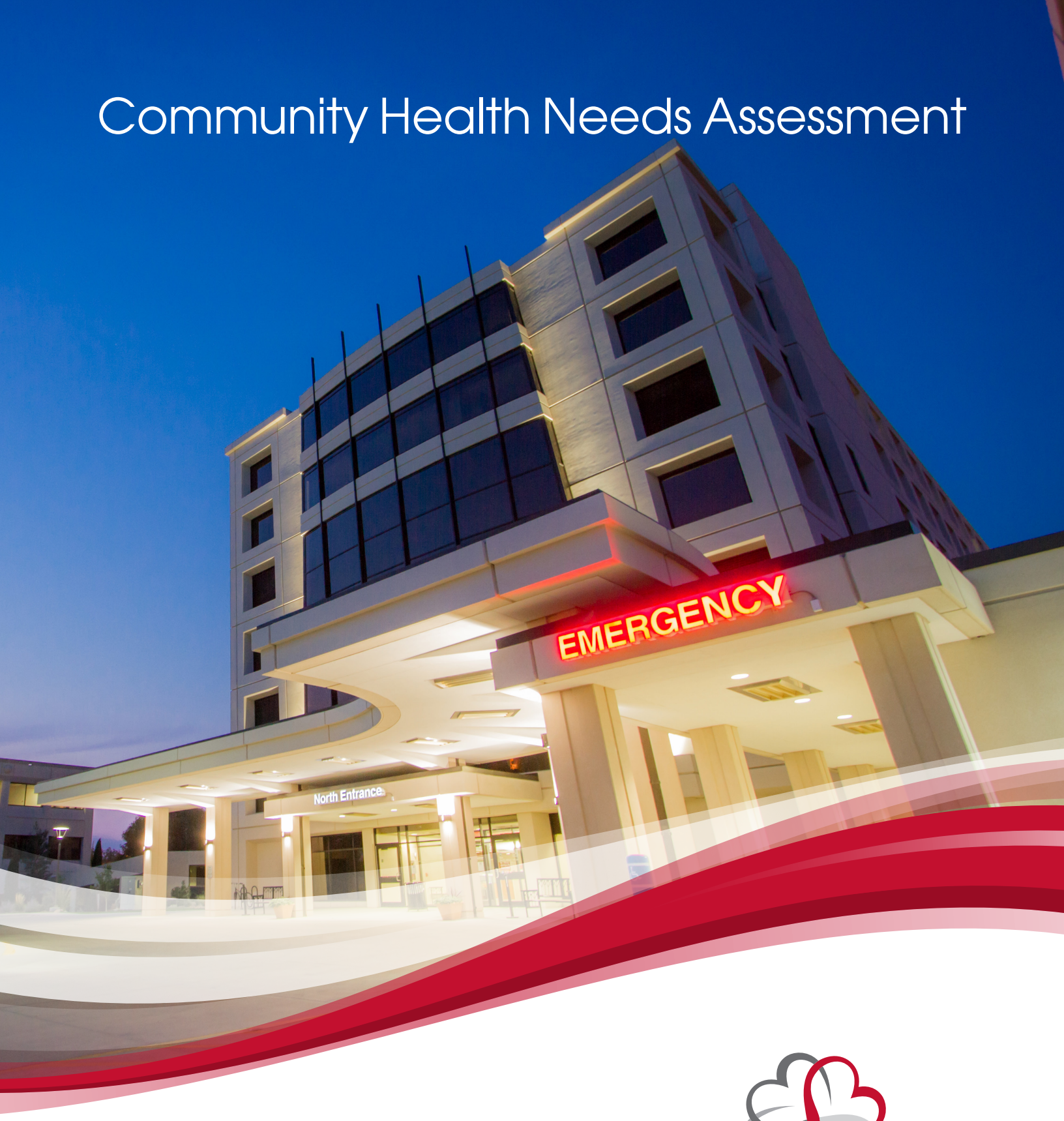
Community Health Needs Assessment



Fiscal year ending 2021

Approved by the Mary Lanning Board of Trustees
April 28, 2022

Mary Lanning Healthcare • Hastings, NE 68901

Mary Lanning
HEALTHCARE

I. Executive Summary

Background and Process

Mary Lanning Healthcare conducted its Community Health Needs Assessment in 2018 using the Mobilizing for Action through Planning and Partnerships (MAPP) process.This was conducted in partnership with the South Heartland District Health Department (SHDHD). The current assessment, conducted in 2021, in partnership with the SHDHD used a Mini-MAPP process for the CHNA.The entire MAPP process will be used every six years in conjunction with the SHDHD. Elements of the mini-MAPP process included a Community Themes and Strengths Survey, Health Status Assessment, County Health Rankings and focus groups. The 2021 Mini- MAPP process also helped to identify and validate previously determined community health needs that enabled Mary Lanning to create an implementation plan that is in alignment with the SHDHD's CHIP (Community Health Improvement Plan) as both plans work together to address the needs in the identified community.

Needs Identified

The preliminary needs that were identified through the initial MAPP assessment process in 2018 were: cancer, aging problems, environmental issues, child abuse and neglect/domestic violence, obesity, diabetes, cardiovascular disease, injury, mental health and substance abuse.

Prioritized Needs

Stakeholders in the original 2018 MAPP process were asked to rank all needs on a scale to determine priority areas. The top four ranked areas through this process were: mental health, substance abuse, obesity, cancer and related health conditions. Access to care was also identified previously through the Public Health System Assessment. The process of the Mini-MAPP, in 2021, again identified all five as an area of need and these areas will continue to be the priority for Mary Lanning Healthcare.

Implementation Strategy

The implementation strategy includes multiple departments in Mary Lanning that have potential to positively impact the community in the five identified areas of need. Each strategy is assigned a team responsible for executing the plan. These teams will work with partners within the Mary Lanning system as well as community partners to develop best practice strategies and attain goals. The Mary Lanning Healthcare Corporate Strategy for 2022 includes the development of strategies to meet the priority needs identified in the Community Needs Assessment under the Service goal section.

II. Community Description

Mary Lanning Healthcare is the only hospital in Adams County. Adams County is the primary service area and is defined as the MLH community for the purposes of this needs assessment. According to the Census estimate from 2021, the population of Adams County is 31,027. The median income is $56,007 and there are 10.2 percent of residents below the poverty level. Hispanic or Latino is the largest minority group at 11.0 percent. According to the Bureau of Labor Statistics the unemployment rate in March of 2022 for Adams County was 2.2 percent.

III. Community Health Needs Assessment Partners

The South Heartland District Health Department (SHDHD) was the primary partner and conducted the needs assessment previously through the MAPP process and for the current assessment through a Mini-MAPP process. SHDHD also conducted the needs assessment for Brodstone Memorial Hospital and both Mary Lanning and Brodstone worked together as well. Both entities served on the core planning team along with the United Way and assisted with the implementation of the assessment and the identifica-

tion of stakeholders as well as providing in-kind and monetary resources to support the process.

IV. Community Health Needs Assessment Methodology and Process

The Mini-MAPP process guided the choice of assessment tools used for development and planning for the stakeholders. This framework helps communities create strategies by prioritizing public health issues and identifying the resources available to address them. The process with the Mini-Mapp in the current cycle collected data and served as a tool to update and validate the areas of need. The mini-Mapp also enabled both Mary Lanning and the SHDHD to evaluate progress on the current CHIP and previous CHNA to enhance or update areas where more resources or revised strategies may have been needed. The following were the tools used in the Mini-MAPP process.

1. **Focus Group** – One focus group was conducted in Adams County. The group answered questions related to personal and community health concerns, community resources for healthy living, barriers to health care and system needs, personal healthy living behaviors, health screenings, mental health and substance abuse.
2. **Community Themes and Strengths Survey** –This survey was offered in a paper/pencil or Survey Monkey anonymous format. The tool was a broad survey covering numerous public health and community issues in multiple choice and short answer in the areas regarding personal health choices and access to healthcare. The survey also asked questions directly related to health around Covid 19. The survey was provided and collected in both English and Spanish and distributed through websites, Facebook, e-mails, news releases, events and coalitions. A total of 826 respondents in Adams County participated.
3. **Community Health Status Assessment** – This method focused on the community's health and quality of life by gathering and analyzing information on health status and risk factors. The SHDHD surveillance staff gathered data from a variety of local, state and national sources such as Nebraska Vital Records, Behavioral Risk Factor Surveillance System reports, county health rankings, hospital discharge data, local mental health needs assessments and local infectious disease reports.

V. Identified Community Needs

Using the assessment tools of the MAPP process and then the reassessment through the Mini-MAPP process ten needs were identified as being risk areas for the community.

IDENTIFIED NEEDS

The preliminary needs that were identified through the assessment process in 2018 were: cancer, aging problems, environmental issues, child abuse and neglect/domestic violence, obesity, diabetes, cardiovascular disease, injury, mental health and substance abuse.

PROCESS FOR PRIORITIZING

Community stakeholders met at two separate meetings in 2018 to identify five priority areas to address over the next six years. The first meeting focused on access to care and root causes, gaps in service and barriers to accessing services. Participants were asked to identify and vote on the top two barriers to accessing healthcare and the top two gaps in service. The top two gaps for Adams County were mental health and substance abuse prevention and treatment. The second priority setting meeting provided an overview of the previously identified health issues through "fact sheets" researched and developed by the SHDHD. Experts in most of the health issues were also part of the process and were consulted when needed to clarify or provide information. Results from the access to care meeting were also included in the conversation. Stakeholders were asked to rank the health issues based on four criteria: incidence/prevalence, trends, community burden and community perception of importance. Each criteria was then

Continued on next page »

weighted to determine their importance to the stakeholders. The final score took the criteria and the weighting into account. The top four issues that emerged were: mental health, substance abuse, obesity and related health conditions and cancer.

Through the mini-MAPP process during this cycle, these four areas of need were validated along with access to care, through the data collection and review process. Community perceptions continued to align with the previously identified needs. Also, interviews with leaders in key patient and community health departments within Mary Lanning Healthcare, confirmed the priority areas and allowed for strategy development that includes multiple departments working in partnership toward the same strategic community impacts.

VI. Mary Lanning Healthcare Implementation Strategy

Mary Lanning has developed strategies to address the priority needs identified by the community. The Implementation Strategy will also focus on aligning desired outcomes with the SHDHD's CHIP, which supports a partnership for the betterment of the health of the community. The priority areas identified in the CHNA are also identified in the overall Mary Lanning Healthcare Strategic plan and budgeting processes.

HOW MLH WILL ADDRESS THE HEALTH NEEDS?

The accompanying Implementation Strategy identifies each priority need area, the strategic goals and the impact they will have, the activities that support that strategy, and ultimately, update the progress made on the goal. Because the critical objective is to meet the needs of the community, Mary Lanning recognizes the necessity for the ongoing financial commitment to these areas and allocation of human resources to implement the strategies. It is anticipated that several areas of need will overlap and one activity may help meet the strategic goal in several areas and may also have a positive impact on needs that are identified but not in the top five priority areas. For example, addressing nutrition under the priority area of obesity would logically have an impact on prevalence of diabetes and heart disease as well as increasing access to care. These strategies are also closely aligned, not only with the CHIP, but with other stakeholders in the community creating a partnership effect with an end result that produces a healthier living environment for the whole population.

South Heartland District Health Department

Minority Health Initiative Needs Assessment and Listening Session Summary Report

January 2022

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Contents

Purpose

The purpose of this summary report is to present key findings from two listening sessions and a survey.

Methodology

Listening Sessions

The South Heartland District Health Department (SHDHD) conducted two separate listening sessions: one in Hastings on November 19, 2021, and the other in Harvard on December 21, 2021. The listening sessions were conducted in a group setting with open dialogue. Each session was a facilitated conversation by a bilingual individual posing questions. The questions were developed by a SHDHD planning team, using the MHI grant requirements, past Community Health Assessment listening session questions, and other Local Health Department listening session questions. All listening session participants were Hispanic and were selected for participation in the sessions through a Community Health Worker (CHW). The CHW identified individuals who represented different criteria (e.g., undocumented individuals, immigrants, migrant workers, business owners, etc.) and invited participants to the sessions.

Community Survey

The Community Themes & Strength Assessment (CTSA) survey was conducted via online and paper modes in late 2021 and was offered in both English and Spanish. It was open to residents of Adams, Clay, Nuckolls, and Webster counties. All survey responses, whether collected online or via paper, were entered into the Qualtrics platform.

SHDHD employed several outreach efforts to distribute the CTSA, including:

1. Using door to door communication with racial/ethnic minority residents.
2. Hosting a racial/ethnic minority focused planning session to identify key people/locations/events to distribute the survey.
3. Utilizing partners (two area hospitals and United Way) to deliver the survey through paper copies.
4. Posting the online survey link on SHDHD website for over a month.
5. Posting several posts to promote the survey link on social media.
6. Reaching out to nail shops in Hastings to reach racial/ethnic minority populations other than Hispanic/Spanish-speaking.
7. Reaching out to clinics to connect with their patients.
8. Reaching out to schools to share with their families.

Findings from the Listening Sessions

Demographic information from the listening session participants is shown in Table 1. There were 27 participants in the Hastings listening session and nine in the Harvard listening session. Notes from the listening session can be found in Attachment A.

Table 1: Listening session participant demographics		
	Hastings Listening Session	**Harvard Listening Session**
Total number of participants		
	22	7
Race/ethnicity		
Non-white, Hispanic	22 (100%)	7 (100%)
City of residence		
Hastings	22 (100%)	
Harvard		7 (100%)
Occupation		
Agriculture	8 (36%)	
Homemaker	7 (32%)	3 (43%)
Service Industry	2 (9%)	
Education		2 (29%)
Other	5 (23%)	
Not listed		2 (29%)
Gender		
Female	13 (59%)	7 (100%)
Male	9 (41%)	
Age		
18+	22 (100%)	7 (100%)

Overall themes and key findings from the listening sessions, organized by questions asked, are summarized in Table 2. Participants discussed similar themes between the two sessions. Both mentioned access to care barriers related to lack of insurance, high healthcare costs, transportation barriers, language barriers, and lack of culturally appropriate care/services. Participants in the Harvard session were more likely to cite issues with health care services being too far away; however, participants from both sessions noted issues with access to specialty care and mental health services. Participants from both sessions cited the need to have more resources specific to the needs and unique circumstances of Hispanics/Latinos (e.g., help getting financial aid or finding healthcare for individuals who do not have a social security number).

Table 2: Key themes and findings from the listening sessions		
Question	**Hastings Listening Session**	**Harvard Listening Session**
What worries you most about your health or the health of your family?	-Lack of health insurance or inability to pay for healthcare -Concerns regarding lack of direct care from doctors, lack of follow-up from healthcare providers, experiencing lower quality of care	- Lack of access to care, including dental and vision -Transportation barriers and issues with healthcare being too far away -Doctors who do not accept Medicaid patients

In your experience, what are the top 3 health concerns in your family? In your community?	-Lack of interpreters -Lack of health insurance -Cost of care is too expensive and not transparent enough	-Providers who question why a patient does not have a social security number or insurance -Lack of health insurance or financial assistance -Cost of care is too expensive -Language barriers or lack of interpreters
What kind of barriers are you experiencing in receiving the health care you need? What gets in the way of you receiving health care <u>where</u> and <u>when</u> you need it?	-Scheduling -Lack of health insurance; issues with insurance not covering costs sufficiently or premiums/copays being too expensive -Lack of financial aid opportunities or other payment options; applications for financial aid too cumbersome or confusing -Lack of interpreters or staff that speak/understand Spanish -Lack of people to help Latinos navigate laws, healthcare system, and community resources	-Language barriers -Lack of health insurance -No social security number
What do you believe is missing in order for you to receive adequate health care? (it could be certain types of specialty medical care or dentistry or vision or mental health services, it could be language help, or classes that teach you about how to take care of certain health concerns…)	-Lack of specialists in the area or specialty care not accessible -Clearer information on how to determine which providers or what services are covered under an insurance plan -Need more information on employer-provided resources like worker's comp -More Latino workers to help bridge the gap in healthcare services	-Classes and support groups for newly diagnosed diabetes patients -Local access to a dentist that doesn't require a social security number -More empathetic translators/interpreters in healthcare -Better assistance for financial aid applications
What is something you do to be healthy?	-Exercise/walking -Eat healthy -Walk -Pray	-Exercise/walking -Eat healthy & drink water
What would make your neighborhood a healthier place for you or your family?	-Clean and safe spaces	-Laws to help keep the community clean
Behavioral health refers to health problems related to mental health or substance use issues. Talk about whether you think that people who need behavioral health services (i.e.,	-Counseling is unaffordable -Difficulty finding mental health services that are specific to the needs of Latinos	-Lack of insurance or financial assistance for these services -Need for more compassionate interpreters

depression screening or medication, treatment for substance use, etc.) are able to get the help they need when they need it?	-Feelings of isolation, especially among new members of the community -Emotional abuse from employers	
Tell a story of someone you know (you do not need to say who or give names) who is unable to access mental health services due to their legal status?	-Concerns with counseling being too expensive and not knowing how to access these services	-Individuals being denied services because they are Hispanic
What else do you want to say about health services in your community and your experiences with keeping healthy and being able to take care of your health concerns?	-Need more individuals who can help individuals who speak languages other than English -Need community events that are more inclusive of non-English speakers	-Individuals need more help with accessing services -Individuals need more information, especially regarding Covid and vaccinations

Findings from the CTSA Survey

This section describes data from the Community Themes & Strengths Assessment (CTSA) for Adams, Clay, Nuckolls, and Webster Counties. All survey responses, whether collected online or via paper, were entered into the Qualtrics platform. The Qualtrics link had been followed 1,531 times by late-December 2021 when the survey closed. After removing responses without data, 1,215 responses remained. Of those responses, 1,130 had complete race and ethnicity data.

A copy of the survey questionnaire can be found in Appendix B.

For the purposes of this report, survey findings from only racial/ethnic minority (non-white and/or Hispanic) respondents are presented; however, some demographic findings from white, non-Hispanic respondents are also presented for comparison and context. The 2021 South Heartland District Health Department Community Needs Assessment Report contains overall CTSA findings and can be referred to for comparison of findings between racial/ethnic groups. The 2021 Needs Assessment can be found here and is also included as Appendix C.

Demographics

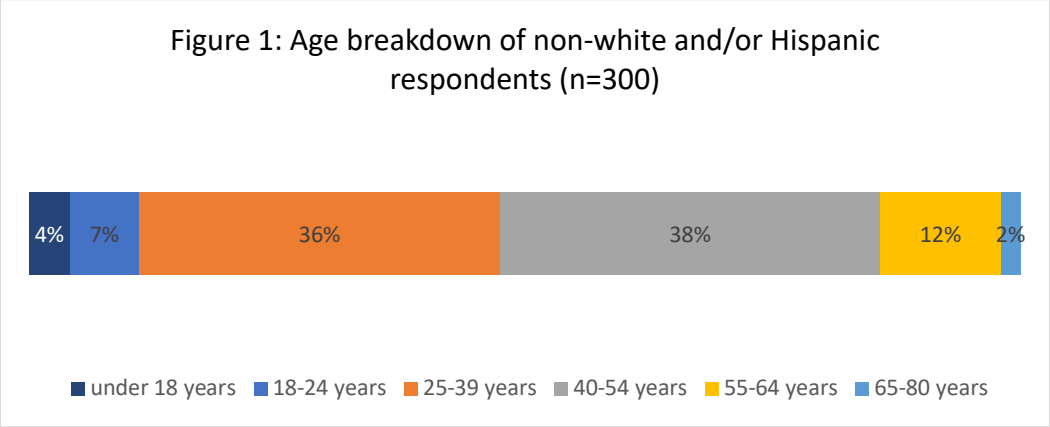
The respondents to the survey came from all four counties in the South Heartland District, although not in the same representation. Table 3 shows the population breakdown from the 2019 Census estimate, compared to the data from the CTSA. Adams and Nuckolls County residents were overrepresented in the CTSA data. Table 3 also includes comparisons by race/ethnicity - since there were fewer than 30 CTSA respondents who were neither white nor Hispanic, they were grouped with Hispanic respondents for the group differences shared in this section. Except for Nuckolls County, racial and ethnic minorities were over-represented compared to the population. Non-white and/or Hispanic respondents represented about one quarter (26%) of the survey respondents.

Table 3: County, race & ethnicity data								
	Overall population				Non-white and/or Hispanic			
	2019 Population # and %		2021 CTSA Respondents # and %		2019 Population # and %		2021 CTSA Respondents # and %	
Adams County	31,587	69%	845	75%	4,458	14%	269	32%
Clay County	6,203	14%	91	8%	668	11%	17	19%
Nuckolls County	4,244	9%	154	14%	229	5%	6	4%
Webster County	3,537	8%	40	4%	300	8%	8	20%
SHDHD total	***45,571***		***1,130***		***5,655***	***12%***	***300***	***26%***

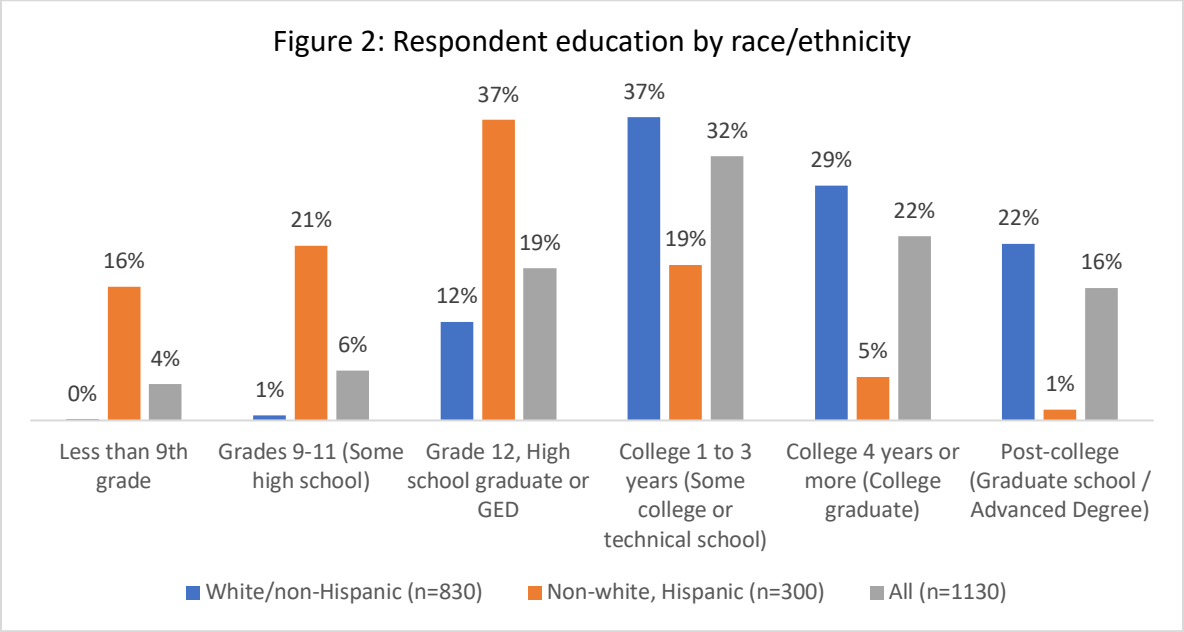
Table 4 shows the race and ethnicity breakdown of the 300 non-White and/or Hispanic respondents to the CTSA survey. A large majority (92%) of the racial/ethnic minority respondents were Hispanic or Latino.

Table 4: Race and ethnicity breakdown of non-white and/or Hispanic respondents (n=300)		
Race/Ethnicity Category	**Respondent # and %**	
Hispanic or Latino	276	92%
Black or African American	8	3%
Other race	5	2%
American Indian	5	2%
Hispanic or Latino, American Indian	3	1%
Asian	3	1%

A majority (65%) of non-white and/or Hispanic respondents identified as female, about one third (34%) identified as male, and the rest as gender minorities or they preferred not to say. Figure 1 shows the breakdown of non-white and/or Hispanic respondents by age – nearly three quarters were between 25-54 years of age. Only 2% of non-white and/or Hispanic respondents lived alone, and 42% of non-white and/or Hispanic respondents lived in either a 2- or 3-person household. A similar percentage (41%) lived in a 4- or 5-person household, and the remaining 15% lived in a household with 6 or more people.

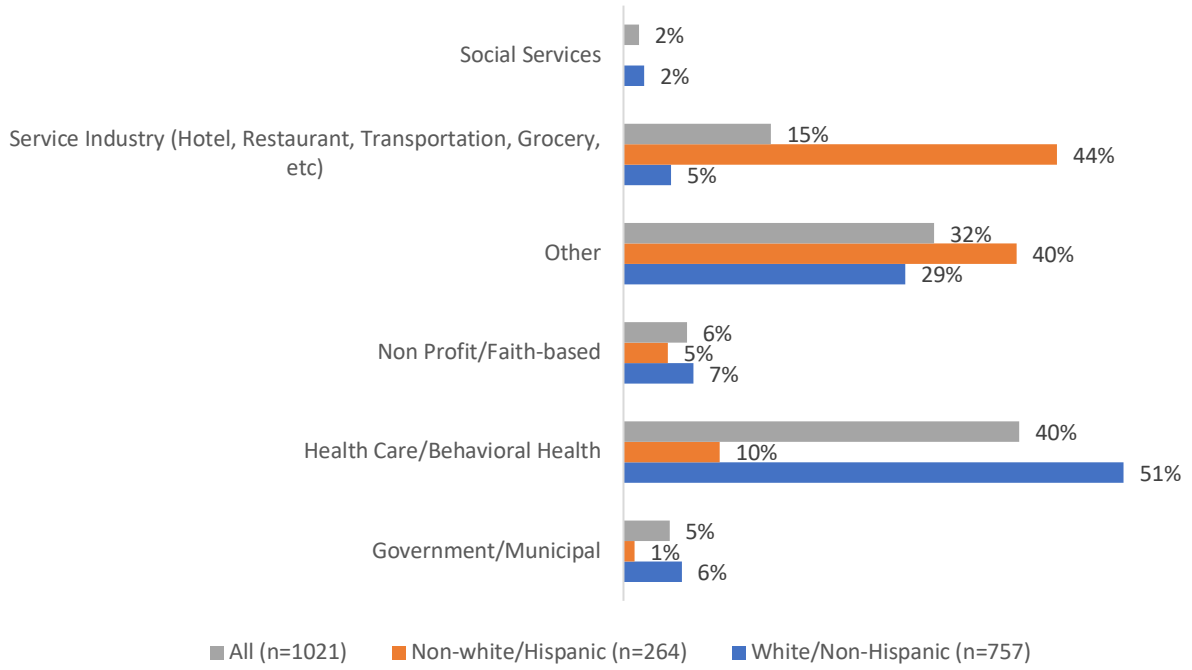


The respondents to the CTSA were more educated than the state average (32% of Nebraskans ages 25 and older have a bachelor's degree or higher). As Figure 2 shows, there were large differences in level of education by race/ethnicity. Only 1% of non-white and/or Hispanic respondents were currently in the military or were a veteran, and 5% had an immediate family member in the military.



Two out of every five respondents (41%) either worked or had an immediate family member working in an industry related to agriculture. Non-white and Hispanic respondents were twice as likely to be in this group than white respondents (69% vs. 32%). There were also large differences by field of work (Figure 3), specifically in the fields of health care and the service industry. (The "other" category included education, agriculture, retirees, and industry (such as fiberglass and manufacturing).

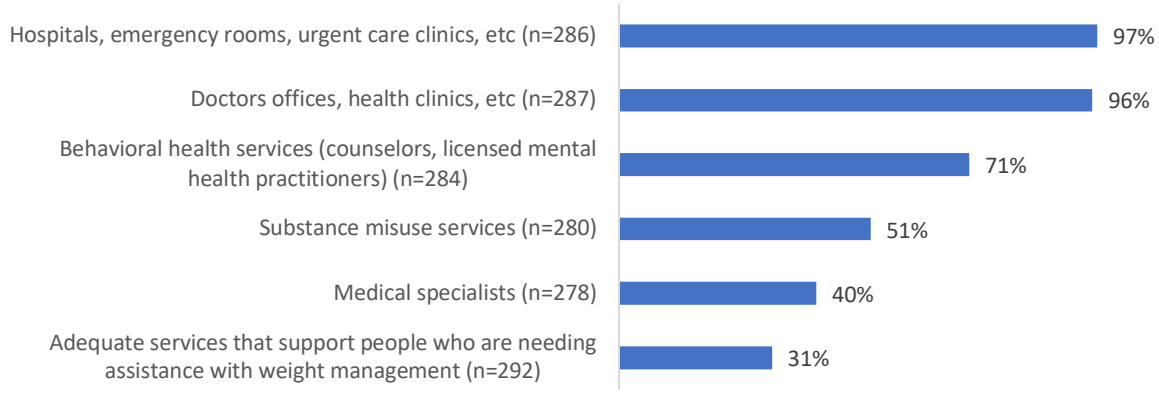
Figure 3: Respondent field of work by race/ethnicity



Access to Healthcare

A large majority of non-white and/or Hispanic respondents agreed that they have access to services like hospitals and doctors' offices within an hour of where they live (Figure 4). Access to behavioral health services, medical specialists, and weight management services was less common.

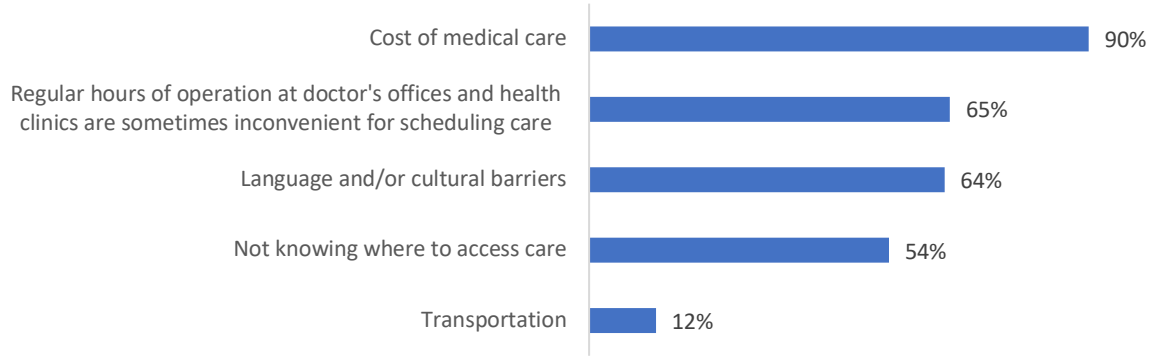
Figure 4: % of non-white and/or Hispanic respondents that agree they have access to healthcare services within an hour of where they live



Barriers to Care

When asked about the reasons they did not get the medical care they or an immediate family member needed, cost was the most selected reason for non-white and/or Hispanic respondents (Figure 5). Scheduling was selected by 65%, followed closely by language and/or cultural barriers. Transportation was the least selected barrier.

