

COMMUNITY HEALTH ASSESSMENT



2022

Loup Basin Public Health Department

Healthier People, Healthier Communities, Healthier Tomorrows.

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Community Health Assessment

LOUP BASIN PUBLIC HEALTH DEPARTMENT

INTRODUCTION

Under the direction of Loup Basin Public Health Department (LBPHD), the 2019 Community Health Assessment (CHA) has been developed for the nine counties in the Loup Basin Health District (Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler Counties in Nebraska) This assessment was conducted in partnership with Jeannie Melham Memorial Medical Center (JMMMC), Valley County Health System (VCHS), Howard County Medical Center (HCMC), and Callaway District Hospital. Collaborations began February 1, 2018 and will be the basis for the Community Health Improvement Plan (CHIP). Due to the IRS (Internal Revenue Services) regulations which require tax-exempt hospitals to conduct a CHA every 3 years, LBPHD facilitated a joint community health assessment and planning process with the four hospitals in the Loup Basin health district.

The CHA process is collaborative and is intended to serve as a single data report for multiple coalitions, organizations, and hospitals in the nine-county region unified by Loup Basin Public Health Department. The purpose of the CHA process is to describe the current health status of the community, identify and prioritize health issues, better understand the range of factors that can impact health, and identify assets and resources that can be mobilized to improve the health of the community.

Priority health areas will be identified in the 2022 Loup Basin Public Health Department Community Health Assessment and addressed in the 2019-2022 Loup Basin Public Health Department Community Health Improvement Plan (CHIP).

DEFINITIONS:

'ACS'- American Community Survey

'BRFSS'- Behavioral Risk Factor Surveillance System

'CHA'- Community Health Assessment

'CHIP'- Community Health Improvement Plan

'LBPHD'- Loup Basin Public Health Department

'MAPP'- Mobilizing for Action through Planning and Partnerships

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, was again used to conduct this round of the Community Health Needs Assessment and Community Health Improvement Plan development. MAPP emphasizes the partnership with all sectors of the public health

system to evaluate the health status of the region it serves, identify priority areas, and develop plans for implementation.



Organization

LBPHD was charged with the leadership of the project. This role included establishing timely schedules, allocation of personnel resources, contracting for additional services, and promotion and media relations. The Loup Basin Public Health Department's leadership team provided oversight and quality assurance to the process.

A MAPP Steering Committee was formed with representatives from each of the four Loup Basin hospitals and members of the Custer County Health Coalition. These Committee members provided guidance throughout the process and were charged with reviewing data and progress on the chosen priorities and using quality improvement to modify implementation plans as needed.

Local Public Health System Collaborative Infrastructure

The region enjoys a vigorous, well-established collaborative infrastructure which provided the foundation for the local public health system communication and engagement process. This infrastructure includes:

- Loup Basin Public Health Department Board of Health comprised of twenty members. The twenty-member board is composed of a physician and dentist as well as a County Commissioner and a spirited citizen from each of LBPHD's nine counties.
- The already existing Custer County Health Coalition provided a significant platform for LBPHD to utilize through the MAPP process. The Coalition had representatives from every aspect of the local public health system and provided services from all of the 10 essential services.

MAPP Assessments

1. **Community Themes and Strengths**
Assembles focus groups that address the community concerns about what is important, how quality of life is perceived, and the assets that exist and can be used to improve community health.
2. **Local Public Health System Assessment**
Identifies the components, activities, competencies, and capacities of the public health system and how the essential services are being provided through area organizations and entities.
3. **Forces of Changes Assessment**
Identifies what is occurring, or might occur, that affects the health of the community. Looks at the opportunities and threats that are currently facing the region.
4. **Community Health Status Assessment**
Identifies priority community health and quality of life issues. Health data provided by Loup Basin Public Health Department.



COMMUNITY HEALTH STATUS ASSESSMENT

Economic and Demographic Data

Overview

SOCIAL AND ECONOMIC FACTORS IN POPULATION HEALTH

Some of the biggest predictors of health in and individual's life come from social and economic factors. This section addresses what social and economic factors of health (education, income, social support, etc.) look like in central Nebraska and what the data indicates about the health of the involved citizens.

Loup Basin Public Health Department Region

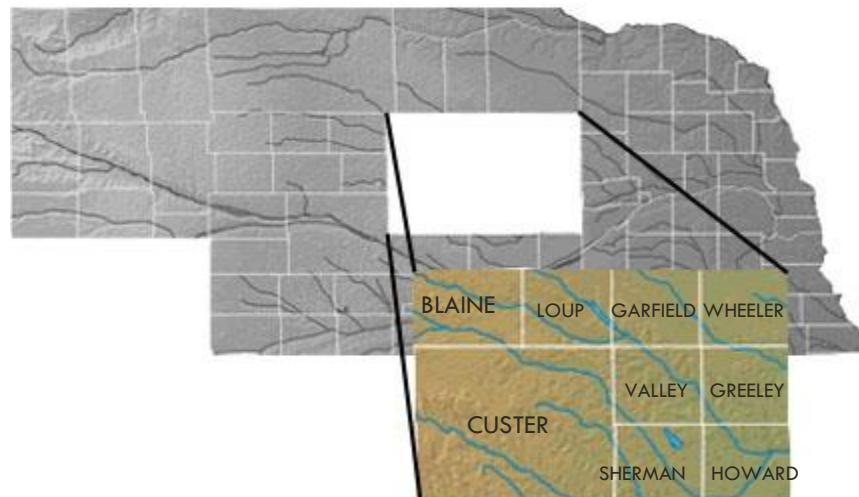
Loup Basin Public Health Department is situated in the heart of Nebraska. The area has a rich agricultural background, including farmland, prairie meadows, and cattle-grazing. Population remains steady, wages remain lower than the state and national averages, and the median age continues to increase.

LBPHD proudly services the counties of Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler.

Quick Facts from US Census Bureau

Population (2020 estimate)	29,851
Population Change in LBPHD District (from 2017)	-0.1%
Incorporated Municipalities	
Unemployment Rate (April 2022)	1.7%
Total Land Area	7272.7 sq. miles

**Bureau of Labor Statistics for Nebraska

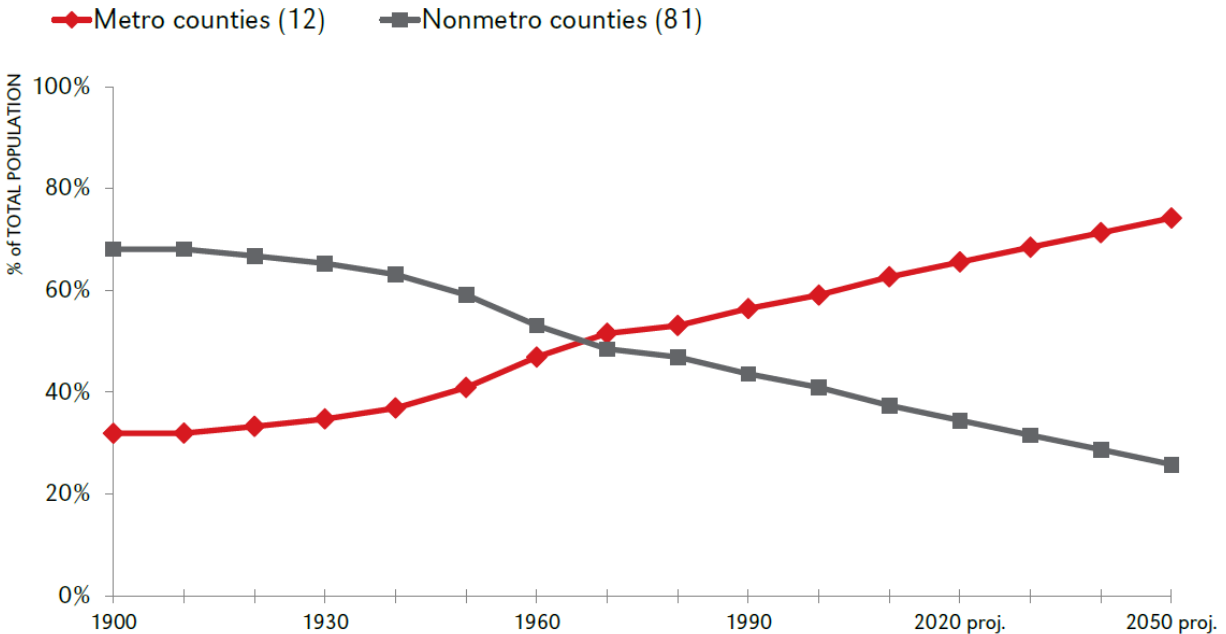


Population

While the population of Nebraska has been slowly increasing over the past 75 years, rural Nebraska's population has been declining. Much of Nebraska's growth is seen in the urban areas.

Figure 1: Nebraska Urban and Rural Populations, 1900-2050

65% of Nebraska's population will live in a metro by 2020



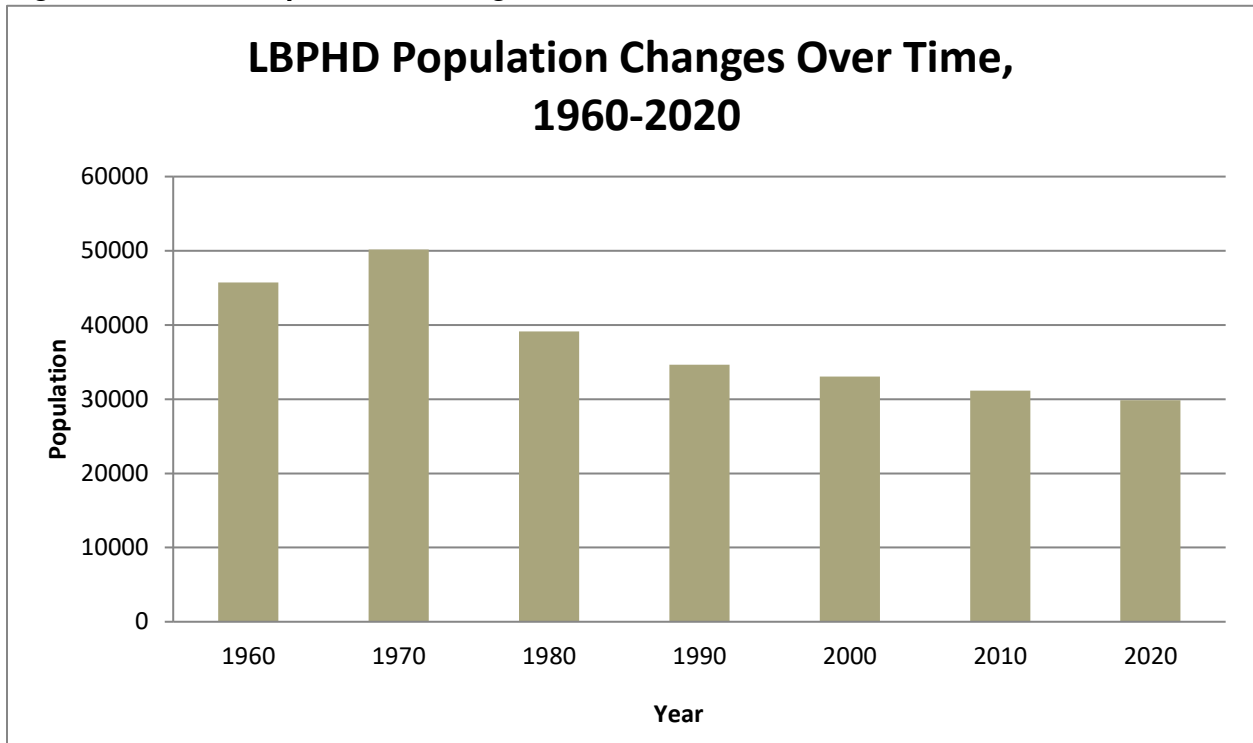
Source: Decennial Census and 2018 Vintage Population Estimates, U.S. Census Bureau

Figure 1 shows how Nebraska's population growth has been concentrated in the urban areas (including the counties of Douglas, Sarpy, and Lancaster). These counties are home to the Omaha metropolitan area and the state capital, Lincoln. This urban growth is projected to continue steadily through to 2050. Meanwhile, it is projected that Nebraska's rural population (of which includes LBPHD's district) will steadily plummet over the next 30 years through to 2050.

What does a declining population mean for our region?

- Decreased resources
- Threat of decreased vitality

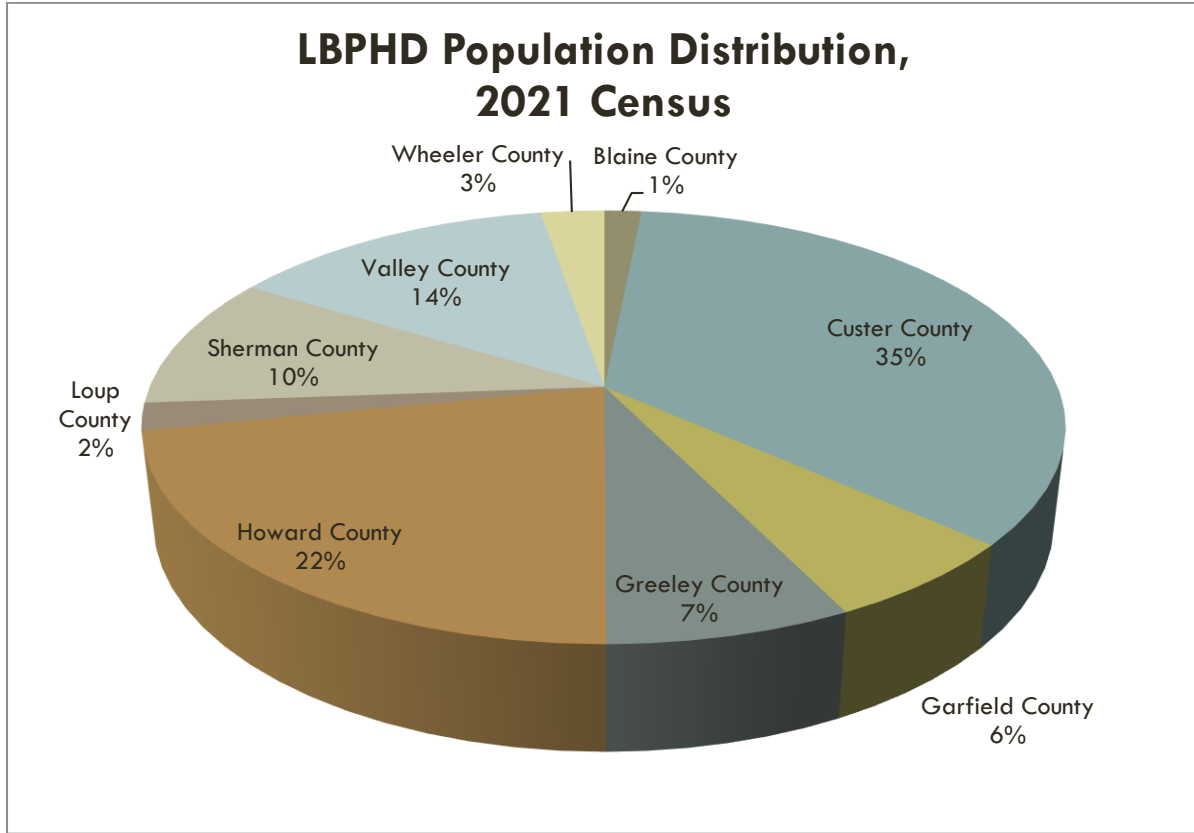
Figure 2: LBPHD Population Changes Over Time, 1960-2020



Source: US Census Bureau, QuickFacts April 2020

Population consolidation away from the rural areas is not a new trend, as seen in Figure 1 this has been occurring in Nebraska since the 1950s and is also a global occurrence. Figure 2 echoes that Loup Basin Public Health Department's population, which is primarily rural, has been declining and following the consolidation trend to urban areas. Due to this trend, communities should not focus on ways to halt population loss but rather strategies to improve quality of life and opportunities for their citizens. What central Nebraska lacks in resources must be combated with creative solutions and strengthening of partnerships.

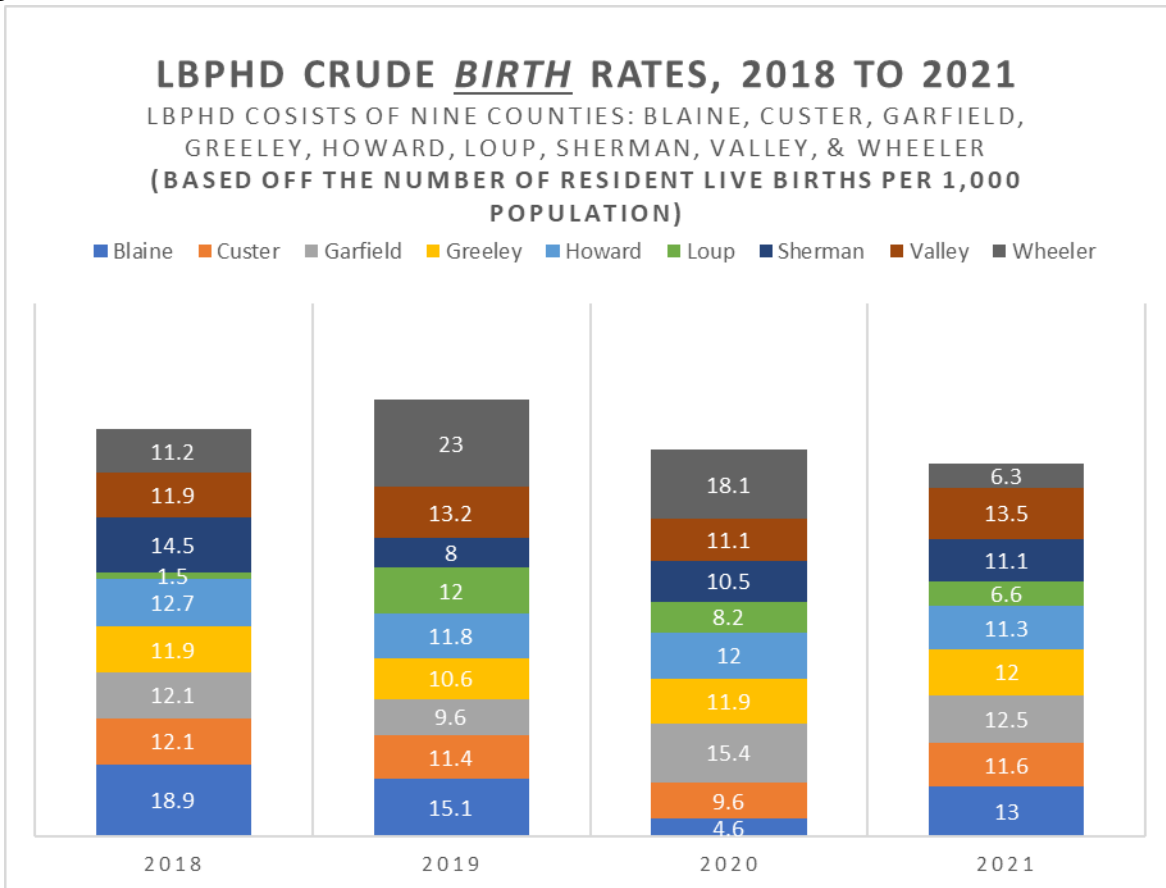
Figure 3: LBPHD Population Distribution, 2021 Census



Source: US Census Bureau, 2021 population estimate

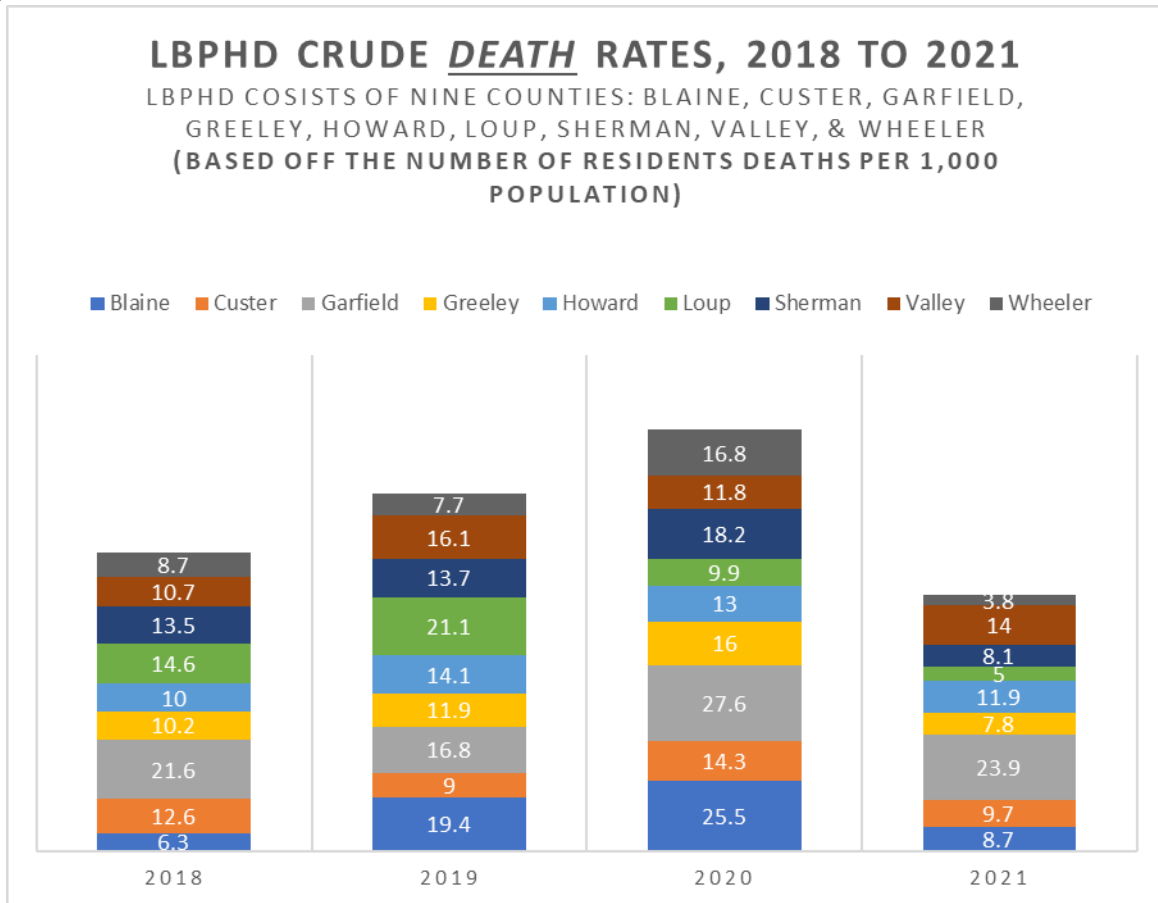
As Figure 3 emphasizes, over seventy percent of Loup Basin Public Health Department district's population is concentrated in the three counties that have more amenities to offer (Custer, Howard, and Valley). All four hospitals within LBPHD's district are also located in these three counties. Out of the remaining six counties, three (Garfield, Greeley, and Sherman) offer medical services through satellite clinics. Counties Blaine, Loup, and Wheeler currently do not have any medical services provided through satellite clinics. Travel times and lower annual incomes pose obstacles to the citizens of these counties in terms of healthcare, economic growth, and community vitality.

Figure 4: LBPHD Crude Birth Rates, 2018 to 2021



Source: DHHS Nebraska Vital Records and Statistics, 2022

Figure 5: LBPHD Crude Death Rates, 2018 to 2021



Source: DHHS Nebraska Vital Records and Statistics, 2022

Table 1: LBPHD Population Characteristics, 2000-2020

Age	2000		2010			2020		
	Population	% of Total	Population	% of Total	% Change (2000-2010)	Population	% of Total	% Change (2010-2020)
Under 5 years	1,890	5.7%	1,881	6.0%	-0.5%	1,838	5.8%	-2.2%
5 - 14 years	5,089	15.4%	4,007	12.9%	-21.3%	3,940	11.7%	-1.7%
15 - 24 years	3,532	10.7%	3,105	10.0%	-12.1%	3,430	9%	10.5%
25 - 44 years	7,755	23.4%	6,212	19.9%	-19.9%	6,407	20.3%	3.1%
45 - 64 years	7,877	23.8%	9,208	29.6%	16.9%	8,092	27.5%	-12.1%
65 - 84 years	5,819	17.6%	5,668	18.2%	-2.6%	6,170	21.9%	8.9%
85 and older	1,160	3.5%	1,059	3.4%	-8.7%	1,112	3.7%	5%

Figure 4 depicts the birth rates for each of the nine counties within LBPHD's district from 2018 to 2021. According to this graph Wheeler County had the highest overall average birth rate of the four years, meanwhile Loup County had the lowest. We can also see that 2019 had the highest birth rate while 2021 had the lowest birth rate average.

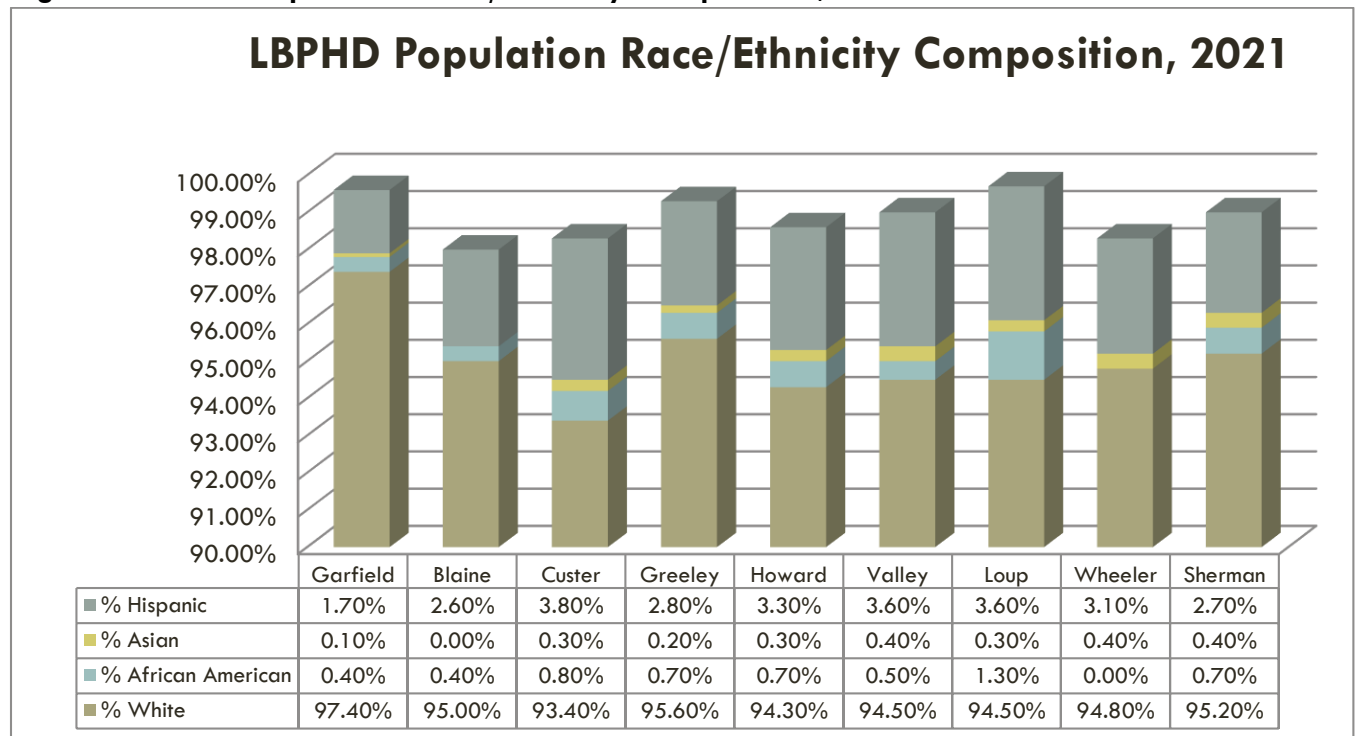
Conversely, Figure 5 depicts the death rates for each of LBPHD's nine counties from 2018 to 2021. In this graph we can see Wheeler County also has the lowest overall death rate average of the four years, meanwhile Garfield County has the highest death rate average. The year with the highest death rate was 2020 followed by 2021 which had the lowest death rate.

According to the Loup Basin Public Health Department Community Health Assessment Data (Table 1), the population has decreased for all ages except for ages 15 – 24 years old and 25 - 44 years old. Both age groups have actually shown increases in population grown with ages 15-44 growing by 10.5% since 2010.

Race

Race patterns in a population are important to assess because they reveal social patterns. Social issues tend to follow the lines of certain social classes and families, and families have tended to follow race lines. With this understanding we can see social and economic patterns for certain segments of the population.

Figure 6: LBPHD Population Race/Ethnicity Composition, 2021 Census estimate



Source: US Census Bureau, 2021

In the nine counties that are included in Loup Basin Public Health Department's district the majority race is white, non-Hispanic (Figure 6). The second largest race includes the Hispanic population. Custer County has a Hispanic rate of 3.8%, but this is also the county with the largest overall population within the district.

Economy

Economic health is the driving force for opportunities and prosperity in a region or community. While it is not the only indicator of wellbeing, quality economic opportunities contribute heavily to the quality of income and the access to education and health care. Thriving local economies also contribute to the vitality of communities and provide a base for shared investments in infrastructure, law enforcement, public spaces, positive neighborhood environments, etc.

The Loup Basin Public Health Department district has its roots in a strong agricultural economy that has endured the rise and fall of markets. Throughout economic ups and downs the unemployment rate has maintained lower than the national average. Professional opportunities and wages do lag behind the state and nation.

EMPLOYMENT AND WORKFORCE

Nebraska's unemployment rate for April 2022 (1.9%) is 0.2% above the average rate for LBPHD's district (1.7%). Historically, Nebraska's rate is lower when compared to the national average (3.7%), although the gap was greater in the previous edition of the Community Health Status report.

Table 2: LBPHD Unemployment Rates, April 2022

County	Unemployment Rate (%)
Blaine	2.7
Custer	1.4
Garfield	1.7
Greeley	1.6
Howard	1.5
Loup	2.2
Sherman	1.7
Valley	1.4
Wheeler	1.0
Average in Region	1.7%
Nebraska	1.9%
National	3.7%

Source: Bureau of Labor Statistics, 2022

Interpreting Unemployment

While unemployment can give us a quick glance as to how the economy of an area is doing, it also does not account for the rate of people who are underemployed or who are working multiple jobs to make ends meet. In an economic downturn, someone who is self-employed or working multiple jobs could lose a significant amount of their work and still not technically be unemployed.

EDUCATIONAL ACHIEVEMENT

Lower levels of educational achievement in LBPHD's district reflect the job force available. Most jobs in the nine county area are in agriculture, manufacturing, etc. and do not require a Bachelor's degree. For the most recent data (Table 4) Loup Basin's district is 6.4% above the Nebraska average for those who have graduated high school. The percentage of persons who have a Bachelor's degree or higher in Nebraska is 9.1% than those occupying the Loup Basin Public Health Department district.

Table 3: LBPHD Educational Achievement, 2016-2020

County	High School graduate or higher (% of persons 25+)	Bachelor's degree or higher (% of persons 25+)
Blaine	94.1	23.1
Custer	94.8	24.7
Garfield	95.9	29.3
Greeley	93.1	17.0
Howard	96.0	21.7
Loup	98.2	20.6
Sherman	92.6	21.6
Valley	93.6	27.4
Wheeler	95.6	25.1
LBPHD District	94.9	23.4
Nebraska	91.6	32.5
National	88.5	32.9

Source: US Census Bureau, QuickFacts

INCOME AND POVERTY

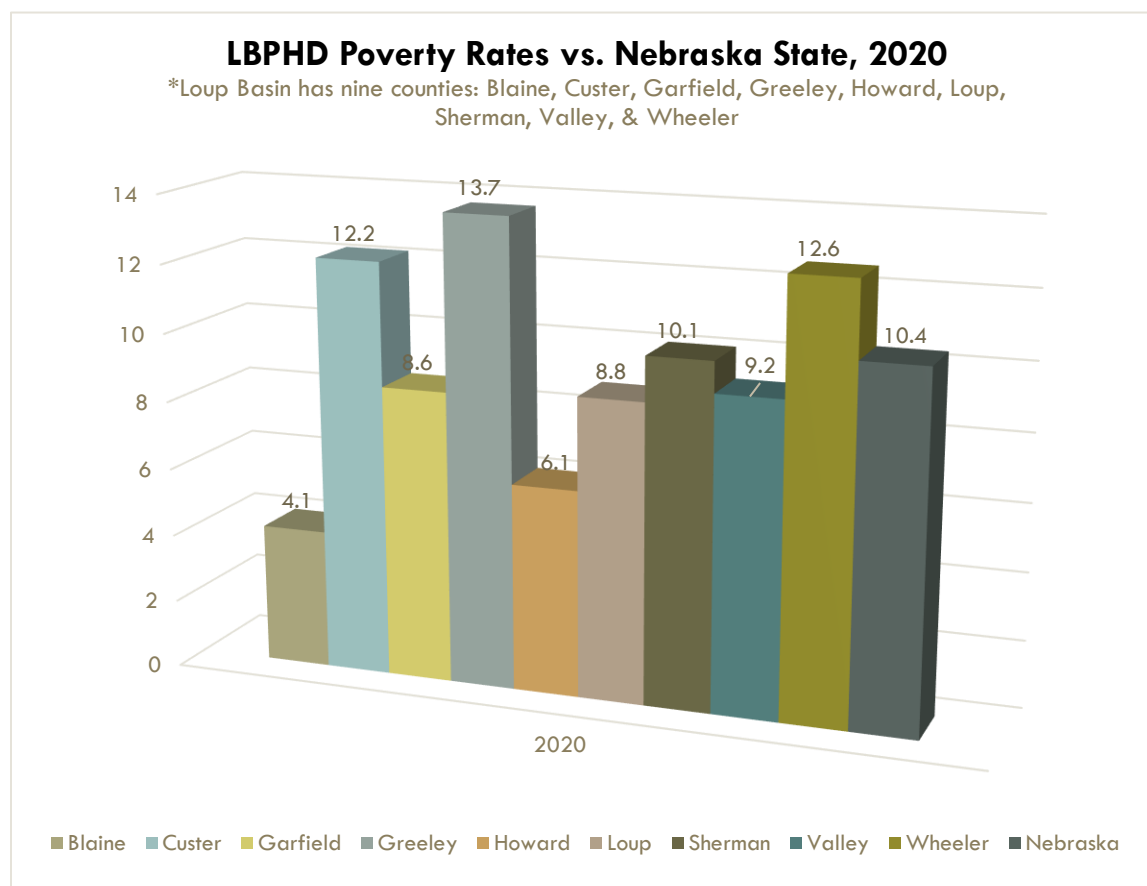
Table 4 (below) displays the median household incomes across all nine counties of LBPHD for 2020. The nine counties vary from the lowest, Loup County, at \$46,111 to Howard County, the highest, at \$59,432. Compared to the 2016 Community Health Status Report, Loup County median household income decreased \$10,639. It should be noted that Loup County has a population of 607 therefore, the median can be largely affected by small changes.

Table 4: LBPHD Median Household Income, 2020

LBPHD Counties	Median Household Income
Blaine	\$55,268\$
Custer	\$53,891\$
Garfield	\$54,659\$
Greeley	\$46,830\$
Howard	\$59,432\$
Loup	\$46,111\$
Sherman	\$53,158\$
Valley	\$56,205\$
Wheeler	\$48,438\$
LBPHD District	52,665.78\$
Nebraska	\$63,015\$
National	\$64,994\$

Source: US Census Bureau, QuickFacts 2020

Figure 7: LBPHD Poverty Rates vs Nebraska state, 2020



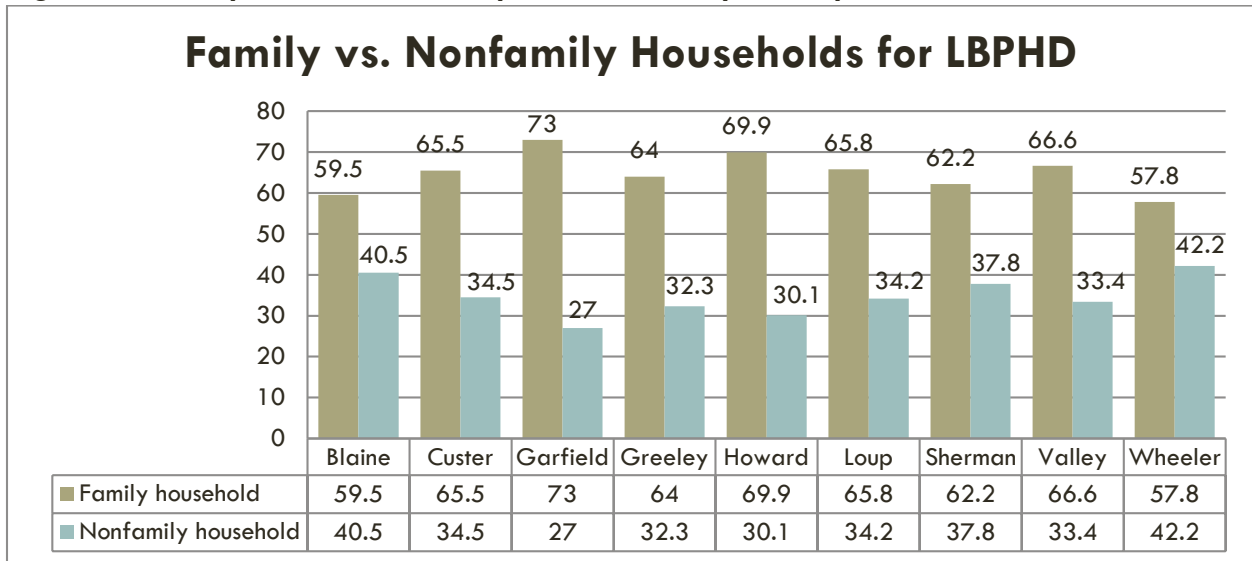
Source: 2020 US Census Bureau, 2020 ACS 5-year estimates

Figure 7 demonstrates the poverty rates for 2020 in each of LBPHD’s nine counties vs the state of Nebraska. The county with the highest poverty rate was Greeley, meanwhile the county with the lowest poverty rate was Blaine. In total there are three counties that have higher poverty rates than Nebraska and that is Custer, Greeley, and Wheeler. Nebraska’s poverty level falls below the United States which from the same data source was reported to be 11.4%.

FAMILY TYPE

The majority of households throughout Loup Basin Public Health Department’s district are family households (Figure 8). Garfield County ranks highest with 73% family households; Wheeler County ranks highest in nonfamily households at 42.2%. Both counties are primarily rural, farming communities. The average household size across the district is 2.16. Compared to previous edition of this report, every county’s average household size has decreased except for Garfield County which increased by .14% and Valley County which stayed the same.

Figure 8: Family versus Nonfamily Households by County in LBPHD, 2020

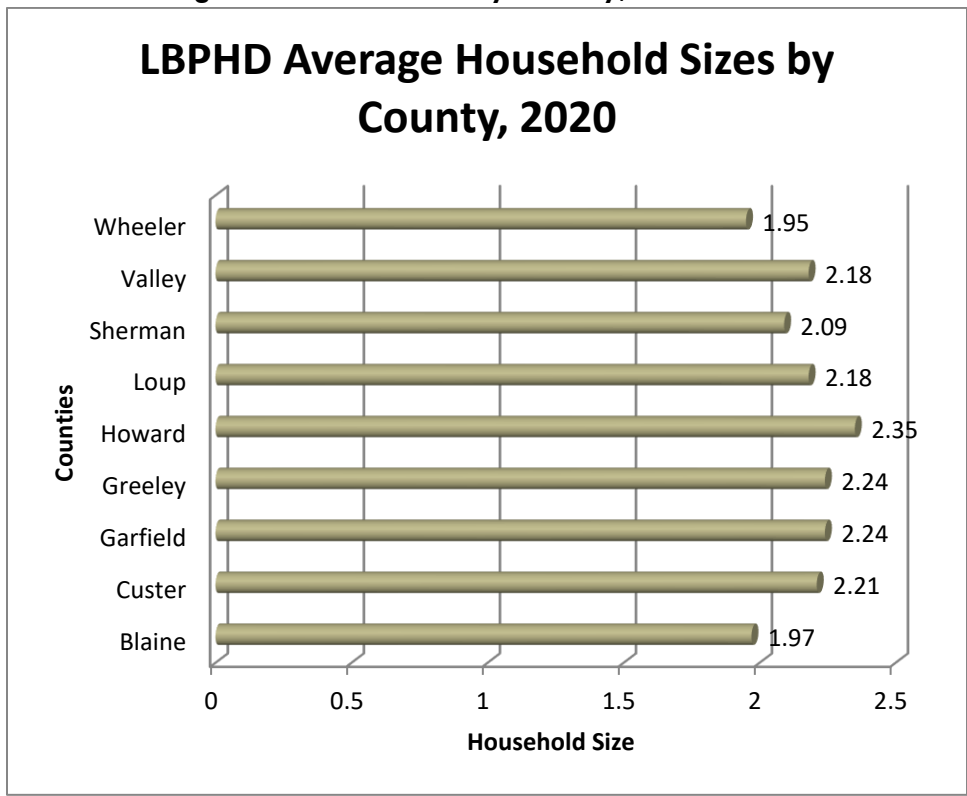


Source: US Census Bureau, American Community Survey 2010-2020

Moving Forward

An individual's economic and social well-being directly affects his or her health. While the Loup Basin Public Health Department district has many social and economic indicators that are worse than those of the entire state of Nebraska, the positive is that many of the issues, while complex, can be strategically addressed to have a positive impact. Strong partnerships among educational, governmental, non-profit and business communities that promote financial and social stability for all citizens of central Nebraska will drive sustainable, regional wellness.

Figure 9: LBPHD Average Household Size by County, 2020



Source: US Census Bureau, American Community Survey 2020

Health Data

Overview

Each year the Loup Basin Public Health Department along with DHHS monitors health related factors and health outcomes for the district. Health patterns in a population are important to assess because they can reveal possible health risks and predict emerging health trends. With this understanding we can better serve the health and wellbeing of our district and community.

Figure 10: Seven Leading Causes of Death in the state of Nebraska, 2017

NE Leading Causes of Death, 2017	Deaths	Rate***	State Rank*	U.S. Rate**
1. Heart Disease	3,581	149.3	34th	165.0
2. Cancer	3,502	152.6	30th (tie)	152.5
3. Chronic Lower Respiratory Disease	1,224	52.6	11th	40.9
4. Accidents	811	38.5	46th	49.4
5. Stroke	760	31.5	41st	37.6
6. Alzheimer's disease	698	28.5	33rd	31.0
7. Diabetes	575	25.0	10th	21.5
8. Flu/Pneumonia	393	16.1	14th	14.3
9. Suicide	275	14.7	34th	14.0
10. Hypertension	274	11.3	6th	9.0

*Rankings are from highest to lowest

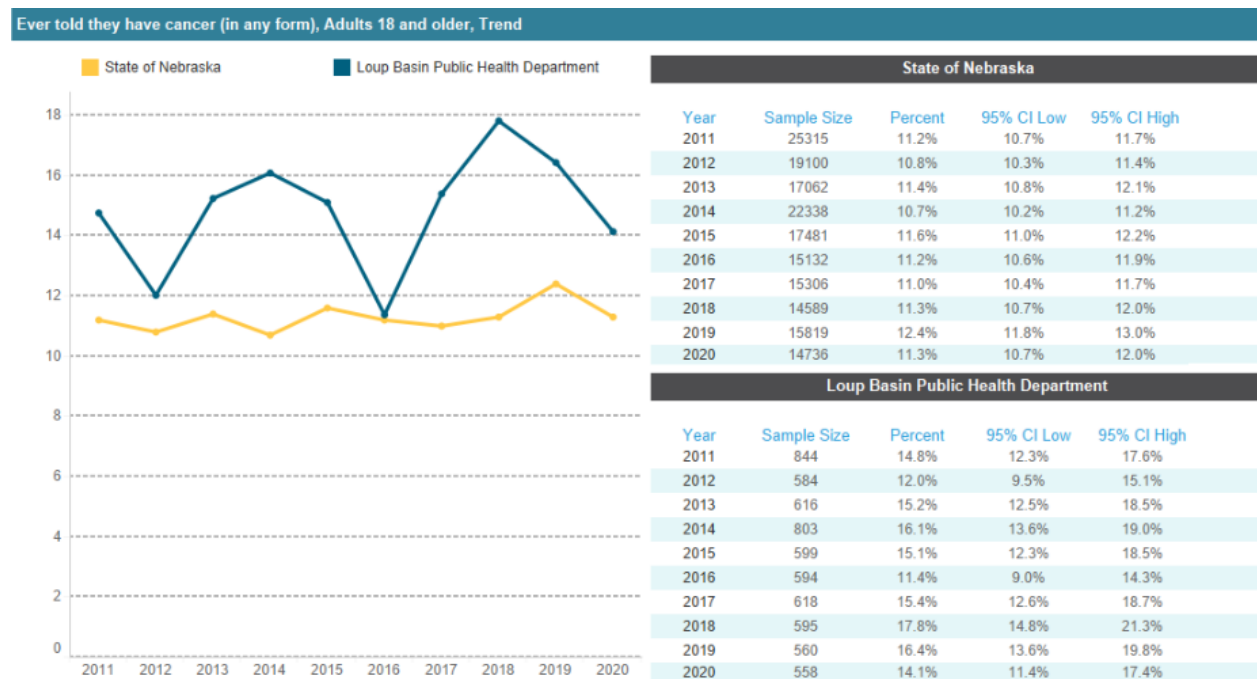
**Rates for the U.S. include the District of Columbia and (for births) U.S. territories

***Death rates are age-adjusted

Sources: CDC National Center for Health Statistics, 2022

According to the CDC National Center for Health Statistics Nebraska's leading cause of death in 2017 was heart disease with over 3,581 deaths per 100,000 population. Followed closely behind was cancer (with 3,502 deaths per 100,000 population) which follows the same trend as previously reported in 2014.

Figure 11: Ever told they have Cancer (in any form), Adults 18 and older, Trend



*Unstable estimate, use with caution. Consider multi-year combined data for more stable estimates.
 **Data suppressed due to small numbers. Consider multi-year combined data for a larger sample size.

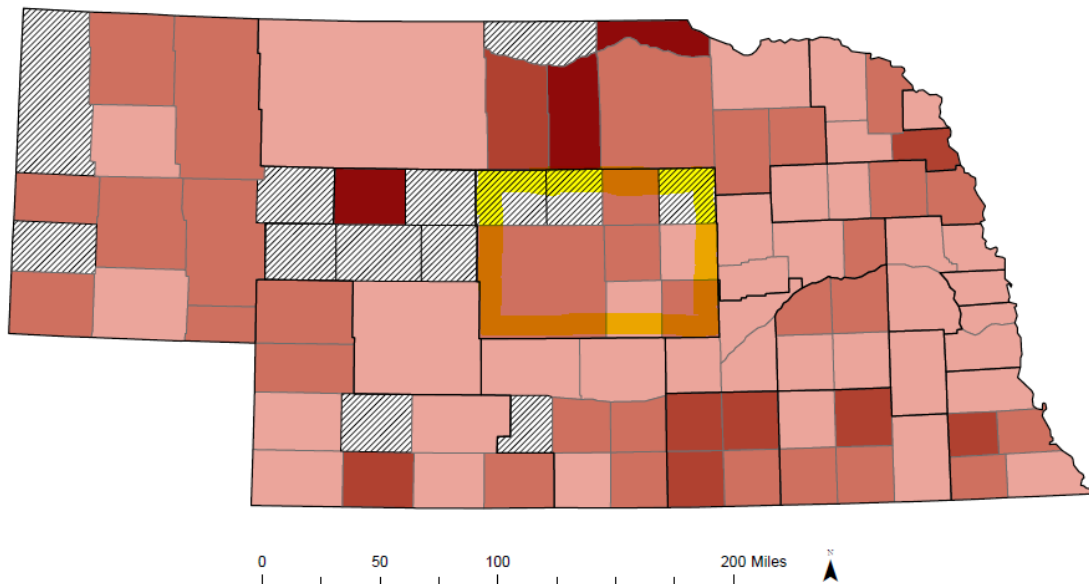


Source: Behavioral Risk Factor Surveillance System (BRFSS), Nebraska DHHS






According to Figure 11 Loup Basin Public Health Department is consistently higher than the state of Nebraska in reports of cancer (in any form) diagnosed in adults over 18-years from 2011 to 2020. Since 2019 both LBPHD and the state of Nebraska have been showing a downward trend. However, LBPHD has yet to show a lower rate vs Nebraska in the same consecutive year.

Figure 12: Heart Disease Death Rate by County, 2012-2016

Heart Disease Death Rate by County, 2012-2016



Heart Disease Death Rate Per 100,000, 2012-2016

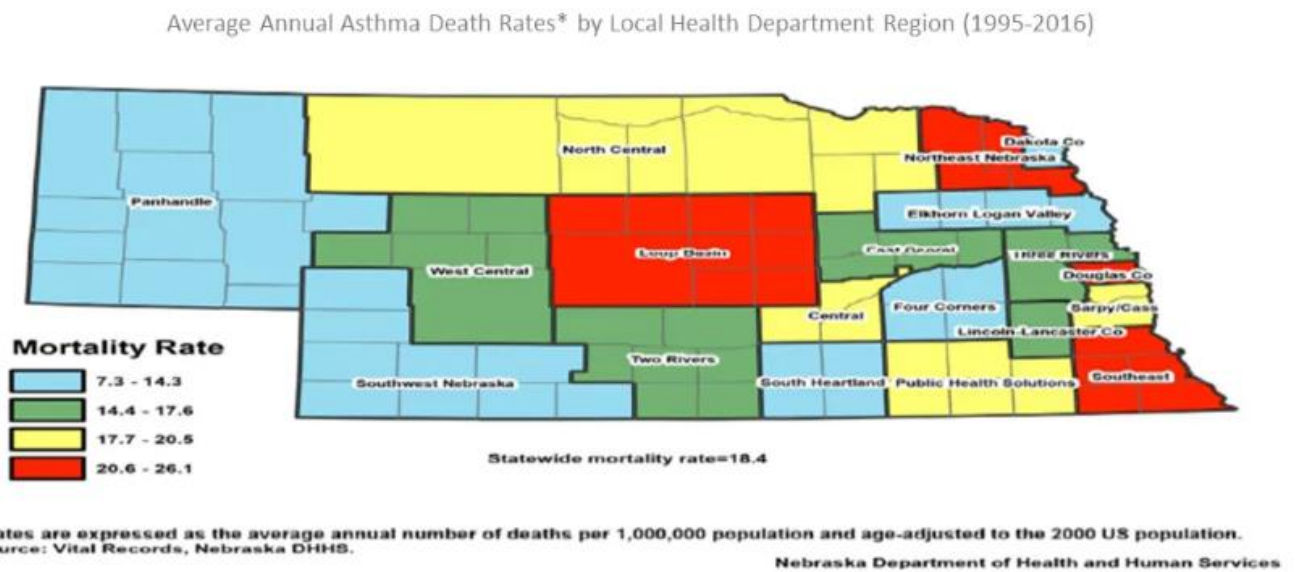
-  Suppressed
-  < 148
-  148 - 182
-  183 - 223
-  >224

Data Source: Nebraska Vital Statistics,
ICD-10 codes used: 100-109, I11, I13, I20-I51
Created by Armi Sedani, Chronic Disease Epidemiologist
Chronic Disease Prevention and Control Program
May 2018



As shown above in Figure 12 heart disease has a prevalent death rate per 100,000 population for the LBPBHD’s district. However, there are three of the counties in LBPBHD’s district that had suppressed data including: Blaine, Loup, and Wheeler. The counties with the highest death rates for 2012-2016 was Custer, Garfield, Howard, and Valley.

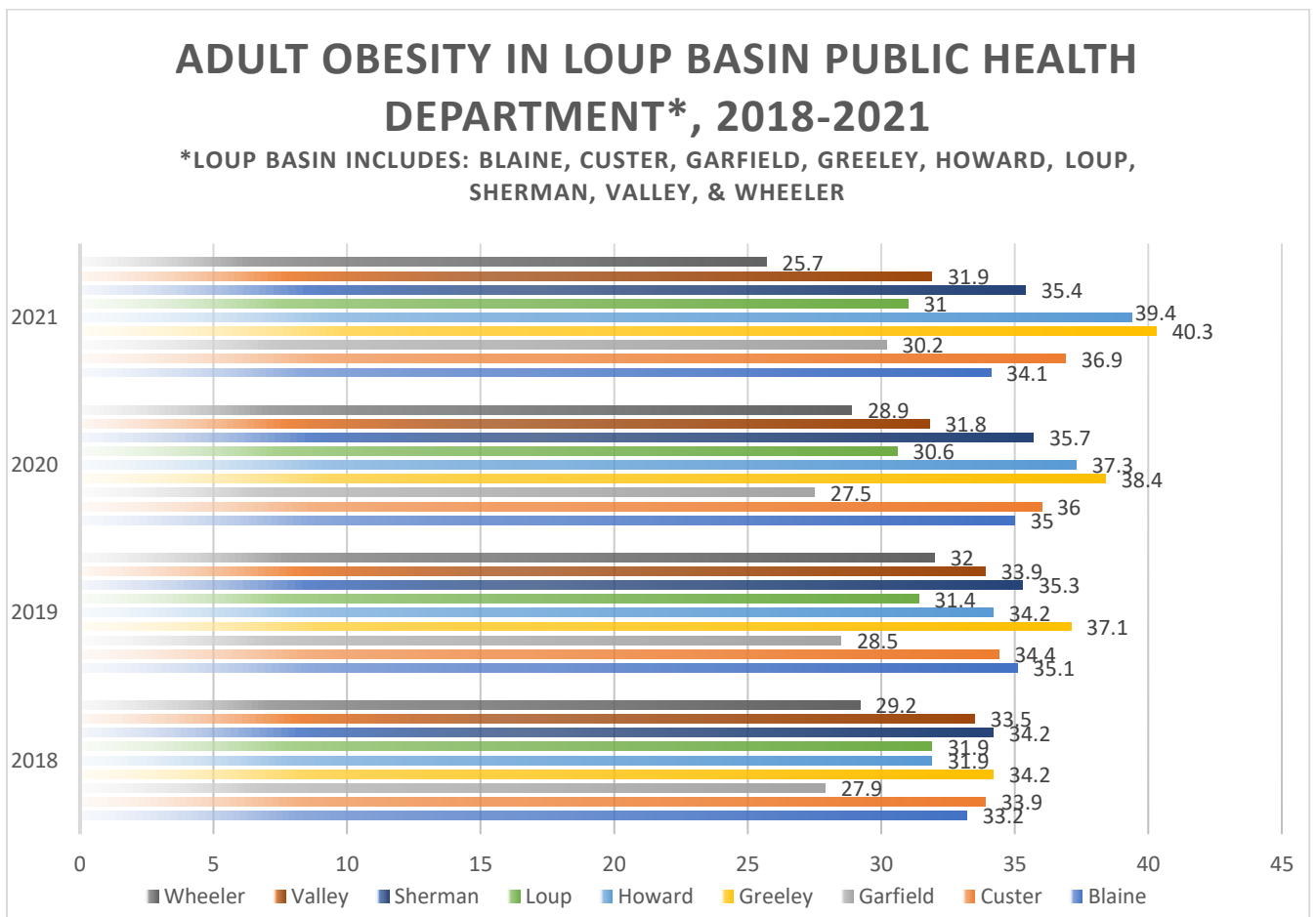
Figure 13: Average Annual Asthma Death Rates* by Local Health Department Region (1995-2016)



Retrieved from: Nebraska Asthma Coalition, 2022

According to Nebraska Asthma Coalition (2022) Nebraska has a low prevalence of asthma in comparison to many other states within the United States- meaning that less people have asthma per 1,000,000 population. Yet Nebraska had consistently higher death rates from 1995 to 2016 compared to the U.S. Of the Nebraskan population four Public Health Department districts have the highest asthma death rates within the state including Douglas County, Northeast Nebraska, Southeast District, and Loup Basin Public Health Departments.

