



**Community Health
Needs Assessment**

October 2016

Research. Learn. Act

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Executive summary

Executive summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Great Plains Health (GPHealth) by Community Hospital Consulting (CHC Consulting). This CHNA includes relevant demographic and health data as well as stakeholder input surrounding the hospital's study area, which is defined as Lincoln County, Nebraska.

The CHNA Team, consisting of leadership from GPHealth, met with staff from CHC Consulting on July 15, 2016 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through its hospital specific implementation plan.

The six most significant needs, as discussed during the July 15th prioritization meeting, are listed below:

1. Increased access to mental and behavioral health care and education
2. Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates
3. Increased access to safe and affordable housing
4. Collaboration with local organizations to improve community health
5. Improved access to care
6. Continued physician recruitment and retention

GPHealth’s implementation plan addresses all of the six identified needs. GPHealth leadership has developed its implementation plan to identify specific activities and services which directly address all of the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate). Please see the separate 2016 Great Plains Health Implementation Plan for further information.

The GPHealth Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on September 22, 2016.

Priority #1: Increased access to mental and behavioral health care and education

- In 2012, the percentage of Medicare Beneficiaries in Lincoln County (15.6%) with depression was higher than the state (13.9%) and national rates (15.4%).
- Between 2011 and 2014, the percentage of adults (age 18+) that had ever been told by a doctor, nurse or other health professional that they have a depressive disorder (depression, major depression, dysthymia or minor depression) in WCDHD and the state remained relatively steady.
- In 2014, the percentage of adults (age 18+) in WCDHD (19.6%) that had ever been diagnosed with a depressive disorder was slightly higher than the state (17.7%).
- Lincoln County is defined as a Health Professional Shortage Area (HPSA) specifically for Mental Health, with a score of 18 out of 26 – indicating a greater priority for assignment of clinicians.
- Drug addiction and the lack of treatment facilities, particularly with the legalization of marijuana in Colorado, are of particular concern to the interviewees. One interviewee specifically stated: “[The community is] are not equipped to handle the mental health or drug addiction problems.”
- The majority of interviewees reported that mental health services and providers are very limited for residents below 18 years old, and one interviewee stated: “There is no inpatient or long-term mental health and that is a problem. There is nothing for young people.”
- Behavioral health issues were also mentioned as needing attention in the area.

Priority #2: Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates

- Overall mortality rates in Lincoln County remained higher than the state rate in between 2010 and 2014. In 2012-2014, Lincoln County (741.9 per 100,000) had higher overall mortality rates than the state (717.2 per 100,000).
- The leading causes of death in both Lincoln County and the state are Malignant neoplasms and Diseases of the heart (2010-2014).
- Cancer is the leading cause of death in both Lincoln County and the state (2010-2014). While cancer mortality rates appear to be decreasing in the state, rates in Lincoln County have recently slightly increased (2010-2014). In 2012-2014, the cancer mortality rate in Lincoln County (167.9 per 100,000) was slightly higher than the state rate (161.8 per 100,000).
- Between 2010 and 2014, the four leading causes of cancer mortality by site in both Lincoln County and Nebraska include: trachea, bronchus and lung; lymphoid, hematopoietic and related tissue; breast; and colon, rectum and anus cancers.
- Lincoln County has higher breast; trachea, bronchus and lung; and lymphoid, hematopoietic and related tissue cancer mortality rates than the state (2010-2014). Lincoln County has a noticeably higher rate of trachea, bronchus and lung cancer mortality rates (48.1 per 100,000) than the state (43.0 per 100,000) (2010-2014).
- In comparison to peer counties, Lincoln County (451.8 per 100,000) ranked within the two middle quartiles for cancer incidence rates between 2006 and 2010, and also ranked just below the U.S. median (457.6 per 100,000).
- In comparison to peer counties, Lincoln County ranked within the two middle quartiles for female breast (120.0 per 100,000) and lung and bronchus (67.8 per 100,000) cancer incidence rates between 2006 and 2010.
- Heart disease is the second leading cause of death in both Lincoln County and the state (2010-2014).
- Chronic lower respiratory disease is the third leading cause of death in both Lincoln County and the state (2010-2014). While chronic lower respiratory disease mortality rates appear to be remaining steady in the state, rates in Lincoln County are steadily increasing (2010-2014). In 2012-2014, the chronic lower respiratory disease mortality rate in Lincoln County (54.3 per 100,000) was slightly higher than the state rate (49.1 per 100,000).

Priority #2: Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates (continued)

- Lincoln County has maintained a higher mortality rate due to accidents (unintentional injuries) than the state since 2010. Accident mortality rates in Lincoln County have been steadily increasing, while the state has remained constant (2010-2014). In 2012-2014, the fatal accident rate in Lincoln County (50.9 per 100,000) was higher than the state rate (37.8 per 100,000). The leading causes of fatal accidents in Lincoln County is due to motor vehicle accidents and falls (2012-2014).
- While diabetes mortality rates in the state appear to have remained consistent, rates in Lincoln County have recently increased (2010-2014). In 2012-2014, diabetes mellitus mortality rates in Lincoln County (34.4 per 100,000) were higher than the state (21.3 per 100,000).
- In comparison to peer counties, Lincoln County (30.9 per 100,000) ranked within the least favorable quartile for diabetes deaths between 2005 and 2011, and also ranked above the U.S. median (24.7 per 100,000).
- Cerebrovascular disease mortality rates in the state have slightly decreased, while rates in Lincoln County have steadily increased (2010-2014). In 2012-2014, the cerebrovascular disease mortality rate in Lincoln County (37.1 per 100,000) was slightly higher than the state rate (35.3 per 100,000).
- Between 2005 and 2014, the chlamydia infection rate in Lincoln County overall increased. Between 2010 and 2011, specifically, there was a significant increase in infection rates. Between 2012 and 2014, the chlamydia infection rate in Lincoln County has steadily decreased.
- Between 2005 and 2014, the gonorrhea infection rate in Lincoln County overall increased. Between 2011 and 2012, specifically, there was a significant increase in infection rates.
- In 2012, the percentage of adults (age 20+) ever diagnosed with diabetes by a doctor in Lincoln County (8.6%) was higher than the state rate (8.0%) but slightly lower than the national rate (9.1%).
- In 2012, the percentage of Medicare Beneficiaries with diabetes in the report area (26.0%) was higher than the state (22.5%), but slightly lower than the national level (27.0%).
- In comparison to peer counties, Lincoln County (7.3%) ranked within the least favorable quartile for the percentage of adults (age 20+) living with diagnosed diabetes between 2005 and 2011, and ranked below the U.S. median (8.1%).
- In 2012, the percentage of the Medicare Beneficiary population in Lincoln County (50.3%) that had high blood pressure (hypertension) was higher than the state (48.3%) but lower than the national rate (55.5%).
- In 2012, the percentage of Medicare Beneficiaries in Lincoln County (38.8%) that had hyperlipidemia, which is typically associated with high cholesterol, was higher than the state (35.0%) and the nation (44.8%).
- In 2013, the percentage of adults (age 18+) that have ever had their blood cholesterol checked and subsequently have been told that their blood cholesterol is high in WCDHD (42.7%) was higher than the state (37.4%).
- In 2013, the percentage of adults (age 18+) in WCDHD (34.7%) that have ever been told that they have high blood pressure (excluding pregnancy) was higher than the state (30.3%).
- In 2012, one-third (33.1%) of adults (age 20+) in Lincoln County reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 29.4% in the state and 27.1% in the nation.
- The percentage of obese adults (age 18+) in WCDHD has remained steady, while rates in the state have slightly increased (2011-2014).
- In 2014, the percentage of obese adults (age 18+) in WCDHD (32.5%) was slightly higher than the state rate (30.3%).
- In comparison to peer counties, Lincoln County (31.9%) ranked within the two middle quartiles for the percentage of obese adults between 2006 and 2012, and also ranked above the U.S. median (30.4%).

Priority #2: Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates (continued)

- In 2011-2012, the percentage of adults (age 18+) in Lincoln County (12.5%) that had ever been told by a health professional that they had asthma was higher than the state (11.2%) but slightly lower than the national rate (13.4%).
- Asthma prevalence rates in adults (age 18+) in WCDHD have slightly increased, while rates in the state have remained relatively steady (2011-2014).
- In 2014, the percentage of adults (age 18+) in WCDHD (14.2%) that have ever been told by a doctor, nurse, or other health professional that they have asthma was higher than the state rate (12.2%).
- In 2014, the percentage of adults (age 18+) with some form of arthritis in WCDHD (32.7%) was higher than the state (24.6%).
- In 2012, the percentage of the adult population (age 20+) in Lincoln County (24.2%) that self-reported no leisure time for activity was higher than the state (23.3%) and national rate (22.6%).
- In 2014, WCDHD (24.6%) had a slightly higher percentage of adults (age 18+) that reported not participating in physical activity or exercise during the past month than the state (21.3%).
- In 2014, the percentage of adults (age 18+) in WCDHD (24.5%) that reported smoking cigarettes either every day or on some days was higher than the state rate (17.4%).
- The infant mortality rate in Lincoln County (6.0 per 1,000 births) is slightly higher than the state (5.7 per 1,000 births) and slightly lower than the national rate (6.5 per 1,000 births) (2006-2010).
- The percentage of total births that are low birth weight (<2,500g) in Lincoln County (8.5%) is higher than the state (7.0%) and national rates (8.2%) (2006-2012).
- The teen birth rate per 1,000 females age 15-19 years in Lincoln County (35.6 per 1,000) is higher than the state rate (32.0 per 1,000) but slightly lower than the national rate (36.6 per 1,000) (2006-2012).
- In comparison to peer counties, Lincoln County (35.6 per 1,000) ranked in the two middle quartiles for the rate of teen births between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.2 per 1,000) and the U.S. median (42.1 per 1,000).
- Interviewees discussed the multi-faceted nature of health related education and prevention in the area, including the lack of healthy food options as well as adequate facilities for fitness. One interviewee stated: "If people had better access to food options, that would help our health issues."
- Awareness of programming available was also mentioned as an issue in the community. One interviewee specifically stated: "I think the community needs to know what all the hospital offers—free programs, etc. But a lot of people don't know about them."
- The lack of programming for children was of particular concern as early prevention can affect their health trajectory, and one interviewee mentioned: "Childhood obesity...people are not taking advantage of services. If they could do something with the schools. There is not a lot of programming for them."
- Some interviewees mentioned diabetes, obesity and cancer as emerging health issues and opportunities for future prevention efforts.

Priority #3: Increased access to safe and affordable housing

- In 2015, the total number of HUD-funded assisted housing units available to eligible renters in Lincoln County (474.6 per 10,000 Housing Units) was significantly higher than the state (348.3 per 10,000 Housing Units) and national rate (377.9 per 10,000 Housing Units).
- In comparison to neighboring communities, North Platte (407) had the lowest number of housing units built between 2004 and 2014.
- While there is a large percentage of census tracts with housing units built between 1976 and 1985, there is a large number that have housing units built between 1966 and 1975, and older than 1966 (2010-2014).
- The median year that housing structures were built in Lincoln County is 1969, compared to 1970 in Nebraska and 1976 in the United States (2010-2014).

Priority #3: Increased access to safe and affordable housing (continued)

- The number and percentage of housing units constructed has significantly declined since 2010.
- Lincoln County (27.9%) ranked within the middle two quartiles for the percent of homes built before 1950, and within the least favorable quartile (46.3%) for the percent of homes built between 1950 and 1979.

Priority #4: Collaboration with local organizations to improve community health

- Lincoln County (\$49,695) has a slightly lower median household income than Nebraska (\$50,572), but is slightly higher than the national median household income level (\$48,280) (2016).
- In 2015, the unemployment rate in Lincoln County (2.9%) was consistent with the state rate (3.0%).
- Between 2011 and 2013, the percentage of children (age 0-17) living in poverty in Lincoln County and the state increased. In 2013, the percentage of children (age 0-17) living in poverty in Lincoln County (17.0%) was consistent with the state (17.0%).
- Lincoln County (19.3%) has a lower percentage of residents with a bachelor or advanced degree than the state (29.0%) and the nation (29.4%) (2016). Between 2013 and 2014, the percentage of students that received their high school diploma within four years in Lincoln County (88.4%) was slightly lower than the state (89.0%) but higher than the national rate (84.3%).
- In 2013, child (ages 0-18) food insecurity rate in Lincoln County (20.5%) was slightly lower than the state rate (21.1%).
- When asked about which specific groups are at risk for inadequate care in Lincoln County, interviewees discussed the un/underinsured, youth, and elderly populations.
- High deductibles were mentioned as one of the most prevalent barriers to care for the un/underinsured. It was noted that many physicians will not provide an appointment due to a self-pay patient's inability to pay up front for services or any outstanding balances on a patient's account. Additionally, dental services were mentioned as an area where even those with some form of dental insurance area often denied care by local dentists.
- Interviewees mentioned that mental health services are significantly lacking for children. There was also concern surrounding drug abuse with recent Colorado legislation changes, and the risk of obesity and a need for health education.
- Transportation is an issue for the elderly population, despite the availability of the Handi Bus. Additionally, the lack of an adequate number of nursing homes as well as home health professionals were of concern for the growing elderly population.

Priority #5: Improved access to care

- In 2015, 11.0% of adults (age 18-64) in Lincoln County were uninsured, as compared to 9.2% in Nebraska and 10.7% in the United States.
- Between 2010 and 2014, 16.5% of the insured population in Lincoln County was receiving Medicaid, which is above the state rate (14.7%) but below the national rate (20.8%).
- In 2012, the rate of preventable hospital events in Lincoln County (66.7 per 1,000 Medicare Enrollees) was higher than that of the state (55.8 per 1,000) and the nation (59.2 per 1,000).
- In 2014, the percentage of adults (age 18+) in WCDHD (14.4%) that experienced a medical cost barrier to care was higher than the state rate (11.9%).
- In 2014, the percentage of adults (age 18+) in WCDHD (15.3%) that reported that they do not have a personal doctor or health care provider was lower than the state rate (20.2%).
- In 2012, the percentage of female Medicare Enrollees (age 67-69) in Lincoln County (58.6%) that received one or more mammograms in the past two years was lower than the state (61.8%) and national (63.0%) rates.
- In 2014, the percentage of female adults (age 50-74) in WCDHD (65.5%) that had received a mammogram during the past two years was lower than the state rate (76.1%).

Priority #5: Improved access to care (continued)

- Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have ever had a sigmoidoscopy or colonoscopy in Lincoln County (56.9%) was consistent with the state (56.8%) and slightly lower than the national rate (61.3%).
- In 2014, the percentage of adults (age 50-75) that were up-to-date on their colon cancer screenings in WCDHD (54.5%) was lower than the state rate (64.1%).
- In 2014, the percentage of adults (age 18-64) in WCDHD (39.1%) that reported receiving an influenza vaccination during the past 12 months was slightly lower than the state rate (43.9%).
- In 2014, the percentage of adults (age 65+) in WCDHD (63.7%) that reported receiving an influenza vaccination during the past 12 months was slightly lower than the state rate (64.8%).
- Between 2006 and 2012, the percentage of the population (age 65+) in Lincoln County (63.8%) that self-reported ever having received the pneumonia vaccine was lower than the state (69.5%) and national rates (67.5%).
- In 2014, the percentage of adults (age 65+) in WCDHD (71.1%) that reported ever having received a pneumonia vaccination was slightly lower than the state rate (72.3%).
- Interviewees noted that the increased prevalence of high deductible plans has decreased patients' ability and willingness to seek adequate medical care. They mentioned that this is an issue affecting patients of varying income brackets. One interviewee stated: "People don't have health insurance or the financial means to pay for it."
- Interviewees emphasized financial concerns as the largest barrier to healthcare in the North Platte area, specifically stating: "Payment is the most prevalent barrier (to care)."
- Interviewees mentioned physicians who will not schedule appointments for patients who had yet to settle previously accrued bills with their office. One interviewee stated: "Even with insurance, sometimes you have to pay a large deductible before going into a clinic. Any financial problems would prevent you from going to the doctor."
- Interviewees discussed the rural nature of the community and lack of a public transit system contributing to transportation issues. One interviewee stated: "Transportation can be a real barrier. There's barely more than limited transportation."
- Interviewees mentioned a Handi Bus service, but it was also noted that this service can be cost prohibitive for those of limited financial means. One interviewee specifically stated: "We do have a growing elderly population. Transportation is huge in our area. We have a Handi Bus and it seems minimal. It's \$3 one way per person. For a parent to get a child to the dentist, that's \$12 for them, which is a lot. They wait for hours. It's very unreliable. It's cost prohibitive for many people."
- Though transportation within the community was discussed, transportation issues for doctors' visits in larger cities were also of concern to interviewees.
- The elderly were of particular concern with the transportation barriers as they have very few options if they are unable to transport themselves to the doctor. One interviewee stated: "If there is someone in North Platte who can't help [residents with transportation issues], they can't get to other cities for their care. Especially for the elderly who are tight on their expenses and need transportation and to find a place to stay."

Priority #6: Continued physician recruitment and retention

- In 2013, the rate of primary care physicians per 100,000 population in Lincoln County (61.0 per 100,000) was lower than the state (73.9 per 100,000) and the national rates (75.8 per 100,000).
- In comparison to peer counties, Lincoln County (63.6 per 100,000) ranked within the two middle quartiles for the rate of primary care providers per 100,000 persons in 2011, and also ranked above the U.S. median (48.0 per 100,000).

Priority #6: Continued physician recruitment and retention (continued)

- Due to the rural nature of the community, interviewees were concerned about recruitment issues for healthcare professionals as well as the retention of these professionals. One interviewee stated: “Recruitment issue. Recruiting people to a fairly rural area is difficult. The financial resources for it need to be attractive.”
- Interviewees mentioned that North Platte is becoming an increasingly important health center for surrounding counties, expanding the need for healthcare professionals in the county.
- This issue was not only noted as something of current concern but also one growing in importance over the next five years. One interviewee stated: “The communities around us are going to continue losing providers and facilities and we are going to need to absorb that.”
- Interviewees mentioned the growing demand for primary care services as an issue in the area.
- The long distance between North Platte and larger cities was mentioned as one of the most significant concerns with not having a full spectrum of local specialists available, including:
 - Pulmonology
 - Neurology
 - Gastroenterology
 - Speech Pathology
 - Occupational Therapy
- The hospital’s effort to increase specialist coverage in the community was seen as a highlight of the healthcare system.

Process and methodology

Process and methodology

Background and objectives

This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:

- Meet federal government and regulatory requirements
- Research and report on the demographics and health status of the study area, including a review of state and local data
- Gather input, data and opinions from persons who represent the broad interest of the community
- Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by GPHealth
- Document the progress of previous implementation plan activities
- Prioritize the needs of the community served by the hospital
- Create an implementation plan that addresses the prioritized needs for the hospital

Scope of CHNA report

The CHNA components include:

- A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
- A biography of GPHealth
- A description of the hospital's defined study area
- Definition and analysis of the communities served, including both a demographic and a health data analysis
- Findings from phone interviews that collected input from people who represent a broad interest in the community, including:
 - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
 - Community leaders (EX: Lincoln County Court, City of North Platte, Pederson & Troshynski)
- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- The prioritized community needs and separate implementation plan, which intend to address the community needs identified
- A description of additional health services and resources available in the community
- A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and methodology continued

Methodology:

GPHealth worked with CHC Consulting in the development of its CHNA. GPHealth provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.

CHC Consulting conducted the following research:

- A demographic analysis of the study area, utilizing demographic data from Truven Health Analytics
- A study of the most recent health data available
- Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
- Facilitated the prioritization process during the CHNA Team meeting on July 15, 2016

The methodology for each component of this study is summarized below. In certain cases methodology is elaborated in the body of the report.

- GPHealth biography
 - Background information about GPHealth, mission, vision, values and services provided were provided by the hospital or taken from its website
- Study area definition
 - The study area for GPHealth is based on hospital inpatient discharge data from January 2015 – December 2015 and discussions with hospital staff
- Demographics of the study area
 - Population demographics include population change by race, ethnicity, age, median household income, unemployment and economic statistics in the study area
 - Demographic data sources include, but are not limited to, Truven Health Analytics, Texas Department of State Health Services, the U.S. Census Bureau, and the United States Bureau of Labor Statistics
- Health data collection process
 - A variety of sources, which are all listed in the reference section of this report, were utilized in the health data collection process
 - Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Texas Department of State Health Services, Community Commons, Enroll America, United States Census Bureau, U.S. Department of Health and Human Services Health Resources and Services Administration, and the Centers for Disease Control and Prevention

Process and methodology continued

- Interview methodology
 - GPHealth provided CHC Consulting with a list of persons with special knowledge of public health in Lincoln County, including public health representatives and other individuals who focus specifically on underrepresented groups
 - From that list, 17 in depth phone interviews were conducted using a structured interview guide
 - Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.
- Evaluation of hospital's impact
 - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
 - GPHealth provided CHC Consulting with a report of community benefit activity progress since the previous community health needs assessment
- Prioritization strategy
 - Six significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
 - Three factors were used to rank those needs during the CHNA preliminary findings meeting on July 15, 2016
 - See the prioritization section for a more detailed description of the prioritization methodology



Hospital biography

About Great Plains Health

Great Plains Health is a progressive health system located in North Platte serving a 20-county region of Nebraska, northern Kansas and southern South Dakota. Answering our community's call for local access to advanced care that is safe, high quality and cost efficient has resulted in our growth to include:

- A 116-bed, not-for-profit, independent, community-owned regional medical center
- Twelve Great Plains Physician Network medical clinics in North Platte
- Twenty outreach clinics in communities throughout west central Nebraska
- Great Plains Home Medical Equipment
- Regency Retirement Community
- Great Plains Health Care Foundation

With 90 physicians representing nearly 30 medical specialties, the Great Plains Health system offers advanced health care, including heart and vascular, cancer and orthopedic surgery services. Great Plains Health features a level III trauma center with all of its emergency room physicians board certified and residency trained in emergency medicine. We have approximately 1,063 employees and 230 volunteers. Our primary and secondary service area spans approximately 16,000 square miles and 120,000 people.

The hospital is accredited by the Joint Commission and is home to an American College of Surgeons accredited cancer center and level 2 bariatric surgery program.

Mission, Vision and Values

Our Mission

Our mission describes what we do each day. It is our purpose. It defines why we come to work each day and why our health system exists. It is the standard by which we hold ourselves and each other accountable. At Great Plains Health, our mission is to inspire health and healing by putting patients first -- ALWAYS.

Our Vision

Our vision is our aspiration and what we are working toward as a unified health system. It's a destination that inspires us to continually achieve higher levels in all that we do. At Great Plains Health, our vision is to become the region's most trusted healthcare community.

Our Values

Our values are the fundamental foundation of our organization's culture. They are the enduring beliefs and ideals shared by all who work at Great Plains Health. They are our basic behavior expectations and serve as our internal compass. At Great Plains Health,

- we are genuine
- we are passionate
- we have integrity
- we listen
- we are a team

Source: Great Plains Health, "Mission, Vision & Values," <http://www.gphealth.org/missionvisionvalues>; information accessed August 25, 2016.

Services provided


- Bariatric Weight Loss Program
- Behavioral Health
- Callahan Cancer Center
- Cardiopulmonary Rehabilitation Services
- Diagnostic Imaging (radiology)
- Endocrinology
- Family medicine
- Emergency & Trauma Services
- General surgery
- Great Plains Homecare Equipment
- Heart & Vascular
- Home Health
- Hospice
- Hospitalist program (inpatient physicians)
- Infectious disease
- Internal medicine
- Laboratory Services
- LifeNet Air Ambulance
- Nephrology
- Neurology
- Orthopaedics
- Palliative & Supportive Care
- Pulmonology
- Regency Retirement Residence
- Sleep Medicine Center
- Spine Center
- Sports & Therapy Center
- Stroke Center
- Obstetrics & Gynecology
- Wound Healing Center


Source: Great Plains Health, "Services," <http://www.gphealth.org/CentersofExcellence>; information accessed August 25, 2016.

Study area

Great Plains Health

Study Area

 Lincoln County makes up 71.5% of inpatient discharges

 Indicates the hospital



**Great Plains Health
Patient Origin by County CY 2015**

County	State	CY 2015 Discharges	% of Total	Cumulative % of Total
Lincoln County	NE	4,250	71.5%	71.5%
All Others		1,695	28.5%	100.0%
Total		5,945	100%	

Source: Hospital Inpatient Discharge Data by DRG; January 2015 - December 2015; Normal Newborns MS-DRG 795 excluded

Demographic overview

Overall population change

Projected population growth (2016 - 2021)

■ Lincoln County ■ Nebraska

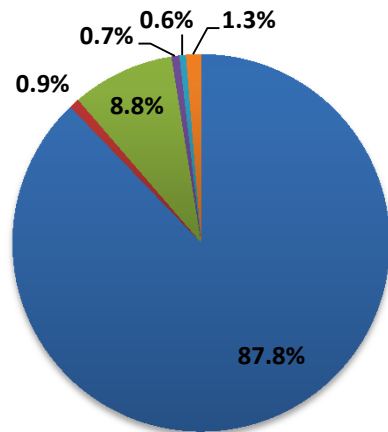


Overall Population Growth					
Geographic Location	2010	2016	2021	2016-2021 Change	2016-2021 % Change
Lincoln County	36,288	35,595	35,531	-64	-0.2%
Nebraska	1,826,341	1,900,955	1,968,599	67,644	3.6%

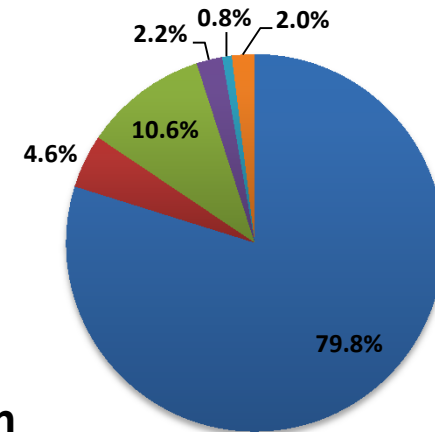
Source: Truven Health Analytics Market Expert, data accessed June 29, 2016.

Population by race/ethnicity 2016

**Lincoln County
Race/Ethnicity (2016)**

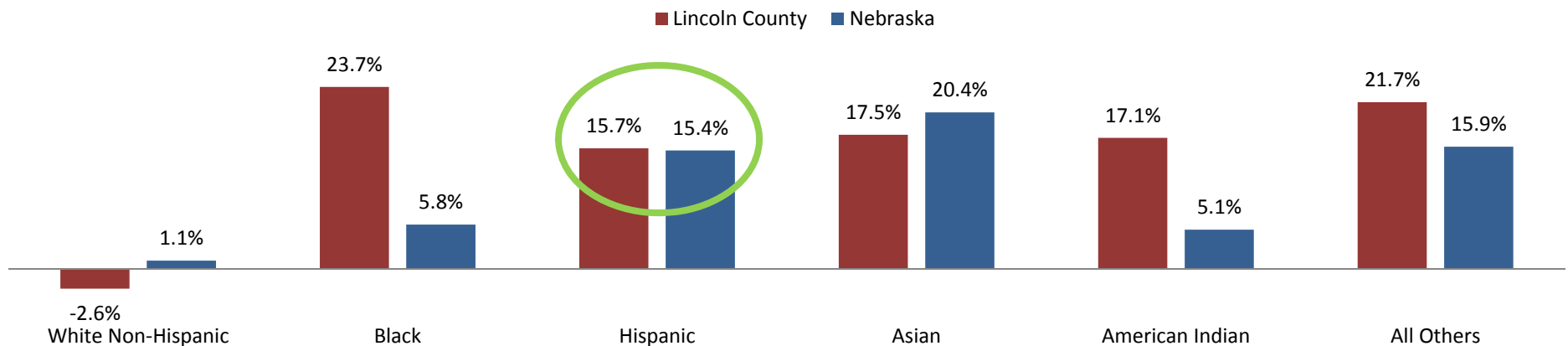


**Nebraska
Race/Ethnicity (2016)**



- White Non-Hispanic
- Black
- Hispanic
- Asian
- American Indian
- All Others

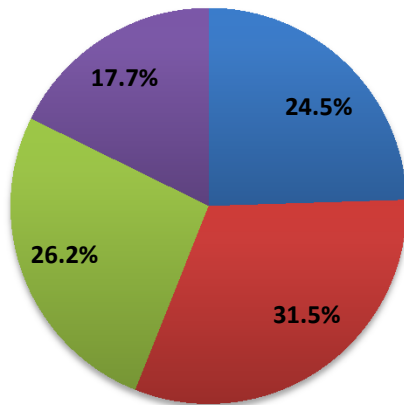
**Race/Ethnicity Projected Growth
(2016-2021)**



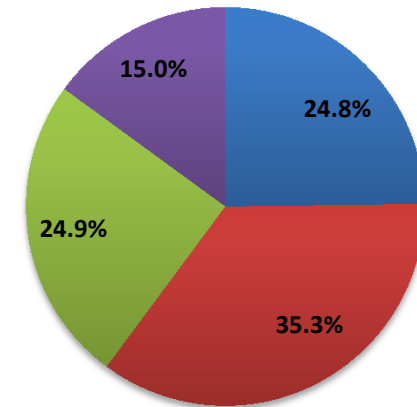
Source: Truven Health Analytics Market Expert, data accessed June 29, 2016.

Population by age 2016

**Lincoln County
Age (2016)**



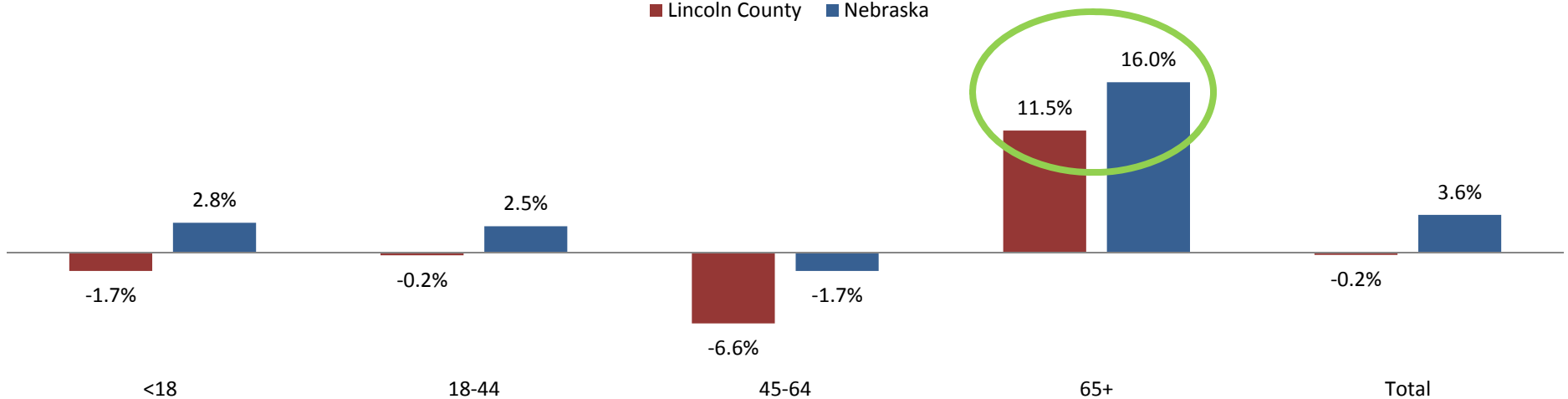
**Nebraska
Age (2016)**



- <18
- 18-44
- 45-64
- 65+

**Age Projected Growth
(2016-2021)**

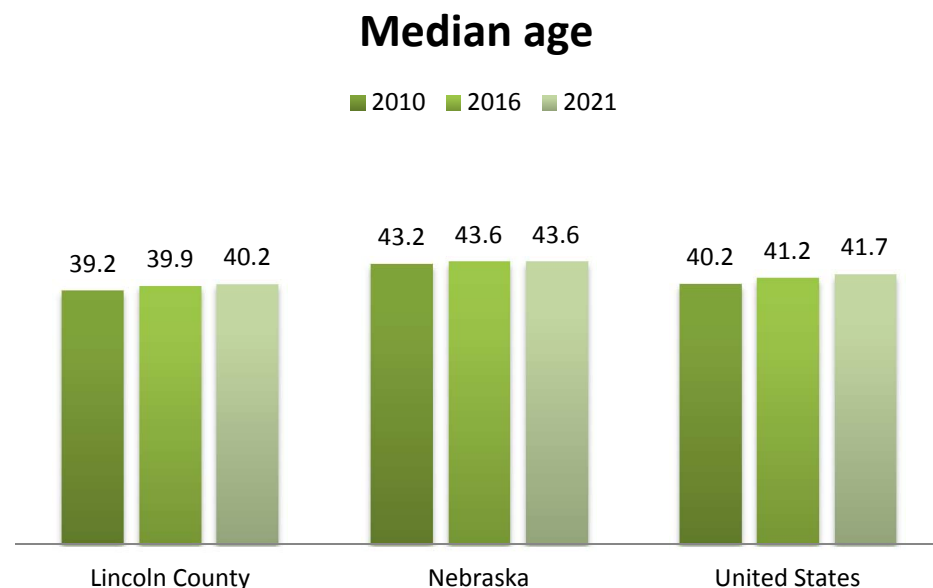
- Lincoln County
- Nebraska



Source: Truven Health Analytics Market Expert, data accessed June 29, 2016.

Median age

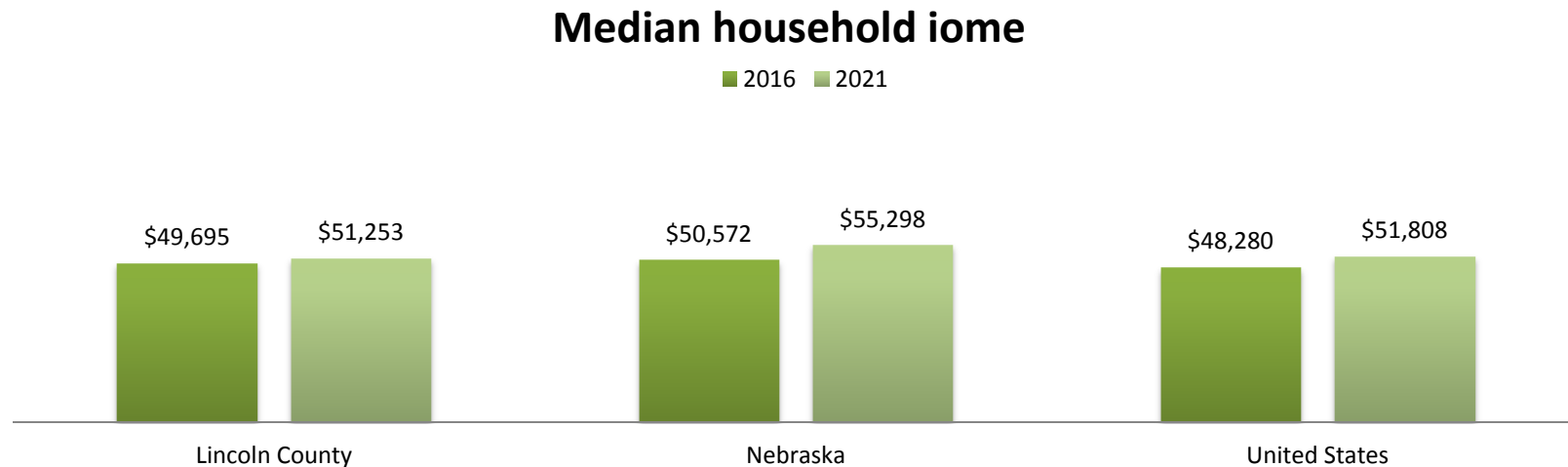
- In 2016, the median age in Lincoln County (39.9) was lower than the state (43.6) and national (41.2) ages.
- Over the next five years, the median age in Lincoln County, Nebraska and the United States is expected to increase (2016-2021).



Source: Truven Health Analytics Market Expert, data accessed June 29, 2016.

Income

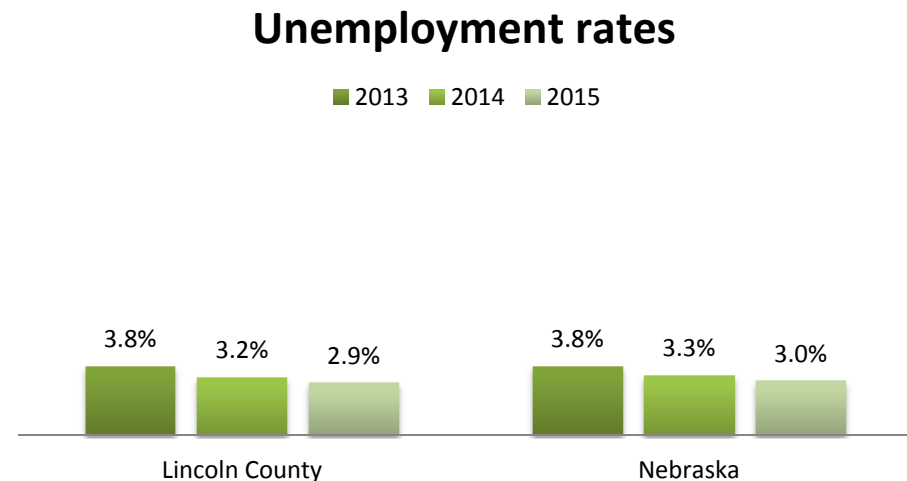
- Lincoln County (\$49,695) has a slightly lower median household income than Nebraska (\$50,572), but is slightly higher than the national median household income level (\$48,280) (2016).
- Median household income levels in Lincoln County, Nebraska and the United States are expected to increase over the next five years (2016-2021).



Source: Truven Health Analytics Market Expert, data accessed June 29, 2016.

Unemployment

- Unemployment rates in both Lincoln County and the state steadily decreased between 2013 and 2015.
- In 2015, the unemployment rate in Lincoln County (2.9%) was consistent with the state rate (3.0%).

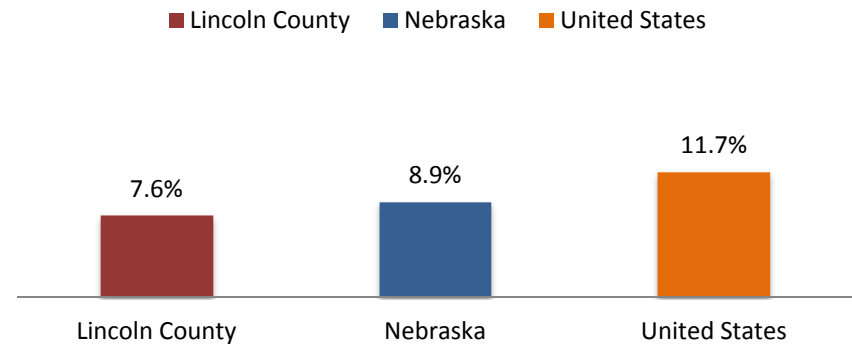


Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, (rates shown are a percentage of the labor force), <http://www.bls.gov/lau/>; data accessed June 29, 2016.

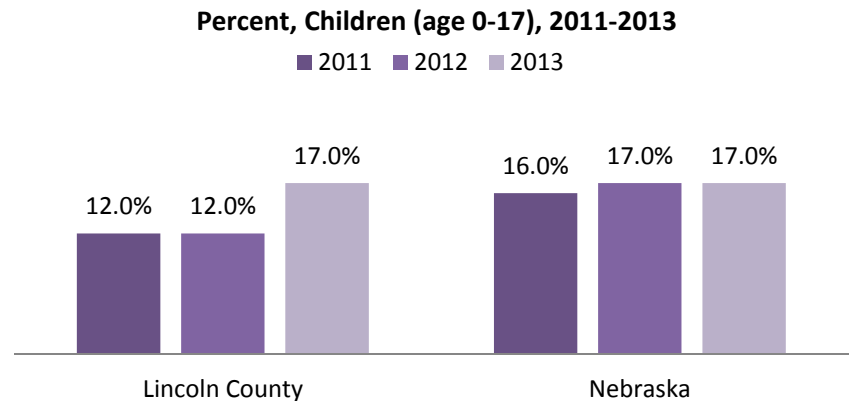
Poverty

- In 2016, the percentage of families living below poverty in Lincoln County (7.6%) was lower than the state (8.9%) and national rates (11.7%).
- Between 2011 and 2013, the percentage of children (age 0-17) living in poverty in Lincoln County and the state increased.
- In 2013, the percentage of children (age 0-17) living in poverty in Lincoln County (17.0%) was consistent with the state (17.0%).

Families below poverty (2016)



Children living in poverty



Source: Truven Health Analytics Market Expert, data accessed June 29, 2016.

Source: The Annie E. Casey Foundation, Kids Count Data Center, <http://datacenter.kidscount.org/>; data accessed July 13, 2016.

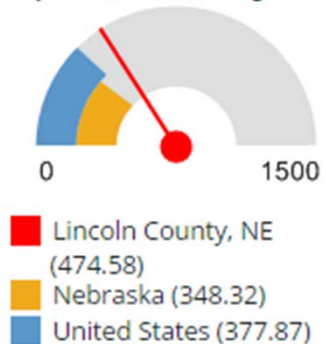
Children in Poverty Definition: Percent of Children Age 17 and Under Living in Poverty.

Housing

Assisted housing and housing statistics

- In 2015, the total number of HUD-funded assisted housing units available to eligible renters in Lincoln County (474.6 per 10,000 Housing Units) was significantly higher than the state (348.3 per 10,000 Housing Units) and national rate (377.9 per 10,000 Housing Units).
- In comparison to neighboring communities, North Platte (407) had the lowest number of housing units built between 2004 and 2014.

HUD-Assisted Units, Rate per 10,000 Housing Units



Community	Population 1980 Census	Population estimate 2014	Number of housing units built 2004 - 2014	Population % change 2010 - 2014	Population change 2010 - 2014
Kearney	21,158	32,469	2,139	5.50%	1,682
Fremont	23,979	26,500	505	0.40%	103
Hastings	23,045	24,918	652	0.03%	8
North Platte	24,509	24,534	407	-1.60%	-406
Norfolk	19,449	24,444	701	1.00%	234
Columbus	17,328	22,630	757	2.30%	519

Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed September 6, 2016.

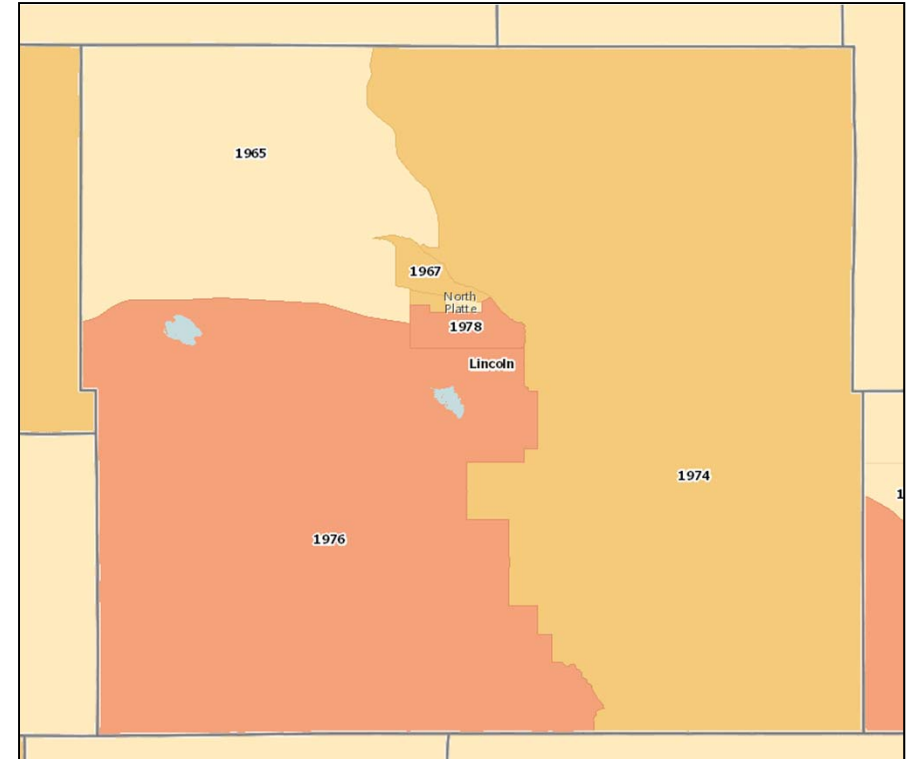
Source: Nebraska Investment Finance Authority, 2016 Profile Report, www.NEStats.org; data accessed September 6, 2016.

Assisted Housing Definition: the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).

Housing

Housing unit age

- While there is a large percentage of census tracts with housing units built between 1976 and 1985, there is a large number that have housing units built between 1966 and 1975, and older than 1966 (2010-2014).
- The median year that housing structures were built in Lincoln County is 1969, compared to 1970 in Nebraska and 1976 in the United States (2010-2014).
- The number and percentage of housing units constructed has significantly declined since 2010.



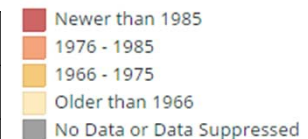
Housing Unit Age, Median Year Structure Built, 2010 - 2014

Location	Total Housing Units	Median Year Structures Built
Lincoln County	16,600	1969
Nebraska	805,256	1970
United States	132,741,032	1976

Median Year Structure Built by Tract, ACS 2010-14

All Housing Units by Age (Time Period Constructed), Total and Percent, Before 1960 – After 2010

Location	Before 1960		1960-1979		1980-1999		2000-2010		After 2010	
	Number	%	Number	%	Number	%	Number	%	Number	%
Lincoln County	6,558	39.5%	6,041	36.4%	2,648	16.0%	1,263	7.6%	90	0.5%
Nebraska	303,091	37.6%	227,773	28.3%	166,283	20.7%	98,550	12.2%	9,559	1.2%
United States	39,159,200	29.5%	35,604,808	26.8%	36,858,340	27.8%	19,803,260	14.9%	1,315,426	1.0%



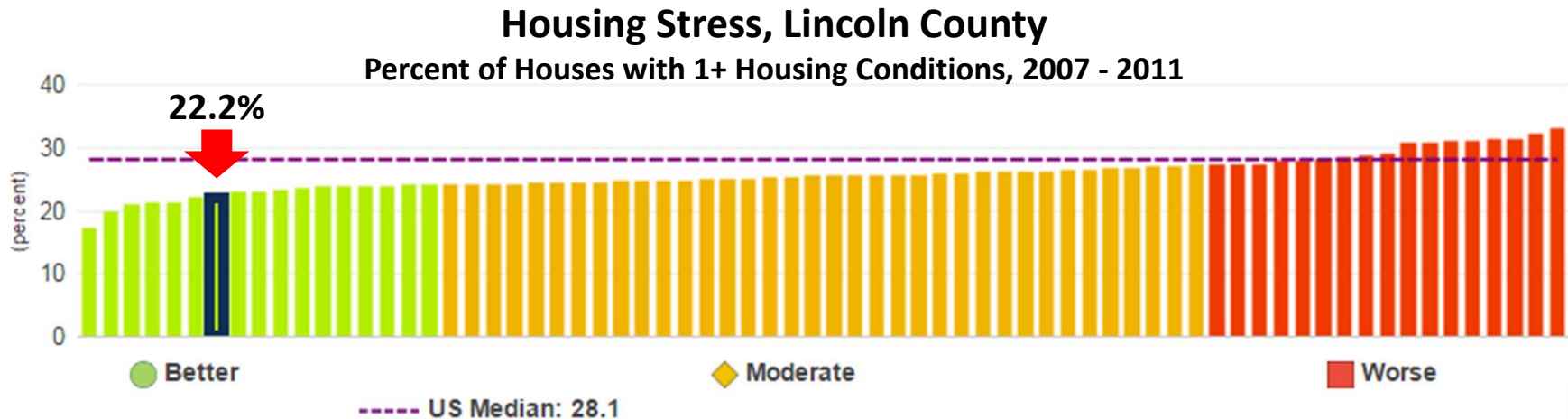
Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed September 6, 2016.

