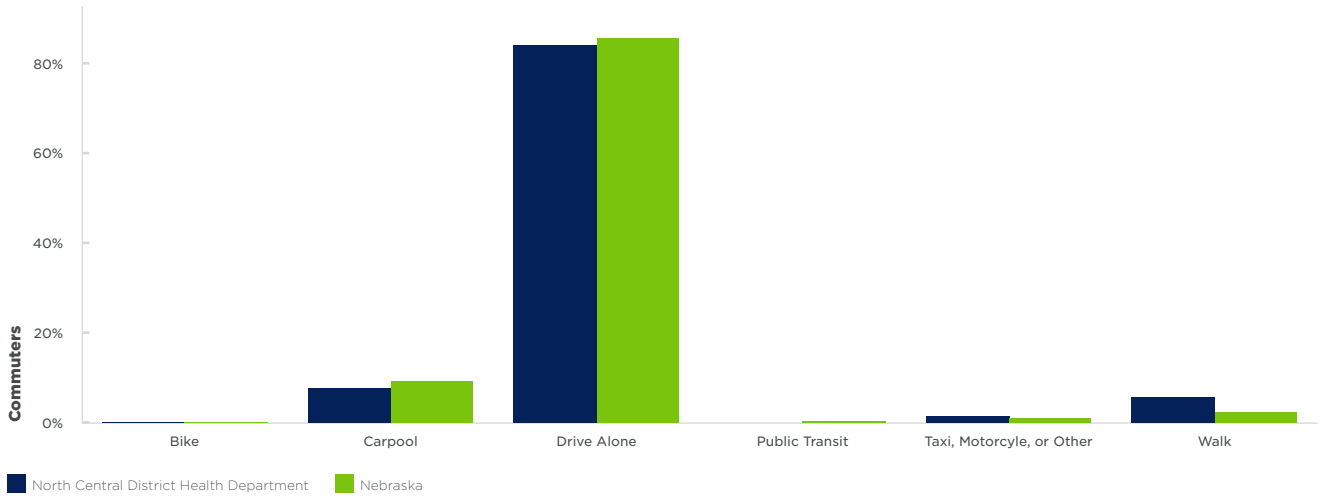


Sources: CDC BRFSS PLACES 2022

Physical inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

Transportation Method to Travel to Work

Method of Transportation to Work



Sources: US Census Bureau ACS 5-year 2019-2023

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County NE
2019-2023 Bike	0.4%	0%	0.7%	0.4%	0%	0%	0%
2019-2023 Walk	4.5%	12.7%	4.6%	7.5%	6.6%	11.5%	4.9%
2019-2023 Taxicab, Motorcycle, or Other Means	1.2%	0.8%	0%	5.6%	1.6%	5%	0.9%
2019-2023 Drive Alone	85.4%	76.5%	85%	75.3%	86.7%	71.2%	85.7%
2019-2023 Carpool	8.6%	8.8%	9.7%	11.1%	5.1%	12.3%	8.2%
2019-2023 Public Transit	0%	1.2%	0%	0.1%	0%	0%	0.3%

Sources: US Census Bureau ACS 5-year 2019-2023

Prevention is better than treatment.

We've heard that finding a problem before it gets worse is a great way to improve our health. This reduces our risk for disease and death, but many people still don't get this kind of healthcare. The barriers might include cost, not having a relationship with a primary care provider, and distance from healthcare services. Educating people about the benefits of proactive healthcare and reducing the cost, distance, and time burden for them to receive this care can improve individual lives and the burden on our healthcare system.

Doctor Checkup in Past Year

Doctor Checkup in Past Year

75.6%
of Adults
North Central District Health Department

74.1%
of Adults
Nebraska

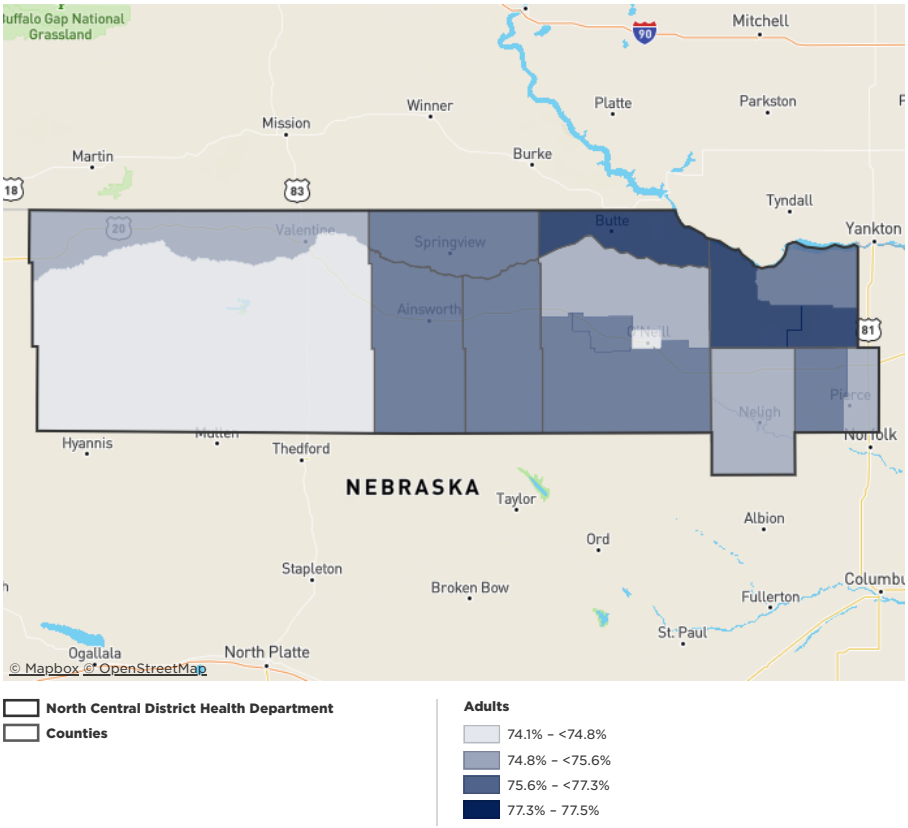
Sources: CDC BRFSS PLACES 2022

This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Geography	2022 Doctor Checkup in Past Year Among Adults
Antelope County, NE	75.5%
Boyd County, NE	77%
Brown County, NE	76.3%
Cherry County, NE	74.2%
Holt County, NE	75.3%
Keya Paha County, NE	78.3%
Knox County, NE	76.6%
Pierce County, NE	74.7%
Rock County, NE	75.9%
North Central District Health Department	75.6%
Nebraska	74.1%

Sources: CDC BRFSS PLACES 2022

Doctor Checkup in Past Year



Sources: CDC BRFSS PLACES 2022

This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Preventive Care Utilization

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2022 Colorectal Cancer Screening Among Adults 50 to 75	64.8%	62.8%	66.9%	65.2%	63.3%	59.6%	67.1%
2020 Core Preventive Services for Men 65+	44.5%	49.3%	48.2%	39.8%	40.9%	42.4%	45%
2020 Core Preventive Services for Women 65+	34%	40.1%	34.1%	35.9%	34.5%	30.5%	33.7%
2022 Dental Visit Among Adults	62.9%	64.6%	65.7%	64.3%	64.3%	57.8%	62.7%
2020 Pap Smear Among Women 21 to 65	81.1%	81.5%	79.8%	79.3%	80.5%	80.2%	79.9%
2022 Mammography Among Women 50 to 74	74.3%	75.2%	74.6%	73.8%	73.4%	73%	76.8%

Sources: CDC BRFSS PLACES 2020, 2022

Health Insurance

People who have insurance are more likely to get the healthcare services and medication they need when they need it. However, insurance can be complex, tied to employment, and is sometimes not financially doable. Residents who don't have insurance for any number of reasons may not be able to live healthy lives.

People Covered by Insurance

Have Health Insurance

93.3%

People

North Central District Health Department

92.6%

People

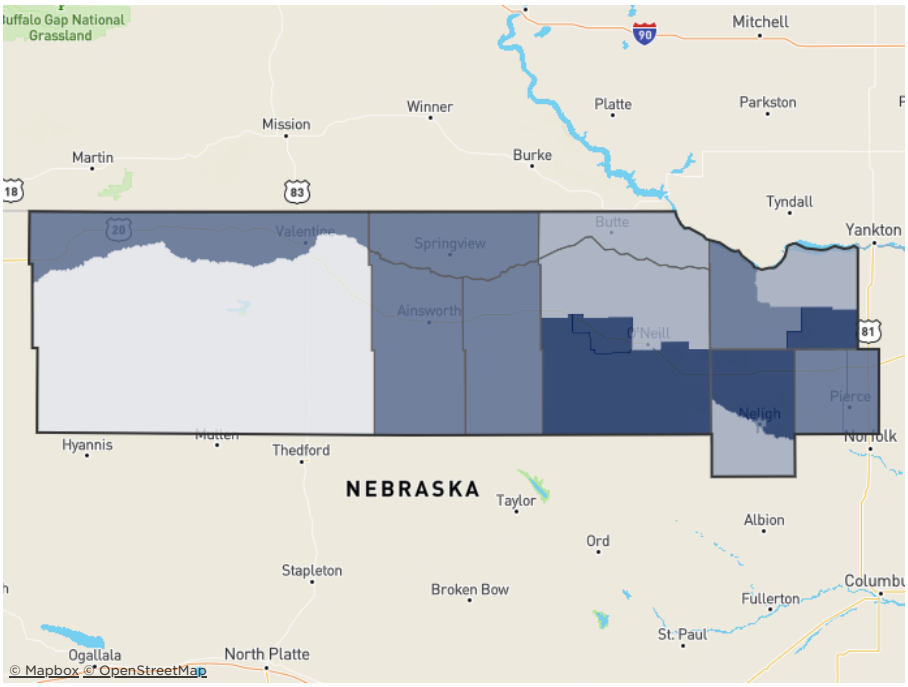
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People With Health Insurance
Antelope County, NE	94%
Boyd County, NE	90.9%
Brown County, NE	93.5%
Cherry County, NE	92%
Holt County, NE	93%
Keya Paha County, NE	93.7%
Knox County, NE	93.9%
Pierce County, NE	93.8%
Rock County, NE	93.6%
North Central District Health Department	93.3%
Nebraska	92.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Health Insurance Coverage



Sources: US Census Bureau ACS 5-year 2019-2023

People Covered by Insurance by Race/Ethnicity

Insurance Status by Race/Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019-2023 Insured Asian People	95.1%	93%	100%	No data	100%	100%	100%
2019-2023 Insured Black People	80.8%	86.8%	46.6%	60%	100%	100%	100%
2019-2023 Insured Hispanic or Latino People	80.4%	80.3%	69.7%	92.5%	82.8%	71.8%	76.9%
2019-2023 Insured Multiracial People	89.6%	86.3%	68.4%	100%	94.8%	91.5%	85.2%
2019-2023 Insured Native American People	71.1%	79.7%	100%	94.1%	100%	74.1%	68%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	100%	No data	No data	No data	No data
2019-2023 Insured Other People	68.7%	78.1%	60.3%	88.9%	75.7%	56.2%	67.5%
2019-2023 Insured White (Not Hispanic or Latino) People	94.5%	95%	95.6%	90.7%	94.2%	93.2%	94.3%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

People Covered by Insurance by Age

Health Insurance Status by Age

Geography	2019-2023 Insured People Under Age 6	2019-2023 Insured People Ages 6 to 18	2019-2023 Insured People Ages 19 to 64	2019-2023 Insured People Ages 65+
North Central District Health Department	96.7%	94.1%	89.6%	99.8%
Nebraska	95.8%	94.7%	89.5%	99.4%
Antelope County, NE	97.8%	93.7%	90.7%	100%
Boyd County, NE	100%	95%	82.7%	99.8%
Brown County, NE	96.5%	91.7%	90.1%	100%
Cherry County, NE	97.9%	85.2%	90.2%	100%
Holt County, NE	96.7%	96.4%	88.3%	100%
Keya Paha County, NE	87.5%	98.1%	89.2%	100%
Knox County, NE	96.7%	93.7%	90.7%	99.6%
Pierce County, NE	96.9%	97.1%	90.3%	99%
Rock County, NE	84.9%	97.4%	90.3%	100%

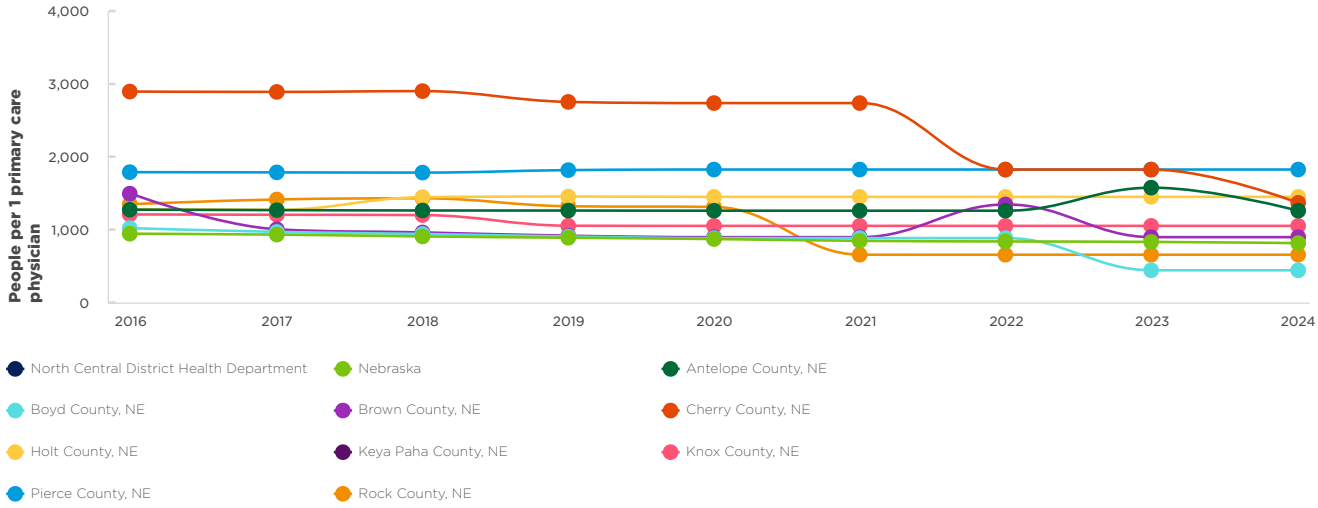
Sources: US Census Bureau ACS 5-year 2019-2023

Primary Care

A primary care provider is a doctor or practitioner who can look at your health as a whole, managing your care and sometimes even preventing the need for medical specialists. Having a primary care provider leads to positive health outcomes because it often includes more proactive health care visits, such as annual check-ups. Creating more

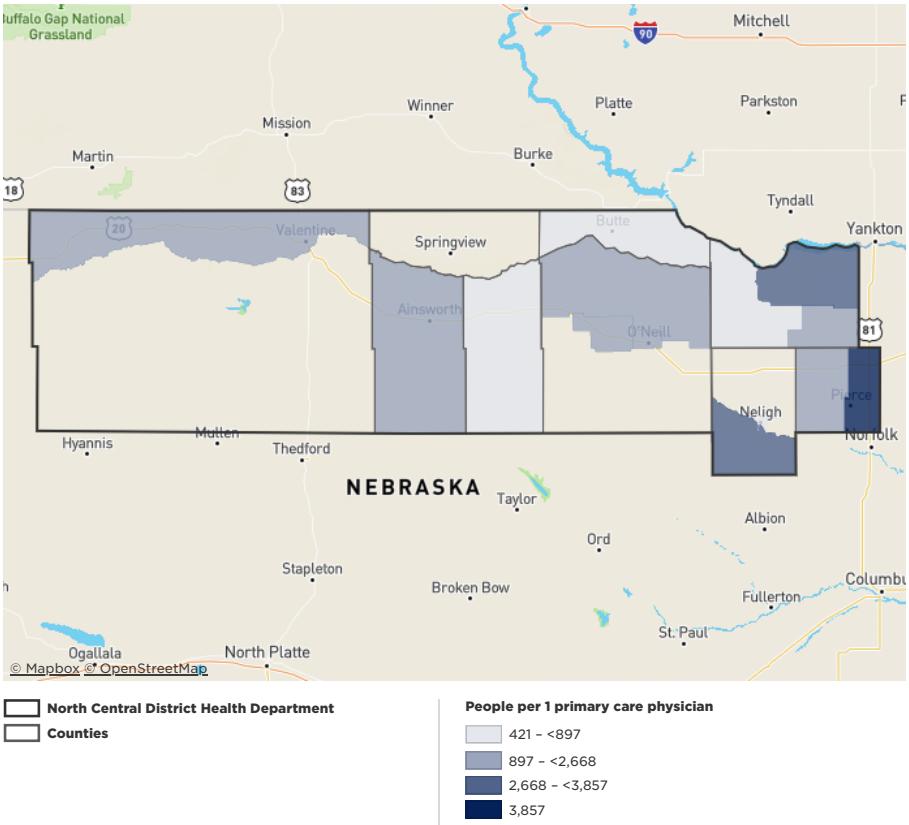
opportunities for relationships with primary care providers helps us focus on prevention, rather than costly treatment.

Primary Care Physician Ratio



Sources: NPPES NPI

Primary Care Physician Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 primary care physicians.

Lack of Reliable Transportation Among Adults	People
North Central District Health Department	**6.8%**
Nebraska	**7.7%**
Antelope County, NE	**5.5%**
Boyd County, NE	**6.4%**
Brown County, NE	**7.2%**
Cherry County, NE	**7%**
Holt County, NE	**6.1%**
Keya Paha County, NE	**5.9%**
Knox County, NE	**7.8%**
Pierce County, NE	**6.4%**
Rock County, NE	**5.2%**

Percent of Income Spent on Transportation - Low Income Individuals	
North Central District Health Department	**85.9%**
Nebraska	**67.3%**
Antelope County, NE	**85.1%**
Boyd County, NE	**89%**
Brown County, NE	**87%**
Cherry County, NE	**83.8%**
Holt County, NE	**84.8%**
Keya Paha County, NE	**86%**
Knox County, NE	**86.9%**
Pierce County, NE	**87%**
Rock County, NE	**87%**

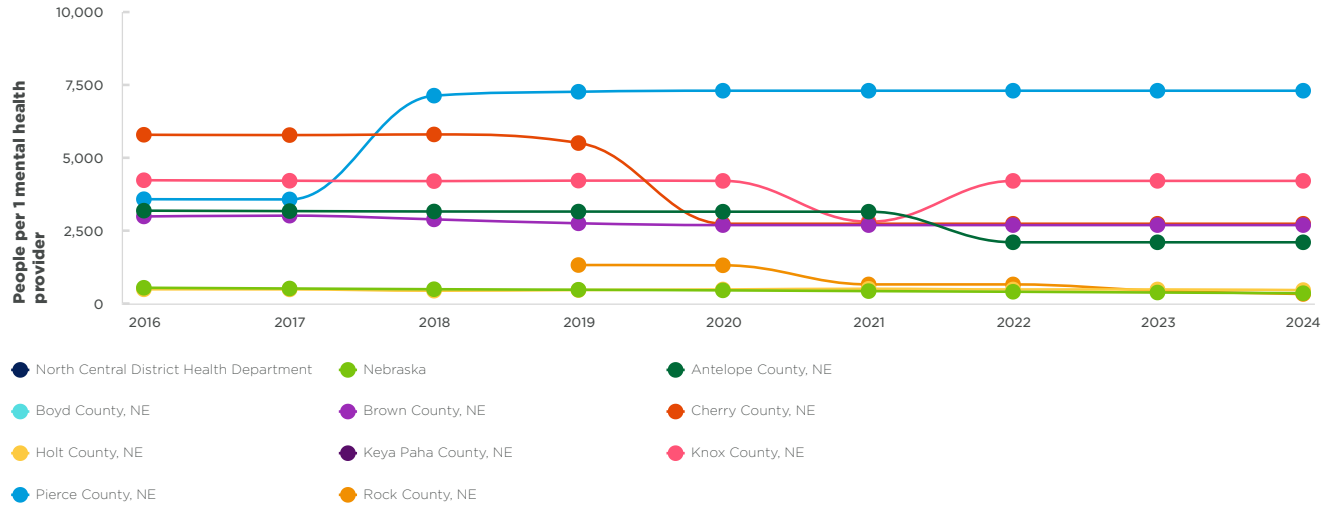
Sources: CDC BRFSS PLACES 2022; US HUD & DOT LAI V3.0 2016

Mental Health

Mental healthcare should be easier to find in our community, as mental and physical health go hand-in-hand. We can't focus on one without the other. While healthcare access in general can be a challenge, mental healthcare is especially difficult because of a lack of services or social stigmas that still exist. We don't think twice about seeking medical care for a broken arm or other physical need, yet many people delay getting help for their mental health because of outdated ideas about why it happens, what it means, and who struggles with it. 1 in 5 adults in the U.S. live with mental illness. In addition to those with diagnosed conditions, many people can benefit from mental health services at some point in life.

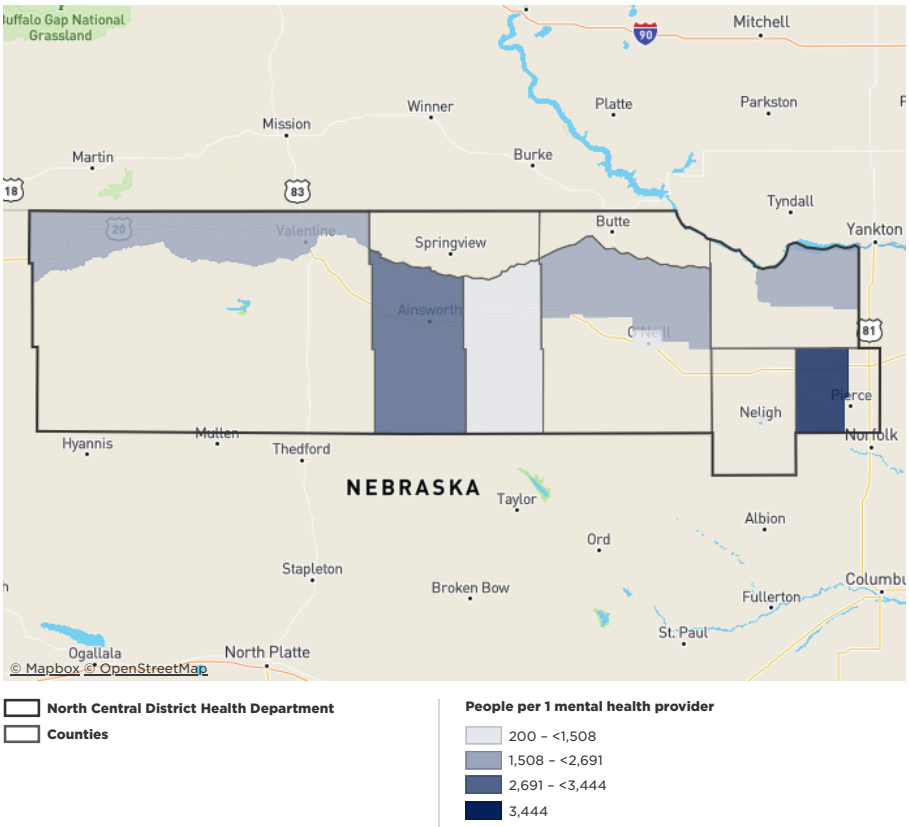
The more we talk about mental health, share resources, and remove barriers for people to access mental health providers, the healthier our community will be.

Mental Health Provider Ratio



Sources: NPPES NPI

Mental Health Provider Ratio



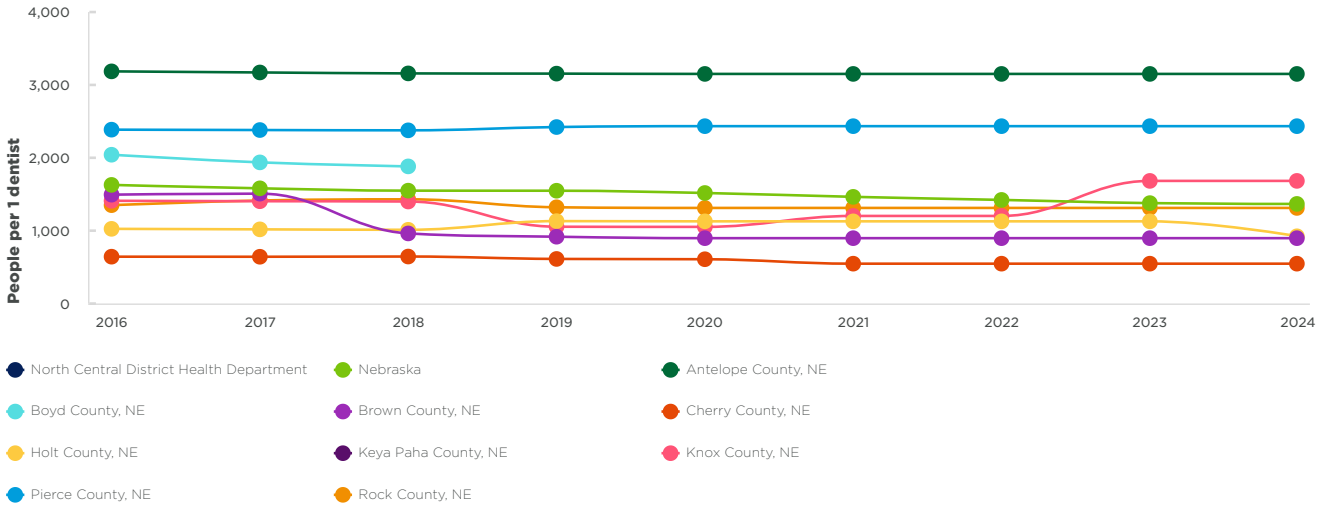
Sources: NPPES NPI 2024

Areas with no data have 0 mental health providers.

Dental health highlights the root of the problem.

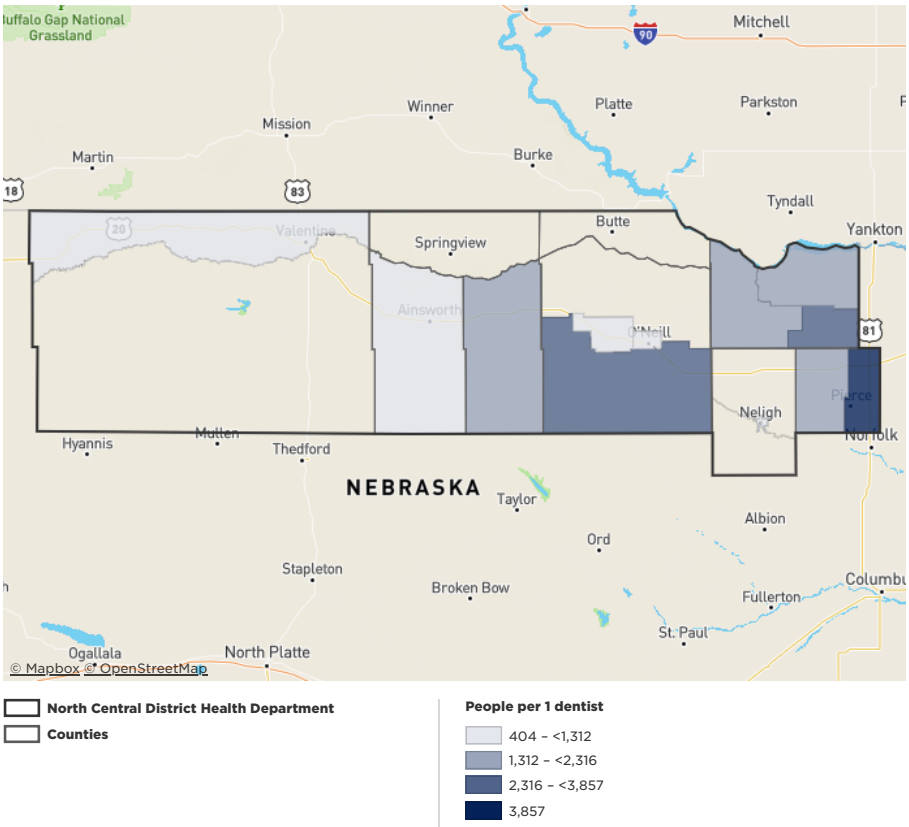
Dental health doesn't just tell us about proper brushing of teeth and gums. Poor dental health can point to social inequalities, as underserved populations are more likely to have greater dental needs. Poor dental health is also linked with other diseases, such as diabetes and obesity, because they share risk factors such as smoking or sugary diets. Increasing dental care services in our community is another way to improve health.

Dentist Ratio



Sources: NPPES NPI

Dentist Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 dentists.

Learn more:

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12. “Mental Illness.” National Institute of Mental Health (NIMH), https://www.nimh.nih.gov/health/statistics/mental-illness.

13. Northridge, Mary E., et al. “Disparities in Access to Oral Health Care.” Annual Review of Public Health, vol. 41, Apr. 2020, pp. 513–35. PubMed Central, https://doi.org/10.1146/annurev-publhealth-040119-094318.

We Don’t Always Control Every Health Choice

While we all make daily decisions about our health, not everything is in our control. Often, our choices are shaped by what’s available—or missing—in our communities. Our surroundings—everything from housing to transportation—have a direct impact on our long-term health.

Key Environmental Factors in Our District:

- **Housing Issues:** Our district experiences fewer severe housing problems compared to the national average, which is a positive sign for residents' well-being.
- **Walkability:** Unfortunately, walkability in our area is lower than in Nebraska as a whole, making it harder for people to stay active through walking or biking.
- **Vehicle Access:** On the upside, more people in our district have access to a vehicle compared to the statewide average. This may be due to the rural nature of the area and the lack of public transportation options.

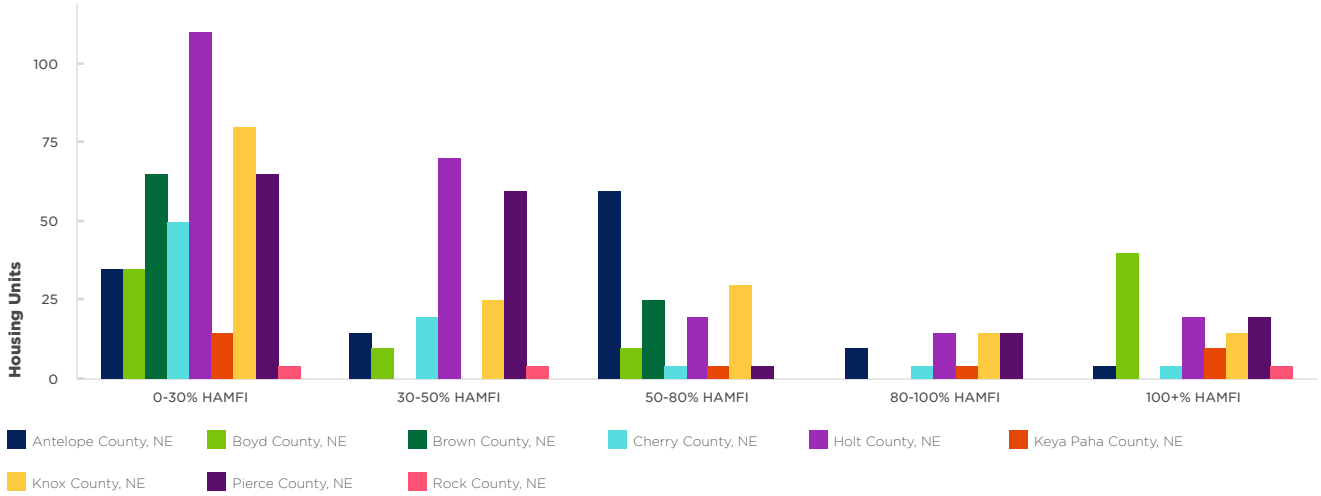
Our environment plays a critical role in shaping our health, which is why it’s important to address these factors in our community.

A house isn't a home unless it's safe.

Homes that are unsafe put people’s health at risk. Safety is more than lack of crime in a neighborhood—it includes the physical structure of the home and whether or not it’s safe to be there every day. People with lower incomes may not have options other than homes with maintenance and safety issues that expose them to health risks. If safety issues exist, tenants may be at the mercy of the landlord to resolve the issue. Unsafe homes, such as those with lead paint, may have negative effects on childhood development and can lead to many long-term health issues.

Presence of Severe Housing Problems by Owner vs Renter and Income

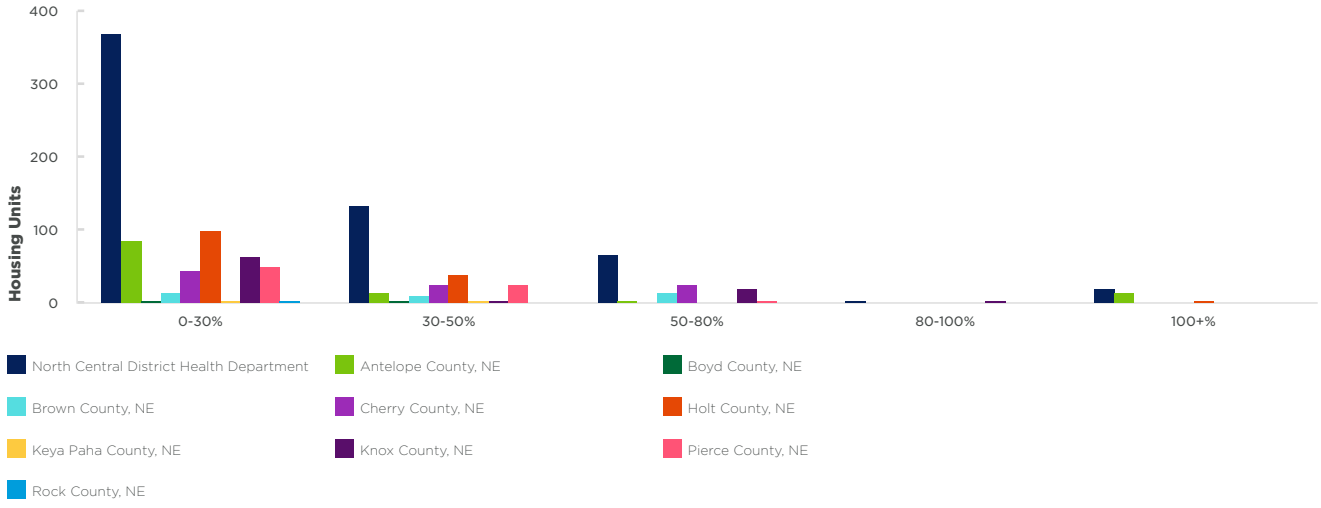
Owner-Occupied Homes with at Least 1 Severe Housing Problem by Owner Income



Sources: HUD CHAS 2017-2021

Severe Housing Problems include 1) lack complete kitchen facilities; 2) lack complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. HUD Area Median Family Income (HAMFI) is the median family income calculated by HUD for each jurisdiction in order to determine Fair Market Rents (FMRs) and income limits for HUD programs.

Renter-Occupied Homes with at Least 1 Severe Housing Problem by Renter Income

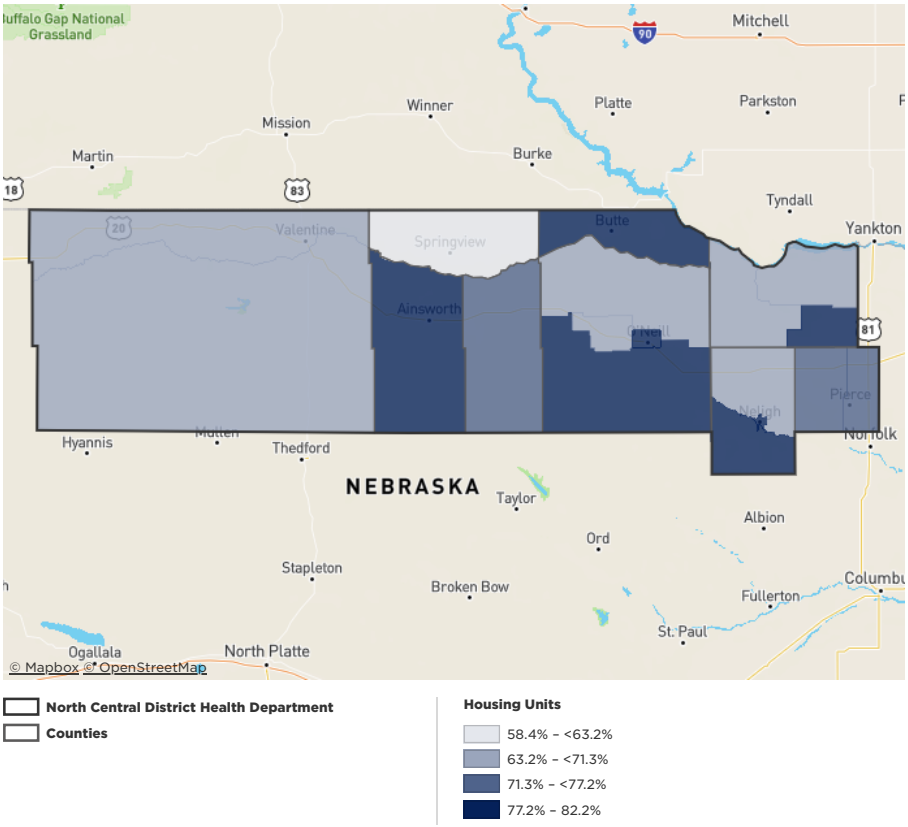


Sources: HUD CHAS 2017-2021

Severe Housing Problems include 1) lack complete kitchen facilities; 2) lack complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. HUD Area Median Family Income (HAMFI) is the median family income calculated by HUD for each jurisdiction in order to determine Fair Market Rents (FMRs) and income limits for HUD programs.

Map: Housing Units with Potential for Lead Paint

Housing Units with Potential for Lead Paint



Sources: US Census Bureau ACS 5-year 2019-2023

Playing outside is good for you.

From childhood to adulthood, being active and outdoors is good for your health. Playing, walking, running, or cycling at parks and green spaces are free ways to help prevent illness. Our neighborhoods should allow residents to engage in outdoor activity for improved physical, mental, and social wellbeing. Access to nature also has potential to improve health outcomes for people in lower income areas, giving them the same chance to be healthy as people who live in other areas.

Walkability Index

6.6
on a scale of 1 to 20
North Central District Health Department

9.2
on a scale of 1 to 20
Nebraska

Area Dedicated to Parks

No data
North Central District Health Department

3.5%
Nebraska

Sources: EPA 2021; openICPSR NaNDA 2018

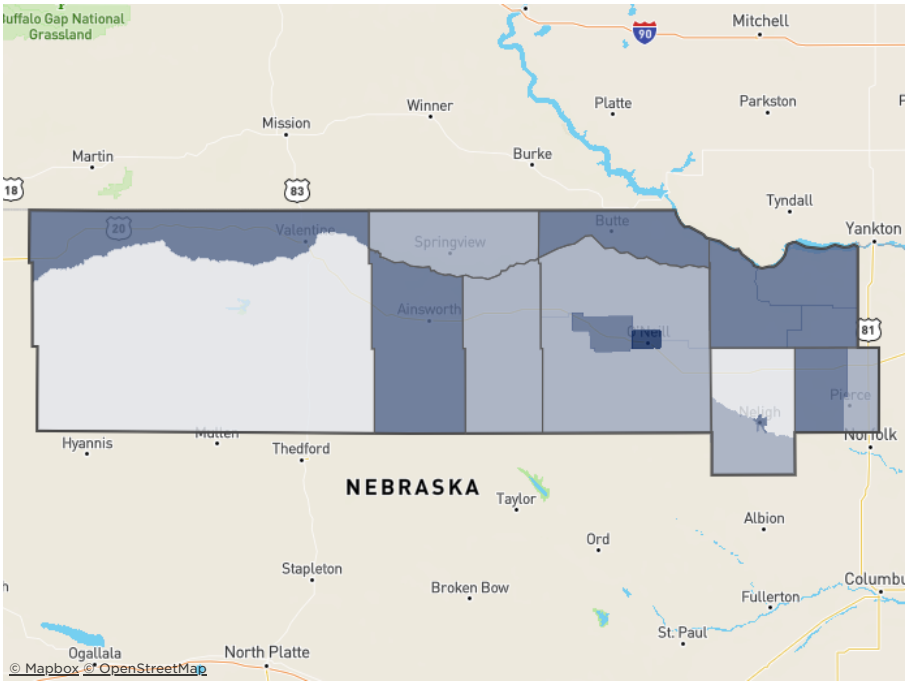
Note: Walkability improves as scores approach 20.

Geography	2021 Walkability Index	2018 Percent Area Covered by Parks
North Central District Health Department	6.6	No data
Nebraska	9.2	3.5%
Antelope County, NE	5.4	0%
Boyd County, NE	6.6	0%
Brown County, NE	6.9	0%
Cherry County, NE	6.1	1.9%
Holt County, NE	6.9	0.1%
Keya Paha County, NE	6	0%
Knox County, NE	7	0%
Pierce County, NE	5.9	0%
Rock County, NE	5.6	0%

Sources: EPA 2021; openICPSR NaNDA 2018

Map: Walkability

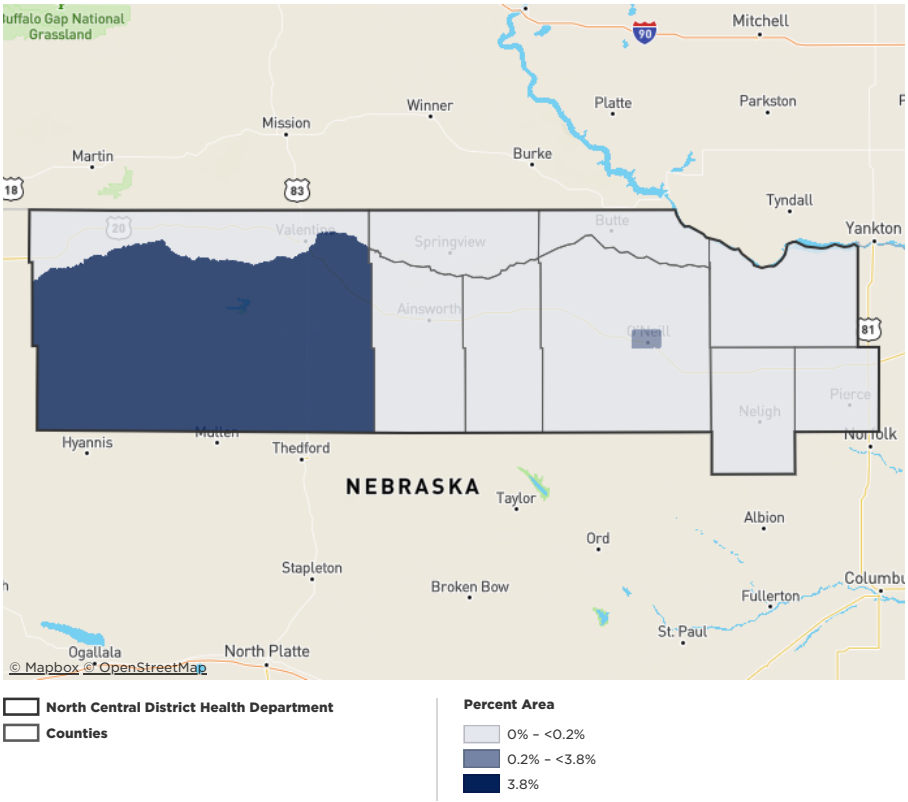
Walkability Index



Sources: EPA 2021

Map: Percent Park Area

Area Dedicated to Parks



Sources: openICPSR NaNDA 2018

A long commute takes a daily toll.

When we can't afford to live where we work, we are more likely to have long commute times. Any time spent driving or riding public transit to work is lost time for creating social connection with our families, friends, and neighbors. The stress of rush hour also affects our mental health, and time spent sitting in traffic affects us physically. By improving job opportunities, access to services, and housing costs in our community, we can reduce daily stress and give people time back to connect with others, move their bodies, and other activities that impact their overall well-being.

Long Commute (30+ minutes), Drive Alone

16.6%
Commuters
North Central District Health Department

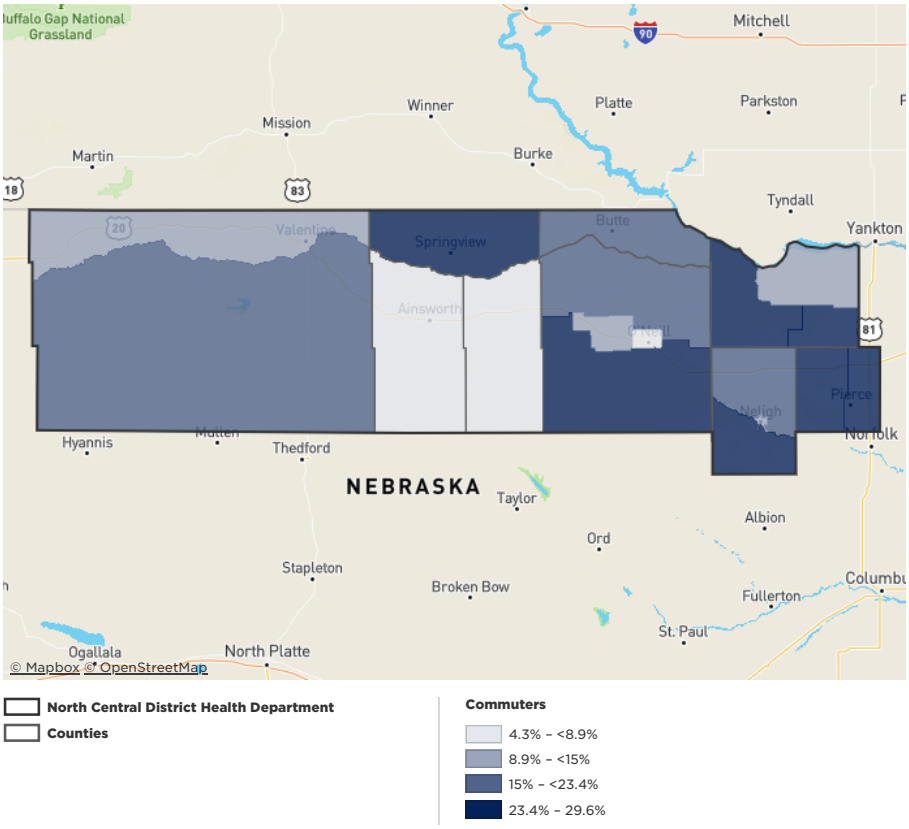
16.5%
Commuters
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Long Commute (30+ minutes), Drive Alone
North Central District Health Department	16.6%
Nebraska	16.5%
Antelope County, NE	18.2%
Boyd County, NE	18.8%
Brown County, NE	4.3%
Cherry County, NE	10.3%
Holt County, NE	13%
Keya Paha County, NE	27.4%
Knox County, NE	21%
Pierce County, NE	24.9%
Rock County, NE	7.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Long Commute (30+ Minutes) Driving Alone



Sources: US Census Bureau ACS 5-year 2019-2023

We should be able to get where we need to go.

When we can travel freely to work, the doctor's office, healthy grocery stores, and parks, we're more likely to go. If those services and goods are inside our neighborhood, that's even better. When a task is challenging due to lack of a vehicle the effect on our health adds up.

Lack Access to a Vehicle

4%

of Occupied Housing Units

North Central District Health Department

5.2%

of Occupied Housing Units

Nebraska

Lack Access to a Vehicle

712

Occupied housing units

North Central District Health Department

41,151

Occupied housing units

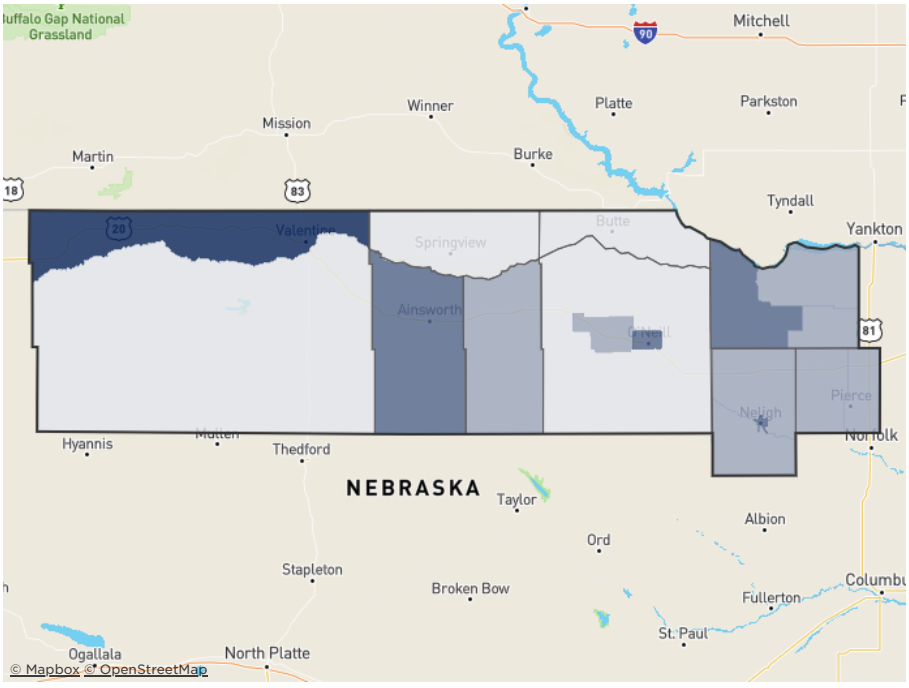
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Lack Access to a Vehicle (Percent)	2019-2023 Lack Access to a Vehicle (Number)
North Central District Health Department	4%	712
Nebraska	5.2%	41,151
Antelope County, NE	3.9%	105
Boyd County, NE	1.3%	10
Brown County, NE	4.6%	55
Cherry County, NE	7.4%	164
Holt County, NE	3.3%	136
Keya Paha County, NE	1.5%	5
Knox County, NE	3.8%	124
Pierce County, NE	3.2%	91
Rock County, NE	3.8%	22

Sources: US Census Bureau ACS 5-year 2019-2023

Lack of Vehicle Access



Sources: US Census Bureau ACS 5-year 2019-2023

Food is a Basic Human Need

Everyone deserves access to food that nourishes their body, but for many, that's not the reality. Finding or affording nutritious food can be a daily struggle, especially in areas where healthy options are scarce. Poor diets often lead to serious health conditions, yet in some communities, unhealthy choices may be the only ones available.

Food Access Challenges in Our District:

- **Healthy Food Access:** Low access to health food is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store. Over one-third (35.4%) of residents in our district face difficulties accessing healthy food.
- **Food Purchasing Options:** While all counties in the district have at least one grocery store, none have larger supercenters or club stores that offer more variety.
- **SNAP Benefits:** NCDHD has fewer households receiving SNAP benefits (6.8%) compared to the state average (8%). Yet, we have a higher percentage of households living in poverty that don't receive SNAP support (73.8%) than the state (66%).

Addressing these food access issues is a critical step toward creating a healthier, more equitable community.

Low Access Overall and by Select Characteristics

Have Low Access to Healthy Food

35.3%
People
North Central District Health Department

54.2%
People
Nebraska

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Geography	2019 People With Low Access to Healthy Food
Antelope County, NE	12.9%
Boyd County, NE	36.3%
Brown County, NE	10.1%
Cherry County, NE	38.8%
Holt County, NE	47.4%
Keya Paha County, NE	99.9%
Knox County, NE	30.7%
Pierce County, NE	46.5%
Rock County, NE	28%
North Central District Health Department	35.3%
Nebraska	54.2%

Sources: USDA ERS FARA 2019

Low Access to Healthy Food by Select Characteristics

Geography	2019 Low Income People	2019 Housing Units without Vehicles
North Central District Health Department	34.1%	29.6%
Nebraska	52.6%	49.1%
Antelope County, NE	11.3%	1.9%
Boyd County, NE	38%	36.8%
Brown County, NE	11.2%	9.1%
Cherry County, NE	30.7%	14.5%
Holt County, NE	47.7%	56%
Keya Paha County, NE	103.8%	100%
Knox County, NE	39.4%	38.7%
Pierce County, NE	38.9%	33.7%
Rock County, NE	42.4%	25%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.
Low Income is defined as as either a poverty rate of 20 percent or more, or the median family income is 80 percent or less of the state or metro area median income

Low Access by Race or Ethnicity

Low Access to Healthy Food by Race or Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019 Asian	17.4%	58.8%	0%	11.8%	14.3%	0%	44.4%
2019 Black or African American	27%	57.2%	10.5%	0%	0%	38.5%	31.3%
2019 Hispanic or Latino	28.2%	53.2%	7.9%	33.3%	0%	36.8%	21.6%
2019 Multiracial or Other Race	27.4%	53.4%	8.5%	59.4%	2.6%	26.8%	28%
2019 Native American	65.3%	40.6%	9.1%	25%	11.1%	15.5%	44.8%
2019 Native Hawaiian and Pacific Islander	45.5%	53.3%	No data	100%	No data	100%	25%
2019 White	34.7%	54.1%	13%	36.2%	10.2%	40.8%	47.9%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Data includes both Hispanic/Latino and non-Hispanic/Latino unless otherwise noted.

Low Access Among Children, Seniors

Low Access to Healthy Food by Select Age Groups

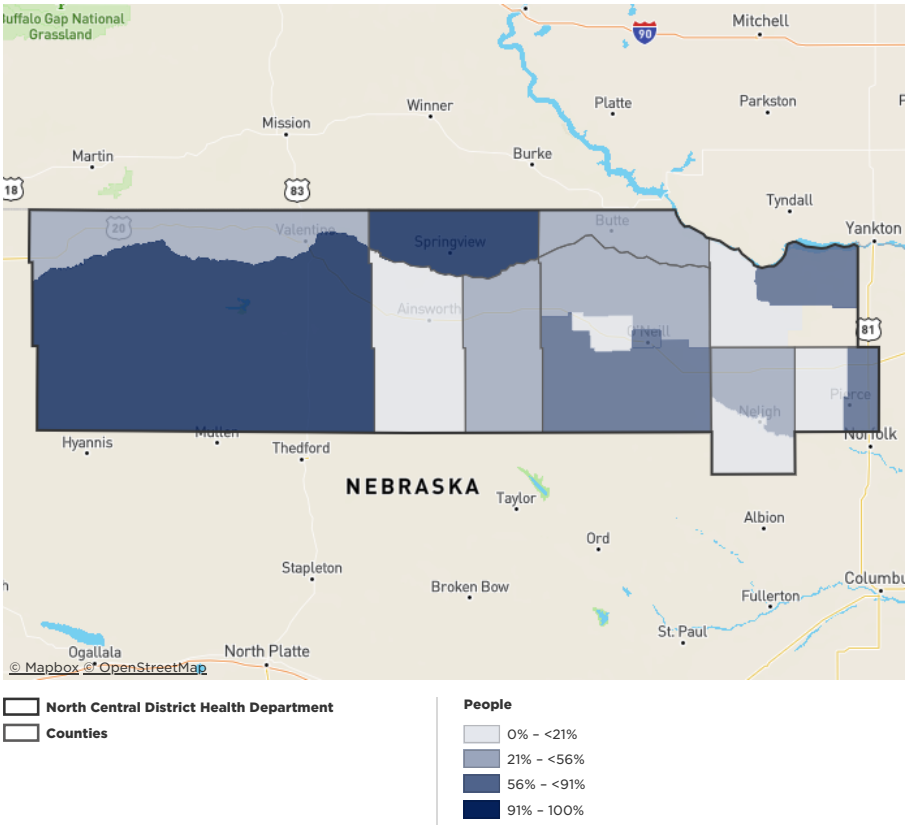
Geography	2019 Children ages 0 to 17	2019 Seniors ages 65+
North Central District Health Department	36.7%	32.8%
Nebraska	54.5%	51.8%
Antelope County, NE	12.2%	12.1%
Boyd County, NE	40.6%	35.9%
Brown County, NE	8.7%	9%
Cherry County, NE	41.3%	35.7%
Holt County, NE	46.9%	49.5%
Keya Paha County, NE	100%	100%
Knox County, NE	34.9%	24.4%
Pierce County, NE	47.4%	42.4%
Rock County, NE	28.2%	23.1%

Sources: USDA ERS FARA 2019

Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Map: People with Low Access

People with Low Access to Healthy Food



Sources: USDA ERS FARA 2019

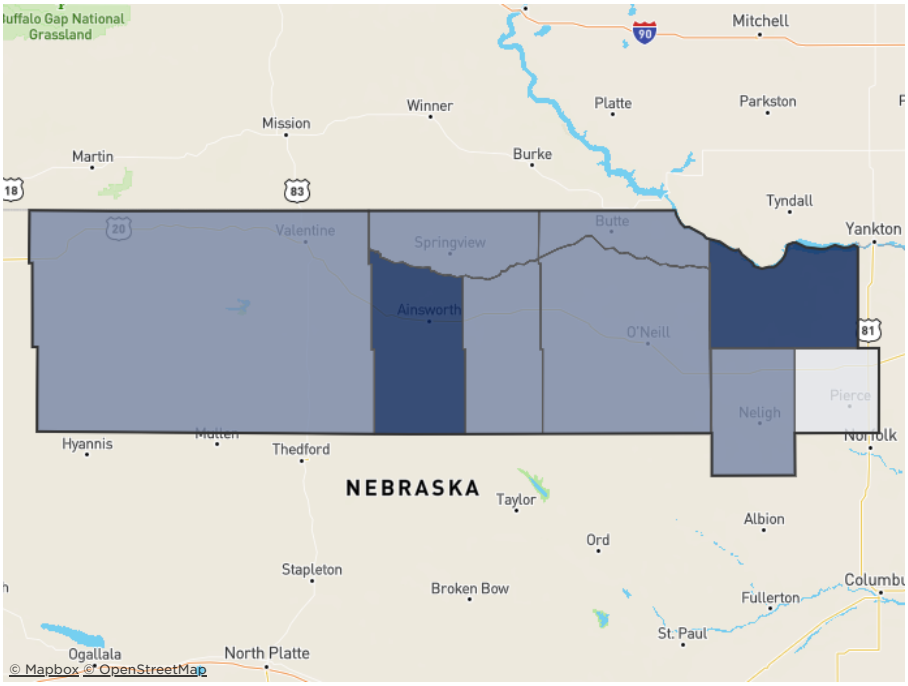
Low access is defined as living more than 1/2 mile in urban areas or more than 10 miles in rural areas from a supermarket, wholesale club, supercenter, or grocery store.

Food Insecurity

14.5%
of People
Food Insecurity
Nebraska

Sources: Feeding Amer. Map the Meal Gap 2023

Food Insecurity Rate



Sources: Feeding Amer. Map the Meal Gap 2023

Food Insecurity Among Adults	People
North Central District Health Department	**11.3%**
Nebraska	**12.8%**
Antelope County, NE	**8.9%**
Boyd County, NE	**11.2%**
Brown County, NE	**11.8%**
Cherry County, NE	**11.1%**
Holt County, NE	**10.2%**
Keya Paha County, NE	**9.3%**
Knox County, NE	**13.5%**
Pierce County, NE	**10.3%**
Rock County, NE	**8.4%**

Sources: CDC BRFSS PLACES 2022

Where we buy food makes a difference.

Food affects so much about our lives. Like blood vessels that reach every part of our bodies, our food system reaches every part of our society. How and where we get food affects our health, education, economy, and more. If we want to make healthy choices but can't easily find or afford fresh food, we are unlikely to make that choice. Low income

neighborhoods often have more unhealthy options such as fast food or gas stations, leading to choices that are higher in fat, salt, and sugar. Eating a regular diet with those options can lead to heart disease, stroke, and increase risk for some types of cancer. Just as people in rural areas might not have many options available, lower income areas in cities also might not have access. Making sure healthy food options are available allows us all to have an equal chance at good physical health throughout life.

Purchasing Options

Geography	2020 Fast Food Restaurants per 1,000 People	2020 Grocery Stores	2020 Supercenters / Club Stores
Nebraska	0.66	351	34
Antelope County, NE	0.64	5	No data
Boyd County, NE	No data	No data	No data
Brown County, NE	No data	No data	No data
Cherry County, NE	0.69	3	No data
Holt County, NE	0.6	6	No data
Keya Paha County, NE	No data	No data	No data
Knox County, NE	No data	6	No data
Pierce County, NE	0.56	No data	No data
Rock County, NE	No data	No data	No data

Sources: USDA ERS FEA 2020

Help fight hunger with SNAP.

The cost of groceries, especially fresh produce, is rising and sometimes we may need help purchasing healthy food. Programs like SNAP (Supplemental Nutrition Assistance Program) help fight hunger and equip families to make healthy choices. This program has been linked to lower healthcare costs and improved health outcomes for those who use it. SNAP helps people get enough food to eat, including children from lower income households who are at high risk for not having enough food without this help. When families receive this assistance and have stores in their community that allow them to use it, fewer people are going to bed hungry at night.

Receive SNAP Benefits

6.8%
of Households
North Central District Health Department

8%
of Households
Nebraska

Don't Receive SNAP Benefits

73.8%
of Households in Poverty
North Central District Health Department

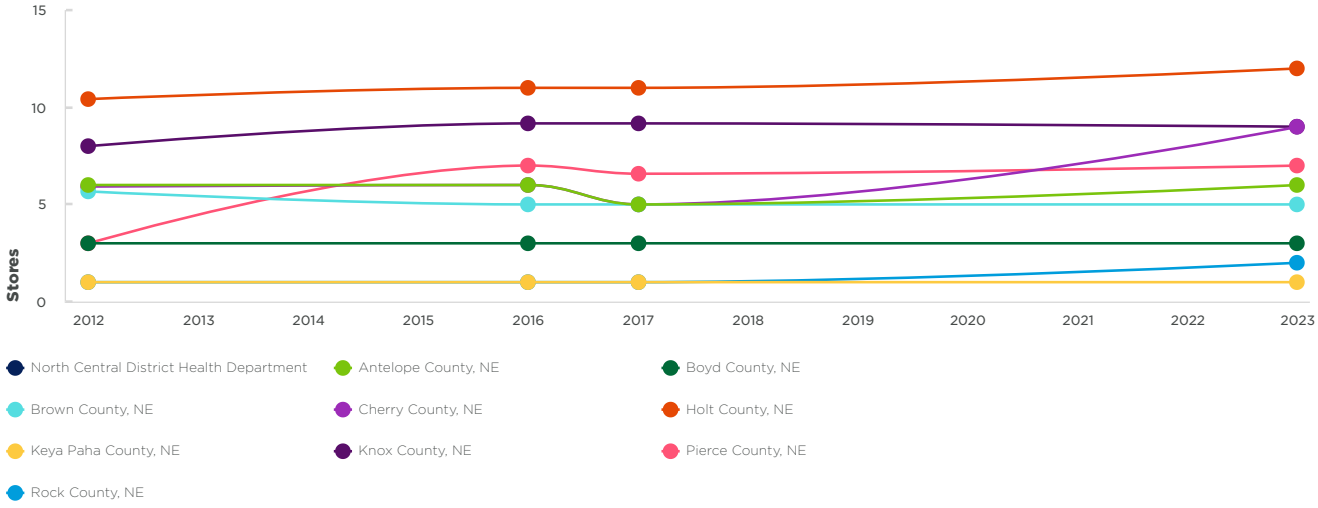
66%
of Households in Poverty
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Households Receiving SNAP	2019-2023 Households Not Receiving SNAP Below Poverty Level
Antelope County, NE	5.2%	73.1%
Boyd County, NE	6.1%	72.8%
Brown County, NE	5.9%	82.7%
Cherry County, NE	6.2%	70.7%
Holt County, NE	8.2%	67.6%
Keya Paha County, NE	1.2%	100%
Knox County, NE	8.2%	75.5%
Pierce County, NE	7.1%	73.2%
Rock County, NE	3.4%	81.9%
North Central District Health Department	6.8%	73.8%
Nebraska	8%	66%

Sources: US Census Bureau ACS 5-year 2019-2023

SNAP Authorized Stores



Sources: USDA ERS FEA

Learn more:

1. CDC. "Healthy Food Environments: Improving Access to Healthier Food." Centers for Disease Control and Prevention, 10 Sept. 2020, https://www.cdc.gov/nutrition/healthy-food-environments/improving-access-to-healthier-food.html.

2. CDC. "Health Equity." Centers for Disease Control and Prevention, 20 Sept. 2022, https://www.cdc.gov/nccdphp/dnpao/health-equity/index.html.

3. DHHS. "Access to Foods That Support Healthy Dietary Patterns." Healthy People 2030, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-dietary-patterns.

4. CDC. "Poor Nutrition | CDC." Centers for Disease Control and Prevention, 8 Sept. 2022, https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm.

5. Hilmers, Angela, et al. "Neighborhood Disparities in Access to Healthy Foods and Their Effects on Environmental Justice." American Journal of Public Health, vol. 102, no. 9, Sept. 2012, pp. 1644–54. PubMed Central, https://doi.org/10.2105/AJPH.2012.300865.

6. Carlson, Steven, and Brynne Keith-Jennings. SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs. Center on Budget and Policy Priorities, 17 Jan. 2018, https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care.

Causes of Mortality

By reviewing the top causes of mortality, we can see the top threats to health and wellness in our community. When we can identity the greatest threats to life, we can then take actionable steps to abating those threats.

Health in Our District:

- **Life Expectancy:** At 80.1 years, people in our district have a higher life expectancy than both the state (79.2) and national (78.8) averages—something to be proud of!
- **Leading Causes of Death:** Like the rest of the country, heart disease is our top cause of death; however, Nebraska also has higher rates of Chronic Lower Respiratory Disease, Alzheimer's Disease, and suicide compared to the national average.

Life Expectancy at Birth

80.1
Years
North Central District Health Department

79.2
Years
Nebraska

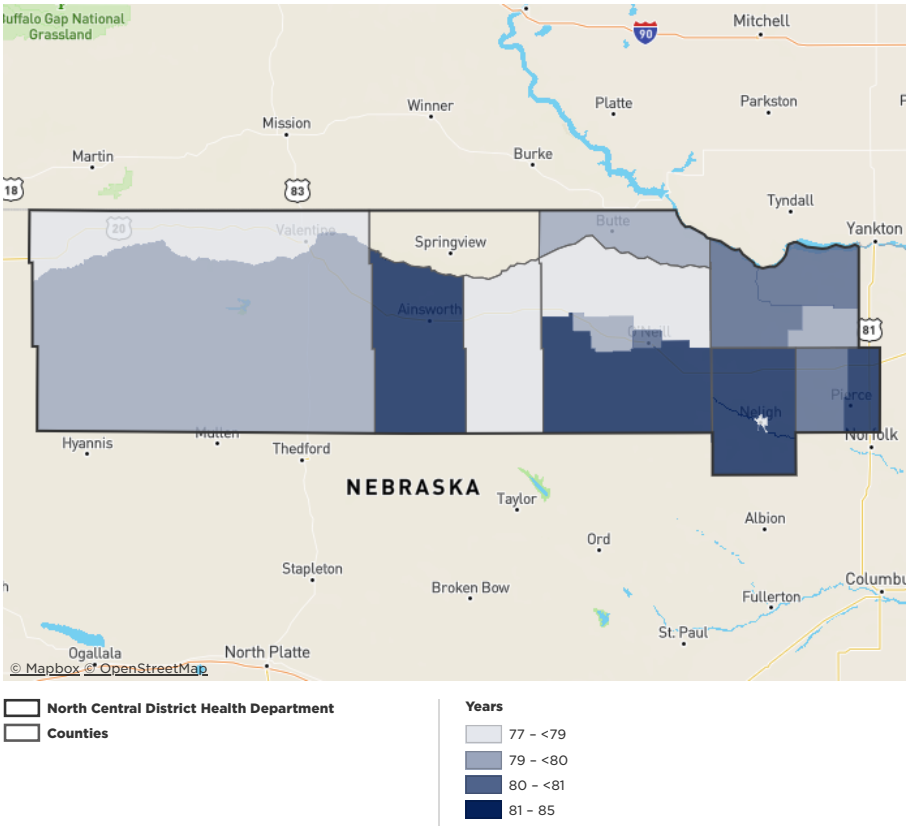
78.8
Years
United States of America

Sources: CDC NCHS USALEEP 2010-2015

Geography	2010-2015 Life Expectancy at Birth
North Central District Health Department	80.1
Nebraska	79.2
United States of America	78.8
Antelope County, NE	82.6
Boyd County, NE	79.2
Brown County, NE	81.6
Cherry County, NE	78.2
Holt County, NE	79.8
Keya Paha County, NE	No data
Knox County, NE	79.7
Pierce County, NE	80.3
Rock County, NE	77

Sources: CDC NCHS USALEEP 2010-2015

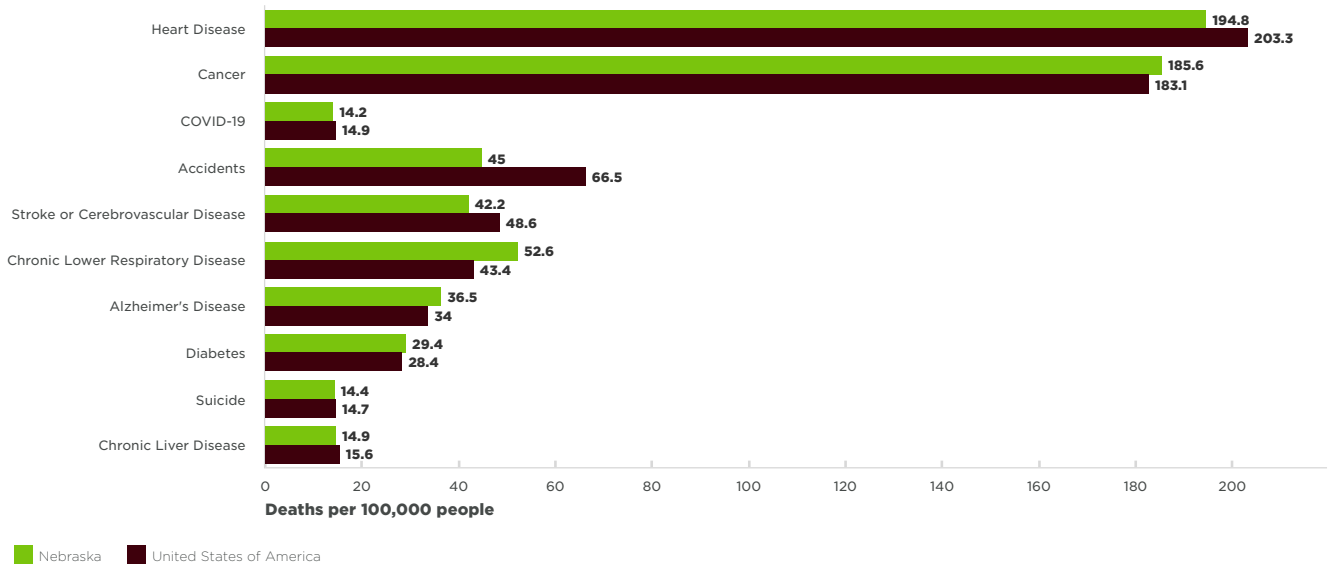
Life Expectancy at Birth



Sources: CDC NCHS USALEEP 2010-2015

Leading Causes of Death: Nebraska Vs. Nation

Leading Causes of Death

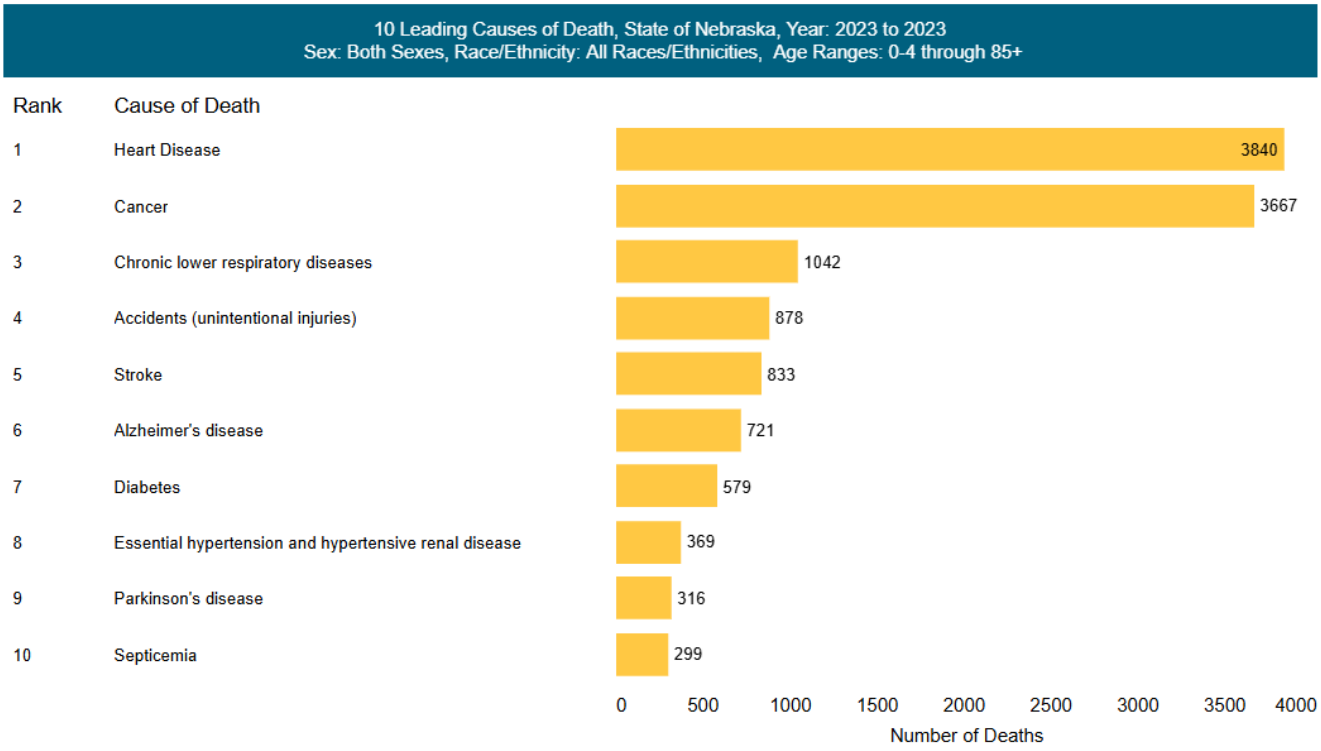


Sources: CDC WONDER Cause of Death 2023 Crude

This data is sorted from highest to lowest based on national top causes of death.

Nebraska 2023 Leading Causes of Death Count

This information can be found at the Nebraska Dashboard.



*Data suppressed due to small numbers (count between 1-5). Consider combining multiple years to increase count.
- In the event of a tie, the numerical rank value is only listed once on charts and tables.
- ICD-10 codes can be found in the About the Data page. - NH=Non-Hispanic
Source: Vital Records, Nebraska DHHS

1/23/2025
8:32:49 AM

Leading Causes of Death in NCDHD District 2017-2020

Table 9. *Top Causes of Death in NCDHD 2015-2017 & 2018-2020*

		2015-2017				2018-2020	
Rank	Cause of Death	Deaths	Crude Rate	Rank	Cause of Death	Deaths	Crude Rate
1	Diseases of heart	447	328.8	1	Diseases of heart	392	292.6
2	Malignant neoplasms	321	236.1	2	Malignant neoplasms	300	223.9
3	Chronic lower respiratory diseases	109	80.2	3	Chronic lower respiratory diseases	109	81.4
4	Accidents (unintentional injuries)	93	68.4	4	Alzheimer disease	88	65.7
5	Cerebrovascular diseases	92	67.7	5	Cerebrovascular diseases	77	57.5
6	Diabetes mellitus	64	47.1	6	Accidents (unintentional injuries)	77	57.5
7	Alzheimer disease	58	42.7	7	COVID-19	77	57.5
8	Influenza and pneumonia	52	38.3	8	Diabetes mellitus	66	49.3
9	Nephritis, nephrotic syndrome and nephrosis	28	20.6	9	Influenza & pneumonia	44	32.8
10	Parkinson disease	24	17.7	10	Nephritis, nephrotic syndrome and nephrosis	29	21.6
11	Essential hypertension and hypertensive renal disease	23	16.9	11	Parkinson disease	22	16.4
12	Intentional self-harm (suicide)	22	16.2	12	Intentional self-harm (suicide)	21	15.7
13	Chronic liver disease and cirrhosis	16	UR	13	Essential hypertension & hypertensive renal disease	20	14.9
14	Septicemia	15	UR	14	In situ, benign, & neoplasms of uncertain/unknown behavior	13	UR
15	Pneumonitis due to solids and liquids	12	UR	15	Chronic liver disease & cirrhosis	13	UR

Note. Crude rate is defined as number of deaths per 100,000 residents. UR = Unreliable crude rate.

