Community Health Needs Assessment

CHI Health Plainview – Plainview, NE

2019

CHI Health Plainview Community Health Needs Assessment

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Executive Summary

"The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities."

CHI Health is a regional health network consisting of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 136 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

CHI Plainview is located in Plainview, Nebraska, a community of about 1,200 residents located in Pierce County, Nebraska. Since its opening in 1968, CHI Plainview has been providing care to patients from Pierce County with exceptional care and quality outcomes. CHI Plainview is a 15-bed critical access hospital with inpatient and outpatient services including: emergency, laboratory, radiology, home health, specialty clinics, physical therapy, cardiac rehab, pulmonary rehab, surgery, occupational therapy and Coumadin clinics.

A Community Health Needs Assessment was conducted in partnership with the North Central District Health Department to satisfy regulatory compliance. Primary and secondary data were collected, analyzed and interpreted to derive health priorities for CHI Health and community partners to collectively address over the next three years, beginning July 1, 2019 and concluding June 30, 2022. CHI Health will work with internal teams and external partners to further prioritize the community health needs identified in the CHNA, dedicate resources and implement impactful activities with measurable outcomes through the implementation strategy plan (ISP) to be published in July 2019.

CHI Health Plainview Community Health Needs Assessment

In fiscal year 2019, **CHI Health Plainview** conducted a Community Health Needs Assessment (CHNA) in partnership with multiple agencies across the North Central District Health Department (NCDHD) and all the hospitals within the nine counties that make up the North Central Health District (NCHD). The process was led by NCDHD and GIS & Human Dimensions, LLC, assembled the CHNA under the provision of the NCDHD. The CHNA led to the identification of four priority health needs for the North Central District, including Pierce County. With the community, the Hospital will further work to identify each partner's role in addressing these health needs and develop measureable, impactful strategies. A report detailing CHI Health Plainview's implementation strategy plan (ISP) will be released in July 2019.

The process and findings for the CHNA are detailed in the following report. If you would like additional information on this Community Health Needs Assessment please contact Kelly Nielsen, Kelly.nielsen@alegent.org, and (402) 343-4548.

Introduction

Health System Description

CHI Health is a regional health network with a unified mission: nurturing the healing ministry of the Church while creating healthier communities. Headquartered in Omaha, the combined organization consists of 14 hospitals, two stand-alone behavioral health facilities, a free-standing emergency department and more than 136 employed physician practice locations in Nebraska and southwestern Iowa. More than 11,000 employees comprise the workforce of this network that includes 2,180 licensed beds and serves as the primary teaching partner of Creighton University's health sciences schools. In fiscal year 2018, the organization provided a combined $179.3 million in quantified community benefit including services for the poor, free clinics, education and research. Eight hospitals within the system are designated Magnet or Pathway to Excellence by the American Nurses Credentialing Center. With locations stretching from North Platte, Nebraska, to Missouri Valley, Iowa, the CHI health network is the largest in Nebraska, serving residents of both Nebraska and southwest Iowa. For more information, visit online at CHIhealth.com

Hospital Description

CHI Health Plainview is located in Plainview, Nebraska, a community of about 1,200 residents located in Pierce County, Nebraska. Since its opening in 1968, CHI Health Plainview has been providing care to patients from Pierce County with exceptional care and quality outcomes. CHI Health Plainview is a 15-bed critical access hospital with inpatient and outpatient services including: emergency, laboratory, radiology, home health, specialty clinics, physical therapy, cardiac rehab, pulmonary rehab, surgery, occupational therapy and Coumadin clinics. In 2018, CHI Health Plainview was a recipient of the Top 20 Critical Access Hospitals Best Practice in Quality award by the National Rural Health Association.

CHI Health Plainview also offers the following services to the Pierce County community:

- Medical/Surgical Care
- Women's Health
- Pediatrics
- Skilled Nursing Care
- Orthopedic Surgery
- Emergency Care
- Home Health Care
- Heart and Vascular
- Urology
- ENT
- Pulmonary
- Podiatry
- Ophthalmology
- Weight Management
- Cancer Care
- Neurology
- Diagnostic Radiographic Services
- Laboratory
- Pharmacy
- Respiratory Therapy Services
- Audiology
- Sleep Studies
- Nuclear Medicine
- Pain Management
- Kidney Dialysis

Purpose and Goals of CHNA

CHI Health and our local hospitals make significant investments each year in our local communities to ensure we meet our Mission of creating healthier communities. A Community Health Needs Assessment (CHNA) is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

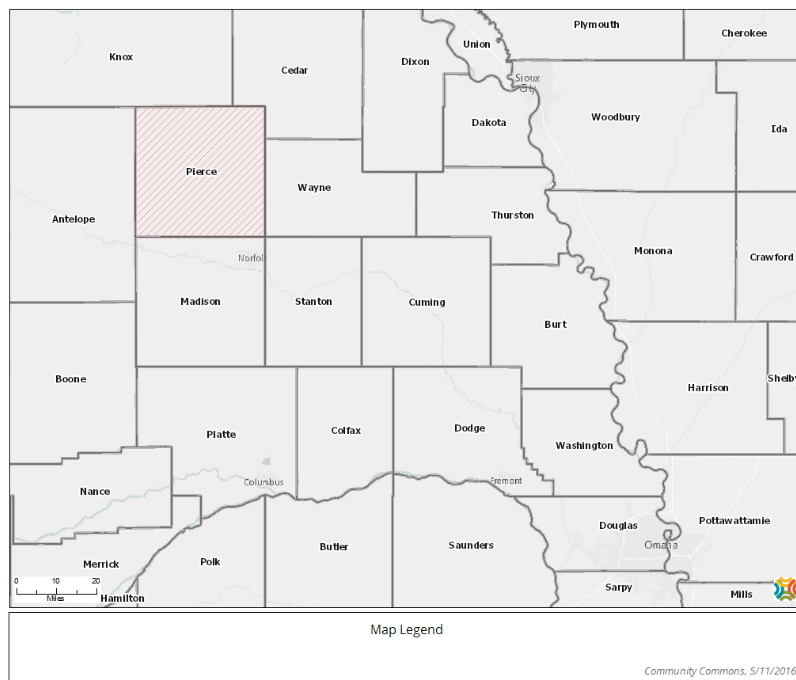
The goals of this CHNA are to:

1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities
3. Set priorities and goals to improve these high need areas using evidence as a guide for decision-making.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

Community Definition

CHI Health Plainview is located in Plainview, NE and largely serves the Pierce County area. Pierce County was identified as the community for this CHNA, as it is the primary service area for CHI Health Plainview. Some data charts will show other counties in the North Central District, as data was compiled for all counties served by NCDHD, but for this CHNA, Pierce County is the community being served by CHI Health Plainview.

Figure 1: CHI Health Plainview Service Area



Source: CHI Health Planning Department, EPIC & PDR IP & OP CY2017 data

Community Description

Population

Plainview, NE is located 141 miles from Omaha, NE and 100.6 miles from Sioux City, IA. According to the most recent census estimates, Pierce County is 100% rural, encompasses 573 square miles and has 7,179 residents. The population density of Pierce County is estimated at 12.25 persons per square mile, making it about half as densely populated as the state of Nebraska, which is 26.9% rural, and has a population density of 24.49 persons per square mile. The majority of the residents in Pierce County (98.4%) are non-Hispanic, White, 1.6% identity as Hispanic or Latino, 0.22% are Black, and 0.32% are American Indian or Alaska Native.[1] See Table 1 for community demographics.

Table 1. Community Demographics[1]

	Pierce County	Nebraska
Total Population	7,179	1,881,259
Population per square mile (density)	12.52	24.49
Total Land Area[2] (sq. miles)	573	76,824
Rural vs. Urban[2]	Rural (100% live in rural)	Urban (26.87% live in rural)
Age (2017 estimate)		
% below 18 years of age	24.8%	24.8%
% 65 and older	19.1%	15.4%
Gender		
% Female	49.66%	50.25%
Race[2]		
% Black or African American	0.22%	4.7%
% American Indian and Alaskan Native	0.32%	.84%
% Asian	0.17%	2.12%
% Native Hawaiian/Other Pacific Islander	0.06%	0.07%
% Hispanic	1.59%	10.2%
% Non-Hispanic White	98.41%	89.8%

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[1] U.S. Census Bureau. American Community Survey 5- Year Estimates 2012-2016. Source geography: Tract. Accessed January 2019. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

[2] U.S. Census Bureau. Decennial Census. 2010. Source geography: Tract. Accessed January 2019. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

Socioeconomic Factors

Table 2 shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. Compared to the state of Nebraska, Pierce County has a slightly lower median household income, lower rates of persons and children in poverty, lower unemployment rate, higher high-school graduation rate, higher rate of residents with some college and a lower percentage of the population that is uninsured. However, Pierce County still has a relatively high rate of children who are uninsured.

Table 2: Socioeconomic Factors

	Pierce County	Nebraska
Income Rates[3]		
Median Household Income	$66,121	$69,207
Poverty Rates[3]		
Persons in Poverty (below 200% FPL)	9.5%	10.8%
Children in Poverty	12%	14%
Employment Rate[4]		
Unemployment Rate	2.3	2.7
Education/Graduation Rates		
High School Graduation Rates[5]	93.1%	88.4%
Some College[6]	80%	71%
Insurance Coverage[7]		
% of Population Uninsured	7.87%	11.77%
% of Uninsured Children (2016 estimate)	6.27%	5.11%

Within Pierce County, the percentage of uninsured adults is 7.87%, which is better than the state average (11.77%). In 2016, there were 318 uninsured adults under the age of 65 in Pierce County. In addition, there were 115 uninsured children (6.27%) within the service area.[7] Within the insured population, 11.24% of Pierce County residents are enrolled in Medicaid.[6]

[3] U.S Census Bureau. Small Area Income and Poverty Estimates. (v2017 Estimate) Accessed January 2019. Retrieved from County Health Rankings. http://www.countyhealthrankings.org

[4] Bureau of Labor Statistics. 2016. Accessed January 2019. Retrieved from County Health Rankings. http://www.countyhealthrankings.org/app/nebraska/2018/compare/snapshot?counties

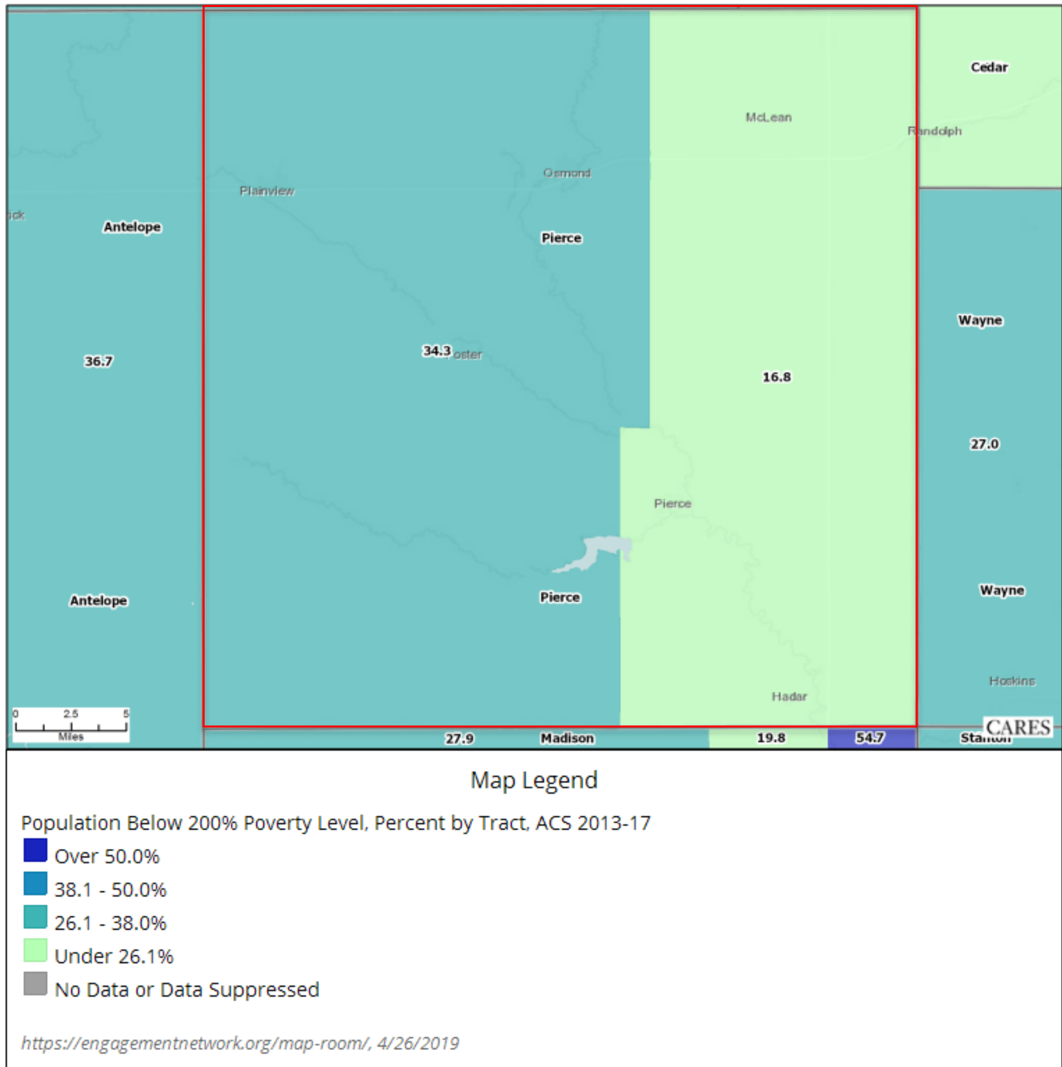
[5] US Department of Education. EDFacts. 2015-2016. Accessed January 2019. Retrieved from CARES Engagement Network https://engagementnetwork.org/assessment/

