St. Francis Memorial Hospital

Community Health Needs Assessment

January 1, 2020 – December 31, 2022

In Collaboration with:

Elkhorn Logan Valley Public Health Department

Faith Regional Health Services

MercyOne Oakland Medical Center

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Citizens of the St. Francis Memorial Hospital Service Area,

Every three years St. Francis Memorial Hospital conducts a Community Health Needs Assessment. During 2019, St. Francis Memorial Hospital, MercyOne Oakland Medical Center and Faith Regional Health Services collaborated with Elkhorn Logan Valley Public Health Department (ELVPHD) to meet this requirement. ELVPHD took the lead in completing the Community Health Needs Assessment for the citizens of our service area.

A group of public health stakeholders were invited to participate in a discussion about the strengths, trends, events, and factors happening that help or prevent us from achieving optimal health. From there, priorities are identified that the players in the health district can work on together to improve the health status of all people living in Burt, Cuming, Stanton and Madison Counties in Nebraska.

This is the third time that ELVPHD has completed this process. The main change to this plan is that the roster of focus areas and strategies was reduced to achieve a more-meaningful impact on the selected priorities. The two main priority areas are:

1. Chronic disease control and sepsis; and
2. Behavioral/mental health.

However, it should be noted that this list does allow for the realistic incorporation of emerging health issues on an as-needed basis for concerns such as: vaping-related lung disease, opioid overdose/misuse, the disproportionate retirement rates of healthcare professionals, and post-flood water quality issues, to name a few.

In addition to the Community Health Needs Assessment, St. Francis Memorial Hospital also has an Implementation Plan that is included in this document. We look forward to working on the needs identified during the Community Health Needs Assessment process.

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 a success.

St. Francis Memorial Hospital

Plan Ownership

For the past three Community Health Assessment and Community Health Improvement Planning cycles, Elkhorn Logan Valley Public Health Department (ELVPHD) has had the pleasure of partnering with the three hospitals in the district to complete a joint Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The major reason is to improve overall community health through the assistance of multiple partners. A joint, universal plan helps to ensure that progress on the identified priorities are approached in unison, while taking into account the various contributions of all partners, and offers a thorough analysis of the current programs and resources, as well as the existing gaps in the current programs, activities and services.

All three partnering hospitals continue to be required to complete a Community Health Needs Assessment to meet Internal Revenue Service (IRS) obligations to maintain their non-profit status. The three partnering hospitals include:

MercyOne Oakland Medical Center—Oakland, NE
St. Francis Memorial Hospital—West Point, NE
Faith Regional Health Services—Norfolk, NE

In addition to the information noted above, all parties recognize that by including members from many organizations throughout the community, we can accomplish more than what could be done by any one organization alone. The purpose of the CHIP is not to create a heavier workload for our partners, but rather, to align efforts of these various organizations to move forward in improving the health of the community in a strategic manner.

What follows is the result of the community's collaborated effort and planning to address health concerns in a way that combines resources and energy to make a measurable impact on the health issues of the ELVPHD district. We understand there are many assets within the ELVPHD district that will aid in the accomplishment of these goals.

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 the subsequent formation of the Community Health Improvement Plan. As such, community engagement is discussed under: 1). the Follow-Up and Monitoring section of this plan; and 2). the Detailed Plans for Priority Areas and Strategies work plan tables.

Supplementary Recognitions

In addition, the Midtown Health Center, Inc. (the local, Federally-Qualified Health Center), has to satisfy requirements for their ongoing federal funding. As such, they periodically assess the needs of the community that they serve to validate the necessity of their services based upon data that is available. For this reason, Midtown Health Center helped to inform the development and implementation of the survey, as well as the community stakeholder process in order to achieve their data needs. Continued success of the Midtown Health Center is a vital necessity in the ELVPHD District as a major provider of healthcare to the uninsured and underinsured populations in the area.

The Ponca Tribe of Nebraska—particularly the Tribal clinic located in Norfolk, NE, serves as a major partner in the CHA/CHIP process. Because many Tribal members reside within the ELVPHD district, collaborating to improve the health of the Native American population

is an important consideration when choosing culturally-appropriate strategies and outcomes.

Finally, due to the national momentum to achieve clinical transformation in the nation, neighboring health districts are collaborating across jurisdictional lines to align their CHIP priorities, goals and outcomes. This is due to the geographical reach of the rural hospital systems and their satellite medical clinics located in neighboring health department jurisdictions. To that end, ELVPHD included input and participation from the following neighbors—

- Three Rivers District Health Department
    - Memorial Community Hospital & Health System—Blair, NE (operates a medical clinic and pharmacy in Tekamah, NE).
    - Franciscan Care Services—West Point, NE (operates family medicine clinic in Scribner, NE).
- North Central District Health Department
    - Faith Regional Health Services/Faith Regional Physician Services—Norfolk, NE (operates family medicine clinics in Pierce and Neligh NE, as well as holds an Affiliate Partnership with Niobrara Valley Hospital, Niobrara, NE).
- Northeast Nebraska Public Health Department
    - Faith Regional Physician Services—Norfolk, NE (operates family medicine clinics in Wakefield, Wayne and Laurel, NE).
    - Pender Community Hospital—Pender, NE (operates family medicine clinics in Bancroft and Beemer, NE; and pharmacies in Wisner and West Point, NE)

It is of utmost importance that the CHA/CHIP honor the hospital partners and their respective locations. In future cycles, ELVPHD intends to expand this reach to include:

- East Central District Heath Department in Columbus, NE
    - Faith Regional Health Services/Physician Services (operates a family medicine clinic in Humphrey, NE, and holds an Affiliate Partnership with Genoa Medical Facilities in Genoa, NE).
    - Franciscan Care Services—West Point, NE (operates a family medicine clinic in Howells, NE).
    - Boone County Health Center—Albion, NE (operates a family medicine clinic in Newman Grove, NE).
- Monona County Public Health—Onawa, IA (serves Burgess Health Center—Onawa, IA (operates a family practice clinic in Decatur, NE).

Hospital and Local Public Health Collaborations

Some of the major drivers in continuing a high level of collaboration between the health department and the hospitals include:

1. Nebraska State Statutes: Nebraska Statutes (under 71-1628.04) provides guidance on the roles public health departments must play and provides the following four (of the ten) required public health essential services, 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) called on non-profit hospitals to increase their accountability to the communities they served. PPACA created a new Internal Revenue Code Section 501(r), which clarified certain responsibilities for tax-exempt hospitals. Although tax exempt hospitals had long been required to disclose their community benefits, PPACA added several new requirements. Section 501(r) required a tax-exempt hospital to:
    - Conduct a community health needs assessment every three years
        - The assessment must continue to 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 continue to be adopted by each hospital's governing body of the organization, and must continue to 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. However, the Public Health Accreditation Board (PHAB) only requires public health departments to conduct a comprehensive community health needs assessment at a minimum of every five years, or more often at the discretion of each public health department. Because of ELVPHD's continued desire to collaborate with the hospitals within its jurisdiction, ELVPHD has committed to continue to conduct their community health assessment every three years, on the same rotation as the hospitals.

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 was recently defined by the 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 Board (PHAB) Requirements: In July of 2011, the PHAB released the first public health standards for the launch of national public health department accreditation. All local health departments pursuing voluntary public health accreditation must have completed a CHA and CHIP. Since the time that the first standards were developed, PHAB Version 1.5 has been released and includes standards that are required of participating local health departments. Relevant standards include:
    - Participate in, or lead, a collaborative process resulting in a comprehensive community health assessment
    - Collect and maintain reliable, comparable and valid data that provide information on conditions of public health importance and on the health status of the population
    - Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors 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

Step One: **Forces of Change**
Similar to the process used in 2013 and 2016, the cycle used in 2019 commenced with the gathering of a number of community stakeholders that were invited to participate in one-day town hall meetings. One meeting was held in Norfolk, NE on April 30, 2019 for stakeholders from Stanton and Madison Counties. An identical meeting was held the next day in West Point, NE for stakeholders from Burt and Cuming Counties.

To launch the planning process, meeting participants were asked to contribute to a discussion about Forces of Change, which is a type of environmental scan. In small groups, participants began to identify trends, events, and factors occurring in their communities, state, nation, and world that could either help them achieve their vision for health in the region or prevent them from achieving it. The conversation focused on forces from the following categories: social, economic, political, environmental, technological, scientific, legal, and ethical.

As a group, participants then identified the common themes among the forces. Details regarding those discussions are included in Appendix VI- Community Health Improvement Plan Prioritization notes.
At the time of this writing, ELVPHD will be embarking on the MAPP (Mobilizing for Action through Planning and Partnerships) Strategic Planning process in later 2019. Any changes to the ELVPHD plan will be reflected in the annual CHIP update. For the sake of aligning the Strategic Plan with the CHIP, the 2016 Strategic Plan was used, as it remains in effect

through the remainder of 2019. The Strategic Plan can be found in Appendix I- ELVPHD Strategic Plan.

Step Two: Data Review
The next phase of planning involved a review of community health data prepared by the Nebraska Association of Local Health Directors (NALHD).

Data analyzed included the following data sources:

- Primary data collected through community-level health surveys administered online and through regular mail. Patrons in Burt, Cuming, Stanton and Madison Counties were invited to take the survey by means of any of the following routes—public press releases, radio public service announcements; Chamber of Commerce newsletters; through employers and area businesses, senior citizen centers; social media posts; and distribution of paper flyers. The assessment findings can be found in Appendix V-Community Health Status Assessment 2019 Report, and can also be found online at www.elvphd.org. The Community Health Assessment Report also includes more in-depth information regarding the survey process, analysis methods, and an index of primary and secondary data sources
- Other sources of primary and secondary data (as noted in the index of primary and secondary data sources) as noted in the Community Health Needs Assessment Report.

Step Three: Community Health Improvement Plan Stakeholder Town Hall Meetings

Preparation: During the implementation of the Community Health Assessment, ELVPHD and the hospital partners began planning for the next step in the process, the Community Health Improvement Plan Stakeholder Town Hall Meetings. Due to the geographic spread of the ELVPHD health district, two separate groups were planned—one on the east end of the jurisdiction and one on the west end of the jurisdiction. 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 260 individuals/agencies were identified by the collaborative partners as key stakeholders in the public health system. Three weeks prior to the scheduled events, invitation e-mails were sent to all of the identified potential participants for the events respective to the geographic locale. Those interested in participating were invited to register via the online registration portal on the ELVPHD website. A hyperlink was provided to the invitees for ease and convenience. See Appendices III and IV.

In addition, preliminary data findings were also distributed to the public at-large by press release and by posting a preliminary data findings brief to ELVPHD website. The public was invited to provide input on the preliminary data and to attend the focus groups, as well.

Prior to the meetings, the planning team—including four ELVPHD staff, UNMC College of Public Health as the contracted facilitators, as well as the Nebraska Association of Local Health Directors—the agency that was contracted for the data collection, analysis and

reporting. Together, these partners created tools and ancillary materials to be used on the days of the events. Such items included:

- 2019 Robert Wood Johnson County Health Rankings
- 2019 Community Health Survey Results data brief
- Demographics of ELVPHD handout
- Leading Causes of Death handout
- Years of Potential Life Lost handout
- Results of ELVPHD Streets, Trails and Sidewalks survey

Also prepared prior to these events was the expanded Data Gallery Stations prepared by Nebraska Association of Local Health Directors. The aim of the Data Gallery Walk was to summarize trends in data and differences between the counties served by ELVPHD and the rest of the state of Nebraska. These data sources are compared to the ELVPHD Community Health Assessment data.

A complete copy of this report is included in Appendix V.

Process: The objectives of the Community Health Improvement Plan Stakeholder/Focus Groups were:

- To identify the trends, factors and events that influence the health and quality of life in our communities and/or the work of the public health system
- To prioritize (based on data) focus areas in which to concentrate efforts
- To develop logical, evidence-based action steps towards each priority area
- To instill community ownership of and commitment to the ongoing process of creating healthy communities

In small groups, participants reviewed sections of the data and identified what stood out in the report in order to begin to name the issues that need collective community attention over the next three years.

After additional discussion with the full group, participants identified a list of potential priorities based on the review of data.

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

- Welcome, Introductions, and Context
- Identifying Forces of Change
- Data Gallery Walk and Large Group Discussions—Nebraska Association of Local Health Directors, presented a summary of community health-related data compiled from a variety of surveys and other sources. These Data Gallery stations framed the discussion of potential priorities for community planning and action. Persons interested in obtaining a complete copy of the data report were encouraged to request a copy of the report via the Data Request Form.
- Selecting Top Priorities—Once potential priorities were agreed upon, each participant reviewed them through a criteria matrix to help them begin to focus on the most important health-related issues on which to focus for the next three years. Participants were then given two stickers to place on their top priorities. The overall top priorities were moved forward for consideration and merging for the regional

health priorities. The criteria for selection included: 1). Size in terms of many of people affected; 2). Seriousness in terms of many deaths, disabilities, hospitalizations; 3). Trends—the problem is getting worse, not better; 4). Equity—looking at whether some groups were affected more (i.e. health disparities); 5). Interventions—the existence of proven strategies in which to replicate; 6). Values in terms of the community caring about the issue; 7). Resources and opportunities to build on current work; and 8). Impact in terms of the ability to strike the issue from a policy, system, or environmental angle to achieve the greatest impact.

- Small Group Discussions: Defining Priorities & Brainstorming Key Strategies—discussion exercises to come to consensus around evidence-based strategies that could be employed to improve community health and well-being in regards to each priority focus area
- Closing Conversation and Next Steps

A unique outcome of the 2019 process was that both community town hall groups did not naturally arrive at identical group of priorities. Rather, both communities' discussed their priorities and ideas that eventually resulted in two different lists—exhibiting some similarities and many differences. A detailed summary outlining the discussion at each focus group is included in the attachments as Appendix VI.

<u>Potential</u> priorities developed from the Norfolk Town Hall:
(Stanton and Madison Counties)

- Address youth tobacco use
- Economic stability and development
- Focus on healthy foods and physical activity
- Consistent cancer screening
- Focus on mental health
- Safe driving practices
- Address underserved healthcare access areas
- Technology in healthcare
- Establish stability at home

<u>Potential</u> priorities developed from the West Point Town Hall:
(Burt and Cuming Counties)

- Recruiting specialized healthcare workforce
- Promoting healthy lifestyles—food and activity
- Eliminating stigma associated with poverty and mental health
- Education through inspiration and motivation
- Focus on mental health as prevention (across the life course, especially kids)
- Focus on environmental (prevention and mitigation)
- Recruitment and resources for mental health providers
- Funding for public health needs (collaborative strategies, insurance)
- Creating strong system of collaboration/network
- Study effectiveness of current work/quality improvement systems
- Response to shifting demographics (cultural, age, etc.)
- Substance abuse
- Innovation in payment system
- Rural sustainability (helping rural thrive)
- Safe driving practices

After the potential priorities were listed for each group, the facilitators led the group through a process of narrowing down the original menu. The intent of this narrowing process was to ensure that efforts aren't spread too thin, but rather, are isolated to no more than 4-5 strategic issues so that meaningful progress could be made on each one without diluting the efforts. To that end, the ending discussion concluded with the following priorities as the top three from each event.

Please note that chronic disease control was listed as a given top priority for each group. This was intended to include: 1). Aspects of built community environments (such as Complete Streets, Walkable Communities, and community trail systems); 2). Clinical transformation initiatives to build the infrastructure to help connect health system leadership, system caregivers, and community-based organizations to optimize health outcomes at the population level; and 3). Continued momentum of the obesity prevention through focus on fruits and vegetables consumption AND physical activity rates.

With that in mind, the top three choices noted below are to be interpreted as "in addition to" the chronic disease focus area noted above.

<u>Top three</u> priorities developed from the Norfolk Town Hall:
(Stanton and Madison Counties)

- Mental health (17 votes)
- Healthy foods and physical activity (11 votes) –this will be merged with the chronic disease priority that was aforementioned
- Consistent cancer screening (9 votes)

<u>Top three</u> priorities developed from the West Point Town Hall:
(Burt and Cuming Counties)

- Healthy foods and physical activity (25 votes)—this will be merged with the chronic disease priority that was aforementioned
- Mental health and prevention of mental health issues (18 votes)
- Healthcare provider shortage (10 votes)—includes specialized and mental health

The last step was that participants broke into small groups to define the priorities, note the root causes, and begin to identify potential strategies to implement. Details regarding those discussions are noted in Appendix VI.

Participation: On April 30th, 2019, the Madison and Stanton County Community Health Improvement Plan stakeholder group was convened at Faith Regional Health Services, Norfolk, NE. On May 1st, 2019, the Burt and Cuming County stakeholder focus group was convened at the Nielsen Community Center in West Point, Ne. The combined attendance totaled 87 unduplicated participants, including the staff of ELVPHD and the three partner hospitals, as well as the facilitators and data presenters. There were 50 participants attending in West Point and 34 participants attending in Norfolk.

The total attendance was up by approximately 12%--with a major increase in participants in the West Point location, and an overall decrease in participants from the Norfolk location. However, pre-registrations showed an additional 17 participants that had planned

on attending in Norfolk and 7 additional participants that were anticipated in West Point and did not attend.

The increase in participation was assumed to be from the personalized email approach (ELVPHD staff sent personal email invitations one-by-one to invitees) AND the ease of the online registration process rather than having to RSVP by way of phone call or postcard.

Meeting participation reflected diversity, including the following sectors:

- Economic Development
- Chamber of Commerce
- Financial Institution
- Hospital/clinic workers
- ELVPHD Board of Health
- Trails Committee Members
- Long-term Care
- Medical Response Systems
- Nebraska DHHS
- Veteran Service Officer
- UNL County Extension
- Elected Officials
- Juvenile Diversion
- League of Human Dignity
- Norfolk Safe Communities
- Behavioral Health
- Hospital Board Members
- Nebraska See to Learn Program
- Public Health Liaison/Advocate
- School Nurses and School Administrators
- Center for Rural Affairs
- Cuming County Public Power District
- Law Enforcement
- Institutes of Higher Education
- Community-Based Organizations
- City employees
- Nebraska Bicycling Alliance
- Area Agency on Aging
- Ponca Tribe of Nebraska
- Federally-Qualified Health Center
- Norfolk Family Coalition
- Neighboring Local Public Health Departments

Written Drafts and Review Process: For the drafts of each section of this plan, the information from the community meetings was compiled and served as the foundation—especially the Detailed Plans for Priority Areas and Strategies tables included on pgs. 18-24.

Potential strategies and the respective literature regarding evidence-based outcomes and cultural appropriateness were reviewed from the following resources:

- *The Guide to Community Preventive Services (The Community Guide)*, a resource designed to help identify evidence-based programs, practices and policies—sponsored by the Community Preventative Services Task Force (CPSTF).
- American Hospital Association Best Practices Library—a registry of resources to help healthcare leaders expand their performance in achieving their community health goals.
- Network of Care: Model Practices, a database provided by the National Association of City and County Health Officials (NACCHO), which includes a registry of model practices and promising practices with evidence of improved health outcomes.

Community stakeholders, hospital partners, and the ELVPHD Board of Health members were invited to file comments or suggested revisions or additions over a one week period of time. This process helps to ensure that the prepared document reflected the true ideas and intentions of the work groups. Likewise, each hospital in the district used information within this plan to largely contribute to the completion of their Community Health Needs Assessment requirements.

ELVPHD 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. Emerging issues may surface at any time and are eligible for inclusion in the plan.

Community Description and Demographic Data

Community and demographic data were analyzed to get an understanding of who the constituents are that are being served by this plan and to understand how the constituents compare to the state. A complete copy of the demographic data for the ELVPHD service area is included as an attachment within Appendix V.

Aligning the Goals and Strategies

The Local Public Health System (LPHS) provides the foundation for all of the chosen health priorities. To meet these for each priority, the goals and objectives were harmonized with the current strategic issues being addressed by several other entities, including:

1. Elkhorn Logan Valley Public Health Department
2. MercyOne Oakland Medical Center
3. St. Francis Memorial Hospital
4. Faith Regional Health Services
5. Midtown Health Center, Inc.
6. Ponca Tribe of Nebraska
7. State of Nebraska Department of Health and Human Services (DHHS)
8. Public Health Association of Nebraska
9. Nebraska Rural Health Association
10. University of Nebraska Medical Center (UNMC) College of Public Health
    a. This also included the UNMC Rural Health 2030 Action Plan

Partner Engagement

Throughout the Detailed Plans for Priority Areas and Strategies tables of this plan, various partner organizations are listed as such. Partners have accepted responsibility for implementing the Community Health Improvement Plan strategies through the following methods:

- Hospital partners: several times a year, select members of the ELVPHD management team meet with hospital partners to discuss various subject matters, including discussions of CHIP progress and strategies.
- In effort to engage partners in the 2019 CHA/CHIP process in a meaningful way, the Accreditation Team decided to make copies of this report available to all CHIP workgroup members. To that end, this report will be emailed to all partners assoon as it is approved by the ELVPHD Board of Health. All subsequent reports will be shared in a similar manner.
- Other ways in which various partners have accepted responsibility are through:
    - **Signed agreements**.

- **Attendance at ELVPHD-sponsored training sessions**. For example, various business places have acknowledged their interest in programs and health improvement by attendance at voluntary trainings hosted by ELVPHD.
- **Joint grant applications**. ELVPHD organizes collaborative grant applications with other partners and those partners signed Letters of Collaboration which demonstrate commitment to being involved.
- **Meeting minutes**. Minutes between ELVPHD and various entities that enter into joint health and wellness endeavors. Meeting minutes demonstrate active involvement by other entities and thus demonstrates that those entities have accepted responsibility by committing to voluntarily participate in various programs.
- **Voluntary Participation**. Voluntary participation by the public at large in various activities, programs and services.
- **Policies.** Creation of policies by cities, childcare providers, schools, business owners and others that demonstrate an intended improvement in their respective environments to include policies that improve health and prevent disease.
- **Initiation of new programs or continuation of existing programs.** Various community partners have initiated their own programs to improve health and prevent disease. In addition, several other partners continue to offer services.

ELVPHD Follow-Up and Monitoring

The Health Department has assigned the Accreditation Team to commit to continued service and monitoring on each of the priority areas. As such, team members are responsible for:

- Organizing task groups on an as-needed basis, consisting of both field professionals and representative community members.
- Adhering to, and pursuing, the work outlined in the detailed plans.
- Holding true to Performance Measures and evaluation metrics as specified, including holding true to the ELPVHD Quality Improvement and Performance Management Plan.
- Assuring work is coordinated with ELVPHD programs, Strategic Plan, PHAB guidelines.
- Communicating appropriately with the community at large via traditional media, social media, website and newsletter.

Those leading the efforts include Elkhorn Logan Valley Public Health Department, MercyOne Oakland Medical Center, St. Francis Memorial Hospital, Faith Regional Health Services and Midtown Health Center, Inc. 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.

Input is gauged from CHIP workgroups via an annual electronic input survey that is prepared by the Accreditation Coordinator. The survey consists of a review of priorities and goals; the invitation to suggest changes to the current CHIP priorities and goals in regards to additions, deletions or other edits; and solicits input from team members regarding their respective entities' contribution and progress to the priority areas. As needed, other communications will be held face-to-face or via phone, email, etc. on an as-needed basis throughout the course of the year. It is believed that these methods will ensure timely progress towards specific goals and measures and will ensure that the work remains relevant, and will also decrease likelihood of duplicated efforts.

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

- All field staff meet with their supervisor, generally once per week, but varies based upon the individual needs of the staff member/program, to assure that program outcomes/objectives, etc. are achieved.
- Board of Health receives updates on programs during bi-monthly Board meetings. ELVPHD retains 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 and set the tone for a culture of quality and improvement.
- 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.

ELVPHD Receptionist/Staff-Program Assistant regularly informs Accreditation Coordinator of health related happenings in the 4-county area as noted in newspapers and other media.

Annual Report

Annually, using the input from the CHIP workgroups, ELVPHD will prepare a report showing implementation of the plan—including strategies being used, the partners involved, and the status or results of the actions taken. In addition, the report will include annual evaluation reports on progress in implementing the plan, including:

- Progress in meeting performance measures—this includes incorporating the ELPVHD internal performance measures, as well as updating the data tables with the most-recent BRFSS report. The BRFSS allows ELVPHD to better track its progress over time.
    - In data comparisons, ELVPHD will track progress in relation to the state average, and will also track trends over time. It is noted that even though ELVPHD may fall below the state average in any given measure, it is also possible that ELVPHD may be making positive progress between reporting periods.
    - Hospital/clinic-based data retrieved from Electronic Medical Records and other data sources providing information on quality of care

- Description of the activities/progress and linking that to the health indicators (data) as defined in the plan, while taking into account that it may take several years to show measureable progress in health indicators (data). If there has been no progress, ELVPHD will explain that no progress has been evidenced to date, and will further explain what ELVPHD intends to do in response to this. Options include: 1) monitor and make no changes; 2) monitor and implement the recommended changes; 3) refer to quality improvement team for intervention; or 4) delete the activity indefinitely

Procedure for completing the annual report:

1. Add topic to a Manager's Meeting agenda for discussion during a meeting during the first quarter of every year. Record discussion—including any recommendations for edits or additions to the current plan. Review activities and make any adjustments or additions, as appropriate. Develop a plan of action and timeline for completion of the various portions of the report.
2. Once the CHIP, the progress, and the completion timeline is has been reviewed and approved by the Managers, the Accreditation Coordinator will lead the staff in a discussion regarding the plan and course of action in the regularly-scheduled monthly staff meeting.
3. Compile the results of items 1 and 2 above. Once compilation is complete, gather input from CHIP priority workgroups. Note any recommendations for edits or additions.
4. Accreditation Coordinator will meet with Health Director to begin the steps of Description of linking the activities/progress to the health indicators (data) as defined in the plan. Note any areas that will be undergoing an intervention: 1) monitor and make no changes; 2) monitor and implement the recommended changes; 3) refer to quality improvement team for intervention; or 4) delete the activity indefinitely. At this meeting, the Accreditation Coordinator and Health Director will arrive at a final plan of action and due date.
5. Complete the Annual Report of the Community Health Improvement Plan.
6. Present draft in next regularly-scheduled manager's meeting.
7. Present draft to Board of Health for approval.
8. Once approved, post report on ELVPHD website and disseminate report to the CHIP workgroup team members and any other interested parties.

This completion of the report is the responsibility of the Accreditation Coordinator

Annual Plan Updates

Following the completion of the Annual Report, ELVPHD revises and updates the plan at least annually, and more often as evaluation results become available. The revisions can be in the health priorities, objectives, improvement strategies, performance measures, time-frames, targets, or health-outcome indicators listed in the plan. Revisions may be based on achieved performance measures, implemented strategies, changing health status indicators, newly developing or identified health issues, and changing levels of resources or funding. The revised/updated plan is presented in a Manager's Meeting and to the ELVPHD Board of Health each year. The Board of Health is invited to give any additional input to the

plan on an as-needed basis. Updating the plan and presenting the plan to the Board of Health is the responsibility of the Health Director. When changes are made, updated plan versions are posted to the ELVPHD website at: www.elvphd.org and are disseminated to high-level partners, such as hospitals, the local FQHC, tribal partners, and statewide associations and professional affiliation groups.

Detailed Plans for Priority Areas and Strategies

PRIORITY 1: **CHRONIC DISEASE CONTROL and SEPSIS**

<table>
<tr><th>Goal</th><th>Proposed Strategies/Activities</th><th>Policy Change</th><th>Evidence -Based</th><th>Potential Partners</th><th>Performance Measures</th></tr>
<tr>
<td>

- Increase the control and management of chronic diseases and sepsis.

<u>Reference</u>: Yende, S., Iwashyna, T.J., & Angus, D. Interplay between sepsis and chronic health. *Trends Mol Med*. 2014 April; 20(4): 234–238. doi:10.1016/j.molmed.2014.02. 005.

Palm, D., Kamara, A., & Grimm, B. (2019). *The integration of public health and primary care: An environmental scan of Nebraska*. University of Nebraska Medical Center, College of Public Health.
</td>
<td>

Build infrastructure for clinical transformation that helps achieve control of chronic diseases by connecting health system leadership, system caregivers, public health departments and community-based service organizations. This includes:

- Training and exploration of best-practices regarding clinical transformation
- Explore/determine chronic disease priorities for each of the three healthcare systems in the ELVPHD district
- Development of a business plan/sustainability structure by capturing 3rd party payments
- Exploration of higher levels of success that could be achieved by enlisting the help of external partners, how to capture those achievements in the EMR, and effectively capture 3rd party reimbursements
- Development of policies related to risk-stratified care management and coordination (example: American Academy of Family Physicians scoring tool)
- Development of Business Associate Agreements and a means of bi-directional referring and communicating
- Continued involvement on the Sepsis Community Action Team and the Great Plains Quality Innovation Network
</td>
<td>X</td>
<td>X</td>
<td>

ELVPHD

Hospital/Clinic Leadership

Care Providers

Midtown Health Center, Inc.

Community-based service organizations

Lions Clubs (local, state, international)

Nebraska DHHS

Community Access to Coordinated Healthcare (CATCH)

Great Plains Quality Innovation Network

Sepsis Community Action Team

Neighboring Health Districts with clinic/hospital overlap

Control and Management of Chronic Disease Workgroup
</td>
<td>

Decrease in hospital admissions due to chronic disease exacerbations and/or sepsis

Decrease emergency room visits due to chronic disease exacerbations and/or sepsis

Decrease in hospital readmissions due to chronic disease and/or sepsis

Increase in achievement of quality measures for hospitals in regards to chronic disease management and control (specific measures to be defined)

- MercyOne Oakland: CHF, COPD, Obesity
- SFMH: CHF, COPD, Confusion
- FRHS:

Increase infection/sepsis management and control

Decrease overall tobacco/nicotine use rates in district (BRFSS):

<table>
<tr><th></th><th>Current Smoking</th><th>Smokeless Tobacco</th><th>e-cigarette Use</th></tr>
<tr><td>2014</td><td>18.2%</td><td>5.1%</td><td></td></tr>
<tr><td>2015</td><td>13.9%</td><td>4.7%</td><td></td></tr>
<tr><td>2016</td><td>16.5%</td><td>6.3%</td><td>3.6%</td></tr>
<tr><td>2017</td><td>15.9%</td><td>6.7%</td><td>7.1%</td></tr>
</table>

Increase value-based reimbursements for care providers
</td>
</tr>
</table>

					One partnership agreement in place by December 31, 2019, and will increase by one additional agreement per calendar year from there
• Decrease the prevalence and burden of obesity in the ELVPHD health district	Creation of or enhanced access to places to increase physical activity: • Convene community stakeholders in one pilot community in the ELVPHD district to plan, implement and evaluate a Complete Streets process.	X	X	ELVPHD Faith Regional Health Services City employees and city officials Norfolk Safe Communities Bike/Walk Nebraska Nebraska DHHS Norfolk Visitor's Bureau Business sector representatives Norfolk Area Chamber of Commerce Norfolk Public Schools NECC Neighborhood Associations Economic Development Complete Streets Walkable Communities Workgroup	Increase the existence of community-scale urban design and land use policies to increase physical activity. Target is 1; baseline is 0. Increase street-scale urban design and land use policies to increase physical activity. Target is 1; baseline is 0.

