Franciscan Healthcare

Your health is our passion.

Community Health Improvement Plan

In Collaboration with Elkhorn Logan Valley Public Health Department

2026-2028

CONTENTS

ACKNOWLEDGEMENTS & PLAN OWNERSHIP

For the past four Community Health Assessment and Community Health Improvement Planning cycles, Elkhorn Logan Valley Public Health Department (ELVPHD) has had the pleasure of partnering with the non-profit hospitals in the district to complete a joint Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The major reason is to improve overall community health through the assistance and involvement of multiple partners. A shared plan helps to ensure that progress on the identified priorities are approached in unison, while considering the various contributions of all partners, and offers a thorough analysis of the current programs and resources, as well as the existing gaps in the current programs, activities, and services.

All non-profit hospitals continue to be required to complete a Community Health Needs Assessment to meet Internal Revenue Service (IRS) obligations to maintain their non-profit status. The non-profit partnering hospitals include:

> Faith Regional Health Services—Norfolk, NE
> Franciscan Healthcare—West Point, NE

All parties recognize that by working together we can accomplish more than what could be done by any one organization alone. The purpose of the CHIP is not to create a heavier workload for anyone, but rather, to align efforts of these various organizations to move forward in improving the health of the community in a strategic manner. What follows is the result of the community's collaborated effort and planning to address health concerns in a way that combines resources and energy to make a measurable impact on the health issues of the ELVPHD district. We understand there are many assets within the ELVPHD district that will aid in the accomplishment of these goals.

SUPPLEMENTARY RECOGNITIONS

In addition, the Midtown Health Center, Inc. (the local, Federally-Qualified Health Center), must satisfy requirements for their ongoing federal funding. Continued success of the Midtown Health Center is a vital necessity in the ELVPHD District as a major provider of healthcare to the uninsured and underinsured populations in the area.

The Northeast Nebraska Area Agency on Aging (NENAAA) uniquely represents and oversees programs to address the health and well-being of aging residents in the district. The agency provides direct programming to assist elders in the area, and oversees the senior citizen centers, which provide a range of services to assist the aging population locally.

EXECUTIVE SUMMARY

The health of our nation and its people is an especially important topic. Improving and maintaining good health for the entire nation starts with a dedicated public health system that works together at the local level to promote quality of life, supportive environments, and healthy behavior across all life stages.

This community health improvement plan was developed through a collaborative process involving a wide variety of local community partners and stakeholders. It serves to describe the priority health issues identified through the community health assessment process and outlines the work plan developed to address those issues.

Individuals and organizations involved in the effort thus far have committed to continue their participation as workgroup members to strategically implement work plan action items. A tracking system will be developed to document activities completed by all participating workgroup partners, and periodic progress updates for each priority health issue.

As the public health system serving Burt, Cuming, Madison, and Stanton counties, we are excited to move forward into the implementation phase of our community health improvement efforts, with a focus on building and strengthening the local foundation that will ultimately serve to support good health for our communities. Thank you to the agencies, community partners, regional groups/coalitions, and others, that supported our department throughout the years. We are excited to continue our shared community-based work to strengthen public health in the district. Your partnership and collaboration are priceless to the ongoing work of our department.

"PROMOTE & IMPROVE HEALTH FOR ALL RESIDENTS IN OUR DISTRICT"
-ELVPHD Mission Statement

"HEALTHY PEOPLE LIVING IN HEALTHY COMMUNITIES"
-ELVPHD Vision Statement

DETERMINING HEALTH PRIORITIES

HOW DID WE GET HERE?

The Community Health Assessment and Community Health Improvement Plan were developed through a community-driven strategic planning process called Mobilizing for Action through Planning and Partnership 2.0 (MAPP). The MAPP process commenced in December 2024 and took approximately eight months to complete.

Elkhorn Logan Valley Public Health Department (ELVPHD) guided the processes and incorporated representatives of varying organizations throughout the health district.

The Community Health Assessment (CHA) was completed by obtaining and reviewing health data for the community. The Community Health Improvement Plan details strategic issues noted throughout the assessment process, and outlines goals and strategies to address identified health priority areas.

The full data report from the CHA related to the health of the Elkhorn Logan Valley Public Health Department service area referenced throughout this document can be found on the ELVPHD website: www.elvphd.ne.gov.

PURPOSE

We recognize that by including members from many organizations throughout the community, we can accomplish more than what could be done by any one organization alone. The purpose of the Community Health Improvement Plan (CHIP) is to align efforts of these various organizations to move forward in improving the health of the community in a strategic manner. Community partnership also serves to create a broader representation of community perspectives and shared ownership of the efforts aimed to address identified priority health issues. What follows is the result of the community's collaborative effort and planning to address health concerns in a way that combines resources and energy to make a measurable impact on the health issues of the Elkhorn Logan Valley Public Health Department district.

PROCESS

The CHA incorporates a broad range of both qualitative and quantitative data. The secondary quantitative data were pulled from national, state, and local sources on MySidewalk; these allow for trend analysis and comparisons to both state and national levels.

Qualitative data was sourced from the CHA data gathered in February-May 2025 and from Community Partner/Stakeholder Input gathered in August 2025.

During June 2025, ELVPHD assembled the Community Health Assessment data report. This full data report was shared with partners and stakeholders in August 2025, who provided input on the CHIP priorities and potential strategies via an online surveying process. The sectors representing stakeholder input on the CHIP priorities and strategies included: hospitals and healthcare (both medical and behavioral health), long-term care facilities, government, schools, college, organizations representing the aging population, organizations representing those with health disparities, the faith community, law enforcement, organizations and groups representing minority populations, community-based organizations, and ELVPHD board members and staff.

ELVPHD, then, utilized that input to further refine the goals, objectives, and strategies for the CHIP based upon the partner and stakeholder input. Additionally, partners and stakeholders who indicated their intent to participate in ELVPHD's Health Improvement Coalition will meet throughout the period of this CHIP to provide continued input, assist with implementation action plans, and ensure progress is being made to obtain goals. ELVPHD will be the lead agency in convening the Health Improvement Coalition meetings and measuring progress for annual reporting on the priorities, strategies and activities defined in the CHIP.

PRIORITY 1*: Mental Health*

Goal: Improve access to and utilization of mental health services to support overall well-being

PROCESS OF SELECTING MENTAL HEALTH AS A PRIORITY SELECTION:

The CHA responses (1,376 total respondents) of the general public reflected that mental health was the top health concern among residents of the district. Additionally, the stakeholder/partner engagement input also identified mental health as the top concern; therefore, mental health was deemed priority 1 for the Community Health Improvement Plan, as not only was it the top health concern from the general public, but also from collaborative partners.

DATA SUPPORTING MENTAL HEALTH AS A PRIORITY:

Mental Health Primary Data from the CHA:

Of the 1,376 responses which were gathered during the Community Health Assessment phase, there were several questions pertaining specifically to mental health, social determinants of health, and/or substance use/abuse. The results of several of these questions reflected that the data supported mental health as a priority.

19% of individuals indicated that their mental health was not good for 6 or more days out of the past 30 days.

53% of individuals indicated that mental health (depression, anxiety, stress, suicide) was their highest health concern.

42% of respondents indicated that their own or a family member's health status has caused additional stress.

49% of respondents indicated that over the past 2 weeks they have felt down, stressed, anxious, depressed or hopeless on several days or more.

Mental Health Secondary Data for the ELVPHD health district:

All four counties of the ELVPHD service area (Burt, Cuming, Stanton and Madison counties) are considered behavioral health professional shortage areas as per the Health Resources and Services Administration.

Depression rates in the district are similar to Nebraska overall with 17.4% of ELVPHD service area residents noted as having been diagnosed with depression, as compared to 17.7% of Nebraskans as per the CDC BRFSS PLACES, 2022.

Secondary data from the CDC BRFSS PLACES, 2022, also indicates that ELVPHD residents have a slightly higher percentage of those who are indicated as having "poor mental health" at 14.3% versus the State average of 14.1%.

Substance Use/Abuse Primary Data from the CHA:

Of the 1,376 responses gathered during the CHA phase, 12.7% of respondents indicated that they have experienced additional stress due to their own or a family member's alcohol or drug use in the past 6 months.

34% of CHA respondents indicated that drug and/or alcohol abuse was a top health concern for the community.

Social Determinants of Health Primary Data from the CHA:

Social determinants of health (SDOH) are contributing factors which affect the ability of people to access health care (including mental health services) and achieve positive health outcomes. Data from the CHA indicated that 12.9% of individuals were unable to pick up medications and/or attend doctor appointments due to financial hardship.

Social Determinants of Health Secondary Data for the ELVPHD health district:

Several data points from the US Census Bureau 5-year review from 2019-2023 indicates the following social determinants challenges for the service area with regard to poverty levels, disabilities and educational attainment:

10.9% of ELVPHD's population lives below the poverty level as compared to 10.3% of Nebraskans overall.

12.5% of the population is indicated as living with a disability as compared to 12.1% for Nebraska overall. Notably, Burt county in the ELVPHD service area indicates that 17.9% of the population is living with a disability.

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Mental Health Assets & Resources:

Healthcare providers, hospitals, behavioral health agencies, public health, schools and community-based organizations.

PRIORITY 2: *Cancer Prevention*

Goal: Increase access to and utilization of preventative cancer screening

PROCESS OF SELECTING CANCER PREVENTION AS A PRIORITY SELECTION:

The CHA responses (1,376 total respondents) of the general public reflected that cancer was the second most prevalent health concern among residents of the district. Additionally, the stakeholder/partner engagement input also identified cancer prevention was a main concern.

DATA SUPPORTING CANCER PREVENTION AS A PRIORITY:

Cancer-Related Primary Data from the CHA:

Of the 1,376 responses which were gathered during the Community Health Assessment phase, there were several questions pertaining specifically to cancer prevalence, screening, and cancer-prevention lifestyle factors. The results of several of these questions reflected that the data supported cancer prevention as a priority.

50% of individuals indicated that cancer was a health condition of the highest concern in their community (ranked the #2 concern of survey respondents).

41.4% of women aged 40-74 had not completed a mammogram in the past 2 years.

23% of women aged 21-65 had not completed a cervical (pap) screening in more than 3 years.

18% of respondents indicated that they either cannot afford health insurance, or they have health insurance but their deductible or co-pay is too high, which is a barrier to accessing timely, preventative health care.

Cancer-Related Secondary Data for the ELVPHD health district:

Routine medical care is an important consideration for the prevention of cancer. According to the CDC BRFSS PLACES 2022, 73.4% of adults in the ELVPHD health district had a doctor check-up in the past year, which is lower than the State of Nebraska's percentage of 74.1%.

Additionally, the CDC BRFSS PLACES (2022) data also showed lower rates of preventative care utilization in the district for mammography, cervical screening and colorectal screening as follows:

73.5% of women (aged 50-74) in the ELVPHD district had received a timely mammogram as compared with 75.2% for Nebraska overall.

Cervical Screening (pap) rates were indicated at 80.5% for women 21-65 in the ELVPHD service area as compared with 81.5% for women in the same age group in Nebraska.

Colorectal screening also was lower for the district (adults aged 50-75) at 61.6% as compared with 62.8% for all Nebraskans.

Lifestyle factors also are important to prevention of cancer and other chronic diseases. The following secondary data reflects areas of concern with regard to lifestyle-related factors in the district:

40.1% of ELVPHD district adults are obese as compared to 37.2% for Nebraska overall.

27.4% of adults in the district fall into the category of being physically inactive compared to 25.2% for Nebraska.

The ELVPHD service area has an 8.9% incidence of cancer (excluding skin cancers) among adults as compared with 8.0% for Nebraskans overall.

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Cancer Prevention Assets & Resources:
Healthcare providers, hospitals, public health and community-based organizations.

PRIORITY 3: *Chronic Disease*

Goal: Promote preventative lifestyle choices to prevent and/or manage chronic disease

PROCESS OF SELECTING CHRONIC DISEASE AS A PRIORITY SELECTION:

The CHA responses (1,376 total respondents) of the general public reflected that chronic disease/obesity was the third most prevalent health concern among residents of the district. Additionally, the stakeholder/partner engagement input also identified that chronic disease was a primary concern.

DATA SUPPORTING CHRONIC DISEASE AS A PRIORITY:

Chronic Disease-Related Primary Data from the CHA:

Of the 1,376 responses which were gathered during the Community Health Assessment phase, there were several questions pertaining specifically to chronic disease/ obesity prevalence and chronic disease risk factors. The results of several of these questions reflected that the data supported chronic disease management and prevention as a priority.

47% of individuals indicated that overweight/obesity was a condition of the highest concern in their community (ranked the #3 concern of survey respondents) and an additional 35% of individuals indicated that diabetes/ prediabetes and heart disease were of highest concern.

70% of respondents obtain less than the recommended weekly 150 minutes of physical activity for adults.

57% indicated they consume one or less servings of fruit in an average day and 47% indicated they consume one or less servings of vegetables in an average day.

42% of individuals indicated they have additional stress due to their own or a family member's health status, indicating that chronic disease not only affects physical health, but also causes mental health concerns as well.

Chronic Disease and Obesity Secondary Data for the ELVPHD health district:

There are many lifestyle risk factors which contribute to chronic disease and obesity and managing/improving lifestyle choices are a key factor to influencing chronic disease improvement. Secondary data which supports room-for-improvement with regard to lifestyle risk factors includes:

15.2% of health district residents regularly smoke tobacco as compared to 14.2% for Nebraska overall, CDC BRFSS PLACES 2022.

27.4% of adults in the district fall into the category of being physically inactive compared to 25.2% for Nebraska, CDC BRFSS PLACES, 2022.

40.1% of ELVPHD district adults are obese as compared to 37.2% for Nebraska overall, CDC BRFSS PLACES, 2022.

Specific chronic disease related secondary data for the health district also highlighted the following areas in which residents of the district were more negatively affected by specific chronic diseases (according to CDC BRFSS PLACES 2021, 2022):

12.6% of ELVPHD district were categorized as having "poor physical health" as compared to 11.4% for Nebraska.

12.0% of adults in the district have been diagnosed with diabetes as compared to 10.9% for all Nebraskans.

7.9% of district residents are indicated as having coronary heart disease compared with 6.8% in Nebraska overall and 3.7% of ELVPHD adult residents have suffered from a stroke compared to 3.2% in Nebraska.

Finally, high blood pressure affects 34.5% in the health district compared to 30.4% among all Nebraskans.

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Chronic Disease & Obesity Assets & Resources:

Healthcare providers, hospitals, public health, public environment including trails and parks that support outdoor physical activity, and community-based organizations.

PARTNERS & STAKEHOLDERS

Partners, stakeholders and community members who have agreed to support the CHIP and input received during the partner/stakeholder engagement process.

Partner/Stakeholder Entity	Sector(s) Represented
Faith Regional Health Services	Healthcare, Hospital, Mental Health
Franciscan Healthcare	Healthcare, Hospital, Mental Health
Midtown Health Center	Healthcare, Mental Health, Dental
Northeast Nebraska Area Agency on Aging	Aging/Elder Care
Ponca Tribe of Nebraska	Minority Health, Healthcare, Transportation
Northern Nebraska Area Health Education Center	Healthcare, Healthcare Career Support
Our Savior Lutheran Church	Faith-Based Community
Northeast Community College	School, Healthcare Career Support
Oakland-Craig Public Schools	School
Rural Region One Medical Response System	Emergency Preparedness
Norfolk Fire Division	Fire/Rescue, Government
Colonial Haven	Long-Term Care
Wesley Center	Childcare
Little Lambs Preschool & Daycare	Childcare
Westside Daycare	Childcare
ELVPHD Board of Directors	Community Members, County Government
Northeast Nebraska Community Action Partnership	Community-Based Organization
Norfolk Area Chamber of Commerce	Community-Based Organization
Oakland Heights (LTC/AL)	Aging/Elder Care
Norfolk Police Division	Law Enforcement
St. John's Early Learning Center	Faith-Based Community & Childcare

The community partners noted above contributed to providing insight and input in the creation of the Community Health Improvement Plan during August 2025 via an online survey tool. Input was gathered by sharing the Community Health Assessment (CHA) data with the partners/stakeholders, and soliciting their feedback and input on the main data/themes of the CHA, as well as requesting their input on other potential priority areas, external factors affecting health, community strengths which would support CHIP priority areas, and perceptions of emerging issues affecting health. The results of the community partner/stakeholder input process yielded the following results regarding the top 3 health concerns identified in the CHA data:

Mental Health: 100% of stakeholders affirmed Mental Health as a CHIP priority

Cancer Prevention: 89% of stakeholders affirmed Cancer Prevention as a CHIP priority

Chronic Disease: 94% of stakeholders affirmed Chronic Disease as a CHIP priority

Other potential priority areas that were suggested by the partners/stakeholders:

Substance Abuse Prevention – Workplan activities concerning substance abuse prevention was incorporated within Objective 4 of the mental health priority area as substance abuse/misuse is statistically significant as a co-occurring disorder.

Keeping Seniors Active – Workplan activities regarding the importance of keeping the senior/elderly population active and engaged is incorporated within Objective 2 of the Chronic Disease priority.

External Factors Affecting Health:

Partners and stakeholders provided input on the external factors which may affect the health of our communities. Following are the common themes for external factors in influencing health from the input of the partners/stakeholders:

- **Environmental:** Including where and how people live, contaminants including those contributing to water and air quality, and built-environment resources available to support healthy lifestyles.
- **Technology:** Including how people interact in a tech-driven society and use of artificial intelligence (AI) as it pertains to healthcare and societal factors.
- **Economic:** Including housing affordability concerns, the ability to afford healthy foods, as well as affordability concerns regarding healthcare and mental healthcare.
- **Societal Factors:** Including uncertainty of funding availability/stability for social and healthcare related programs, as well as misinformation regarding various healthcare topics often proliferated via social technology platforms.

Community Assets and Strengths:

Partners and stakeholders provided input on the community assets and strengths which contribute to health improvement and leveraging the assets and strengths to accomplish the goals, strategies, and activities within the CHIP in an effort to improve health.

- **Robust community engagement:** Community members in the area are often highly engaged in endeavors to improve their local communities and support programs that focus on health and overall well-being.
- **Partner engagement:** Many local organizations are available to assist with supporting shared goals to improve health and make a difference in the CHIP priority areas. Although each community agency may have a differing focus, often there are opportunities to align with other agencies.
- **Quality healthcare resources:** There are many quality healthcare resources available to assist people with health improvement.

Emerging Health-Related Issues:

Partners and stakeholders were asked if there were additional emerging issues that should be kept in view and considered over the next several years. Those issues included:

- **Environmental:** As policy and funding resources change, environmental issues may receive less attention and surveillance in the future.
- **Artificial Intelligence (AI) and the use of technology:** Technological changes and AI incorporation is a highly evolving factor for which the effect on health is unknown at this time.

WORK PLAN

The remaining pages in this document outline the work plan for each issue identified by community partners as priority health areas through this planning process.

The work plan contains goals, objectives, strategies, activities, measures, timelines, and partners for each priority health area.

Over the course of the next three years, workgroup (Health Improvement Coalition) members will commit resources and efforts to activities as outlined in the work plan. This section is meant to be a flexible, responsive component of the community health improvement plan. As such, it will periodically be reviewed and updated to ensure the elements reflect workgroup progress and needs of our community.

Efforts and results of this workgroup will be tracked by the Elkhorn Logan Valley Public Health Department. ELVPHD will coordinate workgroup meetings to create an environment of collaboration. Each meeting, progress will be shared, and a comprehensive annual report will be made each year to document progress. It is each facility's responsibility to report organization specific progress made to ELVPHD.

PRIORITY 1: Mental/Behavioral Health

GOAL: Improve access to and utilization of mental health services to support overall well-being.

OBJECTIVE 1	OUTCOME MEASURES
By December 31 2028, reduce the prevalence of individuals reporting frequent mental health distress by .5%.	14.3% of ELVPHD adults (ages 18+) indicated their mental health was not good 14 or more days in the past month compared with 14.1% of Nebraskans overall. *Source: CDC BRFSS PLACES 2022 FREQUENT MENTAL DISTRESS*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Increase the number of mental health providers in the district.	Continue recruitment of behavioral health providers in the area and opportunities for training, and introduction to behavioral health as focus area for students.	Number of behavioral health providers in the district Number of training and/or career path opportunity awareness events	December 2028 December 2028	Healthcare Area Health Education Center Schools

Baseline: 112 total mental/behavioral healthcare providers (2024)
UNMC Nebraska Medical Nebraska Behavioral Health Workforce Dashboard

OBJECTIVE 2	OUTCOME MEASURES
By December 31 2028, increase the percentage of individuals indicating a social determinants of health concern that are connected to and/or referred to a resource to address their concern to 97%.	*At least 97% of social determinants of health concerns reflected on intake forms are addressed via resource and/or referral.* *Source: ELVPHD SDOH Tracking*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Improve social determinants of health engagement	For individuals indicating any SDOH concern, connect individuals with resources and/or referrals to appropriate services.	Number of SDOH concerns by topic Number of referrals provided by topic	Quarterly	Public Health Healthcare Community referral agencies
2. Improve mental health-specific social determinants of health engagement	For individuals indicating a mental health-specific SDOH concern, connect individuals with resources and/or referrals to appropriate mental health resources and/or referrals.	Number of mental health SDOH concerns at intake Number of mental health referrals / resources provided.	Quarterly	Public Health Mental health providers and service organizations

Baseline: 174 SDOH concerns indicated on intake forms (164 follow-up with – 94%)
        26 Mental/Behavioral health SDOH concerns indicated (26 followed-up with – 100%).

Source: ELVPHD internal tracking of SDOH for ELVPHD clientele

OBJECTIVE 3

Increase the number of individuals accessing Credible Mind as a mental health and overall well-being platform by 10% annually (for a 40% increase over baseline levels by December 31, 2028).

OUTCOME MEASURES

Each calendar year, increase usage of Credible Mind by 10% over the prior year's user level.

Source: Credible Mind user statistics for the ELVPHD platform

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Promote and support the Credible Mind mental health and well-being electronic platform.	Incorporate multi-modal media strategies to promote the Credible Mind platform including: social media, class-based promotion and school-based promotion	Number of promotional efforts implemented	Quarterly	Schools Service Organizations Media platforms
Baseline: 1,262 Credible Mind platform users during 2025. Source: Credible Mind user statistics for the ELVPHD Credible Mind platform.				

OBJECTIVE 4

Increase students' understanding of the risks associated with substance use in the district by an average of 0.25 points annually for alcohol, vaping, and illegal substances, through substance abuse prevention education, by December 31, 2028.

OUTCOME MEASURES

Increase students' understanding of the risks of substance use and misuse by an average of 0.25 points across all categories surveyed on internal student surveys, and by 0.25% on NRPFSS results.

Source: NRPFSS (Nebraska Risk and Protective Factor Student Survey)

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Promote and implement substance use / misuse messaging among youth	Conduct messaging and education geared toward youth on substance use / misuse prevention	Number of students provided annual education	Annually by the academic year	Schools Organizations serving youth
Baseline: Wrong or Very Wrong for Use Of (8th grade students): Vapes (93.9%), Marijuana (97.3%), Prescription Drug Misuse (97.3%), Other Illegal Drugs (98.4%), Alcohol Once or Twice Per Month (85.2%). Source: NRPFSS 2023 (the NRPFSS is conducted every 2 years)				

PRIORITY 2: Cancer Prevention

GOAL: Increase access to and utilization of preventative cancer screening

OBJECTIVE 1	OUTCOME MEASURES
Increase the percentage of women receiving mammography screening to 74.5% (an increase of 1%) by December 31, 2028.	73.5% of women in the health district (aged 50-74) have had a mammogram in the past 2 years as compared with 75.2% in Nebraska overall. *Source: CDC BRFSS Places, 2022*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Promote mammography screening for women according to screening guidelines	Educational campaign targeted to increasing importance of screening and guidelines	Social media post reach and additional promotional endeavors implemented	Annually	Healthcare Mammography centers
2. Implement reminder / recall systems for completion of mammography for women past the 2-year timely screening timeframe	Implement mammography reminder system for clients indicating they are due / overdue for mammography (women aged 40-74).	Number of reminders sent	Quarterly	
3. Complete case management / barrier reduction for women experiencing educational needs or difficulties in completing mammography timely	Provide barrier reduction / case management services to reduce barriers to screening	Number of women which receive barrier reduction / case management services	Annually	Healthcare clinics Community service organizations for barrier reduction services (such as transportation)
Baseline: 73.5% of women in the health district (aged 50-74) have had a mammogram in the past 2 years as compared with 75.2% in Nebraska overall. Source: CDC BRFSS Places, 2022				

OBJECTIVE 2

Increase the percentage of women receiving cervical (pap) screening to 81% (an increase of .5%) by December 31, 2028.

OUTCOME MEASURES

80.5% of women in the health district (aged 21-64) have had a cervical (pap) screening in the past 3 years as compared with 81.5% in Nebraska overall.

Source: CDC BRFSS Places, 2020

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1 Promote cervical (pap) screening for women according to screening guidelines	Educational campaign targeted to increasing importance of screening and guidelines	Social media post reach and additional promotional endeavors implemented	Annually	Healthcare
2 Implement reminder / recall systems for completion of mammography for women past the 2-year timely screening timeframe	ELVPHD to implement cervical (pap) reminder system for clients indicating they are due / overdue for cervical (pap) screening (women aged 21-64).	Number of reminders sent	Quarterly	
3. Complete case management / barrier reduction for women experiencing educational needs or difficulties in completing cervical (pap) screening timely	Provide barrier reduction / case management services to reduce barriers to screening	Number of women which receive barrier reduction / case management services	Annually	Healthcare clinics Community service organizations for barrier reduction services (such as transportation)

Baseline: 80.5% of women in the health district (aged 21-64) have had a cervical (pap) screening in the past 3 years as compared with 81.5% in Nebraska overall.

Source: CDC BRFSS Places, 2020

OBJECTIVE 3

Increase the percentage of people (aged 50-75) completing colorectal cancer screening to 62.5% by December 31, 2028.

OUTCOME MEASURES

61.6% of people in the health district (aged 50-75) have had a timely colorectal cancer screening as compared to 62.8% in Nebraska overall.

Source: CDC BRFSS Places, 2022

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1 Promote colorectal cancer screening according to screening guidelines	Educational campaign targeted to increasing importance of screening and guidelines	Social media post reach and additional promotional endeavors implemented	Annually	Healthcare
2. Promote use of FIT screening kits as an annual screening for people ages 45-75	Distribute FIT kits and follow-up to boost return rates and follow-up with next steps for positive kits	Number of kits distributed Number of kits returned	Quarterly	DHHS FIT kit program

| | | Tracking and follow-up of positive kit results | | |

Baseline: 61.6%% of people in the health district (aged 50-75) have had timely colorectal cancer screening as compared with 62.8% of Nebraskans overall

Source: CDC BRFSS Places, 2022

OBJECTIVE 4	OUTCOME MEASURES
Increase the number of homeowners testing their home for radon by December 31, 2028, by 10% over baseline annually.	124 radon test kits were distributed by ELVPHD in 2024 and the target is to increase the number of radon kits distributed by 10% annually (136 kit target for the years of 2026, 2027 and 2028). *Source: ELVPHD internal tracking of radon home test kits distributed & returned*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1 Promote distribution of radon test kits to increase number of homes tested for radon	Educational campaign targeted to increasing importance of radon screening and mitigation	Number of kits distributed	Annually	Area events Media platforms
2. Implement reminder systems for return of radon test kits to the lab for testing	Reminder activities conducted to boost return rates of radon home test kits	Number of kits returned Tracking and follow-up of high radon level results	Annually	Radon test kit provider

Baseline: 124 radon test kits distributed in the district (2024) and 82 test kits returned to lab (66% return rate).

Source: ELVPHD internal tracking of radon home test kits distributed and returned

OBJECTIVE 5	OUTCOME MEASURES
Increase the percentage of HPV vaccines administered each year in the health district by 1% over baseline by December 31, 2028.	Increase percentage of adolescents (aged 13-17 years) who have received all recommended doses of HPV vaccine to 68.4% (2023 baseline was 67.4%). *Source: America's Health Rankings (2023): www.americashealthrankings.org*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Promote HPV vaccination and provide opportunities for HPV vaccine in-office and at off-site events	HPV educational messaging and reminder/recall for adolescents for 2nd dose of HPV vaccine	Number of HPV vaccines administered	Annually	Media platforms

Baseline: 67.4% of adolescents (ages 13-17) had received both recommended doses of HPV vaccine in 2023.
          67 HPV vaccines provided by ELVPHD in the past year (baseline).
Source: *America's Health Rankings (2023):* www.americashealthrankings.org *and ELVPHD electronic health record.*

PRIORITY 3: Chronic Disease
GOAL: Promote preventative lifestyle choices to prevent and/or manage chronic disease

OBJECTIVE 1	OUTCOME MEASURES
Provide evidence-based healthy lifestyle programming aimed at improving nutrition levels by increasing fruit and vegetable intake by at least .85 combined cups per day from baseline to final session.	During 2024, baseline average number of combined fruits and vegetables cups consumed per day was an average of 3.47 cups. Increase the average number cups of fruits and vegetables combined by .85 cups or more as of the final session. *Source: ELVPHD Qualtrics data tracking nutrition intake for evidence-based nutrition programs.*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Provide evidence-based programming to improve nutrition	Implement evidence-based programs to increase fruit and vegetable consumption (including assistance with policy development)	Fruit and vegetable intake at baseline and final session	Quarterly	Evidence-based program providers or hosts (healthcare and/or service organizations)
2.Promote healthy nutrition messaging aimed making healthier nutrition choices	Social media campaign and other messaging to increase healthy choices including fruit and vegetable consumption	Social media tracking for promotion of healthy nutrition and/or promotion of evidence-based programs to improve nutrition	Quarterly	Media platforms

Baseline: Fruit and vegetable combined intake reflected an average combined consumption of 3.47 cups per day (2024).
  47% of ELVPHD Community Health Assessment participants consumed 1 or less servings of vegetables per day (2025).
  57% of ELVPHD Community Health Assessment participants consumed 1 or less servings of fruit per day (2025).
Source: ELVPHD Qualtrics baseline statistics for nutrition levels (2024).

OBJECTIVE 2	OUTCOME MEASURES
Increase the percentage of adults who report participating in at least 150 minutes or more of physical activity weekly by 2% by December 31, 2028.	30% of Community Health Assessment (2025) participants report getting at least 150 minutes or more of physical activity weekly and average number of physical activity minutes per week was 114 minutes (ELVPHD Qualtrics 2024) *Source: ELVPHD Community Health Assessment (2025) & Qualtrics (2024)*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Provide evidence-based programming to increase physical activity levels	Implement evidence-based programs to increase physical activity and promote physical activity options in the district (including assistance with policy development and/or built-environment initiatives)	Physical activity minutes at baseline and final session	Quarterly	Evidence-based program providers or hosts (healthcare and/or service organizations)
2.Promote physical activity messaging to increase physical activity levels to 150 minutes or more weekly	Social media campaign and other messaging to increase physical activity levels	Social media tracking for promotion of physical activity	Quarterly	Media platforms

Baseline: 30% of ELVPHD Community Health Assessment participants reported 150 minutes or more of physical activity weekly (2025).
  114 minutes of physical activity on average at baseline – ELVPHD Qualtrics (2024)
Source: ELVPHD Qualtrics baseline statistics for physical activity levels (2024)

OBJECTIVE 3

Reduce obesity levels among adults in the health district by 1% by December 31, 2028.

OUTCOME MEASURES

Obesity levels were at 40.1% of adults in the district as compared with 37.2% of Nebraskans overall.
Source: BRFSS Places, 2022

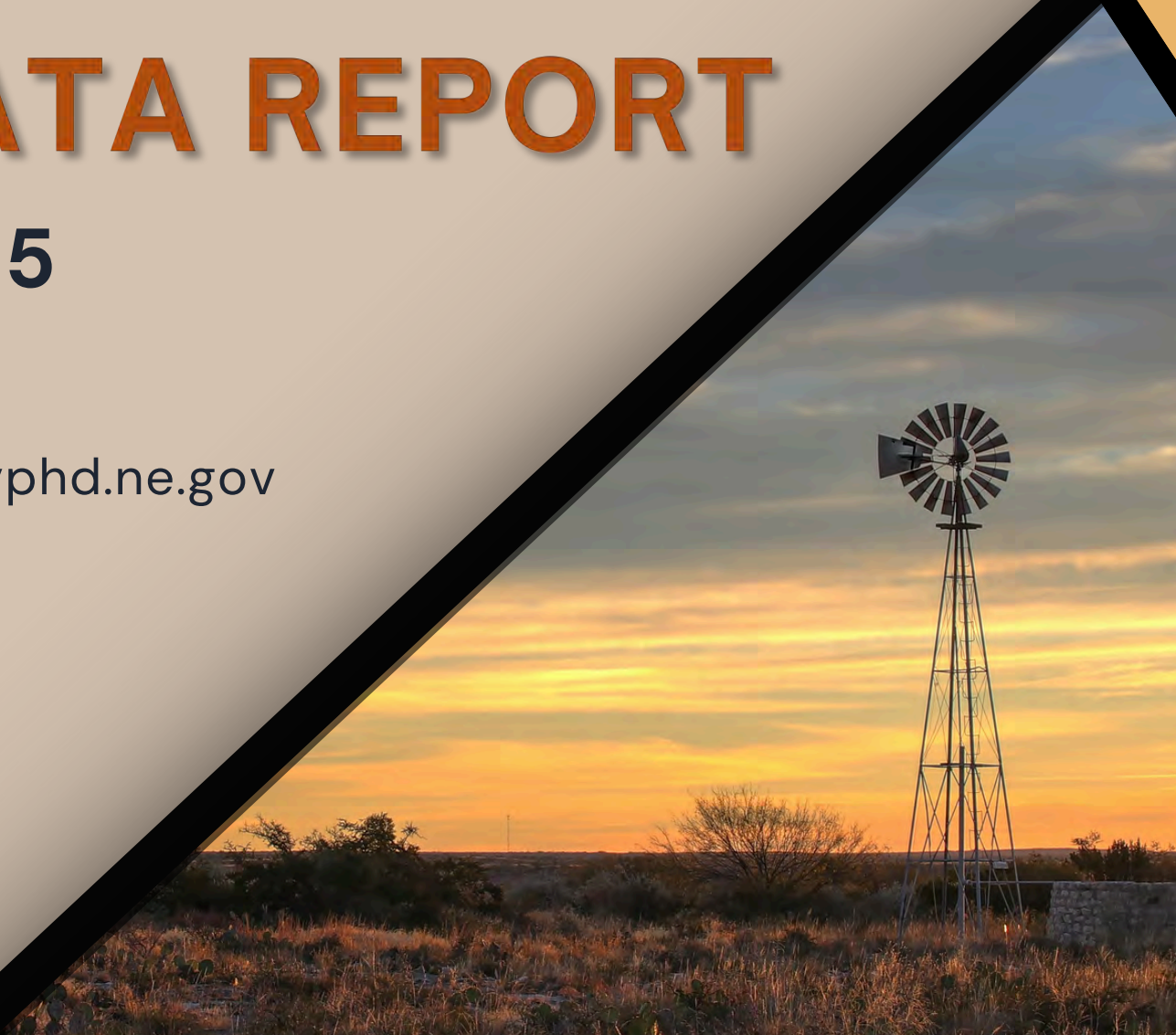| STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1.Implement evidence-based programming targeted to reducing weight from overweight and/or obesity levels	Program implementation to include programs such as NDPP (National Diabetes Prevention Program), DSMES (Diabetes Self-Management Education and Support), health coaching and worksite wellness-based programs focusing on lifestyle choices including weight reduction/management.	Number of programs implemented by type and number of individuals served Baseline and final session weights tracked for pounds lost and BMI level	Annually	Healthcare Evidence-based program providers or host sites (healthcare and/or service organizations)
2. Promote messaging to encourage healthy lifestyle choices which are in support of weight reduction and/or weight management.	Social media campaign and other messaging to increase physical activity levels	Social media tracking for promotion of healthy lifestyle choices messages	Quarterly	Media platforms
Baseline: 40.1% obesity levels in the health district as compared to 37.2% for Nebraska overall. Source: BRFSS Places, 2022				

OBJECTIVE 4

Increase the percentage of adults participating in preventative medical services by .5% and increase the percentage of children (grades K-8) indicating they have a dental home by 1% by December 31, 2028.

OUTCOME MEASURES

73.4% of health district adults participated in a medical provider check-up in the past year as compared with 74.1% of Nebraskans overall and baseline grades K-8 children indicating they have a dental home is 58.7% (2023).
Source: BRFSS Places, 2022 and ELVPHD Dental Tracking statistics for dental home, 2023

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1.Connect individuals to preventative medical services and provider resources / referrals for medical home for those experiencing SDOH concerns regarding insurance and/or financials concerns	Provide opportunities for individuals throughout the health district to receive preventative services (such as immunizations, blood pressure checks and health coaching) in accessible locations and provide referrals resources to individuals served who do not have a medical home	Number of preventative services provided by type (immunizations, evidence-based programs) SDOH referrals for those experiencing SDOH hardships	Quarterly	Healthcare providers for referrals
2. Connect children to preventative dental services and provider resources / referral for establishing a dental home	Provide opportunities for children to receive dental services (screenings, fluoride varnish, sealants) and connect those without a dental home via resources / referral to establish a home dental provider	Number of preventative services provided by type Dental home referrals for those without a current dental home	Quarterly	Community sites (childcare / schools / WIC / other) for preventative services Dental providers for referrals
Baseline: 73.4% of ELVPHD service area individuals participating in a medical provider check-up in the past year and 58.7% of children in grades K-8 indicated they have a dental home (baseline – 2023) Source: BRFSS Places, 2022 and ELVPHD Dental Tracking statistics for dental home, 2023				

ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPARTMENT

COMMUNITY HEALTH ASSESSMENT DATA REPORT

2025

🌐 elvphd.ne.gov

COMMUNITY HEALTH ASSESSMENT
TABLE OF CONTENTS

Socioeconomic Factors:

Elkhorn Logan Valley Public Health Community Health Assessment

Our Health Tells a Story

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

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

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

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

What is a Community Health Assessment (CHA)?

ELVPHD developed a Community Health Assessment (CHA) survey and worked with partners to deliver the survey to residents throughout the ELVPHD district. This 29 question survey was made up of Likert-scale, multiple-choice and open-ended questions. The goal of the survey was to access the communities' perceptions regarding the issues that are important to their health and wellbeing, the quality of life in their respective communities, and the assets they feel are important in their respective communities. This survey was available in English and Spanish and in print and online. The survey was conducted during February - May 2025.

There were 1,376 responses to the CHA and the responses from the survey were added to the secondary data to gain acomprehensive understanding of health indicators relevant to the residents in the health district (Burt, Cuming, Madisonand Stanton counties). One of the main duties of the health department is to assess the health of our community so we know what action to take next. The information contained within this CHA report gives us a better picture of our community's health, so we can work with patners, stakeholders and organization to work toward ensuring accessible and geared towards meeting the needs of the population we serve.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.

Assessment

- Assess and monitor population health
- Investigate, diagnose, and address health hazards and root causes

Policy Development

- Communicate effectively to inform and educate
- Strengthen, support, and mobilize communities and partnerships
- Create, champion, and implement policies, plans, and laws
- Utilize legal and regulatory actions

Assurance

- Enable equitable access
- Build a diverse and skilled workforce
- Improve and innovate through evaluation, research, and quality improvement
- Build and maintain a strong organizational infrastructure for public health

Equity

Created 2020

Population Demographics

Legend:
- Elkhorn Logan Valley Public Health Department
- Nebraska
- Burt County, NE
- Cuming County, NE
- Madison County, NE
- Stanton County, NE
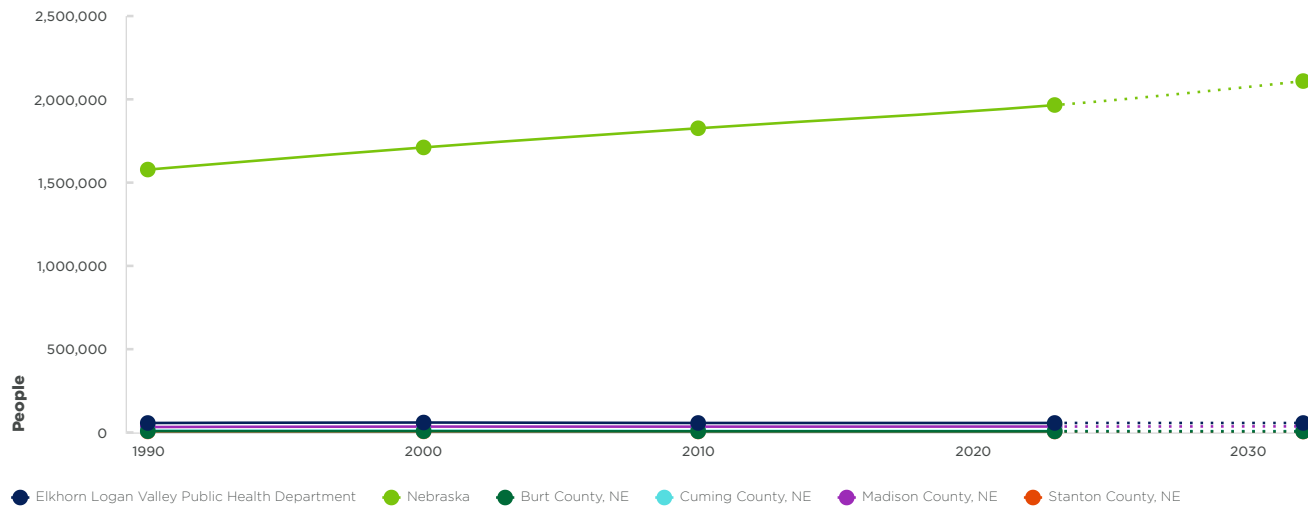
Sources: US Census Bureau; US Census Bureau ACS 5-year

Percentage of Responses by County
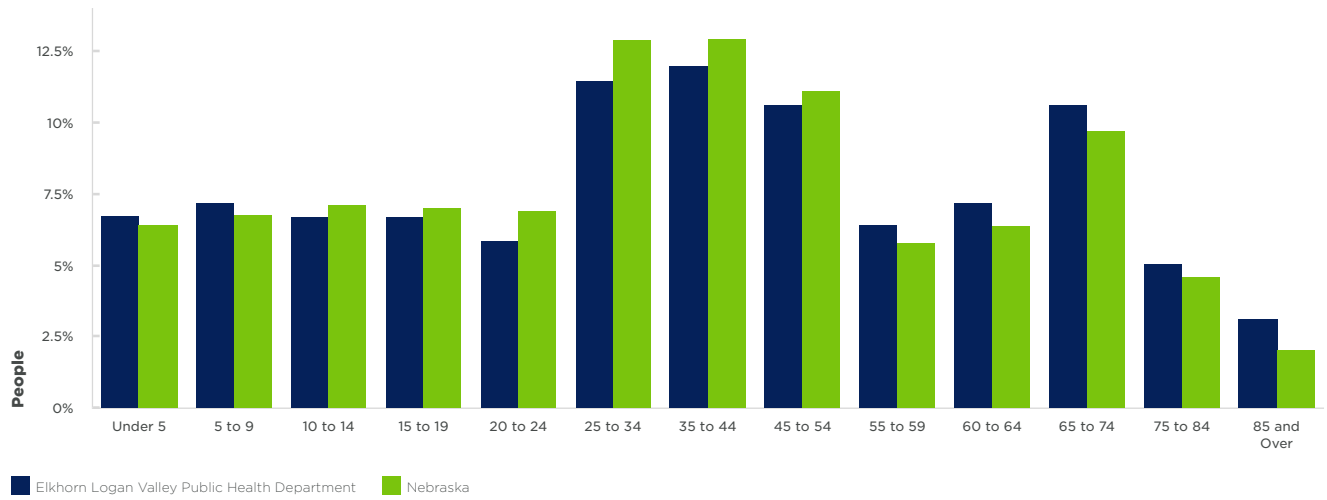
- Burt: 16.4 %
- Cuming: 29.4 %
- Madison: 40.8 %
- Stanton: 6.6 %
- Other: 6.8 %

Source: ELVPHD CHA Survey Responses - 2025

Age

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

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Elkhorn Logan Valley Public Health Department	Nebraska
2019-2023 Under 5	5.1%	7.7%	7%	5.7%	6.8%	6.5%
2019-2023 5 to 9	6.2%	7.1%	7.5%	6.9%	7.2%	6.8%
2019-2023 10 to 14	7.1%	5.8%	6.9%	6.8%	6.7%	7.1%
2019-2023 15 to 19	5.4%	6.2%	7%	7.1%	6.7%	7%
2019-2023 20 to 24	5.3%	5.8%	6.2%	4.9%	5.9%	6.9%
2019-2023 25 to 34	9.6%	10.3%	12.4%	9.9%	11.5%	12.9%
2019-2023 35 to 44	11.5%	11%	12.3%	12.2%	12%	13%
2019-2023 45 to 54	10.7%	11%	10.5%	10.6%	10.6%	11.2%
2019-2023 55 to 59	6.1%	7.6%	6%	7.4%	6.4%	5.8%
2019-2023 60 to 64	8.5%	6.3%	7.1%	8.3%	7.2%	6.4%
2019-2023 65 to 74	13.8%	11.1%	9.8%	11.7%	10.7%	9.7%
2019-2023 75 to 84	7.3%	7.2%	4.1%	5.1%	5.1%	4.6%
2019-2023 85 and Over	3.4%	3%	3.1%	3.4%	3.2%	2%

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

Age Range

Legend: Total Responses, Burt, Cuming, Madison, Stanton

Chart data (percentages by age range):

Age Range	Total Responses	Burt	Cuming	Madison	Stanton
0-18 Years	1%	1%	1%	2%	0%
19-29 Years	12%	7%	10%	14%	12%
30-39 Years	23%	23%	26%	23%	16%
40-44 Years	11%	10%	9%	12%	10%
45-54 Years	18%	16%	17%	18%	18%
55-64 Years	16%	16%	14%	16%	22%
65-74 Years	13%	17%	13%	12%	19%
75+ Years	7%	11%	10%	4%	3%
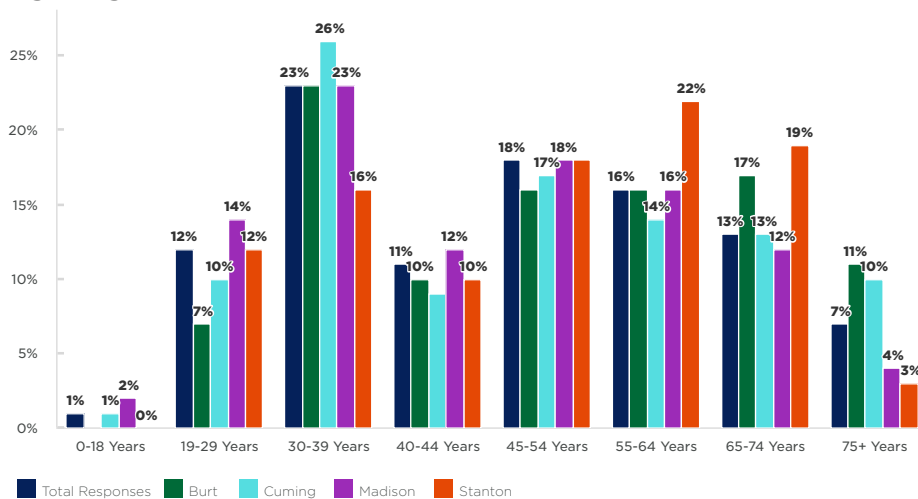
Source: ELVPHD CHA Survey Responses 2025

Child Population
14,216
People ages 0 to 17
Elkhorn Logan Valley Public Health Department

484,750
People ages 0 to 17
Nebraska

Senior Population
10,781
People ages 65+
Elkhorn Logan Valley Public Health Department

322,165
People ages 65+
Nebraska

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

Geography	2019-2023 Child Population	2019-2023 Senior Population
Burt County, NE	1,541	1,649
Cuming County, NE	2,238	1,910
Madison County, NE	9,031	6,043
Stanton County, NE	1,406	1,179
Elkhorn Logan Valley Public Health Department	14,216	10,781
Nebraska	484,750	322,165

Sources: US Census Bureau ACS 5-year 2019-2023
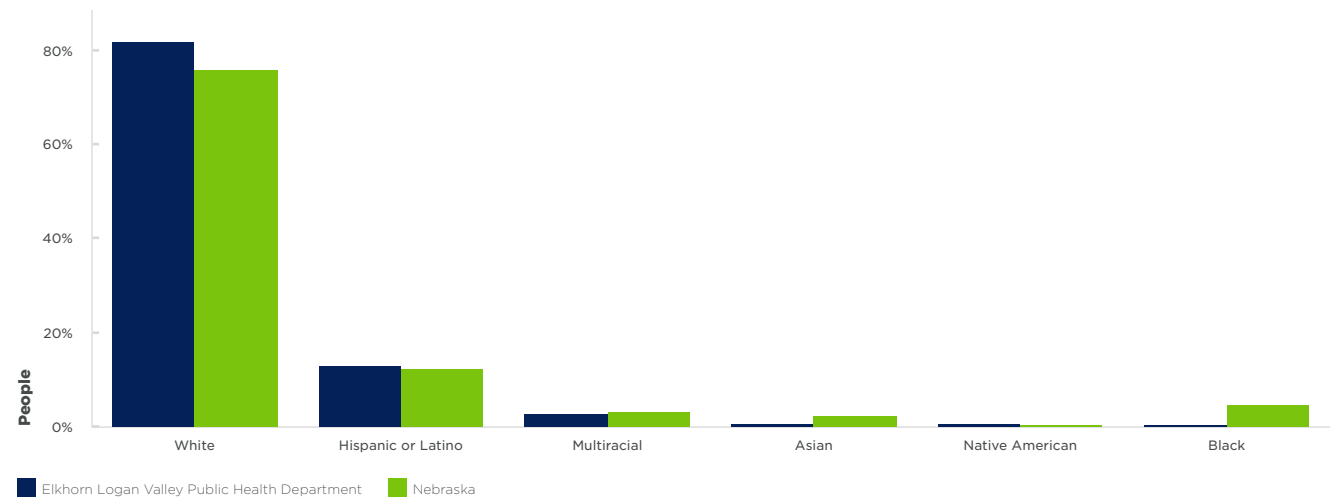
Race & Ethnicity

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

Race/Ethnicity

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Elkhorn Logan Valley Public Health Department	Nebraska
2019-2023 Black or African American	0.4%	0.4%	0.9%	0.2%	0.7%	4.6%
2019-2023 Asian	0.4%	0.2%	1.2%	0.3%	0.9%	2.5%
2019-2023 White	91.1%	85.5%	78.2%	89.7%	82%	76.2%
2019-2023 Hispanic or Latino	3.2%	12.2%	15.9%	6.6%	12.9%	12.3%
2019-2023 Native American	0.7%	0.5%	0.8%	0.1%	0.7%	0.6%
2019-2023 Multiracial	3.4%	1.1%	3%	3%	2.8%	3.4%

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

Race From Survey Responses
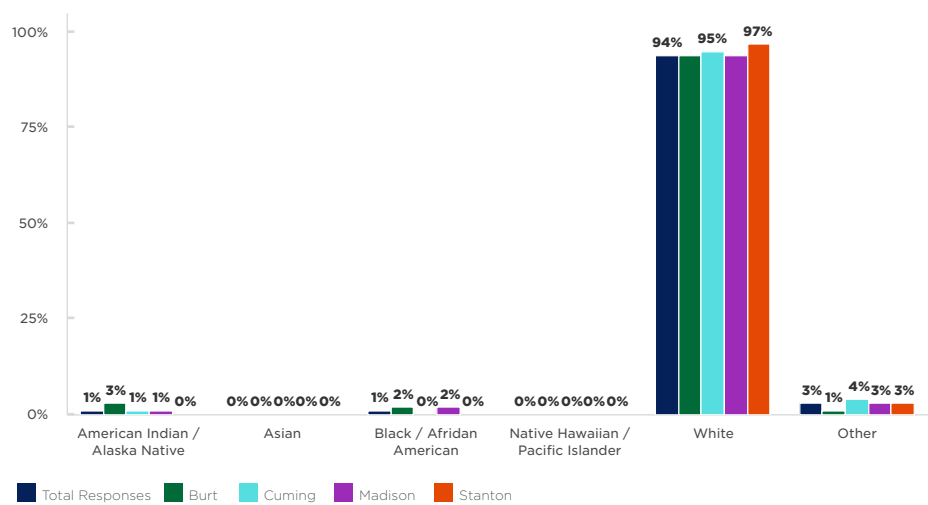
Source: ELVPHD CHA Survey Responses 2025

Ethnicity

NOT Hispanic / Latino 88.0 %
Hispanic / Latino 12.0 %
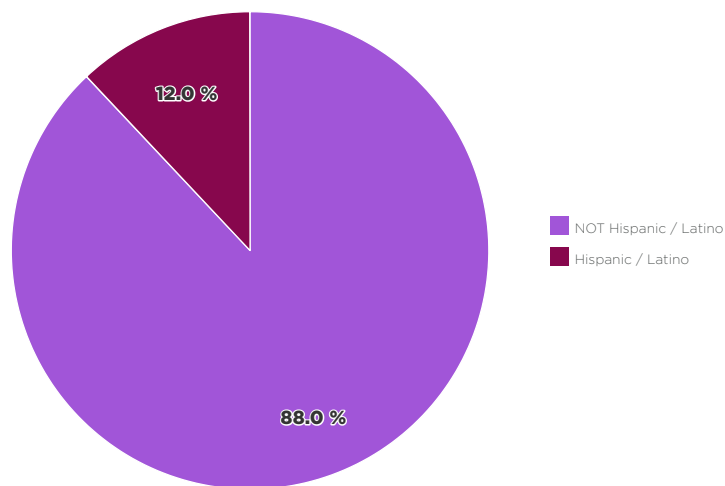
Source: ELVPHD CHA Survey Responses 2025