Median Year Definition: the median year in which all housing units (vacant and occupied) were first constructed. The year the structure was built provides information on the age of housing units.

Housing stress

Peer county rankings

- In comparison to peer counties, Lincoln County (22.2%) ranked within the most favorable quartile for housing stress rates between 2007 and 2011, and also ranked below the U.S. median (28.1%).
- Lincoln County (27.9%) ranked within the middle two quartiles for the percent of homes built before 1950, and within the least favorable quartile (46.3%) for the percent of homes built between 1950 and 1979.*



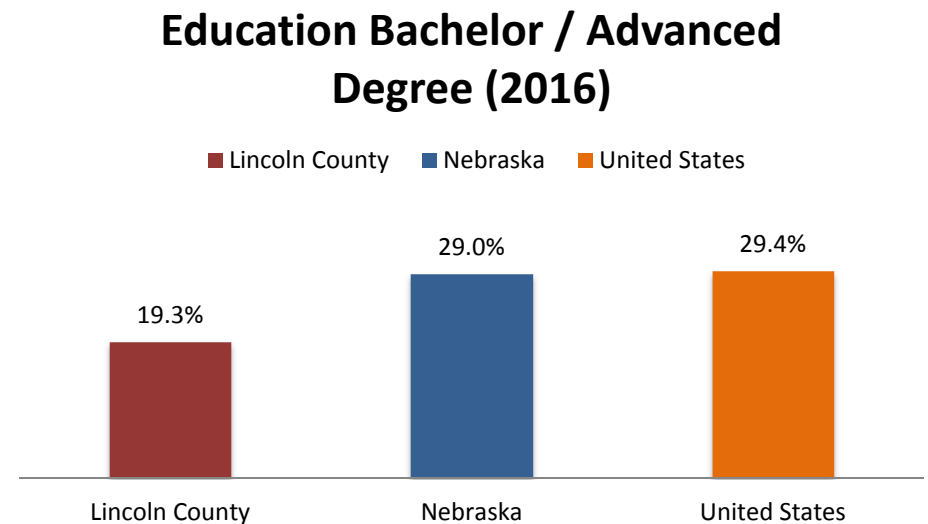
**Please note that peer county quartile grids are unavailable for the percent of homes built before 1950, and the percent of homes built between 1950 and 1979.*

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed September 6, 2016.

Housing Stress Definition: A house is defined as stressed if one or more of the following criteria is met: 1) housing unit lacked complete plumbing; 2) housing unit lacked complete kitchens; 3) household is overcrowded; and 4) household is cost burdened. Severe overcrowding is defined as more than 1 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 30% of monthly income.

Educational attainment

- Lincoln County (19.3%) has a lower percentage of residents with a bachelor or advanced degree than the state (29.0%) and the nation (29.4%) (2016).

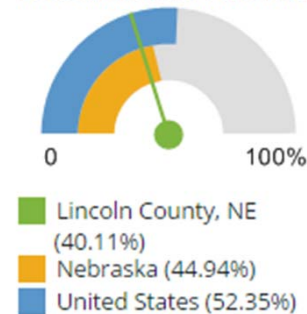


Source: Truven Health Analytics Market Expert, data accessed June 29, 2016.

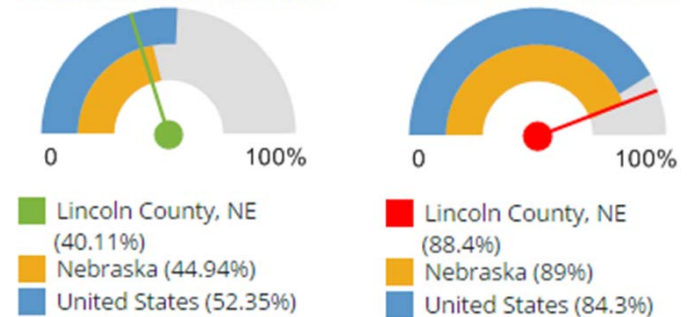
Children in the study area

- Between 2013 and 2014, the percentage of public school students that were eligible for free or reduced price lunch in Lincoln County (40.1%) was lower than the state (44.9%) and national rate (52.4%).
- Between 2013 and 2014, the percentage of students that received their high school degree within four years in Lincoln County (88.4%) was slightly lower than the state (89.0%) but higher than the national rate (84.3%).
- In 2013, child (ages 0-18) food insecurity rate in Lincoln County (20.5%) was slightly lower than the state rate (21.1%).

Percent Students Eligible for Free or Reduced Price Lunch



Cohort Graduation Rate



Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Child Food Insecurity

Percent, Ages 0-18, 2013

■ Lincoln County ■ Nebraska



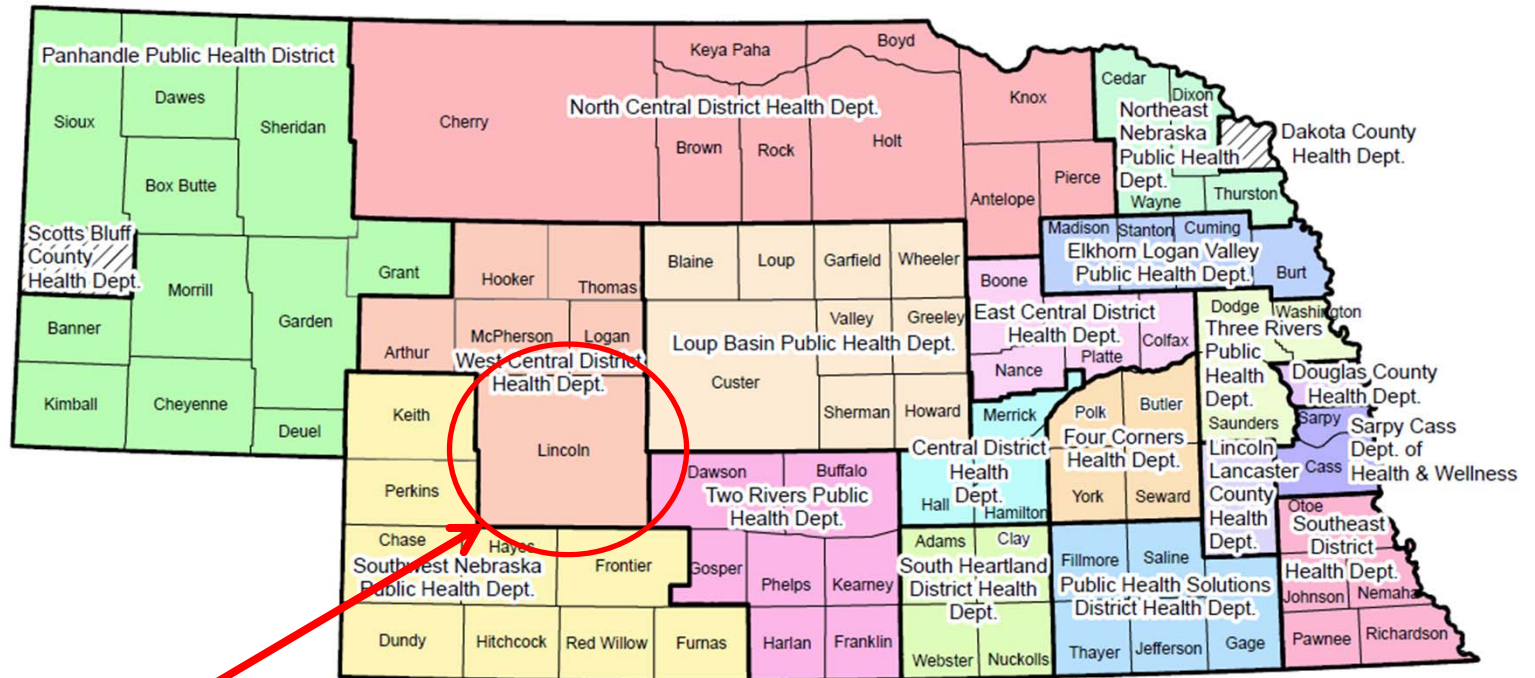
Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 29, 2016.
 Source: The Annie E. Casey Foundation, Kids Count Data Center, www.kidscount.org; data accessed June 29, 2016.
 Food Insecurity Definition: Percentage of children who didn't know where their next meal was coming from at any point during the last year.

Health data overview

Data methodology


- **The following information outlines specific health data:**
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- **Data Sources include, but are not limited to:**
 - Nebraska Department of Health & Human Services
 - Centers for Disease Control & Prevention WONDER
 - Enroll America
 - Community Commons
 - Community Health Status Indicators (CHSI)
 - The Behavioral Risk Factor Surveillance System (BRFSS)
 - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
 - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
 - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
 - United States Census Bureau
- **Data levels:** Nationwide, state, health department district and county level data

County and public health district map



County Name	Health Department District
Lincoln	West Central

Legend

 Local Health Departments that do not Qualify for LB 692* Funding

Source: Nebraska Department of Health and Human Services, Nebraska Local Health Departments Map, http://dhhs.ne.gov/publichealth/Pages/puh_oph_lhd.aspx; data accessed June 29, 2016

County health rankings (2016)

- The county health rankings rank 78 counties in Nebraska (1 being the best, 78 being the worst).
- Many factors go into these rankings. A few examples include:
 - Health behaviors:
 - Adult smoking
 - Adult obesity
 - Physical inactivity
 - Teen births
 - Clinical care:
 - Uninsured
 - Primary care physicians
 - Preventable hospital stays
 - Mammography screening











Category	Lincoln County
Health Outcomes	66
Length of Life	58
Quality of Life	71
Health Factors	63
Health Behaviors	76
Clinical Care	35
Social & Economic Factors	56
Physical Environment	70



Note: Green represents the best ranking for the county, and red represents the worst ranking.

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed June 29, 2016
 Note: Please see the appendix for full methodology.
 Note: County Health Rankings ranks 78 of the 93 counties in Nebraska.

Leading causes of death

State/County comparison, age-adjusted death rate, 2010-2014

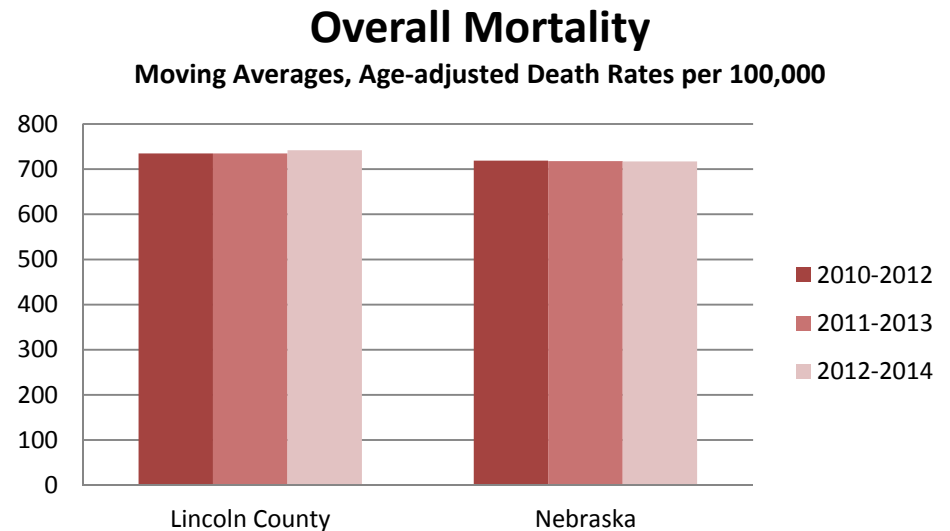
Disease		Lincoln County	Nebraska
Malignant neoplasms (C00-C97)		170.0	163.3
Diseases of heart (I00-I09,I11,I13,I20-I51)		154.9	147.7
Chronic lower respiratory diseases (J40-J47)		48.4	49.3
Accidents (unintentional injuries) (V01-X59,Y85-Y86)		43.2	36.6
Diabetes mellitus (E10-E14)		32.9	21.5
Cerebrovascular diseases (I60-I69)		29.6	36.6
Alzheimer's disease (G30)		23.6	24.1
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)		18.0	11.7
Influenza and pneumonia (J09-J18)		13.8	13.7
Essential hypertension and hypertensive renal disease (I10,I12,I15)		10.8	9.5

-  Green indicates that the county's rate is *lower* than the state's rate for that disease category.
-  Red indicates that the county's rate is *higher* than the state's rate for that disease category.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Mortality

- Overall mortality rates in Lincoln County remained higher than the state rate in between 2010 and 2014.
- In 2012-2014, Lincoln County (741.9 per 100,000) had higher overall mortality rates than the state (717.2 per 100,000).

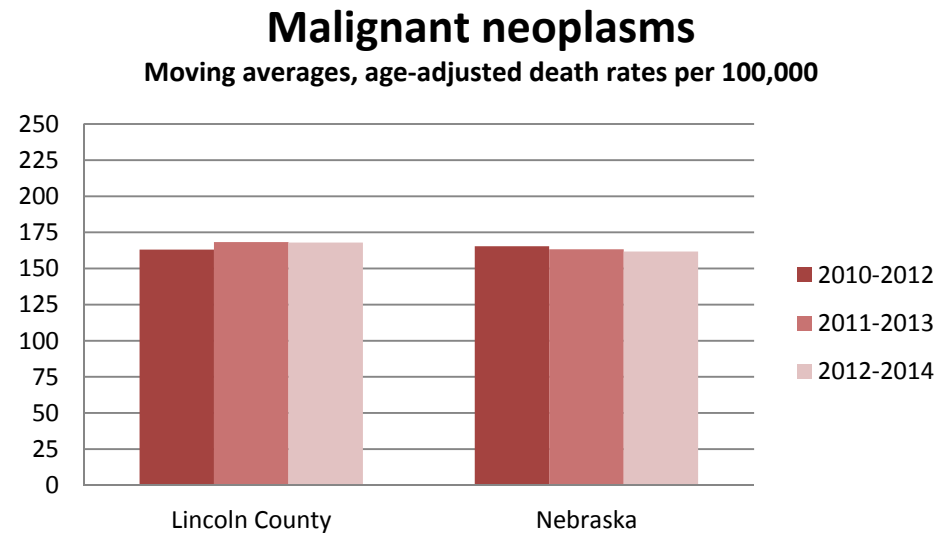


LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	1,032	734.9	1,056	735.0	1,064	741.9	1,730	732.8
Nebraska	46,306	718.9	46,889	717.7	47,391	717.2	78,038	717.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Malignant neoplasms mortality

- Cancer is the leading cause of death in both Lincoln County and the state (2010-2014).
- While cancer mortality rates appear to be decreasing in the state, rates in Lincoln County have recently slightly increased (2010-2014).
- In 2012-2014, the cancer mortality rate in Lincoln County (167.9 per 100,000) was slightly higher than the state rate (161.8 per 100,000).



LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	228	163.1	237	168.3	233	167.9	395	170.0
Nebraska	10,327	165.4	10,348	163.3	10,397	161.8	17,245	163.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

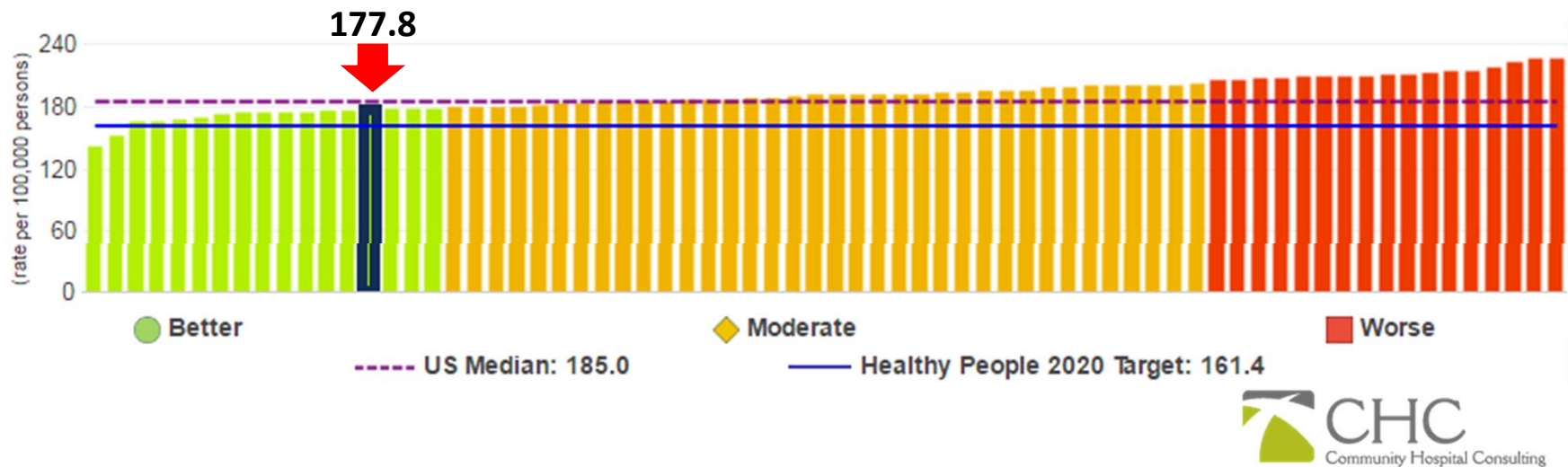
Cancer deaths

Peer county rankings

- In comparison to peer counties, Lincoln County (177.8 per 100,000) ranked within the most favorable quartile for cancer death rates between 2005 and 2011, and also ranked above the Healthy People 2020 Target (161.4 per 100,000) but just below the U.S. median (185.0 per 100,000).

Cancer deaths, Lincoln County

Age-adjusted death rate per 100,000 Persons, 2005-2011



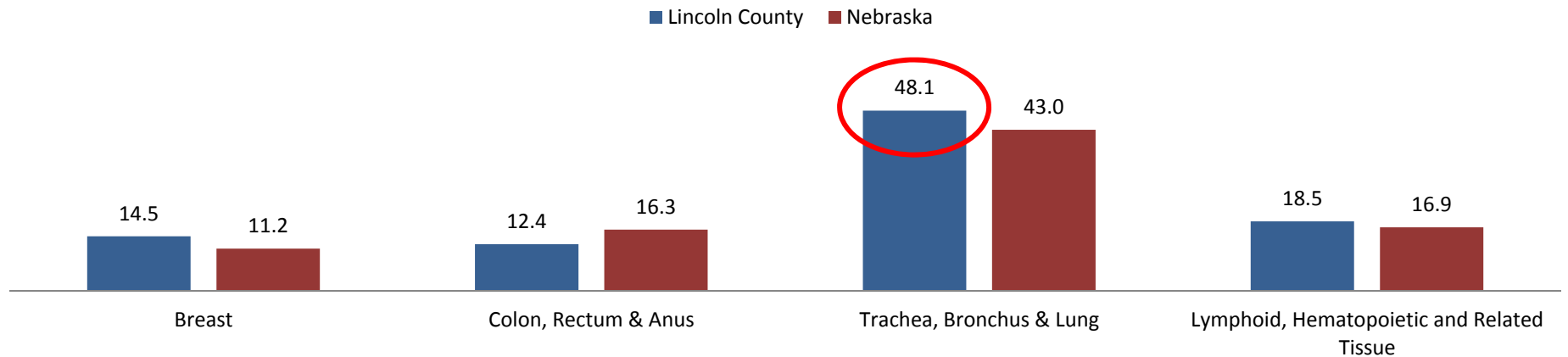
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Cancer mortality by site

Age-adjusted rates per 100,000, 2010-2014

- Between 2010 and 2014, the four leading causes of cancer mortality by site in both Lincoln County and Nebraska include: trachea, bronchus and lung; lymphoid, hematopoietic and related tissue; breast; and colon, rectum and anus cancers.
- Lincoln County has higher breast; trachea, bronchus and lung; and lymphoid, hematopoietic and related tissue cancer mortality rates than the state (2010-2014).
- Lincoln County has a noticeably higher rate of trachea, bronchus and lung cancer mortality rates (48.1 per 100,000) than the state (43.0 per 100,000) (2010-2014).

Cancer mortality by site
Age-adjusted Death Rates per 100,000; 2010-2014



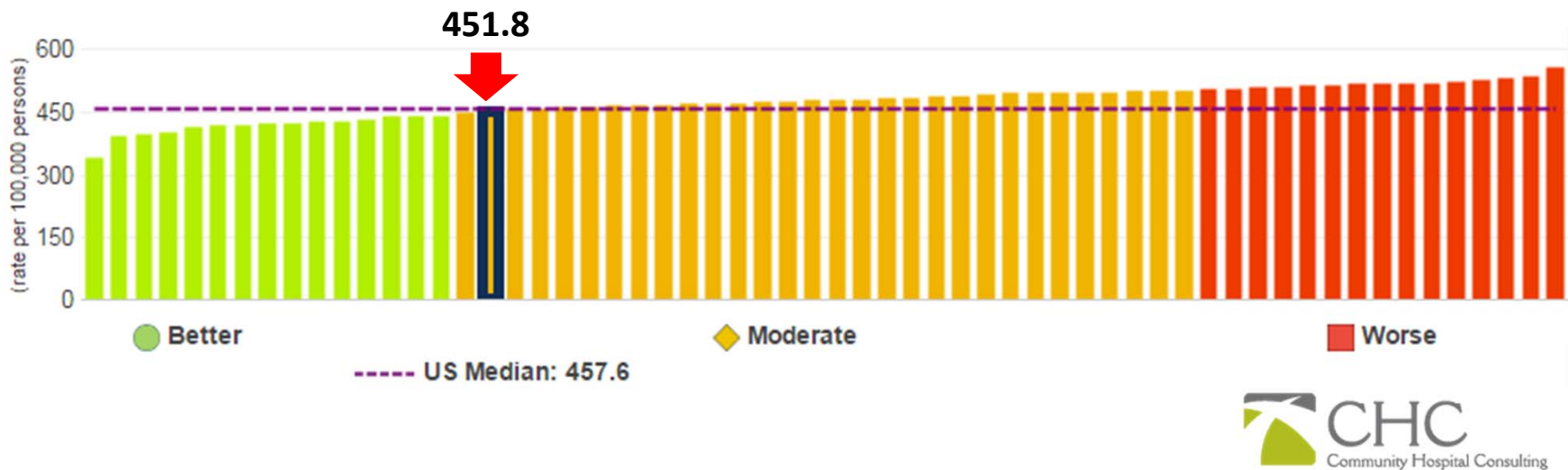
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016
Note: Breast cancer mortality rates include both males and females.

Cancer incidence

Peer county rankings

- In comparison to peer counties, Lincoln County (451.8 per 100,000) ranked within the two middle quartiles for cancer incidence rates between 2006 and 2010, and also ranked just below the U.S. median (457.6 per 100,000).

Cancer Incidence, Lincoln County
Age-adjusted incidence rate per 100,000 persons, 2006-2010

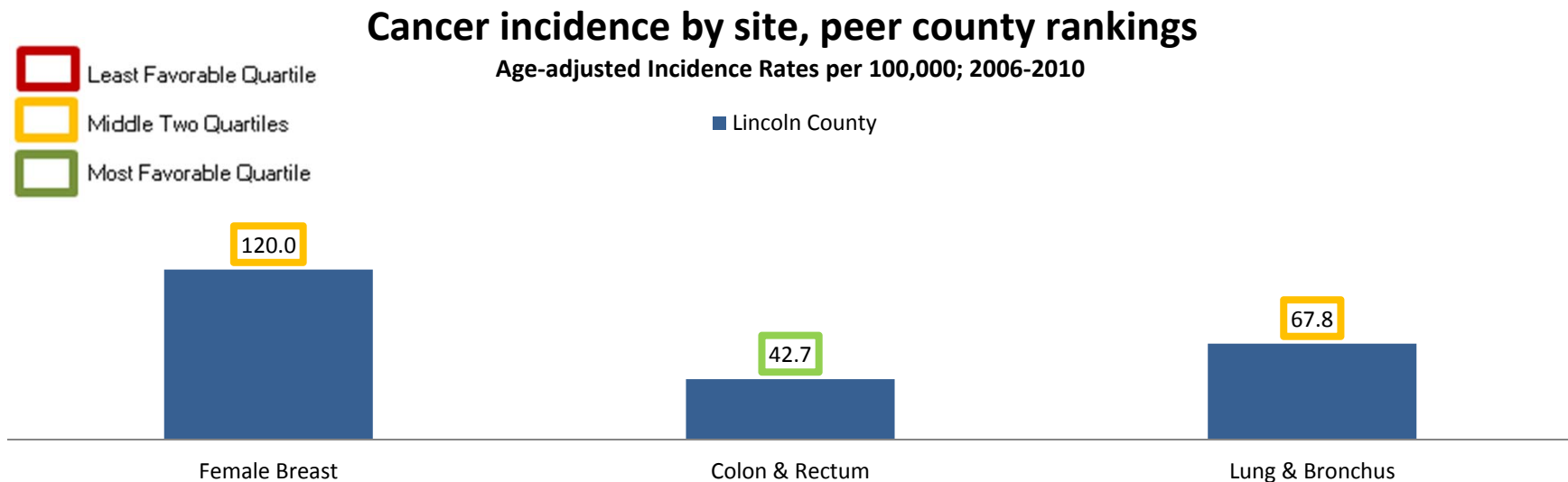


Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Cancer incidence by site

Peer county rankings

- In comparison to peer counties, Lincoln County ranked within the two middle quartiles for female breast (120.0 per 100,000) and lung and bronchus (67.8 per 100,000) cancer incidence rates between 2006 and 2010.
- Lincoln County (42.7 per 100,000) ranked within the most favorable quartile for colon and rectum cancer incidence rates between 2006 and 2010.

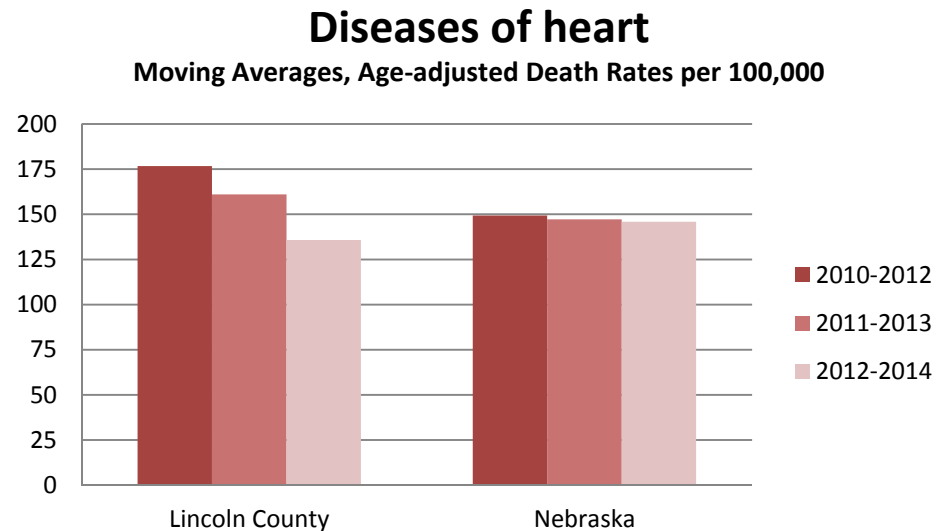


Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://wwwn.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Note: Cancer incidence rates for lymphoid, hematopoietic and related tissue cancer are not available through peer county rankings at this time.

Diseases of heart mortality

- Heart disease is the second leading cause of death in both Lincoln County and the state (2010-2014).
- Between 2010 and 2014, heart disease mortality rates steadily decreased in both Lincoln County and Nebraska.
- In 2012-2014, the heart disease mortality rate in Lincoln County (135.8 per 100,000) was lower than the state rate (145.9 per 100,000).



LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	254	176.7	244	161.0	208	135.8	382	154.9
Nebraska	9,927	149.3	9,953	147.2	9,984	145.9	16,604	147.7

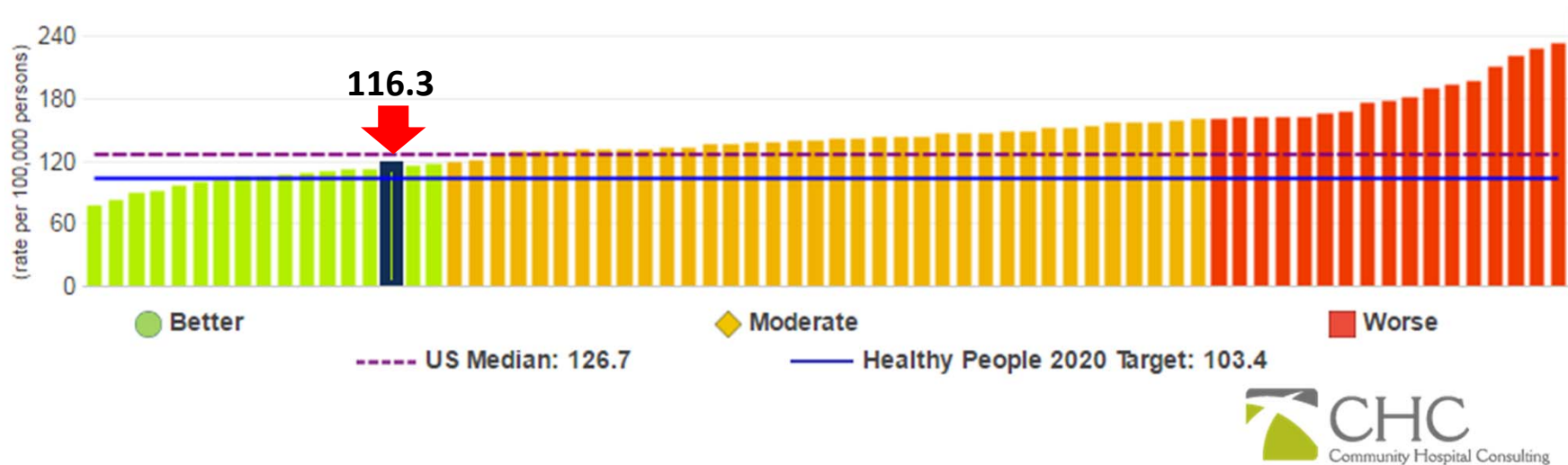
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Coronary heart disease deaths

Peer county rankings

- In comparison to peer counties, Lincoln County (116.3 per 100,000) ranked in the most favorable quartile for coronary heart disease deaths between 2005 and 2011, and above the Healthy People 2020 Target (103.4 per 100,000) but below the U.S. median (126.7 per 100,000).

Coronary heart disease deaths, Lincoln County
Age-adjusted Death Rate per 100,000 Persons, 2005-2011

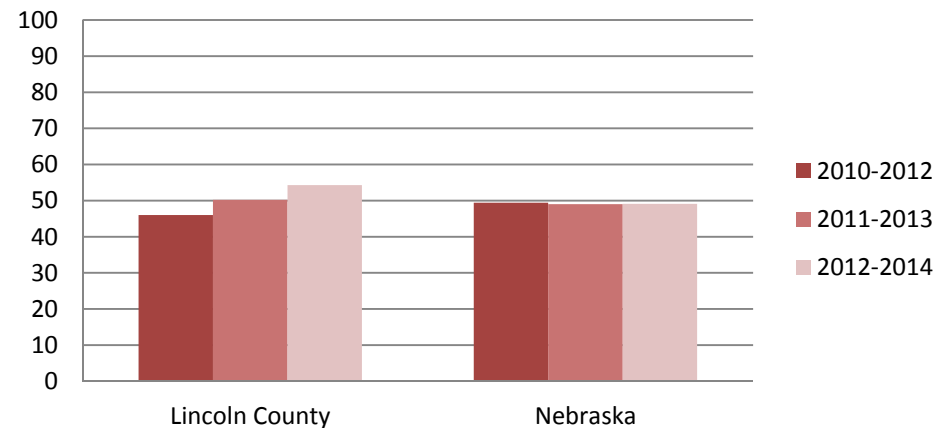


Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Chronic lower respiratory disease mortality

- Chronic lower respiratory disease is the third leading cause of death in both Lincoln County and the state (2010-2014).
- While chronic lower respiratory disease mortality rates appear to be remaining steady in the state, rates in Lincoln County are steadily increasing (2010-2014).
- In 2012-2014, the chronic lower respiratory disease mortality rate in Lincoln County (54.3 per 100,000) was slightly higher than the state rate (49.1 per 100,000).

Chronic Lower Respiratory Disease
Moving Averages, Age-adjusted Death Rates per 100,000



LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	65	46.0	72	50.2	80	54.3	116	48.4
Nebraska	3,128	49.4	3,152	49.0	3,207	49.1	5,283	49.3

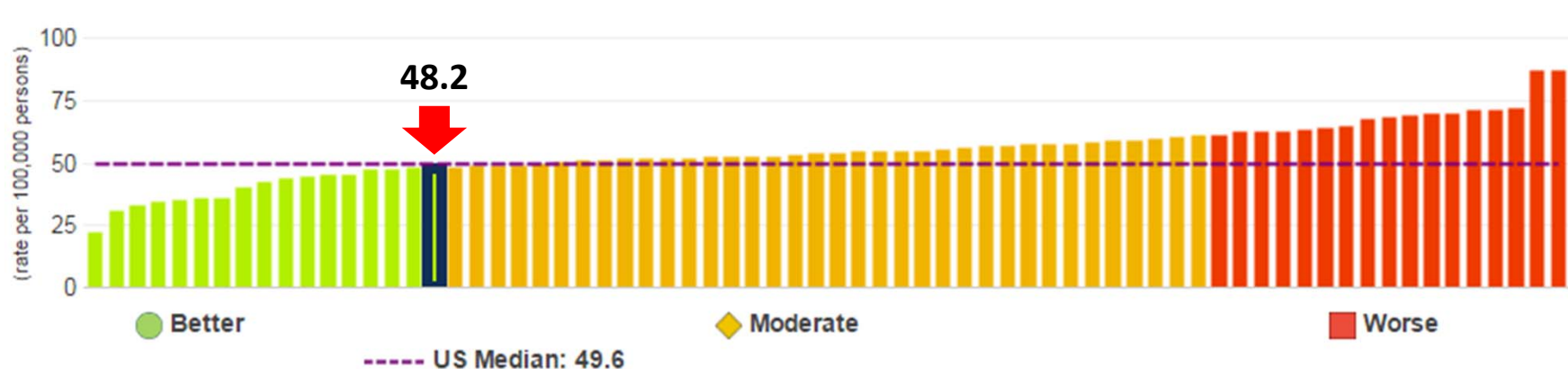
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Chronic lower respiratory disease mortality

Peer county rankings

- In comparison to peer counties, Lincoln County (48.2 per 100,000) ranked in the most favorable quartile for chronic lower respiratory disease rates between 2005 and 2011, and also ranked below the U.S. median (49.6 per 100,000).

Chronic lower respiratory disease, Lincoln County
Age-adjusted death rate per 100,000 persons, 2005-2011

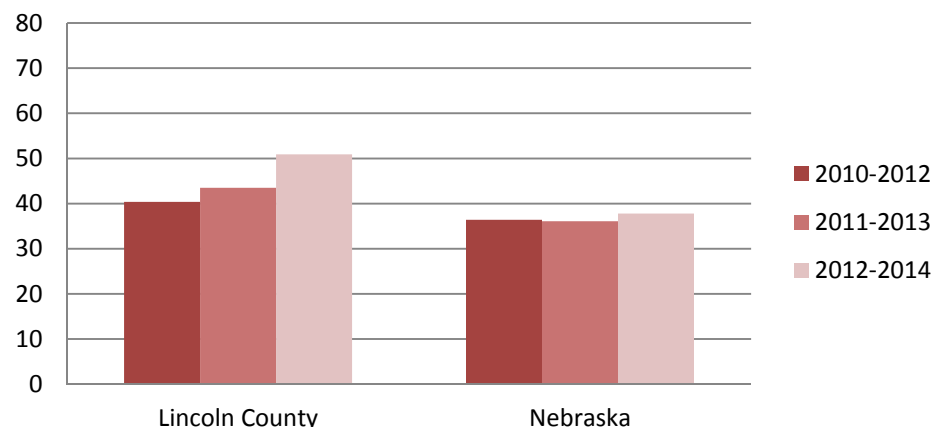


Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Accidents (unintentional injuries) mortality

- Lincoln County has maintained a higher mortality rate due to accidents (unintentional injuries) than the state since 2010.
- Accident mortality rates in Lincoln County have been steadily increasing, while the state has remained constant (2010-2014).
- In 2012-2014, the fatal accident rate in Lincoln County (50.9 per 100,000) was higher than the state rate (37.8 per 100,000).
- The leading causes of fatal accidents in Lincoln County is due to motor vehicle accidents and falls (2012-2014).

Accidents (unintentional injuries)
Moving averages, Age-adjusted death rates per 100,000



LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	51	40.4	54	43.5	62	50.9	88	43.2
Nebraska	2,170	36.4	2,173	36.1	2,276	37.8	3,654	36.6

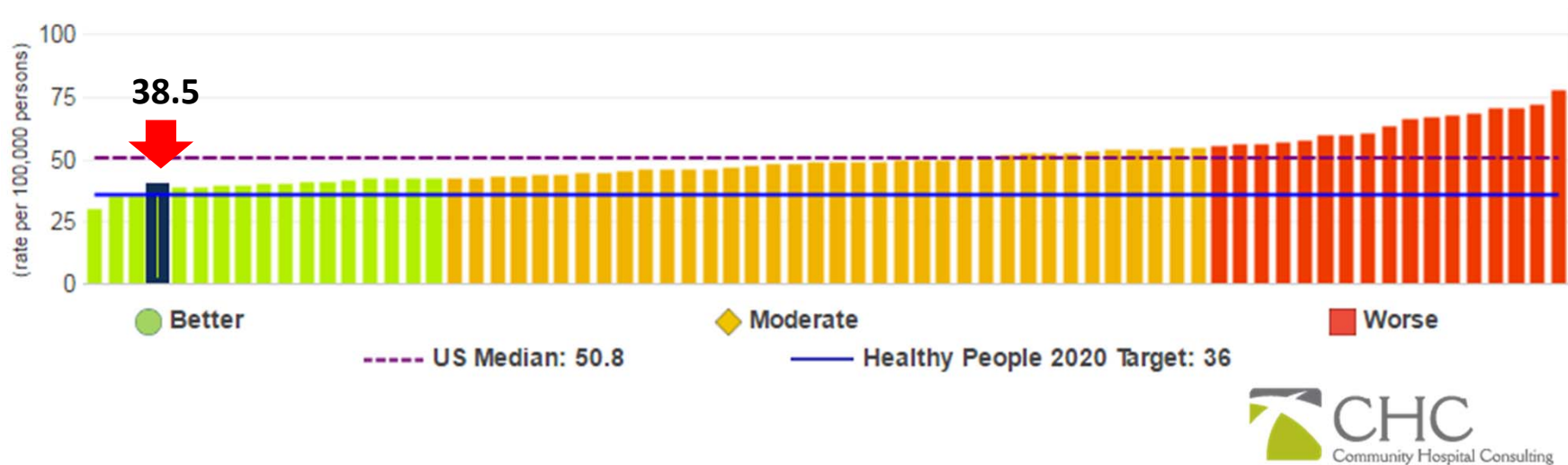
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

Unintentional injury (Including motor vehicle) mortality

Peer county rankings

- In comparison to peer counties, Lincoln County (38.5 per 100,000) ranked within the most favorable quartile for unintentional injury deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.0 per 100,000) and below the U.S. median (50.8 per 100,000).

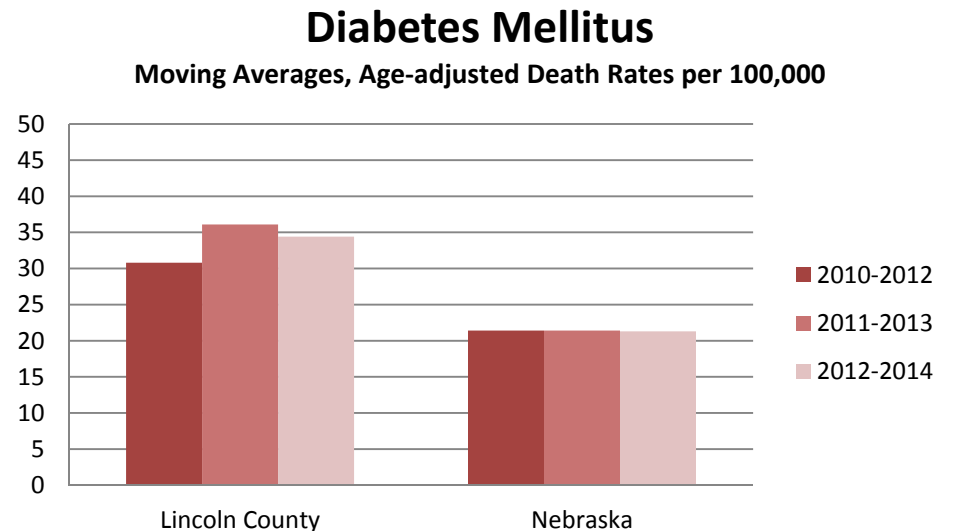
Unintentional injury (including motor vehicle), Lincoln County
Age-adjusted death rate per 100,000 persons, 2005-2011



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Diabetes mellitus mortality

- While diabetes mortality rates in the state appear to have remained consistent, rates in Lincoln County have recently increased (2010-2014).
- In 2012-2014, diabetes mellitus mortality rates in Lincoln County (34.4 per 100,000) were higher than the state (21.3 per 100,000).



LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	44	30.8	51	36.1	50	34.4	78	32.9
Nebraska	1,354	21.4	1,373	21.4	1,386	21.3	2,298	21.5

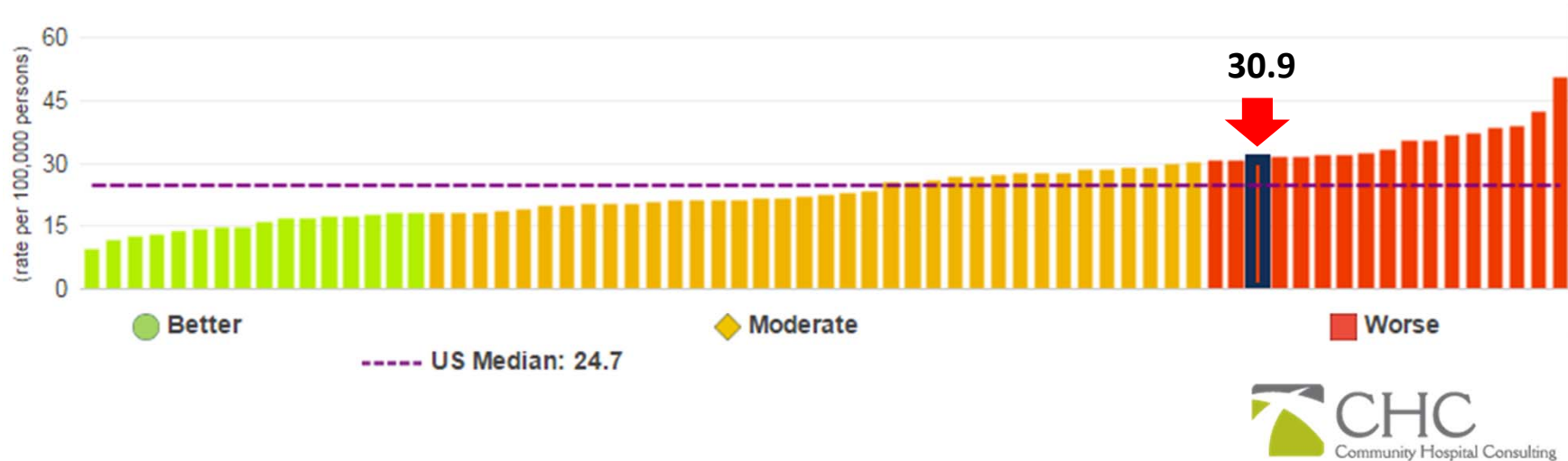
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Diabetes deaths

Peer county rankings

- In comparison to peer counties, Lincoln County (30.9 per 100,000) ranked within the least favorable quartile for diabetes deaths between 2005 and 2011, and also ranked above the U.S. median (24.7 per 100,000).

Diabetes deaths, Lincoln County
Age-adjusted death rate per 100,000 persons, 2005-2011

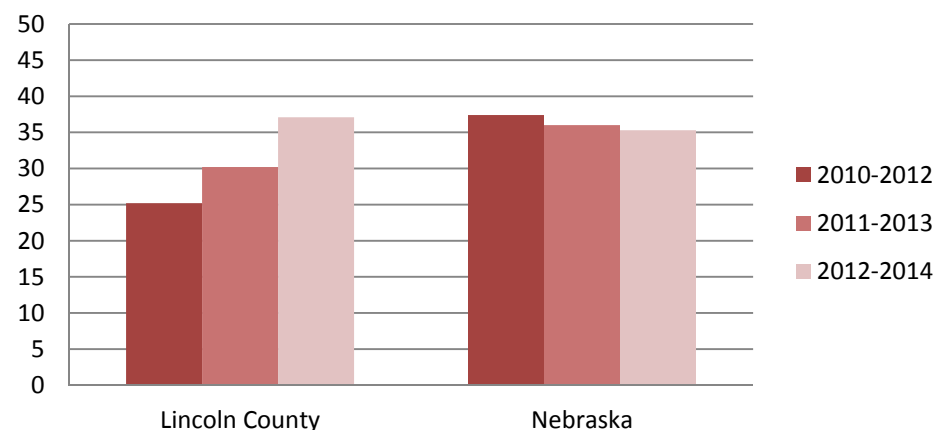


Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Cerebrovascular disease mortality

- Cerebrovascular disease mortality rates in the state have slightly decreased, while rates in Lincoln County have steadily increased (2010-2014).
- In 2012-2014, the cerebrovascular disease mortality rate in Lincoln County (37.1 per 100,000) was slightly higher than the state rate (35.3 per 100,000).

Cerebrovascular disease
Moving averages, age-adjusted death rate per 100,000



LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	38	25.2	46	30.2	56	37.1	74	29.6
Nebraska	2,462	37.4	2,406	36.0	2,394	35.3	4,080	36.6

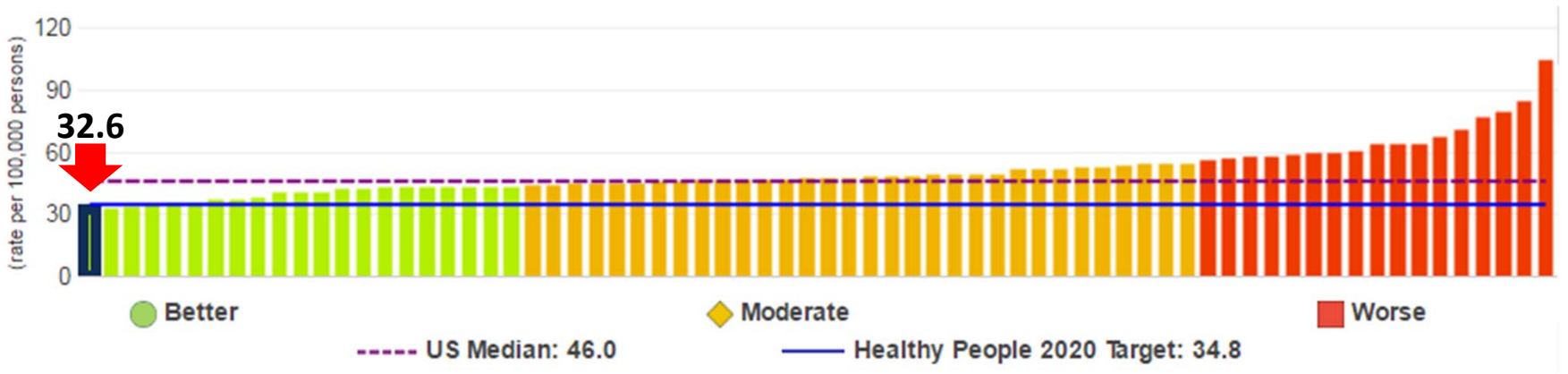
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Stroke mortality

Peer county rankings

- In comparison to peer counties, Lincoln County (32.6 per 100,000) ranked in the most favorable quartile for stroke deaths between 2005 and 2011, and also ranked below the Healthy People 2020 Target (34.8 per 100,000) and the U.S. median (46.0 per 100,000).