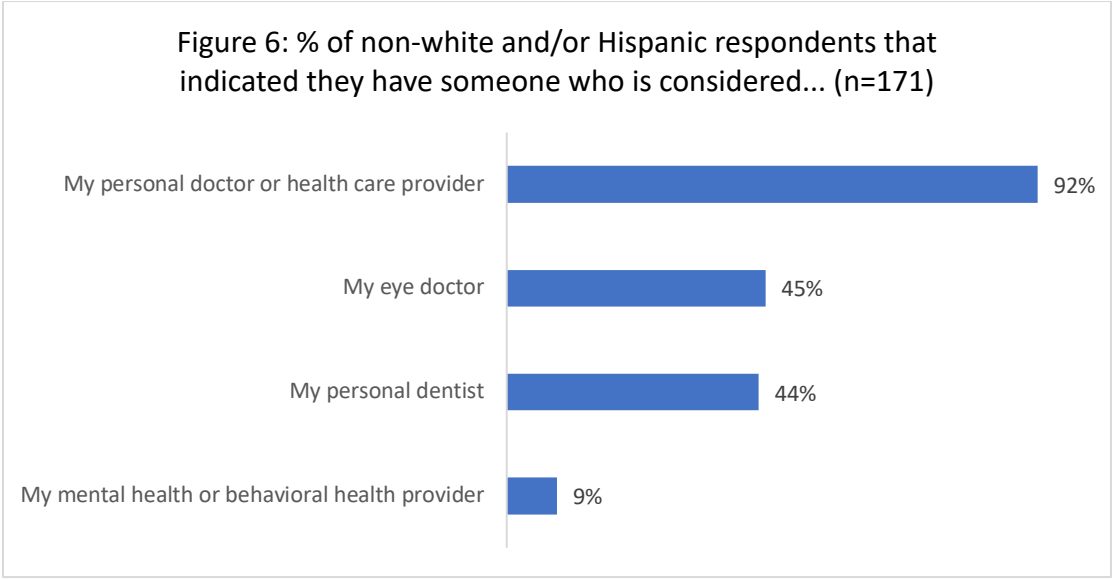
Figure 5: % of non-white and/or Hispanic respondents that selected reasons for not getting medical care for themselves or immediate family (n=279)



Personal Provider

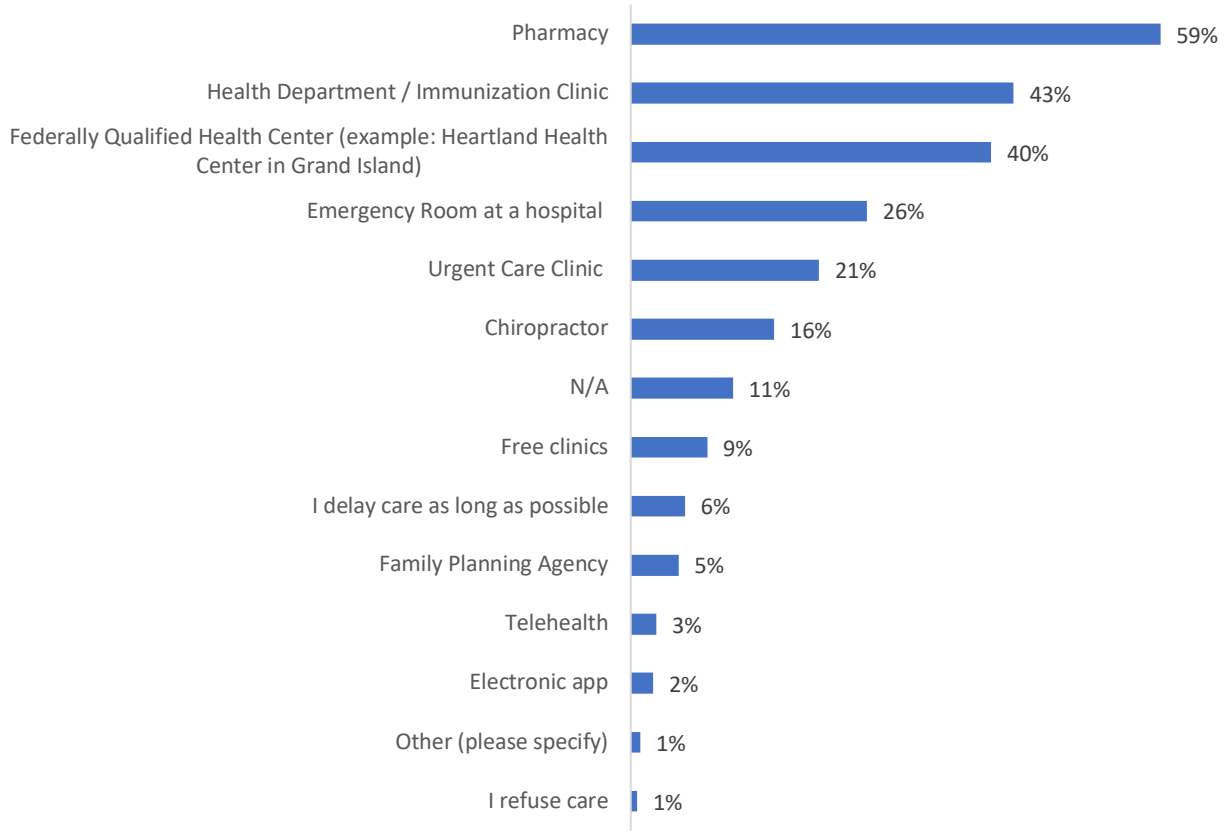
A large majority (over 90%) of non-white and/or Hispanic respondents had a person they consider their personal doctor or health care provider (Figure 6). Slightly less than half have an eye doctor or dentist, and less than one in ten have a mental health or behavioral health provider.

Figure 6: % of non-white and/or Hispanic respondents that indicated they have someone who is considered... (n=171)



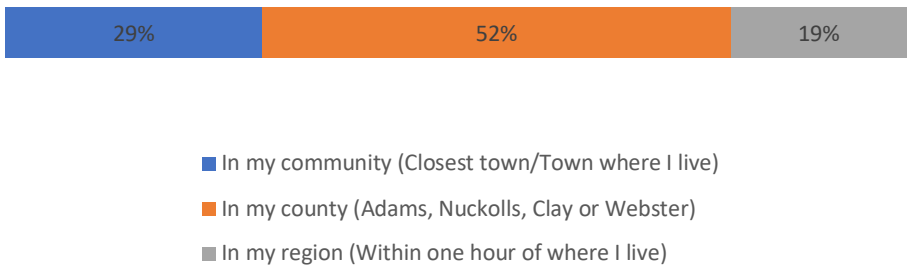
Respondents were asked about other sources of health care services in a “select all that apply” question format (Figure 7). Nearly 60% of non-white and/or Hispanic respondents selected pharmacy. Health department/immunization clinic, and FQHCs were selected by at least 40% of non-white and/or Hispanic respondents. Other sources written in included therapists, physical therapists, and specific providers.

Figure 7: % of non-white and/or Hispanic respondents that selected a source of health care service (n=282)



Over half of non-white and/or Hispanic respondents said they received most of their healthcare in their county, 29% said they received most of their healthcare in their community, and 19% received most of their healthcare in their region (Figure 8).

Figure 8: Where non-white and/or Hispanic respondents receive most of their healthcare (n=277)

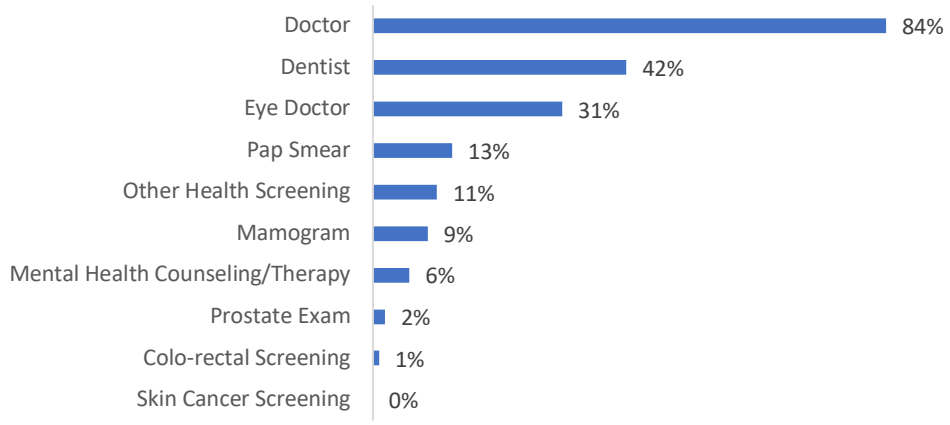


Pandemic-Related Questions

Respondents were asked what care they received during the pandemic (Figure 9). Most non-white and/or Hispanic respondents (84%) said they saw a doctor. Approximately 4 in 10 non-white and/or

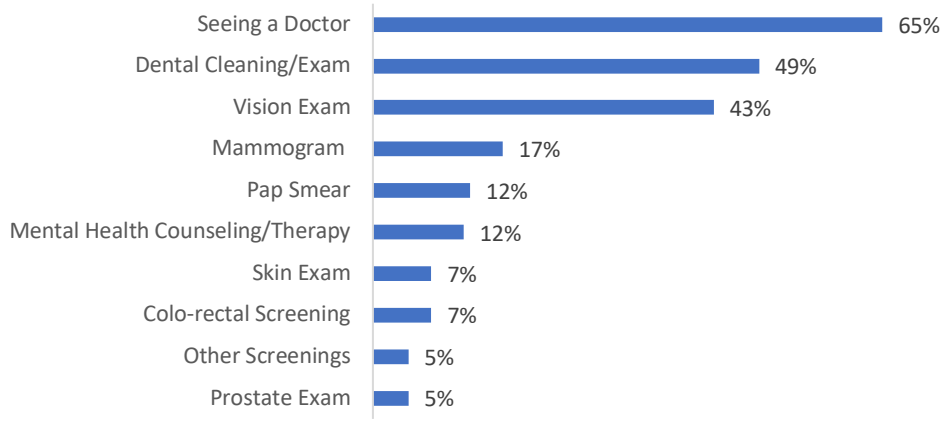
Hispanic respondents saw a dentist and a little less than one third saw an eye doctor. Few had health screenings and mental health counseling/therapy during this time.

Figure 9: % of non-white and/or Hispanic respondents who received care since January 2020 (n=200)

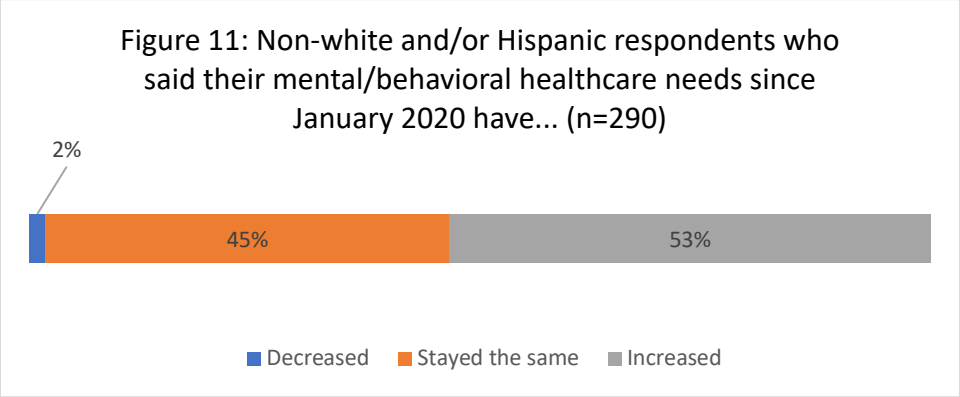


Respondents were also asked about what services they delayed during the pandemic (Figure 10). About two thirds of non-white and/or Hispanic respondents delayed seeing a doctor, while about half delayed a dental cleaning/exam, and 43% delayed getting a vision exam.

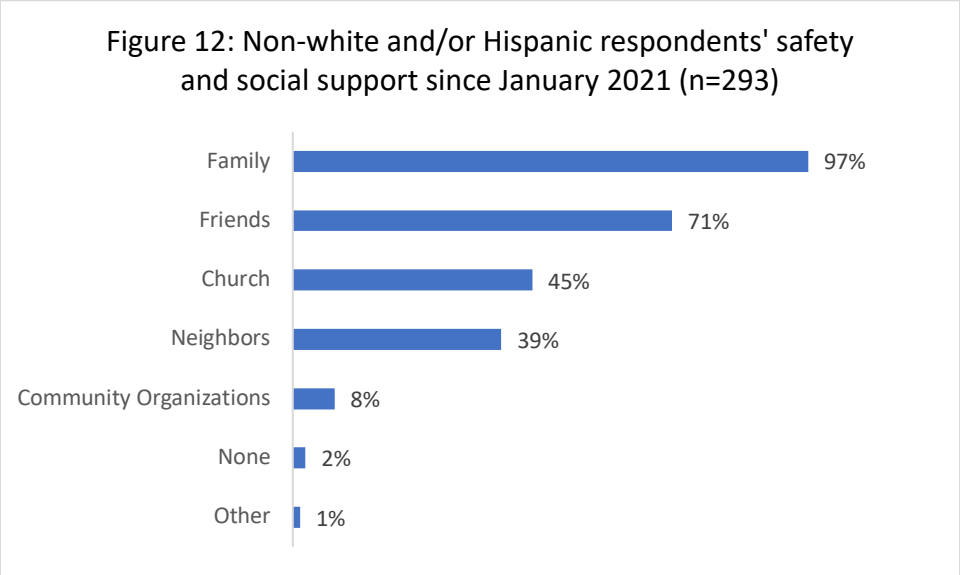
Figure 10: % of non-white and/or Hispanic respondents who delayed care since January 2020 (n=242)



Respondents were asked about their mental/behavior healthcare needs since January 2020 (during the COVID-19 Pandemic). As Figure 11 shows more than half of non-white and/or Hispanic respondents said their needs increased. Additionally, 14 (or 5% of) non-white and/or Hispanic respondents to this question indicated that their mental/behavioral healthcare needs required an appointment with a provider.

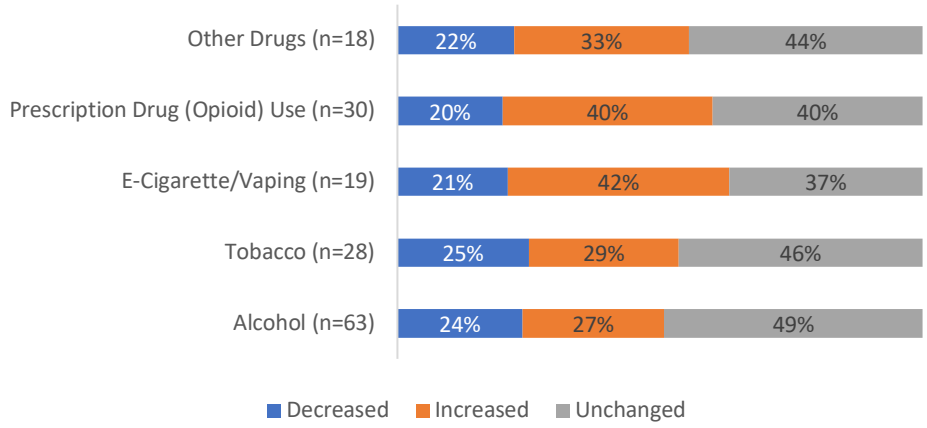


A list of social supports during the pandemic was given, with room to write in other answers (Figure 12). Nearly all (97% of) respondents said family was a support, followed by friends (71%). Written in community organization answers included religious organizations and work. Co-workers was a common write-in for other.



Respondents were asked about changes in their substance use during the previous two years (Figure 13). Approximately four in ten non-white and/or Hispanic respondents reported an increase in prescription drug (opioid) and e-cigarette/vaping use during the previous two years while about one third or less reported an increase in other drugs, tobacco, and alcohol.

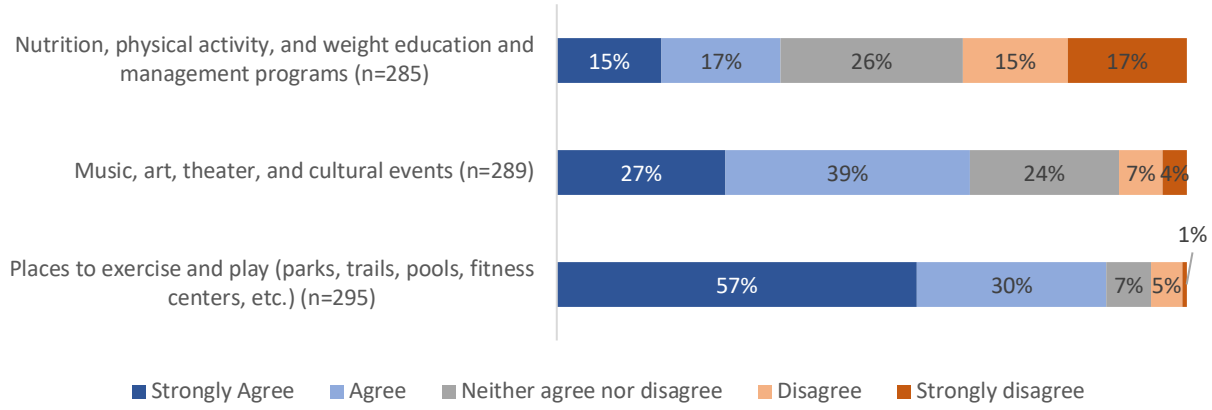
Figure 13: non-white and/or Hispanic respondents' change in substance use over the past two years



Physical Activity and Nutrition Opportunities

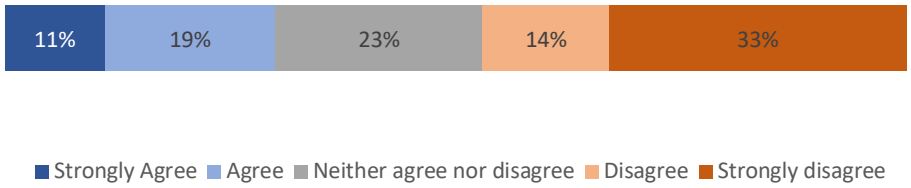
Three questions covered regional access to parks, cultural events, and education programs (Figure 14). A large majority of non-white and/or Hispanic respondents said they had access to places to exercise and play. Two thirds said they had access to cultural events, and less than a third had access to nutrition and physical activity education/management programs.

Figure 14: Non-white and/or Hispanic respondent access to physical activity and nutrition programs



Nearly half of non-white and/or Hispanic respondents disagreed that their physical activity habits have changed for the better in the past two years (Figure 15).

Figure 15: Non-white and/or Hispanic respondents' physical activity habits have changed for the better in the last two years (n=276)



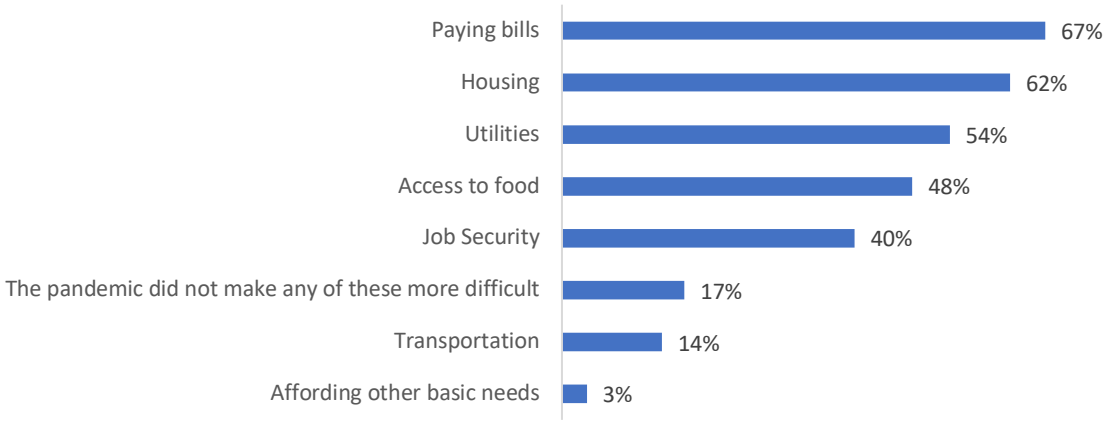
General Health and Pandemic-Related Issues

The respondents were asked to select the three behaviors they were most concerned about from a list of 15 (with room to write in a 16th). More than half selected concerns related to stress, poor eating habits, and not enough exercise (Figure 16). Most write-in answers were about selecting less or more than three behaviors from the list.

Figure 16: Top 3 concerns impacting health & well being among non-white and/or Hispanic respondents (n=300)

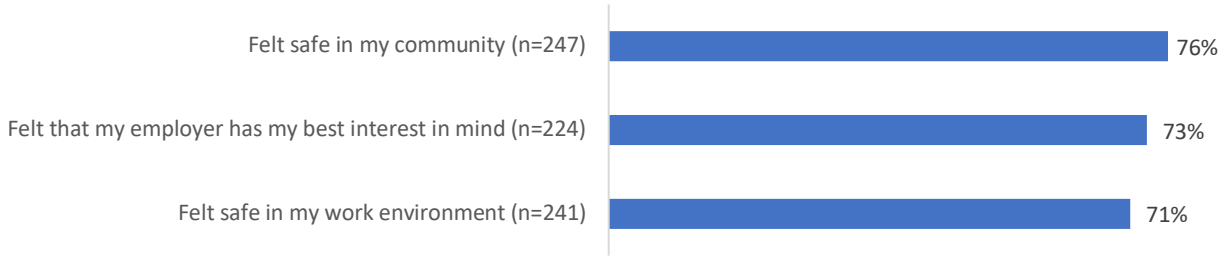
A question asked whether various issues were made more difficult by the pandemic (Figure 17). More than half of non-white and/or Hispanic respondents had greater difficulty paying bills, faced more housing-related issues, and had greater difficulty paying for utilities because of the pandemic.

Figure 17: Greater difficulty because of the pandemic among non-white and/or Hispanic respondents (n=289)



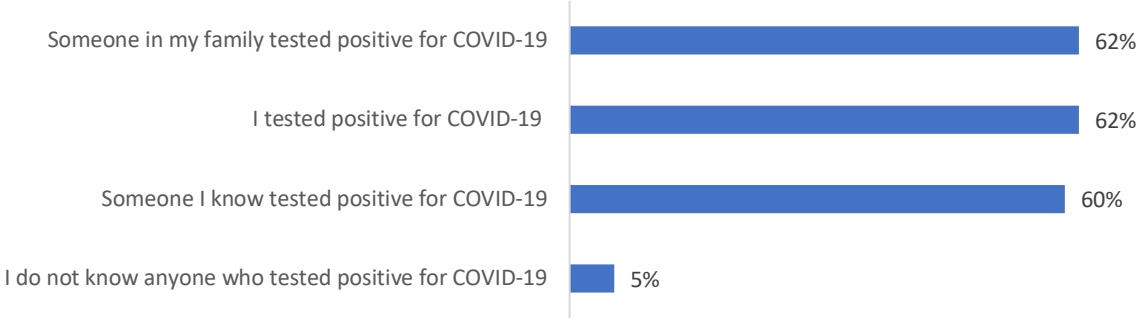
During the pandemic, most respondents felt safe in their work environment, their communities, and thought their employer had their best interest at heart (Figure 18).

Figure 18: Feelings during the pandemic among non-white and/or Hispanic respondents



Since the beginning of the pandemic, at least 60% of non-white and/or Hispanic respondents tested positive for COVID, had someone in their family test positive, or knew someone who tested positive (Figure 19).

Figure 19: Non-white, Hispanic respondents' COVID-19 testing status (n=293)



At the time of the survey, 86% of non-white and/or Hispanic respondents indicated that they had an opportunity to get the COVID-19 vaccine. Respondents were also asked whether anyone had informed them they needed to self-isolate or quarantine since January 2020. Of the 284 non-white and/or Hispanic respondents to this question, 79% answered that yes, someone had informed them that they needed to self-isolate or quarantine for one or more of the following reasons: they had symptoms/were sick, they tested positive for COVID, they were exposed to a known case, they were exposed to a suspected case, or because they were unsure of their infection status.

Verbatim responses from the open-ended CTSA question, “What worries you about your/your family’s health?” can be found in Appendix D.

Appendix A: Notes from Hastings and Harvard Listening Sessions.

1. What worries you most about your health or the health of your family? ¿Qué es lo que más le preocupa de su salud o la salud de su familia?

Hastings:

- No health insurance, no money, establishment?
- the doctor will give out the diagnosis or info of sickness and then leaves the room and will have the nurse to do the follow up, however the nurse usually does not explain well or lack of information regarding the sickness or issue of the care. Also, there is no direct care or more
- Employment not helping with care or causing repercussions
- No direct care from the doctor.
- Going to the doctors causes more confusion.

Harvard:

- No access to clinic where they can go
- Access to - Dental, vision
- Distance to any clinic, or hospital, or emergency – in case of operation follow up
- Family member passed away due to weather-ice-and now are scared of driving
- Some Dr's don't want to work with Medicaid- some had to go to Lexington because they didn't have as many issues with their Medicaid, all specialist are far away (Lincoln, Omaha)

2. In your experience, what are the top 3 health concerns in your family? In your community? **Según su experiencia, ¿cuáles son las 3 principales preocupaciones de salud en su familia? ¿En tu comunidad?**

Hastings:

- Need more interpreters
- Interpreters change or lack of credentials interpreters are failing to interpreter correct information.
- Lack of interpreters
    - On site interpreters
- Insurances

- Medical
- I have always had good experience when I go to the doctor
- Facts regarding the medicine
  - Cost is NEVER explained
- Doctor gave me a script for medicine I didn't know that it was $400 until I got to the pharmacy.

Harvard:

- Find a clinic that doesn't question why they don't have insurance, or social security number
- Aren't taking serious due to lack of social security # - one example was a lady wasn't given the operation in due time because of her lack of social security # and insurance,
- Bill too high of amount to be able to pay our of pocket
- There is never any follow in the applications for financial assistance, application isn't taken into consideration.
- One of them said she has had good experiences, when she was operated, she got financial assistance and it helped a lot
- Now due to covid some process has to get done through the phone and since they don't speak the language they can't apply, so they have to find someone to help them call.
- Sometimes are denied services or being attended because of lack of interpreter, they have to look for their own interpreter -family member.

3. What kind of barriers are you experiencing in receiving the health care you need? What gets in the way of you receiving health care <u>where</u> and <u>when</u> you need it? ¿Qué tipo de barreras está experimentando para recibir la atención médica que necesita? ¿Qué le impide recibir atención médica donde y cuando la necesita?

   Hastings:

   - The time frames
   - Insurance
   - I filled out an application for some time of medical aid however there was no help or explanation for this form
     - Financial aid forms are requesting forms like income taxes
     - The forms are too complex and are denying patients for little errors

        - Lack of COMPASSION from the financial aid ladies
    - Agencies i.e. clinics who request information regarding financials “monthly expenses and monthly income” want just that information however they do not take into account rent, utilities, car payment, dependents, etc. they need to base the payment option off of monthly income AFTER major expenses are deducted.
    - Agencies are not providing options for sliding fee either, for example: monthly payments, paid in full option, there is a lack of payment option.
    - A lot of issues regarding insurance companies not paying the hospital bill
    - Insurance companies are charging more for the policy then paying for the actual care
    - Insurance companies are not paying and I was not aware until the hospital called regarding the bill.
    - The financial aid process is not CLEAR
    - Clinics are denying care bc they don’t have insurance or any proof of work, etc.
    - Lack of Spanish speaking workers… some that are but not being compassionate
    - We need a center in Hastings that will help with new Latinos arriving to hastings to give them info regarding mental health, physical health etc. also information regarding the “laws” in hastings
        - Really needing some type of support group or community worker that will reach out to new Spanish speaking individuals to the community

Harvard:

- the language
- no social security #
- or insurance

4. What do you believe is missing in order for you to receive adequate health care? (it could be certain types of specialty medical care or dentistry or vision or mental health services, it could be language help, or classes that teach you about how to take care of certain health concerns…) ¿Qué cree que falta para que pueda recibir una atención médica adecuada? (podrían ser ciertos tipos de atención médica especializada u odontología o servicios de salud mental o de la vista, podrían ser ayuda con el idioma o clases que le enseñen cómo atender ciertos problemas de salud ...)

Hastings:

- Lack of specialist in the area i.e., oncology, ophthalmology, orthopedics, rheumatology, Cardiology etc.
    - When they do come to the area its one day out of the month and it is hard to make that appt.
    - Lack of information regarding what specialist are in Hastings
    - Lack of information regarding being referred to a specialist there is no clear instruction for this.
- Concern- places are wanting medical insurance… for us who have insurance we have no clear direction on what doctor is covered under our insurance
        - No clear direction on what is covered
- There is NO CLEAR information on what help can be provided to latinos
    - Employers NEED to start RESPECTING the non English speaking workers
    - No guidance or information on Work comp.
- There is a need for MORE latino workers to help bridge the gap of services in hastings
    - Ex. Like Aida

Harvard:

- Class for diabetes- support groups- a newly diagnosed patient doesn't know how to take care of themselves
- Dentist- no access, they can't get appointments- have to be referred to grand island- they won't take people without social security #- they have to give a down payment and sometimes don't have the money, they cancel very short notice, like 5 min before their appointment and don't consider they travel from a far distance.
- Interpreters sometimes don't have empathy with people, they don't have patience, are rude with the people, they divulge the client's personal information
- One experience- a lady went to follow up for her appointment, and she got tested at the clinic because she was out of breath, and when the results came in, she tested positive, she received a phone call from the translator at the clinic saying that she had to leave Walmart because she had tested positive (she was picking up her

prescription) and she was told that they had called the cops and they would go to Walmart to take her out of the store, and they divulged her private information.

- When she has to fill out the application of income, and she doesn't have a job so she is forced put her income but she can't because she has no job
- Interpreter doesn't tell the correct facts or information of what the Dr is saying- don't trust the interpreter

5. What is something you do to be healthy? **¿Qué es lo que hace para estar sano?**

Hastings:

- Exercise
  - Places cost $$ to go (some of us don't want to exercise at home)
- Eat healthy
- Walk
- Pray

Harvard:

- eat healthy as much as possible
- drink water- have more information as to how they can eat healthy
- try to walk a few minutes during the day

6. What would make your neighborhood a healthier place for you or your family? ¿Qué haría de su vecindario un lugar más saludable para usted o su familia?

Hastings:

- Pastides?
- Clean areas
- Clean and safe places
  - Some "neighbors" are not clean
  - Maybe a community person who comes and checks neighborhood cleanliness

Harvard:

- A type of law to keep the community clean, especially in the Hispanic area tend to keep their premises dirty

7. Behavioral health refers to health problems related to mental health or substance use issues. Talk about whether you think that people who need behavioral health services (i.e., depression screening or medication, treatment for substance use, etc.) are able to get the help they need when they need it? La salud del comportamiento se refiere a problemas de salud relacionados con la salud mental o problemas de uso de sustancias. Hable sobre si cree que las personas que necesitan servicios de salud conductual (es decir, exámenes de detección de depresión o medicación, tratamiento por consumo de sustancias, etc.) pueden obtener la ayuda que necesitan cuando la necesitan.

   Hastings:

   - People can't afford counseling
   - There are not a lot of counseling for our needs here
   - There is a need for MORE affordable counseling places
   - Lack of information regarding mental health services in hastings
     - Some individuals were aware of knew SASAs services
   - When someone arrives here in town there is a BIG lack of information for unity. Latinos can feel alone bc there is no guidance
   - There is a lot of emotional abuse happening towards latinos especially with work bc they are being taken advantage of
     - Employers providing therapy?

Harvard:

   - Lack of insurance it was very hard to be able to get it- had a bad experience with the interpreter in SASA she was told if she was able to afford the car then she shouldn't be asking for assistance
   - Most of the time, the interpreters aren't very nice people, are treated badly,

8. Tell a story of someone you know (you do not need to say who or give names) who is unable to access mental health services due to their legal status? Cuente la historia de alguien que conoce (no necesita decir quién ni dar nombres) que no puede acceder a los servicios de salud mental debido a su estado legal.

   Hastings:

   - Discussed in question 7
     - Many focused on the fact that counseling is too expensive

- Many did not know where to get counseling

Harvard:

- Even when they have legal status- they are denied services because of their physical appearance or Hispanic background

9. What else do you want to say about health services in your community and your experiences with keeping healthy and being able to take care of your health concerns? ¿Qué más quiere decir sobre los servicios de salud en su comunidad y sus experiencias para mantenerse saludable y poder atender sus preocupaciones de salud?

Hastings:

- We need more individuals who can help with non English speaking individuals
- Community events are never told to the non- English speaking individuals

Harvard:

- More help and access to the different services
- More clinics
- More information- people lack information of covid and are hesitant on getting vaccinated due to lack of information and people willing to give them adequate information.

Appendix B: CTSA Questionnaire

Start of Block: Start/Empieza

Q1
Community Themes & Strengths Assessment: Adams, Clay, Nuckolls & Webster Counties
This survey is for residents in Adams, Clay, Nuckolls & Webster Counties. If you are a student or temporary resident, please complete the survey based on your experiences in these counties. Please help us understand the health concerns and strengths in our community. This survey should take between 6-8 minutes. If you exit the survey before it is complete, your answers will not be saved.

Page Break

End of Block: Start/Empieza

Start of Block: Access to Healthcare/Accesso a la Salud

Q2 The first set of questions asks about the healthcare system in your region, county and community. For each statement, please indicate your level of agreement or disagreement with the statement.

Q3 In my region (within 1 hour of where I live), I have access to...