[6] U.S. Census Bureau. American Community Survey 5- Year Estimates 2012-2016. Source geography: Tract. Accessed January 2019. Retrieved from: CARES Engagement. Network. https://engagementnetwork.org/assessment/chna_report/

[7] U.S. Census Bureau. Small Area Health Insurance Estimates. 2016. Accessed January 2019. Retrieved from CARES Engagement Network. https://engagementnetwork.org/assessment/

Poverty presents a barrier to many factors impacting health, including: access to care, nutrition, education, safe housing, etc. In the service area for CHI Health Plainview, a substantial portion of Pierce County residents (26.1-38.0%) are living in households with incomes below 200% of the Federal Poverty Level (FPL) See Figure 2.

Figure 2: Population Below 200% Poverty Level[8]



[8] U.S. Census Bureau. American Community Survey 5- Year Estimates. 2013- 2017. Source Geography: Tract. Accessed April 2019. Retrieved from CARES Engagement Network

Unique Community Characteristics
The city of Plainview is a rural community that supports two schools; Plainview Public School (K-12) and Zion Elementary School (K-5), several businesses including a hospital and attached clinic; CHI Health Plainview, a nursing home attached assisted living; Plainview Manor and Whispering Pines Assisted Living. Plainview also supports many agricultural related businesses included Husker Ag Ethanol Plant. The major sectors of economy are healthcare, education and agriculture.[9]

Other Health Services
Osmond General Hospital, located in Osmond, NE, is 9.69 miles from Plainview and is a 20-bed critical access hospital. Services provided include emergency services, radiology, CT scan, ultrasound, MRI, laboratory services, cardiac rehab, physical, occupational and speech therapy and senior life solutions. Outreach clinics include: general surgery, cardiology, podiatry, pulmonology, mobile mammography and sleep studies.

Outpatient clinics also serve the communities of Osmond, Randolph, and Wausa.

Community Health Needs Assessment Process

Under the direction of the NCDHD, the *2019 Community Health Needs Assessment* was completed for the nine counties in the North Central Health District, referred to throughout this report as the NCHD. This assessment was conducted in partnership with multiple agencies within the district and will be the basis for the Community Health Improvement Plan (CHIP). It is the goal of the *2019 NCDHD Community Health Needs Assessment* to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address public health improvement. The CHNA process was accomplished by utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) strategy led by the North Central District Health Department (NCDHD).

- **North Central District Health Department** (NCDHD) is a state-approved district health department that serves nine rural Nebraska counties—Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock (NCHD). NCDHD has been state-approved as a multi-county public health department, a government body at the county level, since December 2001, providing education and services to the nine-county area. NCDHD completed a Community Health Needs Assessment for all nine counties within their district. This assessment can be found online at http://www.ncdhd.ne.gov.

- **GIS and Human Dimensions, LLC**- NCDHD and the partnering district hospitals contracted with GIS and Human Dimensions, LLC, to assemble this assessment of public health and community well-being under the provision of NCDHD, based largely upon data collected through the process of Mobilizing for Action through Planning and Partnerships (MAPP).

[9] U.S. Census Bureau. American Community Survey 5- Year Estimates. 2013- 2017. Accessed April 2019. Retrieved from: Data USA. https://datausa.io/profile/geo/plainview-ne/

The MAPP process is based on four assessments that provide critical insight into the health challenges and opportunities confronting the community. The assessments and the issues addressed in the assessments are listed in the MAPP Methods section of the *2019 NCDHD Community Health Needs Assessment* (see the Appendix for an Executive Summary and a link to the full report). MAPP was chosen, in part, because the process allows for input from parties who represent broad interests in the communities. Input from diverse sectors involved in public health, including medically underserved, low-income, minority populations and individuals from diverse age groups, was obtained through surveys and targeted focus groups by way of invitations to community leaders and agencies.

Figure 3: MAPP Conceptual Model[10]

Timeline

The Community Health Needs Assessment (CHNA) was facilitated by NCDHD, utilizing both primary and secondary data collected through the MAPP process, in partnership with CHI Health Plainview and other community organizations. The process took approximately twelve months to complete. See Table 3 for a timeline of major activities in the CNHA process. Primary data included four MAPP assessments (see the Mobilizing for Action through Planning and Partnerships section of the *2019 NCDHD Community Health Needs Assessment*) and secondary data consisted of public health, vital statistics, and other data collection. NCDHD conducted the Community Health Survey in 2018. The report, *NCDHD Community Health Needs Assessment*, was released the following year.

Table 3. 2019 CHNA Timeline

Time Period	Activity
July – September 2018	Organize, Coordinate Participants, Prepare for Process

[10] National Association of County and City Health Officials

October 2018 - March 2019	Community Health Needs Assessment Data Collection
January- March 2019	Community Themes & Strength, Forces of Change; Community Health Needs Assessment Results Presentations
March – May 2019	CHNA Report Completed, Adopted by Hospital Governance; Goals & Strategies for Community Health Improvement Plan
May- July 1, 2019	NCDHD Local Public Health System Assessment Completed, Community Health Improvement Plan Completed, Adopted by Hospital Governance; Action Cycle Start

Methods

This assessment incorporates a broad range of both qualitative and quantitative data. The quantitative data is primary (as derived from the NCDHD Community Health Survey) and secondary (as derived from statistics from large datasets, as well as hospital-specific data); these resources allow for trend analysis and comparisons to both state and national levels. Qualitative data input is also derived from the NCDHD Community Health Survey and focus group meetings.

Primary Data Sources

Data gathering was accomplished using the four MAPP model assessments and included both primary and secondary sources for quantitative data, and primary sources for qualitative data. The four MAPP assessments are:

- Community Themes and Strengths
- Forces of Change
- Community Health Status
- Local Public Health System

Community Themes and Strengths Assessment identifies community health and quality of life issues. Questions answered by this assessment include: "How healthy are our residents?" and "What does the health status of our community look like?" The Community Health Status Assessment contains a comprehensive data collection process. It includes public health data collected by Nebraska DHHS, as well as data from the Adult Risk Behavior Factors Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), and Nebraska Risks and Protective Factors Survey (NRPFSS), among other data sources. The *Community Health Status Assessment* provides the majority of data in this report. This assessment was completed through community stakeholder meetings, County focus groups, and partnerships with agencies in the community representing vulnerable populations.

- A **community stakeholder meeting** was held on March 27, 2019 and participants broke up into small groups and completed worksheets to capture input about health issues, resources, and quality of life in their communities.

- **County Focus Groups** were held in January and February 2019 in all NCHD counties. The focus group conducted in Pierce County took place on January 16, 2019 during Healthy Choices for Pierce County Coalition's regularly scheduled meeting at CHI Health Plainview. In addition to their regular membership, personal invitations (email/phone) were extended to local law enforcement and school district personnel to elicit broad community representation. The meetings consisted of informal, open-ended questions about community characteristics, strengths, concerns, and potential areas to focus health improvement efforts. Information was recorded anonymously to allow for a comfort level in sharing information.
- **Survey**s targeted to specific populations at higher health risk or that have poorer health outcomes, identified in this community as low-income, low-educational attainment, Hispanic, Native American and elderly residents. Partnerships with district senior centers, community action agencies, and tribal agencies were utilized to distribute and obtain broad community input.

Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" This assessment was completed during a community meeting.

Community Health Status Assessment identifies community health and quality of life issues. Questions answered by this assessment include: "How healthy are our residents?" and "What does the health status of our community look like? This assessment gathers data from the federal government (such as Census data), state (such as vital statistic data), and NCDHD as a district health department (such as immunization rates for the district or parental views on substance abuse). Data gathered for compilation came from many sources, including national surveys such as the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, Youth Protective Factor Survey, and US Census. Further data was gathered by NCDHD through an online Community Health Survey that was distributed and available on the NCDHD website, Facebook page, and websites from other community agencies.

Local Public Health System Assessment focuses on all organizations and entities that contribute as part of the local public health system in the NCDHD service area and answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "What does the health status of our community look like?" This assessment was completed during a community meeting.

Public Health, Vital Statistics & Other Data

A comprehensive examination of existing secondary data was completed during the CHNA process for Pierce County and each of the nine counties that comprise the NCHD. A list of sources can be found in the Data Sources and References sections of the *2019 NCDHD Community Health Needs Assessment (*the link to the full report can be found in the Appendix). For benchmarking data in order to analyze trends, the following data sources were used: previous NCDHD Community Health Surveys, Behavioral Risk Factor Data, Nationwide Risk Factor Data, Nebraska Department of Education, Nebraska Department of Health and Human Services, Nebraska Risk and Protective Factors Student Surveys, and U.S. Census/American Community Survey, among others. See Table 4 for further details on data sources.

Table 4. Frequently Cited Data Sources in *2019 NCDHD Community Health Needs Assessment*

Frequently Cited Data Sources	
Data Source	**Description**
Behavioral Risk Factor Surveillance System (BRFSS)	A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health.
NCDHD Community Health Needs Assessments & Surveys	Community surveys conducted by the North Central District Health Department (NCDHD) in 2016 and 2018 focused on issues such as health concerns, health risk factors, perceived quality of life, access to medical care and community well-being.
Nebraska Department of Education	Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Department of Health and Human Services (DHHS)	A wide array of data around births, causes of mortality, causes of hospitalization, access to social programs, child abuse and neglect, health professionals, and cancer, among other areas.
Nebraska Risk and Protective Factor Student Survey (NRPFSS)	A survey of youth in grades 6, 8, 10, and 12 on risk factors such alcohol, tobacco, and drug use, and bullying. The survey was conducted most recently in 2016.
Youth Risk Behavior Survey (YRBS)	A public health survey of youth in grades 9 through 12.
U.S. Census/ American Community Survey	U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.

Gaps in information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community's health, nor can we represent all interests of the population. This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data/input brought in as needed.

Input from Community

Strong community involvement is a critical element of the CHNA process. Community input was gathered through the assessments described in the Community Health Needs Assessment Process above, and through data validation

and health need prioritization summarized in the Prioritization Process section below. A detailed list of participating stakeholders can be viewed in Table 4.

Special Population Consideration

Specific populations at higher health risk or that have poorer health outcomes were identified in the NCHD community as:

- Low-income population
- Racial and ethnic minority population, particularly Hispanic and Native American individuals
- Individuals 65 years and older
- Low education population

Due to the existence of prominent gender disparities in health risk factors and disease rates observed in the NCHD, it was the decision of the NCDHD to include gender as a special population consideration. Gender disparities were observed and reported where applicable by CHI Health Plainview in the CHNA data collection and analysis process. Interventions designed for specific populations at greater risk of poor health outcomes in each of the top health need areas will be explored further in the Implementation Strategy Plan (ISP).

