

# Comprehensive Youth Services Plan Checklist

Each county shall develop a Comprehensive Youth Services Plan (Community Plan). Plans may be developed by individual counties, multiple counties, federally or state-recognized Indian tribes, or by any combination of the three. Plans must be submitted to the Nebraska Commission on Law Enforcement and Criminal Justice and must be updated no less than every five years.

Pursuant to Neb. Rev. Stats. §43-3504, §43-3505, and §43-2404.01, and Title 75, Chapter 1, 005.02, these are the elements that must be included in a Community Plan.

## Community Team Members (§43-3505): Gage County

Juvenile justice system stakeholder representation, including but not limited to:

Stakeholder Representation:	Name(s):
<input checked="" type="checkbox"/> Courts	
<input checked="" type="checkbox"/> Law enforcement	
<input checked="" type="checkbox"/> Community service providers	
<input checked="" type="checkbox"/> Schools	
<input type="checkbox"/> Detention or shelter care	
<input checked="" type="checkbox"/> County elected and administrative officials	
<input checked="" type="checkbox"/> Probation officials	
<input type="checkbox"/> Health and human services representatives	
<input checked="" type="checkbox"/> State officials or agency representatives	
<input type="checkbox"/> Similar committee or group of individuals	
<input type="checkbox"/> Other	
Page number(s) in the plan: 3-5	

## Plan Components

<b>1. Data (43-2404.01)</b>		
<b>Notes:</b>		
<input checked="" type="checkbox"/>	Data is relevant to juvenile and family issues	
<input type="checkbox"/>	Includes an examination of racial and ethnic disparities	
Page number(s) in the plan: 7-9		
<b>2. Identification of the County Risk Factors (43-3504)</b>		

<b>Notes:</b>		
<input checked="" type="checkbox"/>	Risk factors for delinquency that exist in the county or counties	
<input checked="" type="checkbox"/>	Services needed to address risk factors	
Page number(s) in the plan: 11-13		
<b>3. Identification of juvenile services available within the county or counties, including, but not limited to (§43-3504):</b>		
<b>Notes:</b>		
<input type="checkbox"/>	Programs for assessment and evaluation	
<input checked="" type="checkbox"/>	The prevention of delinquent behavior	
<input checked="" type="checkbox"/>	Diversion	
<input checked="" type="checkbox"/>	Detention	
<input type="checkbox"/>	Shelter care	
<input type="checkbox"/>	Intensive juvenile probation services	
<input checked="" type="checkbox"/>	Restitution	
<input checked="" type="checkbox"/>	Family support services	
<input type="checkbox"/>	Community centers for the care and treatment of juveniles in need of services	
<input type="checkbox"/>	Other:	
Page number(s) in the plan: 11-13		
<b>4. Identification of Services in close proximity of the county or counties that may be utilized if community-based programs are not available within the county or counties (§43-3504):</b>		
<b>Notes:</b>		
Page number(s) in the plan: pages 11-13		

<b>5. Identification of juvenile detention or alternatives to detention the county primarily uses (§43-3504):</b>		
<b>Notes:</b>		

<input checked="" type="checkbox"/>	Juvenile Detention programs, services, facilities, and providers	
<input checked="" type="checkbox"/>	Alternative to detention programs, services, facilities, providers	
<input type="checkbox"/>	Costs associated with use of such programs, services, facilities, and providers	
Page number(s) in the plan: 12-13		
<b>6. Identify needed community-based programs not available within, or in close proximity to, the county or counties.</b>		
<b>Notes:</b>		
Page number(s) in the plan:		

### Coordination Plan and Priorities

The coordination plan must include an enhancement, development, and expansion plan of community services within the county, counties, or region to help prevent delinquency by providing intervention services when behavior that leads to delinquency is first exhibited.

<b>1. Coordination Plan: Enhancement, development, and expansion plan of community services, including, but not limited to (§43-3504):</b>		
<b>Notes:</b>		
<input checked="" type="checkbox"/>	Alternative schools	
<input checked="" type="checkbox"/>	School truancy programs	
<input checked="" type="checkbox"/>	Volunteer programs	
<input checked="" type="checkbox"/>	Family preservation and counseling	
<input checked="" type="checkbox"/>	Drug and alcohol counseling	
<input checked="" type="checkbox"/>	Diversion programs	
<input type="checkbox"/>	Parents Anonymous	
<input checked="" type="checkbox"/>	Delinquency prevention efforts and system improvement efforts designed to reduce the disproportionate number of youth members of minority groups who come into contact with the youth justice system.	
Page number(s) in the plan: Pages 10-13 (This was included in my copy of the checklist - not sure how it did not get saved to this copy.)		

**2. Priorities: Identify community priorities that includes defining a problem, or set of problems, that affects juveniles at risk or those already involved in the criminal justice system (Title 75, Chapter 1, 005.02);**

**Notes:**

Page number(s) in the plan: Pages 14-15

**3. Strategies: Identify Implementation Strategies (§43-2404.01)**

**Notes:**

- |                                     |  |  |
|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | Identify policies and practices that are research-based or standardized and reliable and are implemented with fidelity and which have been researched and demonstrate positive outcomes. |  |
| <input checked="" type="checkbox"/> | Identify clear implementation strategies that are S.M.A.R.T.   |  |
| <input checked="" type="checkbox"/> | Identify how the impact of the program or service will be measured.  |  |

Page number(s) in the plan: 14-15

The plan shall be submitted to the Nebraska Commission on Law Enforcement and Criminal Justice. Following or in conjunction with the development of a comprehensive youth services plan, each county may develop regional service plans and establish regional juvenile services boards when appropriate. The regional service plan shall be submitted to the Nebraska Commission on Law Enforcement and Criminal Justice.



## Notes and Recommendations

This is a good community plan. Thank you for laying out sections with clear headers, it makes it very easy to read and follow. **Thank you!**

I did not see an examination of Racial and Ethnic Disparities – I did see that you noted predominantly White, some Hispanic/Latino. I believe JJI provided this information in their county sheet for you. This could be as simple as noting that no disparities were noted (not having seen it, I am not sure). **In looking for this information - I can only guess that it is the census sheet and I have to be honest and say I'm still not sure what I'm looking at. I've attached the census information received from JJI.**

I also didn't see the coordination plan that is in the checklist above. **I'm not sure why that was left blank on this copy - on my scan it is marked. Pages 10-13.**

Finally, could you include the costs of the ATDs. You can incorporate them directly into the existing table you have. **I cannot locate current costs and apparently they change annually so will include in my grant each year.**

Make sure to include all the attachments/appendices. **I have attached all reports that are referred to in compiling this plan.**

If you have any questions or would like additional feedback, please feel free to contact me.

**Thank you for taking the time to read and comment on this plan. I appreciate your feedback.**

SUMLEV	STATE	COUNTY	STNAME	CTYNAME	YEAR	AGEGRP	NHWA_MALE
50	31	1 Nebraska	Adams County		4	1	693
50	31	1 Nebraska	Adams County		4	2	745
50	31	1 Nebraska	Adams County		4	3	770
50	31	1 Nebraska	Adams County		4	4	913
							6143
50	31	3 Nebraska	Antelope County		4	1	209
50	31	3 Nebraska	Antelope County		4	2	207
50	31	3 Nebraska	Antelope County		4	3	195
50	31	3 Nebraska	Antelope County		4	4	173
							1525
50	31	5 Nebraska	Arthur County		4	1	8
50	31	5 Nebraska	Arthur County		4	2	17
50	31	5 Nebraska	Arthur County		4	3	17
50	31	5 Nebraska	Arthur County		4	4	12
							106
50	31	7 Nebraska	Banner County		4	1	15
50	31	7 Nebraska	Banner County		4	2	24
50	31	7 Nebraska	Banner County		4	3	20
50	31	7 Nebraska	Banner County		4	4	13
							140
50	31	9 Nebraska	Blaine County		4	1	13
50	31	9 Nebraska	Blaine County		4	2	18
50	31	9 Nebraska	Blaine County		4	3	13
50	31	9 Nebraska	Blaine County		4	4	11
							92
50	31	11 Nebraska	Boone County		4	1	143
50	31	11 Nebraska	Boone County		4	2	173
50	31	11 Nebraska	Boone County		4	3	162
50	31	11 Nebraska	Boone County		4	4	166
							1281
50	31	13 Nebraska	Box Butte County		4	1	184
50	31	13 Nebraska	Box Butte County		4	2	256
50	31	13 Nebraska	Box Butte County		4	3	298
50	31	13 Nebraska	Box Butte County		4	4	253
							1951
50	31	15 Nebraska	Boyd County		4	1	29
50	31	15 Nebraska	Boyd County		4	2	37
50	31	15 Nebraska	Boyd County		4	3	49
50	31	15 Nebraska	Boyd County		4	4	37
							319
50	31	17 Nebraska	Brown County		4	1	84
50	31	17 Nebraska	Brown County		4	2	70
50	31	17 Nebraska	Brown County		4	3	93

50	31	17 Nebraska	Brown County	4	4	67
						600
50	31	19 Nebraska	Buffalo County	4	1	1210
50	31	19 Nebraska	Buffalo County	4	2	1325
50	31	19 Nebraska	Buffalo County	4	3	1272
50	31	19 Nebraska	Buffalo County	4	4	1617
						10537
50	31	21 Nebraska	Burt County	4	1	170
50	31	21 Nebraska	Burt County	4	2	197
50	31	21 Nebraska	Burt County	4	3	193
50	31	21 Nebraska	Burt County	4	4	212
						1457
50	31	23 Nebraska	Butler County	4	1	210
50	31	23 Nebraska	Butler County	4	2	190
50	31	23 Nebraska	Butler County	4	3	256
50	31	23 Nebraska	Butler County	4	4	250
						1863
50	31	25 Nebraska	Cass County	4	1	628
50	31	25 Nebraska	Cass County	4	2	800
50	31	25 Nebraska	Cass County	4	3	878
50	31	25 Nebraska	Cass County	4	4	828
						5885
50	31	27 Nebraska	Cedar County	4	1	259
50	31	27 Nebraska	Cedar County	4	2	310
50	31	27 Nebraska	Cedar County	4	3	322
50	31	27 Nebraska	Cedar County	4	4	284
						2184
50	31	29 Nebraska	Chase County	4	1	84
50	31	29 Nebraska	Chase County	4	2	100
50	31	29 Nebraska	Chase County	4	3	119
50	31	29 Nebraska	Chase County	4	4	97
						755
50	31	31 Nebraska	Cherry County	4	1	139
50	31	31 Nebraska	Cherry County	4	2	152
50	31	31 Nebraska	Cherry County	4	3	146
50	31	31 Nebraska	Cherry County	4	4	152
						1106
50	31	33 Nebraska	Cheyenne County	4	1	219
50	31	33 Nebraska	Cheyenne County	4	2	239
50	31	33 Nebraska	Cheyenne County	4	3	253
50	31	33 Nebraska	Cheyenne County	4	4	264
						1876
50	31	35 Nebraska	Clay County	4	1	160
50	31	35 Nebraska	Clay County	4	2	192

50	31	35 Nebraska	Clay County	4	3	172
50	31	35 Nebraska	Clay County	4	4	163
						1339
50	31	37 Nebraska	Colfax County	4	1	153
50	31	37 Nebraska	Colfax County	4	2	118
50	31	37 Nebraska	Colfax County	4	3	133
50	31	37 Nebraska	Colfax County	4	4	128
						1067
50	31	39 Nebraska	Cuming County	4	1	251
50	31	39 Nebraska	Cuming County	4	2	253
50	31	39 Nebraska	Cuming County	4	3	223
50	31	39 Nebraska	Cuming County	4	4	243
						1894
50	31	41 Nebraska	Custer County	4	1	277
50	31	41 Nebraska	Custer County	4	2	318
50	31	41 Nebraska	Custer County	4	3	348
50	31	41 Nebraska	Custer County	4	4	328
						2422
50	31	43 Nebraska	Dakota County	4	1	203
50	31	43 Nebraska	Dakota County	4	2	221
50	31	43 Nebraska	Dakota County	4	3	243
50	31	43 Nebraska	Dakota County	4	4	252
						1889
50	31	45 Nebraska	Dawes County	4	1	152
50	31	45 Nebraska	Dawes County	4	2	172
50	31	45 Nebraska	Dawes County	4	3	164
50	31	45 Nebraska	Dawes County	4	4	275
						1553
50	31	47 Nebraska	Dawson County	4	1	392
50	31	47 Nebraska	Dawson County	4	2	428
50	31	47 Nebraska	Dawson County	4	3	400
50	31	47 Nebraska	Dawson County	4	4	393
						3094
50	31	49 Nebraska	Deuel County	4	1	33
50	31	49 Nebraska	Deuel County	4	2	35
50	31	49 Nebraska	Deuel County	4	3	54
50	31	49 Nebraska	Deuel County	4	4	55
						357
50	31	51 Nebraska	Dixon County	4	1	104
50	31	51 Nebraska	Dixon County	4	2	136
50	31	51 Nebraska	Dixon County	4	3	150
50	31	51 Nebraska	Dixon County	4	4	148
						1033
50	31	53 Nebraska	Dodge County	4	1	691



50	31	53 Nebraska	Dodge County	4	2	878
50	31	53 Nebraska	Dodge County	4	3	930
50	31	53 Nebraska	Dodge County	4	4	869
						6771
50	31	55 Nebraska	Douglas County	4	1	10445
50	31	55 Nebraska	Douglas County	4	2	11636
50	31	55 Nebraska	Douglas County	4	3	11377
50	31	55 Nebraska	Douglas County	4	4	11565
						87612
50	31	57 Nebraska	Dundy County	4	1	29
50	31	57 Nebraska	Dundy County	4	2	24
50	31	57 Nebraska	Dundy County	4	3	41
50	31	57 Nebraska	Dundy County	4	4	38
						263
50	31	59 Nebraska	Fillmore County	4	1	133
50	31	59 Nebraska	Fillmore County	4	2	130
50	31	59 Nebraska	Fillmore County	4	3	122
50	31	59 Nebraska	Fillmore County	4	4	111
						997
50	31	61 Nebraska	Franklin County	4	1	80
50	31	61 Nebraska	Franklin County	4	2	74
50	31	61 Nebraska	Franklin County	4	3	93
50	31	61 Nebraska	Franklin County	4	4	77
						584
50	31	63 Nebraska	Frontier County	4	1	54
50	31	63 Nebraska	Frontier County	4	2	67
50	31	63 Nebraska	Frontier County	4	3	78
50	31	63 Nebraska	Frontier County	4	4	110
						581
50	31	65 Nebraska	Furnas County	4	1	135
50	31	65 Nebraska	Furnas County	4	2	113
50	31	65 Nebraska	Furnas County	4	3	125
50	31	65 Nebraska	Furnas County	4	4	137
						952
50	31	67 Nebraska	Gage County	4	1	469
50	31	67 Nebraska	Gage County	4	2	637
50	31	67 Nebraska	Gage County	4	3	651
50	31	67 Nebraska	Gage County	4	4	600
						4545
50	31	69 Nebraska	Garden County	4	1	47
50	31	69 Nebraska	Garden County	4	2	41
50	31	69 Nebraska	Garden County	4	3	52
50	31	69 Nebraska	Garden County	4	4	52
						336

50	31	71 Nebraska	Garfield County	4	1	47
50	31	71 Nebraska	Garfield County	4	2	49
50	31	71 Nebraska	Garfield County	4	3	37
50	31	71 Nebraska	Garfield County	4	4	41
						336
50	31	73 Nebraska	Gosper County	4	1	44
50	31	73 Nebraska	Gosper County	4	2	48
50	31	73 Nebraska	Gosper County	4	3	58
50	31	73 Nebraska	Gosper County	4	4	56
						361
50	31	75 Nebraska	Grant County	4	1	17
50	31	75 Nebraska	Grant County	4	2	19
50	31	75 Nebraska	Grant County	4	3	18
50	31	75 Nebraska	Grant County	4	4	25
						142
50	31	77 Nebraska	Greeley County	4	1	84
50	31	77 Nebraska	Greeley County	4	2	58
50	31	77 Nebraska	Greeley County	4	3	78
50	31	77 Nebraska	Greeley County	4	4	73
						554
50	31	79 Nebraska	Hall County	4	1	1056
50	31	79 Nebraska	Hall County	4	2	1096
50	31	79 Nebraska	Hall County	4	3	1263
50	31	79 Nebraska	Hall County	4	4	1227
						8830
50	31	81 Nebraska	Hamilton County	4	1	261
50	31	81 Nebraska	Hamilton County	4	2	298
50	31	81 Nebraska	Hamilton County	4	3	320
50	31	81 Nebraska	Hamilton County	4	4	309
						2202
50	31	83 Nebraska	Harlan County	4	1	86
50	31	83 Nebraska	Harlan County	4	2	84
50	31	83 Nebraska	Harlan County	4	3	99
50	31	83 Nebraska	Harlan County	4	4	92
						653
50	31	85 Nebraska	Hayes County	4	1	21
50	31	85 Nebraska	Hayes County	4	2	16
50	31	85 Nebraska	Hayes County	4	3	24
50	31	85 Nebraska	Hayes County	4	4	22
						184
50	31	87 Nebraska	Hitchcock County	4	1	74
50	31	87 Nebraska	Hitchcock County	4	2	79
50	31	87 Nebraska	Hitchcock County	4	3	97
50	31	87 Nebraska	Hitchcock County	4	4	83

						617
50	31	89 Nebraska	Holt County	4	1	290
50	31	89 Nebraska	Holt County	4	2	331
50	31	89 Nebraska	Holt County	4	3	362
50	31	89 Nebraska	Holt County	4	4	307
						2433
50	31	91 Nebraska	Hooker County	4	1	16
50	31	91 Nebraska	Hooker County	4	2	15
50	31	91 Nebraska	Hooker County	4	3	17
50	31	91 Nebraska	Hooker County	4	4	26
						155
50	31	93 Nebraska	Howard County	4	1	180
50	31	93 Nebraska	Howard County	4	2	209
50	31	93 Nebraska	Howard County	4	3	200
50	31	93 Nebraska	Howard County	4	4	217
						1530
50	31	95 Nebraska	Jefferson County	4	1	182
50	31	95 Nebraska	Jefferson County	4	2	209
50	31	95 Nebraska	Jefferson County	4	3	211
50	31	95 Nebraska	Jefferson County	4	4	181
						1531
50	31	97 Nebraska	Johnson County	4	1	98
50	31	97 Nebraska	Johnson County	4	2	109
50	31	97 Nebraska	Johnson County	4	3	114
50	31	97 Nebraska	Johnson County	4	4	103
						831
50	31	99 Nebraska	Kearney County	4	1	180
50	31	99 Nebraska	Kearney County	4	2	184
50	31	99 Nebraska	Kearney County	4	3	196
50	31	99 Nebraska	Kearney County	4	4	197
						1520
50	31	101 Nebraska	Keith County	4	1	178
50	31	101 Nebraska	Keith County	4	2	179
50	31	101 Nebraska	Keith County	4	3	190
50	31	101 Nebraska	Keith County	4	4	228
						1471
50	31	103 Nebraska	Keya Paha County	4	1	19
50	31	103 Nebraska	Keya Paha County	4	2	21
50	31	103 Nebraska	Keya Paha County	4	3	17
50	31	103 Nebraska	Keya Paha County	4	4	23
						157
50	31	105 Nebraska	Kimball County	4	1	58
50	31	105 Nebraska	Kimball County	4	2	72
50	31	105 Nebraska	Kimball County	4	3	89

50	31	105 Nebraska	Kimball County	4	4	59
						553
50	31	107 Nebraska	Knox County	4	1	193
50	31	107 Nebraska	Knox County	4	2	211
50	31	107 Nebraska	Knox County	4	3	229
50	31	107 Nebraska	Knox County	4	4	197
						1639
50	31	109 Nebraska	Lancaster County	4	1	6399
50	31	109 Nebraska	Lancaster County	4	2	7106
50	31	109 Nebraska	Lancaster County	4	3	7528
50	31	109 Nebraska	Lancaster County	4	4	9322
						59308
50	31	111 Nebraska	Lincoln County	4	1	713
50	31	111 Nebraska	Lincoln County	4	2	828
50	31	111 Nebraska	Lincoln County	4	3	908
50	31	111 Nebraska	Lincoln County	4	4	927
						6594
50	31	113 Nebraska	Logan County	4	1	7
50	31	113 Nebraska	Logan County	4	2	26
50	31	113 Nebraska	Logan County	4	3	17
50	31	113 Nebraska	Logan County	4	4	32
						143
50	31	115 Nebraska	Loup County	4	1	10
50	31	115 Nebraska	Loup County	4	2	17
50	31	115 Nebraska	Loup County	4	3	16
50	31	115 Nebraska	Loup County	4	4	18
						110
50	31	117 Nebraska	McPherson County	4	1	4
50	31	117 Nebraska	McPherson County	4	2	8
50	31	117 Nebraska	McPherson County	4	3	11
50	31	117 Nebraska	McPherson County	4	4	16
						69
50	31	119 Nebraska	Madison County	4	1	776
50	31	119 Nebraska	Madison County	4	2	805
50	31	119 Nebraska	Madison County	4	3	847
50	31	119 Nebraska	Madison County	4	4	920
						6707
50	31	121 Nebraska	Merrick County	4	1	200
50	31	121 Nebraska	Merrick County	4	2	200
50	31	121 Nebraska	Merrick County	4	3	214
50	31	121 Nebraska	Merrick County	4	4	217
						1605
50	31	123 Nebraska	Morrill County	4	1	99
50	31	123 Nebraska	Morrill County	4	2	92

50	31	123 Nebraska	Morrill County	4	3	132
50	31	123 Nebraska	Morrill County	4	4	97
						797
50	31	125 Nebraska	Nance County	4	1	72
50	31	125 Nebraska	Nance County	4	2	105
50	31	125 Nebraska	Nance County	4	3	118
50	31	125 Nebraska	Nance County	4	4	102
						778
50	31	127 Nebraska	Nemaha County	4	1	200
50	31	127 Nebraska	Nemaha County	4	2	208
50	31	127 Nebraska	Nemaha County	4	3	208
50	31	127 Nebraska	Nemaha County	4	4	277
						1746
50	31	129 Nebraska	Nuckolls County	4	1	100
50	31	129 Nebraska	Nuckolls County	4	2	90
50	31	129 Nebraska	Nuckolls County	4	3	114
50	31	129 Nebraska	Nuckolls County	4	4	103
						798
50	31	131 Nebraska	Otoe County	4	1	382
50	31	131 Nebraska	Otoe County	4	2	479
50	31	131 Nebraska	Otoe County	4	3	477
50	31	131 Nebraska	Otoe County	4	4	420
						3366
50	31	133 Nebraska	Pawnee County	4	1	67
50	31	133 Nebraska	Pawnee County	4	2	79
50	31	133 Nebraska	Pawnee County	4	3	74
50	31	133 Nebraska	Pawnee County	4	4	58
						560
50	31	135 Nebraska	Perkins County	4	1	73
50	31	135 Nebraska	Perkins County	4	2	91
50	31	135 Nebraska	Perkins County	4	3	86
50	31	135 Nebraska	Perkins County	4	4	76
						650
50	31	137 Nebraska	Phelps County	4	1	271
50	31	137 Nebraska	Phelps County	4	2	273
50	31	137 Nebraska	Phelps County	4	3	303
50	31	137 Nebraska	Phelps County	4	4	252
						2017
50	31	139 Nebraska	Pierce County	4	1	212
50	31	139 Nebraska	Pierce County	4	2	234
50	31	139 Nebraska	Pierce County	4	3	236
50	31	139 Nebraska	Pierce County	4	4	249
						1851
50	31	141 Nebraska	Platte County	4	1	713

50	31	141 Nebraska	Platte County	4	2	810
50	31	141 Nebraska	Platte County	4	3	828
50	31	141 Nebraska	Platte County	4	4	769
45						6152
50	31	143 Nebraska	Polk County	4	1	139
50	31	143 Nebraska	Polk County	4	2	122
50	31	143 Nebraska	Polk County	4	3	136
50	31	143 Nebraska	Polk County	4	4	170
						1103
50	31	145 Nebraska	Red Willow County	4	1	253
50	31	145 Nebraska	Red Willow County	4	2	285
50	31	145 Nebraska	Red Willow County	4	3	301
50	31	145 Nebraska	Red Willow County	4	4	277
						2201
50	31	147 Nebraska	Richardson County	4	1	190
50	31	147 Nebraska	Richardson County	4	2	223
50	31	147 Nebraska	Richardson County	4	3	234
50	31	147 Nebraska	Richardson County	4	4	195
						1601
50	31	149 Nebraska	Rock County	4	1	40
50	31	149 Nebraska	Rock County	4	2	32
50	31	149 Nebraska	Rock County	4	3	36
50	31	149 Nebraska	Rock County	4	4	40
						287
50	31	151 Nebraska	Saline County	4	1	223
50	31	151 Nebraska	Saline County	4	2	269
50	31	151 Nebraska	Saline County	4	3	336
50	31	151 Nebraska	Saline County	4	4	329
						2136
50	31	153 Nebraska	Sarpy County	4	1	4378
50	31	153 Nebraska	Sarpy County	4	2	5359
50	31	153 Nebraska	Sarpy County	4	3	5710
50	31	153 Nebraska	Sarpy County	4	4	5257
						39986
50	31	155 Nebraska	Saunders County	4	1	676
50	31	155 Nebraska	Saunders County	4	2	747
50	31	155 Nebraska	Saunders County	4	3	816
50	31	155 Nebraska	Saunders County	4	4	750
						5687
50	31	157 Nebraska	Scotts Bluff County	4	1	594
50	31	157 Nebraska	Scotts Bluff County	4	2	661
50	31	157 Nebraska	Scotts Bluff County	4	3	781
50	31	157 Nebraska	Scotts Bluff County	4	4	716
						5345

50	31	159 Nebraska	Seward County	4	1	467
50	31	159 Nebraska	Seward County	4	2	536
50	31	159 Nebraska	Seward County	4	3	584
50	31	159 Nebraska	Seward County	4	4	795
						4577
50	31	161 Nebraska	Sheridan County	4	1	91
50	31	161 Nebraska	Sheridan County	4	2	120
50	31	161 Nebraska	Sheridan County	4	3	98
50	31	161 Nebraska	Sheridan County	4	4	111
						791
50	31	163 Nebraska	Sherman County	4	1	92
50	31	163 Nebraska	Sherman County	4	2	87
50	31	163 Nebraska	Sherman County	4	3	93
50	31	163 Nebraska	Sherman County	4	4	83
						641
50	31	165 Nebraska	Sioux County	4	1	27
50	31	165 Nebraska	Sioux County	4	2	21
50	31	165 Nebraska	Sioux County	4	3	27
50	31	165 Nebraska	Sioux County	4	4	23
						175
50	31	167 Nebraska	Stanton County	4	1	132
50	31	167 Nebraska	Stanton County	4	2	142
50	31	167 Nebraska	Stanton County	4	3	184
50	31	167 Nebraska	Stanton County	4	4	151
						1249
50	31	169 Nebraska	Thayer County	4	1	85
50	31	169 Nebraska	Thayer County	4	2	147
50	31	169 Nebraska	Thayer County	4	3	139
50	31	169 Nebraska	Thayer County	4	4	136
						1058
50	31	171 Nebraska	Thomas County	4	1	14
50	31	171 Nebraska	Thomas County	4	2	9
50	31	171 Nebraska	Thomas County	4	3	24
50	31	171 Nebraska	Thomas County	4	4	20
						140
50	31	173 Nebraska	Thurston County	4	1	75
50	31	173 Nebraska	Thurston County	4	2	60
50	31	173 Nebraska	Thurston County	4	3	65
50	31	173 Nebraska	Thurston County	4	4	59
						506
50	31	175 Nebraska	Valley County	4	1	111
50	31	175 Nebraska	Valley County	4	2	123
50	31	175 Nebraska	Valley County	4	3	130
50	31	175 Nebraska	Valley County	4	4	112

							934
50	31	177 Nebraska	Washington County	4	1	506	
50	31	177 Nebraska	Washington County	4	2	661	
50	31	177 Nebraska	Washington County	4	3	730	
50	31	177 Nebraska	Washington County	4	4	653	
							4835
50	31	179 Nebraska	Wayne County	4	1	183	
50	31	179 Nebraska	Wayne County	4	2	215	
50	31	179 Nebraska	Wayne County	4	3	264	
50	31	179 Nebraska	Wayne County	4	4	479	
							2289
50	31	181 Nebraska	Webster County	4	1	84	
50	31	181 Nebraska	Webster County	4	2	93	
50	31	181 Nebraska	Webster County	4	3	125	
50	31	181 Nebraska	Webster County	4	4	69	
							703
50	31	183 Nebraska	Wheeler County	4	1	20	
50	31	183 Nebraska	Wheeler County	4	2	18	
50	31	183 Nebraska	Wheeler County	4	3	24	
50	31	183 Nebraska	Wheeler County	4	4	22	
							170
50	31	185 Nebraska	York County	4	1	349	
50	31	185 Nebraska	York County	4	2	399	
50	31	185 Nebraska	York County	4	3	453	
50	31	185 Nebraska	York County	4	4	469	
							3146



NHWA_FEMALE	NHBA_MALE	NHBA_FEMALE	NHIA_MALE	NHIA_FEMALE	NHAA_MALE
683	16	12	3	3	4
737	12	18	4	6	12
771	16	8	8	5	11
831	22	14	14	7	18
74.42%	118	1.43%	50	0.61%	93
205	2	0	0	1	0
184	1	2	0	1	0
195	0	2	1	1	1
157	3	4	1	1	4
91.26%	14	0.84%	6	0.36%	6
11	0	0	0	0	0
6	0	0	0	0	0
19	0	0	0	0	0
16	0	0	0	0	0
93.81%	0	0.00%	0	0.00%	0
13	0	0	0	0	0
22	0	3	0	0	0
16	1	4	0	0	0
17	0	0	0	0	0
88.05%	8	5.03%	0	0.00%	0
8	0	0	0	0	0
12	0	1	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0
93.88%	1	1.02%	0	0.00%	0
156	2	1	0	0	0
168	2	3	0	0	0
179	3	1	1	0	2
134	1	1	0	2	2
91.24%	14	1.00%	3	0.21%	4
217	3	9	24	24	2
256	17	4	16	19	2
258	7	6	11	15	2
229	5	5	15	18	2
66.77%	56	1.92%	142	4.86%	14
36	0	0	1	0	1
38	1	0	0	1	0
53	0	0	2	2	0
40	0	0	2	2	1
89.11%	1	0.28%	10	2.79%	6
78	0	1	0	0	0
58	1	2	1	5	0
58	0	1	2	1	1

92	0	0	2	2	0
87.46%	5	0.73%	13	1.90%	1
1139	17	23	13	4	16
1233	15	21	5	9	19
1174	14	19	10	8	17
1567	19	20	2	6	33
79.11%	148	1.11%	57	0.43%	162
157	2	4	4	1	1
144	5	8	4	2	1
211	1	2	3	6	2
173	2	2	3	5	1
85.50%	26	1.53%	28	1.64%	11
207	1	2	1	6	0
263	1	3	2	4	3
252	2	6	0	0	2
235	5	2	0	1	0
84.99%	22	1.00%	14	0.64%	6
551	8	4	2	1	2
720	19	11	1	3	7
787	7	6	6	4	3
693	6	4	4	6	4
86.77%	65	0.96%	27	0.40%	46
268	3	0	6	3	0
240	1	3	1	0	0
251	3	0	2	1	2
250	1	0	0	0	0
93.61%	11	0.47%	13	0.56%	8
86	1	0	0	0	0
66	1	2	0	0	0
103	0	0	0	0	0
100	3	1	0	0	0
74.68%	8	0.79%	0	0.00%	3
139	0	0	21	27	0
149	1	0	14	16	1
112	2	2	12	24	1
117	1	1	16	15	1
74.68%	7	0.47%	145	9.79%	6
185	2	1	2	0	2
256	3	6	0	4	4
248	3	2	1	2	2
212	1	3	1	2	4
79.12%	21	0.89%	12	0.51%	27
158	4	2	0	1	0
172	3	4	2	0	0

156	1	0	3	0	0
166	5	3	2	1	0
82.20%	22	1.35%	9	0.55%	1
139	25	14	1	1	0
143	9	12	1	1	3
144	9	6	9	1	1
109	3	3	4	3	1
31.27%	81	2.37%	21	0.62%	15
239	0	2	1	2	2
219	2	1	0	2	0
220	4	1	1	4	2
246	3	0	2	0	3
79.71%	13	0.55%	12	0.51%	11
253	1	6	0	0	0
297	5	0	4	1	1
300	11	1	7	4	0
301	3	6	2	3	0
88.85%	33	1.21%	21	0.77%	2
216	139	120	28	19	17
238	65	105	16	34	25
278	59	73	22	22	29
238	45	27	19	18	35
28.33%	633	9.49%	178	2.67%	180
139	5	1	10	11	3
149	1	4	8	17	2
154	1	4	18	11	4
348	10	5	12	14	5
78.28%	31	1.56%	101	5.09%	22
350	109	110	2	8	16
373	95	58	2	6	14
380	45	38	4	3	7
378	53	37	6	7	8
43.50%	545	7.66%	38	0.53%	83
32	0	0	0	2	0
53	1	0	0	0	0
39	1	0	1	0	0
56	0	0	0	0	0
81.32%	2	0.46%	3	0.68%	0
106	4	1	1	1	1
134	1	0	3	4	0
133	0	2	2	1	0
122	0	1	1	2	0
69.89%	9	0.61%	15	1.01%	3
696	12	9	2	6	4

862	22	18	9	5	7
909	6	10	4	6	5
936	16	11	7	11	6
67.25%	104	1.03%	50	0.50%	35
9992	2638	2572	92	80	1166
10795	2673	2751	108	87	1184
10840	2770	2673	103	120	1008
10962	2661	2580	121	94	844
54.33%	21318	13.22%	805	0.50%	8265
41	0	0	1	0	0
28	4	0	1	2	0
35	1	1	1	2	0
27	0	1	0	0	0
77.81%	7	2.07%	7	2.07%	0
152	0	0	1	1	0
122	0	1	2	0	0
123	1	1	3	1	1
104	0	4	2	1	0
88.54%	7	0.62%	11	0.98%	8
65	2	1	0	0	0
68	0	1	0	0	0
66	2	1	0	0	0
61	0	0	0	0	0
88.89%	7	1.07%	0	0.00%	0
61	0	0	0	0	0
68	1	1	1	1	0
50	2	0	0	0	0
93	1	2	1	1	0
88.57%	7	1.07%	4	0.61%	3
106	1	0	0	0	2
106	5	2	1	3	0
108	4	1	2	0	0
122	0	0	0	0	0
87.10%	13	1.19%	6	0.55%	4
489	3	2	7	4	3
562	7	7	2	7	6
590	4	5	2	5	7
547	9	5	4	3	5
87.22%	42	0.81%	34	0.65%	33
42	0	0	0	0	0
42	0	0	1	0	0
38	0	0	1	0	0
22	0	0	0	0	0
86.60%	0	0.00%	2	0.52%	0

59	0	0	0	0	0
32	0	0	0	0	0
32	2	0	0	0	0
39	0	0	0	0	0
94.92%	2	0.56%	0	0.00%	0
30	0	0	0	0	1
52	2	1	1	1	0
40	0	1	1	2	0
33	0	1	0	0	0
85.14%	5	1.18%	5	1.18%	1
21	0	0	0	0	0
18	0	0	0	0	0
17	0	0	0	0	0
7	0	1	0	0	0
93.42%	1	0.66%	0	0.00%	0
50	0	0	0	0	0
72	2	0	0	0	0
80	2	2	0	0	0
59	0	2	0	0	0
93.90%	8	1.36%	0	0.00%	2
911	114	84	2	6	19
978	101	111	15	4	26
1200	88	67	10	10	21
1099	84	62	10	8	14
48.37%	711	3.90%	65	0.36%	150
238	7	0	0	1	3
274	0	1	0	0	0
264	2	1	1	3	0
238	0	2	2	0	0
88.75%	13	0.52%	7	0.28%	7
66	0	0	0	0	1
76	2	1	1	0	0
92	5	1	0	1	0
58	0	0	1	1	0
93.69%	9	1.29%	4	0.57%	2
19	2	1	0	0	0
30	1	1	0	0	0
31	1	0	1	0	0
21	0	0	0	0	0
82.14%	6	2.68%	1	0.45%	0
61	0	1	0	0	0
75	0	0	2	0	1
79	0	1	0	1	0
69	0	0	0	0	0

90.87%	2	0.29%	3	0.44%	2
264	1	2	1	0	1
291	4	6	0	2	0
316	2	6	2	0	0
272	3	5	1	0	2
87.46%	29	1.04%	6	0.22%	11
12	0	0	0	0	0
18	0	0	0	0	0
25	0	0	0	0	0
26	0	0	0	0	0
93.94%	0	0.00%	0	0.00%	0
167	2	1	0	0	1
203	1	1	1	0	1
191	4	1	2	0	1
163	2	2	2	0	1
90.43%	14	0.83%	5	0.30%	11
172	1	3	2	3	0
182	0	1	0	3	2
203	2	2	2	0	0
191	3	3	2	3	1
86.35%	15	0.85%	15	0.85%	7
71	0	1	0	2	0
114	0	1	0	0	1
115	1	1	0	0	4
107	3	0	0	0	1
80.06%	7	0.67%	2	0.19%	9
167	0	0	0	2	0
163	1	1	1	1	1
223	2	1	1	1	0
210	0	0	0	0	1
82.92%	5	0.27%	6	0.33%	4
161	0	5	2	0	0
181	5	3	1	1	1
177	1	1	0	0	0
177	3	2	0	1	1
80.82%	20	1.10%	5	0.27%	6
11	0	0	0	0	0
22	0	0	0	0	0
23	0	0	0	1	1
21	0	0	1	0	1
96.32%	0	0.00%	2	1.23%	2
65	0	3	1	0	1
67	0	0	1	0	1
69	2	1	0	0	2

74	0	0	3	2	2
77.23%	6	0.84%	7	0.98%	12
180	1	2	36	42	0
178	3	6	54	49	1
220	4	0	45	46	2
231	2	1	39	35	3
72.75%	19	0.84%	346	15.36%	9
6017	548	518	48	53	494
6660	526	521	70	65	495
7215	631	511	54	58	466
9061	610	606	75	69	543
70.64%	4471	5.33%	492	0.59%	3867
675	16	15	5	4	8
731	11	19	7	7	10
885	11	23	6	3	6
927	10	12	8	4	8
78.35%	117	1.39%	44	0.52%	74
16	1	0	0	0	0
11	0	0	0	0	0
13	0	0	0	1	0
21	0	0	0	0	0
84.62%	1	0.59%	1	0.59%	0
15	0	0	0	0	0
12	0	0	0	0	0
12	0	1	0	0	0
10	0	0	0	0	0
87.30%	1	0.79%	0	0.00%	1
6	0	0	0	0	0
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0
93.24%	0	0.00%	0	0.00%	0
761	18	12	19	11	20
860	16	11	12	13	25
884	22	14	24	15	16
854	25	15	22	19	12
67.54%	133	1.34%	135	1.36%	191
169	1	2	2	0	1
204	0	3	2	1	2
224	1	1	2	1	0
177	0	1	2	0	11
85.92%	9	0.48%	10	0.54%	34
85	3	0	1	0	0
90	2	0	3	0	2

100	0	0	3	2	0
102	0	1	2	1	2
70.78%	6	0.53%	12	1.07%	8
90	2	0	0	0	0
88	2	2	0	0	0
108	1	0	1	1	0
95	0	2	0	0	0
90.89%	9	1.05%	2	0.23%	0
180	1	4	0	1	0
187	1	4	1	0	0
230	2	4	0	0	0
256	8	5	0	3	1
90.94%	29	1.51%	5	0.26%	6
95	0	3	0	0	2
98	1	1	0	0	5
109	0	1	0	1	5
89	1	0	0	0	1
89.26%	7	0.78%	1	0.11%	15
384	11	5	1	1	2
390	8	5	1	2	2
437	7	9	5	1	4
397	7	4	6	3	2
79.76%	56	1.33%	20	0.47%	29
82	0	0	0	0	0
78	0	4	1	0	0
63	0	3	0	0	1
59	4	1	0	0	0
91.21%	12	1.95%	1	0.16%	1
71	0	0	1	1	0
86	1	0	1	0	0
89	1	0	0	0	0
78	1	2	0	0	0
88.44%	5	0.68%	3	0.41%	2
237	0	3	2	0	1
232	2	3	2	3	0
241	3	2	5	2	0
208	0	2	2	2	1
85.54%	15	0.64%	18	0.76%	9
229	1	1	1	5	0
248	1	2	0	1	2
239	5	1	2	1	1
204	1	1	1	1	1
90.87%	13	0.64%	12	0.59%	14
713	18	11	3	2	8



728	25	12	3	3	12
816	20	11	4	7	17
775	19	12	9	4	10
63.60%	128	1.32%	35	0.36%	90
106	0	0	1	2	0
126	2	1	1	1	0
152	3	2	1	0	2
152	2	1	0	0	0
84.98%	11	0.85%	6	0.46%	5
271	3	5	1	0	0
253	1	10	3	2	1
280	4	6	4	1	0
281	11	1	4	0	0
84.17%	41	1.57%	15	0.57%	4
177	2	1	12	11	1
192	1	1	6	3	0
203	1	2	2	4	0
187	3	1	15	4	0
87.06%	12	0.65%	57	3.10%	7
32	0	0	0	0	0
40	0	0	0	0	0
31	1	0	0	0	0
36	0	0	2	0	0
95.67%	1	0.33%	2	0.67%	0
195	6	3	1	2	13
244	6	9	2	3	22
277	3	4	2	1	11
263	6	5	2	1	9
51.40%	42	1.01%	14	0.34%	146
4329	289	311	28	33	195
4870	320	321	21	33	193
5248	319	274	18	22	193
4835	295	240	21	21	121
71.55%	2369	4.24%	197	0.35%	1380
620	3	4	3	3	0
713	3	4	5	4	10
749	5	5	3	1	3
616	6	13	2	2	6
91.61%	43	0.69%	23	0.37%	26
524	12	6	21	9	8
609	11	9	24	24	5
710	14	3	21	20	6
750	17	3	26	19	14
56.07%	75	0.79%	164	1.72%	72

460	6	2	1	2	1
498	3	5	2	4	0
589	4	3	2	1	3
648	15	6	2	6	7
91.67%	44	0.88%	20	0.40%	21
92	0	0	24	18	0
95	1	3	16	18	1
96	0	0	23	14	1
88	0	1	29	21	1
66.81%	5	0.42%	163	13.77%	7
60	2	1	2	1	1
66	1	3	0	0	3
76	0	2	0	0	0
84	0	1	1	0	0
89.65%	10	1.40%	4	0.56%	9
22	0	0	1	0	0
14	0	0	0	0	0
16	0	0	3	0	0
25	0	0	0	2	0
84.54%	0	0.00%	6	2.90%	0
177	0	4	2	2	0
146	4	3	2	0	3
163	5	1	1	2	0
154	2	0	0	3	1
83.71%	19	1.27%	12	0.80%	4
125	1	2	0	0	2
146	4	3	3	0	0
152	0	2	1	0	2
128	1	1	0	1	0
89.21%	14	1.18%	5	0.42%	4
15	0	0	0	0	0
22	0	1	0	1	0
19	2	0	0	2	0
17	0	1	0	0	0
85.89%	4	2.45%	3	1.84%	0
66	0	3	162	181	3
53	3	0	176	180	3
72	3	1	207	201	4
56	2	2	234	188	0
20.14%	14	0.56%	1529	60.87%	23
109	0	1	0	1	0
118	0	0	0	2	0
131	1	1	0	0	1
100	0	1	2	1	1

91.03%	4	0.39%	6	0.58%	7
450	5	9	1	1	2
590	10	21	4	6	3
652	9	14	3	4	1
593	9	3	0	3	8
89.19%	80	1.48%	22	0.41%	27
173	4	3	1	1	0
216	3	6	1	1	2
209	5	3	1	1	0
550	28	18	3	4	3
81.98%	70	2.51%	13	0.47%	17
72	0	0	0	1	0
69	0	0	2	1	0
95	2	0	1	0	0
96	1	0	1	2	0
85.52%	3	0.36%	8	0.97%	0
31	0	0	0	0	0
30	0	0	1	1	0
16	0	0	0	0	0
9	0	0	0	0	0
89.47%	0	0.00%	2	1.05%	0
306	11	8	12	2	3
374	8	3	5	5	1
379	12	5	6	2	1
417	18	8	1	2	3
84.73%	73	1.97%	35	0.94%	23

NHAA_FEMALE	NHNA_MALE	NHNA_FEMALE	NHTOM_MALE	NHTOM_FEMALE	H_MALE	H_FEMALE
6	0	0	30	29	211	238
10	3	0	21	18	235	239
5	1	0	13	18	185	182
27	0	0	19	23	208	177
1.13%	4	0.05%	171	2.07%	1675	20.29%
0	0	0	1	2	15	16
0	0	0	3	9	9	12
0	0	0	2	1	16	10
1	0	0	1	0	8	15
0.36%	0	0.00%	19	1.14%	101	6.04%
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	3	0
0	0	0	1	2	1	0
0.00%	0	0.00%	3	2.65%	4	3.54%
0	0	0	0	0	1	0
0	0	0	0	0	0	0
0	0	0	0	0	3	3
0	0	0	0	0	2	2
0.00%	0	0.00%	0	0.00%	11	6.92%
0	0	0	4	0	0	0
0	0	0	0	0	1	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0.00%	0	0.00%	4	4.08%	1	1.02%
0	0	0	10	7	16	13
0	0	0	4	2	11	7
0	0	0	0	3	4	10
0	0	0	0	0	6	9
0.28%	0	0.00%	26	1.85%	76	5.41%
2	0	0	9	7	81	67
2	0	0	22	18	106	99
0	0	0	20	22	80	83
2	0	0	16	18	54	57
0.48%	0	0.00%	132	4.52%	627	21.46%
1	0	0	0	0	0	0
0	0	0	2	0	1	1
0	0	0	1	1	5	6
3	0	0	0	0	2	3
1.68%	0	0.00%	4	1.12%	18	5.03%
0	0	0	2	3	2	9
0	0	0	0	1	11	11
0	0	0	3	5	4	2

0	0	0	2	3	6	3
0.15%	0	0.00%	19	2.77%	48	7.00%
25	8	5	45	59	258	254
17	6	3	45	66	250	227
14	5	6	54	32	255	227
21	0	2	43	37	261	268
1.22%	35	0.26%	381	2.86%	2000	15.02%
1	0	0	7	8	6	12
1	0	0	13	10	10	14
1	0	0	9	10	13	11
3	0	0	8	8	27	16
0.65%	0	0.00%	73	4.28%	109	6.40%
0	0	0	8	15	38	31
0	0	0	5	6	26	35
0	0	0	9	6	35	23
1	0	0	10	3	16	21
0.27%	0	0.00%	62	2.83%	225	10.26%
4	0	0	30	38	76	55
13	1	1	37	45	55	46
9	0	1	37	33	70	64
4	0	0	25	27	64	54
0.68%	3	0.04%	272	4.01%	484	7.14%
1	0	0	7	9	3	11
4	0	0	0	3	8	7
0	0	0	9	7	14	17
1	0	0	1	7	9	5
0.34%	0	0.00%	43	1.84%	74	3.17%
2	0	0	0	2	36	40
1	0	0	0	1	16	29
0	0	0	4	1	39	24
0	0	0	1	2	18	32
0.30%	0	0.00%	11	1.09%	234	23.15%
0	0	0	8	11	12	14
1	0	0	8	21	31	16
0	1	0	11	14	19	14
2	0	0	13	8	7	9
0.41%	1	0.07%	94	6.35%	122	8.24%
2	0	0	18	4	50	45
5	0	0	10	12	46	41
2	2	1	10	7	50	40
6	0	0	4	4	53	38
1.14%	3	0.13%	69	2.91%	363	15.31%
0	0	0	3	7	22	20
0	0	0	5	6	24	32

1	0	0	1	1	45	29
0	0	0	2	3	28	30
0.06%	0	0.00%	28	1.72%	230	14.12%
4	0	0	3	4	301	245
2	0	0	1	4	239	319
2	0	3	4	4	236	295
2	0	0	5	6	312	247
0.44%	3	0.09%	31	0.91%	2194	64.30%
0	0	0	20	5	41	32
1	0	0	7	8	50	45
0	0	0	6	9	62	45
3	0	0	4	6	56	50
0.46%	0	0.00%	65	2.74%	381	16.04%
1	0	0	14	5	27	13
0	0	0	8	6	23	46
0	0	0	6	11	18	32
0	0	0	5	6	14	14
0.07%	0	0.00%	61	2.24%	187	6.86%
14	9	12	27	19	417	454
20	7	7	24	28	521	430
18	14	9	23	32	489	405
22	7	4	21	20	444	365
2.70%	69	1.03%	194	2.91%	3525	52.86%
1	1	0	20	13	22	21
3	0	0	5	8	26	24
1	2	0	8	7	16	16
3	3	2	12	11	25	35
1.11%	8	0.40%	84	4.23%	185	9.32%
6	8	6	8	8	442	395
13	4	2	10	23	421	398
8	5	7	9	5	423	350
11	3	3	9	7	438	369
1.17%	38	0.53%	79	1.11%	3236	45.49%
0	0	0	3	0	12	8
0	0	0	4	0	9	7
0	0	0	2	0	6	6
0	0	0	3	2	10	5
0.00%	0	0.00%	14	3.19%	63	14.35%
1	0	0	7	4	60	40
1	0	0	5	7	48	67
0	0	0	10	3	46	44
0	0	0	3	2	39	33
0.20%	0	0.00%	41	2.77%	377	25.51%
1	1	0	33	35	405	426

