RWJF Culture of Health Community Portrait

North Central Nebraska
ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for North Central Nebraska, and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in North Central Nebraska, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 16 unique respondents were interviewed during spring and summer 2018 for this report. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.” Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports also will be posted on rwjf.org/cultureofhealth.
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Introduction

As described in our Snapshot report, North Central Nebraska is a large, sparsely populated region covering nine counties (Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock on or near the border with South Dakota (see map). Since 2001, the North Central District Health Department (NCDHD) has been responsible for this area and is the only organization that ties these nine counties together. It is one of 16 regional health departments created with funds from the tobacco Master Settlement Agreement, and with support and guidance from the Turning Point Initiative, a national initiative sponsored by the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation (RWJF). Turning Point served as a catalyst for the development of partnerships at the state and local levels and explored approaches that involve sharing the responsibilities for public health services. The region faces many of the same challenges as other rural communities in the United States and elsewhere—including economic stagnation, declining populations, and struggles with obesity, mental health issues, and other chronic conditions. The region also faces the challenge of providing services to a population spread across long distances. Yet, it is also a region that provides important lessons by creatively leveraging assets. For instance, North Central Nebraska demonstrates how to make progress in creating a sense of shared values in a ranching- and farming-oriented culture, which prizes independence and is often skeptical of government intervention.
In this report, we examine North Central Nebraska’s efforts to improve population health and build a more equitable community, using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems. Within these areas, activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how the region is making use of its many social, economic, and institutional assets to improve well-being in a challenging context. Given its size and variability, attempts to fully generalize about a region like this is fraught with challenges. However, several interviewees noted that many towns and communities in this region face similar problems. Thus, we generalize about the region where possible, but also provide examples and illustrations from specific communities where there are useful distinctions.

"[Residents] eat a lot of red meat, not a whole lot of vegetables, just because it’s difficult to get that type of fresh produce around here."  
**HEALTH SECTOR RESPONDENT**

**CONTEXTUAL CONDITIONS**

The region covers an area slightly bigger than the entire state of Connecticut—some 15,000 square miles, which amounts to 15 percent of the entire state. Yet, it holds only three percent of the state’s population. The region is economically diverse, with large, mostly family-owned ranches dominating the western part—with farms, feedlots, and often-vibrant towns characterizing the eastern part. Several of the counties have been classified as “frontier,” and public transportation is, in the words of one health sector respondent, “practically nonexistent,” creating daily challenges for residents—especially the elderly—in getting to medical appointments and social events. In the especially sparse western region, a simple one-way trip to the grocery store might take an hour. Many parts of the region are effectively food deserts and getting fresh vegetables can be a specific challenge. One health sector respondent noted that residents “eat a lot of red meat, not a whole lot of vegetables, just because it’s difficult to get that type of fresh produce around here,” except in the summer.

Like many rural communities in the Unites States and elsewhere, the region’s population is declining. Outmigration, particularly among young people, is a challenge to the ongoing vitality of many communities in this region. Each of the region’s counties showed significant population decline between 2000–2010 (between 5% to 9% in Cherry, Holt, Knox, Pierce Counties, and over 10% in Keya Paha, Brown, Rock, Boyd, and Antelope Counties, respectively). A University of Nebraska study notes that rural communities face a self-reinforcing cycle. This is a cycle in which declining populations lead to decreasing economic vitality—which in turn links to higher per capita costs for services, leading to still more outmigration and difficulty attracting new businesses. One respondent from the philanthropic sector noted, “Face it, in rural Nebraska, towns are dying.”

Those remaining in the region tend to be older, white residents compared to the rest of the state. The percentage of residents 65 or older ranges from 19.1 percent in Pierce to 29.8 percent in Boyd County, compared with 15 percent statewide. As for racial composition, most of the region’s counties have a considerably higher white population than the state overall (88.6% white for the state); in seven of this region’s nine counties, the percentage of white residents is 97 percent or higher. The largest minority population is Native American, namely the Santee Sioux tribe, with a reservation established in 1863 in what is now Knox County (Santee Sioux comprise 10% of that county’s population). There is a small population of Latinos, many of whom are migrant workers. The largest concentration lies in Holt County, with Latinos comprising about five percent of the population. However, officials in NCDHD report difficulties in tracking this population.

