

January 1, 2014-December 31, 2016

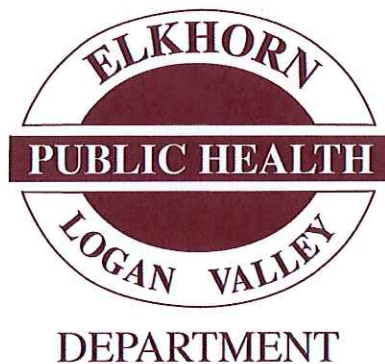
# St. Francis Memorial Hospital

*Sponsored by the Franciscan Sisters of Christian Charity*

## Community Health Needs Assessment



In Collaboration with:



# Table of Contents

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|  |                    |
|--|--------------------|
| Message from the SFMH CEO  | 3                  |
| Plan Ownership   | 4                  |
| Overview of Development Process                                  | 6                  |
| Community Description and Demographic Data                       | 11                 |
| Overview of Priority Areas                                       | 11                 |
| Priority 1: Obesity  | 11                 |
| Priority 2: Behavioral/Mental Health                             | 12                 |
| Priority 3: Prevention   | 12                 |
| Priority 4: Risky Behaviors                                      | 13                 |
| Alignment with Strategic Issues                                  | 14                 |
| Detailed Plans for Priority Areas                                | 15                 |
| Priority 1: Obesity  | 15                 |
| Priority 2: Behavioral/Mental Health                             | 19                 |
| Priority 3: Prevention   | 21                 |
| Priority 4: Risky Behaviors                                      | 26                 |
| Follow-up and Monitoring   | 30                 |
| Acronym Key  | 31                 |
| <b>Community Health Needs Assessment<br/>Implementation Plan</b> | <b>32 &amp; 33</b> |
| Appendices   |                    |
| Appendix I: Stakeholder Invitation List                          |                    |
| Appendix II: Needs Assessment Data                               |                    |
| Appendix III: List of Meeting Participants                       |                    |



Dear Citizens of the St. Francis Memorial Hospital Service Area,

Every three years **St. Francis Memorial Hospital** conducts a Community Health Needs Assessment. This year (2013) our hospital, along with Oakland Mercy Hospital and Faith Regional Health Services (Norfolk), collaborated/partnered with Elkhorn Logan Valley Public Health Department, with ELVPHD taking the lead, to complete a health needs assessment for the citizens of our service area. This area primarily includes Burt, Cuming, Stanton, and Madison Counties in Nebraska.

The results of the main survey were compiled by a private research firm and were presented to a group of area-wide stakeholders for further input. This group of over 40 individuals helped clarify and refine the original work done on the survey. Other input from surveys done within the state, including census data, was used to verify what the survey showed us.

The Community Health Needs Assessment (called a Community Health Improvement Plan by the Public Health Department) revealed four main health priorities in our area: 1) Obesity, 2) Behavioral/Mental Health, 3) Prevention and 4) Risky Behaviors. From the survey and focus group, several overall goals were developed and formed the foundation to support the strategies developed by St. Francis and the other organizations to address the concerns and opportunities identified. Those goals include:

- 1) Enhance access to care
- 2) Create opportunities for community organizations to provide and participate in activities that promote healthy lifestyles.
- 3) Raise community levels of awareness regarding public health issues.
- 4) Expand safety programming and information offered to the public.
- 5) Help the public become more informed about what public health is and what services are available in this area.

**St. Francis** will accept responsibility for providing certain aspects of the Community Health Needs Assessment and will include our goals in our Community Health Needs Implementation Plan.

We want to thank Elkhorn Logan Valley Public Health Department and their Executive Director, Gina Uhing, RN, for their leadership, resources and collaboration in making this Community Health Needs Assessment so successful.

Sincerely,

Ronald O. Briggs, MHA, FACHE  
President/CEO  
St. Francis Memorial Hospital

# Plan Ownership

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## **Background Data to Support Hospital and Local Public Health Joint Ownership in the Community Health Improvement Plan**

There are many reasons why it was logical for Elkhorn Logan Valley Public Health Department to partner with the three district hospitals to complete a joint Community Health Assessment and Community Health Improvement Plan (CHIP). The major reason is to improve overall community health through the assistance of multiple partners.

Additional reasons for collaboration exist: all three local hospitals are now required to complete both a Community Health Needs Assessment and Community Health Improvement Plan to meet IRS requirements to maintain their non-profit status. Those hospitals are:

Oakland Mercy Hospital—Oakland, NE  
**St. Francis Memorial Hospital—West Point, NE**  
Faith Regional Health Services—Norfolk, NE

In addition, the Norfolk Community Health Care Clinic has to satisfy the requirement for their federal funding to periodically assess the needs of the community to validate the necessity of their services based upon data that is available. For this reason, working with them to achieve their data needs in the same process helped to make the assessment more meaningful for all partners.

Some of the major drivers toward a new, higher level of collaboration between the health department and the hospitals include:

### 1. Nebraska State Statutes

Nebraska Statutes under 71-1628.04 provide guidance on the roles public health departments must play and provide the following four of the ten required elements which fit into the public health role in the Community Health Improvement Plan.

*...Each local public health department shall include the essential elements in carrying out the core public health functions to the extent applicable within its geographically defined community and to the extent funds are available. The essential elements include, but are not limited to, (a) monitoring health status to identify community health problems, (b) diagnosing and investigating health problems and health hazards in the community, (c) informing, educating, and empowering people about health issues, (d) mobilizing community partnerships to identify and solve health problems...*

### 2. The Patient Protection and Affordable Care Act Impact on Hospitals

The historic passage of the Patient Protection and Affordable Care Act (PPACA) has called on non-profit hospitals to increase their accountability to the communities they serve. PPACA creates a new Internal Revenue Code Section 501(r) clarifying certain responsibilities for tax-exempt hospitals. Although tax exempt hospitals have long been required to disclose their community benefits, PPACA adds several new requirements.

Section 501(r) requires a tax-exempt hospital to:

- Conduct a community health needs assessment every 3 years
  - The assessment must take into account input from persons who represent the broad interests of the community served, especially those of public health
- Develop an implementation plan and strategy that addresses how a hospital plans to meet EACH of the health care needs identified by the assessment
  - This plan must be adopted by the governing body of the organization, and must include an explanation for any assessment findings not being addressed in the plan
- Widely publicize assessment results

As mentioned earlier, this requirement affects all three hospitals in the ELVPHD service area.

### 3. Redefinition of Hospital Community Benefit

Hospitals have been providing community benefits for many years in a variety of ways. In return, hospitals receive a variety of local, state, and federal tax exemptions. The activities listed under “community benefit” are reported on the hospital’s IRS 990 report.

Community benefit has now been defined by the Internal Revenue Service (IRS) as “the promotion of health for a class of persons sufficiently large so the community as a whole benefits.” Simply put, community benefit is composed of programs and services designed to address identified needs and improve community health. To qualify as community benefit, initiatives must respond to an identified community need and meet at least one of the following criteria:

- Improve access to healthcare services
- Enhance health of the community
- Advance medical or health knowledge
- Relieve or reduce the burden of government or other community efforts

### 4. Public Health Accreditation Requirements

In July of 2011, the Public Health Accreditation Board (PHAB) released the first public health standards for the launch of national public health department accreditation. All local health departments (LHDs) must have completed a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). PHAB Version 1.0 has standards that require the LHD to:

- Participate in or conduct a collaborative process resulting in a comprehensive community health assessment
- Collect and maintain reliable, comparable and valid data
- Conduct a process to develop community health improvement plan
- Produce a community health improvement plan as a result of the community health improvement process
- Implement elements and strategies of the health improvement plan in partnership with others
- Analyze public health data to identify health problems that affect the public’s health
- Provide and use the results of the health data analysis to develop recommendations regarding public health policy, processes, programs or interventions

## Overview of the Development Process

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**Step One:** The multi-step process began with the **Mobilizing for Action through Planning and Partnership (MAPP)** process at Elkhorn Logan Valley Public Health Department. The MAPP process was developed by and is recommended for community assessment by the National Association of City and County Health Officials (NACCHO) and Centers for Disease Control (CDC). MAPP was also recommended by the Nebraska Rural Health Association in its *“Community Health Assessment Collaborative Preliminary recommendations for Nebraska’s community, nonprofit hospitals to comply with new requirements for tax exempt status enacted by the Patient Protection and Affordable Care Act”* (September of 2011).

The most current MAPP process conducted by ELVPHD concluded in 2011. That process involved a number of individuals and organizations with a common interest in public health that contributed to the input on the strategies and future goals of the health department. Contributors represented a variety of arenas, sectors and backgrounds. Extreme effort was placed on having equal and fair representation across all counties and sector focus areas.

As key members in the society, opinions and insight from minority groups were sought as a part of this process. This was achieved by conducting door-to-door surveys of Hispanic households in West Point (Cuming County—30 surveys completed), Woodland Park (Stanton County—10 surveys completed); and Norfolk (50 surveys completed) and Madison (30 surveys completed), both in Madison County, in order to better understand health issues and ways to improve health outcomes and reduce barriers to care and treatment.

MAPP was chosen, in part, because the process allowed for input from parties who represented broad interests in the communities. Input from diverse sectors involved in public health was obtained through key informant interviews from the following groups:

- State Senators/City/County Elected Officials
- Hospital Administration
- Allied Health Programs
- Licensed Medical Practitioners
- Behavioral Health Executives
- Emergency Response Planners
- Community-based Organizations
- Family Planning Director
- Community College Administrators
- Healthcare Students
- Health Education Directors
- Community Health Center Executives
- Minority Community Leaders
- Economic Development Leaders
- Business Leaders
- School Administrators

MAPP involves gathering together multiple community stakeholders for a shared assessment, strategic planning, and implementation process. The MAPP cycle has well defined steps and processes to capture community input and move a community or organization to make positive changes.



Details regarding the outcomes of each MAPP Assessment are found in the 2011-2014 Elkhorn Logan Valley Public Health Department Strategic Plan, included as an attachment in Appendix I.

**Step Two: Data Collection and Analysis**

ELVPHD contracted with a private research firm, Ionia Research, to assist with the data collection and analysis component of the process. Data gathering was accomplished using both primary and secondary sources.

Primary data sources included:

- The results of the four MAPP model assessments—1). Community Themes and Strengths Assessment, 2). Local Public Health System Assessment, 3). Community Health Status Assessment and 4). Forces of Change Assessment
- The results of the previously mentioned door-to-door survey conducted at Hispanic households.
- Data collected through community-level health surveys administered online and through regular mail. The most recent assessment findings are available online for public review at [www.elvphd.org](http://www.elvphd.org). Postcards inviting participation in the Community-level health survey were distributed to every postal patron (roughly 23,000 households) in the ELVPHD jurisdiction on two occasions. Those interested in taking the survey were encouraged to do so online, or were invited to request hard-copy surveys or surveys in Spanish by calling the toll-free number listed. Included in these mailings were postage-paid return envelopes.

Secondary data sources included:

- Public Health Association of Nebraska (PHAN)
- Behavior Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Survey (YRBS)
- U.S. Census Bureau- Vital Statistics
- County Health Rankings (Robert Wood Johnson Foundation)
- Healthy People 2020

- Local hospital data:
  - discharges by diagnosis
  - quality reviews, including length of stay, complications and benchmarks
  - safety and complication impact reports
  - Utilization statistics from services over 4 years with discharges by type and patient days by type

In the spirit of holding true to the ‘community-driven’ intent of this process, community engagement was an overarching concept encompassing the Community Health Needs Assessment and formation of the Community Health Improvement Plan. During the implementation of the plan in the years moving forward, this community engagement is anticipated to continue. As such, community engagement is discussed under each focus area.

### **Step Three: Community Health Improvement Plan Stakeholder/Focus Groups**

#### **Preparation:**

During the implementation of the Community Health Needs Assessment, ELVPHD began planning for the next step in the process, the Community Health Improvement Plan Stakeholder/Focus Groups. Due to the geographic spread of the ELVPHD health district, two separate groups were planned—one on the east and one on the west. Planning meetings were conducted with each of the three hospitals in the district and partnership plans for collaboratively hosting the focus groups were formed.

Approximately 275 individuals/agencies were identified by the collaborative partners as key stakeholders in the public health system. Eight weeks prior to the scheduled events, save-the-date postcards were sent to all of the identified potential participants for the events respective to the geographic locale; and formal invitations were sent four weeks prior to the events with a request for RSVPs at that time. Of those, roughly 160 invitations were sent in the counties of Cuming and Burt, while 115 were sent in the counties of Stanton and Madison. (Invitation list is included as Appendix I). Included in the invitations was an informational attachment that outlined the community health improvement planning process as well as the potential benefits to participation. Results of preliminary information on selected health indicators from the public survey process were also included.

Prior to the meeting, the planning team—including five staff, and a contracted facilitator and research firm representative, created tools and ancillary materials to be used on the days of the events. Such items included:

- Data note sheets- disseminated to event participants and used during the data presentation to capture participant observations and insights.
- Strategic issue discussion prompts- disseminated to event participants to guide discussion after participants self-selected into teams to discuss in further detail the particular focus area.



- Strategic planning issue planning grid- disseminated to event participants to reference during the round-table discussion portion of the planning day; also used by selected dialogue recorders (ELVPHD staff) to directly record content as discussed.
- Annotated facilitation guide-used by round-table discussion facilitators as a tool to keep conversations productive and focused.
- County Health Rankings- a reference to supplement the expanded data presentation prepared by Ionia Research.

Also prepared prior to these events was the expanded data analysis report prepared by Ionia Research. The "Analysis and Report of Community Health" document was prepared for ELVPHD using Public Health Association of Nebraska (PHAN) data as the primary source, and also included data provided by the Behavioral Risk Factor Surveillance System (BRFSS) and U.S. Census Bureau Vital Statistics. The intent was to summarize trends in data and differences between the counties served by ELVPHD and the rest of the state of Nebraska.

The observations within the report are based on the application of formulas to evaluate "dependent crude rates/ratios" (Crude Rate Analysis), comparing the ELVPHD district rates or percentages for an indicator with those of the state to determine whether or not those differences are significant. These observations are also placed in the context of other reports where appropriate, including the Behavioral Risk Factor Surveillance System (BRFSS 2007-2008), the 2005 Data Book produced by the Nebraska Health Information Project, prior assessments, and state profiles.

A complete copy of this report is included in the attachments as Appendix II.

**Process:**

The objectives of the Community Health Improvement Plan and Community Health Needs Assessment Stakeholder/Focus Groups were:

- To prioritize strategic issues that can improve the public's health
- To instill community ownership of and commitment to the ongoing process of creating health communities

The overarching strategic focus question guiding the discussion was:

*"Based on our needs assessment data, what are our communities' priority strategic issues and how will we mobilize our communities to impact them?"*

The agenda was the same for each meeting and was outlined as follows:

- Introduction
- Overview of Community Health Improvement Planning process
- Data summary report—Dr. Joe Nitzke, Ionia Research, presented a summary of community health related data compiled from a variety of surveys and other sources to frame discussion of potential priorities for community planning and action. Persons interested in obtaining a complete copy of the data report are

encouraged to request one from ELVPHD, St. Francis Memorial Hospital or Oakland Mercy Hospital.

- Round-table discussion—prioritization exercises to come to consensus around issues that are critical to address in order to improve community health and well-being.
- Issue prioritization- criteria used included: amount of demonstrated need, economic impact of the problem, available and potential resources (cost), morbidity and mortality impact, gaps contributing the problem, cultural environment, opportunities for both short- and long-term success, and potential to make a difference
- Priority issue development
- Next steps
- Debrief

*Strategic issues* were defined as “fundamental policy choices facing an organization’s or system’s vision, mandates, values, services, clients, resources or operations.”

Each group independently came to consensus around four primary strategic issues to guide and inform the Community Health Needs process.

**Participation:**

On July 1, 2013, the Burt and Cuming County Community Health Needs Assessment stakeholder focus group was convened at the Nielsen Community Center in West Point, NE. On July 2, 2013, the Stanton and Madison County stakeholder focus group was convened at Faith Regional Health Services in Norfolk, Ne. The combined attendance totaled 75 unduplicated participants, with 39 attending from West Point and 36 attending from Norfolk. Lunch was provided at both events.

A complete roster of the meeting participants is attached in Appendix III. Meeting participation reflected diversity, including: members of the Hispanic community, elected officials, hospitals and health care professionals, dental advocates, agencies serving the elderly, citizens at large, behavioral health, mental health, business/industries, schools, churches and other religious affiliates, not-for-profit agencies, youth and family serving organizations, law enforcement, tribal representatives, and prevention community organizers.

**Written Drafts and Review Process:**

The information from the community meetings was compiled and served as the foundation for the drafts of each section. Community discussion and priority strategies and actions were reviewed in the context of Healthy People 2020, the National Prevention Strategy 2011 and The Guide to Community Preventive Services to assure that areas included in the plan met evidence- based and evidence-informed criteria for implementation.

The drafts were also written to assure that multiple partners from diverse backgrounds would be able to implement related components of the plan. Hospital partners participated throughout the formation of the plan, and reviewed and approved the draft upon completion.

Participating partners contributing at the stakeholder/focus groups were invited via a postcard to receive a draft copy of the plan upon their request. Conference calls were held to review the work, make collective revisions and additions, and provide final approval before going to the Board of Directors for final approval. Likewise, each hospital in the district used information within this plan to largely contribute to the completion of their plans, and those revised editions were approved respectively by Boards overseeing those organizations.

**St. Francis Memorial Hospital** considers this a point-in-time document that is open for review and revision as new information and insight is gained at the local, state and national levels.

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## Community Description and Demographic Data

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Community and demographic data were analyzed to get an understanding of who the constituents are that are being served in terms of numbers and to understand how they compare to the state, since ELVPHD is an agency operating within the state. Likewise, such information provided context for the responses provided in the Community-Level Health Survey (for example: Of course responses favor services for the 65 and over because one fourth are there, and others fast approaching).

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## Overview of Priority Areas and Strategies

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### ***Priority Area #1: Obesity***

***Justification:*** Survey results showed that 39% of the population is overweight. Studies indicate that obesity is the causing agent of other diseases and contributes to the rising costs of healthcare.

#### **Goals:**

Increase fruit and vegetable consumption.  
Increase physical activity.  
Increase the number of breastfed infants.

#### **Strategies:**

- Availability and access of healthier foods and beverages, including vending options
- Policy development limiting candy/unhealthy foods being used as rewards.
- Advocate for obesity prevention-related policies with elected officials
- Implementation of Fired Up and Getting Fit (model practice), or a similar program to enhance worksite support for physical activity.
- Enhance access to physical activity opportunities, including physical education in area schools and childcare facilities
- Enhance community planning and design practices through built environments to improve physical activity in our service area (i.e. walking trails, etc.)

- Better Weight for a Better You (BABY) Program (model practice) for postpartum women
- Enhance public knowledge of resources available within the communities
- Increase support for breastfeeding in workplaces
- Increase childcare provider knowledge regarding caring for breastfed infants and support for breastfeeding mothers through the childcare setting

### **Priority Area #2: Behavioral/Mental Health**

**Justification:** *Barriers in recruitment, training and retention of behavioral health providers is contributing to a severe lack-of-access situation in our service area, and across rural Nebraska. All four counties in the area are designated mental health provider shortage areas (HRSA, 2013).*

#### **Goal:**

Increase access to behavioral/mental health services in the area.

#### **Strategies**

- Explore and pursue tele-psychiatry
- Enhance public knowledge of resources available within the communities
- Continue active involvement with the ELVPHD/UNMC project to increase behavioral/mental health services in Northeast Nebraska
- Advocate for behavioral/mental health-related policies with elected officials
- Pursue available funding sources to add behavioral- and/or mental-health related programs into operations
- Work with existing behavioral health providers to become mentors/hosts of student interns
- Collaborate with Northern Nebraska Area Health Education Center (AHEC) to familiarize youth about careers in psychiatry/mental or behavioral health

### **Priority Area #3: Prevention**

**Justification:** *Prevention is the most cost-effective way to lessen the chances of acquiring a preventative disease. This increases life expectancy, decreases medical costs, and improves quality of life.*

#### **Goals:**

Increase awareness to augment utilization of preventative services.

Increase the prioritization of preventive health among the constituents of the ELVPHD district.

#### **Strategies:**

- Expand health fair screenings across the service area and screenings offered in other innovative settings
- Enhance public knowledge of resources available within the communities

- Pursue available funding sources to enhance availability of and opportunities for prevention programs (Komen, Avon, etc.)
- Increase tobacco free properties in the jurisdiction through work with business owners, policy makers, etc. (promising practice)
- Offer case management programs for persons found to be in high-risk categories for development of chronic diseases
- Enhance the availability of age-appropriate adult immunization opportunities—especially influenza and pertussis
- Advocate for prevention-related policies with elected officials
- Market the use of the Network of Care option via the ELVPHD website ([www.elvphd.org](http://www.elvphd.org)) and encourage use of the online personal health record feature. Link this resource to websites of community partnering organizations and likewise place the links of partner organizations on the Network of Care website.

#### **Priority Area #4: Risky Behaviors**

**Justification:** *Vehicular/transportation-related risk behaviors rated #1 in terms of impact on the ELVPHD Community Level Health Survey. Outcomes of such risk behaviors are financially significant and emotionally impactful on communities.*

#### **Primary Goal:**

Reduce accidents or injuries related to transportation-related risk behaviors.

#### **Secondary Goal:**

Reduce accidents or injuries related to other risky behaviors, including falls, head injuries, farm safety, etc.

#### **Strategies:**

- Continue implementation of the Distracted Teen Drivers program at ELVPHD
- Raise community levels of awareness regarding statistics related to distracted driving
- Education in schools regarding vehicular and ATV safety
- Expansion of safety programs/messages targeted specifically at farmers or farm workers
- Enhance public knowledge of resources available within the communities
- Collaborate with Nebraska State Patrol to host selective enforcement checks
- Disseminate information to raise awareness about proper utilization of child safety seat usage and installation
- Expand Tai Chi availability in the ELVPHD health district
- Partner with other community agencies in hosting child safety seat checks
- Pursue funding sources to expand programs related to safety and risk reduction across all age groups
- Advocate for safety-related policies with elected officials (continued motorcycle helmet usage, etc.)

## Aligning the Goals and Strategies with the Local Public Health System's Strategic Issues

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The Local Public Health System (LPHS) provides the foundation for all of the health priorities listed above. To meet these for each priority, the goals and objectives were harmonized with the current strategic issues being address by ELVPHD.

### **Current Strategic Issues Include:**

1. Ensuring access to affordable health care services
2. Providing more activities/strategies that promote healthy lifestyles and increase knowledge regarding health and safety
3. Ensuring safety of citizens
4. Effective and efficient use of resources
5. Creating a common vision between collaborative partners
6. Formalization of operations to expand evidence-based and data-informed strategies, as well as pursuing public health accreditation prerequisites and Public Health Accreditation Board standards and measures.

