CHI Health

Community Health Needs Assessment

CHI Health St. Elizabeth- Lincoln, NE
2022

A Joint Assessment

Contents

Executive Summary

CHNA Purpose Statement
The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Health St. Elizabeth. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement
The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHI Health Overview
CHI Health is a regional health network consisting of 28 hospitals and two stand-alone behavioral health facilities in Nebraska, North Dakota, Minnesota, 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 walls. 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 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 Health St. Elizabeth Overview
CHI Health St. Elizabeth is a hospital facility within CHI Health located in Lincoln, Nebraska. CHI Health St. Elizabeth is a 258-bed, nonprofit regional medical center facility providing services in the areas of newborn and pediatric care, women's health, burn and wound care, cardiology, a cancer center, emergency medicine, and orthopedics.

CHNA Collaborators
- CHI Health Nebraska Heart Hospital (NHH)
- Lincoln-Lancaster County Health Department (LLCHD)
- Bryan Medical Center

Community Definition
For the purposes of the CHI Health St. Elizabeth CHNA, the primary service area was defined as Lancaster County, NE, based on patient data that demonstrated 75-90% of patients served at CHI Health St. Elizabeth in calendar year 2019 resided in Lancaster County. Patients from the zipcodes 68661 and 68601 represent 76.6% of the patient population in FY20.

Assessment Process and Methods
In 2021, CHI Health St. Elizabeth and NHH conducted a joint CHNA in partnership with LLCHD and Bryan Health. The CHNA led to the identification of six top health needs, further validating and expanding on the needs previously identified for the City of Lincoln and Lancaster County in the 2015 and 2018

community CHNAs. This report will detail the process specific to CHI Health St. Elizabeth and with the community, CHI Health St. Elizabeth will further work to identify each partner's role in addressing these health needs and develop measurable, impactful strategies. A report detailing CHI Health St. Elizabeth implementation strategy plan (ISP) will be released in summer 2022.

Process and Criteria to Identify and Prioritize Significant Health Needs

The CHNA process included a review of primary and secondary data and focus group input in the form of "Community Conversations" to determine and validate the top needs of the community. General guidelines used for determining top needs in Lancaster County were severity of the health issue, population impacted, and trends in the data.

Prioritized Significant Health Needs

Access to Care: Individuals reporting they needed to see a doctor but could not due to cost in the past year is 12.7% in Lancaster County. Individuals reporting they had no personal doctor or health care provider is 19.8% in Lancaster County.

Behavioral Health: The use of smokeless tobacco products, such as e-cigarettes, is an emerging issue since the last assessment. Rates are higher in Lancaster County (8.8%) than in Nebraska (5.9%) with 18-24 being the highest risk group. In 2019, the percent of 8th to 12th grade Lancaster County youth who reported making a plan to commit suicide in the past 12 months was 16.8%.

Cancer: Cancer has been the leading cause of death in Lancaster County since 1999. In 2019, cancers were the cause of death for 481 persons, and over the five-year period, 2015-2019, there were 2,343 deaths due to cancer. Cancer is the leading cause of death for the age group 45-54 years.

Chronic and Infectious Disease: Community Conversations selected topics related to chronic and infectious disease were - "prevention", "healthy living", "existing and current illness", "community health and awareness", and "COVID-19". Heart disease is a top two cause of death for both men and women. Cerebrovascular disease (stroke) is one of the leading causes of death in Lancaster County. In 2019, the crude rate of stroke deaths was 33.1 per 100,000 population. Diabetes mellitus was the 7th leading cause of death in 2019 for the crude rate per 100,000 population, with 22.1 deaths per 100,000 population.

Social Determinants of Health: 5% of family households are living in poverty, 8.4% of households with children are living in poverty, and households with female householders/no spouse and children had a poverty rate of 30%. Cost burden is higher in Lancaster County than the state.

Violence/Injury: Unintentional injuries, especially falls, are a significant source of morbidity in the county and they are the sixth leading cause of death overall. Unintentional injuries are the leading cause of death for individuals ages 1 to 44. The leading causes of death for 25-34 years were accidental deaths (28.6%) and intentional self-harm/suicide (14.3%).

Resources Potentially Available

In addition to the services provided by CHI Health St. Elizabeth, there are many assets and resources working to address the identified significant health needs in Lancaster County. For a complete list of resources, please visit https://www.lincoln.ne.gov/City/Departments/Health-Department.

Report Adoption, Availability and Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2022. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at CHI Health St. Elizabeth. Written comments on this report can be submitted via mail to CHI Health, The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: **https://forms.gle/CHtYJgLYXa57iTRQ9** or by calling Kelly Nielsen, Division Vice President of Healthy Communities and Strategy, at: (402) 343-4548.

Introduction

Hospital Description

CHI Health St. Elizabeth is located in Lincoln, Nebraska. St. Elizabeth has 825 employees, operates 258 beds, is designated as a Magnet organization by the American Nurses Credentialing Center (ANCC), and has extensive experience in the treatment areas listed below.

CHI Health St. Elizabeth Services and Treatment Areas:

- Breast Care Center
- Burn and Wound Care
- Cancer Institute
- Cardiovascular Services
- Colorectal Cancer
- Continuing Care Network
- Diabetes Center
- Emergency Care
- Home care Services/Home Medical Equipment
- Hospitalists
- Maternal Fetal Medicine/Neonatal Intensive Care Unit (NICU)
- Orthopedics
- Pediatrics
- Pulmonary Care
- Palliative Medicine
- Robotic Surgery Center
- Sleep Disorders Center
- Stroke Center
- Weight Management
- Women's Services

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:

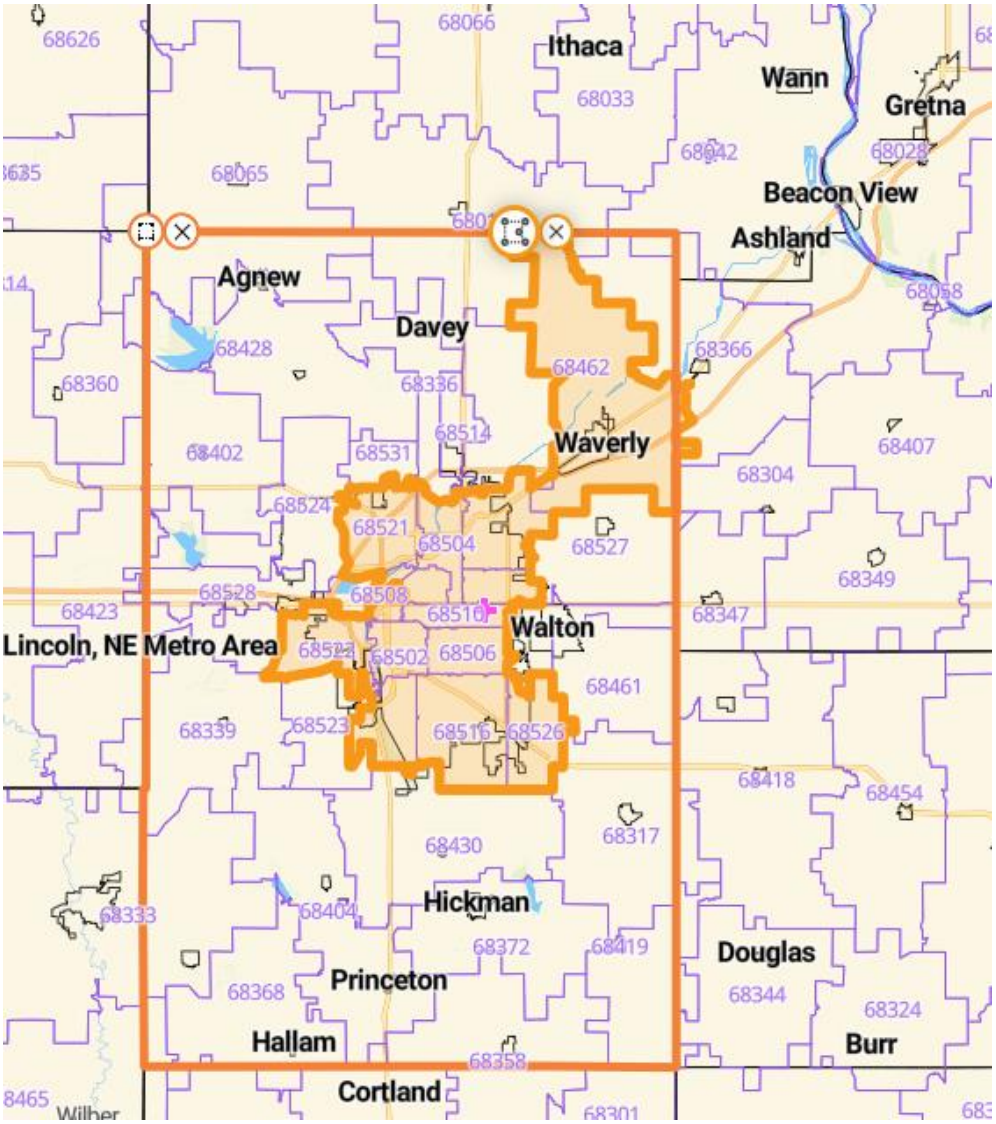
1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and 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. St. Elizabeth and NHH conducted this CHNA jointly. The following report outlines the community description, CHNA process, findings, and prioritized health needs for both St. Elizabeth. The evaluation of each hospital's work from the previous CHNA is reported separately in each hospital's report.

Community Definition

For the purpose of the CHNA and future implementation strategy, CHI Health St. Elizabeth and NHH have the same service area and considers its primary community to be the City of Lincoln and the surrounding County (Lancaster). Hospital leadership considered the county in which the hospital is located and the zipcodes that represent 75% of discharges, and determined the CHNA service area to be the county as many of the zipcodes that fall outside of the county are served by other healthcare organizations who are better suited to support local health needs (Figure 1). NHH is a specialty hospital with a broader catchment area, as seen by the list of zipcodes below. For the purposes of this CHNA, NHH used the same service area as CHI Health St. Elizabeth. Lancaster County also aligns with the defined service area for the local public health department, Lincoln Lancaster County Health Department (LLCHD). Additionally, surrounding counties served by St. Elizabeth and NHH: Otoe, Johnson, Gage, Saline, Seward, York, Saunders, and Cass have licensed hospitals within the county boundaries. This was validated by an internal multi-disciplinary team [Community Benefit Action Team (CBAT)] representing CHI Health St. Elizabeth and NHH and aligns with a shared definition agreed upon with community partners including other local health systems.

Zipcodes representing 75% of the patient population in FY20:
CHI Health St. Elizabeth- 68521, 68507, 68504, 68505, 68510, 68516, 68506, 68503, 68502, 68508, 68522, 68462, 68512, 68526
CHI Health NHH- 68516, 68601, 68801, 68901, 68521, 68310, 68507, 68506, 68504, 68803, 68355, 68510, 66508, 68505, 68410, 68467, 68522, 68502, 69101, 68526, 68066, 68512, 68305, 68818, 68873, 68847, 68333, 69138, 68434, 68347, 68361, 68446, 68632, 68503, 68420, 68370, 68701, 68508, 68404, 68465, 68450, 68520, 68003, 68017, 68853, 68430, 68466, 66548, 68979, 68065, 68524, 69001, 68787, 68845, 66411, 68883, 51640, 68955, 68437, 51652, 68642, 68949, 68661, 69130, 68358, 68301, 68340, 66945, 68528, 68653, 68624, 68876, 68328

Figure 1: CHI Health Lincoln CHNA Service Area[1]



Community Description

Lancaster County includes residents living in the towns of Bennet, Davey, Denton, Firth, Hallam, Hickman, Lincoln, Malcolm, Panama, Raymond, Roca, Sprague, Waverly, and ten unincorporated villages. Lancaster County covers an area of 839 square miles in southeastern Nebraska, with Lincoln as the largest city and which serves as the Nebraska State Capitol.

[1] PolicyMap. 2022. Accessed March 2022. PolicyMap Map retrieved from https://commonspirit.policymap.com/

Population

As shown in Table 1 the 2020 population estimate for Lancaster County is 322,608. The majority of Lancaster County residents live in the Lincoln urban area (90%).[2] Over the past several decades the minority population of Lincoln and Lancaster County has increased and the area has a higher percentage of foreign born persons than the State overall; additional trend information can be seen in Table 1 below.

Table 1. Community Demographics

	Lincoln	Lancaster County	Nebraska	United States
Total Population[2]	291,082	322,608	1,961,504	331,449,281
Population per square mile[3] (density)	2,899.4	340.8	23.8	87.4
Total Land Area[3] (sq. miles)	89.1	837.6	76,824.2	3,531,905.4
Rural vs. Urban[3]	N/A	Urban (91.8% live in urban)	Urban (73.1% live in urban)	Urban (80.9% live in urban)
Age[2]				
% below 18 years of age	22.3%	22.6%	24.6%	22.3%
% 65 and older	13.0%	14.4%	16.2%	16.5%
Gender[2]				
% Female	49.8%	49.8%	50%	50.8%
Race[2]				
% White alone	84%	86.8%	88.1%	76.3%
% Black or African American alone	4.3%	4.3%	5.2%	13.4%
% American Indian and Alaskan Native alone	0.7%	1%	1.5%	1.3%
% Asian alone	4.6%	4.8%	2.7%	5.9%
% Native Hawaiian/Other Pacific Islander alone	0.1%	0.1%	0.1%	0.2%
% Two or More Races	4.9%	3%	2.3%	2.8%
% Hispanic or Latino	7.8%	7.4%	7.9%	18.5%
% White alone, not Hispanic or Latino	79%	80.6%	78.2	60.1%

*Z = Value greater than zero but less than half unit of measure shown

Lancaster County's demographic changes since 2010 reflect the increased diversity as shown in the tables below. Over the decade from 2010 to 2019, the increase in the Black (34.7%), American Indian and Alaska Native (22.5%), Asian (34.4%), multiracial (84.3%) and Hispanic or Latino (44.7%) populations is very large relative to the White alone population.[3]

[2] Census Bureau Quick Facts. Assessed April 2022. Retrieved from https://www.census.gov/quickfacts/fact/table/NE,US/PST045221
[3] US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Assessed February 2022. Retrieved from https://engagementnetwork.org/assessment/chna_report/

Table 2: Racial and Ethnic Demographics for Lancaster County, 2010-2019[3]

Year	White alone	Black alone	American Indian/Alaska Native alone	Asian alone	Native Hawaiian/Other Pacific Islander alone	Two or more races	Hispanic or Latino (may be any race)
2010	249,169	9,278	1,753	9,790	220	6,099	15,246
2019	269,630	12,501	2,147	13,153	241	11,238	22,068
Increase	20,461	3,223	394	3,363	21	5,139	6,822
% Increase	8.2%	34.7%	22.5%	34.4%	9.5%	84.3%	44.7%

The following table reflects the general population data by age and gender from the American Community Survey from 2010 to 2019. There was significant growth in all age groups except for those under the age of 5. The growth as a percentage was most rapid among those 65 years and older.

Table 3: Age and Gender Demographics for Lancaster County, 2010-2019[3]

Population/Age Group	2010	2019	Change (2010-2019)	% Change (2010-2019)
Total population	279,428	313,158	33,730	12.1%
Male	139,932	157,231	17,299	12.4%
Female	139,496	155,927	16,431	11.8%
Under 5	19,920	20,085	165	0.8%
18 and Older	215,055	241,484	26,429	12.3%
Male	107,139	120,505	13,366	12.5%
Female	107,916	120,979	13,063	12.1%
65 and Older	29,656	42,177	12,521	42.2%
Male	12,537	18,696	6,159	49.1%
Female	17,119	23,481	6,362	37.2%

Lancaster County's Homeless Population

The Lancaster County homeless population is best measured using the Point-in-Time Count conducted annually. The number of homeless persons counted has declined since 2012. In 2012, there were 981 individuals counted, but this number steadily decreased to 451 in 2018. In 2019, the count was conducted on January 22nd and there were 449 persons from 325 households counted. There were 279 persons that were formerly homeless housed in Permanent Supportive Housing programs, 234 persons formerly homeless in Rapid Rehousing Programs, and 52 persons that were formerly homeless housed in Other Permanent Housing programs.[4]

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 hospitals.

A review of the socioeconomic factors shows that Lancaster County, and the State of Nebraska overall have a low unemployment rate. Interestingly, the percent of population ages 25 and over with completion of high school or post-secondary education in Lincoln and Lancaster County is higher than

[4] Lincoln Homeless Point in Time Count. Accessed March 2022. Retrieved from www.lincolnhomelesscoalition.org

the State, however, poverty and unemployment are higher in Lincoln and Lancaster County than the State overall.[5,6] This could be attributed to the existence of the University of Nebraska Lincoln, located in Lincoln, but is still concerning that there are a larger percentage of individuals and families likely not affiliated with the University affected by poverty.

Table 4: Socioeconomic Factors

	Lancaster County	Nebraska	United States
Income Rates[3]			
Median Household Income (2016-2020)	$62,464	$61,439	$62,843
Poverty Rates[3]			
Persons in Poverty	9.4%	9.2%	11.4%
Children in Poverty	12.9%	13.9%	18.5%
Employment Rate[6]			
Unemployment Rate	2.3%	1.3%	3.7%
Education/Graduation Rates[5]			
High School Graduation Rates	93.2%	87.6%	87.7%
% of Population Age 25+ with Bachelor's Degree or Higher	39.8%	31.9%	32.2%
Insurance Coverage[3]			
% of Population Uninsured	8.2%	9.8%	10.2%
% of Uninsured Children (under the age of 18)	N/A	5.3%	5.1%

Lancaster County is designated a Health Professional Shortage Area in the following areas: Primary Care (Bluestem Health [19], Nebraska Urban Indian Health Medical Center, Inc. [17]), Dental Health (Bluestem Health [23], Nebraska Urban Indian Health Medical Center, Inc. [17]), and Mental Health (Mental Health Catchment Area 5 [8], Bluestem Health [21], Nebraska Urban Indian Health Medical Center, Inc. [13]. The score ranges from 0-26 where the higher the score, the greater the priority.[7] Lancaster County is considered a Medically Underserved Area (MUA) in Primary Care with an Index of Medical Unserved Score of 60.4 (to qualify for this designation, the score must be below or equal to 62.0 on a scale of 0 - 100 with 100 being the lowest need).[8]

[5] US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District. Accessed February 2022. Retrieved from https://engagementnetwork.org/assessment/chna_report/

[6] Bureau of Labor Statistics. 2022. Accessed February 2022. Source geography: County. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

[7] HRSA Bureau of Health Workers, HPSA. 2022. Accessed March 2022. Retrived from HPSA Find https://data.hrsa.gov/tools/shortage-area/hpsa-find.

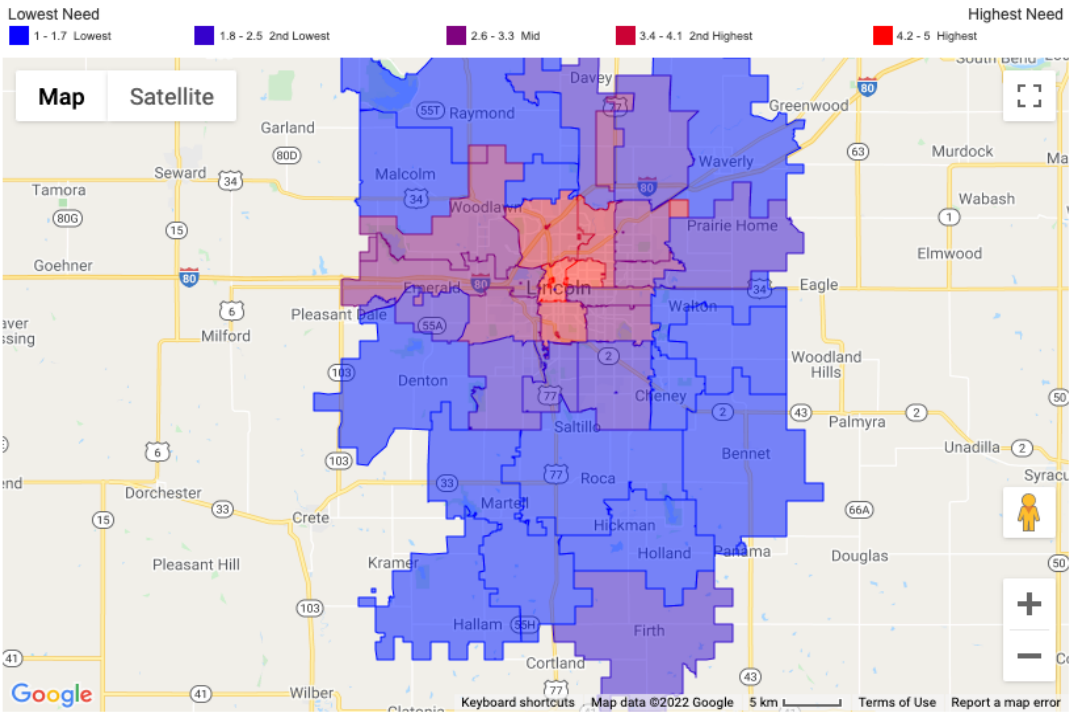
[8] HRSA Bureau of Health Workforce, MUA. 2022. Accessed March 2022. Retrieved from MUA Find https://data.hrsa.gov/tools/shortage-area/mua-find.

Community Need Index

One tool used to assess health needs is the Community Need Index (CNI).[9] The CNI analyzes data at the zipcode level on five factors known to contribute or be barriers to healthcare access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zipcode in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. Lancaster County has an overall mean (zipcode) of 2.1 on the scale. There are eight zipcodes (68505, 68506, 68507, 58510, 68514, 68522, 68524, 28528) that have a score in the mid-level of need. This mid-level is anywhere between 2.6 and 3.3. Lancaster's County's overall mean (zipcode) is 2.1 with six zipcodes in the high and highest level of need which is considered anywhere between 3.4 and 5 (68502, 68503, 68504, 68508, 68521, 68588).

[9] Truven Health Analytics, 2021; Insurance Coverage Estimates, 2021; The Nielson Company, 2021; and Community Need Index, 2021. Retrieved from http://cni.dignityhealth.org/

Figure 2: Community Need Index by Zipcode



Mean(zipcode): 2.2 / Mean(person): 2.9 CNI Score Median: 1.8 CNI Score Mode: 1.2

Zip Code	CNI Score	Population	City	County	State
68317	1	1846	Bennet	Lancaster	Nebraska
68336	1.8	553	Davey	Lancaster	Nebraska
68339	1.4	1572	Denton	Lancaster	Nebraska
68358	2	2136	Firth	Lancaster	Nebraska
68368	1.2	560	Hallam	Lancaster	Nebraska
68372	1.2	3502	Hickman	Lancaster	Nebraska
68402	1.6	1167	Malcolm	Lancaster	Nebraska
68404	1.2	1100	Martell	Lancaster	Nebraska
68419	1.4	259	Panama	Lancaster	Nebraska
68428	1.2	1519	Raymond	Lancaster	Nebraska
68430	1.4	1683	Roca	Lancaster	Nebraska
68438	1.2	157	Sprague	Lancaster	Nebraska
68461	1.2	855	Walton	Lancaster	Nebraska
68462	1.6	4504	Waverly	Lancaster	Nebraska
68502	3.8	25910	Lincoln	Lancaster	Nebraska
68503	4.2	15314	Lincoln	Lancaster	Nebraska
68504	3.8	17869	Lincoln	Lancaster	Nebraska
68505	2.8	17120	Lincoln	Lancaster	Nebraska
68506	2.6	29136	Lincoln	Lancaster	Nebraska
68507	3	15011	Lincoln	Lancaster	Nebraska
68508	4.6	13467	Lincoln	Lancaster	Nebraska
68510	3.2	20576	Lincoln	Lancaster	Nebraska
68512	2	14832	Lincoln	Lancaster	Nebraska
68514	2.8	255	Lincoln	Lancaster	Nebraska
68516	1.8	47124	Lincoln	Lancaster	Nebraska
68517	1.8	622	Lincoln	Lancaster	Nebraska
68520	1.2	1735	Lincoln	Lancaster	Nebraska
68521	3.4	38151	Lincoln	Lancaster	Nebraska
68522	2.6	14958	Lincoln	Lancaster	Nebraska
68523	1.8	1525	Lincoln	Lancaster	Nebraska
68524	3	6396	Lincoln	Lancaster	Nebraska
68526	1.6	7231	Lincoln	Lancaster	Nebraska
68527	1.8	1759	Lincoln	Lancaster	Nebraska
68528	3.2	7558	Lincoln	Lancaster	Nebraska
68531	1.6	155	Lincoln	Lancaster	Nebraska
68532	1.8	719	Lincoln	Lancaster	Nebraska
68588	4.4	3617	Lincoln	Lancaster	Nebraska

Unique Community Characteristics

The University of Nebraska's main campus is located in Lincoln (UNL) and within the last ten years, UNL has added the Nebraska Innovation Campus to connect the university resources with business and industry through partnerships to pursue innovation. Lincoln is also the home of Nebraska Wesleyan, Union College, a Doane College branch, Southeast Community College, a Kaplan University site, and several vocational and trade schools where students can pursue degrees.

Other Health Services

Lincoln has a wide range of healthcare providers, including medical, dental, and mental health services that not only address the needs of the local population, but also residents from throughout southeast Nebraska, northern Kansas, and from across the State. The LLCHD, as well as state agencies, provide population health services. Aging Partners is the local Area Agency on Aging organization, and while it serves Lancaster County, it is operated by the City of Lincoln. Below is a list of prominent providers related to health and human services in the Lincoln-Lancaster County:

- Bryan Health East Campus (hospital)
- Bryan Health West Campus (hospital)
- Bluestem Health (formerly People's Health Center)
- CHI Health Clinics in Lancaster County
- Health 360 (Lutheran Family Services & Bluestem Health partnership)
- Madonna Rehabilitation Hospital
- Lincoln Surgical Hospital
- Lincoln Regional Center (Psychiatric hospital)
- Lincoln-Lancaster County Health Department (LLHD)
- Lincoln Medical Education Partnership
- Lincoln Veterans Administration Medical Center
- Clinic with a Heart
- People's City Mission
- University Health Center (University of Nebraska – Lincoln and Nebraska Medicine)
- MedExpress Urgent Care (formerly Linc-Care)
- Urgent Care Clinic of Lincoln
- Lancaster County Medical Society (LCMS)
- Center for People in Need (Addresses social needs)
- Community Health Endowment of Lincoln
- Partnership for Healthy Lincoln

A comprehensive list of resources and assets and detailed descriptions can be found in the *LLCHD Community Health Assessment* found at https://www.lincoln.ne.gov/City/Departments/Health-Department which will be published in May 2022.

Community Health Needs Assessment Process and Methods

Process Overview

The CHNA process for Lancaster County was led by the LLCHD. In partnership with the local health systems, CHI Health and Bryan Health, a steering committee was formed to participate in, facilitate and inform the process described below. In an effort to align system's CHNA processes, the health department first convened partners in January 2020, where the health systems agreed to align processes, adjust timelines as needed, and meet on an ongoing basis through the fall of 2021.

CHA/CHIP Steering Committee Members:

- Nathan Albright, Bryan Health, Marketing Analyst/ Planning Strategist
- Edgar Bumanis, Bryan Health, Marketing and Communications Director
- Jesse Davy, Lincoln-Lancaster County Health Department, Accreditation Coordinator
- Tommy George, Lincoln-Lancaster County Health Department, Public Health Epidemiologist
- Russ Gronewold, Bryan Health, President and CEO
- Donna Hammack, CHI Health St. Elizabeth, Chief Development Officer
- Christina Hitz, Lincoln-Lancaster County Health Department, Public Health Education Supervisor
- Raju Kakarlapudi, Lincoln-Lancaster County Health Department, Public Health Epidemiologist
- Lata Nawal, Lincoln-Lancaster County Health Department, Assistant Epidemiologist
- Erika Prucha, Bryan Health, Patient Financial Analyst
- Sarah Stanislav, CHI Health, Healthy Communities
- Derek Vance, CHI Health St. Elizabeth & Nebraska Heart, President
- George Wagaman, CHI Health, Planning and Innovation Strategist
- Ashton Wyrick, Bryan Health, Assistant Director for Government and Community Relations

The 2021-2022 Community Health Profile (to be published May 2022) for Lincoln and Lancaster County is based upon the community health survey and CHNA done under the general framework of MAPP (Mobilizing for Action through Planning and Partnership). The community profile is informed by the survey and the four assessments: Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and the Local Public Health System Assessment (all detailed below). The report includes the latest available data, including statistical and survey data from an array of sources and qualitative data from surveys and focus groups. These focus groups, or Community Conversations, focused on equity. These data and statistics include demographic, health, and environmental health indicators.

Community Health Status Assessment

In this cycle of the CHNA process, LLCHD piloted and implemented a new shortened version of a Community Health Status Assessment in the form of the five-question geospatial community survey. This survey (primary data source) in combination with the array of indicators from secondary data sources (birth, death, BRFSS, YRBS, hospital discharge data) helps provide a robust understanding of health behaviors and outcomes in Lancaster County.

The geospatial community survey provided census tract estimates for the self-reported health status of the community. The following text summarizes these efforts, including how the tool was developed, piloted, and formally implemented and the results of this innovative approach.

This information was shared with the Board of Health on September 15th, 2021 as part of an update regarding the work being done for Community Health Assessment functions by LLCHD. For a full copy of the slides shared at this Board of Health Community Health Assessment update, please refer to the LLCHD website.