Larger communities in the region have critical care hospitals and other facilities. Outside of these towns, however, the story is different. Each of the nine counties in the region is a state-designated health professional shortage area in pediatric and OB/GYN care—seven counties in internal medicine; and six in family practice and general surgery. There are also documented shortages in other health professions, including occupational therapists, speech language pathologists, and medical nutrition therapists. Lack of broadband access limits efforts to use telemedicine and negatively affects schools, businesses (including potential new businesses), hospitals, and residents. Many counties must rely on expensive satellite connections to use telehealth services.

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Decisions made at the state level appear to be constraining the ability of the region to address health care access issues. Multiple attempts to expand Medicaid over the past six years have been met with opposition, something respondents noted would have improved health care access for a significant subset of the population with incomes placing them just over the threshold for Medicaid eligibility. The issue is on the ballot for voters to decide in the November 2018 election. Additionally, state scope of practice laws limit the extent to which nurse practitioners and physician assistants may prescribe medicine or perform medical services, often requiring a supervising physician to delegate the responsibility. Respondents described this as a key barrier to reducing the shortage of medical providers in the especially rural areas of North Central Nebraska.

Services are similarly restricted when it comes to the education system, as many school districts are seeing sharp reductions in state contributions to their funding. The reductions are related to the state’s...
funding formula, which relies heavily on local property taxes. Recent increases in land valuation have increased local tax contributions, prompting smaller contributions from the state. This, along with population decline, has led to numerous school consolidations over the years with longer travel distances for more students. Fortunately, schools also receive nontax revenue in the form of philanthropic and individual donations. One health sector respondent noted, “People will give [money] to education before anything else.”

The region also struggles with a lack of affordable housing. Widespread population decline often makes building new houses not economically viable. Much of the existing housing stock is in a state of disrepair, but many owners lack the resources to upgrade their houses. This is a particular concern as the region’s population ages due to older adults often having fixed incomes and lacking incentives to refurbish their homes.

Health outcomes vary considerably across the region’s counties, perhaps due in part to the fact that some counties have a greater number of larger towns with significant health care infrastructure than others. Several rank near the top of Nebraska’s 93 counties in RWJF’s County Health Rankings and Roadmaps in positive health outcomes, with Pierce County ranked one, Holt ranked four, and Antelope ranked 11. Most of the other counties in this region are closer to the middle, with Brown at 30, Knox at number 37, Boyd at 43, and Cherry at 48. The lowest-ranked county in the region is Rock County at 61. Keya Paha County is not ranked.

Finally, a pervasive feature of the region is an independent, self-reliant mindset. For example, 49 percent of respondents to a regional administration of the American Health Values Survey (AHVS) characterize themselves as either “conservative” or “very conservative,” compared with 28 percent in a nationwide sample using the same survey. Residents are generally more skeptical of government efforts to improve health and well-being, with 27 percent endorsing the statement, “The government should do more to make sure that Americans are healthier, even if it cost the taxpayers more,” compared with 47 percent in the nationwide sample. Moreover, they are more likely than those in the nationwide sample to believe that private individuals, businesses, and other groups have primary responsibility for improving health and well-being; for instance, 45 percent said this is true for “making sure all communities are healthy places to live,” compared with 28 percent in the nationwide sample.

Along with this strong sense of individual responsibility from the AHVS, one social services respondent noted that recipients of food assistance “are very proud and if anybody says anything to them, they will go off the program.” There is a “pretty strong ‘taking care of neighbor’ culture.” While this norm promotes self-sufficiency, some respondents noted that the sense of pride and independence can also make it difficult for neighbors and providers to detect problems and help people get the services they need. An environment sector respondent asked, “In a culture where people are independent and keep to themselves, how do issues around well-being and mental health, how do they bubble up or how do they show?”

In spite of this strong sense of individualism, one health sector respondent underscored the willingness of residents to work collectively to come up with solutions to problems: “If there’s a problem that comes up, they figure out a solution. They don’t wait for somebody to figure it out or bring a program to them.” One interesting example is the way in which the ranching culture has contributed to land stewardship and environmental consciousness. The region features many large ranches, and ranchers and environmentalists have joined forces to mobilize around issues that threaten environmental and economic sustainability, including habitat preservation, invasive species prevention, and recently, resistance to the Keystone XL gas pipeline and to construction of a large power line.