# Detailed Plans for Priority Areas and Strategies

## PRIORITY 1: OBESITY

|   |  |   |
|---|--|---|
| <p><b>Problem Statement:</b> "Obesity is among the most common, costly, and preventable of all health problems in Nebraska and throughout the United States. A healthy diet, physical activity, breastfeeding, and maintaining healthy body weight all significantly contribute to preventing obesity..." – Nebraska Physical Activity and Nutrition State Plan 2011-2016</p> | <p><b>Baseline Data:</b></p> <ul style="list-style-type: none"> <li>Throughout the ELVPHD area, there are an estimated 12,616 adults who are obese (29.4%). By county: Burt, 1,624; Cumming, 2,029; Madison, 7,489; and Stanton, 1,474.<sup>1,2</sup></li> <li>33.9% of respondents to the 2013 survey are obese.<sup>3</sup></li> <li>71.7% of survey respondents report eating less than 5 servings of vegetables/fruits in an average day.<sup>3</sup></li> <li>66% of survey respondents report exercising for 20-30 minutes 3 times per week or less.<sup>4</sup></li> <li>60% Hispanic survey respondents indicated concern or lack of awareness regarding obesity, physical activity/exercise, nutrition and/or diet.<sup>5</sup></li> </ul>  | <p><b>Data Source:</b></p> <ul style="list-style-type: none"> <li>BRFSS<sup>1</sup></li> <li>County Health Rankings<sup>2</sup></li> <li>2013 ELVPHD community-level health survey<sup>3</sup></li> <li>Centers for Disease Control and Prevention, 2013<sup>4</sup></li> <li>ELVPHD door-to-door survey conducted on Hispanic/Latino households in Cumming and Madison Counties<sup>5</sup></li> </ul> |
|   | <p><b>Linkage with State and National Initiatives:</b> The Healthy People 2020 (HP2020) goal for a healthy weight is 33.9% from a U.S. baseline of 30.8%. The current healthy weight for ELVPHD is 31%. HP2020 Objective NWS-14: Increase the contribution of fruits to the diets of population aged 2 years and older. HP2020 Objective NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older. HP2020 Objective PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity. HP2020 Objective PA-4: Increase the proportion of the Nation's public and private schools that require daily physical education for all students. HP2020 Objective MICH-21: Increase the proportion of infants who are breastfed. HP2020 Objective MICH-22: Increase the proportion of employers that have worksite lactation support programs. Michelle Obama's Let's Move Childcare and School lunch initiatives encourage increased health for children and families. The CDC recently released "<i>The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies.</i>" Strategy 5: Support for Breastfeeding in the Workplace supports policy development in this area. Strategy 6: Support for Breastfeeding in Early Care and Education supports proposed strategies in working with childcare facilities. The 2011-2016 Nebraska Physical Activity and Nutrition State Plan. Healthy eating, active living and breastfeeding are all focus areas of this plan. All three goals listed under this priority area align with the focus areas of this statewide plan.</p> |   |

**Goal #1: Increase fruit and vegetable consumption.**

| Current Programs/<br>Resources:  | Analysis of<br>Existing Gaps   | Proposed Strategies/Activities   | Policy<br>Change       | Evidence-<br>Based | Responsible<br>Parties  | Timeframe        | Performance<br>Measures  |
|--|--|--|------------------------|--------------------|---|------------------|--|
| <p>-Nutritional education in public settings (fair booths, schools, senior centers, newsletters, etc.)- <b>SFMH, FRHS,</b> ,<br/>OMH, NENCAP, ELVPHD<br/>-Child Care Food Program offered in licensed childcare centers<br/>-USDA school lunch regulations (Michelle Obama)<br/>-Nutritional counseling through Commodity Supplemental Food Program, Head Start/ Preschools and WIC— NENCAP<br/>-Healthy vending/cafeteria options at worksites—, <b>SFMH, FRHS, OMH</b><br/>-Nutritional counseling for patients through health coaches, registered dietician and/or case managers— <b>SFMH, FRHS</b><br/>-Presentations are being given in schools</p> | <ul style="list-style-type: none"> <li>Some people may not be aware of available resources— more marketing.</li> <li>Food/candy is used as a reward at home, school and work places.</li> <li>Food bank donations distributed at <b>SFMH</b> and general supply of food bank foods are often low quality and poor on the nutritional-value scale</li> <li>Convenience foods (pre-packaged foods, fast foods, and drive thru</li> </ul> | <ol style="list-style-type: none"> <li>1. Availability and access of affordable healthier foods and beverages, including vending options (Healthy Vending in the Workplace Toolkit, 2012).</li> <li>2. Enhance marketing of current programs/resources.</li> <li>3. Policy development limiting candy/unhealthy foods being used as rewards.</li> <li>4. <b>SFMH health coaches and registered dietician will provide nutritional counseling for patients and staff.</b></li> <li>5. <b>SFMH dietician will provide nutritional education for healthy eating habits in our local grade schools.</b></li> </ol> | <p>X</p>               | <p>X</p>           | <p>Business places offering cafeteria and/ or vending- ELVPHD SFMH Business Health and Wellness</p> | <p>2014-2015</p> | <p>75% of businesses offering worksite wellness programs will have at least 50% of their vending options healthy.<br/>90% of programs will adopt an additional marketing strategy.</p> |
| <p><b>Goal #2: Increase physical activity.</b></p>   |  |  |                        |                    |   |                  |  |
| <p>-Healthy vending/cafeteria options at worksites—, <b>SFMH, FRHS, OMH</b><br/>-Nutritional counseling for patients through health coaches, registered dietician and/or case managers— <b>SFMH, FRHS</b><br/>-Presentations are being given in schools</p>  | <ul style="list-style-type: none"> <li>Convenience foods (pre-packaged foods, fast foods, and drive thru</li> </ul>  | <ol style="list-style-type: none"> <li>3. Policy development limiting candy/unhealthy foods being used as rewards.</li> <li>4. <b>SFMH health coaches and registered dietician will provide nutritional counseling for patients and staff.</b></li> <li>5. <b>SFMH dietician will provide nutritional education for healthy eating habits in our local grade schools.</b></li> </ol>   | <p>X</p>               |                    | <p>ELVPHD, NENCAP, Schools, Childcare</p>   | <p>2014</p>      | <p>Baseline TBD. At least 10 new policies will be developed.</p>   |
| Proposed Strategies/Activities   | Policy<br>Change   | Evidence-<br>Based   | Responsible<br>Parties | Timeframe          | Performance<br>Measures   |                  |  |



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| <p>regarding physical activity/nutrition</p> <ul style="list-style-type: none"> <li>-Operation Heart to Heart teaches modules on nutrition—ELVPHD Minority Health Program offers case management/nutrition counseling for Spanish-speaking clients—ELVPHD</li> <li>-SNAP food program accepted at farmer's markets</li> <li>-Some walking trails are available—Cowboy Trail, Skyview Lake, North Fork River Trail, Summit Lake Trails.</li> <li>-Norfolk "Trails" Committee</li> <li>-TaiChi offered in many areas- (West Point, Bancroft, Beemer, Norfolk, Madison.</li> <li>-Many areas have fitness centers/gyms available to the public. Some with discounted options for low income</li> <li>-Zumba offered by NCHCC for minority patients.</li> <li>-Health coaches and case management available-SFMH, ELVPHD, NCHCC</li> </ul> | <p>options) are cheaper and fast—more appealing for busy, working people.</p> <ul style="list-style-type: none"> <li>• People on the go resort to unhealthy vending.</li> <li>• Designated walking areas not available in all communities.</li> <li>• Breastfeeding support is not available in all areas.</li> <li>• Not all workites/childcare providers, etc. are supportive of families wishing to breastfeed.</li> <li>• No Baby Friendly designated hospitals in the ELVPHD service area.</li> <li>• Lack of understanding regarding Affordable Care Act</li> </ul> | <p>1. Implementation of Fired Up and Getting Fit (or similar program) to enhance worksite support for physical activity.</p> | <p>X</p>   | <p>Employers<br/>ELVPHD<br/>Worksite<br/>Wellness</p>  | <p>2015</p> | <p>Five businesses in the ELVPHD jurisdiction will implement this strategy with specific health indicators tracked during next plan period.</p> |
| <p>2. Enhance access to physical activity opportunities, including physical education in ELVPHD's district schools and childcare facilities.</p>   | <p>X</p>  | <p>Schools, Childcare Facilities, Early Childhood Training Centers, ELVPHD, NCHCC</p>  | <p>2014</p>  | <p>Baseline TBD.<br/>Meetings held with 50% of districts schools with policy development in 5 schools during the next plan period.</p> |             |   |
| <p>3. Enhance community planning and design practices through built environments to improve physical activity in ELVPHD's communities (i.e. walking trails, etc.).</p>   | <p>Municipalities, Community Development Organizations<br/>ELVPHD</p>   | <p>2014</p>  | <p>Baseline to be determined. At least one new physical fitness option will be added per county.</p> |  |             |   |
| <p>4. Better Weight for a Better You (BABY) Program for postpartum women.</p>  | <p>X</p>  | <p>SFMH<br/>FRHS<br/>NCHCC</p>   | <p>2015</p>  | <p>25% of post-partum women will participate in program.</p>   |             |   |
| <p>5. Enhance marketing of current programs/resources.</p>   | <p>Various program sponsors</p>   | <p>2014 and ongoing</p>  | <p>90% of programs will adopt an additional marketing strategy.</p>                                  |  |             |   |
| <p>6. SFMH will work with the city of West Point and ELVPHD to obtain a grant for a safe walking/biking trail.</p>   |   |  |  |  |             |   |

| Goal #3: Increase the number of breastfed infants.   |  |               |                |                     |           |   |   |
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|  | Proposed Strategies/Activities   | Policy Change | Evidence-Based | Responsible Parties | Timeframe | Performance Measures  |   |
| <p>Breastfeeding classes/lactation support offered in some areas—<b>SFMH</b>, <b>FRHS</b>, <b>Operation Building Blocks</b>, <b>Operation Great Start</b>.</p> <p>-Recent laws require business places to accommodate breastfeeding mothers in the workforce.</p> <p>(ACA) and healthcare reform</p> <ul style="list-style-type: none"> <li>• School recess time/physical activity support is lacking.</li> <li>• All fitness places do not offer discounted memberships for low-income.</li> <li>• Lack of knowledge on how to find dietitians.</li> <li>• Lack of knowledge on how to find fitness trainers.</li> <li>• Seasonal challenges.</li> <li>• Lack of promotion of what is available.</li> </ul> | <p>1. Increase support for breastfeeding in the workplaces. Examples of strategies include AOL WellBaby Program or the Business Case for Breastfeeding.</p> <p>2. <b>SFMH will provide accommodations for breastfeeding mothers on our campus.</b></p> <p>3. <b>SFMH Lactation Consultant will provide education and support for increasing use of breastfeeding by mothers.</b></p> | X             | X              | Employers, ELVPHD   | 2014      | 25 largest employers will be targeted to establish baseline. Of those, 20% will establish a policy in support of breastfeeding employees. |   |
|  | <p>4. Increase childcare provider knowledge regarding caring for breastfed infants and support for breastfeeding mothers through the childcare setting. Examples of strategies may include: Breastfeeding-Friendly Child Care in Wake County, How to Support a Breastfeeding Mother: A Guide for the Childcare Center or Ten Steps to Breastfeeding Friendly Child Care Centers.</p> |               | X              |                     | ELVPHD    | 2014-2015   | Baseline will be determined by survey of providers. 50% will show increase in knowledge through program. Policy development with childcares will be in next plan cycle. |

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|  | 5. Enhance marketing of current programs/resources. |  | Various program sponsors | 2014 and ongoing | 90% of programs will adopt an additional marketing strategy. |
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| Workgroup Team Members |   |                  |                                |  |  |
|------------------------|---|------------------|--------------------------------|--|--|
| Ron Briggs             | St. Francis Memorial Hospital                   | Lana Pleak       | Memorial Community Hospital    | <b>How to get involved in obesity initiatives:</b><br>Ron Briggs, Franciscan Care Services<br>402-372-2404<br>OR<br>Gina Uhing, Elkhorn Logan Valley Public Health Dept.<br>402-529-2233 |  |
| Anne Timmerman         | St. Francis Memorial Hospital                   | Sara Cameron     | Oakland Mercy Hospital         |  |  |
| Jerry Wordekemper      | St. Francis Memorial Hospital                   | Beth Kiner       | Oakland Mercy Hospital         |  |  |
| Laura Holtz            | Elkhorn Logan Valley Public Health Department   | Monica Emory     | Faith Regional Health Services |  |  |
| Tracy Benjes           | Elkhorn Logan Valley Public Health Department   | Jacque Genovese  | Faith Regional Health Services |  |  |
| Cliff Morrow           | Burt County Supervisor                          | Derick Engelbart | Land O'Frost                   |  |  |
| Amy Munderloh          | Northeast Nebraska Community Action Partnership | Julie Nelson     | Ponca Tribe of Nebraska        |  |  |
| Stacie Reuter          | Ponca Tribe of Nebraska                         | Hilary Farley    | Ponca Tribe of Nebraska        |  |  |

## PRIORITY 2: BEHAVIORAL/MENTAL HEALTH

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| <b>Problem Statement:</b> Barriers in recruitment, training and retention of behavioral health providers is contributing to a severe lack-of-access situation in the ELVPHD district, and across rural Nebraska. | <b>Baseline Data:</b> <ul style="list-style-type: none"> <li>All four counties in the ELVPHD health district are designated mental health provider shortage areas. <sup>1</sup></li> <li>Hospital-specific community health survey questions indicate that respondents desire an increase in services. <sup>2</sup></li> <li>In any given year, 1 in 17 adults (1.3 million Americans) have a seriously debilitating mental illness. <sup>3</sup></li> <li>62% of Hispanic survey respondents indicated some form of mental/behavioral health issue, such as depression, sadness, substance use/abuse, anxiety, etc. OR identified concern with their current inability to access a provider or pay for treatment, lack of bilingual mental/behavioral health services or providers, etc. <sup>4</sup></li> </ul> | <b>Data Source:</b> <ul style="list-style-type: none"> <li>HRSA, 2013 <sup>1</sup></li> <li>2013 ELVPHD community-level health survey <sup>2</sup></li> <li>National Institutes of Health <sup>3</sup></li> <li>ELVPHD door-to-door survey conducted on Hispanic/Latino households in Cuming and Madison Counties <sup>4</sup></li> </ul> |
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| <b>Linkage with ELVPHD Strategic Plan:</b><br>access to care, collaboration | <b>Linkage with State and National Initiatives:</b> HP2020 Objective MHMD-5: Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral. HP2020 Objective MHMD-6: Increase the proportion of children with mental health problems who receive treatment. HP2020 Objective MHMD-9: Increase the proportion of adults with mental health disorders that receive treatment. The Obama Administration is committed to raising awareness about mental health issues, including expanding mental health coverage through the Affordable Care Act. |
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**Goal #1: Increase access to behavioral/mental health services in the ELVPHD health district.**

| Current Programs/<br>Resources:  | Analysis of<br>Existing Gaps  | Proposed Strategies/Activities  | Policy<br>Change | Evidence-<br>Based | Responsible<br>Parties  | Timeframe   | Performance<br>Measures   |
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| <p>-There are concerned agencies/groups and individuals at large that want to mobilize to solve this issue.<br/>-Some areas are oversaturated with LMHPs.<br/>-Healthy Communities Initiative Coalition in existence.<br/>-TeamMates, JAG, JOOI, and other groups looking to mobilize for action.<br/>-Smoking cessation programs available, as well as Nebraska Quit Line.<br/>-Smoking cessation programs offered in various locations.<br/>-Many employers offering Employee Assistance Programs (EAPs).<br/>-TeamMates and other organized</p> | <ul style="list-style-type: none"> <li>• Negative stigma about services and people that access them.</li> <li>• Huge shortage of services—psychiatry.</li> <li>• Patients left overwhelmed by current system.</li> <li>• Lack of providers for children.</li> <li>• Low amount of bilingual providers.</li> <li>• High need for prescribers.</li> <li>• High need for programs aimed at post-war veterans and their families.</li> <li>• Not all employers offer EAP</li> </ul> | <ol style="list-style-type: none"> <li>1. Explore and pursue tele-psychiatry.</li> <li>2. <b>Provide availability of a psychiatrist by Telehealth through Alegent Creighton in Omaha.</b></li> <li>3. Enhance public knowledge of resources available within the communities</li> <li>4. Continue active involvement with the ELVPHD/UNMC project to increase behavioral/mental health services in Northeast Nebraska. Specific strategies yet to be determined.</li> <li>5. <b>SFMH will provide a 2<sup>nd</sup> mental health practitioner/licensed clinical social worker.</b></li> <li>6. <b>SFMH will provide mental health services as a part of EAP Program for their employees.</b></li> <li>7. Pursue available funding sources to add behavioral- and/or mental-health related programs into the ELVPHD operations.</li> </ol> | <p>X</p>         |                    | <p>OMH, SFMH, ELVPHD, FRHS, NCHCC, UNMC, Alegent Creighton Medical Center</p> <p>Various program sponsors</p> <p>UNMC Project Team:<br/>NCHCC, FRHS, SFMH, OMH, AHEC, ELVPHD, etc.</p> <p>ELVPHD and partners</p> | <p>2014</p> <p>2014 and ongoing</p> <p>2014 and ongoing</p> <p>2014 and ongoing</p> | <p>0% of telehealth hosts are currently providing 50% of telehealth hosts will be providers of telemedicine.</p> <p>90% of programs will adopt an additional marketing strategy.</p> <p>Minutes and other records prove participation in project. At least 50% of strategies chosen for implementation will be evidence-based.</p> <p>TBD</p> |

|  |   |  |                                   |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
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| groups offer support systems for those in need.  | programs.                                       | 8. Work with existing behavioral health providers to become mentors/hosts of student interns.<br>9. <b>SFMH will provide clinical rotations for APRN mental health students.</b><br>10. Collaborate with Northern Nebraska Area Health Education Center (AHEC) to familiarize youth about careers in psychiatry/mental or behavioral health. | UNMC project team, AHEC           | 2014 and ongoing | Baseline TBD. First year will focus on determining baseline and establishing approach to accomplish this activity. |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| <p><b>Workgroup Team Members:</b></p> <table border="1" data-bbox="381 178 560 1948"> <tr><td>Heather Drahota</td><td>Elkhorn Logan Valley Public Health Department</td><td>Erin Ridder</td><td>Dinklage Medical Clinic</td></tr> <tr><td>Brian Porn</td><td>Elkhorn Logan Valley Public Health Department</td><td>Shawn Smith</td><td>Oakland Mercy Medical Clinic</td></tr> <tr><td>Beth Buss</td><td>Elkhorn Logan Valley Public Health Department</td><td>Vicki Lindberg</td><td>Oakland Mercy Hospital</td></tr> <tr><td>Maritza Andrade</td><td>Elkhorn Logan Valley Public Health Department</td><td>Nikki Pierce</td><td>Cuming County Juvenile Diversion</td></tr> <tr><td>Sen. Lydia Brasch</td><td>District 16 Legislature</td><td>Kathy Baker</td><td>Baker Counseling</td></tr> <tr><td>Xanat Naranjo</td><td>WELL Link, R.N.</td><td>Melinda Crippen</td><td>Region 4 Behavioral Health System</td></tr> <tr><td>Burton Carriker</td><td>Faith Regional Health Services</td><td>Linda Miller</td><td>ELVPHD/FRHS Board of Directors</td></tr> <tr><td>Margaret Jensen</td><td>Northeast Nebraska Community Action Partnership</td><td>Kathryn Liebers</td><td>District 7 Probation</td></tr> <tr><td>Andres Sandoval</td><td>Norfolk Community Health Care Clinic</td><td>Carrie Crawford</td><td>DHHS EMS/Trauma</td></tr> </table> |   |  |                                   |                  |  | Heather Drahota | Elkhorn Logan Valley Public Health Department | Erin Ridder | Dinklage Medical Clinic | Brian Porn | Elkhorn Logan Valley Public Health Department | Shawn Smith | Oakland Mercy Medical Clinic | Beth Buss | Elkhorn Logan Valley Public Health Department | Vicki Lindberg | Oakland Mercy Hospital | Maritza Andrade | Elkhorn Logan Valley Public Health Department | Nikki Pierce | Cuming County Juvenile Diversion | Sen. Lydia Brasch | District 16 Legislature | Kathy Baker | Baker Counseling | Xanat Naranjo | WELL Link, R.N. | Melinda Crippen | Region 4 Behavioral Health System | Burton Carriker | Faith Regional Health Services | Linda Miller | ELVPHD/FRHS Board of Directors | Margaret Jensen | Northeast Nebraska Community Action Partnership | Kathryn Liebers | District 7 Probation | Andres Sandoval | Norfolk Community Health Care Clinic | Carrie Crawford | DHHS EMS/Trauma |
| Heather Drahota  | Elkhorn Logan Valley Public Health Department   | Erin Ridder  | Dinklage Medical Clinic           |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| Brian Porn   | Elkhorn Logan Valley Public Health Department   | Shawn Smith  | Oakland Mercy Medical Clinic      |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| Beth Buss  | Elkhorn Logan Valley Public Health Department   | Vicki Lindberg   | Oakland Mercy Hospital            |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| Maritza Andrade  | Elkhorn Logan Valley Public Health Department   | Nikki Pierce   | Cuming County Juvenile Diversion  |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| Sen. Lydia Brasch  | District 16 Legislature                         | Kathy Baker  | Baker Counseling                  |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| Xanat Naranjo  | WELL Link, R.N.                                 | Melinda Crippen  | Region 4 Behavioral Health System |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| Burton Carriker  | Faith Regional Health Services                  | Linda Miller   | ELVPHD/FRHS Board of Directors    |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| Margaret Jensen  | Northeast Nebraska Community Action Partnership | Kathryn Liebers  | District 7 Probation              |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| Andres Sandoval  | Norfolk Community Health Care Clinic            | Carrie Crawford  | DHHS EMS/Trauma                   |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |
| <p><b>How to get involved in behavioral/mental health initiatives:</b><br/>Jacque Genovese, Faith Regional Health Services<br/>402-644-7160<br/>OR<br/>Kathy Nordby, Norfolk Community Health Care Clinic<br/>402-529-2233</p>   |   |  |                                   |                  |  |                 |   |             |                         |            |   |             |                              |           |   |                |                        |                 |   |              |                                  |                   |                         |             |                  |               |                 |                 |                                   |                 |                                |              |                                |                 |   |                 |                      |                 |                                      |                 |                 |

### PRIORITY 3: PREVENTION

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| <p><b>Problem Statement:</b> When preventative health screenings are not utilized, and when prevention behaviors are not practiced, larger and costlier conditions can result, which increases medical costs, and decreases quality of life and life expectancy.</p> | <p><b>Baseline Data:</b></p> <ul style="list-style-type: none"> <li>• Respondents to the health survey reported that in households where children live, as many as 45.9% of adults have not been vaccinated for pertussis.<sup>1</sup></li> <li>• There are 7,710 adults in the jurisdiction that report being current smokers.<sup>2</sup></li> <li>• For the respondents over 50 (54% of all), one-third (31.7%) have never been screened for colon cancer.<sup>1</sup></li> <li>• For women 50+, 73.9% had a mammogram in the past two years; that dropped slightly to 66.8% in 2010. For women 40+ the 2008 proportion was 72.7%, which also dropped in 2010 to 67.4%. The</li> </ul> | <p><b>Data Source:</b></p> <ul style="list-style-type: none"> <li>• 2013 ELVPHD community-level health survey<sup>1</sup></li> <li>• BRFS, 2010.<sup>2</sup></li> </ul> |
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|  | <p>proportions in 2010 are both lower than the state and are also below the 81.1% target.<sup>2</sup></p>   |  |
| <p><b>Linkage with ELVPHD Strategic Plan:</b><br/>health promotion, access to care, raising levels of awareness, expanding safety initiatives, collaboration</p>   | <p><b>Linkage with State and National Initiatives:</b> The CDC recommends that adults and adolescents receive a Tdap booster vaccine to protect against whooping cough—especially for those in contact with infants younger than 12 months of age. The U.S. Department of Health and Human Services Document, Ending the Tobacco Epidemic: Progress Towards a Healthier Nation (August 2012) endorses strategies such as no-smoking policies and smoke-free facilities/campuses as effective strategies in eradicating the tobacco problem. HP2020 Objective C-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines. HP2020 Objective C-17: Increase the proportion of women who receive a breast cancer screening consistent with current guidelines.</p> |  |
| <p><b>Goal #1: Increase awareness to augment utilization of preventative services.</b></p>   |   |  |
| <p><b>Current Programs/ Resources:</b></p> <ul style="list-style-type: none"> <li>-Some health fair screenings available</li> <li>-Hospital outreach services to business community</li> <li>-Radon test kits disseminated through County Extension offices</li> </ul> | <p><b>Analysis of Existing Gaps</b></p> <ul style="list-style-type: none"> <li>• Access in rural communities is limited.</li> <li>• Busy people don't have time to make prevention a</li> </ul>   | <p><b>Proposed Strategies/Activities</b></p> <p>Enhance public knowledge of resources available within the communities</p> |
|  | <p><b>Policy Change</b></p>   | <p><b>Evidence Based</b></p>   |
|  | <p><b>Responsible Parties</b></p> <p>Various program sponsors</p>   | <p><b>Timeframe</b></p> <p>2014 and ongoing</p>  |
|  | <p><b>Performance Measures</b></p> <p>90% of programs will adopt an additional marketing strategy.</p>  |  |