In addition to using existing relationships with organizations in the NCHD who work with these populations to distribute targeted community surveys, representatives from these organizations also participated in community meetings throughout the assessment process. Representatives from each of the special populations were invited to each community meeting. See Table 4 for a list of participating community organizations that were engaged in the CHNA data presentation and Community Health Improvement Plan (CHIP planning process) on March 27, 2019 in O'Neill, Nebraska.

Table 4: Participating Community Members and Organizations in NCHD Error! Bookmark not defined.

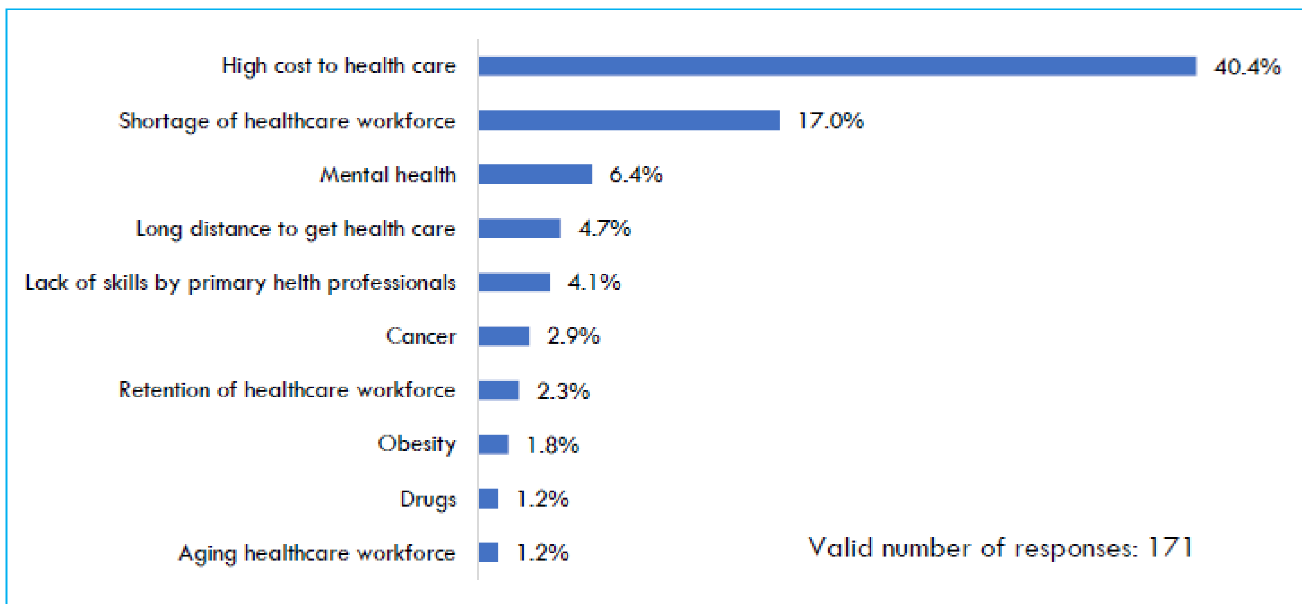
CHNA Presentation/ CHIP Planning Meeting- March 27, 2019 PARTICIPATING COMMUNITY MEMBERS AND ORGANIZATIONS	
Tammy Struebing	Antelope Memorial Hospital
Whitney Abbott	North Central District Health Department
Roger Weise	North Central District Health Department
Sara Twibell	North Central District Health Department
Diane Selby	North Central District Health Department
Elizabeth Parks	North Central District Health Department
Veta Hungerford	Brown County Resident
Diane Blair	CHI Health Plainview Hospital
Jean Hene	Avera Creighton Hospital
Ann Koopman	Region 4 Behavioral Health Services
Megan Becklun	Antelope Memorial Hospital
Dennis Colson	RROMRS
Steph Prouty	O'Neill Public Schools

Connie Jo Goochey	Brown County Hospital
John Werner	Brown County Hospital
Todd Conebruch	Creighton O'Neill Avera
Becky Lambrecht	Osmond General Hospital
Carol Plate	Brown County Resident
Valerie Wecker	O'Neill Avera Hospital

2018 Community Health Survey

Over 400 individuals throughout the nine- county area of the NCHD participated in the Community Health Survey in 2018 as part of the Community Themes and Strengths Assessment. Respondents were asked to identify what they perceive to be the most important health concerns and risky behaviors impacting the overall health of their community, as well as other information to better understand factors leading to inferior health outcomes and quality of life in the North Central Health District. The high cost of health care was overwhelmingly cited as the top health concern among NCHD residents (cited by 40% of survey respondents); followed by shortage of healthcare workforce (17%) and mental health (6%). See Figure 4 below.

Figure 4. 2018 Community Health Assessment Survey- Top 10 Health Care Concerns in the NCHD



*Answers were coded into 32 categories. "**Other**" concerns (19.3%) included: "Child neglect" (0.6%), "Insurance coverage" (0.6%), "Lack of community wellness center" (0.6%), "Lack of specialized care" (0.6%), "Long-term care" (0.6%), "No financial assistance" (0.6%), among others. Source: 2018 Community Health Assessment: Community Health Survey (Question #165).

The top three behaviors identified as having the greatest impact on community health among NCHD residents were: not getting enough exercise, texting while driving, and poor eating habits. Other notable behaviors commonly cited were talking on a cell phone while driving and tobacco use. See Table 5 below for a complete listing of health behaviors and their respective ranking.

Table 5. Behaviors Having an Impact on the Overall Health of the NCDHD Community, 2018

Behavior	Percentage*	Rank
Not enough exercise	76.6%	1
Texting while driving	75.8%	2
Poor eating habits	75.8%	3
Talking on a cell phone while driving	71.7%	4
Tobacco use (cigarettes, smokeless, e-cigarettes)	71.7%	5
Drug abuse	64.5%	6
Drunk driving	62.4%	7
Alcohol abuse	59.1%	8
Not using seat belts while riding in a vehicle	57.8%	9
Violence (domestic violence, fighting, etc.)	48.2%	10
Not using child safety seats (or improper use)	44.7%	11
Child abuse and neglect	43.5%	12
Texting while walking resulting in injury	40.8%	13
Not getting vaccinated to prevent disease	40.7%	14
Human Trafficking	39.6%	15
Teenage pregnancy	37.3%	16

*Percentages of impact categories labeled 4 to 7 were added (1 = No impact and 7 = Major impact). Source: 2018 Community Health Assessment: Community Health Survey (Question #18).

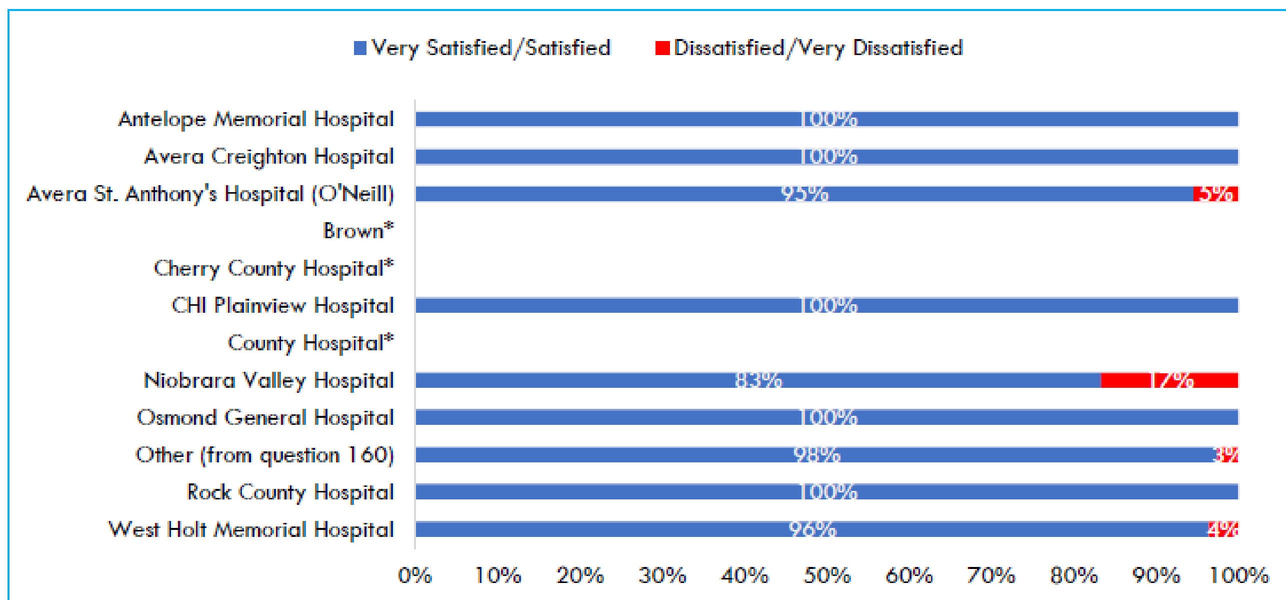
Survey respondents were asked to rank the most serious health issues in their community on a seven- point scale. The top three most serious health issues were: cancer (23.39%), overweight and obesity (18.87%) and diabetes (14.52%). See Table 6 for the top ten most serious health issues ranked in the NCD.

Table 6. Most Serious Health Issues in Your Community, NCDHD, 2018

Most Serious Health Issue in Your Community	Percentage	Rank
Cancer	23.39%	1
Overweight and Obesity	18.87%	2
Diabetes	14.52%	3
Heart Problems	14.13%	4
Mental Health (including depression)	14.09%	5
High Blood Pressure	12.47%	6
Aging Problems (arthritis, hearing/ vision loss)	8.87%	7
Suicide	6.39%	8
Stroke	5.79%	9
Injuries Resulting From Farm Accidents	5.69%	10

Overall, NCHD residents are 'satisfied' or 'very satisfied' with the services they have received at local hospitals. 100% of respondents (n= <5) that answered the survey question about their healthcare experience at CHI Health Plainview reported they were 'satisfied' or 'very satisfied.' See Figure 5 below for satisfaction levels received by all hospitals rendering healthcare services in the NCHD.

Figure 5. Level of Satisfaction with services received by hospital in the NCD



*Hospital received less than five answers and was not included in statistical analysis. **Satisfaction levels "Very satisfied" and "Satisfied" were merged into one category, and "Dissatisfied" and "Very dissatisfied" were also merged into one category. (Question #163). Total valid answers: 164. Source: 2018 Community Health Assessment: Community Health Survey.

Findings

CHI Health reviewed data collected by NCDHD for the 2019 CHNA and identified the following 12 health needs as 'Areas of Opportunity' after consideration of various criteria, including:

- Standing in comparison with benchmark data (health district, state and national data)
- Identified trends
- Preponderance of significant findings within topic areas
- Magnitude of the issue in terms of the number of persons affected
- Potential health impact of a given issue
- Issues of greatest concern among community stakeholders (key informants) giving input to this process

Based upon data gathered by NCDHD and CHI Health for the CHNA, the following "Areas of Opportunity" in Table 7 represent the significant health needs identified in Pierce community.