Stroke Deaths, Lincoln County
Age-adjusted Death Rate per 100,000 Persons, 2005-2011



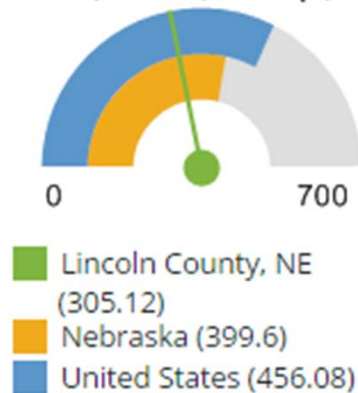
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Communicable diseases

Chlamydia

- In 2014, Lincoln County (305.1 per 100,000) had a lower chlamydia infection rate than the state (399.6 per 100,000) and the nation (456.1 per 100,000).
- Between 2005 and 2014, the chlamydia infection rate in Lincoln County overall increased. Between 2010 and 2011, specifically, there was a significant increase in infection rates.
- Between 2012 and 2014, the chlamydia infection rate in Lincoln County has steadily decreased.

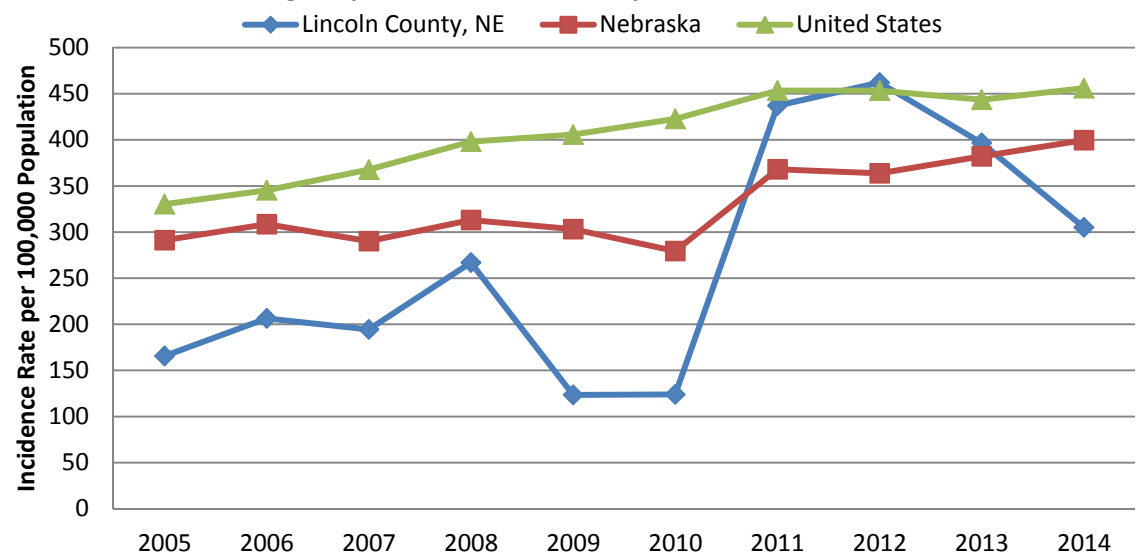
Chlamydia Infection Rate
(Per 100,000 Pop.)



Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Chlamydia infection rate

Age-adjusted Incidence Rates per 100,000; 2005-2014



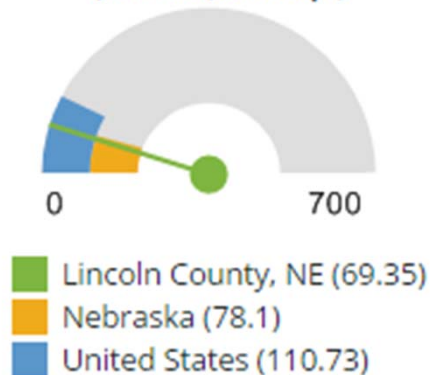
Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed July 6, 2016

Communicable diseases

Gonorrhea

- In 2014, Lincoln County (69.4 per 100,000) had a lower gonorrhea infection rate than the state (78.1 per 100,000) and the nation (110.7 per 100,000).
- Between 2005 and 2014, the gonorrhea infection rate in Lincoln County overall increased. Between 2011 and 2012, specifically, there was a significant increase in infection rates.

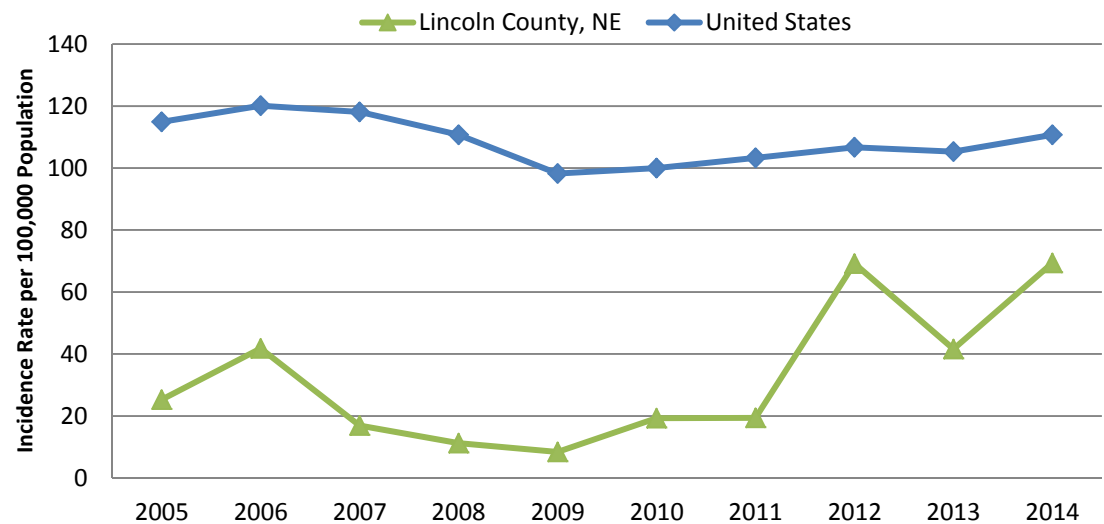
Gonorrhea Infection Rate
(Per 100,000 Pop.)



Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Gonorrhea infection rate

Age-adjusted Incidence Rates per 100,000; 2005-2014



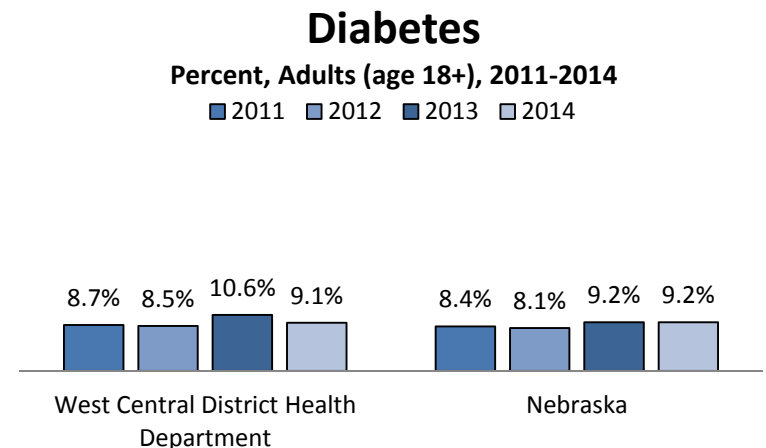
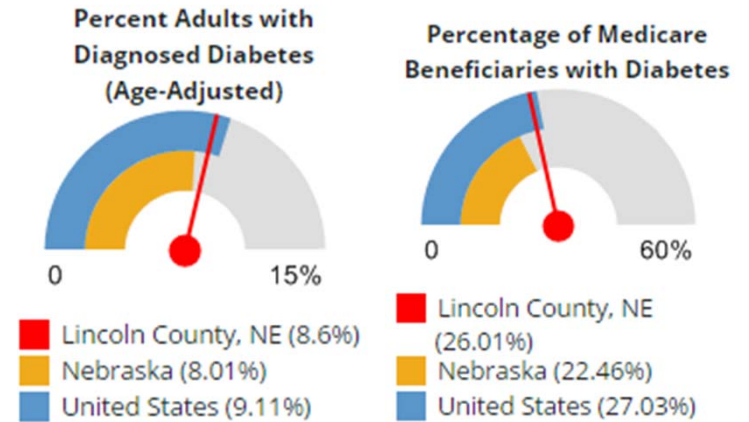
Note: Gonorrhea infection rates for Nebraska are not available at this time.

Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed July 6, 2016

Chronic conditions

Diabetes mellitus

- In 2012, the percentage of adults (age 20+) ever diagnosed with diabetes by a doctor in Lincoln County (8.6%) was higher than the state rate (8.0%) but slightly lower than the national rate (9.1%).
- In 2012, the percentage of **Medicare beneficiaries** with diabetes in the report area (26.0%) was higher than the state (22.5%), but slightly lower than the national level (27.0%).
- Diabetes prevalence rates in adults (age 18+) in both the West Central District Health Department (WCDHD) and the state have fluctuated between 2011 and 2014.
- In 2014, the percentage of adults (age 18+) who have ever been told by a doctor, nurse, or other health professional that they have diabetes in WCDHD (9.1%) was consistent with the state (9.2%).



Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016

Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

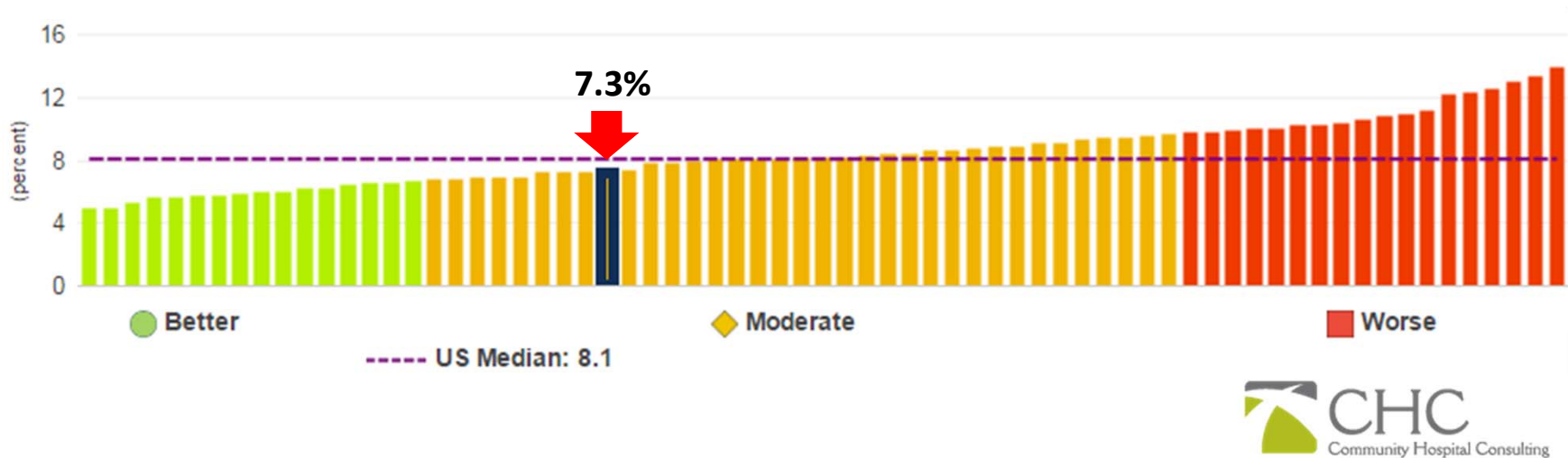
Definition: Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have diabetes (excluding pregnancy)

Adult diabetes

Peer county rankings

- In comparison to peer counties, Lincoln County (7.3%) ranked within the least favorable quartile for the percentage of adults (age 20+) living with diagnosed diabetes between 2005 and 2011, and ranked below the U.S. median (8.1%).

Adult diabetes, Lincoln County
Percent, Adults (age 20+), 2005-2011



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Chronic conditions

High blood pressure and high cholesterol

- In 2012, the percentage of the **Medicare Beneficiary** population in Lincoln County (50.3%) that had high blood pressure (hypertension) was higher than the state (48.3%) but lower than the national rate (55.5%).
- In 2012, the percentage of **Medicare Beneficiaries** in Lincoln County (38.8%) that had hyperlipidemia, which is typically associated with high cholesterol, was higher than the state (35.0%) and the nation (44.8%).
- In 2013, the percentage of adults (age 18+) that have ever had their blood cholesterol checked and subsequently have been told that their blood cholesterol is high in WCDHD (42.7%) was higher than the state (37.4%).
- In 2013, the percentage of adults (age 18+) in WCDHD (34.7%) that have ever been told that they have high blood pressure (excluding pregnancy) was higher than the state (30.3%).

Percentage of Medicare Beneficiaries with High Blood Pressure



Lincoln County, NE (50.27%)
Nebraska (48.33%)
United States (55.49%)

Percentage of Medicare Beneficiaries with High Cholesterol



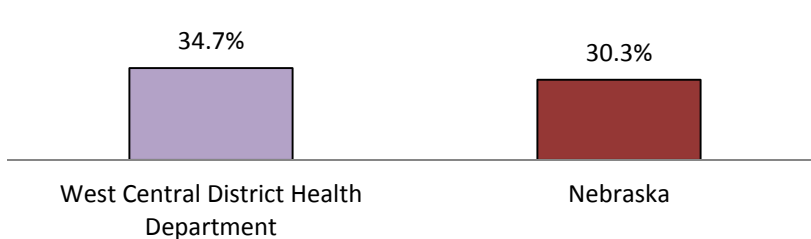
Lincoln County, NE (38.75%)
Nebraska (35.03%)
United States (44.75%)

Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

High Blood Pressure

Percent, Adults (age 18+), 2013

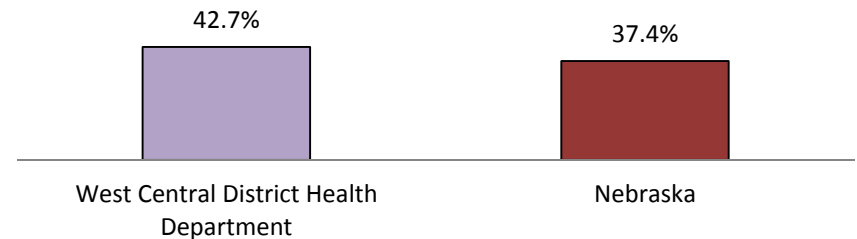
West Central District Health Department Nebraska



High Cholesterol

Percent, Adults (age 18+), 2013

West Central District Health Department Nebraska



Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed July 1, 2016

Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports,

http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

High Cholesterol Definition: Among adults 18 and older who report that they have ever had their blood cholesterol checked, the percentage who report that they have ever been told by a doctor, nurse, or other health professional that their blood cholesterol is high.

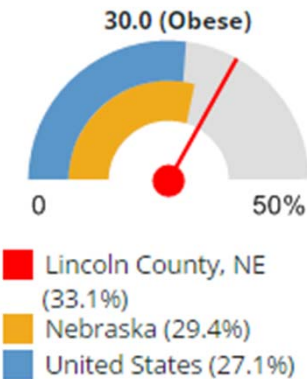
High Blood Pressure Definition: Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (excluding pregnancy).

Chronic conditions

Obesity

- In 2012, one-third (33.1%) of adults (age 20+) in Lincoln County reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 29.4% in the state and 27.1% in the nation.
- The percentage of obese adults (age 18+) in WCDHD has remained steady, while rates in the state have slightly increased (2011-2014).
- In 2014, the percentage of obese adults (age 18+) in WCDHD (32.5%) was slightly higher than the state rate (30.3%).

Percent Adults with BMI >

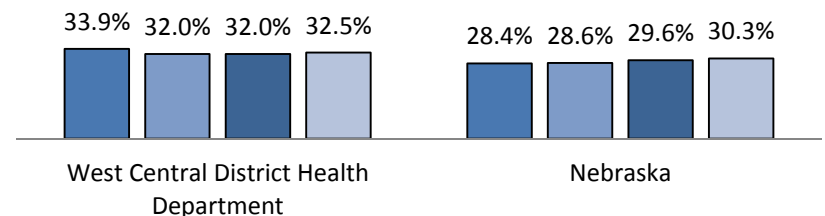


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Obesity

Percent, Adults (age 18+), 2011-2014

■ 2011 ■ 2012 ■ 2013 ■ 2014



Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016

Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

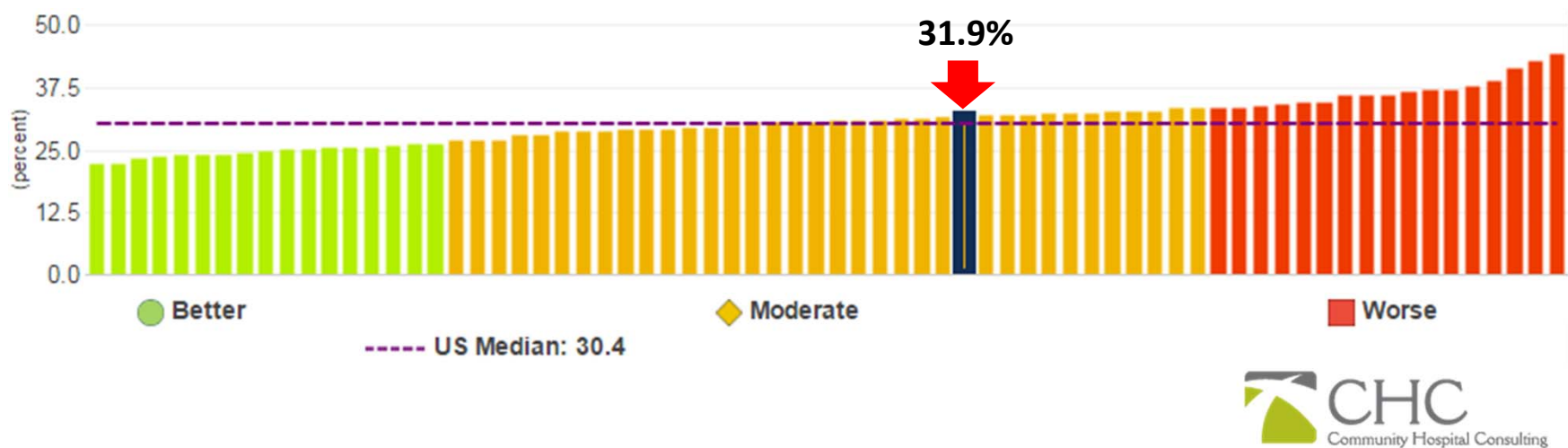
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0

Adult obesity

Peer county rankings

- In comparison to peer counties, Lincoln County (31.9%) ranked within the two middle quartiles for the percentage of obese adults between 2006 and 2012, and also ranked above the U.S. median (30.4%).

Adult Obesity, Lincoln County
Percent, Adults (age 20+), 2006-2012



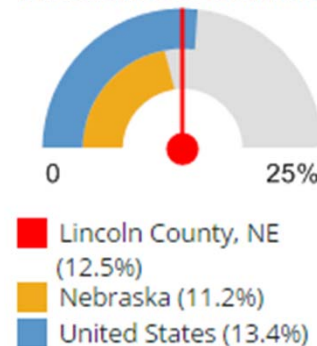
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Chronic citations

Asthma

- In 2011-2012, the percentage of adults (age 18+) in Lincoln County (12.5%) that had ever been told by a health professional that they had asthma was higher than the state (11.2%) but slightly lower than the national rate (13.4%).
- Asthma prevalence rates in adults (age 18+) in WCDHD have slightly increased, while rates in the state have remained relatively steady (2011-2014).
- In 2014, the percentage of adults (age 18+) in WCDHD (14.2%) that have ever been told by a doctor, nurse, or other health professional that they have asthma was higher than the state rate (12.2%).

Percent Adults with Asthma

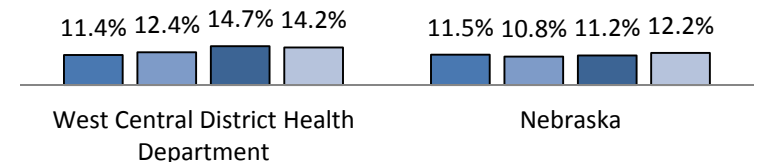


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Asthma

Percent, Adults (age 18+), 2011-2014

■ 2011 ■ 2012 ■ 2013 ■ 2014



Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016

Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

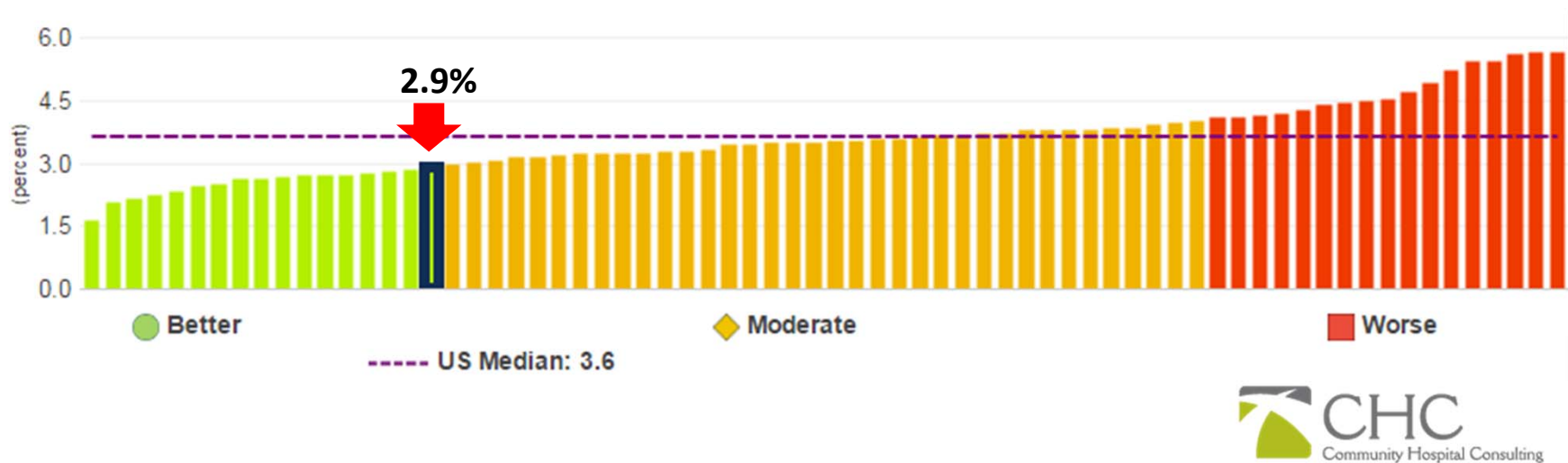
Definition: Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have asthma

Asthma

Peer county rankings

- In comparison to peer counties, Lincoln County (2.9%) ranked within the most favorable quartile for the percentage of older adults (age 65+) living with asthma in 2012, and also ranked below the U.S. median (3.6%).

Older adult asthma, Lincoln County
Percent, Medicare beneficiaries (age 65+), 2012

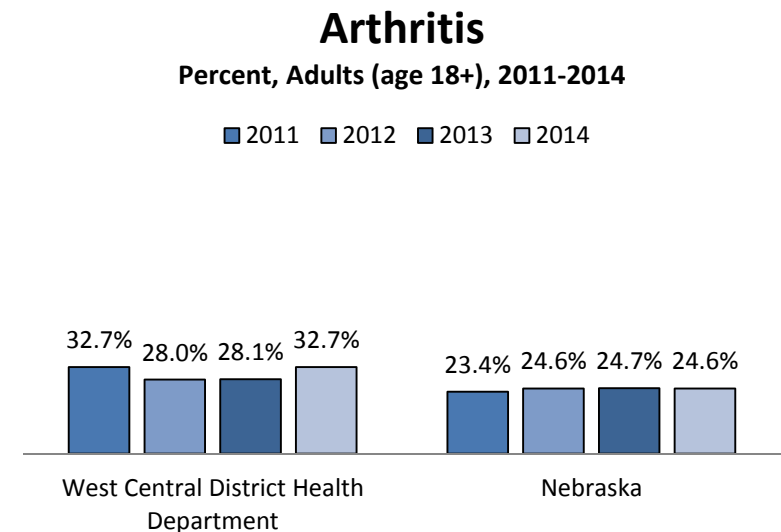


Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Chronic conditions

Arthritis

- Between 2011 and 2014, the percentage of adults (age 18+) in both WCDHD and the state that have ever been told by a doctor, nurse, or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia remained relatively consistent.
- In 2014, the percentage of adults (age 18+) with some form of arthritis in WCDHD (32.7%) was higher than the state (24.6%).



Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

Definition: Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Health behaviors

Physical Inactivity

- In 2012, the percentage of the adult population (age 20+) in Lincoln County (24.2%) that self-reported **no leisure time for activity** was higher than the state (23.3%) and national rate (22.6%).
- The percentage of adults (age 18+) in both WCDHD and Nebraska that report no physical activity or exercise (such as running, calisthenics, golf, gardening or walking for exercise) other than their regular job during the past month fluctuated between 2011 and 2014.
- In 2014, WCDHD (24.6%) had a slightly higher percentage of adults (age 18+) that reported not participating in physical activity or exercise during the past month than the state (21.3%).

Percent Population with no Leisure Time Physical Activity



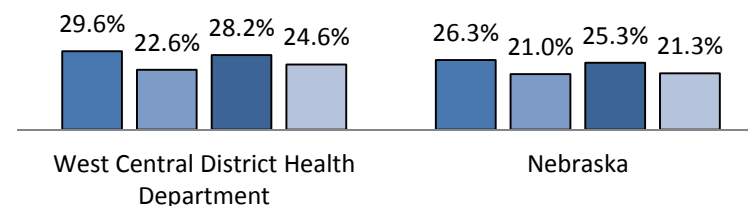
■ Lincoln County, NE (24.2%)
■ Nebraska (23.3%)
■ United States (22.6%)

Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

No physical activity or exercise

Percent, Adults (age 18+), 2011-2014

■ 2011 ■ 2012 ■ 2013 ■ 2014



Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016

Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

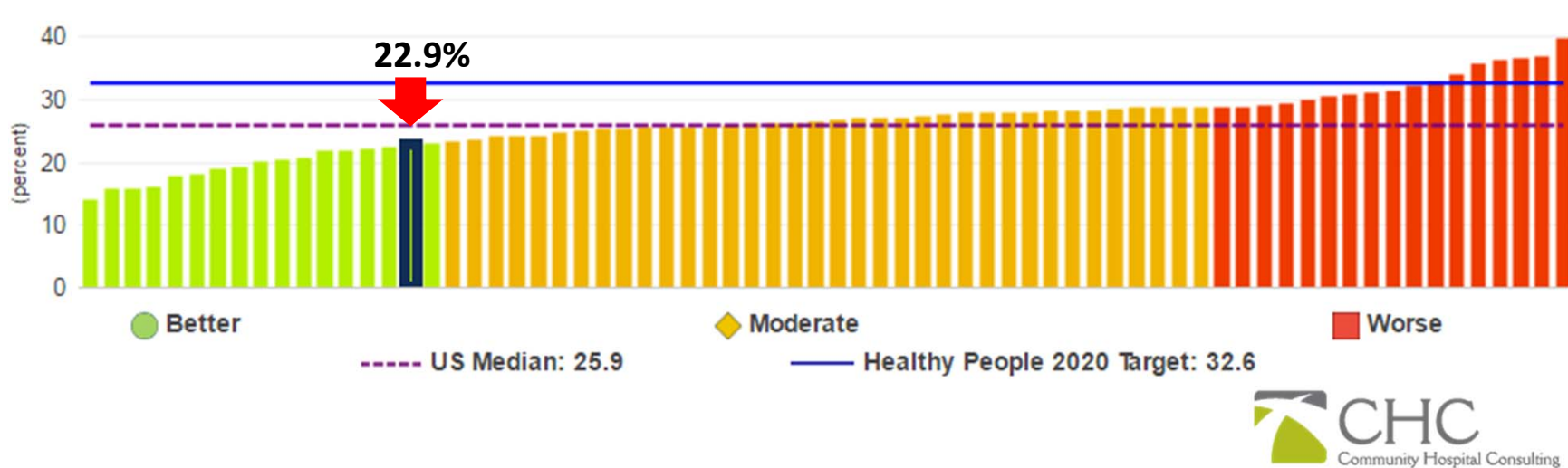
Definition: Percentage of adults 18 and older who report no physical activity or exercise (such as running, calisthenics, golf, gardening or walking for exercise) other than their regular job during the past month

Physical inactivity

Peer County rankings

- In comparison to peer counties, Lincoln County (22.9%) ranked in the most favorable quartile for the percentage of adults who reported no leisure time physical activity between 2006 and 2012, and also ranked below the Healthy People 2020 Target (32.6%) and the U.S. median (25.9%).

Physical Inactivity, Lincoln County
Percent, Adults (age 18+), 2006-2012



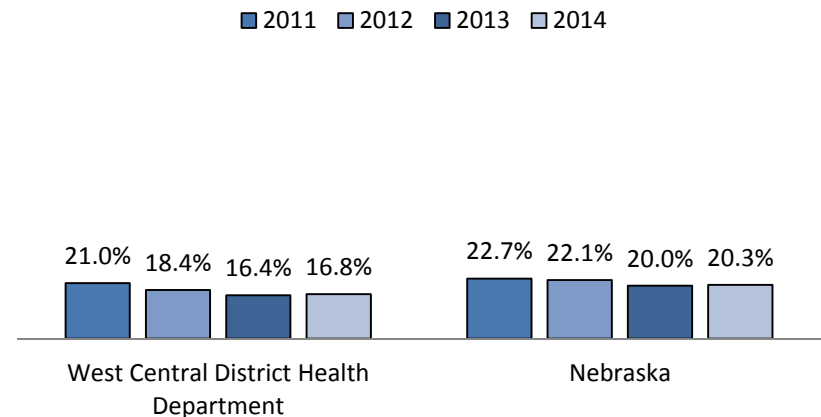
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Health behaviors

Binge drinking

- The percentage of adults (age 18+) that reported having five or more alcoholic drinks (for men) or four or more alcoholic drinks (for women) on at least one occasion during the past 30 days in both WCDHD and the state has overall decreased (2011-2014).
- In 2014, the percentage of adults (age 18+) in WCDHD (16.8%) that reported binge drinking on at least one occasion during the past 30 days was lower than the state rate (20.3%).

Binge drinking
Percent, Adults (age 18+), 2011-2014



Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

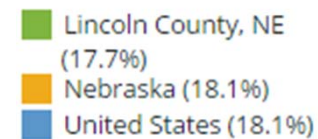
Definition: Percentage of adults 18 and older who report having five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion during the past 30 days

Health behaviors

Smoking

- The percentage of the adult population (age 18+) in Lincoln County (17.7%) that self-reported currently smoking **some days or every day** was slightly lower than the state (18.1%) and national rates (18.1%) (2006-2012).
- Between 2011 and 2014, the percentage of adults (age 18+) that reported currently smoking cigarettes either every day or on some days in WCDHD fluctuated slightly, while rates in the state steadily decreased.
- In 2014, the percentage of adults (age 18+) in WCDHD (24.5%) that reported smoking cigarettes either every day or on some days was higher than the state rate (17.4%).

Percent Population Smoking Cigarettes (Age-Adjusted)

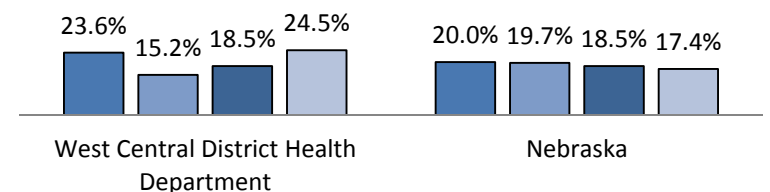


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Current Smokers

Percent, Adults (age 18+), 2011-2014

■ 2011 ■ 2012 ■ 2013 ■ 2014



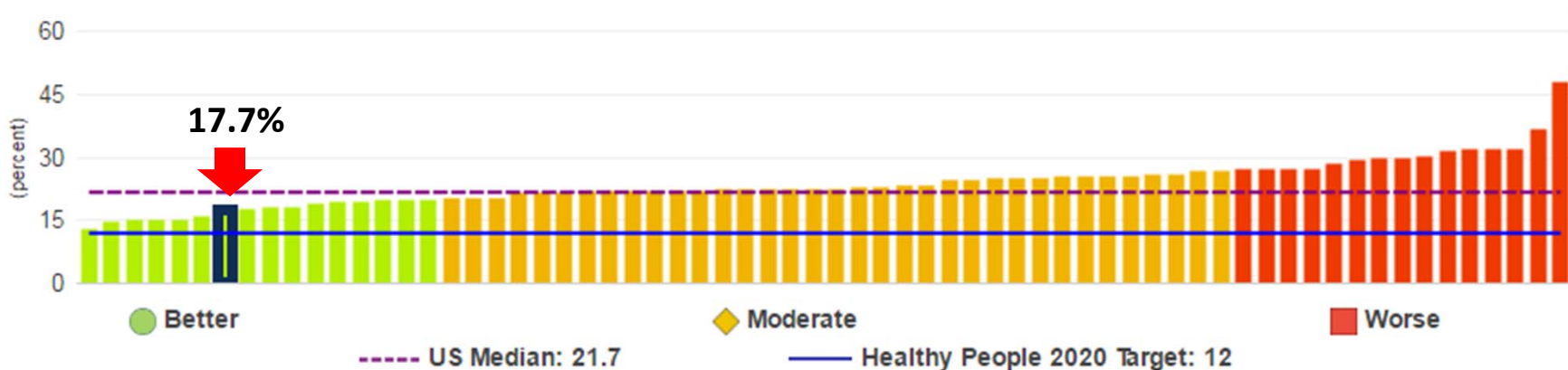
Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016
 Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016
 Definition: Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days

Adult smoking

Peer county rankings

- In comparison to peer counties, Lincoln County (17.7%) ranked within the most favorable quartile for the percentage of adults (age 18+) smoking cigarettes some days or every day between 2006 and 2012, and also ranked above the Healthy People 2020 Target (12.0%) but below the U.S. median (21.7%).

Adult smoking, Lincoln County
Percent, Adults (age 18+), 2006-2012



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://wwwn.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Definition: Do you now smoke cigarettes every day, some days, or not at all? Persons are considered smokers if they reported smoking every day or some days.

Natality

Infant mortality and low birth weight births

- The infant mortality rate in Lincoln County (6.0 per 1,000 births) is slightly higher than the state (5.7 per 1,000 births) and slightly lower than the national rate (6.5 per 1,000 births) (2006-2010).
- The percentage of total births that are low birth weight (<2,500g) in Lincoln County (8.5%) is higher than the state (7.0%) and national rates (8.2%) (2006-2012).

Infant Mortality Rate (Per 1,000 Births)



Percent Low Birth Weight Births



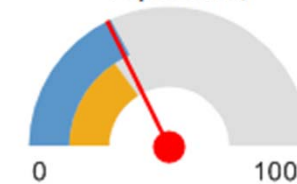
Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Natality

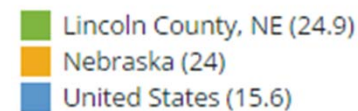
Teen births and WIC-authorized food stores

- The teen birth rate per 1,000 females age 15-19 years in Lincoln County (35.6 per 1,000) is higher than the state rate (32.0 per 1,000) but slightly lower than the national rate (36.6 per 1,000) (2006-2012).
- The number of food stores and other retail establishments that are authorized to accept WIC Program benefits and that carry designated WIC foods and food categories in Lincoln County (24.9 per 100,000) is slightly higher than the state (24.0 per 100,000) and the national rates (15.6 per 100,000) (2011).

Teen Birth Rate (Per 1,000 Population)



WIC-Authorized Food Stores, Rate (Per 100,000 Population)

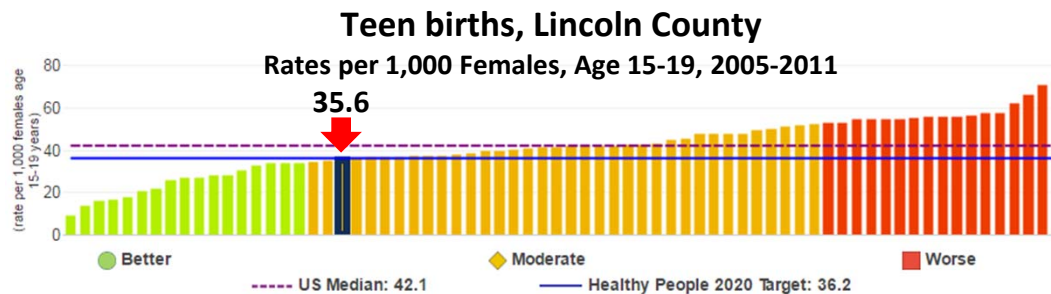


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Teen births

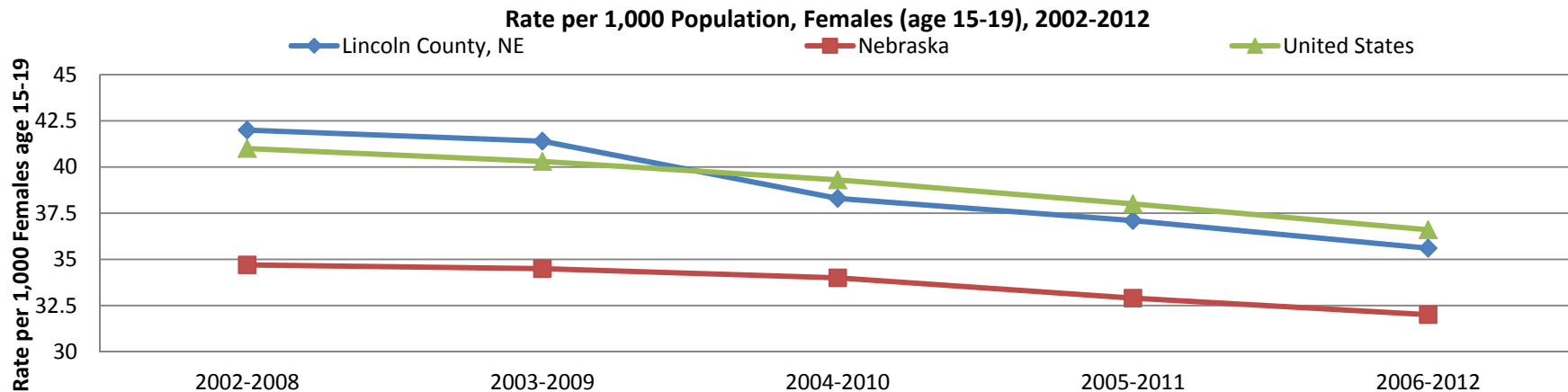
Peer county rankings

- In comparison to peer counties, Lincoln County (35.6 per 1,000) ranked in the two middle quartiles for the rate of teen births between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.2 per 1,000) and the U.S. median (42.1 per 1,000).
- Lincoln County had lower rates of teen births in the 15-17 year (14.1 per 1,000) and 18-19 year (72.4 per 1,000) age groups, as compared to its peer group median (18.7 per 1,000 and 77.2 per 1,000, respectively) and the U.S. median (20.3 per 1,000 and 84.0 per 1,000, respectively).
- The rate of teen births in the Hispanic or Latino racial/ethnic group in Lincoln County (60.1 per 1,000) was lower than the peer group median (76.4 per 1,000) and the U.S. median (72.3 per 1,000).
- Between 2002 and 2012, teen birth rates in Lincoln County, Nebraska, and the United States steadily decreased.



By Age	Lincoln Co.	Peer Median	US Median
Aged 15-17 Years	14.1	18.7	20.3
Aged 18-19 Years	72.4	77.2	84.0
By Race/Ethnicity	Lincoln Co.	Peer Median	US Median
Hispanic or Latino	60.1	76.4	72.3

Teen births

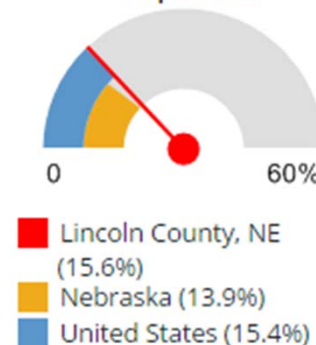


Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Mental health

- In 2012, the percentage of **Medicare beneficiaries** in Lincoln County (15.6%) with depression was higher than the state (13.9%) and national rates (15.4%).
- Between 2011 and 2014, the percentage of adults (age 18+) that had ever been told by a doctor, nurse or other health professional that they have a depressive disorder (depression, major depression, dysthymia or minor depression) in WCDHD and the state remained relatively steady.
- In 2014, the percentage of adults (age 18+) in WCDHD (19.6%) that had ever been diagnosed with a depressive disorder was slightly higher than the state (17.7%).

Percentage of Medicare Beneficiaries with Depression

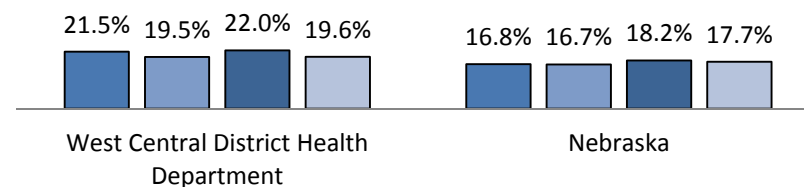


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Depression

Percent, Adults (age 18+), 2011-2014

■ 2011 ■ 2012 ■ 2013 ■ 2014



Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016

Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

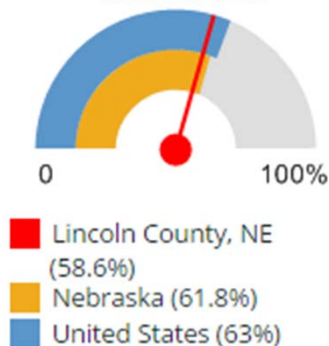
Definition: Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have a depressive disorder (depression, major depression, dysthymia, or minor depression)

Preventive care

Screenings - mammography

- In 2012, the percentage of female **Medicare enrollees** (age 67-69) in Lincoln County (58.6%) that received one or more mammograms in the past two years was lower than the state (61.8%) and national (63.0%) rates.
- In 2014, the percentage of female adults (age 50-74) in WCDHD (65.5%) that had received a mammogram during the past two years was lower than the state rate (76.1%).

Percent Female Medicare Enrollees with Mammogram in Past 2 Year

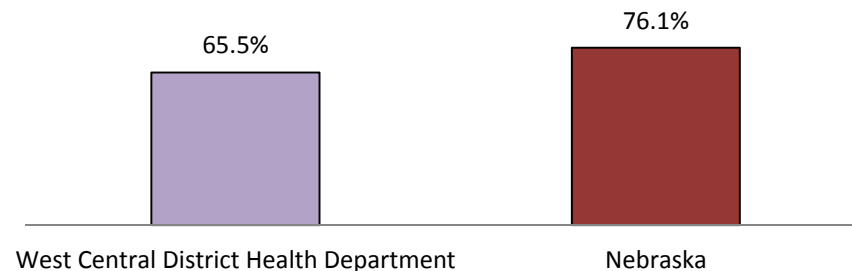


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Mammography in the past two years

Percent, Females (age 50-74), 2014

■ West Central District Health Department ■ Nebraska



Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016

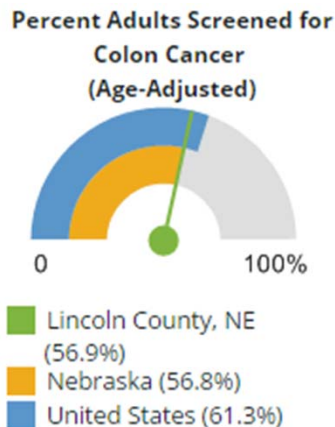
Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

Definition: Percentage of females 50-74 years old who report having had a mammogram during the past 2 years

Preventive care

Screenings - colonoscopy

- Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have **ever** had a sigmoidoscopy or colonoscopy in Lincoln County (56.9%) was consistent with the state (56.8%) and slightly lower than the national rate (61.3%).
- Between 2012 and 2014, the percentage of adults (age 50-75) in WCDHD that reported being up-to-date on their colon cancer screenings overall decreased, while rates in the state increased.
- In 2014, the percentage of adults (age 50-75) that were up-to-date on their colon cancer screenings in WCDHD (54.5%) was lower than the state rate (64.1%).

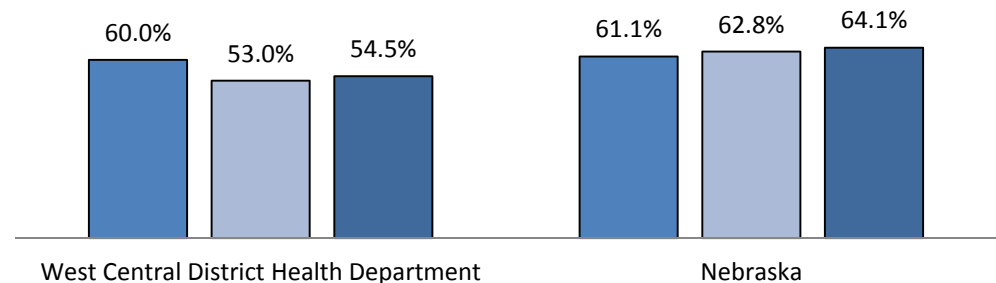


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Up-to-date colon cancer screening

Percent, Adults (age 50-75), 2012-2014

■ 2012 ■ 2013 ■ 2014



Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016

Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports,

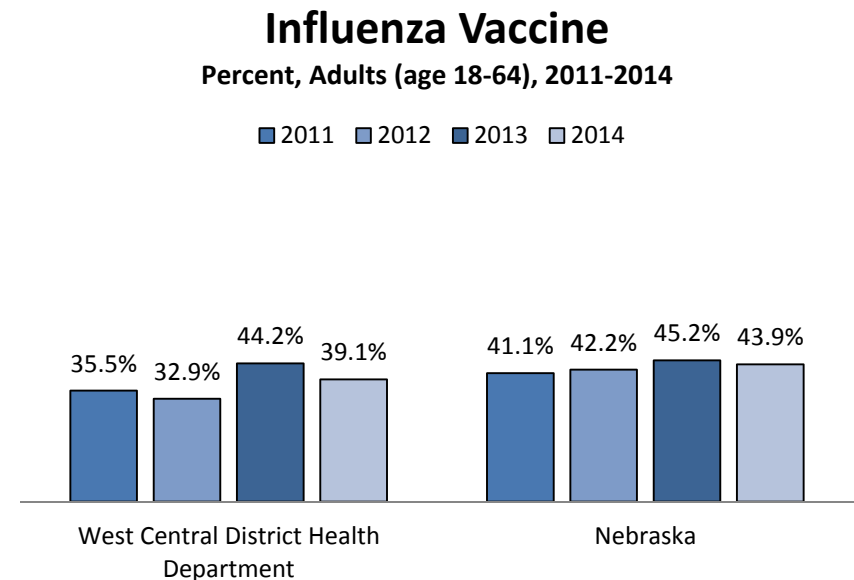
http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016

Up-to-date on Colon Cancer Screening Definition: Percentage of adults 50-75 years old who report having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years

Preventive care

Immunizations – Influenza vaccine (18-64 years)

- Between 2011 and 2014, the percentage of adults (age 18-64) in both WCDHD and Nebraska that reported receiving an influenza vaccination during the past 12 months overall increased.
- In 2014, the percentage of adults (age 18-64) in WCDHD (39.1%) that reported receiving an influenza vaccination during the past 12 months was slightly lower than the state rate (43.9%).

