

2023

Community

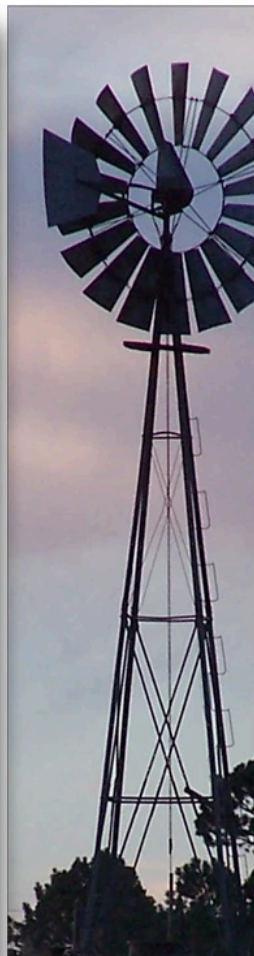
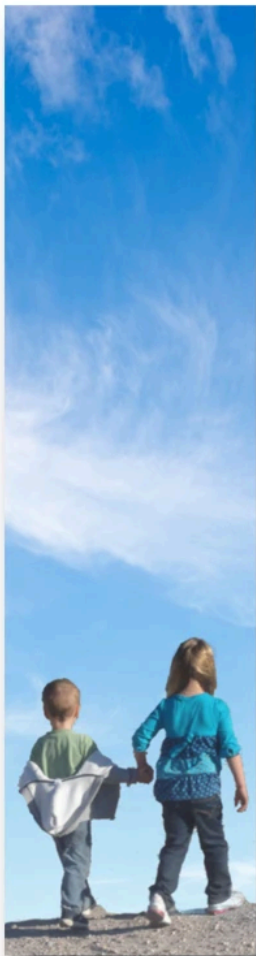
Health Needs

Assessment

of

**Chadron Community Hospital and Health
Services**

live, learn, work, and play



For a Healthier Panhandle



PREPARED BY

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IN COLLABORATION WITH

Rural Nebraska Healthcare Network

Scotts Bluff County Health Department

Box Butte General Hospital

Chadron Community Hospital

Gordon Memorial Hospital

Kimball Health Services

Morrill County Community Hospital

Perkins County Health Services

Regional West Garden County

Regional West Medical Center

Sidney Regional Medical Center

Panhandle Partnership

Panhandle Area Development District

Nebraska Department of Health and Human Services

FOR MORE INFORMATION

www.pphd.ne.gov 

LETTER FROM THE CEO



CHADRON COMMUNITY HOSPITAL & HEALTH SERVICES

825 CENTENNIAL DRIVE | CHADRON, NE | 308.432.5586

Chadron Community Hospital and Health Services is committed to serving the community and enhancing the quality of life for individuals, families and the communities we serve. Our goal, with the attached community health needs assessment, is to better understand the range of issues affecting the health of residents of our area. We look forward to working with you and our community partners to optimize health and continue to meet our mission, which is *"To provide and support health care and community service programs of excellence in the communities we serve."*

The significance of better understanding our community's needs was highlighted with the Patient Protection and Affordable Care Act requirements passed in March 2010. New requirements for tax-exempt hospitals include that we regularly conduct a community health needs assessment to adopt implementation strategies to address applicable need detected during the assessment process.

The Rural Nebraska Healthcare Network worked with Panhandle Public Health District to complete the Mobilizing for Action through Planning and Partnership for each of the Nebraska Panhandle hospital service areas during 2020. The results are summarized in the attached report and align with the priorities in the regional Panhandle Community Health Improvement Plan, December 2020 – December 2023.

A special thank you to the community members who took the time to attend a focus group, listened to presentations on the process or participated in stakeholder meetings. It is our desire that our community be healthy today and even healthier tomorrow.

Nathan Hough

Chief Executive Officer

ABOUT CHADRON COMMUNITY HOSPITAL AND HEALTH SERVICES

Chadron Community Hospital and Health Services is a Critical Access Hospital with 25 beds and a staff of over 180 employees providing a variety of services, including:



- 24/7 Emergency Care
- Acute Care
- Swing Bed
- Breastfeeding Consultant
- Cardiac & Pulmonary Rehabilitation
- Diabetic Education
- Dialysis
- Food Services/Dietary
- Home Health & Hospice
- Human Resources
- Surgery
- Inpatient
- Laboratory: Inpatient & Outpatient
- Lifeline
- Medical Records
- Newborn
- Observation/Outpatient
- Obstetric
- Occupational Therapy
- Outpatient Chemotherapy
- Outpatient Dialysis

- Pharmacy: Inpatient & Outpatient
- Physical Therapy
- Aquatic Therapy
- Lymphedema
- School Scoliosis/Pediatric
- Sports Medicine
- Prenatal Classes (Community)
- Radiology: Inpatient & Outpatient
- Respiratory Therapy
- Social Services
- Specialty Outpatient Clinics
- Support Services

Breast Cancer Survivor Support Group

(A Time to Heal)

Hospice-supported Grief Support Group

General Cancer Support Services

(Circle of Light)

Chadron Community Hospital offers a variety of outpatient services through its Multi-Specialty Clinics. Current specialties offered include Dermatology, Cardiology, ENT, General Surgery, Gynecology, Oncology, Nephrology, Urology and Bariatrics.

Contracted services provided include: Bio-electric, Health Enterprises, Holter Monitor, Nuclear Medicine, Orthopedics, Regional West Health Services Transfer Unit, Registered Dietetic Educator, Speech Therapy, Translation Services for LEP Patients and Dialysis Social Worker, Dietician, Physician, Nurse Practitioner, and Water Services.

We also currently operate the: Legend Buttes Health Services Rural Health Clinic in Crawford, the Prairie Pines Lodge Independent Living Apartments, and an Assisted Living facility in Chadron.

Through our Western Community Health Resources department, Chadron Community Hospital and Health Services receives a variety of contracts to provide health and human service programming. These programs include:



- Children's Outreach
- Community Support
- Mental Health Outreach Telehealth
- Youth Transition Services
- Patient Prescription Assistance Program
- Early Development Network
- WIC (Women, Infants & Children)
- Commodity Supplemental Food Program
- Family Reproductive Health Services
- Minority Diabetic & Cardiovascular Screening and Education
- Ryan White Part C
- CTR/PCRS HIV
- Car Seat Inspection Station
- Respite Care
- Dawes County Immunization, Immunization Enhancement
- Diabetic Prevention
- Box Butte Emergency Community Support
- Love and Logic
- Peer Support
- Circle of Security International

INTRODUCTION

Panhandle Public Health District (PPHD) is accredited by the Public Health Accreditation Board (PHAB), which requires the health department to conduct a comprehensive Nebraska Panhandle Community Health Assessment (CHA) every five years. However, Internal Revenue Service (IRS) regulations require tax-exempt hospitals to conduct a CHA every three years. In 2014, PPHD made the decision to collaborate with hospitals on the CHA process by syncing the health department process with the hospital process, meaning that PPHD completes a CHA every three years, in tandem with area hospitals. Thus, PPHD now facilitates a joint CHA and planning process with the eight hospitals in the Nebraska Panhandle and one in Perkins County, all of which are members of the Rural Nebraska Healthcare Network (RNHN).