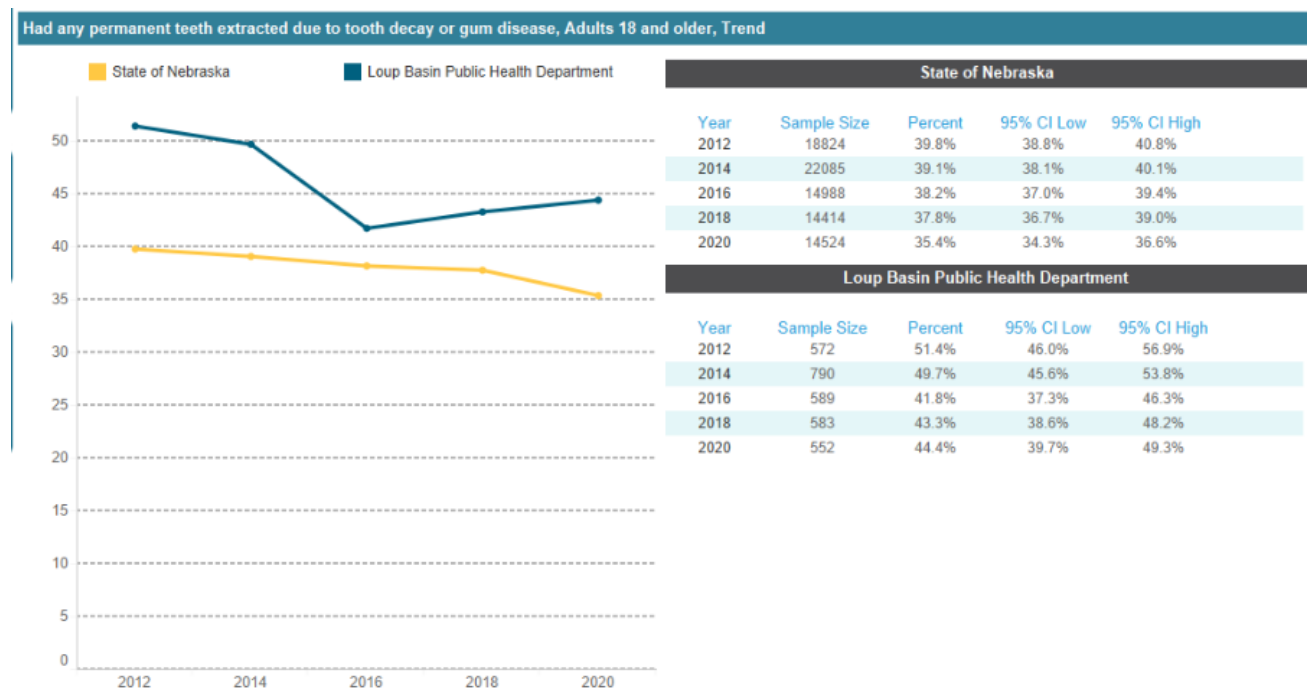
Figure 14: Adult Obesity in Loup Basin Public Health Department*, 2018-2021



Source: County Health Rankings & Roadmaps, County Health Rankings

Figure 14 above demonstrates an overall increase in adult obesity for the Loup Basin Public Health Department District from 2018 to 2021. The county with consistently the highest rate of obesity in adults was Greeley with a peak of 40.3% obesity in 2021. Meanwhile, Garfield county showed some of the lowest rates of adult obesity for this time period.

Figure 15: Had any permanent teeth extracted due to tooth decay or gum disease, Adults 18 and older, Trend



*Unstable estimate, use with caution. Consider multi-year combined data for more stable estimates.
 **Data suppressed due to small numbers. Consider multi-year combined data for a larger sample size.

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



Figure 15 shows that from 2012 to 2016 both the State of Nebraska and LBPHD District has decreasing amounts of permanent teeth extraction in adults over the age of 18. Yet after 2016, as Nebraska rates continued to lower, LBPHD District saw steady increases in teeth extraction from 2016 to 2020.

Behavioral Risk Factors Surveillance System

Each year, Loup Basin Public Health Department, working with the State of Nebraska, contracts the University of Nebraska Medical Center (UNMC) to conduct a telephonic survey to gather self-reported health data. This survey, the Behavioral Risk Factor Surveillance System (BRFSS), is done

nationally and is coordinated with each of the states through the Centers for Disease Control and Prevention. BRFSS data is not available on a county-by-county basis but rather paints a picture of the entire Loup Basin Public Health Department District.

This survey can be used to identify emerging health problems; establish and track health objectives; develop, implement, and evaluate a broad array of disease prevention activities; and support health-related legislative efforts.

According to Table 5 “BRFSS Health Data, Loup Basin Public Health Department and State, 2016-2020”, The number of those who self-reported having no healthcare coverage in LBPHD’s district for 2020 was 14.8%- this is 0.3% lower than the state of Nebraska. LBPHD’s district has higher ratings of having a personal doctor or health care provider available vs the state of Nebraska. The population statistics reported that only 5.3% of LBPHD’s district populous could not see a doctor when they needed to due to cost in 2020. LBPHD’s district reports higher rates of general health fair or poor compared to Nebraska with 13% and 10.8% reported respectively for 2020.

LBPHD’s district has consistently higher rates of cancer (in all forms) compared to the state of Nebraska from 2016 to 2020. In 2018 LBPHD had 11.1% populous with cancer vs Nebraska’s 5.6%. Additionally, Nebraska ‘s leading cause of death in 2020 was cancer according to the CDC.

LBPHD consistently reports less visits to a dentist or dental clinic (for any reason in the last year) and higher rates of permanent teeth extracted due to tooth decay or gum disease vs the state of Nebraska. Tobacco use in the form of cigarettes is consistently lower in LBPHD’s district from 2016 to 2020 compared to the state of Nebraska. However, smokeless tobacco use in LBPHD’s district is over double the rate of Nebraska’s use- with 10.7% and 5.3% reported respectively in 2020. Rates of asthma diagnosed from 2016 to 2020 are lower in LBPHD’s district with only 7.4% of the populous reporting asthma vs 10.7% of Nebraska’s populous for 2020. Also, rates of asthma for LBPHD’s district have been trending downward since 2019.

Unfortunately, the trend of adults reporting they are overweight (BMI = 25+) within our district is on a steady uphill climb, with 74.1% self-reporting this statistic for 2019 and 2020. However, obesity (BMI = 30+) was self-reported at 31.6% for LBPHD in 2020- this is the only year from 2016 through 2020 where LBPHD has a lower obesity rate than the state of Nebraska at 34% obesity.

Approximately 10.6% of LBPHD’s district in 2020 reported being diagnosed with diabetes (excluding pregnancy), which is 0.7% higher than the State of Nebraska. However, LBPHD’s district consistently reports lower rates of pre-diabetes vs Nebraska with 5.9% and 7.5% reported respectively for 2020. From 2017 to 2019 rates of high blood pressure present (excluding pregnancy) in LBPHD’s district have increased 3.6% to 36.7%. This is 5.7% higher than the state of Nebraska (31%) for 2019. Self-reporting for those in LBPHD’s district who have ever been told they had a heart attack or coronary heart disease decreased 1.6%, to 6.3%, in 2020. Which is still higher than the state of Nebraska at 5.3% for 2020.

For mental health, Nebraska as a whole has higher percentages of those told they have depression than within LBPHD’s district, 16.8% and 12.3% respectively in 2020. In addition, the rate of people being told they have depression in LBPHD is in a steady downward trend since 2016. Overall, LBPHD’s district reports better outcomes with alcohol consumption from 2017 to 2020 compared to the state of Nebraska. In 2020 only 5.7% reported heavy drinking in LBPHD’s district compared to 7.4% in Nebraska.

Under the Affordable Care Act (ACA) preventative immunizations are covered at 100%. According to the BRFSS data, Nebraskan's and the LBPHD population are not taking advantage of this. In 2020, Nebraska and LBPHD had 47.1% and 53.2%, respectively, receive their annual influenza vaccination for ages 18 and older. The adherence to this recommendation was better received in the 65+ age group with LBPHD reporting 62.5% and Nebraska reporting 71.7% being vaccinated annually for influenza.

Regarding injuries, LBPHD's district consistently has lower rates of wearing a seatbelt when driving or riding in a car vs the state of Nebraska from 2016 to 2020. In 2020 only 51% of LBPHD's district populous wore a seatbelt compared to 76.7% of Nebraska's total population- that's over a 25% difference! Additionally, this is demonstrated in Figure 20 "Always wear a seatbelt when driving or riding in a car, Adults 18+, Nebraska and Loup". LBPHD's district does a bit better with opioid use- reporting lower rates than Nebraska as a whole. However, in 2020 the rate of opioid use had increased to 2.7% in LBPHD's area (though still below the state level of 2.9%). This correlates to Figure 17 which shows opioid use in the state of Nebraska has steadily decreased (from 2018-2020) while in LBPHD's district it increased in 2020.

Table 5: BRFSS Health Data, Loup Basin Public Health Department and State, 2016-2020

Indicators	2016		2017		2018		2019		2020	
	LBPHE	NE	LBPHE	NE	LBPHE	NE	LBPHE	NE	LBPHE	NE
General Health Status										
General health fair or poor	1.5%	14.7%	15.1%	14.9%	14.7%	14.5%	15.6%	14.6%	13.0%	10.8%
Average number of days physical health was not good in past 30 days	3	3.3	3.6	3.3	3.2	3.4	3.3	3.4	2.8	2.6
Health Care Access and Utilization										
No health care coverage, 18-64 years old	15.1%	14.7%	18.2%	14.4%	12%	14.3%	14.6%	17.1%	14.8%	15.1%
Needed to see a doctor but could not due to cost in past year	7.7%	12.1%	8.7%	11.7%	7.3%	11.8%	8.6%	12.6%	5.3%	9.3%
Had routine checkup in past year	64.3%	65.4%	65%	66.7%	73.9%	72.4%	72.4%	72.9%	71.9%	72.8%
No personal doctor or health care provider	13.4%	19.1%	14.6%	19.9%	19.3%	22.3%	17.8%	20.4%	12.1%	20.5%
Cardiovascular										
Ever told they had a heart attack or coronary heart disease	7.1%	5.8%	9.5%	6.1%	8.2%	5.6%	7.9%	5.6%	6.3%	5.3%
Ever told they had a stroke	3.7%	2.8%	3.6%	2.9%	3.6%	2.8%	2.8%	2.9%	2.2%	2.4%
Ever told they have diabetes (excluding pregnancy)	9.7%	8.8%	11.1%	10.1%	10.2%	9.7%	9.3%	10.2%	10.6%	9.9%
Ever told they have pre-diabetes (excluding pregnancy)	5%	6%	3.7%	5.9%	-	-	-	-	5.9%	7.5%
Had cholesterol checked in past 5 years	-	-	81.3%	84.4%	-	-	80.1%	83.9%	-	-
Ever told they have high cholesterol, among those who have ever had it checked	-	-	33.2%	31.9%	-	-	33.1%	31.1%	-	-
Ever told they have high blood pressure, excluding pregnancy	-	-	33.1%	30.6%	-	-	36.7%	31%	-	-
Respiratory										
Ever told they have asthma	10.6%	12.4%	10.8%	12%	11.2%	13.2%	9.5%	12.4%	7.4%	10.7%
Ever told they have COPD	5.3%	5.8%	4.6%	5.7%	5%	6.3%	5.2%	5.7%	5.1%	5.2%
Cancer										
Ever told they have skin cancer	5.8%	5.5%	8.4%	5.6%	11.1%	5.6%	10.3%	6.7%	7.5%	5.9%
Ever told they have cancer (other than skin cancer)	7.1%	6.9%	9.6%	6.6%	9.1%	7.1%	8.6%	7%	9.2%	6.6%
Ever told they have cancer (in any form)	11.4%	11.2%	15.4%	11%	17.8%	11.3%	16.4%	12.4%	14.1%	11.3%
Tobacco										
Current cigarette smoker	13.9%	17%	13.7%	15.4%	11.5%	16%	10.9%	14.7%	11.3%	13.9%
Current smokeless tobacco use	9.8%	5.7%	8.7%	5.3%	10.6%	5.2%	10.3%	5.3%	10.7%	5.2%
Current e-cigarette use	2.4%	4.9%	3.7%	3.8%	2.6%	5.6%	2.1%	5.9%	3.4%	5.9%
Nutrition/Physical Activity										
Obese (BMI = 30+)	37.8%	32%	33.9%	32.8%	37.4%	34.1%	34.9%	34.1%	31.6%	34%
Overweight or Obese (BMI = 25+)	72.2%	68.5%	69.9%	69%	73.2%	68.9%	74.1%	69%	74.1%	69.8%
Consumed fruits less than 1 time per day	-	-	37.6%	36.9%	-	-	50.1%	39.5%	-	-
Consumed vegetables less than 1 time per day	-	-	20.5%	20%	-	-	19.3%	20.8%	-	-
No leisure-time physical activity in past 30 days	28.8%	22.4%	31.9%	25.4%	26.7%	23.8%	34.4%	26.9%	23.8%	21.5%
Met aerobic physical activity recommendation	-	-	47.7%	49.4%	-	-	47.9%	48%	-	-
Met muscle strengthening recommendation	-	-	25.7%	29.8%	-	-	32.8%	34.8%	-	-

Mental Health										
Ever told they have depression	14.9%	17.8%	13.6%	19.4%	13.3%	17.3%	13.4%	16.2%	12.3%	16.8%
Average number of days mental health was not good in past 30 days	2.5	3.2	3.2	3.4	2.1	3.6	3.3	3.7	2.6	3.8
Frequent mental distress in past 30 days	6.7%	9.5%	10%	10.5%	6%	11.2%	10.4%	11.3%	8.4%	11.9%
Alcohol										
Any alcohol consumption in past 30 days	61.5%	59.8%	53.7%	60.2%	53.2%	58.8%	56.9%	59.5%	56.5%	60%
Binge drank in past 30 days	22.3%	20%	16.7%	20.6%	18.5%	21.2%	18.5%	20.9%	20.4%	20.4%
Heaving drinking in past 30 days	6.6%	6.6%	4.9%	7%	5.1%	7.1%	5%	6.2%	5.7%	7.4%
Immunization and Infectious Disease										
Had a flu vaccination in past year, aged 18 and older	41.5%	44.4%	39.1%	46.7%	38%	39.4%	42.4%	49%	47.1%	53.2%
Had a flu vaccination in past year, aged 65 and older	59.6%	62.7%	54.1%	65.5%	53.3%	57.9%	56.4%	67.5%	62.5%	71.7%
Ever had a pneumonia vaccination, aged 65 and older	71.1%	75.9%	68.8%	78.9%	74.3%	76.6%	71.4%	76.1%	68.4%	75.3%
Ever had a shingles vaccination, aged 50 and older	-	-	30.7%	35.2%	-	-	-	-	38.8%	36.9%
Oral Health										
Visited a dentist or dental clinic for any reason in past year	63.9%	68.7%	-	-	62%	67.7%	-	-	67%	68.1%
Had any permanent teeth extracted due to tooth decay or gum disease	41.8%	38.2%	-	-	43.3%	37.8%			44.4%	35.4%
Injury										
Always wear a seatbelt when driving or riding in a car	49.1%	73.8%	56.9%	76.3%	53.3%	75.2%	-	-	51%	76.7%
Texted while driving in past 30 days	-	-	26.8%	26.6%	-	-	-	-	-	-
Talked on cell phone while driving in past 30 days	-	-	65.4%	65.5%	-	-	-	-	-	-
Injured due to a fall in past year, aged 45 and older	12.1%	10.1%	-	-	12.2%	9.7%	-	-	6.7%	8%
Additional										
Opioid misuse in past year	-	-	-	-	1.8%	4.3%	1.7%	3.4%	2.7%	2.9%
Work-related injury or illness in past year, among employed or recently out of work	8%	4.3%	6.7%	4.8%	-	-	-	-	-	-
Had a fall in past year, age 45 years and older	35.5%	29%	-	-	31.5%	25.3%	-	-	30.6%	23.7%
Injured due to a fall in past year, age 45 years and older	12.1%	10.1%	-	-	12.2%	9.7%	-	-	6.7%	8%

Red shaded boxes: LBPHD statistical significance of **worse** rate than State of Nebraska

Green shaded boxes: LBPHD statistical significance of **better** rate than State of Nebraska

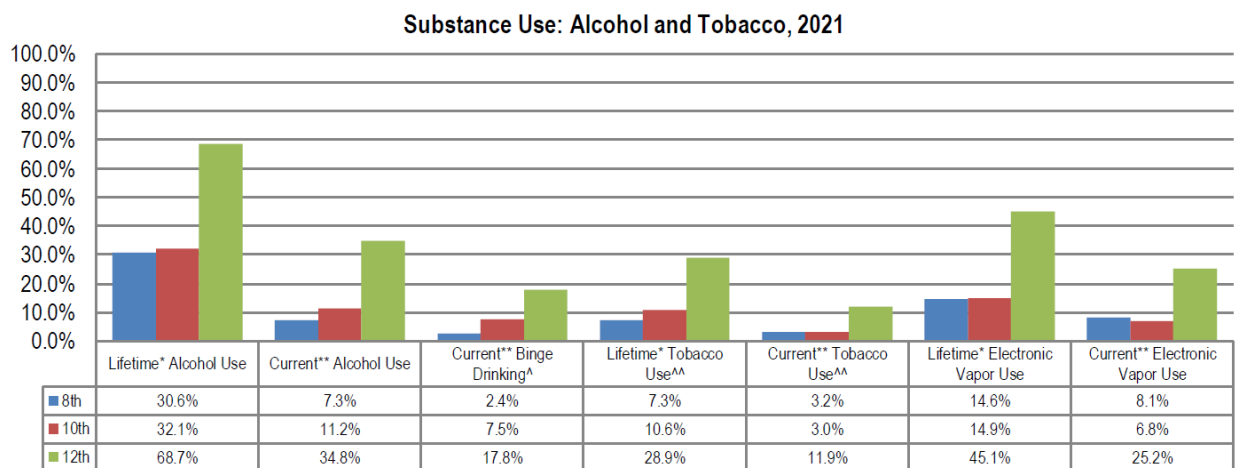
Youth Risk Factors

The Nebraska Risk and Protective Factors Student Survey (NRPFS) is a biennial survey of the students in grades 8, 10 and 12. The goal of the survey is to provide schools and communities with local-level data; therefore it is implemented as a census survey meaning every public and non-public school with an eligible grade can choose to participate. The data presented from this report is not intended to be a representative of a statewide sample.

The survey is designed to assess adolescent substance use, delinquent behavior and many of the risk and protective factors that predict adolescent problem behaviors. These risk and protective factors also highly correlate with substance abuse as well as delinquency, teen pregnancy, school dropout and violence.

The report is generally a good indicator of the problem behaviors and protective factors if there was 60% or more participation. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results. For the 2018 NRPFS report, less than 60% participated in the report meaning state-level results should be interpreted with caution. Statewide only 30.9% of the total enrolled in the designated grade levels participated. This puts the statewide total enrollment at the same amount as the previous 2016 NRPFS report (30.9%). Both participation amounts are lower than prior editions of this report.

Figure 16: Substance Use: Alcohol and Tobacco, 2021

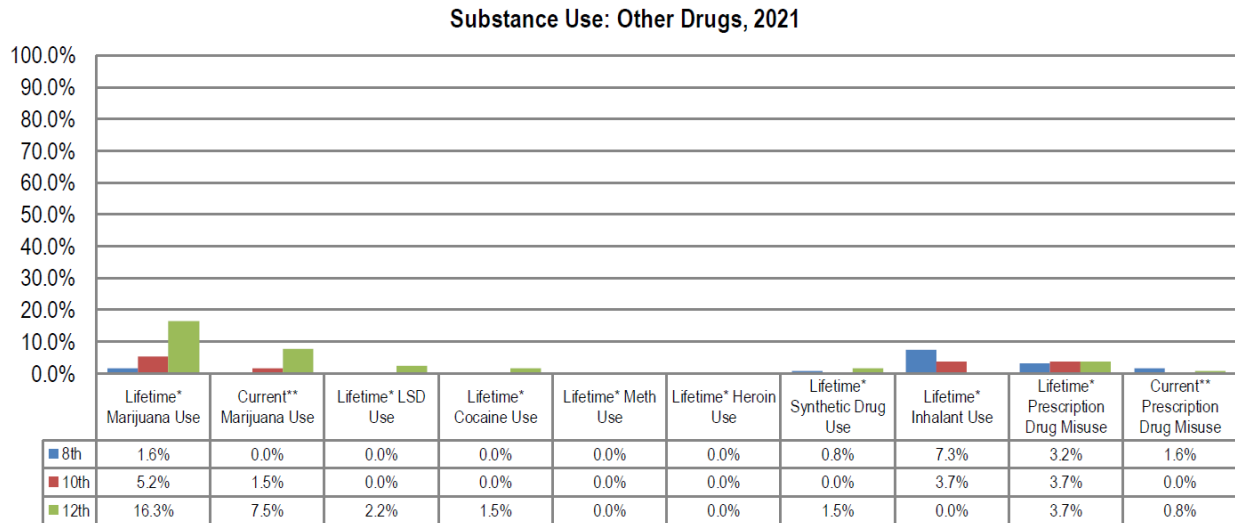


Notes: *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. [^]Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^{^^}Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

Source: Nebraska Risk and Protective Factors Student Survey (NRPFS), 2021

Compared to the results in the 2018 SHARPS Survey, alcohol use has overall increase while tobacco use has decreased. All grades reported lower use of tobacco in all categories. Meanwhile, alcohol use has increased in every category for 12th grades and ‘current binge drinking’ had increased for every grade (8th, 10th, 12th).

Figure 17: Substance Use, Other Drugs, 2021

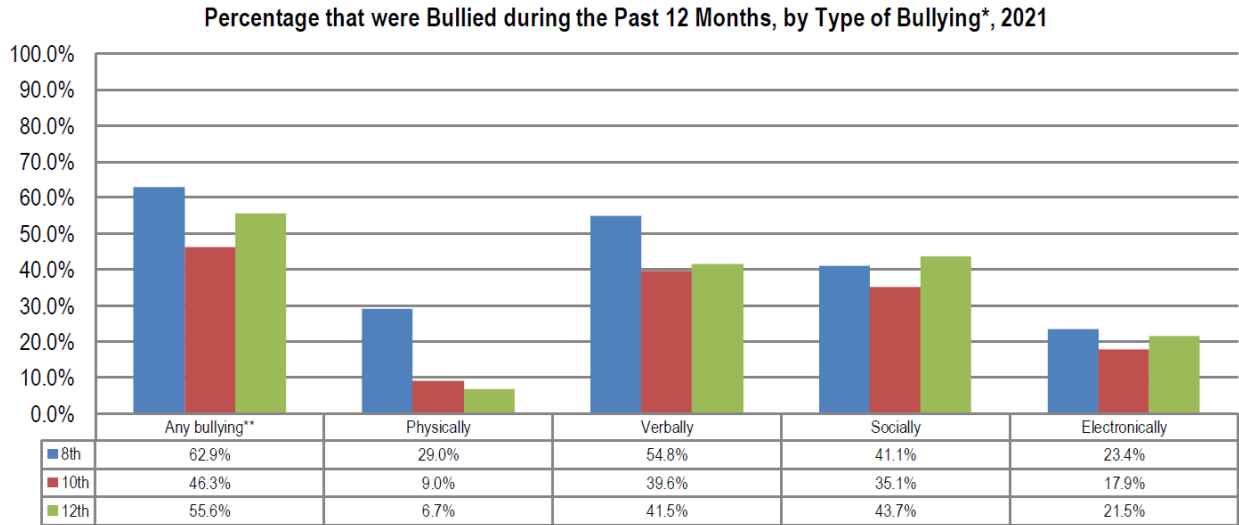


*Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.*

Source: Nebraska Risk and Protective Factors Student Survey (NRPFS), 2021

Figure 17 depicts the substance use of marijuana, heroin, ecstasy, synthetic drugs, prescription drugs and other illicit drugs. According to this Figure, all marijuana use (lifetime and current) has decreased for all grades since the 2018 report. No grades reported use of Meth or Heroin and only 12th grade reported lifetime use of LSD and Cocaine – both of which were lower than in 2018 by 3.1% and 1% respectively.

Figure 18: Percentage that were Bullied during the Past 12 Months, 2021



*Note. *Percentage who reported one or more occurrences of each type of bullying. **Percentage of students who reported one or more occurrences of one or more of these types of bullying.*

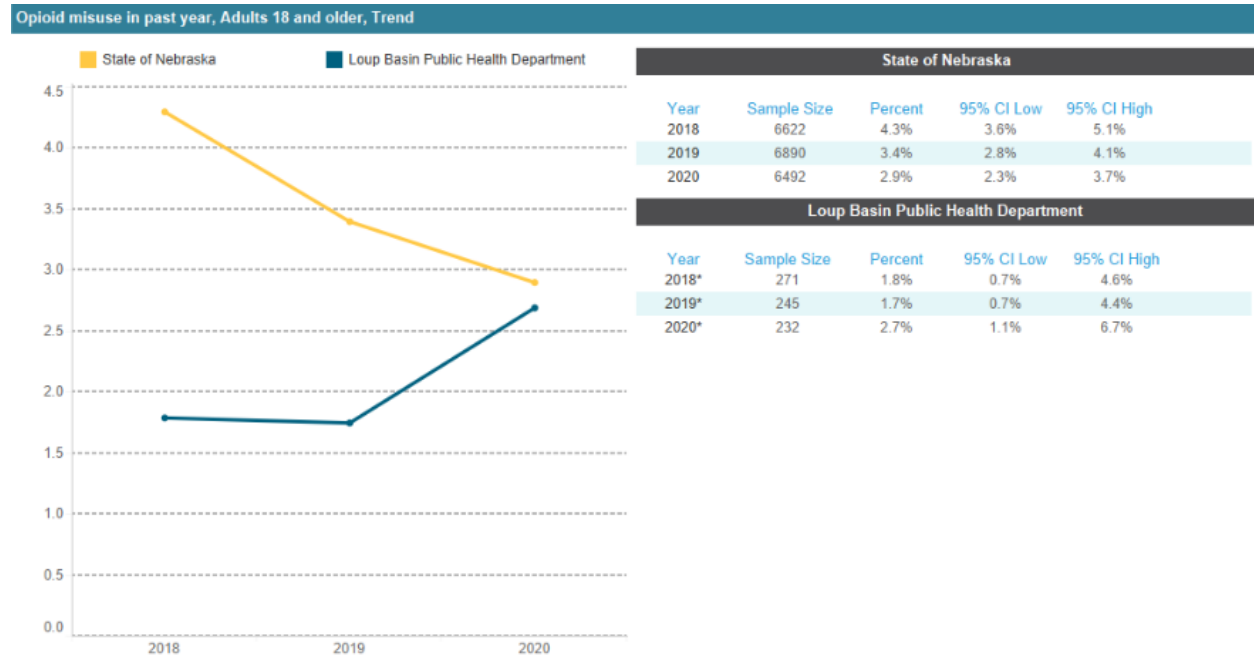
Source: Nebraska Risk and Protective Factors Student Survey (NRPFSS), 2021

Bullying questions were added to the NRPFSS survey in 2010 in response to interest from school and community leaders. Overall 8th graders reported the most bullying while 10th graders reported the least amount of bullying (minus physical bullying). Lastly, 12th graders reported increased bullying in all categories except physical bullying compared to the prior 2018 report.

Unintentional Injury

According to the previous 2019 Community Health Assessment unintentional injury was the fourth leading cause of death recorded in Loup Basin Public Health Department’s district. Each year, NE DHHS tracks unintentional injuries for LBPHD including motor vehicle crashes. For 2022 LBPHD will also be tracking opioid use and rates of occupational injuries in the area.

Figure 19: Opioid Misuse in the past year, Adult 18 and older, Trend, 2018-2020



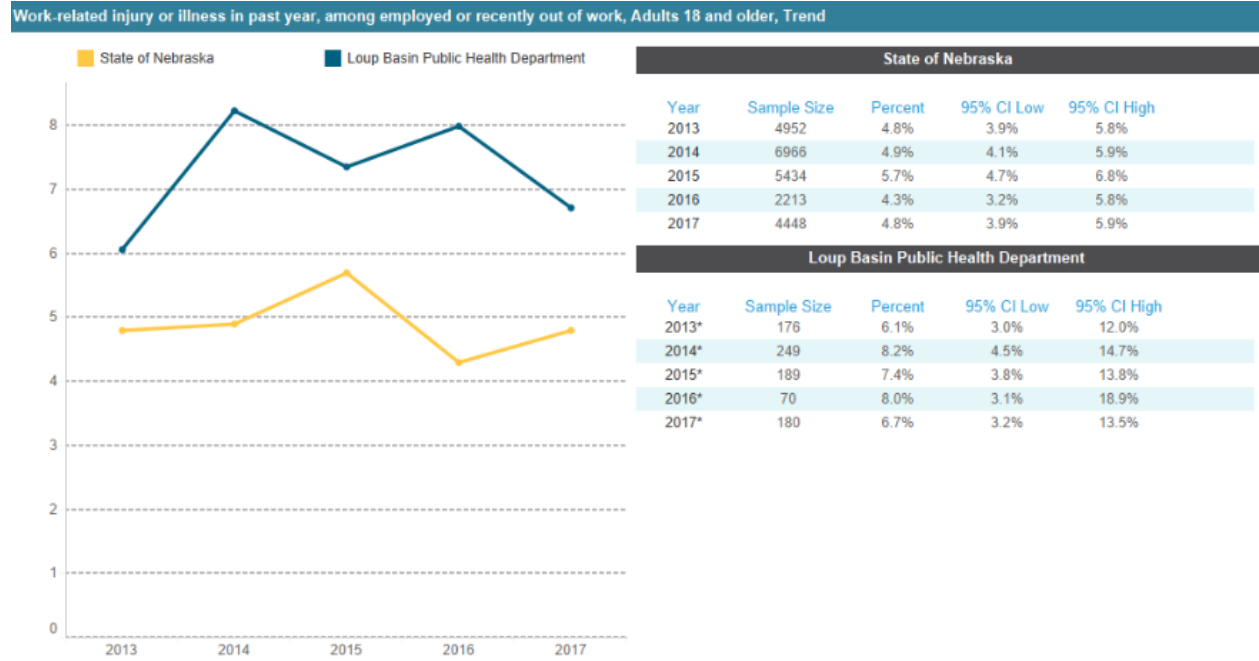
*Unstable estimate, use with caution. Consider multi-year combined data for more stable estimates.
 **Data suppressed due to small numbers. Consider multi-year combined data for a larger sample size.

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



According to Figure 19, opioid use has been steadily decreasing for the state of Nebraska from 2018 to 2020. However, for the LBPHD District there was only a slight decrease from 2018 to 2019 (-0.1% of population used). In contrast, for 2020 LBPHD District saw over 1/3 increase in opioid use (+1.0% of population used) since 2019.

Figure 20: Work-related Injury or Illness in past year, among employed or recently out of work, Adults 18 and older, Trend 2013-2017



*Unstable estimate, use with caution. Consider multi-year combined data for more stable estimates.
 **Data suppressed due to small numbers. Consider multi-year combined data for a larger sample size.


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

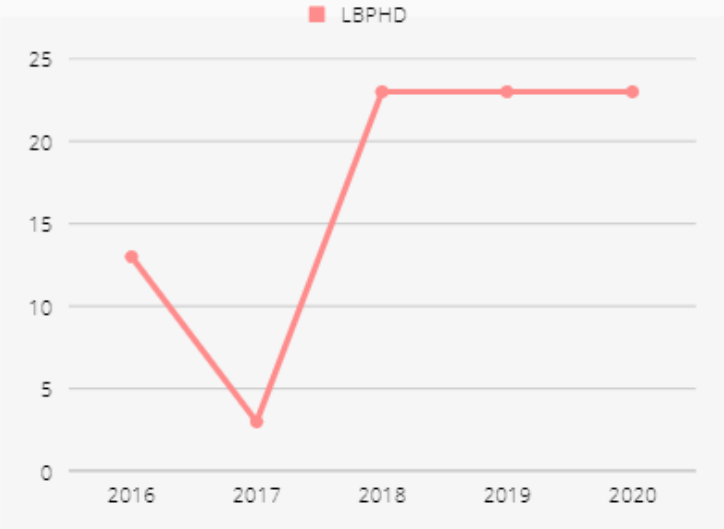


From 2013 through 2017, the district’s work-related injury rate for adults over 18 has been consistently higher than that of the State of Nebraska, according to the CDC. LBPHD District is showing a downward trend as of 2017 for work-related injuries as rates start increasing for the state of Nebraska.

Figure 21: LBPHD Crude Death Rate of Fatal Motor Vehicle Accidents, 2016-2020
CRUDE DEATH RATE OF FATAL MOTOR VEHICLE ACCIDENTS IN LOUP BASIN PUBLIC HEALTH DEPARTMENT*, 2016-2020

*Loup Basin Public Health Department consists of 9 counties: Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler.

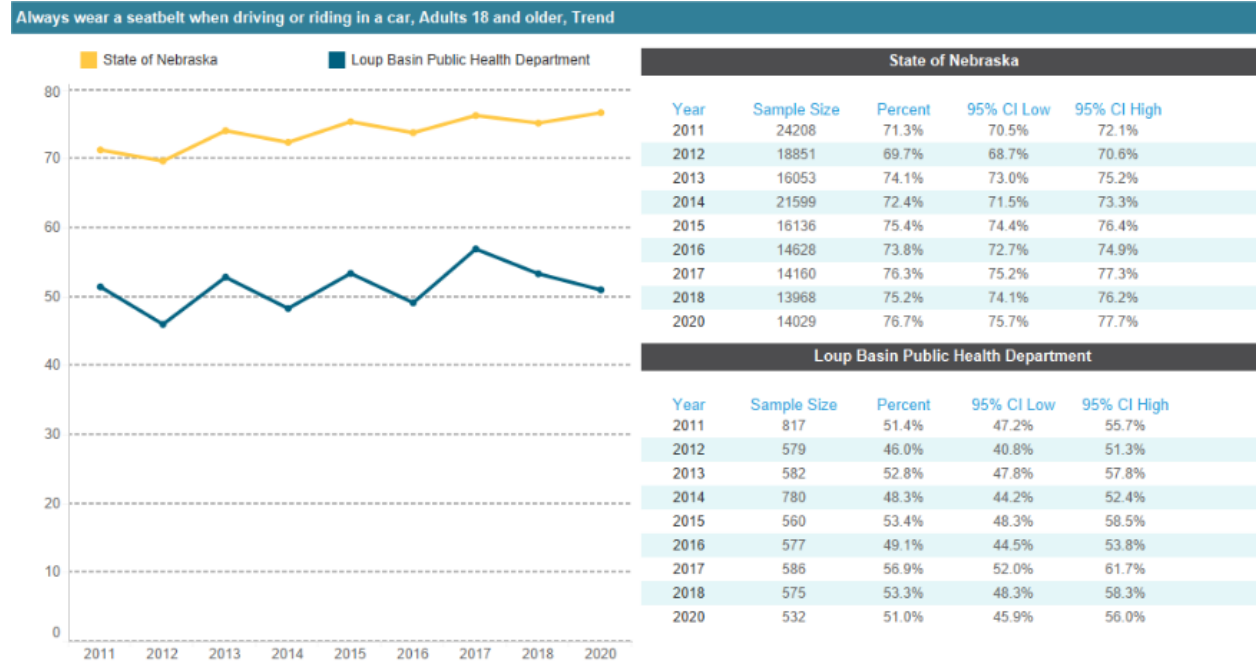
Loup Basin Public Health Department 
 The crude death rate for 2018 to 2020 in LBPHD has stayed at 23 per 100,000 population.



Source: Nebraska Department of Transportation, 2022

As depicted in Figure 21, the crude death rate of fatal motor vehicle accidents has stayed the same at twenty-three deaths per 100,000 population from 2018 through 2020. Compared to the prior version of this graph in the previous Community Health Assessment (CHA) the death rate has increased significantly.

Figure 22: Always Wear a Seatbelt when Driving or Riding in a Car, Adults 18+, Nebraska and Loup



*Unstable estimate, use with caution. Consider multi-year combined data for more stable estimates.
 **Data suppressed due to small numbers. Consider multi-year combined data for a larger sample size.

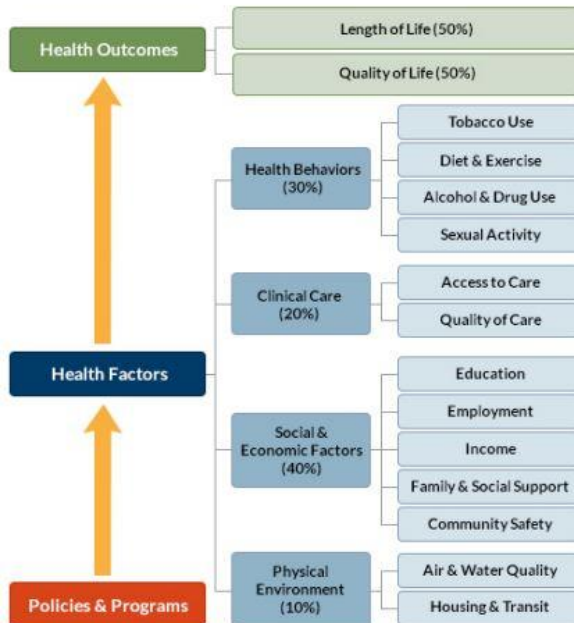
Source: Behavioral Risk Factor Surveillance System (BRFSS), Nebraska DHHS



Figure 21 depicts a grim statistic that Loup Basin Public Health Department has a death rate due to - motor vehicle crashes that is significantly higher than the Nebraska state average. This large difference has been noted seen since 2012 and coincides with the seatbelt rate (Figure 22) for Loup Basin Public Health Department being significantly lower than the state average.

County Health Rankings

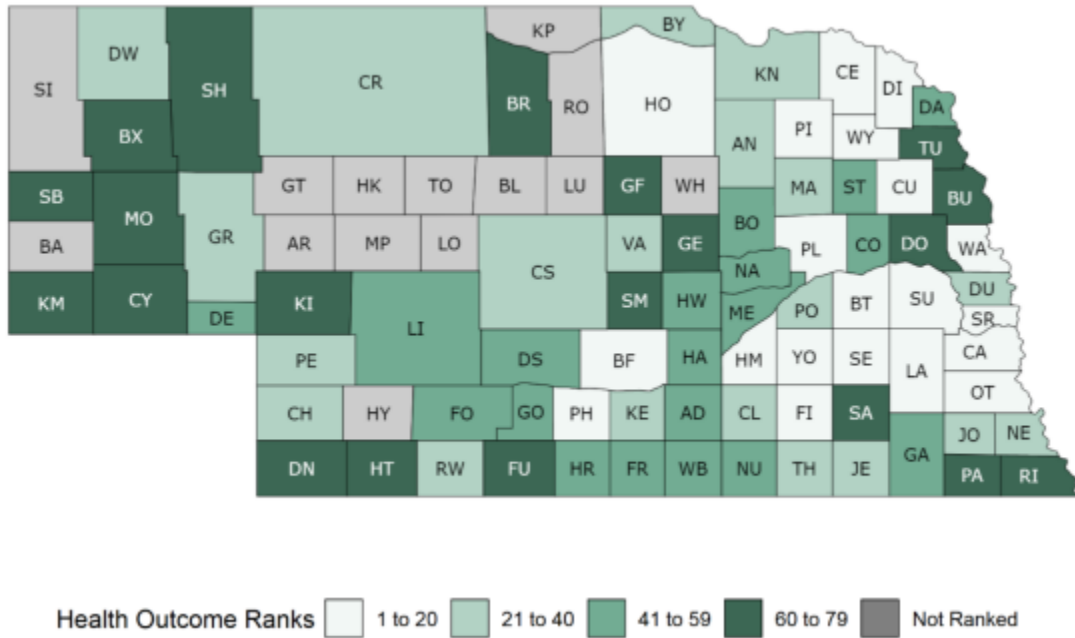
Figure 23: County Health Rankings Model (2022)



Each year the Robert Wood Johnson Foundation (RWJF) partners with the University of Wisconsin Population Health Institute (UWPHI) to rank the health of nearly every county in the nation. The County Health Rankings illustrate what we know when it comes to what is making people healthy or sick. The Rankings are unique in their ability to measure the current overall health of each county in all 50 states. They also look at variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities can use these rankings to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers and the public.

This model, from the 2022 rankings, (Figure 23) shows that one must do more than just exercise and eat well to have good health. Where we live, our environment, education, medical care and the behavioral choices we make all impact healthy outcomes.

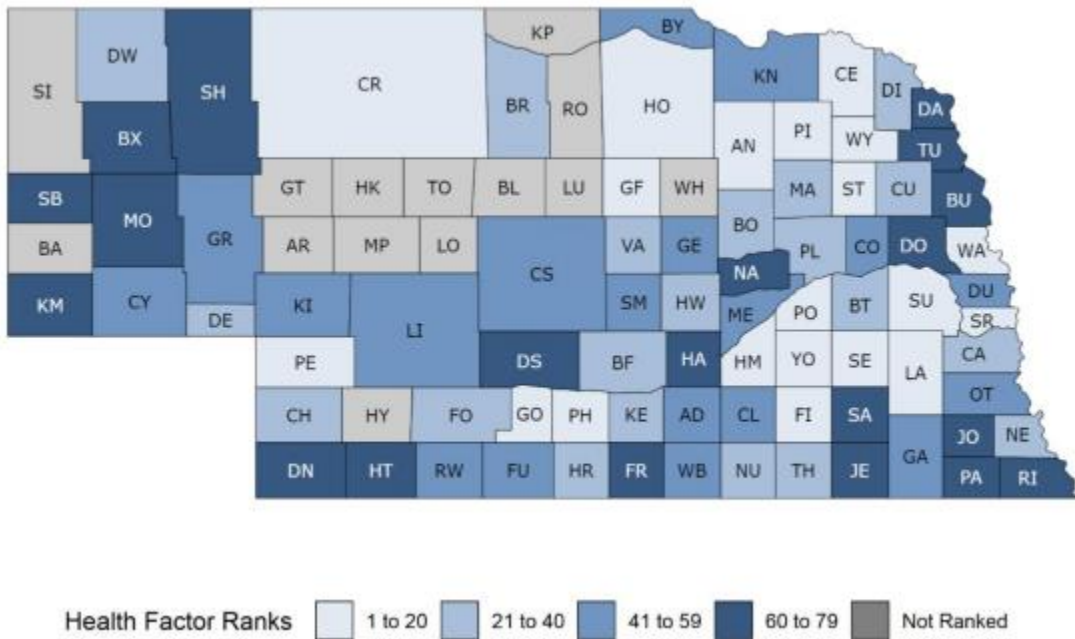
Figure 24: Nebraska Health Outcome Rankings, 2022



Source: County Health Ranking and Roadmap: 2022 State Report Nebraska

As seen above, Figure 24 shows the distribution of Nebraska’s health outcomes (for 2022) which is based on an equal weighting of length and quality of life. Lighter colors indicate better performance in the rankings meaning that Custer County and Valley County have the best measured health outcomes of the 9 counties. Meanwhile Garfield, Greeley, and Sherman counties have the worst health outcomes. The counties of Blaine, Loup, and Wheeler are not ranked.

Figure 25: Nebraska Health Factors, 2022



Source: County Health Ranking and Roadmap: 2022 State Report Nebraska

Figure 25 displays Nebraska’s summary ranks for health factors, based on weighted scores for health behaviors, clinical care, social and economic factors, along with the physical environment for 2022. Lighter colors indicate better performance in the respective rankings. As you can see Garfield County has the highest health factor measured of all 9 counties. Custer, Sherman, and Greeley counties show the lowest health factor rank while counties Blaine, Loup, and Wheeler are too small to have a measured rank.

Table 6: County Health Rankings, Loup Basin Public Health Department district, 2022

County	Health Outcomes Ranking	Health Factors Ranking
Blaine	NR	NR
Custer	30	45
Garfield	65	8
Greeley	61	44
Howard	47	38
Loup	NR	NR
Sherman	60	41
Valley	29	27
Wheeler	NR	NR

Source: County Health Ranking and Roadmap: 2022 State Report Nebraska

Rankings are given to the top 79 counties; those with the smallest populations are not ranked. A ranking of 1st is considered to be the healthiest county and 78th the unhealthiest. In LBPHD’s district, Blaine, Loup, and Wheeler counties are not ranked.

- With the exception of Greeley and Valley, all other counties that are ranked within our district have increased (Table 6). Greeley was previously ranked 65th in Health Outcomes and 75th in Health Factors and now it ranks 61st in Health Outcomes and 44th in Health Factors. Whereas Valley was previously ranked 38th in Health Outcomes and 47th in Health Factors and now is ranked 29th in Health Outcomes and 27th in Health Factors. This indicates that these counties are practicing healthy behaviors and that their socioeconomic environments along with healthcare and infrastructure are more conducive to healthy living. This also means that all the other counties (with the exceptions of Blaine, Sherman, and Wheeler) are ranking worse than they previously did in 2018 and therefore more steps need to be taken to enhance the overall health of those areas.

In the 2022 County Health Rankings, our highest rating was Valley at 29th for Health Outcomes and 27th for Health Factors.

It is important to note that the County Health Rankings use broad measures that are standardized based on multiple years of data to account for counties of all sizes and make them comparable. Therefore, local data must take precedence. Regardless of the limitations of the County Health Rankings, it gives us a snapshot of the health of the county and helps demonstrate how LBPHD’s district is doing in relation to each other and in comparison, to the rest of Nebraska.

FORCES OF CHANGE ASSESSMENT

Purpose

The Forces of Change (FOC) Assessment is aimed at identifying forces – such as trends, factors, or events – that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- Trends – patterns over time
- Factors – circumstance, fact, or influence that contributes to a result or outcome
- Events – one-time occurrences

Methodology

LBPHD was unable to conduct a forces of change assessment this time around but here is the data from previous years. We are working to conduct a brainstorming session to get this assessment completed soon, so updated results for this assessment are coming.

LBPHD's MAPP Steering Committee attended a brainstorming session to identify the forces of change facing the Loup Basin health district. During the FOC Assessment, participants answered the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Representatives from 6 of the 9 counties that Loup Basin Public Health Department serves were present. Participants included health professionals, school representatives, business owners, farmers and ranchers, and other individuals long involved in their local communities.

Through a facilitated brainstorming discussion, participants shared their ideas and insights and assembled a comprehensive list of forces that affect the health and quality of life in their community. The identified forces were reviewed and for each force, associated threats and opportunities for the community and the local public health system were identified.

Results

Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created
Nebraska Child Safety Restraint law (effective January 1, 2019)	(1) Burden on low-income families to buy car seats (2) Very low compliance with past laws	(1) Increased opportunities for HD to do community outreach (2) Car set technicians (3) Funding for car seats through grants
Measles Outbreak	(1) Exposure to a preventable disease (2) Missing work / lack of income (3) Healthcare costs (4) Lack of education	(1) Increased opportunities for HD to do community outreach (2) Increase in people receiving vaccinations
Immigration	(1) Communication barrier (2) Exposure to diseases (3) Cost to community / lack of healthcare (4) Separation of families (5) Drugs entering the community	(1) Access to translators (2) Promotion of preventative health screenings
Retaining volunteers of EMS and Fire Department	(1) Aging population of current volunteers (2) A large time commitment for volunteer and family (3) A large liability	(1) Retention of elderly safely at home for longer in community (2) Stabilizes rural communities (3) Good community outreach

Lack of OB services	(1) Increase of infant and maternal mortality rates (2) Growth of a community (3) Decrease prenatal care (4) Families leave area for additional medical services	(1) Solicitation of OB doctors (2) EMS can expand knowledge / supplies must be on hand (3) Primary doctors cover prenatal
High demand of shingles vaccine	(1) Increased outbreaks (2) People aren't getting second shot to complete series (3) Quality of life is lowered	(1) Public awareness is increased (2) Increase in ordering vaccine

Summary

The results of the FOC Assessment will be used both for reporting back to key stakeholders and identifying strategic issues.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Purpose

The Local Public Health System (LPHS) Assessment, designed by National Public Health Performance Standards Program, measures the ten essential public health services. The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance.

Methodology

To conduct the 2023 LPHS Assessment Loup Basin Public Health Department utilized Qualtrics. All 10 essential health services were considered and the survey format of Qualtrics was used as the voting method. There were 9 participants in the assessment, representing a wide array of organizations within the local public health system.

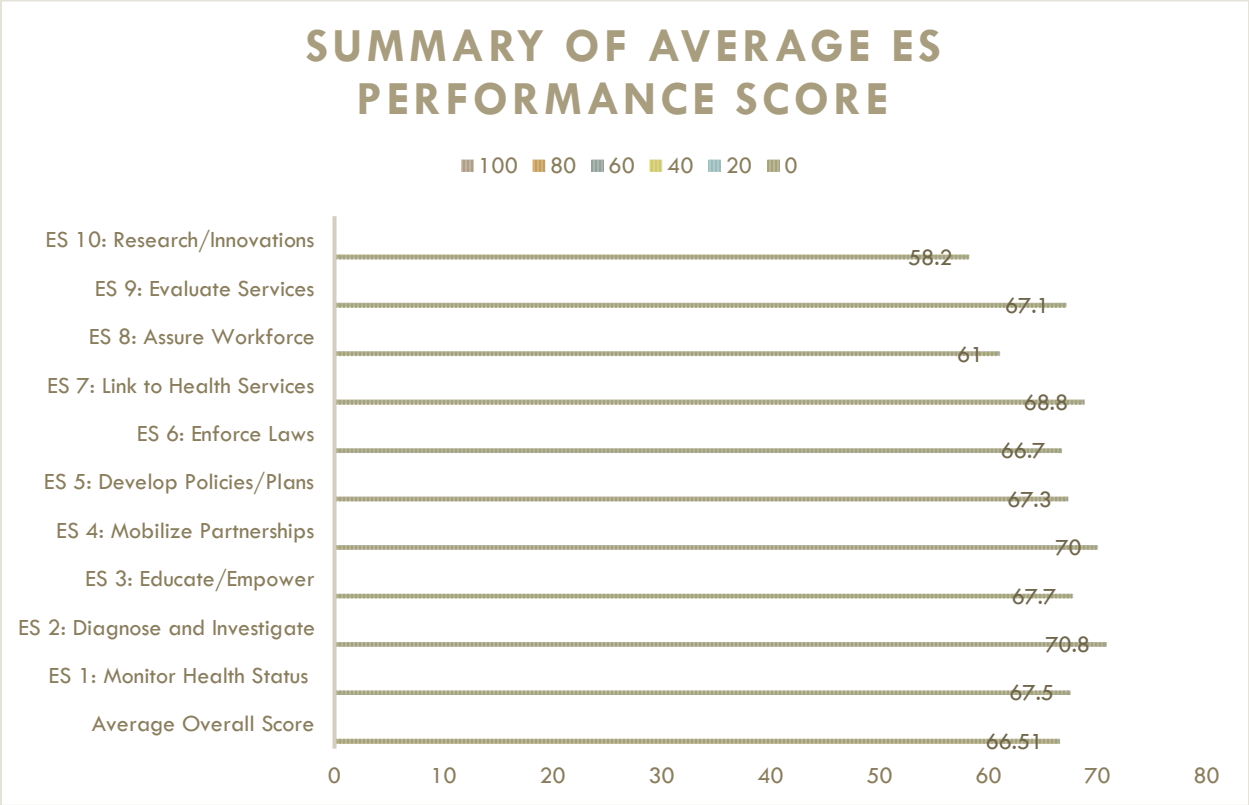
Each participant rated the level of activity for each essential service and model standards according to table 1 below.

Table 1. Summary of Assessment Response Options	
Optimal Activity (1-25%)	Greater than 75% of the activity described within the question is met.
Significant Activity (30-70%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (16-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (16-35%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Assessment Results

Based upon the responses provided by the participants during the assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which the public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

The graph below displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.



In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Also, within this table performance scores from the 2019 assessment and 2022 assessment can be compared. According to the average overall score, LBPHD score has increased 6.4.

Table 2. Model Standards by Essential Services	Performance Scores 2019	Performance Scores 2022
ES 1: Monitor Health Status	54.2	67.5
1.1 Community Health Assessment	50.0	67.7
1.2 Current Technology	50.0	65.6
1.3 Registries	62.5	70
ES 2: Diagnose and Investigate	63.9	70.8
2.1 Identification/Surveillance	58.3	75

2.2	Emergency Response	58.3	70
2.3	Laboratories	75.0	68.8
ES 3: Educate/Empower		58.3	67.7
3.1	Health Education/Promotion	50.0	68.3
3.2	Health Communication	58.3	66.7
3.3	Risk Communication	66.7	68.3
ES 4: Mobilize Partnerships		56.3	70
4.1	Constituency Development	62.5	70
4.2	Community Partnerships	50.0	70
ES 5: Develop Policies/Plans		52.1	67.3
5.1	Governmental Presence	25.0	70
5.2	Policy Development	58.3	68.3
5.3	CHIP/Strategic Planning	50.0	65
5.4	Emergency Plan	75.0	65
ES 6: Enforce Laws		65.7	66.7
6.1	Review Laws	68.8	66.3
6.2	Improve Laws	58.3	66.7
6.3	Enforce Laws	70.0	67
ES 7: Link to Health Services		71.9	68.8
7.1	Personal Health Service Needs	68.8	67.5
7.2	Assure Linkage	75.0	70
ES 8: Assure Workforce		75.0	61
8.1	Workforce Assessment	75.0	65
8.2	Workforce Standards	75.0	60
8.3	Continuing Education	75.0	60
8.4	Leadership Development	75.0	60
ES 9: Evaluate Services		60.4	67.1
9.1	Evaluation of Population Health	50.0	66.6
9.2	Evaluation of Personal Health	41.7	66.6
9.3	Evaluation of LPHS	25.0	68.3
ES 10: Research/Innovations		43.1	58.2
10.1	Foster Innovation	62.5	56.7
10.2	Academic Linkages	41.7	57.8
10.3	Research Capacity	25.0	60
Average Overall Score		60.1	66.5

The data created from this assessment establishes the foundation upon which the local public health system (LPHS) can set priorities for performance improvement and gives the LPHS the ability to identify specific quality improvement projects.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Summary

Two elements comprise the 2021-22 Loup Basin Community Health Needs Assessment: a community survey and key informant interviews. For the 2021-22 survey, the main focus was on COVID-19 including such topics as COVID-19 impacts on the community, access to testing and the vaccine. Key informant interviewees included health professionals, school administrators, and other individuals long involved in their local communities, who provided their perspectives about the quality of life in their community. Following are highlights from the 2021-22 Loup Basin Community Survey and Key Informant Interviews

Loup Basin Community Survey – 2021-22 highlights

- The top three perceived health problems indicated by respondents were (1) Alcohol, Drugs, and Tobacco use (indicated by 62%), (2) Mental Health Problems (56%), and (3) Heart Disease and Stroke (41%). Mental Health Problems increased substantially as a community concern from 2015 and 2018.
- The most common employment impact from COVID-19 was a transition to working from home, of which 16% reported this change.
- Over one-third (36%) of survey respondents have had or currently have COVID-19.
- Among those who answered the question about receiving medical care after contracting COVID-19, 32% received medical care but were not hospitalized, while an additional 2% were hospitalized.
- The vast majority of respondents reported having proper access to get a COVID-19 test and the COVID-19 vaccine.
- Nearly one-third (30%) indicated that isolation/avoiding large crowds has been the biggest way that the pandemic has impacted their day-to-day life.
- Only 16% of respondents reported no stress at all related to the pandemic, while 7% reported severe stress.
- Over one-fourth of respondents (26%) do not feel they are getting adequate information regarding COVID-19.

Key Informant Interviews – 2021-22 highlights

Key informants indicated many strengths in their respective communities, including medical services, community cohesion (low crime, neighborly and friendly people), opportunities for physical activity (yoga, walking, outdoor activities), progressive and future-oriented communities, and a clean environment.

The top three factors detrimental to the quality of life in the community were (1) a need for more affordable housing, (2) the remoteness from some specialized medical services (for example, psychiatry, optometry, and emergency services), and (3) a need for better paying jobs

2021-22 Community Health Needs Assessment Overview and Methodology

In 2021-22, the Loup Basin Public Health Department conducted a Community Health Needs Assessment. This needs assessment provides valuable data on community perceptions that can be used by the health department for planning purposes. The needs assessment also provides the three major hospitals in the area with valuable data for their own planning processes. The three major hospitals in the area served by the Loup Basin Public Health Department are located in Custer, Howard, and Valley Counties (see Appendices A, B, and C for survey results specific to these three counties). In addition, the following other counties are served by Loup Basin: Blaine, Loup, Wheeler, Garfield, Greeley, and Sherman. See Appendix D for a summary of the results for Garfield County. The sample sizes for the remaining counties were too small to allow for county-level results.

Two elements comprise this needs assessment: a community survey and a key informant interview. Following is a brief description of the survey and key informant interview, as well as the methodology used to collect each.