Table 7. Areas of Opportunity Identified in Pierce County to Improve Health

Areas of Opportunity for Pierce County		
Health Needs	**Data & Rationale**	**Sources**
Access to Health Care	7.87% of Pierce County residents under the age of 65 were uninsured in 2016. 6.27% of youth in Pierce County lacked health insurance coverage. Pierce County has defined healthcare workforce shortages in: general dentistry (2,380:1), family practice, psychiatry and mental health (7,140:1), and general internal medicine.	• U.S. Census Bureau, Small Area Health Insurance Estimates, 2016 • Nebraska Office of Rural Health, 2016, 2017 • CMS, National Provider Identification, 2017, 2018
Cancer	Cancer is the second most common cause of death in the NCHD, accounting for 19.3% of all deaths. Cancer was ranked as the most serious health issue facing the NCHD community. Lung and breast cancer are the two types of cancer associated with the greatest mortality rate in the NCHD. A greater percentage of NCHD residents have ever been told they have skin cancer (7.0%), compared the state average (5.6%). "Dermatology" was the service most frequently mentioned by Community Health Assessment survey respondents that they would like to see added to their hospital.	• Nebraska Vital Records, Nebraska Department of Health and Human Services, January 2019 • Community Health Assessment Survey, NCDHD, 2018
Diabetes	9.8% of NCHD adults reported ever having been told they have diabetes (excluding pregnancy) in 2017. 35% of Pierce County residents are at risk for developing diabetes due to obesity (BMI >30). Seven out of ten (71.2%) NCHD adults are overweight or obese. Overweight and obesity ranked 2nd and Diabetes ranked 3rd highest in most serious health concerns in the NCHD community.	• Nebraska Behavioral Risk Factor Surveillance System, 2018 • CDC Diabetes Interactive Atlas, 2015
Heart Disease & Stroke	Heart disease is the leading cause of death in the NCHD, accounting for 26.1% of all deaths between 2013- 2017. Heart problems ranked 4th out of 15 as one of the most serious health issues facing the NCHD community. Stroke is the 6th leading cause of death in the NCHD. A declining percentage of NCHD residents report they have ever been told they had a stroke (3.3% in 2011, 2.5% in 2017).	• Nebraska Behavioral Risk Factor Surveillance System, 2018 • Community Health Assessment Survey, NCDHD, 2018

Housing	11% of Pierce County households had severe housing problems between 2010- 2014. 27.4% of NCHD residents reported housing insecurity in 2015.*	• Comprehensive Housing Affordability Strategy, 2010-2014 • Nebraska Risk Factor Surveillance System, 2015
Injury & Violence	The unintentional injury death rate in the NCHD was 48.1 deaths per 100,000 population between 2013- 2017, compared to 37.5 for the State of Nebraska. The unintentional injury death rate was 145.9 for American Indians in the NCHD. The largest category of unintentional injury deaths in the NCHD was attributable to motor vehicle crashes; the motor vehicle crash death rate per 100,000 population was 24.1 deaths between 2013-2017, compared to 12.8 deaths for the State.	• Nebraska Vital Records, Nebraska Department of Health and Human Services, January 2019
Immunizations	Pneumonia was the 10th leading cause of death in the NCHD between 2013- 2017; accounting for 85 deaths, representing 3% of total NCHD deaths. During the same time period, influenza claimed 8 lives in Nebraska.	• Nebraska Vital Records, Nebraska Department of Health and Human Services, January 2019
Mental Health	In 2017, 10.8% of NCHD adults report ever having been told they have depression. Between 2013- 2017, the age-adjusted suicide death rate was 15.2 deaths per 100,000 population, compared to 12.9 deaths for the State of Nebraska.	• Nebraska Behavioral Risk Factor Surveillance System, 2017 • Nebraska Vital Records, Nebraska Department of Health and Human Services, January 2019
Nutrition & Physical Activity	100% of Pierce County is categorized as food insecure. In 2015, 15.3% of NCD residents reported food insecurity during the past year.* In 2017, 33.9% of NCHD adults reported that they consumed fruits an average of less than one time per day during the past month. During the same time period, 1 in 7 NE high school students (14.7%) reported consuming fruits and vegetables five or more times per day during the past seven days.** In 2015, 28% of Pierce County adults reported no leisure time physical activity in the past month. 'Not having enough	• USDA Economic Research Service, 2015 • Nebraska Behavioral Risk Factor Surveillance System, 2015 • Youth Risk Behavior Survey, 2017 • CDC Diabetes Interactive Atlas, 2015

	exercise' was ranked as the most important health behavior (76.6%) impacting the overall health of the community.	• Community Health Assessment Survey, NCDHD, 2018
Oral Health	63.1% of NCHD adults reported visiting a dentist or dental clinic in the past year (2016).	• Nebraska Behavioral Risk Factor Surveillance System, November 2018
Sexually Transmitted Diseases	The rate of newly- diagnosed chlamydia cases in Pierce County was 152.6 per 100,000 population (2016).	• National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016
Substance Abuse	11.8% of NCHD adults currently smoke cigarettes, compared to 15.4% statewide. 8.8% of NCHD adults use smokeless tobacco, compared to 5.3% statewide. NCHD men are 19 times more likely to report smokeless tobacco use than women. 15.5% of Pierce County 12th graders report smoking cigarettes and 13.6% report using e-cigarettes. In 2016, one in five (20%) Pierce County adults reported excessive drinking in the past month. 15.1% of NCHD 12th graders reported binge drinking in the past month.	• Behavioral Risk Factor Surveillance System, 2011-2017 • Nebraska Risk and Protective Factor Student Survey, 2016 • Youth Risk Behavior Survey, 2017

*Behavioral Risk Factor Surveillance System (BRFSS) measures food and housing insecurity based on self-reported moderate to high stress related to not having enough money to buy nutritious foods or pay rent/ mortgage.
**Health district and county-level data were unavailable for this measure.

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Plainview, please refer to the 2019 NCDHD Community Health Needs Assessment report hyperlinked in the Appendix.

Data provided by the NCDHD 2019 CHNA was presented to CHI Health hospital administration, Community Benefit teams, and community groups for validation of needs. All parties who reviewed the data found the data to accurately represent the needs of the community.

Prioritization

Prioritization Process

On January 16, 2019, the "Healthy Choices for Pierce County" coalition hosted a Community Health Needs Assessment data presentation facilitated by CHI Health. Members representing special populations- aging, low-income, low- education, racial/ ethnic minorities- were invited to participate. Participants and their sponsoring organization are listed in Table 8. The objectives of the meeting were to review community health data, engage in a facilitated discussion to validate the top health needs for Pierce County, and brainstorm potential strategies and

partnerships to impact the top health needs over the next three- year implementation strategy plan (ISP), beginning July 1, 2019 and concluding June 30, 2022.

Table 8. Stakeholders that participated in CHNA data presentation/ top health needs community voting hosted by Healthy Choices for Pierce County Coalition- January 2019

Participant Name	Representing Organization
Bruce Yosten	Plainview Police Department
Dolores Steinkraus	CHI Plainview
Tyler Stracke	North Central District Health Department
Whitney Abbott	North Central District Health Department
Toni Arehars	Plainview Public Schools
Diane Blair	CHI Health Plainview
Greg Beckmann	CHI Health Plainview
Diane Selby	North Central District Health Department

NCDHD facilitated a focus group during the January 16, 2019 "Healthy Choices for Pierce County" convening to identify health barriers, strengths, needs and opportunities within the Pierce County Community. Themes included: wellness across the lifespan, such as nutrition and physical activities for youth, families and aging adults; substance abuse and mental health. A lack of resources to meet the needs of the aging and indigent population was discussed. The focus group themes are transcribed in Table 8 below.

Table 9. Pierce County Community Health Focus Group

Questions	Recorded Themes
1. What are some positive things in your community that contribute to your health?	• Physical activity opportunities • Programs for youth/ families like Jazzercise, etc.
2. In your community, what gives you the greatest concern?	• Drugs- particularly meth • human trafficking • Sexting • Poor parenting/ modeling bad behavior for youth
3. What resources exist in your community to serve diverse populations?	• Lack of resources for aging/ low socioeconomic status population • Backpack Program • Free and reduced price school meal program
4. Do you believe mental health is an unmet health need in Pierce County? What might be done to address mental health?	• Group agreed mental health is an unmet health need and some mentioned that services are available • Stigma may lead to underutilization • Barriers to therapy due to time and convenience? • 3 mental health counselors, no licensed (mental health) MD's in county

	• Telepsych challenges- in the past patients have experienced long wait times and malfunctioning equipment. The equipment was recently upgraded, but providers are reluctant to recommend/ refer • Opportunity: school based mental health services • Schools are implementing programs to increase staff capacity- QPR, Team Mates, etc. • Explore: could the ESU provide mental health services to students?
5. What can be done to improve the health of Pierce County residents?	• Community garden • Reflection: people don't cook as often because of busy lifestyles • Nutrition education/ cooking classes • Opportunity: park utilization • Drug prevention programming • Programs for the elderly/ dementia • Opportunity: community center: social programs for the aging population, walking programs, speaker series (aka lunch and learn) on specific health topics
6. What recreational facilities/ opportunities exist to keep residents active year round?	• Community center offers programs like jazzercise • Challenge: area schools do not have joint use agreements due to liability concerns, so they're facilities may not be used outside of school hours/ summer
7. Where do you receive your health care?	• Since it's a smaller service area, most residents receive their care at CHI Health Plainview hospital, but some go to Norfolk

Table 10 shows the top health needs identified by community stakeholders through the Healthy Choices for Pierce County Coalition on January 16, 2019 (listed in alphabetical order). After a facilitated discussion, each participant was asked to rank the top health need in Pierce County. Substance abuse received the most votes for top health need, followed by nutrition, physical activity and weight.

Table 10. Top Health Needs Identified by Healthy Choices for Pierce County Coalition

Top Health Needs Identified for Pierce County
Aging
Mental Health
Nutrition, Physical Activity & Weight (encompasses overweight/ obesity, diet and exercise)
Screening for chronic diseases
Substance abuse (encompasses alcohol, vaping, meth and other drugs, smoking)
Youth behaviors- discipline/ respect

On March 27, 2019, the NCDHD convened stakeholders from each of the nine counties within the NCHD to review data and prioritize Community Health Improvement Plan work. Community Health Needs were identified through data analysis according to the following strategic issues criteria:

- Represent a fundamental choice to be made at the highest levels of the community and local public health system-they focus on what will be done, who will be served, and by whom services will be provided
- Center around a tension or conflict to be resolved-could be related to past ways of doing things and future demands, current capacities, the role of the local health agency and roles of other community agencies, needs of the community and resources available
- Have no obvious best solution-if there is an obvious immediate solution to an issue, question why it has not been implemented before
- Must be something the local public health system can address-if an issue cannot be addressed by the local public health system, it may be strategic, but not at the community level

If these criteria were present, the indicator was identified as a need, or 'strategic issue.' Indicators were grouped and examined by topic area, which were further identified as community needs. Whitney Abbott from NCDHD facilitated the strategic priority selection process by giving the group the below aim statement for the exercise:

"Through the CHIP process, we aim to improve residents' health, as it relates to X, Y, Z, and chronic care management."

She then asked each individual to list five aspects of health that most need improvement in North Central Nebraska. Of those five, each individual chose their top three priorities and placed them in the middle of their respective table. Groups of four-six participants reviewed a master list of health priorities (12-18 topic areas) and selected their top six from the middle. The top six were then placed on the wall for the whole group to view. The whole group then placed all the priorities into groups and labeled each group with a name. Each person took two sticky notes and placed them on their top two priorities they wanted included in the CHIP. Below were the results:

1. Mental Health
2. Lifespan Resources
3. Chronic Care Detection & Management

Table 10 shows the Community Health Improvement Plan priorities for the North Central Health District, as voted on by community stakeholders in March 2019. Chronic care management and detection was defined as community nutrition and physical activity strategies to promote health and reduce the incidence of chronic disease, as well as screening and education outreach to inform individuals of their health risk status. Within the mental health priority, suicide prevention and response strategies were discussed, as well as concurrent substance use issues. Specific strategies for the priority, 'resources across the lifespan,' will be identified in future CHIP meetings, but the consent definition was 'ensuring adequate resources to meet NCHD residents' health and wellness needs across the lifespan-from early childhood to the elderly population.'

Table 10. Community Health Improvement Plan (CHIP) Priorities for the North Central Health District

Community Health Improvement Plan (CHIP) Priorities for the North Central District
Chronic Care Management & Detection
Mental Health
Resources Across the Lifespan

CHI Health Plainview will consider the outcomes of Pierce County Community Health Improvement Plan (CHIP) meetings during implementation strategy planning (ISP). The CHIP meetings held to date included brainstorming sessions with community stakeholders to review data, evaluating the impact of current strategies, prioritizing community health needs, and identifying opportunities and partnerships for future efforts.

Resource Inventory

An extensive list of resources for the identified health areas of opportunity can be viewed in the Appendix of this report.