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.

OVERVIEW OF MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, has been used for the CHA and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011, and continued to be used for this round of the CHA and CHIP. 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.

The MAPP model has six key phases:

1. Organize for success/Partnership development
2. Visioning
3. Four MAPP assessments
 1. Community Health Status Assessment
 2. Community Themes and Strengths Assessment (CTSA)
 3. Forces of Change Assessment
 4. Local Public Health System Assessment
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Take Action (plan, implement, and evaluate)

This document contains information for phases one through four. Phases five and six can be found in the associated Community Health Improvement Plan (CHIP).

MAPP PHASE 1: ORGANIZE FOR SUCCESS/PARTNERSHIP DEVELOPMENT

A MAPP Steering Committee was formed in 2014, made up of representatives from each of the nine RNHN hospitals (see list of members on page 10). Committee members provide guidance throughout the MAPP process and are charged with reviewing data and progress on the chosen priority areas, using quality improvement to modify implementation plans as needed, and sharing results with stakeholders.

LOCAL PUBLIC HEALTH SYSTEM COLLABORATIVE INFRASTRUCTURES

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

- **Rural Nebraska Healthcare Network** (RNHN) includes nine hospitals in the region, all rural health clinics, and assisted living/nursing homes that are a part of the RNHN member systems, including the Trauma Network.
- **Public health partnerships** include collaborative work groups such as the Panhandle Regional Medical Response System (PRMRS) and Panhandle Worksite Wellness Council (PWWC), as well as the two public health Boards of Health (PPHD and SBCHD), which include elected officials.
- The **Panhandle Partnership** is a large, not-for-profit organization that promotes collective impact through planning and partnership. This inclusive, membership-based organization has been and continues to be an integral part of the regional assessment and planning process.

MAPP PHASE 2: VISIONING

The MAPP Visioning process took place in February at the kick-off event for the 2023 Community Health Assessment.

If we could align our resources, what would our vision for a safer and healthier Panhandle be?										
Incentivizing wellness & mental well being	Access to Safe, Decent, Affordable Housing	Increase Social Connectedness	Workforce development & sustainability	Optimizing Health Systems Collaboration to serve the area	Robust system to address Behavioral Health	Community Equity	Advocacy to address access for patients	Resource accessibility	Safe Built Environments	ACE Prevention
• Incentivizing wellness & mental well being	• Affordable Housing • Enforcing codes on rental properties • Remove stigma	• Accessibility to activities • Increased social (inclusive) connectedness • Informal Social Gatherings & Supports	• Adult classes not part of college degree • Workforce development increase people +\$ • Access to affordable childcare to allow for greater workforce • Alternate education	• Show casing wellness & mental well being • Streamline referral process • Affordable easy access including atypical setting (vaccinations & screenings) • Healthcare systems - referrals and collaboration • Collaborative data sharing Mco's, hospitals, PH. • Access to Telehealth	• Mental health prevention Early peer detection/professional resources • Access & investigation of Behavioral health resources • Streamline referral process • Mental Health Providers • Substance misuse - accessibility, stigma, red tape/penalties • Remove stigma • Universal MH screening starting pre k- K • Education on vaping, drugs & Alcohol (resources & outcomes) • CCBHC Community BH Clinics • Substance Abuse treatment • Access to Telehealth	• Written translation resources • Safe and Inclusive welcoming communities • Culturally inclusive medical & Community Service • Full employment and housing for minority families • Healthcare Literacy • Identify individual community needs	• Healthcare access (stay healthy) Cost associated with insurance • Assistance for those that do not meet income guidelines • Policy on dentists taking insurance • Advocate for insurance co. to cover MH services • Access to Telehealth	• Increased Food Security • Widespread distribution of resources • Resource access SHIPP, MCD, Economic • Easy to understand resource guideassistance	• Ensure safe walking accessibility • Community recreation "safe space" • Improved city infrastructure	• ACE Reduction Parental Education Collaboration

MAPP PHASE 3: FOUR MAPP ASSESSMENTS

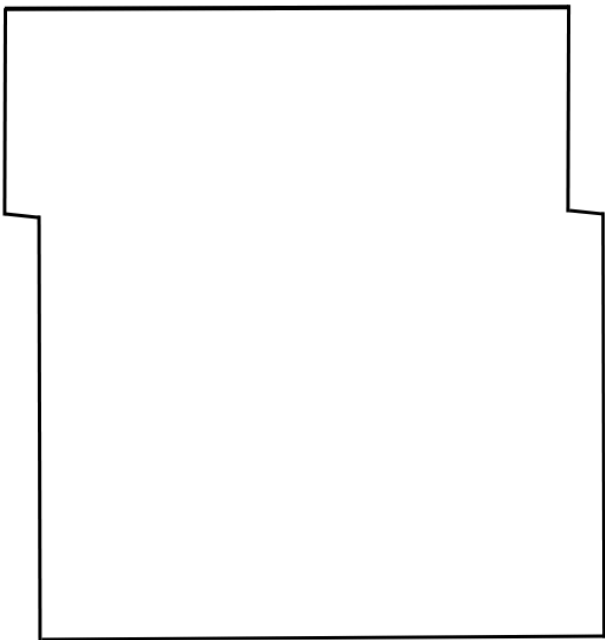
COMMUNITY HEALTH STATUS ASSESSMENT

COMMUNITY PROFILE

The Nebraska Panhandle is a rural region on the high plains, surrounded by neighbors of Wyoming to the west, Colorado to the south, and South Dakota to the north. Its agricultural backbone perhaps has insulated it from the most recent economic downturn but has likely also contributed to out-migration as fewer opportunities have been available compared to larger cities for young adults with diverse professional trades. Population consolidation continues, wages remain lower than the state and national averages, and the median age continues to increase as the baby boomers age, birth rate stabilizes, and out-migration of youth continues. The unique bluffs, escarpments, and open space are some of the most treasured assets in the region lay the foundation for tourist and historic attractions.

The Nebraska Panhandle consists of the counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux. The Panhandle Public Health District (PPHD) service area additionally consists of Grant County, for a total of 12 counties covered. Throughout this document, the PPHD service area will be referred to as the Panhandle.