	• Creation of (or enhanced access to) public places for public use to increase physical activity and improve physical fitness. ✓ creating walking trails ✓ parks improvement ✓ building exercise facilities ✓ providing access to existing nearby facilities ✓ Develop and implement community plans that prioritize walking, biking and active living	X	X	ELVPHD Hospital systems City employees and city officials Local Trails Committees Nebraska Bicycling Alliance Nebraska DHHS Community Planning Trails/Parks Workgroup	Increase in the number of miles of walking trails in the district. Baseline to be determined. Random surveys related to trails, parks, sidewalks, etc. will show a positive shift in satisfaction and/or utilization of public spaces for physical activity. Baseline collected in April 2019 from survey respondents: ▪ 61.08% concerned with sidewalk condition ▪ 35.33% concerned with trail/destination connectivity ▪ 35.33% concerned with surface material of sidewalks for wheelchairs and strollers ▪ 34.13 concerned with lighting in city parks ▪ 32.34% concerned with lighting along trails
	Increase fruit and vegetable consumption. • Instruction of evidence-based curriculums geared towards dietary improvements and healthy lifestyles. Curriculums may include: ✓ Continued implementation of the National Diabetes Prevention Project (NDDP) ▪ Establish a NDPP referral network ▪ Maintain CDC national recognition of NDPP Program for program quality ✓ Living Well ✓ *Other options to be explored, such as Whole School, Whole Community, Whole Child (WSCC), Curriculum geared towards children, to be determined* Reference: Aligns with Children's Hospital & Medical Center's Community Outreach Hub goals; 2019 Franciscan Care Services, Inc. Strategic Plan; Faith Regional Health Services Strategic Plan		X	ELVPHD ELVPHD Healthy Lifestyles Workgroup Midtown Health Center, Inc. Nebraska DHHS Hospital/Clinic Leadership Care Providers Center for Rural Affairs Schools Childcare Providers County Extension Business/Worksites Nebraska DHHS	Increase DPP class participation in the service area by 5% each year Increase percentage of DPP class participants that are overweight who lose 7% of their body weight in a year 50% of class participants that have a completed glucose screening test higher than 100 reduce this number by at least 5 points (to 95 or less) *For children's obesity prevention initiative, to be determined based upon program rubrics*

Chronic Disease Control Work Group Members

Control and Management of Chronic Disease

Name	Organization	Name	Organization
Roger Wiese	North Central District Health Department	Nicole Hinspeter	Northeast Nebraska Public Health Department
Dr. Chandra Ponnrich	Faith Regional Physician Services	Pat Lopez	Community Access to Coordinated Healthcare
Kathy Nordby	Midtown Health Center, Inc.	Kathy Kaiser	Community Access to Coordinated Healthcare
Kristie Stricklin	Faith Regional Physician Services	Mary Loftis	University of Nebraska Extension—Burt County
Laura Gamble	MercyOne Oakland Medical Center	Heather Drahota	Elkhorn Logan Valley Public Health Department
Julie Rother	Northeast Nebraska Public Health Department		

Complete Streets/Walkable Communities (Norfolk Pilot Project)

Brian Blecher	Faith Regional Health Services	John Cahill	City of Norfolk
Sue Fuchtman	Faith Regional Health Services Board of Directors	Val Grimes	City of Norfolk
John Grimes	Norfolk Safe Communities	Pat Mrsny	City of Norfolk
Maureen Baker	Northeast Community College	Shane Weidner	City of Norfolk
Steven Rames	City of Norfolk		

Community Planning Trails/Parks

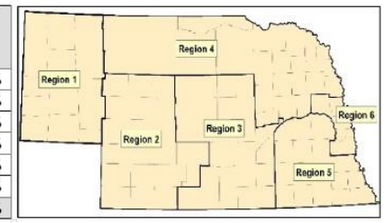
Tina Biteghe Bi Ndong	West Point Chamber of Commerce	Bonnie Chatt	Tekamah Trails Committee
Steve Sill	Cuming County Supervisor	Terry Nelson	St. Francis Memorial Hospital/West Point Trails Committee
Casey Koch	St. Francis Memorial Hospital	Melanie Thompson	Elkhorn Logan Valley Public Health Department/Wisner Trails Committee

Healthy Lifestyles (Fruits and Vegetables)

Name	Organization	Name	Organization
Shantell Skalberg	Faith Regional Health Services	Linda Miller	ELVPHD/FRHS Board of Directors
David Morfeld	Faith Regional Health Services	Lindsay Shelton	Memorial Community Hospital & Health System
Kevin Black	Pinnacle Bank	Hannah Guenther	University of Nebraska Extension—Cuming County
Jody Woldt	Elkhorn Logan Valley Public Health Department	Delaney Brudigan	Franciscan Care Services
Sandra Renner	Center for Rural Affairs	Shelly Green	Franciscan Care Services
Mary Lauritzen	Nebraska See to Learn Program	Linda Munderloh	Bancroft-Rosalie Community Schools
Crystal Hunke	Dinklage Medical Clinic		

PRIORITY 2: **BEHAVIORAL/MENTAL HEALTH**

<table>
<tr><th>Goal</th><th>Proposed Strategies/Activities</th><th>Policy Change</th><th>Evidence-Based</th><th>Potential Partners</th><th>Performance Measures</th></tr>
<tr><td rowspan="2">1. Expand access to quality behavioral health and mental health care services.

Reference: Watanabe-Galloway, S., Naveed, Z., Adejoh, C., Deras, M., & Haakenstad, E. (2017). Statistical brief: Supply, distribution, and demographic characteristics of psychiatrists in Nebraska 2010-2016. https://www.unmc.edu/bhecn/_documents/psychiatrist-statistical-brief.pdf</td><td>Continued involvement in the Northeast Nebraska Behavioral Health Network (NNBHN) and/or the NNBHN community workgroups. Initiatives of NNBHN include:
• Creating a platform to match students and/or medical professionals to be placed in the district
• Housing projects for behavioral health professionals in the district
• Development of a financial aid program for behavioral/mental health professionals—including Public Service Loan Forgiveness for those pursuing the public sector
• Continued cultivation of stakeholders</td><td>X</td><td></td><td>NNBHN
Hospital/Clinic Leadership
Care Providers
ELVPHD
Midtown Health Center, Inc.
Community-based service organizations
AHEC
Universities/ colleges
Region 4 Behavioral Health System</td><td>Improvement in the supply of psychiatrists actively practicing in Region 4 in Nebraska.
Table 1. Supply of Psychiatrists Actively Practicing in Nebraska: 2010-2016
<table><tr><th>Region</th><th>2010</th><th>2012</th><th>2014</th><th>2016</th><th>Diff 2010-2016</th><th>% Diff 2010-2016</th></tr><tr><td>1</td><td>5</td><td>3</td><td>2</td><td>3</td><td>-2</td><td>-40.0%</td></tr><tr><td>2</td><td>3</td><td>3</td><td>5</td><td>3</td><td>0</td><td>0.0%</td></tr><tr><td>3</td><td>11</td><td>10</td><td>10</td><td>10</td><td>-1</td><td>-9.1%</td></tr><tr><td>4</td><td>9</td><td>10</td><td>4</td><td>4</td><td>-5</td><td>-55.6%</td></tr><tr><td>5</td><td>33</td><td>32</td><td>32</td><td>33</td><td>0</td><td>0.0%</td></tr><tr><td>6</td><td>101</td><td>98</td><td>103</td><td>111</td><td>10</td><td>+9.9%</td></tr><tr><td>Total</td><td>162</td><td>156</td><td>156</td><td>164</td><td>2</td><td>+1.2%</td></tr></table> 
Behavioral Health Education Center of Nebraska (BHECN, 2017).
Improvement in county-level distribution of psychiatrists
<table><tr><th></th><th>2010</th><th>2012</th><th>2014</th><th>2016</th><th>Diff 2010-2016</th><th>% Diff 2010-2016</th></tr><tr><td>Burt</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>N/A</td></tr><tr><td>Cuming</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>N/A</td></tr><tr><td>Stanton</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>N/A</td></tr><tr><td>Madison</td><td>5</td><td>6</td><td>3</td><td>3</td><td>-2</td><td>-40.0%</td></tr></table></td></tr>
<tr><td>Expand telemedicine access in the district—focusing on behavioral and mental health services.
• MercyOne Oakland Medical Center has a HRSA grant for this

Reference: Aligns with UNMC Rural Health 2030 Action Plan; Midtown Health Center Strategic Plan 2019; Faith Regional Health Services Strategic Plan</td><td>X</td><td>X</td><td>ELVPHD
Hospital/Clinic Leadership
Care Providers
Region 4 Behavioral Health System
Midtown Health Center, Inc.</td><td>Baselines to be determined.</td></tr>
</table>

<table>
<tr>
<td rowspan="2">2. Decrease use and abuse of alcohol, tobacco and other drugs through a variety of evidence-based prevention strategies.

Reference: https://www. samhsa. gov/ebp-resource-center</td>
<td>Youth-based education and instruction of evidence-based curriculums in the ELVPHD district.</td>
<td></td>
<td>X</td>
<td>ELVPHD

Healthy Communities Initiative Coalition and Staff

Region 4 Behavioral Health System

Schools/NECC

Youth-serving organizations

Youth leaders</td>
<td>Increase the percentage of students reporting wrong or very wrong to smoke cigarettes and/or use smokeless tobacco on the biannual (even years) NRPFSS
<table>
<tr><th></th><th colspan="2">Smoke cigarettes</th><th colspan="2">Use smokeless tobacco</th></tr>
<tr><th></th><th>2016</th><th>2018</th><th>2016</th><th>2018</th></tr>
<tr><td>8th grade</td><td>93.2%</td><td>94.8%</td><td>93.6%</td><td>95.7%</td></tr>
<tr><td>10th grade</td><td>88.4%</td><td>92.1%</td><td>88.1%</td><td>87.9%</td></tr>
<tr><td>12th grade</td><td>73.1%</td><td>70.1%</td><td>70.4%</td><td>68.5%</td></tr>
</table>
Increase the percentage of students reporting wrong or very wrong to smoke marijuana on the biannual (even years) NRPFSS
<table>
<tr><th></th><th colspan="2">Smoke Marijuana</th></tr>
<tr><th></th><th>2016</th><th>2018</th></tr>
<tr><td>8th grade</td><td>91.5%</td><td>94.8%</td></tr>
<tr><td>10th grade</td><td>77.7%</td><td>88.7%</td></tr>
<tr><td>12th grade</td><td>63.5%</td><td>75.8%</td></tr>
</table>
</td>
</tr>
<tr>
<td>Collaboration with local law enforcement agencies to conduct compliance and enforcement activities in the ELVPHD district.

Reference: This aligns with the Community Trials to Prevent High-Risk Drinking. http://www.dontletminors drink.com /downloads/Community%20Trials.pdf</td>
<td></td>
<td>X</td>
<td>ELVPHD

Healthy Communities Initiative Coalition and Staff

Region 4 Behavioral Health System

Local and State Law Enforcement

Youth</td>
<td>Increase (or maintain) the alcohol sales compliance rate to 95%. Baseline is as follows:

2013 96%
2014 89%
2015 88%
2016 99%
2017 98%
2018 89%

Decrease or maintain the alcohol/drug-related arrests during enforcement checks.
<table>
<tr><th></th><th>Minor in Possession</th><th>Open Container</th><th>DUI</th><th>Drug Possession</th></tr>
<tr><td>2016</td><td>3 citations</td><td>1 citation</td><td>0 citations</td><td>0 citations</td></tr>
<tr><td>2017</td><td>3 citations</td><td>3 citations</td><td>2 citations</td><td>6 citations</td></tr>
<tr><td>2018</td><td>1 citation</td><td>2 citations</td><td>1 citation</td><td>0 citations</td></tr>
</table>
</td>
</tr>
<tr>
<td>3. Increase access to suicide prevention/intervention training in the ELVPHD district.</td>
<td>Instruction of Mental Health First Aid and/or Question.Persuade.Refer. (QPR) trainings.</td>
<td></td>
<td>X</td>
<td>ELVPHD

County veteran service staff

Community-based organizations</td>
<td>Increase the number of persons trained in the ELVPHD district by 5% each year. Baseline is:

304 persons trained in 2018
299 persons trained so far in 2019

</td>
</tr>
</table>

				Faith-based groups Schools Hospital Staff Medical providers Nebraska Association of Local Health Directors Region 4 Behavioral Health System Law Enforcement First Responders Northeast Nebraska Suicide Prevention Coalition	

Behavioral/Mental Health Work Group Members				
Mental Health Services				
Name	**Organization**		**Name**	**Organization**
Dennis Colsden	Rural Region One Medical Response System		Norbert Holtz	Cuming County Supervisor
Steve Hecker	Region 4 Behavioral Health System		Elizabeth Jacobo	Elkhorn Logan Valley Public Health Department
Alicia Kuester	Faith Regional Health Services		Andrea Rodriguez	Ponca Tribe of Nebraska
Stephanie Brundieck	Northeast Community College		Tayla Cournoyer	Ponca Tribe of Nebraska
Brandon Morfeld	Faith Regional Health Services		Leonor Fuhrer	Norfolk Family Coalition
Jerry Wordekemper	Franciscan Care Services		Karsten Schuetze	Cuming County Economic Development
Laura Gamble	MercyOne Oakland Medical Center		Dara Schlecht	St. Francis Memorial Hospital
Michaela Flick	St. Francis Memorial Hospital		Nicki White	Cuming County Economic Development
John Ross	Cuming County Supervisor		Sara Cameron	MercyOne Oakland Medical Center/ELVPHD Board of Health
Rob Stowe	MercyOne Siouxland		Jane Fink	League of Human Dignity

Opportunities for Potential Prioritization/Development

- Recruitment and retention of healthcare workforce
- Consistent cancer screening
- Natural disasters: preparedness, planning, response and recovery
- Vaping: vaping-related lung disease
- Water quality: manganese and other unknown contaminants in water
- Distracted driving among teens https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IP-DistractedDriving.pdf
- Home stability—economic, alleviation of health disparities, relief from Adverse Childhood Experiences (ACEs)
- Opioid overdose and misuse
- Aging issues: Baby Boomer population and a shift in needs and approaches to reach this significant population
- Medicaid reimbursement rates for long-term care centers and several local long-term care center facility closures
- Re-emergence of vaccine-preventable disease locally—mumps/measles

St. Francis Memorial Hospital
Community Health Needs Assessment Implementation Plan
2020-2022

CHNA Priority #1—Chronic Disease Control & Sepsis

1. Increase primary care visits.
2. Increase screening visits
    a. Mammograms
    b. Prostate
    c. Colonoscopy/Cologuard
    d. Vaccinations
3. Increase participation in chronic care management
4. Increase transitional care management participation.
5. Identify tobacco users and provide cessation program information.
6. Sponsor increased eat well and be active classes. Eating Smart-Being Active Class 2020

CHNA Priority #2—Behavioral/Mental Health

1. Recruit Behavioral/Mental Health providers.
2. Development of recruitment incentives
3. Identify Telemedicine alternatives
4. Suicide prevention program development.

Appendix I

ELKHORN PUBLIC HEALTH LOGAN VALLEY DEPARTMENT

Strategic Plan
2016-2019

Scope of Plan	All Employees
Developed:	July 2011
Legal Review:	N/A
Approved BOH:	7/12/2011, 11/12/2013, 11/24/2014
Reviewed Management Team:	12/16/2013, 11/21/2014
Revised:	11/1/2013, 9/19/2014, 9/5/2016
Health Director Signature	Lana Whiting

Elkhorn Logan Valley Public Health Department
Strategic Plan 2016-2019

Part 1: Introduction

Background

Elkhorn Logan Valley Public Health Department (ELVPHD) was formed as a result of the passage of a legislative bill in 2001 that encouraged county commissioners and supervisors to organize themselves in a qualifying arrangement of counties in order to form formal local public health and bring the advantages that public health could bring to their constituents. ELVPHD opened its doors in the spring of 2002 and has made great strides in advancement since its inception.

Since then, the department has gone from a department of one staff to a total of fourteen in-house staff today. The department relocated to its current main office (and permanent location) in 2005. In 2013, the department opened a satellite office in Norfolk, and in 2016, the department opened a satellite office in Tekamah. These satellite offices have been instrumental in filling the gaps in geographical coverage and allow the public to more conveniently access the services, activities and programs being implemented by ELVPHD without having to travel a substantial distance

There are currently 25 programs being implemented out of the ELVPHD offices. In addition to these daily programs, time and attention must be dedicated to remaining vigilant for new public health issues and threats and must easily adapt their plans and schedules to allow for rapid response to new issues, when necessary. Over the past three years, new public health issues handled by ELVPHD included: planning for Ebola virus, Zika virus surveillance, tornado response in 2014, and assisting our neighboring health districts with mutual aid. Because of the fast-paced and ever-changing nature of public health work, ELVPHD periodically engages in the Mobilizing for Action through Planning and Partnerships (MAPP) process.

In the spring of 2016, ELVPHD conducted its community focus groups in order to gain input from stakeholders into the ELVPHD Strategic Plan and ELVPHD Community Health Improvement Plan. Reworking both plans in tandem was an intentional way for satisfy the critical community input element of both plans.

The purpose of this plan is to continue to strengthen and enhance the local public health system so that ELVPHD can better serve the public health needs of our communities, constituents and professional partners. As a department, we see it to be imperative to continue satisfying future public health needs in our service area by participating in forecasting, planning and goal-setting to drive us to an area of further success.

<table>
<tr><th colspan="2">Elkhorn Logan Valley Public Health Department
Vision, Mission and Values</th></tr>
<tr><td><u>Vision</u>:
Healthy people living in healthy communities.</td><td rowspan="2"><u>Values</u>:
Inclusive and expanding partnerships and collaborations that represent a wide range of interests and ideas including community organizations, service agencies, employers, education institutions, faith-based organizations, and the media.
≈
Leaders who demonstrate a visible commitment to a healthy community.
≈
Equal access under existing laws and guidelines to health information and services regardless of race, ethnicity, income, literacy, disabilities, and/or age.
≈
Physical, social, and workplace environments that are healthy and safe.
≈
Active, health-conscious citizens who care about themselves, their families, and their neighbors.</td></tr>
<tr><td><u>Mission</u>:
To promote and improve health for all residents of our four-county area.</td></tr>
</table>

<u>Governance</u>: The Board of Health, consisting of ten members that geographically represent all four counties of the service area. Those members consist of an elected official from each county (4), a public-spirited individual from each county (4), a physician (1), and a dentist (1). The Health Director, who possesses full time management responsibility over the activities of the department, reports solely to the Board of Health.

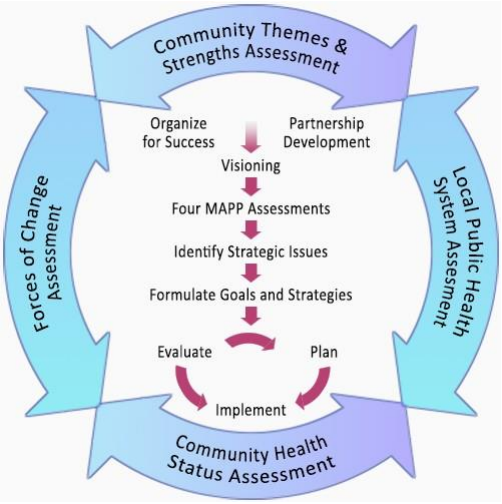
<u>Current Operations</u>: In addition to administrative functions, programs and activities fall into five divisions of the department, including:

- Emergency Preparedness – disaster response and emergency planning;
- Environmental Health – focus on health issues that result from environmental factors;
- Health Disparities – activities that focus to alleviate gaps in health and health programs that disproportionately affect members of certain groups, i.e. those of minority descent, veterans, agricultural laborers, those that are economically disadvantaged, etc.;
- Public Health Nursing – using the nursing process to serve individuals and groups in need of education and nursing services; and
- Wellness – focusing on health and safety issues that threaten the health status and/or safety of the communities and the population at large.

Part 1: Overview of the Strategic Planning Process

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 involves gathering together multiple community stakeholders for a shared assessment, strategic planning, and implementation process. The MAPP action cycle has well defined steps and processes to capture community input and move a community or organization to make positive changes. An image of the action cycle is included below:



The most current MAPP processes were conducted by ELVPHD in 2014, and again in 2016. That process involved a number of individuals and organizations (with a common interest in public health) that contributed to identifying the trends, factors and events that influence the health and quality of life in our communities and/or the work of the public health system. 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. Participants from the following sector groups were involved:

- Elected officials
- Hospital administration
- Behavioral health practitioners
- Community-based organizations
- Community college administrators
- Public Health students
  Health education directors
- Minority community leaders
- Business leaders
- Community Action Agency leaders
- Youth-serving organizations
- Long-term care facilities
- Organizations for persons with disabilities
- University representatives
- Hospice centers
- Educational Service Units
- Ponca Tribe representatives
- Federally-qualified health center leaders
- Organizations representing the elderly
- Housing officials
- Domestic violence organizations
- Chamber of Commerce leaders
- Veterans organizations
- City health officials

Information gleaned from participants was utilized throughout the planning process. These groups served as networking opportunities and helped ELVPHD to gain insight from the unique perspectives and viewpoints of other public health stakeholders. In addition, outcomes and conclusions from these groups were used and considered a valuable part of this planning as they helped to allow ELVPHD to form their plan, consciously knowing the directions and goals of community partners, with cognizant effort to not duplicate services, but instead to fill gaps and

further enhance existing or emerging programs, and offered a light as to where expansions were needed.

To achieve input regarding day-by-day operations and programmatic implementation, an afternoon of planning was scheduled for staff members to discuss in detail the trends, events and factors currently impacting the effectiveness of the local public health system. Included in this discussion was an analysis of the department's current strengths, weaknesses, opportunities and threats. This process helped us to identify the "forces" that are affecting the community and to gain an understanding of other major issues and gaps in the current system, as well as an opportunity to learn about already successful and effective areas of service and programming. Those in attendance included:

- Gina Uhing, Health Director
- Beth Buss, Fiscal Manager
- Tracy Benjes, Office Manager
- Ashley Petersen, Administrative Assistant
- Nikki Mullanix, Public Health Nurse
- Myrian Jackson, Health Educator
- Laura Holtz, Public Health Nurse
- Mason McCain, Data/Insurance Billing Coordinator
- Melanie Thompson, Emergency Response Coordinator
- McKayla Hammond, Health Educator
- Tayler Hinrichs, Health Educator
- Kathy Becker, Substance Abuse Prevention Coordinator

The process steps included:

- A discussion of mission, vision, values and purpose
- Review of budget trends and staffing
- Environmental scan—identification of internal and external strengths, weaknesses, opportunities and threats that may impact community health or the health department
- Discussion on the alignment with DHHS Strategic Priorities/Goals
- Identification of ELVPHD major accomplishments
- Review of Public Health Accreditation Board (PHAB) process and PHAB-noted strengths and opportunities for improvement, as well as overall impressions of the department
- Discussion regarding emerging issues from history and how we adapted to address those issues
- Review of current reality
    - What are the current strategic issues of the 2014 Strategic Plan?
    - What progress have we made in the past two years?
- Review Forces of Change Assessment
- Invitation to edit, add to, or delete any items to the list of strategic priorities.
- Small group discussions and identification of action steps.

Last, the Strategic Plan was written, presented to the ELVPHD staff, and later presented to the Board of Health for formal adoption. Annually, the Strategic Plan Annual Report is prepared and shared with staff, Board of Health members, and the public (via the ELVPHD website—www.elvphd.org).

Part 2: Assessments

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—were considered in the development of strategic issues and subsequent priorities.

Community Themes and Strengths Assessment: Several conversations among community partners were led to gather perspectives about Elkhorn Logan Valley Public Health Department service area from community leaders and public health business partners. Points of discussion included: 1). key social issues that are impacting the ELVPHD service area; 2). thoughts on the current health status of the community and what is going well and; 3). barriers/opportunities for staying healthy.

Results of Community Themes and Strengths Assessment:

Community Strengths:

- Willingness and desire to work together
- State and national recognition in some areas
- Sustained and thriving partnerships across the board
- People and communities recently pulled together following weather-related disasters proving that volunteerism is a priority for many
- Recent community focus on military cultural competency
- Recent community focus of development of built environments (trails/parks) as physical activity option
- Recent addition of Bountiful Baskets and other fresh produce cooperatives to increase fruit/vegetable consumption
- Schools, childcare centers and business places becoming more supportive in adopting policies to protect health
- Many community partners recently received prestigious awards for quality and excellence—these are great community resources for constituents.

Concerns affecting the community:

- Local budget shortfalls and funding cuts,
- Overload of already exhausted community leaders,
- There is much room for improvement and expansion in policy development efforts,
- Lack of behavioral health care access
- Lack of Medicaid expansion in Nebraska
- National Climate Assessment indicates that climate change is creating extreme weather events,
- Low tobacco tax (when compared to other states) makes tobacco more accessible to youth (cheaper price) and growing use of e-cigarettes/vaping,
- The medical community may feel threatened by an increase in direct services by ELVPHD,
- Aging and retiring healthcare workforce contributing to healthcare shortage,
- Increase of societal promotion and usage of non-scientific healthcare practices,
- Internet being used in place of screenings and primary care,
- No imminent public health crises may cause public to lose vision of the importance of public health,
- Reluctance of community to accept HPV vaccine.

Local Public Health System Assessment: As a part of public health accreditation, the management team at ELVPHD and the ELVPHD Board of Health each completed the Nebraska Local Public Health Agency Self-Assessment. This information was used in the identification of Strategic Priorities, Goals and Activities. Some information was also obtained from public input on survey questions that pertained specifically to their perceptions of public health strengths, needs and shortfalls. An Environmental Scan was presented via PowerPoint by Gina Uhing, Health Director.

Following the Environmental Scan presentation, those in attendance were invited to give personal input as to what they perceived to be as opportunities and threats. Insights from the environmental scanning conversation are highlighted below:

Opportunities	Threats
• Maintain collaboration with existing community partners, and opportunities to add additional community partners • Continued generation of revenue • Maintenance of performance management system • Continued capitalization on staff interest and skills • Board of Health and staff could become more active in advocacy work (resolutions) • Pursuit of grant opportunities • Use Tekamah office more for program expansion in Burt County • Further development of operational and programmatic formalities • Expansion of health literacy efforts • Pursue funding to address CHIP strategies and activities • More focus on marketing • Development of ELVPHD Foundation • Expanded environmental health programming • Care coordination programs (economies of scale) for ELVPHD to conduct for medical clinics • Increase community opportunities for input into program design	• Competition for scarce resources • Lack of public understanding of public health among general public • Concentrated marketing intentions get diluted by other ELVPHD priorities • Election could have impact on future focus and funding of public health ○ Changing political environment/political gridlock • Too many community and statutory expectations, not enough funding or manpower to deliver • Internet information isn't always accurate and ELVPHD needs think of strategies to persistently and consistently get public health message out, even on controversial issues • Funding sources may not exist to address CHIP priorities, strategies, and activities

Community Health Status Assessment: 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). Patrons were invited to take the survey by means of several routes—including public press releases and radio public service announcements; Chamber of Commerce newsletters; through employers, senior citizen centers; social media posts; and flyers that were posted or flyers that were distributed to school students via mass distribution efforts.

Those interested in taking the survey were encouraged to do so online, or were invited to request a hard-copy survey. Surveys were also available in Spanish (in hard copy form) by calling the toll-free number listed, or by requesting a Spanish copy via any ELVPHD bilingual employee. Included in these mailings were postage-paid return envelopes. In an effort to ensure broad participation throughout the health district, ELVPHD focused special attention from gathering assessments from minorities, the elderly and veterans.

Some of the methods to ensure that these special population's input was gained included:

- The community health assessment was translated into Spanish;
- Two bilingual ELVPHD staff engaged the Hispanic community directly and through various partners to ensure broad participation;
- ELVPHD worked with Midtown Health Center (MHC), the local Federally-Qualified Health Center, to engage their patients to complete the assessment (approximately 36.95% of MHC patients are minorities);
- ELVPHD engaged the Ponca Tribe of Nebraska to encourage tribal members to complete the assessment;
- ELVPHD placed a staff member at various WIC and immunization clinics in the area to reach lower-income consumers;
- ELVPHD has staff visit local senior centers to complete assessments on site; and
- The ELVPHD Veterans Services Programming Coordinator worked with veterans to complete assessments.

A variety of secondary data sources were used in the development of the Community Health Assessment report. A detailed listing of those sources is available within the body of the report. The report is currently available on the ELVPHD website (www.elvphd.org).

Forces of Change Assessment: Community members gave input into the trends, factors and events that are (or will be) influencing the health and quality of life in our communities and/or the work of our public health system. Forces of change included:

- **Trends**: patterns over time, such as migration in and out of a community or a growing disillusionment with government;
- **Factors**: discrete elements, such as a state or community's large ethnic population, an urban or rural setting, or a jurisdiction's proximity to a major waterway;
- **Events**: one-time occurrences, such as a hospital system closure, a natural disaster, or the passage of new legislation.

The following forces appear to be the most prevalent and have been identified as having the most impact on the ELVPHD mission, vision and values.

- Elected officials may be more concerned about budget shortfalls than health issues,
- The current financial state of affairs and unstable economy means that “everyone” will see funding cuts, and the extent of those cuts is dependent upon the perceived importance of the program or agency,

Identification of Strategic Priorities, Goals and Activities—Updated 2014				
Strategic Priorities	**Goals**	**Activities**	**Time Frame**	**Person Responsible**
1: How can the local public health care system enhance access to health care services?	Guiding Principle: All persons within our service area should have access to affordable health care services. While many elements of access to care may be outside of the scope of ELVPHD, some activities can be implemented to impact this area. Goal: By, November of 2017, increase the percentage of ELVPHD constituents who receive any health services. Data Coordinator will develop baseline percentage by February 1, 2015. This access to care will be assessed through the Community Health Assessment and random surveys initiated by ELVPHD throughout the life of the plan.	• Continue to provide education regarding Affordable Care Act (ACA). • Education regarding necessity of Medicaid Expansion in our area. • Provide opportunities for health screenings in innovative settings.* • Continue involvement on AHEC Board—ELVPHD identified as a concern the shortage of providers in the area and the future projected shortage with the aging of many health care providers/sectors.* • Continue partnership with CATCH due to their mission focusing on access to care (Susan G. Komen, etc).* • Continue work on Northeast Nebraska Behavioral Health Coalition working to increase access to behavioral health services in the ELVPHD health district.* • Pursue vaccination programs to expand vaccine availability in the event of an emergency-this includes expanded insurance billing capabilities and VFC.* • Pursue funding sources that align with ELVPHD CHIP Plan and Strategic Plan to increase access to care.*	• ongoing • 2014 and ongoing • 2014 and ongoing • ongoing • ongoing • 2014 and ongoing • 2016 • ongoing	• Administrative Assistant • Health Director/Marketing Coordinator • Program Staff • Assistant Director • Health Director • Health Director and others as assigned • TBD • TBD
*Linkages with CHIP and QI Plans				

2: How can the local public health department provide more activities that promote safe and healthy lifestyles?	Guiding Principle: ELVPHD will offer opportunities for community organizations to participate in activities that promote healthy and safe living. This will be done by setting up programs for enhanced success, assuring adequate new-staff training, evaluating programs for effectiveness, and enhanced service outreach into new populations. Creating more self-sustaining programs would be a priority. Goal: By, November of 2017, ELVPHD will raise community levels of awareness regarding issues affecting public health through educational programs. This increase in knowledge will be assessed through random surveys initiated by ELVPHD throughout the life of the plan regarding.	• Stay active in professional organizations with public health and political involvement. • Continue to build programming on CDC pyramid model. • Continue to build programming based on evidence and proven research results or programs that support policy or systems change.* • Pursue funding sources that align with ELVPHD CHIP priorities.* • Initiate measurable outcomes and performance measures on each new and existing funding source.* • Improve program-specific new employee orientation through creation of procedure manuals for all programs. • Apply for NACCHO recognition whenever possible on programs that ELVPHD invents. • Expansion of programs into the Hispanic Community by continuing to increase bilingual staff pool with future job openings. • Expand services in the agricultural community.* • Expand health literacy activities. • Pursue insurance billing and third party payments (fee-for-service) as a method of generating revenue and become less reliant on grant funds.	• ongoing • ongoing • ongoing • ongoing • 2014 and ongoing • 2014 and ongoing • 2015 and ongoing • 2014 and ongoing • 2014 and ongoing • ongoing • By December 1, 2014 and ongoing	• Program Staff and Administration • Program Staff and Administration • Program Staff and Administration • Administration • Program Staff and Administration/ Accreditation Team • Program Staff and Administration • Program Staff and Administration • Human Resources and Administration • Administration and Program Staff • Program Staff • Billing Coordinator/Administration and Program Staff
*Linkages with CHIP and QI Plans				
3: How can ELVPHD better use its resources to market itself and to meet the public health needs of its district?	Guiding Principle: After 11 years of existence, there is still a number of people not aware of ELVPHD, its services, its purpose, etc. An increase in marketing would help improve this. Goal: Throughout the life of the plan, increase ELVPHD marketing activities. This will be tracked by implementing a marketing tracking log.	• Continue to search for and pursue public health funding opportunities.* • Create a marketing plan.* • Create a marketing position.* • All eligible programs will have a line item for marketing in its budget by the close of the fiscal year 2014-2015.* • Expand social marketing efforts.*	• Ongoing • By January 1, 2015 • By November 1, 2014 • By June 30, 2015 • ongoing	• TBD • Marketing Coordinator • Human Resources and Administration • Program Staff and Administration • Marketing Coordinator and all Staff
*Linkages with CHIP and QI Plans				

4: How can ELVPHD create and enhance collaboration and partnerships among public health stakeholders?	Guiding Principle: Maintaining existing collaborations and establishing new collaborative partners will help ELVPHD to better achieve its mission, goals, Strategic Plan, Community Health Improvement Plan, etc. Increasing efficiency and economies of scale is of interest to ELVPHD. Goal: By November 2017, ELVPHD will have established at least five additional formal partnerships as evidenced by an MOU or written agreement of some sort. Managers will track the progress of this through biweekly agenda discussion in Manager's Meetings.	• Create a collaboration outreach plan to align with all CHIP priorities. • Continue partnership with hospitals on Community Health Assessments and other pertinent activities. • Enhance public knowledge of resources available within communities.* • Expand partnerships and collaborations that represent a wide range of interests and ideas including community organizations, service agencies, education institutions, faith-based organizations, law enforcement, healthcare providers/facilities, senior centers, childcare providers, schools, worksites, media, and others.*	• March 1, 2015 • ongoing • 2014 and ongoing • ongoing	• TBD • Administration and Accreditation Team • Program Staff and Marketing Coordinator • Program Staff and Administration
*Linkages with CHIP and QI Plans				
5: How can ELVPHD formalize its operations to increase effectiveness of programming, efficiency of efforts, and an increase in standards?	Guiding Principle: Maintaining a formal QI process throughout ELVPHD will increase quality, effectiveness and efficiency for ELVPHD and will thus make the best use of ELVPHD time and resources. Goal: ELVPHD will achieve PHAB Accreditation by June 30, 2016.	• Develop written policies and documentation protocol for the work done at ELVPHD according to PHAB Standards. • Redundancy training for each position for continuity of operations purposes. • Conduct customer satisfaction surveys throughout ELVPHD programs. • Staff training on topics as identified—including mandatory safety-related training, mandated-by-law trainings, and others. • Share data and program accomplishments with general public.	• 2014 and ongoing • 2014 and ongoing • 2014 and ongoing • 2014 and ongoing • 2014 and ongoing	• Board of Health and ELVPHD Administration and Staff • Program Staff and Administration • Program Staff/Administration and Accreditation Team • Training Committee/Safety Committee and Administration • Program Staff, Administration, and Data Coordinator
*Linkages with CHIP and QI Plans				

University of Nebraska Medical Center
BREAKTHROUGHS FOR LIFE.