2	0	1	26	28	359	362
5	1	1	37	19	350	311
5	4	6	25	14	384	280
0.35%	14	0.14%	217	2.16%	2877	28.58%
1110	18	12	1147	1088	4573	4522
1170	13	4	1098	1033	4500	4438
937	5	4	1087	1035	4407	4219
846	6	7	941	900	4094	4103
5.13%	69	0.04%	8329	5.17%	34856	21.62%
0	0	0	2	1	2	1
0	0	0	0	2	8	5
0	0	0	1	0	7	10
0	0	0	2	2	14	4
0.00%	0	0.00%	10	2.96%	51	15.09%
0	0	0	2	0	9	2
0	0	0	3	0	10	10
4	0	0	5	2	16	9
3	0	0	5	4	10	16
0.71%	0	0.00%	21	1.87%	82	7.28%
0	0	0	3	3	4	8
0	0	0	3	2	8	6
0	0	0	3	1	7	6
0	0	0	2	2	4	4
0.00%	0	0.00%	19	2.89%	47	7.15%
2	0	0	3	2	9	6
0	0	0	0	3	4	8
1	0	0	1	0	10	4
0	0	0	3	1	4	3
0.46%	0	0.00%	13	1.98%	48	7.32%
0	0	0	3	5	11	16
1	0	0	3	2	11	9
0	0	0	3	5	15	9
1	0	0	4	2	10	10
0.37%	0	0.00%	27	2.47%	91	8.33%
5	0	0	27	30	53	26
4	0	0	31	26	50	43
0	0	0	15	26	59	61
3	0	0	17	19	38	36
0.63%	0	0.00%	191	3.67%	366	7.02%
0	0	0	0	0	5	1
0	0	0	0	0	3	3
0	0	0	4	1	4	8
0	0	0	2	2	11	6
0.00%	0	0.00%	9	2.32%	41	10.57%

0	0	0	4	0	0	0
0	0	0	2	0	0	2
0	0	0	0	3	1	0
0	0	0	0	1	1	2
0.00%	0	0.00%	10	2.82%	6	1.69%
0	0	0	3	1	5	5
0	0	0	0	0	5	6
0	0	0	1	0	4	6
0	0	0	3	1	10	2
0.24%	0	0.00%	9	2.12%	43	10.14%
0	0	0	0	0	1	1
0	0	0	0	0	1	0
0	0	0	0	0	2	0
0	0	0	0	3	1	0
0.00%	0	0.00%	3	1.97%	6	3.95%
1	0	0	0	0	1	2
0	0	0	0	1	5	2
0	0	0	0	1	5	3
1	0	0	0	1	3	2
0.34%	0	0.00%	3	0.51%	23	3.90%
23	0	0	45	40	1133	1031
16	0	2	44	48	1154	1058
12	2	5	62	44	976	917
19	7	1	39	43	938	909
0.82%	17	0.09%	365	2.00%	8116	44.46%
1	0	0	7	7	15	17
0	0	0	16	8	23	21
3	0	0	14	14	36	23
0	0	0	2	4	23	22
0.28%	0	0.00%	72	2.90%	180	7.26%
0	0	0	2	1	2	1
1	0	0	0	2	2	3
0	0	0	2	4	2	2
0	0	0	1	2	0	3
0.29%	0	0.00%	14	2.01%	15	2.15%
0	0	0	1	3	4	6
0	0	0	2	2	4	3
0	0	0	2	1	0	1
0	0	0	0	0	2	2
0.00%	0	0.00%	11	4.91%	22	9.82%
1	0	0	5	6	1	4
0	0	0	2	1	4	5
0	0	0	0	3	3	3
0	0	0	1	2	6	9



0.29%	0	0.00%	20	2.95%	35	5.15%
2	0	0	7	3	45	33
1	0	0	6	6	38	34
2	0	0	11	6	28	27
3	0	0	2	1	24	32
0.40%	0	0.00%	42	1.51%	261	9.38%
0	0	0	0	0	0	0
0	0	0	0	0	3	1
0	0	0	1	0	0	2
0	0	0	1	0	0	2
0.00%	0	0.00%	2	1.21%	8	4.85%
1	0	0	9	1	9	14
2	0	0	5	0	15	12
2	0	0	4	4	12	12
2	0	1	4	3	10	17
0.65%	1	0.06%	30	1.77%	101	5.97%
0	0	0	5	9	25	31
0	0	0	3	5	19	22
1	0	0	4	4	13	20
3	0	0	5	5	15	20
0.39%	0	0.00%	40	2.26%	165	9.31%
0	0	0	4	8	12	5
2	0	0	3	6	21	15
0	0	0	2	4	20	23
1	0	0	4	2	25	35
0.87%	0	0.00%	33	3.18%	156	15.03%
0	0	0	5	2	42	20
2	0	0	7	4	43	33
0	0	0	2	1	26	41
0	0	0	4	1	26	41
0.22%	0	0.00%	26	1.42%	272	14.84%
1	0	0	5	5	35	25
1	0	0	5	6	38	29
1	0	0	6	3	41	43
1	0	0	12	5	25	35
0.33%	0	0.00%	47	2.58%	271	14.89%
0	0	0	0	0	1	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	1	0
1.23%	0	0.00%	0	0.00%	2	1.23%
0	0	0	11	3	9	11
1	0	0	3	1	13	19
2	0	0	7	3	13	11

3	1	0	3	3	17	10
1.68%	1	0.14%	34	4.75%	103	14.39%
0	0	0	11	13	19	30
0	0	0	8	12	26	15
0	0	1	12	15	17	18
3	0	0	5	8	13	17
0.40%	1	0.04%	84	3.73%	155	6.88%
442	6	5	623	565	1456	1350
447	14	9	644	603	1402	1318
415	3	10	621	646	1362	1248
565	5	3	643	626	1357	1304
4.61%	55	0.07%	4971	5.92%	10797	12.86%
11	2	0	28	27	176	151
9	0	0	26	32	187	176
9	0	1	23	43	177	168
13	2	0	28	18	166	156
0.88%	5	0.06%	225	2.67%	1357	16.12%
0	0	0	0	0	3	0
0	0	0	4	0	1	2
0	0	0	2	1	3	1
0	0	0	0	0	1	6
0.00%	0	0.00%	7	4.14%	17	10.06%
0	0	0	0	0	2	0
0	0	0	0	0	2	2
0	0	0	0	0	1	4
1	0	0	0	0	2	1
0.79%	0	0.00%	0	0.00%	14	11.11%
0	0	0	0	0	0	0
0	0	0	0	0	1	1
0	0	0	0	1	0	1
0	0	0	0	0	0	1
0.00%	0	0.00%	1	1.35%	4	5.41%
28	0	0	24	60	343	310
35	0	0	36	31	294	350
37	0	0	58	37	302	277
18	0	0	44	28	304	266
1.92%	0	0.00%	318	3.20%	2446	24.63%
1	0	0	3	2	22	24
1	0	0	4	4	22	18
2	0	0	7	8	15	15
16	1	0	5	8	30	22
1.82%	1	0.05%	41	2.19%	168	8.99%
2	0	0	8	4	34	29
0	0	0	4	3	28	36

1	0	0	7	0	30	35
1	0	0	10	3	34	38
0.71%	0	0.00%	39	3.46%	264	23.45%
0	0	0	1	1	15	6
0	0	0	3	7	8	3
0	0	0	0	3	5	4
0	0	0	1	0	7	3
0.00%	0	0.00%	16	1.87%	51	5.96%
1	0	0	7	7	3	9
0	0	0	10	8	6	15
2	0	0	4	2	17	11
2	0	0	2	5	15	13
0.31%	0	0.00%	45	2.34%	89	4.64%
1	0	0	1	0	13	1
0	0	0	4	1	6	5
0	0	0	2	1	5	8
1	0	0	0	2	11	13
1.68%	0	0.00%	11	1.23%	62	6.94%
7	0	0	26	14	68	77
4	0	0	16	20	77	76
3	1	0	18	11	87	68
5	3	0	14	8	87	78
0.69%	4	0.09%	127	3.01%	618	14.64%
0	0	0	1	1	3	2
0	0	0	3	0	1	1
0	0	0	8	2	2	3
0	0	0	4	3	5	1
0.16%	0	0.00%	22	3.58%	18	2.93%
0	0	0	1	0	5	6
1	0	0	4	1	9	8
1	0	0	1	2	5	7
0	0	0	2	0	15	9
0.27%	0	0.00%	11	1.50%	64	8.71%
1	0	0	11	6	42	28
2	0	0	4	11	27	33
1	0	0	3	5	25	38
3	0	0	10	9	26	21
0.38%	0	0.00%	59	2.50%	240	10.18%
1	0	0	2	7	15	11
6	0	0	4	11	10	14
3	0	0	5	8	9	15
0	0	0	4	3	14	15
0.69%	0	0.00%	44	2.16%	103	5.06%
11	0	0	8	16	392	403

14	0	1	11	19	444	448
5	1	2	23	17	408	377
13	0	0	13	18	350	317
0.93%	4	0.04%	125	1.29%	3139	32.45%
0	0	0	1	8	19	17
0	0	0	2	7	22	15
2	0	0	8	3	12	23
1	0	1	1	3	17	14
0.39%	1	0.08%	33	2.54%	139	10.71%
0	0	1	6	11	40	55
1	0	0	10	4	37	35
1	1	0	8	5	28	30
1	0	0	7	4	42	30
0.15%	2	0.08%	55	2.10%	297	11.36%
3	0	0	13	11	1	8
0	0	0	13	6	10	7
2	0	0	10	18	13	10
1	0	0	16	12	7	7
0.38%	0	0.00%	99	5.38%	63	3.43%
0	0	0	0	0	1	2
0	0	0	0	0	0	1
0	0	0	1	0	1	1
0	0	0	0	2	0	1
0.00%	0	0.00%	3	1.00%	7	2.33%
6	0	0	10	17	253	231
10	0	0	10	9	218	208
55	0	2	11	9	202	203
20	0	1	5	7	254	168
3.51%	3	0.07%	78	1.88%	1737	41.79%
160	6	10	385	354	1119	1093
165	7	11	432	418	1160	1085
188	5	7	424	465	1118	1097
165	9	6	356	379	1069	940
2.47%	61	0.11%	3213	5.75%	8681	15.53%
1	0	0	24	15	31	27
1	0	0	28	38	30	28
2	0	0	25	26	31	33
3	0	0	24	17	33	19
0.42%	0	0.00%	197	3.17%	232	3.74%
8	0	2	29	28	443	492
10	2	1	22	29	471	457
13	1	0	21	30	472	436
8	0	0	20	21	463	437
0.76%	6	0.06%	200	2.10%	3671	38.51%

1	0	0	19	12	33	20
0	0	0	21	19	19	14
2	0	0	25	12	23	20
7	0	0	22	18	30	24
0.42%	0	0.00%	148	2.96%	183	3.67%
2	0	0	12	11	28	6
1	0	0	8	12	23	22
1	0	0	7	13	10	21
0	1	1	12	7	16	8
0.59%	2	0.17%	82	6.93%	134	11.32%
0	0	0	3	2	4	3
1	0	0	1	1	7	3
2	0	0	5	4	6	5
2	0	0	0	1	3	3
1.26%	0	0.00%	17	2.38%	34	4.76%
0	0	0	0	0	0	2
0	0	0	0	0	1	2
0	0	0	0	1	3	4
0	0	0	1	1	6	5
0.00%	0	0.00%	3	1.45%	23	11.11%
0	0	0	3	8	15	21
0	0	0	8	5	20	23
0	0	0	3	6	33	13
0	0	0	5	3	24	18
0.27%	0	0.00%	41	2.75%	167	11.19%
0	0	0	3	3	11	2
0	0	0	4	8	12	7
0	1	0	4	10	8	8
0	0	0	2	3	10	9
0.34%	1	0.08%	37	3.12%	67	5.65%
0	0	0	0	1	0	3
0	0	0	0	0	0	2
0	0	0	2	0	2	1
0	0	0	2	0	1	2
0.00%	0	0.00%	5	3.07%	11	6.75%
1	2	0	6	5	65	34
8	0	0	12	16	77	79
3	0	0	15	7	32	38
1	0	0	3	13	20	16
0.92%	2	0.08%	77	3.07%	361	14.37%
1	0	0	1	1	7	4
4	0	0	4	1	3	6
0	0	0	4	4	9	8
0	0	0	4	3	6	10

0.68%	0	0.00%	22	2.14%	53	5.17%
2	1	1	28	11	37	31
4	0	1	30	24	35	26
3	0	0	11	31	34	46
4	0	0	14	19	38	39
0.50%	3	0.06%	168	3.10%	286	5.28%
0	0	0	7	7	42	68
0	0	0	11	5	37	49
2	0	0	8	10	35	18
10	0	1	11	12	32	50
0.61%	1	0.04%	71	2.54%	331	11.86%
0	1	1	10	3	18	5
0	0	0	2	2	10	6
0	0	1	3	2	7	10
0	0	0	1	2	10	14
0.00%	3	0.36%	25	3.04%	80	9.73%
0	0	0	0	0	0	5
0	0	0	0	0	4	0
0	0	0	1	0	1	2
0	0	0	1	2	0	2
0.00%	0	0.00%	4	2.11%	14	7.37%
2	0	0	6	9	39	38
4	0	0	7	20	41	40
7	0	0	15	15	30	61
2	0	0	17	15	37	46
0.62%	0	0.00%	104	2.80%	332	8.94%

Male

8254	4187
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1671	852
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113	59
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159	79
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98	60
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1404	708
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2922	1485
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358	171
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686

351

13320

6834

1704

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2192

1070

6782

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2333

1245

1011

519

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2371

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3421

1984

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7113

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1478

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10068

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161254

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1126

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74

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9930

4984

1868

964

1126

593

856

443

1920

971

894

464

4220

2211

614

311

735

373

2358

1265

2037

1010

9673

4918

1298

661

2615

1327

1839

968

300

154

4156

2203

55887

28807

6208

3264

9533

4875

4993

2620

1184

633

715

394

207

113

1492

740

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576

163

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2512

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5421

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# **Community Health Needs Assessment Gage County, NE**

On Behalf of Beatrice Community Hospital



**June 2023**

VVV Consultants LLC  
Olathe, KS

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# I. Executive Summary

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[VVV Consultants LLC]

# I. Executive Summary

## Beatrice Community Hospital (Primary Service Area) – Gage County, NE - 2023 Community Health Needs Assessment (CHNA)

The previous CHNA for BCH and their primary service area, was completed in 2020. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Gage County, NE CHNA assessment began in December of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital "Mission" to deliver.

## County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

2023 CHNA Priorities				
Unmet Health Needs - Gage County NE				
on behalf of Beatrice Community Hospital				
Wave #4 Town Hall - 5/2/23 (47 Attendees / 168 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)	28	16.7%	17%
2	Childcare (Accessible & Affordable)	17	10.1%	27%
3	Housing (Safe and Affordable)	17	10.1%	65%
4	Transportation Services	16	9.5%	36%
5	Poverty	16	9.5%	46%
6	Substance Abuse (Drugs & Alcohol)	16	9.5%	55%
7	Obesity (Healthy Foods & Exercise)	13	7.7%	73%
Total Votes		168	100%	
Other needs receiving votes: EPC access, Bilingual/Immigration Support, Chronic Disease Management, Visiting Specialist: Pediatric & Audiology, Affordable Health Services, Emergency Services, Human Trafficking, Parenting Ed & Support, Domestic & Sexual Violence, Senior Health, Uninsured/ Underinsured, Victim Assistant Services/ Funding, School Special Needs, and Awareness of HC Community Resources.				

## Town Hall CHNA Findings: Areas of Strengths

CHNA Gage Co NE - Community Health Strengths			
#	Topic	#	Topic
1	Law Enforcement	9	Resources for Poverty
2	Available Providers	10	Cultural Humility
3	Maternity Care	11	College SCC (SE Community College)
4	Collaboration in Community	10	Literacy -Schools Graduation Rate
5	Trails and Parks	11	YMCA/ Future Vision
6	Health Care Facilities	12	Health Literacy
7	Emergency Services	13	Economic Diversity
8	Spiritual Care	14	

## Key CHNA Wave #4 Secondary Research Conclusions found:

**NEBRASKA HEALTH RANKINGS:** According to the 2023 Robert Woods Johnson Health Rankings, Gage County, NE Average was ranked 61<sup>st</sup> in Health Outcomes, 58<sup>th</sup> in Health Factors, and 62<sup>nd</sup> in Physical Environmental Quality out of the 72 Counties.

**TAB 1.** Gage County's population is 21,616 (based on 2021). About five percent (5.3%) of the population is under the age of 5, while the population that is over 65 years old is 21.6%. As of 2020, 3.3% of citizens speak a language other than English in their home. Children in single parent households make up a total of 19.0% compared to the rural norm of 19.6%, and 89.3% are living in the same house as one year ago.

**TAB 2.** In Gage County, the average per capita income is \$30,918 while 12.0% of the population is in poverty. The severe housing problem was recorded at 8.0% compared to the rural norm of 12.0%. Those with food insecurity in Gage County is 8.0%, and those having limited access to healthy foods (store) is 8.0%. Individuals recorded as having a long commute while driving alone is 27.0% compared to the norm of 25.4%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Gage County is 50.0%. Roughly ninety-one percent (90.9%) of students graduated high school compared to the rural norm of 90.2%, and 20.2% have a bachelor's degree or higher.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 87.3% compared to the rural norm of 70.1%. Additionally, 7.0% of births in Gage County have a low birth weight. The percent of all births occurring to teens (15-19) is 19.0%.

**TAB 5.** The Gage County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,540 residents. There were 1,227 preventable hospital stays in 2020 compared to the Rural Norm of 2,126.

**TAB 6.** In Gage County, 15.7% of the Medicare population has depression. The average mentally unhealthy days last reported (2020) is 4.1 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 24.3.

**TAB 7a – 7b.** Gage County has an obesity percentage of 39.0% and a physical inactivity percentage is 24.0%. The percentage of adults who smoke is 19.0%, while the excessive drinking percentage is 24.0%. The Medicare hypertension percentage is 58.3%, while their heart failure percentage is 14.8%. Those with chronic kidney disease amongst the Medicare population is 21.3% compared to the rural norm of 20.1%. The percentage of individuals who were recorded with COPD was 11.7%. Gage County recorded 2.3% of individuals having had a stroke.

**TAB 8.** The adult uninsured rate for Gage County is 9.0% (based on 2020) compared to the rural norm of only 10.6%.

**TAB 9.** The life expectancy rate in Gage County for males and females is roughly seventy-eight years of age (77.8). Alcohol-impaired driving deaths for Gage County is 36.0% while age-adjusted Cancer Mortality rate per 100,000 is 171.4. The age-adjusted heart disease mortality rate per 100,000 is at 166.6.

**TAB 10.** A recorded 59.0% of Gage County has access to exercise opportunities. Those reported having diabetes was 9.0%. Continually, forty-six percent of women in Gage County seek annual mammography screenings compared to the rural norm of 43.5%.

## Key CHNA Wave #4 Primary Research Conclusions found:

**Community Feedback from residents, community leaders and providers (N=205) provided the following community insights via an online perception survey:**

- Using a Likert scale, average between Gage County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 71.8%.
- Gage County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Dentists, Optometry, Hospice, Inpatient Services, Pharmacy, and Primary Care.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Substance Abuse, Affordable Healthcare Services, Obesity, Affordable Healthcare Insurance, Suicide, Economic Development, Chronic Diseases, and Access to Healthy Foods.

Gage Co NE - CHNA YR 2023 N=305					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare)	169	14.8%		1
2	Substance Abuse (Drugs & Alcohol)	152	13.3%		2
3	Obesity (Nutrition & Exercise)	124	10.9%		4
4	Affordable Healthcare Services	123	10.8%		3
5	Affordable Healthcare Insurance	103	9.0%		5
6	Economic Development (Poverty)	93	8.2%		7
7	Suicides	85	7.5%		6
8	Chronic Diseases (Cancer, Heart, etc.)	69	6.1%		8
9	Bullying / Cyber-bullying	66	5.8%		9
10	Access to Healthy Foods	63	5.5%		10
11	Fitness Programs	51	4.5%		12
12	Healthcare Apathy - Own Your Own Health	41	3.6%		11
Totals		1139	100.0%		



## II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (e.g., *through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

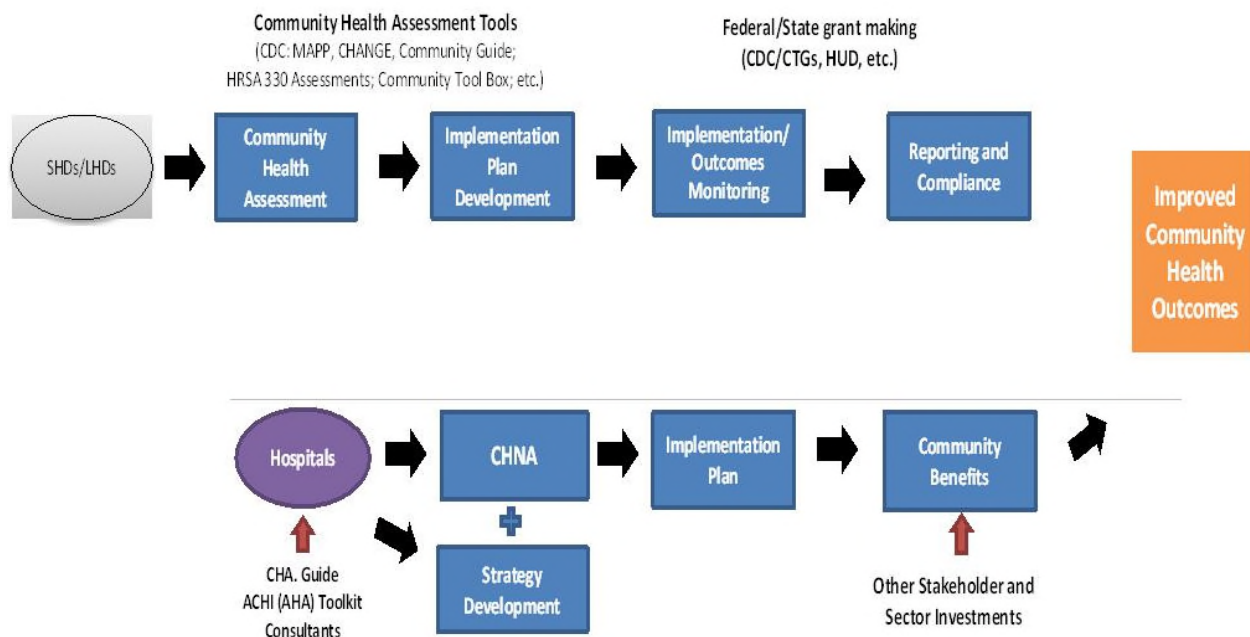
#### **JOB #2: Making a CHNA Widely Available to the Public**

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

### **JOB #3: Adopt an Implementation Strategy by Hospital**

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



## IRS Requirements Overview (Notice 2011-52)

### Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

#### Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

#### How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

#### Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

#### Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

#### Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

## **Making a CHNA Widely Available to the Public**

The Notice provides that a CHNA will be considered to be “**conducted**” in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

## **How and When to Adopt an Implementation Strategy**

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “**adopted**” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

## **IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(c)(3) Last Reviewed or Updated: 21-Aug-2020**

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545, hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

### **Additional Sources of Input**

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

### **Collaboration on CHNA Reports**

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

### **Joint Implementation Strategies**

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

### **Adoption of Implementation Strategy**

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

**Acquired Facilities** A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

### **New Hospital Organizations**

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

### **New Hospital Facilities**

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

### **Transferred/Terminated Facilities**

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

## **Public Health Criteria:**

### **Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.**

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

#### **DOMAIN 1 includes 4 STANDARDS:**

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

#### **Required CHNA Planning Process Requirements:**

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

#### **Seven Steps of Public Health Department Accreditation (PHAB):**

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

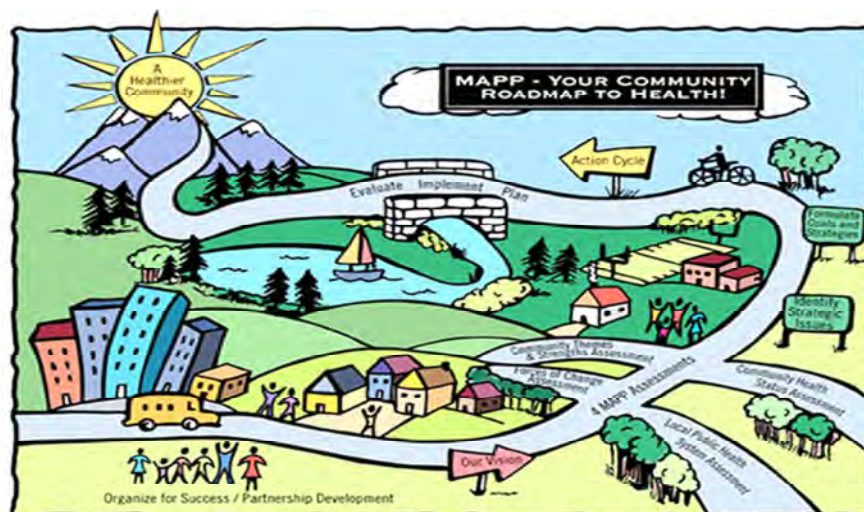


## MAPP Process Overview

**Mobilizing for Action through Planning and Partnerships (MAPP)** is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

**The MAPP process includes the following six phases.** It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



## Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

### National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

### CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

# Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

## **II. Methodology**

### **b) Collaborating CHNA Parties**

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and health department CHNA partners:

#### **Beatrice Community Hospital & Health Center**

**4800 Hospital Parkway, Beatrice, NE, 68310**

**Phone: (402) 228-3344**

**CEO: Rick Haraldson**

#### **Mission**

We are dedicated to be the healthcare resource for the communities we serve by providing quality services and compassionate care.

#### **Vision**

Caring People, Committed to Caring for People

#### **Services**

##### **Clinics**

- Beatrice Express Care - 402-223-6543
- Beatrice Family & Internal Medicine Clinic - 402-228-4295
- Beatrice General Surgery - 402-228-4236
- Beatrice Immunization Clinic – 402-223-2366
- Beatrice Orthopaedics and Sports Medicine Clinic - 402-228-5417
- Beatrice Specialty Provider Clinic - 402-223-7275
- Beatrice Women's & Children's Clinic - 402-228-3117
- Wymore Medical Clinic - 402-645-3310

##### **Community Events**

- Gage County Relay for Life Survivor Meal
- Grief Education & Support Class
- Healthcare Education Pop-up Booths
- Diabetes Education Class
- Infant Bereavement Service
- Parkinson's Support Group
- Breastfeeding Support Group
- First Grade Tours
- Bloodmobile Drives

##### **Home & Community Services**

- Children and Adult Immunization Clinic - 402-223-2366
- Home Care
- Hospice

**Hospital Services: Call: (402) 228-3344**

- Acute Care
- Aesthetics
- Behavioral Health Services
- Cardiopulmonary Services
- Diabetes Education
- Diagnostic Imaging
  - CT
  - Fluoroscopy
  - MRI
  - Nuclear Imaging
  - PET/CT
  - Digital X-ray
  - Bone Density
  - Ultrasound
  - Vascular Ultrasound
  - Mammography 3D
  - Vascular Ultrasound
  - Echo
- Emergency Department
- Hospitalists
- Infusion Center
- Joint Camp
- Laboratory
  - On demand testing
- Maternity
- Birth & Family Preparation Classes
- Certified Lactation Counselors
- Super Sibling Class
- Nutritional Services
- Pain
- Sleep Center
- Surgery
- Swing Bed
- Wound and Ostomy Services
- Rehabilitative Services
  - Cardiac and Pulmonary
  - Occupational
  - Physical
  - Speech
  - Pediatric

**Rehabilitative Services**

- Rehabilitative Services
- Cardiac and Pulmonary Rehabilitation
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Pediatric Rehabilitation

## **Public Health Solutions District Health Department**

**955 E Hwy 33, Suite 1, Crete, NE, 68333**

**Phone: (402) 826-3880**

**Health Director: Kim Showalter, RN, BSN**

**Hours: 8am-4pm, M-F**

**Counties served: Fillmore, Gage, Jefferson, Saline and Thayer**

### **The Mission**

To prevent disease and injury, promote wellness, and protect the personal, community and environmental health of all people in Fillmore, Gage, Jefferson, Saline and Thayer Counties.

### **Vision Statement**

Healthy opportunities for everyone where we live, learn, work, and play.

### **Immunization Clinics**

#### **Crete Clinics**

By appointment only:

Mondays 3:00p.m. – 6:00p.m.

1st and 3rd Thursday of the month 9:00a.m. – 12:00p.m.

1st Wednesday of the month 3:00p.m. – 7:00p.m.

Location: 995 East Highway 33, Suite 1, Crete, NE 68333

#### **Bruning Clinic**

By appointment only:

3rd Wednesday of month 1:00pm-4:30pm

Location: Bruning Opera House, 1907 E Main St, Bruning, NE 68322

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website [VandelaarMarketing.com](http://VandelaarMarketing.com))

#### Introduction: Who We Are Background and Experience



**Vince Vandelaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*  
– Adjunct Full Professor @ Avila & Webster Universities  
– 35+ year veteran marketer, strategist and researcher  
– Saint Luke's Health System, BCBS of KC,  
– Hometown: Bondurant IA



**Cassandra Kahl, BHS – Director, Project Management – Nov 2020**  
University of Kansas – Health Sciences  
Park University - MHA  
Hometown: Maple, WI



**Hannah Foster MBA – Associate Consultant – April 2022**  
MO Southern State – Joplin, MO  
Avila University – MBA with HC  
Hometown: Lee's Summit, MO

VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: [VandelaarMarketing.com](http://VandelaarMarketing.com)

**Our Mission:** to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

**Our Vision:** meeting today's challenges with the voice of the market.

#### Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.



## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December of 2022 for Beatrice Community Hospital (BCH) in Gage County, NE to meet Federal IRS CHNA requirements.

In early December 2022, a meeting was called amongst the BCH leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the EHHS to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Beatrice Comm Hosp - Define PSA Draw				3Yr Totals Yr 20-22			Inpatient			Emergency			Outpatient			Clinic (Employed Providers)		
#	ZIP	City	County	IEOC	%	Accum	2022	2021	2020	2022	2021	2020	2022	2021	2020	2022	2021	2020
1	68310	BEATRICE	GAGE	179,804	61.6%	61.6%	777	668	731	6,197	5,538	4,749	5,072	4,605	3,795	53,617	50,415	43,640
2	68466	Wymore	GAGE	21,322	7.3%	68.9%	103	84	65	708	613	557	539	485	434	6,490	6,084	5,160
3	68415	ODELL	GAGE	5,051	1.7%	70.6%	19	21	21	137	125	145	89	78	83	1,501	1,430	1,402
4	68318	BLUE SPRINGS	GAGE	4,628	1.6%	72.2%	13	14	18	102	93	109	147	145	88	1,368	1,376	1,155
5	68422	PICKRELL	GAGE	4,377	1.5%	73.7%	15	11	14	102	103	90	73	74	69	1,439	1,269	1,118
6	68357	FILLEY	GAGE	2,855	1.0%	74.7%	8	9	10	81	63	53	47	57	36	893	863	735
7	68301	ADAMS	GAGE	1,598	0.5%	75.2%	7	6	3	38	45	38	46	39	39	527	450	360
8	68331	CORTLAND	GAGE	1,482	0.5%	75.7%	4	5	7	46	36	27	51	47	41	486	431	301
9	68328	CLATONIA	GAGE	1,339	0.5%	76.2%	8	3	8	41	26	20	35	30	29	463	369	307
10	68458	VIRGINIA	GAGE	1,295	0.4%	76.6%	3	2	6	39	35	10	22	24	26	428	362	338
11	68381	LIBERTY	GAGE	1,052	0.4%	77.0%	6	5	8	25	27	27	17	23	19	298	280	317
12	68309	BARNESTON	GAGE	708	0.2%	77.2%	1	7	2	26	23	6	34	26	9	248	192	134



**To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:**

**Phase I—Discovery:**

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

**Phase II—Qualify Community Need:**

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

<b>Health Indicators - Secondary Research</b>
<b>TAB 1. Demographic Profile</b>
<b>TAB 2. Economic Profile</b>
<b>TAB 3. Educational Profile</b>
<b>TAB 4. Maternal and Infant Health Profile</b>
<b>TAB 5. Hospital / Provider Profile</b>
<b>TAB 6. Behavioral / Mental Health Profile</b>
<b>TAB 7. High-Risk Indicators &amp; Factors</b>
<b>TAB 8. Uninsured Profile</b>
<b>TAB 9. Mortality Profile</b>
<b>TAB 10. Preventative Quality Measures</b>

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

**Phase III—Quantify Community Need:**

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community unmet health needs was administered.

**Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:**

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

**Detail CHNA Development Steps Include:**

<b>Development Steps to Create Comprehensive Community Health Needs Assessment</b>	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect &amp; Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research - Town Hall prep	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary &amp; Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
V V V Consultants, LLC Olathe, KS 913 302-7264	

## Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

## Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)  
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)  
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)  
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)  
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)  
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)  
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)  
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)  
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)  
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)  
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)  
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)  
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)  
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)  
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)  
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count external icon](#)  
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)  
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)  
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)  
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)  
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

<b>Beatrice Community Hospital &amp; Health Center - Beatrice, NE</b> <b>VVV 2023 CHNA Wave #4 Work Plan</b>			
<b>Project Timeline &amp; Roles as of March 28, 2023</b>			
Step	Timeframe	Lead	Task
1	August 2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	9/22/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	12/7/2022	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/7/2022	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	by 12/20/22	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan - Feb 2023	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	By 1/23/2023	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	1/23/2023	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	<b>2/3/2023</b>	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 3/03/2023 for Online Survey</b>
10	3/15 Drop date for TH date	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	3/3/2023	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	4/6 or 4/10 pm	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>5/2/2023</b>	VVV	Conduct in person CHNA Town Hall for a working <b>Lunch from 11:30 am - 1:00 pm at TBD</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 6/29/23	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 7/15/23	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	VVV / Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	TBD	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

## Community Health Needs Assessment Town Hall Meeting - 2023 On Behalf of Beatrice Community Hospital Gage County, NE



**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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#	Table	Lead	Last	First	Organization	#	Table	Lead	Last	First	Organization
1	A	#	Nielsen	Jackie	Beatrice Public Schools	36	H	#	Young	Jesse	Beatrice Community Hospital
2	A		Gustafson	Millard	Gage County Sheriff's Office	37	H		Hanneman	Mike	First Christian Church
3	A		Haraldson	Rick	Beatrice Community Hospital	38	H		Morgan	Bob	City of Beatrice/Mayor
4	A		Meade	Danielle	Blue Valley Community Action	39	H		Showalter	Kim	Public Health Solutions health
5	A		Schuller	Don	Gage County Superstore	40	H		Wicht	Megan	WGA - Gage Area Growth Ent
6	B	#	Gascon	Robin	Good Samaritan Society	41	I	#	Deines	Danielle	Homestead Land Co
7	B		Forrest	Kathie	Holy Cross Lutheran Church	42	I		Cornelius	Cerice	Good Samaritan Society
8	B		Humble	Katie	Beatrice Community Hospital	43	I		Edmonds	Laura	MAPS Coalition
9	B		Jurgens	Angela	Beatrice YMCA	44	I		Janzen	Josh	First Mennonite Church
10	B		Muschmann	Andrew	BCH Foundation/Collection Associ	45	I		Sandman	Steve	BCH Board/Syc Can Specialties
11	C	#	Kreikemeier	Rachel	Gage Co. Economic Development	46	J	#	Lovvitt	Amber	CASA of Gage County
12	C		Bauman	Rachael	MARY YMCA OF BEATRICE	47	J		Ferguson	Amber	Blue Valley Behavioral Health
13	C		HARTLEY	SUSAN	BCH Board/Security First Bank	48	J		Ruh	Duane	Beatrice City Council
14	C		Kaufman	Patty	BCH Foundation/Backpack Program	49	J		Saathoff	Suleen	Beatrice Community Hospital
15	C		Kuzelka	Jill	Public Health Solutions health dept	50	J		Sothan	Michael	Main Street Beatrice
16	D	#	Dunker	Tara	Gage County Extension	51	K	#	Lyons	Christina	Gage Co MAPS Comm Coalition
17	D		Barnes	Teressa	Sheepgate Women's Center	52	K		Blanchard	James	
18	D		Elliott	Jennifer	BCH Board/Beatrice YMCA	53	K		Bruna	Angie	Beatrice Chamber of Commerce
19	D		Minge	Jaci	Nebraska Dept. of Labor	54	K		Schuller	Julie	Beatrice Community Hospital
20	D		Truisty	Eric	Beatrice Community Hospital	55	K		Watson	Shelby	BCH Foundation
21	E	#	Frase	Carla	Blue Rivers Agency on Aging	56	L	#	Esska	Dave	Beatrice City Council
22	E		Kruse	Dale	BCH Foundation/Retired	57	L		Essam	Angy	Community Food Pantry
23	E		Lenners	Kelly	BCH Foundation/First State Bank	58	L		Jurgens	Chad	Beatrice Community Hospital
24	E		Schwartz	Ben	Blue Valley Community Action	59	L		Stormer	Melanie	Nebraska Probation District 1
25	E		Vogel	Angie	Beatrice Public Schools	60	L		Vicars	Diane	Beatrice Community Hospital
26	F	#	Lundstedt	Clayton	Wymore Church of Christ	61	M	#	Pesarte-Daniel	Johanna	Public Health Solutions health
27	F		Hanson	Tim	Gage County Sheriff's Office	62	M		Emerson	Carl	Hope Crisis Center
28	F		Koehler	Reneae	St. John Lutheran Church	63	M		Klaus	Doug	Gage County Sheriff's Office
29	F		Lock	Christina	Hope Crisis Center	64	M		Schuster	Sharon	Beatrice Community Hospital
30	F		Weber	Shari	Blue Valley Community Action						
31	G	#	Jaworsky	Jessica	BCH Foundation						
32	G		Caspers-Mo	Deanne	BCH Board/Caspers Const. Co						
33	G		Loos	Christy	Mother To Mother						
34	G		Timmerman	Missy	Beatrice Public Schools						
35	G		Workman	Sonja	BVCA Foster Grandparent Prog						

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## Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda

- I. Opening / Introductions (5 mins)
- II. Review CHNA Purpose and Process (5 mins)
- III. Review Current County "Health Status"
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (40 mins)
- IV. Collect Community Health Perspectives
  - Hold Community Voting Activity
  - Determine Most Important Unmet Needs (40 mins)
- V. Close / Next Steps (5 mins)

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## Introduction: Who We Are Background and Experience



**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



**Cassandra Kahl, BHS – Director, Project Management**  
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI



**McKenzie Green BS – Associate**  
VVV Consultants LLC – March 2022

- Avila University – Business Administration / Marketing Minor
- Currently working on MBA
- Hometown: Leawood, KS

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## VVV Consultants LLC

~ a "boutique" consulting firm assisting providers with strategic alignment, business development and marketing initiatives ~

Our FOCUS: Direction / Homework / Deployment

### Research

- ☐ Market Demand Assessment
- ☐ Market Brand Tracking
- ☐ Community Health Needs Assessment (CHNA)
- ☐ Physician Manpower Assessment
- ☐ Board Development / Self Assessment
- ☐ Market Watch / Competition Research
- ☐ Staff Satisfaction Research
- ☐ Patient / Provider Satisfaction Research
- ☐ Provider Operation Audit - Employed
- ☐ Marketing Performance Audit
- ☐ Facility Space Assessment

### Strategy

- ☐ Comprehensive Strategic Operating Plan
- ☐ Strategic Marketing Plan
- ☐ CHNA Implementation Plan
- ☐ Medical Staff Development Plan

### Development

- ☐ Marketing Support – Traditional & Digital
- ☐ Database Marketing – CRM
- ☐ Product-line Marketing
- ☐ Practice Management Standards
- ☐ Balance Scorecard Creation - Dashboard
- ☐ CRM Creation / Database Marketing
- ☐ Referral Tracking Application
- ☐ Policy Advocacy Support



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## CHNA Experience \*83 Communities



2022 CHNA Wave #4 Clients - VVV Consultants LLC N=47 Published							
#	ST	Clients - YR 2021	Location	#	ST	Clients - YR 2021	Location
1	KS	Grove Co Med Center	Quinter, KS	28	IA	MercyOne Centerville	Centerville, IA
2	KS	Lawrence Valley Medical	Larned, KS	29	IA	Manning Regional	Manning, IA
3	KS	Citizens Health	Colby, KS	27	IA	MercyOne Newton	Newton, IA
4	KS	Hays Medical	Hays, KS	28	IA	MercyOne Elkhart	Elkhart, IA
5	KS	Osborne Co Mem H	Osborne, KS	29	IA	Elkworth Co Med Ctr	Elkworth, KS
6	KS	Smith Co Mem Hosp	Smith Ctr, KS	30	KS	Republic Co Hosp	Republic, KS
7	KS	Sheridan Health Complex	Hoxie, KS	31	MO	Cameron Reg PSA	Cameron, MO
8	KS	Kiowa Co Mem Hosp	Greensburg, KS	32	MO	Hannibal Reg PSA	Hannibal, MO
9	KS	Pratt Regional	Pratt, KS	33	NE	J. Melham Mem Med Ctr	Custer Co, NE
10	KS	Yermoland Valley Com Hosp	Sabetha, KS	34	KS	Mercy Hospital	Neurobridge, KS
11	KS	Sabetha Comm Hosp	Sabetha, KS	35	MO	Ray County Mem Hosp	Ray County, MO
12	KS	Miami County Med Ctr	Paola, KS	36	KS	Memorial Health System	Abilene, KS
13	KS	Olathe Medical Center	OMC JCCC	37	KS	Coffeyville Regional Med	Coffeyville, KS
14	KS	Patterson Health	Anthony, KS	38	KS	Amberwell - Atchison	Atchison, KS
15	KS	Trego Co Lemke Mem	Walkcreek, KS	39	KS	Amberwell - Haworth	Haworth, KS
16	KS	Russell Regional	Russell, KS	40	IA	Cherokee Reg Medical Ctr	Cherokee, IA
17	MO	Carroll Co Memorial Hosp	Carrollton, MO	41	MO	Cass Regional Med Ctr	Harrisonville, MO
18	KS	William Newlin Hosp	Winfield, KS	42	KS	Comm Memorial HC	Marysville, KS
19	KS	Morton Co KS CO	Hillboro, KS	43	KS	SW Medical Center	Liberal, KS
20	KS	Holton Community Hosp	Holton, KS	44	MO	Golden V Compass DOH	Clinton, MO
21	KS	Edwards Co Medical Ctr	Kinsley, KS	45	MO	Bates Co Mem Hospital	Butler, MO
22	NE	Tri Valley Health	Cambridge, NE	46	MO	Cedar Co Mem Hosp	EdDorado Springs, MO
23	IA	G. C. Grape Mem Hosp	Hamburg, IA	47	MO	Cedar Co Mem Hosp	EdDorado Springs, MO
24	IA	Shenandoah Med Ctr	Shenandoah, IA	48	MO	EdDorado Springs MO	EdDorado Springs, MO

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## Town Hall Participation

- ALL attendees practice "Safe Engagement". We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
  - Parking Lot
- ALL Take Notes – Important Health Indicators
- Give truthful responses – We are here to Update Unmet Needs List.
- Have a little fun along the way

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## II. Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a...**
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- **A CHNA's role is to....**
  - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- **Purpose of a CHNA – Why Conduct One?**
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

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## A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

**Consumers:** Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

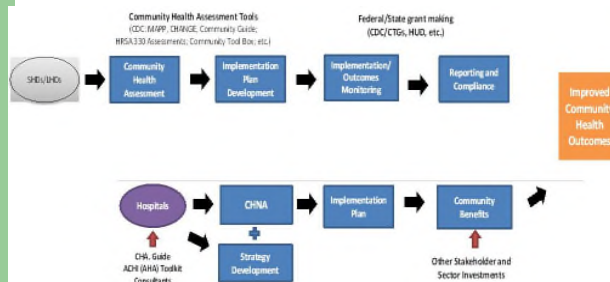
**Community leaders and groups:** The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses -- owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

**Public and other organizations:** Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates -- administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff -- school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies -- Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

**Other providers:** Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

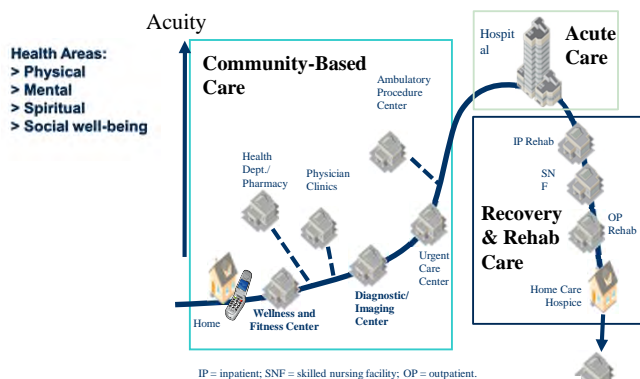
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## Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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## Future System of Care—Sg2



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## II. CHNA Written Report Documentation (IRS Aligned) – Table of Contents

- A description of the community served
- A description of the CHNA process
- The identity of any and all organizations and third parties which collaborated to assist with the CHNA
- A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications
- A prioritized description of all of the community needs identified by the CHNA.
- A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

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### III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

#### Health Indicators - Secondary Research

TAB 1. Demographic Profile

TAB 2. Economic Profile

TAB 3. Educational Profile

TAB 4. Maternal and Infant Health Profile

TAB 5. Hospital / Provider Profile

TAB 6. Behavioral / Mental Health Profile

TAB 7. High-Risk Indicators & Factors

TAB 8. Uninsured Profile

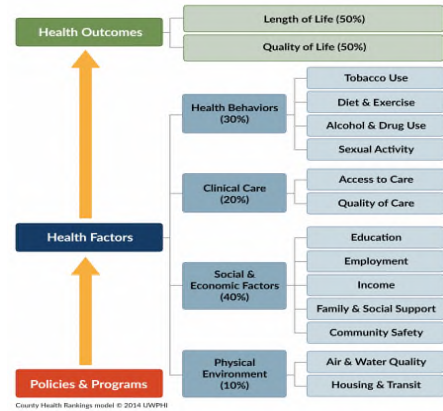
TAB 9. Mortality Profile

TAB 10. Preventative Quality Measures

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### County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



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### IV. Collect Community Health Perspectives Thoughts/Opinions?

- 1) **Today:** What are the strengths of our community that contribute to health? (*White Card*)
- 2) **Today:** Are there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (*Color Card*)
- 3) **Tomorrow:** What is occurring or might occur that would affect the "health of our community"?

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### Community Health Needs Assessment On behalf of Beatrice Community Hospital Gage County, NE



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### Questions Next Steps?

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## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Gage County, Nebraska Community Profile



**The population of Gage County was estimated to be 21,481 citizens** as of July 2022 and a population density of 25 persons per square mile. Gage County's major cities are Adams, Barneston, Beatrice, Blue Springs, Latonia, Cortland, Filley, Holmesville, Liberty, Odell, Pickrell, Virginia and Wymore. U.S. Route 136 goes horizontally through the middle of the county. U.S. Route 77 goes vertically through the middle of the county.