Dawes County



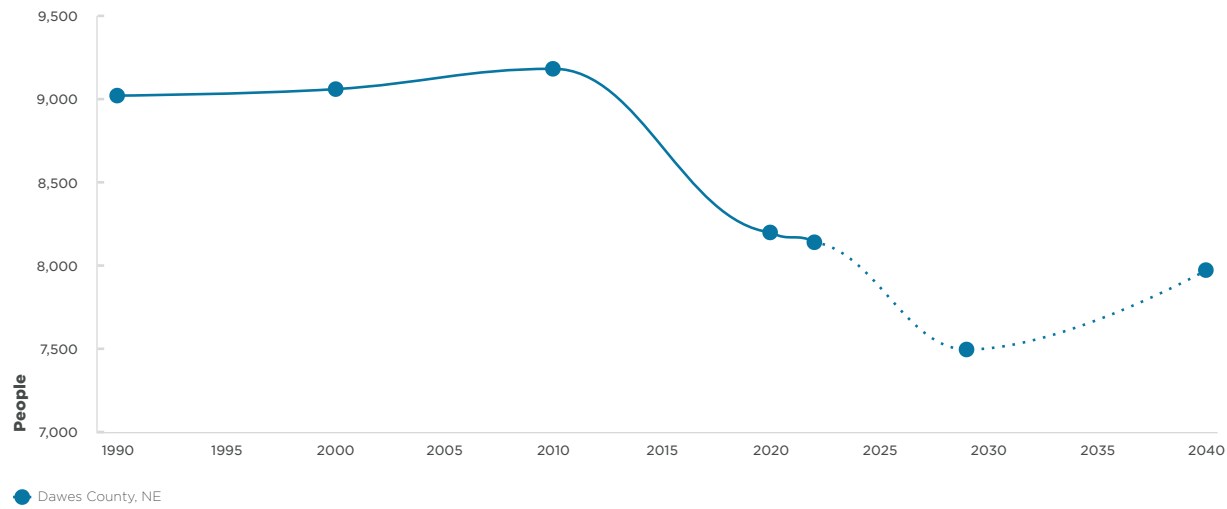
Population: 8,199
 Unemployment: 2.7%
 Total Land Area: 1,396 sq. miles

Source: 2017-2021 American Community Survey 5-Year Estimates

Population

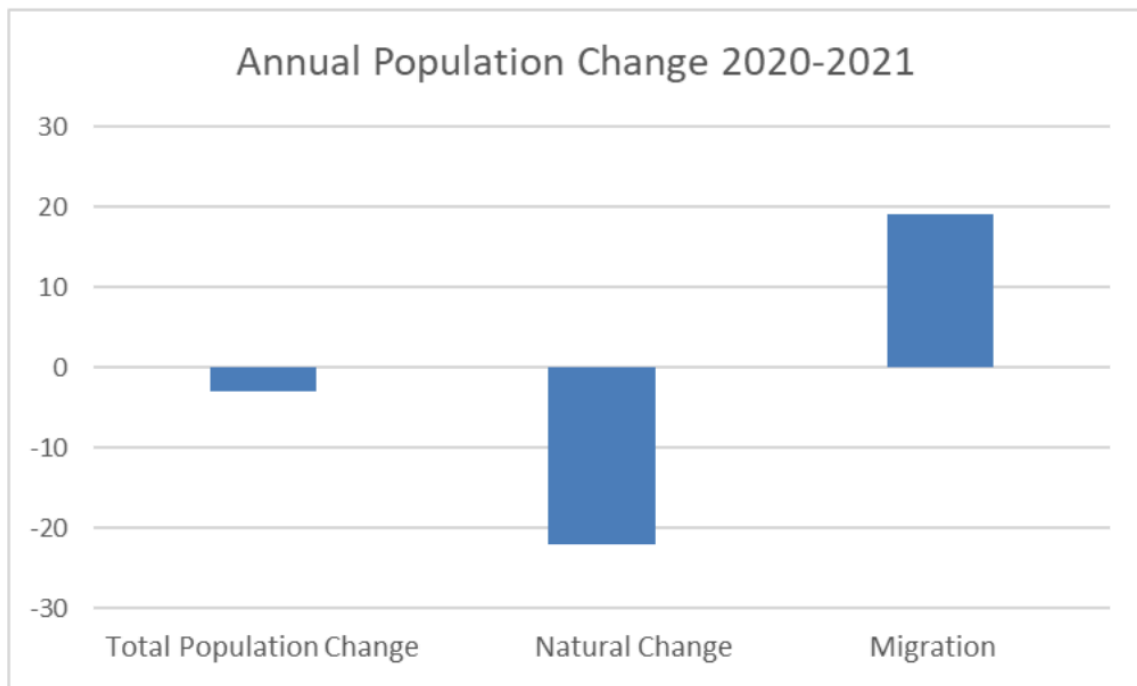
While the population of Nebraska has been slowly but steadily increasing over the past 60 years, the Panhandle’s population peaked in the 1960s. In recent years communities have noted an increase in interest in their communities but the lack of housing and childcare, among other challenges, has prevented potential growth. The data shows that the total population of Dawes County, NE has been relatively stable over the years, with a decline since 2010. While the numbers may seem small, this information reveals important trends. It suggests that there hasn’t been significant population growth in the county, which may have implications for local resources and services.

Total Population



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

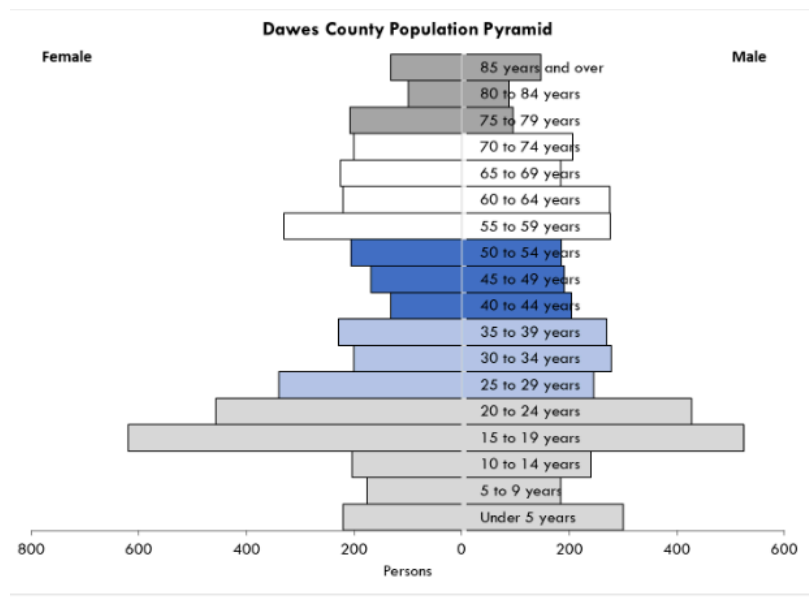
Migration and natural causes (births and deaths) contribute to population change. Migration makes up the largest part of population change in Dawes County. According to past trends, most out-migration happens in younger age groups, especially in the 20-29 year old group.



