Helping Hall County

Identifying services, needs, and opportunities to engage life-changing programs

Prepared by Parlay Consulting Firm **9/5/24** **Completed for the H.E.L.P. Initiative**

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Table of Contents

PARLAY CONSULTING FIRM

HALL COUNTY H.E.L.P. INITIATIVE

Introduction

The Helping to Engage Life-changing Programs (HELP) Initiative seeks to identify and address gaps in services across the greater Grand Island community, strengthening the community safety net for all community members. Formed in 2023, the Hall County HELP Initiative is a coalition of non-profit organizations, philanthropic organizations, local government, and law enforcement that builds on Grand Island's already strong culture of collaboration and pioneering spirit. With a goal to build the day-to-day resilience of community members facing mental health crises, addiction, homelessness or housing instability, transportation issues, isolation, or other concerns, the coalition is engaging in strategic discussions to build inter-organizational support and identify positive solutions to build resilience.

To inform and enhance their work, the HELP Initiative has partnered with Parlay Consulting Firm, Inc. (Parlay) to facilitate the development and implementation of a community asset mapping process to identify existing services, community needs, and opportunities for the HELP Initiative to engage and strengthen life-changing programs for community members in Grand Island and nearby communities. The community asset mapping process involves three phases: 1) document and data analysis, 2) key informant interviews with community members, and 3) a community mapping and validation workshop. This report reflects key narrative findings from the document and data analysis. Additional data will be reflected in appended tables and future community maps.

To guide the mapping process and the work more broadly, HELP leadership has identified eight service areas to explore and learn more about existing services and remaining gaps that present an opportunity for positive impact:

- Early Childhood Education and Care
- Food Insecurity
- Housing Insecurity
- Services for Immigrants and Newcomers
- Intimate Partner and Sexual Violence
- Mental and Behavioral Health
- Health Access
- Transportation

The following report is organized by the eight service types and presents key findings related to the Hall County's current reality, highlighting available data and indicators for each service area, identified services and organizations offering those services, and opportunities to further strengthen support for community members.

Methods

The review process began in April 2024. The larger HELP Initiative identified the eight service areas and several potential demographics to be explored in the document analysis. With these topics in mind, Parlay conducted an online scan of publicly available literature.

To conduct the search, Parlay reviewed the following websites:

- City Grand Island website
- Grand Island Chamber of Commerce website

- Hall County website
- Central Nebraska Community Action Partnership (CAP) website
- Heartland United Way website
- Greater Grand Island Community Foundation website

A Google search was also conducted using the combination of the service area with Grand Island or Hall County (*e.g.,* food insecurity Grand Island, refugee services Hall County). With this initial scan Parlay identified five priority sources and a longer list of alternate sources. The HELP mapping team confirmed these five sources and offered two additional sources. The initial seven sources primarily represented one of two categories: 1) General community needs assessment focused on an array of topics including, but not limited to the eight service areas, or 2) A study or report specifically focused on one of the service areas.

Following the initial review of the first seven sources, further research was conducted to identify additional sources for topics with limited information, such as food insecurity, services for immigrants and newcomers, and intimate partner and sexual violence. The HELP Mapping Team was instrumental in making connections with community partners to provide additional data on topics like immigration services. Additionally, a review of websites and materials from other area coalitions helped to identify additional information on topics including child care and human trafficking. When city or county level data was not available or was limited, statewide findings were reported. In total 26 sources were identified and reviewed. The selected sources are listed below. Additionally, U.S. census data was reviewed to obtain relevant demographic metrics. Data is presented for Grand Island and Hall County. For comparison, data for the state of Nebraska is also presented. Relevant data is summarized in Appendix A. A complete list of references is also included at the end of this report. Documents were reviewed by Parlay's Senior Research and Evaluation Manager and Research Associate. Findings from the review are summarized and organized by the eight service areas.

Documents Reviewed:

- *Central Nebraska Community Action Partnership Community Needs Assessment*
- *Childcare Communication Listening Session Report*
- *Childcare Cost Infographic*
- *Community Development Annual Action Plan Executive Summary*.
- *Community Health Assessment 2021 Report*
- *Community Health Improvement Plan 2023-2025*
- *Community Housing Study with Strategies for Affordable Housing*
- *County Health Rankings & Roadmaps: 2022 State Report Nebraska*
- *County Health Rankings & Roadmaps: Nebraska Data by County*
- *Designated Health Professional Shortage Areas Statistics*
- *First Five Nebraska - The Bottom Line*
- *Free Food Resources in Hall County*
- *GIAMPO 2045 Long-Range Transportation Plan: Executive Summary*
- *Grand Island Public Schools Annual Report*
- *Hall County Census Profile*
- *Hope Harbor Market Demographics*

- *Intimate Partner & Sexual Violence in Nebraska: Findings from the 2020 Statewide Intimate Partner & Sexual Violence Survey*
- *Multicultural Coalition Monthly Averages*
- *Nebraska Domestic Abuse Report*
- *Nebraska Human Trafficking Task Force 2023 Report*
- *Nebraska's Intimate Partner & Sexual Violence Response Community: A Needs Assessment Concerning Allocation of American Rescue Plan Resources*
- *Nebraska 2023 Report Card on Child & Youth Sex Trafficking*
- *Regional Transit Needs Assessment and Feasibility Study Executive Summary*
- *Regional Transit Needs Assessment and Feasibility Study Summary Final Report*
- *US Census Quick Facts: Grand Island city, Nebraska; Hall County, Nebraska*
- *Who is Not Served: Barriers to Helpseeking for Sexual Violence Survivors in Rural Nebraska*

A Note on Research Limitations:

The resources selected range in date from 2017 to 2024. Many feature the same or similar metrics, collected at different points of time. Additionally, some sources report secondary data, from a variety of sources and time points. As such there may be conflicting data within this report. Every effort has been made to use the most current information available, and to cite the document referenced for further explanation. Additionally, while Parlay researchers and the HELP Mapping Team intentionally sought current resources that well reflected the service areas, the review was not meant to be exhaustive. More current or in-depth reports may exist but were not known to the research team at the time this report was written.

Photo Source: www.visittheusa.com/destination/grand-island

Hall County Profile

Hall County, in Central Nebraska, is home to Nebraska's fourth largest city; Grand Island. The county enjoys many of the services typical of a larger city, while still having access to the bountiful natural resources of the Platte Valley. Given it's central location, and close proximity to Interstate-80 and several U.S. Highways, it has become a service and retail hub, serving residents throughout central Nebraska. The City of Grand Island estimates the city serves an area of over 20,000 square miles with an estimated population of over 200,000.

Both Hall County and Grand Island have bucked state and national trends, of declining rural populations. From 2010 to 2020, Hall County's population increased 7.3%, while Grand Island's population increased 9.5%. As of the most recent census (2020) Hall County's population was 62,985, while Grand Island's population was 53,131, showing that only about one in six Hall County residents live outside Grand Island city limits.[1]

The remainder of this report documents many facts and data points about the city and county. The following quick facts offer a brief profile to ground the remainder of the report.

Quick Facts for Hall County from the U.S. Census:[2]

- Population (2020): 62,895
- Age:
  - Persons under 5 years: 7.3%
  - Persons under 18 years: 27.3%
  - Persons 65 years and over: 16.0%
- Female persons: 48.8%
- Race:
  - White, not Hispanic or Latino: 61.2%
  - Hispanic or Latino: 33.0%
  - Black/African American: 4.0%
  - AIAN/AAPI/Multiracial: 6.5%
- Veterans: 2,734
- Foreign born persons: 14.6%
- Language other than English spoken at home: 24.3%
- Median Household Income: $63,553
- Persons in poverty: 11.5%
- Persons without health insurance: 12.7%
- Persons with a disability: 9.0%
- Housing
  - Housing Units: 25,758
  - Owner-occupied houses: 62.2%
  - Median home value: $190,800
  - Median gross rent: $886
- Households with a computer: 92.5%
- Households with a broadband internet subscription: 86.6%
- Persons age 25+ with High School Diploma: 84.9%
- Persons age 25+ with a Bachelor's degree or higher: 21.3%

[1] United States Census Bureau. (n.d.). *U.S. Census Quick Facts: Grand Island city, Nebraska; Hall County, Nebraska*.
[2] United States Census Bureau. (n.d.). *U.S. Census Quick Facts: Hall County, Nebraska*.

The Central District Health Department featured these and similar statistics in their most recent Community Health Assessment (CHA). The CHA also reports on the Social Vulnerability Index, which combines several of the factors above into a single score. The Central District includes Hall, Hamilton, and Merrick County. Among those three counties, Hall County had the highest Social Vulnerability Index score, meaning residents of Hall County were more likely to be socially vulnerable based on socio-economic status, household composition and disability, minority status and language, and/or housing type and transportation. The SVI index ranges from 0.0 to 1.0, with 1.0 being the highest vulnerability. Hall County's score was 0.67 compared to 0.01 in Hamilton County and 0.20 in Merrick County.[3]

Finally, the County Health Rankings & Roadmaps Initiative provides an array of data that show and influence population health. Many of these data points are discussed throughout the report as they are relevant to the different service areas. A few additional data points not specific to any one service area, but potentially of interest to the HELP Initiative, are described below.