2018-2020 Leading Causes of Death in Nebraska

	UCD - 15 Leading Causes of Death NE	Deaths	Crude Rate
1	Diseases of heart	10611	182.9
2	Malignant neoplasms	10539	181.7
3	Chronic lower respiratory diseases	3320	57.2
4	Accidents (unintentional injuries)	2560	44.1
5	Cerebrovascular diseases	2406	41.5
6	Alzheimer disease	2259	38.9
7	COVID-19	2043	35.2
8	Diabetes mellitus	1760	30.3
9	Influenza & pneumonia	1047	18.0
10	Essential hypertension & hypertensive renal disease	957	16.5
11	Intentional self-harm (suicide)	863	14.9
12	Parkinson disease	785	13.5
13	Chronic liver disease & cirrhosis	764	13.2
14	In situ, benign, & neoplasms of uncertain/unknown behavior	746	12.9
15	Septicemia	506	8.7

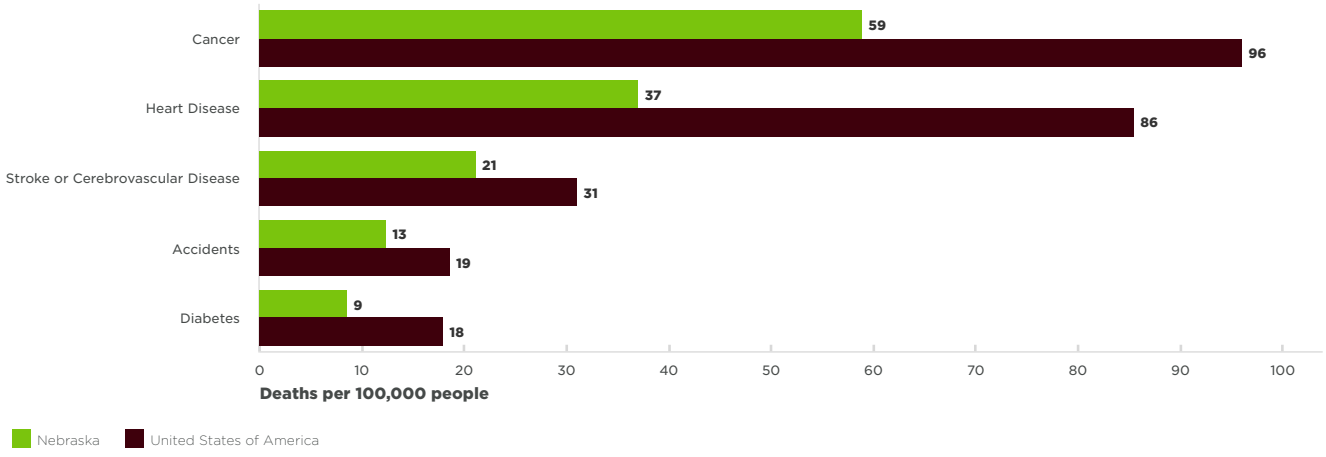
Note. Crude rate is defined as number of deaths per 100,000 residents.

Nebraska Leading Causes of Death by Race & Ethnicity

- **Asians**: Cancer, Heart Disease, Stroke/ Cerebrovascular Disease
- **African Americans**: Cancer, Heart Disease, Accidents
- **Hispanics**: Cancer, Heart Disease, Accidents
- **Native Americans**: Heart Disease, Cancer, Chronic Liver Disease & Cirrhosis
- **Whites**: Heart Disease, Cancer, Chronic Lower Respiratory Disease

Asian

Leading Causes of Death Among Asians

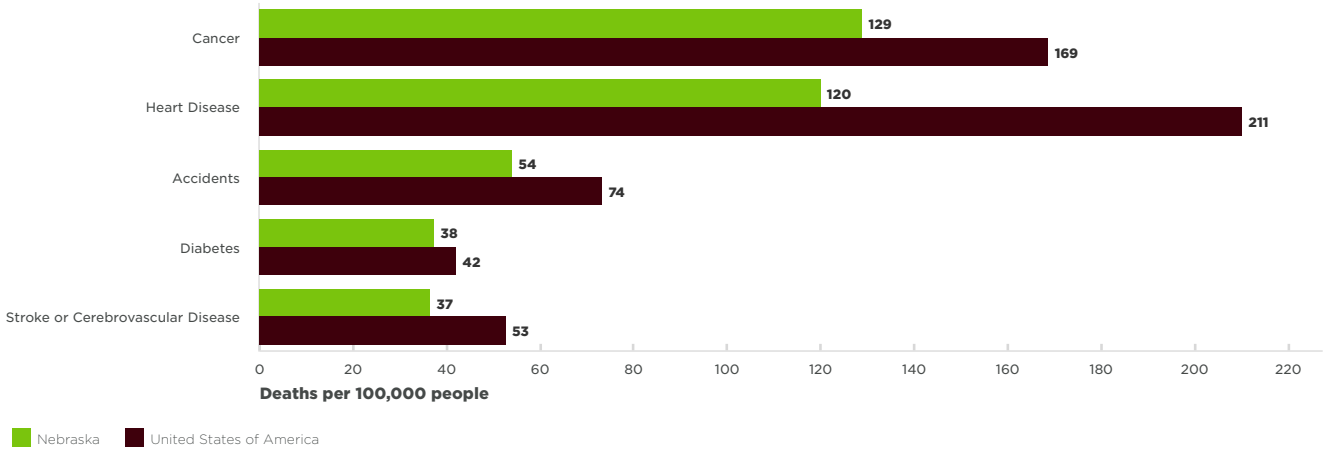


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for Asians.

Black or African American

Causes of Death Among Black/African Americans

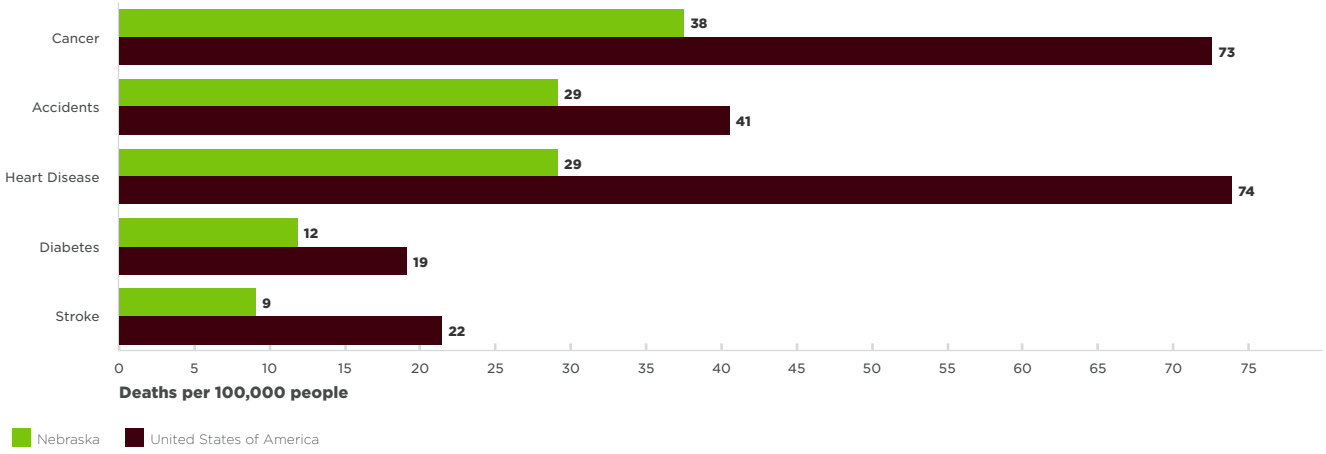


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for Black/African Americans.

Hispanic or Latino

Leading Causes of Death Among Hispanic/Latinos

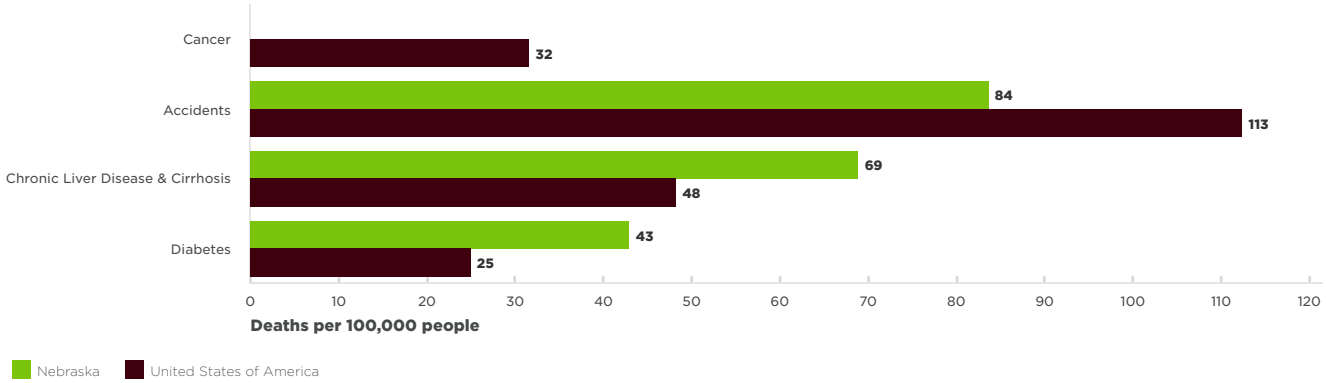


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for Hispanics or Latinos.

Native American

Leading Causes of Death Among Native Americans

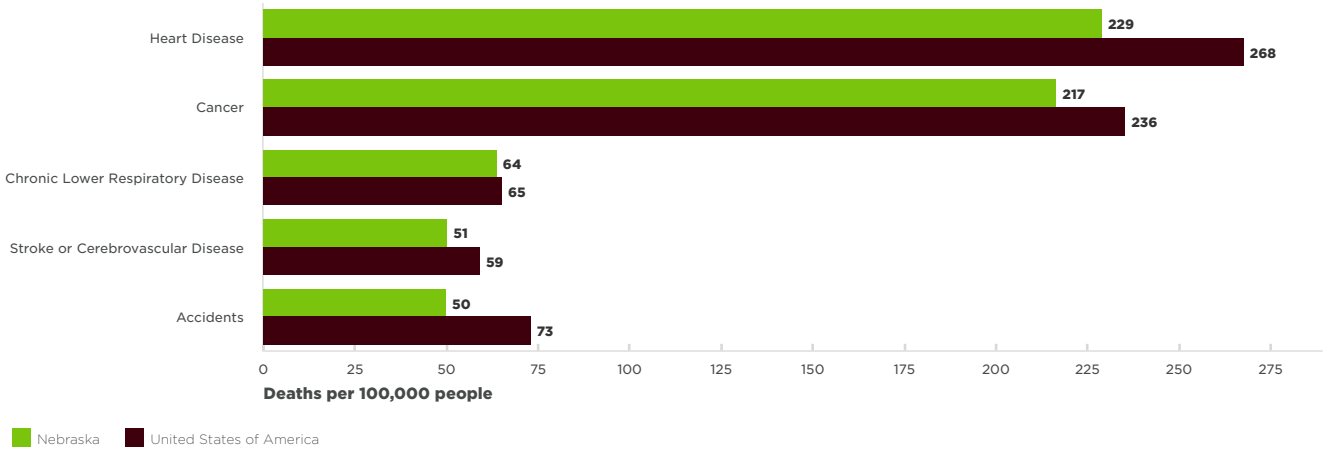


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for Native Americans.

White

Leading Causes of Death Among Non-Hispanic Whites



Sources: CDC WONDER Cause of Death 2019-2023 Crude

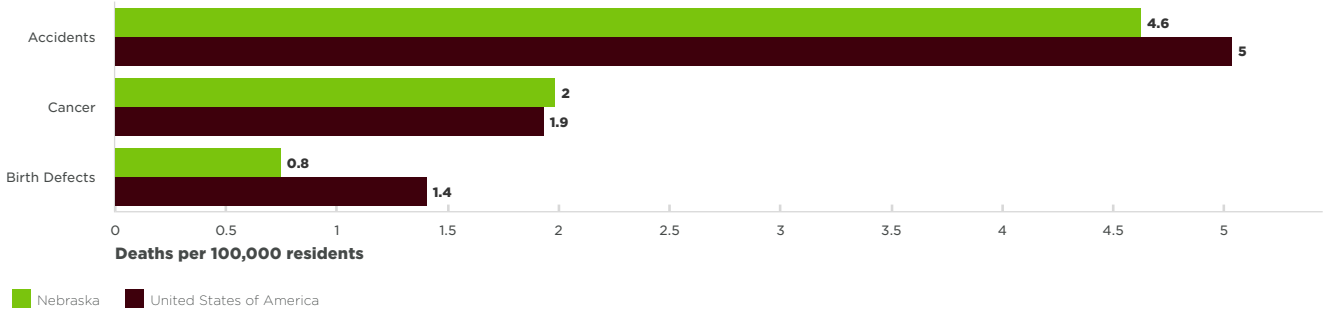
This data is sorted from highest to lowest based on national top causes of death for whites.

Leading Causes of Death by Age

- **Age 1-14**: Accidents, Cancer, Suicide
- **Age 15-24**: Accidents, Suicide, Homicide
- **Age 25-34**: Accidents, Suicide, Cancer
- **Age 35-44**: Accidents, Cancer, Heart Disease and Suicide
- **Age 45-54**: Cancer, Heart Disease, Accidents
- **Age 55-64**: Cancer, Heart Disease, Chronic Lower Respiratory Disease
- **Age 65-74**: Cancer, Heart Disease, Chronic Lower Respiratory Disease
- **Age 75-84**: Cancer, Heart Disease, Chronic Lower Respiratory Disease
- **Age 85+:** Heart Disease, Cancer, Alzheimer's Disease

Age 1-14

Leading Causes of Death Age 1-14

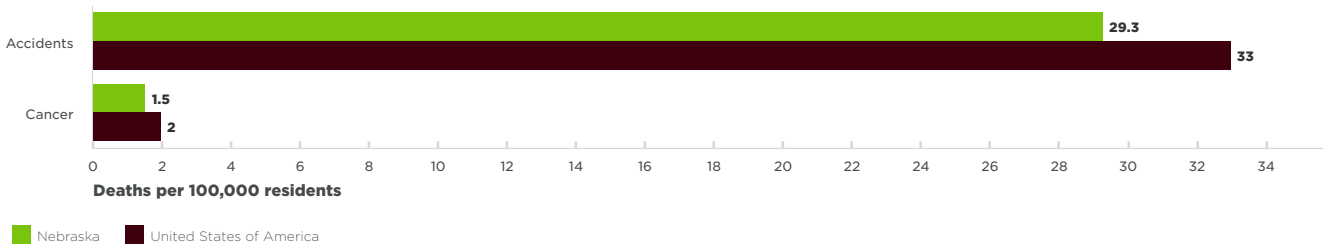


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for ages 1-14.

Age 15-24

Leading Causes of Death Age 15-24

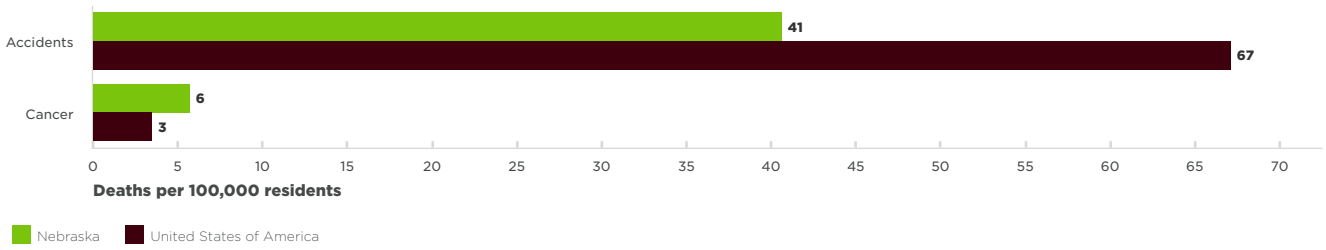


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for ages 15-24.

Age 25-34

Leading Causes of Death Age 25-34

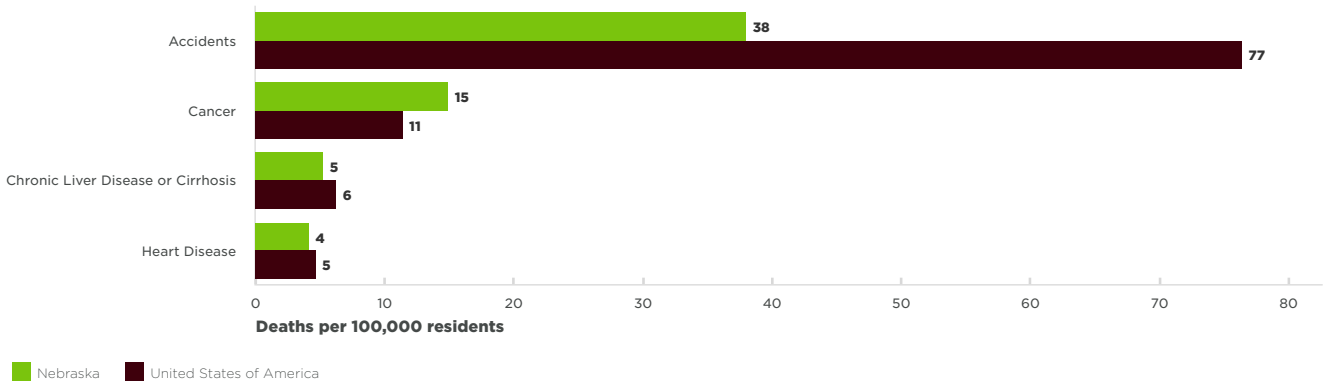


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for ages 25-34.

Age 35-44

Leading Causes of Death Age 35-44

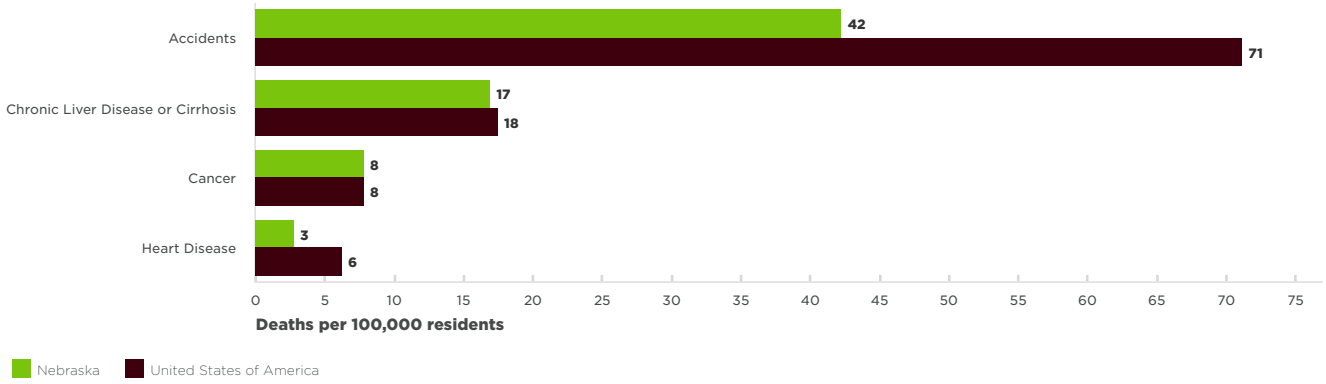


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for ages 35-44.

Age 45-54

Leading Causes of Death Age 45-54

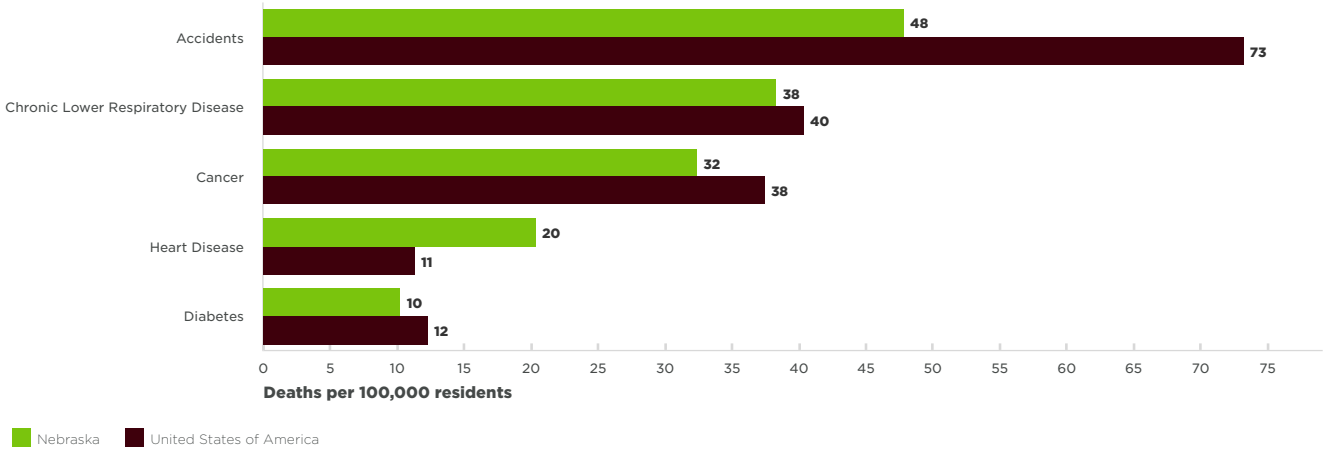


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for ages 45-54.

Age 55-64

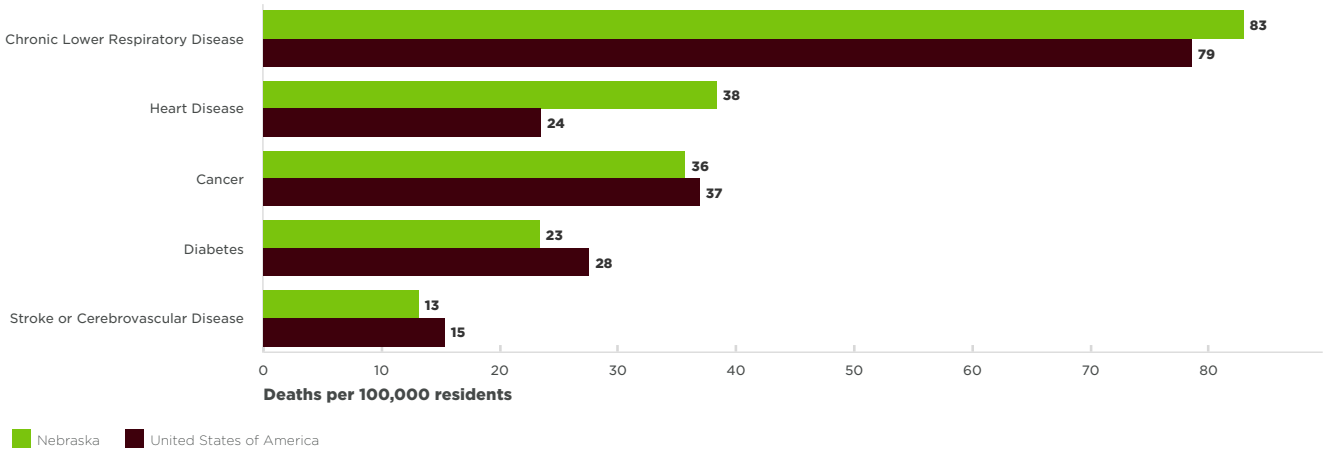
Leading Causes of Death Age 55-64



This data is sorted from highest to lowest based on national top causes of death for ages 55-64.

Age 65-74

Leading Causes of Death Age 65-74

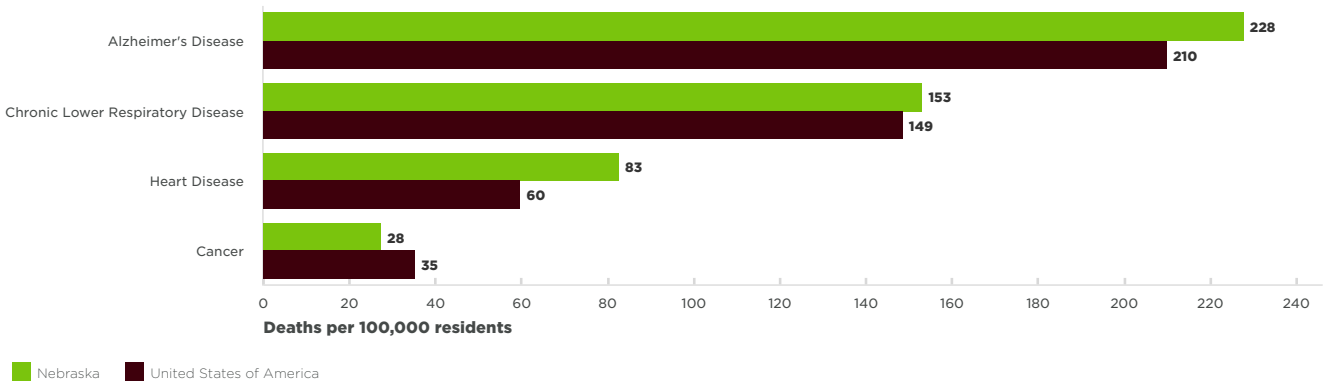


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for ages 65-74.

Age 75-84

Leading Causes of Death Age 75-84

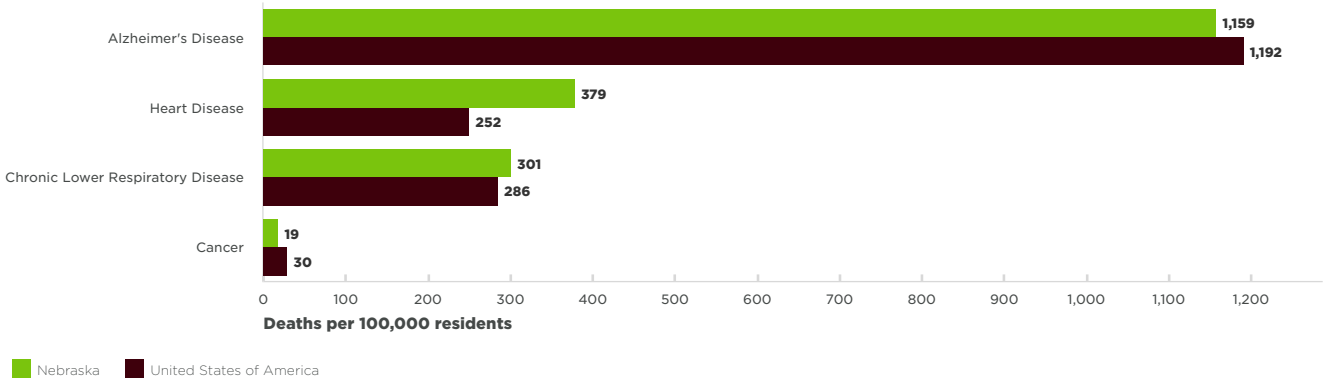


Sources: CDC WONDER Cause of Death 2019-2023 Crude

This data is sorted from highest to lowest based on national top causes of death for ages 75-84.

Age 85+

Leading Causes of Death Age 85+



Sources: CDC WONDER Cause of Death 2019-2023 Crude

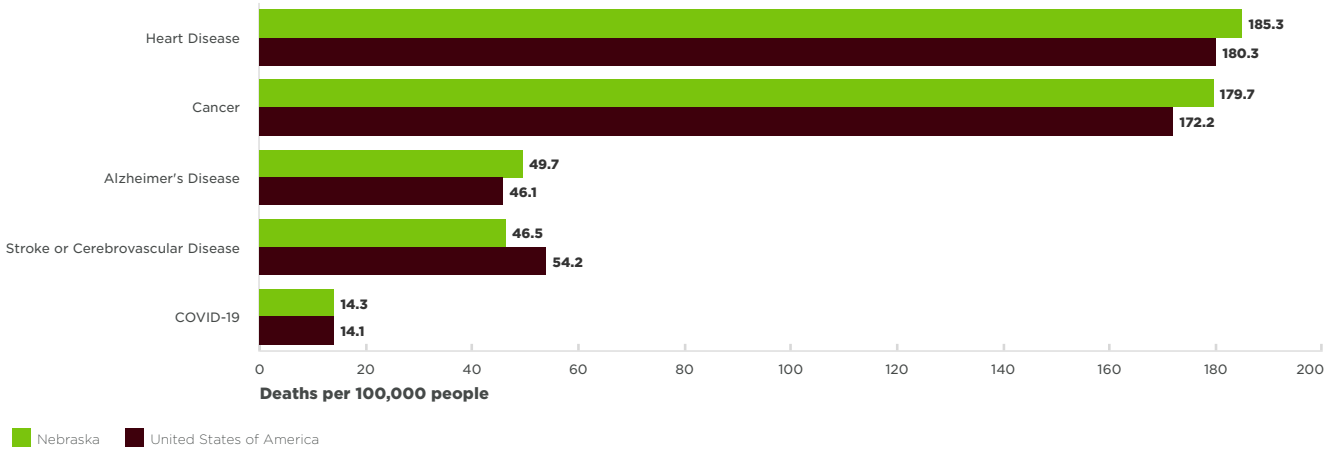
This data is sorted from highest to lowest based on national top causes of death for ages 85+.

Leading Causes of Death by Sex

- **Females:** In Nebraska, women were most likely to die from cancer, heart disease, and stroke/ cerebrovascular disease.
- **Males:** In Nebraska, men were most likely to die from heart disease, cancer, and accidents.

Females

Leading Causes of Death Among Females

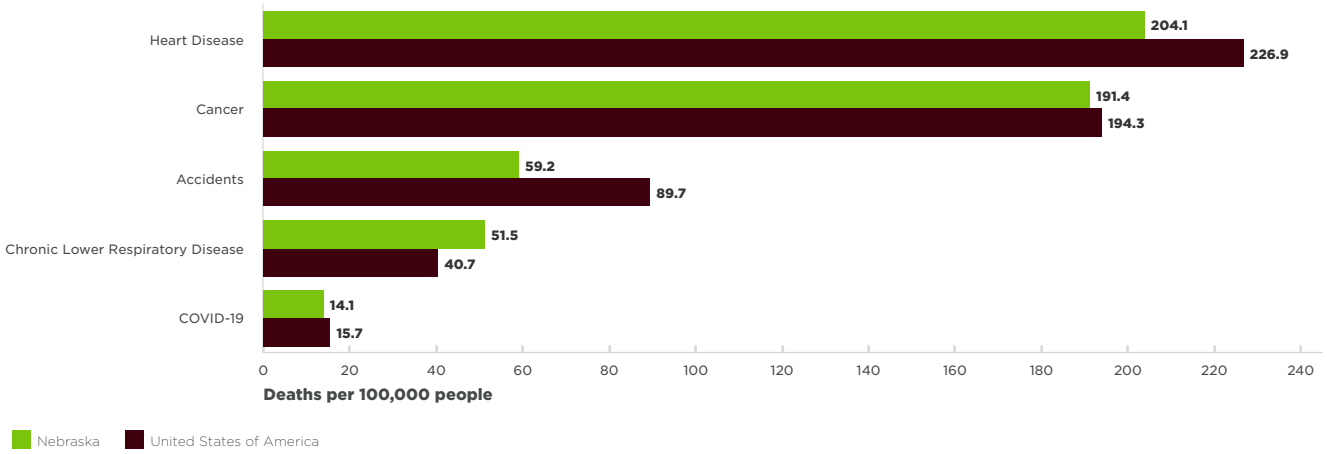


Sources: CDC WONDER Cause of Death 2023 Crude

This data is sorted from highest to lowest based on national top causes of death for females.

Males

Leading Causes of Death Among Males



Sources: CDC WONDER Cause of Death 2023 Crude

This data is sorted from highest to lowest based on national top causes of death for males.

Health Outcomes Overview

Health isn't just about avoiding illness or how long we live—it's about our overall well-being. To improve health outcomes in our community, we need to consider the whole person, addressing needs in every aspect of life. This means creating environments that encourage healthy habits and prevent problems before they arise.

Key Health Insights in Our District:

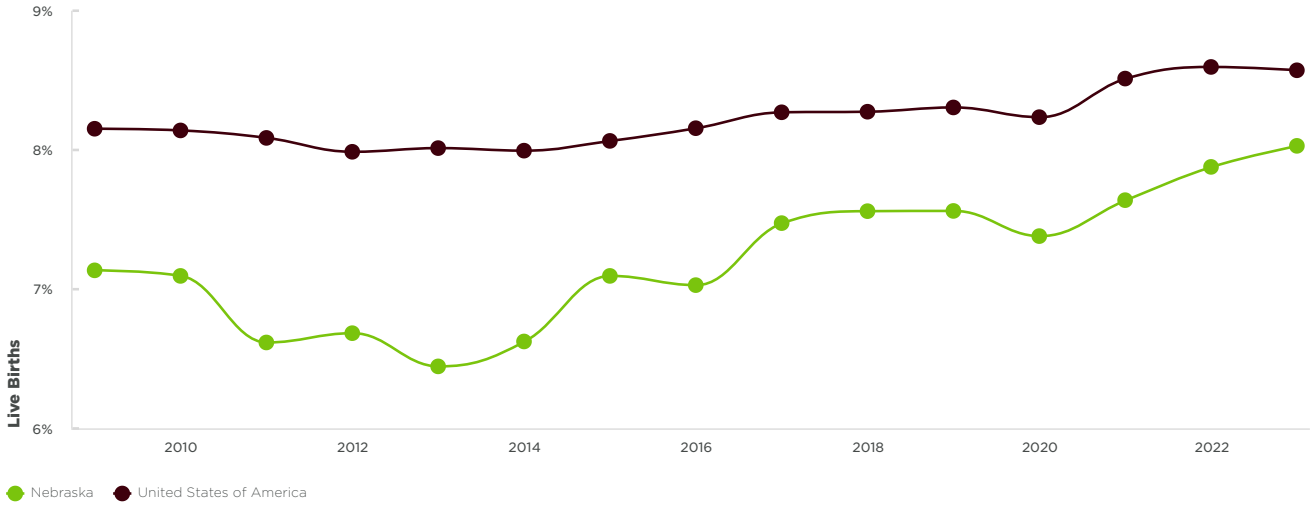
Low Birth Weight: Nebraska has historically reported fewer low weight births than the nation. Nebraska's 2023 rate climbed from 7.6% in 2021 to 7.9% in 2022. In Nebraska and the nation, African Americans are more likely to have low birth weight births.

Preterm Births: Nebraska has historically had a lower birth weight than the nation; however, since 2018 Nebraska has consistently had higher preterm birth rates than the nation. Nebraska's 2023 rate climbed from 10.8% in 2021 to 11.3% in 2022, while the nation's rate drastically declined in 2022 to 8.5%. Native Hawaiian and Pacific Islanders (15.7%) and African Americans (15.1%) are most likely to have preterm births.

Chronic Conditions: Our district has a higher percentage of adults with chronic conditions (Obesity, Diabetes, Cancer, Coronary Heart Disease, High Blood Pressure) compared to the state average.

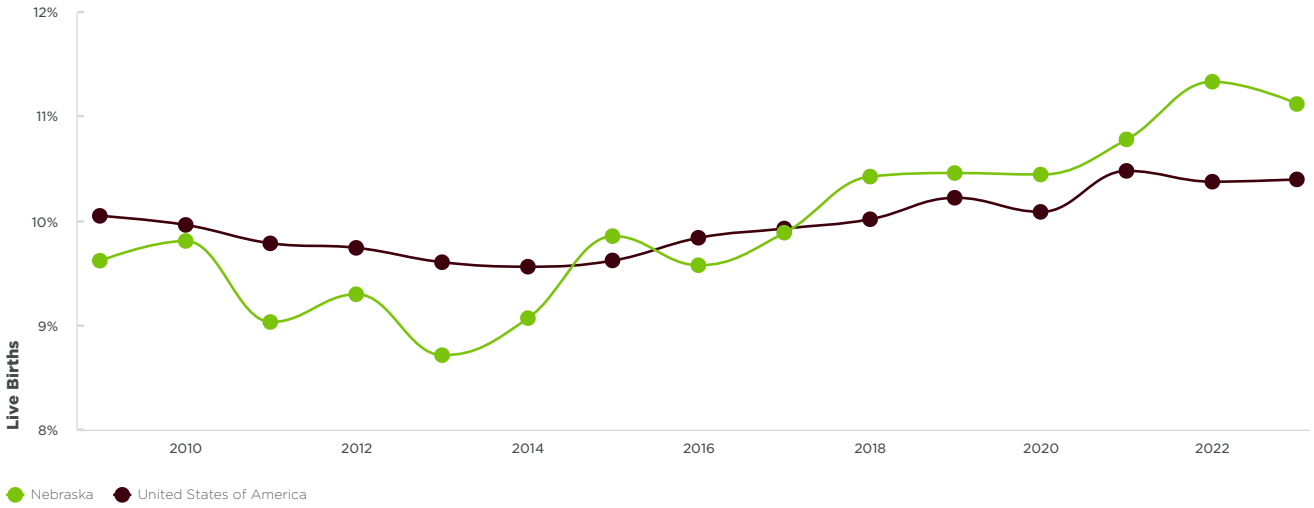
By focusing on prevention and supporting healthy choices from the start, we can improve the overall well-being of our community.

Low Birth Weight



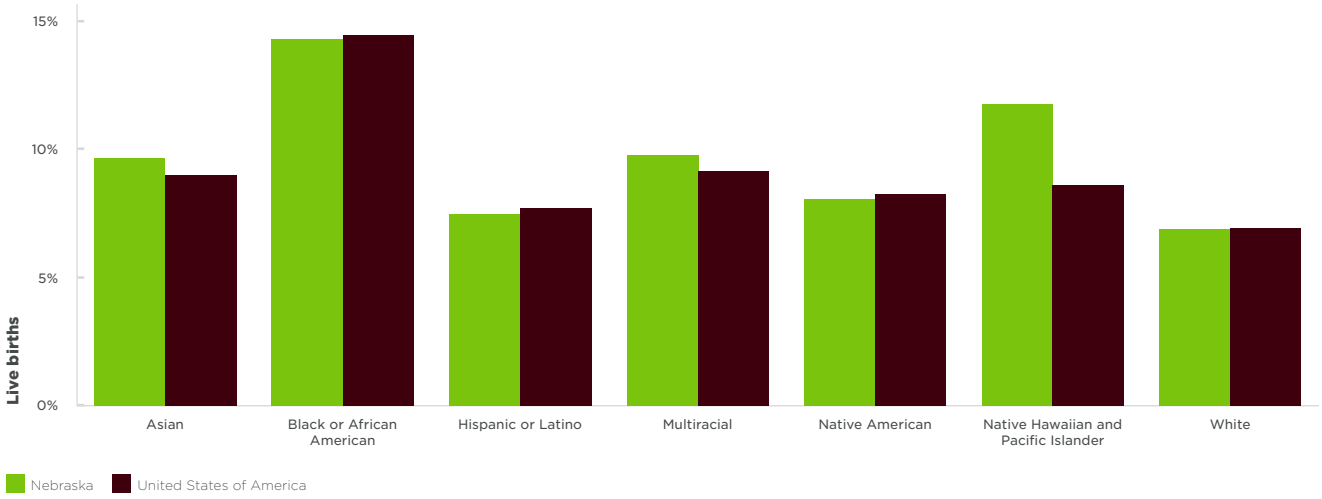
Sources: CDC WONDER Natality

Preterm Births



Sources: CDC WONDER Natality

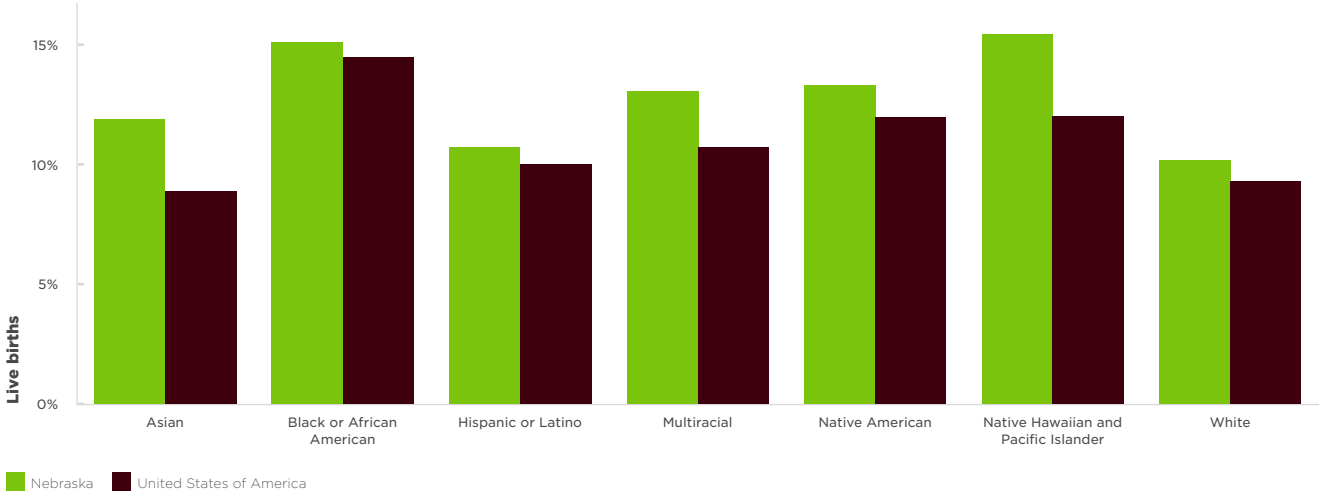
Low Birth Weight Births by Race / Ethnicity



Sources: CDC WONDER Natality 2019-2023

Note: All data represents non-Hispanic or Latino people except the Hispanic or Latino bar.

Preterm Births by Race / Ethnicity



Sources: CDC WONDER Natality 2019-2023

Note: All data represents non-Hispanic or Latino people except the Hispanic or Latino bar.

A strong start paves the way for a healthy life.

Babies who are born preterm are more likely to have serious health complications, including low birth weight, that can impact their health for the rest of their lives. Factors such as a mother's age, ongoing health conditions, exposure to pollution, substance use, the effects of racism, and more increase the risk of a baby being born too early and with too low of a birth weight. When preterm births and low birth weight outcomes rise in our community, our families need better access to education, resources, and healthcare providers to help them deliver a healthy baby.

Chronic conditions are difficult to manage.

When communities experience high levels of chronic disease, something needs to change. Making changes that lower chronic disease risk gives everyone a better chance at a healthy life.

Chronic Conditions Overview

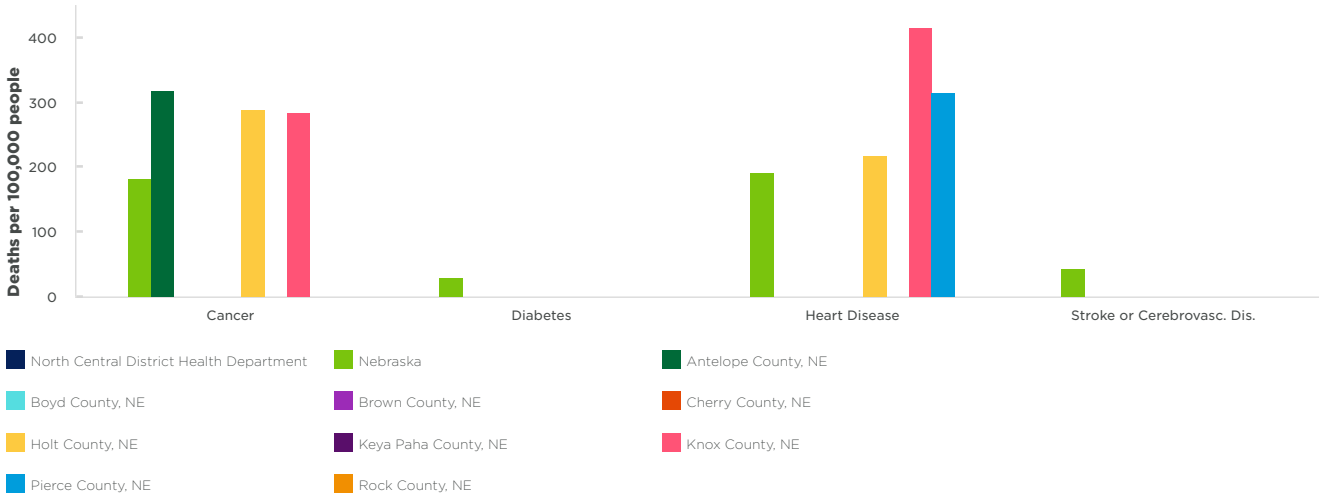
Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE
2022 Poor Physical Health Among Adults	13.1%	11.4%	11.5%	12.9%	12.8%	14.2%	13.1%
2022 Obesity Among Adults	41%	37.2%	39.7%	39.5%	40%	41.8%	39%
2022 Diagnosed Diabetes Among Adults	13.1%	10.9%	11.9%	14.1%	12.7%	13.8%	13.5%
2022 Cancer (except skin) Among Adults	10.3%	8%	10.7%	11.8%	10.4%	9.7%	10.1%
2022 Coronary Heart Disease Among Adults	9.2%	6.8%	8.4%	10.3%	9.2%	9.3%	9.4%
2022 Stroke Among Adults	4.2%	3.2%	3.6%	4.6%	4.2%	4.5%	4.3%
2021 High Blood Pressure Among Adults	37.2%	30.4%	38.6%	41.7%	40.2%	35.7%	36.6%

Sources: CDC BRFSS PLACES 2021, 2022

It's not just how long we live, but how we live.

Opportunities to eat good food, exercise regularly, and get the medical care we need when we need it allow us to live full lives. The quality of that lifetime is just as important as how long it lasts. Making healthy choices easier no matter a person's location or income will improve our entire community.

Chronic Disease Death Rates



Sources: CDC WONDER Cause of Death 2021 Crude

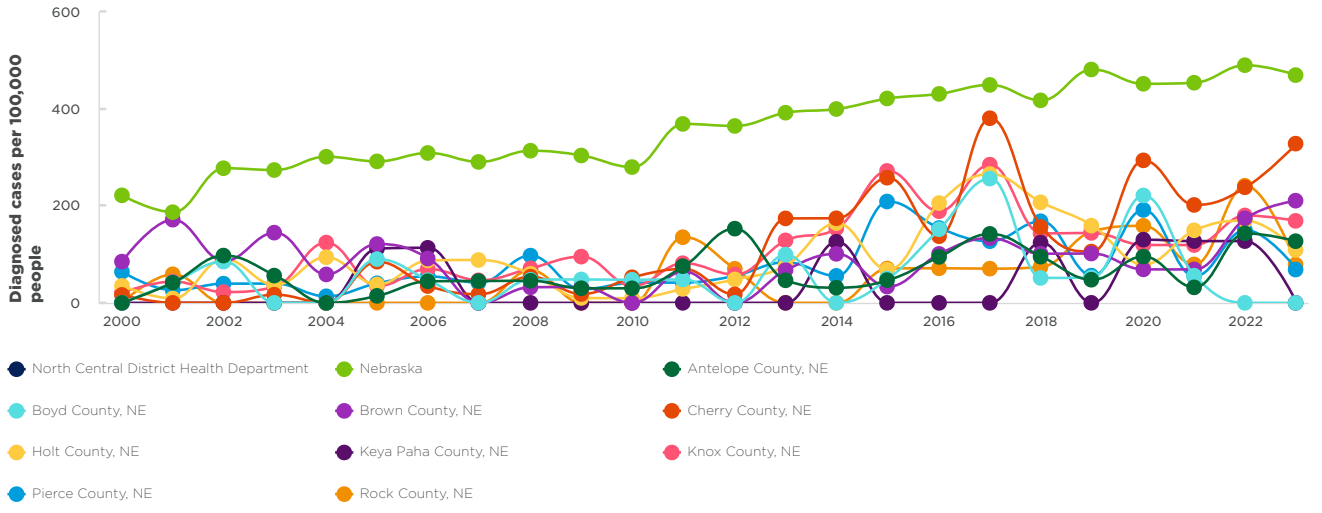
Note: "Cerebrovasc. Dis." is short for "Cerebrovascular Disease."

Sexually Transmitted Infections

Sexual health is another way to look at our community's health and access to needed services. When an environment doesn't allow for access to quality healthcare, well-paying jobs, or the opportunity for education, sexual health is even more challenging. Improving those factors first, educating, and creating community-based programs to help prevent STIs can help.

Chlamydia

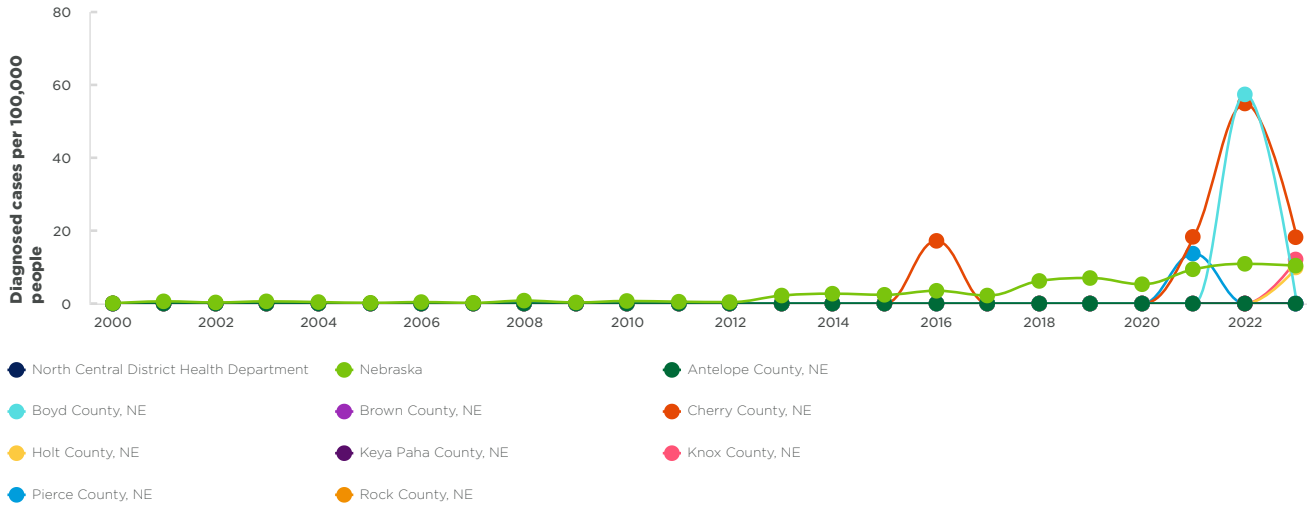
Chlamydia Rate



Sources: CDC NCHHSTP AtlasPlus

Syphilis

Primary and Secondary Syphilis Rate

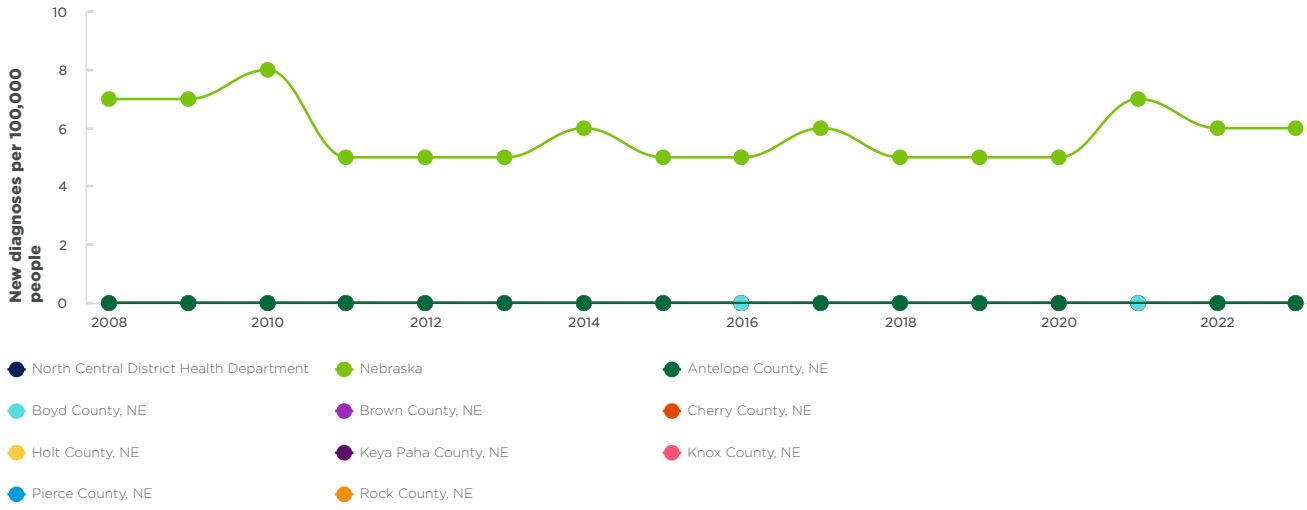


Sources: CDC NCHHSTP AtlasPlus

Primary and secondary syphilis represent the symptomatic and earliest stages of infection.

HIV New Diagnoses

HIV New Diagnoses Rate



Sources: AIDSVu Emory University

We need support in every way.

We can take action as a community to increase support and strategies to help improve mental and behavioral health outcomes. When we understand lifelong impacts, like how low income as a child may lead to increased depression as an adult, we see how interconnected our experiences and environments are to both current and future mental health. To give everyone equal opportunities to access the right resources and mental and behavioral healthcare, we need to work together to create more community-based services, remove barriers to getting help, and increase the diversity of mental health care providers.

Have Been Diagnosed with Depression

17.2%
of Adults
North Central District Health Department

17.7%
of Adults
Nebraska

Have Poor Mental Health

13.8%
of Adults
North Central District Health Department

14.1%
of Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

Poor mental health describes adults who report their mental health was not good on 14 or more of the past 30 days.

Geography	2022 Diagnosed Depression Among Adults	2022 Poor Mental Health Among Adults
North Central District Health Department	17.2%	13.8%
Nebraska	17.7%	14.1%
Antelope County, NE	16.6%	13.1%
Boyd County, NE	15.6%	12.6%
Brown County, NE	17.6%	13.4%
Cherry County, NE	18.1%	15.2%
Holt County, NE	16.3%	13.4%
Keya Paha County, NE	15.6%	11.8%
Knox County, NE	17%	13.9%
Pierce County, NE	17.6%	13.6%
Rock County, NE	16.7%	12.9%

Sources: CDC BRFSS PLACES 2022

Causes of Death

Geography	2021 Drug Overdose Death Rate	2023 Crude Suicide Death Rate	2023 Crude Suicide Death Rate - Male	2023 Crude Suicide Death Rate - Female	2019-2023 Crude Suicide Death Rate Age 18-64
Nebraska	11.4	14.4	23.9	4.7	20.5
United States of America	32.4	14.7	23.6	6.1	18.1

Sources: CDC 2021; CDC WONDER Cause of Death 2019-2023 Crude, 2023 Crude

Chronic Disease

When chronic disease rates are high in our community, it's a clear sign that something needs to change. By providing resources that help reduce risk, increase understanding of what causes chronic disease, and provide preventative services we can reduce a community's chronic disease rates.

Health Concerns in Our District:

- **Obesity:** 41% of the adults in the district are obese, which is higher than Nebraska, 37.2%. Cherry County has the highest rates at 41.8% and Keya Paha County has the lowest, at 38.3%.
- **Cancer:** 10.3% of adults in the district have had a cancer incidence (excluding skin cancer) which is higher than the state (8%). Every county is higher than the state average, with Keya Paha County the highest at 12.6% and Pierce County the lowest at 9.6%.
- **Diabetes:** 13.1% of adults in the district have diabetes compared to 10.9% of the state. Every county in the district is higher than the state average, except Pierce County at 10.8%. Boyd County has the highest diabetes rates at 14.1%.
- **Coronary Heart Disease:** 9.2% of adults in the district have coronary heart disease compared to 6.8% of adults in the state. Every county in the district is higher than the state average. Keya Paha County has the highest rates of coronary heart disease at 10.9%, followed by Boyd County at 10.3%.
- **Stroke:** 4.2% of adults in the district have had a stroke, which is more than the state average of 3.2%. Knox County has the highest rates of stroke (4.8% of adults reporting incidence of stroke) and Pierce County is the lowest in the district (3.3%).

Addressing these risk factors is key to building a healthier, more equitable future for everyone.

Obesity Among Adults

41%
People
North Central District Health Department

37.2%
People
Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Obesity Among Adults
Antelope County, NE	39.7%
Boyd County, NE	39.5%
Brown County, NE	40%
Cherry County, NE	41.8%
Holt County, NE	39%
Keya Paha County, NE	38.3%
Knox County, NE	43%
Pierce County, NE	41.1%
Rock County, NE	40.2%
North Central District Health Department	41%
Nebraska	37.2%

Sources: CDC BRFSS PLACES 2022

Cancer (except skin) Incidence Among Adults

10.3%
People
North Central District Health Department

8%
People
Nebraska

Cancer Death Rate

No data
Deaths per 100,000 people
North Central District Health Department

185.6
Deaths per 100,000 people
Nebraska

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Geography	2022 Cancer (except skin) Among Adults	2023 Crude Cancer Death Rate
Antelope County, NE	10.7%	No data
Boyd County, NE	11.8%	No data
Brown County, NE	10.4%	No data
Cherry County, NE	9.7%	No data
Holt County, NE	10.1%	277.4
Keya Paha County, NE	12.6%	No data
Knox County, NE	10.4%	289.2
Pierce County, NE	9.6%	No data
Rock County, NE	11.2%	No data
North Central District Health Department	10.3%	No data
Nebraska	8%	185.6

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

CDC WONDER Cause of Cancer Deaths in Nebraska

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Crude rate deaths per 100,000 people.	Nebraska Death Rate	Male Death Rate	Female Death Rate
Uterus Cancer Death Rate	4	NULL	7
Ovary Cancer Death Rate	3	NULL	7
Breast Cancer Death Rate	13	NULL	26
Prostate Cancer Death Rate	10	20	NULL
Brain Cancer Death Rate	6	7	6
Colorectal Cancer Death	18	19	26
Esophagus Cancer Death Rate	6	9	3
Kidney Cancer Death Rate	5	6	4
Leukemia Cancer Death Rate	8	9	6
Lip / Pharynx Cancer Death Rate	3	5	2
Liver Cancer Death Rate	6	8	5
Lung / Bronchus Cancer Death Rate	40	42	37
Lymphoid Cancer Death Rate	18	21	15
Multiple Myeloma / Immunoproliferative Cancer Death Rate	4	4	4
Non-Hodgkin Lymphoma Cancer Death Rate	6	7	5
Other/Unspecified Cancer Death	23	23	23
Pancreas Cancer Death Rate	15	16	14
Skin Cancer Death Rate	3	4	2
Stomach Cancer Death Rate	3	3	2
Bladder Cancer Death Rate	5	8	3

Diagnosed Diabetes Incidence Among Adults

13.1%
People
North Central District Health Department

10.9%
People
Nebraska

Diabetes Death Rate

No data
Deaths per 100,000 people
North Central District Health Department

29.4
Deaths per 100,000 people
Nebraska

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Geography	2022 Diagnosed Diabetes Among Adults	2023 Crude Diabetes Death Rate
Antelope County, NE	11.9%	No data
Boyd County, NE	14.1%	No data
Brown County, NE	12.7%	No data
Cherry County, NE	13.8%	No data
Holt County, NE	13.5%	No data
Keya Paha County, NE	14.4%	No data
Knox County, NE	13.9%	No data
Pierce County, NE	10.8%	No data
Rock County, NE	12.9%	No data
North Central District Health Department	13.1%	No data
Nebraska	10.9%	29.4

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Coronary Heart Disease Among Adults

9.2%

People

North Central District Health Department

6.8%

People

Nebraska

Heart Disease Death Rate

No data

Deaths per 100,000 people

North Central District Health Department

193.3

Deaths per 100,000 people

Nebraska

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2022 Crude

Geography	2022 Coronary Heart Disease Among Adults	2023 Crude Heart Disease Death Rate
Antelope County, NE	8.4%	No data
Boyd County, NE	10.3%	No data
Brown County, NE	9.2%	No data
Cherry County, NE	9.3%	No data
Holt County, NE	9.4%	287.3
Keya Paha County, NE	10.9%	No data
Knox County, NE	10.1%	No data
Pierce County, NE	7.6%	No data
Rock County, NE	9.4%	No data
North Central District Health Department	9.2%	No data
Nebraska	6.8%	194.8

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Stroke Incidence Among Adults

4.2%
People
North Central District Health Department

3.2%
People
Nebraska

Stroke / Cerebrovascular Disease Death Rate

No data
Deaths per 100,000 people
North Central District Health Department

42.2
Deaths per 100,000 people
Nebraska

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Geography	2022 Stroke Among Adults	2023 Crude Stroke Death Rate
Antelope County, NE	3.6%	No data
Boyd County, NE	4.6%	No data
Brown County, NE	4.2%	No data
Cherry County, NE	4.5%	No data
Holt County, NE	4.3%	No data
Keya Paha County, NE	4.7%	No data
Knox County, NE	4.8%	No data
Pierce County, NE	3.3%	No data
Rock County, NE	4.1%	No data
North Central District Health Department	4.2%	No data
Nebraska	3.2%	42.2

Sources: CDC BRFSS PLACES 2022; CDC WONDER Cause of Death 2023 Crude

Sexually Transmitted Infections (STIs)

Sexual health is a key part of overall community well-being, and access to essential services plays a big role. When communities lack access to quality healthcare, good jobs, family support, or educational opportunities, sexual health challenges become even harder to address.

We can make a difference by improving these conditions, while also teaching personal health and creating community-based programs to prevent STIs.

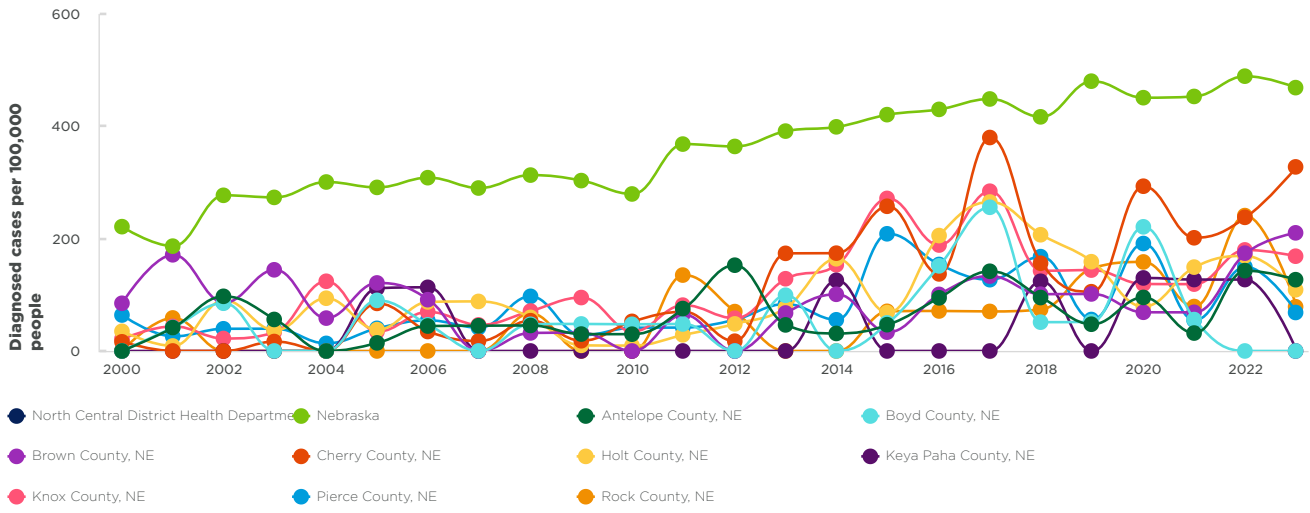
One huge resource in Holt County is the Pregnancy Resource Center, located in O'Neill, NE. This Center provides sex education to area youth, pregnancy resources and education to expecting mothers, and educations and resources to new mothers and infants.

STI Rates in Our District:

- **Chlamydia and HIV:** District rates of chlamydia are lower across the district compared to statewide levels (489.2 cases per 100,000 people). Rock County (241 cases per 100,000) and Cherry County have the highest rates in 237.9 diagnosis cases per 100,000. However, while this might sound promising, all county Chlamydia rates have increased from their 2020/2021 rates except Boyd and Keya Paha Counties.
- **Syphilis:** Syphilis rates are unfortunately higher than the state average (10.9 cases per 100,000 people) in Cherry (54.9 cases per 100,000) and Boyd (57.4 cases per 100,000) Counties. Both these counties have increased rates since their 2020/2021 rates. Several Counties have 0 diagnoses case per 100,000 people: Rock, Knox, Holt, Keya Paha, and Brown.
- **New HIV Diagnoses:** There have been zero new HIV diagnoses in the district since 2008 which better than the state which had 7 new cases in 2021.

Chlamydia

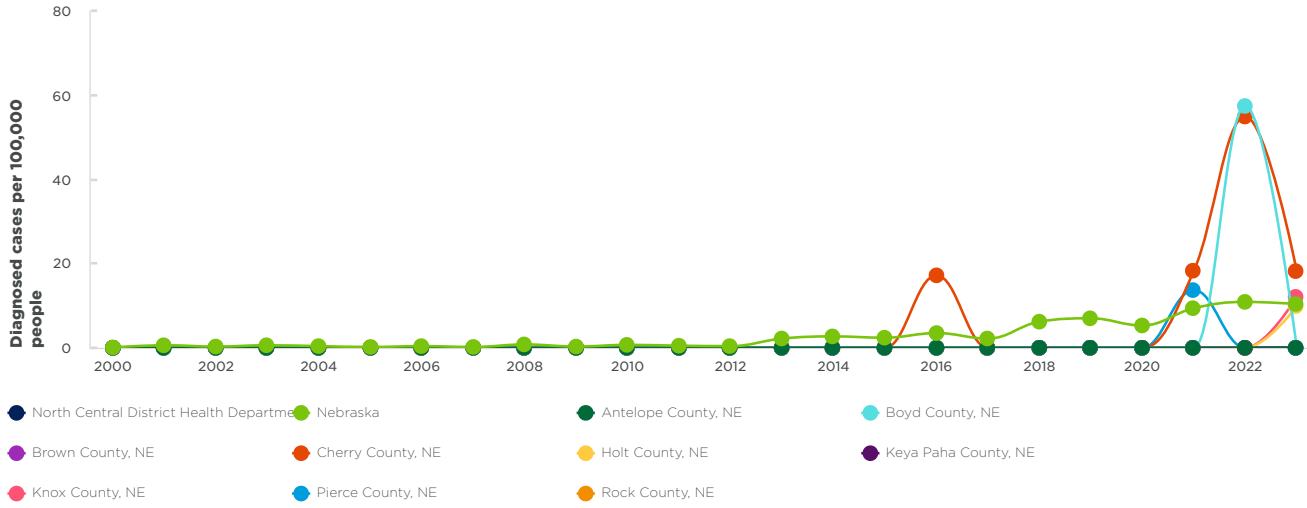
Chlamydia Rate



Sources: CDC NCHHSTP AtlasPlus

Syphilis

Primary and Secondary Syphilis Rate

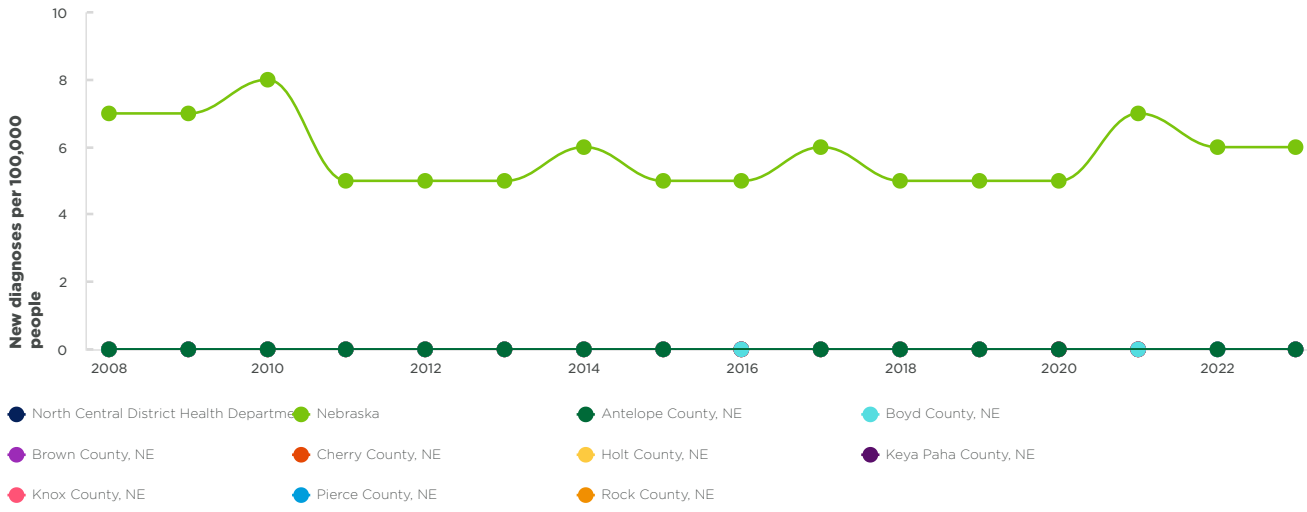


Sources: CDC NCHHSTP AtlasPlus

Primary and secondary syphilis represent the symptomatic and earliest stages of infection.

HIV New Diagnoses

HIV New Diagnoses Rate



Sources: AIDSVu Emory University

Learn more:

1. *CDC. "STD Health Equity." Centers for Disease Control and Prevention, 18 Oct. 2022, https://www.cdc.gov/std/health-disparities/default.htm.*

2. *CDC. "CDC Community Approaches to Reducing Sexually Transmitted Diseases." Centers for Disease Control and Prevention, 8 June 2020, https://www.cdc.gov/std/health-disparities/cars.htm.*

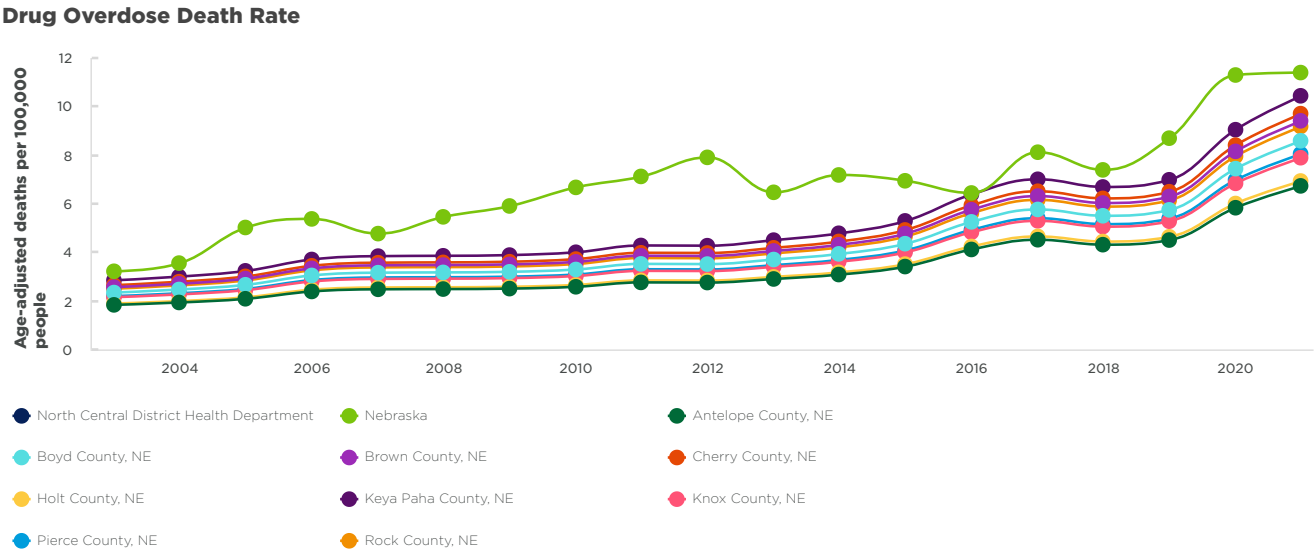
Traumatic Injuries

As a community, we can take action to increase support and strategies that improve health outcomes, from preventing injuries to reducing suicide rates.

- **Drug Overdose Deaths:** All counties in the district have lower drug overdose death rates than the state average of 11.4 deaths per 100,000 people. Unfortunately, the state average has steadily increased over the years, as have all the county overdose deaths.
- **Suicide Deaths:** 2019 was the first year the district surpassed the state's suicide death rate. The state's 2022 suicide death rate was 14.8, while the districts was 15.5. Men (42.2 deaths per 100,000 people) are much more likely to die by suicide than their female counterparts (10.6 deaths per 100,000 people). In Nebraska, the age group at greatest threat for death by suicide are age 45-54 at 21.6, then age 25-34 at 21.3, and 35-44 at 20.5. In Nebraska, Native Americans (35.7) and Whites (16.7) have the highest rates of death by suicide.
- **Homicides:** On a positive note, Nebraska remains safer than the national average with a lower homicide rate.

By working together and supporting one another, we can create a healthier, safer community for all.