Total Population Change 2010-2020: -10.7%

Source: U.S. Census Bureau, Population Division

The population by age group provides valuable information about how a community's makeup will affect the workforce. In Dawes County, there is a large population of 15-24-year-olds, this may be because of the college in Chadron and individuals in that age group moving to the area to attend school, and then moving out of the area where we see a decline in the 25-29 year age group. There is also a growing aging population (50-59) which contributes to a reduced labor force. Population change as shown above also plays a role.



Source: U.S. Census Bureau, 2015-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District.

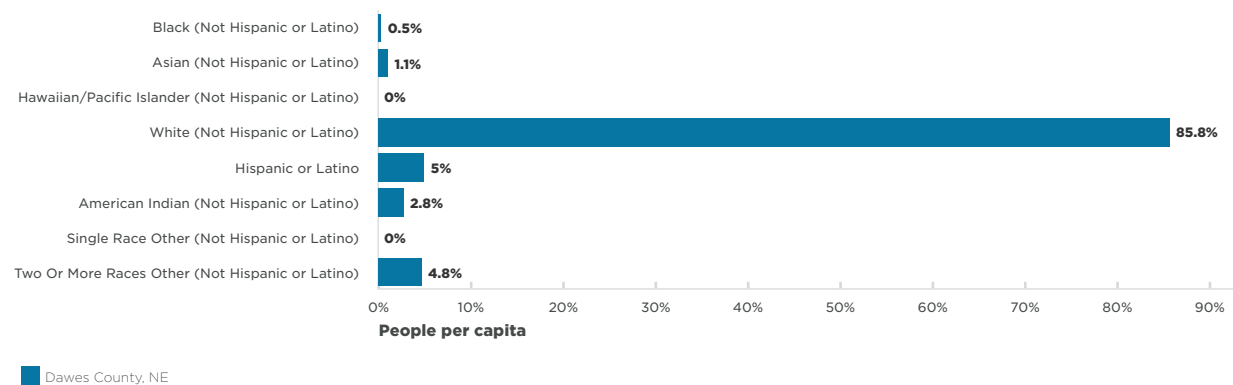
Race and Ethnicity

Health and economic disparities in America have long existed along racial and ethnic lines. Examining social and economic patterns along racial and ethnic lines can help reveal the extent to which disparities exist and are either improving or worsening to spur thinking and action about equality of opportunity, economic mobility, and improving health for all citizens.

Dawes County has a predominantly White, Non-Hispanic population, at 84.5%. The largest minority group is Hispanic or Latino (of any race) at an estimated 5.8% of the population. Dawes County has the highest Black, Non-Hispanic or Latino, population in the Panhandle at 4.6%.

The population in younger age groups is generally more diverse than that of the general population. In Dawes County 37% of youth were non-white.

Race and Ethnicity



Sources: US Census Bureau ACS 5-year 2020-2024

Like other counties in the Panhandle, Dawes County's rate of people who speak English less than 'very well' is low. The vast majority of the Panhandle's Hispanic or Latino population was born in the US contributing to high English language proficiency compared to other counties with similar-sized populations of people of Hispanic or Latino descent. However, the percentage of people who speak a language other than English at home is slightly higher indicating a need for language services on a preference basis.

	United States	Nebraska	Banner Co.	Box Butte Co.	Cheyenne Co.	Dawes Co.	Deuel Co.
Speak English less than "very well"	8.2%	5.2%	3.3%	3.0%	0.2%	1.5%	1.4%
Speak a language other than English at home	21.5%	11.8%	7.0%	8.2%	2.6%	4.3%	1.8%
	Garden Co.	Grant Co.	Kimball Co.	Morrill Co.	Scotts Bluff Co.	Sheridan Co.	Sioux Co.
Speak English less than "very well"	1.7%	0.0%	1.4%	2.2%	2.9%	1.0%	2.9%
Speak a language other than English at home	4.6%	0.2%	2.7%	8.5%	12.3%	4.1%	3.4%

Source: 2020-2021 U.S. Census ACS 5-year Estimates.

ECONOMY

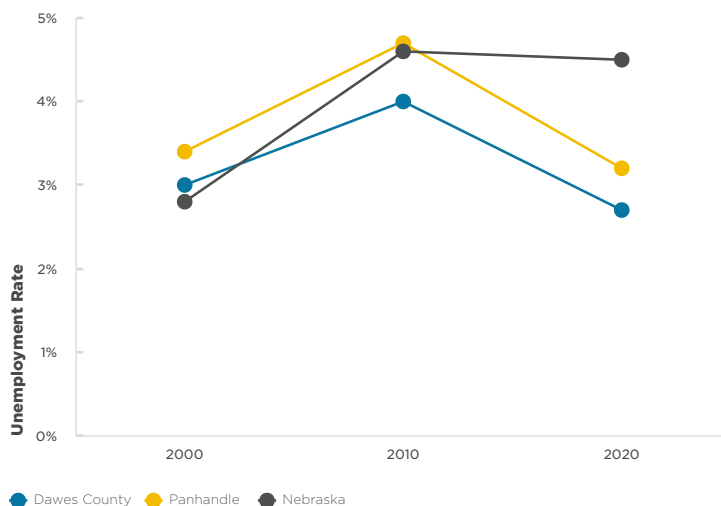
Economic health is the driving force for opportunities and prosperity in a region or community. While it is not the only indicator of well-being, quality economic opportunities contribute heavily to the quality of income and access to education and health care. Thriving local and regional economies also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

The Nebraska Panhandle has its roots in a strong agricultural economy and has fared well in economic downturns, maintaining unemployment rates often much lower than the nation. Wages and professional opportunities, however, lag behind the state and nation as the region has struggled to compete with the metropolitan areas' pool of talent and innovation.

EMPLOYMENT AND WORKFORCE

Dawes County has had a slightly lower unemployment rate when compared both to the region and the State of Nebraska as a whole. Unemployment rose during the recession (as seen in 2010), but fell slightly during the COVID-19 pandemic (2020) and remained lower than the national average both times.