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| <p>-See to Learn</p> <ul style="list-style-type: none"> <li>program screens pre-school aged kids</li> <li>-LB459 mandates offering of the Tdap vaccine</li> <li>-Elkhorn Logan Valley Colon Cancer Prevention Coalition</li> <li>-Immunizations being offered in business places—</li> <li>primarily flu vaccine</li> <li>-Entitlement programs such as Every Woman Matters for breast and cervical cancer screening</li> <li>-Stay in the Game Nebraska Colon Cancer Screening Program</li> <li>-Norfolk Community Health Care Clinic is a resource for under- and un-insured</li> </ul> | <p>priority.</p> <ul style="list-style-type: none"> <li>No policies in place to help people make prevention a priority.</li> <li>Constant community awareness is lacking—many times efforts focus on an awareness week or month, then the messages fade away.</li> <li>Doctor availability for preventative visits is limited.</li> <li>Some cannot afford the price of such screenings.</li> <li>Transportation services are lacking, especially in smaller communities.</li> </ul> | <p>Expand health fair screenings across the service area and screenings offered in other innovative settings.</p> <ol style="list-style-type: none"> <li><b>SFMH will provide on-site preventive screenings at a reduced cost to area businesses through our Business Health &amp; Wellness Program.</b></li> <li><b>SFMH provides well-child checks at all 6 satellite medical clinics.</b></li> <li><b>We will provide a Certified Application Counselor for the Health Insurance Exchange and provide Counseling for Medicaid Presumptive Eligibility.</b></li> </ol> <p>Pursue available funding sources to enhance availability of and opportunities for prevention programs (Komen, Avon, etc.). Base applications upon evidence-based programming and stipulations set forth by funders.</p> <p>Market the use of the Network of Care option via the ELVPHD website (<a href="http://www.elvphd.org">www.elvphd.org</a>) and encourage use of the online personal health record feature. Link this resource to websites of community partnering organizations and likewise place the links of partner organizations on the Network of Care website.</p> | <p>Baseline TBD.</p> <p>From there, an additional ten screening opportunities will be offered in the ELVPHD jurisdiction per year.</p> |
|   |  | <p>Various community partners, ELVPHD, Local hospitals</p>   | <p>2013 and ongoing</p>  |
|   |  | <p>X</p>   | <p>2014 and ongoing</p>  |
|   |  | <p>X</p>   | <p>2014</p>  |
| <p><b>Goal #2: Increase the prioritization of preventive health among the constituents of the ELVPHD district.</b></p>  |  |  |  |
|   |  | <p><b>Proposed Strategies/Activities</b></p>   | <p><b>Policy Change</b></p>  |
|   |  | <p><b>Evidence-Based</b></p>   | <p><b>Responsible Parties</b></p>  |
|   |  |  | <p><b>Performance Measures</b></p>   |

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|  | <ul style="list-style-type: none"> <li>Employers are opting to pay for the penalty vs. wellness and/or prevention programs because the penalty is cheaper.</li> <li>People "know" issues but choose not to act on issues.</li> <li>Under-insured yet "over-income" for resources.</li> </ul> | <p>Increase tobacco free properties in the jurisdiction through work with business owners, policy makers, etc. (promising practice).</p> <p><b>SFMH will not allow the use of e-cigarettes or chewing tobacco as a part of their tobacco and smoke-free campus policy.</b></p> <p>Offer case management programs for persons found to be in high-risk categories for development of chronic diseases</p> <ol style="list-style-type: none"> <li><b>SFMH Respiratory Therapist and Health Coaches will provide a COPD program featuring evidence-based medicine using our family practice physicians and a consulting pulmonologist.</b></li> <li><b>SFMH Health coaches will provide chronic disease management for patients in the areas of diabetes, congestive heart failure, high blood pressure, hyperlipidemia, and osteoporosis.</b></li> <li><b>SFMH respiratory therapist will provide smoking cessation programs to those wishing to stop smoking in the area.</b></li> </ol> | X | X | <p>ELVPHD, Business owners/ Employers, various community partners</p>   | 2014 and ongoing | <p>Baseline TBD.<br/>From there, and additional ten properties will be converted to smoke free.</p> |
|  |  | <p>Baseline TBD.<br/>From there, at least two new agencies will begin offering some level of case management services.</p>  |   | X | <p>Operation Heart to Heart, FCS, NCHCC, various community agencies</p> | 2013 and ongoing |   |



|   |   |  |                                |   |                  |  |            |   |                       |                                |                        |   |             |                        |                |   |                  |                             |              |                                      |                |                    |               |                                |                     |                               |               |                                |                   |                        |
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|   |   | <p>4. Enhance the availability of age-appropriate adult immunization opportunities—especially influenza and pertussis.</p> <p>5. SFMH will provide flu shot clinics at Senior Centers, Nursing Homes and area businesses to encourage flu shot vaccinations.</p> <p>6. SFMH will remind individuals of the need for colonoscopies, mammographies, etc via letters or phone calls.</p> <p>7. SFMH will provide a Certified Ergonomics Consultation to area businesses upon request through our Business Health and Wellness Program.</p> <p>8. SFMH will expand its CAPTURE FALL Program to their assisted living facility.</p> | X                              | <p>ELVPHD,<br/>NENCAP,<br/>Hospitals<br/>and/or<br/>medical<br/>clinics</p> | 2014 and ongoing | <p>Baseline TBD. At least 2,000 additional vaccines will be given annually in addition to the baseline number.</p> |            |   |                       |                                |                        |   |             |                        |                |   |                  |                             |              |                                      |                |                    |               |                                |                     |                               |               |                                |                   |                        |
| <p><b>Workgroup Team Members:</b></p> <table border="1"> <tr> <td>Brian Porn</td> <td>Elkhorn Logan Valley Public Health Department</td> <td>Tina Biteghe Bi Ndong</td> <td>West Point Chamber of Commerce</td> </tr> <tr> <td>Miriam Tellez-Trujillo</td> <td>Elkhorn Logan Valley Public Health Department</td> <td>Deb Hawkins</td> <td>Oakland Mercy Hospital</td> </tr> <tr> <td>Melissa Nelsen</td> <td>Elkhorn Logan Valley Public Health Department</td> <td>Heather Claussen</td> <td>Northeast Community College</td> </tr> <tr> <td>Kathy Nordby</td> <td>Norfolk Community Health Care Clinic</td> <td>LaVonne Harrom</td> <td>Wisner Care Center</td> </tr> <tr> <td>Brian Blecher</td> <td>Faith Regional Health Services</td> <td>Carol Kampschneider</td> <td>St. Francis Memorial Hospital</td> </tr> <tr> <td>Jenny Simmons</td> <td>Faith Regional Health Services</td> <td>Leticia Rodriguez</td> <td>Madison Public Schools</td> </tr> </table> <p><b>How to get involved in prevention initiatives:</b><br/> John Werner, Oakland Mercy Hospital<br/> 402-685-5601<br/> OR<br/> Tracy Benjes, Elkhorn Logan Valley Public Health Department<br/> 402-529-2233</p> |   |  |                                |   |                  |  | Brian Porn | Elkhorn Logan Valley Public Health Department | Tina Biteghe Bi Ndong | West Point Chamber of Commerce | Miriam Tellez-Trujillo | Elkhorn Logan Valley Public Health Department | Deb Hawkins | Oakland Mercy Hospital | Melissa Nelsen | Elkhorn Logan Valley Public Health Department | Heather Claussen | Northeast Community College | Kathy Nordby | Norfolk Community Health Care Clinic | LaVonne Harrom | Wisner Care Center | Brian Blecher | Faith Regional Health Services | Carol Kampschneider | St. Francis Memorial Hospital | Jenny Simmons | Faith Regional Health Services | Leticia Rodriguez | Madison Public Schools |
| Brian Porn  | Elkhorn Logan Valley Public Health Department | Tina Biteghe Bi Ndong  | West Point Chamber of Commerce |   |                  |  |            |   |                       |                                |                        |   |             |                        |                |   |                  |                             |              |                                      |                |                    |               |                                |                     |                               |               |                                |                   |                        |
| Miriam Tellez-Trujillo  | Elkhorn Logan Valley Public Health Department | Deb Hawkins  | Oakland Mercy Hospital         |   |                  |  |            |   |                       |                                |                        |   |             |                        |                |   |                  |                             |              |                                      |                |                    |               |                                |                     |                               |               |                                |                   |                        |
| Melissa Nelsen  | Elkhorn Logan Valley Public Health Department | Heather Claussen   | Northeast Community College    |   |                  |  |            |   |                       |                                |                        |   |             |                        |                |   |                  |                             |              |                                      |                |                    |               |                                |                     |                               |               |                                |                   |                        |
| Kathy Nordby  | Norfolk Community Health Care Clinic          | LaVonne Harrom   | Wisner Care Center             |   |                  |  |            |   |                       |                                |                        |   |             |                        |                |   |                  |                             |              |                                      |                |                    |               |                                |                     |                               |               |                                |                   |                        |
| Brian Blecher   | Faith Regional Health Services                | Carol Kampschneider  | St. Francis Memorial Hospital  |   |                  |  |            |   |                       |                                |                        |   |             |                        |                |   |                  |                             |              |                                      |                |                    |               |                                |                     |                               |               |                                |                   |                        |
| Jenny Simmons   | Faith Regional Health Services                | Leticia Rodriguez  | Madison Public Schools         |   |                  |  |            |   |                       |                                |                        |   |             |                        |                |   |                  |                             |              |                                      |                |                    |               |                                |                     |                               |               |                                |                   |                        |

## PRIORITY 4: RISKY BEHAVIORS

|  |   |   |
|--|---|---|
| <p><b>Problem Statement:</b> Risky behaviors were identified in the survey as being a problem. The fact that adolescent risky behaviors often co-occur makes engaging in any one risky behavior a risk factor for engaging in another. Outcomes of such risk behaviors are financially significant and emotionally impactful on communities.</p> | <p><b>Baseline Data:</b></p> <ul style="list-style-type: none"> <li>• Texting while driving was rated #1 in terms of impact for the ELVPHD jurisdiction for risk behaviors.<sup>3</sup> This is over three times the rate for the State of Nebraska from 2011.<sup>1</sup></li> <li>• Talking on a cell phone while driving was rated #3 in terms of impact for the ELVPHD jurisdiction for risk behaviors.<sup>3</sup> This is over five times the rate for the State of Nebraska from 2011.<sup>1</sup></li> <li>• In 2012, there were 17 fatalities in Nebraska resulting from distracted driving crashes and 1,317 injuries.<sup>2</sup></li> <li>• The latest National surveys indicate that 83% of passenger car drivers and 74% of CMV drivers wear safety belts. There is a direct correlation that as the percentage of drivers and occupants wearing safety belts increases, the number of traffic fatalities and serious injuries decreases.</li> <li>• In 2010, the direct medical costs of falls, adjusted for inflation, was \$30.0 billion.<sup>4</sup></li> </ul> | <p><b>Data Source:</b></p> <ul style="list-style-type: none"> <li>• 2011 Nebraska Community Themes and Strengths Assessment Survey Results<sup>1</sup></li> <li>• Nebraska Department of Highway Safety, 2013<sup>2</sup></li> <li>• 2013 ELVPHD community-level health survey<sup>3</sup></li> <li>• Stevens JA. Fatalities and injuries from falls among older adults – United States, 1993–2003 and 2001–2005. MMWR 2006a;55(45).<sup>4</sup></li> </ul> |
| <p><b>Linkage with ELVPHD Strategic Plan:</b> collaboration/ensuring safety</p>  | <p><b>Linkage with State and National Initiatives:</b> HP2020 Objective IVP-11: Reduce unintentional injury deaths. The 2011-2014 Nebraska State Patrol Strategic Plan prioritizes distracted driving: <i>The Nebraska State Patrol (NSP) will work across the spectrum with private and public entities as well as advocacy groups to tackle distracted driving through education and enforcement of statutes addressing texting and cellular phone usage while driving.</i> This same plan also prioritizes seat belt and child restraint enforcement: <i>Prioritizing restraint statutes to include seat belt and child restraint enforcement during normal patrol functions, and selective enforcement events.</i> The Nebraska Injury Prevention State Plan recommends increasing public education on fall hazards for children and older adults. Many federal and state laws exist in support of eradicating distracted driving. President Obama has made declarations in support of anti-distracted driving.</p>   |   |

**Goal #1: Reduce accidents or injuries related to transportation-related risk behaviors.**

| Current Programs/<br>Resources:   | Analysis of<br>Existing Gaps   | Proposed Strategies/Activities  | Policy<br>Change | Evidence-<br>Based | Responsible<br>Parties  | Timeframe        | Performance<br>Measures  |
|---|--|---|------------------|--------------------|---|------------------|--|
| <p>-Child safety seat checks occur in some communities regularly- generally sponsored by hospitals</p> <p>-OMH offered rollover simulator at Burt County Fair</p> <p>-Community agencies (hospitals) expanding programming to include farm safety (anhydrous program, respiratory masks, decontamination of fertilizer exposure drills, etc.)</p> <p>-Rural hospitals designated as "Trauma Centers" offer education in high schools about vehicular safety</p> <p>-Organized groups are working on "risky behavior" initiatives— ELVPHD, schools, hospitals, juvenile groups, FFA, 4-H clubs, County Extension Offices</p> <p>-Community and/or stakeholder buy-in is present and fosters change</p> | <ul style="list-style-type: none"> <li>• ATV safety is not being addressed.</li> <li>• Services are not available in all communities (Tai Chi, etc.).</li> <li>• Tractor/farm safety is not addressed in this large farming region of Nebraska</li> <li>• Elderly driving is a difficult topic for families to address.</li> <li>• Legislatively, fines are not steep enough.</li> <li>• More signage is needed on roadways warning drivers of children, etc.</li> <li>• Personal attitudes/ accountability are huge issues in participation of risky</li> </ul> | <ol style="list-style-type: none"> <li>1. Continue implementation of the Distracted Teen Drivers program at ELVPHD.</li> <li>2. <b>SFMH will provide 3 child safety seat checks in our service area per year.</b></li> <li>3. <b>SFMH will check employees periodically for seatbelt use when arriving for work.</b></li> </ol> |                  |                    | ELVPHD/Are a schools  | 2013 and ongoing | 75% of target county schools will receive education. Baseline is 62%.            |
|   |  | <p>Raise community levels of awareness regarding statistics related to distracted driving.</p>  |                  |                    | Various community partners  | 2014 and ongoing | Baseline TBD. At least five public awareness pieces will be publicized annually. |
|   |  | <p>Education in schools regarding vehicular and ATV safety (Teen Traffic Safety Program).</p> <p><b>SFMH will take part in the Diverision Program to education area high school teens about the dangers of texting or drinking and driving.</b></p>   |                  | X                  | Nebraska Trauma Designated Hospitals (SFMH will maintain Level I designation) | 2014 and ongoing | Baseline TBD. 75% of schools will receive education.                             |
|   |  | <p>Collaborate with Nebraska State Patrol to host selective enforcement checks.</p>   |                  | X                  | HCI   | 2013 and ongoing | At least two enforcement checks will be held in the ELVPHD district annually.    |

|   |  |   |                                     |  |   |   |
|---|--|---|-------------------------------------|--|---|---|
| <p>-Nebraska State Patrol has resources available</p> <p>-National Night Out in Norfolk</p> <p>-Laws have been adopted in attempt to eradicate distracted driving</p> <p>-Affordable Care Act requires practitioners to document discussions with patients regarding their risky behaviors</p> <p>-Partnerships with County Extension Agencies have allowed education for farmers to happen at pesticide recertification classes</p> <p>-Mock crashes being offered in some communities</p> <p>-Public education being offered at senior citizen centers across the service area by various agencies</p> <p>-Bicycle rodeos hosted which includes helmet safety and fit testing</p> | <p>behaviors.</p> <ul style="list-style-type: none"> <li>• Education needs to happen with parents so parents feel empowered to discuss risky behaviors with their children.</li> <li>• There continues to be a lack of awareness regarding the dangers of distracted driving.</li> <li>• Lack of knowledge regarding current resources available to deter distracted driving.</li> </ul> | <p>Disseminate information to raise awareness about proper utilization of child safety seat usage and installation.</p> <p>Expansion of safety programs/messages targeted specifically at farmers or farm workers using UNMC Agricultural Medicine Course materials and content.</p> <p>Expand Tai Chi availability in the ELVPHD health district.</p> <p>Partner with other community agencies in hosting child safety seat checks.</p> <p>Pursue funding sources to expand programs related to safety and risk reduction across all age groups.</p> | <p>X</p> <p>X</p> <p>X</p> <p>X</p> | <p>OMH, SFMH, FRHS</p> <p>SFMH, ELVPHD</p> <p>Various community partners</p> <p>Various community partners</p> <p>ELVPHD</p> | <p>2014 and ongoing</p> <p>2014 and ongoing</p> <p>2013 and ongoing</p> <p>2013 and ongoing</p> <p>2013 and ongoing</p> | <p>Baseline TBD. At least three car seat safety checks will happen in the ELVPHD jurisdiction annually.</p> <p>Baseline TBD. Performance measure to be determined.</p> <p>Baseline TBD. At least 10 classes will be hosted annually in the ELVPHD jurisdiction.</p> <p>At least three car seat safety checks will happen in the ELVPHD jurisdiction annually.</p> <p>TBD.</p> |
|---|--|---|-------------------------------------|--|---|---|

|   |   |   |                                      |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
|---|---|---|--------------------------------------|-----------------------------------|-------------------------|---|----------------|---|-------------|-----------------------------|-----------------|---|--------------|------------------------|-------------|------------------------|---------------|------------------------|-----------|--------------------------|-------------|------------------------|-------------|-----------------------|--------------|-------------------------|--------------|--------------------------------|-----------------|--------------------------|-------------|-------------------------------|-----------------|--------------------------------------|---------------|---|------------------|-----------------------------|
| <p>(FRHS and various agencies).<br/>         -Ergonomic education offered to some industrial employers<br/>         -HCI Substance Abuse Prevention Coalition offers programming in the community and in schools for substance abuse prevention<br/>         -Tai Chi and other fall prevention programs are being offered in the communities.<br/>         -Geriatric Driving Assessments being offered at <b>DMC/SFMH</b><br/>         -Phone apps now available to deter distracted driving.</p>   |   | <p>Enhance marketing of current programs/resources.</p> |                                      | <p>Various community partners</p> | <p>2014 and ongoing</p> | <p>90% of programs will adopt an additional marketing strategy.</p> |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
| <p><b>Workgroup Team Members:</b></p> <table border="1"> <tr> <td>Melissa Nemece</td> <td>Elkhorn Logan Valley Public Health Department</td> <td>Doug Dekker</td> <td>Northeast Community College</td> </tr> <tr> <td>Heather Drahota</td> <td>Elkhorn Logan Valley Public Health Department</td> <td>Perry Rogers</td> <td>Burt County Supervisor</td> </tr> <tr> <td>John Werner</td> <td>Oakland Mercy Hospital</td> <td>Gerald Newell</td> <td>Burt County Supervisor</td> </tr> <tr> <td>Jenny Erb</td> <td>West Point Living Center</td> <td>Dave Schold</td> <td>Burt County Supervisor</td> </tr> <tr> <td>Cindy Mandl</td> <td>Stanton Health Center</td> <td>Rita Strehle</td> <td>Dinklage Medical Clinic</td> </tr> <tr> <td>Kathy Becker</td> <td>Healthy Communities Initiative</td> <td>Andrea Trautman</td> <td>Home Instead Senior Care</td> </tr> <tr> <td>D.J. Weddle</td> <td>West Point-Beemer High School</td> <td>Karie Langhorst</td> <td>Norfolk Community Health Care Clinic</td> </tr> <tr> <td>Mary Humphrey</td> <td>Northeast Nebraska Area Agency on Aging</td> <td>Rev. John Nelson</td> <td>Mount Olive Lutheran Church</td> </tr> </table> <p><b>How to get involved in risky behaviors initiatives:</b><br/>         Kathy Becker, Healthy Communities Initiative<br/>         402-380-3079<br/>         OR<br/>         Melissa Nemece, Elkhorn Logan Valley Public Health Department<br/>         402-529-2233</p> |   |   |                                      |                                   |                         |   | Melissa Nemece | Elkhorn Logan Valley Public Health Department | Doug Dekker | Northeast Community College | Heather Drahota | Elkhorn Logan Valley Public Health Department | Perry Rogers | Burt County Supervisor | John Werner | Oakland Mercy Hospital | Gerald Newell | Burt County Supervisor | Jenny Erb | West Point Living Center | Dave Schold | Burt County Supervisor | Cindy Mandl | Stanton Health Center | Rita Strehle | Dinklage Medical Clinic | Kathy Becker | Healthy Communities Initiative | Andrea Trautman | Home Instead Senior Care | D.J. Weddle | West Point-Beemer High School | Karie Langhorst | Norfolk Community Health Care Clinic | Mary Humphrey | Northeast Nebraska Area Agency on Aging | Rev. John Nelson | Mount Olive Lutheran Church |
| Melissa Nemece  | Elkhorn Logan Valley Public Health Department | Doug Dekker   | Northeast Community College          |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
| Heather Drahota   | Elkhorn Logan Valley Public Health Department | Perry Rogers  | Burt County Supervisor               |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
| John Werner   | Oakland Mercy Hospital                        | Gerald Newell   | Burt County Supervisor               |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
| Jenny Erb   | West Point Living Center                      | Dave Schold   | Burt County Supervisor               |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
| Cindy Mandl   | Stanton Health Center                         | Rita Strehle  | Dinklage Medical Clinic              |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
| Kathy Becker  | Healthy Communities Initiative                | Andrea Trautman   | Home Instead Senior Care             |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
| D.J. Weddle   | West Point-Beemer High School                 | Karie Langhorst   | Norfolk Community Health Care Clinic |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |
| Mary Humphrey   | Northeast Nebraska Area Agency on Aging       | Rev. John Nelson  | Mount Olive Lutheran Church          |                                   |                         |   |                |   |             |                             |                 |   |              |                        |             |                        |               |                        |           |                          |             |                        |             |                       |              |                         |              |                                |                 |                          |             |                               |                 |                                      |               |   |                  |                             |

## Follow-Up and Monitoring

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The Health Department has established individual teams to develop goals and implement strategies for each priority. Team leaders from the Health Department will be identified and commit to continued service on each of the priority area teams. Each team leader is responsible for:

- Organizing a team which includes both field professionals and representative community members.
- Guiding the work of the team, including development of goals, logic model and work plan.
- Establishing metrics including measurable outcomes indicators.
- Assuring work is coordinated with other priority teams.
- Communicating appropriately with the community at large.

Those leading the efforts include Elkhorn Logan Valley Public Health Department, Oakland Mercy Hospital, **St. Francis Memorial Hospital**, Faith Regional Health Services and Norfolk Community Health Care Clinic. In order to increase efficiency and economies of scale, redundancy and capacity building is of key interest to all of the above mentioned partners. Further, collaboration on community health improvement efforts is of mutual benefit to all agencies, and moreover, better supports the philosophy of a community-driven improvement effort.

The first follow-up meetings will be held in December of 2013. During these meetings, the implementation teams will develop specific actions steps within each priority area and will subsequently develop specific time frames for accomplishing each step. It is believed that this method will assure timely progress towards specific goals and measures, but will also decrease likelihood of duplicated efforts.

After the initial meeting, meetings will be scheduled quarterly. With the unique dynamics of the ELVPHD service area, covering a four-county geographic area of more than 2,000 square miles, most meetings will be hosted using distance-technology capabilities—telehealth or computer-based meeting options. At least annually, one meeting will be held face-to-face in a centralized location.

In addition, the following controls have been put into place at ELVPHD to assure accurate and timely progress in meeting plan objectives and goals:

- Weekly manager's meetings where programs, scheduled events, reports, deadlines are discussed. Minutes and agendas to these meetings are available upon request.
- Regularly scheduled staff meetings where vital information is shared for staff. These generally happen every two weeks. Minutes and agendas are available upon request.
- All field staff meet with their supervisor at a minimum of once per week, and more often as warranted, to assure that program outcomes/objectives, etc. are achieved.
- Board of Health receives updates on all programs during bi-monthly Board meetings. We retain an 'open door' policy for any Board member and the general public at all times.
- Personnel policies and office procedures communicate expectations for all staff and assure a level of consistency in operations agency-wide.
- Job descriptions clearly identifying all duties, roles and responsibilities of all staff are signed by the employee on an annual basis and filed in each employee's respective personnel file.