Community Capacity to Promote Health, Equity, and Well-Being
The North Central Nebraska region is home to a set of organizations and institutions that meet critical community needs and work to promote health and well-being. Below, we describe some of them.

District Health Department coordinates services across nine counties. As noted earlier, a key factor in the region is the North Central District Health Department, which is the only region-wide governmental organization working on health and well-being issues. Established in 2001, NCDHD built upon the earlier efforts of the North Central Community Care Partnership (NCCCP), a private nonprofit created in 1999 that served as a regional health department before the creation of NCDHD. Both organizations grew out of the RWJF Turning Point grant awarded to Nebraska in 1999 and have been supported through a combination of funds from tobacco settlements and federal sources. NCCCP completed the region’s first community health improvement plan and continues to function as a health care coalition within the region, providing strategic and planning support to NCDHD.

NCDHD has eight full-time employees, each of whom “wear many hats.” The Department provides traditional public health services such as vaccinations, well-baby checks and, more recently, mental health screening through the Women, Infants, and Children (WIC) program. It also partners with local hospitals in compiling community health needs assessments and with local school districts to improve access to basic
services, such as dental care. NCDHD plays an important “connecting” role in the Rural Region One Medical Response System (RRMRS), a part of the state’s Medical Response System (MRS) that seeks to improve access to emergency services by facilitating communication and cooperation among different organizations, and through training, education, exercises, and communication assistance.13

NCCCP continues to function as a public health coalition for the NCDHD, a “backbone organization”14 that does not provide services directly but brings together key organizations and supports. For instance, NCCCP supported training for employees in bars regarding responsible beverage services. It also participated in the community health needs assessment process for NCDHD.

Community organizations sustain localized economic development and programming. In addition to these regional efforts, a number of organizations support health, well-being, and vitality in specific towns, cities, and other communities. For instance, many communities have 4-H and Rotary clubs, churches, and Veterans of Foreign Wars chapters that are active in promoting well-being. In addition, schools partner with a variety of groups to host vaccinations and health screening. Similarly, county-level cooperative extension agencies provide water testing, affordable daycare, housing assistance, training on food safety, 4-H programs, and general education. Community foundations, in turn, help finance local economic and capacity development, such as the siting of a community college campus in one of the region’s towns and helping convene key stakeholders. Finally, the Local Option Municipal Economic Development Act (LB-840)15 allows all incorporated communities in Nebraska to levy property or sales taxes for economic development, if voters approve the measure. Ainsworth (Brown County) and Valentine (Cherry County) are among the larger towns in the region that use this measure and one interview respondent cited instances where these monies had been used to address housing and workforce issues, and to improve community amenities like movie theaters.

Environmental group promotes traditional ranching and collaboration. The Sandhills Task Force is a nonprofit created in the 1990s to improve relations between ranchers and cattle owners and the U.S. Fish and Wildlife Service (FWS).16 Since then, it has advocated for the health of the Sandhills environment with buy-in from local business owners, helping to fund conservation, and promoting environmental stewardship as a mutually beneficial goal for businesses, the state, and residents. The Task Force supports ranchers in ensuring the economic and environmental sustainability of large ranches and ranching operations. It also helps to organize action on environmental threats to the Sandhills region, such as invasive species (particularly eastern red cedars17) and other environmental effects. This includes repurposing ranching land for agriculture and crops. The group has ongoing relationships with the Nebraska and U.S. FWS, Nebraska Game and Parks Commission, Natural Resources Conservation Service, and funding partnerships with Nebraska Environmental Trust and National Fish and Wildlife Foundation.

Health services and partners work in health care facilities and in Santee Sioux Nation. Ten critical access hospitals in the region provide health care,18 down from 11 in 2014.19 They also partner with schools in health outreach activities (e.g., injury prevention in school athletic departments) and work with schools to promote careers in health care. Hospitals play an important role in economic vitality. As one health sector respondent noted, “Most of the time, the health care in the community is the largest employer, so it’s very important for a number of reasons, not only for health care, but for economic development.”