In Hall County…

- There were 13.7 membership organizations per 10,0000 people.
- The unemployment rate is 2.4% of people ages 16 and older.
- 25% of children lived in a household headed by a single parent.
- 15% of children were living in poverty.
- 54% of children in public schools were eligible for free or reduced lunch.
- Household incomes of those in the 80% percentile or above are 4.0 times that of households at the 20th percentile or below.
- The living wage is $41.77, meaning workers would need an hourly wage of $41.77 to cover basic household expenses of one adult and two children.
- 5% of teens and young adults ages 16-19 were considered disconnected youth, meaning they were neither working nor in school.[4]

Photo Source: grand-island.com

[3] Central District Health Department. (2021). *Community Health Assessment 2021 Report.*

[4] University of Wisconsin Population Health Institute. (2024). *County Health Rankings & Roadmaps: Nebraska Data by County.*

Early Childhood Education and Care

Child care was identified as a priority area in several of the documents reviewed. The Central Nebraska Community Action Partnership (CNCAP) serves 21 counties including Hall County and several neighboring counties. In their 2022 needs assessment, CNCAP found 92% of community stakeholders in the service area identified child care to be a top need in their community, a significant rise from the year prior, when only 41% of respondents identified it as a top need.[5] In March 2024, the Hall County Early Education Care Coalition held its second child care listening session. The group published key takeaways from the meeting including the following insights from community members:

- Child care providers have long wait lists for care, a result of a lack of providers.
- Providers face high costs related to insurance and challenges related to licensing.
- After-school care is especially difficult to find, which creates problems for both families and employers.
- Parents/guardians' general inability to find adequate and affordable care is contributing to workforce shortages. [6]

First Five Nebraska validates these concerns, reporting that inadequate access to child care can create costly problems for working parents, including absenteeism, job loss, reduced hours and wages, and denial of promotions. By extension, businesses are also negatively impacted as absenteeism, turnover, and reduced productivity created by inadequate care options, translates into economic losses for employers. Additionally, a decrease in taxable income for working families results in lower annual tax revenues for the state. In total First Five estimates a nearly $745 million loss statewide due to insufficient options for stable, reliable child care in Nebraska.[7]

The Hall County Early Education Care Coalition also conducted analysis examining the costs of child care for families and providers. The Coalition estimated the average cost of child care for children in Hall County is $9,876 per year for children ages 0-18 months. For children aged 18 months to 3 years, the cost is $9,228 per year. Despite these often-burdensome costs for family, many child care centers struggle to stay afloat. The required costs for a typical child care center, including facilities, supplies, administrative costs, and personnel, can easily exceed the revenue generated by the center. The coalition estimated a child care center providing care for 50 children could expect to generate $474,360 in income. The estimated annual costs for a facility this size were estimated to be $542,706, creating a potential loss of $68,346. This deficit can force centers to close, further exacerbating child care shortages.[8]

Photo Source: https://hcchildcarecoalition.com/our-work

The 2022 County Health Rankings & Roadmaps (CHR&R) 2022 State Report for Nebraska also spotlighted affordable child care as a challenge in

[5] Central Nebraska Community Action Partnership, Inc. (2022). *Community Needs Assessment.*
[6] Hall County Early Education and Care Coalition. (2024). *Childcare Communication Listening Session Report*.
[7] First Five Nebraska. (2020). *The Bottom Line.*
[8] Hall County Early Education and Care Coalition. (2024). *Childcare Cost Infographic.*

Nebraska. The U.S. Department of Health and Human Services' (DHHS) benchmark suggests child care is no longer affordable if it exceeds 7% of a household's income. This is the affordability benchmark for a household with two children. [9] The child care cost burden among counties in Nebraska ranges from 10% to 38%. In Hall County the average household spent 26% of its income on child care for two children, nearly four times the target set by DHHS. The CHR&R county data also affirmed the shortage of providers in Hall County. In Nebraska, there were approximately seven child care centers per 1,000 children under age 5. In Hall County, the estimate was only four per 1,000 population under 5 years old.[10]

While it was not discussed in the Community Health Needs Assessment, the Central District Health Department (CDHD) identified quality child care and family engagement as one of three priority areas in the Community Health Improvement Plan. From the plan, "The Central District lost many child care providers during the pandemic, which has many negative impacts. A lack of child care can impact short-term and long-term health, stunt economic growth, keep families from getting health care, decrease work-life balance, reinforce poverty cycles, and impact mental health." To address this priority, they identified the following focuses and activities:

- Increase the amount of high-quality accessible child care in Hall County using the following activities:
  - Advocating for family child care "Home II"[11] providers in Hall County, to open more child care spots.
  - Create a resource guide that helps parents know what to look for to select a high-quality child care facility.
- Support opportunities for families to strengthen their family engagement with the following activities:
  - Supporting community programs that focus on high quality learning programs.
  - Strengthening WIC family engagement by using Ready Rosie to help parents support their child's learning.[12]

In summary, Hall County, like other communities in Nebraska, lacks an adequate number of high-quality child care centers. This has implications for families and employers alike. For many families, the cost of child care can be cost-prohibitive, while the costs to run a center continue to force centers to close. Hall County is taking positive steps to address the crisis, for example by making it a top priority of the Community Health Improvement Plan. Additionally, the formation of the Hall County Early Education Care Coalition should help to advance private and public changes. Ongoing support is needed from the broader community to address this issue.

Food Insecurity

Information on food insecurity was limited in the sources reviewed. The CHR&R Hall County overview provided several datapoints related to food insecurity and access:

[9] University of Wisconsin Population Health Institute. (2022). *County Health Rankings & Roadmaps: 2022 State Report Nebraska*.
[10] University of Wisconsin Population Health Institute. (2024). *County Health Rankings & Roadmaps: Nebraska Data by County.*
[11] Note: Family Childcare Home II: This type of program is in the home of the provider or at another site. The maximum capacity is twelve children with two providers.
[12] Central District Health Department. (2023). *Community Health Improvement Plan 2023-2025.*

- 11% of people in Hall County are food insecure, meaning they do not have a reliable source of food. 10% of Nebraskans are food insecure.
- In Hall County, 7% of people have low incomes and do not live close to a gocery store, limiting their access to healthy foods. 6% of Nebraskas have limited access to healthy foods.
- Hall county scored 7.9 out of a possible 10 on the food environment index, which includes access to healthy foods and food insecurity, similar to Nebraska's score of 8.0 and slightly higher than the national average of 7.7.[13]

Similar to CHR&R, CNCAP found 10.2% of the population, or 6,240 individuals, are food insecure in Hall County. Food insecurity contributes to negative health outcomes, such as obesity, and chronic conditions like anemia, diabetes, hypertension, and coronary heart disesase, as food insecure households are significantly more likely to buy inexpensive food that is often less healthy. Food insecurity is also associated with higher rates of depession.

Related to food insecurity, the CNCAP Needs Assessment provided several 2021 data points illustrating receipt and eligibility for government programs, such as the Supplemental Nutrition Assistance Program (SNAP):

- 10.95% of households in Hall County received SNAP benefits.
- 72% of students in Hall County were eligible for Pandemic Electonics Benefits Transfer (P-EBT).
- 58.6% of Hall County students were eligible for free or reduced lunch.[14]

Photo Source: Wood River Food Pantry Facebook Page

Notwithstanding these numbers, CNCAP found that many households experiencing food insecurity do not qualify for federal nutrition programs. They estimated 35% of food insecure individuals in the CNCAP service area were not eligible for assisstance and may need to rely on local food banks for support.[15] According to the Heartland United Way, there are currently nine food pantries in Hall County. Two of these resources also offer free meals daily. Additionally, nine little food pantries are open and available 24 hours a day.[16] Hope Harbor runs one of the area pantries and reported they served 3,393 individuals with their food pantry in 2023.[17] As mentioned above, area schools offer free and reduced lunch. Additionally,early childhood programs may provide children with nutritional food they may not always have access to at home. Given the limited amount of information identified through this report, further exploration may be needed to fully understand existing services and needs related to food insecurity.

[13] University of Wisconsin Population Health Institute. (2024). *County Health Rankings & Roadmaps: Nebraska Data by County.*

[14] Note: According to the Grand Island Public Schools annual report, 72% of students receive free or reduced lunch.

[15] Central Nebraska Community Action Partnership, Inc. (2022). *Community Needs Assessment.*

[16] Heartland United Way. (2023). *Free Food Resources in Hall County* [Fact sheet].

[17] L. Mayfield (Personal Communication from Hope Harbor, August 7, 2024).

Housing Insecurity

When thinking about a person's hierarchy of needs, housing is a chief concern affecting one's quality of life. Given that, it is not surprising that housing was oft discussed, and concerns were well documented in many of the sources reviewed for this report. Several datapoints were mentioned by multiple sources. For example, at least three sources noted the percentage of homes occupied by an owner, which was approximately 62% in Hall County, slightly slower than the state estimate of 67%. Vacancy rates were also explored and reported to be low. A recent market report from Hope Harbor described Grand Islands vacancy rate as very low across all unit types, and in particular a recent report showed there were no available 3-bedroom units in the area.

Several sources reported on housing costs, with the CDHD's CHA identifying the average residential value as $128,000, and CNCAP reporting the median home cost as $177,100. CNCAP also found the average rent for a 2-bedroom home was $793 per month. Related to cost, CNCAP defined housing-cost burden, as spending 30% or more of household income on housing costs. CNCAP found 18% of home owners with a mortgage were housing-cost burdened, along with 9.24% of owners without a mortgage, and 38.7% of renters. CHR&R used a slightly different definition of spending half or more of one's income on housing as experiencing severe cost burden and found 10% of Hall County residents were experiencing severe housing cost burden. Housing burden may be compounded by lower incomes. The Hope Harbor market report stated Grand Island's median household income is $59,061, less than Hall County at $63,553 and the overall state median income of $71,722.