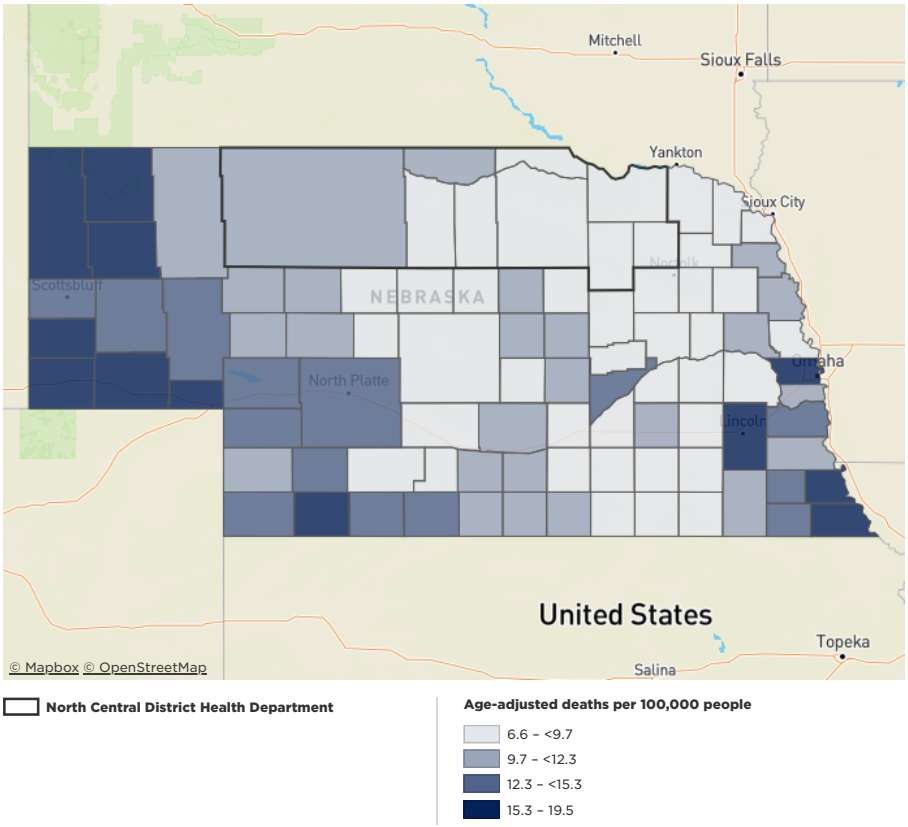
Drug Overdose Death Rate



Sources: CDC

Map: Drug Overdose Death Rate by County

Drug Overdose Death Rate



North Central District Health Department

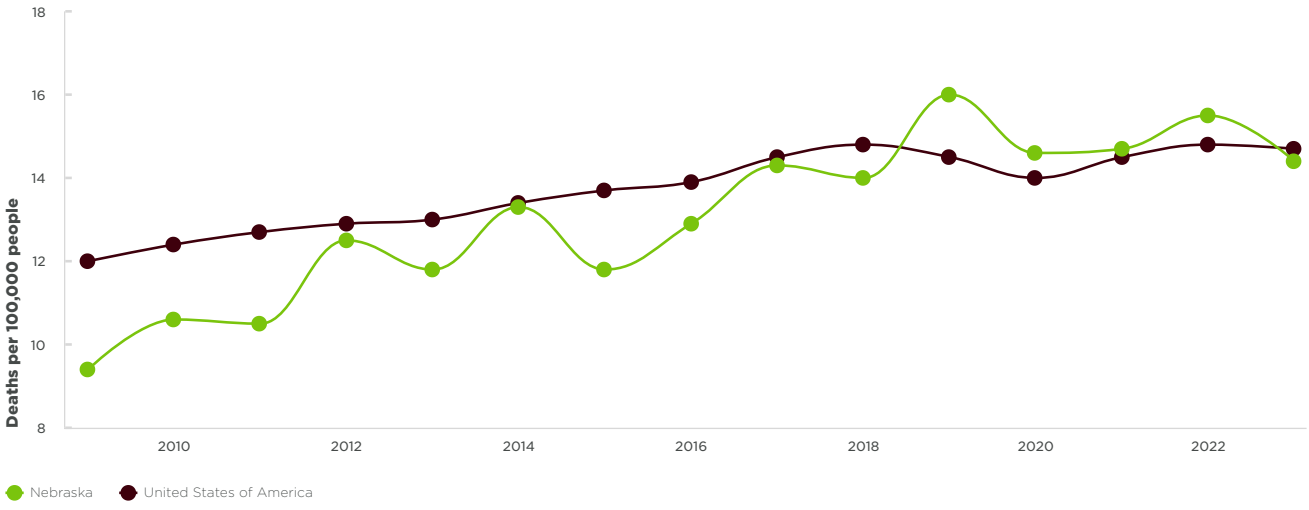
Age-adjusted deaths per 100,000 people

- 6.6 – <9.7
- 9.7 – <12.3
- 12.3 – <15.3
- 15.3 – 19.5

Sources: CDC 2021

Suicide Death Rate

Suicide Death Rate



Sources: CDC WONDER Cause of Death

Suicide Death Rate by Sex

Suicide Death Rate Among Females

4.7
Deaths per 100,000 people
Nebraska

6.1
Deaths per 100,000 people
United States of America

Suicide Death Rate Among Males

23.9
Deaths per 100,000 people
Nebraska

23.6
Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Suicide Death Rate by Age

Suicide Death Rate by Age

Data Sources	Nebraska	United States of America
2019-2023 Crude Age 1-14	1	1
2019-2023 Crude Age 15-24	15.7	14.1
2019-2023 Crude Age 25-34	21.3	18.6
2019-2023 Crude Age 35-44	22	18.3
2019-2023 Crude Age 45-54	22	18.8
2019-2023 Crude Age 55-64	19.1	18.1
2019-2023 Crude Age 65-74	13.2	15.4
2019-2023 Crude Age 75-84	14	19.3
2019-2023 Crude Age 85+	15.3	21.8

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Deaths per 100,000 people within each age range

Suicide Death Rate by Race & Ethnicity

Suicide Death Rate by Race & Ethnicity

Data Sources	Nebraska	United States of America
2019-2023 Crude Asian	7.9	7
2019-2023 Crude Black or African American	10.3	8.5
2019-2023 Crude Hispanic or Latino	7.9	7.7
2019-2023 Crude Native American	43.1	25.1
2019-2023 Crude White	16.6	18.8

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Age-adjusted deaths per 100,000 people within each group

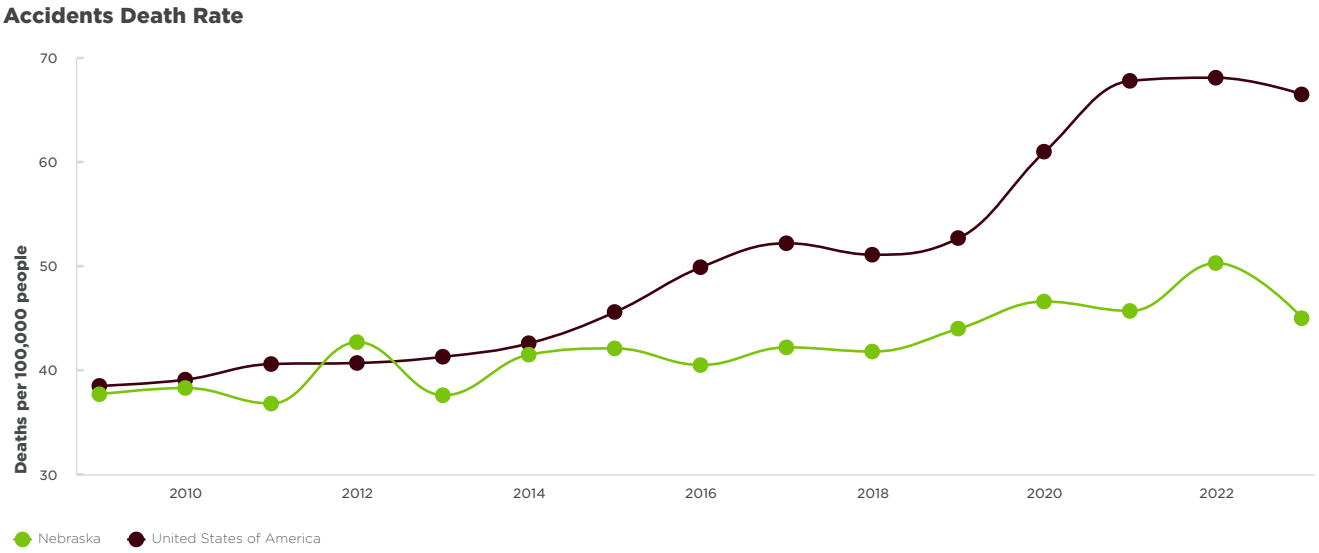
Note: All groups are not Hispanic or Latino unless otherwise listed.

Accidental Deaths

North central Nebraska is primarily an agricultural, ranching community with many dirt roads. Work-related injuries are not uncommon occurrences. Increasing education on safe work practices, safe driving, etc. can benefit the whole community. Nebraska has lower rates of accidental deaths (50.3 deaths per 100,000 people) than the nation (68.1 deaths). In Nebraska, men are more likely to die from accidents than females. Native Americans are more likely to die from accidents (81.3), then African Americans (51.5), and then Whites (49.7). As one ages, their chance of dying from an accident increase.

The district has significantly lower motor vehicle crash fatalities (4 in 2022) than the state (214 in 2022).

Accidents Death Rate



Sources: CDC WONDER Cause of Death

Accidents Death Rate by Sex

Accidents Death Rate Among Females

30.6
Deaths per 100,000 people
Nebraska

43.8
Deaths per 100,000 people
United States of America

Accidents Death Rate Among Males

59.2
Deaths per 100,000 people
Nebraska

89.7
Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Accidents Death Rate by Age

Accidents Death Rate by Age

Data Sources	Nebraska	United States of America
2019-2023 Crude Age 1-14	4.6	5
2019-2023 Crude Age 15-24	29.3	33
2019-2023 Crude Age 25-34	40.7	67.2
2019-2023 Crude Age 35-44	38	76.5
2019-2023 Crude Age 45-54	42.3	71.3
2019-2023 Crude Age 55-64	47.9	73.3
2019-2023 Crude Age 65-74	59.5	62.9
2019-2023 Crude Age 75-84	120	121.8
2019-2023 Crude Age 85+	410	411.1

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Deaths per 100,000 within each age range

Accidents Death Rate by Race & Ethnicity

Accidents Death Rate by Race & Ethnicity

Data Sources	Nebraska	United States of America
2019-2023 Crude Asian	12.5	18.7
2019-2023 Crude Black or African American	54.2	73.6
2019-2023 Crude Hispanic or Latino	29.2	40.6
2019-2023 Crude Native American	83.8	112.5
2019-2023 Crude White	50	73.2

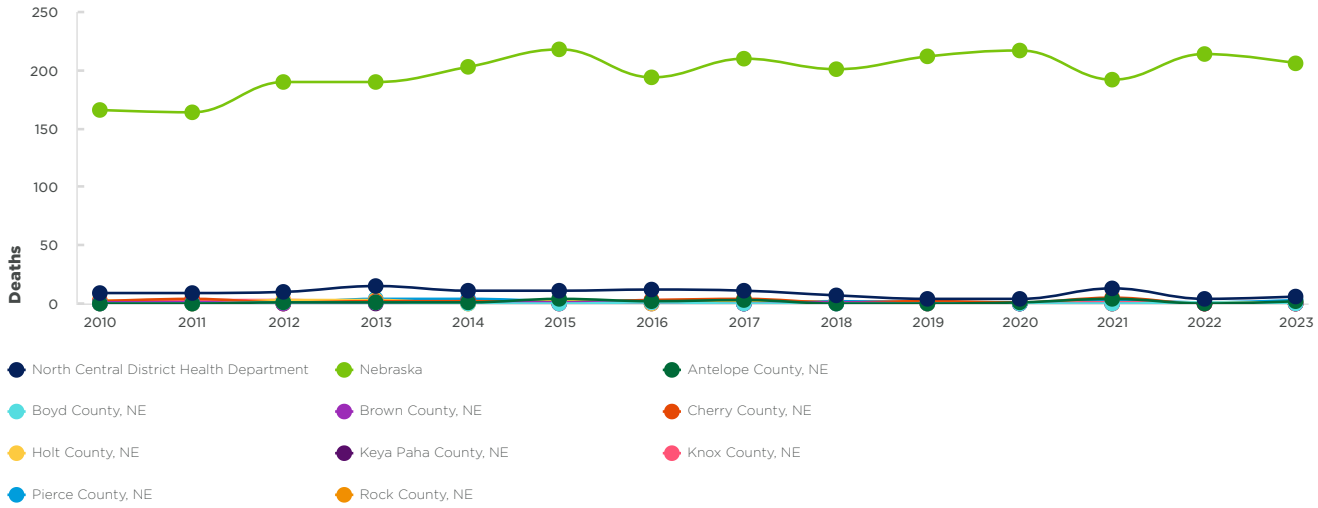
Sources: CDC WONDER Cause of Death 2019-2023 Crude

Age-adjusted deaths per 100,000 people within each group

Note: All groups are not Hispanic or Latino unless otherwise listed.

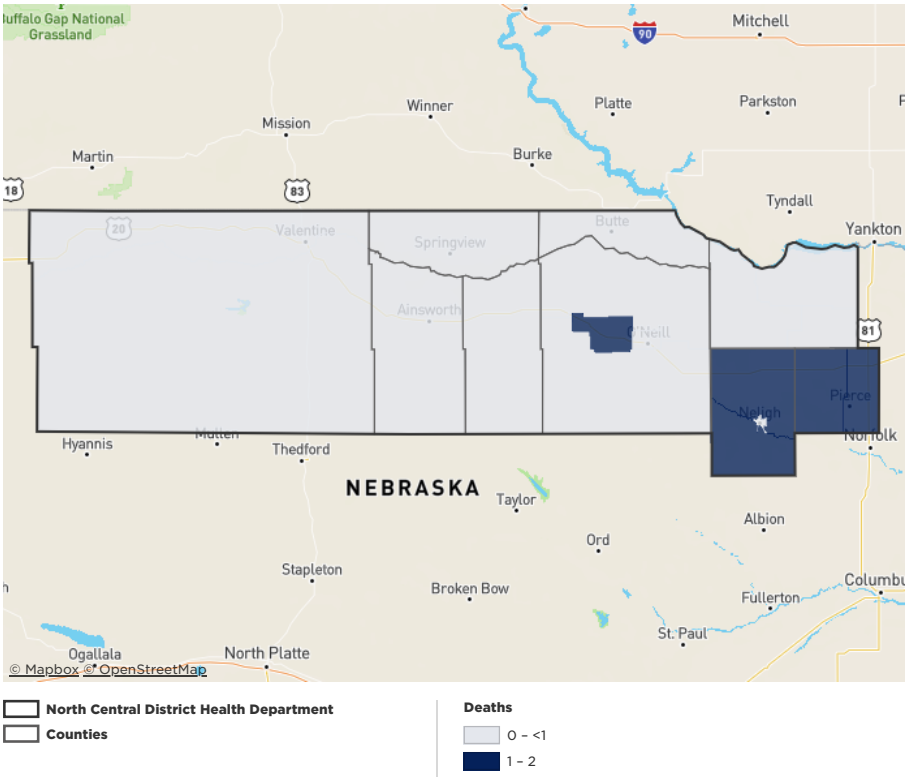
Motor Vehicle Crash Fatalities

Motor Vehicle Crash Fatalities



Sources: NHTSA FARS

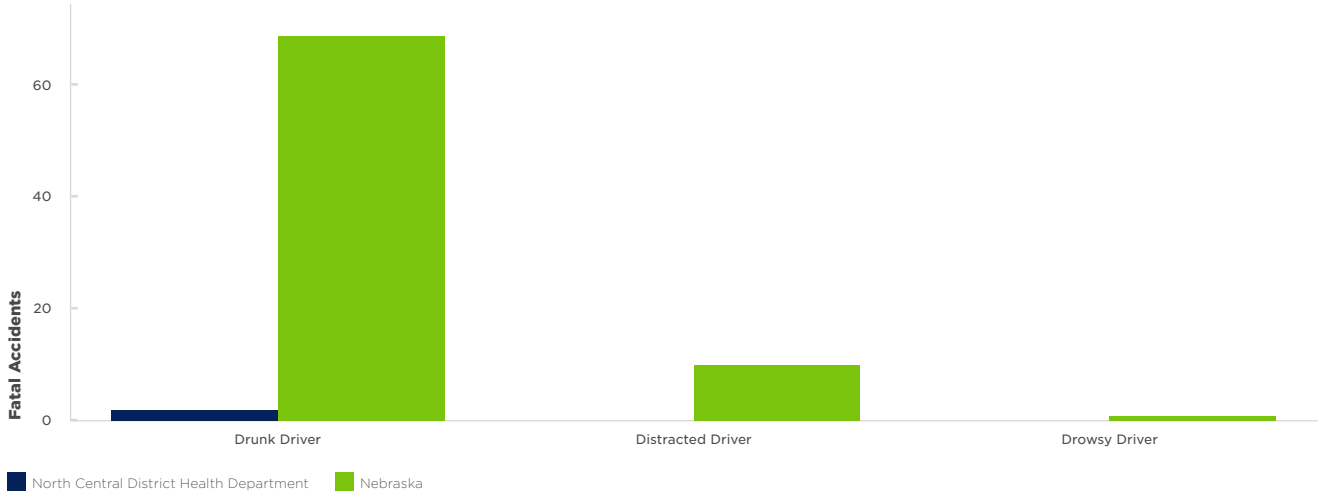
Motor Vehicle Crash Fatalities



Sources: NHTSA FARS 2023

Fatal Crashes Involving Drunk, Distracted, or Drowsy Drivers

Fatal Motor Vehicle Accidents by Selected Factors

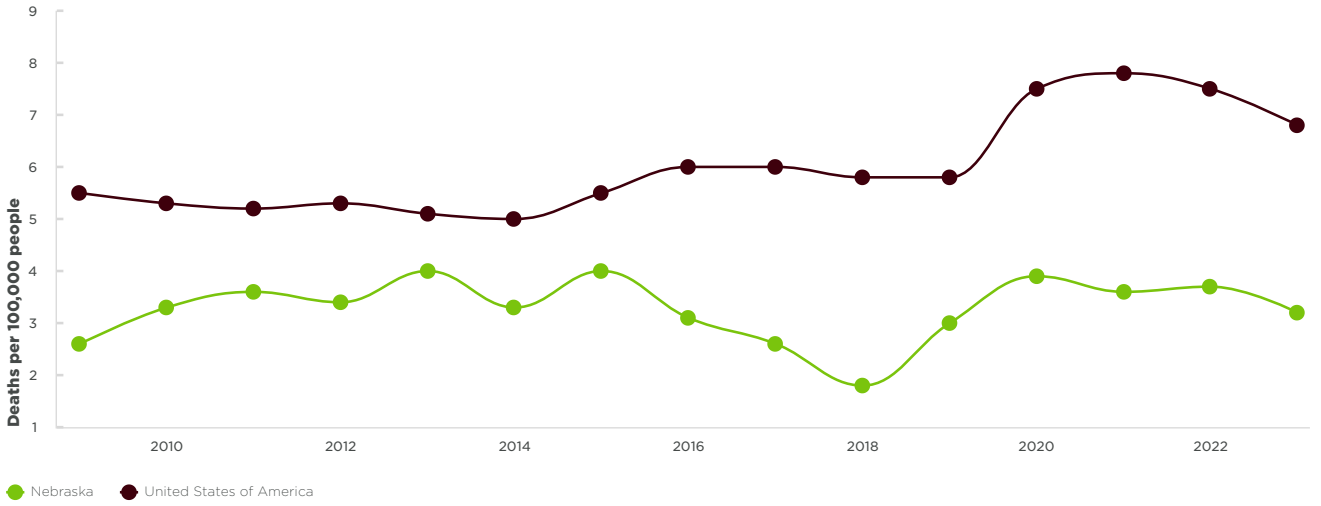


Sources: NHTSA FARS 2023

Community Safety

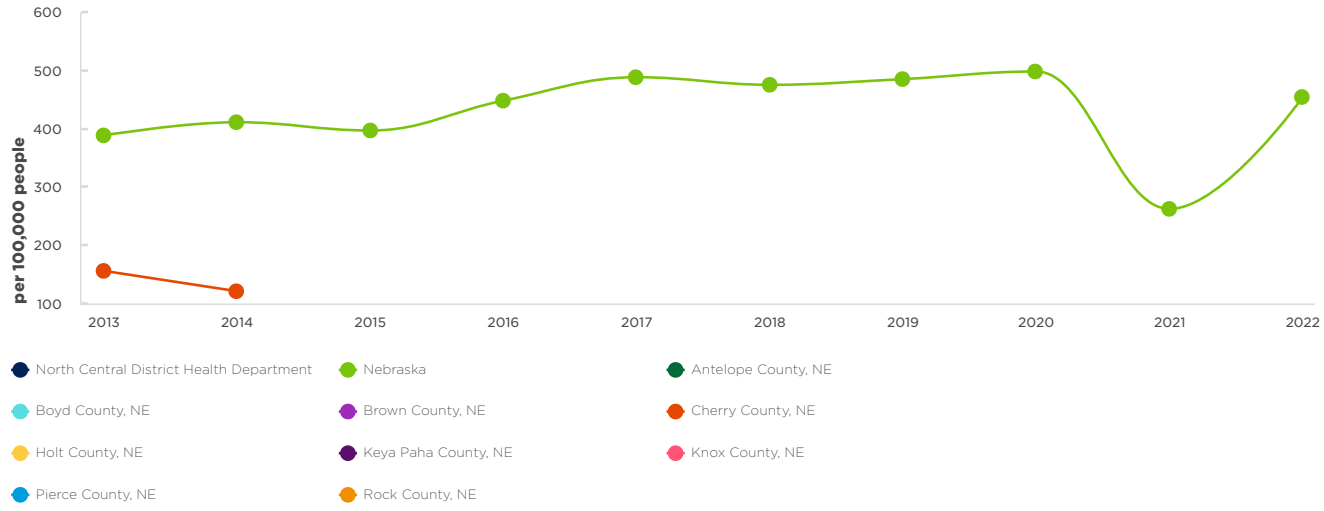
One common theme in the 2024 focus groups was that the district was a great place to raise a family, in part due to its low crime rate and family-oriented culture. Nebraska (3.7 deaths per 100,000 people) has a whole has a significantly lower homicide rate than the nation (7.5 deaths per 100,000 people). The district's violent crime rate is significantly lower than the states of 160 crimes per 100,000 people. Cherry County has the highest rate at 55 crimes per 100,000 people.

Homicides



Sources: CDC WONDER Cause of Death

Violent Crime Rates



North Central District Health Department
Nebraska
Antelope County, NE
Boyd County, NE
Brown County, NE
Cherry County, NE
Holt County, NE
Keya Paha County, NE
Knox County, NE
Pierce County, NE
Rock County, NE

Sources: FBI UCR

Learn more:

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10. CDC. "Risk and Protective Factors |Violence Prevention| Injury Center." Centers for Disease Control and Prevention, 2 Mar. 2020, https://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html.

Behavioral Health

Behavioral health is a broad term that encompasses the emotional, psychological, and social well-being of an individual or group. It includes a person's thoughts, feelings, and behaviors, as well as their ability to cope with stress and manage their emotions. One's behavioral health has vast impacts on their physical health.

Mental distress and poor health behaviors oftentimes are co-occurring disorders. According to the National Institute of Mental Health, substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Mental health issues, such as anxiety, depression, bipolar disorder, etc., can exacerbate substance misuse and vice versa. It is imperative to look at one's mental health alongside their behavioral health practices.

Mental Health

Strong relationships with other people can reduce mental health struggles. Connection within our community means more people know where to turn when they need help. These many forms of connection can improve our quality of life and even prevent death.

The NCDHD area is a mental health provider shortage area and only has one treatment and recovery center. In 2023, there was one health provider per 377 people in Nebraska. Holt County is the only county that came close to that at 441 residents per one provider. Pierce County comes in at 7,301 residents per provider. Nebraska drug overdose rates have climbed from 2.32 in 1999 to 11.4 in 2021 (age-adjusted deaths per 100,000). The need for behavioral health professionals is present; unfortunately, the professionals are in short supply.

Insufficient professional care makes health and wellnesses difficult.

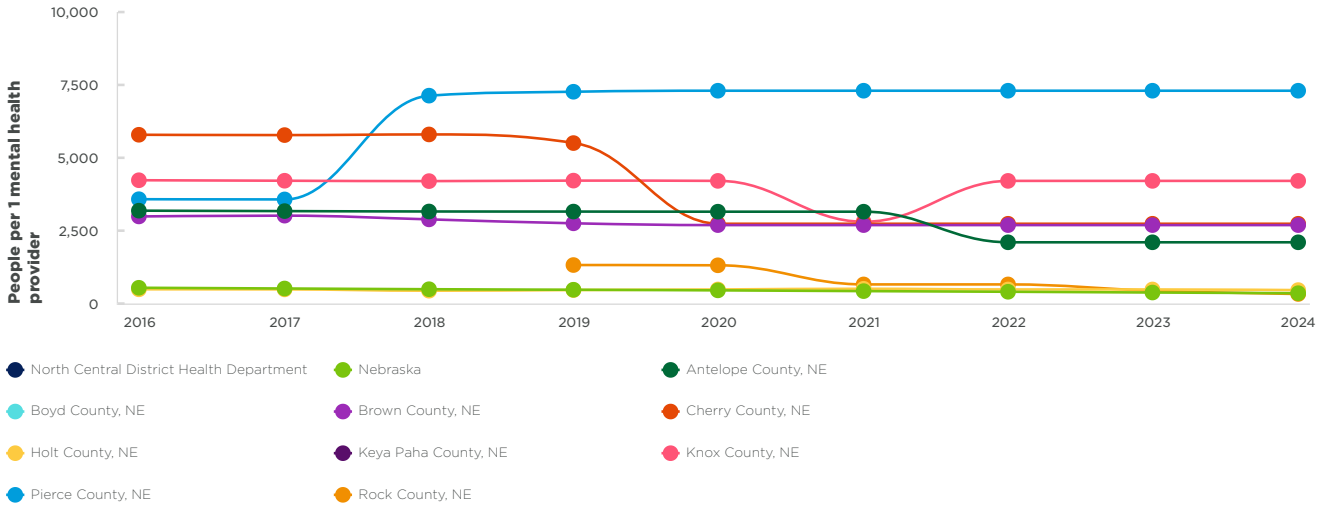
Substance Use

It's been shown that about half of individuals who have mental illness at some point in life will also struggle with a substance use disorder. By increasing the layers of support available for everyone in the community, including peer groups, professional help, and educating family and friends, people who struggle with substance use can find a path toward recovery.

Nebraska drug overdose rates have climbed from 2.32 people in 1999 to 11.4 people in 2021 (age-adjusted deaths per 100,000). The counties with the higher drug overdose rates in 2021 were Keya Paha (10.4), Cherry (9.7), Brown, (9.4), and Rock (9.2). The lowest counties were Holt (6.9) and Antelope (6.7). Holt county has the highest rate of mental health providers per resident and Antelope County ranks in the top 4. Holt County also has the only substance abuse treatment center in the district.

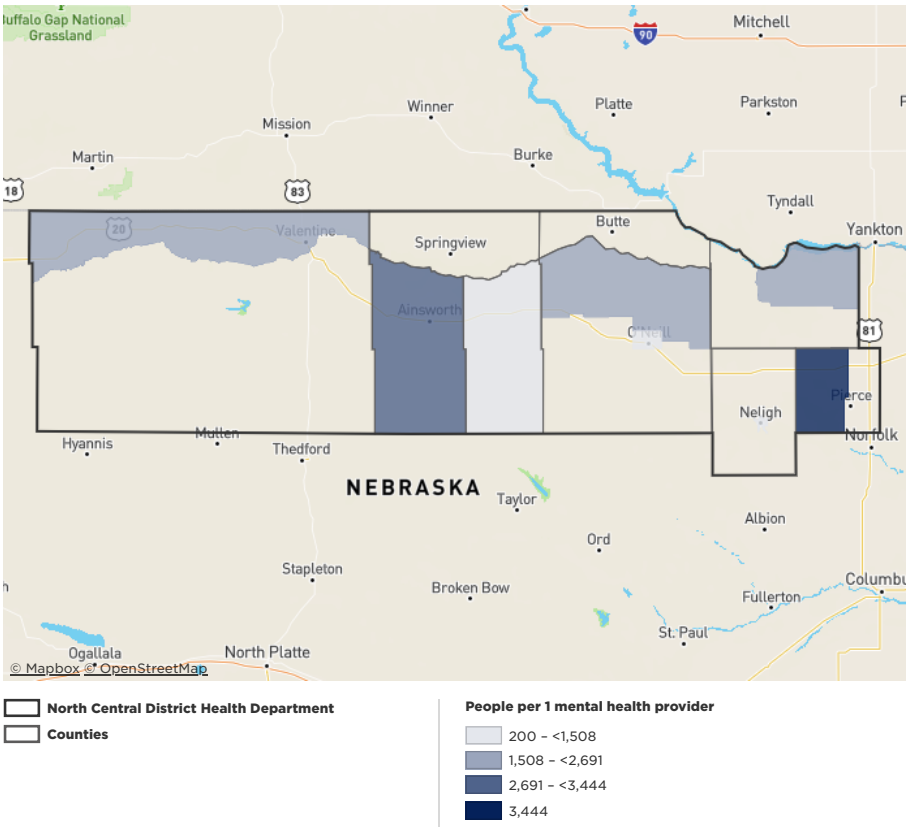
Mental Healthcare Environment

Mental Health Provider Ratio



Sources: NPPES NPI

Mental Health Provider Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 mental health providers.

Drug Overdose Deaths

Drug Overdose Death Rate

11.4

Age-adjusted deaths per 100,000 people

Nebraska

32.4

Age-adjusted deaths per 100,000 people

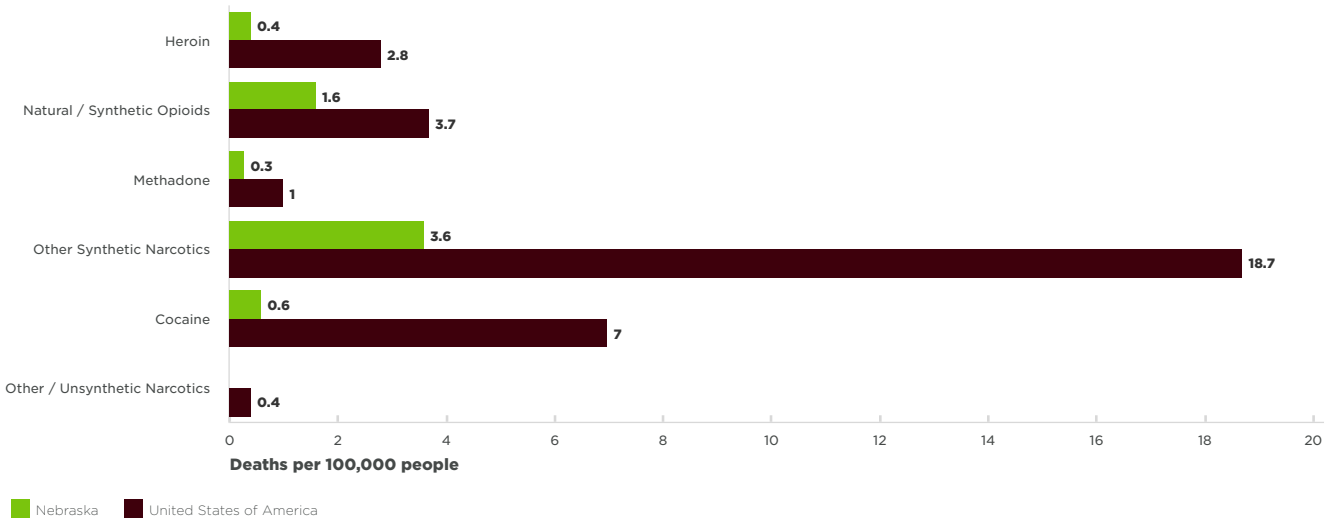
United States of America

Sources: CDC 2021

Geography	2021 Drug Overdose Death Rate
Antelope County, NE	6.7
Boyd County, NE	8.6
Brown County, NE	9.4
Cherry County, NE	9.7
Holt County, NE	6.9
Keya Paha County, NE	10.4
Knox County, NE	7.9
Pierce County, NE	8.1
Rock County, NE	9.2
Nebraska	11.4

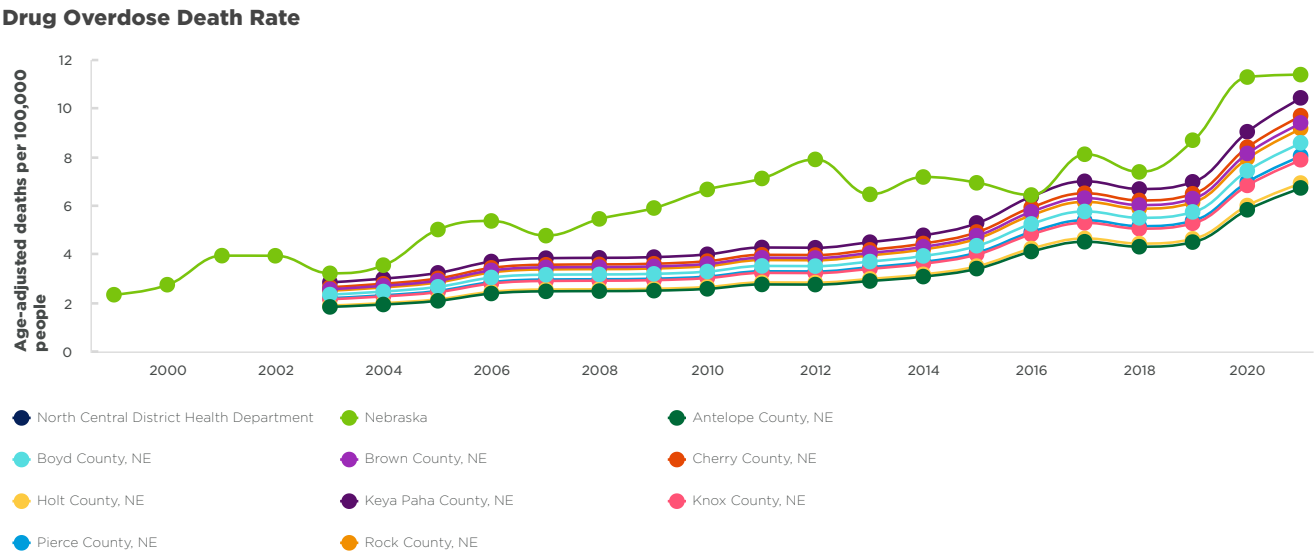
Sources: CDC 2021

Drug Overdose Death by Involved Substance



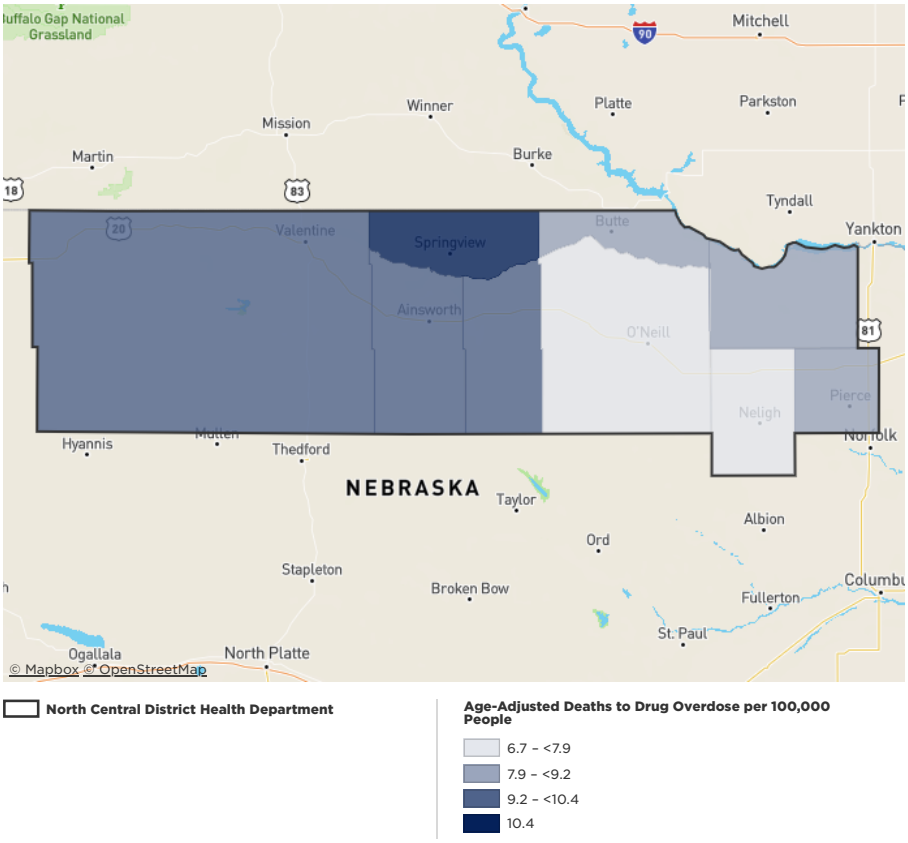
Sources: CDC WONDER Cause of Death 2019-2023 Crude

Drug Overdose Death Rate Over Time



Sources: CDC

Map: Drug Overdose Death Rate



Sources: CDC 2021

Youth Behavioral Health

The phrase "the youth are the future" is a common sentiment and in many ways true. Looking at the mental and behavioral health of our youth is vital to understanding not only the health of a community, but what the future health of a community might look like. Youth health starts at home. Youth need an active, engaged, and connected home life.

- **Life starts at home:**
  - When asked, "During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?" 37.4% of youth said *always*, 19.2% said *most of the time*, 19.9% said *sometimes*, 10.7% said *rarely*, and 12.9% said *never*.
  - When asked, "In the past 12 months, have your parents/ caregiver had a conversation with you on the harms of alcohol, inadequate nutrition, vaping, smoking/tobacco use marijuana, CBD (Cannabidiol products, Delta 8, etc.), inadequate sleep, social media, taking medication that is not yours, or illegal drugs?" 44.9% (222/495) reported *no conversation* was had in the last 12 months. Parents are most likely to talk to their kids about vaping 40.5% (199/450), alcohol 40.5% (193/450), social media 33.1% (164/450).
- **Parental health matters:**
  - When asked, "Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?" 19.7% of students responded *yes*, while 80.3% said *no*.
  - When asked, "Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?" 20.8% of youth responded *yes* and 79.2% said *no*.

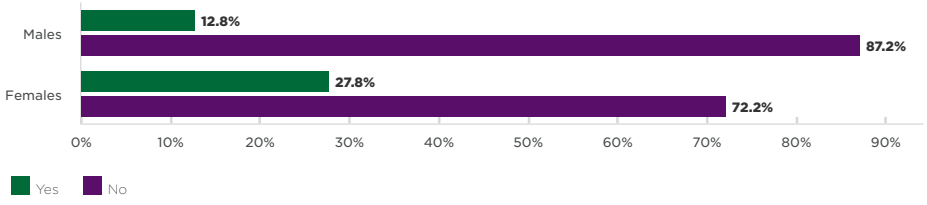
The below data is from the 2023 NCDHD Youth Risk Behavioral Survey oversample conducted in the district. It was completed by 9th-12th graders in the district.

Youth Mental Health

In the 2023 Youth Risk Behaviors Survey oversample conducted in the district, youth reported:

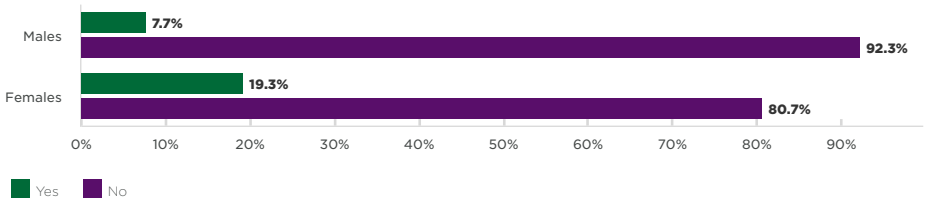
- **Sad or hopeless:** In the past 12 months, 12.8% of males and 27.8% of females reported feeling sad or hopeless for almost every day for two week or more in a row. Females are more likely to feel sad and hopeless.
- **Considered suicide**: In the past 12 months, 7.7% of males and 19.3% of females reported seriously considering attempting suicide. Females are more likely to seriously consider attempting suicide.
- **Planned suicide**: In the past 12 months, 7.3% of males and 10.4% of females reported planning how they would attempt suicide. Females are more likely to plan suicide.
- **Attempt suicide**: In the past 12 months, 1.4% of males and 5% of females reported they attempted suicide 1 time; 1% of males reported attempting suicide 2 or 3 times (females 1.4%), and 0.7% of males reported attempting suicide 4 or more times in the past 12 months (females 1.4%). Females are more likely to attempt suicide.
- **Attempted suicide resulting in injury**: In the past 12 months, 1.7% of males (1.8% of females) reported their attempted suicide resulted in an injury, poisoning, or overdose that had to be reacted by a doctor or nurse.

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?



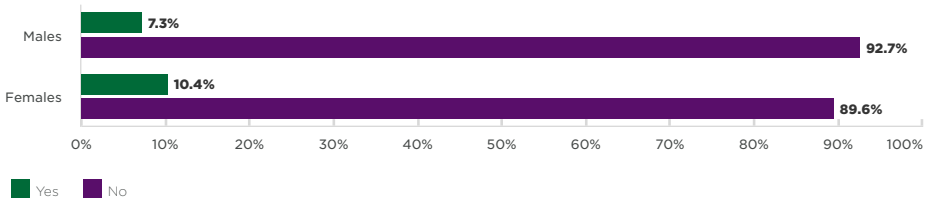
Source: NCDHD YRBS Oversample (2023)

During the past 12 months, did you ever seriously consider attempting suicide?



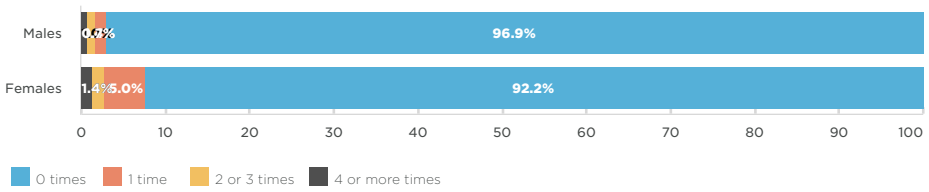
Source: NCDHD YRBS Oversample (2023)

During the past 12 months, did you make a plan about how you would attempt suicide?



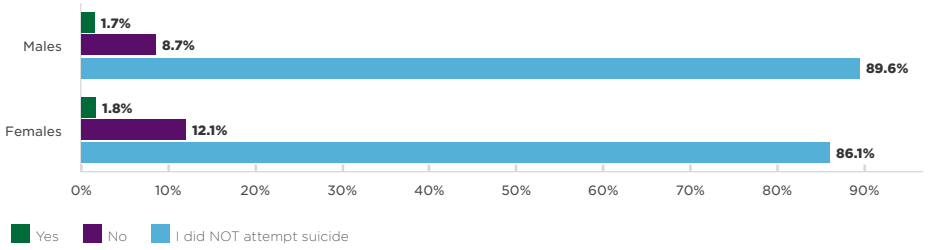
Source: NCDHD YRBS Oversample (2023)

During the past 12 months, how many times did you actually attempt suicide?



Source: NCDHD YRBS Oversample (2024)

If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?



Source: NCDHD YRBS Oversample (2023)

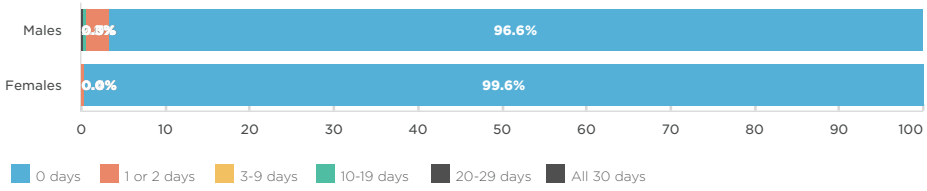
Youth Substance Use

- **Tobacco:**
  - **Cigarettes:** Most students do not smoke cigarettes (96.5% of males and 99.6% of females). Males are more likely to smoke cigarettes than females.
  - **E-Cigarette Use:** Most students have never used e-cigarettes in their lifetime (79.4% of males and 77.3% of females). Females are more likely to be current e-cigarette users, which means have used in the past 30-days. 7.1% of males are current e-cigarettes users and 10.8% of females are current users. Most current users got or bought their e-cigarettes from a friend, family member, or someone else. Social access is a greater threat than retail access. E-cigarettes are the greatest threat to youth regarding tobacco delivery systems.
  - **Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products:** In the last 30 days, 6.3% of male students used smokeless tobacco. Females are much less likely to use such products (0.4%).
- **Alcohol:**
  - **Alcohol is the most commonly used substance amongst youth**
  - **Lifetime alcohol use:** 61.8% of youth have never used alcohol in their life
  - **Age of first use:** 10.3% of youth had their first drink of alcohol before the age of 12. Only 1.8% of current drinkers had their first drink after the age of 15. This data suggested alcohol prevention and education must start by at least age 8.

- **Current alcohol users:** 85.5% of students are not current users (have used in the past 30 days), and of those who have used in the past 30 days, 8.9% only used one or two days of the month. Social access appears to be the main way youth are getting alcohol, as opposed to retail access.
- **Binge drinking:** Binge drinking is defined as on how many days did you have 4 or more drinks of alcohol in a row, that is, within a
  couple of hours (if you are female) or 5 or more drinks of alcohol in a row if you are male. Binge drinking is associated with high rates of risky behavior and harm. Males are more likely to binge drink 90.5% than females (96%), and therefore engage in risky behavior.

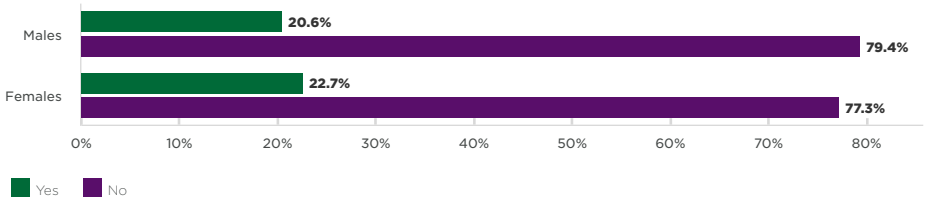
- **Other Drugs:**
  - Marijuana is the most commonly used substance other than alcohol and nicotine, with 10.9% of student using by their senior year.
  - Other Illicit drugs use such as ecstasy, heroin, methamphetamine, etc. is minimal or obsolete.

During the past 30 days, on how many days did you smoke cigarettes?



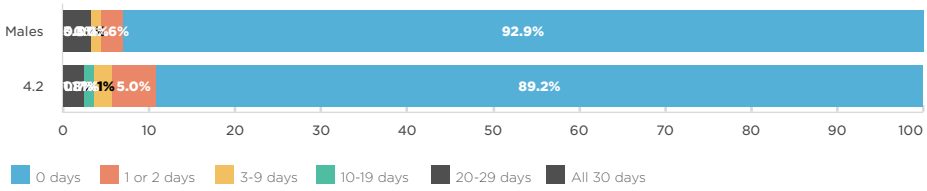
Source: NCDHD YRBS Oversample (2023)

Have you ever used an electronic vapor product?



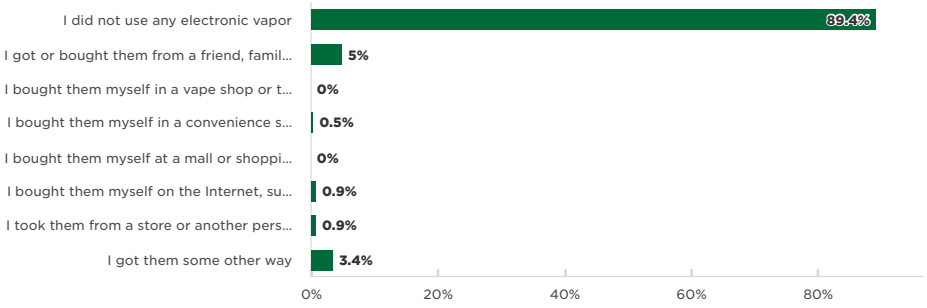
Source: NCDHD YRBS Oversample (2023)

During the past 30 days, on how many days did you use an electronic vapor product?



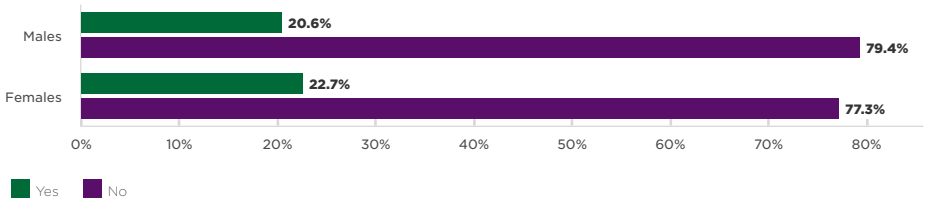
Source: NCDHD YRBS Oversample (2023)

During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.)



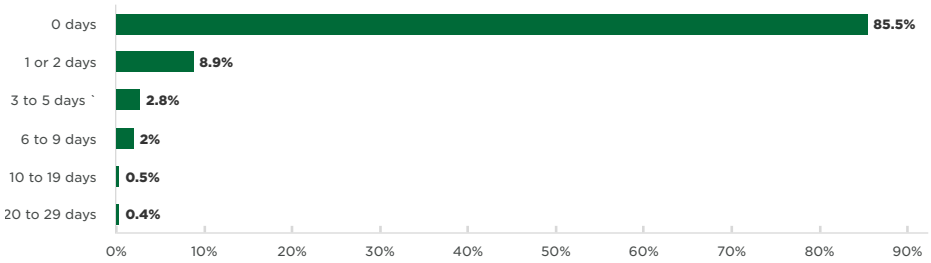
Source: NCDHD YRBS Oversample (2023)

Have you ever used an electronic vapor product?



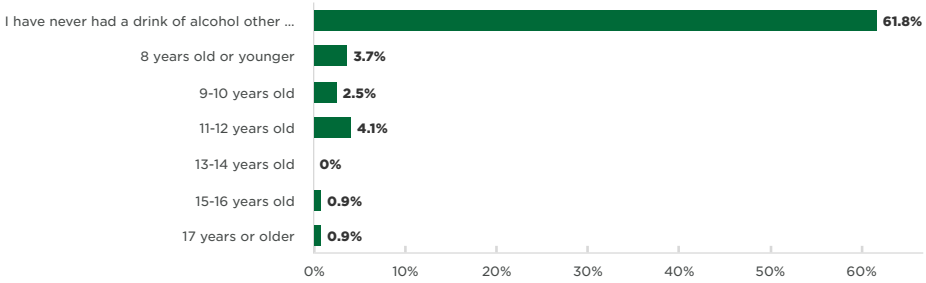
Source: NCDHD YRBS Oversample (2023)

During the past 30 days, on how many days did you have at least one drink of alcohol?



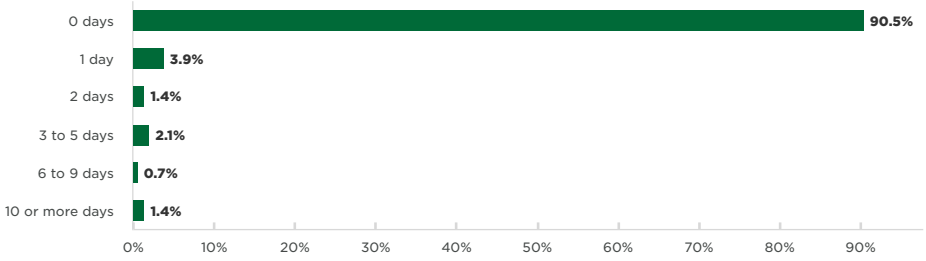
Source: NCDHD YRBS Oversample (2023)

How old were you when you had your first drink of alcohol other than a few sips?



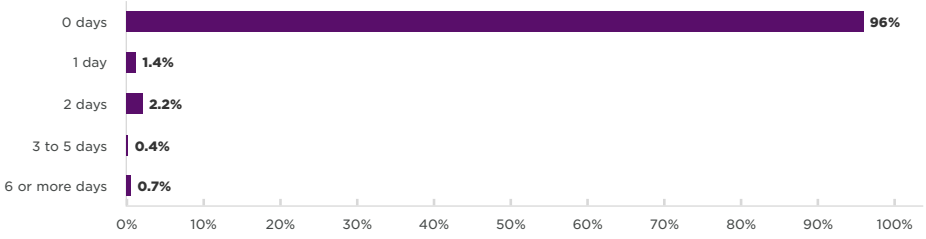
Source: NCDHD YRBS Oversample (2023)

MALES: During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row?



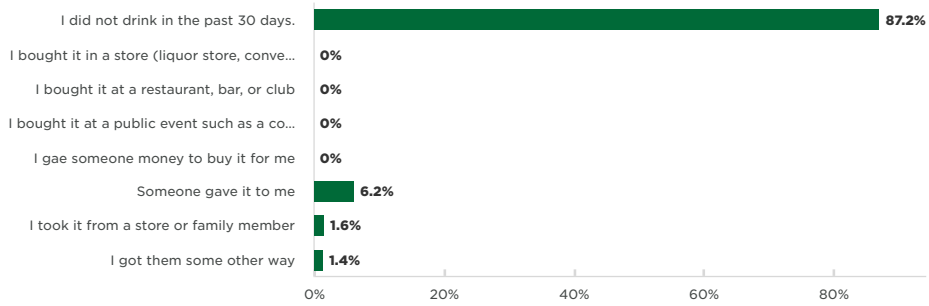
Source: NCDHD YRBS Oversample (2023)

FEMALES: During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row?



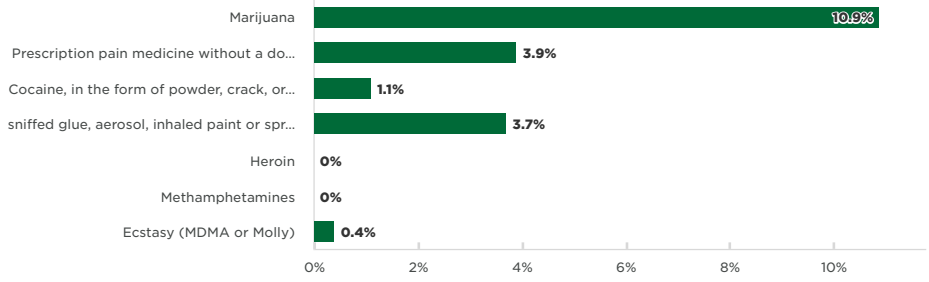
Source: NCDHD YRBS Oversample (2023)

During the past 30 days, how did you usually get the alcohol you drank?



Source: NCDHD YRBS Oversample (2023)

Have you ever used any of the below substances in your lifetime?



Source: NCDHD YRBS Oversample (2023)

Mental Health Outcomes

Being mentally well allows us to complete daily tasks, succeed in school or at work, make other healthy choices, and form strong relationships. It's important to remember that anyone can experience poor mental health throughout life, even without being diagnosed with a mental illness.

In 2022, 13.8% of adults in north central Nebraska reported having poor mental health (14.1% Nebraska average) and 17.2% have been diagnosed with depression (17.7% Nebraska average). Cherry County adults report the highest rates of poor mental health at 15.1%, followed by Knox County at 13.9% and Pierce County at 13.6%. Consequentially, Cherry County also has the highest rates of diagnosed depression amongst adults, at 18.1%, followed by Pierce County and Brown Counties, both at 17.6%.

Less access to mental health services, lower quality of care providers, and high cost of treatment are all factors that go into a community's mental wellness. When our mental health suffers for short or long periods of time, it affects the rest of our life. Treating mental health equal to physical health starts with prevention efforts. This could mean more education or addressing foundational issues that can lead to poor mental health, including job loss or struggling to pay for basic needs. Making sure everyone has equal access to the right care at the right time can stop poor mental health from becoming worse. Better access to mental health care and substance abuse treatment was a common theme in the community health survey results.

Overview

Poor Mental Health

13.8%
Adults
North Central District Health Department

14.1%
Adults
Nebraska

Diagnosed Depression

17.2%
Adults
North Central District Health Department

17.7%
Adults
Nebraska

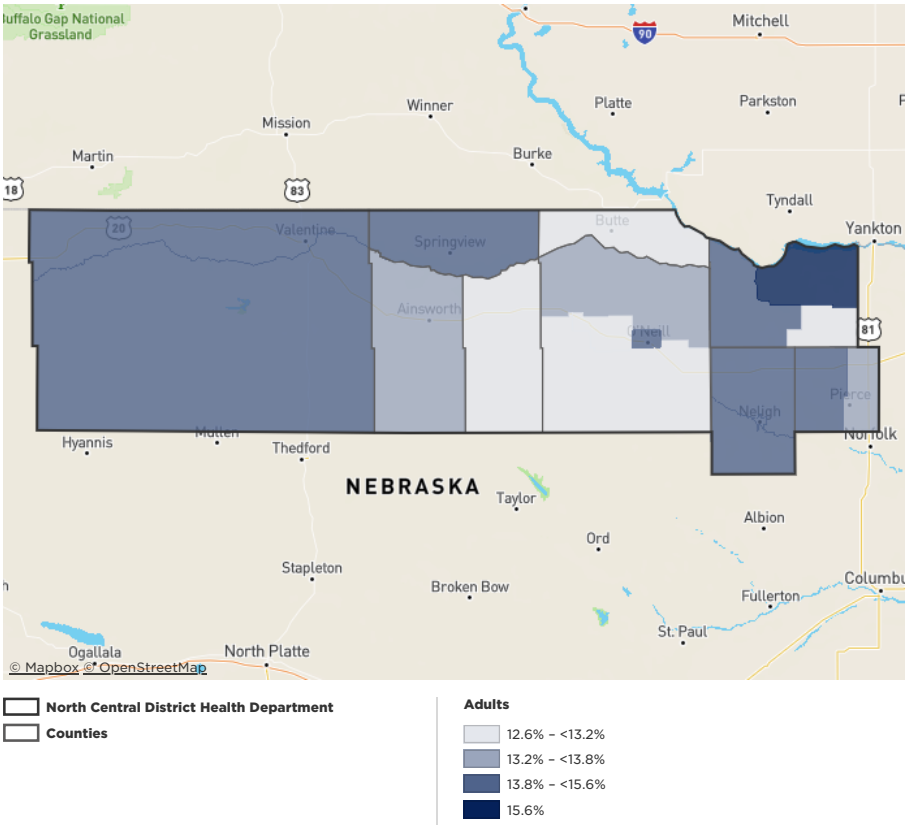
Sources: CDC BRFSS PLACES 2022

Geography	2022 Poor Mental Health Among Adults	2022 Diagnosed Depression Among Adults
Antelope County, NE	13.1%	16.6%
Boyd County, NE	12.6%	15.6%
Brown County, NE	13.4%	17.6%
Cherry County, NE	15.2%	18.1%
Holt County, NE	13.4%	16.3%
Keya Paha County, NE	11.8%	15.6%
Knox County, NE	13.9%	17%
Pierce County, NE	13.6%	17.6%
Rock County, NE	12.9%	16.7%
North Central District Health Department	13.8%	17.2%
Nebraska	14.1%	17.7%

Sources: CDC BRFSS PLACES 2022

Map: Poor Mental Health

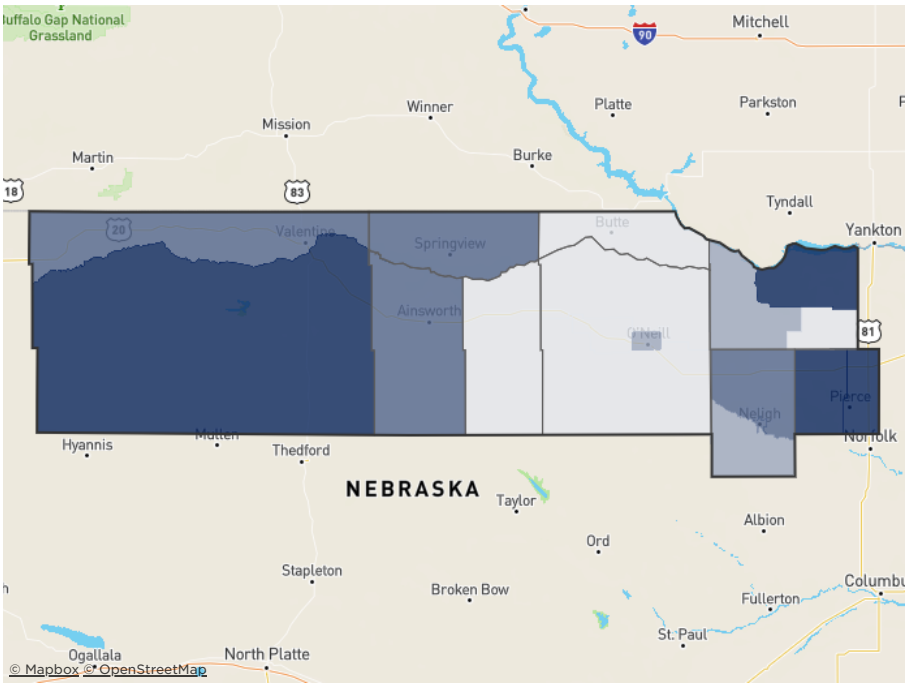
Poor Mental Health



Sources: CDC BRFSS PLACES 2022

Map: Diagnosed Depression

Diagnosed Depression



Sources: CDC BRFSS PLACES 2022

Sleep

Sleep is needed to recharge the brain and body, and without enough sleep a person is more likely to struggle with mental health challenges. Getting enough sleep helps us control our emotions and behaviors, and poor sleep makes it even more challenging to handle the stress life brings. Sleep health is an often-overlooked way we can improve health outcomes and our quality of life, but making a difference requires addressing the causes of people getting too little sleep. Shift work, drinking caffeine or alcohol, mental health conditions, too much noise or light, and the inability to control the temperature where you sleep all have an impact. At least one of these factors may be a reality for many people in our community**.** Insufficient sleep is defined at less than 7 hours of sleep a night for adults. In Nebraska, 31.4% of adults get insufficient sleep; that percentage falls slightly to 30.8% when looking at north central Nebraska. It is not surprising to see that 33% of Cherry County adults report insufficient sleep when we previously saw Cherry County had the highest rates of adults with poor and the highest rates of diagnosed depression amongst adults in the district.

Less Than 7 Hours Sleep

30.8%
Adults
North Central District Health Department

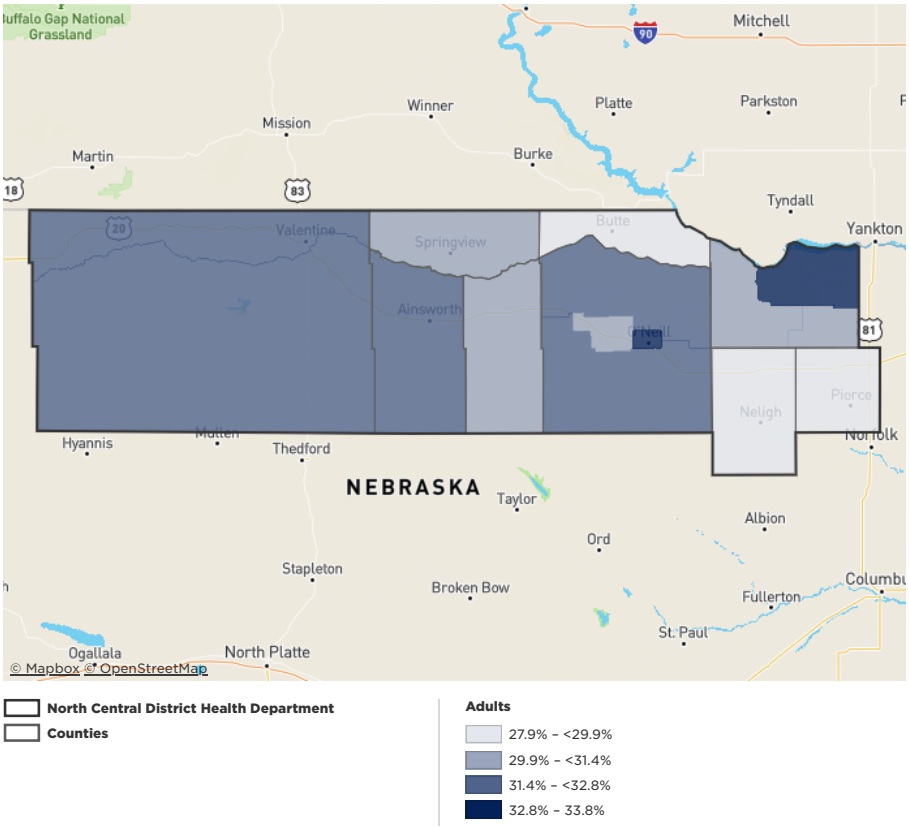
31.4%
Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Less Than 7 Hours Sleep Among Adults
Antelope County, NE	28.3%
Boyd County, NE	27.9%
Brown County, NE	31.4%
Cherry County, NE	33%
Holt County, NE	32.2%
Keya Paha County, NE	27.7%
Knox County, NE	30.9%
Pierce County, NE	28.6%
Rock County, NE	31.2%
North Central District Health Department	30.8%
Nebraska	31.4%

Sources: CDC BRFSS PLACES 2022

Insufficient Sleep



Sources: CDC BRFSS PLACES 2022

Loneliness

Social isolation comes with serious risks, including higher rates of depression and early death. One study says that loneliness and social isolation are twice as harmful to our physical and mental health than obesity. This problem affects everyone, no matter their age. Youth who aren't connected to our community have an increased risk of violence, substance use, and may struggle in school or work. Our aging parents and grandparents who live alone are at an even higher risk. Isolation may also be caused by other barriers, such as speaking a different language than your neighbors. Providing more chances for people of all ages to connect through community programs or other resources can help keep everyone in our community feeling cared for and connected.

Loneliness of youth ages 16 to 19 is often measured by determining the number of disconnect youth, that is not enrolled in school and not employed/ in the labor force. "Unemployed" youth are currently without a job but actively looking for work. 1.1% of 16-19-year olds in north central Nebraska can be categorized as not enrolled in school and unemployed. This percentage is the highest in Antelope County at 4.4%. "Not in the labor force" means youth are not currently employed and are not actively seeking employment. In the district, 4.2% of 16-19 year olds qualify as not enrolled in school and not in the labor force (2.8% Nebraska), with Cherry County ranking the highest at 12.6%, followed by Keya Paha County at 7.1%. Boyd, Brown, and Rock all have 0% in both categories.

Overview

Seniors Living Alone

29.6%
People age 65+
North Central District Health Department

30.2%
People age 65+
Nebraska

Language Isolation: Limited English Speaking Households

0.8%
Households
North Central District Health Department

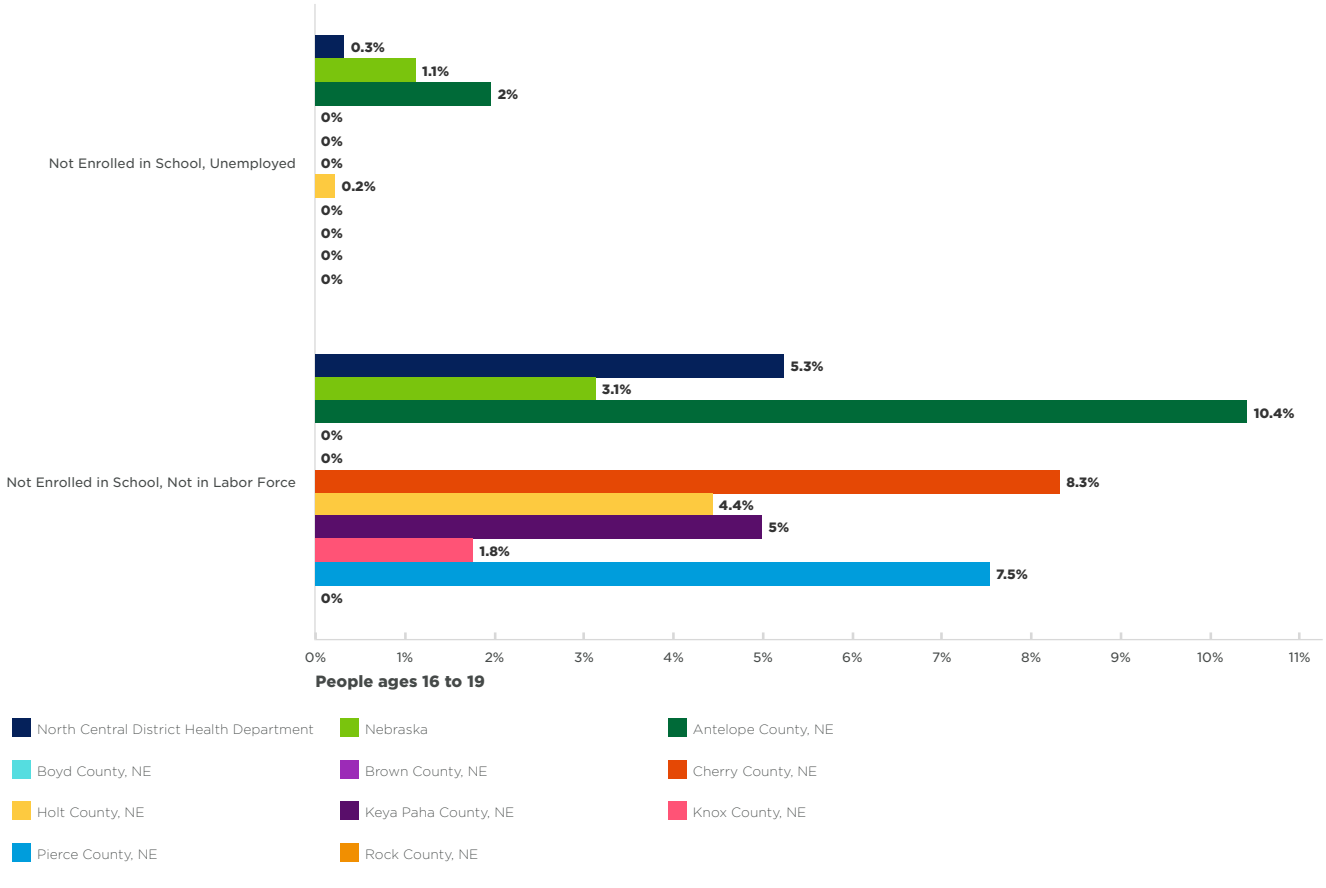
2.5%
Households
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Seniors Living Alone	2019-2023 Language Isolation
Antelope County, NE	31.7%	0.6%
Boyd County, NE	22.6%	0.3%
Brown County, NE	49%	1.3%
Cherry County, NE	33.2%	0%
Holt County, NE	29%	1.6%
Keya Paha County, NE	24.5%	0%
Knox County, NE	25%	0.2%
Pierce County, NE	25.3%	1%
Rock County, NE	29.5%	0.7%
North Central District Health Department	29.6%	0.8%
Nebraska	30.2%	2.5%

Sources: US Census Bureau ACS 5-year 2019-2023

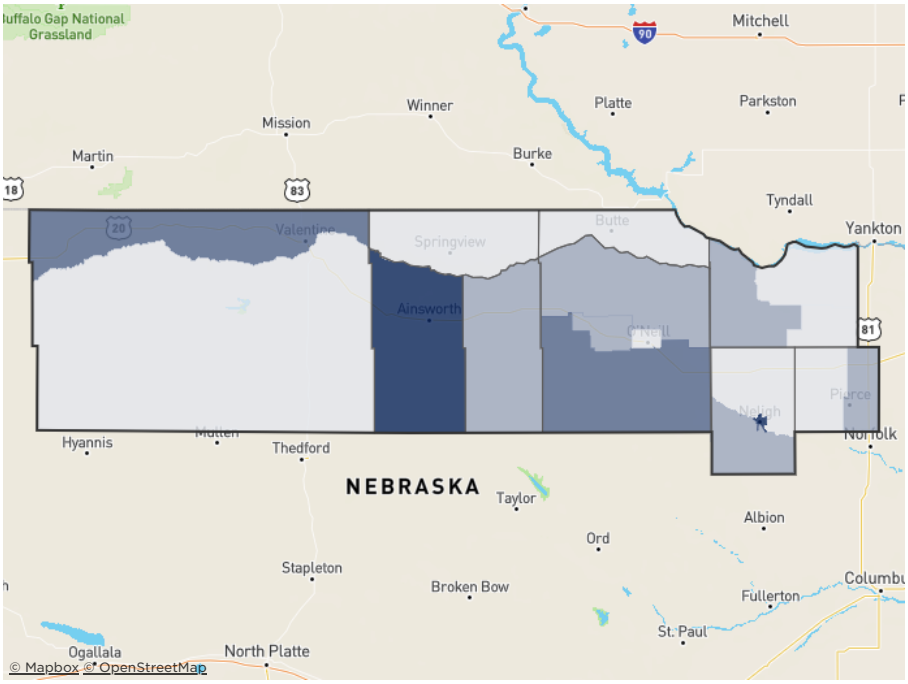
Disconnected Youth



Sources: US Census Bureau ACS 5-year 2019-2023

Map: Seniors Living Alone

Seniors Living Alone



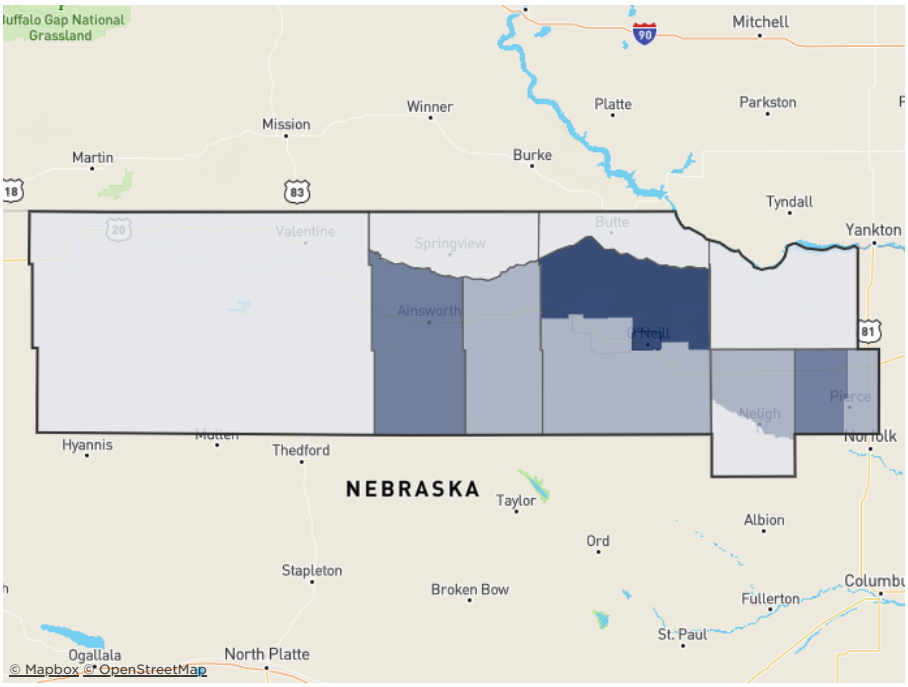
North Central District Health Department
Counties

People age 65+
- 21.3% – <27.1%
- 27.1% – <36.5%
- 36.5% – <43.9%
- 43.9% – 49%

Sources: US Census Bureau ACS 5-year 2019-2023

Map: Language Isolation

Language Isolation



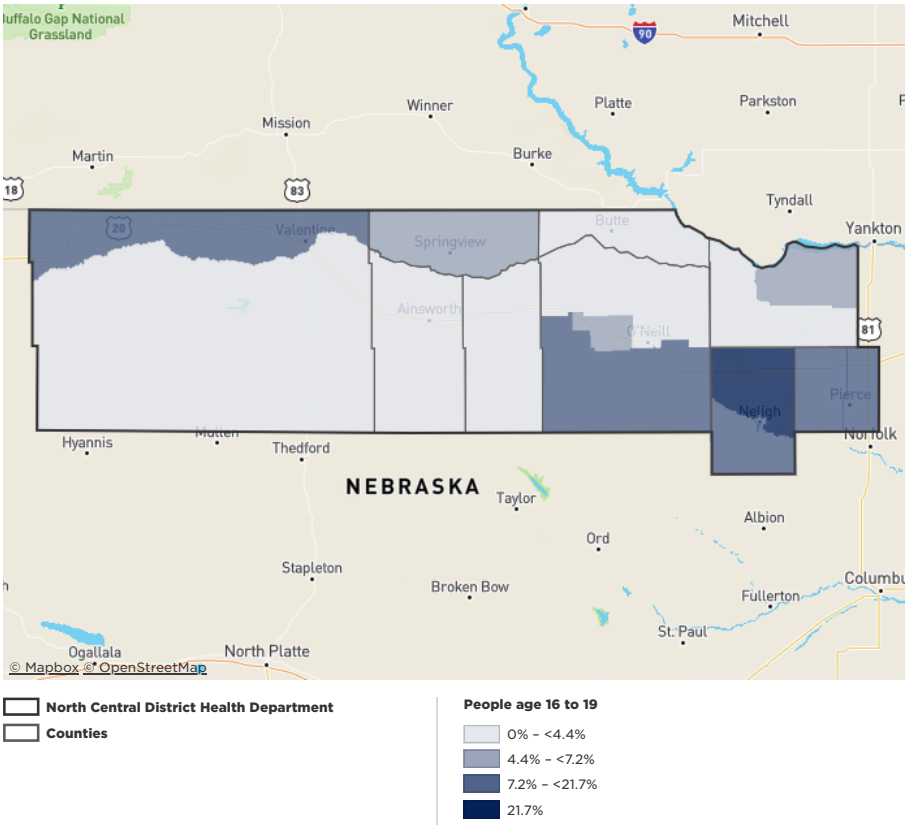
North Central District Health Department
Counties

Households
- 0% – <0.6%
- 0.6% – <1.2%
- 1.2% – <2.2%
- 2.2% – 2.7%

Sources: US Census Bureau ACS 5-year 2019-2023

Map: Disconnected Youth

Disconnected Youth: Not in School or Labor Force



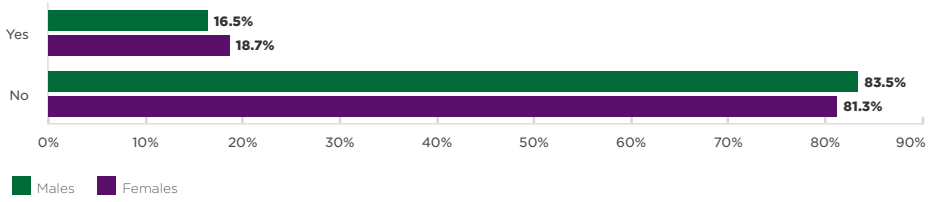
Sources: US Census Bureau ACS 5-year 2019-2023

Bullying

Bullying is the most widespread form of youth violence and needs our attention. People who bully, victims, and bystanders are all negatively impacted by this trauma. It can lead to low self-esteem, self-harm, depression, struggles in school, and long-term effects on a person's life. For those who already struggle with mental health, behavioral health, or social isolation, bullying only makes it worse. Our community's response needs to include increased prevention of bullying as well as better support and intervention for youth who have experienced or witnessed bullying.