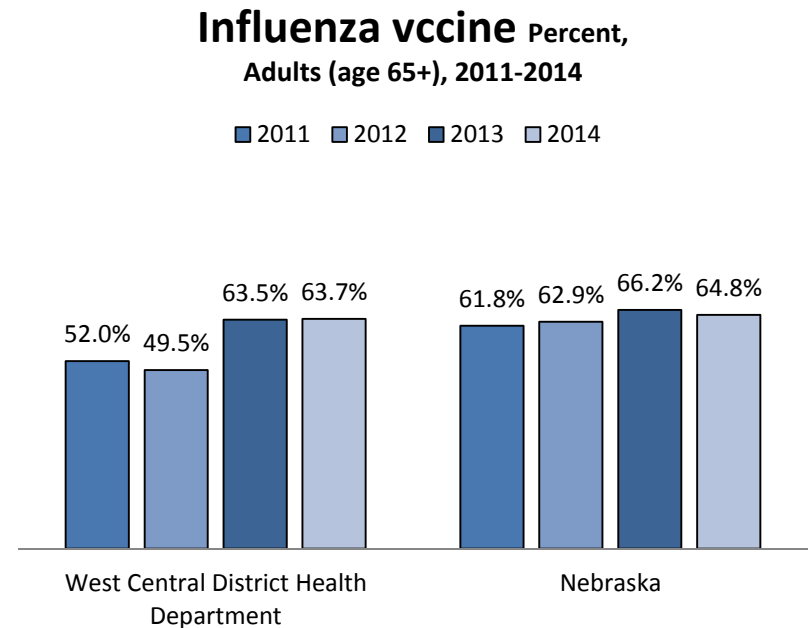


Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016
Definition: Percentage of adults 18 and older who report that they received an influenza vaccination during the past 12 months

Preventive care

Immunizations – Influenza vaccine (65+ years)

- Between 2011 and 2014, the percentage of adults (age 65+) in WCDHD that reported receiving an influenza vaccination during the past 12 months increased, while rates in the state remained relatively steady.
- In 2014, the percentage of adults (age 65+) in WCDHD (63.7%) that reported receiving an influenza vaccination during the past 12 months was slightly lower than the state rate (64.8%).



Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016
Definition: Percentage of adults 65 and older who report that they received an influenza vaccination during the past 12 months

Preventive care

Immunizations –pneumococcal vaccine (65+ years)

- Between 2006 and 2012, the percentage of the population (age 65+) in Lincoln County (63.8%) that self-reported ever having received the pneumonia vaccine was lower than the state (69.5%) and national rates (67.5%).
- Between 2011 and 2014, the percentage of adults (age 65+) in WCDHD that reported ever having received a pneumonia vaccination overall slightly increased, while rates in the state remained steady.
- In 2014, the percentage of adults (age 65+) in WCDHD (71.1%) that reported ever having received a pneumonia vaccination was slightly lower than the state rate (72.3%).

Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted)



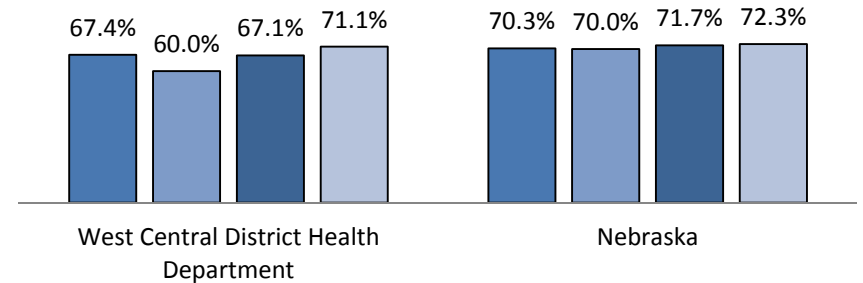
Lincoln County, NE (63.8%)
 Nebraska (69.5%)
 United States (67.5%)

Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Pneumonia Vaccination

Percent, Adults (age 65+), 2011-2014

■ 2011 ■ 2012 ■ 2013 ■ 2014

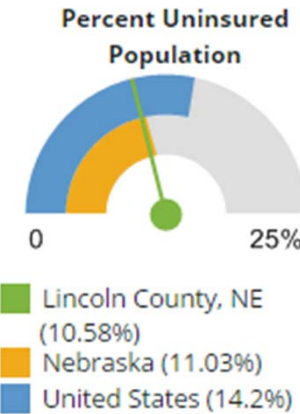


Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016
 Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016
 Definition: Percentage of adults 65 and older who report that they have ever received a pneumonia vaccination

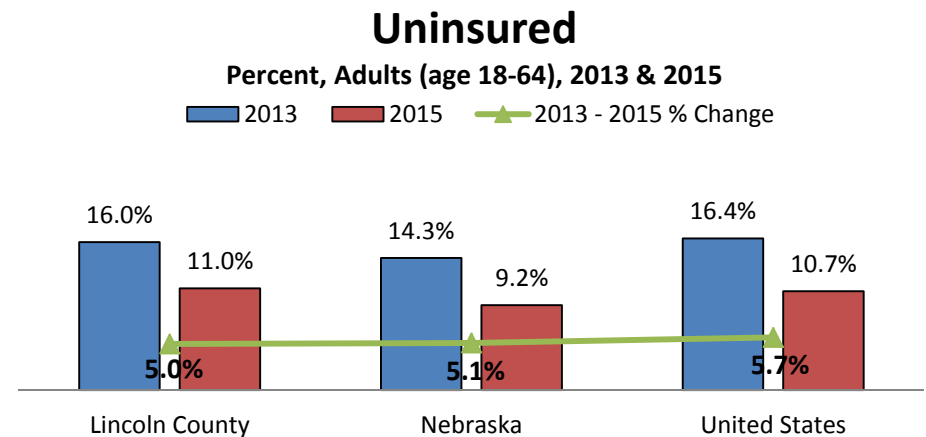
Health care access

Uninsured

- Between 2010 and 2014, the percentage of the population (all ages) in Lincoln County (10.6%) that were uninsured was slightly lower than the state (11.0%) and national rates (14.2%).
- Between 2013 and 2015, Lincoln County experienced a 5.0% decrease in the percentage of uninsured adults (age 18-64), as compared to a 5.1% decrease in Nebraska and a 5.7% decrease in the United States.
- In 2015, 11.0% of adults (age 18-64) in Lincoln County were uninsured, as compared to 9.2% in Nebraska and 10.7% in the United States.



Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



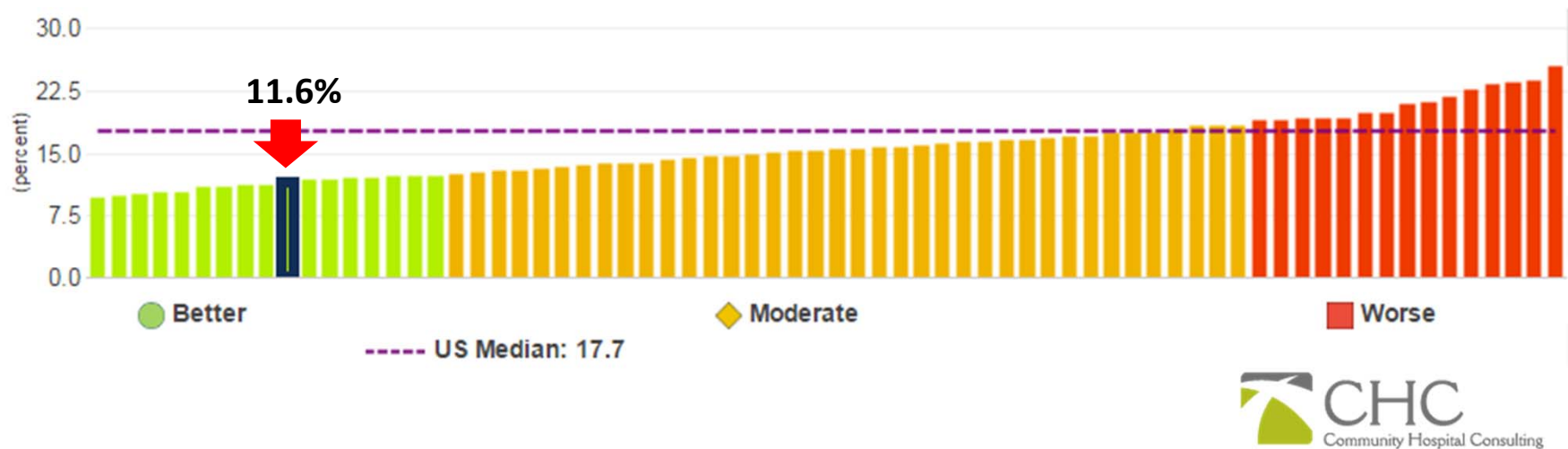
Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016
 Source: Enroll America, County-Level Snap Shots, www.enrollamerica.org; data accessed July 1, 2016

Uninsured

Peer county rankings

- In comparison to peer counties, Lincoln County (11.6%) ranked within the most favorable quartile for the percentage of adults (under age 65) living without health insurance in 2011, and also ranked below the U.S. median (17.7%).

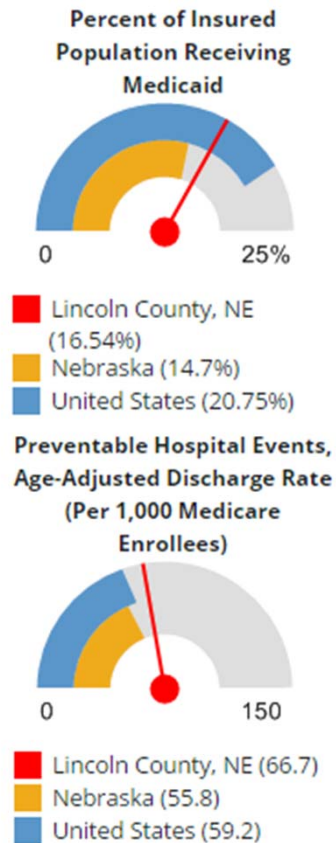
Uninsured, Lincoln County
Percent, Adults (under age 65), 2011



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://www.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Barriers to care

- **Cost of health care may delay or inhibit patients from seeking preventive care.**
 - Between 2010 and 2014, 16.5% of the insured population in Lincoln County was receiving Medicaid, which is above the state rate (14.7%) but below the national rate (20.8%).
- **Lack of available primary care resources for patients to access may lead to an increased rate of preventable hospitalizations.**
 - In 2012, the rate of preventable hospital events in Lincoln County (66.7 per 1,000 **Medicare enrollees**) was higher than that of the state (55.8 per 1,000) and the nation (59.2 per 1,000).



Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Barriers to care

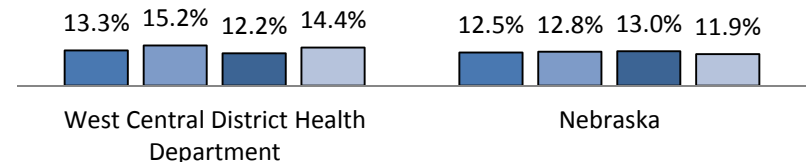
Medical cost barriers

- Between 2011 and 2014, the percentage of adults (age 18+) in WCDHD and the state that needed to see a doctor but could not because of cost during the past 12 months remained relatively stable.
- In 2014, the percentage of adults (age 18+) in WCDHD (14.4%) that experienced a medical cost barrier to care was higher than the state rate (11.9%).

Medical cost barrier to care

Percent, Adults (age 18+), 2011-2014

■ 2011 ■ 2012 ■ 2013 ■ 2014



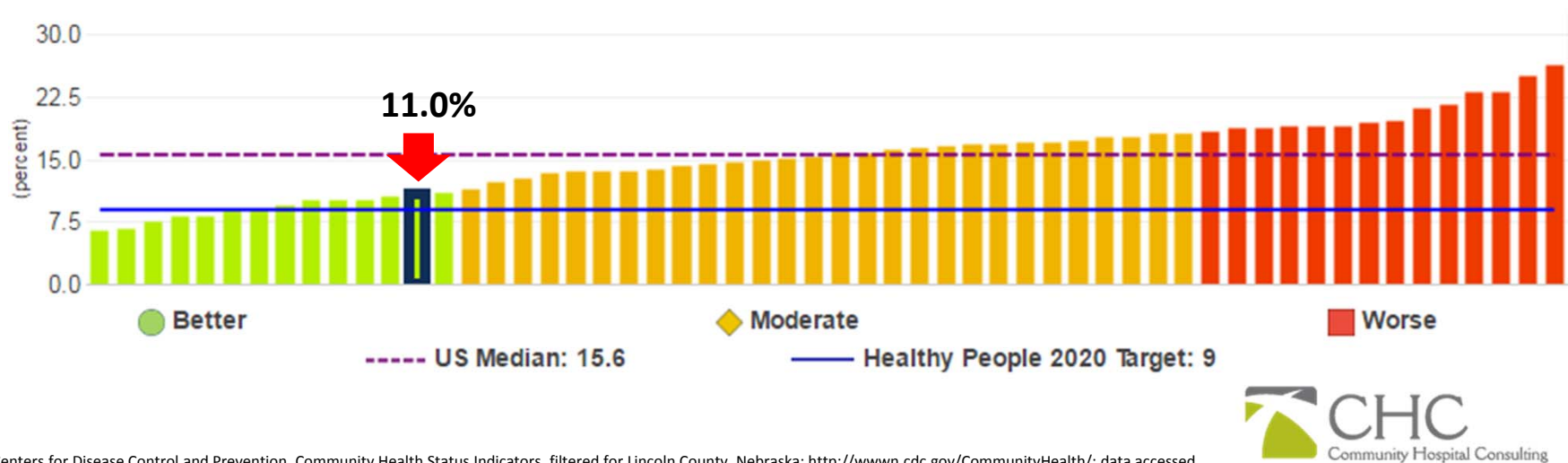
Source: Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016
Definition: Percentage of adults 18 and older who report that they needed to see a doctor but could not because of cost during the past 12 months

Medical cost barriers

Peer county rankings

- In comparison to peer counties, Lincoln County (11.0%) ranked within the most favorable quartile for the percentage of adults (age 18+) who did not see a doctor due to cost between 2006 and 2012, and also ranked above the Healthy People 2020 Target (9.0%) but below the U.S. median (15.6%).

Cost barrier to care, Lincoln County
Percent, Adults (age 18+), 2006-2012



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://wwwn.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

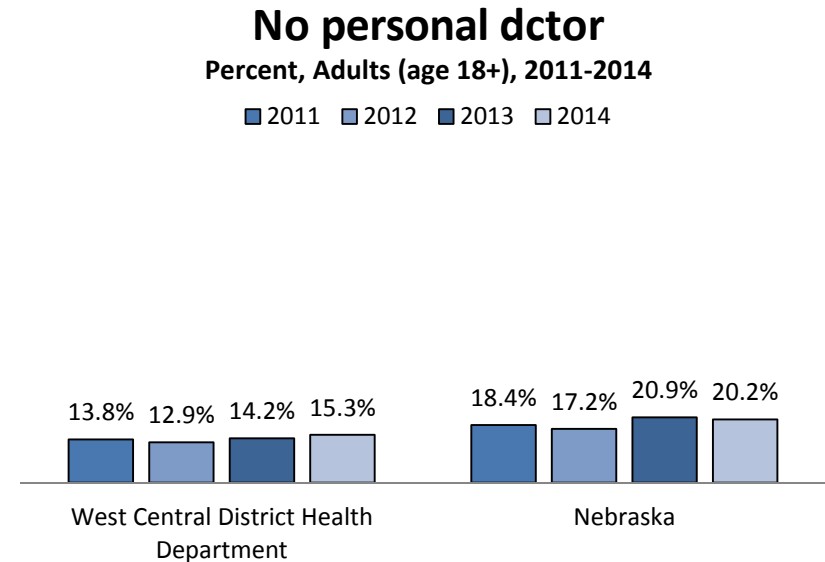
Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?



Barriers to care

No personal doctor

- Between 2011 and 2014, the percentage of adults (age 18+) in both WCDHD and the state that reported that they do not have a personal doctor or health care provider remained relatively steady.
- In 2014, the percentage of adults (age 18+) in WCDHD (15.3%) that reported that they do not have a personal doctor or health care provider was lower than the state rate (20.2%).

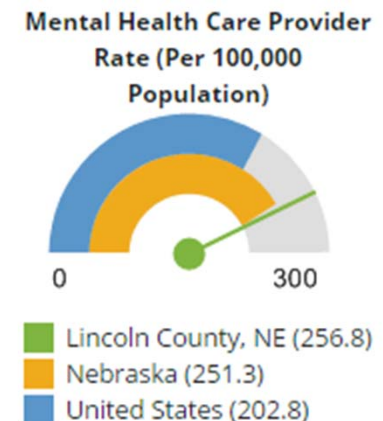
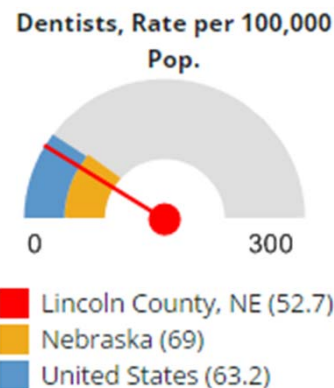
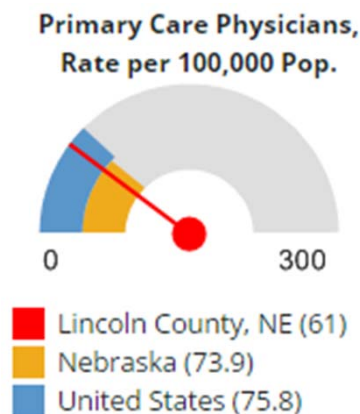


Source: Nebraska Department of Health & Human Services, Nebraska Behavioral Risk Factor Surveillance System (BRFSS): Reports, http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx; data accessed July 1, 2016
Definition: Percentage of adults 18 and older who report that they do not have a personal doctor or health care provider

Health care access

Providers

- In 2013, the rate of primary care physicians per 100,000 population in Lincoln County (61.0 per 100,000) was lower than the state (73.9 per 100,000) and the national rates (75.8 per 100,000).
- In 2013, the rate of dental care providers per 100,000 population in Lincoln County (52.7 per 100,000) was lower than the state (69.0 per 100,000) and national rates (63.2 per 100,000).
- In 2016, the rate of mental health care providers per 100,000 population in Lincoln County (256.8 per 100,000) was higher than the state (251.3 per 100,000) rate and the national rate (202.8 per 100,000).



Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

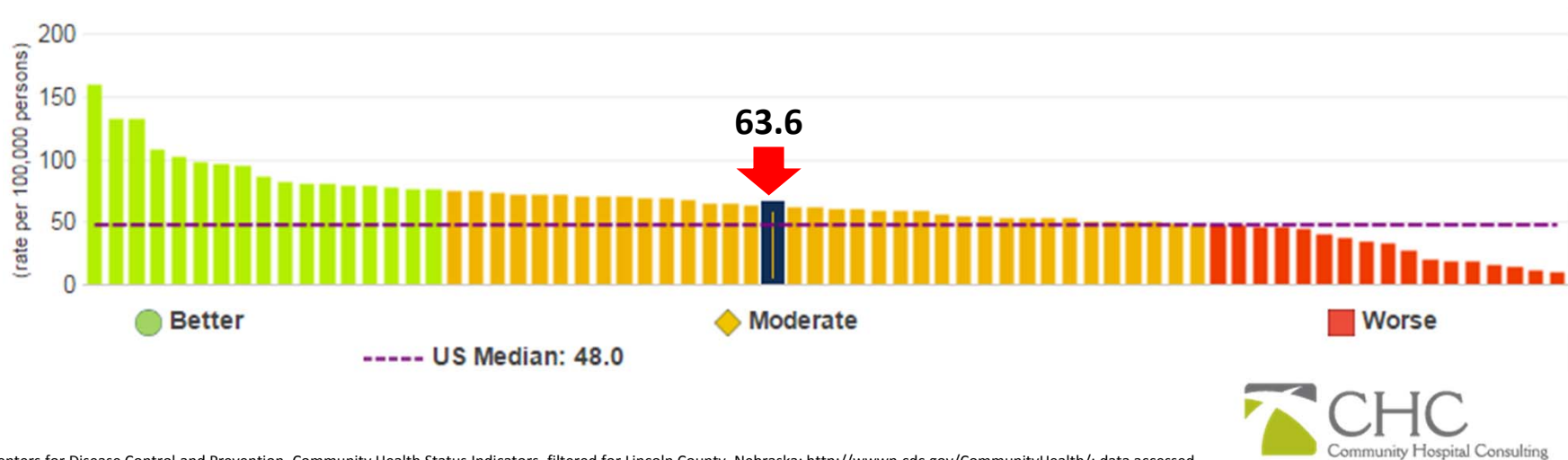
Source: Community Commons, Health Indicator Report filtered for Lincoln County, Nebraska, www.communitycommons.org; data accessed June 30, 2016
 Primary Care Physician Definition: Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.
 Dentist Definition: All dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.
 Mental Health Care Provider Definition: Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Primary care provider access

Peer county rankings

- In comparison to peer counties, Lincoln County (63.6 per 100,000) ranked within the two middle quartiles for the rate of primary care providers per 100,000 persons in 2011, and also ranked above the U.S. median (48.0 per 100,000).

Primary care provider access, Lincoln County
Rate per 100,000 persons, 2011



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Lincoln County, Nebraska; <http://wwwn.cdc.gov/CommunityHealth/>; data accessed June 30, 2016

Definition: Primary care physicians are those who identify as practicing general practice, internal medicine, obstetrics and gynecology, or pediatrics.



Health care access

Health Professional Shortage Areas (HPSA)

- Health Professional Shortage Area (HPSA) designations are based on general HPSA designation criteria, plus additional criteria and guidelines specific to each of the three types of designations:
 - Primary Care
 - Dental Health
 - Mental Health
- All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation.
- HPSA Scores range from 1 to 26, where the higher the score, the greater the priority for assignment of clinicians.

Lincoln County				
HPSA Name	Designation Type	Discipline Class	HPSA Score	Update Date
Catchment Area 2	HPSA Geographic	Mental Health	18	05/30/2012
Brady Rural Health Clinic	Rural Health Clinic	Primary Care	2	09/07/2012
Brady Rural Health Clinic	Rural Health Clinic	Dental Health	6	09/09/2011
Brady Rural Health Clinic	Rural Health Clinic	Mental Health	10	09/09/2011

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed June 30, 2016

Definition: Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

Phone interview findings

Overview

- Conducted 17 interviews with the two groups outlined in Internal Revenue Service final regulations issued December 29, 2014
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

Interviewee information

- **Marge Beatty:** Administrator, Educational Service Unit 16
- **Linda Foreman:** Executive Director, West Central Nebraska Area Agency on Aging
- **Ron Hanson:** Superintendent, North Platte Public Schools
- **Erin Hasenauer:** Executive Director, Women's Resource Center
- **Joe Hewgley:** Chairman of the Board of Commissioners, Lincoln County Commissioners
- **Marnia Hughes:** EDN Services Coordinator, Early Development Network
- **Lee Kimzey:** Clinical Psychologist, Behavioral Health Associates
- **Dwight Livingston:** Mayor, City of North Platte
- **Jim Nisley:** City Councilman, City of North Platte
- **David Pederson:** Attorney, Pederson & Troshynski
- **Jamie Peters:** HR Specialist and Employee Wellness Coordinator, Mid Plains Community College
- **Jenny Salestrom:** Executive Director, Mid Plains United Way
- **Eric Seacrest:** Executive Director, Mid-Nebraska Community Foundation
- **Jim Smith, MD:** Board President and ED Physician, Great Plains Health
- **Kent Turnbull:** Judge, Lincoln County Court
- **Shannon Vanderheiden, RN:** Executive Director, West Central District Health Department
- **Treg Vyzourek:** Senior Director of Ancillary Services, Great Plains Health

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

Areas served by organizations

Organization	Counties Served
Behavioral Health Associates	Lincoln County/Western Nebraska
City of North Platte	North Platte/Lincoln County
Early Development Network	Lincoln County
Educational Service Unit 16	16 County Region (including Lincoln County)
Great Plains Health	Lincoln County and surrounding counties
Lincoln County Commissioners	Bell County
Lincoln County Court	17 County Region (including Lincoln County)
Mid Plains Community College	18 County Area including Lincoln County
Mid Plains United Way	16 County Region (including Lincoln County)
Mid-Nebraska Community Foundation	Lincoln County
North Platte Public Schools	North Platte/Lincoln County
Pederson & Troshynski	Lincoln County
West Central District Health Department	6 County Health District (including Lincoln County)
West Central Nebraska Area Agency on Aging	17 County Region (including Lincoln County)
Women's Resource Center	North Platte/Lincoln County

The counties primarily served by the interviewees' organizations are broken out in the chart to the left. Some of the organizations serve community members/patients in multiple counties.

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

Interviewee characteristics

- Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

5.9%

- Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

52.9%

- Community leaders (EX: Lincoln County Court, City of North Platte, Pederson & Troshynski)

41.2%

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

Community needs summary

- Interviewees discussed the following as the most significant health issues:
 - Access to affordable healthcare
 - Access to mental and behavioral health services and providers
 - Access to affordable dental services
 - Transportation barriers
 - Need for community education and preventive care
 - Physician recruitment and retention

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

Access to affordable healthcare

- Interviewees noted that the increased prevalence of high deductible plans has decreased patients' ability and willingness to seek adequate medical care. They mentioned that this is an issue affecting patients of varying income brackets.
- Interviewees emphasized financial concerns as the largest barrier to healthcare in the North Platte area.
- Interviewees mentioned physicians who will not schedule appointments for patients who had yet to settle previously accrued bills with their office.

“People don’t have health insurance or the financial means to pay for it.”

“Payment is the most prevalent barrier (to care).”

“There are a lot of people who either have high deductibles or poor insurance, and they still end up paying \$10,000 to \$15,000 of their bill before insurance kicks in.”

“Even with insurance, sometimes you have to pay a large deductible before going into a clinic. Any financial problems would prevent you from going to the doctor.”

Access to mental and behavioral health services and providers

- Drug addiction and the lack of treatment facilities, particularly with the legalization of marijuana in Colorado, are of particular concern to the interviewees.
- The majority of interviewees reported that mental health services and providers are very limited for residents below 18 years old.
- Behavioral health issues were also mentioned as needing attention in the area.

“[The community is] not equipped to handle the mental health or drug addiction problems.”

“This has been a problem, especially for children. Behavioral health also falls into this category.”

“I think we are underserved like the rest of the United States. It has not been a priority.”

“There is no inpatient or long-term mental health and that is a problem. There is nothing for young people.”

“Child psychiatry services with inpatient care would be my priority. Any children who need serious care have to go 100 miles away. That’s prohibitive when it comes to keeping families involved.”

Access to affordable dental services

- Interviewees noted that dental services are readily available in the area, but payment for these services is a large issue.
- Pending dentist retirements are a concern that might affect dental coverage in the county.
- Many interviewees mentioned that very few dentists accept Medicaid and there are even issues with dentists accepting the many common forms of dental insurance, such as Blue Cross Blue Shield.
- West Central District Health Department was commended for their low income dental clinic, but it was mentioned that they have had issues maintaining consistent dental practitioner coverage.

“I think that there is a need for more dental services. I think we have a significant number of dentists who are nearing retirement. I think the number of dentists who will accept Medicaid is extremely low.”

“I do know of quite a few clients that have a hard time finding a dentist that accepts Medicaid and they leave the area for dentist care.”

“Nobody takes Blue Cross Blue Shield so people drive to Gothenburg.”

Transportation barriers

- Interviewees discussed the rural nature of the community and lack of a public transit system contributing to transportation issues.
- Interviewees mentioned a Handi Bus service, but it was also noted that this service can be cost prohibitive for those of limited financial means.
- Though transportation within the community was discussed, transportation issues for doctors' visits in larger cities were also of concern to interviewees.
- The elderly were of particular concern with the transportation barriers as they have very few options if they are unable to transport themselves to the doctor.

“Transportation can be a real barrier. There’s barely more than limited transportation.”

“Transportation is always an issue, especially in the more rural areas. North Platte is a medical center for 17 counties.”

“We do have a growing elderly population. Transportation is huge in our area. We have a Handi Bus and it seems minimal. It’s \$3 one way per person. For a parent to get a child to the dentist, that’s \$12 for them, which is a lot. They wait for hours. It’s very unreliable. It’s cost prohibitive for many people.”

“If there is someone in North Platte who can’t help [residents with transportation issues], they can’t get to other cities for their care. Especially for the elderly who are tight on their expenses and need transportation and to find a place to stay.”

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

Need for community education and preventive care

- Interviewees discussed the multi-faceted nature of health related education and prevention in the area, including the lack of healthy food options as well as adequate facilities for fitness.
- Awareness of programming available was also mentioned as an issue in the community.
- The lack of programming for children was of particular concern as early prevention can affect their health trajectory.
- Some interviewees mentioned diabetes, obesity and cancer as emerging health issues and opportunities for future prevention efforts.

“If people had better access to food options, that would help our health issues.”

“I think people need to embrace lifetime fitness and the importance of it.”

“I think the community needs to know what all the hospital offers—free programs, etc. But a lot of people don’t know about them.”

“Childhood obesity...people are not taking advantage of services. If they could do something with the schools. There is not a lot of programming for them.”

“Cancer is now the leading cause of death in Nebraska, instead of heart disease.”

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

Physician recruitment and retention

- Due to the rural nature of the community, interviewees were concerned about recruitment issues for healthcare professionals as well as the retention of these professionals.
- Interviewees mentioned that North Platte is becoming an increasingly important health center for surrounding counties, expanding the need for healthcare professionals in the county.
- This issue was not only noted as something of current concern but also one growing in importance over the next five years.

“Recruitment issue. Recruiting people to a fairly rural area is difficult. The financial resources for it need to be attractive.”

“Again, we are a rural area. It’s just something we have to constantly be aware of and there are many times physicians want to come here but often you’re pleasing the physician and their staff.”

“The communities around us are going to continue losing providers and facilities and we are going to need to absorb that.”

“I think being able to attract physicians to this area. Attracting qualified specialist physicians will be an issue.”

Physician recruitment and retention continued

- Interviewees mentioned the growing demand for primary care services as an issue in the area.
- The long distance between North Platte and larger cities was mentioned as one of the most significant concerns with not having a full spectrum of local specialists available, including:
 - Pulmonology
 - Neurology
 - Gastroenterology
 - Speech Pathology
 - Occupational Therapy
- The hospital's effort to increase specialist coverage in the community was seen as a highlight of the healthcare system.

“We have a need for subspecialties because it’s difficult for people to reach those specialties otherwise.”

“We’ve become better, but a lot of times people need to go to Lincoln or Scottsbluff/Kearney because those specialists aren’t available in North Platte.”

“Right now all the families have to travel four hours for specialists (speech and occupational therapy). Sometimes up to two times a week.”

“There are a lot of specialties we don’t have. There are some that come through and do rotations.”

Populations most at risk

When asked about which specific groups are at risk for inadequate care, interviewees spoke about:

- Under/uninsured
 - High deductibles were mentioned as one of the most prevalent barriers to care for this population
 - It was noted that many physicians will not provide an appointment due to a self-pay patient's inability to pay up front for services or any outstanding balances on a patient's account
 - Dental services were mentioned as an area where even those with some form of dental insurance area often denied care by local dentists
- Youth
 - Mental health services are significantly lacking for children
 - Drug abuse concerns with recent Colorado legislation changes
 - Risk of obesity and a need for health education
- Elderly
 - Transportation is an issue for this population, despite the availability of the Handi Bus
 - Lack of an adequate number of nursing homes as well as home health professionals were of concern for the growing elderly population

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

Positive aspects of the Healthcare System

- 1 • Quality of care is good
- 2 • Large number of highly-skilled medical professionals
- 3 • State of the art facility
- 4 • Excellent primary care and expanding specialist coverage
- 5 • Proactive

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.

2013 CHNA identified needs

2013 CHNA identified needs

1. Need for primary care services and providers, including nursing staff
2. Prevention, education and services to address high mortality rates, chronic conditions and unhealthy lifestyles
3. Need for additional local specialty care
4. Teen pregnancy: need for increased education of the importance of prenatal care and increased awareness of available health care resources in the community
5. Need for affordable primary care services for the low-income and uninsured population

Source: Great Plains Health, Community Impact: Community Health Needs Assessment, <http://www.gphealth.org/CommunityBenefit>; data accessed September 6, 2016.

Input regrading the hospital's previous CHNA

Consideration of previous input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

Evaluation of hospital's impact

Evaluation of hospital's impact

- IRS final regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2013 to 2016 implementation plan.

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRESS UPDATE

Community benefit introduction

Great Plains Health has a long tradition of improving the health and well-being of the communities we serve. Whether it's through health education, partnerships with local organizations, financial contributions or through the many hours that Great Plains employees and physicians give annually through volunteering, we are committed to our nonprofit responsibility to positively impact the health and wellness of the North Platte region.

Each year, Great Plains dedicates approximately \$120,000 to assist nonprofit, 501c3 organizations working on projects designed to improve the health of the communities we serve. Great Plains Health invests around \$22 million annually in overall community benefit, showing that Great Plains Health is dedicated to a healthier community both inside and outside our hospital and clinic walls.

Overview

A comprehensive Community Health Needs Assessment (CHNA) was conducted by Great Plains Health from April 2013 to November 2013. Great Plains' study area was defined as Lincoln County, which is located in the West Central District Health Department (WCDHD) Region of Nebraska. The analysis included a careful review of the most current health data available and input from numerous community representatives with special knowledge of public health. Findings indicated that there were five significant needs in the communities served by Great Plains.

Community health needs

Great Plains Health's leadership prioritized and decided to address all of the significant needs identified in the CHNA. The final list of prioritized needs, in descending order, is listed below:

1. Need for primary care services and providers, including nursing staff
2. Prevention, education and services to address high mortality rates, chronic conditions and unhealthy lifestyles
3. Need for additional local specialty care
4. Teen pregnancy: need for increased education of the importance of prenatal care and increased awareness of available health care resources in the community
5. Need for affordable primary care services for low-income and uninsured populations

The Great Plains Health leadership team developed the following implementation plan to identify specific activities and services which directly address these priorities. The objectives were identified by studying the prioritized health needs, within the context of the health system's overall strategic plan, and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, and the anticipated impact and evaluation.

PRIORITY ONE: Need for primary care services and providers, including nursing staff

Rationale: Findings indicate there is a need for access to primary care services and providers, including nursing staff, in Lincoln County. Interviewees acknowledged the need for increased access to and the improvement of primary care services in the area. Interviewees also mentioned aging and retiring physicians, a closing internal medicine practice and a lack of pediatric providers as possible reasons for patients over-utilizing emergency departments or choosing to seek care outside of the community.

Objective: Increase access to primary care services and providers in the community.

Implementation activities

1. RECRUIT PRIMARY CARE PROVIDERS

Since 2012, the following physicians have been recruited to our area through the focused recruitment efforts of Great Plains Health.

- 2012. Pediatrics: Dr. Soogandaren Naidoo and Dr. Grishma Parikh
- 2013 Family Medicine: Dr. Sujay Kumar
Internal Medicine: Dr. Sri Suravarapu
Pediatrics: Dr. Melissa Mosel
- 2104: Family Medicine: Dr. Emily Jones and Dr. David Priebe
Obstetrics & Gynecology: Dr. Amy Short
- 2015: No primary care recruited
- 2016: Family Medicine: Dr. Lalitha Rayavarapu
Obstetrics & Gynecology: Dr. Ben Klug

RETIREMENTS AND DEPARTURES OF PRIMARY CARE PROVIDERS IN THE SAME TIME PERIOD: Family Medicine: Dr. Gary Connell, Dr. David Priebe, Dr. Cleve Hartman; Pediatrics: Dr. Del Shepherd, Dr. Sujay Kumar (5)

NET IMPACT: Plus five primary care providers in the North Platte community.

2. DEVELOP NURSES

- Ongoing training. Since 2013, Great Plains Chief Clinical Officer and staff orient new nursing students in the region. We have developed a [nurse residency program](#) and increased the number of [clinical educators on the floors](#).
- Financial support. In the past five years, Great Plains has contributed \$1.5 million to Mid Plains Community College's Health and Science building. Ongoing tuition reimbursement for all staff.
- In 2015, Great Plains Health implemented a clinical ladder for nursing.
- Worked with Bryan College of Health to offer a four-year BSN program locally. Will launch in September.
- Developed a scholarship program for 10 scholarships in 2016 for associate degree nurses to pursue bachelor's degree.

3. IMPROVE PRIMARY CARE SERVICE

- In 2013, Great Plains began pediatric home care services to alleviate transportation and scheduling issues for patients and their families. This service is available to anyone living within the Lincoln County.
- In 2015, Great Plains Health and the Physician Hospital Organization voted to enter into clinical integration, a move that will strengthen communication among providers and patients, achieve better outcomes, allow greater focus on quality initiatives and consistency in best practice and strategically develop a regional primary care plan.
- In 2015, Great Plains began a transitional nurse program designed to improve outcomes and reduce readmissions for high-risk patients. The non-reimbursed program ensures safe and effective transitioning from acute care to home through access to a nurse practitioner who can intensively follow their at-home care.

PRIORITY TWO: Prevention, education and services to address high mortality rates,

chronic conditions and unhealthy lifestyles

Rationale: Findings indicate that Lincoln County has higher mortality rates than the state of Nebraska in cancer, heart disease and diabetes. In addition, Lincoln County has experienced a dramatic increase in cases of chlamydia and gonorrhea. According to the Behavioral Risk Factor Surveillance System (BRFSS), 68.2% of respondents in the WCDHD region are overweight or obese and 7.9% have diabetes. According to the BRFSS, almost 17.7% of respondents in the WCDHD region claim to be current smokers and nearly 17.5% of respondents in the WCDHD region reportedly engage in binge drinking.

Objective: Provide, sponsor, support or promote educational opportunities, special events and programs that aim to address high mortality rates, chronic conditions and unhealthy lifestyles in the community. Great Plains will focus on community, fitness, prevention and education.

Implementation activities

1. OFFER COMMUNITY SCREENINGS

Great Plains Health offers the following screenings at no cost to our community to promote prevention and awareness about chronic disease:

- **Healthy Heart Check Event** (2013, 2014, 2015, 2016). This event draws approximately 225 people each year. Through this event each year, our screening team discovers around 15 abnormal EKGs and around 40 people with high blood pressure. The event medical team provides free blood pressure checks, free EKGs and information about heart disease risk factors, CPR, exercise advice, heart-healthy recipes, smoking cessation techniques and hypertension.
- **Heart Screenings** (2012, 2013, 2014, 2015, and 2016 year-round). Great Plains Health offers low-cost heart screenings to employees and the community every Friday morning. As part of the prevention and early identification program, participants pay just \$50 for a heart screening that would normally cost around \$1,720. The screenings test a person's blood pressure, body mass index, cholesterol level, blood glucose level and calcium score to indicate if he or she is at risk for heart disease.
- **Melanoma Monday** (2015, 2016). Great Plains Health partners with two independent dermatology groups to offer a free skin cancer screening to the community. We saw approximately 130 patients the four-hour event. Of the 130 screened, 52 cases of actinic keratosis were discovered as well as three squamous cell carcinomas, four basal cell carcinomas, three dysplastic nevus and one melanoma.
- **Lung Screenings** (2014, 2015, 2016 year round). Lung cancer screenings through CT scan are offered at the Great Plains Health Imaging Center every Friday afternoon with an out-of-pocket cost to patients of just \$300, a highly reduced rate.
- **Head and neck screening.** (2013) Offered in partnership with Maple Park Dental, Great Plains Health offered a free screening to the public with approximately 50 in attendance.
- **Health fairs.** (2013, 2014, 2015, 2016) Through our Wellness Works program and independently, Great Plains Health hosts and/or staffs approximately 10 health fairs per year at business locations throughout our service area.
IN 2016, Great Plains Health hosted an expanded health expo for the largest community employer, Union Pacific Railroad, offered at no expense to their employees.

2. PROVIDE COMMUNITY HEALTH EDUCATION

- **Smoking cessation program** (2014, 2015, and 2016). Great Plains Health offers a free smoking cessation class to the community each quarter led by certified smoking cessation instructors. Great Plains Health pays for instruction, patches and all supporting educational material.
- **Community Wellness Series & Doc Walk & Talk** (2014, 2015, 2016). Great Plains Health partners with the North Platte Rec Center to provide three free community talks and walks each year to the North Platte region. Each talk draws around 50 participants consistently.
2014 topics: Getting motivated for fitness, risk factors for heart disease, healthy cooking.
2015 topics: Making the mind/body connection, fitness after 60, diabetes & exercise.
2016 topics: Diabetes prevention, getting aggressive about heart health, healthy grilling, foot health.

- **Certification and general education.** Great Plains Health offers education and resource tracks to first responders, nurses, physicians and the general community: TNCC life support, basic EKG, NRP life support, cancer conference, trauma conference, PALS, ACLS life support, BLS life support, paramedic courses, oxygen delivery methods, breast feeding, bariatric surgery education, prepared childbirth and many more.
- **Awareness mailings.** These are done two times a year to more than 17,000 households in the community educating consumers. The first mailing is directed at risk factors of heart disease and the importance of screening. The second mailing is directed at the importance of mammograms.

3. INSPIRE HEALTH THROUGH HUMAN AND FINANCIAL CAPITAL

- **Fitness series and other local races.** (2013, 2014, 2015, 2016) Great Plains Health played an active role in the development and has consistently increased their annual funding to a community wellness initiative called Platte River Fitness series (current level \$12,500). With the help of our funding and active hospital employee volunteer base, Platter River Fitness Series hosts approximately 25 races for all fitness levels and ages (5K, 10K, half marathons, duathalons and triathlons). The initiative draws approximately 5,000 participants each year. In addition to the series, Great Plains Health has sponsored the Lincoln County Visitors Bureau Color Dash (2014) and the Great Plains Health Care Foundation Lake-to-Lake relay (2014 – 2016).
- **Couch to 5K series.** (2013, 2014, 2015, 2016). Great Plains Health sponsors an annual Couch to 5K 12-week series designed to get the community off of their couches and walking or running. In its third year, the series has drawn approximately 200 participants with about half each year completing the goal race (a local 5K race). The series features instruction and motivation from a personal trainer and many hospital volunteers.
- **Get Moving Club.** (2013, 2014). Great Plains Health offered an employee and community running/walking club (the Get Moving Club) in an effort to inspire personal wellness. In 2015, the program was scaled back to just include employees due to lack of community participation.
- **Community development.**
Through our Great Plains Gives program, Great Plains Health donates approximately \$100,000 each year to non-profit organizations on projects designed to improve health, inspire wellness and build communities. In addition to the approximately 20 agencies we grant funding to each year, the following are among our greatest investments in community wellness advancement:
2014: \$10,000 for community wellness study (Wellness project North Platte); \$50,000 over five years to develop a healing arts classroom space; \$4,500 to upgrade fitness equipment at a local high school.
2015: \$25,000 for trail development at Lake Maloney; \$10,000 for the upgrade of the interactive healthcare education room at the local children's museum.
2016: \$10,000 to place CPR kits in all schools throughout Lincoln County. \$10,000 toward a city park signage campaign designed to educate people that fitness can be fun and free.
- **Regional sports medicine program.** Great Plains Health offers free sports medicine services to help keep young athletes safe and to promote the proper treatment of sports-related injuries. Each year, our athletic trainers serve approximately 3,000 students in 16 schools throughout the region. In addition to attending sporting events, our athletic trainers offer Elite Performance, a program designed to teach coaches and players proper prevention techniques to help avoid injury during conditioning and training. There is no charge to schools for this program.

PRIORITY THREE: Need for additional local specialty care

Rationale: Findings indicate there is a lack of adequate local specialty care in Lincoln County which may be causing gaps in coverage. Interviewees mentioned needs for spine surgeons, pediatric specialists and dermatologists. With some patients forced to travel out of town for certain health services and specialists, transportation can be an issue.

Objective: Increase coverage of and access to specialty care in Lincoln County.

Implementation activities

1. RECRUIT SPECIALISTS TO THE REGION

Since 2012, the following physicians have been recruited to our area through the focused recruitment efforts of Great Plains Health:

2012 Six providers: One pulmonologist, one anesthesiologist, one neurologist, one hospitalist, one psychiatrist, one anesthesiologist.

2013 Seven providers: One pulmonologist, one emergency physician, one dermatologist, one ophthalmologist, one anesthesiologist.

2014 Fourteen providers: One pain medicine, one emergency medicine physician, two orthopedic surgeon, two radiologists, one neurologist, one hospitalist, two psychiatrist, one anesthesiologist, one pathology, one spine surgeon, one rheumatologist.

2015 Seven providers: One anesthesiologist, one radiologist, one hospitalist, one electrophysiologist, one emergency medicine physician, one podiatrist, one orthopedic surgeon

2016 One spine surgeon, one pain medicine specialist, one EP cardiologist, one radiologist, two oncologists, three hospitalists

1. EXPAND PROGRAMS OFFERED IN THE REGION

2013 No new programs

2014 Wound care center, Spine Center, air ambulance service; 24/7 interventional radiology, rheumatology, pediatric home care

2015 Electrophysiology, transitional nurse program

2016 Tele-stroke, tele-nephrology, one-call transfer system

2. GROW OUTREACH CLINICS THROUGHOUT THE REGION

Great Plains Health continues to expand into our region with services, a strategy that allows patients in the region to stay as close to home as possible for their care. Currently, Great Plains Health physicians staff 40 medical outreach clinics in the region stretching from Ord (east) to Sidney, Nebraska (west) and from Valentine (east) to Benkelman (south). Added clinics by CHNA years are:

2013 Heart clinic in Imperial and Grant

2014 Spine clinic in Broken Bow; Radiation oncology in McCook; Heart clinic in Oshkosh

2015 Cancer clinic in Ord; Heart clinic in Ogallala

2016 Orthopedic clinic: Callaway and Cambridge

PRIORITY FOUR: Teen pregnancy: need for increased education of the importance of prenatal care and increased awareness of available health care resources in the community

Rationale: Findings suggest that there are disparities regarding maternal and fetal health conditions in Lincoln County. Lincoln County had higher percentages of low birth weight births in 2009 (8.4%) and 2010 (8.9%) than Nebraska (2009 - 7.1%, 2010-7.1%, 2011-6.6%) before dipping below in 2011 (6.4%). As of 2011, 9.2% of births in Lincoln County compared to 6.8% in Nebraska are births to teen mothers. As of 2011, 15.5% of women in Lincoln County were not receiving adequate prenatal care compared to 14.0% in Nebraska.

Interviewees suggested that teen pregnancy was a concern in Lincoln County. Reportedly, teen parents are underserved, and interviewees discussed how better educating this population might decrease prevalence and resulting health issues.

Objective: Participate in initiatives that increase prevention, education and services to address maternal and fetal health concerns.

Implementation activities

1. IMPROVE PROCESS AND EDUCATION TO CREATE HEALTHIER PREGNANCIES IN THE COMMUNITY FOR WOMEN OF ANY AGE.

- **Process improvement.** (2014) - Worked to reduce the number of low birthweight deliveries at Great Plains Health by placing a hard stop on early elective deliveries (those deliveries occurring prior to 39 weeks without medical indication). Our rate prior to the process change was 15-20%. Great Plains Health has experience 0% since 4th quarter 2014 – present.
- **Educational offerings.** (2013, 2014, 2015, 2016) Great Plains Health hosts free monthly prepared childbirth classes designed for first-time parents to learn what to expect on delivery day. Great Plains also provides a “Breastfeeding 101” class at no cost for new and soon-to-be parents to learn the basics of breastfeeding.

2. EDUCATE YOUNG WOMEN ABOUT THE SOCIAL CONSEQUENCES OF EARLY MOTHERHOOD.

- 2016 – a social media campaign on Twitter, Instagram, SnapChat and Facebook directed at teens and sponsored by Great Plains Health is currently under development.
- (2013, 2014) Great Plains Health coordinates with the pediatricians of Great Plains Pediatrics to offer ongoing sexual health education to teens, specifically targeting social consequences and sexually transmitted diseases.

3. CREATE HEALTHY ALTERNATIVES FOR TEENS

- Great Plains coordinates a Junior Ambassador Volunteer Program designed to involve area youth in volunteering. As part of the program, participants are exposed to the inner workings of the health care industry. One rotation includes volunteering on the labor and delivery floor.
- Great Plains Health provides donations to seven area post-prom parties with the mission to engage teens in a drug-free, parent-supervised, post-prom activity.