The reports also considered housing quality and condition. For example, the CDHD found 15% of households in Hall County had a severe housing problem, including overcrowding, high housing costs, or lack of kitchen/plumbing facilities. Similarly, CHR&R found 13% of Hall County residents had a severe housing problem. CNCAP provided more detail on these issues, sharing that in 2019, 4.0% of housing units in Hall County were considered overcrowded, up from 3.6% in 2014. CNCAP defines an overcrowded home as one where the number of occupants is greater than the number of total rooms. CNCAP defines substandard housing as any condition which exists to an extent that it endangers the life, limb, property, safety, or welfare of the occupants or public. Examples of substandard housing include inadequate sanitation, lack of water, lack of heating, inappropriate ventilation, the presence of insects or vermin, structural hazards, faulty weather protection, or fire hazards. Combining overcrowding, substandard housing, and severe cost burden, CNCAP found that 25.56% of households were experiencing at least one condition. 6.0% of these households experienced 2-3 of these conditions.

Though no estimates for homelessness could be found for Hall County or central Nebraska, several sources reported estimates of poverty, a significant factor that increases the risk of becoming unhoused. The CDHD's CHA reported 10% of the Hall County population is in poverty, while the CHR&R reported 15% of children lived in poverty.[18] [19] Similarly, the Hope Harbor market report stated that approximately one in five children in Grand Island is living in a household experiencing poverty.[20] Grand Island Public Schools shared that in 2023, 369 students were identified as homeless. This includes students living in shelters or transitional housing, living in motels/hotels, living with another family, or unsheltered. 45 of these students were also identified as

[18] Central District Health Department. (2021). *Community Health Assessment 2021 Report.*

[19] University of Wisconsin Population Health Institute. (2024). *County Health Rankings & Roadmaps: Nebraska Data by County.*

[20] Blair Freeman. (2024). *Hope Harbor Market Demographics*.

unaccompanied youth.[21] 92% of CNCAP's Low Income clients identified housing as one of their top three most important needs. 50% identified it as their #1 greatest need.[22]

Photo Source: https://www.hopeharborgi.org/emergency-shelter

Several community programs exist to address housing insecurity. The CNCAP needs assessment discussed three of their different housing programs serving central Nebraska. The CNCAP weatherization program offers supports such as installing new furnaces, new water heaters, and refrigerators to help improve substandard housing. In 2021 they were able to meet the needs of 50 households in the service area. Their Traditional Housing for Rural Independence, Viability and Economic Stability (THRIVES) assists homeless individuals to obtain safe and suitable permanent housing. In 2021 THRIVES assisted 93 households. The Homes, Advocacy, and Referrals for Totality (HART) Program provides rent and utility assistance to individuals and families in crisis. In 2021, the HART Program supported 25 individuals. Within Grand Island specifically, Crossroads Mission Avenue and Hope Harbor both offer housing services. Crossroads provided emergency shelter, transitional housing, and long-term affordable housing to individuals in recovery. Hope Harbor provides emergency shelter for women and children and a transitional shelter for individuals and families experiencing homelessness. In 2024, Hope Harbor served 343 individuals with emergency and/or transitional shelter. Additionally, Hope Harbor offers a community assistance program for community members in need, providing resources including gas assistance, household goods, and baby items, among other essential supports. They serve an average of just over 3,000 community system clients annually. Every fall, community service providers join together to put on Project Connect, a one-day, one-stop event where individuals and families who are experiencing homelessness or near homelessness can receive a wide variety of immediate, on-site services and support for unmet needs. Services include medical, dental, housing, legal, veteran's services, haircuts, vision care, foot care, and health screenings, among others.[23] [24] [25] [26]

The city of Grand Island has also taken multiple steps to address concerns around housing. In 2019, the city continued its proactive tradition of conducting housing studies to understand the past, present, and projected demographics, as well as current economic and housing conditions. The 2019 study was conducted in partnership with the Grand Island Area Economic Development Corporation and Hanna-Keelan Associates, P.C. It provides statistical and narrative data identifying a housing profile and demand analysis for the City of Grand Island, Nebraska. The study recognizes housing development in the Community as both a "quality of life" issue and an important "economic development" consideration. The study, which includes a Housing Action Plan, seeks to ensure the city's 'housing vision' includes various affordable housing types for persons and families of all income sectors. The study names seven objectives, including one to address and eliminate any impediments and/or barriers to fair housing opportunities for all citizens of Grand Island.

[21] S. Stephens (Personal Communication from Grand Island Public Schools, August 6, 2024).
[22] Central Nebraska Community Action Partnership, Inc. (2022). *Community Needs Assessment.*
[23] Central Nebraska Community Action Partnership, Inc. (2022). *Community Needs Assessment.*
[24] Crossroads Mission Avenue: https://www.crossroadsmission.com/
[25] L. Mayfield (Personal Communication from Hope Harbor, August 7, 2024).
[26] Hope Harbor: https://www.hopeharborgi.org/

The study included both quantitative and qualitative research activities. Of particular interest to the HELP initiative may be the qualitative activities, which included a housing survey, a community housing "listening sessions," and meetings with the Grand Island housing steering committee. Select findings related to housing security are presented here, while more information can be found in the full study report.

The housing survey was available online in both English and Spanish. A total of 760 surveys were completed. Some of the key findings included:

- 38.2% of respondents rated the conditions of their current residence as "good". 25.6% rated their place of residence as needing moderate to major rehabilitation.
- The top answer as to why survey participants would want to move out of Grand Island was a need for more affordable housing.
- 65.1% of all respondents felt there is a need for additional low-income housing in Grand Island.
- Participants were asked about their top three barriers to obtaining affordable, suitable, and appropriate housing in Grand Island. The top responses for renters included the cost of rent and a lack of available decent rental units in the Community. For owners, barriers included housing prices, lack of sufficient homes for sale in terms of both size and price, and the cost of real estate taxes.

The study also invited community feedback via community housing listening sessions. Some of the findings included:

- Housing in Grand Island is higher in price compared to surrounding communities.
- Deferred maintenance exists in low-income housing. A rehabilitation program would be beneficial.
- There is a housing need for single parents with children.
- Families are struggling with making house payments while working minimum paying jobs.
- Affordable lots are scarce. Vacant land exists where various housing types could be developed.
- Vacancy rates are low in affordable rental housing programs.
- Waiting lists for affordable rental housing have been long in Grand Island.

Similar housing Issues were highlighted during discussions with the Housing Steering Committee:

- Housing priced under $200,000 is hard to find in Grand Island. Many of the community's developers are focused on high-end housing.
- Affordable workforce housing and senior housing is a major need in Grand Island.
- At the time of the study, only 35% of people using housing vouchers in Grand Island were able to secure housing.
- There was an estimated 14 month wait period for section 8 vouchers, with nearly 600 individuals on a waiting list for affordable housing.
- Clients of the local homeless shelter are unable to find housing, resulting in clients being sent to other nearby communities. Emergency shelters consistently have a wait list for housing.

The study concludes with a five-year housing action plan, which starts with the following statement:

> *The greatest challenge for the Community of Grand Island, during the next five years, will be to develop housing units for low- to moderate-income families, the elderly and special population households, with special attention given to workforce households. In total, the Community should target up to 1,631 new units; 740 owner units and 621 rental units, by 2024.*

Photo Source: https://nebraska.tv/news/local/developer-fills-the-need-of-affordable-housing-in-grand-island

The plan discusses various aspects of housing including new construction, housing rehabilitation and removal, infill development, and housing administration. Additionally, the study report asserts the necessity of creating Community Housing Partnerships, including both public and private partners.[27]

After the housing study, the 2022 Annual Action Plan documents the City of Grand Island's intended use of funds awarded to the city through HUD's Community Development Block Grant. This appears to be the most current publicly available plan. For this plan, the city identified three priority needs to use the funds, including increasing the number and quality of affordable housing options. Despite that prioritization, the plan seemed to suggest no new housing programs were funded as part of the 2022 Annual Action Plan, instead Grand Island has housing programs that were still in progress from previous years such as the Housing Improvement Partnership's Housing Rehab program that was being implemented by the Habitat for Humanity. While the city did not plan to launch any new programs, they did plan to support Hope Harbor in a land acquisition project, that in the future would increase transitional and permanent housing units for low-income families.[28]

Services for Immigrants and Newcomers

Information regarding community needs and services for immigrants and refugees was also limited. According to the U.S. Census, 14.6% of individuals are foreign born. This is nearly double the state percentage of 7.5%. 24.3% of persons age 5 and older in Hall County, have a language other than English spoken in their home.[29] Additionally U.S. Citizen and Immigration Services (USCIS), reports on the number of lawful permanent residents in metropolitan and micropolitan communities in the U.S., including Grand Island. Currently USCIS estimates there are 4,112 lawful permanent residents in Grand Island that are eligible to become naturalized citizens. There may be additional lawful permanent residents who are not eligible to naturalize, however that number is not available as it is less than 1,000.[30] Given the limited nature of census data, data from Grand Island Public Schools (GIPS) was also shared to create a better understanding of families in Grand Island with school aged children. During the 2023-204 school year, the Welcome Center saw 989 students, an increase of 345 from the previous year. 33% were newcomers from within the U.S. The remaining newcomers represented 29 different countries. The majority of newcomers from other countries represented Cuba (32%) and Central American countries; Guatemala (13%), Mexico (7.5%) and Honduras (2%). Related, GIPS defines immigrant students, as those that were not born in the U.S. and have not been attending school in the U.S. for more than three full academic years. In June 2024, 1156 students fit this criteria, which comprises about 12% of the total student population. Just over half (54%) reported

[27] Hanna-Keelan Associates, P.C. (2019). *Community Housing Study with Strategies for Affordable Housing.* Nebraska Investment Finance Authority – Housing Study Grant Program.

[28] City of Grand Island Community Development. (2022). *Annual Action Plan Executive Summary*.

[29] United States Census Bureau. (n.d.). *U.S. Census Quick Facts: Grand Island city, Nebraska; Hall County, Nebraska*.