Unemployment Rate over Time



Source: Bureau of Labor Statistics

LABOR FORCE

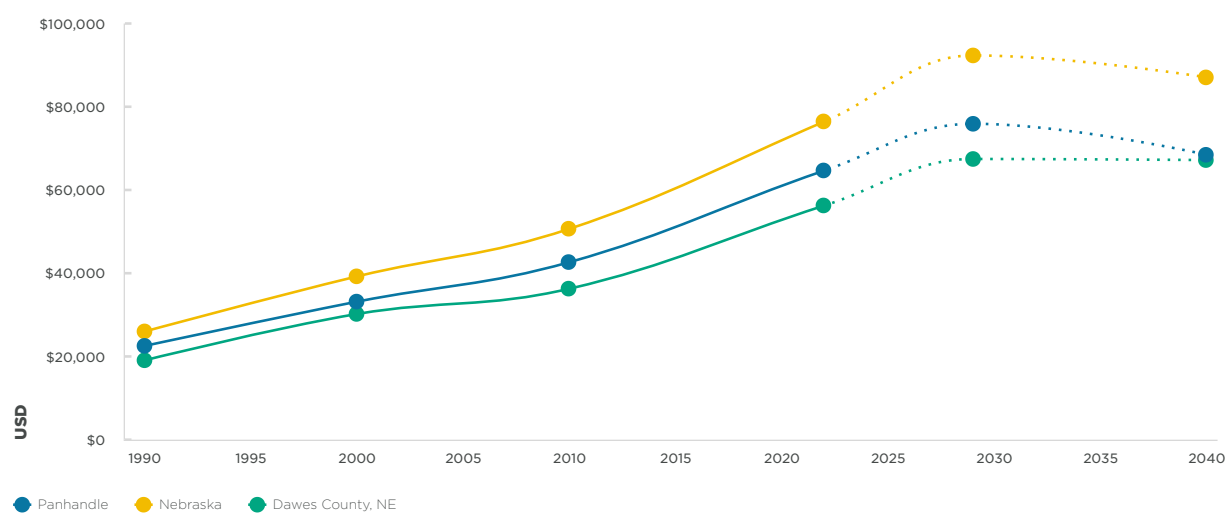
While unemployment can give us a quick glance as to the percentage of people out of work in an area, it does not account for the rate of people who are underemployed or who are working multiple jobs to make ends meet. In an economic downturn, someone who is self-employed or working multiple jobs could lose a significant amount of their work and still not technically be unemployed. Unemployment also does not account for the size of the labor force, which has decreased consistently across the region since 2000.

People leave the county labor force by not continuing to look for work, moving away, or retiring. While unemployment is typically lower than the national rates in Dawes County, the size of the labor force decreased from 2000. Dawes County has a slower rate of decrease than other counties, at -1.5% compared to -9.0% for the Panhandle region.

INCOME

At \$51,925, household income in the county is well below the median for both Nebraska and the nation. The state median household income is \$66,644. While the cost of living expenses are generally lower in the Panhandle, wages are still relatively low and are a noted problem by citizens and community leaders across the region.

Median Household Income



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

POVERTY

Poverty in the Panhandle is generally higher than in the rest of the state and nearby metro areas. Dawes County shows a slightly higher rate of poverty than the state and region.

CHILDHOOD POVERTY

Dawes County has the fourth highest rate of poverty among children under 18 in the Panhandle. More children in poverty means more children growing up with potential obstacles to career, educational, and healthcare opportunities and threatens the overall prosperity of a community. One trend to note in recent estimates is a decline in poverty and childhood poverty in the region, which may have spiked during the recession beginning in 2009. This recent decrease is good news but still exposes the vulnerability of area workers to changes in the economy and lay-offs from major employers. Such downturns not only affect the workers but also families, children, and schools.

Figure 18: Percent of All Population with Income in Past 12-Months Below Poverty Line, Panhandle

County	%
Sheridan County	19.0%
Grant County	17.4%
Dawes County	13.1%
Scotts Bluff County	13.0%
Box Butte County	12.8%
Kimball County	12.0%
Cheyenne County	11.0%
Morrill County	9.7%
Garden County	8.6%
Deuel County	8.2%
Sioux County	8.1%
Banner County	3.4%
Panhandle	12.6%
Nebraska	10.4%
United States	12.8%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District

Figure 19: Percent of Children Under 18 With Income in Past 12 Months Below Poverty Line, Panhandle

County	Percent
Sheridan County	35.9%
Grant County	18.5%
Scotts Bluff County	15.0%
Dawes County	14.6%
Kimball County	12.8%
Cheyenne County	11.8%
Box Butte County	10.2%
Morrill County	10.2%
Sioux County	8.0%
Garden County	7.2%
Deuel County	6.6%
Banner County	4.5%
Panhandle	14.4%
Nebraska	12.2%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District

RACE AND POVERTY

Racial disparities in income levels have long been documented in the United States. The Panhandle is not immune to these disparities. The table below shows the distribution between the White population and the non-White populations in the region. The American Indian communities and Hispanic/Latino communities both experience poverty at a higher rate than the White communities in the region.

County	White Alone	American Indian alone	Two or more races	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino
Banner County	3.6%	-	0.0%	27.9%	1.7%
Box Butte County	12.3%	53.4%	16.1%	16.1%	11.6%
Cheyenne County	10.4%	65.5%	18.5%	9.7%	10.6%
Dawes County	10.3%	26.4%	47.7%	56.0%	9.4%
Deuel County	8.5%	0.0%	5.3%	7.2%	8.5%
Garden County	8.5%	0.0%	35.7%	0.0%	12.0%
Grant County	17.0%	0.0%	57.1%	0.0%	17.0%
Kimball County	11.1%	72.6%	1.6%	26.2%	9.2%
Morrill County	10.1%	0.0%	3.5%	25.3%	6.7%
Scotts Bluff County	13.2%	22.2%	6.0%	18.8%	10.7%
Sheridan County	14.0%	46.5%	28.8%	58.7%	13.2%
Sioux County	7.7%	0.0%	0.0%	24.1%	7.7%
Panhandle	11.9%	37.1%	14.0%	20.6%	10.5%
Nebraska	9.0%	24.9%	15.5%	18.4%	8.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District

POVERTY BY EDUCATIONAL ATTAINMENT

Dawes County has an unusually low rate of poverty among people holding less than a high school diploma. This low rate may point to the presence of high-wage positions which require more training and skill development as opposed to an advanced degree.