PRIORITY FIVE: Need for affordable primary care services for the low-income and uninsured populations

Rationale: Findings indicate that there are certain groups in Lincoln County who are at an increased risk for receiving inadequate care, including the low-income and uninsured populations. Interviewees acknowledged the lack of affordable primary care services which negatively impact the indigent and uninsured populations. Interviewees mentioned lack of both access to affordable primary care and cultural awareness as possible reasons for lower income patients over-utilizing emergency departments. Reportedly, there is a gap in availability of services for the working poor who do not qualify for Medicaid or cannot afford insurance.

Objective: Participate in initiatives that aim to increase access to health care for low-income and uninsured populations.

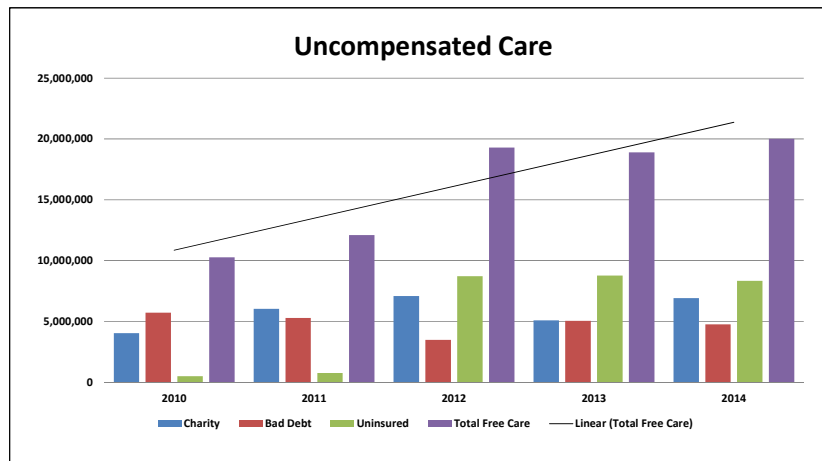
Implementation activities

1. ACCESS

- Great Plains actively complies with EMTALA regulations—helping all patients to receive quality care regardless of citizenship or ability to pay.
- Great Plains offers a dedicated medical interpretation phone line.

2. FINANCIAL SUPPORT

- **Medication assistance program.** Great Plains provides the Great Plains Medication Assistance Program to help those who cannot afford their long-term medications to take advantage of low-cost and no-cost prescription programs. In 2011 and 2012, more than 500 people were provided medication assistance at Great Plains.
- **Financial assistance program** (2013, 2014, 2015, 2016). Great Plains offers a generous financial assistance program for those unable to pay for emergency medical and non-elective services who meet required eligibility guidelines. Great Plains employs staff to assist patients in obtaining financial assistance through public financial aid. Patients who do not meet required public benefit aid eligibility guidelines may be considered for Great Plains financial assistance and/or charity care program. Below is a chart showing the growing amount of care Great Plains gives at little or no charge to patients who are un- or underinsured.



- **Transportation support.** Through Great Plains Health Care Foundation, gas cards are offered to patients unable to pay for the fuel needed to get to necessary physician appointments.
- **Low-cost / no-cost screening events** (2013, 2014, 2015, 2016)

2016 preliminary health needs

2016 preliminary health needs

- Collaboration with local organizations to improve community health
- Continued physician recruitment and retention
- Improved access to care
- Increased access to mental and behavioral health care and education
- Increased access to safe and affordable housing
- Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates

Prioritization

The prioritization process

- On July 15, 2016, leadership from Great Plains Health met with Community Hospital Consulting to review findings and prioritize the community's health needs.
- The CHNA team included the following:
 - Mel McNea, chief executive officer
 - Krystal Claymore, senior vice president of finance and strategy
 - Dr. Howard Shaw, chief medical officer
 - Robert Glow, Great Plains Physician Network executive director
 - Ivan Mitchell, senior vice president of business development and chief operating officer
 - Marcia Baumann, vice president of physician services
 - Fiona Libsack, vice president of marketing and support services
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The prioritization process

- The CHNA team utilized the following factors to evaluate and prioritize the significant health needs:

1. Size and Prevalence of the Issue
<ul style="list-style-type: none">a. How many people does this affect?b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
<ul style="list-style-type: none">a. How likely is it that actions taken will make a difference?b. How likely is it that actions will improve quality of life?c. How likely is it that progress can be made in both the short term and the long term?d. How likely is it that the community will experience reduction of long-term health cost?
3. Great Plains Health Capacity
<ul style="list-style-type: none">a. Are people at Great Plains Health likely to support actions around this issue? (ready)b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)c. Are the necessary resources and leadership available to us now? (able)

Final priorities

- Hospital leadership decided to address all six of the ranked health needs. The final health priorities that GPHealth will address through its Implementation Plan are, in descending order:
 1. Increased access to mental and behavioral health care and education
 2. Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates
 3. Increased access to safe and affordable housing
 4. Collaboration with local organizations to improve community health
 5. Improved access to care
 6. Continued physician recruitment and retention



Resources in the community

Additional resources in the community

- In addition to the services provided by GPHealth, other charity care services and health resources that are available in Lincoln County are included in this section.

Adolescents (M-F) 2:00 – 8:00 (summer hours vary)
 Contact Vicki696-7277
 Grief Support Services, Renee Callaghan 696-7918
 Physician Referral & Specialty Clinics
 (outpatient desk).....696-7455
Health & Human Services.....535-8200
 200 South Silber, North Platte

Or apply on-line:

www.ACCESSNebraska.ne.gov

Provides Financial, Medical, Food Stamps,
 Childcare, Utility, General Assistance, Foster
 Care, Employment First, Medically Handi-
 capped Children's Program, Developmental
 Disabilities Services Coordination, Child and
 Adult Protective Services

Home Health.....696-7434

In home medical services

Lions Club Glasses.....532-1753

Applications can be picked up at North Platte
 Vision Center, 402 South Dewey, North Platte

NE Commission for the Deaf & Hard of

Hearing535-6600

200 South Silber, Heather Pucket, Field Rep.

Nebraska 211Dial 211

Listing of available resources by geographical
 location

Nutrition Education Program 532-2683

348 West State Farm Rd, North Platte

Nutrition Ed. & food budgeting, Nan Rankin

People's Family Health Services ...534-3075

102 South Elm, North Platte

Reproductive health services for female & male
 patients

Region II Human Service.....534-0440

110 North Bailey, North Platte

Behavioral Health Emergency Support Svcs...

Robyn Schultheiss.....877-269-2079

Mental Health Community Support....532-4860

Counseling to help cope with individual, family
 and/or marital problems; substance abuse and
 mental health services.

Recovery Care Program.....532-4860 (Ext. 4 or 5)

Offered to people in substance abuse recovery
 to work with schools, employers and family.

Respite Across the Lifespan

Call 1-866-RESPITE

A short scheduled break for 24/7 caregivers of
 a loved one.

Twin Rivers Urgent Care..... 534-2900

220 West Leota, North Platte (M - F 8 AM to 8 PM)

(Sat .10 AM to 6 PM) (Sun. Noon to 5 PM)

Voices 4 Families.....534-3304

417 N Dewey, North Platte **www.V4F.us**

Dedicated to serving families of children from birth to
 21 with mental, emotional and/or behavioral disor-
 ders as well as substance abuse.

West Central District Health Dept.....696-1201

111 North Dewey, North Platte

Immunizations, blood screenings and travel shots

West Central District Dental Clinic.....696-1201

107 North Dewey, North Platte

Dental care for Medicaid, Kids Connection and
 uninsured. **Must call for an appointment.**

West Central Medical Response System/Medical

Response Corp Susan Mulligan696-7990

(WIC) Women, Infants & Children

102 South Elm, North Platte.....534-1678

Provides free food and nutrition for pregnant, post-
 partum women and children (under age 5)

Women's Resource Center.....534-1440,

650-3085, 316 East Front St, North Platte

Information about adoption, abortion and parenting;

free pregnancy tests, free limited OB ultra-sounds.

ABUSE / RAPE / ALCOHOL/ DRUG

AA New Hope.....534-9527

522 North Dewey, North Platte

Alcoholics Anonymous (AA).....532-3714

620 West 6th, North Platte

ARM & ARM (Angie Smith)534-6029

Program designed to meet individual needs of preg-
 nant and/or parenting women who also have prob-
 lems with substance abuse.

Behavioral Health Services.....535-7263

601 West Leota, North Platte

Community Domestic Violence Intervention

Program.....534-5879

100 East 5th, #202 & #204, North Platte

Nebraska Children's Home Society —

Child Placing Agency.....Jennifer Fuller....534-3250

New Home Club.....522 N Dewey, North Platte

One-Door-One-Stop.....532-0624 or 534-4879

Crisis line 534-3495, Bethel Church So. Entrance

2700 W Philip, NP. Domestic violence services; open
 2nd Friday each month, 10am-2pm

Rape & Domestic Abuse.....532-0624

414 East A Street, North Platte

Victim Assistance Crisis Line.....534-3438

300 North Jeffers, North Platte

EMPLOYMENT

Developmental Disabilities.....535-8200

200 South Silber, North Platte

Experience Works.....535.6628

306 East 6th, North Platte

Frontier House.....532-4730

114 South Chestnut, North Platte

Day Rehabilitation/ Day Support:

Activities and work for persons with a severe and
 persistent mental illness

Goodwill Industries of Greater NE.....520-9260

Susan Kubart, Program Manager

300 East 3rd Street, North Platte

Provides people who have a physical, behavioral
 health or developmental disability or disad-
 vantages to achieve their highest level of person-
 al & economic independence

Nebraska Farm Hotline.....800-464-0258

Proteus 532-4699

306 East 6th, North Platte.

Upgrade migrant/seasonal farm worker skills to
 enhance employment opportunities for transition
 from agriculture to business and industrial em-
 ployment; must be a citizen or legally able to work
 in the US.

REAP (Rural Enterprise Assistance Project)

www.npflock@msn.com or www.cfra.org/reap

fostering small business growth in rural areas

Nancy Flock534-3508

ResCare (Arbor)696-0007

509 East 4th Street Suite E, North Platte

Unemployment Benefits:

New claims or reopen claims.....402-458-2500

Workforce Development.....535-8320

306 East 6th, North Platte

Vocational Rehabilitation.....535-8100

200 South Silber, North Platte

VOLUNTEER ORGANIZATIONS

RSVP Office.....535-6777

900 East 10th, North Platte

American Red Cross.....532-8888

111 South Cottonwood, North Platte

COMMUNITY RESOURCES

2015

(Revised 3-18-15)

FOOD

Brady Community Bldg.....584-3316

(for people within 1 mile radius of Brady only)

210 North Main St., Brady

(Pantry) Open Monday-Friday, 8am–12pm

Community Action Partnership of Mid-Nebr.

900 East 10th, North Platte532-3250

Grace Ministries.....532-1238

114 East C St., North Platte

(Pantry) Open 1:00 – 3:00 PM Monday — Friday

Hershey & Sutherland Pantry - located in the

alley north of the Post Office - open 1st & 3rd

Tuesday every month (5pm-6 pm)

Emergency call:

Arlis Paulman (Sutherland).....386-4832

Agnes Moritz (Sutherland)386-4532

Hershey Senior Ctr.368-7744

326 North Lincoln, Hershey

12:00 noon meal—\$4.00 over age 60

\$5.00 under age 60

Holy Spirit – St. Pats.....532-8800

Call Monday – Friday, 9am – 4pm and leave full

message (Evelyn); deliveries only, not an open

pantry for pickup.

Meals on Wheels.....535-8271 or 532-6544

\$3.50 for ages 60 and older; \$4.50 for ages 59

and under; all lunch requests in by 10am for

delivery Monday – Friday

North Platte Sr. Ctr.....532-6544 or 535-8271

900 East 10th, North Platte

\$3.50 per noon meal for ages 60 and older and

\$4.50 for ages 59 and under

Prairie Land Food (prev. Share Program)

Daphne Sutton.....650-9397

Wallace Senior Center..... Marita Lundvall

36798 W. Medicine Rd., Wallace, NE, 69169

Salvation Army.....532-2038
 1020 North Adams, North Platte
 (Pantry) open Mon–Thurs 9am–12pm &
 1-4pm; Fri 9-1pm
 Soup Supper: Friday’s 5:30 – 6:30pm
Sutherland Senior Ctr.....386-2224
 9:30am — 1:30pm, Mon thru Fri, 1120 2nd Street,
 Sutherland

CITY/COUNTY OFFICES

Municipal Light & Water.....535-6740
 201 West 3rd St., North Platte
Lincoln County Court House.....534-4350
 3rd St. & Jeffers, North Platte
Northwestern Energy1-800-245-6977
 215 East 5th St., North Platte (Gas Company)
Community Actions Partnership of Mid Nebr.
 8am—5pm, Mon thru Fri 532-3250
 Commodity Supplemental Food Program, Weatheriza-
 tion Program and Rent & Utility Assistance Program

FAMILY SERVICES

Area Agency on Aging.....535-8195
 115 North Vine, North Platte
 In-home services/assisted living, chore and homemak-
 er services, & budgeting assistance
Adult Education 535-3637
 MPCC North Campus, North Platte, Twila Dike
Adult Education 535-3637
 306 East 6th, Wanda Hornbacher
English as a 2nd Language/Civics535-3637
 MPCC North Campus, North Platte, Louise Knoedler
English as a 2nd Language/Civics530-6100
 306 East 6th, Pat Odvarka
ESU 13 Migrant Education Program.....
 Kiowa Rogers 635-3696 or Mona Tarin 641-2727
GED - Kathy Fickenscher535-3621
 1101 Halligan Dr. (Voc Tech) North Platte
Child Support Customer Service.....1-877-631-9973
Consumer Credit Counseling.....532-9760 ext 601
No office in North Platte; phone consultation only
 Non-profit agency provides assistance with debt con-
 solidation, budgeting and bill paying
Foster Grandparent’s Program ..1-888-448-9665 or
 Cathy Schumacher.....308-635-3089
Head Start AM2, 1210 S Ash.....534-1034
Head Start AM1 PM1, 200 W 10th.....534-0115
Head Start Full Day Full Year 920 E 11th...534-2800
LinCKS — Child Safety Seat Fitting Station, Bob
 Spady GMC, East 4th Street, North Platte....650-5555
Linkup/Lifeline Phone Rate Assistance:
 Call Toll Free1-800-526-0017
 Great Plains Health Community Health Needs Assessment
 Community Hospital Consulting

Mom’s Corner.....534-3185
 Youth for Christ Campus, 2500 E 2nd, St., North Platte
 Parenting support group for young moms
NE Commission for the Blind & Visually Impaired
 200 South Silber, North Platte, RM 124.....535-8170
NPPS Early Childhood Program696-3370
 301 West F Street, North Platte
 Provides FREE developmental screenings for children
 birth to age 5
Salvation Army.....532-2038
 1300 West 10th St., North Platte
 Provides food, household goods, clothing & gas vouchers,
 foster care, church services & disaster relief.
Salvation Army After School Program 532-2038
 1020 North Adams, NP, Kelly Summit
Social Security Adm.866-830-0668
 300 East 3rd St., 2nd floor, RM 204, North Platte

HOUSEHOLD GOODS & CLOTHING/FURNITURE

Bargain Bin.....534-9121
 421 East 3rd St., North Platte
First Baptist Church Career Closet
 100 McDonald Rd, contact Pat Dannat 520-3614
 Hrs. M-W-F 11am-2pm & Weds 5pm-6pm.
General Store534-0317
 1616 West Front St., North Platte
Goodwill Industries.....532-6221 & 532-6197
 102 William Ave., North Platte
Isabell’s Auction.....532-6944
 2006 East 4th St., North Platte
L2 For Kids, Inc......Henry Potter.....530-0441
 New school clothes for underprivileged children
The Thrift Connection.....534-7634
 422 East 6th St., North Platte
The Thrift Center.....534-3514
 218 West 4th St., North Platte

HOUSING

Autumn Park.....534-4887
 900 Autumn Park Dr., North Platte
 Handicapped/disabled/aged (62 yrs/older)
Buffalo Bill Manor.....534-2031
 1200 South Oak, North Platte
 Income \$22,000/yr for 1; \$25,000 for 2 (62+ years)
Great Plains Housing.....534-6705
 930 South Taft Ave. North Platte
The Connection Homeless Shelter.....532-5050
 414 East 6th, North Platte (homeless)
North Platte Housing Authority.....534-4887
 900 Autumn Park, North Platte, Applications on Wed.’s
 Must call for application(Diane).....

Platte Valley Apartments.....402-934-6131
 no age limit, preference to wheel chair users; disabled or handi-
 capped person(s) (19yrs+ can apply)
Platteview Apartments.....534-9760
 302 West Leota, North Platte (Building A)
 310 West Leota, North Platte (Building B)
 Priority to aged (60+ yrs); ages under 62 must have a disa-
 bility or handicap.
Prairieview Townhouses.....534-5790
 1101 South Tabor, North Platte
 Must have a dependent child(ren) living with you.
 (Apply at office on site)
Riverview Apartments.....534-6705
 930 South Taft, North Platte (Office hrs. 4 – 9-pm) Priority
 to chronically mentally ill; developmentally disabled can
 also apply; no age requirements.
South Oak Manor.....534-5642
 1100 South Oak, North Platte
West Central Joint Housing.....284-6078
 201 East 2nd, Ogallala, NE 69153. Must be 19 yrs or older
 to apply; includes assistance to residents of Lincoln Co.

LEGAL SERVICES

Nebraska Legal Aid877-250-2016
www.legalaidofnebraska.com or 102 E 3rd, #102
 M-Th. 9:00 am - 4:00 pm and Fri-Sat 9:00 am – 12:00 pm
CASA Court Appointed Special Advocates.....520-0577
www.lincolncountycasa@gmail.com

NURSING HOMES/ASSISTED

Centennial Park Retirement Village.....534-7400
 510 Centennial Circle, North Platte
 Apartments, Nursing Home & Assisted Living
Linden Estates (Chancellor Place).....534-8808
 3700 West Philip Ave., North Platte
 Apartments, Nursing Home, Assisted Living & Secured
 Alzheimer Unit
IHS at Sutherland.....386-4393
 333 Maple St., Sutherland
 Skilled Nursing & Rehabilitative Care
Linden Court.....532-5774
 Skilled nursing Home & Assisted Living
Liberty House534-1796
 420 West 4th, North Platte
Premier Estates Senior Living Community
 2895 West E534-2200
 Skilled Nursing Home & Rehabilitative Care
 2900 West E
Premier Estates.....534-1900
 2895 West E St., North Platte
 Independent & Assisted Living
Southview Manor Care Center.....784-3715
 318 West 18th St., Cozad; Nursing Home Care
TRANSPORTATION
Arrow Stage Lines / Black Hills Stage Lines
 (destination & price line)..1-800-672-8302
 102 Holiday Frontage Rd. (Conoco station)

Burlington Stage Lines.....1-800-992-4618
North Platte Public Transit.....532-1370
“Door to Door” service; operating hours Monday-Friday 5:30
 AM—8:00 PM; Saturday 7:00 AM—5:00 PM; bus fare \$1.50
 per one way ride (Request at least 2 hours or 24 hr advance
 notice when possible for pickup) **OR** *“Fixed Route Sys-
 tem”* (Road Runner); operating hours Monday – Friday 9:30
 AM to 3:30 PM; cost \$1.00 per ride

VETERAN SERVICES

At Ease532-0587
 120 E 12th (Lutheran Family Services) trauma treat-
 ment & therapeutic support for active military, veter-
 ans & their loves ones.
Dept. Of Labor/Veterans Employment Services
 306 E 6th St, Suite 140, North Platte535-8320
SW-WRAP.....308-221-6875
 109 E 2nd, Suite 2, North Platte; contact Jeanette
 Bilstein, jbilstein@swwrap.com or www.swwrap.com
 assistance for Veterans that are facing homelessness.
VA Medical Clinic.....532-6906
 600 East Francis, Suite 3, North Platte
 Determine VA medical eligibility and provide medical
 assistance to VA approved
VA Medical Center.....308-382-3660
 2210 North Broadwell Ave., Grand Island
 Assistance with medical, transportation and disability
 determination
VA Service Center.....534-4350
 311 N. Vine, Suite 2, North Platte(Paul Cooper)
 Determine VA disability, assistance with housing rent/
 deposit, utilities and food for NE Veterans, burial as-
 sistance for US Vets

HEALTH

Assistive Technology -
 Scottsbluff308-632-1332
 Kearney.....308-865-5349
Every Woman Matters.....1-877-209-3723
 Women over age 40 needing help with costs for pap
 tests and mammograms
Family Planning of People’s Family Health Ser.
 102 South Elm, North Platte.....534-3075
 Medical history, lab tests, physical exam including a
 pap smear, pelvic & breast exam, birth control meth-
 ods, pregnancy tests, sexually transmitted disease
 testing, treatment & counseling (cost based on income
 and family size).
Great Plains Regional Medical Center
 601 West Leota, North Platte.....696-8000
Behavioral Health – Psychiatric services
Chemical Dependency – Adolescents (T-W-Th) 4:00
to 7:00 (summer hours vary); Adults 9:00 to 3:00 (M-
F) Contact Vicki696-7277
Partial Care
 Adults (M-W-F) 9 am - Noon

List of Services in Lincoln County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
2-1-1	State of Nebraska	-	-	-	-	211	http://65.166.193.134/FTWSQL4/uwml/public.aspx	2-1-1 is an easy to remember number for accessing free information about community services to find help when you need it or find places you can help.
Agency on Aging	Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Buffalo, Phelps, Kearney, Furnas, Harlan, and Franklin counties	4623 2nd Avenue, Ste 4	Kearney	NE	68847	(308) 234-1851	http://www.agingkearney.org/	The Agency on Aging is located in Kearney, Nebraska and was established in 1973 to serve individuals 60 plus and their spouses. The programs include: Health and Nutrition, Legal, Care Management, Senior Care Options, Medicaid Waiver, Insurance Counseling & Assistance, Caregiver Assistance, SMP, and Information/Assistance.
Alzheimer's Association Great Plains Chapter	80 counties in Nebraska and all of Wyoming	1500 South 70th Street, Suite 201	Lincoln	NE	68506	(308) 440-7773 Kearney office	http://www.alz.org/greatplains/	The Alzheimer's Association - Great Plains Chapter administrative office is located in Lincoln, NE with support personnel in Kearney, NE. The Association provides information and referral services, education and consultation for the estimated 33,000 Great Plains residents struggling with Alzheimer's disease or a related dementia. The Great Plains Chapter offers financial respite assistance for caregivers and support research on a national level.
American Cancer Society	Mid-Nebraska	3808 28th Avenue, Suite E	Kearney	NE	68845	(308) 237-7481	www.cancer.org/	Provides health and referral services and transportation assistance to those suffering from or at risk of cancer.
American Red Cross - Midwest	Nebraska, Western Iowa and parts of Colorado and Kansas. There are blood donation drives at the local offices including North Platte.	1111 South Cottonwood	North Platte	NE	69101	800-RED-CROSS	http://www.redcrossblood.org/midwest	The Midwest Chapter of the American Red Cross offers the following services: disaster services, health and safety services, services to the armed forces and branch officers for blood donation and other volunteer services.
Boys Scouts Overland Trail Council	44 counties with headquarters in Grand Island	503 East 4th. Suite 3	North Platte	NE	69103	(308) 532-3110	http://www.overlandtrailscouncil.org/	The Overland Trails Council continues its proud heritage of serving community organizations across the 44 counties that comprise our service area - central and western Nebraska. More than 6,500 youth participate in the Scouting and Learning for Life programs provided by nearly 2,500 dedicated volunteer leaders.
Center for People in Need	Lincoln and surrounding communities	3901 North 27th Street, Unit 1	Lincoln	NE	68521	(402) 476-4357	http://centerforpeopleinneed.org/programs-services/health-hub/	The organization provides comprehensive services and opportunities to support low-income, high needs families and individuals as they strive to lift themselves out of poverty and achieve economic self-sufficiency. The "Health Hub" is a program for connecting uninsured patients with health care and other assistance. Advocates help clients: Find a doctor/medical home; Access free or discounted medications; Apply for programs such as Supplemental Nutrition Assistance Program, General Assistance, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicare and Medicaid; Refer people to agencies designed to address basic needs.
Community Action Partnership of Mid-Nebraska	27-counties including and surrounding Lincoln county	16 W 11TH ST	Kearney	NE	68848	1 (877) 335-6422	http://www.mnca.net/	27 county agency with a wide variety of services, including a home weatherization program, transitional housing, clothes closets in some areas, food pantries, and health screenings. They sponsor 2 community clinics in Gibbon and Lexington, offer free immunization programs for kids up to age 20 and the elderly. Org networks with other non-profits in all 27 counties and will refer people whose needs they cannot meet on to other agencies.
Community Connections	Lincoln County	301 West F Street	North Platte	NE	69103	(308)696-3355	http://www.communityconnectionsnc.com/	Community Connection serves Lincoln County with substance abuse prevention resources as well as tobacco cessation services. They also organize youth mentoring programs and other youth support groups.

List of Services in Lincoln County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Girl Scouts Spirit of Nebraska	State of Nebraska (with local service centers)	2412 Hwy 30 East, Ste. 1 / 820 N. Webb Road, Suite 104	Kearney / Grand Island	NE	68847 / 68803	(308) 236-5478 / (308) 382-2020	http://girlscoutsnebraska.org/	Girl Scouts Spirit of Nebraska started its journey on May 1, 2008 when five former Girl Scout councils across the state joined forces to become one. They are now the largest girl serving organization in Nebraska with more than 25,000 girl and adult members and a geographic region that spans nearly 77,300 square miles (counting water). They have seven service centers throughout the state, 14 membership areas, and own and operate six camp properties.
Heartland Counseling & Consulting Clinic	North Platte	110 North Bailey Street	North Platte	NE	69101	(877) 269-2079	http://region2.ne.networkofcare.org/mh/services/agency.aspx?pid=HeartlandCounselingConsultingClinicNorthPlatteOffice_836_2_0	DHHS Region 2 Mental health and Substance Abuse services available include: 24-hour crisis phone (877) 269-2079. Crisis assessment/evaluation (LADC); crisis response teams; urgent assessment/evaluation; urgent outpatient therapy; emergency community support; community support; assessment/evaluation; psychological testing; outpatient therapy; outpatient therapy dual (SPMI & CD); medication management; Substance abuse services include: prevention services; regional prevention center; crisis assessment/evaluation (LADC); urgent assessment/evaluation; urgent outpatient therapy.
HUD Office (US Department of Housing and Urban Development)	North Platte	502 South Dewey Street	North Platte	NE	69103	(308) 534-5095	http://portal.hud.gov/hudportal/HUD?src=/states/nebraska/homeownership/buyingprograms	HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes: utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination; and transform the way HUD does business
League of Human Dignity	North Platte	2509 Halligan Drive	North Platte	NE	69101	(308) 532-4911	http://leagueofhumandignity.com/	The League of Human Dignity aims to support those with disabilities through services that support independence, advocacy and mobility. The League began out of a need for disability advocacy.
Lincoln County Senior Center	North Platte and Lincoln County	901 East 10th Street	North Platte	NE	69101	(308) 532-6544	http://www.mnca.net/seniorcenters.html	The North Platte Senior Center provides freedom, dignity, independence for the 60+ population of North Platte and Lincoln County. The Senior Center is the community focal point where older adults come together for services and activities such as, seminars on health issues, financial and legal help topics, bingo, dancing, table pool, shuffleboard, card clubs and blood pressure screening's Nutritious noon meals are served Monday thru Friday; Home delivered meals require a MD statement indicating person is home bound.
Nebraska Department of Health and Human Services	State of Nebraska	200 South Silber Street	North Platte	NE	69101	(308) 535-8200	http://dhhs.ne.gov/Pages/map_lincoln.aspx	The Division of Behavioral Health includes a central office in Lincoln and the three Regional Centers in Lincoln, Norfolk and Hastings, combining with local programs to provide public inpatient, outpatient, and emergency services and community mental health, and substance abuse. The Division of Children and Family Services is responsible for the state's child welfare, juvenile services, and economic assistance programs. Other Divisions include The Division of Developmental Disabilities (Beatrice State Developmental Center), The Division of Medicaid and Long-Term Care, and The Division of Veterans' Homes including the state Veterans' Homes located in Bellevue, Norfolk, Grand Island and Scottsbluff.
North Platte Public Transit System	North Platte	1520 North Jeffers	North Platte	NE	69101	(308) 535-8562	http://www.ci.northplatte.ne.us/transportation/door-to-door-service.asp	The North Platte Leisure Services Department sponsors the North Platte Public Transit System; buses transport passengers to and from any location within the city limits and are available to everyone. Service is provided on a demand-response basis.

List of Services in Lincoln County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Platte River Fitness Series	North Platte area	1300 McDonald Road	North Platte	NE	69101	MerrittTD@ci.north-platte.ne.us	http://platteriverfitness.com/	The Platte River Fitness Series (PRFS) is a fitness initiative representing several public/private partnerships between the North Platte Recreation Department and a variety of local businesses, civic organizations and communities. It was created to support, motivate and educate citizens about the benefits of a healthy, active lifestyle. The PRFS sponsors fitness events, and is dedicated to creating a culture of physical activity and healthy recreation, and to supporting strong, positive communities as the best places to work and live.
Salvation Army Western Division	Nebraska, Wyoming, and Iowa (local office in North Platte)	1020 N. Adams Ave	North Platte	NE	69101	(308) 532-2038	https://www.usc.salvationarmy.org/usc/www_usc_western.nsf/	The Salvation Army has been supporting those in need without discrimination for 130 years in the United States. Nearly 30 million Americans receive assistance from The Salvation Army each year through the broadest array of social services that range from providing food for the hungry, relief for disaster victims, assistance for the disabled, outreach to the elderly and ill, clothing and shelter to the homeless and opportunities for underprivileged children.
The Connection Homeless Shelter	North Platte	414 E. 6th St.	North Platte	NE	69101	(308) 532-5050	http://www.theconnectionnp.com/	The Connection's mission is to provide the basic needs of the homeless and help each one move a step closer to home. They provide housing to about 325 clients a year. "Emergency" stays are for a few days or weeks and are designed to address urgent needs. "Transitional" stays are up to 2 years, for those who are willing to stay put long enough to build a foundation for a better future. Services include a warm, secure place to spend the night, a hearty breakfast and supper each day and proactive case management.
United Way - Mid-Plains	North Platte and surrounding communities	315 N Dewey St Ste 203B	North Platte	NE	69101	(308) 532-8870	http://northplatteunitedway.org/	United Way improves lives by mobilizing the caring power of communities around the world to advance the common good. In 2008, United Way initiated a 10-year program designed to achieve the following goals by 2018: Improve education, and cut the number of high school dropouts in half; Help people achieve financial stability, and get 1.9 million working families on the road to economic independence; Promote healthy lives, and increase by one-third the number of youth and adults who are healthy and avoid risky behaviors.
Voices 4 Families	West/Central Nebraska	417 N Dewey	North Platte	NE	69101	(308) 534-3304	http://www.v4f.us/	Voices 4 Families is a non-profit family support organization, serving families in West/Central Nebraska whose children are diagnosed with mental, behavioral and/or emotional disorders and/or substance abuse. They offer Peer-to-Peer support, and assist in navigating the system of behavioral health care and education, helping families connect with the resources in their community.
West Central Health Department	Lincoln, Logan and McPherson counties	111 North Dewey St.	North Platte	NE	69103	(308) 696-1201	http://www.wcdhd.org/home.html	The Health Dept's responsibility is the health and safety of the 37,590 residents of Lincoln, Logan and McPherson counties, giving particular attention to those who cannot otherwise afford services. Staff members are dedicated to educating and protecting the community by offering programs that promote environmental safety, healthy life choices, and wellness for children, disease surveillance, and more.
WIC Nebraska	State of Nebraska (local office in North Platte)	102 S Elm St	North Platte	NE	69101	(308) 534-1678	http://www.wicandfp.com/home_wic_proinfo.html	The Special Supplemental Nutrition Program for Women, Infant and Children, popularly known as WIC, is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. WIC provides nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children.

List of Services in Lincoln County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Women's Resource Center	North Platte	316 E. Front Street	North Platte	NE	69101	(308) 534-1440	http://www.pregnancynorthplatte.com/	Founded in 1989, the Women's Resource Center provides a variety of free services and programs to meet client needs. Services include: Free pregnancy tests; Free limited o.b. ultrasounds; Accurate information pregnancy, abortion and alternatives; Pregnancy & fetal development information; Referrals for housing, childbirth classes and future medical assistance; Referrals for ongoing prenatal care; Learn & Earn Incentive Program; Maternity and baby clothes available for clients; Prenatal and infant care education; Referrals to community resources and agencies; Post-Abortion Counseling. All services are free and confidential.



Information gaps

Information gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Consulting.
 - This assessment seeks to address the community’s health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
 - The most significant information gap exists within this assessment’s ability to capture various county-level health data indicators, including arthritis, binge drinking, immunization rates, and access to a personal doctor. Data for these indicators are reported at the Health Department District level.



About community hospital consulting

About CHC consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at:

www.communityhospitalcorp.com

Appendix

- Summary of data sources
- Demographic data findings
- Health data findings
- Interviewee biographies

Summary of data sources

Summary of data sources

- **Demographics**

- This study utilized demographic data, such as population estimates, provided by **Truven Health**.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- This study also used demographic data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.
- The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state. Demographic data from the Kids Count Data Center is included within this report, and can be accessed at <http://datacenter.kidscount.org/>.

- **Health data**

- The **County Health Rankings** are made available by the Robert Wood Jonson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; <http://www.countyhealthrankings.org/>

Summary of data sources

- **Health data continued**

- The **Community Health Status Indicators (CHSI) 2015** is an online web application that produces health status profiles for each of the 3,143 counties in the United States and the District of Columbia. Each county profile contains indicators of health outcomes (mortality and morbidity); indicators on factors selected based on evidence that they potentially have an important influence on population health status (e.g., health care access and quality, health behaviors, social factors, physical environment); health outcome indicators stratified by subpopulations (e.g., race and ethnicity); important demographic characteristics; and HP 2020 targets.
 - A key feature of CHSI 2015 is the ability for users to compare the value of each indicator with those of demographically similar “peer counties,” as well as to the U.S. as a whole, and to HP 2020 targets. Selection of the method and variables for the new peer county groupings was based on an iterative process that was guided by the advice of subject matter experts (internal and external to CDC) including representatives from academia and architects of the original CHSI. The analysis yielded 89 peer groupings based on the following 19 county-level equivalent variables for all 3,143 U.S. counties, including (but not limited to): population size, growth, density, and mobility; percent children and elderly; sex ratio; overall and elderly poverty levels; and unemployment. Please see the appendix for a full description of the CHSI methodology.
 - More information can be accessed at <http://wwwn.cdc.gov/CommunityHealth/home>.

Summary of data sources

- **Health data continued**

- The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; <http://wonder.cdc.gov/ucd-icd10.html>.
- This study utilizes Health Department District level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Nebraska Department of Health & Human Services; http://dhhs.ne.gov/publichealth/Pages/brfss_reports.aspx.
- The **United States Census Bureau's** Small Area Health Insurance Estimates provide insured and uninsured rates by county up to the year 2013; <http://www.census.gov/did/www/sahie/data/interactive/>.
- This study also used health data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.
- **Enroll America** is a health care enrollment coalition that provides information regarding uninsured rates at the county level. Data can be accessed at <https://www.enrollamerica.org/>.

- **Phone interviews**

- CHC Consulting conducted interviews on behalf Great Plains Health from April 29, 2016 – May 6, 2016.
- Conducted by Claire Acree, planning analyst

Demographic data findings

Overall population growth

Overall Population Growth					
Geographic Location	2010	2016	2021	2016-2021 Change	2016-2021 % Change
Lincoln County	36,288	35,595	35,531	-64	-0.2%
Nebraska	1,826,341	1,900,955	1,968,599	67,644	3.6%

Source: Truven Health's Market Expert, data accessed June 29, 2016

Population by race/ethnicity

Lincoln County					
Race/Ethnicity	2010	2016	2021	2016-2021 Change	2016-2021 % Change
White Non-Hispanic	32,741	31,251	30,444	-807	-2.6%
Black	235	316	391	75	23.7%
Hispanic	2,602	3,129	3,621	492	15.7%
Asian	197	240	282	42	17.5%
American Indian	162	199	233	34	17.1%
All Others	351	460	560	100	21.7%
Total	36,288	35,595	35,531	-64	-0.2%
Nebraska					
Race/Ethnicity	2010	2016	2021	2016-2021 Change	2016-2021 % Change
White Non-Hispanic	1,499,753	1,517,495	1,533,691	16,196	1.1%
Black	80,959	87,367	92,419	5,052	5.8%
Hispanic	167,405	201,107	232,162	31,055	15.4%
Asian	32,885	42,276	50,904	8,628	20.4%
American Indian	14,797	15,580	16,376	796	5.1%
All Others	30,542	37,130	43,047	5,917	15.9%
Total	1,826,341	1,900,955	1,968,599	67,644	3.6%

Source: Truven Health's Market Expert, data accessed June 29, 2016

Population by age

Lincoln County						
Age Cohort	2016	% of Total	2021	% of Total	2016-2021 Change	2016-2021 % Change
<18	8,723	24.5%	8,576	24.1%	-147	-1.7%
18-44	11,227	31.5%	11,203	31.5%	-24	-0.2%
54-64	9,335	26.2%	8,719	24.5%	-616	-6.6%
65+	6,310	17.7%	7,033	19.8%	723	11.5%
Total	35,595	100.0%	35,531	100.0%	-64	-0.2%

Nebraska						
Age Cohort	2016	% of Total	2021	% of Total	2016-2021 Change	2016-2021 % Change
<18	471,405	24.8%	484,743	24.6%	13,338	2.8%
18-44	671,966	35.3%	688,786	35.0%	16,820	2.5%
54-64	473,073	24.9%	465,114	23.6%	-7,959	-1.7%
65+	284,511	15.0%	329,956	16.8%	45,445	16.0%
Total	1,900,955	100.0%	1,968,599	100.0%	67,644	3.6%

Source: Truven Health's Market Expert, data accessed June 29, 2016

Median age

Geographic Location	Median Age		
	2010	2016	2021
Lincoln County	39.2	39.9	40.2
Nebraska	43.2	43.6	43.6
United States	40.2	41.2	41.7

Source: Truven Health's Market Expert, data accessed June 29, 2016

Median household income

Geographic Location	Median Income		2016 - 2021 Change	
	2016	2021	Count	%
Lincoln County	\$49,695	\$51,253	\$1,558	3.1%
Nebraska	\$50,572	\$55,298	\$4,726	9.3%
United States	\$48,280	\$51,808	\$3,529	7.3%

Source: Truven Health's Market Expert, data accessed June 29, 2016

Economic analysis

2016 Economic Analysis					
Geographic Location	Average Income	Median Income	Families Below Poverty	Household Income \$100K+	Education Bachelor / Advanced
Lincoln County	\$62,302	\$49,695	7.6%	16.3%	19.3%
Nebraska	\$64,486	\$50,572	8.9%	21.3%	29.0%
United States	\$63,215	\$48,280	11.7%	24.3%	29.4%

Source: Truven Health's Market Expert, data accessed June 29, 2016

Unemployment

Annual Average Unemployment Rates (%)			
	2013	2014	2015
Lincoln County	3.8%	3.2%	2.9%
Nebraska	3.8%	3.3%	3.0%

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, (rates shown are a percentage of the labor force), <http://www.bls.gov/lau/>; data accessed June 29, 2016

Children in poverty

Poverty Rates (%)			
	2011	2012	2013
Lincoln County	12.0%	12.0%	17.0%
Nebraska	16.0%	17.0%	17.0%

Source: The Annie E. Casey Foundation, Kids Count Data Center, <http://datacenter.kidscount.org/>; data accessed July 13, 2016.

Poverty Thresholds for 2015 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual).....									
Under 65 years.....	12,331								
65 years and over.....	11,367								
Two people.....									
Householder under 65 years.....	15,871	16,337							
Householder 65 years and over.....	14,326	16,275							
Three people.....	18,540	19,078	19,096						
Four people.....	24,447	24,847	24,036	24,120					
Five people.....	29,482	29,911	28,995	28,286	27,853				
Six people.....	33,909	34,044	33,342	32,670	31,670	31,078			
Seven people.....	39,017	39,260	38,421	37,835	36,745	35,473	34,077		
Eight people.....	43,637	44,023	43,230	42,536	41,551	40,300	38,999	38,668	
Nine people or more.....	52,493	52,747	52,046	51,457	50,490	49,159	47,956	47,658	45,822
Source: U.S. Census Bureau, Poverty, https://www.census.gov/hhes/www/poverty/data/threshld/ ; data accessed February 25, 2016									

Housing - Assisted Housing

This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).

Report Area	Total Housing Units (2010)	Total HUD-Assisted Housing Units	HUD-Assisted Units, Rate per 10,000 Housing Units
Lincoln County, NE	16,583	787	474.58
Nebraska	796,793	27,754	348.32
United States	133,341,676	5,038,578	377.87

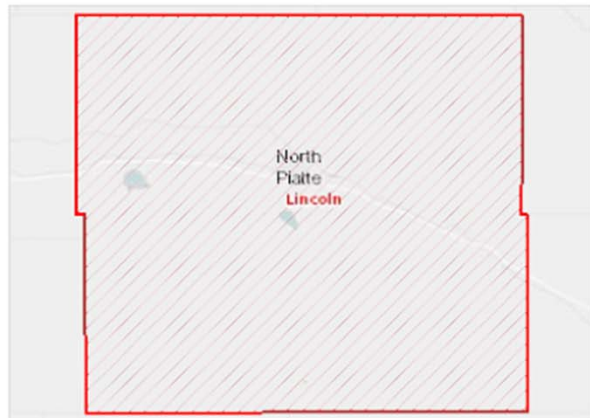
Note: This indicator is compared with the state average.

Data Source: [US Department of Housing and Urban Development](#), 2015. Source geography: County

HUD-Assisted Units, Rate per 10,000 Housing Units



- Lincoln County, NE (474.58)
- Nebraska (348.32)
- United States (377.87)



Assisted Housing Units, All by Tract, HUD 2015

- Over 60
- 31 - 60
- 11 - 30
- 1 - 10
- No Units
- Report Area

Children Eligible for Free/Reduced Price Lunch

Within the report area 2,298 public school students or 40.11% are eligible for Free/Reduced Price lunch out of 5,729 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Lincoln County, NE	5,729	2,298	40.11%
Nebraska	307,677	137,948	44.94%
United States	50,195,195	26,012,902	52.35%

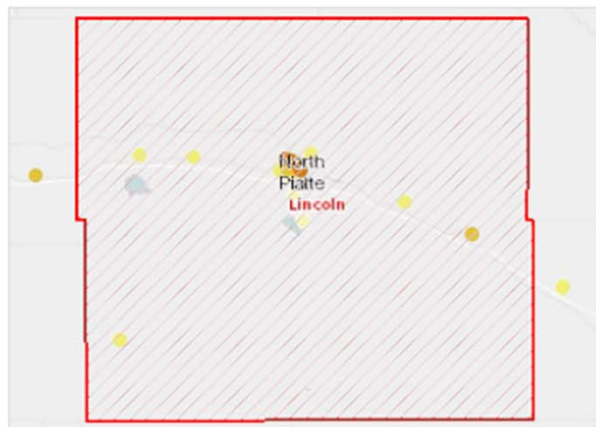
Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2013-14. Source geography: Address

Percent Students Eligible for Free or Reduced Price Lunch



- Lincoln County, NE (40.11%)
- Nebraska (44.94%)
- United States (52.35%)



Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2013-14

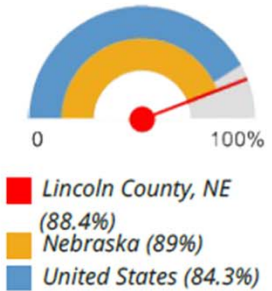
- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%
- Not Reported
- Report Area

High School Graduation Rate (EdFacts)

Within the report area 88.4% of students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health ([Freudenberg & Ruglis, 2007](#)).

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Lincoln County, NE	440	389	88.4
Nebraska	21,488	19,124	89
United States	3,127,886	2,635,290	84.3

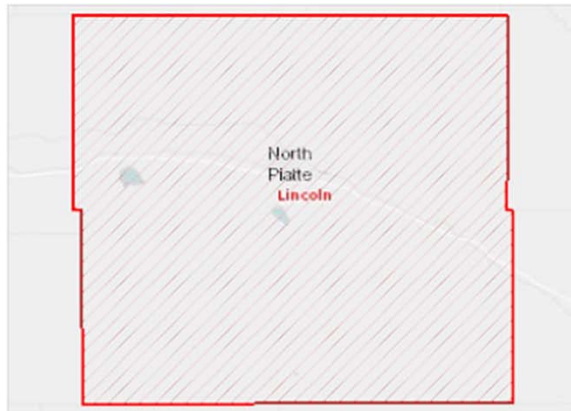
Cohort Graduation Rate



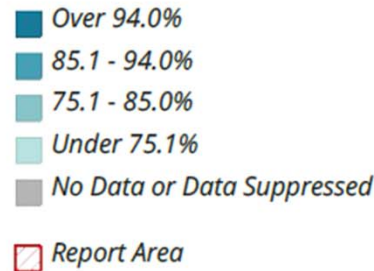
Note: This indicator is compared with the state average.

Data Source: US Department of Education, [EDFacts](#). Accessed via [DATA.GOV](#). Additional data analysis by [CARES](#), 2013-14.