Primary Data

Survey Development

As part of the LLCHD 2020 Public Health Accreditation Board Annual Report, a Quality Improvement project using Plan-Do-Study-Act methodology was initiated in the summer of 2019. First, the Plan Phase included the use of an iterative entrepreneurial tool called Customer Discovery Interviewing. The methodology requires questions that prompt memory recall of decision-making or experience, avoiding health estimation where possible. More than 30 community partners were interviewed, averaging an hour in length, regarding their experience in gathering meaningfully input from the communities they serve, and testing validity of potential survey questions. The questions focused on: 1) problems with community data collection, 2) best experiences with collecting data and its meaningful use, and 3) providing access to preliminary survey questions developed by the department. The results of the interviews provided focus, direction, and clarification for potential survey methodology and questions. Five survey questions were consistently met with approval, two emerging at the suggestion of a community partner to include asset-based questions. Additionally, each question was assessed in the interviews for potential value it may generate, and ultimately its ability to reveal opportunities for action and improvement. Final questions were:

1. What was the last major health issue you or your family experienced?
2. What worries you most about your or your family's health?
3. The following are health concerns in the city of Lincoln and Lancaster County. In your experience what are the top 3 health concerns? (9 are listed with a check box, with an “other” box provided)
4. What’s something you do to be healthy?
5. What would make your neighborhood a healthier place for you or your family?

Secondarily, the LLCHD team was unable to find survey methodology matching their focus, and adapted a modified geo-spatial methodology, using GIS to identify 1 out of every 7 homes on every block of the city and county. Roughly 14,000 addresses were identified for the initial round of surveying (the methodology allows for easy shifting in the future (i.e. home 2 out 7) to avoid survey fatigue). The survey has no method for collecting additional demographic information, which is currently obtained through the Census. The focus of the survey is solely how health is experienced based on where a person lives. The tool was translated into five additional languages based on the top language needs identified through other services offered by the LLCHD. The DO Phase was initiated internally first, with a piloting of LLCHD staff. The Community Health Survey was sent to all LLCHD employees to assess:

- The quality of data collected by the survey
- The time necessary for completion
- The likelihood of respondents to submit health experiences anonymously
- The usability of the online survey

The LLCHD staff pilot results were used by the project team to establish preliminary categories to use for analyzing the full sample. Additionally, a pilot was completed through an emailed version to partners and collaborators who were involved in Customer Discovery Interviewing. In January and February of 2020, a full pilot was conducted in two census tracts assessed as two of the highest risk for many of the leading health concerns in the city and county. One in every seven homes received the survey which could be completed either on paper, online (a QR code and URL were included), or in person via phone (inhouse translation is available for 7 languages). Nearly 500 surveys were distributed, each with a code that correlated to their census tract. The pilot had more than a 20% completion rate after two mailings, sent two weeks apart. Methodology was set for follow-up to increase completion, with staff and interns going door to door, but COVID prevented this. The minimum threshold for success set prior to mailing was a 20% completion rate, and the LLCHD project team felt given the interruption from COVID to the follow-up process, the pilot was incredibly successful. The data was cleaned and categorized, with data quality mirroring the internal LLCHD staff pilot. Based on the success measures identified in the Plan phase, the new Community Health Survey Methodology was sent to Act Phase where it was adopted to be fully implemented in October and November of 2020. The results of each measure of the PHAB assessment were as follows:

- Increase representation of the CHA/CHIP tool for community input and guidance to include people from throughout the city and county
    - Based on the geo-spatial sampling methodology every neighborhood, apartment complex (1 in every 7 units were sampled), and house was sampled. This broad representation provided significant improvement. With the success of the pilot, representation is broad and significant.
- Increase overall participation from 300
    - Based on the 20%+ response rate from the first two census tracts, the full sample will increase response substantially. This does not remove the need to work specifically with partnership organizations in every aspect of the 2020-21 CHA/CHIP, but increases

participation in the process from the community substantially increase understanding of health experiences across the city and county.
    - Because the survey is an experience-based survey approach, with each question created to make the respondent the expert (only they can answer for their experiences), the insight into how health is actually experienced based on location in the city and county is invaluable. Results provided categorizable and anecdotal input into the process.
- Ensure analysis is mappable, adding a new meaningful layer to Community Health Status Assessment and community mapping projects
    - With survey results connected only to a geographic identifier, results are mapped by response, allowing partnering organizations to work in specific areas of the community to address health needs as they emerge. This potential to focus CHIP objectives is unprecedented for LLCHD.
- Increase actionability of data received
    - Based on the methodology used to develop the survey questions, and the qualitative nature of the responses, the ability to actionably respond to survey data has increased tremendously.

The new Community Health Survey needed the capacity for mapping results. The department has led community-wide health data mapping projects in the past (i.e. "Place Matters"), but to align and partner with CHI Health St. Elizabeth, NHH, and Bryan Health the timeline needed to change from five to three years, requiring more focused Community Health Improvement efforts. A model emerged using a modified spatial-sequential sampling methodology borrowed from the emergency response approach of CASPER (Community Assessment for Public Emergency Response). While CASPER surveys a representative sample with randomly selected census tracts, the LLCHD model chose to sample in every census tract within the city and county. Specifically, one in every seven parcels of land (households) would receive a survey, allowing the LLCHD to weight and map the results, and overlay the survey with established secondary data sources utilized in the Community Health Status Assessment (BRFSS, YRBS, Vital Stats, etc.), and be more directed in where focus was placed in the Community Health Improvement Plan.

Beyond sending the survey to one in every seven parcels, the LLCHD partnered with the Cultural Centers of Lincoln, the Commission for the Blind, and the Homeless Coalition, to identify and survey 11 Equity Groups to better ensure engagement and representation as priorities emerge from the data for Community Health Improvement Planning. The results were so strong from the initial pilot that the partnership decided to keep the original timeline of fall 2020 for the full release of the new survey tool. The results again came in quite strong from a very dispersed sample. The data was categorized by the CHA/CHIP Steering Committee, weighted, and prepped for use in Community Health Improvement Planning.

Secondary Data

Health Status Indicators

There are a number of health status indicators, including both measures of morbidity and mortality. Unfortunately, morbidity measures (incidence or prevalence rates of disease or medical conditions) are less available at the population level. For instance, vital statistics birth and death certificate data provide very good information about births and deaths (mortality), but only a limited set of information (e.g., health conditions contributing to the cause of death) about health status (morbidity) between birth and death. So, while vital statistics data are a reliable database for maternal and child health data and mortality, they are not as useful for other health status measures. Beyond vital statistics, there are many local health indicators or measures available from disease registries, hospital discharge data, and several health behavior surveys. For most data sources there are several years, or even decades, of data that can be used to analyze any trends present in the data. However, data interpretation is not always easy for the available data sources due to the reliability of the data source or the characteristics (e.g., number of years of data, volatility or trends) of the available measures. For health indicators that are somewhat stable or less volatile (data whose year-to-year changes are minor), data or measures (whether counts, averages, or rates) from the latest year, or even from several years ago, can provide us with an understanding of the community's current overall status for that measure. This is not true for indicators that are based on small numbers of occurrences or are rates based on small samples or number of events; or for those measures that fluctuate due to random variation. For these data series, even the most recent data, and certainly data from prior years, may be of limited value in assessing/estimating the current, true or stable health status. As will be shown in this report, there are several such measures that move up or down with no apparent pattern from year to year –falling in some years, rising in other years with no discernable short-term trend. With relatively smaller populations, data about minorities are often not available or so volatile from year to year that it is often necessary to provide caveats about race and ethnicity data or combine multiple years of results in order to have enough data to provide a reliable rate or measure. Another group that needs to be mentioned is the population with a disability. The estimate is that 17,747 people under the age of 65 have a disability of some kind. While we know the size of the population with a disability, we do not know many of their other characteristics. This is an area for further fact gathering, especially when local health departments are able to access Medicaid data.

Morbidity Information

The sources of information about illnesses, diseases, and health conditions include survey results, especially those from the Behavioral Risk Factor Surveillance System (BRFSS), disease registries, hospital discharge data, and reportable disease information from physicians and laboratories. Unfortunately, each source has limitations (e.g., self-reported information, incidence rather than prevalence information). Also local data are not available for ambulatory conditions treated in physicians' offices and urgent care centers although those data may be easier to get in the future from insurers and through electronic data interchange systems.

Hospitalizations

Inpatient hospitalizations in Lancaster County were reviewed as part of the CHNA process. The results are based on data from the Nebraska Hospital Association and represent hospital discharge records from the hospitals in Lancaster County.

The overall assessment through the LLCHD is ongoing and community themes and strengths assessment, forces of change, and local public health system assessment are not yet complete, but preliminary data was used to inform the findings and hospital prioritization process.

Community Themes and Strengths

The primary method used for the Community Themes and Strengths assessment was completed using a geospatial sampling protocol to gain a representative sample by census tract. The purpose of this assessment is to gather information about what is important to our community, the quality of life perceived by our residents, and what assets we have to improve community health. This survey was distributed in 2020 to the general population. In early-to mid-2021, a focused assessment survey was shared with cultural centers and other partners throughout Lancaster County to ensure that we were able to view our communities themes and strengths through an equity lens. There was no convenience survey that is typically administered during this assessment period.

The LLCHD is also conducting community conversations that are intended to dive deeper into the health issues experienced by communities and what those communities would like to see in how the LLCHD and partners can improve those health exposures and outcomes.

Forces of Change Assessment & Local Public Health System Assessment

The 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?” The Local Public Health System Assessment focuses on all the organizations and entities that contribute to the public’s health. The LPHSA answers questions like: “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?” These assessments are currently being completed by the LLCHD and greater community.

Community Input

Stakeholder Relationships

To better protect the health of vulnerable populations, key stakeholders, and representatives of disproportionately impacted populations will need to participate in planning and developing effective adaptation actions, communications, and evaluation. One of the most important stakeholders will be

the Cultural Centers of Lincoln (CCL) which includes the Asian Community and Cultural Center, El Centro De Las Americas, Good Neighbor Community Center, Indian Center, Malone Center, and Ponca Tribe of Nebraska. Each center represents a distinct constituency, but they share many characteristics, values, and goals. CCL serves as a model of multicultural collaboration, encouraging dialogue to increase understanding of health, behavioral health, social, economic, and educational needs. The COVID-19 pandemic strengthened relationships and trust between CCL, their constituencies, and LLCHD. CCL has been an extremely valuable partner in outreach and education on preventing COVID-19 and supporting vaccination clinics held at cultural centers, churches, and points of service in target areas.

Minority Health Assessments

There is an array of projects and processes at LLCHD designed to incorporate minority health into the work done by local public health entities in Lancaster County. Some major projects that are a part of this work are the Minority Health Initiative, CDC COVID-19 Health Department Subaward, and Advancing Health Literacy. More information can be found in the LLCHD CHNA to be published in May 2022 at https://www.lincoln.ne.gov/City/Departments/Health-Department.

Health Disparities

In the sections above, some health disparities have been pointed out, such as the vast difference in low birth weight (LBW) babies; where teen moms have more LBW babies than moms in their twenties and African American mothers have a higher percentage of LBW babies than moms of other races and ethnicities. Health disparities are often looked at as differences in health status between the white population and racial/ethnic minorities. However, race and ethnicity, gender, age, disability, social and economic status, and geographic location all contribute to an individual's ability to achieve good health. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. Health disparities result from multiple factors, including:

- Poverty
- Environmental threats
- Inadequate access to health care
- Individual and behavioral factors
- Educational inequalities

Overall statistics for the community often mask differences among persons of different gender, race/ethnicity, or age group. Differences are also present when we look at the data about persons with

different education, family incomes, and neighborhoods. While disparities are often discussed in terms of differences among race and ethnic groups, having enough data from minority populations, especially from surveys but also from disease registries, is a problem for interpretation and for making any generalizations. In the examples below, when data are presented by race/ethnicity several years of data are used or data are combined into an aggregated category such as “minority” or “Non-White” if sample size is a significant concern. In this section, we discuss some of the differences in morbidity, mortality, and health behaviors that are apparent in the data we have available for subpopulations (e.g., by gender, by race/ethnicity) or groups of persons by income, education, or age group. Differences by census tract are also presented with maps to highlight distinct differences across the community. It is by no means an exhaustive list of differences, but instead highlights some of the disparities in the community. Some disparities are highlighted in the finding section below and additional tables detailing disparities can be found in the LLCHD CHA to be published May 2022.

Written Comments Received

CHI Health St. Elizabeth invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

Assessment Data and Findings

Geospatial Survey Results

The results of the categorization for each question are shown below. First, the data collected (except for Question 3) were gathered and categorized by the LLCHD team and hospital partners. Once categorization was completed, the estimates were weighted and are present for each question.
For Question 1 (What was the last major health issue you or your family experienced?), the percentage of responses in each category is listed below. The circulatory system was identified as the leading cause (13.3%), followed by infectious and parasitic disease (13.0%, primarily due to the pandemic), and thirdly cancer (9.9%). The other responses representing at least 5% of our community are disorders of the musculoskeletal system, mental, behavioral, and neurodevelopmental disorders, and injury, poisoning or other consequences of external causes.

Table 5: Question 1. What was the last major health issue you or your family experienced?

Categorized Responses	Weighted Percent
Circulatory System	13.3%
Infectious & Parasitic Disease	13.0%
Nothing	12.1%
Cancer/Neoplasms	9.9%
Musculoskeletal System	8.2%
Mental, Behavioral and Neurodevelopmental Disorders	7.0%
Injury, Poisoning & Certain Other Consequences of External Causes	5.9%
General Health and Other or Unspecified Health Conditions	4.2%
Digestive System	4.1%
Diabetes Related Conditions and Procedures	3.5%
Respiratory System	3.1%
Surgery or Other Medical Treatment/Procedure without Specified Cause	3.1%
OB/GYN	2.7%
Urinary System	2.6%
Conditions of the Eye and Ear	2.0%
Aging	1.8%
Other	1.7%
Nervous System	0.9%
Healthcare Access	0.5%
Endocrine System	0.3%
Disability	0.2%
Specialty Care	0.0%

Infectious and parasitic disease is typically not this high as a burden of health outcomes; however, the onset of the pandemic in early 2020 has resulted in the public survey showing it as a much more common issue for the community. The table below shows that of all respondent's experiences categorized as infectious and parasitic disease, COVID-19 was responsible for 56.1% of them.

Table 6: Categories within "Infectious & Parasitic Disease"

Infectious & Parasitic Disease	Weighted Percent
Covid-19	56.1%
Other or Unspecified Infectious or Parasitic Diseases	19.3%
Influenza	15.4%
Meningitis	4.2%
RSV (Respiratory Syncytial Virus)	4.1%
Blood	0.6%
Mononucleosis (typically Epstein-Barr virus - EBV)	0.3%

The second question (What worries you most about your or your family's health?) identified infectious disease as the leading cause (29.1%) with 99% of those responses identifying COVID-19 as the primary concern. The next leading group of responses identified healthcare access (17.4%). Individuals reported nothing (11.1%) more frequently than general health & well-being (9.5%), other (9.1%) and behavioral or mental health (5.7%) and aging (5.5%).

Table 7: Question 2. What worries you most about you or your family's health?

Categorized Responses	Weighted Percent
Infectious Disease	29.1%
Healthcare Access	17.4%
Nothing	11.1%
General Health & Well-being	9.5%
Other	9.1%
Behavioral/Mental Health	5.7%
Aging	5.5%
Circulatory System	3.9%
Cancer/Neoplasms	3.3%
Environment	1.4%
Diabetes Related Conditions and Procedures	1.3%
Social Connectedness	1.0%

The third question (In your experience, what are the top 3 health concerns?) gave options for individuals to select their top 3 health concerns. The table below shows what was selected most frequently. Since this form was developed prior to the pandemic beginning, infectious disease and COVID19 were not included. Prior to the pandemic, infectious and parasitic disease was not a leading cause of death.

Table 8: Question 3. In your experience, what are the top 3 health concerns?

Health Concern	Weighted percent
Mental Health (i.e., Depression, Anxiety, Post-Traumatic Stress, Suicide)	65.3%
Alcohol, Drug, and Tobacco Use	41.2%
Heart Disease (i.e., high blood pressure & stroke)	40.7%
Getting enough exercise	31.1%
Challenges getting healthy and affordable food	27.3%
Diabetes	25.0%
Getting around town safely (driving, walking, & riding)	23.1%
Cancer	8.8%
Asthma	5.3%

The fourth question (What is something you do to be healthy?) was open-ended and allowed individuals to provide general information about healthy habits they have. The table below summarizes this. Exercise (64.3%) and healthy diet (21.4%) were the vast majority of responses. Exercise (walking 47.7%

or other 45.2%) and healthy diet (other 78.2% and fresh ingredients 14.8%) were general responses typically without specific information about what precisely was done.

Table 9: Question 4. What is something you do to be healthy?

Self Initiative	Weighted percent
Exercise	64.3%
Healthy Diet	21.4%
Other or Unspecified	6.4%
None	3.1%
Reducing Exposure to Risk Factors	2.7%
Regular Preventive Care	2.0%
Safe Traffic Habits	0.1%

The fifth question (What would make your neighborhood a healthier place for you or your family?) inquired about interventions that could be undertaken to improve the health of their community. The table below summarizes the community's responses to this question. The leading interventions were physical activity infrastructure (16.8%), cleaner environment (10.3%), traffic safety (7.3%), neighborhood safety (6.3%), access to healthy food (4.3%), and neighborhood connectedness (4.2%). For physical activity infrastructure, more focus on access to trails (21.8%), sidewalks (19.7%), parks (15.5%), and gyms (12.5%) were the leading specific types. For environment, air quality (21.9%) and cleaner neighborhoods (17.2%) were among the top specific improvements desired. For traffic safety, less high-speed traffic (38.4%) and traffic volume (19.5%) were the leading preferences.

Table 10: Question 5. What would make your neighborhood a healthier place for you or your family?

What need to be done	Weighted percent
Physical Activity Infrastructure	16.8%
Cleaner Environment	10.3%
Traffic Safety	7.3%
Neighborhood Safety	6.3%
Don't Know	5.5%
Access to Healthy Food	4.3%
Neighborhood Connectedness	4.2%
Physical Activity Programming	2.7%
Reduced Access to Drugs & Alcohol	2.7%
Access to Healthcare	2.5%
Higher Vaccination Rates	0.2%

Overall, these questions and their responses provide a robust understanding of what the community identifies as the biggest health issues and the best ways to potentially address these health issues. Further analysis of this data is underway, including community conversations and additional surveys that were conducted focused on health equity

Equity Sampling

The community was surveyed with a focus on sampling various communities historically known to experience health inequities, particularly by partnering with the Culture Centers of Lincoln (CCL). The results for this sample are shown in Appendix A.

Identified Health Issues

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health St. Elizabeth, please refer to the data detailed in the Community Health Survey Results presentation (Appendix A), Lancaster County Vital Statistics presentation (Appendix B), and Lancaster County BRFSS (Appendix C). The data were reviewed by the CBAT in January 2022 and has been shared in the LLCHD led Community Conversations.

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.

Prioritization Process and Significant Community Health Needs

Prioritization Process

Building on the Steering Committee's survey analysis, the LLCHD team collaborated with the CCL to arrange 2-hour conversations with community members from nine ethnic minority groups in Lancaster County. Fourteen conversations were completed (five groups had two conversations: African American, Hispanic, Middle-Eastern, Native American, and Sudanese communities) with an average of 10 participants representing 15 different countries of origin. Demographics of the 137 participants can be found in Figure 3. In addition to the invited participants, meetings included staff from both CCL and LLCHD who acted as facilitators and/or interpreters. Facilitators from LLCHD were ToP (Technology of Practice) trained. ToP is a structured facilitation method that enables inclusive and meaningful group collaboration by identifying common responses and pooling contributions into useful patterns. The two hour conversation was divided into two parts. During the first hour, participants were asked to share what is negatively influencing health in their community. Responses were written on notecards, discussed, categorized, and each category was given a name. Participants then voted on which category was the most pressing and the topic was the focus of the second hour. The second hour dove deeper into the root causes of these health concerns.

Figure 3: Community Conversation Demographic Information (n=137)

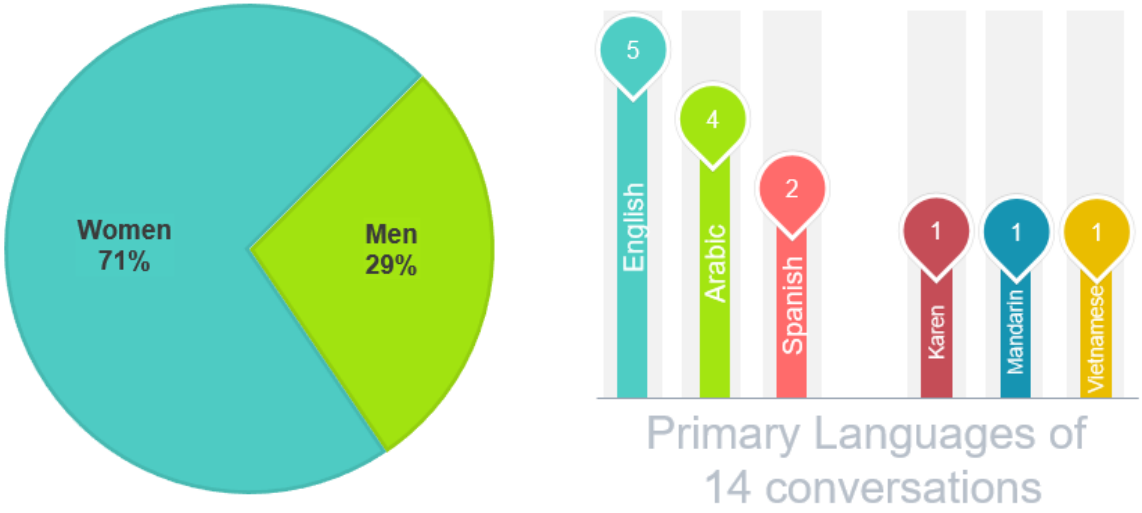


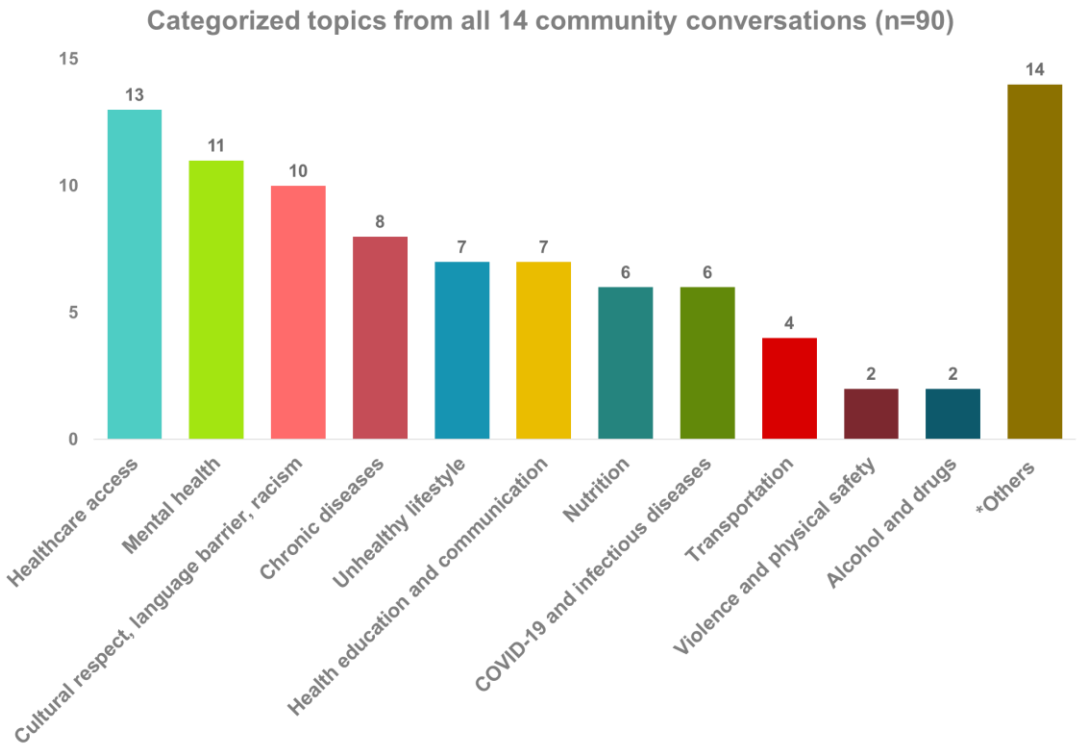
Table 11 details the health topics selected by participants as the primary issue concerning them. The following figure shows the initial categorization of the health topics. Aside from others, healthcare access, mental health, cultural respect, language barriers, and racism were the themes identified most

often in the Community Conversation. Additional details from the Community Conversations and overall Minority Health Initiative can be found in Appendix D.

Table 11: Individual Community Conversation Health Topics

Group	Primary topic selected
Hispanic #1	Mental health
Middle-Eastern men	Underinsured
Vietnamese	COVID-19
Chinese	Healthcare affordability and access
Hispanic #2	Prevention
Middle-Eastern women	Living healthy
Sudanese men	Community health and awareness
Karen	Existing and current illness
Sudanese women	Mental health
Native American #1	Lack of cultural respect
African American adults	Access to quality health information
Native American #2	Health/nutrition education
African American youth	Drugs
Yazidi	Language barrier

Figure 4: Categorized community conversation topics



*Others include Access to housing, Cancer, Childcare, Community support, Dental, Electronics, Financial challenges, Future generations, Genetics, Loss of sleep, Not caring, Physical environment, and Sickness from a lack of food and water.

Data provided by the LLCHD and the CHI Health Healthy Communities team was presented to the CBAT for further validation and prioritization of needs. The multidisciplinary team reviewed the data and found the data to accurately represent the needs of the community.

CBAT Member from January 2022 meeting:

- Rev. Mike Bingeman, Director of Mission, CHI Health St. Elizabeth and Nebraska Heart
- Becca Eckert, Vice President of Patient Care Services, CHI Health Nebraska Heart
- Donna Hammack- Chief Development Officer CHI Health St. Elizabeth/Nebraska Heart
- Brian Leisy, Executive Assistant, CHI Health St. Elizabeth
- Dr. Michael Rapp, Chief Medical Officer, CHI Health St. Elizabeth
- Sarah Stanislav, Healthy Communities Coordinator, CHI Health
- Jenny Statura, Vice President of Patient Care Services, CHI Health St. Elizabeth
- Derek Vance - President, CHI Health St. Elizabeth/Nebraska Heart
- George Wagaman, Planning Innovation Strategist, CHI Health

Prioritized Health Needs

Based upon data gathered by LLCHD for the Lancaster County CHNA, the following represent the significant health needs within the community. Various criteria were considered when identifying the needs and general guidelines are:

- severity of the health issue
- population impacted (making special consideration to **disparities and vulnerable populations**)
- trends in the data
- existing partnerships
- available resources
- hospital's level of expertise
- existing initiatives (or lack thereof)
- potential for impact
- community's interest in the hospital engaging in the health area

Prioritized Significant Health Needs (detailed in Table 12) for the Lancaster County community are:

- Access to Care
- Behavioral Health
- Cancer
- Chronic and Infectious Disease
- Social Determinants of Health
- Violence/Injury

Table 12: Prioritized Significant Health Needs

HEALTH NEED	REASON FOR HIGH PRIORITY
Access to Care	● Community Conversations topics - “underinsured”, “healthcare affordability and access”, “access to quality health information”, community health and awareness”, “lack of cultural respect”. ● The population of Lancaster County is growing, especially in the over 65 age group, resulting in an increase in demand on health services. ● Minority populations are increasing compared to Non-Hispanic White. One challenge is that newcomers are not familiar with the healthcare system. There are currently 60 primary languages in the county. ● In 2019, Lancaster County respondents aged 18 to 64 indicated they did not have health care coverage (13.6%), which was significantly lower than Nebraska (17.1%). ● Respondents reporting no health care coverage was most common among non-Hispanic Black respondents (30.5%), Hispanic respondents (46.0%) and households making less than $25,000 per year (44.7%). ● In 2019, Lancaster County residents reported a very similar proportion of individuals who had a routine check-up in the past year (71.8%) to the state of Nebraska (72.9%). ● The proportion of respondents reporting they needed to see a doctor but could not due to cost in the past year was similar between Lancaster County (12.7%) and Nebraska (12.6%). ● The proportion of residents reporting they had no personal doctor or health care provider was also similar between Lancaster County (19.8%) and Nebraska (20.4%). ● In 2019, 22.3% of births in Lancaster County occurred prior to 38 weeks of gestation. By race, Non-Hispanic American Indian and Alaska Native mothers had the highest percentage of premature birth (32.4%), followed by Non-Hispanic Black mothers (26.0%), Hispanic mothers (24.9%), and Non-Hispanic Asian mothers (23.5%). Mothers who had Medicaid (25.5%) also had a higher percentage of premature birth deliveries when compared to those with private insurance (21.2%). ● In 2007, 84.0% of mothers received prenatal care, but by 2019 it appears only 80.1% of mothers received 1st trimester prenatal care. Mothers who are under 20 years are the least likely to initiate their prenatal care in the 1st trimester (57.1%) compared to 20-24 years (70.5%), 25-29 years (75.0%) and 30+ years (76.6%) in 2018.
Behavioral Health	● Community Conversations topics - “mental health”. ● Poor mental health days a little higher in the state, but continuing to see these numbers climb ● The use of smokeless tobacco products, such as e-cigarettes, is an emerging issue since the last assessment. Rates are higher in Lancaster County (8.8%) than in Nebraska (5.9%) with 18-24 being the highest risk group. ● The proportion of adults reporting binge drinking in the past 30 days for Lancaster County (24.1%) was slightly higher than the state of Nebraska (20.9%). Nebraska overall has a lower proportion of binge drinking in the past 30 days than Lancaster County and the metric has remained stable since 2011. Males (30.2%) are more likely than females (18.0%) to report binge drinking. The highest risk group for binge drinking are young adults 18-34 years (37.0%), adults 35-44 years (29.3%), Non-Hispanic White respondents (24.6%) and Hispanic respondents (21.3%).