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. Hospitals, emergency rooms, urgent care clinics, etc (1)	○	○	○	○	○
b. Doctors offices, health clinics, etc (2)	○	○	○	○	○
c. Behavioral health services (counselors, licensed mental health practitioners) (3)	○	○	○	○	○
d. Substance misuse services (6)	○	○	○	○	○
e. Medical specialists (4)	○	○	○	○	○
f. Adequate services that support people who are needing assistance with weight management (5)	○	○	○	○	○

Page Break

End of Block: Access to Healthcare/Accesso a la Salud

Start of Block: Barriers to Care/Barreras para la atención

Q4 I don’t always get the medical care I need for myself or my immediate family due to... (check all that apply)

- ☐ Cost of medical care (1)
- ☐ Language and/or cultural barriers (2)
- ☐ Transportation to healthcare providers (3)
- ☐ Regular hours of operation at doctor's offices and health clinics are sometimes inconvenient for scheduling care for myself or my immediate family. (4)
- ☐ Not knowing where to access care (5)

End of Block: Barriers to Care/Barreras para la atención

Start of Block: Personal Provider/Proveedor Personal

Q5 I have one person I think of as... (check all that apply)

- ☐ my personal doctor or health care provider (my medical “home” where I go for most of my health care needs) (1)
- ☐ my personal dentist (2)
- ☐ my eye doctor (3)
- ☐ my mental health or behavioral health provider (4)
- ☐ None of the above (5)

Q6 Instead, or in addition, I receive my health care services from... (check all that apply)

- [ ] Free clinics (1)
- [ ] Federally Qualified Health Center (example: Heartland Health Center in Grand Island) (2)
- [ ] Health Department / Immunization Clinic (3)
- [ ] Family Planning Agency (4)
- [ ] Emergency Room at a hospital (5)
- [ ] Urgent Care Clinic (6)
- [ ] Chiropractor (7)
- [ ] Pharmacy (12)
- [ ] Electronic App (13)
- [ ] Telehealth (14)
- [ ] I delay care as long as possible (8)
- [ ] I refuse care (11)
- [ ] N/A (9)
- [ ] Other (please specify) (10) _____

Q7 I receive most of my healthcare:

- ○ In my community (Closest town/Town where I live) (1)
- ○ In my county (Adams, Nuckolls, Clay or Webster) (2)
- ○ In my region (Within one hour of where I live) (3)

Q8 During the COVID-19 Pandemic (since January 2020), I have personally received the following types of care, including telehealth/video appointments. (Check all that apply):

- ☐ Doctor (2)
- ☐ Dentist (3)
- ☐ Eye Doctor (4)
- ☐ Mammogram (Breast Cancer Screening) (6)
- ☐ Pap Smear (Cervical Cancer Screening) (12)
- ☐ Colo-rectal Screening (Colon Cancer Screening) (7)
- ☐ Prostate Exam (8)
- ☐ Skin Cancer Screening (9)
- ☐ Mental Health Counseling/Therapy (13)
- ☐ Other Health Screenings (5) _____

Q9 During the COVID-19 Pandemic (since January 2020), I have delayed the following types of care (Check all that apply):

- ☐ Seeing a Doctor (1)
- ☐ Dental Cleaning/Exam (2)
- ☐ Vision Exam (3)
- ☐ Mammogram (Breast Cancer Screening) (4)
- ☐ Pap Smear (Cervical Cancer Screening) (5)
- ☐ Colo-rectal Screening (Colon Cancer Screening) (6)
- ☐ Prostate Exam (7)
- ☐ Skin Exam (8)
- ☐ Mental Health Counseling/Therapy (10)
- ☐ Other Screenings (9) _____

Q10 During the COVID-19 Pandemic (since January 2020), my mental/behavior healthcare needs have:

- ☐ Stayed the same (1)
- ☐ Increased (2)
- ☐ Decreased (3)
- ☐ Required an appointment with a provider (4)

Q11 During the COVID-19 Pandemic (since January 2020), my safety and social supports include (Check all that apply):

- ☐ Family (1)
- ☐ Friends (2)
- ☐ Neighbors (3)
- ☐ Church (4)
- ☐ Community Organizations(please list) (5) _____
- ☐ Other(please list) (6) _____
- ☐ None (8)

Q12 Please indicate if your use of the following substances changed in the last two (2) years.

	Increased (1)	Unchanged (2)	Decreased (3)	Not Applicable (4)
Alcohol (1)	○	○	○	○
Tobacco (Cigarettes, Cigars, Smokeless) (2)	○	○	○	○
E-cigarette/Vaping (3)	○	○	○	○
Prescription Drug (Opioid) Use (4)	○	○	○	○
Other Drugs (i.e. Marijuana, non-prescription drugs, etc) (5)	○	○	○	○

End of Block: Personal Provider/Proveedor Personal

Start of Block: Physical Activity and Nutritional Opportunities/Oportunidades de actividad fisic

Q13 The next set of questions asks about recreational and leisure options available in your community.

Q14 In my region (within 1 hour of where I live), I have access to...

	Strongly Agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)	Don't Know (6)
Places to exercise and play (parks, walking/biking trails, swimming pools, gyms, fitness centers, and so forth) (1)	○	○	○	○	○	○
Music, art, theater, and cultural events (2)	○	○	○	○	○	○
Nutrition, physical activity, and weight education and management programs (3)	○	○	○	○	○	○

Q15 My physical activity habits have changed for the better in the last two (2) years.

	Strongly Agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)	Don't Know (6)
My physical activity habits have changed for the better in the last two (2) years. (1)	○	○	○	○	○	○

Q16 What worries you most about your health or the health of your family?

_____

_____

_____

_____

_____

Q17 From the following list, choose 3 behaviors that you are most concerned about because of how they impact you and your family's health and well being? Choose only 3.

- [ ] Alcohol misuse/abuse (1)
- [ ] Drunk driving (2)
- [ ] Drug misuse/abuse (3)
- [ ] Distracted driving (cell phone use, texting, etc) (4)
- [ ] Not getting vaccine "shots" to prevent disease (5)
- [ ] Tobacco use (including smokeless tobacco, chewing tobacco, e-cigarettes) (6)
- [ ] Not using child safety seat (or not using correctly) (7)
- [ ] Not using seat belts (8)
- [ ] Not managing stress (9)
- [ ] Unsafe sex (10)
- [ ] Poor eating habits (11)
- [ ] Not enough exercise (12)
- [ ] Gambling (13)
- [ ] Avoiding routine health checks/exams (14)
- [ ] Other (15) _____

Q18 Has the COVID-19 Pandemic made any of these more difficult for you?(select all that apply)

- ☐ Housing (paying rent, facing eviction, foreclosure, maintenance, etc) (4)
- ☐ Job Security (unemployed, got fired or laid off, less work to do than before, less income, etc) (5)
- ☐ Transportation (getting to places you need to go, riding public transit, driving a car, etc) (6)
- ☐ Access to food (affording groceries, getting SNAP benefits, feeding family or loved ones, etc) (7)
- ☐ Utilities (facing electric, gas, or water shut-offs or difficulty paying for them) (8)
- ☐ Paying bills (medical or other) (9)
- ☐ Affording other basic needs (please specify) (10)
  _____
- ☐ The Pandemic did not make any of these more difficult (12)

Q19 During the COVID-19 Pandemic, I have felt...

	Yes (1)	No (2)	N/A (3)
Safe in my work environment (2)	○	○	○
Safe in my community (4)	○	○	○
My employer has my best interest in mind (3)	○	○	○

Q20 Have you or has someone you know tested positive for COVID-19 since the beginning of the COVID-19 Pandemic? (select all that apply)

- [ ] I tested positive for COVID-19 (1)
- [ ] Someone in my family tested positive for COVID-19 (2)
- [ ] Someone I know (friend, coworker, etc) tested positive for COVID-19 (4)
- [ ] I do not know anyone who tested positive for COVID-19 (5)

Q21
Since the start of COVID-19 (since January 2020), has anyone informed you that you need to self-isolate

or quarantine? (i.e., you needed to separate yourself from other people, even those in your own household, to prevent others from getting sick) (select all that apply)

- ☐ Yes, because I had symptoms/was sick (4)
- ☐ Yes, because I tested positive for coronavirus (5)
- ☐ Yes, because I was exposed to a known case (6)
- ☐ Yes, because I was exposed to a suspected case (7)
- ☐ Yes, because I was unsure of my infection status (8)
- ☐ No, I did not self-isolate or quarantine because I was not exposed (9)
- ☐ No, I didn't self-isolate or quarantine because I could not (10)
- ☐ No, I didn't self-isolate or quarantine because I chose not to (11)

Q22 Have you had an opportunity to get the COVID-19 vaccine?

- ○ Yes (1)
- ○ No (2)

End of Block: Physical Activity and Nutritional Opportunities/Oportunidades de actividad fisic

Start of Block: Demographics/Demografia

Q23 What county do you live in?

- ○ Webster (1)
- ○ Adams (2)
- ○ Nuckolls (3)
- ○ Clay (4)

Q24 Zip Code where you live:

_____

Q25 Age:

- ○ under 18 years (1)
- ○ 18-24 years (2)
- ○ 25-39 years (3)
- ○ 40-54 years (4)
- ○ 55-64 years (5)
- ○ 65-80 years (6)
- ○ over 80 years (7)

Q26 Gender:

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary (3)
- ○ Other (4) _____
- ○ Prefer not to say (5)

Q27 Which of the following best reflects your race?

- ○ White (1)
- ○ Black or African American (2)
- ○ Asian (3)
- ○ American Indian (4)
- ○ Alaska Native (8)
- ○ Native Hawaiian / Pacific Islander (5)
- ○ Other(please specify) (6) _____

Q28 Are you Hispanic or Latino?

- ○ Yes (1)
- ○ No (2)

Q29 Education: Highest Year of School Completed?

- ○ Never attended school or only attended kindergarten (1)
- ○ Grades 1-8 (Elementary) (2)
- ○ Grades 9-11 (Some high school) (3)
- ○ Grade 12, High school graduate or GED (4)
- ○ College 1 to 3 years (Some college or technical school) (5)
- ○ College 4 years or more (College graduate) (6)
- ○ Post-college (Graduate school / Advanced Degree) (7)

Q30 Please select the number of people living in your household:

▼ 1 person (living alone) (1) ... Greater than 10 people (11)

Display This Question:

If Please select the number of people living in your household: = Greater than 10 people

Q31 Please provide the number of people living in your household:

_____

Q32 Please select your household income:

▼ $0-$24,120 (1) ... Greater than $99,360 (25)

Q33 Are you or an immediate family member (child, spouse parent or sibling) either currently serving in the military or a veteran of the military? (mark all that apply)

- [ ] Neither I nor an immediate family member currently serves in the military or is a military veteran (1)
- [ ] I currently serve in the military (2)
- [ ] I am a veteran of the military (3)
- [ ] An Immediate family member currently serves in the military (4)
- [ ] An immediate family member is a veteran of the military (5)

Q34 Do you or an immediate family member work in an agricultural setting (farm/ranch) or an industry that supports agriculture (agriculture/food processing)?

- ○ Yes (1)
- ○ No (2)

Q35 Do you work in...

- ○ Health Care/Behavioral Health (1)
- ○ Service Industry (Hotel, Restaurant, Transportation, Grocery, etc) (2)
- ○ Non Profit/Faith-based (3)
- ○ Government/Municipal (4)
- ○ Social Services (5)
- ○ Other (6) _____

Q206
Thank you for your input! For more information about the Community Assessment process contact South Heartland District Health Department 1-877-238-7595.

End of Block: Demographics/Demografia

2021 South Heartland District Health Department

Community Health Needs Assessment

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Report prepared by Schmeeckle Research in conjunction with the South Heartland District Health Department

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Executive Summary/Overview of Key Findings

The following table presents highlighted data organized by indicators of need and indicators of progress across eight key areas of public health from the 2016 South Heartland Community Health Needs Assessment.

CHIP Performance Measures

1. Access to Health Care
    a. Adults in the South Heartland District report having a personal doctor at higher rates compared to Nebraska as a whole (85.0% in South Heartland compared to 79.6% for Nebraska, Fig 1).
    b. In 2019, about three-fourths (74.3.%) of adults in the South Heartland District reported visiting a doctor for a routine exam in the past year (Fig 2). This represents a notable increase from 2016.
    c. From 2018 to 2019, there were slight increases of adults in the South Heartland District reporting that they are without health insurance (16.6% in 2019, Fig 3) and that cost is a barrier to visiting a doctor (14.6% in 2019, Fig 4). Compared to Nebraska as a whole, Clay, Nuckolls, and Webster Counties have slightly higher percentages of children under age 19 without health insurance (Fig 7).
2. Mental Health
    a. More than one-third (35.5%) of high school students in the South Heartland District reported depression (Fig 8) and more than one-in-ten (11.4%) reported attempting suicide (Fig 9), in the past year in 2018/2019. Additionally, nearly one-in-five (18.2%) of adults in the South Heartland District reported in 2019 that they have been diagnosed with depression (Figure 10). All of these rates are higher than Nebraska as a whole.
    b. There has been a general upward trend in calls to the Hastings Police Department related to mental health from 2015-2019 (Fig 13).
3. Substance Misuse
    a. In 2018/2019, 30.4% of South Heartland District high school students reported vaping tobacco in the past 30 days, compared to 17.1% for the state as a whole. This rate of vaping tobacco nearly doubled among South Heartland District high school students from 2016/2017 to 2018/2019 (Fig 18).
    b. In 2018/2019, just over one-in-four (26.0%) South Heartland district high school students reported using alcohol in the past 30 days (compared to 21.0%) for Nebraska as a whole (Fig 14).
    c. Compared to their peers across the state, South Heartland district high school students report higher rates of binge drinking (Fig 24) and past 30 day alcohol impaired driving (Fig 25).
4. Obesity
    a. Obesity is slightly higher among both high school students and adults in the South Heartland district compared to the state. Based on the most current data, 31.2% of South Heartland district high school students and 71.1% of South Heartland adults are identified as obese (Figs 27 and 28).

b. Compared to the rest of the state, there have been consistently higher rates of adults in the South Heartland district reporting that they have ever had a heart attack (Fig 32) and that they have no leisure-time physical activity (Fig 33).

5. Cancer
    a. Since baseline, the most currently available data show increases for female breast, colorectal, and skin cancers. Incidences of prostate and lung cancer show a decreasing trend. Most alarming, incidence rates for melanoma have more than doubled since baseline (Figs 36 – 40).
    b. Compared to Nebraska as a whole, rates of all cancer types have been consistently higher in the South Heartland District (Fig 42).
6. Motor vehicle safety
    a. A notably lower rate of adults in the South Heartland district report always wearing a seat belt when driving or riding in a car. In 2018, just two-thirds (66.4%) of adults in the district reported always wearing a seat belt, compared to 75.2% for Nebraska as a whole (Fig 44).
    b. South Heartland district has a higher rate of fatalities from motor vehicle crashes than the state (Fig 47).
7. Maternal-Child Health
    a. Adams and Clay Counties have higher rates of births to teen mothers compared to the state (Fig 51).
    b. Child and infant mortality rates are higher in Adams County compared to the state. Data are unavailable for Clay, Nuckolls, and Webster Counties (Figs 53 & 54).
    c. Compared to Nebraska as a whole, Clay, Nuckolls, and Webster Counties have slightly higher percentages of children under age 19 without health insurance (Fig 55).

CTSA Survey

1. Demographics
    a. There was an overrepresentation of residents of Adams and Nuckolls counties, overrepresentation of racial and ethnic minorities, except for Nuckolls County.
    b. There was an overrepresentation of females (75% of respondents).
    c. Most respondents were between the ages of 25 and 64, with about 1/3 being between the ages of 40 and 54 (Fig 57).
    d. There were large differences in respondent education by race/ethnicity (Fig 58) with white, non-Hispanic respondents being more likely to have some college, a college degree, or an advanced degree compared to non-white/Hispanic individuals.
    e. There were large racial/ethnic differences by field of work (Fig 59), specifically in the fields of health care and the service industry (with white, non-Hispanic respondents being more likely to work in health care/behavioral health compared to non-white/Hispanic respondents being more likely to work in the service industry compared to white, non-Hispanic respondents).
2. Access to healthcare

    a. A large majority of all respondents agree that they have access to services like hospitals and doctors' offices within an hour of where they live (Fig 60 & 61); however, access to substance misuse, medical specialists, and weight management programs was less common, with white, non-Hispanic respondents reporting greater access to these services compared to non-white/Hispanic respondents (Fig 63-65).
3. Barriers to care
    a. When asked about the reasons they did not get the medical care they needed, cost was the most selected (Fig 66). Not knowing where to access care was selected by about a quarter of all respondents, followed closely by language and/or cultural barriers. Transportation was the least selected barrier. These four barriers had large racial/ethnic differences, with white, non-Hispanic respondents choosing them at lower rates than non-white/Hispanic respondents.
4. Personal provider
    a. A large majority of all respondents had a person they consider their health care provider, while few (less than 15%) have a mental health provider (Fig 67). Non-white/Hispanic respondents were about a third less likely than white, non-Hispanic respondents to say they had a dentist or optometrist.
    b. In terms of other sources of health care services, non-white, Hispanic respondents were more likely than white, non-Hispanic respondents to use the health department, federally qualified health centers, free clinics, and family planning agencies (Fig 68). White, non-Hispanic respondents were more likely to use urgent care and telehealth and were more likely to say they didn't use any other services. White, non-Hispanic respondents were twice as likely as non-white/Hispanic respondents to delay care as long as possible; however, only 10% of respondents said that they do this.
    c. Over half of respondents said they received most of their healthcare in their own community – but this was twice as likely for white, non-Hispanic respondents than for non-white/Hispanic respondents (Figure 69). Half of non-white/Hispanic respondents said they received most healthcare in their county (but not the closest town), more than double the number of white, non-Hispanic respondents.
5. Pandemic-related questions
    a. Respondents were asked what care they received during the pandemic (Figure 70). About nine out of ten said they saw a doctor, with slightly more white, non-Hispanic respondents making that claim than non-white/Hispanic respondents. Two thirds of white, non-Hispanic respondents saw a dentist and/or optometrist during that time, nearly twice the number of non-white/Hispanic respondents. Breast and cervical cancer screenings were at least twice as common for white, non-Hispanic women than non-white/Hispanic women.
    b. Overall, dental cleanings were the most likely to be delayed during the pandemic, selected by about half of respondents (Fig 71). However, nearly two-thirds of non-white/Hispanic respondents said they delayed seeing a doctor since the pandemic started, more than double the number of white, non-Hispanic respondents.

c. Non-white/Hispanic respondents were more likely to say that their mental/behavioral healthcare needs increased since the start of the pandemic (Fig 72).
d. About one in five respondents reported an increase in alcohol, tobacco, and/or e-cigarette use during this time. Opioid and other drug use increased for about 13% of respondents. There were more changes in alcohol use for non-white/Hispanic respondents than for white, non-Hispanic respondents (Fig 74-77).
e. Non-white/Hispanic respondents were more likely than white, non-Hispanic respondents to say they had difficulty with certain issues and basic needs because of the pandemic (Fig 84).
f. Since the beginning of the pandemic, a third of respondents tested positive for COVID-19, but this was much higher for non-white, Hispanic respondents (Figure 86).

6. Physical activity and nutritional opportunities
    a. White, non-Hispanic respondents were more likely to say that they have access to nutrition, physical activity, and weight education/management programs within an hour of home (Fig 81).
    b. More than half selected poor eating habits, stress, and exercise as behaviors they were most concerned about (Fig 83). Stress was more likely to be selected by non-white/Hispanic respondents. Avoiding routine healthcare and gambling were also chosen more often by non-white/Hispanic respondents. White, non-Hispanic respondents were at least twice as likely as non-white/Hispanic respondents to select distracted driving, not getting vaccinated, and tobacco use as top concerns.
    c. When asked an open-ended question about what worried respondents the most about their/their family's own health, COVID-19 and healthcare costs/access were the mostly commonly cited themes.

Community Health Improvement Plan (CHIP)

Introduction

The South Heartland District Health Department (SHDHD) serves Adams, Clay, Nuckolls, and Webster Counties in South Central Nebraska. In 2019, SHDHD developed a five-year Community Health Improvement Plan (CHIP) to guide it's activities for 2019 through 2024. The CHIP addresses five key priority areas which SHDHD intends to address during this five year period:

Priority Area 1: Access to Health Care	Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.
Priority Area 2: Mental Health	Improve mental health through prevention and by ensuring access to appropriate, quality mental health services
Priority Area 3: Substance Misuse	Reduce substance misuse / risky use to protect the health, safety, and quality of life for all.
Priority Area 4: Obesity & Related Health Conditions	Reduce obesity and related health conditions through preventaoin and chronic disease management.
Priority Area 5: Cancer	Reduce the number of new cancer cases as well as illness, disability, and death caused by cancer.

SHDHD identified performance measures for each of these priority areas. This report presents an update of the most available current data on these performance measures. A green "thumbs up" icon is used if the 2024 performance measure has already been met while a red "thumbs down" icon is if the 2024 performance measure has not yet been met. In addition, other relevant data for each of these prioirty areas are included.

Demographics

The four-county South Heartland District has a total population of 45,571, with nearly 70% of this population residing in Adams County (Table 1).

Table 1	Population (2019)			
Adams County	Clay County	Nuckolls County	Webster County	*SHDHD total*
31,587	6,203	4,244	3,537	*45,571*

As a whole, the South Heartland District has a population that is mostly White (non-Hispanic/Latino), with a relatively small, but notable, Hispanic, or Latino minority population residing across the four counties in the district (Table 2).

Table 2	Race/Ethnicity (2019)		
	White (non-Hispanic/Latino)	Hispanic or Latino (of any race)	All other races/ethnicities
Adams County	85.9%	10.3%	3.8%
Clay County	89.2%	8.9%	1.9%
Nuckolls County	94.6%	2.8%	2.6%
Webster County	91.5%	5.1%	3.4%
SHDHD total	*87.6%*	*9.0%*	*3.4%*
Nebraska	*79.0%*	*10.9%*	*10.1%*

Compared to the rest of Nebraska, the four counties within the South Heartland District each have a higher percentage of the population that is 65 years and over (Table 3).

Table 3	Percentage of Population 65 years and over (2019)				
Adams County	Clay County	Nuckolls County	Webster County	*SHDHD total*	*Nebraska*
17.7%	19.9%	26.6%	26.5%	*19.2%*	*15.4%*

Poverty among all people within the four counties of the South Heartland District is generally comparable to the rest of Nebraska. However, poverty among the under 18 population is slightly higher in each of the four counties of the district as compared to Nebraska (Table 4).

Table 4	Poverty (2019)					
	Adams County	Clay County	Nuckolls County	Webster County	*SHDHD total*	*Nebraska*
All people	12.5%	10.5%	11.2%	10.8%	*12.0%*	*11.1%*
Under 18 years	16.8%	14.4%	19.4%	15.4%	*16.6%*	*13.9%*

The median household income is lower in each of the four counties of the South Heartland District, as compared to Nebraska as a whole (Table 5).

Table 5	Median household income (2019)			
Adams County	Clay County	Nuckolls County	Webster County	*Nebraska*
53,023	$57,173	$43,388	$46,188	*$61,439*

The percentage of the population with a disability is higher in each of the four counties of the South Heartland District, as compared to Nebraska as a whole (Table 6).

Table 6	Percentage of population with a disability (2019)				
Adams County	Clay County	Nuckolls County	Webster County	*SHDHD total*	*Nebraska*
13.4%	14.8%	17.1%	14.4%	*14.0%*	*11.6%*

The percentage of the population with a high school degree or equivalent is comparable in the South Heartland District to the rest of the state. Yet, the percentage of the population with a Bachelor's degree or higher is lower in the South Heartland District compared to the rest of the state (Table 7).

Table 7	Educational attainment of the population age 25 years and over					
	Adams County	Clay County	Nuckolls County	Webster County	*SHDHD total*	*Nebraska*
High school degree or equivalent	90.0%	91.5%	91.9%	93.8%	*90.7%*	*91.4%*
Bachelor's degree or higher	24.3%	19.9%	20.9%	23.0%	*23.3%*	*31.9%*

Priority Area 1: Access to Health Care

Performance Measures

Discussion

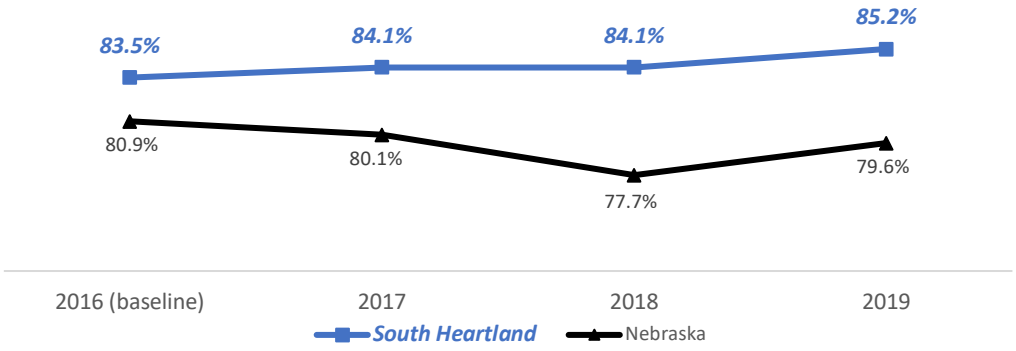
In general, adults in the South Heartland District report a comparable level of access to health care as adults across all of Nebraska. However, one notable exception is that adults in the South Heartland District report having a personal doctor at higher rates compared to Nebraska as a whole (85.0% in South Heartland compared to 79.6% for Nebraska, Figure 1).

There was a notable increase in the percentage of adults who reported visiting a doctor for a routine exam in the past year from 2017 to 2018 in the South Heartland District and across the entire state. In 2019, about three-fourths (74.3.%) of adults in the South Heartland District reported visiting a doctor for a routine exam in the past year (Figure 2).

From 2018 to 2019, there were slight increases of adults in the South Heartland District reporting that they are without health insurance (16.6% in 2019, Figure 3) and that cost is a barrier to visiting a doctor (14.6% in 2019, Figure 4).

Data (Figures 1 – 5)

Figure 1. Adults (18+) with a personal doctor or health care provider

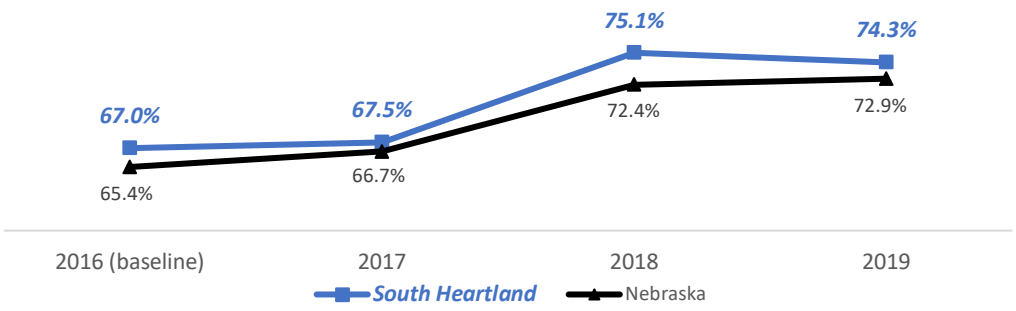


Performance Measure

2024 Target: 84.0%

Source: BRFSS

Figure 2. Adults (18+) who report visiting the doctor for a routine exam in the past year

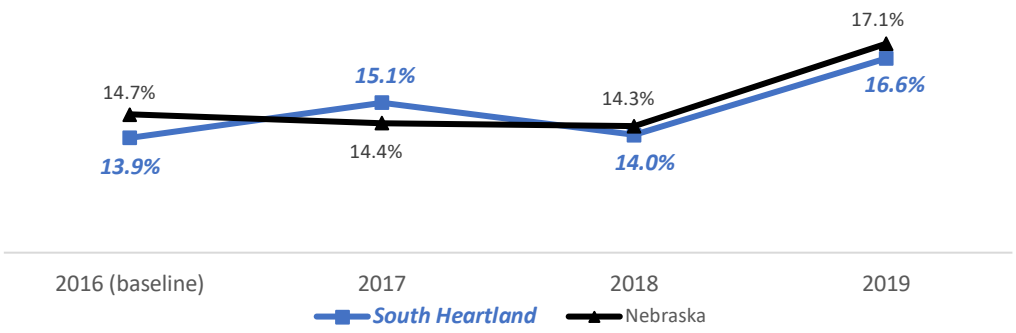


Performance Measure

2024 Target: 71.0%

Source: BRFSS

Figure 3. Persons aged 18-64 years without healthcare coverage

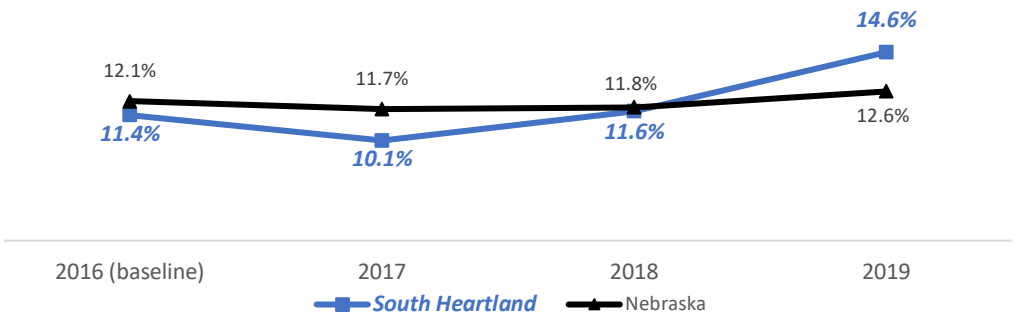


Performance Measure

2024 Target: 13.0%

Source: BRFSS

Figure 4. Adults (18+) reporting cost as a barrier to visiting a doctor in the past year

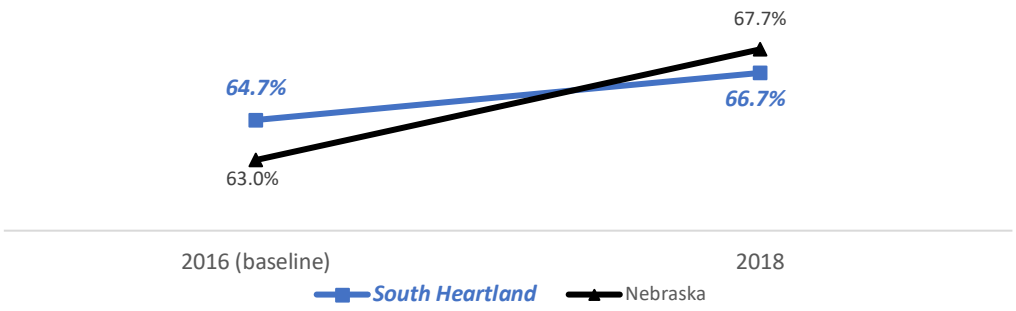


Performance Measure

2024 Target: 10.7%

Source: BRFSS

Figure 5. Adults (18+) who report visiting a dentist for any reason in the past year



Performance Measure

2024 Target: 68.5%

Source: BRFSS

Additional Measures

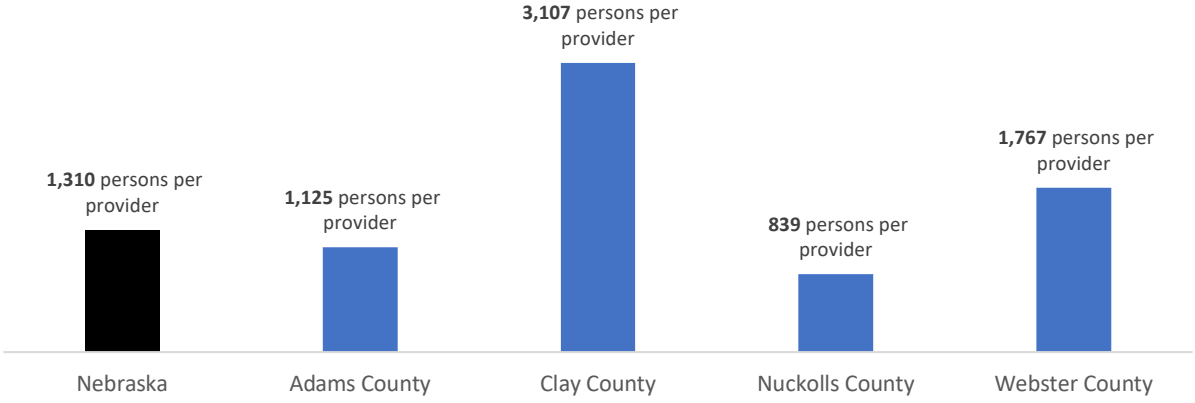
Discussion

Clay and Webster Counties have a notably high ratio of popuation to primary care physicians compared to the rest of the state. In Clay County, there are 3,107 persons per primary care physician. However, Adams and Nuckolls Counties somewhat make up for this lack of primary care physicians in Clay County (Figure 6).

Compared to Nebraska as a whole, Clay, Nuckolls, and Webster Counties have slightly higher percentages of children under age 19 without health insurance (Figure 7).