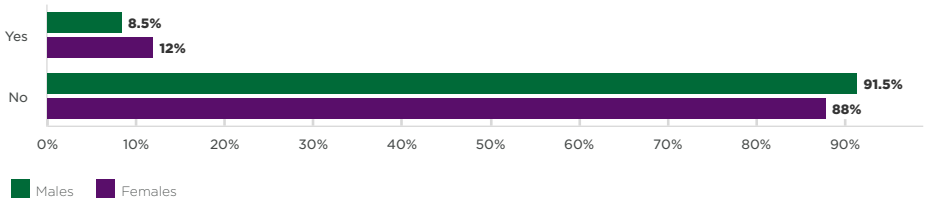
The 2023 Youth Risk Behavioral Survey oversample provides a wealth of youth bullying data. It appears that more students are bullied on school property than off school property, women are more likely to be bullied in all categories (electronically, gender, size, physical appearance, etc.).

During the past 12 months, have you ever been bullied ON school property?



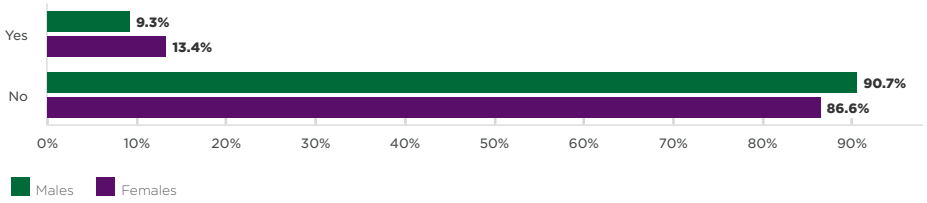
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been bullied when you were NOT on school property, such as on your way to or from school or wherever you spend your free time?



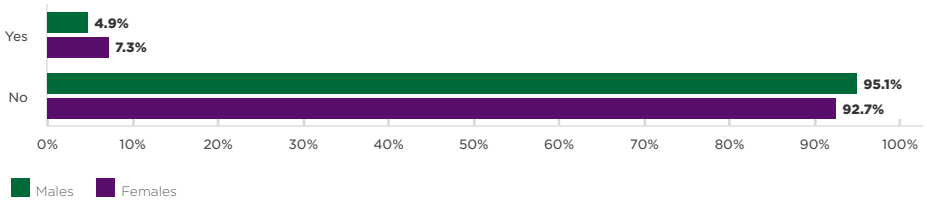
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)



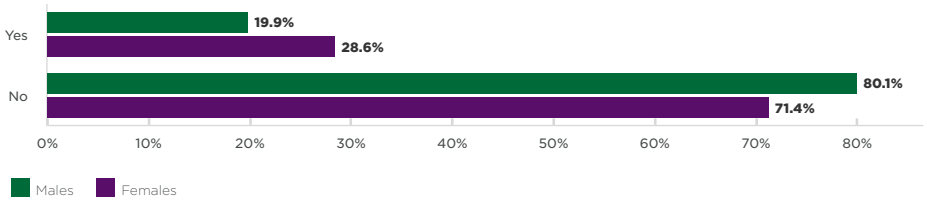
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?



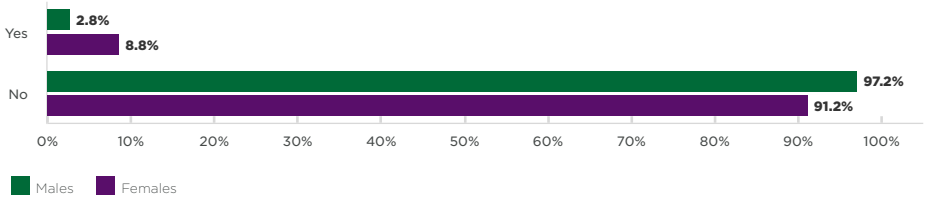
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?



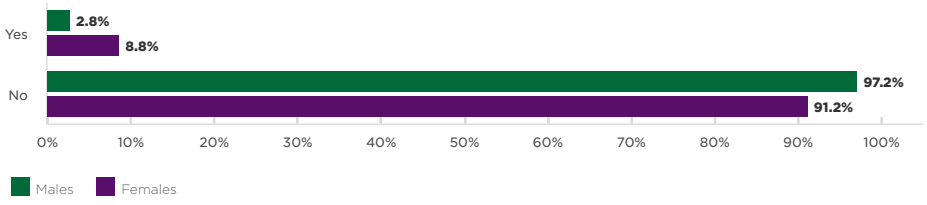
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because of your gender?



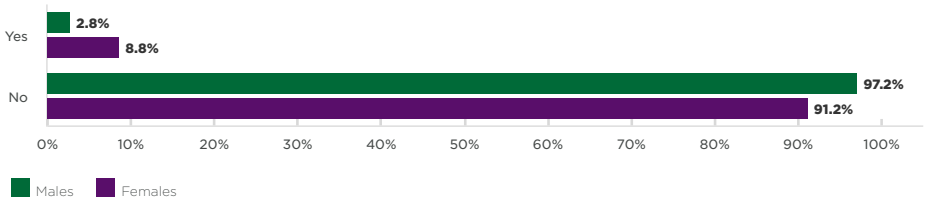
Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?



Source: 2024 NCDHD YRBS Oversample

During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?



Source: 2024 NCDHD YRBS Oversample

Behavioral Health Deaths

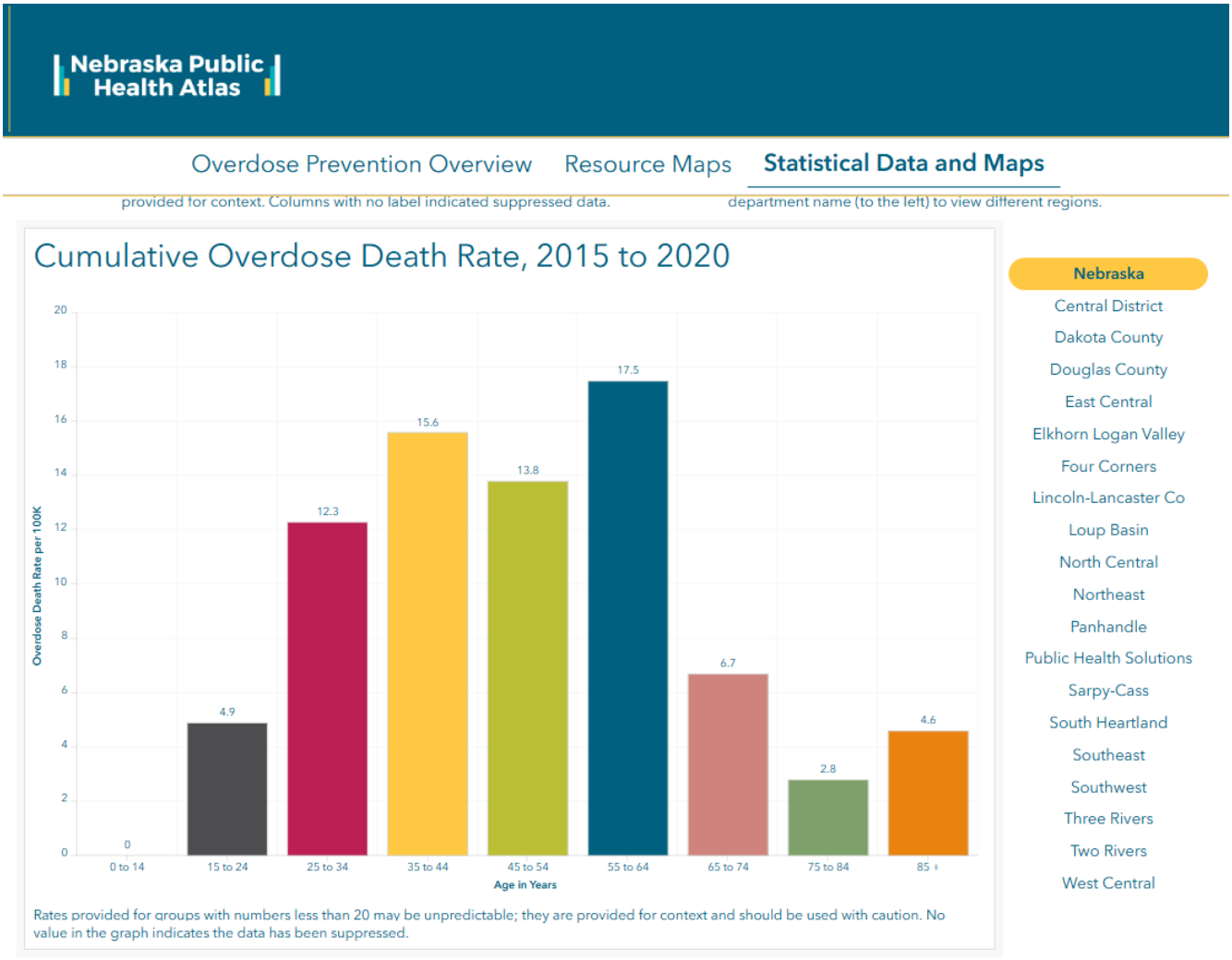
Behavioral health deaths include death by suicide and drug overdose. These types of deaths have steadily increased across the national as well as in Nebraska.

Drug overdose deaths have steadily increased from 2003 to 2021 in Nebraska and in north central Nebraska. In 2003 the age-adjusted deaths per 100,000 people in Nebraska was 3.2 and grew to 11.4 in 2021. Keya Paha (10.4), Cherry (9.7), and Brown Counties (9.4) have the highest rates in the district. Antelope (6.7), Holt (6.9), and Knox (7.9) Counties have the lowest rates.

Suicide death rates in Nebraska (15.5) have surpassed the national average of 14.8 deaths per 100,000 people in 2022. In Nebraska, men carry the majority of the burden, with a suicide death rate of 42.2, compared to their female counterpart's suicide death rate of 10.6. In Nebraska, the age category at greatest risks for death by suicide is 45–54 (21.6) followed closely by 25-34 (21.3) and 35-44 (20.5). Native Americans (35.7) are significantly more likely than any other ethnic group to die by suicide: White (16.7), African American (8.5), Hispanic (8), and Asian (0).

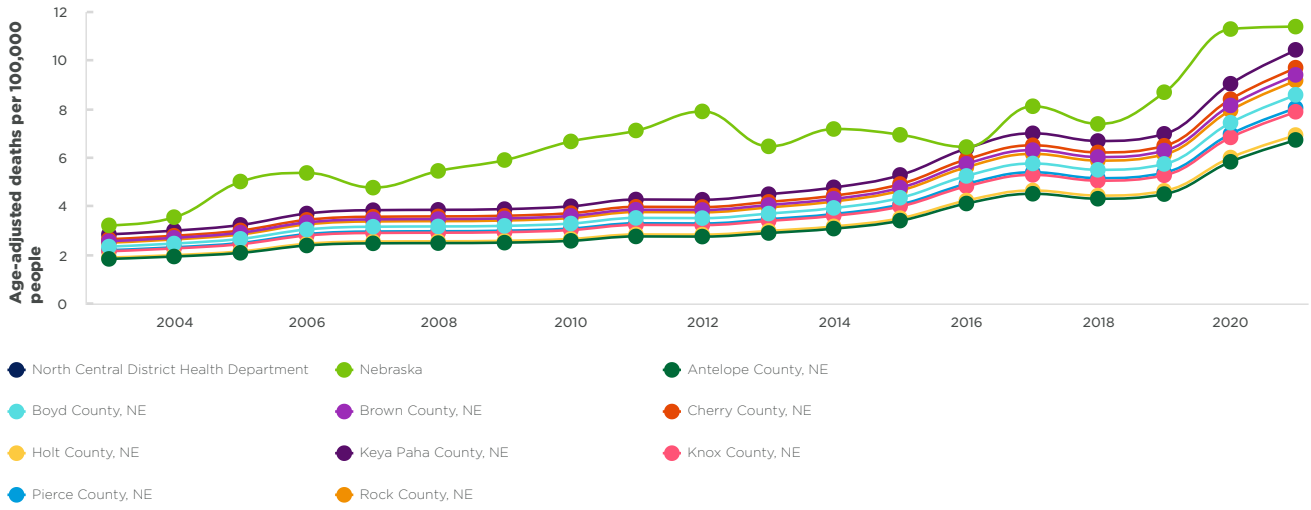
Nebraska Department of Health and Human Services Dashboard:

DHHS's Overdose Dashboard has information on overdose death rates specific to each Health Department. NCDHD's area currently has no overdose deaths; however, there have been suspected overdoses in the district. A closer look at how deaths are being categorized would shed light on the situation.



Drug Overdose Death Rate

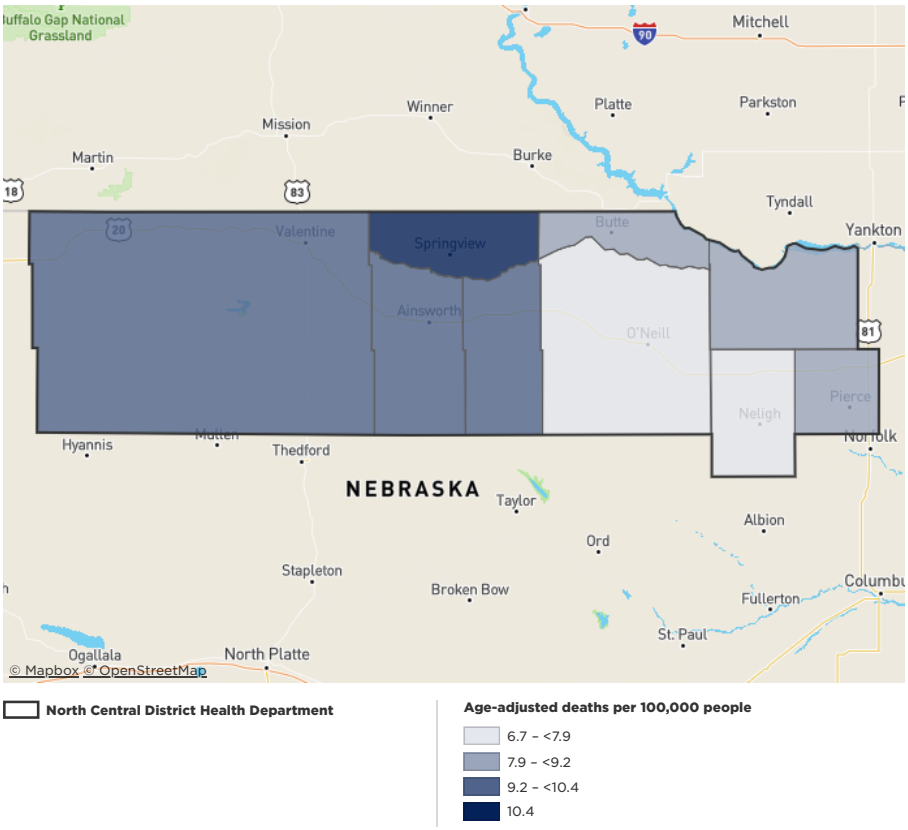
Drug Overdose Death Rate



Sources: CDC

Map: Drug Overdose Death Rate by County

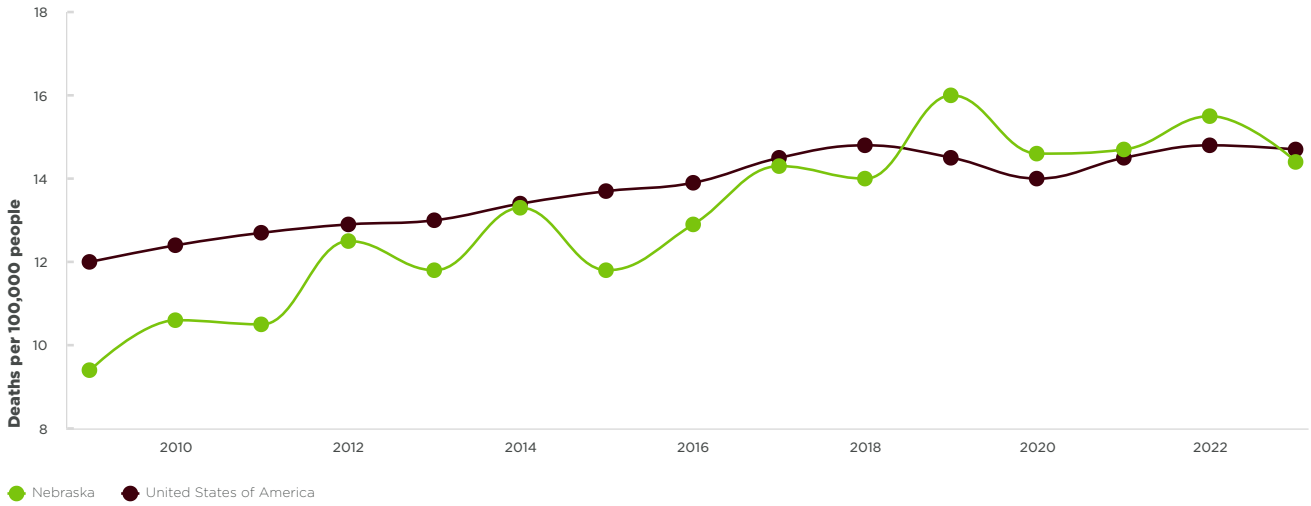
Drug Overdose Death Rate



Sources: CDC 2021

Suicide Death Rate

Suicide Death Rate



Sources: CDC WONDER Cause of Death

Suicide Death Rate by Sex

Suicide Death Rate Among Females

4.7

Deaths per 100,000 people

Nebraska

6.1

Deaths per 100,000 people

United States of America

Suicide Death Rate Among Males

23.9

Deaths per 100,000 people

Nebraska

23.6

Deaths per 100,000 people

United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Suicide Death Rate by Age

Suicide Death Rate by Age

Data Sources	Nebraska	United States of America
2019-2023 Crude Age 1-14	1	1
2019-2023 Crude Age 15-24	15.7	14.1
2019-2023 Crude Age 25-34	21.3	18.6
2019-2023 Crude Age 35-44	22	18.3
2019-2023 Crude Age 45-54	22	18.8
2019-2023 Crude Age 55-64	19.1	18.1
2019-2023 Crude Age 65-74	13.2	15.4
2019-2023 Crude Age 75-84	14	19.3
2019-2023 Crude Age 85+	15.3	21.8

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Deaths per 100,000 people within each age range

Suicide Death Rate by Race & Ethnicity

Suicide Death Rate by Race & Ethnicity

Data Sources	Nebraska	United States of America
2019-2023 Crude Asian	7.9	7
2019-2023 Crude Black or African American	10.3	8.5
2019-2023 Crude Hispanic or Latino	7.9	7.7
2019-2023 Crude Native American	43.1	25.1
2019-2023 Crude White	16.6	18.8

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Age-adjusted deaths per 100,000 people within each group

Note: All groups are not Hispanic or Latino unless otherwise listed.

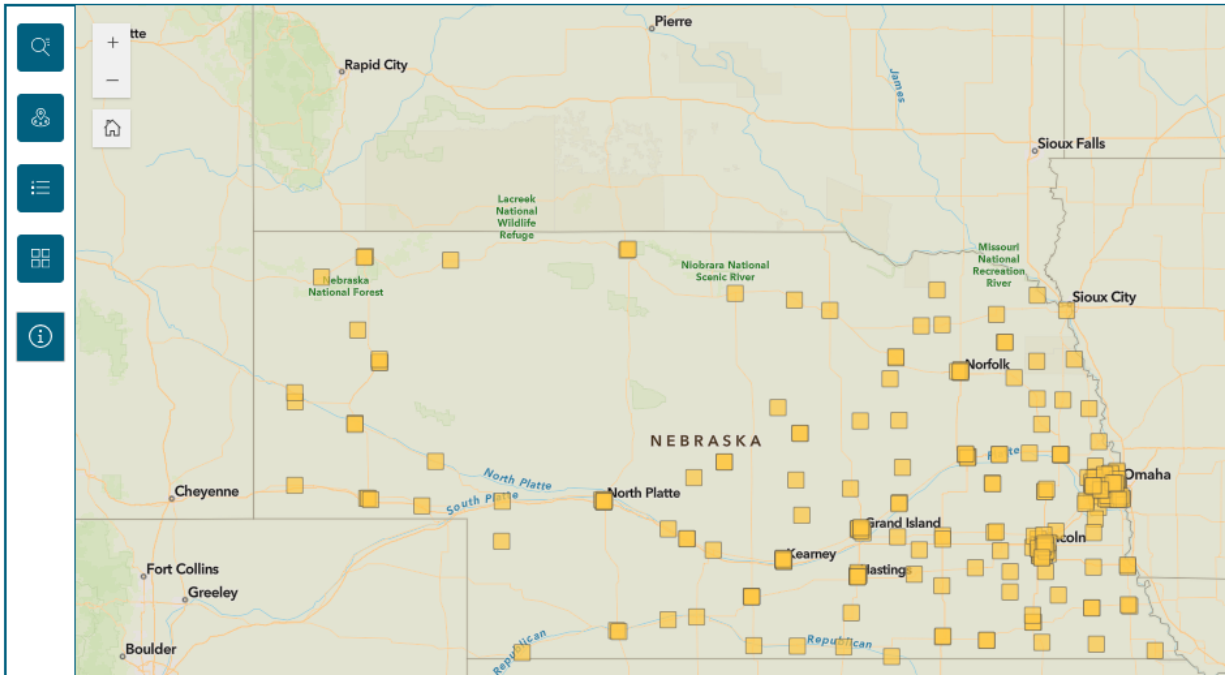
Strategies to Address Overdose and Suicide Deaths:

- **Social Access Reduction:** One way to avoid suicide and/or overdose deaths is to dispose of unused medications appropriately. The DHHS Dashboard has all the available prescription drug take back locations in the state.
- **Treatment and Recovery:** Another way to avoid suicide and/or overdose deaths is to seeking professional help. The DHHS Dashboard has all the available treatment and recovery facilities in the state.
- **Prepare to Respond:** Another way to avoid suicide and/or overdose deaths is be prepared to administer Narcan or Naloxone to someone who is unresponsive. The DHHS Dashboard has all the available free Naloxone providers in the state.
- **Lock Boxes:** An effective way top prevention others' access to one's prescription medication and/or firearms is to lock them up. Many people can rationalize why it is important to lock up a firearm; however, fail to imagine someone they know and trust taking their prescription medication. This is also an effective way to avoid an accidental poisoning by a child. Contact your local health department or Region Behavioral Health System for free lock boxes.

Nebraska Public Health Atlas

Overdose Prevention Overview | **Resource Maps** | Statistical Data and Maps

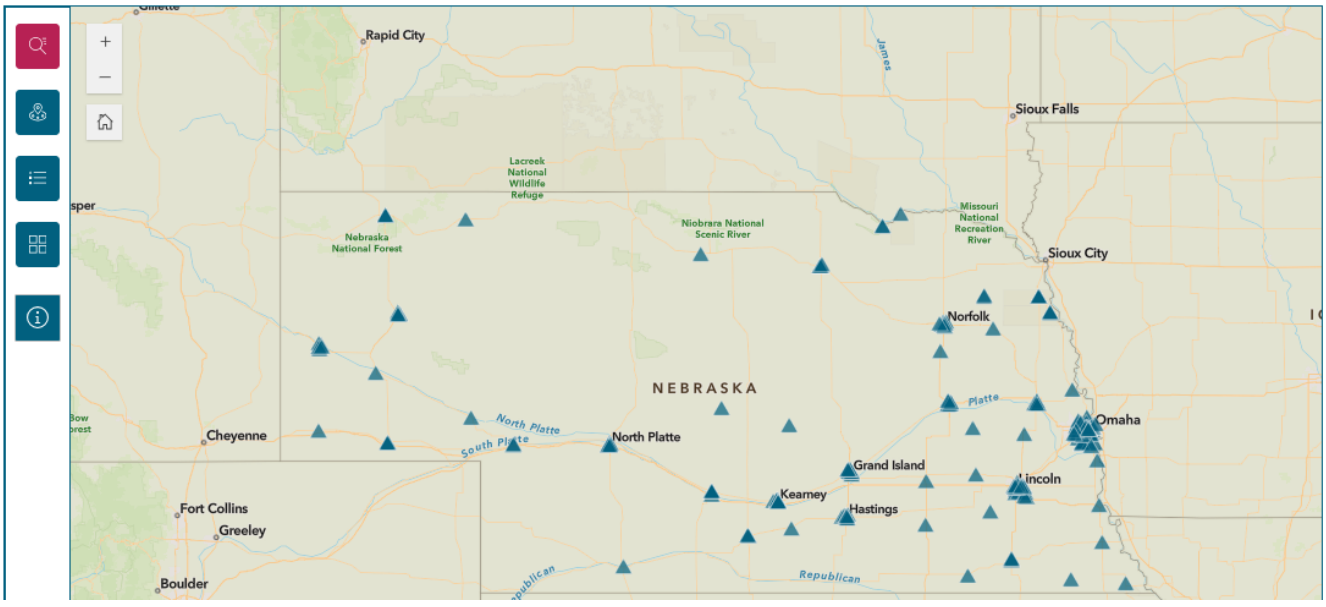
Drug Take Back Sites | Free Naloxone Providers | MOUD Providers | Treatment &



Nebraska Public Health Atlas

Overdose Prevention Overview | **Resource Maps** | Statistical Data and Maps

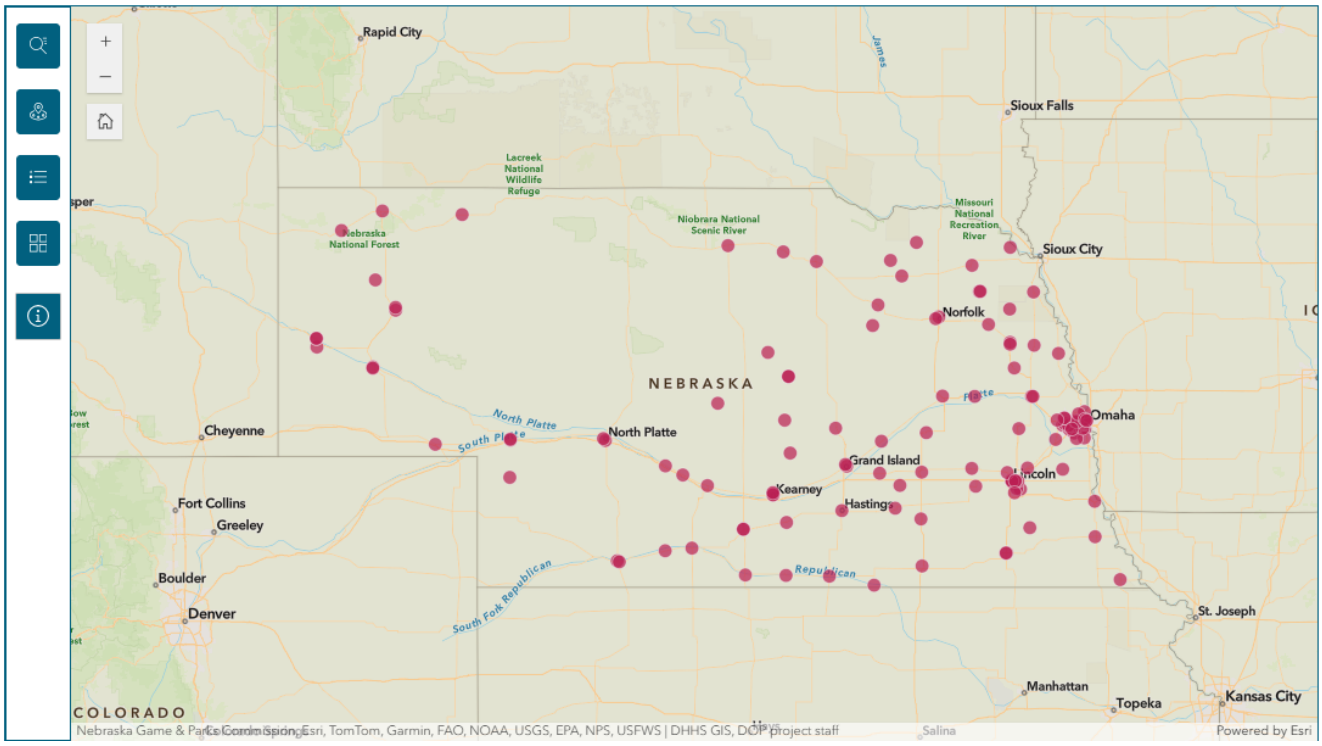
Drug Take Back Sites | Free Naloxone Providers | MOUD Providers | **Treatment & Recovery**



Nebraska Public Health Atlas

Overdose Prevention Overview | **Resource Maps** | Statistical Data and Maps

Drug Take Back Sites | **Free Naloxone Providers** | MOUD Providers | Treatment & Recovery



The Intersection Between Mental Health and Substance Misuse

Opioids aggravate existing social, economic, and personal challenges across all types of communities. A resident may have opioid use disorder if they have a compulsive urge to use opioids, even if not medically necessary.

Substance use disorders are a consequence of complicated relationships between genetics and psychological and environmental conditions. Because of this, the indicators below will not be comprehensive, but they will help your community begin to address conditions that make opioid addiction more likely.

In this report, we'll examine key aspects of vulnerability to opioid-related substance use disorder in our community, including**:**

- **Mental Health**- 13.8% of adults reported poor mental health in 2022 and 30.8% reported insufficient sleep.
- **Hopelessness-** Populations struggling financials oftentimes report a sense of hopelessness. In north central Nebraska, 10.4% of people live below the poverty line and 3.1% are unemployed.
- **Social Isolation**-In Nebraska, 14.3% of households do not have internet access and 10.3% lack a home computer.
- **Education**- More youth in NCDHD complete high school (33.6% versus 25.4%) and an associate's degrees (15.3% versus 10.9%) than their state counterparts; however, Nebraska averages for bachelor's degrees (16.1% versus 21.8%) and graduate degrees (6.9% versus 11.6%) is higher that NCDHD rates.
- **Behaviors**- 15.46% of adults in NCDHD smoke regularly and 17.9% binge drink.
- **Drug Overdose Death Rates**- Nebraska drug overdose rates have climbed from 2.32 people in 1999 to 11.4 people in 2021 (age-adjusted deaths per 100,000). The counties with the highest drug overdose rates in 2021 were Keya Paha (10.4), Cherry (9.7), Brown, (9.4), and Rock (9.2). The lowest counties were Holt (6.9) and Antelope (6.7). Holt county has the highest rate of mental health providers per resident and Antelope County ranks in the top 4. Holt County also has the only substance abuse treatment center in the district.

Mental Health

At their core, opioids give people a temporary refuge from their physical and/or psychological pain. Opioid tolerance and dependence can develop after just five days, and people with an untreated psychiatric disorder are at greater risk for developing opioid addiction.

Poor Mental Health Among Adults

13.8%
People
North Central District Health Department

14.1%
People
Nebraska

Less Than 7 Hours Sleep Among Adults

30.8%
People
North Central District Health Department

31.4%
People
Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Poor Mental Health Among Adults	2022 Less Than 7 Hours Sleep Among Adults
Antelope County, NE	13.1%	28.3%
Boyd County, NE	12.6%	27.9%
Brown County, NE	13.4%	31.4%
Cherry County, NE	15.2%	33%
Holt County, NE	13.4%	32.2%
Keya Paha County, NE	11.8%	27.7%
Knox County, NE	13.9%	30.9%
Pierce County, NE	13.6%	28.6%
Rock County, NE	12.9%	31.2%
North Central District Health Department	13.8%	30.8%
Nebraska	14.1%	31.4%

Sources: CDC BRFSS PLACES 2022

Hopelessness

Some psychological pain is community-wide. These measures help identify hopelessness in situations where getting ahead seems impossible.

These indicators contribute to poor mental health and lack of sleep.

Hopelessness

Geography	2019-2023 People Below Poverty Level	2019-2023 Unemployment Rate
North Central District Health Department	10.3%	1.9%
Nebraska	10.3%	3%
Antelope County, NE	10%	1.7%
Boyd County, NE	10.2%	2.5%
Brown County, NE	12.1%	0.8%
Cherry County, NE	7.2%	0.4%
Holt County, NE	10.8%	1.4%
Keya Paha County, NE	10.4%	1.4%
Knox County, NE	13.2%	3.9%
Pierce County, NE	8%	2.2%
Rock County, NE	10.5%	1.2%

Sources: US Census Bureau ACS 5-year 2019-2023

Social Isolation

Social isolation can create and feed into feelings of hopelessness and build the perception that no one cares or wants to help. Lacking digital connectivity in a digital world can increase that sense of isolation.

In Nebraska, 14.3% of households do not have internet access and 10.3% lack a home computer.

Internet and Computer Access

No Internet Access

12.5%
of total households
North Central District Health Department

7.5%
of total households
Nebraska

14.8%
of total households
Antelope County, NE

9.8%
of total households
Boyd County, NE

9.4%
of total households
Brown County, NE

11.6%
of total households
Cherry County, NE

13.9%
of total households
Holt County, NE

10.4%
of total households
Keya Paha County, NE

14.1%
of total households
Knox County, NE

10.6%
of total households
Pierce County, NE

8.4%
of total households
Rock County, NE

No Computer

9%
of total households
North Central District Health Department

5.4%
of total households
Nebraska

9.6%
of total households
Antelope County, NE

9.8%
of total households
Boyd County, NE

7%
of total households
Brown County, NE

8.5%
of total households
Cherry County, NE

9.3%
of total households
Holt County, NE

9.8%
of total households
Keya Paha County, NE

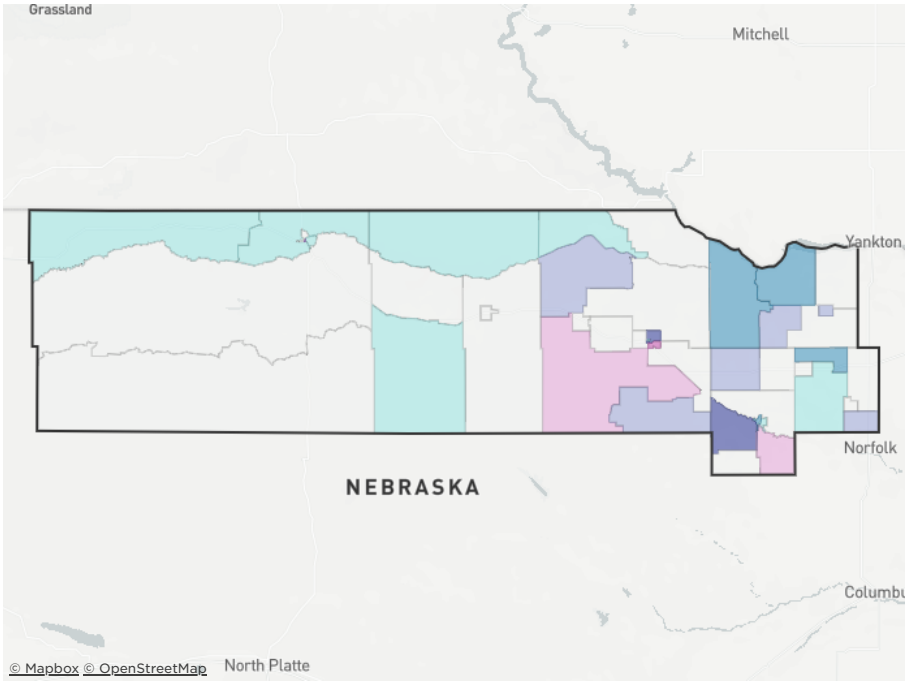
10.7%
of total households
Knox County, NE

7.9%
of total households
Pierce County, NE

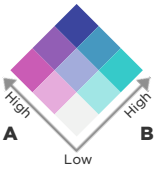
4.5%
of total households
Rock County, NE

Sources: US Census Bureau ACS 5-year 2019-2023

Dark Purple: Overlapping Households without Internet Access and Computers



North Central District Health Department



A Household Without Internet Access
B Household Without Computer

Sources: US Census Bureau ACS 5-year 2019-2023

Households With Only Cellular Functionality

With Only Cellular Internet

17.6%
of total households
North Central District Health Department

11.7%
of total households
Nebraska

15.6%
of total households
Antelope County, NE

11.2%
of total households
Boyd County, NE

16.7%
of total households
Brown County, NE

18.3%
of total households
Cherry County, NE

20.1%
of total households
Holt County, NE

6.1%
of total households
Keya Paha County, NE

19.4%
of total households
Knox County, NE

17.2%
of total households
Pierce County, NE

15.6%
of total households
Rock County, NE

With Only Smartphone Device

11.3%
of total households
North Central District Health Department

9.5%
of total households
Nebraska

11.2%
of total households
Antelope County, NE

9.9%
of total households
Boyd County, NE

12.2%
of total households
Brown County, NE

9.1%
of total households
Cherry County, NE

14.5%
of total households
Holt County, NE

5.1%
of total households
Keya Paha County, NE

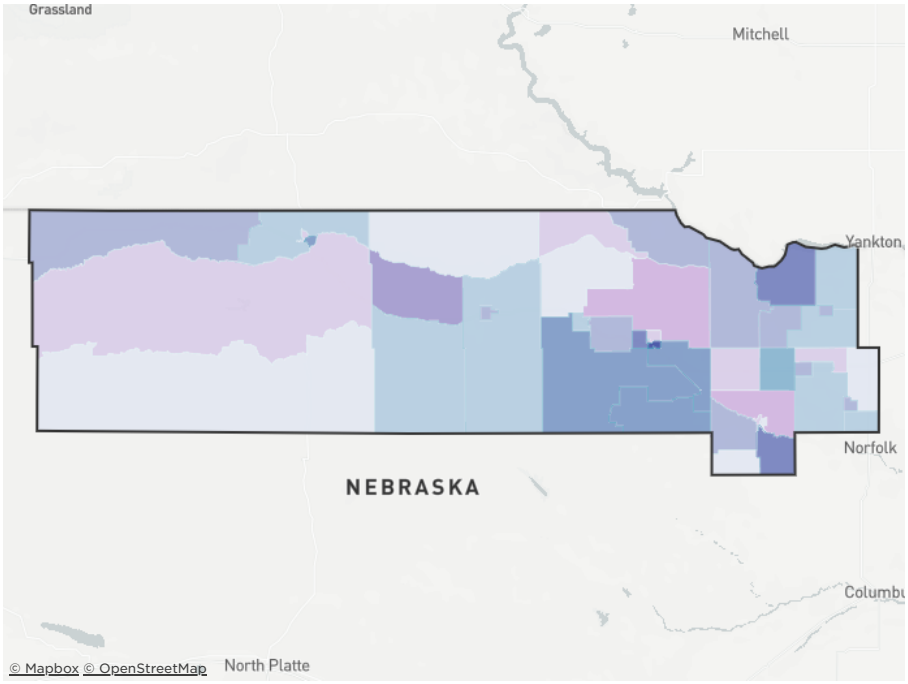
10.9%
of total households
Knox County, NE

10.1%
of total households
Pierce County, NE

8.5%
of total households
Rock County, NE

Sources: US Census Bureau ACS 5-year 2019-2023

Dark Purple: Overlapping Households With Only Cellular Internet And Smartphones As Only Computer



North Central District Health Department

Households With Only Cellular Internet

- 6% – <14%
- 14% – <24%
- 24% – <50%
- 50%

Household With Smartphone As Only Computer

- 0% – <8%
- 8% – <15%
- 15% – <46%
- 46%

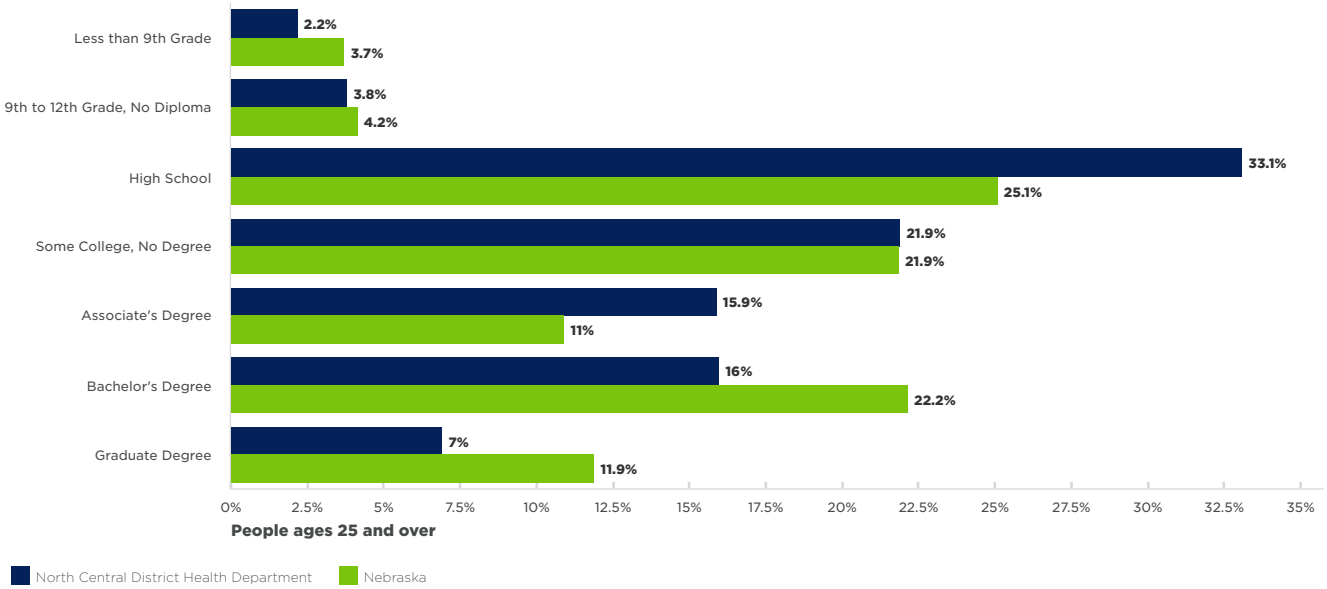
Sources: US Census Bureau ACS 5-year 2019-2023

Education

Education is a key aspect of substance use disorder, both as a prevention method and as a risk factor based on educational attainment.

Young adults not attending college may have a greater rate of opioid use. In addition, lower levels of educational attainment could also be related to higher rates of opioid prescriptions in the emergency room. Education can play into hopelessness too, especially if a resident's education does not match their income.

Highest Level of Education Completed



Sources: US Census Bureau ACS 5-year 2019-2023

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2019-2023 Less than 9th Grade	2.3%	0.8%	2%	1.4%	2.6%	1.7%	2.4%
2019-2023 9th to 12th Grade, No Diploma	4.6%	3.5%	5.7%	1.2%	4.3%	1.4%	4.8%
2019-2023 High School Degree	31.5%	41.2%	31.8%	32.5%	33.7%	32.5%	35%
2019-2023 Some College, No Degree	22.2%	21.6%	26.9%	26.7%	18.5%	25.9%	22.1%
2019-2023 Associate's Degree	19.4%	13.3%	12.4%	14%	13.9%	12.7%	15.9%
2019-2023 Bachelor's Degree	12.7%	10.9%	13.6%	16.7%	19.3%	19.7%	13.7%
2019-2023 Graduate Degree	7.2%	8.7%	7.6%	7.5%	7.8%	6%	6%

Sources: US Census Bureau ACS 5-year 2019-2023

Behaviors

Isolation and hopelessness are informed by and interact with residents' behaviors, including risk-taking such as criminal activity. With opioids, tobacco use is a key behavior that increases the risk for addiction.

Nicotine provides short-term pain relief, but smoking may lead to more intense chronic pain over time. Tobacco use is more common among people who use prescription opioids for nonmedical purposes.

Smoke Regularly

15.46%
of Adults
North Central District Health Department

14.95%
of Adults
Nebraska

Binge Drinking Among Adults

17.9%
People
North Central District Health Department

20.6%
People
Nebraska

Sources: CDC BRFSS PLACES 2021

Geography	2022 Regular Smoking Among Adults	2022 Binge Drinking Among Adults
North Central District Health Department	15.7%	17.6%
Nebraska	14.2%	19.2%
Antelope County, NE	13.6%	17.9%
Boyd County, NE	14.9%	15.6%
Brown County, NE	14.3%	17.8%
Cherry County, NE	18.8%	17.7%
Holt County, NE	15.6%	17.6%
Keya Paha County, NE	12.9%	15.2%
Knox County, NE	16.4%	17%
Pierce County, NE	14.2%	19.2%
Rock County, NE	15.3%	16.9%

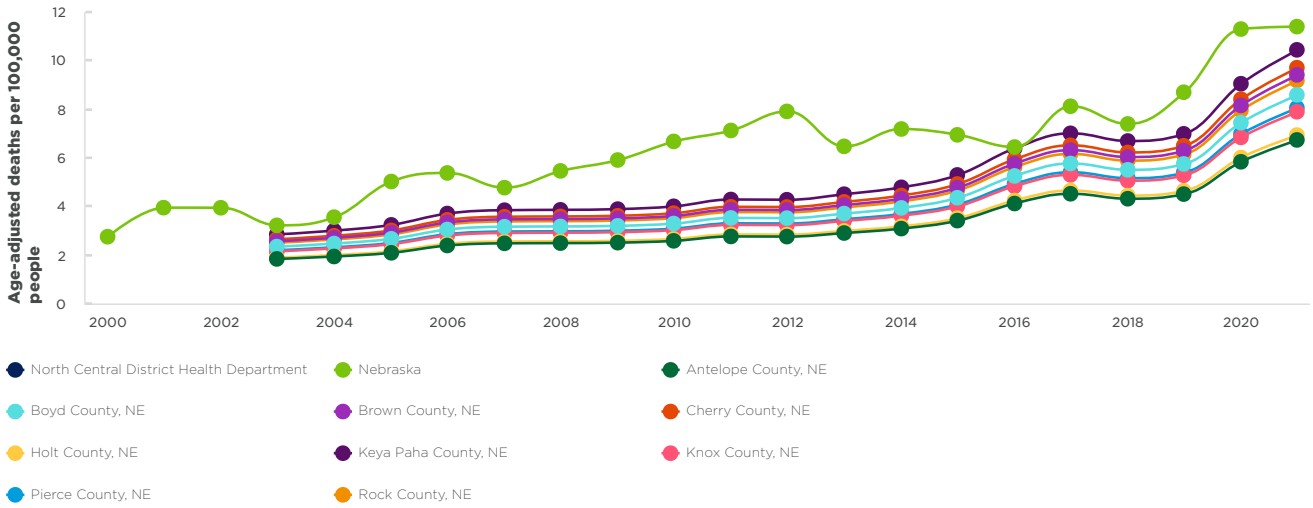
Sources: CDC BRFSS PLACES 2022

Outcomes

For too many, the ultimate outcome of substance use disorder is death. Once people can no longer access prescription opioids, they often turn to illegal substances which may be laced with substances that could create a dependence on other types of drugs or cause an accidental overdose.

Opioid and other drug use rise and fall together. With the potential to form addictions to other substances, limiting overdose deaths to opioids obscures the total impact of opioid use disorder.

Age-Adjusted Drug Overdose Death Rate



Sources: CDC

Time Range: 2000-2021

Environmental Health

The air we breathe, the safety of our homes, and the quality of our water all play a crucial role in our health. Poor air quality—caused by things like heavy traffic or wildfires—can have serious impacts, especially in certain areas.

The safety and quality of one's home can also affect their health. Unsafe housing with structural issues or hazards like lead paint can pose significant health risks. Unsafe homes can affect everything from childhood development to long-term well-being.

Water quality is just as important. Contaminated water, often overlooked, can be a hidden cause of chronic and acute diseases, making clean water access essential for a healthy life.

By addressing these foundational needs—clean air, safe housing, and uncontaminated water—we can ensure everyone has the opportunity to live in a healthier environment.

Lead Exposure

Homes that are unsafe put people's health at risk. Safety is more than lack of crime in a neighborhood—it includes the physical structure of the home and whether or not it's safe to be there every day. Unsafe homes, such as those with lead paint, may have negative effects on childhood development and can lead to many long-term health issues.

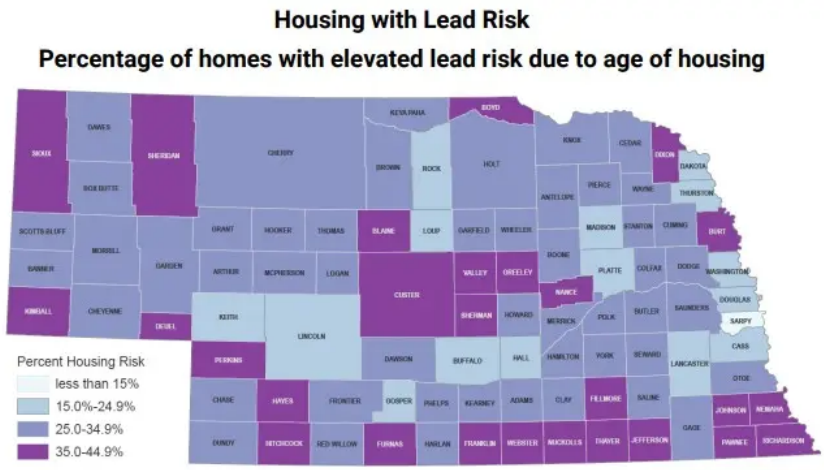
- From January to October 3, 2024, NCDHD had 5 cases of lead poisoning. In 2023, there were 12 confirmed cases of lead poisoning, 2022 had 15 cases, and in 2021 there were 8 cases of lead poisoning in the district.
- In NCDHD, there are 16,743 homes with the potential to have lad poisoning, based on the year the homes were built (1979 and earlier). Holt County has the highest number of homes with 3,459 built prior to 1979. Keya Paha County has the least with 315 homes with lead potential. This is not surprising, due to Holt County being the highest population and Keya Paha the lowest.

Lead Paint Risk Based on- Year Home Was Built

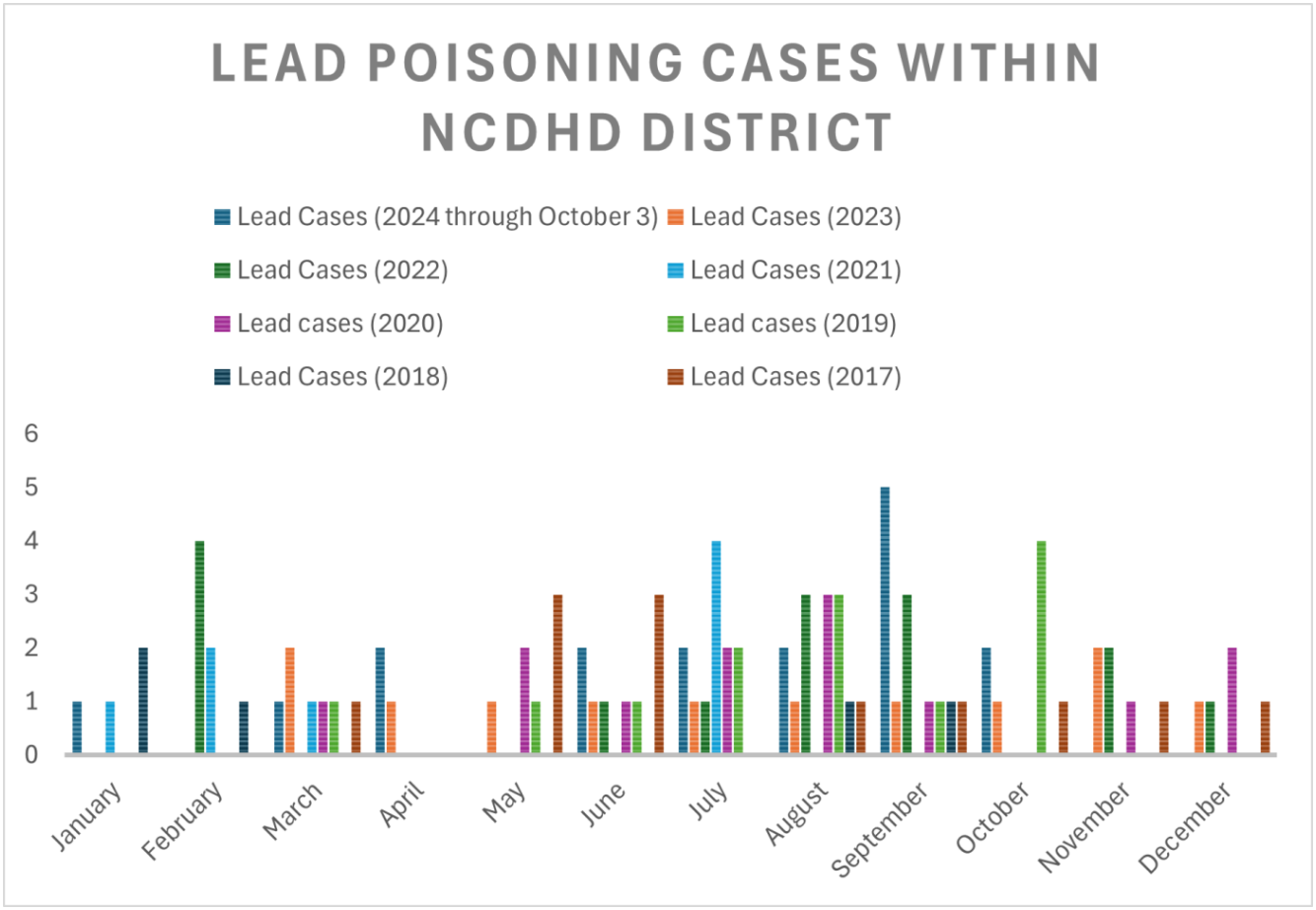
Homes built before 1978 are likely to have lead-based paint, and the likelihood increases with the age of the home:

- **Before 1940**: Nine out of ten homes have lead-based paint
- **1940–1960**: Two out of three homes have lead-based paint
- **1960–1978**: 24% of homes have lead-based paint

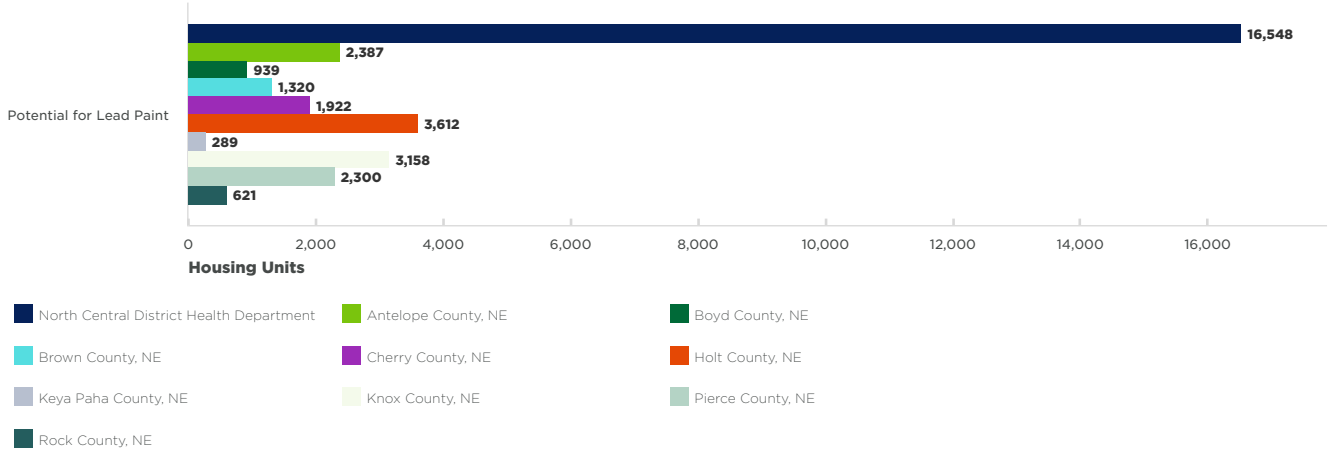
Lead-based paint is usually found under layers of newer paint. It's not a health hazard if the paint is intact, but it can become dangerous when the paint peels and cracks, creating dust and chips. Children are more likely to ingest lead dust or chips than adults



Data source: 2017-2021 American Community Survey, 5 Year Estimates (Table B25034); Jacobs et. al. The prevalence of lead-based paint hazards in U.S. housing. Environ Health Perspect. 2002 Oct;110(10):A599-606.

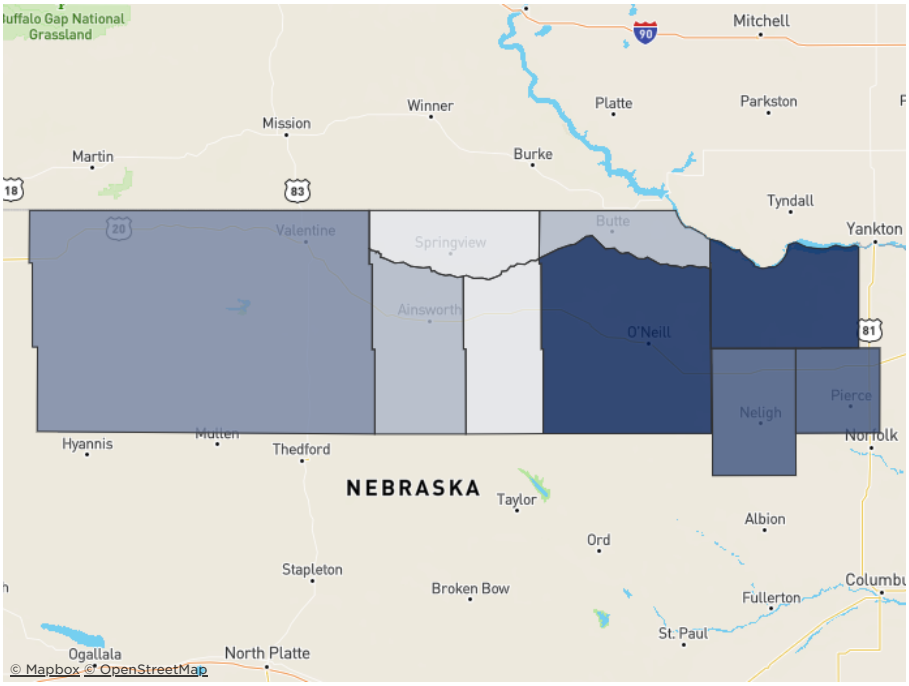


Potential for Lead Paint (Housing Built 1979 and Earlier)



Sources: US Census Bureau ACS 5-year 2019-2023

Potential for Lead Paint (Housing Built 1979 and Earlier)



Potential for Lead Paint (Housing Built 1979 and Earlier)

- 289 – <939
- 939 – <1,922
- 1,922 – <2,300
- 2,300 – <3,158
- 3,158 – 3,612

Sources: US Census Bureau ACS 5-year 2019-2023

Additional resources:

Does My Child Need a Blood Lead Test?

Nebraska High Risk Zip Codes For Lead Testing in Children Under 6 Years Old

Data available **by census track for built before 1980** at: https://ephtracking.cdc.gov/DataExplorer/?query=655039e8-e4f1-45c8-888c-d22d1b7ee230

Data available **by county built before 1980** at: https://ephtracking.cdc.gov/DataExplorer/?query=c2221a89-d0c8-4a64-9ec7-5e75b31b64dd

Data available **by census track for built before 1950** at https://ephtracking.cdc.gov/DataExplorer/?query=1aa96264-b14e-4ca3-a9f8-408b3eb9ff50

Data available **by county built before 1950** at: https://ephtracking.cdc.gov/DataExplorer/?query=ffbb347e-4a19-451a-8552-c1a14b7440d1

Air Quality

It's likely no surprise that the air we breathe affects our health. That air is affected by where we live and if things that cause poor air quality are nearby, such as heavy traffic, fires, and more. Lung and bronchus cancer incidents are good indicators that air quality may be compromised.

One major contributor to harmful air quality is radon. Radon exposure is the second leading cause of lung cancer. Radon is an element and is naturally occurring in rocks, soil and water. It is colorless, odorless and tasteless. When radon gets into buildings through cracks and holes, it can become trapped in the building and build up causing those who live and work there to breathe in high radon levels. Nebraskans can lower their risk of radon exposure by having their home tested for the gas, regardless of where they live, and taking recommended steps to mitigate exposure when necessary.

- **Air Quality:** Overall, NCDHD has better air quality than Nebraska. The district's air diesel particle matter level (0.0.4 micrograms per cubic meter) is 0.10mg/cm better than the state's. The district respiratory hazard environmental justice index score also fairs better than the state's (0.4 vs 4.3).
- **Radon:** The highest mean of pre-mitigation radon results is found in Knox, Pierce, and Antelope Counties. All three of these Counties had a mean of 4 or mor and each had over ten results come back. Boyd County also had a mean score of 4 or more; however, Boyd County did not yield ten tests in 2023, so the results are possibly skewed. Rock, Brown, and Holt Counties also had less than ten test results conducted in 2023, but their mean was lower in magnitude than Boyd County's. No tests were completed in Keya County.
    - Annul average radon level (from states): https://ephtracking.cdc.gov/DataExplorer/?query=fdaf46b3-c19e-4328-aa16-1bfdc9184884&M9=3
    - Average radon level (from labs) 2008-2017: https://ephtracking.cdc.gov/DataExplorer/?query=fdaf46b3-c19e-4328-aa16-1bfdc9184884&M9=3
    - DHHS Radon Program website: https://dhhs.ne.gov/Pages/Radon-Data.aspx
- **Lung and Bronchus Incidence:** From 2016-2020, the age adjusted incidence rates of lung and bronchus cancer in six counties are between 26.9-42.8 per 100,000 population. Pierce and Antelope Counties were 42.8-47.6 per 100,000 people, and Cherry count had the highest incidence at 50-52.5 per 100,000 people.

,

Diesel Particulate Matter Level in Air

0.04
Micrograms per cubic meter
North Central District Health Department

0.14
Micrograms per cubic meter
Nebraska

Respiratory Hazard Environmental Justice Index

0.4
North Central District Health Department

4.3
Nebraska

Sources: EPA EJSCREEN 2023, 2024

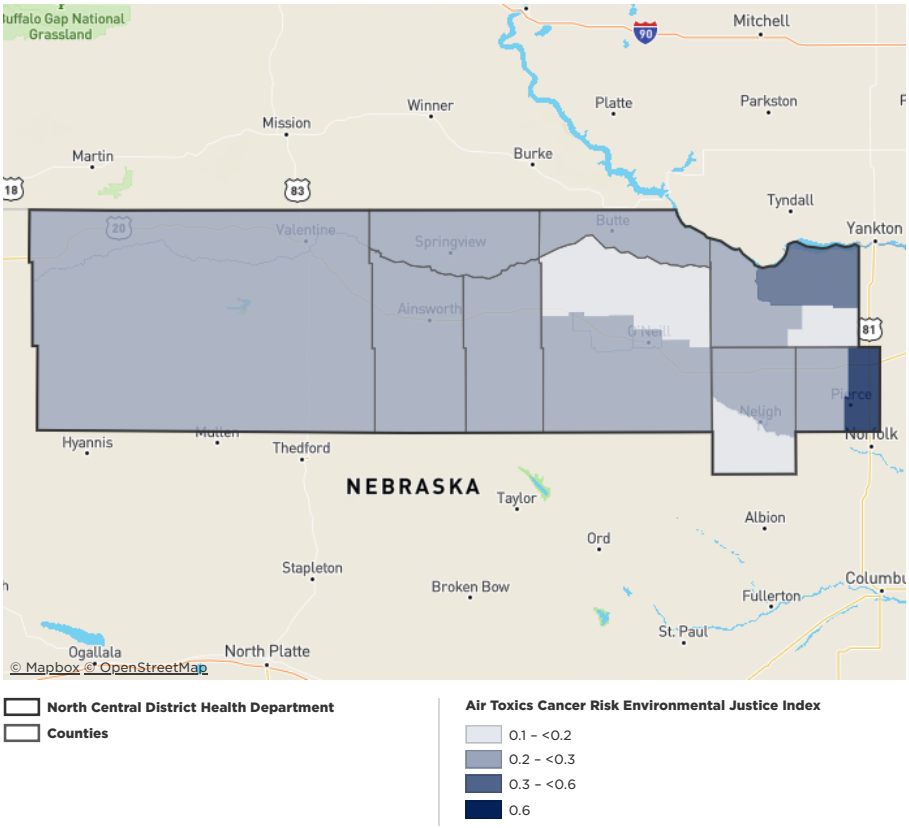
Respiratory Hazard Environmental Justice Index: the ratio of air toxic exposure concentration to health-based reference concentration weighted by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group. As the value increases, the environmental justice in that area worsens.

Geography	2024 Diesel Particulate Matter Level in Air	2023 Respiratory Hazard Environmental Justice Index
Antelope County, NE	0	0.2
Boyd County, NE	0	0.2
Brown County, NE	0	0.2
Cherry County, NE	0	0.2
Holt County, NE	0	0.2
Keya Paha County, NE	0	0.2
Knox County, NE	0	0.7
Pierce County, NE	0	0.6
Rock County, NE	0	0.2
North Central District Health Department	0	0.4
Nebraska	0.1	4.3

Sources: EPA EJSCREEN 2023, 2024

Respiratory Hazard Environmental Justice Index: the ratio of air toxic exposure concentration to health-based reference concentration weighted by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group. As the value increases, the environmental justice in that area worsens.

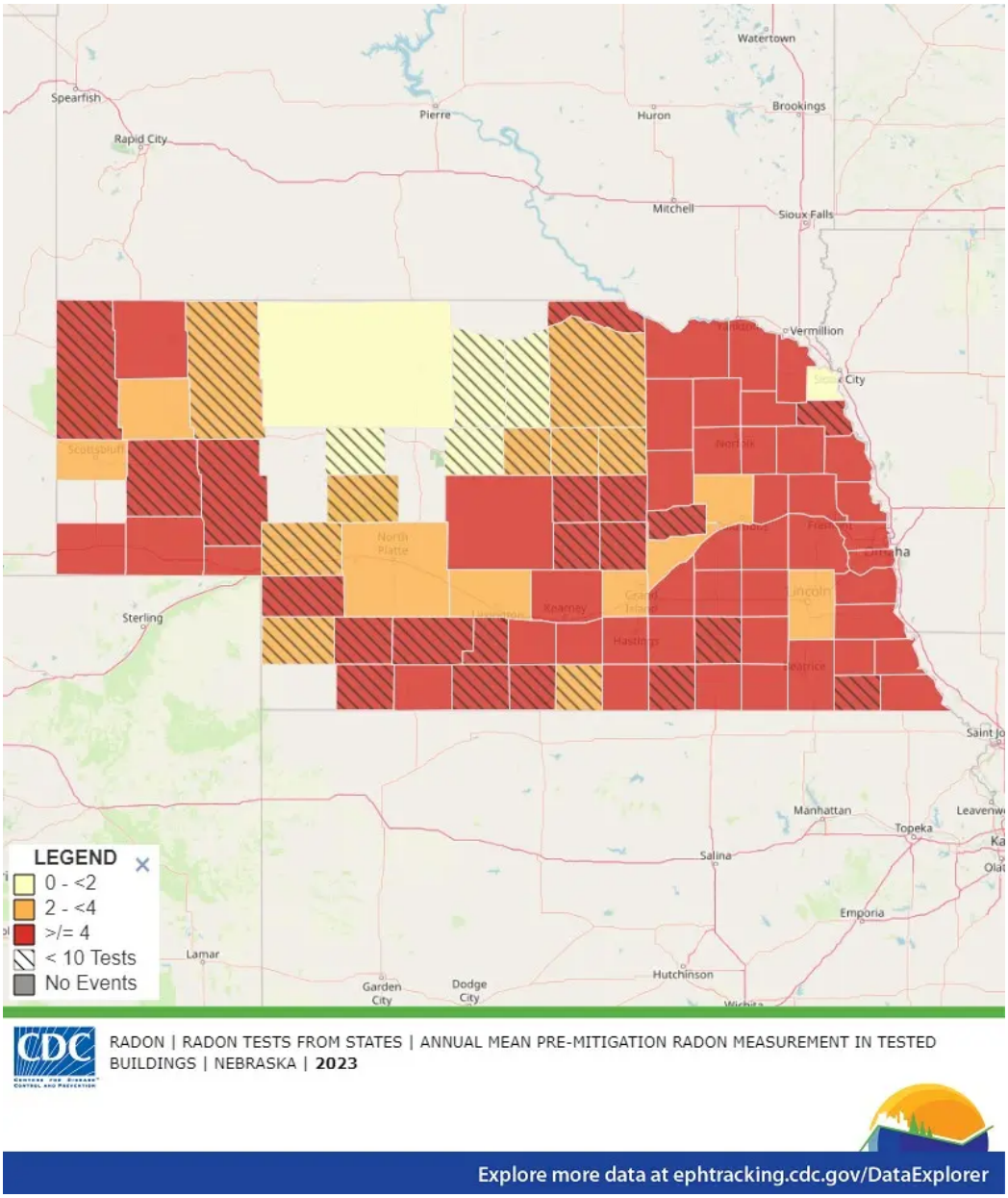
Air Toxics Cancer Risk Environmental Justice Index



Sources: EPA EJSCREEN 2023

Air Toxics Cancer Risk Environmental Justice Index: the estimate of individual lifetime cancer risk from inhalation of air toxics multiplied by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group. Lower values indicate lower relative individual lifetime cancer risk from inhalation of air toxics, while higher values indicate greater relative individual lifetime cancer risk from inhalation of air toxics.

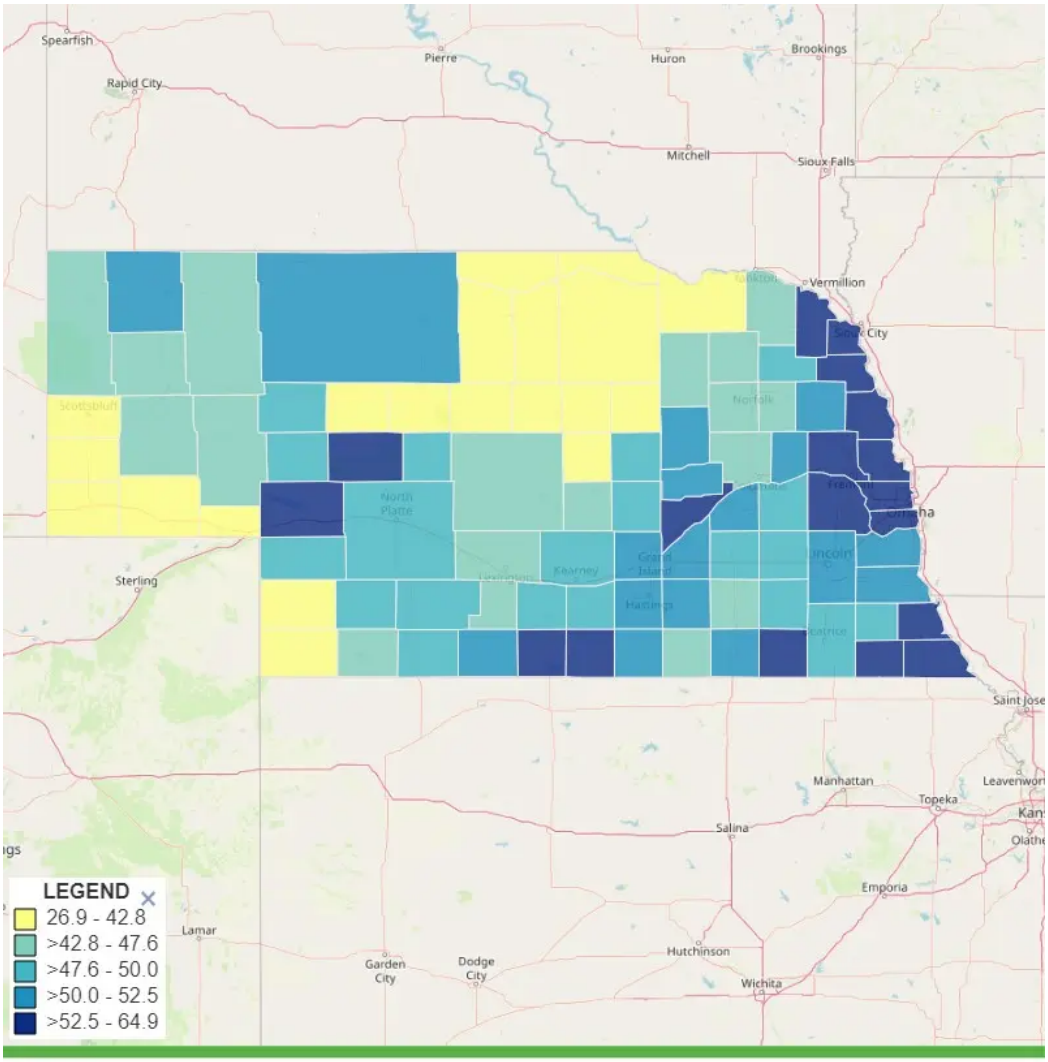
Radon Pre-Mitigation Levels



Annual mean pre-mitigation radon measurement in tested buildings in Nebraska

Lung and Bronchus Cancer Incidence in Nebraska

This chart presents data on lung and bronchus cancer incidence in Nebraska, focusing on the age-adjusted incidence rate per 100,000 population over a five-year period. The age-adjusted rate accounts for population age differences, allowing for meaningful comparison across time. Understanding these trends is essential for guiding prevention efforts, raising awareness of risk factors, and informing early detection initiatives that can help reduce cancer incidence and improve health outcomes across Nebraska.



CANCER | INCIDENCE OF LUNG & BRONCHUS CANCER | (SMOOTHED) AGE-ADJUSTED INCIDENCE RATE OF LUNG AND BRONCHUS CANCER PER 100,000 POPULATION OVER A 5-YEAR PERIOD | NEBRASKA | **2016-2020**

Explore more data at ephtracking.cdc.gov/DataExplorer

Water Quality

When it comes to our health, water quality is often overlooked—but it shouldn't be. Contaminated water, tainted by toxic materials, can be a silent contributor to both chronic and acute diseases. From long-term health issues to immediate illness, clean water is essential for a thriving, healthy community. Ensuring access to safe drinking water is one of the most important steps we can take to protect our well-being.

The Nebraska Department of Water, Energy, and Environment (DWEE) reported that about one in five Nebraskans rely on private domestic wells for their drinking water and estimates that fewer than 10% of these wells are sampled annually for nitrates. Available data suggests that around 17% of private domestic wells in the state exceed the Safe Drinking Water Act (SDWA) nitrate standard (10ppm).

In the district, 46% of community water system samples (549/1189 samples) from 2020-2024 have nitrate levels above 5 ppm, which many new studies are linking health concerns starting at nitrate levels above 5 ppm. Additionally, 23% of the samples are above 10 ppm (275/1189) which is at the SDWA threshold. Most specimens above 10 ppm are in Knox or Pierce counties. Small communities are disproportionately impacted by infrastructure breakdowns because they have fewer resources to address the problem.