	• A significant increase in alcohol use occurs between 10th grade (39.5%) and 11th grade (57.6%) suggesting that individuals in this age group are introduced to alcohol more frequently. • The proportion of 8th to 12th grade youth who self-report smoking tobacco in the past 30 days has decreased to 4.4% in 2019 from 29.6% in 2001. This is lower than the US (6.0%), but slightly higher than Nebraska (4.2%). Females (5.2%) are more likely than males (3.2%) to report smoking tobacco in the past 30 days. There is also a significant increase between 11th grade (3.3%) and 12th grade (9.7%).
Cancer	• In 2019, the top seven causes of death by cancer for Lancaster County were cancers of the lung (21.3%), pancreas (8.8%), breast (8.1%), colon (7.7%), prostate (5.5%), leukemia (3.9%), esophagus (3.7%) and other (41.0%). By age, the rate of death due to cancer per 1,000 residents increases significantly starting in the 35-44 years group (25.45) to 45-54 years (76.88), 55-64 years (174.17), 65-74 years (850.74), 75-84 years (1,096.87) and 85+ years (1,713.78). • Cancer has been the leading cause of death in Lancaster County since 1999. In 2019, cancers were the cause of death for 481 persons, and over the five-year period, 2015-2019, there were 2,343 deaths due to cancer. • Cancer is the leading cause of death for the age group 45-54 years. • Cervical cancer screenings were up-to-date for females 21-65 years old in Lancaster County (77.1%) at comparable rates to Nebraska (80.9%). Cervical cancer screening was most commonly up-to-date for those aged 35-44 years (86.3%) compared to those aged 21-34 years (72.6%), 45-54 years (78.3%) and 55-65 years (72.9%). Those with an income less than $25,000 had the lowest rates of any group at 64.2%.
Chronic & Infectious Disease (Obesity, Diabetes, Cardiovascular Disease and related health behaviors)	• Community Conversations topics - “prevention”, “healthy living”, “existing and current illness”, “community health and awareness”, “COVID-19” • As of Aug 25, 2021, 264 deaths from covid-19 and expected that infectious disease will be one of top five causes of death in 2020-2021 reporting • Heart disease is a top two cause of death for both men and women. • Cerebrovascular disease (stroke) is one of the leading causes of death in Lancaster County. In 2019, the crude rate of stroke deaths was 33.1 per 100,000 population. • Diabetes mellitus was the 7th leading cause of death in 2019 for the crude rate per 100,000 population, with 22.1 deaths per 100,000 population. • Since 2005, the crude diabetes death rate per 100,000 population in Lancaster County has remained between approximately 15-25 deaths per 100,000 population, which represents approximately 45-75 deaths per year. • Lancaster County BRFSS data showed the local percentage of overweight obese respondents (65.1%) was significantly lower than Nebraska overall (69.0%). Males (69.9%) were more likely to report being overweight or obese than females (60.0%). Non-Hispanic Black respondents (88.8%) and Hispanic respondents (80.9%) were more likely to report being overweight or obese than the general population (65.1%) and Non-Hispanic White respondents (65.0%). • Fruit and Vegetable Consumption - Females (33.8% fruits, 17.2% vegetables) are less likely than males (42.4% fruits, 24.2% vegetables). Non-Hispanic White respondents (38.3% fruits, 19.5%vegetables) were less likely than Non-Hispanic Black respondents (34.6% fruits, 30.0% vegetables) and Hispanic respondents (33.3% fruits, 37.7% vegetables) to report consuming less than 1 serving of fruits or vegetables per day. Income and education showed the strongest associations in Lancaster County to this outcome.

Social Determinants of Health	● Community Conversations topics - “lack of cultural respect”. ● 5% of family households are living in poverty, 8.4% for households with children, and households with female householders/no spouse and children had a poverty rate of 30%. ● Cost burden is higher in Lancaster County than the state. The 2019 ACS estimated the median monthly housing costs for units with a mortgage was $1,412, for units without a mortgage was $551; and for renters it was $852. The cost of housing as a percentage of household income for housing units with a mortgage was 35% or greater for 13.1% of households, but 6.8% for housing units without a mortgage and 37.4% for renters. For occupied housing units in Lancaster County, 13.4% were built in 1939 or earlier, 13.2% 1940 to 1959, 25.5% 1960 to 1979, 25.8% 1980 to 1999, 3.7% 2010 to 2013 and 4.0% 2014 or later. This is particularly significant when considering the need for improvements to overall infrastructure, for example in relation to household lead exposures for children.
Violence/ Injury	● Unintentional injuries, especially falls, are a significant source of morbidity in the county and they are the sixth leading cause of death overall. Unintentional injuries are the leading cause of death for individuals ages 1 to 44. ● The leading causes of death for 25-34 years were accidental deaths (28.6%) and intentional self-harm/suicide (14.3%). ● The percent of 8th to 12th grade youth in Lancaster County who reported being bullied while on school property in the past year was 23% in 2019, which was no significant change from 2009 (23.3%). Males (21.3%) were slightly less likely to report bullying than females (24.3%). ● Accidental deaths, or unintentional injury deaths, were the 4th leading cause of death in Lancaster County in 2019, with a crude accidental death rate of 38.8 deaths per 100,000 population. These represent the largest fraction of injury-related deaths in Lancaster County. Also included in this category would be deaths attributable to suicide (intentional self-harm) and homicides. In 2019, there were 8 homicides, 39 suicides and 123 accidental deaths. Males represented 6 of the homicides, 31 of the suicides and 80 of the accidental deaths. ● The use of smokeless tobacco products, such as e-cigarettes, is an emerging issue since the last assessment. Rates are higher in Lancaster County (8.8%) than in Nebraska (5.9%) with 18-24 being the highest risk group. Nearly 1 in 4 females (24.4%) reported suicidal ideation while 1 in 10 males (11.1%) reported suicidal ideation. ● In 2019, the percent of 8th to 12th grade Lancaster County youth who reported making a plan to commit suicide in the past 12 months was 16.8%. This is only slightly lower than the percent of youth who reported that they were thinking about or seriously considering suicide in the past 12 months. Females are slightly more likely (18.1%) than males to engage in suicidal ideation (15.4%). There is no notable trend by grade.

Resource Inventory

Table 13 represents a list of resources in Lancaster County for each health need identified above.

Table 13: Lancaster County Resource Inventory

Significant Health Need	Assets/Resources
Access to Care	Health 360 Integrated Care Clinic (Lutheran Family Services) LLHD - (CHIP convening stakeholders) Health Hub - to assist people navigating through the health system Clinic with a Heart Center for People in Need Lincoln Community Health Endowment Health LNK – Lincoln public access television Enroll Nebraska Navigators - from Community Action Program for Lancaster and Saunders County CHI Health St. Elizabeth
Behavioral Health	Bryan Health Region V System The Bridge Behavioral Health Blue Valley Behavioral Health CEDARS Youth Services Lancaster County Human Services Health HUB Lincoln Police Department Lincoln Treatment Center Mental Health Association of Nebraska Mental Health Diversion is offered by Lancaster County Community Corrections Health 360 St. Monica's Behavioral Health Services for Women Bluestem Health (Federally Qualified Health Center (FQHC) Keya House Honu Home CenterPointe' s Crisis Response Services
Cancer	LLCHD Bryan Health CHI Health Clinics Clinic with a Heart NE Dept. of Health & Human Services Cancer Partners of Nebraska Nebraska Cancer Specialists Nebraska Cancer Research Center CHI Health St. Elizabeth
Chronic & Infectious Disease (Obesity, Diabetes, Cardiovascular Disease	**Obesity Prevention** Partnership for a Healthy Lincoln LLHD Children's Center for the Child &

and related health behaviors)	Community Lincoln Public Schools Nebraska Department of Education Alliance for Healthier Generation Nebraska Go NAP SACC Nebraska Safety Council Cultural Centers Local Businesses Aging Partners (City of Lincoln) Senior living facilities Lancaster County Medical Society Boys and Girls Cubs Great Plains Trails Network Lincoln Dietetic Association Creighton University School of Medicine Nebraska Medical Association Public Works Urban Development Safe Kids Lincoln Police Department Nebraska Dept. of Health & Human Services Nebraska Double Up Food Bucks (NE Dept. of Agriculture) Asian Community & Cultural Center **Breastfeeding** St. Elizabeth Regional Medical Center Milkworks Bryan Health La Leche League LLHD WIC WorkWell Nebraska Breastfeeding Coalition Nebraska Women's Health Advisory Council Bryan Health Hospital Family Services NE Dept. of Health & Human Services **Access to Fresh Fruits and Vegetables** Community CROPS Lincoln Food Bank Center for People in Need Nebraska Double Up Food Bucks **Tobacco** Lancaster County Medical Centers Physicians Network Tobacco Free Nebraska LLCHD Multi-unit housing administrators

	City of Lincoln, Parks and Recreation Lincoln Police Department Lancaster Sheriff's Office **Preventative Screenings** NE Dept. of Health & Human Services Nebraska Heart Hospital LLCHD NE Pharmacy Association YMCA NE Dept. of Health & Human Services Nebraska Safety Council
Social Determinants of Health*	Cultural Centers of Lincoln Community Health Endowment CHI Health St. Elizabeth LLCHD Aging Partners Malone Center Nebraska Appleseed United Way People's City Mission CenterPointe Food Bank of Lincoln
Violence/ Injury	Violence Prevention Council Aging Partners SafeKids Lincoln-Lancaster County Nebraska Safety Council Lincoln Police Department & Lancaster County Sheriff's Dept. LLCHD Neighborhood associations Lincoln Public Schools & Rural School Administration City of Lincoln Public Works NE Dept. of Health & Human Services SCC Driver Education Program Auto Insurance Companies

*An extensive list of the organization's supporting the social determinants of health can be found at: https://greatnonprofits.org/city/lincoln/NE

Evaluation of FY20-FY22 Community Health Needs Implementation Strategy

The previous CHNA for CHI Health St. Elizabeth and NHH was conducted in 2019. Table 14 illustrates the progress and impact made around CHI Health St. Elizabeth and NHH's previous implementation strategy to address community health needs.

Table 14. FY20-FY22 CHI Health St. Elizabeth and NHH Implementation Plan Review

Priority Area # 1: Access to Care	
Goal	**Ensure equitable access to high-quality healthcare and coordination of healthcare and community-based health services across the community.**
Community Indicators	**CHNA 2016** • 84.8% of Lancaster County adults have health insurance (ages 18-64) • 75.7% of Lancaster County adults have a medical home (primary care provider)
	CHNA 2019 • 88.5% Lancaster County Adults with health insurance (ages 18-64) • 82.3% of Lancaster County adults have a medical home (primary care provider) • 10.2% of Lancaster County adults in 2016 report no doctor visit due to cost in past year • 17.7% of Lancaster County adults report having no personal doctor (down from 24% in 2014)
	CHNA 2022 TBD
Timeframe	FY20-FY22
Background	**Rationale:** Access to healthcare services was identified as a top identified need in 2016 and reconfirmed in 2019, continuing as a top priority for Lincoln Lancaster County Health Department (LLHD) Community Health Improvement Plan (CHIP).

<table>
<tr><td></td><td>Contributing Factors:
Availability of non-urgent care sites during non-business hours
Minimal collaboration between healthcare and service providers to coordinate care for those most at-risk and needing chronic care disease management support
Lincoln is a resettlement community, welcoming refugees from many different countries who do not have insurance and need support to navigate the healthcare system
Reported lack of primary care providers who accept Medicare, leaving a shortage for the aging and disabled populations</td></tr>
<tr><td></td><td>National Alignment:
100% of persons have medical insurance
83.9% of persons have a usual primary care provider
4.2% of persons unable to obtain (or delay in obtaining) necessary medical care</td></tr>
<tr><td></td><td>Additional Information: The local safety net coalition was established approximately ten years ago to focus on coordination of needed services for the uninsured and underinsured. There is an opportunity to re-engage this coalition through this work.</td></tr>
<tr><td colspan="3">1.1 Strategy & Scope: Engage with community partners and key service providers in existing efforts to improve access points and coordination of healthcare services across the City of Lincoln and Lancaster County.</td></tr>
<tr><td>Anticipated Impact</td><td>Hospital Role/ Required Resources</td><td>Partners</td></tr>
<tr><td>Reduced need for non-emergent ED visits by increasing availability of relevant care access points and encouraging patient connection with a primary care provider (medical home)
Lower readmissions and improved use of preventive care due to improved collaboration across healthcare providers and community-based support services</td><td>CHI Health System Role(s):
Technical Assistance
CHI Health St. Elizabeth/NHH Role(s):
Provides funding and staff
Required Resources:
Funding</td><td>Lincoln-Lancaster County Health Department (LLHD)
Partnership for Healthy Lincoln (PHL)
Clinic with a Heart Aging Partners</td></tr>
</table>

	• Staff • Office Space • Materials	
Key Activities	**Measures**	**Data Sources/Evaluation Plan**
• Engage with the local safety net coalition and explore opportunities to partner and improve access to high-quality, timely, affordable and equitable care among all community members and identify relevant actions and measures of success for identified work (St. Elizabeth) • Identify barriers to effective transitional care for patients discharged from the inpatient/acute setting that puts patients at risk for readmission, and identify partners and strategies to address and identify relevant actions and measures of success for identified work (St. Elizabeth & NHH) • Partner with Aging Partners (Area Agency on Aging) to identify gaps in care specific to the aging and disabled populations and identify relevant actions and measures of success for identified work (St. Elizabeth) • Continue financial and in-kind support to Partnership for Healthy Lincoln (PHL) to address chronic disease and improve healthcare access through the development of clinical quality improvement efforts related to: early prenatal care, maternal depression screening, diabetes management, colon cancer screening – also help to inform future quality improvement initiatives (St. Elizabeth & NHH) Continue financial and in-kind support of Clinic With a Heart to offer monthly urgent care (St. Elizabeth), specialty care (St. Elizabeth), and hypertension care clinics (NHH) for un/under-insured community members • Explore and identify ways to promote improved alignment between primary and cardiovascular specialty care in the Lincoln community and identify relevant actions and measures of success for identified work (NHH)	• Reduced need for non-emergent ED visits by increasing availability of relevant care access points and encouraging patient connection with a primary care provider (medical home) • Lower readmissions and improved use of preventive care due to improved collaboration across healthcare providers and community-based support services	Data will be reviewed and monitored by an internal team using the following data sources: • Program partners outcome tracking • CHI Health Hospital Database

• Support the on-going or increased availability of evidence-based chronic disease management programming that aligns with primary and specialty care access points (i.e. tobacco cessation classes, diabetes self- management, heart failure, etc.) to encourage referral and feedback loop processes (NHH) • Participation in the Lincoln Lancaster County Health Department CHIP Access to Care work group to support work around increasing the number of community members connected to a primary care provider (St. Elizabeth & NHH) • Assess the barriers and need for integration of behavioral health services into primary care across the Lincoln-Lancaster County area, and identify strategies for addressing known barriers (St. Elizabeth)		

Results

Key Activity: Engage with the local safety net coalition and explore opportunities to partner and improve access to high-quality, timely, affordable and equitable care among all community members and identify relevant actions and measures of success for identified work (St. Elizabeth)

FY20 Actions and Impact:

- There was no active coalition meeting to explore this topic during FY20.
- CHI Health continued to support existing partners in this work and continued to explore new partnerships to strength the local safety net.
- Provided financial and leadership support to Clinic with a Heart to ensure greater healthcare access in the community (measures included with relevant strategy).
- Forged a new partnership with Aging Partners to determine health needs of older population and supported financially.
- Engaged with the health department to support local organization's needs during COVID-19.
- Partnered with Test Nebraska extensively to support testing in region and laboratory needs.

FY20 Measures:

- Supported over 3,000 COVID-19 tests per day during the height of the pandemic

FY21 Actions and Impact:

- There was no active coalition meeting to explore this topic during FY21.
- CHI Health continued to support existing partners in this work and continued to explore new partnerships to strengthen the local safety net.

- Provided financial and leadership support to Clinic with a Heart to ensure greater healthcare access in the community (measures included with relevant strategy).
- Engaged with the health department to support local organization's needs during COVID-19. St. Elizabeth leadership met with the Health Department weekly to determine partnership opportunities and address emerging issues during COVID-19.
- Began hosting community mass vaccination events with numerous staff preparing doses, giving injections, facilitating events and providing first aid and oversight.
- Partnered with Test Nebraska extensively to support testing in region and laboratory needs.
- Supported Madonna Medical Transport Program through partnership and a financial contribution to ensure community members could continue to access needed health care during the pandemic.

FY21 Measures:

- Processed over 75,000 tests in the St. Elizabeth lab for Test Nebraska.
- Partnered with the Health Department to provide over 10,000 doses of the COVID-19 vaccine at hospital and community events.
- COVID-19 response meetings with the Health Department: at least 52 meeting
- Funds provided to Madonna Transport: $10,000
    - Madonna provided over 600 transports with the funding contributed to the transportation program.
    - Madonna's Community Medical Transport program provided 4,574 non-emergency rides in total.

FY22 Results Pending

Results

Key Activity: Identify barriers to effective transitional care for patients discharged from the inpatient/acute setting that puts patients at risk for readmission, and identify partners and strategies to address and identify relevant actions and measures of success for identified work (St. Elizabeth & NHH)

FY20 Actions and Impact:

- Held utilization meetings regularly to strategize around readmissions.
- Engaged case management in conversations as transitional care continues to be a barrier in the community.
- Developed partnership with Aging Partners to increase community strategies for transitional care for the older population.
- Continued to work to engage and integrate behavioral health in care as it continues to be a barrier for patients.
- Met regularly with nursing homes in the community to overcome COVID-19 related barriers to care.
- Much of this work was put on hold to address COVID-19 related priorities.

FY20 Measures:

- No measures to report.

FY21 Actions and Impact:

- Held utilization meetings regularly to strategize around readmissions, facilitated by the Director of Care Management.

- Continued to engage care management in conversations as transitional care continues to be a barrier in the community.
- Continued partnership with Aging Partners to determine health needs of the older population and supported their new exercise program financially. Continued to explore alignment as the organization looks forward to their move into a building across the street from St. Elizabeth.
- Continued to work to engage and integrate behavioral health in care as it continues to be a barrier for patients.
- Much of this work was put on hold to address COVID-19 related priorities.

FY21 Measures:

- Funds provided to Aging Partners: $15,000

FY22 Results Pending

Results

Key Activity: Partner with Aging Partners (Area Agency on Aging) to identify gaps in care specific to the aging and disabled populations and identify relevant actions and measures of success for identified work (St. Elizabeth)

FY20 Actions and Impact:

- **Developed relationship with Aging Partners and explored ongoing need for the elderly population.**
- **Aging Partners will be moving to new space in FY21 that is close in proximity to St Elizabeth; potential collaboration opportunities were under discussion in FY20.**
- **Aging Partners pivoted their work to virtual and closed sites during the pandemic. CHI Health support was directed to their food delivery service and emergency fund**

FY20 Measures:

- **Contributed $15,000 to Aging Partners supporting the needs of 530 senior citizens using those funds**

FY21 Actions and Impact:

- Continued relationship with Aging Partners and explored ongoing need for the elderly population.
- Aging Partners will be moving to new space in FY21 that is close in proximity to St Elizabeth; potential collaboration opportunities continued in FY21.
- Geri-Fit licensing agreement was reviewed in FY21 and had two trainers ready to support the program once pandemic levels were low enough to gather in person.

FY 21 Measures:

- Contributed $15,000 to Aging Partners supporting the needs of senior citizens during the pandemic, as well as launching a Geri-Fit program. Measures to be reported in FY22.

FY22 Results Pending

Results

Key Activity: Continue financial and in-kind support to Partnership for Healthy Lincoln (PHL) to address chronic disease and improve healthcare access through the development of clinical quality improvement efforts related to: early prenatal care, maternal depression screening, diabetes management, colon cancer screening – also help to inform future quality improvement initiatives (St. Elizabeth & NHH)

FY20 Actions and Impact:

- Provided leadership support for PHL through board membership and participation.
- The Community Benefit Action Team determined that PHL priorities were no longer directly aligned with our identified priorities and discontinued financial contributions to PHL.
- St Elizabeth and NHH instead contributed funds to other community organizations whose work aligned and who were determined to be in need during the COVID-19 pandemic.

FY20 Measure: No measures to report.

FY21 Actions and Impact:

- The Community Benefit Action Team determined that PHL priorities were no longer directly aligned with our identified priorities and discontinued financial contributions to PHL.
- St. Elizabeth and NHH instead contributed funds to other community organizations whose work aligned and who were determined to be in need during the COVID-19 pandemic. Other than those listed in the other strategies, CHI Health partnered with Child Advocacy Center to ensure services continued during the pandemic, Good Neighbor Community Center to support their community health worker program and Catholic Social Services to meet the food needs of the community throughout the pandemic.

FY21 Measures:

- Funds provided to the Child Advocacy Center: $5,000
    - Supported 38 patients who came into St. Elizabeth due to child abuse or sexual assault
- Funds provided to the Good Neighbor Community Center: $5,000
    - Health screenings: 30
    - Community events: 2
    - # of clients assesses for basic needs: 20
    - # of clients supported ongoing: 20
    - # of clients receiving chronic disease self-management education: 20
    - # of clients receiving peer support services: 6
- Funds provided to Catholic Social Services: $15,000
    - Sack lunches distributed at their Lincoln location: 10,416
    - Breakfasts provided at their Lincoln location: 4,333

FY22 Results Pending

Results

Key Activity: Continue financial and in-kind support of Clinic with a Heart to offer monthly urgent care (St. Elizabeth), specialty care (St. Elizabeth), and hypertension care clinics (NHH) for un/under-insured community members.

FY20 Actions and Impact:

- Continued financial and in-kind time support of Clinic with a Heart (CwH) for both Urgent Care and Specialty Clinics.
- Supported CWH as they worked through the pandemic, despite less volunteers, and adjusted their practices to keep patients, staff, and volunteers safe.
- CwH began providing telehealth, and all paperwork was done virtually ahead of time with the help of volunteers.

FY20 Measures: (CwH reports on calendar year basis therefore the following is for work from January – December 2020)

- Financial support provided: $15,000
- Number of visits provided by CHI Health volunteers: 225
- Number of hours of service donated by CHI Health volunteers: 905
- Number of visits to CwH: 2,938
- Number of telehealth visits: 239
- Patients that would have gone to the emergency room had they not had CwH: 46%
- Patients uninsured: 88%
- Patients without stable housing: 25%

FY21 Actions and Impact:

- Continued financial and in-kind time support of Clinic with a Heart (CwH) for both Urgent Care and Specialty Clinics.
- Supported CWH as they worked through the pandemic, despite less volunteers, and adjusted their practices to keep patients, staff, and volunteers safe.
- CwH began providing telehealth, and all paperwork was done virtually ahead of time with the help of volunteers.

Measures:

- (CwH reports on calendar year basis therefore the following is for work from January – December 2020)
    - Financial support provided: $15,000
    - Number of visits provided by CHI Health volunteers: 225
    - Number of hours of service donated by CHI Health volunteers: 905
    - Number of visits to CwH: 1,602
    - Number of patients cared for: 1,958
    - Patients that were unemployed: 57%
    - Visits provided to veterans: 10
    - Percentage of patients with no source of income: 24
- Patients without stable housing: 29%

FY22 Results Pending

Results

Key Activity: Explore and identify ways to promote improved alignment between primary and cardiovascular specialty care in the Lincoln community and identify relevant actions and measures of success for identified work (NHH).

FY20 Actions and Impact:

- Nebraska Heart Hospital and Institute staff, providers, and president began regularly rounding to primary care offices and local residency programs
- NHH providers utilized a phone app that has Primary Care providers cell phones so that they could immediately connect when needed
- The Vascular Team completed outreach at the Wound Center one day per week at CHI Health St. Elizabeth
- Worked with first responders in the community to 1) complete targeted efforts with Lincoln Fire and Rescue to decrease door to balloon time at NHH and 2) perform direct admission to the catheterization laboratory for Beatrice Fire and Rescue, Nebraska City Fire and Rescue, and all flight crews

FY20 Measures:

- Outcomes: average door to balloon time or TIMI III flow restoration is 22 minutes (national standard is 90 minutes or less)
- NHH direct admits nearly 100% of ambulance transfers direct to NHH catheterization laboratory

FY21 Actions and Impact:

- Nebraska Heart Hospital and Institute staff, providers, and president continued regularly rounding to primary care offices and local residency programs.
- NHI hosted family medicine residents in partnership with the Lincoln Medical Education Partnership for one-month cardiology rotations.
- NHH providers utilized a phone app that has Primary Care providers cell phones so that they could immediately connect when needed.

FY21 Measures:

- NHH staff and providers visited providers and clinics throughout the market a total of 33 visits
- Nebraska Heart Institute hosted eight family medicine residents

FY22 Results Pending

Results

Key Activities: Support the on-going or increased availability of evidence-based chronic disease management programming that aligns with primary and specialty care access points (i.e. tobacco cessation classes, diabetes self- management, heart failure, etc.) to encourage referral and feedback loop processes (NHH).

FY20 Actions and Impact:

- Tobacco Cessation classes were not held due to the COVID-19 pandemic.
- Continued to evaluate need and capacity for continued implementation in FY20 and beyond
- Continued to provide Heart Failure Academy (HFA), however due to staff changes, capacity for evaluation of program was diminished.

FY20 Measures:

- 14 individuals had 1 on 1 counseling
- 30 individual sessions were held
- 2 stopped smoking
- 3 decreased smoking as a result of the 1 on 1 counseling
- Inpatient smoking cessation was provided to 40 patients

FY21 Actions and Impact:

- Tobacco Cessation classes were not held due to the COVID-19 pandemic, but one on one counseling continued to be provided. The Pulmonary Rehab Specialist plans to begin working with the stroke coordinator to ensure they are reaching the right patients and offering services to those interested.
- Heart Failure Academy (HFA) was not held due to COVID-19 and limited staff capacity.

FY21 Measures:

- Tobacco Cessation
    - 5 individuals had 1 on 1 counseling.
    - 16 individual sessions were held.
    - 3 patients stopped smoking.
    - Inpatient smoking cessation was provided to 35 patients

FY22 Results Pending

Results

Key Activitiy: Participation in the Lincoln Lancaster County Health Department CHIP Access to Care work group to support work around increasing the number of community members connected to a primary care provider (St. Elizabeth & NHH)

FY20 Actions and Impact:

- The Community Health Improvement Plan Access to Care work group was not active during FY20
- CHI Health continued to work closely with the health department, primarily on COVID-19 related priorities

FY20 Measures: No measures to report.

FY21 Actions and Impact:

- The Community Health Improvement Plan Access to Care work group was not active during FY21.
- CHI Health continued to work closely with the health department, primarily on COVID-19 related priorities.

- CHI Health began planning for the upcoming community health needs assessment and staff met with the Health Department almost weekly to align processes.

FY21 Measures: No measures to report.

FY22 Results Pending

Results

Key Activity: Assess the barriers and need for integration of behavioral health services into primary care across the Lincoln-Lancaster County area, and identify strategies for addressing known barriers (St. Elizabeth)

FY20 Actions and Impact:

- Hired a full time Behavioral Health Specialist (BHS) to provide Behavioral Integrated support within the Autumn Ridge PCP space.
- Have expanded this to other Lincoln area CHI Clinics and the Behavioral Integrated Clinicians is accepting referrals/consultations from all Lincoln area sites.
- The PE hired a dually licensed PA to treat Medical and Behavioral needs. This PA partners with the BHS within the Autumn Ridge location.
- Partnered with St. Elizabeth Cardiology Department to support previously unmet Behavioral needs of their patients post discharge. These patients have the option of being treated by our BHS at Autumn Ridge or virtually via telehealth with one of our Clinicians within the State.
- Continued to work with the Physician Enterprise. Behavioral is included in the plans to build a Family Health Center in Lincoln. The plan is to provide both Integrated and Co-located (traditional) Behavioral Outpatient treatment including groups.

FY20 Measures: No measures to report

FY21 Actions and Impact:

- Employed a full time Behavioral Health Specialist (BHS) to provide Behavioral Integrated support within the Autumn Ridge PCP space.
- Continued to expand to other Lincoln area CHI Clinics and the Behavioral Integrated Clinicians continued to accept referrals/consultations from all Lincoln area sites.
- The Physician Enterprise employed a dually licensed Physician Assistant to treat Medical and Behavioral needs. This Physician Assistant partners with the BHS within the Autumn Ridge location.
- Continued to partner with St. Elizabeth Cardiology Department to support previously unmet Behavioral needs of their patients post discharge. These patients have the option of being treated by our BHS at Autumn Ridge or virtually via telehealth with one of our Clinicians within the state.
- Continued to work with the Physician Enterprise. Behavioral is included in the plans to build a Family Health Center in Lincoln. The plan is to provide both Integrated and Co-located (traditional) Behavioral Outpatient treatment including groups.

FY21 Measures:

- No show rate: 11%
- Average # of patients per month: 54
- Average encounters per month: 61

FY22 Results Pending

Appendices

A. Community Health Survey Presentation

As part of the Community Health Assessment process, the LLCHD worked with community partners to develop and implement a community health survey. The survey provided census tract estimates for the self-reported health status of the community.

B. Lancaster County Vital Statistics Presentation

The Vital Statistics presentation was provided by the LLCHD and details a number of health outcomes for Lancaster County.