Source geography: School District



On-Time Graduation, Rate by School District (Secondary), EDFacts 2013-14





Health data findings

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Nebraska	Lincoln (LI) , NE
Health Outcomes		66
Length of Life		58
Premature death	5,800	7,000
Quality of Life		71
Poor or fair health	13%	14%
Poor physical health days	2.9	3.2
Poor mental health days	2.8	2.9
Low birthweight	7%	8%
Health Factors		63
Health Behaviors		76
Adult smoking	17%	20%
Adult obesity**	30%	33%
Food environment index**	7.7	7.7
Physical inactivity**	24%	25%
Access to exercise opportunities	80%	74%
Excessive drinking	21%	19%
Alcohol-impaired driving deaths	35%	26%
Sexually transmitted infections**	393.5	396.1
Teen births	31	34
Clinical Care		35
Uninsured	13%	11%
Primary care physicians	1,350:1	1,640:1
Dentists	1,420:1	1,890:1
Mental health providers	410:1	390:1
Preventable hospital stays	51	65
Diabetic monitoring	86%	85%
Mammography screening	62%	53%
Social & Economic Factors		56

High school graduation**	87%	88%
Some college	70%	67%
Unemployment	3.3%	3.2%
Children in poverty	16%	19%
Income inequality	4.2	4.3
Children in single-parent households	29%	26%
Social associations	14.3	18.0
Violent crime**	264	190
Injury deaths	54	64
Physical Environment		70
Air pollution - particulate matter	12.1	12.9
Drinking water violations		Yes
Severe housing problems	13%	9%
Driving alone to work	81%	82%
Long commute - driving alone	17%	9%

** Compare across states with caution

Note: Blank values reflect unreliable or missing data

2016

Overall mortality, age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	1,032	734.9	1,056	735.0	1,064	741.9	1,730	732.8
Nebraska	46,306	718.9	46,889	717.7	47,391	717.2	78,038	717.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Malignant neoplasms (C00-C97), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	228	163.1	237	168.3	233	167.9	395	170.0
Nebraska	10,327	165.4	10,348	163.3	10,397	161.8	17,245	163.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Diabetes mellitus (E10-E14), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	44	30.8	51	36.1	50	34.4	78	32.9
Nebraska	1,354	21.4	1,373	21.4	1,386	21.3	2,298	21.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Alzheimer's disease (G30), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	41	26.8	42	26.6	37	22.9	62	23.6
Nebraska	1,732	25.1	1,724	24.7	1,642	23.3	2,804	24.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Diseases of heart (I00-I09,I11,I13,I20-I51), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	254	176.7	244	161.0	208	135.8	382	154.9
Nebraska	9,927	149.3	9,953	147.2	9,984	145.9	16,604	147.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Cerebrovascular diseases (I60-I69), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	38	25.2	46	30.2	56	37.1	74	29.6
Nebraska	2,462	37.4	2,406	36.0	2,394	35.3	4,080	36.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Influenza and pneumonia (J09-J18), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	17	Unreliable	22	13.9	24	14.9	36	13.8
Nebraska	882	13.0	959	13.8	985	14.1	1,576	13.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Chronic lower respiratory diseases (J40-J47), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	65	46.0	72	50.2	80	54.3	116	48.4
Nebraska	3,128	49.4	3,152	49.0	3,207	49.1	5,283	49.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Accidents (unintentional injuries) (V01-X59,Y85-Y86), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	51	40.4	54	43.5	62	50.9	88	43.2
Nebraska	2,170	36.4	2,173	36.1	2,276	37.8	3,654	36.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Intentional self-harm (suicide) (*U03,X60-X84,Y87.0), age-adjusted death rates per 100,000, moving averages

LOCATION	2010-2012		2011-2013		2012-2014		2010-2014	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	19	Unreliable	15	Unreliable	19	Unreliable	31	18.0
Nebraska	618	11.2	645	11.6	703	12.5	1,089	11.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed June 30, 2016

Summary Table for West Central District Health Department Adults 18 and Older, 2014

Indicators	Overall						Men						Women					
	LHD			State			LHD			State			LHD			State		
	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %
General Health Status																		
General health fair or poor health	16.7	14.3	19.6	13.2	12.5	13.9	14.8	11.6	18.9	13.5	12.5	14.6	18.6	15.0	22.7	12.9	12.1	13.9
Health Care Access																		
No health care coverage, 18-64 year olds	17.6	14.0	21.8	15.3	14.3	16.4	21.1	15.6	27.9	17.0	15.5	18.7	14.0	10.0	19.1	13.6	12.3	15.0
No personal doctor or health care provider	15.3	12.5	18.6	20.2	19.3	21.2	18.8	14.4	24.3	27.0	25.5	28.6	11.9	8.9	15.9	13.6	12.5	14.8
Needed to see a doctor but could not due to cost in past year	14.4	11.8	17.5	11.9	11.1	12.6	12.5	8.9	17.2	10.2	9.1	11.3	16.3	12.7	20.7	13.5	12.4	14.6
Chronic Disease and Clinical Risk Factors																		
Ever told they had a heart attack or coronary heart disease	8.0	6.5	9.9	5.8	5.4	6.2	8.7	6.5	11.5	7.2	6.5	7.8	7.3	5.4	10.0	4.5	4.0	5.0
Ever told they had a stroke	3.8	2.8	5.2	2.6	2.4	2.9	2.4	1.3	4.4	2.7	2.3	3.1	5.1	3.6	7.3	2.6	2.2	3.0
Ever told they have diabetes (excluding pregnancy)	9.1	7.5	11.1	9.2	8.6	9.7	10.1	7.6	13.1	9.7	8.9	10.6	8.2	6.1	10.9	8.6	7.9	9.3
Ever told they have cancer	12.6	10.7	14.9	10.7	10.2	11.3	12.1	9.5	15.4	9.3	8.6	10.0	13.1	10.4	16.5	12.1	11.4	12.9
Cancer Screening																		
Up-to-date on colon cancer screening, 50-75 year olds	54.5	49.4	59.5	64.1	62.7	65.5	55.5	47.7	63.1	63.0	60.9	65.1	53.5	46.9	59.9	65.2	63.3	67.0
Up-to-date on breast cancer screening, female 50-74 year olds	-	-	-	-	-	-	-	-	-	-	-	-	65.5	59.0	71.5	76.1	74.5	77.7
Up-to-date on cervical cancer screening, female 21-65 year olds	-	-	-	-	-	-	-	-	-	-	-	-	70.9	64.0	76.9	81.7	80.0	83.3
Overweight and Obesity																		
Obese (BMI=30+)	32.5	29.0	36.2	30.3	29.3	31.3	33.1	28.0	38.7	31.7	30.2	33.2	31.9	27.4	36.8	28.7	27.4	30.1
Overweight or Obese (BMI=25+)	67.9	64.2	71.4	66.7	65.6	67.8	71.4	65.7	76.5	73.8	72.3	75.3	64.4	59.5	69.0	59.2	57.7	60.7
High Risk Behavior																		
No leisure-time physical activity in past 30 days	24.6	21.7	27.8	21.3	20.5	22.2	22.4	18.3	27.1	21.2	20.0	22.5	26.8	22.7	31.2	21.4	20.2	22.5
Get less than 7 hours of sleep per day	30.2	26.8	33.9	30.0	29.0	31.0	29.5	24.4	35.1	30.7	29.2	32.2	30.9	26.4	35.8	29.4	28.1	30.7
Current cigarette smoking	24.5	21.1	28.1	17.4	16.5	18.2	26.2	21.1	31.9	18.6	17.3	19.9	22.8	18.6	27.7	16.2	15.1	17.3
Current smokeless tobacco use	10.0	7.8	12.9	4.7	4.2	5.1	19.6	15.2	24.9	8.5	7.7	9.3	0.8	0.3	2.6	1.0	0.7	1.3
Binge drank in past 30 days	16.8	13.9	20.1	20.3	19.4	21.3	20.5	16.0	25.9	26.8	25.3	28.3	13.2	9.9	17.5	14.1	13.0	15.3
Always wear a seatbelt when driving or riding in a car	60.4	56.5	64.1	72.4	71.5	73.3	50.6	44.9	56.3	64.7	63.2	66.2	69.6	64.8	74.1	79.8	78.7	80.9
Mental Health																		
Ever told they have depression	19.6	16.8	22.7	17.7	16.9	18.6	14.4	10.8	18.8	13.0	11.8	14.2	24.7	20.7	29.1	22.3	21.1	23.5
Frequent mental distress in past 30 days	9.1	7.2	11.5	8.2	7.6	8.8	5.5	3.4	8.7	6.4	5.6	7.3	12.6	9.6	16.3	9.9	9.0	10.8
Immunization																		
Had a flu vaccination in past year	39.1	35.6	42.7	43.9	42.9	45.0	38.6	33.4	44.1	38.8	37.3	40.4	39.6	35.0	44.4	48.9	47.4	50.3
Had a flu vaccination in past year, aged 65 years and older	63.7	58.0	69.1	64.8	63.2	66.3	66.8	57.7	74.8	66.0	63.6	68.3	61.4	53.9	68.3	63.8	61.8	65.8
Oral Health																		
Visited a dentist or dental clinic for any reason in past year	61.6	57.8	65.1	66.4	65.3	67.4	57.1	51.4	62.6	63.2	61.6	64.8	65.8	61.1	70.3	69.4	68.0	70.8

Data reflect the six county LHD region of Arthur, Hooker, Lincoln, Logan, McPherson, and Thomas Counties

Notes (1) % reflects the weighted percentage for adults 18 and older; L% and U% reflect the lower and upper limits for the 95% confidence interval, respectively; (2) LHD=local/district health department; BMI=body mass index

Source: Behavioral Risk Factor Surveillance System, Nebraska Department of Health and Human Services; September 2014

BRFSS Detailed Summary Table for West Central District Health Department Adults 18 and Older, 2011-2014

Indicators	Overall						Men				Women				LHD Gender Diff. ^a	
	West Central		State of NE		Sig ^d	West Central		State of NE		Sig ^d	West Central		State of NE			Sig ^d
	mean n ^a	95% C.I. ^c or % ^b (Low - High)	mean n ^a	95% C.I. ^c or % ^b (Low - High)		mean n ^a	95% C.I. ^c or % ^b (Low - High)	mean n ^a	95% C.I. ^c or % ^b (Low - High)		mean n ^a	95% C.I. ^c or % ^b (Low - High)	mean n ^a	95% C.I. ^c or % ^b (Low - High)		
General Health Status																
General health fair or poor																
2011	710	18.3% (15.0 - 22.0)	25,347	14.3% (13.7 - 14.9)	+	322	17.8% (13.2 - 23.7)	10,198	14.8% (13.9 - 15.7)	NS	388	18.7% (14.4 - 23.8)	15,149	13.9% (13.1 - 14.7)	NS	No
2012	734	14.0% (10.9 - 17.8)	19,132	14.4% (13.7 - 15.2)	NS	297	11.1% (7.3 - 16.4)	7,855	14.6% (13.5 - 15.7)	NS	437	16.8% (12.4 - 22.4)	11,277	14.3% (13.4 - 15.2)	NS	No
2013	852	16.2% (13.0 - 20.0)	17,106	13.9% (13.1 - 14.8)	NS	372	15.3% (11.2 - 20.6)	6,963	13.4% (12.2 - 14.7)	NS	480	17.1% (12.6 - 22.8)	10,143	14.4% (13.3 - 15.6)	NS	No
2014	1,093	16.7% (14.3 - 19.6)	22,369	13.2% (12.5 - 13.9)	+	461	14.8% (11.6 - 18.9)	9,584	13.5% (12.5 - 14.6)	NS	632	18.6% (15.0 - 22.7)	12,785	12.9% (12.1 - 13.9)	+	No
Average number of days physical health was not good in past 30 days																
2011	694	3.6 (2.9 - 4.3)	24,901	3.2 (3.0 - 3.3)	NS	318	3.2 (2.3 - 4.1)	10,067	2.9 (2.7 - 3.1)	NS	376	4.0 (3.0 - 5.0)	14,834	3.4 (3.2 - 3.6)	NS	No
2012	717	3.0 (2.2 - 3.8)	18,819	3.2 (3.1 - 3.4)	NS	288	2.4 (1.3 - 3.5)	7,759	2.9 (2.7 - 3.1)	NS	429	3.6 (2.5 - 4.6)	11,060	3.6 (3.4 - 3.8)	NS	No
2013	840	3.1 (2.5 - 3.7)	16,808	3.1 (2.9 - 3.3)	NS	367	2.5 (1.6 - 3.3)	6,877	2.8 (2.5 - 3.0)	NS	473	3.7 (2.8 - 4.6)	9,931	3.4 (3.2 - 3.7)	NS	No
2014	1,072	3.9 (3.3 - 4.5)	22,023	3.0 (2.9 - 3.2)	+	454	3.0 (2.2 - 3.7)	9,463	2.8 (2.6 - 3.1)	NS	618	4.9 (4.0 - 5.7)	12,560	3.2 (3.0 - 3.4)	+	Yes
Physical health was not good on 14 or more of the past 30 days																
2011	694	11.3% (8.8 - 14.2)	24,901	9.6% (9.1 - 10.1)	NS	318	9.3% (6.5 - 13.2)	10,067	9.0% (8.3 - 9.8)	NS	376	13.2% (9.5 - 17.9)	14,834	10.1% (9.4 - 10.8)	NS	No
2012	717	9.4% (6.9 - 12.8)	18,819	9.8% (9.2 - 10.4)	NS	288	7.7% (4.6 - 12.8)	7,759	8.6% (7.8 - 9.5)	NS	429	11.0% (7.4 - 16.1)	11,060	11.0% (10.1 - 11.8)	NS	No
2013	840	10.1% (7.5 - 13.3)	16,808	9.2% (8.5 - 9.9)	NS	367	7.6% (4.9 - 11.7)	6,877	7.9% (7.0 - 8.9)	NS	473	12.5% (8.6 - 17.9)	9,931	10.4% (9.4 - 11.5)	NS	No
2014	1,072	12.3% (10.1 - 14.9)	22,023	9.0% (8.4 - 9.6)	+	454	9.2% (6.7 - 12.7)	9,463	8.3% (7.5 - 9.2)	NS	618	15.2% (12.0 - 19.2)	12,560	9.7% (9.0 - 10.5)	+	No
Average number of days mental health was not good in past 30 days																
2011	698	3.5 (2.8 - 4.2)	25,036	3.1 (2.9 - 3.2)	NS	315	2.5 (1.6 - 3.4)	10,097	2.5 (2.3 - 2.7)	NS	383	4.4 (3.3 - 5.6)	14,939	3.6 (3.4 - 3.8)	NS	No
2012	723	2.9 (2.0 - 3.9)	18,935	3.0 (2.9 - 3.2)	NS	294	2.2 (1.0 - 3.4)	7,786	2.6 (2.4 - 2.8)	NS	429	3.7 (2.2 - 5.1)	11,149	3.5 (3.3 - 3.7)	NS	No
2013	836	2.6 (2.0 - 3.3)	16,889	3.0 (2.8 - 3.1)	NS	366	2.0 (1.1 - 2.8)	6,889	2.3 (2.1 - 2.6)	NS	470	3.3 (2.3 - 4.3)	10,000	3.5 (3.3 - 3.8)	NS	No
2014	1,081	3.1 (2.5 - 3.6)	22,131	2.8 (2.6 - 2.9)	NS	453	2.0 (1.3 - 2.7)	9,482	2.3 (2.1 - 2.5)	NS	628	4.1 (3.3 - 4.9)	12,649	3.3 (3.1 - 3.5)	NS	Yes
Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)																
2011	698	11.7% (8.9 - 15.2)	25,036	9.2% (8.7 - 9.7)	NS	315	8.2% (5.1 - 13.0)	10,097	7.7% (7.0 - 8.4)	NS	383	15.0% (10.8 - 20.5)	14,939	10.7% (9.9 - 11.5)	NS	No
2012	723	9.6% (6.3 - 14.3)	18,935	9.0% (8.4 - 9.7)	NS	294	7.0% (3.2 - 14.4)	7,786	7.4% (6.6 - 8.3)	NS	429	12.1% (7.3 - 19.2)	11,149	10.6% (9.7 - 11.5)	NS	No
2013	836	7.8% (5.4 - 11.1)	16,889	8.9% (8.2 - 9.6)	NS	366	6.0% (3.2 - 11.1)	6,889	6.8% (5.9 - 7.9)	NS	470	9.5% (6.1 - 14.6)	10,000	10.9% (9.8 - 12.0)	NS	No
2014	1,081	9.1% (7.2 - 11.5)	22,131	8.2% (7.6 - 8.8)	NS	453	5.5% (3.4 - 8.7)	9,482	6.4% (5.6 - 7.3)	NS	628	12.6% (9.6 - 16.3)	12,649	9.9% (9.0 - 10.8)	NS	Yes
Average days poor physical or mental health limited usual activities in past 30 days																
2011	707	2.2 (1.6 - 2.7)	25,183	1.9 (1.8 - 2.0)	NS	321	2.2 (1.4 - 3.0)	10,136	1.7 (1.6 - 1.9)	NS	386	2.2 (1.4 - 2.9)	15,047	2.0 (1.9 - 2.1)	NS	No
2012	723	1.7 (1.1 - 2.3)	19,022	2.0 (1.8 - 2.1)	NS	293	1.5 (0.7 - 2.3)	7,819	1.7 (1.5 - 1.9)	NS	430	1.9 (1.0 - 2.8)	11,203	2.2 (2.0 - 2.4)	NS	No
2013	844	1.9 (1.4 - 2.4)	16,986	1.9 (1.7 - 2.0)	NS	370	1.7 (1.0 - 2.4)	6,936	1.7 (1.5 - 1.9)	NS	474	2.0 (1.4 - 2.6)	10,050	2.0 (1.9 - 2.2)	NS	No
2014	1,083	1.8 (1.4 - 2.2)	22,227	1.8 (1.7 - 1.9)	NS	458	1.2 (0.7 - 1.7)	9,540	1.6 (1.5 - 1.8)	NS	625	2.4 (1.8 - 3.1)	12,687	1.9 (1.8 - 2.1)	NS	Yes
Poor physical or mental health limited usual activities on 14 or more of the past 30 days																
2011	707	7.4% (5.5 - 10.0)	25,183	5.8% (5.4 - 6.2)	NS	321	7.3% (4.7 - 11.3)	10,136	5.4% (4.8 - 6.0)	NS	386	7.5% (4.9 - 11.3)	15,047	6.2% (5.7 - 6.8)	NS	No
2012	723	5.5% (3.5 - 8.5)	19,022	6.4% (5.9 - 6.9)	NS	293	4.9% (2.4 - 9.6)	7,819	5.3% (4.7 - 6.0)	NS	430	6.0% (3.3 - 10.8)	11,203	7.4% (6.7 - 8.2)	NS	No
2013	844	6.3% (4.5 - 8.8)	16,986	5.8% (5.3 - 6.4)	NS	370	5.4% (3.2 - 9.0)	6,936	5.2% (4.4 - 6.1)	NS	474	7.3% (4.7 - 11.0)	10,050	6.5% (5.7 - 7.3)	NS	No
2014	1,083	6.1% (4.7 - 7.9)	22,227	5.8% (5.4 - 6.4)	NS	458	3.7% (2.2 - 6.1)	9,540	5.3% (4.6 - 6.1)	NS	625	8.4% (6.2 - 11.3)	12,687	6.4% (5.7 - 7.1)	NS	Yes
Health Care Access and Utilization																
No health care coverage, 18-64 year olds																
2011	464	20.0% (15.8 - 25.0)	16,614	19.1% (18.3 - 20.0)	NS	225	21.2% (15.4 - 28.5)	7,107	22.0% (20.7 - 23.4)	NS	239	18.7% (13.1 - 26.1)	9,507	16.2% (15.2 - 17.3)	NS	No
2012	428	17.5% (12.7 - 23.6)	12,310	18.0% (17.0 - 19.0)	NS	182	15.5% (9.3 - 24.5)	5,450	20.3% (18.8 - 21.8)	NS	246	19.5% (12.9 - 28.5)	6,860	15.7% (14.5 - 17.0)	NS	No
2013	522	18.9% (14.3 - 24.6)	10,939	17.6% (16.4 - 18.9)	NS	242	17.9% (11.9 - 26.1)	4,720	18.4% (16.6 - 20.4)	NS	280	19.9% (13.5 - 28.3)	6,219	16.9% (15.3 - 18.5)	NS	No
2014	685	17.6% (14.0 - 21.8)	14,322	15.3% (14.3 - 16.4)	NS	306	21.1% (15.6 - 27.9)	6,442	17.0% (15.5 - 18.7)	NS	379	14.0% (10.0 - 19.1)	7,880	13.6% (12.3 - 15.0)	NS	No
Has health care coverage, 18-64 year olds ^a																
2011	464	80.0% (75.0 - 84.2)	16,614	80.9% (80.0 - 81.7)	NS	225	78.8% (71.5 - 84.6)	7,107	78.0% (76.6 - 79.3)	NS	239	81.3% (73.9 - 86.9)	9,507	83.8% (82.7 - 84.8)	NS	No
2012	428	82.5% (76.4 - 87.3)	12,310	82.0% (81.0 - 83.0)	NS	182	84.5% (75.5 - 90.7)	5,450	79.7% (78.2 - 81.2)	NS	246	80.5% (71.5 - 87.1)	6,860	84.3% (83.0 - 85.5)	NS	No
2013	522	81.1% (75.4 - 85.7)	10,939	82.4% (81.1 - 83.6)	NS	242	82.1% (73.9 - 88.1)	4,720	81.6% (79.6 - 83.4)	NS	280	80.1% (71.7 - 86.5)	6,219	83.1% (81.5 - 84.7)	NS	No
2014	685	82.4% (78.2 - 86.0)	14,322	84.7% (83.6 - 85.7)	NS	306	78.9% (72.1 - 84.4)	6,442	83.0% (81.3 - 84.5)	NS	379	86.0% (80.9 - 90.0)	7,880	86.4% (85.0 - 87.7)	NS	No
No personal doctor or health care provider																
2011	710	13.8% (10.7 - 17.7)	25,340	18.4% (17.6 - 19.1)	NS	321	16.6% (12.0 - 22.6)	10,192	25.1% (23.8 - 26.3)	-	389	11.2% (7.3 - 16.6)	15,148	12.0% (11.1 - 12.8)	NS	No
2012	733	12.9% (9.1 - 18.1)	19,132	17.2% (16.4 - 18.1)	NS	296	17.0% (11.2 - 25.0)	7,847	23.7% (22.3 - 25.1)	NS	437	9.0% (4.6 - 16.7)	11,285	11.0% (10.1 - 12.0)	NS	No
2013	852	14.2% (11.1 - 18.0)	17,093	20.9% (19.8 - 22.0)	-	371	15.7% (11.6 - 21.0)	6,956	27.5% (25.7 - 29.4)	-	481	12.7% (8.4 - 18.8)	10,137	14.4% (13.2 - 15.7)	NS	No
2014	1,094	15.3% (12.5 - 18.6)	22,353	20.2% (19.3 - 21.2)	-	461	18.8% (14.4 - 24.3)	9,568	27.0% (25.5 - 28.6)	-	633	11.9% (8.9 - 15.9)	12,785	13.6% (12.5 - 14.8)	NS	No
Has a personal doctor or health care provider (one or more than one) ^a																
2011	710	86.2% (82.3 - 89.3)	25,340	81.6% (80.9 - 82.4)	NS	321	83.4% (77.4 - 88.0)	10,192	74.9% (73.7 - 76.2)	+	389	88.8% (83.4 - 92.7)	15,148	88.0% (87.2 - 88.9)	NS	No
2012	733	87.1% (81.9 - 90.9)	19,132	82.8% (81.9 - 83.6)	NS	296	83.0% (75.0 - 88.8)	7,847	76.3% (74.9 - 77.7)	NS	437	91.0% (83.3 - 95.4)	11,285	89.0% (88.0 - 89.9)	NS	No
2013	852	85.8% (82.0 - 88.9)	17,093	79.1% (78.0 - 80.2)	+	371	84.3% (79.0 - 88.4)	6,956	72.5% (70.6 - 74.3)	+	481	87.3% (81.2 - 91.6)	10,137	85.6% (84.3 - 86.8)	NS	No
2014	1,094	84.7% (81.4 - 87.5)	22,353	79.8% (78.8 - 80.7)	+	461	81.2% (75.7 - 85.6)	9,568	73.0% (71.4 - 74.5)	+	633	88.1% (84.1 - 91.1)	12,785	86.4% (85.2 - 87.5)	NS	No

Indicators	Overall					Men					Women					LHD Gender Diff. ^o						
	West Central		State of NE			West Central		State of NE			West Central		State of NE									
	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	Sig ^d	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	Sig ^d	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	Sig ^d							
Has a personal doctor or health care provider (one or more than one), aged 65 years and older^h																						
2011	246	97.0%	(94.3 - 98.5)	8,584	95.7%	(95.1 - 96.2)	NS	96	95.0%	(89.1 - 97.8)	3,033	94.4%	(93.4 - 95.3)	NS	150	98.5%	(95.2 - 99.5)	5,551	96.6%	(95.9 - 97.1)	NS	No
2012	304	97.1%	(93.6 - 98.7)	6,711	95.6%	(94.7 - 96.3)	NS	114	95.6%	(87.7 - 98.5)	2,368	93.6%	(91.9 - 95.0)	NS	190	98.3%	(95.9 - 99.3)	4,343	97.1%	(96.3 - 97.7)	NS	No
2013	324	92.6%	(88.0 - 95.5)	6,015	93.9%	(92.9 - 94.8)	NS	126	90.5%	(82.0 - 95.2)	2,188	92.3%	(90.4 - 93.8)	NS	198	94.4%	(89.2 - 97.2)	3,827	95.2%	(93.9 - 96.2)	NS	No
2014	399	97.9%	(96.0 - 98.9)	7,833	95.1%	(94.4 - 95.7)	+	151	98.7%	(95.3 - 99.6)	3,057	93.5%	(92.2 - 94.6)	+	248	97.3%	(94.4 - 98.8)	4,776	96.4%	(95.7 - 96.9)	NS	No
Needed to see a doctor but could not due to cost in past year^h																						
2011	710	13.3%	(10.3 - 17.0)	25,350	12.5%	(11.9 - 13.2)	NS	322	9.7%	(6.4 - 14.4)	10,203	10.7%	(9.9 - 11.6)	NS	388	16.7%	(12.1 - 22.7)	15,147	14.2%	(13.4 - 15.2)	NS	No
2012	733	15.2%	(11.3 - 20.3)	19,144	12.8%	(12.1 - 13.6)	NS	296	10.8%	(6.3 - 18.0)	7,859	11.1%	(10.0 - 12.2)	NS	437	19.4%	(13.6 - 27.0)	11,285	14.4%	(13.4 - 15.5)	NS	No
2013	852	12.2%	(9.2 - 16.0)	17,103	13.0%	(12.1 - 13.9)	NS	372	8.3%	(4.9 - 13.8)	6,963	10.9%	(9.7 - 12.2)	NS	480	16.0%	(11.5 - 21.7)	10,140	15.0%	(13.8 - 16.4)	NS	No
2014	1,089	14.4%	(11.8 - 17.5)	22,358	11.9%	(11.1 - 12.6)	NS	461	12.5%	(8.9 - 17.2)	9,587	10.2%	(9.1 - 11.3)	NS	628	16.3%	(12.7 - 20.7)	12,771	13.5%	(12.4 - 14.6)	NS	No
Had a routine checkup in past year																						
2011	697	56.9%	(52.3 - 61.4)	24,983	57.7%	(56.8 - 58.7)	NS	316	53.8%	(47.2 - 60.3)	10,049	50.6%	(49.2 - 52.0)	NS	381	59.9%	(53.5 - 66.0)	14,934	64.6%	(63.4 - 65.8)	NS	No
2012	725	54.6%	(48.9 - 60.2)	18,929	60.4%	(59.4 - 61.4)	NS	296	55.8%	(47.1 - 64.2)	7,789	55.0%	(53.5 - 56.6)	NS	429	53.4%	(46.0 - 60.7)	11,140	65.6%	(64.3 - 66.9)	-	No
2013	844	56.6%	(51.8 - 61.2)	16,919	61.6%	(60.4 - 62.8)	NS	371	57.6%	(50.8 - 64.1)	6,899	56.2%	(54.3 - 58.1)	NS	473	55.6%	(49.0 - 62.0)	10,020	66.8%	(65.3 - 68.4)	-	No
2014	1,076	58.8%	(55.1 - 62.5)	22,089	63.3%	(62.2 - 64.4)	NS	456	55.7%	(50.0 - 61.2)	9,487	57.7%	(56.1 - 59.3)	NS	620	61.9%	(57.0 - 66.7)	12,602	68.8%	(67.4 - 70.1)	-	No
Heart Disease and Stroke																						
Ever told they had a heart attack																						
2011	709	4.9%	(3.4 - 6.9)	25,292	4.3%	(4.0 - 4.7)	NS	321	7.9%	(5.2 - 11.8)	10,194	5.7%	(5.2 - 6.3)	NS	388	2.0%	(1.0 - 3.8)	15,098	2.9%	(2.6 - 3.3)	NS	Yes
2012	732	3.6%	(2.4 - 5.4)	19,102	4.1%	(3.7 - 4.4)	NS	297	3.8%	(2.2 - 6.3)	7,842	5.3%	(4.8 - 6.0)	NS	435	3.5%	(1.9 - 6.3)	11,260	2.9%	(2.5 - 3.2)	NS	No
2013	848	5.6%	(4.1 - 7.5)	17,035	4.0%	(3.6 - 4.4)	NS	370	7.7%	(5.3 - 11.2)	6,925	5.2%	(4.6 - 5.9)	NS	478	3.5%	(2.2 - 5.6)	10,110	2.9%	(2.4 - 3.4)	NS	No
2014	1,091	5.4%	(4.1 - 7.0)	22,308	3.8%	(3.5 - 4.2)	NS	460	7.4%	(5.2 - 10.3)	9,540	5.1%	(4.6 - 5.6)	NS	631	3.5%	(2.2 - 5.5)	12,768	2.6%	(2.3 - 3.0)	NS	No
Ever told they have coronary heart disease																						
2011	706	4.5%	(3.1 - 6.4)	25,121	3.9%	(3.6 - 4.2)	NS	321	5.7%	(3.5 - 9.3)	10,110	4.8%	(4.4 - 5.3)	NS	385	3.3%	(2.0 - 5.4)	15,011	3.1%	(2.7 - 3.4)	NS	No
2012	727	3.5%	(2.5 - 5.1)	18,988	3.9%	(3.6 - 4.3)	NS	294	4.5%	(2.7 - 7.4)	7,796	4.9%	(4.4 - 5.5)	NS	433	2.6%	(1.6 - 4.3)	11,192	3.0%	(2.6 - 3.4)	NS	No
2013	839	3.9%	(2.8 - 5.6)	16,942	4.1%	(3.7 - 4.5)	NS	369	5.1%	(3.1 - 8.1)	6,884	5.1%	(4.5 - 5.8)	NS	470	2.8%	(1.7 - 4.6)	10,058	3.0%	(2.6 - 3.6)	NS	No
2014	1,076	5.4%	(4.2 - 6.9)	22,201	3.9%	(3.6 - 4.3)	NS	456	5.3%	(3.7 - 7.6)	9,508	4.8%	(4.3 - 5.4)	NS	620	5.4%	(3.8 - 7.8)	12,693	3.1%	(2.7 - 3.5)	+	No
Ever told they had a heart attack or coronary heart disease																						
2011	703	6.7%	(5.0 - 8.9)	25,024	5.9%	(5.6 - 6.3)	NS	319	9.1%	(6.2 - 13.1)	10,081	7.5%	(6.9 - 8.1)	NS	384	4.4%	(2.8 - 6.8)	14,943	4.5%	(4.1 - 4.9)	NS	No
2012	725	5.6%	(4.1 - 7.6)	18,930	6.0%	(5.6 - 6.4)	NS	294	5.9%	(3.8 - 8.9)	7,772	7.6%	(6.9 - 8.3)	NS	431	5.3%	(3.4 - 8.3)	11,158	4.4%	(4.0 - 4.9)	NS	No
2013	835	7.2%	(5.5 - 9.3)	16,853	5.9%	(5.4 - 6.4)	NS	366	9.3%	(6.6 - 12.9)	6,835	7.3%	(6.6 - 8.2)	NS	469	5.1%	(3.4 - 7.5)	10,018	4.5%	(3.9 - 5.1)	NS	No
2014	1,071	8.0%	(6.5 - 9.9)	22,111	5.8%	(5.4 - 6.2)	+	453	8.7%	(6.5 - 11.5)	9,449	7.2%	(6.5 - 7.8)	NS	618	7.3%	(5.4 - 10.0)	12,662	4.5%	(4.0 - 5.0)	+	No
Ever told they had a stroke																						
2011	711	3.3%	(2.1 - 5.0)	25,355	2.6%	(2.4 - 2.9)	NS	322	3.7%	(1.8 - 7.1)	10,209	2.4%	(2.1 - 2.8)	NS	389	2.9%	(1.8 - 4.6)	15,146	2.8%	(2.5 - 3.2)	NS	No
2012	731	3.1%	(2.0 - 4.7)	19,118	2.4%	(2.2 - 2.7)	NS	296	1.7%	(0.8 - 3.3)	7,851	2.7%	(2.3 - 3.1)	NS	435	4.4%	(2.6 - 7.4)	11,267	2.2%	(1.9 - 2.6)	+	No
2013	850	3.6%	(2.5 - 5.1)	17,080	2.5%	(2.2 - 2.8)	NS	370	3.9%	(2.3 - 6.7)	6,954	2.2%	(1.9 - 2.6)	NS	480	3.2%	(2.0 - 5.2)	10,126	2.8%	(2.4 - 3.3)	NS	No
2014	1,094	3.8%	(2.8 - 5.2)	22,358	2.6%	(2.4 - 2.9)	NS	462	2.4%	(1.3 - 4.4)	9,575	2.7%	(2.3 - 3.1)	NS	632	5.1%	(3.6 - 7.3)	12,783	2.6%	(2.2 - 3.0)	+	No
Blood Pressure and Cholesterol																						
Had blood pressure checked in past year																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
2013	396	89.4%	(83.6 - 93.3)	7,804	84.6%	(83.1 - 86.0)	NS	161	89.1%	(80.5 - 94.2)	3,150	81.2%	(78.8 - 83.4)	NS	235	89.7%	(80.5 - 94.8)	4,654	87.8%	(85.8 - 89.5)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Ever told they have high blood pressure (excluding pregnancy)^h																						
2011	709	31.7%	(27.9 - 35.8)	25,356	28.5%	(27.8 - 29.3)	NS	323	36.8%	(30.9 - 43.2)	10,212	30.3%	(29.1 - 31.5)	NS	386	26.8%	(22.2 - 31.9)	15,144	26.9%	(25.9 - 27.9)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
2013	852	34.7%	(30.7 - 38.9)	17,085	30.3%	(29.2 - 31.4)	NS	373	37.6%	(31.7 - 43.9)	6,956	32.5%	(30.8 - 34.1)	NS	479	31.8%	(26.6 - 37.5)	10,129	28.2%	(26.9 - 29.6)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Currently taking blood pressure medication, among those ever told they have high BP																						
2011	277	78.7%	(71.4 - 84.5)	9,505	77.9%	(76.5 - 79.2)	NS	129	73.9%	(63.2 - 82.4)	3,877	72.0%	(69.8 - 74.1)	NS	148	84.9%	(74.8 - 91.5)	5,628	84.2%	(82.5 - 85.7)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
2013	368	75.4%	(68.5 - 81.2)	6,747	78.5%	(76.6 - 80.3)	NS	165	71.1%	(61.1 - 79.4)	2,828	73.1%	(70.2 - 75.9)	NS	203	80.4%	(70.3 - 87.6)	3,919	84.5%	(82.3 - 86.4)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Had cholesterol checked in past 5 years^h																						
2011	683	69.6%	(64.8 - 74.1)	24,606	71.8%	(71.0 - 72.7)	NS	315	70.9%	(64.1 - 76.9)	9,923	67.9%	(66.6 - 69.3)	NS	368	68.3%	(61.2 - 74.6)	14,683	75.6%	(74.5 - 76.7)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
2013	827	72.0%	(67.0 - 76.4)	16,649	74.0%	(72.8 - 75.2)	NS	365	70.7%	(63.6 - 77.0)	6,804	71.1%	(69.2 - 72.9)	NS	462	73.2%	(66.2 - 79.3)	9,845	76.9%	(75.3 - 78.4)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					

Indicators	Overall					Men					Women					LHD Gender Diff. ^o						
	West Central			State of NE		Sig ^d	West Central			State of NE		Sig ^d	West Central				State of NE		Sig ^d			
	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b		95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a		mean or % ^b	95% C.I. ^c (Low - High)	n ^a		mean or % ^b	95% C.I. ^c (Low - High)		n ^a	mean or % ^b	95% C.I. ^c (Low - High)
Ever told they have high cholesterol, among those who have ever had it checked^a																						
2011	570	38.4%	(33.8 - 43.1)	20,831	38.3%	(37.3 - 39.3)	NS	253	42.3%	(35.3 - 49.5)	8,015	40.6%	(39.1 - 42.1)	NS	317	34.5%	(28.9 - 40.7)	12,816	36.3%	(35.1 - 37.6)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	720	42.7%	(38.0 - 47.6)	14,365	37.4%	(36.1 - 38.6)	NS	312	46.7%	(39.8 - 53.8)	5,672	40.0%	(38.0 - 41.9)	NS	408	38.9%	(32.7 - 45.5)	8,693	35.0%	(33.5 - 36.6)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diabetes																						
Ever told they have diabetes (excluding pregnancy)^a																						
2011	711	8.7%	(6.7 - 11.1)	25,393	8.4%	(7.9 - 8.8)	NS	323	9.7%	(6.7 - 13.9)	10,222	8.6%	(7.9 - 9.3)	NS	388	7.6%	(5.4 - 10.6)	15,171	8.2%	(7.6 - 8.8)	NS	No
2012	734	8.5%	(6.3 - 11.3)	19,156	8.1%	(7.6 - 8.6)	NS	297	7.2%	(4.4 - 11.5)	7,861	8.3%	(7.6 - 9.1)	NS	437	9.7%	(6.6 - 13.9)	11,295	7.9%	(7.3 - 8.5)	NS	No
2013	854	10.6%	(8.3 - 13.4)	17,110	9.2%	(8.5 - 9.9)	NS	373	12.0%	(8.5 - 16.8)	6,968	10.1%	(9.0 - 11.2)	NS	481	9.1%	(6.6 - 12.5)	10,142	8.3%	(7.5 - 9.2)	NS	No
2014	1,094	9.1%	(7.5 - 11.1)	22,387	9.2%	(8.6 - 9.7)	NS	462	10.1%	(7.6 - 13.1)	9,597	9.7%	(8.9 - 10.6)	NS	632	8.2%	(6.1 - 10.9)	12,790	8.6%	(7.9 - 9.3)	NS	No
Ever told they have pre-diabetes (excluding pregnancy)																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	417	4.4%	(2.7 - 7.2)	8,549	5.5%	(4.8 - 6.3)	NS	188	5.2%	(2.6 - 10.4)	3,452	5.9%	(4.8 - 7.2)	NS	229	3.6%	(2.0 - 6.2)	5,097	5.1%	(4.1 - 6.2)	NS	No
2014	521	7.8%	(5.3 - 11.4)	11,165	5.8%	(5.1 - 6.5)	NS	219	5.9%	(2.9 - 11.4)	4,723	5.8%	(4.8 - 6.9)	NS	302	9.7%	(6.2 - 15.1)	6,442	5.7%	(4.9 - 6.7)	NS	No
Cancer																						
Ever told they have skin cancer																						
2011	709	7.1%	(5.2 - 9.5)	25,359	5.6%	(5.3 - 6.0)	NS	322	6.8%	(4.6 - 9.8)	10,205	6.3%	(5.8 - 6.8)	NS	387	7.4%	(4.6 - 11.6)	15,154	5.0%	(4.6 - 5.5)	NS	No
2012	733	6.2%	(4.5 - 8.6)	19,133	5.6%	(5.2 - 6.0)	NS	297	6.8%	(4.3 - 10.5)	7,859	5.8%	(5.3 - 6.4)	NS	436	5.6%	(3.4 - 9.1)	11,274	5.4%	(4.9 - 6.0)	NS	No
2013	854	8.2%	(6.2 - 10.8)	17,087	5.9%	(5.5 - 6.3)	NS	373	8.0%	(5.5 - 11.6)	6,956	6.3%	(5.7 - 7.1)	NS	481	8.5%	(5.6 - 12.6)	10,131	5.4%	(4.9 - 6.0)	NS	No
2014	1,094	6.2%	(4.9 - 7.8)	22,369	5.7%	(5.4 - 6.1)	NS	463	7.7%	(5.6 - 10.4)	9,585	5.9%	(5.4 - 6.5)	NS	631	4.7%	(3.3 - 6.7)	12,784	5.6%	(5.0 - 6.1)	NS	No
Ever told they have cancer other than skin cancer																						
2011	711	8.0%	(6.3 - 10.2)	25,369	6.6%	(6.2 - 7.0)	NS	323	7.2%	(5.0 - 10.2)	10,219	5.0%	(4.6 - 5.5)	NS	388	8.8%	(6.3 - 12.2)	15,150	8.1%	(7.5 - 8.6)	NS	No
2012	733	7.9%	(5.9 - 10.6)	19,136	6.5%	(6.0 - 6.9)	NS	297	5.7%	(3.3 - 9.7)	7,858	5.0%	(4.5 - 5.6)	NS	436	10.1%	(7.1 - 14.2)	11,278	7.9%	(7.2 - 8.5)	NS	No
2013	852	7.7%	(6.0 - 9.9)	17,104	6.8%	(6.3 - 7.3)	NS	371	6.2%	(4.1 - 9.3)	6,965	5.6%	(5.0 - 6.4)	NS	481	9.2%	(6.6 - 12.6)	10,139	8.0%	(7.3 - 8.8)	NS	No
2014	1,095	8.0%	(6.4 - 9.9)	22,379	6.1%	(5.8 - 6.5)	NS	463	6.5%	(4.6 - 9.0)	9,589	4.6%	(4.1 - 5.1)	NS	632	9.4%	(7.0 - 12.4)	12,790	7.7%	(7.1 - 8.3)	NS	No
Ever told they have cancer (in any form)																						
2011	708	13.4%	(10.9 - 16.3)	25,315	11.2%	(10.7 - 11.7)	NS	322	11.5%	(8.6 - 15.1)	10,192	10.1%	(9.5 - 10.8)	NS	386	15.2%	(11.4 - 20.0)	15,123	12.2%	(11.5 - 12.9)	NS	No
2012	732	12.4%	(9.8 - 15.7)	19,100	10.8%	(10.3 - 11.4)	NS	297	10.7%	(7.3 - 15.4)	7,846	9.6%	(8.9 - 10.4)	NS	435	14.0%	(10.3 - 18.9)	11,254	11.9%	(11.2 - 12.7)	NS	No
2013	852	14.0%	(11.5 - 17.1)	17,062	11.4%	(10.8 - 12.1)	NS	371	11.7%	(8.6 - 15.8)	6,946	10.6%	(9.7 - 11.6)	NS	481	16.3%	(12.4 - 21.0)	10,116	12.3%	(11.4 - 13.2)	NS	No
2014	1,093	12.6%	(10.7 - 14.9)	22,337	10.7%	(10.2 - 11.3)	NS	463	12.1%	(9.5 - 15.4)	9,567	9.3%	(8.6 - 10.0)	NS	630	13.1%	(10.4 - 16.5)	12,770	12.1%	(11.4 - 12.9)	NS	No
Up-to-date on colon cancer screening, 50-75 year olds^a																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	378	60.0%	(52.9 - 66.8)	9,022	61.1%	(59.6 - 62.5)	NS	163	60.1%	(49.1 - 70.2)	3,733	58.4%	(56.1 - 60.6)	NS	215	59.9%	(50.7 - 68.5)	5,289	63.6%	(61.7 - 65.4)	NS	No
2013	409	53.0%	(46.9 - 58.9)	7,979	62.8%	(61.1 - 64.4)	-	189	50.8%	(42.0 - 59.5)	3,275	61.0%	(58.5 - 63.6)	NS	220	55.3%	(47.1 - 63.2)	4,704	64.4%	(62.2 - 66.6)	NS	No
2014	539	54.5%	(49.4 - 59.5)	10,647	64.1%	(62.7 - 65.5)	-	231	55.5%	(47.7 - 63.1)	4,681	63.0%	(60.9 - 65.1)	NS	308	53.5%	(46.9 - 59.9)	5,966	65.2%	(63.3 - 67.0)	-	No
Up-to-date on breast cancer screening, female 50-74 year olds^a																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	215	74.0%	(65.1 - 81.4)	5,200	74.9%	(73.2 - 76.5)	NS	-	-	-	-	-	-	-	215	74.0%	(65.1 - 81.4)	5,200	74.9%	(73.2 - 76.5)	NS	NA
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2014	303	65.5%	(59.0 - 71.5)	5,905	76.1%	(74.5 - 77.7)	-	-	-	-	-	-	-	-	303	65.5%	(59.0 - 71.5)	5,905	76.1%	(74.5 - 77.7)	-	NA
Up-to-date on cervical cancer screening, female 21-65 year olds^a																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	174	78.4%	(68.7 - 85.7)	5,055	83.9%	(82.5 - 85.2)	NS	-	-	-	-	-	-	-	174	78.4%	(68.7 - 85.7)	5,055	83.9%	(82.5 - 85.2)	NS	NA
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2014	261	70.9%	(64.0 - 76.9)	5,778	81.7%	(80.0 - 83.3)	-	-	-	-	-	-	-	-	261	70.9%	(64.0 - 76.9)	5,778	81.7%	(80.0 - 83.3)	-	NA
Arthritis																						
Ever told they have arthritis																						
2011	707	32.7%	(28.8 - 36.8)	25,285	23.4%	(22.8 - 24.1)	+	321	29.0%	(23.8 - 34.8)	10,184	20.1%	(19.2 - 21.1)	+	386	36.2%	(30.8 - 42.1)	15,101	26.6%	(25.7 - 27.6)	+	No
2012	730	28.0%	(23.7 - 32.8)	19,089	24.6%	(23.8 - 25.4)	NS	294	27.0%	(20.5 - 34.6)	7,839	21.5%	(20.3 - 22.6)	NS	436	29.0%	(23.5 - 35.2)	11,250	27.7%	(26.6 - 28.8)	NS	No
2013	851	28.1%	(24.5 - 31.9)	17,017	24.7%	(23.8 - 25.7)	NS	371	27.3%	(22.1 - 33.1)	6,925	21.6%	(20.2 - 23.0)	NS	480	28.8%	(24.1 - 34.1)	10,092	27.8%	(26.5 - 29.2)	NS	No
2014	1,091	32.7%	(29.4 - 36.1)	22,306	24.6%	(23.8 - 25.4)	+	462	27.7%	(23.2 - 32.7)	9,559	21.6%	(20.5 - 22.8)	+	629	37.4%	(33.0 - 42.1)	12,747	27.4%	(26.3 - 28.6)	+	Yes
Currently have activity limitations due to arthritis, among those ever told they have arthritis^a																						
2011	271	43.7%	(36.9 - 50.8)	7,973	45.2%	(43.6 - 46.8)	NS	107	39.9%	(29.6 - 51.1)	2,711	42.6%	(40.0 - 45.2)	NS	164	46.6%	(37.8 - 55.7)	5,262	47.1%	(45.1 - 49.2)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	302	44.7%	(37.6 - 52.0)	5,460	42.4%	(40.3 - 44.6)	NS	118	41.0%	(30.4 - 52.6)	1,861	41.0%	(37.4 - 44.6)	NS	184	48.1%	(39.2 - 57.2)	3,599	43.5%	(40.8 - 46.2)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Indicators	Overall						Men					Women					LHD Gender Diff. ^o					
	West Central			State of NE			West Central			State of NE		West Central			State of NE							
	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	Sig ^d	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	Sig ^d	n ^a	mean or % ^b		95% C.I. ^c (Low - High)	Sig ^d			
Asthma																						
Ever told they have asthma																						
2011	711	11.4%	(8.7 - 14.9)	25,327	11.5%	(10.9 - 12.1)	NS	322	14.2%	(9.9 - 20.1)	10,194	10.5%	(9.6 - 11.3)	NS	389	8.8%	(5.9 - 12.7)	15,133	12.4%	(11.6 - 13.3)	NS	No
2012	730	12.4%	(8.8 - 17.2)	19,105	10.8%	(10.2 - 11.5)	NS	296	12.4%	(7.4 - 19.9)	7,847	9.7%	(8.8 - 10.7)	NS	434	12.5%	(7.8 - 19.4)	11,258	11.9%	(11.1 - 12.9)	NS	No
2013	849	14.7%	(11.9 - 18.1)	17,068	11.2%	(10.5 - 12.0)	NS	371	13.2%	(9.3 - 18.4)	6,946	9.6%	(8.6 - 10.8)	NS	478	16.2%	(12.4 - 21.0)	10,122	12.8%	(11.7 - 13.9)	NS	No
2014	1,092	14.2%	(11.7 - 17.1)	22,354	12.2%	(11.5 - 13.0)	NS	461	11.0%	(7.7 - 15.4)	9,582	10.8%	(9.8 - 11.9)	NS	631	17.3%	(13.8 - 21.5)	12,772	13.6%	(12.6 - 14.7)	NS	No
Currently have asthma																						
2011	708	7.6%	(5.5 - 10.5)	25,257	7.3%	(6.9 - 7.8)	NS	321	8.8%	(5.5 - 14.0)	10,170	6.0%	(5.4 - 6.7)	NS	387	6.4%	(4.2 - 9.7)	15,087	8.6%	(8.0 - 9.4)	NS	No
2012	729	8.6%	(5.8 - 12.6)	19,053	7.4%	(6.9 - 7.9)	NS	296	7.9%	(4.0 - 15.0)	7,832	6.1%	(5.4 - 6.9)	NS	433	9.2%	(5.8 - 14.4)	11,221	8.7%	(7.9 - 9.4)	NS	No
2013	846	9.8%	(7.6 - 12.7)	17,024	7.3%	(6.7 - 8.0)	NS	371	10.4%	(7.0 - 15.2)	6,930	5.5%	(4.8 - 6.4)	+	475	9.2%	(6.6 - 12.8)	10,094	9.1%	(8.2 - 10.0)	NS	No
2014	1,086	9.1%	(7.1 - 11.6)	22,288	7.7%	(7.2 - 8.3)	NS	459	6.6%	(4.0 - 10.6)	9,561	6.2%	(5.5 - 7.0)	NS	627	11.5%	(8.7 - 15.0)	12,727	9.2%	(8.4 - 10.1)	NS	No
Chronic Obstructive Pulmonary Disease (COPD)																						
Ever told they have COPD																						
2011	705	6.3%	(4.5 - 8.6)	25,280	5.0%	(4.6 - 5.3)	NS	321	6.3%	(3.9 - 10.0)	10,171	4.4%	(3.9 - 4.9)	NS	384	6.3%	(4.0 - 9.6)	15,109	5.5%	(5.0 - 6.0)	NS	No
2012	734	5.5%	(3.8 - 8.0)	19,075	5.3%	(4.9 - 5.8)	NS	297	5.1%	(3.0 - 8.7)	7,832	4.7%	(4.1 - 5.3)	NS	437	5.9%	(3.5 - 9.8)	11,243	6.0%	(5.4 - 6.6)	NS	No
2013	851	9.9%	(7.6 - 12.9)	17,035	5.3%	(4.9 - 5.8)	+	373	12.1%	(8.3 - 17.4)	6,932	4.8%	(4.2 - 5.5)	+	478	7.8%	(5.4 - 11.1)	10,103	5.8%	(5.2 - 6.6)	NS	No
2014	1,090	7.3%	(5.7 - 9.3)	22,312	5.8%	(5.4 - 6.2)	NS	461	6.4%	(4.3 - 9.5)	9,554	5.5%	(4.9 - 6.2)	NS	629	8.2%	(6.0 - 11.0)	12,758	6.1%	(5.5 - 6.7)	NS	No
Kidney Disease																						
Ever told they have kidney disease																						
2011	710	1.9%	(1.1 - 3.3)	25,345	2.2%	(2.0 - 2.4)	NS	322	1.1%	(0.4 - 2.7)	10,208	2.1%	(1.8 - 2.5)	NS	388	2.7%	(1.3 - 5.3)	15,137	2.2%	(2.0 - 2.5)	NS	No
2012	733	3.8%	(2.3 - 6.3)	19,122	2.4%	(2.2 - 2.7)	NS	296	1.9%	(0.7 - 5.0)	7,850	2.2%	(1.8 - 2.6)	NS	437	5.6%	(3.0 - 10.1)	11,272	2.7%	(2.3 - 3.1)	NS	No
2013	852	3.1%	(1.7 - 5.4)	17,080	2.0%	(1.8 - 2.3)	NS	372	2.3%	(1.1 - 4.7)	6,953	1.9%	(1.5 - 2.4)	NS	480	3.9%	(1.8 - 8.3)	10,127	2.1%	(1.8 - 2.6)	NS	No
2014	1,094	3.6%	(2.4 - 5.2)	22,361	2.1%	(1.9 - 2.4)	+	462	3.3%	(1.7 - 6.0)	9,585	2.0%	(1.7 - 2.4)	NS	632	3.9%	(2.4 - 6.2)	12,776	2.3%	(2.0 - 2.6)	NS	No
Tobacco																						
Current cigarette smoking ^a																						
2011	707	23.6%	(19.7 - 28.1)	25,324	20.0%	(19.3 - 20.7)	NS	321	22.6%	(17.2 - 29.2)	10,189	22.1%	(21.0 - 23.3)	NS	386	24.6%	(19.2 - 31.0)	15,135	17.9%	(17.0 - 18.9)	+	No
2012	728	15.2%	(11.5 - 19.9)	18,985	19.7%	(18.9 - 20.6)	NS	296	12.9%	(8.0 - 20.0)	7,801	21.4%	(20.1 - 22.7)	-	432	17.5%	(12.3 - 24.2)	11,184	18.1%	(17.0 - 19.2)	NS	No
2013	830	18.5%	(15.0 - 22.7)	16,687	18.5%	(17.5 - 19.5)	NS	361	19.1%	(14.0 - 25.6)	6,790	19.8%	(18.3 - 21.4)	NS	469	18.0%	(13.5 - 23.5)	9,897	17.2%	(15.9 - 18.5)	NS	No
2014	1,053	24.5%	(21.1 - 28.1)	21,729	17.4%	(16.5 - 18.2)	+	445	26.2%	(21.1 - 31.9)	9,311	18.6%	(17.3 - 19.9)	+	608	22.8%	(18.6 - 27.7)	12,418	16.2%	(15.1 - 17.3)	+	No
Attempted to quit smoking in past year, among current cigarette smokers																						
2011	125	54.1%	(43.6 - 64.3)	4,195	55.6%	(53.5 - 57.7)	NS	56	47.4%	(32.5 - 62.8)	1,914	53.4%	(50.4 - 56.3)	NS	69	60.0%	(45.9 - 72.6)	2,281	58.3%	(55.4 - 61.2)	NS	No
2012	83	61.2%	(46.8 - 73.9)	3,023	57.1%	(54.7 - 59.6)	NS	36	-	-	1,406	55.2%	(51.7 - 58.7)	NA	47	-	-	1,617	59.3%	(55.9 - 62.7)	NA	NA
2013	125	66.4%	(55.3 - 75.9)	2,546	57.1%	(54.1 - 60.2)	NS	58	63.3%	(46.6 - 77.4)	1,147	55.9%	(51.5 - 60.3)	NS	67	69.6%	(55.0 - 81.1)	1,399	58.5%	(54.3 - 62.6)	NS	No
2014	188	60.2%	(51.7 - 68.1)	3,240	58.2%	(55.5 - 60.9)	NS	87	60.5%	(48.0 - 71.8)	1,489	58.0%	(54.1 - 61.8)	NS	101	59.8%	(48.3 - 70.3)	1,751	58.5%	(54.6 - 62.2)	NS	No
Current smokeless tobacco use ^a																						
2011	711	9.4%	(7.0 - 12.6)	25,406	5.6%	(5.2 - 6.0)	+	323	18.9%	(14.1 - 24.9)	10,231	10.5%	(9.7 - 11.4)	+	388	0.3%	(0.1 - 1.5)	15,175	0.8%	(0.6 - 1.0)	NS	Yes
2012	730	6.9%	(4.5 - 10.5)	19,041	5.1%	(4.6 - 5.6)	NS	297	13.5%	(8.7 - 20.2)	7,828	9.5%	(8.7 - 10.5)	NS	433	0.6%	(0.1 - 3.8)	11,213	0.8%	(0.6 - 1.2)	NS	Yes
2013	834	9.2%	(6.7 - 12.4)	16,732	5.3%	(4.7 - 5.9)	+	362	18.0%	(13.3 - 24.0)	6,813	10.1%	(9.0 - 11.2)	+	472	0.5%	(0.1 - 2.5)	9,919	0.7%	(0.5 - 0.9)	NS	Yes
2014	1,053	10.0%	(7.8 - 12.9)	21,797	4.7%	(4.2 - 5.1)	+	447	19.6%	(15.2 - 24.9)	9,340	8.5%	(7.7 - 9.3)	+	606	0.8%	(0.3 - 2.6)	12,457	1.0%	(0.7 - 1.3)	NS	Yes
Has rule not allowing smoking anywhere inside their home																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	396	90.0%	(85.1 - 93.5)	7,750	88.7%	(87.4 - 89.8)	NS	161	88.3%	(79.9 - 93.5)	3,121	88.3%	(86.2 - 90.0)	NS	235	91.6%	(85.0 - 95.5)	4,629	89.1%	(87.5 - 90.5)	NS	No
2014	486	88.1%	(82.2 - 92.3)	10,582	89.0%	(87.9 - 90.0)	NS	199	85.4%	(73.7 - 92.4)	4,448	87.9%	(86.1 - 89.5)	NS	287	90.7%	(86.1 - 93.9)	6,134	90.0%	(88.6 - 91.2)	NS	No
Overweight and Obesity																						
Obese (BMI=30+) ^a																						
2011	691	33.9%	(29.7 - 38.4)	24,366	28.4%	(27.6 - 29.2)	+	322	36.6%	(30.5 - 43.2)	10,102	29.2%	(28.0 - 30.4)	+	369	31.2%	(25.5 - 37.4)	14,264	27.6%	(26.5 - 28.8)	NS	No
2012	715	32.0%	(27.1 - 37.4)	18,385	28.6%	(27.7 - 29.6)	NS	295	31.2%	(24.1 - 39.5)	7,781	29.2%	(27.9 - 30.6)	NS	420	32.8%	(26.4 - 40.0)	10,604	28.1%	(26.8 - 29.3)	NS	No
2013	814	32.0%	(27.6 - 36.6)	16,250	29.6%	(28.4 - 30.7)	NS	367	32.7%	(26.8 - 39.3)	6,860	30.8%	(29.1 - 32.5)	NS	447	31.2%	(25.1 - 38.0)	9,390	28.4%	(26.9 - 29.9)	NS	No
2014	1,047	32.5%	(29.0 - 36.2)	21,129	30.3%	(29.3 - 31.3)	NS	453	33.1%	(28.0 - 38.7)	9,398	31.7%	(30.2 - 33.2)	NS	594	31.9%	(27.4 - 36.8)	11,731	28.7%	(27.4 - 30.1)	NS	No
Obese (BMI=30+), among disabled ^a																						
2011	220	40.9%	(33.2 - 49.0)	6,765	39.6%	(37.9 - 41.3)	NS	98	39.2%	(28.3 - 51.3)	2,498	38.2%	(35.5 - 40.9)	NS	122	42.4%	(32.0 - 53.6)	4,267	40.8%	(38.6 - 43.0)	NS	No
2012	194	43.6%	(33.2 - 54.6)	4,729	40.7%	(38.5 - 42.8)	NS	79	50.3%	(33.6 - 66.9)	1,836	38.9%	(35.6 - 42.2)	NS	115	37.8%	(26.2 - 51.1)	2,893	42.3%	(39.6 - 45.1)	NS	No
2013	241	49.3%	(40.4 - 58.3)	4,010	42.7%	(40.1 - 45.3)	NS	107	57.1%	(44.1 - 69.2)	1,630	42.4%	(38.5 - 46.3)	NS	134	40.7%	(30.4 - 51.9)	2,380	43.0%	(39.7 - 46.4)	NS	No
2014	287	42.6%	(35.6 - 49.9)	5,202	40.6%	(38.4 - 42.9)	NS	109	45.7%	(35.0 - 56.7)	2,119	39.5%	(36.1 - 42.9)	NS	178	40.4%	(31.4 - 50.0)	3,083	41.7%	(38.9 - 44.6)	NS	No