### Gage County (NE): Public Airports<sup>1</sup>

Name
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<a href="#">Beatrice Municipal Airport</a>
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<a href="#">Thomas Airport</a>
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<a href="#">Thomsen Airport</a>
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### Gage County (NE): Public Schools<sup>2</sup>

Name	Level
<a href="#">3-Year-Old Preschool</a>	Prekindergarten
<a href="#">Beatrice Community Preschool</a>	Prekindergarten
<a href="#">Beatrice High School</a>	High
<a href="#">Beatrice Middle School</a>	Middle
<a href="#">Diller-Odell Secondary School</a>	High
<a href="#">Freeman Elementary-Adams</a>	Elementary
<a href="#">Freeman High School</a>	High
<a href="#">Lincoln Elementary School</a>	Elementary
<a href="#">Paddock Lane School</a>	Elementary
<a href="#">Southern Elementary School</a>	Elementary
<a href="#">Southern Jr-Sr High School</a>	High
<a href="#">Stoddard Elementary School</a>	Elementary
<a href="#">Wymore Preschool</a>	Not reported

<sup>1</sup> <https://nebraska.hometownlocator.com/features/cultural,class,public%20and%20private%20airports,fcode,20000,scfips,31067.cfm>

<sup>2</sup> <https://nebraska.hometownlocator.com/schools/sorted-by-county,n,gage.cfm>

Gage County, NE - Detail Demographic Profile										
			Population				Households		HH	Per Capita
	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	68301	Adams	GAGE	1,663	1,693	1.80%	594	607	2.7	\$34,337
2	68309	Barneston	GAGE	111	108	-2.70%	46	45	2.3	\$23,741
3	68310	Beatrice	GAGE	14,131	13,908	-1.58%	6,137	6,049	2.3	\$26,505
4	68318	Blue Springs	GAGE	501	492	-1.80%	217	214	2.3	\$24,695
5	68328	Clatonia	GAGE	378	377	-0.26%	171	171	2.2	\$45,696
6	68331	Cortland	GAGE	946	935	-1.16%	378	374	2.5	\$32,649
7	68357	Filley	GAGE	420	419	-0.24%	169	169	2.5	\$36,075
8	68381	Liberty	GAGE	256	249	-2.73%	100	98	2.5	\$23,530
9	68415	Odell	GAGE	659	647	-1.82%	270	266	2.4	\$33,083
10	68422	Pickrell	GAGE	572	567	-0.87%	247	246	2.3	\$36,316
11	68458	Virginia	GAGE	142	142	0.00%	65	64	2.2	\$39,594
12	68466	Wymore	GAGE	1,780	1,741	-2.19%	794	781	2.2	\$25,592
Totals				21,559	21,278	-1.30%	9,188	9,084	2.4	\$31,818

				Population				Year 2020		Females
	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	68301	Adams	GAGE	1,663	1,620	457	203	42	835	156
2	68309	Barneston	GAGE	111	124	23	14	46	56	12
3	68310	Beatrice	GAGE	14,131	15,586	3,169	1,635	45	7,298	1,556
4	68318	Blue Springs	GAGE	501	583	98	59	50	254	56
5	68328	Clatonia	GAGE	378	407	96	31	46	180	30
6	68331	Cortland	GAGE	946	978	248	85	44	465	86
7	68357	Filley	GAGE	420	448	99	42	46	195	46
8	68381	Liberty	GAGE	256	286	55	33	46	128	27
9	68415	Odell	GAGE	659	759	125	73	49	317	64
10	68422	Pickrell	GAGE	572	585	151	54	44	281	52
11	68458	Virginia	GAGE	142	151	34	15	46	67	16
12	68466	Wymore	GAGE	1,780	2,043	357	221	48	901	195
Totals				21,559	23,570	4,912	2,465	551	10,977	2,296

				Population 2020				Average Households 2020		
	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
1	68301	Adams	GAGE	97.96%	0.18%	0.24%	1.98%	\$594	80,114	453
2	68309	Barneston	GAGE	93.69%	0.00%	0.90%	3.60%	\$46	45,652	23
3	68310	Beatrice	GAGE	94.08%	1.27%	0.62%	3.43%	\$6,137	47,461	3,018
4	68318	Blue Springs	GAGE	94.81%	0.40%	0.80%	3.19%	\$217	41,720	102
5	68328	Clatonia	GAGE	96.30%	0.26%	0.26%	2.38%	\$171	85,184	130
6	68331	Cortland	GAGE	97.36%	0.00%	1.06%	1.90%	\$378	72,842	258
7	68357	Filley	GAGE	97.62%	0.71%	0.24%	1.19%	\$169	68,132	124
8	68381	Liberty	GAGE	94.53%	0.39%	0.39%	3.52%	\$100	47,765	51
9	68415	Odell	GAGE	98.63%	0.00%	0.15%	0.00%	\$270	63,485	185
10	68422	Pickrell	GAGE	97.73%	0.00%	0.87%	1.92%	\$247	73,754	172
11	68458	Virginia	GAGE	97.18%	0.70%	0.70%	1.41%	\$65	65,146	45
12	68466	Wymore	GAGE	94.16%	0.28%	0.67%	3.65%	\$794	45,282	394
Totals				96.17%	0.35%	0.58%	2.35%	\$766	736,537	4,955

Source: ERSI Demographics

## III. Community Health Status

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[VVV Consultants LLC]

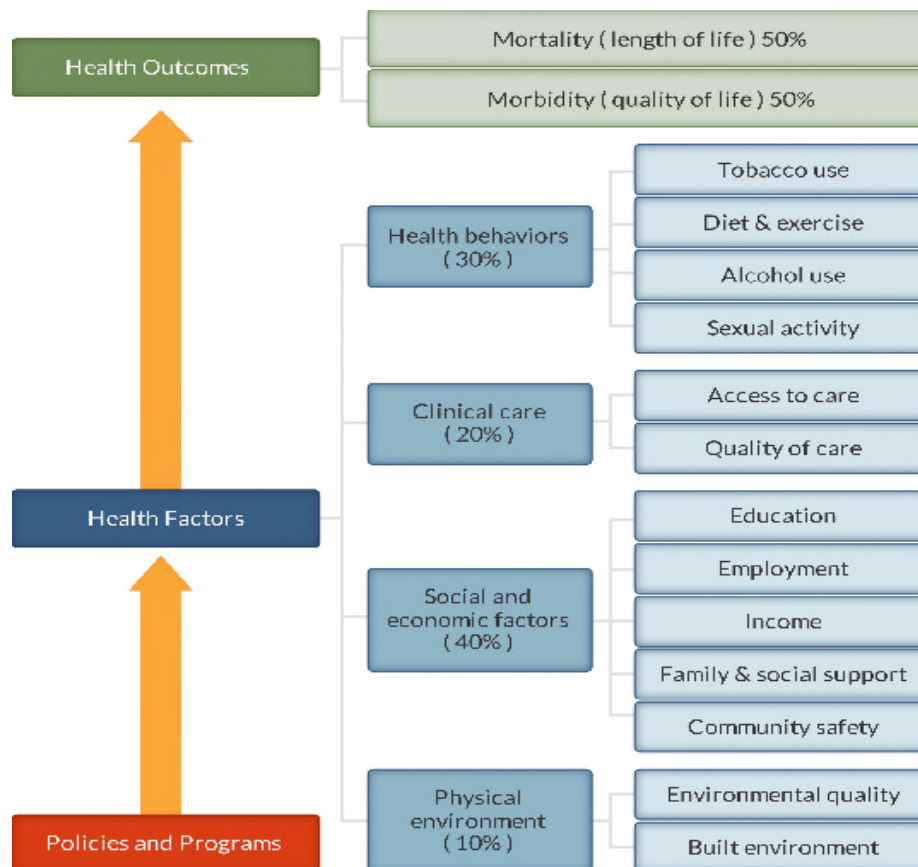
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

## National Research – Year 2022 RWJ Health Rankings:

#	2023 NE Rankings - 93 Counties	Definitions	Gage Co NE	TREND	SE NEB Norm N=14
1	Health Outcomes		65		46
2	Mortality	Length of Life	63		38
3	Morbidity	Quality of Life	61		47
4	Health Factors		61		52
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	76		53
6	Clinical Care	Access to care / Quality of Care	10		38
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	63		50
8	Physical Environment	Environmental quality	46		56
SE Nebraska 14 Norm = Burt, Cuming, Dodge, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Richardson, Saline, Thurston, and Washington.					
University of Wisconsin Population Health Institute. County Health Rankings Nebraska State Report 2022. <a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a>					

## PSA Secondary Research:

When studying community health, it is important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

*Note: Each Tab has been trended to reflect County trends to NORM.*

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

**Tab 1: Demographic Profile**

Understanding population and household make-up is vital to start CHNA evaluation.

Tab		Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
1a	a	Population estimates, July 1, 2021	21,616		1,963,554	34,750	People Quick Facts
	b	Population, percent change - July 1, 2021 (2021)	-0.4%		0.1%	0.4%	People Quick Facts
	c	Persons under 5 years, percent, July 1, 2019	5.3%		6.4%	6.1%	People Quick Facts
	d	Persons 65 years and over, percent, July 1, 2019	21.6%		16.4%	20.3%	People Quick Facts
	e	Female persons, percent, July 1, 2019	49.7%		49.7%	49.0%	People Quick Facts
	f	White alone, percent, July 1, 2019	95.9%		87.7%	89.7%	People Quick Facts
	g	Black or African American alone, percent, July 1, 2019	0.8%		5.3%	1.7%	People Quick Facts
	h	Hispanic or Latino, percent, July 1, 2019	3.1%		12.0%	8.0%	People Quick Facts
	i	Language other than English spoken at home, percent of persons age 5 years+, 2014-2018	3.3%		11.8%	8.0%	People Quick Facts
	j	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	89.3%		85.2%	88.3%	People Quick Facts
	k	Children in single-parent households, 2017-2021	19.0%		20.0%	19.6%	County Health Rankings
	l	Total Veterans, 2017-2021	1,142		111,873	1,756	People Quick Facts

**Tab 2: Economic Profile**

Monetary resources will (at times) drive health “access” and self-care.

Tab		Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
2	a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$30,918		\$35,189	\$30,370	People Quick Facts
	b	Persons in poverty, percent	12.0%		10.8%	11.2%	People Quick Facts
	c	Total Housing units, 2017-2021	9,064		766,887	13,721	People Quick Facts
	d	Total Persons per household, 2017-2021	2.3		2.5	2.5	People Quick Facts
	e	Severe housing problems, percent, 2015-2019	8.0%		12.0%	11.0%	County Health Rankings
	f	Total of All firms, 2022	502		43,344	859	People Quick Facts
	g	Unemployment, percent, 2021	2.4%		2.5%	2.3%	County Health Rankings
	h	Food insecurity, percent, 2020	8.0%		6.0%	6.7%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	8.0%		6.0%	6.8%	County Health Rankings
	j	Long commute - driving alone, percent, 2017-2021	27.0%		19.0%	25.4%	County Health Rankings



**Tab 3: Educational Profile**

Currently, school districts are providing on-site primary health screenings and basic care.

Tab	Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
3	a Children eligible for free or reduced price lunch, percent, 2020-2021	50.0%		46.0%	50.5%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2017-2021	90.9%		91.7%	90.2%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	20.2%		32.9%	23.2%	People Quick Facts

School Health Indictors	Beatrice Public Schools	Freeman Public Schools	Diller-Odell Public Schools	Southern School District 1
Total Public School Nurses	5	1 PT	1	NA
School Nurse Part of IEP Team	yes	yes	no	NA
Active School Wellness Plan	yes	yes	no	NA
VISION: # Screened / Referred to Prof / Seen by Professional	721/99/na	201/0/0	132/2/na	NA
HEARING: # Screened / Referred to Prof / Seen by Professional	721/88/na	201/1/1	132/0/na	NA
ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	in progress	201/1/n/a	132/0/na	NA
SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Does not do screening	Will screen 58 students soon	NA	NA
Chronic Health Concerns	1018	379	1	NA
Program	yes	yes	yes	NA
Compliance on Required Vaccinations	99%	97%	yes	NA

**Tab 4: Maternal / Infant Profile**

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

Tab	Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2016	87.3%		72.5%	70.1%	Nebraska DHHS Division of Public Health
	c Percentage of Premature Births, 2016	9.8%		11.1%	11.1%	Nebraska DHHS Division of Public Health
	d Percentage of Births with Low Birth Weight, 2014-2020 (<2,500 grams)	7.0%		7.0%	6.6%	County Health Rankings
	e Percent of all Births Occurring to Teens (15-19) per 1,000 female population, 2014-2020	19.0%		NA	19.1%	County Health Rankings

#	Vital Statistics - Rates per 1000 Pop	Gage County	Trend	State NE	NE Rural Norm
a	Total Live Births, 2012	11.5		14.0	11.1
b	Total Live Births, 2013	11.4		14.0	12.7
c	Total Live Births, 2014	10.6		14.2	12.1
d	Total Live Births, 2015	10.5		14.1	12.4
e	Total Live Births, 2016	11.2		13.9	12.6
	Total Live Births, 2012- 2016 Birth Rate per 1000	55.2		70.2	60.9

**Tab 5: Hospitalization and Provider Profile**

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab	Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
5	a Primary Care Physicians, Ratio of population to MD or DO, 2020	1,540:1		1310:1	2,117:1	County Health Rankings
	b Dentists, Ratio of population to Dentists, 2021	1,530:1		1260:1	2,236:1	County Health Rankings
	c Preventable hospital stays, Rate per 100k Medicare enrollees, 2020 (lower the better)	1,227		2,374	2,126	County Health Rankings
	d Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	80.0%		80.0%	81.8%	CMS Hospital Compare, 4/1/2018 to 3/31/2019
	e Patients Who Reported Yes, They Would Definitely Recommend the Hospital	73.0%		77.0%	79.5%	CMS Hospital Compare, 4/1/2018 to 3/31/2019
	f Average (median) time patients spent in the emergency department before leaving from the visit (in minutes)	94		108	109	CMS Hospital Compare, 4/1/2018 to 3/31/2019

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
6	a Mental Health Providers, Ratio of population to MH Providers, 2022	540:1		340:1	1,954:1	County Health Rankings
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2012-2016 (lower is better)	24.3		13.0	18.8	Nebraska DHHS Division of Public Health
	c Poor mental health days, (age-adjusted), 2020	4.1		3.9	3.9	County Health Rankings
	d Alcohol Abuse: Medicare Population, 2017	1.4%		1.4%	1.5%	CMS.gov /Research-Statistics -Data
	e Depression: Medicare Population, 2017	15.7%		17.1%	15.7%	CMS.gov /Research-Statistics -Data
	f Drug/Substance Abuse: Medicare Population, 2017	2.1%		1.8%	1.8%	CMS.gov /Research-Statistics -Data
	g Schizophrenia and Other Psychotic Disorders: Medicare Population, 2017	1.7%		2.2%	1.7%	CMS.gov /Research-Statistics -Data

**Tab 7a: Risk Indicators & Factors Profile**

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab	Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
7a	a Adult obesity (ages 20+), percent, 2020	39.0%		34.0%	37.3%	County Health Rankings
	b Adult smoking, percent, 2020	19.0%		15.0%	18.6%	County Health Rankings
	c Excessive drinking, percent, 2020	24.0%		23.0%	23.1%	County Health Rankings
	d Physical inactivity (ages 20+), percent, 2020	24.0%		21.0%	24.0%	County Health Rankings
	e Poor physical health days, (age-adjusted), 2020	2.8		2.5	2.8	County Health Rankings
	f Sexually transmitted infections, rate per 100k population, 2020	130.2		457.2	308.1	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
7b	a Alzheimer's & Dementia: Medicare Pop, 2018	10.3%		10.5%	10.6%	CMS.gov /Research-Statistics -Data
	b Arthritis: Medicare Population, 2018	31.6%		32.7%	34.3%	CMS.gov /Research-Statistics -Data
	c Asthma: Medicare Population, 2018	3.5%		3.6%	3.4%	CMS.gov /Research-Statistics -Data
	d Atrial Fibrillation: Medicare Population, 2018	11.1%		9.3%	9.8%	CMS.gov /Research-Statistics -Data
	e Chronic Kidney Disease: Medicare Pop, 2018	21.3%		21.3%	20.1%	CMS.gov /Research-Statistics -Data
	f COPD: Medicare Population, 2018	11.7%		10.8%	11.2%	CMS.gov /Research-Statistics -Data
	g Diabetes: Medicare Population, 2018	23.1%		23.1%	25.0%	CMS.gov /Research-Statistics -Data
	h Heart Failure: Medicare Population, 2018	14.8%		13.0%	14.5%	CMS.gov /Research-Statistics -Data
	i Hepatitis (Chronic Viral B & C): Medicare Pop, 2018	0.2%		0.3%	0.3%	CMS.gov /Research-Statistics -Data
	j Hyperlipidemia: Medicare Population, 2018	38.8%		39.6%	40.1%	CMS.gov /Research-Statistics -Data
	k Hypertension: Medicare Population, 2018	58.3%		51.8%	53.0%	CMS.gov /Research-Statistics -Data
	l Ischemic Heart Disease: Medicare Pop, 2018	26.3%		24.0%	24.2%	CMS.gov /Research-Statistics -Data
	m Osteoporosis: Medicare Population, 2018	5.9%		6.7%	7.0%	CMS.gov /Research-Statistics -Data
	n Stroke: Medicare Population, 2017	2.3%		2.8%	2.4%	CMS.gov /Research-Statistics -Data

**Tab 8: Uninsured Profile and Community Benefit**

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab	Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
8	a Uninsured, Percent of population under age 65, 2020	9.0%		9.0%	10.6%	County Health Rankings

Source: Internal Records			
	Beatrice Community Hospital	YR 2022	YR 2021
1	Bad Debt	\$1,601,530	\$1,174,965
2	Charity Care	\$1,729,193	\$2,172,843
			YR 2020
			\$1,292,659
			\$4,368,088

Source: Public Health Solutions District Health Department, Crete NE				
	Gage County (NE) Public Health	YR 2022	YR 2019	YR 2018
1	Core Public Health (\$)	\$508,143	\$341,126	\$341,041
2	Disease Investigations	152,178	123,762	12,144
3	PHEP	\$96,807	\$101,647	\$96,807
4	Immunizations/Vaccine	\$523,152	\$196,767	\$223,067
5	OTHER Services ???	\$626,142	\$370,772	\$460,019
Footnotes: Public Health Solutions District Health Department, Crete NE; Kim Showalter, Health Director 402-826-3880 Email: kshowalter@phsneb.org Web site: http://phsneb.org AREA: Fillmore County/Geneva, Gage County/Beatrice, Jefferson County/Fairbury, Saline County/Wilber, Thayer County/Hebron).				

**Tab 9: Mortality Profile**

The leading causes of county deaths from Vital Statistics are listed below.

Tab		Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
9	a	Life Expectancy (Males and Females) 2018-2020	77.8		79.0	77.4	World Bank
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2020 (lower is better)	166.6		143.8	175.1	World Bank
	d	Age-adjusted Cancer Mortality Rate per 100,000 population, 2020 (lower is better)	171.4		147.7	172.8	World Bank
	e	Age-adjusted Chronic Lung Disease Mortality Rate per 100,000, 2020 (lower is better)	47.3		43.4	49.0	World Bank
	f	Alcohol-impaired driving deaths, percent, 2016-2020	36.0%		33.0%	31.1%	County Health Rankings

#	Causes of Death by County of Residence, Vital Statistics 2016	Gage Co NE	Mix %	Trend	NE	Mix %
	<b>Total Deaths</b>	<b>235</b>			<b>16,402</b>	
a	Heart Disease	66	28.1%		3,318	20.2%
b	Cancer	58	24.7%		3,474	21.2%
c	Chronic Lung Disease	25	10.6%		1,032	6.3%
d	Accidental Deaths (ie Motor Vehicle, Drowning, Falls, Firearms, Poisonings, Fires)	11	4.7%		771	4.7%
e	Alzheimer's Disease	11	4.7%		634	3.9%
f	Diabetes Mellitus	9	3.8%		501	3.1%
g	Pneumonia	9	3.8%		323	2.0%
h	Cerebrovascular Disease	8	3.4%		784	4.8%
i	Suicide	6	2.6%		245	1.5%

**Tab 10: Preventive Quality Measures Profile**

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab		Health Indicator	Gage Co NE	Trend	State of Neb	SE NEB Norm N=14	Source
10	a	Access to exercise opportunities, percent, 2022 & 2020	59.0%		83.0%	55.4%	County Health Rankings
	b	Diabetes Prevalence (ages 20+), diagnosis, 2020	9.0%		9.0%	9.3%	County Health Rankings
	c	Mammography screening, Percent of female Medicare enrollees ages 65-74, 2020	46.0%		45.0%	43.5%	County Health Rankings

## PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Gage County, NE.

**Chart #1 – Gage County, NE PSA Online Feedback Response (N=305)**

<b>Gage Co NE - CHNA YR 2023</b>			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Gage Co NE N=305	Trend	Wave 4 Norms N=9822
Business / Merchant	11.2%		8.7%
Community Board Member	7.8%		7.7%
Case Manager / Discharge Planner	0.7%		0.8%
Clergy	0.4%		1.3%
College / University	0.0%		2.8%
Consumer Advocate	1.1%		1.4%
Dentist / Eye Doctor / Chiropractor	0.0%		0.7%
Elected Official - City/County	1.5%		1.8%
EMS / Emergency	3.3%		2.2%
Farmer / Rancher	2.2%		5.7%
Hospital / Health Dept	16.4%		15.2%
Housing / Builder	0.4%		0.7%
Insurance	0.7%		1.1%
Labor	1.9%		2.5%
Law Enforcement	0.4%		1.0%
Mental Health	3.0%		2.0%
Other Health Professional	14.5%		9.7%
Parent / Caregiver	16.4%		13.9%
Pharmacy / Clinic	1.5%		2.0%
Media (Paper/TV/Radio)	0.4%		0.6%
Senior Care	5.2%		3.0%
Teacher / School Admin	1.9%		5.7%
Veteran	2.2%		2.7%
Other (please specify)	7.1%		6.8%
<b>TOTAL</b>	<b>305</b>		<b>9076</b>
Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer, Gage, Furnis; <b>WI County:</b> Rock			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

Gage Co NE - CHNA YR 2023			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Gage Co NE N=305	Trend	Wave 4 Norms N=9822
<b>Top Box %</b>	<b>28.5%</b>		<b>24.3%</b>
<b>Top 2 Boxes %</b>	<b>71.8%</b>		<b>66.0%</b>
Very Good	28.5%		24.3%
Good	43.3%		41.7%
Average	23.0%		25.9%
Poor	3.6%		6.3%
Very Poor	1.6%		1.9%
Valid N	305		9,755
Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer, Gage, Furnis; <b>WI County:</b> Rock			

**Chart #3 – Overall Community Health Quality Trend**

Gage Co NE - CHNA YR 2023			
When considering "overall community health quality", is it...	Gage Co NE N=305	Trend	Wave 4 Norms N=9822
Increasing - moving up	41.2%		41.3%
Not really changing much	43.7%		45.8%
Decreasing - slipping	15.2%		12.9%
Valid N	305		8,788
Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer, Gage, Furnis; <b>WI County:</b> Rock			

**Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs**

Gage Co NE - CHNA YR 2023 N=305					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare)	169	14.8%		1
2	Substance Abuse (Drugs & Alcohol)	152	13.3%		2
3	Obesity (Nutrition & Exercise)	124	10.9%		4
4	Affordable Healthcare Services	123	10.8%		3
5	Affordable Healthcare Insurance	103	9.0%		5
6	Economic Development (Poverty)	93	8.2%		7
7	Suicides	85	7.5%		6
8	Chronic Diseases (Cancer, Heart, etc.)	69	6.1%		8
9	Bullying / Cyber-bullying	66	5.8%		9
10	Access to Healthy Foods	63	5.5%		10
11	Fitness Programs	51	4.5%		12
12	Healthcare Apathy - Own Your Own Health	41	3.6%		11
Totals		1139	100.0%		

**Chart #5 - Community Health Needs Assessment “Causes of Poor Health”**

Gage Co NE - CHNA YR 2023			
In your opinion, what are the root causes of "poor health" in our community?	Gage Co NE N=305	Trend	Wave 4 Norms N=9822
Chronic disease prevention	14.3%		12.3%
Lack of health & Wellness Education	14.7%		15.2%
Lack of Nutrition / Exercise Services	9.7%		11.7%
Limited Access to Primary Care	5.4%		8.2%
Limited Access to Specialty Care	6.3%		9.5%
Limited Access to Mental Health Assistance	18.1%		19.6%
Family assistance programs	5.2%		6.4%
Lack of health insurance	13.1%		15.7%
Neglect	13.3%		12.2%
Total Votes	305		16,108
Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer, Gage, Furnis; <b>WI County:</b> Rock			

**Chart #6 – Community Rating of HC Delivery Services (Perceptions)**

Gage Co NE - CHNA YR 2023	Gage Co NE N=305			Wave 4 Norms N=9822	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	92.2%	1.0%		79.4%	5.7%
Child Care	51.5%	9.5%		40.0%	17.9%
Chiropractors	87.7%	3.0%		68.2%	6.6%
Dentists	85.9%	2.4%		66.4%	11.3%
Emergency Room	63.2%	13.4%		67.8%	11.5%
Eye Doctor/Optomtrist	85.5%	0.5%		70.9%	8.6%
Family Planning Services	56.5%	8.3%		36.7%	19.7%
Home Health	67.2%	13.6%		52.6%	11.8%
Hospice	82.0%	3.0%		62.5%	9.2%
Telehealth	45.6%	17.1%		46.4%	14.3%
Inpatient Services	83.2%	5.1%		71.7%	8.4%
Mental Health	32.1%	26.9%		25.3%	36.9%
Nursing Home/Senior Living	48.5%	19.1%		47.8%	16.3%
Outpatient Services	75.8%	7.6%		70.7%	5.9%
Pharmacy	81.9%	1.5%		82.7%	3.2%
Primary Care	83.0%	3.5%		72.0%	7.5%
Public Health	46.4%	9.8%		54.9%	10.5%
School Health	50.8%	7.5%		56.9%	8.9%
Visiting Specialists	71.4%	6.0%		61.5%	10.7%



**Chart #7 – Community Health Readiness**

Gage Co NE - CHNA YR 2023		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Gage Co NE N=305	Trend	Wave 4 Norms N=9822
Behavioral / Mental Health	23.1%		36.5%
Emergency Preparedness	7.3%		10.8%
Food and Nutrition Services/Education	16.0%		18.1%
Health Screenings (asthma, hearing, vision, scoliosis)	12.6%		12.8%
Prenatal/Child Health Programs	3.8%		14.2%
Substance Use/Prevention	38.3%		37.3%
Suicide Prevention	36.6%		38.8%
Violence Prevention	35.3%		36.8%
Women's Wellness Programs	8.4%		19.9%
Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer, Gage, Furnis; <b>WI County:</b> Rock			

**Chart #8a – Healthcare Delivery “Outside our Community”**

Gage Co NE - CHNA YR 2023			
In the past 2 years, did you or someone you know receive HC outside of our community?	Gage Co NE N=305	Trend	Wave 4 Norms N=9822
Yes	68.2%		69.5%
No	31.8%		30.5%
Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer, Gage, Furnis; <b>WI County:</b> Rock			

**Specialties:**

Specialty	Counts
SURG	6
URL	6
DENT	5
PRIM	5
SCAN	5
CARD	4
ORTH	4
DERM	3
ENDO	3
GAS	3

**Chart #8b – Healthcare Delivery “Outside our Community”**

Gage Co NE - CHNA YR 2023			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Gage Co NE N=305	Trend	Wave 4 Norms N=9822
Yes	58.7%		54.4%
No	41.3%		45.6%
Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; <b>MO Counties:</b> Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer, Gage, Furnis; <b>WI County:</b> Rock			



**Chart #9 – What HC topics need to be discussed in future Town Hall Meeting**

<b>Gage Co NE - CHNA YR 2023</b>			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Gage Co NE N=305	Trend	Wave 4 Norms N=9822
Abuse/Violence	4.6%		4.1%
Alcohol	3.2%		3.6%
Alternative Medicine	3.5%		3.0%
Breast Feeding Friendly Workplace	3.5%		2.0%
Cancer	8.6%		5.2%
Care Coordination	1.3%		2.1%
Diabetes	1.9%		2.5%
Drugs/Substance Abuse	3.3%		4.8%
Family Planning	2.1%		2.5%
Heart Disease	7.9%		4.0%
Lack of Providers/Qualified Staff	1.8%		3.3%
Lead Exposure	3.3%		1.6%
Mental Illness	1.6%		5.6%
Neglect	3.9%		3.1%
Nutrition	3.3%		4.6%
Obesity	0.4%		3.2%
Occupational Medicine	2.1%		1.2%
Ozone (Air)	3.4%		2.0%
Physical Exercise	5.3%		4.5%
Poverty	0.7%		2.8%
Preventative Health / Wellness	0.6%		2.8%
Respiratory Disease	2.5%		1.9%
Sexually Transmitted Diseases	5.0%		2.9%
Smoke-Free Workplace	4.8%		2.3%
Suicide	1.2%		4.1%
Teen Pregnancy	6.0%		3.9%
Telehealth	2.2%		2.4%
Tobacco Use	2.9%		2.2%
Transporation	2.3%		2.4%
Vaccinations	3.0%		3.2%
Water Quality	1.5%		2.1%
Health Literacy	1.5%		2.7%
Other (please specify)	0.9%		1.4%
<b>TOTAL Votes</b>	<b>1189</b>		<b>31,638</b>

## IV. Inventory of Community Health Resources

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[VVV Consultants LLC]

Inventory of Healthcare Services offered - BCH Service Area				
Cat	Healthcare Services Access	Hospital	Health Dept.	Other
Clinic	Primary Care	x		x
Hosp	Alzheimer Center			x
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services			
Hosp	Birthing / LDR / LDRP Room	x		
Hosp	Breast Cancer Services	x		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	x		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	x		
Hosp	Case Management	x	x	
Hosp	Chaplaincy / Pastoral Care	x		x
Hosp	Chemotherapy	x		
Hosp	Colonoscopy	x		
Hosp	Crisis Prevention	x	x	x
Hosp	CT Scanner	x		
Hosp	Diagnostic Radioisotope Facility	x		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance	x	x	x
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic	x		
Hosp	Full Field Digital Mammography (FFDM)	x		
Hosp	Genetic Testing / Counseling	x		
Hosp	Geriatric Services	x	x	x
Hosp	Heart Services	x		
Hosp	Hemodialysis			x
Hosp	HIV / AIDS Services	x	x	x
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care Services	x		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	x		
Hosp	Intermediate Care Unit	x		
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	x		
Hosp	Kidney Services	x		x
Hosp	Liver Services	x		
Hosp	Lung Services	x		
Hosp	Magnetic Resonance Imaging (MRI)	x		
Hosp	Mammograms	x		
Hosp	Mobile Health Services		x	
Hosp	Multi-slice Spiral Computed Tomography (<64 Slice CT)			
Hosp	Multi-slice Spiral Computed Tomography (64+ Slice CT)	x		
Hosp	Neonatal Services			
Hosp	Neurological services	x		
Hosp	Obstetrics Services	x		
Hosp	Occupational Health Services	x		
Hosp	Oncology Services	x		
Hosp	Orthopedic Services	x		
Hosp	Outpatient Surgery	x		
Hosp	Pain Management	x		
Hosp	Palliative Care Program	x		x
Hosp	Pediatric Services	x	x	x
Hosp	Physical Rehabilitation	x		x

Inventory of Healthcare Services offered - BCH Service Area				
Cat	Healthcare Services Access	Hospital	Health Dept.	Other
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET / CT)	x		
Hosp	Psychiatric Services	x		x
Hosp	Radiology, Diagnostic	x		
Hosp	Radiology, Therapeutic	x		
Hosp	Reproductive Health	x		
Hosp	Robotic Surgery	x		
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	x		
Hosp	Social Work	x	x	x
Hosp	Sports Medicine	x		x
Hosp	Stereotactic Radiosurgery	x		
Hosp	Swing Bed Services	x		
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV			
Hosp	Ultrasound	x		
Hosp	Women's Health Services	x	x	
Hosp	Wound Care	x		
SR	Adult Day Care Program			x
SR	Assisted Living			x
SR	Home Health			x
SR	Hospice	x		x
SR	Long-term Care			x
SR	Nursing Home			x
SR	Retirement Housing	x		x
SR	Skilled Nursing Care	x		x
ER	Emergency Services	x		
ER	Urgent Care Center	x		
ER	Ambulance Services			x
SERV	Alcoholism-Drug Abuse Services	x		x
SERV	Blood Donor Center	x		
SERV	Chiropractic Services			x
SERV	Complementary Medicine Services	x	x	x
SERV	Dental Services			x
SERV	Fitness Center			x
SERV	Health Education Classes	x	x	x
SERV	Health Fair	x		x
SERV	Health Information Center	x	x	x
SERV	Health Screenings	x	x	x
SERV	Meals on Wheels	x		x
SERV	Nutrition Program	x	x	x
SERV	Patient Education Center	x	x	x
SERV	Support Groups	x	x	x
SERV	Teen Outreach Services			x
SERV	Tobacco Treatment / Cessation Program	x	x	x
SERV	Transportation to Health Facilities			x
SERV	Wellness Program	x	x	x

# Providers Delivering Care - Year 2023

## Gage County, NE

FTE Providers Working in PSA	FTE Physicians		FTE Allied Staff
	FTE MD / DO	Visiting DR*	FTE NP / PA
<b>Primary Care:</b>			
Family Practice MD, DO, NP	9.0		5.0
Family Practice PA			7.0
Internal Medicine / Geriatrics	1.0		
Obstetrics / Gynecology	3.0		1.0
Pediatrics	2.0		3.0
<b>Medicine Specialists:</b>			
Allergy / Immunology			
Cardiology		11.0	
Dermatology			
Endocrinology			
Gastroenterology		1.0	
Oncology / Radiology		3.0	
Infectious Disease			
Nephrology			
Neurology		2.0	
Psychiatry		1.0	
Pulmonary		2.0	1.0
Rheumatology			
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	1.0	1.0	1.0
Neurosurgery		1.0	
Ophthalmology			
Orthopedics	1.0		1.0
Otolaryngology			
Plastic / Reconstructive Surgery			
Podiatry		1.0	
Thoracic / Cardiovascular / Vascular Surgery		4.0	
Urology		1.0	
<b>Hospital Based:</b>			
Anesthesia / Pain Management	4.0		
Midwives			1.0
Emergency Medicine	4.0		2.0
Radiology			
Pathology			
Hospitalist	3.0		3.0
Neonatology / Perinatology			
Physical Medicine / Rehabilitation	10.0		
Psychology	3.0		1.0
Occupational Medicine	4.0		
Audiology			
Chiropractic			
Optometry			
Dental			
Wound			1.0
<b>TOTALS</b>	<b>45.0</b>	<b>28.0</b>	<b>26.0</b>

\*FTE Specialists serving the community whose office outside the PSA

Visiting Specialists to Beatrice Community Hospital - Yr 2023				
Specialty	Physician Name	Office Location	Schedule	Days per Month
Cardiology	Brock Cookman, MD Joseph Kummer, MD Dale Hansen, MD John Steuter, MD	Bryan Heart 1600 S 48 S Lincoln, NE 68506 Phone: 402-483-3333	Mornings	7
Cardiology	Anuj Jain, MD Omar Nass, MD Steven Krueger, MD	Nebraska Heart Institute 7440 S 91st St Lincoln, NE 68526 Phone: 402-328-3970	Mornings	7
Cardiology	Paul Bajwa, MD Douglas Netz, MD Hemantha Koduri, MD	Pioneer Heart Institute 4445 S 86th St, St 100 Lincoln, NE 68526 Phone: 402-414-4200	Mornings and Afternoons	8
Neurology	James Bobenhouse, MD Matthew Kniss, MD	Neurology Asspiciates, PC 2631 S 70th St Lincoln, NE 68506 Phone: 402-483-7226	4thThurs	1
Neurosurgery	Benjamin Bixenmann, MD	The Nebraska Neurosurgery Group, LLC 6041 Village Dr, St 110 Lincoln, NE 68516 Phone: 402-904-4729	2nd Wed & 4th Tues	2
Oncology	Steven Dunder, MD Stacy Knox, MD	Southeast Nebraska Cancer Care 201 S 68th St Place Lincoln, NE 68510 Phone: 402-420-7000	1st & 3rd Wednesdays	2
Pain	Liane Donovan, MD John Massey, MD	MD Pain 4130 Pioneer Woods Dr, St 4 Lincoln, NE 68506 Phone: 402-858-0117	1st and Last Thurs	2
Podiatry	Matthew Williamson, DPM	Capital Foot and Ankle, PC 1150 N 83rd St Lincoln, NE 68505 Phone: 402-483-4485	1st & 3rd Wed	2
Pulmonology	Sean Barry, MD FAACP Michelle Tyser, PA-C	Nebraska Pulmonology Specialities, LLC 1500 S 48th St, St 800 Lincoln, NE 68506 Phone: 402-483-8600	1st & 3rd Tues	2
Psychiatry - Telehealth	Thomas Magnuson, MD	Nebraska Medicine-Geriatric Psychiatry 730 S 38th Ave Omaha, NE 68198 Phone: 402-552-6007	By Appointment	Varies
Urology	Christopher Larson, MD Logan McGuffey, MD Kim Brown, PA-C	Urology, PC 5500 Pine Lake Rd Lincoln, NE 68516 Phone: 402-489-8888	Fridays	4
Vascular Surgery	Matthew Goettsch, MD	Lincoln Surgical Group 4740 A St, St 100 Lincoln, NE 68510 Phone: 402-483-7825	4th Wed	1
Vascular Surgery	Heidi Hansen, MD Sohn, MD Allie	Nebraska Heart Institute - Vascular 7440 S 91st St Lincoln, NE 68526 Phone: 402-327-2700	First Mon	1
Vascular Surgery	Hemantha Koduri, MD	Pioneer Heart Institute 4445 S 86th St, St 100 Lincoln, NE 68526 Phone: 402-414-4200	2nd & 4th Wed	2

# **Gage County, Nebraska**

## **Emergency Numbers**

<b>Ambulance</b>	<b>9-1-1</b>
<b>Fire</b>	<b>9-1-1</b>
<b>Police / Sheriff</b>	<b>9-1-1</b>

### **Police**

<b>Gage Co Sheriff</b>	<b>(402) 223-5221</b>
<b>Beatrice Police Department</b>	<b>(402) 223-4080</b>
<b>Wymore Police Department</b>	<b>(402) 645-3315</b>

### **Fire**

<b>Adams Rural Fire Department</b>	<b>(402) 998-4795</b>
<b>Beatrice Fire Department</b>	<b>(402) 228-5246</b>
<b>Barneston Rural Fire</b>	<b>(402) 914-0229</b>
<b>Blue Springs Volunteer Fire Department</b>	<b>(402) 645-8290</b>
<b>Clatonia Fire Department</b>	<b>(402) 989-5195</b>
<b>Cortland Volunteer Fire Department</b>	<b>(402) 798-7711</b>
<b>Filley Rural Fire Department</b>	<b>(402) 662-0107</b>
<b>Odell Fire and Rescue</b>	<b>(402) 766-3610</b>
<b>Pickrell Rural Fire</b>	<b>(402) 673-3001</b>
<b>Wymore Volunteer Fire Department</b>	<b>(402) 645-3311</b>

## **Health Care – 2023**

### **Hospitals / Clinics**

Adams Primary Care Clinic  
620 Main St., A  
Adams, NE 68301  
(402)988-2188

Beatrice Community Hospital  
4800 Hospital Parkway  
Beatrice, NE 68310  
(402)228-3344

Beatrice Express Care  
4800 Hospital Parkway  
Beatrice, NE 68310  
(402)223-6543

Beatrice Family & Internal Medicine  
Clinic  
4800 Hospital Parkway  
Beatrice, NE 68310  
(402)228-4295

Beatrice General Surgery  
4800 Hospital Parkway  
Beatrice, NE 68310  
(402)228-4236

Beatrice Health & Rehabilitation  
1800 Irving St.  
Beatrice, NE 68310  
(402)223-2311

Beatrice Immunization Clinic  
4800 Hospital Parkway  
Beatrice, NE 68310  
(402)223-2366

Beatrice Orthopedics and Sports  
Medicine Clinic  
4800 Hospital Parkway  
Beatrice, NE 68310  
(402)228-5417

Beatrice Specialty Provider Clinic  
4800 Hospital Parkway  
Beatrice, NE 68310  
(402)223-7275

Beatrice Women's & Children's Clinic  
4800 Hospital Parkway  
Beatrice, NE 68310  
(402)228-3117

Community Physicians Clinic Wymore  
100 N 7th St.  
Wymore, NE 68466  
(402)645-3733

DaVita Beatrice Dialysis  
5200 Hospital Parkway  
Beatrice, NE 68310  
(402)223-7848

Family Health Services - Beatrice  
301 S 6th St., Ste. 8  
Beatrice, NE 68310  
(402)335-2988

Havekost Personal Health  
105 S 9th St.  
Beatrice, NE 68310  
(402)520-7302

Radiation Oncology Consultants  
552 Sargent St.  
Beatrice, NE 68310  
(402)904-7135

Willow Center  
2205 N 6th St., Suite 11  
Beatrice, NE 68310  
(402)228-6411

Wymore Medical Clinic  
116 E. H St.  
Wymore, NE 68466  
(402)645-3310

### **Chiropractors**



Beatrice Family Chiropractic, PC  
2625 Court St.  
Beatrice, NE 68310  
(402)228-2777

Bowhay Chiropractic  
900 N 6th St., A  
Beatrice, NE 68310  
(402)223-2500

Complete Chiropractic & Wellness  
Center  
610 Main St.  
Adams, NE 68301  
(402)480-1074

Earhart Chiropractic Clinic  
1301 N 6th St.  
Beatrice, NE 68310  
(402)228-3535

Hoops Chiropractic, PC  
829 W Court St., St 2  
Beatrice, NE 68310  
(402)228-2277

Jacot Chiropractic Clinic  
205 N 19th St.  
Beatrice, NE 68310  
(402)223-4242

Southwick Chiropractic  
554 Sargent St., #1  
Beatrice, NE 68310  
(402)228-4000

### **Eye Doctors**

Adams Optical Fashions  
512 Bell St.  
Beatrice, NE 68310  
(402)228-1012

Eyecare Specialties  
2005 E Court St.

Beatrice, NE 68310  
(402)223-4098

Eye Surgical Associates  
2005 Court St.  
Beatrice, NE 68310  
(402)228-7358

Optical Gallery  
566 Sargent St.  
Beatrice, NE 68310  
(402)223-2950

### **Dentists**

Cortland Dental  
223 W 4th St.  
Cortland, NE 68331  
(402)798-2139

Gleason Dental Clinic  
204 Crest Drive  
Beatrice, NE 68310  
(402)228-3119

Dr. Richard J. Mazour, DDS  
801 W Court St.  
Beatrice, NE 68310  
(402)223-5109

Pinkerton Dentistry  
906 E Court St.  
Beatrice, NE 68310  
(402)228-3112

Osborne Dentistry  
801 Elk Court St.  
Beatrice, NE 68310  
(402)223-5346

Plaza Ridge Dental  
110 Eastside Blvd., Suite A  
Beatrice, NE 68310  
(402)223-4140

Schroeder Family Dentistry

610 Main St., A  
Adams, NE 68301  
(402)988-2003  
**Mental Health Services**

Blue Valley Behavioral Health  
1123 9th St.  
Beatrice, NE 68310  
(402)228-3386

Nebraska Mental Health Centers  
Beatrice  
110 N 9th St.  
Beatrice, NE 68310  
(402)483-6990

Omni Behavioral Health  
304 S 16th St.  
Beatrice, NE 68310  
(402)223-3843

Vest Psychiatric Services, LLC  
722 Court St.  
Beatrice, NE 68310  
(402)817-0897

### **Health Department**

Public Health Solutions – Main Office  
830 E 1st St., Suite 300  
Crete, NE 68333  
(402)826-3880

Public Health Solutions – Satellite Office  
516 Court St.  
Beatrice, NE 68310  
(402)223-0096

### **Home Care**

Beatrice Personal Nursing  
2008 Elk St.  
Beatrice, NE 68310  
(402)520-8200

Good Samaritan Society  
918 26th St., Suite C  
Auburn, NE 68305  
(402)274-5541

Home Instead  
200 N 24th St.  
Beatrice, NE 68310  
(402)228-2080

### **Hospice**

Cottonwood Hospice  
1201 N 10th St.  
Beatrice, NE 68310  
(402)228-8501

## **Community Resources**

### **Abuse-Child/Adult**

Hope Crisis Center  
2015 N 6th St.  
Beatrice NE 68310  
(402)223-6635

Southeast Nebraska CASA  
514 Court St.  
Beatrice, NE 68310  
(402)643-3695

### **Banks**

Bank of the West  
633 N 6th St.  
Beatrice, NE 68310  
(402)228-3445

First National Bank  
2205 N 6th St.  
Beatrice NE, 68310  
(402)228-4241

Pinnacle Bank  
523 Court St.  
Beatrice, NE 68310

(402)228-3333

Security First Bank  
120 N 6th St.  
Beatrice, NE 68310  
(402)223-4041

US Bank  
200 N 6th St.  
Beatrice, NE 68310  
(402)228-4213

### **Child Care**

Bonnies Daycare  
1110 N 18th St.  
Beatrice, NE 68310  
(402)228-2496

Gage County Head Start - Wymore  
517 N 12th St.  
Wymore, NE 68466  
(402)645-3441

Little Giggles Daycare  
111 N 26th St.  
Beatrice, NE 68310  
(402)223-2900

Little Giggles Daycare – Second  
Location  
111 N 26th St.  
Beatrice, NE 68310

Meyers Daycare  
1722 N 14th St.  
Beatrice, NE 68310  
(402)228-9014

Red Raven Preschool/Daycare  
420 N 6th St.  
Beatrice, NE 68310  
(402)223-5033

### **Churches**

First Christian Church  
205 N 7th St.  
Beatrice, NE 68310  
(402)223-3842

Christ Church Episcopal  
524 N 5th St.  
Beatrice, NE 68310  
(402)223-5515

Christ Community Church  
2727 Lincoln Street  
Beatrice, NE 68310  
(402)223-5319

First Presbyterian Church  
312 N 5th St.  
Beatrice, NE 68310  
(402)223-3933

Homestead Baptist Church  
424 Bell St.  
Beatrice, NE 68310  
(402)228-1563

St. John Lutheran Church  
701 N 6th St.  
Beatrice, NE 68310  
(402)223-5268

St. Joseph Catholic Church  
612 High St.  
Beatrice, NE 68310  
(402)223-2923

St. Paul's Lutheran Church  
321 N 10th St.  
Beatrice, NE 68310  
(402)228-1540

### **Community Groups**

Beatrice Kiwanis Club  
PO Box 263  
Beatrice, NE 68310  
(402)806-2546

Beatrice Sertoma Club  
(402)228-3990

Rotary Club of Beatrice  
PO Box 162  
Beatrice, NE 68310  
(402)223-3549

### **Disability Services**

Beatrice State Developmental Center  
3000 Lincoln St.  
Beatrice, NE 68310  
(402)223-6600

MAGIS Residential Services, LLC  
4350 S 103 Lane  
Adams, NE 68301  
(402)223-0486

Mosaic - Beatrice  
722 S 12th St.  
Beatrice, NE 68310  
(402)223-4066

Region V Services  
2317 N 6th St.  
Beatrice, NE 68310  
(402)228-3228

### **Education - Schools**

Early Head Start - Beatrice (Gage  
County)  
5109 W Scott Road  
Beatrice, NE 68310  
(402)223-6056

Head Start - Wymore  
517 N 12th St.  
Wymore, NE 68466  
(402)645-3441

Beatrice Community Pre-school  
201 S Cedar St.

Beatrice, NE 68310  
(402)223-1585

Beatrice High School (9-12)  
600 Orange Blvd  
Beatrice, NE 68310  
(402)223-1515

Beatrice Middle School (6-8)  
215 N 5th St.  
Beatrice, NE 68310  
(402)223-1545

Diller-Odell Elementary School (PK-6)  
315 Smith St.  
Diller, NE 68342  
(402)793-5570

Diller-Odell Jr/Sr High School (7-12)  
506 Perry St.  
Odell, NE 68415  
(402)766-4210

Freeman Public Schools  
415 8th St.  
Adams, NE 68301  
(402)988-2525

Lincoln Elementary (PK-5)  
500 N 19th St.  
Beatrice, NE 68310  
(402)223-1575

Paddock Lane School (PK-5)  
1300 N 14th St.  
Beatrice, NE 68310  
(402)223-1566

Stoddard Elementary (PK-5)  
400 S 7th St.  
Beatrice, NE 68310  
(402)223-1580

South Elementary School (PK-6)  
315 W 2nd St.  
Blue Springs, NE 68318

(402)645-3359

Southern High School (7-12)  
115 S 11th St.  
Wymore, NE 68466  
(402)645-3326

### **Elected Officials**

Beatrice City Council & Mayor  
400 Ella St.  
Beatrice, NE 68310  
402-228-5200

Blue Springs City Council & Mayor  
104 E Broad St.  
Blue Springs, NE 68318  
(402)645-3539

Gage County Government  
612 Grant St.  
Beatrice, NE 68310  
(402)223-1300

Gage County Board of Supervisors  
612 Grant St., #3  
Beatrice, NE 68310  
(402)223-1300

Village of Adams  
300 8th St.  
Adams, NE 68310  
(402)988-2269

Village of Barneston  
Route 2, Box 108  
Wymore, NE 68466

Village of Clatonia  
SW 100th Road  
Clatonia, NE 68328

Village of Cortland  
W. 5th St.  
Cortland, NE 68331  
(402)798-7395

Village of Filley  
PO Box 86  
Filley, NE 68357

Village of Liberty  
705 Warren St.  
Liberty, NE 68381

Village of Odell  
202 Main St.  
Odell, NE 68415  
(402)766-4122

Village of Pickrell  
401 Madison St.  
Pickrell, NE 68422  
(402)673-3004

Village of Virginia  
104 3rd Ave.  
Virginia, NE 68458

Wymore City Council & Mayor  
115 W E St.  
Wymore, NE 68466

### **Job Assistance**

Beatrice Chamber of Commerce  
218 N 5th St.  
Beatrice, NE 68310  
(402)223-2338

Nebraska Dept. of Labor Office  
(402)223-6060

NGage  
218 N 5th St.  
Beatrice, NE 68310  
(402)228-5869

### **Food**

Blue Valley Community Action  
Partnership

5109 W Scott Road  
Beatrice, NE 68310  
(402)223-6034

Community Food Pantry and  
Emergency Services  
701 N 6th St.  
Beatrice, NE 68310  
(402)223-8975

Food Stamps  
Nebraska Dept. of Health & Human  
Services  
(402)223-6000

Meals-On-Wheels  
(402)223-3055

Salvation Army  
(402)223-3341

The Community Supplemental Food  
Program  
(402)729-2278

Wymore Food Pantry  
101 S 7th St.  
Wymore, NE 68466  
(402)645-8252

### **Gage County**

Assessor's Office  
612 Grant St., Room 8  
Beatrice, NE 68310  
(402)223-1308

Beatrice Recycling Center  
917 S 11th St.  
Beatrice, NE 68310  
(402)223-3379

Clerk's Office  
612 Grant St.  
Beatrice, NE 68310  
(402)223-1300

Emergency Medical Services (EMS)  
400 Ella St.  
Beatrice, NE 68310  
(402)228-5200

Motor Vehicle Dept.  
612 Grant St  
Beatrice, NE 68310  
(402)223-1350

Public Health Solutions  
516 Court St.  
Beatrice, NE 68310  
(402)223-0096

Register of Deeds  
612 Grant St., Room 1  
Beatrice, NE 68310  
(402)223-1361

Treasurer  
612 Grant St.  
Beatrice, NE 68310  
(402)223-1316

### **Housing**

Low-Income/ Retirement  
Beatrice Housing Authority  
(402)223-3809

Bell Street Apartments  
(402)423-3196

Carsten's Garden Villa  
(402)223-2800

Crestland/New Horizon  
(402)729-2278

East Arbor Meadows  
(402)228-2232

Hilltop Lodge/Wymore Housing  
Authority

(402)645-8241

Homestead Village  
(402)223-5074

Parkview Village  
(402)223-5074

Pinetree Villa  
(402)423-3196

Prairie Heights  
(402)223-3809

Prairie Village  
(402)223-2302

Ridgefield Townhomes  
(712)328-2222

Timberridge Townhomes  
(402)477-9300

Valley Heights  
(402)729-2278

East Arbor Meadows  
2101 Arbor Ave.  
Beatrice, NE 68310  
(402)228-2232

Gold Crest  
200 Levi Lane  
Adams, NE 68301  
(402)988-7115

Homestead House  
2300 Lincoln St  
Beatrice, NE 68310  
(402)205-4015

### **Law Enforcement**

Gage County Sheriff  
612 Lincoln St.

Beatrice, NE 68310  
(402)223-5221

Beatrice Police Department  
201 N 5th St.  
Beatrice, NE 68310  
(402)223-4080

### **Legal Services**

Garrison Law Office  
819 N 6th St.  
Beatrice, NE 68310  
(402)223-4900

Hubka & Hubka  
508 Court St., #1  
Beatrice, NE 68310  
(402)223-4073

Lepant Law Office, PC, LLO  
2205 N 6th St.,  
Beatrice, NE 68310  
(402)969-6199

Mahloch Law Office  
1514 Court St., Suite 100  
Beatrice, NE 68310  
(402)223-3507

Smith Schafer Davis, LLC  
609 Elk St.  
Beatrice, NE 68310  
(402)223-5257

### **Libraries**

Beatrice Public Library  
100 N 16th St.  
Beatrice, NE 68310  
(402)223-3584

### **Pharmacy**

Arbor State Pharmacy  
203 S 7th St., Suite B

Wymore, NE 68466  
(402)645-3080

Beatrice Walmart Pharmacy  
3620 N 6th St.  
Beatrice, NE 68310  
(402)228-4594

Clabaugh Pharmacy  
501 Court St  
Beatrice, NE 68310  
(402)223-3591

Deines Pharmacy  
910 Court St.  
Beatrice, NE 68310  
(402)423-4779

Lake Crest Pharmacy  
620 Main St., Suite B  
Adams, NE 68301  
(402)988-7145

## **Recreation**

Beatrice Big Blue Water Park  
1200 Scott St.  
Beatrice, NE 68310  
(402)-223-4114

Beatrice City Parks & Recreation  
Hike/Bike Trails  
City Parks  
Camping

[https://www.beatrice.ne.gov/community/  
page/recreation](https://www.beatrice.ne.gov/community/page/recreation)

Beatrice Community Players  
412-Ella St.  
Beatrice, NE 68310  
(402)228-1801

Beatrice Mary Family YMCA  
1801 Scott St.  
Beatrice, NE 68310  
(402)223-5552

Beatrice Movies  
615 Court St.  
Beatrice, NE 68310  
(402)223-5124

Beatrice Rolla-Rena Skate Center  
1133 S Sixth St.  
Beatrice, NE 68310  
(402)223-4173

Beatrice Skate Park  
Corner of Center and West Court streets  
Beatrice, NE 68310

## **Senior Services**

Beatrice Senior Center  
101 N 25th St.  
Beatrice, NE 68310  
(402)223-3055

Blue Rivers Area Agency on Aging  
103 Eastside Blvd  
Beatrice, NE 68310  
(402)223-1376

Wymore Senior Center  
815 W D St.  
Wymore, NE 68466  
(402)645-3525

## **Social Services**

Adult Protective Service (APS)  
800-652-1999

BVCA Family and Community Services  
5109 W Scott Road, Suite 402  
Beatrice, NE 68310  
(402)223-6034

Beatrice Salvation Army  
120 S 7th St.