C. Lancaster County Behavioral Risk Factor Surveillance System Presentation

Different public health agencies at the state and local level use data collected by BRFSS to make decisions about public health research, practices, and policies that can improve community health, develop programs that focus on populations at high risk, establish prevention strategies, and identify where resources are needed more. This presentation was provided by the LLCHD and details health behaviors in Lancaster County.

D. Minority Health Initiative Community Conversations

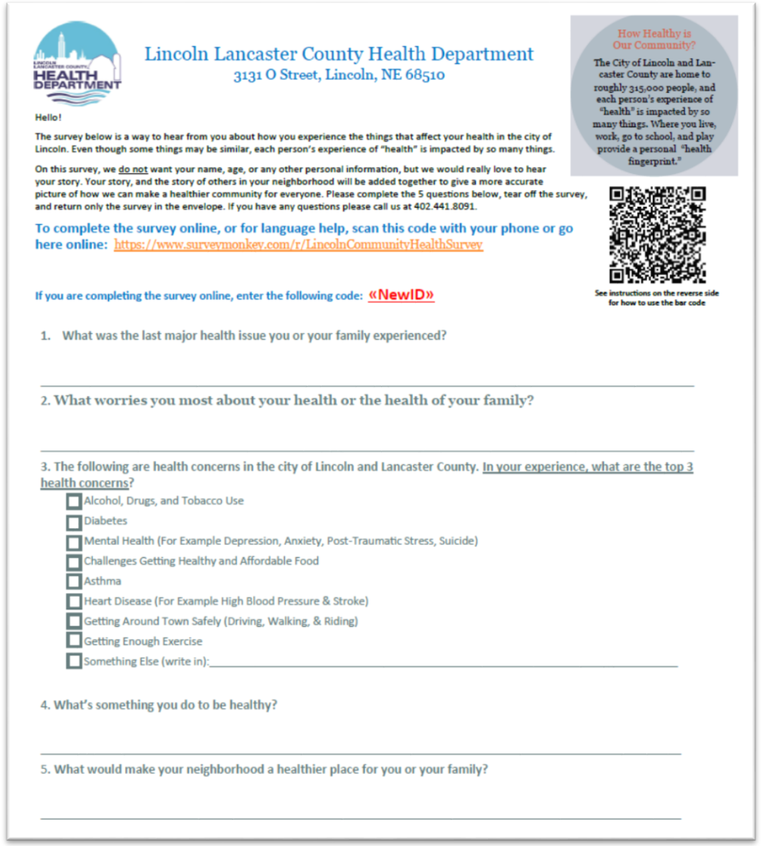
The LLCHD collaborated with the Cultural Centers of Lincoln to arrange fourteen 2-hour conversations with community members from nine different ethnic minority groups in Lancaster County.

Community Health Assessment 2020-2021

Lincoln Lancaster County Health Department

Community Health Survey Results

Process



Lincoln Lancaster County Health Department
3131 O Street, Lincoln, NE 68510

How Healthy is Our Community?

The City of Lincoln and Lancaster County are home to roughly 315,000 people, and each person's experience of "health" is impacted by so many things. Where you live, work, go to school, and play provide a personal "health fingerprint."

Hello!

The survey below is a way to hear from you about how you experience the things that affect your health in the city of Lincoln. Even though some things may be similar, each person's experience of "health" is impacted by so many things.

On this survey, we do not want your name, age, or any other personal information, but we would really love to hear your story. Your story, and the story of others in your neighborhood will be added together to give a more accurate picture of how we can make a healthier community for everyone. Please complete the 5 questions below, tear off the survey, and return only the survey in the envelope. If you have any questions please call us at 402.441.8091.

To complete the survey online, or for language help, scan this code with your phone or go here online: https://www.surveymonkey.com/r/LincolnCommunityHealthSurvey

See instructions on the reverse side for how to use the bar code

If you are completing the survey online, enter the following code: «NewID»

1. What was the last major health issue you or your family experienced?

2. What worries you most about your health or the health of your family?

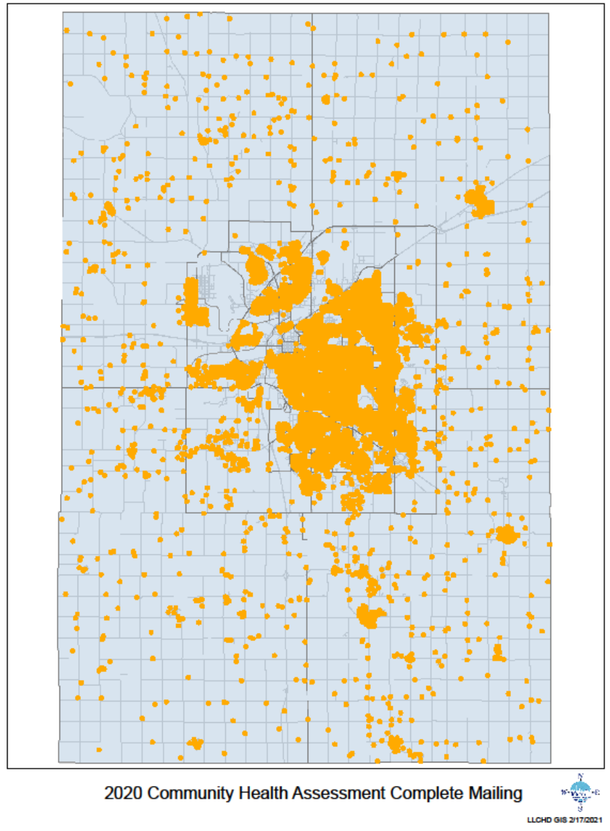
3. The following are health concerns in the city of Lincoln and Lancaster County. In your experience, what are the top 3 health concerns?

- ☐ Alcohol, Drugs, and Tobacco Use
- ☐ Diabetes
- ☐ Mental Health (For Example Depression, Anxiety, Post-Traumatic Stress, Suicide)
- ☐ Challenges Getting Healthy and Affordable Food
- ☐ Asthma
- ☐ Heart Disease (For Example High Blood Pressure & Stroke)
- ☐ Getting Around Town Safely (Driving, Walking, & Riding)
- ☐ Getting Enough Exercise
- ☐ Something Else (write in):_____

4. What's something you do to be healthy?

5. What would make your neighborhood a healthier place for you or your family?

The Survey

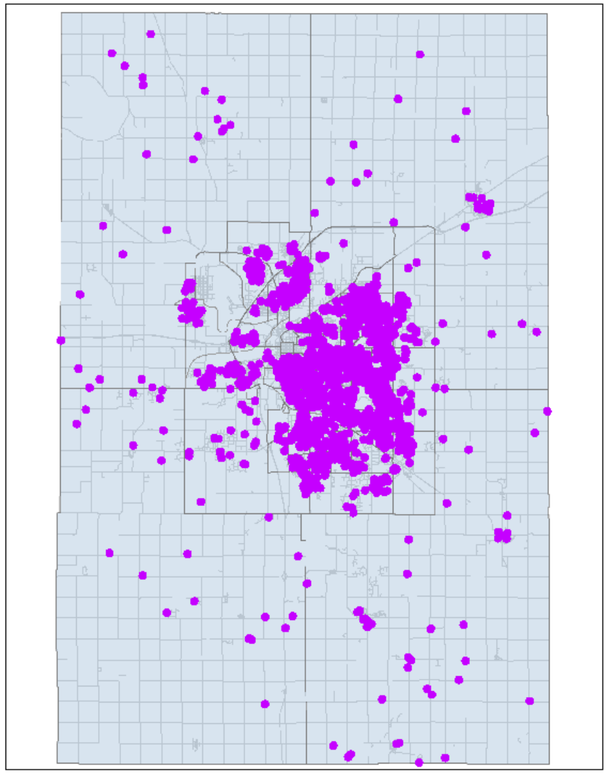


2020 Community Health Assessment Complete Mailing

LLCHD GIS 2/17/2021

13,946 Samples Sent

2 Rounds

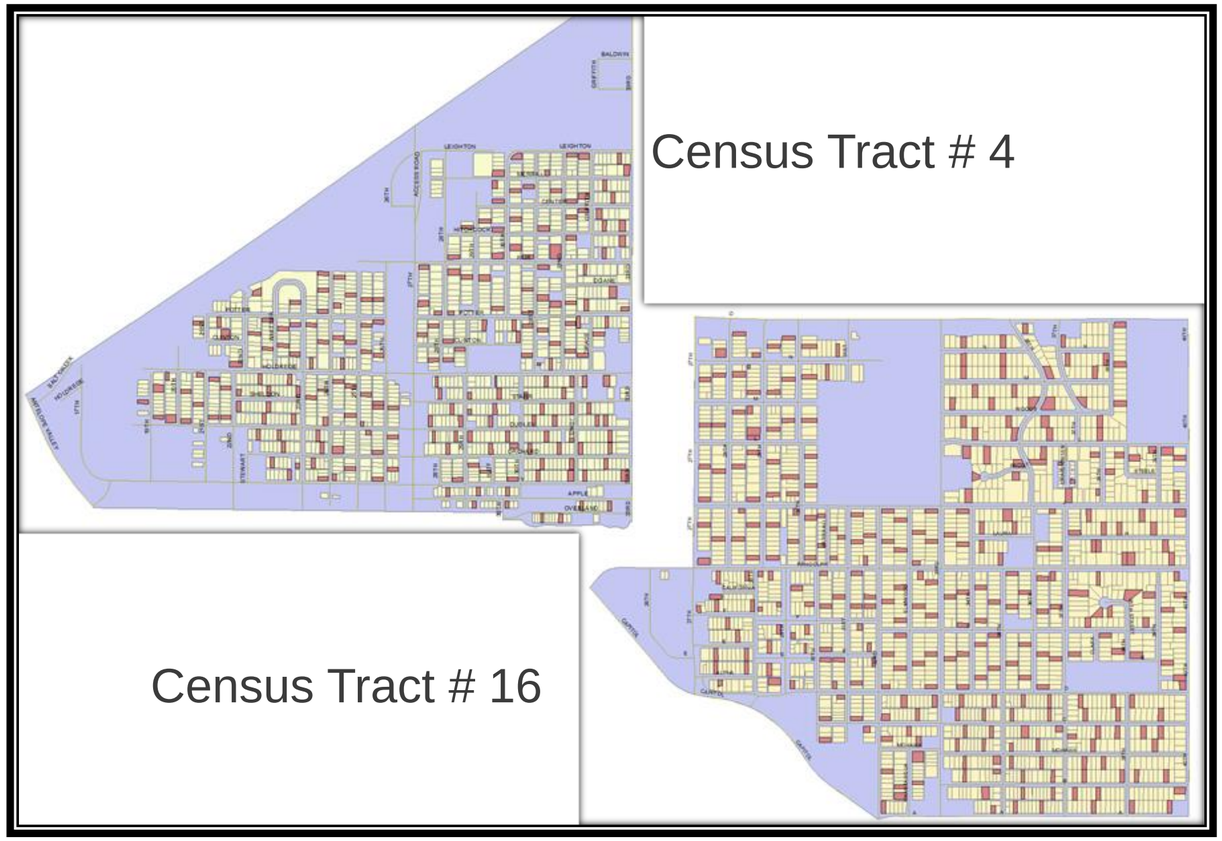


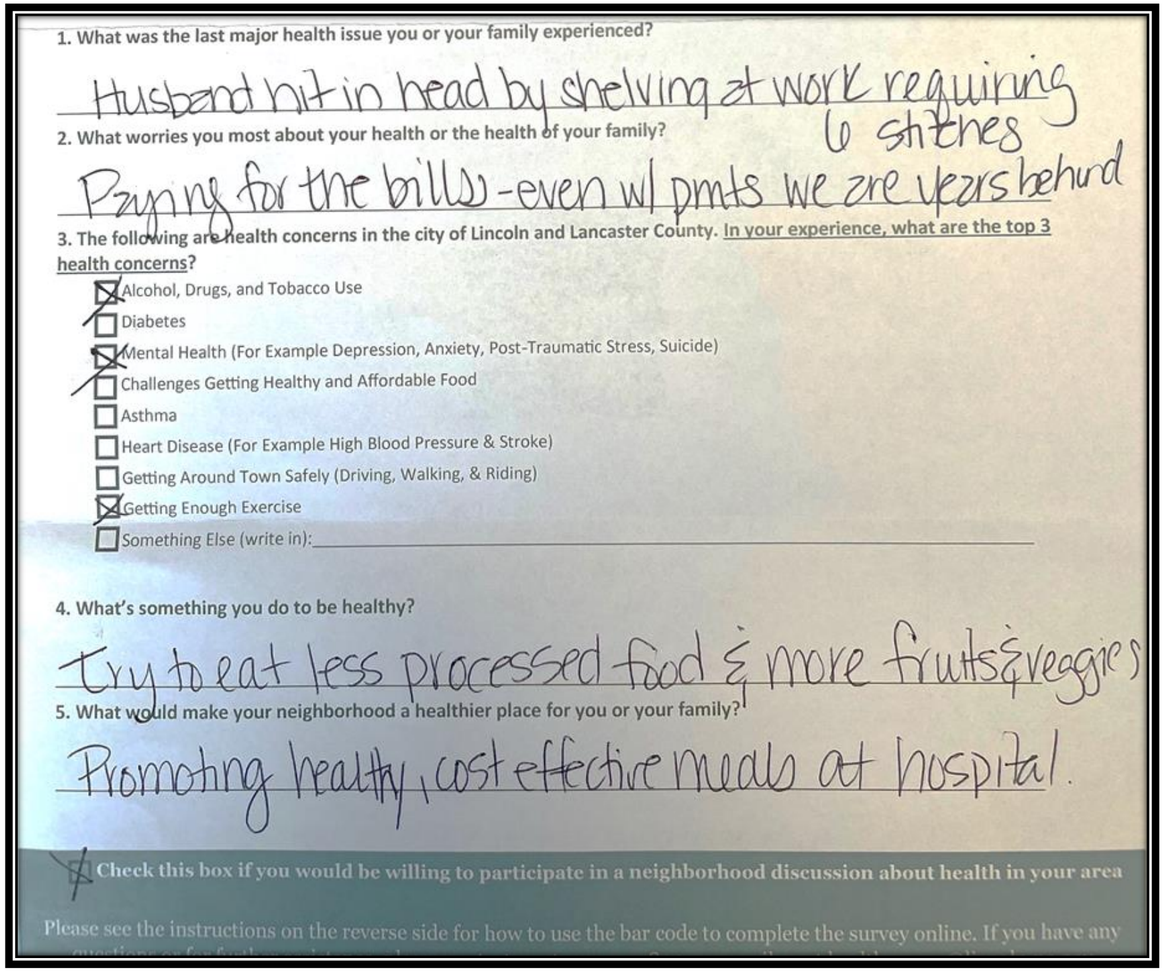
2020 Community Health Assessment Responses
Total = 1,752 of 13,946 Sent

LLCHD GIS 2/19/2021

~1,800 Responses Returned

Survey Sample





1. What was the last major health issue you or your family experienced?

Husband hit in head by shelving at work requiring 6 stitches

2. What worries you most about your health or the health of your family?

Paying for the bills - even w/ pmts we are years behind

3. The following are health concerns in the city of Lincoln and Lancaster County. In your experience, what are the top 3 health concerns?

- [x] Alcohol, Drugs, and Tobacco Use
- [ ] Diabetes
- [x] Mental Health (For Example Depression, Anxiety, Post-Traumatic Stress, Suicide)
- [ ] Challenges Getting Healthy and Affordable Food
- [ ] Asthma
- [ ] Heart Disease (For Example High Blood Pressure & Stroke)
- [ ] Getting Around Town Safely (Driving, Walking, & Riding)
- [x] Getting Enough Exercise
- [ ] Something Else (write in): _____

4. What's something you do to be healthy?

Try to eat less processed food & more fruits & veggies

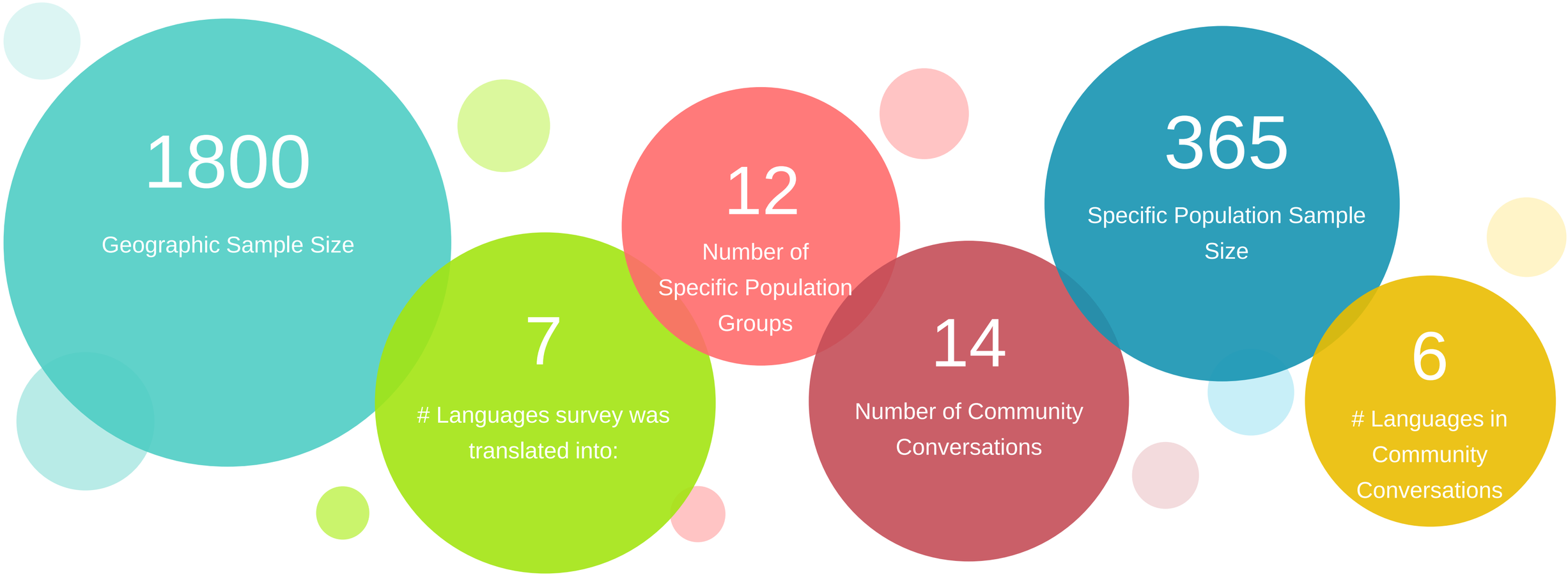
5. What would make your neighborhood a healthier place for you or your family?

Promoting healthy, cost effective meals at hospital.

- [x] Check this box if you would be willing to participate in a neighborhood discussion about health in your area

Please see the instructions on the reverse side for how to use the bar code to complete the survey online. If you have any

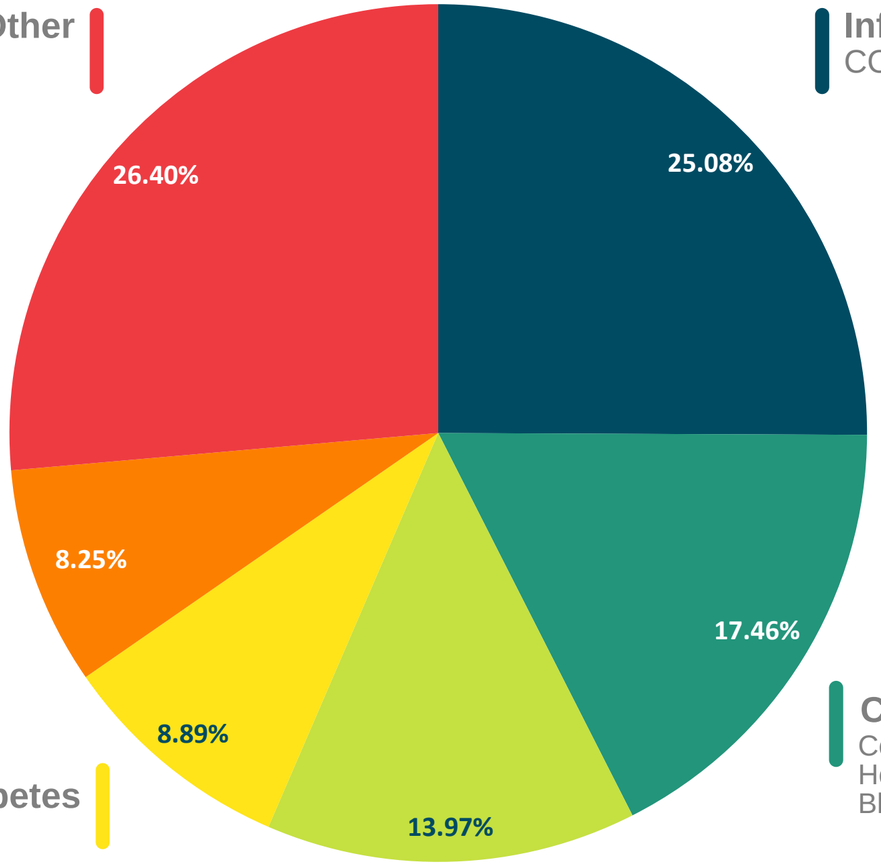
Community Health Survey



Community Health Survey Results

What was the last major health issue you or your family experienced?

Question 1



Infectious & Parasitic Disease
COVID19; Influenza; RSV

Circulatory System
Cerebrovascular Disease (Stroke); Heart Disease; Hypertension (High Blood Pressure)

Nothing

Diabetes

Cancer/Neoplasms
Lung; Breast; Prostate; Skin

Other

What was the last major health issue you or your family experienced?

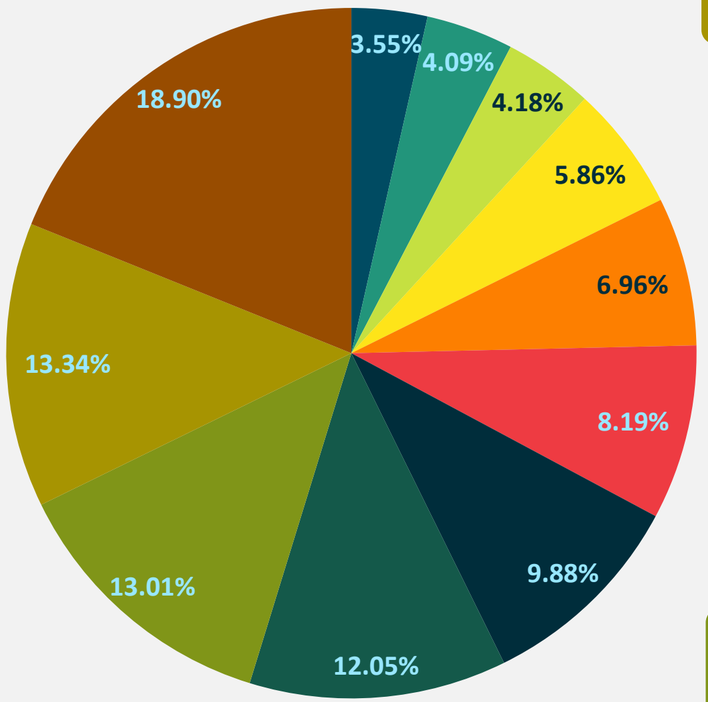
Question 1: Top 3 Responses from each group

African American	Infectious & Parasitic Disease	23.94%
	Circulatory System	19.72%
	Cancer/Neoplasms	12.68%
American Indian	Infectious & Parasitic Disease	41.67%
	Diabetes Related Conditions and Procedures	16.67%
	Circulatory System	8.33%
Chinese	Circulatory System	21.21%
	Infectious & Parasitic Disease	15.15%
	General Health and Other or Unspecified Health Conditions	12.12%
Vietnamese	Circulatory System	53.57%
	Infectious & Parasitic Disease	21.43%
	Diabetes Related Conditions and Procedures	3.57%
Mexican	Infectious & Parasitic Disease	34.29%
	Cancer/Neoplasms	20.00%
	Circulatory System	8.57%
El Salvadorian, Guatemalan, and Spanish Other	Infectious & Parasitic Disease	31.25%
	Cancer/Neoplasms	18.75%
	Digestive System	9.38%

Iraqi	Circulatory System	38.10%
	Diabetes Related Conditions and Procedures	19.05%
	Musculoskeletal System	14.29%
Karen	Diabetes Related Conditions and Procedures	34.48%
	Musculoskeletal System	10.34%
	Infectious & Parasitic Disease	6.90%
Sudanese	Infectious & Parasitic Disease	40.91%
	Circulatory System	13.64%
	Diabetes Related Conditions and Procedures	13.64%
Yazidi	Infectious & Parasitic Disease	40.00%
	Circulatory System	10.00%
	Cancer/Neoplasms	5.00%
Blind	Infectious & Parasitic Disease	34.78%
	Digestive System	13.04%
	Injury, Poisoning & Certain Other Cons. of External Causes	8.70%
Homeless	Infectious & Parasitic Disease	22.22%
	Mental, Behavioral and Neurodevelopmental Disorders	18.52%
	Circulatory System	7.41%

What was the last major health issue you or your family experienced?

Geographic Sample: Question 1



Circulatory System

Angioplasty & Stent Placement; Aortic Valve Replacement; Cardiac Arrest; Cerebrovascular Disease (Stroke); Heart Bypass Surgery; Heart Disease; Hypertension (High Blood Pressure)

Other

Infectious & Parasitic Disease

COVID19; Influenza; Meningitis; RSV

Nothing

Cancer/Neoplasms

Lung; Breast; Prostate; Skin

Musculoskeletal System

Arthritis; Back Pain; Surgeries to Back, Hip and Knee

Mental, Behavioral and Neurodevelopmental Disorders

Anxiety; Autism; Depression; Substance Abuse

External Causes: Injury, Poisoning

Fractures; Vehicle Accidents; Falls; TBI; Animal Attack

General Health

Pain; Autoimmune Disorders; Existing Medical Conditions; Obesity

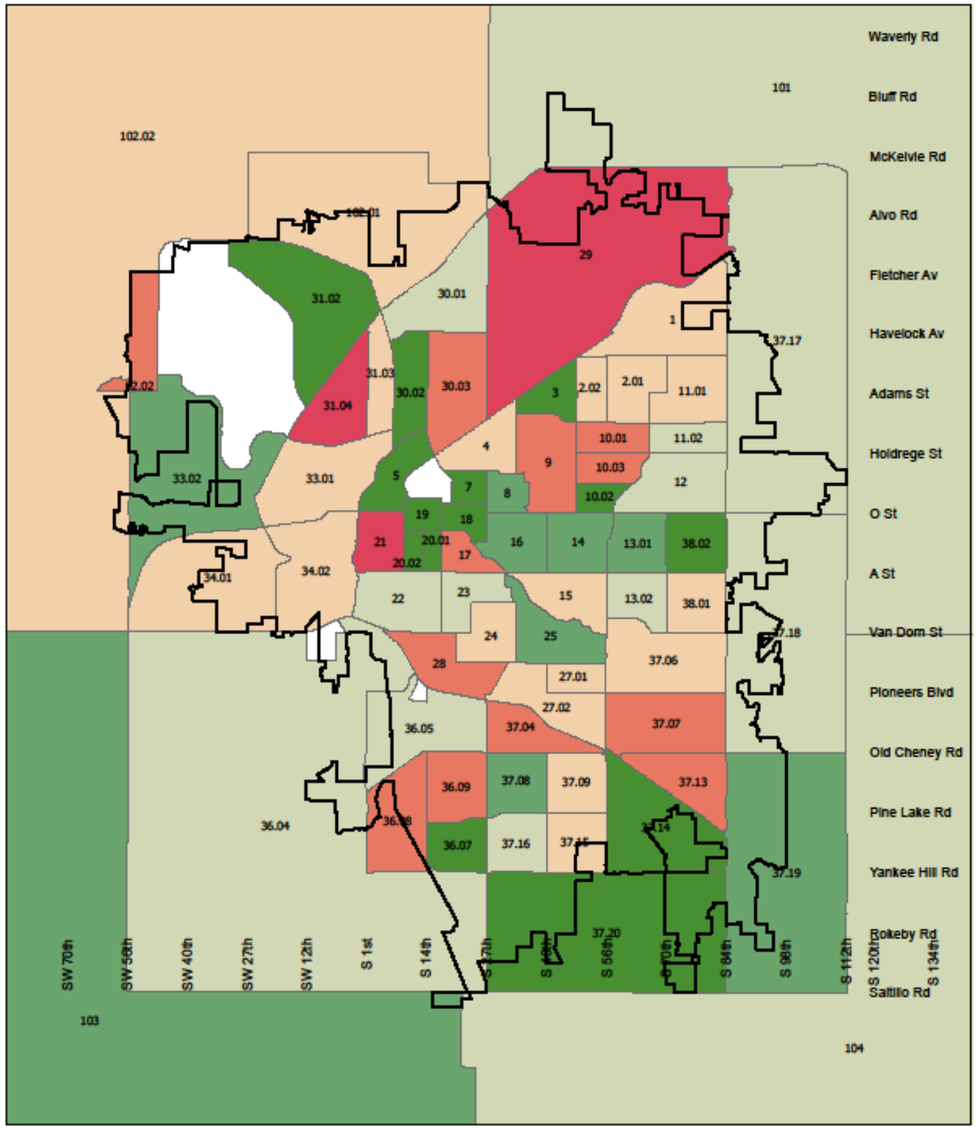
Digestive System

Appendectomy; Colonoscopy; Hernia Surgery

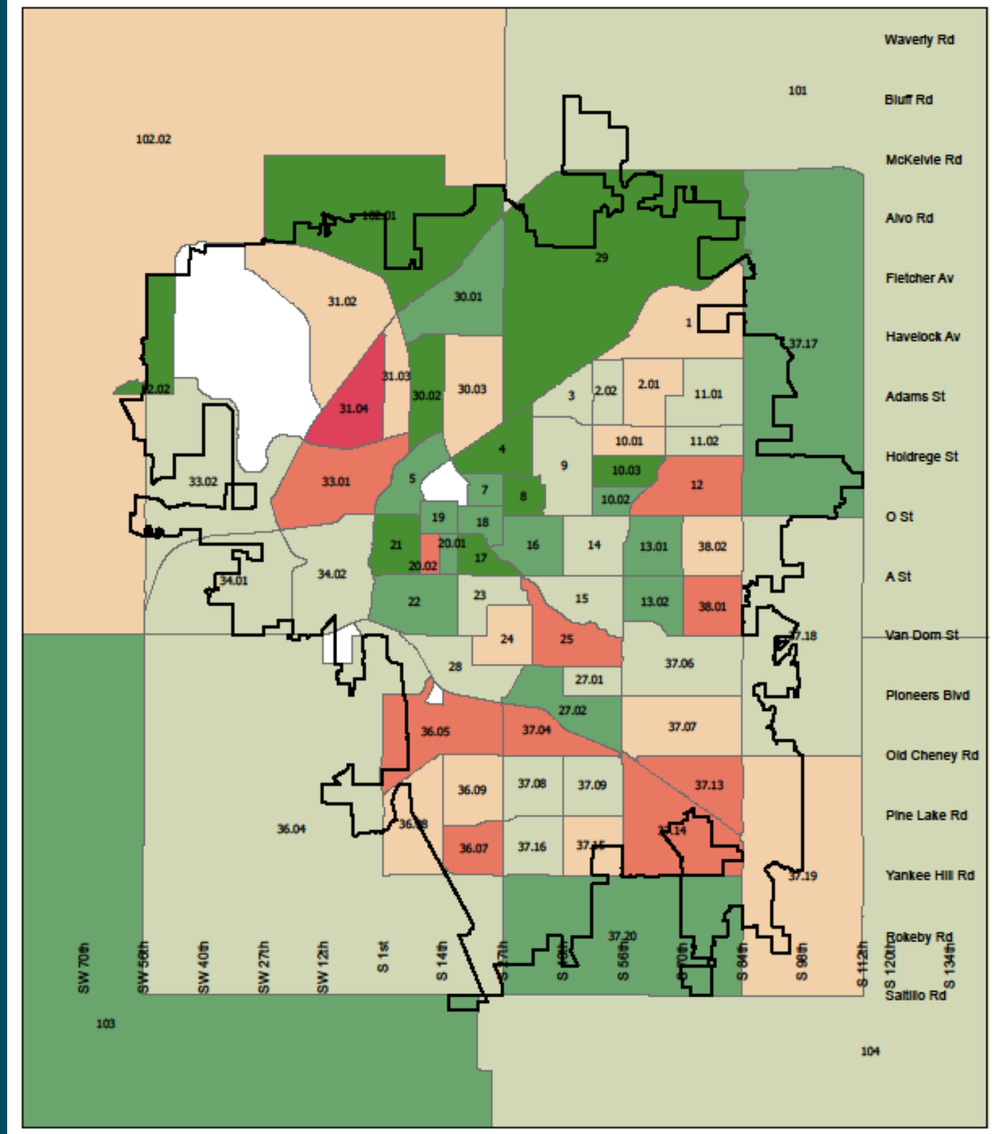
Diabetes

What was the last major health issue you or your family experienced?