Loup Basin Community Survey

The Loup Basin Community Survey was administered as a paper survey and an online survey to assess various aspects of a healthy community, with a specific focus on issues related to the COVID-19 pandemic. A Community Health Needs Assessment for the Loup Basin District was previously conducted in 2015 and 2018; however, limited trend analysis was feasible as the majority of the 2021-22 survey questions were about the COVID-19 pandemic and the effect on the community. The data was collected between December 2021 to March 2022. The paper and online surveys varied in questions in some instances. In those cases, they are reported separately in the results section of this report.

Key Informant Interviews

Health professionals, school administrators, and other individuals long-involved in their local communities were asked to participate in a brief eight-question interview about the quality of life in their community. Key informants were selected based on their knowledge, insight, and involvement with their community. A total of 14 interviews were conducted in December 2021 and January of 2022.

Loup Basin Community Survey Results Demographics

There was a total of 1,203 respondents to the Loup Basin Community Survey in 2021-22. While each county was represented in the survey, the majority of respondents came from Custer, Valley, Howard, and Garfield counties (Figure 1).

Figure 1	Respondents by county (percentage of survey sample)		
	2015	2018	2021-2022
Blaine	14 (3.2%)	13 (2.1%)	44 (3.4%)
Custer	115 (26.3%)	215 (34.0%)	195 (16.2%)
Garfield	56 (12.8%)	109 (17.2%)	91 (7.6%)
Greeley	23 (5.3%)	18 (2.8%)	63 (5.2%)
Howard	66 (15.1%)	63 (10.0%)	157 (13.1%)
Loup	9 (2.1%)	7 (1.1%)	78 (6.5%)
Sherman	13 (3.0%)	40 (6.3%)	109 (9.1%)
Valley	85 (19.4%)	109 (17.2%)	364 (30.3%)
Wheeler	20 (4.6%)	18 (2.8%)	34 (2.8%)
Other (outside of Loup Basin)	22 (5.0%)	24 (3.8%)	68 (5.7%)
Unidentified (zip code not provided)	15 (3.4%)	17 (2.7%)	0 (0%)
Total	438	633	1203

There was a fairly even distribution of respondents across all age groups, with the exception of the 25 and under age group in the three years of the survey (Figure 2).

Figure 2	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=433)	7.1%	24.5%	24.7%	22.8%	20.9%
2018 (n=631)	6.2%	23.8%	26.6%	22.3%	21.1%
2021-22 (n=649)	3.2%	30.5%	30.7%	19.7%	15.9%

In all survey administrations, females considerably outnumbered males (Figure 3).

Figure 3	Gender	
	Male	Female

2015 (n=433)	23.3%	76.7%
2018 (n=623)	17.3%	82.7%
2021-22 (n=1276)	25.9%	74.1%

Many respondents identified as White/Caucasian in all survey administrations (Figure 4).

Figure 4	Race/ethnicity					
	African American/ Black	Asian/ Pacific Islander	Hispanic/ Latino	Native American	White/ Caucasian	Two or more races
2015 (n=432)	0.5%	0.5%	0.5%	0.5%	97.9%	0.2%
2018 (n=627)	0.3%	0.0%	0.6%	0.8%	97.9%	0.2%
2021-22 (n=1286)	0.6%	0.0%	0.4%	0.7%	97.7%	0.5%

The majority of respondents represent long-standing in their community, with around three-fourths reporting that they have lived in their community for 10 years or more in all administrations of the survey (Figure 5).

Figure 5	Length of time lived in community		
	1-5 years	5-10 years	10 or more years
2015 (n=430)	17.0%	10.9%	72.1%
2018 (n=631)	13.0%	11.4%	75.6%
2021-22 (n=1230)	11.0%	9.7%	79.3%

There was an even distribution of respondents across all levels of education completed, apart from those who never attended school (Figure 6).

Figure 6	Highest level of education completed
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	Never Attended School	High School Diploma or GED	Associate degree	Bachelor's Degree	Master's Degree
2021-22 (n=649)	0.2%	23.7%	28.0%	29.0%	19.1%

The majority of those who completed the online survey (85%) own their house, another 13% are renting a house or an apartment and a small percentage (2%) live with others for free (Figure 7).

Figure 7	Current Living Situation (n=635)
I own my house	85%
I am renting a house/apartment	13%
I live with others for free	2%

Of those who completed the online survey there was a relatively even distribution of age groups living with them apart from those who live alone, and those aged 70+ (Figure 8).

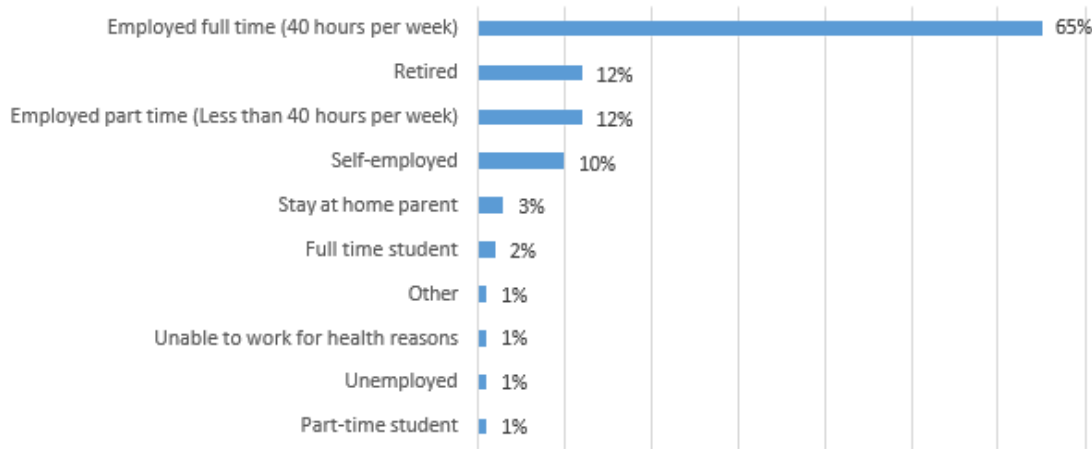
Figure 8	Age groups living within household (n=649)
Age Group	%
None/Live alone	7%
0-5	18%
6-12	24%
13-18	23%
19-29	14%
30-39	22%
40-49	21%
50-59	24%
60-69	24%
70-79	8%
80+	2%

Survey Results

Employment

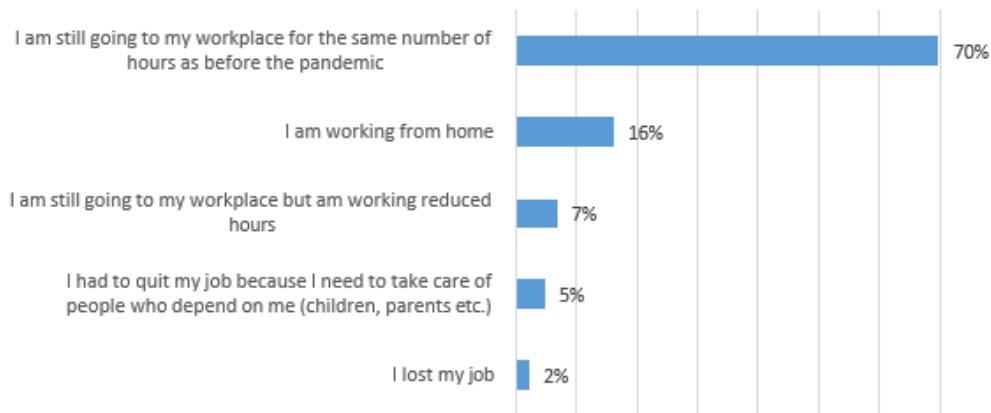
Of those completing the survey online, two-thirds reported they were working full-time before the pandemic may have affected their work (Figure 9).

Figure 9: Which of the following options best describes your employment before the COVID-19 pandemic may have affected your work (before March 1, 2020)? This includes both formal and informal employment.
Were you (n=649)



While 70% reported they are still going to their workplace for the same number of hours as before the pandemic, 16% reported they are working from home, 7% are working reduced hours, 5% had to quit to take care of others, and 2% lost their jobs because of the COVID-19 pandemic (Figure 10).

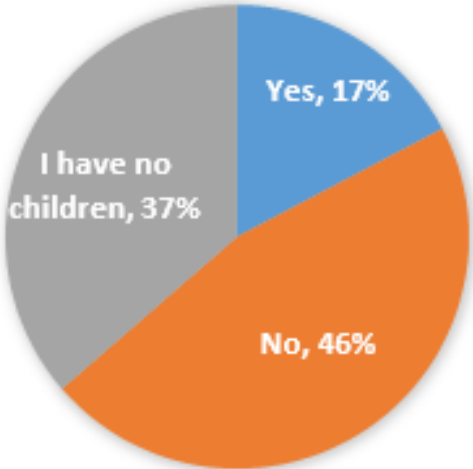
Figure 10: How has your employment status changed since the COVID-19 pandemic (after March 1, 2020)? (n=649)



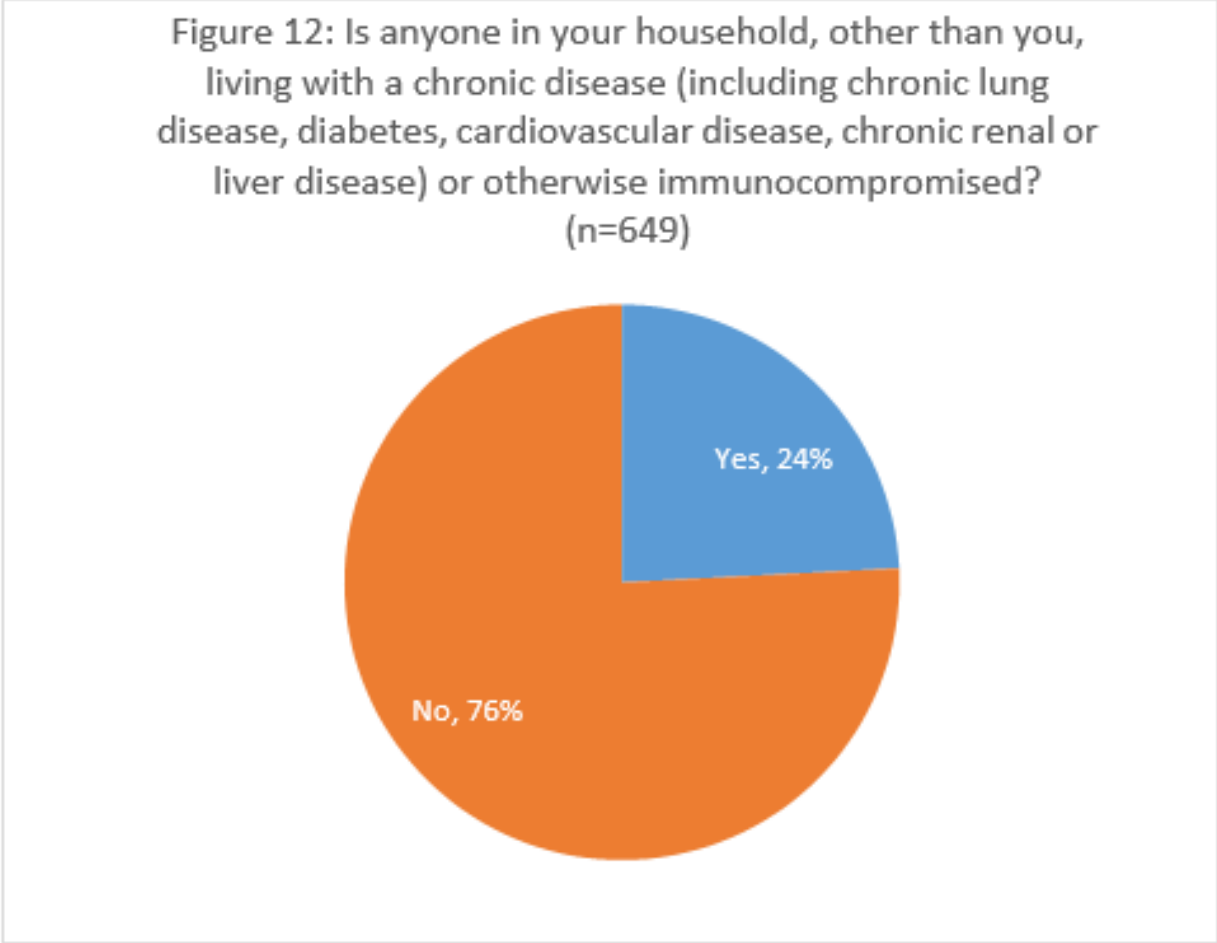
Household

Of those completing the online survey, 17% reported they have children who attend a daycare or a childcare center, while 47% do not have children attending a day care or childcare center and 37% reported not having children (Figure 11).

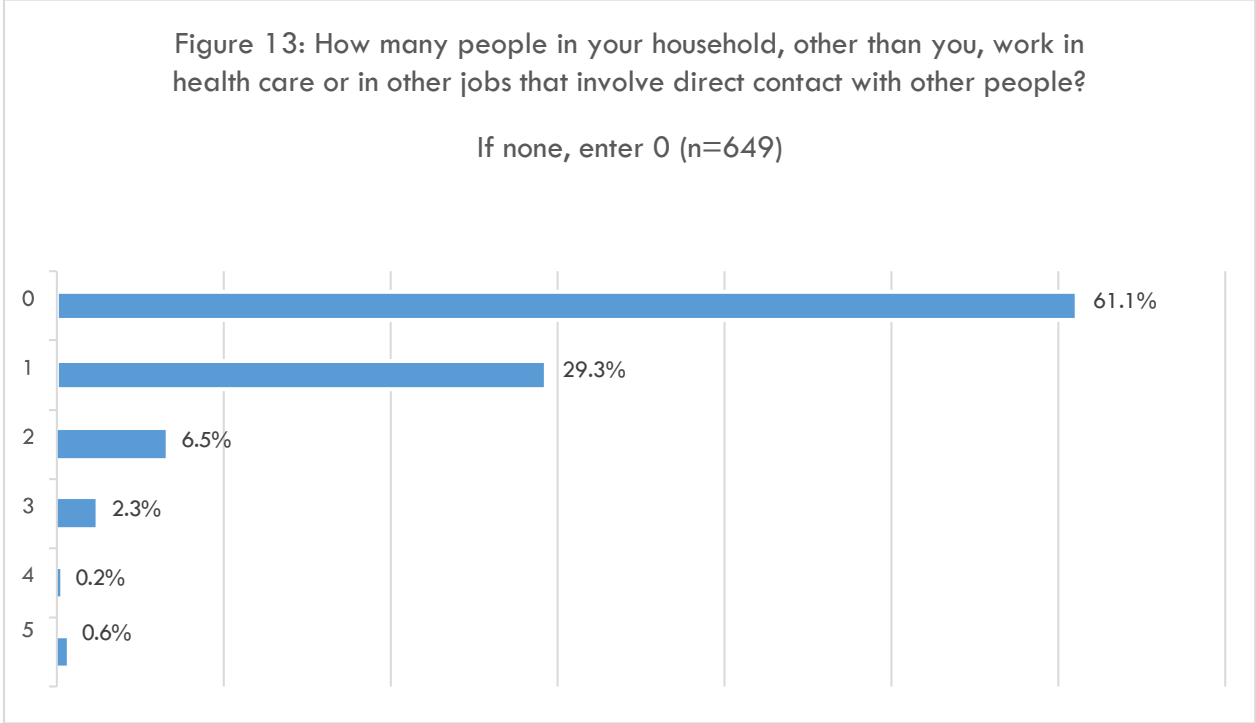
Figure 11: Do the children in your home attend daycare or a childcare center? (n=649)



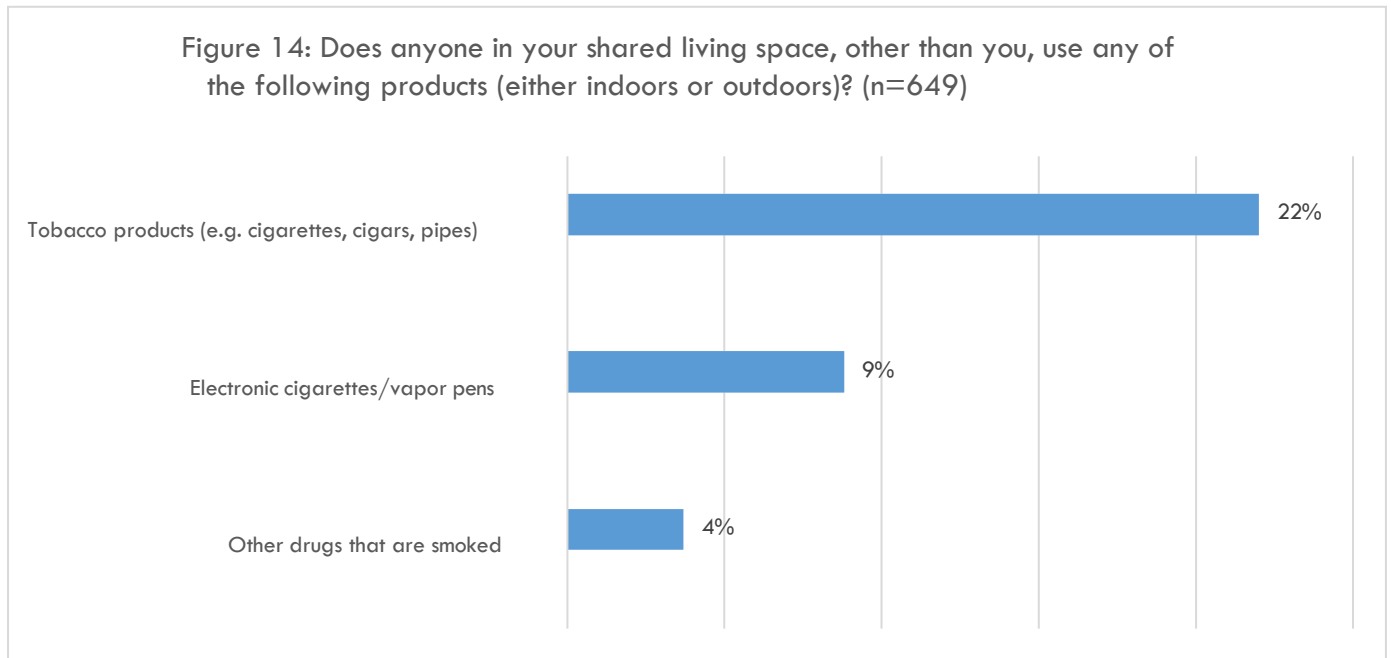
About one-fourth of those completing the online survey have someone in their household that is living with a chronic disease (Figure 12).



While 61% of those completing the online survey reported there are no people in their household that work in health care or in other jobs that involve direct contact with other people, 29% reporting having one household member, and an additional 10% have two or more household members working in health care or in a job that involves direct contact with others, (Figure 13).



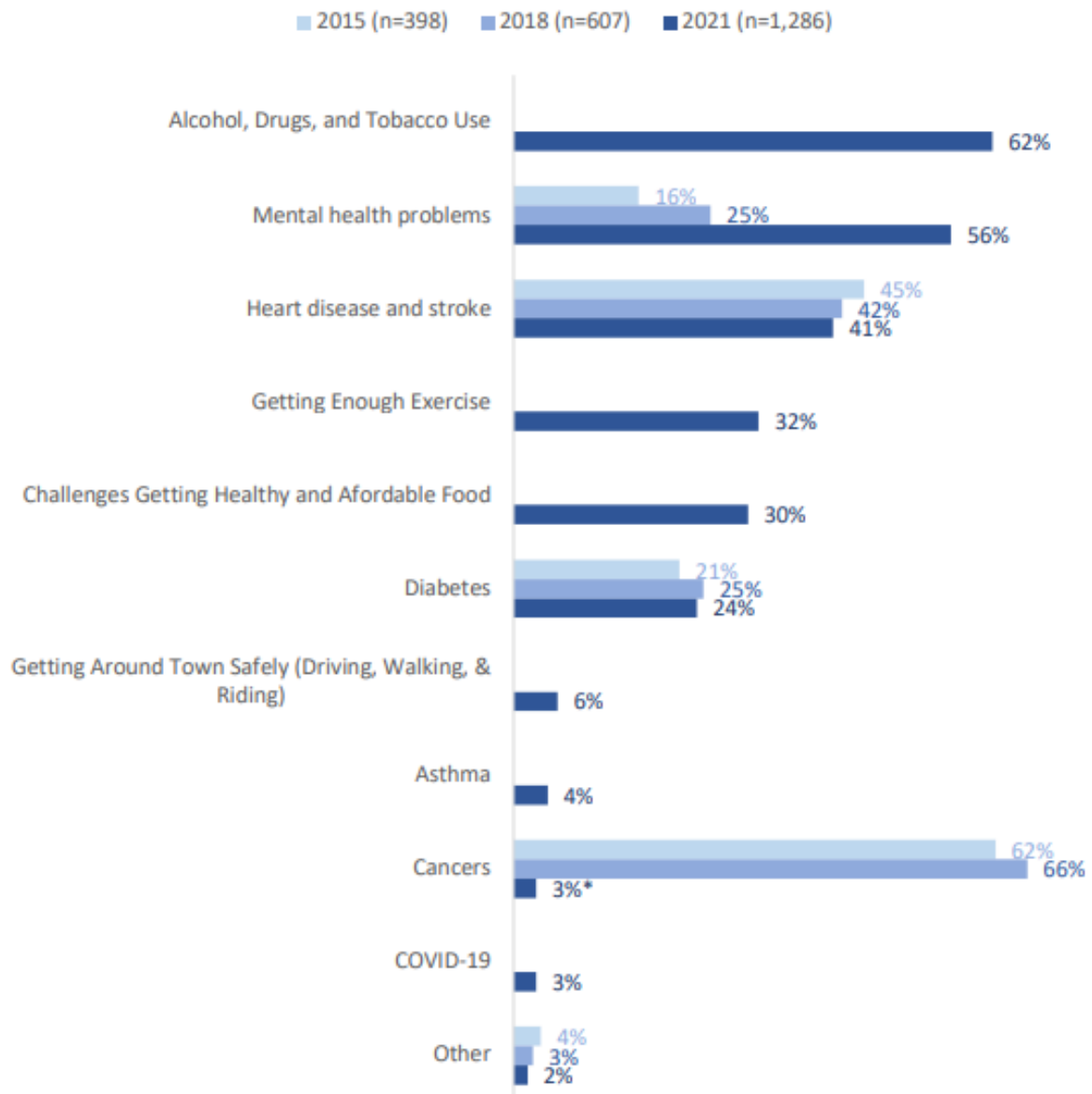
A little less than one-fourth of those who participated in the online survey stated that someone living in their living space uses tobacco products such as cigarettes or cigars, while an additional 9% reported someone who lives in their shared living space uses electronic cigarettes or vapor pens, and 4% reported someone in their living space uses other drugs that are smoked (Figure 14).



Community Health Problem

Respondents were asked to identify the top three health problems that are most concerning in their community. Figure 15 shows the proportion who reported each health problem by year; however, the response options changed in 2021-22, so comparisons are unavailable for many of those categories from previous years. In 2021-22 the clear top concern was alcohol, drugs, and tobacco use, followed by mental health problems and heart disease and stroke. **The greatest increase across the categories included in all three years was in mental health problems, which more than doubled between 2018 and 2021-22.** In the 2021-22 survey, participants were asked to choose 3 from a list, but also given the option to write in another concern that wasn't listed (see Appendix E for a full list of those written in). It is worth noting that cancer was offered as an option in 2015 and 2018 but was not provided as an option in 2021-22; however, it was frequently written in as text and thus included in the figure below.

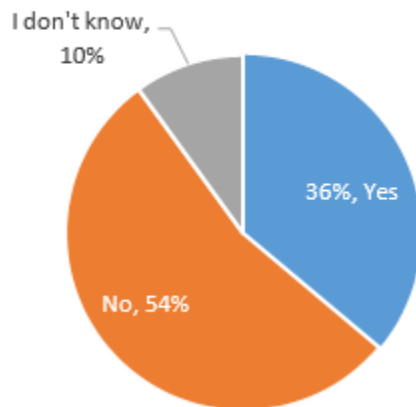
Figure 15: Most concerning "health problems" in the community



COVID

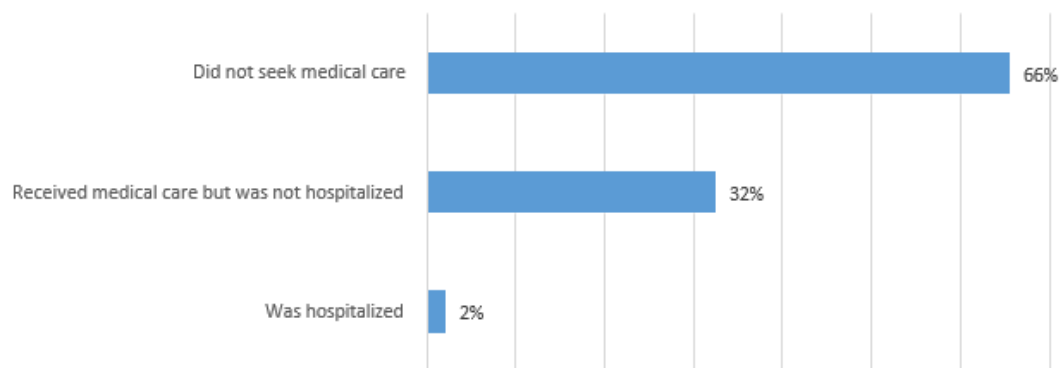
Over one-third (36%) of those who completed the online survey have had or currently have COVID-19. Another 10% aren't sure whether they had it or not and 54% have not contracted COVID-19 (Figure 16).

Figure 16: To your knowledge, do you have, or have you had COVID-19? (n=649)



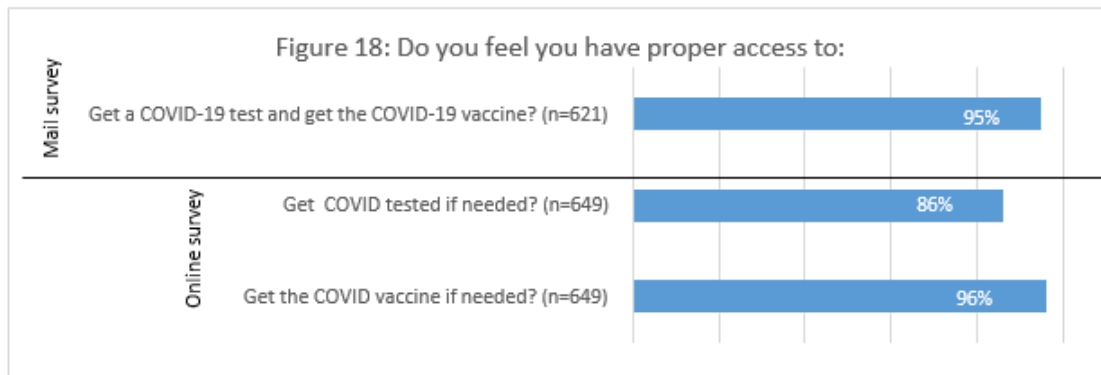
Of those who answered the question about the care they received after contracting COVID-19, two-thirds did not seek medical care (*it is worth noting that 281 respondents answered this question, while only 234 reported having COVID-19 in the previous question*). Over one-fourth had sought medical care but were not hospitalized and a small percentage (2%) were hospitalized (Figure 17).

Figure 17: If "YES", describe the level of care you received, or are receiving: (n=281)

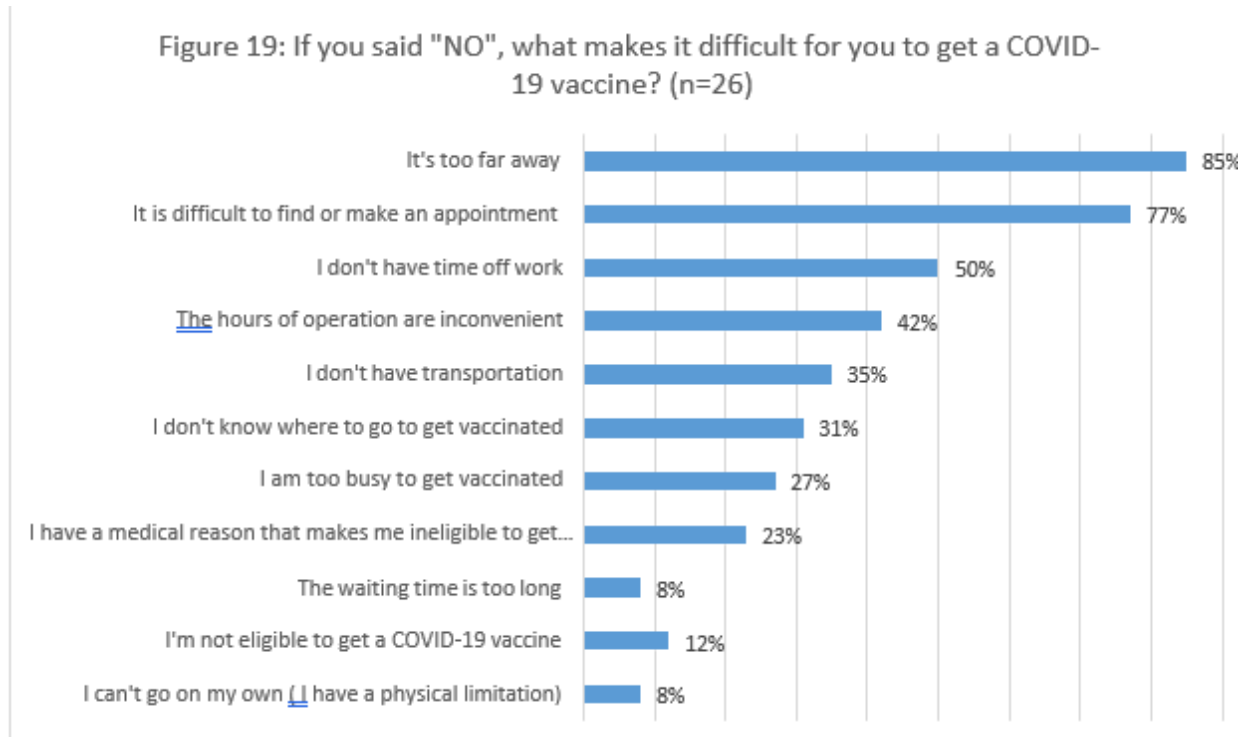


COVID Testing and Vaccine

As Figure 18 shows, nearly all of those completing the mail in survey reported they have proper access to get a COVID-19 test and get the vaccine (95%). The online survey asked the question separately for the test and the vaccine. The majority of those who completed the online survey believe they have the proper access to get COVID tested if needed (86%), and nearly all completing the online survey believe they can access the COVID vaccine if needed (96%).



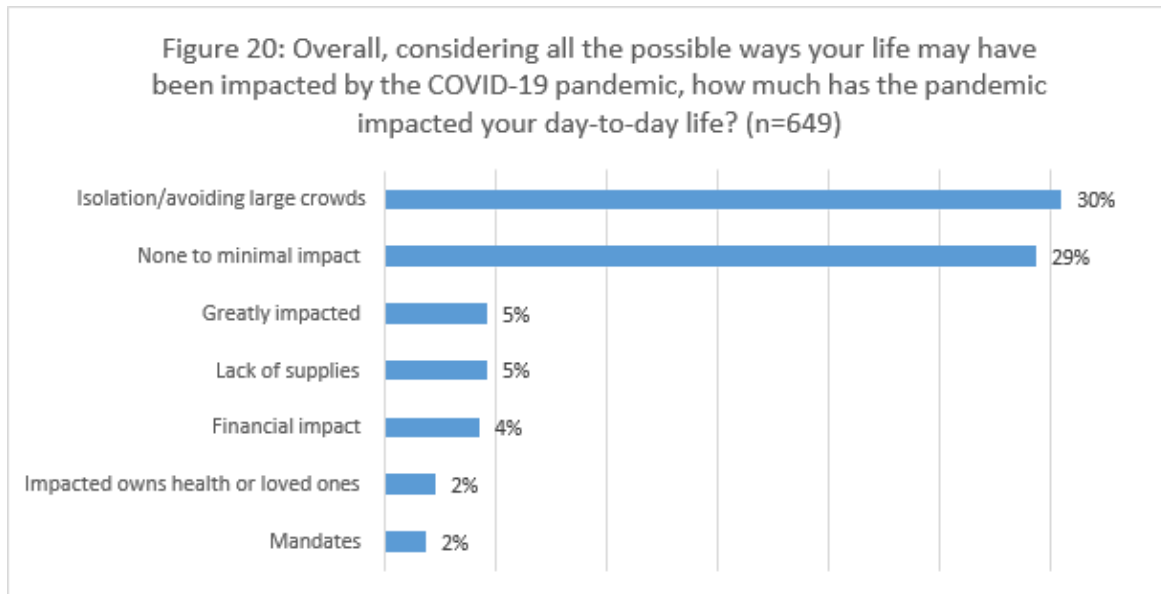
Among those who did not feel they had proper access to the COVID-19 vaccine, the most common reasons were distance to receive the vaccine (85%) followed by difficulty of making an appointment and not being able to get time off work (Figure 19).



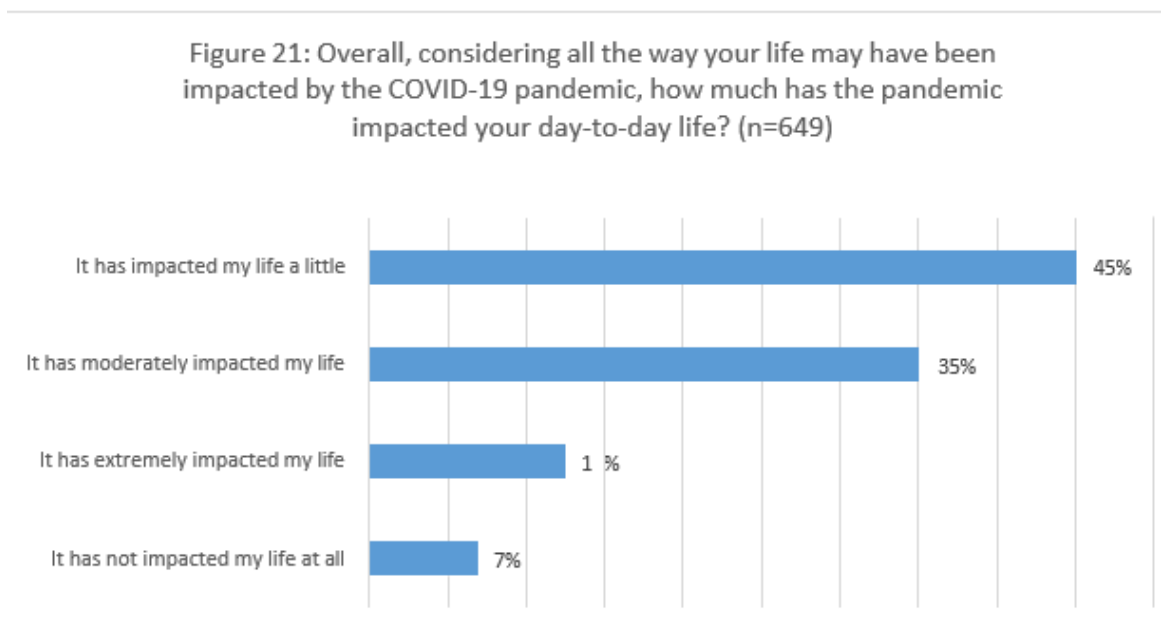
*in addition to those reasons shows in this figure, 31 respondents reported "other"

Impacts of COVID

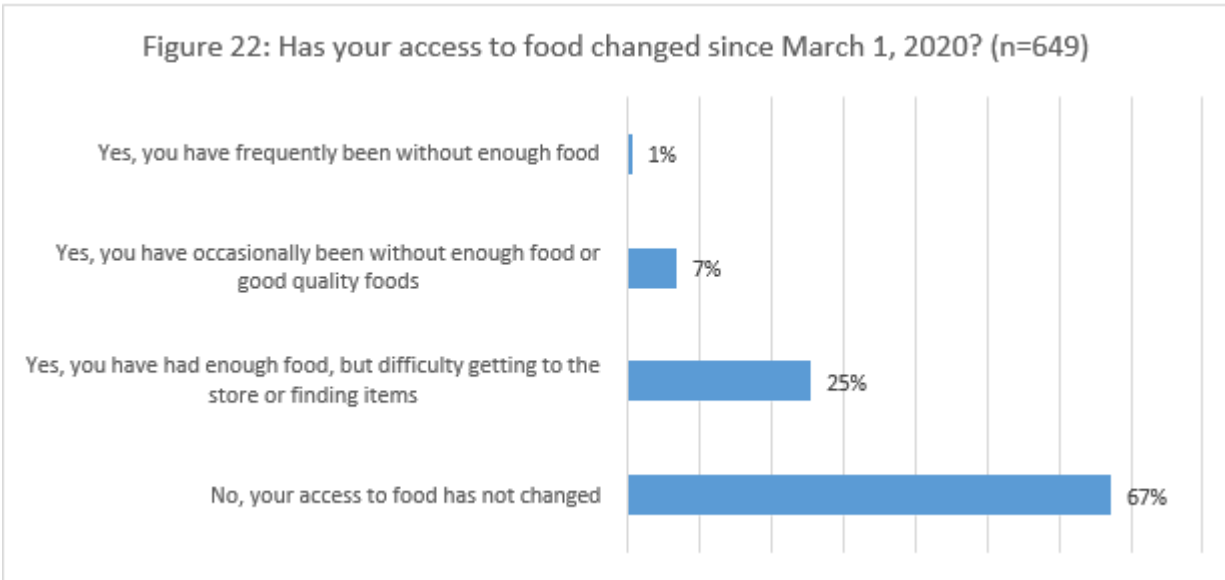
Of those completing the mail survey over one-fourth respondents reported the COVID-19 pandemic has impacted their life minimally (Figure 20). The most common way it has impacted their life is isolation and avoiding large crowds (30%). About 5% of those responding stated that they are greatly impacted, another 5% said they were impacted by a lack of supplies. For a full list of the impacts of COVID-19 see Appendix E.



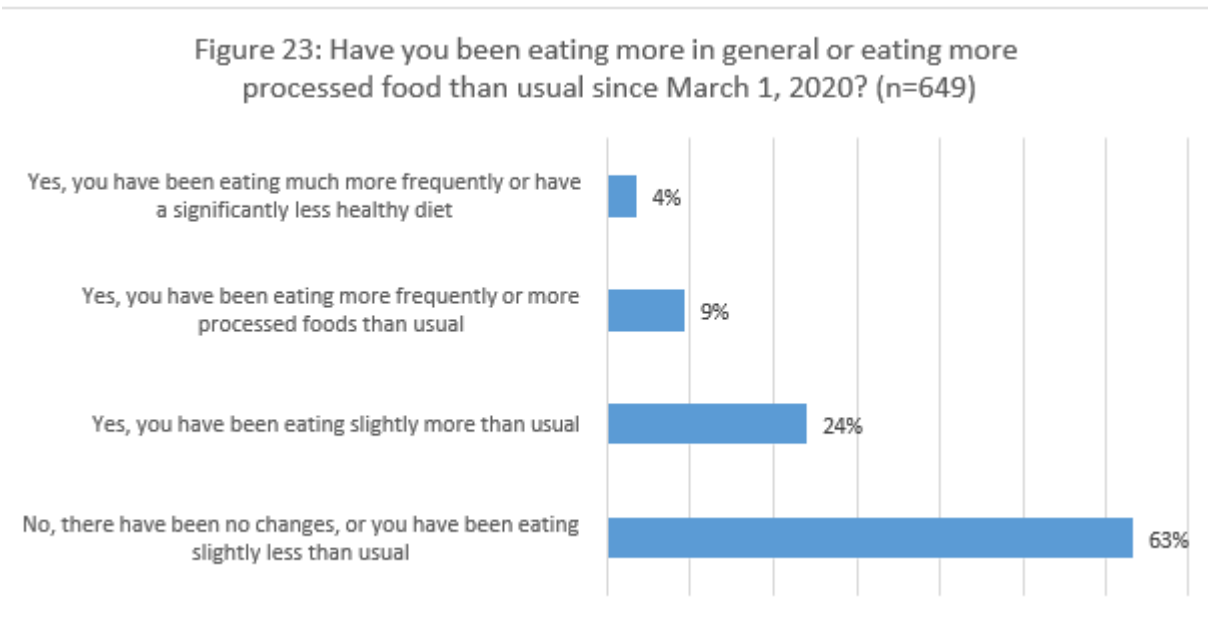
Among those completing the online survey, slightly less than one-half (45%) report the COVID-19 pandemic has impacted their life a little, while 35% report it is having moderately impacted their lives (Figure 21).



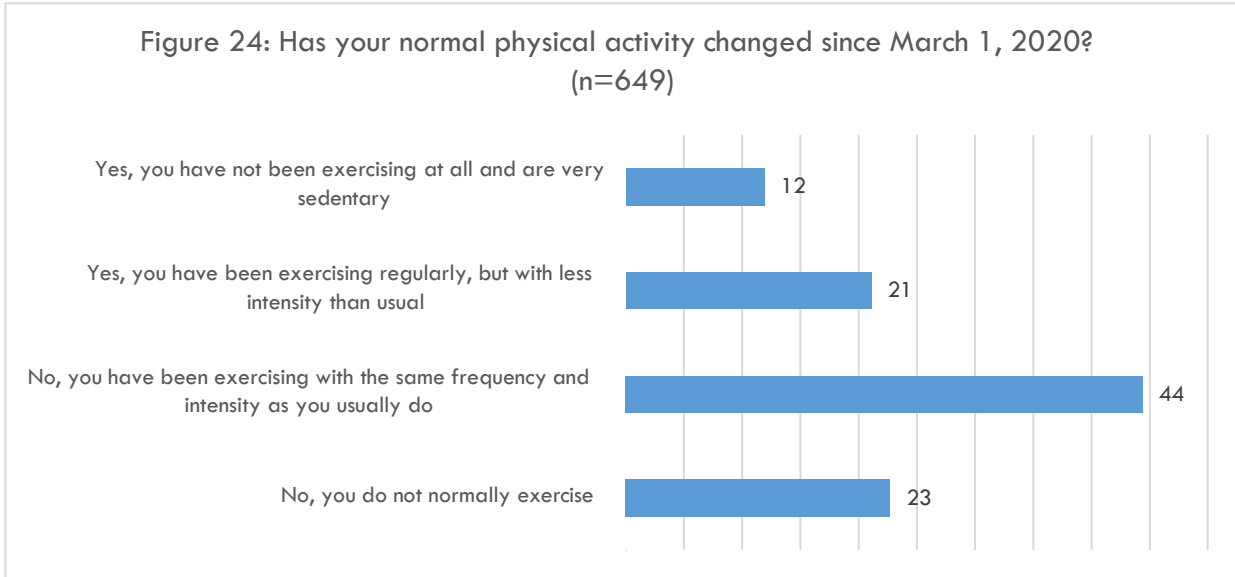
About two-thirds (67%) of those completing the online survey reported their access to food hasn't changed since March 1, 2020. Another one-fourth (25%) reported they have had enough food but have had difficulty getting to the store or finding items. Another 7% reported they have occasionally been without enough food or good quality food, while 1% reported they have frequently been without enough food (Figure 22).



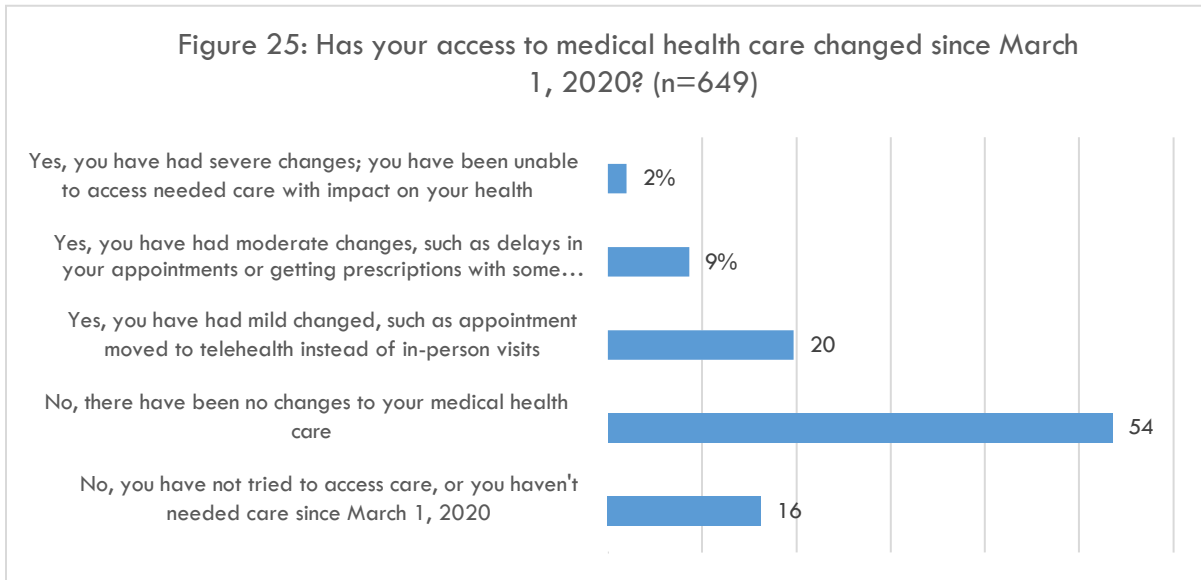
Almost two-thirds of those completing the online survey reported they are not experiencing any changes to their eating, or they have been eating slightly less than usual. A little less than one-fourth say they have been eating a little more than usual (Figure 23).



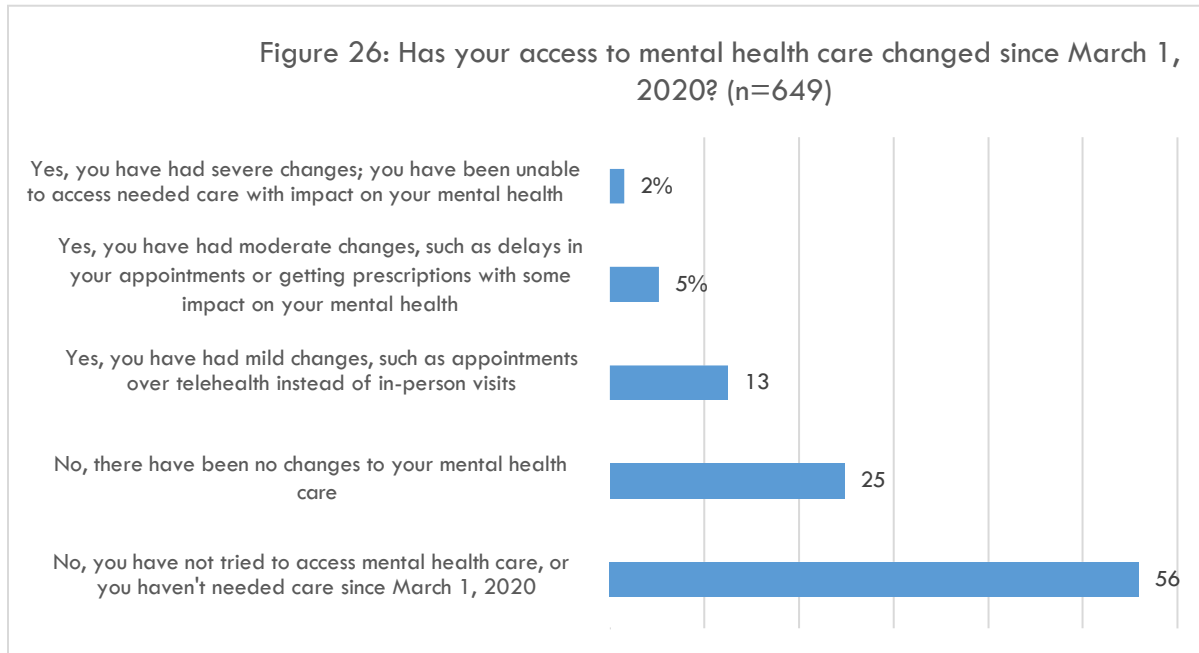
Of those completing the online survey, a little less than one-half reported their physical activity has not changed since March 1, 2020. A little less than one-fourth do not normally exercise about 12% have not been exercising at all and are very sedentary. Lastly, about 21% have been exercising but not with their normal intensity (Figure 24).



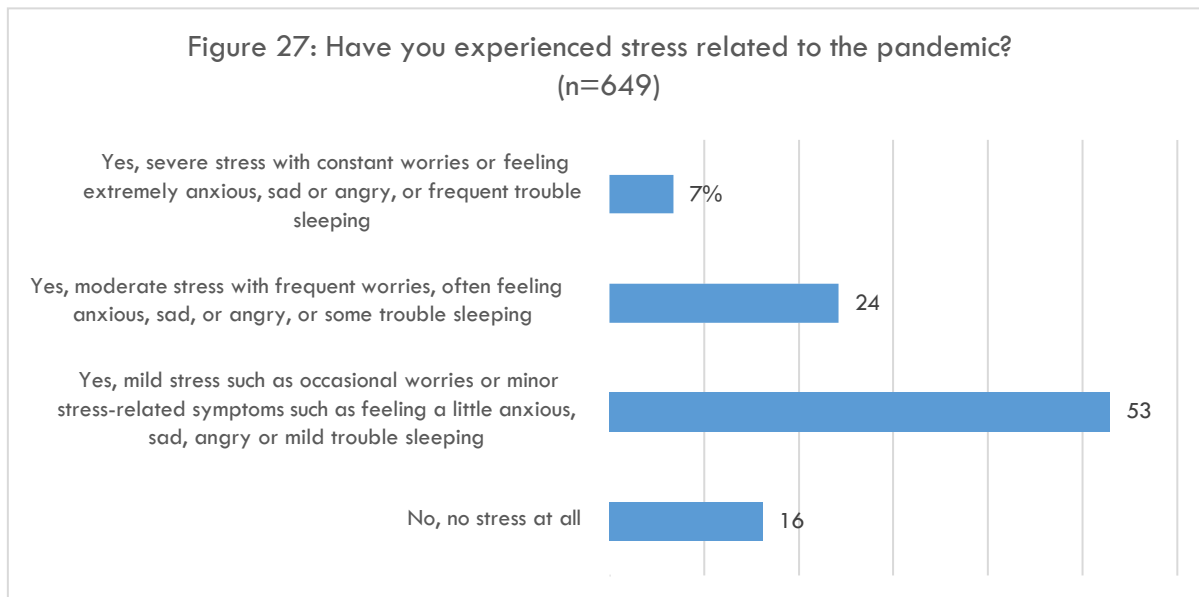
Of those completing the online survey, over one-half stated there was no change to their medical health care, a little less than one-fourth stated there had been minor changes, 16% had not tried to access health care or hadn't needed to. Another 9% stated there had been moderate changes and lastly 2% stated they had encountered severe changes (Figure 25).



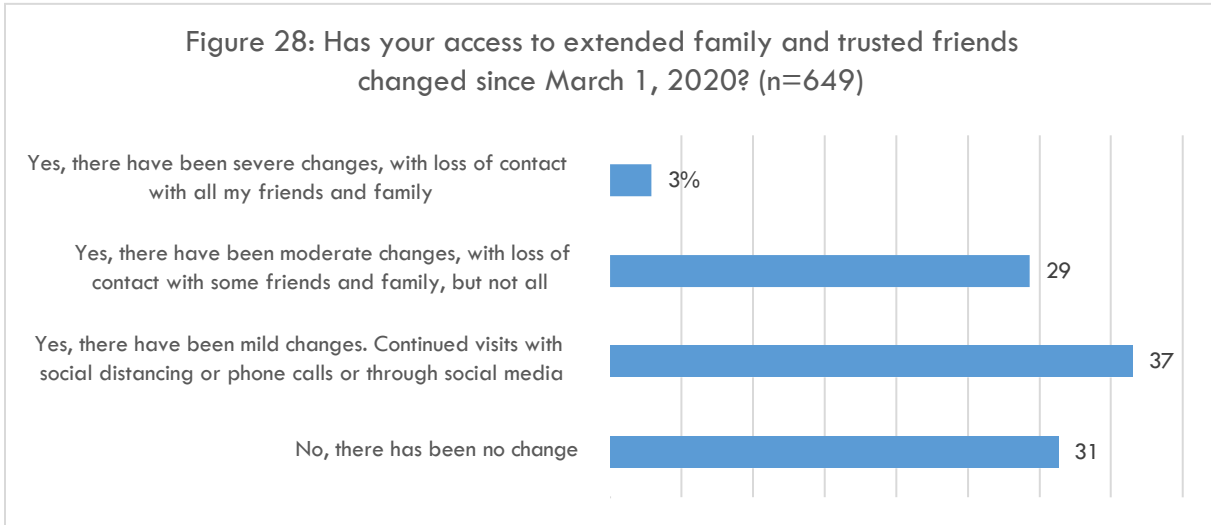
Of those completing the online survey, a little over one-half reported they either hadn't needed mental health care or hadn't tried to access it since March 1, 2020. Another one-fourth stated there had been no change to their mental health care, 13% stated having minor changes (Figure 26).



Of those completing the online survey, over one-half stated having mild stress related to the pandemic, another one-fourth experienced moderate stress related to the pandemic. Also 7% had severe stress in relation to the pandemic (Figure 27).

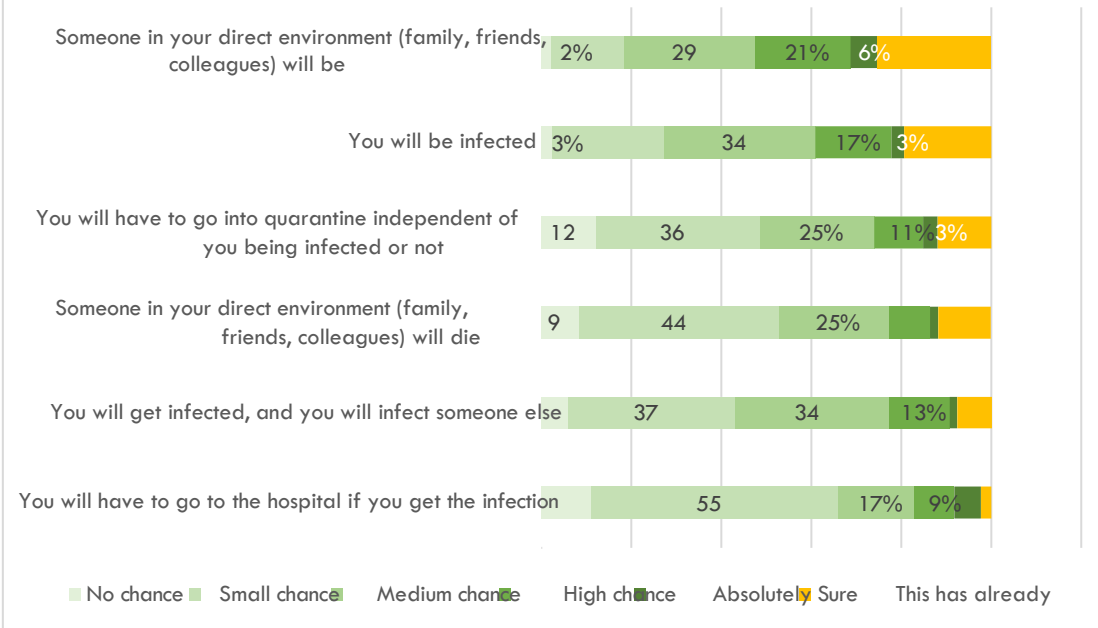


Over one-third (37%) of those answering the online survey report there has been mild changes to extended family and trusted friends since March 1, 2020, while an additional 29% reported moderate changes and 3% reported severe changes (Figure 28).