## ACRONYM KEY

|        |   |             |  |
|--------|---|-------------|--|
| ACA    | Affordable Care Act   | LB          | Legislative Bill   |
| AHEC   | Area Health Education Center – Norfolk, NE                          | LHD         | Local Health Department                                      |
| ATV    | All Terrain Vehicle   | LMHP        | Licensed Mental Health Practitioner                          |
| BABY   | Better Weight for a Better You                                      | LPHS        | Local Public Health System                                   |
| BRFSS  | Behavior Risk Factor Surveillance System                            | MAPP        | Mobilizing for Action through Planning and Partnerships      |
| CDC    | U.S. Centers for Disease Control and Prevention                     | NCHCC       | Norfolk Community Health Care Clinic – Norfolk, NE           |
| CHA    | Community Health Assessment   | NENCAP      | Northeast Nebraska Community Action Partnership – Pender, NE |
| CHIP   | Community Health Improvement Plan                                   | LB          | Legislative Bill   |
| DMC    | Dinklage Medical Clinic – West Point, NE                            | OMH         | Oakland Mercy Hospital – Oakland, NE                         |
| EAP    | Employee Assistance Program   | PHAB        | Public Health Accreditation Board                            |
| ELVPHD | Elkhorn Logan Valley Public Health Department                       | PHAN        | Public Health Association of Nebraska                        |
| FFA    | Future Farmers of America   | PPACA       | Patient Protection and Affordable Care Act                   |
| FRHS   | Faith Regional Health Services – Norfolk, NE                        | SNAP        | Supplemental Nutrition Assistance Program                    |
| HCI    | Healthy Communities Initiative Substance Abuse Prevention Coalition | <b>SFMH</b> | <b>St. Francis Memorial Hospital – West Point, NE</b>        |
| HP2020 | Healthy People 2020   | TBD         | To be determined   |
| HRSA   | Health Resources and Services Administration                        | UNMC        | University of Nebraska Medical Center                        |
| IRS    | Internal Revenue Service  | USDA        | U.S. Department of Agriculture                               |
| JAG    | Juvenile Awareness Group – West Point, NE                           | WIC         | Women, Infants, and Children Nutritional Program             |
| JOOI   | Junior Optimist Octagon International –                             | YRBS        | Youth Risk Behavior Survey                                   |

## **Community Health Needs Assessment Implementation Plan 2014-2016**

### **CHNA Priority #1—Obesity**

1. SFMH will work with the City of West Point and the public health department to obtain a grant to provide a safe walking/biking trail in close proximity to West Point
2. SFMH certified health coaches and registered dietician will provide nutritional counseling for patients and staff
3. SFMH will provide accommodations for breastfeeding mothers on our campus
4. SFMH Lactation Consultant will provide education and support for increasing use of breastfeeding by mothers
5. SFMH's registered dietician will provide education on healthy eating habits to area school students.

### **CHNA Priority #2—Access to Behavioral Health**

1. SFMH will provide availability of psychiatrists for our area by Telehealth through Alegent Creighton in Omaha
2. SFMH will provide a second mental health practitioner/Licensed Clinical Social Worker
3. SFMH will offer mental health services through our Employee Assistance Program (EAP)
4. SFMH will provide clinical rotations for mental health APRNs through our Psychiatric Nurse Practitioner

### **CHNA Priority #3—Prevention**

1. SFMH will provide on-site preventive screenings at reduced cost to area businesses through our Business Health & Wellness Program
2. SFMH offers well-child checks at all of our 6 satellite medical clinics in our area
3. SFMH respiratory therapist will provide smoking cessation programs to anyone wishing to stop smoking
4. SFMH will not allow the use of e-cigarettes or chewing tobacco as part of our tobacco/smoke free campus
5. SFMH respiratory therapist and health coaches will provide a COPD program featuring evidence-based medicine using our family practice physicians and a consulting pulmonologist



6. SFMH health coaches will provide chronic disease management for patients in the areas of diabetes, congestive heart failure, high blood pressure, hyperlipidemia and osteoporosis
7. SFMH will provide flu shots to all staff, their family and at area Senior Centers, Nursing Homes and area businesses to encourage flu shot vaccinations
8. SFMH will remind individuals of the need for colonoscopies, mammographies, etc. via letters and phone calls
9. SFMH will provide a Certified Ergonomics Consultation to area businesses upon request through our Business Health & Wellness Program
10. SFMH will expand its CAPTURE Fall Prevention Program to our assisted living facility (St. Joseph's Retirement Community)

#### CHNA Priority #4—Risky Behaviors

1. SFMH will provide 3 child safety seat checks in our service area per year
2. SFMH will periodically check (through our Safety Director) employees for seat belt use as they arrive at work
3. SFMH will take part in the Diversion Program's education of area high school teens on safe driving by not texting, driving while intoxicated, etc.

## APPENDIX I

- Ace Optometry
- American Red Cross
- Anytime Fitness
- Authier Miller Pape Eyecare Consultants
- Baker Counseling Bancroft Rosalie High School
- Behavioral Health Specialists
- Big Brothers/Big Sisters
- Birthright
- Burgess Clinic
- Burt County Attorney
- Burt County Clerk
- Burt County Economic Development
- Burt County Extension Office
- Burt County Sheriff
- Burt County Supervisors
- Carson Cancer Center
- Center for Rural Affairs
- Central Valley Ag
- Chatt Senior Center
- Christian Lutheran Church
- City of Lyons
- City of Norfolk
- City of Oakland
- City of Tekamah
- City of West Point
- Clyde Eyecare and Associates
- Colonial Haven
- Corner Drug
- Cottonwood Clinic
- Countryside Vet Clinic
- Craig Fire and Rescue
- Cuming County Board of Supervisors
- Cuming County Clerk
- Cuming County Economic Development
- Cuming County Emergency Management
- Cuming County Juvenile Diversion Office
- Decatur Fire and Rescue
- Decatur Police Department
- Diabetes and Wellness Clinic
- Dinklage Medical Clinic
- Dr. James Brosniham, DDS
- Elkhorn Valley Economic Development Council
- Exact Eye Care
- Faith Regional Family Practice
- Faith Regional Health Services
- Faith Regional Madison Family Medicine
- Family Dental Center
- Family Vision Center
- Feidler Eye Clinic
- Franciscan Care Services

- General Assistance/County Medicine
- Golden Living Center
- Golden Oaks
- Grace Lutheran Church
- Guardian Angels Central Catholic
- Happy Days
- Healthy Communities Initiative
- Helena
- Hofmann Pharmacy, Inc.
- Home Health Care
- Home Instead Senior Care
- Hy-Vee East Pharmacy
- Hy-Vee West Pharmacy
- Ionia Research
- Ivy Street Medical
- Joseph's Retirement Community
- Kiddie Korral
- Kind Counseling Services, Inc.
- Land O'Frost
- Lloyds Drug Mart
- Logan Valley Manor
- Lutheran High Northeast High School
- Lyons Fire and Rescue
- Lyons Police Department
- Lyons-Decatur Northeast Schools
- Madison Public Schools
- Madison County Commissioners
- Madison County Juvenile Diversion
- Madison Medical Clinic
- Meds & More
- Memorial Community Hospital
- Memorial Community Hospital Clinics
- Midwest Health Partners
- Midwest Veterinary
- Mount Olive Lutheran Church
- Nebraska Department of Agriculture
- Nebraska Department of Health and Human Services
- Nebraska EMS Program
- Nebraska State Senator, District 16
- Nebraska State Senator, District 19
- Nebraska State Senator, District 22
- Norfolk Area Chamber of Commerce
- Norfolk Catholic High School
- Norfolk Community Health Care Clinic
- Norfolk Dental Group, LLP
- Norfolk Economic Development
- Norfolk Family Medicine
- Norfolk Housing
- Norfolk Iron and Metal
- Norfolk Medical Group
- Norfolk Police Department
- Norfolk Public Schools

- Norfolk Regional Center
- Norfolk Rescue Mission
- Northeast Community College
- Northeast Nebraska Area Agency on Aging
- Northeast Nebraska Community Action Partnership
- Northeast Nebraska EMS



## Needs Assessment Data

Elkhorn Logan Valley Public Health Department

**ST. FRANCIS MEMORIAL HOSPITAL**

Faith Regional Health Services

Oakland Mercy Hospital

Ionia Research

Joseph Nitzke

7/1/2013

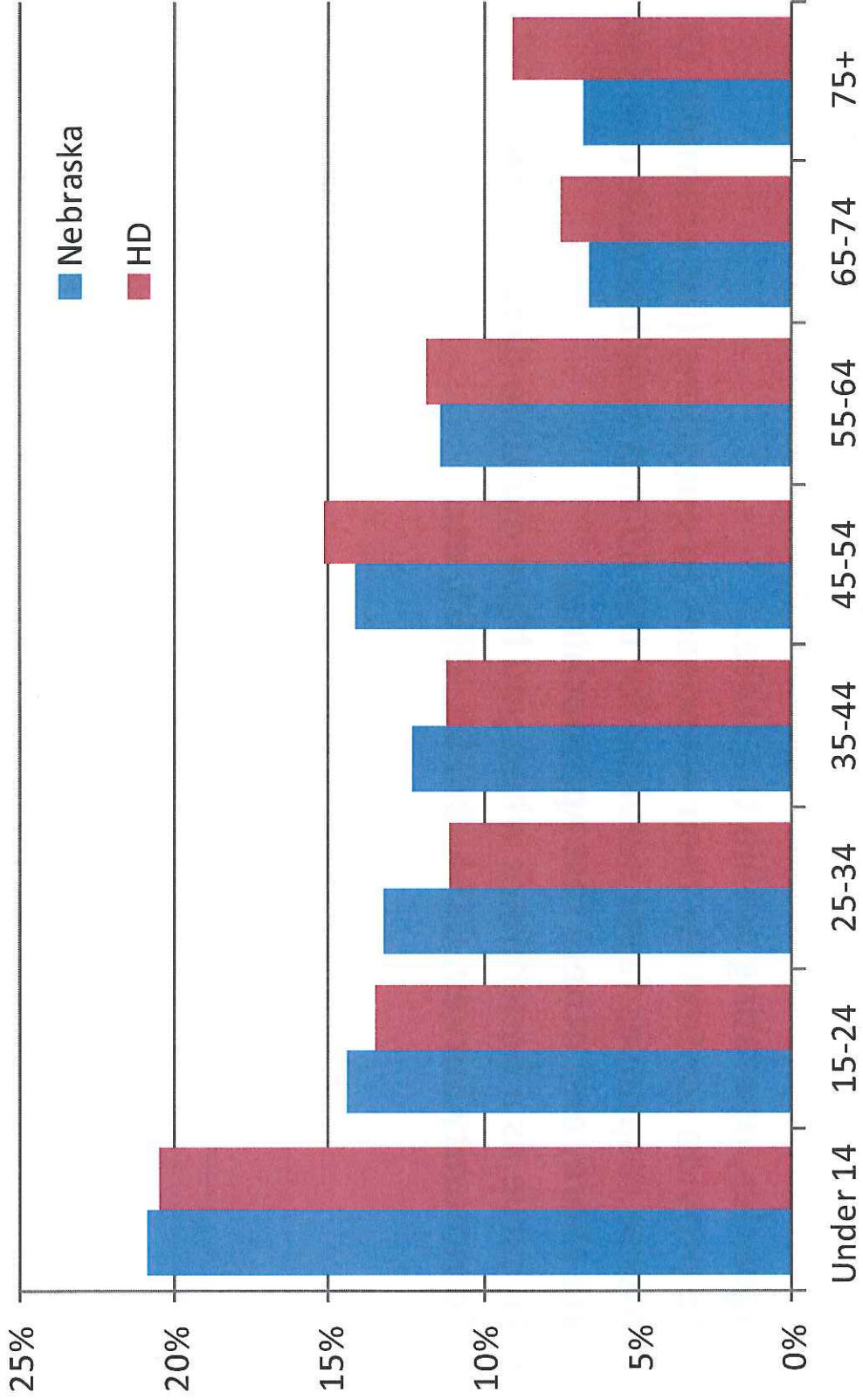
|   |    |  |    |
|---|----|--|----|
| <b>Demographics</b> .....   | 51 | <b>Weight</b> .....  | 70 |
| Population Trends .....   | 53 | <b>Exercise</b> .....  | 71 |
| Survey .....  | 53 | <b>Home Environment</b> .....                                      | 72 |
| Population: Geographic Distribution .....                                   | 55 | Emergency Planning .....   | 75 |
| Households .....  | 55 | Injury, Emergency Medical Services, 911 .....                      | 75 |
| Demographics: Age .....   | 57 | <b>Tobacco: Current Prevalence</b> .....                           | 76 |
| Educational Attainment .....  | 58 | <b>Alcohol Use</b> .....   | 77 |
| Household Income .....  | 59 | <b>Women's Health:</b> .....                                       | 79 |
| Income and Poverty .....  | 59 | Pap Test .....   | 79 |
| Employment .....  | 60 | Mammogram .....  | 80 |
| Race Ethnicity .....  | 60 | <b>Cancer Screening: Colonoscopy</b> .....                         | 81 |
| <b>Health Care Access</b> .....   | 60 | Colorectal Cancer: Death Rate .....                                | 82 |
| Health Insurance .....  | 62 | <b>Automotive Safety: Seatbelts &amp; Distracted Driving</b> ..... | 87 |
| Checkups .....  | 63 | Children in Household .....  | 87 |
| Influenza Vaccinations .....  | 64 | <b>Impact of Selected 'Risk' Behaviors</b> .....                   | 90 |
| <b>Specialists seen in past 12 months (you or someone in your HH)</b> ..... | 64 | Health Issues .....  | 91 |
| Knowledge of Topics and Screenings .....                                    | 67 | <b>Rankings: Outcomes (Comparisons with other counties)</b> .....  | 92 |
| <b>Cardiovascular (Heart Problems)</b> .....                                | 68 | <b>Outcomes and Factors</b> .....                                  | 93 |
| Coronary Health PHAN & BRFS .....   | 69 | Factors-Focus Area Rankings .....                                  | 94 |
| <b>Cholesterol</b> .....  | 70 |  |    |

## Demographics

### Why look at this.

- To get an understanding of who you are serving in terms of numbers.
- To understand how they compare to the state, since you are a state agencies, operating within the state.
- To provide context for their responses to questions (for example: Of course responses favor services for the 65 and over because one fourth are there, and others fast approaching).
- To serve as a benchmark when you have multiple data sources: Community Survey, CTSA, BRFSS, YRBS, etc.

# Population: All Categories





## Population Trends

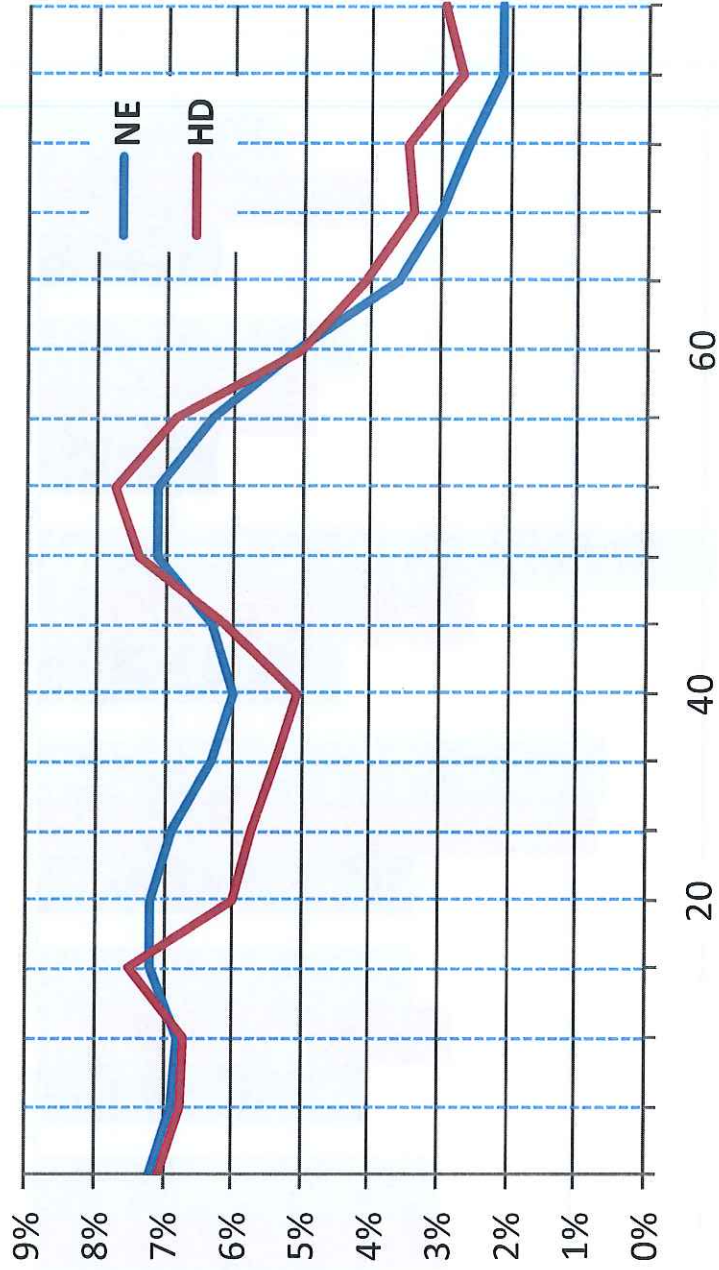
Population decline: -151. 3 counties lost (-306, Burt -199), Madison gained +155.  
Natural Gain 2010-2012: 1729 Births; 1353 Deaths, a gain of 376

### Migration:

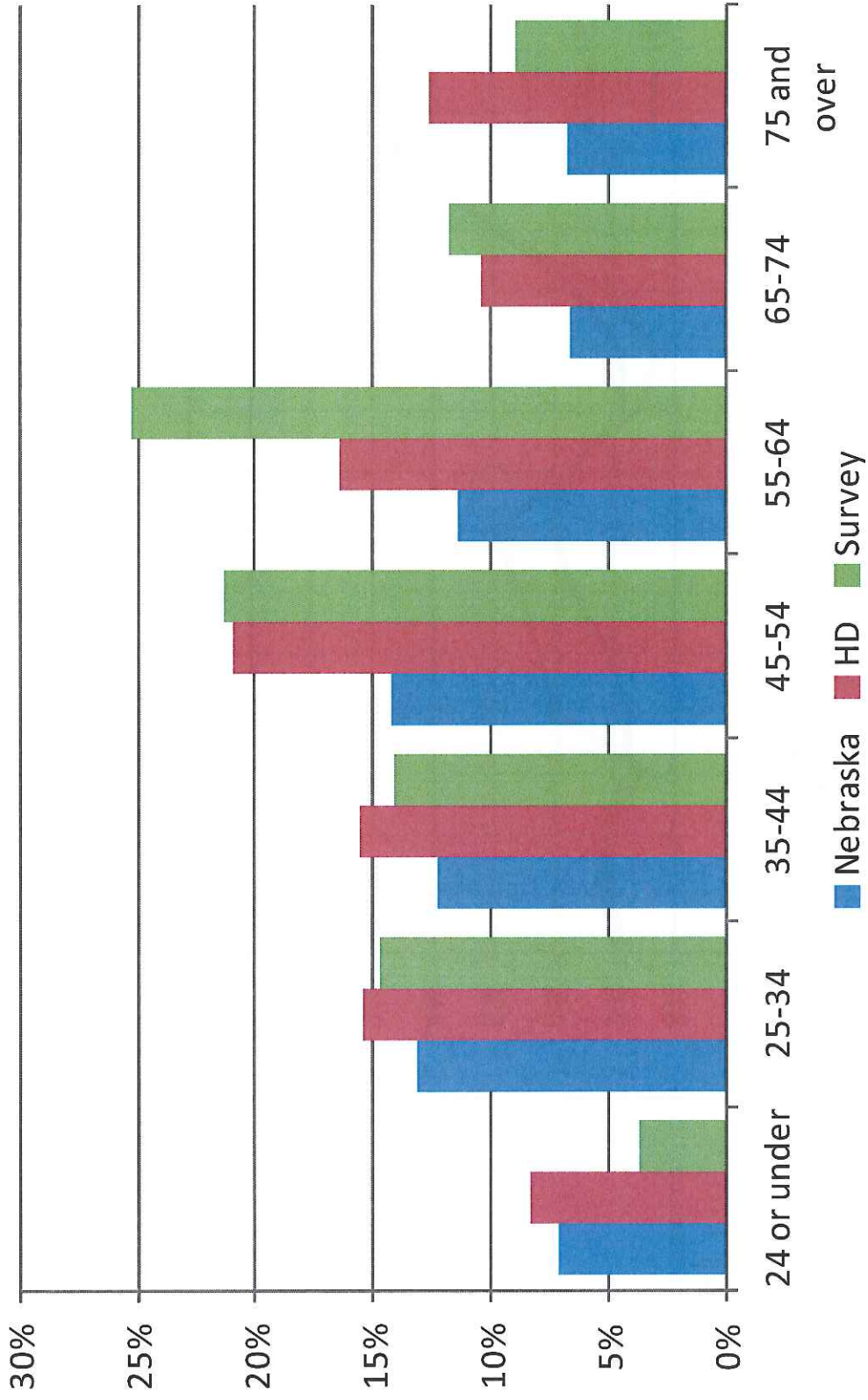
Domestic: - 654, equally  
divided between 3, -  
292 Madison.  
International: + 111,  
+101 in Madison.