Circulatory System

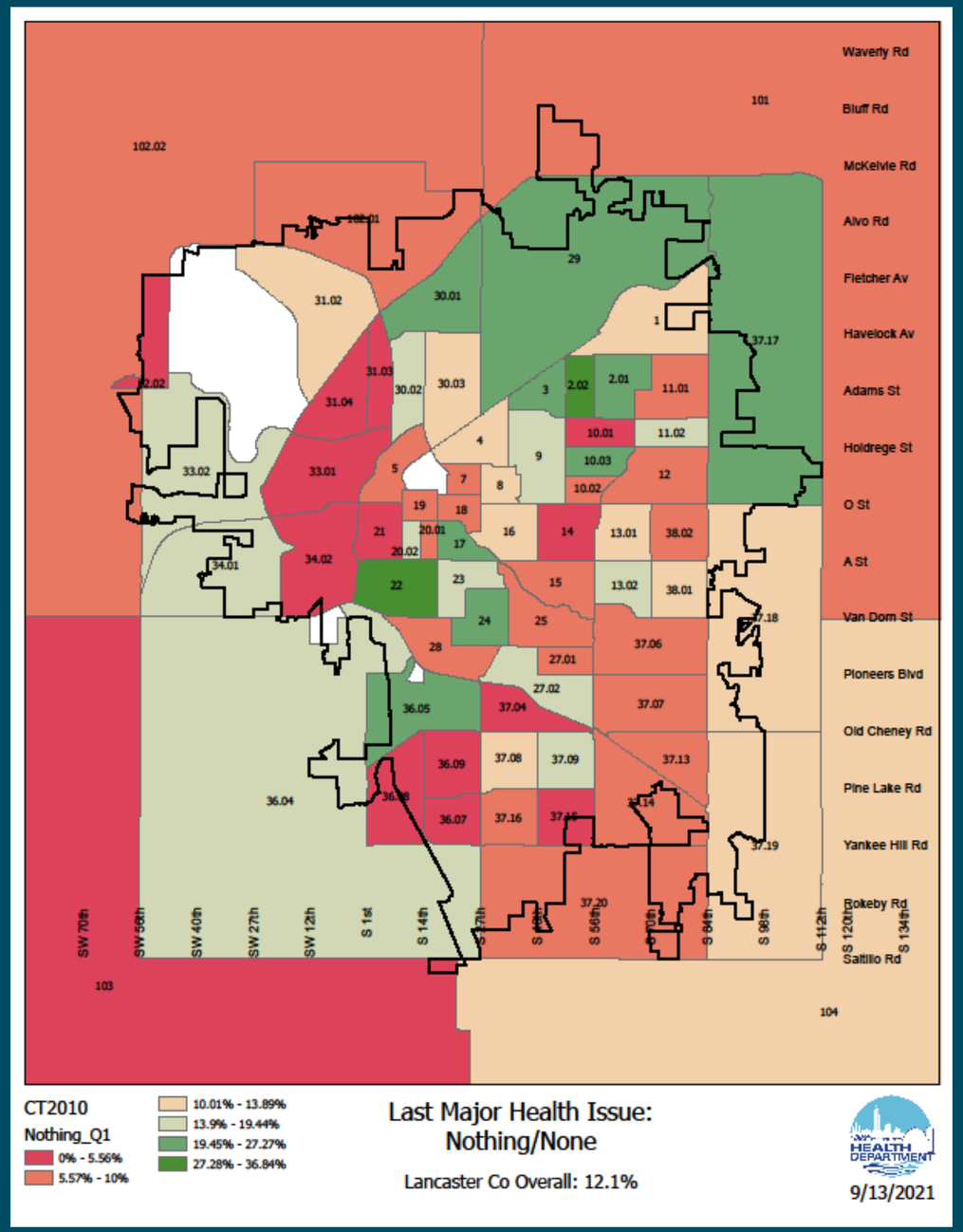


Cancer/Neoplasms

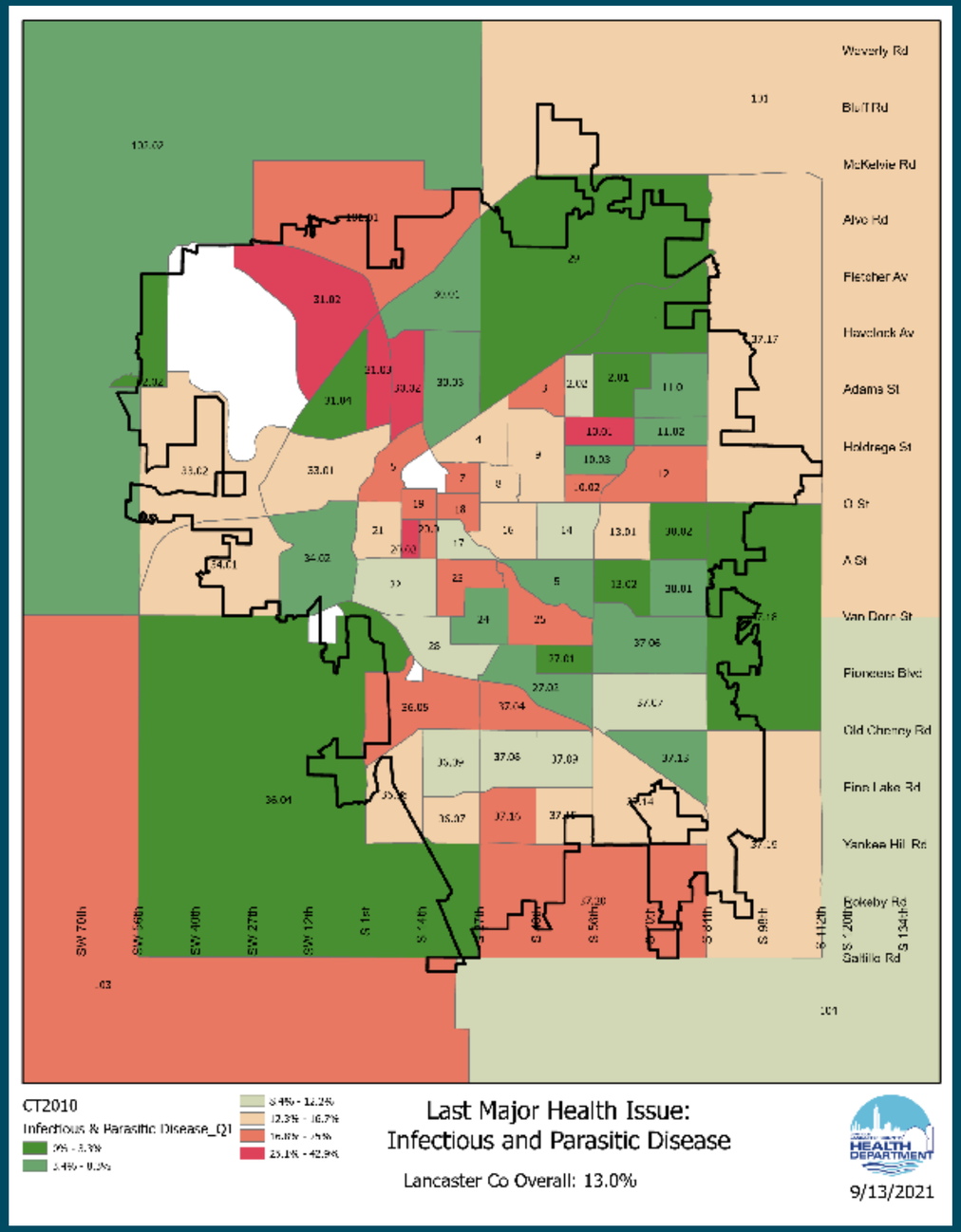


What was the last major health issue you or your family experienced?

Nothing

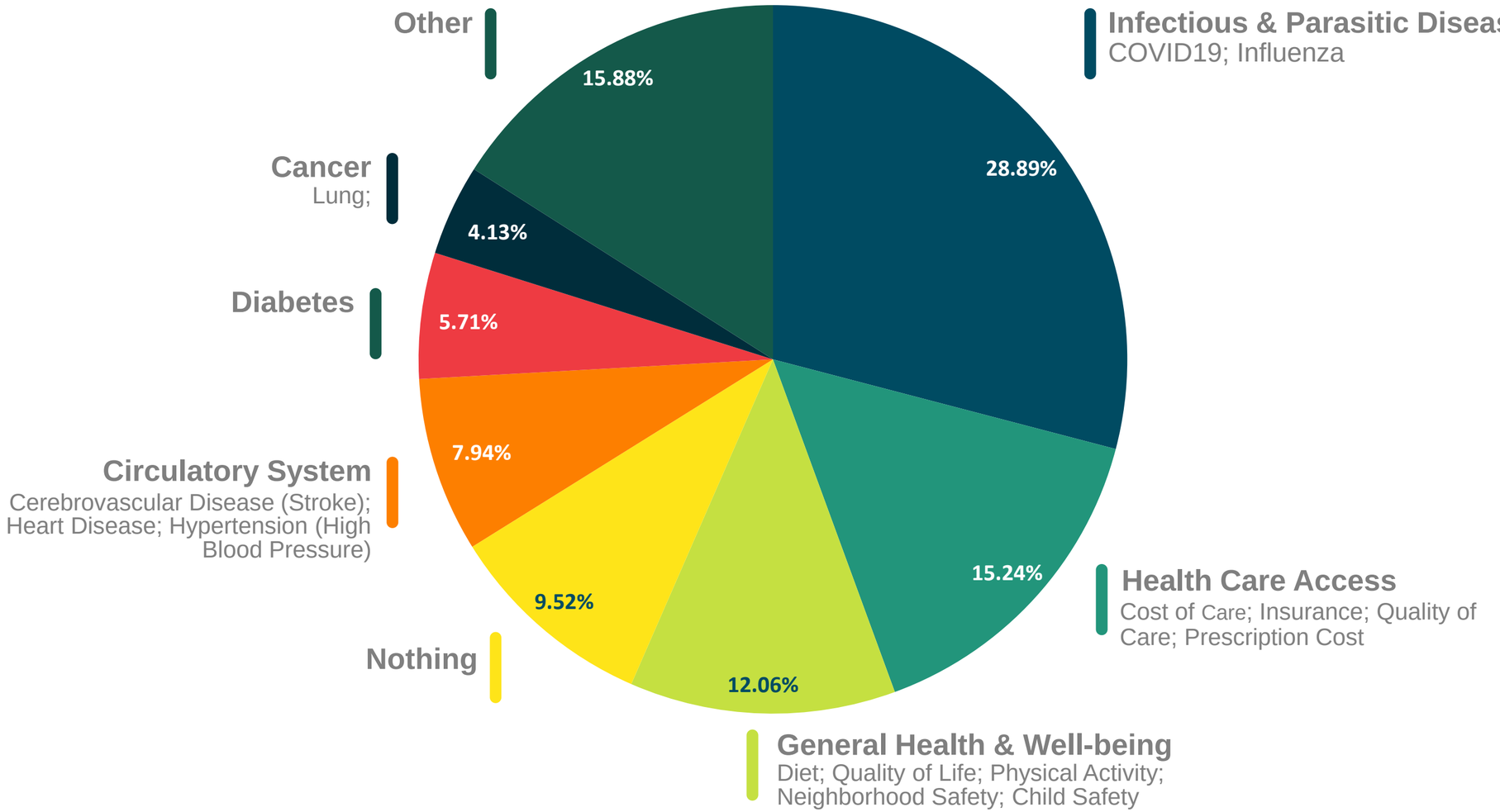


Infectious & Parasitic Disease



What worries you most about your or your family's health?

Question 2



What was the last major health issue you or your family experienced

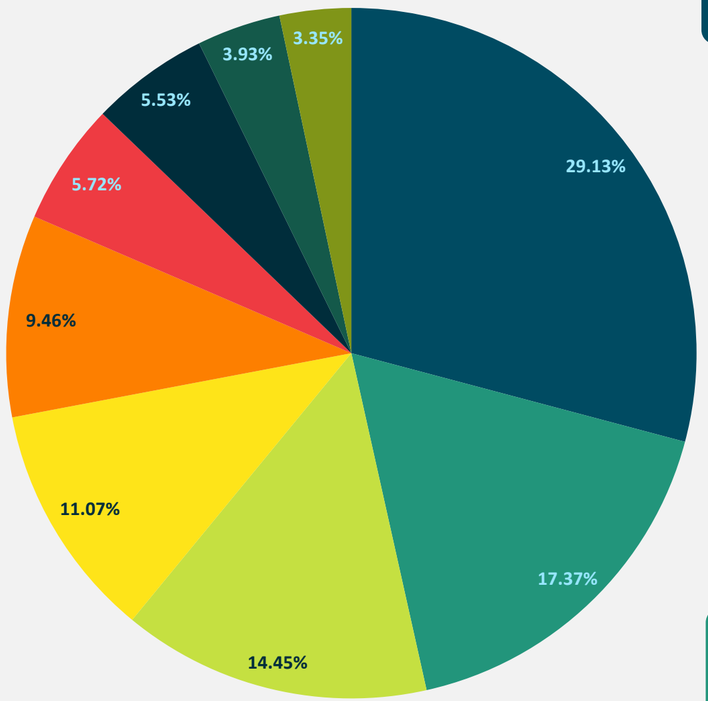
Question 2: Top 3 Responses from each group

African American	Infectious & Parasitic Disease	23.94%
	Circulatory System	19.72%
	Cancer/Neoplasms	12.68%
American Indian	Infectious & Parasitic Disease	41.67%
	Diabetes Related Conditions and Procedures	16.67%
	Circulatory System	8.33%
Chinese	Circulatory System	21.21%
	Infectious & Parasitic Disease	15.15%
	General Health and Other or Unspecified Health Conditions	12.12%
Vietnamese	Circulatory System	53.57%
	Infectious & Parasitic Disease	21.43%
	Diabetes Related Conditions and Procedures	3.57%
Mexican	Infectious & Parasitic Disease	34.29%
	Cancer/Neoplasms	20.00%
	Circulatory System	8.57%
El Salvadorian, Guatemalan, and Spanish Other	Infectious & Parasitic Disease	31.25%
	Cancer/Neoplasms	18.75%
	Digestive System	9.38%

Iraqi	Circulatory System	38.10%
	Diabetes Related Conditions and Procedures	19.05%
	Musculoskeletal System	14.29%
Karen	Diabetes Related Conditions and Procedures	34.48%
	Musculoskeletal System	10.34%
	Infectious & Parasitic Disease	6.90%
Sudanese	Infectious & Parasitic Disease	40.91%
	Circulatory System	13.64%
	Diabetes Related Conditions and Procedures	13.64%
Yazidi	Infectious & Parasitic Disease	40.00%
	Circulatory System	10.00%
	Cancer/Neoplasms	5.00%
Blind	Infectious & Parasitic Disease	34.78%
	Digestive System	13.04%
	Injury, Poisoning & Certain Other Cons. of External Causes	8.70%
Homeless	Infectious & Parasitic Disease	22.22%
	Mental, Behavioral and Neurodevelopmental Disorders	18.52%
	Circulatory System	7.41%

What worries you most about your or your family's health?

Geographic Sample Question 2



Infectious Disease

COVID19

Nothing

Circulatory System

Cerebrovascular Disease; Heart Disease; HBP; Aortic Valve Replacement

General Health & Well-being

Diet; Quality of Life; Physical Activity; Neighborhood Safety

Cancer/Neoplasms

Cancer

Behavioral/Mental

Anxiety; Autism; Depression; COVID-19; Substance Abuse

Other

Healthcare Access

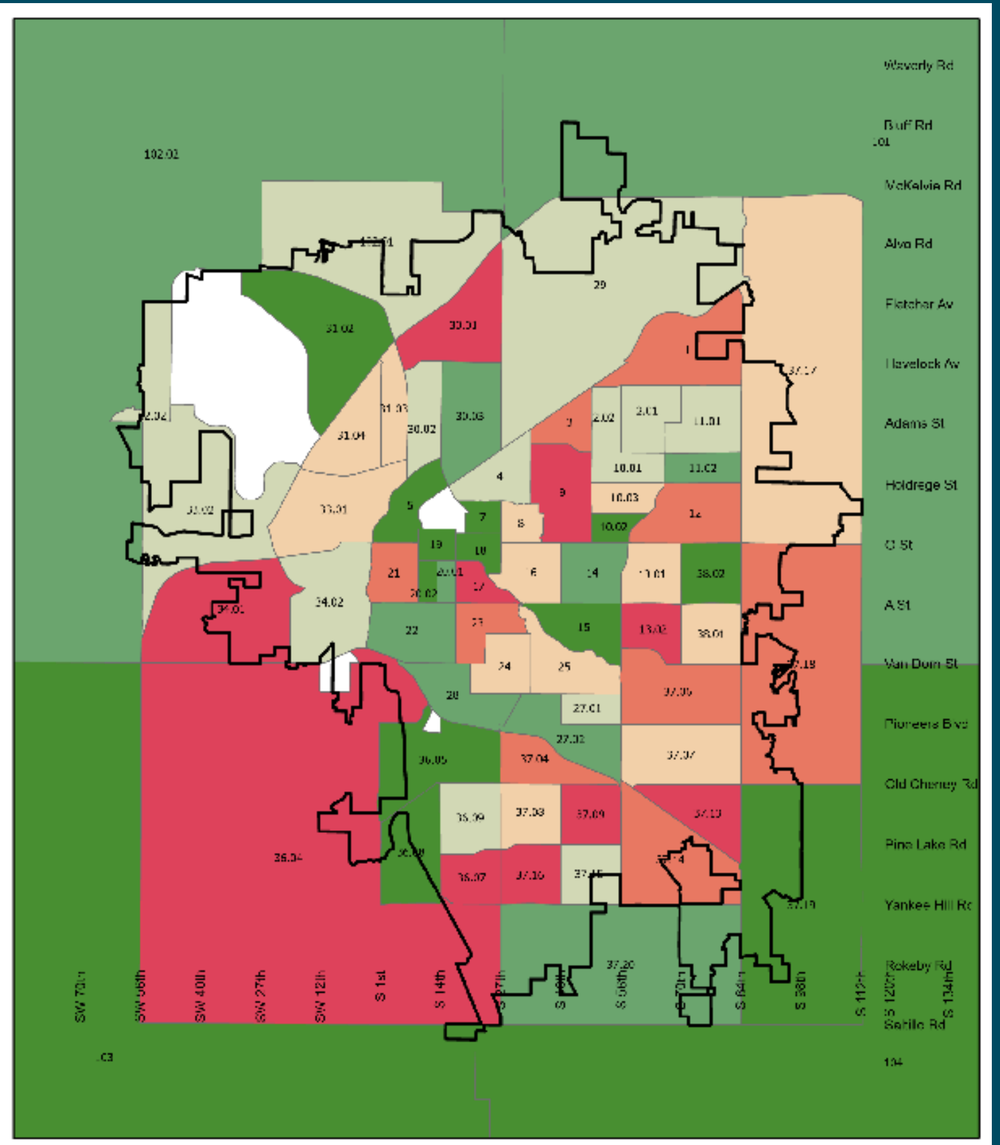
Cost of Care; Insurance; Quality of Care; Prescription Cost

Aging

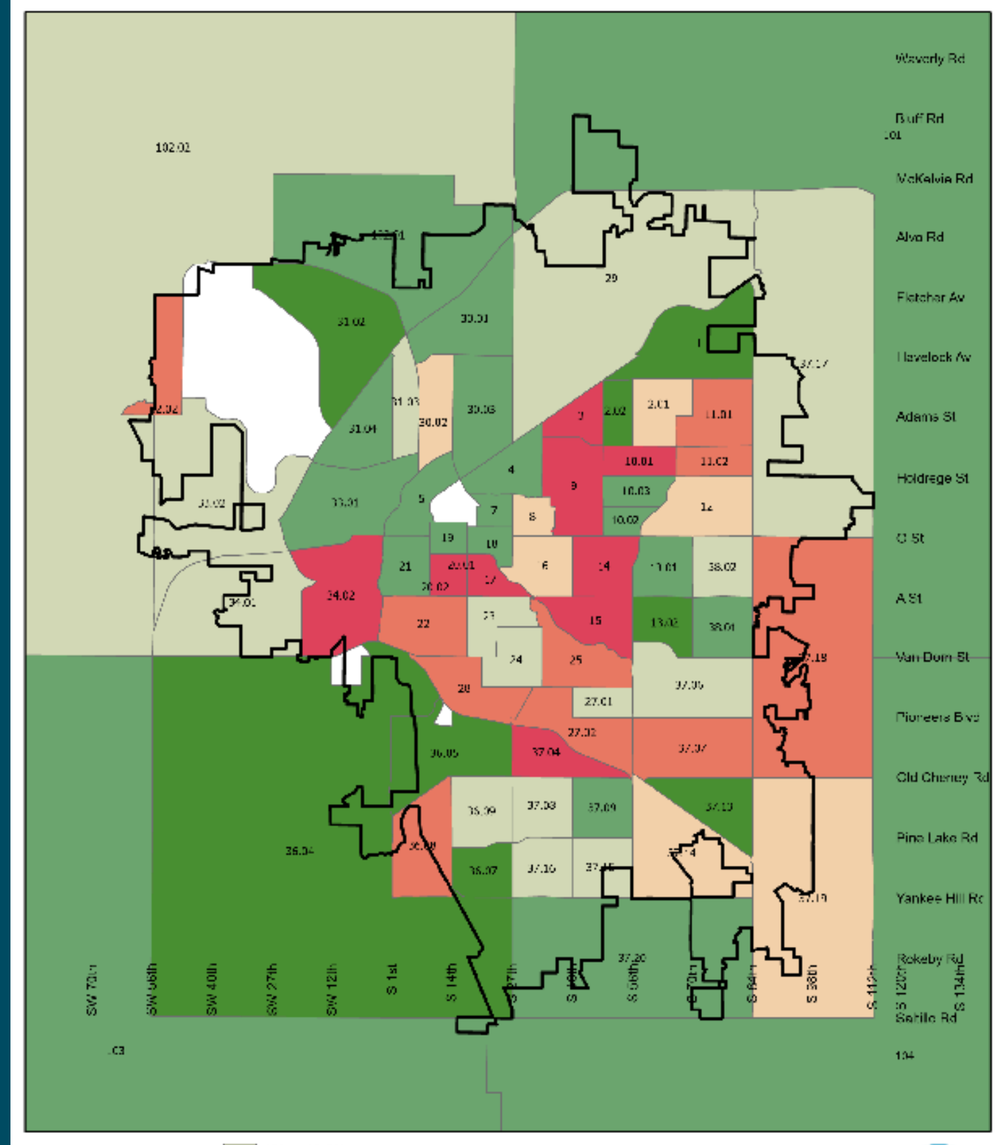
Aging; Access to Age-Related care; Alzheimer’s, Dementia; Long Term Care

What worries you most about your or your family's health?

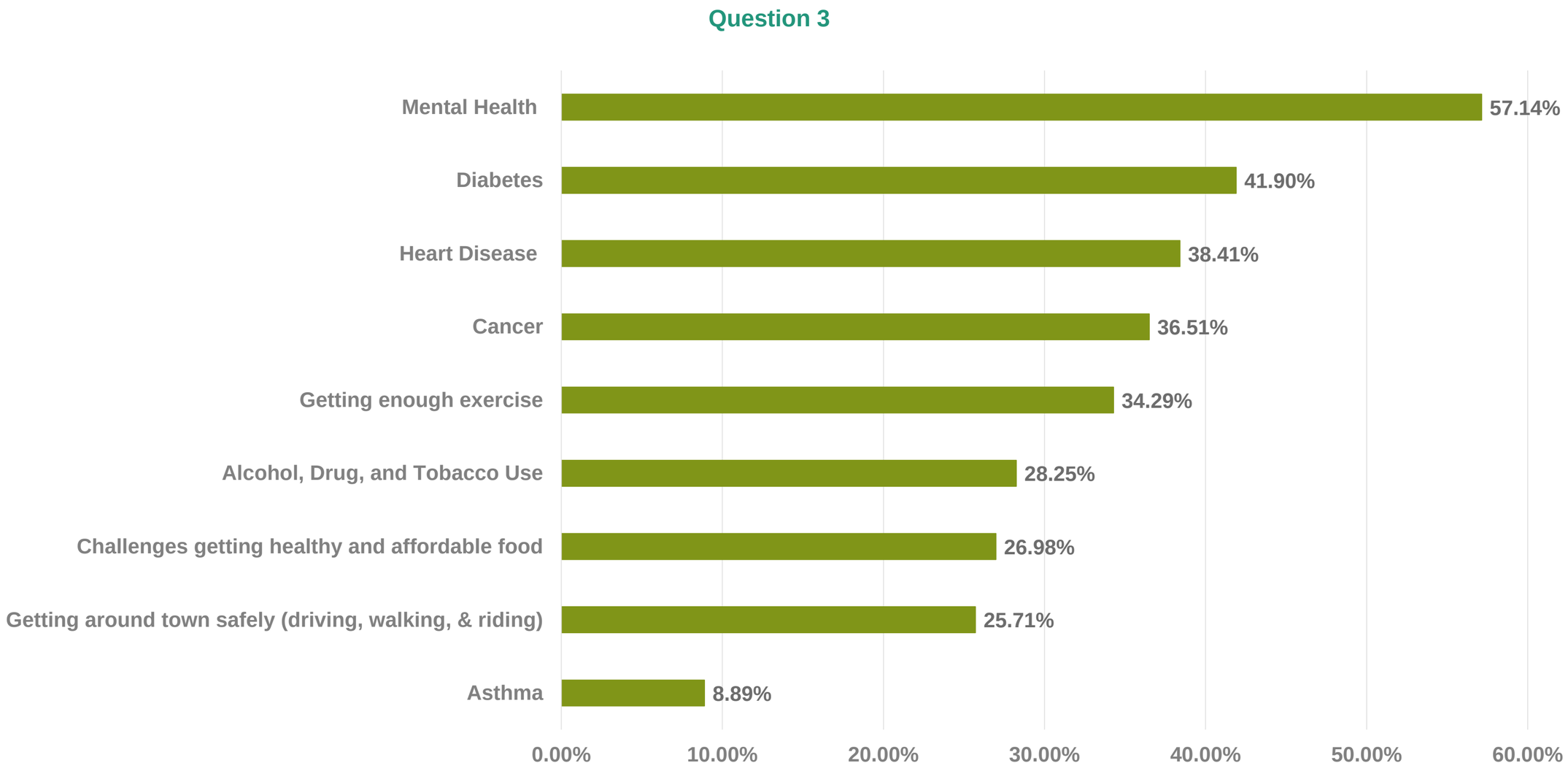
Infectious Disease



Health Care Access



In your experience what are the top 3 health concerns that Lincoln and Lancaster Co is facing?