Beatrice, NE 68310  
(402)223-3341

Gage County Child Support  
(402)223-2008

Gage County Dept. of Health & Human  
Services Office  
300 Lincoln St.  
Beatrice, NE 68310  
(402)223-6000

Gage County United Way  
PO Box 395  
Beatrice, NE 68310  
(402)223-9063

Gage County Victim Assistance  
Program  
(402)223-4080

### **Support Groups**

Alcoholics Anonymous (AA) Beatrice  
Salvation Army Building  
624 Market St  
Beatrice, NE 68310

Alcoholics Anonymous (AA) Beatrice  
Mennonite Church  
12th & Summit St.  
Beatrice, NE 68310

Narcotics Anonymous (NA) Beatrice  
321 N 5th St., Presbyterian Church  
701 N 6th St., Lutheran Church  
2727 Lincoln St., Community Church  
1918 Garfield St., Lutheran Church

### **Transportation**

Beatrice Municipal Airport  
3301 N 6th St  
Beatrice, NE 68310  
(402)223-5349

Blue Rivers Public Transportation –  
Gage County  
103 Eastside Blvd  
Beatrice, NE 68310  
(402)223-1357

Yellow Cab Company  
2420 N Sixth St.  
Beatrice, Ne 68310  
(402)223-3121

### **Utilities**

Beatrice Board of Public Works  
400 Ella St., #2  
Beatrice, NE 68310  
(402)228-5211

Norris Public Power  
600 Irving St.  
Beatrice, NE 68310  
(402)223-4038

NPPD  
1414 15th St.  
Columbus, NE 68502  
(877)275-6773

### **Veteran Services**

Gage County Veterans Service Office  
619 N 7<sup>th</sup> St.  
Beatrice, NE 68310  
(402)223-1342

# V. Detail Exhibits

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**[VVV Consultants LLC]**

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## a.) Patient Origin Source Files

[VVV Consultants LLC]

# Patient Origin History 2020- 2022 IP Only

Inpatient Origin by County (NE Hosp Assoc) - Gage County, NE Federal Fiscal Year - 2020				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn	
Hospital Detail by County				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75 +		Psychiatric		Obstetric		Newborn			
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
Lincoln - Bryan Health	1	965	44.2%	99	36.9%	181	47.3%	243	51.2%	174	45.0%	268	39.9%	78	78.8%	56	29.9%	54	30.3%		
Beatrice - Beatrice Community Hospital & Health Center	2	832	38.1%	119	44.4%	131	34.2%	143	30.1%	130	33.6%	309	46.1%	1	1.0%	108	57.8%	103	57.9%		
Lincoln - CHI Health St. Elizabeth	3	158	7.2%	24	9.0%	36	9.4%	37	7.8%	23	5.9%	38	5.7%	0	0.0%	20	10.7%	18	10.1%		
Omaha - Nebraska Medicine - Nebraska Medical Center	4	65	3.0%	1	0.4%	14	3.7%	28	5.9%	15	3.9%	7	1.0%	2	2.0%	0	0.0%	0	0.0%		
Lincoln - CHI Health Nebraska Heart	5	46	2.1%	0	0.0%	0	0.0%	11	2.3%	18	4.7%	17	2.5%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Children's Hospital & Medical Center	6	18	0.8%	18	6.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Nebraska Methodist Health System	7	11	0.5%	1	0.4%	1	0.3%	1	0.2%	2	0.5%	6	0.9%	0	0.0%	1	0.5%	1	0.6%		
Tecumseh - Johnson County Hospital	8	14	0.6%	0	0.0%	0	0.0%	0	0.0%	6	1.6%	8	1.2%	0	0.0%	0	0.0%	0	0.0%		
Lincoln - Madonna Rehabilitation Hospitals - Lincoln	9	6	0.3%	0	0.0%	0	0.0%	0	0.0%	2	0.5%	4	0.6%	0	0.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Creighton University Medical Center - Bergan Mercy	10	7	0.3%	1	0.4%	2	0.5%	3	0.6%	0	0.0%	1	0.1%	0	0.0%	1	0.5%	1	0.6%		
Pawnee City - Pawnee County Memorial Hospital	11	5	0.2%	0	0.0%	0	0.0%	0	0.0%	3	0.8%	2	0.3%	0	0.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Immanuel	12	2	0.1%	0	0.0%	1	0.3%	1	0.2%	0	0.0%	0	0.0%	1	1.0%	0	0.0%	0	0.0%		
Hastings - Mary Lanning Healthcare	13	7	0.3%	1	0.4%	4	1.0%	1	0.2%	1	0.3%	0	0.0%	3	3.0%	0	0.0%	0	0.0%		
Geneva - Fillmore County Hospital	14	10	0.5%	1	0.4%	1	0.3%	1	0.2%	0	0.0%	7	1.0%	5	5.1%	1	0.5%	1	0.6%		
Fairbury - Jefferson Community Health & Life	15	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Boys Town National Research Hospital	16	3	0.1%	3	1.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Lakeside	17	3	0.1%	0	0.0%	0	0.0%	1	0.2%	2	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Bellevue - Nebraska Medicine - Bellevue Medical Center	18	1	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Madonna Rehabilitation Hospitals - Omaha	19	2	0.1%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%		
Syracuse - Syracuse Area Health	20	7	0.3%	0	0.0%	1	0.3%	2	0.4%	3	0.8%	1	0.1%	0	0.0%	0	0.0%	0	0.0%		
All Others	21	21	1.0%	0	0.0%	10	2.6%	2	0.4%	7	1.8%	2	0.3%	9	9.1%	0	0.0%	0	0.0%		
Overall Total		2,184	100%	268	100%	383	100%	475	100%	387	100%	671	100%	99	100%	187	100%	178	100%		

Inpatient Origin by County (NE Hosp Assoc) - Gage County, NE Federal Fiscal Year - 2021				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn	
Hospital Detail by County				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75 +		Psychiatric		Obstetric		Newborn			
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
Lincoln - Bryan Health	1	939	44.5%	101	36.6%	190	46.6%	217	46.6%	197	49.6%	234	41.6%	97	88.2%	57	32.2%	54	32.0%		
Beatrice - Beatrice Community Hospital & Health Center	2	730	34.6%	104	37.7%	157	38.5%	144	30.9%	111	28.0%	214	38.0%	1	0.9%	98	55.4%	96	56.8%		
Lincoln - CHI Health St. Elizabeth	3	125	5.9%	17	6.2%	36	8.8%	27	5.8%	14	3.5%	31	5.5%	0	0.0%	17	9.6%	15	8.9%		
Omaha - Nebraska Medicine - Nebraska Medical Center	4	92	4.4%	21	7.6%	14	3.4%	33	7.1%	21	5.3%	3	0.5%	1	0.9%	1	0.6%	0	0.0%		
Lincoln - CHI Health Nebraska Heart	5	51	2.4%	0	0.0%	0	0.0%	13	2.8%	18	4.5%	20	3.6%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Children's Hospital & Medical Center	6	22	1.0%	22	8.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Nebraska Methodist Health System	7	45	2.1%	1	0.4%	1	0.2%	11	2.4%	16	4.0%	16	2.8%	0	0.0%	1	0.6%	1	0.6%		
Tecumseh - Johnson County Hospital	8	30	1.4%	0	0.0%	0	0.0%	1	0.2%	5	1.3%	24	4.3%	0	0.0%	0	0.0%	0	0.0%		
Lincoln - Madonna Rehabilitation Hospitals - Lincoln	9	10	0.5%	3	1.1%	1	0.2%	3	0.6%	0	0.0%	3	0.5%	0	0.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Creighton University Medical Center - Bergan Mercy	10	10	0.5%	0	0.0%	2	0.5%	3	0.6%	2	0.5%	3	0.5%	0	0.0%	1	0.6%	1	0.6%		
Pawnee City - Pawnee County Memorial Hospital	11	8	0.4%	0	0.0%	0	0.0%	1	0.2%	2	0.5%	5	0.9%	0	0.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Immanuel	12	3	0.1%	2	0.7%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	2	1.8%	0	0.0%	0	0.0%		
Hastings - Mary Lanning Healthcare	13	6	0.3%	0	0.0%	2	0.5%	2	0.4%	2	0.5%	0	0.0%	4	3.6%	0	0.0%	0	0.0%		
Geneva - Fillmore County Hospital	14	4	0.2%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	3	0.5%	1	0.9%	0	0.0%	0	0.0%		
Fairbury - Jefferson Community Health & Life	15	4	0.2%	0	0.0%	0	0.0%	0	0.0%	2	0.5%	2	0.4%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Boys Town National Research Hospital	16	1	0.0%	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Lakeside	17	5	0.2%	0	0.0%	0	0.0%	4	0.9%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Bellevue - Nebraska Medicine - Bellevue Medical Center	18	3	0.1%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Madonna Rehabilitation Hospitals - Omaha	19	2	0.1%	0	0.0%	1	0.2%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Syracuse - Syracuse Area Health	20	2	0.1%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%		
All Others	21	18	0.9%	4	1.4%	4	1.0%	3	0.6%	4	1.0%	3	0.5%	4	3.6%	2	1.1%	2	1.2%		
Overall Total		2,110	100%	276	100%	408	100%	466	100%	397	100%	563	100%	110	100%	177	100%	169	100%		

Inpatient Origin by County (NE Hosp Assoc) - Gage County, NE Federal Fiscal Year - 2022				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn	
Hospital Detail by County				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75 +		Cases	%	Cases	%	Cases	%		
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
Lincoln - Bryan Health	1	849	43.3%	116	38.9%	170	46.3%	212	49.4%	157	44.4%	194	37.7%	92	88.5%	78	36.8%	75	36.6%		
Beatrice - Beatrice Community Hospital & Health Center	2	765	39.0%	118	39.6%	142	38.7%	144	33.6%	117	33.1%	244	47.4%	2	1.9%	111	52.4%	108	52.7%		
Lincoln - CHI Health St. Elizabeth	3	101	5.1%	25	8.4%	29	7.9%	19	4.4%	11	3.1%	17	3.3%	0	0.0%	22	10.4%	21	10.2%		
Omaha - Nebraska Medicine - Nebraska Medical Center	4	64	3.3%	2	0.7%	12	3.3%	19	4.4%	26	7.3%	5	1.0%	0	0.0%	0	0.0%	0	0.0%		
Lincoln - CHI Health Nebraska Heart	5	45	2.3%	0	0.0%	0	0.0%	8	1.9%	16	4.5%	21	4.1%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Children's Hospital & Medical Center	6	20	1.0%	20	6.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Nebraska Methodist Health System	7	26	1.3%	2	0.7%	2	0.5%	6	1.4%	11	3.1%	5	1.0%	0	0.0%	1	0.5%	1	0.5%		
Tecumseh - Johnson County Hospital	8	17	0.9%	0	0.0%	0	0.0%	0	0.0%	2	0.6%	15	2.9%	0	0.0%	0	0.0%	0	0.0%		
Lincoln - Madonna Rehabilitation Hospitals - Lincoln	9	14	0.7%	1	0.3%	1	0.3%	2	0.5%	6	1.7%	4	0.8%	1	1.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Creighton University Medical Center - Bergan Mercy	10	8	0.4%	0	0.0%	1	0.3%	6	1.4%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%		
Pawnee City - Pawnee County Memorial Hospital	11	2	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	1	0.2%	0	0.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Immanuel	12	9	0.5%	2	0.7%	4	1.1%	2	0.5%	0	0.0%	1	0.2%	4	3.8%	0	0.0%	0	0.0%		
Hastings - Mary Lanning Healthcare	13	2	0.1%	0	0.0%	1	0.3%	1	0.2%	0	0.0%	0	0.0%	2	1.9%	0	0.0%	0	0.0%		
Geneva - Fillmore County Hospital	14	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Fairbury - Jefferson Community Health & Life	15	3	0.2%	0	0.0%	0	0.0%	1	0.2%	1	0.3%	1	0.2%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Boys Town National Research Hospital	16	10	0.5%	10	3.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Omaha - CHI Health Lakeside	17	5	0.3%	0	0.0%	1	0.3%	1	0.2%	0	0.0%	3	0.6%	0	0.0%	0	0.0%	0	0.0%		
Bellevue - Nebraska Medicine - Bellevue Medical Center	18	9	0.5%	0	0.0%	1	0.3%	2	0.5%	3	0.8%	3	0.6%	0	0.0%	0	0.0%	0	0.0%		
Omaha - Madonna Rehabilitation Hospitals - Omaha	19	3	0.2%	1	0.3%	0	0.0%	1	0.2%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Syracuse - Syracuse Area Health	20	1	0.1%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
All Others	21	9	0.5%	1	0.3%	3	0.8%	4	0.9%	1	0.3%	0	0.0%	3	2.9%	0	0.0%	0	0.0%		
Overall Total		1,963	100%	298	100%	367	100%	429	100%	354	100%	515	100%	104	100%	212	100%	205	100%		

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## b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

RSVP's Gage Co, NE - BCH CHNA Town Hall Tues. May 2nd (11:30am-1pm)							
#	Table	Lead	Attend	Last	First	Organization	Title
1	A		x	Haraldson	Rick	Beatrice Community Hospital	CEO
2	A	#	x	Nielsen	Jackie	Beatrice Public Schools	Assistant Superintendent
3	A		x	Meade	Danielle	Blue Valley Community Action	Health and Nutrition Serv Dir
4	A		x	Schuller	Don	Gage County Supervisor	Supervisor
5	B		x	Humble	Katie	Beatrice Community Hospital	Sr. Exec., HR & Support Serv
6	B		x	Jurgens	Angela	Beatrice YMCA	Community Outreach
7	B	#	x	Gascon	Robin	Good Samaritan Society	Director of Marketing
8	C		x	HARTLEY	SUSAN	BCH Board/Security First Bank	Loan Officer
9	C		x	Kaufman	Patty	BCH Foundatin/Backpack Program	Reverend
10	C	#	x	Kreikemeier	Rachel	Gage Co. Economic Development	Executive Director
11	C		x	Bauman	Rachael	MARY YMCA OF BEATRICE	Director Health and Wellness
12	C		x	Kuzelka	Jill	Public Health Solutions health dept.	Program manager
13	D	#	x	Dunker	Tara	Gage County Extension	
14	D		x	Minge	Jaci	Nebraska Dept. of Labor	Reemployment Coordinator
15	D		x	Allison	Leonard	YMCA	CEO
16	E		x	Lenners	Kelly	BCH Foundation/First St Bank	BCH Foundation Board
17	E		x	Kruse	Dale	BCH Foundation/Retired	Board Member
18	E		x	Burris	Hope	The Salvation Army	Administartor and Pastor
19	F		x	Hanson	Tim	Gage County Sheriff's Office	Sergeant / Investigator
20	F		x	Lock	Christina	Hope Crisis Center	
21	F		x	Koehler	Renae	St. John Lutheran Church	Rev. Dr.
22	G		x	Caspers-Moon	Deanne	BCH Board/Caspers Const. Co	
23	G	#	x	Javorsky	Jessica	BCH Foundation	
24	G		x	Timmerman	Missy	Beatrice Public Schools	
25	G		x	Workman	Sonja	BVCA Foster Grandparent Prog	Program Director
26	G		x	Loos	Christy	Mother To Mother	Coordinator
27	H		x	Morgan	Bob	City of Beatrice/Mayor	Mayor
28	H		x	Hanneman	Mike	First Christian Church	Pastor
29	H		x	Wicht	Megan	NGage - Gage Area Growth Ent	Marketing Coordinator
30	I		x	Sandman	Steve	BCH Board/EyeCare Specialties	Board Member
31	I		x	Cornelius	Cerice	Good Samaritan Society	Director of Nursing
32	I		x	Edmonds	Laura	MAPS Coalition	member at large
33	J		x	Saathoff	SuAnn	Beatrice Community Hospital	Executive Assistant
34	J	#	x	Lovvitt	Amber	CASA of Gage County	Executive Director
35	J		x	Sothan	Michael	Main Street Beatrice	Executive Director
36	K		x	Watson	Shelby	BCH Foundation	Executive Director
37	K		x	Bruna	Angie	Beatrice Chamber of Commerce	Executive Director
38	K		x	Schuller	Julie	Beatrice Community Hospital	Certified nurses assistance
39	K	#	x	Lyons	Christina	Gage Co MAPS Comm Coalition	Director
40	L		x	Jurgens	Chad	Beatrice Community Hospital	CFO
41	L		x	Vicars	Diane	Beatrice Community Hospital	Sr Exec Marketing Comm
42	L		x	Essam	Angy	Community Food Pantry	Food Coordinator
43	L		x	Klaus	Doug	Gage County Sheriff's Office	Chief Deputy Sheriff
44	M		x	Schuster	Sharon	Beatrice Community Hospital	
45	M		x	Orwan	Sue	Community Food Pantry	Client Coordinator
46	M		x	Emerson	Cari	Hope Crisis Center	
47	M	#	x	Pesarte-Daniel	Johanna	Public Health Solutions health	

# Gage County, NE PSA Town Hall Event Notes

Attendance: N=47

Date: 5/02/2023 – 11:30 a.m. to 1:00 p.m.

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**Drugs/Substances Occurring:** meth, opioids, weed, fentanyl, coke, heroin

## **Strengths**

- College (SCC) SE Community College
- Graduation rate at high school level
- YMCA/ future vision
- Economic diversity
- Health care facilities
- Emergency services
- Health literacy
- Law enforcement
- Available providers
- Maternity care
- Collaboration in community
- Trails and parks
- Great spiritual care
- Resources for poverty
- Cultural humility

## **Needs**

- EPC (emergency protective custody)
- Poverty
- Repost parent education
- Senior health services
- Domestic violence/ sexual assault
- Victim assistant services/ funding
- Uninsured/ underinsured
- Affordable healthcare programs
- Nutritional foods/ healthy food
- Bilingual/ immigration support
- Obesity
- Human trafficking
- Substance abuse (drug and alcohol)
- Teen pregnancy
- Chronic disease management
- Pediatric specialties, audiology
- Understanding healthcare resources
- School special needs
- ER services

# Wave #4 CHNA - Gage County NE

## Town Hall Conversation - Strengths (White Cards) N=40

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Resources are available	19	Obesity vs overall better health
1	Police, fire, and sheriff are very good but understaffed	19	Economy
1	Healthcare	19	Home healthcare vs hospital stays
1	College	20	Number of providers
1	Spiritual care	20	Labor/ maternity care
2	Medical care (hospital)/ Healthcare	20	Ambulance
2	School - graduation rates	21	Ambulance service/ fore/ paramedic well trained
2	Partners coming together to work together	21	Number of providers
2	YMCA	21	Law enforcement training
2	Resources (poverty)	21	Access to hospital
3	Medical care (hospital)	21	Culture and growth in overall mutual healthcare
3	Education	22	Healthy food- education to help
3	Working together as a community/ caring community	22	Healthy lifestyle- education to help
3	College (SCC- Beatrice)	22	Understand health insurance
3	Education - HS	23	Teamwork- working together to solve problems
3	YMCA	23	First responders
3	Economic development increasing	23	Medical and dental care
3	Providers	23	Maternity care
3	Pregnancy care	23	Available resources
3	Collaborate/ caring	24	Lots of medical providers
3	Trails/ parks	24	Ambulance EMS
3	Healthcare	24	Community service agencies
3	Churches community	24	Strong staffed hospital/ care system
4	Food resources- food bank/ pantry	24	Educational system
4	Newborn education- BCH- PHS- Willow	25	Number of providers
4	Education opportunities- public/ private	25	First responders
4	Fire department	25	Access to hospital
4	Strong improvements made downtown	25	Labor/ maternity care
4	Networks	25	Law enforcement/ resource officers
4	Jobs are allowing diversity acceptance	25	Teamwork/ community support
4	College improving	26	Good medical professionals
4	General hospital providers	26	Good law enforcement
4	Maternity care	26	Beatrice has good amenities
4	Trails/ parks	26	College SCC
5	Hospital/ medical care	27	YMCA + future vision
5	Education/ schools/ graduation rate	27	Addition of clinics to the hospital campus
5	Caring community/ collaborative	27	New school facilities- middle school
5	Trails/ parks	27	Trails system is excellent
5	Food pantry	27	Arts/ library/ community/ social
6	Providers available	27	College SCC
6	Community Resources- Access for everyone needing it.	28	Access to quality healthcare
6	Trails/ parks	28	Jobs available but lack of people to work them
6	Emergency services	28	Backpack program + food pantry
6	Diverse community values- (Hiring behavioral, convict)	28	YMCA + Anytime Fitness - both allow 24 hour access
7	Clinic care	28	Hiking and biking trails
7	Family care (women's/ children's clinic)	28	Culture
7	Economic diversity is increasing	28	Graduation rates
7	Outdoor recreation	28	Resources to fight poverty
7	Emergency services/ ambulance	29	Community stakeholders
8	Access to healthcare and quality of services	30	Culture
8	School systems and education	30	Senior programming on rise
8	Preventative care and specialties	30	Quality healthcare staff
8	Sufficient Housing needs / meeting needs	30	Business locally for cancer needs (infusion/ radiation)
8	Community leaders	30	Hospital clinical collabs with non-profits



# Wave #4 CHNA - Gage County NE

## Town Hall Conversation - Strengths (White Cards) N=40

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
9	School health	31	Access to primary care
9	Prenatal care	31	Education
9	Spiritual care/ clergy	32	Number of medical providers (diversity)
9	Caring physicians	32	YMCA
9	Good pharmacies	32	Community support for programs
9	Access to healthcare	32	Facilities
9	Preventative care	32	College SCC
9	Housing	33	We care about each other
9	American values	33	Proactive community organizations working to fill gaps
9	Large population	34	Community collaboration is strong/ willing
9	Inexpensive	34	Good trails system
9	Involved engaged citizen	34	A lot of services/ variety
9	Good school	34	YMCA/ hospital
10	Traditional American values	35	Hospital access - PT/ OT/ Speech services are amazing
10	"Large" population	35	Community - people want to help each other
10	Inexpensive	35	Business cooperative
10	Choice of good schools	35	Growing
12	Neighbors care for neighbors	35	College SCC
12	Facilities	36	Technology
12	Trails/ parks	36	Urgent care and facilities
12	Facilities	36	Access - offerings
12	Growth	36	Not standing still - hospital - forward thinking
12	Opportunities	36	Trails and places to exercise/ rehabilitate
12	Park systems/ trails	36	College SCC
13	Good quality of/ access to healthcare	37	Primary care
13	90% high school graduation rate	37	Mental health
13	Excellent urgent care	37	Facilities
13	Good expanded trails system and community pool/ YMCA	37	Schools
13	One of the only Rolla Renas left in the arena that encourages physical activity in children/ families all year round	37	Range of services
14	Hospital facility	38	Local healthcare
14	YMCA	38	Food pantry
14	Trails/ parks	38	Smaller community that benefits support
14	Graduation rates	38	Schools - ALL levels
15	Nice facilities	39	Access to healthcare - providers who care
15	Trails system/ parks/ facilities	39	Good educational; opportunities - school system, SCC
15	Education access- preschool, school, SCC	39	Exercise opportunities - good trails system and YMCA
16	Providers available- general and specialties	39	Good location - good access to Lincoln/ Omaha
16	Community resources/ people with heart to help others	39	Good local interest - cooperation - good support
16	Educational institutions- graduation costs low	39	Cultural/ literacy
16	Public servants- feel safe (law enforcement)	40	Schools
16	Culture/ literacy	40	YMCA
17	Organizational involvement/ community engagement	40	Access to resources in Lincoln/ Omaha
17	Public services	40	Culture/ arts
18	People who have the heart to help others	40	People: providers who care
18	Lots of resources available for the size of our community	40	Local interest in wanting to know more about the needs of the community
19	Mental healthcare	40	Coalition that helps promote community needs in addressing social issues, substance abuse, food insecurity, and the need for better overall awareness of services
19	Domestic abuse/ violence		

# Wave #4 CHNA - Gage County NE

## Town Hall Conversation - Weaknesses (Color Cards) N=42

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Political division	21	Healthy foods
1	Senior care facilities - low income	21	Immigration services
1	Middle income housing	21	Obesity
1	Mental health related laws	21	Human trafficking
2	Affordable mental health	21	Pre-post parenting education
2	Affordable healthcare - eye/ dental/ primary care	21	Domestic violence/ sexual assault
2	Affordable wellness programs to prevent chronic issues	21	VA funding
2	Affordable services for smoke/ drug/ healthcare prevention and/ or treatment	21	Affordable healthcare
2	Access to affordable healthy foods and nutrition education (all income levels)	21	ER services
3	Housing	22	ER - too many mistakes, misdiagnosis's, lack of trust in using Beatrice ER
3	Poverty	22	Older/ aging adult planning
3	B-3 parenting	22	Access to urgent mental health quality
3	Physical exercise	22	All health in schools, lack of mental health acknowledgement in students
3	Apathy	22	Dentist - Medicaid/ Medicare
3	Access - affordable	22	Elderly/ disabled ability to get to appointments
3	Urgent care hours	22	Increase education - vaping, marijuana becoming accepted/ legalization
3	Mental health access	23	Drug education for parents and expecting parents
4	Need transportation assistance	23	Medicaid dentist
4	Nursing shortage	23	Education for new parents
4	Special needs for students in the school	23	Getting "caught up" after Covid
4	Pediatric Specialists	23	Moving/ transportation to appointments
4	Care options for low income/ poverty	24	Extended mental healthcare/ more practitioners
5	Access to childcare	24	More dentists who accept Medicaid in town
5	Do not think suicide is an issue	24	Extended/ later urgent care hours/ childcare needed
5	Young people leaving	24	Generational poverty/ housing issues
5	Mental health stigma	24	Generational parenting neglect/ abuse
6	More mental health providers	25	Underinsured population/ cost of insurance
6	Schools	25	Obesity
6	Mental health services	25	Diabetes
7	Drug addiction programs	25	Transportation to care
7	Promote exercise	25	Generational poverty/ housing issues
7	Daycare	26	Increased access of behavioral health support (youth)
7	Suicide prevention	26	Increased availability for mental health resources
7	Affordable housing	26	Address obesity, hypertension, heart disease
8	Housing	26	Address uninsured/ underinsured
8	Childcare	26	Drug abuse and generational poverty
8	Transportation	27	Poverty
8	Promotion/ marketing of services and resources	27	Food insecurity
9	Transportation to exercise/ education/ healthcare	27	Mental health/ suicide
9	Childhood obesity on rise	27	Substance abuse
9	Mental health of youth	27	Obesity/ education
9	Locking condoms at Walmart (STD/ teen pregnancy)	27	Mental health accessibility
10	Preventative teen pregnancy - planned parenthood	27	Aging care/ services
10	Specialties (ENT, Heart, Peds)	28	Mental health availability
10	Childhood obesity educational programs	28	Poverty resources
10	Wellness programs - free	28	Nursing home availability
10	Transportation (Uber/ Lyft)	29	Mental health accessibility (and stigmas)
11	Expand access to mental health	29	Obesity = more education/ resources and not focus just on exercise, also nutrition aspect because you can't outrun diet

# Wave #4 CHNA - Gage County NE

## Town Hall Conversation - Weaknesses (Color Cards) N=42

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
11	Improve preventative care	30	Diversified recreational/ fitness classes
11	Lack of understanding of collab/ membership issue	30	Childhood obesity
11	Transportation	30	Mental health resources available and affordable
11	Affordable housing, childcare, and healthcare	30	Outlook on healthcare resources
11	Awareness of services	30	Community retention
12	Expand mental health access	31	Safe, affordable housing
12	Improve preventative care across organizations	31	Economy
12	Lack of understanding of what collaboration truly is	31	Immigration
12	Decrease the sense of competition between services	31	Aging population
12	Affordability of housing, childcare, healthcare, etc.	31	Affordable healthcare programs
13	Obesity	31	Emergency beds
13	Drug/ substance abuse	32	Obesity
13	Poverty	32	Access to insurance
13	Mental health - education	32	Alcoholism
13	Childcare	32	Drug abuse and generational poverty
14	Childcare/ pre-school free	32	Economy
14	Mental health	32	Cost of healthcare
14	Poverty	33	Transportation 24/7
14	Obesity	33	Food insecurities
14	Drugs/ alcohol	33	Undocumented immigrants need help
15	Image of quality of care here	33	Need help for the homeless (local)
15	Overall education	33	Include audiology improvements
15	Health insurance knowledge	34	Additional specialty providers offered and/ or telehealth operations
15	Lack of healthcare insurance	34	Increase affordable options for healthcare for lower income
15	Lack of mutual health	34	Increase mental health preparedness and/ or care for healthcare issues
16	Mental health access (cost, openness, no referrals)	34	Drug/ substance abuse
16	Drug/ substance abuse	34	Transportation and resources - community-wide advertising
16	Chronic obesity	34	Childcare
16	Transportation/ walkability	35	Hospital needs to develop a staff/ facility for Emergency Protective Custody (EPC)
16	Poverty	35	BCH needs to have an on-staff SANE (Sexual Assault Nurse Examiner)
16	Apathy	35	Awareness/ reporting human trafficking
16	Childcare	35	Reporting abuse/ neglect
16	Housing	35	Medical/ health awareness
17	More mental health providers	36	Cost of healthcare
17	Better pay to resource paras/ insurance	36	Cost of housing (need more low income)
17	Better police departments - SWAT team - K9 certified	36	Need to address and acknowledge impact of domestic and sexual violence
17	Affordable exercising	36	BCH needs to have an on-staff SANE (Sexual Assault Nurse Examiner)
17	Transportation extendable hours	36	Mental health needs
17	Not increase tax levy - school board	36	Substance abuse and alcohol prevention and treatment
17	Not enough funds for poverty resources	37	Mental health
17	Mental health diagnosis	37	Food insecurity
17	Housing - affordable	37	Physical inactivity/ obesity
18	Overall health - mental, chronic, obesity, physical inactivity	37	Alcohol/ drug addiction
18	Health literacy	37	Affordable healthcare/ cost of healthcare
18	Social economics	37	Cost of housing
18	Housing	37	Sexual violence help

## Wave #4 CHNA - Gage County NE

### Town Hall Conversation - Weaknesses (Color Cards) N=42

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
18	Teen pregnancy - sexual transmitted diseases	37	More doctors
18	Childcare	37	Suicide/ Emergency Protective Custody
18	Nutritional foods	37	SANE nurse - abuse
18	Bilingual/ immigration support	38	Obesity/ exercise
18	Human trafficking	38	Continue to use technology
18	Cultural center	38	Individual health ownership
18	Insurance options - affordable insurance	38	Political division
19	Poverty/ unemployment	38	Childcare
19	Immigration - language and culture	39	Obesity
19	Housing/ affordability	39	Poverty
19	Transportation	39	Drug/ substance abuse
19	Teen pregnancy	39	Transportation
20	Aging process	39	Bilingual/ immigration support (marketing materials in Spanish)
20	ER services	39	Childcare
20	Suicide	39	Safe and affordable housing
20	Education	40	Substance abuse - education/ treatment
20	Obesity	40	Chronic disease management
20	Mental health	40	Mental health education - access
20	Medical care	40	Safe and affordable housing
20	Teen pregnancy	40	Improved access to nutritional foods
20	School special needs	41	Preventative care
20	Affordable healthcare	41	Mental health care/ access
21	Domestic violence	41	Food security/ healthy foods
21	All transportation	41	Awareness of services
21	Mental health	41	Women's healthcare
21	Unemployment	42	Access for Medicaid community members
21	Substance abuse	42	Mental health access - acute/ LTC
21	Housing	42	Substance abuse support - recovery
21	Childcare	42	Access to healthy alternatives
21	Preventative	42	Childcare - all hours 7 days a week
21	EPC (Emergency Protective Custody)		

## EMAIL #1 Request Message

**From:** Diane Vicars, Sr. Executive, Marketing Communications | Beatrice Community Hospital & Health Center

**Date:** 5/10/2023

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** 2023 Gage County Community Health Needs Assessment

**Beatrice Community Hospital** is working with other community health providers to update the 2023 Gage County, Nebraska, Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2017 and 2020 CHNA reports and to collect up-to-date community health perceptions.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, Kansas, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

**LINK:** [https://www.surveymonkey.com/r/Beatrice\\_CHNA2023](https://www.surveymonkey.com/r/Beatrice_CHNA2023)



Scan Me!

All community residents and business leaders are encouraged to complete the 2023 CHNA online survey by **March 3, 2023**. In addition, please **HOLD the Date** for the Town Hall meeting scheduled **for late April or early May** for lunch from **11:30 a.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

*If you have any questions regarding CHNA activities, please call (402) 228-3344*

## **PR#1 News Release**

Diane Vicars

Sr. Executive, Marketing Communications

Beatrice Community Hospital

**Media Release: 1/25/2023**

# **Gage County Conducts 2023 Community Health Needs Assessment**

Over the next few months, **Beatrice Community Hospital and Health Center** will be working with area providers to update the Gage County, Nebraska, Community Health Needs Assessment (CHNA) for 2023. We are seeking input from community members regarding local healthcare needs in order to complete the 2023 Community Health Needs Assessment update.

VVV Consultants LLC, an independent research firm from Olathe, Kansas, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2017 and 2020 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey link can be accessed by visiting the hospital's website or their Facebook page if you would like to participate in this important work. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **March 3<sup>rd</sup>, 2023**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **for late April or early May** for lunch from **11:30 a.m. - 1:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you for your time and support!

If you have any questions regarding CHNA activities, please call (660) 200-7000

## Email #2 – Town Hall Invite

**From:** dvicars@bchhc.org

**Date:** March 27th, 2023

**To:** dvicars@bchhc.org

**BCC:** Community Leaders, Providers, Hospital Board, and Leadership

**Subject:** Gage Co, NE – CHNA Community Town Hall, April 20<sup>th</sup>, 2023

**Beatrice Community Hospital (BCH)** is working on their 2023 Gage County NE Community Health Needs Assessment (CHNA).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2020 CHNA report and to collect up-to-date community health perceptions and needs. To accomplish this work, a short online survey has been developed and results will be presented at a Community Town Hall. VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research.

**The Gage County, Nebraska CHNA Town Hall working dinner meeting is on Thursday, May 2<sup>nd</sup> from 11:30 a.m. to 1:00 p.m. at Vintage Venue. A light lunch will be provided starting at 11:15 a.m.**

**Please RSVP at the following link or scan the QR code for the May 2<sup>nd</sup> Town Hall:**

**[https://www.surveymonkey.com/r/BeatriceRSVP\\_CHNA2023](https://www.surveymonkey.com/r/BeatriceRSVP_CHNA2023)**



Scan me to RSVP!

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact me.

Sincerely,

Diane Vicars

**FOR IMMEDIATE RELEASE**

## **Gage County, NE CHNA Community Town Hall – May 2<sup>nd</sup>, 2023**

**Media Release:** March 27<sup>th</sup>, 2023

**Contact:** [dvicars@bchhc.org](mailto:dvicars@bchhc.org)

Beatrice, NE **Beatrice Community Hospital (BCH)** is working on their 2023 Gage County NE Community Health Needs Assessment (CHNA).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2020 CHNA report and to collect up-to-date community health perceptions and needs. To accomplish this work, a short online survey has been developed and results will be presented at a Community Town Hall. VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research.

The Gage County, NE CHNA Town Hall working dinner meeting is on **Tuesday, May 2<sup>nd</sup> from 11:30 a.m. to 1:00 p.m. in the Vintage Venue**. A light dinner will be provided starting at 11:15 a.m.

**Please RSVP here or scan the QR code below for the May 2<sup>nd</sup> Town Hall:**

[https://www.surveymonkey.com/r/BeatriceRSVP\\_CHNA2023](https://www.surveymonkey.com/r/BeatriceRSVP_CHNA2023)



Scan me to RSVP!

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact Diane Vicars at (402) 228-3344



## d.) Primary Research Detail

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[VVV Consultants LLC]

## CHNA 2023 Feedback: Beatrice Community Hospital (Gage Co, NE) N=305

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1167		Average	Not really changing much	BH	OBES		We give away too much. People need to get out and work, this would help some of the mental health, obesity and other problems.
1041	68310	Average	Decreasing - slipping downward	BH			People with bipolar
1214	68310	Good	Increasing - moving up	BH			Mental Health offices are full
1092	68310	Good	Decreasing - slipping downward	BILL			predatory collections
1270	68310	Average	Not really changing much	CORP			Many structures in the community are not built or supported by adults to help people stay healthy (e.g., DHHS support for abuse/neglect, school support with bullying, communication between various agencies).
1193	68310	Poor	Decreasing - slipping downward	DOCS	BH		doctors diagnosis and proper treatment, if they can't find cause they put down mental
1155	68310	Good	Increasing - moving up	DOCS			Some dr putting people on list so they can't be seen
1191		Average	Decreasing - slipping downward	DOCS			Bad Diagnosis by doctors
1189	68310	Good	Not really changing much	DRUG	BH		substance abuse if not included in mental health
1005	68310	Average	Increasing - moving up	DRUG			Drugs
1098	68310	Good	Increasing - moving up	DRUG			Substance abuse over health
1089	68310	Good	Not really changing much	EDUC	OWN		Not so much a lack of nutrition/exercise services, but perhaps a lack of education on availability or self-perceived inability to utilize or will power to utilize those services that are available.
1007	68310	Very Good	Increasing - moving up	EDUC			Could be more access to health classes where citizens could get better informed by qualified people on common issues of health. Education and up to date information.
1158	68310	Good	Not really changing much	EDUC			Lack of education and awareness
1110	68310	Average	Not really changing much	FINA	INSU		cost of services even when you have insurance.
1207	68310	Average	Decreasing - slipping downward	FINA	NUTR		COST.....Very expensive to eat healthy and to receive healthcare needs, even with insurance.
1057	68310	Very Good	Increasing - moving up	FINA			Limited financial resources
1142	68310	Very Poor	Decreasing - slipping downward	FINA			Unaffordable health services
1153	68310	Very Poor	Decreasing - slipping downward	FINA			Can't afford the BCHHC bills
1182	68352	Very Good	Increasing - moving up	FINA			People don't do routine healthcare because of the cost.
1217	68310	Average	Not really changing much	FINA			HIGH COST
1218		Good	Not really changing much	FINA			cost vs income
1246	68310	Good	Increasing - moving up	FINA			Cost of healthcare
1251	68310	Average	Decreasing - slipping downward	FINA			Medical costs
1069	68424	Average	Decreasing - slipping downward	HH			Not caring about services to the terminally ill or home bound.
1025	68310	Average	Not really changing much	LEAD			silo approach to healthcare services
1078		Very Good	Increasing - moving up	NUTR			Cost of healthy food for families
1255	68310	Very Good	Increasing - moving up	NUTR			affordable health food
1278	68310	Good	Increasing - moving up	NUTR			too many fast food restaurants-not enough healthy options
1224	68310	Average	Not really changing much	OWN	DOCS		Health is not a priority and docs are to fix everything niw
1169	68310	Poor	Decreasing - slipping downward	OWN			poor ownership by patient
1196	68310	Very Good	Increasing - moving up	OWN			People not caring about their health until they are sick.
1181		Good	Not really changing much	REC			Need more healthy outdoor activities and a reason to participate.
1160	68310	Good	Increasing - moving up	SCH			Patients who need specialty care and do not have the ability to travel to Lincoln are having to wait months for appointments locally.
1163	68301	Average	Increasing - moving up	SH	NUTR		Programs required in schools to teach importance of nutrition and health to young children and young adults
1280		Good	Decreasing - slipping downward	SS			Social workers to guide people to the resources that they need.
1295	68310	Good	Increasing - moving up	SS			Lack of safe and effective foster care system.

## CHNA 2023 Feedback: Beatrice Community Hospital (Gage Co, NE) N=305

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1230	68310	Good	Increasing - moving up	ACC			Many jobs don't allow time off to go to the doctor. I know that's a difficult parameter for healthcare workers/facilities to deal with.
1004	68310	Very Good	Increasing - moving up	ALL			everywhere
1208	68310	Very Good	Increasing - moving up	BH	CLIN		Increase in behavioral healthcare, increase in availability of express care
1132	68440	Good	Decreasing - slipping downward	BH	DOH		Generally I think BCH provides good provider staffing levels with the exception of mental health and for the community we do not have adequate staffing in areas of public health and mental health.
1110	68310	Average	Not really changing much	BH	PRIM	CLIN	not enough mental health providers. Difficult to get an appointment at primary care usually have to go to urgent care.
1282	68310	Good	Increasing - moving up	BH	WAIT		Youth behavioral therapy is not readily available to new patients.
1095	68310	Good	Not really changing much	BH			Mental Health Providers are hard to get into especially in crisis situations
1140	68310	Good	Increasing - moving up	BH			Mental Health Providers
1210	68310	Average	Not really changing much	BH			Mental health professionals are in short supply!
1258	68310	Good	Increasing - moving up	BH			we need more mental health providers, there are not enough for the patient volume that is seeking mental health help
1098	68310	Good	Increasing - moving up	CARD	PUL	URL	Specialty providers (cardiology, pulmonology, urology, gastroenterology, etc.) Will consult on patients quickly while in-hospital as patients, but when scheduling for care after/to avoid readmission they cannot see patients in a timely manner, sometimes even a couple months out, no matter the urgency. They do not have times available.
1092	68310	Good	Decreasing - slipping downward	CLIN	DOCS		clinic Doctors
1021	68310	Poor	Not really changing much	CLIN	HRS	PRIM	Urgent care has limited hours and it's impossible to get in to see your primary physician in less than 6 weeks
1211	68310	Average	Decreasing - slipping downward	CLIN	HRS		Urgent care hours don't reflect "urgent care" they reflect a place for patients to go during business hours to see a dr when they can't get an appt with their own. This is more of a back up service than urgent. It does nothing for the mom who has a baby with an ear infection at 7am or even 8pm.
1249	68310	Poor	Not really changing much	CLIN	HRS		later hours for an urgent care
1266	68310	Average	Decreasing - slipping downward	CLIN	HRS		Urgent care needs open earlier/ later
1019	68310	Good	Decreasing - slipping downward	CLIN	WAIT		The ability to get into Urgent Care is ridiculous. I shouldn't have to wait hours on end in your waiting room if my child is sick but maybe not sick enough to warrant a trip to the ER. There needs to be more staffing during those evening and weekend hours where we see the most traffic.
1264	68310	Average	Increasing - moving up	COUN	WAIT	PRIM	Therapists are booked at least a month out. Depending on what you're need to be seen for so are primary care providers. Not everyone wants to go to the ED for something that could wait.
1244	68310	Poor	Not really changing much	COUN	WAIT		Long wait for therapists
1107	68310	Average	Not really changing much	COUN			Christian counseling/therapy
1200	68310	Very Poor	Decreasing - slipping downward	DOCS	HRS	CLIN	Doctors offices closes early and then Urgent care closes early leaving the ER the only option on holidays, weekends. Very poor overall health care options
1006	68810	Average	Not really changing much	DOCS	HRS		It does not seem like it. Less rent a docs. More hours for doctors on staff.
1273	68310	Good	Not really changing much	DOCS	NURSE	SPEC	Very short of providers and nurses, also specialists
1072	68310	Average	Decreasing - slipping downward	DOCS	SCH	WAIT	It is almost impossible to see your family doctor in a timely manner. It seems like they either don't want to see patients or see as few as possible
1138	68422	Very Good	Not really changing much	DOCS	SCH		I think some Physicians have too many patients. Need more balance.
1153	68310	Very Poor	Decreasing - slipping downward	DOCS	SCH		Your doctors that are willing to see their patients when needed are few and far between. There are only a hand full of providers left, that practice with their heart and not their wallet or social status
1008	68310	Poor	Not really changing much	DOCS	SPEC		Less "rent-a-docs" and more established specialty clinics and doctors. Better acute care.
1062	68310	Good	Increasing - moving up	DOCS			More doctors. Availability of technicians to perform testing procedures.
1069	68424	Average	Decreasing - slipping downward	HH	NURSE		Difficulty getting home health and personal nursing services
1121	68310	Very Good	Not really changing much	HRS			no weekends
1045	68310	Good	Increasing - moving up	IM			Internal med
1067	68310	Average	Decreasing - slipping downward	IM			We do need more practitioners, especially internist
1089	68310	Good	Not really changing much	MRKT	WAIT		Perhaps petty, but I feel it would be beneficial if urgent care hours available be advertised on websites & social media as the hours time that patients are being received. We had an experience that the time said the last patient was accepted 15 minutes prior to closing rather than at closing time. Had we known, we could have been able to make it in that timeframe for stitches, instead we had to head on to make an emergency department visit, which then cost us more out of pocket.
1128	68310	Very Good		NH			More help needed in our nursing homes and assisted living facilities
1271		Average	Not really changing much	NURSE	DOCS		Not enough nurses and providers
1106	68310	Average	Not really changing much	PED	NEU	ENDO	Pediatric Specialists Neurology Endocrinology Weight Management
1238	68310	Very Good	Decreasing - slipping downward	POD	NH		Podiatry to travel to nursing homes
1038	68310	Average	Not really changing much	PRIM	HRS		More primary care providers. More express care or PCP care on the weekends and evenings.
1214	68310	Good	Increasing - moving up	PRIM	HRS		PCP later hours
1163	68301	Average	Increasing - moving up	PRIM	PEDS	CLIN	Need more primary care, especially for pediatrics. Also need to make sure that urgent care is available and well staffed.
1224	68310	Average	Not really changing much	PRIM			But primary care docs aging
1016	68357	Good	Increasing - moving up	PSY			Not enough psychologists

## CHNA 2023 Feedback: Beatrice Community Hospital (Gage Co, NE) N=305

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1207	68310	Average	Decreasing - slipping downward	SCH	DOCS		Hard to get in same day to see YOUR provider of choice.
1093	68310	Good	Not really changing much	SCH	PRIM	CLIN	Some providers are overbooked. I have been turned away from Primary Care and forced to go to the Urgent Care Clinic which has incorrectly diagnosed and treated three different times which makes us not want to use them at all.
1082	68466	Very Good	Increasing - moving up	SPEC	ENT	WAIT	When in need of specialty services, typically appointments are booked out for months. When trying to get into an ENT specialist in Beatrice for my daughter, I was told I would have to wait at least 6-8 weeks. Unfortunately, we had exhausted all forms of antibiotics and could not wait that long to be seen, so we had to go to Lincoln. Just like BCH solved the problem and brought in a full time orthopedic clinic and women's/children's clinic, I think our community would benefit greatly by having a closer FULL TIME ENT/audiology clinic.
1005	68310	Average	Increasing - moving up	SPEC			Need more specific specialists.
1017	68310	Good	Not really changing much	SPEC			Sometimes specialty clinics hard to get into timely and we end up going to Lincoln rather than wait for them to come down
1296	68358	Good	Increasing - moving up	SPEC			We need more access to specialty care providers.
1057	68310	Very Good	Increasing - moving up	STFF			Not enough critical care staff.
1048	68310	Very Good	Increasing - moving up	WAIT	NEU	SURG	There is a waiting list to see many specialists like Neurologist and surgeons.
1160	68310	Good	Increasing - moving up	WAIT	SPEC		patients are waiting to much for specialty appointments.
1007	68310	Very Good	Increasing - moving up	WAIT			If one is having a problem, you don't want to have to wait too long to get an appointment.