The presence of high nitrate levels in drinking water has been linked to numerous serious health conditions, according to various studies. Concentrations should be below 10 ppm to be considered safe. The risks extend far beyond just a few illnesses—nitrates are associated with a range of diseases and disorders, including:

- **Cancers:** Colorectal, pediatric brain, bladder, and non-Hodgkin lymphoma
- **Thyroid disease**
- **Methemoglobinemia (Blue Baby Syndrome)** in infants
- **Neural tube defects** and other central nervous system malformations
- **Increased heart rate, nausea, headaches, and abdominal cramps**
- **Alzheimer's, diabetes, and Parkinson's disease**

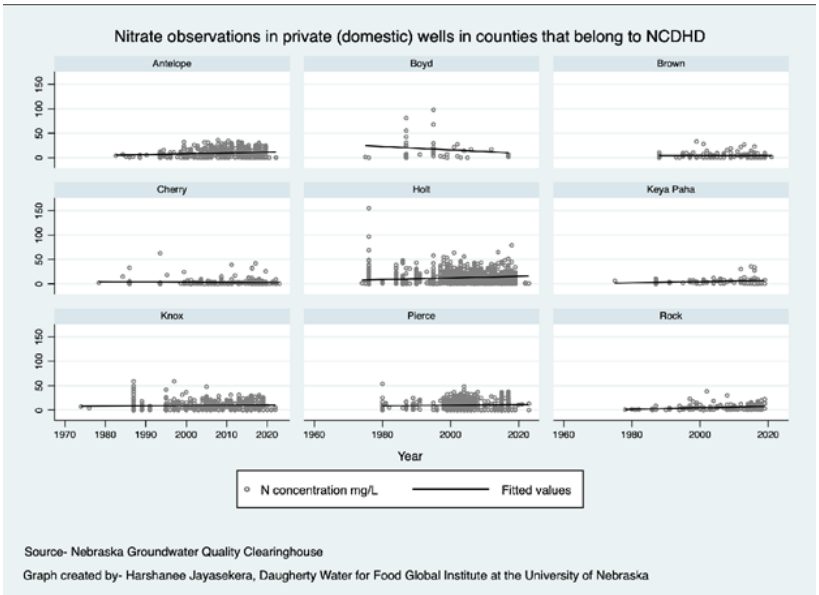
Certain groups are particularly vulnerable to nitrate exposure, including infants under 6 months, pregnant women, individuals with oxygen transport issues, and those relying on well water. High nitrate levels in drinking water pose a hidden yet dangerous threat to the health of these populations, making it crucial to ensure water safety for all.

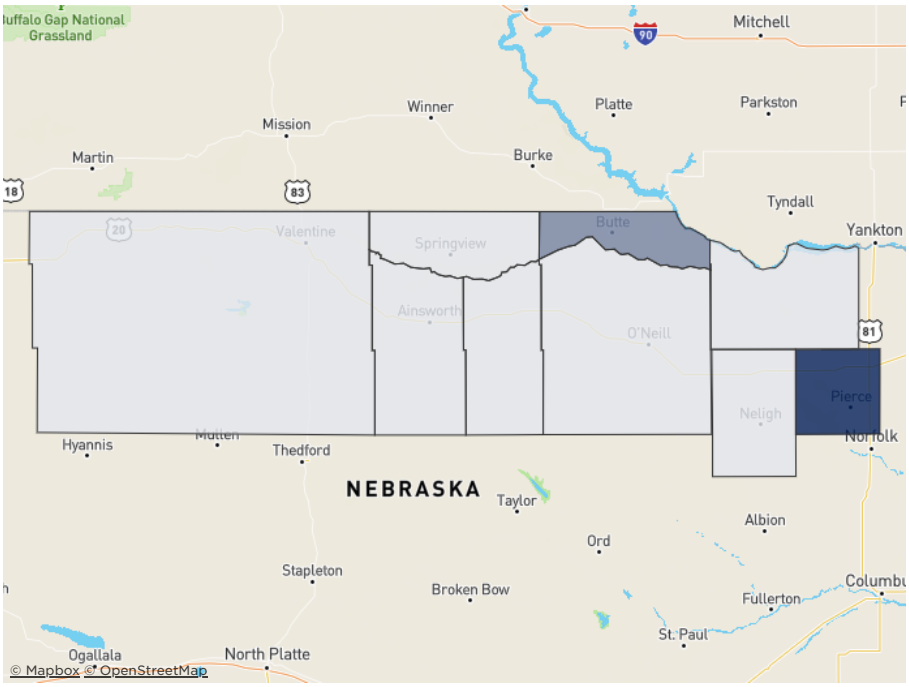
Community water compliance scores shed light on the health of our community water systems. These scores illustrate the number of Safe Drinking Water Act violations these systems have faced over the past five years. But there's more to the story—each violation is carefully weighted based on its age and severity. This nuanced approach helps us gain a deeper understanding of the compliance challenges that our water systems confront, ensuring safer drinking water for everyone.

- **Nitrates in Private Wells:** The linear trend suggests that, on average, the nitrate levels from 1970-2023 in domestic wells remained stagnant in most NCDHD counties, with a slight increase being observed. The abrupt drop in nitrate samples after 2019 is likely a result of the lag due to a process update the NDEE was going through. According to the information presented at the NRDs Legislative Conference on January 23-24, 2024, NDEE has received data for all the years after 2019 and are slow to uploading it into the Clearinghouse.

- **Community Water Systems:** Most the district has a non-compliance score of 0-.39; however, Boyd County scores between 0.4 and 30.69 while Pierce County has the worst score at 30.7 (Sources: EPA EJSCREEN 2024).

Nitrate Observations in Private (Domestic) Wells within NCDHD





Drinking Water Non-Compliance

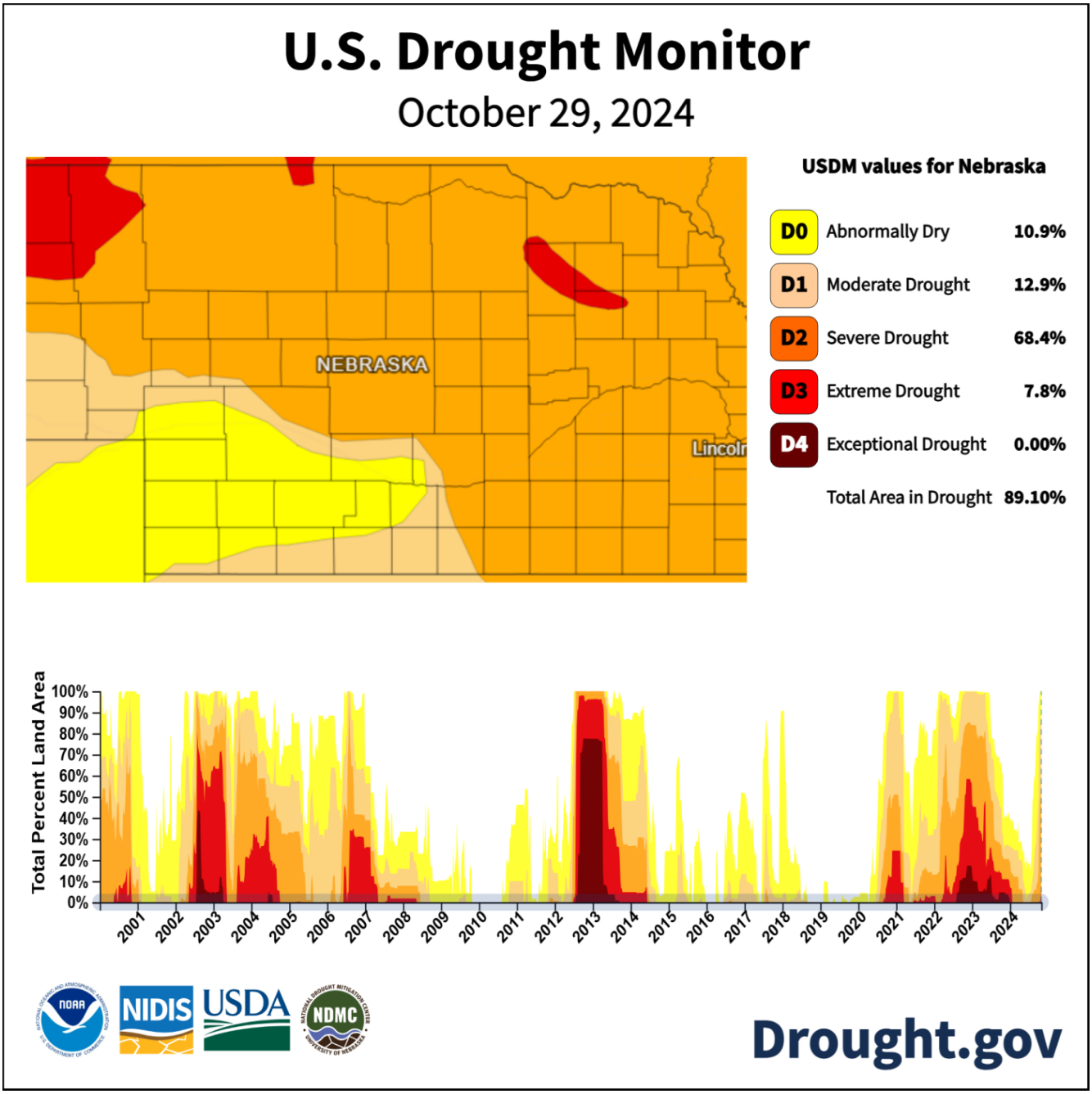
- 0 – <0.4
- 0.4 – <30.7
- 30.7

Sources: EPA EJSCREEN 2024

Look at Warming Trends and Heat Safety

According to the National Centers for Environmental Information, Nebraska's average temperature has risen to levels comparable to the 1930s—a decade infamous for the Dust Bowl. This trend aligns with broader concerns from the National Weather Service, which reports that extreme heat, more than any other weather event, claims the highest number of lives each year.

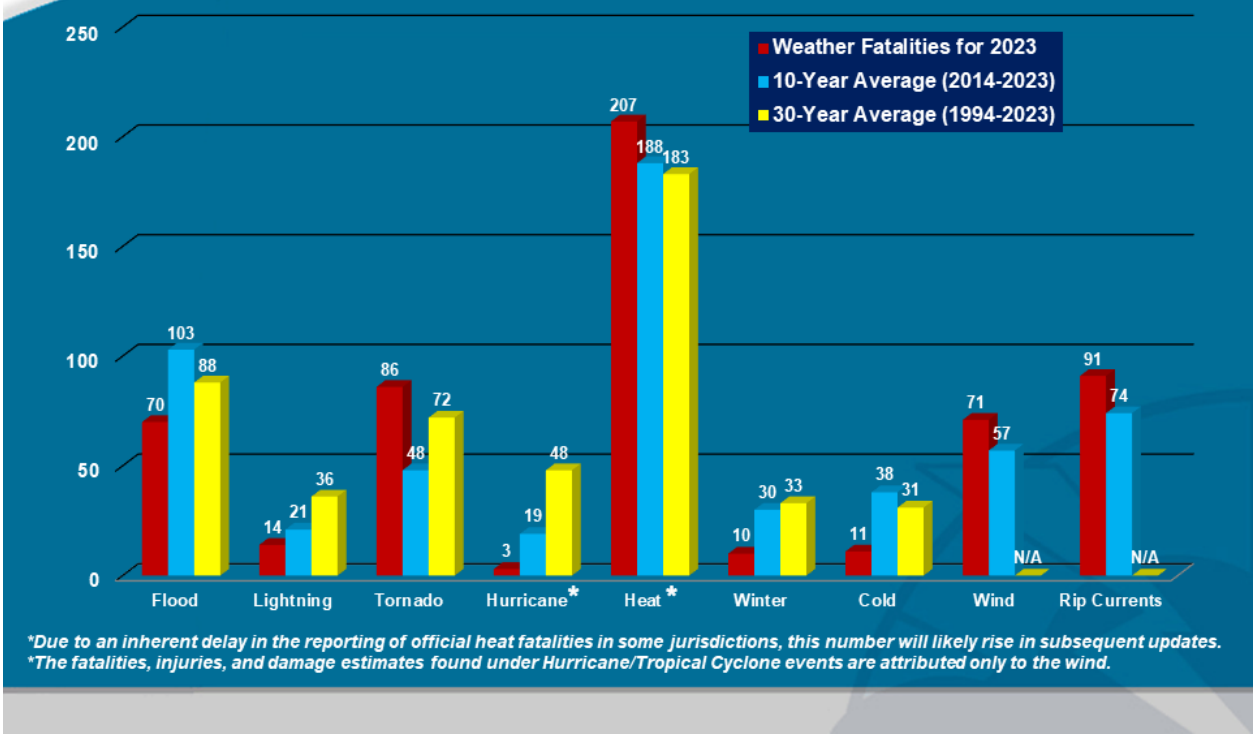
- In 2023, 207 people died from heat, which exceeds the ten-year average of 188 from 2014-2022.
- 2023 deaths from rip currents, wind, and tornados also exceeded historic rates.



Weather Related Fatality and Injury Statistics

The U.S. Natural Hazard Statistics provide statistical information on fatalities, injuries, and damages caused by weather related hazards. These statistics are compiled from information contained in Storm Data, a database comprising information from NWS forecast offices in the 50 states, Puerto Rico, Guam, and the Virgin Islands.

Weather Fatalities 2023



*Due to an inherent delay in the reporting of official heat fatalities in some jurisdictions, this number will likely rise in subsequent updates.
*The fatalities, injuries, and damage estimates found under Hurricane/Tropical Cyclone events are attributed only to the wind.

Preventative Healthcare

Healthy outcomes are about more than just the absence of illness and how long we live—it's about our overall well-being. Improving outcomes in our community means looking at the whole person and meeting their needs in all areas of life. It means giving all people the chance to have a healthy context that encourages healthy behaviors, preventing health problems before they even start.

One key measure is assessing a community's capacity to prevention illness is looking at health insurance coverage rates. In north central Nebraska, 93.2% of people have health insurance, this is slightly higher than the state average of 92.2%. Holt County has the highest insurance rates at 94%, with the lowest residing in Cherry County (91.4%). Only 78.4% of Native Americans in Cherry County have health insurance. In the district, Native American (69.8%), African Americans (76.6%), Hispanics (87.3), and multiracial (88.7%) of people have insurance.

Another key indicator of preventative health is the ratio of primary care physicians to residents. In Nebraska, there were 835 people per one primary care provider in 2023. Cherry (1,835) and Pierce County (1,816.5) have the highest ratio of residents to providers. Pierce County is near Norfolk, NE, provider Pierce County residents with more medical care. Cherry County is more isolated than Peirce with less out of county options. Cherry County has made strides in the right direction since 2021, decreasing its ratio from 2,752.5 to 1,835.

Income and poverty level are also key indicators of preventative health capacities. In NCDHD, 10.1% of people live below the poverty level, that is 4,390 people. Knox County has the highest poverty rate of 12% and Pierce County has the lowest at 7.9%. Within Knox County, 35.8% of the Native Population is living in poverty. In NCDHD, Native Americans (35.4%) and African Americans (24.9%) are living in the highest poverty rates. Asians (2.2%) and white (9.3%) have the lowest poverty rates. Some of our most vulnerable populations, children (those under the age of 5, 16.6%) and those 75 and up (14.1%) are most likely to live in poverty.

Preventative health behaviors are imperative to decreasing illness and disease. Health behaviors like getting an annual checkup lead to early diagnosis and prevention. 75.6% of adults in north central Nebraska has a checkup in the past year. This behavior is more prevalent in Keya Paha County, (78.3%) and most neglected Cherry County (74.2%).

Healthcare costs affect the entire community and country. Keeping preventable hospital stays to a minimum help everyone afford healthcare. Preventable hospital stays include diabetes (complications, uncontrolled diabetes, and diabetes-related amputations), perforates appendix, COPD or asthma in older adults, hypertension, heart failure, dehydration, bacteria pneumonia, and UTIs. Keya Paha County residents had zero Medicare preventable hospital stays per 100,000 enrolled. Holt County had the highest at 3,776 per 100,000 with Knox (2,997) and Pierce Counties (2,242) tailing. All three exceed the state average of 2,231.

Healthcare Environment

People Covered by Insurance

Have Health Insurance

93.3%

People

North Central District Health Department

92.6%

People

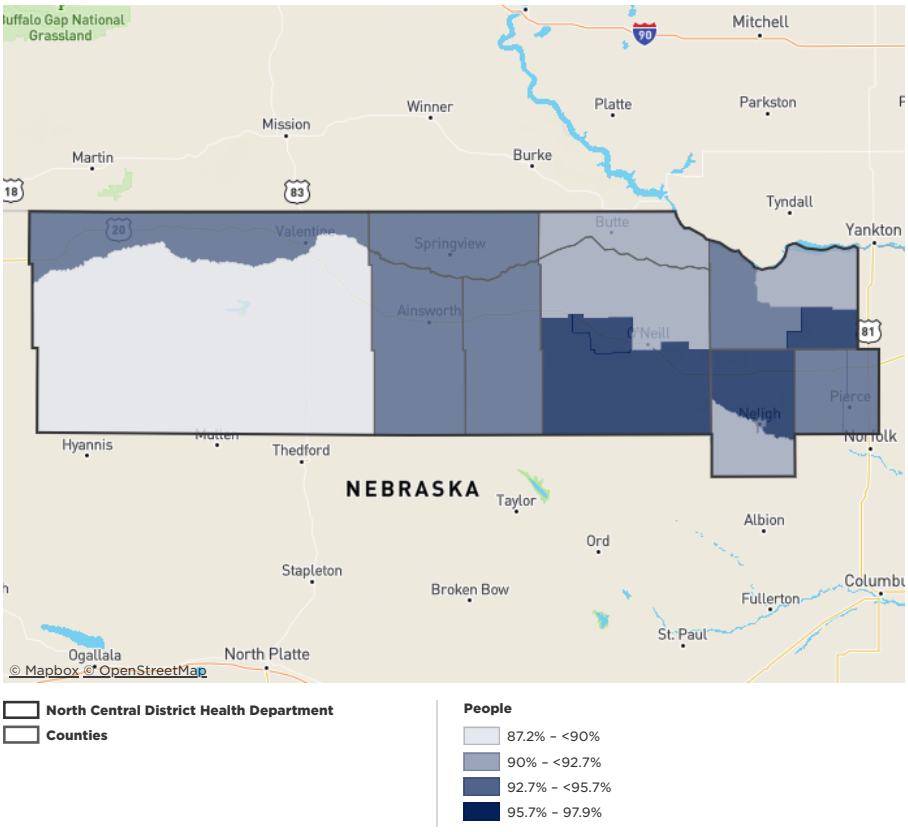
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Population With Health Insurance
Antelope County, NE	94%
Boyd County, NE	90.9%
Brown County, NE	93.5%
Cherry County, NE	92%
Holt County, NE	93%
Keya Paha County, NE	93.7%
Knox County, NE	93.9%
Pierce County, NE	93.8%
Rock County, NE	93.6%
North Central District Health Department	93.3%
Nebraska	92.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Health Insurance Coverage



Sources: US Census Bureau ACS 5-year 2019-2023

People Covered by Insurance by Race/Ethnicity

Insurance Status by Race/Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019-2023 Insured Asian People	95.1%	93%	100%	No data	100%	100%	100%
2019-2023 Insured Black People	80.8%	86.8%	46.6%	60%	100%	100%	100%
2019-2023 Insured Hispanic or Latino People	80.4%	80.3%	69.7%	92.5%	82.8%	71.8%	76.9%
2019-2023 Insured Multiracial People	89.6%	86.3%	68.4%	100%	94.8%	91.5%	85.2%
2019-2023 Insured Native American People	71.1%	79.7%	100%	94.1%	100%	74.1%	68%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	100%	No data	No data	No data	No data
2019-2023 Insured Other People	68.7%	78.1%	60.3%	88.9%	75.7%	56.2%	67.5%
2019-2023 Insured White (Not Hispanic or Latino) People	94.5%	95%	95.6%	90.7%	94.2%	93.2%	94.3%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

People Covered by Insurance by Age

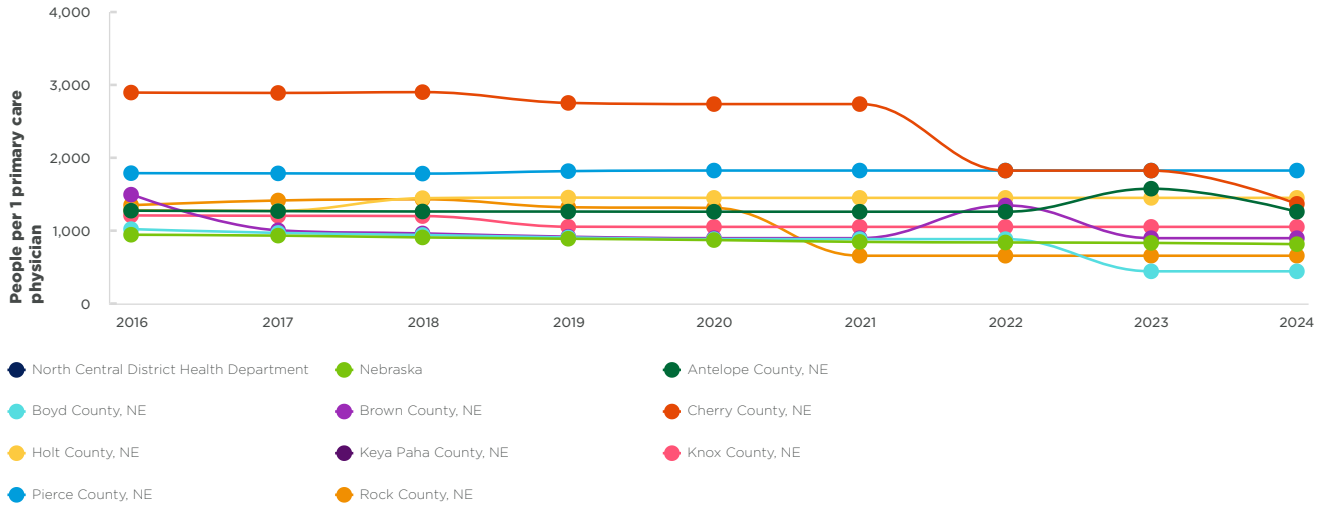
Health Insurance Status by Age

Geography	2019-2023 Insured People Under Age 6	2019-2023 Insured People Ages 6 to 18	2019-2023 Insured People Ages 19 to 64	2019-2023 Insured People Ages 65+
North Central District Health Department	96.7%	94.1%	89.6%	99.8%
Nebraska	95.8%	94.7%	89.5%	99.4%
Antelope County, NE	97.8%	93.7%	90.7%	100%
Boyd County, NE	100%	95%	82.7%	99.8%
Brown County, NE	96.5%	91.7%	90.1%	100%
Cherry County, NE	97.9%	85.2%	90.2%	100%
Holt County, NE	96.7%	96.4%	88.3%	100%
Keya Paha County, NE	87.5%	98.1%	89.2%	100%
Knox County, NE	96.7%	93.7%	90.7%	99.6%
Pierce County, NE	96.9%	97.1%	90.3%	99%
Rock County, NE	84.9%	97.4%	90.3%	100%

Sources: US Census Bureau ACS 5-year 2019-2023

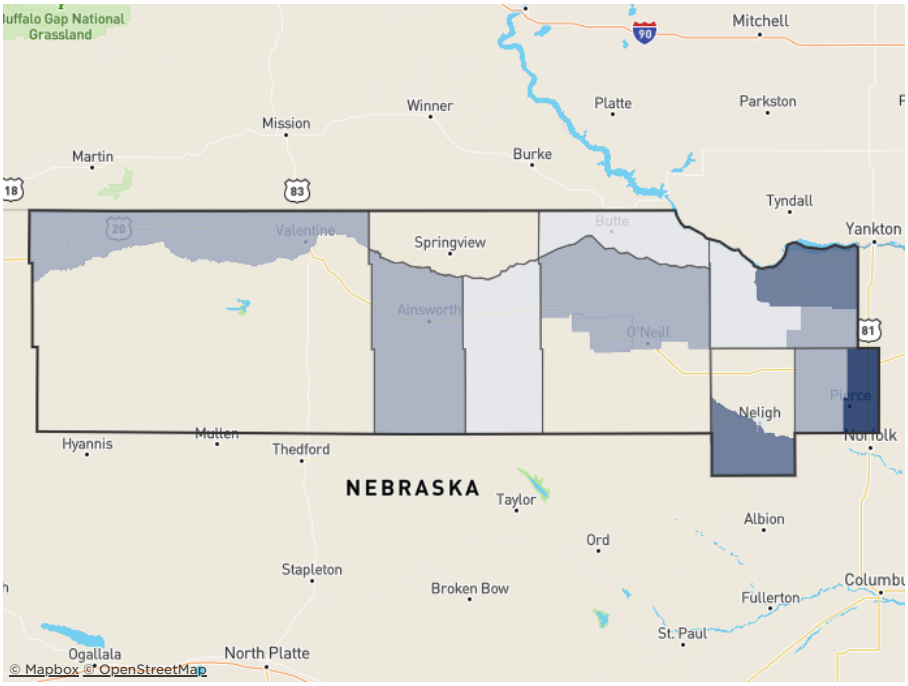
Primary Care Physician Ratio

Primary Care Physician Ratio



Sources: NPPES NPI

Primary Care Physician Ratio

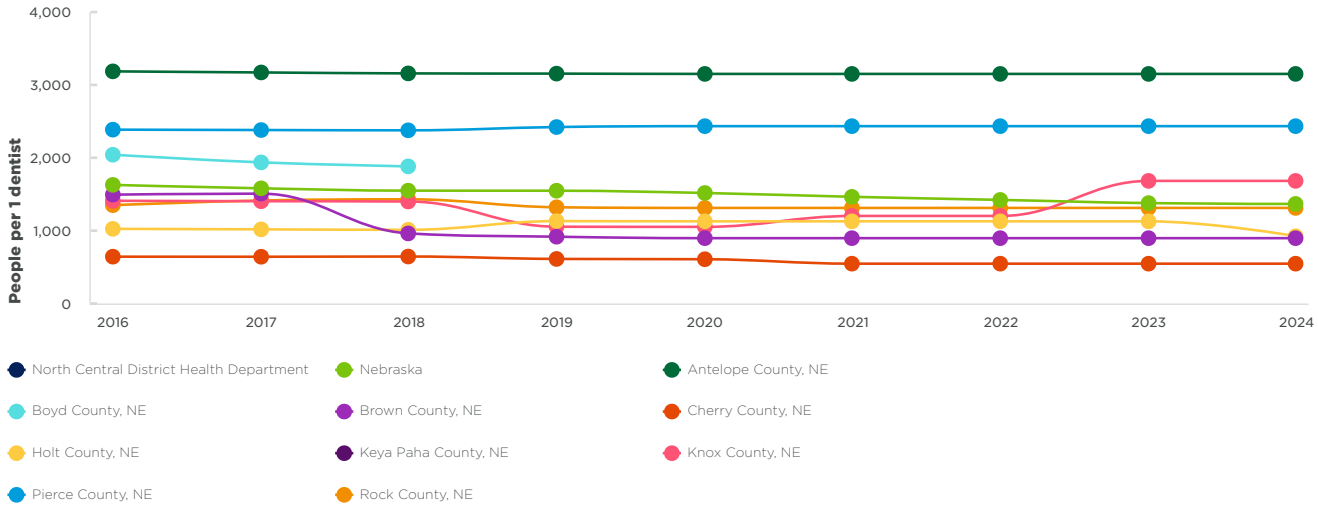


Sources: NPPES NPI 2024

Areas with no data have 0 primary care physicians.

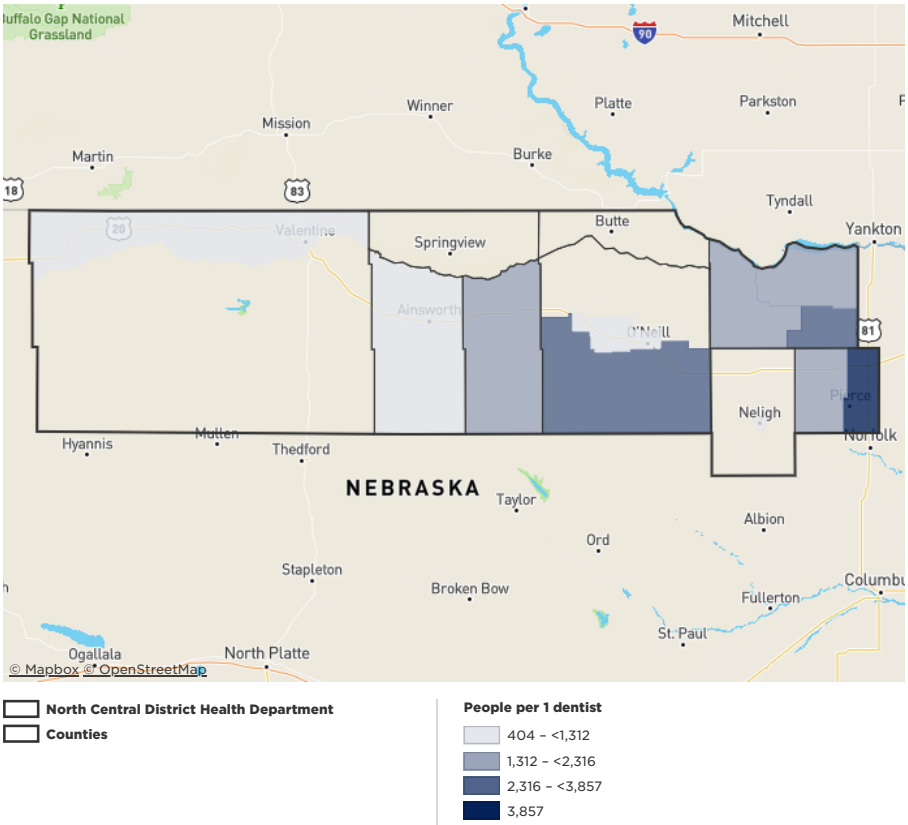
Dentist Ratio

Dentist Ratio



Sources: NPPES NPI

Dentist Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 dentists.

Social Factors

Poverty Overall

Below Poverty Level
10.3%
of People
North Central District Health Department

10.3%
of People
Nebraska

Below Poverty Level
4,471
People
North Central District Health Department

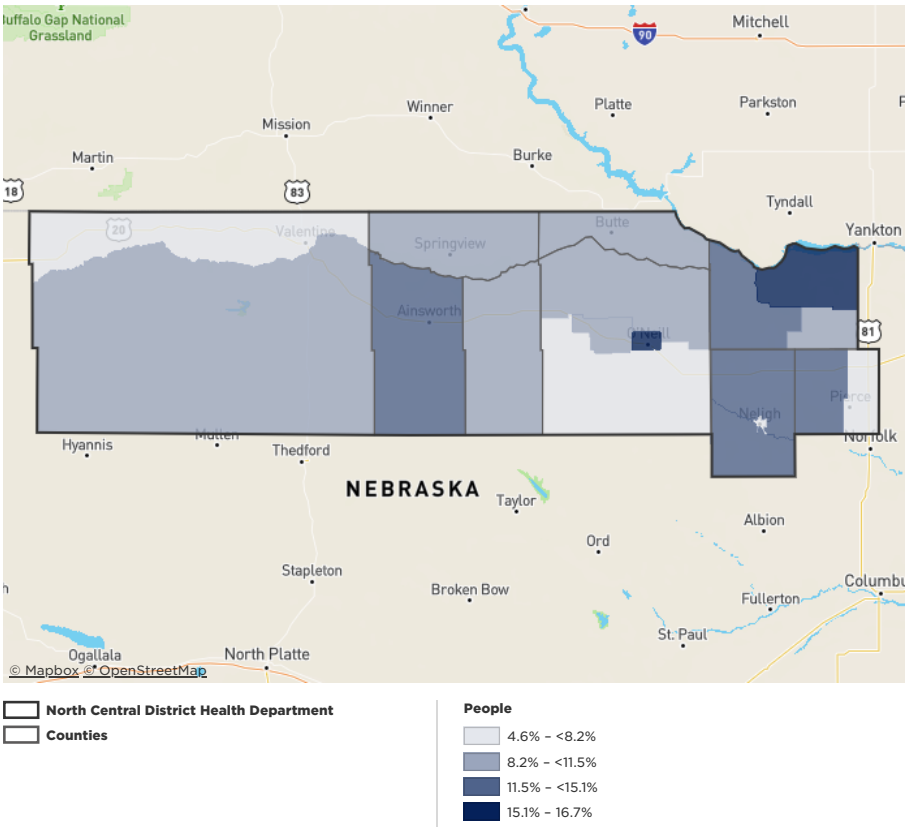
197,300
People
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People Below Poverty Level (Percent)	2019-2023 People Below Poverty Level (Number)
Antelope County, NE	10%	623
Boyd County, NE	10.2%	171
Brown County, NE	12.1%	328
Cherry County, NE	7.2%	389
Holt County, NE	10.8%	1,078
Keya Paha County, NE	10.4%	98
Knox County, NE	13.2%	1,079
Pierce County, NE	8%	573
Rock County, NE	10.5%	132
North Central District Health Department	10.3%	4,471
Nebraska	10.3%	197,300

Sources: US Census Bureau ACS 5-year 2019-2023

Poverty Rate



Sources: US Census Bureau ACS 5-year 2019-2023

Poverty by Race/Ethnicity

Poverty Rate by Race and Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019-2023 Asian	3.8%	9.5%	0%	No data	0%	0%	0%
2019-2023 Black or African American	19.5%	24.1%	22.4%	60%	No data	30.8%	40%
2019-2023 Hispanic or Latino	14.8%	15.8%	15.4%	6%	4.5%	8%	18.6%
2019-2023 Multiracial	11.1%	14.4%	13.8%	2.5%	13.4%	3.1%	17.2%
2019-2023 Native American	27.7%	23.1%	0%	0%	55.6%	10%	40%
2019-2023 Native Hawaiian and Pacific Islander	0%	23.6%	0%	No data	No data	No data	No data
2019-2023 Other	17.6%	15.3%	23.3%	11.1%	3.6%	0%	25.7%
2019-2023 White, Not Hispanic or Latino	9.7%	8.3%	9.7%	10.6%	12.3%	7.6%	10.4%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data includes both Hispanic or Latino and non-Hispanic or Latino people.

Poverty by Age

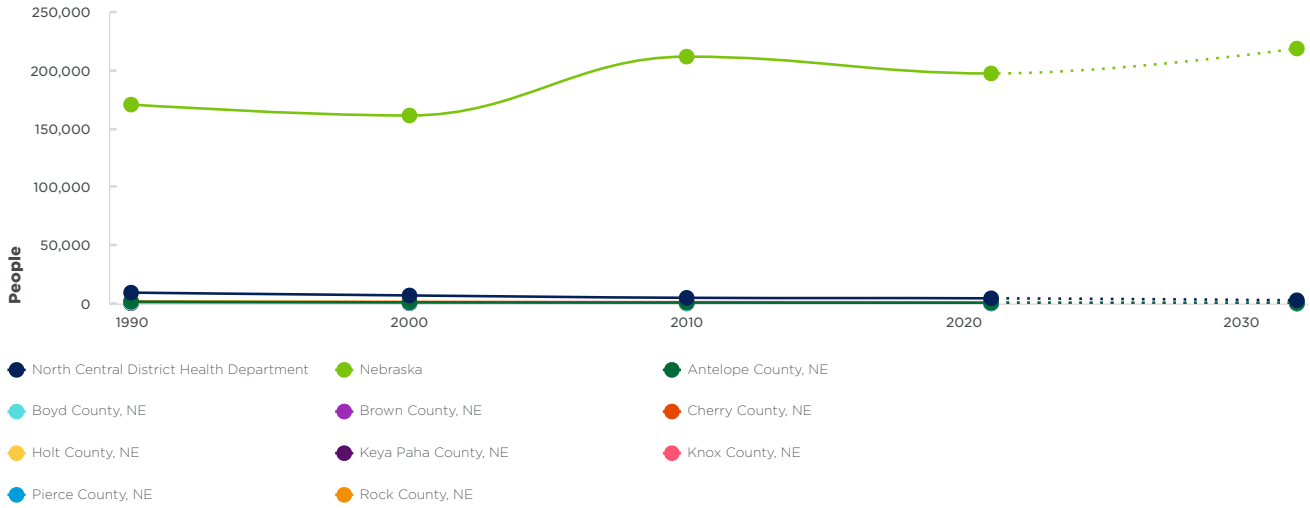
Poverty Rate by Age

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019-2023 Under Age 5	13.6%	12.9%	1.5%	39.7%	5.8%	15.4%	12.8%
2019-2023 Age 5	3.6%	13.9%	0%	0%	0%	0%	0%
2019-2023 Ages 6 to 11	12.3%	11.7%	8.2%	14.7%	30.1%	9%	14.2%
2019-2023 Ages 12 to 14	10.6%	10.2%	13.3%	7.9%	2.9%	4.5%	7.7%
2019-2023 Age 15	13.2%	10.2%	35%	16.7%	0%	4.1%	13.8%
2019-2023 Ages 16 to 17	7.6%	10.2%	3.2%	43.5%	14.5%	0%	5.4%
2019-2023 Ages 18 to 24	12.8%	19.8%	12.3%	0%	13.3%	0.6%	11%
2019-2023 Ages 25 to 34	10.6%	10.1%	8.4%	12%	4.4%	5.6%	14.1%
2019-2023 Ages 35 to 44	8.2%	7.8%	10%	9.4%	9.4%	5.3%	8.8%
2019-2023 Ages 45 to 54	6.9%	7.4%	7.9%	6.5%	7.9%	4%	5.4%
2019-2023 Ages 55 to 64	8.5%	8.2%	7.2%	5.1%	17.2%	4.8%	12.8%
2019-2023 Ages 65 to 74	9%	7.9%	14%	2.8%	5.8%	11.1%	9.7%
2019-2023 Ages 75 and Over	15.4%	10.6%	15.8%	22.8%	28.1%	16.7%	12.2%

Sources: US Census Bureau ACS 5-year 2019-2023

People in Poverty Over Time

People Below Poverty Level



Sources: US Census Bureau; US Census Bureau ACS 5-year

Health Behaviors

Doctor Checkup in Past Year

75.6%
of Adults
North Central District Health Department

74.1%
of Adults
Nebraska

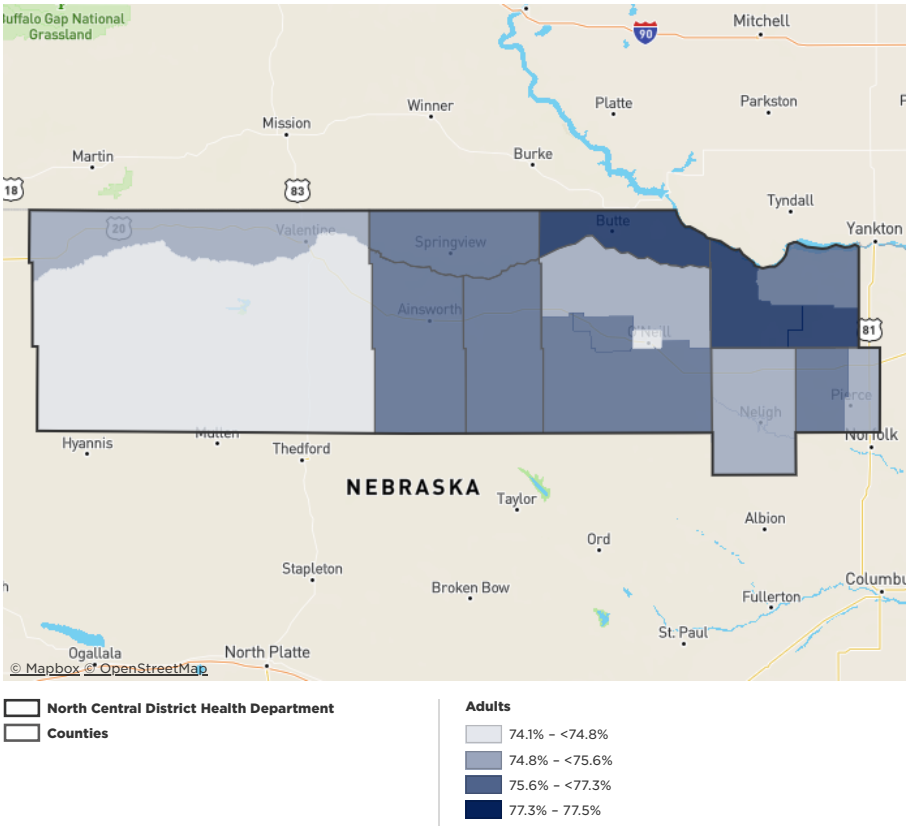
Sources: CDC BRFSS PLACES 2022

This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Geography	2022 Doctor Checkup in Past Year Among Adults
Antelope County, NE	75.5%
Boyd County, NE	77%
Brown County, NE	76.3%
Cherry County, NE	74.2%
Holt County, NE	75.3%
Keya Paha County, NE	78.3%
Knox County, NE	76.6%
Pierce County, NE	74.7%
Rock County, NE	75.9%
North Central District Health Department	75.6%
Nebraska	74.1%

Sources: CDC BRFSS PLACES 2022

Doctor Checkup in Past Year

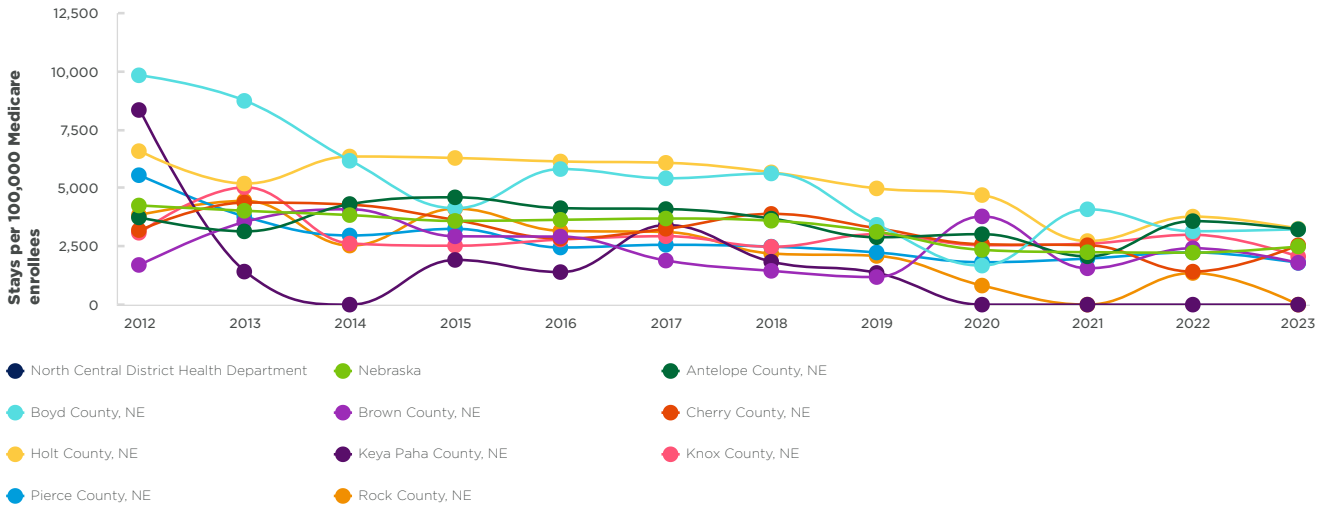


Sources: CDC BRFSS PLACES 2022

This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Preventable Poor Health Outcomes

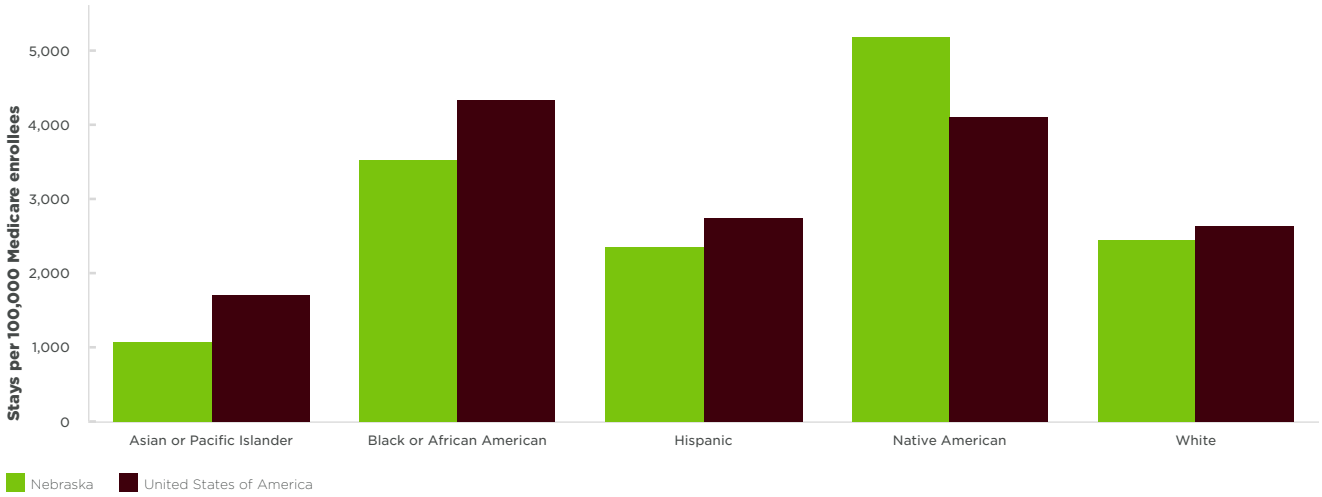
Medicare Preventable Hospital Stays



Sources: CMS MMD

Note: Preventable hospital stays include diabetes (complications, uncontrolled diabetes, and diabetes-related amputations), perforated appendix, COPD or asthma in older adults, hypertension, heart failure, dehydration, bacterial pneumonia, and UTIs. Appendix and dehydration are not included after 2019.

Medicare Preventable Hospital Stays by Race/ Ethnicity



Sources: CMS MMD 2023

Note: Preventable hospital stays after 2019 include diabetes (complications, uncontrolled diabetes, and diabetes-related amputations), COPD or asthma in older adults, hypertension, heart failure, bacterial pneumonia, and UTIs.

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2022 White	3,611	3,168	2,424	1,334	3,792	0	2,817
2022 Black or African American	No data	No data	No data	No data	No data	No data	No data
2022 Asian or Pacific Islander	No data	No data	No data	No data	No data	No data	No data
2022 Hispanic or Latino	No data	No data	No data	No data	No data	No data	No data
2022 Native American	No data	No data	No data	0	No data	No data	5,116

Sources: CMS MMD 2022

Access to Coverage and Providers

Getting the high-quality medical care we need helps us stay healthy and live longer. It also lowers lost days of productivity, learning, and earning an income. When we focus on prevention—getting proactive healthcare before we're in an emergency situation—our community is even healthier.

Health Insurance

People who have insurance are more likely to get the healthcare services and medication they need when they need it. However, insurance can be complex, tied to employment, and is sometimes not financially doable. Residents who don't have insurance have more hurdles for health and wellness.

In north central Nebraska, 93.2% of people have health insurance, this is slightly higher than the state average of 92.2%. Antelope County has the highest insurance rates at 94%, with the lowest residing in Cherry County (91.4%). Only 78.4% of Native Americans in Cherry County have health insurance. In the district, Native Americans (71.1%), African Americans (80.8%), Hispanics (80.4%), and other populations (68.7%) have the lowest rates of access to insurance.

People Covered by Insurance

Have Health Insurance

93.3%

People

North Central District Health Department

92.6%

People

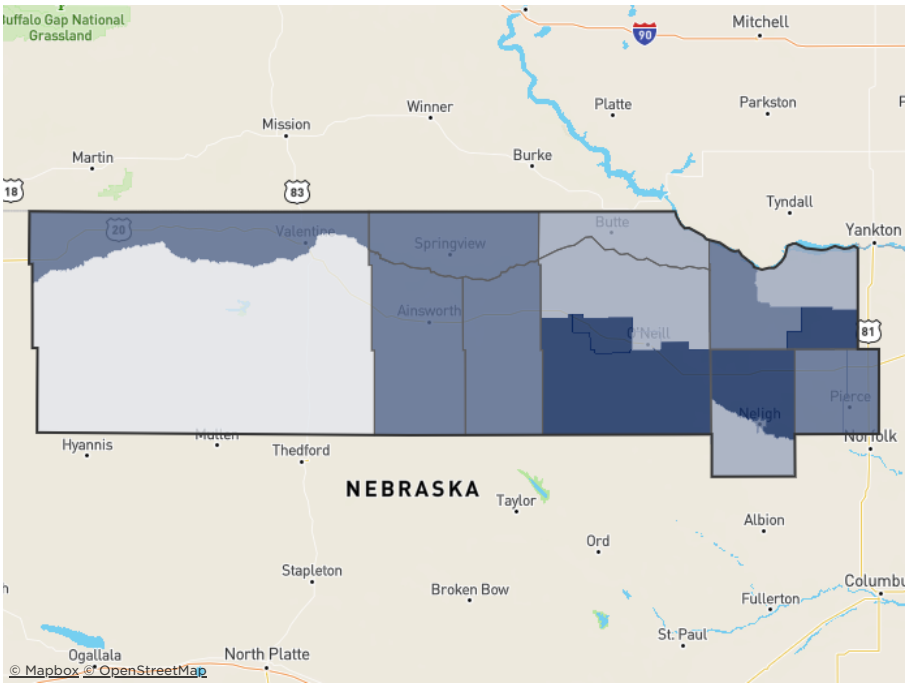
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People With Health Insurance
Antelope County, NE	94%
Boyd County, NE	90.9%
Brown County, NE	93.5%
Cherry County, NE	92%
Holt County, NE	93%
Keya Paha County, NE	93.7%
Knox County, NE	93.9%
Pierce County, NE	93.8%
Rock County, NE	93.6%
North Central District Health Department	93.3%
Nebraska	92.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Health Insurance Coverage



Sources: US Census Bureau ACS 5-year 2019-2023

People Covered by Insurance by Race/Ethnicity

Insurance Status by Race/Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019-2023 Insured Asian People	95.1%	93%	100%	No data	100%	100%	100%
2019-2023 Insured Black People	80.8%	86.8%	46.6%	60%	100%	100%	100%
2019-2023 Insured Hispanic or Latino People	80.4%	80.3%	69.7%	92.5%	82.8%	71.8%	76.9%
2019-2023 Insured Multiracial People	89.6%	86.3%	68.4%	100%	94.8%	91.5%	85.2%
2019-2023 Insured Native American People	71.1%	79.7%	100%	94.1%	100%	74.1%	68%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	100%	No data	No data	No data	No data
2019-2023 Insured Other People	68.7%	78.1%	60.3%	88.9%	75.7%	56.2%	67.5%
2019-2023 Insured White (Not Hispanic or Latino) People	94.5%	95%	95.6%	90.7%	94.2%	93.2%	94.3%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

People Covered by Insurance by Age

Health Insurance Status by Age

Geography	2019-2023 Insured People Under Age 6	2019-2023 Insured People Ages 6 to 18	2019-2023 Insured People Ages 19 to 64	2019-2023 Insured People Ages 65+
North Central District Health Department	96.7%	94.1%	89.6%	99.8%
Nebraska	95.8%	94.7%	89.5%	99.4%
Antelope County, NE	97.8%	93.7%	90.7%	100%
Boyd County, NE	100%	95%	82.7%	99.8%
Brown County, NE	96.5%	91.7%	90.1%	100%
Cherry County, NE	97.9%	85.2%	90.2%	100%
Holt County, NE	96.7%	96.4%	88.3%	100%
Keya Paha County, NE	87.5%	98.1%	89.2%	100%
Knox County, NE	96.7%	93.7%	90.7%	99.6%
Pierce County, NE	96.9%	97.1%	90.3%	99%
Rock County, NE	84.9%	97.4%	90.3%	100%

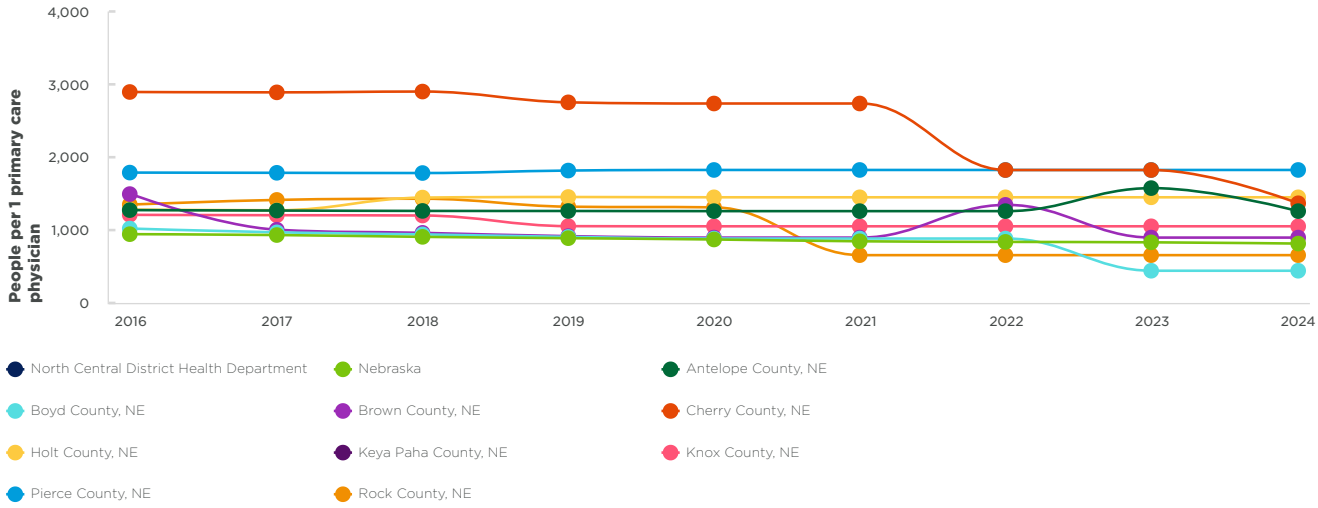
Sources: US Census Bureau ACS 5-year 2019-2023

Primary Care

A primary care provider is a doctor or practitioner who can look at your health as a whole, managing your care and sometimes even preventing the need for medical specialists. Having a primary care provider leads to positive health outcomes because it often includes more proactive health care visits, such as annual check-ups. Creating more

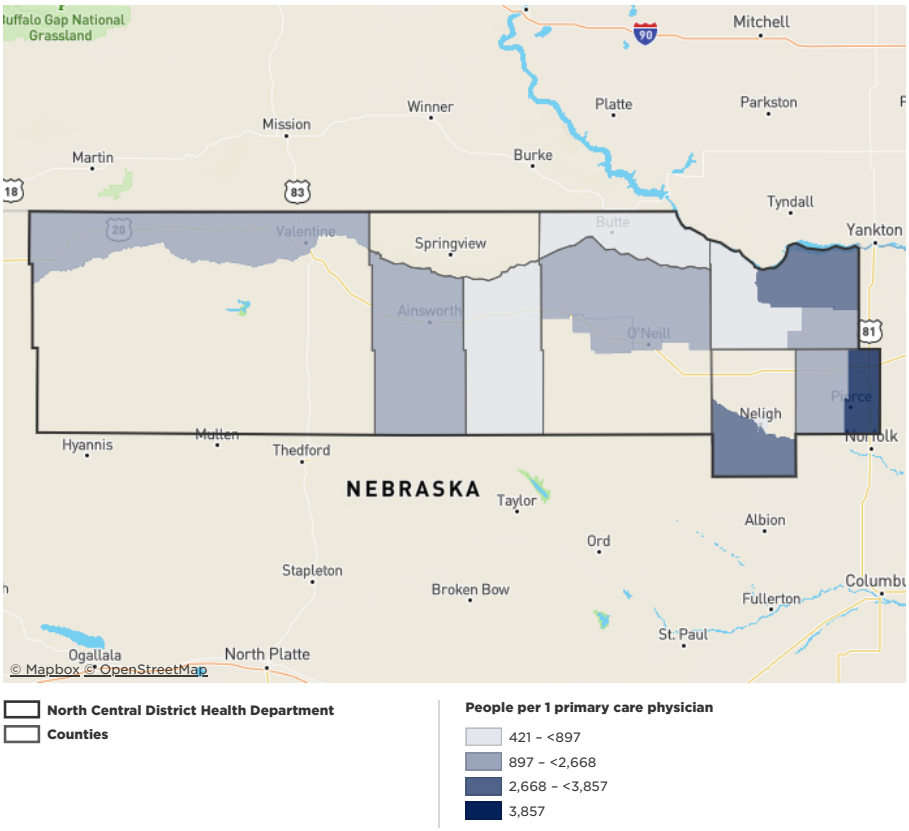
opportunities for relationships with primary care providers helps us focus on prevention, rather than costly treatment. NCDHD is a designated primary care shortage area.

Primary Care Physician Ratio



Sources: NPPES NPI

Primary Care Physician Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 primary care physicians.

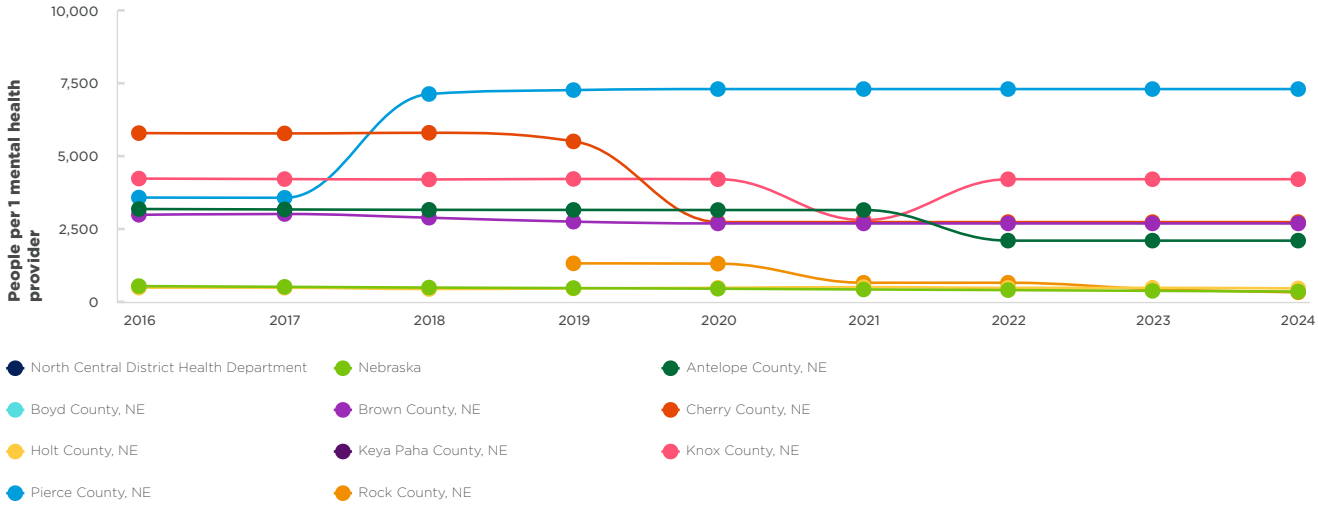
Mental Health

Mental healthcare should be easier to find in our community, as mental and physical health go hand-in-hand. We can't focus on one without the other. While healthcare access in general can be a challenge, mental healthcare is especially difficult because of a lack of services or social stigmas that still exist. We don't think twice about seeking medical care

for a broken arm or other physical need, yet many people delay getting help for their mental health because of outdated ideas about why it happens, what it means, and who struggles with it. 1 in 5 adults in the U.S. live with mental illness. In addition to those with diagnosed conditions, many people can benefit from mental health services at some point in life.

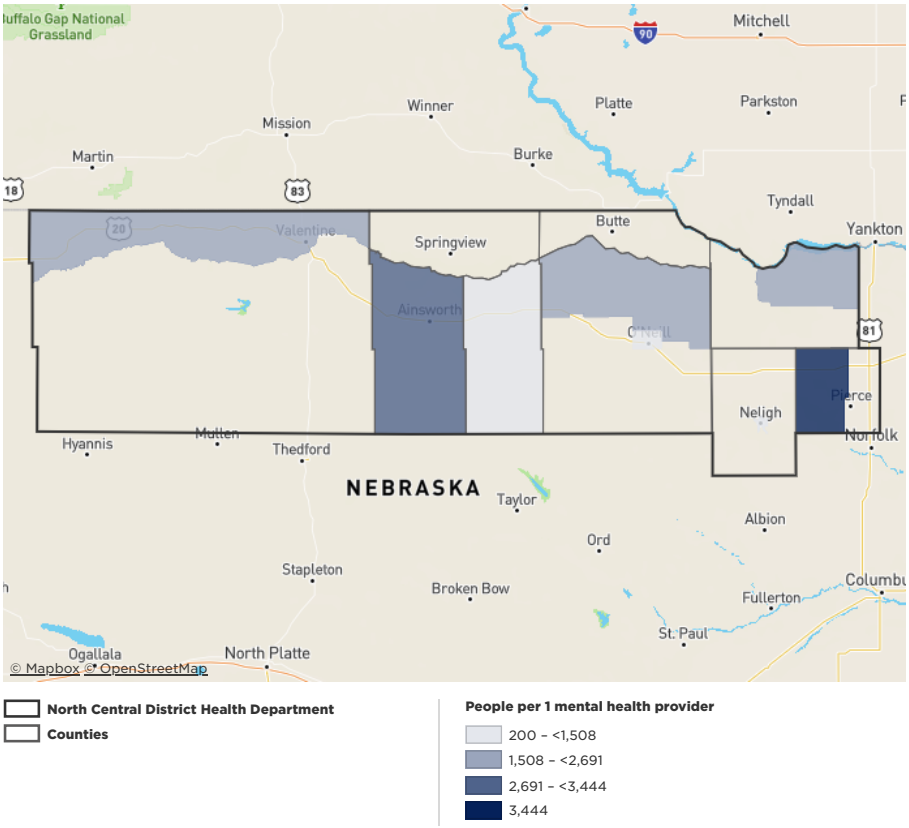
The more we talk about mental health, share resources, and remove barriers for people to access mental health providers, the healthier our community will be.

Mental Health Provider Ratio



Sources: NPPES NPI

Mental Health Provider Ratio



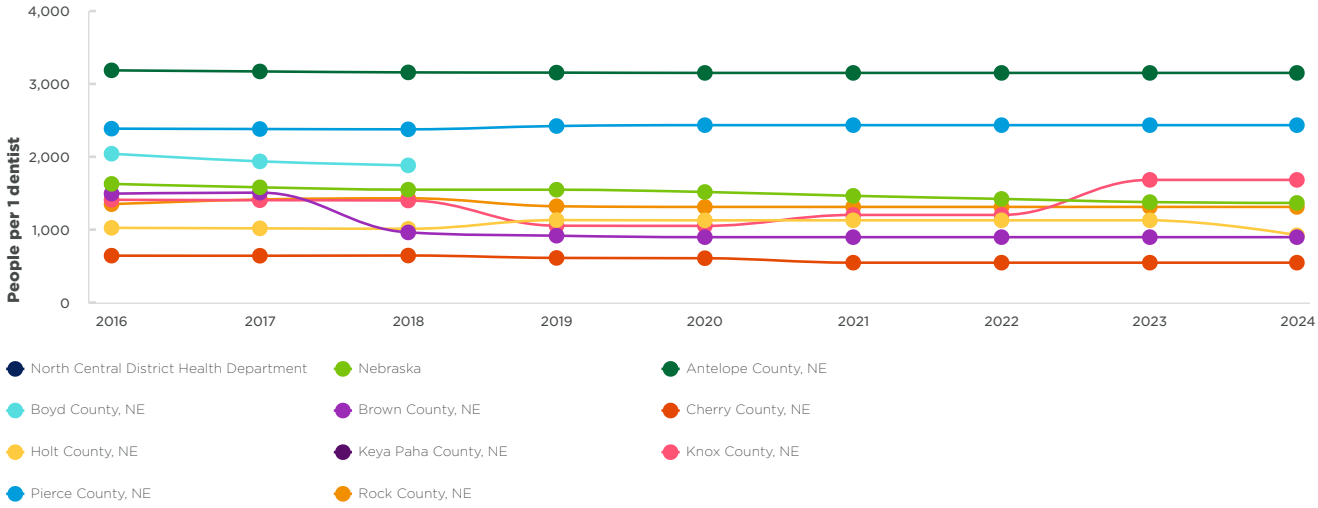
Sources: NPPES NPI 2024

Areas with no data have 0 mental health providers.

Dental Health

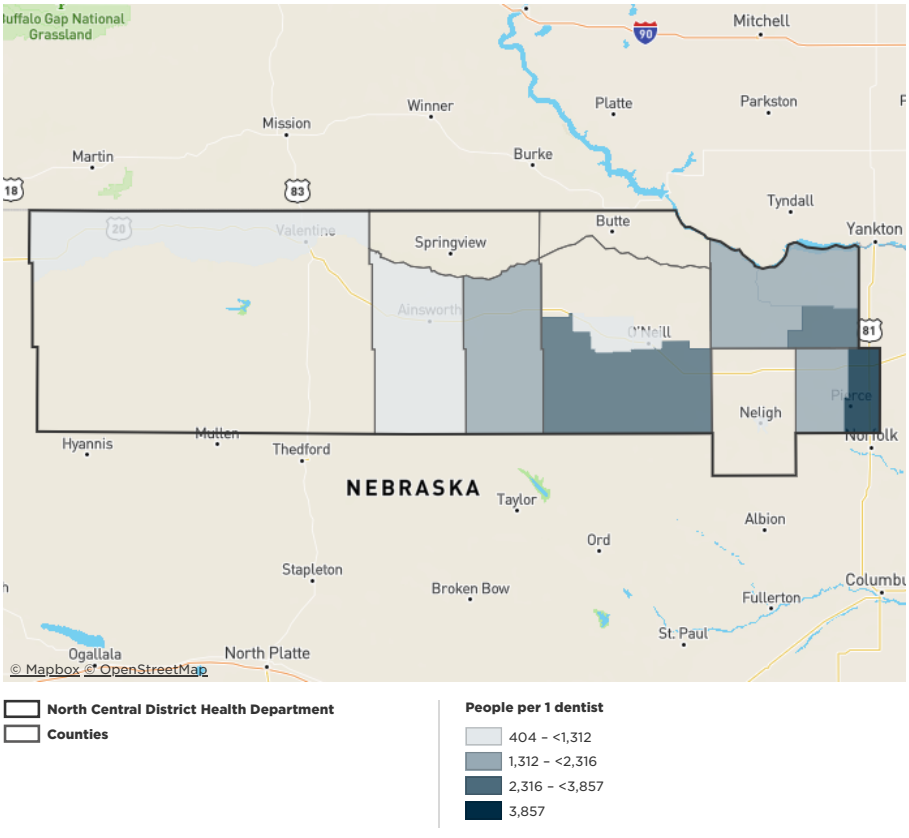
Dental health doesn't just tell us about proper brushing of teeth and gums. Poor dental health can point to social inequalities, as underserved populations are more likely to have greater dental needs. Poor dental health is also linked with other diseases, such as diabetes and obesity, because they share risk factors such as smoking or sugary diets. Increasing dental care services in our community is another way to improve health.

Dentist Ratio



Sources: NPPES NPI

Dentist Ratio



Sources: NPPES NPI 2024

Areas with no data have 0 dentists.

Learn more:

1. *Institute of Medicine (US) Committee on the Consequences of Uninsurance. "3, Effects of Health Insurance on Health." Care Without Coverage: Too Little, Too Late., National Academies Press (US), 2002, https://www.ncbi.nlm.nih.gov/books/NBK220636/.*

2. *"Access to Primary Care." Healthy People 2020, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary.*

3. Coombs, Nicholas C., et al. "Barriers to Healthcare Access among U.S. Adults with Mental Health Challenges: A Population-Based Study." SSM - Population Health, vol. 15, June 2021, p. 100847. PubMed Central, https://doi.org/10.1016/j.ssmph.2021.100847.

4. Knaak, Stephanie, et al. "Mental Illness-Related Stigma in Healthcare." Healthcare Management Forum, vol. 30, no. 2, Mar. 2017, pp. 111–16. PubMed Central, https://doi.org/10.1177/0840470416679413.

5. "Mental Illness." National Institute of Mental Health (NIMH), https://www.nimh.nih.gov/health/statistics/mental-illness.

6. Northridge, Mary E., et al. "Disparities in Access to Oral Health Care." Annual Review of Public Health, vol. 41, Apr. 2020, pp. 513–35. PubMed Central, https://doi.org/10.1146/annurev-publhealth-040119-094318.

Healthy Behavior

While there are many factors that go into one's overall health and wellness, a major factor is individual choices regarding nutrition and physical activity.

The American Cancer Society Journal published a 2019 study that found 44% of cancer cases in the U.S. are linked to modifiable risk factors (factors we can control). Cigarette smoking tops the charts at 19% of cases, excess body weight (8%), alcohol consumption (5%), UV radiation (5%), and physical inactivity (3%). Alcohol, physical inactivity, and poor diet were a particularly dangerous combination linked to 17% of cancer deaths.

Fruit and vegetable consumption:

- Nebraska falls below the national average, with only 6.9% Percentage of adults reporting they consume two or more fruits and three or more servings of vegetables daily.

Obesity:

- 41% of NCDHD residents were obese in 2022, which is up from 2018 (36.8%)
- 38.3% of Keya Paha residents are obese, which is the county with the lowest obesity rates in the district. Which is still higher than the state average of 37.2% obesity rate. Knox County has the highest percentage of obese residents at 43%.
- Obesity and poor general health were mentioned during the focus group discussions as being of great concern.

Physical health:

- 11.4% of Nebraska residents are considered of poor physical health, while 13.1% of NCDHD residents are of poor physical health.
- 21.7% of Nebraskans reported they have no leisure-time physical activity. The NCDHD residents fair worse than the state, at 25%. Rock County has the best rates as 22.5% and Keya Paha had the worst rates at 27.3%.
- Nebraska falls in the bottom third of the nation, with only 20.9% of adults meeting federal physical activity guidelines (150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week) in the past 30 days.

Sleep:

- 33% of Cherry County residents get less than 7 hours of sleep at night, which is the worst in the district, while 27.7% of Keya Paha residents get less than 7 hours of sleep each night.

Fruit and Vegetable Consumption in Nebraska

Explore national- and state-level data for hundreds of health, environmental and socioeconomic measures, including background information about each measure. Use features on this page to find measures; view subpopulations, trends and rankings; and download and share content.

How to use this page

Nebraska Value:

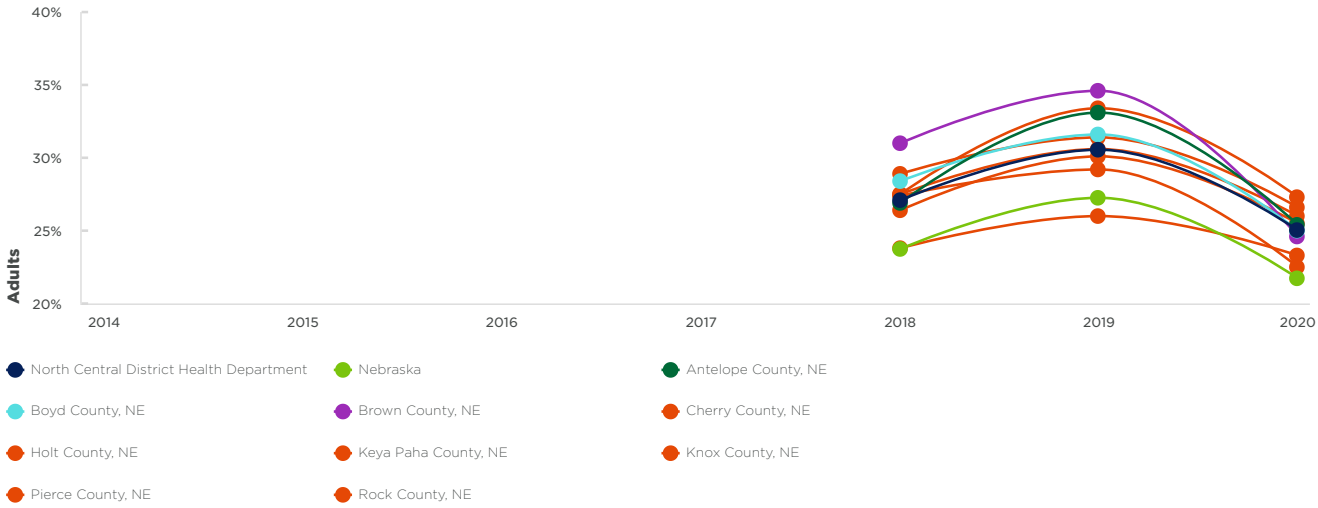
6.9%

Percentage of adults who reported consuming two or more fruits and three or more vegetables daily

Nebraska Rank:

29

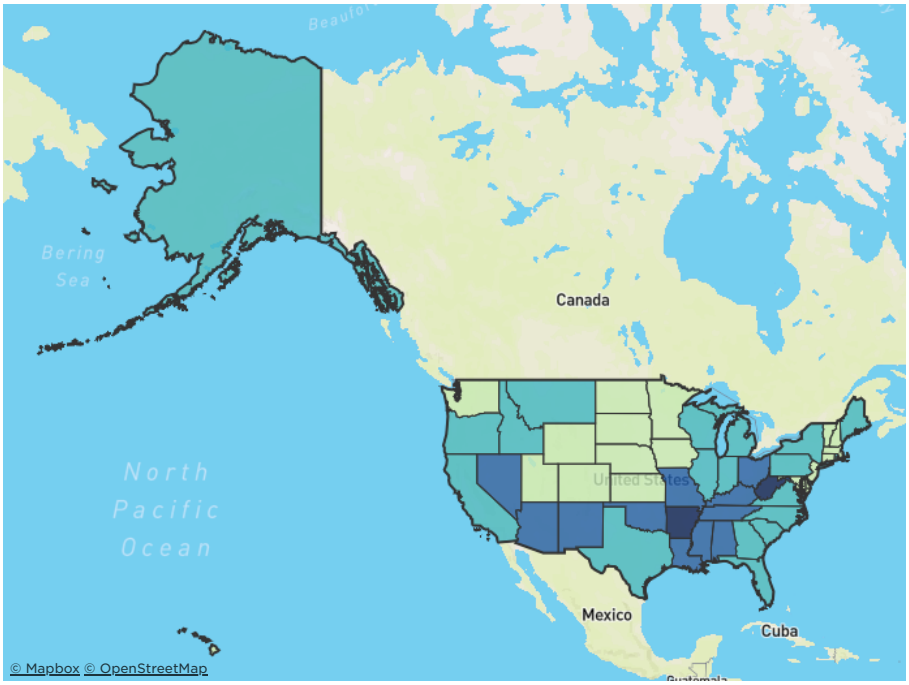
No Leisure-Time Physical Activity Among Adults



Sources: CDC BRFSS 500 Cities; CDC BRFSS PLACES

Region	2022 No Leisure-Time Physical Activity Among Adults	2022 Poor Physical Health Among Adults
Antelope County, NE	26.2%	11.5%
Pierce County, NE	25.9%	11.3%
Rock County, NE	27.5%	12.4%
Boyd County, NE	28.1%	12.9%
Holt County, NE	28.7%	13.1%
Cherry County, NE	30.4%	14.2%
Keya Paha County, NE	26.9%	12.8%
Brown County, NE	28.4%	12.8%
Knox County, NE	30.8%	14.2%
NCDHD	28.6%	13.1%
Mean	28.1%	12.8%
Median	28.1%	12.8%
Mode	25.9%	12.8%
Standard Deviation	1.6%	0.9%
Range	4.9%	2.9%
Minimum	25.9%	11.3%
Maximum	30.8%	14.2%

Poor Physical Health Among Adults



Sources: CDC BRFSS PLACES 2022

Exercise in Nebraska

Explore national- and state-level data for hundreds of health, environmental and socioeconomic measures, including background information about each measure. Use features on this page to find measures; view subpopulations, trends and rankings; and download and share content.