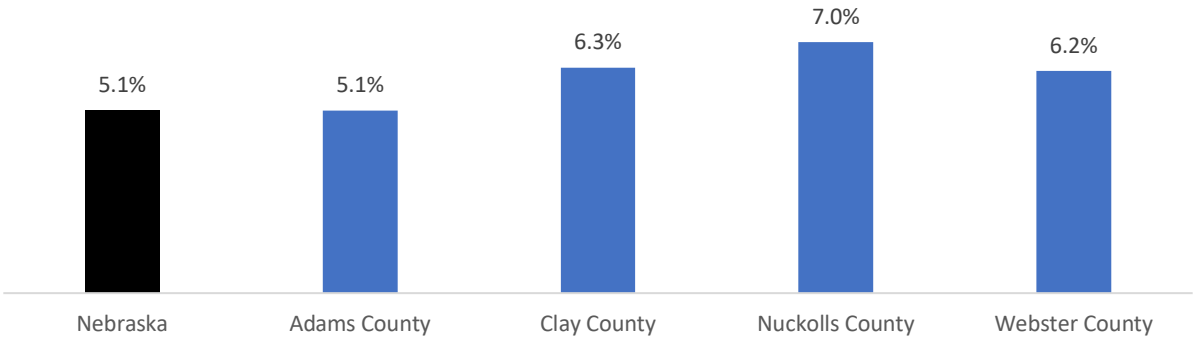
Data (Figures 6 & 7)

Figure 6. Ratio of population to primary care physicians (2018)



Source: County Health Rankings

Figure 7. Percentage of children under age 19 without health insurance (2018)



Source: County Health Rankings

Priority Area 2: Mental Health

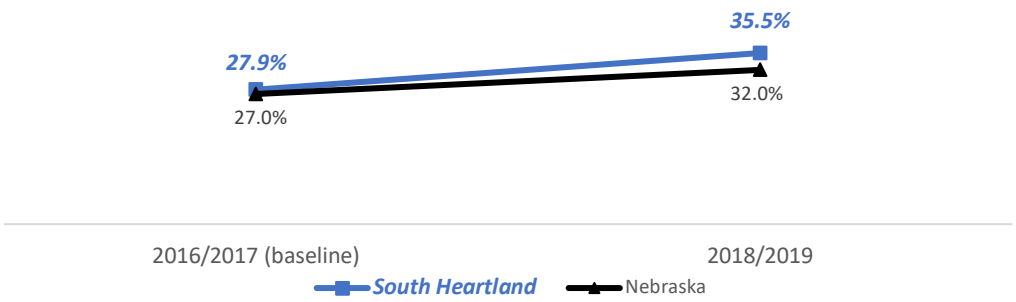
Performance Measures

Discussion

There are some concerning indicators for mental health among high school students (grades 9 – 12) and adults in the South Heartland District. More than one-third (35.5%) of high school students in the South Heartland District reported depression (Figure 8) and more than one-in-ten (11.4%) reported attempting suicide (Figure 9), in the past year in 2018/2019. Additionally, nearly one-in-five (18.2%) of adults in the South Heartland District reported in 2019 that they have been diagnosed with depression (Figure 10). All of these rates are higher than Nebraska as a whole.

Data (Figures 8 – 11)

Figure 8. High school students reporting feeling sad or hopeless almost every day for two weeks or a more in a row causing abandonment of usual activities during the past year

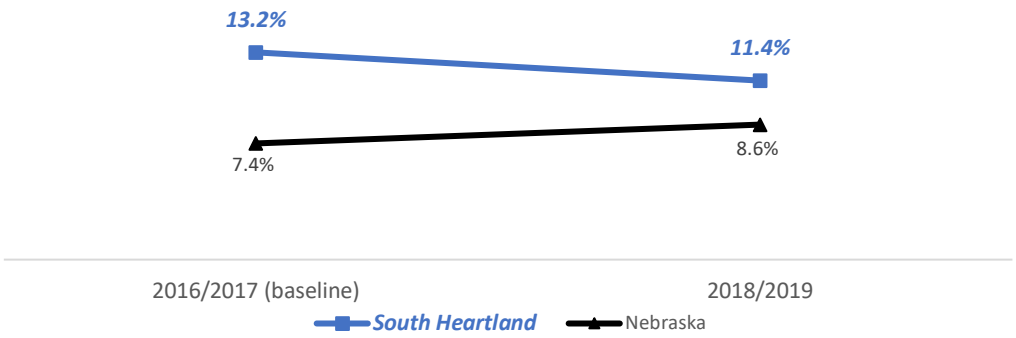


Performance Measure

2024 Target: 26.2%

Source: YRBS

Figure 9. Reported suicide attempts by high school students during the past year

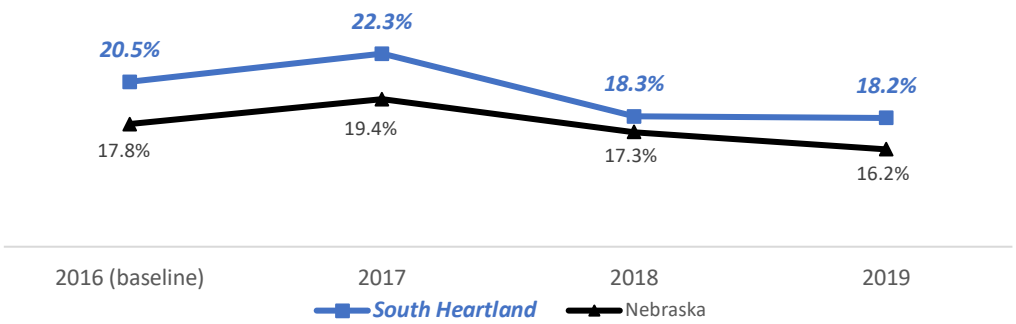


Performance Measure

2024 Target: 12.4%

Source: YRBS

Figure 10. Proportion of adults (18+) who reported ever being diagnosed with depression

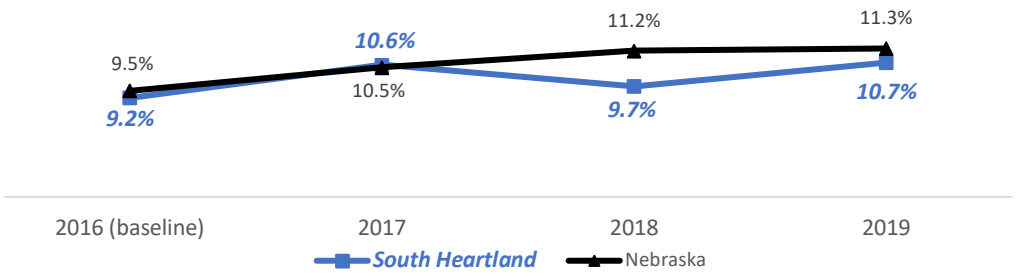


Performance Measure

2024 Target: 19.3%

Source: BRFSS

Figure 11. Adults (18+) reporting frequent mental distress* in the last 30 days



Performance Measure

2024 Target: 8.7%

*14 or more self-reported mentally unhealthy days in the past 30 days.

Source: BRFSS

Additional Measures

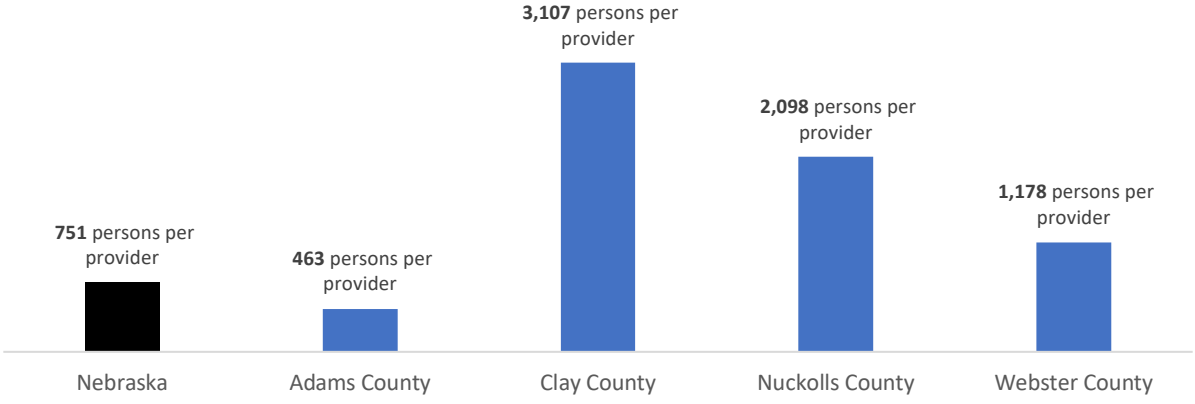
Discussion

Clay, Webster, and Nuckolls Counties all have notably high rates of population per behavioral health provider, as compared to Nebraska as a whole. Yet, Adams County may make up for this lack of behavioral providers, at least in part, in the more rural areas of the district (Figure 12).

On average, the Hastings Police Department receives more than three calls related to mental health every day. From 2015 to 2019, there has been a general upward trend in such calls (Figure 13).

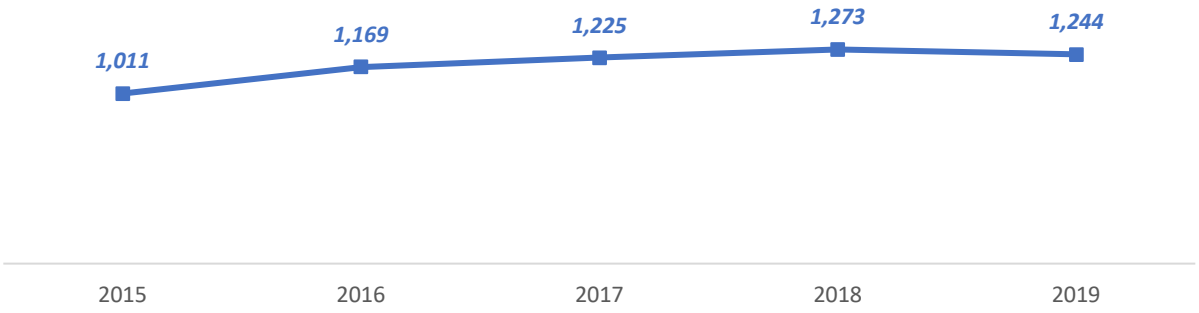
Data (Figures 12 & 13)

Figure 12. Ratio of population to behavioral health providers (2018)



Source: BHECN

Figure 13. Mental health related calls to Hastings Police Department



Source: Hastings Police Dept.

Priority Area 3: Substance Misuse

Performance Measures

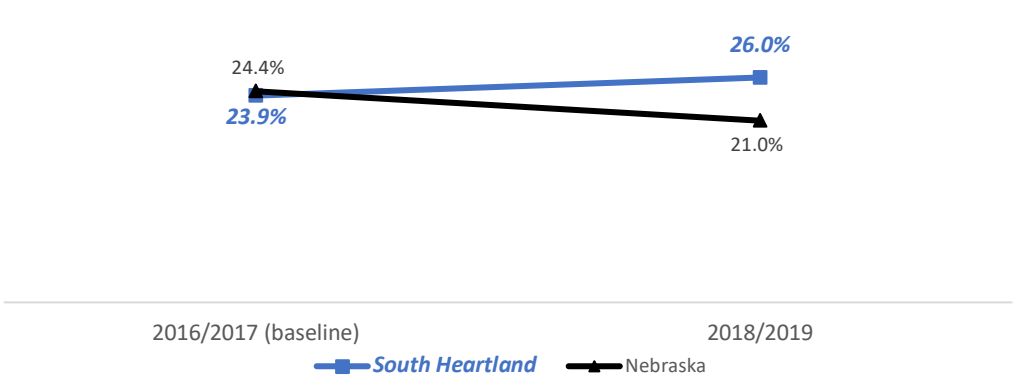
Discussion

Among the performance measures chosen for the prioroity area of subtance misuse, one stands out for it's alarming trend: past 30 day electronic vapor product (e-cigarette) use among high school students. In 2018/2019, 30.4% of South Heartland District high school students reported vaping tobacco in the past 30 days, compared to 17.1% for the state as a whole. This rate of vaping tobacco nearly doubled among South Heartland District high school students from 2016/2017 to 2018/2019 (Figure 18).

In 2018/2019, just over one-in-four (26.0%) South Heartland district high school students reported using alcohol in the past 30 days (compared to 21.0%) for Nebraska as a whole (Figure 14). Among adults, nearly one-in-five (19.5%) in the South Heartland district reported binge drinkings in the past 30 days in 2019, which is comparable to the rate of 20.9% for Nebraska as a whole (Figure 19).

Data (Figures 14 – 22)

Figure 14. Past 30 day alcohol use among high school students

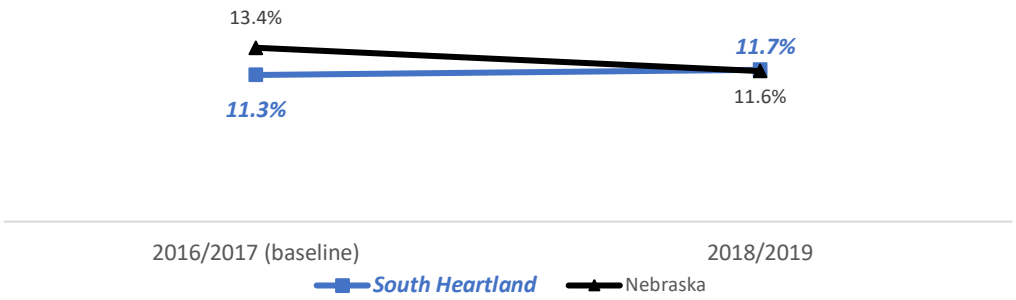


Performance Measure

2024 Target: 22.5%

Source: YRBS

Figure 15. Past 30 day marijuana use among high school students

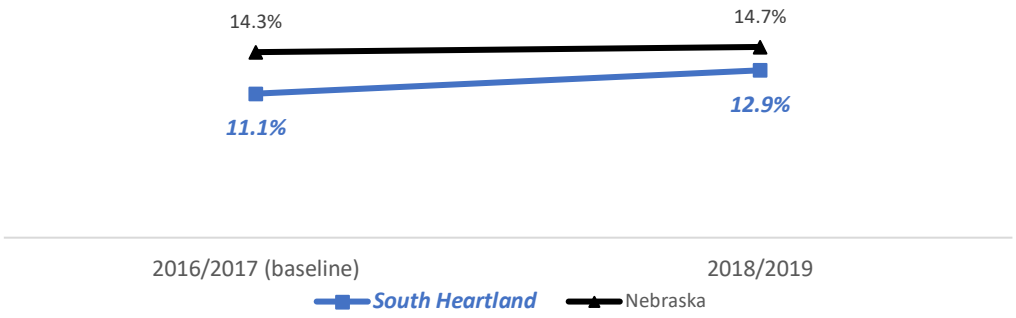


Performance Measure

2024 Target: 10.6%

Source: YRBS

Figure 16. Lifetime misuse/abuse of prescription drugs among high school students

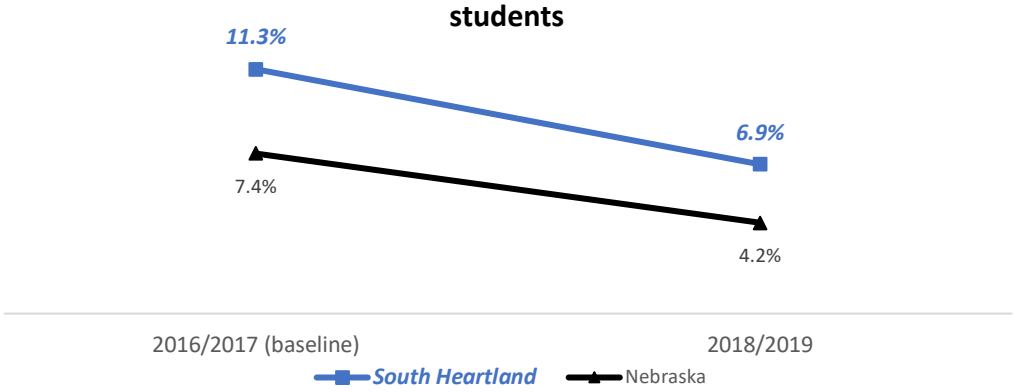


Performance Measure

2024 Target: 10.4%

Source: YRBS

Figure 17. Past 30 day cigarette use among high school students

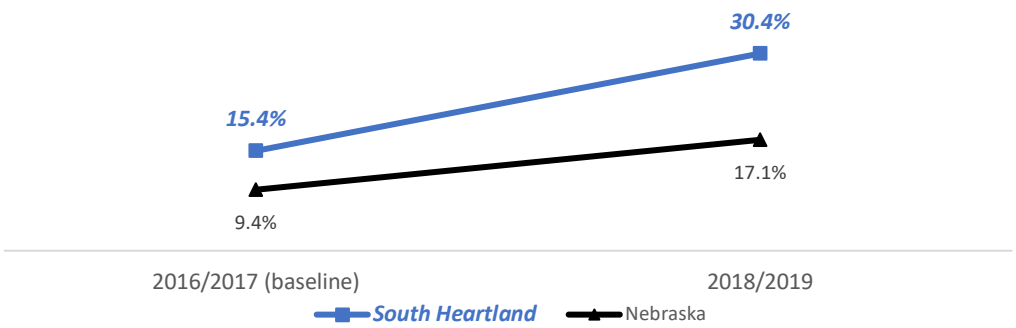


Performance Measure

2024 Target: 10.6%

Source: YRBS

Figure 18. Past 30 day electronic vapor product (e-cigarette) use among high school students

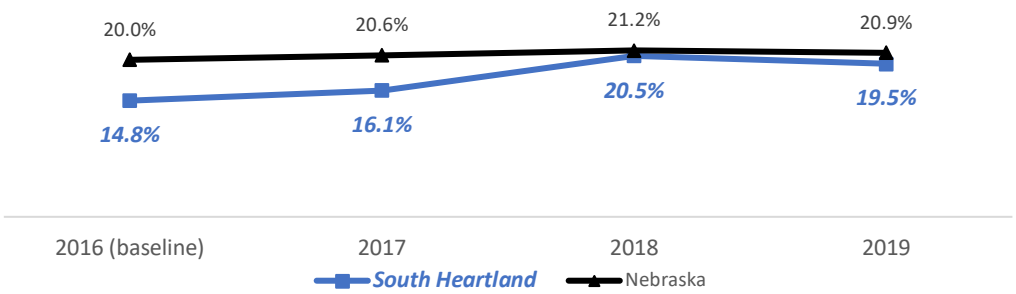


Performance Measure

2024 Target: 14.5%

Source: YRBS

Figure 19. Binge drinking (four drinks for females, five for males, in a row) among adults (18+) in the past 30 days

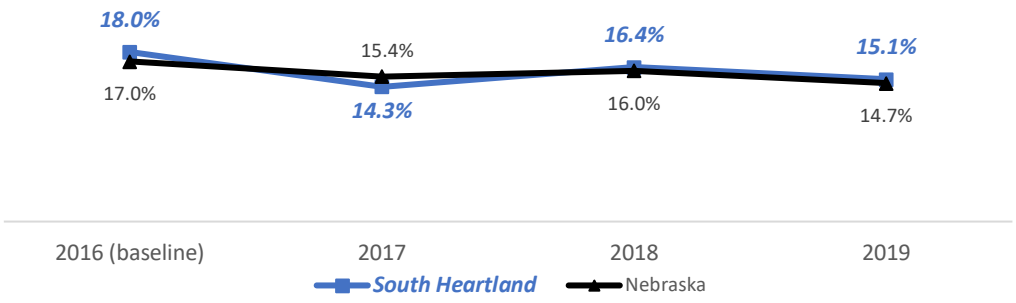


Performance Measure

2024 Target: 13.9%

Source: BRFSS

Figure 20. Current cigarette smoking among adults (18+)

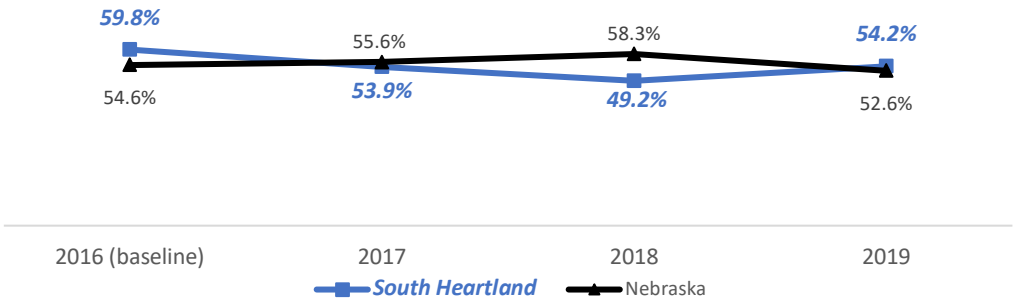


Performance Measure

2024 Target: 16.9%

Source: BRFSS

Figure 21. Current smokers (adults 18+) who reportedly attempted to quit smoking in the past year

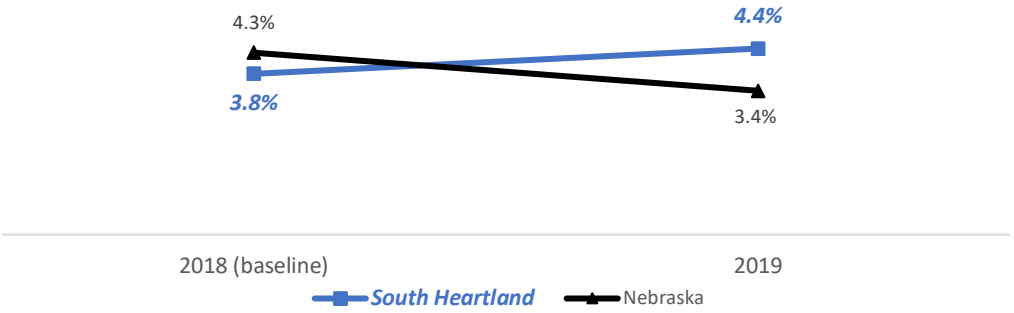


Performance Measure

2024 Target: 63.4%

Source: BRFSS

Figure 22. Opioid misuse (use of opioid prescription medication outside of prescription guidelines) among (adults 18+) in the past year



Performance Measure

2024 Target: 4.4%

Source: BRFSS

Additional Measures

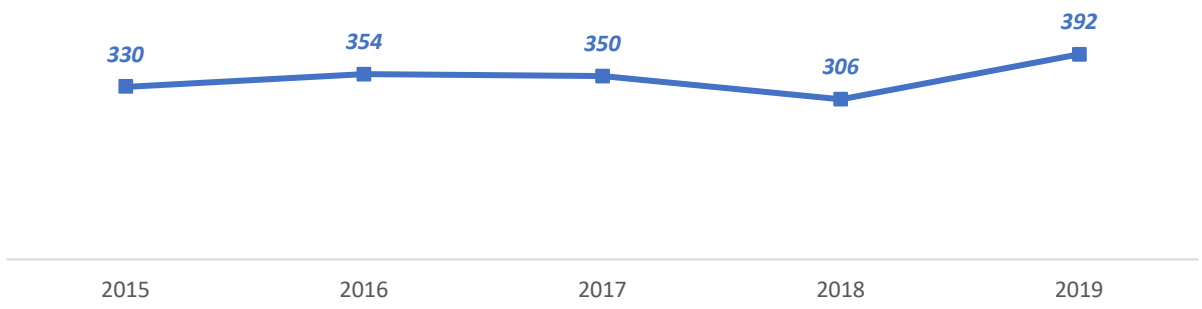
Discussion

The Hastings Police Department reports approximately one drug related call per day on average. In 2019, there was a total of 392 such calls, marking the highest yearly total over the previous five years (Figure 23).

Compared to their peers across the state, South Heartland district high school students report higher rates of binge drinking (Figure 24) and past 30 day alcohol impaired driving (Figure 25).

Data (Figures 23 – 26)

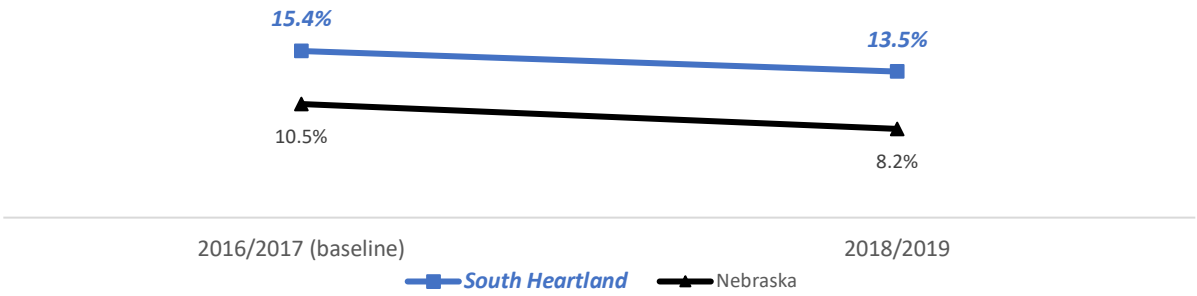
Figure 23. Drug related calls to Hastings Police Department



Source: Hastings Police Dept.

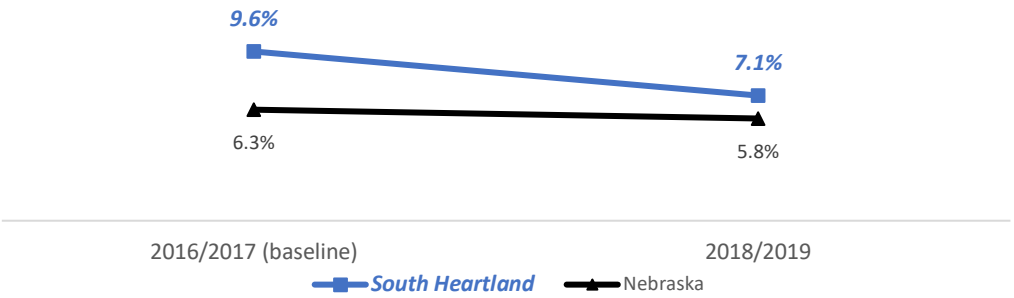
Figure 24. Past 30 day binge drinking among high school students

(four or more drinks of alcohol in a row for female students or five or more drinks of alcohol in a row for male students, that is, within a couple of hours)



Source: YRBS

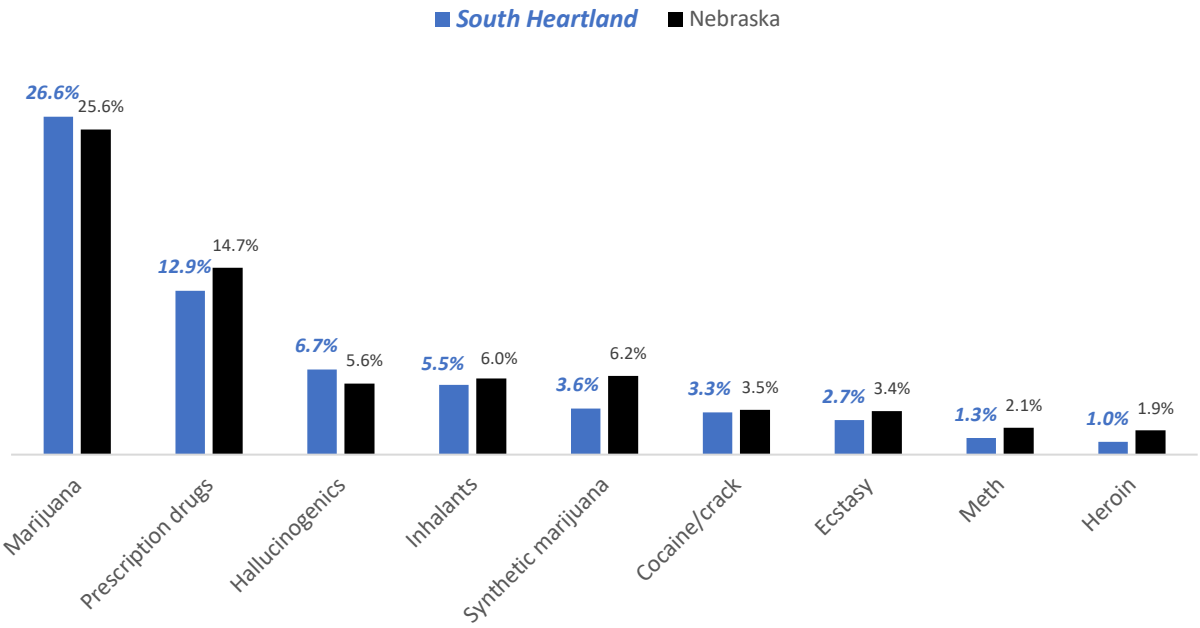
Figure 25. Past 30 day alcohol impaired driving among high school students



In 2018, 3.9% of SHDHD adults age 18+ reported alcohol impaired driving in the past 30 days (compared to 3.0% statewide).

Sources: YRBS and BRFSS

Figure 26. Lifetime use of substances among high school students (2018/2019)



Source: YRBS

Priority Area 4: Obesity & Related Health Conditions

Performance Measures

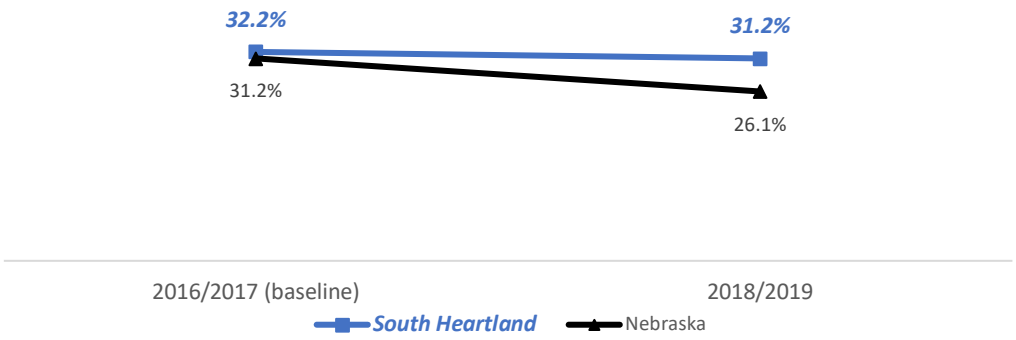
Discussion

Obesity is slightly higher among both high school students and adults in the South Heartland district compared to the state. Based on the most current data, 31.2% of South Heartland district high school students and 71.1% of South Heartland adults are identified as obese (Figures 27 and 28).

Self-reported diabetes, high blood pressure, and coronoary heart disease are also slightly higher among South Heartland adults compared to Nebraska as a whole (Figures 29 – 31).

Data (Figures 27 – 31)

Figure 27. High school students who are overweight or obese
(BMI 85th percentile or higher based on 2000 CDC growth charts)

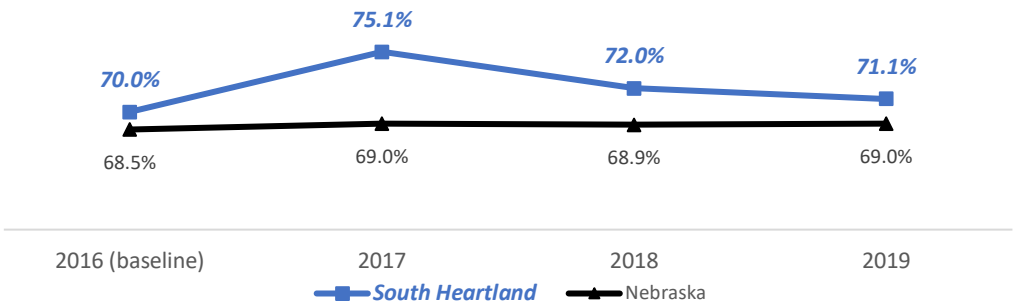


Performance Measure

2024 Target: 30.6%

Source: YRBS

Figure 28. Overweight or obesity (BMI > 25) among adults (18+)

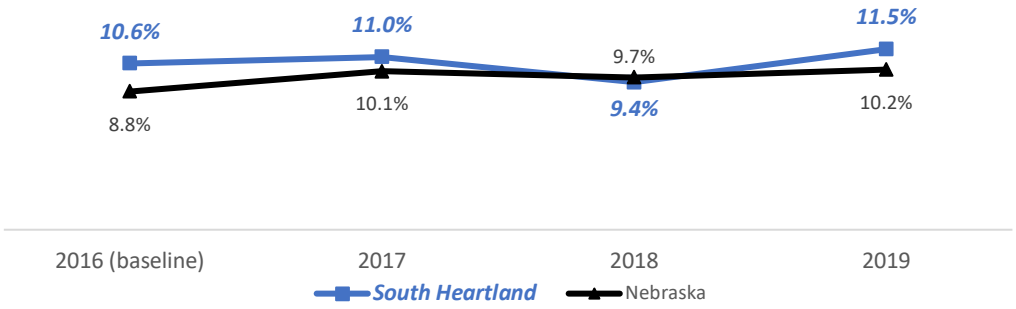


Performance Measure

2024 Target: 65.8%

Source: YRBS

Figure 29. Adults (18+) who have ever been told they have diabetes (excluding pregnancy)

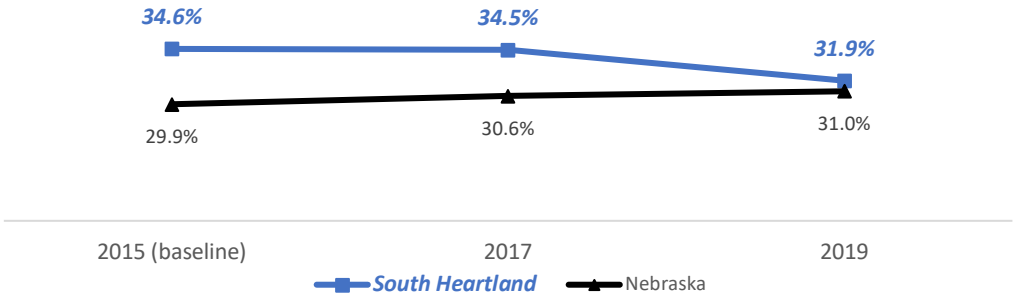


Performance Measure

2024 Target: 9.0%

Source: BRFSS

Figure 30. Adults (18+) who have ever been told they have high blood pressure (excluding pregnancy)

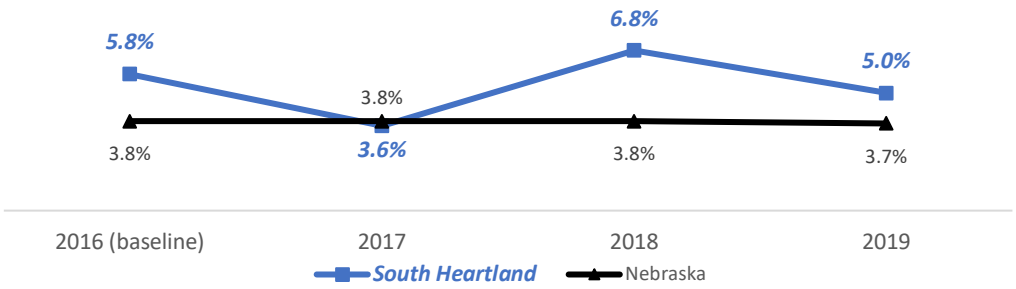


Performance Measure

2024 Target: 32.5%

Source: BRFSS

Figure 31. Adults (18+) who have ever been told they have coronary heart disease



Performance Measure

2024 Target: 5.4%

Source: BRFSS

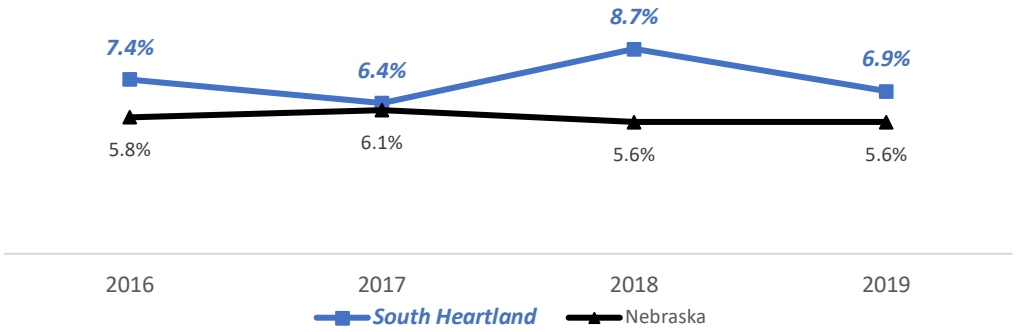
Additional Measures

Discussion

Compared to the rest of the state, there have been consistently higher rates of adults in the South Heartland district reporting that they have ever had a heart attack (Figure 32) and that they have no leisure-time physical activity (Figure 33).