## CHNA 2023 Feedback: Beatrice Community Hospital (Gage Co, NE) N=305

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1208	68310	Very Good	Increasing - moving up	ACC	EMER	BH	Access to emergency behavioral healthcare outside of going to the ER
1072	68310	Average	Decreasing - slipping downward	ACC	FAM	BH	Most access to family doctors and mental health
1114	68310	Very Good	Increasing - moving up	ALLER			Allergy
1255	68310	Very Good	Increasing - moving up	APP	PREV	BH	We live in a time where people respond to incentives. Have more programs or highlights that involve preventative care or enhance health with incentives for participation or completion. More openings for mental health practitioners/ med management/ evening support groups and clinics.
1116	68310	Good	Increasing - moving up	APP			Encourage employers to provide employee incentives to promote better wellness.
1110	68310	Average	Not really changing much	BH	AWARE		something related to mental health awareness and access. program to get the word to the community what programs the community has to offer, a lot of people do not know half the resources in town.
1252	68310	Good	Increasing - moving up	BH	CC		Additional behavioral health for youth. Additional childcare centers
1244	68310	Poor	Not really changing much	BH	COUN		Treatment center, more therapists
1273	68310	Good	Not really changing much	BH	DRUG	FAM	Mental Health Substance Abuse Parenting
1188	68466	Average	Not really changing much	BH	DRUG		Increased mental health and addiction treatment programs needed.
1288	68310	Very Good	Increasing - moving up	BH	FINA		Better access to mental health Affordable health care
1192	68310	Very Good	Decreasing - slipping downward	BH	TELE		Mental health providers available for little or no cost, possibly remotely via zoom, ect.
1047	68310	Average	Not really changing much	BH			More children mental health providers and adult mental health
1048	68310	Very Good	Increasing - moving up	BH			Mental health is becoming a very serious need everywhere. I doesn't seem like there is much help out there for people of all ages suffering with mental health issues.
1084	68310	Very Good	Increasing - moving up	BH			I think finding more ways to continue to address mental health with families and the after care.
1123	68310	Very Good	Increasing - moving up	BH			More mental health practitioners for families.
1142	68310	Very Poor	Decreasing - slipping downward	BH			More mental health services
1153	68310	Very Poor	Decreasing - slipping downward	BH			MORE MENTAL HEALTH SERVICES.
1205	68310	Average	Decreasing - slipping downward	BH			more mental health services
1210	68310	Average	Not really changing much	BH			More mental health programs/practioners. Community health programs.
1256	68310	Good	Increasing - moving up	BH			Psych care
1258	68310	Good	Increasing - moving up	BH			mental health clinic specific
1093	68310	Good	Not really changing much	BRST			This community needs more women's health/postpartum support services. We need a certified lactation consultant (IBCLC) especially with so many low income people in the community. Lactation counselors just are not the same. When I had a baby at BCH, the lactation counselor had no experience breastfeeding and did not help but created a lot of anxiety. Also post-hysterectomy/postpartum supplies at BCH are a joke! The pads supplied by the hospital after birth or hysterectomies are not even close to being adequate supplies for the amount of bleeding. The hospital could easily remedy this with the use of incontinence pads/briefs instead of the mini pads supplied. I don't know who approved the current supplies; I'd venture to guess they were male and/or have no clue about this area.
1295	68310	Good	Increasing - moving up	CC	BH	VIO	Foster care/adoptive care, mental health, domestic violence.
1200	68310	Very Poor	Decreasing - slipping downward	CLIN	HRS	BILL	An actual urgent care that's open longer, not a monopoly of only BCH services and ambiguous billing practices.
1137	68310	Average	Not really changing much	CLIN	HRS		urgent care that is more centrally located with later hours
1249	68310	Poor	Not really changing much	CLIN	HRS		not new, just have urgent care extend hours
1092	68310	Good	Decreasing - slipping downward	CLIN	SCH		more clinic Doctors so my family doesn't have to wait two weeks to be seen and have a expensive ER visit for something that could be seen in a clinic
1127	68310	Very Good	Increasing - moving up	COUN			Probably more accessible free counseling for lower income.
1298	68310	Average	Not really changing much	COUN			FREE Therapy/Conseling
1257	68301	Good	Decreasing - slipping downward	DIAB	NUTR		diabetic or hypertension group classes, children's "home ec" classes to teach healthy cooking/exercise. grocery shopping support from dieticians to help people learn "what is healthy"
1231	68458	Good	Increasing - moving up	DOH	INSU		Better services for people in the community with bedbugs to help them get rid of them. Also insurance for college students who don't have parents insurance to cover them.
1269	68310	Good	Not really changing much	DRUG	BH		alcohol and substance abuse. mental health professionals
1271		Average	Not really changing much	DRUG	BH		Substance Abuse Mental health
1272	68310	Good	Not really changing much	DRUG	BH		Substance Abuse Mental health
1130	me); 68	Good	Not really changing much	DRUG	SPEC		D&A Inpatient Facility, SPMI Treatment and Case Management and more specialty options (orthopedic, cancer, decent hospice facility, etc...).
1005	68310	Average	Increasing - moving up	DRUG			More emphasis on drug usage in our county.
1011	68310	Very Good	Increasing - moving up	DRUG			Drug rehab facility More dual diagnosis treatment options
1021	68310	Poor	Not really changing much	DRUG			Substance abuse. The county is full of addicts and out jail isn't big enough to house them all.
1028	68310	Very Good	Increasing - moving up	DRUG			More substance drug programs
1204	68310	Average	Decreasing - slipping downward	DRUG			substance abuse prevention
1247	68310	Very Good	Not really changing much	DRUG			Drug rehab and more education on effects of drugs for youth
1158	68310	Good	Not really changing much	EDUC	ACC		Programs to educate and sustain the whole person to overcome illness/disease. Patients may have barriers to receiving care, completing care that need addressed.
1182	68352	Very Good	Increasing - moving up	EDUC	ALT		We need more education on the old science of what foods and herbs, etc you should eat to help with certain issues or prevent issues. I would like to see a more natural approach instead of a Big Pharma approach.
1001	68310	Good	Increasing - moving up	EDUC	BH		More education on depression, anxiety, suicide
1038	68310	Average	Not really changing much	EDUC	NUTR		Healthy families program- you can't improve children's diet and exercise without improving the parents

## CHNA 2023 Feedback: Beatrice Community Hospital (Gage Co, NE) N=305

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1007	68310	Very Good	Increasing - moving up	EDUC			Speakers to go out and speak to group about every day about health concerns and answering questions the common person has. Have a phone number to call to help people though worrisome health times.
1217	68310	Average	Not really changing much	EMER			ER DOCTORS WHO DO NOT TALK BAD ABOUT THEIR PATIENT AT THE DESK REGARDLESS OF THE PATIENTS BEHAVIOR.
1029	68310	Good	Not really changing much	ENDO			Endocrinology
1079	68310	Average	Not really changing much	ENDO			ENDOCRINOLOGY
1082	68466	Very Good	Increasing - moving up	ENT			ENT services
1067	68310	Average	Decreasing - slipping downward	FF	NH		Follow up with elderly people who are discharged from the hospital they often times do not fully understand what they need to do. When they get home, it may be would help re-hospitalizations of this population.
1207	68310	Average	Decreasing - slipping downward	FINA	HOUS	NUTR	Affordable health care, affordable housing, affordable availability to healthy food for working class people, not just low income families.
1138	68422	Very Good	Not really changing much	FIT	NUTR	SPEC	More on Fitness/nutrition and affordable. More specialties
1024		Good	Not really changing much	FIT			More fitness programs
1224	68310	Average	Not really changing much	HH	NH		Excellent home care not having nursing home manager as a side business
1080	68465	Average	Decreasing - slipping downward	HH			Home health, personal nursing
1098	68310	Good	Increasing - moving up	HH			Other option for Home Health/Personal Nursing covered by insurances. Good Sam Home Health declines many of our patients/will not perform tasks our hospital-based home health staff would previously & most personal nursing is out-of-pocket from my knowledge.
1169	68310	Poor	Decreasing - slipping downward	HH			home health, in home care providers
1263	68310	Good	Not really changing much	HH			Home health needs to be brought back through the hospital and we need a palliative care program. (This is different from hospice.)
1266	68310	Average	Decreasing - slipping downward	HH			Local Home Health, current one is great but to be a locally ran agency gives the "community " feeling
1097	68310	Good	Increasing - moving up	INSU			more access for underinsured or uninsured
1279	68310	Good	Increasing - moving up	INSU			Assistance for those that can't afford health insurance
1233	68464	Good	Decreasing - slipping downward	NH	BH		assisted living and mental health
1055	68310	Average	Not really changing much	NH	CLIN		Blood pressure clinics, nail care clinics possibly at Senior Center
1103	68310	Very Good	Not really changing much	NO			I have nothing to suggest
1254	68310	Very Good	Not really changing much	NO			none i can think of
1087	68466	Average	Increasing - moving up	NUTR	POV		Health food store, groups to encourage families in poverty to budget well for healthy foods, program to help those in poverty feel included and not disassociated with the general public.
1278	68310	Good	Increasing - moving up	NUTR	SPRT	DRUG	healthy cooking / eating / meal prep classes increased AA, NA, Al-Anon, etc meetings or other program for addiction.
1019	68310	Good	Decreasing - slipping downward	NUTR			healthy meal planning that includes shopping for the right kinds of food/meat/produce on any budget along with how to prepare it according to a recipe.
1041	68310	Average	Decreasing - slipping downward	NUTR			People that had the bariatric surgery to talk to someone about nutrition
1215	68310	Very Good	Not really changing much	OBES			With Obesity being such a problem, I would like to see a Bariatric specialist come here like other specialists do. We should also be doing something about drugs and alcohol treatment.
1286	68318	Good	Decreasing - slipping downward	OBES			More programs that include obesity education and health.
1302	68301	Good	Decreasing - slipping downward	OBES			weight loss programs. This community is too overweight.
1160	68310	Good	Increasing - moving up	OBG	QUAL		lactation assistance after hospital discharge I think our case managers could expand the department and have more focus on patients and healthcare quality as a whole.
1193	68310	Poor	Decreasing - slipping downward	OTHR			complaint dept that will do something and not cover up wrong doing
1128	68310	Very Good		OWN			How to be more responsible for staying healthy, from the young to old
1243	68310	Very Good	Increasing - moving up	PAIN			Pain management
1189	68310	Good	Not really changing much	PART	HH	DRUG	collaboration with existing organizations - Y, hospice, substance abuse services like AA, NA
1106	68310	Average	Not really changing much	PEDS			Pediatric Specialty Clinic
1209	68377	Very Good	Increasing - moving up	POD			Foot Dr. at the specialty clinic at the hospital
1253	68301	Very Good	Increasing - moving up	PREV	BH		Health and wellness programs Mental Health programs
1015	68310	Good	Not really changing much	PREV	DRUG		Wellness programs for Seniors Mental Health services Addiction/Rehab services
1002	68310	Average	Decreasing - slipping downward	PREV	EDUC	NUTR	Disease prevention and maintenance through a whole food plant based education
1045	68310	Good	Increasing - moving up	PREV	NUTR		More health and wellness, particularly for youth; nutrition
1076	68310	Good	Increasing - moving up	PREV			More wellness
1101	68310	Very Good	Increasing - moving up	PREV			More emphasis on prevention
1121	68310	Very Good	Not really changing much	PREV			wellness
1246	68310	Good	Increasing - moving up	PSY			More mental health options for prescribing medications
1096	68310	Average	Not really changing much	QUAL			None from BCHHC. The DPC facility that opened has been a wonderful addition to the community outside of the hospital's umbrella.
1132	68440	Good	Decreasing - slipping downward	QUAL			No new programs are needed just continued/improved investment in current programs.
1211	68310	Average	Decreasing - slipping downward	QUAL			None. Focus on making what is available better and more cost effective
1239	68310	Average	Increasing - moving up	SCAN			Something like Advanced medical Imaging.
1299	68310	Good	Not really changing much	SH	BH	INSU	Anti-bullying program for schools, especially Beatrice Middle School. Mental Health services covered by insurance.
1167		Average	Not really changing much	SH	FAM	FEM	Stop the bullying in the schools. Parenting classes. Birth control.
1163	68301	Average	Increasing - moving up	SH	NUTR	PREV	Health care programs required in schools for children on an ongoing bases. Not just one time, but annually. This will help encourage and promote nutrition and wellness within our younger generation for ongoing knowledge as they grow into young adults and start caring for themselves.
1129	68310	Very Good	Increasing - moving up	SH	NUTR		Visiting the schools to teach more about health and nutrition would be amazing!



CHNA 2023 Feedback: Beatrice Community Hospital (Gage Co, NE) N=305							
ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1003	68310	Very Good	Increasing - moving up	SH			School Based Health Center
1075	68415	Very Good	Not really changing much	SH			I do not how this topic is addressed in the school system. If not, it should be addressed with kids.
1196	68310	Very Good	Increasing - moving up	SPEC			I would say more specialists traveling to the community.
1170	68310	Very Good	Not really changing much	SPRT			MORE SUPPORT GROUPS FOR SPOUSES AND CARE GIVERS.
1143	68310	Good	Increasing - moving up	SUIC	BH	POB	suicide prevention, mental health, poverty prevention. all with follow up
1304	68310	Good	Not really changing much	SUIC	FIT	RHE	Suicide prevention Yoga and Exercise programs for Seniors Rheumatology/Arthritis Specialist
1050	68310	Good	Not really changing much	SUIC			More suicidal prevention.
1056	68466	Good	Not really changing much	VACC			Those that don't push immunizations

CHNA 2023 Feedback: Beatrice Community Hospital (Gage Co, NE) N=305							
ID	Zip	Rating	Movement	c1	c2	c3	Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting?
1132	68440	Good	Decreasing - slipping downward	ACC	CLIN	FAC	Pedestrian access to care facilities (urgent care, hospital, and soon to be clinics)
1280		Good	Decreasing - slipping downward	ALL			All. They are important for community health.
1110	68310	Average	Not really changing much	CC			child care
1279	68310	Good	Increasing - moving up	DENT			Dental Assistance
1092	68310	Good	Decreasing - slipping downward	DOCS	EMER		hiring more Doctors for clinics so you don't have to go to the ER
1169	68310	Poor	Decreasing - slipping downward	HH	PT		in home care, home health, pt , ot, hha visits
1207	68310	Average	Decreasing - slipping downward	HH			Lack of home healthcare needs
1015	68310	Good	Not really changing much	NH	PREV		Senior Housing & health programs
1011	68310	Very Good	Increasing - moving up	NH			More assisted living options
1163	68301	Average	Increasing - moving up	OBG			Lactation Consultant Services. Or/And a Lactation Specialist
1182	68352	Very Good	Increasing - moving up	VACC			Need to examine closely the ingredients in vaccines, some are toxic chemicals that will cause issues down the road. Do not follow the government or CDC blindly. Use your common sense.

## Let Your Voice Be Heard!

**In 2020, Beatrice Community Hospital surveyed our community to assess health needs. Today, we request your input again in order to create a 2023 BCH Gage County NE Community Health Needs Assessment (CHNA).**

**To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. The survey deadline will be March 3rd, 2023.**

**While your participation is voluntary and confidential, all community input is valued. NOTE: Please consider your answers to the survey questions as it relates to all healthcare services in the county, including but not limited to the hospital. Thank you for your immediate attention!**

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

☐ Very Good    ☐ Good    ☐ Average    ☐ Poor    ☐ Very Poor

2. When considering "overall community health quality", is it ...

☐ Increasing - moving up    ☐ Not really changing much    ☐ Decreasing - slipping downward

Please specify why.

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.



4. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

5. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) | <input type="checkbox"/> Affordable Healthcare Insurance        |
| <input type="checkbox"/> Healthcare Apathy - Own Your Own Health         | <input type="checkbox"/> Affordable Healthcare Services         |
| <input type="checkbox"/> Suicides  | <input type="checkbox"/> Chronic Diseases (Cancer, Heart, etc.) |
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol)               | <input type="checkbox"/> Bullying / Cyber-bullying              |
| <input type="checkbox"/> Economic Development (Poverty)                  | <input type="checkbox"/> Fitness Programs                       |
| <input type="checkbox"/> Obesity (Nutrition & Exercise)                  | <input type="checkbox"/> Access to Healthy Foods                |

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) | <input type="checkbox"/> Affordable Healthcare Insurance        |
| <input type="checkbox"/> Healthcare Apathy - Own Your Own Health         | <input type="checkbox"/> Affordable Healthcare Services         |
| <input type="checkbox"/> Suicides  | <input type="checkbox"/> Chronic Diseases (Cancer, Heart, etc.) |
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol)               | <input type="checkbox"/> Bullying / Cyber-bullying              |
| <input type="checkbox"/> Economic Development (Poverty)                  | <input type="checkbox"/> Fitness Programs                       |
| <input type="checkbox"/> Obesity (Nutrition & Exercise)                  | <input type="checkbox"/> Access to Healthy Foods                |

7. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- ☐ Chronic Disease
- ☐ Lack of Health & Wellness
- ☐ Lack of Nutrition/Exercise Services
- ☐ Limited Access to Primary Care
- ☐ Limited Access to Specialty Care
- ☐ Limited Access to Mental Health
- ☐ Family Assistance programs
- ☐ Lack of Health Insurance
- ☐ Neglect

Other (Be Specific).

8. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optometrst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Continue: How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Continue: How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Maternal (Labor & Delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent Care / Express Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

11. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

☐ Yes

☐ No

If yes, please specify your thoughts.

13. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

☐ Yes

☐ No

If yes, please specify the services received

14. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

- ☐ Yes ☐ No

If NO, please specify what is needed where. Be specific.

15. What "new" community health programs should be created to meet current community health needs?

16. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence                   | <input type="checkbox"/> Health Literacy                   | <input type="checkbox"/> Poverty                       |
| <input type="checkbox"/> Access to Health Education       | <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> Preventative Health/Wellness  |
| <input type="checkbox"/> Alcohol                          | <input type="checkbox"/> Housing                           | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine             | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Behavioral/Mental Health         | <input type="checkbox"/> Lead Exposure                     | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect                           | <input type="checkbox"/> Telehealth                    |
| <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Nutrition                         | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Care Coordination                | <input type="checkbox"/> Obesity                           | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Occupational Medicine             | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Drugs/Substance Abuse            | <input type="checkbox"/> Ozone (Air)                       | <input type="checkbox"/> Water Quality                 |
| <input type="checkbox"/> Family Planning                  | <input type="checkbox"/> Physical Exercise                 |  |

Other (Please specify).

17. For reporting purposes, are you involved in or are you a....? Please select all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business/Merchant               | <input type="checkbox"/> EMS/Emergency         | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Community Board Member          | <input type="checkbox"/> Farmer/Rancher        | <input type="checkbox"/> Parent/Caregiver          |
| <input type="checkbox"/> Case Manager/Discharge Planner  | <input type="checkbox"/> Hospital/Health Dept. | <input type="checkbox"/> Pharmacy/Clinic           |
| <input type="checkbox"/> Clergy                          | <input type="checkbox"/> Housing/Builder       | <input type="checkbox"/> Media (Paper/TV/Radio)    |
| <input type="checkbox"/> College/University              | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Senior Care               |
| <input type="checkbox"/> Consumer Advocate               | <input type="checkbox"/> Labor                 | <input type="checkbox"/> Teacher/School Admin      |
| <input type="checkbox"/> Dentist/Eye Doctor/Chiropractor | <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Veteran                   |
| <input type="checkbox"/> Elected Official - City/County  | <input type="checkbox"/> Mental Health         |  |

Other (Please specify).



18. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



## 2023 Gage County NE Community Health Needs Assessment

***In 2020, Beatrice Community Hospital completed a Community Health Needs Assessment (CHNA). Today, we request your input again to update the 2023 Gage County (NE) Community Health Needs Assessment (CHNA). To gather current area feedback, a short survey has been created to evaluate current community health needs and delivery. Survey deadline will be Friday, March 3<sup>rd</sup>, 2023. Thank you for your immediate attention!***

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in your community?

	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Very Poor</b>
<b>Quality of Care</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. (Check one.) When considering "overall community health quality", is it:

☐ Increasing – moving up      ☐ Not really changing much      ☐ Decreasing – slipping downward

Please specify why ?

3. In your own words, what is the general perception of healthcare delivery for our community (i.e., hospitals, doctors, public health, etc.)? (Please be specific with answer)

4. In your opinion, are there healthcare services in our community/ your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)

5. From our past CHNA, a number of health needs were identified as priorities. Are any of these an "ongoing problem" for our community? (Please select top three.)

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) | <input type="checkbox"/> Affordable Healthcare Services         |
| <input type="checkbox"/> Healthcare Apathy – Own Your Own Health         | <input type="checkbox"/> Chronic Diseases (Cancer, Heart, etc.) |
| <input type="checkbox"/> Suicides  | <input type="checkbox"/> Bullying / Cyberbullying               |
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol)               | <input type="checkbox"/> Fitness Programs                       |
| <input type="checkbox"/> Economic Development (Poverty)                  | <input type="checkbox"/> Access to Healthy Foods                |
| <input type="checkbox"/> Obesity (Nutrition & Exercise)                  |   |
| <input type="checkbox"/> Affordable Healthcare Insurance                 |   |

6. Which past CHNA needs are NOW the “most pressing” for improvement? (Please select top three.)

- ☐ Mental Health (Diagnosis, Treatment, Aftercare) ☐ Affordable Healthcare Services
- ☐ Healthcare Apathy – Own Your Own Health ☐ Chronic Diseases (Cancer, Heart, etc.)
- ☐ Suicides ☐ Bullying / Cyberbullying
- ☐ Substance Abuse (Drugs & Alcohol) ☐ Fitness Programs
- ☐ Economic Development (Poverty) ☐ Access to Healthy Foods
- ☐ Obesity (Nutrition & Exercise)
- ☐ Affordable Healthcare Insurance

7. In your opinion, what are the root causes of “poor health” in our community?  
(Please select top three.)

- ☐ Chronic Disease
- ☐ Lack of Health & Wellness ☐ Limited Access to Mental Health Services
- ☐ Lack of Nutrition/ Exercise Services ☐ Family Assistance Programs
- ☐ Limited Access to Primary Care ☐ Lack of Health Insurance
- ☐ Limited Access to Specialty Care ☐ Neglect
- ☐ Other (Be Specific)

8/9/10. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor / Optometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice / Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home / Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal (Labor & Delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



8/9/10 Con't

Urgent Care / Express Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (Be Specific)

11. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/ Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/ Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/ Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/ Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/ Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Woman's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Do you have any COVID-19 worries and/or concerns in regard to Community Health delivery?

☐ Yes    ☐ No    If Yes, please share your thoughts. Be specific

13. Over the past 2 years, did you or someone in your household receive healthcare services outside of our county?    ☐ Yes    ☐ No    If YES, please specify the healthcare services you received

14. Access to care is vital. Are there enough providers/ staff available at the right times to care for you and our community?    ☐ Yes    ☐ No    If NO, please specify what is needed where. Be specific:

15. What "new" community health programs should be created to meet current community health needs?

16. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Abuse/ Violence                    | <input type="checkbox"/> Nutrition                     |
| <input type="checkbox"/> Access to Health Education         | <input type="checkbox"/> Obesity                       |
| <input type="checkbox"/> Alcohol                            | <input type="checkbox"/> Occupational Medicine         |
| <input type="checkbox"/> Alternative Medicine               | <input type="checkbox"/> Ozone (Air)                   |
| <input type="checkbox"/> Behavioral/ Mental Health          | <input type="checkbox"/> Physical Exercise             |
| <input type="checkbox"/> Breastfeeding Friendly Workplace   | <input type="checkbox"/> Poverty                       |
| <input type="checkbox"/> Cancer                             | <input type="checkbox"/> Preventative Health/ Wellness |
| <input type="checkbox"/> Care Coordination                  | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Drugs/ Substance Abuse             | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Family Planning                    | <input type="checkbox"/> Telehealth                    |
| <input type="checkbox"/> Health Literacy                    | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Heart Disease                      | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Housing                            | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Lack of Providers/ Qualified Staff | <input type="checkbox"/> Water Quality                 |
| <input type="checkbox"/> Lead Exposure                      | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Neglect                            |  |

17. (Please select all that apply) For reporting purposes, are you involved in or are you a:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business/ Merchant                | <input type="checkbox"/> EMS/ Emergency          | <input type="checkbox"/> Parent/ Caregiver        |
| <input type="checkbox"/> Community Board Member            | <input type="checkbox"/> Farmer/ Rancher         | <input type="checkbox"/> Pharmacy/ Clinic         |
| <input type="checkbox"/> Case Manager/ Discharge Planner   | <input type="checkbox"/> Hospital/ Health Dept . | <input type="checkbox"/> Media (Paper/ TV/ Radio) |
| <input type="checkbox"/> Clergy                            | <input type="checkbox"/> Housing/ Builder        | <input type="checkbox"/> Senior Care              |
| <input type="checkbox"/> College/ University               | <input type="checkbox"/> Insurance               | <input type="checkbox"/> Teacher/ School Admin    |
| <input type="checkbox"/> Consumer Advocate                 | <input type="checkbox"/> Labor                   | <input type="checkbox"/> Veteran                  |
| <input type="checkbox"/> Dentist/ Eye Doctor/ Chiropractor | <input type="checkbox"/> Law Enforcement         | <input type="checkbox"/> Other (Please specify)   |
| <input type="checkbox"/> Elected Official – City/ County   | <input type="checkbox"/> Mental Health           |   |
| <input type="checkbox"/> Other Health Professional         |  |   |

18. For analysis purposes, what is your home ZIP code? (Please enter 5-digit ZIP code; for example, 65305)



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**VVV Consultants LLC** is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan

**AQuESTT Classification Report**  
**Beatrice Public Schools**  
**2023-2024**

**Resource to Answer Additional Questions:** [https://aquestt.com/wp-content/uploads/2022/10/FAQ-TSI\\_ATSI-Designation-2022.pdf](https://aquestt.com/wp-content/uploads/2022/10/FAQ-TSI_ATSI-Designation-2022.pdf)

**Beatrice Public Schools - District Level**

<b>Classification</b>	<b>Designation: TSI/ATSI/CSI</b>	<b>Status Indicator (Proficiency)</b>	<b>Participation</b>	<b>4-Year Graduation</b>	<b>7-Year Graduation</b>
2018 – Good 2019 – Good 2022 – Good 2023 – Great 2024 – Good	N/A	2018 – 50.66% 2019 – 51.55% 2022 – 43.83% 2023 – 55.19% 2024 – 48.18%	2018 – 99.42% 2019 – 99.28% 2022 – 98.83% 2023 – 99.56% 2024 – 99.22%	2018 – 89.26% 2019 – 86.13% 2020 – 88.97% 2021 – 83.03% 2022 – 86.23% 2023 – 87.32% 2024 – 84.44%	2016 – 91.18% 2017 – 90.26% 2018 – 91.46% 2019 – 89.14% 2020 – 91.78% 2021 – 86.14%
<b>Chronic Absenteeism</b>	<b>EL Proficiency (English Learner)</b>	<b>Growth (Higher is Better)</b>	<b>Non Proficiency (Lower is Better)</b>	<b>Science Proficiency</b>	<b>Student Discipline</b>
2015 – 13.05% 2016 – 14.15% 2017 – 16.21% 2018 – 19.30% 2019 – 18.39% 2022 – 24.37% 2023 – 20.39% 2024 – 22.38%	2018 – ** 2019 – ** 2022 – 46.15% 2023 – 40.48% 2024 – 31.43%  (** - Did not have a subgroup)	2018 – 60.78% 2019 – 65.25% 2022 – 68.94% 2023 – 67.19% 2024 – 57.83%	2017 – 47.04% 2018 – 49.34% 2019 – 48.45% 2021 – 57.89% 2022 – 56.17% 2023 – 44.81% 2024 – 51.82%	2018 – 63.76% 2019 – 62.47% 2022 – 60.05% 2023 – 64.47% 2024 – 66.51%	2024 – 93.38%       (New this year - % of students not out-of-school suspended or expelled)

## Beatrice High School

Classification	Designation: TSI/ATSI/CSI	Status Indicator (Proficiency)	Participation	4-Year Graduation	7-Year Graduation
2018 – Good 2019 – Good 2022 – Good 2023 – Good 2024 – Good	TSI - SpEd	2018 – 44.94% 2019 – 52.11% 2022 – 50.38% 2023 – 51.47% 2024 – 34.90%	2018 – 98.87% 2019 – 96.03% 2022 – 95.59% 2023 – 98.84% 2024 – 96.77%	2018 – 89.26% 2019 – 86.13% 2020 – 88.97% 2021 – 83.03% 2022 – 86.23% 2023 – 87.32% 2024 – 84.44%	2016 – 91.18% 2017 – 90.26% 2018 – 91.46% 2019 – 89.14% 2020 – 91.78% 2021 – 86.14%
Chronic Absenteeism	EL Proficiency	Growth (Higher is Better)	Non Proficiency (Lower is Better)	Science Proficiency	Student Discipline
2015 – 18.09% 2016 – 19.88% 2017 – 24.62% 2018 – 26.36% 2019 – 25.50% 2022 – 32.92% 2023 – 30.45% 2024 – 34.01%	N/A	N/A	2017 – 48.89% 2018 – 55.06% 2019 – 47.89% 2021 – 50.37% 2022 – 49.62% 2023 – 48.53% 2024 – 65.10%	2018 – 56.34% 2019 – 50.00% 2022 – 58.02% 2023 – 52.94% 2024 – 50.34%	2024 – 86.73%  (New this year - % of students not out-of-school suspended or expelled)

## Beatrice Middle School

Classification	Designation: TSI/ATSI/CSI	Status Indicator (Proficiency)	Participation	4-Year Graduation	7-Year Graduation
2018 – Great 2019 – Great 2022 – Good 2023 – Great 2024 – Good	None	2018 – 54.39% 2019 – 54.02% 2022 – 45.81% 2023 – 63.97% 2024 – 57.76%	2018 – 99.28% 2019 – 100.00% 2022 – 99.14% 2023 – 100.00% 2024 – 99.80%	N/A	N/A
Chronic Absenteeism	EL Proficiency	Growth (Higher is Better)	Non Proficiency (Lower is Better)	Science Proficiency	Student Discipline
2015 – 12.62% 2016 – 11.41% 2017 – 12.11% 2018 – 13.17% 2019 – 13.19% 2022 – 22.53% 2023 – 17.46% 2024 – 21.59%	N/A	2018 – 53.99% 2019 – 65.03% 2022 – 63.14% 2023 – 64.65% 2024 – 55.82%	2017 – 48.58% 2018 – 45.61% 2019 – 45.98% 2021 – 57.29% 2022 – 54.19% 2023 – 36.03% 2024 – 42.24%	2018 – 78.47% 2019 – 69.28% 2022 – 59.21% 2023 – 72.97% 2024 – 76.26%	2024 – 93.78%  (New this year - % of students not out-of-school suspended or expelled)

## Lincoln Elementary

Classification	Designation: TSI/ATSI/CSI	Status Indicator (Proficiency)	Participation	4-Year Graduation	7-Year Graduation
2018 – Good 2019 – Good 2022 – Good 2023 – Great 2024 – Good	N/A	2018 – 50.66% 2019 – 51.55% 2022 – 43.83% 2023 – 55.19% 2024 – 48.18%	2018 – 99.42% 2019 – 99.28% 2022 – 98.83% 2023 – 99.56% 2024 – 99.22%	N/A	N/A
Chronic Absenteeism	EL Proficiency	Growth (Higher is Better)	Non Proficiency (Lower is Better)	Science Proficiency	Student Discipline
2015 – 6.04% 2016 – 7.69% 2017 – 6.02% 2018 – 11.28% 2019 – 6.99% 2022 – 15.57% 2023 – 14.85% 2024 – 11.88%	N/A	2018 – 60.78% 2019 – 65.25% 2022 – 68.94% 2023 – 67.19% 2024 – 57.83%	2017 – 47.04% 2018 – 49.34% 2019 – 48.45% 2021 – 57.89% 2022 – 56.17% 2023 – 44.81% 2024 – 51.82%	2018 – 63.76% 2019 – 62.47% 2022 – 60.05% 2023 – 64.47% 2024 – 66.51%	2024 – 99.52%  (New this year - % of students not out-of-school suspended or expelled)

(After 2018, takes the district data in all categories except Chronic Absenteeism and Student Discipline because no grades K-2 are assessed and reported.)

## Stoddard Elementary

Classification	Designation: TSI/ATSI/CSI	Status Indicator (Proficiency)	Participation	4-Year Graduation	7-Year Graduation
2018 – Good 2019 – Good 2022 – Good 2023 – Good 2024 – Good	None	2018 – 52.05% 2019 – 51.57% 2022 – 42.79% 2023 – 52.58% 2024 – 49.75%	2018 – 100.00% 2019 – 100.00% 2022 – 100.00% 2023 – 99.61% 2024 – 99.60%	N/A	N/A
Chronic Absenteeism	EL Proficiency	Growth (Higher is Better)	Non Proficiency (Lower is Better)	Science Proficiency	Student Discipline
2015 – 8.40% 2016 – 3.31% 2017 – 12.17% 2018 – 12.26% 2019 – 6.53% 2022 – 13.84% 2023 – 14.29% 2024 – 9.13%	2024 – 31.82%	2018 – 62.20% 2019 – 65.36% 2022 – 77.39% 2023 – 78.26% 2024 – 68.85%	2017 – 39.47% 2018 – 47.95% 2019 – 48.43% 2021 – 55.61% 2022 – 57.21% 2023 – 47.42% 2024 – 50.25%	2018 – 63.64% 2019 – 63.01% 2022 – 75.00% 2023 – 76.81% 2024 – 86.67%	2024 – 98.28%  (New this year - % of students not out-of-school suspended or expelled)



## Paddock Elementary

Classification	Designation: TSI/ATSI/CSI	Status Indicator (Proficiency)	Participation	4-Year Graduation	7-Year Graduation
2018 – Good 2019 – Good 2022 – Great 2023 – Good 2024 – Good	TSI - F/R Lunch	2018 – 42.91% 2019 – 43.90% 2022 – 36.00% 2023 – 45.63% 2024 – 35.11%	2018 – 99.72% 2019 – 100.00% 2022 – 99.77% 2023 – 99.37% 2024 – 100.00%	N/A	N/A
Chronic Absenteeism	EL Proficiency	Growth (Higher is Better)	Non Proficiency (Lower is Better)	Science Proficiency	Student Discipline
2015 – 9.19% 2016 – 9.92% 2017 – 11.02% 2018 – 16.67% 2019 – 15.15% 2022 – 17.92% 2023 – 14.04% 2024 – 16.52%	N/A	2018 – 75.00% 2019 – 66.12% 2022 – 79.36% 2023 – 62.66% 2024 – 52.03%	2017 – 40.91% 2018 – 57.09% 2019 – 56.10% 2021 – 68.32% 2022 – 64.00% 2023 – 56.35% 2024 – 64.89%	2018 – 61.36% 2019 – 62.07% 2022 – 53.57% 2023 – 61.19% 2024 – 59.32%	2024 – 97.84%  (New this year - % of students not out-of-school suspended or expelled)

**Legend:**

**Classification** is based upon all of the categories - A combination of scores in the six tenet areas (Positive Partnerships, Relationships, Student Success; Transitions, Educational Opportunities, and Access; Postsecondary, Career, and Civic Readiness; Student Achievement and Growth; and Educator Effectiveness).

**Designation** is based upon all of the indicators and focused on the subgroups of the school system. Three designations exist - CSI / TSI / ATSI

**Comprehensive Support and Improvement (CSI)** – The lowest performing five percent of Title I schools (those schools receiving federal funds due to concentrations of poverty), public high schools with a four-year adjusted cohort graduation rate of 67 percent or below, and/or schools participating in Targeted Support and Improvement that did not improve after three years will be designated as CSI schools.

**Targeted Support and Improvement (TSI)** – Any school with consistently underperforming subgroup(s) or low-performing subgroup(s) over a state-designated period of time will be designated as TSI schools. Subgroups are defined as the 7 major racial/ethnic groups, English learners, students with disabilities, and/ or economically disadvantaged students.

**Additional Targeted Support and Improvement (ATSI)** – Any school in which one or more subgroups of students is performing at or below the performance of all students in the lowest performing schools will be designated as ATSI schools.

**Status** is based on the percentage of eligible students who scored On Track or higher in the current year's statewide Math and English Language Arts assessments - NSCAS Growth 3-8, NSCAS-Alt, and NSCAS-ACT.

**Participation** is based on the percentage of eligible students that completed a statewide assessment.

**4-Year Graduation / 7-Year Graduation** - the 4- and 7-year cohort graduation rates from the previous year are used to define two separate indicators.

**Chronic Absenteeism** - Due to disruptions caused by the COVID-19 pandemic, the Chronic Absenteeism indicator for 2021-22 will be an absolute measure, meaning there will not be a growth element to this indicator. Put another way, the Chronic Absenteeism indicator for 2021-22 school year will be based solely on 2021-22 attendance data. Students are defined as chronically absent when they are absent for 10% or more of their days in membership at a school/district.

**EL Proficiency** is meant to measure the percentage of English Learner students in a school/district who are on track in their progress towards English language proficiency as measured by the ELPA21 assessment. A student's initial eligible assessment on the ELPA21 determines the baseline (Year 1), therefore, students in their first year of taking the assessment are not eligible for this indicator.

**Growth** is defined as the percent of NSCAS/NSCAS-Alt assessment scores within a school or district that showed an increase compared to the same individual's score in the previous year within the same subject area. Only ELA and Math are used in these calculations.

**Non-Proficiency** is defined as the trend in the percentage of ELA and Math statewide assessments scoring at a proficient level or above in the school/district for the last three school years. However, for 2021-22 accountability, only two years of data will be available. **The lower number the better for this area.**

**Science Proficiency** is defined by the percentage of eligible statewide assessments scored at a proficient level or above with a school/district in the NSCAS/NSCAS-Alt/NSCAS-ACT Science assessments.

**Student Discipline** is defined by the percentage of students who were not out-of-school suspended or expelled.



# Nebraska Risk and Protective Factor Student Survey Results for 2023

## Profile Report: BEATRICE PUBLIC SCHOOLS

**Sponsored by:**

Nebraska Department of Health and Human Services  
Division of Behavioral Health

**Administered by:**

Bureau of Sociological Research  
University of Nebraska-Lincoln

*NRPFS is part of the Student Health and Risk  
Prevention (SHARP) Surveillance System that administers  
surveys to youth enrolled in Nebraska schools*

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## Introduction and Overview

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This report summarizes the findings from the 2023 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2023 survey represents the tenth implementation of the NRPFSS and the seventh implementation of the survey under the Nebraska Student Health and Risk Prevention (SHARP) Surveillance System. SHARP consists of the coordinated administration of three school-based student health surveys in Nebraska, including the NRPFSS, the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). The Nebraska SHARP Surveillance System is administered by the Nebraska Department of Health and Human Services and the Nebraska Department of Education through a contract with the Bureau of Sociological Research at the University of Nebraska-Lincoln. For more information on the Nebraska SHARP Surveillance System please visit <https://bosr.unl.edu/sharp/>.

As a result of the creation of SHARP and its inclusion of the NRPFSS, the administration schedule shifted from the fall of odd calendar years to the fall of even calendar years. The first three administrations of the NRPFSS occurred during the fall of 2003, 2005, and 2007, while the fourth administration occurred during the fall of 2010, leaving a three-year gap (rather than the usual two-year gap) between the most recent administrations. The 2012, 2014, 2016, and 2018 administrations also occurred during the fall. Due to the COVID-19 pandemic, the 2020 administration was postponed to 2021, again leaving a three-year gap. The 2023 administration occurred during the fall. All future administrations take place during the fall of odd calendar years as well (i.e., every two years).

The NRPFSS targets Nebraska students in grades 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the NRPFSS is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate. Therefore, data presented in this report are not to be considered a representative statewide sample. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective measures that predict adolescent problem behaviors. The NRPFSS is adapted from national, scientifically-validated surveys and contains information on risk and protective measures that are locally actionable. These risk and protective measures are also highly correlated with substance misuse as well as delinquency, teen pregnancy, school dropout, and violence. Along with other locally attainable sources of information, the information from the NRPFSS can aid schools and community groups in planning and implementing local prevention initiatives to improve the health and academic performance of their youth.

Table 1.1 provides information on the student participation rate for Beatrice Public Schools. The participation rate represents the percentage of all eligible students who took the survey. If 60 percent or more of the students participated, the report is generally a good indicator of the levels of substance use, risk, protection, and delinquent behavior in Beatrice Public Schools. If fewer than 60.0 percent participated, a review of who participated should be completed prior to generalizing the results to the entire student population.

### 2023 NRPFSS Sponsored by:

The 2023 NRPFSS is sponsored by the 2018 Strategic Prevention Framework - Partnership for Success grant and the 2022 Substance Use Prevention Treatment Recovery Services Block Grant for the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention through the Nebraska Department of Health and Human Services Division of Behavioral Health.

The Bureau of Sociological Research (BOSR) at the University of Nebraska – Lincoln (UNL) collected the NRPFSS data for this administration as well as the 2010, 2012, 2014, 2016, 2018, 2021, and 2023 administrations. As part of BOSR's commitment to high quality data, BOSR is a member of the American Association for Public Opinion Research (AAPOR) Transparency Initiative. As part of this initiative, BOSR pledges to provide certain methodological information whenever data are collected. This information as it relates to the NRPFSS is available on BOSR's website (<https://bosr.unl.edu/sharp/>).

**Table 1.1. Survey Participation Rates, 2023**

Grade	Beatrice Public Schools			State of Nebraska		
	2023			2023		
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated
8th	124	146	84.9%	3567	26566	13.4%
10th	61	160	38.1%	4599	27660	16.6%
12th	112	166	67.5%	3394	27460	12.4%
Total	297	472	62.9%	11560	81686	14.2%

*Note. The grade-specific participation rates presented within this table consist of the number of students who completed the NRPFSS divided by the total number of students enrolled within the participating schools.*

Again, the goal of the NRPFSS is to collect school district and community-level data and not to collect representative state data. However, state data provide insight into the levels of substance use, risk, protection, and delinquent behavior among Nebraskan students, especially students in rural areas other than in Douglas, Lancaster, or Sarpy counties. In 2023, 14.2 percent of the eligible Nebraska students in grades 8, 10, and 12 participated in the NRPFSS; 83.7 percent of these participations came from the areas outside of Douglas, Lancaster, and Sarpy counties.

The 2023 participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution. Failure to obtain a high participation rate statewide is, in part, due to low levels of participation within Douglas, Lancaster, and Sarpy Counties, which combined had a 4.1% participation rate in 2023 compared to 27.3% for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2023 survey within Beatrice Public Schools and the state overall.

**Table 1.2. Participant Characteristics, 2023**

	Beatrice Public Schools 2023		State of Nebraska 2023	
	n	%	n	%
Total students	304		11741	
Grade				
8th	124	40.8%	3567	30.4%
10th	61	20.1%	4599	39.2%
12th	112	36.8%	3394	28.9%
Unknown	7	2.3%	181	1.5%
Gender				
Male	155	51.0%	5952	50.7%
Female	147	48.4%	5719	48.7%
Unknown	2	0.7%	70	0.6%
Race/Ethnicity				
Hispanic*	39	12.8%	2393	20.4%
African American	8	2.6%	389	3.3%
Asian	5	1.6%	227	1.9%
American Indian	10	3.3%	308	2.6%
Pacific Islander	2	0.7%	41	0.3%
Alaska Native	0	0.0%	22	0.2%
White	238	78.3%	8193	69.8%
Other	2	0.7%	110	0.9%
Unknown	0	0.0%	58	0.5%

Notes. \*Hispanic can be of any race. In columns, n=number or frequency and %=percentage of distribution.

## Overview of Report Contents

The report is divided into the following five sections: (1) substance use; (2) transportation safety; (3) violence, bullying, and mental health; (4) nutrition and physical activity; and (5) feelings and experiences at home, school, and in the community. Within each section, highlights of the 2023 survey data for Beatrice Public Schools are presented along with state and national estimates, when available.

When there are less than 10 survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. Furthermore, if a grade level has 10 or more respondents but an individual question or sub-group presented in this report has less than 10 respondents then results for the individual item or sub-group are not reported.

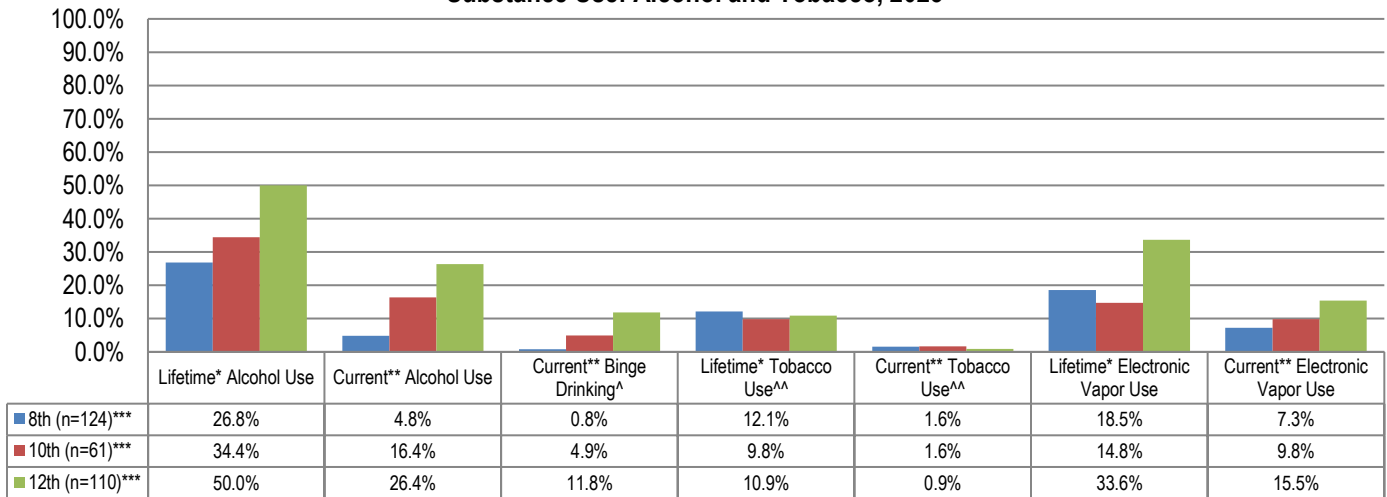
A number of honesty measures were also created to remove students who may not have given the most honest answers. These measures included reporting use of a fictitious drug, using a substance during the past 30 days more than in one's lifetime, answering that the student was not at all honest when filling out the survey, and providing an age and grade combination that are highly unlikely. Students whose answers were in question for any one of these reasons were excluded from reporting. For the State of Nebraska, 368 students met these criteria. 13 students in Beatrice Public Schools met these criteria.

## Substance Use

This section contains information on the use of alcohol, tobacco, and other drugs among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Beatrice Public Schools. In addition, there is information on attitudes and perceptions, the sources of substances, and other substance-related topics. To provide greater context for the results from Beatrice Public Schools, overall state and national results are presented when available. As discussed earlier, the state results are not to be considered a representative statewide sample. The national data source is the Monitoring the Future survey, administered by the Institute for Social Research at the University of Michigan and sponsored by the National Institute on Drug Abuse and National Institutes of Health.