Evaluation of the FY14- FY16 Community Health Needs Implementation Strategy

The previous Community Health Needs Assessment for CHI Health Plainview was conducted in 2016. **CHI Health Plainview** completed the Community Benefit activities listed below for the community health priorities identified in 2016. The priority areas in 2016 were:

1. Nutrition, Physical Activity and Weight Status
2. Behavioral Health

Priority Area #1: Nutrition, Physical Activity, and Weight

Goal	**Improve community physical health and wellness.**
Community Indicators	**CHNA 2013** • 33.7% of North Central District adults are either overweight or obese (2012) • 26% of the North Central District youth are either overweight or at risk of being overweight • 35% of adults were obese in Pierce County in 2012 (County Health Rankings) • 30% of adults aged 20 and over reported no leisure-time for physical activity in 2012 • 25% of Pierce County residents report limited access to healthy foods in 2010
	CHNA 2016 • 72% of North Central District adults are either overweight or obese (2014) • 32% of Pierce County population report being physically inactive • 82% of adults report inadequate fruit/vegetable consumption • 34% of population with adequate access to locations for physical activity in 2014 • 11% of population lack adequate access to food in 2013
	CHNA 2019 • 71.2% of North Central District adults are either overweight or obese (BRFSS, 2017) • 32.7% of North Central District adults report being physically inactive (BRFSS, 2017) • 28% of Pierce County adults report no leisure time physical activity (County Health Rankings, 2015) • 33.9 of North Central District adults report consuming less than one serving of fruit daily and 15.0% report consuming less than one serving of vegetables daily (BRFSS, 2017) • 65% of Pierce County population with adequate access to locations for physical activity in 2018 • 15.3% of Pierce County residents report limited access to healthy foods in 2015 (BRFSS, 2017)
Timeframe	FY 17-19
Background	**Rationale for priority:** Adult obesity levels remain above U.S.; appears to be progress in childhood overweight however disparities exist across income levels and race; need to build on momentum and sustain efforts; Hospital has expertise, resources, and partnerships to leverage this work. Nutrition, physical activity, and weight status were identified as health priorities in the 2015 CHNA.
	Contributing Factors: fruit and vegetable consumption, physical activity, access to healthy foods, socio-economic status

	National Alignment: Nutrition and weight status was identified by Healthy People 2020 as a priority health topic.	
1.1 Strategy & Scope: Develop and promote healthy lifestyles through *5-4-3-2-1 Go!®* campaign in children ages 5-12 years old attending schools across the North Central District in Nebraska.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Increased knowledge of health promotion message • Increased consumption of fruits and vegetables • Improved healthy living habits in kids • Improved healthy weight of children and a reduction of chronic disease	CHI Health System Role(s): • Funder • Provides technical assistance CHI Health Plainview's Role(s): • Strategic Partner Required Resources: • Community Partner time • Educational Materials	• North Central District Health Department • Local School Districts • Community health leaders
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Continue partnership with local health department to develop infrastructure to support campaign • Explore partnership with UNL Extension to further promote the message into Antelope and Knox counties • Provide North Central District Health Department with technical assistance and campaign support including school campaigns, assemblies, promotion at health fairs,	• Increase practice of 5 recommended healthy habits in children 5 – 12 years old • Increase in children's awareness and knowledge of message • # of children reached by message • Fruit and vegetable intake among participating students • Water intake among participating students • Low-fat dairy intake among participating students • Daily screen time reported by students • Daily hours of physical activity reported by students	Data will be reviewed and reported by internal team using the following data sources: • Community surveys (every three years) • Pre- & post- Child/Student surveys (yearly) • School Interviews (yearly)

Results
Fiscal Year 2017 Actions and Impact: • Provided $9,300 and started implementation in partnership with local health department, who would be recruiting and providing the programming within the schools. Staff turnover at the health department delayed progress. • Recruited two schools, one of which implemented the program in fiscal year 2017. • # of children reached by message: 15
Fiscal Year 2018 Actions and Impact: • # of school sites that implemented the program: 1 • Staff turnover at North Central District Health Department stalled school recruitment efforts

Fiscal Year 2019 Actions and Impact: • # of school sites that implemented the program: 5		
1.2 Strategy & Scope: Continue and expand to two lab fairs a year, at a subsidized price, for those in Pierce County with limited access to healthcare services.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improved awareness and behavior around healthy nutrition and physical activity habits. • Improved management of chronic diseases within the population served. • Increased awareness of self-disease management.	CHI Health Plainview's Role(s): • Lead Implementer Required Resources: • Staff and Space • Equipment	• North Central Health Department
Key Activities	**Measures**	**Data Sources/Evaluation Plan**

• Host lab fair annually in Pierce County. • Explore feasibility of offering additional lab fair in county • Create survey to evaluate change in participants' self-reported knowledge, skills and behaviors based on their participation in the lab fair. • Create survey for providers/professionals on their perceived impact in participants (especially as it relates to their knowledge of returning patients). • Ensure CHI Health patients, with elevated labs, are contacted by physician and follow-up is scheduled • Explore education opportunity/intervention around lab work and outcomes	• Number of uninsured/underinsured served • Number of patients put in contact with medical home or resource • Number of referrals to care • Numbers of appointments for follow-up • Change in patient's knowledge	Data will be reviewed and reported by an internal team yearly using the following data sources: • Lab Fair survey • Clinic data

Results

Fiscal Year 2017 Actions and Impact:

- Annual lab fair in Plainview was held and hosted 314 participants.
- Began developing evaluation tool to administer in fiscal year 2018.
- Provided almost $2,000 to cover the cost of equipment for the lab fair, so it could be offered free of charge to the public.
- Expansion was not implemented in FY17.

Fiscal Year 2018 Actions and Impact:

- Annual lab fair in Plainview was held and hosted 305 participants.
- Implementation of evaluation tool was delayed due to staff transition. Adoption of the health fair survey will be implemented in FY19.
- Citing financial and capacity limitations, lab fair expansion (to two fairs annually) will no longer be pursued, though enhancements were made including the addition of skin cancer screening and blood pressure checks.

Priority Area # 2: Behavioral Health

Goal	**To increase the preventive outreach, educational efforts and resources that support the resiliency of community members who experience mental health and substance use issues.**

Community Indicators	**CHNA 2013** • 51% of NCD residents reported heavy drinking • 15% of Pierce County residents reported having been depressed • 3.0 mentally unhealthy days reported in past 30 days for NCD
	CHNA 2016 • 22.9% of Pierce County respondents reported heavy drinking • 12% of Pierce County residents reported having been depressed • 1.9 mentally unhealthy days reported in past 30 days for NCD • 8% of adults report more than 14 days or poor mental health per month in 2014 (County Health Rankings)
	CHNA 2019 • 20% of Pierce County respondents reported excessive drinking (binge or heavy) (BRFSS, 2016) • 10.8% of NCD adults report ever having been told they have depression • 2.9 mentally unhealthy days reported in past 30 days for Pierce County (BRFSS, 2016)
Timeframe	**FY 17-19**
Background	**Rationale for priority:** Mental disorders have been shown to be the most common cause of disability and suicide is the 11th leading cause of death in the United States making it an important issue across the country. Mental health has been closely tied to physical health and often inhibits one from maintaining good physical health, possibly leading to chronic disease, which can have a serious effect on the mental health of the person. In the 2015 CHNA, mental health and substance abuse were both identified as top health needs within the community.
	Contributing Factors: lack of availability of services, high cost, lack of insurance coverage, family and community dynamics, social support, and stigma
	National Alignment: Behavioral health was identified as a top health issue by Healthy People 2020.
	Additional Information: CHI Health received grant funding from CHI national to implement behavioral health programs planned by community coalitions developed through a previous planning grant

2.1 Strategy & Scope: Increase the overall awareness of existing and potential resources among community stakeholders through an established behavioral health community coalition.

Anticipated Impact	Hospital Role/ Required Resources	Partners

• Improve overall community awareness of existing and potential resources • Increase usage of services due to increased awareness	CHI Health System Role(s): • Provides financial support • System-level leadership by Behavioral Health Service Line CHI Health Plainview's Role(s): • Sponsor • Fiscal Agent • Community Partner Required Resources: • Staff time • CHI Mission & Ministry Grant Funding	• Behavioral Health Coalition
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Establish a coalition with support staff and an identified backbone organization • Develop a community behavioral health resource guide with links to providers and programs. • Community coalition continues to meet to address behavioral health issues in the community. • Begin developing a sustainability plan for post grant. • Finalize sustainability plan and prepare to implement.	• Community Coalition shares resources formally and informally with members and rate the coalition as "effective". • Increased awareness of community resources through increased usage of those resources • Sustainability plan complete	Data will be reviewed and monitored as part of the coalition work using the following data sources: • Community Service Provider Survey (Annually) • Coalition Member survey (Annually)
Results		

Fiscal Year 2017 Actions and Impacts:

- Developed community coalition to identify and address behavioral health needs within the community. Coalition continues to explore the best way to increase awareness of behavioral health resources across the community and began developing a sustainability plan to continue the work in the future.

Measures:

- Members of coalition rate coalition as "effective" in the following 5 domains:
  - Common Agenda: 92% rated "almost always" or "always"
  - Shared Measurement: 83.8% rated "almost always" or "always"
  - Mutually Reinforcing Activities: 97.2% rated "almost always" or "always"
  - Continuous Communication: 91.4% rated "almost always" or "always"
  - Backbone Organization: 90.8% rated "almost always" or always"
- Increased awareness of community resources through increased usage of those resources: to be collected in fiscal year 2018

Fiscal Year 2018 Actions and Impacts:

- Behavioral health community coalition met monthly throughout FY18 to identify and address behavioral health needs within the community, with an average attendance of 9 individuals. Coalition continues to explore the best way to increase awareness of behavioral health resources across the community and began developing a sustainability plan to continue the work in the future.
- The coalition commissioned a video, "Let's Talk About Mental Health" to increase community awareness of the coalition and the mental health and substance use resources available in Pierce County. The video aired for 10 weeks on Norfolk Public Television.

Measures:

- Members of coalition rate coalition as "effective" in the following 5 domains:
  - Common Agenda: 89.9% rated "almost always" or "always," compared to 92.6% in Fiscal Year 2017
  - Shared Measurement: 73.8% rated "almost always" or "always," compared to 83.8% in Fiscal Year 2017
  - Mutually Reinforcing Activities: 71.5% rated "almost always" or "always," compared to 97.2% in Fiscal Year 2017
  - Continuous Communication: 90% rated "almost always" or "always," compared to 91.4% in Fiscal Year 2017
  - Backbone Organization: 80% rated "almost always" or "always," compared to 90.8% in Fiscal Year 2017

2.2 Strategy & Scope: Provide community-wide training on mental health and substance use to stakeholders such as healthcare workers, law enforcement, EMTs, pastors, school personnel, and elder care workers.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Improve behavioral health care to those in need through increased stakeholder knowledge around mental health and substance use learned in evidence based trainings • Increase community knowledge and action in addressing behavioral needs among community members • Improve health care for those effected by trauma • Increase ability for community to identify someone in crisis and ability to refer to the appropriate resource • Increase in safer restraint methods ensuring safer care of patient • Reduction in number of people being restrained	CHI Health System Role(s): • Provides financial support • System-level leadership by Behavioral Health Service Line CHI Health Plainview's Role(s): • Fiscal Agent • Sponsor • Community Partner Required Resources: • Staff • Trainers • Training/Curriculum materials	• Behavioral Health Coalition • Region 4 • Local law enforcement • Local clergy • Local school district
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Offer MANDT (i.e., restraint) Training to law enforcement and other community stakeholders. • Offer Mental Health First Aid Training throughout the community in both years 1 and 2. • Coalition explores Crisis Response Team concept. • Trauma-Informed Care Training offered to other community members and medical staff.	• Increased knowledge of behavioral healthcare providers and other community members • Number and type of community professionals trained • If implemented, number of trained on Crisis Response Team and number of Crisis Response Team response incidents	Data will be reviewed and monitored as part of the coalition work using the following data sources: • Post-training training evaluations (bi-annually) • Crisis Response data (bi-annually)

Results
Fiscal Year 2017 Actions and Impact: • Behavioral health coalition was formed and began meeting regularly • Measures to be collected in FY18
Fiscal Year 2018 Actions and Impact: • Adult Mental Health First Aid (MHFA) training was held with 21 hospital nursing staff and law enforcement trained. • Two Drug Take Back Days were held in conjunction with the police department and local pharmacy. • Measures: • MHFA training evaluations resulted in 100% of 13 of the participants who agreed or strongly agreed they felt more confident in recognizing signs of mental health problems and more confident in the ability to offer distressed person or someone dealing with mental health issues assistance. • 9 pounds of prescription drugs were collected during two Drug Take Back days hosted in partnership with the local police department and pharmacy.