How to use this page

Nebraska Value:

20.9%

Percentage of adults who met the federal physical activity guidelines (150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week) in the past 30 days

Nebraska Rank:

35

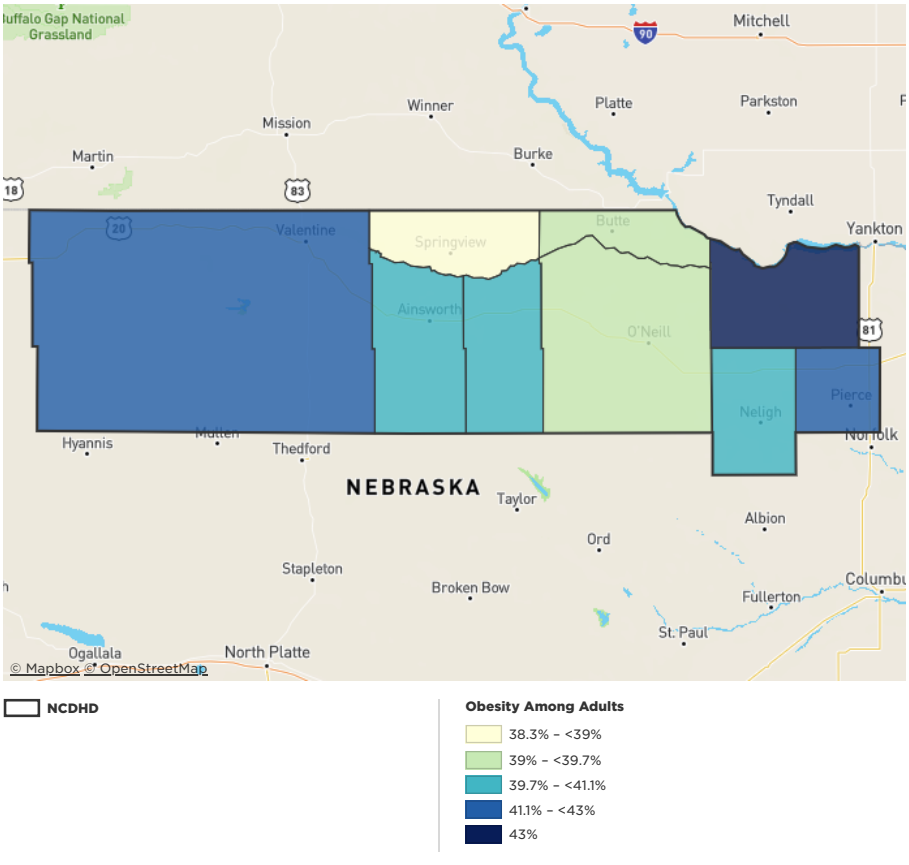
Obesity Among Adults	People
North Central District Health Department	**41%**
Nebraska	**37.2%**
Antelope County, NE	**39.7%**
Boyd County, NE	**39.5%**
Brown County, NE	**40%**
Cherry County, NE	**41.8%**
Holt County, NE	**39%**
Keya Paha County, NE	**38.3%**
Knox County, NE	**43%**
Pierce County, NE	**41.1%**
Rock County, NE	**40.2%**

Sources: CDC BRFSS PLACES 2022

Obesity Among Adults	People
North Central District Health Department	**36.8%**
Nebraska	**34.9%**
Antelope County, NE	**37.3%**
Boyd County, NE	**36%**
Brown County, NE	**38.4%**
Cherry County, NE	**35.2%**
Holt County, NE	**36.3%**
Keya Paha County, NE	**32%**
Knox County, NE	**38.4%**
Pierce County, NE	**32.7%**
Rock County, NE	**36.2%**

Sources: CDC BRFSS PLACES 2018

Obesity Among Adults

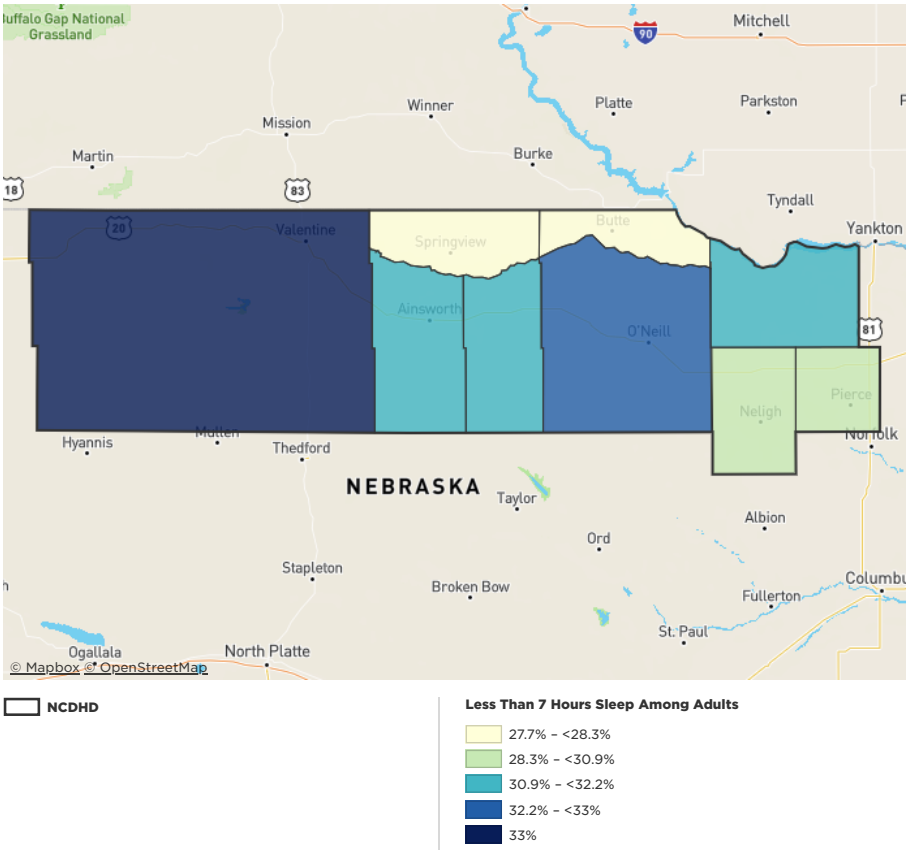


Sources: CDC BRFSS PLACES 2022

Less Than 7 Hours Sleep Among Adults	People
North Central District Health Department	**30.8%**
Nebraska	**31.4%**
Antelope County, NE	**28.3%**
Boyd County, NE	**27.9%**
Brown County, NE	**31.4%**
Cherry County, NE	**33%**
Holt County, NE	**32.2%**
Keya Paha County, NE	**27.7%**
Knox County, NE	**30.9%**
Pierce County, NE	**28.6%**
Rock County, NE	**31.2%**

Sources: CDC BRFSS PLACES 2022

Less Than 7 Hours Sleep Among Adults



Sources: CDC BRFSS PLACES 2022

Annual Checkups

We've heard that finding a problem before it gets worse is a great way to improve our health. This reduces our risk for disease and death, but many people still don't get this kind of healthcare. The barriers might include cost, not having a relationship with a primary care provider, and distance from healthcare services. Educating people about the benefits of proactive healthcare and reducing the cost, distance, and time burden for them to receive this care can improve individual lives and the burden on our healthcare system.

Doctor Checkup in Past Year

Doctor Checkup in Past Year

75.6%
of Adults
North Central District Health Department

74.1%
of Adults
Nebraska

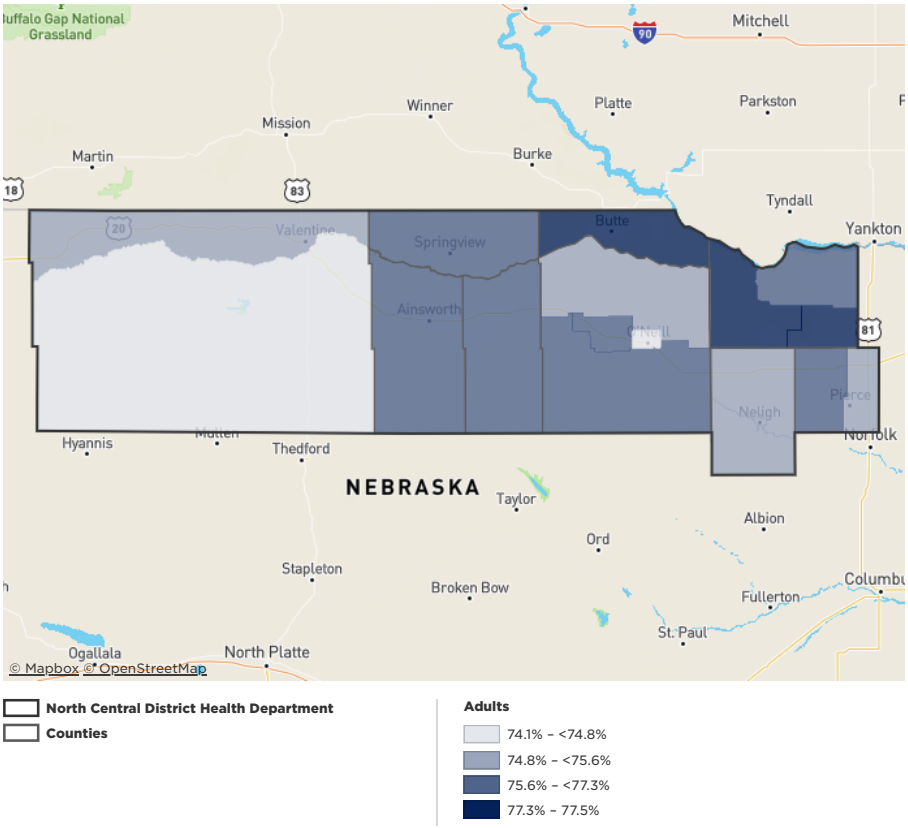
Sources: CDC BRFSS PLACES 2022

This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Geography	2022 Doctor Checkup in Past Year Among Adults
Antelope County, NE	75.5%
Boyd County, NE	77%
Brown County, NE	76.3%
Cherry County, NE	74.2%
Holt County, NE	75.3%
Keya Paha County, NE	78.3%
Knox County, NE	76.6%
Pierce County, NE	74.7%
Rock County, NE	75.9%
North Central District Health Department	75.6%
Nebraska	74.1%

Sources: CDC BRFSS PLACES 2022

Doctor Checkup in Past Year



Sources: CDC BRFSS PLACES 2022

This data represents the proportion of adults who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Preventive Care Utilization

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County NE
2022 Colorectal Cancer Screening Among Adults 50 to 75	66.9%	65.2%	63.3%	59.6%	67.1%	60.5%	63.5%
2020 Core Preventive Services for Men 65+	48.2%	39.8%	40.9%	42.4%	45%	41.7%	46.3%
2020 Core Preventive Services for Women 65+	34.1%	35.9%	34.5%	30.5%	33.7%	32.2%	36.5%
2022 Dental Visit Among Adults	65.7%	64.3%	64.3%	57.8%	62.7%	65.2%	61%
2020 Pap Smear Among Women 21 to 65	79.8%	79.3%	80.5%	80.2%	79.9%	79.2%	79.8%
2022 Mammography Among Women 50 to 74	74.6%	73.8%	73.4%	73%	76.8%	73.6%	73.4%

Sources: CDC BRFSS PLACES 2020, 2022

Closing Health Outcome Gaps in Our Community

Everyone deserves the opportunity to live a healthy life. But for many people, that opportunity is limited by factors like income, location, access to care, and other everyday conditions.

Closing health outcome gaps means identifying where these differences exist and working together to ensure that all individuals—no matter their background—can achieve their best possible health.

This is a **shared responsibility**. Public health professionals, healthcare providers, elected leaders, and community members all play important roles in:

- Recognizing and removing barriers to care,
- Supporting local solutions that meet community needs, and
- Promoting environments that help people thrive.

By focusing on what people need to be healthy—safe housing, good jobs, access to care, and supportive communities—we can create healthier outcomes for everyone.

Economic Stability:

Economic opportunity includes our ability to work in the community where we live, making enough money to buy what we need.

- **Median Income of Households by Race:** In NCDHD, White residents have a median income of $66,207, Hispanic households have $66,021, and Native Americans have a median income of $38,334.
- **Poverty:** In north central Nebraska, 10.3% of the total population lives below the poverty level. Within the district map, pockets of high poverty can be seen in Knox and Holt Counties, while Pierce and Cherry Counties have the lowest poverty rates.
- **Unemployment:** The overall unemployment rate in NCDHD is 1.9%, which is lower than the State of Nebraska (3%). The counties with the lowest rates of unemployment are Cherry County (0.4%) and Brown County (0.8%). The Counties with the highest rates of unemployment are Knox County (3.9%) and Boyd County (2.5%).

Unemployment rates may be a potential cause of poverty, as seen in Knox County's high unemployment and high poverty rates, while Cherry County has an extremely low unemployment rate and low poverty. Knox County also has the highest population of Native Americans in the district, which have lower median income levels. Knox County appears to have the least economic stability when compared to the other eight counties.

Median Income of Householder by Race/Ethnicity

Geography	2019-2023 White	2019-2023 Black or African American	2019-2023 Hispanic or Latino	2019-2023 Alaska Native	2019-2023 Asian	2019-2023 Native Hawaiian and Other Pacific Islander
North Central District Health Department	$66,207	No data	$66,021	$38,334	No data	No data
Nebraska	$77,418	$48,201	$65,399	$52,121	$83,105	No data
United States of America	$83,784	$53,444	$68,890	$59,393	$113,106	$78,640

Sources: US Census Bureau ACS 5-year 2019-2023

Poverty

Total Population Below Poverty Level

10.3%

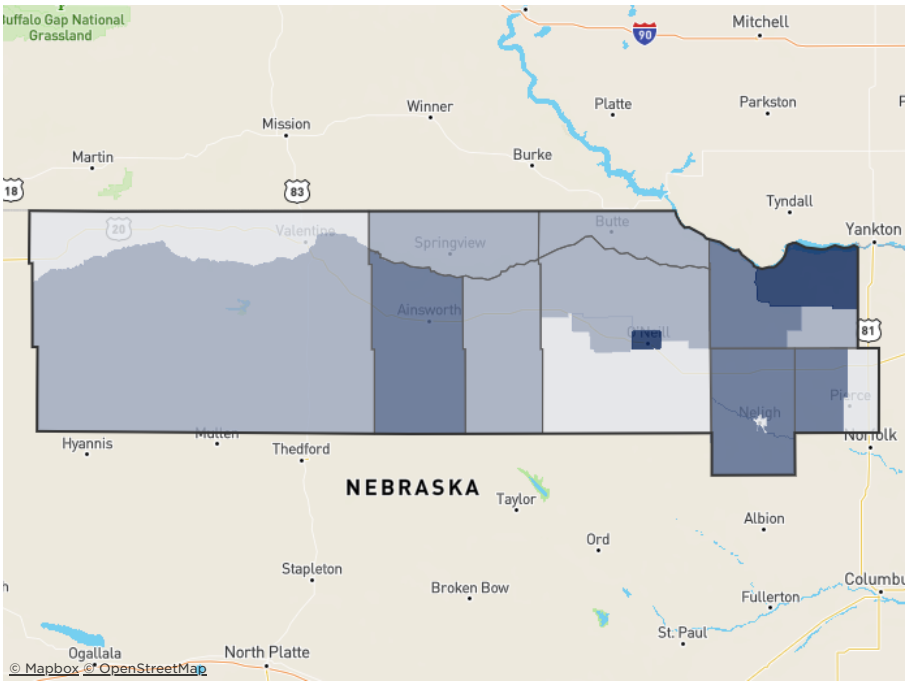
North Central District Health Department

10.3%

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

People Below Poverty Level



North Central District Health Department

Counties

Percent of People Below Poverty Level

- 4.6% – <8.2%
- 8.2% – <11.5%
- 11.5% – <15.1%
- 15.1% – 16.7%

Sources: US Census Bureau ACS 5-year 2019-2023

Unemployment

Unemployment Rate

1.9%
North Central District Health Department

3%
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Unemployment Rate
Antelope County, NE	1.7%
Boyd County, NE	2.5%
Brown County, NE	0.8%
Cherry County, NE	0.4%
Holt County, NE	1.4%
Keya Paha County, NE	1.4%
Knox County, NE	3.9%
Pierce County, NE	2.2%
Rock County, NE	1.2%
North Central District Health Department	1.9%
Nebraska	3%

Sources: US Census Bureau ACS 5-year 2019-2023

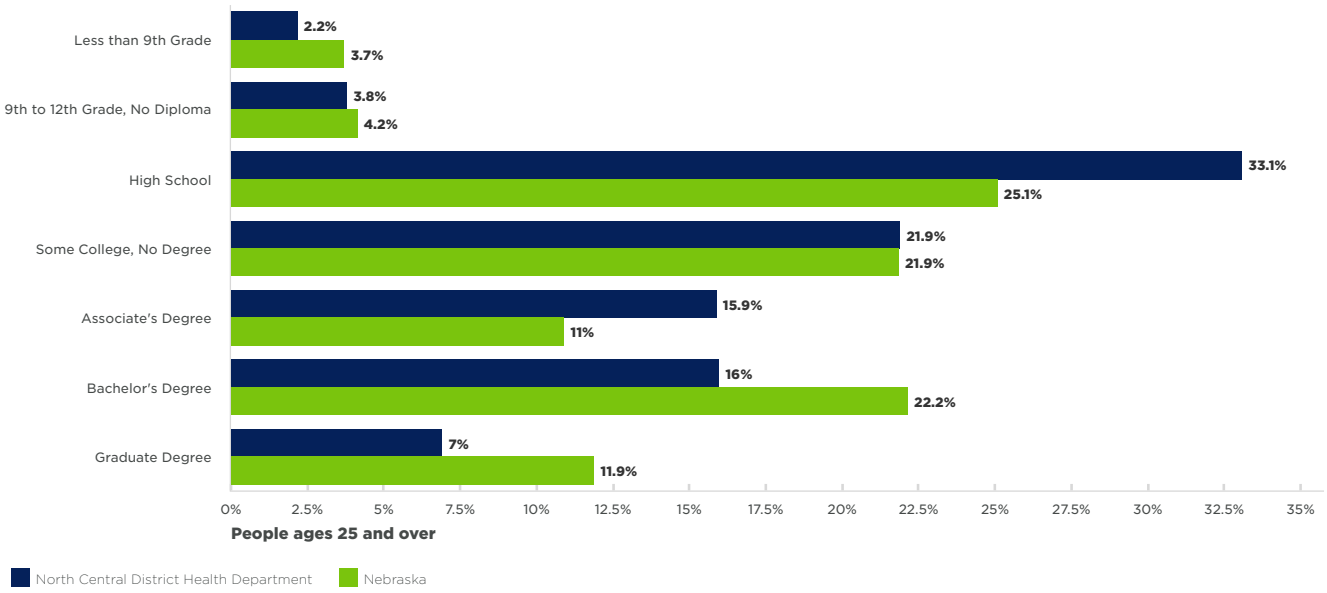
Educational Attainment

Learning leads to opportunities – this has been widely studied over time. The more education a person receives, the better their chances are for success, which includes health. People with higher education are said to live longer, have fewer serious illnesses, have better mental health, and less stress and economic struggles.

- **High School Graduation:** NCDHD high students are more likely to graduate (33.1%) than their state counterparts (25.1%); however, their state peers are more likely to complete a bachelor's degree (16% vs. 22.2%) or higher (7% vs. 11.9%).
- **Education Levels in NCDHD from 2019-2023:**
  - **Less than 9th Grade education:** Holt and Pierce County had the highest percentage (2.6%) and Boyd County was the lowest (0.8%). The NCDHD average was 2.2%, which is lower than Nebraska's average of 3.7%.
  - **9th to 12th Grade, No Diploma:** Brown County had the highest percentage (5.7%) and Cherry County was the lowest (1.2%). The NCDHD average was 3.8%, which is lower than Nebraska's average of 4.2%.
  - **High School Degree:** Boyd County had the highest percentage (41.2%) and Pierce County was the lowest (30.2%). The NCDHD average was 33.1%, which is higher than Nebraska's average of 25.1%.
  - **Some College, No Degree:** Brown County had the highest percentage (26.9%) and Holt County was the lowest (18.5%). The NCDHD average was the same as Nebraska's at 21.9%.
  - **Associate's Degree:** Pierce County had the highest percentage (20.9%) and Rock County was the lowest (9.9%). The NCDHD average was 15.9%, which is higher than Nebraska's average (11%).
  - **Bachelor's Degree:** Rock County had the highest percentage (22.1%) and Boyd County was the lowest (10.9%). The NCDHD average was 16%, which is lower than the state average of 22.2%.
  - **Graduate Degree:** Boyd County had the highest percentage (22.1%) and Pierce County was the lowest (5.8%). The NCDHD average was 7%, which is lower than the state average of 11.9%.

- **Bachelor's Degree or Higher by Race:** 23% of the total NCDHD population has a bachelor's degree or higher, which is lower than the state (34.1%). Of that 23%, 33.3% of Native Hawaiian/Pacific Islanders, 30.8% of multiracial residents, 26.8% of Hispanics, 26.2% of other races, 23.3% of Whites, 18.7% of African Americans, and 7% of Native Americans have a bachelor's degree or higher. It appears that Native Americans, African Americans, and Whites in the NCDHD district fair the worst regarding attaining higher levels of education.

Highest Level of Education Completed



Sources: US Census Bureau ACS 5-year 2019-2023

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2019-2023 Less than 9th Grade	2.3%	0.8%	2%	1.4%	2.6%	1.7%	2.4%
2019-2023 9th to 12th Grade, No Diploma	4.6%	3.5%	5.7%	1.2%	4.3%	1.4%	4.8%
2019-2023 High School Degree	31.5%	41.2%	31.8%	32.5%	33.7%	32.5%	35%
2019-2023 Some College, No Degree	22.2%	21.6%	26.9%	26.7%	18.5%	25.9%	22.1%
2019-2023 Associate's Degree	19.4%	13.3%	12.4%	14%	13.9%	12.7%	15.9%
2019-2023 Bachelor's Degree	12.7%	10.9%	13.6%	16.7%	19.3%	19.7%	13.7%
2019-2023 Graduate Degree	7.2%	8.7%	7.6%	7.5%	7.8%	6%	6%

Sources: US Census Bureau ACS 5-year 2019-2023

Bachelor's Degree or Higher by Race/Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE
2019-2023 Total	23%	34.1%	19.9%	19.6%	21.2%	24.2%	27%
2019-2023 Asian	2.4%	44.2%	0%	No data	100%	0%	3%
2019-2023 Black or African American	18.7%	21.1%	36.4%	0%	0%	0%	48.4%
2019-2023 Hispanic or Latino	26.8%	15.6%	9.4%	95.1%	40.6%	0%	28.8%
2019-2023 Multiracial	30.8%	26.1%	18.1%	87.2%	39.6%	30%	34.9%
2019-2023 Native American	7.1%	13.5%	100%	0%	0%	7.3%	0%
2019-2023 Native Hawaiian and Pacific Islander	33.3%	24%	0%	No data	No data	No data	No data
2019-2023 Other	26.2%	13.5%	0%	89.7%	26.3%	0%	42.5%
2019-2023 White (Not Hispanic or Latino)	23.3%	36.7%	20.1%	15.9%	20.1%	26.1%	27.2%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

Healthcare Access

Getting the high-quality medical care we need helps us stay healthy and live longer. It also lowers lost days of productivity, learning, and earning an income. When we focus on prevention—getting proactive healthcare before we're in an emergency—our community is even healthier.

- **People Covered by Health Insurance:** 93.3.% of NCDHD residents have health insurance, which is more than the state average of 92.6%. Knox (93.9%), Pierce (93.8%), Keya Paha (93.7%), Rock (93.6%), and Brown (93%) Counties have the highest percentage of insured residents, while Boyd County is the lowest at 90.9%.
- **People Covered by Health Insurance by Race:** 93.3% of the total NCDHD population has health insurance. Of that total 93.3%, 100% of Native Hawaiian/Pacific Islanders, 95.1% of Asians, 94.5% of Whites, 89.6% of multiracial people, 80.8% of African Americans, 80.4% of Hispanics, 71.1% of Native Americans, and 68.7% of other people residing in NCDHD possess health insurance. It appears other races, Native Americans, Hispanics, African Americans, and multiracial residents are less likely than their district and state counterparts to have health insurance.
- **People Covered by Health Insurance by Age (2019-2023**): 96.7% of residents under age 6, 94.1% of residents ages 6 to 18, and 99.8% of residents 65+ are insured. These populations are especially important to ensure they are covered due to their more vulnerable nature. The demographic in most need of health insurance is 19-64 year olds (89.6%).

People Covered by Insurance

Have Health Insurance

93.3%

People

North Central District Health Department

92.6%

People

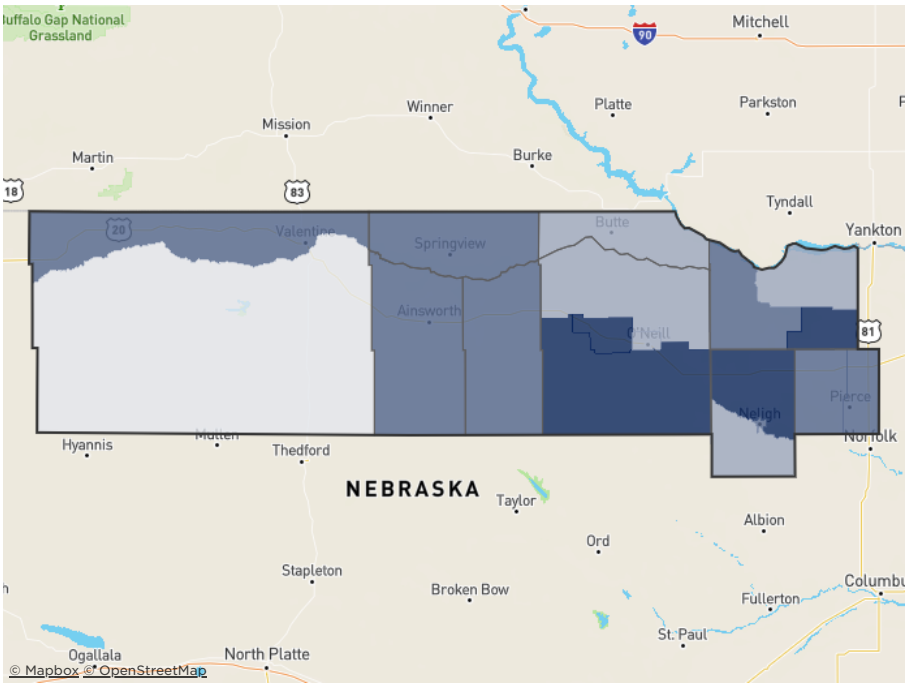
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People With Health Insurance
Antelope County, NE	94%
Boyd County, NE	90.9%
Brown County, NE	93.5%
Cherry County, NE	92%
Holt County, NE	93%
Keya Paha County, NE	93.7%
Knox County, NE	93.9%
Pierce County, NE	93.8%
Rock County, NE	93.6%
North Central District Health Department	93.3%
Nebraska	92.6%

Sources: US Census Bureau ACS 5-year 2019-2023

Health Insurance Coverage



Sources: US Census Bureau ACS 5-year 2019-2023

People Covered by Insurance by Race/Ethnicity

Insurance Status by Race/Ethnicity

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019-2023 Insured Asian People	95.1%	93%	100%	No data	100%	100%	100%
2019-2023 Insured Black People	80.8%	86.8%	46.6%	60%	100%	100%	100%
2019-2023 Insured Hispanic or Latino People	80.4%	80.3%	69.7%	92.5%	82.8%	71.8%	76.9%
2019-2023 Insured Multiracial People	89.6%	86.3%	68.4%	100%	94.8%	91.5%	85.2%
2019-2023 Insured Native American People	71.1%	79.7%	100%	94.1%	100%	74.1%	68%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	100%	No data	No data	No data	No data
2019-2023 Insured Other People	68.7%	78.1%	60.3%	88.9%	75.7%	56.2%	67.5%
2019-2023 Insured White (Not Hispanic or Latino) People	94.5%	95%	95.6%	90.7%	94.2%	93.2%	94.3%

Sources: US Census Bureau ACS 5-year 2019-2023

Note: Unless otherwise indicated, data for each group includes both Hispanic or Latino people and non-Hispanic or Latino people.

People Covered by Insurance by Age

Health Insurance Status by Age

Geography	2019-2023 Insured People Under Age 6	2019-2023 Insured People Ages 6 to 18	2019-2023 Insured People Ages 19 to 64	2019-2023 Insured People Ages 65+
North Central District Health Department	96.7%	94.1%	89.6%	99.8%
Nebraska	95.8%	94.7%	89.5%	99.4%
Antelope County, NE	97.8%	93.7%	90.7%	100%
Boyd County, NE	100%	95%	82.7%	99.8%
Brown County, NE	96.5%	91.7%	90.1%	100%
Cherry County, NE	97.9%	85.2%	90.2%	100%
Holt County, NE	96.7%	96.4%	88.3%	100%
Keya Paha County, NE	87.5%	98.1%	89.2%	100%
Knox County, NE	96.7%	93.7%	90.7%	99.6%
Pierce County, NE	96.9%	97.1%	90.3%	99%
Rock County, NE	84.9%	97.4%	90.3%	100%

Sources: US Census Bureau ACS 5-year 2019-2023

Neighborhood & Build Environment

Just as neighbors live in community with one another, our neighborhoods themselves should be a place of connection – physically, emotionally, and even digitally. The ability to get where we need to go, breathe freely, enjoy life with others, and connect to the rest of the world online all add to our quality of life.

- **People in Households with a Computer and Internet Subscription:** 88.6% of residents in NCDHD have both internet and computer access at home, which is lower than their state counterparts (92.8%). Pierce County (91.6%) has the highest percentage of residents with this type of home access and Rock County has the lowest (80.3%).
- **Students with Access to a Computer and Internet by Grade Level (2019-2023):**
  - **Pre-K to 4th Grade-** 95.5% of NCDHD residents have home internet/ computer access, which is lower than the state (96.6%).
  - **5-8th Grade:** 97.2% of NCDHD residents have home internet/ computer access. This is the only grade grouping that has a higher percentage than their state counterpart (96.8%).
  - **9- 12th Grade-** 94.5% of NCDHD residents have home internet/ computer access which is lower than the state (96.6%).
  - **Undergraduate or Higher-** 95% of NCDHD residents have home internet/ computer access, which is lower than the state (96.6%).



People in Households with a Computer and Internet Subscription

88.6%
of People
North Central District Health Department

92.8%
of People
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 People With a Computer and Internet Subscription
Antelope County, NE	88.7%
Boyd County, NE	88.9%
Brown County, NE	90.1%
Cherry County, NE	90.2%
Holt County, NE	86.1%
Keya Paha County, NE	90.9%
Knox County, NE	88.5%
Pierce County, NE	91.6%
Rock County, NE	80.3%
North Central District Health Department	88.6%
Nebraska	92.8%

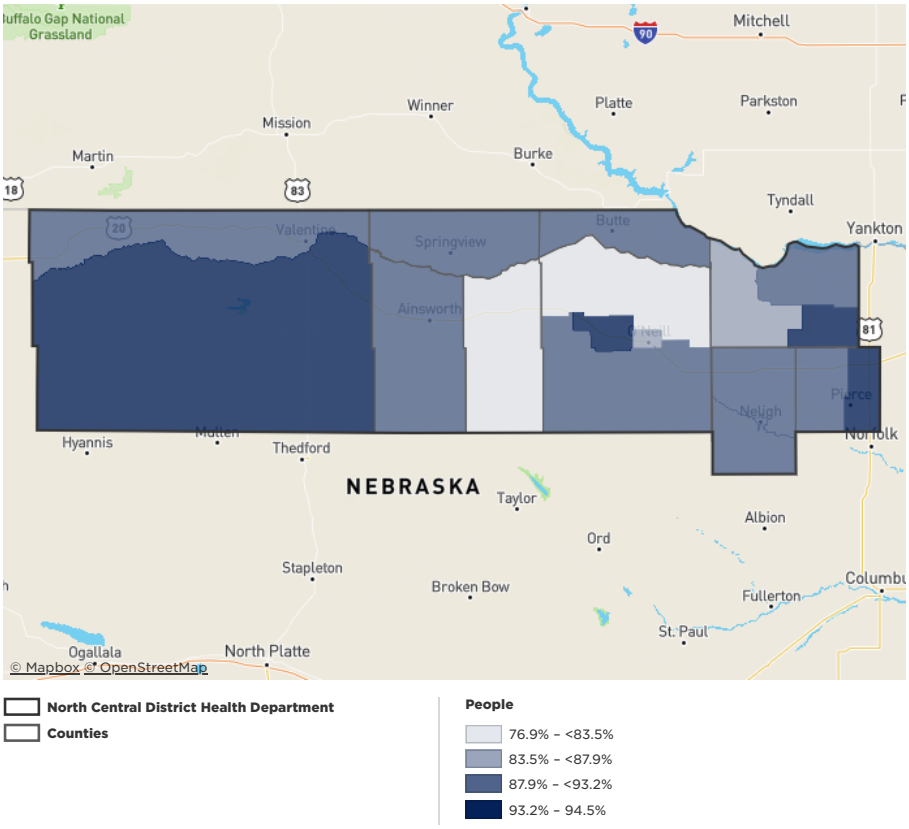
Sources: US Census Bureau ACS 5-year 2019-2023

Students with Access to a Computer and Internet by Grade Level

Geography	2019-2023 Pre-K to 4th Grade	2019-2023 5th to 8th Grade	2019-2023 9th to 12th Grade	2019-2023 Undergraduate or Higher
North Central District Health Department	94.5%	97.2%	93.9%	95%
Nebraska	96.6%	96.8%	96.8%	95.6%
Antelope County, NE	95.8%	99.3%	97.5%	95.7%
Boyd County, NE	77.7%	90.1%	100%	62.5%
Brown County, NE	94.5%	95.4%	100%	77.6%
Cherry County, NE	92.8%	94.1%	100%	99.3%
Holt County, NE	91.9%	98.4%	90.9%	99.1%
Keya Paha County, NE	100%	100%	100%	100%
Knox County, NE	97.5%	96.3%	95%	92.2%
Pierce County, NE	98.7%	99.5%	90.2%	100%
Rock County, NE	80.7%	90.3%	63.1%	74.2%

Sources: US Census Bureau ACS 5-year 2019-2023

People in Households with a Computer and Internet Subscription



Sources: US Census Bureau ACS 5-year 2019-2023

Social & Community Context

Having social support isn't just good for our mental health—it can even affect our physical well-being. Social support makes up a big part of our context, the building block for many of our decisions related to health. As our world becomes more digitally connected, staying personally connected to the community around us is even more important for our health.

- **Senior Citizens Living Alone:** Seniors, or those over the age 65, are at an increased risk for loneliness. In NCDHD, 296% of senior citizens live alone, which is slightly lower than the state (30.2%). This percentage is highest in Brown County (49%) and lowest in Boyd County (22.6%).

- **Disconnect Youth:** Disconnected youth are defined as people ages 16-19 who are not in school or in the workforce. When looking at the map, pockets of disconnected youth can be seen in north Antelope County (21.7%), north Cherry County (10.2%), south Antelope County (8.6%), south Holt County (8.6%) Pierce County (7.2%).
- **Language Isolation:** 2.5% of Nebraska's households have limited English speaking, while in NCDHD only 0.8% of households have limited English speaking ability.

Overview

Seniors Living Alone

29.6%
People age 65+
North Central District Health Department

30.2%
People age 65+
Nebraska

Language Isolation: Limited English Speaking Households

0.8%
Households
North Central District Health Department

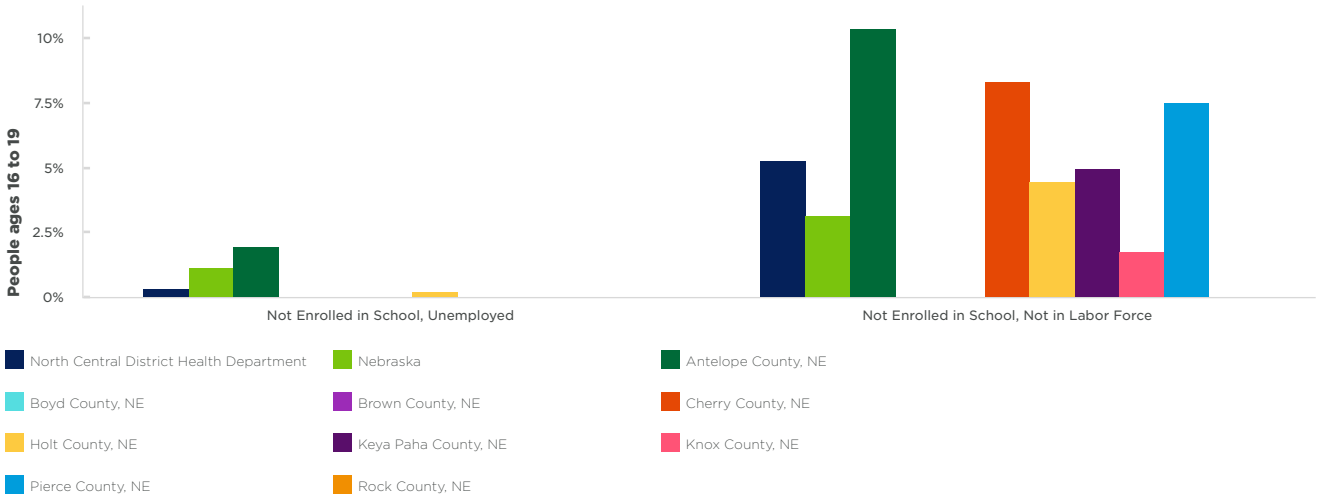
2.5%
Households
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Seniors Living Alone	2019-2023 Linguistic Isolation
Antelope County, NE	31.7%	0.6%
Boyd County, NE	22.6%	0.3%
Brown County, NE	49%	1.3%
Cherry County, NE	33.2%	0%
Holt County, NE	29%	1.6%
Keya Paha County, NE	24.5%	0%
Knox County, NE	25%	0.2%
Pierce County, NE	25.3%	1%
Rock County, NE	29.5%	0.7%
North Central District Health Department	29.6%	0.8%
Nebraska	30.2%	2.5%

Sources: US Census Bureau ACS 5-year 2019-2023

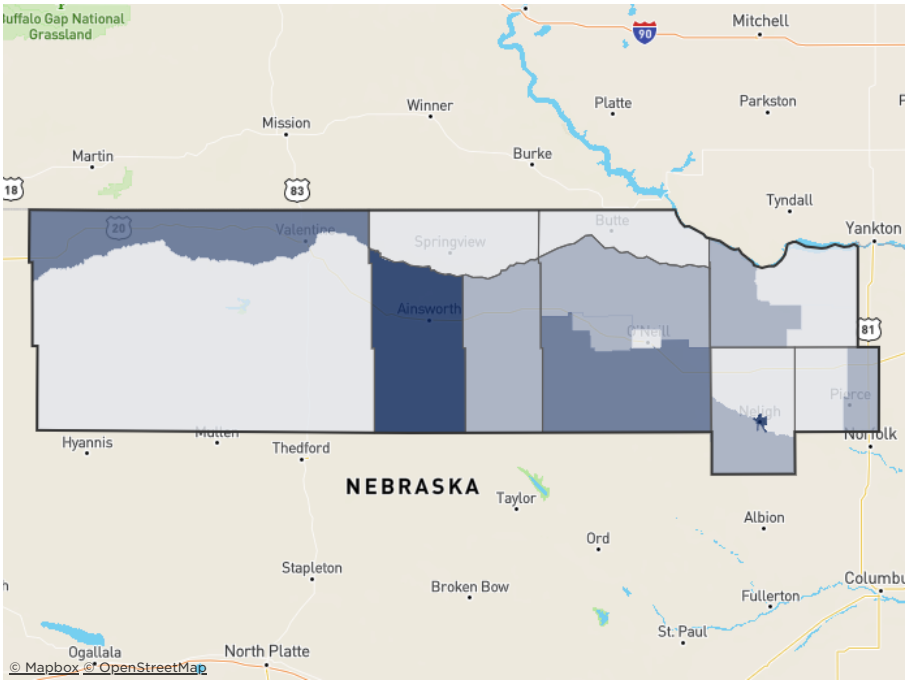
Disconnected Youth



Sources: US Census Bureau ACS 5-year 2019-2023

Map: Seniors Living Alone

Seniors Living Alone



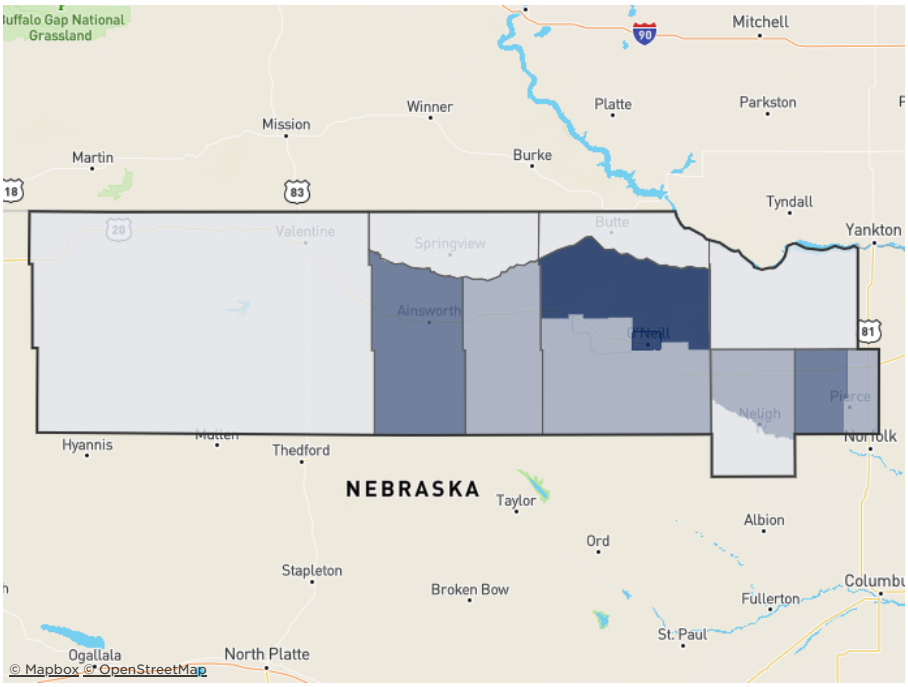
North Central District Health Department
Counties

People age 65+
- 21.3% – <27.1%
- 27.1% – <36.5%
- 36.5% – <43.9%
- 43.9% – 49%

Sources: US Census Bureau ACS 5-year 2019-2023

Map: Language Isolation

Language Isolation



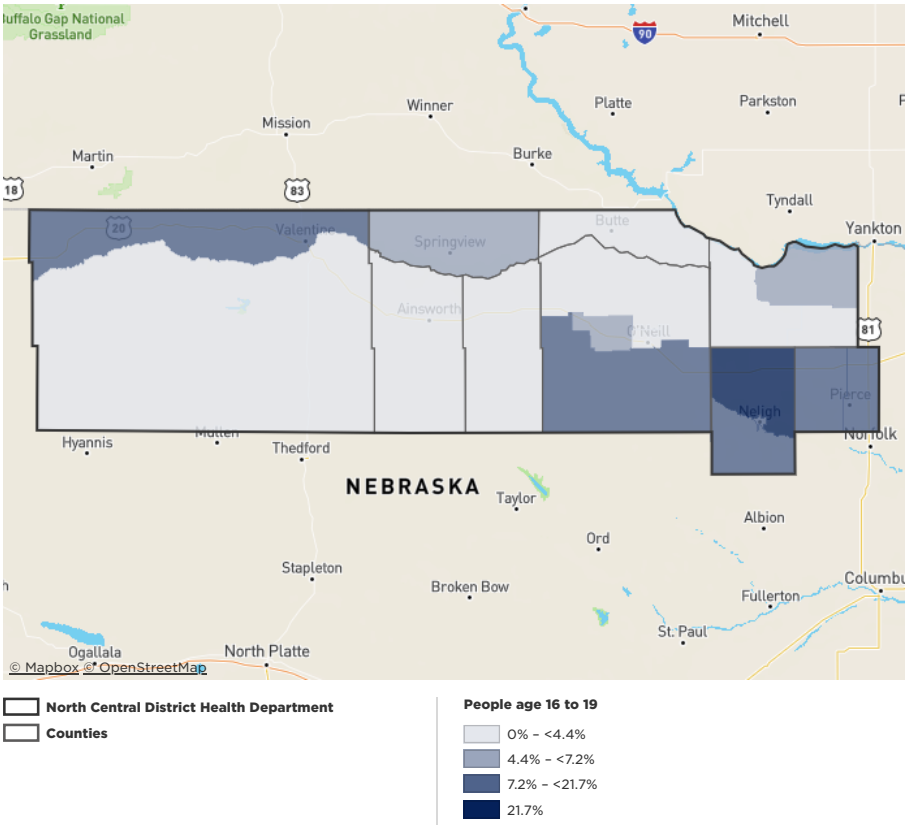
North Central District Health Department
Counties

Households
- 0% – <0.6%
- 0.6% – <1.2%
- 1.2% – <2.2%
- 2.2% – 2.7%

Sources: US Census Bureau ACS 5-year 2019-2023

Map: Disconnected Youth

Disconnected Youth: Not in School or Labor Force



Sources: US Census Bureau ACS 5-year 2019-2023

Social Determinants of Health

Key Indicators for Social Determinants of Health in Your Community

Public health professionals now know that the social and economic conditions where people live and work affect individual and community health. These conditions range from access to healthcare to neighborhood safety and are closely connected to factors such as household income and educational attainment. These factors are known as **Social Determinants of Health.**

In this report, we'll examine key indicators for social determinants of health in your community:

- Race-Related Barriers to Health
- Low Income Populations
- Access to Jobs
- Educational Attainment
- Additional Vulnerable Populations

What are social determinants of health?

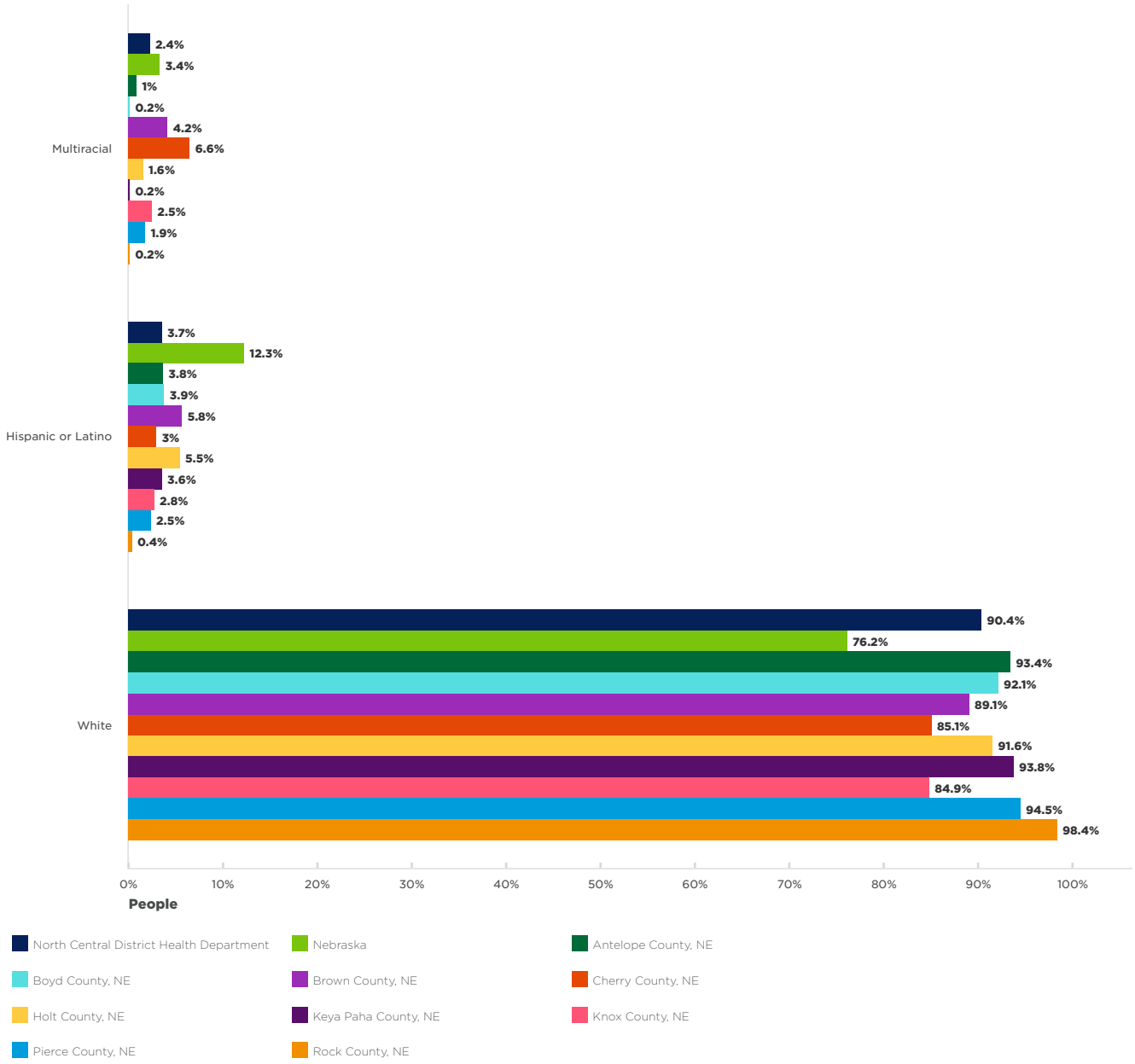
Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, social norms, social policies, and political systems.

SDOH are one of three priority areas for Healthy People 2030, along with health equity and health literacy. Healthy People 2030 sets data-driven national objectives in five key areas of SDOH: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment. Some examples of SDOH included in Healthy People 2030 are safe housing, transportation, and neighborhoods; polluted air and water; and access to nutritious foods and physical health opportunities.

What are race-related barriers to health?

In many communities, People of Color (POC) face greater barriers to opportunity. These barriers are due in part to historical policies and patterns of development that have marginalized many communities of color. People facing poverty and other socioeconomic challenges face barriers to health regardless of their race. However, the analyses below compare each metric to POC populations to identify where economic hardship intersects with race-related barriers to health.

Race/Ethnicity Totals



Sources: US Census Bureau ACS 5-year 2019-2023

All groups are not inclusive of Hispanic or Latino individuals unless noted otherwise.

Where are low incomes a barrier to health?

The U.S. Census identifies individuals with a household income of up to 200% of the poverty level as low income. Low income residents in communities with high income inequality face greater health risks. They are more likely to face barriers to healthy choices, such as longer distances to healthy food or affordable healthcare, and are more likely to be exposed to environmental risks, such as low-quality housing.

Percent of Population Below Poverty Level

10.3%

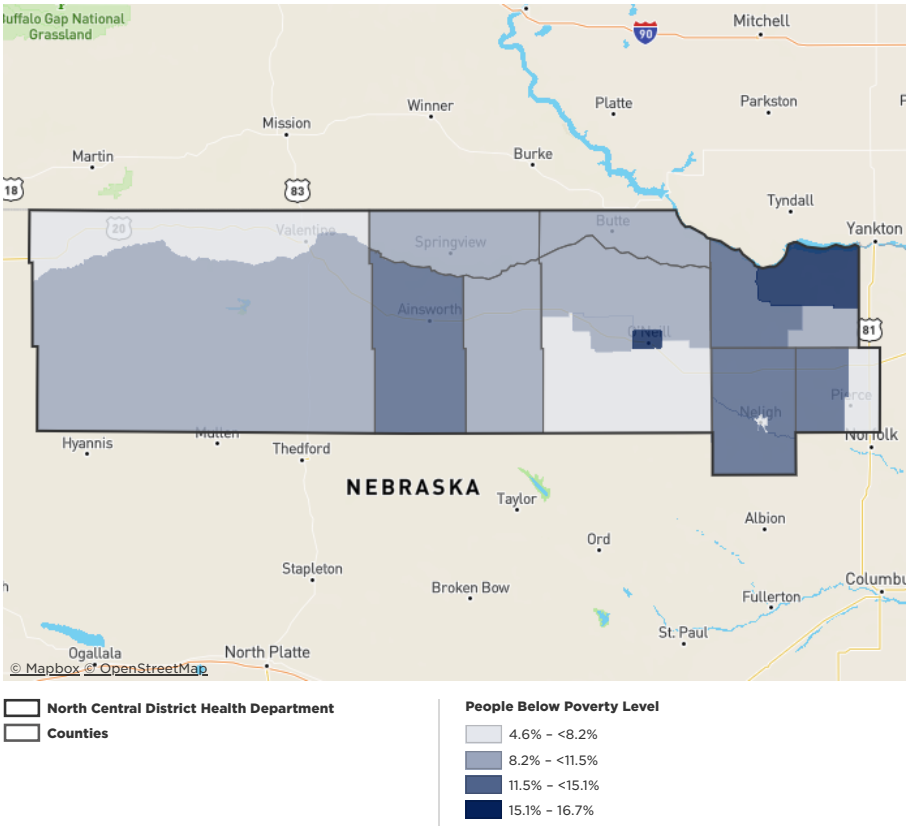
North Central District Health Department

10.3%

Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Low Income Population



Sources: US Census Bureau ACS 5-year 2019-2023

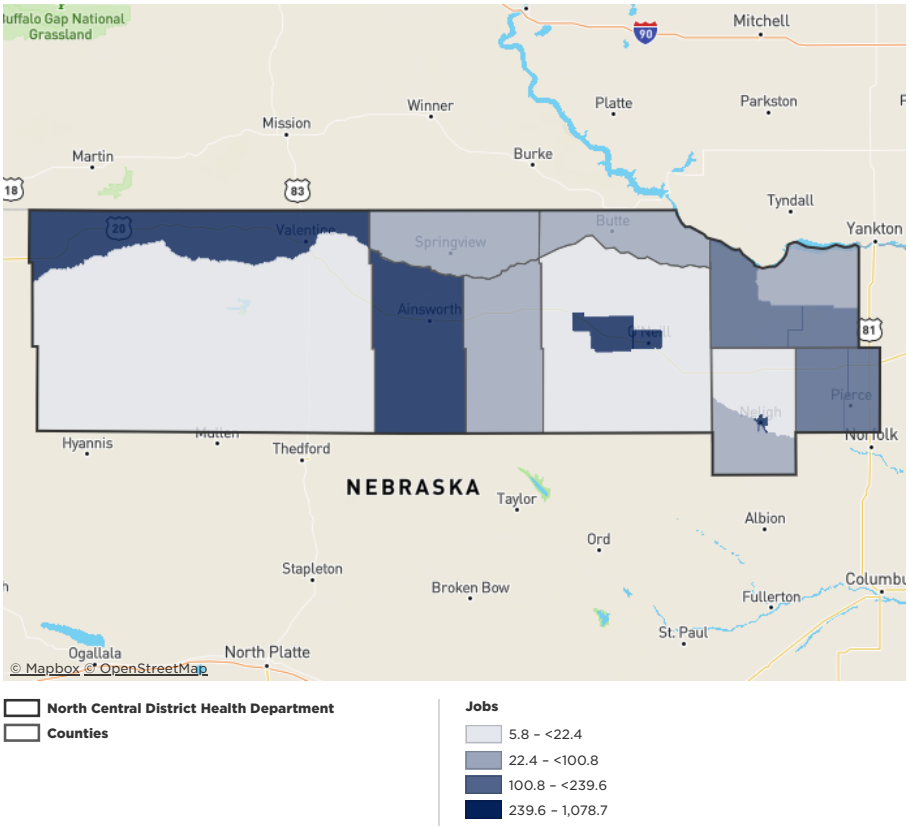
How accessible are jobs in your community?

Employment is the very foundation of economic opportunity. Unemployment makes it difficult, if not impossible, to meet life's basic needs and even a brief period of unemployment can negatively impact an individual's earnings for up to 20 years. Job access below is measured two ways: by job density as the number of jobs per acre and the density of middle-skill jobs in your area. Middle skill jobs often provide better wages than lower skill jobs, but also often require training or education beyond high school.

Geography	2022 Average Number of Jobs within a 30 Minute Public Transit
North Central District Health Department	298.6
Nebraska	2,226.2
Antelope County, NE	130.6
Boyd County, NE	61.6
Brown County, NE	240.7
Cherry County, NE	212
Holt County, NE	172.9
Keya Paha County, NE	22.9
Knox County, NE	97.3
Pierce County, NE	144.1
Rock County, NE	76

Sources: Access Across America Transit 2022

Average Number of Jobs Within a 30 Minute Public Transit



Sources: Access Across America Transit 2022; LODES Version 8.0 2022; US Census Bureau 2023; US Census Bureau ACS 5-year 2019-2023

How many residents have access to educational opportunities?

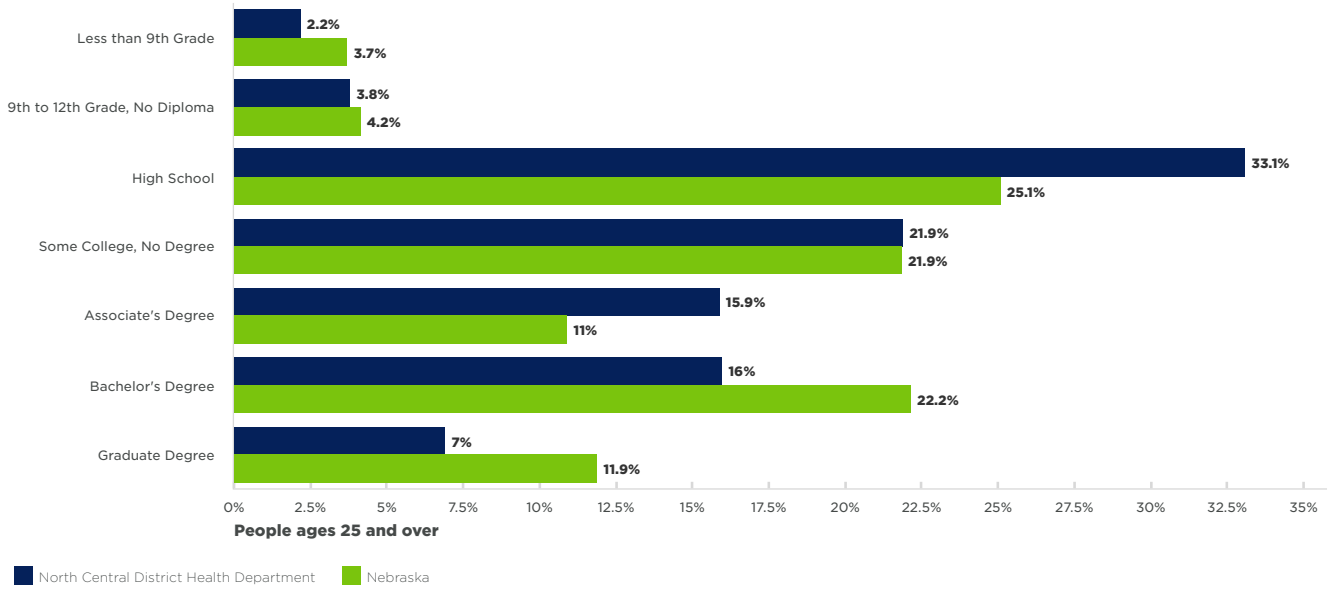
Education improves nearly every factor impacting an individual's health. Literacy and the ability to understand health information is correlated with longer lifespans, greater educational attainment improves economic opportunity, and high school graduation is a critical predictor for whether an individual will be exposed to violent crime in their lifetime. Lifelong educational outcomes begin in preschool. Enrollment in a high quality preschool or nursery school often predicts lifelong educational and health outcomes.

Pre-School Enrollment

Geography	2019-2023 Enrolled in Nursery or Preschool	2019-2023 Population Age 3 to 4
North Central District Health Department	822	1,184
Nebraska	32,910	52,683
Antelope County, NE	132	190
Boyd County, NE	13	16
Brown County, NE	69	40
Cherry County, NE	135	141
Holt County, NE	203	281
Keya Paha County, NE	7	17
Knox County, NE	161	236
Pierce County, NE	91	217
Rock County, NE	11	46

Sources: US Census Bureau ACS 5-year 2019-2023

Highest Level of Education Completed



Sources: US Census Bureau ACS 5-year 2019-2023

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2019-2023 Less than 9th Grade	2.3%	0.8%	2%	1.4%	2.6%	1.7%	2.4%
2019-2023 9th to 12th Grade, No Diploma	4.6%	3.5%	5.7%	1.2%	4.3%	1.4%	4.8%
2019-2023 High School Degree	31.5%	41.2%	31.8%	32.5%	33.7%	32.5%	35%
2019-2023 Some College, No Degree	22.2%	21.6%	26.9%	26.7%	18.5%	25.9%	22.1%
2019-2023 Associate's Degree	19.4%	13.3%	12.4%	14%	13.9%	12.7%	15.9%
2019-2023 Bachelor's Degree	12.7%	10.9%	13.6%	16.7%	19.3%	19.7%	13.7%
2019-2023 Graduate Degree	7.2%	8.7%	7.6%	7.5%	7.8%	6%	6%

Sources: US Census Bureau ACS 5-year 2019-2023

How many residents face additional health vulnerabilities?

Many factors besides income impact an individual's ability to live to a long, healthy life. Some groups face unique needs and challenges that make them particularly vulnerable to health risks or barriers. The chart below provides a breakdown of the vulnerable populations in your area. **Vulnerable populations include persons:**

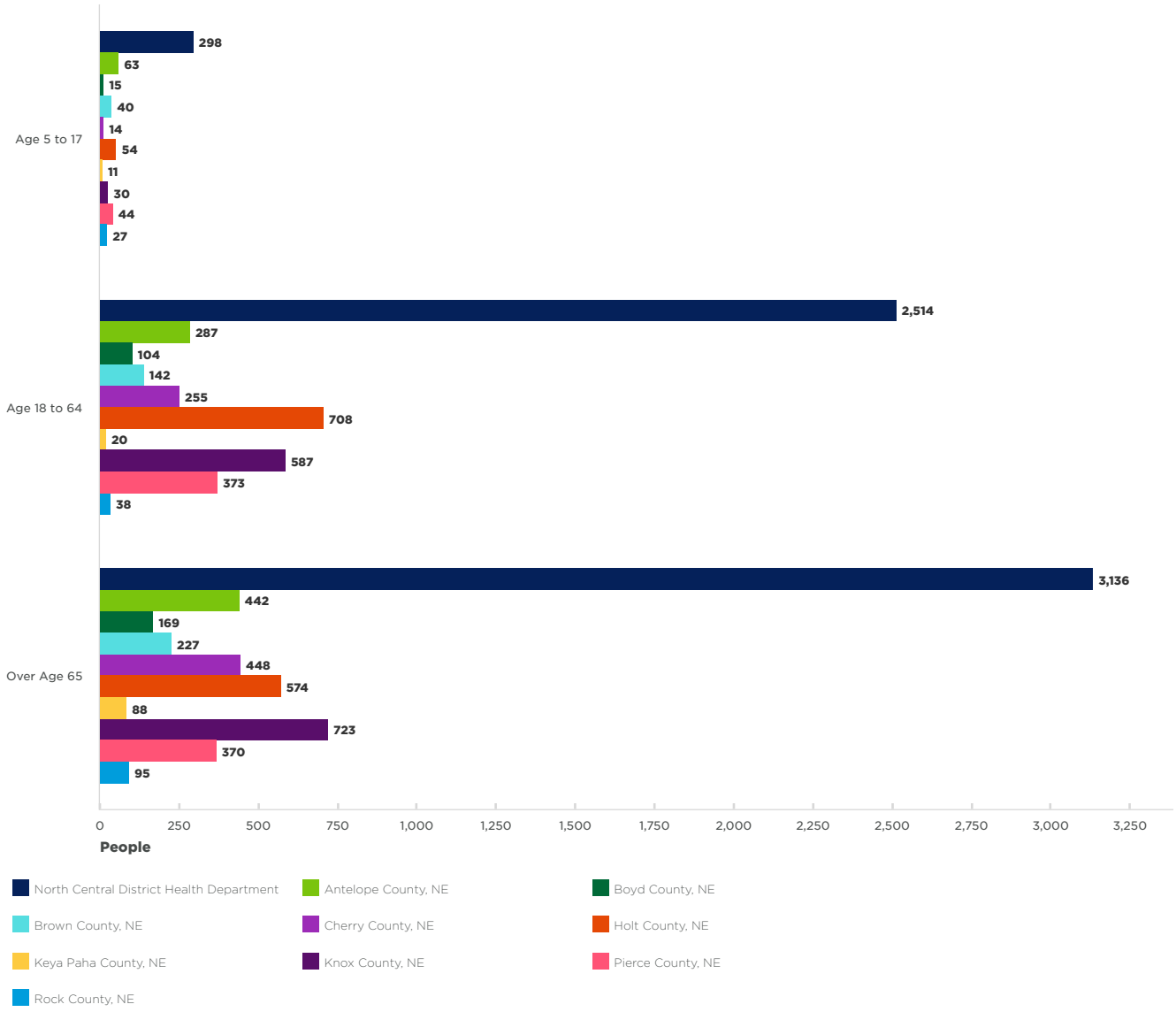
- under age 5
- over age 65
- persons with a disability
- persons below poverty level
- speak English less than very well (limited English proficiency)

Vulnerable Populations

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE
2019-2023 Population Age Under 5	2,774	127,005	417	68	173	320	657
2019-2023 Population Age 65 and Over	10,434	322,165	1,512	576	745	1,202	2,266
2019-2023 Population Living with a Disability	13.6%	12.1%	12.7%	17.2%	15.1%	13.2%	13.4%
2019-2023 Educational Attainment: Less than 9th Grade	2.2%	3.7%	2.3%	0.8%	2%	1.4%	2.6%
2019-2023 People Below Poverty Level	10.3%	10.3%	10%	10.2%	12.1%	7.2%	10.8%
2019-2023 Ability to Speak English Less Than Very Well	1.6%	5.2%	2.3%	0.9%	4%	0.5%	2.7%

Sources: US Census Bureau ACS 5-year 2019-2023

Disability by Age



Sources: US Census Bureau ACS 5-year 2019-2023

Neighborhood Snapshot

Everyone deserves to live in a healthy and equitable community. Unfortunately, for some life outcomes including our access to capital, quality schools, vibrant businesses, long-term health, and more are impacted by our zip code. Where we live often determines how long we live, the money we can make, and the opportunities we can access. To change these outcomes, we use a holistic and comprehensive approach to investing in all assets of a strong and healthy neighborhood.

This Neighborhood Equity Snapshot is part of our approach. It includes key data that we use to collaboratively build equitable outcomes with our partners, neighborhood residents, and other stakeholders. We recognize that equitable outcomes require specifying the barriers that need overcoming and who and where will benefit as a result of our work. Data helps us identify these existing barriers while understanding potential audiences and places that can benefit from our work.

Data helps us:

- illuminate disparities between and within communities
- establish an understanding of equity using standard measures
- bring new partners to the table around shared goals
- provide relevant comparisons and benchmarks
- promote accountability to improve outcomes

> *"Equitable outcomes require specifying the **barriers that need overcoming** and **who** and **where** will benefit."*

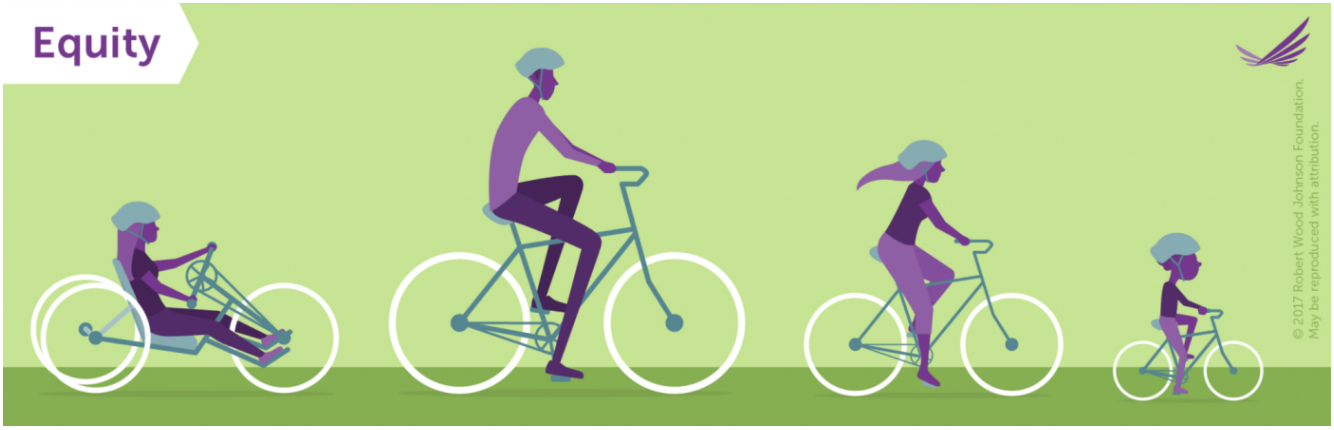
Step One: *Turn Data Into Information*

Data, by itself, cannot solve the disparities we see in our communities. It cannot tell us why those disparities still exist or point us to a definitive solution. Data cannot objectively represent the lived experiences of residents or describe the unique, local assets they engage with every day.

Instead, data is a tool we use to help us design more equitable solutions. How do we do that? By turning data into useful information that informs our decisions. The example below uses the Robert Wood Johnson Foundation's "One Size Does Not Fit All" infographic to demonstrate how designing solutions without enough information will lead to inequitable outcomes. Instead, data gives us more information so that we can build more equitable solutions.



Source: Visualizing Health Equity: One Size Does Not Fit All Infographic, Robert Wood Johnson Foundation, https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html



Source: Visualizing Health Equity: One Size Does Not Fit All Infographic, Robert Wood Johnson Foundation, https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html

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1. Population and Demographic Change

What is the demographic makeup of the area? How have populations changed over time?

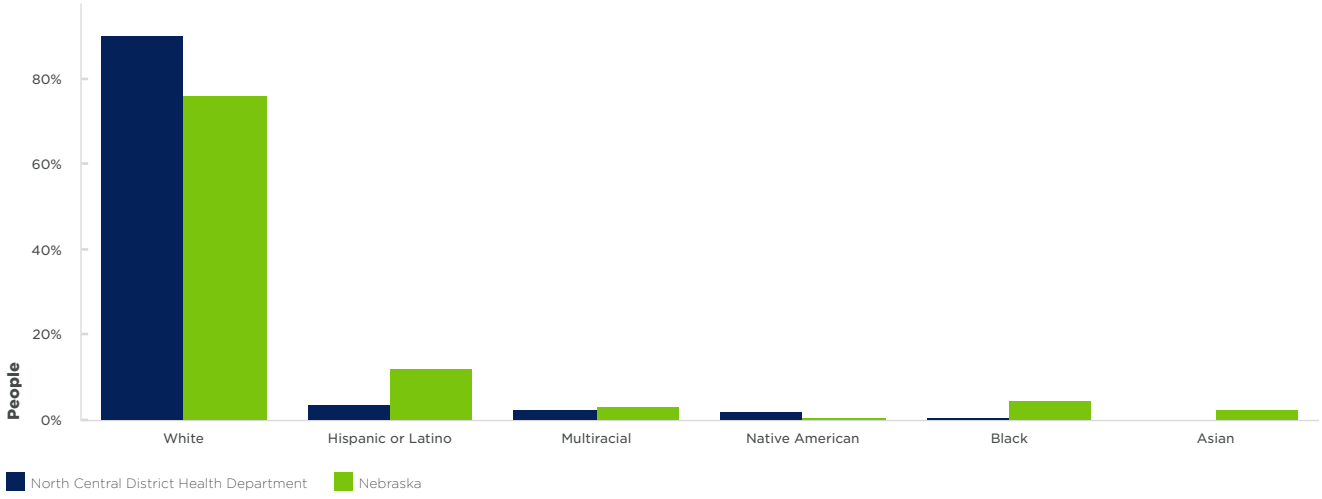
Sources: US Census Bureau ACS 5-year 2019-2023

Note: BIPOC (Black, Indigenous, and People of Color) Population is calculated by taking the total population minus the white (not Latino, not Hispanic) population.

Sources: US Census Bureau ACS 5-year 2019-2023

Note: BIPOC Population is calculated by taking the total population minus the white (not Latino, not Hispanic) population.