Ethnicity By County

NOT Hispanic / Latino
- Burt: 95%
- Cuming: 94%
- Madison: 81%
- Stanton: 91%

Hispanic / Latino
- Burt: 5%
- Cuming: 6%
- Madison: 19%
- Stanton: 9%

Burt | Cuming | Madison | Stanton
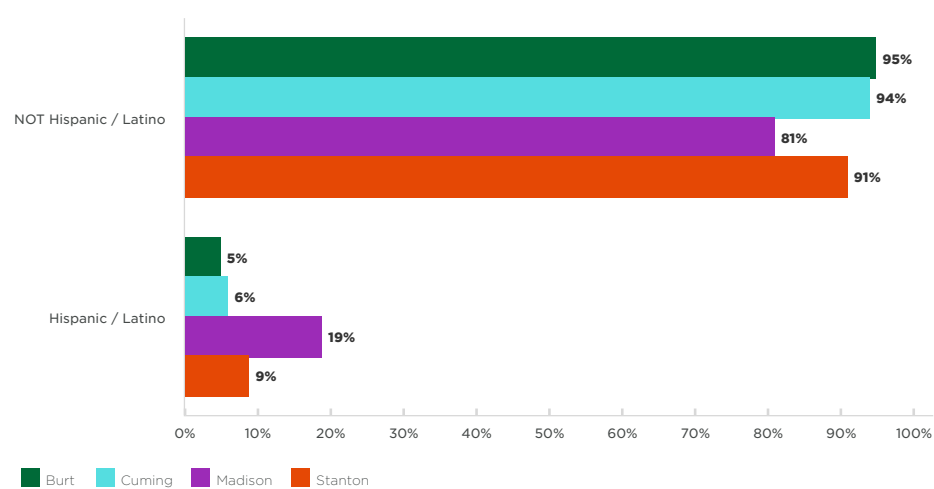
Source: ELVPHD CHA Survey Responses 2025

Sex

Sex

Male
- Elkhorn Logan Valley Public Health Department: 50%
- Nebraska: 50.2%
- Burt County, NE: 50.5%
- Cuming County, NE: 51.2%
- Madison County, NE: 49.6%
- Stanton County, NE: 50.4%

Female
- Elkhorn Logan Valley Public Health Department: 50%
- Nebraska: 49.8%
- Burt County, NE: 49.5%
- Cuming County, NE: 48.8%
- Madison County, NE: 50.4%
- Stanton County, NE: 49.6%

People

Elkhorn Logan Valley Public Health Department | Nebraska | Burt County, NE | Cuming County, NE | Madison County, NE | Stanton County, NE

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

Sex of Survey Respondents

Legend: Total Responses, Burt, Cuming, Madison, Stanton

Male: Total Responses 18%, Burt 20%, Cuming 14%, Madison 20%, Stanton 18%

Female: Total Responses 82%, Burt 80%, Cuming 86%, Madison 80%, Stanton 82%
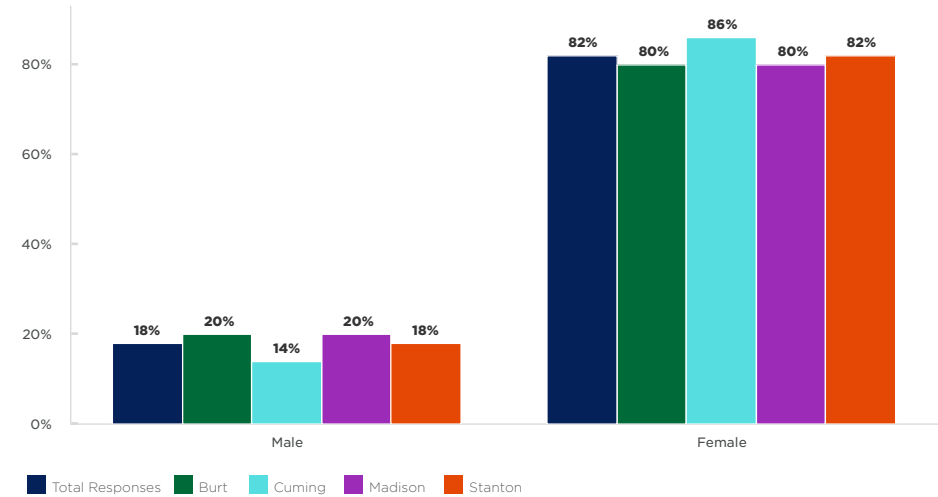
Source: ELVPHD CHA Survey Responses 2025

Immigrants & Languages Spoken

Immigrant Population
5.7%
of People

Elkhorn Logan Valley Public Health Department

7.7%
of People
Nebraska

Limited English Proficiency
4.4%
of People ages 5+

Elkhorn Logan Valley Public Health Department

5.2%
of People ages 5+
Nebraska

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

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

Geography	2019-2023 Immigrant Population	2019-2023 Limited English Proficiency
Burt County, NE	0.5%	0.3%
Cuming County, NE	6.6%	6.9%
Madison County, NE	7.2%	5.3%
Stanton County, NE	1.7%	0.4%
Elkhorn Logan Valley Public Health Department	5.7%	4.4%
Nebraska	7.7%	5.2%

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

Language Spoken at Home Among People Ages 5+

- English Only
- Spanish
- Other Indo-European
- Asian-Pacific Islander
- Other

8.7 %

89.9 %
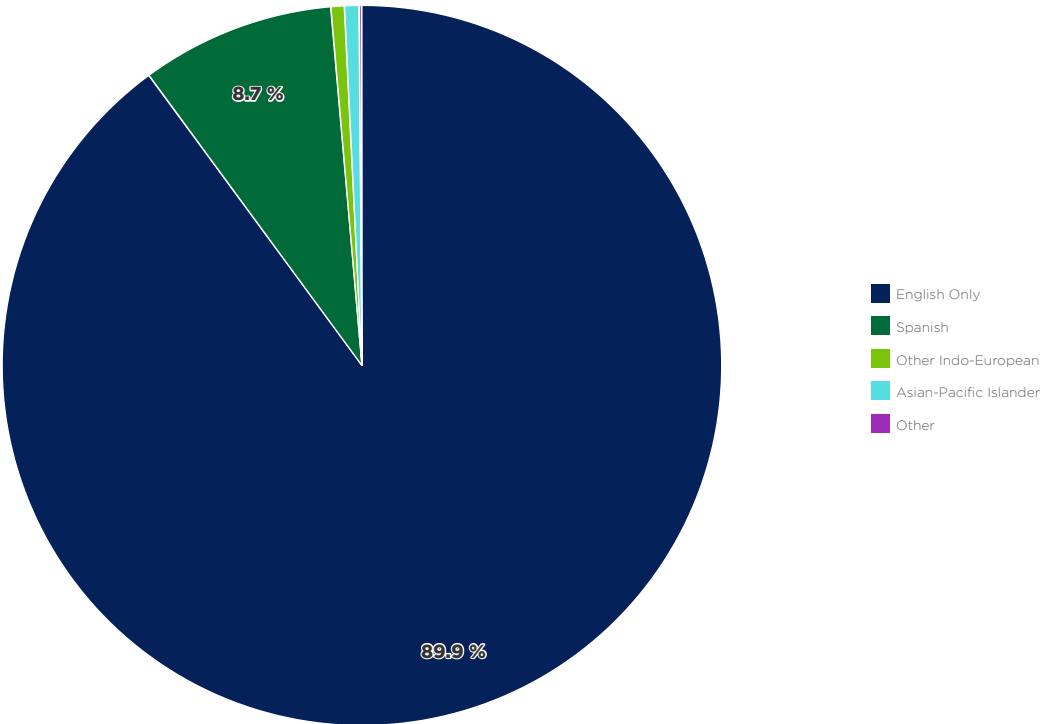
Elkhorn Logan Valley Public Health Department
Sources: US Census Bureau ACS 5-year 2019-2023

Map: Immigrant Population

Immigrant Population

☐ Elkhorn Logan Valley Public Health Department	
☐ Counties	

People

☐	0% – <4%
☐	4% – <8%
☐	8% – <12%
☐	12% – 15%
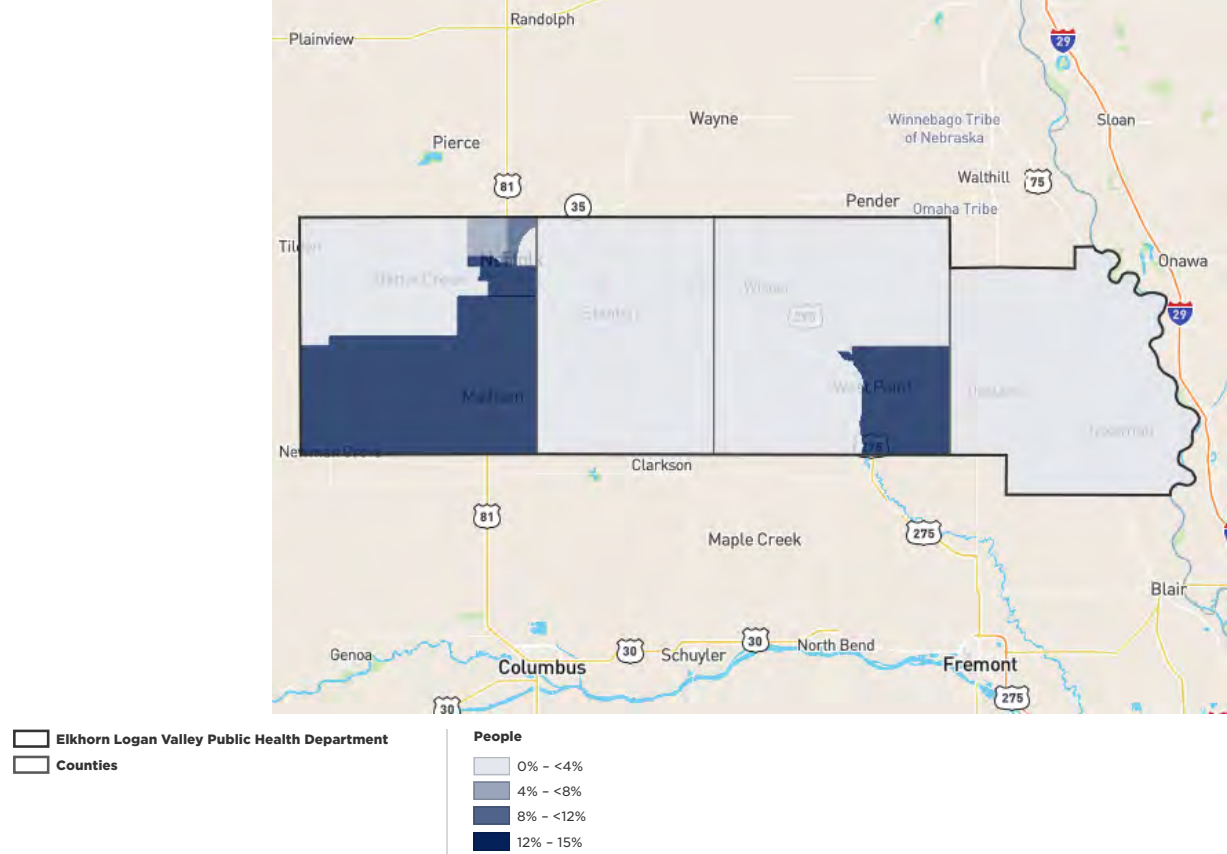
Sources: US Census Bureau ACS 5-year 2019-2023

Veterans

🤝 **Veterans**

6.3%
of Civilians ages 18+
Elkhorn Logan Valley Public Health Department

7.2%
of Civilians ages 18+
Nebraska

Veterans

2,678
Civilians ages 18+
Elkhorn Logan Valley Public Health Department

105,516
Civilians ages 18+
Nebraska

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

Geography	2019-2023 Veterans (Percent)	2019-2023 Veterans (Population)
Burt County, NE	7.8%	405
Cuming County, NE	5.7%	382
Madison County, NE	5.9%	1,556
Stanton County, NE	7.6%	335
Elkhorn Logan Valley Public Health Department	6.3%	2,678
Nebraska	7.2%	105,516

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

Veteran Population

Elkhorn Logan Valley Public Health Department

Counties inside Elkhorn Logan Valley Public Health Department

Civilians ages 18+

- 3.8% – <5.1%
- 5.1% – <6.8%
- 6.8% – <7.7%
- 7.7% – 8.3%
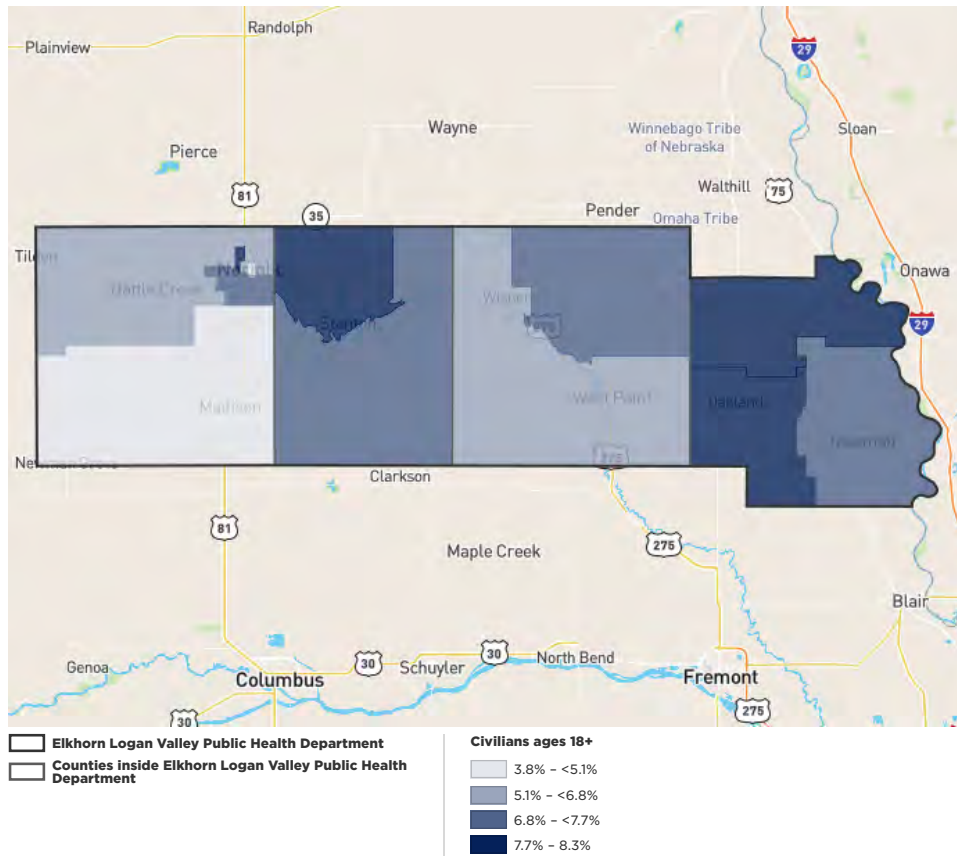
Sources: US Census Bureau ACS 5-year 2019-2023

People with Disabilities

Live with a Disability
12.5%
of People
Elkhorn Logan Valley Public Health Department

12.1%
of People
Nebraska

Live with a Disability
7,008
People
Elkhorn Logan Valley Public Health Department

235,106
People
Nebraska

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

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

Geography	2019-2023 People living with a disability (Percent)	2019-2023 People living with a disability (Population)
Burt County, NE	17.9%	1,189
Cuming County, NE	9.7%	864
Madison County, NE	12.3%	4,276
Stanton County, NE	11.8%	679
Elkhorn Logan Valley Public Health Department	12.5%	7,008
Nebraska	12.1%	235,106

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

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

People Living with Disabilities

Elkhorn Logan Valley Public Health Department

Counties inside Elkhorn Logan Valley Public Health Department

People
- 7.8% – <10.5%
- 10.5% – <12.9%
- 12.9% – <18.2%
- 18.2% – 20.1%

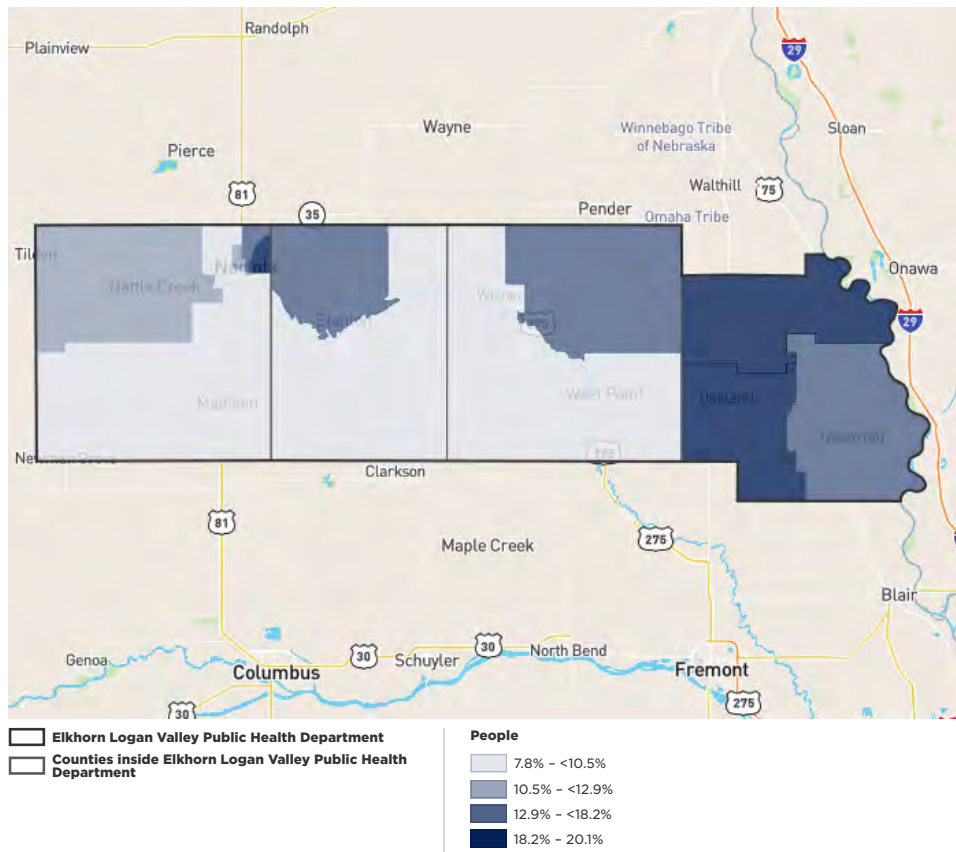*Sources: US Census Bureau ACS 5-year 2019-2023*

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

Elkhorn Logan Valley Public Health Department

What Residents are Saying

The following health concerns were identified by respondents from the community health survey. Overall, the top three health-related conditions that respondents felt were of the highest concern in the community were **Mental Health, Cancer and Obesity/Chronic Disease**. These same concerns were also true for each individual county with the exception of heart disease/hypertension/stroke slightly ranking higher than cancer in Burt County.

When asked what would make their community or neighborhood a healthier place to live, the overall top three responses were:

1. Access to affordable and/or healthy foods;

2. More/improved walking areas/trails/parks; and

3. Access to fitness classes /gyms.

The top three things that worried respondents most about their own health or the health of a family member were:

1. Chronic/specific health conditions

2. Weight/obesity

3. Healthcare costs

When asked what the one item the healthcare system could do to better understand or accommodate the respondents healthcare needs, the top three responses were:

1. Healthcare affordability

2. Insurance affordability

3. Accessibility/better hours

Please see the graphics below for the the detail by county for each of these survey questions.

Each of the three questions asked of the Community Health Assessment respondents on this page were write-in (qualitative) questions. The responses were then analyzed by grouping the responses and the top the answers for each question were determined via count.

What health-related conditions do you believe are of the highest concern in your community? (Choose 3 of the highest concern)

Mental Health (Depression, Anxiety, Stsress, Suidide, etc.)
- 736
- 125
- 198
- 308
- 56

Cancer
- 688
- 93
- 240
- 266
- 48

Overweight / Obesity
- 646
- 111
- 182
- 258
- 39

Diabetes / Pre-Dabetes
- 499
- 84
- 135
- 210
- 26

Heart Disease / Hypertension / Stroke
- 480
- 96
- 137
- 190
- 33

Drugs and/or Alcohol Abuse
- 466
- 74
- 107
- 229
- 34

Dental / Oral Health Problems
- 183
- 24
- 34
- 96
- 12

Environmental Hazards (clean water, air, etc.)
- 161
- 19
- 87
- 36
- 11

Injuries (Accidents, Falls, etc.)
- 121
- 28
- 44
- 39
- 4

Lung Conditions (COPD, Asthma, etc.)
- 93
- 23
- 35
- 21
- 5

Other
- 55
- 4
- 13
- 30
- 5

Legend: Total Responses | Burt | Cuming | Madison | Stanton

Source: ELVPHD CHA Survey Responses 2025 - 1376 Total respondents.

What would make your community or neighborhood a healthier place to live?

- Access to affordable and/or healthy foods — 26.6%
- More/improved walking areas, trails, parks — 23.2%
- Access to fitness classes/gyms — 15.1%

Source: ELVPHD CHA Survey Responses - 2025 (Top three responses)

What worries you the most about your own health or the health of a family member?

Category	Value
Chronic / specific health condition	34.5%
Weight / obesity	15.4%
Healthcare cost	11.1%

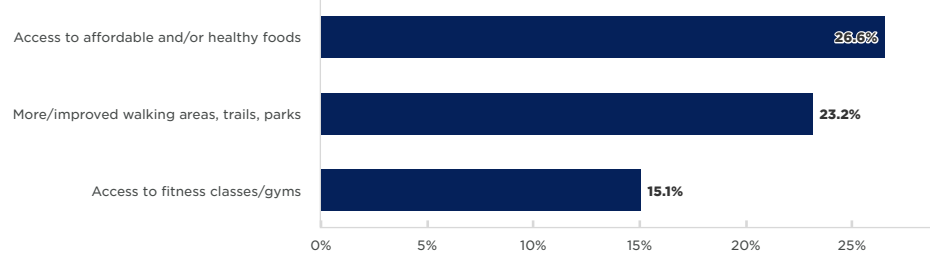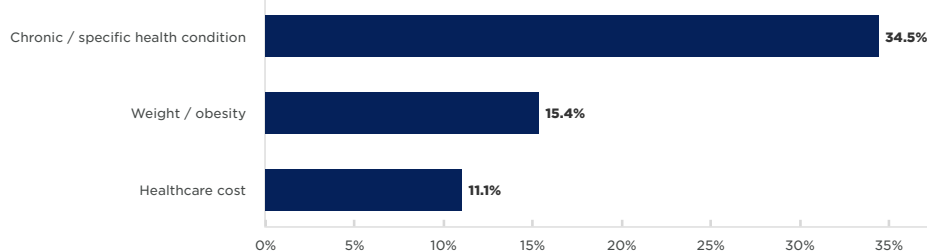0% 5% 10% 15% 20% 25% 30% 35%

Source: ELVPHD CHA Survey Responses - 2025 (Top three responses)

What is one item the healthcare system can do better, understand or accommodate your healthcare needs?

Category	Value
Healthcare affordability	30.8%
Health insurance affordability	16.6%
Take more time with patients/listen	11.4%
Accessibility / better hours	10%

0% 5% 10% 15% 20% 25% 30%
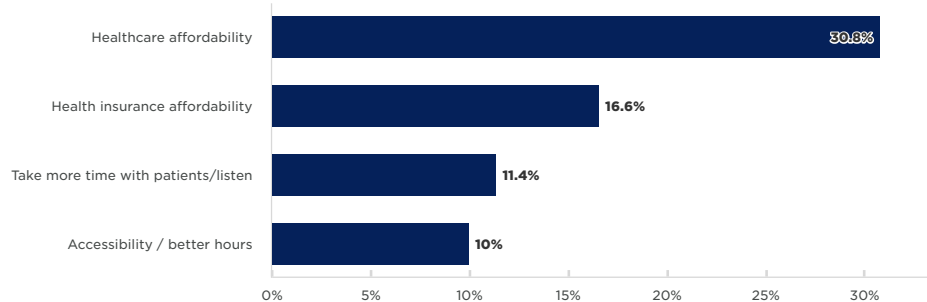
Source: ELVPHD CHA Survey Responses - 2025 (Top four responses)

Elkhorn Logan Valley Public Health Department

Where We Live Matters

Our health tells a story. That story starts with—and is continuously influenced by—our surroundings. Where we live, our education, how we travel to and from home, how much money we make, and more all add up to form our social context.

While some are personal choices, many behaviors are limited to or informed by what we have access to. **When we have more opportunities to make healthy choices, we're more likely to have better health outcomes.**

Unfortunately, not everyone has the same opportunities to make those healthy choices. Barriers that can last generations – such as not having jobs near you or grocery stores with fresh food in your neighborhood – can keep people stuck in patterns of poverty and poor health.

Health equity is the idea that all people should have the same access to the opportunities to lead healthy lives. It's the role of public health, healthcare providers, elected officials, and even community members to help remove the barriers that get in the way of everyone having a fair chance at a healthy life.
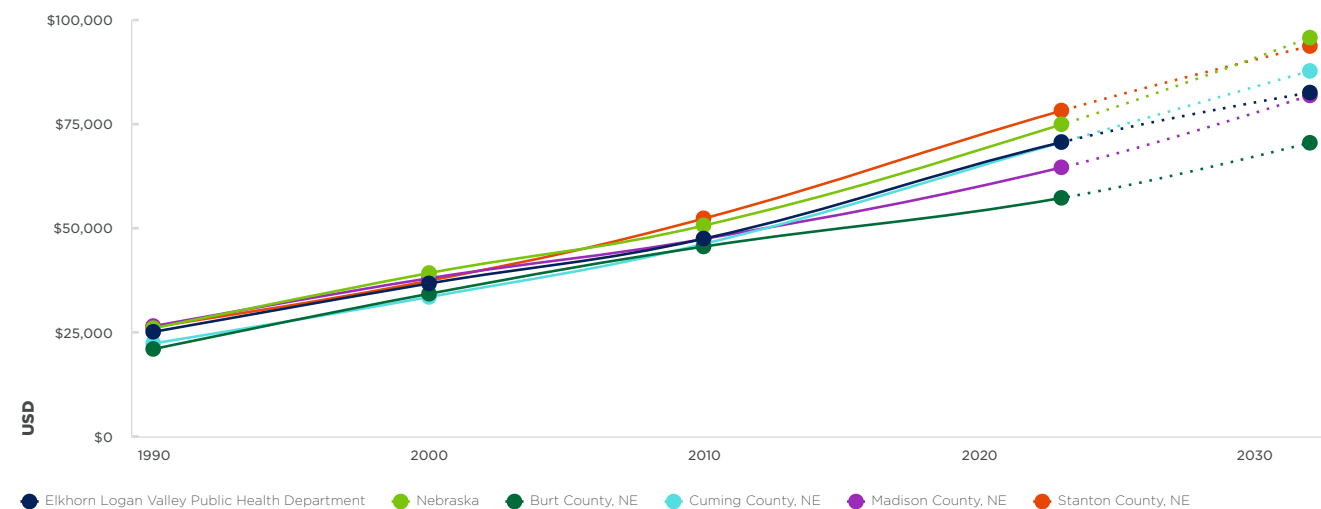
Social and Behavioral Risk Factors

Risk Factor	Yes	No
In the past six months, have you not been able to pick up your medications or had to skip doctor appointments for financial reasons?	12.9%	87.1%
In the past six months, have you had any utilities shut off (such as gas, water, electricity)?	3.9%	96.1%
In the past six months, has a lack of reliable transportation kept you from medical appointments, meetings, work or getting the things you need for daily living?	5.8%	94.2%
In the past six months, have you experienced additional stress due to your own or a family member's alcohol or drug use?	12.7%	87.0%
In the past six months, have you experienced additional stress due to your own or a family member's health status?	42.0%	58.0%
Are you worried you do not have stable housing?	6.9%	93.1%
Do you ever need help reading medical materials?	5.4%	94.6%

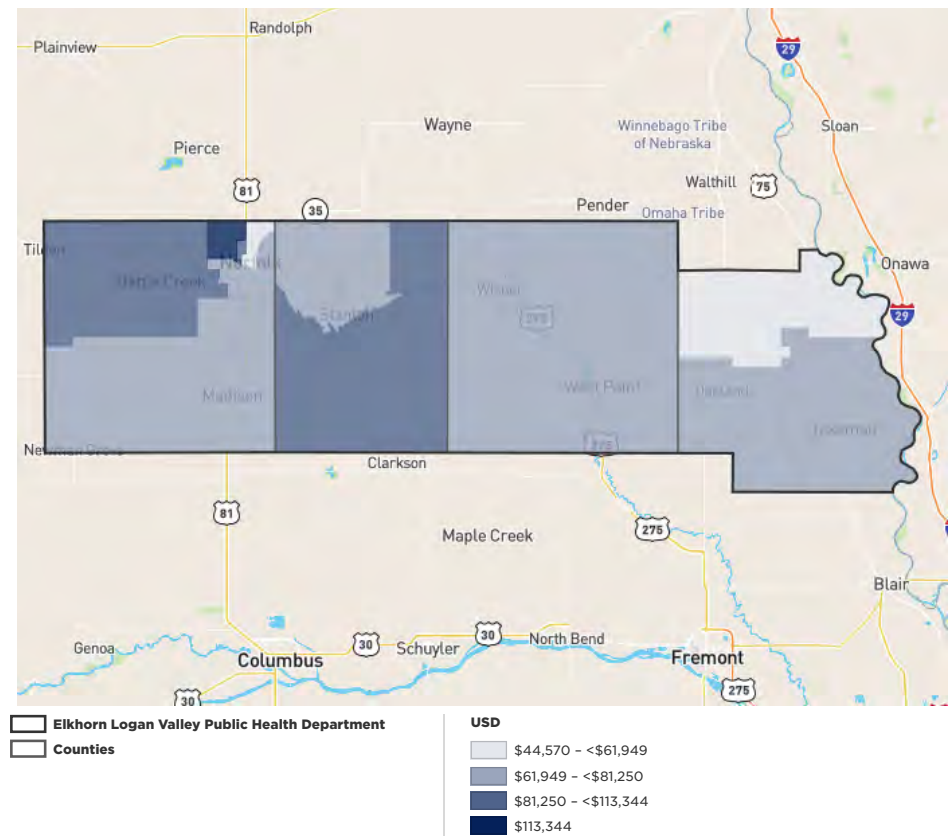*Source: ELVPHD CHA Survey Responses - 2025 (1,376 responses)*

Median Household Income Over Time and Map

Median Household Income

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

Median Household Income

Elkhorn Logan Valley Public Health Department
Counties

USD
$44,570 – <$61,949
$61,949 – <$81,250
$81,250 – <$113,344
$113,344

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

Income affects our quality of life.

Earning a living wage means making enough money to be able to live in our community, including paying for safe shelter, food, and other basic needs. For people who work lower income jobs, this isn't always possible. When the cost to live in our community is high, or the jobs available don't pay enough, families have to choose between needs – paying their rent or buying food, getting medical care or having enough gas to get to work. **No one should have to choose between eating or having safe shelter.** When people can earn a fair wage, it affects their entire wellbeing.

Median Household Income by Householder's Race/Ethnicity

Median Household Income by Race/Ethnicity
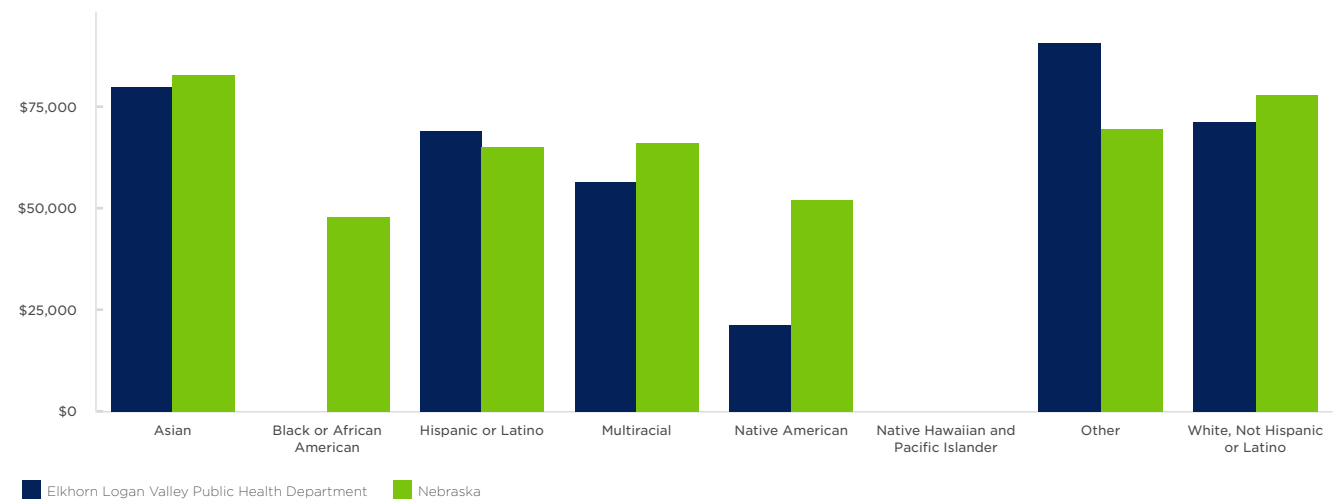
Legend: ■ Elkhorn Logan Valley Public Health Department ■ Nebraska

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

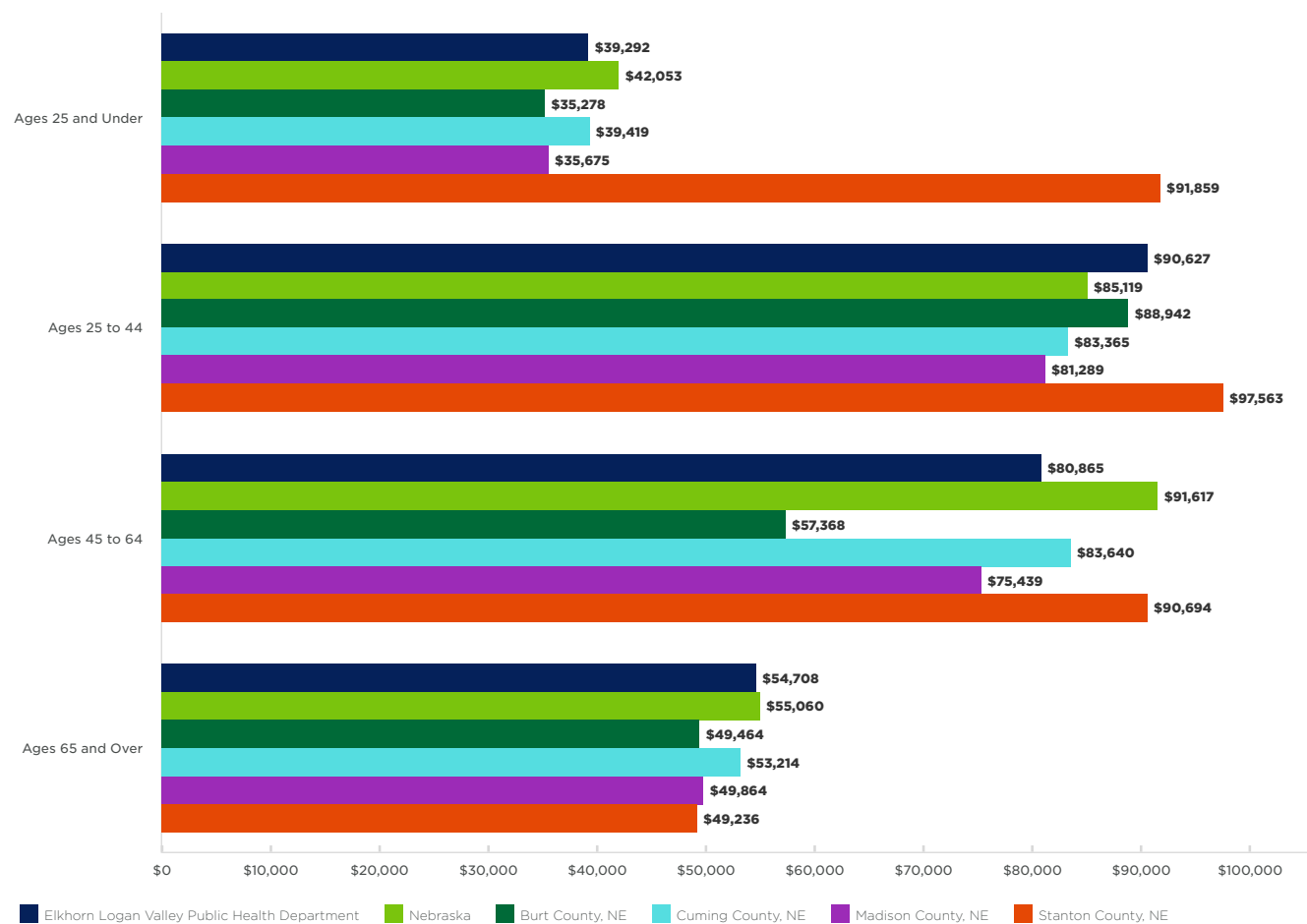*Note: unless otherwise indicated, data includes both Hispanic or Latino and non-Hispanic or Latino people.*

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Elkhorn Logan Valley Public Health Department	Nebraska
2019-2023 Asian	No data	No data	$82,431	No data	$80,069	$83,105
2019-2023 Black or African American	No data	No data	No data	No data	No data	$48,201
2019-2023 Hispanic or Latino	$41,154	$58,750	$49,968	$150,000	$69,151	$65,399
2019-2023 Multiracial	$41,208	$53,713	$53,906	$39,830	$56,593	$66,456
2019-2023 Native American	$29,000	$78,750	$43,750	No data	$21,581	$52,121
2019-2023 Native Hawaiian and Other Pacific Islander	No data	No data	No data	No data	No data	No data
2019-2023 Other	No data	$77,344	$62,969	$165,595	$91,139	$69,820
2019-2023 White - Not Hispanic or Latino	$60,136	$71,178	$66,401	$78,418	$71,473	$78,072

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

Median Household Income by Householder's Age

Median Household Income by Householder Age

Age Group	Value
Ages 25 and Under	
Elkhorn Logan Valley Public Health Department	$39,292
Nebraska	$42,053
Burt County, NE	$35,278
Cuming County, NE	$39,419
Madison County, NE	$35,675
Stanton County, NE	$91,859
Ages 25 to 44	
Elkhorn Logan Valley Public Health Department	$90,627
Nebraska	$85,119
Burt County, NE	$88,942
Cuming County, NE	$83,365
Madison County, NE	$81,289
Stanton County, NE	$97,563
Ages 45 to 64	
Elkhorn Logan Valley Public Health Department	$80,865
Nebraska	$91,617
Burt County, NE	$57,368
Cuming County, NE	$83,640
Madison County, NE	$75,439
Stanton County, NE	$90,694
Ages 65 and Over	
Elkhorn Logan Valley Public Health Department	$54,708
Nebraska	$55,060
Burt County, NE	$49,464
Cuming County, NE	$53,214
Madison County, NE	$49,864
Stanton County, NE	$49,236

Legend: ■ Elkhorn Logan Valley Public Health Department ■ Nebraska ■ Burt County, NE ■ Cuming County, NE ■ Madison County, NE ■ Stanton County, NE

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

Total Annual Household Income Range

Income Range	Total Responses	Burt	Cuming	Madison	Stanton
$0 - $14,999	5%	8%	3%	5%	6%
$15,000 - $24,999	7%	7%	10%	6%	1%
$25,000 - $49,999	21%	26%	21%	20%	20%
$50,000 - $74,999	21%	19%	21%	22%	33%
$75,000 - $99,999	17%	15%	18%	17%	16%
$100,000 - $149,999	19%	20%	19%	18%	20%
$150,000+	9%	5%	9%	12%	5%
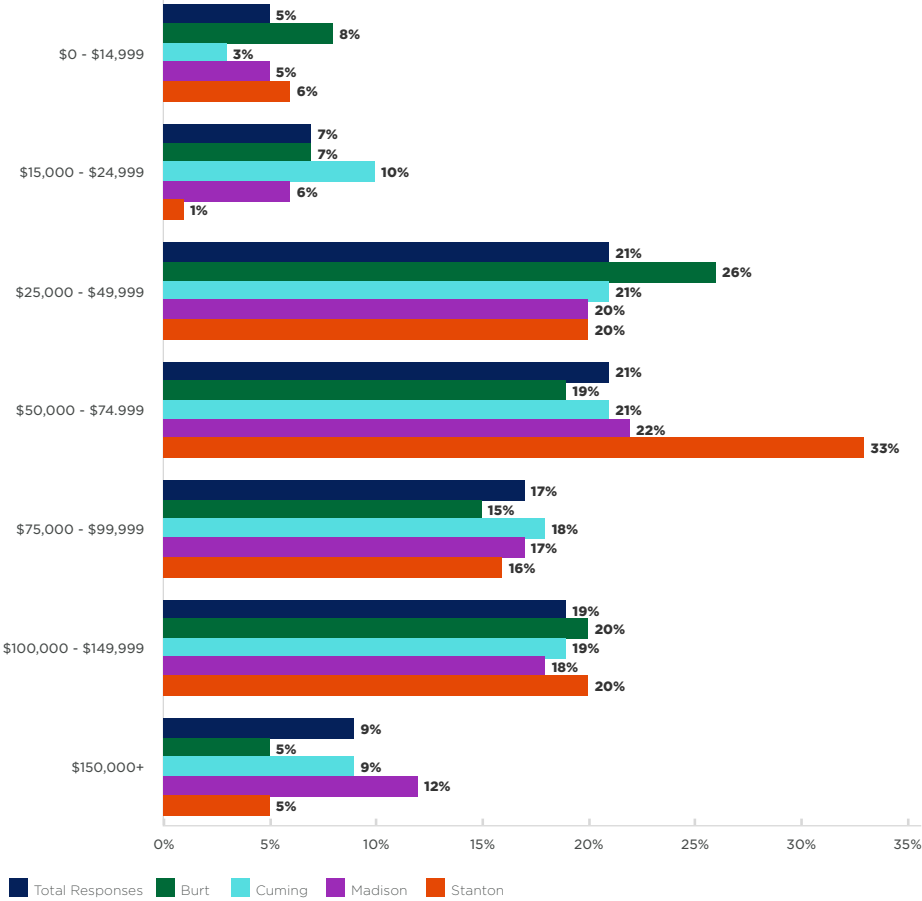
Source: ELVPHD CHA Survey Data 2025 (1,376 total responses)

Cost Burdened Renters

Renters with Excessive Housing Costs
30.5%
Elkhorn Logan Valley Public Health Department

40.8%
Nebraska

All Occupied Housing Units with Excessive Housing Costs
21.4%
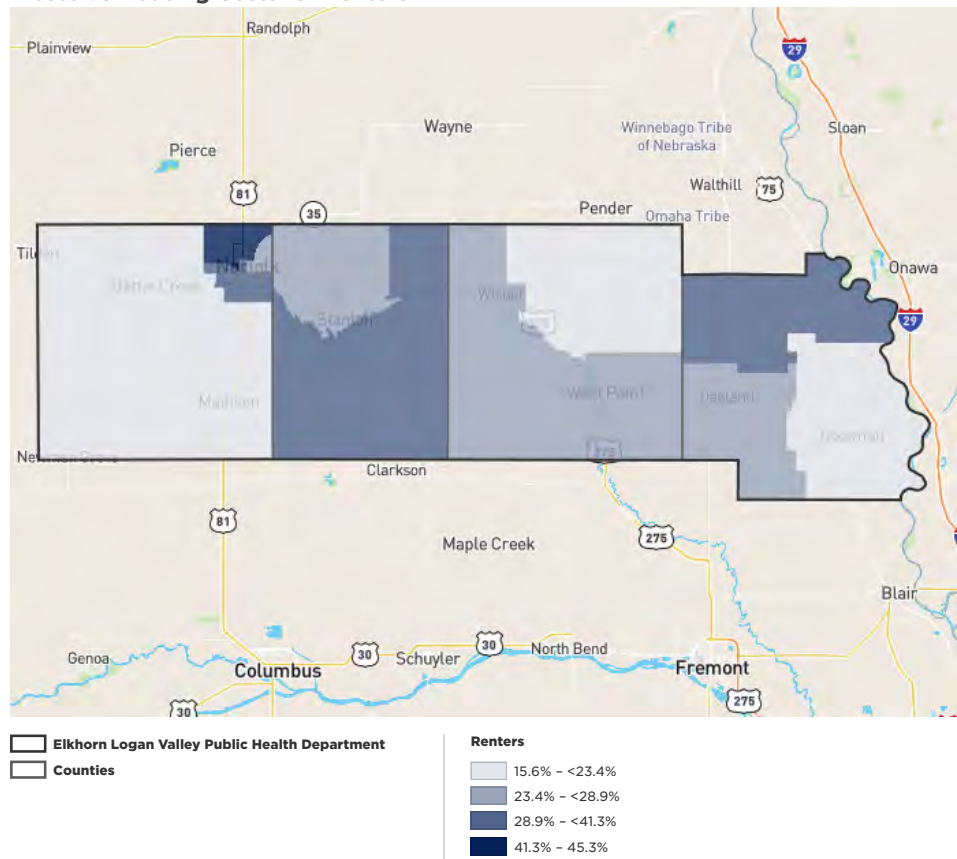Elkhorn Logan Valley Public Health Department

25.4%
Nebraska

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

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

Geography	2019-2023 Excessive Housing Costs	2019-2023 Renter Excessive Housing Costs
Burt County, NE	20.7%	25.4%
Cuming County, NE	16.6%	24.6%
Madison County, NE	23.8%	33.3%
Stanton County, NE	15.7%	25.4%
Elkhorn Logan Valley Public Health Department	21.4%	30.5%
Nebraska	25.4%	40.8%

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

Excessive Housing Costs for Renters

Legend:
- Elkhorn Logan Valley Public Health Department
- Counties

Renters
- 15.6% – <23.4%
- 23.4% – <28.9%
- 28.9% – <41.3%
- 41.3% – 45.3%

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

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

Cost Burdened Homeowners

Homeowners with Excessive Housing Costs

17.6%

Elkhorn Logan Valley Public Health Department

17.6%
Nebraska

All Occupied Housing Units with Excessive Housing Costs

21.4%

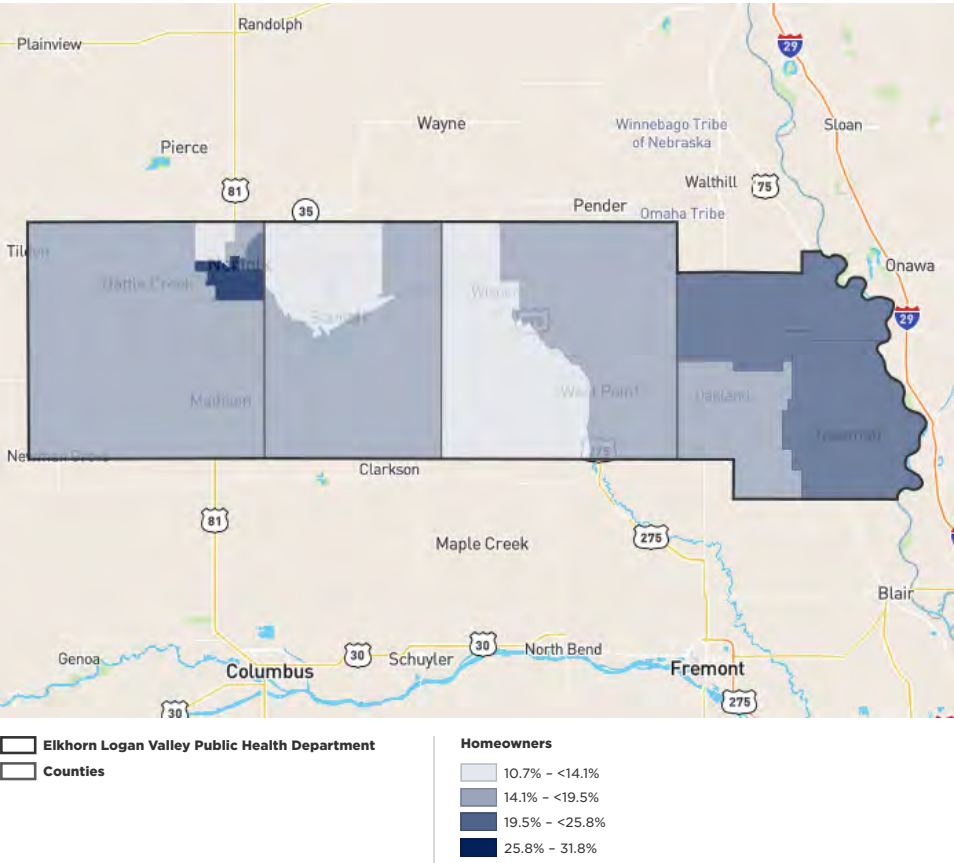Elkhorn Logan Valley Public Health Department

25.4%
Nebraska

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

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

Geography	2019-2023 All Occupied Housing Units with Excessive Housing Costs	2019-2023 Homeowners with Excessive Housing Costs
Burt County, NE	20.7%	19.3%
Cuming County, NE	16.6%	13.4%
Madison County, NE	23.8%	19.2%
Stanton County, NE	15.7%	12.8%
Elkhorn Logan Valley Public Health Department	21.4%	17.6%
Nebraska	25.4%	17.6%

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

Excessive Housing Costs for Owners

Legend:
- Elkhorn Logan Valley Public Health Department
- Counties

Homeowners
- 10.7% – <14.1%
- 14.1% – <19.5%
- 19.5% – <25.8%
- 25.8% – 31.8%

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

Note: Housing costs of 30% or more of household income qualify as "excessive."
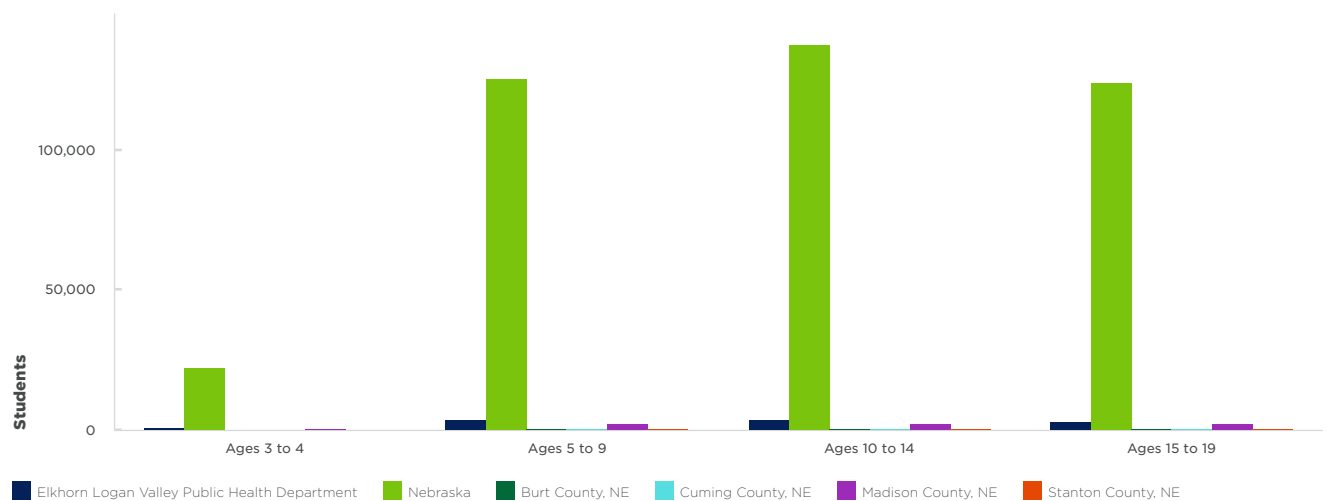
Let's set our communities up for success.

Economic and educational opportunity are both important drivers of community health. People with more education are said to live longer, have fewer serious illnesses, have better mental health, and less stress and economic struggles. We all should be able to make enough money to support our basic needs and buy some of what we want. Creating new job opportunities and supporting financial assistance for those looking to further their education will allow us to do what's most important. Taking care of our families, supporting other businesses in our neighborhood, and providing for ourselves.

Make our students want to stay.

When we keep children engaged in school through high school graduation, we can give them the tools, support, knowledge, and skills that lead to healthier lives. Students with lower reading skills in elementary school are more likely to drop out of high school than students with higher reading skills. Low-income families typically have less access to high-performing schools, which affects school performance and dropout rates. Making sure every student has the same opportunity to learn in a school with enough resources, taught by great teachers, free of violence, and with parents who are able to be involved is a matter of public concern. **Every child deserves that chance to learn.** Resourcing and supporting our K-12 schools is a key area we can help improve the quality of life for children in our community.