[30] United States Citzenship and Immigration Services. (2024) *Eligible to naturalize dashboard*.

English as their home langugage, with 62% preferring communuication to home in English. 56 other languages were reported in GIPS Home Language Survey, finding Spansih is the second most common language (39%), followed by Arabic (1.5%) and Somali (1.3%).[31] Within GIPS, 21% of students are considered English learning students.[32]

Photo Source: Grand Island Public Schools

The Multicultural Coalition, offers services to immigrant newcomers and low-income individuals who are making Central Nebrask their new home. They provide services in several languages and serve as a resource for navigation. To aid their work they track the number of individuals seeking specific types of services. On average each month:

- 14 individuals seek housing assistance
- 22 individuals seek food services
- 45 individuals seek healthcare services
- 11 individuals seek employment assistance
- 233 individuals seek immigration legal services[33]

Photo Source: https://www.mcofgi.org/our-mission

The high demand for legal assistance, may create delays in attaining adequate employment, which then has implications for access to housing, food, and healthcare. In addition to the Multicultural Coalition, Lutheran Family Services (LFS) also serves new populations out of their Grand Island office. While it is unclear from their website if all services are available in Grand Island, LFS's services include Economic Empowerment, Interpretation Services, Immigration Legal Services, Individual Development Accounts Program, Refugee Reception/Placement, and a Refugee Support Program. More information may be needed to better understand what services are needed and potential barriers to those services.

[31] A. Levos (Personal Communication from Grand Island Public Schools, August 6, 2024).
[32] Grand Island Public Schools. (2023). *Grand Island Public Schools Annual Report*
[33] Multicultural Coalition. (2024) *Monthly Averages.*

Services and support for newcomers has been in the news recently, as the Hall County Board of Commisioner addressed recent confusion around whether or not Hall County was considered a sanctuary county. Confusion arose after Hall County, along with Sarpy County, was listed on several national websites as a sanctuary county. The Board of Commissioners clarified a legal definition for a sanctuary county or city does not exist. The board ultimately passed a resolution stating that Hall County is not presently a sanctuary county, however one of the commissioners elaborated, "…we embrace our diversity, we welcome people here."[34]

Intimate Partner and Sexual Violence

County specific information on intimate partner and sexual violence was limited. Nebraska's 2022 Domestic Abuse Report presents state mandated reports of domestic abuse incidents, segmented by county and law enforcement agency. In Hall County in 2022, the following incidents were reported:

- 32 aggravated domestic assaults
- 177 simple domestic assualts

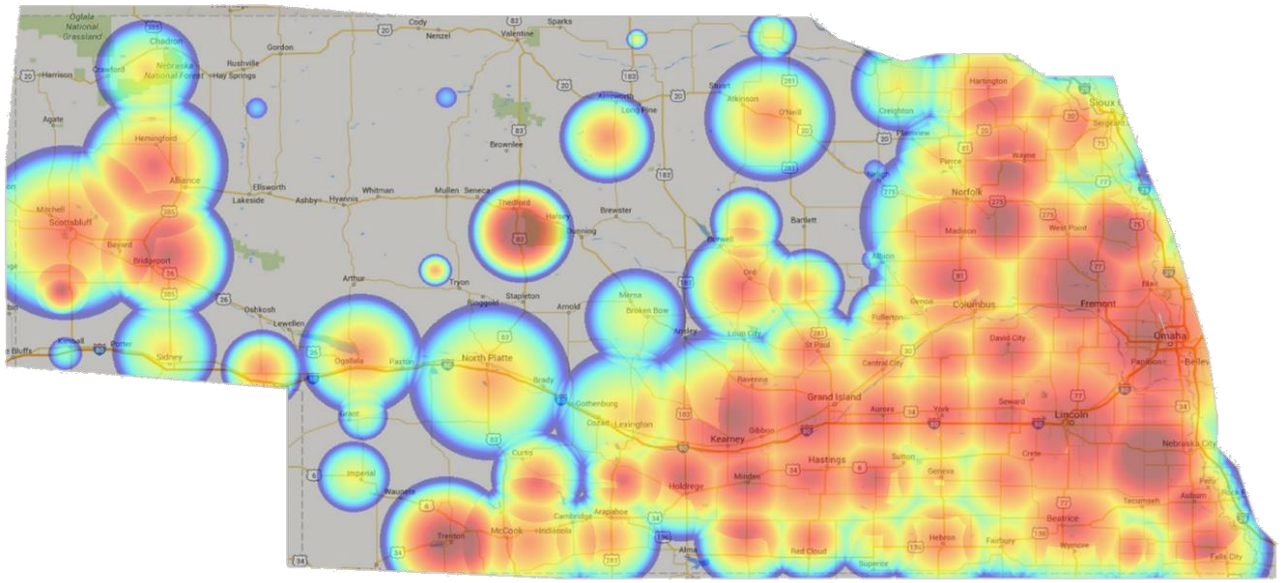
These assaults were primarily reported to the Grand Island Police Department, with few reports to the Hall County Sheriff's Office.[35] The Grand Island Police Department provided more recent preliminary data reflecting that in 2023 there were 224 domestic violence incident reports in 2023. At the time of reporting in August 2024, there were 109 domestic violence incident reports to date. Police Department data also reflected sex offense incitdent reports, showing 91 incident reports in 2023, and 47 incident reports to date in 2024.[36]

Several resources are currently available to help survivors in Hall County, including the Hall County Victim Assistance Program, operated by the Grand Island Police Department with support from the City of Grand Island, Hall County, and the Nebraska Crime Commision. The program provides free services to individuals who have suffered physical, sexual, financial, or emotional harm as a result of a crime. Additionally, Willow Rising Crisis Center provides emergency and supportive services for victims of domestic violence, sexual assualt, and human trafficking. Services are available for Hall, Howard, Hamilton, and Merrick Counties, and are 100% confidential. Willow Rising offers a 24-hour crisis line to help connect individuals to services quickly.

Several reports from HTI Labs document statewide services, needs, and barriers. Select findings from these reports are shared in lieu of more county specific data. HTI Lab's 2022 report, Intimate Partner & Sexual Violence in Nebraska, examined findings from a 2020 statewide survey. Based on the experiences of those surveyed, HTI Labs found that initial victimization occurs very early in life and is likely to repeat through one's life. Given this finding, early prevention is critical. The survey also showed survivors are most likely to turn to friends, family, and partners. It is important to give all community members tools to support suvivors. The report also concludes that victimization can have lifelong, multi-generational impact. While the report does not provide community-specific

[34] Triggs, L. (2024, March 13). Commissioners say Hall County not considered a sanctuary county.
[35] Commission on Law Enforcement and Criminal Justice. (2022). *Domestic Abuse Report*.
[36] J. Hoback (Personal Communication from Grand Island Police Department, August 30, 2024). Unfounded incidents excluded. Actual number of offenses may vary as multiple offenses, victims, and/or offenders may be part of any incident report.

Figure 1: Heat map of victimization numbers and rates



The color indicates the intensity of victimization, measured as the number of victimization experiences per capita. The size of the circle represents the raw number of victimization experiences reported in the location.

data, analysis examining violence adjusted per capita, shows there is little difference in victimization rates between rural, suburban, and urban parts of Nebraska. Figure 1, displays a heat map from the report, showing the per capita adjusted rates of victimization throughout the state.[37]

A more recent needs assesment from HTI Labs, examining the impact of the pandemic, found that COVID exacerbated negative experiences resulting from violence. The pandemic also heightened barriers to select forms of support, such as housing and mental health services, largely due to increased financial constraints. Related, organizations supporting survivors reported difficulties attracting and maintaining staff, citing burnout as a significant concern. Organizations also expressed significant concerns regarding funding and a looming fear that budget cuts could lead to staff layoffs and survivors being turned away from services.[38]

Looking at rural nebraska, HTI Lab's 2020 report on barriers for sexual violence survivors in rural Nebraska[39] found that most sexual violence survivors in rural Nebraska do not seek out help from local domestic violence and sexual assault (DVSA) programs. A comparison of National Intimate Partner and Sexual Violence Survey (NISVS) data with local DVSA data representing clients served suggests less than 14% of annual rape survivors and fewer than 3% of annual sexual violence survivors seek out services from their local DVSA program.

[37] Nebraska Coalition to End Sexual and Domestic Violence. (2022). *Intimate Partner & Sexual Violence in Nebraska: Findings from the 2020 Statewide Intimate Partner & Sexual Violence Survey (SIPSVS).*

[38] Nebraska Coalition to End Sexual and Domestic Violence. (2022). Nebraska's Intimate Partner & Sexual Violence Response Community: A Needs Assessment Concerning Allocation of American Rescue Plan Resources.

[39] Note, while the findings in this report may be relevant to HELP, Hall County was not one of the counties considered in analysis.

HTI Labs identified the following barriers to survivors seeking help:

- Attributes of "small-town" environments (i.e., issues of confidentiality, fears of repercussion and social connections enjoyed by perpetrators).
- Survivors interpret their victimization experiences as not relevant to the scope or mission of their local DVSA program.
- A perceived lack of a relationship between DVSA programs and segments of the Latinx community.

HTI Labs made several recommendations aimed at alleviating these barriers including:

- Making a concerted effort to highlight that sexual violence is relevant to the mission of DVSA programs.
- Increasing efforts to facilitate privacy and anonymity for those seeking help from DVSA programs.
- Engaging in efforts to better understand perceptions of barriers held by Latinx survivors of sexual violence.