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Groups in differing geographic areas support economic development and community sustainability for North Central counties. Given its size, small population and lack of strong connecting organizations (NCDHD excepted), the region depends on strong ties to organizations with a statewide focus, or those that serve a much wider region than the nine-county region. There are also several organizations making impacts around health care, education and economic development in smaller areas of this region.

In health care, the Area Health Education Center (AHEC), based at the University of Nebraska Medical Center, trains youth for health care careers and enables rotations in rural areas.20 Similarly, Nebraska’s Office of Rural Health also works toward recruiting providers, improving education in rural communities, and advocating for state and national legislation that helps in delivery of health care in rural areas.21 The University of Nebraska Medical Center, College of Public Health, contributed to Turning Point implementation beginning in 1998 and serves as a bridge between academia and public health practice. The University continues to facilitate health care workforce development throughout the state.22

Moving beyond health, the Central Nebraska Community Action Partnership (CNCAP) provides services related to housing, food (e.g., EBT) and education (e.g., Head Start support).23 It also supports immunizations and partners with WIC offices. In addition, the Northeast Nebraska Area Agency on Aging works with senior centers in most of the nine counties (except Keya Paha County) and with local businesses on food distribution.

Other organizations play a more general role in fostering and developing communities, such as the Lincoln-based Nebraska
Community Foundation that supports grassroots-level training and assistance in giving, and the University of Nebraska’s Rural Futures Institute, which brings communities together with students and experts to create solutions for economic development, especially related to technology. In education and youth development—the University of Nebraska-Lincoln Rural Health Advisory Commission monitors the state’s Rural Health Student Loan Program, and the University of Nebraska Rural Futures Institute partners with academia, students and rural communities to offer grants to implement programs that address food systems and youth entrepreneurship. Other organizations offer leadership training and development, such as the Community College Economic Development Center and the Northeast Community College Center for Enterprise, which run leadership academies in Keya Paha, Brown, and Rock counties.

Developing a Culture of Health

North Central Nebraska has responded to the primary issues threatening resident health through regional efforts to raise awareness of health issues and services; leveraging partnerships to provide health care services; undertaking collaborative efforts to address health care workforce shortages; using creative strategies to address housing and food insecurity; engaging around environmental issues; and fostering regional leadership capacity. Below we describe each in greater detail.

The region’s faith-based community has recently become more involved in promoting awareness of substance abuse issues.

Regional efforts raise awareness of health issues and local services

The importance of NCDHD to health-focused initiatives and programming is difficult to overstate. However, given the agency’s small staff for the large geographic area it covers, reaching people and making them aware of health issues and resources remains a persistent challenge. “Sometimes it’s hard for people in different communities to understand what resources they have available,” says a respondent from the private sector.

Fortunately, NCDHD can rely on the NCCC to foster partnerships that reach people throughout the region. Both organizations also lean heavily on the local media to disseminate information about upcoming events, and often at no cost. In addition, NCDHD partners with individual clinics in regional and other local community organizations, such as schools—to expand its reach through local advertising, encouraging people to come in for wellness checks, and to get preventive health screens. NCDHD has partnered with Children’s Health Insurance Program offices and faith-based organizations to raise awareness and attempt to reduce the stigma around mental health issues. Moreover, the Department has provided schools and churches with a screening tool and distributed a media campaign about community resources. Finally, a respondent notes that the region’s faith-based community has recently become more involved in promoting awareness of substance abuse issues, which according to one respondent, has traditionally been a taboo topic for churches in the area.

Collaboration with local providers connects families with dental providers in their area, leverages trust between schools and providers in their communities, and generates new income sources for local dentists.

Health sector leverages partnerships to provide health care

In addition to raising awareness, ensuring that people across the region can gain access to remotely located health services is also a challenge. Partnerships between the health department, schools, hospitals, and WIC clinics are some of the ways in which this is accomplished. One of the more notable examples is the Miles of Smiles program. Miles of Smiles provides fluoride and varnish services, sealants, oral screenings, and referrals for children who need more extensive dental services. The program provides the same services for younger children through WIC offices and dental education services for new mothers in three regional hospitals that deliver babies. Funded for the first time in 2012 through the health department general fund (funded by tax dollars), the program started serving 20 schools and has since expanded to serve 38 schools. The program is considering expansion to nursing homes and senior care centers, but funding for this remains uncertain. According to one respondent, the program is approximately 60 percent self-supporting, with general revenue funding and grants from local community foundations helping to cover remaining operating costs and equipment purchases. Collaboration with local providers connects families with dental providers in their area, leverages trust between schools and providers in their communities, and generates new income sources for local dentists who connect with new patients. There are other examples of using private and nonprofit sector partnerships to deliver health care. For instance, the Lion’s Club in O’Neill sponsors free hearing screenings and vision tests at local schools.