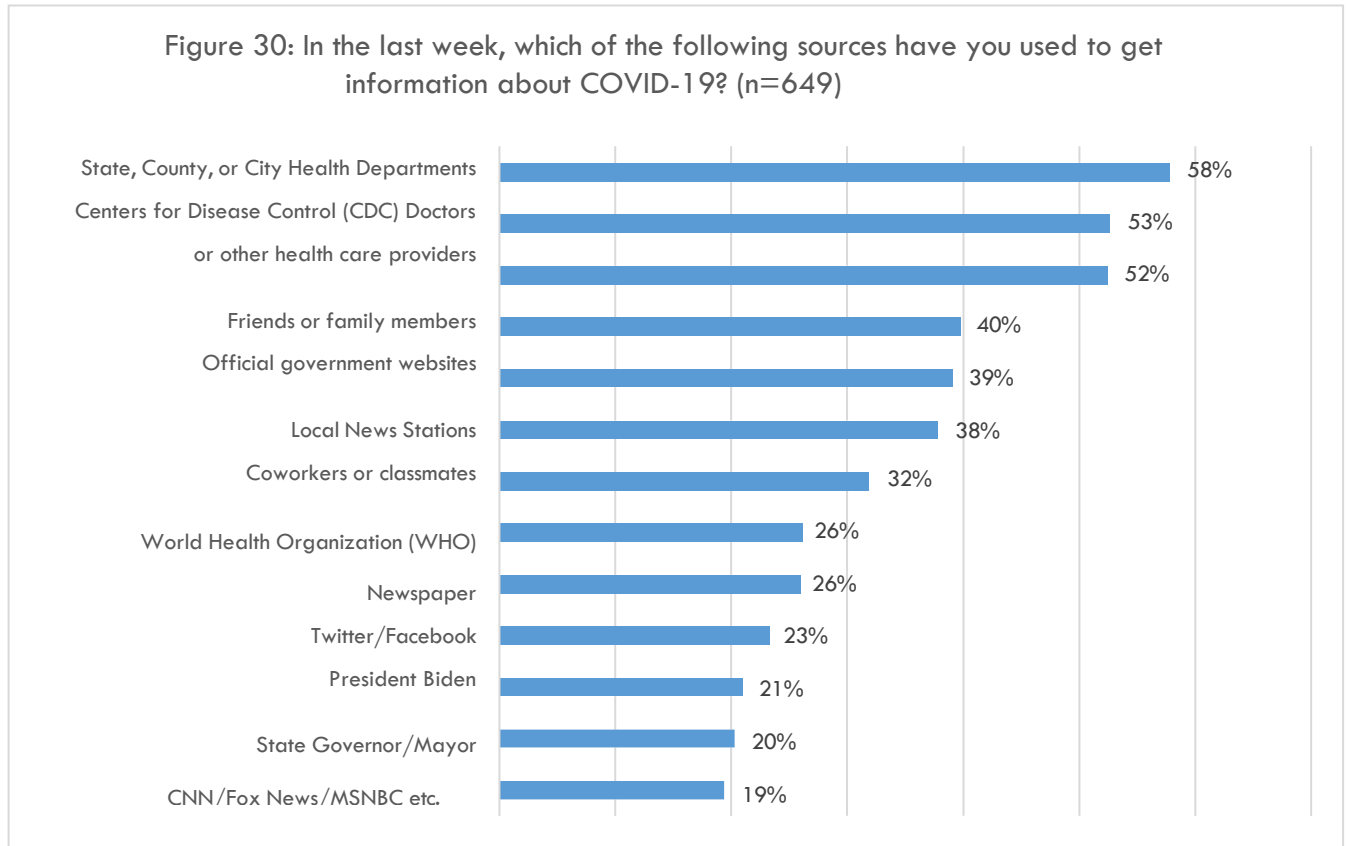
One-fourth of those who completed the online survey knew someone in their direct environment that had been infected with COVID-19, while an additional 19% had been infected themselves (Figure 29). Furthermore, many think the likelihood of these happening is high.

Figure 29: How likely do you think it is that the following events will happen considering the current COVID-19



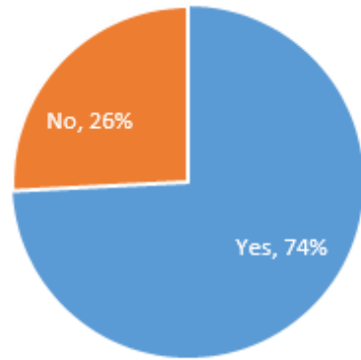
COVID information and prevention

Over one-half of those completing the online survey said they got their information about COVID-19 from State, County, or City Health Departments, followed by Centers for Disease Control and Doctors or other health care providers (Figure 30).

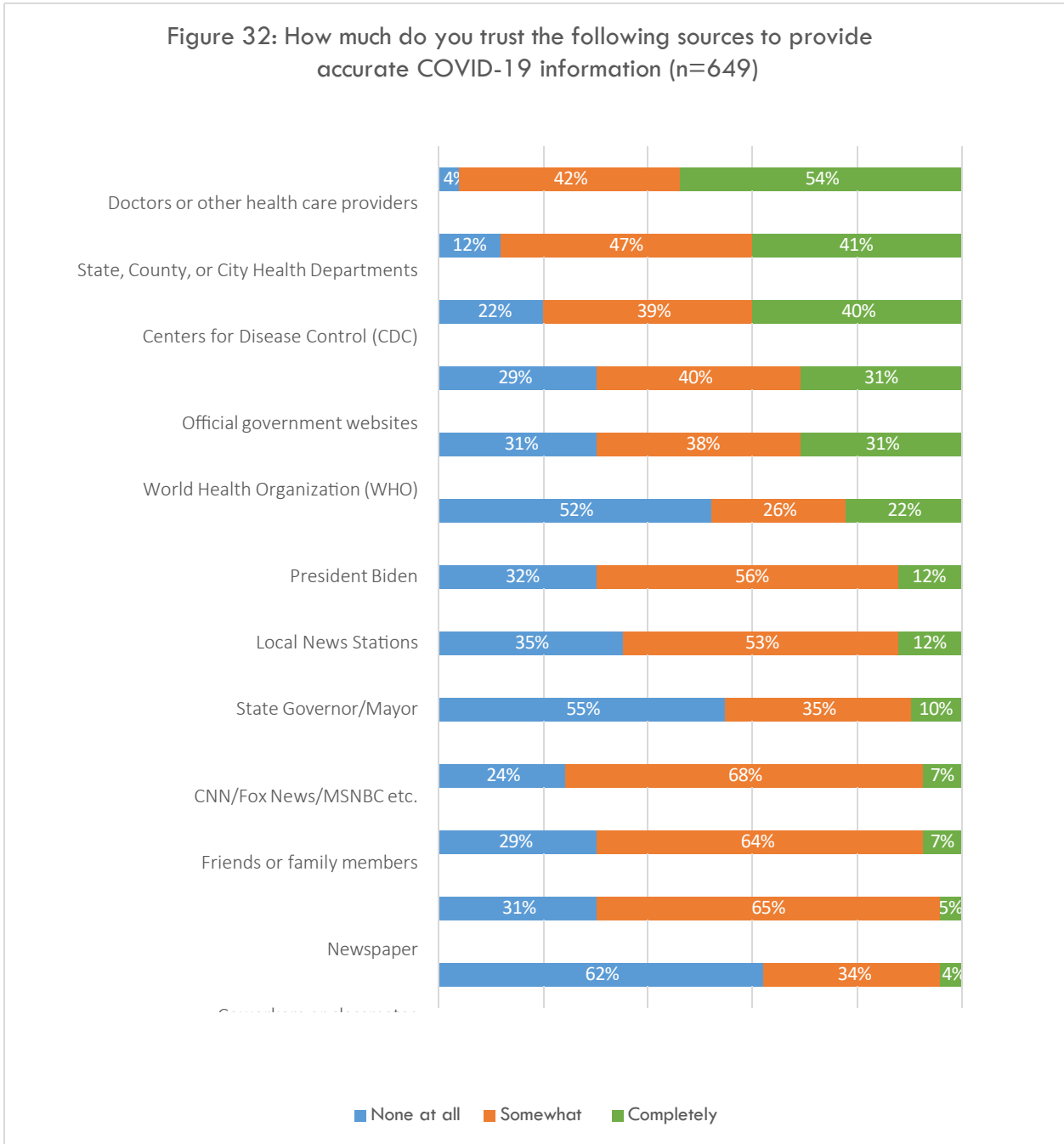


A little over one-fourth of those answering both the online and mail survey do not feel they are getting adequate information regarding COVID-19 (Figure 31).

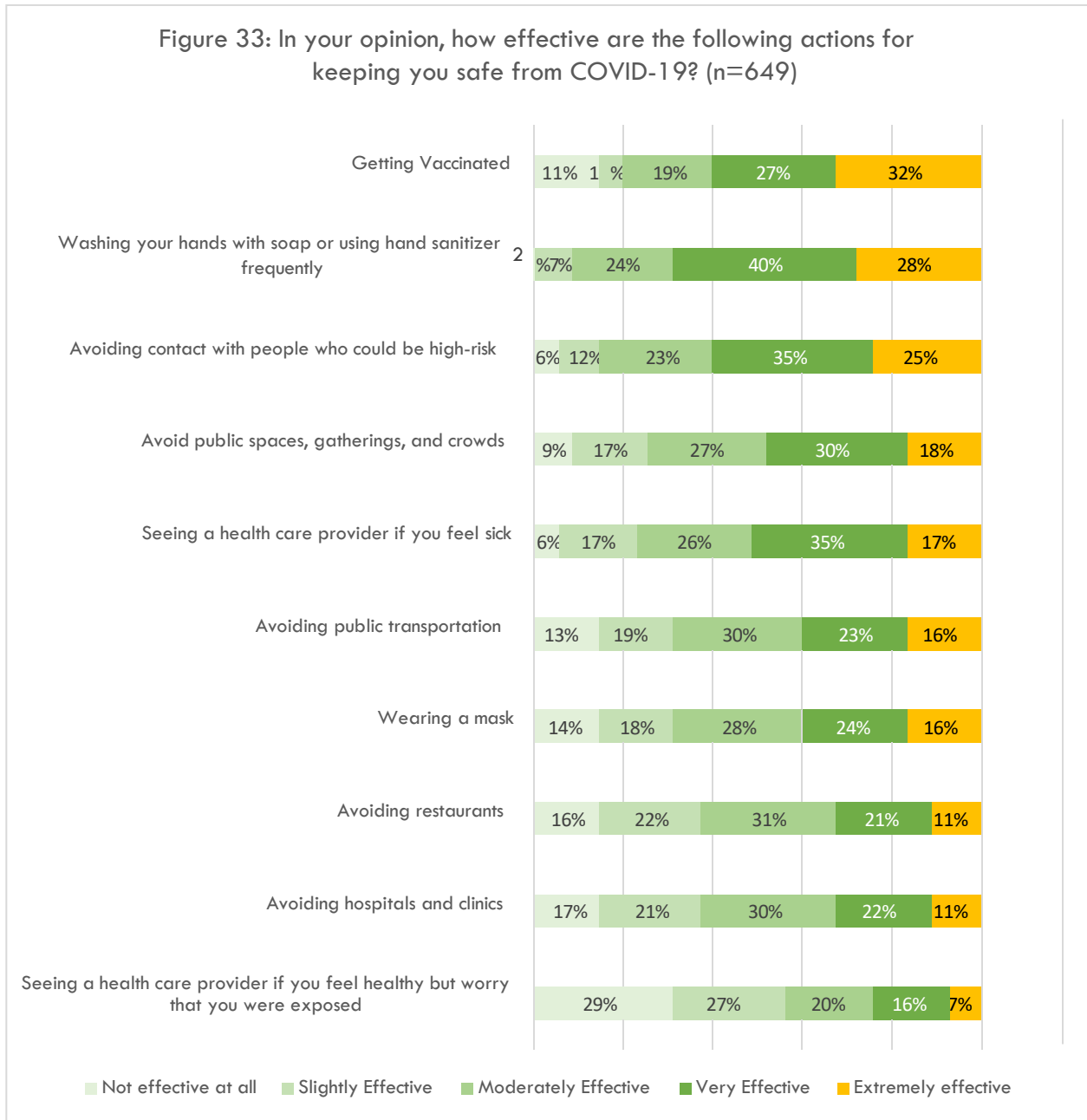
Figure 31: Do you feel you are getting adequate information regarding COVID-19? (n=1268)



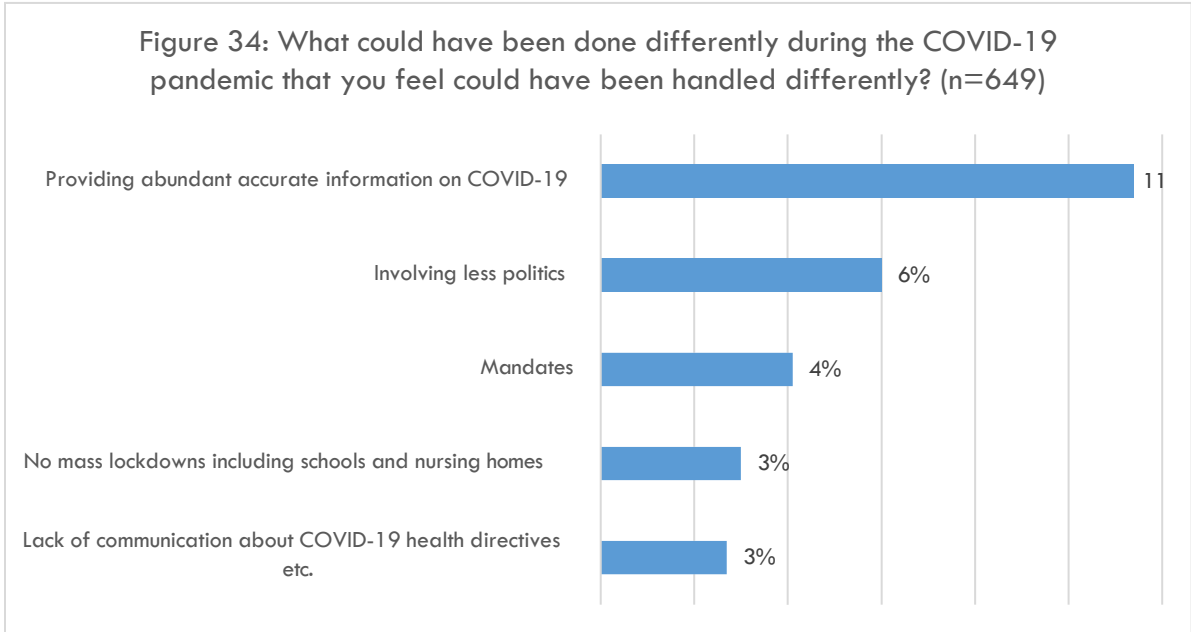
Over one-half (54%) of those completing the online survey trust doctors or other health care providers completely to provide accurate COVID-19 information followed by State, County, or City Health Departments (Figure 32).



Of those completing the online survey, the most effective strategies they felt that kept them safe from COVID-19 were getting vaccinated followed by washing your hands frequently and using hand sanitizer and avoiding contact with people who could be high risk (Figure 33).



Of those who completed the mail in survey, when asked what could have been handled differently during the COVID-19 pandemic, the most common answer was providing abundant accurate information on COVID-19. The next common answer was involving less politics followed by mandates (Figure 34). For a full list of reasons see Appendix E.



Key Informant Interview Results

Discussion

In 2021-22, a total of 14 individuals from 4 different counties in the Loup Basin District participated in key informant interviews. Following is a summary of the key informant interviews. Following this summary is a complete bulleted list of responses from the interviews. Note: This report does not compare key informant interview results to Loup Basin's previous Community Health Needs Assessment.

Health and Quality of Life in the Community

Most of the 14 interviewees had generally positive statements regarding the health and quality of life in their community; however, a few described it in more neutral or negative terms, such as "fair" or "below average."

Strengths and Factors Contributing to the Quality of Life in the Community

Respondents mentioned numerous strengths and factors that contribute in a positive way to the quality of life in their community. Some common strengths mentioned included:

- Local health care
- Opportunities for physical activity (fitness center, outdoor recreation, etc.)
- Supportive community with committed, hardworking people
- Small community

Weaknesses and Factors Detrimental to Quality of Life in the Community

Interviewees were asked about what they perceive to be weaknesses and contributing factors that decrease the quality of life in their community. While a variety of issues were identified, which shown following this summary section, some common issued included:

- Rural location
- Lack of resources
- Lack of healthy food options

Barriers to Improving the Health and Quality of Life in the Community

Interviewees were asked about existing barriers to improving the health and quality of life in their community. A condensed summary of some commonly mentioned barriers included:

- Lack of people
- Culture of people who live in the community
- Shortage of providers

Solutions

Finally, interviewees were asked what they thought could be done to address the barriers inhibiting community health in terms of specific actions, policies, or funding priorities. Based on their varied perceptions of community need, interviewees had varied perceptions of solutions. Below is a condensed list of some common solutions offered by the interviewees:

- Community education
- Funding for wellness center/parks/local food for schools
- Keep people informed

COVID-19 Impact on day-to-day life

Interviewees were asked how much the COVID-19 pandemic impacted their day-to-day life. The majority of the interviewees stated being impacted greatly. The most frequently mentioned way among the respondents was it impacted their mental health and caused stress.

COVID-19 Information

Interviewees were asked if they have adequate information regarding COVID-19. All the interviewees answered they had adequate information.

Proper access to COVID-19 testing and vaccine Lastly interviewees were asked if they have proper access to COVID-19 testing and vaccine. The majority of the interviewees stated they have the proper access to both the vaccine and testing; however, some added that while the vaccine was more accessible, testing was not always available when needed.

Full Interview Responses

Following is a bulleted summary by question of each response to the Key Informant Interviews.

1. In general, how would you rate the health and quality of life in the community?

- I would rate it highly. We have easy access to medications as they are delivered, and we do have a health clinic available at times during the week.
- Excellent
- Fair
- Good
- Very good
- Above average
- Below average

2. What are the strengths and contributing factors that improve the quality of life in the community? Please explain why.

- The strengths of this community are the dedication of the young wanting to keep the community alive and going. Our city owned facility is greatly supported and valued. 24
- Health Care Network
- Quality of local health care, opportunities for community to support one another
- Schools, Hospital, Fitness Center, Town Square
- Low crime, easy access to amenities

- We have a hospital, numerous doctors
- Opportunities to enjoy outside/exercise, good medical facilities, connect with community, and be involved in the greater community, which helps build a strong sense of belonging.
- Access to outdoor recreation
- We have one gym in Broken Bow that all ages can utilize.
- Sparse population and adequate health care facilities within a 50-mile radius.
- Small town atmosphere and everyone knows everyone
- Hardworking people
- We do have some forward thinkers in our community that help us remain progressive

3. What are the weaknesses and contributing factors that decrease the quality of life in the community? Please explain why.

- I feel the weakness of the facility is simple- I am at least 30 minutes away from lifesaving medical attention. And that is with no weather concerns.
- Rural
- Limited community interaction
- Lack of affordable housing, Shopping- Not enough variety
- Lack of healthy food options
- Eating habits
- Valley County's hospital is not the place I would get my health care; I go to Howard.
- Lack of resources for those at or below poverty level, lack of mental health and wellness resources, stigma towards mental health support
- To much streaming content and games
- it appears we focus more on treating problems than preventing them, not enough parks with handicap accessibly for older folks to utilize walkers to get out and walk, dog parks, etc.
- Lack of confidence in the CDC and in peer reviewed health care information. Far too much reliance on misleading i.e., inaccurate populist information related to health care.
- Small town gossip and "Good-ole-boys-club" where if you don't belong to the club, you don't really matter
- High rates of substance abuse
- Those who do not consider it to be a priority and/or those who are satisfied with the status quo.

4. What barriers, if any, exist to improving health and quality of life in the community?

- I think the barriers are simple-not enough people to staff all the positions that could be available.
- Understanding Regulations and Guidance's
- Not enough help
- Lack of wellness center
- Greely County where I live could improve education on health and do a campaign at school.
- Stigma towards mental health supports, generational prejudice towards those at or below poverty level
- Personal Choice
- providers in Custer County need help, problems at the local hospital, age of residents, commute, accessibility
- As stated above the continued lack of confidence in the CDC and in peer reviewed health care information. Far too much reliance on misleading i.e., inaccurate populist information related to health care.
- All the doctors are part of the same group and there really isn't anyone one else as alternative doctor group
- Product of environment. Cycle just keeps repeating itself. Kids move back and continue life how they were raised
- Close-mindedness and deep-rooted political ideologies

5. What needs to be done to address these issues? What specific actions, policy, or funding priorities would you support because they would contribute to a healthier community?

- I would support any community education-on topics such as Covid-Flu- CPR, to help the community become educated on the science of these as well as the availability.
- Education on Regulations and Guidance's
- Need more help for people who are willing to work and less for those who refuse to work
- Donations needed to build a wellness center
- Just education to the public
- Funds toward the school to grow food, use community bought meat.
- Education of community through social media and wellness events, funding of a community center would be a #1 priority • Marketing healthy alternatives
- something needs done with local providers, feels like a lot of animosity at local hospital, fund more for parks that are handicap accessible to get wheelchairs unloaded or smooth sidewalks for walkers, an indoor place for walkers to walk and not pay a huge membership due to social security income being lowed

- Our local Health Dept. needs to continue to provide accurate research based/peer reviewed information. Also, Congress needs to modify or repeal Section 230 of the Communications Decency Act and for opinion editorial programs such as Rachel Meadow, Tucker Carlson, and Sean Hannity to clearly state that they are not new and should not be taken seriously which is the defense each have successfully avoided civil litigation. Their defense went something like this: No person of reasonable intelligence would consider our commentary to be factual news but merely food for thought.

- more diverse options for doctors

- Law enforcement in the community would help, finding ways to educate without forcing it on them as they tend to be very old school and closed minded to outside thoughts and realities

- It is almost impossible to change the political ideologies but continuing to keep people informed is key.

6. Overall, considering all the possible ways your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life? Please explain.

- To be honest- It has made my life hell. I am mentally exhausted and physically exhausted. I feel that anyone that could possibly help me is continually asking for more information without providing any assistance to gather it. We are constantly being threatened by the Government as well as families and residents because of the Covid regulations we are required to follow. If I could get out of healthcare tomorrow I would do it.

- A lot. It is how we work every day. Testing (POC/PCR), masks, eye protection, Visitation Guidelines, dining, Life Enrichment Activities

- Minimal, i still follow same work routine, still have access to most businesses

- Mental Health from listening to all negativity

- I work in healthcare, and it has changed the way I live. We cannot continue to ignore vaccinations

- Currently, it does not affect me, I have my shots and I move as I please. Getting food and equipment is a hassle

- I work in LTC. Not good.

- Greatly increased stress levels, work life stress has impacted family time, increase of hours worked, less opportunity to participate in social and entertainment events both in and out of community, loss of in-person connections with friends and family

- Just stress. We have not been unemployed or had any major changes, but my wife and I have been in positions where we have had to make a lot of decisions for our workplace and communities that were not always popular and hard to enforce.

- it affects what i do every day. I think twice about going to church, the store, I have pressure financially at my job due to what covid has done to my building. I worry about staffing, my residents, and my family. It feels like a battle we are never going to overcome, i wait for the other shoe to drop at any time. Trying to explain to a board that is elderly and doesn't understand it all and gets daunting. family member this last year saying horrible things to me and even on a personal level hurting me (making fun of me when they get.

- Considerably. I find a significant amount of time spent on contacting people that are not available. In addition to this the number of errors that I need to correct have grown exponentially. What I use to assume was done correctly and usually was, is now often incorrect and needs to be modified or completely redone.
- 10/10-I am in healthcare and have been since it started
- In this community- not much. Bars never closed. They continued to hold events and community dances. Schools experienced the biggest impact with masking and limiting those to events
- Significantly--I lost a family member due to Covid, so it affects me every day. Professionally, it has affected me less this year than in the past two school years, but it still is a factor.

7. Do you feel you have adequate information regarding COVID-19? Please explain.

- Yes.
- Yes. We get information from our home office, ICAP, NHCA
- Yes, school employee, maybe to much
- Yes, mainly from media and government. I do believe healthy lifestyles do help with sickness and there are therapeutics out there to prevent and treat COVID And no one talks about these.
- Yes--if anything more than I ever wanted to know about Covid due to needing to know for my job • More than I want for sure.
- yes, ICAP and NHCA I feel are my best resources
- Yes. CDC and the Health Departments do an excellent job. Keep it up.
- Mostly

8. Do you feel you have the proper access to get COVID test and get the COVID-19 vaccine? Please explain.

- Yes, I feel that I have enough supplies here to test as needed and the Spalding Pharmacy supplies the vaccines.
- Yes
- Tests were not available when we needed them in the assisted living Vaccine is readily accessible
- To available.
- Yes, but I have noticed that many in our community do not have access or feel they have access to testing now that it isn't free in some places
- Yes, for those who want it it is readily available
- vaccine is easy to get via pharmacy and Loup Basin, testing absolutely not, getting PCRs done we can do our own PCR but having to drive to state lab in Omaha a complete joke. If we use a courier it takes FOREVER and I have driven 28 tests or test there on my own and test sat in lab over 4 days which is complete crud as our building's

decisions and plans wait for those results, we don't PCR everyone but no communication with state lab about hours of operation, etc.

- Yes. I believe that this is again the direct result of our Health Care professionals and our local Health Departments. Enough good can't be said about these professional.
- Vaccine-yes/ covid testing supplies for a healthcare facility-kind of (as of this second, I have enough supplies but, in the future, I don't know what the availability to obtain supplies will look like).

Appendix A –Community Survey Results for Custer County

Demographics

Number of respondents from Custer County:

- 2015: 115
- 2018: 215
- 2021-22: 195

Figure 35	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=105)	5.7%	18.1%	23.8%	29.5%	22.9%
2018 (n=215)	20.0%	21.9%	21.9%	34.0%	20.0%
2021-22 (n=165)	3.6%	19.4%	35.8%	27.9%	13.3%

Figure 36	Gender	
	Male	Female
2015 (n=112)	30.4%	69.6%
2018 (n=212)	78.3%	78.3%
2021-22 (n=195)	18.5%	81.5%

Figure 37	Race/ethnicity					
	African American/ Black	Asian/ Pacific Islander	Hispanic/ Latino	Native American	White/ Caucasian	Two or more races
2015 (n=113)	0.0%	0.0%	0.0%	0.0%	100%	0.0%
2018 (n=214)	0.5%	0.0%	0.5%	0.9%	97.7%	0.5%
2021-22 (n=195)	0.5%	0.0%	0.5%	0.0%	99.0%	0.5%

Figure 38 Length of time lived in community			
	1-5 years	5-10 years	10 or more years
2015 (n=113)	12.4%	9.7%	77.9%
2018 (n=214)	9.8%	75.7%	9.8%
2021-22 (n=193)	13.0%	10.8%	75.4%

Figure 39 Highest level of education completed					
	Never Attended School	High School Diploma or GED	Associate degree	Bachelors' Degree	Master's Degree
2021-22 (n=165)	0.0%	22.4%	31.5 %	23.6%	22.4%

Figure 40		Current Living Situation (n=164)
I own my house		90%
I am renting a house/apartment		8%
I live with others for free		2%

Figure 41		Age groups living within household (n=165)
Age Group	%	
None/Live alone	7%	
0-5	15%	
6-12	20%	
13-18	29%	
19-29	15%	
30-39	17%	
40-49	26%	
50-59	26%	
60-69	26%	
70-79	8%	
80+	1%	

Employment

Figure 42: Which of the following options best describes your employment before COVID-19 pandemic may have affected your work (before March 1, 2020)? This includes both formal and informal employment. Were you (n=165)

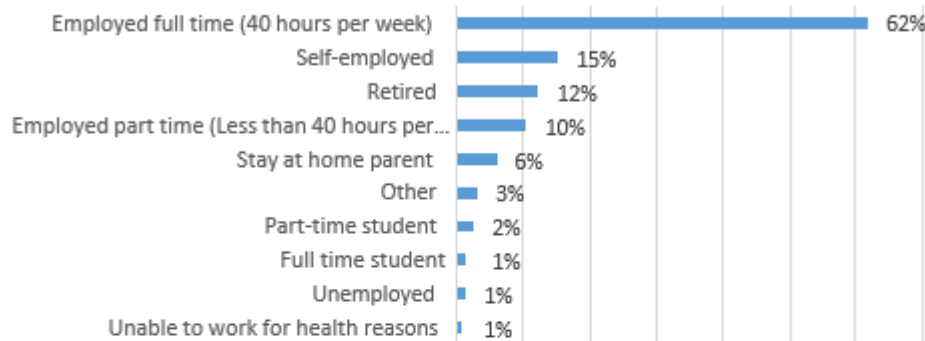
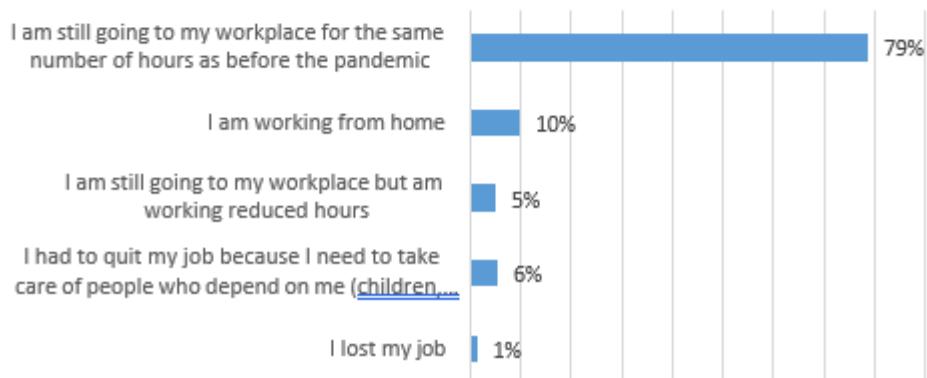


Figure 43: How has your employment status changed since the COVID-19 pandemic (after March 1, 2020)? (n=165)



Household

Figure 44: Do the children in your home attend daycare or a childcare center? (n=165)

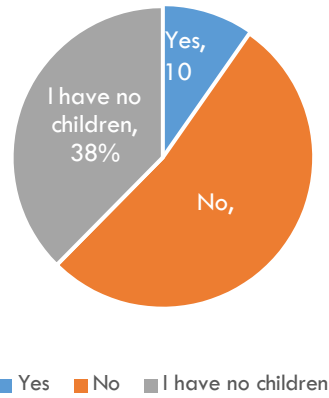


Figure 45: Is anyone in your household, other than you, living with a chronic disease (including chronic lung disease, diabetes, cardiovascular disease, chronic renal or liver disease) or otherwise immunocompromised (n=165)

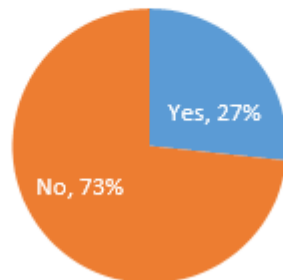


Figure 46: How many people in your household, other than you, work in health care or in other jobs that involve direct contact with other people? If none, enter 0 (n=165)

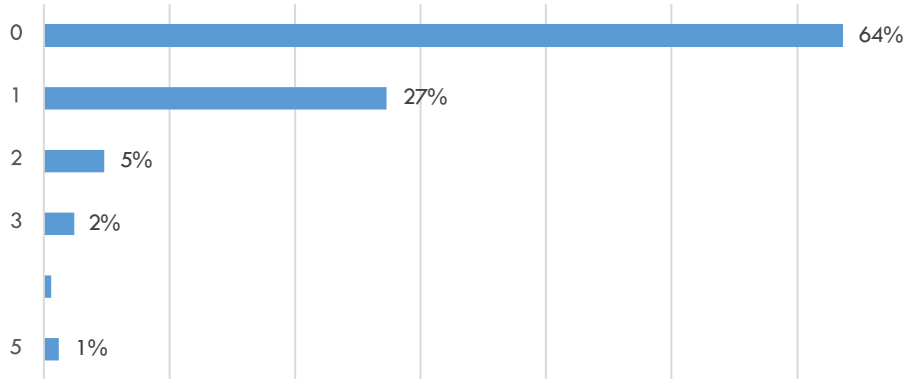
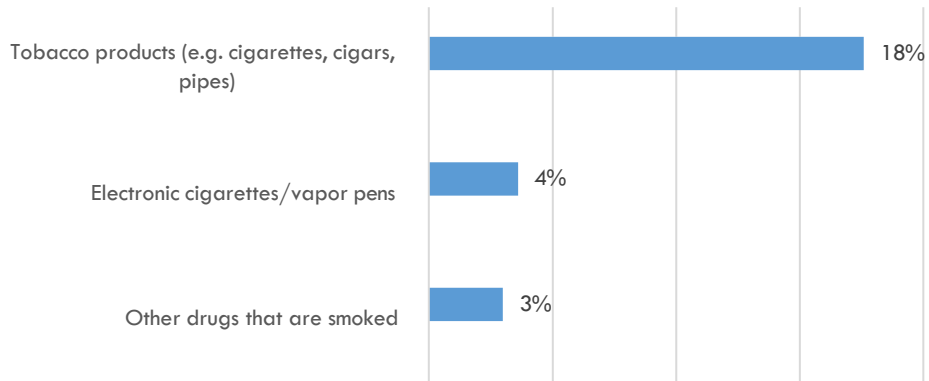
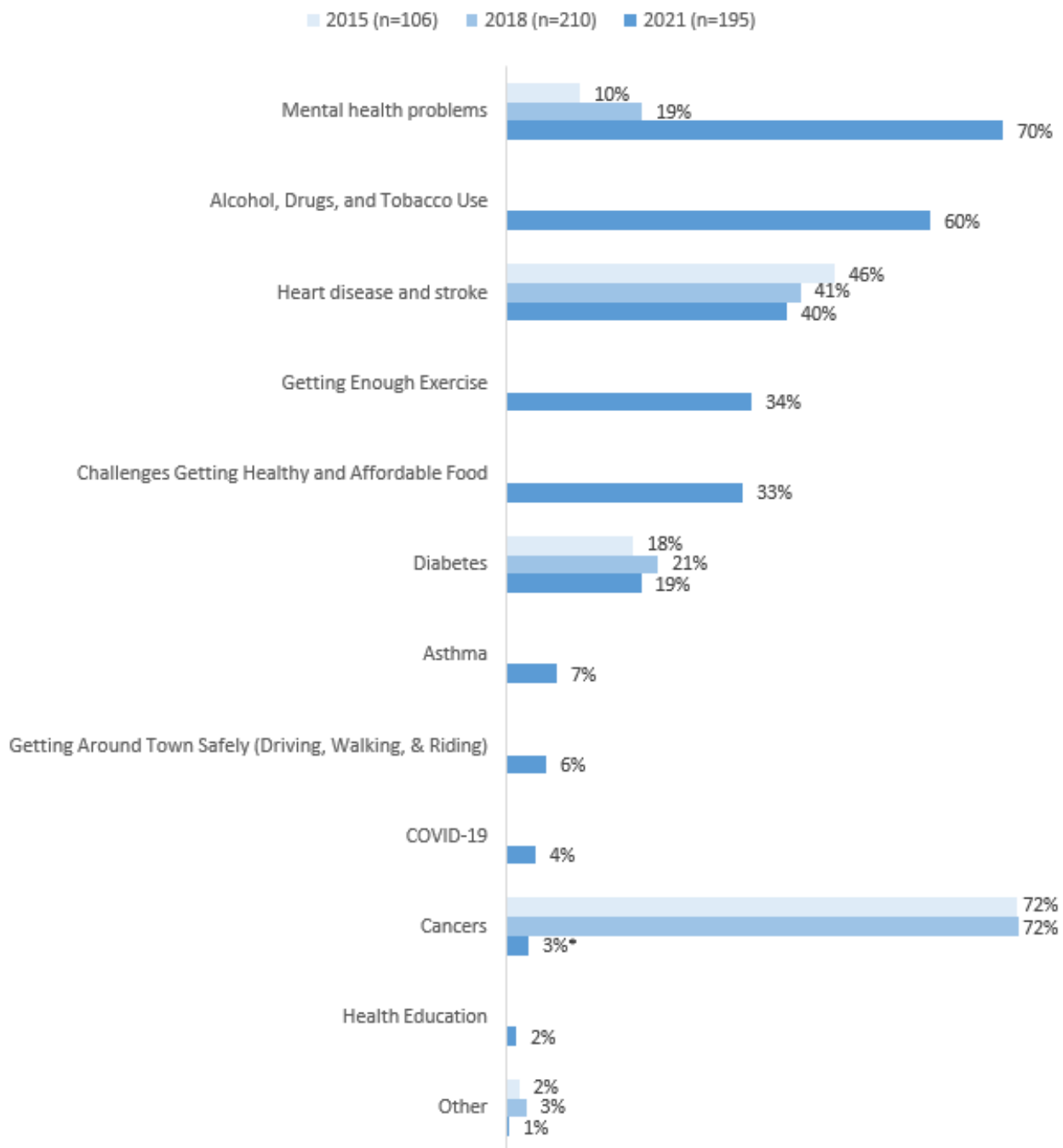


Figure 47: Does anyone in your shared living space, other than you, use any of the following products (either indoors or outdoors)? (n=165)



Community Health Problems

Figure 48: Most concerning "health problems" in the community



* not included as an response option in 2021-22, but included as a write-in option

COVID

Figure 49: To your knowledge, do you have, or have you had COVID-19? (n=165)

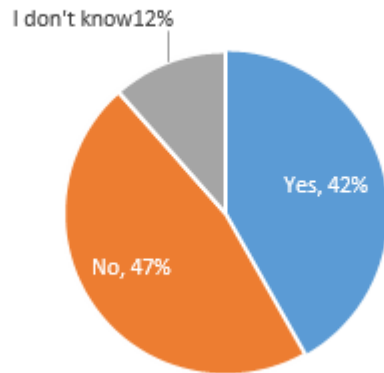
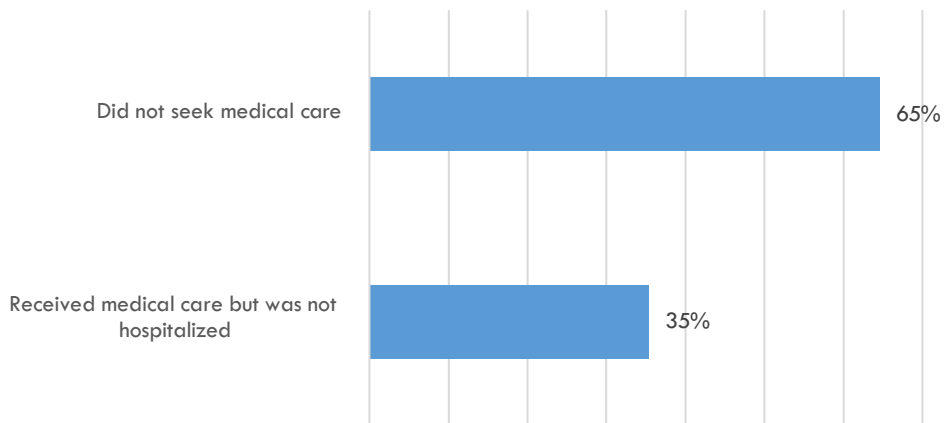
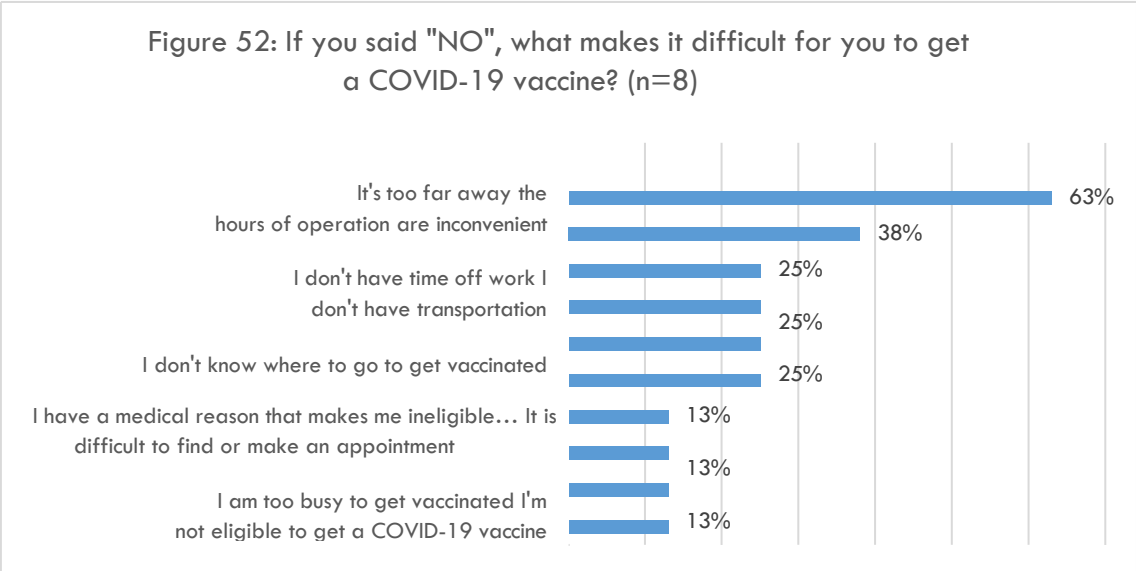
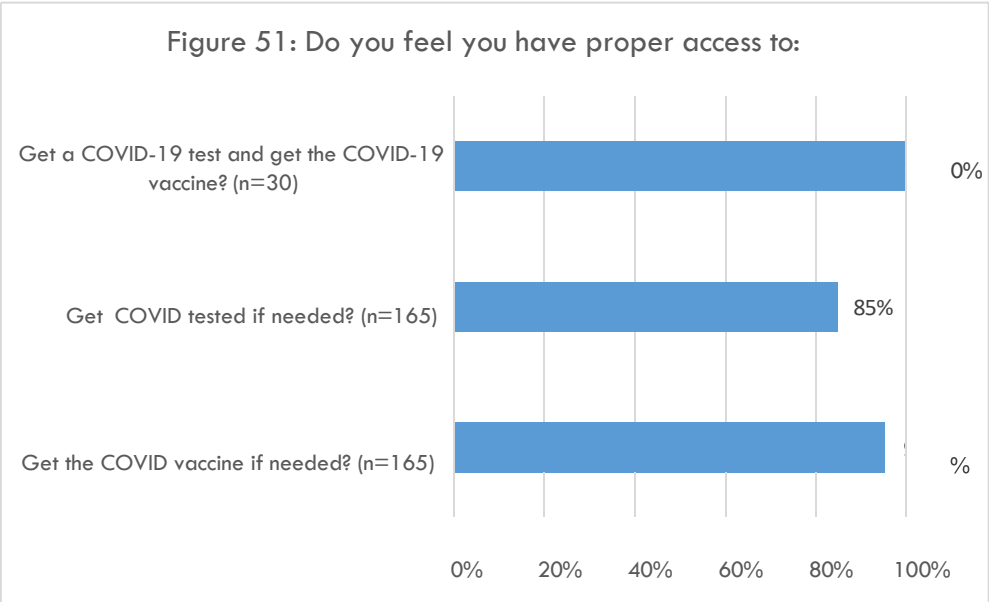


Figure 50: If "YES", describe the level of care you received, or are receiving: (n=79)



COVID Testing and Vaccine



Impacts of COVID-19

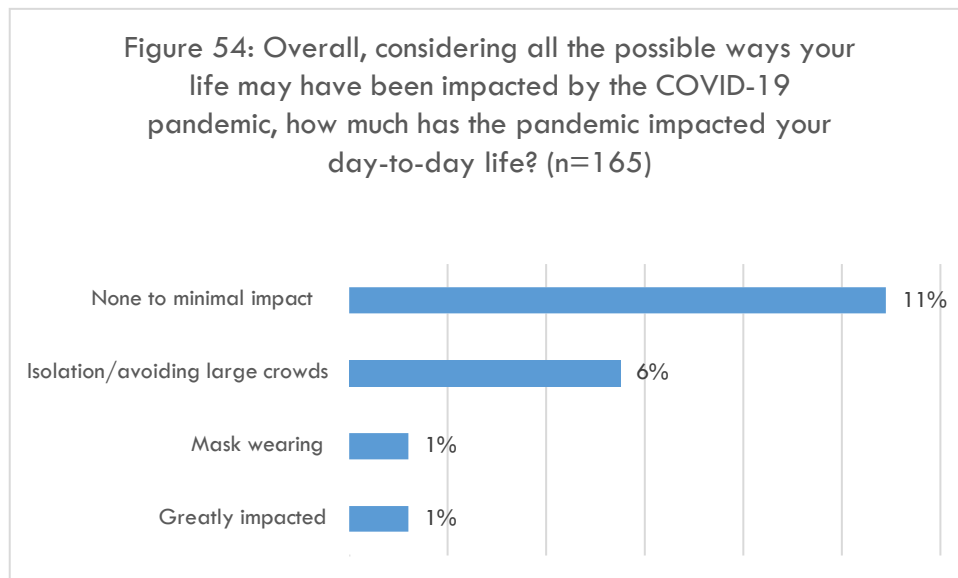
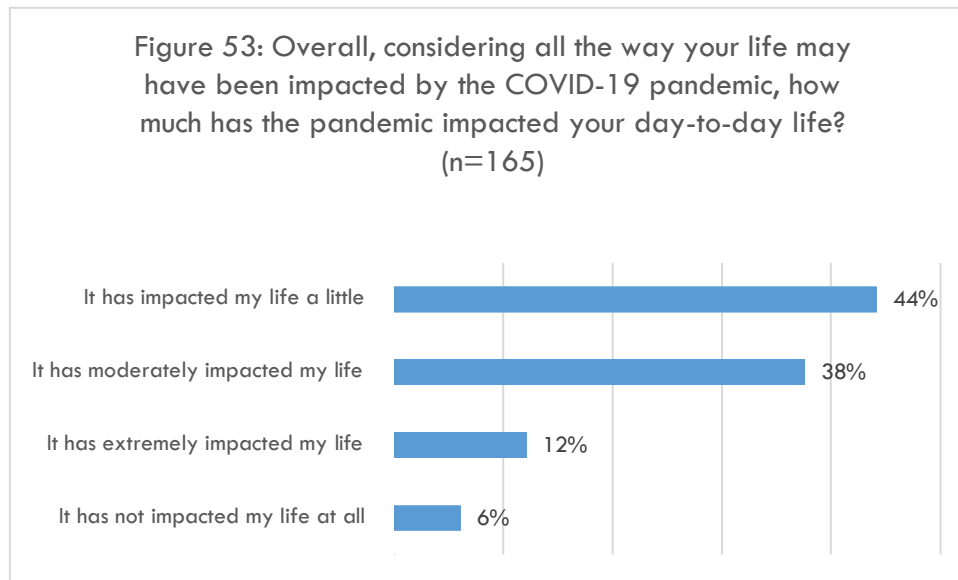


Figure 55: Has your access to food changed since March 1, 2020? (n=165)

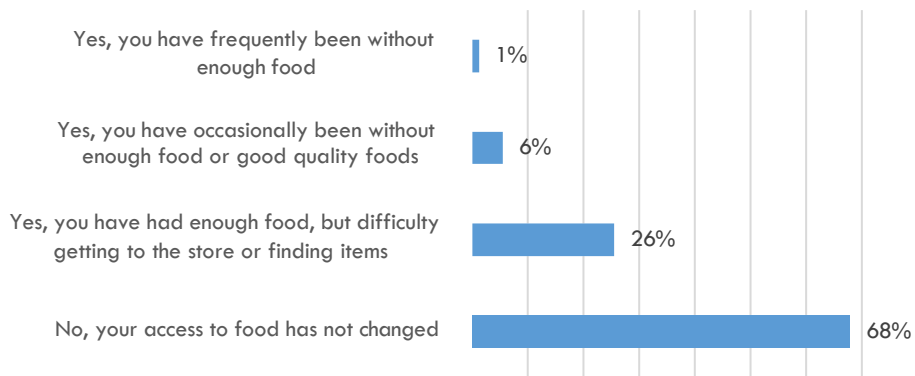


Figure 56: Have you been eating more in general or eating more processed food than usual since March 1, 2020? (n=165)

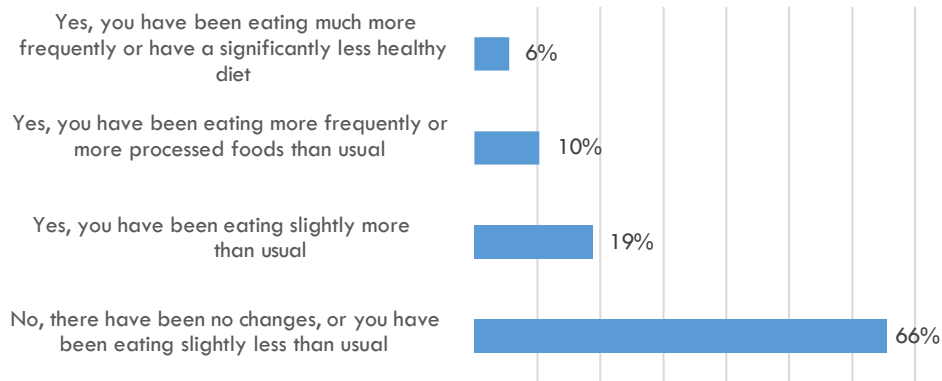


Figure 57: Has your normal physical activity changed since March 1, 2020? (n=165)

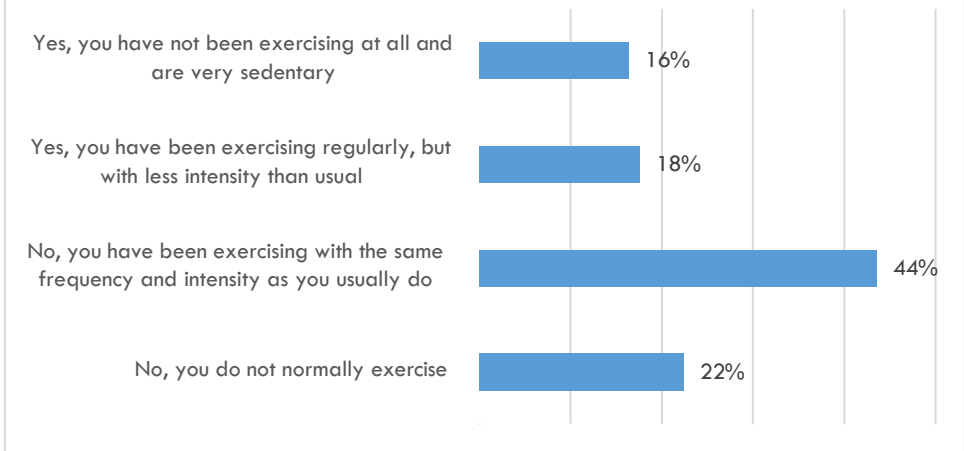


Figure 58: Has your access to medical health care changed since March 1, 2020? (n=165)

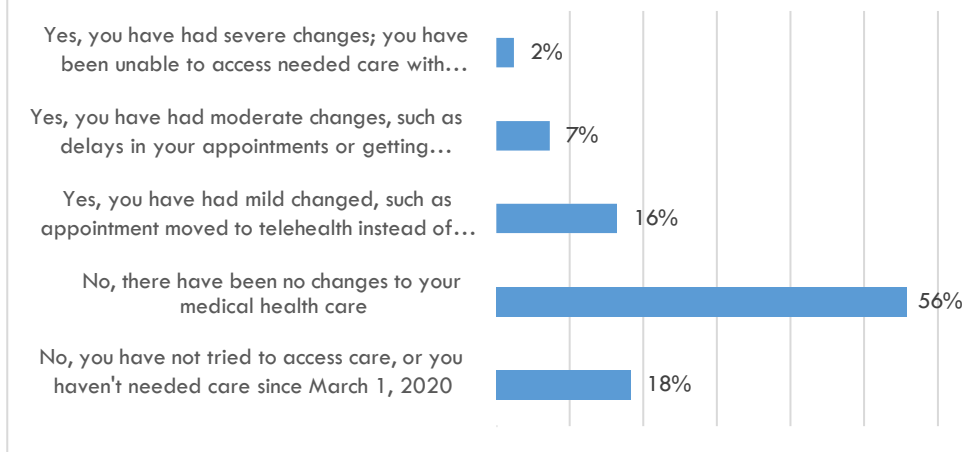


Figure 59: Has your access to mental health care changed since March 1, 2020? (n=165)

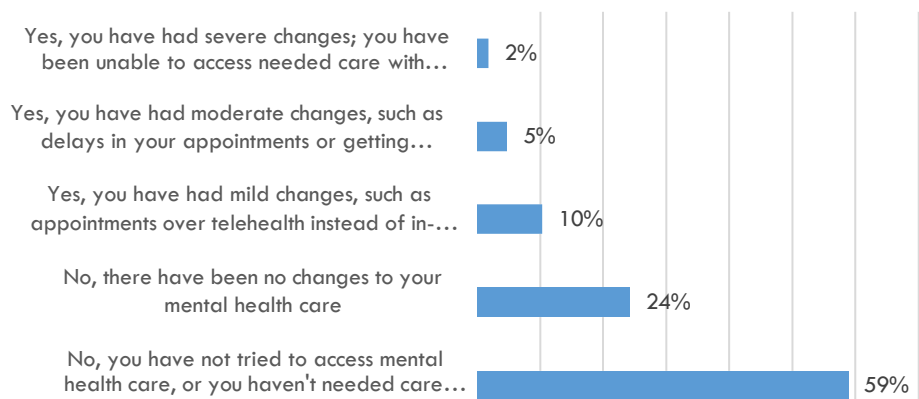


Figure 60: Have you experienced stress related to the pandemic? (n=165)

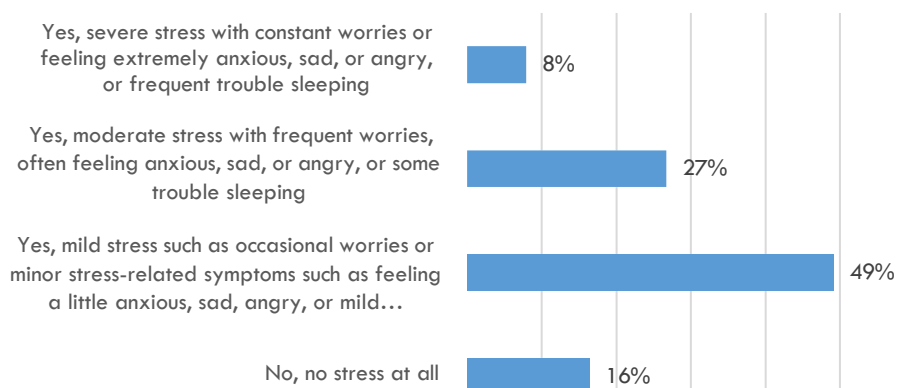


Figure 61: Has your access to extended family and trusted friends changed since March 1, 2020? (n=165)

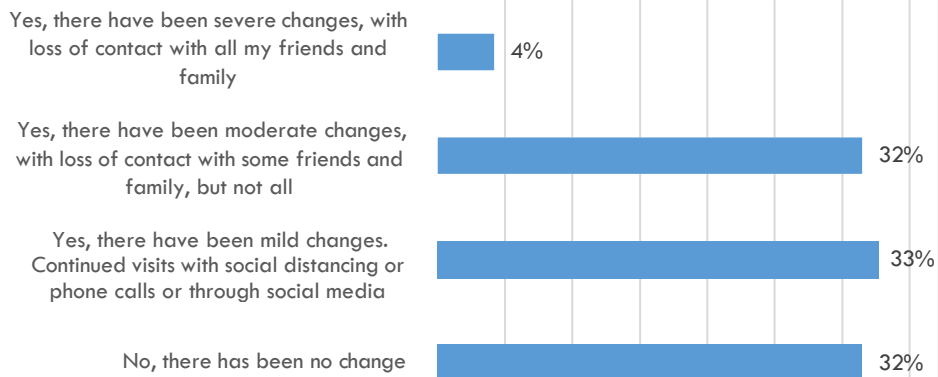
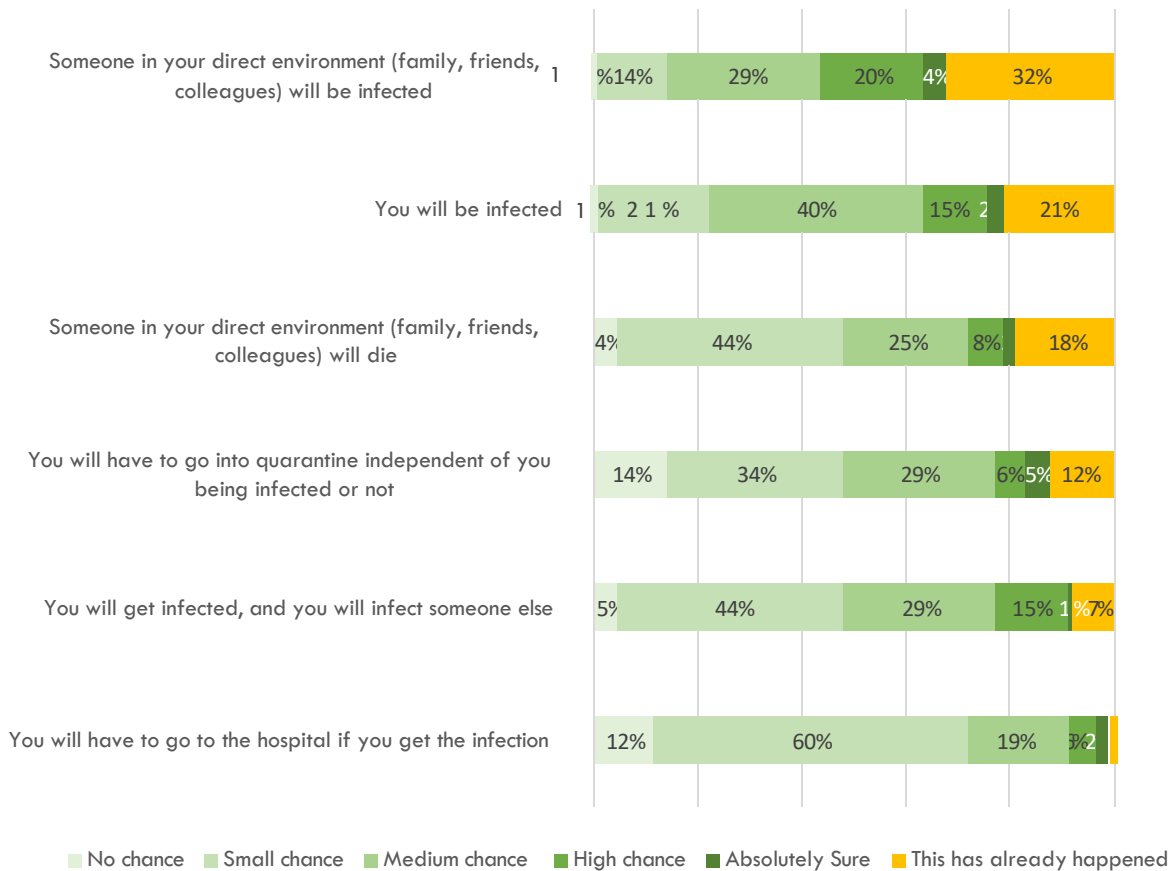