Enrollment
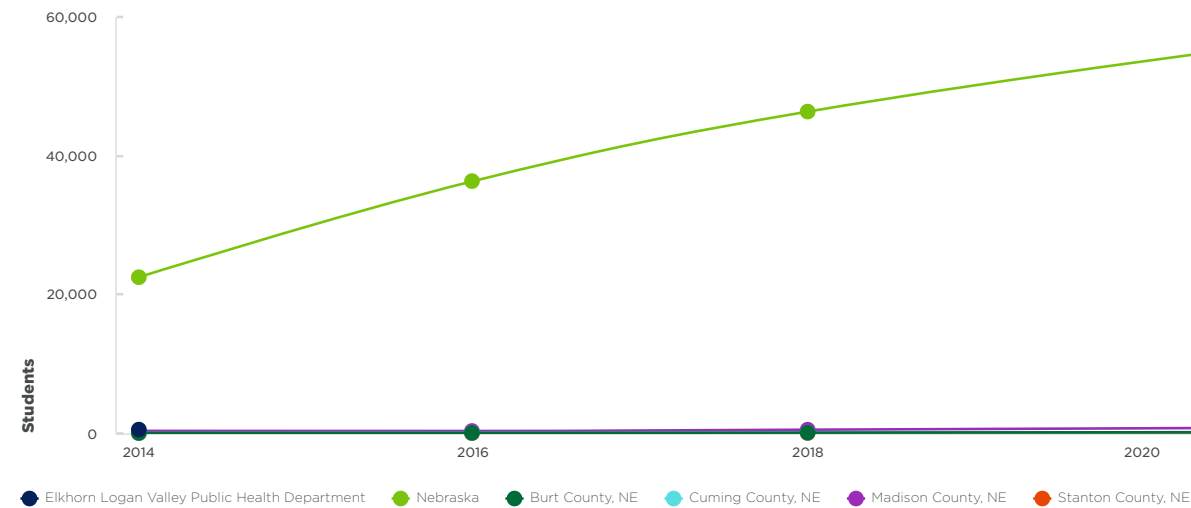
Children and Adolescents Enrolled in School by Age

Elkhorn Logan Valley Public Health Department ■ Nebraska ■ Burt County, NE ■ Cuming County, NE ■ Madison County, NE ■ Stanton County, NE

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

Chronically Absent Students

Chronically Absent Students

● Elkhorn Logan Valley Public Health Department ● Nebraska ● Burt County, NE ● Cuming County, NE ● Madison County, NE ● Stanton County, NE

Sources: CRDC

Chronically Absent Students by Race/Ethnicity

| Race/Ethnicity	Students
Asian	988
Black	8,756
Hawaiian or Pacific Islander	102
Hispanic	19,017
Multiracial	3,405
Native American	2,094
White	29,079

■ Nebraska
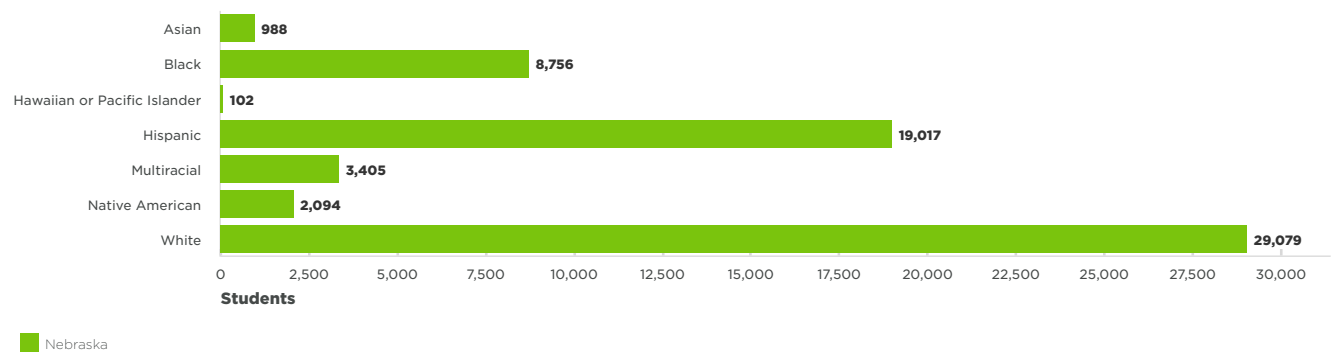
Sources: CRDC 2020-2021

Geography	2020-2021 Hispanic or Latino	2020-2021 Native American	2020-2021 Asian	2020-2021 Native Hawaiian and Pacific Islander	2020-2021 Black or African American	2020-2021 Whtie	2020-202 Multiracia
Burt County, NE	7	3	No data	2	No data	165	5
Cuming County, NE	47	39	No data	No data	No data	107	No data
Madison County, NE	317	35	No data	No data	23	403	30
Stanton County, NE	3	No data	No data	No data	2	47	6
Elkhorn Logan Valley Public Health Department	No data	No data	No data	No data	No data	No data	No data
Nebraska	19,017	2,094	988	102	8,756	29,079	3,405

Sources: CRDC 2020-2021

High School Graduation Rate

High School Graduation Rate

● Nebraska   ● United States of America

Sources: EDFacts

High School Graduation Rate by Race/Ethnicity
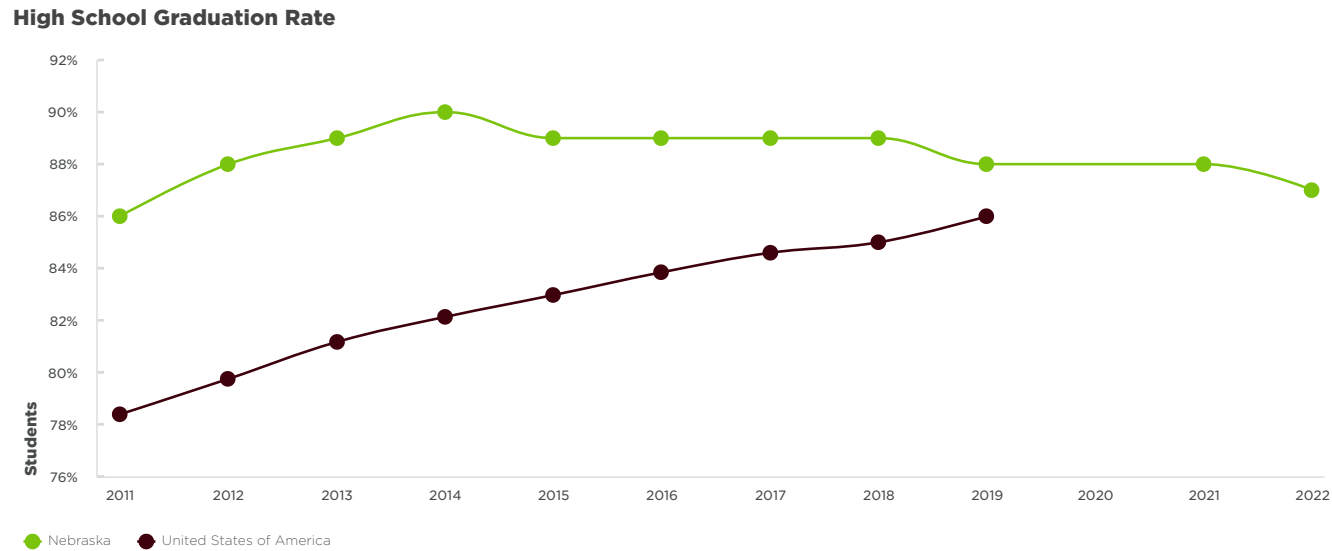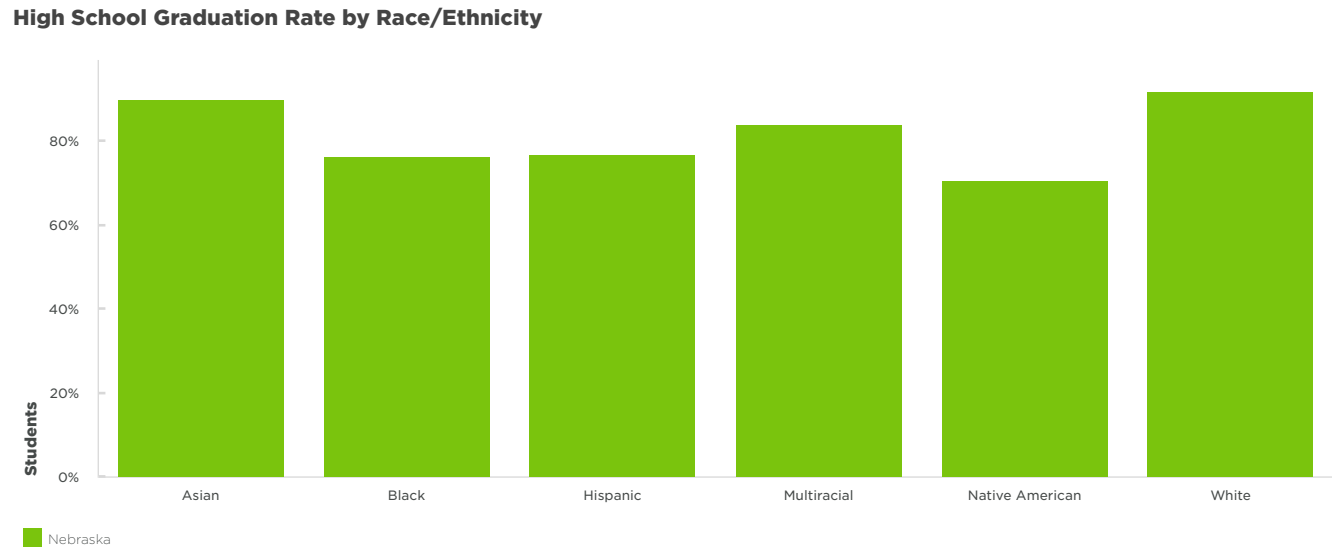
■ Nebraska

Sources: EDFacts 2021-2022

Homeless students

⇧ **3,245.3**
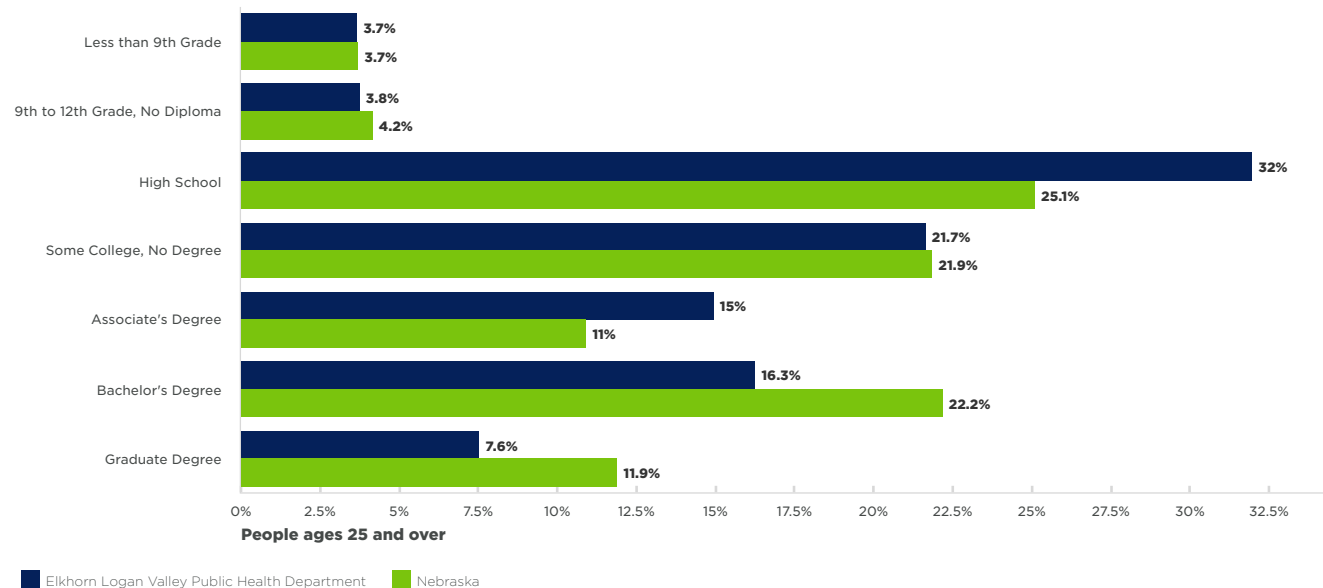**Homeless Students**
Nebraska

Sources: EDFacts 2021-2022

Equip them to keep going.

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

Yet barriers still exist that prevent students from achieving as much education as they want. When information shows that one race or ethnicity achieves less schooling than another, it points to a larger issue—we aren't all starting from the same place. Even when personal desire to continue learning is there, the cost of college, lack of support systems, knowledge of available options, and not being college-ready because of low quality schools are all reasons someone might not continue their education. **When more people are able to complete high school and beyond, our whole community is healthier.**

Highest Level of Education Completed

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

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Elkhorn Logan Valley Public Health Department	Nebraska
2019-2023 Less than 9th Grade	1.8%	4%	4.3%	2.2%	3.7%	3.7%
2019-2023 9th to 12th Grade, No Diploma	6%	3.9%	3.5%	2.6%	3.8%	4.2%
2019-2023 High School Degree	33.9%	33.9%	31.2%	31.6%	32%	25.1%
2019-2023 Some College, No Degree	21%	19.9%	22.4%	21.2%	21.7%	21.9%
2019-2023 Associate's Degree	11.5%	13.5%	15.2%	20.1%	15%	11%
2019-2023 Bachelor's Degree	18.8%	17.4%	15.5%	16.5%	16.3%	22.2%
2019-2023 Graduate Degree	6.9%	7.5%	8%	5.9%	7.6%	11.9%

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

Bachelor's Degree or Higher by Race/Ethnicity

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2019-2023 Total	23.9%	34.1%	25.7%	24.8%	23.5%	22.3%
2019-2023 Asian	38.8%	44.2%	41.7%	18.8%	39.4%	57.1%
2019-2023 Black or African American	16.6%	21.1%	69.6%	2.6%	0%	100%
2019-2023 Hispanic or Latino	10%	15.6%	54.7%	6.5%	8.9%	9.4%
2019-2023 Multiracial	20.1%	26.1%	42.1%	4.3%	20.9%	8.8%
2019-2023 Native American	20.2%	13.5%	22%	23.7%	18.8%	0%
2019-2023 Native Hawaiian and Pacific Islander	0%	24%	0%	No data	No data	No data
2019-2023 Other	7.3%	13.5%	14.3%	1%	8.5%	3.8%
2019-2023 White (Not Hispanic or Latino)	25.1%	36.7%	25%	27.1%	25%	23.1%

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

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

Losing a job means losing so much more.

Not having a job affects many aspects of health and life, from worrying about housing and not being able to buy healthy food, to losing health insurance and the added stress of meeting daily needs that require a paycheck. Unemployment affects both our physical and mental health. When unemployment is high, we know our community is struggling, something needs to change, and increased support is needed.

Employed
65.8%
of Working-age population (age 16+)
Elkhorn Logan Valley Public Health Department

66.3%
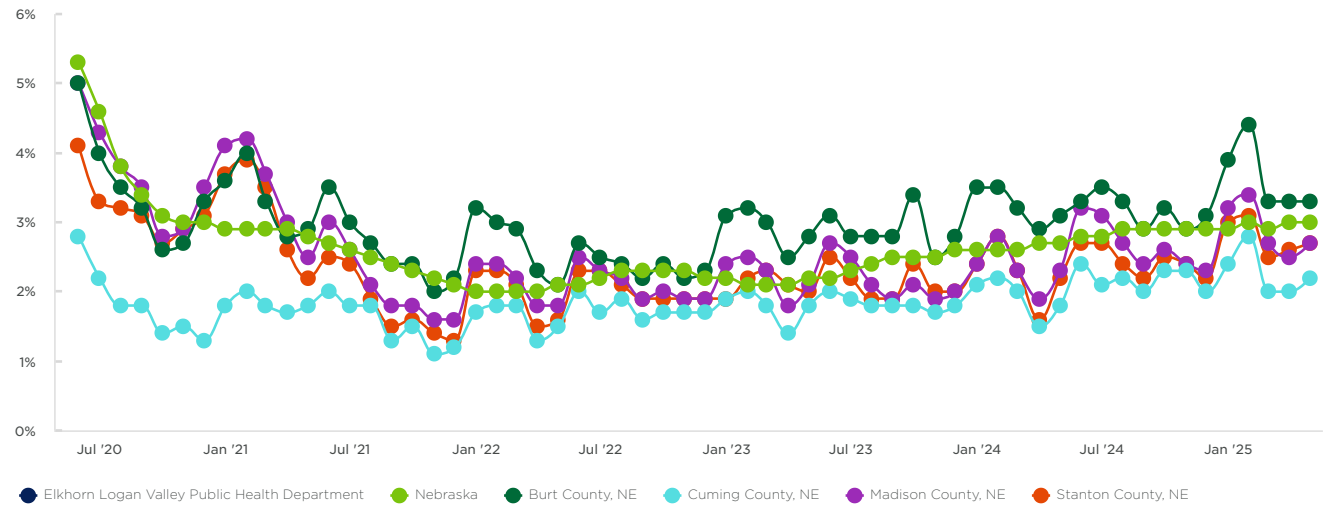**of Working-age population (age 16+)**
Nebraska

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

Total Employed per capita

Burt County, NE	**16.9%**
Cuming County, NE	**31.2%**
Madison County, NE	**55.3%**
Stanton County, NE	**16.8%**
Elkhorn Logan Valley Public Health Department	**40.4%**
Nebraska	**47%**

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

Unemployment Rate

● Elkhorn Logan Valley Public Health Department ● Nebraska ● Burt County, NE ● Cuming County, NE ● Madison County, NE ● Stanton County, NE

Sources: BLS LAUS

Labor Force

● Elkhorn Logan Valley Public Health Department ● Nebraska ● Burt County, NE ● Cuming County, NE ● Madison County, NE ● Stanton County, NE
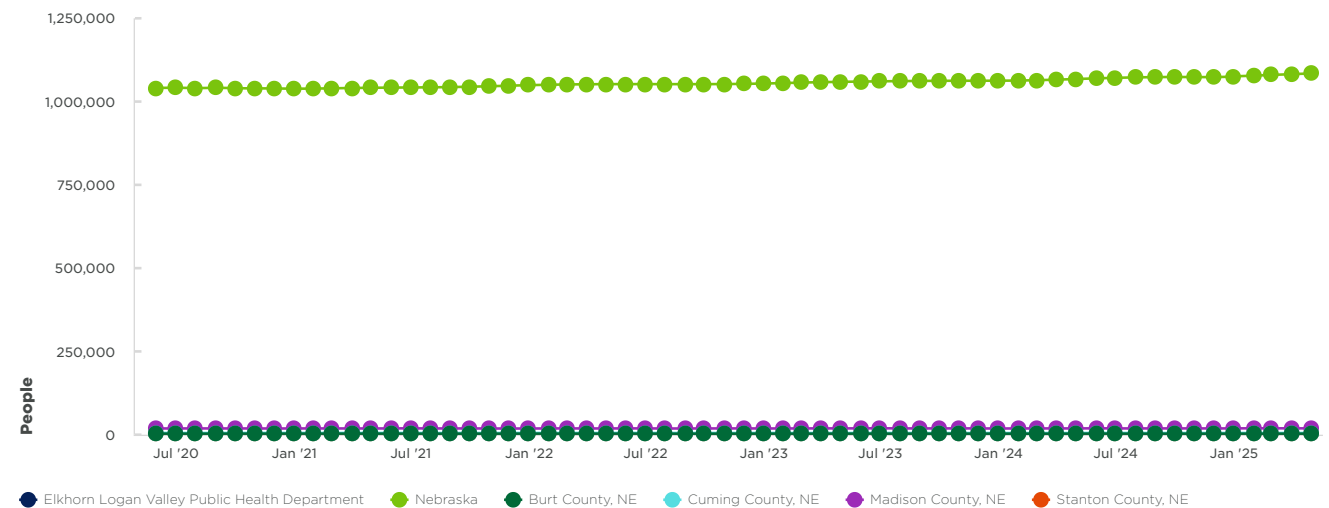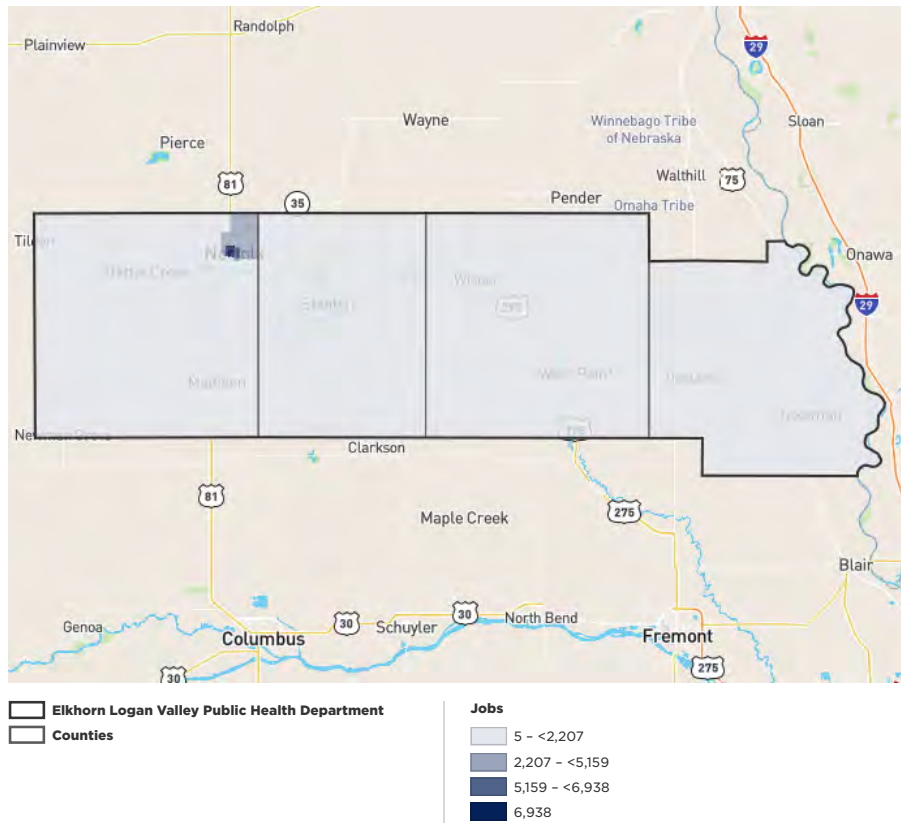
Sources: BLS LAUS

Drive time is lost time.

When we can travel freely to work, the doctor's office, healthy grocery stores, and parks, we're more likely to go. If those services and goods are inside our neighborhood, that's even better. When a task is challenging due to lack of a vehicle or long rides on public transportation, the effect on our health adds up. Without long commutes, we have more time to focus on living a healthy and fulfilled life.

Average Number of Jobs within a 30 Minute Public Transit

Elkhorn Logan Valley Public Health Department
Counties

Jobs

	5 – <2,207
	2,207 – <5,159
	5,159 – <6,938
	6,938

Sources: Access Across America Transit 2021

Income affects our quality of life.

Earning a living wage means making enough money to be able to live in our community, including paying for safe shelter, food, and other basic needs. For people who work lower income jobs, this isn't always possible. When the cost to live in our community is high, or the jobs available don't pay enough, families have to choose between needs – paying their rent or buying food, getting medical care or having enough gas to get to work. **No one should have to choose between eating or having safe shelter.** When people can earn a fair wage, it affects their entire wellbeing.
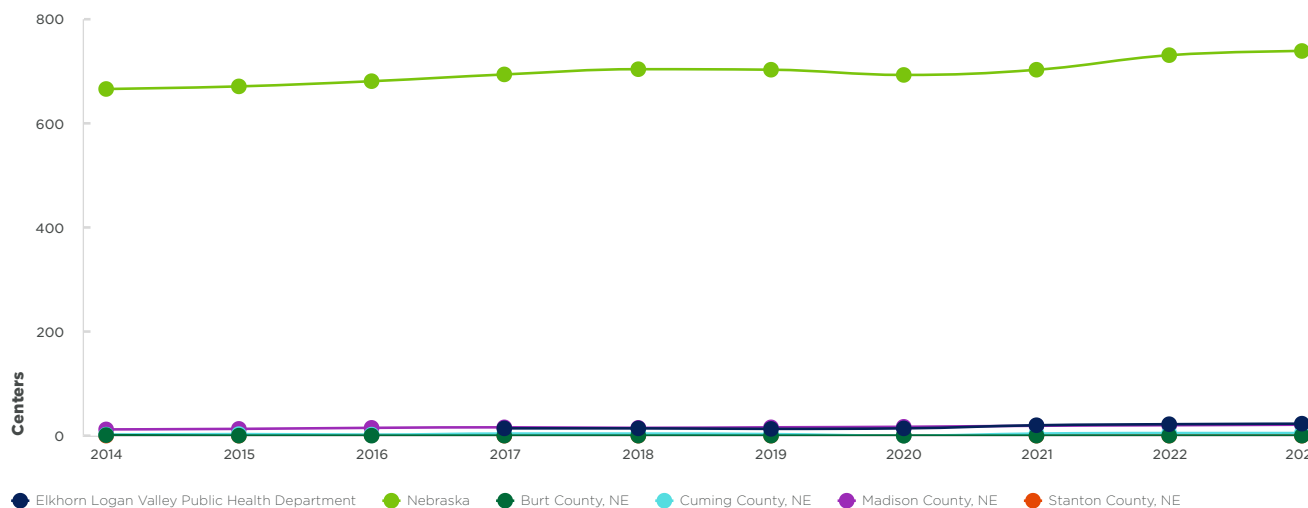
How We Start Matters

When mothers and babies are healthy, our entire community is better. To make sure every baby has the best start in life, we must also focus on the health of their mothers. A healthy life begins long before birth, starting with resources for parents before pregnancy and continuing with support and access to medical care before, during, and after their pregnancy. Making sure people in all areas of our community have equal chances for healthy pregnancies and births will give every baby the start to life they deserve.

Our children deserve quality childcare.

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

Child Care Centers Over Time

Legend: Elkhorn Logan Valley Public Health Department, Nebraska, Burt County, NE, Cuming County, NE, Madison County, NE, Stanton County, NE

Sources: CBP

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

Child Care Centers

	Elkhorn Logan Valley Public Health Department
	Counties

Child Care Centers

	0 – <2
	2 – 5
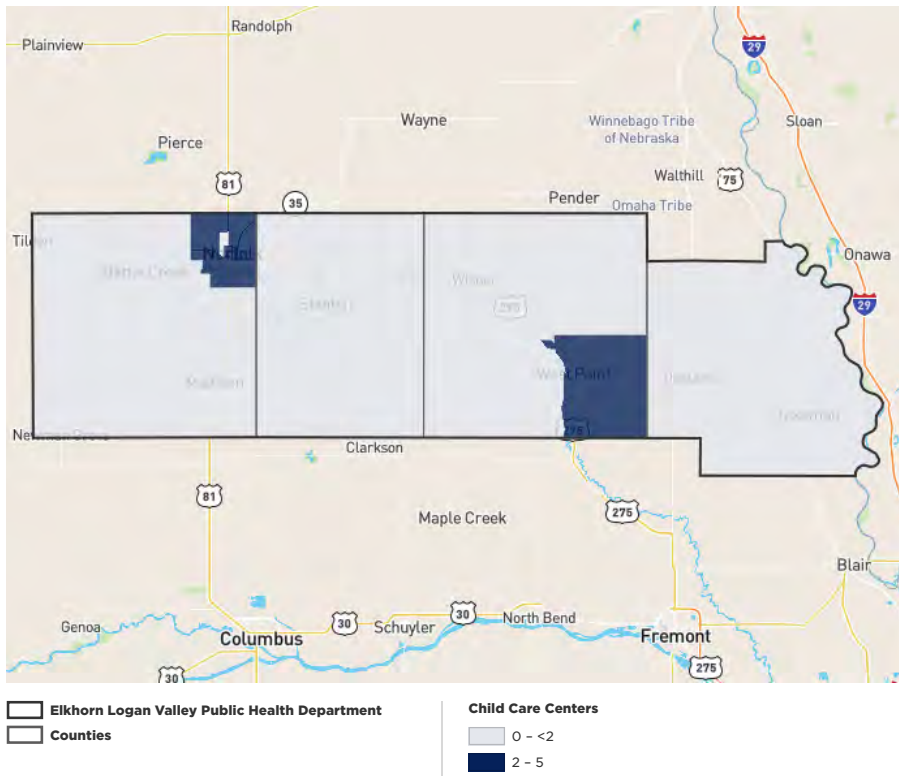
Sources: CBP 2023

Note: Data for ZIP Codes with fewer than 3 child care centers is suppressed. The businesses shown here typically care for preschoolers, but may offer pre-K or kindergarten educational programs as well as care for older children outside of school.

It takes a village to raise a child.

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

Single Parent/Guardian Families with Children

27.7%
Families with children
Elkhorn Logan Valley Public Health Department

28.9%
Families with children
Nebraska

Single Parent/Guardian Families with Children

1,710
Families
Elkhorn Logan Valley Public Health Department

64,543
Families
Nebraska

WIC Authorized Stores

No data
Stores
Elkhorn Logan Valley Public Health Department

377
Stores
Nebraska

Sources: US Census Bureau ACS 5-year 2019-2023; USDA ERS FEA 2016

Geography	2019-2023 Single Householder Family with Children (Percent)	2019-2023 Single Householder Family with Children (Number)	2016 WIC Authorized Stores
Burt County, NE	31.7%	229	4
Cuming County, NE	20.4%	191	4
Madison County, NE	30.3%	1,185	7
Stanton County, NE	17.3%	105	1
Elkhorn Logan Valley Public Health Department	27.7%	1,710	No data
Nebraska	28.9%	64,543	377

Sources: US Census Bureau ACS 5-year 2019-2023; USDA ERS FEA 2016

Poverty Rate by Family Composition

| Geography	2019-2023 Married Couple with Children	2019-2023 Single Females with Children	2019-2023 Single Males with Children
Elkhorn Logan Valley Public Health Department	4.7%	38.2%	11.4%
Nebraska	4.3%	32.4%	13.1%
Burt County, NE	6.3%	58.6%	23.8%
Cuming County, NE	3.4%	39%	25.7%
Madison County, NE	5.6%	34.4%	1.6%
Stanton County, NE	0.4%	42%	29.2%

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

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

Address poverty to decrease teen births.

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

Teen Birth Rate
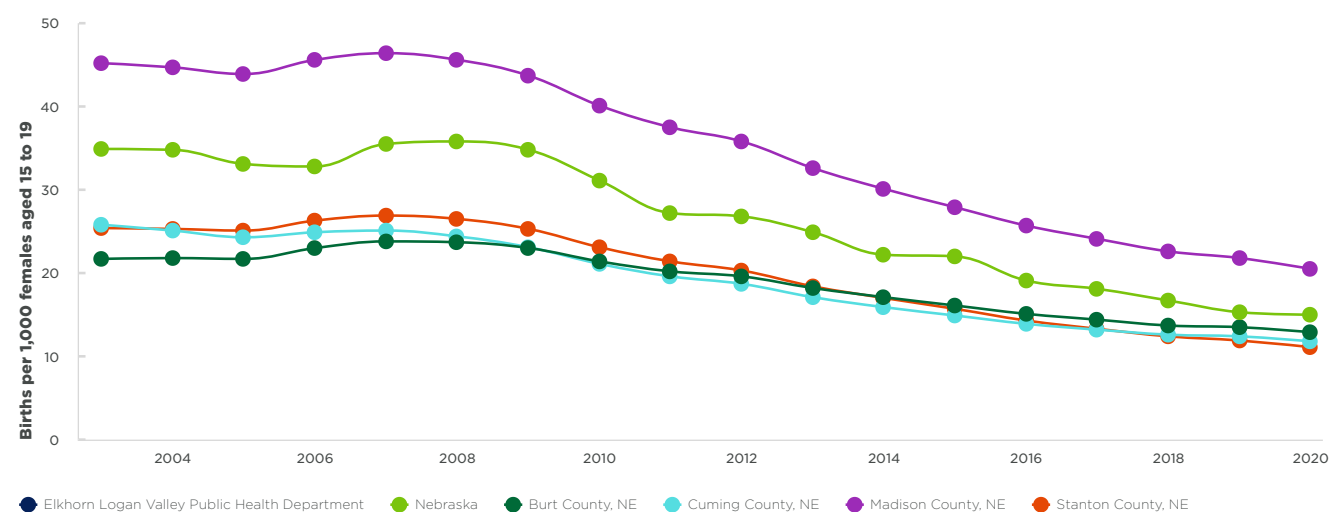
Sources: CDC

## Healthy pregnancies lead to healthy births.

Regular visits to the doctor during pregnancy reduce the risks of pregnancy complications, helps prevent risks to the baby, and helps parents learn about healthy choices they can make along the way. For a mother to receive regular prenatal care, doctors must be easy to access, the care must be affordable, insurance must be available, and moms must

have jobs that allow them to attend visits, which often take significant time over the course of a pregnancy. For parents who already face other barriers in life, including young parents or people in certain racial or ethnic groups, they may be even less likely to access healthcare early in pregnancy.

Prenatal Care Started in First Trimester
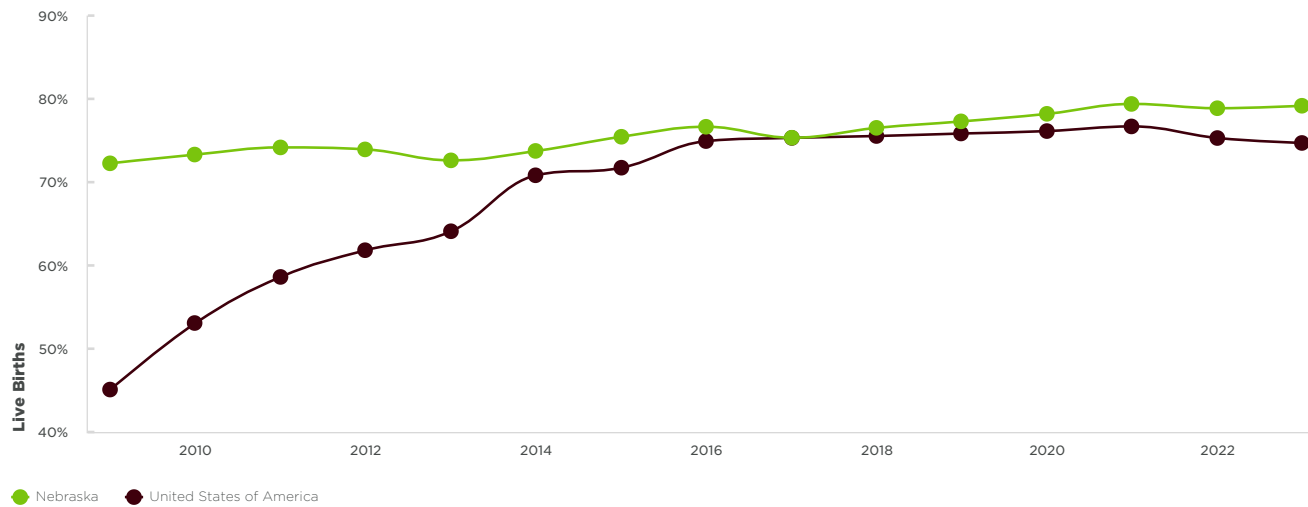
Sources: CDC WONDER Natality

Prenatal Care Started in First Trimester by Mother's Race/Ethnicity
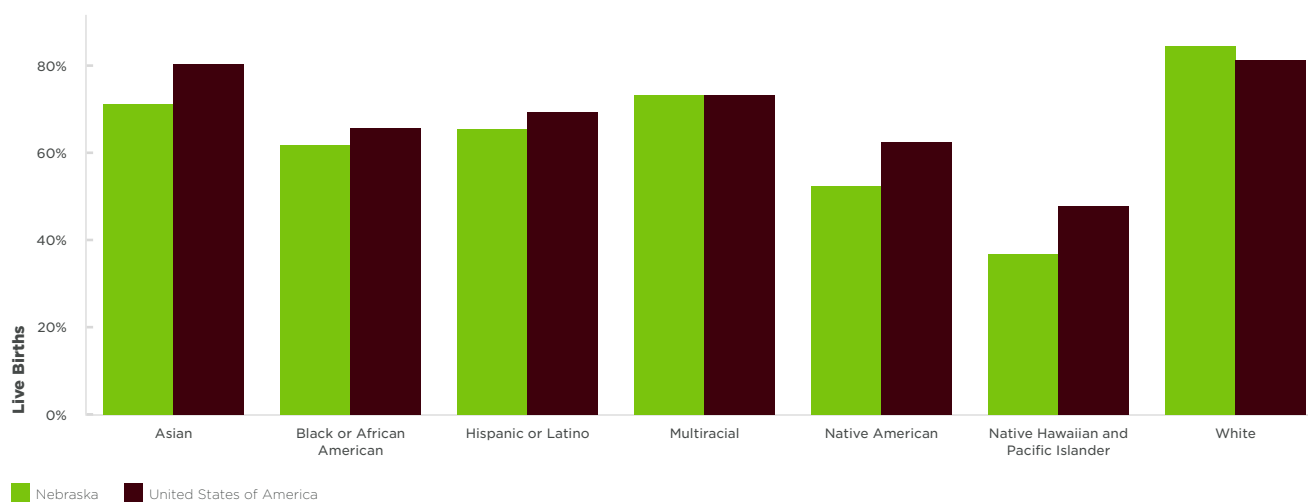
Sources: CDC WONDER Natality 2019-2023

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

Let's help moms stop smoking.

Nicotine is incredibly addictive. Quitting smoking is difficult for anyone, often taking multiple tries. When a woman becomes pregnant, stopping smoking is another challenge added to an already stressful time. However, stopping tobacco use is incredibly important for a safe pregnancy and baby. A mother who's able to stop smoking will reduce the risk of preterm birth and low birth weight, but they need additional support. Counseling, substance use programming, social support, incentives, and more can all help a mom sustain the choice to quit smoking.

Tobacco Use During Pregnancy

Sources: CDC WONDER Natality
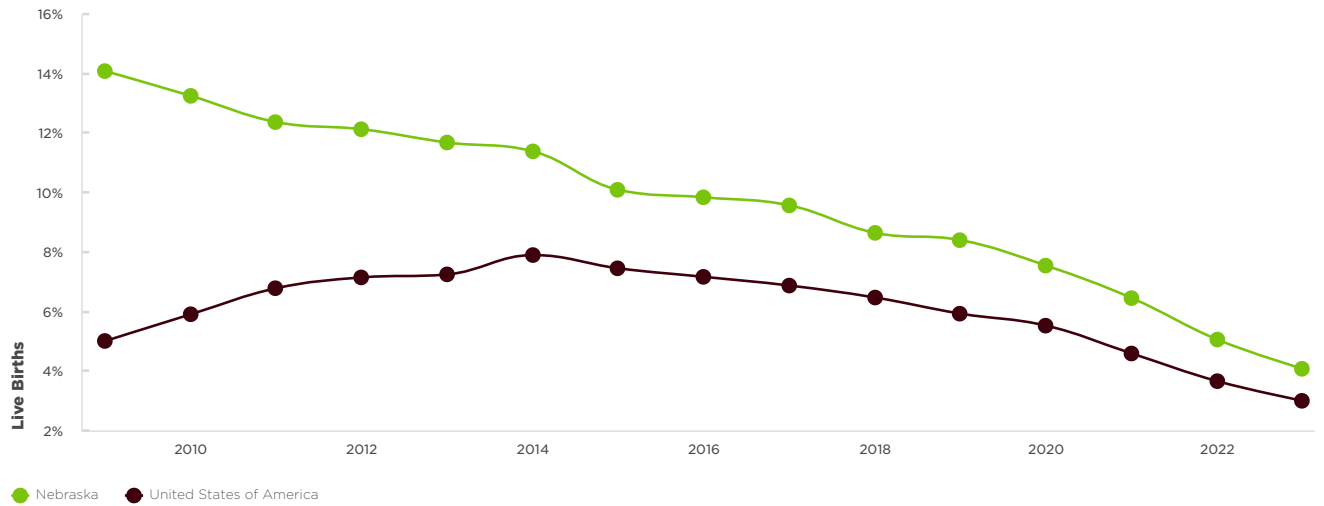
Tobacco Use During Pregnancy by Mother's Race/Ethnicity

Sources: CDC WONDER Natality 2019-2023

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

Breastfeeding moms need fewer barriers.
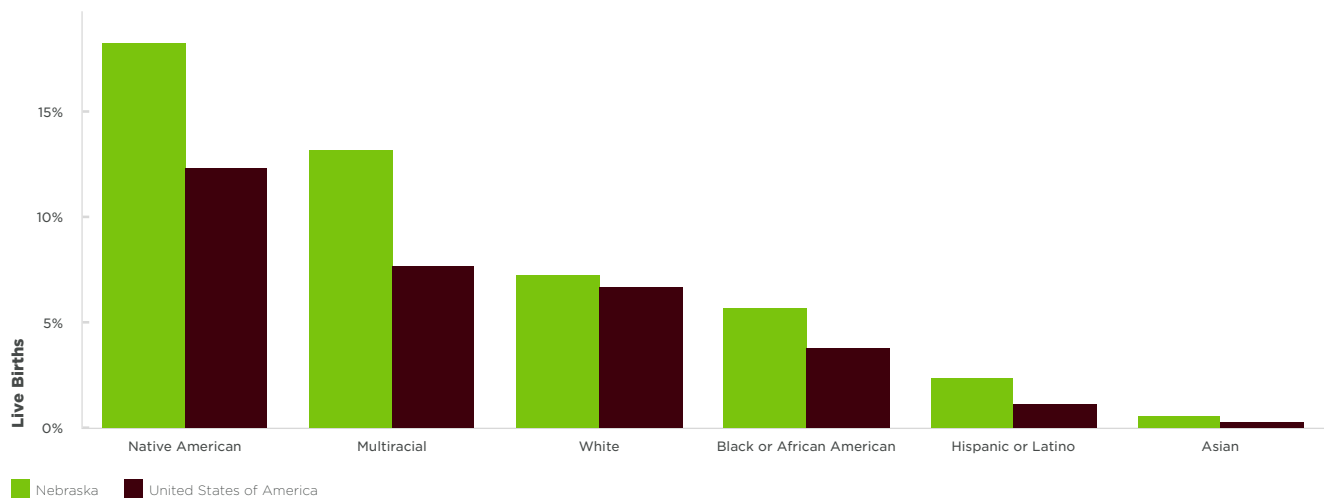
Every mother should be able to choose if breastfeeding or formula feeding is right for them, and should not be judged for their choice. However, not all mothers are physically able to breastfeed or live in an environment that makes breastfeeding a likely choice. Some may not have access to the information that breast milk provides ideal nutrition, can prevent illness, and reduces the mother's chance of developing some diseases. It also takes family, community, and financial support to make breastfeeding a reality. That support includes maternity leave, access to breast pumps and supplies, jobs that support mothers who need to pump during their shift, and community acceptance. If we want more babies to receive the best possible nutrition, we all have a role to play.

Infants Breastfed Before Being Discharged from Hospital

Sources: CDC WONDER Natality

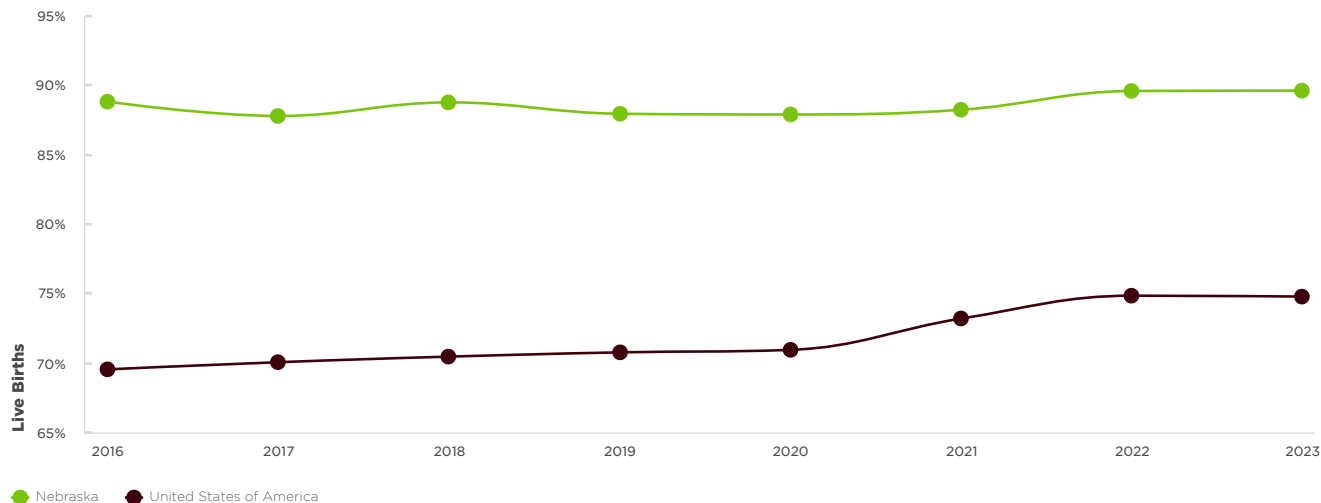**Infants Breastfed Before Being Discharged from Hospital by Mother's Race/Ethnicity**

Sources: CDC WONDER Natality 2019-2023

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

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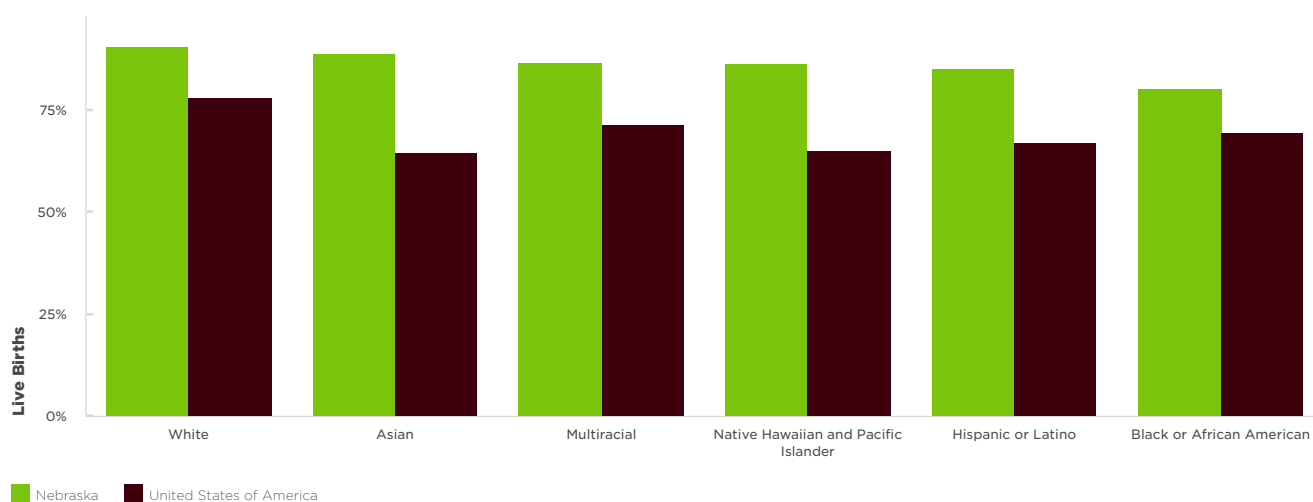
Reducing infant mortality starts well before pregnancy with the mother's own health and continues with regular medical care throughout pregnancy. This is another piece of information that can show differences in healthcare access. Families in rural communities and Black families tend to have fewer doctors,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

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

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

Infant Mortality Rate
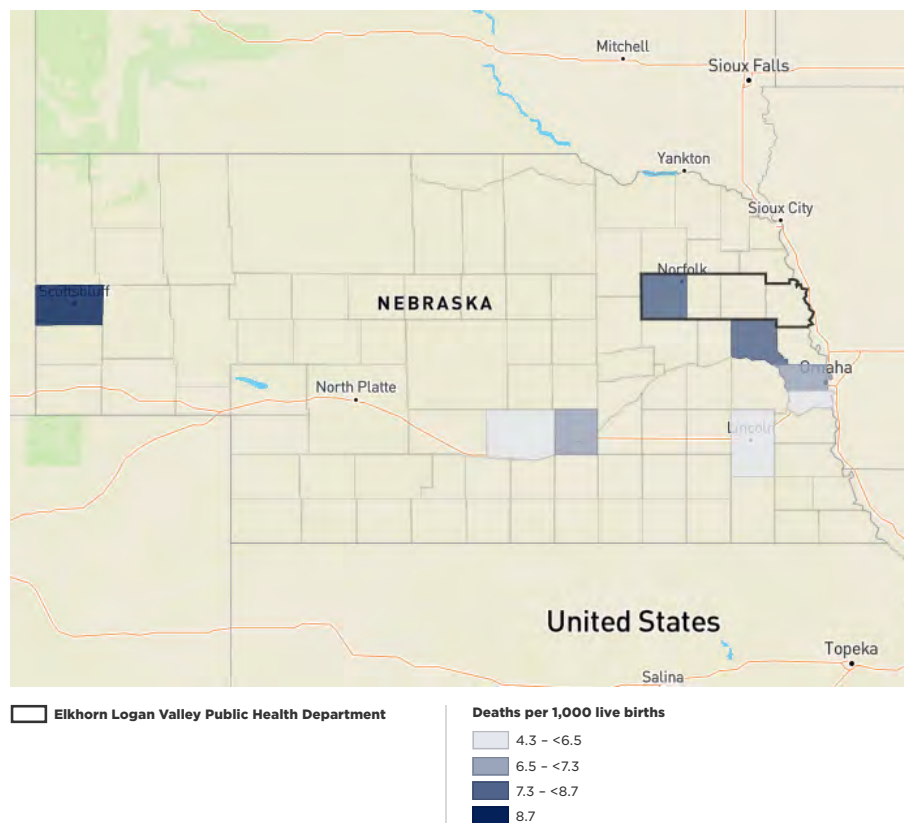
| | Elkhorn Logan Valley Public Health Department |

Deaths per 1,000 live births

	4.3 – <6.5
	6.5 – <7.3
	7.3 – <8.7
	8.7

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

A strong start paves the way for a healthy life.