## Survey

## Population Trends: 5 YR Increments



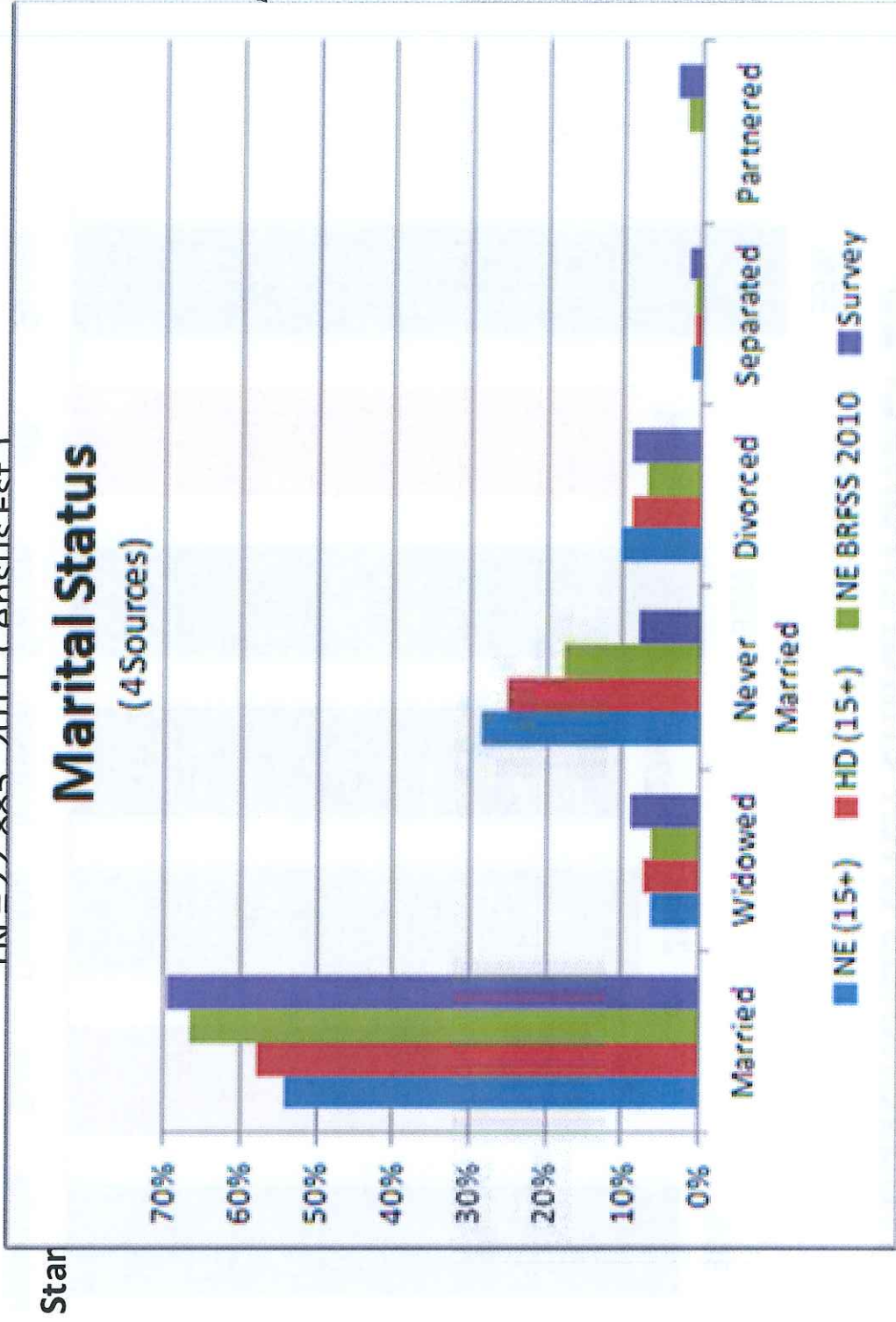
# Population Distribution: 18 and over



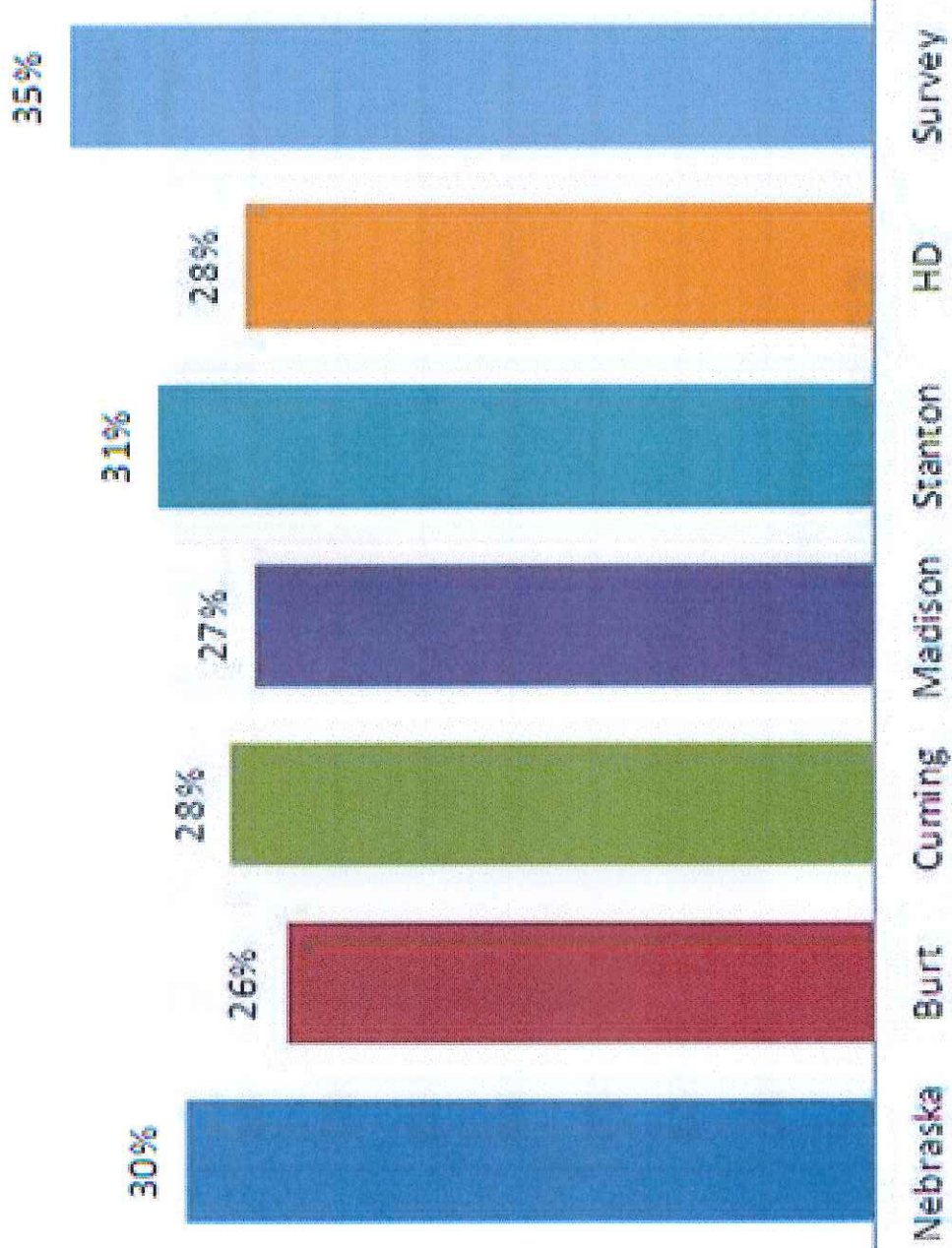
# Households by County

Households

(N = 22 885 2011 Census Est.)

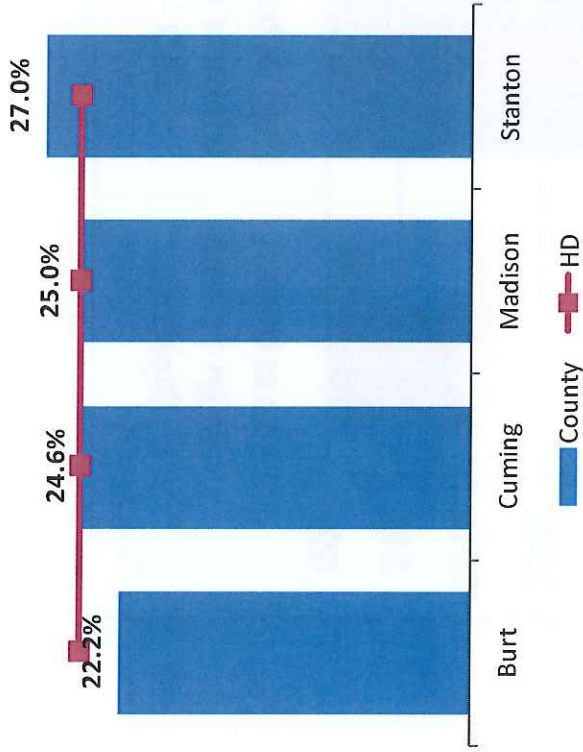


# Households with children under 18

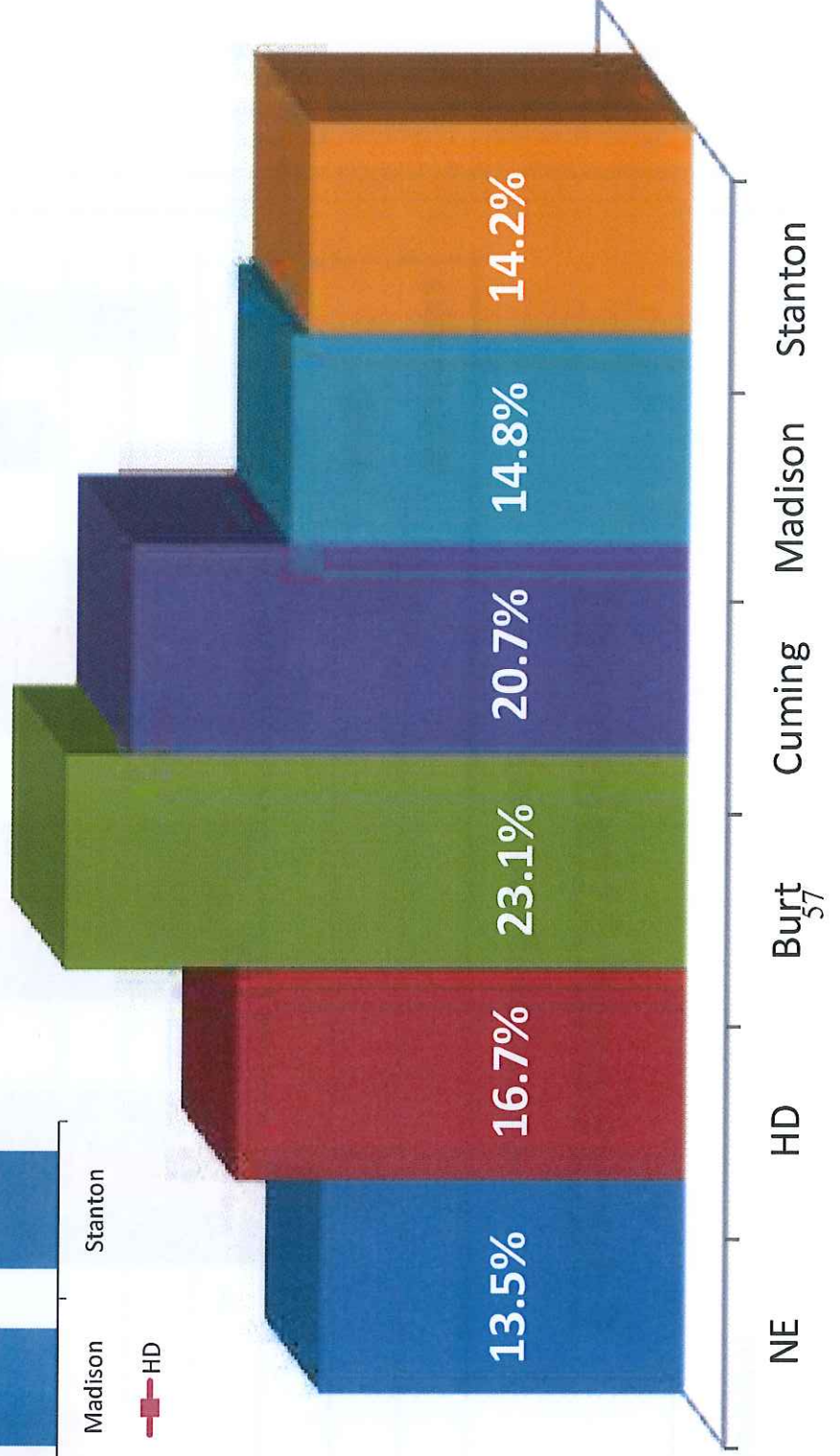


Demographics: Age

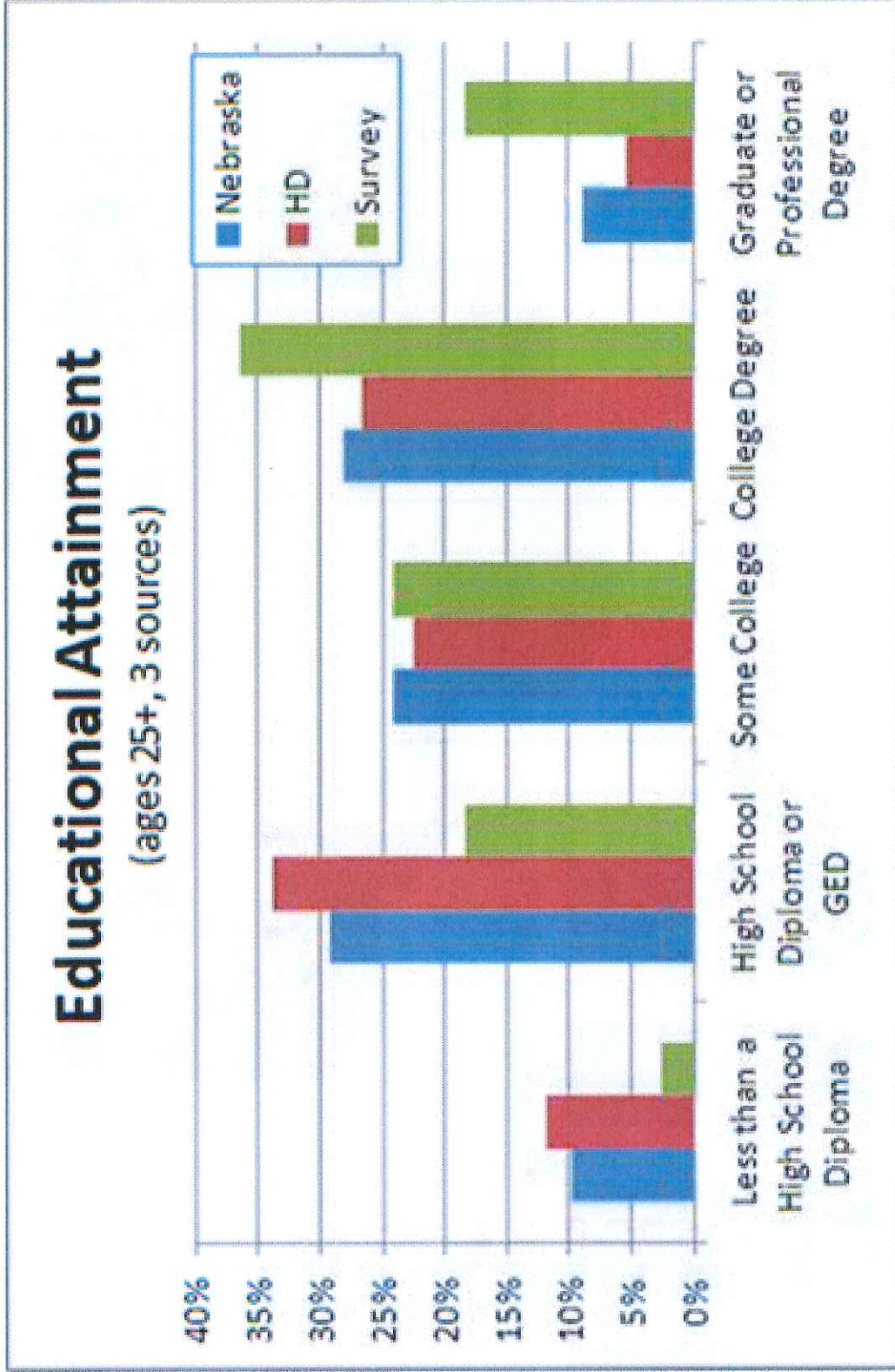
Pct. of Population <18



Census Population: 65+



**Educational Attainment**



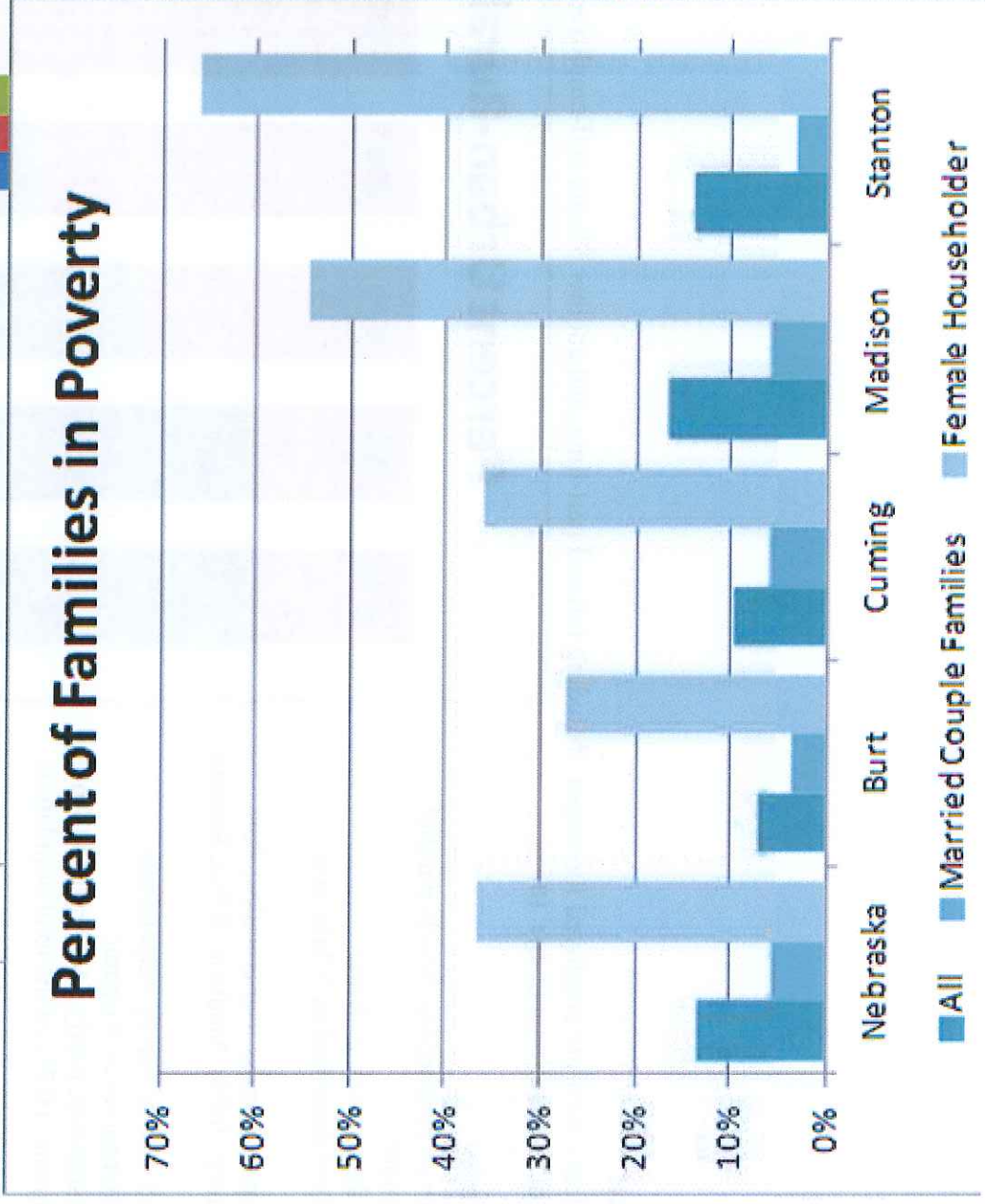
## Household Income

The most commonly reported household income category is \$50,000 to \$75,000 (Survey, 25%; HD Census, 20%; Nebraska, 20%). One in ten households (Survey, 11%; HD, 13%) reported incomes below \$15,000.

49% reported their household income to be less than \$50,000, which is comparable to the median household income in each of the counties.



## Income and Poverty



## Employment

Survey respondents. 64% are employed for wages, including full and part-time, and another 6% are self-employed. 17% in the district are 'retirement age' (65+),

## Race Ethnicity

Community Survey proportions closely parallel Census estimates.

96% classified themselves as White

92% would be best described as White, non-Hispanic.

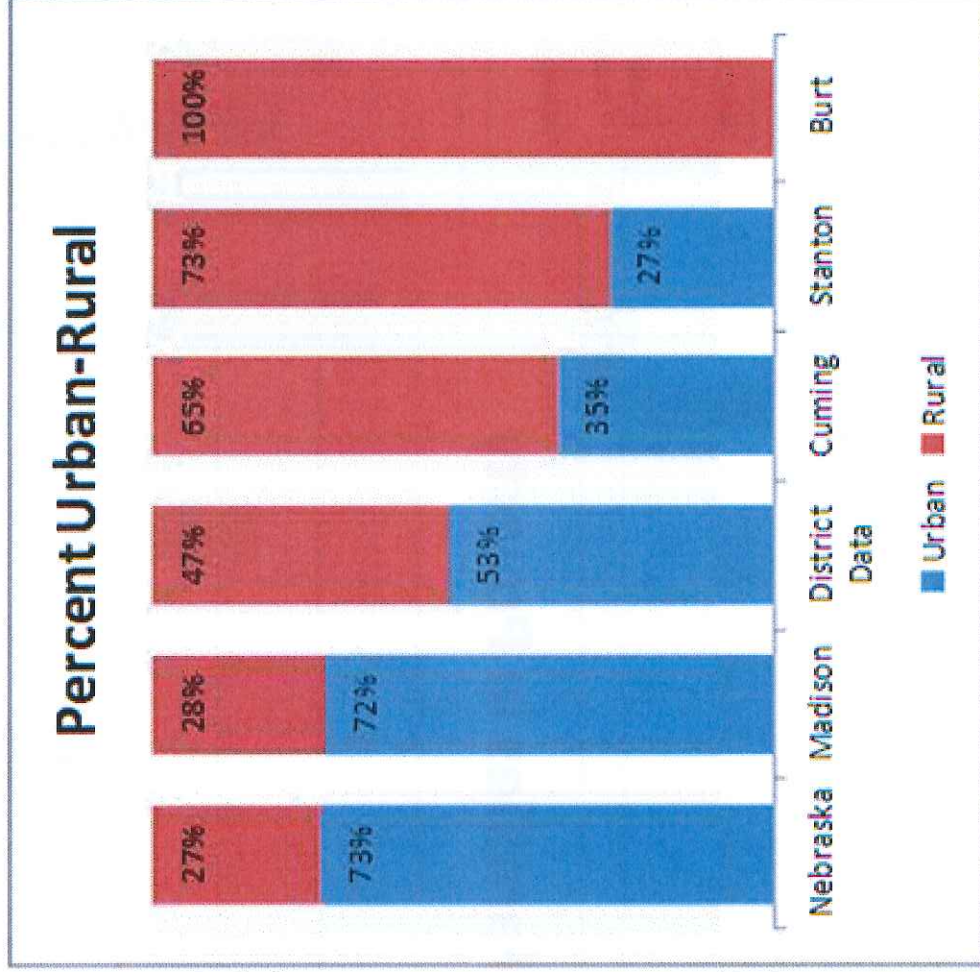
(White non-Hispanic across four counties: Burt (94%), Cuming (90%), Madison (83%), Stanton (90%).

One in twenty (5.4%) of survey respondents identified themselves as Hispanic.

Using Census estimates, nearly 5,900 residents in the HD are Hispanic, 10.3% of the total population.

## Health Care Access

**A Healthy 2020 goal for Access is to increase the proportion of persons**





with a *usual primary care provider* to 83.9% from a baseline of 76.3%.

**Survey.** Most (88%) of the survey respondents *said they have a primary care doctor, however...* 63.8% get care from a Primary Care Provider (10.8%), a Medical Doctor....and 10.7% at a medical clinic. (No BRFSS data)

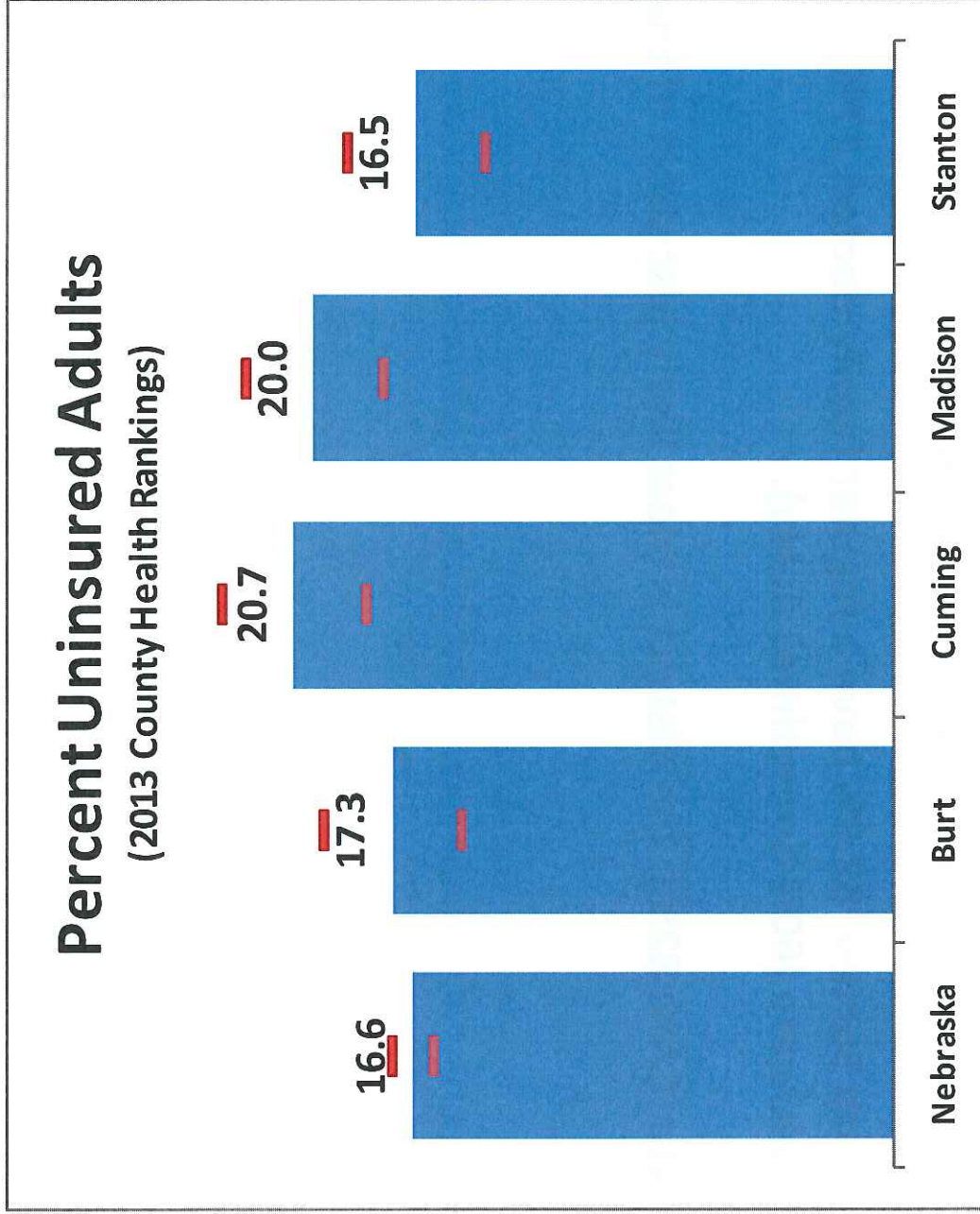
**2010 Community Action Survey.** 82.3% have a regular family doctor. 17% Always delay healthcare (60% Sometimes delay).