Figure 62: How likely do you think it is that the following events will happen in light of the current COVID-19 pandemic? (n=165)



Information and Prevention Strategies

Figure 63: In the last week, which of the following sources have you used to get information about COVID-19?
(n=165)

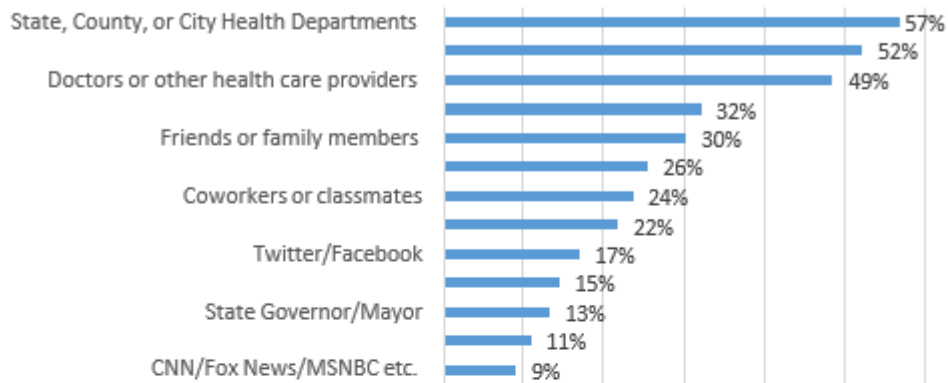


Figure 64: Do you feel you are getting adequate information on COVID-19? (n=195)

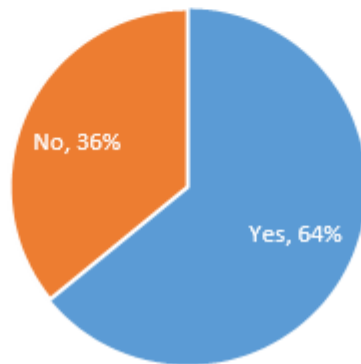


Figure 65: How much do you trust the following sources to provide accurate COVID-19 information (n=165)

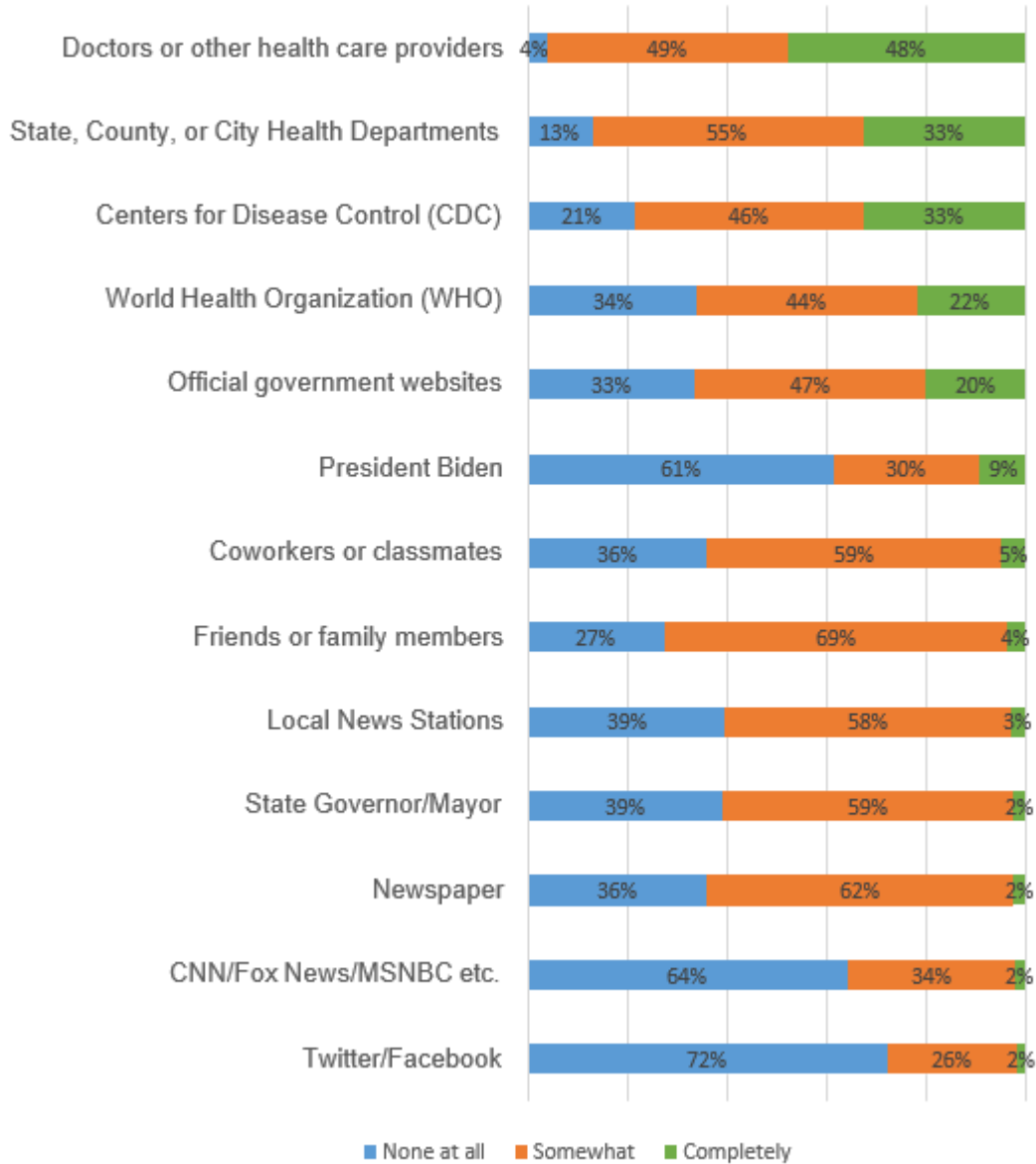


Figure 66: In your opinion, how effective are the following actions for keeping you safe from COVID-19? (n=165)

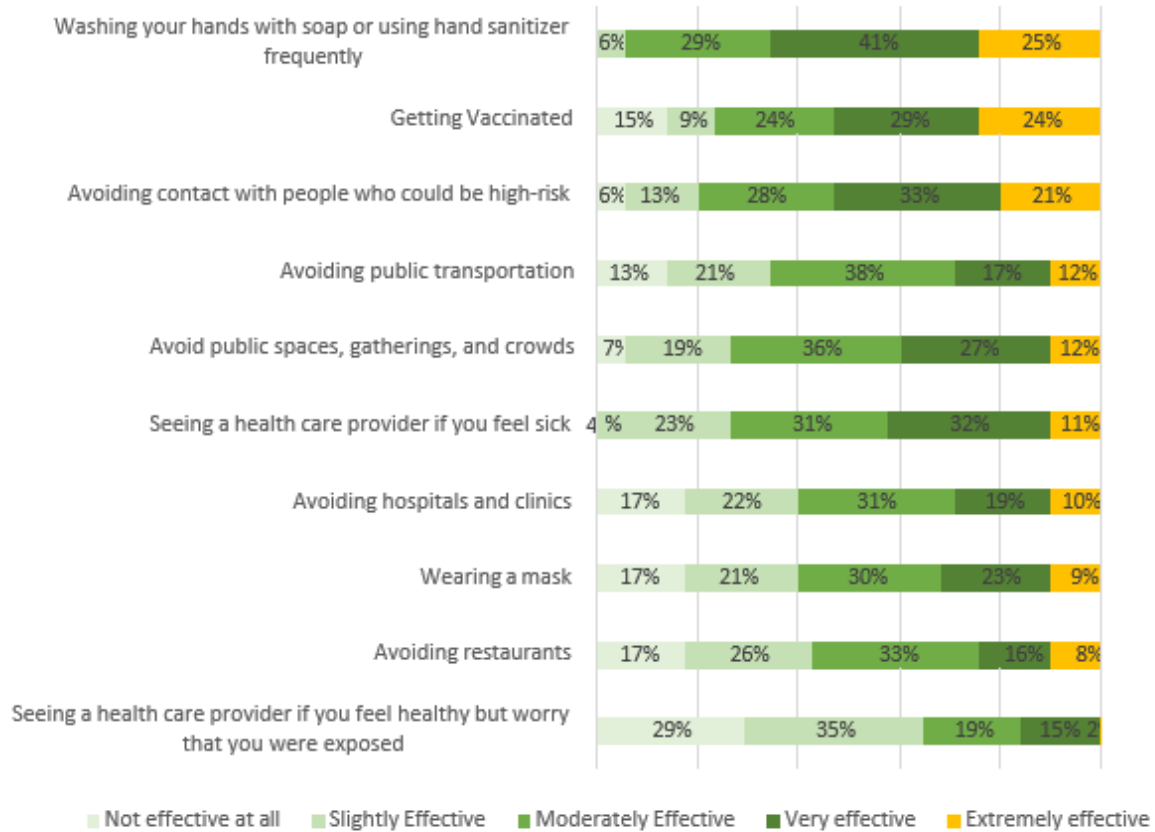
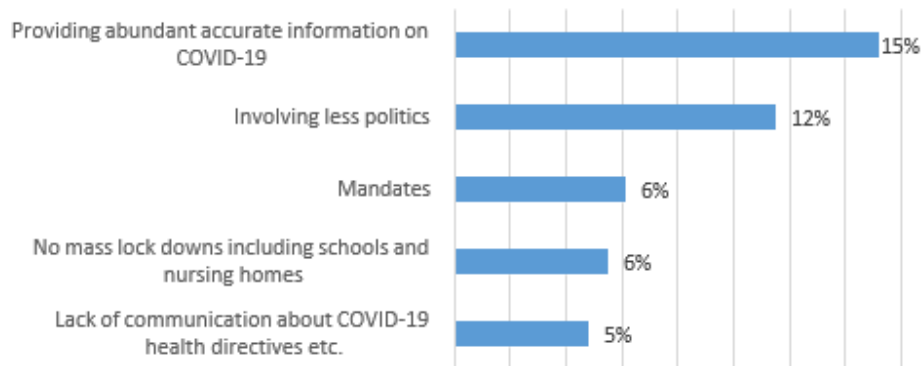


Figure 67: What could have been handled differently during the COVID-19 pandemic that you feel could have been handled differently (n=165)



Appendix B –Community Survey Results for Howard County

Demographics

Number of respondents from Howard County:

- 2015: 66
- 2018: 63
- 2021-22: 157

Figure 68	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=66)	12.1%	31.8%	22.7%	22.7%	10.6%
2018 (n=63)	30.2%	31.7%	22.2%	14.3%	30.2%
2021-22 (n=78)	2.6%	33.3%	29.5%	17.9%	16.7%

Figure 69	Gender	
	Male	Female
2015 (n=66)	15.2%	84.8%
2018 (n=62)	80.6%	80.6%
2021-22 (n=156)	28.2%	71.8%

Figure 70	Race/ethnicity					
	African American/ Black	Asian/ Pacific Islander	Hispanic/ Latino	Native American	White/ Caucasian	Two or more races
2015 (n=65)	1.5%	3.1%	0.0%	1.5%	93.8%	0.0%
2018 (n=62)	0.0%	0.0%	0.0%	0.0%	100%	0.0%
2021-22 (n=157)	0.6%	0.0%	1.3%	0.6%	97.5%	0.6%

Figure 71	Length of time lived in community		
	1-5 years	5-10 years	10 or more years
2015 (n=65)	24.6%	7.7%	67.7%
2018 (n=63)	14.3%	73.0%	14.3%
2021-22 (n=153)	12.4%	11.1%	76.5%

Figure 72	Highest level of education completed				
	Never Attended School	High School Diploma or GED	Associate's Degree	Bachelors' Degree	Master's Degree
2021-22 (n=78)	0.0%	28.2%	26.9%	29.5%	15.4%

Figure 73	Current Living Situation (n=77)
I own my house	87%
I am renting a house/apartment	12%
I live with others for free	1%

Figure 74	Age groups living within household (n=78)
Age Group	%
None/Live alone	
0-5	24%
6-12	31%
13-18	17%
19-29	14%
30-39	28%
40-49	19%
50-59	30%
60-69	24%
70-79	9%
80+	1%

Employment

Figure 75: Which of the following options best describes your employment before COVID-19 pandemic may have affected your work (before March 1, 2020)? This includes both formal and informal employment. Were you: (n=78)

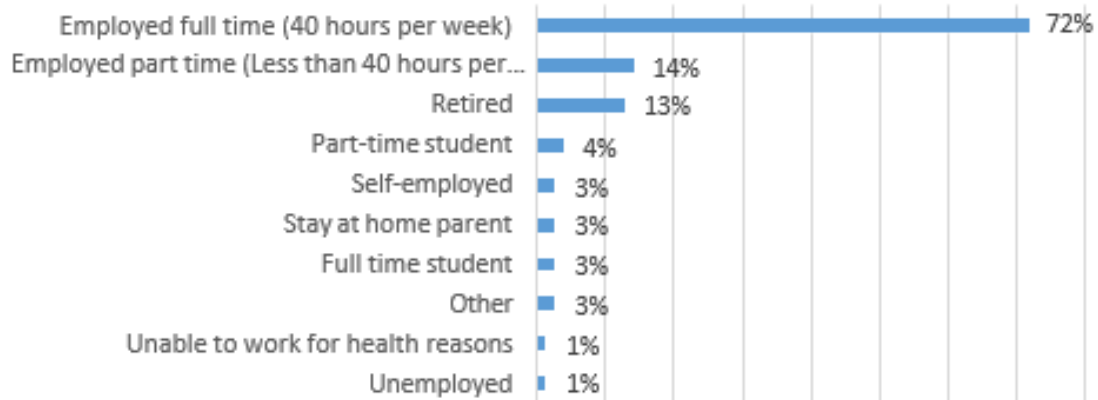
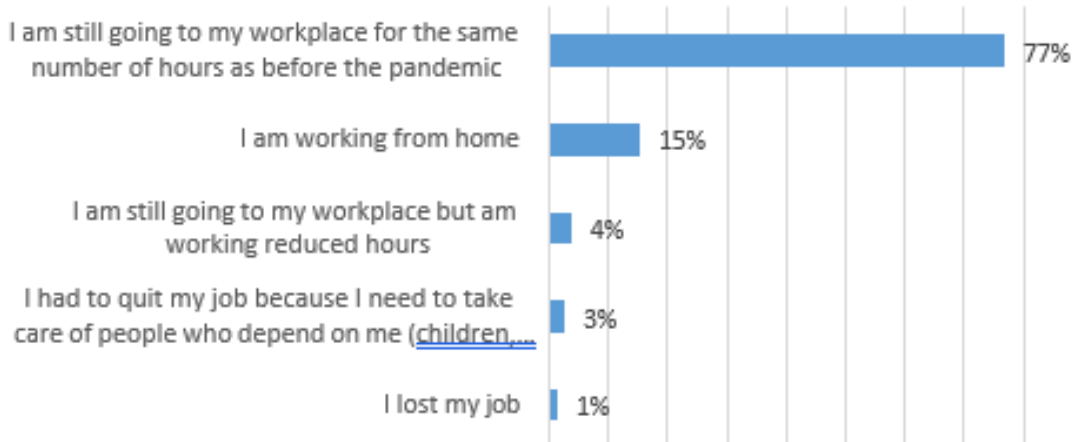


Figure 76: How has your employment status changed since the COVID-19 pandemic (after March 1, 2020)? (n=78)



Household

Figure 77: Do the children in your home attend daycare or a childcare center? (n=78)

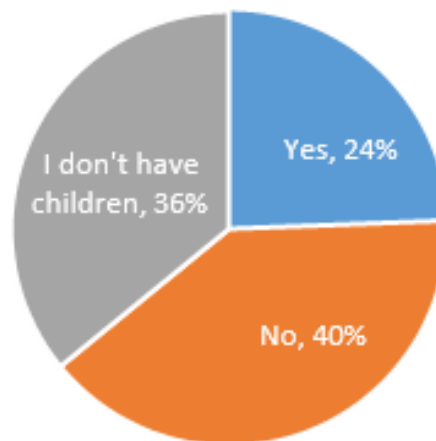


Figure 78: Is anyone in your household, other than you, living with a chronic disease (including chronic lung disease, diabetes, cardiovascular disease, chronic renal or liver disease) or otherwise immunocompromised (n=78)

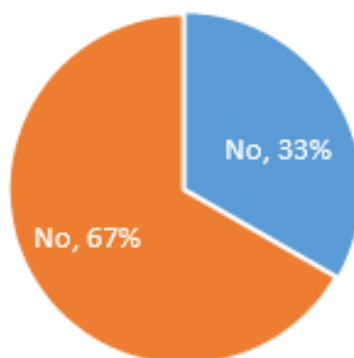


Figure 79: How many people in your household, other than you, work in health care or in other jobs that involve direct contact with other people? If none, enter 0. (n=78)

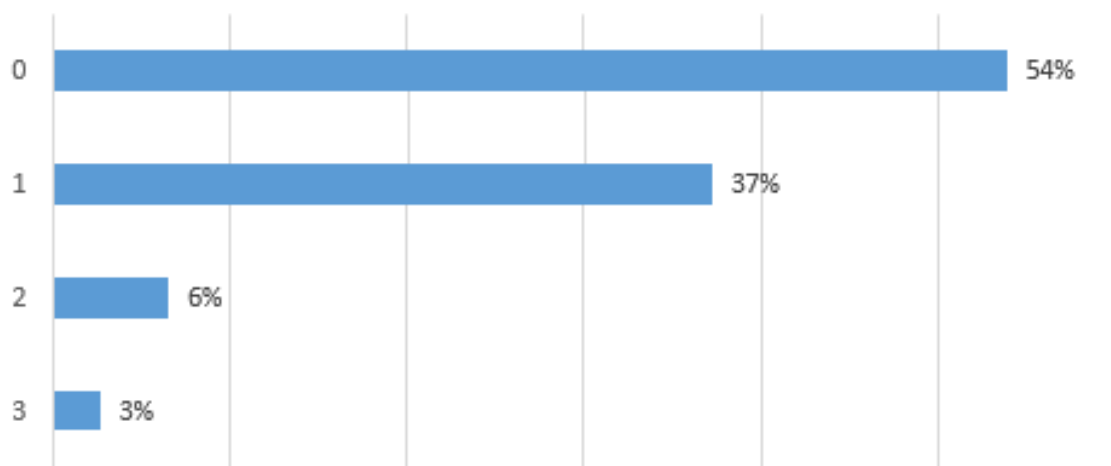
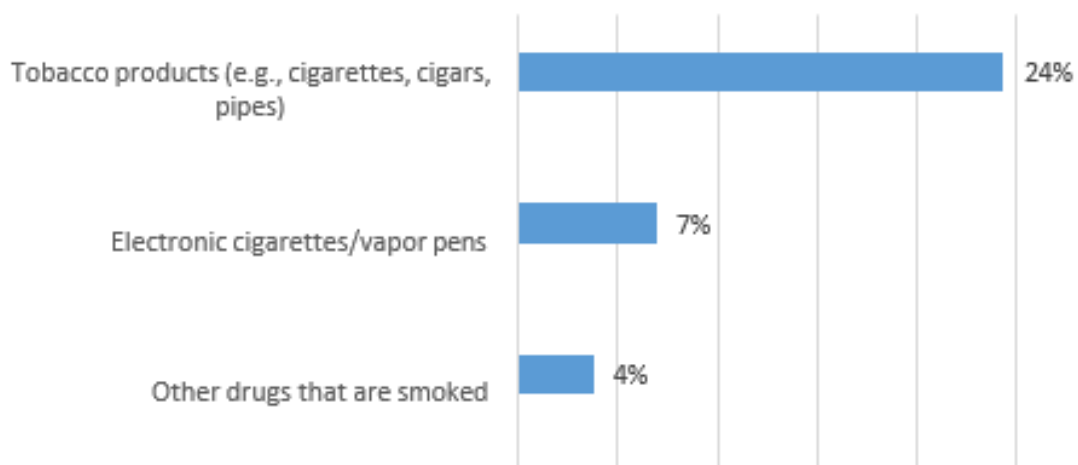
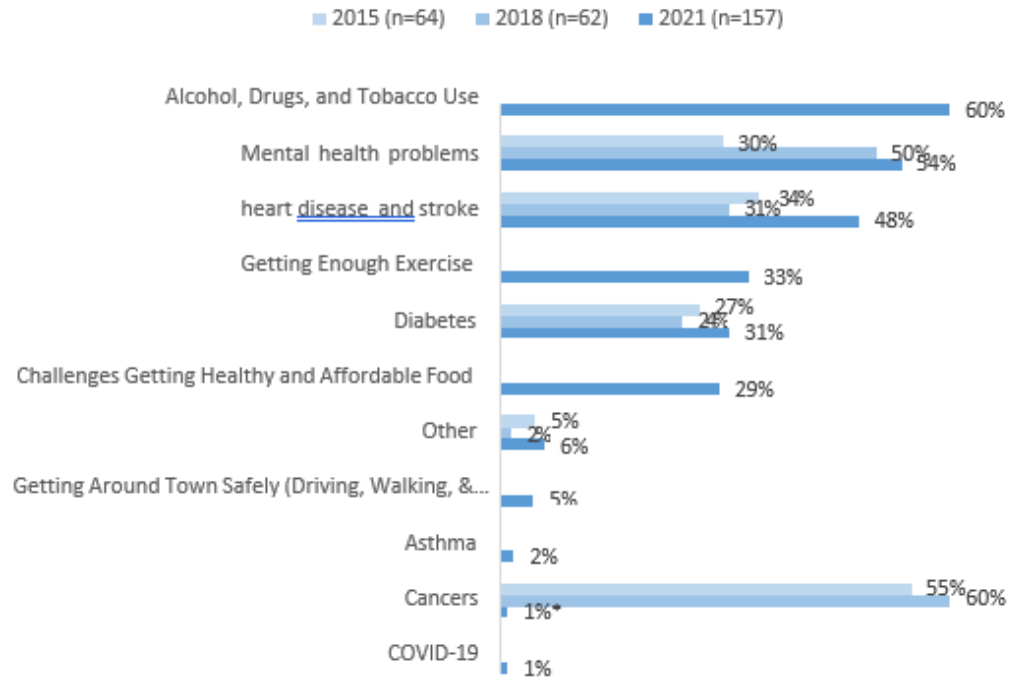


Figure 80: Does anyone in your shared living space, other than you, use any of the following products (either indoors or outdoors)? (n=78)



Community Health Problems

Figure 81: Most concerning "health problems" in the community



* Not included as an response option in 2021-22, but included as a write-in option

COVID-19

Figure 82: To your knowledge, do you have or have you

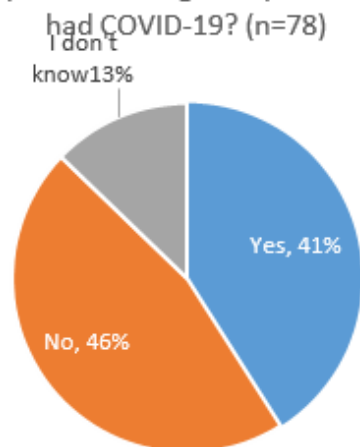
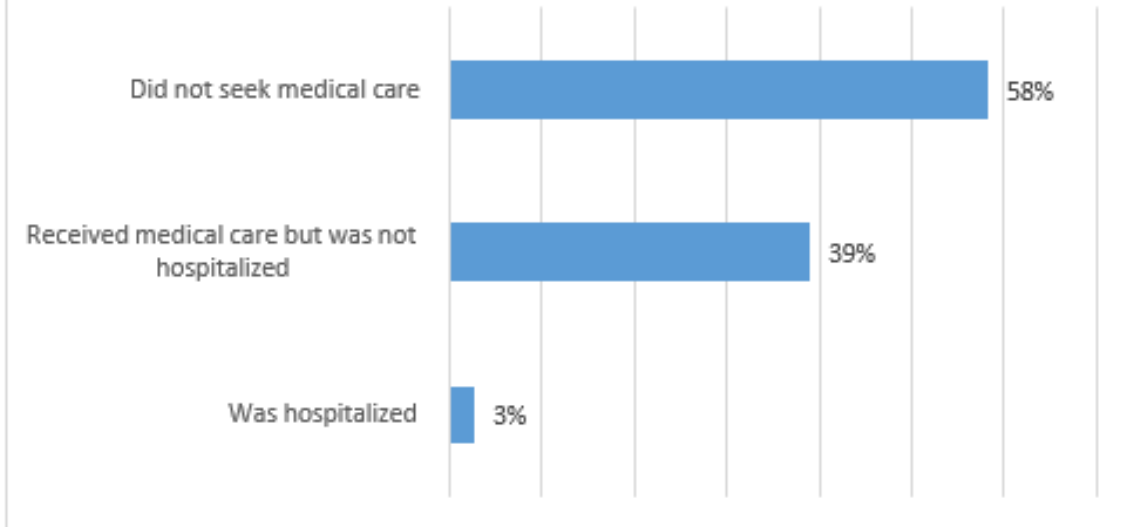
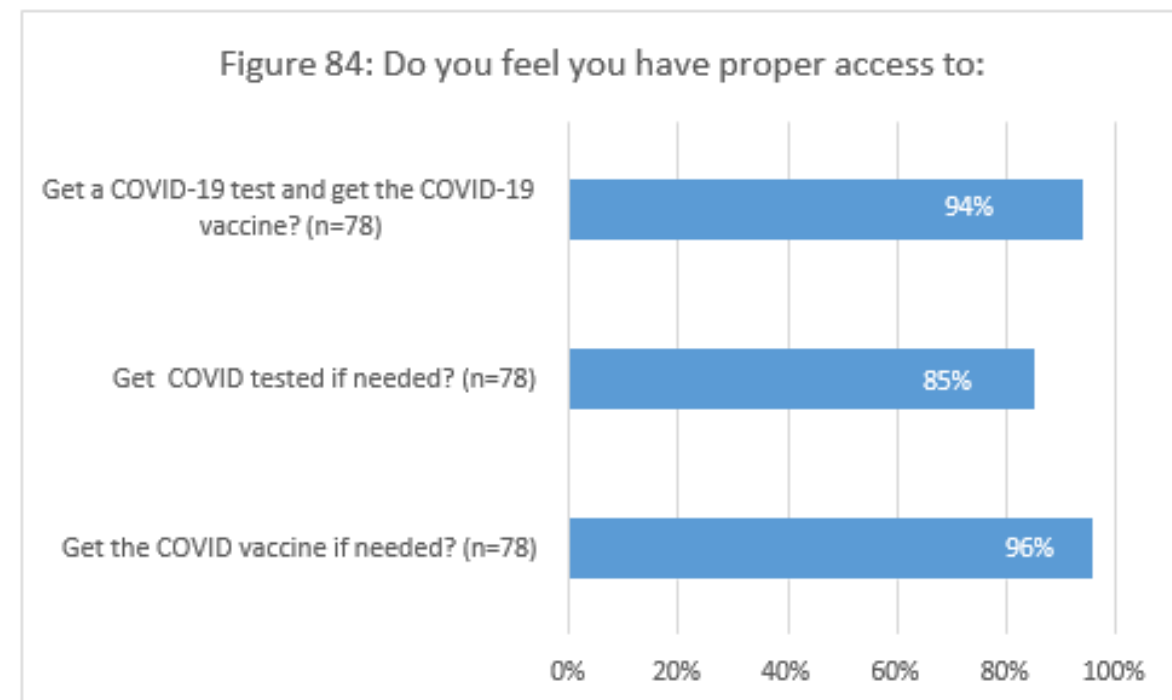


Figure 83: If "YES", describe the level of care you received, or are receiving: (n=36)



COVID Vaccine and Testing

Figure 84: Do you feel you have proper access to:



Impacts of COVID-19

Figure 86: Overall, considering all the way your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life? (n=78)

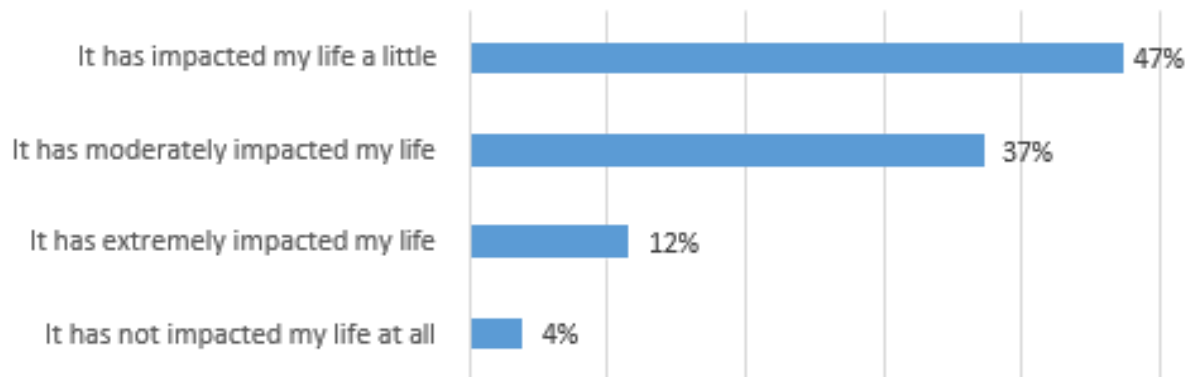


Figure 87: Overall, considering all the possible ways your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life? Please explain. (n=79)

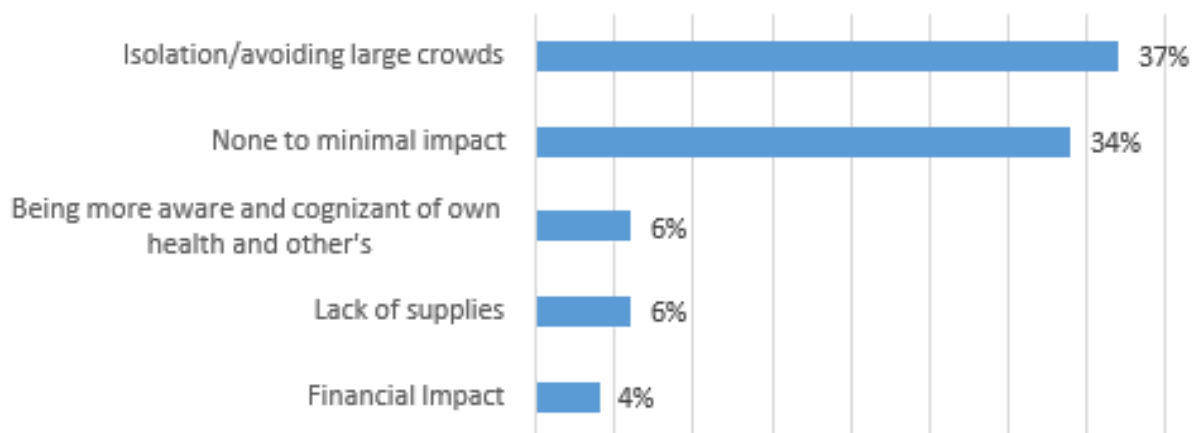


Figure 88: Has your access to food changed since March 1, 2020? (n=78)

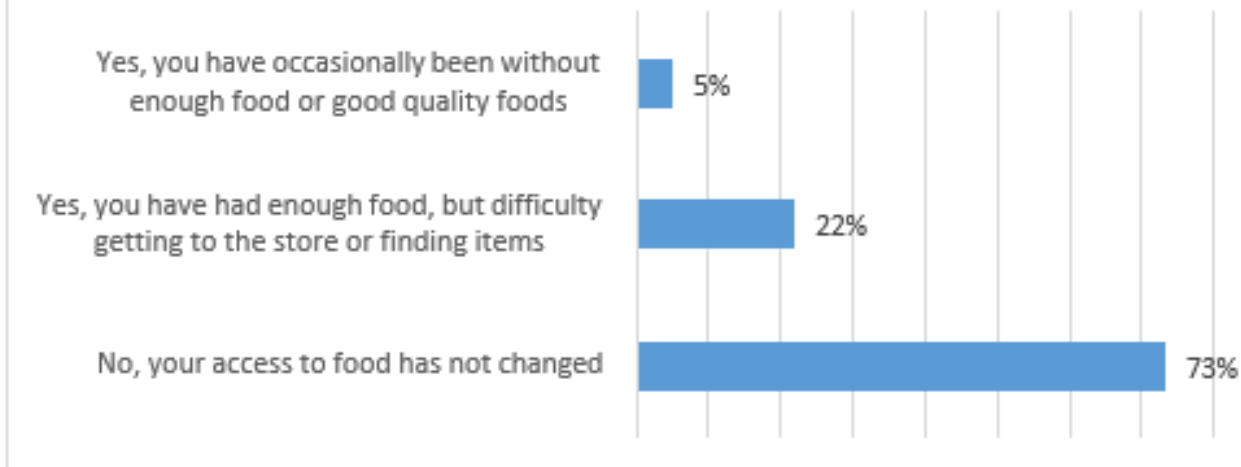


Figure 89: Have you been eating more in general or eating more processed food than usual since March 1, 2020? (n=78)

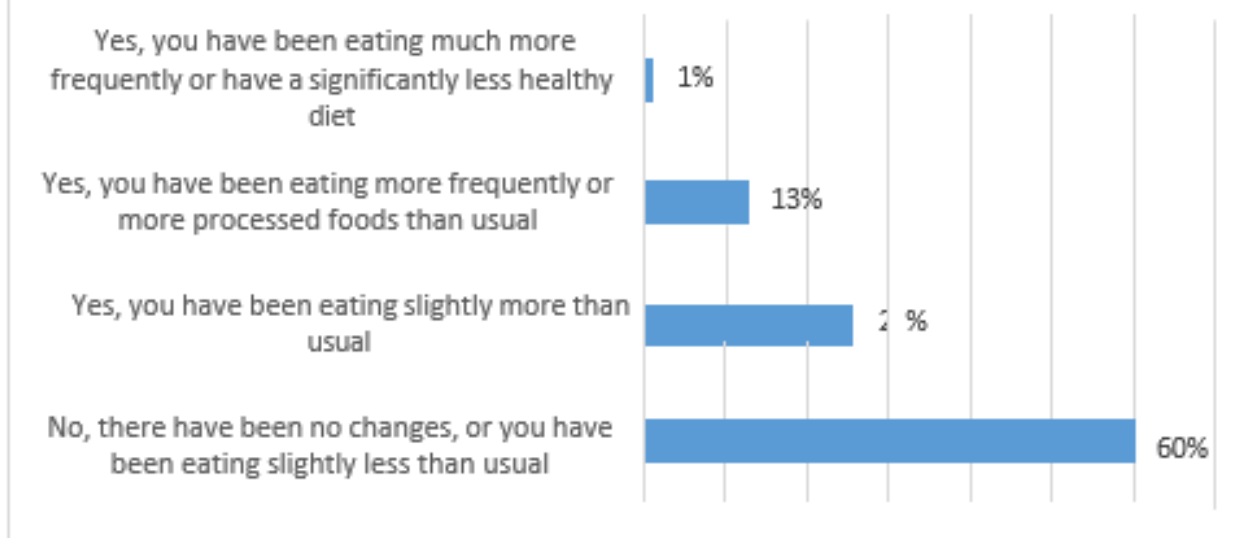


Figure 90: Has your normal physical activity changed since March 1, 2020? (n=78)

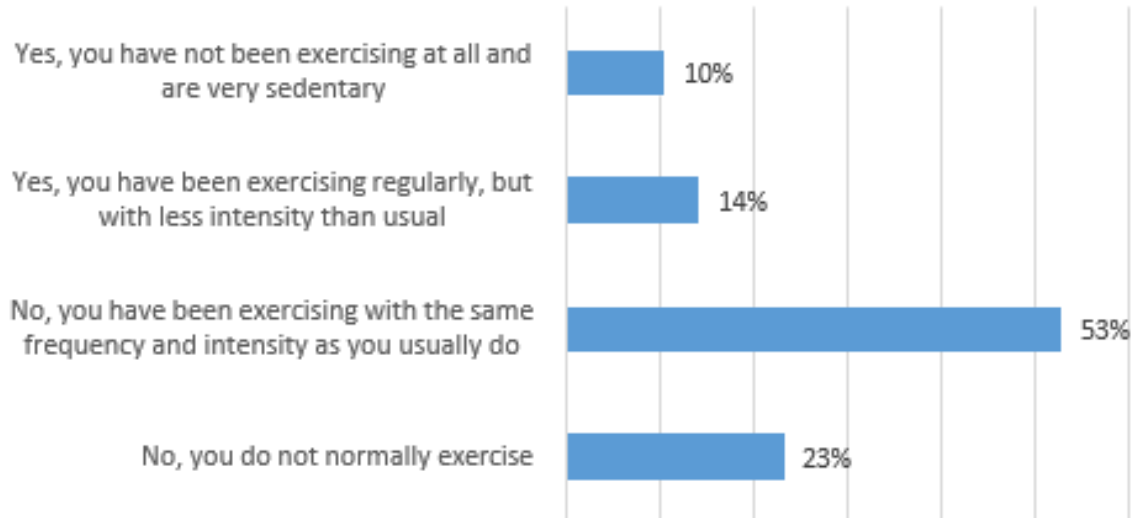


Figure 91: Has your access to medical health care changed since March 1, 2020? (n=78)

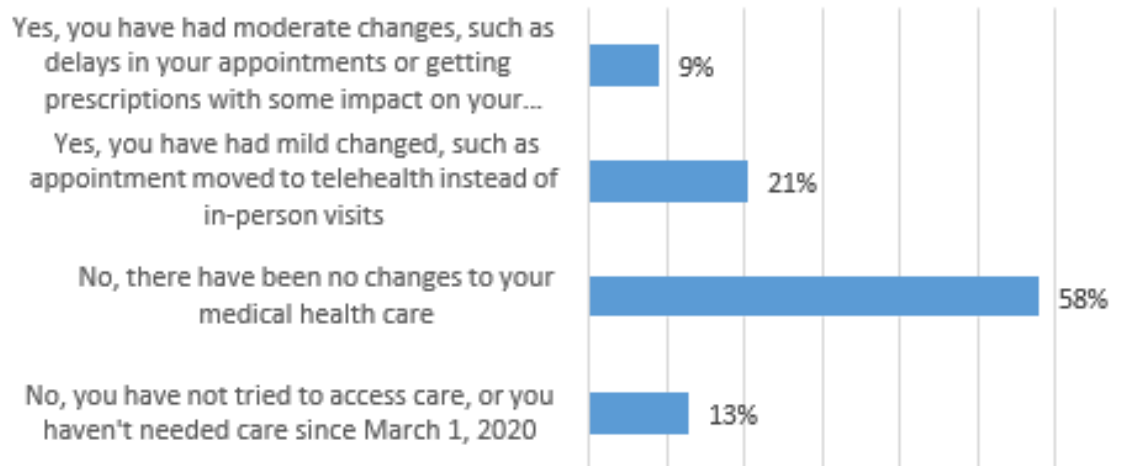


Figure 92: Has your access to mental health care changed since March 1, 2020? (n=78)

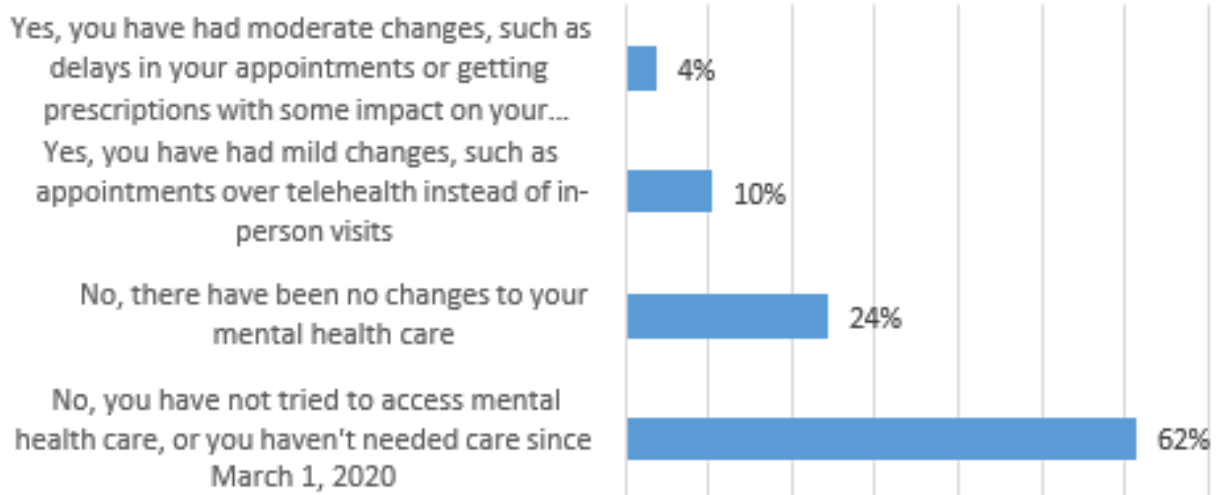


Figure 93: Have you experienced stress related to the pandemic? (n=78)

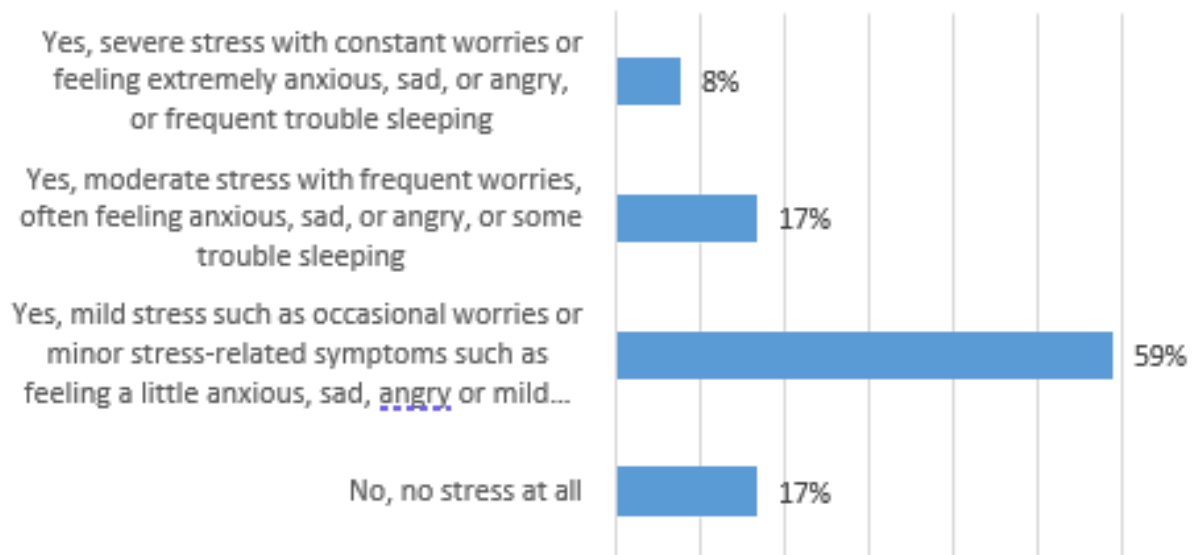


Figure 94: Has your access to extended family and trusted friends changed since March 1, 2020? (n=78)

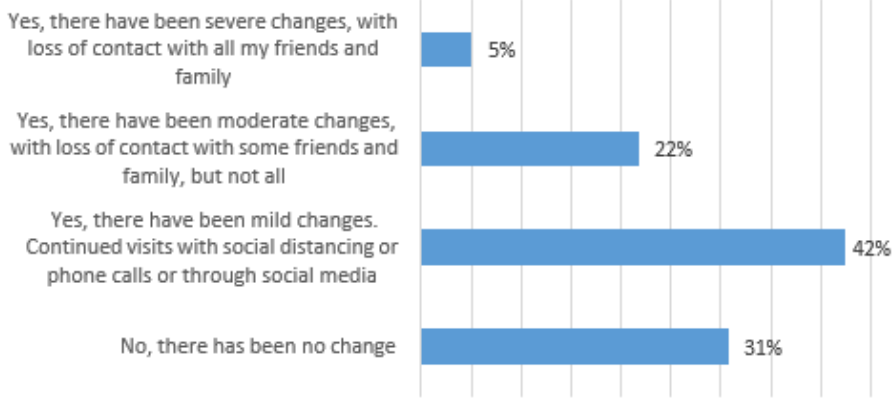
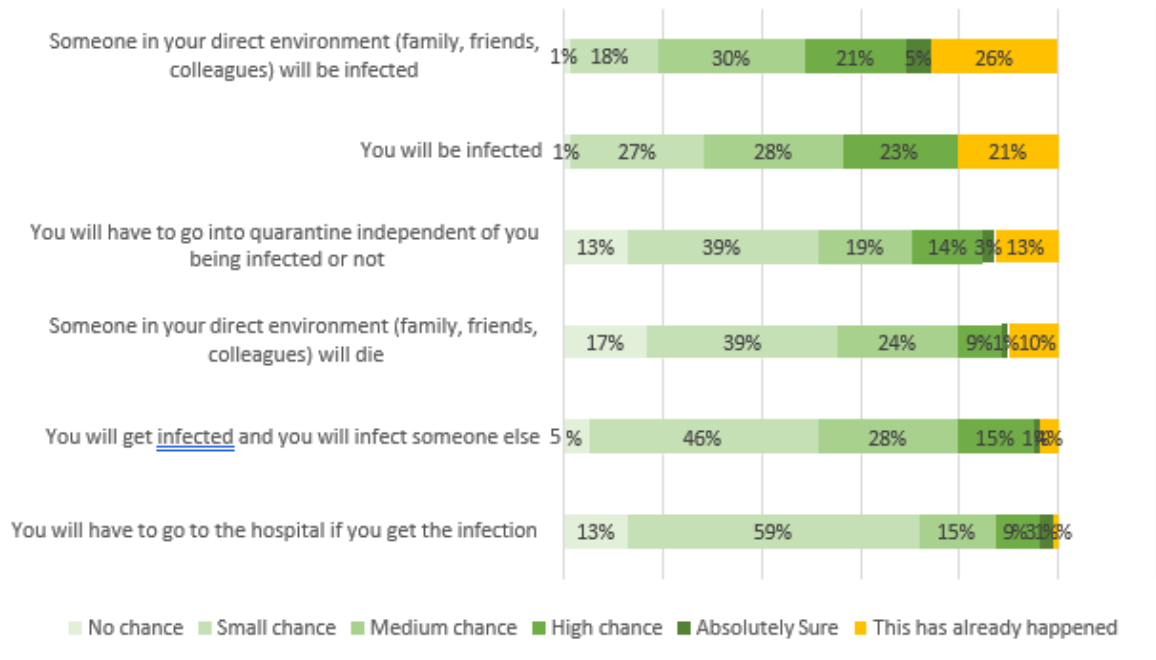


Figure 95: How likely do you think it is that the following events will happen considering the current COVID-19 pandemic? (n=78)



Information and Prevention

Figure 96: In the last week, which of the following sources have you used to get information about COVID-19?