Data (Figures 32 – 35)

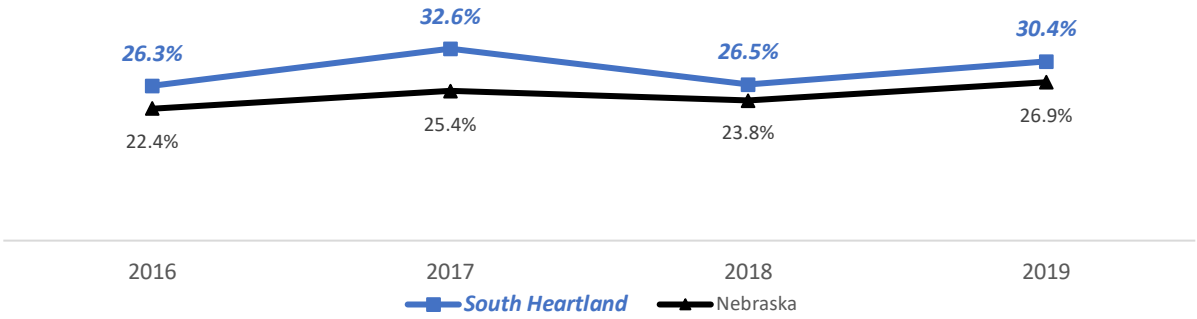
Figure 32. Adults (18+) who have ever been told they had a heart attack or coronary heart disease



In 2019, 28.4% of SHDHD adults reported taking aspirin to prevent or control heart disease or stroke (compared to 21.5% statewide)

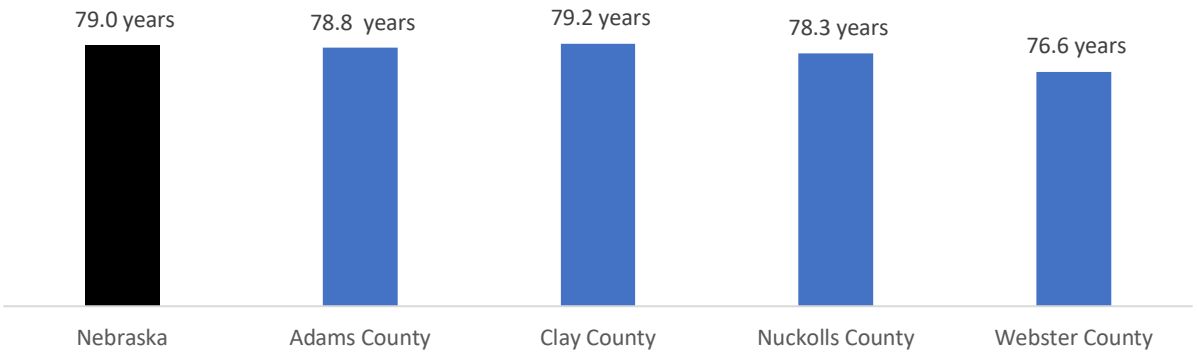
Source: BRFSS

Figure 33. Adults (18+) with no leisure-time physical activity in the past 30 days



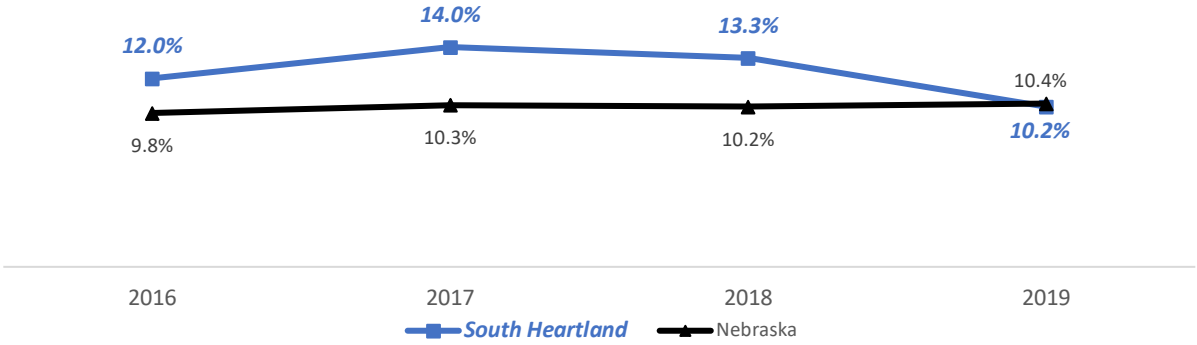
Source: BRFSS

Figure 34. Life expectancy (2017-2019)



Source: County Health Rankings

Figure 35. Adults (18+) who report their physical health was not good on 14 or more of the past 30 days



Source: BRFSS

Priority Area 5: Cancer

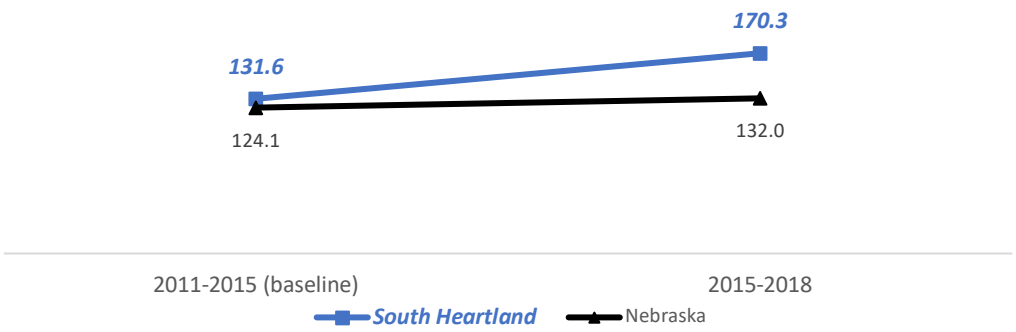
Performance Measures

Discussion

SHDHD developed performance measures for five types of cancer: female breast, colorectal, prostate, melanoma of the skin, and lung. Since baseline, the most currently available data show increases for three of these types of cancer. Incidences of prostate and lung cancer are the only performance measure with a decreasing trend. Most alarming, incidence rates for melanoma have more than doubled since baseline (Figure 36 – 40).

Data (Figures 36 – 40)

Figure 36. Incidence Rates of Female Breast Cancer per 100,000

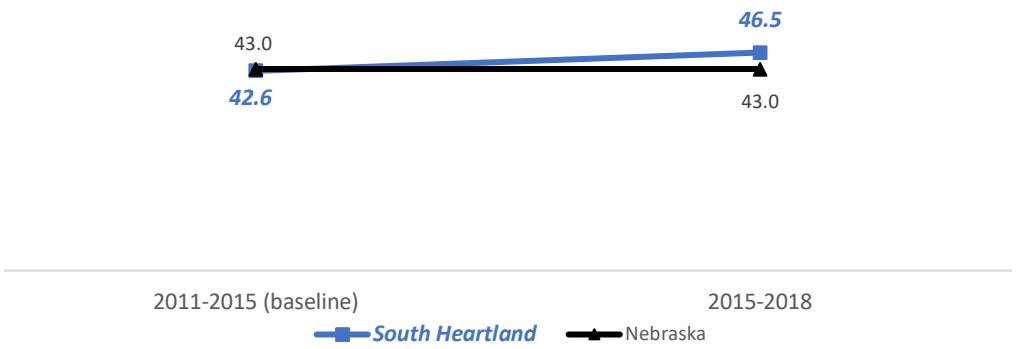


Performance Measure

2024 Target: 123.7

Source: Nebraska Cancer Registry

Figure 37. Incidence Rates of Colorectal Cancer per 100,000

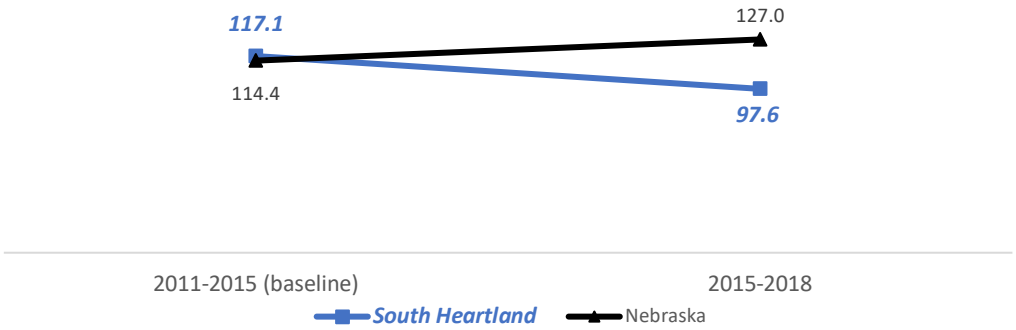


Performance Measure

2024 Target: 40.0

Source: Nebraska Cancer Registry

Figure 38. Incidence Rates of Prostate Cancer per 100,000

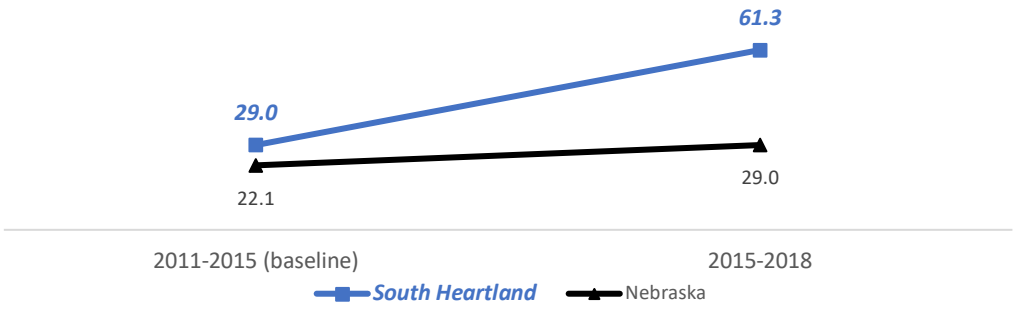


Performance Measure

2024 Target: 110.1

Source: Nebraska Cancer Registry

Figure 39. Incidence Rates of Melanoma of the Skin Cancer per 100,000

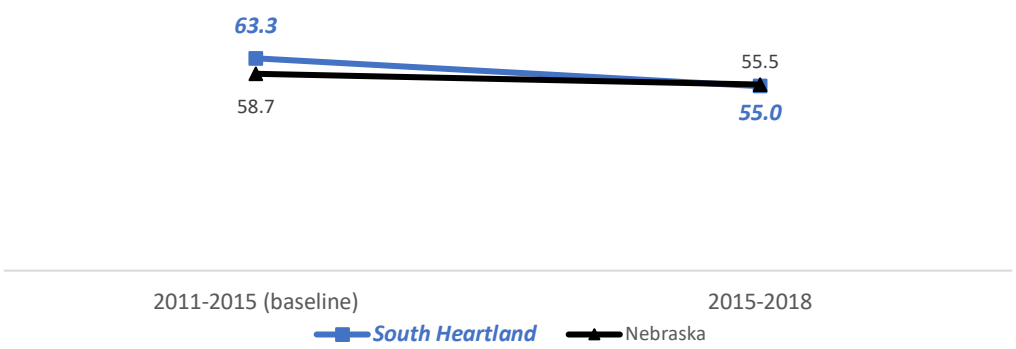


Performance Measure

2024 Target: 27.3

Source: Nebraska Cancer Registry

Figure 40. Incidence Rates of Lung Cancer per 100,000



Performance Measure

2024 Target: 59.5

Source: Nebraska Cancer Registry

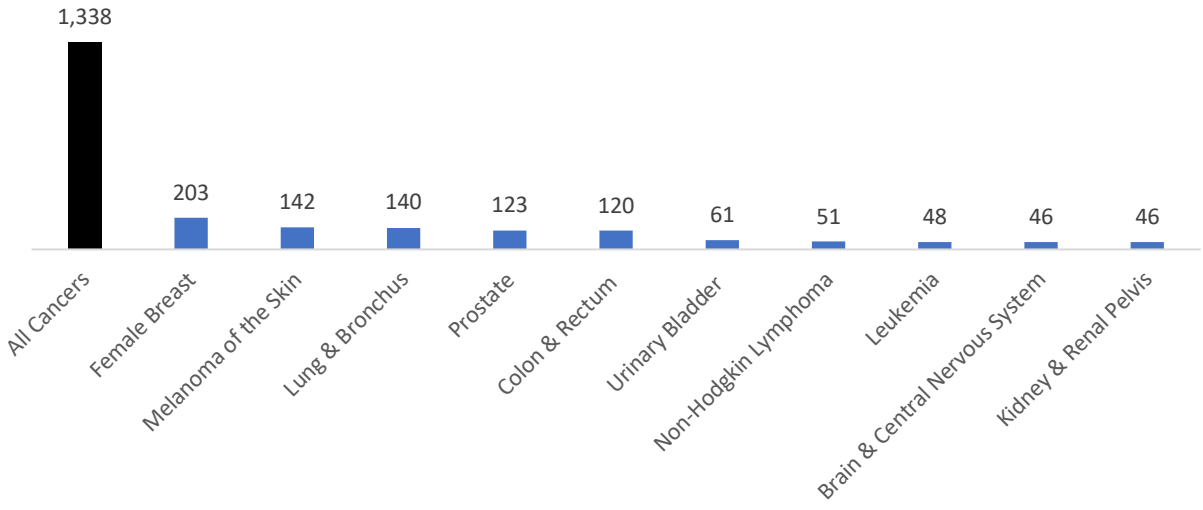
Additional Measures

Discussion

Compared to Nebraska as a whole, rates of all cancer types have been consistently higher in the South Heartland District (Figure 42). In 2019, 13.5% of adults in the district reported that they have ever had cancer of any type (including Melanoma) (Figure 43).

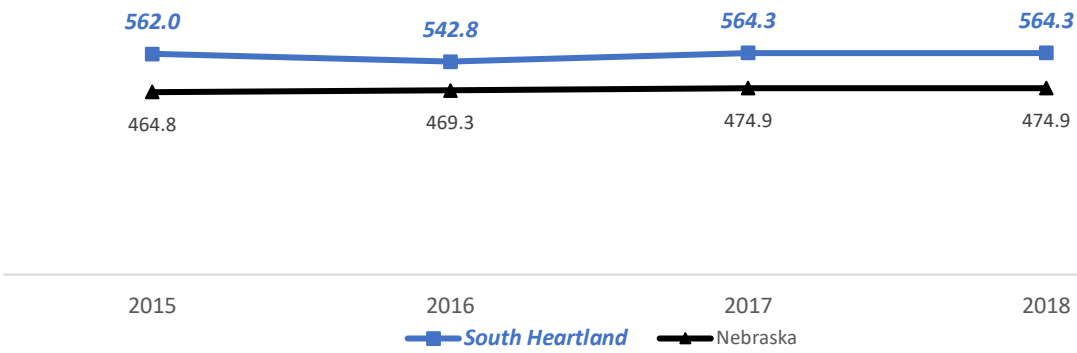
Data (Figures 41 – 43)

Figure 41. Incidences of the Top Ten Cancer Types in the South Heartland District (2015-2018)



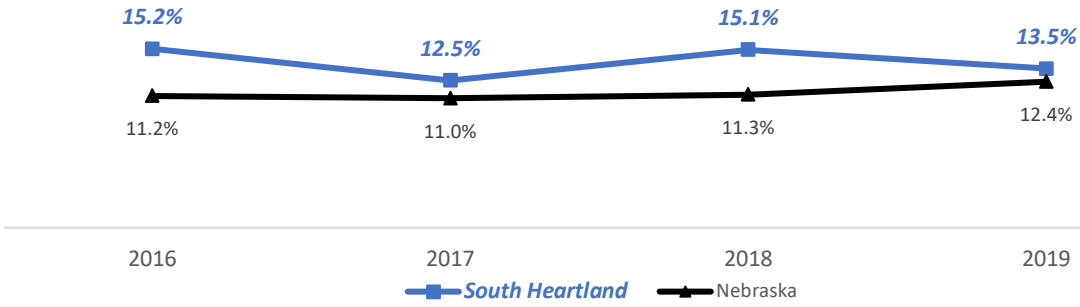
Source: Nebraska Cancer Registry

Figure 42. Rates of Cancer (all sites) per 100,000



Source: Nebraska Cancer Registry

Figure 43. Adults (18+) who have ever been told they have cancer in any form (including skin cancer)



Source: BRFSS

Appendix: Additional Data (Non-Priority Areas)

Two additional areas of data are included in this appendix: motor vehicle safety and maternal child health. These two areas were chosen for inclusion in this report because of the potential public health concern that certain indicators wihin each area demonstrate.

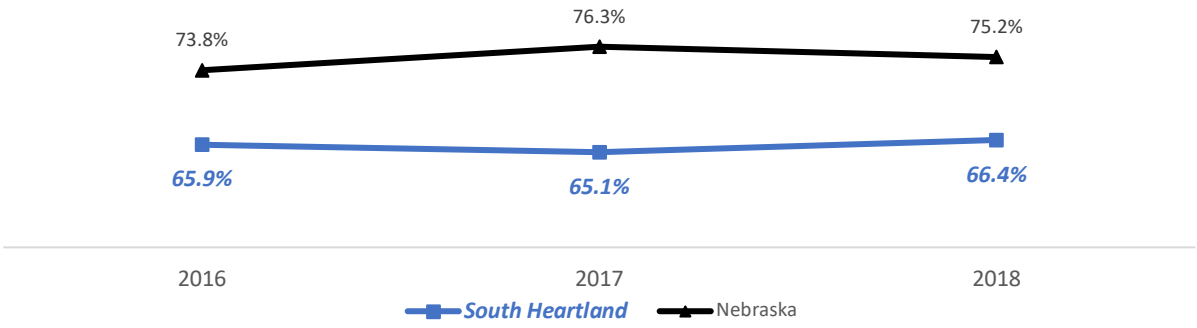
Motor Vehicle Safety

Discussion

A notably lower rate of adults in the South Heartland district report always wearing a seat belt when driving or riding in a car. In 2018, just two-thirds (66.4%) of adults in the district reported always wearing a seat belt, compared to 75.2% for Nebraska as a whole (Figure 44). Additionally, just half (50.1%) of South Heartland district high school students reported that they always wear a seat belt when riding in a car, which is comparable to the rate of 51.8% for the state as a whole (Figure 45).

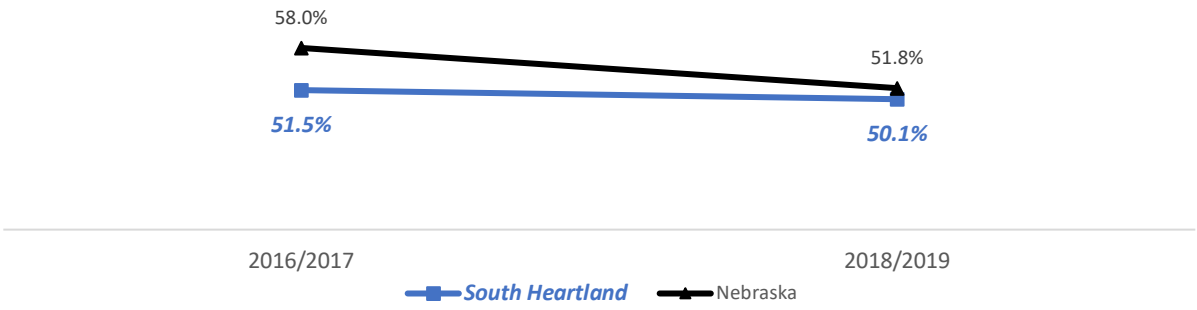
Likely because of this low rate of seat belt use, fatalities from car crashes are higher in the South Heartland district compared to Nebraska as a whole. The South Heartland district has a lower rate of motor vehicle crashes compared to the state (Figure 46). Because of this lower rate of motor vehicle crashes, one would expect a lower rate of fatalities. Yet, the inverse is true: the South Heartland district has a higher rate of fatalities from motor vehicle crashes than the state (Figure 47).

Figure 44. Adults (18+) who always wear a seat belt when driving or riding in a car



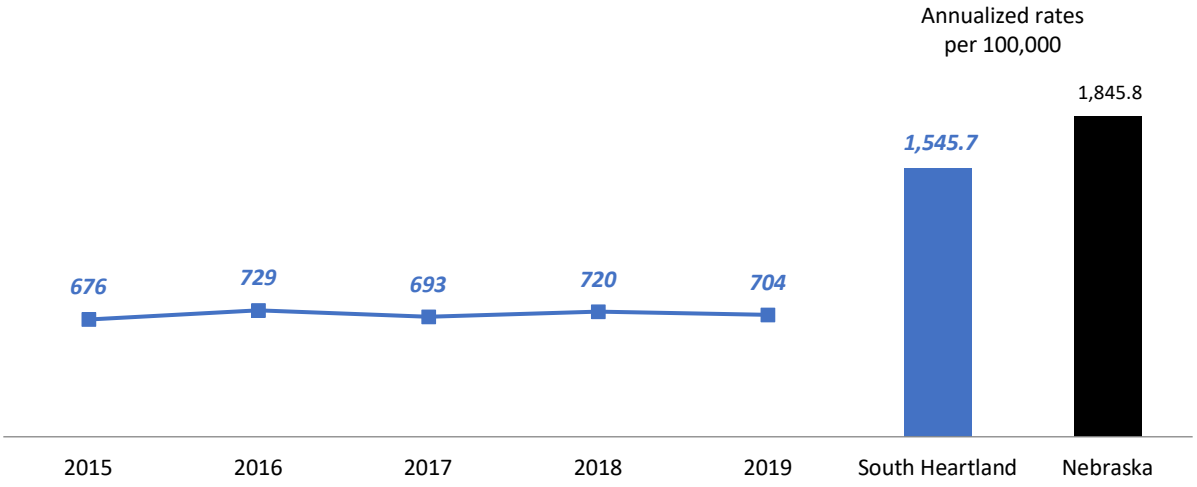
Source: BRFSS

Figure 45. High school students who always wear a seat belt when riding in a car driven by someone else



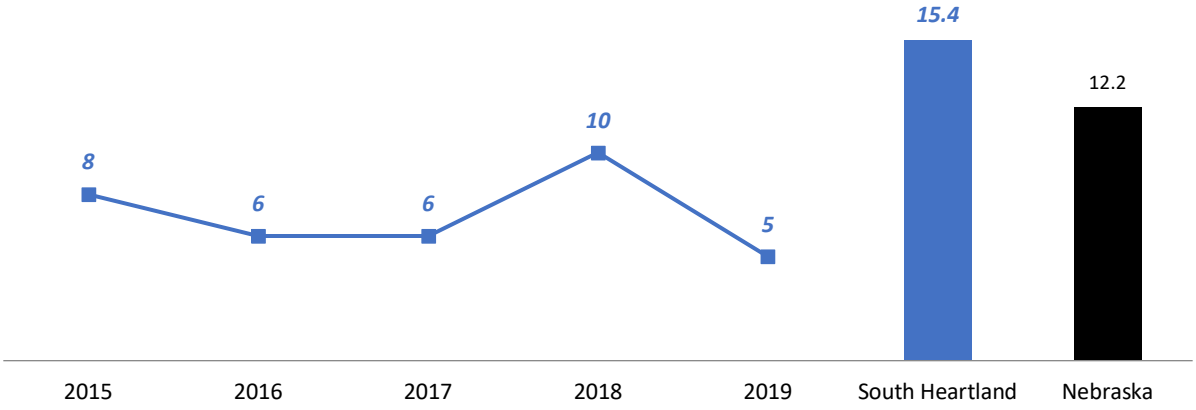
Source: YRBS

Figure 46. South Heartland Motor Vehicle Crashes



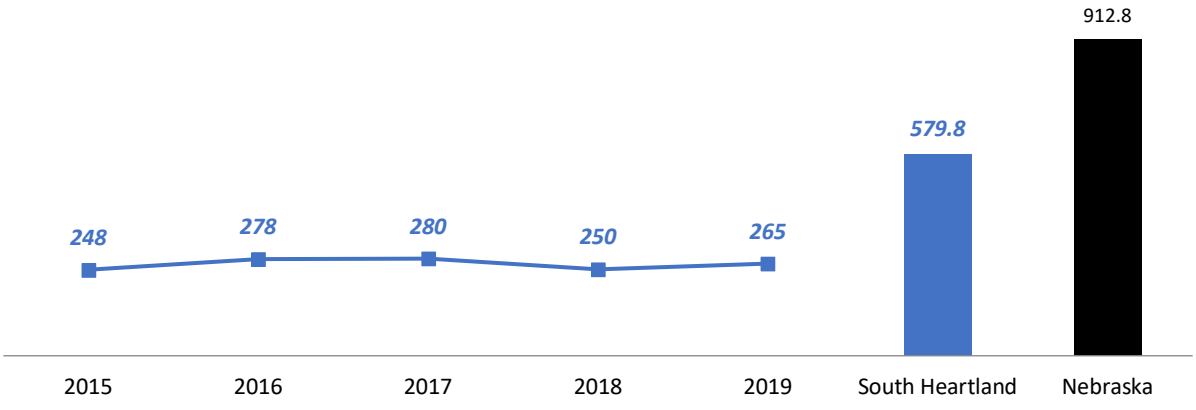
Source: Nebraska DOT Highway Safety Office

Figure 47. South Heartland Fatalities from Motor Vehicle Crashes



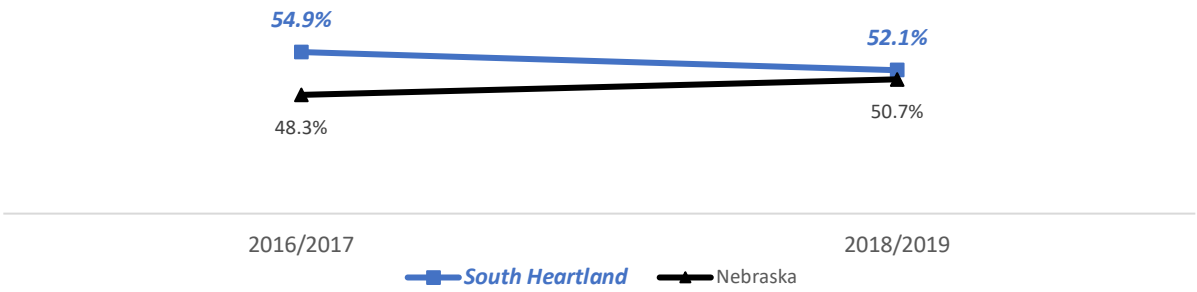
Source: Nebraska DOT Highway Safety Office

Figure 48. South Heartland Injuries from Motor Vehicle Crashes



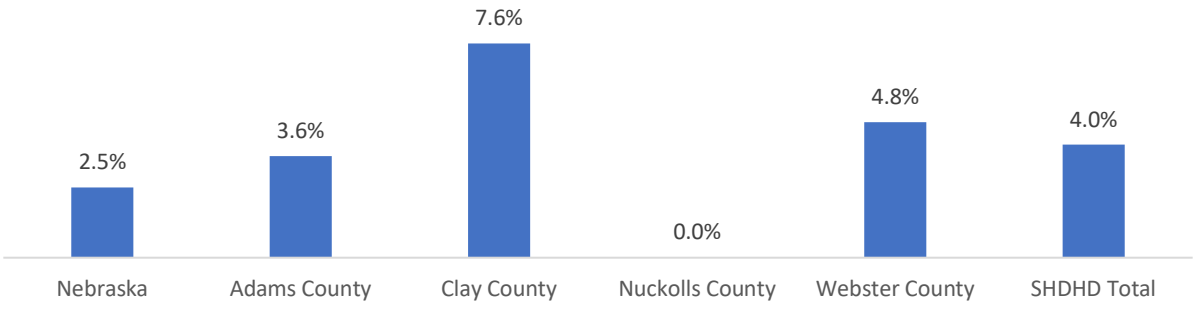
Source: Nebraska DOT Highway Safety Office

Figure 49. High school students who texted or e-mailed while driving a car or other vehicle in the past 30 days



Source: YRBS

Figure 50. Percentage of motor vehicle crashes with alcohol involement (2019)



Source: County Health Rankings

Maternal Child Health

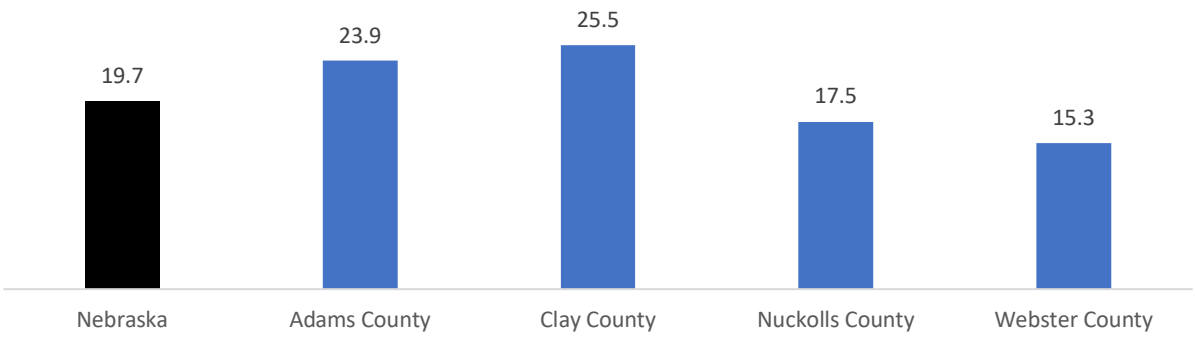
Discussion

Adams and Clay Counties have higher rates of births to teen mothers compared to the state (Figure 51).

Child and infant mortality rates are higher in Adams County compared to the state. Data are unavailable for Clay, Nuckolls, and Webster Counties (Figures 53 & 54).