Another example of providing services near populations that need them is the health center owned by the Santee Sioux Nation, which receives funding through the state’s Minority Health Initiative. This initiative has available funds from the tobacco settlement to offer services to counties with at least five percent of their population being racial minorities. To ensure high-quality health services, the Nation works with the Nebraska Office of Health Disparities and Health Equity to measure the impacts of interventions and education/services offered through this Santee health center.
As noted above, the region suffers from an undersupply of health care providers. However, it benefits from two incentive programs administered with state funds: the Nebraska Student Loan Program (SLP) and the Nebraska Loan Repayment Program (LRP). Both programs require participants to practice in a state-designated shortage area for a certain period of time in exchange for a financial incentive. Some medical schools, such as the University of Nebraska Medical Center, provide additional loans for living expenses for medical students in their final year. This loan is then forgiven if those doctors practice in underserved areas.

**The [Area Health Education Center] will “help embed that student in the community, so they feel they belong and want to come back.”**

**Health Sector Respondent**

In addition, the Rural Health Advisory Commission monitors and administers rural health care employment, loan repayment programs, and the economic impact of health care on rural communities. The Commission works with the state legislature to increase loan amounts available to health care education, which cover MDs, DOs, dentists, psychologists, PhD-level mental health professionals, physician assistants, and nurse’s assistants. Recipients from rural communities will get a dollar-for-dollar match, up to $30,000, for loan repayment in exchange for a three-year commitment to service in that community. Recruitment is heavily focused on MDs and DOs, since Nebraska law limits the scope of practices of other health professionals, such as nurse practitioners or physician assistants.

Other efforts focus on attracting and retaining behavioral health professionals. For instance, the Behavioral Health Education Center of Nebraska (BHECN) was awarded a federal grant in 2017 to increase the number of behavioral health paraprofessionals in rural communities. The grant provides full tuition to nontraditional students completing community health and addiction counseling programs. Other efforts of BHECN include the integration of behavioral health with primary care services and the use of telehealth.

It is a continuing challenge, however, to find ways to attract outsiders into the area. Thus, some efforts focus specifically in developing “home-grown” talent. The AHEC, for instance, introduces local students to health care career opportunities with the objective of creating a collaborative, symbiotic relationship with rural communities. They recruit local students into the health care system and rotate medical and health-related students into rural health care centers. As one health sector respondent noted, the AHEC will “help embed that student in the community, so they feel they belong and want to come back.”

Adequate emergency health services are a significant issue given the sheer size of the region. As one academic respondent notes, “It’s a long way. If you’re in Valentine or around Valentine, it’s no different than being close to somewhere else, but if you’re 30 miles south, it’s going to be a while before the ambulance gets there. It’s just the way it is.” The region relies heavily on volunteer medics. As a part of this, the University of Nebraska Medical Center has a grant that supports the use of 18-wheel trucks, with a simulation lab and a mockup of an ambulance in which volunteers can be trained.

**Creative Collaborations Address Housing and Food Insecurity**

The region is addressing some of the most important social and economic determinants of health, including poor housing and food insecurity. As noted earlier, the CNCAP works with landlords, utility companies, the Nebraska Housing Authority, Section 8 housing, and community development corporations to find and rehabilitate housing stock for low-income residents. Programs are tailored to population type, including veterans, families and individuals. CNCAP manages housing units in several towns and provides advice on upgrades to owners and landlords. But it finds it difficult to gain traction in the counties where population is in marked decline. One social services respondent noted, “In a lot of the counties, their population has decreased. So, for them to put money into any housing stock in those areas, they won’t even look at that a lot of times. In [some counties] I don’t see any additional housing stock being built or rehabbed there. Just because the population isn’t there. And [the population] keeps decreasing.”