(n=78)

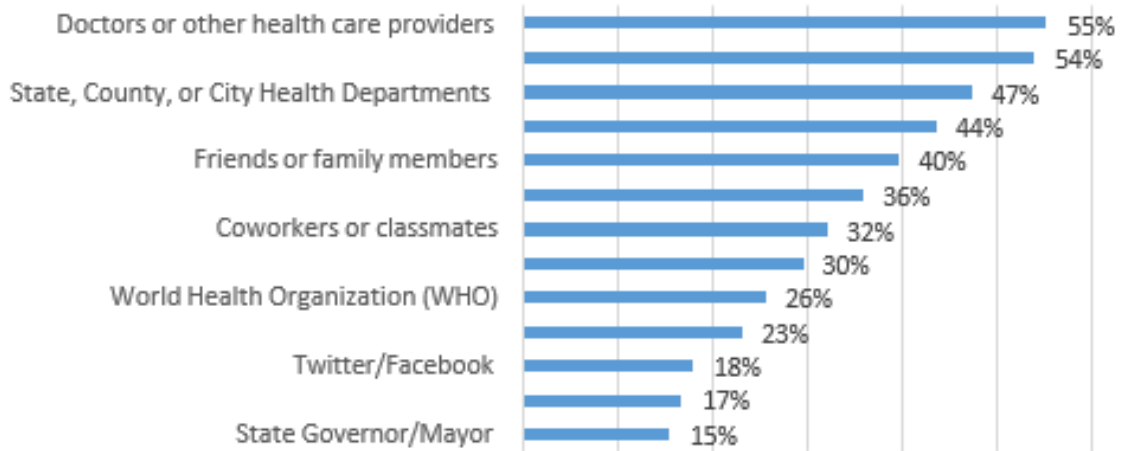


Figure 97: Do you feel you are getting adequate information regarding COVID-19? (n=154)

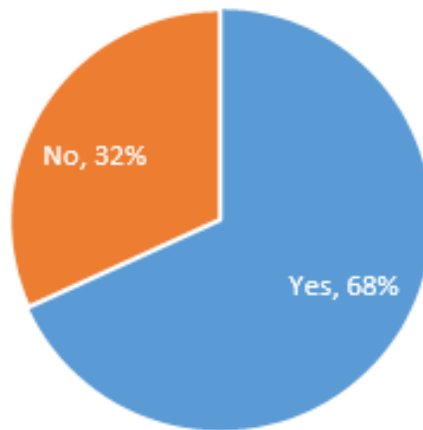


Figure 98: How much do you trust the following sources to provide accurate COVID-19 information (n=78)

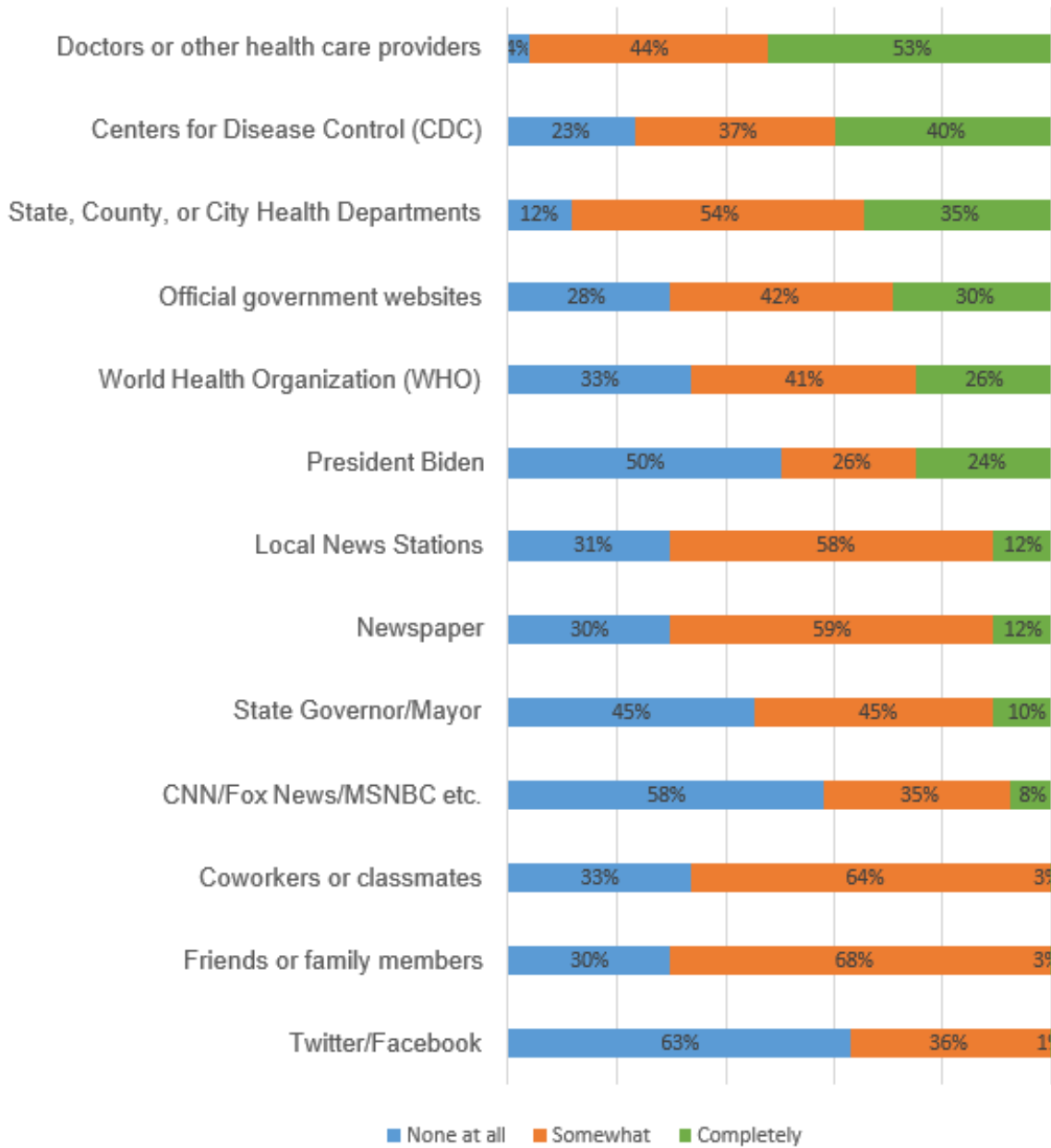


Figure 99: In your opinion, how effective are the following actions for keeping you safe from COVID-19? (n=78)

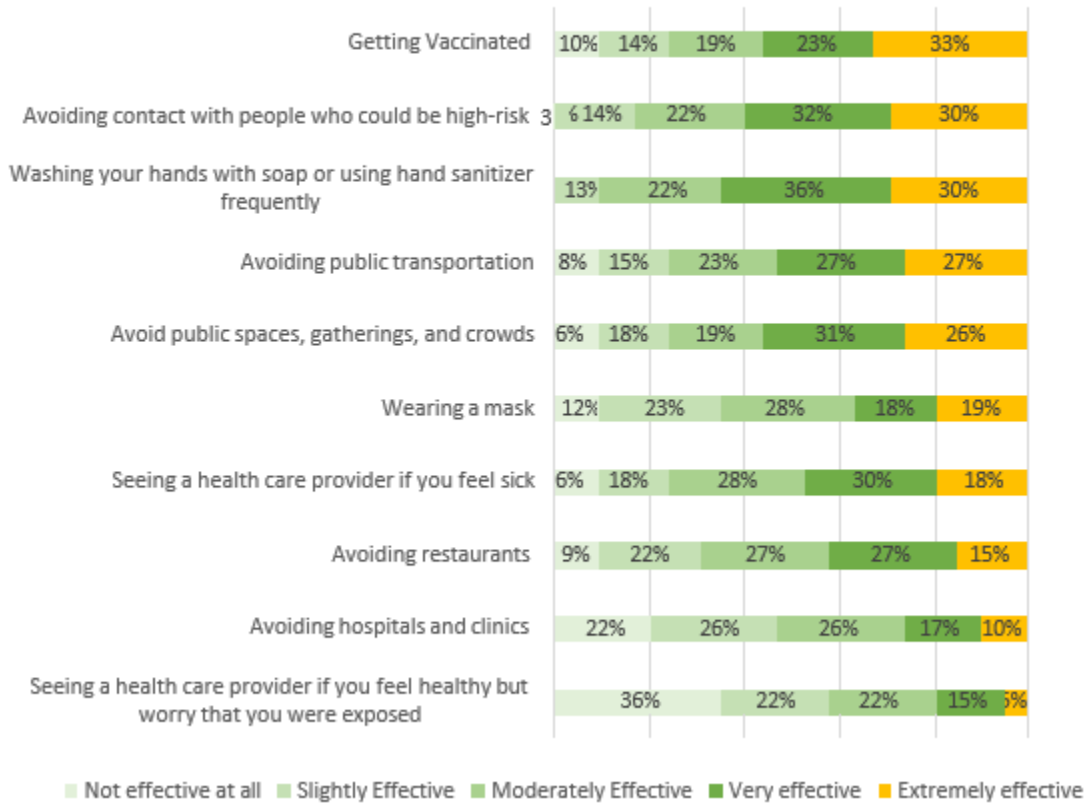
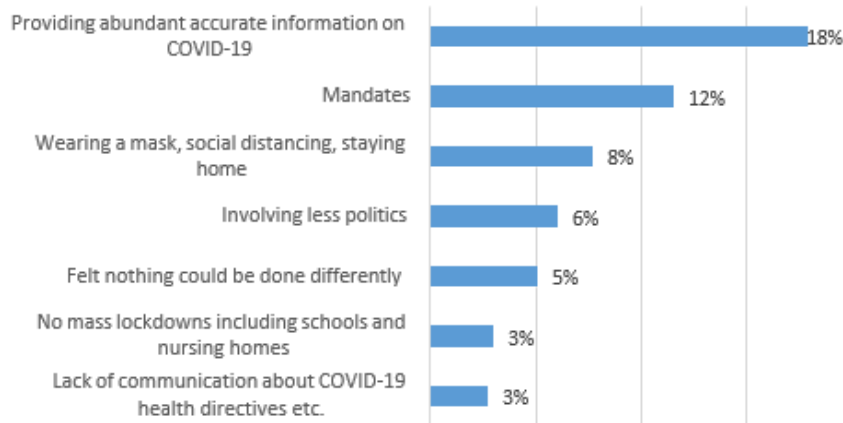


Figure 100: What could have been done differently during the COVID-19 pandemic that you feel could have been handled differently? (n=78)



Appendix C –Community Survey Results for Valley County

Demographics

Number of respondents from Valley County:

- 2015: 85
- 2018: 109
- 2021-22: 362

Figure 101	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=85)	3.5%	25.9%	29.4%	18.8%	22.4%
2018 (n=109)	35.8%	28.4%	21.1%	7.3%	35.8%
2021-22 (n=131)	3.1%	30.5%	29.0%	15.3%	22.1%

Figure 102	Gender	
	Male	Female
2015 (n=85)	21.2%	78.8%
2018 (n=109)	85.3%	85.3%
2021-22 (n=362)	26.2%	73.8%

Figure 103	Race/ethnicity					
	African American/ Black	Asian/ Pacific Islander	Hispanic/ Latino	Native American	White/ Caucasian	Two or more races
2015 (n=85)	1.2%	0.0%	1.2%	0.0%	97.6%	0.0%
2018 (n=109)	0.0%	0.0%	1.8%	0.0%	98.2%	0.0%
2021-22 (n=363)	0.3%	0.0%	0.5%	0.8%	98.6%	0.5%

Figure 104	Length of time lived in community		
	1-5 years	5-10 years	10 or more years
2015 (n=84)	15.5%	13.1%	71.4%
2018 (n=108)	13.9%	70.4%	13.9%
2021-22 (n=359)	9.2%	4.7%	86.1%

Figure 105	Highest level of education completed				
	Never Attended School	High School Diploma or GED	Associate degree	Bachelors' Degree	Master's Degree
2021-22 (n=131)	0.0%	25.5%	26.0%	29.8%	19.1%

Figure 106	Current Living Situation (n=124)
I own my house	82%
I am renting a house/apartment	18%
I live with others for free	1%

Figure 107	Age groups living within household (n=165)
Age Group	%
None/Live alone	6%
0-5	19%
6-12	28%
13-18	22%
19-29	13%
30-39	21%
40-49	24%
50-59	17%
60-69	28%
70-79	8%
80+	2%

Employment

Figure 108: Which of the following options best describes your employment before COVID-19 pandemic may have affected your work (before March 1, 2020)? This includes both formal and informal employment. Were you: (n=131)

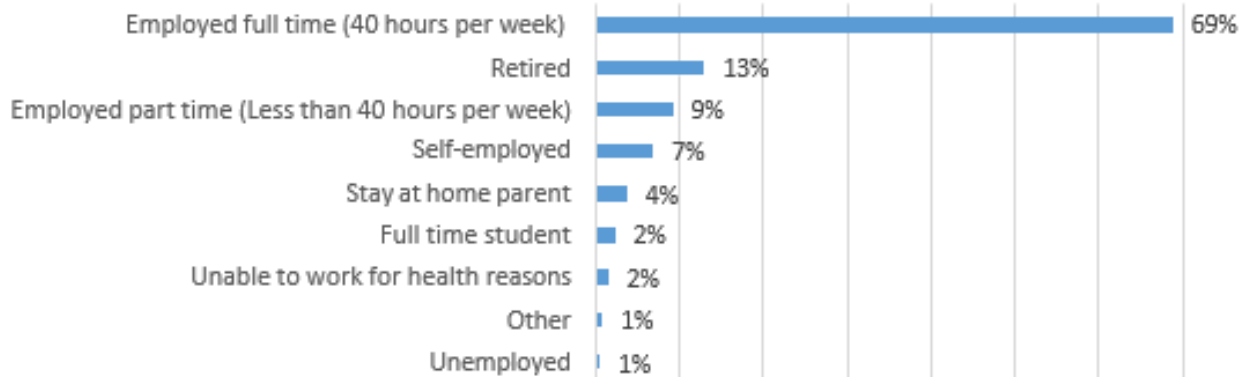
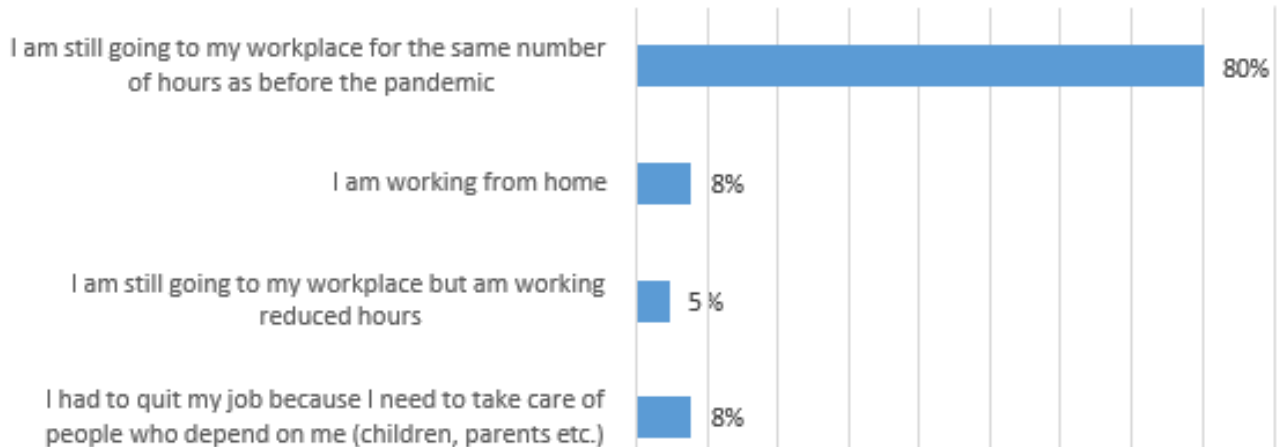


Figure 109: How has your employment status changed since the COVID-19 pandemic (after March 1,2020)? (n=131)



Household

Figure 110: Do the children in your home attend daycare or a childcare center? (n=131)

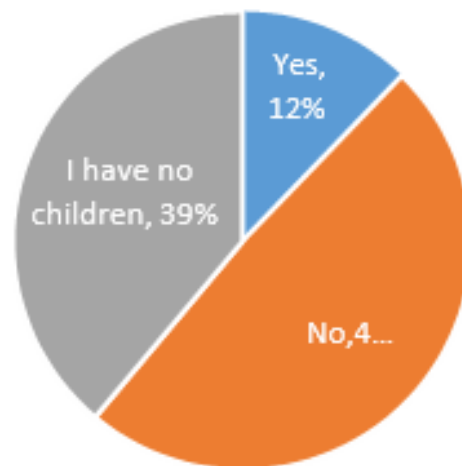


Figure 111: Is anyone in your household, other than you, living with a chronic disease (including chronic lung disease, diabetes, cardiovascular disease, chronic renal or liver disease) or otherwise immunocompromised (n=131)

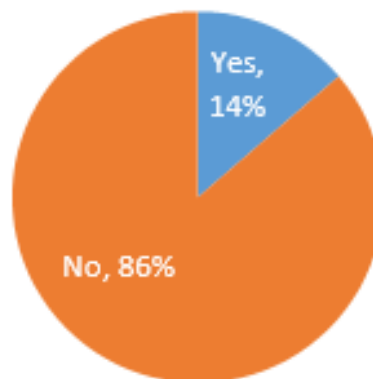


Figure 112: How many people in your household, other than you, work in health care or in other jobs that involve direct contact with other people? If none, enter 0.
(n=131)

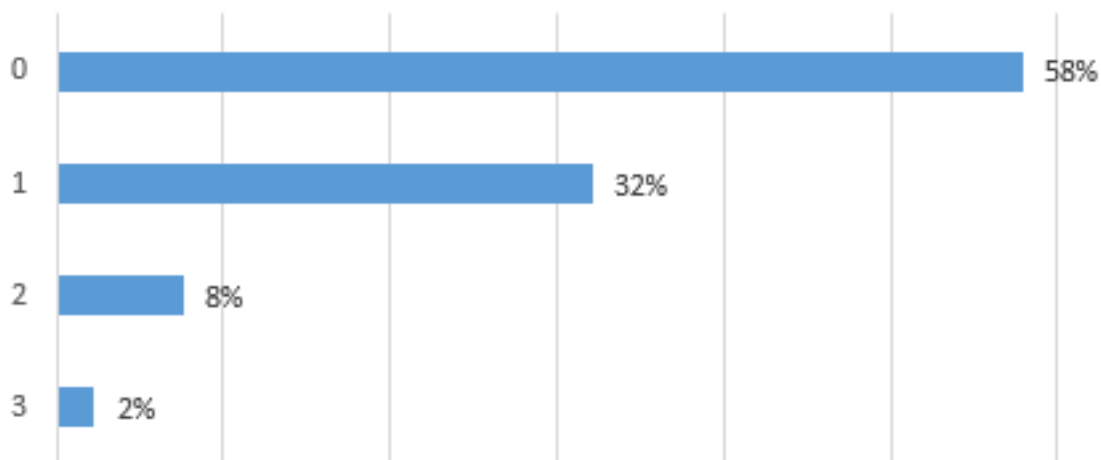
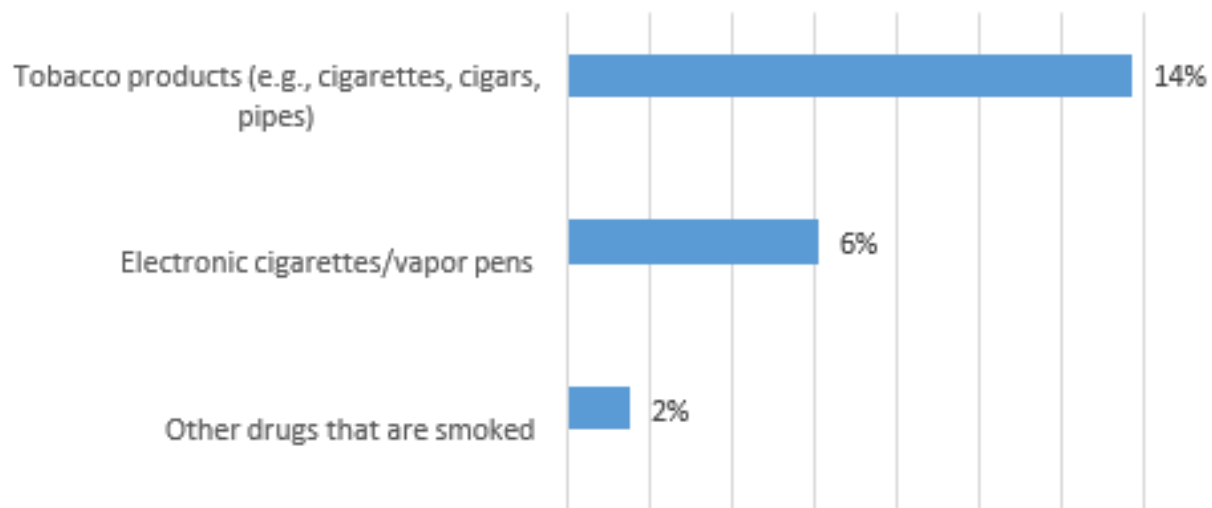
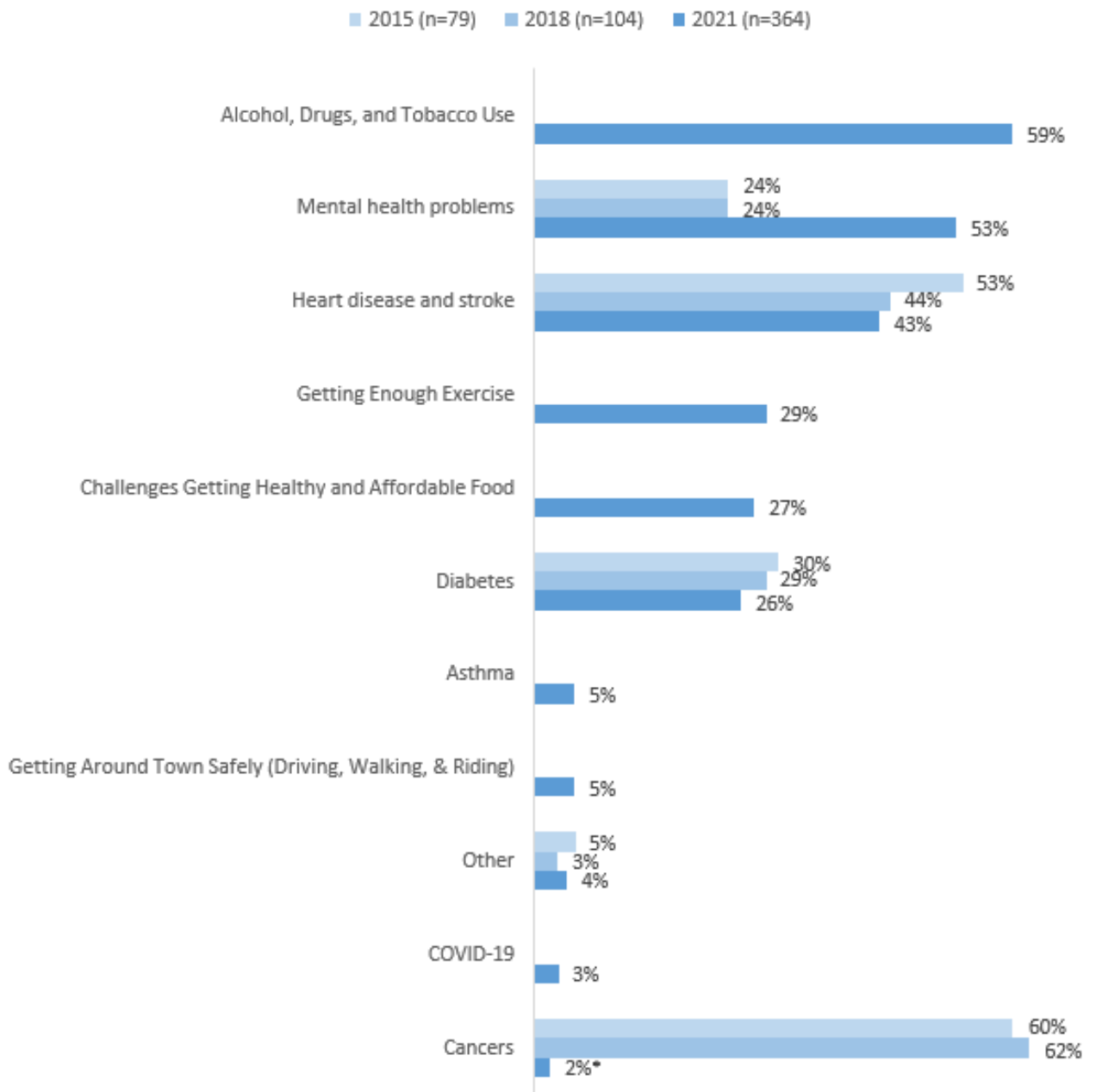


Figure 113: Does anyone in your shared living space, other than you, use any of the following products (either indoors or outdoors)? (n=131)



Community Health Problems

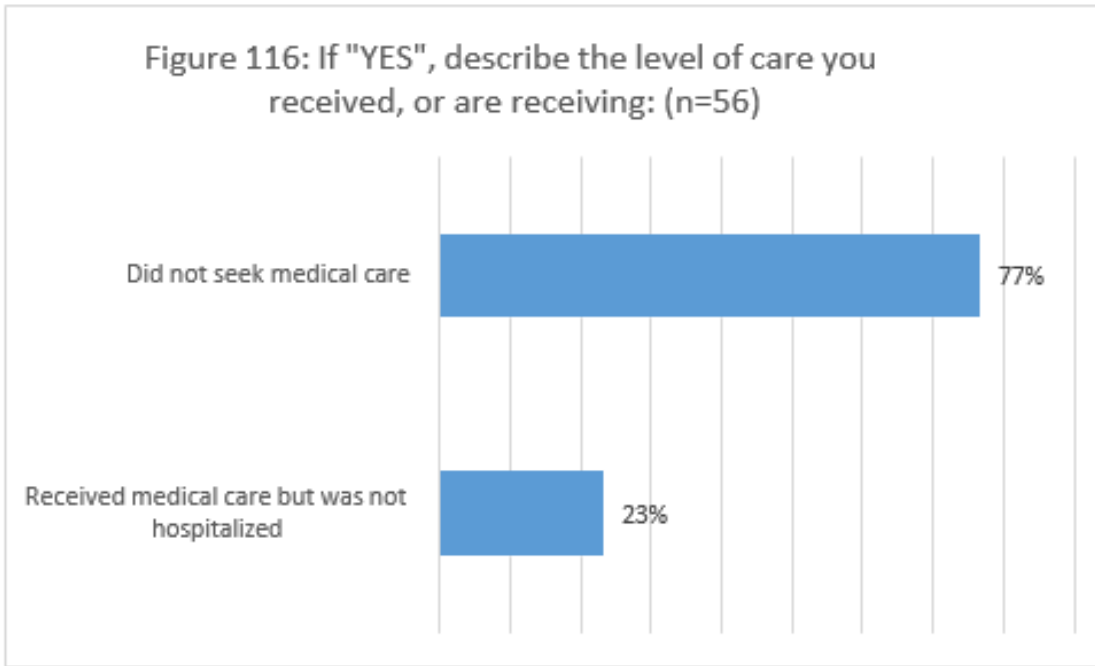
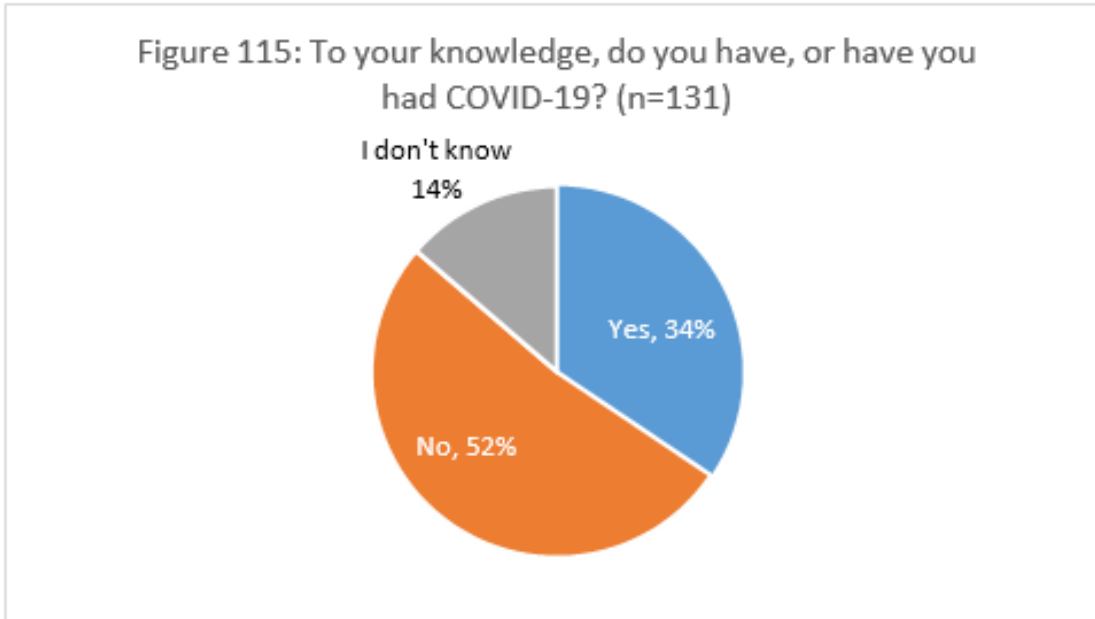
Figure 114: Most concerning "health problems" in the community



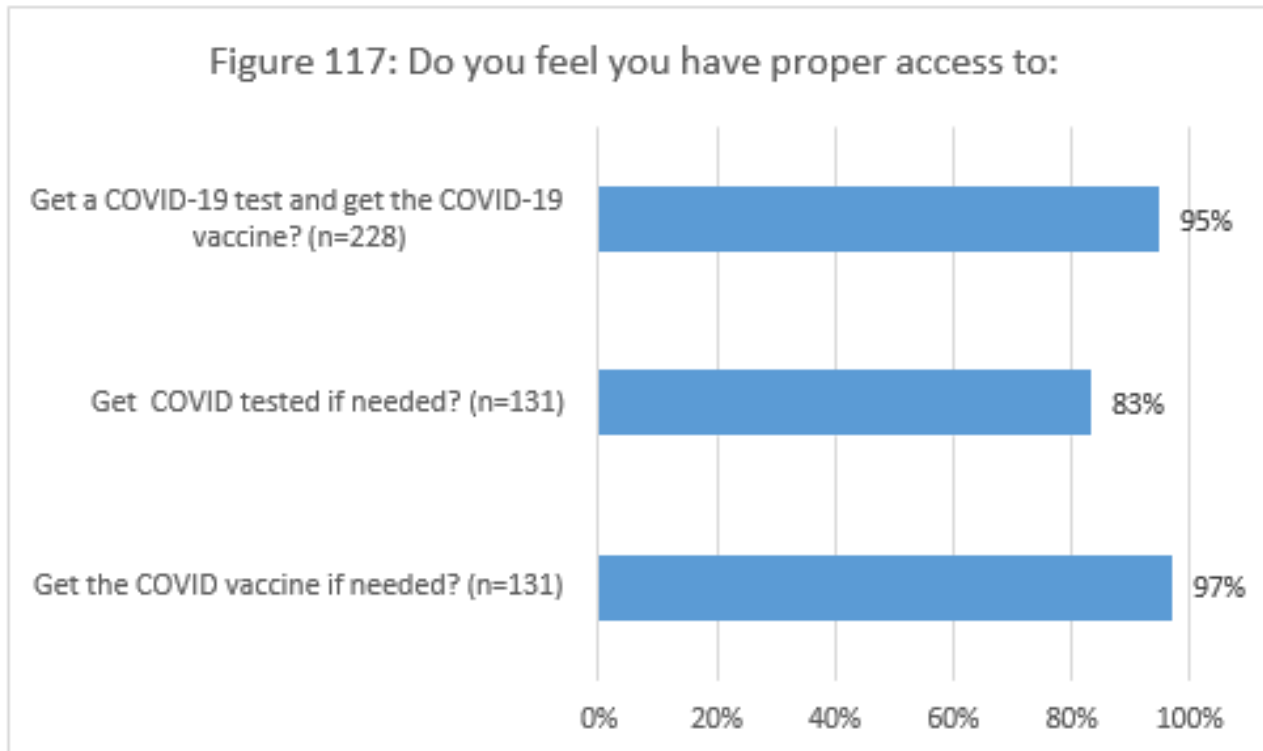
* Not included as an response option in 2021-22, but included as a write-in option

COVID-19

Of those completing the online survey over one-quarter have or currently have COVID-19. Over one-half (52%) haven't had COVID-19 and another 14% aren't sure whether they have had it or not (Figure).



COVID-19 Vaccine and Testing



Impacts of COVID-19

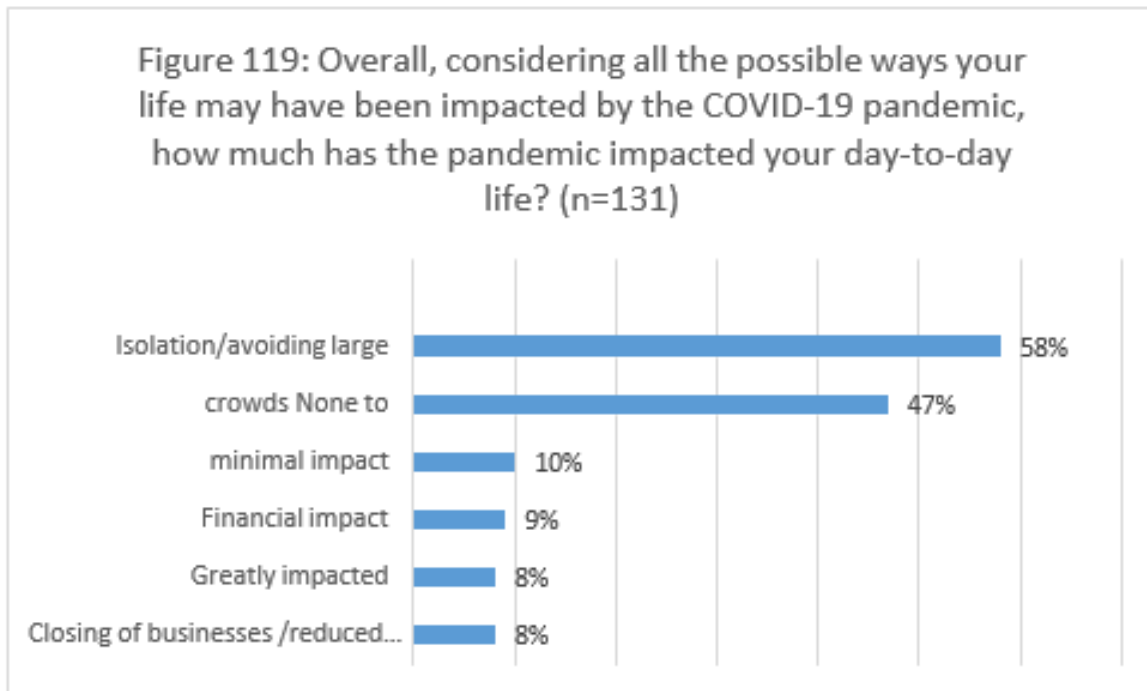


Figure 120: Overall, considering all the ways your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life?
(n=131)

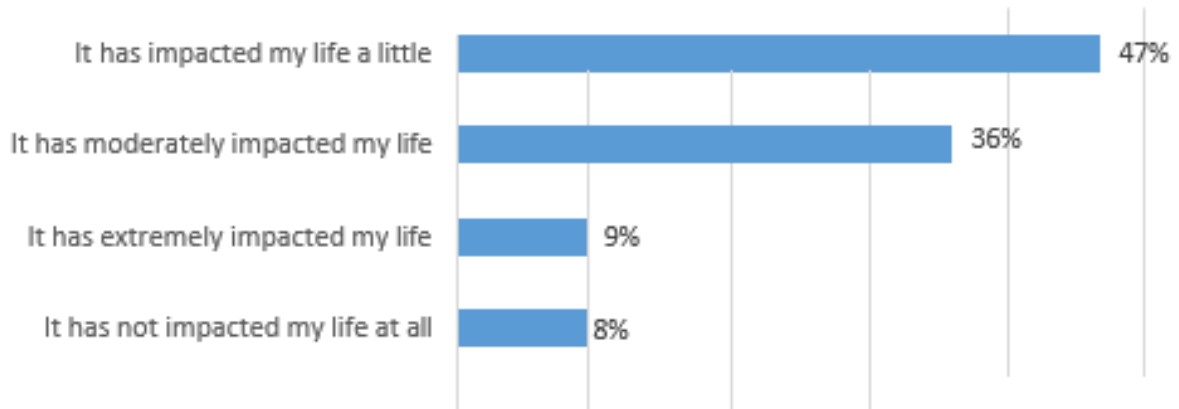


Figure 121: Has your access to food changed since March 1, 2020? (n=131)

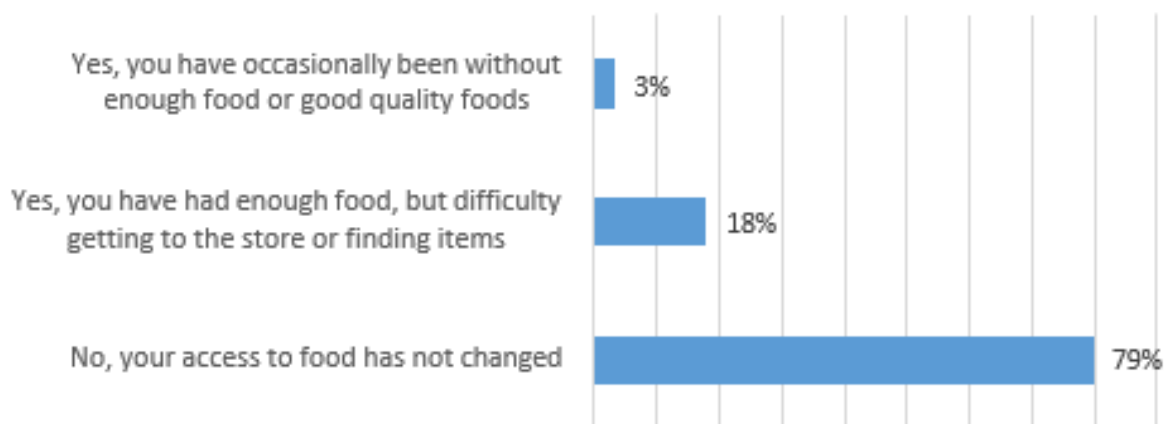


Figure 122: Have you been eating more in general or eating more processed food than usual since March 1, 2020? (n=131)

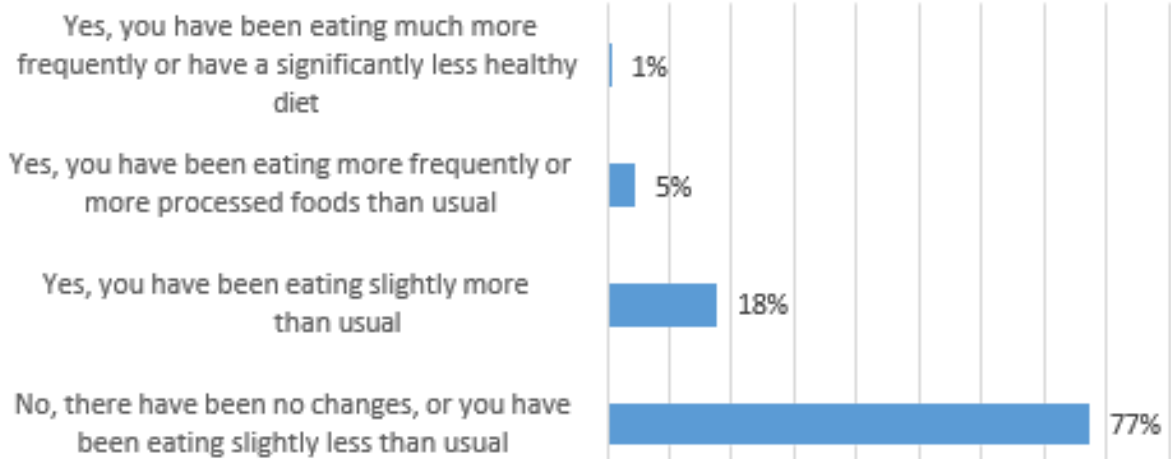


Figure 123: Has your normal physical activity changed since March 1, 2020? (n=131)

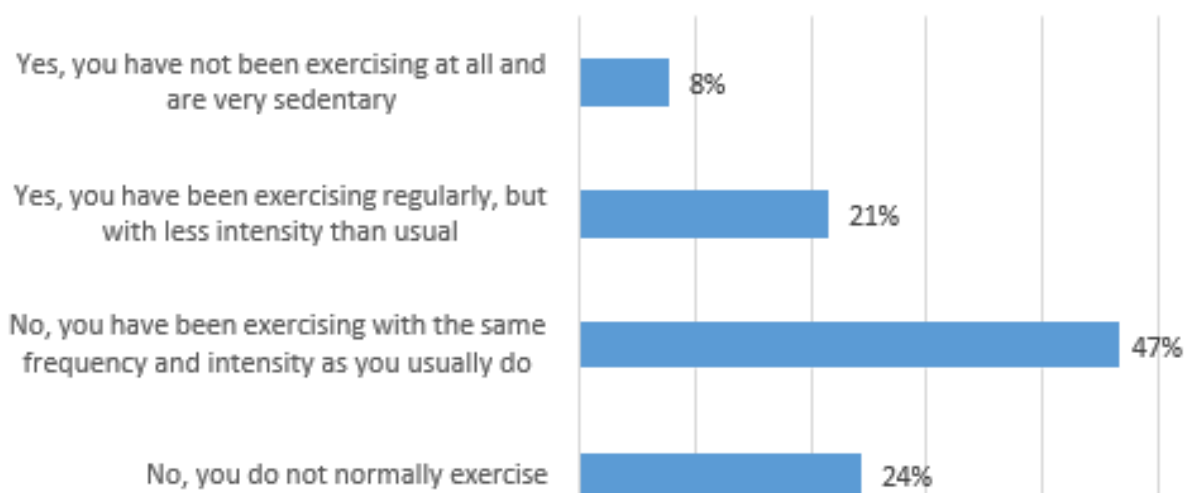


Figure 124: Has your access to medical health care changed since March 1, 2020? (n=131)

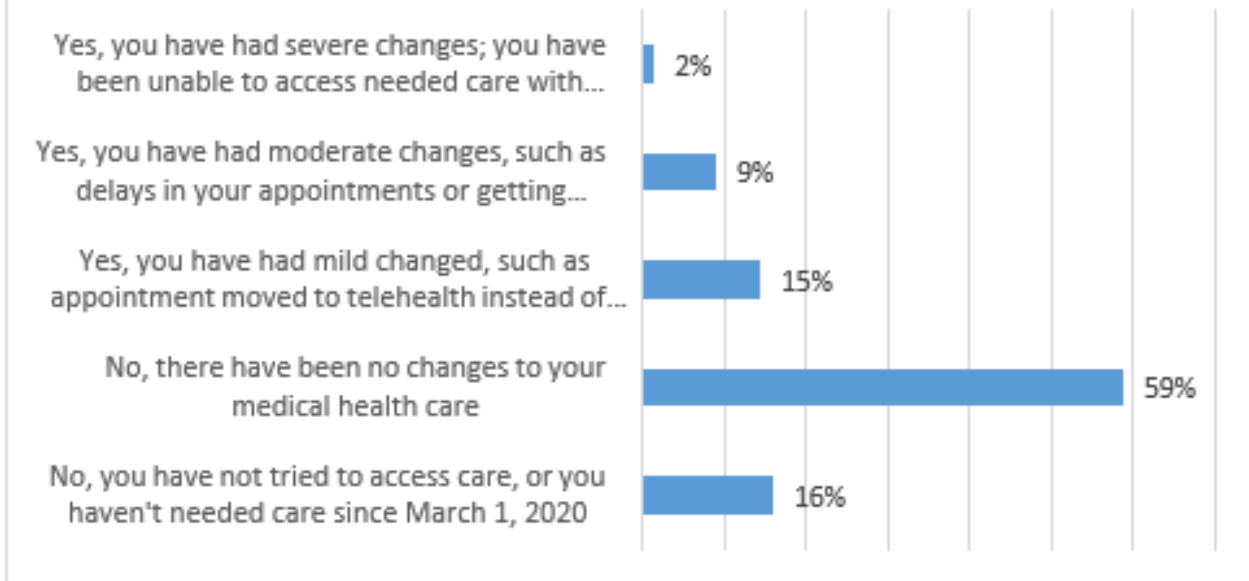


Figure 125: Has your access to mental health care changed since March 1, 2020? (n=131)

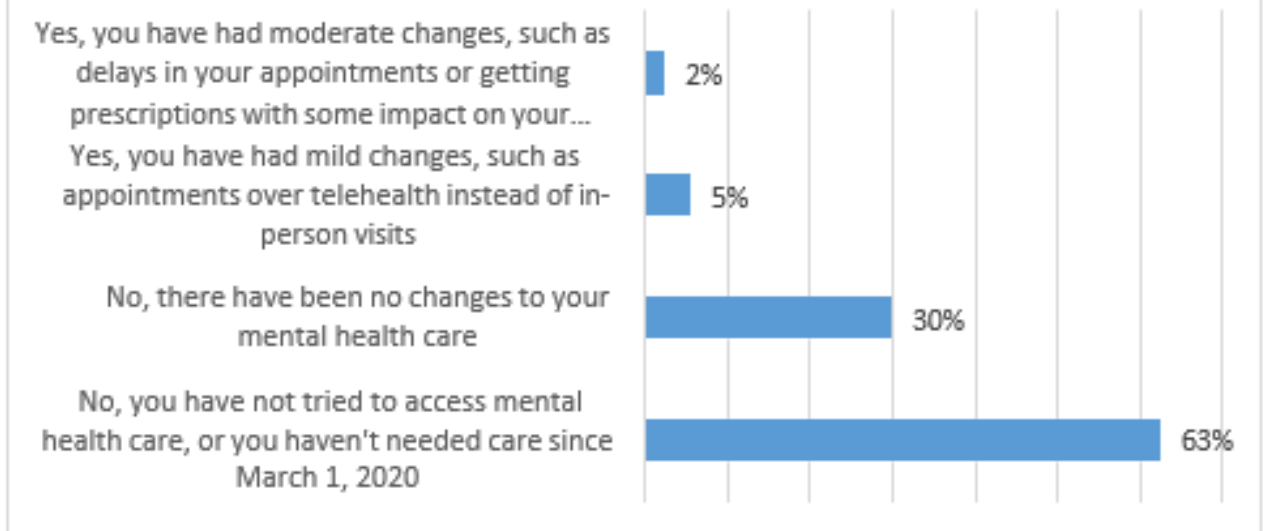


Figure 126: Have you experienced stress related to the pandemic? (n=131)

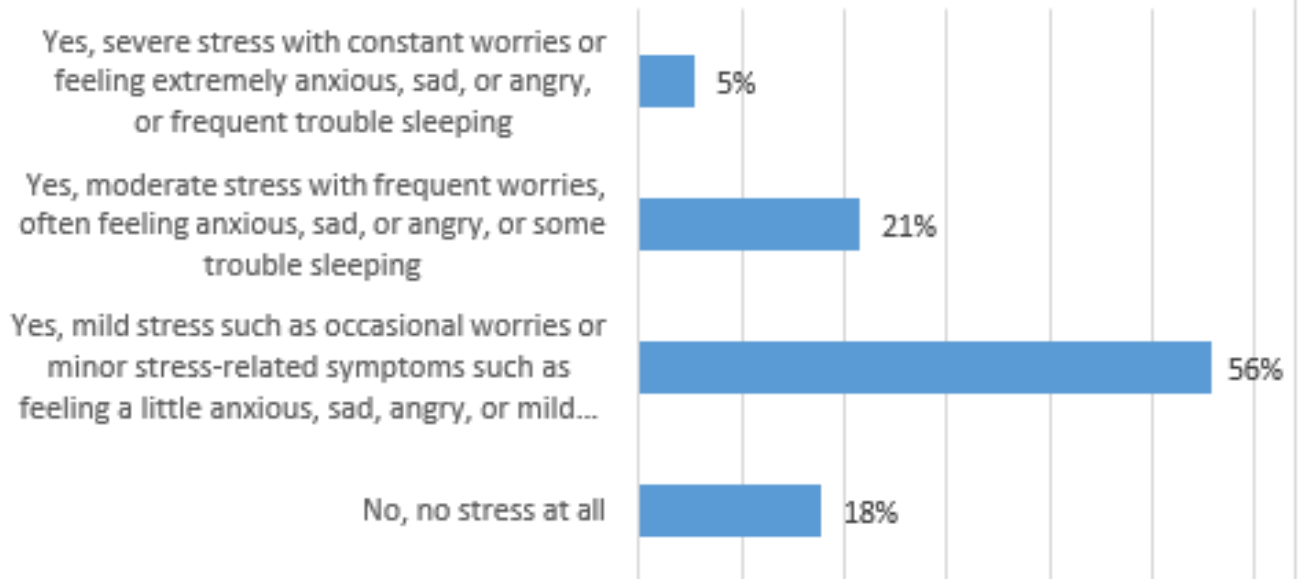


Figure 127: Has your access to extended family and trusted friends changed since March 1, 2020? (n=131)

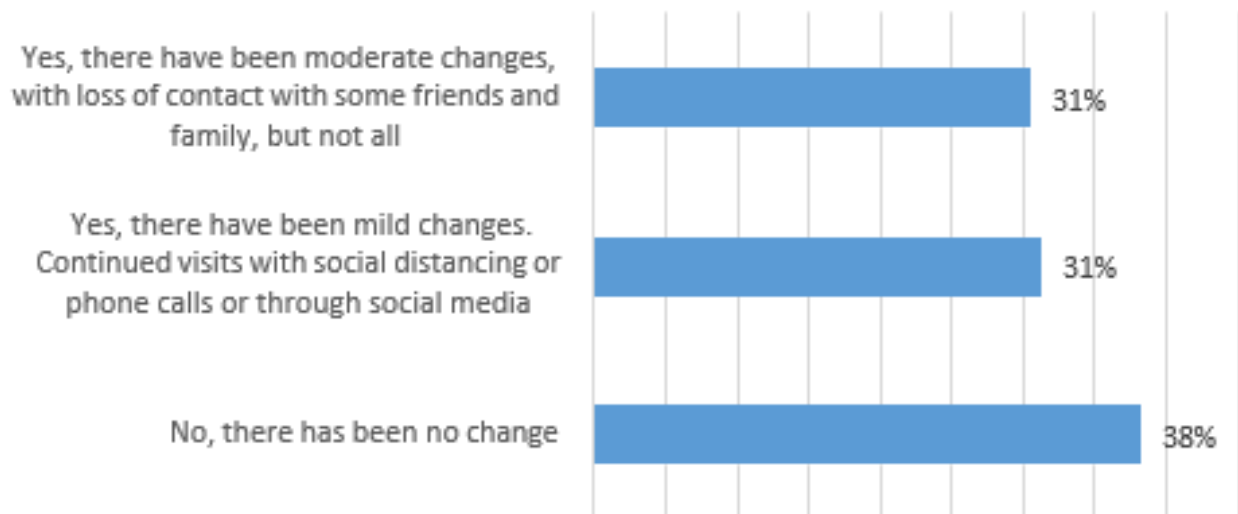
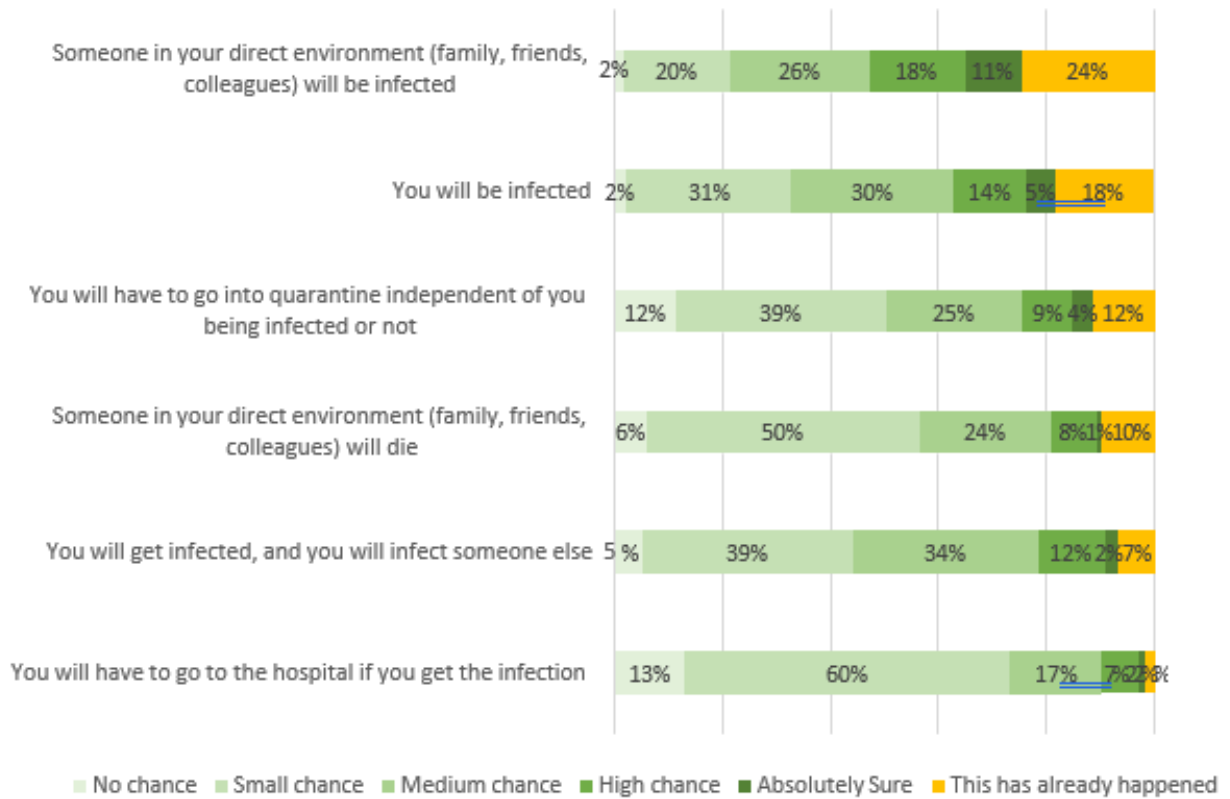


Figure 128: How likely do you think it is that the following events will happen considering the current COVID-19 pandemic? (n=131)



Information and Prevention

Figure 129: In the last week, which of the following sources have you used to get information about COVID-19? (n=131)

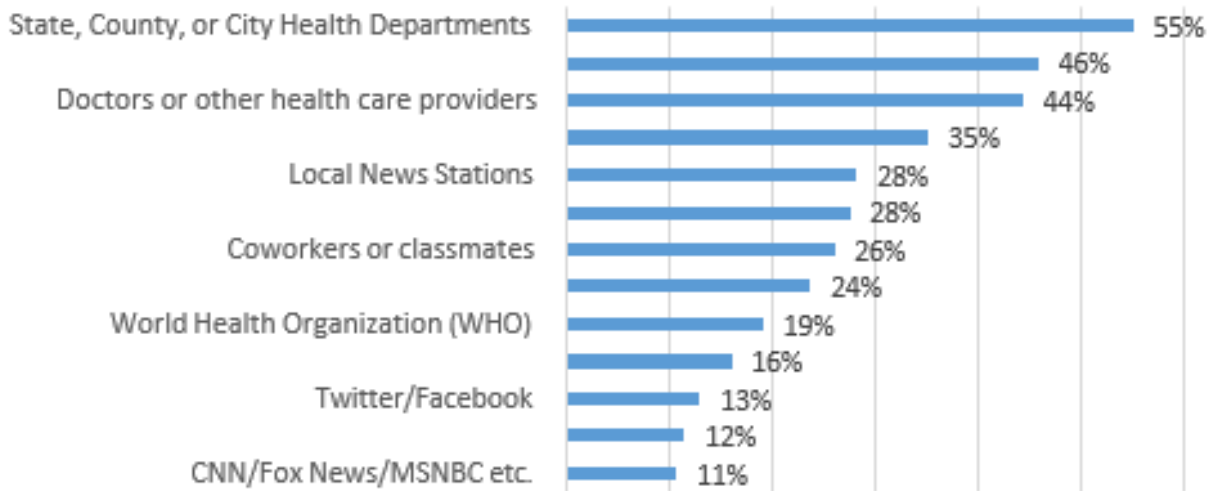


Figure 130: Do you feel you are getting adequate information regarding COVID-19 (n=359)

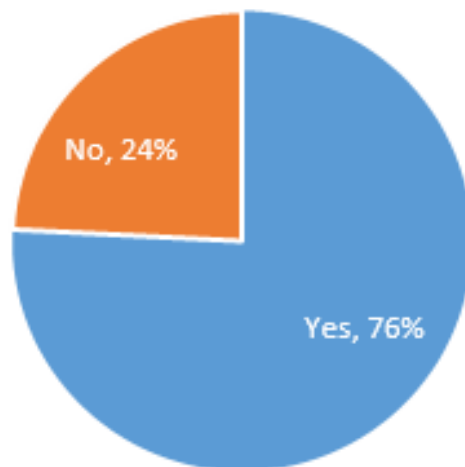


Figure 131: How much do you trust the following sources to provide accurate COVID-19 information (n=131)

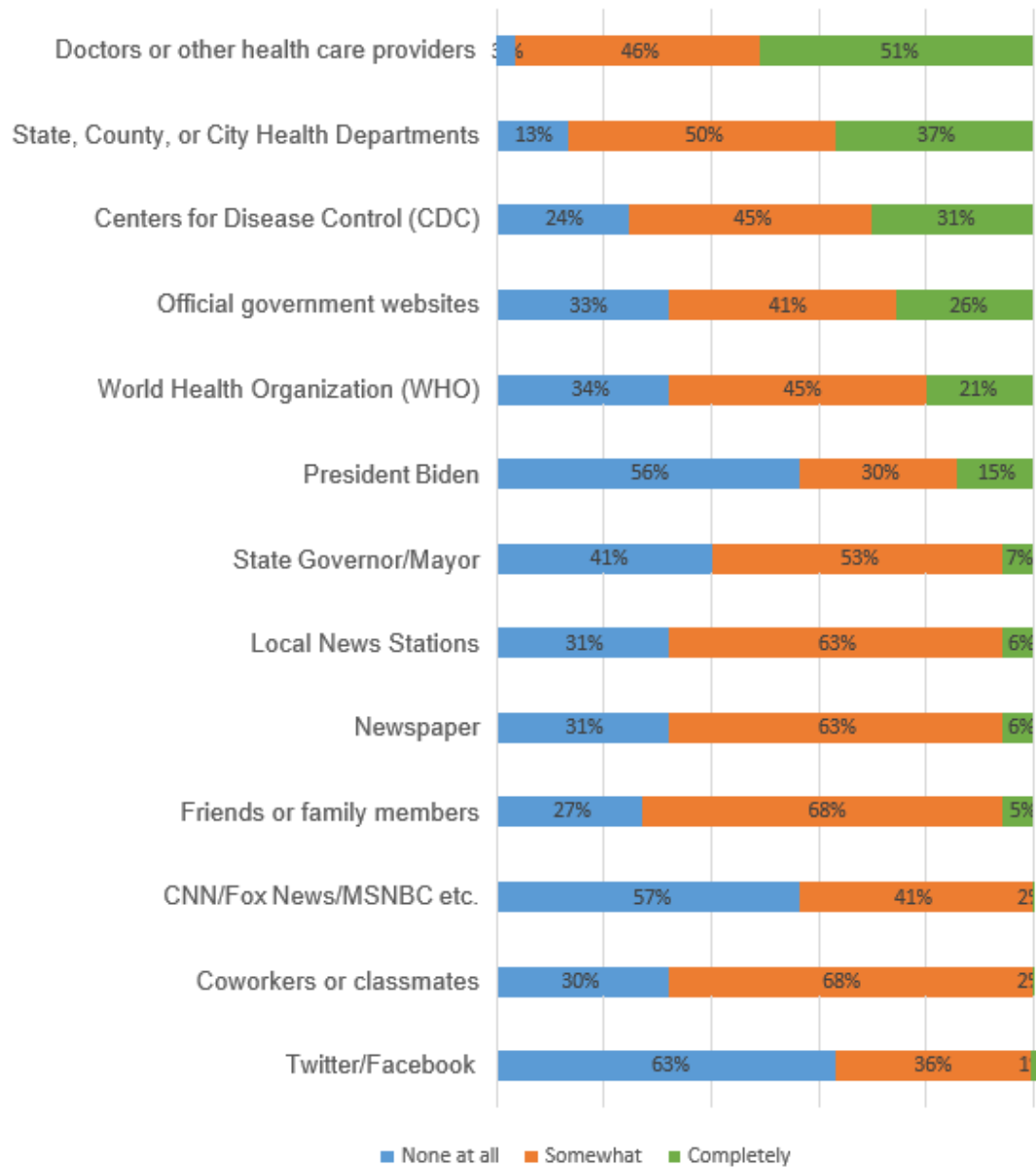


Figure 132: In your opinion, how effective are the following actions for keeping you safe from COVID-19? (n=131)

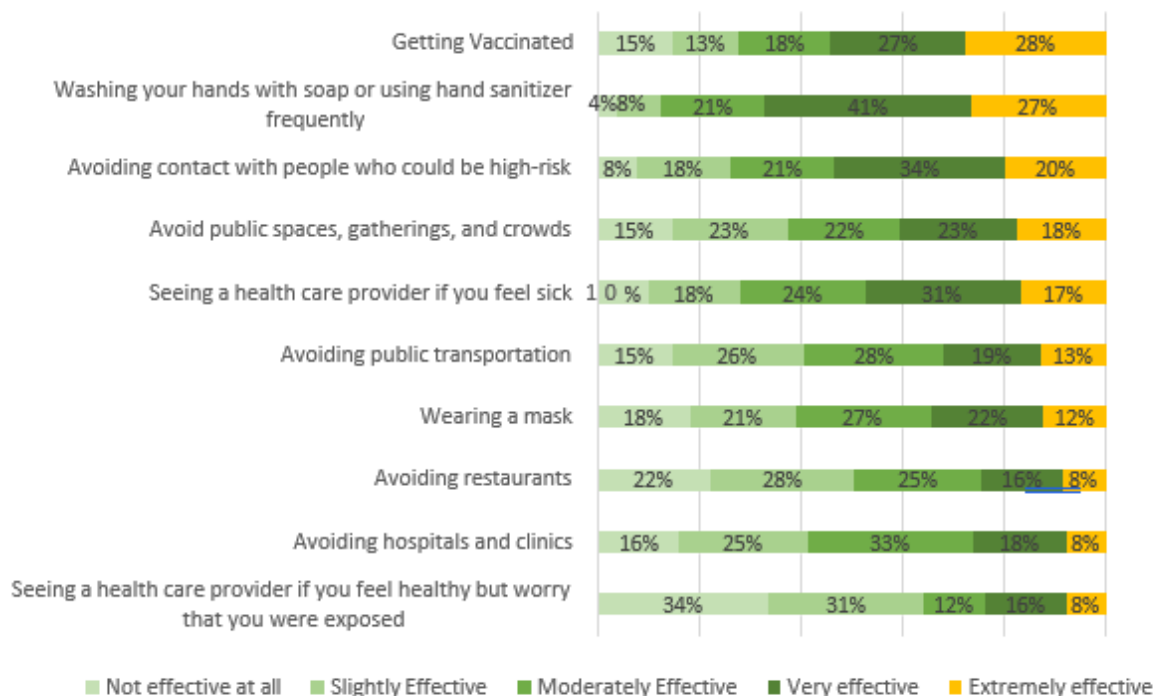
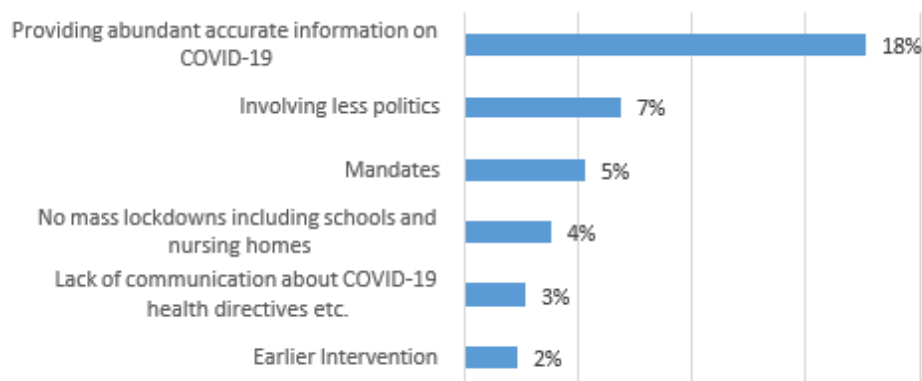