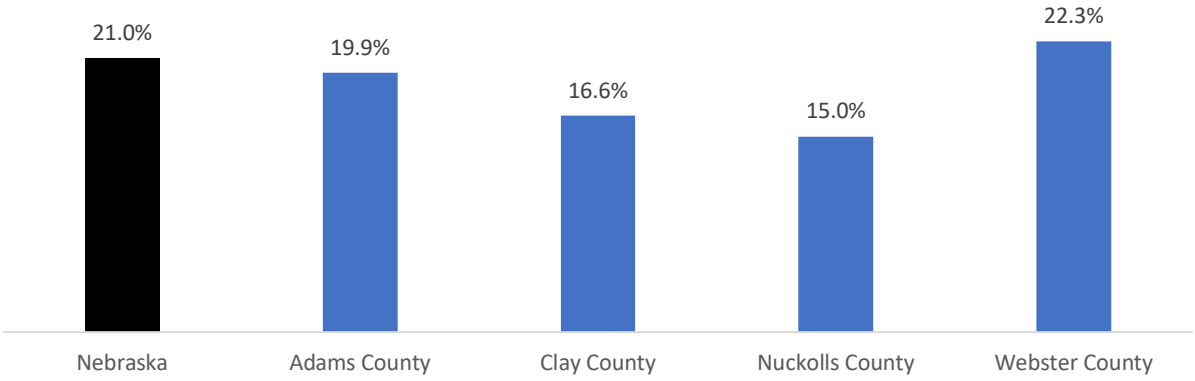
Compared to Nebraska as a whole, Clay, Nuckolls, and Webster Counties have slightly higher percentages of children under age 19 without health insurance (Figure 55).

Figure 51. Teen birth rate (2013-2019)
(number of births per 1,000 female population ages 15-19)



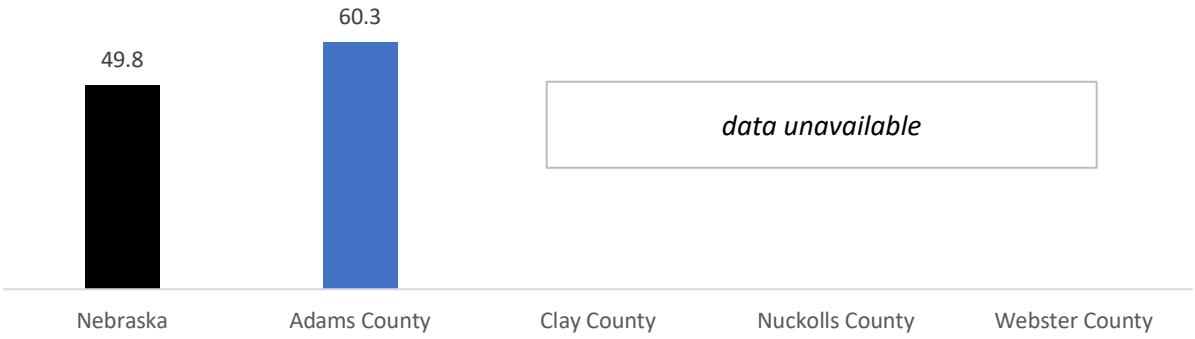
Source: County Health Rankings

Figure 52. Percentage of children in single parent households (2015-2019)



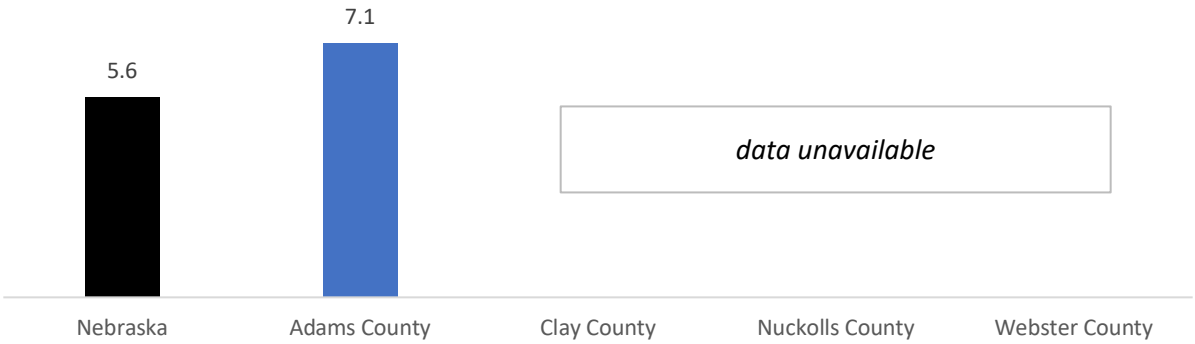
Source: County Health Rankings

Figure 53. Child mortality rate (2016-2019)
(number of deaths among children under age 18 per 100,000 population)



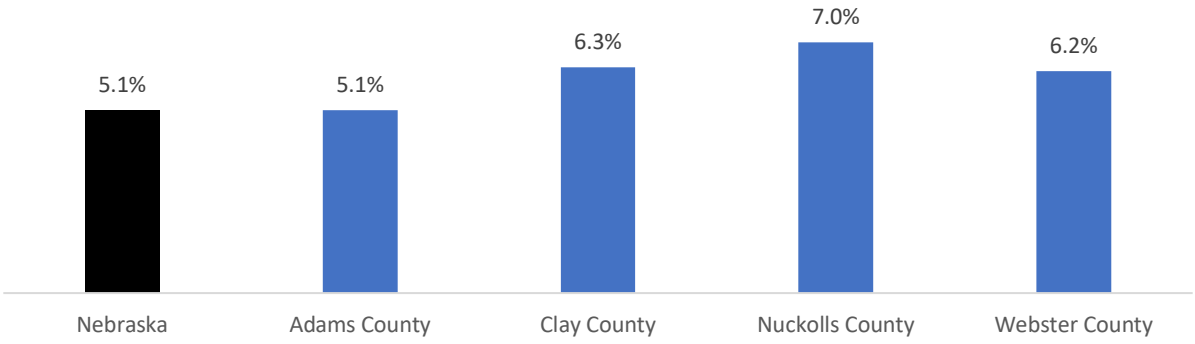
Source: County Health Rankings

Figure 54. Infant mortality rate (2013-2019)
(number of infant deaths per 1,000 live births)



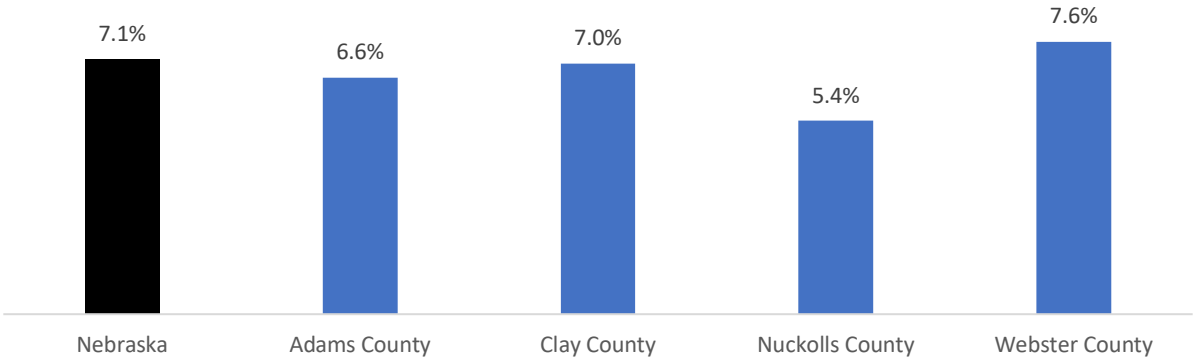
Source: County Health Rankings

Figure 55. Percentage of children under age 19 without health insurance (2018)



Source: County Health Rankings

Figure 56. Percentage of children born with low birthweight (5.5 pounds) (2013-2019)



Source: County Health Rankings

Community Themes and Strengths Assessment

The section describes data from the Community Themes & Strengths Assessment (CTSA) for Adams, Clay, Nuckolls, and Webster Counties. The survey was conducted via online and paper modes and was offered in both English and Spanish. All survey responses, whether collected online or via paper, were entered into the Qualtrics platform. The Qualtrics link had been followed 1520 times by mid-December 2021 when the survey closed. After removing cases without data, 1192 cases remained. SHDHD employed several outreach efforts to distribute the CTSA, including the following:

1. Used door to door communication with racial/ethnic minority residents.
2. Hosted a racial/ethnic minority focused planning session to identify key people/locations/events to distribute the survey.
3. Utilized partners (two area hospitals and United Way) to deliver the survey through paper copies.
4. Posted the online survey link on their website for over a month.
5. Posted several posts to promote the survey link on social media.
6. SHDHD staff went to nail shops in Hastings to reach racial/ethnic minority populations other than Hispanic/Spanish-speaking.
7. Reached out to clinics to connect with their patients.
8. Reached out to schools to share with their families.

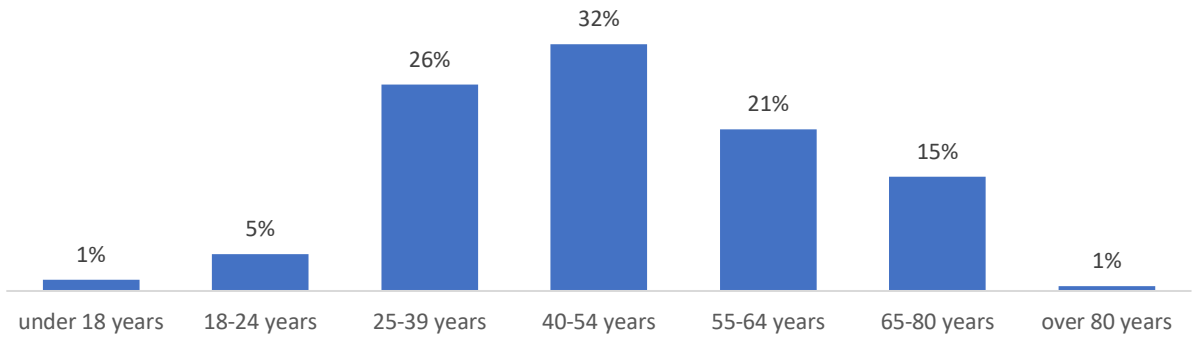
Demographics

The respondents to the survey came from all four counties in the South Heartland District, although not in the same representation. Table 8 shows the population breakdown from the CHIP data, compared to the data from the CTSA. Adams and Nuckolls County residents were overrepresented in the CTSA data. Table 8 also includes comparisons by race/ethnicity - since there were fewer than 30 CTSA respondents who were neither white nor Hispanic, they were grouped with Hispanic respondents for the group differences shared in this section. Except for Nuckolls County, racial and ethnic minorities were over-represented compared to the population.

Table 8				
	2019 CHIP Population (% tot)	**2021 CTSA Respondents (% tot)**	**White, non-Hispanic**	
			2019 CHIP	**2021 CTSA**
Adams County	31,587 (69%)	826 (75%)	85.9%	69%
Clay County	6,203 (14%)	87 (8%)	89.2%	85%
Nuckolls County	4,244 (9%)	152 (14%)	94.6%	97%
Webster County	3,537 (8%)	37 (3%)	91.5%	86%
SHDHD total	***45,571***	***1,102***	***87.6%***	***75%***

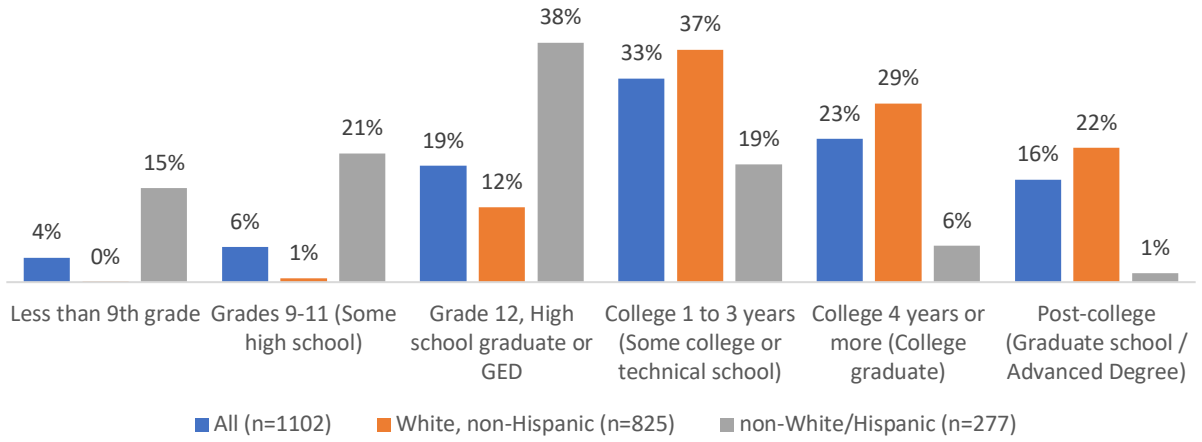
Three-quarters of respondents (75%) to the CTSA identified as female, 23% as male, and the rest as gender minorities or they preferred not to say. Figure 57 shows the breakdown of respondents by age – nearly a third were between the ages of 40-54 years of age. Only one in ten respondents lived alone, with a two-person household being the most common (35%), with approximately one in five in households of 3 (19%), 4 (18%), and 5 or more (18%).

Figure 57. The majority of respondents were between the ages of 25-64 (n=1102)



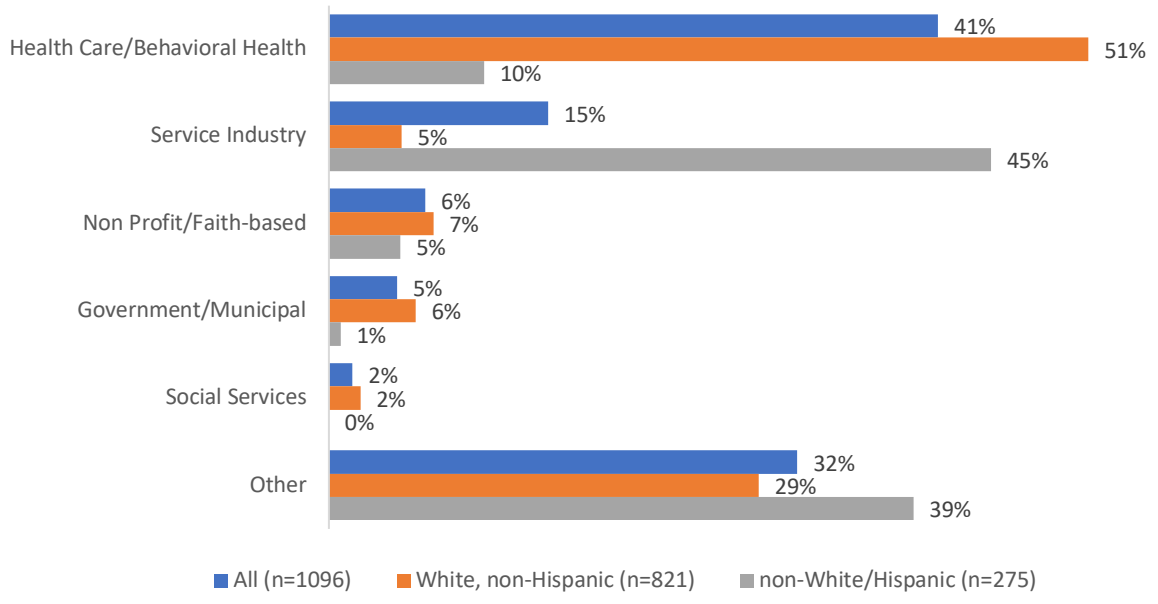
The respondents to the CTSA were more educated than the state averages (32% of Nebraskans ages 25 and older have a bachelor's degree or higher). As Figure 58 shows, there were large differences by race/ethnicity. Three percent of respondents were currently in the military or were a veteran, and 17% had an immediate family member in the military. White, non-Hispanic respondents were four times as likely to have a family military attached to the military (21% vs 5%).

Figure 58. Respondent education by race/ethnicity



Two out of every five respondents (41%) either worked or had an immediate family member working in an industry related to agriculture. Non-white and Hispanic respondents were twice as likely to be in this group than white respondents (68% vs. 32%). There were also large differences by field of work (Figure 59), specifically in the fields of health care and the service industry. (The "other" category included education (4%), agriculture (4%), retirees (3%), and industry (such as fiberglass and manufacturing - 2%).

Figure 59. Field of work by race/ethnicity



Access to Healthcare

Most respondents in the South Heartland District said they do have access to services like hospitals and doctors' offices within an hour of where they live (Figures 60 & 61). Access to behavioral health services was less common. There were not differences by the race/ethnicity of the respondent.

Figure 60. Access to hospitals, emergency rooms, urgent care clinics, etc. w/in an hour of home

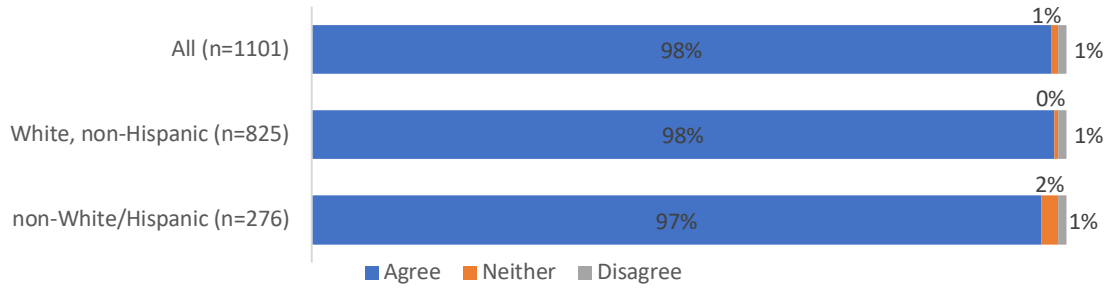


Figure 61. Access to doctors' offices, health clinics, etc. w/in an hour of home

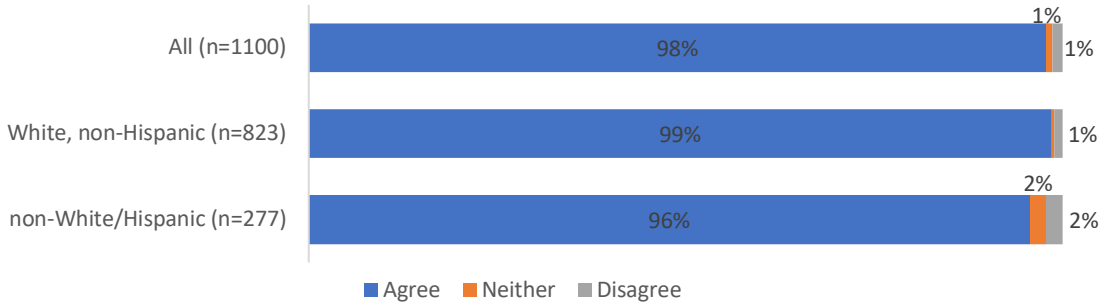
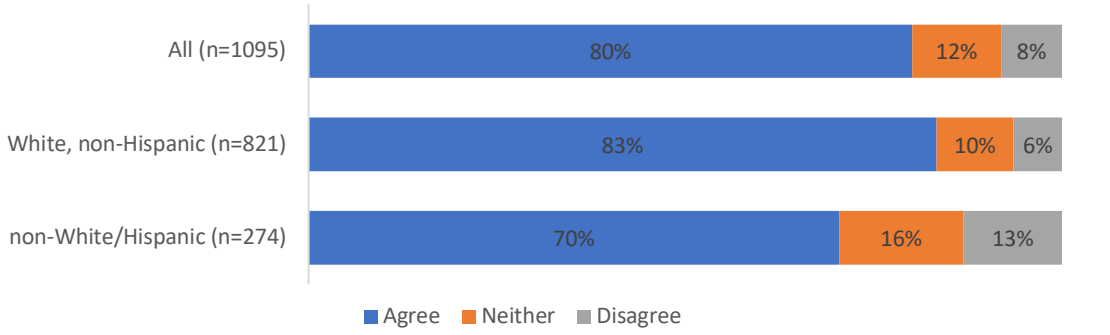


Figure 62. Access to behavioral health services w/in an hour of home



Access to substance misuse, medical specialists, and weight management programs was less common, with large differences by race/ethnicity. White, non-Hispanic respondents were half as likely as non-white/Hispanic respondents to say they did not have access to substance misuse services (Figure 63). White, non-Hispanic respondents were twice as likely to say they were within proximity to specialists than non-white, Hispanic respondents (Figure 64), with a similar pattern for access to weight management services (Figure 65).

Figure 63. Access to substance misuse services w/in an hour of home

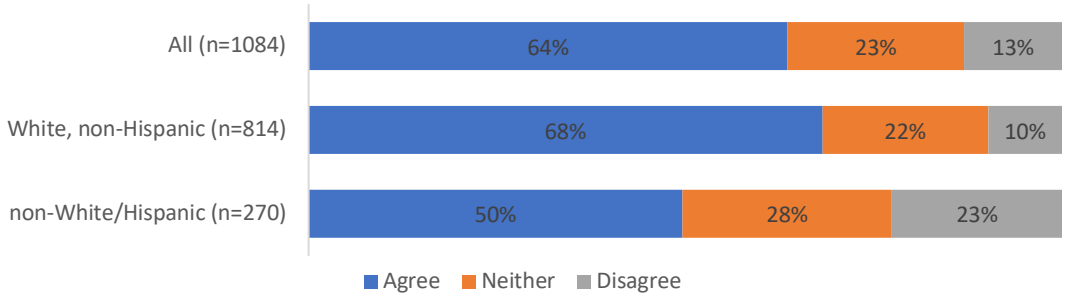


Figure 64. Access to medical specialists w/in an hour of home

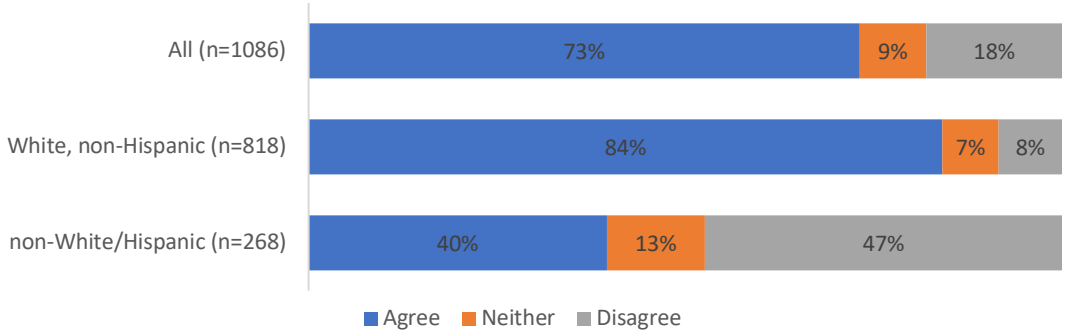
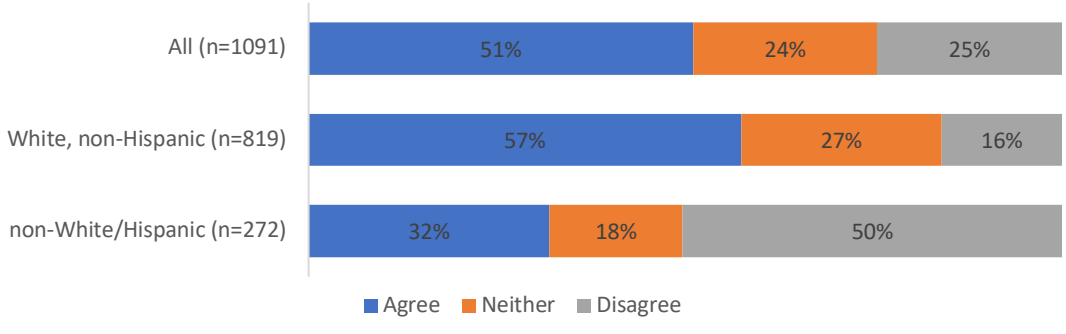


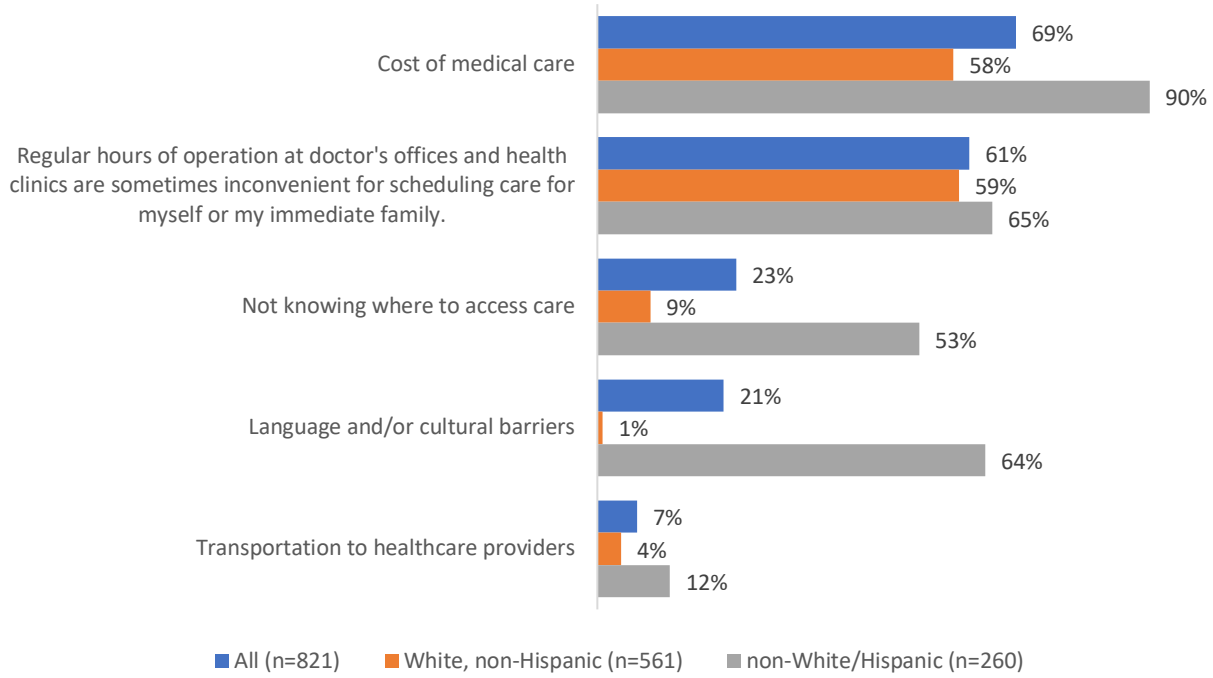
Figure 65. Access to adequate services that support people needing assistance with weight management w/in an hour from home



Barriers to Care

When asked about the reasons they did not get the medical care they needed, cost was the most selected reason (Figure 66). Not knowing where to access care was selected by a third as many respondents, followed closely by language and/or cultural barriers. Transportation was the least selected barrier. These four barriers had large racial/ethnic differences, with white, non-Hispanic respondents choosing them at lower rates than non-white/Hispanic respondents. Scheduling was a barrier for about three out of five respondents, regardless of race/ethnicity.

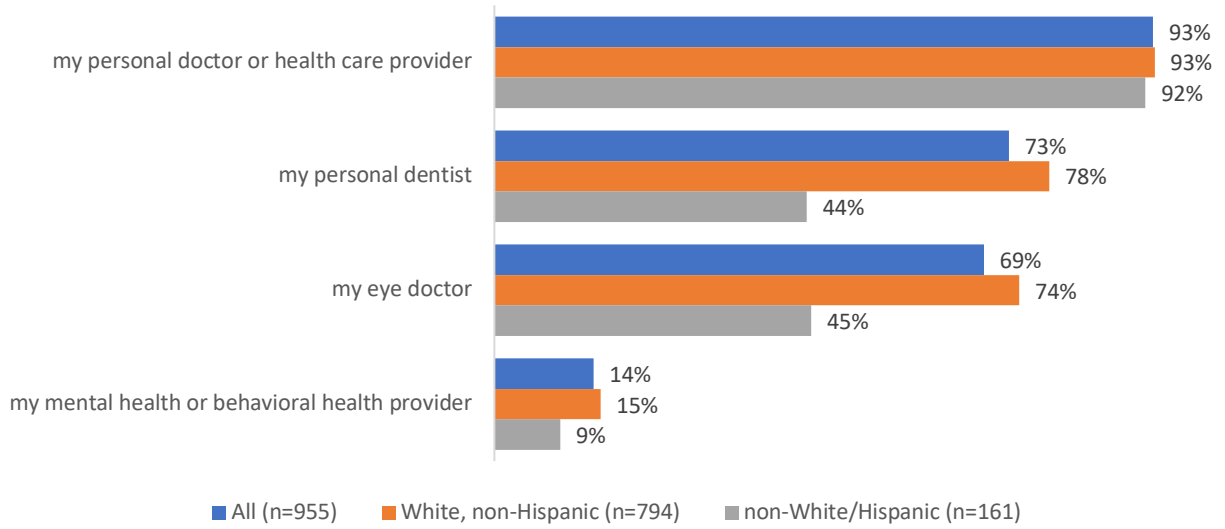
Figure 66. Barriers to care for self & immediate family



Personal Provider and Pandemic

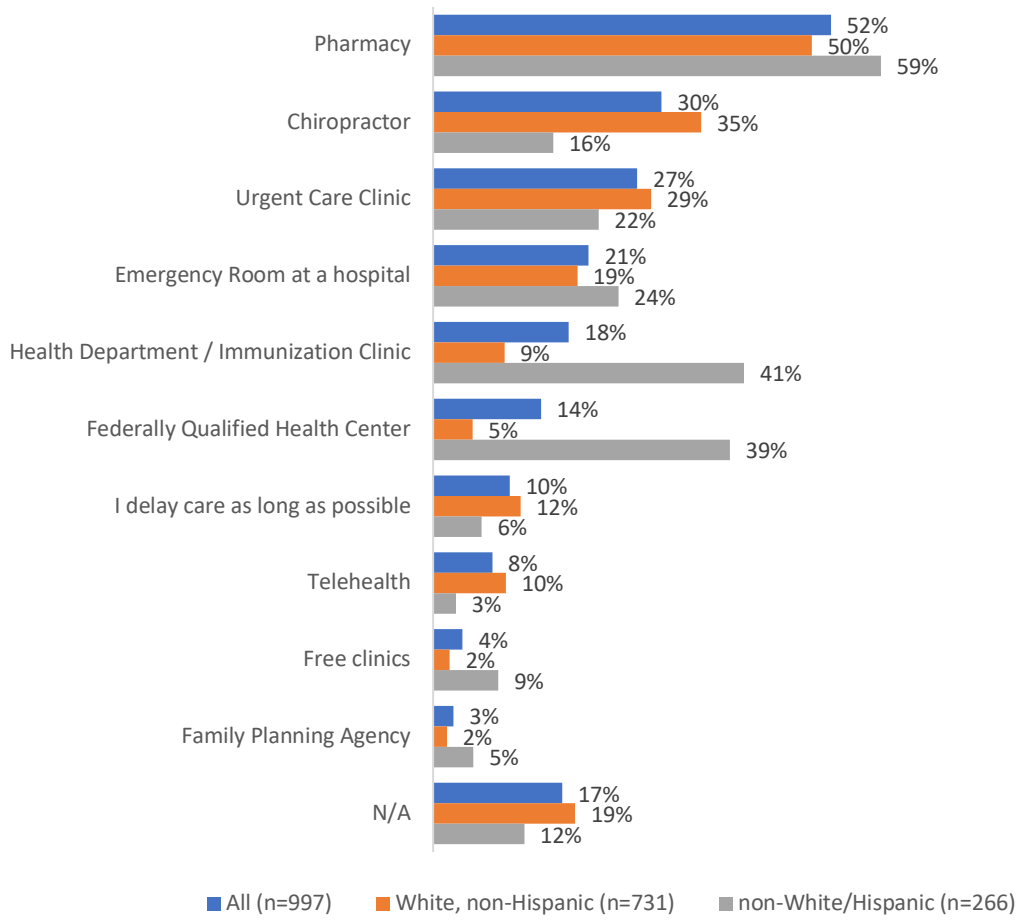
Most respondents had a person they consider their health care provider, while few have a mental health provider (Figure 67). Non-white/Hispanic respondents were about a third less likely than white, non-Hispanic respondents to say they had a dentist or optometrist.

Figure 67. Have someone considered...