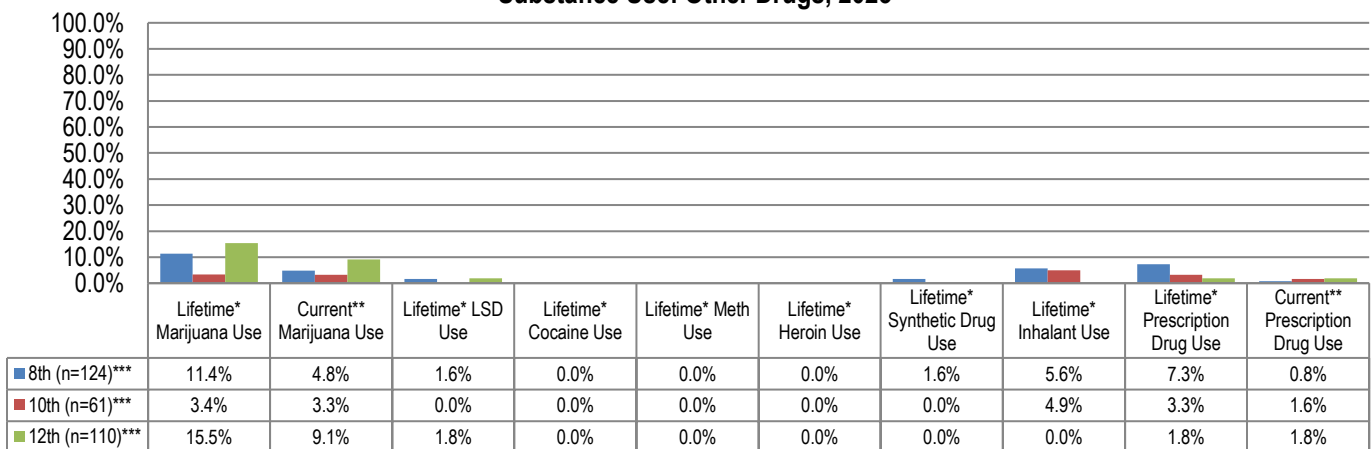
### Substance Use

**Substance Use: Alcohol and Tobacco, 2023**



Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A. \*\*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

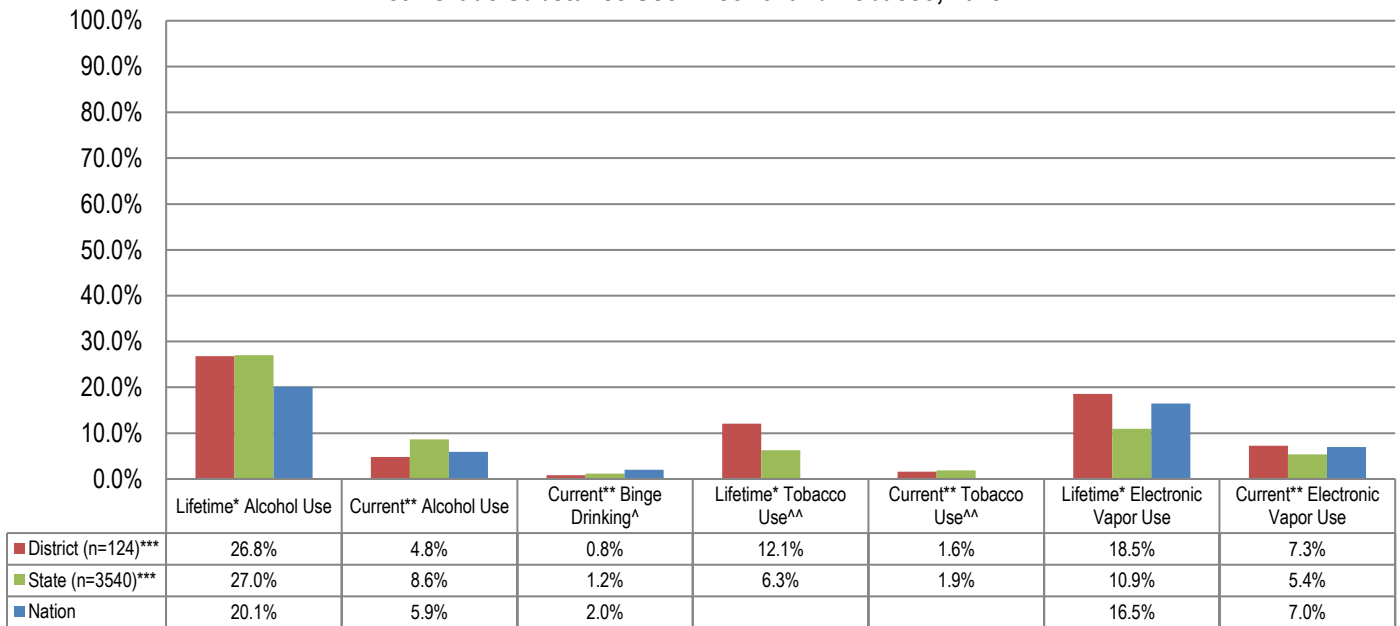
**Substance Use: Other Drugs, 2023**



Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. \*\*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

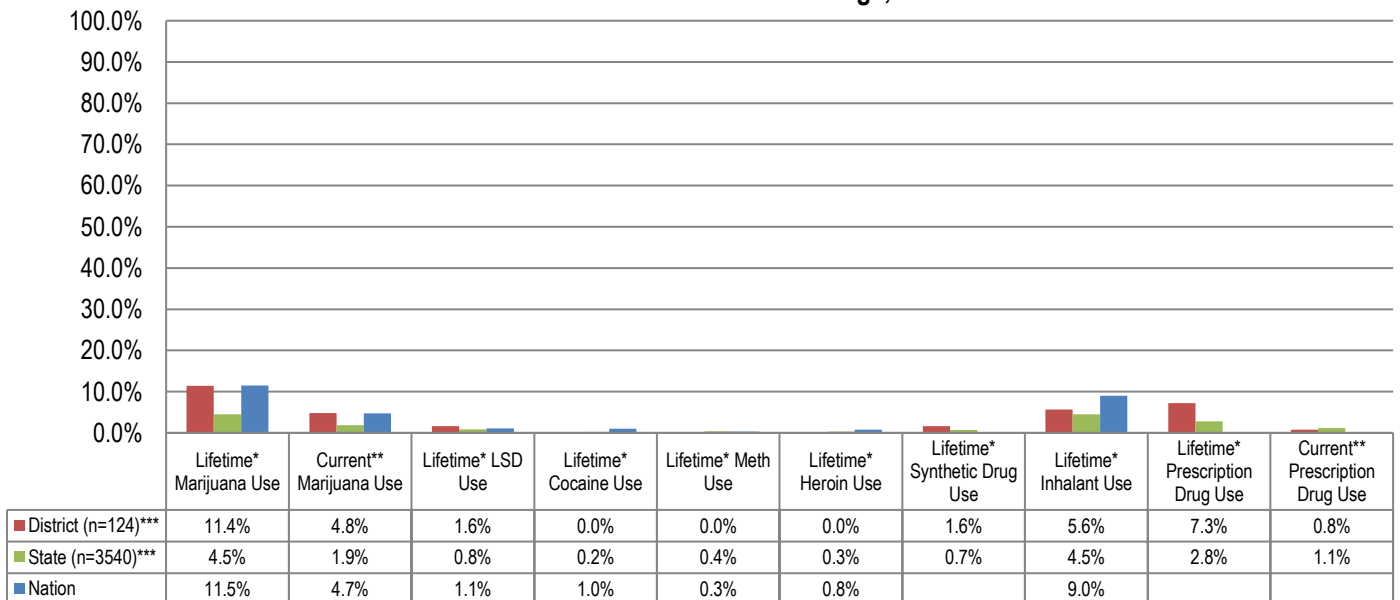


### 8th Grade Substance Use: Alcohol and Tobacco, 2023



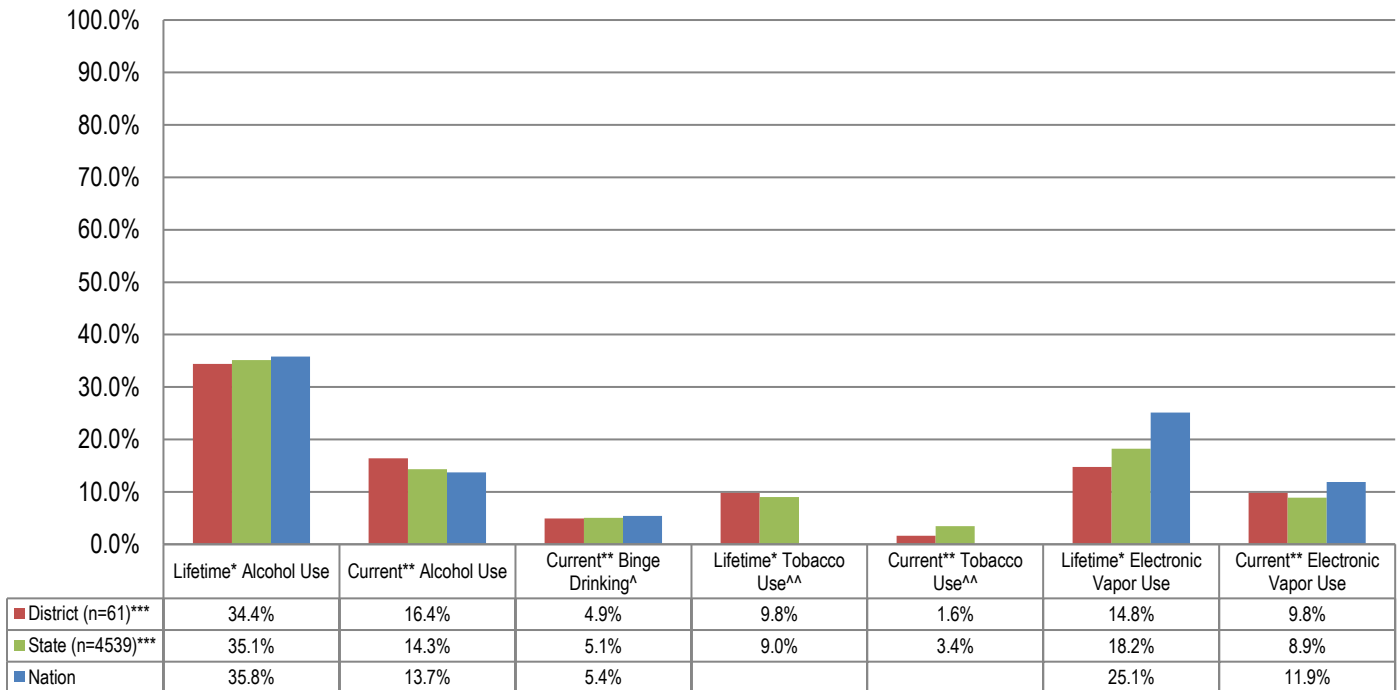
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. <sup>^</sup>Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. <sup>^^</sup>Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A. \*\*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

### 8th Grade Substance Use: Other Drugs, 2023



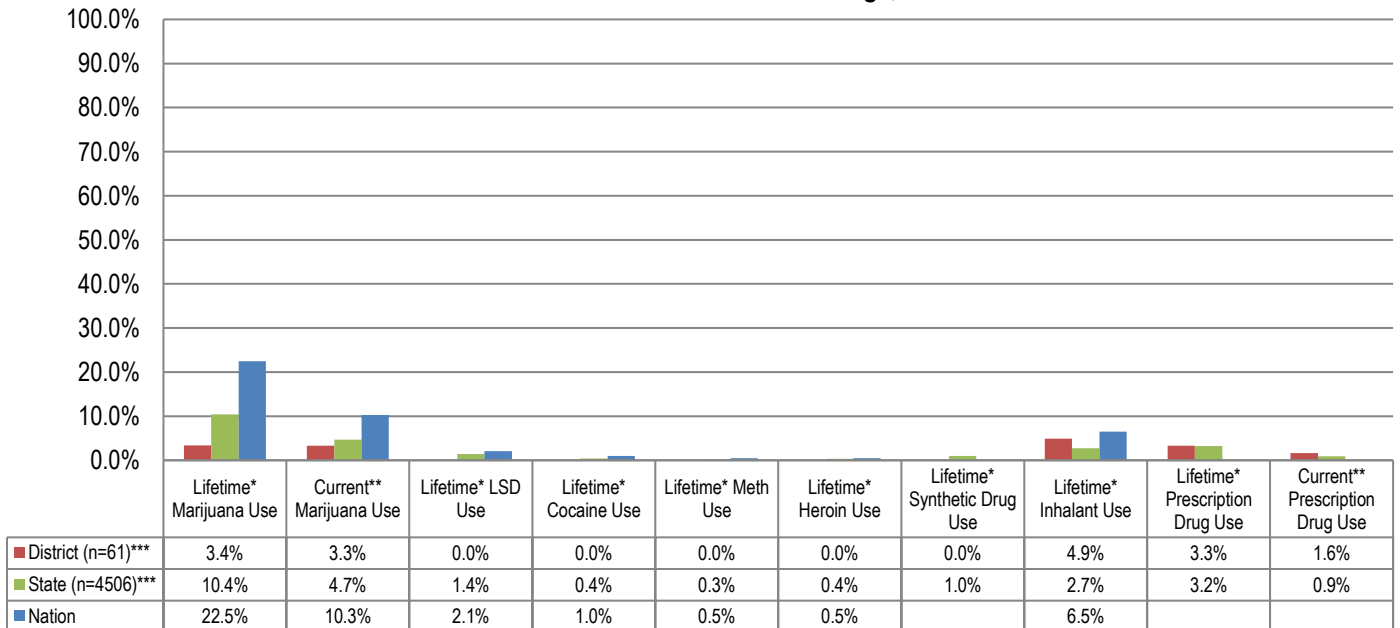
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. \*\*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

### 10th Grade Substance Use: Alcohol and Tobacco, 2023



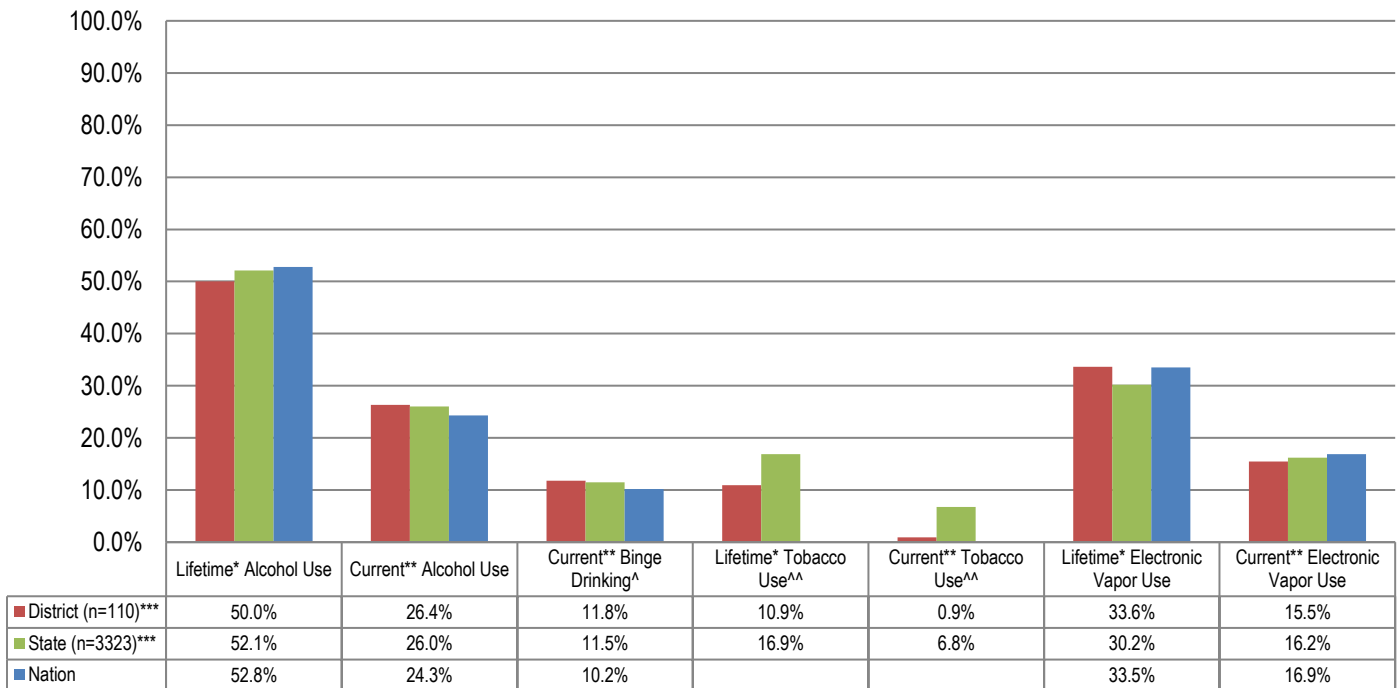
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A. \*\*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

### 10th Grade Substance Use: Other Drugs, 2023



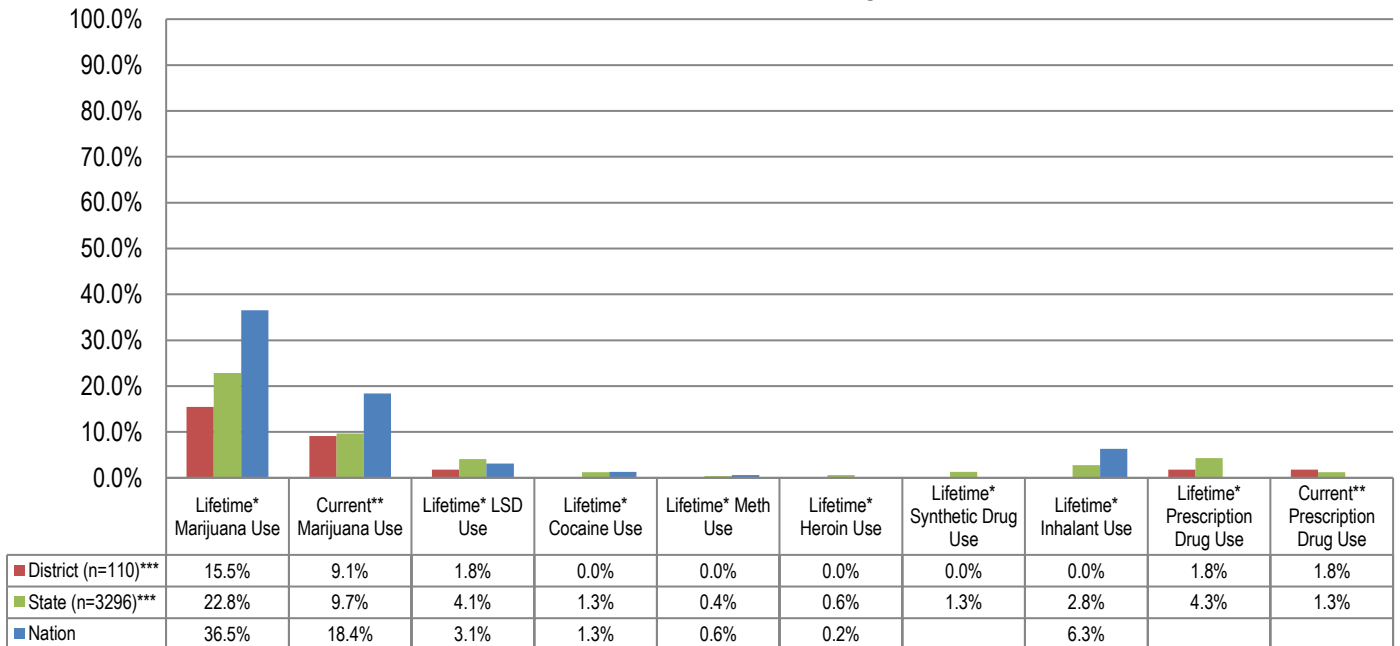
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. \*\*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

### 12th Grade Substance Use: Alcohol and Tobacco, 2023



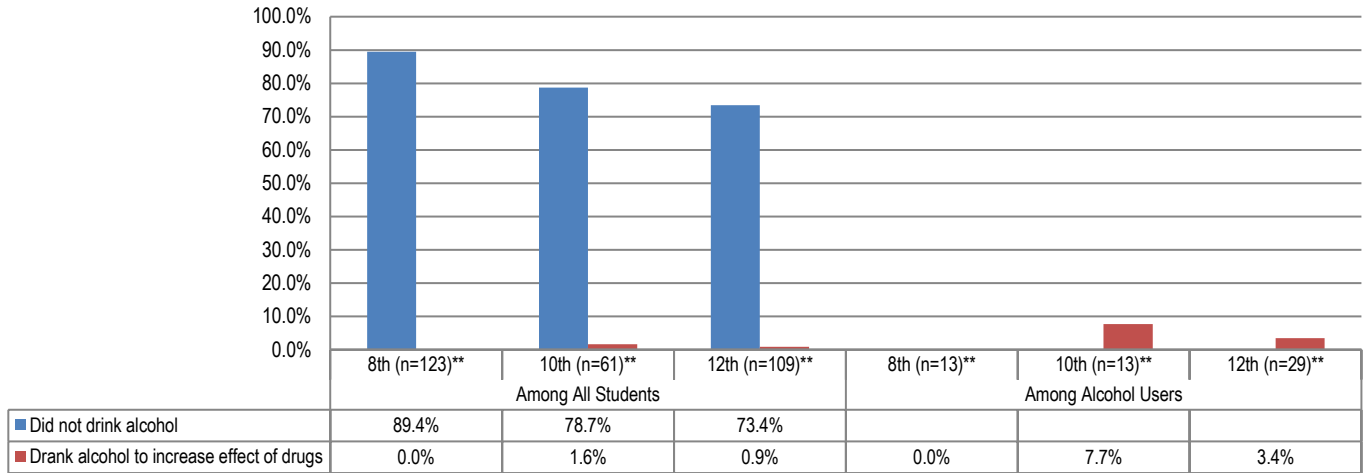
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A. \*\*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

### 12th Grade Substance Use: Other Drugs, 2023



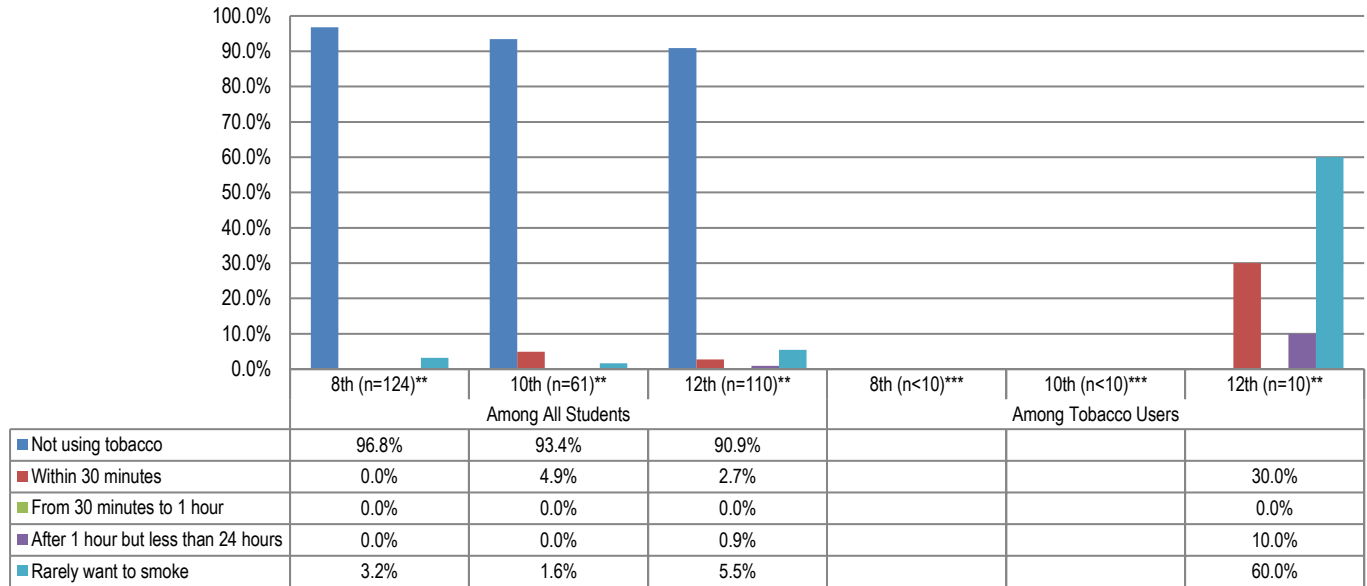
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. \*\*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

**Percentage Reporting Drinking Alcohol to Increase Effect of Some Other Drug, AMONG Students who Reported Drinking in the Past 30 Days\*, 2023**



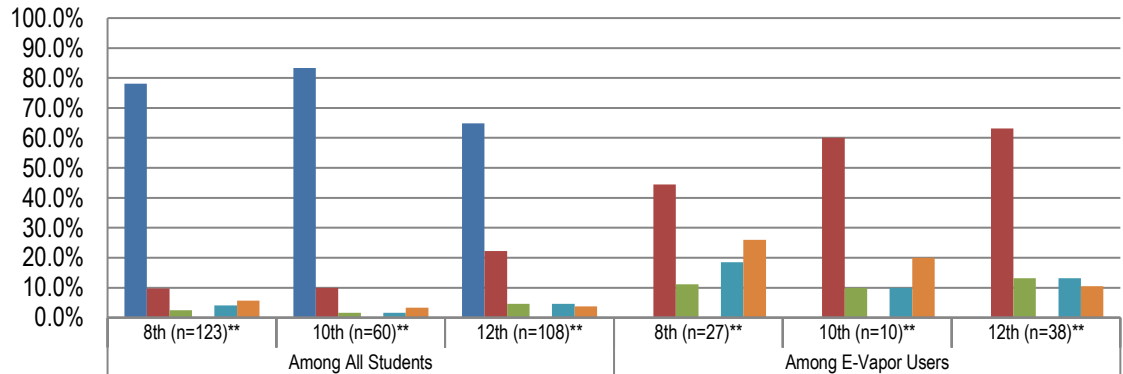
Notes. \*Among past 30 day alcohol users, the percentage who reported drinking alcohol one or more times to increase the effect of some of other drug or drugs during the past 30 days. \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

**How Soon They Wanted to Use Tobacco Products after Waking Up, AMONG Students Who Reported Using Tobacco Products\*, 2023**



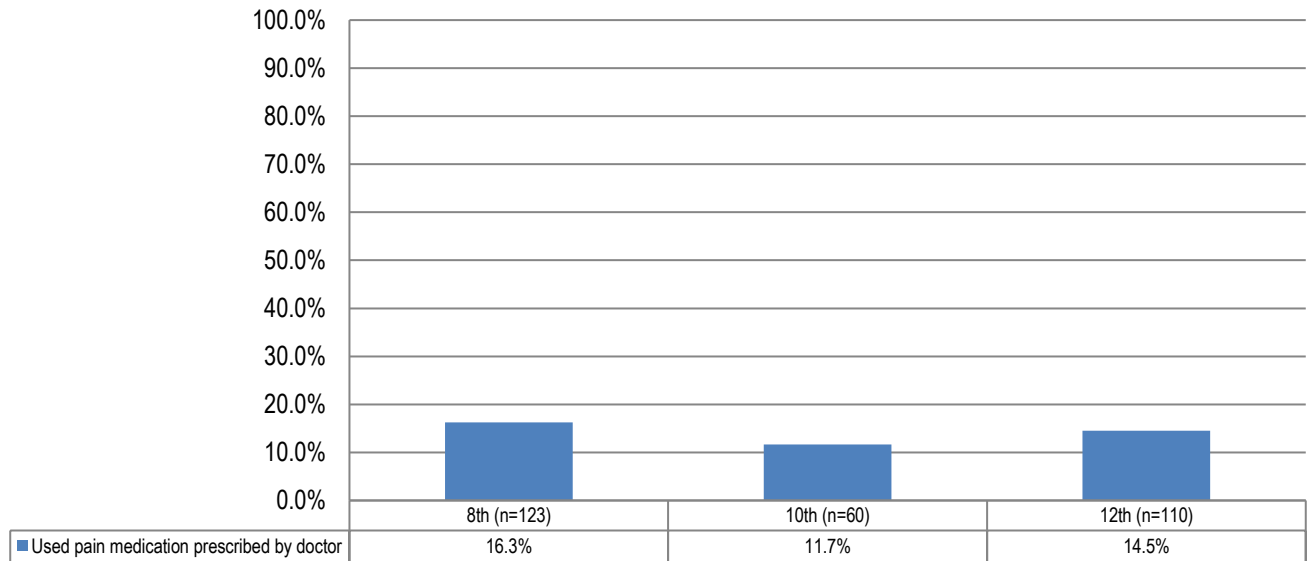
Notes. \*How soon after you wake up do you want to use a tobacco product? \*\*The n-size displayed is the same for all people given that how soon they want to smoke after waking up is asked as one question. \*\*\*Not reporting due to participation number is less than 10.

**Type of Mist Inhaled in Electronic Vaporizer, AMONG Students who Reported Using an E-cigarette or Vaping Device\*, 2023**



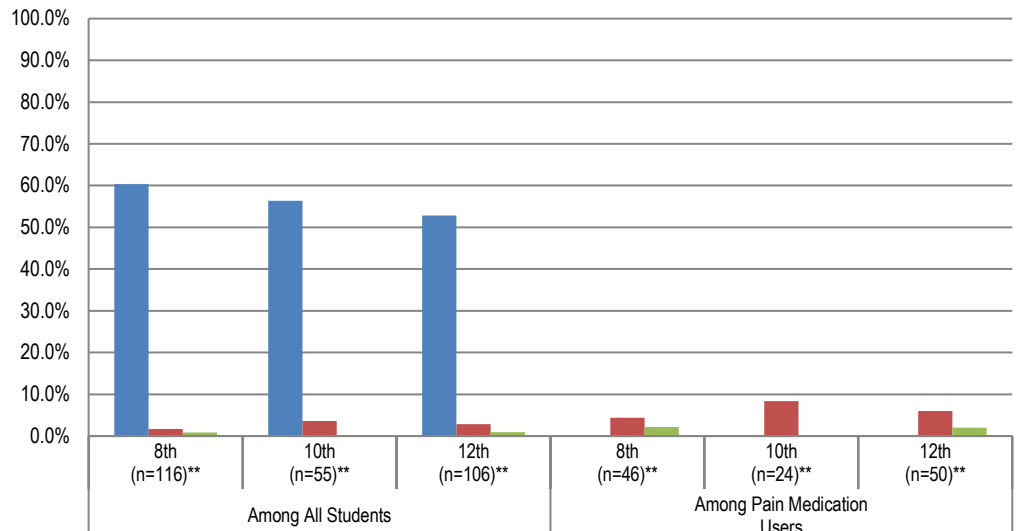
Notes. \*Among past 30 day alcohol users, the percentage who reported drinking alcohol one or more times to increase the effect of some of other drug or drugs during the past 30 days. \*\*The n-size displayed is the same for all people given that type of mist inhaled is asked as one question.

**Percentage Reporting Using Pain Medication Prescribed by a Doctor during the Past 12 Months\*, 2023**



Notes. \*Percentage who reported "Yes" to the question "During the past 12 months, did you use pain medications that a doctor prescribed for you?"

**Other Pain Medication Topics, AMONG Students who Reported Receiving Prescription Pain Medication from a Doctor, 2023**

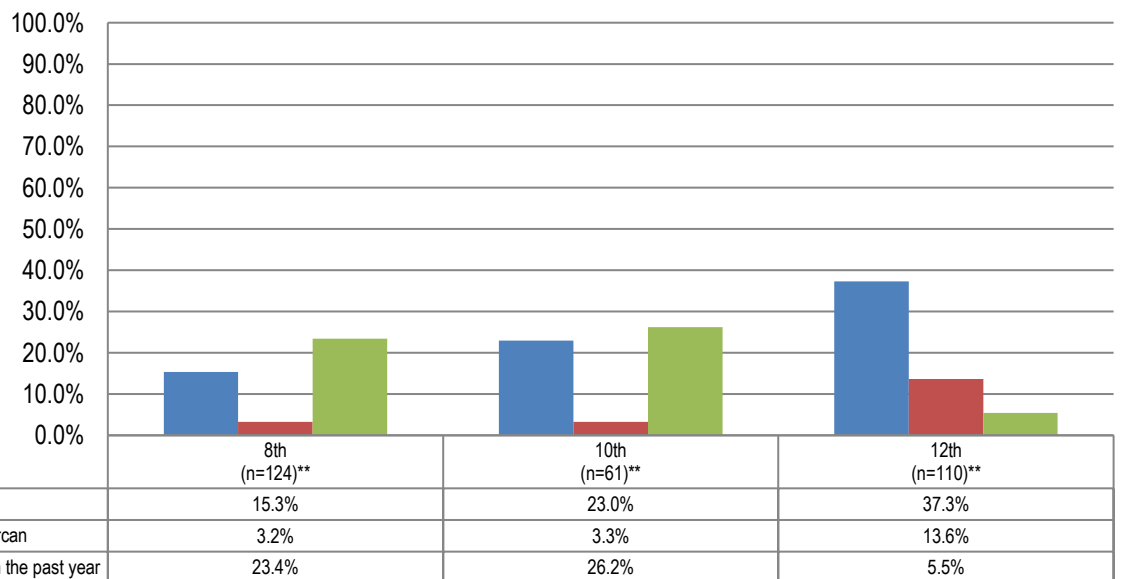


Did not receive a prescription pain medication from a doctor	60.3%	56.4%	52.8%			
Used pain medication more than directed*	1.7%	3.6%	2.8%	4.3%	8.3%	6.0%
Someone asked to borrow or buy pain medication^	0.9%	0.0%	0.9%	2.2%	0.0%	2.0%

Notes. \*Percentage who reported "Yes" to the question "The last time a doctor prescribed a pain medication for you, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?" ^Percentage who reported "Yes" to the question "The last time a doctor prescribed a pain medication for you, did anyone ask you about borrowing or buying some of your medication?" \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

Naloxone, sold as Narcan, is a medication designed to rapidly reverse opioid overdose to restore normal respiration in individuals whose breathing has slowed or stopped as a result of overdosing on heroin or prescription opioid medications. It is a critical tool in emergency responses to opioid overdose, helping to prevent fatalities and providing a window of opportunity for medical treatment.

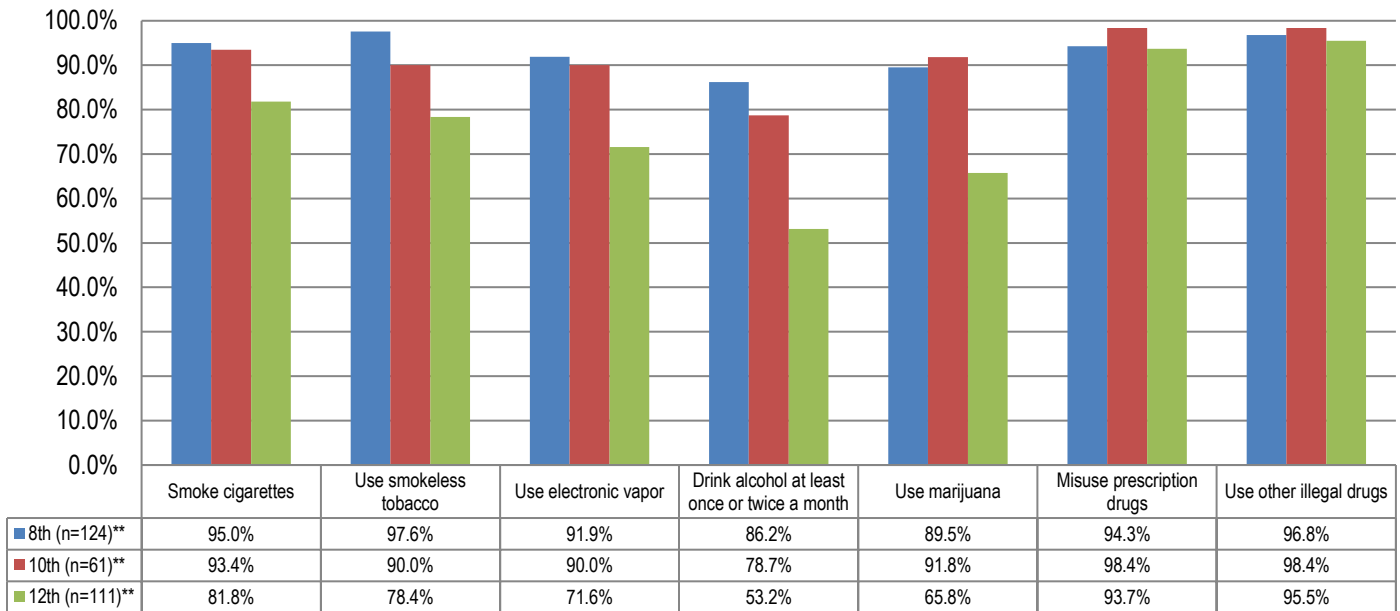
**Awareness and Knowledge of Opioid Overdose Reversal\*, 2023**



Notes. \*Percentage who reported "Yes" to the posted questions. \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

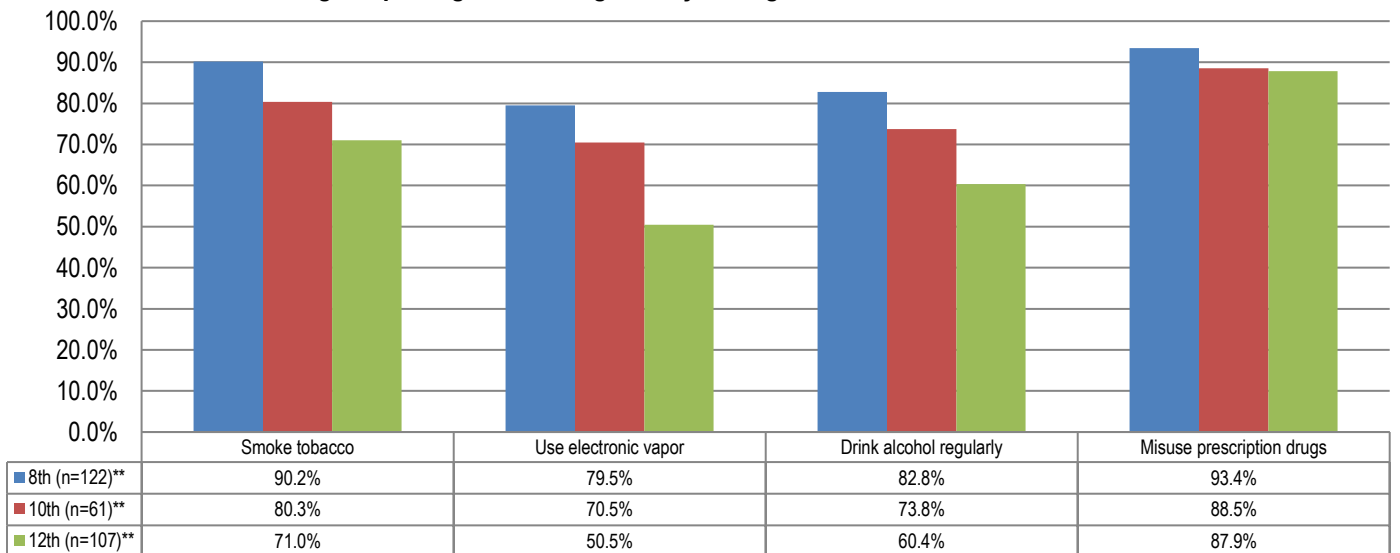
Attitudes toward Substance Use

Percentage Reporting Wrong or Very Wrong to Substance Use Behavior\*, 2023



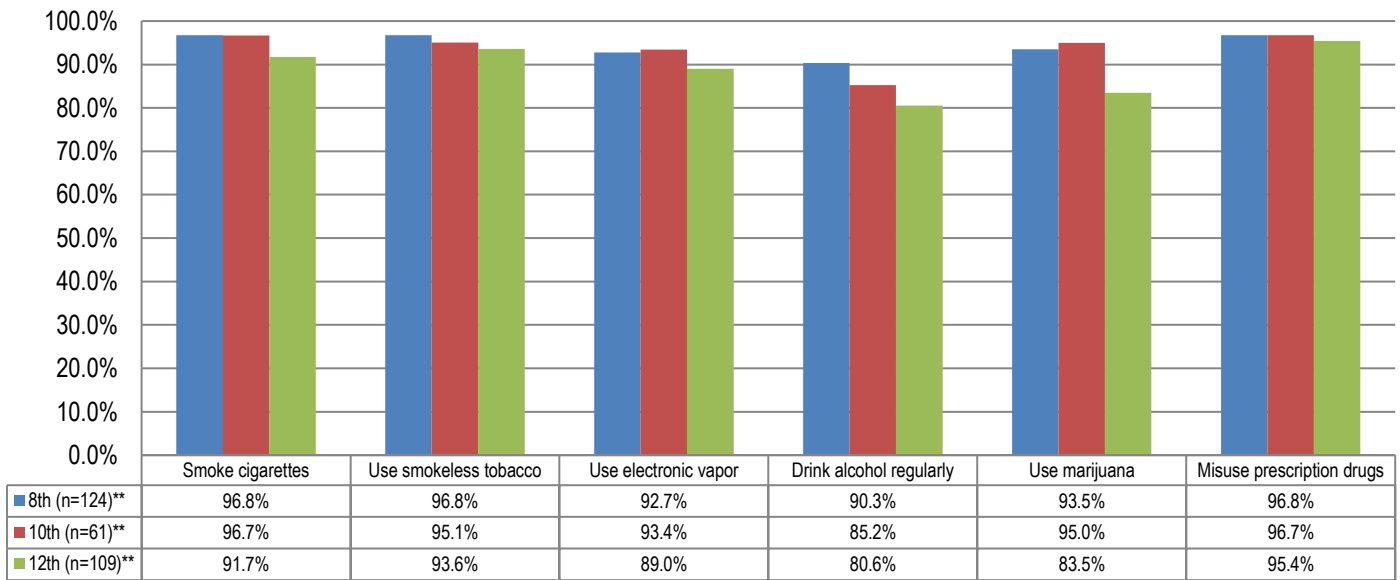
Note. \*Percentage who reported how wrong they think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all. \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

Percentage Reporting Peer Wrong or Very Wrong to Substance Use Behavior\*, 2023



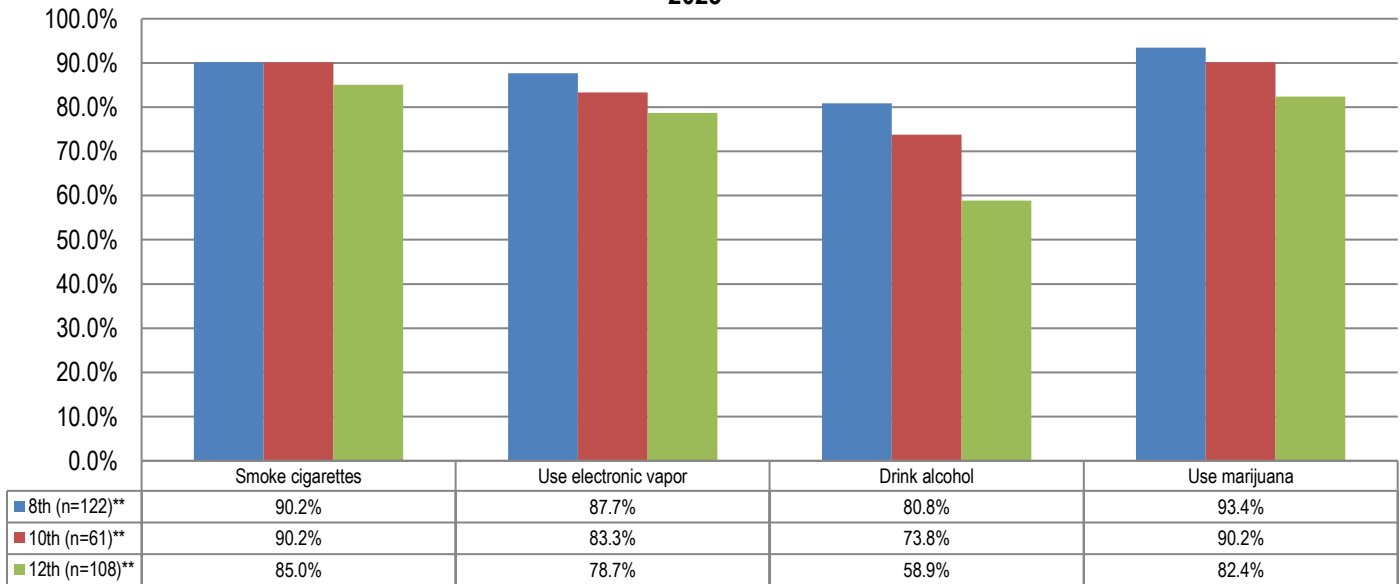
Note. \*Percentage who reported how wrong their friends would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all. \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

Percentage Reporting Parent Wrong or Very Wrong to Substance Use Behavior\*, 2023



Note. \*Percentage who reported how wrong their parents would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all. \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

Percentage Reporting Adults in Neighborhood Wrong or Very Wrong to Substance Use Behavior\*, 2023

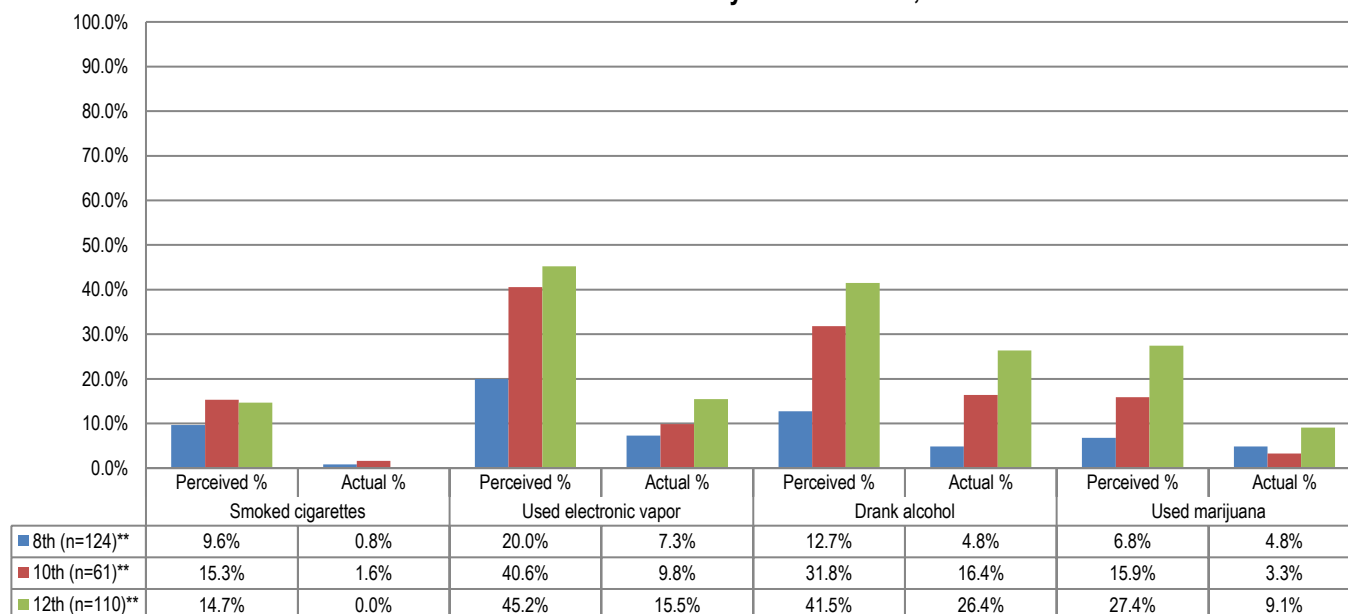


Note. \*Percentage who reported how wrong adults in their neighborhood would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all. \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.



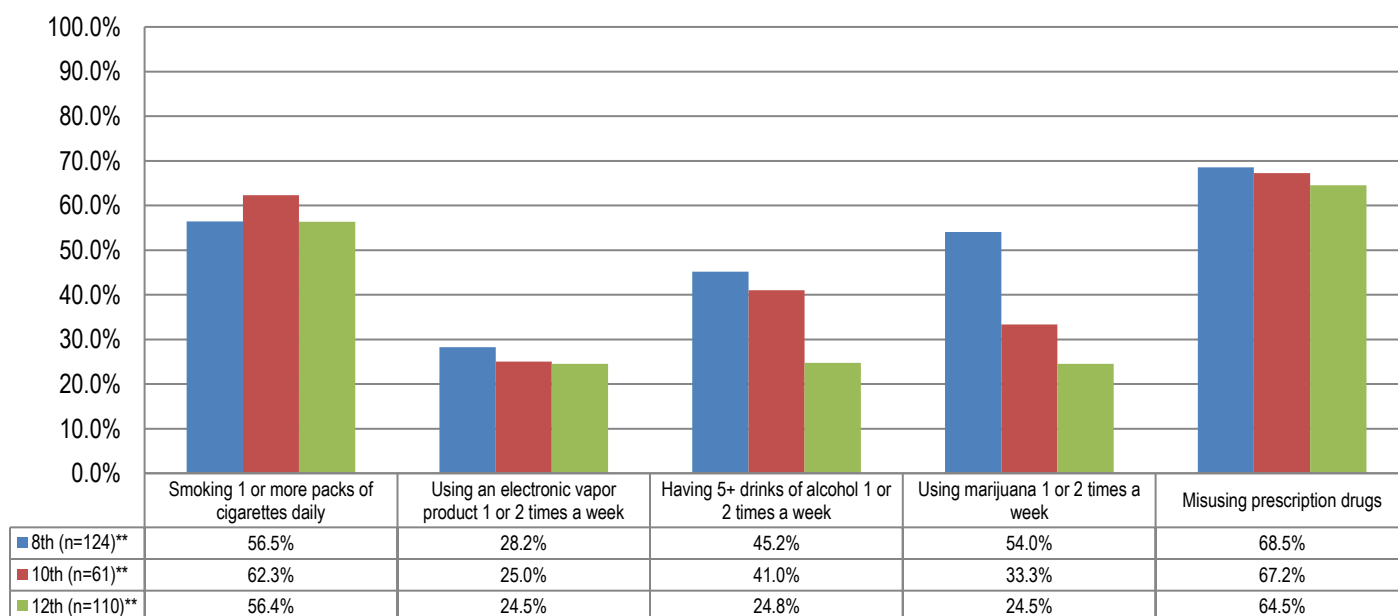
## Perceptions of Substance Use

**Perceived\* and Actual Past 30 Day Substance Use, 2023**



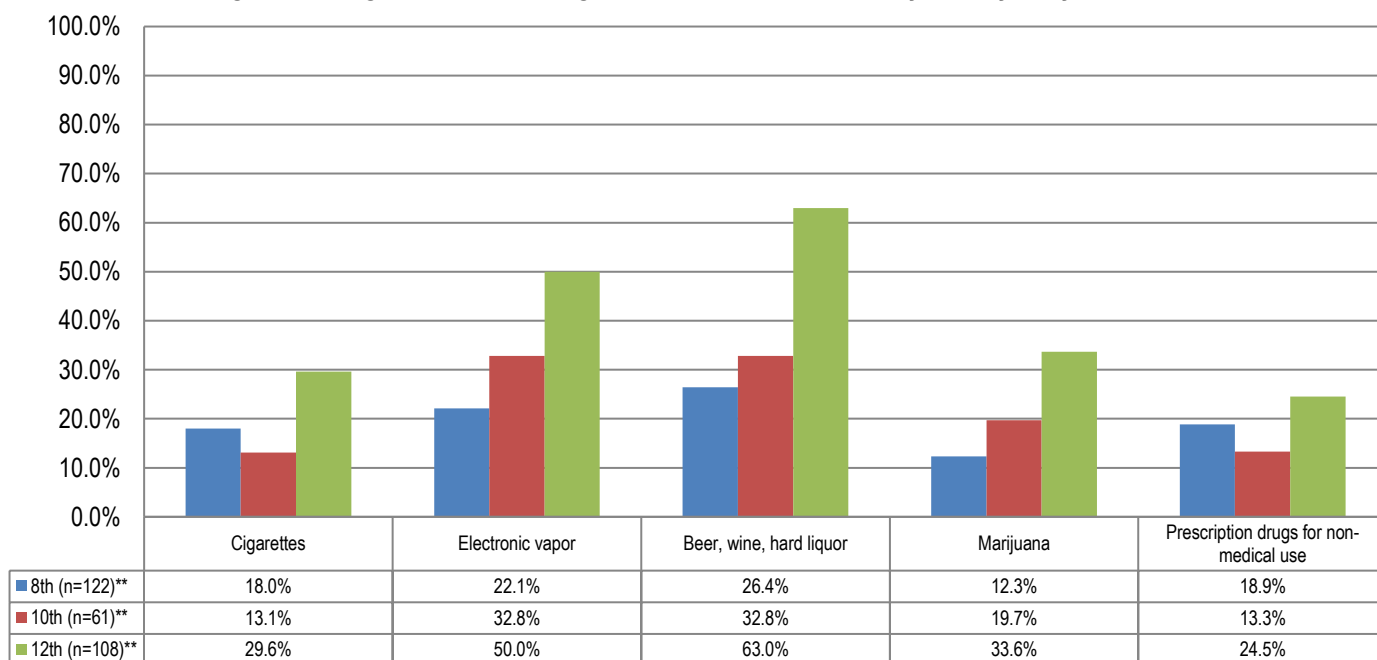
Note. \*Perception based on following question: "Now thinking about all the students in your grade at your school. How many of them do you think: <insert substance use behavior> during the past 30 days?" \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

**Percentage Reporting that the Following Substance Use Behaviors Place People at Great Risk\*, 2023**



Note. \*Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>." \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

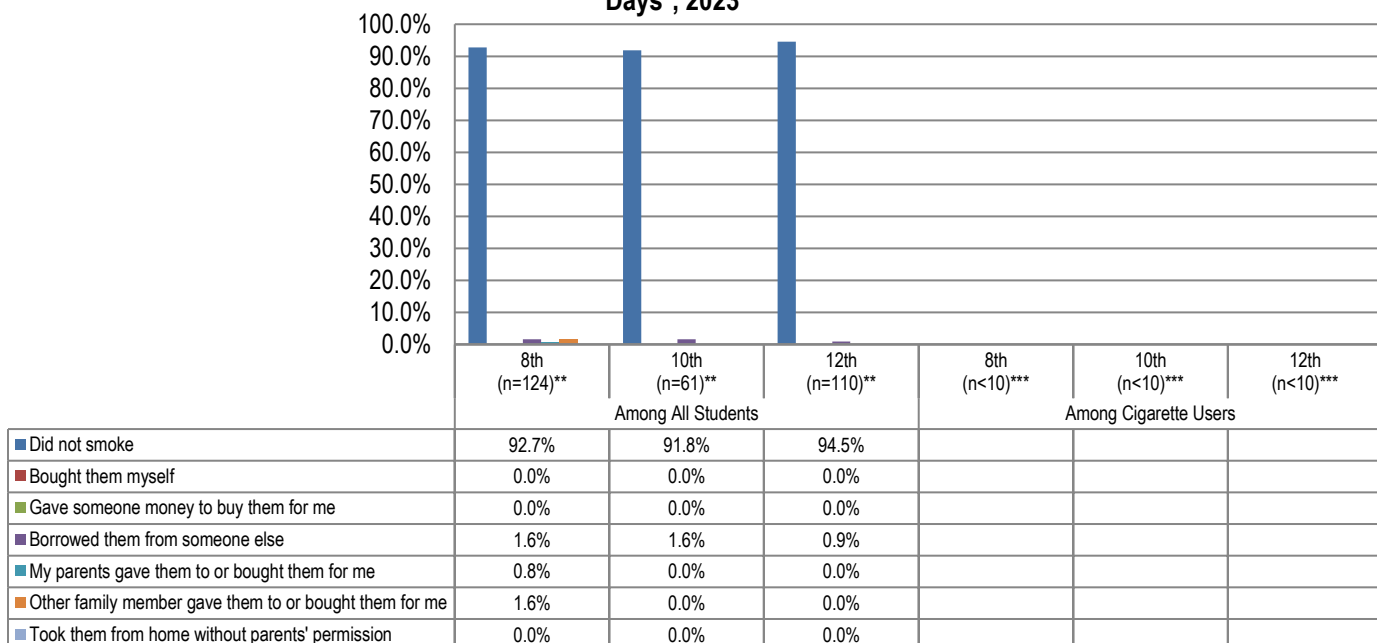
### Percentage Reporting that the Following Substances are Sort of Easy or Very Easy to Obtain\*, 2023



Note. \*Percentage who reported it is sort of or very easy to obtain each substances based on the following scale: Very hard, Sort of hard, Sort of easy, Very easy. Based on the question "If you wanted to, how easy would it be for you to get: <insert substance use behavior>." \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

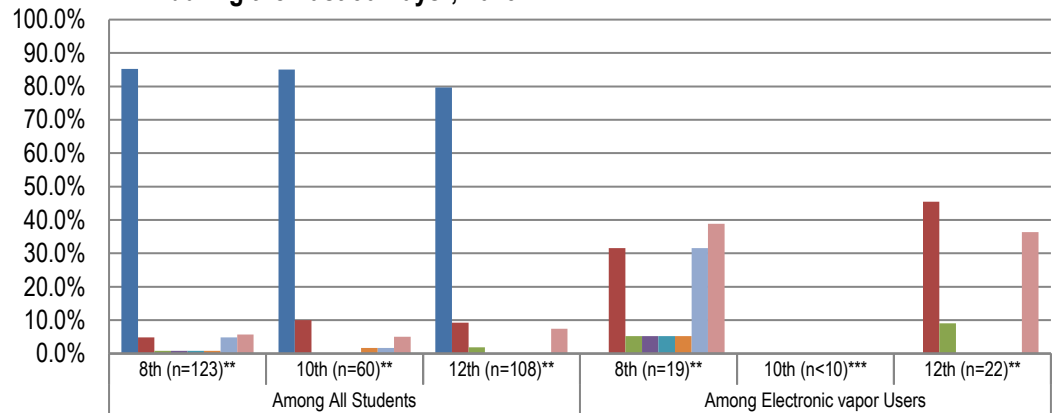
### Sources of Substances

#### Sources for Obtaining Cigarettes, AMONG Students who Reported Smoking during the Past 30 Days\*, 2023



Notes. \*Among past 30 day cigarette users, the percentage who reported obtaining cigarettes in each manner during the past 30 days. These scores may include students 18 and older. \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources. \*\*\*Not reporting due to the participation number is less than 10.