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

Low Birth Weight

Low Birth Weight
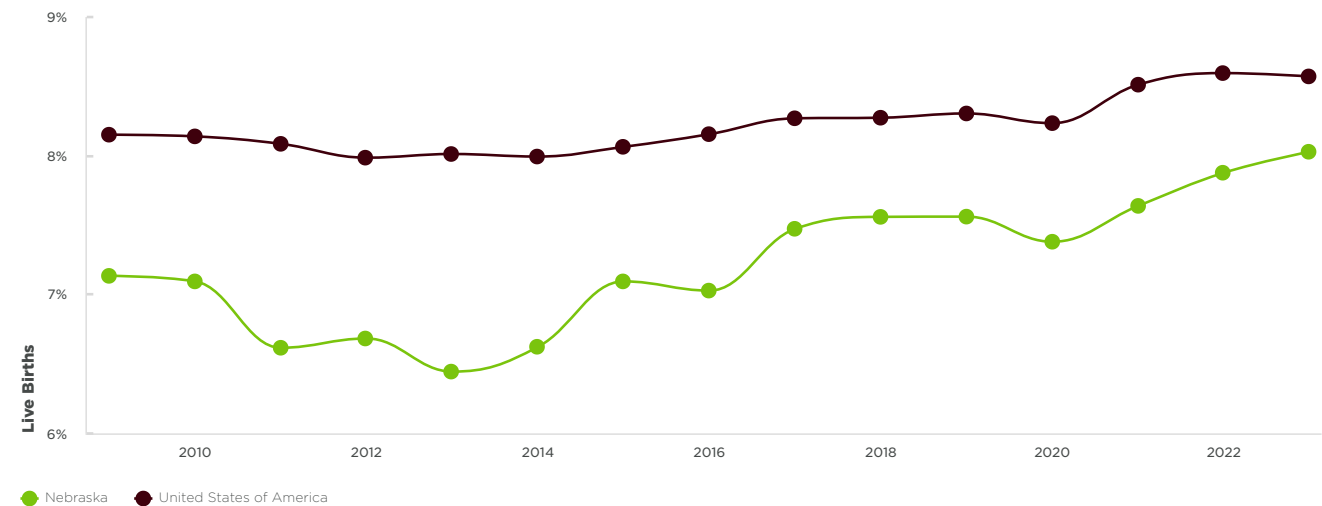
Sources: CDC WONDER Natality

Low Birth Weight Rate by Mother's Race/Ethnicity
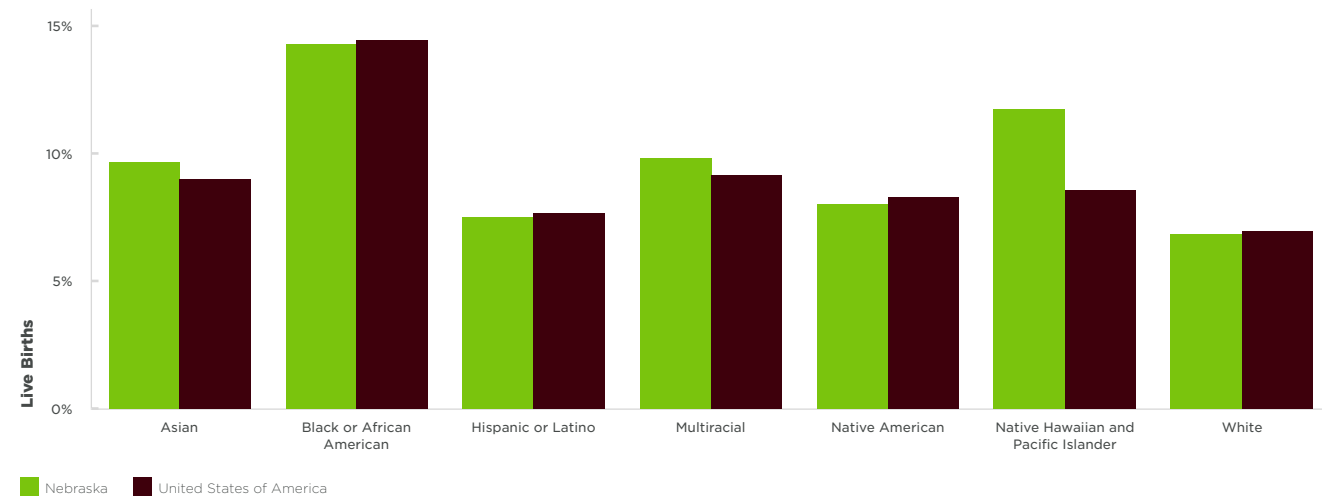
Sources: CDC WONDER Natality 2019-2023

Preterm Births

Preterm Births
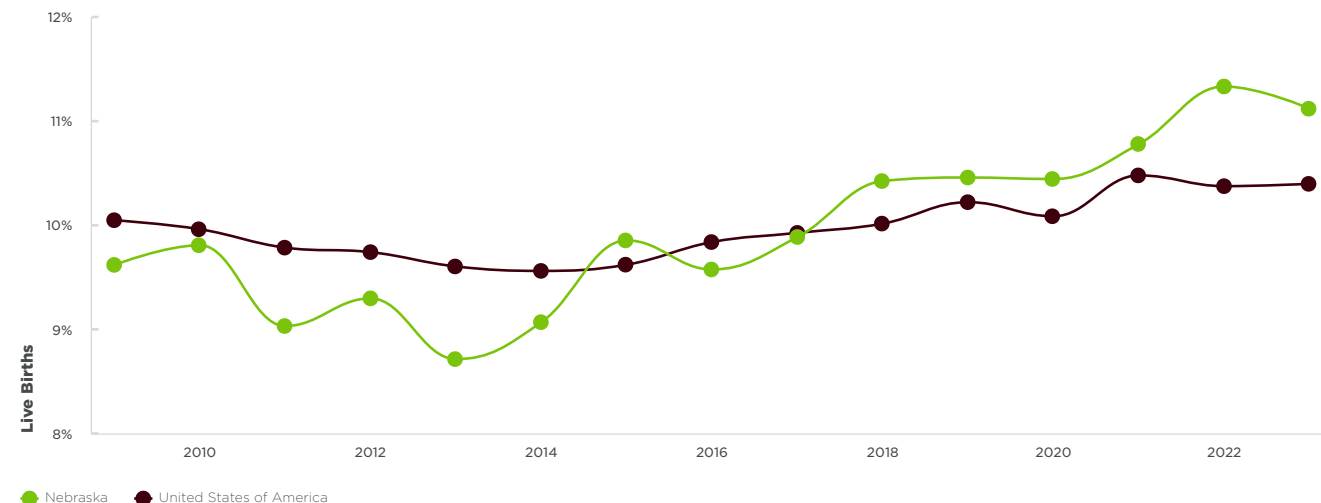
Sources: CDC WONDER Natality

Preterm Birth Rate by Mother's Race/Ethnicity
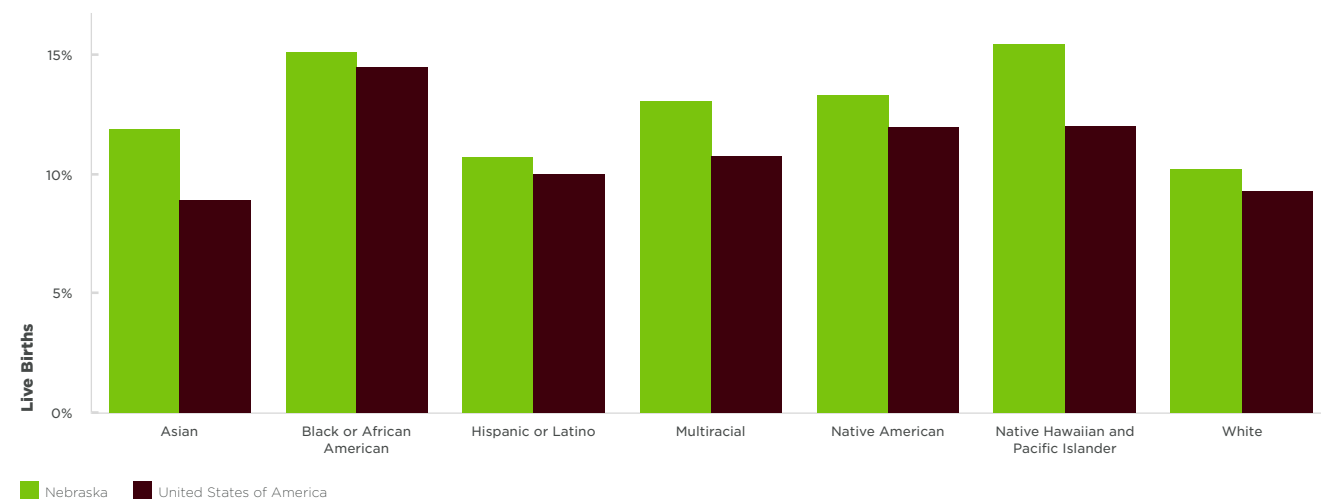
Sources: CDC WONDER Natality 2019-2023

Learn more:

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6. _Stokes, Natalie, et al. Single Parenthood and Cardiovascular Risk. https://www.abstractsonline.com/pp8/?_ga=2.163795903.1679679606.1602008177-545131344.1565642004&_gac=1.126052095.1601320366.CjwKCAjw5Kv7BRBSEiwAXGDElZrUAzQ_Ml9tz8GNh6gAGFAaOHOOUpKMR9AbuVuZggVf08oIpg-7ohoCEPcQAvD_BwE#!/9144/presentation/37545. EP.APS.10 - GRFW: Cardiovascular Disease Epidemiology in Women, American Heart Association Scientific Sessions._

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9. _"Social Determinants and Eliminating Disparities in Teen Pregnancy." CDC | Teen Pregnancy, 28 Feb. 2022, http://www.cdc.gov/Features/dsteenpregnancy/._ [↗]

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11. _NIDA. "Is nicotine addictive?." National Institute on Drug Abuse, 12 Apr. 2021, https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/nicotine-addictive Accessed 2 Nov. 2022._ [↗]

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13. _CDC. "Breastfeeding Benefits Both Baby and Mom." Centers for Disease Control and Prevention, 27 July 2021, https://www.cdc.gov/nccdphp/dnpao/features/breastfeeding-benefits/index.html._ [↗]

14. _CDC. The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. 2013, p. 1-60._ [↗]

Elkhorn Logan Valley Public Health Department

Healthcare and healthy lifestyle options shouldn't be a luxury.

When it comes to our health, preventing illness and long-lasting disease saves us time, money, and hardship. Treating or trying to cure a disease is much more costly. Our behaviors over time can help prevent health issues from even happening, including not smoking, eating well, getting enough sleep, exercise, and going to the doctor for regular check-ups. Getting the high-quality medical care we need helps us stay healthy and live longer. It also lowers the amount of lost days of productivity, learning, and earning an income. **When we focus on prevention**—getting proactive healthcare before we're in an emergency situation—**our community is even healthier.**

Smoking is deadly.

Smoking is the number one cause of preventable death and affects nearly every organ in the body. The earlier someone smokes the more likely they are to become addicted, a concerning fact since smoking usually starts in youth. Alternative smoking options such as e-cigarettes introduce even more challenges. The most risky and inexpensive tobacco products are often advertised and sold in low-income areas, causing even greater health risk to a community already facing more barriers. Programs and policies that support healthy choices and help someone stop smoking are an important piece to prevent disease in our community.

Smoke Regularly
15.2%
Adults
Elkhorn Logan Valley Public Health Department

14.2%
Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

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

Geography	2022 Regular Smoking Among Adults
Burt County, NE	15.3%
Cuming County, NE	15.2%
Madison County, NE	14.5%
Stanton County, NE	15.7%
Elkhorn Logan Valley Public Health Department	15.2%
Nebraska	14.2%

Sources: CDC BRFSS PLACES 2022

Smoking Regularly

	Elkhorn Logan Valley Public Health Department
	Counties

Adults

	11% – <14.3%
	14.3% – <15.5%
	15.5% – <17.9%
	17.9% – 19.5%

Sources: CDC BRFSS PLACES 2022

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

Forward movement benefits everyone.

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

Overview

🚲 **Physical Inactivity**

27.4%
of Adults
Elkhorn Logan Valley Public Health Department

25.2%
of Adults
Nebraska

Active Commuters who Walk, Bike, or Take Public Transit

2.7%
of Commuters
Elkhorn Logan Valley Public Health Department

3.5%
of Commuters
Nebraska

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

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

Geography	2022 Physical Inactivity	2019-2023 Active Commuters who Walk, Bike, or Take Public Transit
Burt County, NE	27.2%	3.7%
Cuming County, NE	28.4%	1.8%
Madison County, NE	27.3%	3%
Stanton County, NE	27%	1.3%
Elkhorn Logan Valley Public Health Department	27.4%	2.7%
Nebraska	25.2%	3.5%

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

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

Map: Physical Inactivity

Physical Inactivity

	Elkhorn Logan Valley Public Health Department
	Counties

Adults

- 21.7% – <25.9%
- 25.9% – <29.5%
- 29.5% – <33.2%
- 33.2% – 34.1%
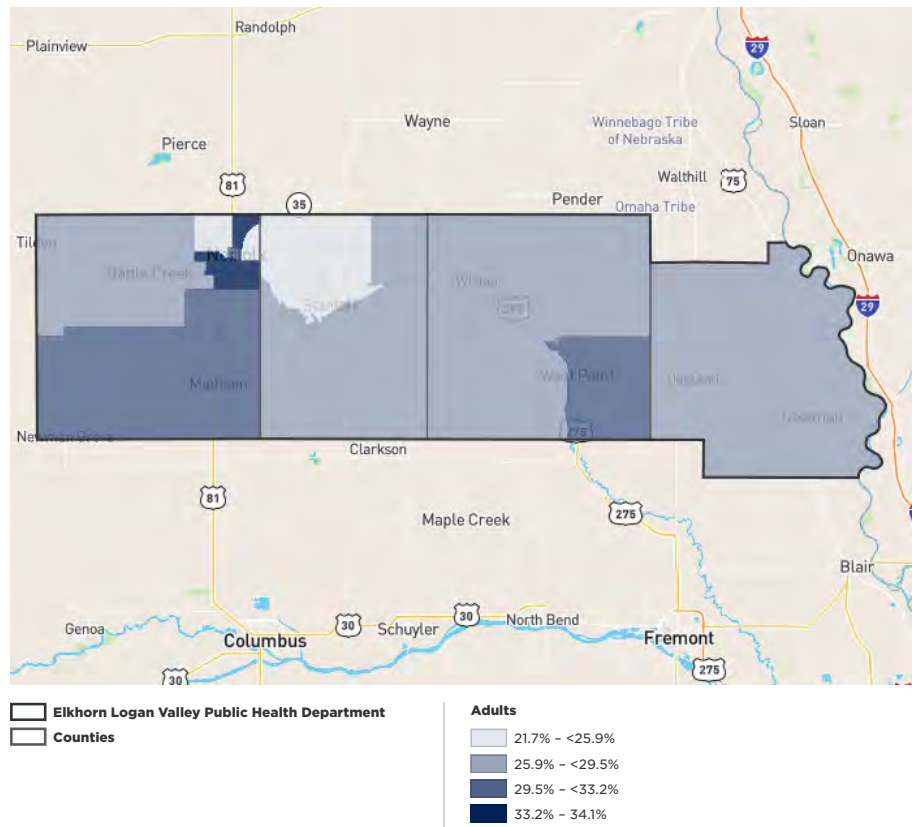
Sources: CDC BRFSS PLACES 2022

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

Transportation Method to Travel to Work

Method of Transportation to Work
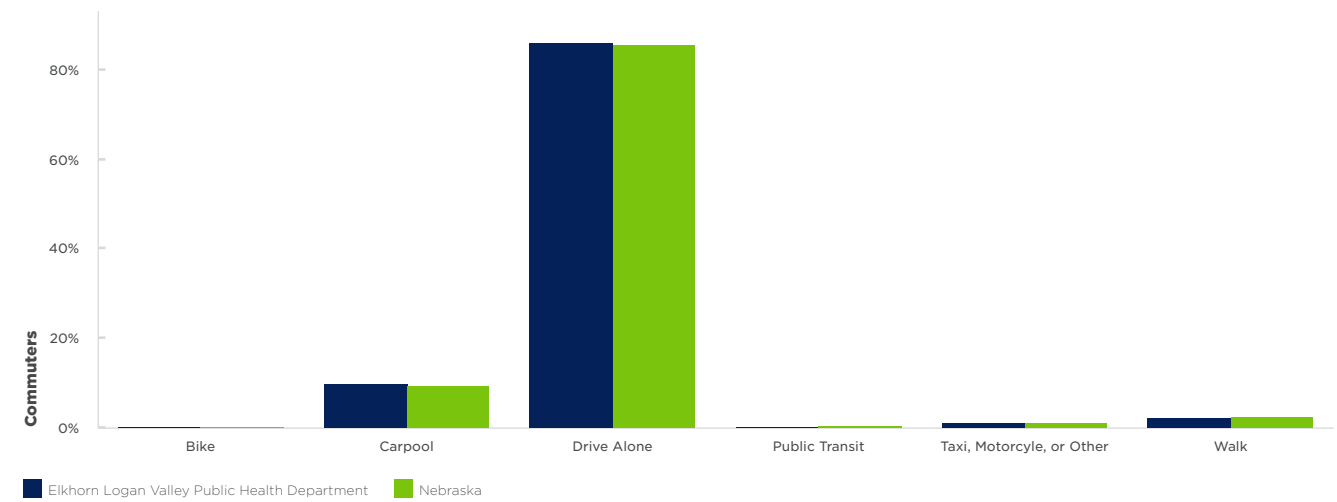
Sources: US Census Bureau ACS 5-year 2019-2023

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Elkhorn Logan Valley Public Health Department	Nebraska
2019-2023 Bike	0.2%	0.3%	0.1%	0%	0.2%	0.3%
2019-2023 Walk	3.4%	1.5%	2.5%	1.3%	2.3%	2.6%
2019-2023 Taxicab, Motorcycle, or Other Means	1.1%	0.8%	1.3%	0.5%	1.1%	1.1%
2019-2023 Drive Alone	84.3%	89.3%	84.8%	91.2%	86.2%	85.9%
2019-2023 Carpool	11%	8.1%	10.8%	7.1%	10%	9.5%
2019-2023 Public Transit	0.1%	0%	0.3%	0%	0.2%	0.6%

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

What types of physical activity do you most often participate in? (check all that apply)

Activity	Total Responses	Burt	Cuming	Madison	Stanton
Walking	46%	47%	48%	45%	43%
Gardening / Landscape Care	16%	16%	16%	14%	17%
Weight Lifting	10%	5%	9%	12%	9%
Activity Classes	5%	6%	5%	6%	7%
Biking/Cycling	4%	3%	4%	5%	4%
Running	4%	3%	3%	4%	3%
Swimming	2%	3%	1%	2%	3%
Team Sports	1%	2%	0%	2%	1%
Other	8%	8%	9%	6%	9%
I do not participate in physical activity/exercise	5%	8%	5%	5%	5%
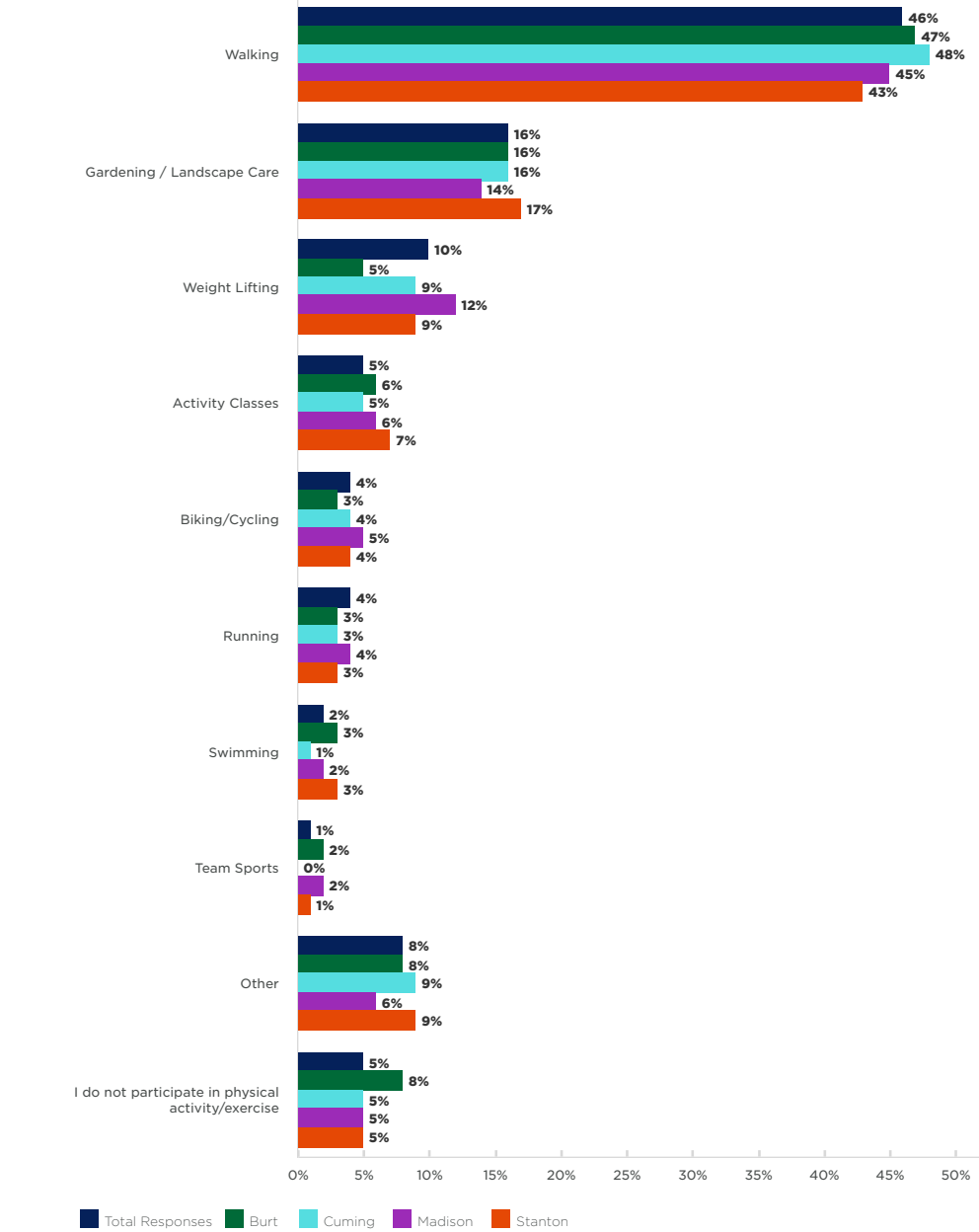
Source: ELVPHD CHA Survey Responses - 2025

How many minutes of moderate physical activity to you get in an average week?

- 0 Minutes — 5.0 %
- 30 Minutes — 20.0 %
- 60 Minutes — 22.0 %
- 90 Minutes — 23.0 %
- 150+ Minutes — 30.0 %
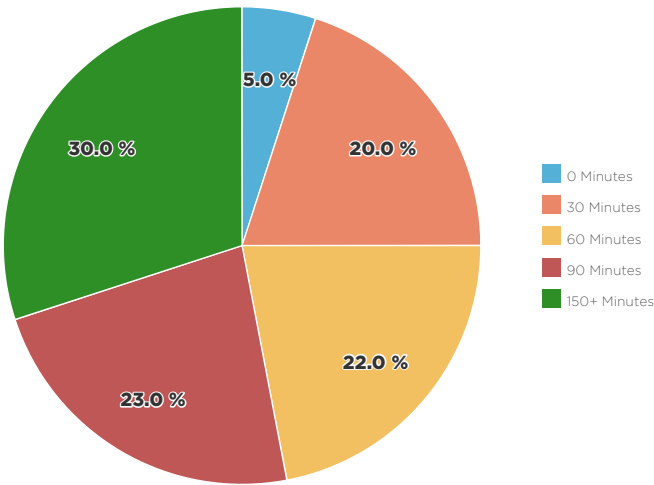
Source: ELVPHD CHA Survey Responses 2025

Do any of the following keep you from getting enough exercise? (check all that apply)

Legend: Total Responses, Burt, Cuming, Madison, Stanton
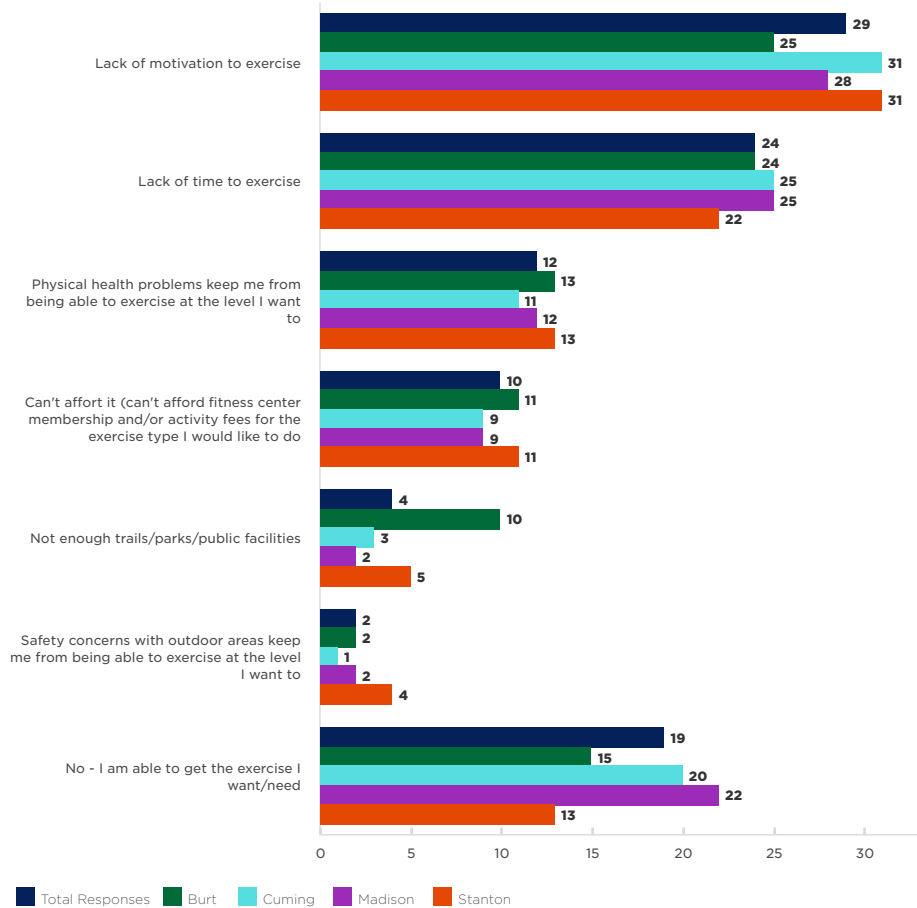
Source: ELVPHD CHA Survey Responses - 2025 (1,376 total responses)

Prevention is better than treatment.

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

Health Care Screenings Completed

Screening Type	Within the Past Year	1-2 Years Ago	3-4 Years Ago	5 or More Years Ago	Never
Physical/Medical Check Up	79.7%	12.6%	3.1%	3.9%	.77%
Dental Check Up	71.2%	12.1%	8.2%	7.2%	1.2%
Eye Exam	66.0%	18.9%	7.4%	5.5%	2.1%
Blood Pressure Checked	91.9%	5.2%	1.1%	1.2%	.60%
Cholesterol Checked	76.8%	11.5%	3.3%	2.5%	5.9%
Blood Sugar (glucose or A1C Checked	76.7%	11.0%	3.5%	2.8%	6.0%
Colonoscopy	18.5%	21.2%	17.6%	19.9%	22.7%
FIT/FOBT Colon Cancer Screening	18.0%	14.7%	9.0%	8.9%	49.5%
Mammogram (between ages 40-74)	47.4%	11.2%	3.7%	3.3%	34.4%
Cervical / Pap Screening (between ages 21-64)	39.3%	26.1%	11.3%	18.1%	5.2%

Source: ELVPHD CHA Survey Responses - 2025 (1,376 total responses)

Doctor Checkup in Past Year

Doctor Checkup in Past Year
73.4%
of Adults

Elkhorn Logan Valley Public Health Department

74.1%
of Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

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

Geography	2022 Doctor Checkup in Past Year Among Adults
Burt County, NE	75.9%
Cuming County, NE	74.6%
Madison County, NE	72.4%
Stanton County, NE	73.4%
Elkhorn Logan Valley Public Health Department	73.4%
Nebraska	74.1%

Sources: CDC BRFSS PLACES 2022

Doctor Checkup in Past Year

Elkhorn Logan Valley Public Health Department
Counties

Adults
- 69.2% – <71.5%
- 71.5% – <73.9%
- 73.9% – <76.3%
- 76.3% – 77.5%

Sources: CDC BRFSS PLACES 2022

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

Preventive Care Utilization

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2022 Colorectal Cancer Screening Among Adults 50 to 75	61.6%	62.8%	64.2%	61%	61%	62.2%
2020 Core Preventive Services for Men 65+	44.7%	49.3%	43.3%	38.1%	45.6%	44.5%
2020 Core Preventive Services for Women 65+	36.4%	40.1%	32.5%	36.9%	36.8%	43.3%
2022 Dental Visit Among Adults	62.2%	64.6%	63.6%	62.3%	62%	64.2%
2020 Pap Smear Among Women 21 to 65	80.5%	81.5%	80.5%	81%	79.7%	80.6%
2022 Mammography Among Women 50 to 74	73.5%	75.2%	75.9%	78.2%	72.8%	74.4%

Sources: CDC BRFSS PLACES 2020, 2022

Thinking about your physical health (which includes illness and injury), on how many days in the past 30 days was your physical health not good?
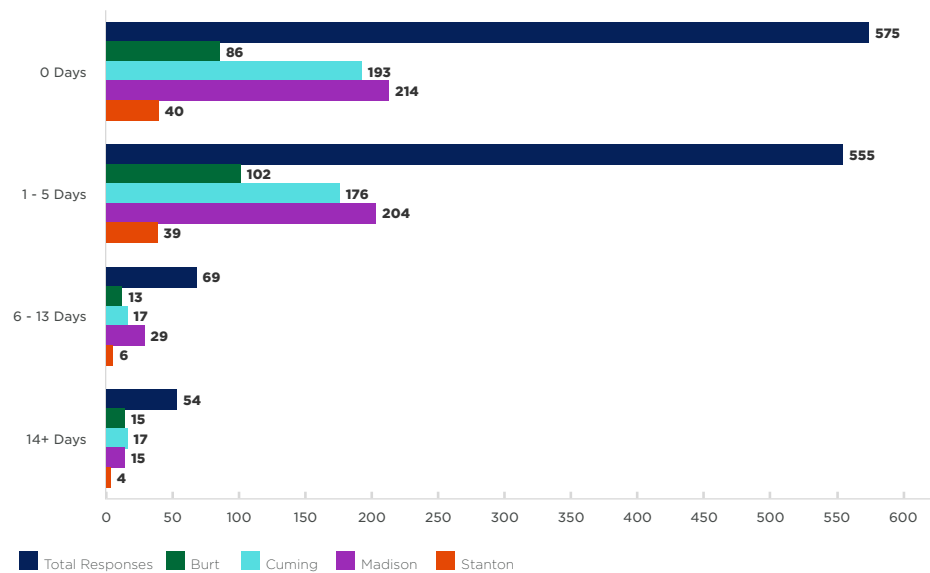
Source: ELVPHD CHA Survey Responses 2025 - 1253 Total Responses

General Health Status
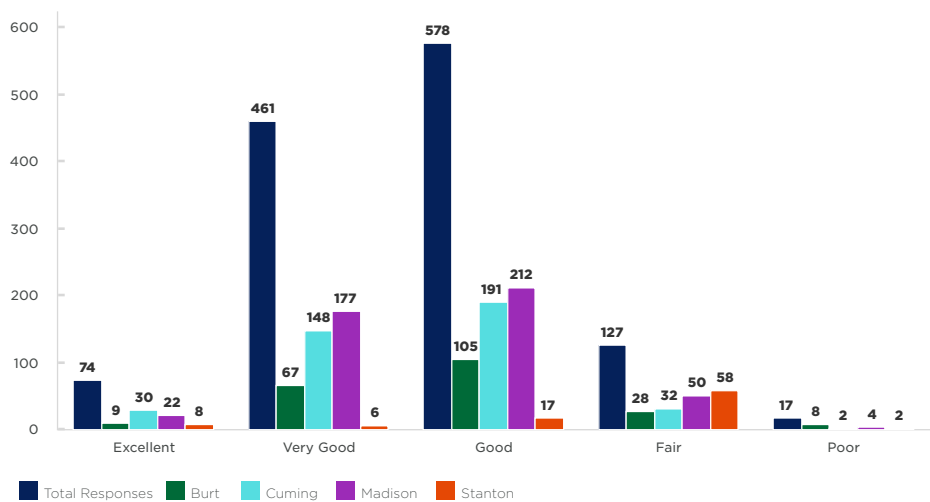
Source: ELVPHD CHA Survey Responses 2025 - 1,257 total responses

47

Not everyone can get insurance.

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

People Covered by Insurance

Have Health Insurance
92%
People
Elkhorn Logan Valley Public Health Department

92.6%
People
Nebraska

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

Geography	2019-2023 People With Health Insurance
Burt County, NE	91.6%
Cuming County, NE	91.4%
Madison County, NE	91.8%
Stanton County, NE	94.6%
Elkhorn Logan Valley Public Health Department	92%
Nebraska	92.6%

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

Health Insurance Coverage

© Mapbox © OpenStreetMap

▢ Elkhorn Logan Valley Public Health Department
▢ Counties

People
- 84.2% – <87.7%
- 87.7% – <92.5%
- 92.5% – <95.1%
- 95.1% – 98.1%
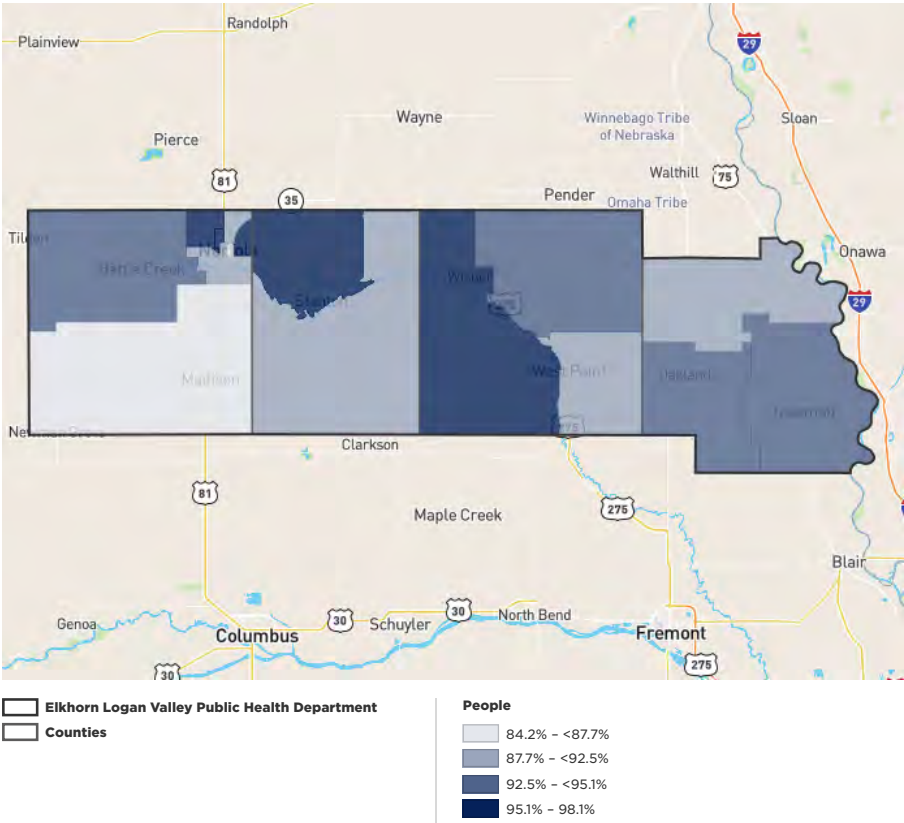
Sources: US Census Bureau ACS 5-year 2019-2023

People Covered by Insurance by Race/Ethnicity

Insurance Status by Race/Ethnicity

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2019-2023 Insured Asian People	90.9%	93%	100%	100%	89.5%	100%
2019-2023 Insured Black People	74.5%	86.8%	100%	100%	68.4%	100%
2019-2023 Insured Hispanic or Latino People	79.6%	80.3%	91.6%	62.7%	81.4%	93.5%
2019-2023 Insured Multiracial People	88%	86.3%	88.7%	78.3%	89%	100%
2019-2023 Insured Native American People	74.9%	79.7%	85.7%	62.3%	76.1%	100%
2019-2023 Insured Native Hawaiian and Pacific Islander People	100%	84.4%	100%	No data	No data	No data
2019-2023 Insured Other People	72.2%	78.1%	85.7%	57%	72.1%	90.8%
2019-2023 Insured White (Not Hispanic or Latino) People	94.2%	95%	91.8%	95.5%	94.3%	94.4%

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

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

People Covered by Insurance by Age

Health Insurance Status by Age

Geography	2019-2023 Insured People Under Age 6	2019-2023 Insured People Ages 6 to 18	2019-2023 Insured People Ages 19 to 64	2019-2023 Insured People Ages 65+
Elkhorn Logan Valley Public Health Department	92.3%	93.7%	89%	99.4%
Nebraska	95.8%	94.7%	89.5%	99.4%
Burt County, NE	98.6%	96.2%	86%	98.8%
Cuming County, NE	95.4%	95%	86.2%	100%
Madison County, NE	90.2%	93.1%	89.4%	99.2%
Stanton County, NE	94.6%	92.9%	93.2%	100%

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

Insurance Coverage
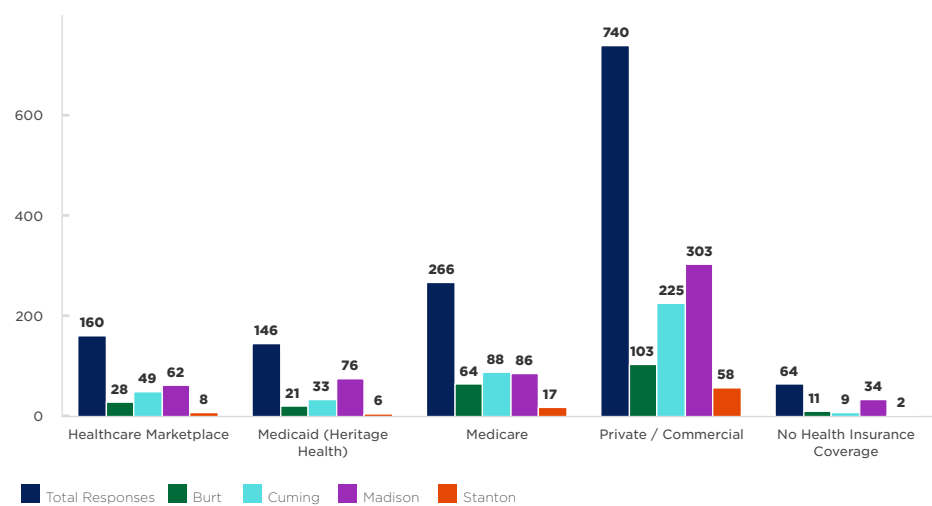
Source: ELVPHD CHA Survey Responses 2025 - 1376 Total Responses

Primary care is the first line of defense.

A primary care provider is a doctor or practitioner who can look at your health as a whole, managing your care and sometimes even preventing the need for medical specialists. Having a primary care provider leads to positive health outcomes because it often includes more proactive health care visits, such as annual check-ups. Creating more opportunities for relationships with primary care providers helps us focus on prevention, rather than costly treatment.

Primary Care Physician Ratio
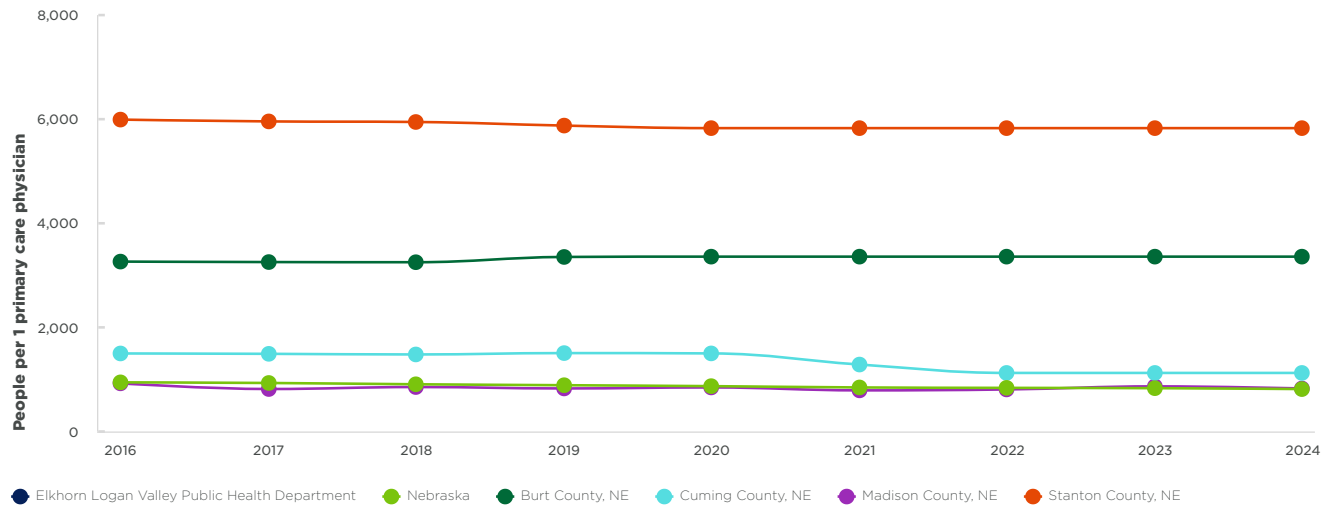
Sources: NPPES NPI

Primary Care Physician Ratio

Elkhorn Logan Valley Public Health Department
Counties

People per 1 primary care physician

117 – <1,059
1,059 – <4,332
4,332 – <5,382
5,382
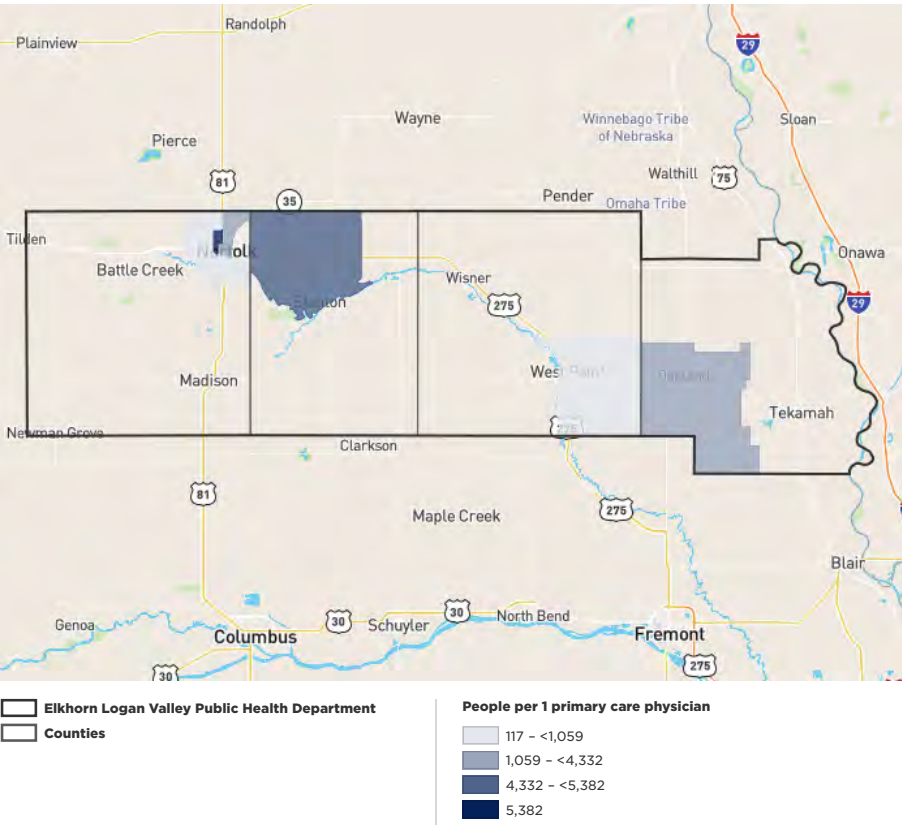
Sources: NPPES NPI 2024

Areas with no data have 0 primary care physicians.

Access to Medical Care

I have health insurance by my deductible/co-pay is to high
- Total Responses: 14%
- Burt: 16%
- Cuming: 14%
- Madison: 14%
- Stanton: 15%

I am not satisfied with the health care providers in my area
- Total Responses: 6%
- Burt: 8%
- Cuming: 4%
- Madison: 10%
- Stanton: 8%

I cannot afford to go to the doctor / access medical care
- Total Responses: 6%
- Burt: 7%
- Cuming: 3%
- Madison: 4%
- Stanton: 7%

I cannot afford health insurance
- Total Responses: 4%
- Burt: 4%
- Cuming: 2%
- Madison: 4%
- Stanton: 4%

I do not know which healthcare provider / doctor to go to
- Total Responses: 3%
- Burt: 2%
- Cuming: 1%
- Madison: 5%
- Stanton: 1%

I have difficulty findng a provider who will accept my health insurance
- Total Responses: 2%
- Burt: 2%
- Cuming: 1%
- Madison: 3%
- Stanton: 1%

I have not been able to find a medical provider with appointment availability
- Total Responses: 2%
- Burt: 2%
- Cuming: 0%
- Madison: 2%
- Stanton: 1%

Legend: Total Responses, Burt, Cuming, Madison, Stanton

Source: ELVPHD CHA Survey Responses 2025

Mental health should be equal to physical health.

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

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

Mental Health Provider Ratio
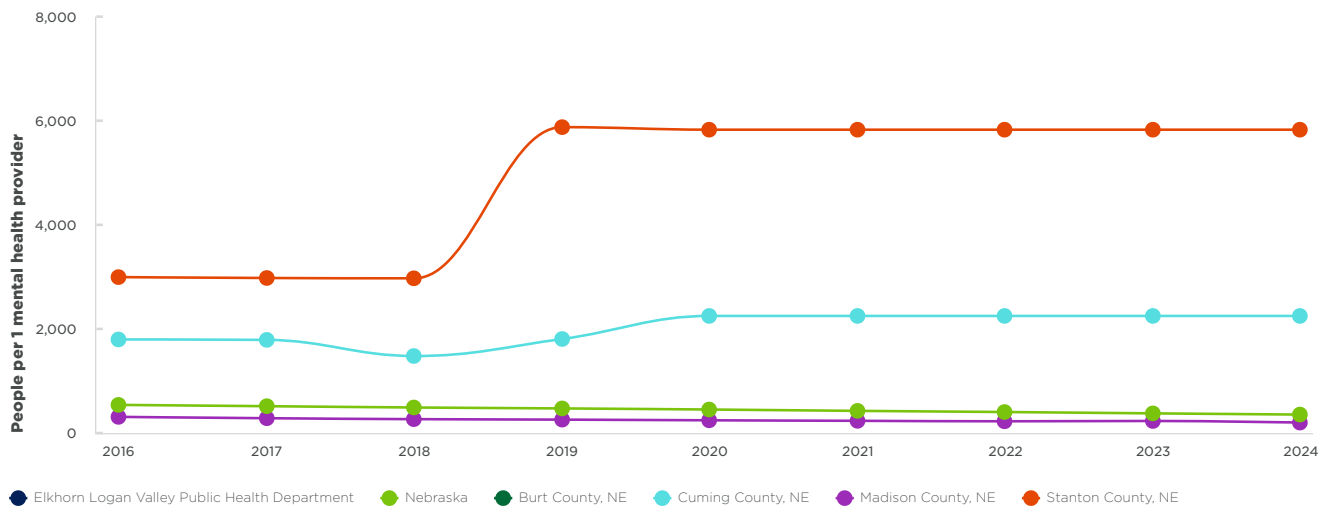
Legend: Elkhorn Logan Valley Public Health Department, Nebraska, Burt County, NE, Cuming County, NE, Madison County, NE, Stanton County, NE

Sources: NPPES NPI

51

Mental Health Provider Ratio

Elkhorn Logan Valley Public Health Department
Counties

People per 1 mental health provider

79 – <689
689 – <1,028
1,028 – <1,496
1,496
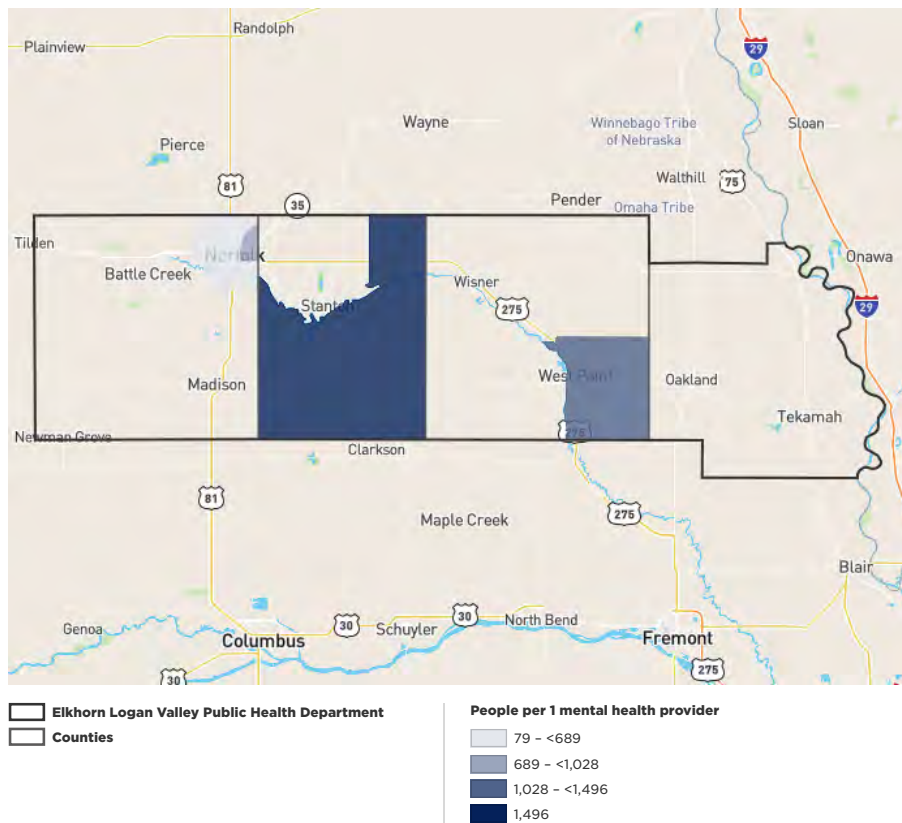
Sources: NPPES NPI 2024

Areas with no data have 0 mental health providers.

Thinking about your mental health (which includes stress, depression & problems with emotions), on how many days in the past 30 days was your mental health not good?

Total Responses | Burt | Cuming | Madison | Stanton
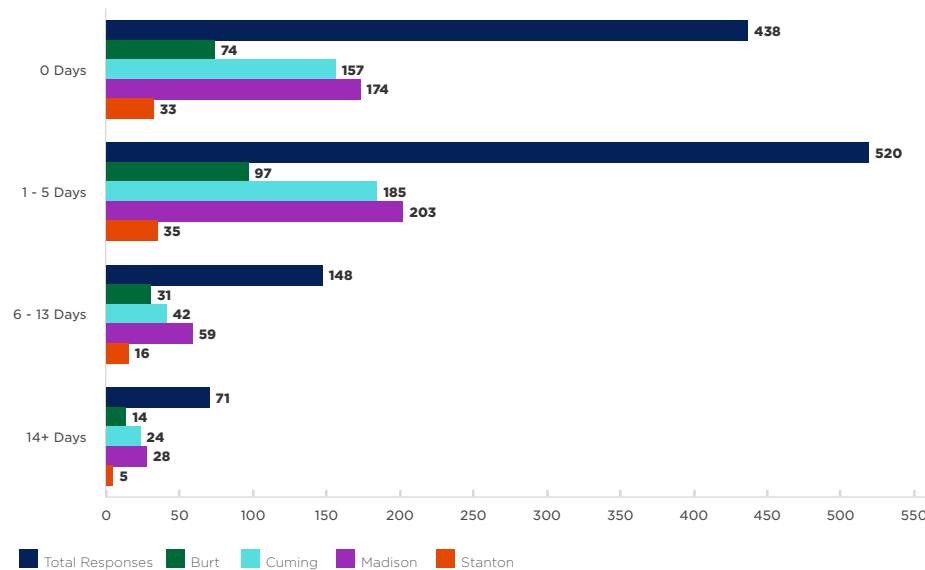
Source: ELVPHD CHA Survey Responses 2025 - 1177 Total Responses

Have Been Diagnosed with Depression
17.4%
of Adults
Elkhorn Logan Valley Public Health Department

17.7%
of Adults
Nebraska

Have Poor Mental Health
14.3%
of Adults
Elkhorn Logan Valley Public Health Department

14.1%
of Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

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

Over the past 2 weeks, how often have you felt down, stressed, anxious, depressed or hopeless?
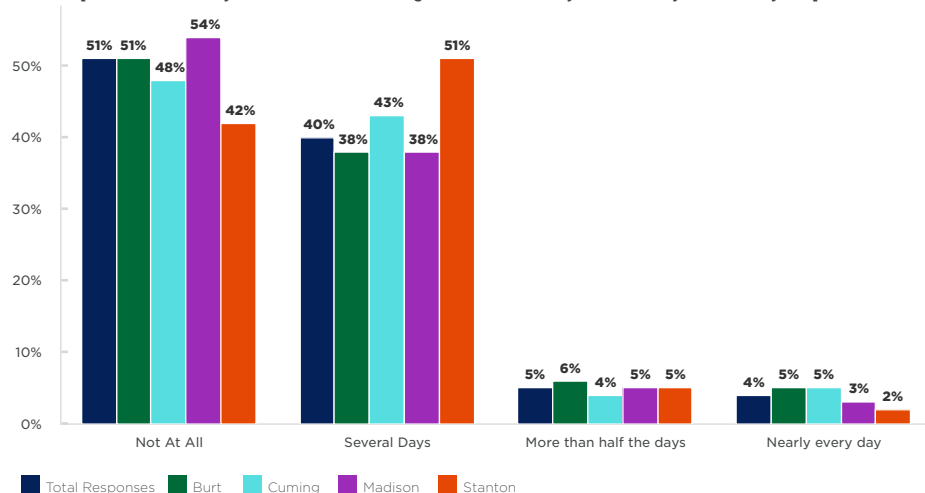
How Often Are You Threatened With Harm?
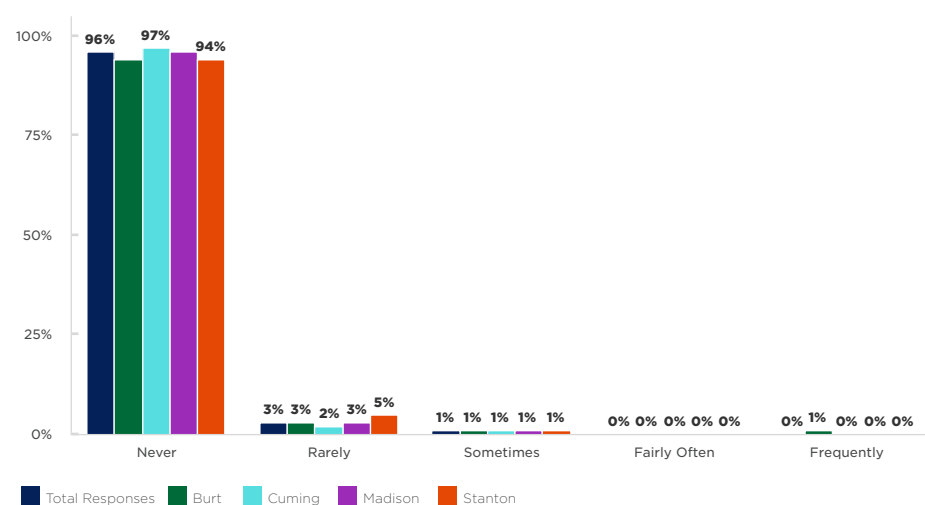
Dental health highlights the root of the problem.