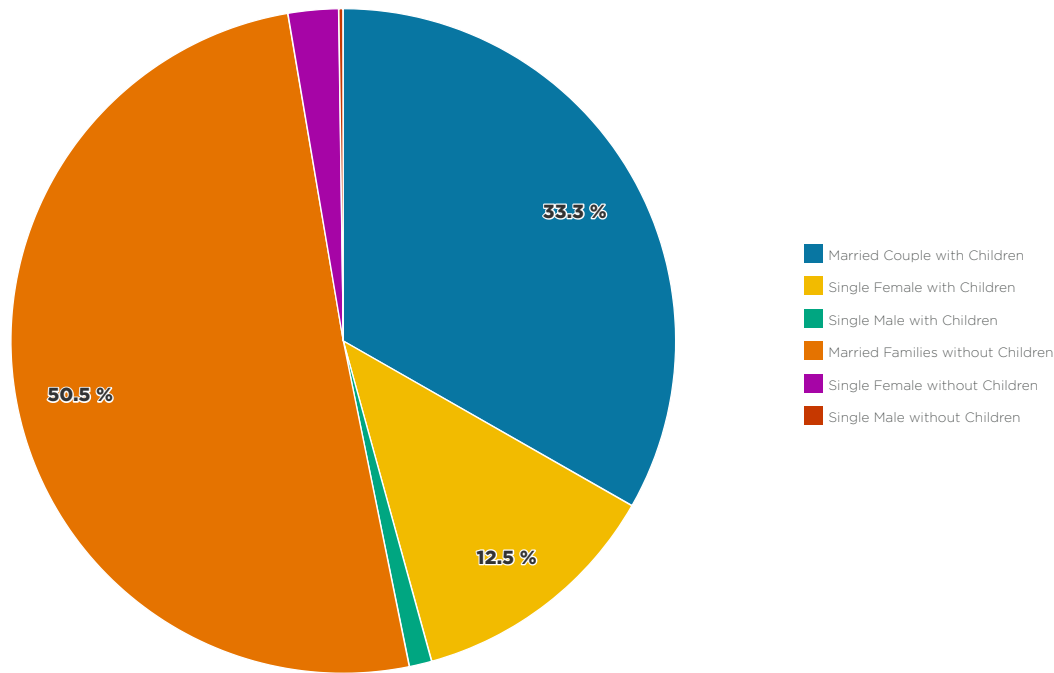
	Less than high school	High school graduate	Some college, associate degree	Bachelor's degree or higher
Banner County	0.00%	7.20%	1.80%	0.00%
Box Butte County	14.60%	16.50%	10.80%	0.60%
Cheyenne County	15.80%	14.40%	8.50%	4.10%
Dawes County	9.50%	5.00%	10.00%	1.40%
Deuel County	15.90%	8.70%	7.00%	2.60%
Garden County	22.20%	15.20%	4.30%	3.60%
Grant County	54.50%	16.20%	17.60%	7.50%
Kimball County	19.80%	13.90%	6.40%	8.20%
Morrill County	16.90%	14.20%	7.50%	2.70%
Scotts Bluff County	25.20%	13.00%	11.10%	4.60%
Sheridan County	31.70%	15.90%	7.40%	7.30%
Sioux County	17.10%	12.50%	6.00%	1.80%
Panhandle	20.27%	12.73%	8.20%	3.70%
Nebraska	21%	11%	8%	3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District

POVERTY BY FAMILY TYPE

Dawes County has just over half of its families without children. Single-parent households represent 15% of all families in Dawes County, with married couples with children making up 27.7%.

Family Type by Presence of Children



Dawes County, NE
 Sources: US Census Bureau ACS 5-year 2020-2024

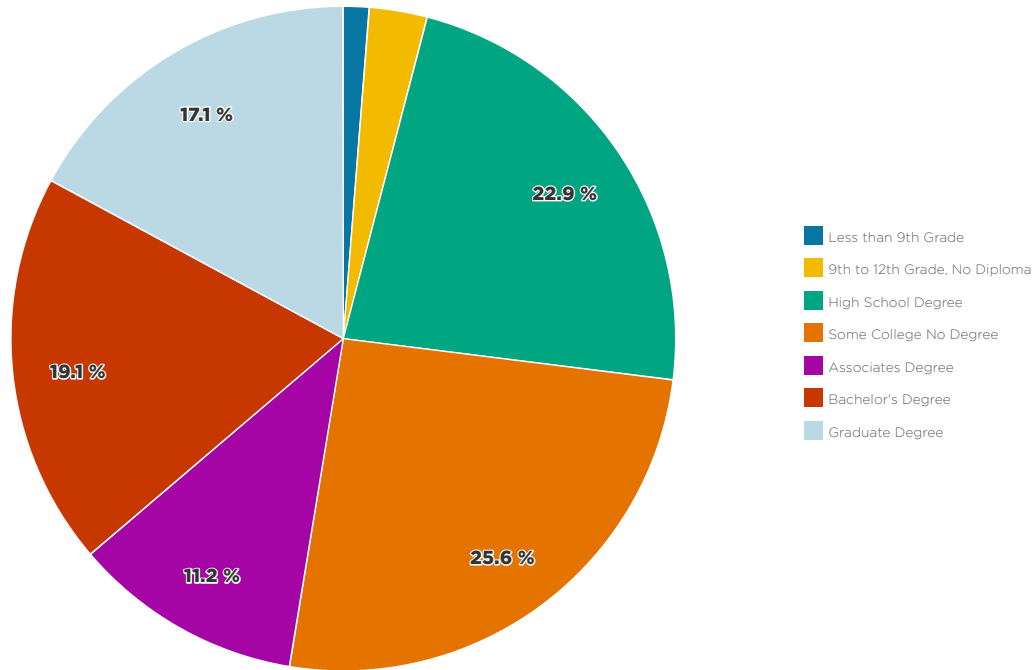
When looking at the families with income at or below poverty, we find that the majority of families in poverty are families with children under 18 years of age. Single female headed families with children are particularly prevalent among families in poverty, making up over 41% of all families in the Panhandle with an income level below the poverty line. The poverty rate among single female headed households is much higher in Dawes County than the regional average at 58.2% with income below the poverty level over the past 12 months.

EDUCATION

EDUCATIONAL ATTAINMENT

Lower levels of educational attainment in the Panhandle reflect that many jobs available in agriculture, transportation, and manufacturing do not require a bachelor’s degree. Currently, the county’s workforce falls below the state rate for population 25 or older with a bachelor’s degree or higher but is above the region.

Educational Attainment



Dawes County, NE
 Sources: US Census Bureau ACS 5-year 2020-2024

The 4-year graduation rate across the state of Nebraska for the 2021-2022 school year was 87.1%. Chadron Public Schools and Crawford Public Schools both fell above the state graduation rate in the 2021-2022 school year.