UNMC Rural Health 2030:
2019-2020 Action Plan

Introduction:

With this Action Plan for 2019-2020, UNMC is committed to playing a vital role in working side by side with rural Nebraska to accommodate and even embrace the disruptive changes in health care that lie ahead. We have come together to develop the *UNMC Rural Health 2030: 2019-2020 Action Plan* which identifies timely priorities that ensure we are developing a health workforce, patient care, health education, technology, and research that result in the highest quality of health care as close to home as possible.

This action plan is a living document, understanding that the priorities and action steps identified within are based on the needs of patients, people, and Nebraska's rural communities.

Through new and forward thinking, hard work and strategic collaboration, UNMC and rural Nebraskans are shaping a new vision for a healthy rural future.

UNMC Rural Health 2030:
2019-2020 Action Plan

GOAL A: Support rural health care providers to address disruptive change and thrive in their practices.

2019-2020 Action Items:

1) Create an interprofessional rural practitioner leadership group to advise UNMC in identifying current and future clinical needs, opportunities, and measures of success.

2) Develop a portfolio of training resources that meet day-to-day office and overall practice needs of rural practitioners and their support teams.

3) Expand use of UNMC's mentoring toolkit for rural clinical preceptors.

4) Collaborate with rural hospitals and practices to develop and evaluate innovative practice models including but not limited to health care cooperatives or community care teams.

GOAL B: Enhance education and training programs that improve rural health care workforce preparation, distribution, and retention.

2019-2020 Action Items:

1) Collaboratively revitalize and enhance UNMC's rural guaranteed admissions pathway programs by addressing system requirements; eligibility, enrollment and retention; inclusivity and diversity; student connections to UNMC; and, data collection and reporting.

2) Develop and utilize a centralized online tracking tool to capture UNMC rural student rotation and other structured educational programming data to inform current and future educational needs and opportunities.

3) Pilot the uBEATS eLearning project with at least two rural Nebraska high schools.

GOAL C: Support the research and utilization of emerging technologies in rural Nebraska to expand the accessibility of health education, outreach, care, and research.

2019-2020 Action Items:

1) Expand access to specialty clinical services across Nebraska via telehealth, as resources permit.

2) Implement a statewide demonstration project using interactive technology (e.g., iWall) to provide continuing education for rural health care providers.

3) Support existing efforts to expand the use of patient facing applications and home (including wearable) monitoring devices with Nebraska Medicine.

GOAL D: **Refresh UNMC's rural health brand and maximize the organizational structure to facilitate open communication, coordination, and collaboration.**

2019-2020 Action Items:

1) Establish the UNMC Office of Rural Health Initiatives and develop a communications strategy to broadly promote the office and its role related to rural health workforce, education, and research to stakeholders.

2) Establish a Rural Health Advisory Committee to provide advice to UNMC that is representative of the views of multiple constituencies to improve rural health in Nebraska.

3) Partner with strategic stakeholders and partners to support a one-day summit on rural health workforce matters.

4) Influence policy and support advocacy efforts where appropriate at the local, state, and federal levels related to rural health.

APPENDIX III

Organizations that were invited to the CHIP meeting, community focus group meetings and strategic planning sessions are listed below.

- American Red Cross
- Anytime Fitness - Oakland
- Area Agency on Aging
- Associated Whole Grocers, Inc.
- Baker Counseling
- Bancroft-Rosalie Schools
- Battle Creek Public Schools
- Beemer Senior Center
- Big Brothers/Big Sisters
- Bike-Walk Nebraska
- Ben Hansen, Nebraska State Senator
- Boone County Health Center
- Bright Horizons
- Burt County Attorney
- Burt County Board of Supervisors
- Burt County Clerk
- Burt County Economic Development
- Burt County Emergency Manager
- Burt County Extension Office
- Burt County Sheriff
- Burt County Veteran Service Officer
- Carson Cancer Center
- Chatt Senior Center
- Citizen State Bank
- City of Lyons
- City of Norfolk
- City of Oakland
- City of Tekamah
- City of West Point
- Colonial Haven
- Craig Fire and Rescue
- Cuming County Attorney
- Cuming County Board of Supervisors
- Cuming County Clerk
- Cuming County Economic Development
- Cuming County Extension Office
- Cuming County Juvenile Diversion
- Cuming County Sheriff
- Cuming County Emergency Manager
- Cuming County Public Power District
- Cuming County Veterans Service Officer
- Decatur Rural Volunteer Fire Department
- Department of Health and Human Services Immunization Program
- Dinklage Medical Clinic
- District 7 Probation Office
- Educational Service Unit 2
- Elkhorn Logan Valley Public Health Department Board of Health Community Representatives
- Extension Educator – Burt County
- Faith Regional Health Services
- Faith regional Health Services Board Member
- Franciscan Care Services
- Golden Oaks Senior Center
- Grace Lutheran Church
- Guardian Angels Catholic Schools
- Happy Days Senior Center
- Home Instead Senior Care
- Jim Scheer, Nebraska State Senator, District 19
- John A. Stahl Library
- League of Human Dignity
- Lutheran High Northeast Schools
- Lyons Fire and Rescue
- Lyons-Decatur Northeast Schools
- Madison County Commissioners
- Madison County Extension Office
- Madison County Juvenile Diversion
- Madison County Probation Office
- Madison County Sheriff
- Madison County Veteran Service Officer
- Madison Public Schools

APPENDIX III

- Memorial Community Hospital and Health System
- Mercy One Oakland Medical Center
- Midtown Health Services
- Mike Moser, Nebraska State Senator, District 22
- Nebraska Aids Project
- Nebraska Children and Family Foundation
- Nebraska Children's Home Society
- Nebraska Department of Health and Human Services
- Nebraska Health and Wellness Clinic
- Nebraska State Patrol
- Nebraska Vocational Rehabilitation Agency
- Norfolk Area Chamber of Commerce
- Norfolk Area Visitors Bureau
- Norfolk Catholic School
- Norfolk Economic Development
- Norfolk Family Coalition
- Norfolk Fire Department
- Norfolk Good Neighbors
- Norfolk Housing Authority
- Norfolk Police Department
- Norfolk Public Schools
- Norfolk Public Transportation
- Norfolk Regional Center
- Norfolk United Way
- Norfolk Veterans Home
- North Central District Health Department
- Northeast Community College
- Northeast Nebraska Child Advocacy Center
- Northeast Nebraska Community Action Partnership
- Northeast Nebraska Psychological Services
- Northeast Nebraska Public Health Department
- Northeast Nebraska Suicide Prevention Coalition
- Northern Nebraska Area Health Education Center
- Oakland Chamber of Commerce
- Oakland-Craig Schools
- Oakland Fire Department
- Oakland Heights
- Parent to Parent Network
- Pilger Senior Center
- Pinnacle Bank
- Ponca Tribe of Nebraska
- Region 4 Behavioral Health Services
- Regional Housing Authority
- RROMRS
- Saint Francis Memorial Hospital
- Saint Mary's Catholic Church
- Stanton County Commissioners
- Stanton County Sheriff
- Stanton County Veteran Service Officer
- Tekamah Chamber of Commerce
- Tekamah Drug
- Tekamah-Herman Schools
- Tekamah Police Department
- Tekamah Trails Committee
- The Arc
- The Link Halfway House
- The Salvation Army
- The Zone
- Tyson Fresh Meats
- Village of Decatur
- West Point-Beemer Schools
- West Point Chamber of Commerce
- West Point Crisis Center
- West Point Police Department
- West Point Trails Committee
- Wisner Economic Development
- Wisner-Pilger Public Schools
- WJAG Radio
- YMCA
- Youth Substance Abuse Prevention Advocate

APPENDIX IV

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

- Area Agency on Aging
- Associated Whole Grocers, Inc.
- Bike-Walk Nebraska
- Citizen State Bank
- City of Norfolk
- Cuming County Board of Supervisors
- Cuming County Economic Development
- Cuming County Juvenile Diversion
- Dinklage Medical Clinic
- Educational Service Unit 2
- Elkhorn Logan Valley Public Health Department Board of Health Community Representatives
- Extension Educator – Burt County
- Faith Regional Health Services
- Faith regional Health Services Board Member
- Franciscan Care Services
- League of Human Dignity
- Memorial Community Hospital and Health System
- Mercy Health
- Midtown Health Services
- Nebraska Children and Family Foundation
- Nebraska Department of Health and Human Services
- Norfolk Family Coalition
- North Central District Health Department
- Northeast Community College
- Northeast Nebraska Public Health Department
- Oakland-Craig Schools
- Oakland Heights
- Pinnacle Bank
- Ponca Tribe of Nebraska
- Region 4 Behavioral Health Services
- RROMRS
- Saint Francis Memorial Hospital
- Tekamah Trails Committee
- West Point Chamber of Commerce
- West Point Police Department
- Wisner Public Schools

Appendix V

Elkhorn Logan Valley Public Health District

Burt, Cuming, Madison and Stanton counties

Community Health Status Assessment 2019 Report

For more information:
www.ELVPHDneb.org

Contact:

Elkhorn Logan Valley Public Health Department
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Wisner NE
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Prepared by Nebraska Association of Local Health Directors
For Elkhorn Logan Valley Public Health Department

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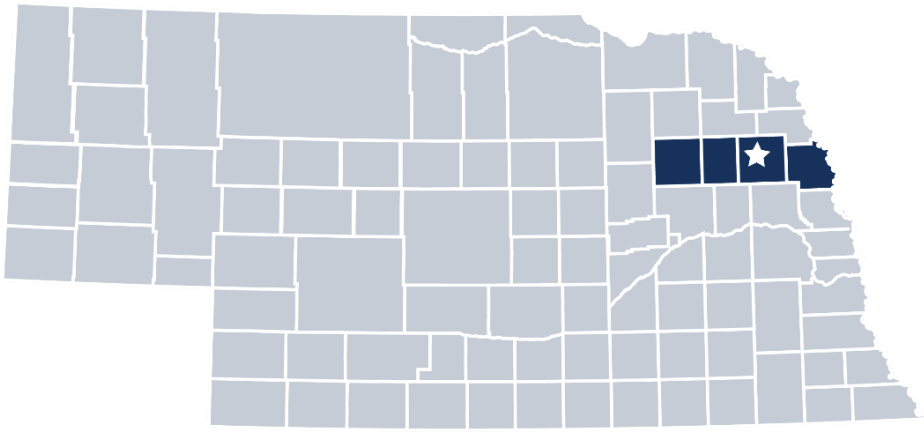
Contents

Introduction

Elkhorn Logan Valley Health Department (ELVPHD) serves 56,790[i] people within a four-county district comprised of Burt, Cuming, Madison and Stanton counties in northeastern Nebraska. All of these counties are classified as rural counties by the Federal Office of Rural Health Policy[ii].

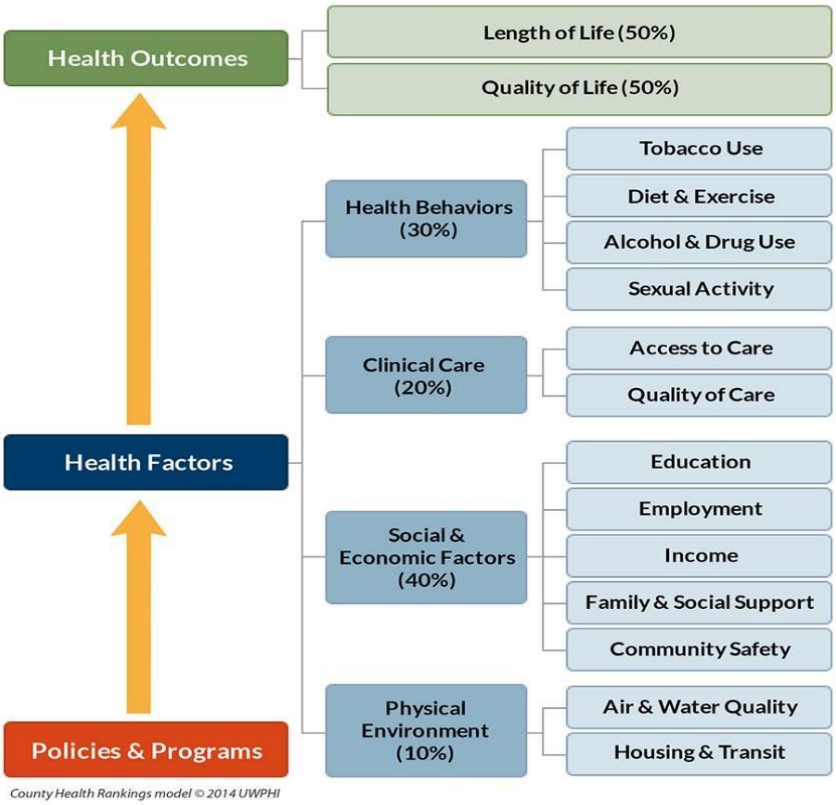


ELVPHD was formed in 2002 as a result of State legislation that applied Tobacco Master Settlement funds to organize local health departments statewide. The mission of ELVPHD is to promote and improve health for all residents of our four-county area.

As Chief Health Strategist—who convenes coalitions that investigate and take action to make meaningful progress on complex health community issues[iii]—for this four-county district, ELVPHD conducts a community health assessment (CHA) and community health improvement plan (CHIP) every three years. The CHA is a process of gathering and interpreting information from multiple and diverse sources in order to develop a deeper understanding of the health and wellbeing of a community/jurisdiction. The CHA process describes the current health status of the community, identifies and prioritizes health issues and develops a better understanding of the range of factors that influence and impact health. This report focuses on the **Community Health Status Assessment** portion of ELVPHD's CHA. Data were gathered from secondary sources such as Behavioral Risk Surveillance Survey (BRFSS), County Health Rankings and Roadmaps (CHRR), American Community Survey/US Census Bureau, Centers for Disease Control and Prevention (CDC), Nebraska Department of Transportation, Nebraska Department of Education, and the US Bureau of Labor Statistics. This assessment identifies leading causes and emerging issues that impact community health and quality of life, including the leading causes of mortality and morbidity, the general health status of community members, disparities in health outcomes, the access and availability of behavioral and health care, etc.

County Health Rankings and Roadmaps (CHRR), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin that provides reliable local data and evidence to communities to help them identify opportunities to improve their health. The CHRR model was used as the lens for this community health status assessment.

Figure 1. County Health Rankings and Roadmaps Framework



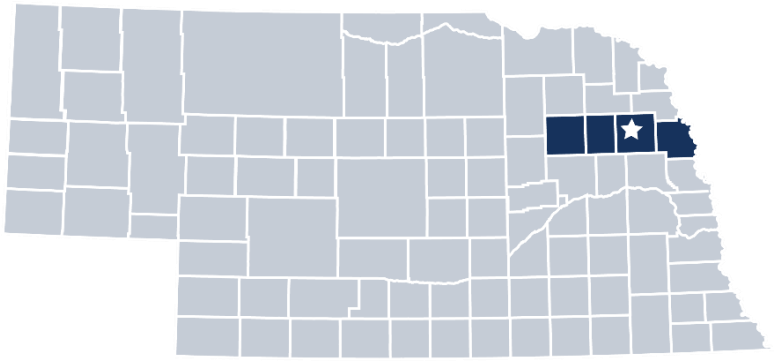
Community Health Status Assessment Methods

This community health status assessment gathered data from secondary sources such as Behavioral Risk Surveillance Survey (BRFSS), County Health Rankings, American Community Survey/US Census Bureau, Centers for Disease Control, Nebraska Crime Commission, Nebraska Department of Education, US Bureau of Labor Statistics, and so on to assess the health status of the ELVPHD region to identify emerging issues and trends, when possible, and to gauge big changes from the, previous, 2016 Community Health Improvement Plan priorities.

Additionally, this community health status assessment reviews the responses to the community health survey, designed by ELVPHD and distributed across the ELVPHD region, to determine Community Themes and Strengths. The survey assessed perceptions of important health issues, including wellbeing and quality of life. It also asked about the assets available in communities. This survey was available in English and Spanish and in print and online. Print copies were distributed through ELVPHD and their partners. Additionally, ELVPHD posted the survey link on the ELVPHD website and Facebook pages and provide printed half-sheets that were distributed through the schools for students to take home to their parents, flyers posted around the communities, as well as information sent to businesses and chambers to share with employees and others. ELVPHD offered a chance to win $200 grocery gift certificate per county as an incentive to participate. In all, 1422 responses were collected (see Appendix D for a table of respondent demographics).

Elkhorn Logan Valley Public Health Department District Overview

Elkhorn Logan Valley Public Health Department (ELVPHD), headquartered in Cuming County, serves 56,790 [iv] people within a four-county district comprised of Burt, Cuming, Madison and Stanton counties in the northeastern part of Nebraska. ELVPHD is bordered by Iowa to the east.



Since the ELVPHD district is rural, agriculture/forestry/fishing/hunting, health care/social assistance and manufacturing are major economic drivers.

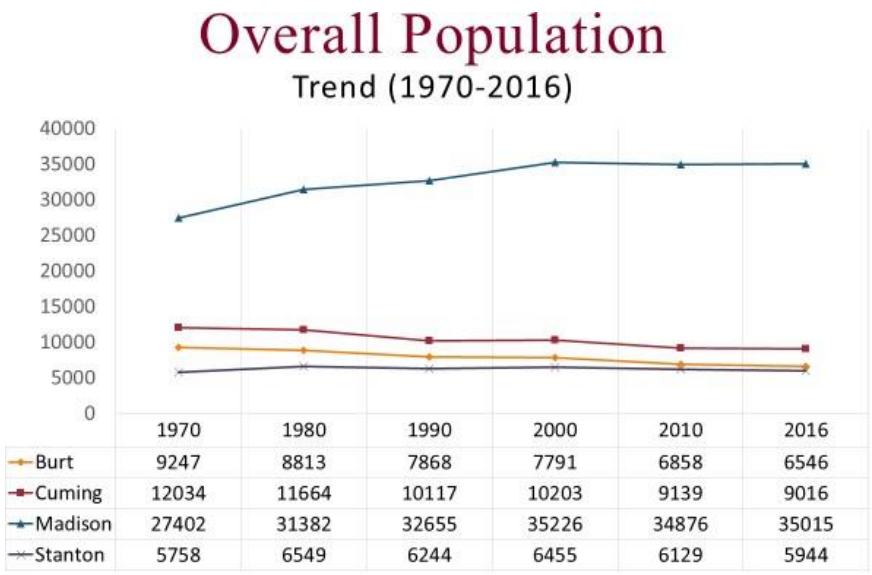
Quick Facts for ELVPHD Region:[v]

Population (2018): **56,790**
Population Change (2010-2018): **-8.7%**
Unemployment Rate: **2.6%**[vi]
Total Land Area: **2,063 square miles**

Population Demographics

Nebraska's rural population is decreasing while the urban population is increasing. Nebraska's population in the 2018 Census was estimated at 1,929,268. This count was up 5.6% from the 2010 Census and consistent with the national increase of 6.0% during the same period. Growth has occurred in all four of the urban counties of Nebraska. Conversely according to the US Census, all counties within the ELVPHD district experienced a decrease in population (ranging from 2% to 5% decrease) between 2010 and 2018 except for Madison County, which experienced a 1.5% growth in population.

Figure 2. Overall Population Trend, ELVPHD (1970-2016)



	1970	1980	1990	2000	2010	2016
Burt	9247	8813	7868	7791	6858	6546
Cuming	12034	11664	10117	10203	9139	9016
Madison	27402	31382	32655	35226	34876	35015
Stanton	5758	6549	6244	6455	6129	5944

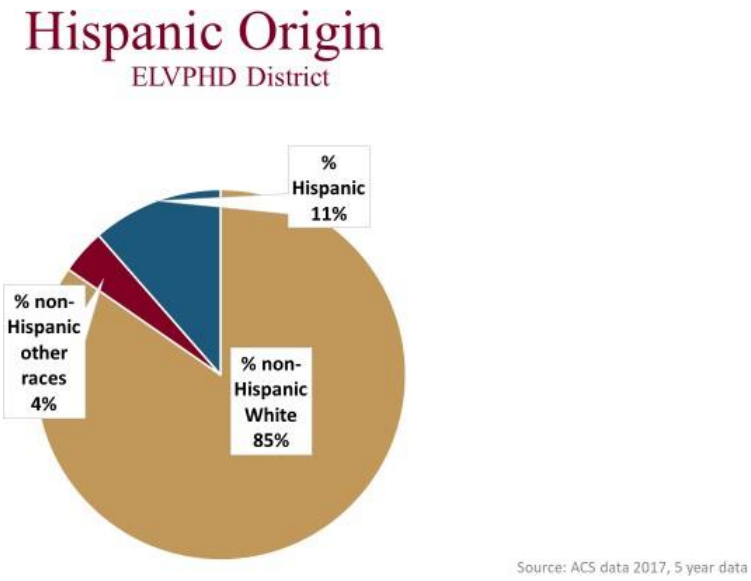
Source: NE Vital Stats Record 2016

Race and Ethnicity

Nebraska has a high Hispanic growth rate, between 2005 and 2014, the Latino population growth rate was more than five times higher than the overall population growth rate in Nebraska (55% vs. 10%).[vii] Hispanics represented 5.6% of the total population in Nebraska in 2000, 9.2% in 2010, and 10.4% in 2015, and it is estimated that by 2025, the Hispanics will make up nearly a quarter of Nebraska's population (23.4%). Hispanics in Nebraska are from a variety of countries, but Mexico is the primary country of origin (76%).

In the ELVPHD district, Hispanics represented 11%, consistent with the state (11%). ELVPHD experienced a two-fold increase in the Hispanic population since 2000 (6.4% to 11%[viii]). The majority of the Hispanic population resided in Madison County (15%). Within Madison County, the Madison School District had the highest English Language Learners (16%) of all school districts in Madison County. The percent of Hispanic residents in the other four counties was as follows: Cuming, 10%; Stanton, 5%; Burt, 3%. Moreover, Burt and Cuming counties border two Indian Reservations, Winnebago and Omaha. The Ponca Tribe is a landless tribe with members residing within the ELVPHD jurisdiction.

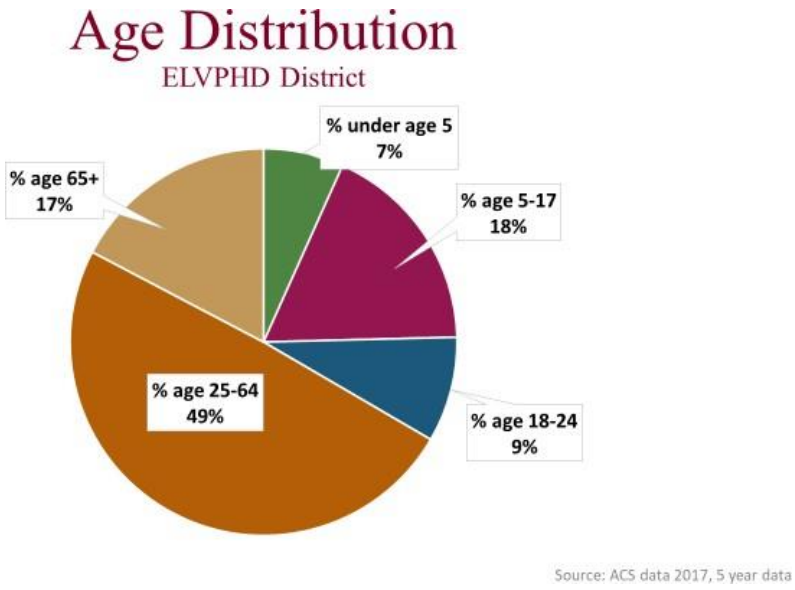
Figure 3. Hispanic Origin, ELVPHD District



Median Age

The average median age in the ELVPHD district was 42 years in 2017, which was nearly a decade older than the average in Nebraska.

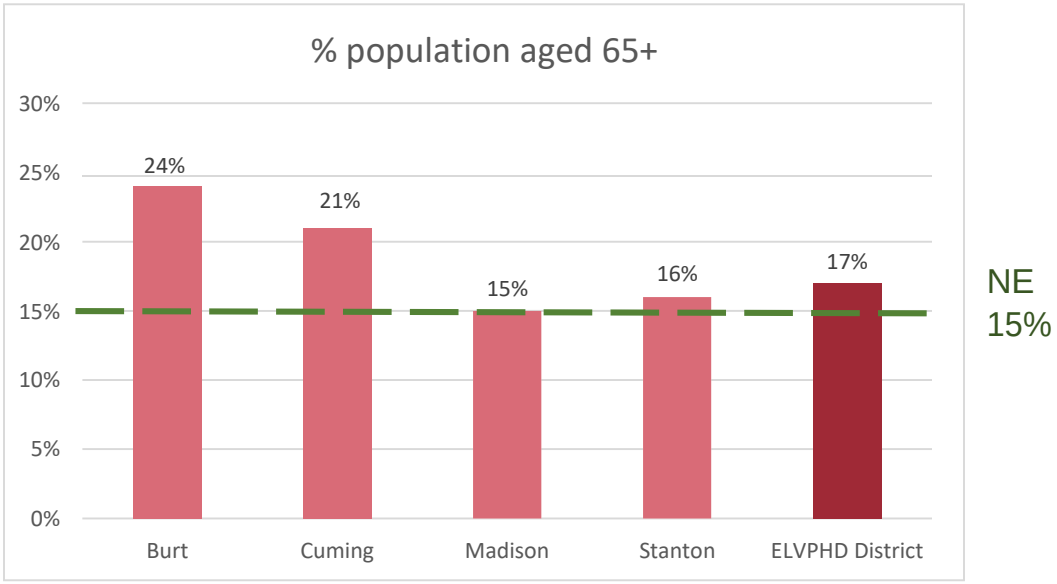
Figure 4. Age Distribution, ELVPHD District



Notably, nearly 1 in 4 adults in Burt County were 65 years and older, and nearly 1 in 5 adults in Cuming County were 65 years and older. Madison (15%) and Stanton (16%) counties were similar to or below the percentage of adults aged 65 years and older across the ELVPHD district (17%) and state (15%).

Forty percent (40%) of Stanton County's population aged 65 years and older reported having a disability.[ix] Other counties within the ELVPHD district experienced similar rates (35%) of adults aged 65 and older who had a disability as the district (35%) and state (34%).

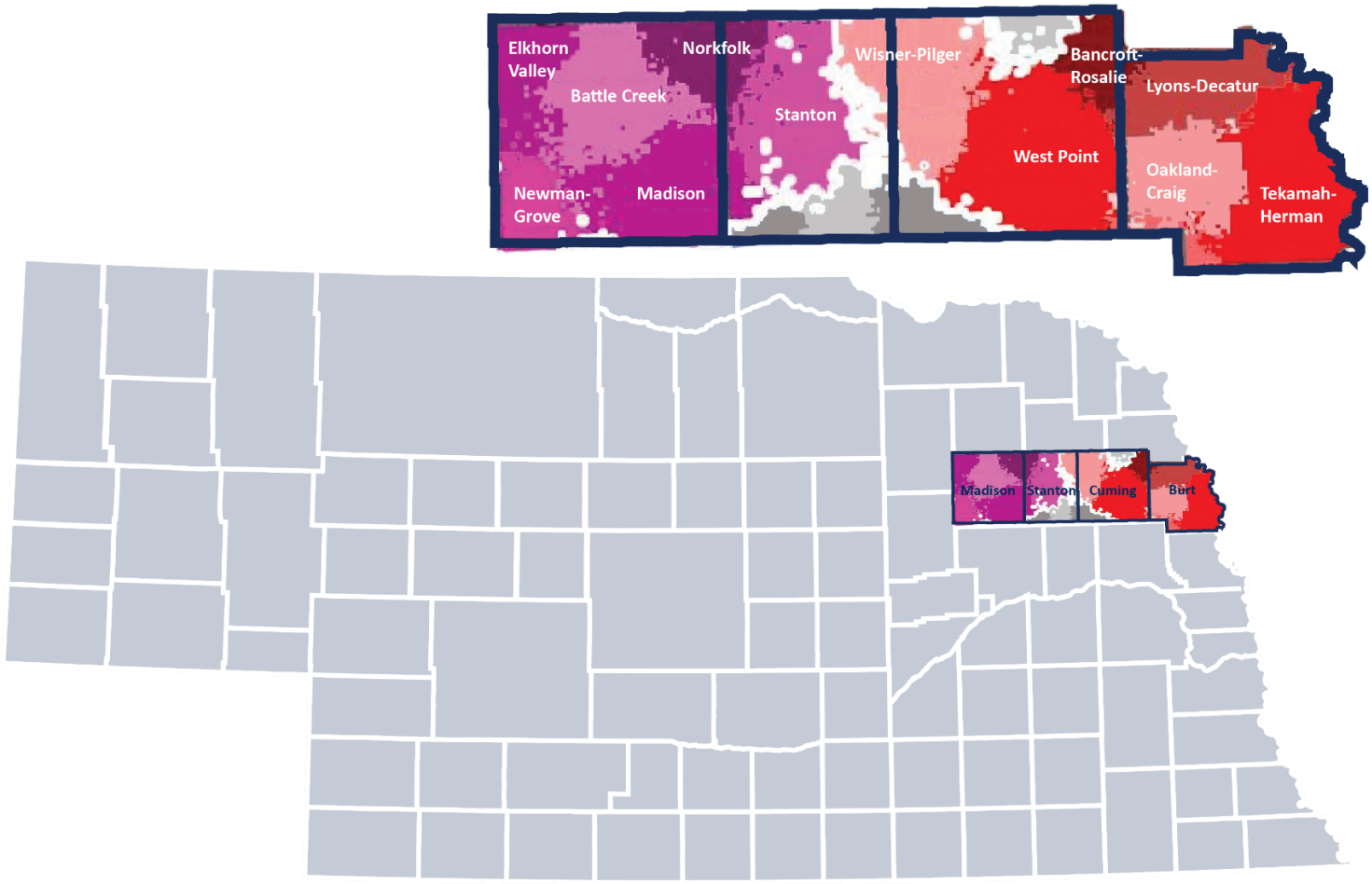
Figure 5. Percent Population Aged 65+, ELVPHD District



School District Profiles

School-related data can provide a timely picture of the cultural and socio-economic shifts in a community that influence health factors and health outcomes at a population level. Figure 6 illustrates the location of public, school districts within the ELVPHD district.