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

Dentist Ratio

Dentist Ratio

Elkhorn Logan Valley Public Health Department

Counties

People per 1 dentist

- 355 – <1,028
- 1,028 – <2,316
- 2,316 – <3,514
- 3,514
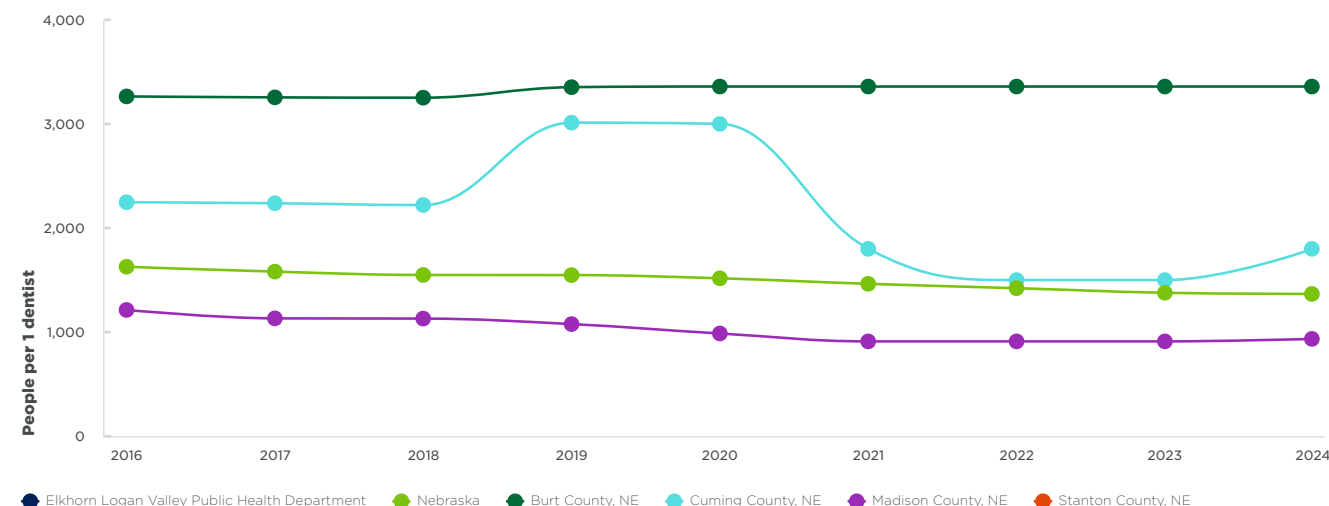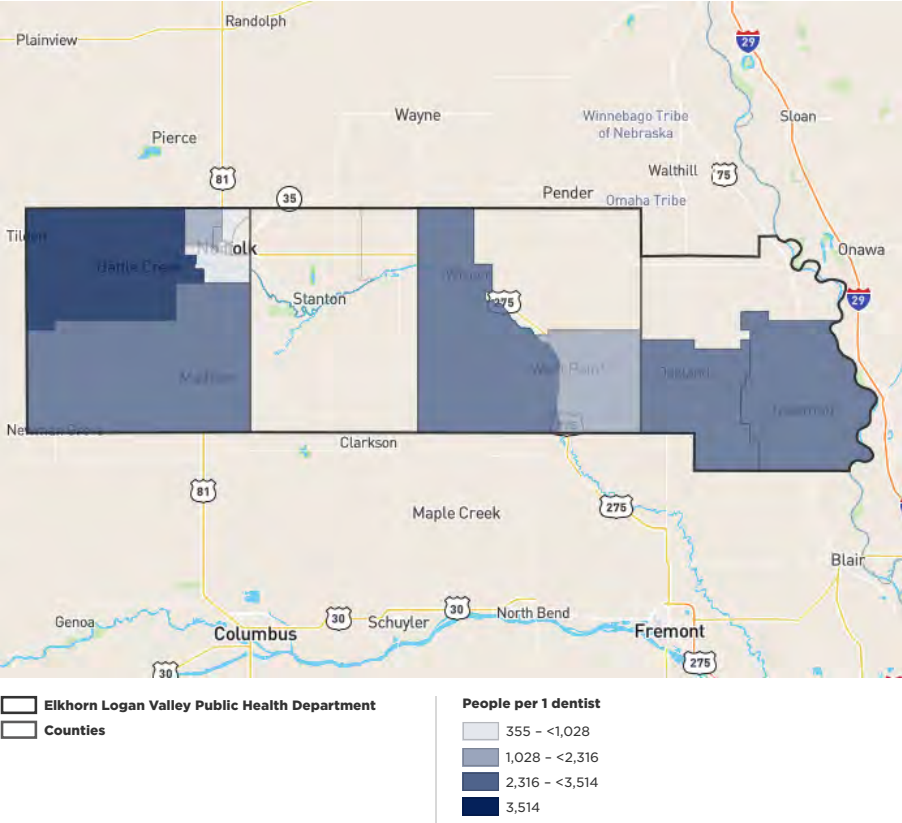
Sources: NPPES NPI 2024

Areas with no data have 0 dentists.

Access to Dental Care

	Total Responses	Burt	Cuming	Madison	Stanton
I cannot afford to go to the Dentist	10%	11%	9%	12%	13%
I cannot afford dental insurance	6%	7%	8%	7%	10%
I have dental insurance but my deductible/co-pay is too high AND/OR my insurance does not cover the services I need very well	8%	8%	6%	8%	5%
I am not satisfied with the dentists/dental providers in my area	4%	3%	3%	5%	5%
I do not know which dentist/dental provider to go to	2%	2%	1%	4%	4%
I have not been able to find a dentist with appointment availability	2%	2%	0%	4%	1%
I have dental insurance but have not been able to find a dental provider who accepts my insurance	3%	2%	1%	4%	1%

Source: ELVPHD CHA Survey Responses 2025

Learn more:

1. CDC. "How You Can Prevent Chronic Diseases." Centers for Disease Control and Prevention, 4 Nov. 2022, https://www.cdc.gov/chronicdisease/about/prevent/index.htm.

2. DHHS. "Preventive Care." Healthy People 2030, https://health.gov/healthypeople/objectives-and-data/browse-objectives/preventive-care.

3. Institute of Medicine (US) Roundtable on Evidence-Based Medicine. "6. Missed Prevention Opportunities." The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary, edited by Pierre L. Yong et al., National Academies Press, 2010. www.ncbi.nlm.nih.gov, https://www.ncbi.nlm.nih.gov/books/NBK53914/.

4. Spillane, Torra E., and July M. Merizier. "Study Looks at Tobacco Marketing in Low-Income Communities." Columbia Mailman School of Public Health, 5 Dec. 2018, https://www.publichealth.columbia.edu/public-health-now/news/study-looks-tobacco-marketing-low-income-communities.

5. NIH. "How Can We Prevent Tobacco Use?" NIH National Institute on Drug Abuse, 12 Apr. 2021, https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/how-can-we-prevent-tobacco-use.

6. CDC. "Physical Activity Basics." Centers for Disease Control and Prevention, 8 July 2022, https://www.cdc.gov/physicalactivity/basics/index.htm.

7. CDC. "Overcoming Barriers to Physical Activity." Centers for Disease Control and Prevention, 16 June 2022, https://www.cdc.gov/physicalactivity/basics/adding-pa/barriers.html.

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

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

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

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

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

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

Elkhorn Logan Valley Public Health Department

We don't control every choice.

We all make health decisions every day, but our health behaviors are not only determined by personal choice. Many of our daily actions are limited by what's available—or not—in our neighborhoods. If we don't have the means to secure quality, affordable housing in safe neighborhoods, we are far less likely to exercise outside and are more prone to environmental hazards. All aspects of our physical environment intersect and affect our lifelong health.

We all deserve to be safe at home.

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

Presence of Severe Housing Problems by Owner vs Renter and Income

Owner-Occupied Homes with at Least 1 Severe Housing Problem by Owner Income
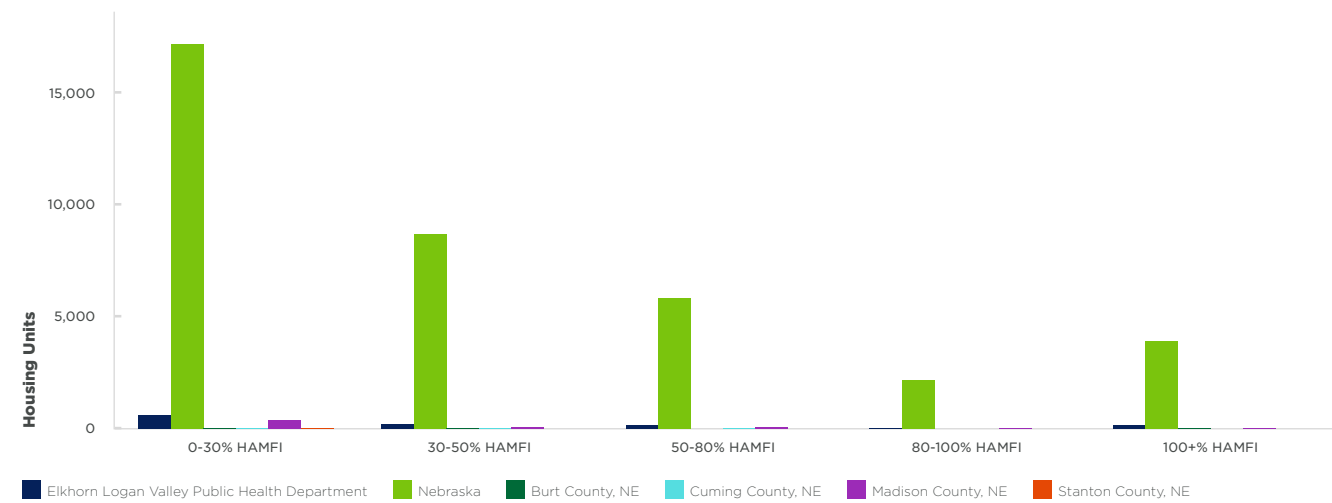
■ Elkhorn Logan Valley Public Health Department ■ Nebraska ■ Burt County, NE ■ Cuming County, NE ■ Madison County, NE ■ Stanton County, NE

Sources: HUD CHAS 2017-2021

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

Renter-Occupied Homes with at Least 1 Severe Housing Problem by Renter Income
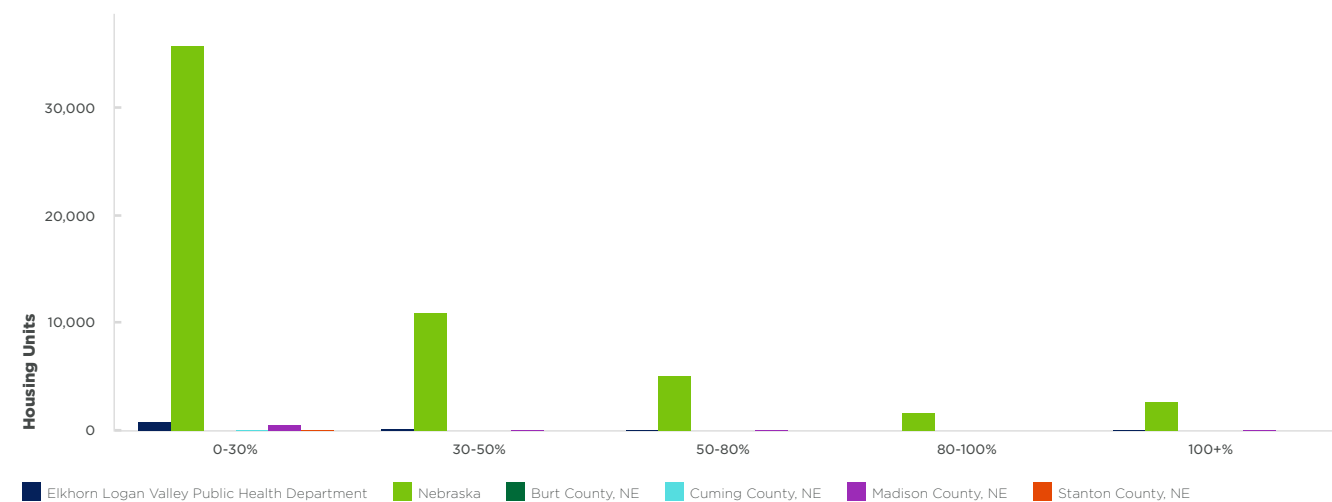
■ Elkhorn Logan Valley Public Health Department ■ Nebraska ■ Burt County, NE ■ Cuming County, NE ■ Madison County, NE ■ Stanton County, NE

Sources: HUD CHAS 2017-2021

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

Map: Housing Units with Potential for Lead Paint

Housing Units with Potential for Lead Paint

☐ **Elkhorn Logan Valley Public Health Department**
☐ **Counties**

Housing Units
☐ 30.2% – <46.2%
☐ 46.2% – <60.7%
☐ 60.7% – <72.7%
☐ 72.7% – 82%
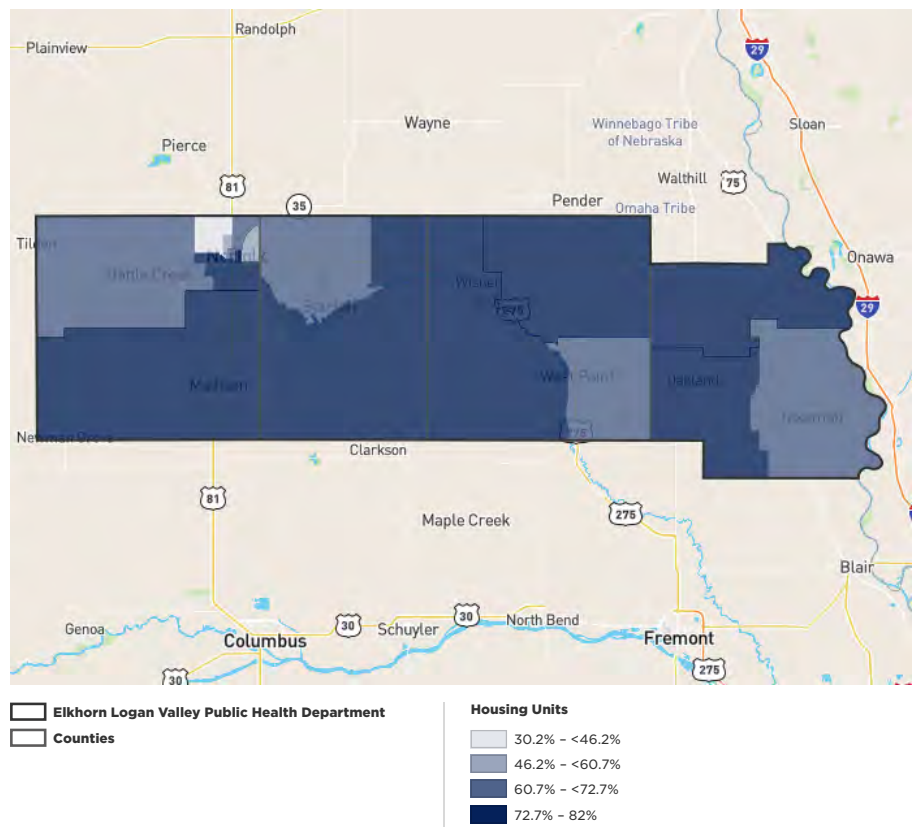
Sources: US Census Bureau ACS 5-year 2019-2023

Playing outside is good for you.

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

👟 Walkability Index
7.4
on a scale of 1 to 20
Elkhorn Logan Valley Public Health Department

9.2
on a scale of 1 to 20
Nebraska

Area Dedicated to Parks
No data
Elkhorn Logan Valley Public Health Department

3.5%
Nebraska

Sources: EPA 2021; openICPSR NaNDA 2018

Note: Walkability improves as scores approach 20.

Geography	2021 Walkability Index	2018 Percent Area Covered by Parks
Burt County, NE	6.6	0%
Cuming County, NE	7.4	0.1%
Madison County, NE	7.9	1.4%
Stanton County, NE	4.7	0%
Elkhorn Logan Valley Public Health Department	7.4	No data
Nebraska	9.2	3.5%

Sources: EPA 2021; openICPSR NaNDA 2018

Map: Walkability

Walkability Index

Counties
Elkhorn Logan Valley Public Health Department

On a Scale of 1 (Low Walkability) to 20 (Highest Walkability)

3.1 – <5.2
5.2 – <7.6
7.6 – <9.3
9.3 – 10.4
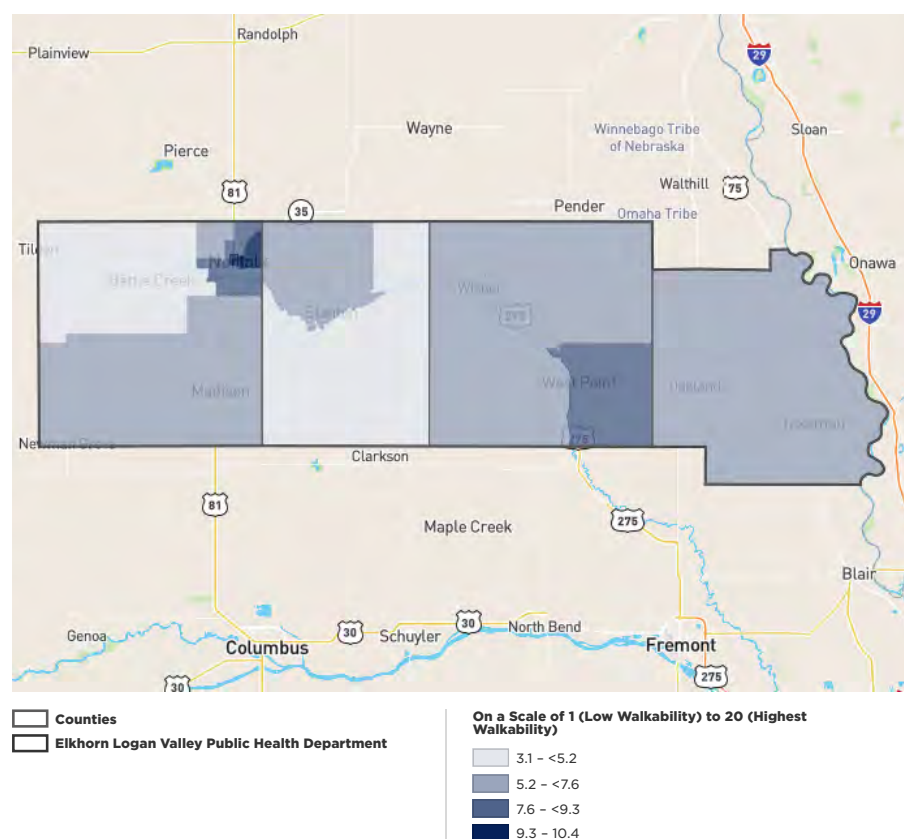
Sources: EPA 2021

Map: Percent Park Area

Area Dedicated to Parks

Elkhorn Logan Valley Public Health Department
Counties

Percent Area

0% – <0.3%
0.3% – <9.8%
9.8%
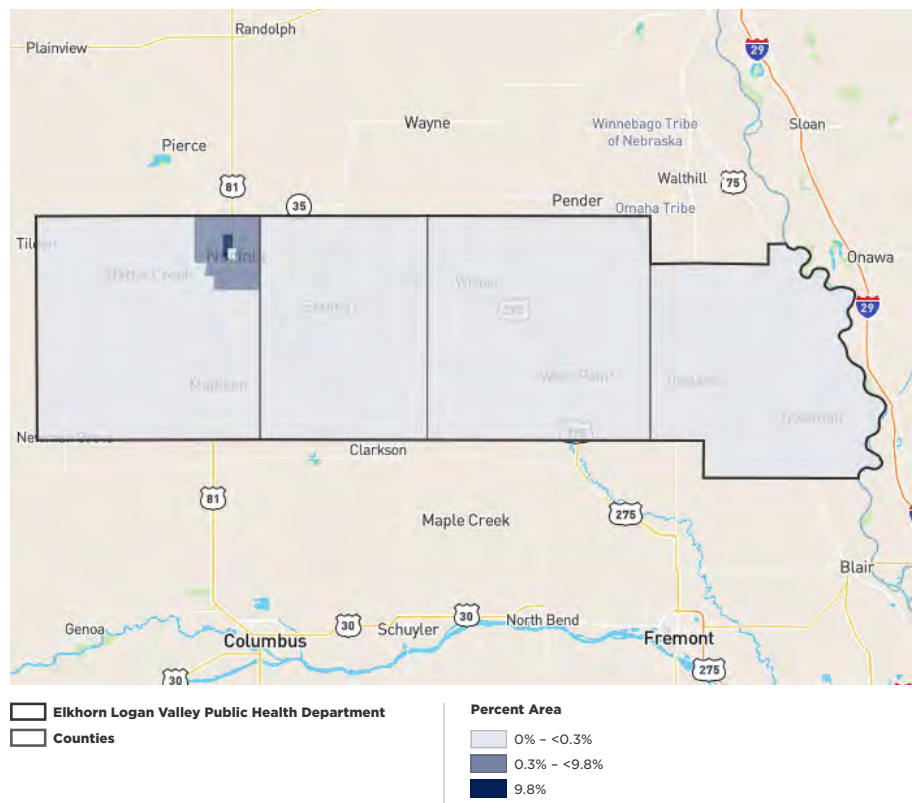
Sources: openICPSR NaNDA 2018

Do you use any trails, parks, pool, etc. in your area/community to exercise?

45.0 %
55.0 %

No
Yes
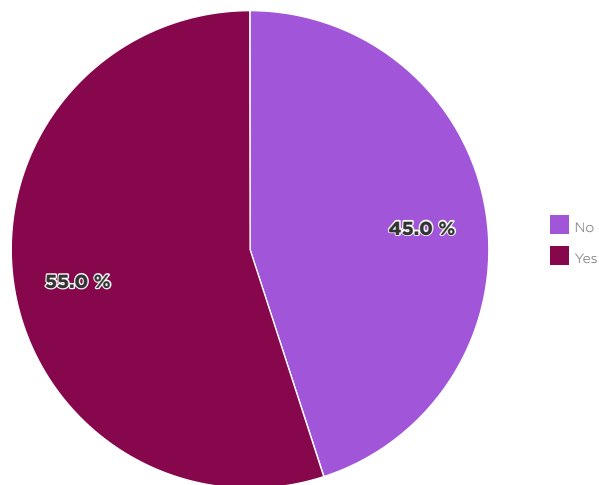
Source: ELVPHD CHA Survey Responses 2025

Do you use any trails, parks, pools, etc. in your area/community to exercise?

Legend: ■ Yes (dark magenta) ■ No (purple)
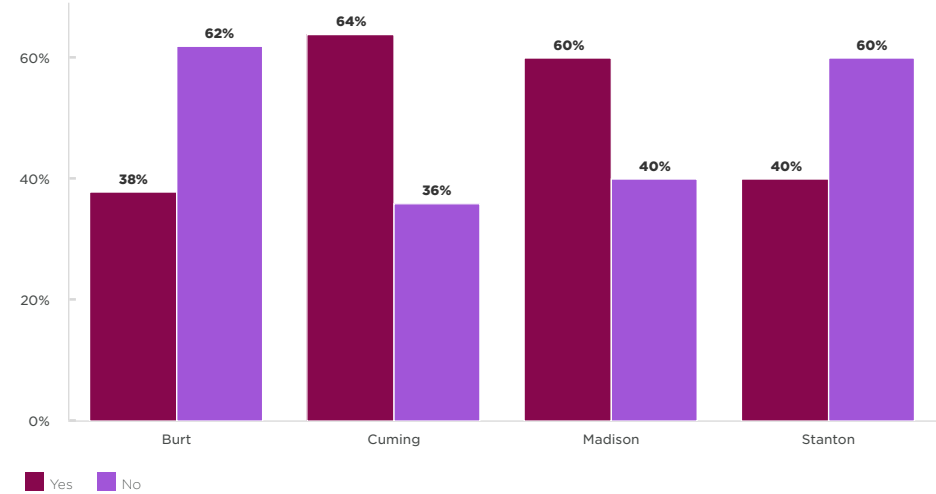
A long commute takes a daily toll.

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

🚗 **Long Commute (30+ minutes), Drive Alone**
13.6%
Commuters
Elkhorn Logan Valley Public Health Department

16.5%
Commuters
Nebraska

Geography	2019-2023 Long Commute (30+ minutes), Drive Alone
Burt County, NE	31.8%
Cuming County, NE	17.7%
Madison County, NE	7.9%
Stanton County, NE	24.7%
Nebraska	16.5%
Elkhorn Logan Valley Public Health Department	13.6%

Long Commute (30+ Minutes) Driving Alone

Elkhorn Logan Valley Public Health Department
Counties

Commuters
- 2.8% – <10.8%
- 10.8% – <22.7%
- 22.7% – <29.9%
- 29.9% – 33.3%
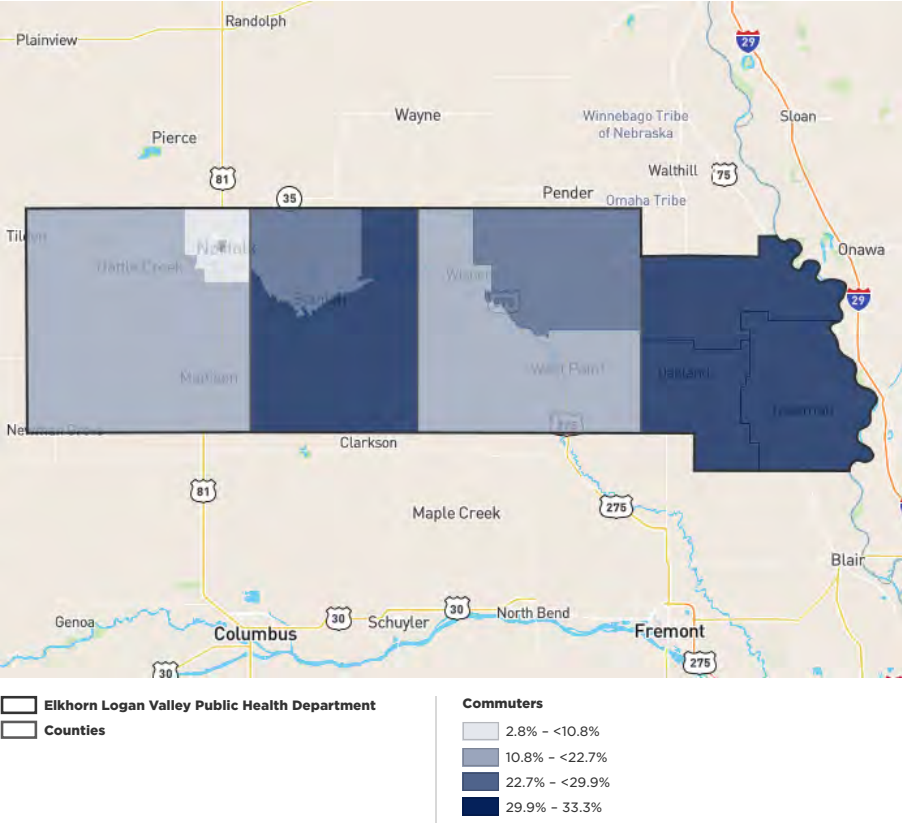
Sources: US Census Bureau ACS 5-year 2019-2023

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

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

Lack Access to a Vehicle
4.3%
of Occupied Housing Units
Elkhorn Logan Valley Public Health Department

5.2%
of Occupied Housing Units
Nebraska

Lack Access to a Vehicle
990
Occupied housing units
Elkhorn Logan Valley Public Health Department

41,151
Occupied housing units
Nebraska

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

Geography	2019-2023 Lack Access to a Vehicle (Percent)	2019-2023 Lack Access to a Vehicle (Number)
Burt County, NE	5%	144
Cuming County, NE	2.2%	82
Madison County, NE	5.1%	722
Stanton County, NE	1.8%	42
Elkhorn Logan Valley Public Health Department	4.3%	990
Nebraska	5.2%	41,151

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

Lack of Vehicle Access
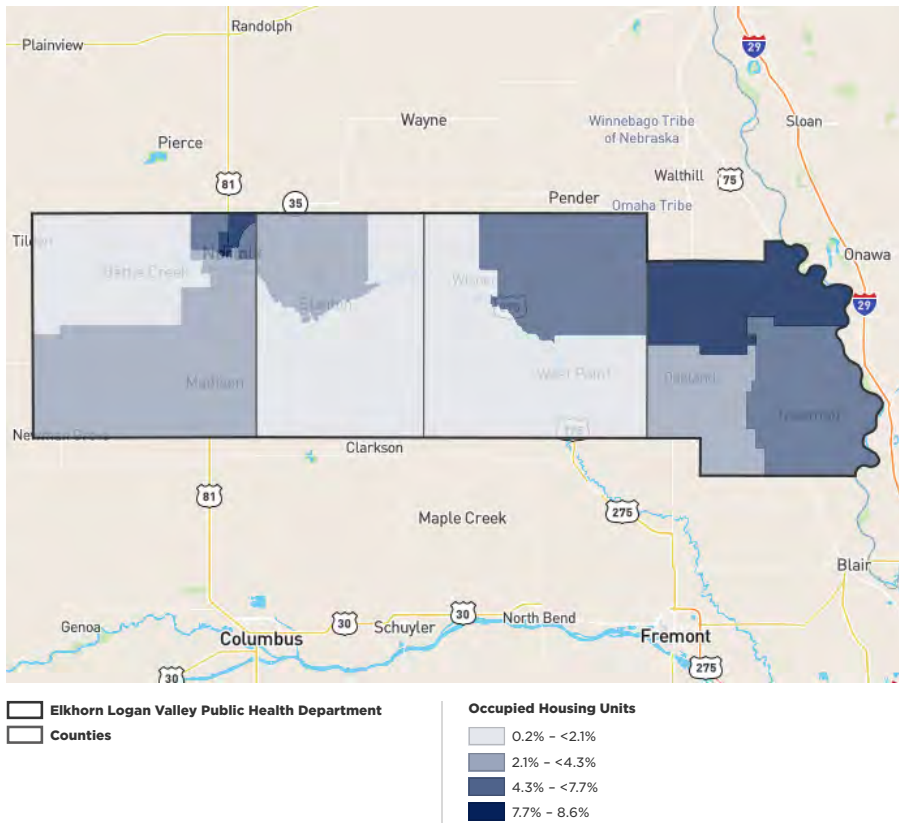
| | Elkhorn Logan Valley Public Health Department |
| | Counties |

Occupied Housing Units

	0.2% – <2.1%
	2.1% – <4.3%
	4.3% – <7.7%
	7.7% – 8.6%

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

Elkhorn Logan Valley Public Health Department

Food is a basic human need.

All people should be able to eat food that fuels their bodies, yet many people struggle to find or afford any kind of food, let alone food that will help them be healthier. Poor diets lead to many serious diseases, but sometimes it's the only option available in a community. How far a family lives from healthy food options is one factor that limits their ability to choose. This might affect older adults in more rural areas or lower income families who don't have a car who can't easily travel to other areas to purchase healthy food. Improving access to and the quality of the food we eat is an important step to make our community healthier.

Low Access Overall and by Select Characteristics

Have Low Access to Healthy Food
34.9%
People
Elkhorn Logan Valley Public Health Department

54.2%
People
Nebraska

Sources: USDA ERS FARA 2019

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

Geography	2019 People With Low Access to Healthy Food
Burt County, NE	0.7%
Cuming County, NE	22.2%
Madison County, NE	49.9%
Stanton County, NE	7.5%
Elkhorn Logan Valley Public Health Department	34.9%
Nebraska	54.2%

Sources: USDA ERS FARA 2019

Low Access to Healthy Food by Select Characteristics

Geography	2019 Low Income People	2019 Housing Units without Vehicles
Elkhorn Logan Valley Public Health Department	31.7%	33.8%
Nebraska	52.6%	49.1%
Burt County, NE	0.7%	0%
Cuming County, NE	19.5%	16.1%
Madison County, NE	43.2%	45.2%
Stanton County, NE	6.6%	0%

Sources: USDA ERS FARA 2019

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

Low Income is defined as as either a poverty rate of 20 percent or more, or the median family income is 80 percent or less of the state or metro area median income

Low Access by Race or Ethnicity

Low Access to Healthy Food by Race or Ethnicity

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2019 Asian	52.9%	58.8%	0%	22.2%	63.5%	0%
2019 Black or African American	42%	57.2%	0%	7.7%	49.3%	0%
2019 Hispanic or Latino	26.8%	53.2%	0%	6.2%	32.4%	3.9%
2019 Multiracial or Other Race	26%	53.4%	0%	7.2%	32.1%	4.1%
2019 Native American	32.3%	40.6%	5.2%	3.4%	44.1%	0%
2019 Native Hawaiian and Pacific Islander	28.6%	53.3%	0%	0%	37.5%	No data
2019 White	35.5%	54.1%	0.6%	23.2%	51.7%	7.7%

Sources: USDA ERS FARA 2019

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

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

Low Access Among Children, Seniors

Low Access to Healthy Food by Select Age Groups

Geography	2019 Children ages 0 to 17	2019 Seniors ages 65+
Elkhorn Logan Valley Public Health Department	33.5%	34.2%
Nebraska	54.5%	51.8%
Burt County, NE	0.5%	0.6%
Cuming County, NE	21%	21.3%
Madison County, NE	48.1%	53.6%
Stanton County, NE	5.4%	8.8%

Sources: USDA ERS FARA 2019

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

Map: People with Low Access

People with Low Access to Healthy Food
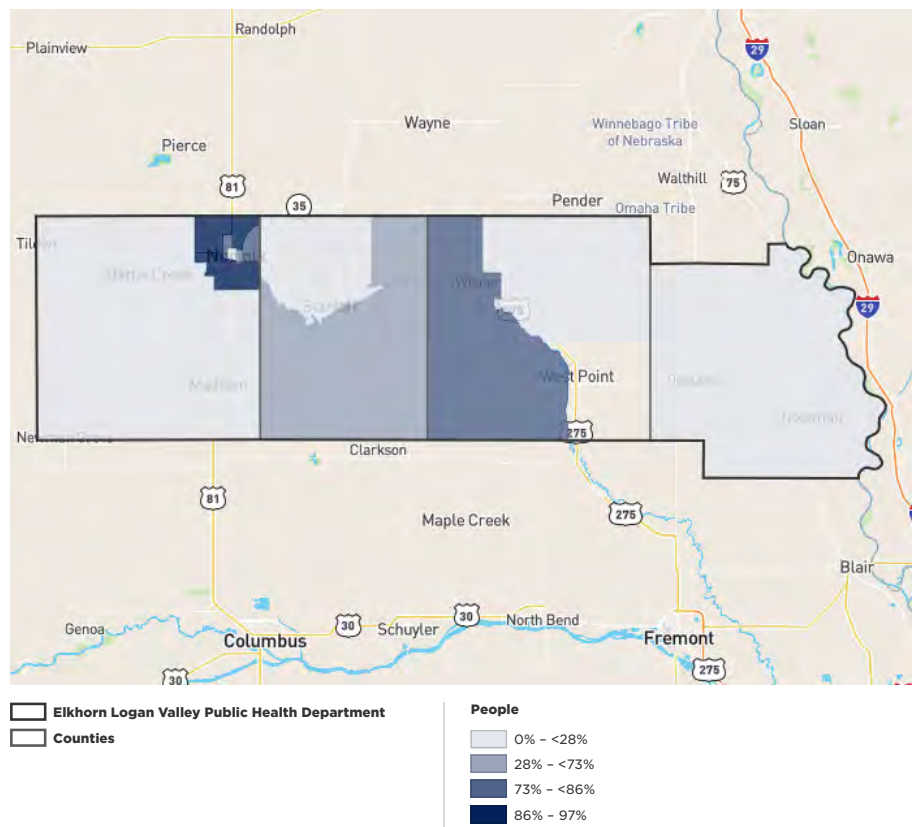
Elkhorn Logan Valley Public Health Department

Counties

People

0% – <28%

28% – <73%

73% – <86%

86% – 97%

Sources: USDA ERS FARA 2019

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

Food Insecurity

🍎 **14.5%**
of People
Food Insecurity
Nebraska

Sources: Feeding Amer. Map the Meal Gap 2023

Food Insecurity Rate

☐ **Elkhorn Logan Valley Public Health Department**
☐ **Counties**

Food insecurity rate
☐ 12.8% – <14.9%
☐ 14.9% – <15.9%
☐ 15.9%
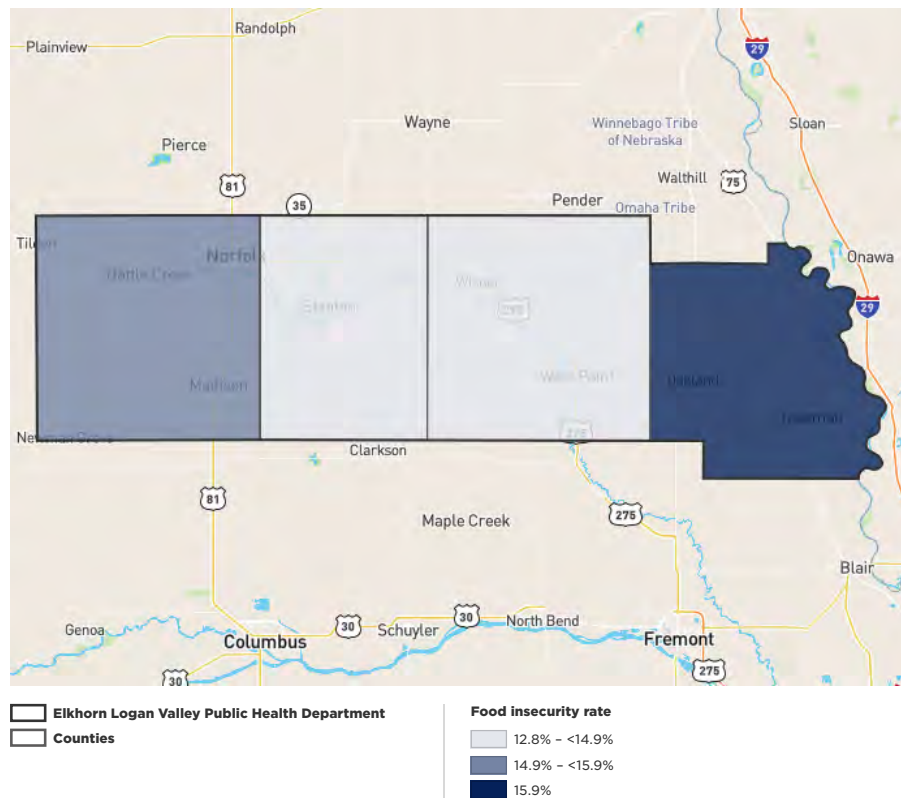
Sources: Feeding Amer. Map the Meal Gap 2023

Servings of Vegetables Eaten in an Average Day

■ Total Response ■ Burt ■ Cuming ■ Madison ■ Stanton
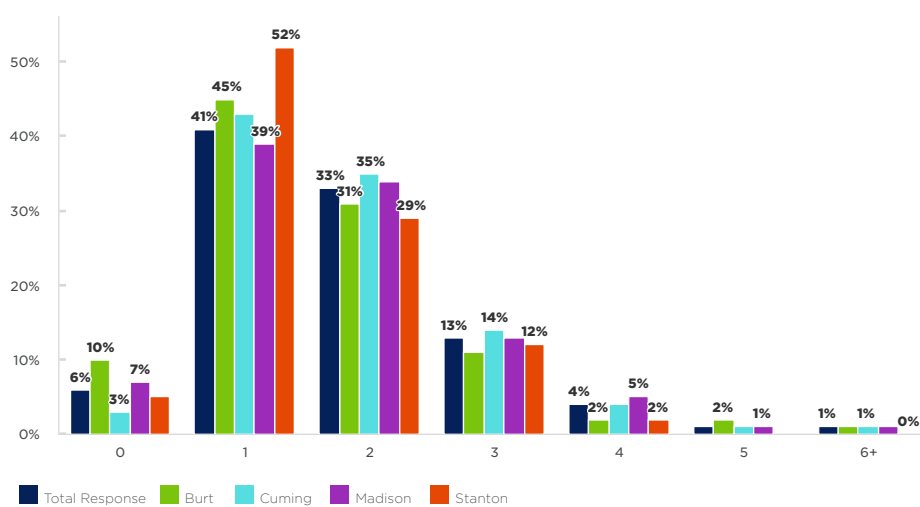
Source: ELVPHD CHA Responses - 2025

Servings of Fruit Eaten in an Average Day

Legend: Total Response, Burt, Cuming, Madison, Stanton

	0	1	2	3	4	5	6+
Total Response	12%	45%	—	10%	3%	1%	1%
Burt	15%	47%	30%	6%	1%	1%	1%
Cuming	11%	—	—	11%	4%	1%	1%
Madison	12%	46%	28%	10%	3%	1%	0%
Stanton	15%	43%	26%	13%	2%	0%	0%
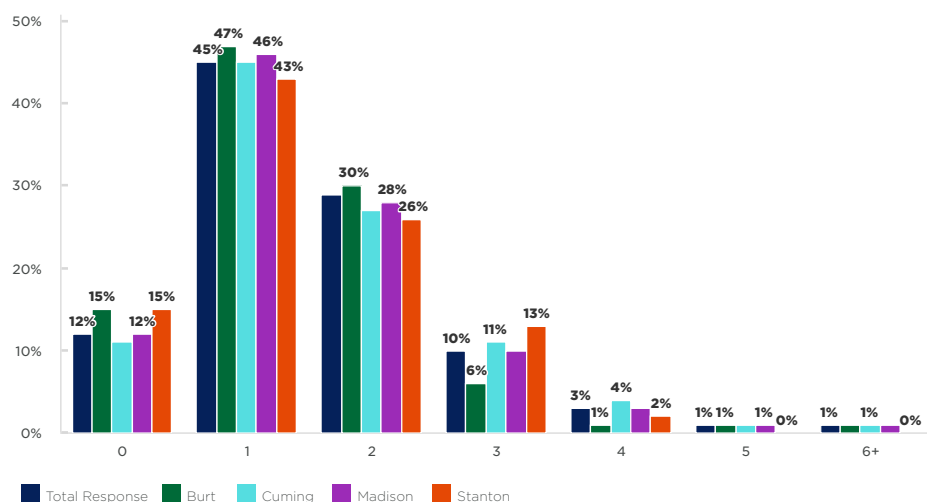
Source: ELVPHD CHA Responses - 2025

In the past 6 months, have you worried your food would run out before you got money to buy more?

Legend: Total Responses, Burt, Cuming, Madison, Stanton

	Often True	Sometimes True	Never True
Total Responses	6%	15%	79%
Burt	7%	16%	77%
Cuming	5%	12%	83%
Madison	6%	16%	78%
Stanton	5%	20%	75%
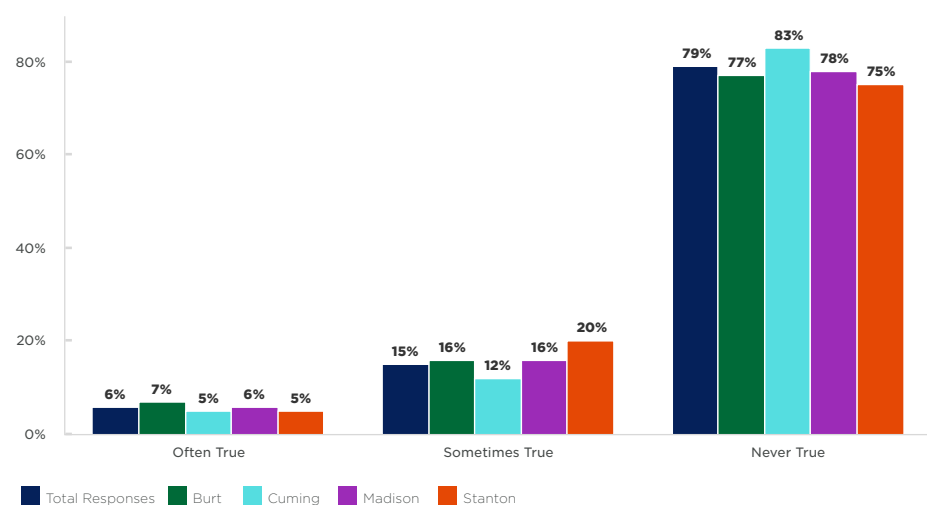
Source: ELVPHD CHA Survey Responses - 2025

Do you feel that you are able to afford purchasing healthy foods?

Legend: Total Responses, Burt, Cuming, Madison, Stanton

	Yes	No
Total Responses	68%	32%
Burt	66%	34%
Cuming	72%	28%
Madison	67%	33%
Stanton	65%	35%
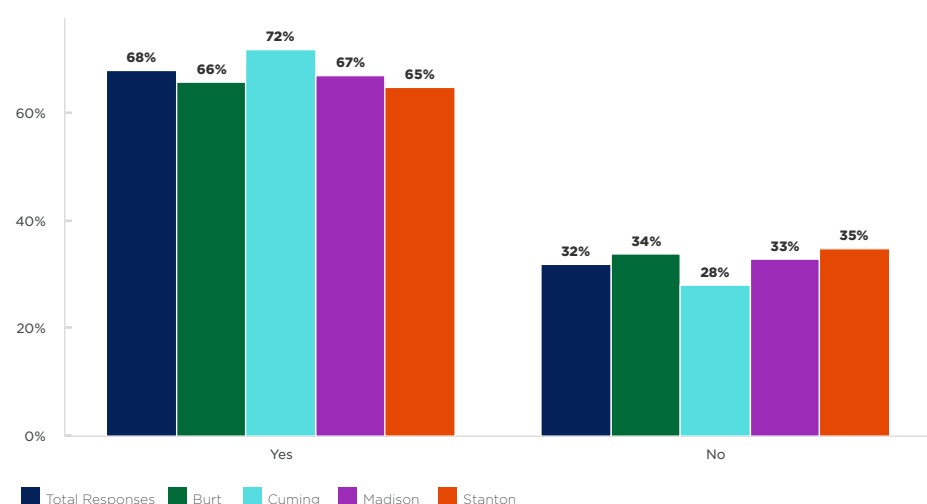
Source: ELVPHD CHA Survey Responses - 2025

Where we buy food makes a difference.

Food affects so much about our lives. Like blood vessels that reach every part of our bodies, our food system reaches every part of our society. How and where we get food affects our health, education, economy, and more. If we want to make healthy choices but can't easily find or afford fresh food, we are unlikely to make that choice. Low income neighborhoods often have more unhealthy options such as fast food or gas stations, leading to choices that are higher in

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

Purchasing Options

Geography	2016 Fast Food Restaurants per 1,000 People	2016 Grocery Stores	2016 Supercenters / Club Stores
Nebraska	0.43	420	49
Burt County, NE	0.15	2	0
Cuming County, NE	0.67	4	0
Madison County, NE	0.86	9	1
Stanton County, NE	0.17	1	0

Sources: USDA ERS FEA 2016

Help fight hunger with SNAP.

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

Receive SNAP Benefits
6.2%
of Households
Elkhorn Logan Valley Public Health Department

8%
of Households
Nebraska

Don't Receive SNAP Benefits
73.5%
of Households in Poverty
Elkhorn Logan Valley Public Health Department

66%
of Households in Poverty
Nebraska

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

Geography	2019-2023 Households Receiving SNAP	2019-2023 Households Not Receiving SNAP Below Poverty Level
Burt County, NE	8.2%	61.2%
Cuming County, NE	4.4%	78%
Madison County, NE	6.6%	74.2%
Stanton County, NE	3.9%	82.6%
Elkhorn Logan Valley Public Health Department	6.2%	73.5%
Nebraska	8%	66%

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

SNAP Authorized Stores

Legend: Elkhorn Logan Valley Public Health Department ● Nebraska ● Burt County, NE ● Cuming County, NE ● Madison County, NE ● Stanton County, NE
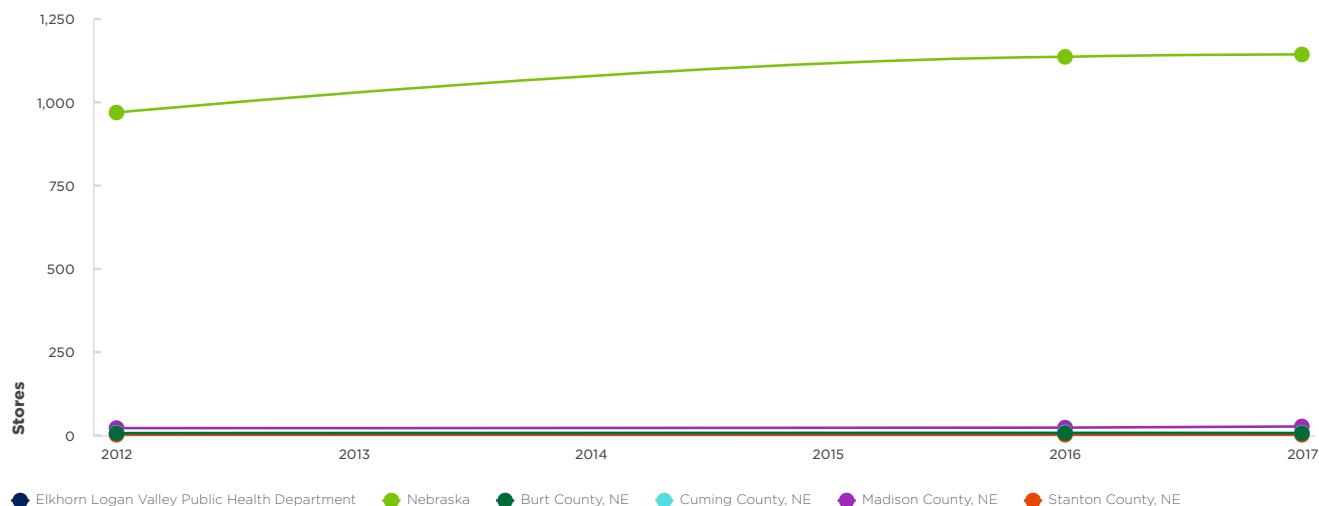
Sources: USDA ERS FEA

Learn more:

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

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

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

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

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

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

Elkhorn Logan Valley Public Health Department

How We Respond Matters

When we look at the main causes of death in our community, we see a pretty clear picture: many causes are preventable. Our community can do better to support everyone who lives here. Prevention isn't just about educating each person to make good choices. **It's about creating a place where those choices are even possible.**

This is the story we want to write in our community. One where everyone has equal access to great healthcare. Where safe housing is affordable for all. Where families have access to outdoor spaces, and kids have fresh food on the table. In this story, people are able to live close to where they work. We want the story to end with equally fulfilling lives for ourselves, our families, and our neighbors.

Achieving this kind of story begins with creating a place where healthy choices are possible. As with any health journey, we might have to start small. We can't tackle the whole problem all at once, but we can start now with one step forward. When we work together, we can make a difference and rewrite our story so everyone has the same chance at a healthy life.

Let's help people have better, longer lives.

When we understand leading causes of death, we can learn more about the barriers to health our community is facing and who's more likely to experience those challenges. Our context, including what we have access to in our community, informs our behaviors. Those behaviors lead to outcomes like causes of death. Almost every health condition can benefit from better access, more resources, and increased prevention before the issue leads to death. By improving our context and supporting healthier behaviors, we can work together to help lengthen and improve the quality of life for all residents.

Life Expectancy at Birth
79.7
Years

Elkhorn Logan Valley Public Health Department

79.2
Years

Nebraska

78.8
Years

United States of America

Sources: CDC NCHS USALEEP 2010-2015

Geography	2010-2015 Life Expectancy at Birth
Burt County, NE	77.4
Cuming County, NE	80.8
Madison County, NE	79.8
Stanton County, NE	79.5
Elkhorn Logan Valley Public Health Department	79.7
Nebraska	79.2
United States of America	78.8

Sources: CDC NCHS USALEEP 2010-2015

Life Expectancy at Birth

Elkhorn Logan Valley Public Health Department

Counties

Years

74 – <77

77 – <80

80

80 – 85
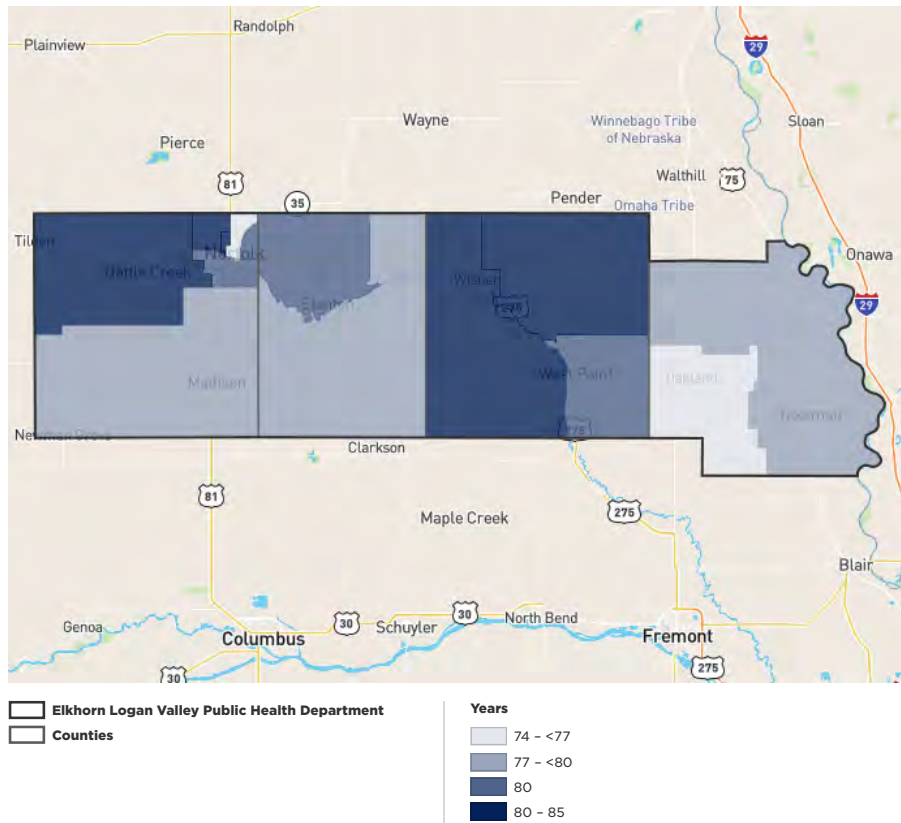
Sources: CDC NCHS USALEEP 2010-2015

Leading Causes of Death by Race & Ethnicity

Note: Leading causes of death by race and ethnicity utilizes data over a three year period to improve data availability and reliability. At present, COVID death data is not available for all three years. As a result, COVID death rates by race and ethnicity are located in a separate, single-year bar chart.