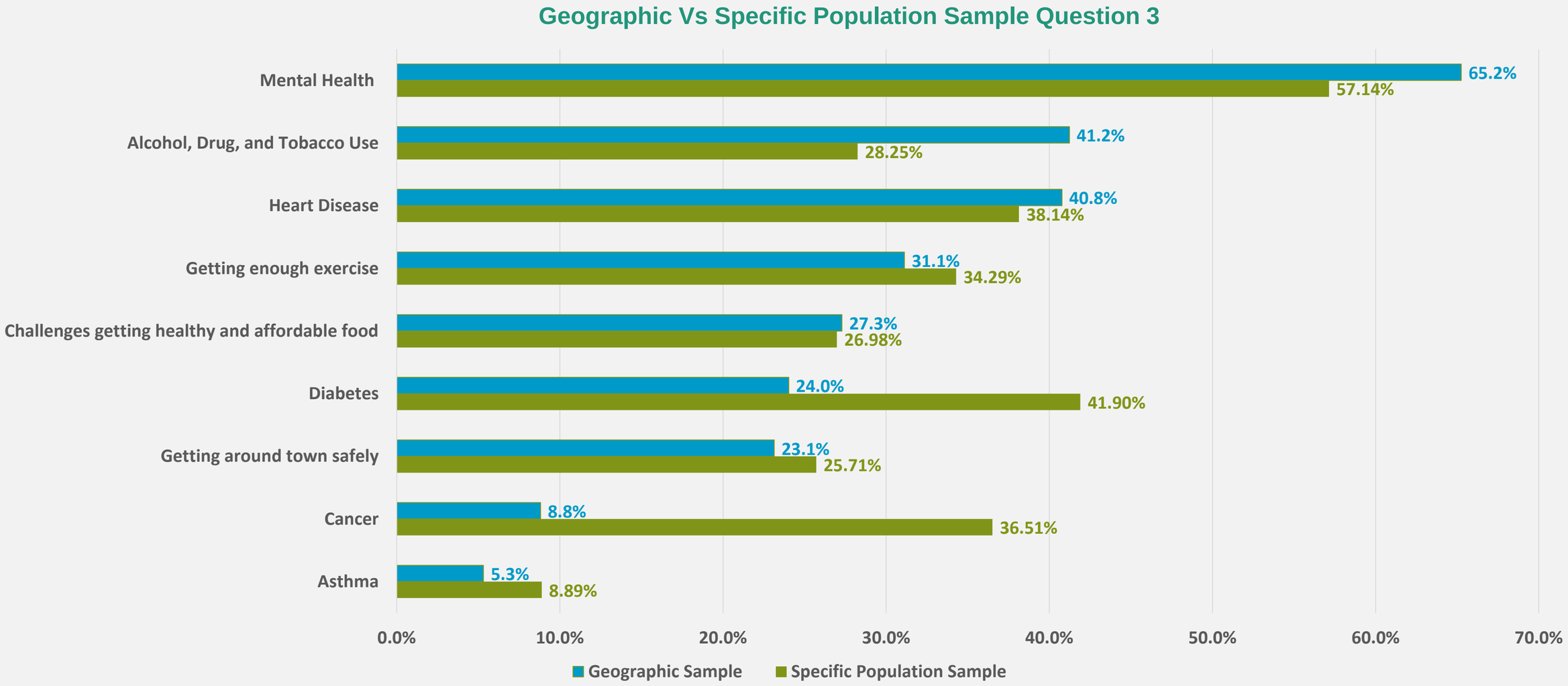
In your experience what are the top 3 health concerns that Lincoln and Lancaster Co is facing?

Question 3: Top 3 Responses from each group

African American	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	80.28%
	Alcohol, Drug, and Tobacco Use	46.48%
	Heart Disease (for example high blood pressure & stroke)	45.07%
American Indian	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	75.00%
	Diabetes	62.50%
	Challenges getting healthy and affordable food	50.00%
Chinese	Getting enough exercise	60.61%
	Heart Disease (for example high blood pressure & stroke)	51.52%
	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	42.42%
Vietnamese	Cancer	60.71%
	Diabetes	57.14%
	Heart Disease (for example high blood pressure & stroke)	50.00%
Mexican	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	60.00%
	Cancer	45.71%
	Diabetes	40.00%
El Salvadorian, Guatemalan, and Spanish Other	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	65.63%
	Cancer	53.13%
	Diabetes	43.75%

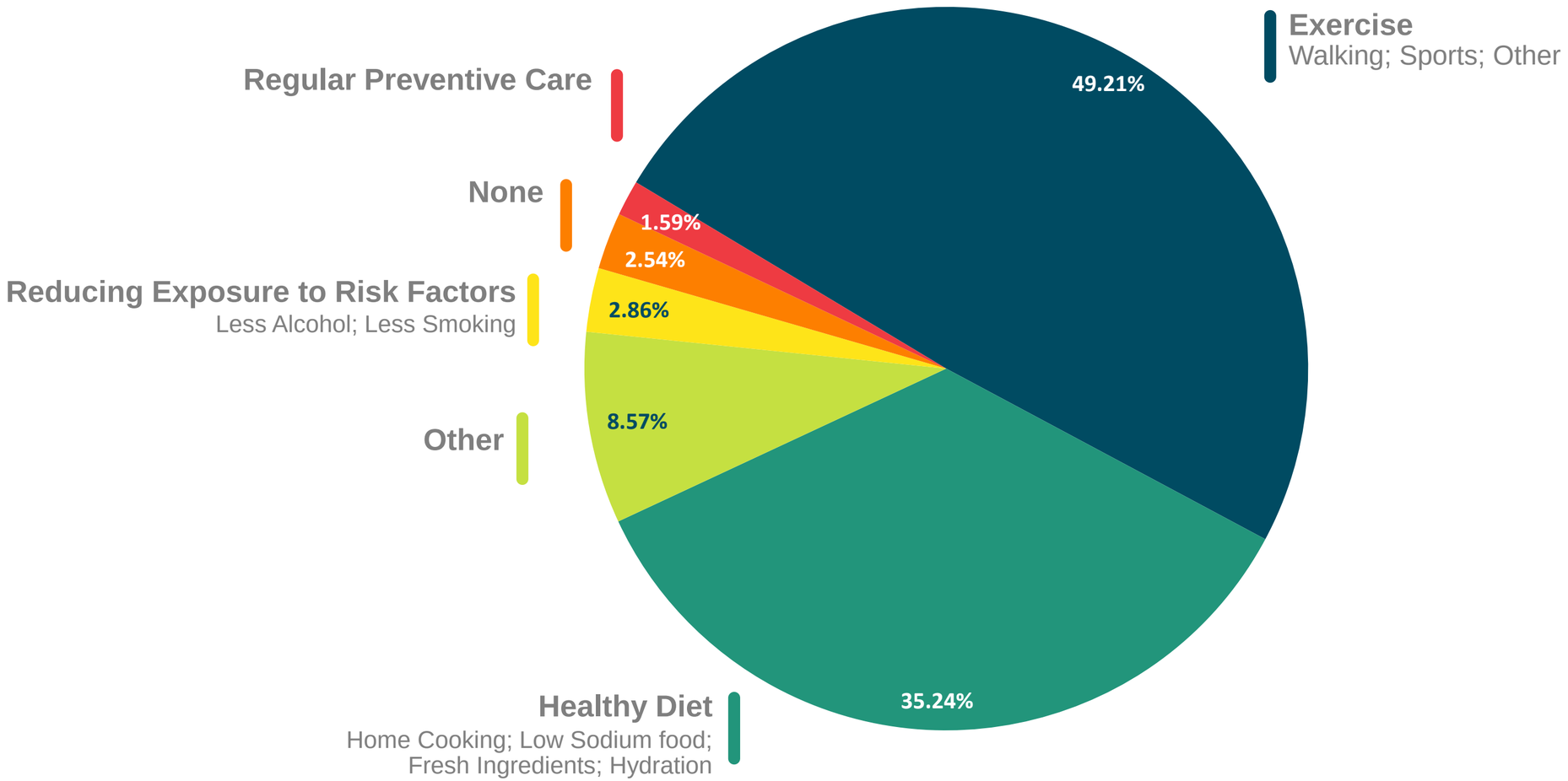
Iraqi	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	95.24%
	Getting enough exercise	47.62%
	Diabetes	38.10%
Karen	Getting around town safely (driving, walking, & riding)	51.72%
	Diabetes	48.28%
	Cancer	48.28%
Sudanese	Getting around town safely (driving, walking, & riding)	63.64%
	Diabetes	59.09%
	Getting enough exercise	40.91%
Yazidi	Diabetes	65.00%
	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	45.00%
	Alcohol, Drug, and Tobacco Use	40.00%
Blind	Getting around town safely (driving, walking, & riding)	69.57%
	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	47.83%
	Getting enough exercise	47.83%
Homeless	Mental Health (for example Depression, Anxiety, Post-Traumatic Stress, Suicide)	85.19%
	Alcohol, Drug, and Tobacco Use	74.07%
	Getting enough exercise	40.74%

In your experience what are the top 3 health concerns that Lincoln and Lancaster Co is facing?



What is something you do to be healthy?

Question 4



What is something you do to be healthy?

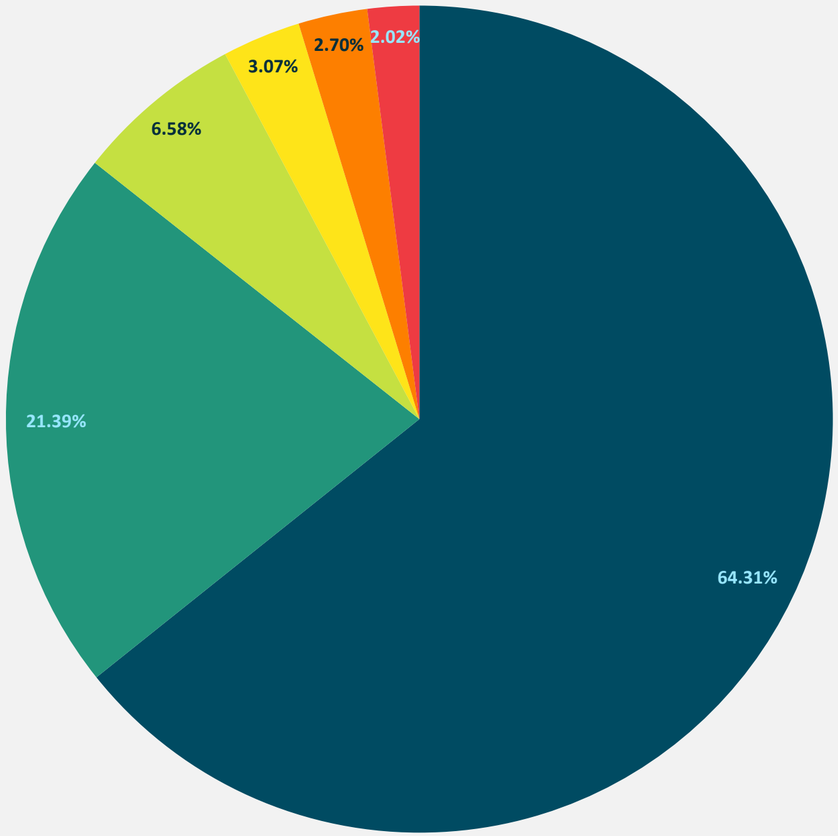
Question 4: Top 3 Responses from each group

African American	Exercise	63.38%
	Healthy Diet	19.72%
	Other or Unspecified	14.08%
American Indian	Exercise	37.50%
	Healthy Diet	29.17%
	Reducing Exposure to Risk Factors	12.50%
Chinese	Exercise	63.64%
	Healthy Diet	30.30%
	Other or Unspecified	6.06%
Vietnamese	Exercise	42.86%
	Healthy Diet	42.86%
	Reducing Exposure to Risk Factors	3.57%
Mexican	Exercise	42.86%
	Healthy Diet	40.00%
	Other or Unspecified	2.86%
El Salvadorian, Guatemalan, and Spanish Other	Healthy Diet	56.25%
	Exercise	18.75%
	Regular Preventive Care	6.25%

Iraqi	Exercise	52.38%
	Healthy Diet	47.62%
Karen	Exercise	65.52%
	Healthy Diet	20.69%
	Reducing Exposure to Risk Factors	6.90%
Sudanese	Healthy Diet	54.55%
	Exercise	31.82%
	Reducing Exposure to Risk Factors	9.09%
Yazidi	Exercise	50.00%
	Healthy Diet	40.00%
	Other or Unspecified	10.00%
Blind	Exercise	47.83%
	Healthy Diet	39.13%
	Other or Unspecified	13.04%
Homeless	Exercise	77.78%
	Healthy Diet	14.81%
	Reducing Exposure to Risk Factors	3.70%

What is something you do to be healthy?

Geographic Sample Question 4



Exercise

Walking; Cycling; Sports

Healthy Diet

Fresh Ingredients; Home Cooking; Hydration; Low Cholesterol Food; Low Sodium food

Safe Traffic Habits

None

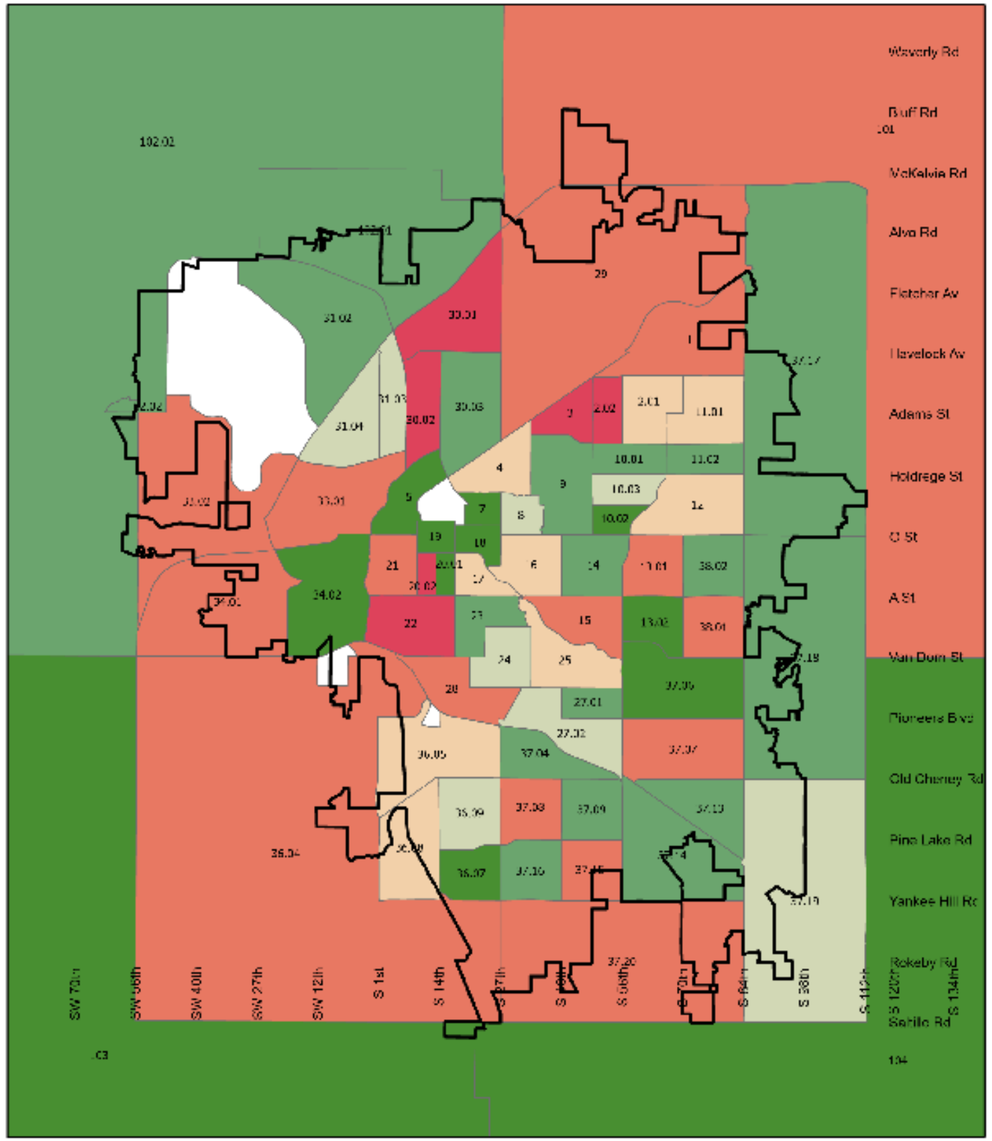
Other

Reducing Exposures to Risk Factors

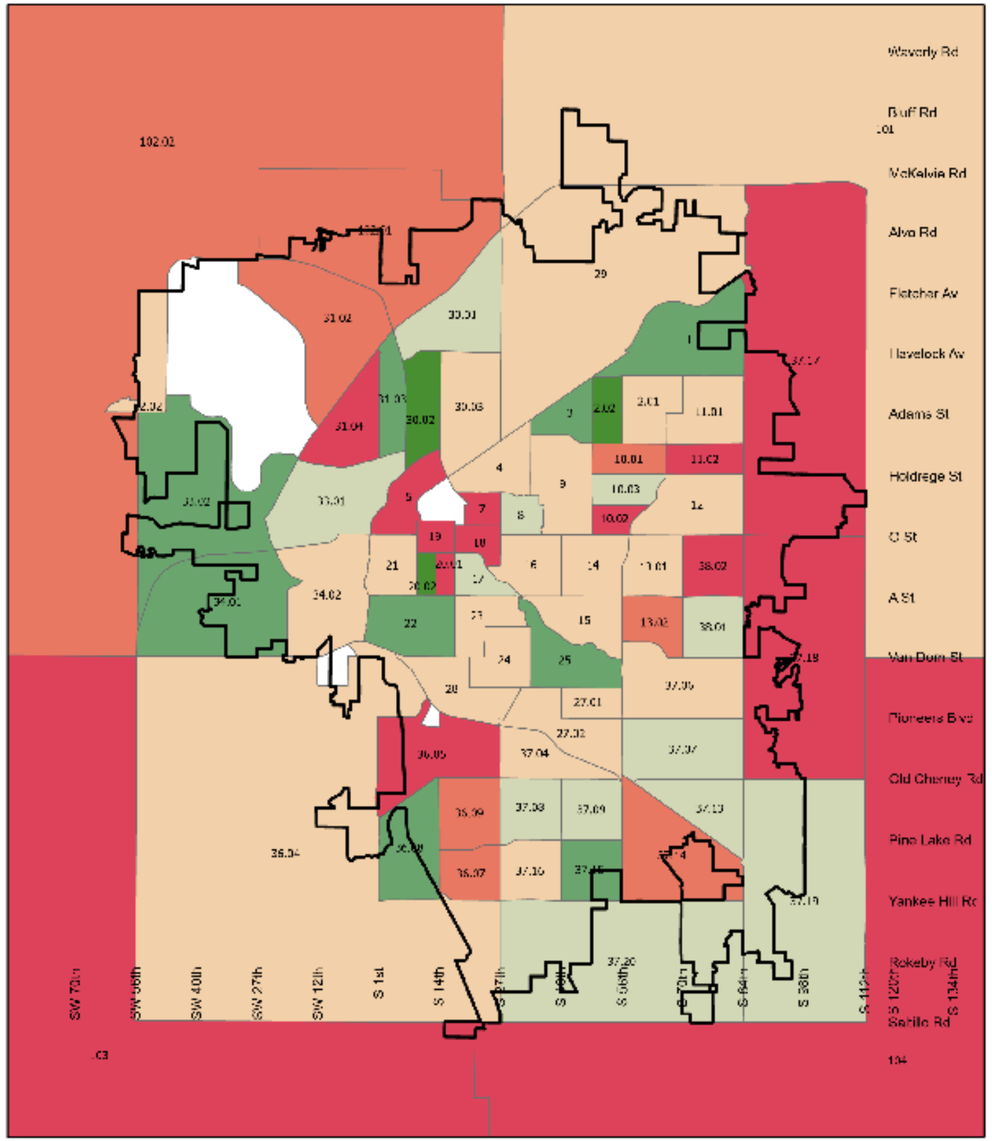
Less Alcohol; Less Smoking

What is something you do to be healthy?

Exercise

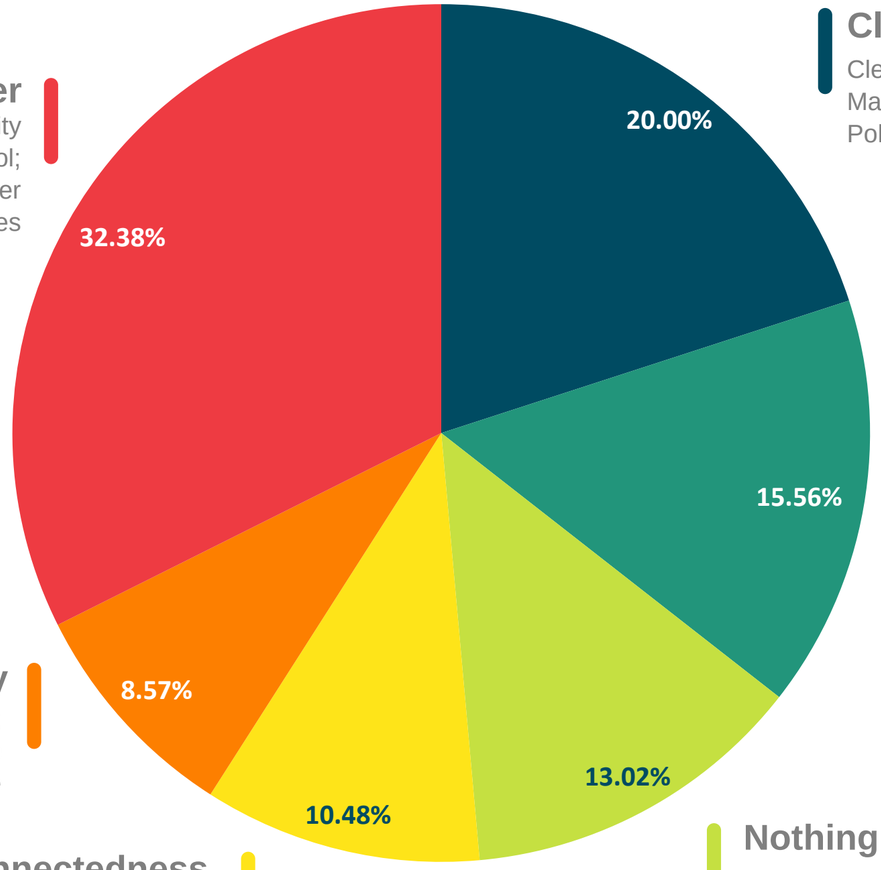


Healthy Diet



What would make your neighborhood a healthier place for you or your family?

Question 5



Cleaner Environment
Cleaner neighborhoods; Better Solid Waste Management; Better Air Quality; Less Sound Pollution

Physical Activity Infrastructure
Access to Park; Access to Gym/Facility; More recreational opportunities; More sidewalks; Access to Trails; Pedestrian trails

Nothing

Neighborhood Connectedness
Friendly neighborhood relations; More connected communities; Advocacy for physical activity options; Social connectedness; Well-equipped & established neighborhoods

Neighborhood Safety
Better lighting; Neighborhood Watch, including signs; More law enforcement; More crime reporting/surveillance

Other
Access to Healthy Food; Physical Activity Programming; Reduced Access to Drugs & Alcohol; Traffic Safety; Access to Healthcare; Higher Vaccination Rates

What would make your neighborhood a healthier place for you or your family?

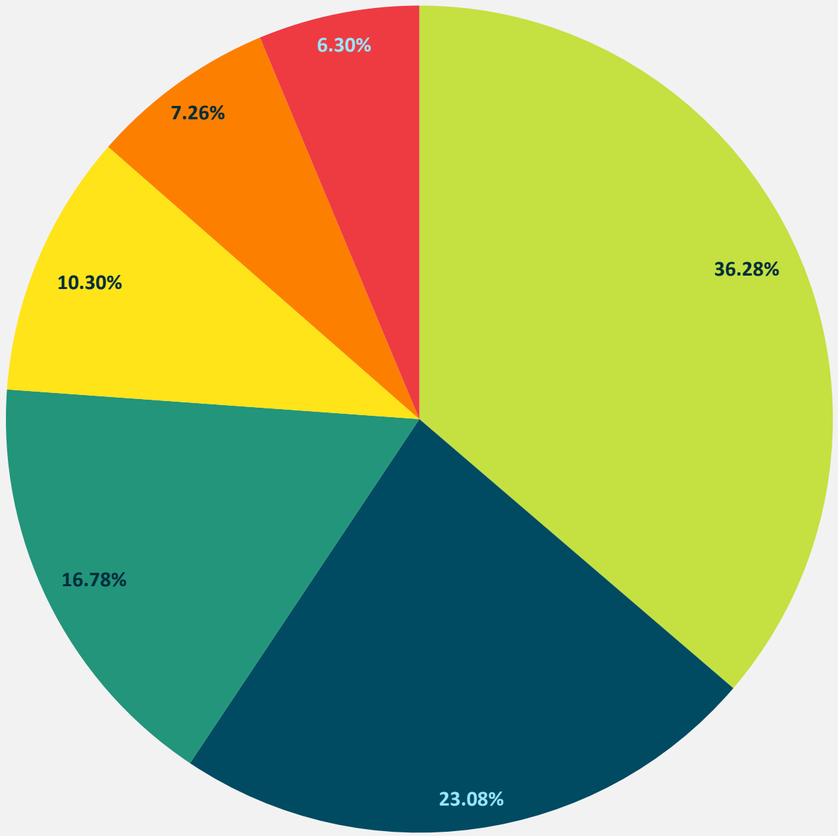
Question 5: Top 3 Responses from each group

African American	Physical Activity Infrastructure	14.08%
	Access to Healthy Food	8.45%
	Neighborhood Safety	5.63%
American Indian	Access to Healthy Food	20.83%
	Neighborhood Safety	20.83%
	Cleaner Environment	8.33%
Chinese	Physical Activity Infrastructure	21.21%
	Neighborhood Connectedness	18.18%
	Neighborhood Safety	15.15%
Vietnamese	Cleaner Environment	67.86%
	Physical Activity Infrastructure	10.71%
	Neighborhood Connectedness	7.14%
Mexican	Cleaner Environment	25.71%
	Physical Activity Infrastructure	22.86%
	Neighborhood Connectedness	8.57%
El Salvadorian, Guatemalan, and Spanish Other	Physical Activity Infrastructure	28.13%
	Cleaner Environment	12.50%
	Physical Activity Programming	12.50%

Iraqi	Physical Activity Infrastructure	33.33%
	Neighborhood Safety	14.29%
Karen	Access to Healthy Food	3.45%
	Cleaner Environment	48.28%
	Neighborhood Connectedness	34.48%
Sudanese	Cleaner Environment	45.45%
	Neighborhood Safety	22.73%
	Neighborhood Connectedness	13.64%
Yazidi	Access to Healthy Food	15.00%
	Cleaner Environment	10.00%
	Neighborhood Connectedness	10.00%
Blind	Physical Activity Infrastructure	34.78%
	Traffic Safety	17.39%
	Neighborhood Connectedness	8.70%
Homeless	Physical Activity Infrastructure	29.63%
	Neighborhood Safety	22.22%
	Reduced Access to Drugs & Alcohol	14.81%

What would make your neighborhood a healthier place for you or your family?