In the area of food insecurity, the CNCAP runs health and nutrition programs that include WIC-sponsored rollout of EBT card acceptance in small stores. This is especially important in the more remote areas without large retailers (e.g., Walmart). The Partnership runs mobile food pantries and supplemental food programs for elderly households (ages 60 and over). As an additional example, the Northeast Nebraska Area Agency on Aging contracts with a local restaurant to expand meal provisions at senior centers and congregate meals for residents over age 60 at a restaurant in Cody (Cherry County) during lunchtimes for nominal cost.

**Civic Engagement Around Environmental and Economic Issues**

In some instances, efforts to address social and economic determinants of health involve civic engagement, namely environmental conservation and education reform. The fragile Sandhills ecosystem has supported the ranching-based economy in the western counties of this nine-county region for generations. The ongoing need to protect the regional environment from natural and human-caused threats has helped unite residents in this sparsely populated region. Land stewardship is a virtue shared by both ranchers and environmentalists. Protection efforts have proven to be one of the most tractable ways to promote a shared vision...
of long-term community health in the Sandhills region. Environmental advocates have worked with ranchers, who face economic challenges that threaten the sustainability of their businesses. Collaborations have been facilitated by environmental advocates, who often view ranchers as capable and necessary partners in their efforts. “Many ranchers are excellent conservationists,” says a respondent from the nonprofit sector. “They seek out information and advice on how to better their operation, whether it be from an economic sense or just from a wildlife habitat or plant diversity sense.”

As referenced earlier, the Sandhills Task Force played a pivotal role in organizing residents to oppose projects that will not be good for both ranching and the environment. One respondent noted, “The R Line, which is a big 245KB power line that’s going to be cutting through the Sandhills, that kind of brought people together to oppose it.” The Task Force has been active in the Keystone XL oil pipeline,8 which as originally planned, would have bisected the Sandhills region. The group is working on sustaining ranchers over the long run, including an effort to encourage older ranchers without heirs to partner with young people interested in ranching.

“MANY RANCHERS ARE EXCELLENT CONSERVATIONISTS. THEY SEEK OUT INFORMATION AND ADVICE ON HOW TO BETTER THEIR OPERATION, WHETHER … FROM AN ECONOMIC SENSE OR … FROM A WILDLIFE HABITAT OR PLANT DIVERSITY SENSE.”

NONPROFIT SECTOR RESPONDENT

Another example of this sense of civic engagement relates to efforts to address the aforementioned decreases in state school funding. Rock County schools recently built a new track for the high school by raising local sales taxes for a limited period of time. Before doing so, however, they conducted a community needs survey that identified the track as a public priority, not just for the school but for the community as a whole. The tax was raised for four years and then lowered again once the investment was paid. As one education sector respondent noted, “It’s really good that our community is stepping forward and doing things to help not just our school but to help all the local people have access to different things.”

SENSE OF COMMUNITY AND REGIONAL LEADERSHIP FOSTER LONG-TERM COMMUNITY VITALITY

As a factor that may motivate participation and civic engagement in the region, there also exists a strong sense of community efficacy to make improvements. According to the AHVS referenced earlier, 43 percent of AHVS respondents in the region agree with the statement, “If people in your community worked together it would be easy to make it a healthier place to live;”, which is similar to the national sample (40%). However, they are slightly less likely to report contributing time or money to a candidate or an organization based on concern about a health issue (14% versus 20% nationwide); contact a newspaper, television station, or talk show about a health issue (4% versus 6% nationwide); and are significantly less likely to report voting for or against a candidate for public office because of his or her position on a health issue (49% versus 64% nationwide). However, they are more likely to report “always” voting (77% versus 60% in the nationwide sample). Taken together, these indicators describe a community that has a vested interest in its future, though perhaps less explicitly in health-related civic engagement.