Leading Causes of Death
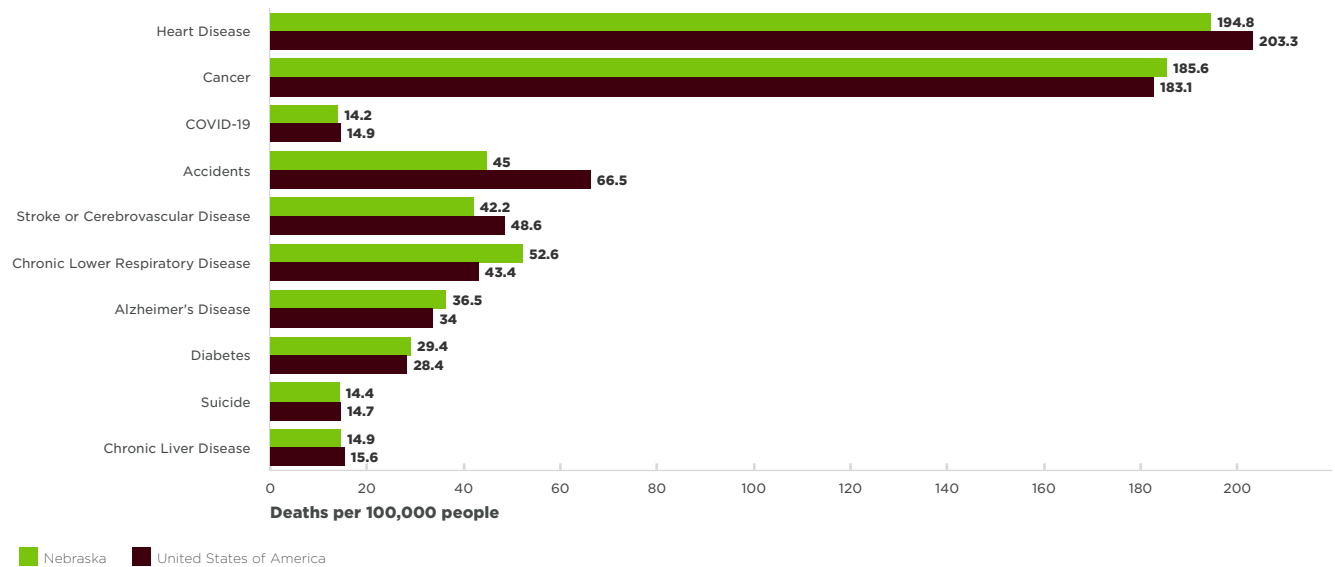
Cause	Nebraska	United States of America
Heart Disease	194.8	203.3
Cancer	185.6	183.1
COVID-19	14.2	14.9
Accidents	45	66.5
Stroke or Cerebrovascular Disease	42.2	48.6
Chronic Lower Respiratory Disease	52.6	43.4
Alzheimer's Disease	36.5	34
Diabetes	29.4	28.4
Suicide	14.4	14.7
Chronic Liver Disease	14.9	15.6

Deaths per 100,000 people

■ Nebraska   ■ United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

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

Asian

Leading Causes of Death Among Asians

	Nebraska	United States of America
Cancer	59	96
Heart Disease	37	86
Stroke or Cerebrovascular Disease	21	31
Accidents	13	19
Diabetes	9	18

Deaths per 100,000 people

■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Black or African American

Leading Causes of Death Among Black/African Americans

	Nebraska	United States of America
Cancer	129	169
Heart Disease	120	211
Accidents	54	74
Diabetes	38	42
Stroke or Cerebrovascular Disease	37	53

Deaths per 100,000 people

■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Hispanic or Latino

Leading Causes of Death Among Hispanic/Latinos

	Nebraska	United States of America
Cancer	38	73
Accidents	29	41
Heart Disease	29	74
Diabetes	12	19
Stroke	9	22

Deaths per 100,000 people

■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Native American

Leading Causes of Death Among Native Americans

Cause	Nebraska	United States of America
Cancer		32
Accidents	84	113
Chronic Liver Disease & Cirrhosis	69	48
Diabetes	43	25

Deaths per 100,000 people

■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

White

Leading Causes of Death Among Non-Hispanic Whites

Cause	Nebraska	United States of America
Heart Disease	229	268
Cancer	217	236
Chronic Lower Respiratory Disease	64	65
Stroke or Cerebrovascular Disease	51	59
Accidents	50	73

Deaths per 100,000 people

■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Leading Causes of Death by Age

Age 1-14

Leading Causes of Death Age 1-14

Cause	Nebraska	United States of America
Accidents	4.6	5
Cancer	2	1.9
Birth Defects	0.8	1.4

Deaths per 100,000 residents

■ Nebraska　■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Age 15-24

Leading Causes of Death Age 15-24

Cause	Nebraska	United States of America
Accidents	29.3	33
Cancer	1.5	2

Deaths per 100,000 residents

■ Nebraska　■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Age 25-34

Leading Causes of Death Age 25-34

Cause	Nebraska	United States of America
Accidents	41	67
Cancer	6	3

Deaths per 100,000 residents

■ Nebraska　■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Age 35-44

Leading Causes of Death Age 35-44

Deaths per 100,000 residents

Accidents: Nebraska 38, United States of America 77
Cancer: Nebraska 15, United States of America 11
Chronic Liver Disease or Cirrhosis: Nebraska 5, United States of America 6
Heart Disease: Nebraska 4, United States of America 5

■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Age 45-54

Leading Causes of Death Age 45-54

Deaths per 100,000 residents

Accidents: Nebraska 42, United States of America 71
Chronic Liver Disease or Cirrhosis: Nebraska 17, United States of America 18
Cancer: Nebraska 8, United States of America 8
Heart Disease: Nebraska 3, United States of America 6
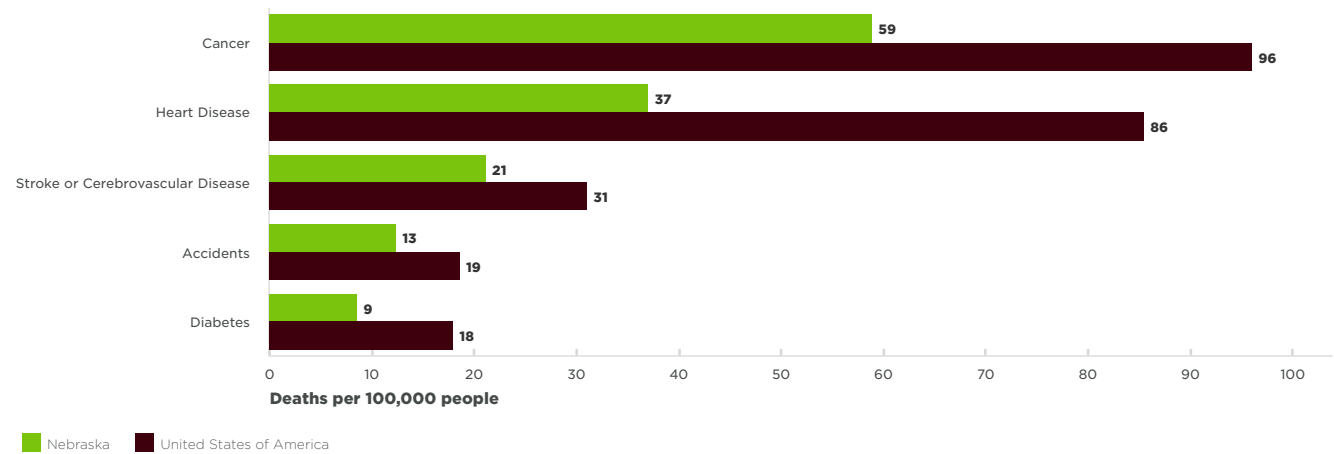
■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

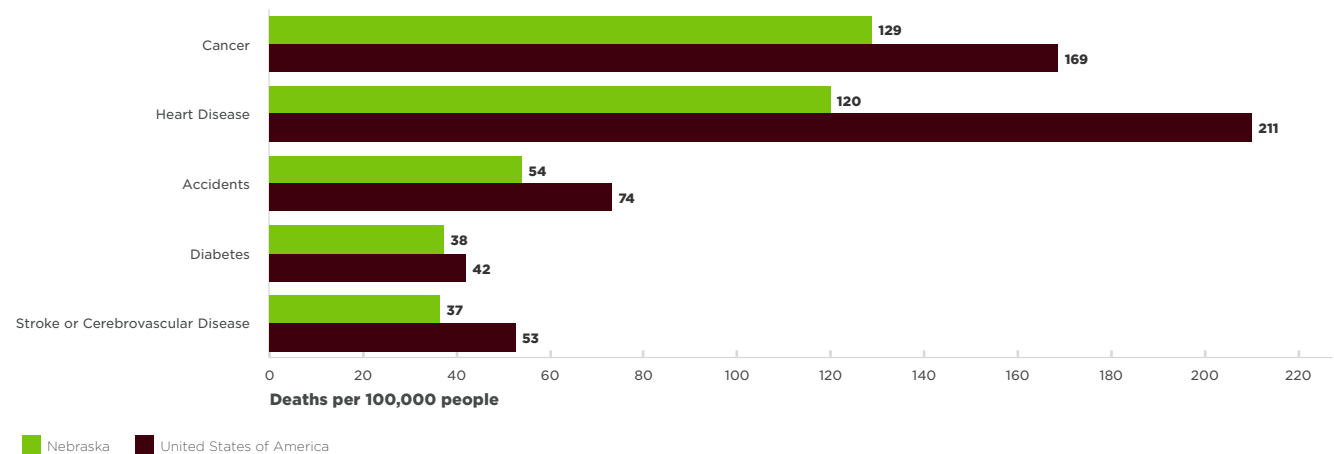*This data is sorted from highest to lowest based on national top causes of death for ages 45-54.*

Age 55-64

Leading Causes of Death Age 55-64

Deaths per 100,000 residents

Accidents: Nebraska 48, United States of America 73
Chronic Lower Respiratory Disease: Nebraska 38, United States of America 40
Cancer: Nebraska 32, United States of America 38
Heart Disease: Nebraska 20, United States of America 11
Diabetes: Nebraska 10, United States of America 12

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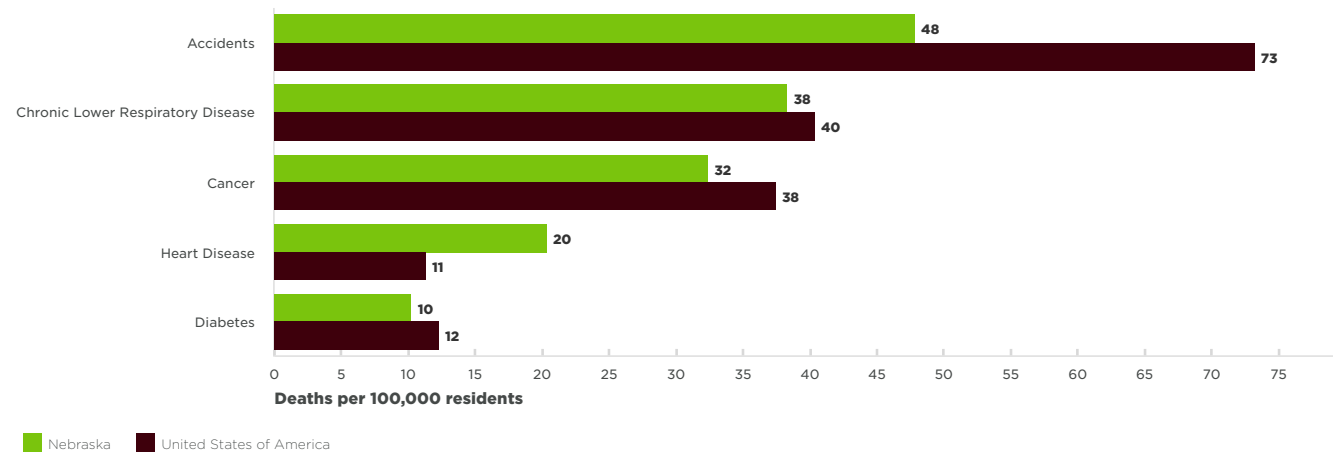
This data is sorted from highest to lowest based on national top causes of death for ages 55-64.

Age 65-74

Leading Causes of Death Age 65-74
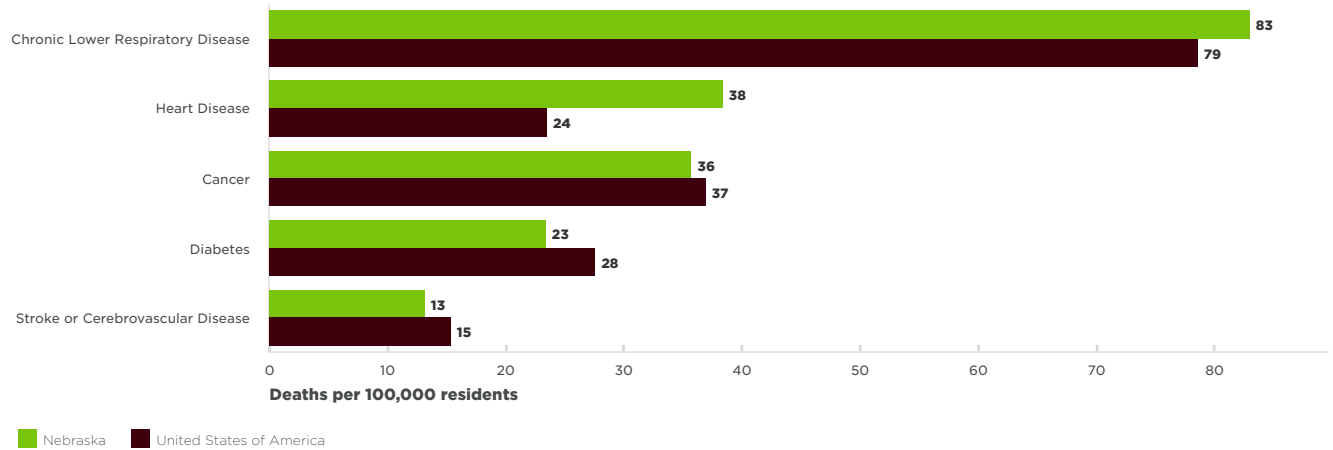
Cause	Nebraska	United States of America
Chronic Lower Respiratory Disease	83	79
Heart Disease	38	24
Cancer	36	37
Diabetes	23	28
Stroke or Cerebrovascular Disease	13	15

Deaths per 100,000 residents

■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

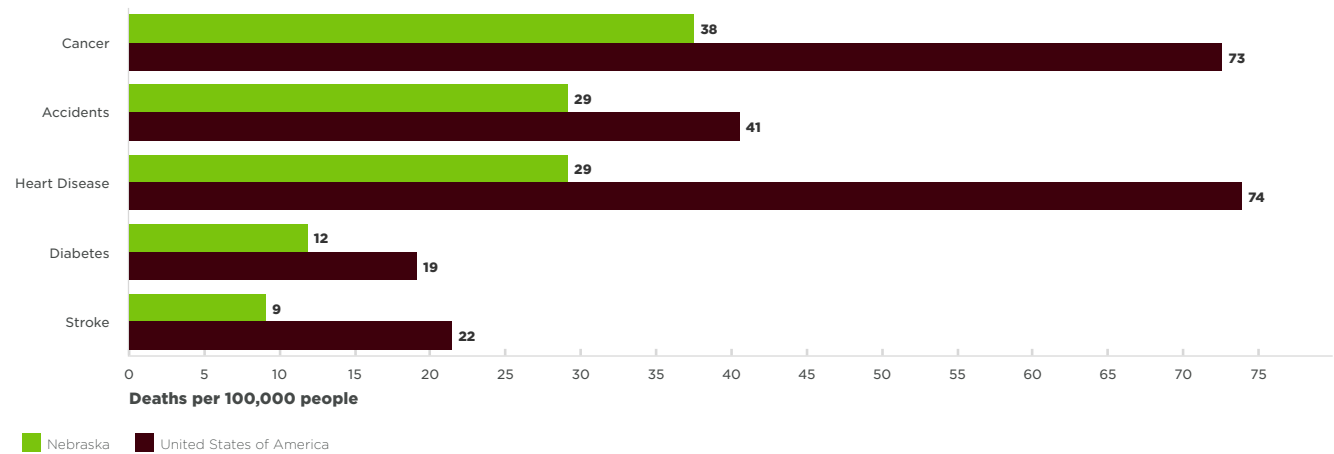*This data is sorted from highest to lowest based on national top causes of death for ages 65-74.*

Age 75-84

Leading Causes of Death Age 75-84
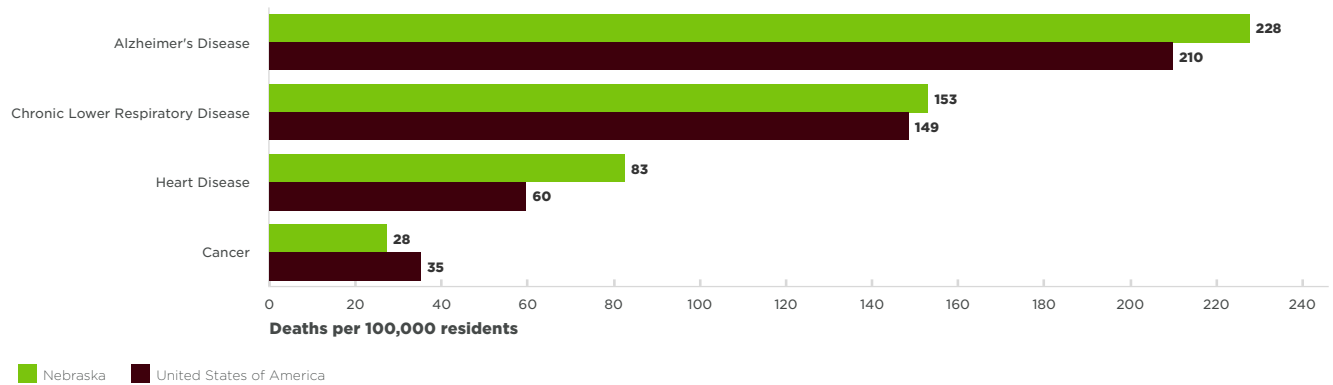
Cause	Nebraska	United States of America
Alzheimer's Disease	228	210
Chronic Lower Respiratory Disease	153	149
Heart Disease	83	60
Cancer	28	35

Deaths per 100,000 residents

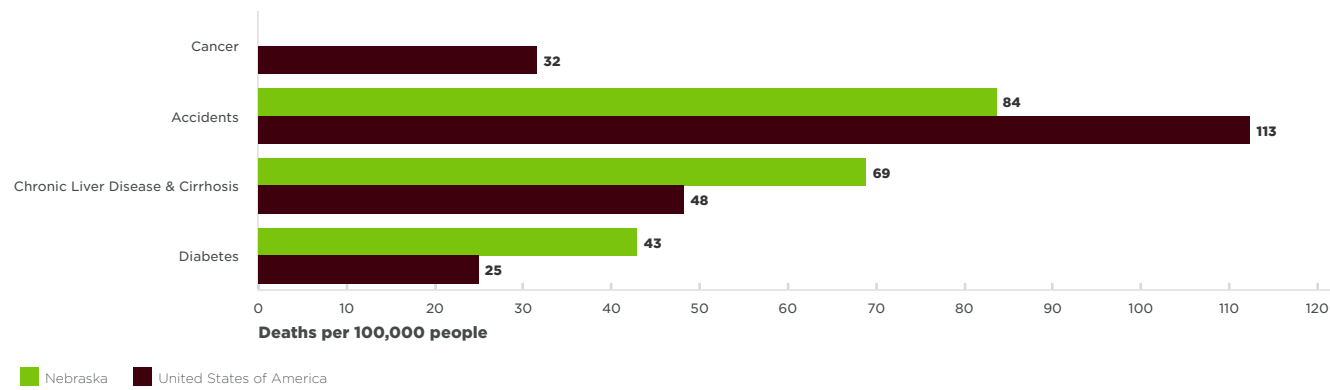■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Age 85+

Leading Causes of Death Age 85+
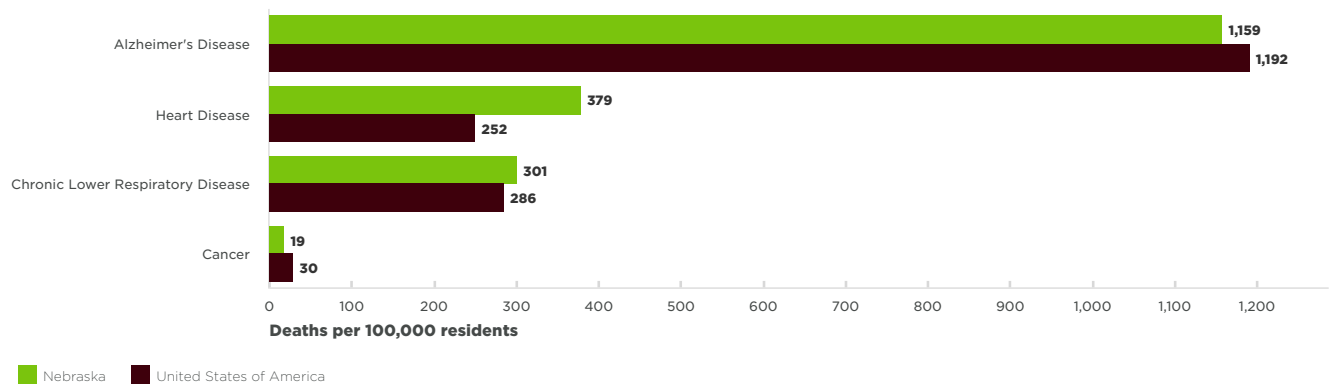
Cause	Nebraska	United States of America
Alzheimer's Disease	1,159	1,192
Heart Disease	379	252
Chronic Lower Respiratory Disease	301	286
Cancer	19	30

Deaths per 100,000 residents

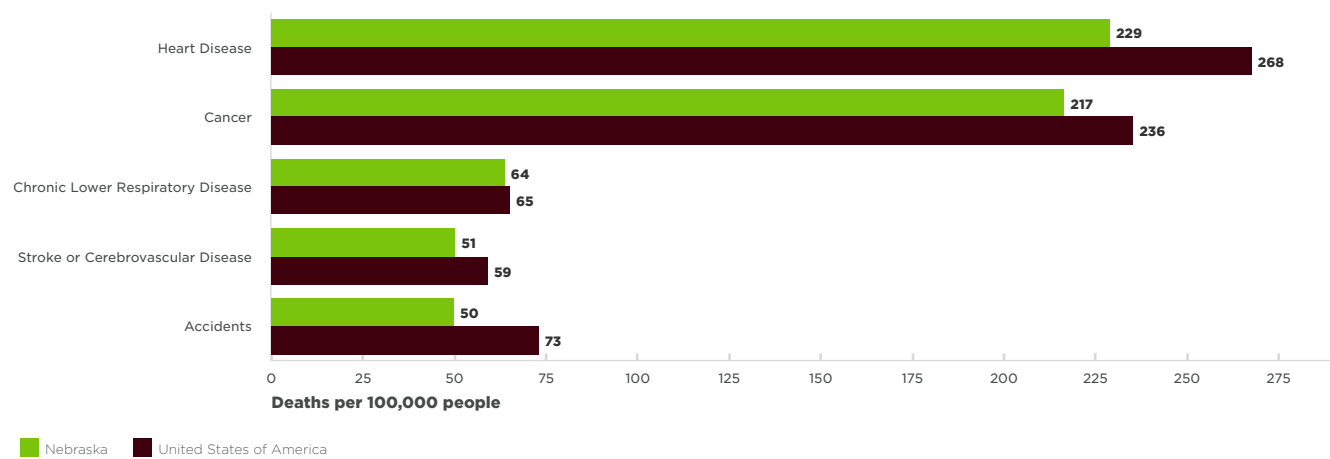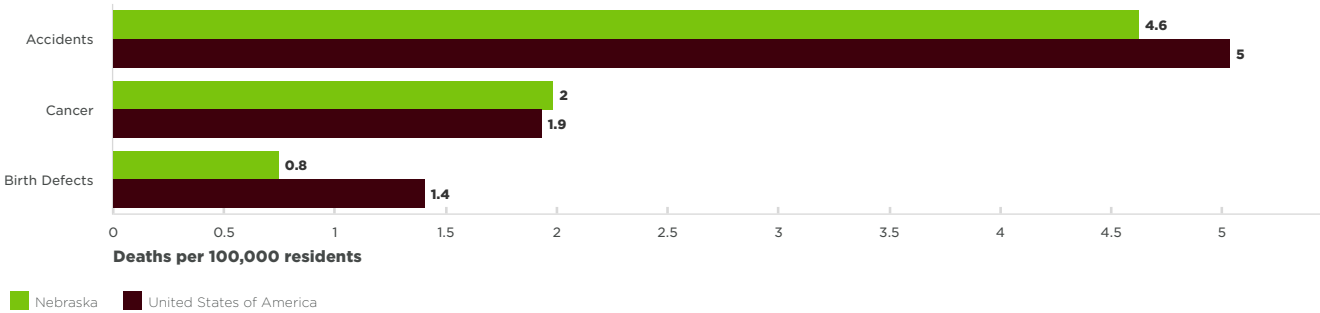■ Nebraska ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

Leading Causes of Death by Sex

Leading Causes of Death Among Females
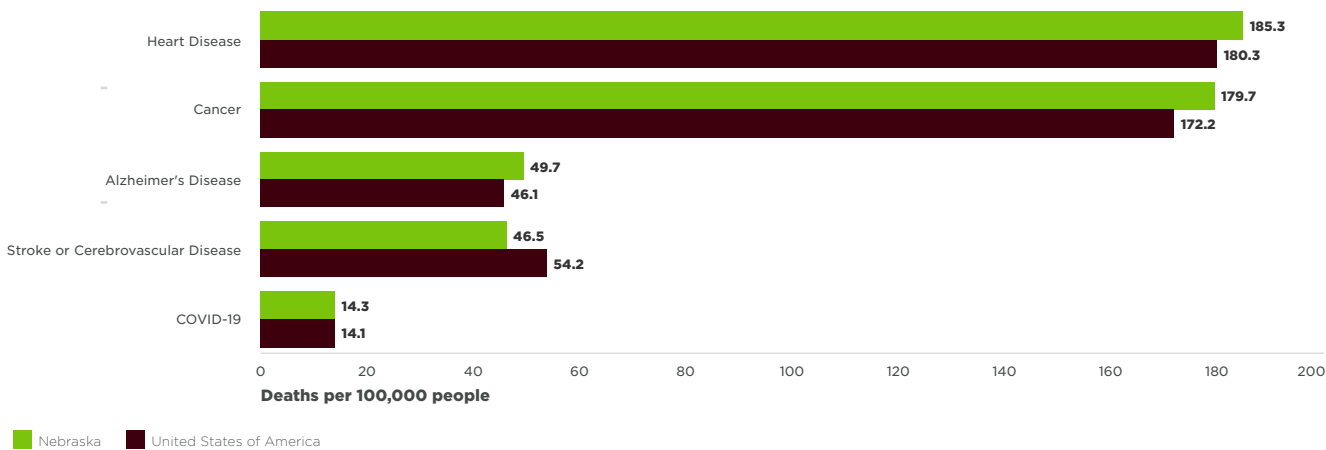
Deaths per 100,000 people

- Nebraska
- United States of America

Cause	Nebraska	United States
Heart Disease	185.3	180.3
Cancer	179.7	172.2
Alzheimer's Disease	49.7	46.1
Stroke or Cerebrovascular Disease	46.5	54.2
COVID-19	14.3	14.1

Sources: CDC WONDER Cause of Death 2023 Crude

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

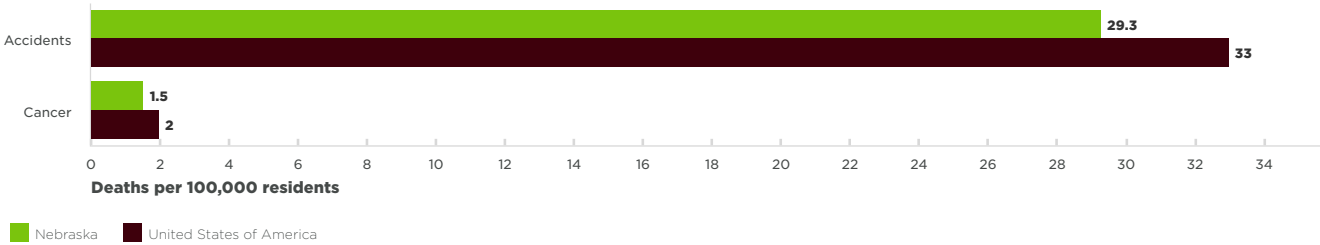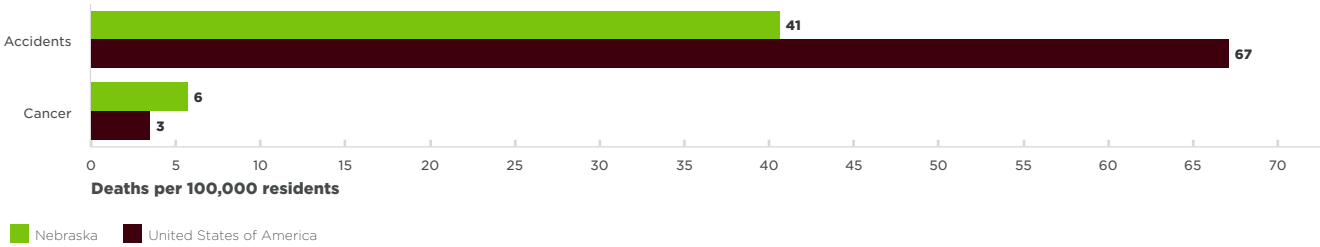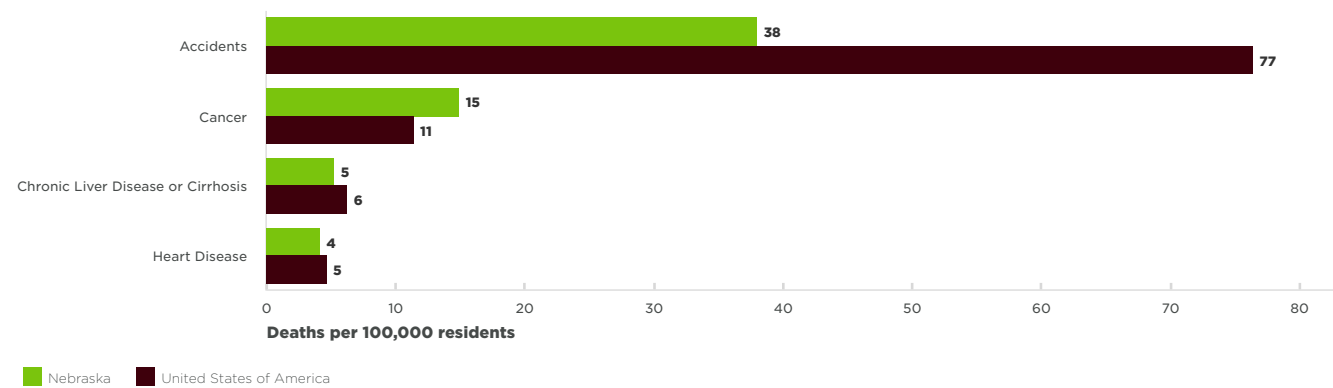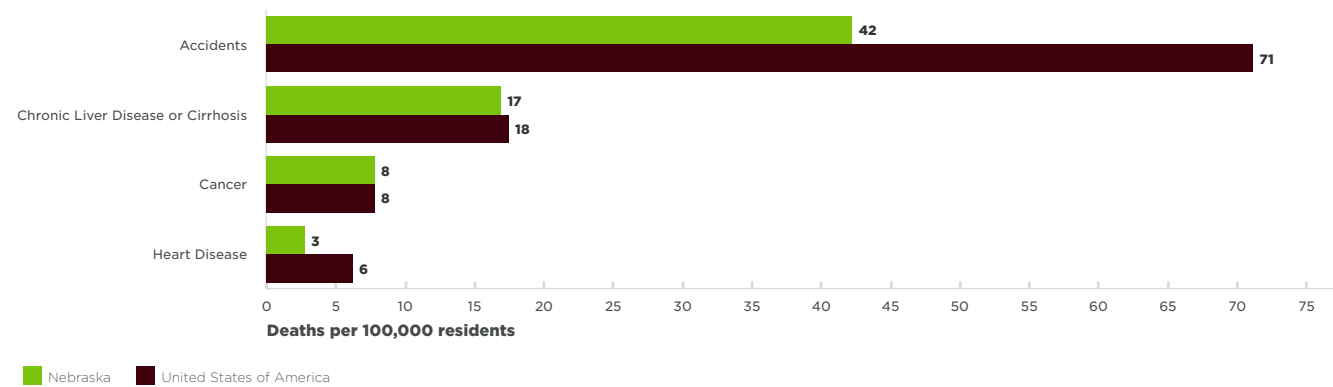# Leading Causes of Death by Sex

Males

Leading Causes of Death Among Males
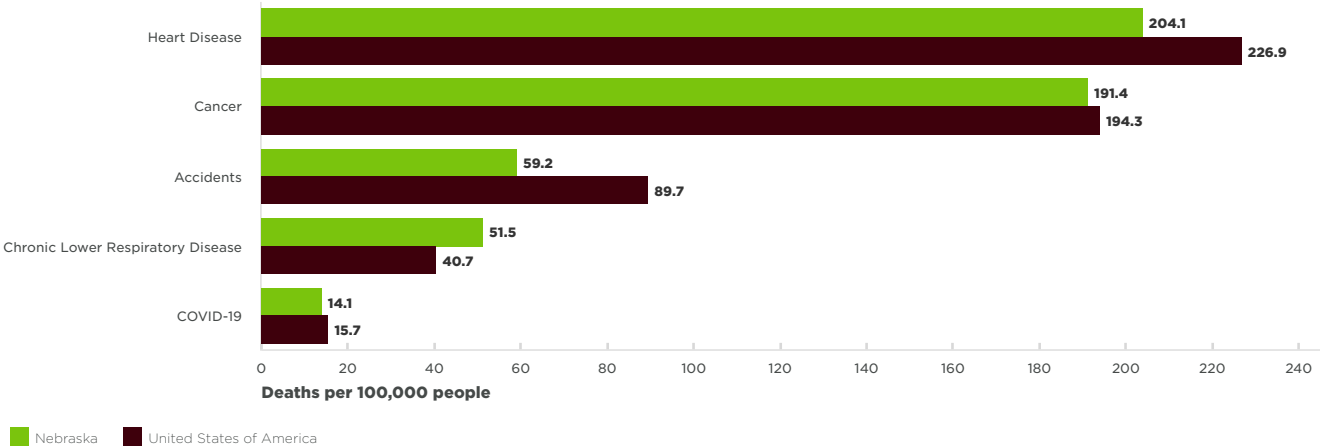
Sources: CDC WONDER Cause of Death 2023 Crude

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

Elkhorn Logan Valley Public Health Department

79

Chronic conditions are difficult to manage

Chronic Conditions Overview

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2022 Poor Physical Health Among Adults	12.6%	11.4%	12.8%	12.4%	12.6%	12%
2022 Obesity Among Adults	40.1%	37.2%	40.7%	38.8%	40%	38%
2022 Diagnosed Diabetes Among Adults	12%	10.9%	13%	12.4%	11.7%	12.1%
2022 Cancer (except skin) Among Adults	8.9%	8%	10.1%	9.8%	8.4%	9.1%
2022 Coronary Heart Disease Among Adults	7.9%	6.8%	9.2%	8.8%	7.2%	8%
2022 Stroke Among Adults	3.7%	3.2%	4.2%	3.9%	3.4%	3.6%
2021 High Blood Pressure Among Adults	34.5%	30.4%	39.3%	34%	34.6%	35%

Sources: CDC BRFSS PLACES 2021, 2022

Chronic Disease Death Rates
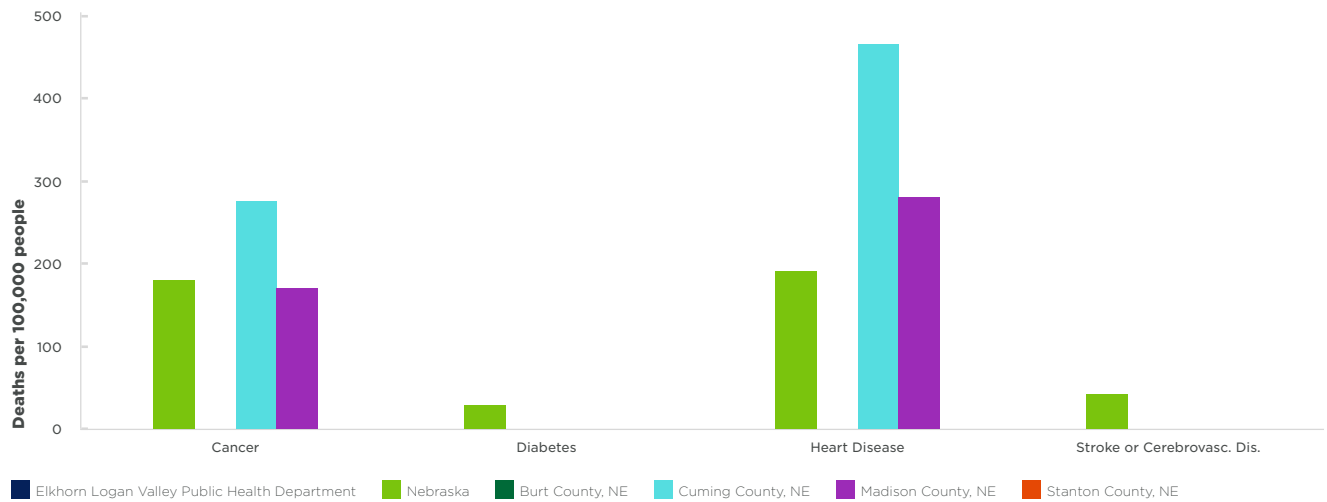
Sources: CDC WONDER Cause of Death 2021 Crude

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

Obesity Among Adults

40.1%

People
Elkhorn Logan Valley Public Health Department

37.2%
People
Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Obesity Among Adults
Burt County, NE	40.7%
Cuming County, NE	38.8%
Madison County, NE	40%
Stanton County, NE	38%
Elkhorn Logan Valley Public Health Department	40.1%
Nebraska	37.2%

Sources: CDC BRFSS PLACES 2022

Cancer (except skin) Incidence Among Adults
8.9%
People
Elkhorn Logan Valley Public Health Department

8%
People
Nebraska

Cancer Death Rate
No data
Deaths per 100,000 people
Elkhorn Logan Valley Public Health Department

185.6
Deaths per 100,000 people
Nebraska

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

Geography	2022 Cancer (except skin) Among Adults	2023 Crude Cancer Death Rate
Burt County, NE	10.1%	446
Cuming County, NE	9.8%	269.1
Madison County, NE	8.4%	224.5
Stanton County, NE	9.1%	No data
Elkhorn Logan Valley Public Health Department	8.9%	No data
Nebraska	8%	185.6

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

Diagnosed Diabetes Incidence Among Adults

12%
People
Elkhorn Logan Valley Public Health Department

10.9%
People
Nebraska

Diabetes Death Rate
No data
Deaths per 100,000 people
Elkhorn Logan Valley Public Health Department

29.4
Deaths per 100,000 people
Nebraska

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

Geography	2022 Diagnosed Diabetes Among Adults	2023 Crude Diabetes Death Rate
Burt County, NE	13%	No data
Cuming County, NE	12.4%	No data
Madison County, NE	11.7%	No data
Stanton County, NE	12.1%	No data
Elkhorn Logan Valley Public Health Department	12%	No data
Nebraska	10.9%	29.4

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

Coronary Heart Disease Incidence Among Adults

7.9%
People
Elkhorn Logan Valley Public Health Department

6.8%
People
Nebraska

Heart Disease Death Rate
No data
Deaths per 100,000 people
Elkhorn Logan Valley Public Health Department

194.8
Deaths per 100,000 people
Nebraska

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

Geography	2022 Coronary Heart Disease Among Adults	2023 Crude Heart Disease Death Rate
Burt County, NE	9.2%	327
Cuming County, NE	8.8%	246.7
Madison County, NE	7.2%	277.9
Stanton County, NE	8%	No data
Elkhorn Logan Valley Public Health Department	7.9%	No data
Nebraska	6.8%	194.8

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

Stroke Incidence Among Adults
3.7%
People
Elkhorn Logan Valley Public Health Department

3.2%
People
Nebraska

Stroke / Cerebrovascular Disease Death Rate
No data
Deaths per 100,000 people
Elkhorn Logan Valley Public Health Department

42.2
Deaths per 100,000 people
Nebraska

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

Geography	2022 Stroke Among Adults	2023 Crude Stroke Death Rate
Burt County, NE	4.2%	No data
Cuming County, NE	3.9%	No data
Madison County, NE	3.4%	56.1
Stanton County, NE	3.6%	No data
Elkhorn Logan Valley Public Health Department	3.7%	No data
Nebraska	3.2%	42.2

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

Elkhorn Logan Valley Public Health Department.

Geography	2022 Stroke Among Adults	2023 Crude Stroke Death Rate
Burt County, NE		No data
Cuming County, NE		No data
Madison County, NE		
Stanton County, NE		
Elkhorn Logan Valley Public Health Department	3.7%	No data
Nebraska	3.2%	42.2

Change the environment to change the rate of STIs.

Sexual health is another way to look at our community's health and access to needed services. Studies show certain racial and ethnic groups have higher rates of sexually transmitted infections (STIs) than white populations. This isn't because of their heritage, but by other factors that people of color often face. When an environment doesn't allow for access to quality healthcare, well-paying jobs, or the opportunity for education, sexual health is even more challenging. Our community can help by improving those factors first, while also educating on personal health from a young age and creating community-based programs to help prevent STIs.

Chlamydia

Chlamydia Rate
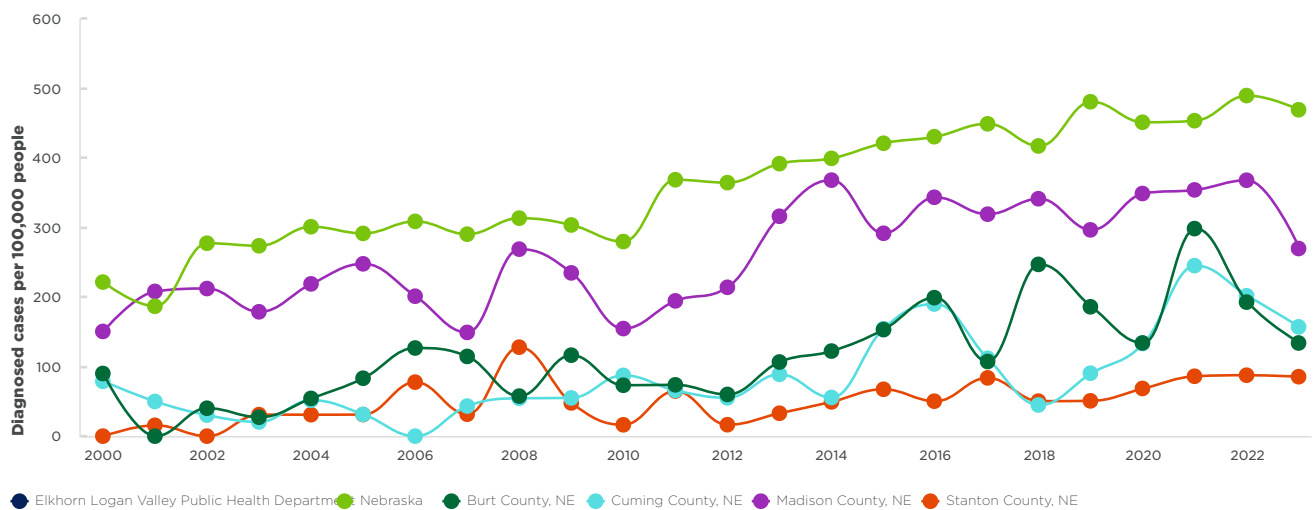
Sources: CDC NCHHSTP AtlasPlus

Gonorrhea

Gonorrhea Rate
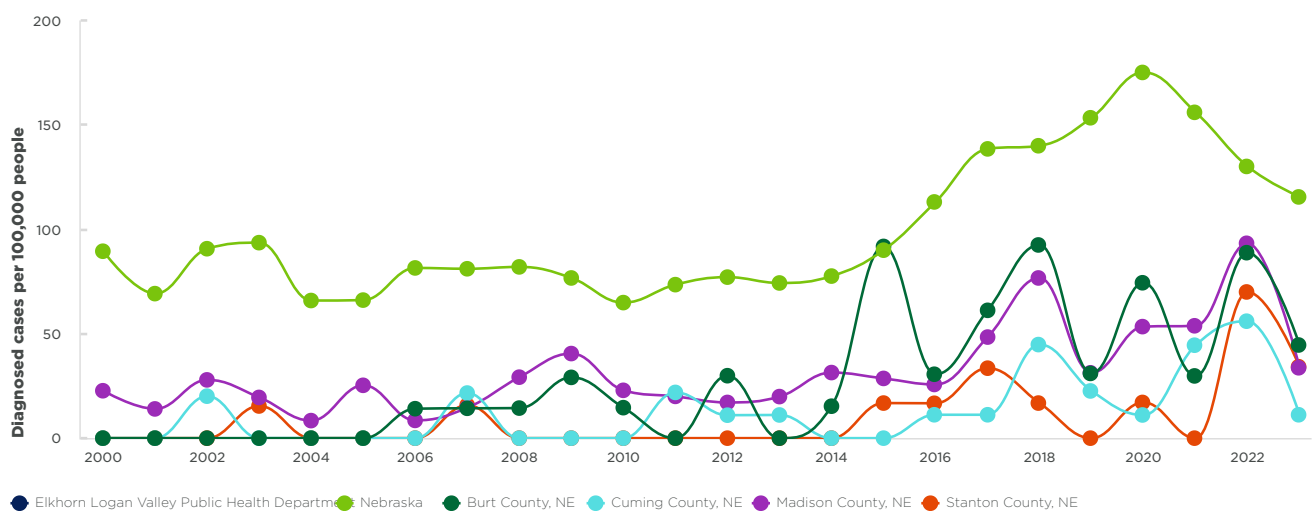
Sources: CDC NCHHSTP AtlasPlus

Syphilis

Primary and Secondary Syphilis Rate

● Elkhorn Logan Valley Public Health Department ● Nebraska ● Burt County, NE ● Cuming County, NE ● Madison County, NE ● Stanton County, NE
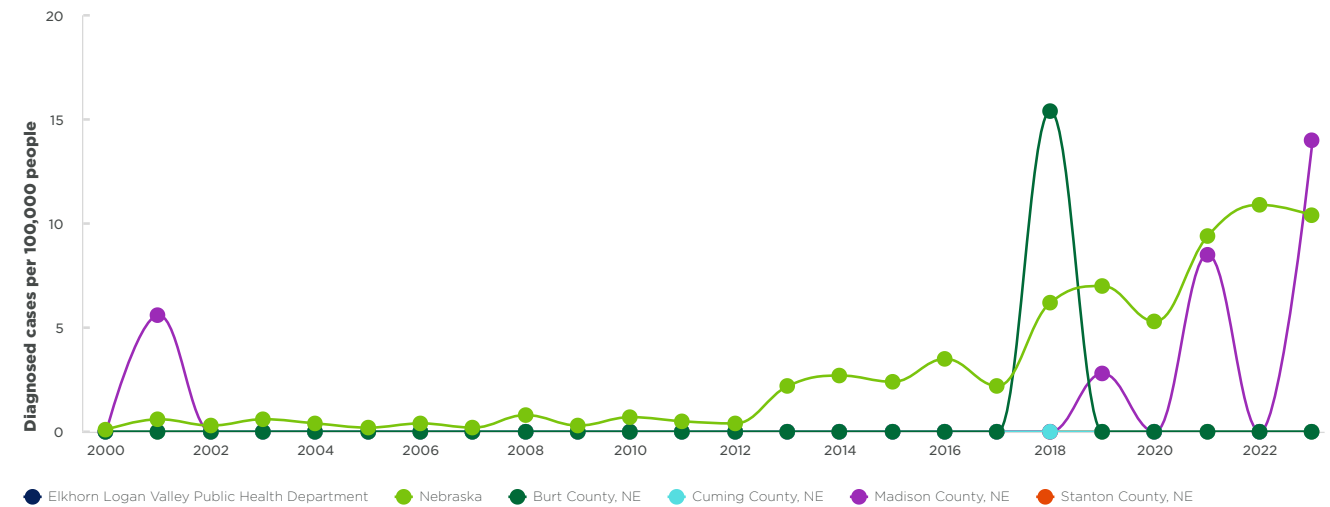
Sources: CDC NCHHSTP AtlasPlus

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

HIV New Diagnoses

HIV New Diagnoses Rate

● Elkhorn Logan Valley Public Health Department ● Nebraska ● Burt County, NE ● Cuming County, NE ● Madison County, NE ● Stanton County, NE
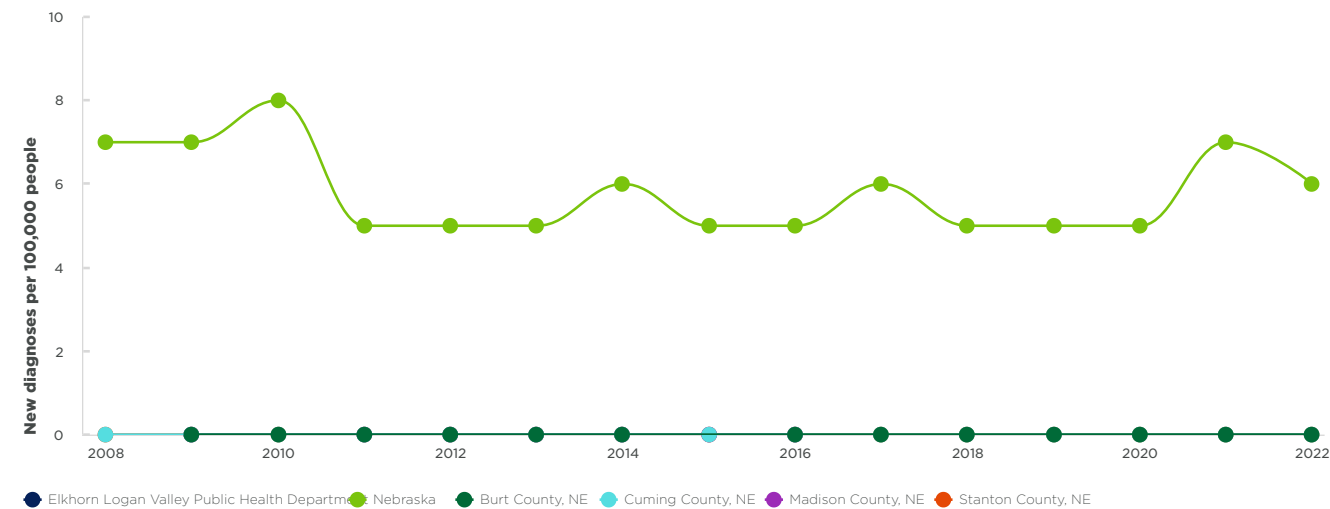
Sources: AIDSVu Emory University

Learn more:

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

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

Elkhorn Logan Valley Public Health Department

Suicide Death Rate by Sex

Suicide Death Rate Among Females

4.7

Deaths per 100,000 people

Nebraska

6.1

Deaths per 100,000 people

United States of America

Suicide Death Rate Among Males

23.9

Deaths per 100,000 people

Nebraska

23.6

Deaths per 100,000 people

United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Suicide Death Rate by Age

Suicide Death Rate by Age

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

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Deaths per 100,000 people within each age range

Suicide Death Rate by Race & Ethnicity

Suicide Death Rate by Race & Ethnicity

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

Sources: CDC WONDER Cause of Death 2019-2023 Crude

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

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

Accidents Death Rate by Age

Accidents Death Rate by Age

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

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Deaths per 100,000 within each age range

Accidents Death Rate by Race & Ethnicity

Accidents Death Rate by Race & Ethnicity

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

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Age-adjusted deaths per 100,000 people within each group
Note: All groups are not Hispanic or Latino unless otherwise listed.