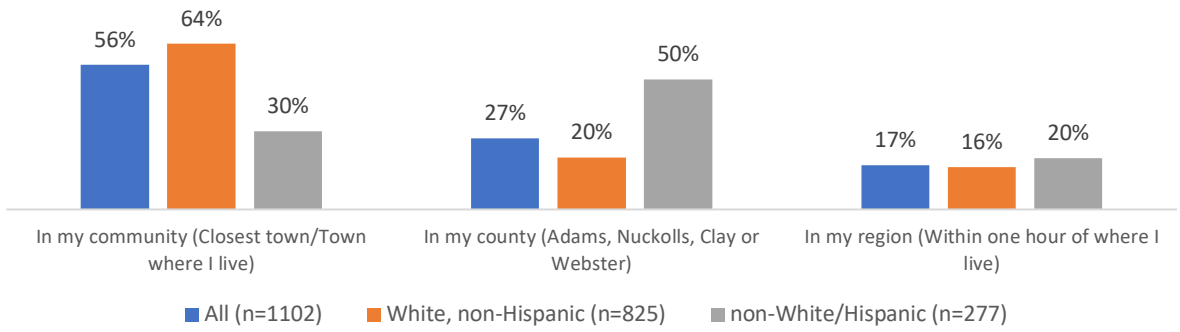
Respondents were asked about other sources of health care services (Figure 68). More than half of respondents selected pharmacy, with slightly more non-white/Hispanic respondents than white, non-Hispanic respondents making that choice. Non-white/Hispanic respondents were also more likely than white, non-Hispanic respondents to use the health department, federally qualified health centers, free clinics, and family planning agencies. White, non-Hispanic respondents were more likely to use urgent care and telehealth and were more likely to say they didn't use any other services. White, non-Hispanic respondents were twice as likely as non-white/Hispanic respondents to delay care as long as possible. Other sources written in included were massage, therapists, physical therapists, and specific providers.

Figure 68. Other sources of health care services



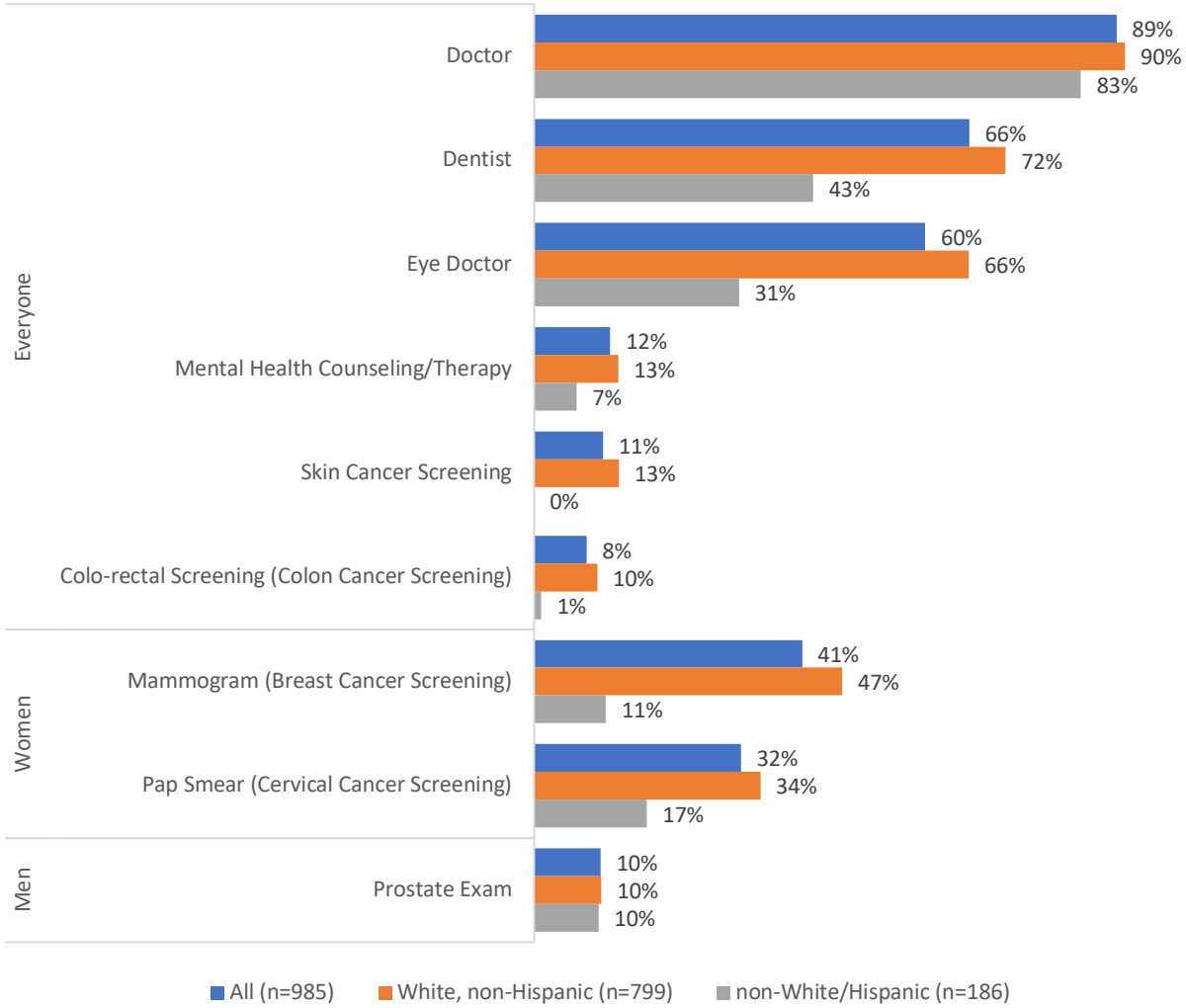
Over half of respondents said they received most of their healthcare in their own community – but this was twice as likely for white, non-Hispanic respondents than for non-white/Hispanic respondents (Figure 69). Half of non-white/Hispanic respondents said they received most healthcare in their county (but not the closest town), more than double the number of white, non-Hispanic respondents. Accessing healthcare in their region was similar across groups.

Figure 69. Most healthcare received...



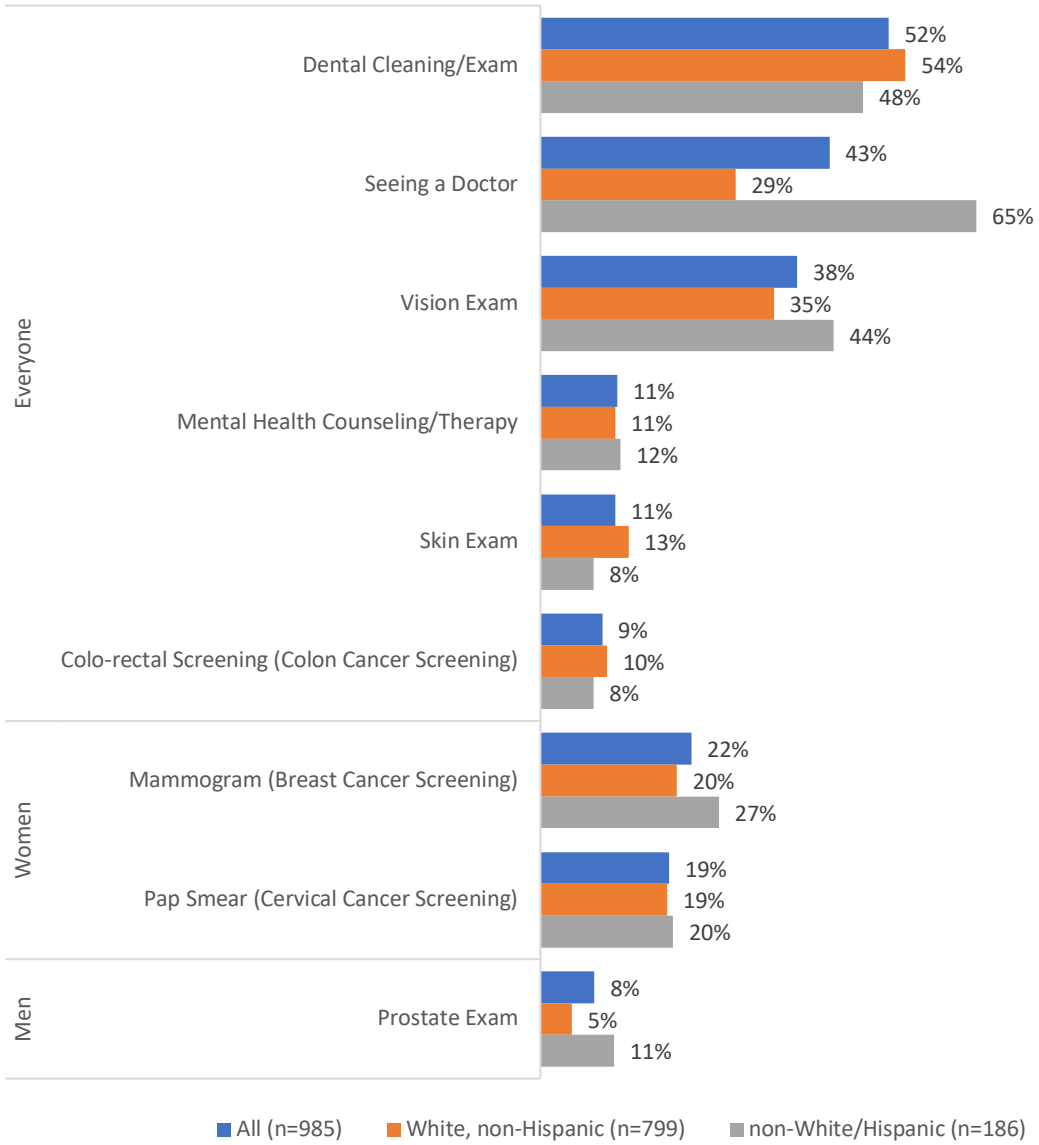
Respondents were asked what care they received during the pandemic (Figure 70). About nine out of ten said they saw a doctor, with slightly more white, non-Hispanic respondents making that claim than non-white/Hispanic respondents. Two thirds of white, non-Hispanic respondents saw a dentist and/or optometrist during that time, nearly twice the number of non-white/Hispanic respondents. While far less common, therapy, skin cancer and colon cancer screenings all had racial/ethnic differences. Breast and cervical cancer screenings were at least twice as common for white, non-Hispanic women than non-white/Hispanic women.

Figure 70. Care received since January 2020



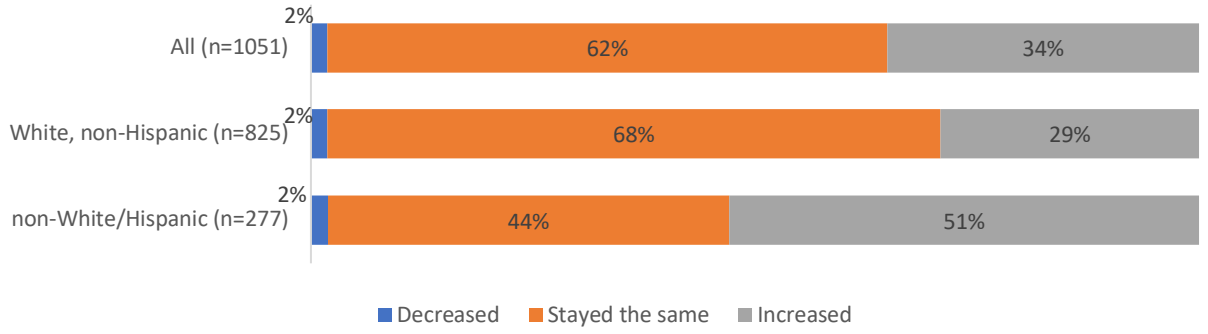
Respondents were also asked about what services they delayed during the pandemic (Figure 71). Overall, dental cleanings were the most likely to be delayed, selected by about half of respondents. However, nearly two-thirds of non-white/Hispanic respondents said they delayed seeing a doctor since the pandemic started, more than double the number of white, non-Hispanic respondents. White, non-Hispanic respondents were also less likely to delay their vision exams. The slight racial/ethnic variation in other services were not statistically different.

Figure 71. Care delayed since January 2020



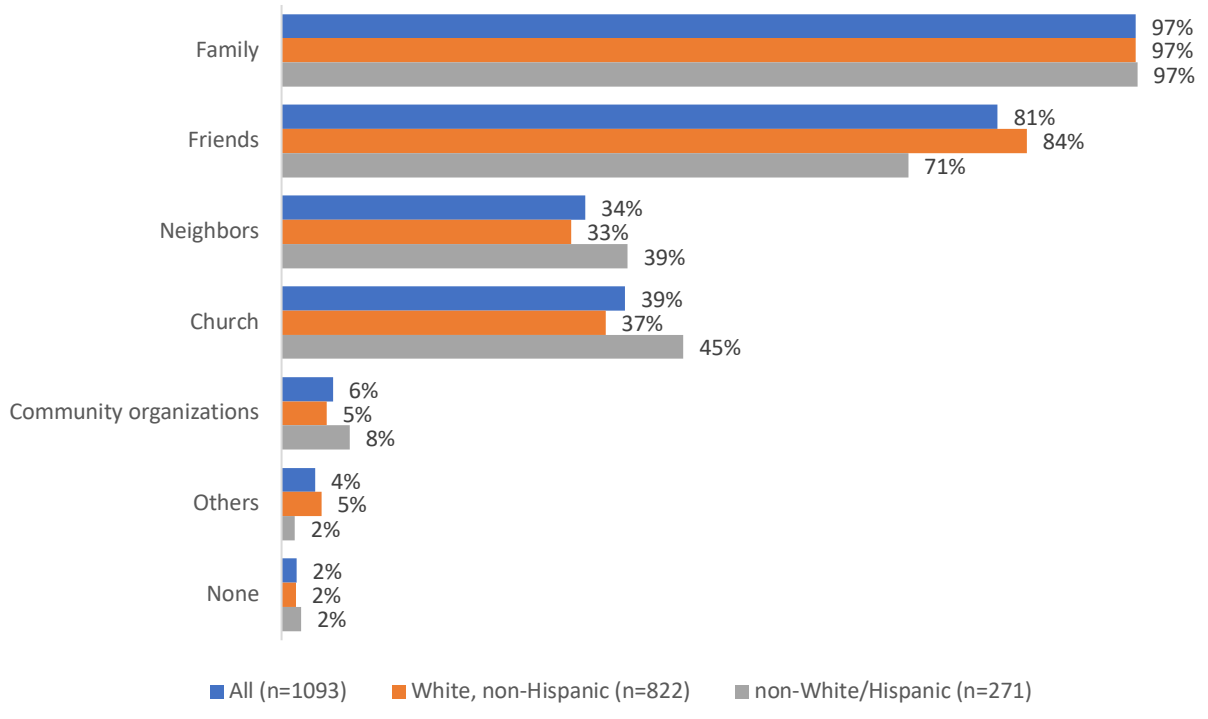
Respondents were asked about their mental/behavior healthcare needs since January 2020 (during the COVID-19 Pandemic). Figure 72 shows overall, one in three people said their needs increased, but this was greater for non-white/Hispanic respondents.

Figure 72. Mental/behavioral healthcare needs since January 2020 have...



A list of social supports during the pandemic was given, with room to write in other answers (Figure 73). Nearly all respondents said family was a support, followed by friends. Half as many respondents said neighbors or the church. Friends were more common for white, non-Hispanic respondents than non-white/Hispanic respondents, while non-white/Hispanic respondents were more likely to select church. Written in community answers included organization like Kiwanis and YWCA, and co-workers was a common write-in for other.

Figure 73. Safety and social support since January 2020



Respondents were asked about changes in their substance use during the previous two years (Figures 74-78). Approximately 13% of respondents said their alcohol and tobacco use decreased in the past two years, and about 7% said the same about e-cigarettes, opioids, and other drugs. About one in five respondents reported an increase in alcohol, tobacco, and/or e-cigarette use during this time. Opioid and other drug use increased for about 13% of respondents. There were more changes in alcohol use for non-white/Hispanic respondents than for white, non-Hispanic respondents. While there was variation by race/ethnicity for the other substances, the small number of respondents responding to these questions makes those tests unreliable.

Figure 74. Change in alcohol use over last 2 years

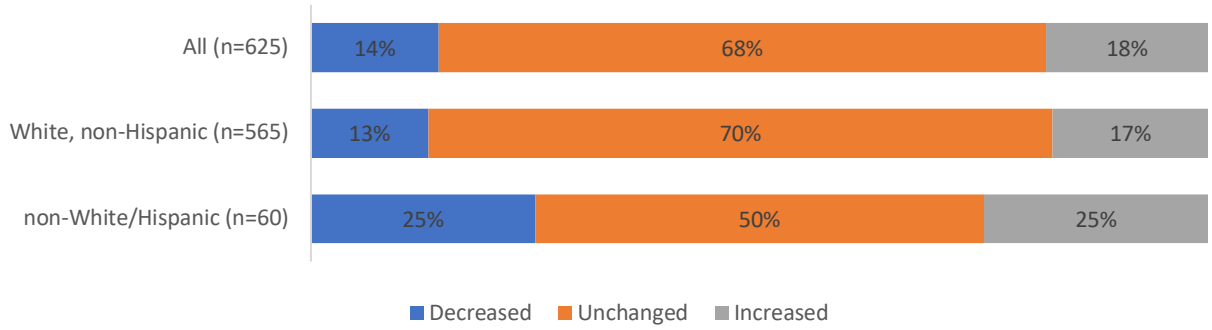


Figure 75. Change in tobacco use over last 2 years

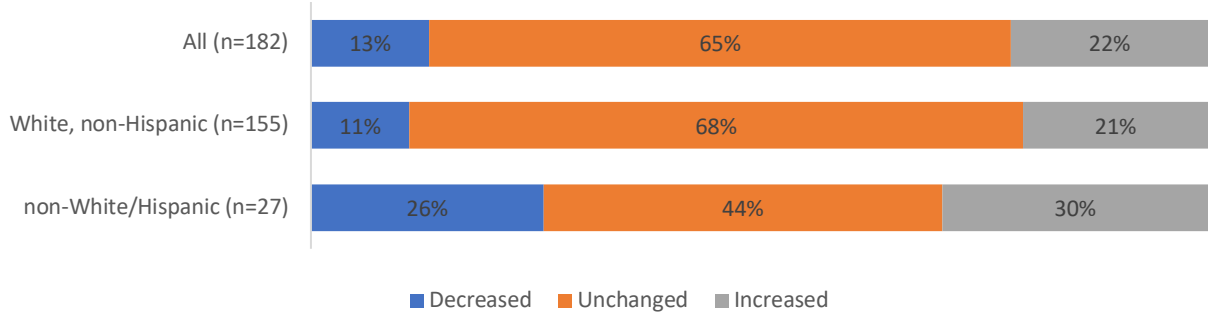


Figure 76. Change in e-cigarette use over last 2 years

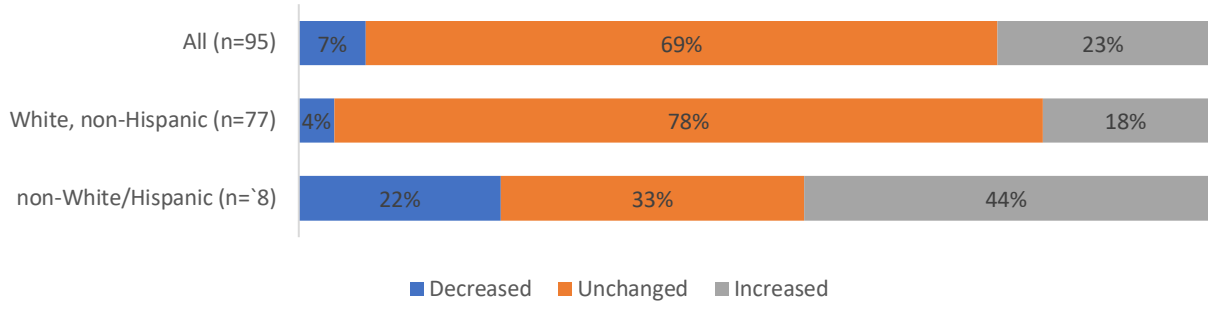


Figure 77. Change in opioid use over last 2 years

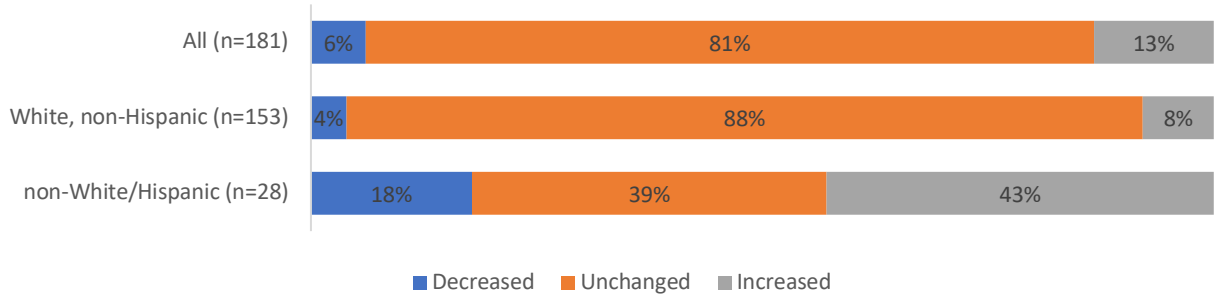
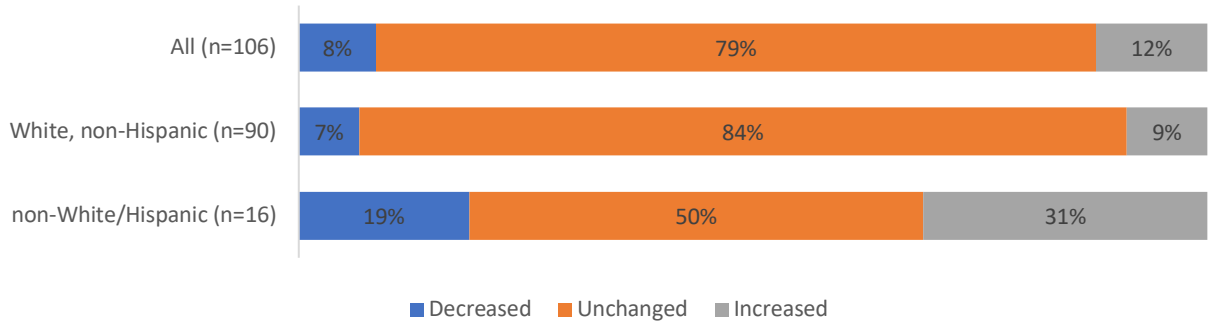


Figure 78. Change in other drug use over last 2 years



Physical Activity and Nutritional Opportunities

Three questions covered regional access to parks, cultural events, and education programs (Figures 79-81). Nine out of ten respondents had access to places to exercise and play (Figure 79). Almost two-thirds of respondents said they had access to cultural events, with stronger agreement among white, non-Hispanic respondents than non-white/Hispanic respondents (Figure 80). Access to nutrition, physical activity, and weight management programs had the greatest variability by race/ethnicity (Figure 81).

Figure 79. Access to places to exercise and play w/in an hour of home

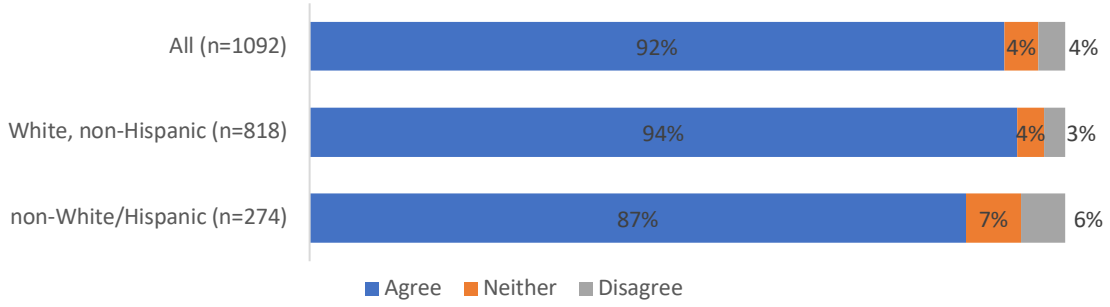


Figure 80. Access to music, art, theater, and cultural events w/in an hour of home

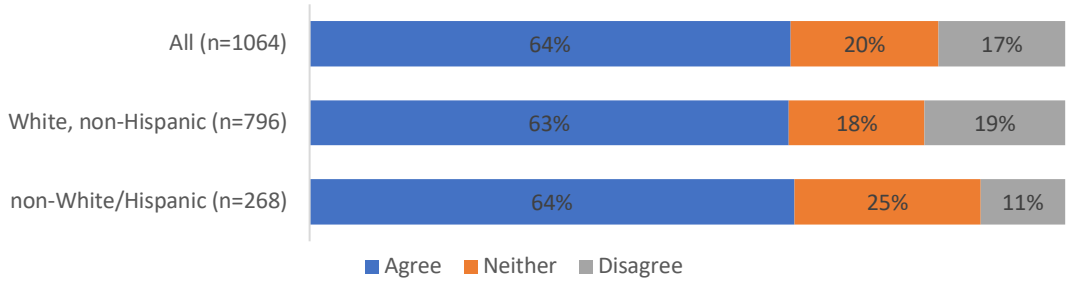
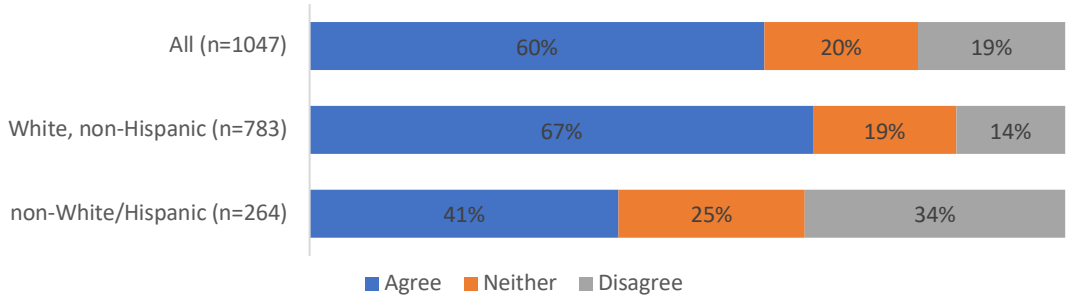
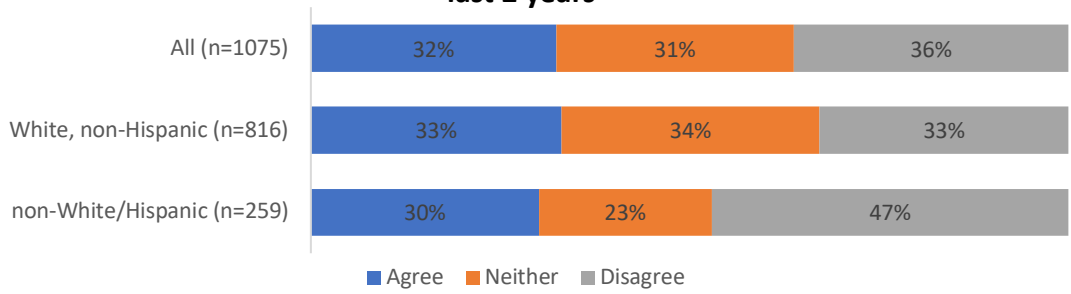


Figure 81. Access to nutrition, physical activity, and weight education and management programs w/in an hour of home



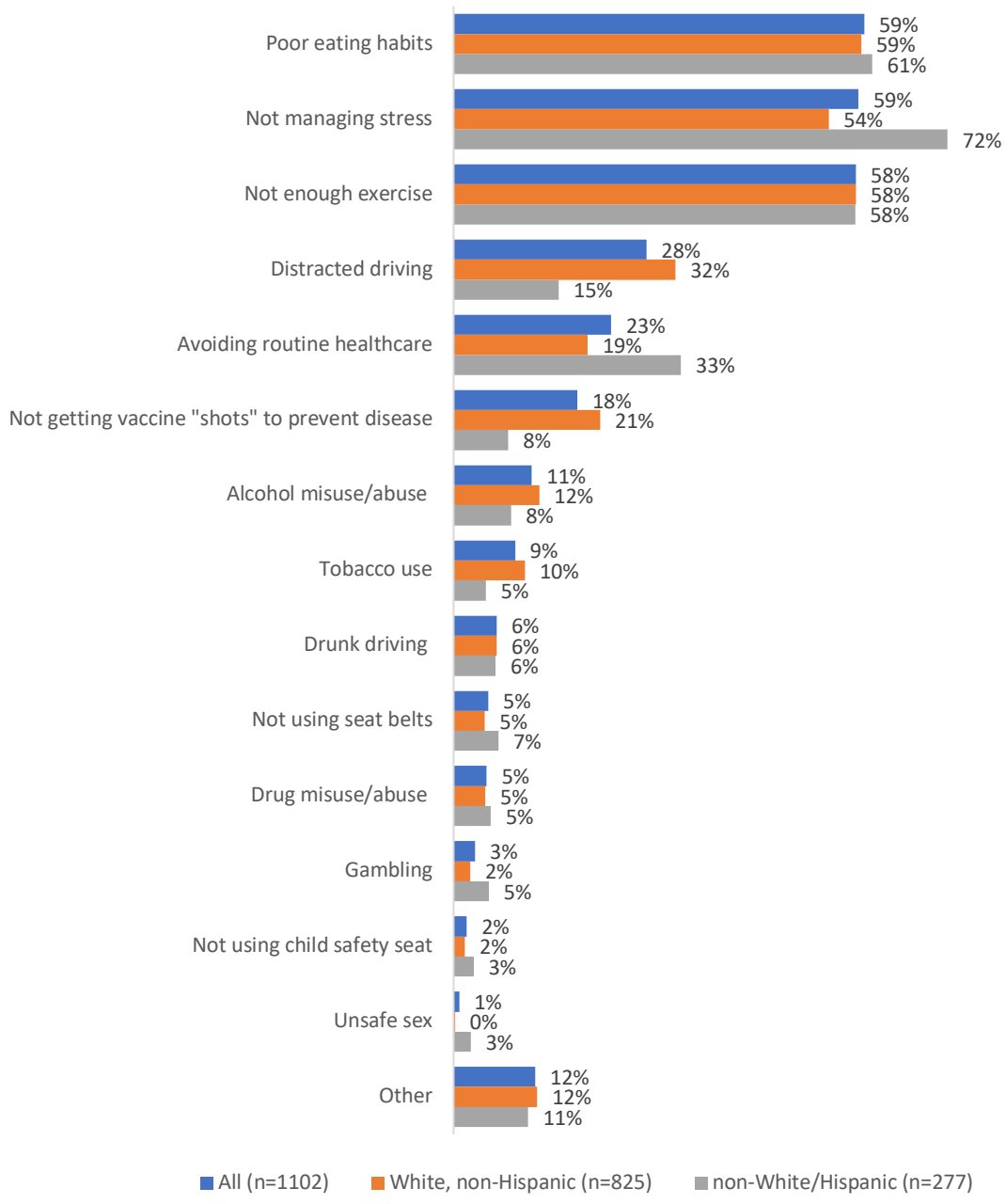
Positive change in physical activity habits was nearly equal between agree, disagree, and neither agree nor disagree (Figure 82). Nearly half of non-white/Hispanic respondents disagreed with the statement.

Figure 82. Physical activity habits have changed for the better w/in the last 2 years



The respondents were asked to select the three behaviors they were most concerned about from a list of 15 (with room to write in a 16th). More than half selected poor eating habits, stress, and exercise (Figure 83). Stress was more likely to be selected by non-white/Hispanic respondents. Avoiding routine healthcare and gambling were also chosen more often by non-white/Hispanic respondents. White, non-Hispanic respondents were at least twice as likely as non-white/Hispanic respondents to select distracted driving, not getting vaccinated, and tobacco use as top concerns. Most write-in answers were about selecting less or more than three behaviors, with multiple comments about school, mental health, and vaccination effects.

Figure 83. Top 3 concerns impacting health & well being



When asked an open-ended question about what worried them most about their own health and the health of their families, the 609 responses covered a wide variety of answers, often covering multiple topics. A quarter of the answers discussed COVID-19, and often in reference to the relationship in their lives.

"COVID. My children are too young to get vaccinated. My children are also too young to have something happen their parents."

"Not being able to get in if medical care needed."