Figure 133: What could have been done differently during the COVID-19 pandemic that you feel could have been handled differently? (n=131)



Appendix D –Community Survey Results for Garfield County

Demographics

Number of respondents from Garfield County:

- 2015: 56
- 2018: 109
- 2021-22: 91

Figure 134	Age				
	25 or less	26-39	40-54	55-64	65 or over
2015 (n=55)	1.8%	29.1%	21.8%	25.5%	21.8%
2018 (n=109)	22.9%	21.1%	22.9%	23.9%	22.9%
2021-22 (n=71)	8.5%	35.2%	26.8%	19.7%	9.9%

Figure 135	Gender	
	Male	Female
2015 (n=55)	29.1%	70.9%
2018 (n=106)	11.3%	11.3%
2021-22 (n=91)	15.4%	84.6%

Figure 136	Race/ethnicity					
	African American/ Black	Asian/ Pacific Islander	Hispanic/ Latino	Native American	White/ Caucasian	Two or more races
2015 (n=55)	0.0%	0.0%	0.0%	0.0%	98.2%	1.8%
2018 (n=106)	0.0%	0.0%	0.0%	0.9%	98.1%	0.9%
2021-22 (n=91)	2.2%	0.0%	0.0%	1.1%	94.5%	1.1%

Figure 137	Length of time lived in community		
	1-5 years	5-10 years	10 or more years
2015 (n=55)	7.3%	18.2%	74.5%
2018 (n=109)	8.3%	82.6%	8.3%
2021-22 (n=90)	22.0%	23.1%	54.4%

Figure 138	Highest level of education completed				
	Never Attended School	High School Diploma or GED	Associate degree	Bachelors' Degree	Master's Degree
2021-22 (n=71)	0.0%	25.4%	19.7%	35.2%	19.7%

Figure 139	Current Living Situation (n=69)
I own my house	84%
I am renting a house/apartment	10%
I live with others for free	6%

Figure 140	Age groups living within household (n=91)
Age Group	%
None/Live alone	7%
0-5	28%
6-12	20%
13-18	20%
19-29	18%
30-39	25%
40-49	11%
50-59	16%
60-69	20%
70-79	4%
80+	1%

Employment

Figure 141: Which of the following options best describes your employment before COVID-19 pandemic may have affected your work (before March 1, 2020)? This includes both formal and informal employment. Were you: (n=71)

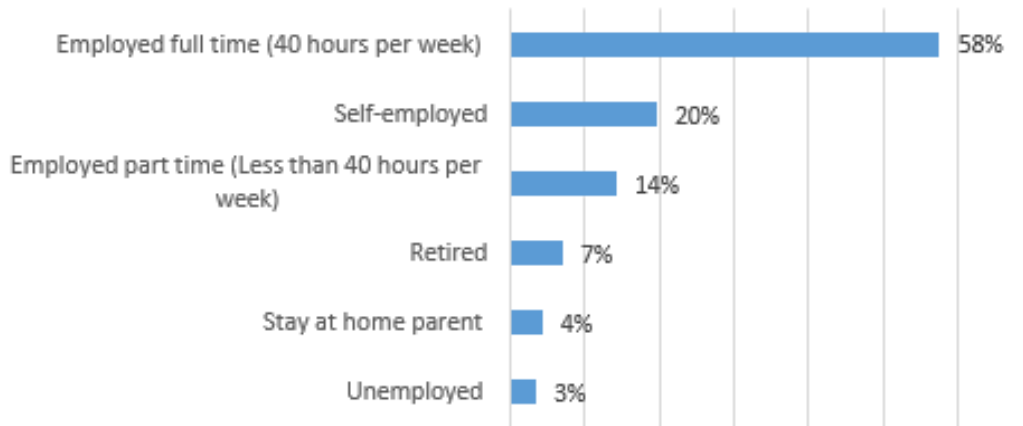
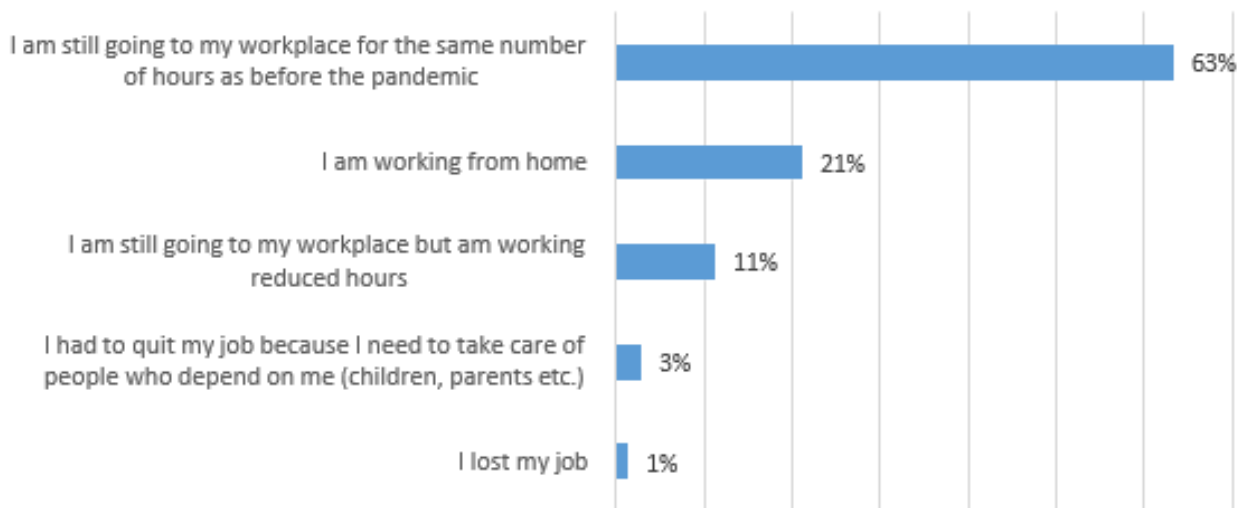


Figure 142: How has your employment status changed since the COVID-19 pandemic (after March 1, 2020)? (n=71)



Household

Figure 143: Do the children in your home attend daycare or a childcare center? (n=71)

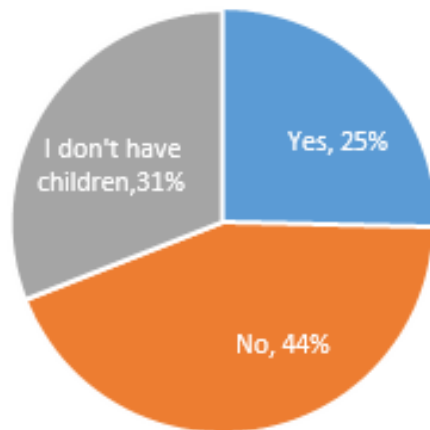


Figure 144: Is anyone in your household, other than you, living with a chronic disease (including chronic lung disease, diabetes, cardiovascular disease, chronic renal or liver disease) or otherwise immunocompromised (n=71)

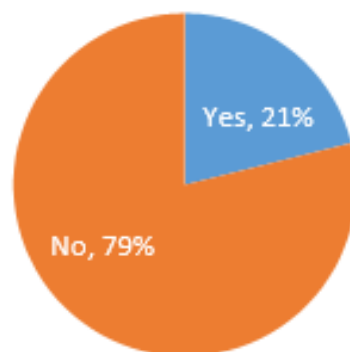


Figure 145: How many people in your household other than you, work in health care or in other jobs that involve direct contact with other people? If none, enter 0. (n=71)

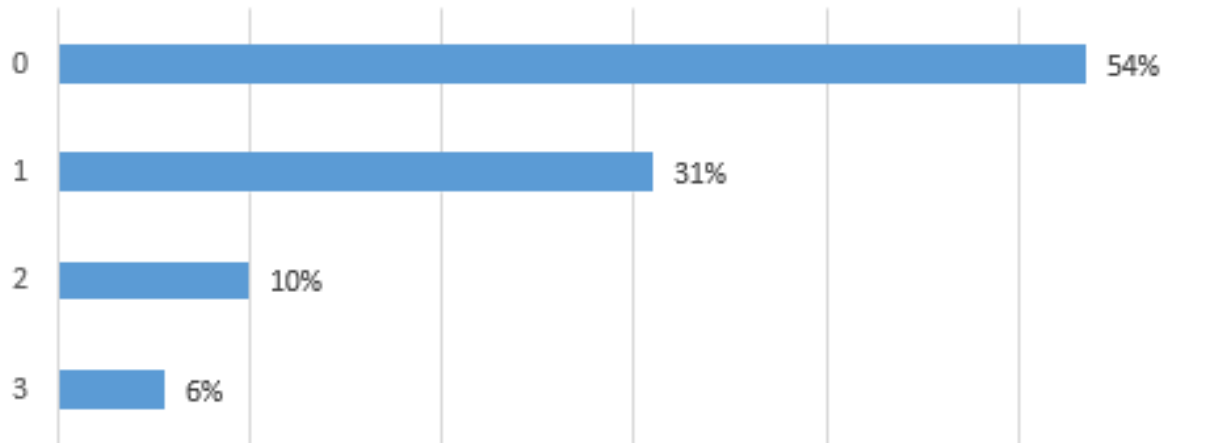
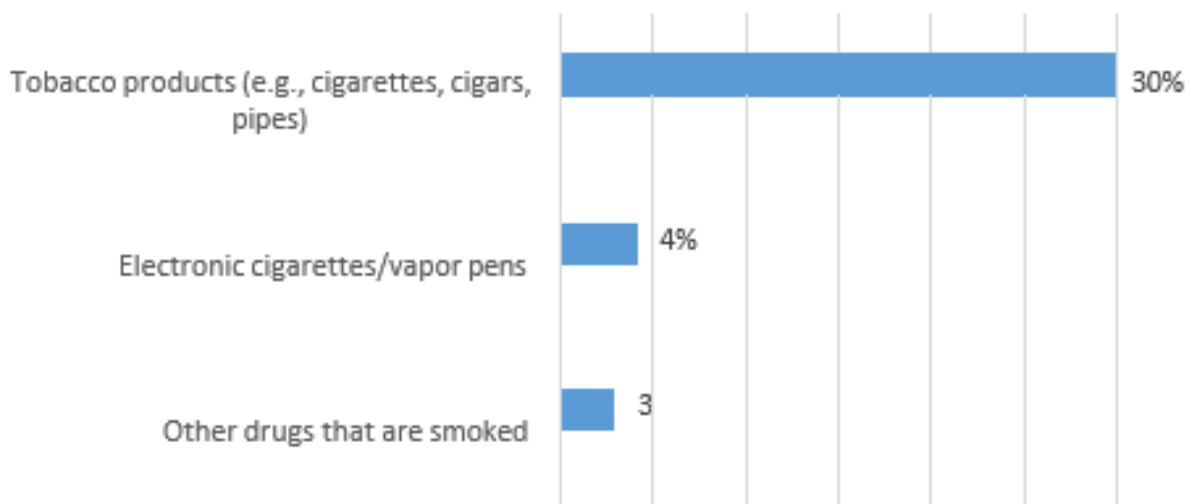
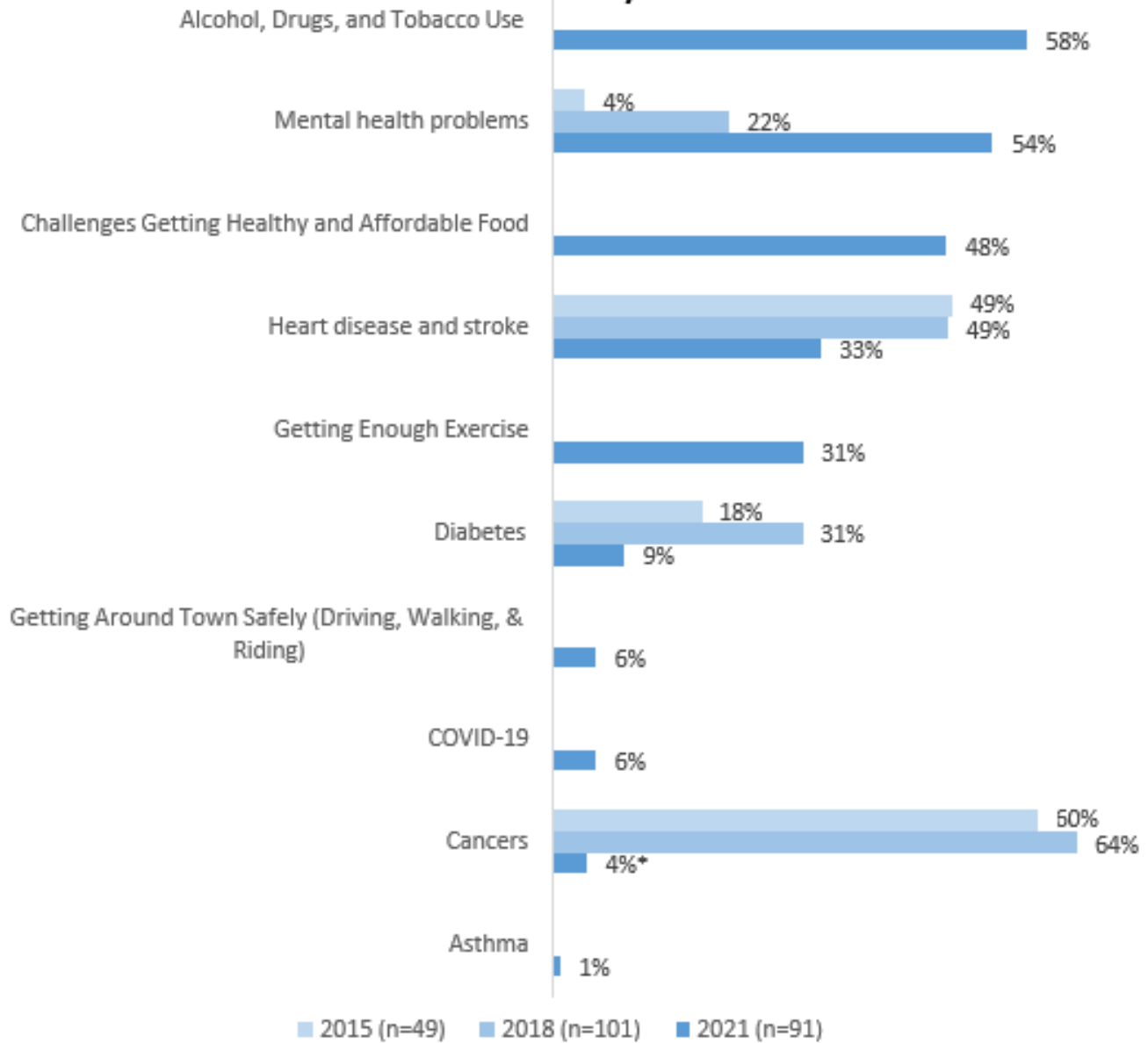


Figure 146: Does anyone in your shared living space, other than you, use any of the following products (either indoors or outdoors)? (n=71)



Community Health Problems

Figure 147: Most concerning "health problems" in the community



* Not included as an response option in 2021-22, but included as a write-in option

COVID

Figure 148: To your knowledge, do you have, or have you had COVID-19? (n=71)

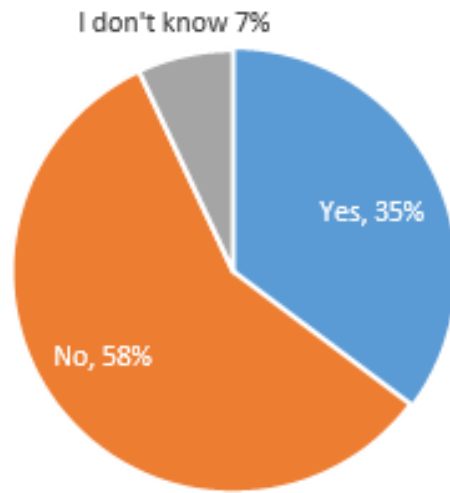
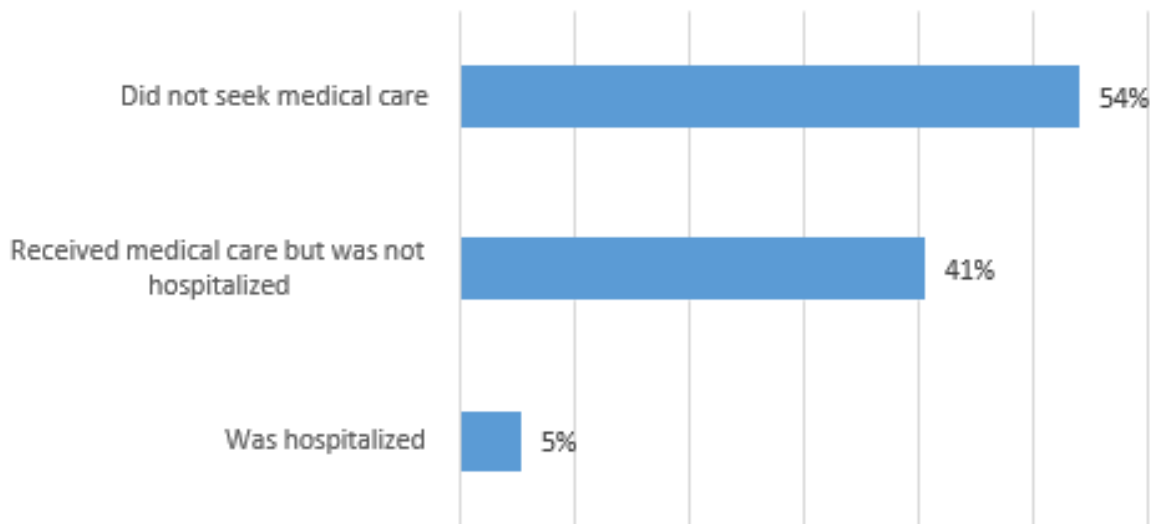


Figure 149: If "YES", describe the level of care you received, or are receiving: (n=37)



COVID-19 Testing and Vaccine

Figure 150: Do you feel you have proper access to:

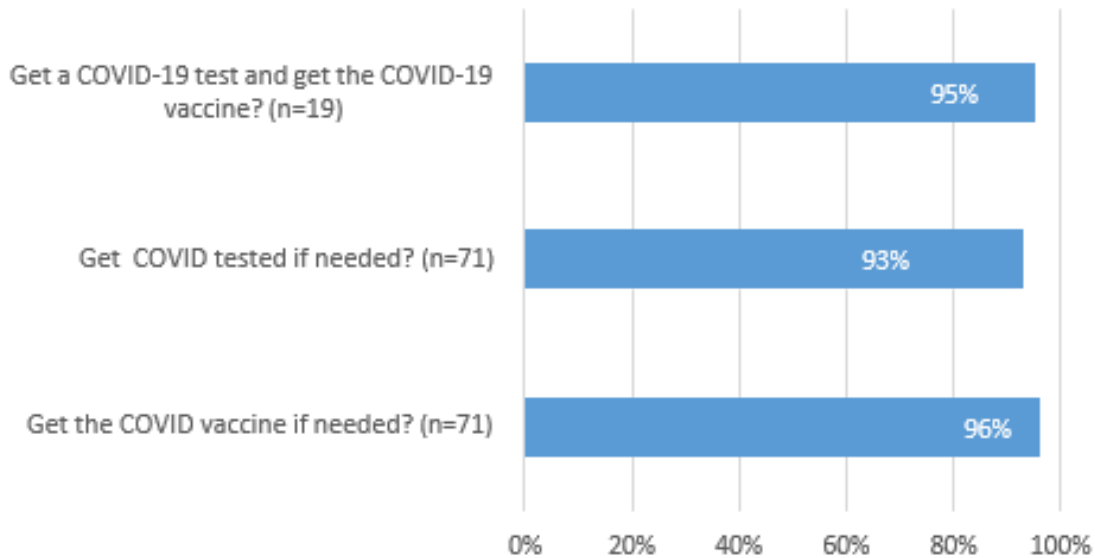
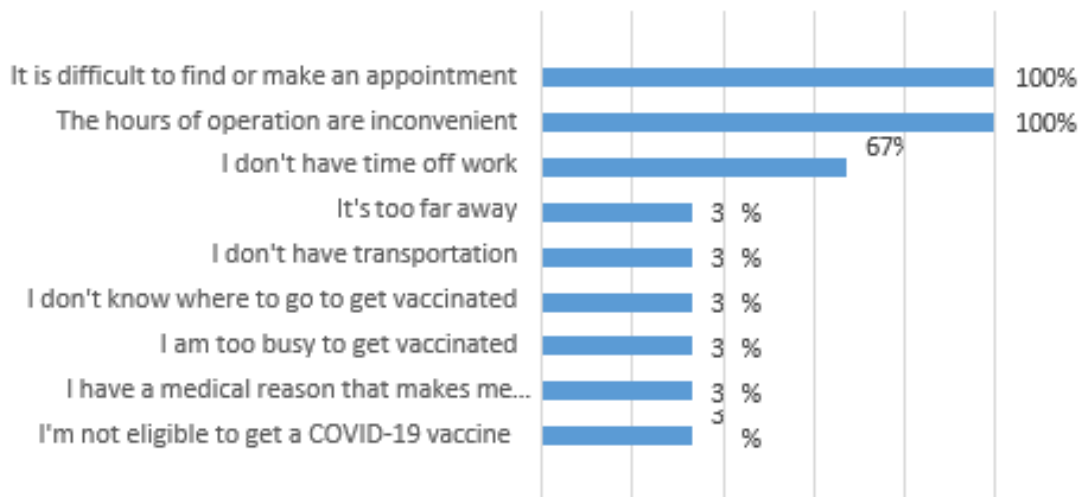


Figure 151: If you said "NO", what makes it difficult for you to get a COVID-19 vaccine? (n=3)



Impacts of COVID-19

Figure 152: Overall, considering all the possible ways your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life? (n=20)

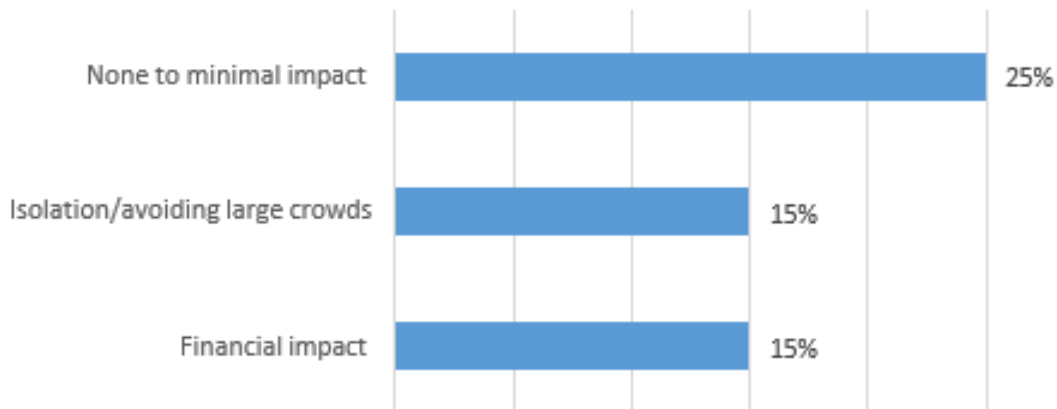


Figure 153: Overall, considering all the way your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life? (n=71)

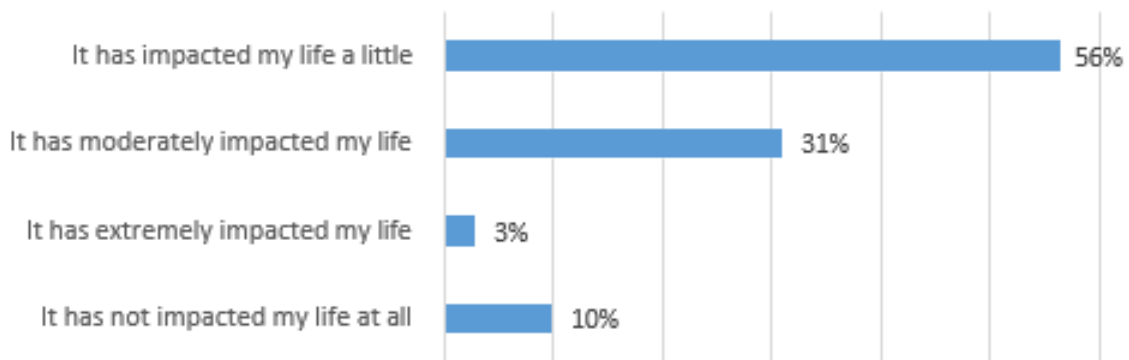


Figure 154: Has your access to food changed since March 1, 2020? (n=71)

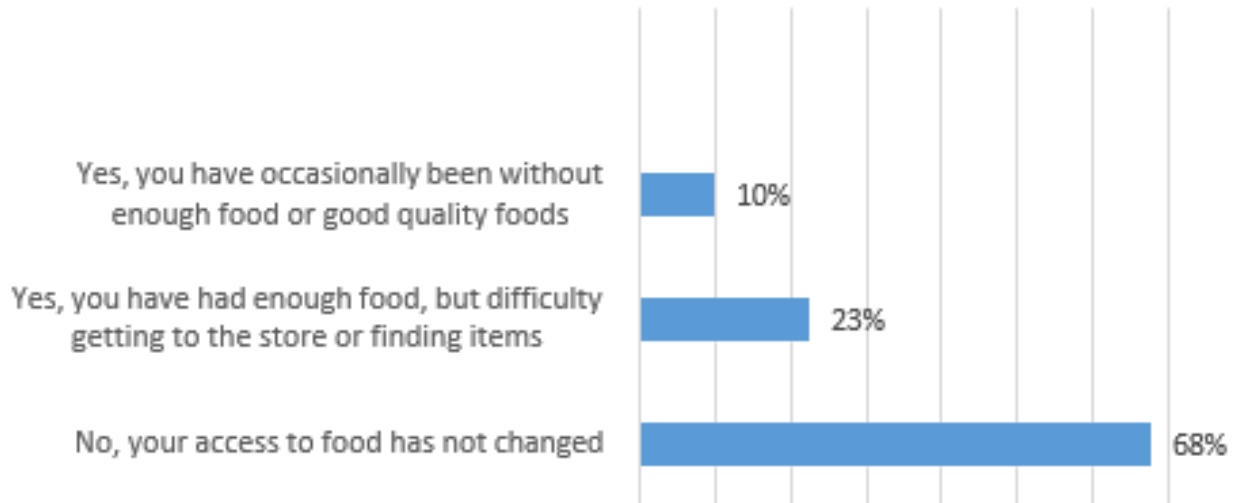


Figure 155: Have you been eating more in general or eating more processed food than usual since March 1, 2020? (n=71)

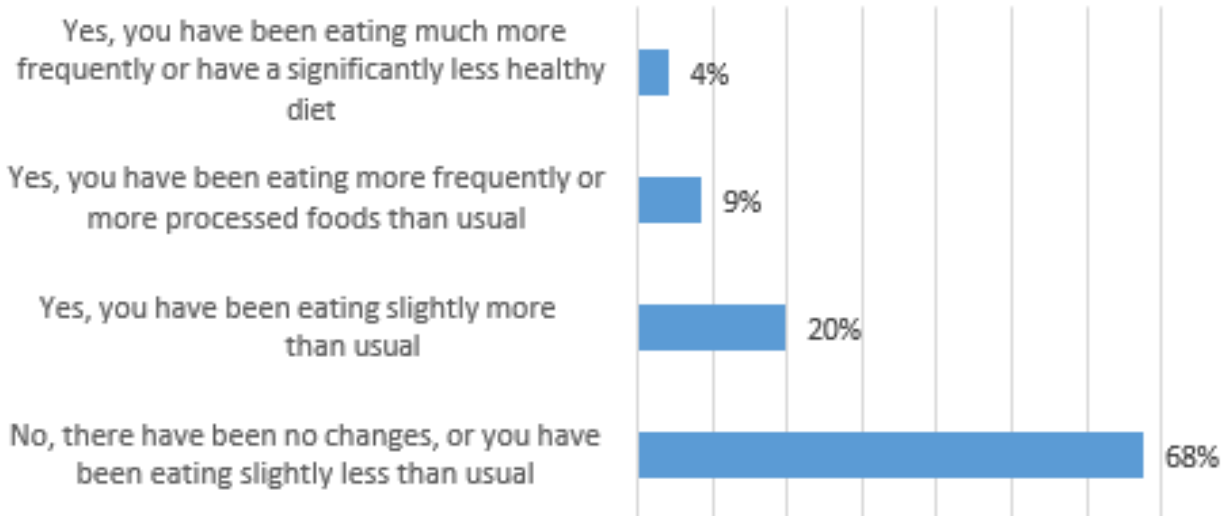


Figure 156: Has your normal physical activity changed since March 1, 2020? (n=71)

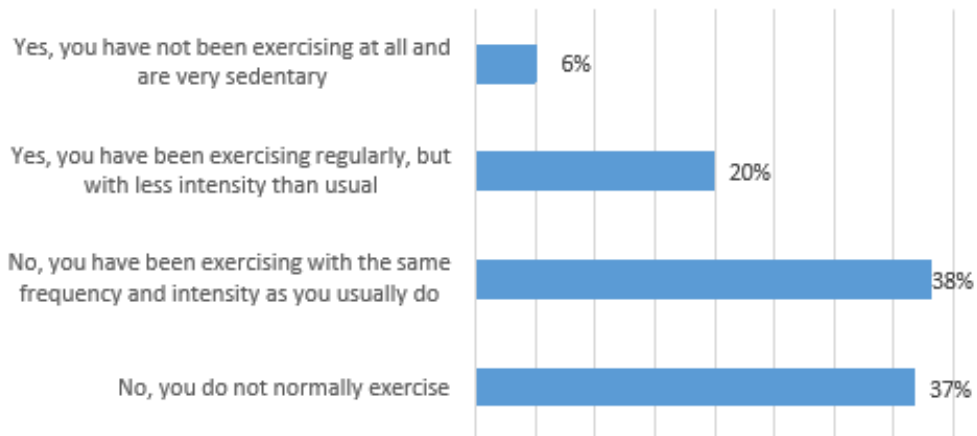


Figure 157: Has your access to mental health care changed since March 1, 2020? (n=71)

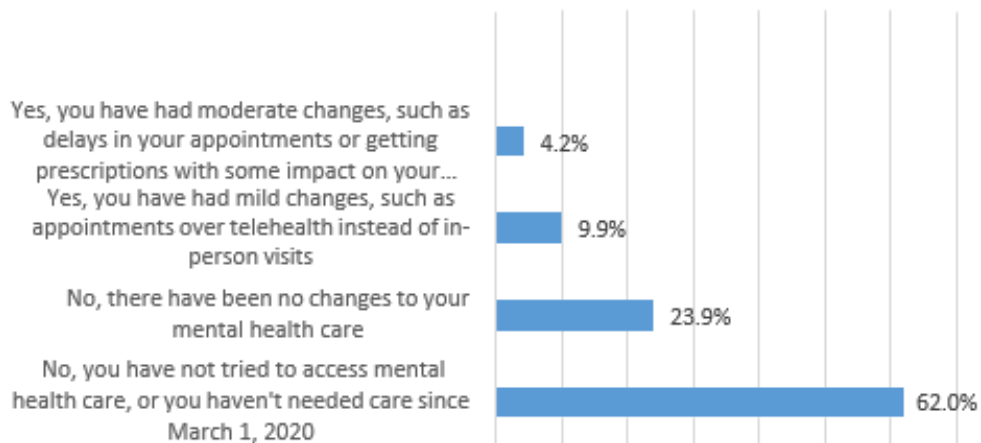


Figure 158: Has your access to medical health care changed since March 1, 2020? (n=71)

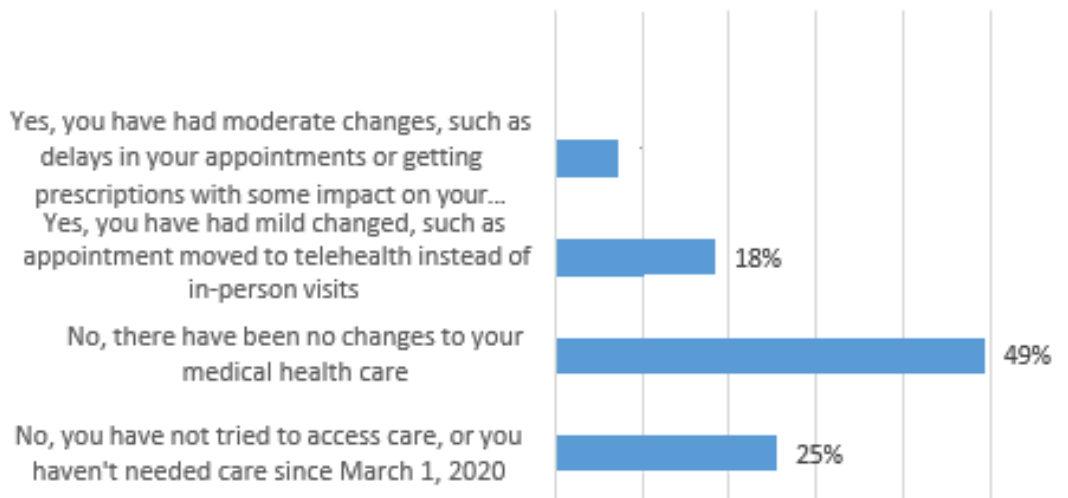


Figure 159: Has your access to extended family and trusted friends changed since March 1, 2020? (n=71)

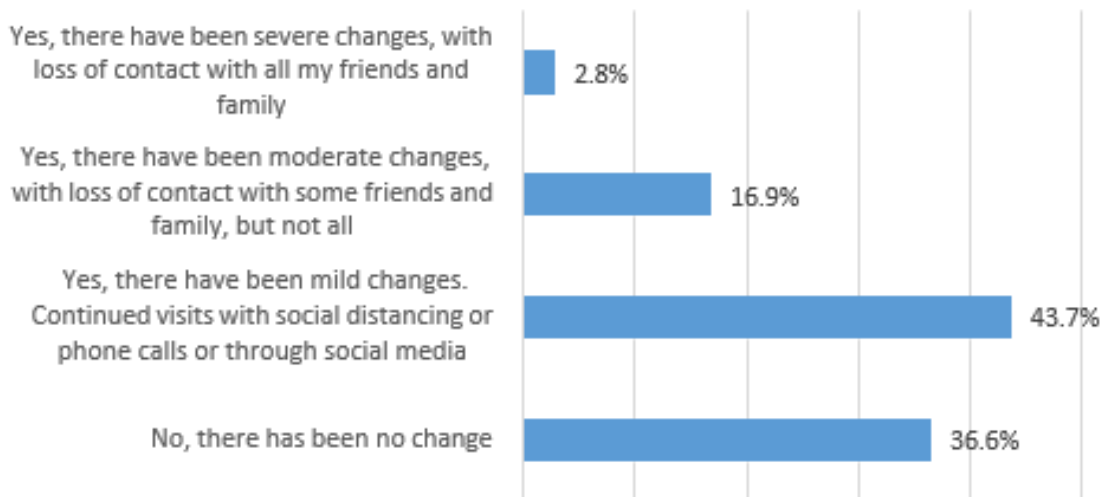


Figure 160: Have you experienced stress related to the pandemic? (n=71)

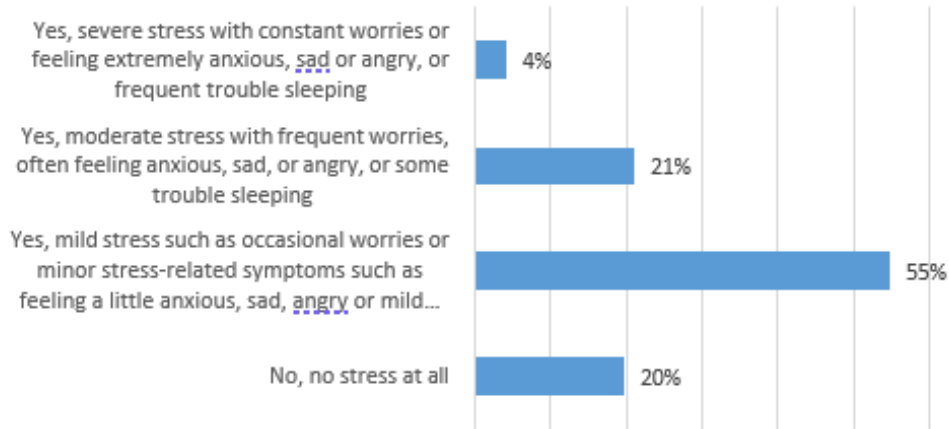
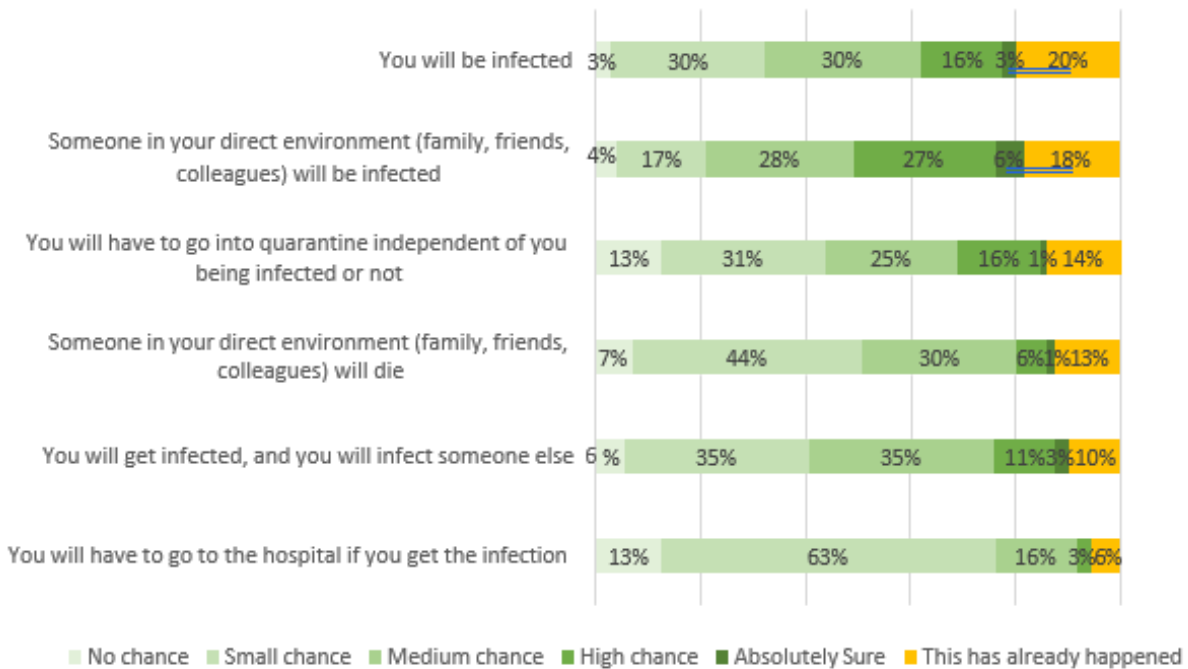


Figure 161: How likely do you think it is that the following events will happen considering the current COVID-19 pandemic? (n=71)



Information and Prevention Strategies

Figure 162: In the last week, which of the following sources have you used to get information about COVID-19? (n=71)

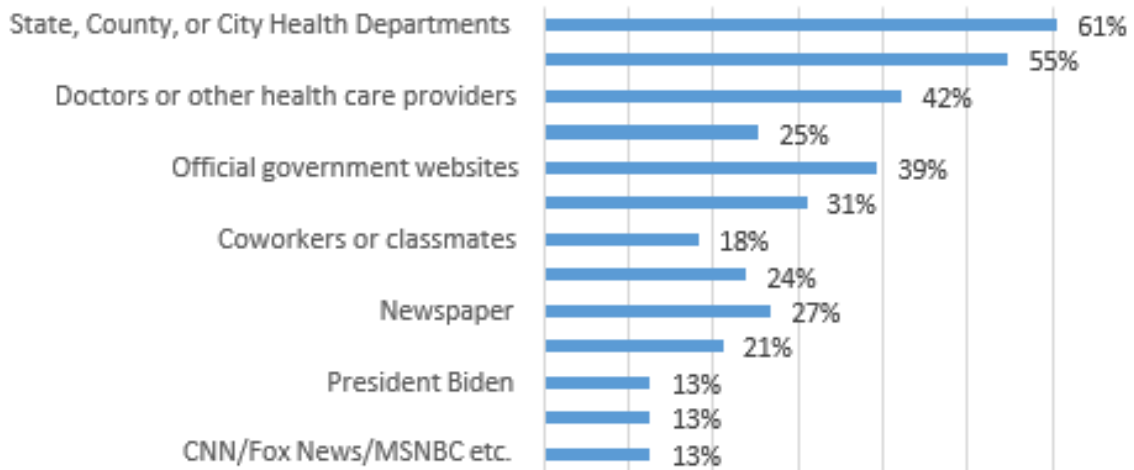


Figure 163: Do you feel you are getting adequate information regarding COVID-19? (n=90)

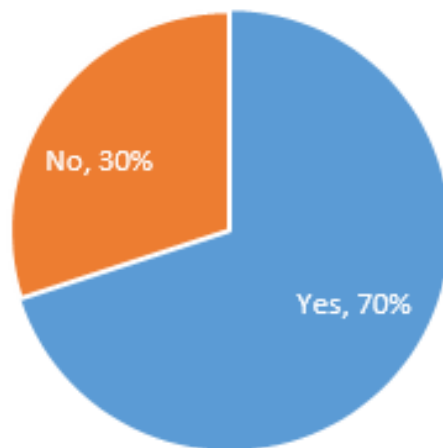


Figure 164: How much do you trust the following sources to provide accurate COVID-19 information (n=71)

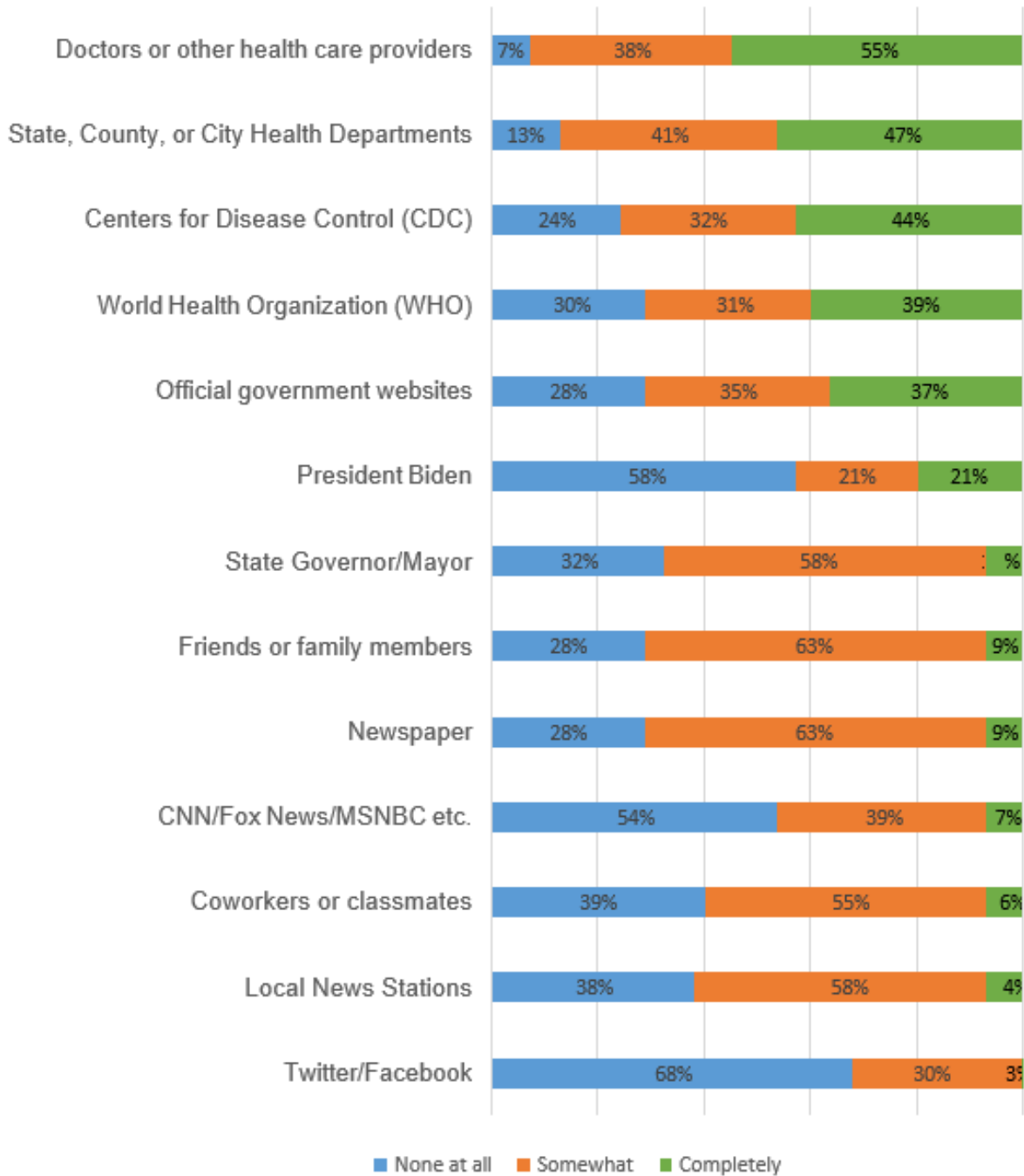


Figure 165: In your opinion, how effective are the following actions for keeping you safe from COVID-19? (n=71)

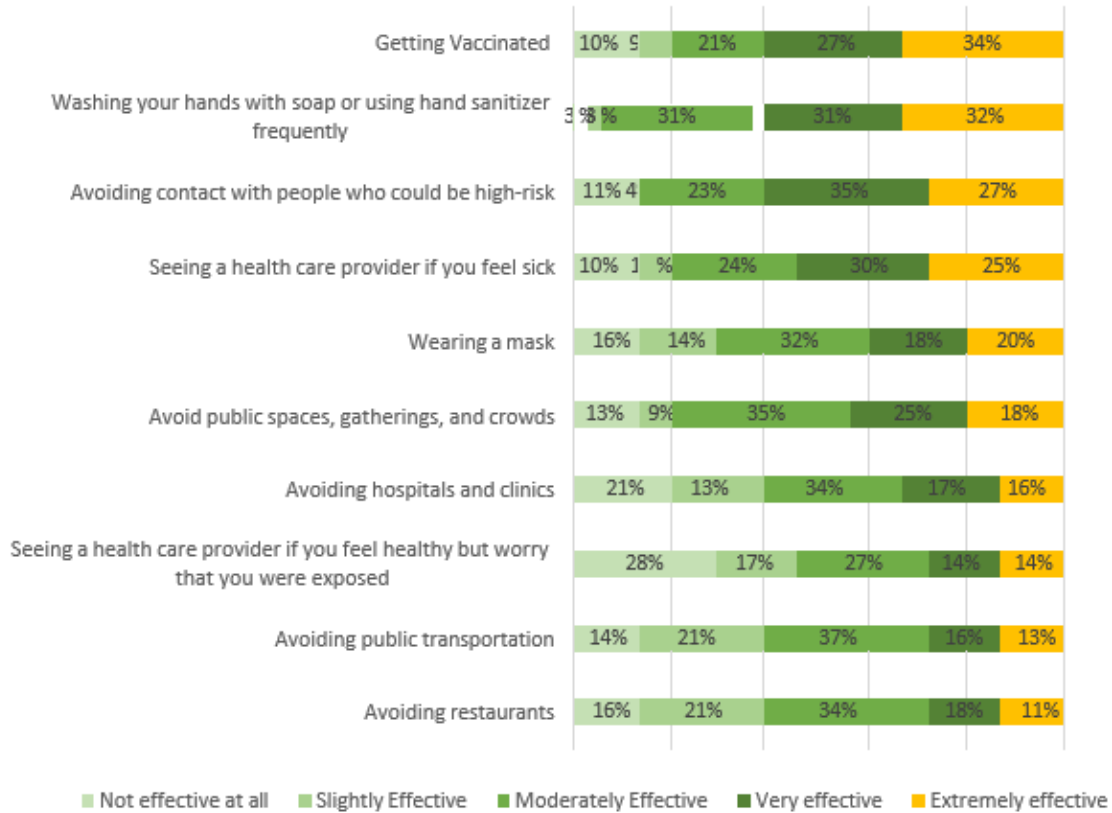
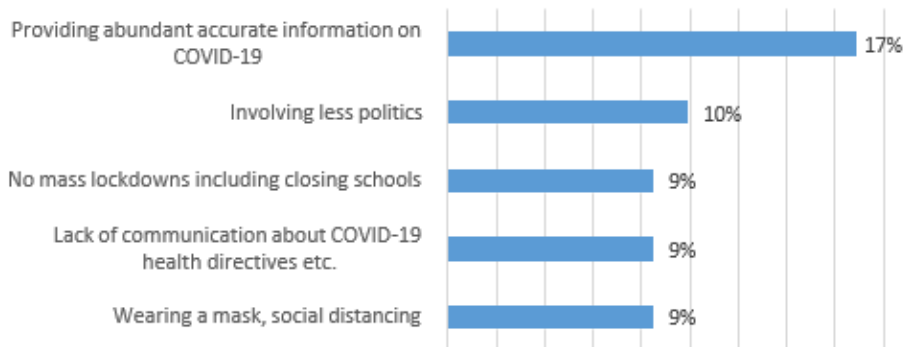


Figure 166: What could have been differently during the COVID-19 pandemic that you feel could have been handled differently? (n=71)



Appendix E – Full Survey answers for write in questions

1. IN YOUR EXPERIENCE, WHAT ARE THE TOP 3 HEALTH CONCERNS IN YOUR COUNTY?

- Cancer of various types
- Access to affordable vision & dental care
- Access to firearms
- Access to Healthcare due to living in a small community
- Access to Holistic health and energy healing modalities
- addiction to electronics
- Affordable childcare
- Affordable drugs for the elderly.
- affordable health care and medicine
- Affordable health insurance
- Affordable healthcare
- Affordable housing
- Affordable, accessible health, dental and vision care
- Affordable, safe housing
- Aggressive Health education for the community
- all the above.
- Allergies
- Allergies, cancers
- Alzheimer's
- Alzheimer's care
- Ambulance service
- Antivaxxers. Not just the Covid vaccine, but others as well. Many people have told me they haven't had a tetanus booster in 20-30 years
- Assisted living facilities
- Attaining a healthy lifestyle
- Bidens inflation
- cancer
- Cancer
- cancer and obesity
- Cancer and obesity.
- Cancer levels
- Cancer treatment and prevention
- Caregivers support

- Child abuse and child sexual abuse
- communication
- COPD
- Correct information on COVID-19
- cost of everything
- cost of healthcare
- Covid
- COVID
- Covid #1
- Covid 19
- Covid illness & issues associated with it which contribute to answers above
- Covid issues
- Covid vaccine false news
- Covid, antihacker
- COVID; cancer
- COVID; motor vehicle safety
- Covid-19
- COVID-19
- Dealing with stress. Maybe you could educate on the importance of exercise, proper nutrition, and dealing with stress and how that affects are immune system. Instead, the non-stop enticing with a job.
- Dementia
- Diabetes
- Diet and obesity
- Distance to healthcare
- Doctors available
- Dogs allowed to run free
- Don't know
- Drug abuse
- Drugs/school children age
- education in health issues
- Education on healthy lifestyle! Whole Foods, exercise, supplements, vitamins, minerals, sunshine, fresh air, and exercise!
- elder care
- False info on COVID
- For others understanding how exercise and eating right can help a lot of your health.
- gambling
- Get rid of fluoride
- Getting help at hospitals
- Getting paid enough income for hard labor to support raising a family
- getting vaccinated

- Godlessness
- going to clinic and ER
- Government
- having a good close hospital and doctors
- High fuel costs
- Hotline numbers
- hypocrisy, lies, fear and criminal protocols of medical field
- I live in Kearney but office/work in Custer Co... also serve Valley Greeley Sherman Howard Counties
- ignorance and lack of concern of the public
- Incompetency
- keeping the kids in school
- Lack of concern about COVID
- Lack of dependable childcare or programs for young children causing stress to parents.
- Lack of modesty; religious beliefs; exposure to TV/phone scams
- Lack of support groups
- lack of trust in medicine
- Lack of trust in science by some
- Liberal media
- Long Term Care
- love a walking trail
- Low rate of Covid vaccination
- low vaccination rate regarding COVID
- Media misinformation
- Medical care and childcare
- medical staff or lack of
- Misinformation that politics promotes
- Need better internet
- No stores to besides Dollar General to buy miscellaneous items
- not enough employees at care facilities and hospitals
- not enough medical facilities, etc. close by
- obesity
- Obesity
- Obesity - eating healthier options.
- Obesity.
- overweight
- Overweight / Obesity
- People not getting vaccinated
- people not getting vaccinated for COVID 19
- People not getting vaccinated.

- People not minding their own business
- people not working when they are able bodied
- people with poor eating habits that lead to unhealthy bodies
- People's attitudes about COVID and the vaccine
- pharmacies taking prescription discount ads.
- pressure to vaccinate
- Quality and affordable childcare
- Quality of healthcare
- remove the synthetic fluoride in our city drinking water; remove landscaping in front of businesses
- Resistance to vaccination
- Resources for elderly assistance/care
- Resources for kids/children who need Vocational Rehab
- safe affordable housing
- Self-care
- Senior citizen center-locking down CMHC
- shortage of health care workers
- staying healthy
- stress
- Stupidity
- stupidity of health officials.
- Supply shortage
- Support for low-income families with children
- Teen alcohol and drug use
- Texting while driving
- That people don't get vaccinated! Stupid!
- the push of a non-proven vaccine
- Too many able-bodied people unwilling to work! Leads to many of the above problems
- Too many dogs in town to walk carefully.
- unhealthy ways of dealing with differences of opinions
- walking trail
- Weather related accidents

2. *OVERALL, CONSIDERING ALL THE POSSIBLE WAYS YOUR LIFE MAY HAVE BEEN IMPACTED BY THE COVID-19 PANDEMIC, HOW MUCH HAS THE PANDEMIC IMPACTED YOUR DAY-TO-DAY LIFE? PLEASE EXPLAIN.*

- A fair amount.
- A lot
- A lot of misinformation and children were impacted

- A lot-workload has tripled
- A lot! Stay home from events, do not go where there is a crowd.
- A lot. Everything being shut down; people can't see their loved ones
- A quick disease so we avoid people
- Ability to feel comfortable attending school and social functions. With masks and sanitizing we feel safe doing required shopping and appointments
- Afraid to travel
- After the initial lockdown, impact has been limited. Limited access to nursing home and compromised elderly has been the hardest to adjust to.
- Almost none
- Anxiety
- Anxiety and stress
- as a farmer not much
- As a rancher affected life very little
- As a rancher working outside, our impact was minimal except for ag parts/supply chain issues
- As a retired individual in a rural setting, my life has been impacted much less than others. The times of not being able to be with loved ones has been the most difficult.
- As being a diabetic I'm always aware of being in a safe environment and take all precautions.
- At first stayed home, but after booster live life as normal
- At first very worried, now very sick of it
- At first, in 2020, we went nowhere except work. Since being vaccinated, we can go to church and grocery store-but still do not go out to eat or socialize. I wish masks were still required.
- Availability of supplies
- Avoid all crowds
- Avoid big crowds
- Avoid contact in large groups
- Avoid contact with people. Go out much less.
- Avoid crowds
- Avoid large crowds
- Avoiding crowds
- Avoiding large gatherings, wear mask at all stores-otherwise living as usual. Take extra medication.
- Became more aware of space and cleaning
- Because of my age it has kept me home for a long time which I have no problem with!
- Because of the fear of all of it my business was severely impacted.
- Being able to do a service for care home residents. Not sure if COVID caused A-fib or if it was discovered because of it.