Indicators	Overall						Men					Women					LHD Gender Diff. ^o					
	West Central			State of NE			West Central			State of NE		West Central			State of NE							
	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	Sig ^d	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	Sig ^d	n ^a	mean or % ^b		95% C.I. ^c (Low - High)	Sig ^d			
Overweight or Obese (BMI=25+)																						
2011	691	69.0%	(64.5 - 73.2)	24,366	64.9%	(64.0 - 65.8)	NS	322	78.7%	(72.7 - 83.7)	10,102	72.8%	(71.5 - 74.1)	NS	369	59.0%	(52.5 - 65.3)	14,264	56.8%	(55.5 - 58.1)	NS	Yes
2012	715	69.6%	(64.1 - 74.5)	18,385	65.0%	(64.0 - 66.0)	NS	295	71.5%	(62.9 - 78.9)	7,781	72.3%	(70.8 - 73.7)	NS	420	67.6%	(60.6 - 73.8)	10,604	57.6%	(56.2 - 59.0)	+	No
2013	814	73.7%	(69.5 - 77.4)	16,250	65.5%	(64.2 - 66.7)	+	367	81.2%	(75.3 - 85.9)	6,860	72.2%	(70.4 - 74.0)	+	447	65.9%	(59.7 - 71.6)	9,390	58.5%	(56.8 - 60.2)	NS	Yes
2014	1,047	67.9%	(64.2 - 71.4)	21,129	66.7%	(65.6 - 67.8)	NS	453	71.4%	(65.7 - 76.5)	9,398	73.8%	(72.3 - 75.3)	NS	594	64.4%	(59.5 - 69.0)	11,731	59.2%	(57.7 - 60.7)	NS	No
Nutrition																						
Consumed sugar-sweetened beverages 1 or more times per day in past 30 days																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	399	32.8%	(26.2 - 40.2)	7,822	28.5%	(26.8 - 30.3)	NS	162	38.2%	(28.5 - 48.9)	3,164	35.8%	(33.1 - 38.5)	NS	237	27.7%	(19.4 - 38.0)	4,658	21.7%	(19.7 - 24.0)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Currently watching or reducing sodium or salt intake																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	397	46.1%	(39.2 - 53.1)	7,818	46.3%	(44.6 - 48.1)	NS	162	40.2%	(30.9 - 50.3)	3,165	43.4%	(40.8 - 46.0)	NS	235	51.7%	(42.1 - 61.2)	4,653	49.1%	(46.8 - 51.5)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Median times per day consumed fruits																						
2011	675	0.99	(0.89 - 1.03)	24,090	1.02	(1.02 - 1.04)	NS	307	0.84	(0.64 - 0.99)	9,660	0.99	(0.99 - 1.00)	NS	368	1.00	(0.95 - 1.14)	14,430	1.14	(1.13 - 1.14)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	804	0.98	(0.97 - 1.01)	15,949	1.00	(1.00 - 1.00)	NS	349	0.96	(0.71 - 0.99)	6,462	0.99	(0.99 - 1.00)	-	455	1.00	(0.97 - 1.14)	9,487	1.07	(1.06 - 1.14)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Consumed fruits less than 1 time per day																						
2011	675	46.8%	(42.1 - 51.5)	24,090	40.1%	(39.2 - 41.1)	+	307	54.0%	(47.3 - 60.5)	9,660	46.2%	(44.8 - 47.6)	NS	368	39.8%	(33.5 - 46.5)	14,430	34.3%	(33.1 - 35.6)	NS	Yes
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	804	43.1%	(38.4 - 48.0)	15,949	39.7%	(38.5 - 41.0)	NS	349	49.1%	(42.3 - 55.9)	6,462	45.4%	(43.4 - 47.3)	NS	455	37.4%	(31.0 - 44.2)	9,487	34.4%	(32.8 - 36.1)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Median times per day consumed vegetables																						
2011	663	1.38	(1.29 - 1.45)	23,785	1.46	(1.44 - 1.50)	NS	303	1.28	(1.19 - 1.41)	9,534	1.35	(1.33 - 1.41)	NS	360	1.51	(1.36 - 1.66)	14,251	1.57	(1.57 - 1.61)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	781	1.49	(1.42 - 1.61)	15,700	1.57	(1.55 - 1.58)	NS	339	1.42	(1.28 - 1.58)	6,373	1.43	(1.42 - 1.50)	NS	442	1.58	(1.44 - 1.78)	9,327	1.70	(1.66 - 1.73)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Consumed vegetables less than 1 time per day																						
2011	663	30.4%	(26.1 - 35.0)	23,785	26.2%	(25.4 - 27.1)	NS	303	30.5%	(24.7 - 37.0)	9,534	29.7%	(28.4 - 31.0)	NS	360	30.3%	(24.3 - 37.1)	14,251	22.9%	(21.8 - 24.1)	+	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	781	25.0%	(20.9 - 29.7)	15,700	23.3%	(22.2 - 24.4)	NS	339	29.6%	(23.3 - 36.6)	6,373	26.6%	(25.0 - 28.4)	NS	442	20.7%	(15.6 - 26.9)	9,327	20.1%	(18.7 - 21.6)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Activity																						
No leisure-time physical activity in past 30 days^Δ																						
2011	676	29.6%	(25.5 - 34.0)	24,433	26.3%	(25.5 - 27.1)	NS	310	31.4%	(25.5 - 37.9)	9,795	27.2%	(26.0 - 28.5)	NS	366	27.8%	(22.3 - 34.1)	14,638	25.4%	(24.3 - 26.5)	NS	No
2012	733	22.6%	(18.3 - 27.6)	19,153	21.0%	(20.2 - 21.9)	NS	296	24.0%	(17.3 - 32.2)	7,865	20.4%	(19.3 - 21.7)	NS	437	21.2%	(16.2 - 27.3)	11,288	21.6%	(20.5 - 22.8)	NS	No
2013	810	28.2%	(24.1 - 32.6)	16,158	25.3%	(24.2 - 26.4)	NS	353	25.8%	(20.6 - 31.7)	6,567	26.3%	(24.7 - 28.1)	NS	457	30.6%	(24.5 - 37.3)	9,591	24.3%	(22.9 - 25.8)	NS	No
2014	1,096	24.6%	(21.7 - 27.8)	22,396	21.3%	(20.5 - 22.2)	NS	463	22.4%	(18.3 - 27.1)	9,598	21.2%	(20.0 - 22.5)	NS	633	26.8%	(22.7 - 31.2)	12,798	21.4%	(20.2 - 22.5)	+	No
Met aerobic physical activity recommendation^Δ																						
2011	660	51.7%	(47.0 - 56.4)	23,735	49.0%	(48.0 - 49.9)	NS	303	50.6%	(43.9 - 57.3)	9,544	47.2%	(45.8 - 48.6)	NS	357	52.7%	(46.1 - 59.2)	14,191	50.6%	(49.4 - 51.9)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	791	53.3%	(48.5 - 58.1)	15,730	50.1%	(48.8 - 51.4)	NS	343	52.1%	(45.2 - 58.9)	6,416	48.8%	(46.9 - 50.7)	NS	448	54.5%	(47.7 - 61.1)	9,314	51.4%	(49.7 - 53.1)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Met muscle strengthening recommendation^Δ																						
2011	672	27.7%	(23.5 - 32.3)	24,204	28.1%	(27.3 - 29.0)	NS	307	29.3%	(23.4 - 36.0)	9,697	32.0%	(30.6 - 33.4)	NS	365	26.1%	(20.4 - 32.8)	14,507	24.5%	(23.4 - 25.6)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	805	28.2%	(24.0 - 32.7)	16,021	28.4%	(27.2 - 29.6)	NS	352	34.8%	(28.4 - 41.9)	6,499	31.0%	(29.2 - 32.8)	NS	453	21.5%	(16.7 - 27.2)	9,522	26.0%	(24.5 - 27.6)	NS	Yes
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Met both aerobic physical activity and muscle strengthening recommendations^Δ																						
2011	656	22.0%	(18.1 - 26.4)	23,567	19.0%	(18.2 - 19.8)	NS	300	20.4%	(15.4 - 26.6)	9,477	19.7%	(18.5 - 20.9)	NS	356	23.4%	(17.8 - 30.2)	14,090	18.4%	(17.4 - 19.4)	NS	No
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2013	787	19.3%	(15.7 - 23.6)	15,635	18.8%	(17.8 - 19.9)	NS	342	23.8%	(18.1 - 30.7)	6,366	19.4%	(17.9 - 21.0)	NS	445	14.9%	(10.9 - 20.1)	9,269	18.2%	(16.8 - 19.6)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Indicators	Overall							Men							Women							LHD Gender Diff. ^o
	West Central			State of NE			Sig ^d	West Central			State of NE			Sig ^d	West Central			State of NE			Sig ^d	
	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)		n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)		n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)		
Injury																						
<u>Always wear a seatbelt when driving or riding in a car^a</u>																						
2011	670	58.0%	(53.2 - 62.6)	24,208	71.3%	(70.5 - 72.1)	-	307	49.8%	(43.2 - 56.4)	9,683	63.7%	(62.4 - 65.0)	-	363	66.0%	(59.2 - 72.3)	14,525	78.6%	(77.5 - 79.5)	-	Yes
2012	723	58.0%	(52.3 - 63.4)	18,851	69.7%	(68.7 - 70.6)	-	293	45.7%	(37.3 - 54.3)	7,731	61.7%	(60.2 - 63.2)	-	430	69.8%	(62.7 - 76.1)	11,120	77.3%	(76.1 - 78.4)	NS	Yes
2013	808	57.8%	(52.9 - 62.4)	16,053	74.1%	(73.0 - 75.2)	-	352	44.1%	(37.6 - 50.9)	6,520	67.0%	(65.3 - 68.7)	-	456	71.2%	(64.8 - 76.9)	9,533	80.8%	(79.5 - 82.1)	-	Yes
2014	1,045	60.4%	(56.5 - 64.1)	21,599	72.4%	(71.5 - 73.3)	-	441	50.6%	(44.9 - 56.3)	9,241	64.7%	(63.2 - 66.2)	-	604	69.6%	(64.8 - 74.1)	12,358	79.8%	(78.7 - 80.9)	-	Yes
<u>Texted while driving in past 30 days</u>																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	357	27.3%	(20.3 - 35.6)	11,451	26.8%	(25.6 - 27.9)	NS	153	24.2%	(15.3 - 36.0)	4,757	29.2%	(27.5 - 31.0)	NS	204	31.1%	(21.2 - 43.2)	6,694	24.4%	(22.8 - 26.0)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>Talked on a cell phone while driving in past 30 days</u>																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	357	73.3%	(67.0 - 78.8)	11,424	69.1%	(68.0 - 70.2)	NS	152	74.8%	(65.1 - 82.5)	4,742	71.5%	(69.9 - 73.2)	NS	205	71.6%	(63.3 - 78.6)	6,682	66.7%	(65.2 - 68.2)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>Had a fall in past year, aged 45 years and older</u>																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	571	26.8%	(22.1 - 32.2)	13,738	28.8%	(27.7 - 29.9)	NS	230	26.3%	(18.9 - 35.3)	5,384	26.9%	(25.3 - 28.5)	NS	341	27.3%	(21.6 - 33.9)	8,354	30.5%	(29.1 - 31.9)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2014	774	32.0%	(28.1 - 36.1)	15,672	26.1%	(25.1 - 27.2)	+	321	27.5%	(22.2 - 33.5)	6,513	24.5%	(23.0 - 26.1)	NS	453	36.1%	(30.7 - 41.8)	9,159	27.6%	(26.2 - 29.0)	+	No
<u>Injured due to a fall in past year, aged 45 years and older</u>																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	570	11.2%	(7.9 - 15.6)	13,719	9.9%	(9.2 - 10.6)	NS	229	7.2%	(3.4 - 14.8)	5,377	7.7%	(6.7 - 8.7)	NS	341	14.7%	(10.2 - 20.8)	8,342	11.8%	(10.9 - 12.9)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2014	772	12.2%	(9.6 - 15.4)	15,648	8.8%	(8.2 - 9.5)	+	320	8.4%	(5.6 - 12.6)	6,502	6.8%	(6.0 - 7.7)	NS	452	15.7%	(11.7 - 20.7)	9,146	10.6%	(9.7 - 11.6)	+	No
Mental Health																						
<u>Ever told they have depression</u>																						
2011	710	21.5%	(17.8 - 25.6)	25,333	16.8%	(16.2 - 17.5)	+	323	16.5%	(11.9 - 22.3)	10,198	11.5%	(10.7 - 12.4)	NS	387	26.3%	(21.0 - 32.5)	15,135	22.0%	(21.0 - 23.0)	NS	No
2012	733	19.5%	(15.4 - 24.3)	19,115	16.7%	(16.0 - 17.5)	NS	297	11.3%	(7.1 - 17.3)	7,853	12.4%	(11.4 - 13.5)	NS	436	27.3%	(21.0 - 34.8)	11,262	20.9%	(19.8 - 22.1)	NS	Yes
2013	846	22.0%	(18.3 - 26.2)	17,065	18.2%	(17.3 - 19.2)	NS	369	15.9%	(11.4 - 21.6)	6,940	12.9%	(11.6 - 14.2)	NS	477	28.1%	(22.6 - 34.4)	10,125	23.4%	(22.0 - 24.8)	NS	Yes
2014	1,091	19.6%	(16.8 - 22.7)	22,345	17.7%	(16.9 - 18.6)	NS	460	14.4%	(10.8 - 18.8)	9,581	13.0%	(11.8 - 14.2)	NS	631	24.7%	(20.7 - 29.1)	12,764	22.3%	(21.1 - 23.5)	NS	Yes
<u>Frequent Mental Distress in past 30 days</u>																						
2011	698	11.7%	(8.9 - 15.2)	25,036	9.2%	(8.7 - 9.7)	NS	315	8.2%	(5.1 - 13.0)	10,097	7.7%	(7.0 - 8.4)	NS	383	15.0%	(10.8 - 20.5)	14,939	10.7%	(9.9 - 11.5)	NS	No
2012	723	9.6%	(6.3 - 14.3)	18,935	9.0%	(8.4 - 9.7)	NS	294	7.0%	(3.2 - 14.4)	7,786	7.4%	(6.6 - 8.3)	NS	429	12.1%	(7.3 - 19.2)	11,149	10.6%	(9.7 - 11.5)	NS	No
2013	836	7.8%	(5.4 - 11.1)	16,889	8.9%	(8.2 - 9.6)	NS	366	6.0%	(3.2 - 11.1)	6,889	6.8%	(5.9 - 7.9)	NS	470	9.5%	(6.1 - 14.6)	10,000	10.9%	(9.8 - 12.0)	NS	No
2014	1,081	9.1%	(7.2 - 11.5)	22,131	8.2%	(7.6 - 8.8)	NS	453	5.5%	(3.4 - 8.7)	9,482	6.4%	(5.6 - 7.3)	NS	628	12.6%	(9.6 - 16.3)	12,649	9.9%	(9.0 - 10.8)	NS	Yes
<u>Currently taking medication or receiving treatment for a mental health condition</u>																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	325	13.8%	(9.3 - 20.1)	6,643	11.0%	(10.0 - 12.1)	NS	127	8.9%	(4.0 - 18.5)	2,693	7.4%	(6.2 - 8.9)	NS	198	19.3%	(12.5 - 28.5)	3,950	14.5%	(12.9 - 16.2)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>Symptoms of serious mental illness in past 30 days</u>																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	318	4.0%	(1.5 - 10.2)	6,555	3.2%	(2.6 - 3.9)	NS	125	5.6%	(1.5 - 18.7)	2,657	2.5%	(1.8 - 3.7)	NS	193	2.1%	(1.0 - 4.6)	3,898	3.8%	(2.9 - 4.9)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol and Drug Use																						
<u>Any alcohol consumption in past 30 days</u>																						
2011	669	56.4%	(51.7 - 60.9)	24,051	61.8%	(60.9 - 62.7)	NS	308	65.8%	(59.4 - 71.6)	9,597	67.7%	(66.4 - 69.1)	NS	361	47.0%	(40.5 - 53.7)	14,454	56.2%	(55.0 - 57.4)	-	Yes
2012	720	52.0%	(46.4 - 57.6)	18,891	61.3%	(60.3 - 62.3)	-	292	58.6%	(49.8 - 66.8)	7,749	68.7%	(67.2 - 70.1)	-	428	45.7%	(38.6 - 53.1)	11,142	54.2%	(52.8 - 55.6)	NS	No
2013	830	52.9%	(48.2 - 57.6)	16,614	57.5%	(56.2 - 58.7)	NS	361	59.8%	(53.0 - 66.3)	6,754	63.3%	(61.4 - 65.2)	NS	469	46.2%	(39.8 - 52.8)	9,860	51.8%	(50.2 - 53.5)	NS	Yes
2014	1,048	53.7%	(49.9 - 57.4)	21,612	59.2%	(58.1 - 60.3)	-	444	62.0%	(56.3 - 67.4)	9,246	65.2%	(63.6 - 66.8)	NS	604	45.6%	(40.7 - 50.6)	12,366	53.4%	(52.0 - 54.9)	-	Yes
<u>Binge drank in past 30 days^a</u>																						
2011	666	21.0%	(17.2 - 25.5)	23,948	22.7%	(21.9 - 23.5)	NS	306	27.1%	(21.2 - 33.8)	9,533	30.2%	(28.9 - 31.5)	NS	360	15.1%	(10.5 - 21.4)	14,415	15.7%	(14.7 - 16.7)	NS	No
2012	718	18.4%	(13.8 - 24.0)	18,742	22.1%	(21.3 - 23.0)	NS	290	23.3%	(16.5 - 32.0)	7,664	29.1%	(27.6 - 30.5)	NS	428	13.7%	(8.3 - 21.7)	11,078	15.5%	(14.5 - 16.6)	NS	No
2013	821	16.4%	(13.2 - 20.2)	16,500	20.0%	(19.0 - 21.1)	NS	354	22.8%	(17.6 - 29.0)	6,687	25.2%	(23.6 - 26.9)	NS	467	10.2%	(6.9 - 14.9)	9,813	15.0%	(13.8 - 16.4)	NS	Yes
2014	1,035	16.8%	(13.9 - 20.1)	21,443	20.3%	(19.4 - 21.3)	NS	437	20.5%	(16.0 - 25.9)	9,149	26.8%	(25.3 - 28.3)	NS	598	13.2%	(9.9 - 17.5)	12,294	14.1%	(13.0 - 15.3)	NS	No

Indicators	Overall					Men					Women					LHD Gender Diff. ^e						
	West Central		State of NE		Sig ^d	West Central		State of NE		Sig ^d	West Central		State of NE		Sig ^d							
	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a		mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b		95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)			n ^a	mean or % ^b	95% C.I. ^c (Low - High)			
Had any permanent teeth extracted due to tooth decay or gum disease																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	711	47.7%	(42.2 - 53.4)	18,824	39.8%	(38.8 - 40.8)	+	290	45.7%	(37.4 - 54.4)	7,750	39.2%	(37.7 - 40.6)	NS	421	49.7%	(42.4 - 57.0)	11,074	40.4%	(39.1 - 41.7)	+	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2014	1,075	47.6%	(43.9 - 51.3)	22,084	39.2%	(38.1 - 40.2)	+	456	46.0%	(40.5 - 51.6)	9,489	39.4%	(37.9 - 41.0)	NS	619	49.1%	(44.3 - 54.0)	12,595	38.9%	(37.5 - 40.2)	+	No
Had any permanent teeth extracted due to tooth decay or gum disease, 45-64 year olds^a																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	271	55.0%	(47.2 - 62.6)	7,138	47.7%	(46.1 - 49.3)	NS	115	54.7%	(42.6 - 66.3)	3,077	48.7%	(46.3 - 51.1)	NS	156	55.3%	(45.2 - 65.0)	4,061	46.7%	(44.6 - 48.8)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2014	404	57.3%	(51.6 - 62.8)	8,201	45.9%	(44.3 - 47.5)	+	177	58.8%	(50.3 - 66.8)	3,631	47.5%	(45.1 - 50.0)	+	227	55.8%	(48.0 - 63.3)	4,570	44.3%	(42.1 - 46.5)	+	No
Had all permanent teeth extracted due to tooth decay or gum disease, aged 65 years and older																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	288	19.1%	(13.5 - 26.3)	6,502	13.4%	(12.3 - 14.5)	NS	110	24.6%	(14.8 - 38.1)	2,313	12.0%	(10.3 - 13.9)	+	178	14.2%	(9.3 - 21.1)	4,189	14.4%	(13.0 - 16.0)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2014	386	15.3%	(11.6 - 20.0)	7,657	14.1%	(13.0 - 15.2)	NS	147	16.9%	(10.9 - 25.0)	3,010	14.4%	(12.8 - 16.3)	NS	239	14.1%	(9.7 - 20.1)	4,647	13.8%	(12.5 - 15.3)	NS	No
Had all permanent teeth extracted due to tooth decay or gum disease, 65-74 year olds^a																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	155	18.7%	(12.0 - 27.9)	3,149	11.3%	(9.9 - 12.8)	NS	68	19.6%	(10.4 - 33.8)	1,268	9.3%	(7.5 - 11.4)	NS	87	17.6%	(9.6 - 30.2)	1,881	13.1%	(11.1 - 15.3)	NS	No
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2014	207	13.2%	(8.7 - 19.6)	4,089	10.9%	(9.5 - 12.3)	NS	87	15.1%	(8.4 - 25.7)	1,804	12.0%	(9.9 - 14.4)	NS	120	11.7%	(6.5 - 20.3)	2,285	9.8%	(8.2 - 11.7)	NS	No
Social Context																						
Housing insecurity in past year, among those who own or rent their home^a																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	294	26.3%	(18.5 - 36.0)	6,089	26.6%	(25.0 - 28.3)	NS	112	21.9%	(11.3 - 38.2)	2,481	24.7%	(22.3 - 27.3)	NS	182	31.0%	(21.3 - 42.7)	3,608	28.5%	(26.3 - 30.8)	NS	No
2013	365	29.0%	(22.6 - 36.3)	7,324	28.8%	(27.1 - 30.5)	NS	145	23.3%	(15.3 - 33.9)	2,961	25.0%	(22.5 - 27.7)	NS	220	34.3%	(25.4 - 44.6)	4,363	32.3%	(30.0 - 34.7)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
Food insecurity in past year^a																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	325	14.9%	(9.4 - 22.8)	6,621	17.6%	(16.2 - 19.0)	NS	127	15.8%	(7.9 - 29.0)	2,684	13.9%	(12.1 - 16.0)	NS	198	13.9%	(7.7 - 23.6)	3,937	21.1%	(19.1 - 23.2)	NS	No
2013	396	18.7%	(13.0 - 26.2)	7,828	19.0%	(17.6 - 20.6)	NS	160	10.0%	(4.8 - 19.9)	3,159	15.4%	(13.4 - 17.7)	NS	236	26.9%	(18.0 - 38.2)	4,669	22.5%	(20.5 - 24.6)	NS	No
2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
Inadequate Sleep																						
Get less than 7 hours of sleep per day																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2013	842	32.9%	(28.6 - 37.5)	16,972	31.8%	(30.6 - 33.0)	NS	371	35.9%	(29.7 - 42.5)	6,927	32.6%	(30.8 - 34.4)	NS	471	30.0%	(24.3 - 36.4)	10,045	31.0%	(29.5 - 32.6)	NS	No
2014	1,080	30.2%	(26.8 - 33.9)	22,171	30.0%	(29.0 - 31.0)	NS	456	29.5%	(24.4 - 35.1)	9,526	30.7%	(29.2 - 32.2)	NS	624	30.9%	(26.4 - 35.8)	12,645	29.4%	(28.1 - 30.7)	NS	No
Average hours of sleep per day																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2013	842	7.1	(6.9 - 7.2)	16,972	7.1	(7.0 - 7.1)	NS	371	7.0	(6.8 - 7.2)	6,927	7.0	(7.0 - 7.1)	NS	471	7.2	(6.9 - 7.4)	10,045	7.1	(7.0 - 7.1)	NS	No
2014	1,080	7.1	(7.0 - 7.2)	22,171	7.1	(7.0 - 7.1)	NS	456	7.1	(6.9 - 7.3)	9,526	7.0	(7.0 - 7.1)	NS	624	7.1	(6.9 - 7.2)	12,645	7.1	(7.1 - 7.1)	NS	No
Occupational Safety and Health																						
Work-related injury or illness in past year, among employed or recently out of work																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2013	226	7.4%	(3.9 - 13.5)	4,952	4.8%	(3.9 - 5.8)	NS	114	8.8%	(4.2 - 17.6)	2,246	6.1%	(4.8 - 7.7)	NS	112	5.3%	(1.5 - 16.7)	2,706	3.3%	(2.2 - 4.9)	NS	No
2014	315	6.4%	(3.8 - 10.7)	6,966	4.9%	(4.1 - 5.9)	NS	150	7.1%	(3.3 - 14.6)	3,403	5.4%	(4.4 - 6.7)	NS	165	5.6%	(2.8 - 11.2)	3,563	4.3%	(3.1 - 6.0)	NS	No
Health Literacy																						
Lacking confidence in their ability to fill out health forms																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
2014	998	37.6%	(33.9 - 41.4)	20,778	34.3%	(33.3 - 35.4)	NS	421	42.5%	(36.8 - 48.4)	8,826	41.2%	(39.6 - 42.9)	NS	577	32.9%	(28.3 - 37.9)	11,952	27.8%	(26.4 - 29.1)	NS	No

Indicators	Overall					Men					Women					LHD Gender Diff. ^e						
	West Central			State of NE		Sig ^d	West Central			State of NE		Sig ^d	West Central				State of NE		Sig ^d			
	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a	mean or % ^b		95% C.I. ^c (Low - High)	n ^a	mean or % ^b	95% C.I. ^c (Low - High)	n ^a		mean or % ^b	95% C.I. ^c (Low - High)	n ^a		mean or % ^b	95% C.I. ^c (Low - High)				
Written health information is always or nearly always easy to understand																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
2014	1,001	67.0%	(63.2 - 70.6)	20,755	73.4%	(72.4 - 74.4)	-	423	64.8%	(59.0 - 70.2)	8,796	68.7%	(67.2 - 70.3)	NS	578	69.2%	(64.2 - 73.8)	11,959	77.9%	(76.7 - 79.1)	-	No
Always or nearly always get help reading health information																						
2011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2014	1,014	12.3%	(9.9 - 15.1)	21,042	11.5%	(10.8 - 12.2)	NS	432	14.8%	(11.0 - 19.7)	8,953	13.3%	(12.2 - 14.4)	NS	582	9.8%	(7.2 - 13.1)	12,089	9.8%	(8.9 - 10.8)	NS	No

Note: Data reflect the six county LHD region of Arthur, Hooker, Lincoln, Logan, McPherson, and Thomas Counties

Note: The results in this table are different than results in previously published reports and tables due to the inclusion of Arthur, Hooker, and Thomas Counties into the West Central District Health Department Region

Note: Data reflect both landline and cell phone responses

Note: This table is not intended to be inclusive of all BRFSS indicators; some were excluded due to small numbers at the LHD level

Note: This table excludes 2011 BRFSS optional module and state added questions data due to the data being landline only

Note: The results in this table were analyzed using SAS and SAS-callable SUDAAN software

^a Non-weighted sample size among adults 18 and older (unless different age group noted)

^b Weighted mean, median, or percentage (percentages are followed by the % symbol) among adults 18 and older (unless different age group noted)

^c Low and High are the lower and upper limits of the 95% confidence interval, respectively

^d Symbols represent: "+" = LHD value significantly higher than the state value; "-" = LHD value significantly lower than the state value; "NS" = LHD value not statistically different than the state value; significant differences based on 95% confidence interval overlap

^e Indicates whether there is a significant difference by gender within the LHD region, based on non-overlapping 95% confidence intervals; note that small sample sizes for males and females can make interpreting significance difficult due to large confidence intervals

[^] Reflects a Nebraska Healthy People 2020 (HP2020) measure

* Data suppressed due to a small number of respondents (i.e., fewer than 50)

Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), September 2015



STI - Chlamydia Incidence

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Lincoln County, NE	36,051	110	305.12
Nebraska	1,868,619	7,467	399.6
United States	316,128,839	1,441,789	456.08

Chlamydia Infection Rate (Per 100,000 Pop.)



- Lincoln County, NE (305.12)
- Nebraska (399.6)
- United States (456.08)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#), Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#), 2014. Source geography: County



Chlamydia, Infection Rate per 100,000 Population by County, NCHHSTP 2014

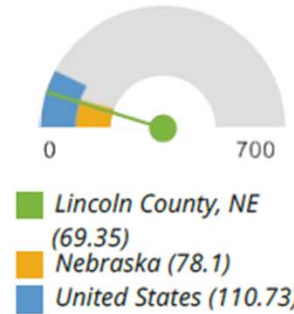
- Over 500.0
- 300.1 - 500.0
- 150.1 - 300.0
- 0.1 - 150.0
- Suppressed (< 4 Cases)
- Report Area

STI - Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Lincoln County, NE	36,051	25	69.35
Nebraska	1,868,118	1,459	78.1
United States	316,128,839	350,062	110.73

Gonorrhea Infection Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). 2014. Source geography: County



Gonorrhea, Infection Rate per 100,000 Population by County, NCHHSTP 2014

- Over 120.0
- 60.01 - 120.00
- 20.01 - 60.00
- 0.1 - 20.0
- Suppressed (<4 Cases)
- Report Area

Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Lincoln County, NE	26,366	2,663	10.1	8.6%
Nebraska	1,340,203	117,410	8.76	8.01%
United States	234,058,710	23,059,940	9.85	9.11%

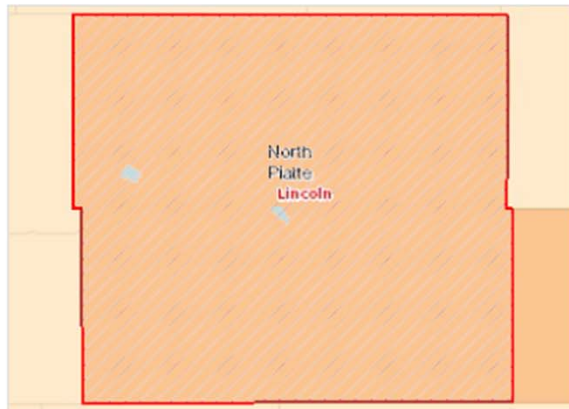
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2012. Source geography: County

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



- Lincoln County, NE (8.6%)
- Nebraska (8.01%)
- United States (9.11%)



Diabetes Prevalence, Percent of Adults Age 20 by County, CDC NCCDPHP 2012

- Over 11.0%
- 9.6 - 11.0%
- 8.1 - 9.5%
- Under 8.1%
- Report Area

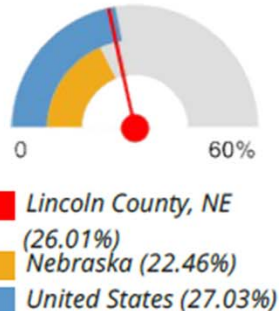
Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Lincoln County, NE	5,644	1,468	26.01%
Nebraska	244,087	54,812	22.46%
United States	34,126,305	9,224,278	27.03%

Note: This indicator is compared with the state average.
 Data Source: [Centers for Medicare and Medicaid Services](#), 2012. Source geography: County

Percentage of Medicare Beneficiaries with Diabetes



Beneficiaries with Diabetes, Percent by County, CMS 2012

- Over 30.0%
- 27.1 - 30.0%
- 24.1 - 27.0%
- Under 24.1%
- No Data or Data Suppressed
- Report Area

High Blood Pressure (Medicare Population)

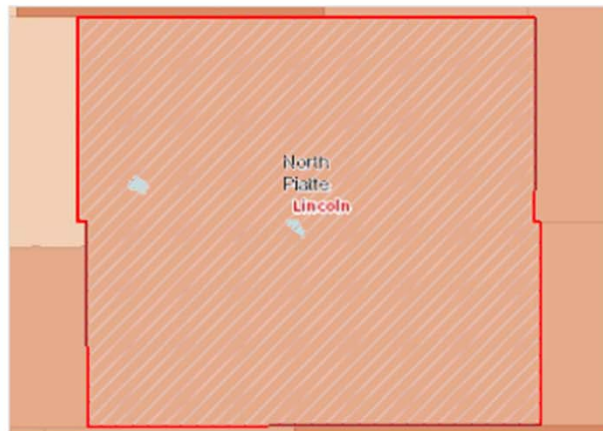
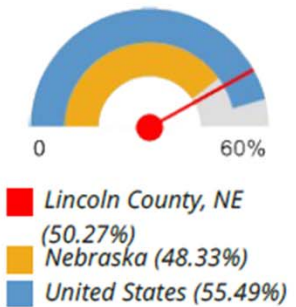
This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Lincoln County, NE	5,644	2,837	50.27%
Nebraska	244,087	117,961	48.33%
United States	34,126,305	18,936,118	55.49%

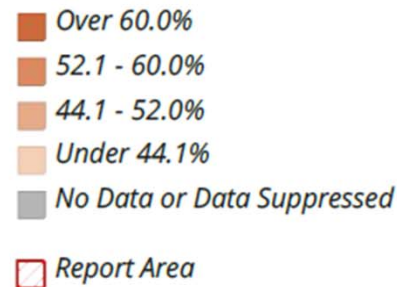
Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#), 2012. Source geography: County

Percentage of Medicare Beneficiaries with High Blood Pressure



Beneficiaries with High Blood Pressure, Percent by County, CMS 2012



High Cholesterol (Medicare Population)

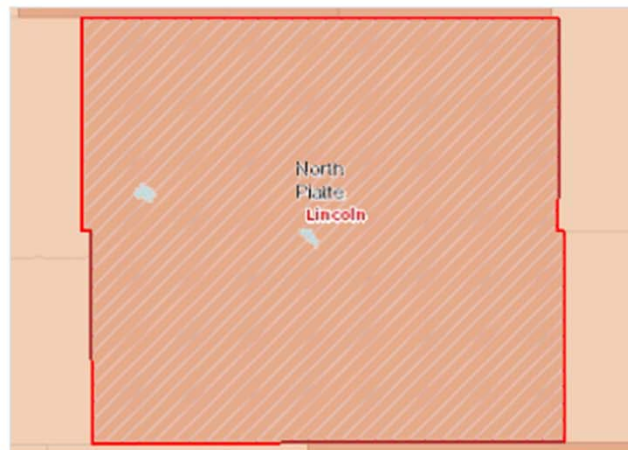
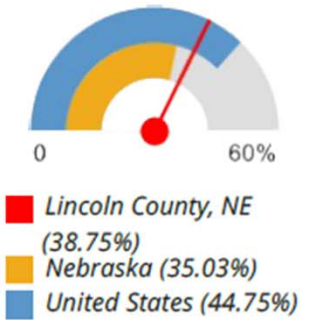
This indicator reports the percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Lincoln County, NE	5,644	2,187	38.75%
Nebraska	244,087	85,511	35.03%
United States	34,126,305	15,273,052	44.75%

Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#). 2012. Source geography: County

Percentage of Medicare Beneficiaries with High Cholesterol



Beneficiaries with High Cholesterol, Percent by County, CMS 2012

- Over 48.0%
- 42.1 - 48.0%
- 36.1 - 42.0%
- Under 36.1%
- No Data or Data Suppressed
- Report Area

Obesity

33.1% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Lincoln County, NE	26,271	8,722	33.1%
Nebraska	1,337,837	395,279	29.4%
United States	231,417,834	63,336,403	27.1%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2012. Source geography: County

Percent Adults with BMI > 30.0 (Obese)



- Lincoln County, NE (33.1%)
- Nebraska (29.4%)
- United States (27.1%)



Obese (BMI >= 30), Adults Age 20 , Percent by County, CDC NCCDPHP 2012

- Over 34.0%
- 30.1 - 34.0%
- 26.1 - 30.0%
- Under 26.1%
- Report Area

Asthma Prevalence

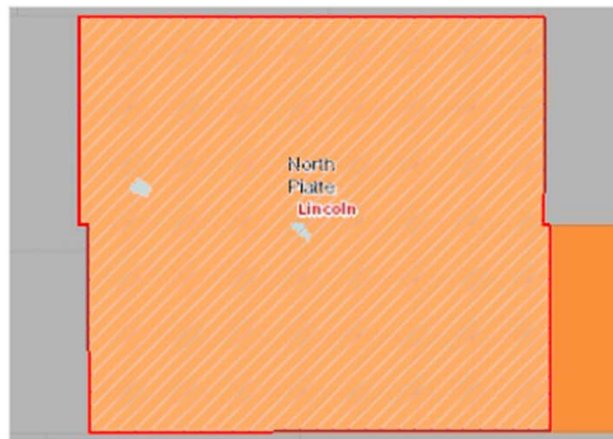
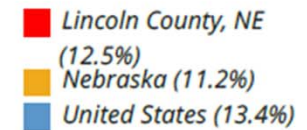
This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Report Area	Survey Population (Adults Age 18)	Total Adults with Asthma	Percent Adults with Asthma
Lincoln County, NE	26,511	3,321	12.5%
Nebraska	1,365,909	152,669	11.2%
United States	237,197,465	31,697,608	13.4%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#), 2011-12. Source geography: County

Percent Adults with Asthma



Asthma (Diagnosed), Percentage of Adults Age 18 by County, BRFSS 2011-12



Physical Inactivity

Within the report area, 6,632 or 24.2% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Lincoln County, NE	26,213	6,632	24.2%
Nebraska	1,337,593	317,911	23.3%
United States	231,341,061	53,415,737	22.6%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2012. Source geography: County

Percent Population with no Leisure Time Physical Activity



- Lincoln County, NE (24.2%)
- Nebraska (23.3%)
- United States (22.6%)



No Leisure-Time Physical Activity, Adults Age 20 , Percent by County, CDC NCCDPHP 2012

- Over 29.0%
- 26.1 - 29.0%
- 23.1 - 26.0%
- Under 23.1%
- Report Area

Tobacco Usage - Current Smokers

In the report area an estimated 4,397, or 16.2% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population Age 18	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Lincoln County, NE	27,141	4,397	16.2%	17.7%
Nebraska	1,357,819	238,976	17.6%	18.1%
United States	232,556,016	41,491,223	17.8%	18.1%

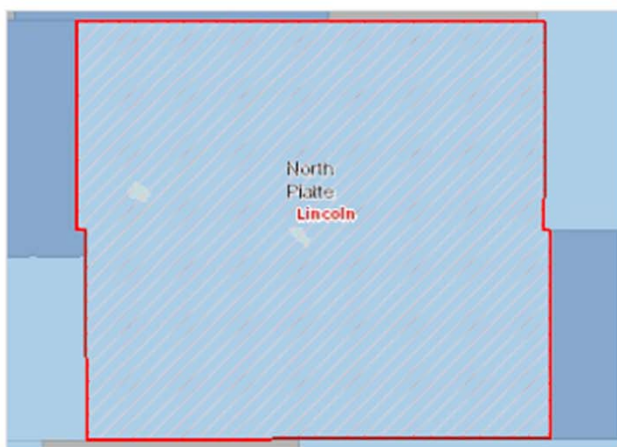
Percent Population Smoking Cigarettes (Age-Adjusted)



■ Lincoln County, NE (17.7%)
■ Nebraska (18.1%)
■ United States (18.1%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County



Current Smokers, Adult, Percent of Adults Age 18 by County, BRFSS 2006-12

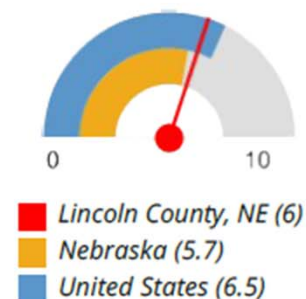
- Over 26.0%
- 22.1 - 26.0%
- 18.1 - 22.0%
- Under 18.1%
- No Data or Data Suppressed
- Report Area

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Lincoln County, NE	2,525	15	6
Nebraska	134,720	768	5.7
United States	20,913,535	136,369	6.5
<u>HP 2020 Target</u>			<= 6.0

Infant Mortality Rate (Per 1,000 Births)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#). 2006-10. Source geography: County



Infant Mortality, Rate (Per 1,000 Live Births) by County, AHRF 2006-10

- Over 10.0
- 8.1 - 10.0
- 5.1 - 8.0
- Under 5.1
- No Data or Data Suppressed
- Report Area

Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Lincoln County, NE	3,528	300	8.5%
Nebraska	185,983	13,019	7%
United States	29,300,495	2,402,641	8.2%
<u>HP 2020 Target</u>			<= 7.8%

Percent Low Birth Weight Births



- Lincoln County, NE (8.5%)
- Nebraska (7%)
- United States (8.2%)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2006-12. Source geography: County



Low Birth Weight, Percent of Live Births by County, NVSS 2006-12

- Over 10.0%
- 8.1 - 10.0%
- 6.1 - 8.0%
- Under 6.1%
- No Data or Data Suppressed
- Report Area

Teen Births

This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Lincoln County, NE	1,167	42	35.6
Nebraska	62,897	2,013	32
United States	10,736,677	392,962	36.6

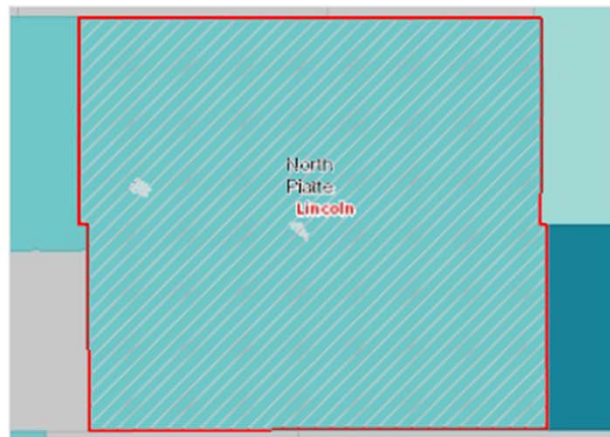
Teen Birth Rate (Per 1,000 Population)



- Lincoln County, NE (35.6)
- Nebraska (32)
- United States (36.6)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2006-12. Source geography: County



Births to Females Age 15-19, Rate (Per 1,000 Pop.) by County, NVSS 2006-12

- Over 60.0
- 45.1 - 60.0
- 30.1 - 45.0
- Under 30.1
- No Data or Data Suppressed
- Report Area

Food Access - WIC-Authorized Food Stores

This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.