Based on the data (CAN: 82%), the district is most likely just short of that goal.

**Health Insurance**

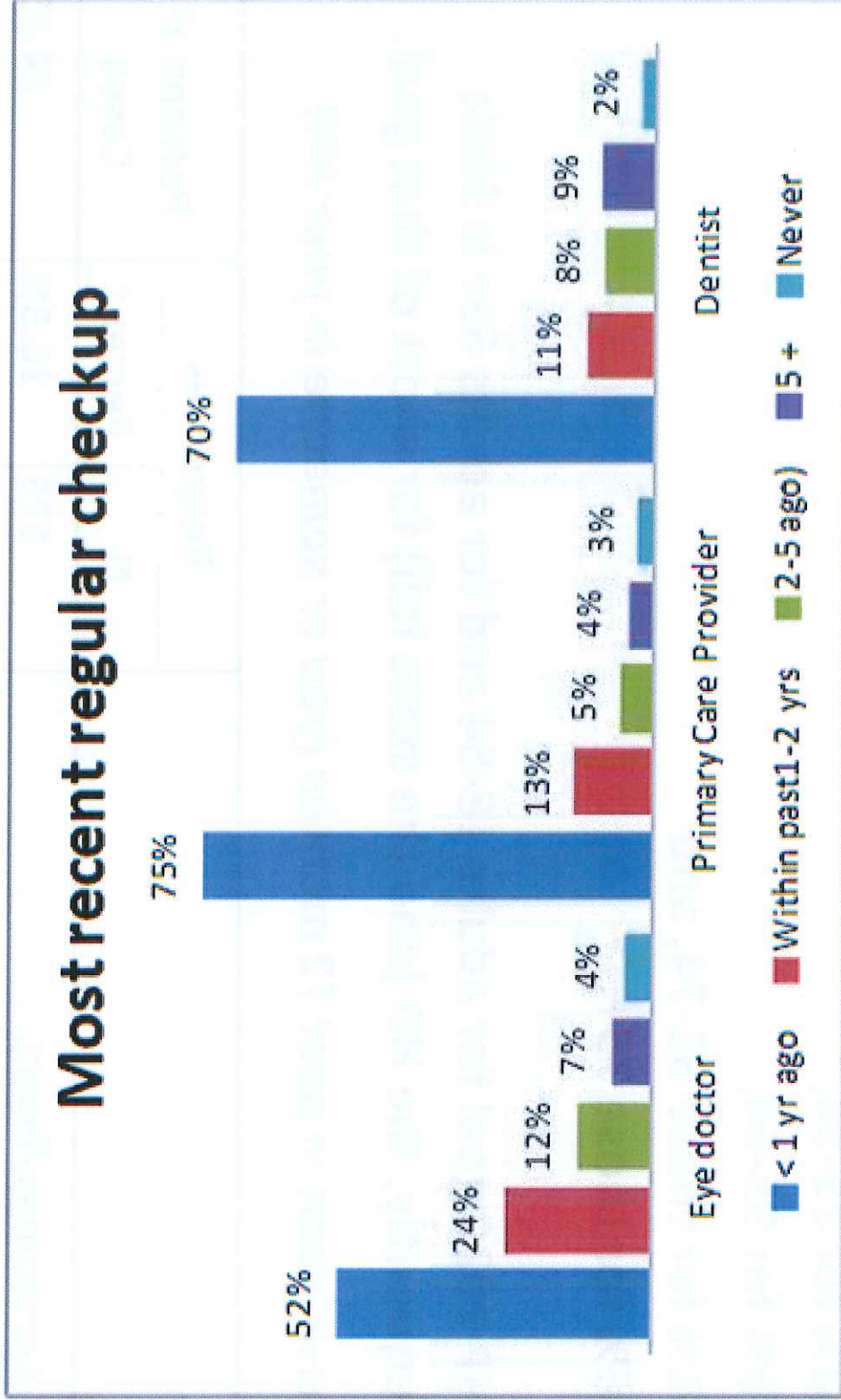
Over 1,000 children in the HD are uninsured (1 of 15: RWJ). 6,400 adults are uninsured (1 of 6 adults).

The HP 2020 Goal: 100%, from a baseline of 83.2% in 2008



### Checkups

Checkups within the past 12 months have increased slightly 2007 – 2010. Within past 2 years are about the same.



***Influenza Vaccinations***

**The proportions by Age for the HD range from**

- **58% for 25-34,**
- **75% for 55-64,**
- **81% for those 65-74, and**
- **86% for those 75+.**

**The HP 2020 goal for adults 18-64 and for adults 65+ is 90%; consequently, the HD (and the state fall) far short of that goal.**

***Specialists seen in past 12 months (you or someone in your HH)***

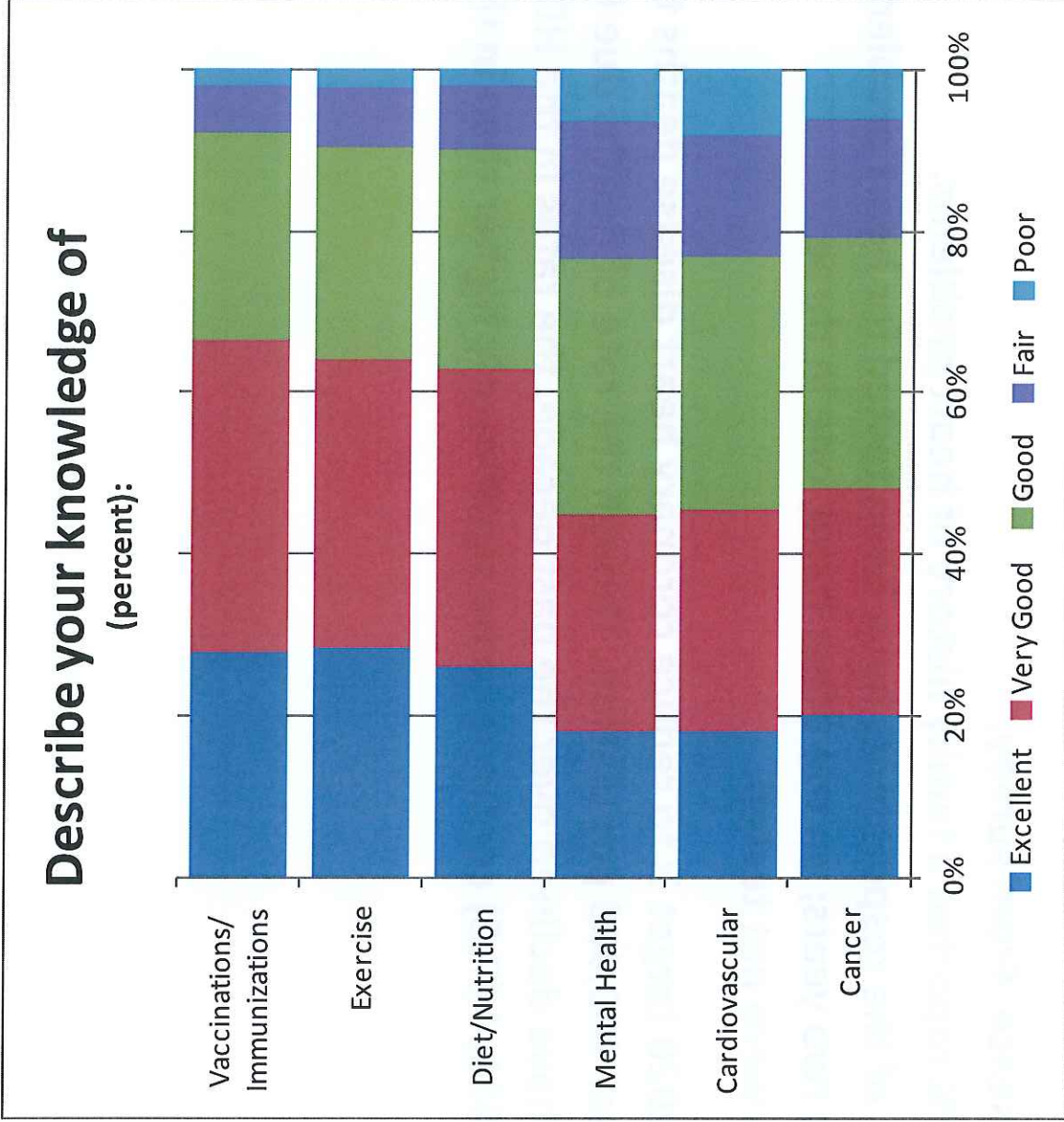
|   | Responses |         | Percent of Cases |
|---|-----------|---------|------------------|
|   | N         | Percent |                  |
| <b><i>Cardiology/heart.</i></b>               | 175       | 16.5%   | 24.4%            |
| <b><i>Orthopedics/Orthopedic surgery.</i></b> | 133       | 12.5%   | 18.6%            |

|                                |             |               |               |
|--------------------------------|-------------|---------------|---------------|
| <b>Urology.</b>                | <b>94</b>   | <b>8.9%</b>   | <b>13.1%</b>  |
| <b>Obstetrics--Gynecology.</b> | <b>234</b>  | <b>22.1%</b>  | <b>32.7%</b>  |
| <b>General surgery.</b>        | <b>102</b>  | <b>9.6%</b>   | <b>14.2%</b>  |
| <b>Oncology/Cancer.</b>        | <b>70</b>   | <b>6.6%</b>   | <b>9.8%</b>   |
| <b>Other.</b>                  | <b>253</b>  | <b>23.8%</b>  | <b>35.3%</b>  |
| <b>Total</b>                   | <b>1061</b> | <b>100.0%</b> | <b>148.2%</b> |

**About how far in miles, one way, do you travel to see: (Mean distance)**

|                              | What county do you live in? |        |         |         |       | Total |
|------------------------------|-----------------------------|--------|---------|---------|-------|-------|
|                              | Burt                        | Cuming | Madison | Stanton |       |       |
| <b>Primary Care</b>          | 15.86                       | 11.24  | 8.17    | 13.95   | 10.44 |       |
| <b>Cardiology</b>            | 32.60                       | 22.74  | 16.43   | 25.57   | 20.56 |       |
| <b>Orthopedics</b>           | 29.61                       | 20.13  | 23.15   | 20.70   | 22.87 |       |
| <b>Urology</b>               | 29.83                       | 24.77  | 17.65   | 23.85   | 21.33 |       |
| <b>Obstetrics/Gynecology</b> | 37.17                       | 24.40  | 11.93   | 15.58   | 16.90 |       |
| <b>General surgery</b>       | 34.87                       | 15.77  | 15.06   | 21.54   | 18.14 |       |
| <b>Oncology/Cancer</b>       | 34.32                       | 31.63  | 13.59   | 38.00   | 22.97 |       |
| <b>Other</b>                 | 42.32                       | 44.49  | 37.33   | 50.71   | 40.94 |       |

## Knowledge of Topics and Screenings



## **Cardiovascular (Heart Problems)**

### **Heart Disease. From survey,**

- **64.7% reported a family history of heart problems.**
- **47% of the respondents have been tested for heart problems within the past two years; on the other hand, one in three**
- **32% were not tested.**

**The HP 2020 target is to reduce coronary heart disease deaths to 100.8 deaths per 100,000 population. Though the rate of deaths due to Heart Disease have declined over the past decade, the rates in the HD (PHAN: 2011, 221.9; 2011, 167.6) continue to be significantly higher than in the state (2011, 146.9).**



### **Coronary Health PHAN & BRFSS**

**HP 2020. The HP 2020 target for reducing stroke deaths is 33.8 deaths per 100,000 population.**

**The rate of deaths due to stroke in the HD has been lower in the three most recent than that of Nebraska (for example: 2011, HD, 27.8; NE, 37.2). In 2009 the rate was 37.8 and in 2010 37.9. Though the 2011 rate is better than the 2020 Target, both 2009-10 are above the target.**

#### **Blood Pressure**

- 28.4% In the community survey reported they were diagnosed with high blood pressure.**
- In BRFSS data, 30.6% in 2009, 28% in 2007 and 30.6% in 2009. NE for 2011 was 28.6%.**

**The HP2020 Goal for Blood Pressure is to reduce the proportion of adults with hypertension to 26.9% from 29.9%.**

**Whether using the BRFSS proportion or the community survey, the district *does not meet the target.***

## Cholesterol

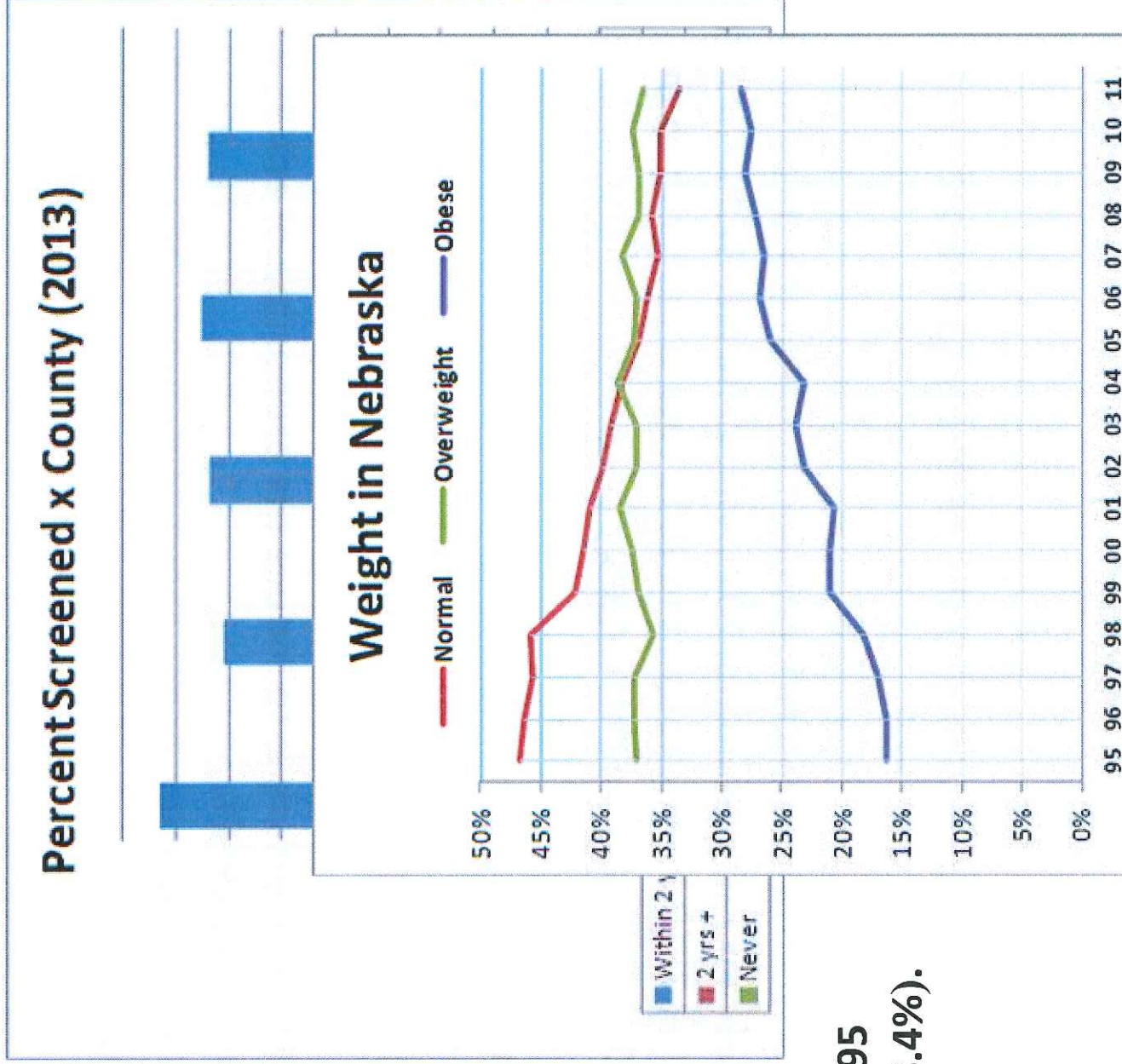
**ELVPHD is on par with the HP2020 Goal for having cholesterol checked.**

HP2020: checked within the preceding 5 years to 82.1%.

HP2020: Prevalence. The prevalence of high cholesterol was almost three times the 2020 target

(HD, 29.4%:

target, 13.5%) and the HD does not meet this target.



**Weight In Nebraska, the prevalence of obesity has nearly doubled between 1995 (16.3%) and 2011 (28.4%).**

29.4% (CI =  $\pm$ 3.5) in the 4 counties are obese (County Health Rankings).

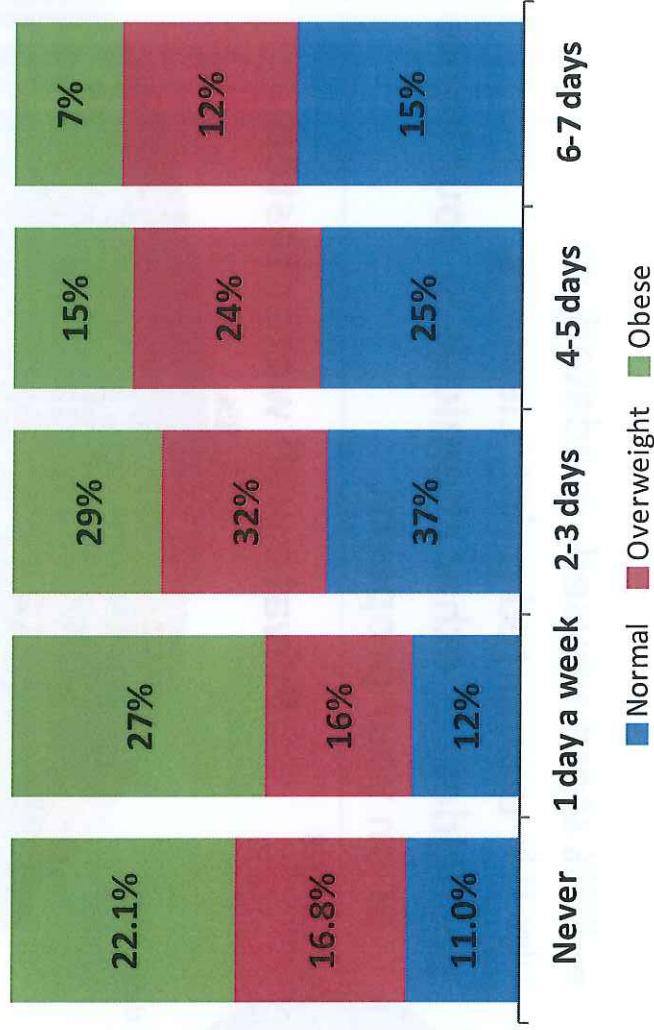
- 33.9% of respondents to the 2013 survey are obese.

*In numbers, nearly 13,000 of the adults served by ELVPHD would be categorized as obese.*

**Exercise**

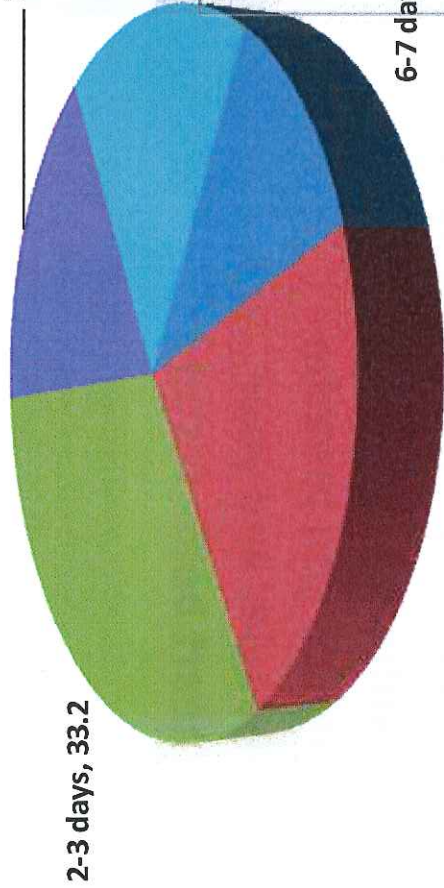
**How many days a week do you do at least 20-30 minutes of physical activity without stopping in which you breathe heavier and your heart beats faster?**

**Exercise x BMI**



**Home Environment  
Chemical Storage.**

**Exercise per Days of Week**



4-5 days, 21.1

**Protection**

**Outdoors.**

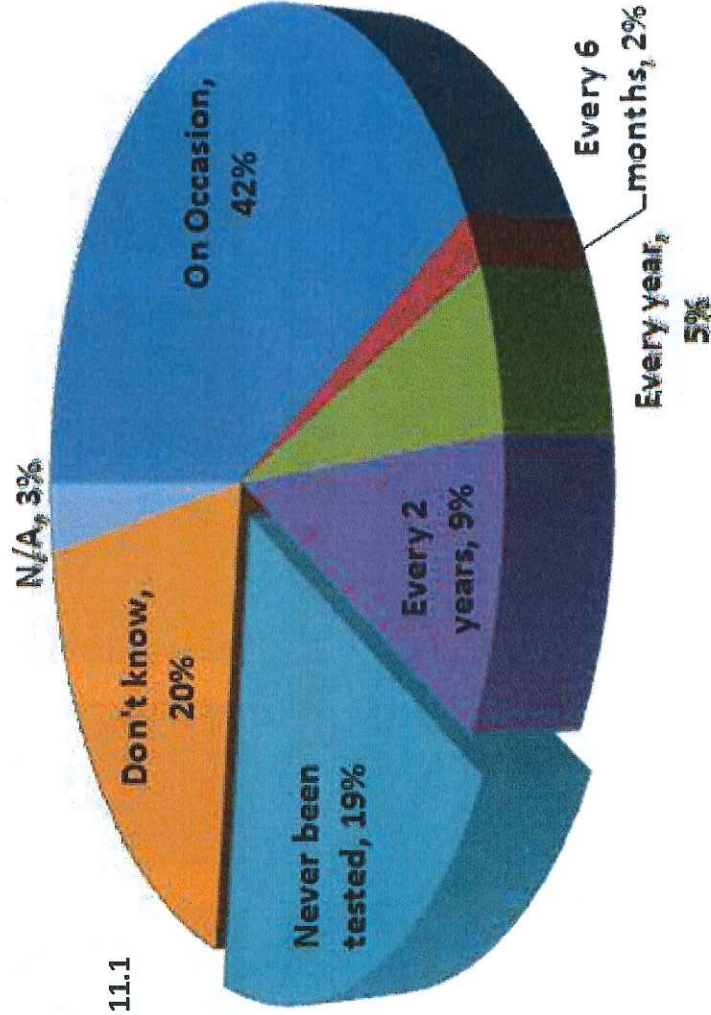
- 69% regularly use sunscreen, and slightly less (61.8%) use Insect repellent.

**Drinking Water**

- 53% store unused, outdated, or unwanted paint, cleaners, pesticides, or other chemicals in your home or on your property.