Race & Ethnicity



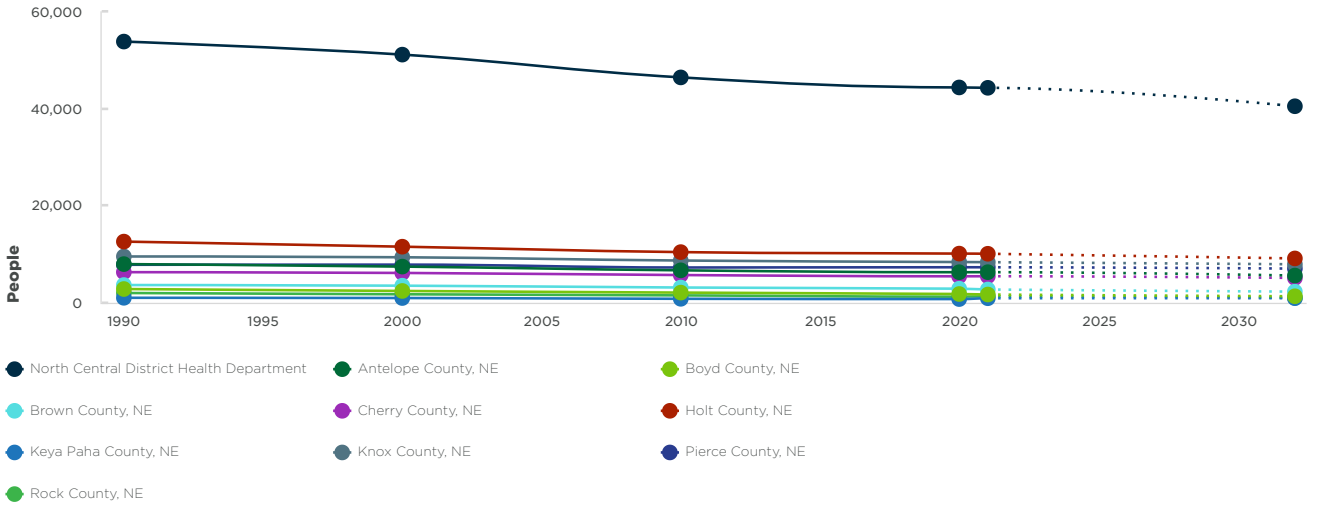
Sources: US Census Bureau ACS 5-year 2019-2023

Race & Ethnicity

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2019-2023 Black or African American	0.9%	0.3%	0%	1%	0.3%	0.1%	0.6%
2019-2023 Asian	0.2%	0%	0%	1.2%	0.5%	0%	0.4%
2019-2023 White	93.4%	92.1%	89.1%	85.1%	91.6%	93.8%	84.9%
2019-2023 Hispanic or Latino	3.8%	3.9%	5.8%	3%	5.5%	3.6%	2.8%
2019-2023 Native American	0.2%	2.9%	0.3%	2.6%	0.2%	0%	8.6%
2019-2023 Multiracial	1%	0.2%	4.2%	6.6%	1.6%	0.2%	2.5%

Sources: US Census Bureau ACS 5-year 2019-2023

Total Population Change



Sources: US Census Bureau; US Census Bureau ACS 5-year

Trend: White (non-Hispanic) Population

Sources: US Census Bureau; US Census Bureau ACS 5-year

White (non-Hispanic) Population

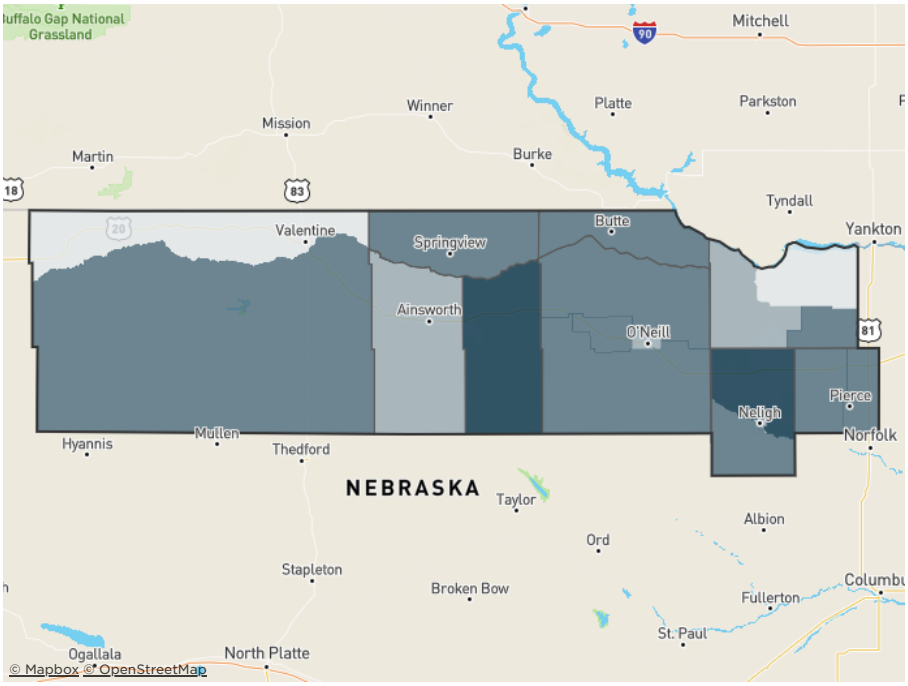
90.4%
of total population
North Central District Health Department

76.2%
of total population
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 White (Not Hispanic or Latino)
North Central District Health Department	90.4%
Nebraska	76.2%
Antelope County, NE	93.4%
Boyd County, NE	92.1%
Brown County, NE	89.1%
Cherry County, NE	85.1%
Holt County, NE	91.6%
Keya Paha County, NE	93.8%
Knox County, NE	84.9%
Pierce County, NE	94.5%
Rock County, NE	98.4%

Sources: US Census Bureau ACS 5-year 2019-2023



North Central District Health Department

Counties

Race/Ethnicity: White (non-Hispanic) per capita

- 76.3% – <87.2%
- 87.2% – <92.1%
- 92.1% – <98.4%
- 98.4%

Sources: EPA Smart Location Database 2019; US Census Bureau ACS 5-year 2019-2023

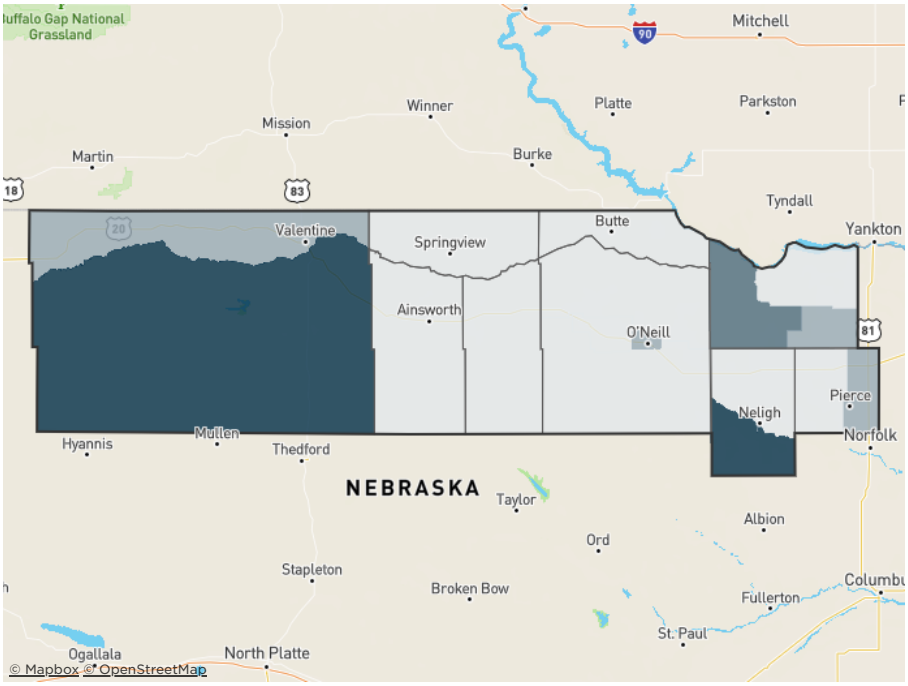
Trend: Black or African American (non-Hispanic) Population

Sources: US Census Bureau; US Census Bureau ACS 5-year

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Black (Not Hispanic or Latino)
North Central District Health Department	0.5%
Nebraska	4.6%
Antelope County, NE	0.9%
Boyd County, NE	0.3%
Brown County, NE	0%
Cherry County, NE	1%
Holt County, NE	0.3%
Keya Paha County, NE	0.1%
Knox County, NE	0.6%
Pierce County, NE	0.4%
Rock County, NE	0.1%

Sources: US Census Bureau ACS 5-year 2019-2023



North Central District Health Department

Counties

Black (Not Hispanic or Latino)

- 0% – <0.7%
- 0.7% – <1.1%
- 1.1% – <1.6%
- 1.6% – 1.8%

Sources: EPA Smart Location Database 2019; US Census Bureau ACS 5-year 2019-2023

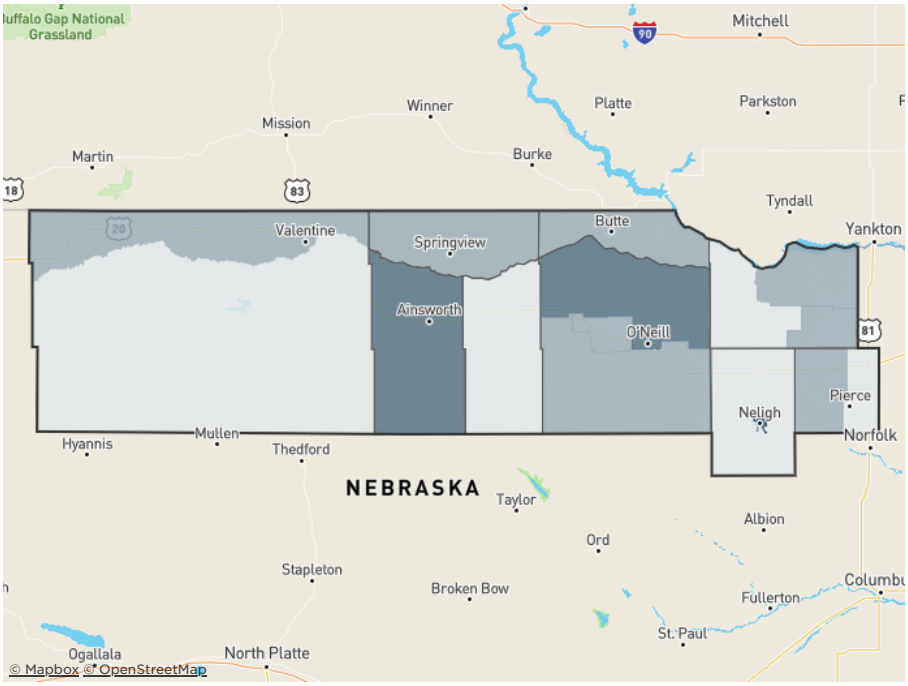
Trend: Hispanic or Latino Population

Sources: US Census Bureau; US Census Bureau ACS 5-year

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Hispanic or Latino
North Central District Health Department	3.7%
Nebraska	12.3%
Antelope County, NE	3.8%
Boyd County, NE	3.9%
Brown County, NE	5.8%
Cherry County, NE	3%
Holt County, NE	5.5%
Keya Paha County, NE	3.6%
Knox County, NE	2.8%
Pierce County, NE	2.5%
Rock County, NE	0.4%

Sources: US Census Bureau ACS 5-year 2019-2023



Sources: EPA Smart Location Database 2019; US Census Bureau ACS 5-year 2019-2023

Trend: Asian (non-Hispanic) Population

Sources: US Census Bureau; US Census Bureau ACS 5-year

Asian (Not Hispanic or Latino)

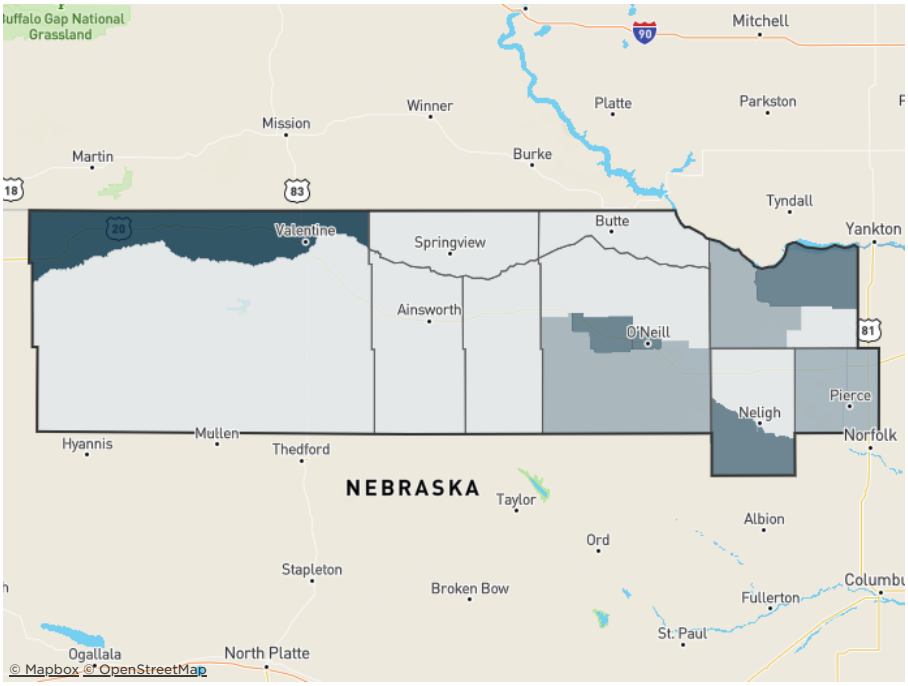
0.4%
of Total Population
North Central District Health Department

2.5%
of Total Population
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Asian (Not Hispanic or Latino)
North Central District Health Department	0.4%
Nebraska	2.5%
Antelope County, NE	0.2%
Boyd County, NE	0%
Brown County, NE	0%
Cherry County, NE	1.2%
Holt County, NE	0.5%
Keya Paha County, NE	0%
Knox County, NE	0.4%
Pierce County, NE	0.2%
Rock County, NE	0%

Sources: US Census Bureau ACS 5-year 2019-2023



North Central District Health Department

Counties

Asian (Not Hispanic or Latino)

- 0% – <0.2%
- 0.2% – <0.5%
- 0.5% – <1.5%
- 1.5%

Sources: EPA Smart Location Database 2019; US Census Bureau ACS 5-year 2019-2023

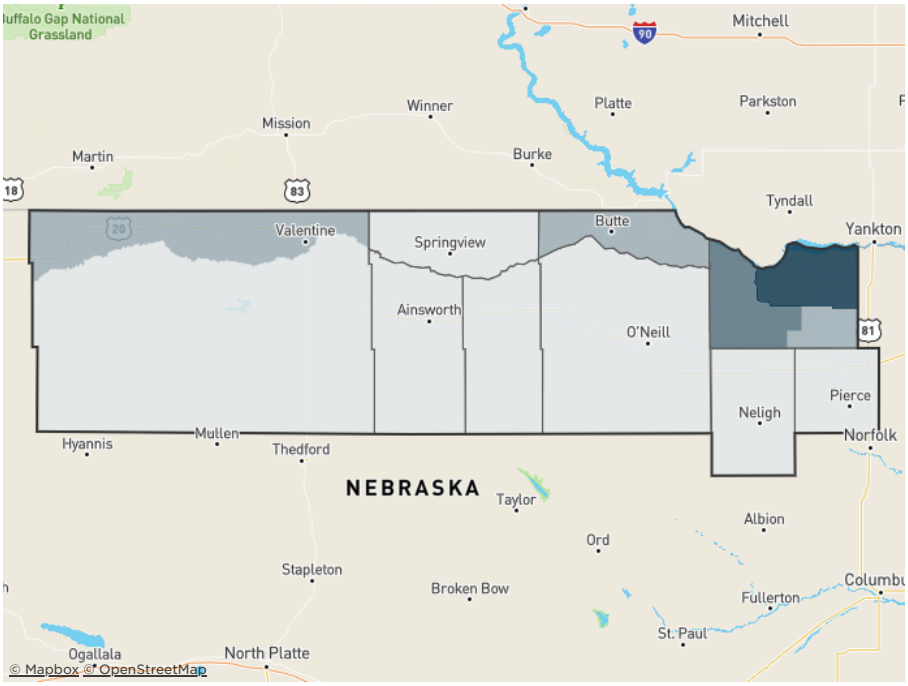
Trend: American Native (non-Hispanic) Population

Sources: US Census Bureau; US Census Bureau ACS 5-year

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 American Indian (Not Hispanic or Latino)
North Central District Health Department	2.2%
Nebraska	0.6%
Antelope County, NE	0.2%
Boyd County, NE	2.9%
Brown County, NE	0.3%
Cherry County, NE	2.6%
Holt County, NE	0.2%
Keya Paha County, NE	0%
Knox County, NE	8.6%
Pierce County, NE	0.4%
Rock County, NE	0.6%

Sources: US Census Bureau ACS 5-year 2019-2023



North Central District Health Department

Counties

American Native (Not Hispanic or Latino)

- 0% – <2.7%
- 2.7% – <4.3%
- 4.3% – <17%
- 17%

Sources: EPA Smart Location Database 2019; US Census Bureau ACS 5-year 2019-2023

Trend: Hawaiian or Other Pacific Islander (non-Hispanic) Population

Sources: US Census Bureau; US Census Bureau ACS 5-year

Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

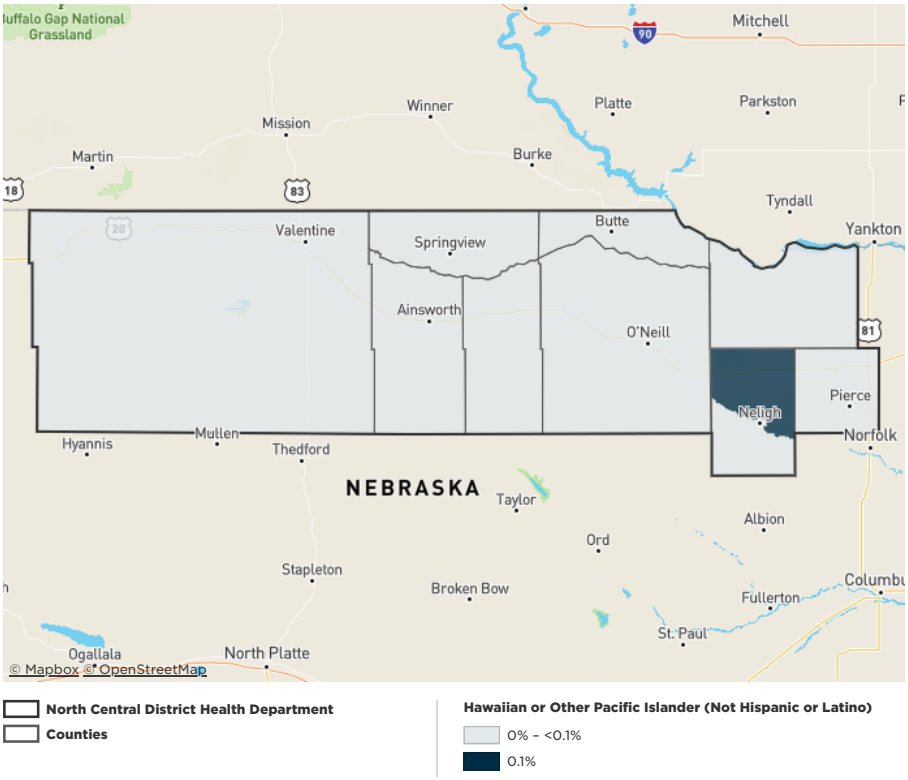
0%
of Total population
North Central District Health Department

0%
of Total population
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
North Central District Health Department	0%
Nebraska	0%
Antelope County, NE	0%
Boyd County, NE	0%
Brown County, NE	0%
Cherry County, NE	0%
Holt County, NE	0%
Keya Paha County, NE	0%
Knox County, NE	0%
Pierce County, NE	0%
Rock County, NE	0%

Sources: US Census Bureau ACS 5-year 2019-2023



Sources: EPA Smart Location Database 2019; US Census Bureau ACS 5-year 2019-2023

2. Employment and Access to Income

Which areas have the highest concentrations of jobs and livable wages? What are the local barriers to employment?

Sources: EPA Smart Location Database 2019; US Census Bureau ACS 5-year 2019-2023

Sources: LODES Version 8.0 2022; US Census Bureau ACS 5-year 2019-2023

Income Disparities

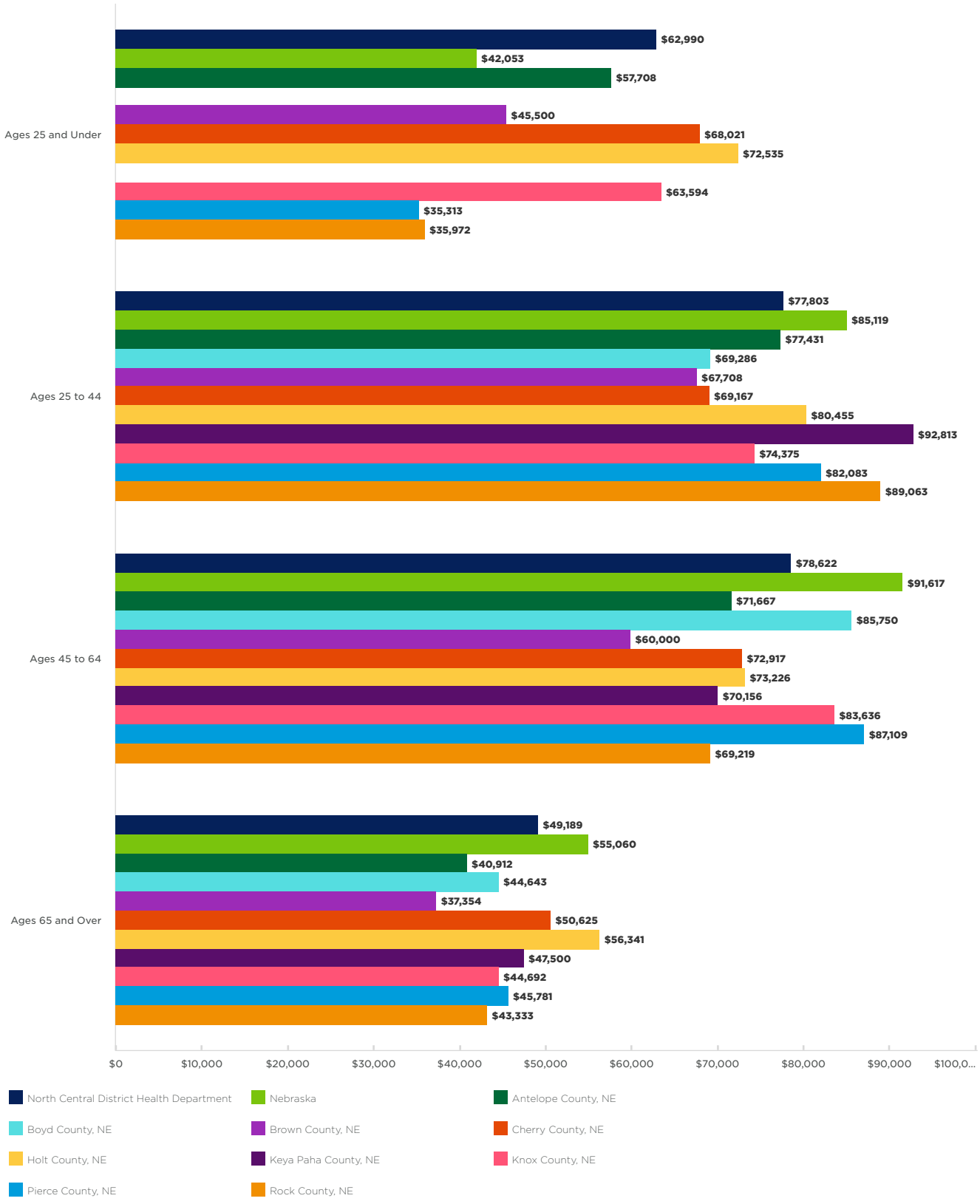
Median Household Income by Race/Ethnicity

Sources: US Census Bureau ACS 5-year 2019-2023

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County NE
2019-2023 Asian	No data	No data	No data	No data	$72,917	No data	No data
2019-2023 Black or African American	No data	No data	No data	No data	No data	No data	No data
2019-2023 Hispanic or Latino	$56,477	No data	$49,722	No data	$81,974	No data	$51,250
2019-2023 Multiracial	$56,818	$36,250	No data	$77,679	$43,750	No data	$61,607
2019-2023 Native American	No data	No data	$30,833	$47,188	No data	No data	$38,846
2019-2023 Native Hawaiian and Other Pacific Islander	No data	No data	No data	No data	No data	No data	No data
2019-2023 Other	$52,955	$46,250	$48,194	No data	$51,607	No data	No data
2019-2023 White, Not Hispanic or Latino	$63,828	$59,297	$51,791	$66,036	$67,030	$59,063	$66,566

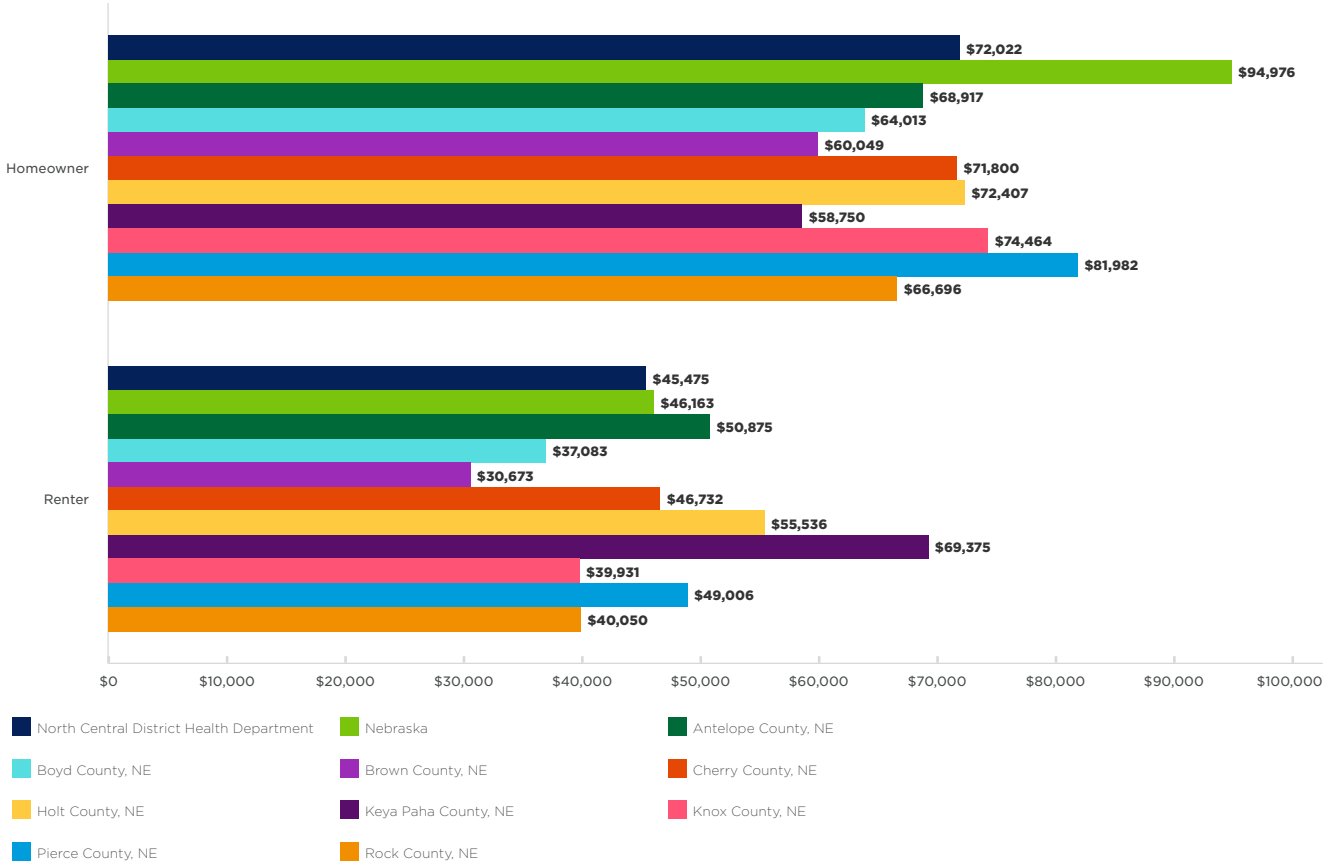
Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income by Householder Age



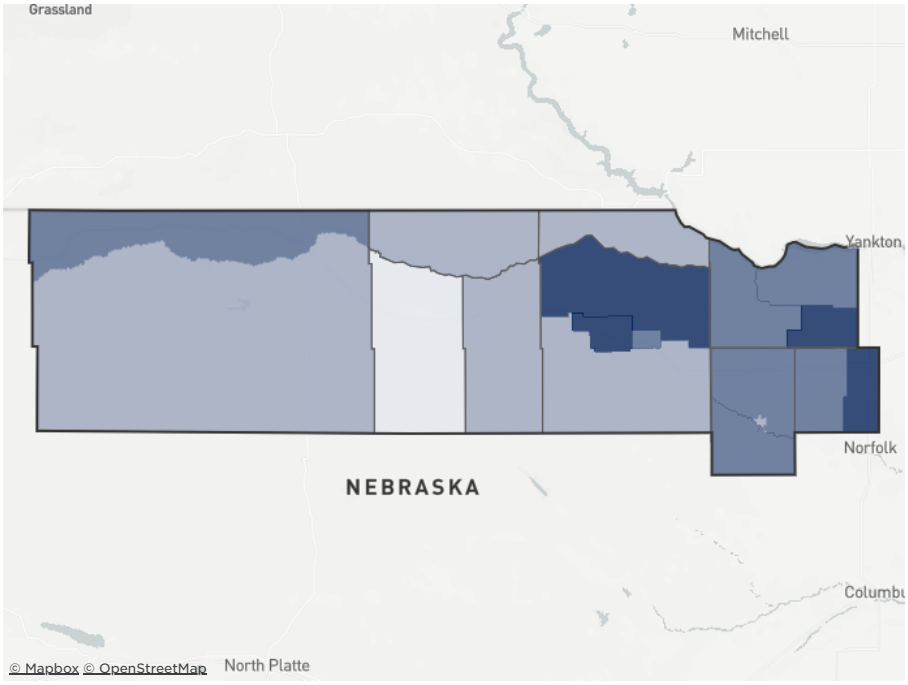
Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income by Homeowner vs Renter



Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income



Sources: US Census Bureau ACS 5-year 2019-2023

Employment Disparities

Unemployment Rate by Sex

Sources: US Census Bureau ACS 5-year 2019-2023

Unemployment Rate by Race/Ethnicity

Sources: US Census Bureau ACS 5-year 2019-2023

3. Housing Stability and Affordability

What does the local housing market look like? How affordable is housing for renters and homeowners?

Cost Burdened Homeowners
15.8%
North Central District Health Department

17.6%
Nebraska

Cost Burdened Renters
23.2%
North Central District Health Department

40.8%
Nebraska

Total Homeowners
13,407
Occupied Housing Units
North Central District Health Department

523,603
Occupied Housing Units
Nebraska

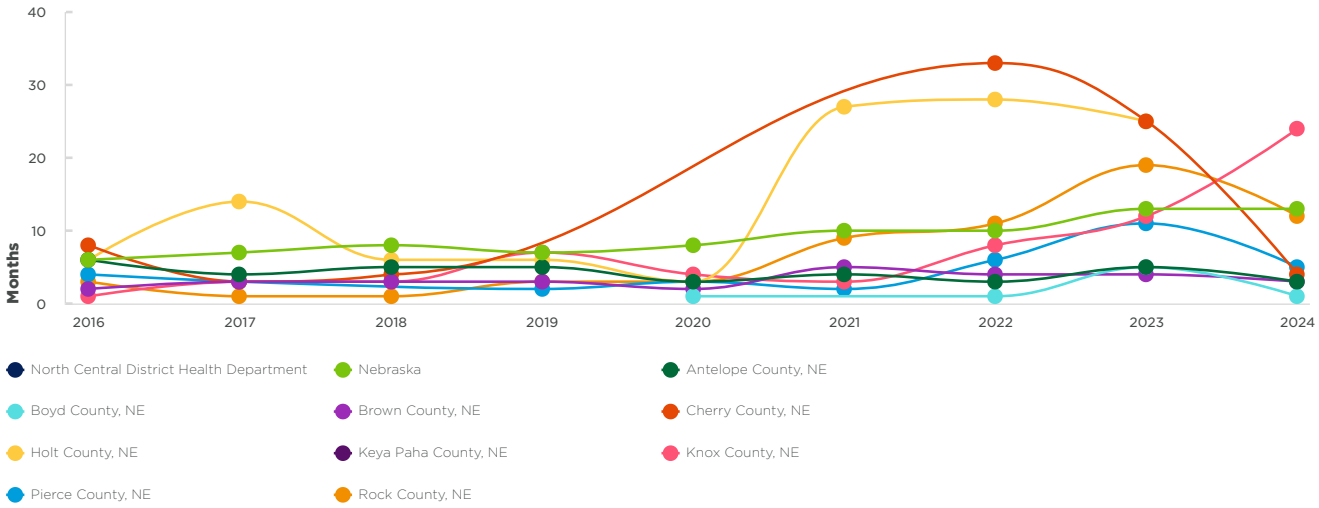
Total Renters
4,568
Occupied Housing Units
North Central District Health Department

263,282
Occupied Housing Units
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Sources: US Census Bureau ACS 5-year 2019-2023

Average Months on Waiting List for HUD Assisted Housing Units



Sources: HUD Picture Subsidized HH

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4. Educational Readiness and Outcomes

How prepared are our youth for tomorrow's workforce? Where are local conditions resulting in poor outcomes?

Total Student Enrollment

319,188
Students
Nebraska

48,336,884
Students
United States of America

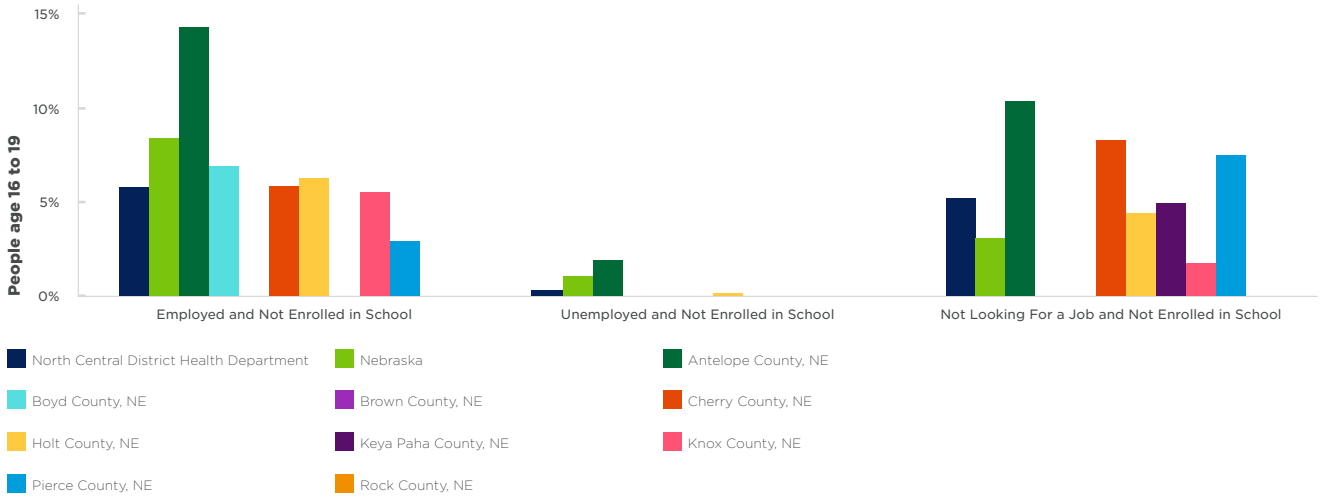
Sources: CRDC 2021-2022

Student Overview

Enrollment Status by Grade

Sources: US Census Bureau ACS 5-year 2019-2023

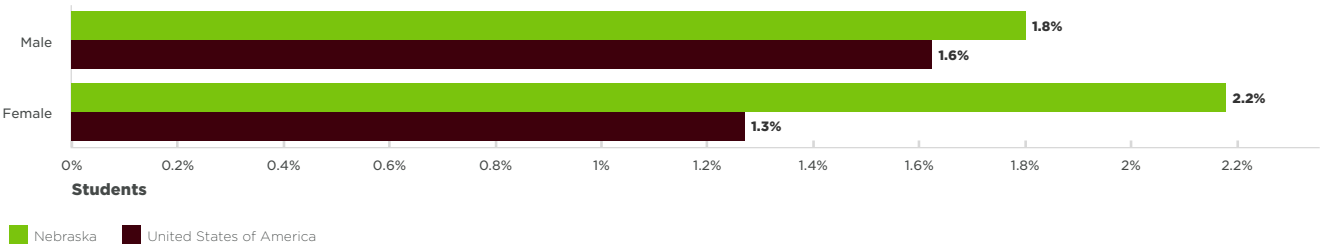
Disconnected Youth (Age 16-19)



Sources: US Census Bureau ACS 5-year 2019-2023

Children and Students by Sex

Chronically Absent Students by Sex



Sources: CRDC 2020-2021, 2021-2022

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5. Community Health and Wellbeing

Where are there differences in health within communities? How might health outcomes be related to other community factors?

Life Expectancy at Birth

80.1
Years
North Central District Health Department

79.2
Years
Nebraska

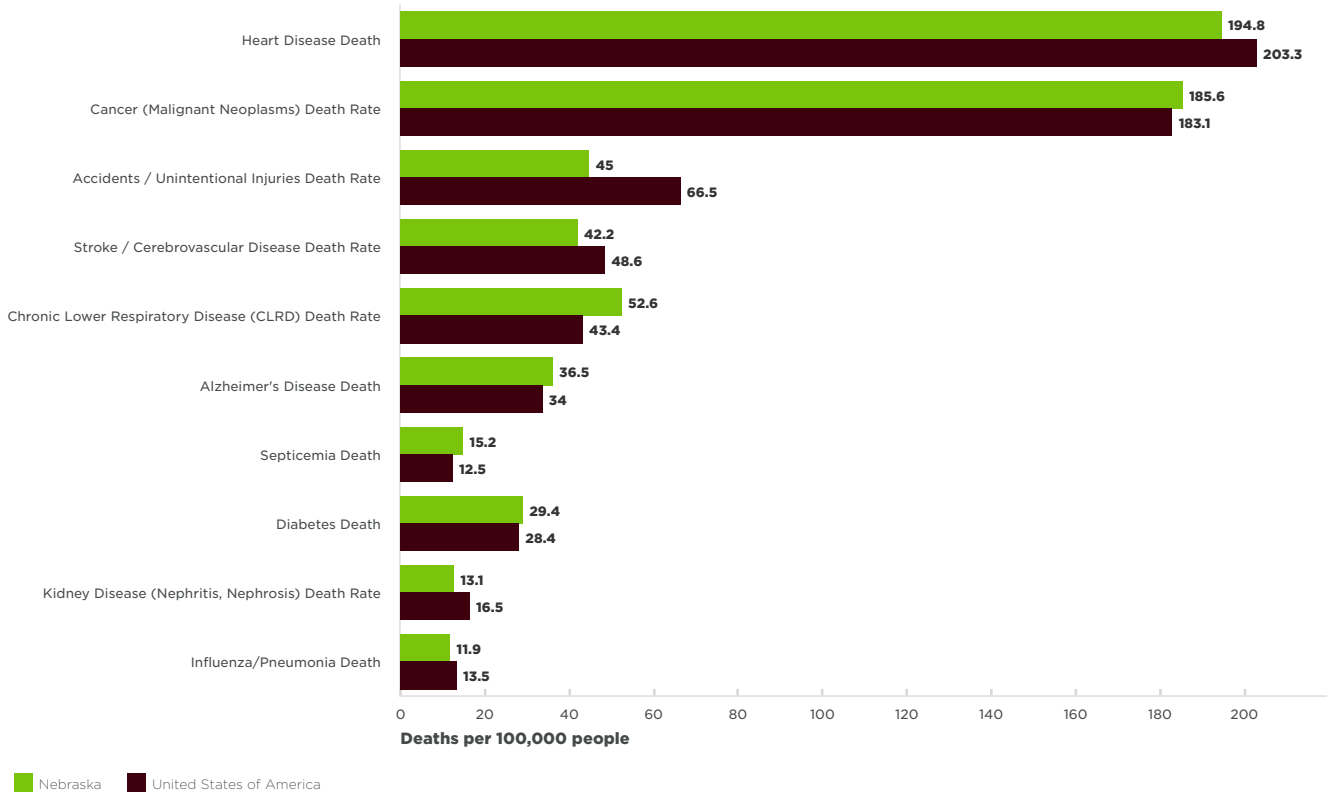
78.8
Years
United States of America

Sources: CDC NCHS USALEEP 2010-2015

Geography	2010-2015 Life Expectancy at Birth
Antelope County, NE	82.6
Boyd County, NE	79.2
Brown County, NE	81.6
Cherry County, NE	78.2
Holt County, NE	79.8
Keya Paha County, NE	No data
Knox County, NE	79.7
Pierce County, NE	80.3
Rock County, NE	77
North Central District Health Department	80.1
Nebraska	79.2
United States of America	78.8

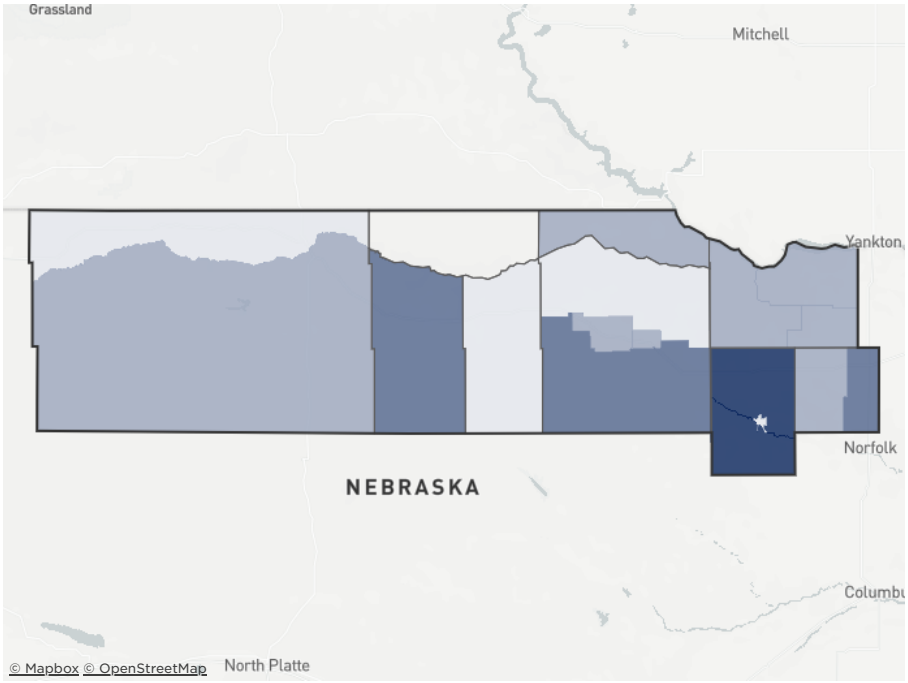
Sources: CDC NCHS USALEEP 2010-2015

Top 10 Statewide Causes of Death



Sources: CDC WONDER Cause of Death 2023 Crude

Life Expectancy at Birth by Census Tract



North Central District Health Department
Counties

Life Expectancy at Birth
- 77 – <78.8
- 78.8 – <80.9
- 80.9 – <84
- 84 – 84.7

Sources: CDC NCHS USALEEP 2010-2015

Access to Healthy Food

Low Access to Healthy Food

35.3%
Of People
North Central District Health Department

54.2%
Of People
Nebraska

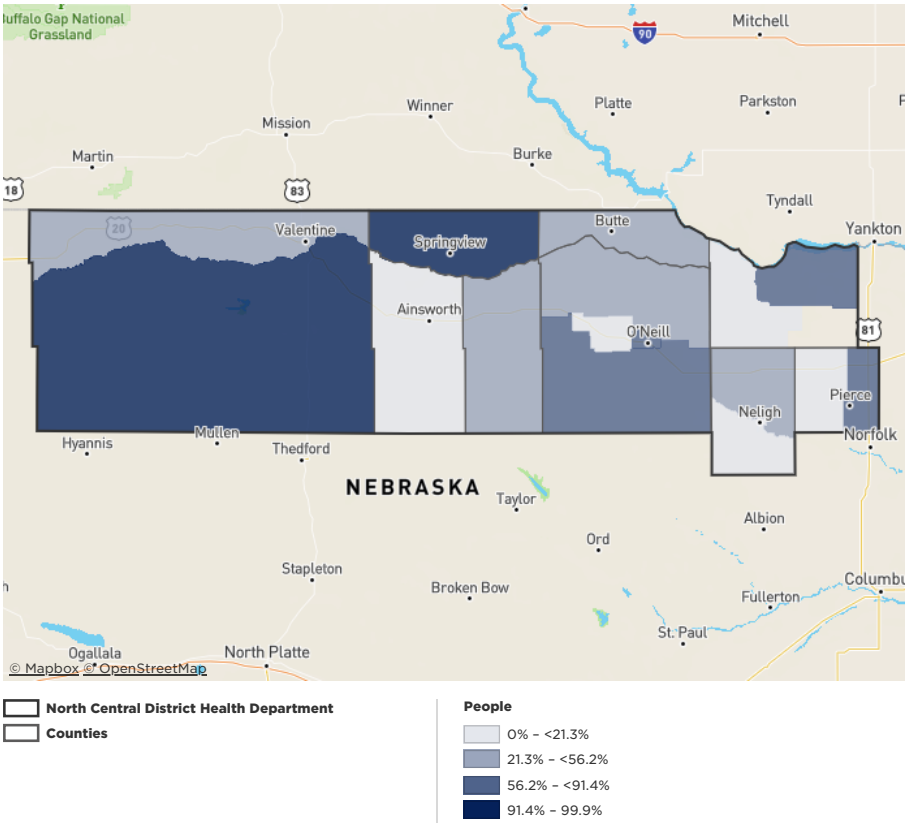
Sources: USDA ERS FARA 2019

Note: Low access is defined as people living 1/2 miles from access point in urban areas and 10 miles in rural areas.

Geography	2019 Low Access to Healthy Food
Antelope County, NE	12.9%
Boyd County, NE	36.3%
Brown County, NE	10.1%
Cherry County, NE	38.8%
Holt County, NE	47.4%
Keya Paha County, NE	99.9%
Knox County, NE	30.7%
Pierce County, NE	46.5%
Rock County, NE	28%
North Central District Health Department	35.3%
Nebraska	54.2%

Sources: USDA ERS FARA 2019

Low Access to Healthy Food



Sources: USDA ERS FARA 2019

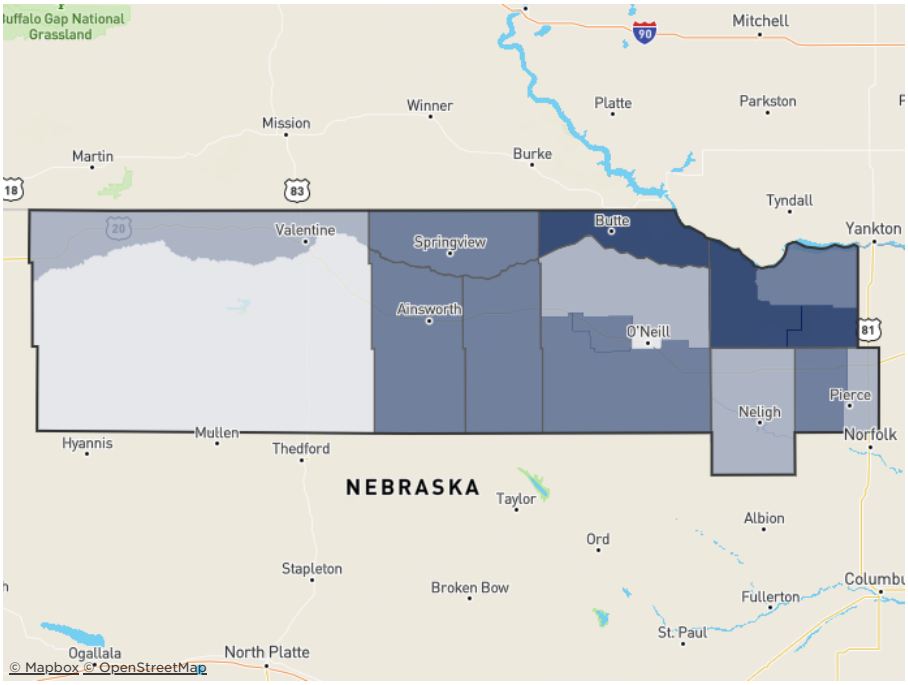
Note: Low healthy food census tracts is defined as individuals within the area being far from (1/2 mile in urban areas and 10 miles in rural areas) a supermarket, wholesale club, supercenter, or grocery store.

Health Behaviors

Selected Health Behaviors

Sources: CDC BRFSS PLACES 2020, 2022

Doctor Checkup in Past Year Among Adults



North Central District Health Department

Counties

Doctor Checkup in Past Year Among Adults

- 74.1% – <74.8%
- 74.8% – <75.6%
- 75.6% – <77.3%
- 77.3% – 77.5%

Sources: CDC BRFSS PLACES 2022

Health Outcomes

Poor Physical Health

13.1%
of adults
North Central District Health Department

11.4%
of adults
Nebraska

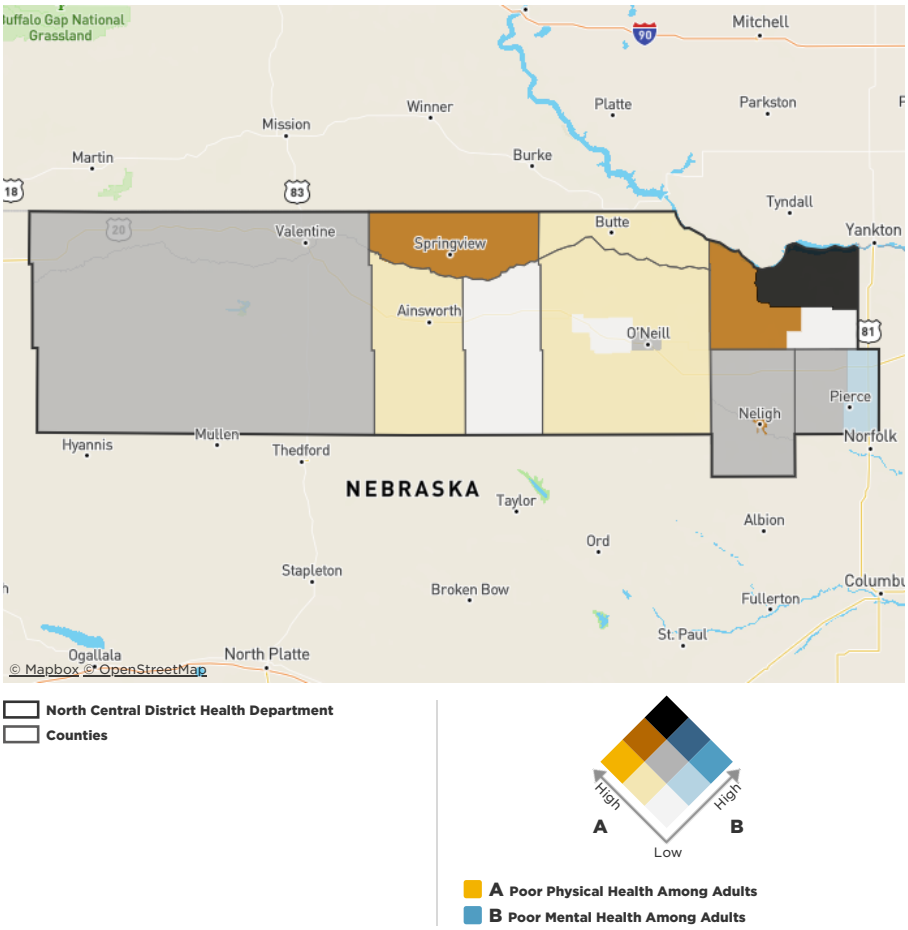
Poor Mental Health

13.8%
of adults
North Central District Health Department

14.1%
of adults
Nebraska

Sources: CDC BRFSS PLACES 2022

Poor Physical (Yellow) and Poor Mental (Blue) Health by Census Tract



Sources: CDC BRFSS PLACES 2022

Cause of Death: Heart Disease

Coronary Heart Disease Among Adults

9.2%
of Adults
North Central District Health Department

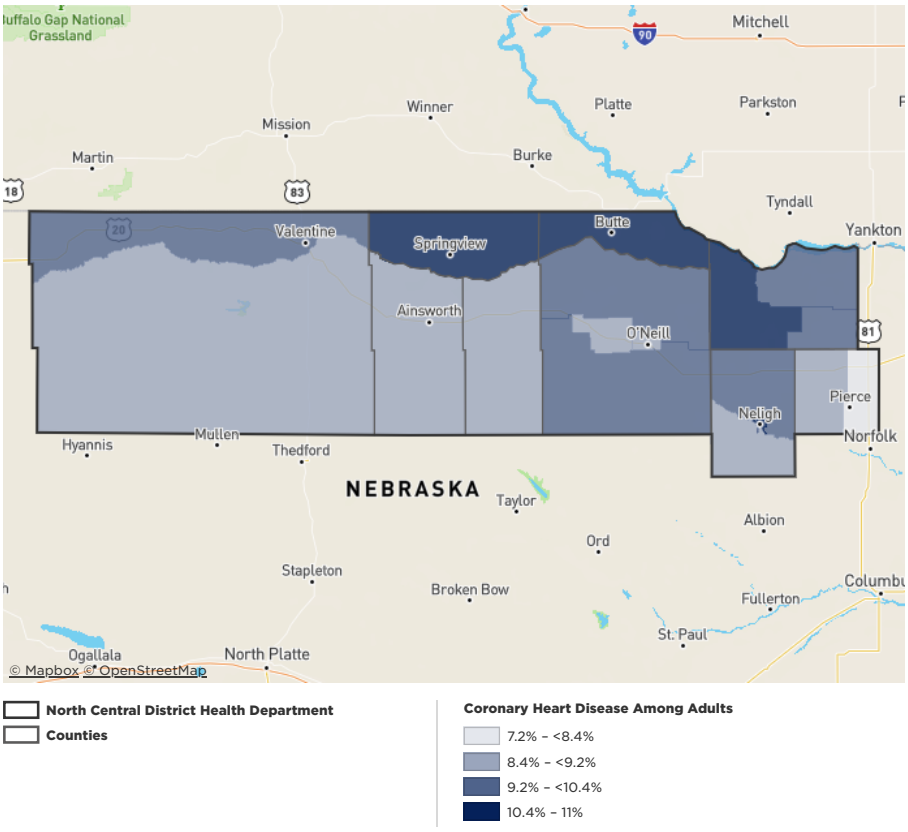
6.8%
of Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Coronary Heart Disease Among Adults
Antelope County, NE	8.4%
Boyd County, NE	10.3%
Brown County, NE	9.2%
Cherry County, NE	9.3%
Holt County, NE	9.4%
Keya Paha County, NE	10.9%
Knox County, NE	10.1%
Pierce County, NE	7.6%
Rock County, NE	9.4%
North Central District Health Department	9.2%
Nebraska	6.8%

Sources: CDC BRFSS PLACES 2022

Prevalence of Heart Disease among Adults



Sources: CDC BRFSS PLACES 2022

Cause of Death: Cancer

Cancer (except skin) Among Adults

10.3%
of Adults
North Central District Health Department

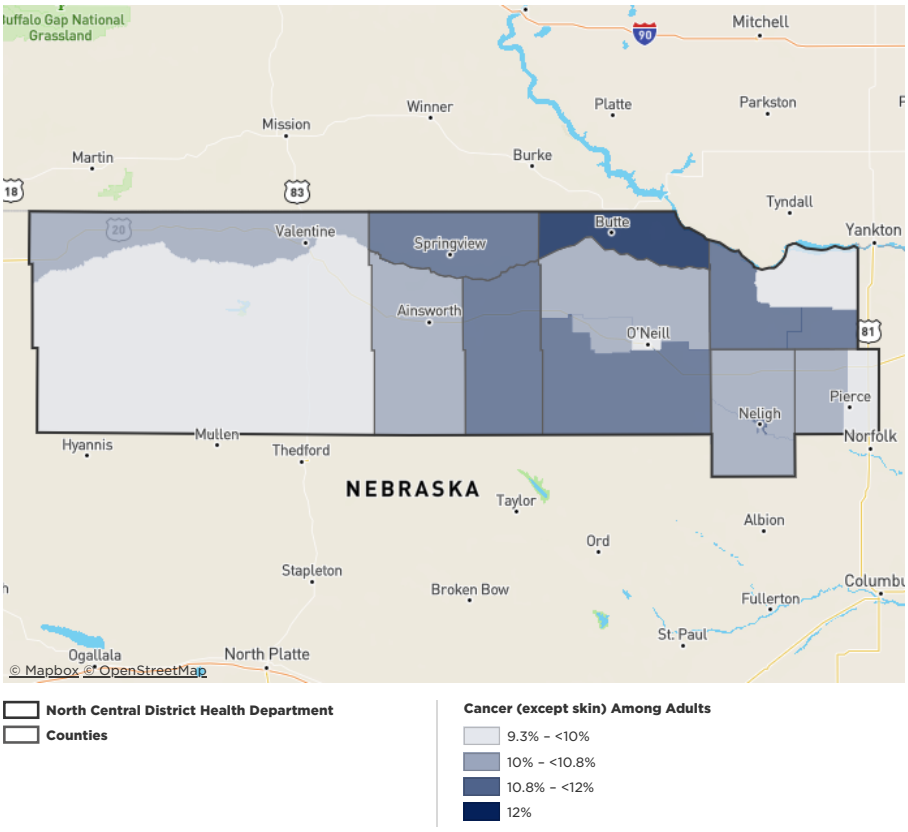
8%
of Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Cancer (except skin) Among Adults
Antelope County, NE	10.7%
Boyd County, NE	11.8%
Brown County, NE	10.4%
Cherry County, NE	9.7%
Holt County, NE	10.1%
Keya Paha County, NE	12.6%
Knox County, NE	10.4%
Pierce County, NE	9.6%
Rock County, NE	11.2%
North Central District Health Department	10.3%
Nebraska	8%

Sources: CDC BRFSS PLACES 2022

Prevalence of Cancer among Adults

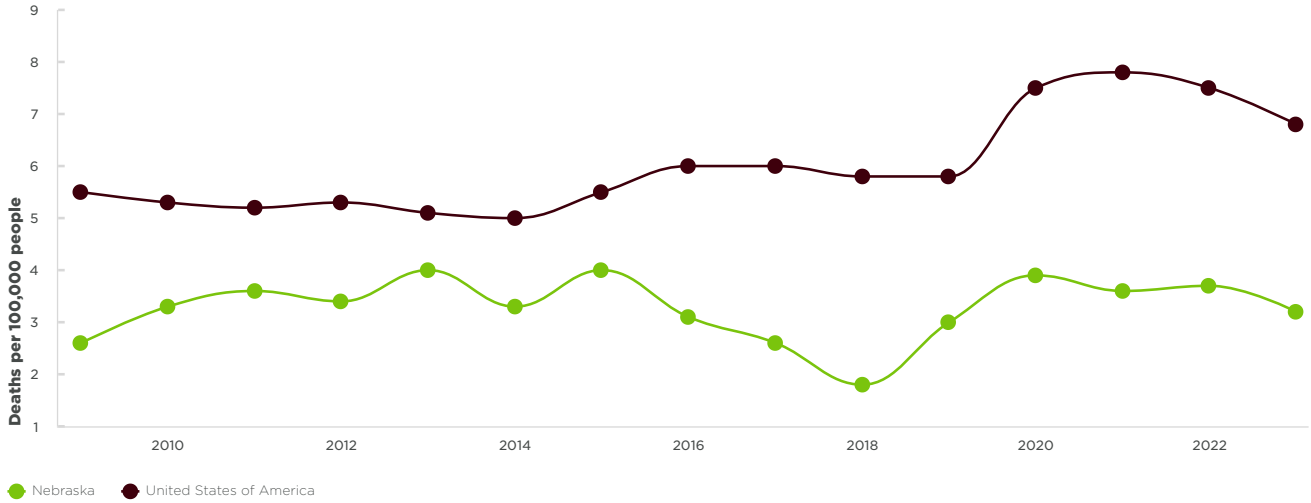


Sources: CDC BRFSS PLACES 2022

Causes of Death: Homicide, Suicide, & Overdose Deaths

Homicide Death Rate

Homicide Death Rate over Time



Sources: CDC WONDER Cause of Death

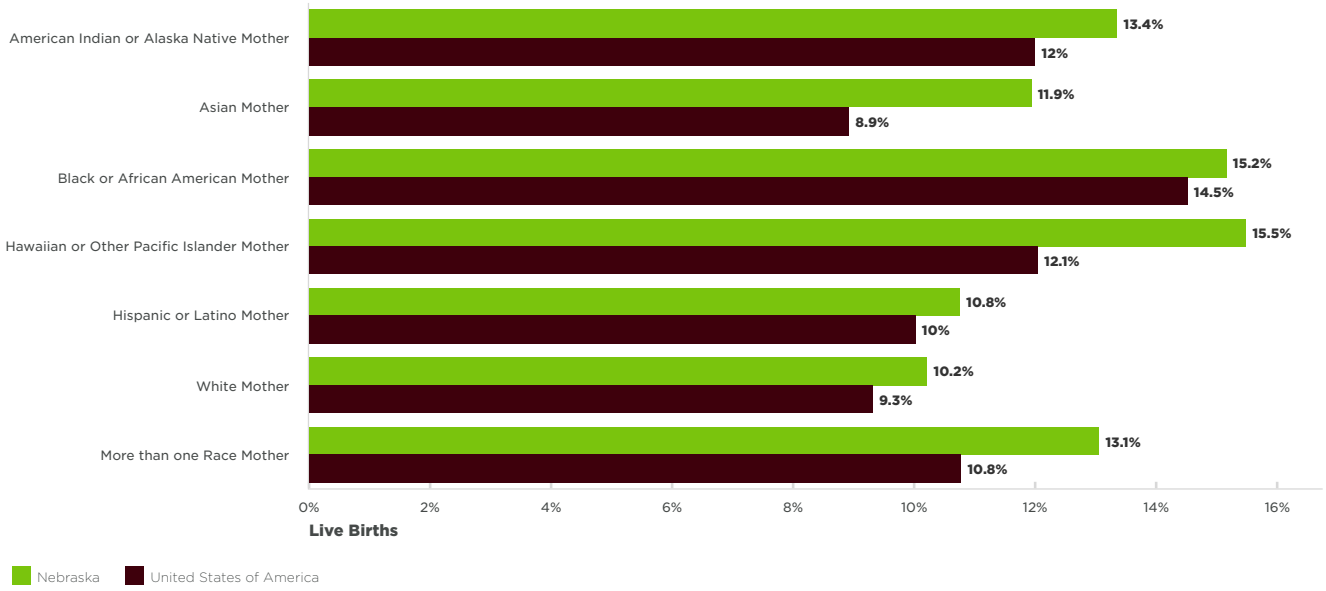
by Race/Ethnicity

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Note: all data is for non-Hispanic or Latino unless otherwise listed

Preterm Birth Rate by County and Race/Ethnicity

Preterm Births by Race / Ethnicity

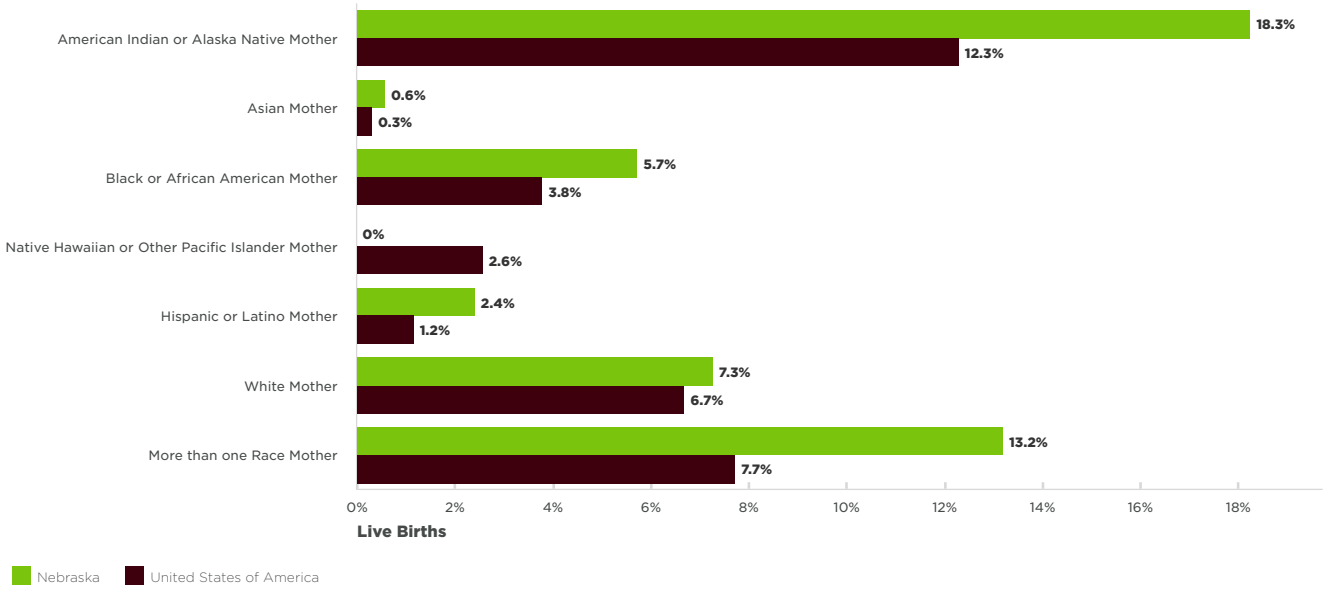


Sources: CDC WONDER Natality 2019-2023

Data is unavailable for Native Hawaiian or Pacific Islander births due to small population size which limits accuracy of estimates.

Births with Tobacco Used During Pregnancy

Births with Tobacco Used During Pregnancy by Race / Ethnicity



Sources: CDC WONDER Natality 2019-2023

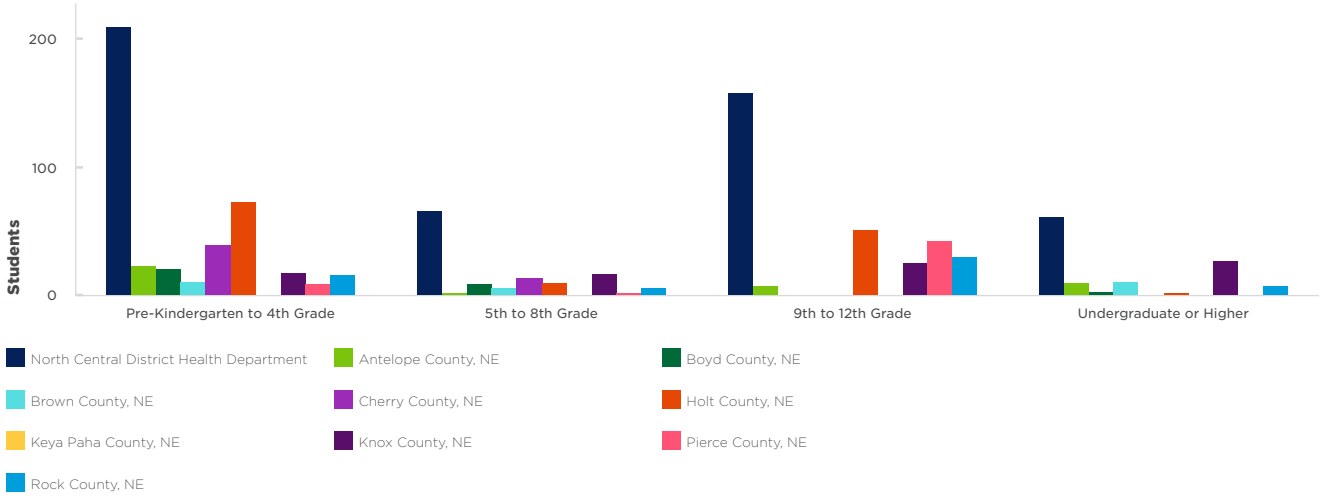
Digital Access

- Lack of access to the internet and/or devices limits a person's access to critical services that are housed online. People in rural areas are the most affected by this.
- Data about the demographics of people that do not have access to the internet or devices can help to target areas of need.
- Advocacy for the expansion of broadband can help to address the digital divide.
- Pierce, Holt, Rock and Knox Counties have the highest number of 9th-12th graders who lack home internet access or a computer. This is alarming due to the growing online world we live in.

Online Education and Information

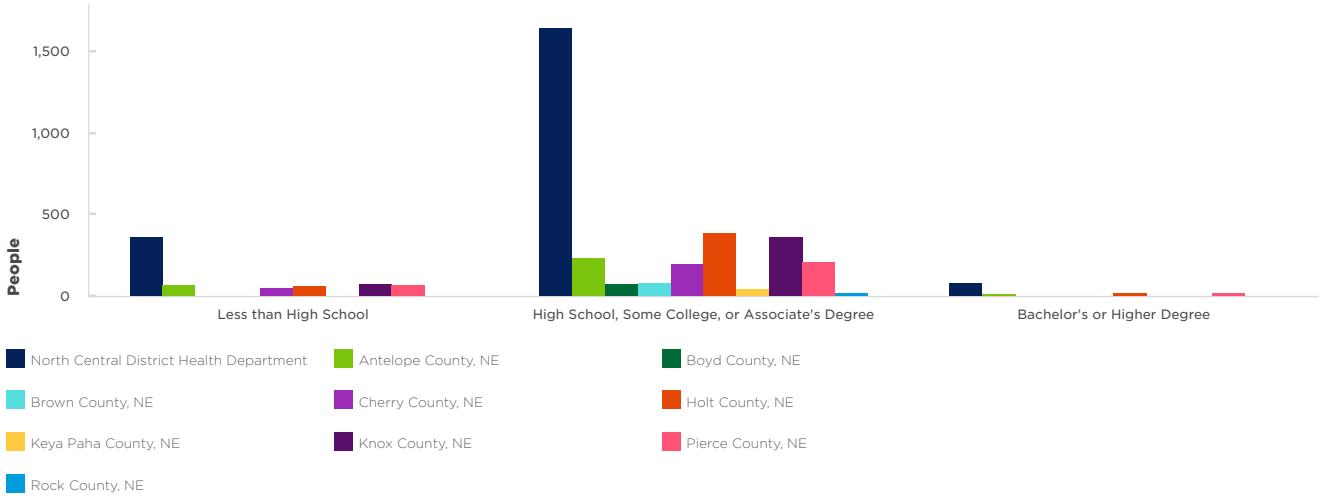
Since the beginning of the COVID-19 public health emergency, hybrid and online education has become more common. People with access to a reliable device and internet are more likely to succeed in an online education environment. Additionally, having a higher educational attainment can help to afford internet.

Students Without an Internet Subscription or Computer by Grade



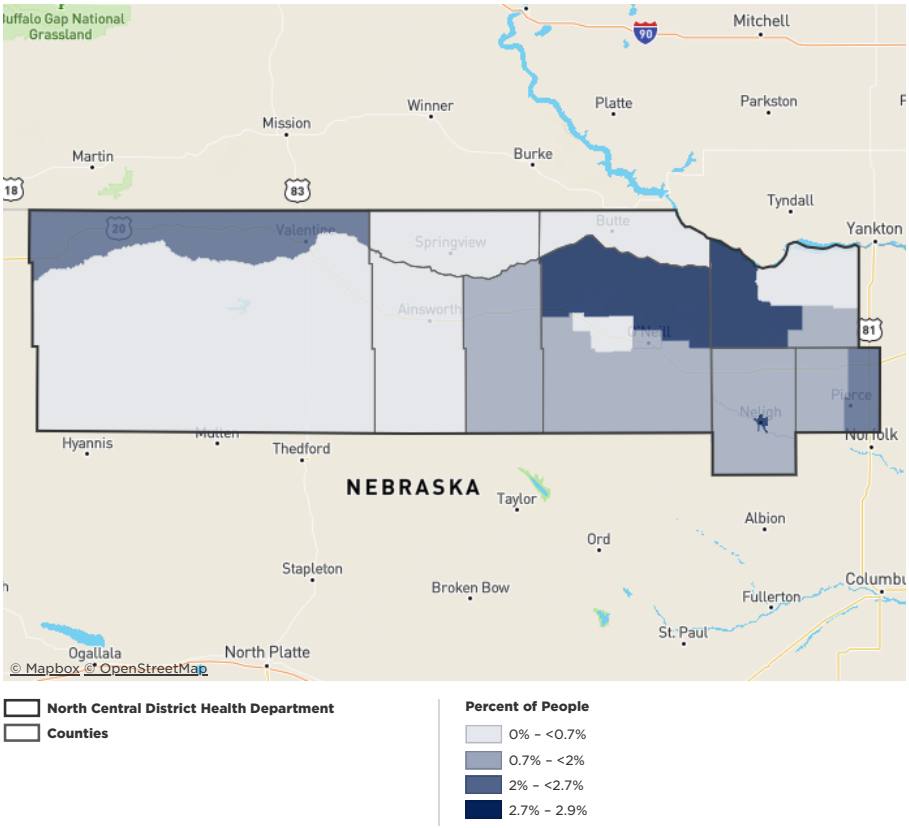
Sources: US Census Bureau ACS 5-year 2019-2023

People Without Computer by Educational Attainment Status



Sources: US Census Bureau ACS 5-year 2019-2023

Households Without Computers



Sources: US Census Bureau ACS 5-year 2019-2023

Digital Connectivity and the Digital Divide

Digital connectivity is necessary for students, parents, and the general public to access the resources needed for schooling, social services, and work. However, not everyone has access to digital technology and services within their home. A quality internet connection, for example, requires purchasing multiple devices and paying monthly service providers. Not every household can afford those expenses. While most communities have access to computers and the internet at their local library, there are still barriers surrounding transportation to the library and library hours.

This report explores digital access, helping answer 3 questions:

1. **Where is the digital divide?** 12.5% of NCDHD households have internet access and 9% do not have a computer. Rock County has 19.7% of its population without internet access or a home computer, while Pierce County's percentage drop to 8.4%. All NCDHD counties are higher than the Nebraska average (7.2%).
2. **What factors impact the digital divide?** 11.3%of NCDHD residents live under the poverty level, this greatly impacts one's online access.
3. **Who are most negatively impacted?** Youth and students are likely to most negatively impact due to the growing demands of online education. Pierce, Holt, Rock and Knox Counties have the highest number of 9th-12th graders who lack home internet access or a computer. This is alarming due to the growing online world we live in.

Where is the digital divide?

Households without access to both a computer and an internet service provider are excluded from digital connection. Additionally, those with smartphones as their only computer are limited to mobile-only experiences and are excluded from tasks requiring larger screens and improved functionality. The data presented below helps target where these divides exist.

No Internet Access

12.5%
of total households
North Central District Health Department

7.5%
of total households
Nebraska

No Computer

9%
of total households
North Central District Health Department

5.4%
of total households
Nebraska

No Internet Access or Computer

11.4%
of People
North Central District Health Department

7.2%
of People
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 No Internet Access	2019-2023 No Computer	2019-2023 No Internet Access or Computer
Antelope County, NE	14.8%	9.6%	11.3%
Boyd County, NE	9.8%	9.8%	11.1%
Brown County, NE	9.4%	7%	9.9%
Cherry County, NE	11.6%	8.5%	9.8%
Holt County, NE	13.9%	9.3%	13.9%
Keya Paha County, NE	10.4%	9.8%	9.1%
Knox County, NE	14.1%	10.7%	11.5%
Pierce County, NE	10.6%	7.9%	8.4%
Rock County, NE	8.4%	4.5%	19.7%
North Central District Health Department	12.5%	9%	11.4%
Nebraska	7.5%	5.4%	7.2%

Sources: US Census Bureau ACS 5-year 2019-2023

What factors impact the digital divide?

Two factors that exclude communities from digital connectivity are **poverty and proximity**. If a household cannot afford a computer and an internet service provider, they are excluded. Also, if a household does not reside in an area with quality internet service, they are also excluded. View the FCC's broadband speed guide for more information on quality service.

Households Below Poverty Level

11.3%
of Households
North Central District Health Department

11.1%
of Households
Nebraska

Severely Cost Burdened

15.1%
of low income households
North Central District Health Department

23.3%
of low income households
Nebraska

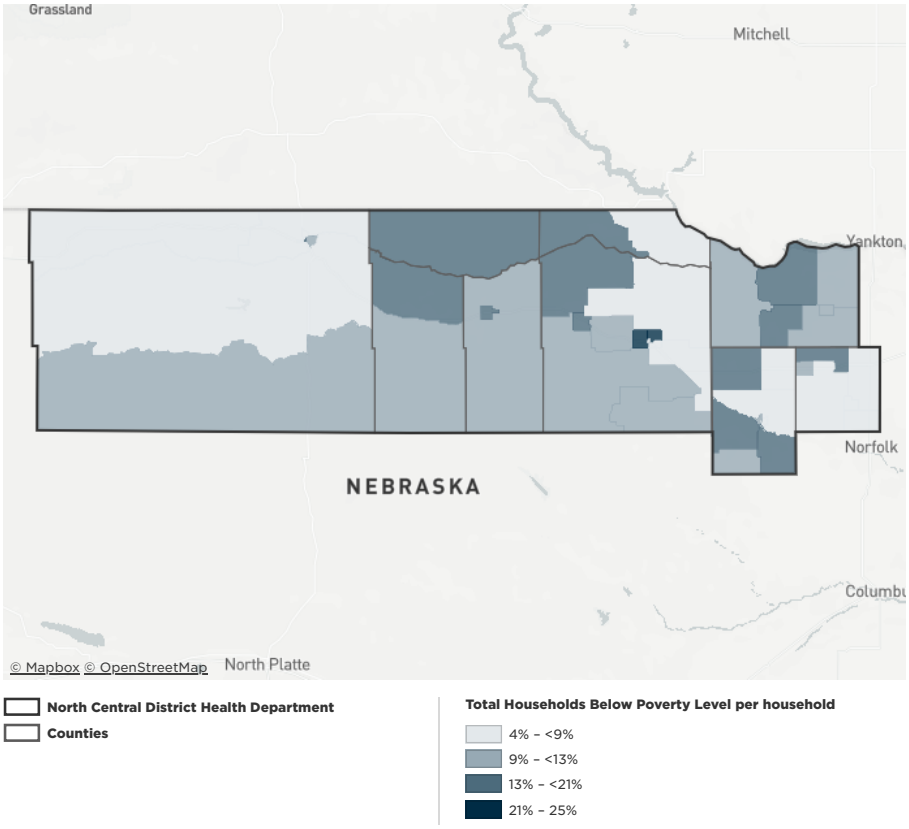
Sources: HUD CHAS 2017-2021; US Census Bureau ACS 5-year 2019-2023

Note: Severely cost burdened are those households (owner or renter) whose monthly housing costs (including utilities) exceed 30% of their monthly income. Low income are those households (owner or renter) who earn up to 80% of the US Housing and Urban Development Area Median Family Income (HAMFI).

Geography	2019-2023 Households Below Poverty Level	2017-2021 Low Income Households Severely Cost Burdened
North Central District Health Department	11.3%	15.1%
Nebraska	11.1%	23.3%
Antelope County, NE	10.9%	14.6%
Boyd County, NE	10.3%	15.6%
Brown County, NE	15.3%	15.9%
Cherry County, NE	9.2%	14.2%
Holt County, NE	11.8%	17.5%
Keya Paha County, NE	13.1%	18.1%
Knox County, NE	12.7%	12.2%
Pierce County, NE	8.9%	16.2%
Rock County, NE	12.4%	4.7%

Sources: HUD CHAS 2017-2021; US Census Bureau ACS 5-year 2019-2023

Households Below Poverty by Census Block Group



Sources: US Census Bureau ACS 5-year 2019-2023

Who are most negatively impacted?

All households without access to digital connectivity are negatively impacted. However, some populations can be more vulnerable to longer-term impacts such as children enrolled in school, families with young children, and persons of color. Scroll through the pages below to explore more.