Report Area	Total Population (2011 Estimate)	Number WIC-Authorized Food Stores	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
Lincoln County, NE	36,142	9	24.9
Nebraska	1,873,848	451	24
United States	318,921,538	50,042	15.6

WIC-Authorized Food Stores, Rate (Per 100,000 Population)



- Lincoln County, NE (24.9)
- Nebraska (24)
- United States (15.6)

Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Environment Atlas](#), 2011. Source geography: County



WIC-Authorized Stores, Rate (Per 100,000 Pop.) by County, FEA 2011

- Over 30.0
- 15.1 - 30.0
- Under 15.1
- No WIC-Authorized Retailers
- No Data or Data Suppressed
- Report Area

Depression (Medicare Population)

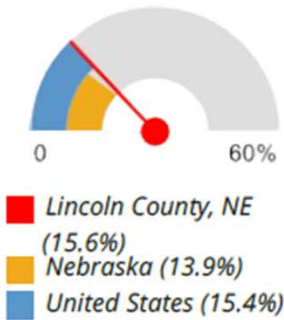
This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Lincoln County, NE	5,644	882	15.6%
Nebraska	244,087	34,034	13.9%
United States	34,126,305	5,271,176	15.4%

Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#). 2012. Source geography: County

Percentage of Medicare Beneficiaries with Depression



Beneficiaries with Depression, Percent by County, CMS 2012



Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Lincoln County, NE	4,293	326	190	58.6%
Nebraska	200,930	15,430	9,539	61.8%
United States	53,131,712	4,402,782	2,772,990	63%

Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#). 2012. Source geography: County

Percent Female Medicare Enrollees with Mammogram in Past 2 Year



- Lincoln County, NE (58.6%)
- Nebraska (61.8%)
- United States (63%)



Mammogram (Past 2 Years), Percent of Female Medicare Enrollees, Age 67-69 by County, DA 2012

- Over 72.0%
- 64.1 - 72.0%
- 56.1 - 64.0%
- Under 56.1%
- No Data or Data Suppressed
- Report Area

Cancer Screening - Sigmoidoscopy or Colonoscopy

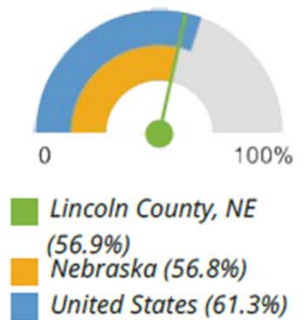
This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 50	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Lincoln County, NE	10,278	6,074	59.1%	56.9%
Nebraska	451,197	270,718	60%	56.8%
United States	75,116,406	48,549,269	64.6%	61.3%

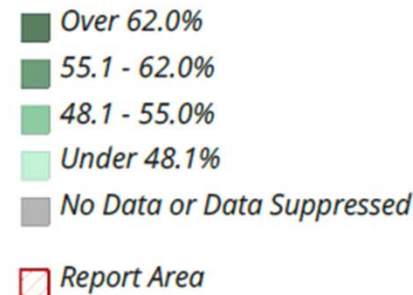
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

Percent Adults Screened for Colon Cancer (Age-Adjusted)



Colon Cancer Screening (Ever), Percent of Adults Age 50 by County, BRFSS 2006-12



Pneumonia Vaccination

This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 65	Estimated Population with Annual Pneumonia Vaccination	Crude Percentage	Age-Adjusted Percentage
Lincoln County, NE	5,614	3,593	64%	63.8%
Nebraska	243,998	170,555	69.9%	69.5%
United States	39,608,820	26,680,462	67.4%	67.5%

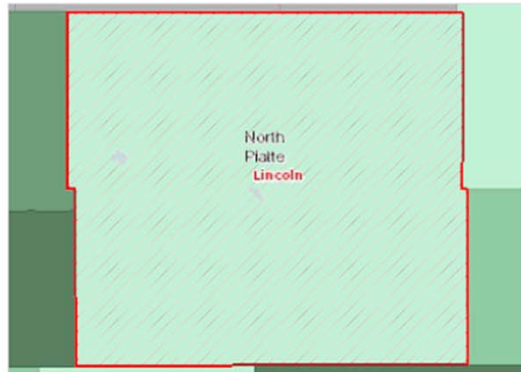
Percent Population Age 65 with Pneumonia Vaccination (Age-Adjusted)



- Lincoln County, NE (63.8%)
- Nebraska (69.5%)
- United States (67.5%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County



Annual Pneumonia Vaccination, Percent of Adults Age 65 by County, BRFSS 2006-12

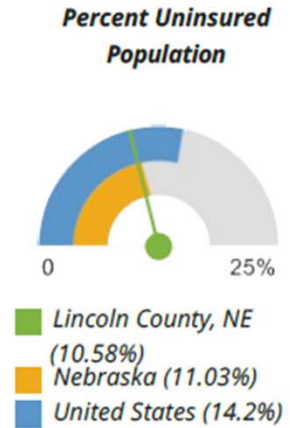
- Over 72.0%
- 68.1 - 72.0%
- 64.1 - 68.0%
- Under 64.1%
- No Data or Data Suppressed
- Report Area

Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Lincoln County, NE	35,654	3,771	10.58%
Nebraska	1,827,507	201,560	11.03%
United States	309,082,272	43,878,140	14.2%



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract



Uninsured Population, Percent by Tract, ACS 2010-14



Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Lincoln County, NE	35,654	31,883	5,273	16.54%
Nebraska	1,827,507	1,625,947	239,084	14.7%
United States	309,082,272	265,204,128	55,035,660	20.75%

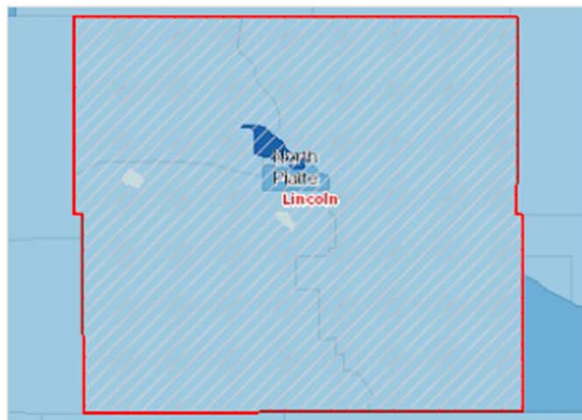
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Percent of Insured Population Receiving Medicaid



- Lincoln County, NE (16.54%)
- Nebraska (14.7%)
- United States (20.75%)



Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2010-14

- Over 25,0%
- 20.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Report Area

Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Lincoln County, NE	5,358	357	66.7
Nebraska	216,993	12,099	55.8
United States	58,209,898	3,448,111	59.2

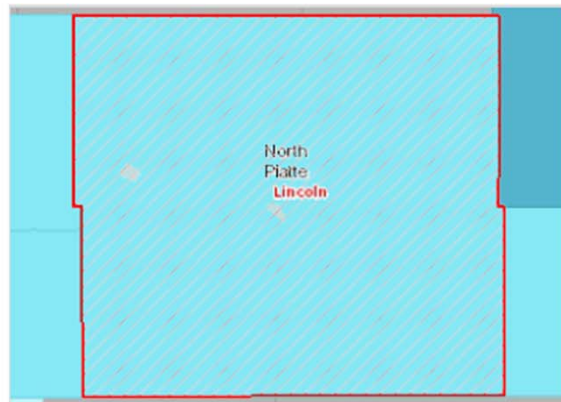
Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#), 2012. Source geography: County

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



- Lincoln County, NE (66.7)
- Nebraska (55.8)
- United States (59.2)



Ambulatory Care Sensitive Conditions, Rate (Per 1,000 Medicare Enrollees) by County, DA 2012

- Over 100.0
- 80.1 - 100.0
- 60.1 - 80.0
- Under 60.1
- No Data or Data Suppressed
- Report Area

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Pop.
Lincoln County, NE	36,051	22	61
Nebraska	1,868,516	1,380	73.9
United States	316,128,839	239,500	75.8

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). 2013. Source geography: County

Primary Care Physicians, Rate per 100,000 Pop.



- Lincoln County, NE (61)
- Nebraska (73.9)
- United States (75.8)



Access to Primary Care Physicians, Rate per 100,000 Pop. by County, AHRF 2013

- Over 80.0
- 60.1 - 80.0
- 40.1 - 60.0
- Under 40.1
- No Primary Care Physicians or No Data
- Report Area

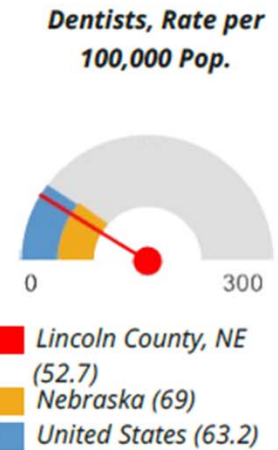
Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Pop.
Lincoln County, NE	36,051	19	52.7
Nebraska	1,868,516	1,289	69
United States	316,128,839	199,743	63.2

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2013. Source geography: County



Access to Dentists, Rate per 100,000 Pop. by County, AHRF 2013

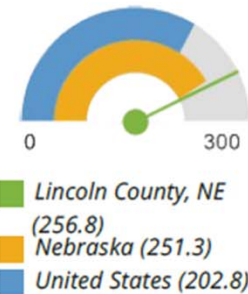
- Over 50.0
- 35.1 - 50.0
- 20.1 - 35.0
- Under 20.1
- No Dentists
- Report Area

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

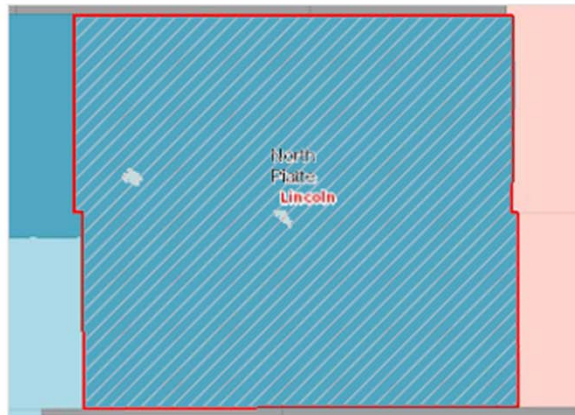
Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Lincoln County, NE	35,814	92	389.3	256.8
Nebraska	1,817,433	4,569	397.8	251.3
United States	317,105,555	643,219	493	202.8

Mental Health Care Provider Rate (Per 100,000 Population)



Note: This indicator is compared with the state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2016. Source geography: County



Access to Mental Health Care Providers, Rank by County, CHR 2016

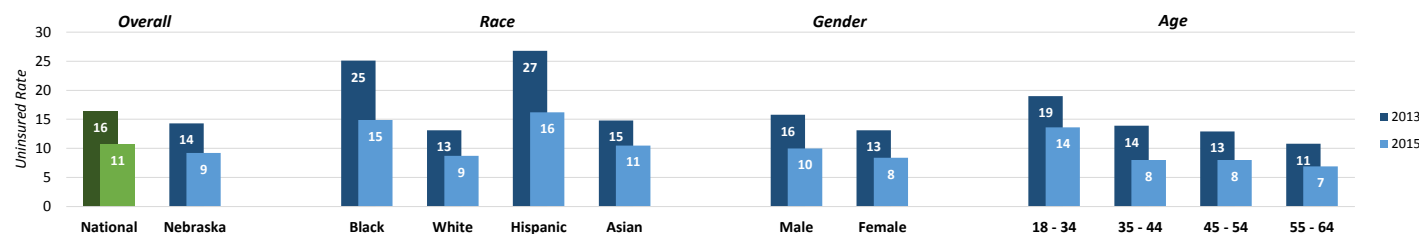
- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1
- Report Area

2015 Estimated Uninsured Rate of 18 to 64 year olds 9.2%
2013 Estimated Uninsured Rate of 18 to 64 year olds 14.3%
Decrease from 2013 to 2015: 5.1%



Before the first Affordable Care Act enrollment period began, Enroll America and Civis Analytics used sophisticated data targeting techniques to create a model of the uninsured population in America. Over the last three years, this model has proven to be timely and accurate, and has played a critical role in our ability to understand who and where the uninsured are and get them the help they need to enroll in coverage. This year, the model has been updated and was used to estimate insurance status for over 180 million non-elderly adult Americans. Grouping individual-level estimates by geography, race, age, gender, and other characteristics enables us to understand the landscape of the uninsured population across the country. Here we provide a detailed look at the uninsured population in Nebraska, put into context by plan selection data from HHS and a comparison with nationwide uninsured rates. All uninsured rates listed in this document are based on the Enroll America/Civis Analytics uninsured model.

Chart 1: Nebraska Uninsured Rates for 2013 and 2015 of Key Demographic Groups



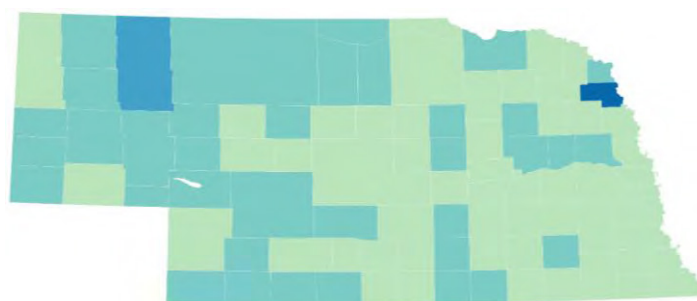
Quick Summary

- The current uninsured rate in Nebraska is 9%. This has decreased by 5% since 2013 prior to the first open enrollment period.
- 16% of Hispanics in Nebraska are uninsured, 15% of African-Americans are uninsured and 14% of young adults (ages 18-34) are uninsured.

Targeting Recommendations

- Geographic - More uninsured people live in Douglas County (29% of the uninsured population) and Lancaster County (14% of the uninsured population) than any other county.
- Geographic - The counties with the highest uninsured rates currently are Thurston County (26%), Sheridan County (16%), Dawson County (14%) and Dakota County (14%).
- Demographic - Hispanic men ages 18 to 34 (23%) have the highest 2015 uninsured rates, followed by African American men ages 18 to 34 (23%) and Hispanic women ages 18 to 34 (20%).

State Map: 2015 Uninsured Rates by County



Map Scale: Uninsured Rates per County



Table 1: Distribution of Uninsured Population by Demographic Groups in Quick Summary

Distribution of Uninsured Population, Ages 18 to 64	Race [1]				Gender		Age			
	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64
% 2013 Uninsured Population in Nebraska	5.2%	83.1%	10.4%	1.4%	53.6%	46.4%	37.4%	20.2%	24.4%	18.0%
% 2015 Uninsured Population in Nebraska	4.4%	84.3%	9.7%	1.6%	53.5%	46.5%	40.3%	17.8%	22.6%	19.2%
Change from 2013 to 2015	-0.8%	1.2%	-0.6%	0.1%	-0.1%	0.1%	2.9%	-2.4%	-1.8%	1.3%

Table 2: 2015 Uninsured Rates in Most Populous Counties

Top 10 Most Populous Counties, Ordered by Population Size	Total	Race				Gender		Age				Percent
	2015 Uninsured Rate	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64	% of NE Uninsured Population
Douglas County	9%	16%	8%	16%	9%	10%	8%	13%	8%	8%	7%	29%
Lancaster County	8%	10%	8%	13%	11%	9%	7%	12%	7%	7%	5%	14%
Sarpy County	6%	8%	6%	10%	8%	6%	6%	9%	5%	5%	4%	6%
Hall County	13%	13%	11%	20%	16%	13%	12%	18%	11%	12%	9%	4%
Buffalo County	9%	9%	9%	15%	11%	10%	9%	14%	8%	7%	6%	2%
Lincoln County	11%	11%	11%	17%	13%	12%	10%	17%	10%	9%	8%	2%
Scotts Bluff County	13%	13%	12%	19%	14%	14%	12%	19%	12%	12%	10%	3%
Dodge County	12%	11%	11%	19%	14%	13%	11%	17%	10%	10%	9%	2%
Madison County	11%	12%	11%	20%	14%	13%	10%	17%	10%	10%	9%	2%
Platte County	11%	9%	10%	19%	13%	12%	10%	16%	10%	10%	8%	2%

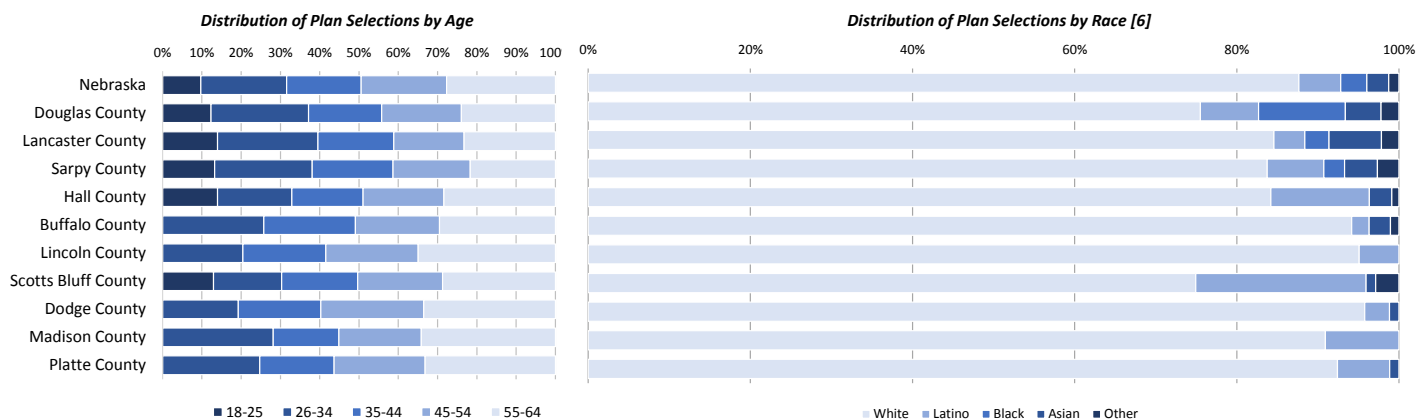
OE2 Plan Selection Data from Health and Human Services

Total OE2 Plan Selections in Nebraska: [2]	74,152
Effectuated OE2 Plan Selections: [3]	63,380
<i>% Effectuated of Total Plan Selections</i>	85%
Nebraska plans with Advanced Premium Tax Credit (APTC):	56,910
<i>% APTC of Effectuated Plans</i>	90%

Remaining Uninsured Estimates from June 2015 Kaiser Family Foundation Study

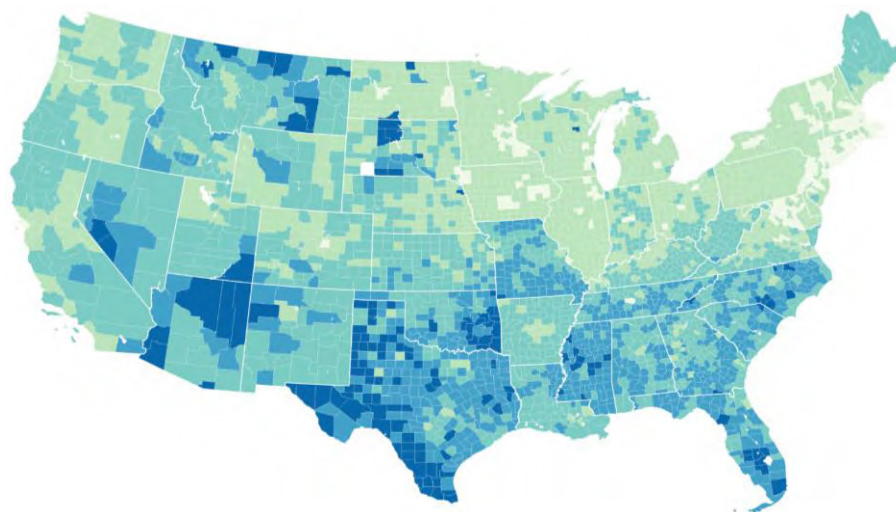
Estimated Number of Remaining Uninsured in Nebraska: [4]	178,000
<i>% Medicaid Eligible of Remaining Uninsured</i>	9%
<i>% Tax Credit Eligible of Remaining Uninsured</i>	26%
<i>% Ineligible for Financial Assistance of Remaining Uninsured [5]</i>	51%
<i>% Consumers in Coverage Gap of Remaining Uninsured</i>	15%

Chart 2: Distribution of Total Plan Selections by Provided Age and Race [6,7]

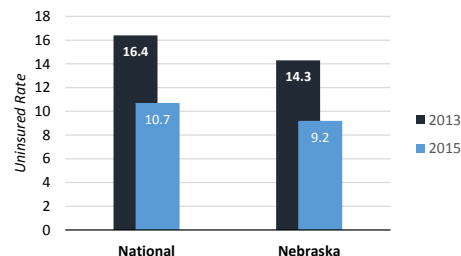


National Map: 2015 Uninsured Rates by County

- In 2013 before the first open enrollment period, Nebraska's uninsured rate of 14.3% was 2.1% lower than the national uninsured rate.
- In 2015, Nebraska's uninsured rate of 9.2% is 1.5% lower than the current national uninsured rate.



State Comparison with National Uninsured Rate



Map Scale: Uninsured Rates per County



Footnotes

- [1] Civis Analytics uses a similar scoring method to assign most likely race to consumers which explains why the race distribution adds up to 100%.
- [2] March 10, 2015 ASPE Issue Brief with total plan selections by state from from November 15, 2015 to February 22, 2015. Full memo can be found here: http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf
- [3] March 31, 2015 Effectuated Enrollment Snapshot released by the Department of Health and Human Services (HHS) on June 2, 2015. This includes all new and renewing consumers during the second open enrollment period from November 15, 2015 to February 22, 2015. Additional information can be found at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>
- [4] Estimates of Eligibility for ACA Coverage among the Uninsured released by the Kaiser Family Foundation on June 1, 2015. Additional data and methodology can be found at: <http://kff.org/uninsured/issue-brief/new-estimates-of-eligibility-for-aca-coverage-among-the-uninsured/>
- [5] Ineligible for Financial Assistance is due to Income, ESI Offer, or Citizenship.
- [6] HHS released county level plan selection data broken down by age and race, among other groupings. These plan selections include all new and renewing consumers during the second open enrollment period. The full data file can be found at: <http://aspe.hhs.gov/basic-report/2015-plan-selections-county-health-insurance-marketplace>
- [7] Enrollments for which race is unknown was not included in this graphic. This varies between states, but 36% of plan selections had an unknown race. Other includes American Indian/Alaska Native, Native Hawaiian/Pacific Islander and Multiracial.

Additional Enroll America Research, Blogs and Maps can be found at :
<https://www.enrollamerica.org/research-maps/>



All Counties in Nebraska- Uninsured Rates by major demographic groups

The Enroll America/Civis Analytics uninsured model provides our best estimate of uninsured rates by geography and demographic group. For smaller geographies — such as ZIP codes and counties — and demographic groups that contain fewer people, Enroll America's estimates may show increased variation from the actual uninsured rate in these areas.

County Name	Total Uninsured Rates			Race				Gender		Age				% of Population			
	2015 Uninsured Rate	2013 Uninsured Rate	Decrease from 2013 to 2015	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64	% of Uninsured Population	Uninsured Population Rank	Uninsured Rate Rank	Total Population Rank
Nebraska Total	9%	14%	5%	15%	9%	16%	11%	10%	8%	14%	8%	8%	7%	--	--	--	--
Adams County	12%	16%	4%	11%	11%	19%	15%	12%	10%	17%	10%	10%	8%	2.1%	10	18	11
Antelope County	10%	17%	7%	10%	10%	17%	11%	10%	9%	15%	8%	8%	8%	0.3%	49	60	50
Arthur County	11%	13%	2%	4%	11%	10%	4%	11%	10%	18%	9%	8%	8%	0.0%	93	38	93
Banner County	12%	13%	1%	5%	12%	15%	0%	13%	10%	17%	11%	9%	8%	0.0%	90	17	91
Blaine County	10%	15%	5%	6%	10%	27%	27%	11%	9%	17%	8%	7%	7%	0.0%	91	59	90
Boone County	9%	15%	6%	12%	9%	13%	8%	10%	8%	14%	7%	7%	6%	0.3%	54	78	52
Box Butte County	11%	16%	5%	11%	10%	16%	11%	11%	10%	16%	10%	10%	8%	0.8%	19	37	22
Boyd County	10%	16%	6%	9%	10%	16%	9%	11%	9%	17%	9%	7%	7%	0.1%	79	58	78
Brown County	12%	18%	6%	11%	11%	19%	8%	12%	11%	18%	10%	10%	9%	0.2%	60	16	66
Buffalo County	9%	15%	6%	9%	9%	15%	11%	10%	9%	14%	8%	7%	6%	2.4%	8	77	5
Burt County	9%	16%	7%	9%	9%	13%	15%	10%	9%	14%	9%	8%	8%	0.4%	43	76	42
Butler County	8%	13%	5%	6%	8%	12%	11%	9%	7%	13%	7%	6%	7%	0.4%	41	86	36
Cass County	7%	12%	5%	8%	7%	11%	8%	7%	6%	11%	6%	5%	5%	1.1%	15	90	12
Cedar County	9%	16%	7%	8%	9%	13%	9%	10%	9%	14%	8%	7%	7%	0.5%	34	75	32
Chase County	10%	17%	7%	9%	10%	16%	12%	11%	10%	16%	9%	9%	8%	0.2%	58	57	59
Cherry County	11%	17%	6%	10%	11%	17%	14%	12%	10%	17%	9%	8%	8%	0.4%	42	36	48
Cheyenne County	9%	16%	7%	9%	9%	14%	10%	10%	9%	14%	8%	8%	7%	0.6%	27	74	23
Clay County	10%	16%	6%	8%	9%	17%	11%	11%	9%	15%	9%	8%	7%	0.4%	44	56	45
Coffax County	14%	22%	8%	14%	12%	21%	14%	15%	13%	20%	13%	14%	10%	0.7%	24	6	33
Cuming County	10%	15%	5%	13%	10%	17%	12%	11%	9%	16%	9%	9%	8%	0.5%	32	55	31
Custer County	10%	17%	7%	9%	10%	14%	11%	10%	9%	15%	8%	7%	8%	0.7%	26	54	24
Dakota County	14%	22%	8%	13%	12%	20%	19%	15%	13%	20%	13%	13%	10%	1.4%	13	5	17
Dawes County	12%	21%	9%	13%	12%	16%	13%	13%	11%	19%	10%	9%	9%	0.7%	25	15	29
Dawson County	14%	20%	6%	18%	12%	20%	19%	15%	13%	20%	12%	13%	11%	1.8%	12	4	13
Deuel County	11%	16%	5%	9%	11%	13%	12%	12%	10%	17%	10%	9%	8%	0.1%	74	35	75
Dixon County	10%	18%	8%	9%	10%	17%	13%	11%	9%	15%	9%	9%	8%	0.3%	51	53	51
Dodge County	12%	16%	4%	11%	11%	19%	14%	13%	11%	17%	10%	10%	9%	2.5%	6	14	8
Douglas County	9%	14%	5%	16%	8%	16%	9%	10%	8%	13%	8%	8%	7%	28.8%	1	73	1
Dundy County	11%	17%	6%	14%	11%	19%	0%	12%	10%	18%	10%	10%	9%	0.1%	77	34	79
Fillmore County	8%	15%	7%	8%	8%	12%	13%	9%	8%	13%	7%	7%	7%	0.3%	56	85	49
Franklin County	10%	17%	7%	15%	10%	16%	13%	11%	10%	16%	9%	8%	8%	0.1%	70	52	69
Frontier County	10%	17%	7%	8%	10%	14%	7%	11%	10%	17%	7%	8%	8%	0.1%	76	51	76
Furnas County	12%	18%	6%	13%	12%	18%	14%	13%	11%	18%	11%	10%	10%	0.4%	45	13	53
Gage County	10%	15%	5%	11%	10%	13%	14%	10%	9%	15%	9%	8%	8%	1.3%	14	50	15
Garden County	12%	17%	5%	15%	11%	19%	15%	12%	11%	18%	10%	10%	9%	0.2%	68	12	72
Garfield County	10%	16%	6%	10%	10%	11%	10%	11%	9%	16%	8%	8%	8%	0.1%	78	49	77
Gosper County	9%	15%	6%	10%	9%	13%	6%	10%	8%	14%	9%	7%	7%	0.1%	75	72	74
Grant County	11%	14%	3%	15%	11%	16%	0%	12%	10%	17%	10%	8%	7%	0.0%	83	33	85
Greeley County	11%	17%	6%	11%	11%	16%	9%	12%	10%	18%	10%	9%	8%	0.1%	71	32	73
Hall County	13%	17%	4%	13%	11%	20%	16%	13%	12%	18%	11%	12%	9%	4.1%	4	8	4
Hamilton County	7%	13%	6%	7%	7%	11%	9%	7%	7%	11%	6%	5%	6%	0.4%	39	89	27
Harlan County	9%	15%	6%	9%	9%	13%	10%	10%	8%	15%	8%	7%	7%	0.2%	67	71	64
Hayes County	14%	17%	3%	0%	14%	21%	0%	16%	13%	21%	13%	10%	10%	0.0%	85	3	89
Hitchcock County	11%	19%	8%	11%	10%	13%	13%	11%	10%	16%	9%	9%	8%	0.2%	66	31	67
Holt County	9%	16%	7%	8%	9%	16%	10%	10%	9%	15%	8%	8%	7%	0.5%	31	70	26
Hooker County	10%	18%	8%	13%	10%	17%	0%	11%	10%	17%	10%	8%	7%	0.0%	84	48	83
Howard County	9%	15%	6%	10%	9%	12%	9%	10%	9%	14%	8%	8%	7%	0.3%	47	69	44
Jefferson County	10%	17%	7%	9%	10%	16%	15%	11%	9%	15%	9%	9%	8%	0.4%	37	47	39

Johnson County	9%	16%	7%	8%	9%	17%	13%	9%	8%	14%	8%	8%	7%	0.2%	62	68	62
Kearney County	7%	13%	6%	6%	7%	12%	8%	8%	7%	11%	6%	6%	5%	0.3%	53	88	41
Keith County	11%	17%	6%	12%	10%	15%	14%	12%	10%	16%	9%	9%	9%	0.6%	30	30	30
Keya Paha County	11%	15%	4%	7%	11%	12%	0%	12%	11%	20%	9%	8%	8%	0.0%	86	29	86
Kimball County	12%	19%	7%	17%	12%	19%	11%	13%	11%	18%	11%	10%	9%	0.3%	55	11	61
Knox County	12%	17%	5%	13%	12%	19%	16%	13%	12%	19%	11%	10%	10%	0.6%	28	10	35
Lancaster County	8%	13%	5%	10%	8%	13%	11%	9%	7%	12%	7%	7%	5%	13.7%	2	84	2
Lincoln County	11%	16%	5%	11%	11%	17%	13%	12%	10%	17%	10%	9%	8%	2.4%	7	28	6
Logan County	9%	13%	4%	4%	9%	15%	0%	10%	9%	15%	8%	7%	6%	0.0%	88	67	84
Loup County	10%	15%	5%	0%	10%	13%	0%	11%	9%	16%	8%	8%	7%	0.0%	89	46	88
McPherson County	10%	13%	3%	9%	10%	30%	12%	11%	9%	18%	7%	7%	6%	0.0%	92	45	92
Madison County	11%	16%	5%	12%	11%	20%	14%	13%	10%	17%	10%	10%	9%	2.2%	9	27	9
Merrick County	9%	16%	7%	10%	9%	13%	14%	10%	9%	14%	8%	8%	8%	0.4%	38	66	37
Morrill County	12%	20%	8%	13%	11%	19%	10%	13%	10%	18%	10%	9%	8%	0.3%	50	9	55
Nance County	10%	17%	7%	10%	10%	13%	17%	11%	9%	16%	9%	8%	8%	0.2%	65	44	63
Nemaha County	9%	16%	7%	6%	9%	13%	9%	10%	8%	13%	7%	7%	7%	0.3%	46	65	43
Nuckolls County	11%	18%	7%	12%	11%	18%	12%	12%	11%	17%	10%	10%	9%	0.3%	57	26	58
Otoe County	8%	15%	7%	10%	8%	15%	12%	9%	8%	13%	7%	7%	6%	0.7%	22	83	19
Pawnee County	10%	18%	8%	8%	10%	13%	15%	11%	9%	16%	9%	8%	8%	0.1%	72	43	71
Perkins County	9%	16%	7%	9%	9%	16%	8%	10%	8%	14%	8%	7%	7%	0.1%	73	64	69
Phelps County	8%	14%	6%	8%	8%	13%	10%	9%	8%	12%	7%	7%	6%	0.4%	36	82	28
Pierce County	8%	16%	8%	7%	8%	11%	12%	9%	7%	13%	7%	7%	6%	0.3%	48	81	40
Platte County	11%	16%	5%	9%	10%	19%	13%	12%	10%	16%	10%	10%	8%	2.0%	11	25	10
Polk County	8%	15%	7%	9%	8%	13%	8%	9%	8%	13%	6%	7%	6%	0.2%	63	80	57
Red Willow County	11%	18%	7%	11%	10%	17%	13%	11%	10%	16%	9%	10%	8%	0.7%	23	24	25
Richardson County	10%	18%	8%	11%	10%	15%	14%	11%	10%	16%	10%	9%	8%	0.5%	33	42	34
Rock County	11%	16%	5%	7%	11%	20%	4%	11%	10%	16%	9%	9%	9%	0.1%	80	23	80
Saline County	11%	18%	7%	10%	10%	18%	16%	12%	10%	17%	10%	10%	8%	0.8%	18	22	21
Sarpy County	6%	10%	4%	8%	6%	10%	8%	6%	6%	9%	5%	5%	4%	6.3%	3	93	3
Saunders County	7%	11%	4%	8%	7%	10%	9%	7%	6%	11%	6%	5%	5%	0.9%	16	87	14
Scotts Bluff County	13%	19%	6%	13%	12%	19%	14%	14%	12%	19%	12%	12%	10%	2.8%	5	7	7
Seward County	6%	12%	6%	6%	6%	9%	9%	7%	6%	10%	6%	5%	5%	0.6%	29	92	18
Sheridan County	16%	21%	5%	17%	15%	22%	21%	16%	15%	24%	14%	14%	12%	0.4%	40	2	56
Sherman County	10%	16%	6%	11%	10%	16%	13%	10%	9%	16%	8%	8%	8%	0.1%	69	41	68
Sioux County	10%	16%	6%	15%	10%	12%	10%	11%	9%	15%	8%	9%	8%	0.1%	81	40	81
Stanton County	9%	15%	6%	10%	9%	14%	12%	10%	8%	14%	8%	7%	7%	0.3%	52	63	47
Thayer County	8%	14%	6%	9%	8%	14%	13%	9%	8%	14%	8%	6%	7%	0.2%	59	79	54
Thomas County	11%	14%	3%	8%	11%	22%	6%	12%	10%	18%	10%	7%	8%	0.1%	82	21	82
Thurston County	26%	24%	-2%	31%	25%	35%	31%	27%	25%	35%	24%	21%	19%	0.9%	17	1	46
Valley County	9%	15%	6%	9%	9%	16%	8%	10%	9%	15%	7%	7%	7%	0.2%	61	62	60
Washington County	6%	10%	4%	7%	6%	10%	8%	7%	6%	11%	5%	5%	4%	0.8%	20	91	16
Wayne County	10%	18%	8%	10%	9%	15%	10%	10%	9%	14%	8%	8%	6%	0.5%	35	39	38
Webster County	11%	18%	7%	8%	10%	14%	12%	11%	10%	17%	9%	8%	9%	0.2%	64	20	65
Wheeler County	11%	15%	4%	13%	11%	33%	9%	12%	10%	18%	9%	7%	7%	0.0%	87	19	87
York County	9%	14%	5%	10%	9%	14%	9%	9%	8%	13%	8%	7%	7%	0.8%	21	61	20

Interviewee biographies

Great Plains Health 2016 Community Health Needs Assessment interviewee biographies

Organization	Name/s	Interview Date	Title	County	Interviewer	A	B	C
Educational Service Unit 16	Marge Beatty	4/29/2016	Administrator	16 County Region (including Lincoln County)	Claire Acree		x	
Ms. Beatty is an administrator with the Educational Service Unit 16 and has held this position for 16 years. Prior to holding this position, she served Educational Service Unit 16 for 21 years as their special education director. Her degree is in speech pathology and she has also worked with the Educational Service Unit 10. She has lived in North Platte for 41 years.								
West Central Nebraska Area Agency on Aging	Linda Foreman	5/3/2016	Executive Director	17 County Region (including Lincoln County)	Claire Acree		x	
Ms. Foreman is the Executive Director at the West Central Nebraska Area Agency on Aging and has served in this position for 12 years. She worked for the Alzheimers Association prior to her position at the West Central Nebraska Area Agency on Aging and has a background in nursing. She has lived in North Platte for 12 years.								
North Platte Public Schools	Ron Hanson	5/2/2016	Superintendent	North Platte/Lincoln County	Claire Acree		x	
Mr. Hanson is the Superintendent of the North Platte Public School System, a position he has held for one year. He has worked in education for 31 years including 7 years as the assistant superintendent in Omaha and a position as director of the K-12 Lavista School System.								
Women's Resource Center	Erin Hasenauer	5/4/2016	Executive Director	North Platte/Lincoln County	Claire Acree		x	
Ms. Hasenauer serves as the Executive Director of the Women's Resource Center in North Platte. She has also served five years as their Client Services Director. Prior to her time at the Women's Resource Center, she worked at Gracie Maize Bakery for 2 years. She has lived in North Platte for 2 years.								
Lincoln County Commissioners	Joe Hewgley	5/4/2016	Chairman of the Board of Commissioners	Lincoln County	Claire Acree			x
Mr. Hewgley is Chairman of the Board of Commissioners with the Lincoln County Commissioners. He is also an architect with Joseph Hewgley and Associates, Inc., an architecture firm he began in 1985 after starting his career in architecture in 1973 (Chairman of the Board of Commissioners since 1985). He has lived in North Platte his entire life.								
Early Development Network	Marnia Hughes	4/29/2016	EDN Services Coordinator	Lincoln County	Claire Acree		x	
Ms. Hughes is the EDN Services Coordinator for Early Development Network, a position she's held for 9 years. Previously she worked for a not-for-profit that helped children with mental health needs as well as for a family business. She has lived in North Platte since birth.								
Behavioral Health Associates	Lee Kimzey	5/4/2016	Clinical Psychologist	Lincoln County/Western Nebraska	Claire Acree		x	
Mr. Kimzey is a clinical psychologist with Behavioral Medicine Associates, a 10 year old practice in North Platte. Prior to this, he was the clinical director for the Mental Health Services for 17 counties. He has lived in North Platte since 1986.								
City of North Platte	Dwight Livingston	5/4/2016	Mayor	North Platte/Lincoln County	Claire Acree			x
Mr. Livingston has been the mayor of North Platte for the past three years. He has also served as a board member for Great Plains Health for the past three years. Mr. Livingston served for 38 years in law enforcement, a portion of which was serving as Deputy Chief. He has lived in North Platte since 1972.								
City of North Platte	Jim Nisley	4/29/2016	City Councilman	North Platte/Lincoln County	Claire Acree			x
Mr. Nisley is a City Councilman with the City of North Platte. He is retired, but prior to retirement, he was an attorney for forty years in North Platte. He was born and raised in North Platte.								
Pederson & Troshynski	David Pederson	5/6/2016	Attorney	Lincoln County	Claire Acree			x
Mr. Pederson has been an attorney with Pederson & Troshynski since 1980 and grew up in North Platte. He attended the University of Nebraska for both his undergraduate and law degrees. He was on the Great Plains Health Board for 10 years, eight of which he was chair of the board. He finished his service to the board in December of 2015.								
Mid Plains Community College	Jamie Peters	5/4/2016	HR Specialist and Employee Wellness Coordinator	18 County Area including Lincoln County	Claire Acree			x
Ms. Peters is an HR Specialist and Employee Wellness Coordinator with Mid Plains Community College, a position she has held for 2 years though she was previously in career services at the college for 7 years. She also worked at the North Platte Public School District. She has lived in North Platte since 1995.								
Mid Plains United Way	Jenny Salestrom	5/2/2016	Executive Director	16 County Region (including Lincoln County)	Claire Acree		x	
Ms. Salestrom is the Executive Director of the Mid Plains United Way. She has held this position for 3 1/2 years. Previously, she worked for 12 years in broadcast television. She has lived in North Platte for 15 years.								
Mid-Nebraska Community Foundation	Eric Seacrest	4/29/2016	Executive Director	Lincoln County	Claire Acree			x
Mr. Seacrest has served as the Executive Director of the Mid-Nebraska Community Foundation for the past 15 years. Prior to this role, he served as the chief executive of a family newspaper in Western Nebraska. He has lived in the area for 48 years.								
Great Plains Health	Jim Smith	5/4/2016	Board President and ED Physician	Lincoln County and surrounding counties	Claire Acree		x	
Dr. Smith has been an ED physician with Great Plains Health since June 2004. He has held the position of Director of the Emergency Department since 2006. This year he became chairman of the Board at Great Plains Health. Prior to his move to North Platte 12 years ago, he was an ED physician with Bryan Medical Center in Lincoln for 7 years.								
Lincoln County Court	Kent Turnbull	5/3/2016	Judge	17 County Region (including Lincoln County)	Claire Acree		x	
Judge Turnbull is a judge with the State of Nebraska serving the 11th Judicial District (a 17 county region). He has been the Lincoln County Judge for the past 17 years. Prior to his judgeship, he was the Lincoln County attorney. He has lived in North Platte since 1983.								

Great Plains Health 2016 Community Health Needs Assessment interviewee biographies

Organization	Name/s	Interview Date	Title	County	Interviewer	A	B	C
West Central District Health Department	Shannon Vanderheiden	5/5/2016	Executive Director	6 County Health District (including Lincoln County)	Claire Acree	x		
Ms. Vanderheiden is the Executive Director of the West Central Health Department. She has held this position for the last 8 years. Her background is in organizational management and nursing. She served as a nurse around Nebraska for 15 years in various roles. She still maintains an active nursing license. She has lived in the area since 2001.								
Great Plains Health	Treg Vyzourek	5/5/2016	Senior Director of Ancillary Services	Lincoln County and surrounding counties	Claire Acree			x
Mr. Vyzourek is the Great Plains Health Senior Director of Ancillary Services, a position he has held for 3 years. Prior to this position, he was an Executive of North Platte Nebraska Physician Group. He volunteers for a number of youth sports programs. He has lived in the area for the last 20 years.								

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Great Plains Health Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, April 29, 2016 – May 6, 2016.



Input regrading the hospital's current CHNA

CHNA feedback invitation

- Great Plains Health invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.
- To provide input on this or the previous CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, questions or comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Great Plains Health
ATTN: Fiona Libsack, MPA, APR
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601 West Leota St.
P.O. Box 1167
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Please find the most up to date contact information on the Great Plains Health website under the “About Us” tab, and navigate to “Community Impact”:

<http://www.gphealth.org/CommunityBenefit>

Thank you!

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