Figure 6. Map of ELVPHD Public School Districts



The following tables highlight key community-level indicators for each county and related public, school districts:

Table 1. Public School District Profile--Burt County

Burt County Public School Districts Profile (2017-2018)[x]					
		Lyons-Decatur	**Oakland-Craig**	**Tekamah-Herman**	**Nebraska**
Student Characteristics	**Enrollment**	271	434	541	323,391
	Graduation rate	100%	95%	93%	89%
	College-Going rate	87%	67%	78%	74%
	% Receiving **free/reduced lunch**	54%	39%	33%	46%
	% **English language learners**	*	*	*	7%
	% Students in **special education**	23%	21%	15%	15%
Nebraska Student-Centered Assessment System Performance	% proficient in **language arts**	48%	53%	48%	51%
	% proficient in **math**	56%	54%	41%	51%
	% proficient in **science**	74%	71%	73%	68%

Quick Facts for Burt County:[xi]

Population (2018): **6,448**
Population Change (2010-2018): **-5.4%**
% children under 18: **22%**
Median Household Income: **$50,174**
% total population in poverty: **12%**
% children living in poverty[xii]: **15%**
Unemployment Rate: **3.2%**[xiii]
Race/Ethnicity--
- % Hispanic: **3%**
- % non-Hispanic, White: **94%**
- % non-Hispanic, other races: **4%**

Table 2. Public School District Profile--Cuming County

Cuming County Public School Districts Profile (2017-2018)					
		Bancroft-Rosalie	**West Point**	**Wisner-Pilger**	**Nebraska**
Student Characteristics	**Enrollment**	198	751	426	323,391
	Graduation rate	100%	96%	100%	89%
	College-Going rate	100%	88%	90%	74%
	% Receiving **free/reduced lunch**	47%	56%	46%	46%
	% **English language learners**	*	8%	*	7%
	% Students in **special education**	10%	16%	17%	15%
Nebraska Student-Centered Assessment System Performance	% proficient in **language arts**	49%	54%	57%	51%
	% proficient in **math**	66%	51%	54%	51%
	% proficient in **science**	81%	68%	58%	68%

Quick Facts for Cuming County:[xiv]

Population (2018): **8,940**
Population Change (2010-2018): **-2.2%**
% children under 18: **24%**
Median Household Income: **$50,734**
% total population in poverty: **8%**
% children living in poverty[xv]: **12%**
Unemployment Rate: **2.5%**[xvi]
Race/Ethnicity--
- % Hispanic: **10%**
- % non-Hispanic, White: **89%**
- % non-Hispanic, other races: **1%**

Table 3. Public School District Profile--Madison County

Madison County Public School Districts Profile (2017-2018)							
		Battle Creek	**Elkhorn Valley**	**Madison**	**Newman-Grove**	**Norfolk**	**Nebraska**
Student Characteristics	**Enrollment**	438	397	513	189	4369	323,391
	Graduation rate	95%	86%	94%	100%	92%	89%
	College-Going rate	100%	80%	68%	100%	72%	74%
	% Receiving **free/reduced lunch**	22%	30%	78%	58%	49%	46%
	% **English language learners**	*	*	16%	*	5%	7%
	% Students in **special education**	15%	14%	16%	16%	15%	15%
Nebraska Student-Centered Assessment System Performance	% proficient in **language arts**	50%	55%	24%	72%	53%	51%
	% proficient in **math**	62%	41%	32%	75%	54%	51%
	% proficient in **science**	84%	53%	41%	94%	77%	68%

Quick Facts for Madison County:[xvii]

Population (2018): **35,392**
Population Change (2010-2018): **1.5%**
% children under 18: **25%**
Median Household Income: **$49,865**
% total population in poverty: **16%**
% children living in poverty[xviii]: **17%**
Unemployment Rate: **2.3%**[xix]
Race/Ethnicity--
- % Hispanic: **15%**
- % non-Hispanic, White: **80%**
- % non-Hispanic, other races: **5%**

Table 4. Public School District Profile--Stanton County

Stanton County Public School Districts Profile (2017-2018)			
		Stanton	**Nebraska**
Student Characteristics	**Enrollment**	420	323,391
	Graduation rate	97%	89%
	College-Going rate	86%	74%
	% Receiving **free/reduced lunch**	40%	46%
	% **English language learners**	*	7%
	% Students in **special education**	15%	15%
Nebraska Student-Centered Assessment System Performance	% proficient in **language arts**	53%	51%
	% proficient in **math**	57%	51%
	% proficient in **science**	68%	68%

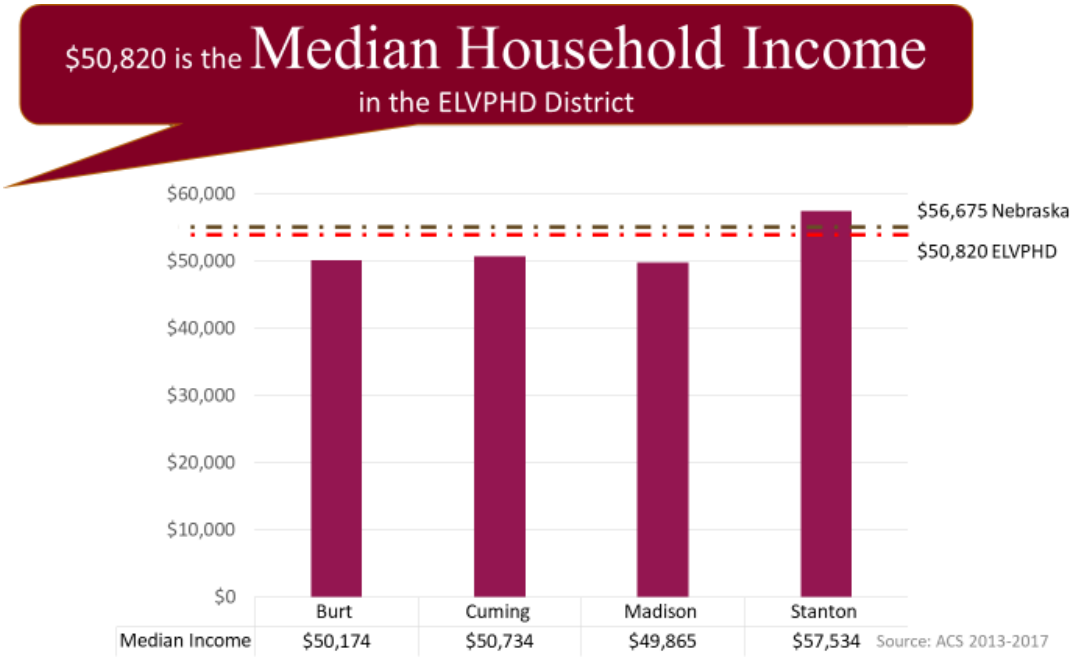
Quick Facts for Stanton County:[xx]

Population (2018): **5,970**
Population Change (2010-2018): **-2.6%**
% children under 18: **25%**
Median Household Income: **$57,534**
% total population in poverty: **10%**
% children living in poverty[xxi]: **11%**
Unemployment Rate: **2.4%**[xxii]
Race/Ethnicity--
- % Hispanic: **5%**
- % non-Hispanic, White: **92%**
- % non-Hispanic, other races: **3%**

Socio-Economic Status

Economics According to the American Community Survey five-year estimate (2013-2017), the median household income for Nebraska was $56,675, and the median household income for the ELVPHD region was $50,820. Stanton County had a median household income slightly higher than other counties in the ELVPHD district and the state.

Figure 7. Median Household Income, ELVPHD District



Nearly 1 in 4 children were from single family homes across the ELVPHD region, which was less than the state average of 29%.[xxiii] Fourteen percent (14%) of children were living in poverty across all counties within the ELVPHD region, which is same as the state rate of 14%.[xxiv] Also the same as the state, ELVPHD regional unemployment rate was 2.6%.[xxv] Despite the low unemployment rate across the ELVPHD region, families still struggled to make ends meet.

Table 5. Economic Indicators, ELVPHD District

Economic Indicators	ELVPHD region	Nebraska
Median Household Income[xxvi]	$50,820	$56,675
Children in Single-parent Households[xxvii]	24%	29%
Percentage of children under age 18 in poverty[xxviii]	14%	14%
Unemployment[xxix]	2.6%	2.8%

Figure 8. Poverty, ELVPHD District

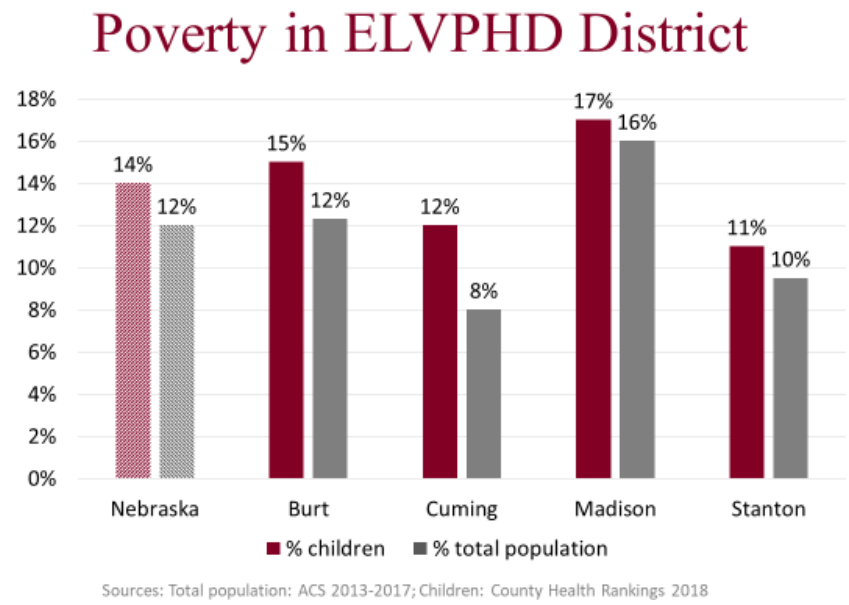


Figure 9. Children in Single-Parent Households, ELVPHD District

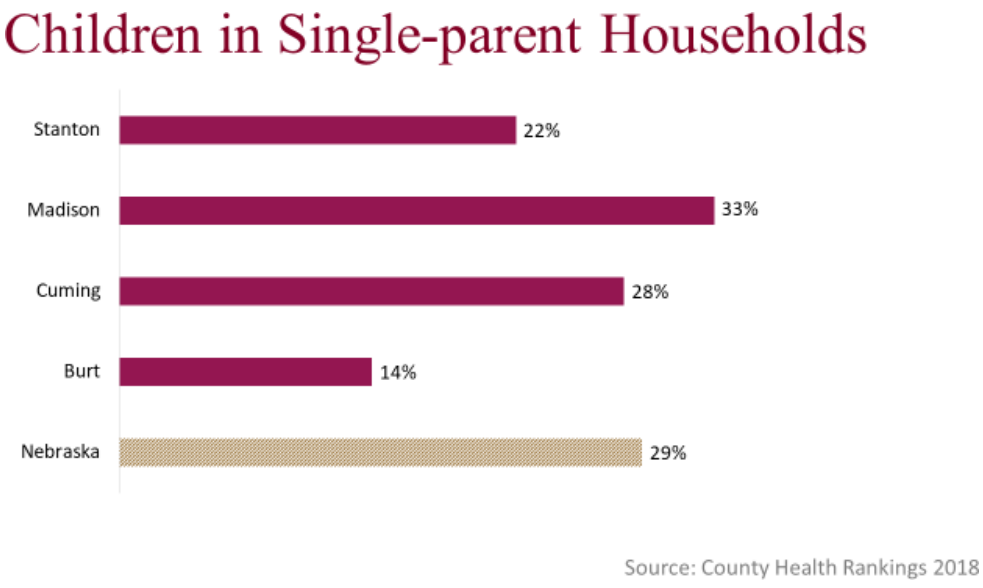


Figure 10. Average Residential Value, ELVPHD District

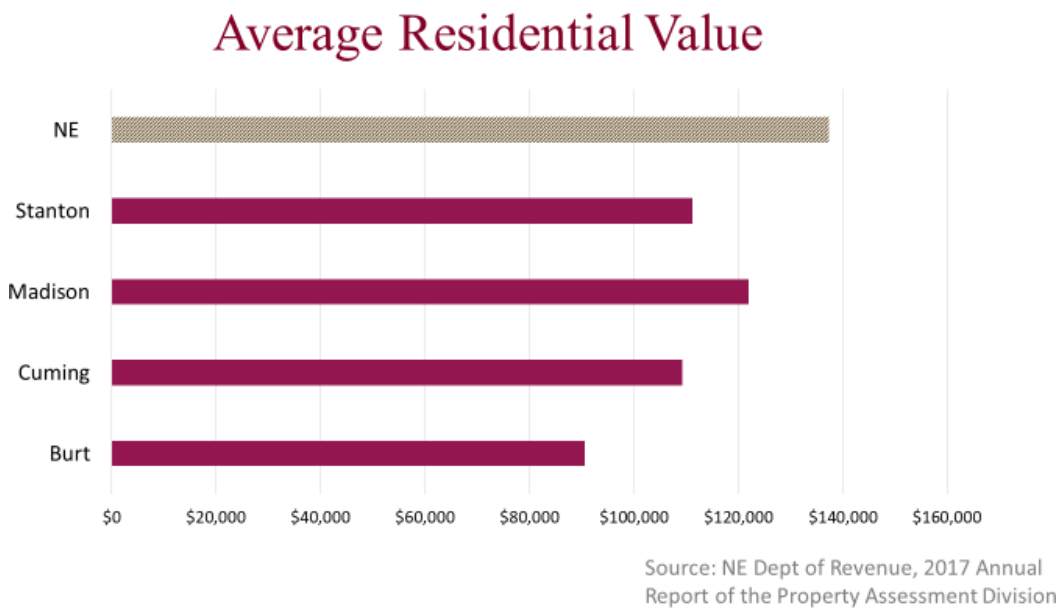


Figure 11. Percentage of Homes Occupied by Owner, ELVPHD District

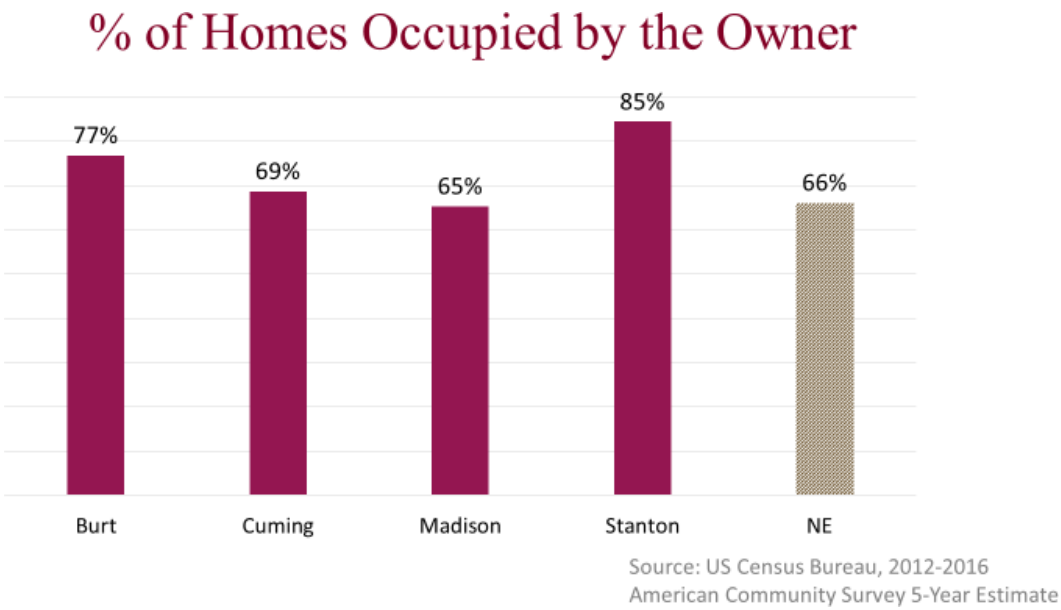
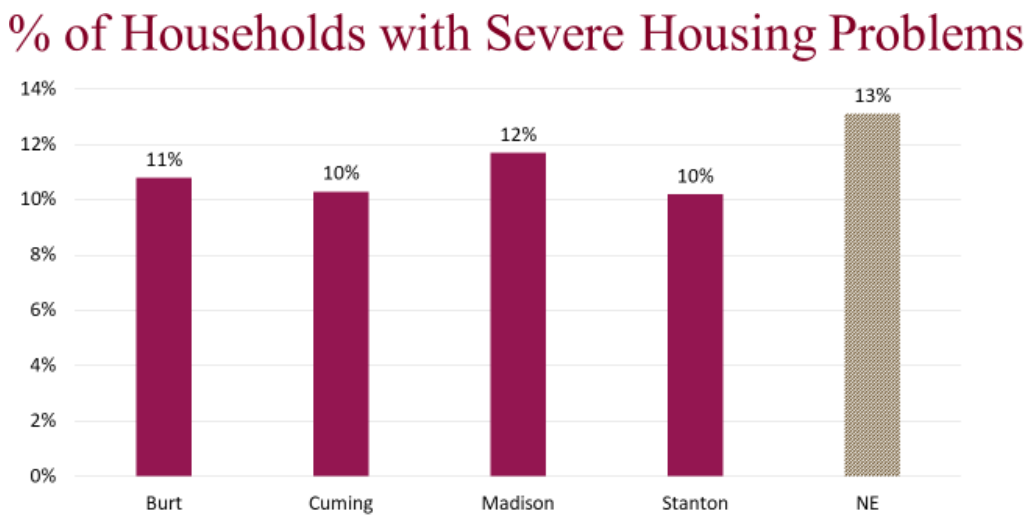


Figure 12. Percentage of Households with Severe Housing Problems, ELVPHD District



Source: US Dept of Housing and Urban Development, Comprehensive Housing Affordability Strategy, 2018

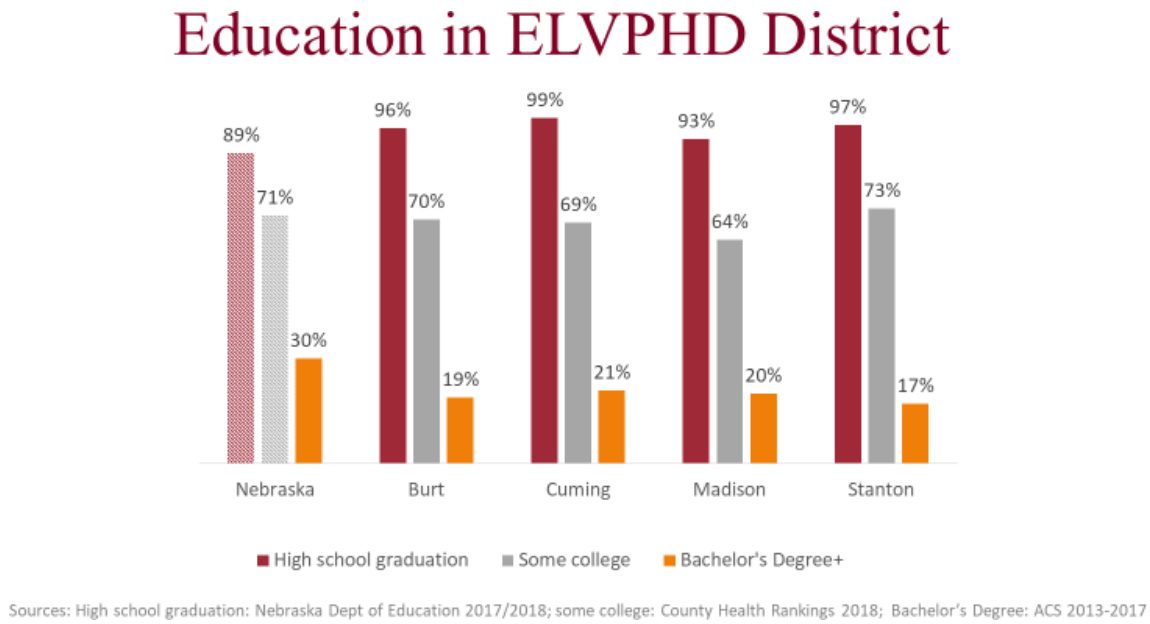
Housing problems as an indicator is designed to understand the housing needs of low-income households. Figure 12 above is based on the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

Educational Level In terms of educational attainment, available data indicate the ELVPHD region has a higher high school graduation rate (96%) than the state average (89%). ELVPHD region had a slightly lower rate for adults who had some college (counties within the ELVPHD district range from 64% to 73%) than the state (74%). The state and national averages (30% and 30% respectively) for those who had completed a bachelor's degree was higher than the average for all counties in the ELVPHD region (range from 17% to 21%).

Table 6. Education Indicators, ELVPHD District

Education Indicators	ELVPHD region	Nebraska
High school graduation rate[xxx]	96%	89%
Some college[xxxi]	69%	71%
Bachelor's degree or higher, percent of persons age 25+[xxxii]	19%	30%

Figure 13. Education Levels, ELVPHD District



Sources: High school graduation: Nebraska Dept of Education 2017/2018; some college: County Health Rankings 2018; Bachelor's Degree: ACS 2013-2017

Health Outcomes

The aforementioned social and economic factors, along with health behaviors, clinical care, and physical environment—otherwise known as modifiable health factors, directly impact how well and how long an individual lives. Furthermore, health outcomes (quality and length of life) are compounded by the presence or the absence of policies and programs that promote health and longevity.

Leading Causes of Death

Across the ELVPHD district, cancer and heart disease were the leading causes of death, similar to state and national trends.

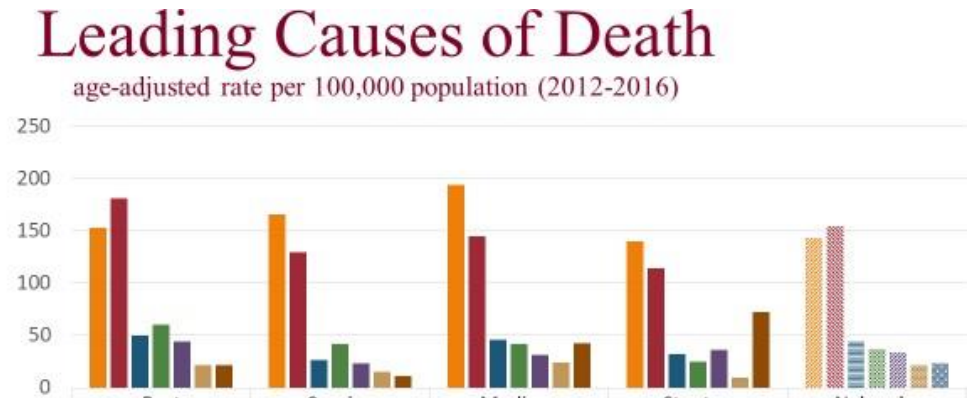
Table 7. Leading Causes of Death, Nebraska & US

Leading Causes of Death	
Nebraska[xxxiii]	United States[xxxiv]
1. Cancer 2. Heart disease 3. Chronic lung diseases 4. Accidents 5. Cerebrovascular diseases	1. Heart disease 2. Cancer 3. Accidents (unintentional injuries) 4. Chronic lower respiratory diseases 5. Stroke (cerebrovascular diseases)

Figure 14 illustrates the leading causes of death by county within the ELVPHD region.[xxxv] In most cases, counties within the ELVPHD region have higher rates of death due to heart disease and accidents than does the state. The death rate due to cancer for counties in ELVPHD, with the exception of Burt County (181.1/100,000 population), was lower than the state (154.8/100,000 population). The death rate due to chronic lung disease were slightly higher than the state (44.7/100,000 population) in Burt and

Madison counties. Of particular note, the death rate due to Alzheimer's Disease was nearly two times higher in Madison County and three times higher in Stanton County than the state rate (23.7/100,000 population). Most all of these leading causes of death can be influenced by a healthy lifestyle and evidence-based public health strategies that include healthy eating and active living, not smoking, wearing a seatbelt, and limiting alcohol consumption.

Figure 14. Leading Causes of Death, ELVPHD District



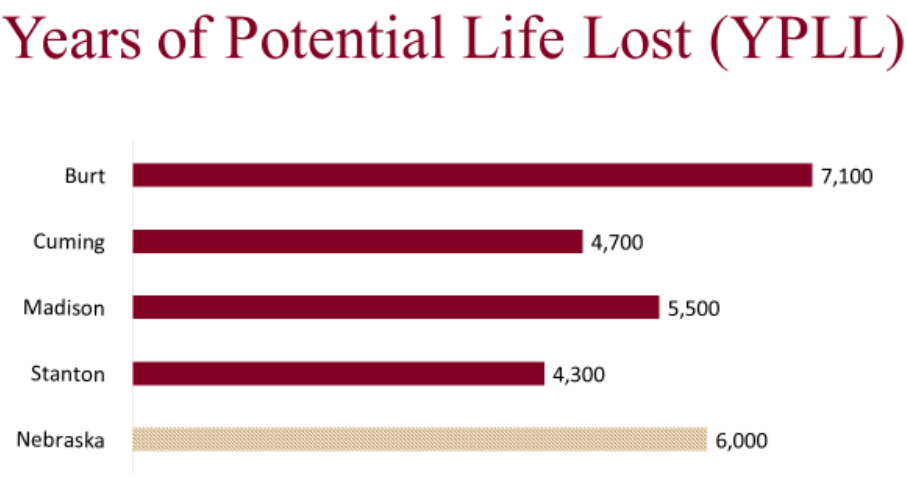
	Burt	Cuming	Madison	Stanton	Nebraska
Heart Disease	153.2	165.6	194.2	139.9	143
Cancer	181.1	129.6	144.9	114.2	154.8
Chronic Lung Disease	49.7	26.9	46	32.6	44.7
Accidents	60.6	42	41.7	25.3	37.2
Cerebrovascular Disease	44.4	23.8	31.7	36.6	33.6
Diabetes	21.9	15.2	24	9.7	21.6
Alzheimer's Disease	21.6	11.5	42.7	72.3	23.7

Source: NEDHHS Vital Statistics Report 2016

An indicator that helps communities focus on prevention is the Years of Potential Life Lost (YPLL), which is a measurement of premature death (mortality). YPLL is an estimate of the average years a person would have lived if he/she had not died prematurely—typically before the age of 75. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly.[xxxvi] Figure 15[xxxvii] illustrates the average Years of Potential Life Lost for each county within the ELVPHD region compared to the state in 2000.

Burt County had a higher YPLL than the state and other counties in the ELVPHD district, which may be due to having had higher death by injury rate along with high rates of mortality due to cancer, chronic lung disease, accidents, stroke and diabetes than the state and other counties in the ELVPHD district.

Figure 15. Years of Potential Life Lost (YPLL), ELVPHD District



Source: County Health Rankings 2018

Leading Types of Chronic Disease

Four out of five of the leading causes of death in Nebraska were chronic diseases, including heart disease, cancer, chronic lung disease and cerebrovascular disease. In addition to diabetes, these chronic diseases were the most common, costly and preventable of all health problems in the U.S.[xxxviii] Furthermore, deaths by chronic disease comprised nearly 50% of the Years of Potential Life Lost (YPLL) among Nebraskans.[xxxix] Most of these leading types of chronic disease are generally preventable through a healthy lifestyle that includes healthy eating and active living, not smoking and limiting alcohol consumption.

Overweight/Obesity

According to the 2018 County Health Rankings, about 1 in 3 (32%) adults in the ELVPHD district were considered obese (Body Mass Index [BMI] = 30+), slightly higher than the state (31%). According to the Nebraska BRFSS (2011-2017), 68% of adults in the ELVPHD district reported being overweight or obese (BMI = 25+), slightly higher than the state (66%), with rates higher among males than females (76% and 61%, respectively) and Hispanic adults compared to Non-Hispanic, White adults (72% and 67%, respectively).

Figure 16.Obesity Rates, ELVPHD District

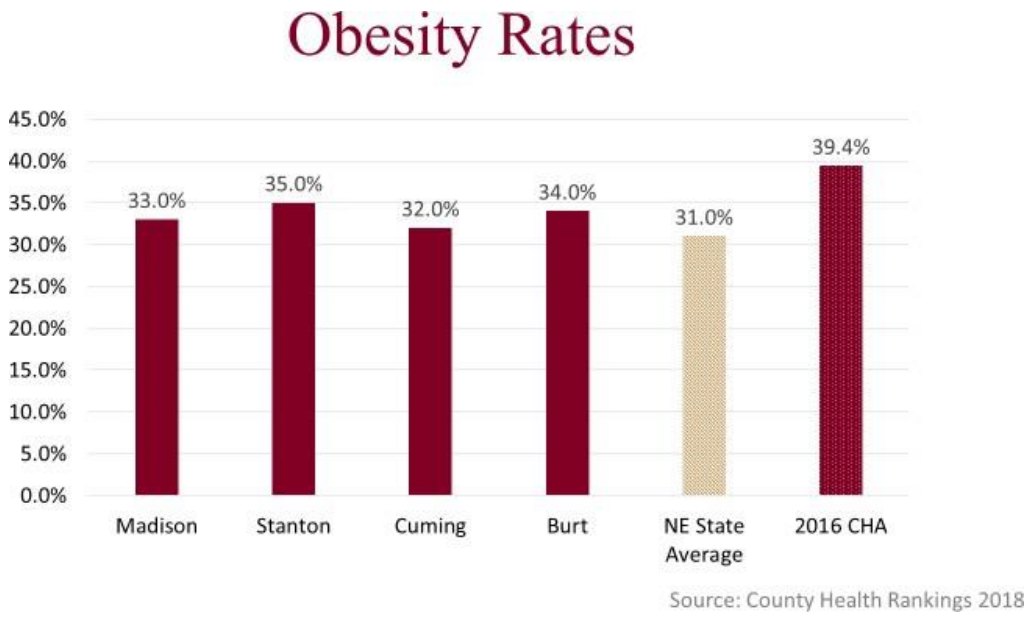


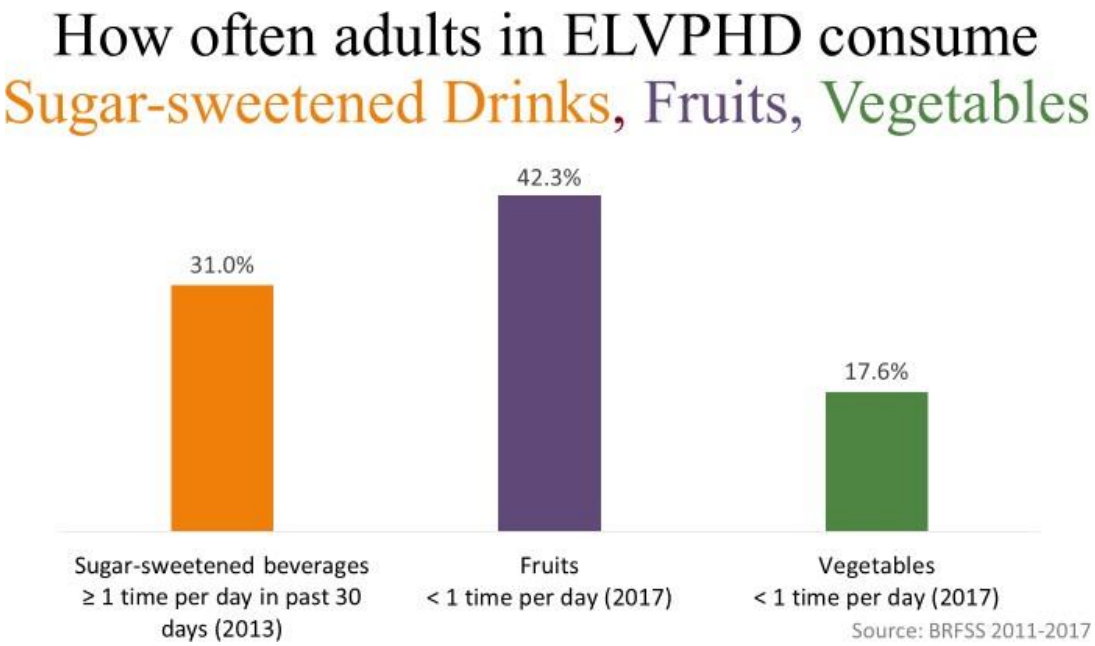
Table 8.Overweight/Obesity Rates, ELVPHD

Overweight/Obese[xl] *(BRFSS, 2011-2017)*	Overweight or Obese (BMI=25+)	Obese (BMI=30+)
Nebraska	67%	30%
ELVPHD District	68%	32%
Male	76%	33%
Female	61%	30%
Hispanic	72%	36%
Non-Hispanic, White	67%	31%

Physical Activity and Nutrition

According to the Nebraska BRFSS, healthy eating and active living was not a routine behavior for many adults in the ELVPHD district. Over 40% of adults in this area reported consuming fruits less than 1 time per day (Healthy People 2020 goal = .93 cup/1,000 calories or 1 whole fruit) and nearly 1 in 5 adults consumed vegetables less than 1 time per day (Healthy People 2020 goal = 1.16 cup/1,000 calories).