Accidents Death Rate

Accidents Death Rate
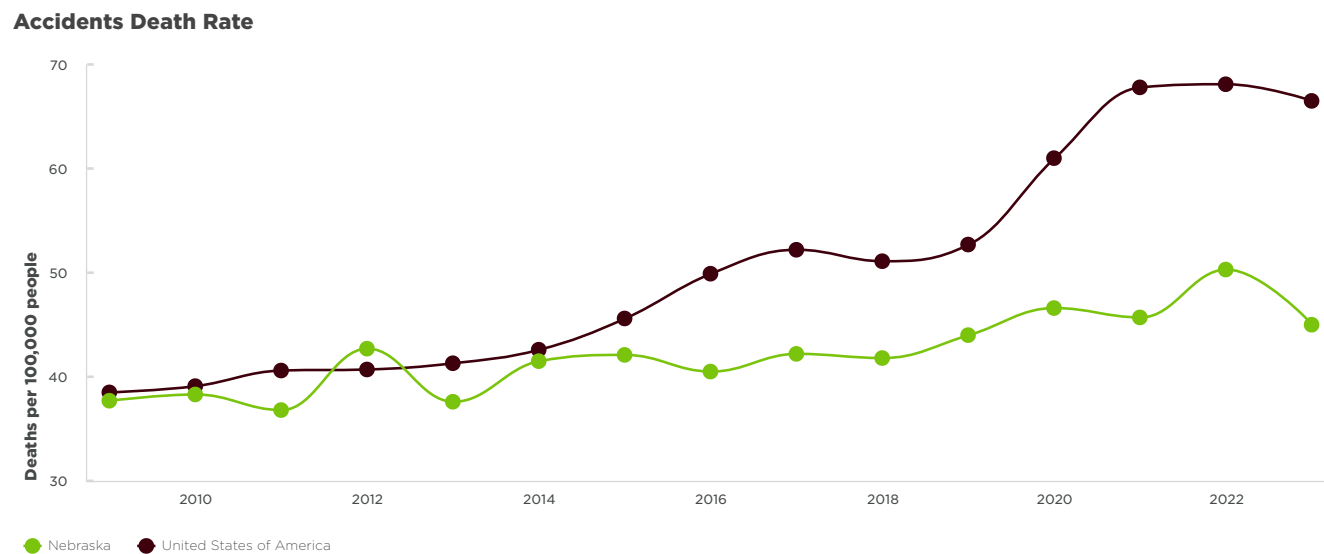
Sources: CDC WONDER Cause of Death

Accidents Death Rate by Sex

Accidents Death Rate Among Females
30.6
Deaths per 100,000 people
Nebraska

43.8
Deaths per 100,000 people
United States of America

Accidents Death Rate Among Males
59.2
Deaths per 100,000 people
Nebraska

89.7
Deaths per 100,000 people
United States of America

Sources: CDC WONDER Cause of Death 2023 Crude

Motor Vehicle Crash Fatalities

Motor Vehicle Crash Fatalities

Legend: ● Elkhorn Logan Valley Public Health Department ● Nebraska ● Burt County, NE ● Cuming County, NE ● Madison County, NE ● Stanton County, NE
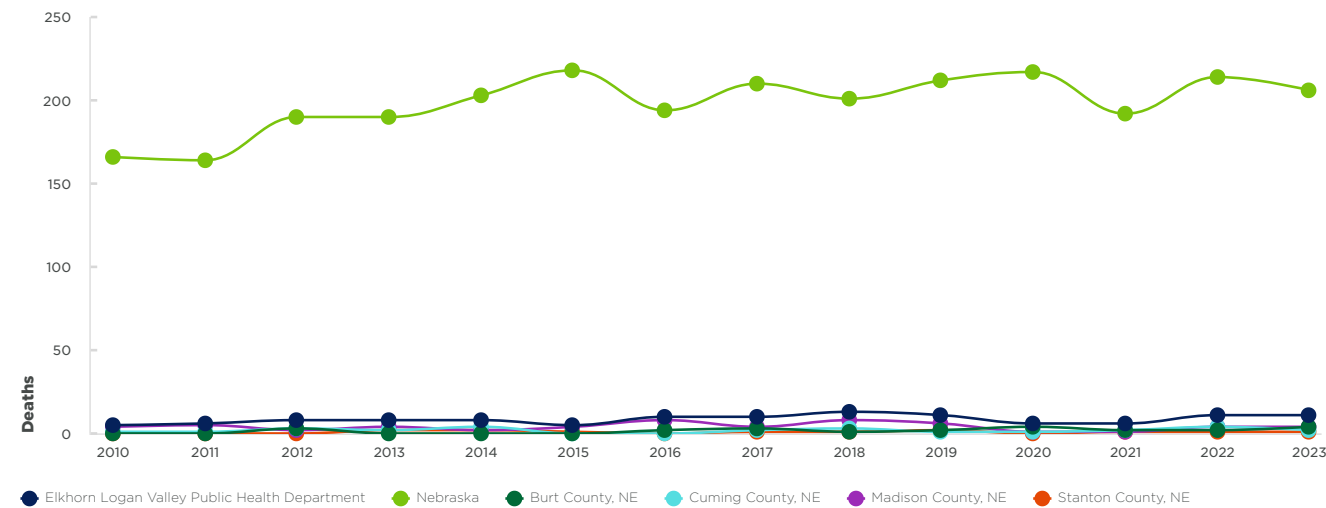
Sources: NHTSA FARS

Motor Vehicle Crash Fatalities

- ☐ Elkhorn Logan Valley Public Health Department
- ☐ Counties

Deaths
- ☐ 0 – <1
- ■ 1 – 2

Sources: NHTSA FARS 2023
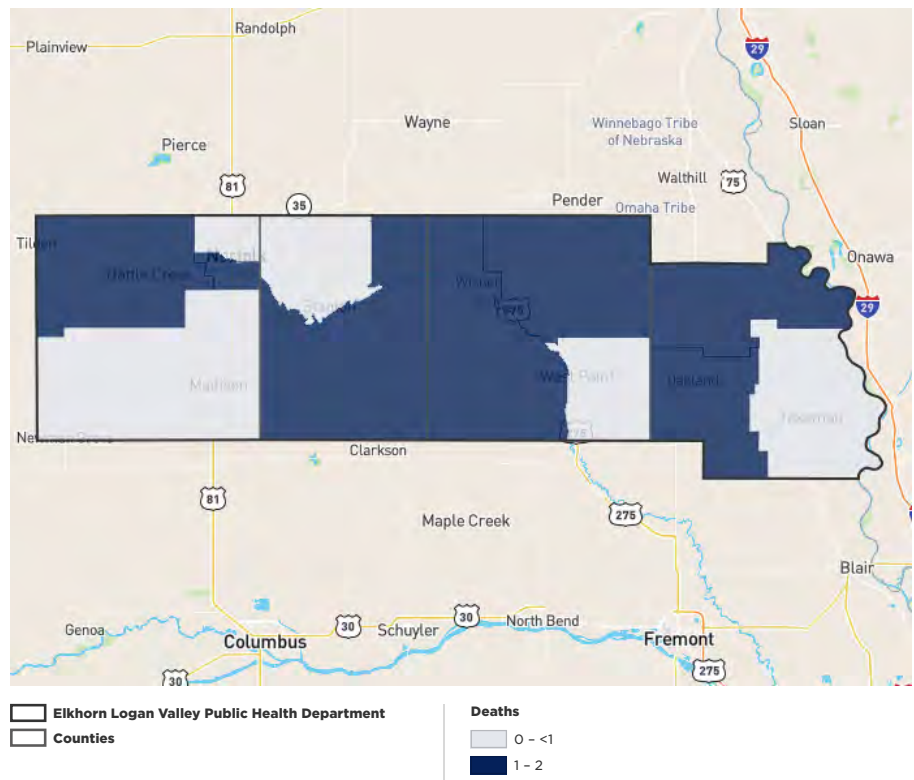
Fatal Crashes Involving Drunk, Distracted, or Drowsy Drivers

Fatal Motor Vehicle Accidents by Selected Factors

Sources: NHTSA FARS 2023

90
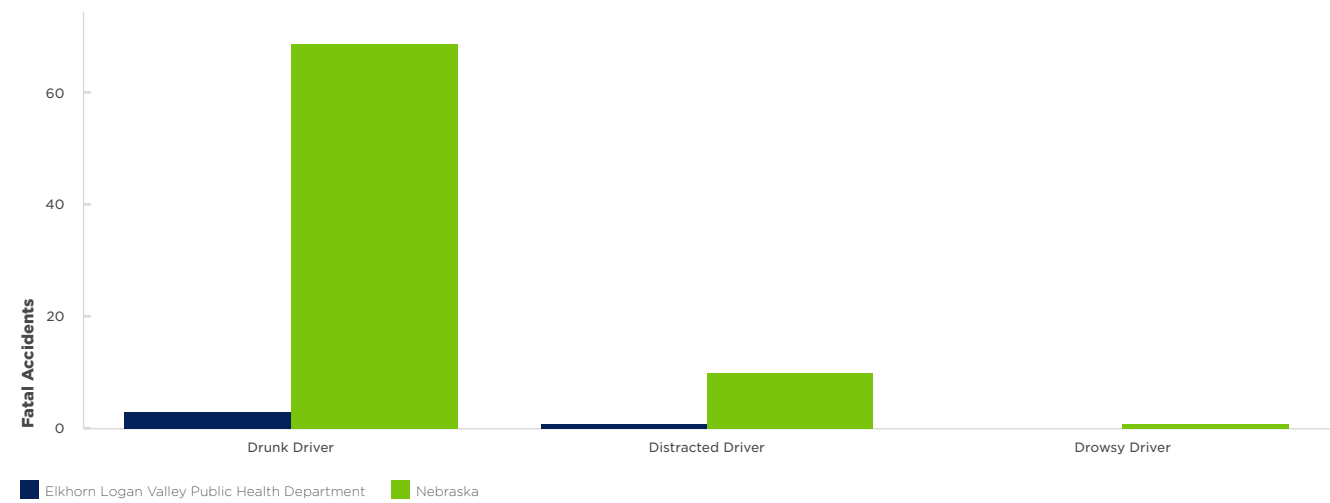
Violent Crime Rates
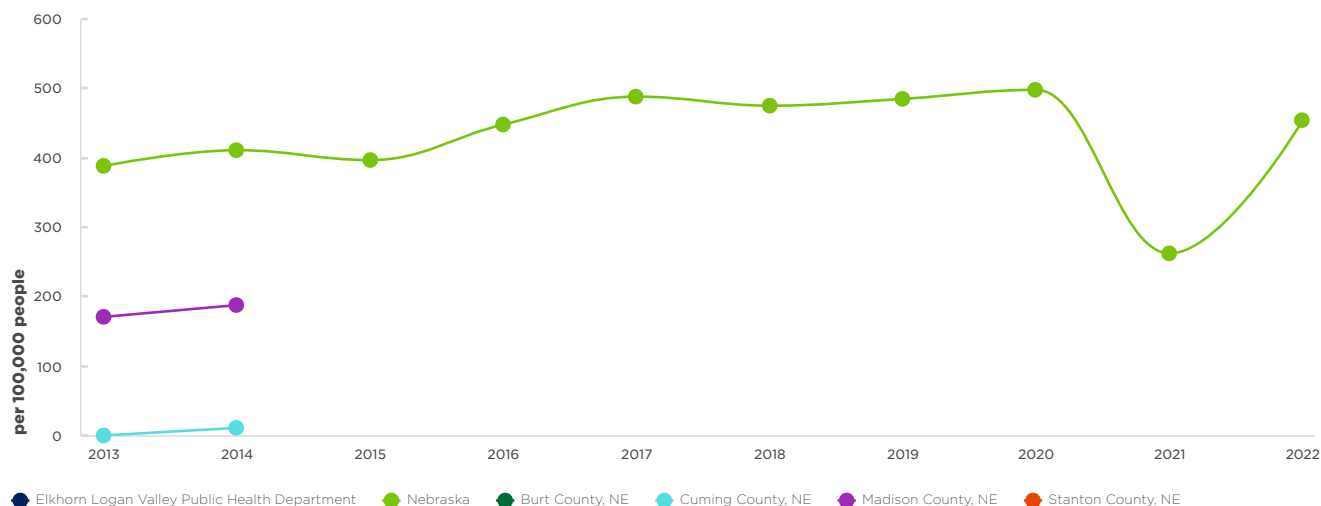
Sources: FBI UCR

Learn more:

1. *Sims, Jacqueline, and Rebekah Levine Coley. "Examining Economic Risks in Adolescents' Families, Neighborhoods, and Schools: Implications for Mental and Behavioral Health in Early Adulthood." Journal of Adolescent Health, vol. 70, no. 5, May 2022, pp. 774–80. ScienceDirect, https://doi.org/10.1016/j.jadohealth.2021.11.020.*

2. *Alves-Bradford, Jean-Marie, et al. "Mental Health Equity in the Twenty-First Century: Setting the Stage." The Psychiatric Clinics of North America, vol. 43, no. 3, Sept. 2020, pp. 415–28. PubMed, https://doi.org/10.1016/j.psc.2020.05.001.*

3. *CDC. "About Mental Health." Centers for Disease Control and Prevention, 28 June 2021, https://www.cdc.gov/mentalhealth/learn/index.htm.*

4. *McGuire, Thomas G., and Jeanne Miranda. "Racial and Ethnic Disparities in Mental Health Care: Evidence and Policy Implications." Health Affairs (Project Hope), vol. 27, no. 2, Mar. 2008, pp. 393–403. PubMed Central, https://doi.org/10.1377/hlthaff.27.2.393.*

5. *CDC. "Prevention Strategies | Suicide." Centers for Disease Control and Prevention, 11 Oct. 2022, https://www.cdc.gov/suicide/prevention/index.html.*

6. *Shadloo, Behrang, et al. "Psychiatric Disorders Are Associated with an Increased Risk of Injuries: Data from the Iranian Mental Health Survey (IranMHS)." Iranian Journal of Public Health, vol. 45, no. 5, May 2016, pp. 623–35.*

7. *Cameron, Cate M., et al. "Mental Health: A Cause or Consequence of Injury? A Population-Based Matched Cohort Study." BMC Public Health, vol. 6, May 2006, p. 114. PubMed Central, https://doi.org/10.1186/1471-2458-6-114.*

8. *Stuart, Heather. "Violence and Mental Illness: An Overview." World Psychiatry, vol. 2, no. 2, June 2003, pp. 121–24.*

9. *Warshaw, Carole, and Phyllis Brashler. "Mental Health Treatment for Survivors of Intimate Partner Violence." Intimate Partner Violence: A Health-Based Perspective, edited by C Mitchell and D Anglin, Oxford University Press, 2009, pp. 335–87.*

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

Elkhorn Logan Valley Public Health Department

Map: Drug Overdose Death Rate by County

Drug Overdose Death Rate

	Elkhorn Logan Valley Public Health Department

Age-adjusted deaths per 100,000 people

	6.6 – <9.7
	9.7 – <12.3
	12.3 – <15.3
	15.3 – 19.5
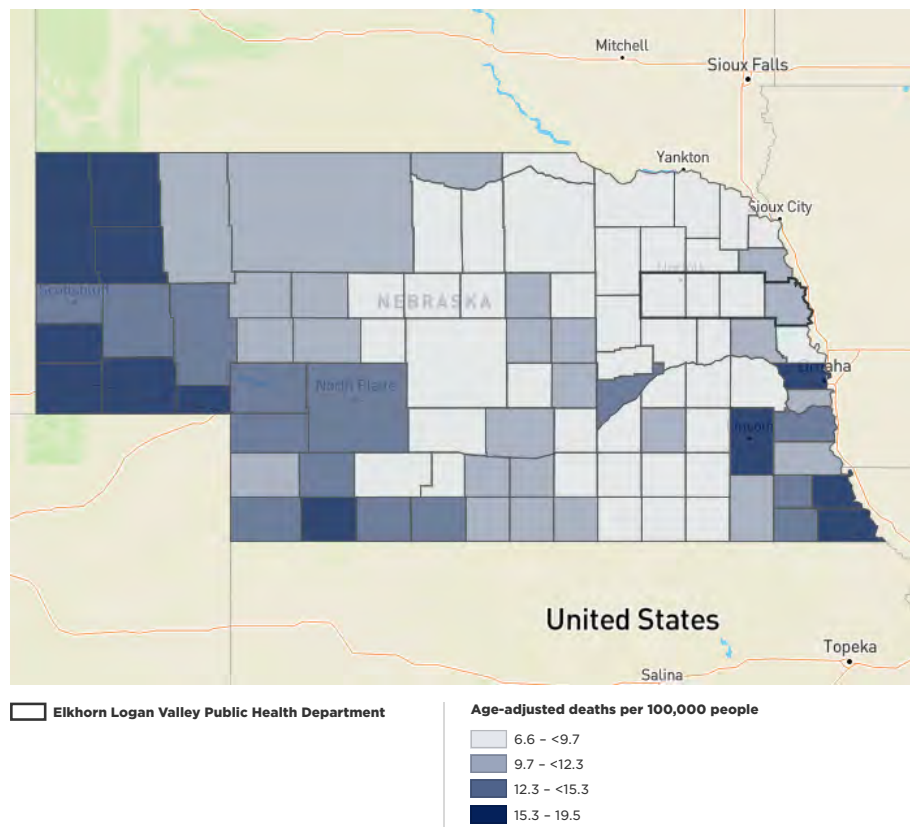
Sources: CDC 2021

Drug Overdose Deaths

Drug Overdose Death Rate

11.4
Age-adjusted deaths per 100,000 people
Nebraska

32.4
Age-adjusted deaths per 100,000 people
United States of America

Sources: CDC 2021

▲▼ Geography	2021 Drug Overdose Death Rate
Burt County, NE	11.1
Cuming County, NE	8.7
Madison County, NE	8.7
Stanton County, NE	8.2
Nebraska	11.4

Sources: CDC 2021

Drug Overdose Deaths by Involved Substance

Deaths per 100,000 people

Heroin
- Nebraska: 0.4
- United States of America: 2.8

Natural / Synthetic Opioids
- Nebraska: 1.6
- United States of America: 3.7

Methadone
- Nebraska: 0.3
- United States of America: 1

Other Synthetic Narcotics
- Nebraska: 3.6
- United States of America: 18.7

Cocaine
- Nebraska: 0.6
- United States of America: 7

Other / Unsynthetic Narcotics
- United States of America: 0.4

■ Nebraska   ■ United States of America

Sources: CDC WONDER Cause of Death 2019-2023 Crude

Elkhorn Logan Valley Public Health Department

Let's give the right care at the right time.

Being mentally well allows us to complete daily tasks, succeed in school or at work, make other healthy choices, and form strong relationships. It's important to remember that anyone can experience poor mental health throughout life, even without being diagnosed with a mental illness. Black and Hispanic populations have the same or lower rates of many mental illnesses compared to white populations. However, if Black and Hispanic people do become mentally ill, they tend to have more serious illnesses with symptoms that last longer.

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

Overview

Poor Mental Health
14.3%
Adults

Elkhorn Logan Valley Public Health Department

14.1%
Adults

Nebraska

Diagnosed Depression
17.4%
Adults

Elkhorn Logan Valley Public Health Department

17.7%
Adults

Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Poor Mental Health Among Adults	2022 Diagnosed Depression Among Adults
Burt County, NE	13.5%	16.6%
Cuming County, NE	13.8%	16.4%
Madison County, NE	14.5%	17.5%
Stanton County, NE	13.6%	17%
Elkhorn Logan Valley Public Health Department	14.3%	17.4%
Nebraska	14.1%	17.7%

Sources: CDC BRFSS PLACES 2022

Map: Poor Mental Health

Poor Mental Health

| | Elkhorn Logan Valley Public Health Department |
| | Counties |

Adults
- 11.3% – <13.3%
- 13.3% – <15.7%
- 15.7% – <17.4%
- 17.4% – 17.7%
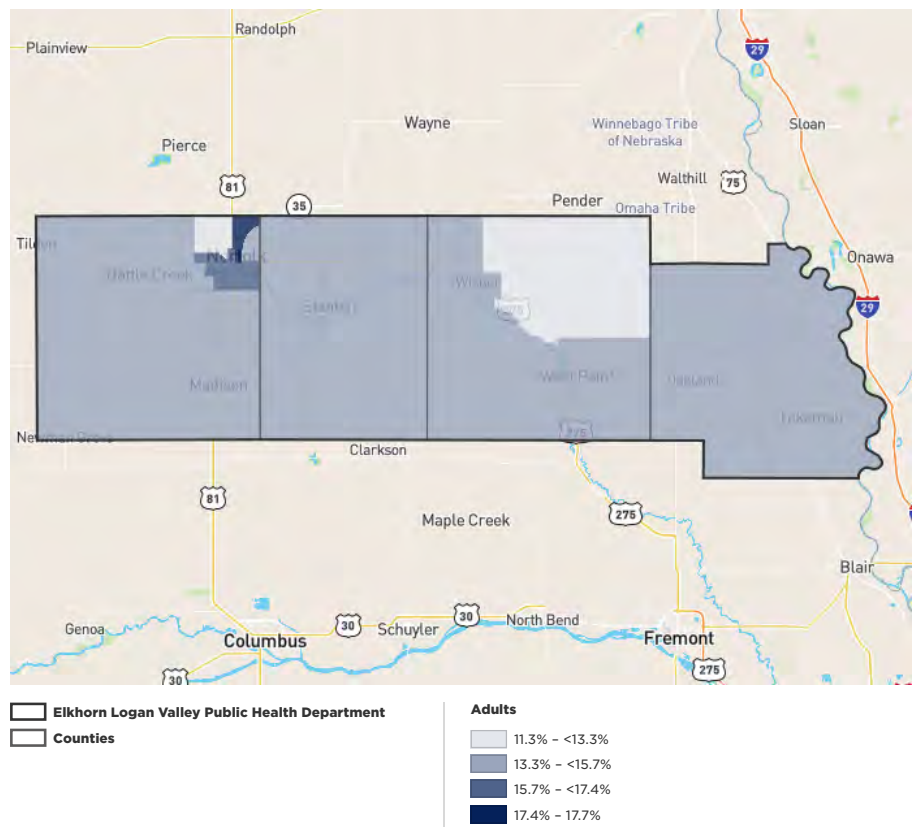
Sources: CDC BRFSS PLACES 2022

Map: Diagnosed Depression

Diagnosed Depression

| | Elkhorn Logan Valley Public Health Department |
| | Counties |

Adults
- 15.8% – <16.6%
- 16.6% – <17.7%
- 17.7% – <19.1%
- 19.1% – 19.2%
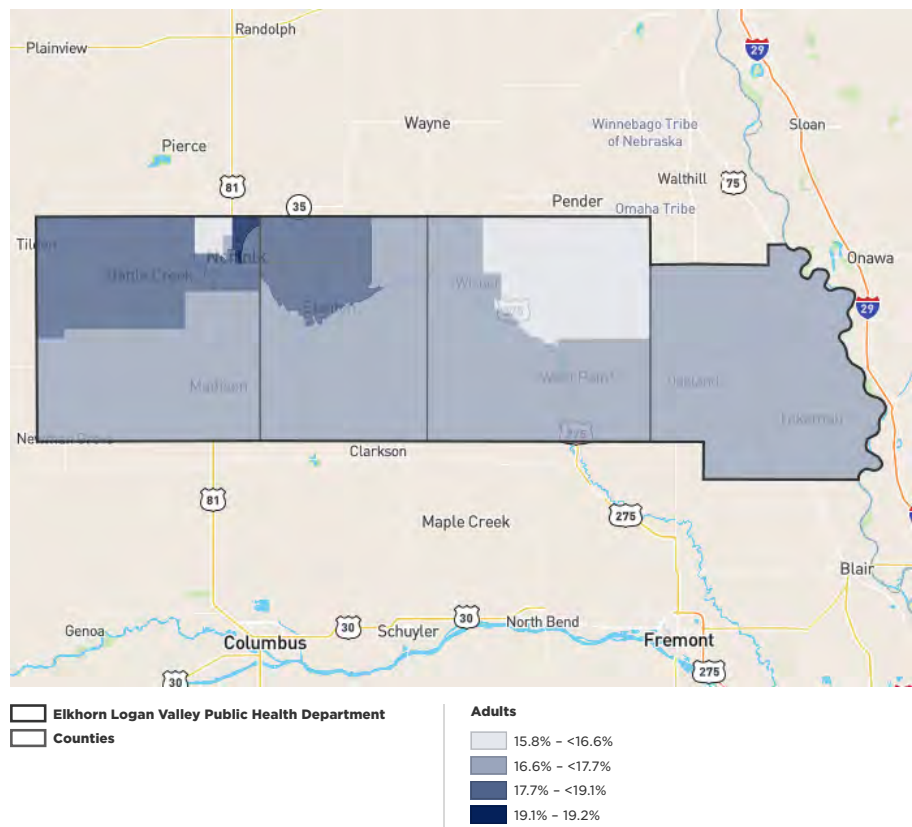
Sources: CDC BRFSS PLACES 2022

Thinking about your mental health (which includes stress, depression & problems with emotions), on how many days in the past 30 days was your mental health not good?
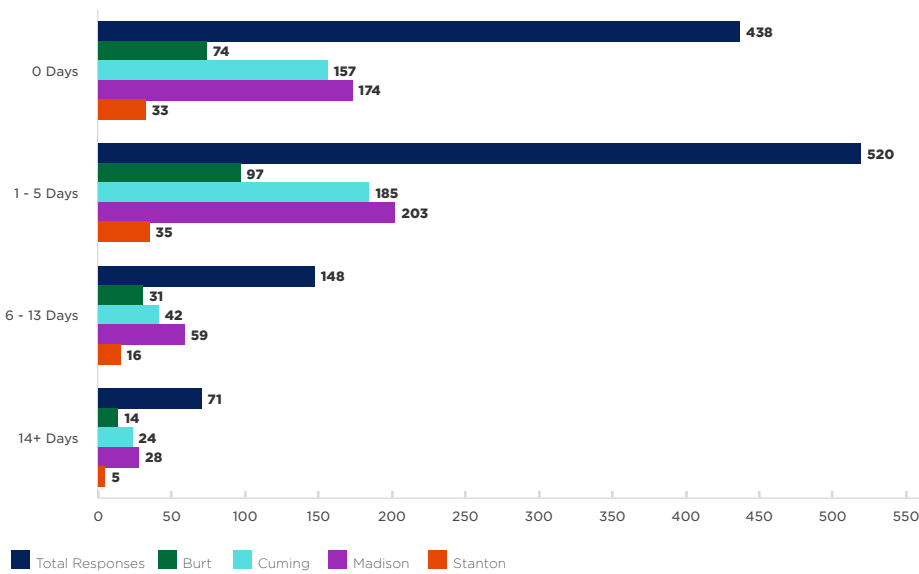
Source: ELVPHD CHA Survey Responses 2025 - 1177 Total Responses

We all need a good night's rest.

Sleep is needed to recharge the brain and body, and without enough sleep a person is more likely to struggle with mental health challenges. Getting enough sleep helps us control our emotions and behaviors, and poor sleep makes it even more challenging to handle the stress life brings. Sleep health is an often overlooked way we can improve health outcomes and our quality of life, but making a difference requires addressing the causes of people getting too little sleep. Shift work, drinking caffeine or alcohol, mental health conditions, too much noise or light, and the inability to control the temperature where you sleep all have an impact. At least one of these factors may be a reality for many people in our community.

Less Than 7 Hours Sleep
31.8%
Adults

Elkhorn Logan Valley Public Health Department

31.4%
Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

Geography	2022 Less Than 7 Hours Sleep Among Adults
Burt County, NE	32.6%
Cuming County, NE	29.3%
Madison County, NE	32.2%
Stanton County, NE	29.1%
Elkhorn Logan Valley Public Health Department	31.8%
Nebraska	31.4%

Sources: CDC BRFSS PLACES 2022

Insufficient Sleep

Elkhorn Logan Valley Public Health Department
Counties

Adults
29% – <32.2%
32.2% – <33.5%
33.5% – <35.3%
35.3% – 35.4%
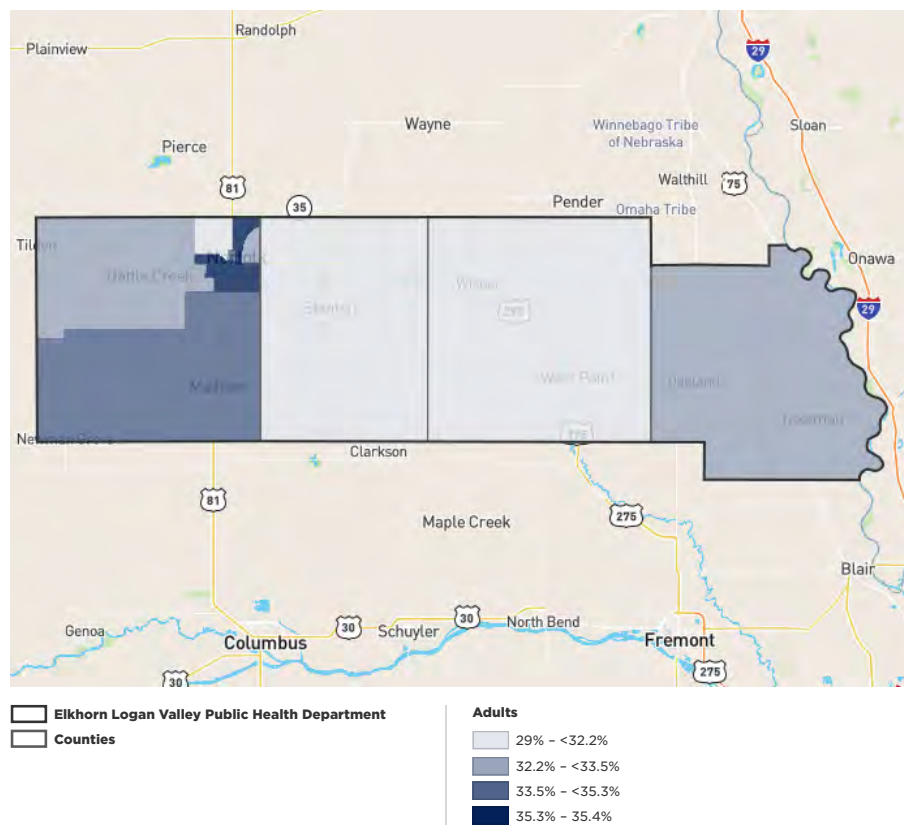
Sources: CDC BRFSS PLACES 2022

Seniors Living Alone

29.1%
People age 65+
Elkhorn Logan Valley Public Health Department

30.2%
People age 65+
Nebraska

Language Isolation: Limited English Speaking Households
2.8%
Households
Elkhorn Logan Valley Public Health Department

2.5%
Households
Nebraska

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

Geography	2019-2023 Seniors Living Alone	2019-2023 Language Isolation
Burt County, NE	29.2%	0.2%
Cuming County, NE	29.7%	3.5%
Madison County, NE	29.2%	3.6%
Stanton County, NE	27.6%	0%
Elkhorn Logan Valley Public Health Department	29.1%	2.8%
Nebraska	30.2%	2.5%

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

Disconnected Youth (Age 16-19)

Not Enrolled in School, Unemployed
- Elkhorn Logan Valley Public Health Department: 0.4%
- Nebraska: 1.1%
- Burt County, NE: 0%
- Cuming County, NE: 0%
- Madison County, NE: 0%
- Stanton County, NE: 3.8%

Not Enrolled in School, Not in Labor Force
- Elkhorn Logan Valley Public Health Department: 5.7%
- Nebraska: 3.1%
- Burt County, NE: 18.9%
- Cuming County, NE: 1.9%
- Madison County, NE: 4.9%
- Stanton County, NE: 5.5%

People ages 16 to 19

Legend: Elkhorn Logan Valley Public Health Department | Nebraska | Burt County, NE | Cuming County, NE | Madison County, NE | Stanton County, NE

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

Loneliness is a serious health concern.

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

Map: Seniors Living Alone

Seniors Living Alone

	Elkhorn Logan Valley Public Health Department
	Counties

People age 65+

- 8.7% – <18.9%
- 18.9% – <31.1%
- 31.1% – <51.2%
- 51.2% – 61.8%
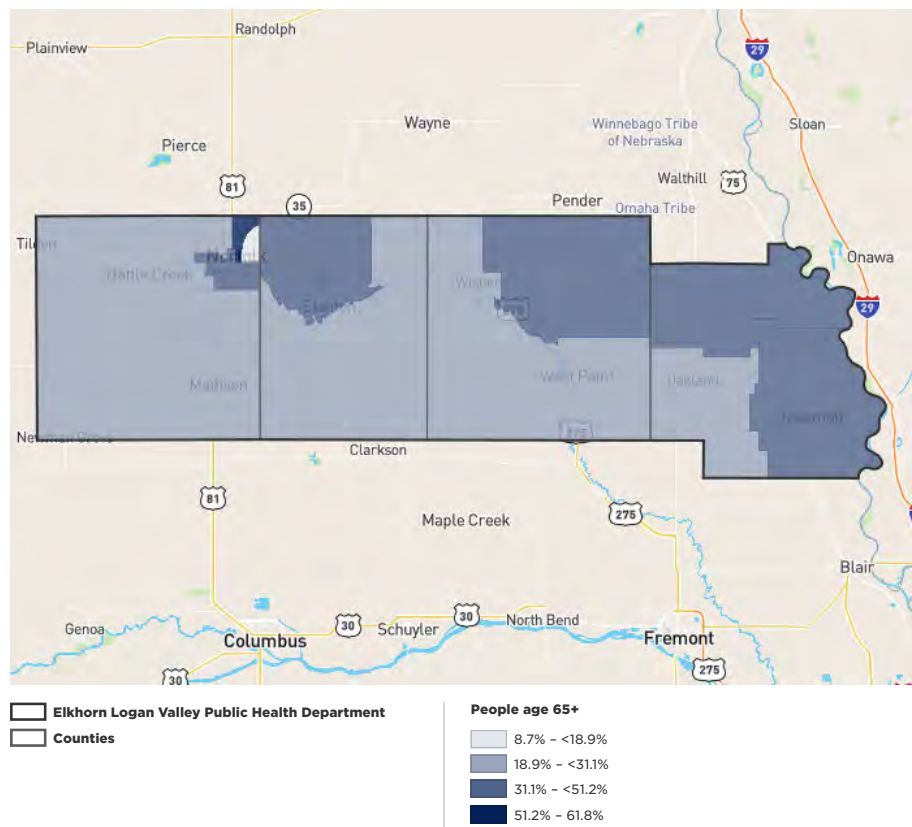
Sources: US Census Bureau ACS 5-year 2019-2023

Map: Language Isolation

Language Isolation

	Elkhorn Logan Valley Public Health Department
	Counties

Households

- 0% – <2.1%
- 2.1% – <6.1%
- 6.1% – <13.5%
- 13.5%
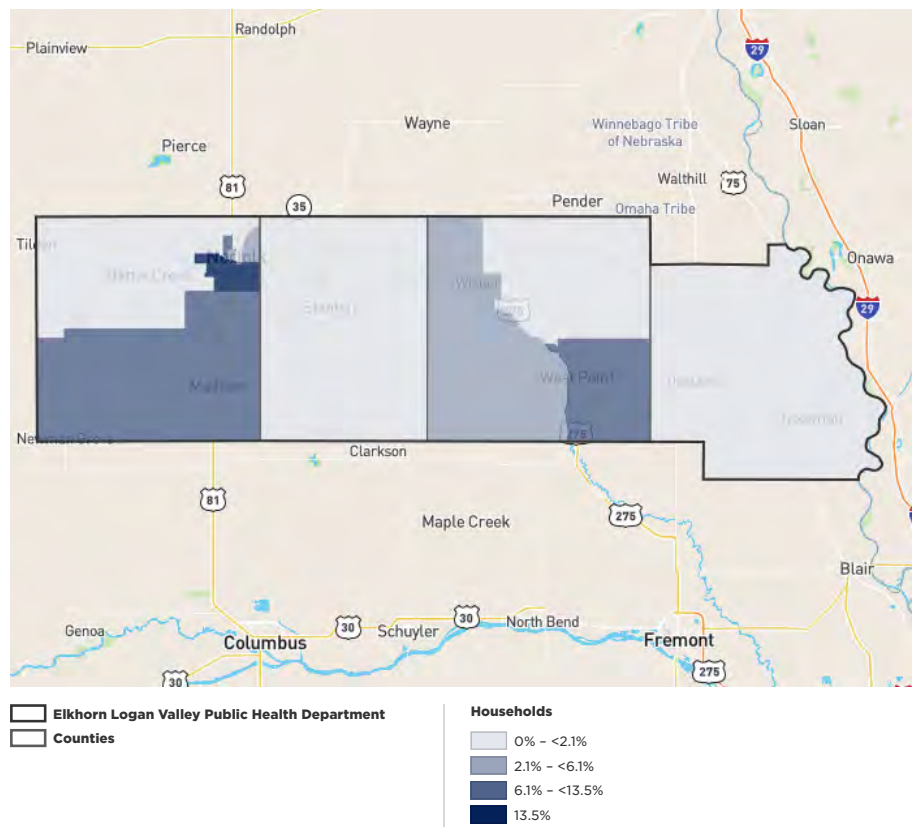
Sources: US Census Bureau ACS 5-year 2019-2023

Map: Disconnected Youth

Disconnected Youth: Not in School or Labor Force

☐ **Elkhorn Logan Valley Public Health Department**
☐ **Counties**

People age 16 to 19

☐ 0% – <6.5%
☐ 6.5% – <12.4%
☐ 12.4% – <42.7%
☐ 42.7%
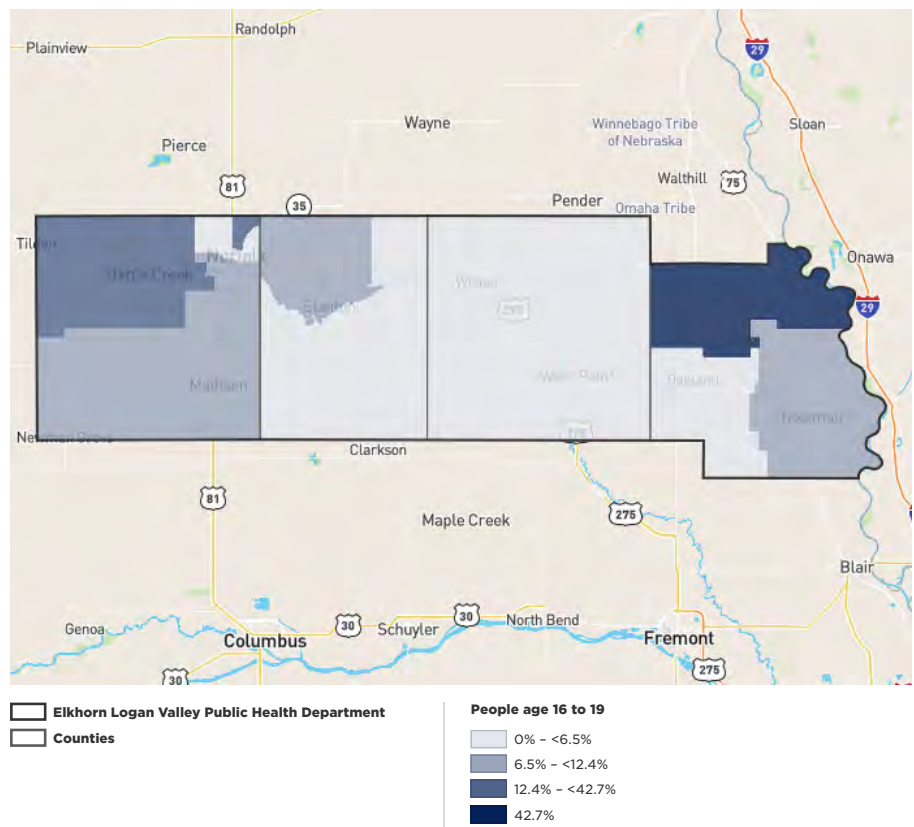
Sources: US Census Bureau ACS 5-year 2019-2023

Let's protect our youth from bullying.

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

Students Reporting Being Bullied

Geography	2021-2022 On Basis of Disability	2021-2022 On Basis of Sex	2021-2022 On Basis of Race, Color, or National Origin
Nebraska	131	477	337
Burt County, NE	0	0	0
Cuming County, NE	3	12	7
Madison County, NE	0	2	2
Stanton County, NE	0	0	0

Sources: CRDC 2021-2022

Students Reporting Being Bullied on Basis of Sex by Sex

Geography	2021-2022 Male	2021-2022 Female
Nebraska	156	321
Burt County, NE	0	0
Cuming County, NE	11	1
Madison County, NE	2	0
Stanton County, NE	0	0

Sources: CRDC 2021-2022

Students Reporting Being Bullied on Basis of Race, Color, or National Origin by Race or Ethnicity

Geography	2021-2022 Asian	2021-2022 Black	2021-2022 Hispanic	2021-2022 Multiracial	2021-2022 Native American	2021-2022 Native Hawaiian or Pacific Islander	2021-2022 White
Nebraska	17	106	69	46	9	0	90
Burt County, NE	0	0	0	0	0	0	0
Cuming County, NE	1	0	2	0	0	0	4
Madison County, NE	0	1	0	0	0	0	1
Stanton County, NE	0	0	0	0	0	0	0

Sources: CRDC 2021-2022

Elkhorn Logan Valley Public Health Department

We should be able to breathe easy.

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

Diesel Particulate Matter Level in Air
0.06
Micrograms per cubic meter
Elkhorn Logan Valley Public Health Department

0.14
Micrograms per cubic meter
Nebraska

Respiratory Hazard Environmental Justice Index
2.9
Elkhorn Logan Valley Public Health Department

4.3
Nebraska

Sources: EPA EJSCREEN 2023, 2024

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

Geography	2024 Diesel Particulate Matter Level in Air	2023 Respiratory Hazard Environmental Justice Index
Burt County, NE	0.1	0.7
Cuming County, NE	0.1	0.8
Madison County, NE	0.1	4.2
Stanton County, NE	0	0.6
Elkhorn Logan Valley Public Health Department	0.1	2.9
Nebraska	0.1	4.3

Sources: EPA EJSCREEN 2023, 2024

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

Air Toxics Cancer Risk Environmental Justice Index

| | Elkhorn Logan Valley Public Health Department |
| | Counties |

Air Toxics Cancer Risk Environmental Justice Index

	0.2 – <0.6
	0.6 – <0.8
	0.8 – <1.6
	1.6 – 2
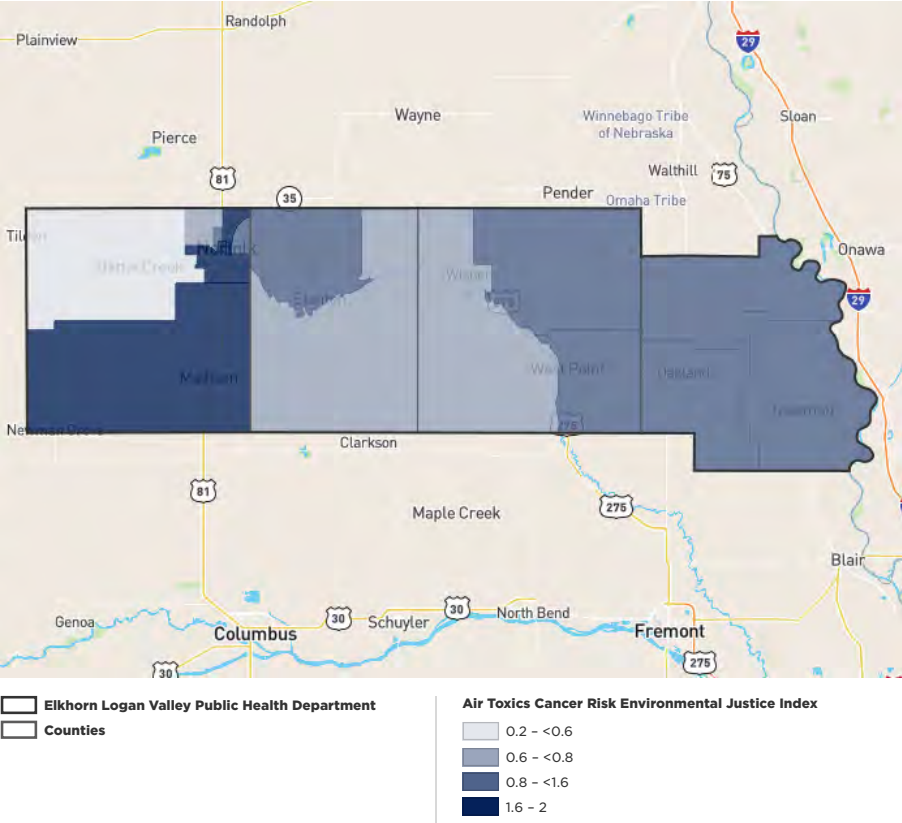
Sources: EPA EJSCREEN 2023

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

Elkhorn Logan Valley Public Health Department

Poverty Overall

Below Poverty Level
10.9%
of People
Elkhorn Logan Valley Public Health Department

10.3%
of People
Nebraska

Below Poverty Level
6,081
People
Elkhorn Logan Valley Public Health Department

197,300
People
Nebraska

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

Geography	2019-2023 People Below Poverty Level (Percent)	2019-2023 People Below Poverty Level (Number)
Burt County, NE	13.7%	909
Cuming County, NE	7.8%	686
Madison County, NE	11.8%	4,078
Stanton County, NE	7.1%	408
Elkhorn Logan Valley Public Health Department	10.9%	6,081
Nebraska	10.3%	197,300

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

Poverty Rate

Elkhorn Logan Valley Public Health Department
Counties

People
5.3% – <10.2%
10.2% – <13.7%
13.7% – <17.8%
17.8% – 22.1%
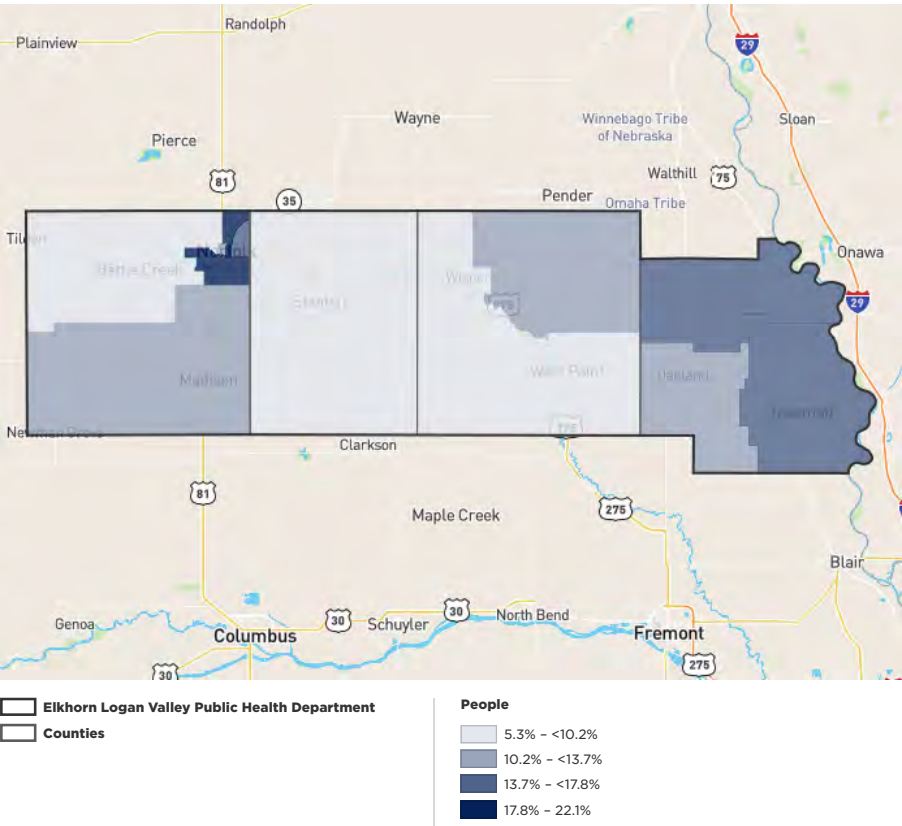
Sources: US Census Bureau ACS 5-year 2019-2023

Poverty by Race/Ethnicity

Poverty Rate by Race and Ethnicity

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2019-2023 Asian	3.7%	9.5%	15.4%	0%	0.9%	58.8%
2019-2023 Black or African American	2%	24.1%	30.4%	0%	0%	0%
2019-2023 Hispanic or Latino	23.6%	15.8%	32.6%	7.5%	27.9%	0%
2019-2023 Multiracial	20.9%	14.4%	16.4%	1.4%	26.2%	0%
2019-2023 Native American	13.7%	23.1%	44.4%	0%	13.4%	0%
2019-2023 Native Hawaiian and Pacific Islander	18.2%	23.6%	18.2%	No data	No data	No data
2019-2023 Other	23.8%	15.3%	68.1%	17%	26.4%	0%
2019-2023 White, Not Hispanic or Latino	8.9%	8.3%	12.2%	7.9%	8.6%	7.7%

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

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

Poverty by Age

Poverty Rate by Age

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2019-2023 Under Age 5	14.3%	12.9%	31.8%	6.2%	16%	0.9%
2019-2023 Age 5	24.2%	13.9%	46.9%	17.2%	24.5%	18.4%
2019-2023 Ages 6 to 11	10.7%	11.7%	14.6%	8.8%	10.6%	8.8%
2019-2023 Ages 12 to 14	10.8%	10.2%	12.5%	11.6%	11.2%	4.4%
2019-2023 Age 15	10.9%	10.2%	18%	17%	10.9%	0.8%
2019-2023 Ages 16 to 17	12.4%	10.2%	14%	16.4%	11.4%	7.7%
2019-2023 Ages 18 to 24	17.8%	19.8%	29.3%	10.1%	19.8%	4.7%
2019-2023 Ages 25 to 34	11%	10.1%	14.1%	9.1%	11.9%	3.4%
2019-2023 Ages 35 to 44	8.4%	7.8%	7.3%	8.2%	9.3%	4.9%
2019-2023 Ages 45 to 54	9.6%	7.4%	10.2%	5.5%	11.3%	5.4%
2019-2023 Ages 55 to 64	7%	8.2%	9.2%	3.9%	7.3%	7.1%
2019-2023 Ages 65 to 74	7.5%	7.9%	11.1%	5.1%	7.1%	8.7%
2019-2023 Ages 75 and Over	14.4%	10.6%	10.5%	7.8%	16.8%	20.3%

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

People in Poverty Over Time

People Below Poverty Level

Legend: Elkhorn Logan Valley Public Health Department ● Nebraska ● Burt County, NE ● Cuming County, NE ● Madison County, NE ● Stanton County, NE
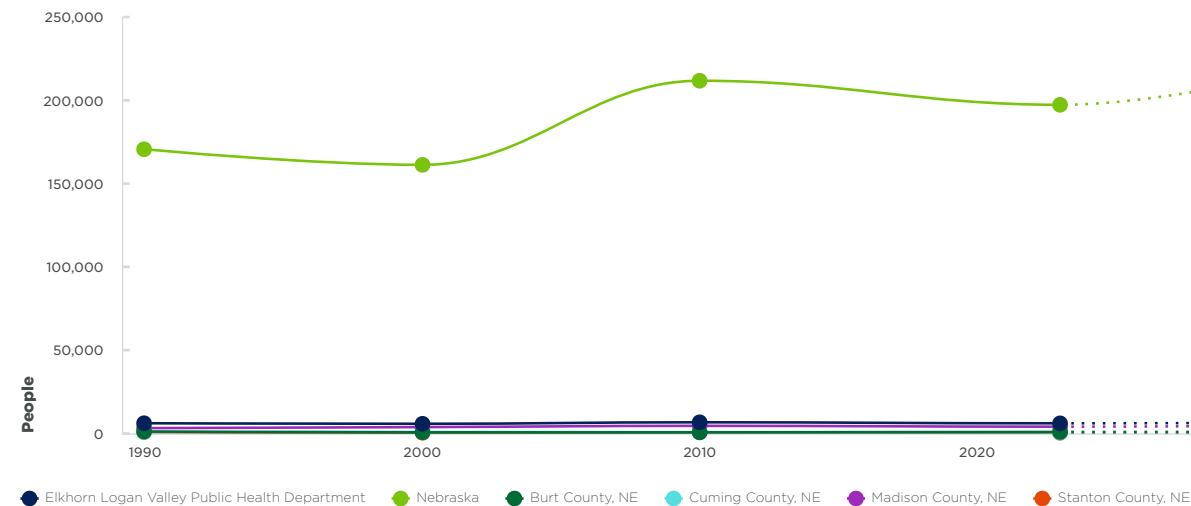
Sources: US Census Bureau; US Census Bureau ACS 5-year

Health Behaviors

Doctor Checkup in Past Year
73.4%
of Adults

Elkhorn Logan Valley Public Health Department

74.1%
of Adults
Nebraska

Sources: CDC BRFSS PLACES 2022

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

Geography	2022 Doctor Checkup in Past Year Among Adults
Burt County, NE	75.9%
Cuming County, NE	74.6%
Madison County, NE	72.4%
Stanton County, NE	73.4%
Elkhorn Logan Valley Public Health Department	73.4%
Nebraska	74.1%

Sources: CDC BRFSS PLACES 2022

Doctor Checkup in Past Year

Elkhorn Logan Valley Public Health Department
Counties

Adults
69.2% – <71.5%
71.5% – <73.9%
73.9% – <76.3%
76.3% – 77.5%

Sources: CDC BRFSS PLACES 2022

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

Preventable Poor Health Outcomes

Medicare Preventable Hospital Stays

Elkhorn Logan Valley Public Health Department • Nebraska • Burt County, NE • Cuming County, NE • Madison County, NE • Stanton County, NE
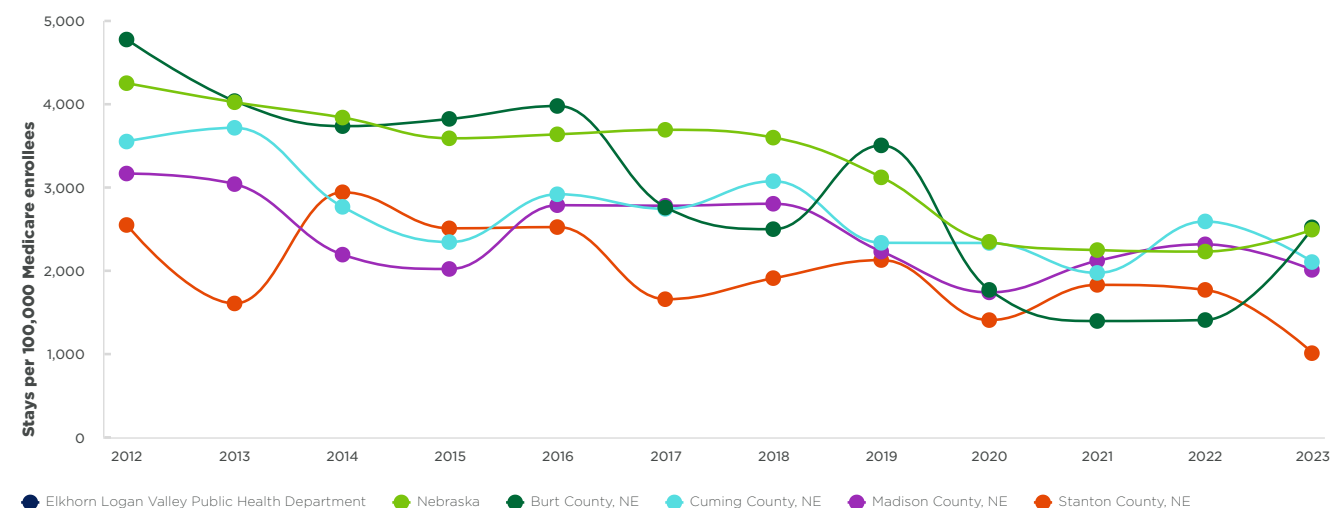
Sources: CMS MMD

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

Medicare Preventable Hospital Stays by Race/Ethnicity
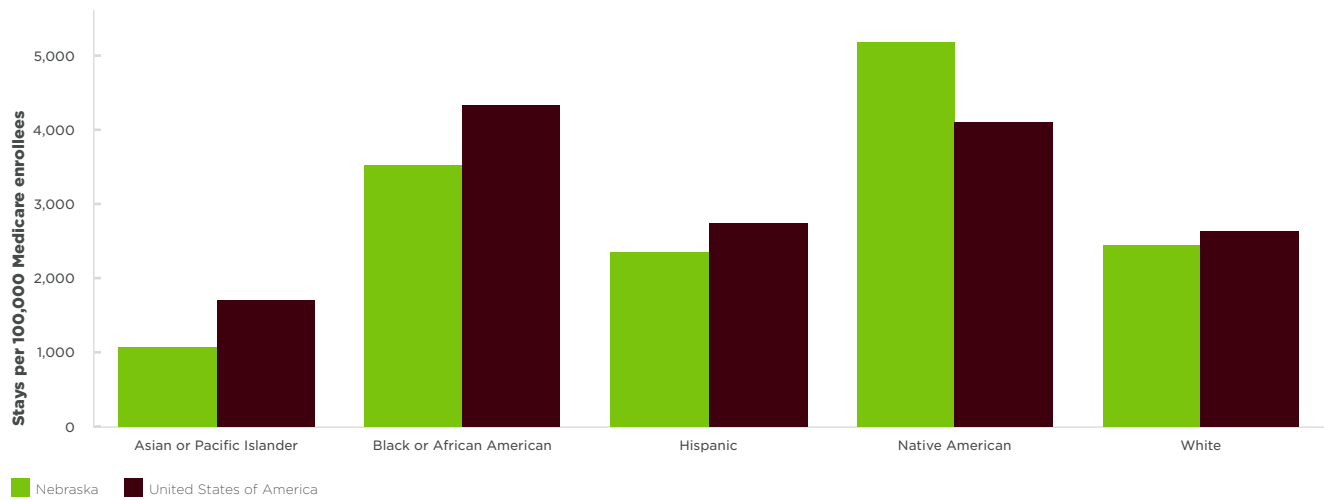
Sources: CMS MMD 2023

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

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Nebraska	United States of America
2022 White	1,144	2,671	2,267	1,771	2,201	2,529
2022 Black or African American	No data	No data	0	No data	3,125	4,268
2022 Asian or Pacific Islander	No data	No data	0	No data	1,597	1,576
2022 Hispanic or Latino	No data	0	743	No data	2,056	2,758
2022 Native American	No data	No data	0	No data	4,102	4,000

Sources: CMS MMD 2022

Elkhorn Logan Valley Public Health Department

Health Equity

Health equity is the idea that all people should have the same access to the opportunities to lead healthy lives. It's the role of public health, healthcare providers, elected officials, and even community members to help remove the barriers that get in the way of everyone having a fair chance at a healthy life.