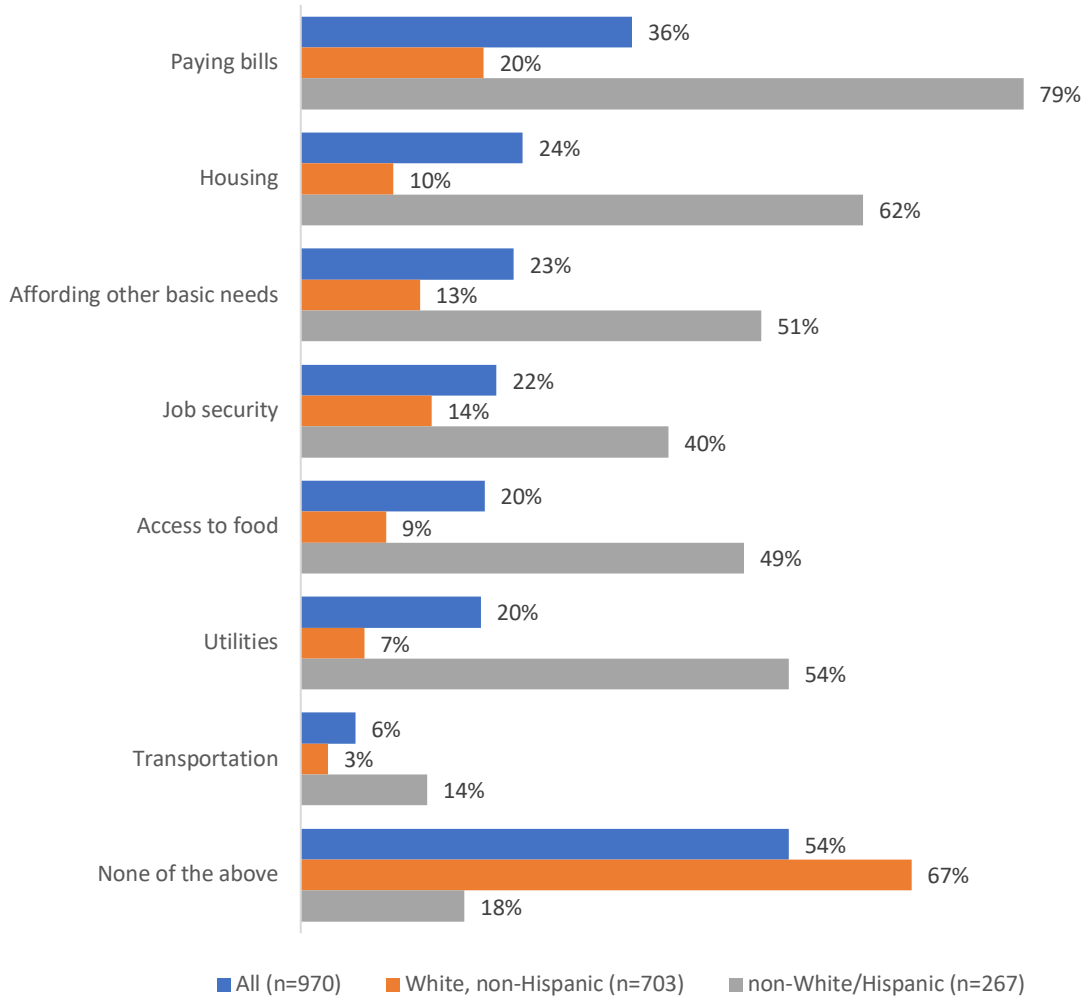
Costs was another common theme – including healthcare costs, insurance deductibles, and the ability to pay for basic needs. Healthcare was often included in comments about costs, but also access.

Another area of high concern was potential health issues. Many comments were about COVID ("*Getting covid or a terminal disease*"), but many were about family histories ("*Mine and my husband's family history of cancer*"), or broad concerns ("*Getting an incurable illness*").

Comments about mental health, access to care, weight, and specific illnesses (like asthma, diabetes, epilepsy) were mentioned by over 50 respondents. Over 50 respondents said they had no health concerns.

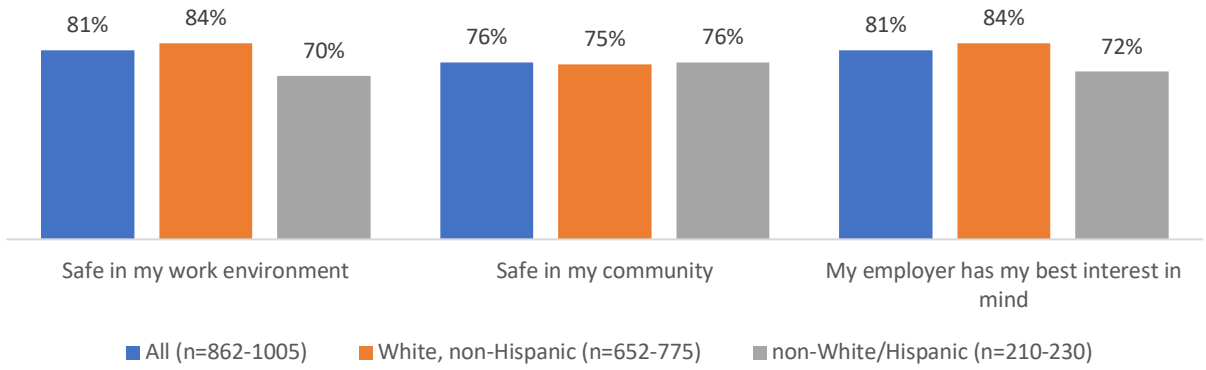
A question asked whether various issues were made more difficult by the pandemic (Figure 84). For each of the seven categories listed, non-white/Hispanic respondents were several times more likely than white, non-Hispanic respondents to say they had greater difficulty. White, non-Hispanic respondents were more than three times more likely compared to non-white/Hispanic respondents to say they did not have difficulty with any of the issues listed.

Figure 84. Greater difficulty because of the pandemic



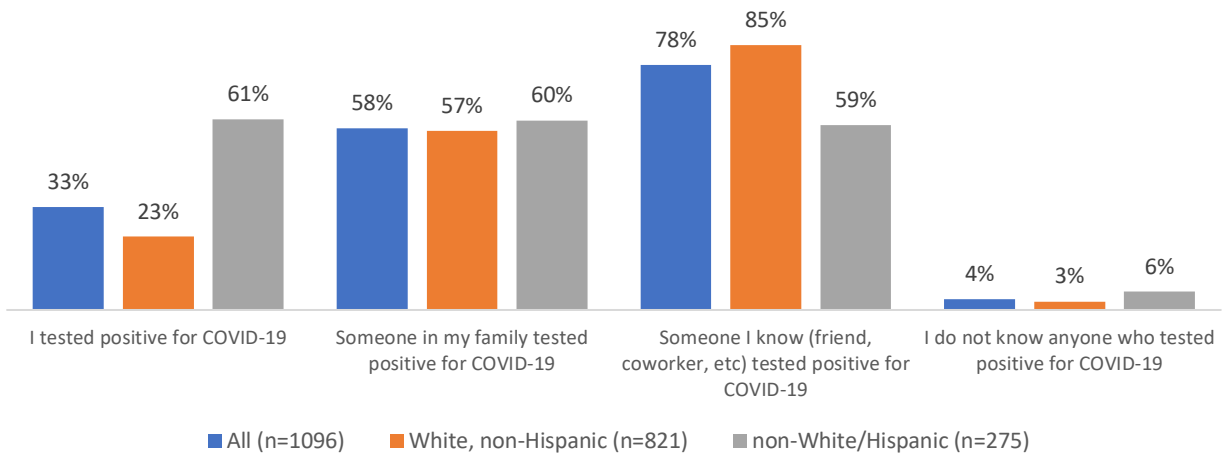
During the pandemic, most respondents felt safe in their work environment, their communities, and thought their employer had their best interest at heart (Figure 85). While there were not any differences in their feelings in their communities, non-white/Hispanic respondents felt less positive about their workplace and employer than white, non-Hispanic respondents.

Figure 85. Feelings during the pandemic



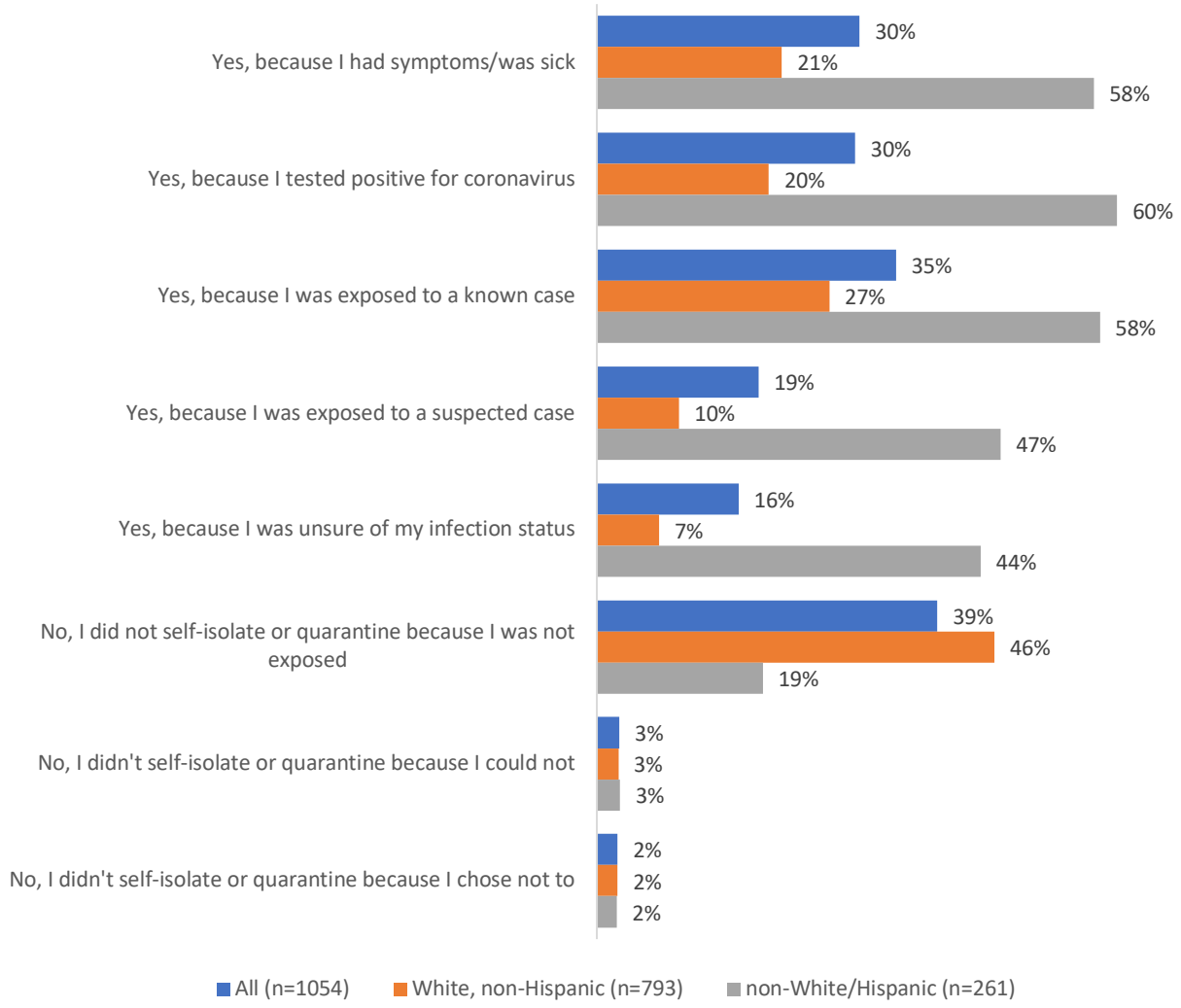
Since the beginning of the pandemic, a third of respondents tested positive for COVID-19, but this was much higher for non-white, Hispanic respondents (Figure 86). They were also twice as likely to say they didn't know anyone who tested positive. White, non-Hispanic respondents were more likely than non-white/Hispanic respondents to say someone they knew tested positive for COVID-19.

Figure 86. COVID-19 testing status



At the time of the survey, nearly all white, non-Hispanic respondents (86%) had the opportunity to get the COVID-19 vaccine, compared to 87% on non-white/Hispanic respondents (93% overall). They were also asked whether anyone had informed them they needed to self-isolate or quarantine since January 2020. This was a select all question, and many people selected multiple answers. For all the yes answers, non-white/Hispanic respondents were more than twice as likely as white, non-Hispanics to say they had been told they needed to isolate (Figure 87). White, non-Hispanic respondents were more than twice as likely to say they did not self-isolate because they were not exposed.

Figure 87. Isolation/quarantine since January 2020



Community Focus Group

Introduction

During January and February 2022, three focus groups were conducted with a total of 33 people in three different counties within the South Heartland District Health Department's service area. All of the focus groups were originally scheduled to occur at the end of 2021 but some were delayed due to the COVID-19 pandemic. A fourth focus group, in Nuckolls County, was unable to occur due to scheduling difficulties. This county was represented instead through a process of individual conversations with 14 individuals that took place between December 2021 and February 2022. The demographic breakdown of the individuals is represented below in Table 9. In addition, two minority listening sessions were held in Adams and Clay counties. A summary of those responses is included in the 2022 SHDHD Minority Health Assessment Report.

Table 9	Community Focus Group Demographics			
County	Number of participants	Gender	Race/Ethnicity	Number of participants who were Veterans
Adams	7	Male – 2 Female – 5	Hispanic or Latino – 4 White – 2 Black or African American - 1	1
Clay	21	Male – 8 Female – 13	Hispanic or Latino – 13 White – 8	2
Webster	5	Male – 1 Female – 4	White – 5	1
Nuckolls	14	Male – 6 Female – 8	**	**
Overall	47	Male – 11 Female – 22	Hispanic or Latino – 17 White – 15 Black or African American - 1	4

** individual conversations that took place between December 2021 and February 2022, no demographics captured

Results

Overall themes and key findings from the focus groups, organized by questions asked, are summarized in Tables 10-17. In terms of worries about participants' health or the health of their family, cost of care and insurance were consistent themes between the counties as well as barriers to access (such as services being too far away or not being able to see a provider who speaks the same language). A few participants expressed worries related to mental health.

Participants expressed many concerns when asked to share their top 3 health concerns in their family/community. Nutrition, physical activity, and/or weight-related concerns and mental health concerns were the most consistent themes that emerged, followed by concerns about access to care. Access to care, language barriers, and dealing with health systems or insurance were common barriers that participants experienced when seeking or receiving care. When asked to share what they believe is missing in order for them to receive adequate healthcare, participants noted specific services/settings, specialists, and resources that are not available to them in their communities.

When participants were asked to share something they do to be healthy, exercise was the most common response, followed by eating healthy or engaging in good nutrition practices. In terms of what would be needed to make their neighborhood a healthier place, participants commonly cited the need for better access to adequate facilities for physical activity, and some noted the need to have better access to healthier foods and nutrition-related resources.

When asked to talk about whether people who need mental health services are able to get the help they need, participants either noted that specific services were not available in their community or that there were barriers (such as stigma, cost, language-related) that prevented them from accessing available services.

For the final question, participants were invited to share anything else they wanted to say regarding health services in their community and experiences with trying to be healthy/address health concerns. Respondents from each county shared different concerns, including: concerns about health equity and injustices, issues with childcare, and barriers regarding access to necessary health and social services.

The same set of questions were asked during two listening sessions with groups of Hispanic participants from Hastings and Harvard in November and December 2021. Participants from these listening sessions gave similar responses to the questions when compared to the responses from the focus group participants. Both sets of respondents cited access to care barriers related to insurance, high healthcare costs, transportation barriers, language barriers, and lack of appropriate care/services. Both sets of

respondents also noted issues with access to specialty care and mental health services. Respondents from the listening sessions, who all identified as Hispanic, were more likely to cite the need to have more resources specific to the needs and unique circumstances of Hispanics/Latinos (e.g., help getting financial aid or finding healthcare for individuals who do not have a social security number).

Table 10	**Question 1: What worries you most about your health or the health of your family?**
Adams (=7)	<u>Financial/insurance-related</u> ● Understanding bills and paying for healthcare. – noted by 2 participants ● Healthcare depends on what insurance someone carries and your financial status. If I have Medicaid, I feel like I am not treated well or equally in clinics. <u>Barriers to access (travel, language, etc.)</u> ● Clinics can be too far away that accept certain insurances/Medicaid. ● Language barriers – providers do not understand us or things get lost in translation. ● Mental health in small towns is not available, especially for children and those speaking Spanish only. <u>Mental health-related</u> ● There is not enough education for families about mental health and that it's not taboo. <u>Other/personal health</u> ● Healthy eating is a struggle.
Clay (n=21)	<u>Financial/insurance-related</u> ● COVID – especially if we do not have health insurance <u>Access to information/resources</u> ● How to find resources for kids if we do not have Medicaid. ● How to stay healthy. <u>Barriers to access (travel, language, etc.)</u> ● A lot of clinics do not have interpreters, or only use an app translator – in person is so much better. <u>Other/personal health</u> ● High blood pressure. ● Eating well.
Webster (n=5)	<u>Financial/insurance-related</u> ● Daughter does not have health insurance…spouse left and took military health care with him. Son has braces and could not get healthcare. Outrageous health costs. She does not qualify. No one has helped her find other insurance. ● Marketplace insurance is expensive, Medicare is very difficult to understand and when they don't cover something, the secondary insurance won't cover it either. ● High deductibles are unbearable. <u>Mental health-related</u> ● Veteran PTSD, mental health. ● Mental health. Standards to get started are tough. Specifically, depression. First visit being in person is too hard…would prefer telehealth.

	Barriers to access (travel, language, etc.) ● Too far to travel for the in-person appt. Navigating health insurance and systems ● The system is overwhelming. I don't mind jumping through hoops if there is a positive result, but sometimes I am on the phone with different people for a long time and get nowhere (speaking about Medicare). ● No appeal process or support for Medicare Part B – application process was not correct. ● Getting an answer from DHHS. The process and customer service is so tough – takes a long time on the phone
Nuckolls (n=14)	General access ● Access to clinics and providers.

Table 11	**Question 2: In your experience, what are the top 3 health concerns in your family? In your community?**
Adams (=7)	Nutrition, physical activity, and/or weight-related ● Healthy food, healthy eating. ● Weight control. ● Lack of healthiness of food in care facilities. Specific diseases or conditions (apart from mental health) ● Generational sickness, i.e.: cancer, diabetes. ● Obesity in children. Health system or insurance-related ● Filling out form is more complicated than it needs to be. The people who write them do not understand who is completing them. ● Obtaining health insurance. ● Access to trainers to help with PT, insurance makes this very difficult for most to afford. Mental health-related ● Mental health for those that English is a second language, or no English at all. ● Accessible mental health services, removing the stigma around mental health. ● Being able to afford healthcare services, even with insurance.
Clay (n=21)	Healthcare costs ● Having the money to pay the bills ● Meeting the deductible for insurance and understanding how that works. ● Sometimes the cost is too much - I wait to go until I can pay my current bill. ● Hard to find a way to make a payment plan – 2 participants mentioned this. ● Navigating and paying for bills. ○ 75% of the group did not have someone to help them solve health care cost challenges. Access to care ● The clinic here is not open every day Nutrition, physical activity, and/or weight-related ● Not enough areas to do physical activities, especially for adults…need an indoor place to exercise.

	● When we have younger kids, need nutrition programs to help with overweight kids. <u>Specific diseases or conditions (apart from mental health)</u> ● High blood pressure, liver disease, obesity (indicated by 2 participants). <u>Mental health-related</u> ● Need mental health support - especially with teenagers, going through so much. ● Lots of anxiety in teens – repeated by multiple participants. ● Parents have anxiety with their own children. <u>Equity issues within healthcare system</u> ● No follow-up when bringing a health concern to the clinic (this thread of not feeling like the Hispanic community was treated equally at the clinic was echoed a number of times).
Webster (n=5)	<u>Nutrition, physical activity, and/or weight-related</u> ● Price of healthy food is too much…junk food is too cheap. ○ Son was going to go on a healthy diet but could not afford it. ○ Food pantry food is not healthy sometimes. ○ Shortage of healthy food. <u>Access to care</u> ● Fear of looking for healthcare, especially for mental health (but also just anything). Asking for help is intimidating and it keeps me from getting care. ● We do not have an urgent care for non-emergency needs on the weekend (ear infection at 6pm on Friday for example). ● Our hospital does not have a ventilator, and I know someone who could not get oxygen - they had to go to Broken Bow. ● Hard to get the supplies I needed to treat my diabetes (insurance did not help get a tester). <u>Awareness & education</u> ● Public health awareness - people do not read the paper so how do they learn about health issues? ○ Obesity and diabetes (I did not know what that was, now the education is better).
Nuckolls (n=14)	<u>Access to care</u> ● Availability of providers. ● Transportation to out of town appointments. <u>Mental health-related</u> ● Mental health.

Table 12	**Question 3: What kind of barriers are you experiencing in receiving the health care you need? What gets in the way of you receiving health care where and when you need it?**
Adams (=7)	<u>Language</u> ● The group agreed that language is the biggest barrier.

	● Translation does not work well and the providers do not seem to have patience to take the time to understand.
Clay (n=21)	<u>Access to care</u> ● The clinic here does not have all the medications they need. So, they need to find it in another town and then travel. ● Technology - not having it and then it is too difficult to use it (specific examples were accessing Medicaid online portal). <u>Health systems/insurance related</u> ● Getting a response from Medicaid when we call. Difficulty understanding.
Webster (n=5)	<u>Health systems/insurance related</u> ● Wait time on the help desk for Medicaid - takes a long time to answer the question. ● Bureaucracy for Medicaid. ● Red tape with insurance is the biggest barrier. Anytime you have to call and find out something there is a long wait and not great answers. Repeated by several. <u>Cost</u> ● Cost: paying co-pays - repeated. <u>COVID</u> ● Used to give presentations about healthy eating, these have all been canceled due to COVID. ● Free lunches in Red Cloud have been canceled too due to COVID.
Nuckolls (n=14)	<u>Access</u> ● Having to travel to see most specialists and not being able to afford to do so. ● If a specialist is scheduled but they don't have enough clients they cancel.

Table 13	**Question 4: What do you believe is missing in order for you to receive adequate health care? (it could be certain types of specialty medical care or dentistry or vision or mental health services, it could be language help, or classes that teach you about how to take care of certain health concerns…)**
Adams (=7)	<u>Resources</u> ● A place where people can go to access resources in one place. ● An in-person cooking class for Spanish speaking.
Clay (n=21)	<u>Types of healthcare settings/services</u> ● A place to go for vision care. ● There are no dental places that take Medicaid! (Repeated concern.) ● Lots of concern with what to do if undocumented
Webster (n=5)	<u>Specialists</u> ● If we don't have enough patients for a particular specialist, they don't come that day, so if you are one person then they don't come and that person does not get treated. ● The specialist schedule does get published in the paper and that would help.
Nuckolls (n=14)	<u>Resources and Specialists</u> ● More providers, especially physicians that specialize in elder adult care and children.

	● Dentists in the area are few, and must travel to them. ● We do not have anywhere for people to go to get parenting classes.

Table 14	**Question 5: What is something you do to be healthy?**
Adams (=7)	<u>No response or other</u> ● There were no responses from this county.
Clay (n=21)	<u>Exercise</u> ● Use the community center (but the equipment is broken or old). ● Walk when it is warm. <u>No response or other</u> ● There were no responses to this question from most of the people and a general "head shake".
Webster (n=5)	<u>Exercise</u> ● Go bowling, hunting, and fishing. Travel. Walk so I can be ready to travel. <u>Eat well/good nutrition practices</u> ● I drink water. Take my vitamins and supplements. <u>Go to the doctor</u> ● Call my doctor if I need to. ● Keep my appointments. <u>No response or other</u> ● I don't do much of anything.
Nuckolls (n=14)	<u>Exercise</u> ● Walking. <u>Eat well/good nutrition practices</u> ● Eating healthy.

Table 15	**Question 6: What would make your neighborhood a healthier place for you or your family?**
Adams (=7)	<u>Better access to adequate facilities for physical activity</u> ● Memberships to places to work out is very expensive, and not everyone knows the YMCA has scholarships. ● Other cities have facilities open to the public, gardens, exercise areas, places to make connections, etc. Hastings Middle School garden is a great place to visit. <u>Better access to healthy foods</u> ● Grocery store doesn't always have fresh healthy food - that would help if that could be a focus ● Transportation can be an issue since we don't have very many grocery stores, and 2 are very close together. ● Healthy foods are so expensive. <u>Resources for healthy eating</u> ● More healthy cooking classes, as well as preparing food ahead of time. <u>Mental health resources</u> ● Making sure that you feel that you have a safe place to talk to someone.

Clay (n=21)	<u>Better access to adequate facilities for physical activity</u> ● Access to physical activities <u>Resources for healthy eating</u> ● Someone to come share more about nutrition and eating healthy
Webster (n=5)	<u>Better access to adequate facilities for physical activity</u> ● A better community center. The one we have now costs money, crowded and does not have much available. Needs to be updated. ● Community center does not have enough stuff. Equipment is old. Very small. NO weights anymore…. ● Yoga used to happen, but not anymore. <u>Resources for healthy eating</u> ● No organized groups for healthy eating. <u>Other</u> ● Need motivation to be healthy. Need someone to encourage or make it important.
Nuckolls (n=14)	<u>Better access to adequate facilities for physical activity</u> ● An outside gym at area parks. <u>Other</u> ● City code enforcement.

Table 16	**Question 7: Behavioral health refers to health problems related to mental health or substance use issues. Talk about whether you think that people who need behavioral health services (i.e., depression screening or medication, treatment for substance use, etc.) are able to get the help they need when they need it?**
Adams (=7)	<u>Stigma</u> ● Able to get it, but there is stigma. <u>Accessing services</u> ● Difficult to access the Mary Lanning clinic - you have to be there at a certain time and there is no guarantee you will be seen. Hard to understand. ● I don't know how to get mental health services. ● There is no compatible program, like the Bridge, for men.
Clay (n=21)	<u>Barriers to access (language, cost, etc.)</u> ● Language barriers, stigma, resources - too much to pay for it. <u>Certain services not available (translators, etc.)</u> ● There are no residential treatment places for men with kids who have a substance use disorder, SUD. ● There are no mental health therapists who speak Spanish. It all has to be translated. ● Families do not feel as open if there is the translator in between.
Webster (n=5)	<u>Certain services not available (translators, etc.)</u> ● There is nothing available here. There is an AA group but it is not advertised, so who could you learn about it from? ● There are only the school counselors and even then, you would be referred out of town.

	● Our hospital does not offer mental health providers. Telehealth used to be at the hospital - used to come once a month, other times could do telehealth. They do not do that anymore.
Nuckolls (n=14)	<u>Barriers to access (language, cost, etc.)</u> ● Good services at Brodstone but they can't serve everyone. Waitlists for treatments are long.

Table 17	**Question 8: What else do you want to say about health services in your community and your experiences with keeping healthy and being able to take care of your health concerns?**
Adams (=7)	<u>No response or other</u> ● There were no responses from this county.
Clay (n=21)	<u>Health equity/injustice issues</u> ● Participants are made to feel like they do not have the same rights, same benefits, same equal treatment because they speak Spanish. ● There was a long conversation about translators and, in general, they were worried that the translator was not representing their concerns correctly.
Webster (n=5)	<u>Childcare</u> ● Childcare is a problem…even with the new center the cost is too much. $1000/6 weeks. Childcare assistance between divorced parents (one has, one does not) does not transfer. Mom can bring when kids are with her, dad cannot. <u>Closures of services due to COVID</u> ● Senior center - no longer doing activities due to COVID and we need that to restart.
Nuckolls (n=14)	<u>Barriers to access (language, cost, etc.)</u> Good services at Brodstone but they can't serve everyone. Waitlists for treatments are long.

Appendix D: - Verbatim responses from non-white and/or Hispanic respondents to the question, “What worries you about your/your family’s health?” from the CTSA survey (n=183).

Response	#
covid	15
renta	6
Diabetis	4
none	4
cost	3
Nothing	3
Que uno se enferme y no tenga pa pagar	3
alcoholismo	2
Diabetes	2
mental health	2
Mi salad mental	2
n/a	2
No tender trabajo	2
perder mi trabajo	2
salud mental	2
Sobrepeso	2
No tener comida	1
O tender para pager la renta	1
Access to affordable healthy food.	1
Access to community health centers	1
Alcoholism	1
Atencion con terapeutas	1
Available options of food in the Midwest in general. Fresh fish, vegetables (especially variety) are incredibly hard to come by.	1
being extremely sick	1
Being fooled by allopathic teachings of health	1
Cancer	1
Come pager mi deuda en el hospital	1
Contraer el virus	1
Covid 19	1
Covid, Cancer & Heart Attacks	1
de que se contagien de covid 19	1
Diabetic	1
El aumento de estrÃ©s a sido alto	1
El como puedo pagar	1
El contraer el virus Covid 19	1

El contrary el virus (Covid 19)	1
El costo medico	1
El covid	1
el no poder ir al medico por los costos tan elevados para la consulta y examenes	1
el peso	1
el sobrepeso/la diabetes	1
Emergencies.	1
EmpecÃ© a tomar moderadamente alcohol,y a fumar no exceso,mi ansiedad,frustraciÃ³n,desprecion y alta presiÃ³n,	1
en mi familia hay historia de diabetis y me preocupa que yo o alguien de mi familia pueda enfermar de eso	1
en tiempo de frio, no pueden salir a realizar actividades al exterior, y no conosco alguin lugar para que acudan	1
enfermanos del covid una vez mas	1
Enfermarnos y no tener ayuda	1
Es muy dificil para mi bajar de peso y tengo miedo que devido a eso pueda llegar a tener otras enfermedade	1
Estamos gordos	1
facturas medicas	1
For my health, it would be weight gain and how it affects the entire body. For the rest of my family, just not being as active.	1
Health	1
how expensive treatment is	1
just getting covid again	1
los cambios por el covid	1
Me siento mas cansada, me dan marcos, frecuentes	1
Medicina diabetis	1
mental health issues	1
mental health treatment for my children who are 12 and 9	1
mi familia	1
mi vodilla	1
mis hijos si se enferman (ellos tienen aseguranza) yo no tengo aseguranza	1
Mis salud me procupan El cancer de mama	1
Myself my epilepsy now that I am pregnant. Me not having health insurance I don't see my neurologist as often as I should. Regarding my 11 month old son, him being exposed to COVID or RSV or just any infection or serious virus scares me tremendously.	1
NA	1
Nada	1
nada en este momento	1
no aseguranza, no clinicas	1

No exite clÃnicas de bajos recursos, y no hay una clÃnica que sea flexible a los horarios y nesecidades de las familias que trabajan.	1
No gene mod areas de recreation familiar. Tenemos a ir a otros condados para distraer los ninos y nosotros mismos	1
No have enough money for medical care	1
No hay clinicas de banjos recursos: dicen que Megan ayudar y Scientology que no ayudan en nada	1
no poder atendernos por falta de dinero	1
no poder pagar	1
no poder tener acceso a costo accesible	1
no ser atendidos correctamente	1
No tender dinero par mi renta	1
No tender dinero para pagar	1
No tender para comprar mis Medicinas para la presion	1
No tender para la renta	1
No tender para mi renta	1
No tender para pagar la luz	1
No tender para pager mi medicina	1
No tender un segura medico	1
No tener comida	1
No tener aseguranza	1
no tener como pagar mis renta	1
no tener dinero para comprar mis medicinas	1
No tener dinero para pagar	1
No tener dinero para pagar mis deudas	1
No tener para comer	1
No tener para la renta	1
No tener para medicina	1
No tener para pagar la renta	1
No tener para pagar mi medicina	1
No tener para pagar mis deudas	1
No tener para pagar renta	1
No tener segura medico	1
no tener trabajo	1
No tener trabajo para comprar. Is medicinas para la diabetis	1
No tenet para pagar mi medicina	1
not having ins to take care of my family, not affording ins	1
Nutricion	1
obesidad	1
obesity	1
Pager mis deudas del hospita	1

pandemia	1
Para comprar mis medicinas	1
Pay bills	1
Penta renta	1
Pervert mi trabajo	1
presion alta diabetes	1
Problem as menttales	1
Procupada por el Covid-19	1
que mi familia (papas, hijos, esposa se lleguen a enfermar del covid o alguna otra enfermedad que necesite tratamientos costosos	1
Que mis hijas y mi papa we enfermen del Covid 19	1
que no he visto alguna autoridad de salud que revise las condiciones del lugar donde trabajo y hay ocaciones que siento que mi salud esta en riesgo en mi lugar detrabajo pero no puedo elejir otro trabajo	1
Que no recibamos la atencion medica	1
Que no tents dinero para pagan mis medicina	1
Que nos enfermemos	1
Que nos enfermemos y no tener para pagar	1
Que nos enfermos	1
que nos vayamos a enfermar y no tener recursos para pagar	1
Que padezco de ansiedad,estres,frustraciÃ³n, para mi familia a sido muy difÃcil recuperarnos del Covid-19.	1
Que se vuelvan enfermar del Covid 19	1
Que si ocupamos usar de una clinica o doctor. Laboratorio o aun sala de emergencia. Los costos son muy elevados y aun para leer las radiografÃas usan de otras oficinas para leerlas y es otro cobro.	1
Que uno se enferme y no tenga dinero pa pagar	1
Queno tenemos aseguranzaâ€™ especialistas	1
Salad mental	1
Salad mental en mi familia, no tener para pager mi renta	1
Sober peso de mi niÃ±o	1
sobre peso	1
Sometimes we're so busy, it's hard to cook healthy meals and get the exercise that we need.	1
tener cancer y no saber	1
tener la atenciÃ³n que se necesita en el momento	1
that it doesnâ€™t help.	1
The cost of healthcare.	1
the unexpected	1
Todo	1
todo esta muy caro - covid	1
Todo tipo de enfermedades derivados del estrÃ©s y preocupaciones que han generado esta pndis que abarca lo emocional y fÃsico.	1

un accidente/dejar de trabajar por ese accidente	1
yirus y enfermedades	1