Figure 17.Nutrition Behaviors, ELVPHD District



Despite the majority of adults (82.6%)[xli] in the ELVPHD region indicating that they had access to safe places to walk in their neighborhoods, over 1 in 4 adults reported no leisure-time physical activity in the past 30 days. Also, of concern, the 2012 to 2017 trendline indicates that the percentage of ELVPHD residents reporting no leisure-time physical activity is increasing.

Figure 18. Physical Activity—No Leisure-Time, ELVPHD District

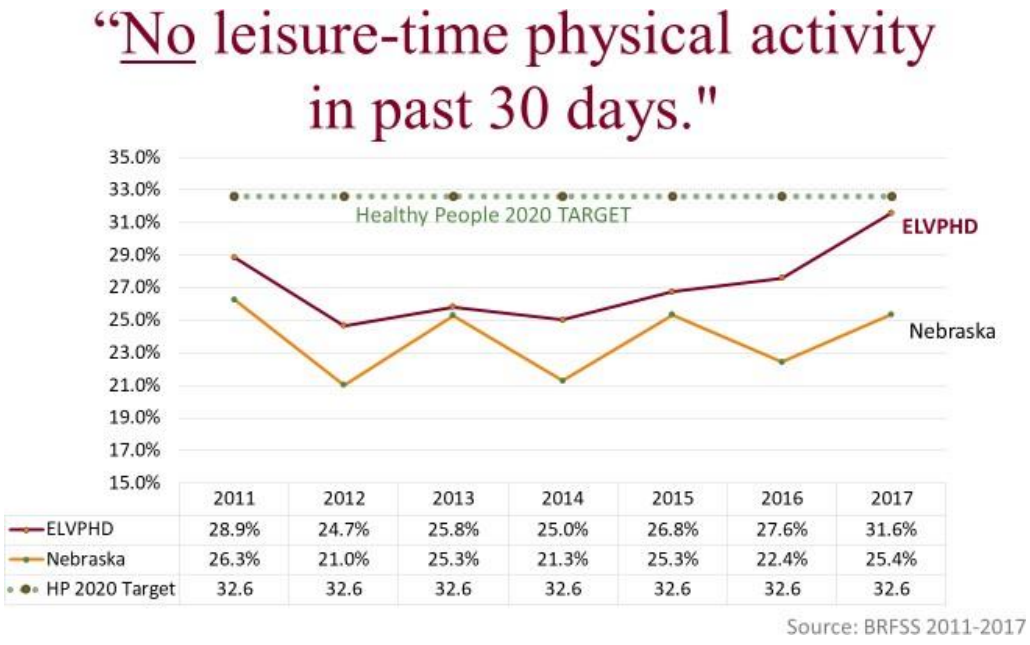
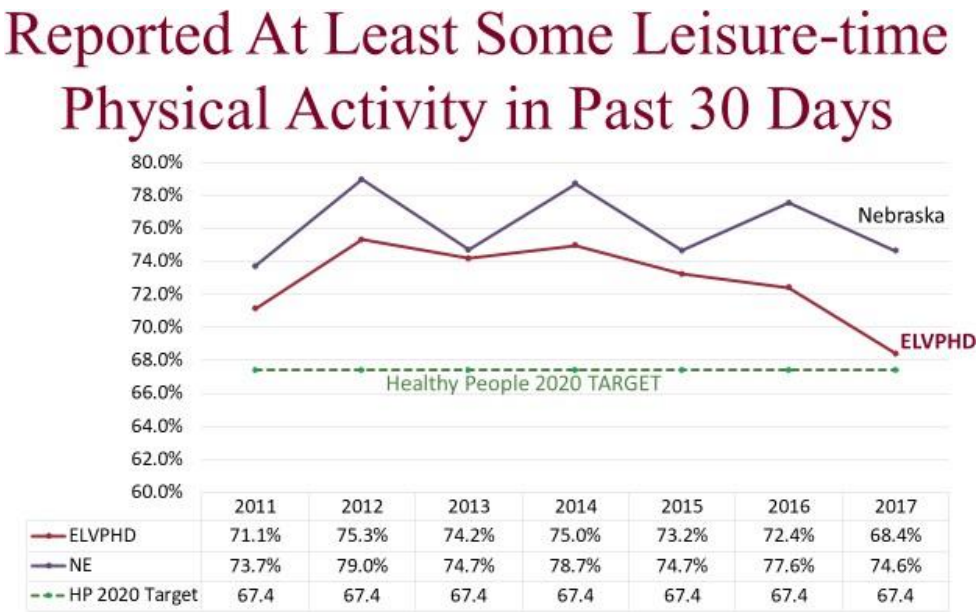


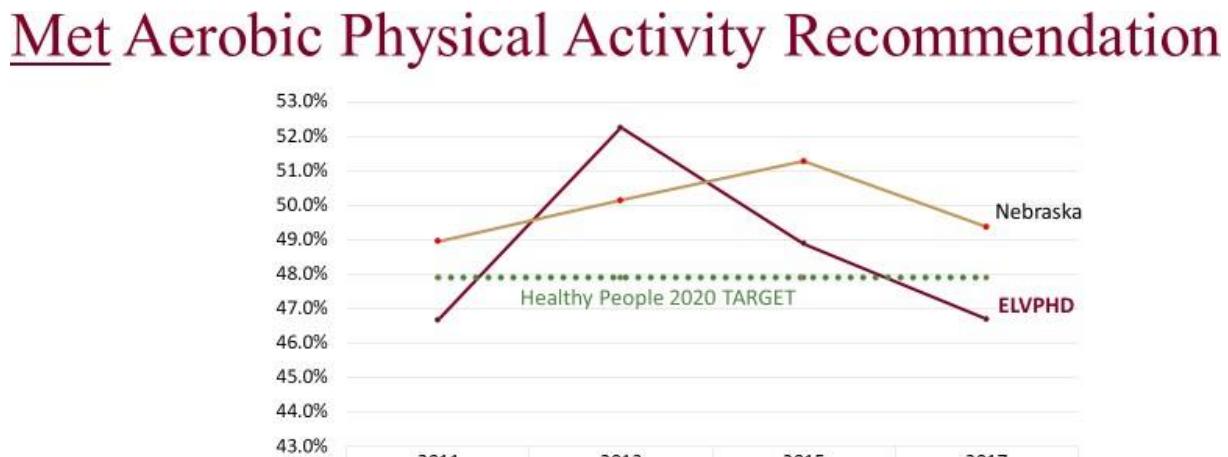
Figure 19. Physical Activity—At Least Some Leisure-Time, ELVPHD District



	2011	2012	2013	2014	2015	2016	2017
ELVPHD	71.1%	75.3%	74.2%	75.0%	73.2%	72.4%	68.4%
NE	73.7%	79.0%	74.7%	78.7%	74.7%	77.6%	74.6%
HP 2020 Target	67.4	67.4	67.4	67.4	67.4	67.4	67.4

Nearly 50% of people in the ELVPHD region did not meet the aerobic physical activity recommendations (at least 150 minutes of moderate-intensity physical activity per week—such as brisk walking or 75 minutes of vigorous physical activity per week). Healthy eating and active living are key to preventing chronic disease.

Figure 20. Physical Activity—Met Recommendations, ELVPHD District



	2011	2013	2015	2017
ELVPHD	46.7%	52.2%	48.9%	46.7%
Nebraska	49.0%	50.1%	51.3%	49.4%
HP 2020 Target	47.9	47.9	47.9	47.9

Source: BRFSS 2011-2017

Heart Disease

Heart disease is one of the top two leading causes of death in the ELVPHD district and across the state. Leading a healthy lifestyle, including active living, healthy eating, not smoking and limiting alcohol use, and/or managing other medical conditions, high cholesterol, high blood pressure, or diabetes, reduces the risk of heart-related diseases, including heart attack and stroke. In Nebraska, non-Hispanic, White (81.1/100,000), African American (93.9/100,000), and Native American (94.6/100,000) populations have a higher rate of death due to heart disease than the state (77.4/100,000).[xlii]

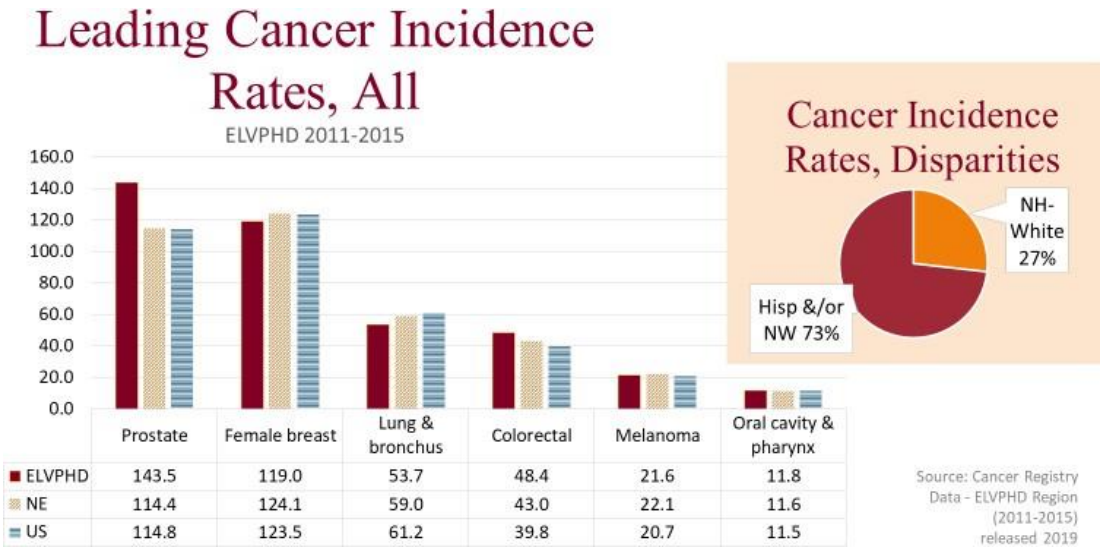
Table 9. Heart Disease Indicators, ELVPHD District

Heart Disease Indicators[xliii]	NE	ELVPHD Region		
		Overall	Female	Male
Ever told they have high blood pressure (excluding pregnancy)	30%	32%	32%	33%
Currently taking blood pressure medication, among those ever told they have high BP	78%	81%	86%	76%
Ever told they have high cholesterol, among those who have ever had it checked	32%	34%	36%	33%

Cancer

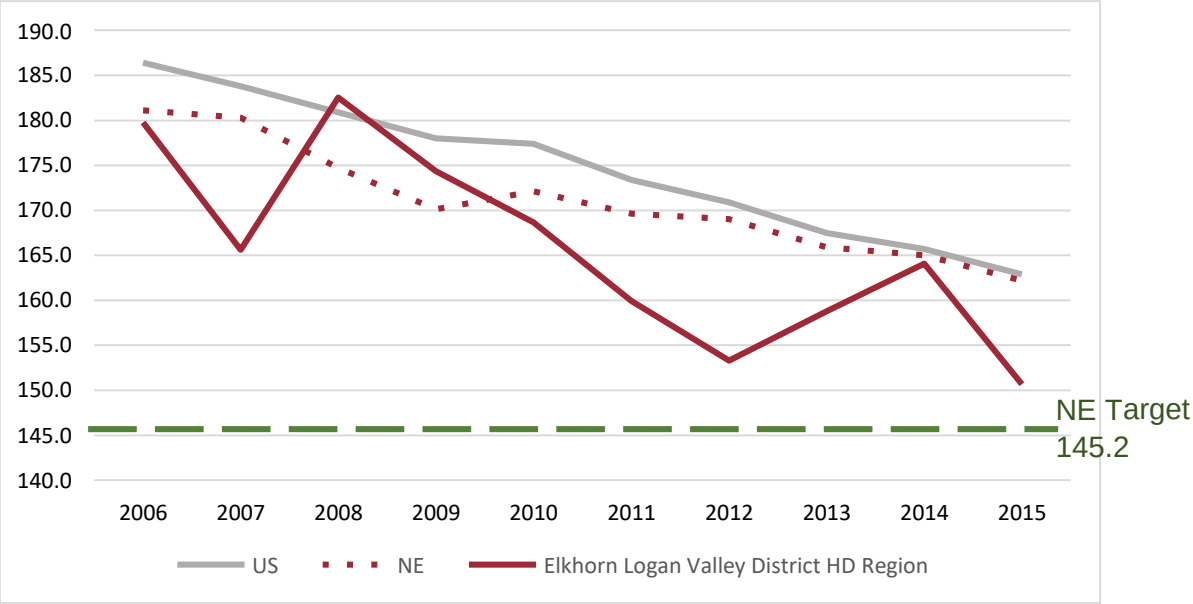
Cancer is a leading cause of death in the ELVPHD district and across the state. In the ELVPHD region, prostate cancer was the leading type of cancer diagnosed (143.5/100,000 population), which surpassed the state and nation rates (114.4 and 114.8/100,000 population, respectively). Female breast cancer followed as a close second for ELVPHD district (119/100,000 population) and was lower than the state and national rates (124.1 and 123.5/100,000 population, respectively). Notably, the incidence of cancer of any type was three times higher in the ELVPHD for Hispanics and non-Whites compared to Non-Hispanic, Whites.

Figure 21. Cancer Incidence Rates, ELVPHD District



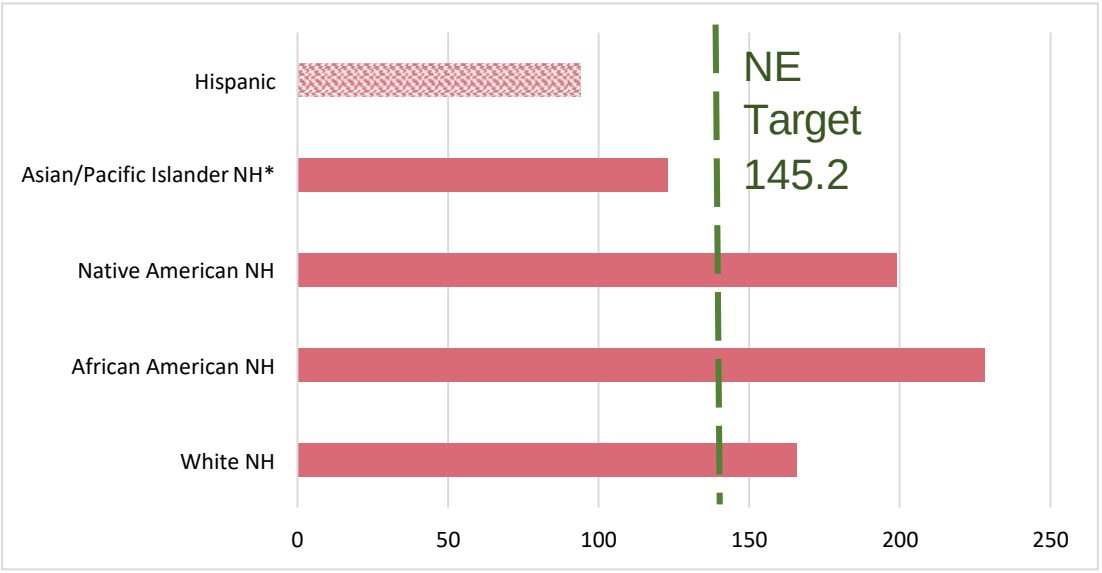
Cancer mortality rates have declined over the past decade in the ELVPHD district, state and nation (see Figure 22). Despite this trend, cancer remained one of top two leading causes of death in the ELVPHD district through 2015.

Figure 22. Cancer Mortality Trends (per 100,000 population), ELVPHD District



Cancer mortality data by race and ethnicity was not readily available for the ELVPHD district. Native Americans, African Americans and Whites across Nebraska had cancer mortality rates in excess of the state target of 145.2/100,000 population (see Figure 23).

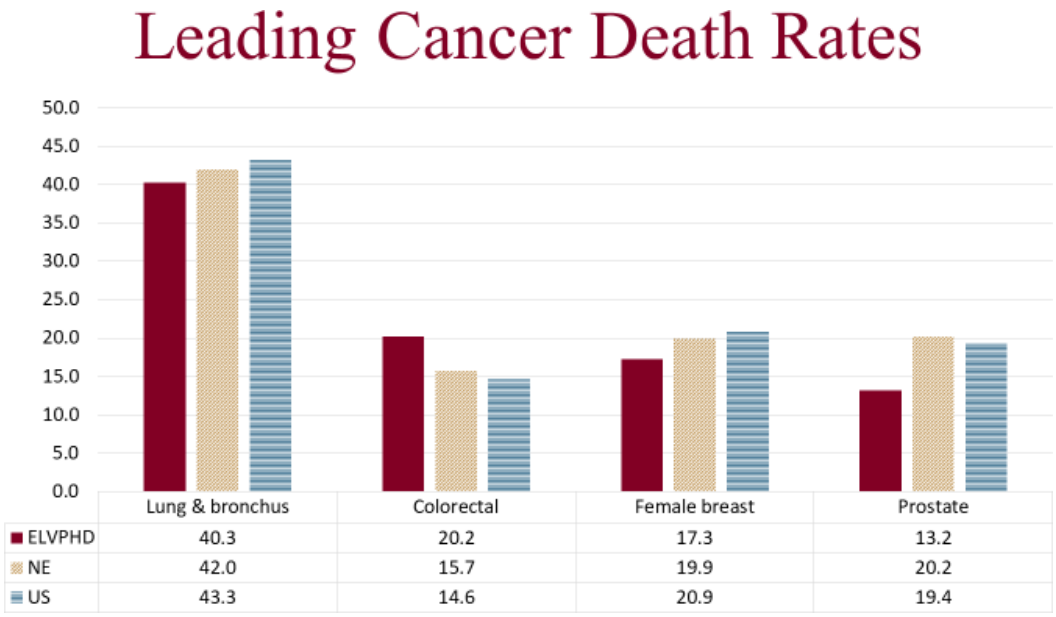
Figure 23. Cancer Mortality Rates--Nebraska Racial/Ethnic Comparison (per 100,000 population), ELVPHD District



**NH = Non-Hispanic*

Lung (and bronchus) cancer was the leading type of cancer that resulted in death in the ELVPHD district (see Figure 24).[xliv] Tobacco smoking remains the leading cause of lung cancer, responsible for about 80% of lung cancer deaths. Other causes include exposure to secondhand smoke and radon.[xlv]

Figure 24. Cancer Mortality Rates, ELVPHD District

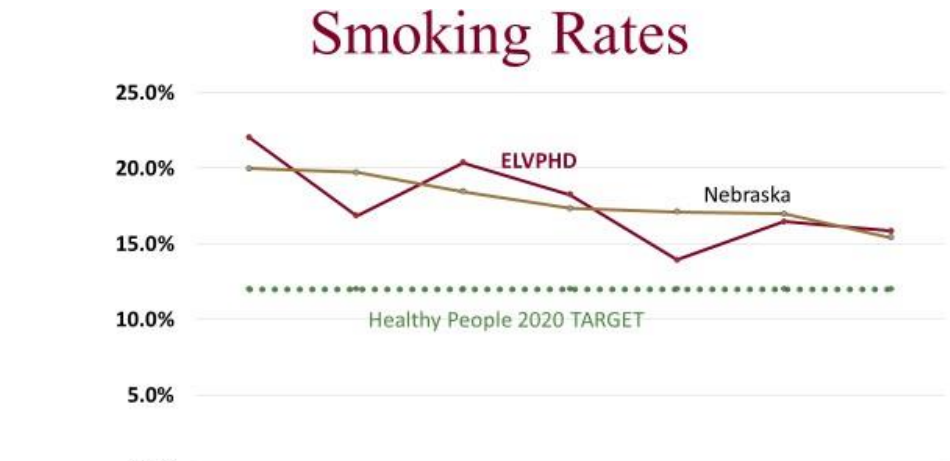


	Lung & bronchus	Colorectal	Female breast	Prostate
ELVPHD	40.3	20.2	17.3	13.2
NE	42.0	15.7	19.9	20.2
US	43.3	14.6	20.9	19.4

Tobacco and Nicotine Product Usage

Cigarette smoking is the leading cause of preventable disease and death in the US. According to the CDC, the smoking rate among adults in the US has dropped from 20.9% in 2005 to 15.5% in 2016.[xlvi] According to the Nebraska BRFSS (2011-2017), the smoking rate among adults in the ELVPHD region was 18%[xlvii], similar to the state smoking rate (see Figure 25). Smoking rates among male adults in the ELVPHD region was higher than female adults (20% and 16%, respectively) and higher among White, non-Hispanic adults than Hispanic adults (19% and 9%, respectively). While the smoking rate in ELVPHD was trending downwards, it remains higher than the Healthy People 2020 target (12%).

Figure 25. Tobacco Use--Smoking Rates, ELVPHD District



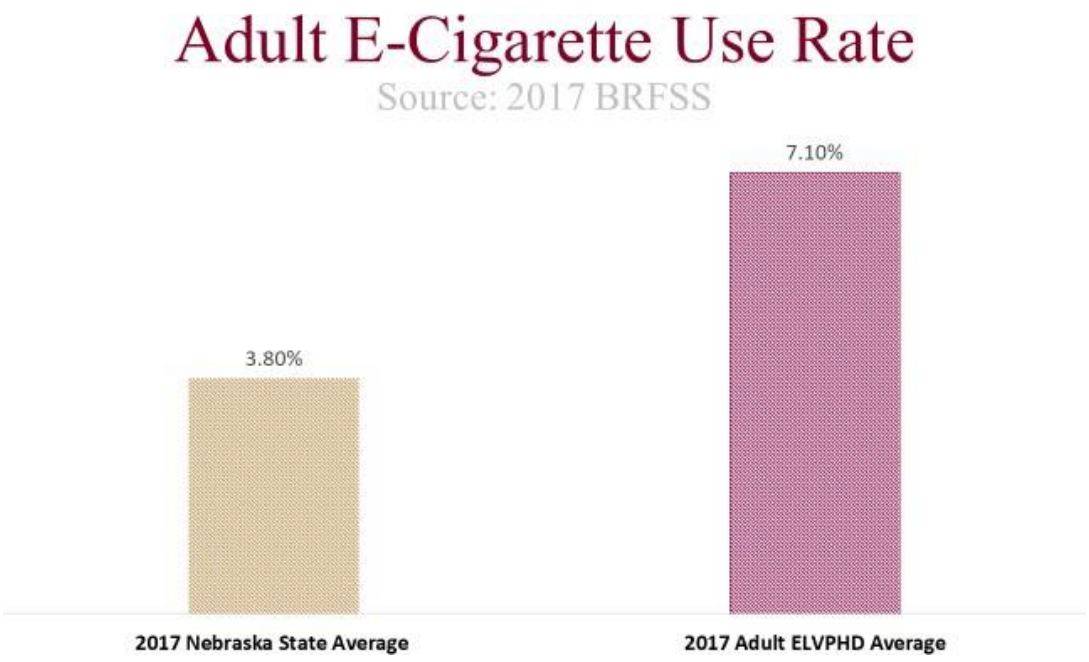
	2011	2012	2013	2014	2015	2016	2017
ELVPHD	22.0%	16.8%	20.4%	18.2%	13.9%	16.5%	15.9%
NE	20.0%	19.7%	18.5%	17.3%	17.1%	17.0%	15.4%
HP 2020 Target	12	12	12	12	12	12	12

Source: BRFSS 2011-2017

While Nebraska has a clean indoor air ordinance prohibiting smoking in all government and private workplaces, schools, childcare facilities, restaurants, bars, casinos/gaming establishments, retail stores and recreational/cultural facilities, tobacco products are relatively easy to access and inexpensive. Nebraska's tobacco tax is $0.64 per pack, $1.09 lower than the national average, ranking Nebraska 42nd in the US for its cigarette tax[xlviii].

While cigarette smoking (otherwise known as combustible tobacco cigarette) was trending downwards in the ELVPHD district, e-cigarette usage was growing among ELVPHD adults. In 2017, adults in the ELVPHD district used e-cigarettes (7.1%) over two times more than adults across the state (3.2%) (see figure 26). E-cigarettes are devices that heat liquid solution to produce an aerosol that is inhaled. E-cigarettes contain varying amounts of nicotine depending on the type of e-cigarette; and although considered less harmful to individual health than inhaling smoke from combustible tobacco, still deliver harmful chemicals. E-cigarettes can be addictive due to the nicotine content.[xlix]

Figure 26. Tobacco Use--Adult E-Cigarette Use Rate, ELVPHD District



The most commonly used tobacco product among youth was e-cigarettes, and e-cigarette usage among youth increased more than any other age group in recent years (see Figures 27, 28 and 29). E-cigarettes are marketed to youth with strategies that have been heavily regulated to reduce youth consumption of combustible cigarettes, i.e. kid-friendly flavors, scholarship opportunities for school, online/mobile and TV ads.[i] ELVPHD district has experienced marked increases in e-cigarette use among youth. According to the Nebraska Risk and Protective Factor Surveillance Survey (NPRFSS) in 2016, the current e-cigarette usage rate among ELVPHD youth in 12th grade (19.7%--see Figure 30) and half of all 12th graders who responded to the NPRFSS survey reported ever using e-cigarettes. Note: rates are anticipated to be higher for the 2018 YRBS because the survey will ask about specific options of e-cigarettes, i.e. JUUL, vs. generally asking "Have you ever used an electronic vapor product?" as in the current YRBS survey.

Figure 27. Tobacco Use--Youth E-Cigarette Use Rate, Nebraska

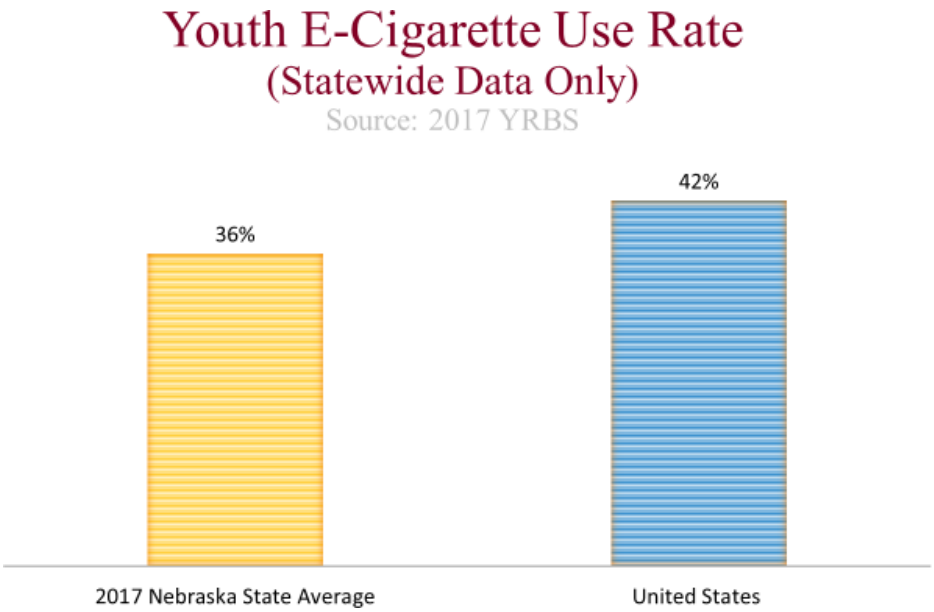


Figure 28. Tobacco Use--Youth E-Cigarette Use Rate, Nebraska

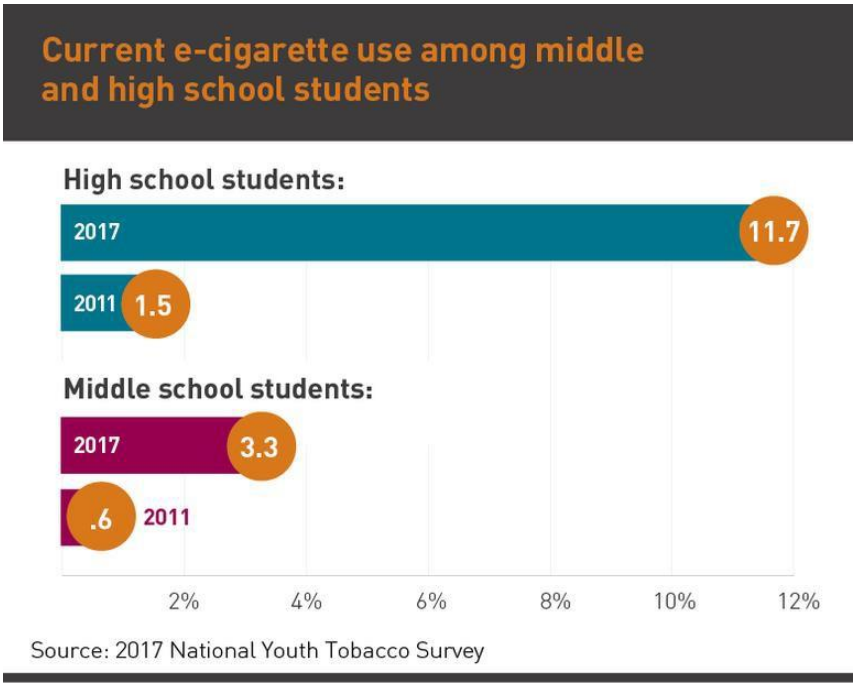


Figure 29. Tobacco Use—Other Tobacco Product Use Rate, Nebraska

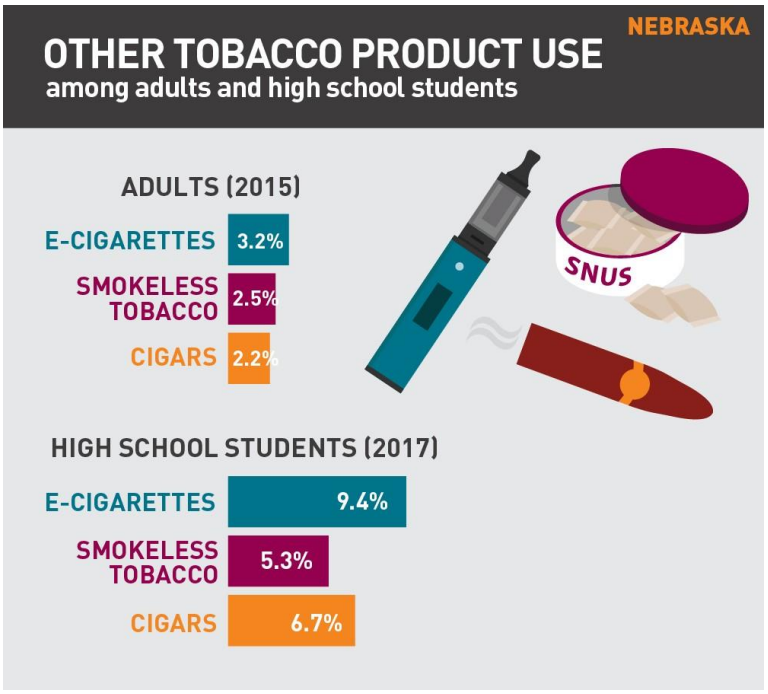
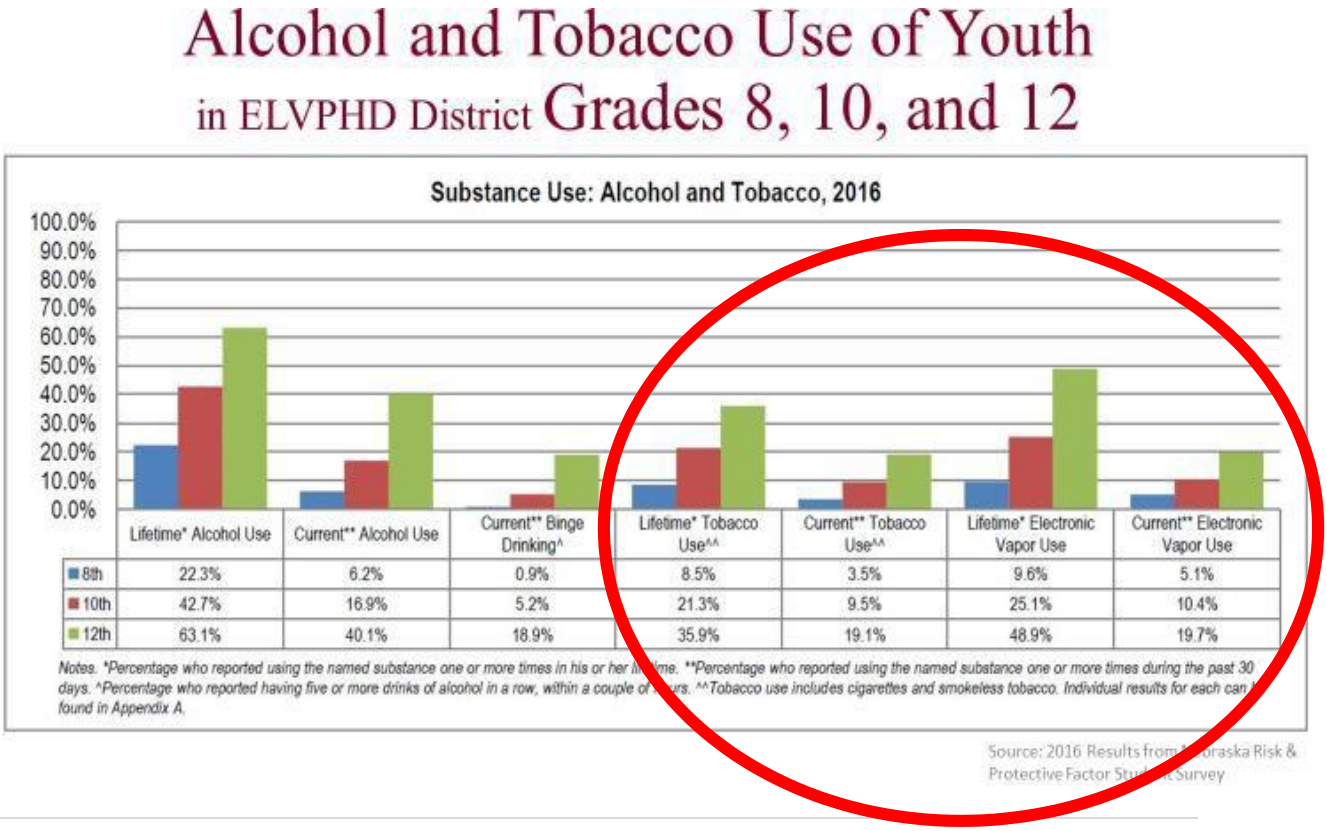