2.3 Strategy & Scope: Increase access to mental health providers in the community that may include support of medication management services, increased use of tele-psych, and education of community healthcare providers on behavioral health.		
Anticipated Impact	**Hospital Role/ Required Resources**	**Partners**
• Increase usage of services due to increased access • Improve mental health • Increase knowledge on behavioral health and treatment • Decrease law violations	CHI Health System Role(s): • Provides financial support • System-level leadership by Behavioral Health Service Line CHI Health Plainview's Role(s): • Fiscal Agent • Sponsor • Community Partner Required Resources: • Staff • Mental Health providers • Telehealth technology/equipment	• Behavioral Health Coalition • Region 4 • Community healthcare providers • Local law enforcement • Local school district
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Develop a community plan to increase access to mental health providers and for training community healthcare providers on behavioral health. • Implement plan to increase access to mental health providers in the schools and the community, i.e., tele-psych in the schools.	• Number of youth accessing tele-psych and other medication management services • Decrease in law violations, EPC's and transportations by law enforcement and school violations	Data will be reviewed on a bi-annual basis by the coalition using the follow data sources: • Law enforcement data • Hospital Records • Grant evaluation tool
Results		

Fiscal Year 2017 Actions and Impact: • This work will be carried over and started in fiscal year 2018 due to time it took to establish and engage coalition. Exploration of providing tele-psychiatry services in the schools took place and found barriers to be the stigma of receiving mental health services and scheduling. Continued work around this will take place in fiscal year 2018. • Measures: • Number of youth accessing tele-psychiatry and other medication management services: 1 • Decrease in law violations, EPC's and transportations by law enforcement and school violations: 5 (baseline)
Fiscal Year 2018 Actions and Impact: • Exploration of improving tele-psychiatry services continues. Barriers reported are the stigma of receiving mental health services, scheduling and technological issues. Tele-psychiatry equipment will be replaced in fiscal year 2019, as it is reported that it is not functioning optimally and causing providers to underutilize this service. • The feasibility of having a counselor available onsite at CHI Health Plainview one day a week is being explored. • Measures: • Number of youth accessing tele-psychiatry and other medication management services: 1 (Reason cited was suboptimal equipment impacting patient satisfaction and care experience.) • The number of emergency protective custody cases increased between July 2017- May 2018 to 19 cases, up from five the previous year (baseline)

Dissemination Plan

CHI Health Plainview will make its CHNA widely available to the public by posting the written report on http://www.chihealth.com/chna. A printed copy of the report will be available to the public upon request, free of charge, by contacting Kelly Nielsen at Kelly.nielsen@alegent.org or (402) 343-4548. In addition, a paper copy will be available at the Hospital Information Desk/Front Lobby Desk.

Approval

On behalf of the CHI Health Board, the Executive Committee of the Board approved this CHNA on ____________________.

Appendix

A. Resource Inventory

Table 11 shows health resources available in the NCHD, as identified by community partners participating in the Community Health Needs Assessment process.

B. 2019 North Central District Community Health Needs Assessment

Under the direction of the North Central District Health Department, the *2019 NCDHD Community Health Needs Assessment* was completed for the nine counties in the North Central Health District (Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce and Rock Counties in Nebraska) by GIS & Human Dimensions, LLC. This assessment was conducted in partnership with multiple agencies within the district, including CHI Health Plainview. It is the goal of the *Community Health Needs Assessment* to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address public health improvement. The full *2019 North Central District Community Health Needs Assessment* report can be accessed at: https://ncdhdne.files.wordpress.com/2019/05/19-5-28_ncdhd-cha-2019.pdf.

C. CHI Health Plainview 2018 Community Health Needs Assessment Data Analysis Tool

On January 16, 2019, members of the Healthy Choices for Pierce County coalition convened at CHI Health Plainview to review *Community Health Needs Assessment* findings and validate the top health needs for Pierce County. All parties assented to the two health needs prioritized- behavioral health and nutrition, physical activity and weight- based on a review of data provided by NCDHD and internal data synthesized within the *CHI Health Plainview 2019 Community Health Needs Assessment Data Analysis Tool.*

D. North Central District Health Department CHA/ CHIP Meeting Minutes- March 27, 2019

On March 27, 2019, NCDHD convened 19 stakeholders from each of the nine counties located in the NCHD to review primary and secondary data collected through the CHNA process, create a vision for health in the NCHD, assess forces of change that present opportunities and obstacles to improving health, prioritize top health needs by critically analyzing the most urgent health needs, and begin to create a three- year plan to address the top health needs identified in the Community Health Improvement Plan (CHIP).

Resources available for "Areas of Opportunity"

AGING POPULATION AND RELATED ILLNESSES	
ASSISTED LIVING FACILITIES	Whispering Pines Assisted Living
DURABLE MEDICAL SUPPLIER	Osmond General Hospital
	Osmond Pharmacy
	Plainview Health Mart Pharmacy
EMERGENCY TRANSPORT SERVICES	Hadar Volunteer Fire Department
	Osmond Ambulance Service
	Pierce Rescue Service
	Plainview Rural Fire Protection District
HOME HEALTH AGENCIES	CHI Health at Home
	Plainview Area Health Systems
HOSPITALS	CHI Health Plainview Hospital
	Osmond General Hospital
MEDICAL CLINICS	David Johnson, MD
	Avera Pierce Medical Clinic
	Plainview Medical Clinic
NORTHEAST NEBRASKA AREA AGENCY ON AGING	119 West Norfolk Avenue
NURSING HOMES	Plainview Manor
PHARMACIES	Osmond Pharmacy
	Plainview Health Mart Pharmacy
SENIOR CARE CENTERS	Pierce Senior Center
	Senior Services Center
HEALTH, WELLNESS AND PREVENTION	
BOUNTIFUL BASKETS	Norfolk, Nebraska
CHIROPRACTORS	Healing Hands Wellness Center
EYE CARE	Vision Associates
	Authier-Miler-Pape
FITNESS CENTER	Fitness 4-U
HEALTH DEPARTMENT	North Central District Health Department
PHYSICAL AND OCCUPATIONAL THERAPY CARDIAC/PULMONARY REHAB	CHI Health Plainview Hospital
	Osmond General Hospital
WORKISTE WELLNESS PROGRAMS	North Central District Health Department
HOUSING and ENVIRONMENTAL	
CITY/COUNTY OFFICIALS	Pierce County Economic Development Contact: Joe Grof
	City of Pierce

	City of Plainview
	Osmond City Office
	Pierce County Courthouse
COMMUNITY ACTION AGENCIES	Northeast Nebraska Community Action Partnership
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Nebraska Health and Human Services
NATURAL RESOURCES	Pierce County Extension Services
	Lower Elkhorn Natural Resources
INDOOR AIR ACT	State of Nebraska/North Central District HD
LAW ENFORCEMENT	Pierce County Sheriff
	Plainview Police Department
	Osmond Police Department
	Pierce Police Department
RADON TESTING	North Central District Health Department
MENTAL HEALTH/SUBSTANCE ABUSE	
MENTAL/BEHAVIORAL HEALTH PROVIDERS	CHI Plainview Health Telepsychiatry
	Demerath Counseling and Therapy, LLC
	Faith Regional Health Services Behavioral Health
SOCIAL SERVICES	CHI Health Plainview Hospital
	Osmond General Hospital
SUBSTANCE ABUSE CENTERS	Valley Hope Association

CHI Health HOSPITAL

2018 Community Health Needs Assessment Data Analysis

Health Issue	Trend	How do we compare?	Supporting data
Access to Health Care Services (Uninsured)	Decreasing	Uninsured rate is lower than state average	7% of Pierce County residents were uninsured in 2015, compared to 14% in 2010 (County Health Rankings, 2018).
Mental Health	Mental health indicators improving in North Central District	Consistent with state average on adult depression indicator	In Pierce County, the average number of mentally unhealthy days in a given month was 2.9 days in 2016, compared to 3.1 statewide (County Health Rankings, 2018).
Alcohol/ Substance Use	Increasing- % of North Central District adults reporting binge drinking in the past month	Consistent with state average	20% of Pierce County residents reported binge drinking in 2016, compared to 21% statewide (County Health Ranking, 2018).
Children in Poverty	Decreasing	Lower than state and national average	In 2016, 12% of children in Pierce County were living in poverty, compared to 14% statewide and 20% nationally (County Health Ranking, 2018).
Environmental Health (Housing)	Trend data unavailable	Lower than state average	11% of Pierce County residents were experiencing severe housing problems between 2010-2014, compared to 13% statewide (County Health Ranking, 2018).
Food Insecurity	Trend data unavailable	Lower than state average and national average	10.42% of Pierce County residents were food insecure in 2014, compared to 12.2% of North Central District residents (Center for Applied Research and Engagement Systems, 2019). In 2018, 14.7% of Nebraskans were food insecure, compared to 13% of all Americans (America's Health Rankings, 2019).
Obesity	Increasing	Higher than state and national average	34% of Pierce County adults were obese in 2014, compared to 31% statewide and 28% nationally (County Health Rankings, 2018).
Physical Activity	Flat	Higher than state	28% of adults in Pierce County adults were physically inactive in 2014, compared to 23% statewide and nationally (County Health Rankings, 2018).
Teen Pregnancy	Decreasing	Lower than state average	The teen birth rate in Pierce County was 16 per 1,000, female population 15-19 years of age between 2010- 2016, compared to 25 statewide and 20 nationally (County Health Rankings, 2018; CDC, 2017).
Sexually Transmitted Infections	Increasing	Lower than state and national	The rate of new chlamydia infections was 208 per 100,000 population for Pierce County in 2015, compared to 41 in 2010 (County Health Rankings, 2018).
Smoking	Smokeless tobacco use slightly increasing		16% of Pierce County residents reported smoking in 2016, compared to 17% statewide (County Health Rankings, 2018).

	while cigarette use declining in North Central District		
Unemployment	Decreasing	Lower than state and national average	The unemployment rate in Pierce County was 2.8% in 2016, compared to 3.2% statewide (County Health Rankings, 2018).
Unintentional Injury Deaths	No significant trend	Lower than state average	The rate of injury deaths in Pierce County was 56 per 100,000 population between 2012-2016, compared to 58 statewide (County Health Rankings, 2018).