Question 5



Nothing

Physical Activity Infrastructure

Access to Trails; More sidewalks; Access to Parks; Access to Gym/Facility

Neighborhood Safety

More law enforcement; Better lighting; Neighborhood Watch; More crime reporting/surveillance

Cleaner Environment

Well-maintained built environment; Better Air Quality; Cleaner neighborhoods

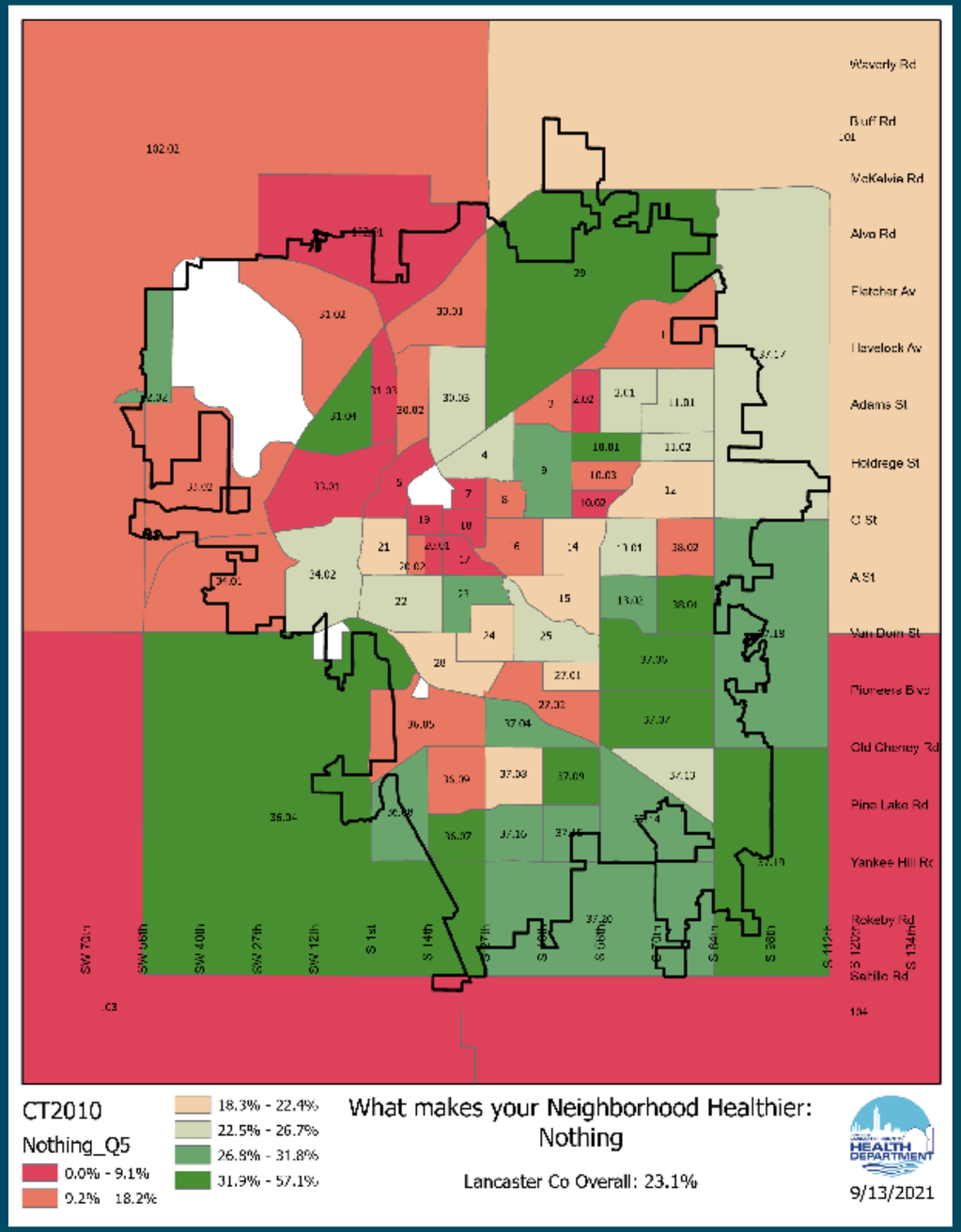
Other

Traffic Safety

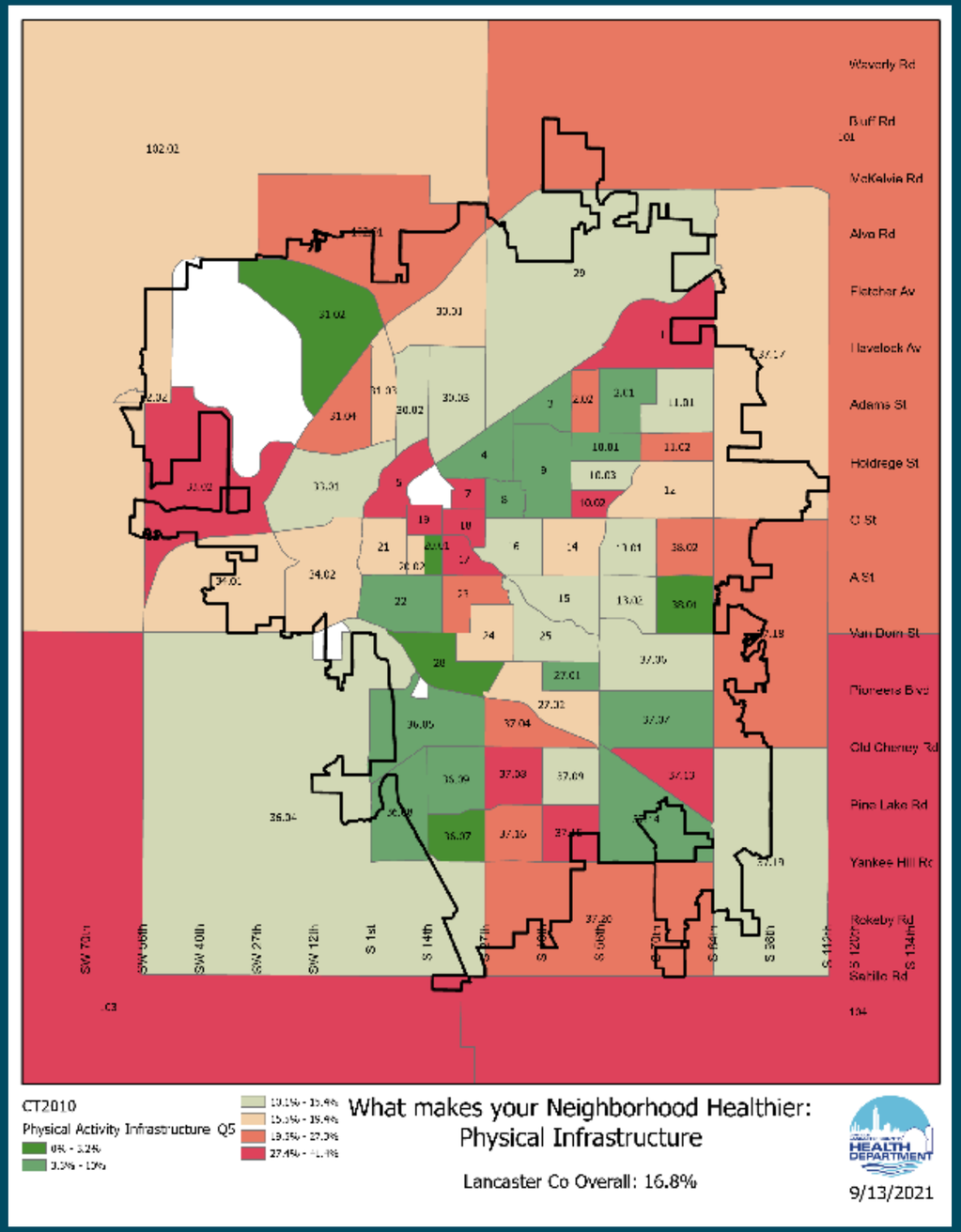
Less high-speed traffic; Less traffic volume; Better Signage; Bicycle Friendly

What would make your neighborhood a healthier place for you or your family?

Nothing

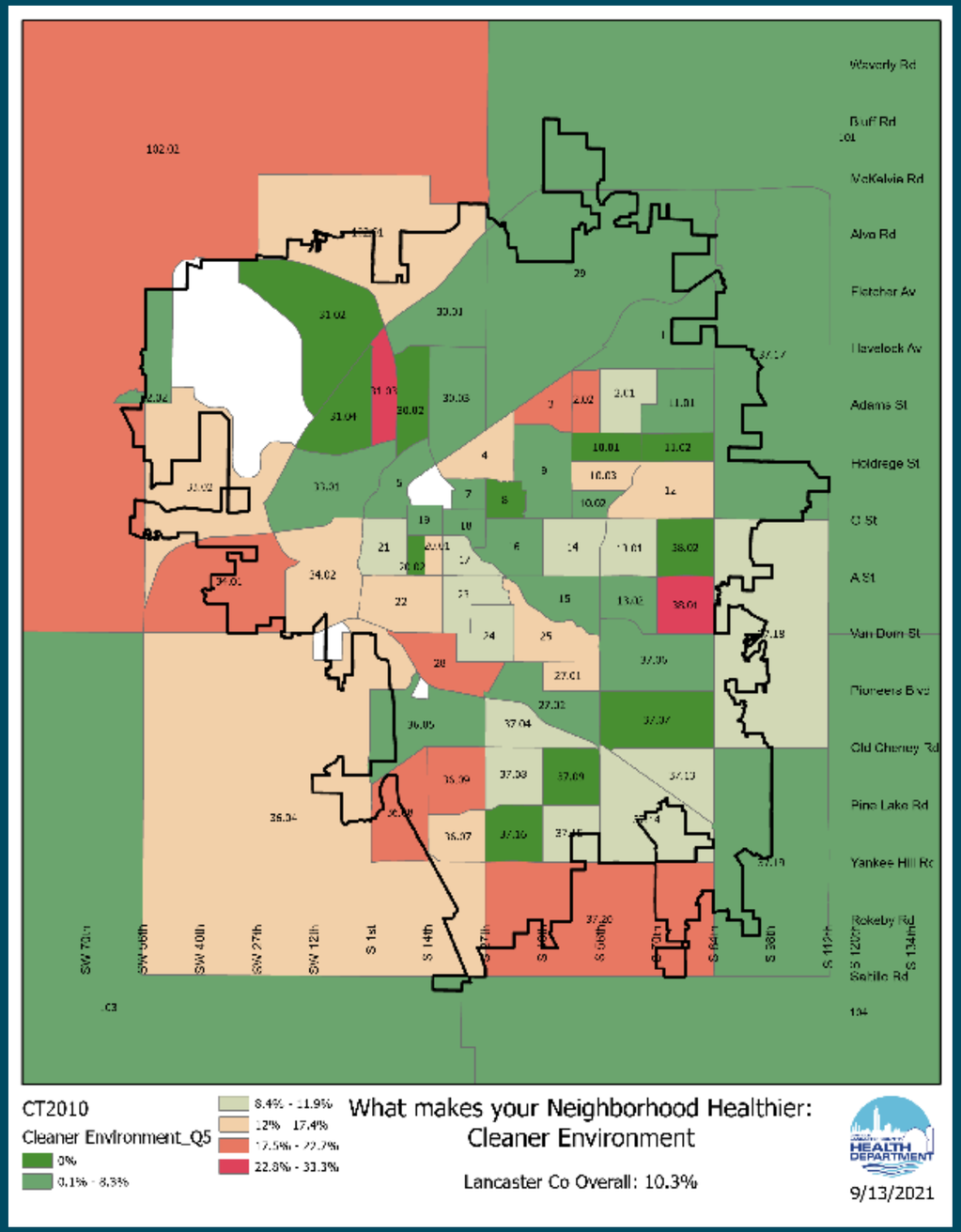


Physical Activity Infrastructure

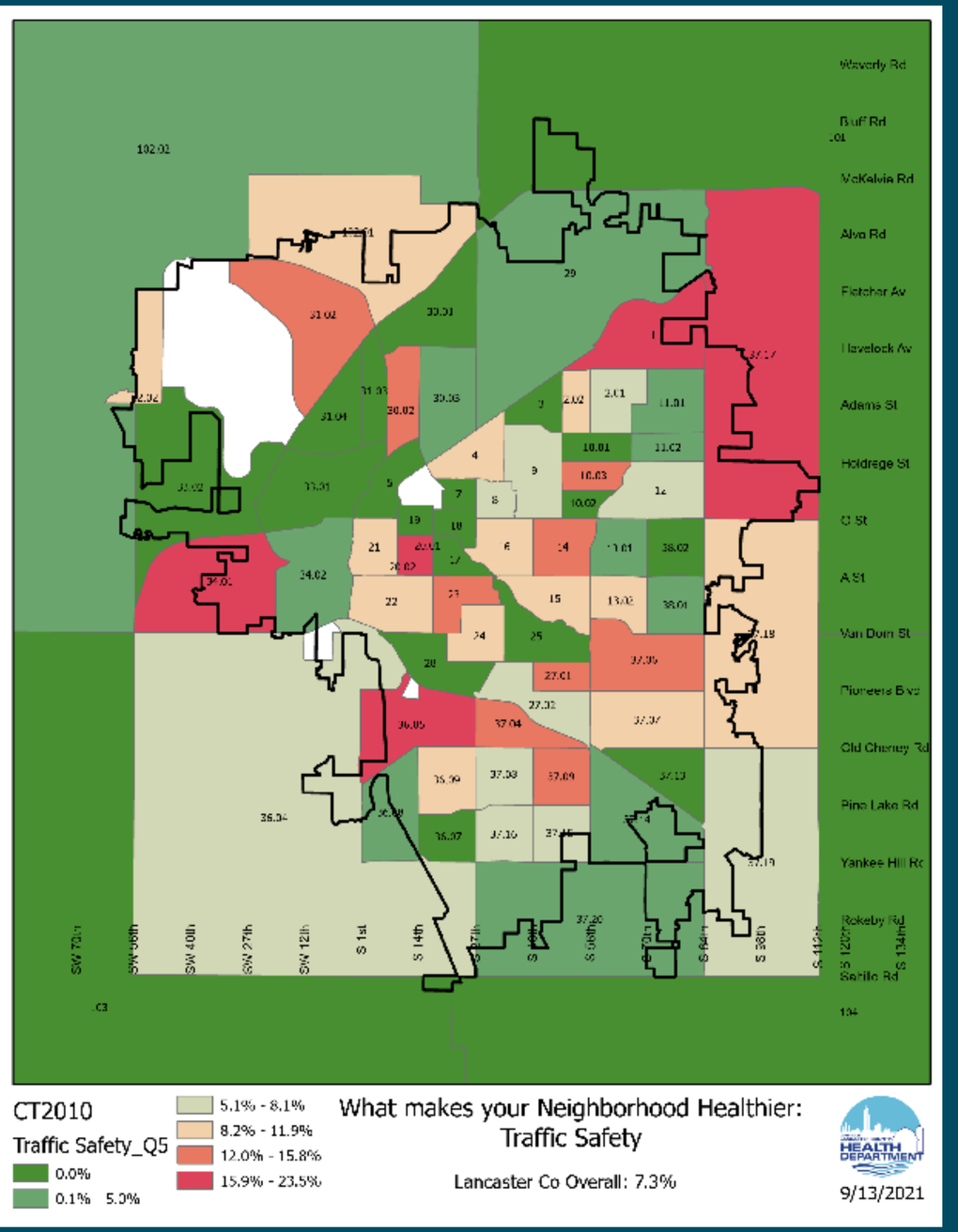


What would make your neighborhood a healthier place for you or your family?

Cleaner Environment



Traffic Safety



Thank you!

Any questions?

Vital Statistics 2020

Board of Health
Lincoln Lancaster County Health Department
3/2/2022

Tommy George
Public Health Epidemiologist

Numbers in 2020

3,712

Numbers of Births in Lancaster County

7.08%

Low Birth Weight Births

4.0%

Teen Births

91.7%

First Trimester Care

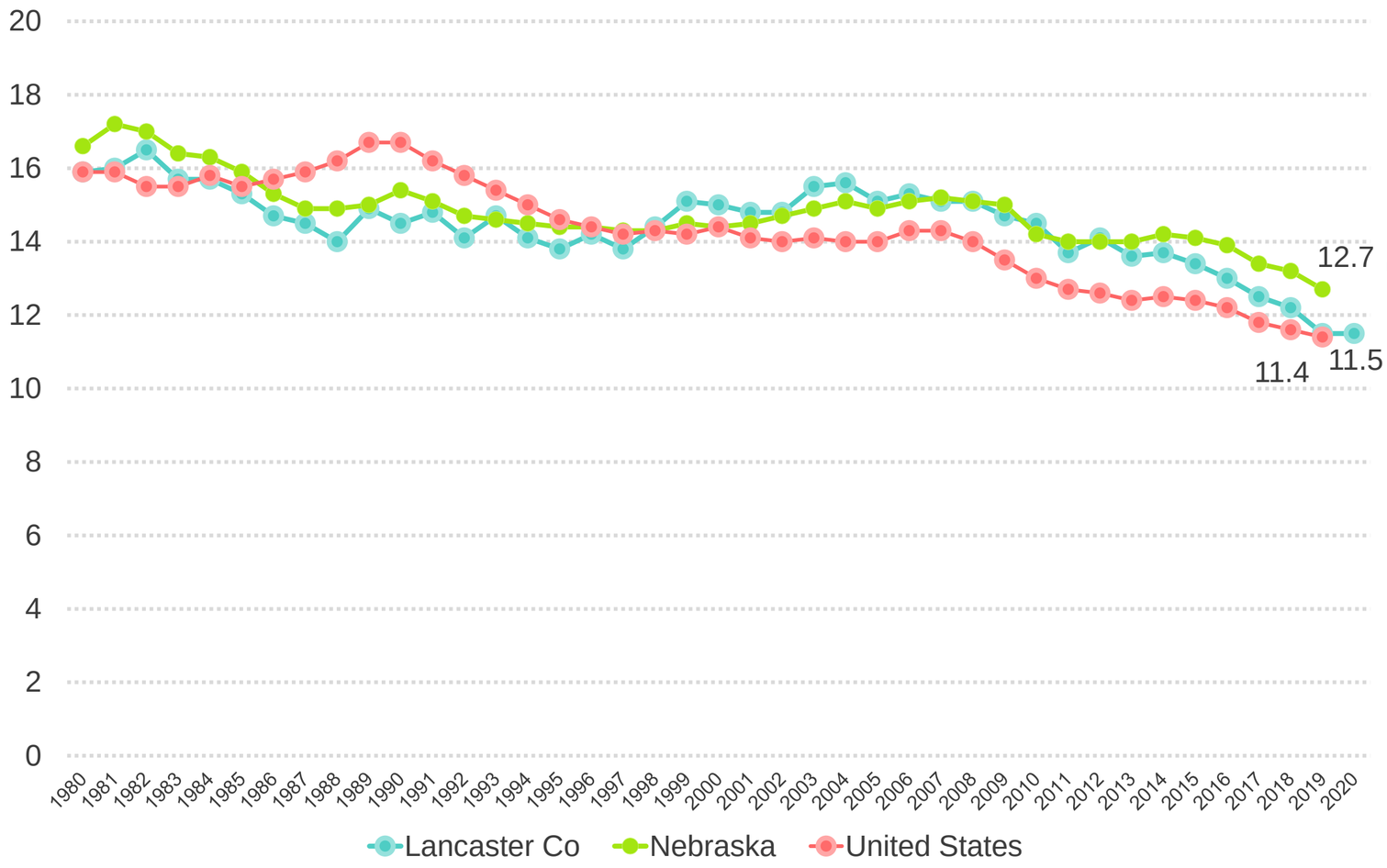
2,562

Number of Deaths in Lancaster County

3.7

Infant Mortality Rate

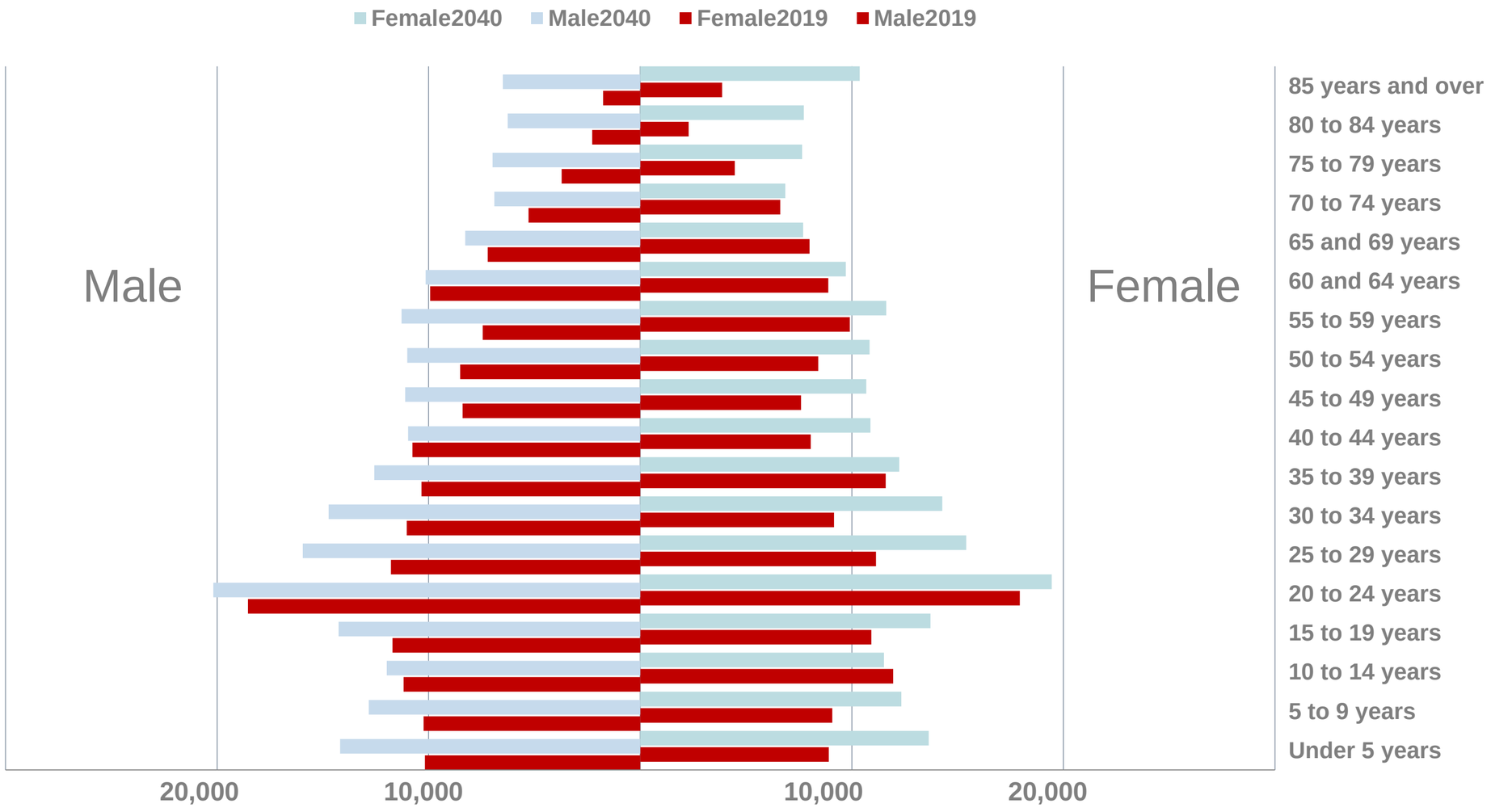
Birth Rate



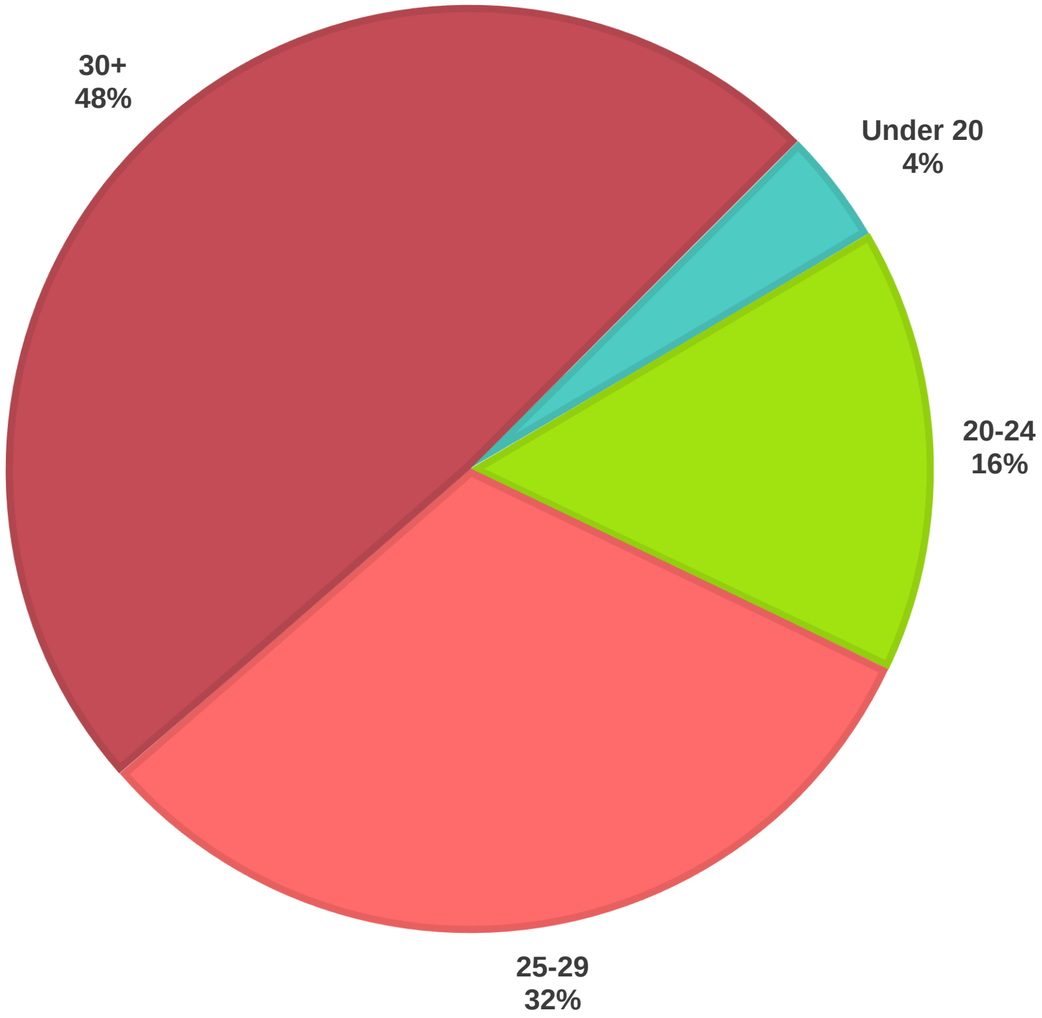
Birth Rate in Lancaster Co, Nebraska and US