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	Avg.
Alliance Public Schools	89%	84%	83%	81%	83%	84%	85%	84%
Banner County Public Schools	NA	NA	NA	NA	NA	NA	NA	NA
Bayard Public Schools	100%	88%	100%	89%	83%	97%	90%	92%
Bridgeport Public Schools	89%	87%	92%	98%	94%	87%	94%	92%
Chadron Public Schools	90%	95%	96%	92%	97%	93%	95%	94%
Crawford Public Schools	94%	92%	86%	94%	100%	79%	94%	91%
Creek Valley Schools	91%	95%	87%	NA	100%	81%	88%	90%
Garden County Schools	100%	100%	100%	96%	96%	100 %	89%	97%
Gering Public Schools	88%	87%	91%	91%	87%	88%	91%	89%
Gordon-Rushville Public Schools	92%	91%	94%	97%	98%	92%	80%	92%
Hay Springs Public Schools	100%	83%	92%	NA	NA	79%	91%	89%
Hemingford Public Schools	88%	97%	89%	96%	100%	100 %	94%	95%
Hyannis Area Schools	100%	100%	100%	87%	NA	85%	100%	95%
Kimball Public Schools	98%	94%	89%	92%	85%	100 %	85%	92%
Leyton Public Schools	100%	100%	100%	92%	93%	85%	93%	95%
Minatare Public Schools	NA	93%	100%	93%	86%	85%	60%	86%
Mitchell Public Schools	95%	95%	92%	86%	91%	93%	93%	92%
Morrill Public Schools	83%	90%	96%	96%	89%	97%	86%	91%
Potter-Dix Public Schools	93%	85%	NA	94%	NA	94%	NA	92%
Scottsbluff Public Schools	92%	91%	91%	91%	88%	85%	86%	89%
Sidney Public Schools	97%	95%	89%	97%	90%	91%	97%	94%
Sioux County Public Schools	NA	NA	NA	NA	NA	NA	100%	100%

Source: Nebraska Department of Education. Prepared by Megan Barhofer, Panhandle Public Health District.

The number of children 5 and under with all available parents working, meaning these children likely need out-of-home care, is higher in Panhandle counties when compared to the state of Nebraska. Opportunities for

licensed and quality early childcare and education tend to be less available in the Panhandle. For 2016-2020, there were 554 or about 83% of all children 5 and under with both available parents working in Dawes County. A national trend of households going back to a "one working parent arrangement" does not appear to be affecting the Panhandle region yet. It is thought that more parents may choose to stay home with their little ones due to the rising costs of living and the mismatch between income and the cost of childcare.

	2008-2012		2012-2016		2016-2020	
	#	%	#	%	#	%
Banner County	25	30%	37	59%	54	71%
Box Butte County	406	52%	569	74%	633	85%
Cheyenne County	550	75%	528	68%	580	81%
Dawes County	396	75%	433	70%	554	83%
Deuel County	63	71%	94	83%	102	85%
Garden County	142	100%	101	92%	56	64%
Grant County	27	75%	22	49%	43	73%
Kimball County	162	61%	227	76%	118	79%
Morrill County	193	59%	205	79%	266	81%
Scotts Bluff County	2,170	73%	1,973	69%	2099	81%
Sheridan County	208	60%	210	80%	285	75%
Sioux County	42	59%	83	82%	78	51%
Panhandle	4384	69%	4482	71%	4868	80%
Nebraska	112,004	74%	110,101	72%	172929	78%

Source: U.S. Census Bureau, 2012, 2016, 2020 American Community Survey 5-Year Estimates. Prepared By: Maggon Barthoff, Panhandle Public Health District

There are three Head Start and Early Head Start programs that serve Panhandle counties: Northwest Community Action Partnership, Migrant and Seasonal Head Start, and Educational Service Unit (ESU) 13. These programs served a total of 628 children in the 2021/2022 school year. Sioux, Banner, and Grant Counties are not served by any Head Start or Early Head Start Programs. The Migrant and Seasonal Head Start program in Scottsbluff has seen the starkest decreases in their enrollment. The program has cited declining numbers of seasonal workers as the primary reason for this drop.

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Northwest Community Action Partnership	258	258	258	258	247	270	246	264	304
Migrant and Seasonal Head Start	46	65	65	65	49	33	54	31	38
Educational Service Unit 13	350	350	350	350	316	316	316	286	286
Total Served	654	673	673	673	612	619	616	581	628

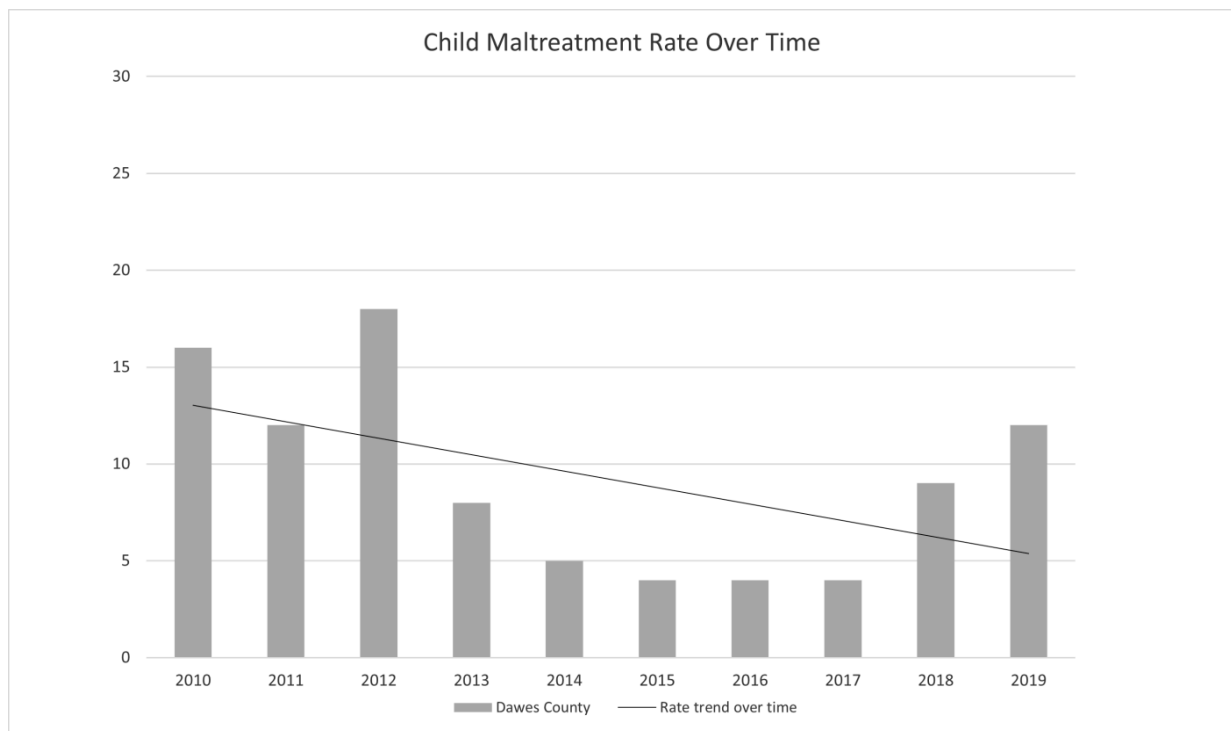
Source: Data is reported by facilities

There are 18 licensed childcare facilities in Dawes County. The total capacity for Dawes County is 301 and the estimated need is 554. The estimated gap between the need and capacity is -253. However, just because a facility is licensed to serve that many children doesn't mean that they have the staffing capacity to actually serve them.