Figure 30. Tobacco and Alcohol Use—Youth Use Rate, ELVPHD District



Radon Risk

Breathing radon gas is the second-leading cause of lung cancer behind smoking. Nebraska has a high statewide average radon level at 6.3 pCi/L. Over half of the radon tests in the state were above the Environmental Protection Agency's recommended action level of >4.0 pCi/L. At least 70 of 93 Nebraska counties had an average radon level greater than 4.0 pCi/L, including Burt, Cuming, Madison, and Stanton counties.[li]

Leading Causes of Injury

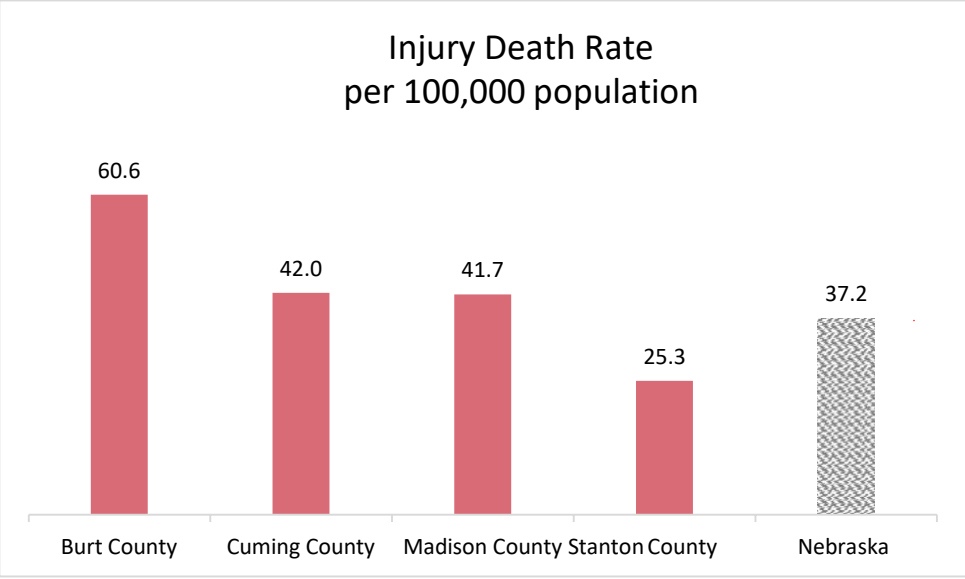
Deaths by injury comprised approximately 20% of the total YPLL among Nebraskans.[lii]

Table 10. Leading causes of injury, Nebraska

Table 6: Leading causes of injury	
Leading causes of *death* by injury in Nebraska (2009-2013)	Leading causes of *hospitalizations* due to injury in Nebraska (2009-2013)
1. Motor vehicle crashes 2. Suicide 3. Unintentional falls 4. Unintentional poisoning	1. Unintentional falls 2. Unintentional injuries due to motor vehicle traffic 3. Self-inflicted injuries

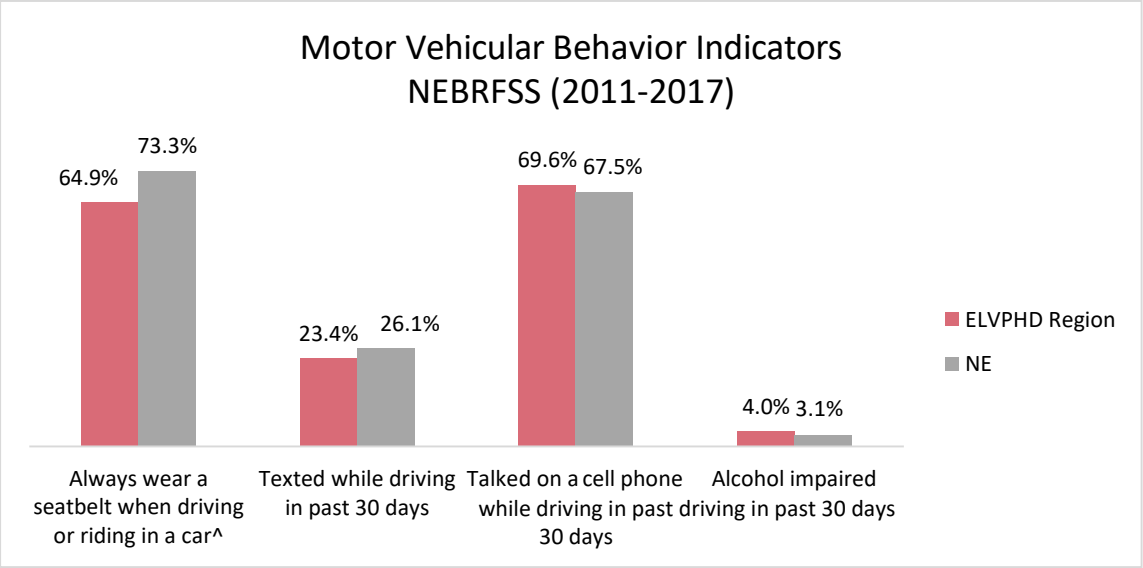
In the ELVPHD district, all counties except Stanton County experienced higher rates of death by injury than the state. Of particular note, the death by injury rate in Burt County was over 1.5 times higher than the state (see Figure 31[liii]).

Figure 31. Injury Death Rate (per 100,000), ELVPHD District



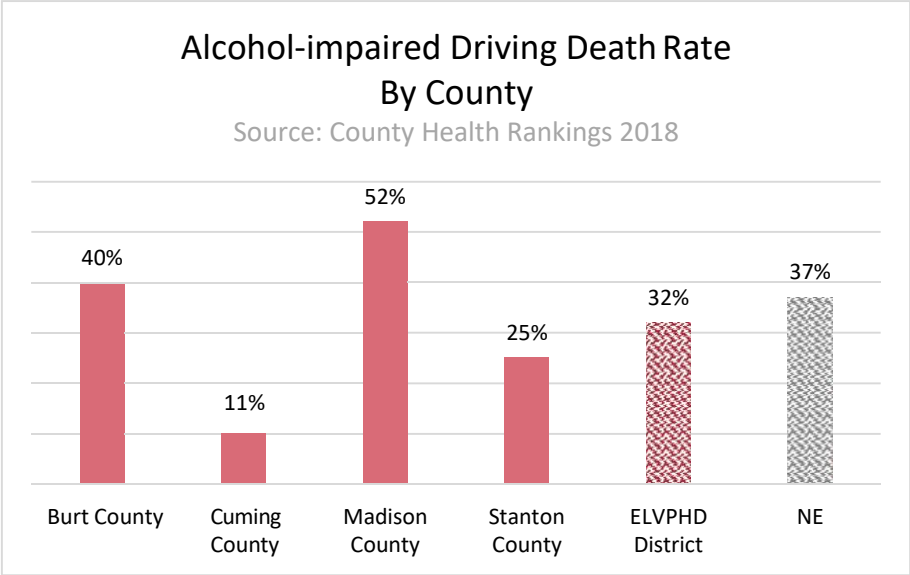
According to the Behavioral Risk Factor Surveillance System (BRFSS) 2018, nearly 70% of adults in the ELVPHD district talked on cell phone while driving in the past 30 days, slightly surpassing the state rate of 68%. Additionally, 4% of adults in the ELVPHD reported driving under the influence of alcohol in the past 30 days, higher than the state rate (3%). Other risky behaviors while driving a vehicle in the ELVPHD district did not surpass the state average; however, 1 in 5 ELVPHD adults reported texting while driving a vehicle, 2 in 3 ELVPHD adults did not always wear a seatbelt when driving or riding in a car.

Figure 32. Motor Vehicular Behavior Indicators, ELVPHD District



The death rate caused by alcohol-impaired driving in the ELVPHD district (32%) was similar to the state rate (37%)[liv]. Specifically, Burt and Madison counties experienced higher death rates caused by alcohol-impaired driving than the state (see Figure 33).

Figure 33. Alcohol-Impaired Driving--Death Rate, ELVPHD District



Work-related injury across the ELVPHD district was minimal and mirrored the state average (4.9% and 5% respectively). Injuries related to falls were more common. Nearly 1 in 4 adults in the ELVPHD district aged 45 years and older experienced a fall in the past year. Almost 10 percent of those falls resulted in an injury.[lv]

Behavioral/Mental Health and Related Risk Factors

Mental health impacts a person's ability to maintain good physical health and vice versa. Mental health is strongly associated with the risk, prevalence, progression, outcome, treatment and recovery of chronic diseases, including diabetes, heart disease and cancer. Good mental health is essential for a person to live a healthy and productive life. [lvi]

According to the Nebraska Behavioral Health Needs Assessment in 2016, mental health illness was a common health problem in Nebraska. One in five Nebraskans reported any mental illness—defined as any diagnosable mental, behavioral or emotional disorder other than substance use disorder. Nebraska's rate is similar to the US rate (18.13%). Concerning, although less common, 4%-7% of Nebraskans reported having serious thoughts of suicide, a major depressive episode, or serious mental illness—defined as a mental disorder causing significant interference with one or major life activity.

Table 11 below summarizes the 2011-2017 BRFSS data regarding mental health indicators for Nebraska and the ELVPHD district. Females fared worse across all indicators. Compared to the state, as a whole, ELVPHD is relatively aligned across all five indicators.

Table 11. Mental Health problem indicators in ELVPHD District: Based on 2011-2017 Behavioral Health Risk Factor Surveillance System Data

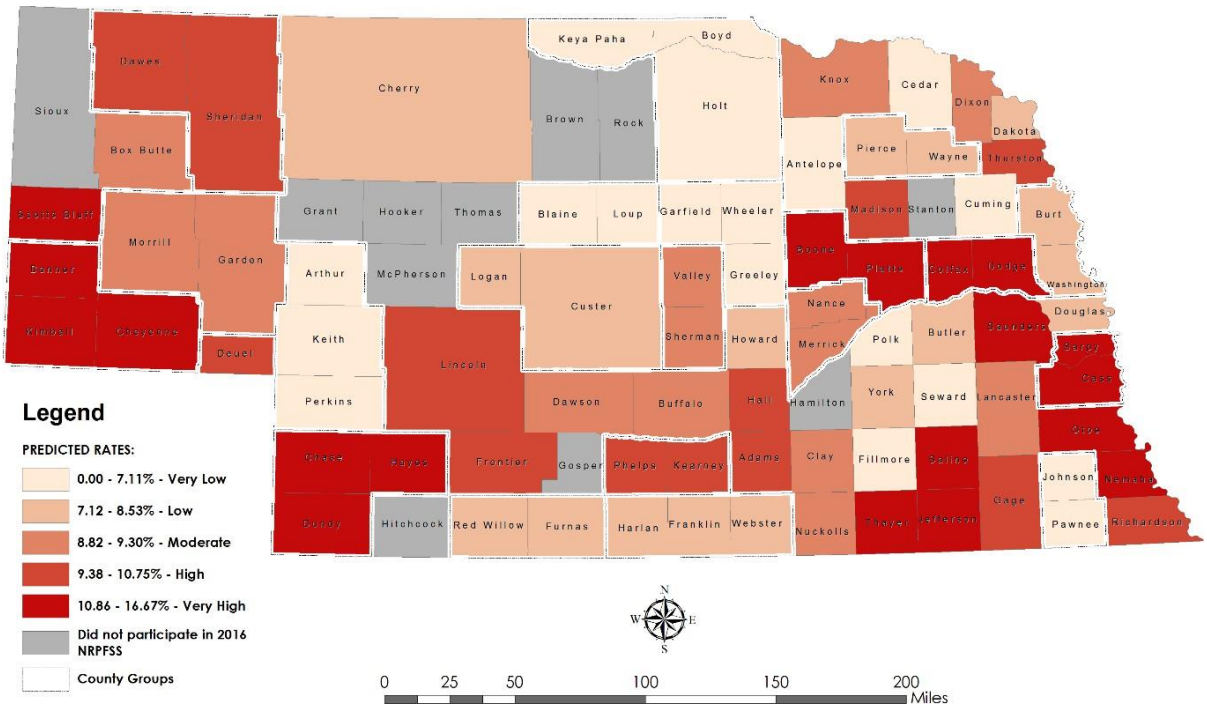
	General health fair or poor	Ever told they have depression (%)	Average days mental health was not good in past 30 days	Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)	Average days poor physical or mental health limited usual activities in past 30 days	Poor physical or mental health limited usual activities on 14 or more of the past 30 days
Nebraska	14.2%	17.8%	3.1	9.2%	1.9	6.1%
ELVPHD District	16.0%	15.9%	2.9	8.7%	1.8	5.9%
Male	15.7%	10.3%	2.2	6.3%	1.6	5.0%
Female	16.2%	21.4%	3.6	11.0%	2.0	6.7%

According to the Nebraska Youth Risk Behavior Survey (YRBS) 2014-2015 data, approximately 1 in 4 Nebraska high school youth reported feeling depressed compared to nearly 1 in 3 youth nationwide (24.1% vs 29.9%). Female students had a significantly higher rate of depression (31.4% vs. 17.1%), of considering a suicide attempt (18.0% vs. 11.3%) and of making a suicide plan (17.0% vs. 9.8%) compared to male students.[lvii]

Suicide Risk

In Nebraska, the rate of suicide across all ages was similar to the rate of suicide for the US (13.05 vs. 13.42—per 100,000 population). Suicide is the 10th leading cause of death in Nebraska, and the second leading cause of death for ages 15-34.[lviii] Madison County was at higher risk for youth suicide ideation and attempts. Figure 34 shows this risk for each county across the state based on the average responses to two questions on the Nebraska Risk and Protective Factors Surveillance System in 2016: 1) "During the past 12 months did you ever seriously consider attempting suicide?" and 2) "During the past 12 months, did you actually attempt suicide?"

Figure 34. Risk level for youth suicide ideation and attempts by county based on the 2016 results from the Nebraska Risk and Protective Factors Surveillance System

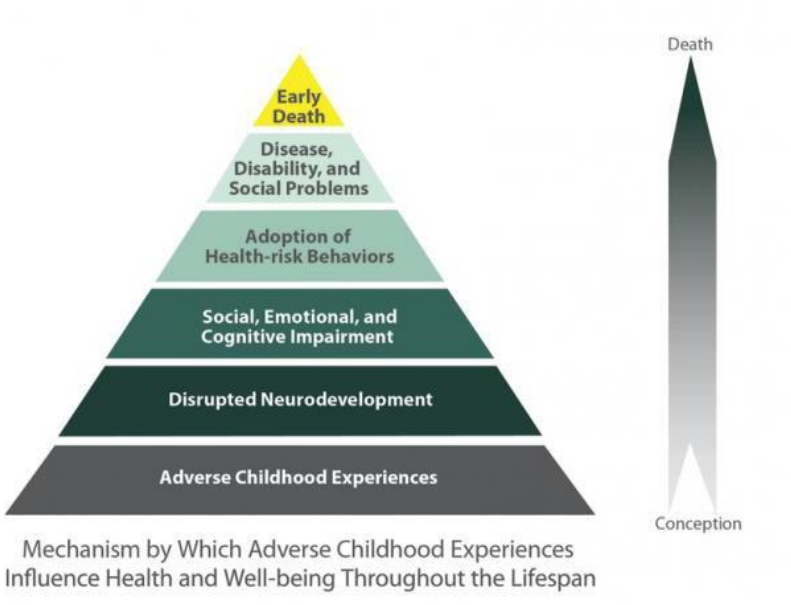


Veterans are at higher risk for several negative behavioral health outcomes – most alarmingly, suicide. Data from the 2016 Behavioral Risk Factor Surveillance System (BRFSS) show that veteran families are also impacted. Statewide, when compared to other demographic groups, Nebraska's Veteran spouses and partners report having more poor mental health days and are more likely to have been told that they have depression.[lix]

Adverse Childhood Experiences

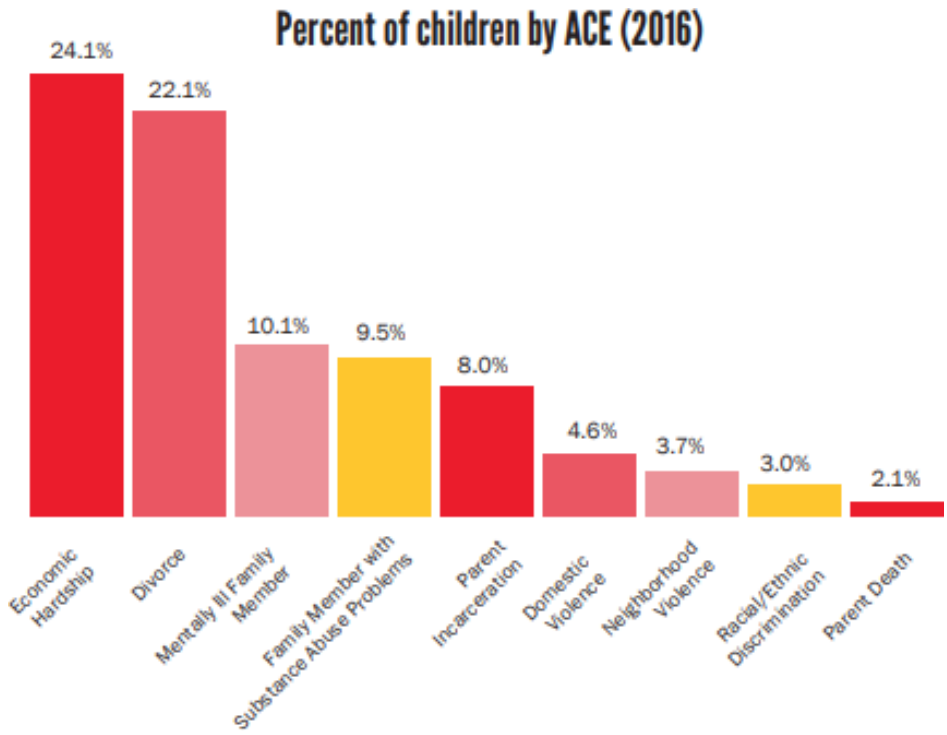
Adverse childhood experiences (ACEs) are one of the most accurate predictors of lifelong health and well-being.[lx] ACEs are stressful or traumatic events that occur before age 18[lxi] and can include things such as a child experiencing abuse and neglect; family effects of struggling to get by financially; seeing/hearing violence in the home; witnessing and/or being the target of neighborhood violence; living with anyone mentally ill, suicidal, or depressed; living with anyone with alcohol or drug problems; experiencing parents who are divorced/separated or serving jail time.[lxii] The landmark Kaiser ACE study showed dramatic links between ACEs and the leading causes of death, risky behaviors, mental health and serious illness.[lxiii] Figure 35 demonstrates the ACE Pyramid, used as the conceptual framework for the Kaiser Study.[lxiv]

Figure 35. ACE Pyramid



In 2016 across the state, 42% of children experienced one (1) or more ACEs. Of those, 22% of children experienced 1-2 ACEs and 20% experienced 3+ ACEs[lxv], which was similar to the US rate of 21.7%[lxvi]. Figure 36 illustrates the percent of children by ACE category in Nebraska.[lxvii]

Figure 36. Percent of children by ACE category in Nebraska



Resilience is the ability to adapt to stressful or traumatic events, such as ACEs. Resilience is not a genetic factor but more of a learned behavior. Resilience can be cultivated in anyone.[lxviii] Children who experience protective family routines and habits, such as limited screen time, no TV/screen time in bedrooms, parents who have met all or most of the child's friends, and parents who participate in a child's extracurricular activities[lxix], are less likely to experience ACEs.[lxx] Community-based strategies to provide safe, stable, nurturing relationships and environments to increase resilience and to reduce ACEs can include:

Program based[lxxi]:

- Home visiting programs for pregnant women and families with newborns
- Parenting training programs
- Intimate partner violence prevention programs
- Social support for parents
- Teen pregnancy prevention and parent support programs for teens
- Treatment for mental illness and substance abuse
- High quality, affordable childcare
- Sufficient income support for low-income families

System/Policy based[lxxii]:

- Increase awareness of ACEs and their impact on health within both the professional and public spaces
- Increase capacity of health care providers to assess for the presence of ACEs and appropriate response
- Enhance capacity of communities to prevent and respond to ACEs through investment in evidence-based prevention programming, trauma interventions and increased access to needed mental health and substance abuse services
- Increased funding for ACE-specific surveys in order to increase their utility and scope

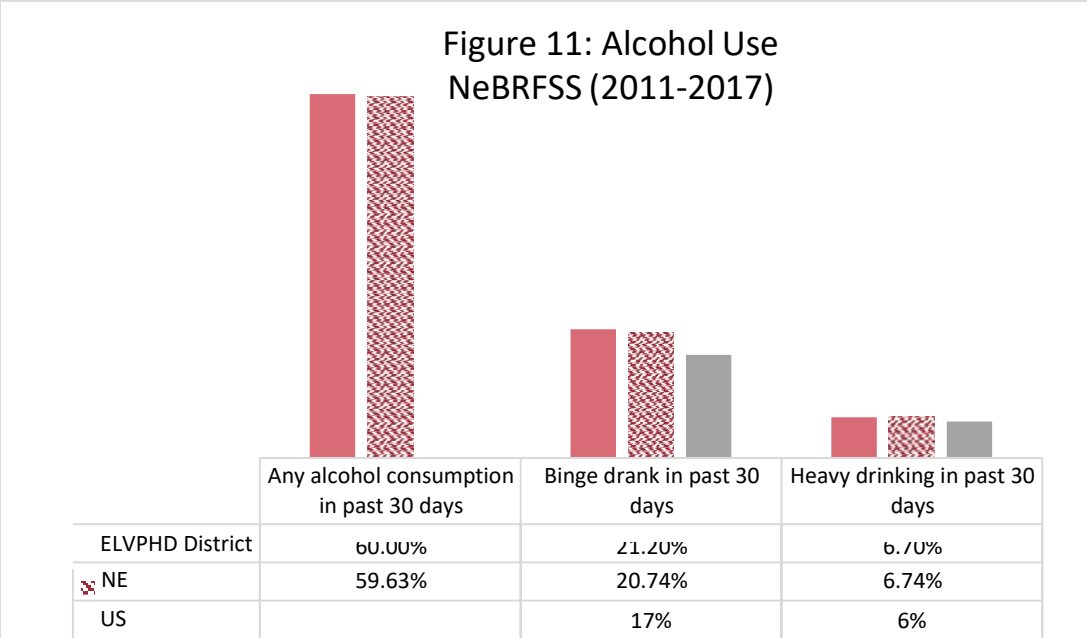
Substance Use Disorders

Like mental health, substance use disorders are among the top causes of disability in the US and can make daily activities hard to accomplish.[lxxiii] Furthermore, substance use and addiction can advance the development of mental illness due to the effects of substances in changing the brain in ways that make a person more likely to develop a mental illness. Likewise, mental illness can lead to drug use and substance use disorders.[lxxiv]

Alcohol Use

In 2015, Nebraska ranked 47th in the nation for the prevalence of binge drinking (20.3%), a stark difference when compared to West Virginia (ranked 1st, less than 10%).[lxxv] Excessive alcohol consumption, in either the form of binge drinking (more than 4 drinks on one occasion for men or more than 3 drinks on one occasion for women) or heavy drinking (drinking more than 14 drinks per week for men or more than 7 drinks per week for women), is associated with an increased risk of many health problems.[lxxvi] The Nebraska BRFSS survey in 2018 indicated 1 in 5 adults in the ELVPHD region reported binge drinking in the past 30 days, and nearly 7% of adults in the ELVPHD region reported heavy drinking in the past 30 days, both of which were higher than the US averages (17% and 6% respectively).

Figure 37. Alcohol Use, ELVPHD District



	Any alcohol consumption in past 30 days	Binge drank in past 30 days	Heavy drinking in past 30 days
ELVPHD District	60.00%	21.20%	6.70%
NE	59.63%	20.74%	6.74%
US		17%	6%

Maternal and Child Health

Infant mortality (death of an infant before his/her first birthday) is an indicator of maternal and child health within a community. More importantly, this indicator is a marker of overall health of a community due to the associations between the causes of infant death and other factors that are likely to influence health—such as social and economic factors, general living conditions and other quality of life factors.[lxxvii] The infant mortality rate (the number of infant deaths per 1,000 live births in the same year) in the US was 5.9 in 2016.[lxxviii]

Nebraska fairs a little bit better than the US with an infant mortality rate of 5.[lxxix] Figure 38 illustrates the stark differences between counties across the ELVPHD district regarding infant mortality.[lxxx] Burt and Cuming counties' infant mortality rates were higher than the state rate and over two times higher than Madison and Stanton counties' rates.

Figure 38. Infant Mortality Rate, ELVPHD District

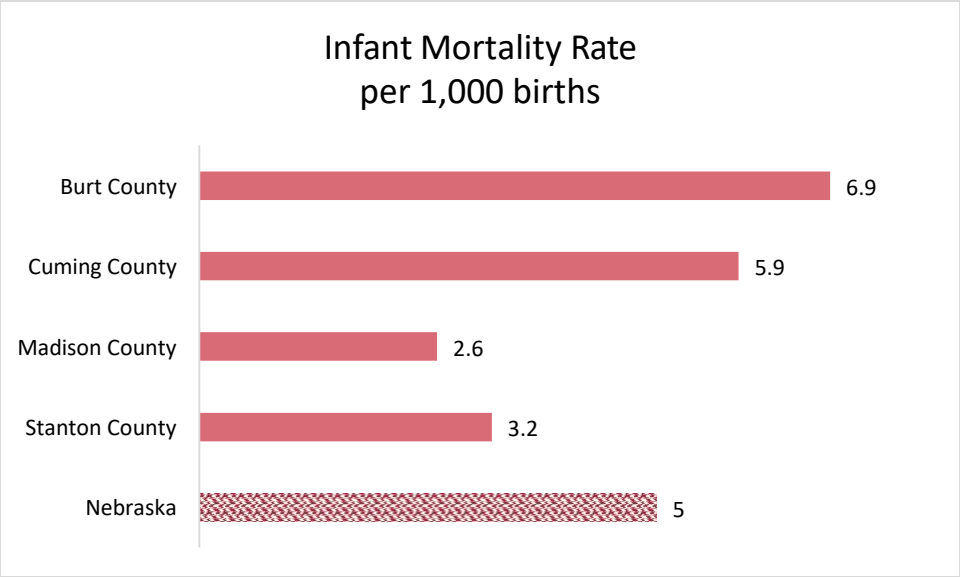


Table 12 provides an overview of the birth statistics, maternal and child health indicators. Notably, the teen birth rate in Madison County was almost two times the rate of other counties in the ELVPHD district and higher than the state rate (an average of 22 and 25, respectively).

Table 12. Maternal and Child Health Indicators, ELVPHD District

Maternal and Child Health Indicators	Burt	Cuming	Madison	Stanton	ELVPHD District	NE
Birth rate[lxxxi]	10.5	11.2	13.5	13.3	11.8	13.9
Teen birth rate[lxxxii]	18	18	34	19	22	25
Low birthweight[lxxxiii]	6%	6%	6%	7%	6%	7%

Healthcare Access and Utilization

Healthcare Insurance Coverage

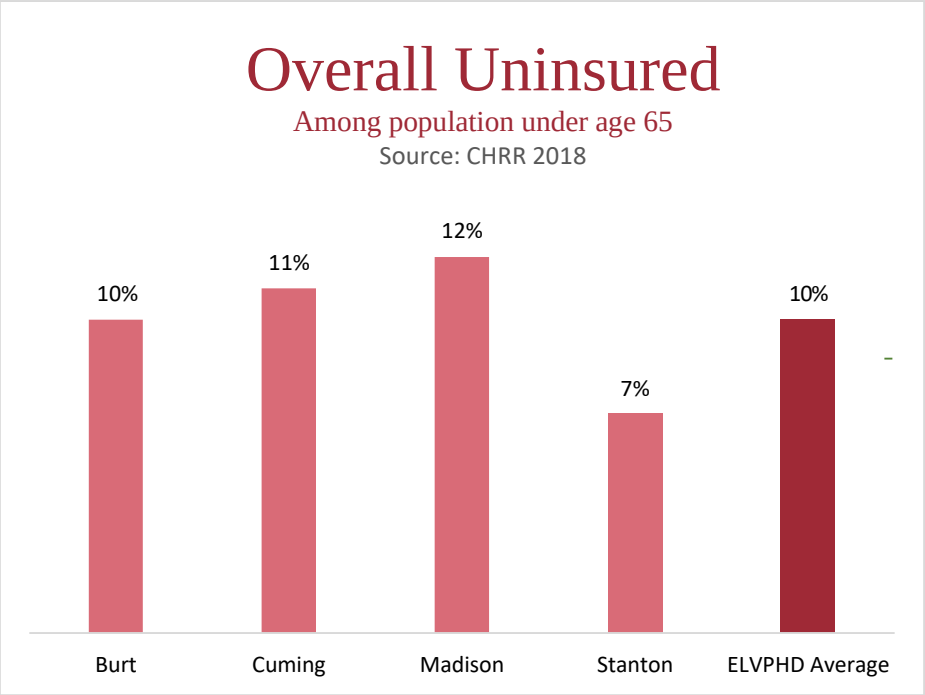
According to the Nebraska BRFSS (7-year average; see Table 13), nearly one in five adults aged 18-64 in the ELVPHD district did not have health care coverage.

Table 13. Health Care Access Indicators, ELVPHD District

Health Care Access Indicators[lxxxiv] *(BRFSS, 2011-2017)*	NE	ELVPHD Region		
		Overall	Male	Female
No health care coverage, 18-64-year olds	16%	17%	19%	14%

To provide a county snapshot for uninsured among the population under age 65, the latest County Health Rankings (using 2015 data; see Figure 39) reported that more adults under age 65 in the ELVPHD district were uninsured than the state average (9%). The exception was Stanton County (7%).