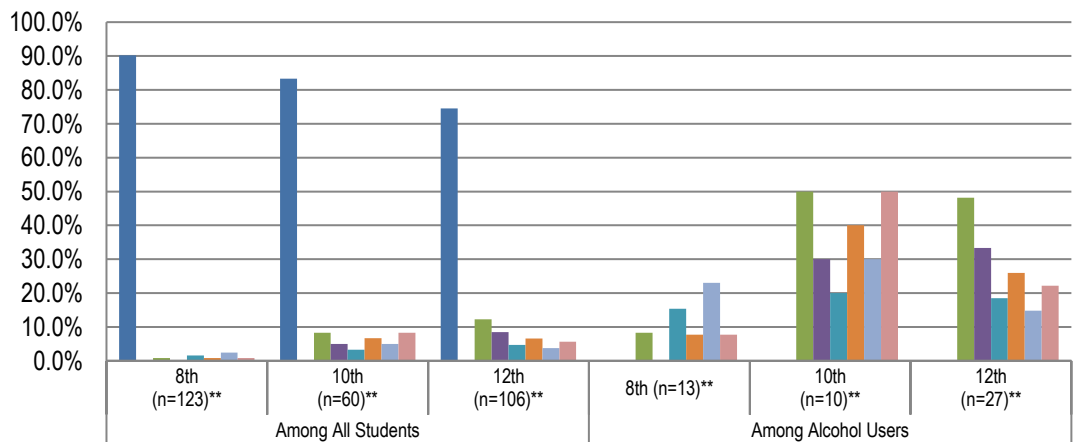
### Sources for Electronic Vapor, AMONG Students who Reported Using Electronic Vapor Products during the Past 30 Days\*, 2023



	Among All Students			Among Electronic vapor Users		
Did not vape	85.2%	85.0%	79.6%			
Bought them from a friend or family member	4.9%	10.0%	9.3%	31.6%		45.5%
Bought them in a vape shop or tobacco shop	0.8%	0.0%	1.9%	5.3%		9.1%
Bought them in a store, supermarket, or gas station	0.8%	0.0%	0.0%	5.3%		0.0%
Bought them at a mall or shopping center kiosk or stand	0.8%	0.0%	0.0%	5.3%		0.0%
Bought them off the internet	0.8%	1.7%	0.0%	5.3%		0.0%
Bought them from another person	4.9%	1.7%	0.0%	31.6%		0.0%
Bought them in some other way	5.7%	5.0%	7.4%	38.9%		36.4%

Notes. \*Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner during the past 30 days. \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources. \*\*\*Not reporting due to the participation number is less than 10.

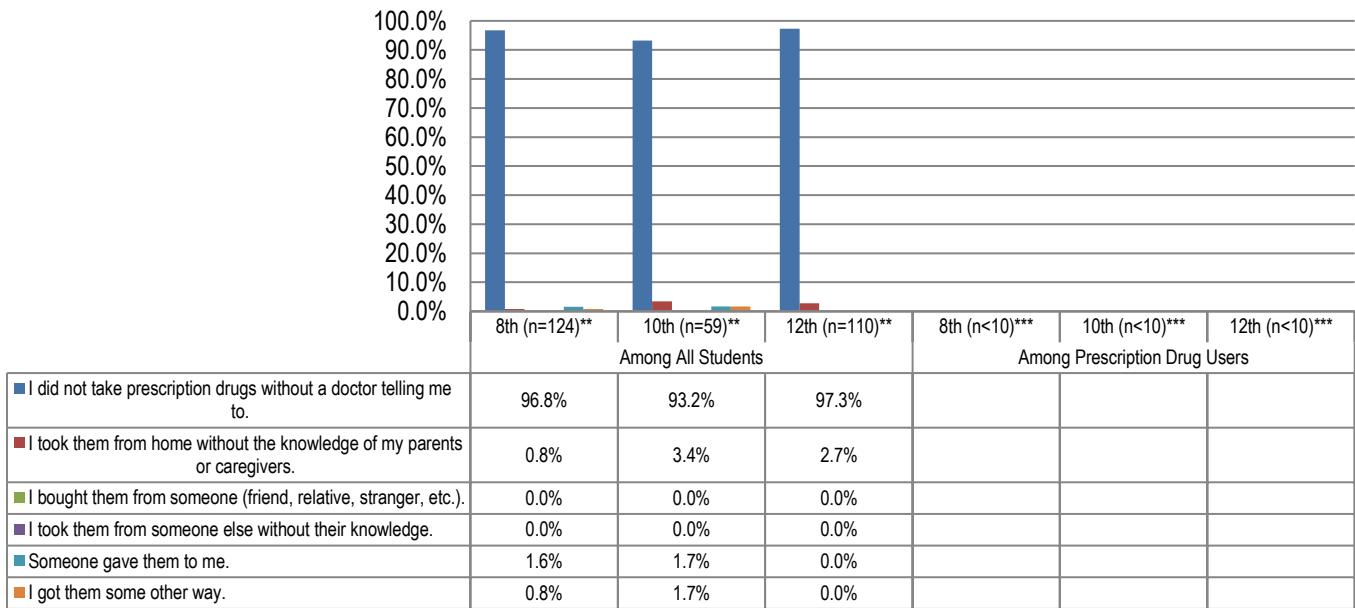
### Sources for Obtaining Alcohol, AMONG Students who Reported Drinking during the Past 30 Days\*, 2023



	Among All Students			Among Alcohol Users		
Did not drink	90.2%	83.3%	74.5%			
Bought in store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Got it at a party	0.8%	8.3%	12.3%	8.3%	50.0%	48.1%
Gave someone money to buy it for me	0.0%	5.0%	8.5%	0.0%	30.0%	33.3%
Parents gave or bought it for me	1.6%	3.3%	4.7%	15.4%	20.0%	18.5%
Other family member gave or bought it for me	0.8%	6.7%	6.6%	7.7%	40.0%	25.9%
Took it from home without my parents' permission	2.4%	5.0%	3.8%	23.1%	30.0%	14.8%
Took it from friend's house	0.8%	8.3%	5.7%	7.7%	50.0%	22.2%

Notes. \*Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner during the past 30 days. \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.

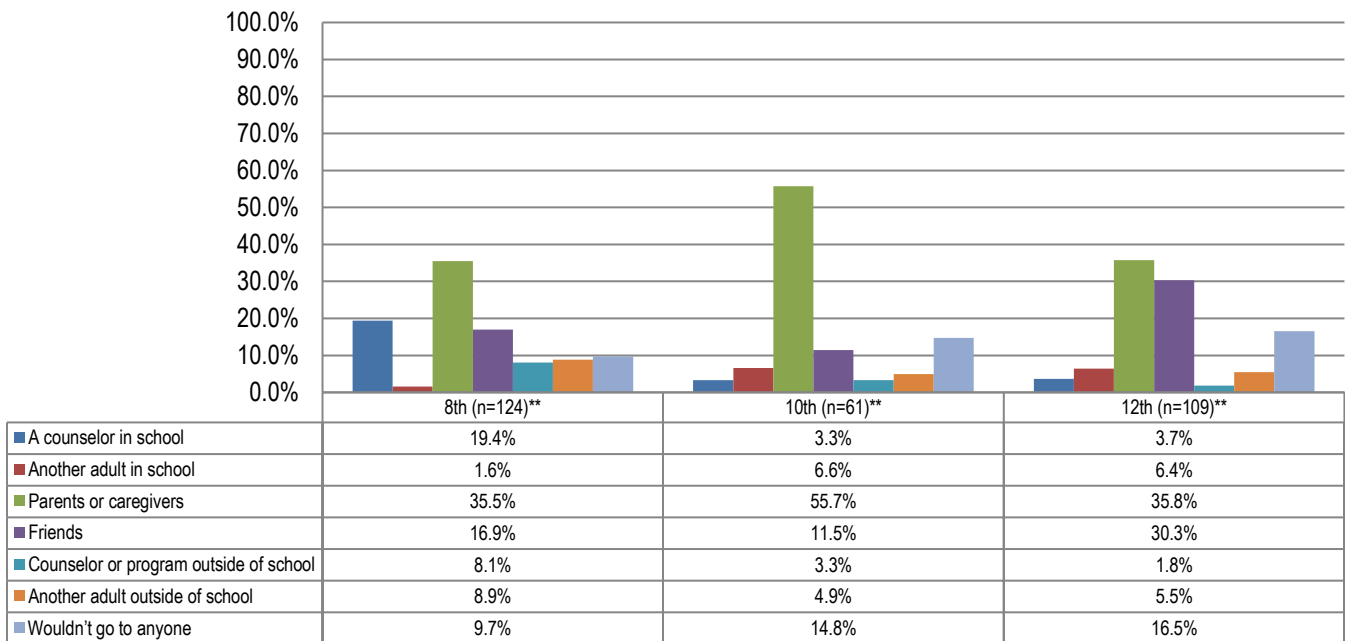
### Sources for Obtaining Prescription Drugs, AMONG Students who Reported Taking Prescription Drugs during the Past 30 Days\*, 2023



Notes. \*Among past 30 day prescription drug users, the percentage who reported obtaining prescription drugs in each manner during the past 30 days. \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources. \*\*\*Not reporting due to the participation number is less than 10.

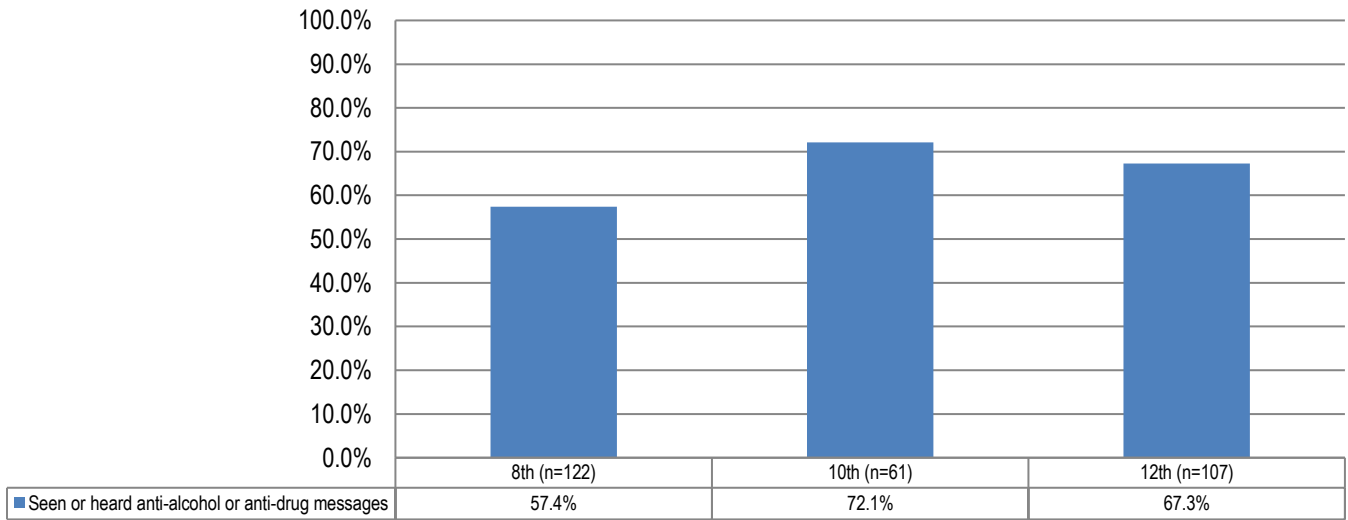
### Other Substance-Related Topics

### First Person to go to for Drug or Alcohol Problem\*, 2023



Notes. \*Based on the question "If you had a drug or alcohol problem and needed help, who is the first person you would go to?" \*\*The n-size displayed is the same given that asking who for help is asked as one question.

**Percentage Reporting Seeing or Hearing Anti-Alcohol or Anti-Drug Messages during the Past 12 Months\*, 2023**

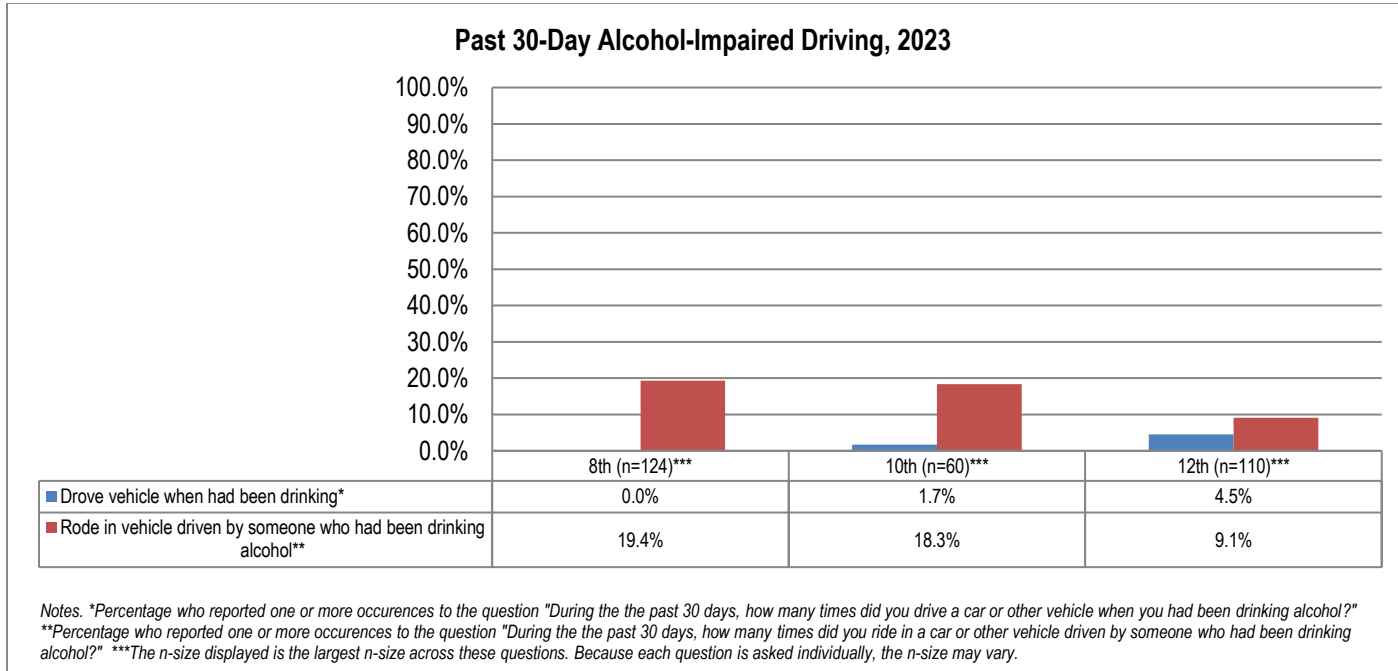


Notes. \*Percentage who reported "Yes" to the question "In the past 12 months, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?"

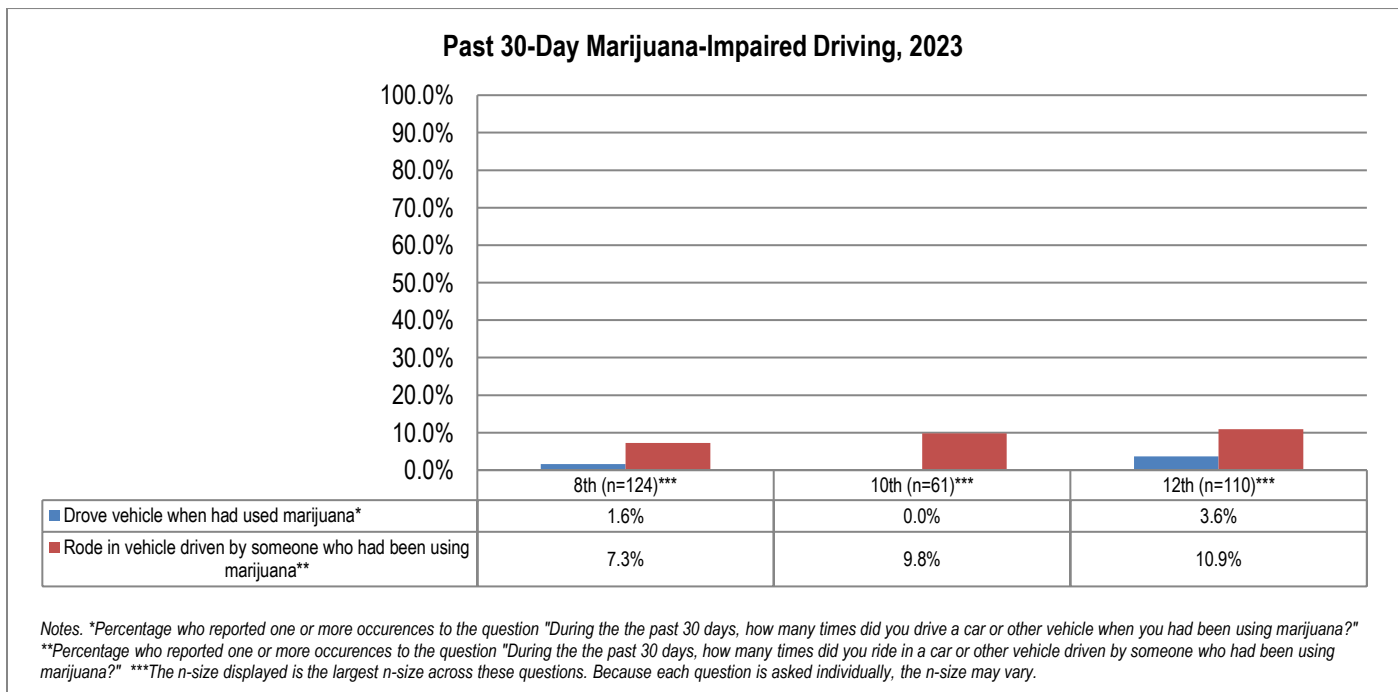
## Transportation Safety

This section contains information on transportation safety relating to alcohol-impaired and distracted driving among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Beatrice Public Schools.

### Past 30 Day Alcohol-Impaired Driving

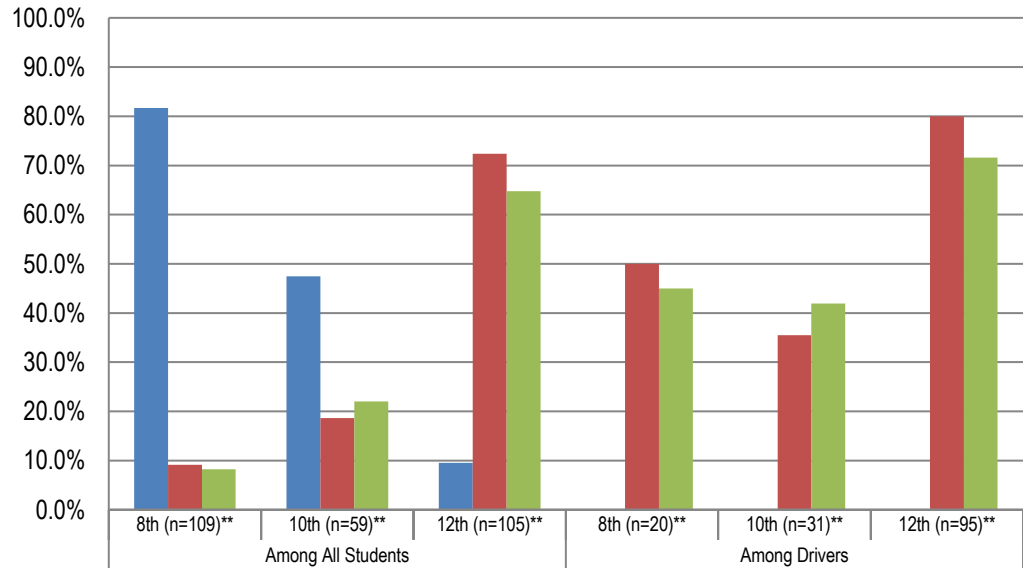


### Past 30 Day Marijuana-Impaired Driving



## Past 30 Day Distracted Driving

Past 30-Day Distracted Driving, AMONG Students who Reported Driving during the Past 30 Days, 2023



■ Did not drive	81.7%	47.5%	9.5%			
■ Talked on a cell phone while driving*	9.2%	18.6%	72.4%	50.0%	35.5%	80.0%
■ Texted or used an app on a cell phone while driving^	8.3%	22.0%	64.8%	45.0%	41.9%	71.6%

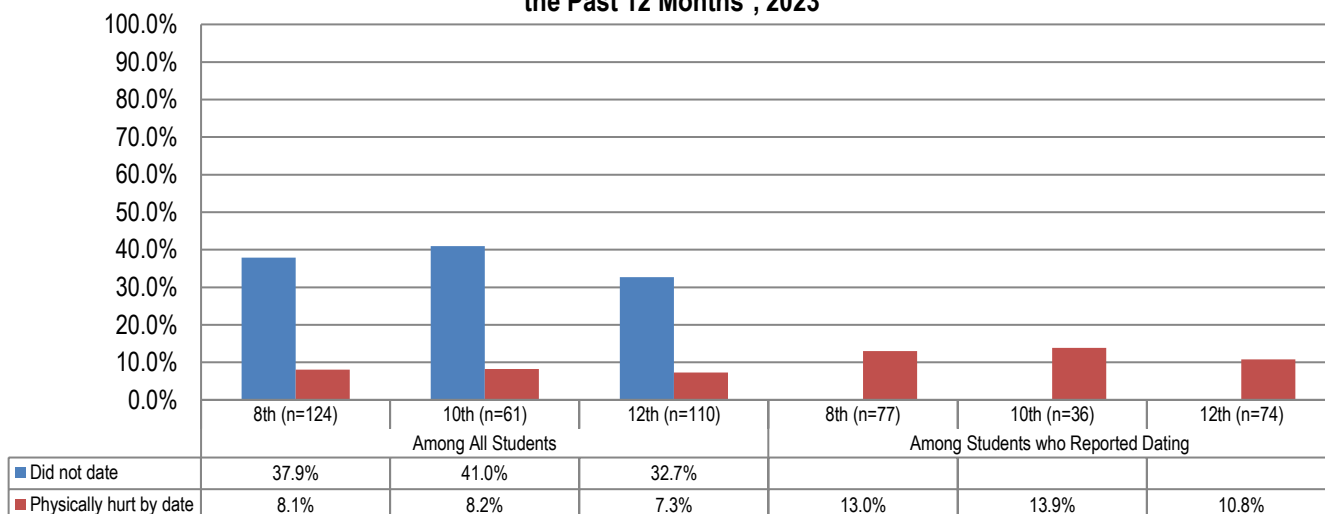
Notes. \*Percentage who reported talking on a cell phone while driving a car or other vehicle in the past 30 days. ^Percentage who reported one or more occurrences of texting or using an app on a cell phone while driving a car or other vehicle. \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

## Violence, Bullying, and Mental Health

This section contains information on dating violence, bullying, anxiety, depression, suicide, and attitudes toward the future among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Beatrice Public Schools.

### Dating Violence during the Past 12 Months

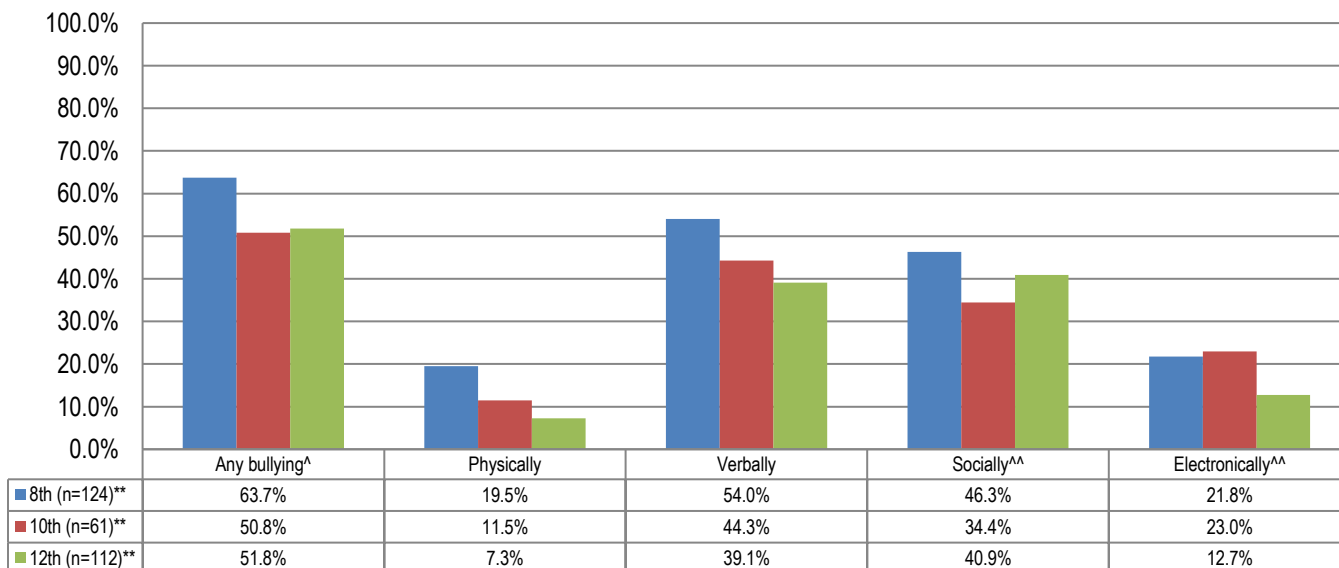
**Percentage Reporting Physical Dating Violence, AMONG Students who Reported Dating during the Past 12 Months\*, 2023**



Notes: \*Percentage who reported being physically hurt on purpose one or more times by someone they were dating or going out with during the past 12 months.

### Bullying during the Past 12 Months

**Percentage that were Bullied during the Past 12 Months, by Type of Bullying\*, 2023**

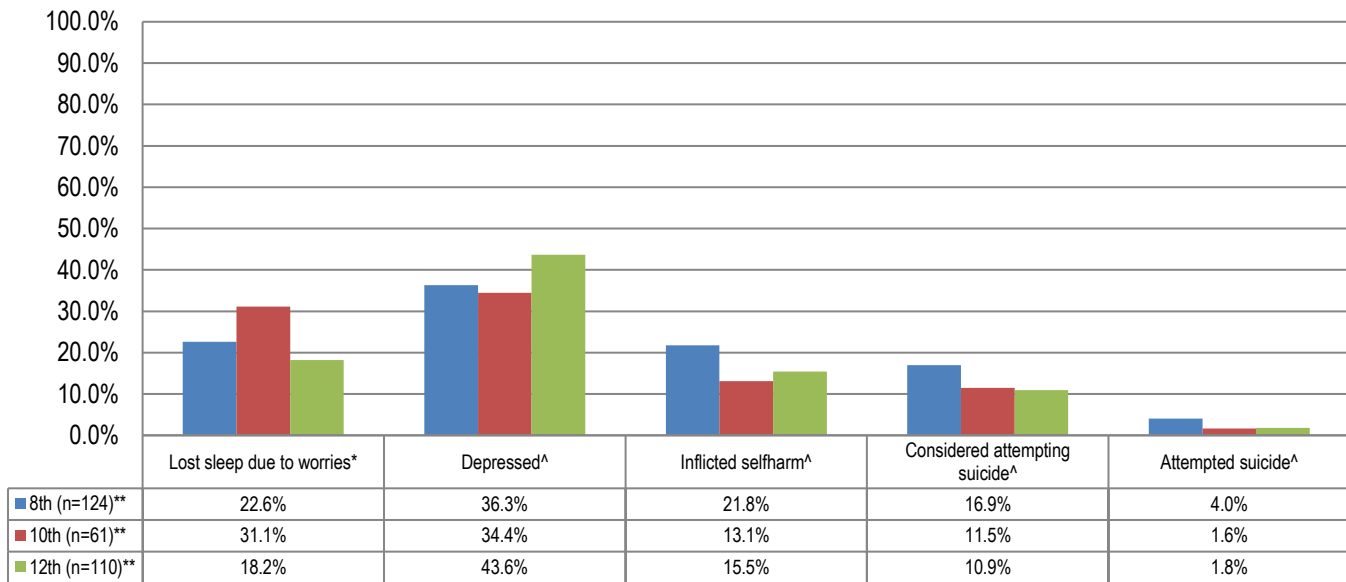


Note: \*Percentage who reported one or more occurrences of each type of bullying. <sup>^</sup>Percentage of students who reported one or more occurrences of one or more of these types of bullying. \*\*The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary. <sup>^^</sup>Examples of being bullied socially can be being excluded from a group or having gossip or rumors spread about the student; examples of being bullied electronically can be being threatened or embarrassed through e-mail, text messages, or social media.



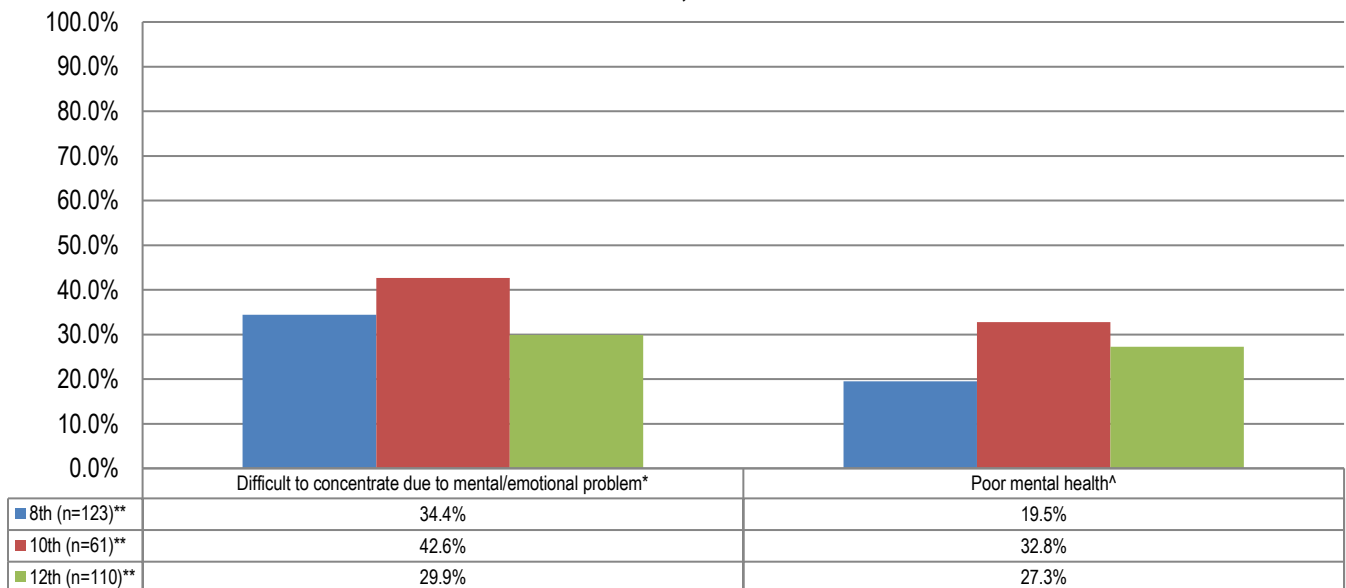
## Anxiety, Depression, and Suicide during the Past 12 Months

### Percentage Reporting Anxiety, Depression, and Suicide during the Past 12 Months, 2023



Notes. \*Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. ^Percentage who reported "Yes" to the question "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" ; the question "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?", the question "During the past 12 months, did you ever seriously consider attempting suicide?", and the question "During the past 12 months, did you actually attempt suicide?". \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary.

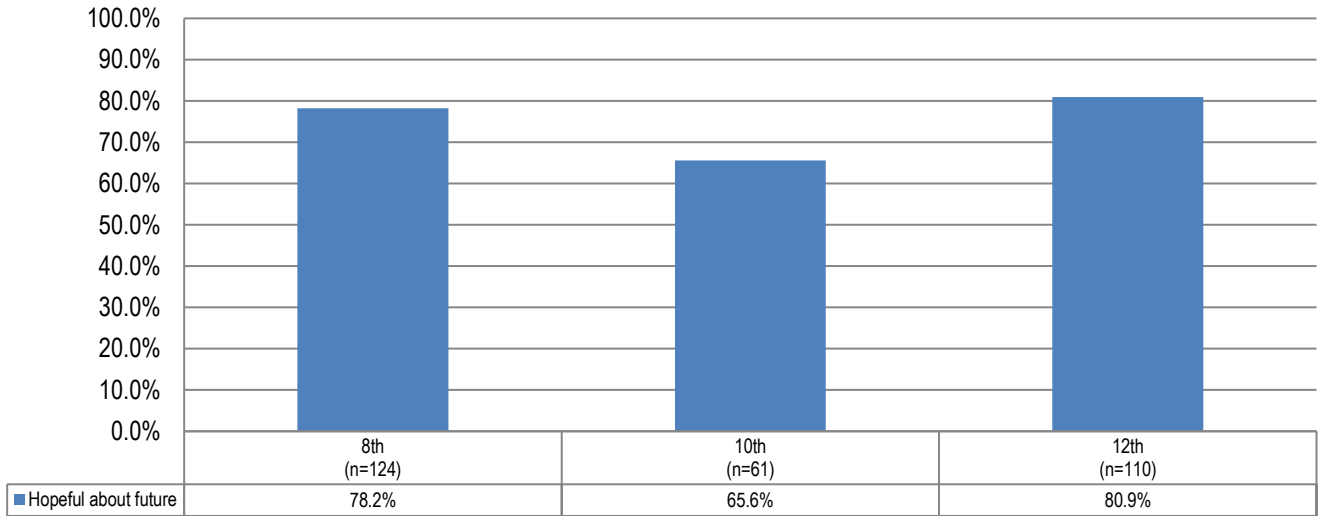
### Percentage Reporting Difficult to Concentrate, and Poor Mental Health during the Past 12 Months, 2023



Notes. \*Percentage who reported "Yes" to the question "Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?" ^Percentage who reported "Most of the time" or "Always" to the question "During the PAST 30 DAYS, how often was your mental health not good? (Poor mental health include stress, anxiety, and depression.)". \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary.

Attitudes toward the Future

Percentage Reporting they were Hopeful About the Future during the Past Week\*, 2023



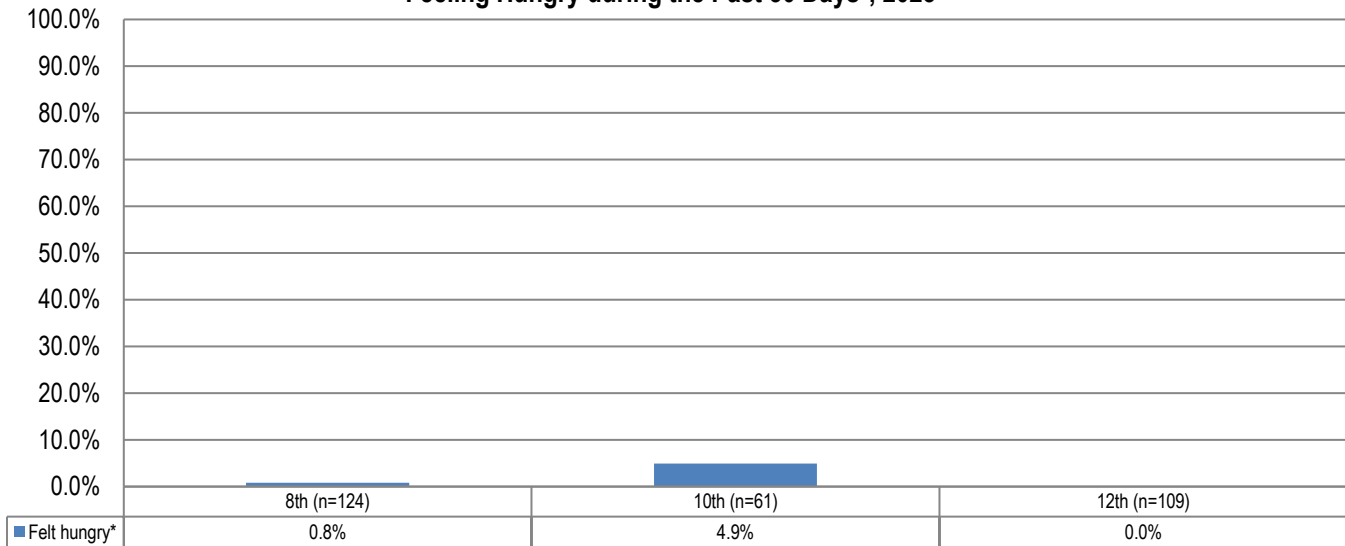
Notes. \*Percentage who reported they "Agree" or "Strongly agree" to the question "In the past week, I have felt hopeful about the future." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

## Nutrition and Physical Activity

This section contains information on food security, eating habits, physical activity, and sleep habits among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Beatrice Public Schools.

### Hunger

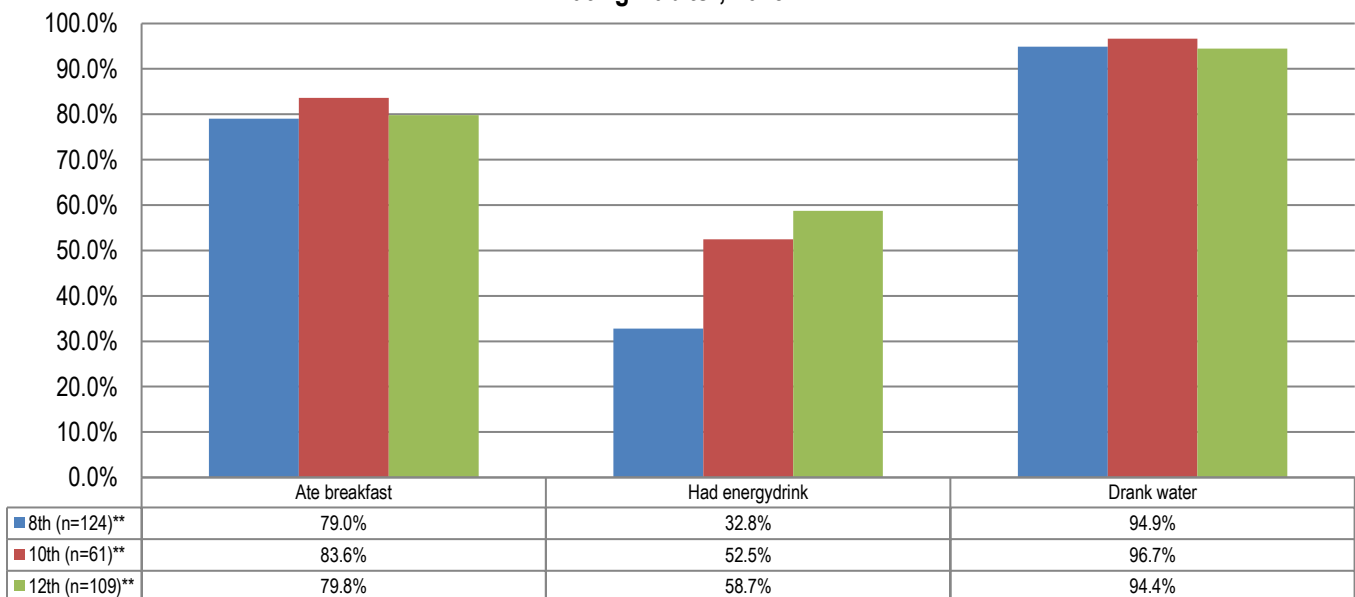
Feeling Hungry during the Past 30 Days\*, 2023



Notes. \*Percentage who reported "Most of the time" or "Always" to the question "During the PAST 30 DAYS, how often did you go hungry because there was not enough food in your home?"

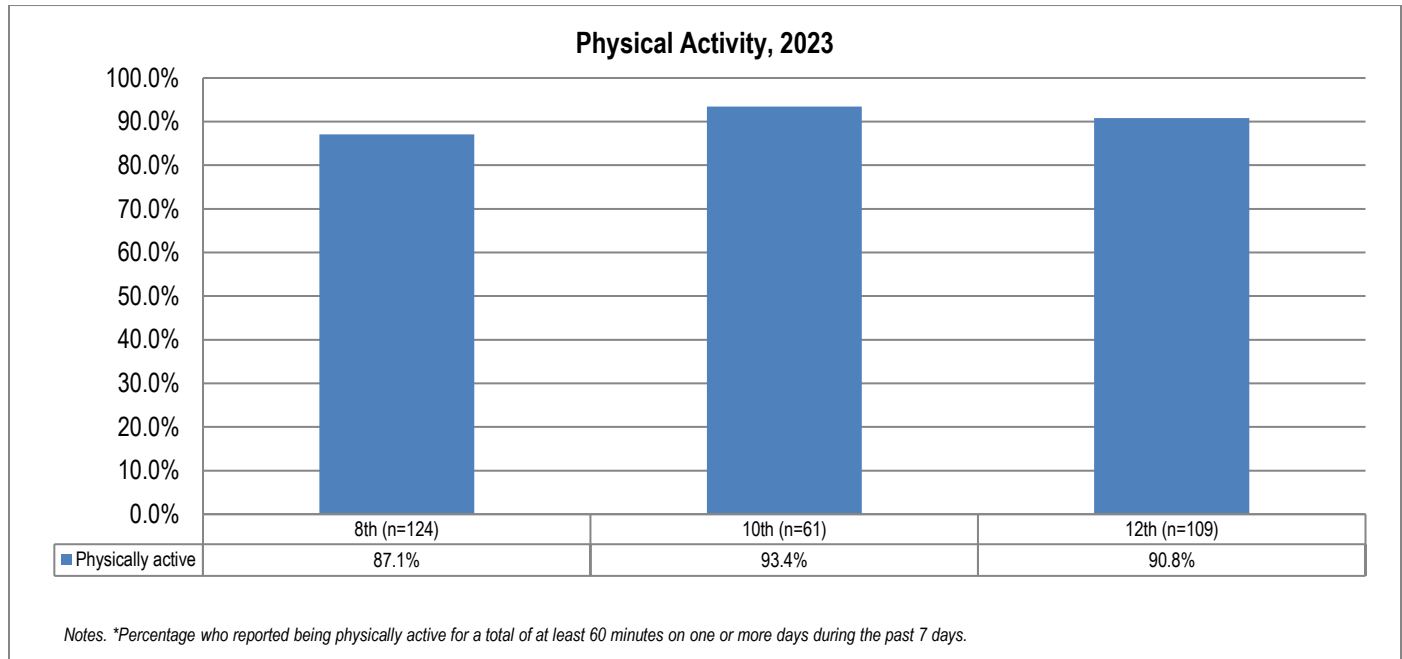
### Eating Habits

Eating Habits\*, 2023

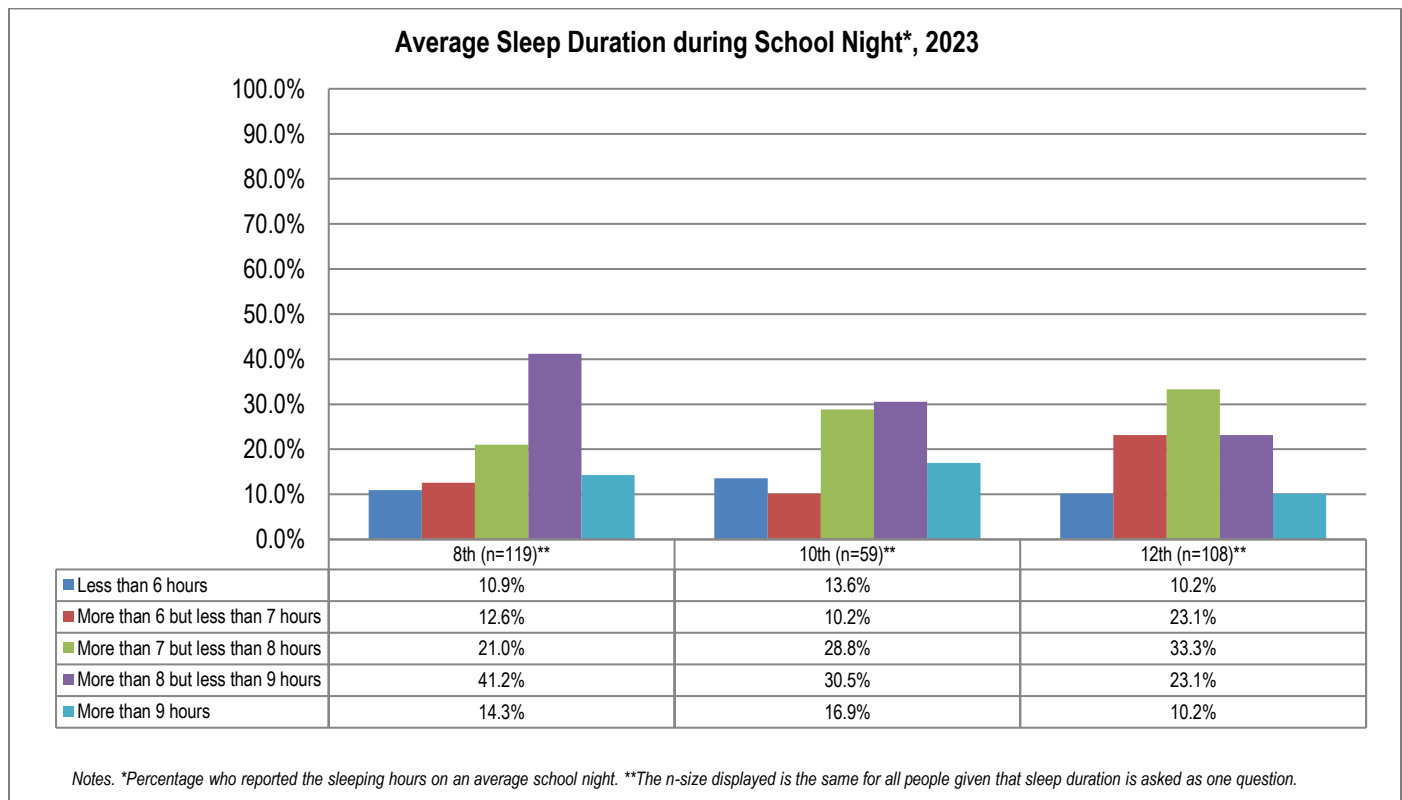


Notes. \*Percentage who reported consuming the named drink or food one or more times during the past 7 days. \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary.

## Physical Activity



## Sleep Habits

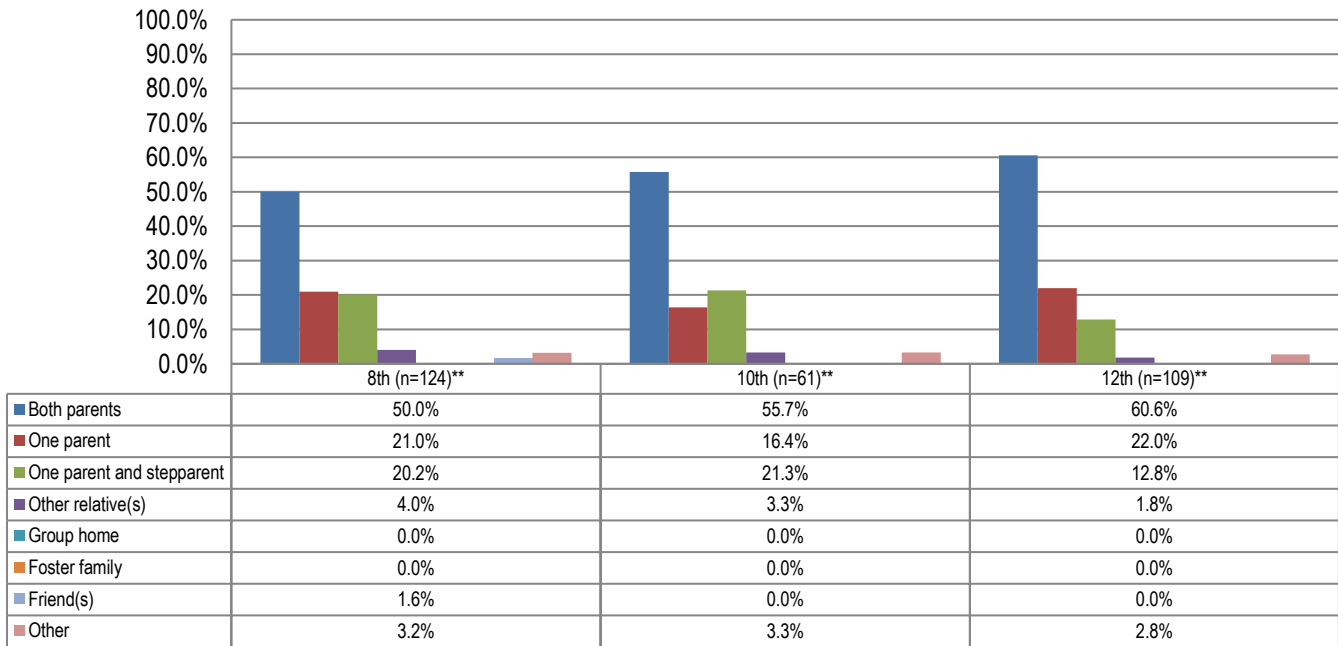


## Feelings and Experiences at Home, School, and in the Community

This section contains information on feelings and experiences with family, at school, and in the community for 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Beatrice Public Schools.