Data sources:

- America's Health Rankings https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/food_insecurity_household/state/NE
- NE DHHS. Behavioral Risk Factor Surveillance System 2017 http://dhhs.ne.gov/publichealth/BRFSS/BRFSS%202017%20one-page%20table%20for%20North%20Central.pdf
- County Health Rankings http://www.countyhealthrankings.org/app/nebraska/2018/rankings/pierce/county/outcomes/overall/snapshot
- Community Commons https://engagementnetwork.org/assessment/chna_report/?REPORT=%7B%22location%22%3A%7B%22key%22%3A%22county%22%2C%22type%22%3A%22county%22%2C%22show_county%22%3Atrue%2C%22id%22%3A%5B%2231139%22%5D%2C%22name%22%3A%5B%22Pierce%20County%2C%20NE%22%5D%7D%7D
- Data USA https://datausa.io/profile/geo/pierce-ne/#health

North Central District Health Department (NCDHD)
CHIP Substance Abuse/ Mental Health Workgroup
Wednesday, March 27, 2019
9:30AM-3:00PM
O'Neill Country Club
Attendance: Tammy Struebing- Antelope Memorial Hospital Whitney Abbott- NCDHD Roger Wiese- NCDHD Sara twibell- NCDHD Diane Selby- NCDHD Elizabeth parks- NCDHD Veta Hungerford- Brown County Resident Diane Blair- Plainview CHI Hospital Jean Hene- Avera Creighton Hospital Ann Koopman- Region 4 Behavioral Health Systems Megan Becklun- Antelope Memorial Hospital Dennis Colson- RROMRS Steph Prouty- O'Neill Public Schools Connie Jo Goochey- Brown County Hospital John Werner- Brown County Hospital Todd Conebruch- Creighton O'Neill Avera Becky Lambrecht- Osmond General Hospital Carol Plate- Brown County Resident Valerie Wecker- O'Neill Avera Hospital

MEETING MINUTES

AGENDA ITEM:	Jeff Armitage Executive Summary of Data Assessments
DISCUSSION:	The linked data presentation was given. Participates were provided a PDF copy of the PowerPoint.
ASSIGNMENTS:	Participants were asked to mark important data points that they would like considered for the Community Health Improvement Plan.
DEADLINES:	n/a

AGENDA ITEM:	**Visioning**
DISCUSSION:	The group reviewed the Vision they chose from 2016 and following responses they had to the visioning questions. They decided the vision and responses were the same with some revisions. **2019 VISIONING PROCESS** **1. What does a healthy county mean to you?** • Wellness across total lifespan • Improve lives • Strong leadership- role models and accountability • Empowerment for better health decisions (proactive rather than reactive) • Accessibility • Ratings/rankings – county health for NE • Housing and resources • Education, activities, prevention, technology, communication • Mental Health Care **2. What are important characteristics of a healthy community for everyone who lives, works, and plays there?** • Basic needs are met o Safety o Support o Shelter o Food o Spiritual o Medical/Healthcare systems o Education o Services o Awareness o Education o Transportation and workforce o Collaboration, participation, cooperation and working together o Appearance: clean, maintenance, upkeep o Clean water and water facilities

- Population knowledgeable on the electromagnetic effects of cell phones and other electronics

3. How do you envision the local public health system in the next three to five years? 10 years?

a. More visible

b. Wagon wheel: use all types of media, technology, education and technology

c. 10 year vision= millennials (all ages)

d. Cohesiveness of different branches- increase collaboration

e. Sharing information to increase communication flow

f. Comprehensiveness (Ex. NCDHD, umbrella to NCCCP, NENAA, etc.)

g. Growing population with up-to-date services

4. Prioritized answers to 1-3 by level of importance:

a. Service awareness- across all ages, support, collaboration by services, wagon wheel, lack of experienced individuals

b. Centralization/standardization, communication/education, accessibility, collaboration, self-responsibility and motivation

c. Access, growth, collaboration, availability, retention

5. Format best for vision statement for this group and CHA/CHIP process:

a. Short, visual (ie wagon wheel/umbrella), 5 second glance

b. Bullet points, clear, common language, text-able

6. Taking into consideration the vision ideas that were discussed, what are the key behaviors that will be required of the local public health system partners, the community, and others in the next 5-10 years to achieve the vision?

a. Knowledge of role, inclusion

b. Ownership, collaboration, accountability, prioritize

c. Delegation

d. Sharing your story-relatable information

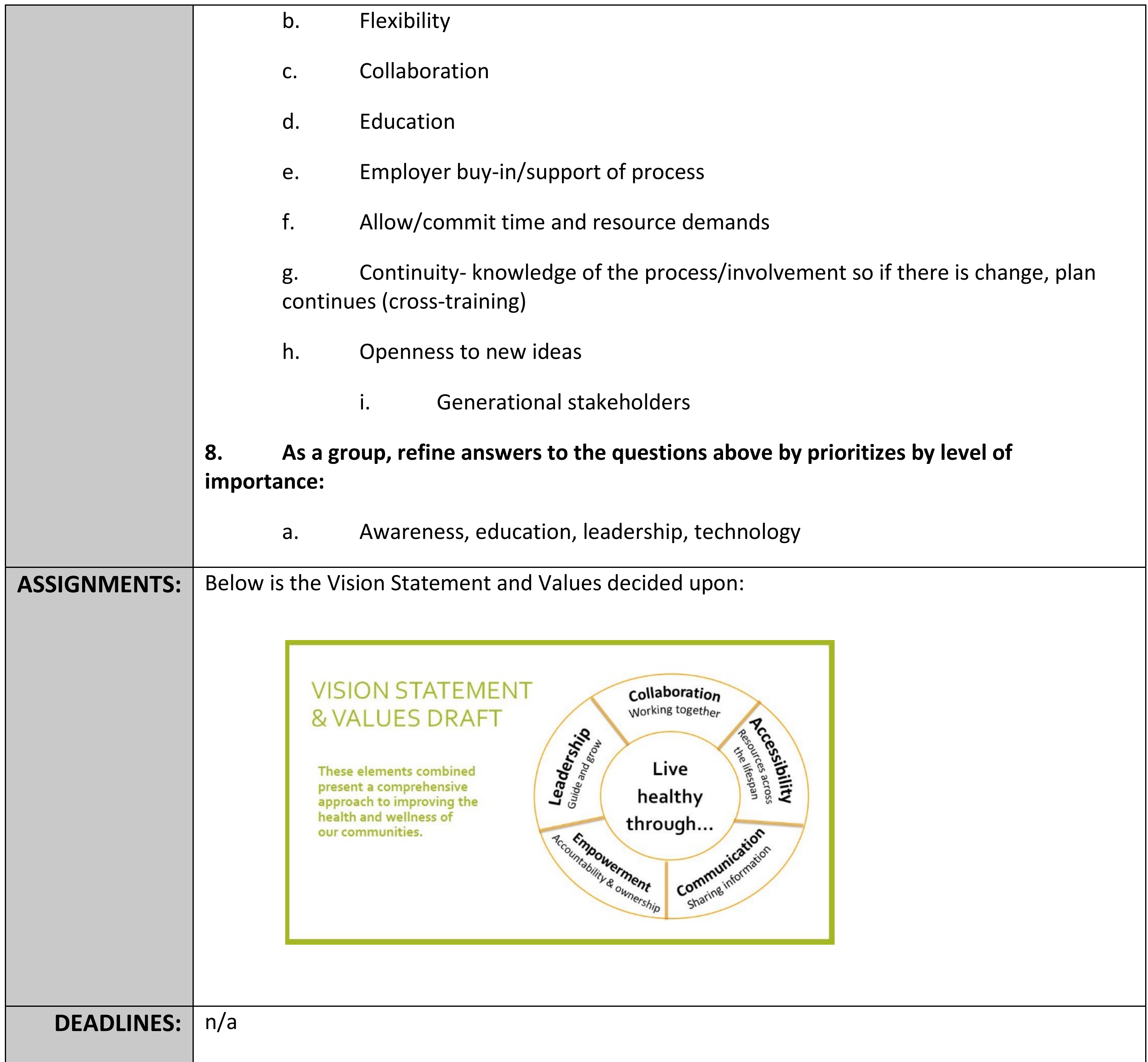
e. Engagement and repetition Prioritizing

i. Achieve through accountability, reporting of what's being done and activity to increase participation

f. Focus- limiting/targeting to avoid overwhelming/exhausting those involved

7. What type of working environment or climate will be necessary to support these behaviors and achieve the vision?

a. Keep up with technology

	b. Flexibility c. Collaboration d. Education e. Employer buy-in/support of process f. Allow/commit time and resource demands g. Continuity- knowledge of the process/involvement so if there is change, plan continues (cross-training) h. Openness to new ideas i. Generational stakeholders **8. As a group, refine answers to the questions above by prioritizes by level of importance:** a. Awareness, education, leadership, technology
ASSIGNMENTS:	Below is the Vision Statement and Values decided upon: 
DEADLINES:	n/a

AGENDA ITEM:	Community Themes & Strengths Assessment
DISCUSSION:	Participants were given an overview of the assessment. They were told that through this assessment, we seek to answer three questions: 1) What is important to our community? 2) How is quality of life perceived in our community? 3) What assets do we have that can be used to improve community health? Through discussion, the group wants to consider what the current reality is, what is the preferred future, and what are the gaps, leverage points, or strategic opportunities? Consider all aspects of health like health behaviors, clinical care, social and economic factors, physical environment, etc. The group then went through the Community Themes and Strengths Assessment worksheet and answered the following questions:

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

What is important to our community?

What do you believe are the most important characteristics of a healthy community?

- Access to healthcare (mental and physical)
- Demographic consisting of varying ages
- Healthy Water/ Water Treatment Facilities
- Waste disposal

What makes you most proud of our community?

- Low crime rate
- Comradery
- Volunteerism
- Strong community partnerships

What are some specific examples of people or groups working together to improve the health and quality of life in our community?

- Media
- TeamMates
- Substance Abuse Coalitions
- Miles of Smiles
- Health department partnerships with hospitals (colorectal screening)

What do you believe are the most important issues that must be addressed to improve the health and quality of life in our community?

- Personal Accountability
- Healthcare costs
- Aging population resources
- Nutrition education
- Socioeconomic education for nutrition
- Measurable goals for health, resources, etc.
- Maintaining the workforce
- Sedentary lifestyles

What do you believe is keeping our community from doing what needs to be done to improve the health and quality of life?

- Lack of funding and Resources
- Busy schedules
- Minimal numbers of qualified professionals to educate and train
- Apathy/vision

What actions, policy, or funding priorities would you support to build a healthier community?

- BMI metric for youth
- Mental Health funding, work, etc.
- Taxes on Vaping
- Mental health screening in class
- School mental health policies

What would excite you enough to become involved (or more involved) in improving our community?

- TeamMates
- Befriend Family Mentoring Program

HOW IS QUALITY OF LIFE PERCEIVED IN OUR COMMUNITY?

Are you satisfied with the quality of life in our community?

- No- lack of physical activity facilities
- No- Youth migration out of rural communities
- Yes- low crime rate
- No- loss of business

Are you satisfied with the health care system in the community?

- yes
- needing more mental health providers
- not very many specialties available
-

Is there a broad variety of health services in the community? Are there enough health and social services in the community?

- No- many people have to drive far to get access
  - No- many people don't want people in the community to know their business

Is this community a good place to raise children?

- Day care in some communities needed
- Good place to raise children
- Low specialty availability
- Mental health services lacking

Is this community a good place to grow old?

- Lacking social support
- Not enough resources for in-home care
- Lack of respite care
- Uncertainty regarding elder care

Affordable housing for the elderly is lacking

High taxes

Is there economic opportunity in the community?

- Some people have along commute to work
- Lacking shopping resources
- Grocery stores are difficult to supply with fresh produce

Lacking business growth

Is the community a safe place to live?

- Cyber security is an issue

Sex trafficking in an issue

Are there networks of support for individuals and families during times of stress and need?

- Faith sector is strong
  - Lack of awareness of needs

Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?

- Yes- lacking motivation

Do all residents perceive that they can make the community a better place to live?

- Yes- there is a growing language barrier

Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?

  - Stuart is a great example
- Community run theatres

WHAT ASSETS DO WE HAVE THAT CAN BE USED TO IMPROVE COMMUNITY HEALTH?

Physical/Environmental

- Could be utilized more: cowboy trail
  - Community theaters
  - Skating rink

Community Resources/ Infrastructure

- More recreation activities
- Education lacking (community awareness)
- News and radio
- Healthcare
- AAA
- Senior Centers
- Economic Development
- Hospital
- LTC
- Daycare
- AVERA bus
- Rotary/community clubs
- Better collaboration between organizations
- Financial limitations
- Distance learning
- Ponca Express
- Lions, Elks, etc.
- Verdigre Improvement Club
- Transportation
- Prevention Coalitions
- Hospitals (all counties except Keya Paha)
- Valentine Bar Bus

	Institutions/Businesses • Online education for rural areas • Northeast Community College and Mid-Plains Community College **People** • School board • City counsel • Professionals who give education via radio (PSA) • Collaborative efforts needed • More participation needed • Pool resources so programs don't overlap • Elected officials ○ More involvement • Economic development **Communication** • Radio stations • Newspapers • Internet Speed • TV stations • Fiber Optic
ASSIGNMENTS:	Whitney will draft up this assessment.
DEADLINES:	n/a

AGENDA ITEM:	Forces of Change
DISCUSSION:	**Participants were given an overview of the Forced of Change Assessment.** **Forces are a broad all-encompassing category** that includes trends, events, and factors. **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government. **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway. **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation. Any and all types of forces should under consideration: social, economic, political, technological, environmental, scientific, legal, and ethical. The following questions were posed to spur on discussion. The group answers are recorded below. Think about forces of change — outside of your control— that affect the local public health system or community. 1. What has occurred recently that may affect our local public health system or community? 2. What may occur in the future? 3. Are there any trends occurring that will have an impact? Describe the trends. 4. What forces are occurring locally? Regionally? Nationally? Globally?