Human trafficking is a growing statewide concern and has motivated the formation of the Nebraska Human Trafficking Task Force. Their 2023 report highlighted major developments across the state, including successes and ongoing challenges. A major development in 2023, was the roll out of the Human Trafficking Hotline, 833-PLS-LOOK, launched in October 2022, to allow concerned community members to report human trafficking and connect directly with the Nebraska State Patrol. In 2023 there were 98 calls to the hotline, including at least one call from Hall County. According to the report, there have been two previous human trafficking investigations in Hall County. The report also previewed statewide training efforts planned for 2023. Grand Island was selected as one of eight locations where the following trainings would be offered:

- Human Trafficking in Nebraska for Task Force Members
- Investigating and Prosecuting Cases of Human Trafficking
- Recognizing and Preventing Human Trafficking in Your Community[40]

Despite these statewide efforts, the international advocacy group, Shared Hope International, which grades states on existing statutes related to protecting victims of child and youth sex trafficking, assigned Nebraska a failing grade. In 2023, 32 states received failing grades, showing the nationwide need for policy change. Just one state, Tennesse, received an A grade. Nebraska ranked 20th in the nation. An area for improvement included strengthening safe harbor laws which prohibit arresting, detaining, charging, and prosecuting all minors for crimes committed as a result of their vitimization, including but not limited to prostitution crimes. State law also does not facilitate access to, or provide funding for, community-based services, potentially leaving some survivors underserved or disconnected from resources that are necessary to promote healing.[41]

Mental and Behavioral Health

Mental and Behavioral Health was a strong focus of both documents from the Central District Health Department (CDHD). According to the 2021 Community Health Assessment (CHA), the average number of mentally unhealthy days in the past 30 days for residents of Hall County was 3.8. Additionally, 12% of adults reported frequent mental distress, meaning their mental health was not good 14 or more of the last 30 days. Concern for youth mental health was also significant, as nearly 1 in 3 youth in CDHD counties reported feeling depressed. Nearly 1 in 6

[40] Nebraska Human Trafficking Task Force. (2023). *Nebraska Human Trafficking Task Force 2023 Report*.
[41] Shared Hope International Institute for Justice & Advocacy. (2023). *Nebraska 2023 Report Card on Child & Youth Sex Trafficking*.

considered attempting suicide. Suicide is the 9th leading cause of death in Nebraska, and the second leading cause of death for young people (ages 10 - 34). Among the CDHD counties (Hall, Hamilton, and Merrick), Hall County was identified as being at a higher risk for youth suicide ideation and attempts.

The CHA also describes where members of the community typically go for behavioral health services, stating that emergency rooms and primary care offices are the most common place where people with behavioral health needs seek care. Often clinicians in these settings do not have the resources and/or training to appropriately respond to behavioral health needs. Further, 66% of primary care providers report that they are unable to respond to people with behavioral health needs due to a shortage of mental health providers and to insurance barriers. The CDHD's community service partners also saw an acute need for additional mental and behavioral health services, including substance abuse services. Only 13% of partners believed resources and services in this sector were present and adequate to meet community needs.

Currently, most counties in the state are designated as mental health professional shortage areas. According to the statewide Behavioral Health Needs Assessment, conducted in 2016, only 47% of adults in Nebraska with any mental illness received treatment. Additionally, only 43% of youth in Nebraska with depression received treatment. Further, 11% of persons aged 12 or older in Nebraska with illicit drug dependence or misuse received treatment. In addition to all counties in the Central District having mental health professional shortage area designations, access to behavioral health care may be further complicated by other barriers, including lack of insurance coverage and stigma often associated with mental illness.[42]

The CHR&R data also considers several factors related to mental and behavioral health. In the most recent county data, the following information is available for Hall County:

- There was one mental health provider per 240 people registered in Hall County, Nebraska. Statewide, there was one mental health provider per 310 people.
- 14% of adults reported experiencing frequent mental distress in Hall County and Nebraska.
- On average there were eight drug overdose deaths per 100,000 people in Hall County, slightly lower than the state average of ten per 100,000 people.
- There were 15 deaths by suicide per 100,000 people in Hall County and Statewide.[43]

The Health Resource Services Administration (HRSA) tracks health professionals and facilities in each state, designating shortage areas when the population-to-provider ratio drops below the level anticipated as needed to meet need. For mental health, service areas are designated a mental health professional shortage area if there is no local coverage or if the population-to-psychiatrist ratio equals or exceeds 30,000/1. Except for Douglas County, Lancaster County, and areas within 25 miles of those counties, all of Nebraska is a state-designated shortage area for psychiatry and mental health. Though 78 facilities were identified in Nebraska, only 48.31% of need was met statewide. An additional 27 practitioners would be needed statewide to remove all designations of a shortage area. Figure 2 provides a map of state-designated shortage areas for psychiatry & mental health.[44]

[42] Central District Health Department. (2021). *Community Health Assessment 2021 Report.*

[43] University of Wisconsin Population Health Institute. (2024). *County Health Rankings & Roadmaps: Nebraska Data by County.*

[44] Bureau of Health Workforce, Health Resources and Services Administration, and U.S. Department of Health & Human Services. (2024). *Designated Health Professional Shortage Areas Statistics*.

Figure 2: State-Designated Shortage Areas – Psychiatry & Mental Health

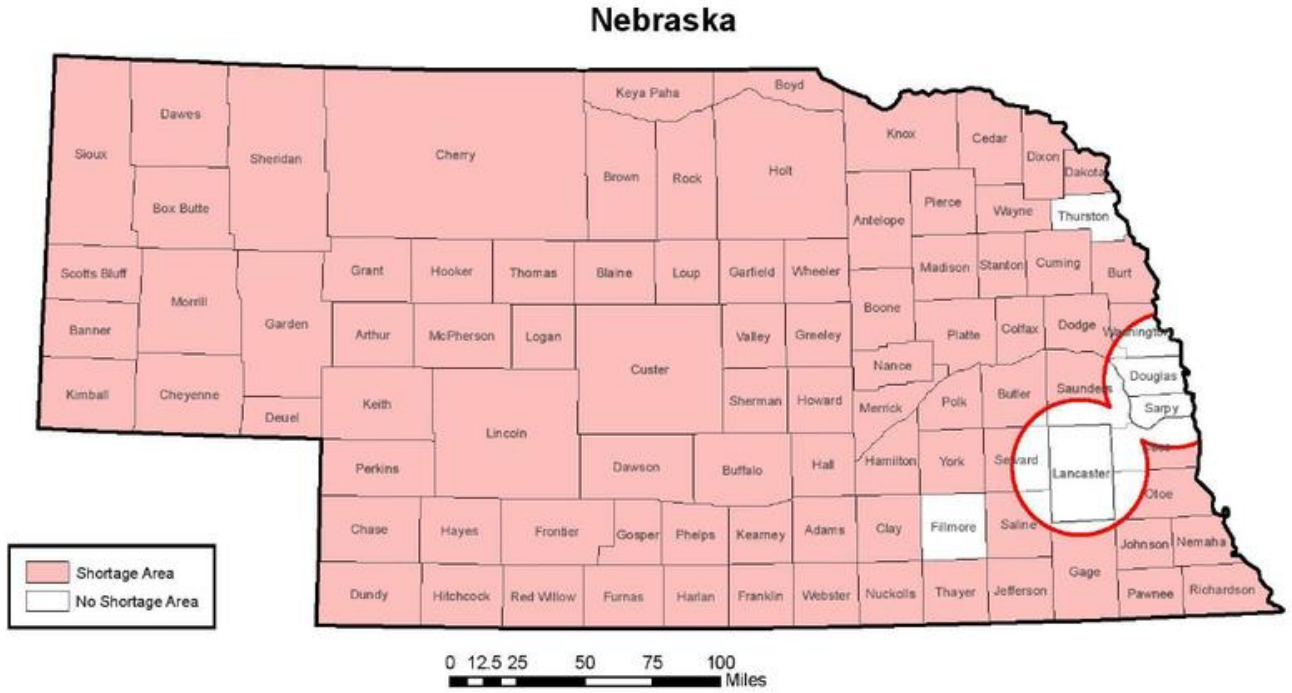


Image Source: https://dhhs.ne.gov/RH%20Documents/State%20Shortage%20Areas%20Psychiatry%20and%20Mental%20Health%20(04-19).pdf

Recognizing the need for Behavioral Health care throughout the district, the CDHD included Behavioral Health as one of three priorities in the Community Health Improvement Plan (CHIP) for 2023 to 2025. More specifically the CHIP focuses on culturally appropriate behavioral health, describing the need as follows, "Another major concern in our community is mental and behavioral health, including worries about depression, anxiety, substance use disorders, finding bilingual therapists, stigma, etc." Given this priority, CDHD identified the following focus areas:

- Create an environment where it is easier to talk about behavioral health needs.
- Create an environment where it is easier to access resources and support that are culturally appropriate.
- Activities to support these focus areas include:
    - Create a communications campaign to decrease stigma.
    - Support the work of community partners that address substance use disorders and behavioral health needs.
    - Increase understanding of how Community Health Workers can support behavioral health needs.
    - Provide behavioral health-specific training to CHWs in the community[45]

Health Access

Both the CDHD Community Health Assessment (CHA) and the County Health Rankings & Roadmaps (CHR&R) Nebraska report provided extensive details on the state of health in Hall County, additionally providing insight into how Hall County compares to other counties in Nebraska. Considering the large mounts of information related to

[45] University of Wisconsin Population Health Institute. (2024). *County Health Rankings & Roadmaps: Nebraska Data by County*

health, and the many opportunities to influence the health of community members, the HELP initiative is primarily focused on health access. By extension this report primarily focuses on health access, but does include some health outcomes that may be driven by the current state of access.