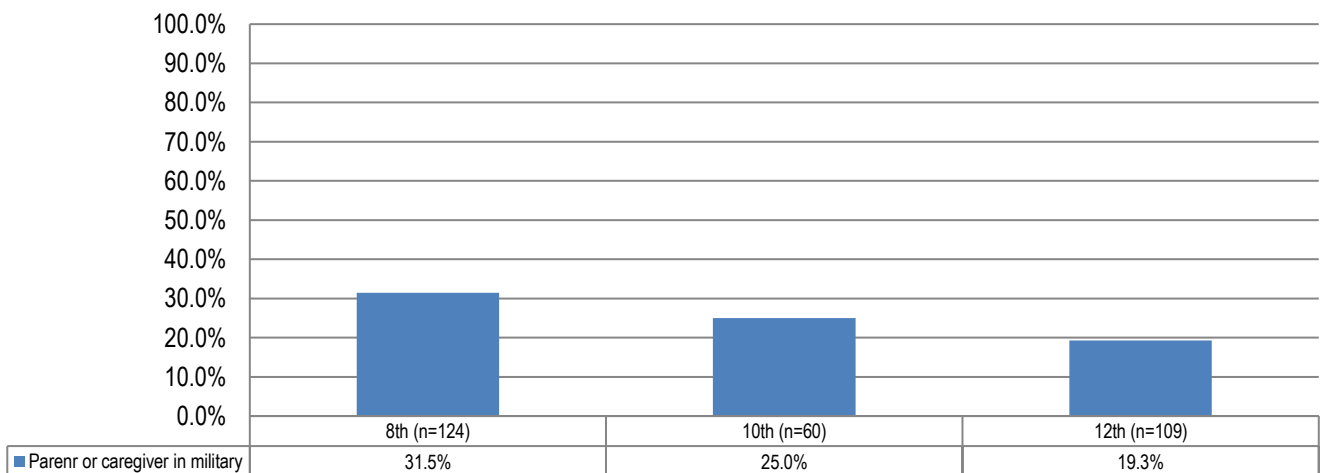
### Feelings and Experiences with Family

Percentage Reporting Living with the Following People\*, 2023



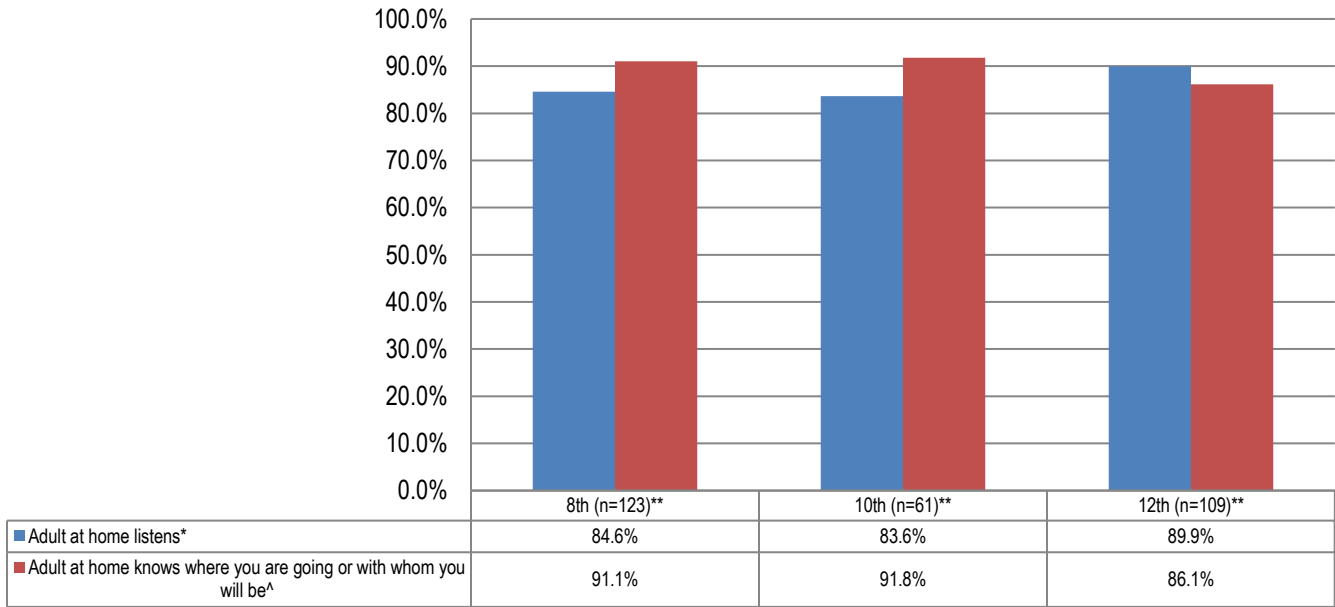
Notes. \*Based on the question "Do you live with:". \*\*The n-size displayed is the same for all people given that who they live with is asked as one question.

Percentage Reporting Parent or Caregiver in the Military\*, 2023



Notes. \*Percentage who reported "Yes" to the question "During any time in your life, have any of your parents or caregivers served in the military?"

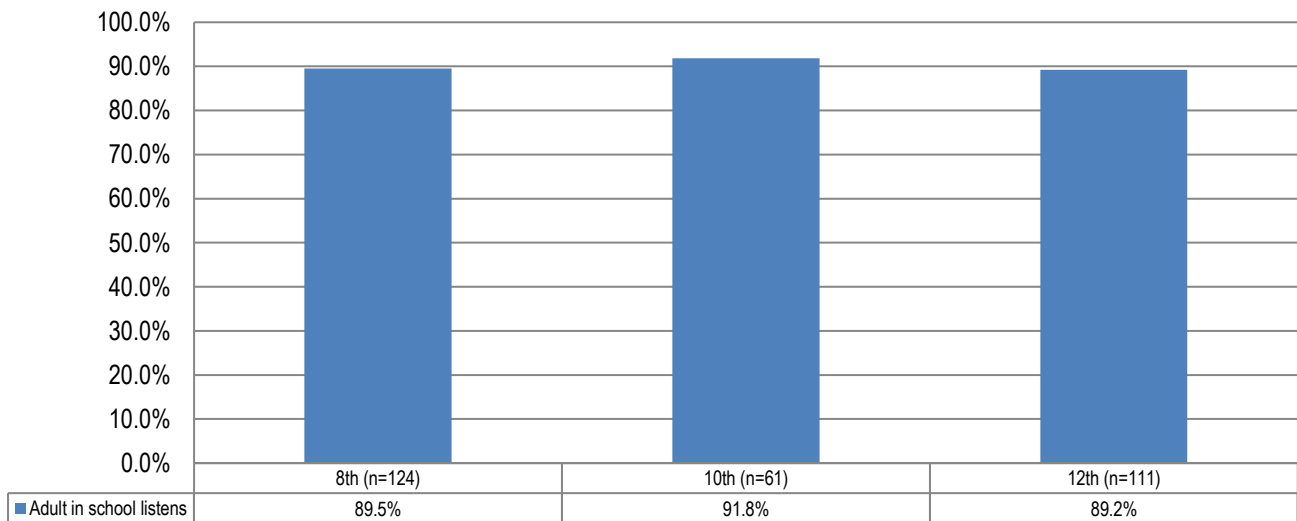
### Percentage Reporting Adult at Home Who Listens, and Know Where They Are Going, 2023



Notes. \*Percentage who reported they "Agree" or "Strongly agree" to the statement "In my home, there is an adult who listens to me when I have something to say." based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree. ^Percentage who reported "Always" or "Most of the time" to the question "How often do your parents or other adults in your family know where you are going or with whom you will be?" based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary.

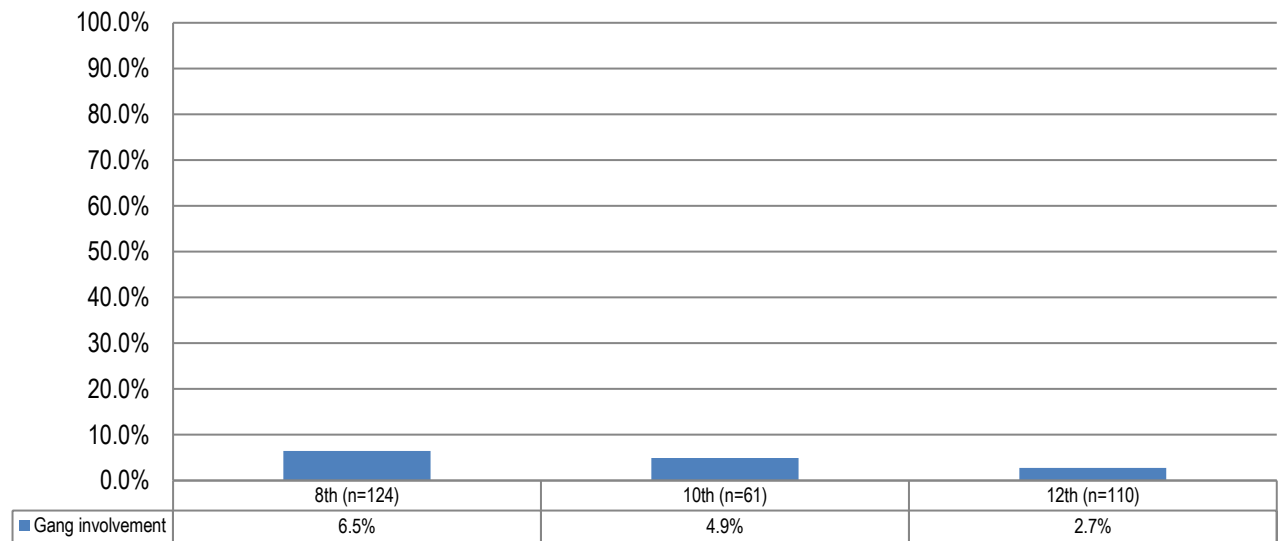
### Feelings and Experiences at School and in the Community

#### Percentage Reporting Adult in School who Listens\*, 2023



Notes. \*Percentage who reported they "Agree" or "Strongly agree" to the statement "In my school, there is an adult (such as a counselor, teacher, or coach) who listens to me when I have something to say." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

Percentage Reporting Gang Involvement\*, 2023



Notes. \*Percentage who reported "Yes" to the question "Do you belong to a gang?"

## Tips for Using the NRPFSS Results

As an educator in your community, you play an important role in prevention by teaching skills, imparting knowledge, and in helping to establish a strong foundation of character and values based on wellness, including prevention of substance use, suicide, and other risky behaviors. Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to promoting physical health and overall wellness.

There are a variety of strategies (or interventions) that can be used to increase protective factors and reduce the impact of risk factors. Prevention in schools is often completed through educational programs and school policies and procedures that contribute to the achievement of broader health goals and prevent problem behavior.

Prevention strategies typically fall into six categories:

- **Alternative**
  - This strategy provides for the participation of the target populations in activities that exclude alcohol and drug use through the provision of constructive and healthy activities.
    - Examples of methods used for alternative strategies include the following:
      - Drug-free Social and Recreational Activities (e.g. Dances or Parties)
      - Youth and Adult Leadership Activities
      - Community Drop-in Centers
      - Community Service Activities
      - Mentoring Programs
- **Community-Based**
  - This strategy aims to enhance the ability of the community to more effectively provide substance abuse prevention services. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions and networking.
    - Examples of methods used for this strategy include the following:
      - Community and Volunteer Training (i.e. neighborhood action training, training of key people in the system)
      - Systematic Planning
      - Multi-Agency Coordination and Collaboration (i.e. leveraging resources, developing strategic partnerships)
      - Accessing Service and Funding
      - Community Team-Building
- **Education**
  - This strategy provides information and activities aimed to affect critical life and social skills, including decision-making, refusal skills and critical analysis. Prevention education is characterized by two-way communication based on an interaction between the educator and the participants.
  - Examples of methods used for this strategy include the following:
    - Classroom and Small Group Sessions
    - Parenting and Family Management Classes
    - Peer Leader and Peer Helper Programs
    - Education Programs for Youth Groups
    - Groups for Children of Substance Abusers



- **Environmental**

- This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and prevalence of drug misuse in the general population.
  - Examples of methods used for this strategy include the following:
    - The Establishment and Review of Drug Policies in Schools
    - Technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs.
    - The review and modification of alcohol and tobacco advertising practices
    - Product pricing strategies

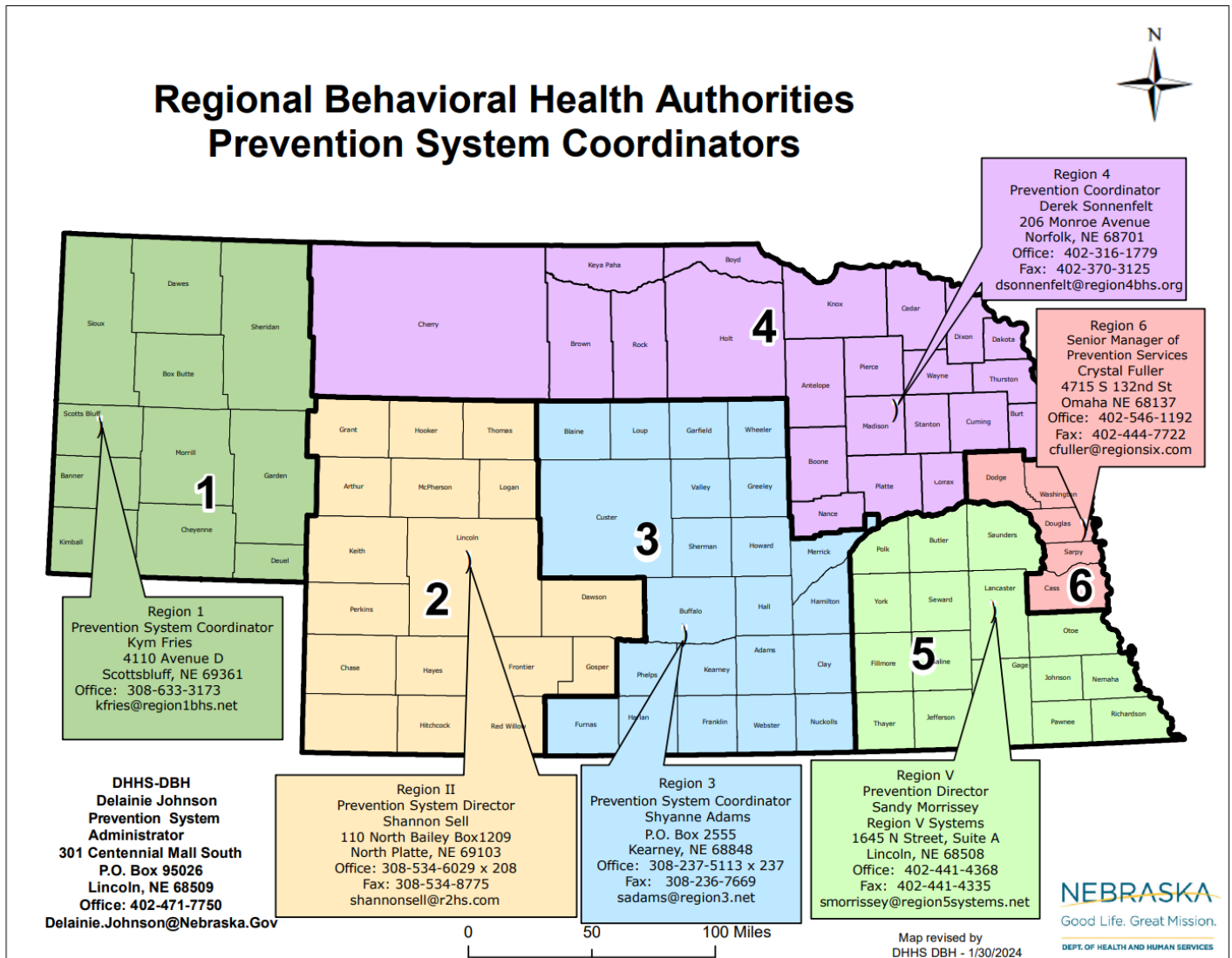
- **Information Dissemination**

- This strategy provides information about the nature of drug use, misuse, addiction and the effects on individuals, families and communities. It also provides information of available prevention programs and services. The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two.
  - Examples of methods used for this strategy include the following:
    - Clearinghouse and other information resource centers
    - Resource directories
    - Media campaigns
    - Brochures
    - Radio and Television Public Service Announcements
    - Speaking engagements
    - Health fairs

- **Problem Identification & Referral**

- This strategy aims to identify those who have misused substances in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment.
  - Examples of methods used for this strategy include the following:
    - Brief Screening/Intervention
    - Driving-while-intoxicated Education Programs
    - Employee Assistance Programs
    - Student Assistance Programs
    - Teen Courts

If you would like to implement strategies in your school or community, please contact your regional representative as shown on the map below.



You may also wish to do your own research. The following websites provide listings of evidence-based practices:

- **The Evidence-Based Practices Resource Center**
  - This is a searchable online evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions that are available for implementation.
  - **Website:** <https://www.samhsa.gov/ebp-resource-center>
- **Blueprints for Healthy Youth Development**
  - This searchable registry provides information about evidence-based programs that prevent or reduce the likelihood of antisocial behavior and promote a healthy course of youth development and adult maturity.
  - **Website:** <https://www.blueprintsprograms.org/>
- **The Suicide Prevention Resource Center**
  - This has a variety of suicide prevention resources available.
  - **Website:** <https://sprc.org/>

In accordance with LB923, public school staff in Nebraska are required to complete at least 1 hour of suicide awareness and prevention training each year. To learn more, visit the Nebraska Department of Education website at <https://www.education.ne.gov/Safety/index.html>. Resources on Bullying Prevention and Suicide Prevention are listed.

A variety of print materials on behavioral health topics including depression, trauma, anxiety, and suicide are available from the Substance Abuse and Mental Health Services Administration (SAMHSA). Materials include toolkits for school personnel, educational fact sheets for parents and caregivers, wallet cards and magnets with the National Suicide Prevention Lifeline. The direct link to the SAMHSA store is <https://store.samhsa.gov/>.

Another resource for kids, teens, and young adults is the **Boys Town National Hotline**, specifically the **Your Life Your Voice campaign**. Wallet cards and other promotional materials are available at no cost for distribution to students, school staff, parents, etc. <http://www.yourlifeyourvoice.org/Pages/home.aspx>. Remember, talking about suicide with a student does not put an idea of attempting suicide in a student's mind.

For information about Nebraska's implementation of the **988 Suicide and Crisis Lifeline** and other helpful resources, visit <https://dhhs.ne.gov/Pages/988-Suicide-and-Crisis-Lifeline.aspx>

Additional contacts for tips on data use and prevention resources can be found in Appendix B.

## APPENDIX A: Trend Data

Metric	Definition	8th Grade District-Level <sup>^^</sup>					8th Grade State-Level <sup>^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Substance Use Outcomes											
Lifetime Substance Use	Alcohol	26.3%	19.9%	26.6%	NA*	26.8%	18.4%	23.0%	28.4%	28.3%	27.0%
	Cigarettes	19.7%	9.6%	7.9%	NA*	11.4%	10.1%	7.6%	7.0%	5.8%	5.0%
	Electronic vapor product <sup>^^</sup>	NA**	10.3%	17.3%	NA*	18.5%	NA**	12.4%	17.7%	14.1%	10.9%
	Smokeless tobacco	8.5%	4.8%	2.9%	NA*	3.2%	3.7%	3.6%	3.4%	3.3%	2.0%
	Marijuana	9.3%	4.8%	6.5%	NA*	11.4%	5.8%	5.4%	6.0%	4.8%	4.5%
	LSD/other psychedelics	0.0%	0.7%	0.7%	NA*	1.6%	0.4%	0.4%	0.7%	0.5%	0.8%
	Cocaine/crack	1.3%	0.7%	0.7%	NA*	0.0%	0.5%	0.2%	0.3%	0.4%	0.2%
	Meth	0.0%	0.7%	0.7%	NA*	0.0%	0.3%	0.2%	0.2%	0.3%	0.4%
	Inhalants	4.0%	3.4%	11.5%	NA*	5.6%	4.3%	3.6%	4.6%	5.1%	4.5%
	Prescription drugs	4.0%	2.1%	2.9%	NA*	7.3%	1.7%	1.6%	2.3%	4.1%	2.8%
Past 30-Day Substance Use	Alcohol	7.2%	7.6%	10.1%	NA*	4.8%	4.4%	7.3%	9.8%	9.2%	8.6%
	Binge drinking	5.3%	0.7%	2.2%	NA*	0.8%	2.2%	1.0%	1.3%	1.5%	1.2%
	Alcohol with other substance	NA**	NA**	0.0%	NA*	0.0%	NA**	NA**	12.6%	9.2%	11.2%
	Cigarettes	6.0%	3.4%	1.4%	NA*	0.8%	2.9%	2.3%	2.0%	1.2%	1.0%
	Electronic vapor product <sup>^^</sup>	NA**	5.5%	9.4%	NA*	7.3%	NA**	6.0%	10.4%	6.9%	5.4%
	Smokeless tobacco	3.9%	2.7%	3.6%	NA*	0.8%	2.1%	1.9%	2.4%	1.5%	1.0%
	Marijuana	4.6%	2.1%	2.2%	NA*	4.8%	2.3%	2.8%	3.0%	2.2%	1.9%
	Prescription drugs	1.3%	0.0%	1.5%	NA*	0.8%	0.6%	0.5%	1.0%	1.7%	1.1%
Past 30-Day Impaired Driving	Drove a car under the influence of alcohol	0.7%	2.1%	0.7%	NA*	0.0%	0.4%	1.0%	0.9%	1.0%	1.0%
	Rode in a car driven by someone under the influence of alcohol	18.7%	14.4%	13.7%	NA*	19.4%	13.3%	14.0%	16.1%	17.6%	16.9%
	Drove a car under the influence of Marijuana	NA**	NA**	NA**	NA*	1.6%	NA**	NA**	NA**	0.9%	0.7%
	Rode in a car driven by someone under the influence of Marijuana	NA**	NA**	NA**	NA*	7.3%	NA**	NA**	NA**	4.9%	4.1%

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Metric	Definition	8th Grade District-Level <sup>^^^</sup>					8th Grade State-Level <sup>^^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Mental Health Outcomes											
Past 12 Months Mental Health	Lost Sleep	NA <sup>**</sup>	16.9%	25.9%	NA <sup>*</sup>	22.6%	NA <sup>**</sup>	16.1%	18.0%	21.4%	19.9%
	Depressed	NA <sup>**</sup>	26.4%	36.2%	NA <sup>*</sup>	36.3%	NA <sup>**</sup>	28.4%	31.1%	36.1%	32.5%
	Inflicted self-harm	NA <sup>**</sup>	12.6%	18.0%	NA <sup>*</sup>	21.8%	NA <sup>**</sup>	12.2%	13.6%	17.0%	14.7%
	Considered attempting suicide	NA <sup>**</sup>	13.4%	17.3%	NA <sup>*</sup>	16.9%	NA <sup>**</sup>	13.9%	16.1%	16.1%	14.3%
	Attempted suicide	NA <sup>**</sup>	6.3%	4.3%	NA <sup>*</sup>	4.0%	NA <sup>**</sup>	3.6%	3.9%	4.4%	3.8%
	Difficult to concentrate	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>*</sup>	34.4%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	33.5%
Behavioral Health Risk Factors											
Age of First Use (12 or Younger)	Smoked cigarettes	14.7%	8.3%	4.3%	NA <sup>*</sup>	9.7%	6.7%	5.3%	5.0%	5.7%	4.2%
	Electronic vapor product <sup>^^</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>*</sup>	13.7%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	6.2%
	Drank alcohol	16.8%	16.9%	19.7%	NA <sup>*</sup>	20.3%	14.2%	15.1%	17.5%	18.3%	15.5%
	Smoked Marijuana	4.7%	1.4%	3.6%	NA <sup>*</sup>	7.4%	2.4%	2.2%	2.2%	1.9%	2.2%
Perception of Peer's Past 30-Day Substance Use	Smoked cigarettes	18.2%	10.3%	11.3%	NA <sup>*</sup>	9.6%	9.8%	7.6%	7.4%	11.6%	6.9%
	Used electronic vapor product <sup>^^</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>*</sup>	20.0%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	16.4%
	Drank alcohol	18.1%	10.1%	13.9%	NA <sup>*</sup>	12.7%	10.0%	9.1%	9.8%	13.7%	11.8%
	Used Marijuana	13.8%	9.2%	10.3%	NA <sup>*</sup>	6.8%	9.0%	8.0%	7.1%	8.7%	6.0%
Experienced bullying in past 12 months	Physically	NA <sup>**</sup>	28.8%	24.6%	NA <sup>*</sup>	19.5%	NA <sup>**</sup>	27.8%	26.8%	27.5%	26.2%
	Verbally	NA <sup>**</sup>	49.0%	55.4%	NA <sup>*</sup>	54.0%	NA <sup>**</sup>	55.7%	52.8%	51.3%	53.4%
	Socially	NA <sup>**</sup>	46.2%	41.7%	NA <sup>*</sup>	46.3%	NA <sup>**</sup>	47.0%	45.3%	43.4%	44.2%
	Electronically	26.1%	24.0%	23.7%	NA <sup>*</sup>	21.8%	21.0%	22.2%	20.0%	22.5%	21.0%
Sort of Easy or Very Easy to Obtain Substance	Alcohol	43.7%	35.5%	39.1%	NA <sup>*</sup>	26.4%	31.1%	31.5%	34.1%	31.6%	31.7%
	Marijuana	22.7%	16.4%	15.4%	NA <sup>*</sup>	12.3%	14.1%	13.3%	13.5%	9.5%	8.2%
	Prescription drugs	26.8%	17.7%	29.2%	NA <sup>*</sup>	18.9%	18.0%	17.6%	20.3%	16.9%	16.0%
	Cigarettes	39.6%	24.6%	NA <sup>**</sup>	NA <sup>*</sup>	18.0%	22.9%	21.5%	NA <sup>**</sup>	NA <sup>**</sup>	16.0%
	Electronic vapor products <sup>^^</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>*</sup>	22.1%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	20.3%

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Metric	Definition	8th Grade District-Level <sup>^^</sup>					8th Grade State-Level <sup>^^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Behavioral Health Protective Factors											
Experiences at School	Grades were A's and B's	68.6%	73.6%	70.5%	NA*	82.1%	83.0%	83.1%	82.5%	81.5%	81.3%
	Felt safe	86.0%	88.7%	84.2%	NA*	83.9%	89.5%	89.2%	88.9%	88.6%	87.2%
Experiences with Families	Help for personal problems^	84.1%	89.6%	80.3%	NA*	82.1%	84.3%	86.2%	83.9%	85.2%	81.0%
	Discussed dangers of alcohol	51.7%	42.0%	44.9%	NA*	27.9%	54.0%	45.3%	46.6%	41.1%	37.9%
	Discussed dangers of electronic vapor products^^	NA**	NA**	NA**	NA*	33.3%	NA**	NA**	NA**	NA**	40.4%
Very wrong for person your age to:	Smoke cigarettes	93.3%	97.2%	97.1%	NA*	95.0%	94.6%	94.6%	94.7%	94.4%	95.9%
	Use smokeless tobacco	95.3%	96.5%	95.7%	NA*	97.6%	95.0%	93.9%	94.2%	94.2%	95.5%
	Use electronic vapor product^^	NA**	NA**	NA**	NA*	91.9%	NA**	NA**	NA**	NA**	93.1%
	Drink alcohol	91.3%	92.4%	86.3%	NA*	86.2%	92.9%	88.0%	85.9%	85.8%	85.6%
	Use Marijuana	91.9%	95.1%	95.7%	NA*	89.5%	92.2%	90.9%	91.6%	93.1%	94.7%
	Misuse prescription drugs	99.3%	98.6%	97.1%	NA*	94.3%	96.5%	95.4%	95.4%	94.4%	94.5%
	Use other illegal substances	97.3%	99.3%	100.0%	NA*	96.8%	98.3%	98.3%	98.4%	98.6%	98.6%
Recall of Prevention Advertisement	Saw or Heard Anti-Alcohol or Anti-Substance Media in the Past 12 Months	NA**	76.9%	70.7%	NA*	57.4%	NA**	76.4%	72.3%	66.8%	60.5%
Perceived Great Risk of Harm From:	Smoking 1 or more packs of cigarettes daily	66.4%	70.6%	62.8%	NA*	56.5%	65.8%	67.8%	63.0%	58.2%	58.5%
	Using electronic vapor product 1 or 2 times per week^^	NA**	NA**	NA**	NA*	28.2%	NA**	NA**	NA**	31.8%	34.1%
	Binge drinking 1 or 2 times per week	50.0%	66.7%	49.3%	NA*	45.2%	50.8%	57.4%	43.1%	37.3%	40.5%
	Using Marijuana	67.8%	58.6%	52.2%	NA*	54.0%	69.1%	51.6%	48.0%	46.8%	51.1%
	Misusing prescription drugs	70.7%	65.3%	65.9%	NA*	68.5%	61.0%	59.5%	62.0%	56.3%	60.2%

Metric	Definition	10th Grade District-Level^^^					10th Grade State-Level^^^				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Substance Use Outcomes											
Lifetime Substance Use	Alcohol	NA***	50.4%	41.2%	NA*	34.4%	40.5%	42.3%	44.3%	42.6%	35.1%
	Cigarettes	NA***	21.3%	11.7%	NA*	9.8%	20.8%	17.5%	13.8%	10.1%	7.0%
	Electronic vapor product^^	NA**	35.2%	37.5%	NA*	14.8%	NA**	28.0%	37.6%	25.4%	18.2%
	Smokeless tobacco	NA***	11.8%	10.8%	NA*	0.0%	11.9%	10.4%	8.5%	4.9%	3.8%
	Marijuana	NA***	30.7%	18.3%	NA*	3.4%	17.7%	17.4%	16.7%	15.2%	10.4%
	LSD/other psychedelics	NA***	5.6%	1.7%	NA*	0.0%	2.0%	2.7%	2.3%	2.2%	1.4%
	Cocaine/crack	NA***	0.8%	0.0%	NA*	0.0%	1.3%	1.0%	0.7%	0.7%	0.4%
	Meth	NA***	3.1%	0.8%	NA*	0.0%	0.7%	0.5%	0.5%	0.3%	0.3%
	Inhalants	NA***	7.1%	3.4%	NA*	4.9%	3.5%	3.2%	3.6%	4.1%	2.7%
	Prescription drugs	NA***	13.5%	3.3%	NA*	3.3%	5.0%	5.6%	4.3%	5.5%	3.2%
Past 30-Day Substance Use	Alcohol	NA***	33.6%	24.2%	NA*	16.4%	15.9%	20.0%	20.1%	18.2%	14.3%
	Binge drinking	NA***	13.8%	10.8%	NA*	4.9%	9.5%	6.9%	6.2%	6.3%	5.1%
	Alcohol with other substance	NA**	NA**	15.4%	NA*	7.7%	NA**	NA**	11.6%	11.3%	11.4%
	Cigarettes	NA***	9.5%	5.0%	NA*	1.6%	7.6%	6.7%	4.1%	1.8%	1.6%
	Electronic vapor product^^	NA**	18.9%	25.0%	NA*	9.8%	NA**	12.3%	24.7%	14.3%	8.9%
	Smokeless tobacco	NA***	6.3%	7.5%	NA*	0.0%	7.1%	6.1%	5.4%	2.5%	2.5%
	Marijuana	NA***	19.2%	10.8%	NA*	3.3%	7.6%	8.8%	7.3%	7.6%	4.7%
	Prescription drugs	NA***	7.1%	0.8%	NA*	1.6%	2.2%	2.6%	1.4%	1.6%	0.9%
Past 30-Day Impaired Driving	Drove a car under the influence of alcohol	NA***	0.8%	4.2%	NA*	1.7%	1.8%	2.1%	2.7%	1.8%	2.6%
	Rode in a car driven by someone under the influence of alcohol	NA***	16.8%	14.3%	NA*	18.3%	15.7%	12.4%	16.7%	14.3%	16.1%
	Drove a car under the influence of Marijuana	NA**	NA**	NA**	NA*	0.0%	NA**	NA**	NA**	3.0%	2.1%
	Rode in a car driven by someone under the influence of Marijuana	NA**	NA**	NA**	NA*	9.8%	NA**	NA**	NA**	8.9%	7.0%

Metric	Definition	10th Grade District-Level <sup>^^^</sup>					10th Grade State-Level <sup>^^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Mental Health Outcomes											
Past 12 Months Mental Health	Lost Sleep	NA <sup>**</sup>	20.3%	19.2%	NA <sup>*</sup>	31.1%	NA <sup>**</sup>	19.5%	20.6%	23.7%	20.1%
	Depressed	NA <sup>**</sup>	40.7%	30.0%	NA <sup>*</sup>	34.4%	NA <sup>**</sup>	33.9%	34.8%	42.0%	35.0%
	Inflicted self-harm	NA <sup>**</sup>	23.1%	15.0%	NA <sup>*</sup>	13.1%	NA <sup>**</sup>	14.3%	13.7%	17.5%	13.9%
	Considered attempting suicide	NA <sup>**</sup>	20.5%	17.5%	NA <sup>*</sup>	11.5%	NA <sup>**</sup>	17.3%	17.7%	20.2%	13.8%
	Attempted suicide	NA <sup>**</sup>	10.7%	4.2%	NA <sup>*</sup>	1.6%	NA <sup>**</sup>	4.6%	4.3%	5.5%	3.6%
	Difficult to concentrate	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>*</sup>	42.6%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	33.0%
Behavioral Health Risk Factors											
Age of First Use (12 or Younger)	Smoked cigarettes	NA <sup>***</sup>	16.3%	6.7%	NA <sup>*</sup>	6.7%	8.1%	6.6%	5.6%	4.8%	3.3%
	Electronic vapor product <sup>^^</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>*</sup>	4.9%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	4.3%
	Drank alcohol	NA <sup>***</sup>	16.3%	9.8%	NA <sup>*</sup>	11.7%	10.4%	10.0%	11.0%	11.3%	9.3%
	Smoked Marijuana	NA <sup>***</sup>	9.8%	5.0%	NA <sup>*</sup>	3.3%	2.9%	2.9%	2.9%	2.2%	1.7%
Perception of Peer's Past 30-Day Substance Use	Smoked cigarettes	NA <sup>***</sup>	28.9%	19.9%	NA <sup>*</sup>	15.3%	23.1%	20.6%	16.6%	17.2%	14.0%
	Used electronic vapor product <sup>^^</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>*</sup>	40.6%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	33.9%
	Drank alcohol	NA <sup>***</sup>	42.6%	29.6%	NA <sup>*</sup>	31.8%	32.0%	30.7%	28.1%	30.4%	29.2%
	Used Marijuana	NA <sup>***</sup>	37.0%	21.3%	NA <sup>*</sup>	15.9%	24.4%	24.6%	20.3%	21.2%	18.4%
Experienced bullying in past 12 months	Physically	NA <sup>**</sup>	26.0%	13.3%	NA <sup>*</sup>	11.5%	NA <sup>**</sup>	19.9%	17.2%	15.3%	15.7%
	Verbally	NA <sup>**</sup>	52.8%	40.0%	NA <sup>*</sup>	44.3%	NA <sup>**</sup>	50.9%	45.8%	42.3%	43.1%
	Socially	NA <sup>**</sup>	52.8%	31.1%	NA <sup>*</sup>	34.4%	NA <sup>**</sup>	45.2%	43.0%	39.1%	39.8%
	Electronically	NA <sup>***</sup>	26.0%	17.6%	NA <sup>*</sup>	23.0%	19.3%	23.4%	21.4%	21.4%	19.4%
Sort of Easy or Very Easy to Obtain Substance	Alcohol	NA <sup>***</sup>	57.6%	50.4%	NA <sup>*</sup>	32.8%	55.5%	52.8%	53.7%	47.8%	46.2%
	Marijuana	NA <sup>***</sup>	50.8%	28.7%	NA <sup>*</sup>	19.7%	34.6%	34.9%	32.5%	25.9%	22.3%
	Prescription drugs	NA <sup>***</sup>	40.0%	29.6%	NA <sup>*</sup>	13.3%	28.2%	26.4%	26.5%	19.7%	19.4%
	Cigarettes	NA <sup>***</sup>	52.8%	NA <sup>**</sup>	NA <sup>*</sup>	13.1%	43.6%	39.8%	NA <sup>**</sup>	NA <sup>**</sup>	23.7%
	Electronic vapor products <sup>^^</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>*</sup>	32.8%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	35.4%



Metric	Definition	10th Grade District-Level <sup>^^^</sup>					10th Grade State-Level <sup>^^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Behavioral Health Protective Factors											
Experiences at School	Grades were A's and B's	NA <sup>***</sup>	71.2%	73.6%	NA*	55.7%	78.4%	79.7%	80.8%	78.4%	79.5%
	Felt safe	NA <sup>***</sup>	82.6%	90.1%	NA*	85.2%	87.2%	87.1%	88.5%	86.7%	87.6%
Experiences with Families	Help for personal problems^	NA <sup>***</sup>	79.2%	80.7%	NA*	85.2%	80.1%	82.4%	81.8%	83.4%	81.1%
	Discussed dangers of alcohol	NA <sup>***</sup>	34.4%	48.7%	NA*	42.6%	50.3%	41.8%	46.0%	42.5%	45.8%
	Discussed dangers of electronic vapor products^^	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA*	42.6%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	45.4%
Very wrong for person your age to:	Smoke cigarettes	NA <sup>***</sup>	84.4%	90.2%	NA*	93.4%	86.1%	87.4%	89.9%	88.9%	93.0%
	Use smokeless tobacco	NA <sup>***</sup>	80.3%	88.3%	NA*	90.0%	84.3%	84.9%	88.1%	87.2%	91.5%
	Use electronic vapor product^^	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA*	90.0%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	87.0%
	Drink alcohol	NA <sup>***</sup>	70.2%	70.2%	NA*	78.7%	78.6%	74.7%	74.5%	69.3%	75.8%
	Use Marijuana	NA <sup>***</sup>	65.8%	77.9%	NA*	91.8%	80.5%	76.3%	80.8%	77.6%	88.1%
	Misuse prescription drugs	NA <sup>***</sup>	92.6%	98.4%	NA*	98.4%	93.4%	92.8%	94.7%	92.1%	93.5%
	Use other illegal substances	NA <sup>***</sup>	93.4%	96.7%	NA*	98.4%	96.3%	96.1%	97.2%	96.4%	97.6%
Recall of Prevention Advertisement	Saw or Heard Anti-Alcohol or Anti-Substance Media in the Past 12 Months	NA <sup>**</sup>	78.0%	73.9%	NA*	72.1%	NA <sup>**</sup>	78.1%	75.1%	68.7%	66.1%
Perceived Great Risk of Harm From:	Smoking 1 or more packs of cigarettes daily	NA <sup>***</sup>	67.2%	67.5%	NA*	62.3%	65.7%	69.3%	67.1%	59.9%	59.3%
	Using electronic vapor product 1 or 2 times per week^^	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	NA*	25.0%	NA <sup>**</sup>	NA <sup>**</sup>	NA <sup>**</sup>	29.3%	33.1%
	Binge drinking 1 or 2 times per week	NA <sup>***</sup>	51.6%	47.5%	NA*	41.0%	45.4%	54.1%	42.1%	33.7%	39.3%
	Using Marijuana	NA <sup>***</sup>	28.5%	40.0%	NA*	33.3%	52.3%	36.3%	37.8%	33.4%	40.6%
	Misusing prescription drugs	NA <sup>***</sup>	56.9%	62.5%	NA*	67.2%	59.8%	59.0%	64.9%	60.1%	60.4%

Metric	Definition	12th Grade District-Level <sup>^^</sup>					12th Grade State-Level <sup>^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Substance Use Outcomes											
Lifetime Substance Use	Alcohol	90.0%	49.0%	52.4%	NA*	50.0%	60.0%	61.2%	62.0%	58.3%	52.1%
	Cigarettes	40.0%	24.0%	14.3%	NA*	10.0%	34.9%	28.6%	24.7%	15.8%	14.1%
	Electronic vapor product <sup>^^</sup>	NA**	37.0%	45.2%	NA*	33.6%	NA**	43.4%	52.3%	38.7%	30.2%
	Smokeless tobacco	50.0%	16.0%	4.8%	NA*	1.8%	21.6%	18.3%	16.2%	9.3%	7.8%
	Marijuana	50.0%	35.0%	31.0%	NA*	15.5%	30.3%	32.4%	29.9%	27.0%	22.8%
	LSD/other psychedelics	20.0%	8.0%	4.8%	NA*	1.8%	4.2%	5.7%	5.3%	4.3%	4.1%
	Cocaine/crack	10.0%	4.0%	2.4%	NA*	0.0%	2.7%	3.1%	2.5%	1.3%	1.3%
	Meth	20.0%	2.0%	2.4%	NA*	0.0%	1.4%	1.0%	0.9%	0.5%	0.4%
	Inhalants	0.0%	5.0%	2.4%	NA*	0.0%	3.2%	2.7%	3.3%	3.1%	2.8%
	Prescription drugs	30.0%	11.0%	7.1%	NA*	1.8%	9.2%	9.1%	8.1%	5.1%	4.3%
Past 30-Day Substance Use	Alcohol	70.0%	32.0%	33.3%	NA*	26.4%	29.6%	34.4%	34.2%	31.9%	26.0%
	Binge drinking	50.0%	15.2%	14.3%	NA*	11.8%	21.2%	16.1%	15.0%	13.7%	11.5%
	Alcohol with other substance	NA**	NA**	18.8%	NA*	3.4%	NA**	NA**	13.9%	10.5%	11.9%
	Cigarettes	30.0%	9.0%	7.1%	NA*	0.0%	15.8%	11.9%	8.7%	3.8%	3.8%
	Electronic vapor product <sup>^^</sup>	NA**	15.0%	31.0%	NA*	15.5%	NA**	18.7%	37.3%	21.0%	16.2%
	Smokeless tobacco	50.0%	10.0%	4.8%	NA*	0.9%	12.8%	10.2%	10.1%	4.1%	4.7%
	Marijuana	30.0%	12.1%	7.1%	NA*	9.1%	12.7%	15.7%	13.9%	12.5%	9.7%
	Prescription drugs	20.0%	4.0%	2.4%	NA*	1.8%	3.3%	3.4%	2.2%	1.7%	1.3%
Past 30-Day Impaired Driving	Drove a car under the influence of alcohol	10.0%	5.1%	9.8%	NA*	4.5%	8.0%	6.4%	7.6%	5.9%	5.8%
	Rode in a car driven by someone under the influence of alcohol	20.0%	13.3%	16.7%	NA*	9.1%	15.9%	13.3%	16.1%	13.5%	14.6%
	Drove a car under the influence of Marijuana	NA**	NA**	NA**	NA*	3.6%	NA**	NA**	NA**	6.8%	5.7%
	Rode in a car driven by someone under the influence of Marijuana	NA**	NA**	NA**	NA*	10.9%	NA**	NA**	NA**	10.4%	10.1%

Metric	Definition	12th Grade District-Level <sup>AAA</sup>					12th Grade State-Level <sup>AAA</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Mental Health Outcomes											
Past 12 Months Mental Health	Lost Sleep	NA**	14.1%	22.0%	NA*	18.2%	NA**	18.9%	21.6%	23.4%	20.8%
	Depressed	NA**	28.3%	38.1%	NA*	43.6%	NA**	33.5%	35.3%	42.9%	38.0%
	Inflicted self-harm	NA**	16.2%	16.7%	NA*	15.5%	NA**	11.3%	12.7%	13.6%	11.7%
	Considered attempting suicide	NA**	13.3%	14.3%	NA*	10.9%	NA**	14.8%	16.3%	17.1%	14.1%
	Attempted suicide	NA**	3.1%	0.0%	NA*	1.8%	NA**	3.6%	3.9%	3.7%	2.7%
	Difficult to concentrate	NA**	NA**	NA**	NA*	29.9%	NA**	NA**	NA**	NA**	33.0%
Behavioral Health Risk Factors											
Age of First Use (12 or Younger)	Smoked cigarettes	30.0%	8.1%	2.4%	NA*	2.7%	7.5%	6.5%	5.4%	4.3%	3.9%
	Electronic vapor product <sup>AA</sup>	NA**	NA**	NA**	NA*	3.6%	NA**	NA**	NA**	NA**	3.5%
	Drank alcohol	50.0%	11.2%	4.8%	NA*	4.5%	8.6%	7.9%	7.7%	7.6%	6.6%
	Smoked Marijuana	10.0%	2.0%	0.0%	NA*	0.0%	2.8%	2.5%	2.6%	1.5%	1.7%
Perception of Peer's Past 30-Day Substance Use	Smoked cigarettes	36.5%	34.6%	19.9%	NA*	14.7%	27.2%	24.3%	18.8%	17.3%	14.3%
	Used electronic vapor product <sup>AA</sup>	NA**	NA**	NA**	NA*	45.2%	NA**	NA**	NA**	NA**	39.4%
	Drank alcohol	64.5%	55.0%	40.4%	NA*	41.5%	42.4%	42.8%	35.0%	37.6%	37.1%
	Used Marijuana	49.5%	44.2%	26.6%	NA*	27.4%	27.9%	30.3%	23.9%	26.3%	23.1%
Experienced bullying in past 12 months	Physically	NA**	6.0%	11.9%	NA*	7.3%	NA**	12.2%	11.8%	10.3%	11.2%
	Verbally	NA**	34.0%	35.7%	NA*	39.1%	NA**	42.3%	39.5%	37.4%	37.0%
	Socially	NA**	41.0%	50.0%	NA*	40.9%	NA**	40.1%	39.5%	37.8%	37.9%
	Electronically	0.0%	13.0%	19.0%	NA*	12.7%	17.1%	20.1%	19.3%	18.9%	17.7%
Sort of Easy or Very Easy to Obtain Substance	Alcohol	NA***	65.7%	73.8%	NA*	63.0%	68.5%	67.4%	66.0%	58.1%	59.9%
	Marijuana	NA***	60.6%	54.8%	NA*	33.6%	49.0%	49.8%	46.3%	37.0%	35.5%
	Prescription drugs	NA***	41.8%	31.7%	NA*	24.5%	34.9%	32.0%	29.3%	20.7%	19.0%
	Cigarettes	NA***	69.7%	NA**	NA*	29.6%	67.5%	62.9%	NA**	NA**	33.9%
	Electronic vapor products <sup>AA</sup>	NA**	NA**	NA**	NA*	50.0%	NA**	NA**	NA**	NA**	49.8%

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Metric	Definition	12th Grade District-Level <sup>^^^</sup>					12th Grade State-Level <sup>^^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
Behavioral Health Protective Factors											
Experiences at School	Grades were A's and B's	40.0%	81.0%	97.6%	NA*	73.0%	80.1%	80.1%	82.7%	83.8%	80.4%
	Felt safe	90.0%	85.9%	92.9%	NA*	88.3%	90.6%	89.4%	89.9%	89.4%	90.8%
Experiences with Families	Help for personal problems^	80.0%	84.8%	88.1%	NA*	87.0%	80.1%	82.4%	83.4%	83.2%	81.6%
	Discussed dangers of alcohol	NA***	42.4%	45.2%	NA*	36.7%	46.0%	38.3%	44.8%	41.6%	46.5%
	Discussed dangers of electronic vapor products^^	NA**	NA**	NA**	NA*	35.8%	NA**	NA**	NA**	NA**	43.3%
Very wrong for person your age to:	Smoke cigarettes	50.0%	60.8%	73.2%	NA*	81.8%	72.3%	72.8%	74.6%	80.5%	84.2%
	Use smokeless tobacco	20.0%	62.2%	73.8%	NA*	78.4%	69.0%	69.5%	72.0%	77.3%	82.6%
	Use electronic vapor product^^	NA**	NA**	NA**	NA*	71.6%	NA**	NA**	NA**	NA**	77.4%
	Drink alcohol	20.0%	61.2%	47.6%	NA*	53.2%	62.2%	58.5%	57.1%	53.5%	59.3%
	Use Marijuana	60.0%	63.3%	64.3%	NA*	65.8%	70.5%	63.5%	69.3%	64.3%	74.3%
	Misuse prescription drugs	100.0%	91.8%	92.7%	NA*	93.7%	90.6%	91.7%	93.0%	91.9%	93.2%
	Use other illegal substances	90.0%	91.8%	92.9%	NA*	95.5%	95.4%	94.5%	94.6%	95.4%	96.3%
Recall of Prevention Advertisement	Saw or Heard Anti-Alcohol or Anti-Substance Media in the Past 12 Months	NA**	82.0%	78.6%	NA*	67.3%	NA**	78.1%	75.1%	71.3%	67.3%
Perceived Great Risk of Harm From:	Smoking 1 or more packs of cigarettes daily	60.0%	61.2%	64.3%	NA*	56.4%	65.3%	69.5%	67.3%	59.4%	58.1%
	Using electronic vapor product 1 or 2 times per week^^	NA**	NA**	NA**	NA*	24.5%	NA**	NA**	NA**	25.6%	29.3%
	Binge drinking 1 or 2 times per week	40.0%	42.9%	28.6%	NA*	24.8%	40.1%	47.1%	36.4%	29.6%	32.1%
	Using Marijuana	30.0%	17.2%	21.4%	NA*	24.5%	41.2%	24.7%	30.0%	23.1%	30.6%
	Misusing prescription drugs	50.0%	58.6%	76.2%	NA*	64.5%	58.1%	58.4%	66.9%	61.6%	64.4%

Notes:

<sup>^</sup> Prior to 2016, the question asked students about their "parents" or "mom or dad". In 2016, the wording was changed to "parents or caregivers".

<sup>^^</sup> Prior to 2021, electronic vapor products were not included.

<sup>^^^</sup> The number of students and/or school districts included from year to year could vary due to schools participating in some administrations and not others. As a result, these trend findings should be approached with some caution.

\* Report is not available for this year.

\*\* Question was not included in this year's survey.

\*\*\* Data not available due to participation number being less than 10.

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## APPENDIX B: Contacts for Prevention

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### Division of Behavioral Health

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### Tobacco Free Nebraska

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### Nebraska Department of Education

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