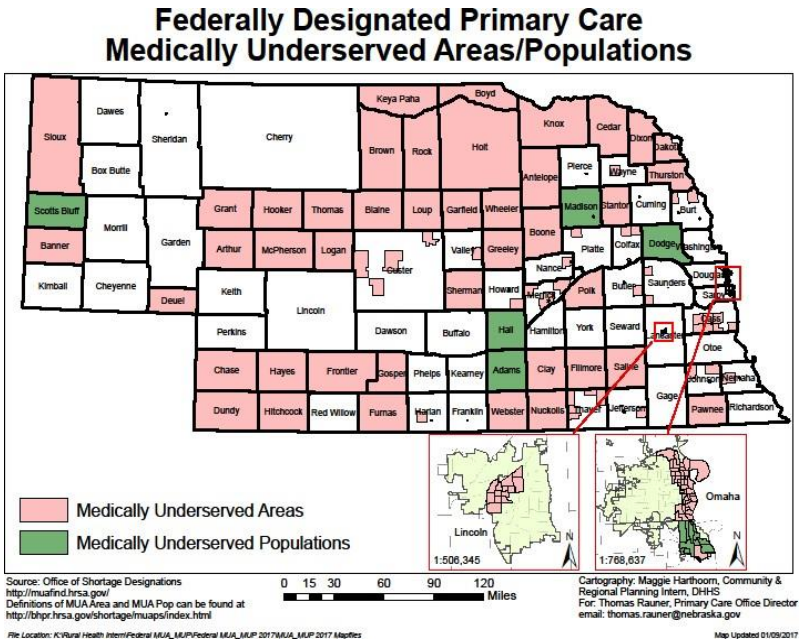
Figure 39. Uninsured Rates—18-64 years of age, ELVPHD District



Healthcare Providers

While lack of health insurance, cost of health care services and age of clientele may be contributing factors of not accessing health care, health professional shortages can compound the issue. About 3 in 4 adults in ELVPHD district had a personal doctor or healthcare provider.[lxxxv] According to the Health Resources and Services Administration (HRSA), some counties and areas within counties that comprise the ELVPHD district were designated as Medically Underserved Areas (MUA). MUAs are "counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services." The following map (figure 40) illustrates the federal health professional shortage area for primary care across the state in 2018.

Figure 40. Primary Care, Federally Designated Medically Underserved Areas/Populations



Notably, all of Stanton County and parts of Madison and Burt counites were designated as MUA/MUPs for primary care. To help ease this provider shortage problem, Physician's Assistants (PA-Cs) and Nurse Practitioners (APRNs) were utilized in many primary care clinics in the ELVPHD region, and the Northern Nebraska Area Health Education Center (AHEC) worked with healthcare agencies to place students on paths to training to be healthcare providers. Over the past several years, the ratio of population to primary care provider has improved in each of the counties (no data was available for Stanton County), yet this ratio fell below the state ratio (see Table 14).

Table 14. Ratio of Population per Primary Care Provider, ELVPHD District

Ratio of **Population : Primary Care Provider**

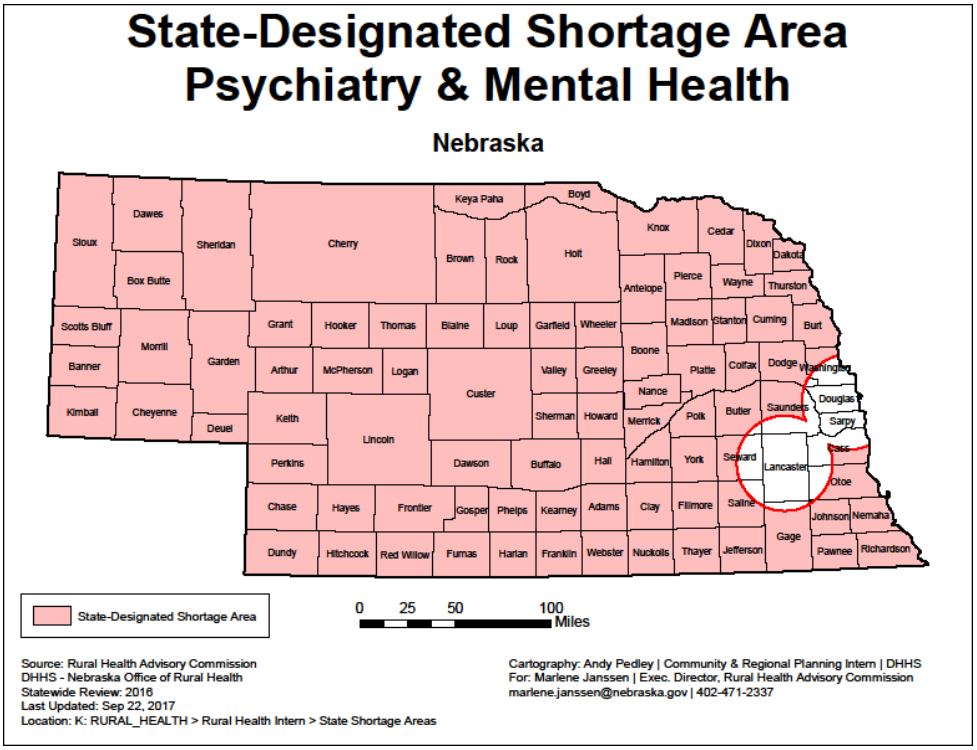
	NE	Burt	Cuming	Madison	Stanton
2013	1413:1	3425:1	3052:1	1397:1	No Data
2016	1345:1	3287:1	2999:1	1260:1	No Data
2018	1340:1	2200:1	2280:1	1350:1	No Data

Source: CHRR 2013,2016,2018

Generally, emergency rooms and primary care offices are the most common place where people with behavioral health needs seek care. Often clinicians in these settings do not have the resources and/or training to appropriately respond to behavioral health needs. Overall, 66% of primary care providers report that they are unable to respond to people with behavioral health needs due to a shortage of mental health providers and to insurance barriers.[lxxxvi]

Most all counties in the state are designated as mental health professional shortage areas (see Figure 41). In the ELVPHD district, there were an average of 2,717 people for every one mental health provider (range: 220:1 to 6,550:1), and nearly 6 times as many people to mental health provider as the state and US averages (420:1, 470:1 respectively).[lxxxvii] According to the 2016 Nebraska Behavioral Health Needs Assessment, only 47% of adults in Nebraska with any mental illness received treatment. Additionally, only 43% of youth in Nebraska with depression received treatment. Furthermore, only 11% of persons aged 12 or older in Nebraska with illicit drug dependence or abuse received treatment. Even with ELVPHD's known mental health professional shortage area designation, access to behavioral health care may be further complicated by other barriers, including lack of insurance coverage and stigma often associated with mental illness.[lxxxviii]

Figure 41. Mental Health Care, State-Designated Shortage Areas



In other health professional care, including dentistry and pharmacy, counties within ELVPHD were designated as shortage areas. Figures 42, 43, and Table 15 illustrate these shortages.

Figure 42. Dentistry, State-Designated Shortage Areas

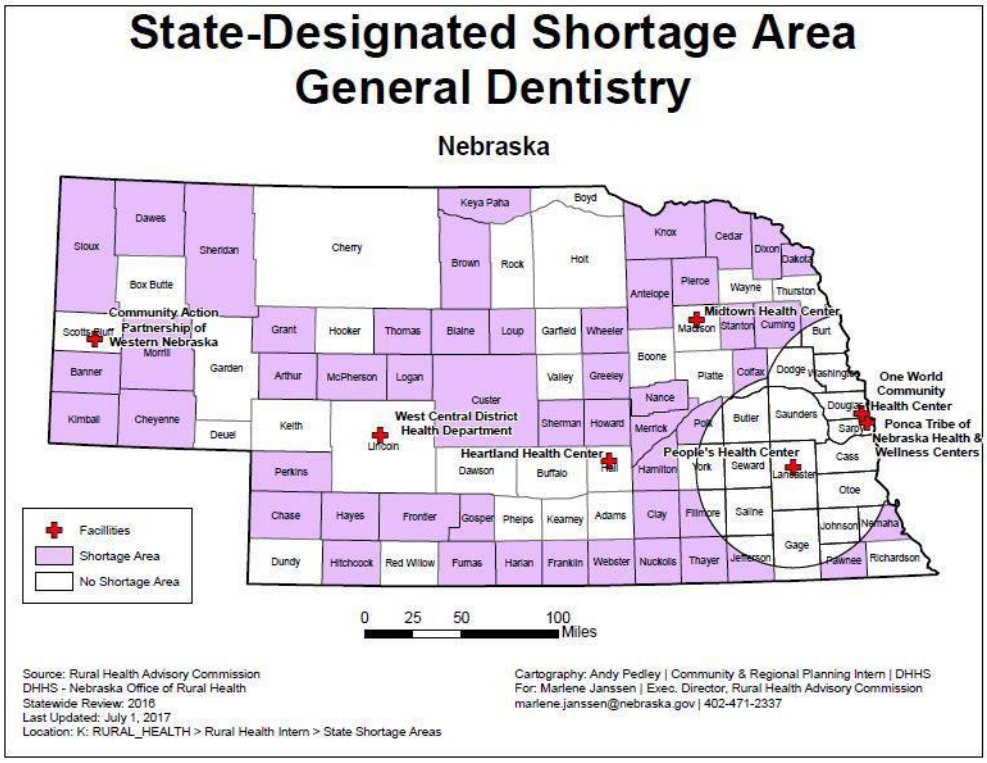


Figure 43. Pharmacist, State-Designated Shortage Areas

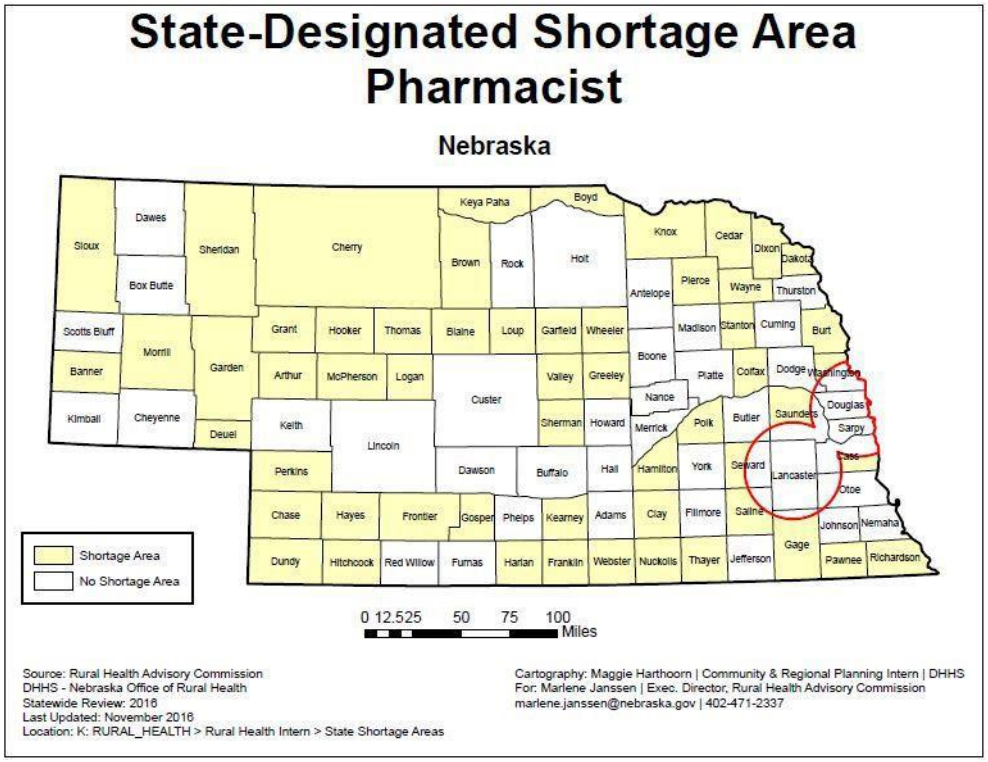


Table 15. Ratio of Population per Type of Provider, ELVPHD District

Ratio of **Population : Type of Provider** (2018)

	NE	Burt	Cuming	Madison	Stanton
Primary care physicians	1340:1	2200:1	2280:1	1350:1	No Data
Dentists	1360:1	3270:1	1800:1	950:1	No Data
Mental health providers	420:1	6550:1	1130:1	220:1	2970:1

Source: CHRR 2018

Health Care and Prevention Assets

In the ELVPHD district, health care providers and services include three hospitals, namely Faith Regional Health Services (Norfolk, Madison County), St. Francis Memorial Hospital (West Point, Cuming County) and Oakland Mercy Hospital (Oakland, Burt County). The area also has one Federally Qualified Health Center (FQHC; Midtown Health Center in Norfolk, Madison County) and several other medical clinics all of which provide primary care, dental, health prevention and promotion and emergency care services. Many medical clinics in the ELVPHD district are open traditional business hours (from 8:00am to 5:00pm, Monday through Friday), except for the FQHC located in Madison County which offers services on a sliding-fee scale, seven days a week. Additionally, ELVPHD district has 26 dental clinics, concentrated in the western part of the district, and 17 EMS service providers. Providers offering specialty services travel to these medical clinics from outside of the ELVPHD district and hold office hours from weekly to once monthly at select medical clinics/hospitals.

Access for Aging Populations:

Multiple nursing homes are available in the ELVPHD district offering assisted living and around the clock nursing care for residents. However due to funding restrictions and limited payment reimbursement from insurance providers, a large nursing home facility recently closed in the ELVPHD area. Home-health professional and agencies are present in the ELVPHD district.

ELVPHD offers several preventative services including fall prevention (i.e. Tai Chi and Stepping Up) for the older adult populations. Additionally, senior centers and the Northeast Nebraska Area Agency on Aging offer older adult prevention programming, such as activities, assistance and referrals to resources.

In the ELVPHD district, roughly 1 in 3 adults aged 65 and older reported a disability. In the US, more than 25% of older adults were considered “high-need”, meaning they were managing three or more chronic conditions or required help with basic tasks of everyday living.[lxxxix]

Access for Veteran Populations:

Multiple agencies in the ELVPHD district offer services for Veterans and their families. the Norfolk Veterans Affairs (VA) clinic and local hospitals and clinics offer health care. Other support services for Veterans and their families are offered by agencies such as the Northeast Nebraska Community Action Partnership, local churches, local Veterans of Foreign Wars (VFW) posts, American Legions, County Veteran Service Officers and the Department of Labor.

In addition to these services, ELVPHD spearheads the VetSET program in the district. The VetSET program focuses on building systems of whole community support by connecting cross-sector partners for Veterans and their families. ELVPHD staff and partners have been trained in the No Wrong Door training, a day-long deep dive into military culture and life where participants learn about military experiences and how they influence emotions and behaviors by hearing from Veterans, their families and experts in the field.

Preventative Screenings

Nearly 40% of adults in the ELVPHD did not receive a routine checkup in the past year.

Table 16. Preventative Health Screening Indicators, ELVPHD District

Preventative Health Screening Indicators[xc] *(BRFSS, 2011-2017)*	**NE**	**ELVPHD Region**		
		Overall	**Male**	**Female**
Preventative Screenings				
Heart Disease				
Had cholesterol checked in past 5 years	84%	83%	76%	89%
Cancer				
Up to date on colon cancer screening, 50-75-year olds	64%	58%	54%	62%
Up to date on breast cancer screening, female 50-74-year olds	75%			76%
Up to date on cervical cancer screening, female 21-65-year olds	81%			81%
Routine Checkups				
Had a routine checkup in past year	63%	62%	56%	68%

While the majority of the adult population in the recommended age groups across the ELVPHD district received appropriate preventative screenings such as breast, cervical and colon cancer screenings, the trend over a seven-year period was downward. Colon cancer was the second leading cause of death by type of cancer in the ELVPHD district (surpassing state and US rates), yet only 58% of ELVPHD district adults aged 50-75 years of age received this particular screening. A quarter of women in ELVPHD district were not up-to-date on their recommended breast cancer screening and 1 in 5 were up-to-date on recommended cervical cancer screenings.

Figure 44. Colon Cancer Screening Rates, ELVPHD District

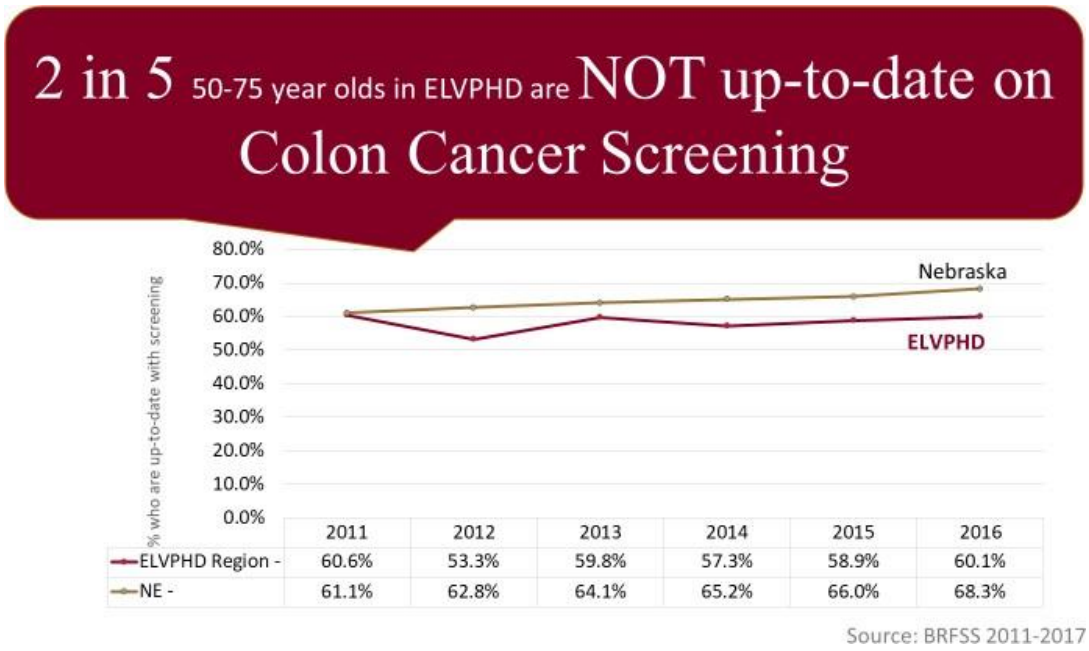


Figure 45. Breast Cancer Screening Rates, ELVPHD District

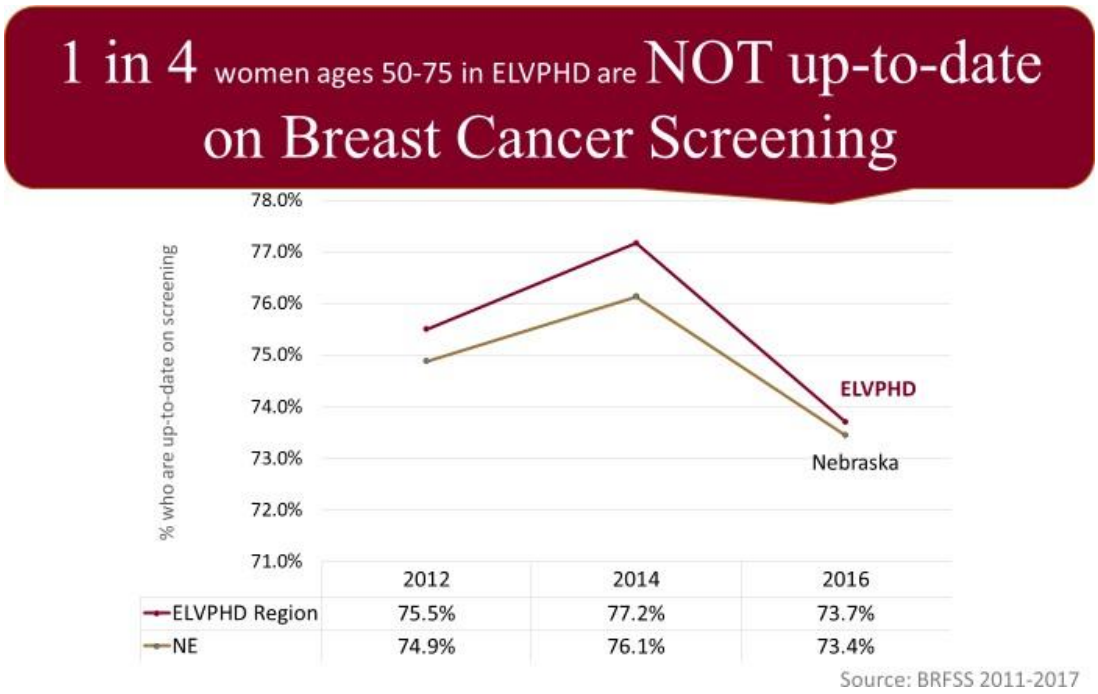
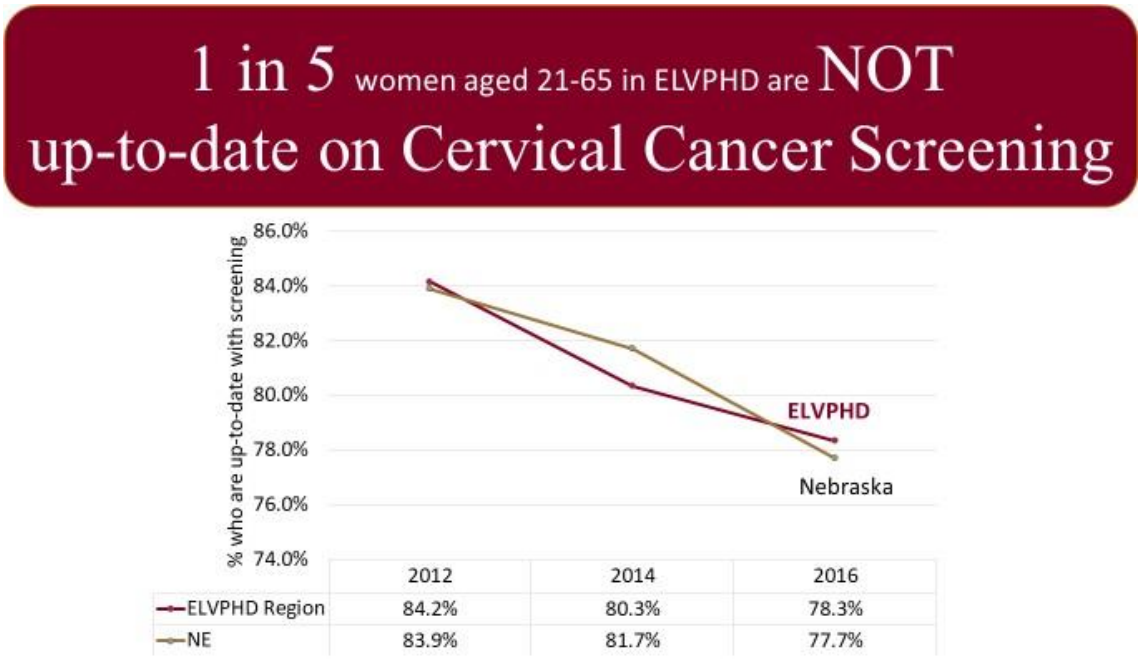


Figure 46. Cervical Cancer Screening Rates, ELVPHD District



Source: BRFSS 2011-2017

Barriers to Accessing Health Care

Accessing health care is complicated by multiple factors, such as the ability to travel to care locations, location and number of healthcare providers, types and costs of services offered, insurance coverage, etc. The four counties in the ELVPHD district span over 100 miles from East to West and can take nearly two hours to travel across by car. The three area hospitals are located in different parts of the district and have multiple clinic locations, keeping driving distance fairly low. However, inclement weather, especially snow, can impact accessibility to healthcare services. There is also some variability in the maintenance of roads with main highways receiving the most attention and gravel roads receiving less attention after a significant snowfall which can delay travel to any service. Many residents in ELVPHD district lived on gravel roads that experience this variability in the maintenance of those roads. Mass transportation is very limited throughout the ELVPHD district.

Cost of healthcare services can be another barrier to care for ELVPHD residents. Nearly one in 10 adults aged 18-64 needed to see a doctor but could not due to cost within the past year, and 1 in 5 adults aged 18-64 had no health care coverage.[xci] Though data are not available for ELVPHD by race/ethnicity, Hispanics had the highest uninsured rates of any racial or ethnic group across the state (57.7%)[xcii] and nation.[xciii] In the US, Medicare provides universal health coverage to adults 65 and older; however, cost-sharing and premium contributions continue to be a serious burden for many.[xciv]

Table 17. Access to Care Indicators, ELVPHD District

Table X: Access to Care Indicators[xcv] *(BRFSS, 2011-2017)*	**ELVPHD Region**	**NE**
Needed to see a doctor but could not due to cost in past year	11%	12%
No personal doctor or health care provider	24%	19%
No health care coverage, 18-64-year olds	17%	16%

Healthcare professional shortages is another barrier to care for ELVPHD residents. Nearly 1 in 4 adults in the ELVPHD report not having a personal doctor or health care provider. Furthermore across the state, nearly 1 in 2 Hispanics and 65% of Native American's reported not having a personal doctor or health care provider.[xcvi] Responses from the ELVPHD Community Health Survey[1] indicated the following barriers to accessing healthcare services when asked "which of following have stopped you from getting health services at the clinic or hospital in the county nearest to which you live (check all that apply)?":

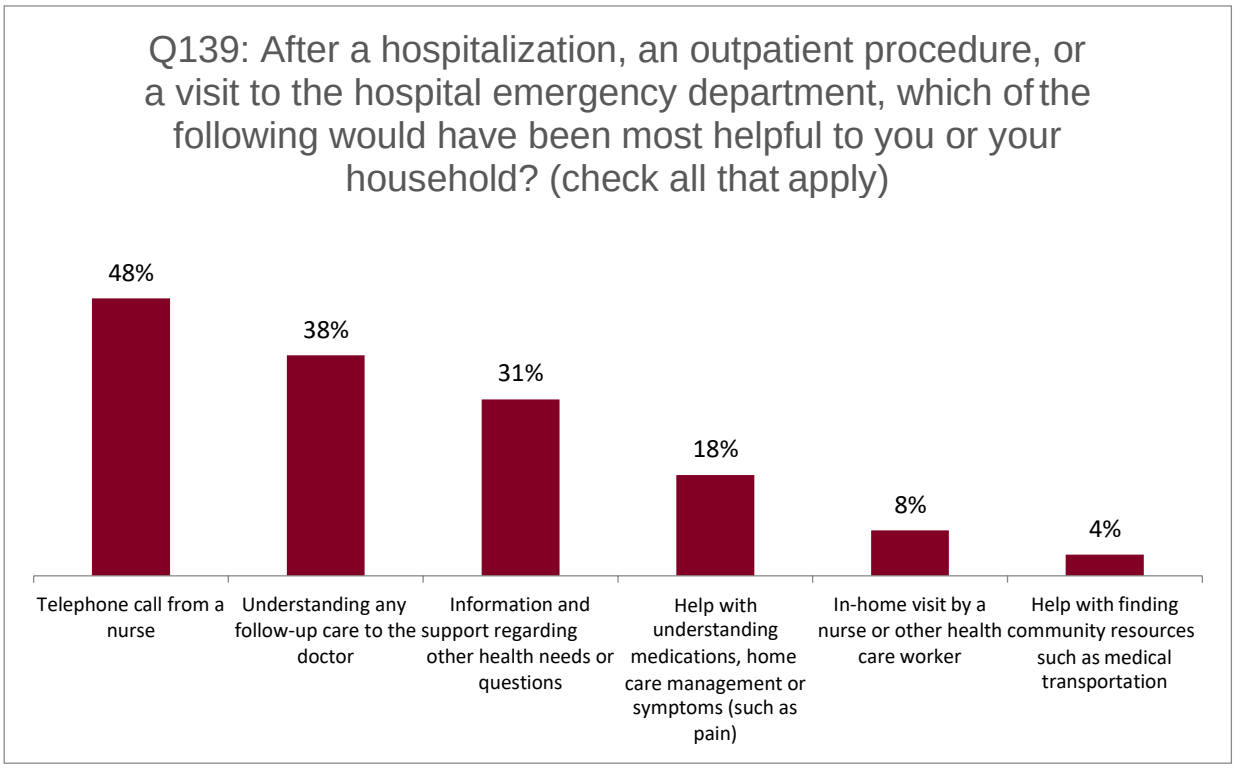
None	67%
I choose to go to the provider that I have always gone to (i.e. I do not want to switch my medical chart at this time)	13%
I don't trust/like the providers at the local facility	10%
Other reason*	7%
The office hours are inconvenient for me (i.e. I need an evening or weekend appointment)	4%
I don't think the facilities have the equipment/services I need, or I think the equipment is out of date	4%
The hospital or clinic near me doesn't take my insurance or medical assistance	1%
I don't like the appearance of the facility inside or outside	0.6%
I don't know who the local facility is affiliated with	0.5%
I didn't know there was a clinic or hospital near where I live	0.4%
The local facility does not have the interpreter services that I need	0.1%

*Other reasons included: quality of care at local facility, not in the area at the time of needing services, no health insurance, cost due to high deductible, out-of-network providers, and affordability of services, transportation, needed specialized care not offered in the area.

As affirmation to the above barriers contributing to inability to access health care, respondents to the ELVPHD Community Survey identified the following as helpful follow-up to a recent healthcare procedure, visit to Emergency Department, and/or hospitalization:

[1] *Note: The majority of survey respondents self-identified as white, middle to upper-middle class, college educated and had health insurance. While not representative of the population of the region as a whole, many of the survey responses are consistent with other data collected as part of this Health Status Assessment. Survey findings are also consistent with anecdotal input from key stakeholders (from the priority setting meetings) who are connected to many of the diverse community groups not well-represented in survey responses.*

Figure 47. Helpful Follow-up to a Recent Healthcare Procedure/Visit, Community Survey Responses ELVPHD District



Health Disparities and Priority Populations

Rurality is associated with a number of negative health outcomes, specifically higher premature mortality rates, infant mortality rates, and age-adjusted death rates. Rurality is also associated with a number of negative health behaviors that contribute to chronic disease and death, such as unhealthy diets and limitations in meeting moderate or vigorous physical activity recommendations.[xcvii] These data paint a stark picture of health disparities given one factor, geography. There are disparities related to race and ethnicity independent from geography, and there are disparities related to geography independent from race and ethnicity. When disparities from independent factors overlap, such as race/ethnicity overlapping with geography, the result is a dual disparity resulting in some of the poorest health statuses seen in the nation.[xcviii]

Literacy and primary language must be taken into account in all health contexts. It is estimated that only 1 in 10 American adults have the skills needed to use health information that is routinely available in health care facilities, retail outlets, and they media.[xcix] *"Being able to read does not necessarily mean one will be health literate, however, the lack of basic literacy skills does mean that patients almost certainly will have difficulty reading and understanding basic health information".*[c] Basic literacy and health literacy levels are also factors associated with health disparities.

Language barriers also contribute to health disparities and exacerbate difficulties understanding and acting on health information.[ci] The ELVPHD district is home to immigrant and second-language English speakers from Mexico, Central America, Africa, Myanmar (the Karenni) [cii] and other areas.

Table 18 summarizes the health literacy indicators within the ELVPHD district. Over 40% of the adult population in the ELVPHD district lacks the confidence in their ability to fill out health forms. Additionally, 1 in 3 adults in the ELVPHD district reported that written health information is not always easy to understand.

Table 18. Health Literacy Indicators, ELVPHD District

Health Literacy Indicators[ciii]	ELVPHD Region
Lacking confidence in their ability to fill out health forms	42.1%
Written health information is always or nearly always easy to understand	70.0%
Always or nearly always get help reading health information	13.0%

Overall, ELVPHD district has a higher percentage of residents who were Veterans than compared to the state (see Table 19). Nearly 1 in 5 residents in the ELVPHD were Veterans aged 65 and older and 1 in 10 residents were Veterans aged 18 and older. Although the US Department of Veteran Affairs (VA) assists Veterans in accessing health care and other services, eligibility status for these services depends greatly upon the branch of service, time served, and discharge status. Even when Veterans access services, challenges still exist for health care professionals to effectively understand and treat health issues in Veterans due complex military histories and medical needs. Unlike previous generations, many younger Veterans experienced frequent deployments to multiple conflict areas, exposure to explosions in close proximity and longer tours of duty.[civ]

Table 19. Veteran Status, ELVPHD District

Veteran Status[cv]	% veterans (age 18+)	% veterans (age 65+)
Burt County	9.5	19.3
Cuming County	9.0	22.5
Madison County	7.5	23.1
Stanton County	8.7	21.5
ELVPHD District	**8.1**	**22.2**
Nebraska	**8.6**	**21.8**

Community Themes and Strengths

ELVPHD developed a Community Survey and worked with partners to deliver the survey to residents through the ELVPHD district. This 166-question survey was made up of Likert-scale, multiple-choice and open-ended questions and contained skip logic. The goal of the survey was to assess the communities' perception regarding the issues that are important to their health and wellbeing, the quality of life in their respective communities, and the assets they feel are important in their respective communities. This survey was available in English and Spanish and in print and online. ELVPHD offered an incentive to increase participation.