The CDHD CHA describes the current health status of the community, identifies and prioritizes health issues, and seeks to provide a better understanding of the range of factors that influence and impact health. In addition to examining the general health status of community members, the CHA examines current access and availability of health care, including behavioral health care. The CHA draws on a varety of secondary sources, relies heavily on the CHR&R model, also discussed below. The CHA also reflects primary data collected via community surveys and a focused community discussion. The CHA completed every three years, was most recently completed in 2021. Given that timing it reflects the ongoing response to covid-19, but does not contain data showing the longer term impact of Covid-19 on population health.

Throughout the report, the CDHD identifies and expores known barriers to accessing healthcare. As in most U.S. communities, the cost of health care and the number of uninsured or underinsured creates barriers to access. From the CHA, "To provide a county snapshot for uninsured among the population under the age of 65, the [2020] County Health Rankings reported that more adults under the age of 65 (15%) and under age 19 (6%) in Hall County were uninsured than the state average (11% and 5%, respectively)." In the broader Central District, 20% of 18–64-year-olds had no health care coverage. The CHA also found that within the district 14% of adults needed to see a doctor but could not, due to cost in the past year.

While lack of health insurance and cost of health care services, were viewed as contributing factors of not accessing health care, health professional shortages may also compound the issue. About 3 of 4 adults in the CDHD district had a personal doctor or healthcare provider. According to the Health Resources and Services Administration (HRSA), some areas within CDHD were designated as Medically Underserved Areas (MUA). Notably, all of Hall County and parts of Merrick County were designated as MUA/MUPs for primary care. According to recent BRFSS data, 22% of adults had no personal doctor or health care provider. While county level data could not be segmented by race, state wide trends suggest lack of a personal provider may be higher among Hispanic and Native American populations. Further, nearly 40% of adults in the CDHD district did not receive a routine checkup in the past year. Only 18%-37% of age appropriate adults had received an appropriate preventative screening. In particular, a third of 50-75 year olds were not up-to-date on colon cancer screening. A quarter of women ages 50 – 75 were not up-to-date on beast cancer screening.

Positively, Hall County is home to several dental facilities and pharmacists and is not considered a shortage area for either specialty. However, neighboring counties are designated shortage areas, and may contribute to demand for services within Hall County. Table 1 shows the ratio of population to provider type for Nebraska and the three Central District counties. Cells with red text reflect a designated shortage.

Table 1: Ratio – Population : Provider

	Nebraska	Hall	Hamilton	Merrick
Primary Care Physicians	1330:1	1621:1	1160:1	3867:1
Dentists	1272:1	1180:1	1865:1	1939:1
Mental Health Providers	362:1	280:1	1036:1	3878:1

The CHA identified the following providers as the main sources of care in Hall County: CHI Health Saint Francis, Grand Island Regional Medical Center, Heartland Health Center, and various medical and dental clinics. Additionally many specialty providers travel in from outside of the county, holding hours select days weekly or monthly. Despite the relatively higher numbers of providers in Hall County, respondents to the CDHD's resource inventory survey indicated that Medicaid is not accepted at all providers, so while there may be adequate numbers of dentists, pharmacists, or physicians, they may still not be accessible to lower income families and those that rely on Medicaid. Ultimately, while a number of resources exist in the communtiy, respondents to the CDHD Community Survey identified access to affordable and quality healthcare as a major health related worry and as an opportunity to make neighborhoods healthier.

In addition to cost and provider availability, the CHA identified several other barriers to access. For example, the CHA identified location and inability to travel to care as common barriers to access. Several communication barriers may also impact the quality and impact of care. Opportunities exist to increase health literacy as 44% adults in the district reported written health information and verbal health information given by medical professionals is difficult to understand. Partners surveyed identified the need to increase the availability of bilingual/interpretation for services and programs.

Several notable health concerns were identified for Hall County, some of which may be influenced by access issues. Nearly one in five people are 65 years or older in Hall County, slightly higher than the state rate of 16%. The concentration of adults with Alzheimer's Disease is notably high in Hall County, 43.5 per 100K, compared to 23.7 per 100K in Nebraska, and 18.3 per 100K in Hamilton County and 16.6 per 100K in Merrick County. Hall County also experienced two times the death rate (43.5/100,000 population) due to Alzheimer's Disease than the state (23.7/100,000 population). That said, cancer and heart disease remain the leading causes of death in Hall County, which aligns with the state and neighboring counties. The death rate in Hall County due to chronic lung disease and stroke (58.1 and 34.2/100,000 population, respectively) were slightly higher than the state (44.7 and 33.6/100,000 population). Four of five of the leading causes of death in Nebraska were chronic diseases (heart disease, cancer, chronic lung disease, and cerebrovascular.) These chronic conditions are costly and require ongoing care, but they are also largely preventable through a healthy lifestyle. Community members and partners surveyed for the CHA identified cancer and diabetes as the top two health concerns. For White respondents, getting enough exercise was the third concern. For Hispanic and non-white respondents it was challenges getting healthy and affordable food.[46]

Photo Source: https://www.cdhd.ne.gov/

Building on findings from the CHA, the CDHD's Community Health Improvement Plan (CHIP) identifies priority areas to focus on and a three year plan to address those priorities. One of the three priorities focused on access to care. From the CHIP, "…a major concern of the community is accessing the care they need. Concerns included cost of care, being un/underinsured, lack of providers, lack of bilingual providers, difficulty navigating the healthcare system, etc." In order to increase health access, the CHIP established the following focuses and activities:

[46] Central District Health Department. (2021). *Community Health Assessment 2021 Report.*

- Increase the number of Community Health Workers (CHWs) in the community, by:
    - Hiring and training more CHWs.
    - Increasing support for local organizations who employ CHWs.
    - Increase the public understanding of how CHWs can help and how to access their services.
- Make it simpler for organizations to successfully refer clients to one another, through the Unite Us referral system, including the following activities:
    - Promote the use of Unite Us to local community based organizations.
    - Help organizations connect with Unite Us staff to use the platform and access training.
    - Use Unite Us to identify gaps in services in the community.

The other two priorities, culturally appropriate behavioral health and quality child care and family engagement are discussed in prior sections of this report. [47]

The County Health Ranking and Roadmaps (CHR&R) program was created by the University of Wisconsin Population Health Institute, to bring actionable data and evidence to communities across the nation. The rankings explore the current overall health of each county (Health Outcomes) and measures of factors that are known to contribute to the future health of communities (Health Factors). Health outcomes focus on Length of Life and Quality of Life. Health factors include measures related to health behaviors, clinical care, social & economic factors, and physical environment.[48] Many of these health factors are referenced throughout this report as they pertain to different service areas. Some of CHR&R's data points relevant to access are discussed in the CDHD's CHA. Some additional outcomes and factors of interest are as follows;

- 16% of adults reported that they consider themselves in fair or poor health. This is higher than 13% of adults statewide
- 10% of adults reported frequent physiscal distress, meaning they experienced poor physical health for 14 or more of the last 30 days. This was similar to Nebraska's rate of 9%.
- The life expectancy in Hall county was 77.2, lower than Nebraska's life expectancy of 78.4.
- 13% of Hall County residents under the age of 65 did not have health insurance, significantly higher than 8% of Nebraskans. This includes 15% of Hall County adults, and 7% of Hall County children. (See Figure 3 for trendline data) [49]

Figure 3: Uninsured in Hall County, NE, county, state, and national trends

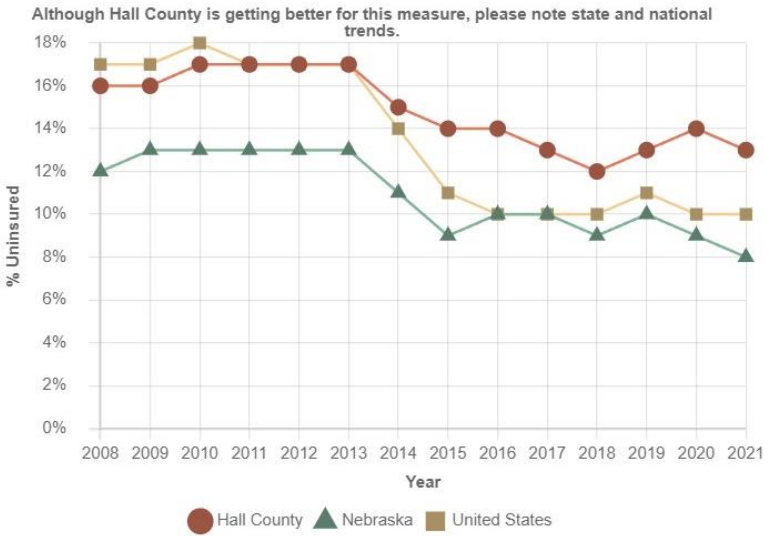
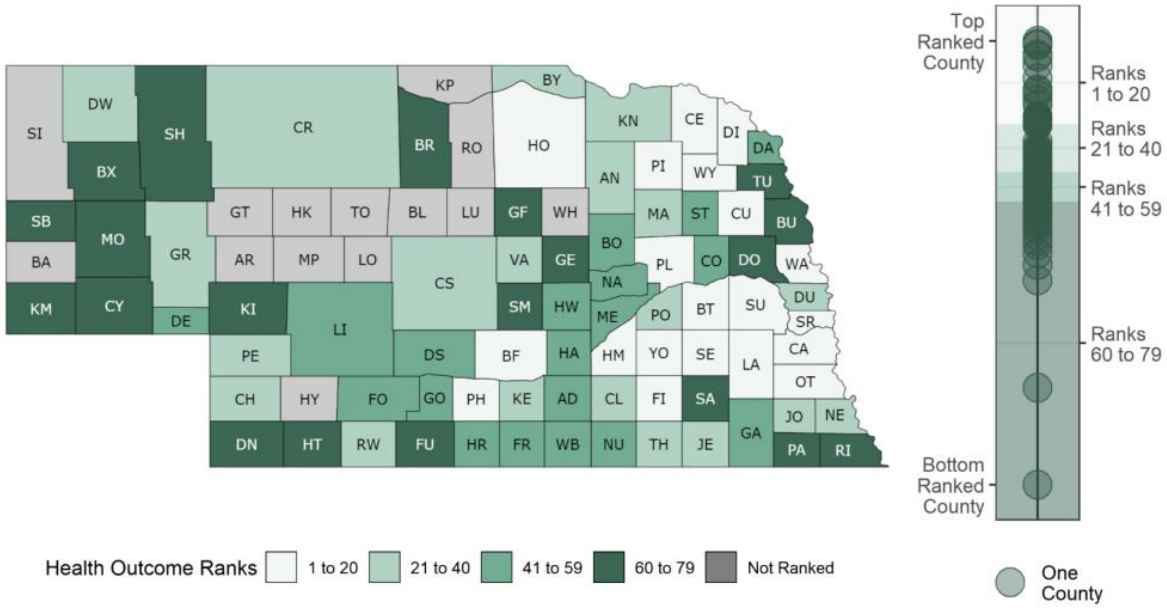