5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

2019 FORCES OF CHANGE ASSESSMENT: Identification of Events, Factors, & Trends

	EVENTS	FACTORS	TRENDS
SOCIAL	Town/Community Celebrations	Financial insecurity	Increased substance abuse
			Increase in obesity
	School Consolidation		Increased mental health needs
	Closing of stores/services		Decreased population (age 18-35) moving elsewhere
			Increasing minority populations
			Aging population
ECONOMIC	Closing of all Shopko	Economic devastation in area due to Flood	Closing physical department stores
	Consolidation of schools	Fewer millennials	Online shopping option
	2019 Flood	Impact of farm land from Flood	
	Hospital closure	Impact on ranchers from Flood	
	ICE Raid	Anticipated increased cost of beef and pork	
LEGAL/POLITICAL	Affordable Care Act	Fear of change/term of officials	Dated methods
	New legislation at state level	More government regulations	Do more for less
		Cost of insurance	More healthy living to avoid costs of healthcare

TECHNOLOGICAL/SCIENTIFIC	Technological demands	Internet/social media access	Increased connectivity
	Social media	Marketing choices	Increased screen time
	Specialized industry	Telehealth	Increased knowledge
	Wind energy		Increased computer use
	Fiber optics		

ENVIRONMENTAL	2019 March Flood	Clean water issues who to 2019 Flood	
	Wind farm	Usable roads due to 2019 Flood	
	Obesity	Impact of farm land from Flood	
		Impact on ranchers from Flood	

ETHICAL	Drug use	Focus on how to plan for all stages of life	Increased longevity
	Medical Marijuana	Internet	Vaping popularity with youth
	Cultural competency		Decreased church attendance, spiritual, support systems
	Sex trafficking busts		Exposure to adult themes and illegal activity

FORCES OF CHANGE ASSESSMENT: Assessment of Impact (Threats & Opportu

FORCES OF CHANGE	THREATS POSED	OPPORTUNITIES CREATED
EVENTS		
Affordable Care Act	High insurance costs, decreased # insured, won't take needed medications, pre-existing conditions, affordability for middle class	Pre-existing conditions (some help), wellness

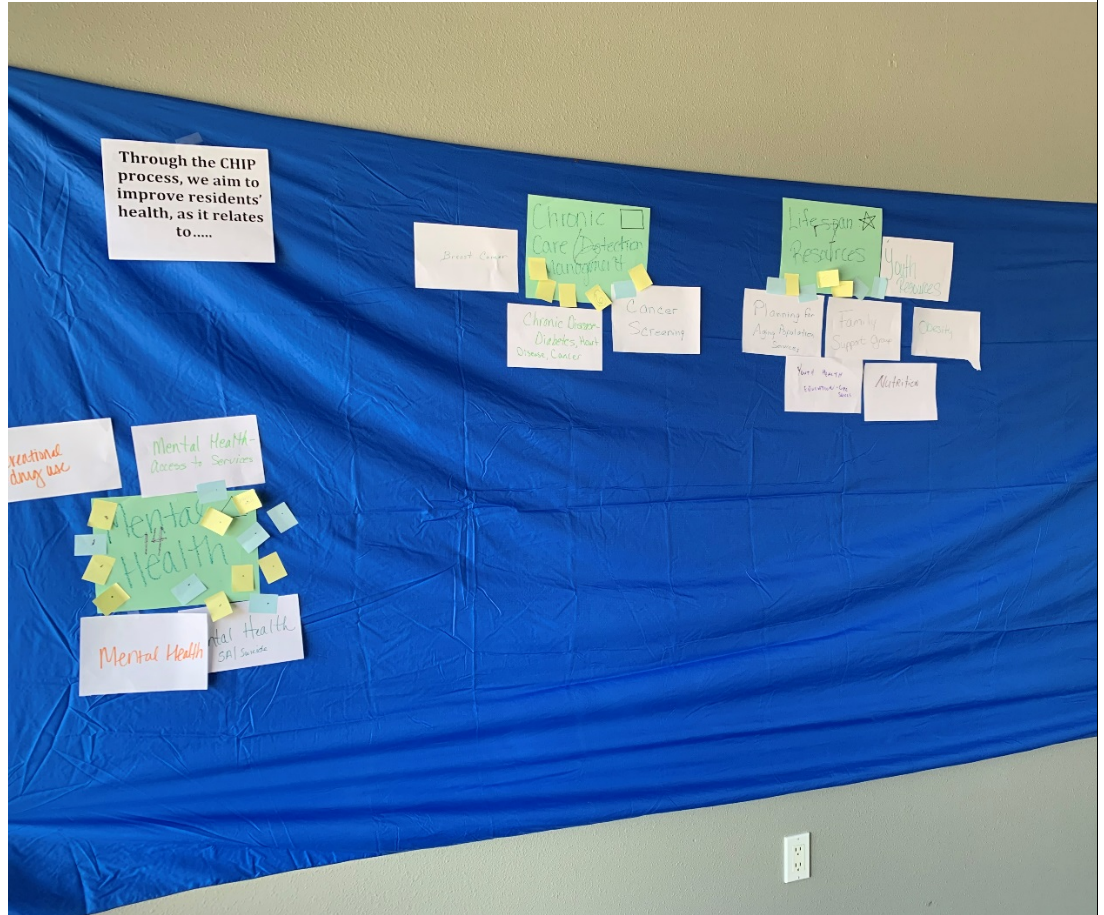
	Closing of all ShopKo stores	Decrease in resources; more demand for online shopping; more demand for out of town shopping; decreased employment opportunities	Opportunity for new business
	2019 March Floods	Contaminated water; destroyed water facilities; destroyed farm land; destroyed livestock; destroyed homes and land; mental health threat; great financial burden on individuals, community, and state; etc.	Collaboration, opportunities to volunteer and show area
	ICE Raid	Decreased workforce; economic impact on the employers; restaurant closure; new group of immigrants	Increase in tax generation; increase in documented persons living in area; greater understanding of population; community support
	New State Legislation	New RNs waiting for criminal background, impact patient care	Patient protection and proper screening for teachers/coaches
	Consolidati on of Schools	Increased transportation, financial drain, loss of jobs, decreased tax base, decreased incentive for new families, community/family division, economic stress	Increased: funding, networking of communities, competitiveness, diversity, resource sharing
	Internet Access	Decrease small town businesses	Telemedicine/telehealth, education, distance learning
	FACTORS		
	Increase in elderly population	Not enough people in the workforce to care for such individuals; lack of nursing home access; financial burden to families.	New construction; increase demand for younger population to move back; more available jobs.
	Accessibility (Broadband Initiative)	Distraction (general and in vehicles), financial drain, accessibility, exposure to radiation, decreased social skills, isolation, withdrawal from society, decreased physical activity	Marketing, education, access to information, working from home, research, staying connected, safety, convenience, online banking/shopping
	Clean Water	Contamination of water and facilities due to flood	
	TRENDS		

	Closing of Healthcare Facilities	Decreased access to care, decrease ability to draw new residents, increased commuting, increased family stressors loss of jobs, negative impact on retail in community, decreased town image	More expansion at other hospitals
	Decreasing Rural Population	Job force, small town businesses, school funding	Urban opportunities
	Migration	Stress to healthcare, housing, language barriers	Money to community, diversity
	Child Care	Decreased employees, market, social skills	Increased market, social skills, employees
	Changing Demograph ics	Increased healthcare needs, decreased workforce; increase in language barrier; cultural differences	Retention- more opportunity for specialized care; increase in cultural competency training; new friends
	Technologic al Demands	Broadband limited, identity theft, cyber security, isolation, misinformation	New jobs-fiber optic; education of cyber security; brings a younger generation of workers back
	Health Issues	Increased obesity and other health issues, increased cost of healthcare	Increased need for farmers market, healthcare options, store/shop needs, educational opportunities
	Vaping	healthcare needs; youth becoming addicted to nicotine at a very young age	cessation education; tax on vaping
ASSIGNMENTS:	n/a		
DEADLINES:	n/a		

AGENDA ITEM:	Local Public Health System Assessment
DISCUSSION:	Due to time constraints the Local Public Health Assessment was not completed in the meeting; however, an overview of the assessment was given. The local Public Health system Assessment answers the questions: "*What are the components, activities, and competencies, and capacities of our local public health system?*" and "*How are the Essential Services being provided in our area?*"
ASSIGNMENTS:	NCDHD will coordinate this assessment at a later date
DEADLINES:	n/a

AGENDA ITEM:	Strategic Priority Setting
DISCUSSION:	A. The group was given the below criteria to keep in mind when selecting priorities: Strategic Issues Criteria: 1. Represent a fundamental choice to be made at the highest levels of the community and local public health system-they focus on what will be done, who will be served, and by whom services will be provided 2. Center around a tension or conflict to be resolved-could be related to past ways of doing things and future demands, current capacities, the role of the local health agency and roles of other community agencies, needs of the community and resources available 3. Have no obvious best solution-if there is an obvious immediate solution to an issue, question why it has not been implemented before 4. Must be something the local public health system can address-if an issue cannot be addressed by the local public health system, it may be strategic, but not at the community level Strategic Issues: • Pose a threat, present an opportunity, or require a significant change. • Require action on the part of the public health system partners. • Are frequently a convergence of narrow, single-focus issues. It is often the confluence of several seemingly insignificant issues that make them strategic. • Involve conflict or tension between current and future capacities, actual and desired conditions, past performance and expectations, and old and new roles. • Must be conditions about which participants can do something. • Tend to be complex and will have more than one solution. • Involve more than one organization • Generally project well into the future. B. Whitney Abbott then facilitate the strategic priority selection process by giving the group the below aim statement for the exercise: Through the CHIP process, we aim to improve residents' health, as it relates to X, Y, Z, and chronic care management. She asked each individual, using their data notes created during Jeff's presentation, to list 5 aspects of health that north-central Nebraska most need improved upon. Of those 5, each individual chose their top three priorities and placed them in the middle of the table. Groups of 4-6 then went through the 12-18 priorities and selected their top 6 from the middle. The top six were then placed on the wall for the whole group to view. The whole group then placed all the priorities into groups and labeled each group with a name. Each person took two sticky notes and placed them on their top two priorities they wanted included in the CHIP. Below were the results: 1. Mental Health (Ideas surrounding- recreational drug use, mental health, access to mental health services, suicide, substance abuse) 2. Lifespan Resources (Ideas surrounding- youth resources planning for aging population, Family Support Group, Nutrition, Obesity, Youth Health Education)

3. Chronic Care Detection & Management (Ideas surrounding- cancer screening, breast cancer, chronic disorder, heart disease, cancer)



C. The groups then broke down in the three priorities and started listing data that supported its selection:

1. Mental Health Data:
    - (Slide 103) 79% increase in suicide death rate.
    - (slide 77) 71% of 12th graders report alcohol is easy to obtain (2016 NRPFSS).
    - (Slide 69) Smokeless tobacco use among NCDHDS adults increases between 2011 and 2017 and has remained higher when compared to the State. (BFRSS2011-2017)
    - (slide 72) In 2016, 15.1% of 12th graders in NCDHD reported they used an e-cigarette in the last 30 days, which is lower when compared to the state 18.7%. (2016 NRPFSS).
2. Chronic Care Detection & Management
    - (Slide 32) The combined death rate from 2001-2005 and 2013-2017 for hypertension increased 142.9%.
3. Lifespan Resources

D. Participants were asked to sign-up for the priorities they were interested in working on:

1. Mental Health Data:
    - Valerie Wecker
    - Diane Selby
    - Diane Blair
    - Ann Koopman
    - Megan Becklun
    - Becky Lambrecht
    - Elizabeth Parks

	2. Chronic Care Detection & Management • Diane Blair • Jean Henes • Braudy Bussinger • Roger Wiese 3. Lifespan Resources • Steph Prouty • Connie Goochey • Dennis Colson • Carol Plate • Veta Hungerford
ASSIGNMENT:	Due to time constraints, the groups did not necessarily finish the data compilation.
DEADLINES	n/a

AGENDA ITEM:	**Next Meeting April 12 at 2:00 in the NCDHD boardroom**
ASSIGNMENTS:	NCDHD will send out communication regarding the next meeting.

CHI Health