This report explores minority health related disparities in your area by examining the following social determinant of health domains:

1. **Economic Stability**

2. **Educational Attainment**

3. **Healthcare Access**

4. **Neighborhood & Built Environment**

5. **Social & Community Context**

Economic Stability: Health shouldn't depend on how much money you make.

Economic opportunity includes our ability to work in the community where we live, making enough money to buy what we need and some of what we want. This allows us to take care of our families, support other businesses in our neighborhood, and provide for ourselves.

Median Income of Householder by Race/Ethnicity

Geography	2019-2023 White	2019-2023 Black or African American	2019-2023 Hispanic or Latino	2019-2023 Alaska Native	2019-2023 Asian	2019-2023 Native Hawaiian and Other Pacific Islander
Elkhorn Logan Valley Public Health Department	$70,540	No data	$69,151	$21,581	$80,069	No data
Nebraska	$77,418	$48,201	$65,399	$52,121	$83,105	No data
Burt County, NE	$60,318	No data	$41,154	$29,000	No data	No data
Cuming County, NE	$70,962	No data	$58,750	$78,750	No data	No data
Madison County, NE	$65,793	No data	$49,968	$43,750	$82,431	No data
Stanton County, NE	$78,244	No data	$150,000	No data	No data	No data

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

Poverty

Total Population Below Poverty Level
10.9%
Elkhorn Logan Valley Public Health Department

10.3%
Nebraska

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

People Below Poverty Level

☐ **Elkhorn Logan Valley Public Health Department**
☐ **Counties**

Percent of People Below Poverty Level

☐ 5.3% – <10.2%
☐ 10.2% – <13.7%
☐ 13.7% – <17.8%
☐ 17.8% – 22.1%
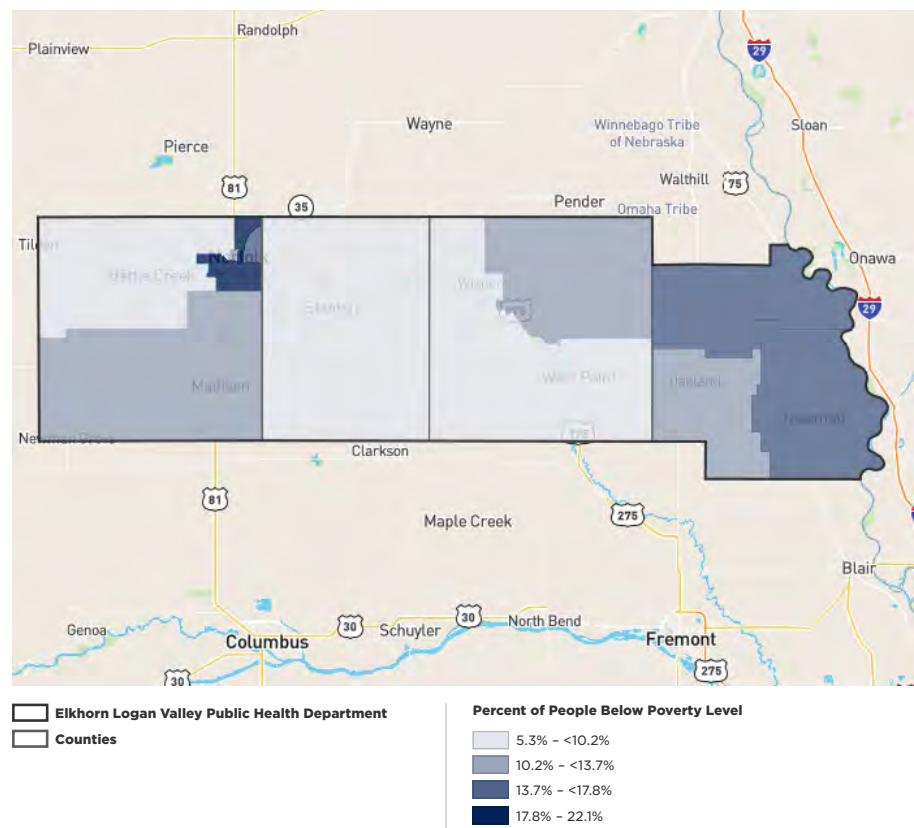
Sources: US Census Bureau ACS 5-year 2019-2023

Unemployment

Unemployment Rate
2.2%
Elkhorn Logan Valley Public Health Department

3%
Nebraska

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

Geography	2019-2023 Unemployment Rate
Burt County, NE	2.6%
Cuming County, NE	2.1%
Madison County, NE	2.5%
Stanton County, NE	0.4%
Elkhorn Logan Valley Public Health Department	2.2%
Nebraska	3%

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

Educational Attainment: Education opens doors. Let's unlock them.

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

Highest Level of Education Completed

Education Level	Elkhorn Logan Valley Public Health Department	Nebraska
Less than 9th Grade	3.7%	3.7%
9th to 12th Grade, No Diploma	3.8%	4.2%
High School	32%	25.1%
Some College, No Degree	21.7%	21.9%
Associate's Degree	15%	11%
Bachelor's Degree	16.3%	22.2%
Graduate Degree	7.6%	11.9%

People ages 25 and over

■ Elkhorn Logan Valley Public Health Department ■ Nebraska

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

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Elkhorn Logan Valley Public Health Department	Nebraska
2019-2023 Less than 9th Grade	1.8%	4%	4.3%	2.2%	3.7%	3.7%
2019-2023 9th to 12th Grade, No Diploma	6%	3.9%	3.5%	2.6%	3.8%	4.2%
2019-2023 High School Degree	33.9%	33.9%	31.2%	31.6%	32%	25.1%
2019-2023 Some College, No Degree	21%	19.9%	22.4%	21.2%	21.7%	21.9%
2019-2023 Associate's Degree	11.5%	13.5%	15.2%	20.1%	15%	11%
2019-2023 Bachelor's Degree	18.8%	17.4%	15.5%	16.5%	16.3%	22.2%
2019-2023 Graduate Degree	6.9%	7.5%	8%	5.9%	7.6%	11.9%

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

Bachelor's Degree or Higher by Race/Ethnicity

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2019-2023 Total	23.9%	34.1%	25.7%	24.8%	23.5%	22.3%
2019-2023 Asian	38.8%	44.2%	41.7%	18.8%	39.4%	57.1%
2019-2023 Black or African American	16.6%	21.1%	69.6%	2.6%	0%	100%
2019-2023 Hispanic or Latino	10%	15.6%	54.7%	6.5%	8.9%	9.4%
2019-2023 Multiracial	20.1%	26.1%	42.1%	4.3%	20.9%	8.8%
2019-2023 Native American	20.2%	13.5%	22%	23.7%	18.8%	0%
2019-2023 Native Hawaiian and Pacific Islander	0%	24%	0%	No data	No data	No data
2019-2023 Other	7.3%	13.5%	14.3%	1%	8.5%	3.8%
2019-2023 White (Not Hispanic or Latino)	25.1%	36.7%	25%	27.1%	25%	23.1%

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

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

Social Determinants of Health

Key Indicators for Social Determinants of Health in Your Community

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

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

- Low Income Populations

- Access to Jobs

- Educational Attainment

- Additional Vulnerable Populations

What are social determinants of health?

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

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

Where are low incomes a barrier to health?

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

Percent of Population Below Poverty Level
10.9%
Elkhorn Logan Valley Public Health Department

10.3%
Nebraska

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

Low Income Population

	Elkhorn Logan Valley Public Health Department
	Counties

People Below Poverty Level

	5.3% – <10.2%
	10.2% – <13.7%
	13.7% – <17.8%
	17.8% – 22.1%
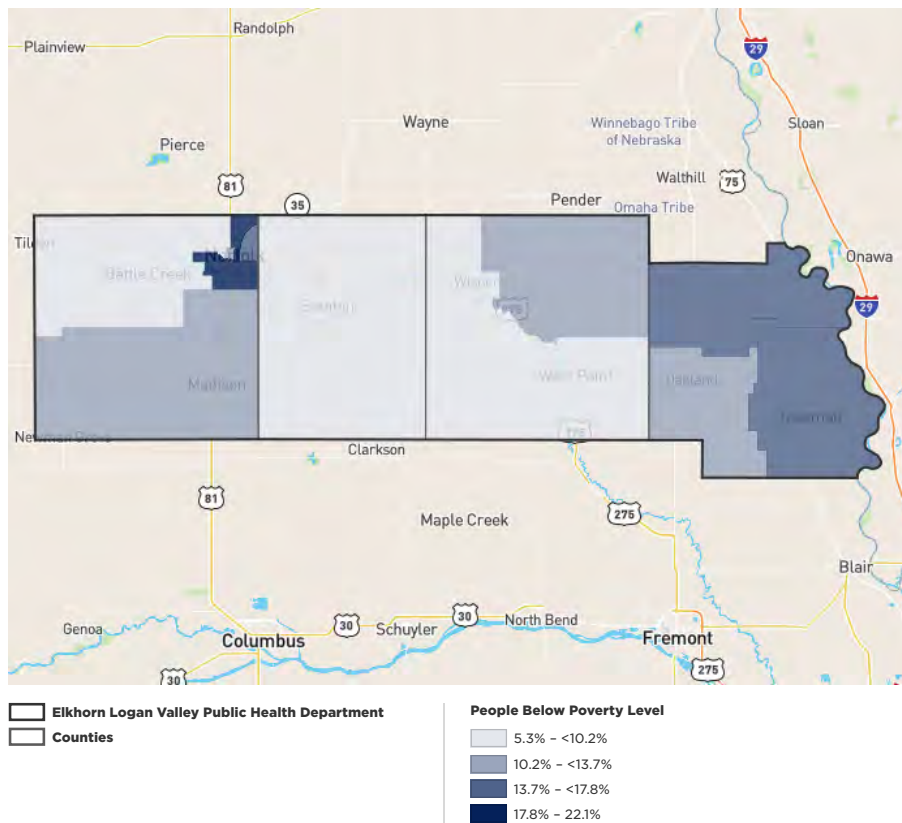
Sources: US Census Bureau ACS 5-year 2019-2023

How accessible are jobs in your community?

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

Geography	2021 Average Number of Jobs within a 30 Minute Public Transit
Elkhorn Logan Valley Public Health Department	1,655.2
Nebraska	1,259.4
Burt County, NE	89.6
Cuming County, NE	217.7
Madison County, NE	1,422
Stanton County, NE	50

Sources: Access Across America Transit 2021

114

Average Number of Jobs Within a 30 Minute Public Transit

☐ Elkhorn Logan Valley Public Health Department
☐ Counties

Jobs
☐ 4.6 – <81.4
☐ 81.4 – <676.2
☐ 676.2 – <2,207
☐ 2,207 – 6,937.6
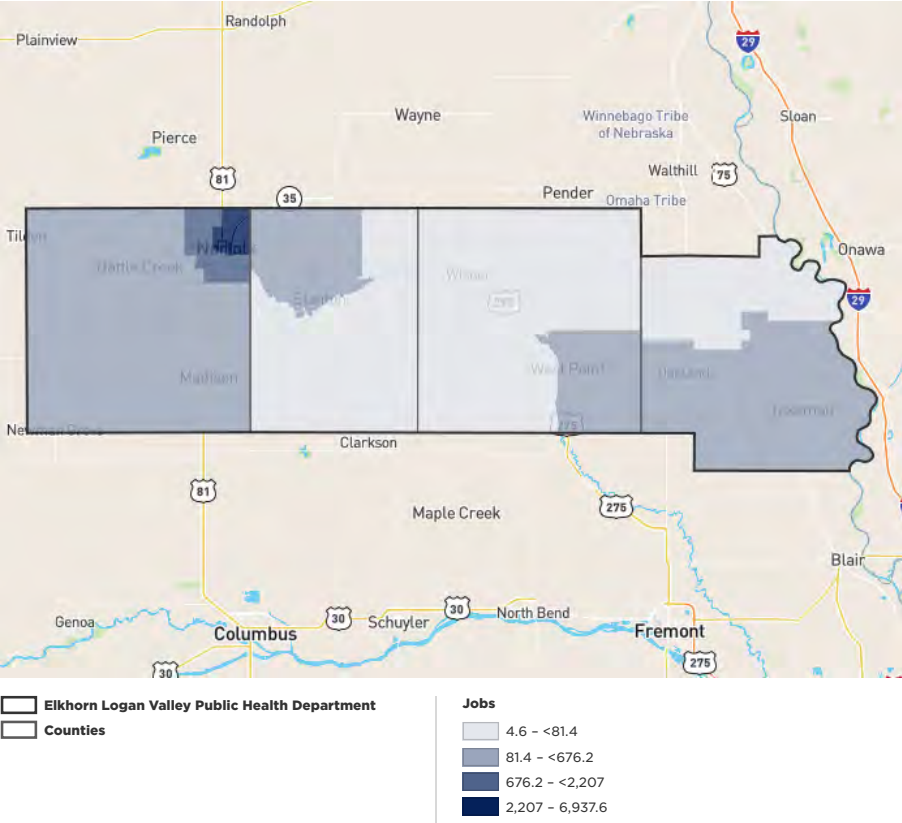
Sources: Access Across America Transit 2021; LODES Version 8.0 2022; US Census Bureau 2023; US Census Bureau ACS 5-year 2019-2023

How many residents have access to educational opportunities?

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

Pre-School Enrollment

Geography	2019-2023 Enrolled in Nursery or Preschool	2019-2023 Population Age 3 to 4
Elkhorn Logan Valley Public Health Department	1,344	1,610
Nebraska	32,910	52,683
Burt County, NE	70	136
Cuming County, NE	211	282
Madison County, NE	948	1,088
Stanton County, NE	115	104

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

Highest Level of Education Completed

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

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Elkhorn Logan Valley Public Health Department	Nebraska
2019-2023 Less than 9th Grade	1.8%	4%	4.3%	2.2%	3.7%	3.7%
2019-2023 9th to 12th Grade, No Diploma	6%	3.9%	3.5%	2.6%	3.8%	4.2%
2019-2023 High School Degree	33.9%	33.9%	31.2%	31.6%	32%	25.1%
2019-2023 Some College, No Degree	21%	19.9%	22.4%	21.2%	21.7%	21.9%
2019-2023 Associate's Degree	11.5%	13.5%	15.2%	20.1%	15%	11%
2019-2023 Bachelor's Degree	18.8%	17.4%	15.5%	16.5%	16.3%	22.2%
2019-2023 Graduate Degree	6.9%	7.5%	8%	5.9%	7.6%	11.9%

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

How many residents face additional health vulnerabilities?

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

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

116

Vulnerable Populations

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2019-2023 Population Age Under 5	3,864	127,005	344	692	2,498	330
2019-2023 Population Age 65 and Over	10,781	322,165	1,649	1,910	6,043	1,179
2019-2023 Population Living with a Disability	12.5%	12.1%	17.9%	9.7%	12.3%	11.8%
2019-2023 Educational Attainment: Less than 9th Grade	3.7%	3.7%	1.8%	4%	4.3%	2.2%
2019-2023 People Below Poverty Level	10.9%	10.3%	13.7%	7.8%	11.8%	7.1%
2019-2023 Ability to Speak English Less Than Very Well	4.4%	5.2%	0.3%	6.9%	5.3%	0.4%

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

Disability by Age
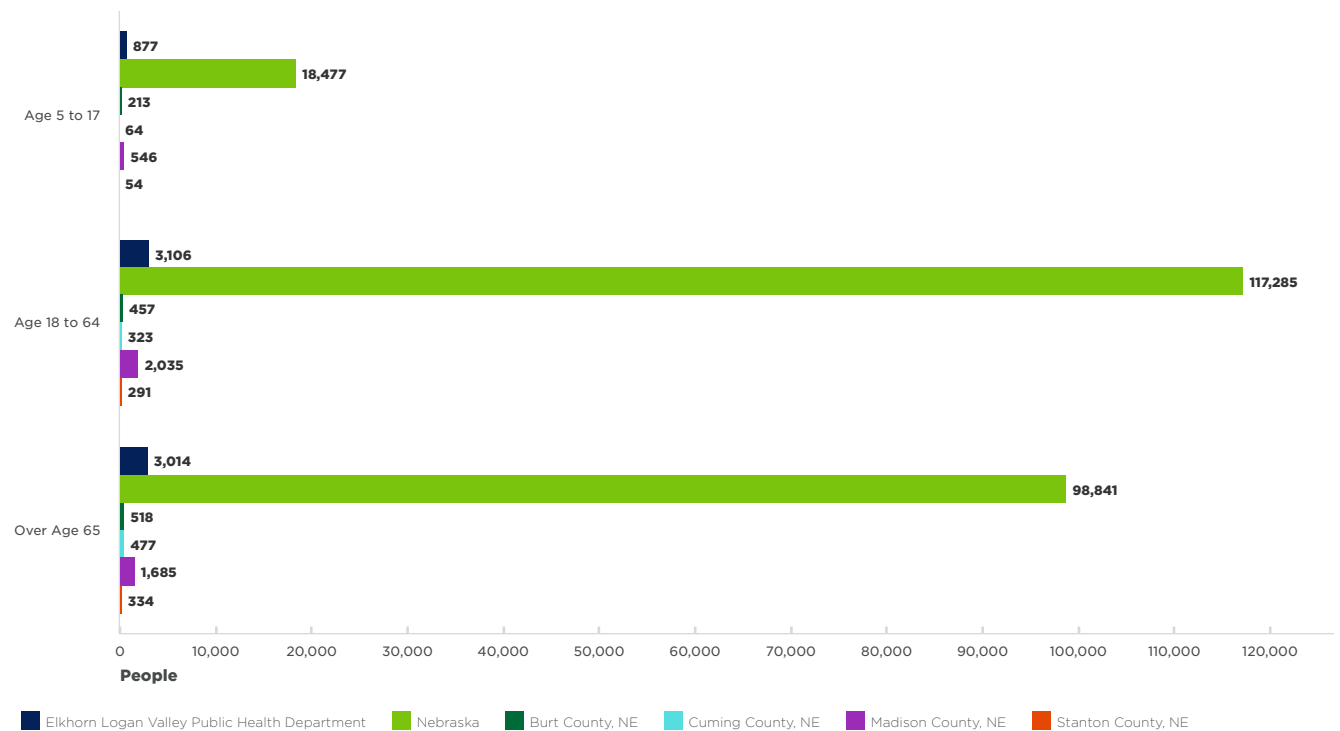
Sources: US Census Bureau ACS 5-year 2019-2023

Elkhorn Logan Valley Public Health Department

Neighborhood Snapshot

Closing Health Outcome Gaps in Our Community
Everyone deserves the opportunity to live a healthy life. But for many people, that opportunity is limited by broad factors that impact health, including income, where they live, access to care, and other everyday conditions.

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

This is a **shared responsibility**. Public health professionals, healthcare providers, elected leaders, and community members all play important roles in:
• Recognizing and removing barriers to care,
• Supporting local solutions that meet community needs, and
• Promoting environments that help all people thrive.

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

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

Total Jobs
27,765
Jobs by workplace location
Elkhorn Logan Valley Public Health Department

965,539
Jobs by workplace location
Nebraska

Unemployment Rate
2.2%
of total labor force
Elkhorn Logan Valley Public Health Department

3%
of total labor force
Nebraska

Median Household Income
$70,704
USD
Elkhorn Logan Valley Public Health Department

$74,985
USD
Nebraska
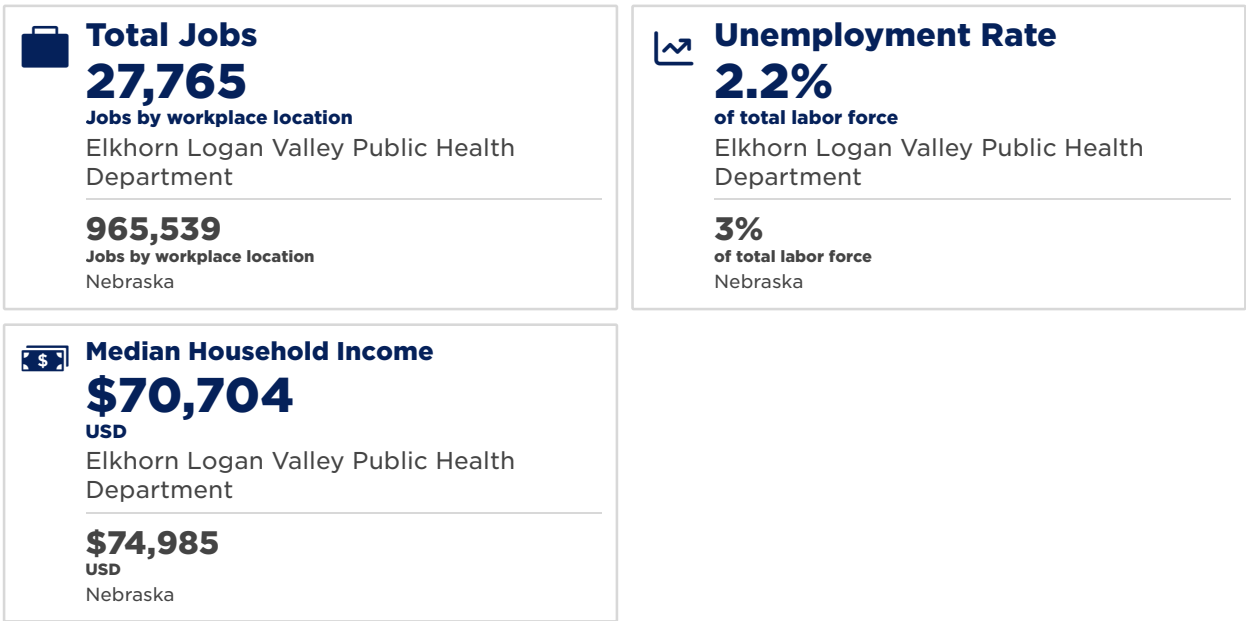
Sources: EPA Smart Location Database 2019; US Census Bureau ACS 5-year 2019-2023

Geography	2022 Number of Jobs	2019-2023 Unemployment Rate	2019-2023 Median Household Income
Burt County, NE	1,750	2.6%	$57,303
Cuming County, NE	3,741	2.1%	$70,708
Madison County, NE	20,984	2.5%	$64,637
Stanton County, NE	1,364	0.4%	$78,275
Elkhorn Logan Valley Public Health Department	27,839	2.2%	$70,704
Nebraska	968,682	3%	$74,985

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

Income Disparities

Median Household Income by Race/Ethnicity

Race/Ethnicity	Elkhorn Logan Valley Public Health Department	Nebraska
White Householder (Not Hispanic or Latino)	$71,473	$78,072
Black Householder		$48,201
Hispanic or Latino	$69,151	$65,399
Asian Householder	$80,069	$83,105
American Native Householder	$21,581	$52,121
Hawaiian and Other Pacific Islander Householder		
Two or More Race Householder	$56,593	$66,456
Other Race Householder	$91,139	$69,820

■ Elkhorn Logan Valley Public Health Department   ■ Nebraska

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

Data Sources	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE	Elkhorn Logan Valley Public Health Department	Nebraska
2019-2023 Asian	No data	No data	$82,431	No data	$80,069	$83,105
2019-2023 Black or African American	No data	No data	No data	No data	No data	$48,201
2019-2023 Hispanic or Latino	$41,154	$58,750	$49,968	$150,000	$69,151	$65,399
2019-2023 Multiracial	$41,208	$53,713	$53,906	$39,830	$56,593	$66,456
2019-2023 Native American	$29,000	$78,750	$43,750	No data	$21,581	$52,121
2019-2023 Native Hawaiian and Other Pacific Islander	No data	No data	No data	No data	No data	No data
2019-2023 Other	No data	$77,344	$62,969	$165,595	$91,139	$69,820
2019-2023 White, Not Hispanic or Latino	$60,136	$71,178	$66,401	$78,418	$71,473	$78,072

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

Median Household Income by Householder Age

Ages 25 and Under
- Elkhorn Logan Valley Public Health Department: $39,292
- Nebraska: $42,053
- Burt County, NE: $35,278
- Cuming County, NE: $39,419
- Madison County, NE: $35,675
- Stanton County, NE: $91,859

Ages 25 to 44
- Elkhorn Logan Valley Public Health Department: $90,627
- Nebraska: $85,119
- Burt County, NE: $88,942
- Cuming County, NE: $83,365
- Madison County, NE: $81,289
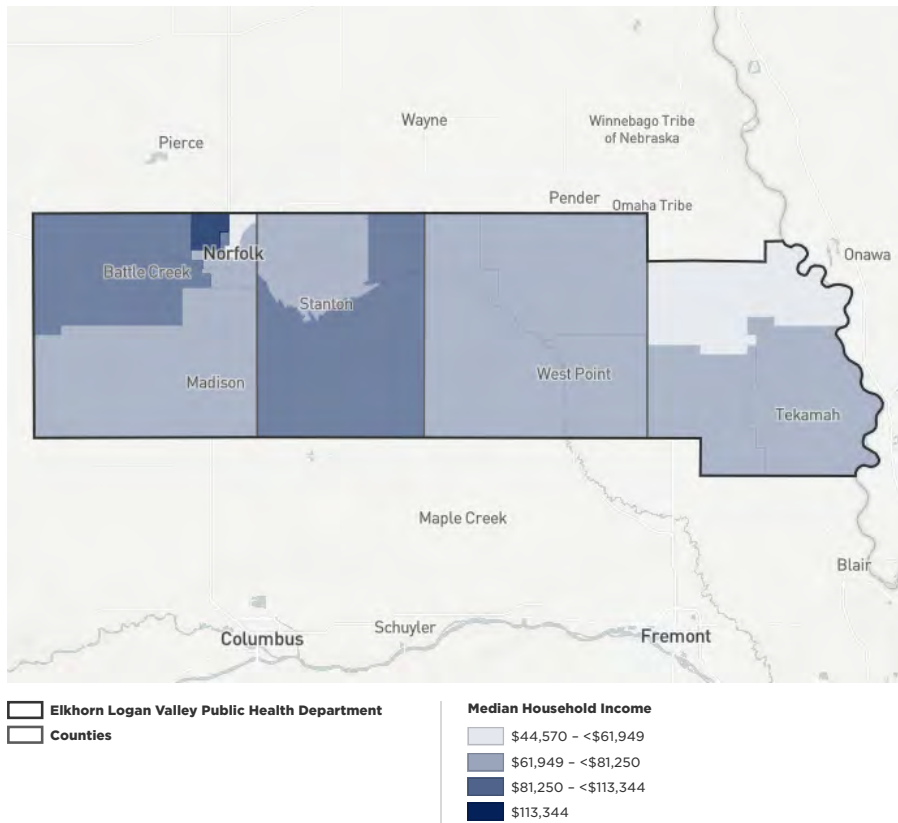- Stanton County, NE: $97,563

Ages 45 to 64
- Elkhorn Logan Valley Public Health Department: $80,865
- Nebraska: $91,617
- Burt County, NE: $57,368
- Cuming County, NE: $83,640
- Madison County, NE: $75,439
- Stanton County, NE: $90,694

Ages 65 and Over
- Elkhorn Logan Valley Public Health Department: $54,708
- Nebraska: $55,060
- Burt County, NE: $49,464
- Cuming County, NE: $53,214
- Madison County, NE: $49,864
- Stanton County, NE: $49,236

Legend: ■ Elkhorn Logan Valley Public Health Department ■ Nebraska ■ Burt County, NE ■ Cuming County, NE ■ Madison County, NE ■ Stanton County, NE

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

Median Household Income by Homeowner vs Renter

Homeowner
- Elkhorn Logan Valley Public Health Department: $79,123
- Nebraska: $94,976
- Burt County, NE: $69,414
- Cuming County, NE: $81,250
- Madison County, NE: $79,275
- Stanton County, NE: $82,663

Renter
- Elkhorn Logan Valley Public Health Department: $42,717
- Nebraska: $46,163
- Burt County, NE: $35,833
- Cuming County, NE: $43,799
- Madison County, NE: $42,980
- Stanton County, NE: $55,217

Legend: ■ Elkhorn Logan Valley Public Health Department ■ Nebraska ■ Burt County, NE ■ Cuming County, NE ■ Madison County, NE ■ Stanton County, NE

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

Median Household Income

Elkhorn Logan Valley Public Health Department
Counties

Median Household Income
$44,570 – <$61,949
$61,949 – <$81,250
$81,250 – <$113,344
$113,344

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

Employment Disparities

Unemployment Rate by Sex

Unemployed Males   Unemployed Females

■ Elkhorn Logan Valley Public Health Department   ■ Nebraska   ■ Burt County, NE   ■ Cuming County, NE   ■ Madison County, NE   ■ Stanton County, NE
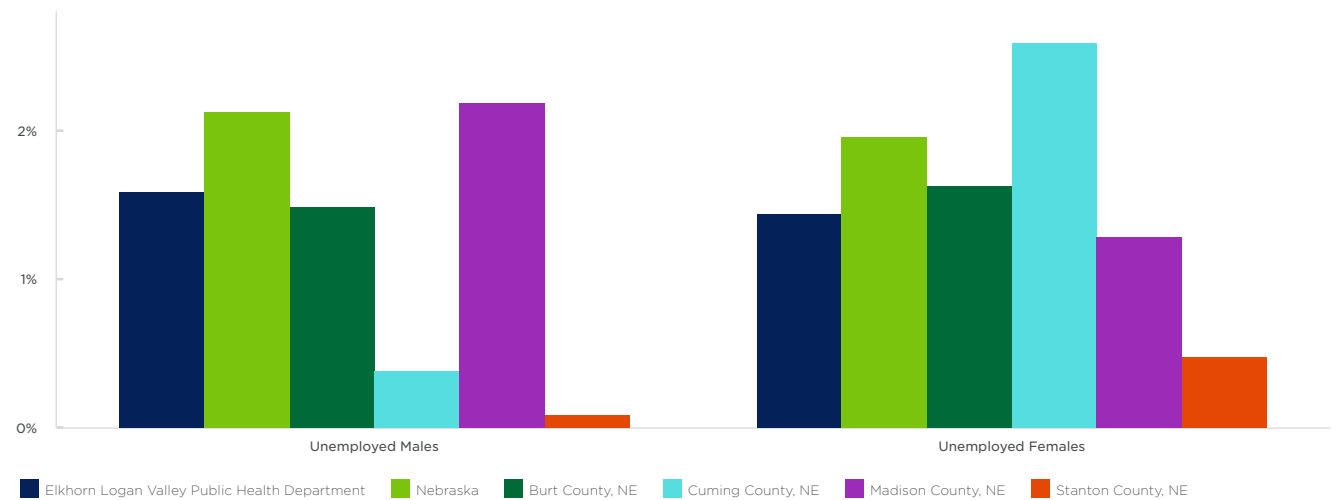
Sources: US Census Bureau ACS 5-year 2019-2023

Unemployment Rate by Race/Ethnicity

Data Sources	Elkhorn Logan Valley Public Health Department	Nebraska	Burt County, NE	Cuming County, NE	Madison County, NE	Stanton County, NE
2019-2023 Asian	0.7%	3.7%	0%	0%	0.8%	No data
2019-2023 Black or African American	19.2%	8.8%	0%	0%	24.8%	No data
2019-2023 Multiracial	4.2%	3.8%	5.8%	0%	4.8%	0%
2019-2023 Other	8.8%	4.2%	0%	0%	11.6%	0%
2019-2023 Native American	0%	8.7%	0%	0%	0%	0%
2019-2023 Native Hawaiian and Other Pacific Islander	0%	4.7%	0%	No data	No data	No data
2019-2023 White	1.6%	2.4%	2.6%	2.3%	1.5%	0.5%

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

Housing Stability and Affordability
What does the local housing market look like? How affordable is housing for renters and homeowners?

	Cost Burdened Homeowners		Cost Burdened Renters
	17.6%		**30.5%**
	Elkhorn Logan Valley Public Health Department		Elkhorn Logan Valley Public Health Department
	17.6% Nebraska		**40.8%** Nebraska

|	Total Homeowners		Total Renters
	16,236 Occupied Housing Units		**6,854** Occupied Housing Units
	Elkhorn Logan Valley Public Health Department		Elkhorn Logan Valley Public Health Department
	523,603 Occupied Housing Units Nebraska		**263,282** Occupied Housing Units Nebraska

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

Geography	2019-2023 Renter Excessive Housing Costs	2019-2023 Homeowner Excessive Housing Costs
Burt County, NE	25.4%	19.3%
Cuming County, NE	24.6%	13.4%
Madison County, NE	33.3%	19.2%
Stanton County, NE	25.4%	12.8%
Elkhorn Logan Valley Public Health Department	30.5%	17.6%
Nebraska	40.8%	17.6%

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

Average Months on Waiting List for HUD Assisted Housing Units
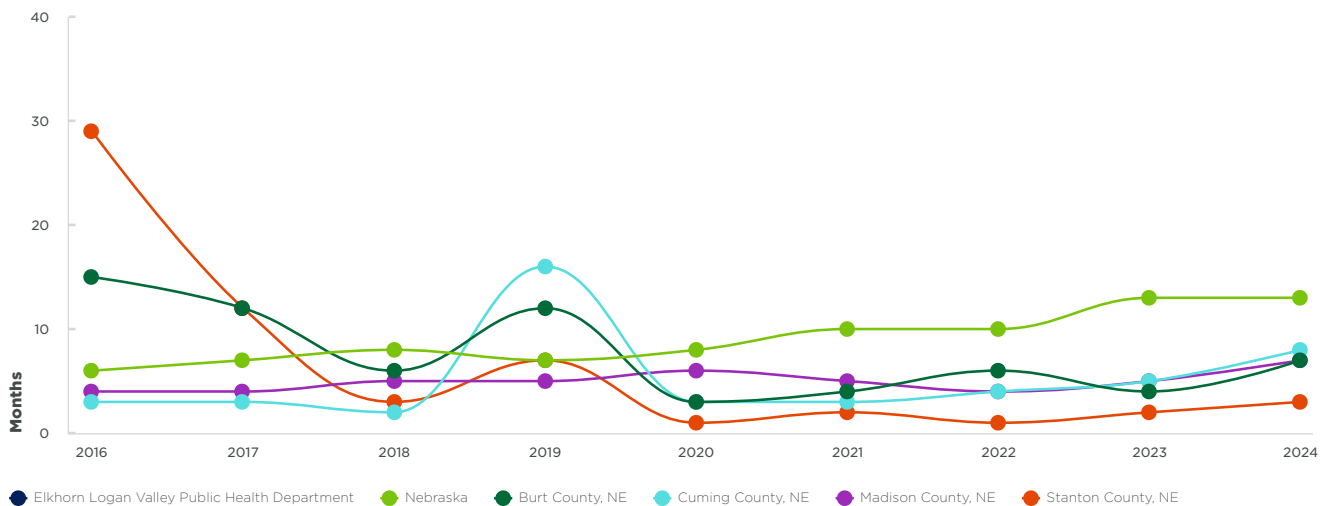
Sources: HUD Picture Subsidized HH
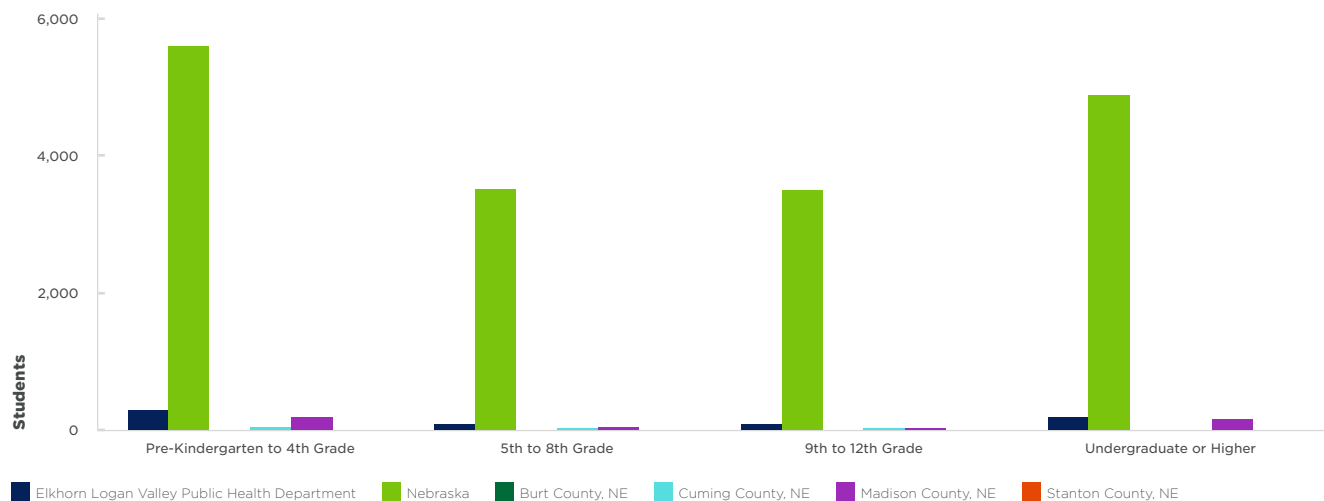
Digital Divide

Inequitable Access

- Lack of access to the internet and/or devices limits a person's access to critical services that are housed online. People in rural areas are the most affected by this.

- Data about the demographics of people that do not have access to the internet or devices can help to target areas of need.

- Advocacy for the expansion of broadband can help to address the digital divide.
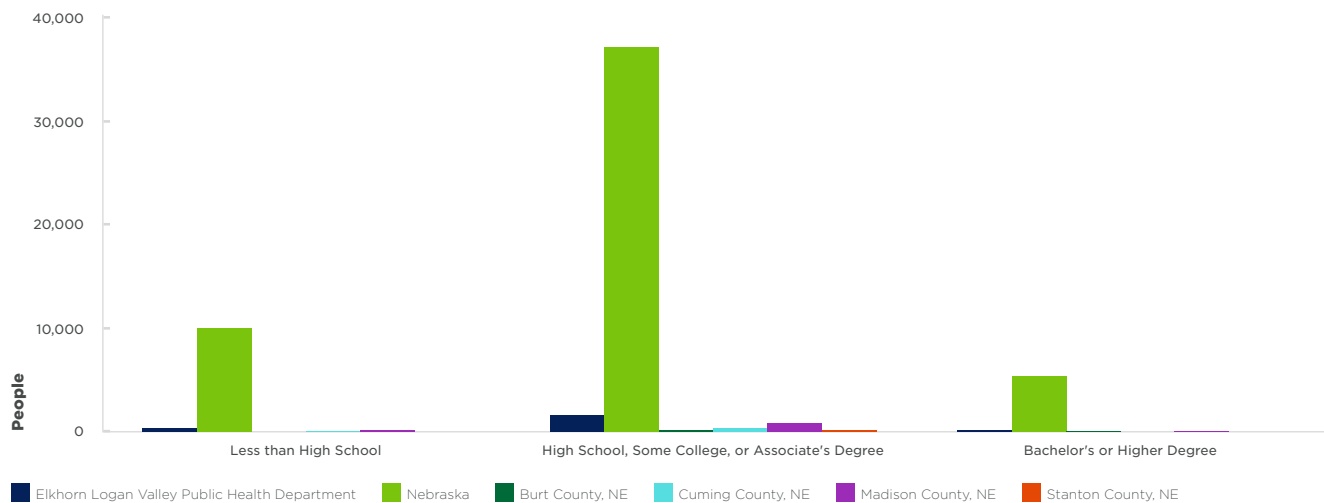

Everyone should be able to learn

People with access to a reliable device and internet are more likely to succeed in an online education environment. Additionally, having a higher educational attainment can help to afford internet.

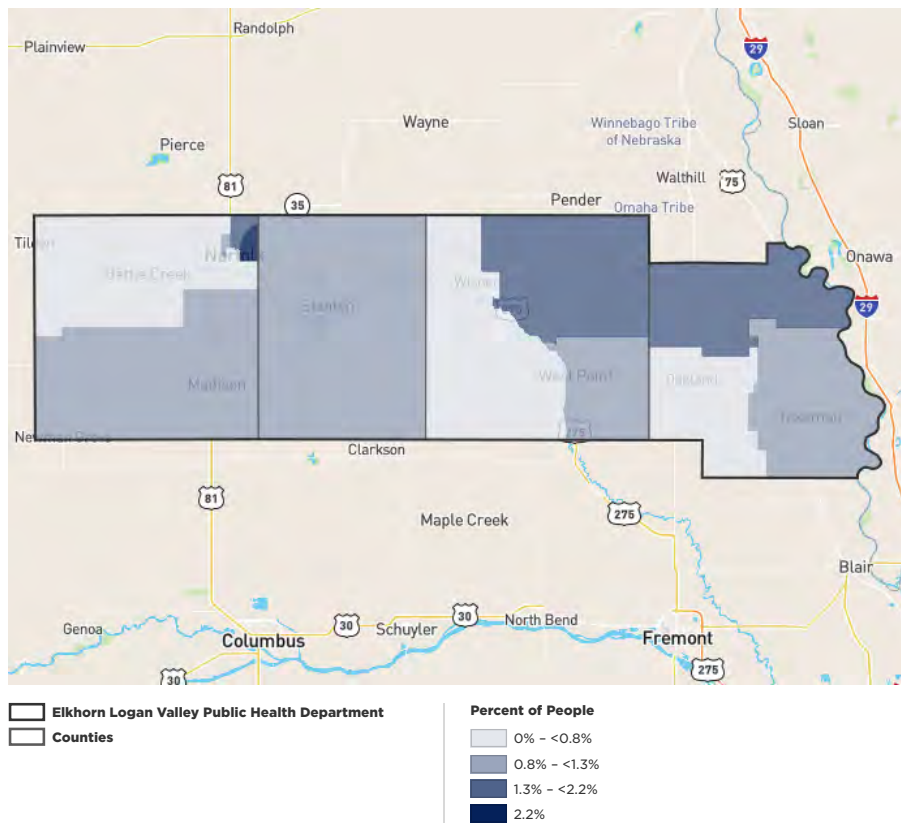**Students Without an Internet Subscription or Computer by Grade**

Legend: Elkhorn Logan Valley Public Health Department, Nebraska, Burt County, NE, Cuming County, NE, Madison County, NE, Stanton County, NE

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

People Without Computer by Educational Attainment Status

Legend: Elkhorn Logan Valley Public Health Department, Nebraska, Burt County, NE, Cuming County, NE, Madison County, NE, Stanton County, NE

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

Households Without Computers

| | Elkhorn Logan Valley Public Health Department |
| | Counties |

Percent of People
- 0% – <0.8%
- 0.8% – <1.3%
- 1.3% – <2.2%
- 2.2%

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

Digital Connectivity and the Digital Divide

Digital connectivity is necessary for students, parents, and the general public to access the resources needed for schooling, social services, and work. However, not everyone has equal access to digital technology and services. A quality internet connection, for example, requires purchasing multiple devices and paying monthly service providers. Not every household can afford those expenses. Additionally, there are gaps in how children and adults access, learn, and utilize digital technologies in their lives. This means millions of people in the United States are still excluded from connecting digitally.

This report explores digital inclusion helping answer 3 questions:

1. **Where is the digital divide?**
2. **What factors impact the digital divide?**
3. **Who are most negatively impacted?**

Where is the digital divide?

Households without access to both a computer and an internet service provider are excluded from digital connection. Additionally, those with smartphones as their only computer are limited to mobile-only experiences and are excluded from tasks requiring larger screens and improved functionality. The data presented below helps target where these divides exist.

No Internet Access

11.5%
of total households
Elkhorn Logan Valley Public Health
Department

7.5%
of total households
Nebraska

No Computer

7.6%
of total households
Elkhorn Logan Valley Public Health
Department

5.4%
of total households
Nebraska

No Internet Access or Computer

11.5%
of People
Elkhorn Logan Valley Public Health
Department

7.2%
of People
Nebraska

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

Geography	2019-2023 No Internet Access	2019-2023 No Computer	2019-2023 No Internet Access or Computer
Burt County, NE	14.4%	9.7%	11.6%
Cuming County, NE	13.8%	8.4%	11.4%
Madison County, NE	10.2%	6.8%	11.5%
Stanton County, NE	12.4%	8.6%	11.5%
Elkhorn Logan Valley Public Health Department	11.5%	7.6%	11.5%
Nebraska	7.5%	5.4%	7.2%

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

What factors impact the digital divide?

Two factors that exclude communities from digital connectivity are **poverty and proximity**. If a household cannot afford a computer and an internet service provider, they are excluded. Also, if a household does not reside in an area with quality internet service, they are also excluded. View the FCC's broadband speed guide for more information on quality service.

Households Below Poverty Level

11.9%
of Households
Elkhorn Logan Valley Public Health
Department

11.1%
of Households
Nebraska

Severely Cost Burdened

19.2%
of low income households
Elkhorn Logan Valley Public Health
Department

23.3%
of low income households
Nebraska

Sources: HUD CHAS 2017-2021; US Census Bureau ACS 5-year 2019-2023

Note: Severely cost burdened are those households (owner or renter) whose monthly housing costs (including utilities) exceed 30% of their monthly income. Low income are those households (owner or renter) who earn up to 80% of the US Housing and Urban Development Area Median Family Income (HAMFI).

Geography	2019-2023 Households Below Poverty Level	2017-2021 Low Income Households Severely Cost Burdened
Burt County, NE	13.1%	14.1%
Cuming County, NE	7.8%	11.3%
Madison County, NE	13.2%	20.5%
Stanton County, NE	9.5%	22.2%
Elkhorn Logan Valley Public Health Department	11.9%	19.2%
Nebraska	11.1%	23.3%

Sources: HUD CHAS 2017-2021; US Census Bureau ACS 5-year 2019-2023

Households Below Poverty by Census Block Group

☐ Elkhorn Logan Valley Public Health Department
☐ Counties

Total Households Below Poverty Level per household
- 0% – <6%
- 6% – <12%
- 12% – <24%
- 24% – 32%
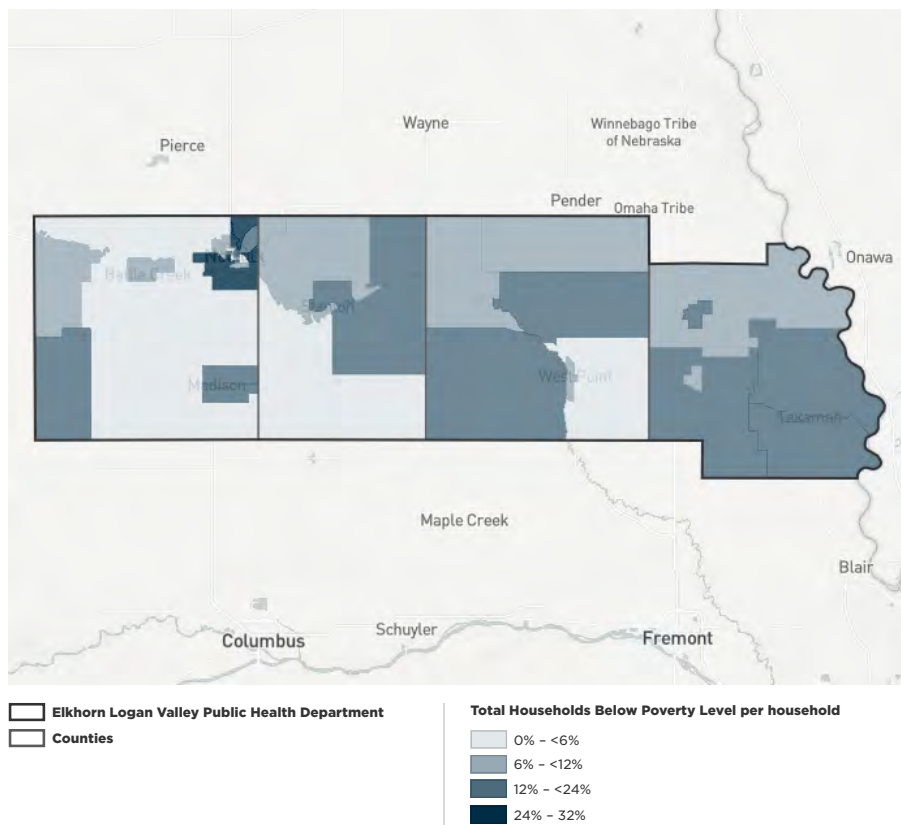
Sources: US Census Bureau ACS 5-year 2019-2023

Who are most negatively impacted?

All households without access to digital connectivity are negatively impacted. However, some populations can be more vulnerable to longer-term impacts such as children enrolled in school, families with young children, and persons of color. Scroll through the pages below to explore more.

Enrolled in Kindergarten to Grade 12
9,834
Students
Elkhorn Logan Valley Public Health Department

351,470
Students
Nebraska

Children in Households Under Age 18 Without Computer
0.2%
of Children
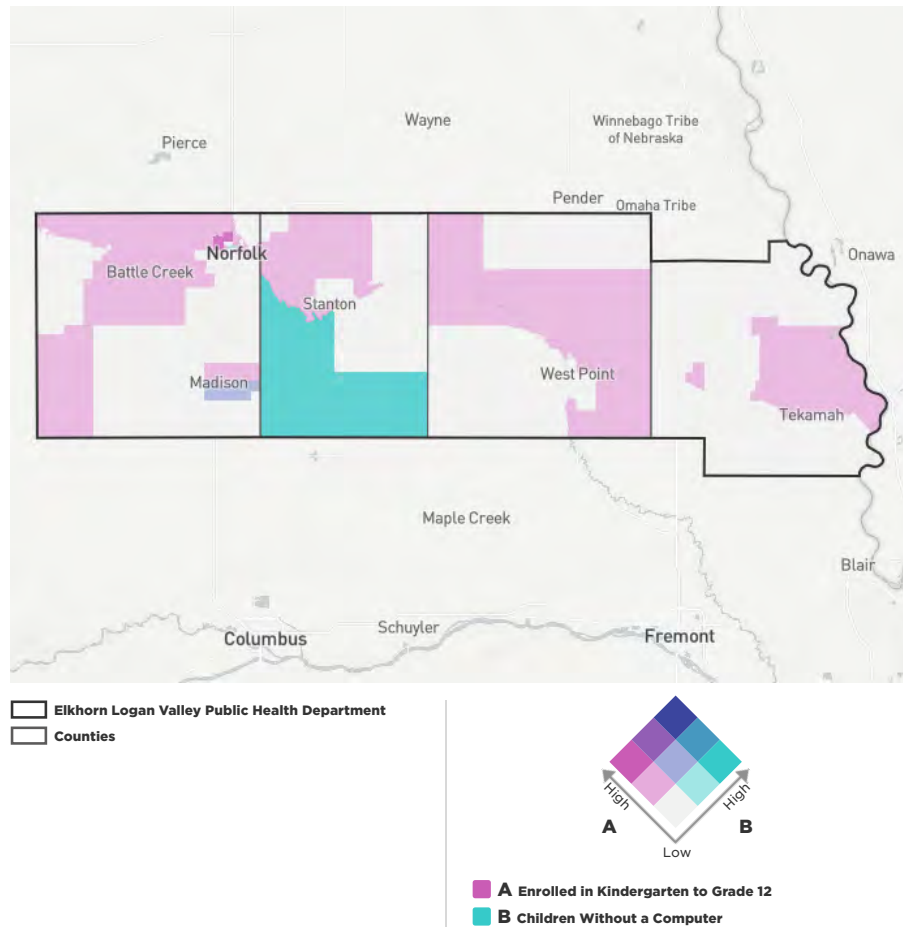Elkhorn Logan Valley Public Health Department

0.8%
of Children
Nebraska

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

Geography	2019-2023 Enrolled in Kindergarten to Grade 12	2019-2023 Children in Households Under Age 18 Without Computer
Burt County, NE	1,138	0%
Cuming County, NE	1,446	0%
Madison County, NE	6,236	0.2%
Stanton County, NE	1,014	1.1%
Elkhorn Logan Valley Public Health Department	9,834	0.2%
Nebraska	351,470	0.8%

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

Dark Purple: Overlapping Students Enrolled in K-12 and Children Without A Computer

Elkhorn Logan Valley Public Health Department

Counties

A Enrolled in Kindergarten to Grade 12
B Children Without a Computer

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

Elkhorn Logan Valley Public Health Department