“IT’S REALLY GOOD THAT OUR COMMUNITY IS STEPPING FORWARD AND DOING THINGS TO HELP NOT JUST OUR SCHOOL BUT TO HELP ALL THE LOCAL PEOPLE …”

EDUCATION SECTOR RESPONDENT

This sense of community efficacy extends to local leaders, who note that they face an uphill battle in attracting new residents and ensuring long-term community vitality. As noted above, a continuing and fundamental challenge is the threat of population decline to the economic vitality and well-being of communities in this region. Many do not have the resources to attract or retain residents to replace established residents as they retire and pass away. North Central Nebraska struggles with forces that make investment difficult, particularly since state tax code revisions have reduced the amount of support that local schools and other institutions receive. However, stakeholders interviewed for this report noted that their communities can still sustain young or new residents with marketable skills. “You can make a good living in a rural community,” said a respondent from the education sector. “You don’t have to live in Omaha to do that. In our rural community, we need electricians, welders, plumbers, those types of people.” Valentine and O’Neill were cited by several respondents as examples of communities that have success in attracting and sustaining industry by using natural assets to revitalize the tourism industry and to creating local markets for home renovation.

“YOU CAN MAKE A GOOD LIVING IN A RURAL COMMUNITY … WE NEED ELECTRICIANS, WELDER, PLUMBERS, THOSE TYPES OF PEOPLE.”

EDUCATION SECTOR RESPONDENT

One of the community colleges in the eastern part of the region offers businesses training packages through its Workforce Partners Program. Instead of selecting individual training courses one-at-a-time, business managers and owners can select packages of mutually reinforcing training courses that address skills gaps and promote professional development of employees. One academic respondent noted, “One way to retain employees is to train them. Make sure that there’s a professional ladder that they have [so] they can see themselves in your organization for a long period of time.”

Several respondents noted that many administrators and elected officials in the region are nearing retirement age and will need to be replaced in the near future. Thus, there are also more generalized efforts to foster leadership and the capacity for collective action at the regional
level, which respondents acknowledged can pay dividends for the region’s health and well-being. One respondent spoke of the objective of helping “counties to start thinking regionally, because they are so small. We’re either going to survive together or we’re going to die separately.” The Center for Enterprise, for instance, contributes to leadership development and economic development in eastern counties, including leadership academies in Keya Paha, Brown, and Rock counties.

“ONE WAY TO RETAIN EMPLOYEES IS TO TRAIN THEM. MAKE SURE THAT THERE’S A PROFESSIONAL LADDER THAT THEY HAVE [SO] THEY CAN SEE THEMSELVES IN YOUR ORGANIZATION FOR A LONG PERIOD OF TIME.”

ACADEMIC SECTOR RESPONDENT

The academies are a nine-month program, with one full-day session each month, including sessions on health care, economic development, education, local and state government. The goal is to not only train individual leaders, but to foster regional thinking and advocate for shared priorities. As one academic respondent noted, northern Nebraska communities “are so independent, and that’s fine, that’s great. [And] every town thinks they’re special, and they are in their own way. But they have the same issues … I think the more we can get them thinking regionally, the better off we’re going to be when we speak with one voice to the legislature.”

Respondents interviewed for this report indicated that these types of leadership programs were important to develop the capacity of local leaders to advocate for regional interests at the state level. One respondent in the health care sector described the necessity of regional self-reliance in a state where the perception is that urban communities may not think about the interests of their rural neighbors: “Do we all want to live in Omaha or Lincoln … and do the people in Omaha and Lincoln have any responsibility for our health and wellness in Western Nebraska just because we want to live, in my case, two, two and half hours from the closest Walmart?” This respondent indicated that there is not necessarily a sense of interdependence across the state, and that the decision to live in a rural community comes with a sense of obligation to the future of that region.

SUMMARY OF NORTH CENTRAL NEBRASKA’S EFFORTS TO BUILD A CULTURE OF HEALTH

Based on the Culture of Health Framework used to guide Sentinel Community data collection and monitoring in North Central Nebraska, the region is making progress in developing and sustaining a Culture of Health. For instance, while fiercely independent local communities form the region’s backbone—programs like Miles of Smiles exemplify regional actions to promote equitable access to essential services and the conditions of healthy living, and to help Make Health a Shared Value. Moreover, the region has had considerable success in Fostering Cross-Sector Collaboration between traditional health and other organizations, including schools, churches, and clubs in order to provide services in geographically disparate communities.