Image Source: https://www.countyhealthrankings.org/health-data/nebraska/hall?year=2024

[47] Central District Health Department. (2023). *Community Health Improvement Plan 2023-2025.*
[48] University of Wisconsin Population Health Institute. (2022). *County Health Rankings & Roadmaps: 2022 State Report Nebraska*.
[49] University of Wisconsin Population Health Institute. (2024). *County Health Rankings & Roadmaps: Nebraska Data by County.*

In 2022, Hall County ranked 54 out of 79 in Health Outcomes and 73 our of 79 in Health Factors.[50] Hall County's lower ranking in health factors represents a significant area of opportunity, as health factors represent things that, if modified can improve length and quality of life, thus improving health outcomes. These factors are typically aspects of a community that can shaped by policy and leaders in the community. Helpfully, CHR&R's website includes a section on strategies and solutions that offers evidence-informed strategies to create communities where all members can thrive.[51] As the HELP initiative identifies their priorities, they may find useful strategies on a range of topics including access to care, community safety, family and social support, housing, and transit. The 2022 report also highlights that poor health outcomes are often driven by health inequities. "Data show a persistent pattern across the country in barriers to opportunity for people with lower incomes and for people of color. Differences in the opportunities available to different groups of people are related to unfair policies and practices." Differences in access and opportunities contribute to differences in health outcomes. It should be noted that while Hall County currently fairs worse than the average county in Nebraska for both health outcomes and health factors, it still fairs better in both than the average county in the nation. Figures 4 and 5 display the ranks of all counties in Nebraska, displayed using quartiles on a map, and scores on a chart.[52]

Figure 4: Health outcome ranks displayed using quartiles (map) and underlying health outcome scores (chart)

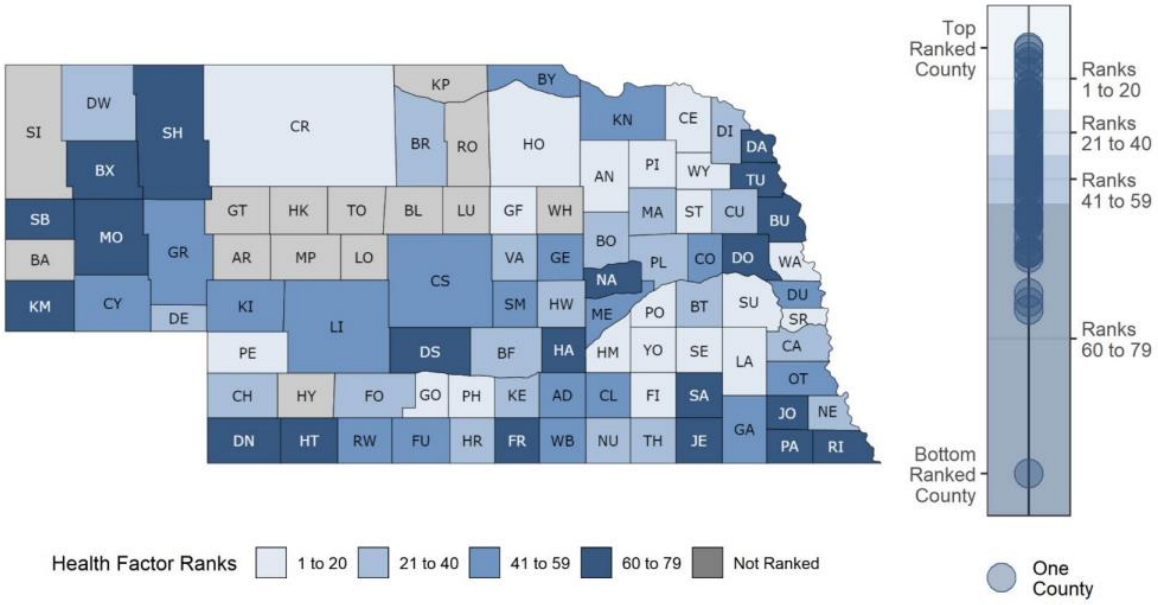


[50] Note: 14 of Nebraska's 93 counties are unranked by CHR&R reports.

[51] Note: CHR&R Strategies and Solutions can be found at https://www.countyhealthrankings.org/strategies-and-solutions

[52] University of Wisconsin Population Health Institute. (2022). *County Health Rankings & Roadmaps: 2022 State Report Nebraska*.

Figure 5: Health factor ranks displayed using quartiles (map) and underlying health factor scores (chart)



Transportation

While not discussed in depth in most documents reviewed for this report, transportation was frequently mentioned as a critical factor and sometimes a barrier to accessing the other service areas, such as healthcare. Driving was also seen as a physical factor influencing a person's health, as car only commuters have significantly higher body fat percentage than those who use alternate forms of transit. Similarly, long commutes were associated with an increase in blood pressure and body mass index (BMI), and a decrease in physical activity. Long commute times have also been associated with poorer mental health. In Hall County, 83% of the workforce drives alone to work compared to 78% of all Nebraskans. Positively only 13% of workers in Hall County who drive alone to work commute more than 30 minutes each way. This is lower than 19% of Nebraskans. Conversely in all neighbouring counties except for Buffalo county, the percent ranges from 17-39% of workers who drive alone to work.[53] The high rates of driving alone may be related to the relatively limited public transit options. Grand Island's transit system is entirely demand-responsive, with rides requiring reservation 24 hours in advance. As of 2023, Grand Island is the largest city in the state without a fixed-route public transit system. The current state of public transit was discussed at length in several reports sponsored by the Grand Island Area Metropolitan Planning Orangization (GIAMPO).

The City of Grand Island serves as the manager for public transportation within the urban portions of Hall County, while Hall County is responsible for rural areas within the County. In 2017, in partnership with Olsson Associates, the city of Grand Island and the GIAMPO commisioned a Regional Transit Needs Assessment and Feasibility Study to identify future transit opportunities, challenges, and overall demand for public transportation in Grand Island

[53] University of Wisconsin Population Health Institute. (2024). *County Health Rankings & Roadmaps: Nebraska Data by County.*

and Hall County. In addition to analyzing a variety of secondary data points, the study incoroprated public feedback and a peer review of similar transit agencies.[54]

The report sought to estimate overall need for transit, starting first by identifying the number of households in Hall County without a vehicle, which at the time of reporting was 1,370 households. Calculations were then made based on an assumed number of daily trips needed per household, and a predicted number of travel days. The study estimated the daily transit need was up to 2,877 trips, while the annual transit need may be as high as 863,100. The report acknowledges this approach to estimating need produces a number likely far higher than the actual demand that would be generated for any practical level of service. Nevertheless the significant gap between the current number of annual trips provided by Hall County Public Transportation, 35,085, and the estimated annual need of 863,100, suggest there is still significant unmet need in Hall County. Most communities will not fully meet projected transit need. For comparison purposes, the study also estimated need in the six peer communities, finding that in those communities the existing transit system was meeting 7-56% of projected need. On average the peers met 26% of need. By comparison, Hall County was meeting 4% of estimated transit need.

The peer review, which compared transit service in Grand Island, to other communities around the country with similar characteristics, demonstrated that Grand Island does not have as robost a transit services as seen in similar communities, particularly when those communities had more than one mode of service. The study found that Grand Island had the lowest operating cost per revenue hour, at approximately $30, compared to $38 - $50 for peer transit agencies. The report also found Grand Island transit had the lowest number of annual trips per year, as well as the lowest transit trips per capita at 0.7, compared to an average of 3.0 per capita for all peers. In 2017, Grand Island only offered demand response trips, which inherently made it's total trips lower than communities offering routine fixed route trips, or both. Even so, Enid, OK and North Platte, NE, both surpassed Grand Island in total trips, while only offering demand response trips to a simlar sized or smaller population.