Enrolled in Kindergarten to Grade 12

7,947
Students
North Central District Health Department

351,470
Students
Nebraska

Children in Households Under Age 18 Without Computer

0.7%
of Children
North Central District Health Department

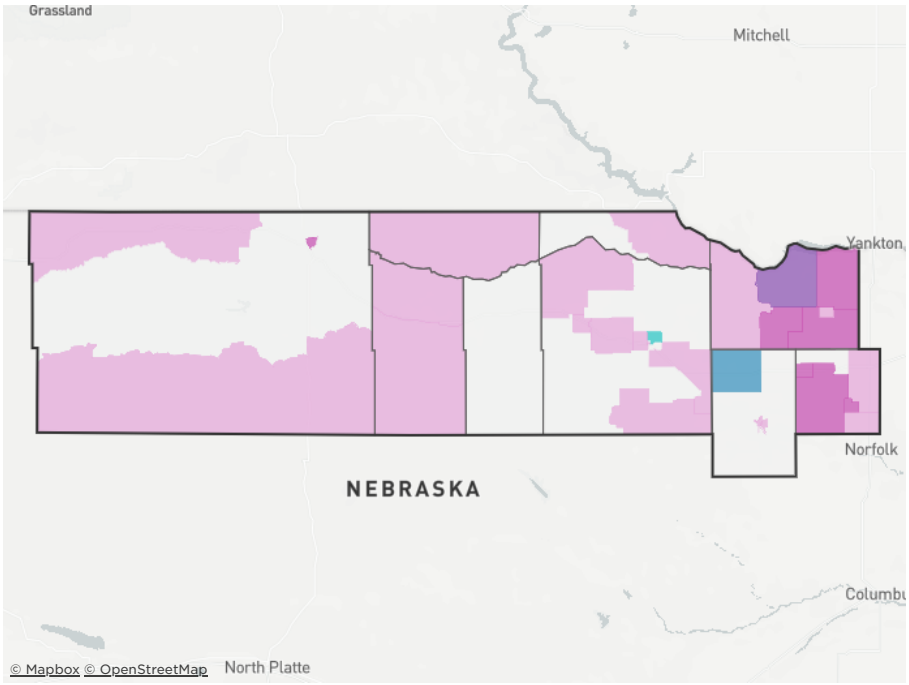
0.8%
of Children
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023

Geography	2019-2023 Enrolled in Kindergarten to Grade 12	2019-2023 Children in Households Under Age 18 Without Computer
Antelope County, NE	1,022	1.6%
Boyd County, NE	249	0%
Brown County, NE	435	0%
Cherry County, NE	1,014	0%
Holt County, NE	1,892	1.1%
Keya Paha County, NE	203	0%
Knox County, NE	1,509	0.7%
Pierce County, NE	1,405	0.2%
Rock County, NE	218	0%
North Central District Health Department	7,947	0.7%
Nebraska	351,470	0.8%

Sources: US Census Bureau ACS 5-year 2019-2023

Dark Purple: Overlapping Students Enrolled in K-12 and Children Without A Computer



Sources: US Census Bureau ACS 5-year 2019-2023

Disability Overview

Disabilities include physical difficulties, like trouble walking, and developmental and behavioral disabilities. Anyone could become disabled at any time for a short or long period of time, and may experience challenges working, accessing healthcare, and more. We can improve the health and wellness of individuals with disabilities by making it easier to access resources and services when and where they're needed, "in a way that is responsive to their needs and preferences."

- 13.6% of NCDHD residents live with some type of disability, which is higher than Nebraska's (12.1%). Within NCDHD, Boyd County has the highest percentage (17.2%) of residents living with a disability and Piere County has the lowest (10.9%).
- The most common type of disability in NCDHD is ambulatory difficulty (2,742) followed by hearing (2,534).
- Men (3,056) are slightly more likely to be effect by a disability than woman (2,892), and the age groups most affected are 74 years old and over, and 35–64 year olds.

People Living With a Disability

Population Living with a Disability



Live with a Disability

13.6%
of People
North Central District Health Department

12.1%
of People
Nebraska

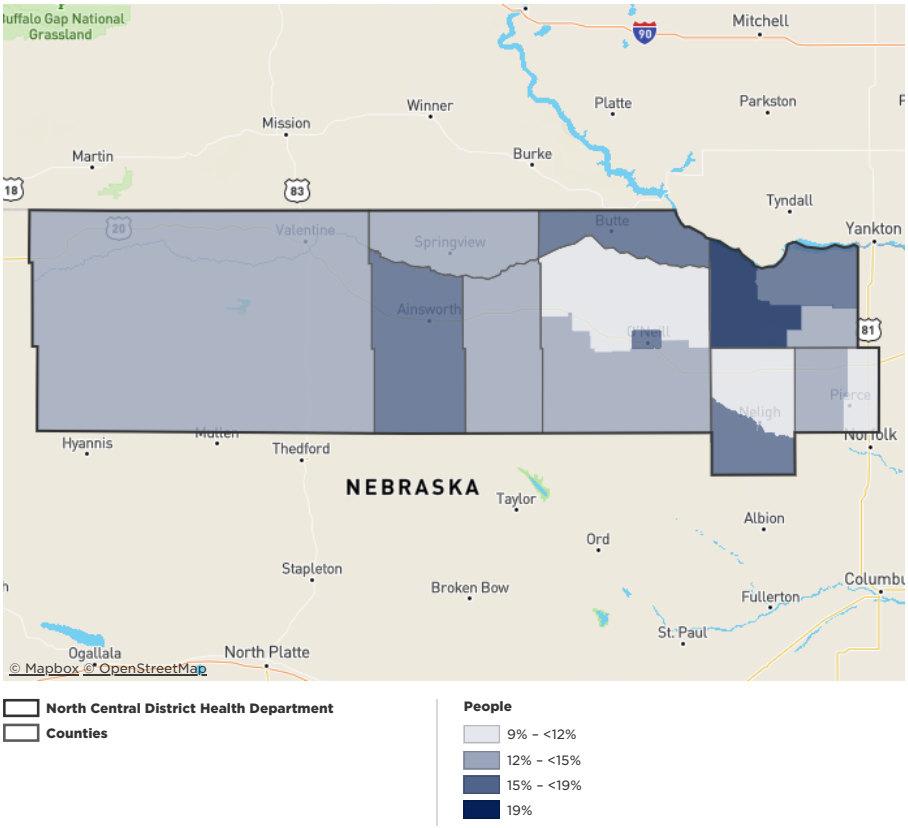
Sources: US Census Bureau ACS 5-year 2019-2023

Data is for the civilian noninstitutionalized population, so it does not include those people living in long-term care living arrangements like correctional or skilled nursing facilities.

Geography	2019-2023 People Living With a Disability
Antelope County, NE	12.7%
Boyd County, NE	17.2%
Brown County, NE	15.1%
Cherry County, NE	13.2%
Holt County, NE	13.4%
Keya Paha County, NE	12.7%
Knox County, NE	16.3%
Pierce County, NE	10.9%
Rock County, NE	12.3%
North Central District Health Department	13.6%
Nebraska	12.1%

Sources: US Census Bureau ACS 5-year 2019-2023

People Living With Disabilities



Sources: US Census Bureau ACS 5-year 2019-2023

Data is for the civilian noninstitutionalized population, so it does not include those people living in long-term care living arrangements like correctional or skilled nursing facilities.

People Living With a Disability - by Type

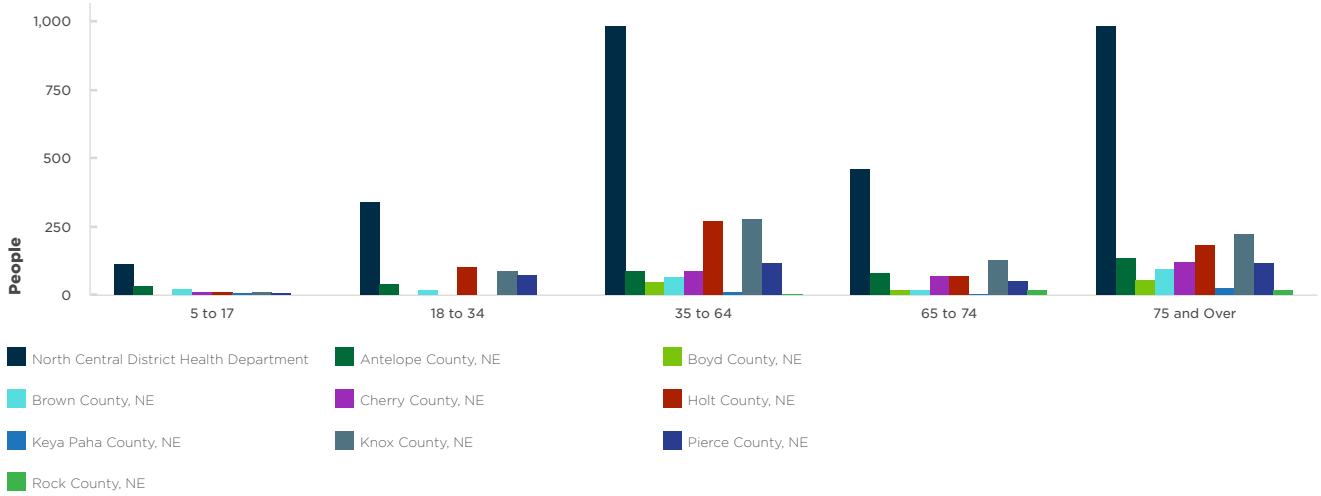
Types of Disabilities

Data Sources	North Central District Health Department	Nebraska	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County NE
2019-2023 Vision Difficulty	1,034	39,959	161	18	139	121	168
2019-2023 Hearing Difficulty	2,534	74,509	390	96	193	343	524
2019-2023 Cognitive Difficulty	1,706	87,996	216	64	120	173	37
2019-2023 Ambulatory Difficulty	2,742	102,683	338	158	257	308	607
2019-2023 Independent Living Difficulty	1,618	71,174	161	72	154	227	307
2019-2023 Self-Care Difficulty	742	34,367	92	34	109	79	13

Sources: US Census Bureau ACS 5-year 2019-2023

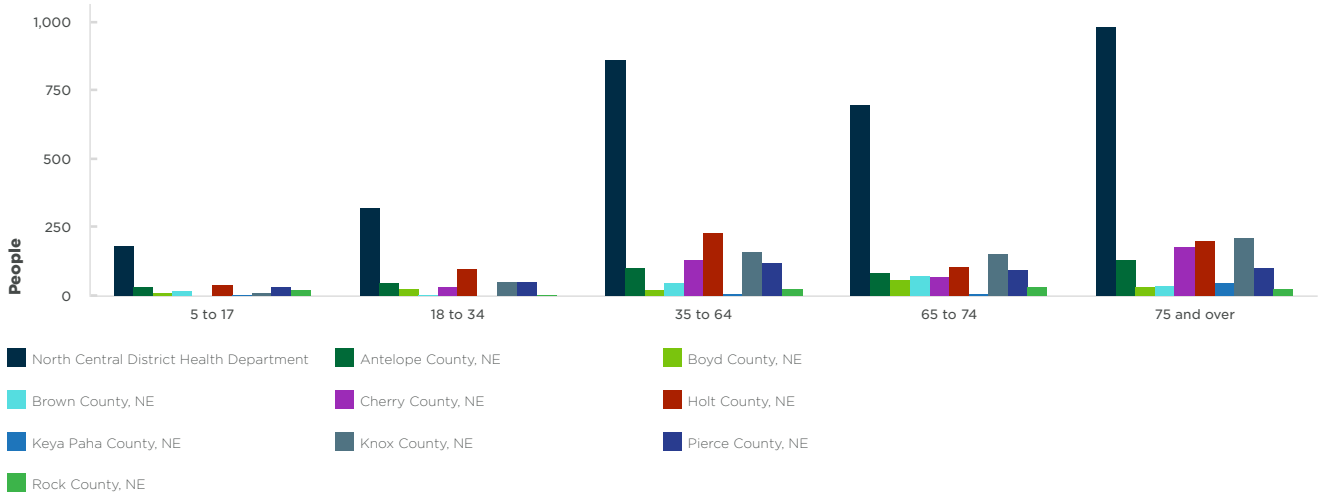
People Living With a Disability - by Sex and Age

Females with Disability by Age Group



Sources: US Census Bureau ACS 5-year 2019-2023

Males with Disability by Age Group



Sources: US Census Bureau ACS 5-year 2019-2023

Community Health Improvement Plan

PRIORITY 1: Lifestyle Changes

GOAL: Advocate for lifestyle changes to improve physical activity, sleep quality, and nutrition

OBJECTIVE 1	OUTCOME MEASURES
Reduce the number of NCDHD adults who are physically inactive by 2% by December 31, 2027.	28.6% of NCDHD adults are physically inactive, compared to the state's average of 25.2%. *Sources: CDC BRFSS PLACES 2022 No leisure-time physical activity among adults.*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Publicizing current physical activity opportunities in each community	Share current physical activity opportunities in each community	Number of communities	December 2027	Media Local Businesses Healthcare
2. Assess physical activity opportunities and fill gaps as appropriate	Work with partners to increase or enhance access to physical activity	Number of enhancements to access	December 2027	Healthcare
3. Assess indoor walking space opportunities in each community	Review community capacities to provide indoor walking opportunities.	Number of walking opportunities	December 2027	Healthcare Local government
4. Increase access to physical opportunities for the 60+ population	Increase numbers of trainers in the district to provide evidence-based elderly health programs	Number of trainers	December 2027	Healthcare
5. Explore evidence-based education opportunities to reduce obesity in the district, such as Building Healthy Families (BHF).	Explore and implement evidence-based education for physical activity opportunities for those who lack access.	Number of evidence-based strategies implemented	December 2027	Healthcare

OBJECTIVE 2	OUTCOME MEASURES
Decrease the percentage of NCDHD adults getting less than 7 hours of sleep from 30.8% (2022) to 28.8% by December 31, 2027.	*30.8% of NCDHD adults get less than 7 hours of sleep.* *Sources: CDC BRFSS PLACES 2022*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Provide a uniformed message regarding the health benefits of sleep.	Disseminate sleep science to community and partners.	Number of impressions	December 2027	Media Partners Healthcare Schools

OBJECTIVE 3	OUTCOME MEASURES
Improve nutrition by increasing the percentage of adults who reported consuming two or more fruits and three or more vegetables daily by 1% by December 31, 2027.	6.9% of Nebraska adults reported consuming two or more fruits and three or more vegetables daily. *Data from CDC, Behavioral Risk Factor Surveillance System, 2021*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Promote and support evidence-based healthy eating classes and education	Promote healthy eating classes	Number of classes provided and shared.	December 2027	UNL Extension
2. Increase healthy food options to the general public	Work with schools and athletic associations to increase healthy food options at concession stands, etc.	Number of concessions stands to incorporate healthy options	December 2027	Schools Athletic Associations
3.Advocate for and provide resources for healthy options as sport snacks	Research available healthy snack food list and disseminate to athletic groups to distribute to parents as a list of approved snacks for athletic teams	Number of sport organizations that implement health snack policies.	December 2027	Schools Athletic Associations Parents
4.Promote current diabetes education programs	Identify and promote current diabetes prevention programs.	Number of promotions	December 2027	Healthcare Reach Media UNL Extension
5. Advocate for Nebraska State policies that improve nutrition	Submit a letter of support or opposition on nutrition legislation	Number of letters submitted	December 2027	State government NCDHD Board of Health Local Coalitions Healthcare

PRIORITY 2: Socioeconomic Stability

GOAL: Enhance Socioeconomic Stability

OBJECTIVE 1	OUTCOME MEASURES
Promote fiscal and housing education to reduce percentage of NCDHD residents with excessive housing from 17.7% to 16.5% by December 31, 2027. Note: Housing costs of 30% or more of household income qualify as "excessive."	17.7% of NCDHD households have excessive housing costs. *Sources: US Census Bureau ACS 5-year 2019-2023- All Occupied Housing Unites with Excessive Housing Costs*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Increase community awareness of budgeting classes and support.	Identify financial education resources available	Number of opportunities advertised	December 2027	Local Coalitions Local media outlets Schools
2. Provide education to local governing bodies on Nuisance Codes.	Visit local county/ city governing body to provide education on local government role and resources for nuisance violations.	Number of governing body visits	December 2027	Local city and county governing bodies Local Coalitions Central Nebraska Economic Development
3. Enhance landlord education on property assistance and resources for property improvements	Provide education on available resources to local landlords	Number of landlords reached	December 2027	Economic Development Local Coalitions Landlords Community Action Agencies Power Companies

OBJECTIVE 2	OUTCOME MEASURES
Decrease the percentage of adults who report food insecurity in the NCDHD area by 1% by December 31, 2027.	11.3% of adults in NCDHD struggle will food insecurity. *Sources: Sources: CDC BRFSS PLACES 2022* **** Additional sources of data: feedingamerica.org*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1 Promote locally available food access resources	Promote SNAP, WICC, community gardens, etc. available to communities	Number of promotions	December 2027	Local Coalitions Community Action Partnership Healthcare DHHS Local Media Beginnings Pregnancy Center Reach Media
2 Distribute food pantries in communities	Provide communities in need with food pantries.	Number of pantries placed	December 2027	Local Coalitions Schools Parks Healthcare
3. Promote awareness and maintenance of current food pantries.	Promote partnerships to keep food pantries stocked.	Number of partnerships formed	December 2027	Local Coalitions Churches Grocery Stores Community Partners, ie. NorthStar

PRIORITY 3: Access to Care

GOAL: Enhance access to care

OBJECTIVE 1	OUTCOME MEASURES
Improve transportation in the nine counties by increasing the number of public transit options in each county from 13 to 15 by December 31, 2027.	As of May 5, 2025, there is one public transit option in Cherry County, one in Brown, one in Rock, one in Keya Paha, two in Boyd, two in Holt, three in Knox, two in Pierce, and four in Antelope Counties. *Source: Nebraska Public Transit, https://www.nebraskatransit.com/map-of-providers*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Assess and fill transportation gaps	Assess transportation opportunities to in each county and identify areas of need. ***https://www.nebraskatransit.com/map-of-providers	List of available transportation resources in each county	December 2027	Healthcare
2.Provide mobile clinic options to access all public health services to support those with transportation barriers	Provide a mobile office to provide comprehensive services	Number of services offered in a mobile or satellite location	December 2027	Local Business Media Reach Media Healthcare
3. Promote available routes /resources across the district to assist people access to care	Share transportation opportunities in each county	Number of shares/ impressions	December 2027	Local Coalitions Media Reach Media Healthcare

OBJECTIVE 2	OUTCOME MEASURES
Improve access to medical care for populations with greatest barriers to care by December 31, 2027.	As of May 5, 2025, NCDHD currently offers immunizations, Living Well with Hypertension, Healthy Eating classes, BINGOCIZE, and dental care in a mobile setting. *** Each coalition / hospital will identify one baseline service

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1.Improve access to current programs	Advertise and expand current programs to reach people with barriers to care	Number of programs expanded	December 31, 2027	Local government
2.Expand the number of counties receiving community well-being dollars to support gap assistance.	Expand gap assistance to all 9 counties, currently 5 of 9 offer *** Current: Cherry County (Valentine Family coalition) Pierce County (Norfolk Family Coalition), Knox County (Santee Tribe for Knox Co Tribal members only), Holt/ Boyd Counites (NCDHD/ HB Collaborative)	Number of counties receiving community wellbeing dollars	December 31, 2027	Local Coalitions
3. Support Federally Qualified Health Centers (FQHC) service expansion in the district	Expand FQHC services with a focus on dental and mental health	Number of NCDHD residents served *** *Baseline: 2023 Midtown Health Visits: 686 unique patients and 2,033 total visits*	December 31, 2027	Midtown Health FQHC

OBJECTIVE 3	OUTCOME MEASURES
Increase access to childcare by decreasing the difference between the number of children under the age of 6 and the capacity of licensed providers from 5,917 to 5,500 by December 31, 2027.	In 2023, the Northeast region of Nebraska had 6,302 available childcare spots from licensed providers and 12,219 children under the age of 6. *Source: Nebraska Department of Economic Development, opportunity.nebraska.gov*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1.Explore viable options for healthcare systems to be involved in improving childcare in their area.	Provide education and resources to partners to establish	Number of trainings	December 2027	Healthcare NE Children's and Families
2 Local partners will explore childcare options to address needs through partnership with established organizations.	Identify current efforts on childcare improvement efforts and support as needed.	Number of childcare initiatives supported	December 2027	Healthcare NE Children's and Families

Community Health Improvement Plan

ACKNOWLEDGEMENTS

NCDHD would like to recognize financial partners who made the project possible: Antelope Memorial Hospital, Avera Creighton, Avera St. Anthony's O'Neill, Cherry County Hospital, CHI Health Plainview, Osmond General Hospital, Niobrara Valley Hospital, West Holt Memorial Hospital, and Midtown Health

The North Central District Health Department would like to recognize the following organizations for their assistance which led to the development of this report:

Ainsworth Chamber of Commerce
Antelope Memorial Hospital
AseraCare Hospice
Avera Creighton Hospital
Avera St. Anthony's O'Neill
Boyd County Schools
Bright Horizons
Brown County Emergency Management
Brown County Sheriff's Office
Building Blocks
Cherry County Hospital
CHI Health Plainview
City of Creighton
Department of Health and Human Services
Elgin Public Schools
Emergency Manager of Cherry County
Educational Service Unit 17
Family Service Lincoln
Greater Sandhills Family Healthcare, PC
Niobrara Valley Hospital
Northeast Community College
O'Neill Chamber of Commerce
O'Neill Community Foundation
Osmond General Hospital
Osmond School Board
Pierce Chamber of Commerce
Plainview Ministerial
Region 11 Emergency Management, Norfolk
Retired Rural Regional One Medical Response System
Rock County Hospital
Rotary Club
Rural Regional One Medical Response System
Santee Health Center
University of Nebraska-Lincoln Extension
Valentine Police Department
West Holt Health Ministries
West Holt Memorial Hospital

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University of Nebraska-Lincoln Extension
Valentine Police Department
West Holt Health Ministries
West Holt Memorial Hospital

DETERMINING HEALTH PRIORITIES

HOW DID WE GET HERE?

The Community Health Assessment and Community Health Improvement Plan were developed through a community-driven strategic planning process called Mobilizing for Action through Planning and Partnership 2.0 (MAPP). The MAPP process commenced July 7, 2024 and took approximately nine months to complete. North Central District Health Department (NCDHD) guided the processes and incorporated representatives of varying organizations throughout the health district.

The Community Health Assessment (CHA) was completed by obtaining and reviewing health data for the community. The Community Health Improvement Plan details strategic issues noted throughout the assessment process and outlines goals and strategies to address identified health priority areas.

Data related to the health of the North Central District referenced throughout this document can be found on the NCDHD website: www.ncdhd.ne.gov/cha.

PURPOSE

We recognize that by including members from many organizations throughout the community, we can accomplish more than what could be done by any one organization alone. The purpose of the Community Health Improvement Plan is not to create a heavier workload for our partners, but rather, to align efforts of these various organizations to move forward in improving the health of the community in a strategic manner. Community partnership also serves to create a broader representation of community perspectives and engender ownership of the efforts aimed at addressing identified priority health issues.

What follows is the result of the community's collaborated effort and planning to address health concerns in a way that combines resources and energy to make a measurable impact on the health issues of the North Central District community. There are many assets within the North Central District that will aid in the accomplishment of these goals.

PROCESS

The Community Health Assessment incorporates a broad range of both qualitative and quantitative data. The secondary quantitative data were pulled from national, state, and local sources on MySidewalk; these allow for trend analysis and comparisons to both state and national levels. Qualitative data was sourced from the Community Partner Assessment, key informant interviews, focus groups, and a community survey.

On March 25, 2025 partners selected the CHIP priorities. NCDHD and partners convened on May 8, 2025 to solidify goals, objectives, and strategies for the CHIP. Work groups for each priority health issue will meet regularly to implement action plans and ensure progress is being made to obtain goals. NCDHD will assist in convening these meetings and measuring progress with each work plan.

PRIORITY 1: *Lifestyle Changes*

STRATEGIC ISSUE 1: HOW TO OPTIMIZE HEALTH BY IMPROVING DAILY LIFESTYLE CHOICES

CURRENT SITUATION:

The CHA/CHIP group identified mental health and substance abuse and chronic disease and disease prevention to be two priority areas on March 25th, 2025. In developing the CHIP, it was determined that lifestyle changes lead to the greatest changes in both these priority areas. To improve mental health, substance use, and chronic disease, the group decided to work to improve lifestyle choice in the district.

MENTAL HEALTH

In 2022, suicide death rates in Nebraska (15.5 per 100,000 people) have surpassed the national average of 14.8 deaths per 100,000 people in 2022. In 2023, Nebraska slightly dropped (14.4) below national average of 14.7 deaths. In Nebraska, men carry most of the burden, with a suicide death rate of 42.2, compared to their female counterpart's suicide death rate of 10.6. The age category at greatest risks for death by suicide is 45–54 years old (21.6) followed closely by 25-34 (21.3) and 35-44 (20.5). Suicide was listed in the top three leading cause of death for ages 1-14 and ages 15-24. Native Americans (35.7) are significantly more likely than any other ethnic group to die by suicide: White (16.7), African American (8.5), Hispanic (8), and Asian (0). NCDHD is a HRSA designated shortage area for mental health providers, making addressing mental health with direct healthcare services difficult.

SUBSTANCE ABUSE

Drug overdose deaths have steadily increased from 2003 to 2021 in Nebraska and in north central Nebraska. In 2003, the age-adjusted deaths per 100,000 people in Nebraska was 3.2 and grew to 11.4 in 2021.

Alcohol is the most used substance among NCD youth with 38.1% having drunk in their lifetime. 10.3% of youth had their first drink of alcohol before the age of 12 and only 1.8% of current drinkers had their first drink after the age of 15. This data suggested alcohol prevention and education must start by at least age 8. Binge drinking is defined as having 4 or more drinks of alcohol in a row within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row if you are male. Binge drinking is associated with high rates of risky behavior and harm. Males are more likely to binge drink 90.5% than females (96%) and therefore engage in risky behavior. E-cigarette use is the second most used substance for youth in NCD, with 20.6% of males and 22.7% of females having ever vaped in their lifetime. 7.1% of males are current e-cigarettes users and 10.8% of females are current users. Marijuana is the third most used substance with 10.9% of students using it by their senior year.

CHRONIC DISEASE

Nebraska's top cause of death is heart disease with 194.8 deaths per 100,000, which is less than the nation (203.3 death per 100,000). Nebraska's second leading cause of death is cancer (185.6 death per 100,000), which is higher than the nation's (183.1 death per 100,000). Cancer was listed as a top three cause of death for all age groups. Diabetes is the 7th leading cause of death in Nebraska in 2023 and was highlighted as a priority on the March 25th meeting as well as throughout the focus groups. Diabetes was the cause of death in 2023 for 579 Nebraskans. Hypertension and hypertensive renal disease are the 8th leading cause of death in Nebraska in 2023 and was highlighted on the March 25th meeting. This was the cause of death in 2023 for three hundred sixty-nine Nebraskans.

Both key informants and community members cite obesity as a major health concern, tied to poor nutrition, limited healthy food options, and a sedentary lifestyle. This helps to explain why the North Central Health District had higher percentages of adults with chronic conditions (obesity, diabetes, coronary heart disease, high blood pressure) compared to the state average. Improved physical activity was mentioned to prevent chronic disease. 28.6% of north central Nebraskans are physically inactive, compared to the state's average of 25.2%.

LIFESTYLE CHOICES

"What each of us does in our daily lives profoundly affects the likelihood of developing chronic diseases, in general, and cardiovascular disease (CVD), in particular. Thousands of studies support the concept that regular physical activity, maintenance of a proper weight, sound nutritional practices, and avoiding tobacco products all significantly reduce the risk of CVD.[1]" In NCDHD, 28.6% of adults are physically inactive, 30.8% of adults get less than 7 hours of sleep, and 6.9% of Nebraska adults reported consuming two or more fruits and three or more vegetables daily.

[1] Pippe JM. Lifestyle Strategies for Risk Factor Reduction, Prevention, and Treatment of Cardiovascular Disease. Am J Lifestyle Med. 2012 Dec 2;12(3):204-212. doi: 10.1177/1559827618812895. PMID: 30800027; PMCID: PMC6378495.

ASSETS AND RESOURCES: Healthcare providers, behavioral health agencies, hospitals, local public health department, schools, local media, athletic associations, American Heart Association, Human Performance Project, and local businesses.

PRIORITY 2: Socioeconomic Stability

STRATEGIC ISSUE 2: HOW DO WE OPTIMIZE SOCIOECONOMIC HEALTH

CURRENT SITUATION: Socioeconomic Stability

SOCIOECONOMIC STATUS

A household's income level determines what types of health-related choices are available. Those with lower levels of income often have lower access to healthy foods, preventative health care, and educational opportunities and are also associated with poorer physical and mental health outcomes (Braveman, Egerter, & Barclay, 2011). A lack of financial resources can make engaging in healthy behaviors difficult, often leading to poor health behaviors and outcomes. Poor physical health and mental health are all more common among people making less money in their household. The average income for NCDHD in 2023 was $65,682, which is lower than the state average of $74, 985.

When residents were asked in the community survey, "What would make the area where you live a healthier place for you or your family?" the top responses were lower cost of living, affordable healthcare, economic improvement, better job opportunities, wage increases to match inflation, and support for small businesses. When asked, "What worries you most about your health or the health of your family?" the top responses were financial concerns, cost of healthcare, medical bills, insurance cost, cost of medications and treatments, rising cost of groceries and healthy food.

HOUSING

Residents frequently mention high living costs, expensive healthy foods, and financial struggles as barriers to overall health. One of the greatest expenses of a family is housing. Excessive housing costs, which is defined as 30% of a household's income, affect 18.4% of NCDHD residents.

FOOD INSECURITY:

Residents frequently mentioned the excessive cost for healthy food. This was reinforced by 35.4% of residents living over 10 miles from a grocery store with no large supercenters or club stores offering more variety. NCDHD has fewer households receiving SNAP benefits (6.8%) compared to the state average (8%). Yet, we have a higher percentage of households living in poverty that don't receive SNAP support (73.8%) than the state (66%).

ASSETS AND RESOURCES: Local Coalitions, media outlets, schools, local city and county governing bodies, Central Nebraska Economic Development, landlords, Community Action Agencies, healthcare, DHHS, Beginnings Pregnancy Center, Reach Media, parks, churches, grocery stores, UNL Extension's ACCESS Nebraska Nutrition Education Program

PRIORITY 3: Access to Care

STRATEGIC ISSUE 2: HOW DO WE BUILD BRIDGES TO CARE

CURRENT SITUATION: ACCESS TO CARE

ACCESS TO CARE

Access to care was a common theme in focus groups and the community survey. NCDHD counties are all HRSA designated healthcare provider, mental health provider, and dental provider shortage areas.

Lack of long-term care options for elderly populations was a common theme in focus groups, as well as during the March 25, 2025 meeting.

Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance. 93.3% of NCDHD residents have health insurance, which is more than the state average of 92.6%. In the district, Native Americans (71.1%), African Americans (80.8%), Hispanics (80.4%), and other populations (68.7%) have the lowest rates of insurance. This insurance disparity amongst races varies from one county to another, to address insurance disparities in individual counties, the county level data should be reviewed.

Key informants and partners identified persistent challenges in recruiting and retaining healthcare professionals, including nurses, EMS personnel, and other medical staff. Staffing shortages affect care quality, timeliness, and service sustainability.

CHILDCARE

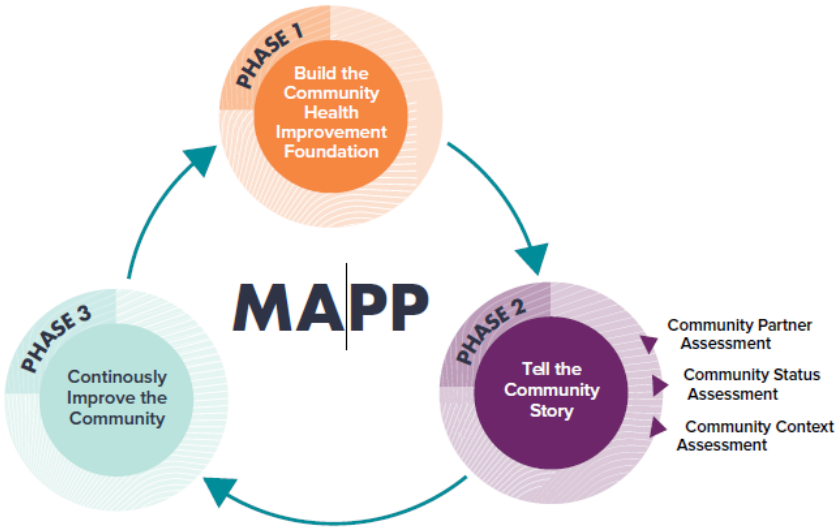
When asked "What would make the area where you live a healthier place for you or your family?" amongst the top responses were lack of childcare. Shortage of childcare providers was also a common theme in focus groups. The average childcare center per county in the district is three.

TRANSPORTATION

When residents were asked "What would make the area where you live a healthier place for you or your family?" a top response was transportation. Consistently, respondents noted limited access to specialists (e.g., mental health providers, cardiologists, endocrinologists), requiring long-distance travel and long wait times.

ASSETS AND RESOURCES: Healthcare, NE Children's and Families, local government, local coalitions, Midtown Health

MAPP 2.0 Framework



PARTNERSHIPS

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Cherry County Hospital
CHI Health Plainview
Osmond General Hospital
Niobrara Valley Hospital
West Holt Memorial Hospital
Midtown Health

Additional Contributing Partners:

Ainsworth Chamber of Commerce

AseraCare Hospice

Boyd County Schools

Bright Horizons

Brown County Emergency Management

Brown County Sheriff's Office

Building Blocks

City of Creighton

Department of Health and Human Services

Elgin Public Schools

Emergency Manager of Cherry County

Educational Service Unit 17

Family Service Lincoln

Greater Sandhills Family Healthcare, PC

Heartland Counseling Services

Holt County Economic Development

Holt Boyd Community Connections Collaborative

Lions Club

Midtown Health Center, Inc.

North Central District Health Department

North Central District Health Department Board of Health

Nebraska Critical Incident Stress Management Program

Northeast Community College

O'Neill Chamber of Commerce

O'Neill Community Foundation

Osmond School Board

Pierce Chamber of Commerce

Plainview Ministerial

Region 11 Emergency Management, Norfolk

Retired Rural Regional One Medical Response System

Rotary Club

Rural Regional One Medical Response System

Santee Health Center

University of Nebraska-Lincoln Extension

Valentine Police

West Holt Health Ministries

PROCESS

June 6, 2024	**NCDHD Internal Planning Meeting** At this meeting, NCDHD key staff and the Executive Director planned the 2025-2027 CHA process.
July 7, 2024	**Community Partner Assessment Review** NCDHD, Avera St. Anthony's in O'Neill, Osmond General, and CHI Health in Plainview met to review and edit the Community Partner Assessment for the CHA process. The CPA was released on 8/8/2024 and closed on 10/22/2024.
August 8, 2024	**CHA Kick Off Meeting** At this meeting, an overview of the CHA process was provided. The three assessments were reviewed and discussed. NCDHD, in partnership with MySidewalk and Tommy George, took the lead on the Community Status Assessment. The Community Partner Assessment was dispersed to partners at this meeting. It was decided that the Community Context Assessment would be completed through Key Informant Interviews, Focus Groups, and a Community Survey. A workgroup was created to iron out the CCA details, which met on 8/28/25.
August 28, 2024	**Community Context Assessment (CCA) Meeting:** NCDHD, Avera St. Anthony's Hospital, Avera Creighton Hospital, Antelope Memorial Hospital, Osmond General, and CHI Plainview Health met to review and edit the CCA for the CHA process. The CCA consisted of: 1.) Key Informant Interviews with Hospital CEOs and key hospital personnel 2.) Community Survey on Qualtrics- the survey was opened on 9/8/2024 and closed on 10/22/2024. 3.) Community Focus Groups: Focus groups were conducted throughout the district
September 9, 2024	**Antelope County Focus group at Antelope Memorial Hospital**
September 10, 2024	**Holt/Boyd County Focus group at NCDHD**
September 11, 2024	**Cherry County Focus group at Cherry County Hospital**
September 13, 2024	**Knox County Focus group at Creighton AVERA Hospital**
September 23, 2024	**Pierce Focus Group at CHI Hospital in Plainview**
September 27, 2024	**Brown/Rock/Keya Paha Counties Focus group at ESU 17**
September 27, 2024	**NCDHD Board of Health Focus group at NCDHD**
November 7, 2024	**Community Health Assessment Draft Review** Partners were able to review the CHA content prior to it being sent to the evaluator.
November 15, 2024	**Key Informant Interviews** By this time, the NCDHD executive Director has met with every area hospital to glean insights on needs, gaps, and obstacles in health.
November 15, 2024	**Evaluator Review** The CHA DRAFT was provided to the evaluator to review, provide an executive summary, and provide suggested revisions.
January 23, 2025	**Internal NCDHD Meeting** NCDHD met internally to move review the CHA to ensure it was ready for partner review.

February 6, 2025	**Final CHA Review with NCDHD Hospitals** NCDHD present the final DRAFT version of the CHA to hospital partners. Upon review and approval, the CHA transitioned from DRAFT to FINAL.
March 25, 2025	**Community CHA Review** The community and partners were invited to review the final CHA and select priority areas for the Community Health Improvement Plan. This meeting was originally scheduled for March 4, 2025; however, do to a snowstorm, the meeting was rescheduled.

Data Sources and Indicators

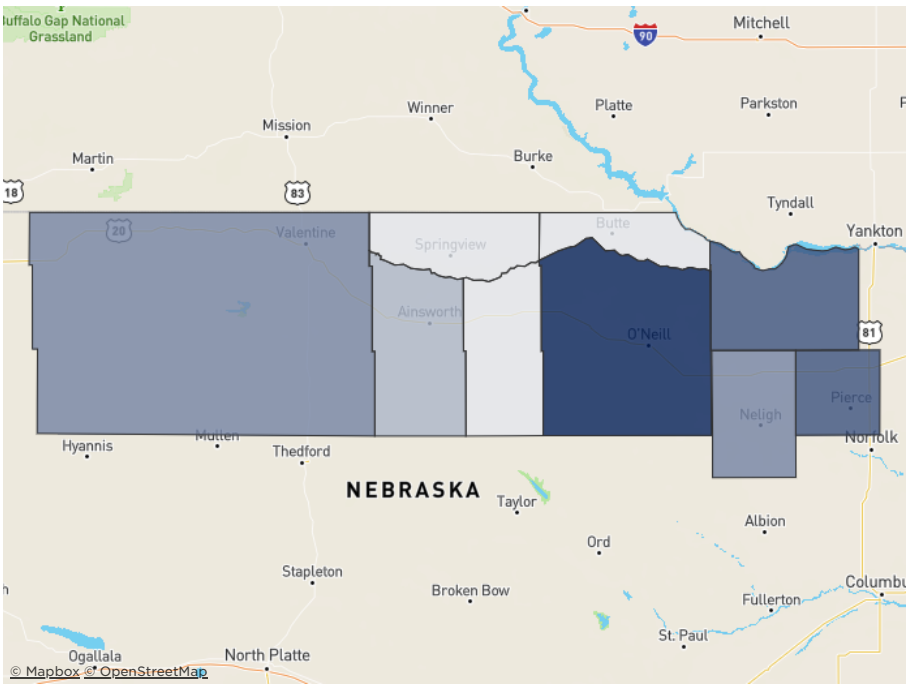
Indicator	Data Source
Age Totals	US Census
Respiratory Hazard Environmental Justice Index	EPA Environmental Justice
Air Toxics Cancer Risk Environmental Justice Index	EPA Environmental Justice
Average Months on Waiting List for HUD Assisted Housing Units	HUD Picture of Subsidized Household
Average Number of Jobs Within a 30 Minute Public Transit	Univ of MN Access Across America
Population With Bachelor's Degree or Higher Education	US Census
Binge Drinking Among Adults	CDC
Black, Indigenous, and People of Color (BIPOC) Population	US Census
Births With Prenatal Care Started in First Trimester	CDC
Births With Tobacco Use During Pregnancy	CDC
Bullying on Basis of Disability	CRDC
Bullying on Basis of Race, Color, or National Origin	CRDC
Bullying on Basis of Sex	CRDC
Cancer (Except Skin) Among Adults	CDC
Causes of Death	CDC
Child Population	US Census
Childcare Centers	CBP
Chlamydia Rate	CDC
Chronically Absent Students	CRDC
Colorectal Cancer Screening Among Adults	CDC
Commute Means of Transportation	US Census
Core Preventive Services for Men 65 and Over	CDC
Core Preventive Services for Women 65 and Over	CDC
Coronary Heart Disease Among Adults	CDC
COVID-19 Deaths	CDC
Dental Visit Among Adults	CDC
Dentist Ratio	NPPES
Diagnosed Depression Among Adults	CDC
Diagnosed Diabetes Among Adults	CDC
Diesel Particulate Matter Level in Air	EPA Environmental Justice
Disconnected Youth	US Census
Doctor Checkup in Past Year Among Adults	CDC
Drug Overdose Death Rate	CDC
Educational Attainment	US Census
Employment	US Census
Enrolled In Nursery or Preschool	US Census
Enrollment Ages 3-4	US Census
Enrollment by Age	US Census
Excessive Housing Costs by Tenure (Owner Vs Renter)	US Census
Excessive Housing Costs Overall	US Census
Fair Or Poor Health	CDC
Fast Food Restaurants per 1,000 People	USDA ERS Food Environment Atlas

Fatal Motor Vehicle Crashes by Reason for Crash	NHTSA FARS
Fatal Motor Vehicle Crashes Total	NHTSA FARS
Food Insecurity	Map the Meal Gap 2021
Foreign Born (Immigrants)	US Census
Gonorrhea Rate	CDC
Grocery Stores	USDA ERS Food Environment Atlas
Health Insurance Status	US Census
High Blood Pressure Among Adults	CDC
High School Graduation Rate	Department of Education EDFacts
HIV New Diagnoses Rate	AIDSVu Emory University Rollins School of Public Health
Homeless Students	Department of Education EDFacts
Homeownership	US Census
Homicides	CDC
Households in Poverty Not Receiving SNAP	US Census
Households Receiving SNAP	US Census
Housing Units with No Vehicles with Low Access to Healthy Food	USDA ERS Food Access Research Atlas
Housing Units with Potential for Lead Paint	US Census
Infant Breastfed At Discharge	CDC
Infant Mortality Rate	NCHS Natality and Mortality Files via RWJF CHR
Insufficient Sleep	CDC
Labor Force Participation Rate	US Census
Language Spoken at Home	US Census
Life Expectancy at Birth	CDC NCHS
Limited English Proficiency	US Census
Linguistic Isolation	US Census
Long Commute Drive Alone	US Census
Low Birth Weight	CDC
Low Income People By Combined Urban/Rural Distance With Low Access To Healthy Food	USDA ERS Food Access Research Atlas
Mammography Among Women 50 To 74	CDC
Median Household Income	US Census
Social Associations	CBP
Mental Health Provider Ratio	NPPES
No Leisure-Time Physical Activity Among Adults	CDC
Obesity Among Adults	CDC
Pap (Papanicolaou) Smear Test Among Women 21 To 65	CDC
People by Combined Urban/Rural Distance with Low Access to Healthy Food	USDA ERS Food Access Research Atlas
People in Households with Computer and Internet Subscription	US Census
People Living with Disabilities	US Census
Percent Area Covered By Parks	openICPSR NaNDA
Poor Mental Health Among Adults	CDC

Poor Physical Health Among Adults	CDC
Poverty by Family Type and Presence of Children	US Census
People Below Poverty Level	US Census
Presence of Severe Housing Problems by Tenure And HAMFI	HUD CHAS
Preterm Births	CDC
Preventable Hospitalizations	CMS
Primary And Secondary Syphilis Rate	CDC
Primary Care Physician Ratio	NPPES
Race/Ethnicity Totals	US Census
Regular Smoking Among Adults	CDC
Senior Population	US Census
Seniors Living Alone	US Census
Sex Totals	US Census
Single-Parent Households	US Census
SNAP Authorized Stores	USDA ERS Food Environment Atlas
Stroke Among Adults	CDC
Students With Access to a Computer and Internet Subscription	US Census
Supercenters/Club Stores	USDA ERS Food Environment Atlas
Teen Birth Rate	CDC
Total Jobs	LEHD LODES
Total Population	US Census
Unemployment	BLS
Vehicles Available for Occupied Housing Unit - No Vehicles	US Census
Veterans	US Census
Violent Crime Rate	FBI UCR
Walkability	EPA Walkability
WIC Authorized Stores	USDA ERS Food Environment Atlas

Demographics

Total Population by County

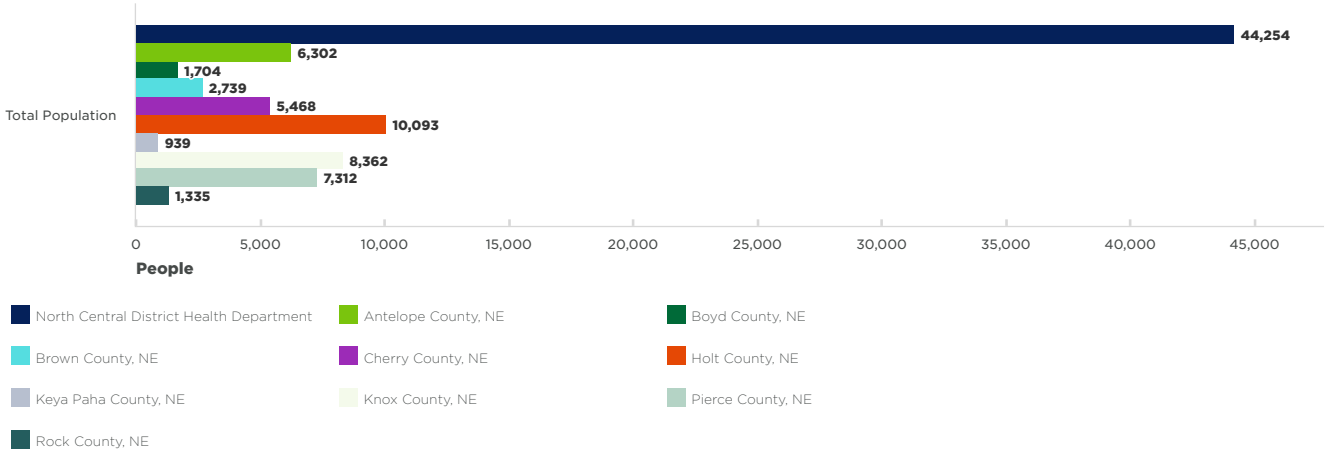


Total Population

- 939 – <2,739
- 2,739 – <5,468
- 5,468 – <7,312
- 7,312 – <10,093
- 10,093

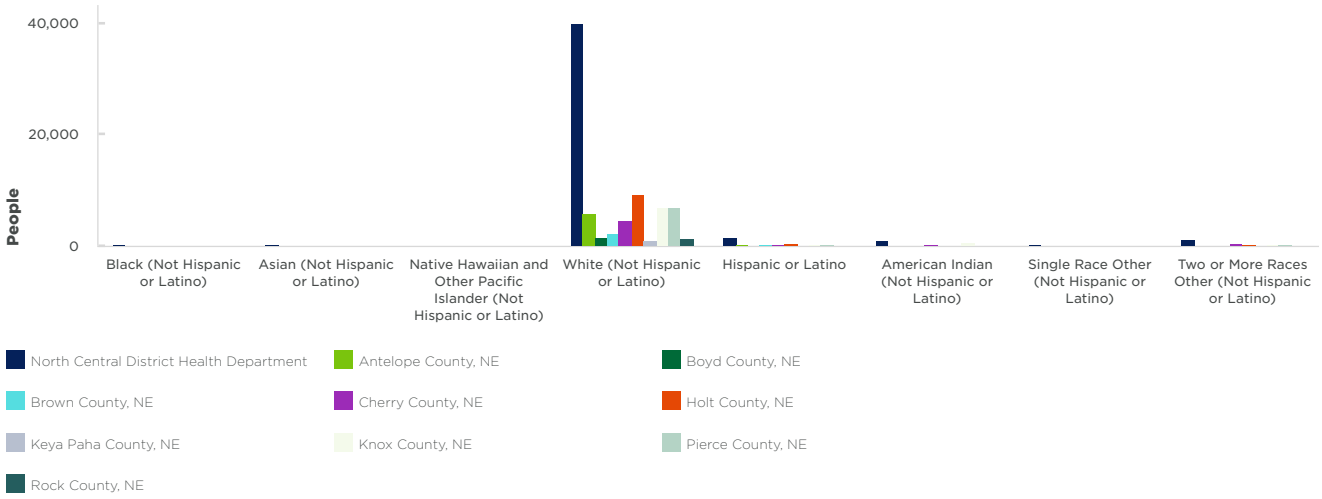
Sources: US Census Bureau ACS 5-year 2019-2023

Total Population



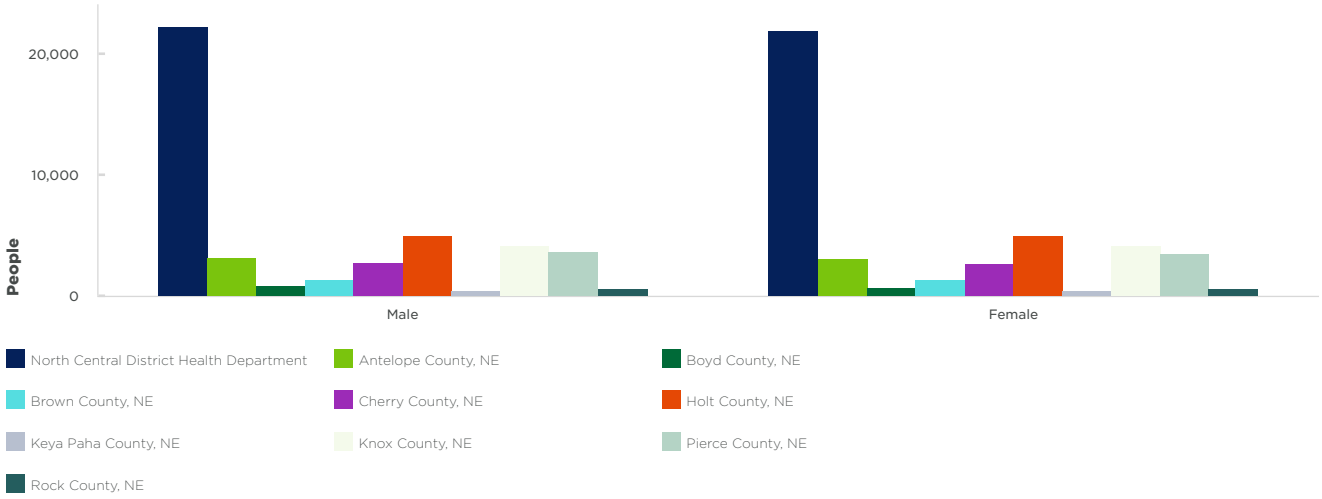
Sources: US Census Bureau ACS 5-year 2019-2023

Race/Ethnicity Totals



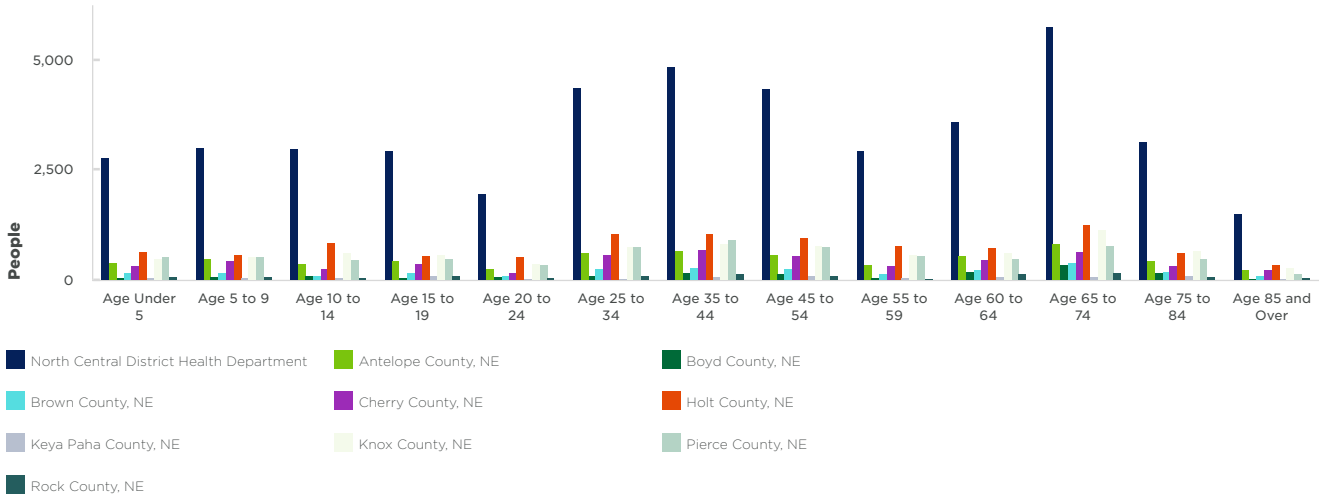
Sources: US Census Bureau ACS 5-year 2019-2023

Sex



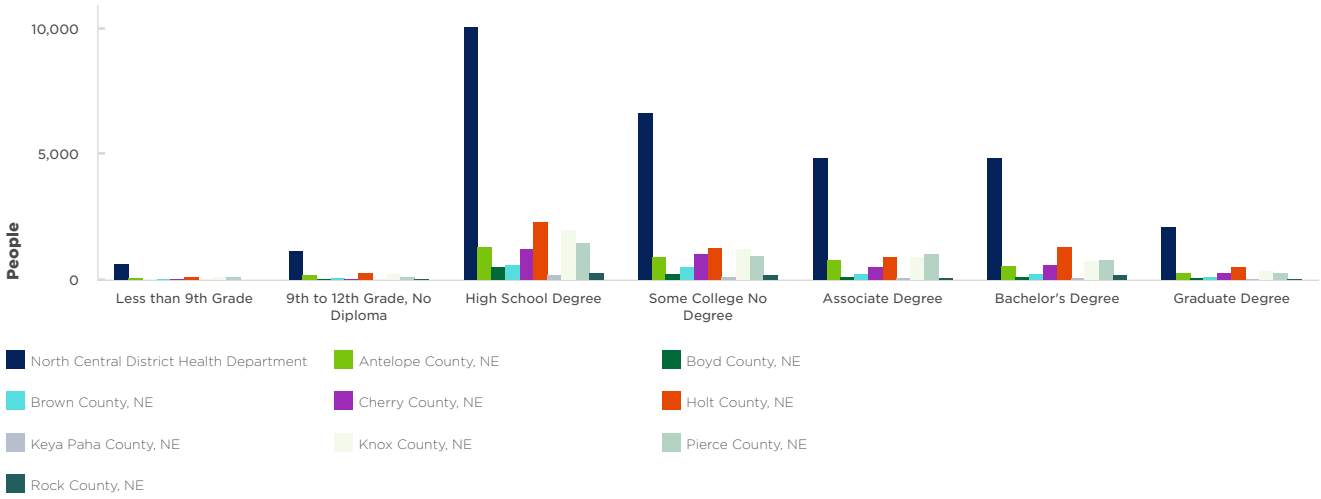
Sources: US Census Bureau ACS 5-year 2019-2023

Age Totals



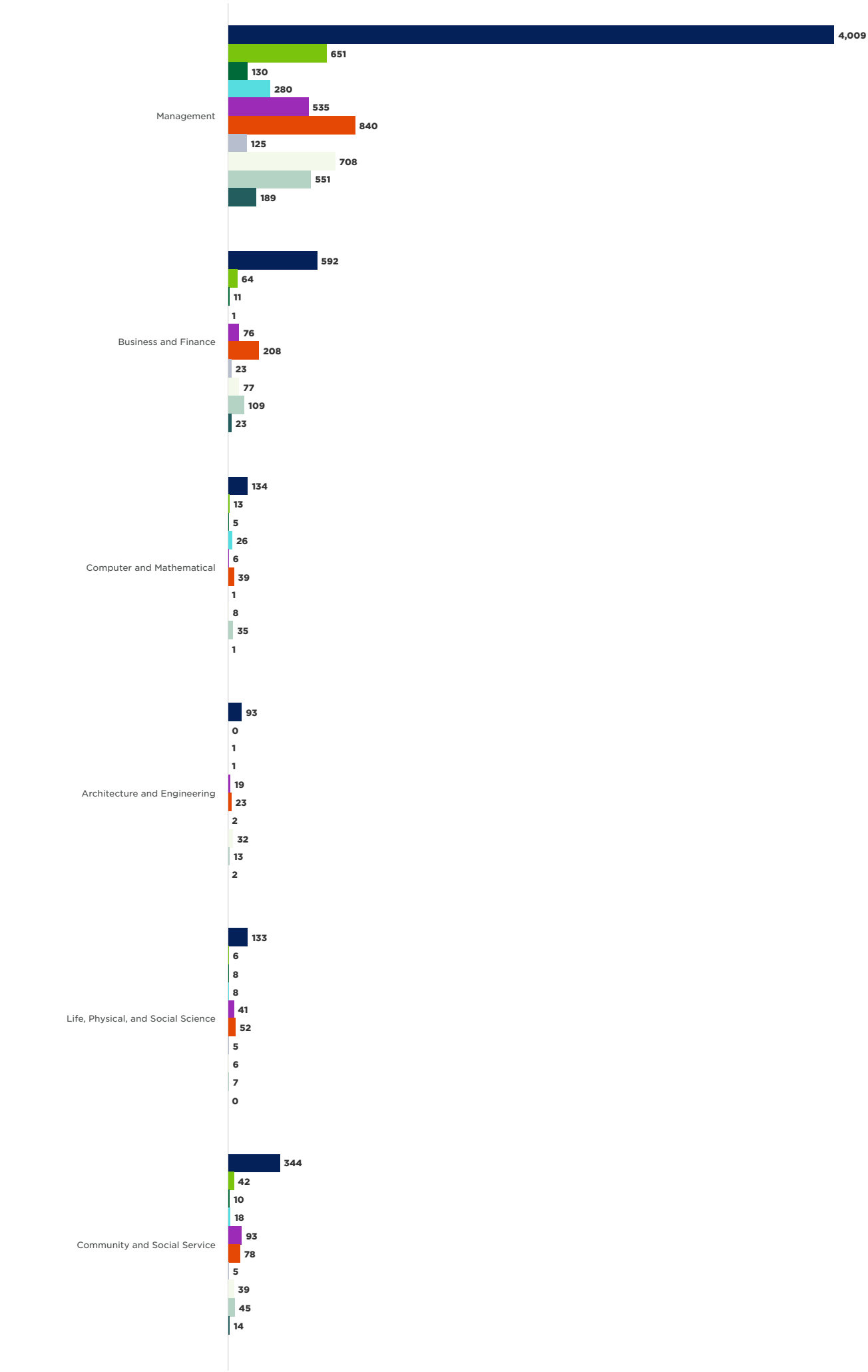
Sources: US Census Bureau ACS 5-year 2019-2023

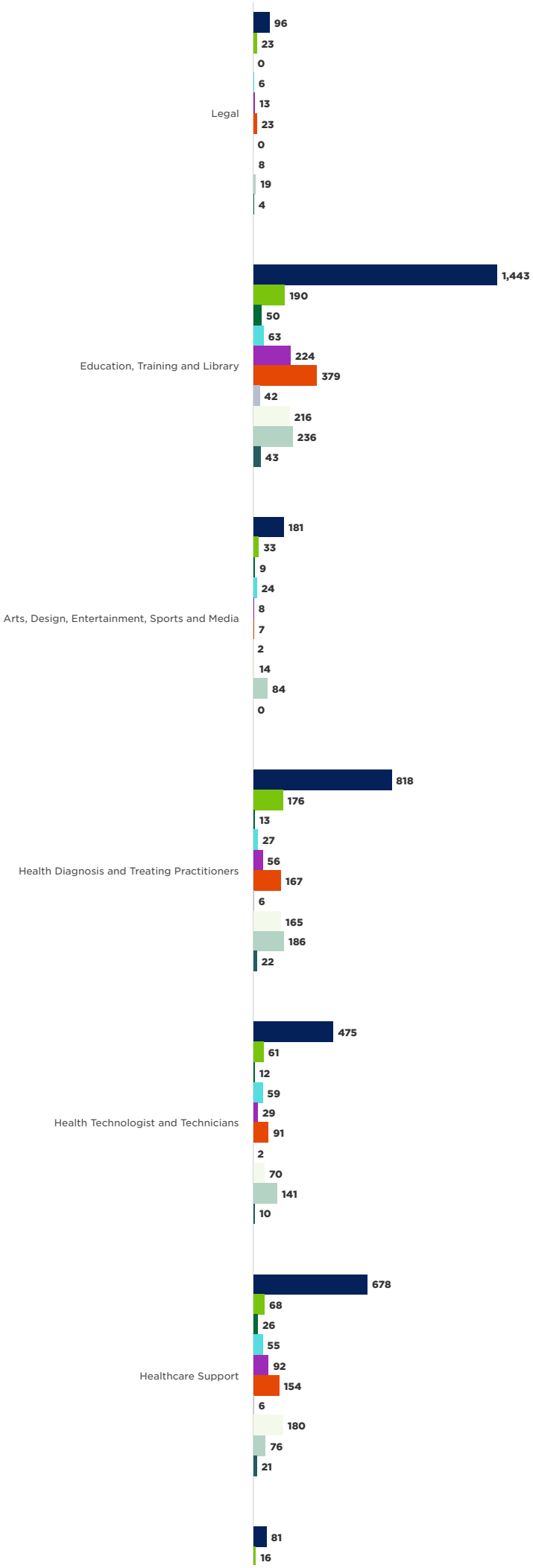
Educational Attainment

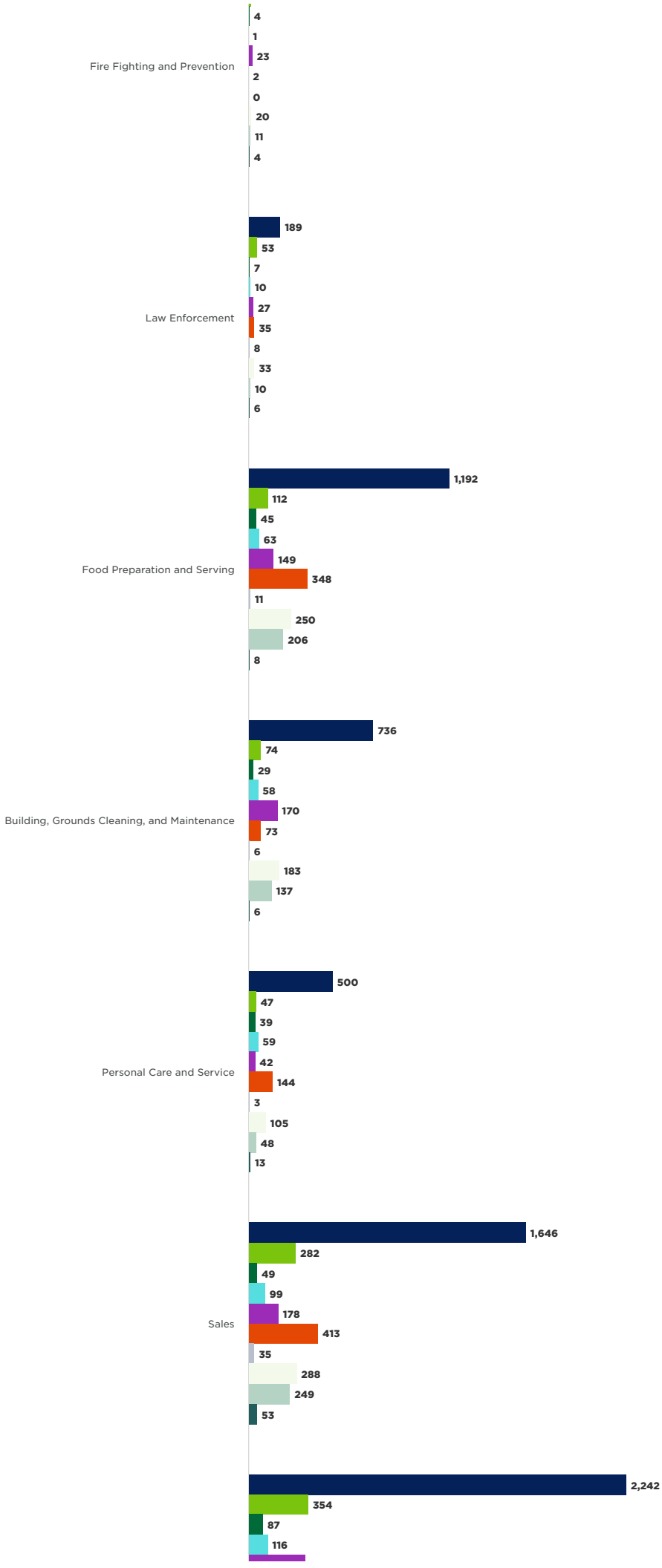


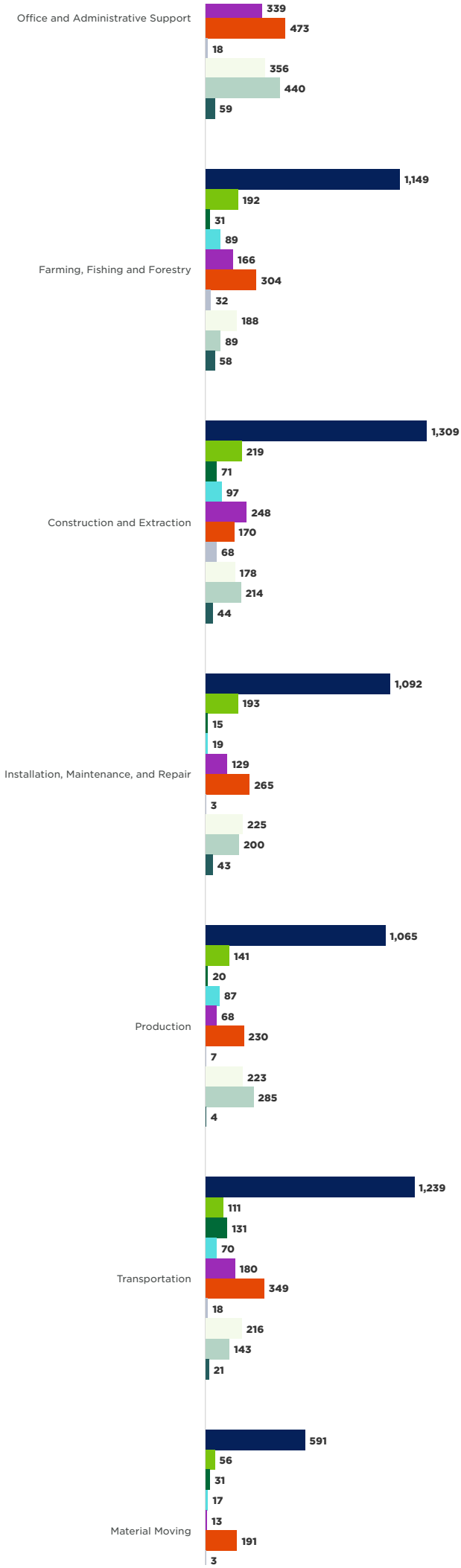
Sources: US Census Bureau ACS 5-year 2019-2023

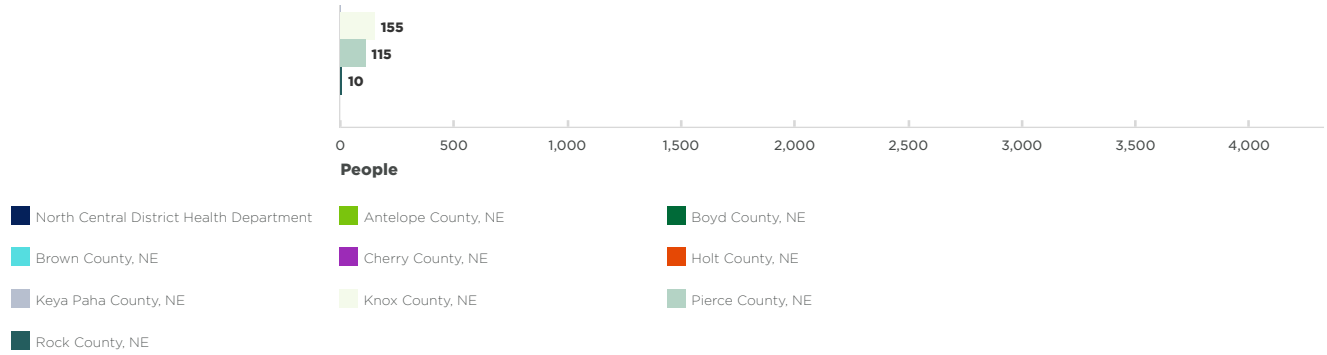
Employment by Occupation




Legal
96
23
0
6
13
23
0
8
19
4
Education, Training and Library
1,443
190
50
63
224
379
42
216
236
43
Arts, Design, Entertainment, Sports and Media
181
33
9
24
8
7
2
14
84
0
Health Diagnosis and Treating Practitioners
818
176
13
27
56
167
6
165
186
22
Health Technologist and Technicians
475
61
12
59
29
91
2
70
141
10
Healthcare Support
678
68
26
55
92
154
6
180
76
21
81
16

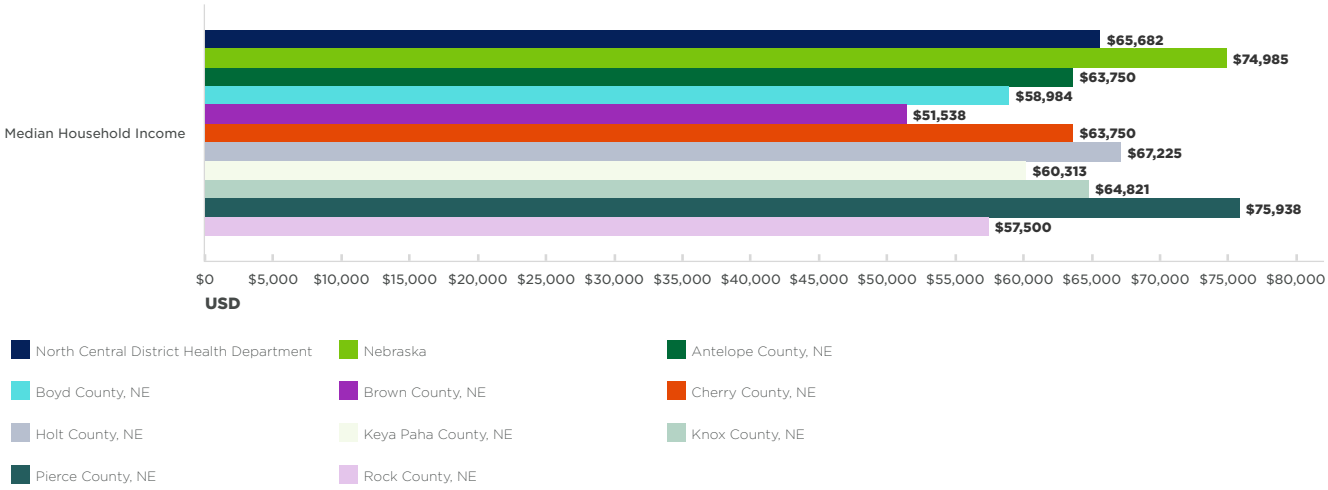

Fire Fighting and Prevention
4
1
23
2
0
20
11
4
Law Enforcement
189
53
7
10
27
35
8
33
10
6
Food Preparation and Serving
1,192
112
45
63
149
348
11
250
206
8
Building, Grounds Cleaning, and Maintenance
736
74
29
58
170
73
6
183
137
6
Personal Care and Service
500
47
39
59
42
144
3
105
48
13
Sales
1,646
282
49
99
178
413
35
288
249
53
2,242
354
87
116


Office and Administrative Support
339
473
18
356
440
59
Farming, Fishing and Forestry
1,149
192
31
89
166
304
32
188
89
58
Construction and Extraction
1,309
219
71
97
248
170
68
178
214
44
Installation, Maintenance, and Repair
1,092
193
15
19
129
265
3
225
200
43
Production
1,065
141
20
87
68
230
7
223
285
4
Transportation
1,239
111
131
70
180
349
18
216
143
21
Material Moving
591
56
31
17
13
191
3



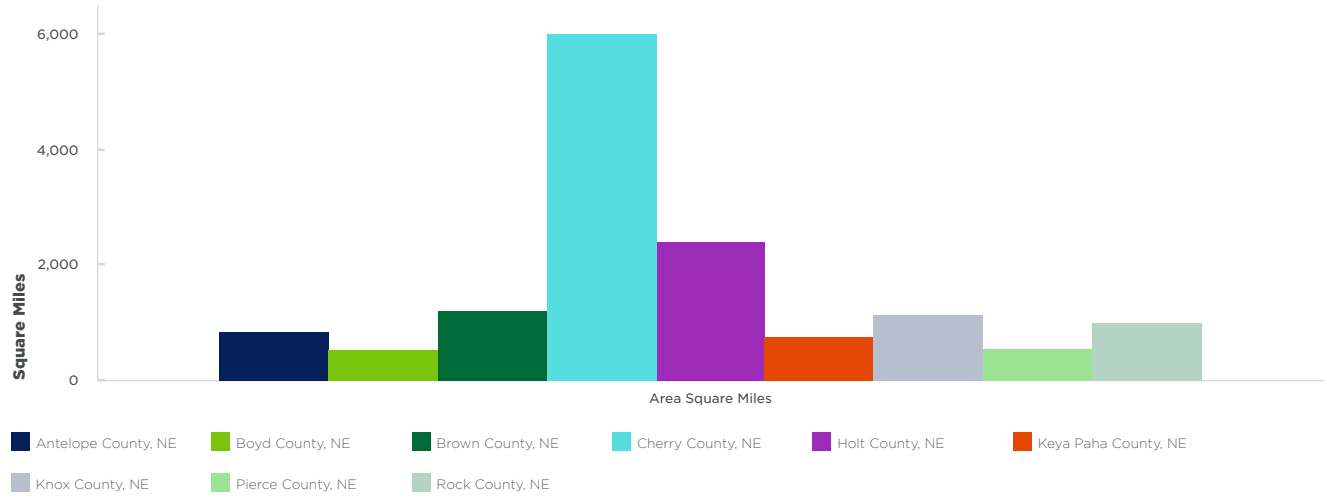
Sources: US Census Bureau ACS 5-year 2019-2023

Median Household Income



Sources: US Census Bureau ACS 5-year 2019-2023

Area (square miles)



Sources: US Census Bureau 2023

Age

Data Sources	Antelope County, NE	Boyd County, NE	Brown County, NE	Cherry County, NE	Holt County, NE	Keya Paha County, NE	Knox County, NE
2019-2023 Under 5	6.6%	4%	6.3%	5.9%	6.5%	4.8%	5.9%
2019-2023 5 to 9	7.8%	4.6%	6%	8.3%	6%	6.8%	6.2%
2019-2023 10 to 14	6%	7.6%	4.9%	4.9%	8.5%	6.3%	7.4%
2019-2023 15 to 19	7.2%	3.1%	6.8%	7.3%	5.5%	11.2%	7.2%
2019-2023 20 to 24	4.1%	4.6%	4.3%	3.1%	5.2%	3.8%	4.6%
2019-2023 25 to 34	9.9%	6.9%	10%	10.6%	10.7%	3.7%	9.1%
2019-2023 35 to 44	10.6%	11.3%	10.6%	12.8%	10.5%	8.9%	9.9%
2019-2023 45 to 54	9.3%	8.1%	9.8%	10.2%	9.6%	13.7%	9.7%
2019-2023 55 to 59	5.7%	4.1%	5.3%	6.1%	7.8%	6.8%	7.1%
2019-2023 60 to 64	8.7%	12%	8.9%	8.9%	7.3%	9.1%	7.3%
2019-2023 65 to 74	13.2%	21.4%	15.3%	12%	12.7%	9.5%	13.9%
2019-2023 75 to 84	7.2%	10%	8%	5.7%	6.2%	11.3%	8.1%
2019-2023 85 and Over	3.6%	2.3%	4%	4.2%	3.5%	4%	3.4%

Sources: US Census Bureau ACS 5-year 2019-2023