

## Key Findings

### **Process overview of the Community Health Assessment (CHA):**

Central District Health Department (CDHD) contracted with the Nebraska Association of Local Health Directors (NALHD) to facilitate two, four-hour workshops via Zoom to review data, to determine any additional data collections and mining needs and to set priorities.

In the first workshop on June 15, 2021, 35 partners reviewed data gathered from secondary sources such as Behavioral Risk Surveillance Survey (BRFSS), County Health Rankings, American Community Survey/US Census Bureau, Centers for Disease Control, Nebraska Department of Education, and so on to identify emerging issues and trends, when possible, and to gauge big changes from the previous 2019 Community Health Improvement Plan priorities. The group also reviewed and approved a 5-question survey, developed by NAHLD (adapted from Lincoln-Lancaster Health Department) for distribution in person and by print through CDHD and their partners, including Multi Cultural Coalition, area hospitals, and others. The survey was translated and made available in English, Spanish, Somali and Arabic.

The survey included open-ended questions, prompting respondents to tell CDHD their experience related to their health and the health of their community. Results from the survey highlighted community themes and strengths and were used in addition to the secondary data sources for the second workshop. Additionally, a resource inventory survey was launched to partners of CDHD in August 2021 to provide insight into available medical resources, resources that help people prevent and manage personal health risks, and resources that help people thrive.

The second workshop was conducted on September 2, 2021 and began with a review of the community health survey results and a recap of the review of secondary data presented during the first meeting. Participants were asked what issues need collective community attention over the next three years and spent time brainstorming and discussing in small groups to identify potential actions to be included in the Community Health Improvement Plan.

NAHLD summarized all findings from the data, the assessment, and the group work in a report for CDHD. CDHD reviewed and distributed the final draft of the CHA report to partners and will gather partners around the first part of 2022 to launch the Community Health Improvement Planning process.

## Major Themes from CHA Survey

### Demographics of Community Survey Respondents (2021) compared to CDHD Census

		CDHD Overall Population (US Census 2019)	CDHD Survey Respondents (N = 665)	
Gender	Female	50%	71%	470
	Male	50%	27%	178
	No Response	-	2.5%	17
Age	Under 20	27%	3%	20
	20-29	11%	10%	69
	30-39	12%	24%	159
	40-49	11%	21.5%	143
	50-64	21%	27%	178
	65-74	10%	9%	60
	75+	8%	2%	11
	No Response	-	4%	25
Hispanic/Latino	Yes	13%	23%	152
	No	84%	75%	498
	No Response	-	2%	15
Race	American Indian or Alaska Native	1.1%	0.6%	4
	Asian	0.9%	0.5%	3
	Black/African American	1.6%	9%	59
	Native Hawaiian/Pacific Islander	0.3%	0.1%	1
	White	94.3%	76%	505
	Other	1.3%	11%	71
	No response	-	3%	22

## COVID-19

The COVID-19 pandemic presented as a major disruptor of routine lifestyle. Concerns centered on social isolation, employment issues, and family and individual health as access to health care became an even greater issue. The uncertainties contributed to increased needs for mental and behavioral health supports. The COVID-19 virus was the most common response to the survey questions: “What was the last major health issue you or your family experienced?” and “What worries you most about your health or the health of your family?”

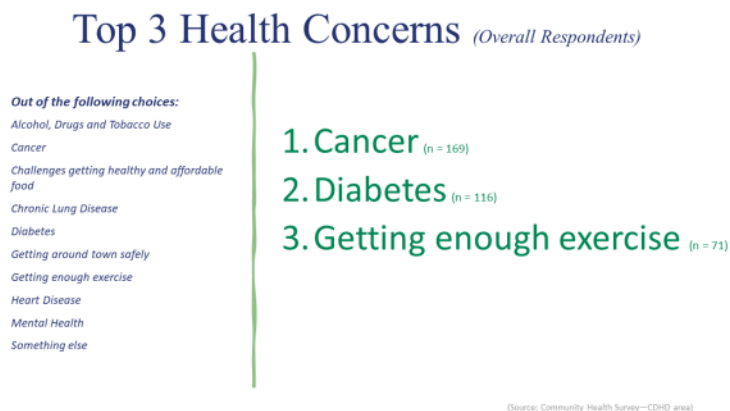
*Word Cloud Visual of responses to Question 3: What worries you most about your health or the health of your family?*



## CANCER & DIABETES

Respondents were asked to identify the top 3 health concerns in the Central District Health Department district. Participants selected responses from a list of 10 concerns and the results were as follows:

Figure 59. Top 3 Health Concerns, Community Survey Respondents



When looking at the survey data by ethnicity and race, Hispanic and non-White respondents listed the same top two concerns as in Figure 59; however, the third concern was challenges getting healthy and affordable food.

## MENTAL HEALTH

CDHD & Partners noted that the number of responses regarding mental health was lower than anticipated, which could be because people are hesitant to reveal this information. Nearly 1 in 10 people within the CDHD district indicated they experienced frequent mental distress in the BRFSS between 2011-2019. Social distancing and stay at home orders are known risk factors that can lead to loneliness and isolation among children. Children in low-income households are at greater risk for mental health issues and are less likely to have access to needed mental health care. Parents experience stress and poor mental health due to a number of factors including work/home balance and job security. Some evidence also shows that substance use disorders and overdoses among adolescents are increasing during the pandemic. Suicidal ideation in adolescents was on the rise prior to the pandemic and continues to rise. Poor mental health outcomes resulting from the pandemic may disproportionately affect children of color. Research conducted by Czeisler, Rashon and Wiley and published in JAMA February 19, 2021. doi:10.1001/jamanetworkopen.2020.37665 supported the concept that behavioral health symptoms among U.S. adults remained elevated over the three months of June 2020 and September 2020 during the pandemic. Furthermore, they note that adverse mental or behavioral symptoms were more prevalent among adults younger than 65 as opposed to older adults and among multigenerational caregivers vs non-caregivers. Planning for prevention and early intervention in the community setting is critical to addressing growing mental and behavioral health issues.

## SHORTAGES IN CARE

Similar to the state, the CDHD district experienced shortages in primary care, dental, and mental health professionals, further reducing access to needed health services. The Years of Potential Life Lost (YPLL), a measurement of preventable deaths, in the CDHD district surpassed the state rate. More specifically, Hall and Merrick counties' YPLL rate was higher than the state rate. CDHD and partners identified the need to increase the availability of bilingual/interpretation for services and programs.

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Figure 51. Primary Care, Federally Designated Medically Underserved Areas/Populations