CHILD WELFARE

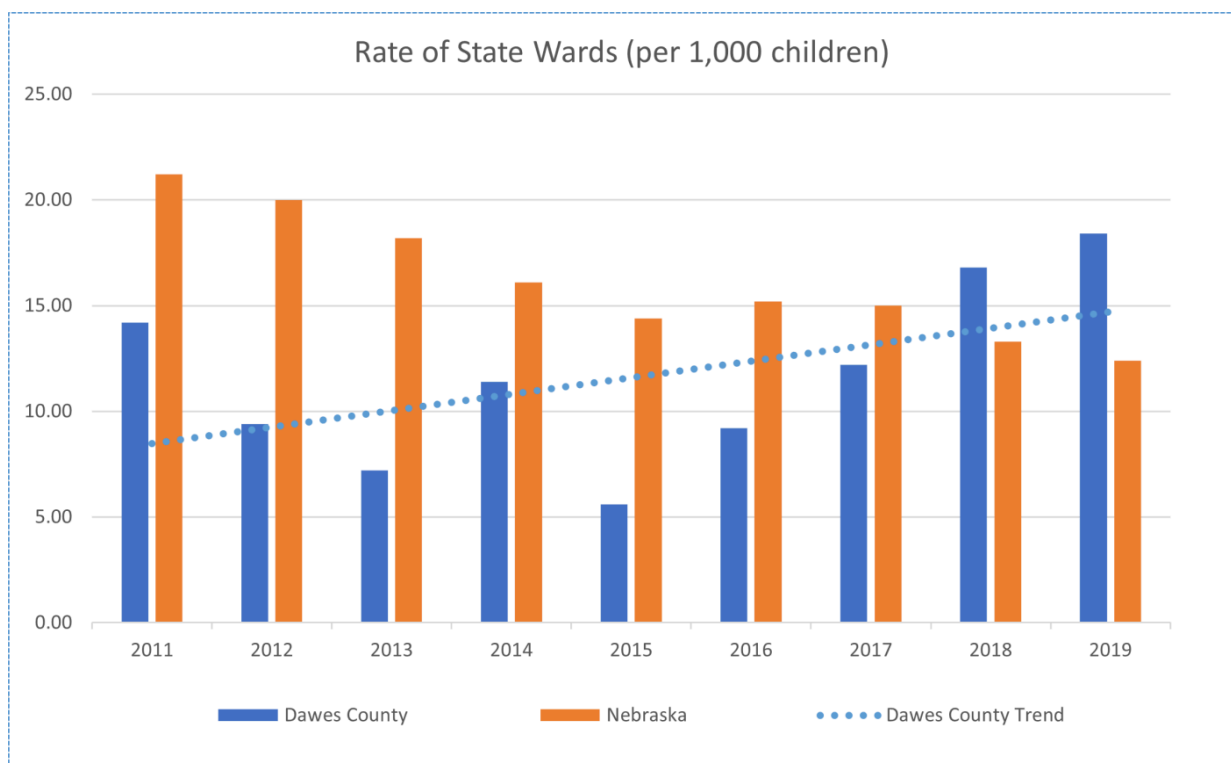
CHILD MALTREATMENT

The rate of child maltreatment in Panhandle communities can vary widely year-to-year due to small county numbers, but the rate has generally decreased over time.



Child Maltreatment Rate (per 1,000 Children), Dawes County. Source: Nebraska DHHS, cited in Kids Count in Nebraska.

The rate of state wards (per 1,000 children) in some Panhandle counties has consistently remained higher than that of the state of Nebraska. Dawes County has seen an increase since about 2016 with numbers higher than the State of Nebraska since 2018.



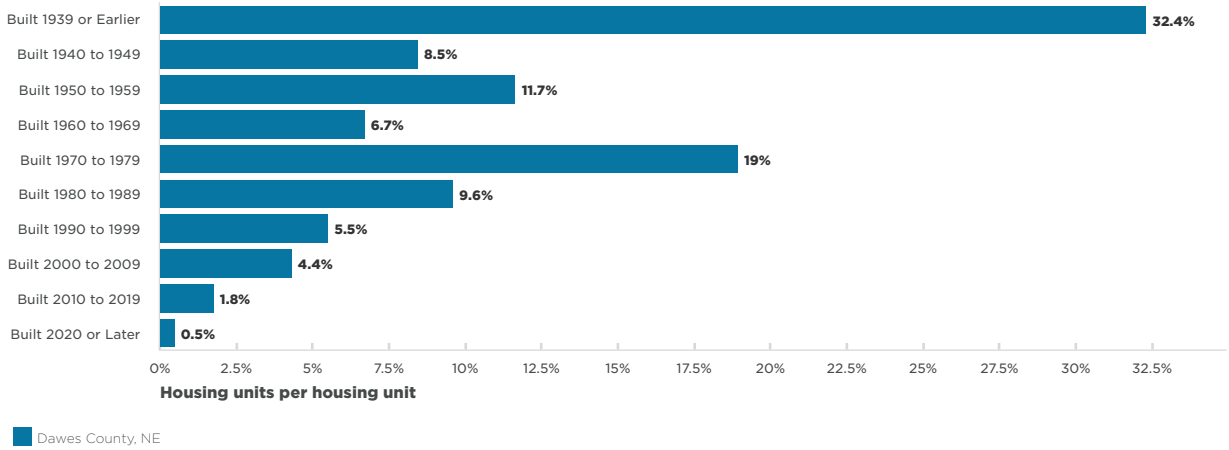
Source: Nebraska DHHS, cited in Kids Count in Nebraska

Housing

Age of Housing

The age of housing stock is related to population growth and employment growth. There is less new housing stock in the Panhandle compared to Nebraska. A large percentage of the housing stock in Dawes County was built in 1939 or earlier, with only 11.2% of the housing stock being built in the past 40 years.

Building Age of Housing Units



Sources: US Census Bureau ACS 5-year 2020-2024

Housing stock built before 1979 is more common in rural areas such as the Panhandle. Lead in residential paints was banned in 1978, which means houses built in 1978 or earlier are more likely to contain lead-based paint, which can lead to lead poisoning in children. Due to affordability, it is more common for individuals with low income or people of color to live in older housing, which contributes to disproportionate lead poisoning within these populations.

Lead poisoning is highly toxic to young children under the age of six and interferes with brain and organ development. The negative impacts of lead poisoning are irreversible. There are methods of lead abatement that can prevent these impacts.

EXCESSIVE HOUSING COST BURDEN

Housing costs that exceed 30% of household income are typically viewed as an indicator of housing affordability problems. Across Panhandle counties, there are significantly more renters than owners at lower income levels for which housing costs are 30% or more of household income. This is in line with the trend across the state of Nebraska as well. Dawes County has one of the higher rates of renter-occupied households with income less than \$20,000 whose housing costs make up more than 30% of their household income.