Never, 16.8

**Private well water tested**



6-7 days, 11.1

- 73% households drink city water.
- 52% drink bottled water.
- 17% drink from a private well.

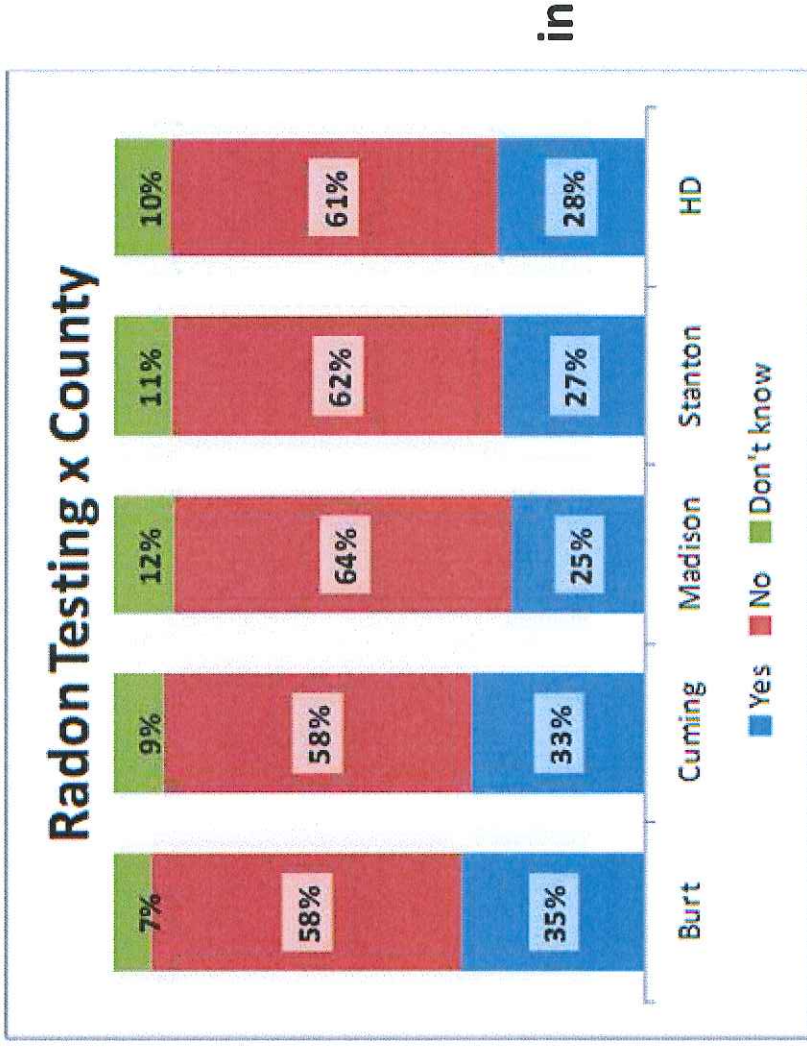


**Radon**

**82. Have you had your home checked for radon? One in four (28%) have, two thirds (62%) have not, and 10% Don't know.**

**Firearms**

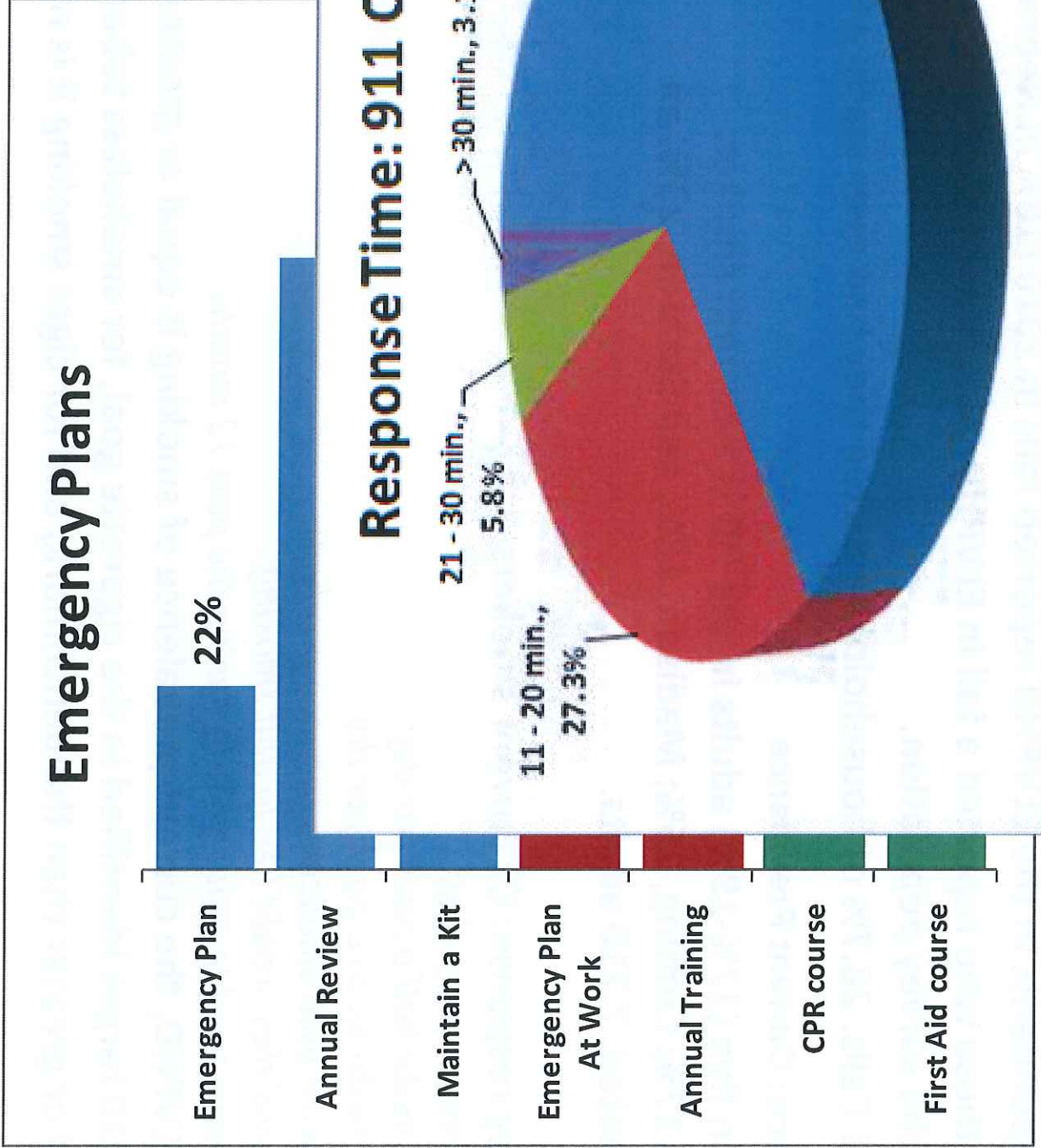
**Of those who have firearms their home, 60% keep “firearms and ammunition stored separately and under lock and key...” The other third of those with firearms (40%) do not.**



**Emergency Planning**

**Injury, Emergency Medical Services, 911**

- 14% of the



- respondents in the ELVPHD reported falls in 2010 (16% in Nebraska).
- Of those who reported a fall in ELVPHD, 23% reported an injury, about 4% of the survey population.
  - 911 Calls. 28.7% of households reported they had ever made a 911 call.

**Tobacco: Current Prevalence**

**One in five (17%-19%) adults in the HD is a current smoker. Burt, 17%; Cumming, 15%; Madison, 18%; and Stanton, 23%, an estimated, 7,710 adults.**

**Survey response: Of current smokers**

- 85% smoke every day;*
- 48% smoke half a pack per day;*
- 39% smoke up to a pack per day.*
- 20% have used smokeless tobacco products.*
- 64% said they would like to quit smoking.*
- 44% have tried to quit smoking during the past 12 months.*

**For ELVPHD, the current prevalence of smoking is equal or greater than HP2020 target identified in the cigarette goal; for smokeless tobacco it is equal or greater than the benchmark; and for cigar smoking it is nearly equal**



to the benchmark. Each of these goals, then, presents an opportunity for improvement.

### Alcohol Use

**Binge drinking.** The HP 2020: 24.3% during the past month. Among the ELVPHD respondents to the 2010 BRFSS survey, 20% have engaged in binge drinking, exceeding the goal.

**Youth and Binge Drinking.** 20% of youth in the district had engaged in binge drinking (up to 26% for 12<sup>th</sup> graders). The HP2020 goal: to reduce binge drinking during the past month to 8.5%.

**Youth: Ride w/a drinking driver.** The HP2020 goal is to reduce the proportion of adolescents (30 days) to 25.5%. About one third (30%) of HD youth reported that they rode with a driver who had been drinking. 12% reported drinking and driving.

### Drinking and Driving

In the 2010 BRFSS, 4.9% of Nebraskans said they drove after having too much to drink. For the HD, the BRFSS proportion was higher 6.3%.

**Community survey.** 8.6% said they had driving a vehicle after taking drugs and/or alcohol, and 9.9% said they had been riding in a vehicle where the driver had taken drugs/alcohol.

## Women's Health:

### Pap Test

The HP2020 goal is to increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines to 93 percent from 84.5 percent of women aged 21 to 65 years. Using women 65 and under and a 3 or 5 year period, the HD falls short of that goal (*it is between 80-85% within the past five years for any of the rows in the table above*).

## **Mammogram**

### **BRFSS for the Health District.**

For women 50+, the BRFSS reported in 2008 that 73.9% had a mammogram in the past two years; that dropped slightly to 66.8% in 2010.

For women 40+ the 2008 proportion was 72.7%, which also dropped in 2010 to 67.4%.

The proportions in 2010 are both lower than the state and are also below the 81.1% target (does not meet).

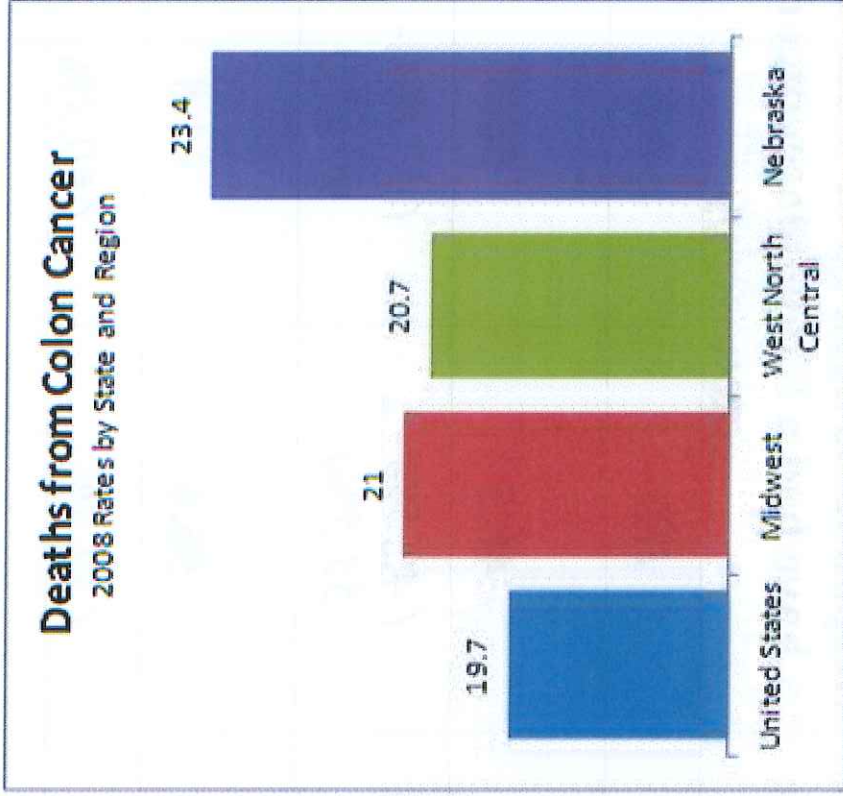
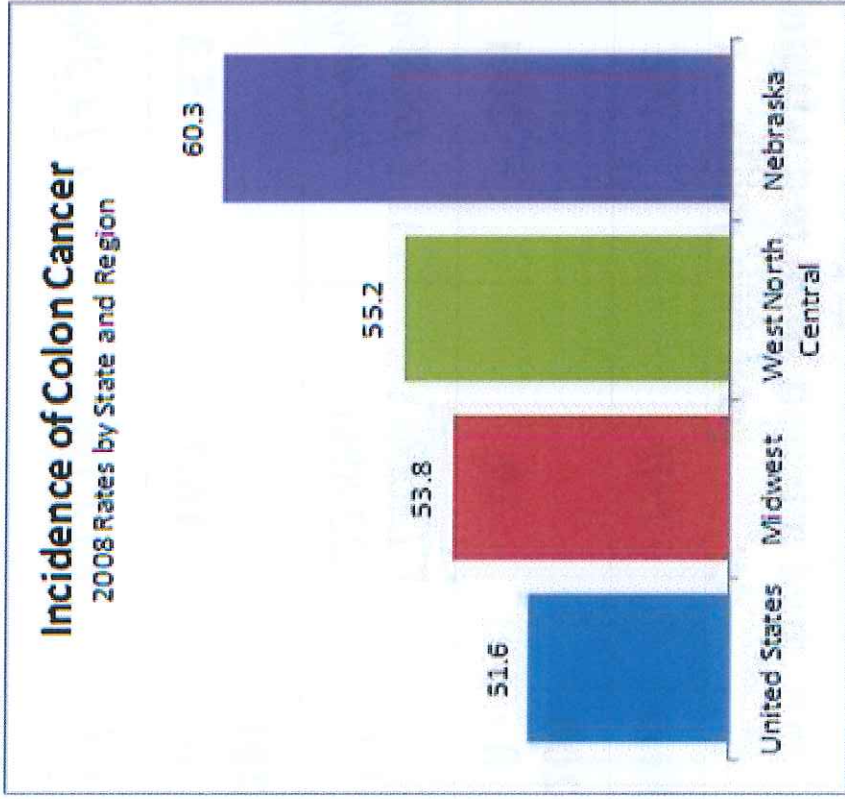
### **Community Survey 2013.**

For women 50+, 83% of survey respondents had a mammogram within the past two years.

For women 40+ in the HD, 81.8% of survey respondents have had a mammogram in the past two years. The community survey results are above the state rate and the rate reported in the BRFSS, and they are slightly above the 81.1% target.

Two thirds (61%) examined their breasts each month for lumps.

# Cancer Screening: Colonoscopy



*Death & Incidence rates.* There are no significant differences between the HD and the state of Nebraska in the rates of incidence or death; however, in comparison to other states, Nebraska rates in the top tier (highest rates) in each of those categories. In the percent screened, it ranks 39<sup>th</sup>.

**Colorectal Cancer: Death Rate**

**BRFSS Results: Colon Cancer Testing**

|             | Respondents aged 50+ that have had a blood stool test within the past two years |                  | Respondents aged 50 or older that have had a Sigmoidoscopy or colonoscopy |                  |
|-------------|---|------------------|---|------------------|
|             | <i>HD</i>   | <i>NE</i>        | <i>HD</i>   | <i>NE</i>        |
| <b>2008</b> | <b>19</b>   | <b>20.1</b>      | <b>48.5</b>   | <b>58.6</b>      |
| <i>CI</i>   | ( 15.2% - 22.8%)  | ( 18.8% - 21.4%) | ( 43.5% - 53.5%)  | ( 57.0% - 60.2%) |
| <b>2010</b> | <b>16.7</b>   | <b>15.3</b>      | <b>56.6</b>   | <b>61.8</b>      |
| <i>CI</i>   | ( 12.1% -   | ( 14.3% -        | ( 51.7% -   | ( 60.3% -        |

|  |        |        |        |        |
|--|--------|--------|--------|--------|
|  | 21.2%) | 16.3%) | 61.5%) | 63.3%) |
|--|--------|--------|--------|--------|

- 69% of the community survey respondents (over 50) have ever had a colonoscopy.
- 36% within the past three years.
- 53% have been tested within the past five years.

**Cancer screening tests you have completed in the past 5 years.**

| Screenings done <sup>a</sup> | Responses  |               | Percent of Cases |
|------------------------------|------------|---------------|------------------|
|                              | N          | Percent       |                  |
| FOBT.                        | 185        | 24.7%         | 31.2%            |
| Colonoscopy.                 | 316        | 42.2%         | 53.3%            |
| Sigmoidoscopy.               | 36         | 4.8%          | 6.1%             |
| Barium enema.                | 24         | 3.2%          | 4.0%             |
| None                         | 188        | 25.1%         | 31.7%            |
| <b>Total</b>                 | <b>749</b> | <b>100.0%</b> | <b>126.3%</b>    |

**Goals. Although participation in colonoscopy screening (BRFSS) has increased, the 2010 rate is lower than that of the state (in BRFSS) and it is considerably below the target of 70.5%.**

**Why had Colorectal Screenings<sup>a</sup>**

| Why did you complete your most recent screening?          | Responses  |               | Percent of Cases |
|---|------------|---------------|------------------|
|   | N          | Percent       |                  |
| Part of a routine exam or checkup.                        | 260        | 38.7%         | 45.1%            |
| Because of a symptom or health problem.                   | 55         | 8.2%          | 9.5%             |
| Follow-up of an earlier abnormal test.                    | 15         | 2.2%          | 2.6%             |
| I have a family history of colon cancer.                  | 71         | 10.6%         | 12.3%            |
| Health care provider encouraged me to complete screening. | 129        | 19.2%         | 22.4%            |
| I have not completed a screening.                         | 142        | 21.1%         | 24.7%            |
| <b>Total</b>  | <b>672</b> | <b>100.0%</b> | <b>116.7%</b>    |



The death rate from colon cancer for the state and the HD remain above the HP2020 target, to 14.5.

Respective rates cited by PHAN: 2009. ELVPHD, 28.4; NE, 16.8. 2010. ELVPHD, 17.8; NE, 17.3. 2011. ELVPHD, 17.4; NE, 17.

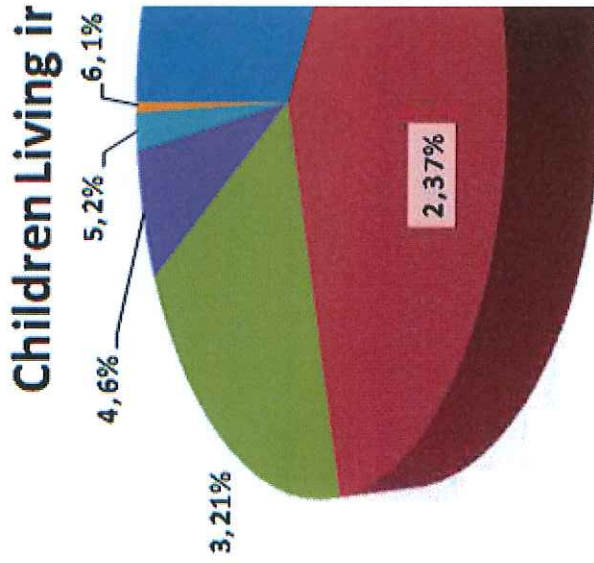
## **Prostate Cancer**

**69. Have male adults in your household age 50 and over discussed prostate cancer screening with their health care provider? In response to question 69, 34.6% of all households reported that male adults 50+ had discussed prostate cancer screening.**

**Selecting out those households without a 50+ male adult increased that to 61%.**

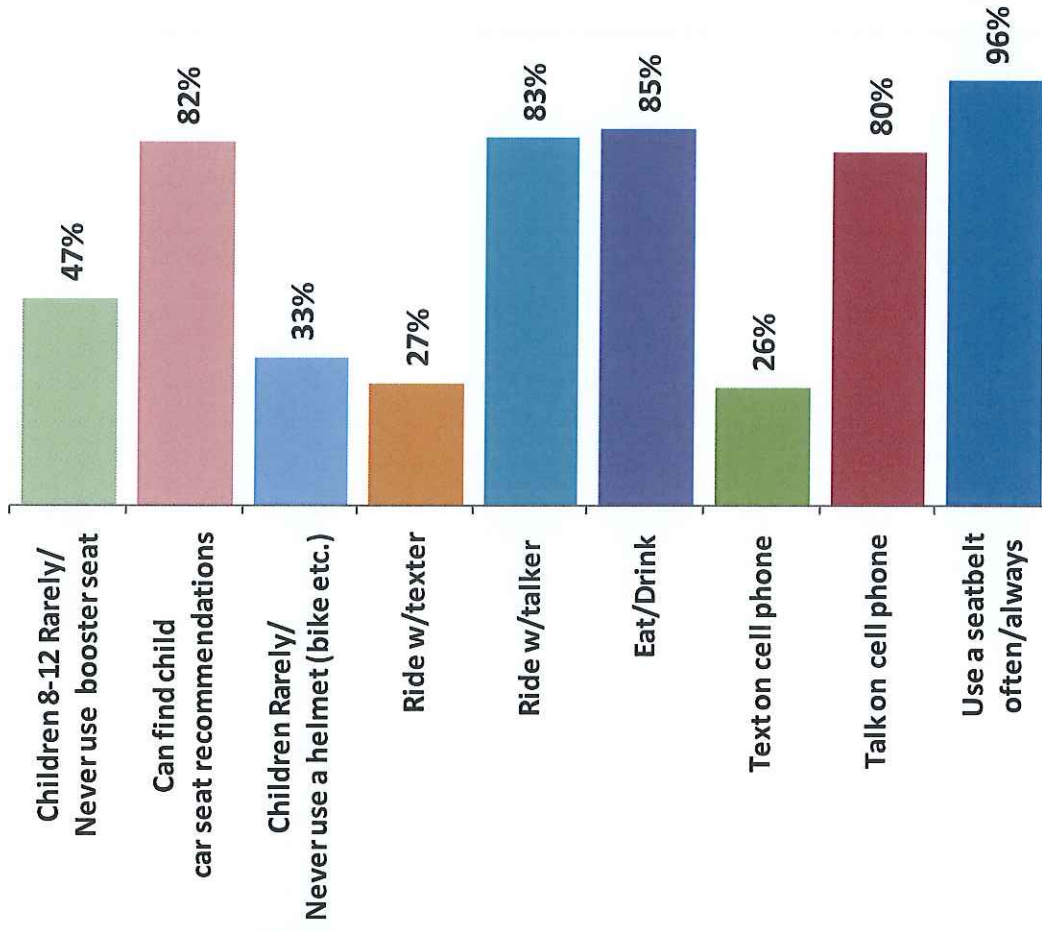
## Automotive Safety: Seatbelts & Distracted Driving