There were 1,422 responses (see Appendix D for full details on the demographics of survey respondents), of which the majority of survey respondents self-identified as white, middle to upper-middle class, college educated and had health insurance. While not representative of the population of the region, as a whole, many of the survey responses are consistent with other data collected as part of

this Health Status Assessment and with anecdotal input from key stakeholder (from the priority setting meetings) who are connected to many of the diverse community groups not directly represented in survey responses. The survey revealed the following:

Figure 48. Most Impactful Behaviors to Community Health, Community Survey Responses ELVPHD District

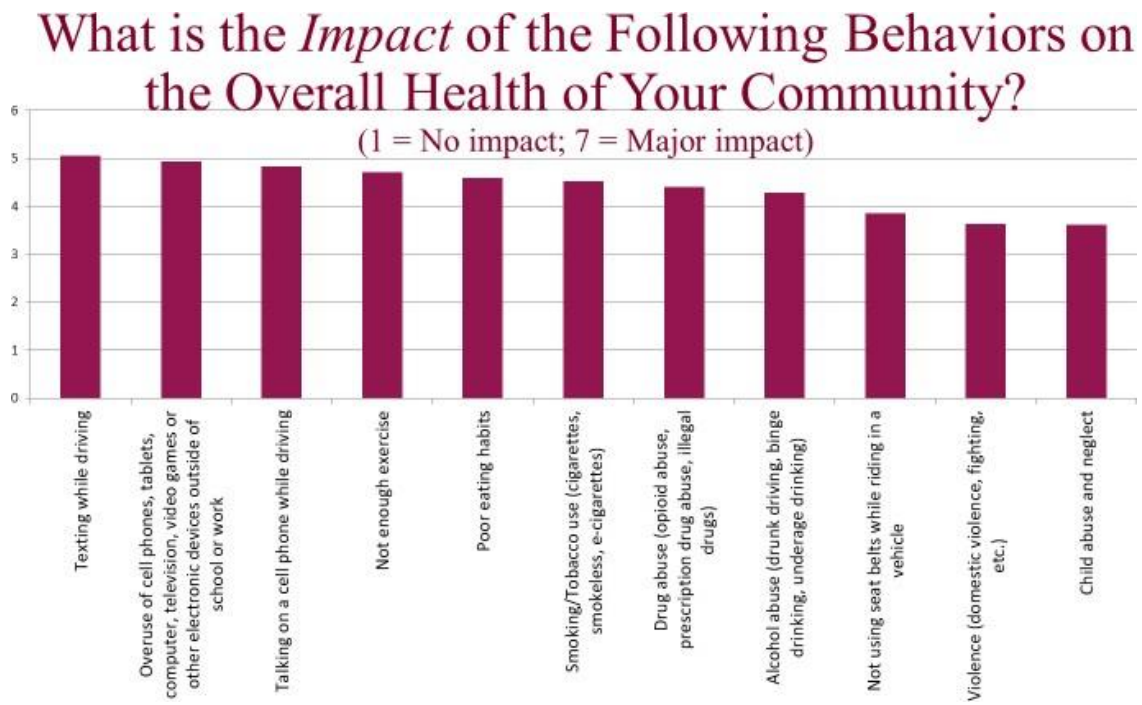
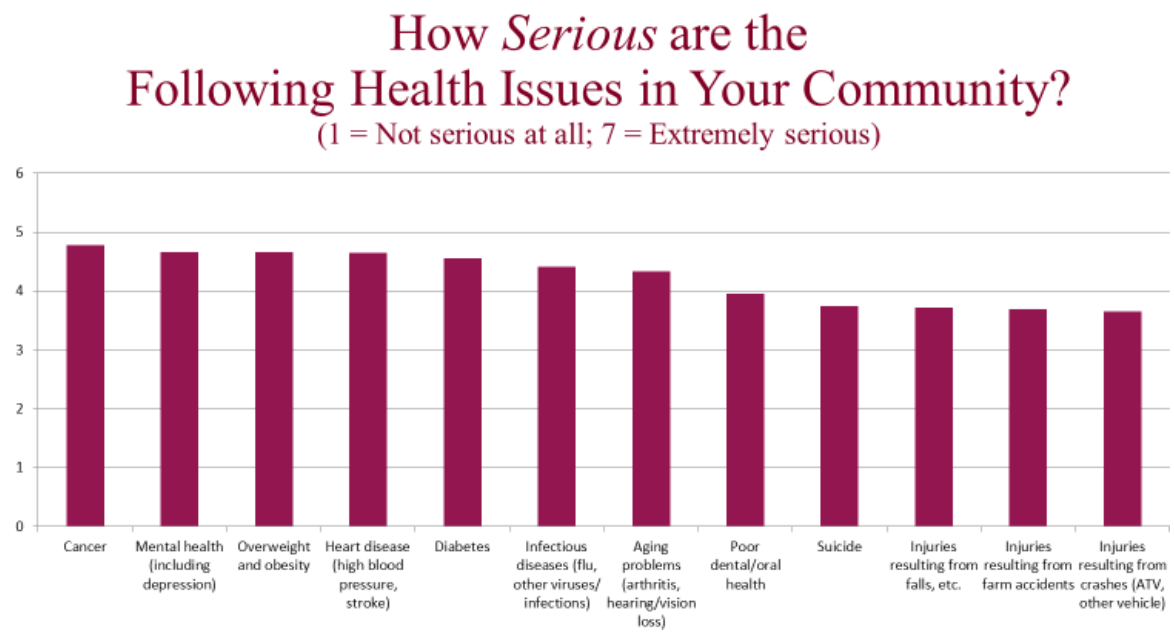


Figure 49. Most Serious Types of Health Issues, Community Survey Responses ELVPHD District



Health Summary: ELVPHD District

The majority of the adult population within the ELVPHD district reported their general health was good or better in the BRFSS between 2011-2015. However, nearly 1 in 10 people within the ELVPHD district indicated they experienced frequent mental distress. Table 20 summarizes the general health of the adult population within the ELVPHD district.

Table 20. General Health Indicators, ELVPHD District

General Health Indicators[cvi]	**ELVPHD District**	**NE**
General health fair or poor	17.3%	13.9%
Average number of days physical health was not good in past 30 days	3.6	3.1
Physical health was not good on 14 or more of the past 30 days	11.0%	27.1%
Average number of days mental health was not good in past 30 days	3.1	3.0
Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)	9.1%	8.8%
Average days poor physical or mental health limited usual activities in past 30 days	2.2	1.9
Poor physical or mental health limited usual activities on 14 or more of the past 30 days	7.0%	5.9%

Not unlike the state, the ELVPHD district experienced primary care and mental health professional shortages, reducing access to needed health services. The Years of Potential Life Lost (YPLL), a measurement of preventable deaths, in the ELVPHD district surpassed the state rate. More specifically, Burt County's YPLL rate was higher than the state rate. Multiple factors impact how well and how long we live. Things like education, availability of jobs, access to healthy foods, social connectedness, and housing conditions all impact our health outcomes. Conditions in which we live, work and play have an enormous impact on our health, long before we ever see a doctor. It is imperative to build a culture of health where getting healthy, staying healthy and making sure our kids grow up healthy are top priorities.

Appendices

Appendix A: List of Tables

Appendix B: List of Figures

Appendix C: Demographics ELVPHD Overall and Community Survey Respondents (2019)

		ELVPHD Overall Population	ELVPHD Survey Respondents	
Gender	Female	**50%**	75%	*1072*
	Male	**50%**	13%	*178*
	No Response	**-**	12%	*172*
Age	Under 21	**30%**	0.7%	*11*
	21-29	**11%**	11%	*159*
	30-39	**10%**	22%	*311*
	40-49	**11%**	16%	*225*
	50-64	**22%**	23%	*322*
	65-74	**10%**	8%	*111*
	75+	**10%**	3%	*36*
	No Response	**-**	17%	*247*
Household Income	Less than $25,000	**21%**	9%	*125*
	$25,000 - $34,999	**11%**	8%	*110*
	$35,000 - $49,999	**16%**	11%	*151*
	$50,000 – $74,999	**20%**	19%	*267*
	$75,000 - $99,999	**14%**	15%	*216*
	$100,000 - $149,999	**18%**	13%	*188*
	$150,000+		6%	*85*
	No Response	**-**	20%	*280*
Education Level	Less than a high school diploma	**11%**	1%	*11*
	High school graduate or GED	**33%**	11%	*154*
	Some college, no degree	**22%**	21%	*294*
	College degree	**29%**	37%	*533*
	Graduate or professional degree (example: PhD, MD, JD)	**6%**	13%	*184*
	No Response		17%	*246*
Hispanic/Latino	Yes	**8%**	4%	*55*
	No	**92%**	78%	*1109*
	No Response	**-**	18%	*258*
Race	American Indian or Alaska Native	**1%**	0.7%	*11*
	Asian	**2%**	<0.1%	*1*
	Black/African American	**1%**	<0.2%	*2*
	Two or more races	**1%**	1%	*18*
	White	**94%**	78%	*1110*
	Other	**2%**	2%	*30*
	No response	-	18%	*250*

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Appendix VI

Community Health Improvement Plan Prioritization

Elkhorn Logan Valley Public Health Department

Madison & Stanton Counties: April 30, 2019
Burt & Cuming Counties: May 1, 2019

Facilitated by Kathleen Brandert, MPH; Colleen Svoboda, MPH; and Laura Vinson, MPH
University of Nebraska Medical Center
College of Public Health, Office of Public Health Practice

Summary Report Submitted May 17, 2019

Elkhorn Logan Valley Public Health Department and local nonprofit hospitals (Faith Regional Health Services, MercyOne Oakland Medical Center, and Saint Francis Memorial Hospital) cohosted two community health improvement prioritization meetings. The purpose of the meetings was to review community health assessment data and identify community health priorities for the next three years.

Meeting Agenda
Welcome, Introductions, and Context
Identifying Forces of Change
Data Gallery Walk & Large Group Discussion
Selecting Top Priorities
Small Group Discussions: Defining Priorities & Brainstorming Key Strategies
Closing Conversations and Next Steps

Participants
See attached sign in sheets
NOTE: Only one person from Stanton County was present at the event.
NOTE: Good representation from both Burt and Cuming Counties.

Group Agreements

- Make room for every voice
- Contribute honest thinking
- Expand your thinking beyond you and your organization
- Drink and drain at your leisure

The Givens

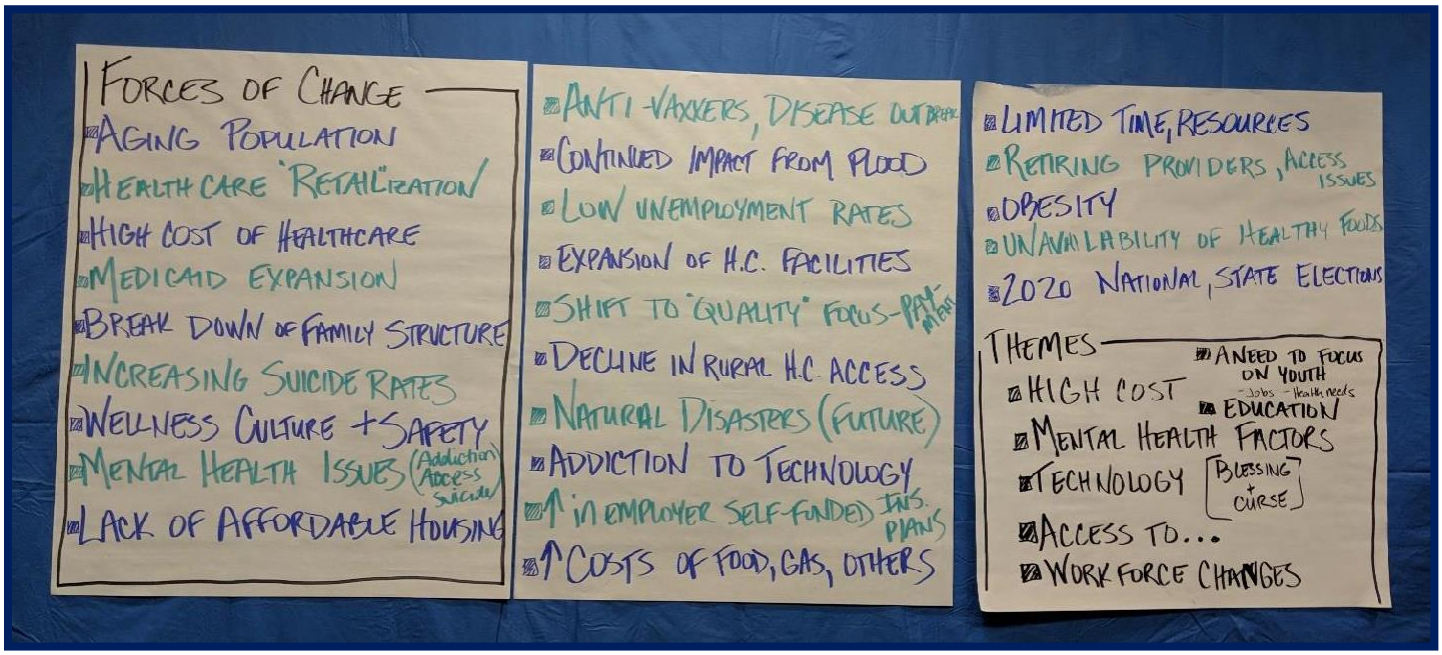
- We will select our priorities for the region for the next 3 years
- Two priorities already selected:
    1. Walkable / Bikeable Communities, and
    2. Community – Clinical Partnerships
- Focus on greatest impact

FORCES OF CHANGE

To begin the planning process, meeting participants were asked to contribute to a discussion about *Forces of Change*, which is a type of environmental scan. In small groups, participants began to identify trends, events, and factors occurring in their communities, state, nation, and world that could either help them achieve their vision for health in the region or prevent them from achieving it. The conversation focused on forces from the following categories: social, economic, political, environmental, technological, scientific, legal, and ethical.

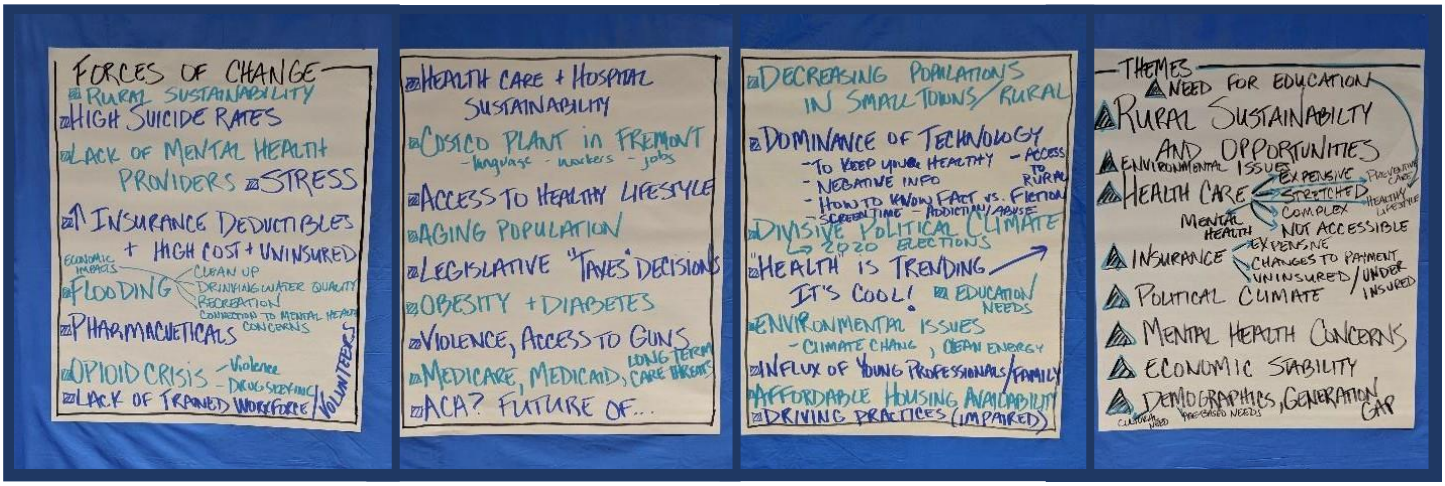
As a group, participants then identified the common themes among the forces. The results from both meetings follow.

Madison and Stanton Counties



Forces	Overarching Themes
• Aging population • Number of healthcare professionals retiring – creates an access issue • Breakdown of family structure • Expansion of healthcare facilities locally • Shift to focus on quality of care versus quantity • Decline of rural access to healthcare • Healthcare RETAILization • High cost of healthcare • Increase in cost of self-funded healthcare insurance (rates) • Lack of affordable housing • Medicaid Expansion • Increasing suicide rates • Addictions and suicide • Mental health • A wellness culture • Safety • Low unemployment rates • Disease outbreaks, anti-vaxxers • Continued impact of flooding and ongoing response • Risk of natural disasters (tornadoes, floods, etc.) • Addiction to technology • Increase cost for food and other resources (e.g., gas) • Obesity and unavailability of healthy food choices • Limited time and resources to carry out programs and offer services (sustainability) • 2020 National and State elections	• Mental Health Factors • High Cost • Technology (a blessing & a curse) • Access (as a broader theme) • Workforce changes (retiring, population aging, low unemployment rate) • Youth – education and support for the future (jobs / health needs) • Education

Burt and Cuming Counties



Forces	Overarching Themes
• Mental health (high suicide, lack of providers – affects a lot of areas) • Insurance coverage – increasing deductibles or even no insurance • Flooding – infrastructure, wells, mold, stress • Pharmaceuticals – opioid crisis, medication safety, legalization of marijuana, violence in the workplace (for providers) • Healthcare and hospital sustainability • Opening of Costco plant in Fremont (influx of workers, housing needs, language, traffic, healthcare needs) • Access to a healthy lifestyle – migrant populations, insurance costs, noncompliance • Aging population • Legislative taxing decision – impacts • Obesity and diabetes • Violence – gun access and everything going on the world • Government (generally – where will Medicaid go in the future, repeal of ACA?, healthcare of the future) • Lack of appropriately trained workforce and volunteers • Small towns continuing to shrink (keeping people here); fewer farmers • Communication (prevalence/dominance of technology, how to share information that is true/real, tech use to keep you healthy, telehealth) • Divisive political climate • Health is really trendy right now (making healthy cool) • Access to rural • Influx of young professionals and their families • Affordable housing • Long term care threats (emerging) – threatened because of reimbursement issues • Water quality – drinking and recreational use • Parents being on their phones all the time – what does that do to kids? (Technology abuse) • Mental health concerns – especially related to flooding • Economic impact of flooding – especially related to infrastructure • 2020 national, state, local elections • Safety – texting and driving; impaired driving • Basic physical health • Education (as a tool / vehicle for change)	• Rural sustainability and opportunities (aging, decreasing population, etc.) • Healthcare [stretched, expensive, complex, not accessible] – (mental health, insurance, pharmaceuticals, hospital sustainability, preventive, etc.) • Insurance (expensive, changes to payment, uninsured) • Political (legislative taxes, environment, etc.) • Mental health concerns (high suicide, opioid crisis, lack of service providers, stigma) • Violence • Economic stability affects a lot of these forces • Demographic / Generation gap (healthcare – expectation of quick service for younger people and longer visits with older folks) • Education (as a tool / vehicle for change) • Environmental issues (natural disasters, flooding, water quality)

DATA REVIEW

The next phase of planning involved a review of community health data prepared by the Nebraska Association of Local Health Directors (NALHD). In small groups, participants reviewed sections of the data and identified what stood out in the report in order to begin to name the issues that need collective community attention over the next three years.

After additional discussion with the full group, participants identified a list of potential priorities based on the review of data and the themes that emerged from the forces of change discussion. The results follow.

Madison and Stanton Counties

Potential Priorities

- Address youth tobacco use
- Economic stability and development
- Focus on healthy foods and physical activity
- Consistent cancer screening
- Focus on mental health
- Safe driving practices
- Address underserved healthcare access areas
- Technology in healthcare
- Establish stability at home


Walkable Communities
Consistent Cancer Screening
Focus on Mental Health
Primary Care + Linkages
Economic Stability + Development
Focus on Healthy Foods
Address Youth Tobacco Use
Technology in Health Care
Establish Stability at Home
Safe Driving Practices
Address Underserved H.C. Access Area

Burt and Cuming Counties

Potential Priorities

- Recruiting specialized healthcare workforce
- Promoting healthy lifestyles—food and activity
- Eliminating stigma associated with poverty and mental health
- Education through inspiration and motivation
- Focus on mental health as prevention (across the life course, esp. kids)
- Focus on environmental (prevention and mitigation)
- Recruitment and resources for mental health providers
- Funding for public health needs (collaborative strategies, insurance)
- Creating strong system of collaboration/network
- Study effectiveness of current work/quality improvement systems
- Response to shifting demographics (cultural, age, etc.)
- Substance abuse
- Innovation in payment system
- Rural sustainability (helping rural thrive)
- Safe driving practices

PRIORITIZATION

Once potential priorities were agreed upon, each participant reviewed them through a criteria matrix to help them begin to focus on the most important health-related issues on which to focus for the next three years. Participants were then given two stickers to place on their top priorities. The overall top priorities were moved forward for consideration and merging for the regional health priorities.

Criteria

Size	Many people affected
Seriousness	Many deaths, disabilities, hospitalizations
Trends	Getting worse, not better
Equity	Some groups affected more
Intervention	Proven strategies exist
Values	Our community cares about this
Resources	Builds on current work
Other?	

Madison and Stanton Counties

What priorities should we focus on collectively to have the most impact over the next 3 years?

- Focus on mental health (17 votes)
- Focus on healthy foods and physical activity (11 votes)
- Consistent cancer screening (9 votes)
- Economic stability and development (6 votes)
- Address underserved healthcare access areas (5 votes)
- Technology in healthcare (3 votes)
- Establish stability at home (2 votes)
- Address youth tobacco use (2 votes)
- Safe driving practices (0 votes)

Chosen Priorities					
Mental Health	**Healthy Foods and Physical Activity**	**Consistent Cancer Screening**	**Economic Stability and Development**	**Primary Care and Community Linkages (Given)**	**Walkable Communities (Given)**

Individuals and Organizations Interested in Strategy Development for these Health Issues		
Mental Health	**Primary Care and Community Linkages**	**Consistent Cancer Screening**
• Steve Hecker (Region 4) • Alicia Kuester • Elizabeth Jacobo • Andrea Rodriguez • Steph Brundieck • Tayla Cournoyer • Brandon • Kathy Kaiser, Leonor (Norfolk Family Coalition) • Jane Fink (League of Human Dignity)	• Roger Wiese • Chandra Ponnich • Kathy Nordby (Midtown Health • Center) • Kristie Stricklin • Northeast Nebraska Public Health Department (NNPHD)	• Faith Regional Hospital • Midtown Health Center Staff
Economic Stability and Development	**Healthy Foods and Physical Activity**	**Walkable Communities**
• Dennis Colsden • Brooke Bouck (Coalition for Kids--C4K)	• Shantell Skalberg • Linda Miller • David Morfeld • Midtown Health Center Staff	• Brian Blecher • Sue Fuchtman • John Grimes • Maureen Baker

Burt and Cuming Counties

What priorities should we focus on collectively to have the most impact over the next 3 years?

- Promote healthy lifestyle – food and physical activity (25 Votes)
- Focus on mental health as prevention – eliminate stigma, across life course (18 Votes)
- Recruit healthcare workforce – specialized and mental health (10 Votes)
- Innovate payment systems (5 Votes)
- Address substance abuse (3 Votes)
- Strengthen economic stability (3 Votes)
- Create system of collaboration (3 Votes)
- Address safe driving practices (1 Vote)
- Enhance rural sustainability (1 Vote)
- Respond to shifting demographics (1 Vote)
- Focus on environmental preparedness and mitigation (1 Vote)
-

Chosen Priorities				
Promote Healthy Lifestyle (food and physical activity)	**Mental Health as Prevention**	**Recruit Healthcare Workforce**	**Primary Care and Community Linkages (Given)**	**Walkable Communities (Given)**

Individuals and Organizations Interested in Strategy Development for these Health Issues			
Promote Healthy Lifestyle (food and physical activity)	**Mental Health as Prevention**	**Recruit Healthcare Workforce**	**Primary Care and Community Linkages**
• Kevin Black • Jody Woldt • Hannah Guenther (NE Extension) • Sandra Renner • Delaney Brudigam • Shelly Green • Mary Lauritzen • Crystal Hunke (Dinklage Medical Clinic) • Linda Munderloh • Lindsay Shelton	• Dennis Colsden • Jerry Wordekemper • Norbert Holtz • Karsten Schuetze (CCED) • Laura Gamble • Dara Schlecht (SFMH) • Michaela Flick (SFMH) • Nicki White • John Ross (Board of County Supervisors) • Sara Cameron (ELVPHD)	• Addisen Johnson • Elisabeth Linder (Oakland Heights AL) • Amie Clausen (Oakland Heights) • Stasia Stokely • Dan Frink • Carol Kampschneider (SFMH)	• Pat Lopez • Kathy Kaiser • Mary Loftis (NE Extension and SHIIP Medicare) **Walkable Communities** • Tina Biteghe • Steve Sill (County Board) • Casey Koch • Melanie Thompson (ELVPHD) • Kay Eierman

DEFINING PRIORITIES AND STRATEGY IDEATION

Finally, participants broke into small groups to define the priorities, note root causes, and begin to identify potential strategies to implement. This information provides a starting point for action planning for each of the priorities that is moved forward into the final Community Health Improvement Plan.

Madison and Stanton Counties

Priority Area: Focus on healthy foods and physical activity	
Define the priority Healthy living initiatives: Healthy foods Physical activity Use the several data points within the survey and BRFSS	**Systems and beliefs holding this problem in place** Lack of access to facilities, trails, + low cost/convenience Exercise doesn't have to happen in a gym – it can be fun + with the whole family or work group Healthy food can be possible with a busy lifestyle—it can be prioritized
Key strategies (what, who, when , how, why) Education and improving perceptions on health choices Create specific strategies per group—focusing on lifestyle modifications	

Priority Area: Economic Stability	
Define the priority Decrease the negative impact of low economic stability + development has on families	**Systems and beliefs holding this problem in place** Lack of education and training Lack of opportunity for advancement Communities don't see value in child care sector Organization that support/are the symptom that continue the cycle of poverty (childcare, service agency, DHHS) People that work the system
Key strategies (what, who, when , how, why) Trade professionals mentor the next generation colleges/course to bring back professionals in the trade business. Reward/support those that are working to increase their economic stability Communities for Kids is working with Norfolk to enhance high quality childcare, access and capacity to increase economic stability and development Offer education classes (home economics class) for adults/parents. If they exist getting the information out there. Break the stigma associated with the classes/help	

Priority Area: Primary Care and Community Linkages	
Define the priority Includes management of chronic illnesses, change in CMS reimbursement NEB implementation of expanded Medicaid Emphasis on values-based care (ACOs, CPC + Medical Homes) EHR is a barrier to some community linkages Care coordination and communication	**Systems and beliefs holding this problem in place** Care stops at the clinic/hospital b/c assumption that patient will follow through Accountability of patients, literacy challenges, whirl wind of info to process Aging population-health care becomes more complex, cognition declines Data shows people want a follow-up to care but not a home visit Lack of knowledge of linking to services – right services/resource for the right patient New system of delivery (care coordination) that hasn't been perfected (documentation, plan of care, etc. for reimbursement)
Key strategies (what, who, when , how, why) Health coaching/CHW/nurse navigator or coordinators Build coordination of care culture between patients, providers and health and community organizations/systems Unification of systems in bringing new delivery option to health care Use evidence-based interventions	

Priority Area: Mental Health	
Define the priority Helping people receive appropriate mental health services to address their needs	**Systems and beliefs holding this problem in place** Myths: No services available Stigma "hard to talk about" "easier to ignore/downplay" Accepting there may be a problem There needs to be a major disorder to access mental health services No funds/resources to fill gap/barrier in actually receiving services Mentioning suicide means you are suicidal
Key strategies (what, who, when , how, why) Suicide awareness and prevention – Region 4, Faith Regional, Norfolk Family Coalition, Madison County Coalition Education on appropriate resources available for accessing mental health and crisis response – same as above organizations Expanding mental health provider/psychiatric services-child and youth – FRHS, Region 4, Midtown, other service providers	

Burt and Cuming Counties

Priority Area: Walkable Communities

Define the priority	Systems and beliefs holding this problem in place
Safety Accessible Connectivity Outdoors Mental health Committee work Amenities for families Programs	Some trails Sidewalks No policy to create priorities Funds Lack of government involvement

Key strategies (what, who, when , how, why)

Policy and government Buy In
Marketing
Funding (state)
Planning
Engagement and pubic buy-in
Park Board, health department, city council
Investment – financial resources

Priority Area: Healthy Lifestyles (food and physical activity)

Define the priority	Systems and beliefs holding this problem in place
Educate the community about a healthy lifestyle in locations convenient to them to increase community participation	Quick fix, commitment try to fix the problem and not prevent it No incentive Cost Time System of misinformation Marketing media Limited options in rural areas Lack of education/confusion about available resources Seasonal limitations to activities and food Lack of cooking skills Lack of knowledge of exercise routines Economics/demographic difference

Key strategies (what, who, when , how, why)

Community outreach program to education population at sites they frequent (grocery stores, schools, churches_
Fitness program – what can be done at home with no equipment or with a friend/group
Credible links on community sites/facebook (nutrition—fad diets, activity, chronic disease management)
Create a community cohort to direct program—bring in partners
Educate on health lifestyle can lead to physical, financial, mental well-being
Health literacy

Priority Area Mental Health as Prevention	
Define the priority Figure out how to measure this. How will we know our outcomes/impact? (# of providers?) Break the stigma	**Systems and beliefs holding this problem in place** $$ economic Healthy lifestyle expensive for prevention Treatment expensive and limited stigma
Key strategies (what, who, when , how, why) education – who; why; you population, (when) in schools, (how), teachers, guidance counselors, peer support groups coping strategies – prevent medical issues, prevent suicide, prevent incarceration create a crisis center – use resources wisely; quick evaluation +prioritization + appropriate treatment	

Priority Area: Recruit Health Care Workforce	
Define the priority Shortage of professions, docs to CNAs and mid-level professionals (see a PA quicker) Lack of mental health providers, in patient Community support lacks	**Systems and beliefs holding this problem in place** Small town living Limited amenities 24/7/365 days a year wages
Key strategies (what, who, when , how, why) Promote – school ratios, cost of living, community involvement, support systems (EME, Firefighter, neighbors) Public transportation Family opportunities – work, church, sports, school Loan repayment and housing options provided by business Pro-active in schools to go into certain areas	

Priority Area: Primary Care and Community Linkages	
Define the priority Mechanism to help assure people get the healthcare they need and can afford through strong connection of care and communication methods	Systems and beliefs holding this problem in place lack of partnering with local health departments patients don't understand care coordination Lack of care coordination and linkages Competition among health systems
Key strategies (what, who, when , how, why) Train workforce on care coordination process including targeted interviewing Identify appropriate care coordinators based on the complexity of patient need Health systems and local health departments identify resources and gaps and leveraging resources Assist with medicare and Medicaid drug plans Use evidence-based practices	

RECOMMENDATIONS

The Office of Public Health Practice offers these recommendations as next steps for your Community Health Improvement Plan work.

- Merge the priorities into one Regional Health Improvement Plan with specific county-level strategies noted.
- Complete an action planning process to develop key strategies for the next three years. Strategy development should include:
    - Clear definition of the problem that exists in the region (complete additional data analysis as necessary);
    - Discussion of root causes of the problem(s);
    - Identification of strategies to help overcome the root causes; and
    - Individuals and organizations that will take the lead and/or be involved in implementation.
- Clearly delineate specific roles and work plans for partners who will be involved.
- Establish an implementation structure for the overarching plan that outlines who will do what (related to overall coordination), how often the full group will meet, how often subgroups will meet, reporting of activities, etc.
- Send the final draft plan to all participants for review and further refinement, input, and engagement.

The Office of Public Health Practice at the University of Nebraska Medical Center congratulates the Elkhorn Logan Valley Public Health Department, alongside their hospital partners (Faith Regional Health Services, MercyOne Oakland Medical Center, and Saint Francis Memorial Hospital), local organizations, and members of each community they serve for identifying priority areas to focus on in the next 3 years.

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