- Being able to have contact with others as we did prior to COVID
- Being in assisted living home. I have been quarantined, missed being with my family and friends and having to wear masks.
- Being more aware of people's health.
- Being more cautious
- Besides the school shutting down, we are still going to work every day like before the pandemic. Also, the cost of everything has gone up and things are harder to find.
- Biggest change is being able to visit our grandchildren and socialize with friends.
- Business impact. Loss of productivity, labor shortages, supply chain disruption
- Business suffered because had to close bar
- Can't go anywhere or I am afraid or rather apprehensive on going anywhere.
- Can't-won't understand.
- Cannot get materials
- Challenge to keep enough staff
- Children had to miss school
- Closed businesses and goods are hard to find
- Completely different lifestyle. Afraid of catching COVID-19
- Concern for elderly, medically disabled people has kept me and family members very cautious to mix in public settings
- Confinement, inflation
- Constrained it by quarantines, wearing masks and less family functions.
- Consumer staples are not always available, and the prices have increased. Customer service has become very poor. Quality of healthcare has plummeted, and patient rights/privacy is nearly non-existent
- Cost of living has gone up.
- Could not eat in cafe
- COVID almost killed my spouse
- COVID has affected my health and my wife's
- COVID has brought a lot of stress to the workplace
- COVID has impacted my husband's health
- COVID has not really impacted my life
- COVID is all over the news. People who aren't vaccinated, won't.
- COVID vaccine has been helpful.
- Covid-19 has meant the end of lots of social activities in a small community. There has been a lot more staying at home
- Cut down on socialization
- Daily-I work at the hospital, so all of my days involve some aspect of dealing with COVID. I've spent a tremendous amount of energy and changed daily behavior due to COVID.
- Day to day I have noticed many people are afraid to be around others. Stores, restaurants, and other business' closed due to the pandemic

- Day to day life not affected
- Day to day life not so much but out of state travel has been a hassle for me.
- Daycare is short staffed and closed due to sickness
- Days of work missed. Kids missing school
- Depression
- Didn't like the isolation, not seeing friends' family and not attending church.
Wearing a mask made it hard to breath
- Disabled, so not much.
- Do not go out as much
- Don't do most things that I used to. Wear mask
- don't feel free to shop, get together with friends, family or church.
- Don't get to go to as many events
- Don't go anywhere and stay inside.
- Don't go out as much
- Don't go out as much and when I do, i wear my mask. I want to be safe.
- Don't go places as much as we'd like to
- Don't go to as many social activities
- Don't go to town
- Don't leave my house much.
- Don't like the government handing out money
- Don't visit family or travel much.
- Don't go out as much
- Economic impact
- Effected by people not getting vaccinated
- Employment
- Every day, I work 45 to 50 hours a week at the hospital.
- Everyone has been impacted. Being afraid to live your life without fear is wrong
- Everything changes with the death of your spouse
- Expenses. Not much increase in social security
- Extra stress
- Extreme stress
- Families are divided with different opinions.
- Family is the key to socialization and that effected it. Also, businesses closing or hours open were less.
- Fear and anxiety of COVID
- Fear of interacting with others. Stay home and out of the public a great deal.
- Feel cut off
- Fewer opportunities for socialization work related frustration.
- Finances have been impacted
- Forcing masks and the vaccine impact me most
- Forcing our people, especially our children to mask up was never based on

science. When fear is used to promote an agenda, it never turns out well for anyone

- From attending large events.
- Giving others the power to control or make decisions based on fear, gov., etc. Not facts taking freedom away
- Going out less
- Got blood clots from COVID
- Got COVID and left me with myalgia, activated shingles and vertigo.
- Got used to it
- Government control
- Government control and mandates
- Government control. People have stopped living.
- Government told us not to attend church. Supply chains disrupted. Government responded by printing massive money-now inflation is taking over. Most days were no different on farm-we're isolated. Now people will not work. Unable to hire employees
- Greatly impacted my life. isolation and supply chain
- Greatly impacted not being able to be around children and grandchildren especially ones too little to be vaccinated
- Greatly-I work in healthcare, and it impacts me every day.
- Grocery stores don't have supply
- Had COVID and it greatly impacted my health
- Had COVID-had to cancel surgery. Worrying about my special needs child. Staying home. Being retired it did not affect my life a whole lot.
- Had little impact on my life.
- Had to find a new job, teach my kindergartener in 2020 at home while struggling to find childcare.
- Had to retire early from work
- Had to stay home
- Had to wear mask and have asthma
- Hard to watch the country fall apart
- Hardly at all
- Hardly at all! Only time was when I had it-boredom of quarantine. I have approached these 3 ways: 1. Trust in the Lord; 2. Live my life; 3. Adjust as needed
- Has limited our attending many communities' activities-spend most of our time at home-the loss of social interaction
- Has not affected me at all but turned my kids into a bunch of scaredy cats
- has not changed.
- Hasn't affected me much
- Must wear masks and the lack of and price of supplies
- Haven't been able to shop and eat in restaurants. Getting repairs is tough.
- Having to quit work and being around people

- Having to stay home a lot. Many activities canceled.
- Having to wear a mask
- Having to wear mask and worry about the places I go to.
- Heart disease, I have had 2 deaths in my family due to COVID.
- high impact, work in a lab
- High impact, work in a LTC and have 3 small children
- How the other people react to it. Wearing masks.
- I am a farmer, so it hasn't affected my work life, but it was difficult when the kids had to stay home from school, and I couldn't visit my mother at the nursing home.
- I am a self-employed farmer/rancher so much of my day-to-day life has not been greatly impacted although I feel everyone has had to change a lot of their lifestyle
- I am fully vaccinated
- I am retired and have enjoyed traveling. It has kept us home. We have not seen family as much as we would have liked. Many normal functions in our community canceled.
- I am retired so I am lucky to stay away from groups of people
- I and my wife and our 27-year-old son are more aware of our public and social life, we don't go out often, mostly stay home and go out only to purchase goods and services
- I avoid group settings if possible
- I believe around here all the businesses are appropriately following the rules and regulations. My frustration lies in individuals who don't work and expect the government to support them.
- I do not go out to each much or meet with groups of people. Shop as little as possible, have lots of things delivered. Used a mask at times, before COVID I was very active, went to meetings, see people, eat, and travel.
- I don't go out as much
- I don't go to indoor activities or places that are crowded.
- I don't think we will ever realize just exactly how much the disease has affected everyone.
- I had COVID in December of 2020 and I'm still having the effects. I don't have the strength and energy I had before but since I'm now 83 I'm sure I'm not going to be as strong as I was before.
- I have been more confined. Sometimes it gets depressing.
- I have decided to "get on with life" but earlier limitations on gathering to eat or worship or gather with family were difficult
- I have health issues and am very careful. Most people are not very careful
- I have not had COVID. I have all the shots
- I have not let COVID-19 ruin my life.
- I have refrained from going out to eat, drink or go to films.
- I haven't been able to go to meetings. My daughter takes me to most things. I miss being able to visit friends or to go shopping. Going out to eat was wiped

- out. We had to worry all the time too.
- I haven't had it yet
 - I live alone and at 72 now it hasn't impacted me. I've had 2 shots and booster
 - I live in an assisted living place and there were restrictions as to get together. Family members also were careful about coming to visit.
 - I live in Liberty Square; feel I have care to help me if necessary
 - I only go to the grocery store, dollar general once a week and drive to get my medications. Otherwise, I stay home.
 - I spend less time at events and places I like due to the risk of exposure. My role as an EMT is more hazardous.
 - I stay at home much more than before COVID. No more movie theater nights, going out to eat
 - I stay away from big crowds and wear a mask if I travel to bigger towns
 - I stay home as much as possible and continue wearing my mask
 - I stay home more
 - I stay home more.
 - I stayed home more.
 - I still wear mask to church and shopping. Constant worry about the boneheads that are too stupid to get shots
 - I think it has impacted everyone's life.
 - I think the pandemic has created a deep political divide between those who think it is a hoax and believe in herd immunity and those that believe it is real and believe in the science of medicine. I believe in the science of medicine.
 - I used to travel and live outside the country, but now I'm stuck in Nebraska. My husband is still waiting on his VISA for the USA, so we have been apart for 2 years. Very difficult on relationship and mental health.
 - I was staying home a lot more.
 - I wasn't never stopped doing my day-to-day life.
 - I watch for places I go. I don't go where big groups of people are at, I don't fly on any plane and don't travel.
 - I wish masks are not the new normal.
 - I work in a hospital. I've learned so much. How to hopefully stay healthy and keep a positive attitude
 - I work in health care and still wear my mask in public
 - I work in healthcare so deal with it daily. Overall, I think they have done a good job. Wish they would keep the politics out.
 - I work with special needs people, so we wear masks when necessary or mandated. Sometimes it's tough to communicate with them wearing a mask. and wearing it all day makes it hard to breathe sometimes.
 - I work with the public, having people coming in sick but not concerned with exposing others.
 - I'm retired. Stayed home more.
 - I've been lucky not much at all

- If the media didn't try to frighten everyone.
- Immensely
- Impacted everything.
- In 2020 a lot. I just went out for groceries, I missed my friends, family and going to church. I started feeling depressed.
- In the first year we had no church services. We have been able to work so we were not affected as those in larger cities!
- increased fear in country
- Increased workload and stress. Increased cost of goods.
- inflation
- Inflation
- Inflation and lack of people to work
- Inflation is sky high and worse every week. Shortages of consumer goods.
- Isolation
- Isolation and not being able to go to church.
- It didn't really change our day-to-day life. The only impact was sometimes the inconvenience of having to put a mask on by those who thought it would do some good
- It had a huge impact because I lost my job
- It has affected me immensely. The social aspect is the biggest concern. I am too scared to go anywhere because i don't want to be exposed to someone with COVID.
- It has caused a lot of stress because my job with people.
- It has greatly impacted my life.
- it has impacted the availability and cost of necessities.
- It has inflated prices on everything. Availability of products. It has kept me from my family.
- It has made me more aware of what is going on around me.
- It has not impacted my life, we are ranchers.
- It has restricted my desire to go into stores. Covid caused me to have respiratory problems
- It hasn't
- It hasn't a whole lot.
- It hasn't affected us.
- It hasn't except for masking
- It hasn't impacted our day to day much at all since we farm
- It is always questionable if you should go out in public
- It is harder getting back into a regular routine. Seems like we got so used to staying home that it is hard to go back to before COVID-19. Like the old "normal" better!
- It limits what I do and where I go
- It restricted our ability to see elderly relatives. The mask mandates were very

difficult to handle during visits for medical care. Often, I could not accompany my husband to Dr. visits after his heart surgery which made it difficult. He was denied cardiac rehab for 3 months due to Covid restrictions in 2020

- It restricted our freedom and made life very difficult
- It was a problem for 2-3 weeks. I had to slow down for that time. But am close to normal now.
- It's doable.
- it's made me more aware of being around people.
- Jump in prices of everything or lack of items
- Just don't go anywhere unless needed.
- Just had to be careful to avoid crowds and dealing with the "non-believers" made it hard to live day to day when mask mandates were in place, yet many people ignored it and caused more stress for those trying to abide by the laws.
- Just not being able to be out and about because people are too selfish to wear masks and get vaccinated. So, we are all punished especially those of us who are over 60 and have compromised health.
- Keeping me away from friends
- Kept me closer to home.
- Kept us from seeing our children and grandkids near as much as we used to.
- Lack of enough workers to provide previous services
- Lack of physical contact
- large impact must stay away from people
- Last 2 months pay
- Less contact with groups
- Less contact with people
- less going out with friends and activities
- Less interaction with people
- fewer social activities
- Less social interaction. People arguing about getting shots or not.
- less social life and not going out of town
- less social. not being able to find some items. concerned about elderly mother. Hard in the winter months.
- Less socializing. I wear a mask fulltime in public. Several very sick family members. Lost two cousins to COVID.
- Less Traveling
- Life changes all the time! Get over it.
- Limited social gatherings: less time spent with elderly family members
- Little. Wear masks; get vaccinated
- Live in a long-term care and it has made me miss family functions
- Living in rural areas hasn't affected us as much as urban areas. We feel the mask mandates were and are useless.
- Living out in the country has had its benefits, so it really hasn't impacted our lives

- in the health sense, but it sure has in the prices we now pay for things
- Lock down was hard.
 - Lonesome for family; very limited social life-spend as much time as possible outdoors
 - loss of income
 - Loss of income. Masks are not preventing it. Get vaccinated but still get it.
 - Loss of work due to cancelled appointments from illness of clients and my own having to quarantine due to exposure. Uncomfortable PPE, closing businesses
 - Lost job, having hard time paying bills.
 - Lost my wife to COVID
 - Lots higher prices. Shut down lots of places
 - Made everything more expensive and slower to get
 - Major impact on small businesses
 - Making us wear mask 12 hours a day.
 - Marginal-I normally do not go to town often
 - Mask but don't go much anyway
 - mask to attend church. attended only a couple school events.
 - Masks are annoying.
 - Minimal
 - Minimum
 - Minor, less social life
 - Miss family events
 - missed contact with husband in care facility.
 - Missed family events
 - Missed going to church
 - Missed many days of work
 - Mobility and social
 - Moderately - inflation
 - Moderately retired, so could stay home if necessary
 - more at home, less social interaction, and more frustration with liberal political crap.
 - More careful about where I go and when.
 - More careful; wearing masks; not around crowds
 - More cautious of the people I am around--showing signs of sickness, etc.
 - More isolation
 - More reluctant to participate in public events, less likely to be around people because of politics and vaccine hesitancy resulting from their misinformation.
 - More stress
 - More than it ever should as it was mishandled from the very beginning. The fear, anger, and frustration, not to mention the freedoms that have been taken away, all caused by Fauci, CDC, WHO and media.
 - Mostly, I stay home.

- my husband passed away 3 months before the shots. So big impact. He died of COVID.
- My 2nd COVID shot March 4, 2021, at the Parish Center, the female nurse put the shot in my left rotator cuff. This gave me tendonitis. I had therapy for it. There are times when my upper arm still hurts.
- My family worried about me getting sick
- My mother was in the care home for the last 2 years. They had very strict rules regarding contact interaction and access. Very stressful.
- my work placed close for awhile
- Never had covid shot but took vitamin D
- Never lost work, but wore a mask
- No
- NO
- No being able to anywhere at any time we want to in fear of getting COVID.
- No big effect.
- No change much. Our lives are normal. Retired and healthy. So thankful to live in this area
- no church and closing off people in nursing homes
- No freedom to do fun things with family like movies, bowling, museums, etc.
- no impact
- No impact
- No, it hasn't.
- No personal impact. Think it's a lot of hype and a nuisance.
- no still teaching
- No visiting at hospitals
- none
- None
- None because it was a cold. It has been a pain to get parts or find anything you need for my operation.
- None-I went to work every day and I work with the public-observed employers-guidelines, i.e.: masks
- none.
- None. Vaccinate and wear a mask
- Not a huge impact! The mandates by government were questionable as was info
- Not a lot
- Not a lot currently
- Not a lot of difference. Just be aware-wear masks-be conscience of healthy habits
- Not a lot, going to see my mother in Brookstone, wearing masks. Her not being able to come to family functions. It's been hard on her.
- Not a lot. I still went to work as usual in a farm related office.
- Not a lot. No travel. Slowed social life.

- Not a whole lot since I work at home.
- Not a whole lot.
- Not able to visit family
- Not able to visit family and friends
- Not able to visit people
- Not all that much as I worked the whole time. Did not get to see friends for a short period of time.
- Not as many activities to attend. Lack of social contact with other people.
- Not as much
- not at all
- Not at all
- Not at all, we go about our lives as normal. We don't wear masks and we are not scared
- Not at all. Keeping hands washed and cleanliness was already part of my day.
- Not being able to be with family
- Not being able to go to mass and wearing mask is a joke
- Not being able to see grandchildren or friends.
- Not enough time with family
- Not feeling comfortable around those not vaccinated and who refuse to be vaccinated. Caution taken when going to a store or social gathering or even church-as I feel others are not protecting us as the vulnerable. Political issues circulate and cause concern. Feelings of isolation and not being able to do the things I enjoy or seeing family as much
- Not going to school activities to watch the grandkids
- not impacted at all.
- not much
- Not much
- Not much - didn't go to town as much
- Not much at all
- Not much but having to wear masks
- Not much except when we had COVID.
- Not much impact
- Not much of an impact-more inconvenience. I'm retired, my husband farms. We aren't around crowds in the city very often.
- Not much of an impact.
- Not much really
- not much when I go somewhere and around people, I wear my mask.
- Not much-always stay home away from people-just my choice
- Not much-my husband and I still have our jobs.
- not much other than having to wear a mask a lot. Cost of everything has gone up.
- Not much, I was able to work every day in 2020-I did have Covid in Nov of 2021. Stayed home for 10 days then back to work. We wore masks and took

- all the precautions like others.
- Not much, other than having to wear masks.
 - Not much, stay at home except to shop (grocery)
 - not much.
 - Not much.
 - Not much. Minor impacections: restaurant trips and closures. Impacted family's funeral plans when my husband died (not from COVID)
 - Not much. We are isolated. As a farmer I do not have much "people" contact day to day. I am fully vaccinated and have felt comfortable with the interactions I do have.
 - Not much. We are ranchers. Economically - people don't want to work, are waiting for Government hand out instead.
 - Not really a whole lot-I just stay home a lot more, remote work, grocery store visits limited, etc.
 - Not really affected
 - Not really any impact at all
 - Not really impacted continued working full time and never got sick with it.
 - Not really.
 - not seeing family or grandkids
 - Not too much
 - Not too much actually. I was lucky to have a job and be able to keep working through the pandemic. Although it is harder to get everything we need.
 - Not too much-have worked the entire time
 - Not too much, go to work everyday
 - Not too much, some extra precautions of wearing masks, keeping hands clean. Reduced work hours early in the pandemic were financially challenging.
 - not too much. Live in a remote area.
 - Not traveling as much
 - Not very affected
 - Not very much
 - Not very much impact
 - Not very much.
 - Not very much. I'm a homemaker so I was used to staying home with the kids
 - Nothing drastically. Just didn't get to socialize as much
 - Only limited a few families get together
 - Other than having to wear a mask not much
 - Other than mandates it hasn't.
 - Other than the extra health protection issues it has had a big impact on our day-to-day activities.
 - Our lives have been minimally impacted. We stayed in our home more and had a little problem getting some groceries that were in short supply. We did not however, contract Covid-19 or lose loved ones because of it. It could have been

- so much worse, had we not heeded the experts' advice.
- Pandemic has not affected my occupation at all--most of my jobs are outdoors and with few people involved. I have certainly traveled less and attended fewer social events.
 - Positive-hand cleaners-wiping surfaces-vaccination-inconvenience of masks etc.
 - Prices rising
 - Problem at work with wearing masks and using a screen
 - Quarantine is hard - too many outbreaks in assisted facility
 - Quite a bit
 - Quite a bit, staying in and masking up every day and being worried about relatives getting sick.
 - Quite a lot. Cautious about social gatherings including weddings and funeral. Tired of constantly changing mask mandates and recommendations.
 - Rarely impacted my day-to-day routine. I live rurally and don't have school aged children.
 - Read the latest Johns-Hopkins report
 - Really hasn't just put mask on to go to town
 - really not much of an impact. I'm not able to go much of any place anyway.
 - Really not much.
 - Reason to stay home
 - Refuse to believe that COVID is real
 - restricted visiting family
 - Restrictions with quarantine.
 - Retired so it didn't affect me much
 - Retired so not much
 - Ruined many family functions, retirement, and day to day friendships.
 - Seclusion
 - See family and friends less. We are essential workers so still working
 - Severely limited ability to travel and socialize
 - Severely. Isolation, no social contacts, few chances, and high risk of eating out
 - Shortage of food; that has greatly impacted my life.
 - Shortage of supplies and slow response to/from businesses (an overused excuse)
 - Shortage of supplies. Living in the Sandhills there was little effect on home life except for going to larger cities also our church started on-line church in addition to live. Also, prices increased.
 - Shortage of workers. Isolation
 - Shut-ins are not working. Quarantine is not working.
 - Slowed me down
 - Small ways in terms of my daily life but huge ways because of the friends/family killed by COVID or unethical COVID treatments at hospitals.
 - smell and taste gone; staying home; long recovery time; multiple illness; fatigue
 - social distancing

- Social distancing and families being split on vaccine issues, so family gatherings don't happen, which weakens family connections
- social gatherings, limitations on consumer goods
- Social interaction limited
- Socializing with others. Irritation that others ignore advice or don't take it seriously and refuse to follow guidelines. Irritation that a virus has become political
- Some
- Some but you just adapt.
- some lasting side effects of COVID for some family members. Currently not much impact-March '20-closed down-but not much impact-still able to go outside and continue normal, daily activities
- Spread of virus stopped us from going to community events and attending church
- stay at home
- Stay at home
- Stay at home.
- Stay home
- stay home and isolated more. where mask when shopping.
- stay home more
- Stay home more
- stay home more.
- Stay home more.
- Stay home most of the time
- Stay home, avoid large groups of people
- stay home; only necessary shopping, doctor appointments; less family get together
- Stayed away from people/crowds
- Stayed home
- Stayed home all the time
- Stayed home and away from people
- Stayed home and didn't do much
- Stayed home more
- stayed home more to stay and to keep family and neighbors safe
- Stayed home more.
- staying away from people that don't wear masks
- staying home
- Staying home
- Staying home and away from people, shortage at work.
- Staying home and not visiting people
- Staying home too much, visiting others is limited and traveling is out of the question.

- Staying home too much. Can't be in groups of people
- Staying home; no fresh vegetables
- Staying home.
- Still worked. missed contact with people.
- Stress levels are most affected. Trying to make the right choices to stay healthy while also providing my children with normal experiences. Stress from the fear of getting infected and passing to our young unvaccinated children/baby.
- stress of teaching has impacted our daily lives.
- Supply demand has increased.
- Supply shortage
- Supply shortage.
- Terribly.
- Thankfully we are retired so we could avoid outside contact when we felt we needed to. We had zoom calls thanks to technology.
- The availability of products and inflated prices.
- The biggest impact is not being able to travel as easily
- The biggest thing is socializing
- The first year quite a bit. Things are better now
- The government money from Trump really helped
- The government taking freedom for people to choose how they live their lives. The media pitting Americans against each other
- The pandemic put a halt on the number of interactions we've had with those outside our family. At 102 my mother loves to visit, I usually drive her to meetings, appointments, etc. All that was not available during this time.
- The shutdown of schools taught us that being in person is important
- The stress level has been high. Unable to travel, see family, no one in Loup City is testing as they should be due to you being in Burwell. No masking here, many uneducated, unvaccinated residents who don't quarantine!!!
- The way it has most impacted my life is that the pandemic has created a major distrust in our government suppression of speech is a huge concern.
- The world needs to figure out how to get back to pre-Covid-19 ways. The businesses lack people working, people's mental health has taken a dive and people want everything handed to them.
- This has been a very restricted time of my life. I must wear mask, limits to where I go, and limited time spent with family and friends.
- This has just made me so much more aware of how to clean, disinfect, sanitize and we need to continue these practices
- This is a scam
- To a degree.
- Too much-but thankful to live in Custer Co NE
- Traveling places, vacation. Rethinking every meeting, church attendance, family gathering. Learning to be cautious.
- Tried limiting my exposure.

- Trying to eat out or go shopping. No one is open anymore. Hours are short
- Trying to stay clear of people who are dumb enough not to get COVID shots and don't care about anyone else.
- typically -not at all. Extremely frustrating when not able to visit family in the hospital, ER and assisted living.
- Unable to get certain groceries.
- Vaccination rate is low; therefore, I feel cautious about interaction with strangers. Certainly, avoiding crowds. Cannot trust others to protect me so wear mask everywhere. Few others do.
- Very cautious about going out in public
- Very impacted because I am a registered nurse
- very little
- Very little
- Very Little
- Very little impact. Church was closed for a while and wore a mask occasionally
- Very little personally but it has impacted the cost and availability of needed items. Rural folks know how to "make do" but it is irritating to see store shelves empty of fresh produce
- Very little-Just enjoying retirement life on the farm
- Very little-retired. Avoided travel outside the US
- very little, I have gone about like basically the same (I live in a rural area)
- Very little, masks at medical places
- Very little, unless I must go to GI or another bigger town, then it's only to put a mask on
- Very little! Shortage of some food items, stock items
- Very little.
- Very little. I live 13 miles from a city. I like my home freedom.
- Very much. limited travel and family gatherings
- Very sick with COVID
- We are farmers so we aren't around a lot of people
- We are retired and it didn't impact our life at all.
- We are retired so it would be going places, home a lot more, not eating out
- We can't find help
- We don't go much or get together with family and friends like we used to but we've learned to adapt and worked on projects at home.
- We had to spend less time with friends and family
- We live in rural Custer Co and farm/ranch so isolation and staying home was not an issue. We have stayed away from large groups indoors
- we stay away from groups.
- We stay home a lot compared to us used to go out to eat and just be out in the public
- We stay home more

- We stay home.
- We stayed home more.
- We stick close to home. We aren't necessarily anti-vax, but we are most definite protect over right to choose.
- We stopped going to ball games, etc., have worn masks for protection and didn't see our grandkids until receiving both shots. Have lost 2 family members to COVID
- We were able to cope with it.
- We were fortunate to be able to continue to work so financial impact was less than for some. Being expected to isolate was not all bad; it brought families closer. Adverse side effects of isolation were significant weight gain. (Plenty of time to cook and bake
- Wearing a mask
- Wearing masks
- Wearing masks and goggles at work. constant COVID testing.
- Wearing masks at work.
- Wearing masks, stores closes, need help. mom is in assisted living, guaranteed for 1 year, 2 weeks. Affected her mentally.
- Weary of being around large crowds
- Well, I don't lose sleep over COVID now. I did at first.
- Worried about going around people
- worry
- Worry for people that are not vaccinated
- Worry, anxiety, testing sites are so far away
- Yes
- Yes, anxiety.
- Yes, COVID about took my daughter's life. She is now on oxygen all the time and it's hard to get the equipment for it.
- Yes, fear
- Yes, got COVID in 2020
- Yes, I am scared to get COVID due to chemo.
- Yes, I live in an assisted living and our lives changed dramatically.

3. WHAT COULD HAVE BEEN DONE DIFFERENTLY DURING THE COVID-19 PANDEMIC THAT YOU FEEL COULD HAVE BEEN HANDLED DIFFERENTLY?

- A better former president.
- A more forward-thinking legislature and not so much denial would have put Nebraska in a better position to fight the pandemic.
- A rational national response to containing the virus, rationing health care to exclude treatment for those who were careless in avoiding exposure.
- A solid understanding across the board of covid 19. How it is spread & how to quarantine property & for how long.

- A system of National Health Networking to keep track of cases, data and to have it utilized for the benefit of public health with no politicization and proper preparation, prevention, and planning to include direct communication across the nation.
- Accurate and truthful information about cause and proper treatment Accurate facts of the virus and not to be influenced by politics and politicians
- accurate info, less politicized, more civic responsibility
- Accurate information
- Accurate information for counties with less than 20,000 population being informed. We should have had a mask mandate and limit indoor crowds.
- Accurate information from the media, crackdown on misinformation on social media and traditional media.
- Accurate reliable information resource. Media is awful.
- Actual education and not a Facebook post pointing to some article. There has been a huge hit to the public's trust in a government entity, including you. My best advice- find a way to build trust. Posts on Facebook and only talking about the vaccine isn't going to do that.
- Additional sites for covid testing on rural areas.
- Addressed openly and put in a positive light instead of the heavy-handed government bully approach
- AGGRESSIVE covid vaccine promotion & education by the health department, daily drive through vaccine clinics in BBow Town square, AGGRESSIVE Covid education and a health department who updates their website DAILY and doesn't use Facebook because most elderly don't have Facebook, a health department that DAILY reads CDC Updates and stays current on regulations
- All employers should remain vigilant and aware of the evolving situation, including those related to community transmission of the virus and the availability of testing, and adopt infection prevention and control measures accordingly.
- Anything and everything that came out of Trump's mouth.
- Anything that would have moved the vaccine to faster implementation. But everyone seemed committed to fast approval and implementation.
- At nursing home could have allowed the loved one in if they had shot and they could test us. Our loved ones would have benefited with a touch of love. Depression would have not been noticed.
- Avoid gathering outside, carry out disinfection by yourself, wear masks when going out, wash hands frequently,
- Been more consistent with restrictions. Earlier in the pandemic when the case rate was lower in our area, there were mask requirements and shutdowns. This fall, as the case rate has been much higher, there are not, and I see very few people wearing masks in the grocery store or elsewhere. Also, state governors (not just ours) should have allowed individual counties, public health departments, and/or school districts to make their own decisions about mask requirements.
- Been more patient

- Been more selective on who needed to be quarantined.
- Been taken seriously
- Being completely honest with the public, and herd immunity.
- Being more proactive from the very beginning
- Better vaccine and using different process not going thru big pharma
- Better communication & less politicizing of the entire pandemic response from the beginning.
- Better info on vaccine. Not look like it was forced
- Better more honest information at the beginning
- Better results if the pandemic would not have politicized.
- better vaccines
- Businesses and schools needed to have a pandemic response plan in place on how to respond and not react carelessly.
- Cancel Fox News so my husband doesn't listen to it. He won't get vaccinated!!!
- China should have been more transparent, and more proactive. We also should've have closed all international flights & borders
- Clearer messaging. Easier information for lay people to understand
- Closing the borders immediately and quarantining people before they were allowed back into the us
- Closing all borders at the height of the Pandemic!! Stopping the media from turning it into a panicked frenzy!! Report FACTS and not OPINIONS! If everyone would've had the same guidelines it would've been nice...as to who quarantined and who doesn't. It got very confusing!!
- Consistency in messages between local health care physicians and health dept/governor/CDC, etc.
- Consistency in remarks about the virus. There was no agreement on any of it,
- Consistent and truthful information from all main resources. Masking had not been helpful and closing things down does not help. This is a virus, that yes took us by storm but needs to run its course. Shutting things and people down has too many other long-term effects and has proven it is not healthy or helpful.
- Consistent precautions for everyone.
- Continue putting out numbers so we know when it's on the rise. The guidelines all seem to be up in the air and not consistent!! It's hard to know what to do!
- Continue to provide test Nebraska and the numbers of cases in an easy-to-understand format
- Continued work from home options without needing to provide a note from the president about my protected health information and how continued exposure at work is a daily risk employers refuse to take into consideration.
- Continuing to fund the Pandemic Plan started by George W. Bush and listen to the scientist, immunologist, physicians as B. Obama did with his 3 possible pandemics. I didn't lose my job I am retired as I answered in the preceding question.
- Continuing to live life...this isolation crap is dumb.

- Correct and accurate information up front. Tell us you don't know the answers instead of saying this or that just to get information out. Government is too involved.
- Could have not locked everything down and not printed insane amount of money which has wrecked the economy and will have to be paid for by our children destroying their future.
- Could of attack it sooner
- Covid-19 is not a political issue, it's a medical issue!
- Do not listen to the FDA, WHO. and CDC. Doctors needed to research and use ivermectin
- Do not shut down the economy. Stop giving handouts.
- Don't mandate anything. People are free to choose.
- Don't shut everything down and for the doctors to keep seeing patients for regular appointments. Our local doctors need to do more to try to help people who have Covid instead of just sending them home without anything and telling them to go to their asthma specialist in Lincoln which is not at all convenient when you have Covid and are pregnant with your third child!
- Don't use the scare tactics, educate us and don't use A list stars to persuade us into something. We trust doctors and nurses have them educate us not actors and Hollywood.
- Earlier information and action by previous president
- Earlier notice of covid
- Election fraud, fake news. It truly hard to find a trusted news outlet. We need more testing sites now; our clinic is overwhelmed! There needs to be a better way of testing for symptomatic and asymptomatic people, and the community needs to know about it. Mental health is a huge concern and much needed in our area.
- Everyone being on the same page with information
- Everyone gets the vaccine
- Everyone has an agenda. Unbiased information simply doesn't exist.
- Everyone listens to medical advice
- EVERYTHING!!
- Ex-president Trump could have been more positive about people getting vaccinated from the beginning
- Exercise more and go out less
- False information spread through social media has created great divides in our society.
- False reporting of actual covid deaths. Media needs to stop scaring the public that we are going to die.
- Faster and more accurate testing
- Financial aid and health protection for the public like mask Lysol wipes disinfectants.
- Focus on early treatment!! People died because it was withheld.
- Forcing people to do things

- Former president D.T. should have been honest about the virus and organized the government to attack it.
- Getting all the facts straight before they publicize it and then Backtrack on what they say. And then reporting every single little person that test positive and putting fear and everybody. Since this Omicron came through it's not as dangerous and they just publicize it like it's freaking everybody out
- Getting the quarantine rules out to more people
- Getting the truth. All pir sources shared different info and it was overwhelming.
- Getting us the truths. Stop the fear mongering. Don't list/tell every case. Pressuring people to get vaccinated. Respect their wishes. Firing people, restricting people because of vaccines. The covid can spread with a vaccine or not!! Seems like back in the 60's, where certain people were allowed and others not!!
- Giving people back their freedom of choice.
- Go out to do a good job of protection, wear masks, avoid crowded places
- Good protection
- Government being forceful, restricting travel
- Government control
- Government money was too loose, people became reliant on free government money. It was too much.
- Government officials could have come together to send a unified message about how to best handle situations with the pandemic. Instead, politicians made it a political issue instead of a public health issue.
- Government shouldn't have mandated people get shots. It makes our country feel like a socialist country and people have rebelled against it especially the 30- 50-year-old population.
- Governments leadership initially - state leadership also
- Handled it like any other pandemic and done mass vaccination
- Hard to say
- Have an honest government
- Health first
- higher vaccination rates and greater access to testing
- Honestly, we all learned as things happened. I wish people would take it more seriously, more guidelines to keep people safe, more direction for schools, more directive measures so we all do the same, and less political propaganda.
- Honesty—truthful, — given all the known facts and leave the control of politic out
- Hospitals should not have enforced the vaccine. Nurses are needed and now the media says, “hospitals are full due to the COVID.” Hospitals are not full, they don't have enough nurses to care for patients. The media lies.
- How the press handled it, if trump would of be up front and honest from the beginning

- I am not sure. We all were learning how to handle it the best we could and were given little notice -so I think most tried to do best with what was known and unknown.
- I believe our doctors have kept us informed and I trust them. They have the best interest in their patients and do a great job to take care of them in Callaway
- I Don't know
- I don't know if anything could have been done to differently, but I wish the vaccine hadn't become politicized and more people would have been accepting of the science of the vaccine efficacy and success.
- I don't think the vaccine should have been mandated
- I feel as though bringing awareness to the importance of combating the virus rather than making it political would have made a huge difference in the way the pandemic could have been handled.
- I feel like we were presented with the positives of treatments/vaccines, but not the negative.
- I feel that had it not coincided with elections, people would have been more open to education and the process of learning about a new pandemic, how to treat it, how it spreads, etc.
- I feel the constant barrage on EVERY news station at EVERY turn is just annoying for me, but overwhelming for others. I know that information is a good thing, and it is vital that the message gets out there, but for people with mental health issues I think this over-the-top onslaught has caused more problems than been helpful.
- I had the shots, social Covid
- I just wish it was handled like every other virus everything is covid
- I think everyone tried to do the "best" they could with the information they had at various stages of the pandemic. It is such a complicated issue that I don't feel like I have any good answers or advice, I just wish people were more considerate of the health of others, but that is hard to change/control.
- I think that the same information should be given. Many times, it appeared that information was given and then the next day information was changed.
- I think the mandates to shut down businesses and schools should have been up to the county where they are located not decided by the state.
- I think tv news needs to back off and quit scaring people. Covid is awful, but they are making it so much worse than it needs to be, and they are spreading false information that scares people even more.
- I think we should have been given more info on healthy lifestyle changes, alternative treatments, and freedom. The EUA vaccine was pushed too hard, and people were bullied, shamed, and coerced into taking it. I had so many people tell me they didn't want it but were going to get it for grandmas' sake. What about the side effects?!? The VAERS reports?!? Those are voluntary and only a fraction is reported! I know family members have had adverse reactions! LBHD pushed the vaccine! Even rewarded people for getting it with a chance at

rodeo tickets?!? Gross. How about incentivizing actual health? Clean water, Whole Foods, fresh air, sunshine, exercise, and vitamins? Why didn't your department highlight those benefits?!? Or HCQ and ivermectin?!? I took ivermectin and was over my "sickness" in a few days! Masks don't work. There are no studies that prove they do. Peer reviewed studies!! There is so much corruption. It's sick. I hope the department starts to think about healthy living instead of promoting BIG PHARMA!

- I was a transport EMT when COVID19 hit. We did not have enough PPE. We were also constantly understaffed. I'm not sure how they could have better prepared for that, but it's part of the reason I left being a medical provider.
- I wish more people would have accepted getting the vaccines
- I wish more people would have been vaccinated early on
- I wish the issue wasn't so political and that there was a source that all people could trust for information.
- I wish the trump administration hadn't downplayed everything in the beginning. I also wish Ricketts would have issued a statewide mask mandate
- I work for a school system, and I think things were handled well. We wore masks last school year and kept our Covid numbers down and stayed in person throughout the school year.
- I'm not sure I would have/could have done anything differently.
- I'm not sure how to do it, but if misinformation and distrust could have been addressed with more success.
- I'm not sure locally it could have been handled differently but President Trump made it political from the beginning and it divided our country. Then our Governor made it worse. I've lost many family members and friends because they wouldn't get vaccinated.
- If everyone got vaccinated
- If everyone would've got the vaccine plus the mask and quarantine like they were supposed to this pandemic would've gone a lot smoother
- If the leaders of our country and state had put more trust in science and medical professionals rather than using COVID as a political tool, it would be different. Out of LBPHD control though.
- If the whole US Government set rules for the entire country and not left it to each state and if then President Trump wouldn't have downplayed the severity of the situation.
- If Trump would have acted when he knew our country was in danger
- If we could change how politicized the issue is, i think more people would be vaccinated.
- If we had received the true information and not all of the misinformation at the beginning from the President, I believe we would be in a far different place right now. By bringing politics and false information that administration set us all up to fail.

- If we would have had a President that that actually listened to the CDC and WHO and not downplaying and spreading false information perhaps more would of taken it seriously and wore their masks!
- in the beginning, our former president should have taken pandemic measures more seriously. It became very political as to "this isn't real" "masks are dumb" "doctors don't know what they are doing". CDC is doing the best they can with a fluid and uncommon situation- people need to step up to protect others. Less division and more cohesiveness would have been nice.
- In the early days when news was spreading from China and Italy, our president should have taken it seriously and kicked health measures into gear. We lost incredibly valuable time in the lives of many people.
- Inconsistent info from various depts/org; treatments should have been made available instead of only focusing on vaccines, so many lies and fear tactics by media and organizations
- Information access
- Information to people with less bias.
- Information was shared quickly, and felt like facts didn't have enough scientific backing at first
- Instead of flying by the seat of their pants, get the information about Covid fine-tuned, then tell the public what they should do. The guidelines have changed almost daily from the beginning. Health officials need to quit trying to make it sound like if everyone would just get vaccinated, it would go away; its not and we need to learn to live with it like we do the flu. Gov't officials need to get off the mandate kick. That only makes people fight back to not get vaccinated.
- Introduction of the vaccine. Not make it sound like it was a magic pill.
- Isolating everyone initially and masking children has likely contributed to increased incidence of illnesses recently (i.e.. Children getting RSV), and hear immunity is happening slower due to people initially isolating.
- Isolating people was counterproductive. Folks in care homes became so lonely. People staying home became so fearful. Allow everyone to make informed choices about their health and behavior. The shutdown didn't stop the spread anyway and it's beginning to look like the vaccine won't either.
- It could have been handled less politically by most people.
- It could have helped if there was a better consensus on mask wearing from the very beginning
- It is too bad it became such a political battle.
- It should not have been a political issue
- It should not of been made political, and i think there should of been better communication. I also feel that the health department needs to post case rates still also. I don't think people realize how many active covid cases are in our area. If people know they might be more likely to follow guidelines or recommendations

- It's hard to imagine how one person can change a person's life during COVID-19. But you can. Volunteer or make gifts. COVID-19 is devastating to already impoverished communities.
- It's not convenient to go out
- It's too bad it became a political issue instead of a public health issue
- It's a virus. Let it run its course like every other virus. More babies die from abortion every year than Covid has killed total. The government driven pandemic has caused more problems to our world than the actual virus has...devastating...
- It's been blown out of proportion
- Just lived life as normal and not place fear in everyone's life
- Keep people informed with the truth.
- Keep politics out of healthcare
- Keep the dashboard up. As a restaurant owner it was the best tool to gauge how to respond in the workplace
- Keep your distance and wear a mask when you go out
- Kept politics out of it!
- Legislators abused their powers and their constituents!
- Less DAILY news about it.
- Less disinformation from the people who deny the Covid facts!
- Less fake news
- Less false things in internet social media
- Less Government pressures
- Less media
- Less politicization of the science
- Less politics and more science from the people in charge!
- Less questioning of science and health professionals, mandating of vaccination and masks, not making the pandemic a political issue
- Less scare tactics, more facts, and realistic ideas for vaccinated percentages.
- Less scaring everyone about Covid and letting people live their lives according to how they felt comfortable
- Less strict shutdown of nursing homes, hard on people to be away from family. Lost mom while she was there and didn't get to see her for 8 months
- Let it run its course instead of shutting down the whole country
- Let people wear masks to reduce people going out
- Let the healthcare people take care of the pandemic and not make it political
- Locally I think it was handled fine. I think politicians politicized vaccines so now several people in our area refuse to get the vaccine because "it's their right not to." What happened to Nebraskans watching out for their neighbor?
- Make people listen to reliably sources of information and trust national health care officials
- Making sure enough PPE is stored safely

- Mandates for people working in high exposure environments
- Mandatory vaccine
- Mask mandate early on; it's too late to be effective now. Mandated vaccination
- Mask Mandate. More contact tracing, more testing. People are just everyone and nobody is caring.
- Mask mandates
- Mask mandatory in Schools set by the state not the local school boards.
- Masking earlier, less business shutdowns (FYI, the workplace question should have retired choice)
- masks
- Masks
- Media
- Media did lots of miss informing everyone
- Media pushing fear
- Medical assistance can be expanded so that more people can enjoy effective treatment
- Medical supplies were distributed to every community and movement was restricted to ensure their health
- miss information is abundant
- Moot point, the things that I would have changed are based upon past results that weren't known at the time.
- More CDC new less "editorial news". The political spin has totally ruined the true pandemic concerns.
- More decisive action by the officials.
- More education materials and outreach so people don't get their info from bad websites and uneducated people
- More information given at my workplace about potential COVID cases and lack of support to wear a mask.
- More information on how to handle life in general
- More mandatory masking or a county wide mask mandate
- More mask mandates. Capacity limits at indoor high school sports
- More people could/should have worn masks and receive vaccinations.
- More people to have been vaccinated asap
- More positive interactions in schools about health-related topics.
- More rental assistance
- More social distancing, more vaccinations
- More solid facts and information about Covid-19.
- More testing sites in broken Bow NE
- More transparency to side effects of the vaccine and accurate reporting of seriousness of COVID. Less switching of facts.
- More truthful information, objectively delivered, without politics
- More vaccines per person

- Most of my stress was due to not being able to see my mom in a nursing home but I don't think it could have been handled differently.
- Move on as if is a flu
- My employer demanded I and my coworkers stay in town to remain employed. I needed to go to Kearney for specialist. While he finally relented, my hand has been permanently damaged due to the delay in seeing a neurologist and my start to get physical therapy was delayed at least 2 to 3 months.
- NA
- Never know who to trust or what's real. Doctors say one thing, nurses say another. It's frustrating and I don't trust that any info we're getting is actually true.
- never leave the house
- no
- No idea
- no lockdown; no mask; accept natural immunity
- No lockdowns
- No lockdowns and stop paying people to stay home.
- No mandatory shots for any
- No masks, mandatory shots, care home lock downs. Why? Elderly need contact with family.
- No shut down & no masks & no lost jobs due to vaccination status. Everything offered on voluntary educated basis
- No vaccine mandate-that is where everything went wrong
- No vaccine mandates or mask mandates.
- None
- Not a mass quarantine across the US at the same time
- Not allowing the virus to become political and making mandates!
- Not as much political/government involvement
- Not been politicized! Had it happened during a non-election year it would have been handled differently... there are too many mandates. treat it like flu and other respiratory viruses now that there are vaccines and therapeutics... get testing and therapeutics more available
- NOT been politicized!! Decisions based on science, not crazy politicians!!
- Not close down businesses to "slow the spread" and keep masks off kids
- not closing the schools until the pandemic directly impacted our area and not just on a national level.
- Not enough people understand the science involved in the pandemic.
- Not forcing the vaccine and mask mandates upon society
- Not had to run a school through it~ ;)
- not having President Trump in the White House would have made a huge difference in the impact COVID has had in this country
- Not isolated as much as we did.

- Not made it a democrat socialist plot. It is all about political control, not science.
- Not made it political to get vaccinated. Focus on health and experts not Facebook
- Not made the pandemic so politicized. I think more people would have taken precautions and gotten vaccinated if they hadn't felt so pressured by officials. Now people have dug their heels in and won't get vaccinated.
- Not much, it's up to people to get vaccinated and wear masks which they have not done well at all. Too many people falsely believe COVID does not exist and believe the vaccinations are dangerous.
- Not politicize a pandemic
- Not politicized the disease
- Not politicizing the virus from the get-go, not discriminating against certain businesses forcing some to shut down while others got to thrive during the pandemic causing lots of residual economic and mental health effects that were not well thought out and effects that arguably worse to many than catching this virus. Mandating/forcing people to do things for their health vs. letting them make their own private health choices
- Not pushing vaccines
- Not put so much faith in the government and liars
- Not quarantining to nursing homes. My husband passed away in April. The time spent with him was greatly reduced.
- Not shut down the businesses but work out a better system for them.
- Not shut down the country
- Not shut everything down.
- not shutting everything down!!!
- Not sure what could've been better.
- Not sure if lockdowns were needed, based on recent studies showing little effect in reducing cases
- Not sure, there was a lot of panic.
- Not sure. I'm not an expert.
- Not use political folks to give the messages on updates and what was needing to happen. The shutting down nationwide hurt the confidence in the messages (Nebraska is not New York) and each should have varied actions, it was not yet here and it was too soon but we could have been gave these precautions in other languages to certain job places.
- Not watching news coverage
- Nothing
- Nothing did my shots and booster. Feel good.
- nothing different
- Nothing I can think of
- Nothing really. Maybe I should have tried to eat better and keep exercising
- Nothing. This was all new for everyone. CDC and Health Departments had to set guidelines as things came.

- Offer more clear information on the vaccine.
- Open and honest information. Stop the propaganda!
- Our government could have gotten on board with health officials instead of denying there is a problem. This resulted in a lack of trust.
- Over hype concerning Covid-19 causing economic downfall
- People could have followed the guidelines. Restaurant & bars could have followed the guidelines
- People could have cared about others and followed recommendations about masking and vaccinations. Better direction from political leaders. Better control of misinformation.
- People could have taken it more seriously and prevented the spread.
- People could have taken it seriously, followed guidelines suggested by professionals
- people need to trust science, not politics
- People on social media needs to be accountable for lies
- Political things set aside
- Politics
- Preparing for this on a larger scale. For hospital and nursing homes
- Presentation and accuracy of information. Ever since COVID-19 has been discovered so many changes and inconsistencies have been present across the board making it hard to know what is true or false.
- President Trump keeps his uneducated mouth shut in the beginning. It only caused false information and increased anxiety and worry.
- President Trump really messed people up, by his bad info,
- Previous president lies about treatment and total handling. Would have saved hundreds of thousands lives.
- Proper information released at work
- Protect yourself
- Protocols kept in place. Some restriction on capacity at events should have been kept in place.
- Provide more free and convenient materials to reduce people's travel
- Publicity for the vaccine should have been handled by advertising agencies that are very successful so there would have been a better attitude towards it.
- Pushing the vaccine when we as people have the right to decide. Closing churches was extremely horrible. People have the choice.
- Quiet the anti-vaxxers.
- Quit testing for this bull shit China virus and hang everyone that was involved in bringing it stateside for reasons against national security. You gals at the health department need to quit this witch hunt as well and quit scaring people so people want to go to work. Your while team is part of the issue if lack of employees! Give up and get on with your lives so everyone else can!
- Rapid testing for rural areas
- rein in false information

- Require vaccines nationally
- Requiring masks
- Requiring vaccines
- Rural areas didn't need to completely shut down as we have only minimal contact with people on a regular basis. Also, people who came from other states didn't quarantine for two weeks before entering the local population and that is how the virus was introduced into our community.
- School's approach, shut down occurred too early in our area, information was conflicted and not thorough
- Schools (as well as health care) were put in the middle of a great deal of political strife that did nothing positively to help these entities through the pandemic. Instead, it created barriers.
- Should have been way more clarity with the start of the pandemic to now. No vaccine mandate, nursing home being prisons, actual updated information with treatment options,
- Shut down of businesses was unnecessary, masking leads to more respiratory issues and is way overblown.
- Shutdowns
- Sky high food prices so many couldn't eat properly, gas prices went up therefore some couldn't afford to go to work
- So, Stop the fear factor and false reports and scare tactics.
- Social media influences, it's caused a lot of mistrust and beliefs that covid is fake or other misinformation
- social media/political influence
- Sometimes I feel too much info. given and too much to choose from. Not have so many discrepancies from one factor to another
- stay at home more
- STAYED HOME
- staying more in contact with family and friends
- stick the mask crap up someone's but they don't work!!!!
- Stop fear mongering people to attempt to bully them to fit your narrative. Let people live their lives and stop threatening to fire hard working people for a bullshit vaccine that clearly doesn't work!!!!!!
- Stop focusing on making people fearful, and focus on being healthy (importance of exercise and eating right)
- Stop the government lies and forcing the shot. My body my choice!
- Take politics out of healthcare!
- Telling people, the truth about the shot, it does not prevent you from getting it or spreading it, what it does is hopefully lessens the chance of you or whoever has it not getting on the vent.
- The approach could have been facts instead of scare tactics. Shutting individuals up in nursing homes is not ok. You are not stopping those employees you should not be impacting the patients the way we are. Everyone still has a choice and

discrediting or "hating" for that choice is not ok. The way this pandemic has moved the US to a judgmental hateful nation is sad.

- The conflicting reports of mask/no mask, vaccine efficacy, vaccine accessibility. These issues and individuals' reaction to them caused me to lose my young brother to Covid-19. Another senseless death to an unprepared nation/world.
- The daily cases every single day was not necessary it just fed the panic!
- The elimination of false media!
- The government needs to NOT mandate the vaccine, people should be allowed to make this choice for themselves
- The government/former president should have taken the threat seriously at the start of the pandemic instead of pretending it was no big deal.
- The governor giving accurate updates on cases
- The laissez fair treatment of the safety of the healthcare workers. Consistency of information from the government officials. Get politics out of healthcare!
- The medical and teaching profession conversed together as to what is best for students. Teachers know best about their students and Doctors for patients. Work together not against each other.
- The Nebraska Governor Pete Ricketts could have been on board and stayed on board with vigorous health and safety measures the entire time and saved thousands of lives. The state COVID tracker dashboard should not have been discontinued. Nebraska should have continuously provided clear and updated information to federal agencies regarding Nebraska case counts.
- The previous administration should not have politicized the virus and public health measures/safety precautions. It feels nearly impossible to undo the harm caused by the misinformation/disinformation the Trump administration purposefully perpetuated.
- The schools did not need to close in 2020
- The truth from CDC the government
- The way each case was handled. No two cases were treated the same.
- The way social media & news sources could've been handled better
- The whole thing jumping on every little thing CDC or whoever else said. The mental and emotional health on those in nursing home or elderly in general is horrible. We've isolated them
- The whole thing has just been chaotic. I know some of that can't be helped because of the unknown.
- There is almost certainly not enough space in this block to fully describe. However, Republican "leadership" has been massively problematic, bordering on criminal, at both the state and federal level. Democrat actions have not been much better.
- There was so much information that was incorrect or inaccurate it was hard to know what was true and what wasn't. I don't know who to trust.

- There's no way to collect these answers for research. The area we live is very political. Republicans are anti-vaccinations and the "Left" is labeled sheep. I would hate to read some of these responses.
- They should have taken natural immunity more seriously.
- They should have told people what vitamins they needed to boost their immune system. They should have told people to move if they get it and not get dehydrated. They should have given more information so people could help themselves.
- This could have been treated like the virus it is, instead of being blown out of proportion and sending the world into panic. Our immune systems were built to fight off viruses such as this. I have had Covid 3 times.
- This should have been a health issue not a political issue
- Those that try to use the system to keep their kids home saying they have been exposed or someone in the family exposed.
- To ask people to get the vaccine instead of telling them I feel more people would have cooperated more
- To somehow not make it political and purely scientific
- Too much panic—media
- Travel less, stay at home as much as possible, and always wear a mask when going out
- Trump could have listened to science
- Trump not being stupid and telling people not to get Vaccinated. We wouldn't be having this survey
- trump shut the fuck up, everyone bought in to the pandemic and masked up, stay home, and done what needed to be done to stop/slow the spread.
- Trump telling the truth from the beginning. So many wouldn't have been against vaccination.
- Trumps lies and calling Covid a hoax
- trust
- Trustworthy tv reporting
- Truth
- truth only. Not political!!!! Parties work together for good of US not their pockets
- Truth. Just the real facts. No phony science
- Vaccinations given more quickly
- Vaccine trust
- Vaccines available sooner in our area for people who work with the public (teachers); boosters available in more than one location (Burwell)
- Visiting family in the nursing home. I saw how deeply it affected my grandparents.
- wash hands more
- Wash your hands frequently, go out with a mask and avoid contact with people

- We could have been given facts without the fear. I get that bad news sells but the focus seemed and continues to seem to be on the # of deaths, new variants, and what we SHOULDN'T do. Instead promote what we SHOULD do, share the treatment options/# of recoveries/success stories, discuss variants once we know facts about them. COVID is here to stay, hunkering down and living in fear isn't a healthy response. LIFE IS STILL GOOD!
- We could have had a real national plan and policy on dealing with the pandemic. This was probably impossible with an autocratic moron as the leader of the U.S.
- We could have trusted our doctors better. I wish we would have had more mask wearing.
- We don't have a way to gauge covid in our community anymore. So, it's difficult to get people to take precautions that help curb outbreaks.
- We like to camp, yet the state parks banned it. People were allowed to fish in boats, and it was obvious they didn't all live in the same HH.
- We overly prepared in our community at the onset of the pandemic, mostly because we weren't sure when it would spread to our region. Now, we have communities tired of hearing about it (wearing masks, etc.) but the virus is more prevalent in our community than it had been.
- We overreacted early which made it hard on our patrons when the need to overreact hit us last winter.
- We were lied to by Dr. Fauci, China, the CDC, WHO, and mainstream media to further their agendas at the expense of human lives. Therapeutics are not being given priority to vaccines. Trusted news organizations and health organizations have lost our trust. Conservative news sources are our only resource. The pharmaceutical industry has used us as human guinea pigs to increase their wealth. China caused the deaths of hundreds of thousands of lives with no accountability. America has sold out because of greed. Innocent hardworking people died because of this bio-attack on the world by the CCP. Our leadership does nothing.
- Wear a mask when you go out, go out as little as possible, and do not contact people
- Wearing mask mandate is ridiculous
- What could have been handled differently, are communities having had more respect for the leadership and guidance, of not only our country, but community professionals. I feel surrounded by people who laugh at statistics and guidance from professionals, some even after being exposed and having Covid-19 resulting in having huge effects such as loss of taste/smell or hospitalization. If anything can be handled differently, it is a much deeper problem which lies within the public.
- Would have liked to see the weekly case counts for each county like they had at the start of the pandemic by our local health department!

Appendix F –Key Informant Interview Questions

1. In general, who would you rate the health and quality of life in the community?
2. What are the strengths and contributing factors that improve the quality of life in the community? Please explain why.
3. What are the weaknesses and contributing factors that decrease the quality of life in the community? Please explain why.
4. What barriers, if any, exist to improving health and quality of life in the community?
5. What needs to be done to address these issues? What specific actions, policy, or funding priorities would you support because they would contribute to a healthier community?
6. Overall, considering all the possible ways your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life? Please explain.
7. Do you feel you have adequate information regarding COVID-19? Please explain.
8. Do you feel you have the proper access to get COVID testing and get the COVID-19 vaccine? Please explain.

PRIORITIZATION PROCESS

The selection of health priorities and strategies will be the work of LBPHD, county hospitals, and other local agencies using this document as a reference.