Community feedback sessions were also offered to allow community members to comment on transit services in Grand Island and Hall County. In addition to focus groups and open houses that were open to the the public, special feedback sessions were held for drivers and transit staff, as well as major area employers. Across the different feedback sessions, 70 percent of respondents rated transit as "Important to Very Important." Respondents acknowledged that even if it was not important for them personally, they recognized it was very important for those that need it, and thus essential to the community as a whole. Many participants strongly conveyed that, "without Hall County Public Transportation, there would be no way for many…residents to take trips to work, school, or other necessities." Considering the future of Grand Island, a majority or respondents believed transit would continue to be important or very important. Major employers indicated that without a transit system in place,

Photo Source: https://www.crane-transit.com/

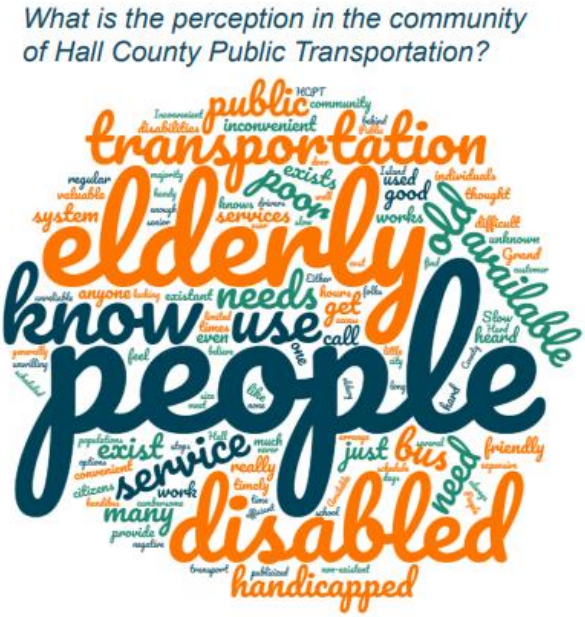
[54] Grand Island Area Metropolitan Planning Organization. (2017). *Regional Transit Needs Assessment and Feasibility Study Executive Summary.*

Grand Island will not be able to grow efficiently. In terms of the current state of transit, participants felt that restricted hours of operation, age limits, and limited marketing impeded the effectiveness of services. That said, many felt the existing transit service helped community members, especially elderly, reach employment and medical visits. Others stated "some service is better than no service."

Participants were most enthusiastic about discussing ways to enhance the service. The most widely agreed upon responses were:

- Increase marketing efforts
- Increase the service's hours of operations
- Decrease the time needed to call ahead for a reservation
- Decrease the age restriction
- Partner with local businesses
- Add scheduled service with designated bus stops

Figure 6: Perceptions of Hall County Transit



These priorities were echoed in two surveys, one for transit riders and the other for all community members, who rated expanded service hours, expanded service days, and scheduled bus routes as their top three priorities for the next one to three years. Figure 6 shows the words most commonly used to describe perceptions of Hall County Public Transportation.

Building on historical ridership data, identified transit needs and gaps, findings from peer cities, and community input, the study identified three primary alternatives to the status quo of transit: same-day demand response, flexible route service, and fixed route service. The three alternatives, along with the status quo were analyzed with a variety of criteria in mind including projected ridership, operating and capital cost estimates, access to key community sites, likelihood of implementation, and stakeholder reception. Ultimately the report concluded that the city should maintain their status quo of 24-hour demand response service, given the city's limited financial resources. Though funding was limited and not anticipated to increase in the immediate future, the report suggested several low cost efforts to strengthen services, including adding vanpool service, a rideshare program, enhancing marketing efforts, and increasing city staff oversight. Planning for intercity bus service to Kearney and Hastings was also anticipated. Should additional funding beccome available, the report reccomended the city begin initial planning efforts to implement a flexible route concept, however this would increase the annual operating budget by approximately 40% and would involve significant start-up costs.[55]

The executive summary report also recommends ongoing discussions of a formal governance structure, involving multiple government entities within the region. Creation of new multi-jurisdictional Regional Authority would present an opportunity for a sizable expansion of the service area for transit services in the region, and could help create efficiencies in providing such services. However, the authors acknowledge several steps would need to proceed the formation including a change to state law to permit the creation of a regional authority. To provide

[55] Olsson Associates. (2017). *Regional Transit Needs Assessment & Feasibility Study Summary Final Report*.

guidance to the city and GIAMPO moving forward the report includes an implementation plan for 2018 and 2019. Little documentation could be found to determine the extent to which the plan was completed, as of 2024.[56]

More recently, in 2021, GIAMPO completed and approved their 2045 Long Range Transportation Plan (LRTP), which builds off the prior transit study, and formalizes the vision for the regional transportation system for the next 25 years, including goals, objectives, and identification of transportation projects to be implemented by 2045. The LRTP encompasses alternate forms of transportation, including, bike and pedestrian traffic, but does focus heavily on publict transit. Under the current LRTP, Grand Island continues to have a fiscally constrained plan. Transit services are currently provided by CRANE, who at the time of the LRTP was expected to complete some service expansion and move into a new operations facility by 2025. A plan is currently in place to develop a 2050 LRTP.[57]

Conclusion

Hall County is home to a wealth of assets, including committed community members, devoted to providing the services necessary to help all residents thrive. This report focused on eight service areas; early childhood education and care, food insecurity, housing insecurity, services for immigrants and newcomers, intimate partner and sexual violence, mental and behavioral health, health access, and transportation. Through a review of key documents and reports produced by local, state, and national organizations, this report offers an overview of existing assets, community needs and gaps, and opportunities to strengthen services for all community members.

Unmet community need is well documented in several of the service areas explored including childcare, affordable housing, and mental and behavioral health services. Health access is more limited for some community members than others, and access to certain services like psychiatry is limited for all residents of Hall County. More information is needed to understand assets and gaps in Hall County services related to food insecurity, services for immigrants and newcomers, and intimate partner and sexual violence. Transportation is a throughline for many of these service areas, as the existing transit system is limited, especially relative to Grand Island's population, and can contribute to barriers to accessing all services for individuals reliant on public transit.

The information contained in this report suggests these eight service areas are all valuable focus areas for the HELP Initiative to focus on, identifying creative solutions to strengthen and support existing work. Future research, including community member interviews and community mapping should further illuminate community attributes and opportunities for positive change.

[56] Grand Island Area Metropolitan Planning Organization. (2017). *Regional Transit Needs Assessment and Feasibility Study Executive Summary.*
[57] Grand Island Area Metropolitan Planning Organization. (2021). *GIAMPO 2045 Long-Range Transportation Plan: Executive Summary*.

About Hall County HELP Initiative

The Hall County HELP Initiative is focused on identifying and addressing gaps in services across the Grand Island Community. With a goal to build the day-to-day resilience of those in our community who are facing mental health crisis, homelessness, addiction, housing instability, transportation issues, isolation, and more, HELP Initiative's work centers around strategic discussions and focuses on finding positive solutions, including new ways to support each other's work. For more information please contact the Greater Grand Island Community Foundation, Grand Island Police Department, and Hope Harbor.

About Parlay Consulting Firm

Parlay Consulting Firm, Inc. (Parlay) has experience with over 175 non-profit organizations, government entities and for-profit companies in Nebraska, Iowa, Missouri, and Ohio. Parlay provides customizable organizational development services based on the unique needs of leaders, staff, and the communities they serve. Parlay works with clients to identify their talents, resources and expertise and parlay them into desired results. Parlay designs and offers research including needs assessments, stakeholder input, social network analysis, and program evaluation. Parlay assists organizations to maximize their capacity and fulfill their mission and vision, through facilitation of strategic planning, board/leadership development, change management, and implementation coaching, among other services. More information about Parlay and its services can be found at parlayconsultingfirm.com.

Acknowledgements

The HELP Initiative and Parlay want to thank the community partners that helped by providing data and literature to inform this literature review. Additionally, funding for this work was generously provided by the Greater Grand Island Community Foundation.

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Note: *As indicated in the footnotes, several data points came from emails provided by community partner organizations. These emails are not reflected in the citations above.*

Appendix A: Demographic Data – Grand Island & Hall County (Census Bureau Data)

	Grand Island	Hall County	State of Nebraska
Total Population	53,131	62,895	1,961,504
Median age	35.0	36.0	37.4
% under 5 years	7.8%	7.4%	6.2%
% 5 to 17 years	20.4%	19.9%	18.0%
% 18 to 64 years	56.7%	57.2%	58.9%
% 65 years and older	15.1%	15.5%	17.0%
Race and Ethnicity			
American Indian and Alaska Native	859	913	23,102
Asian	695	727	52,951
Black of African American	1,876	1,919	96.535
Hispanic or Latino	18,238	19,181	234,715
Native Hawaiian and Other Pacific Islander	35	37	1,534
Not Hispanic or Latino	30,904	39,420	1,484,687
Some other race	9,205	9,698	105,167
Two or more races	5,491	5,899	144,163
White	34,970	43,702	1,538,052
Language spoken at home			
English only	72.1%	75.7%	88.5%
Spanish	24.7%	21.6%	7.3%
Another language	3.2%	2.7%	4.3%
Foreign born population	16.9%	14.6%	7.5%
Veteran population	6.1%	6.0%	7.1%
Disabled population	13.1%	12.9%	12.6%
Median household income	$59,061	$63,553	$69,597
Poverty rate (all people)	13.7%	12.8%	11.2%
Child poverty rate (<18 years)	19.5%	18.8%	13.8%
Homeownership rate	58.6%	62.2%	66.0%
Median gross rent	$886	$886	$983
Vacant housing units	1,087	1,354	70,966
% of population without healthcare coverage	13.0%	11.90%	6.7%
Educational attainment			
No high school degree of GED	17.0%	15.1%	7.1%
High school or equivalent degree	30.8%	31.5%	25.1%
Some college, no degree	23.0%	23.3%	21.6%
Associate's degree	8.4%	8.8%	11.5%
Bachelor's degree	13.8%	14.1%	22.6%
Graduate or professional degree	7.0%	7.2%	12.1%
Employment rate	65.6%	66.0%	66.2%
Top Industries			
Manufacturing	21.2%	19.8%	9.9%
Education/healthcare/social services	19.4%	19.3%	24.1%
Retail trade	13.9%	13.8%	11.2%
Transportation			
Average travel time to work (min)	17.6	18.0	18.8
Drove alone	83.0%	83.2%	76.5%
Carpool	11.3%	10.8%	8.7%
Public transportation	0.5%	0.4%	0.4%
Other transportation	2.8%	2.6%	3.6%
Worked from home	2.5%	2.9%	10.8%