### Children in Household



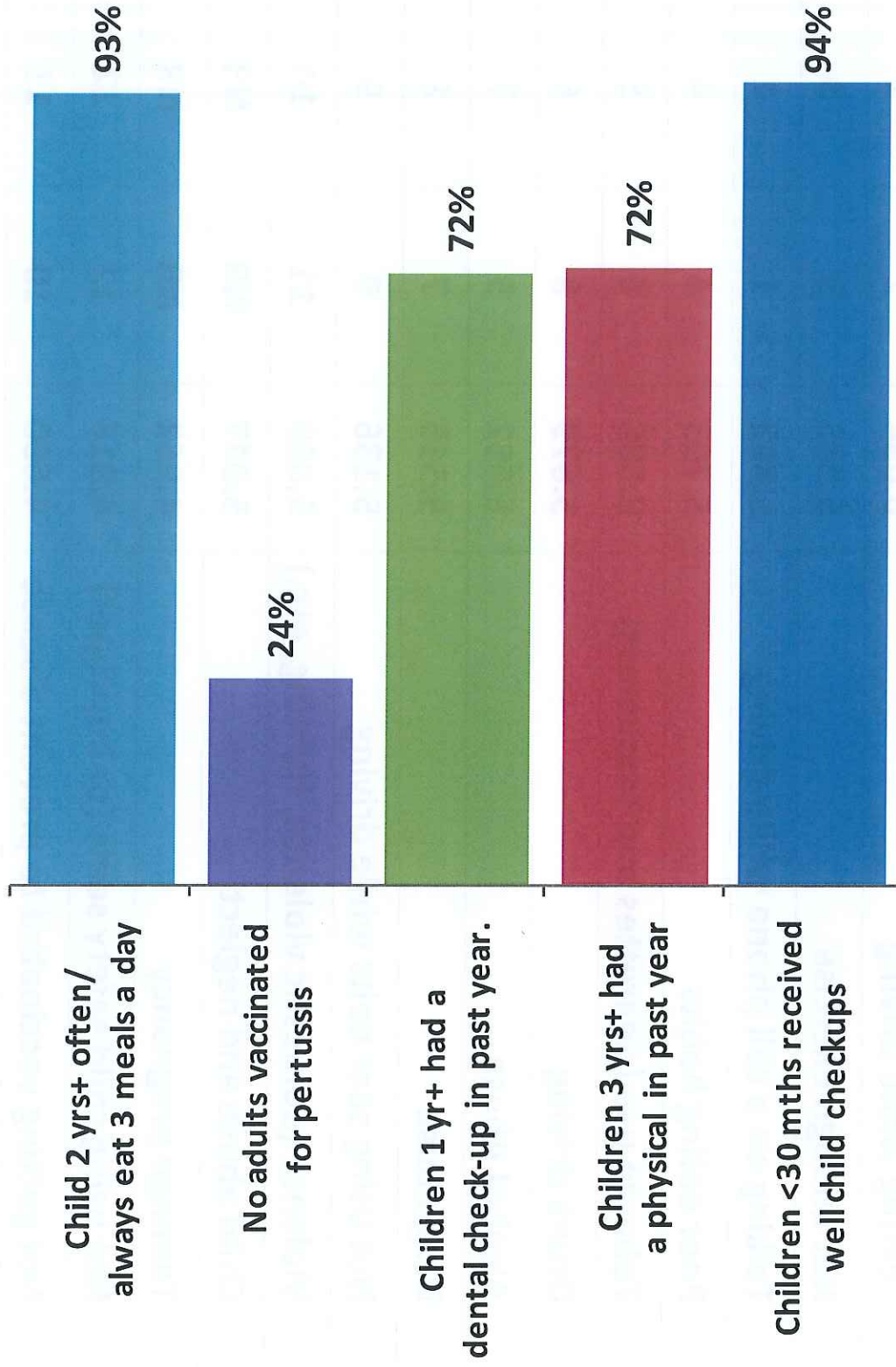
**Community Survey. 35% or responding households reported children under age of**

## Automotive Safety



**18 living in their home. On average, there are 2.07 children in each of these 379 households.**

# Children's Health



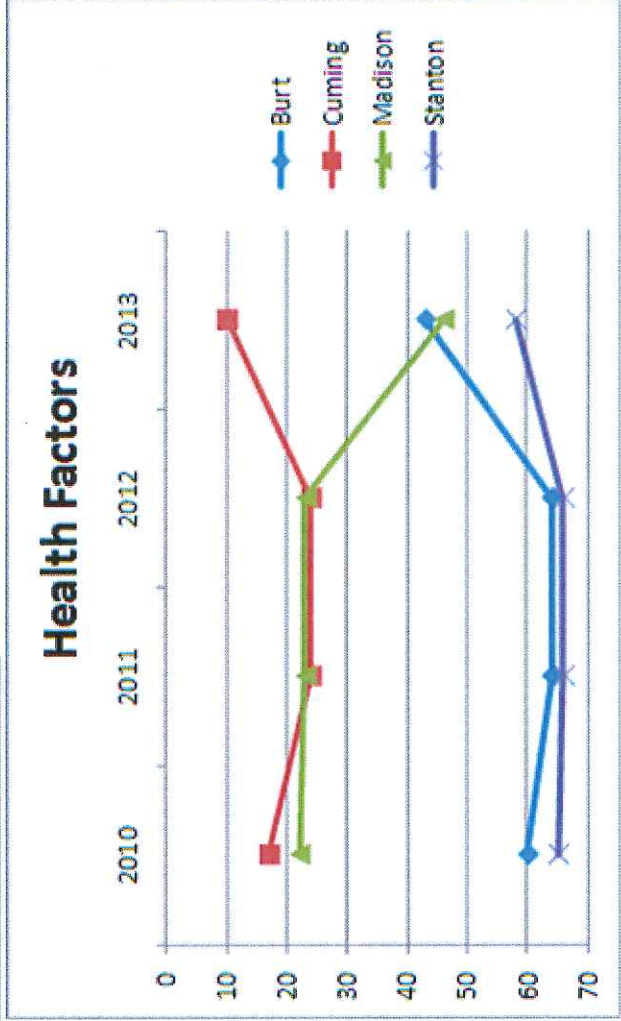
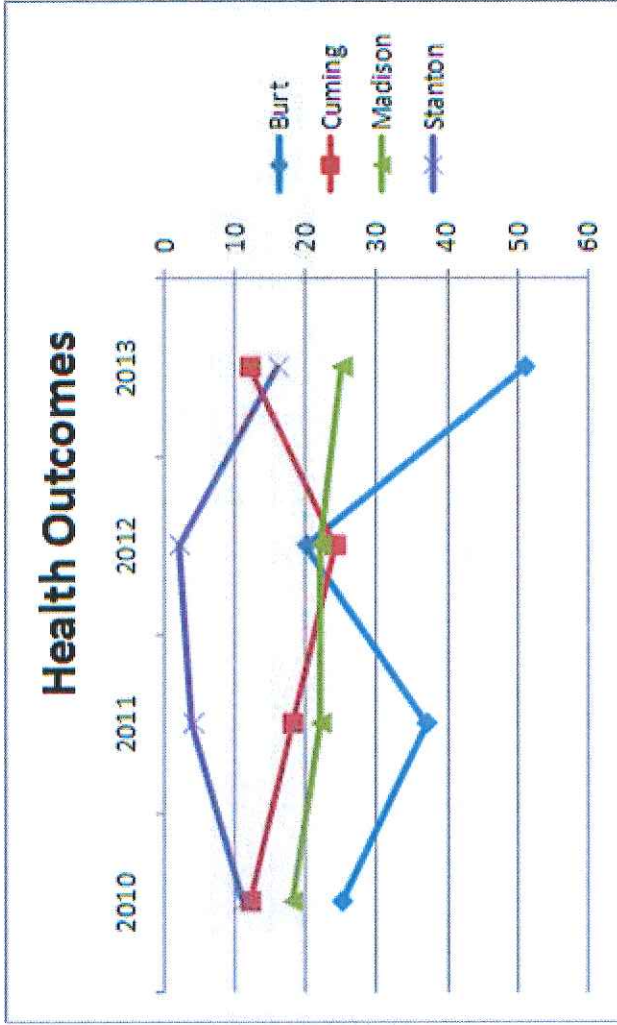
### Impact of Selected 'Risk' Behaviors

| Rank 2013 | Item Content                                 | 2013 Mean | HD, 2011 | NE, 2011 |
|-----------|--|-----------|----------|----------|
| <b>1</b>  | Texting while driving                        | 6.034     | 2        | 2        |
| <b>2</b>  | Not enough exercise                          | 5.885     | 3        | 3        |
| <b>3</b>  | Talking on a cell phone while driving        | 5.882     | 1        | 1        |
| <b>4</b>  | Poor eating habits                           | 5.703     | 4        | 4        |
| <b>5</b>  | Tobacco use (cigarettes and smokeless)       | 5.686     | 6        | 5        |
| <b>6</b>  | Drunk driving                                | 5.679     | 8        | 6        |
| <b>7</b>  | Alcohol Abuse                                | 5.662     | 5        | 7        |
| <b>8</b>  | Drug abuse                                   | 5.515     | 7        | 8        |
| <b>9</b>  | Not using seat belts while driving           | 5.136     | 9        | 9        |
| <b>10</b> | Violence (domestic violence, fighting, etc.) | 5.059     | 11       | 10       |
| <b>11</b> | Child abuse and neglect                      | 5.047     | NR       | NR       |
| <b>12</b> | Teenage pregnancy                            | 4.962     | NR       | NR       |
| <b>13</b> | Not using child safety seats (or improper)   | 4.816     | 12       | 12       |
| <b>14</b> | Not getting vaccinated to prevent disease    | 4.600     | 10       | 11       |

**Health Issues**

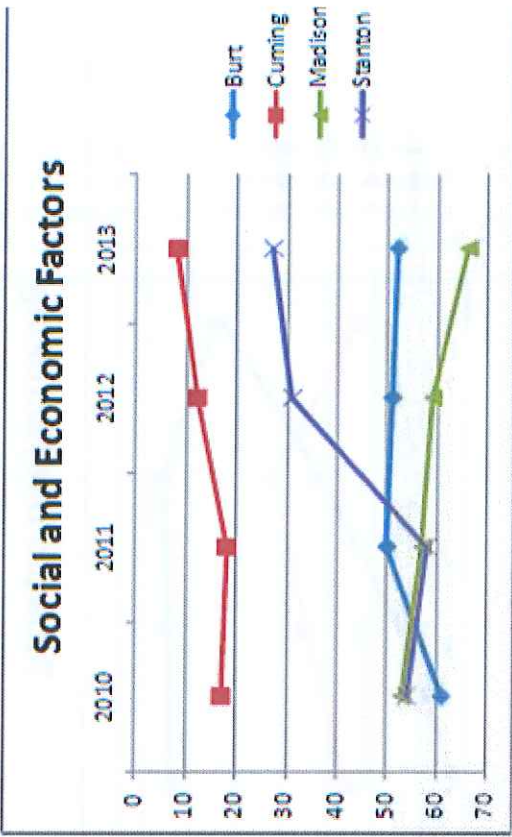
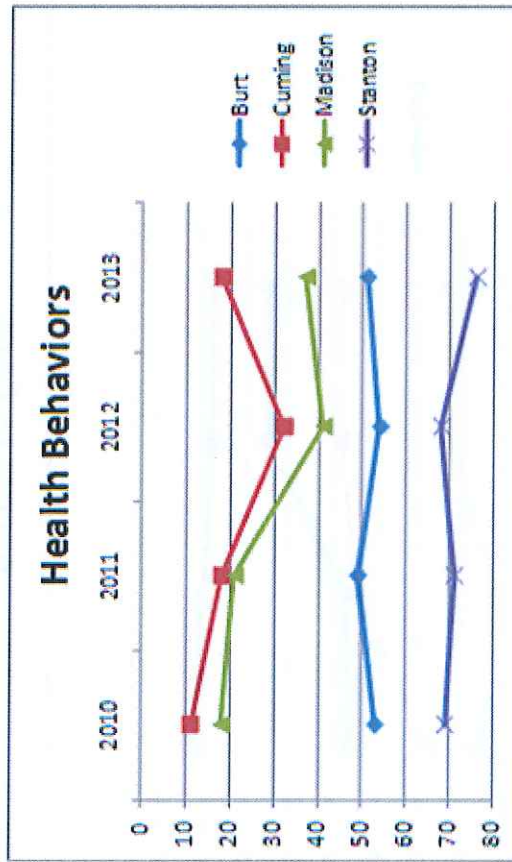
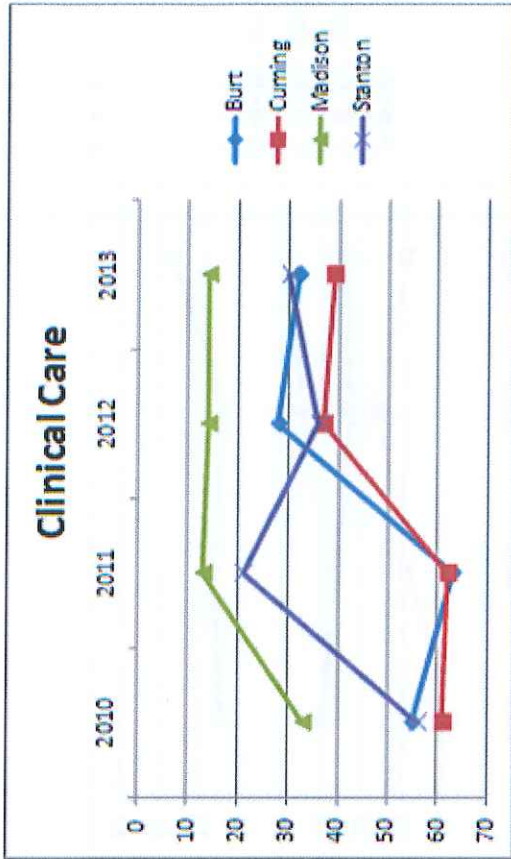
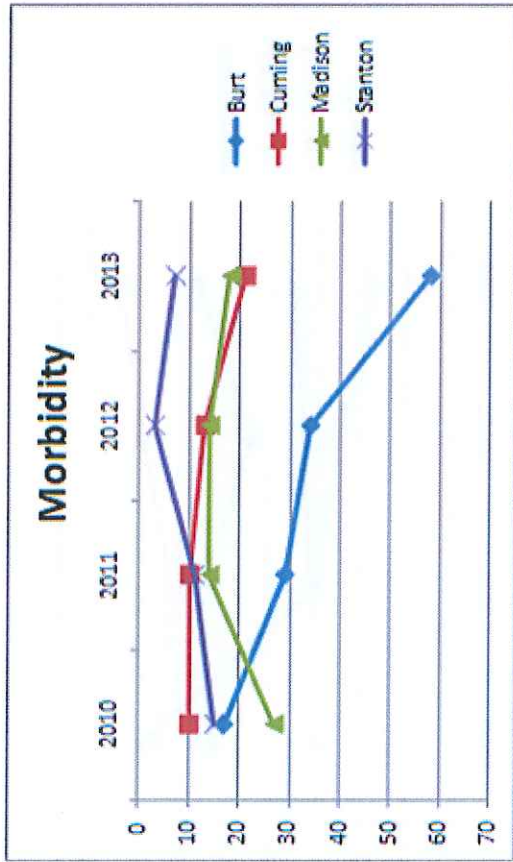
| 2013 Rank | Issue   | Mean | 2011 HD Rank | 2011 NE Rank |
|-----------|---|------|--------------|--------------|
| 1         | Overweight and obesity                                    | 5.89 | 2            | 1            |
| 2         | Cancer  | 5.87 | 1            | 2            |
| 3         | Aging problems (arthritis, hearing/vision)                | 5.45 | 6            | 6            |
| 4         | High blood pressure                                       | 5.41 | 3            | 3            |
| 5         | Heart disease   | 5.35 | 5            | 5            |
| 6         | Diabetes  | 5.27 | 4            | 4            |
| 7         | Mental health (including depression)                      | 4.99 | 8            | 9            |
| 8         | Infectious diseases<br>(flu, other viruses/infections)    | 4.98 | 9            | 8            |
| 9         | Stroke  | 4.73 | 7            | 7            |
| 10        | Poor dental health  | 4.69 | 11           | 10           |
| 11        | Injuries  | 4.50 | 12           | 11           |
| 12        | Sexually transmitted diseases (STDs)                      | 4.10 | 10           | 12           |
| 77713     | Unsafe environment<br>(poor air/water, chemical exposure) | 3.89 | 14           | 14           |
| 14        | Suicide   | 3.84 | 13           | 13           |

# Rankings: Outcomes (Comparisons with other counties)

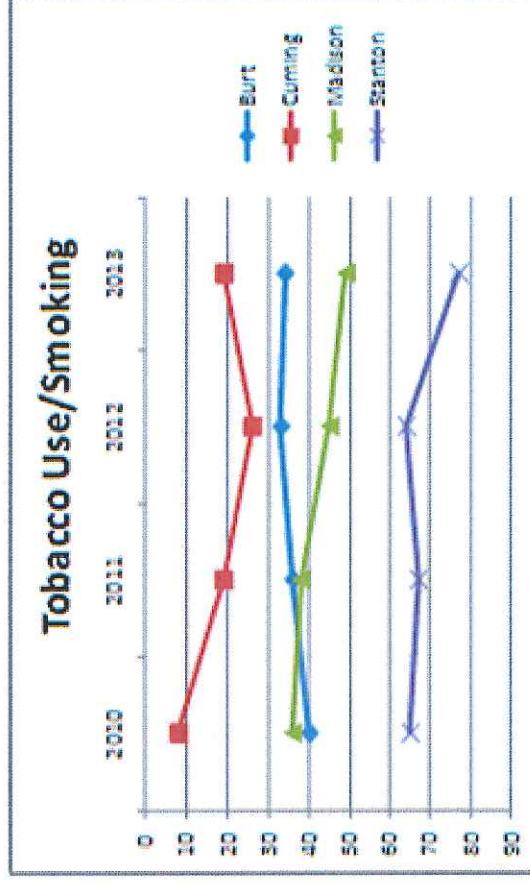
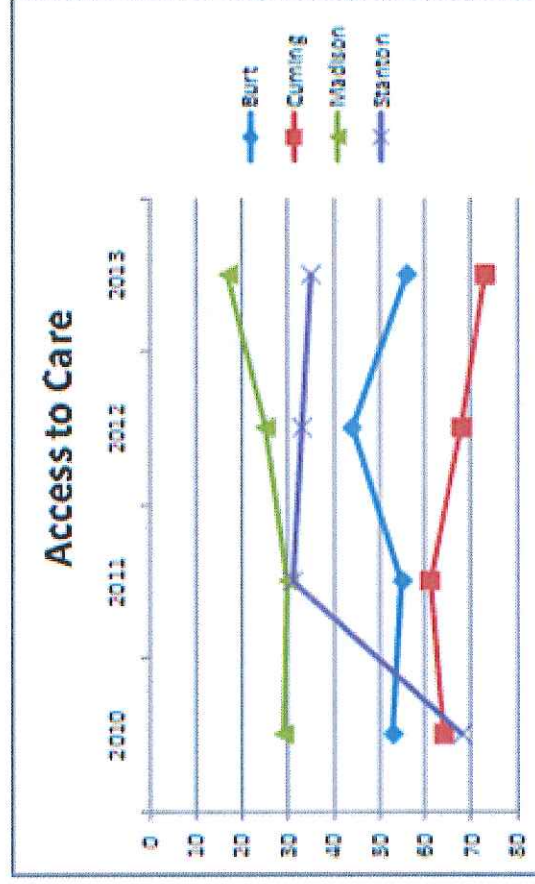
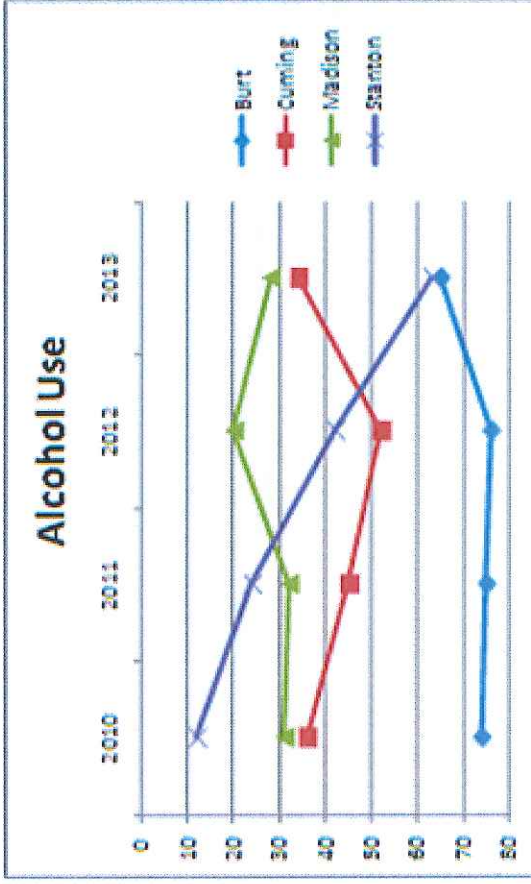
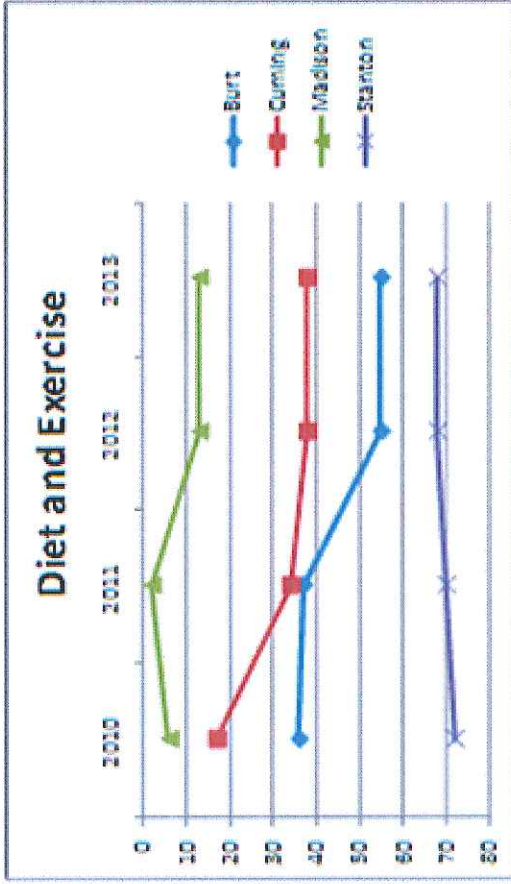




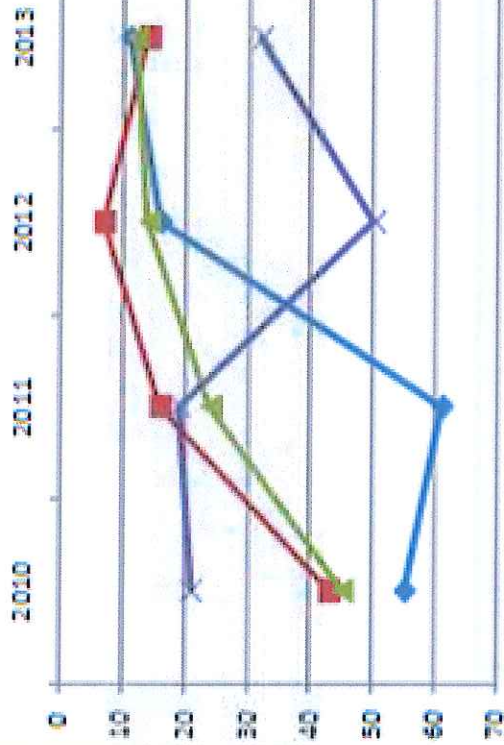
# Outcomes and Factors



## Factors-Focus Area Rankings



# Quality of Care



| County  | 2010 | 2011 | 2012 | 2013 |
|---------|------|------|------|------|
| Burt    | 55   | 60   | 68   | 68   |
| Cumming | 42   | 48   | 65   | 65   |
| Madison | 45   | 52   | 65   | 65   |
| Stanton | 20   | 35   | 55   | 55   |

**Use of Hospitals**

- 63.8% reported they or someone in HH used the services of a hospital in the last 24 months.

**Have you or someone in your household used the services of a hospital in the past 24 months? \* What county do you live in? Crosstabulation**

% within What county do you live in?

|  | What county do you live in? |        |         |         | Total  |        |
|--|-----------------------------|--------|---------|---------|--------|--------|
|  | Burt                        | Cuming | Madison | Stanton |        |        |
| Have you or someone in your household used the services of a hospital in the past 24 months? | Yes                         | 70.9%  | 69.3%   | 60.4%   | 60.4%  | 63.7%  |
|  | No                          | 29.1%  | 30.7%   | 39.6%   | 39.6%  | 36.3%  |
| Total  |                             | 100.0% | 100.0%  | 100.0%  | 100.0% | 100.0% |

Organizations that participated in the CHIP meeting, community focus group meetings and strategic planning sessions are listed below. These entities had one or more participants in the process.

- Baker Counseling
- Burt County Board of Supervisors
- Cuming County Board of Supervisors
- Department of Health and Human Services
- Dinklage Medical Clinic
- District 7 Probation
- Faith Regional Health Services
- Fransiscan Care Services
- Home Instead Service Care
- Cuming County Juvenile Diversion
- Ionia Research
- Land O'Frost
- Madison Public Schools
- Memorial Community Hospital and Health System
- Mt. Olive Lutheran Church
- Nebraska State Senator, District 16
- NENCA
- Norfolk Community Health Care Clinic
- Norfolk Police Division
- Norfolk Public Schools
- Northeast Community College
- Northeast Nebraska Area Agency on Aging
- Northeast Nebraska Community Action Partnership
- Oakland Heights
- Oakland Mercy Hospital
- Oakland-Craig Schools
- Ponca Tribe of Nebraska
- Region 4
- Saint Francis Memorial Hospital
- Stanton Health Center
- West Point Chamber of Commerce
- West Point Living Center
- West Point Public Schools
- Wisner Care Center
- Women's Empowering Lifeline