Other key partnerships span the public-private divide, such as local dental practices providing affordable dental care for school children as well as partnerships between ranchers and environmentalists in promoting conversation and sustainable ranching practices. Similarly, the region’s efforts around environmental sustainability, housing, workforce training, and improving economic vitality are helping the region take steps to Create Healthier, More Equitable Communities. Finally, while more work is needed to Strengthen Integration of Health Services and Systems. To fully embed social drivers of health in those systems, the region is working to integrate and expand health care options. Growing awareness of mental health issues; deeper partnerships with the schools; the usage of telehealth technology; and streamlining human service provision through relationships with nonprofits and other partners are important elements along that pathway.
FACTORORS TO A CULTURE OF HEALTH

A culture that values both self-reliance and helping others. Though independent and self-reliant, people and groups “chip in” to help each other.

A variety of robust civil society groups. Groups such as the Veterans of Foreign Wars, 4-H, Rotary, and churches help support community well-being initiatives and offer a sense of belonging.

Many instances of collaboration between health and other organizations. Collaboration among the county health department, schools, and other stakeholders is common and helps increase access to well-being-related services and opportunities.

Generous support for schools, which provide important community spaces. Individuals and organizations are supportive of education, both through individual gifts, philanthropy, and tax levies. These facilities, in turn, provide important venues for reaching children and their families, for community gatherings, and for physical activity.

Strong focus on economic development and community vitality. Leaders, along with community partners in local communities are motivated to implement economic development initiatives to revitalize communities by drawing the younger generation back to small towns through career development and economic opportunity.

BARRIERS TO A CULTURE OF HEALTH

Continuing challenges of a geographically diffuse community. Long travel distances, high transportation costs, and a dearth of public transportation negatively affect residents, businesses, and administrators. Broadband deserts restrict the potential of online education, telehealth, and business investment.

Population decline and economic challenges. Declines in population have forced school consolidations and caused many towns and communities to struggle to retain and attract young adults and families. Additionally, increasing property valuations grow the tax burden and the price of housing causing further economic barriers to growth.

Lack of regional anchor institutions. As noted above, NCDHD is the only regional governmental organization. Other networks and partnerships span across towns and counties, but their number is somewhat limited, and they lack budgetary and formal authority.

Difficulty attracting and retaining health professionals. Efforts to recruit providers, sustain health workforce development, and maintain critical care centers face serious economic challenges connected to dwindling populations in most of the nine counties in the region. Care centers often cannot provide the volume of patients to justify investment.

State policies that restrict health care access and place limits on scope of practice of other health professionals. Nebraska has not expanded Medicaid following the passage of the Affordable Care Act, limiting health care coverage for those who are not currently eligible for Medicaid. Efforts to make wider use of other health professionals are limited by the fact that Nebraska is one of 36 states that require a doctor’s supervision to prescribe drugs.

Stigma around mental health issues. In addition to shortages in mental health care providers and limited resources, stigma regarding mental health issues and the culture of self-reliance makes addressing behavioral health concerns even more challenging.

Emerging Community Themes

Given the relative scarcity of health infrastructure in many parts of the region, it is not surprising that many of the efforts described above focus on finding creative and economically sustainable ways to deliver health care to remote populations, which are often several hours’ drive from the nearest town or clinic. These efforts leverage partnerships among organizations and rely on a creative “can-do” culture. However, stakeholders in the region also understand that the health of individuals is linked to the overall social and economic vitality of the region and its communities, whether it is through fostering and sustaining a strong health care workforce, promoting economic growth, or maintaining the natural environment on which ranching and other practices in the region depend.

What’s Next

North Central Nebraska is facing struggles common in rural and frontier communities. The region has demonstrated considerable ingenuity in making use of existing resources through creative partnerships and residents’ commitments to their communities. The sustainability of these efforts will depend to a significant extent on economic conditions, including factors that are outside the region’s direct control. However, its ability to think and act collectively as a region will also be a consideration. Having a regionalized health department appears to be an important step in that direction, but a key question is whether more regional integration is needed and, if so, what is the best composition. As technological advancements in broadband accessibility progress, it will be valuable to track how access to health care improves in the extremely rural communities within the region. Additionally, social isolation, substance use, and mental health issues are critical challenges in this region. Efforts to address them are increasing within and outside the health sector, yet long-term success of the initiatives remains to be seen.
References