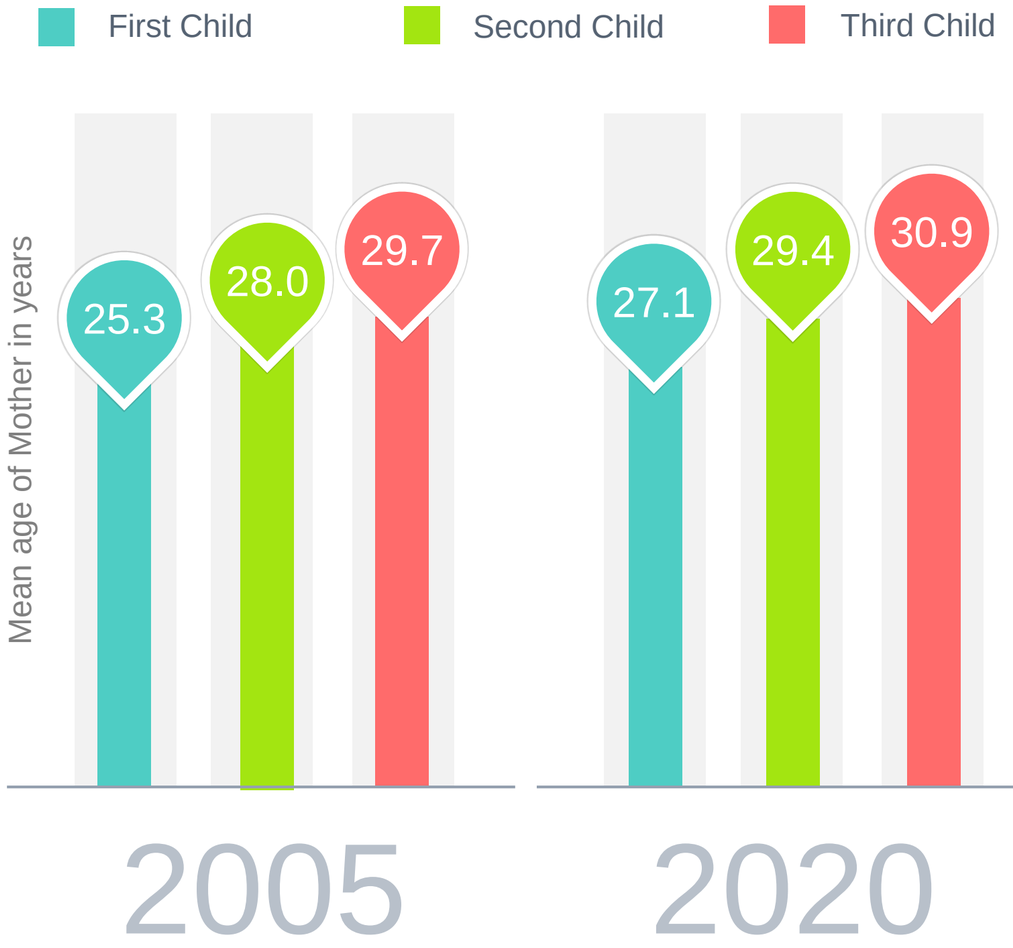
- Rate per 1,000 population

Population Pyramid 2019-2040

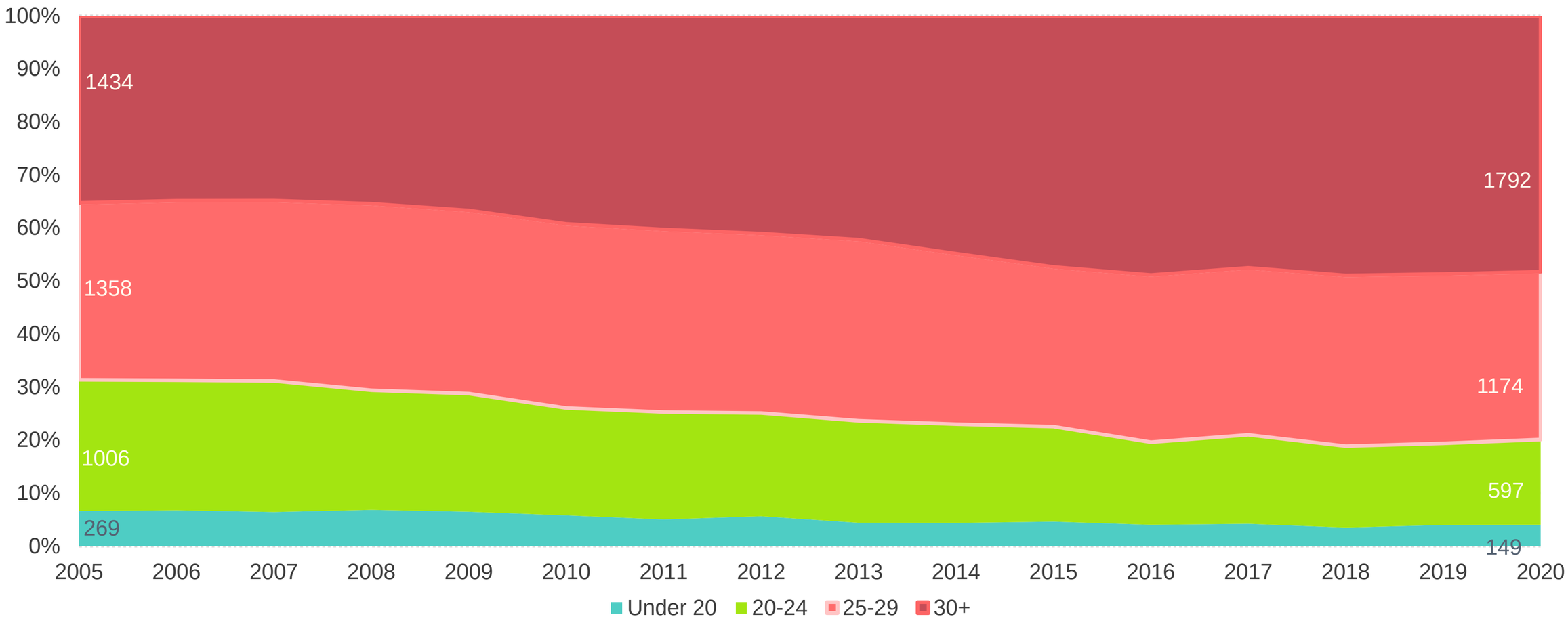


Births by Age Group 2020

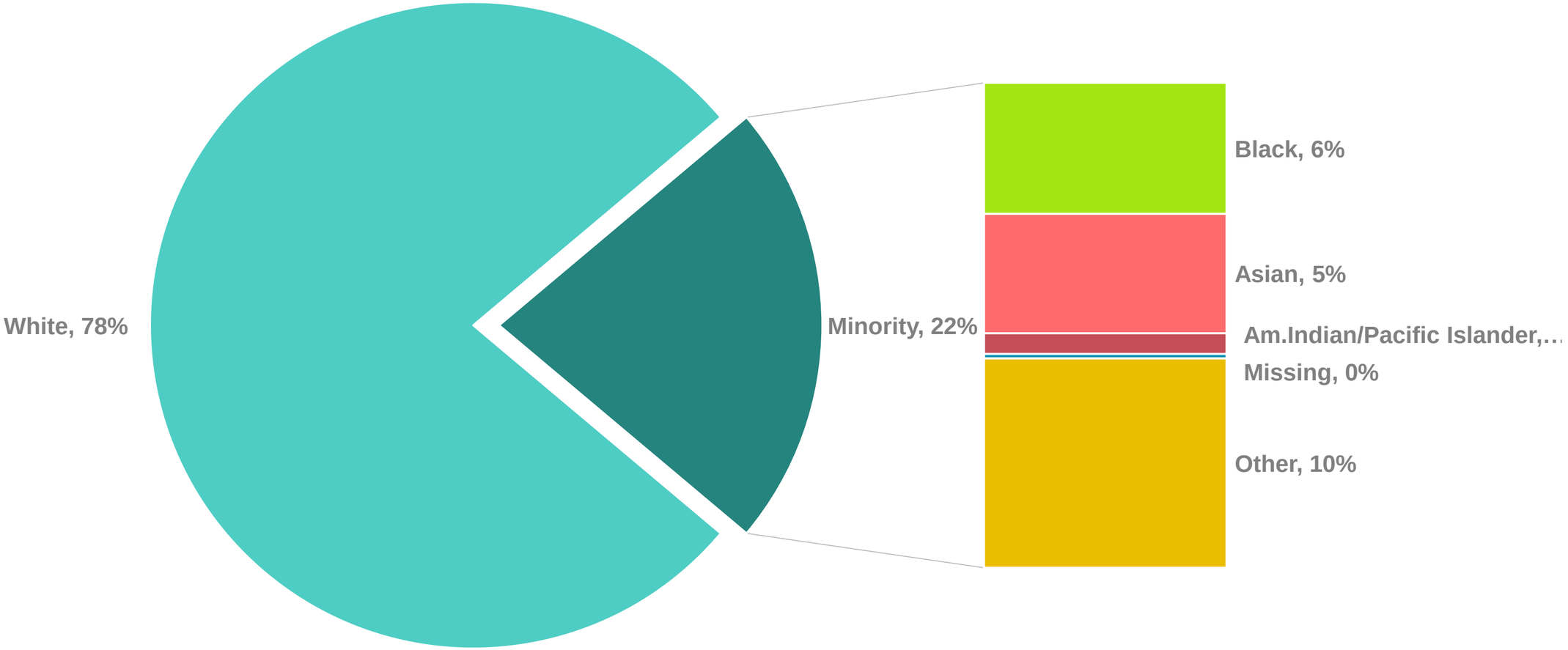




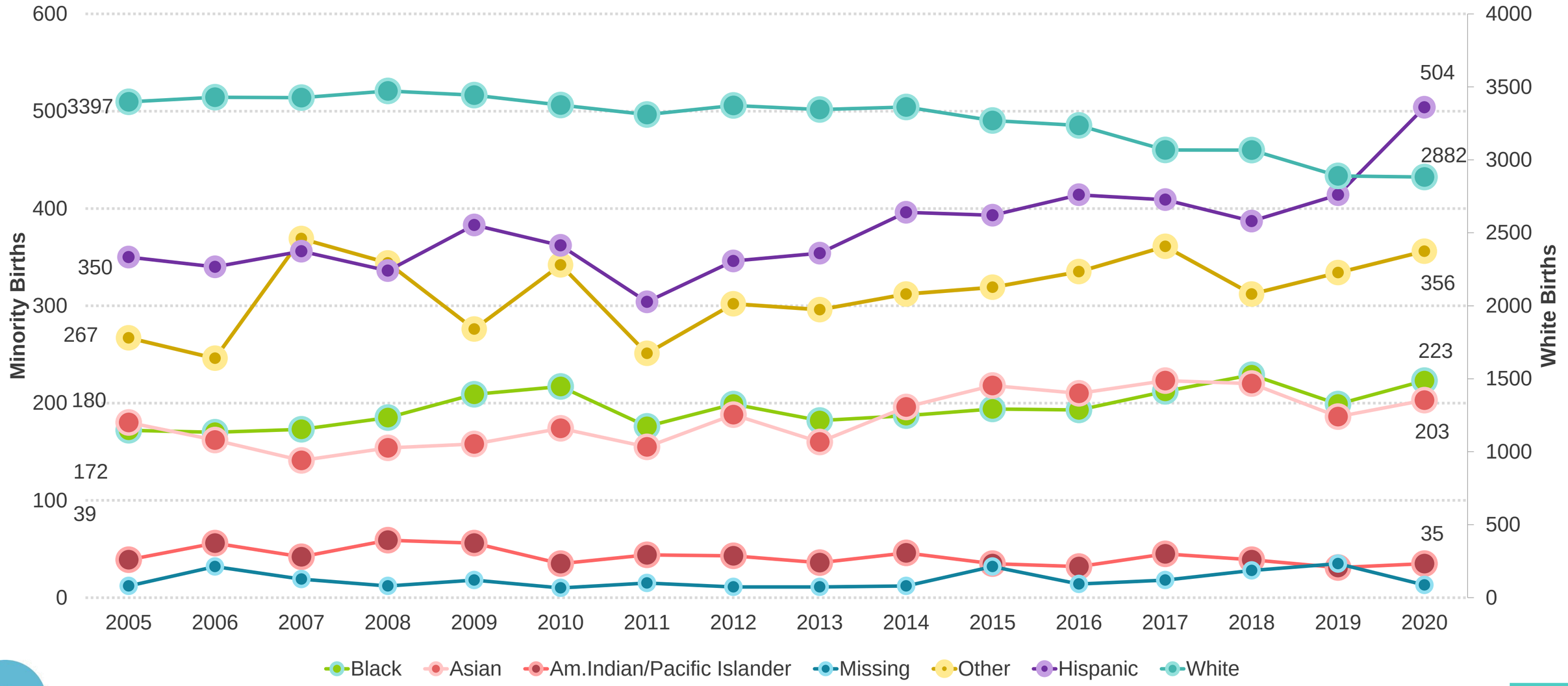
Births by Age Group



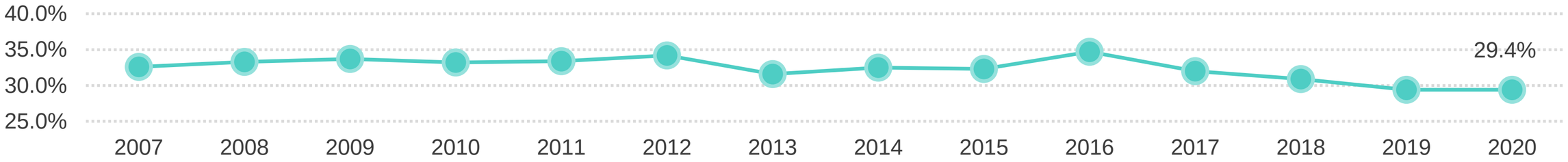
Births by Race & Ethnicity 2020

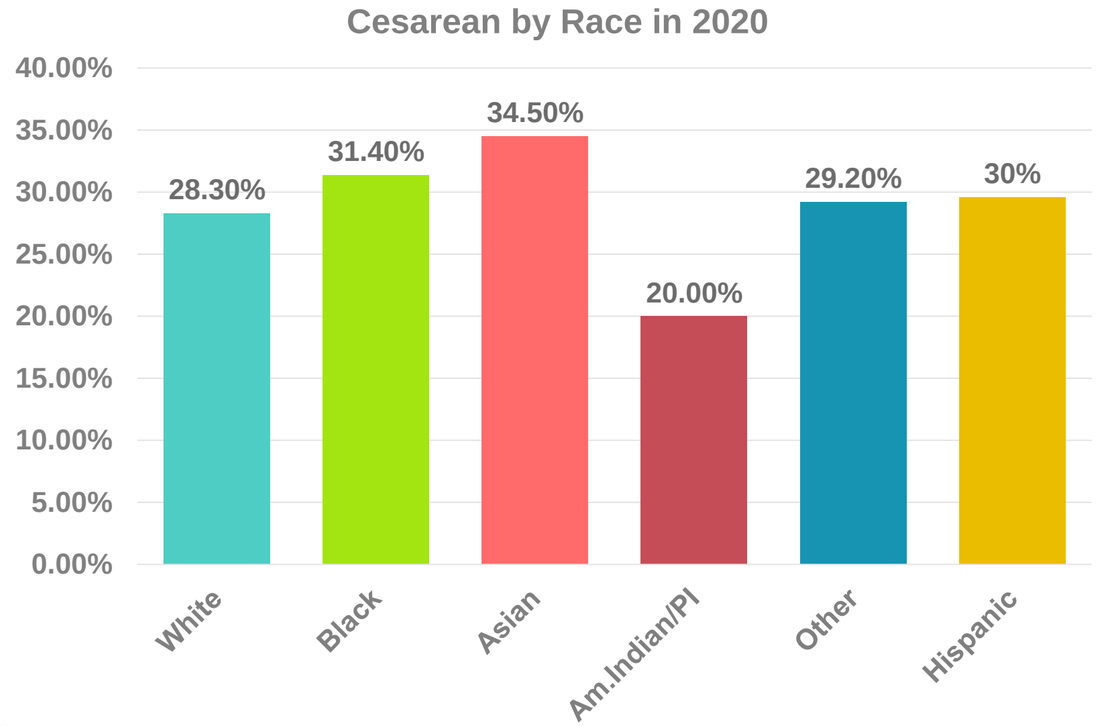


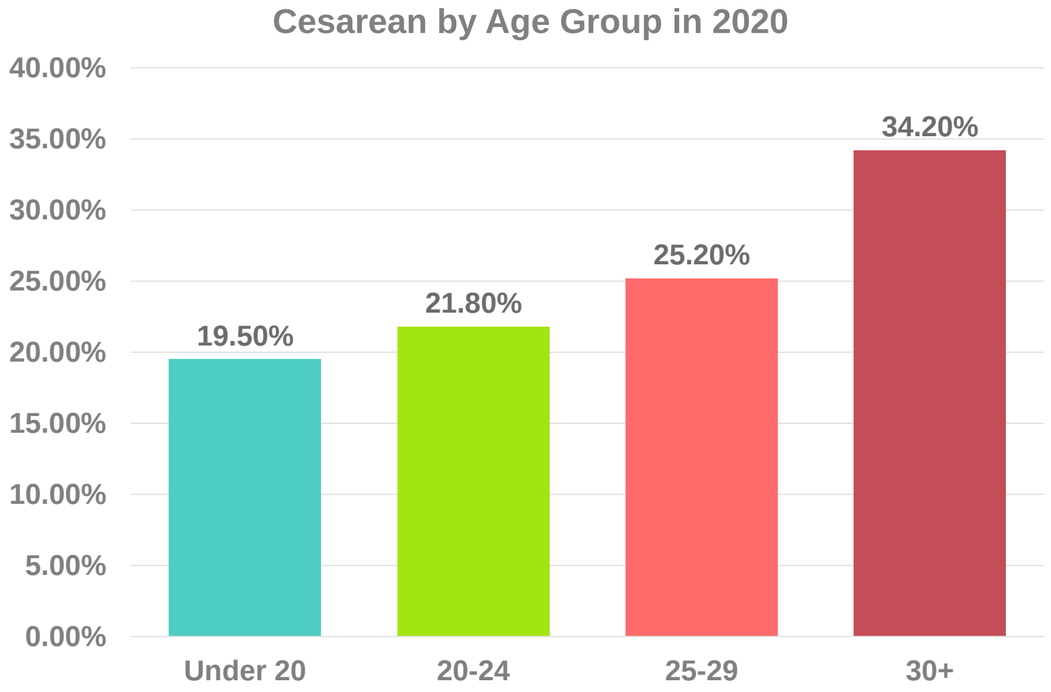
Births by Race & Ethnicity



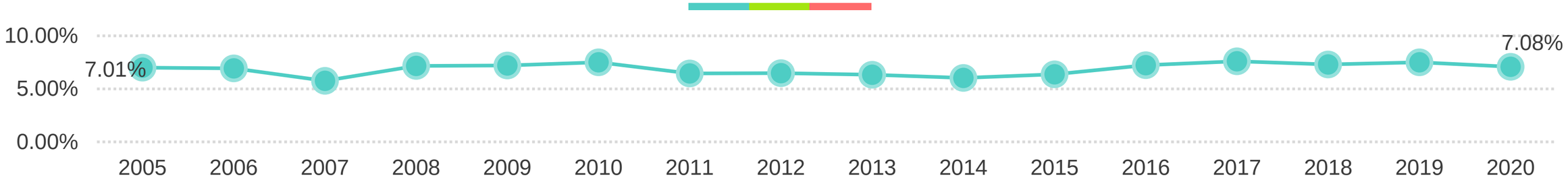
Cesarean Birth

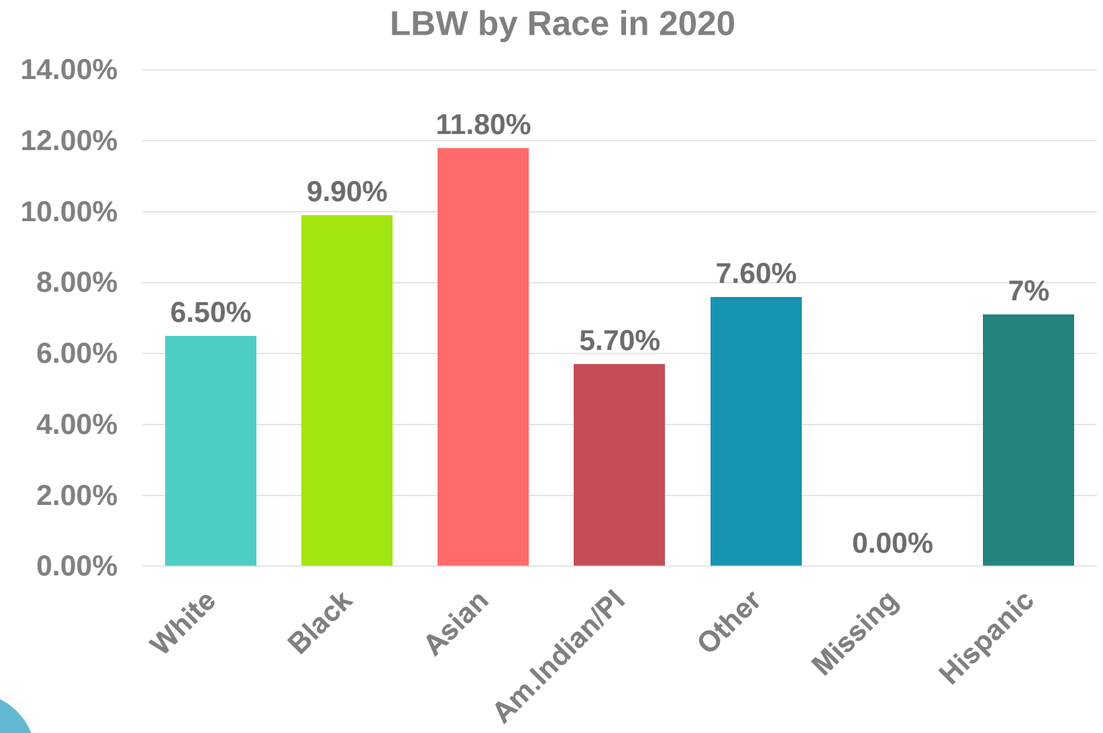


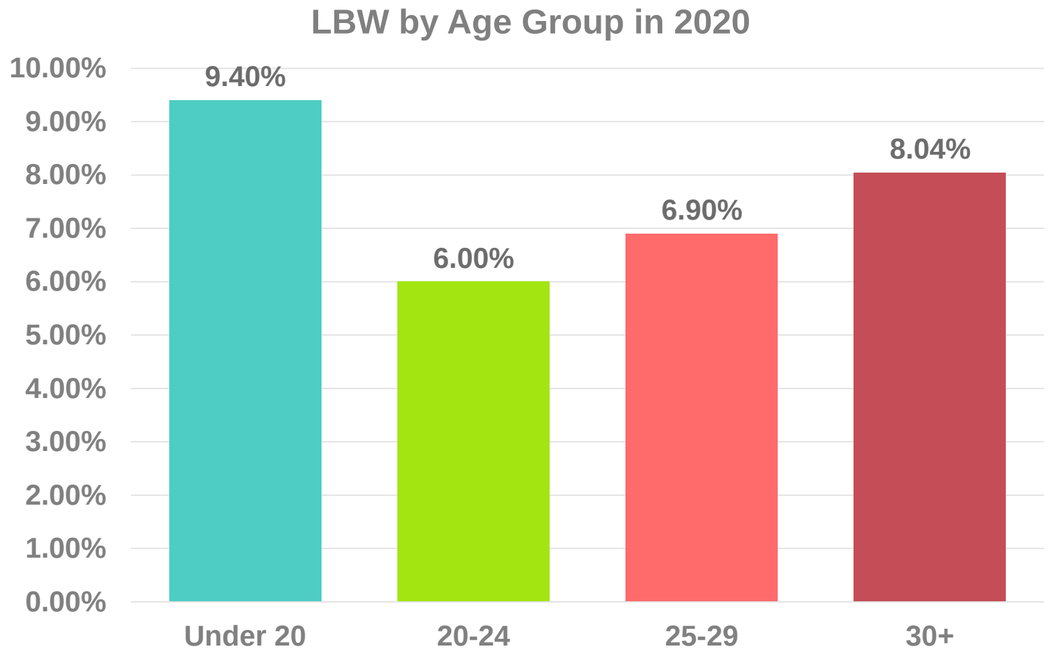




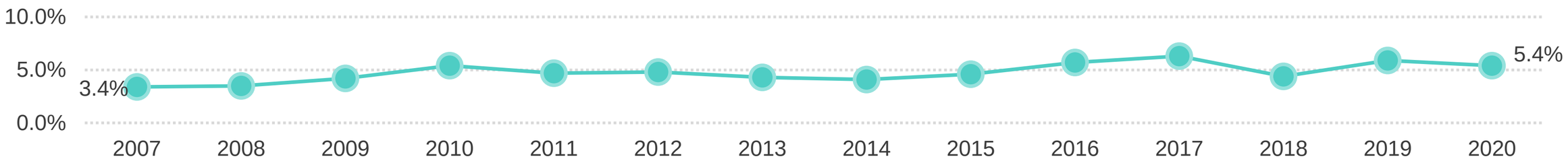
Low Birth Weight

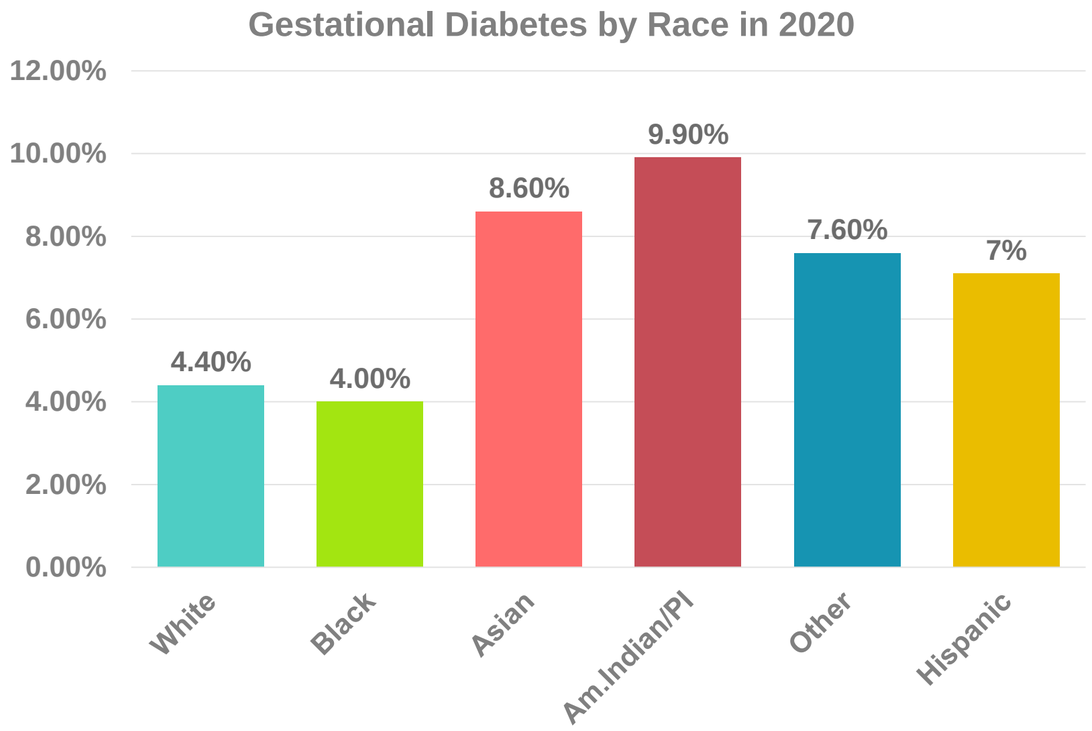


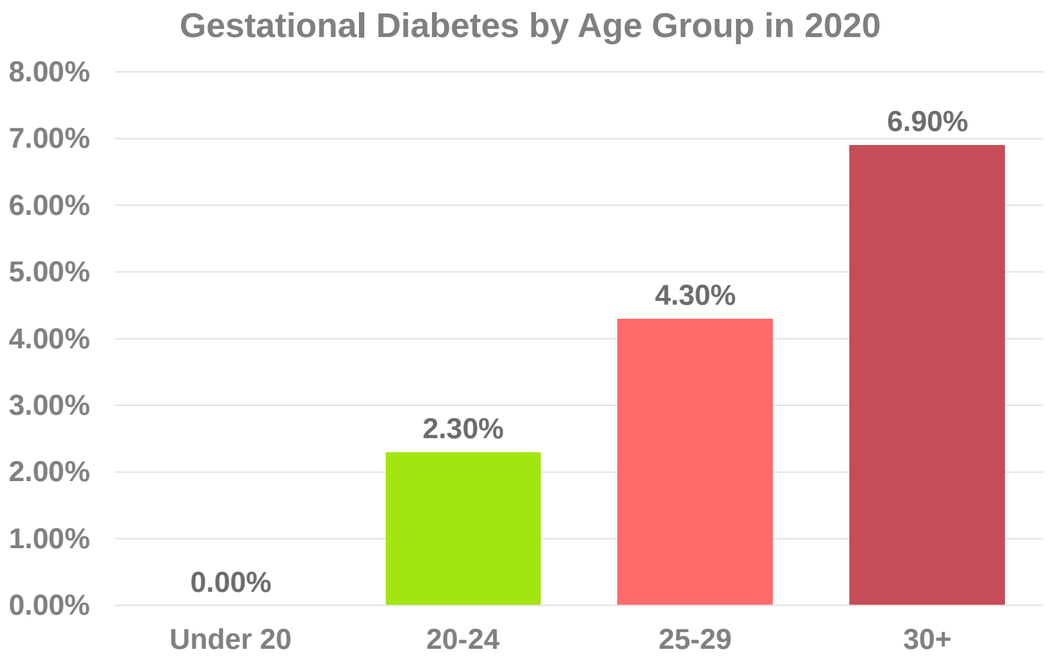




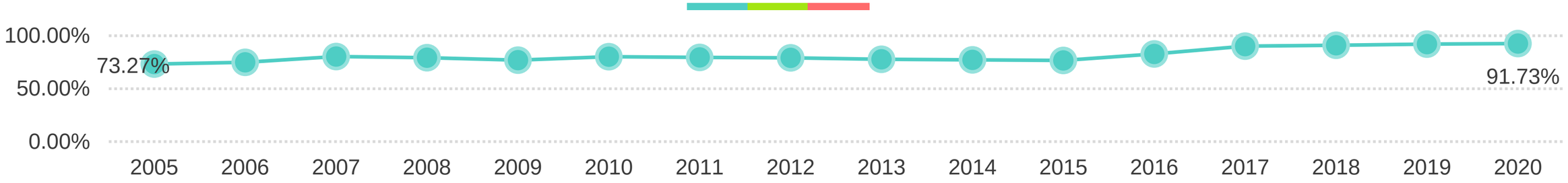
Gestational Diabetes

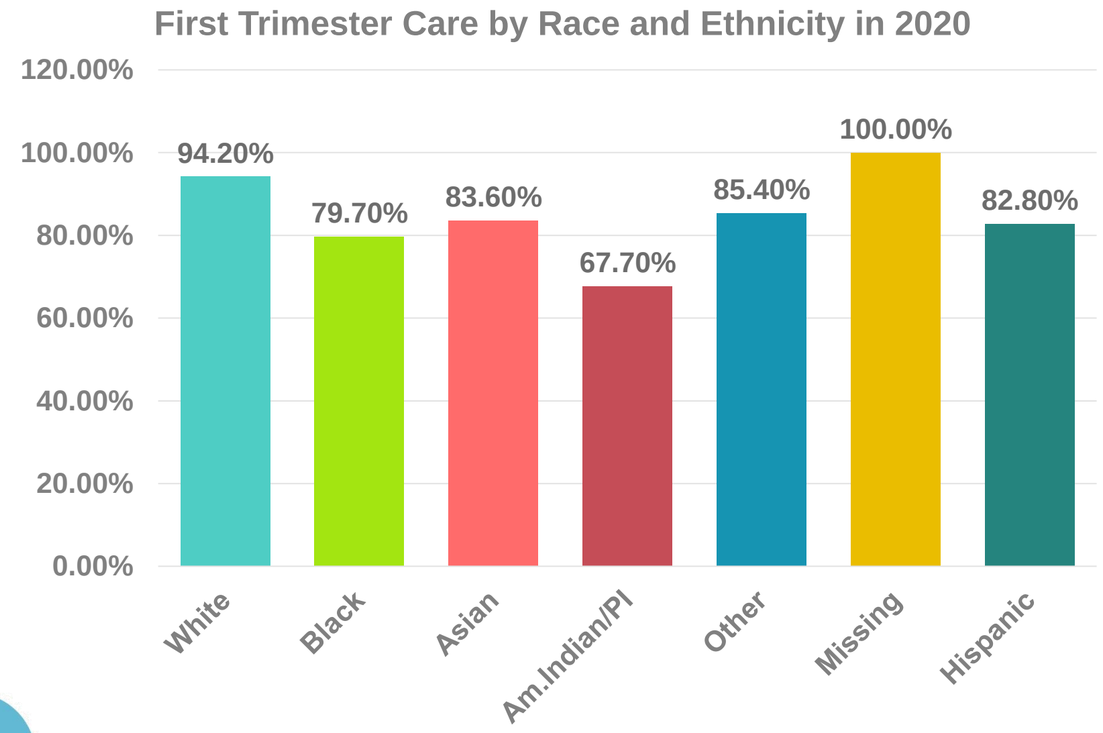


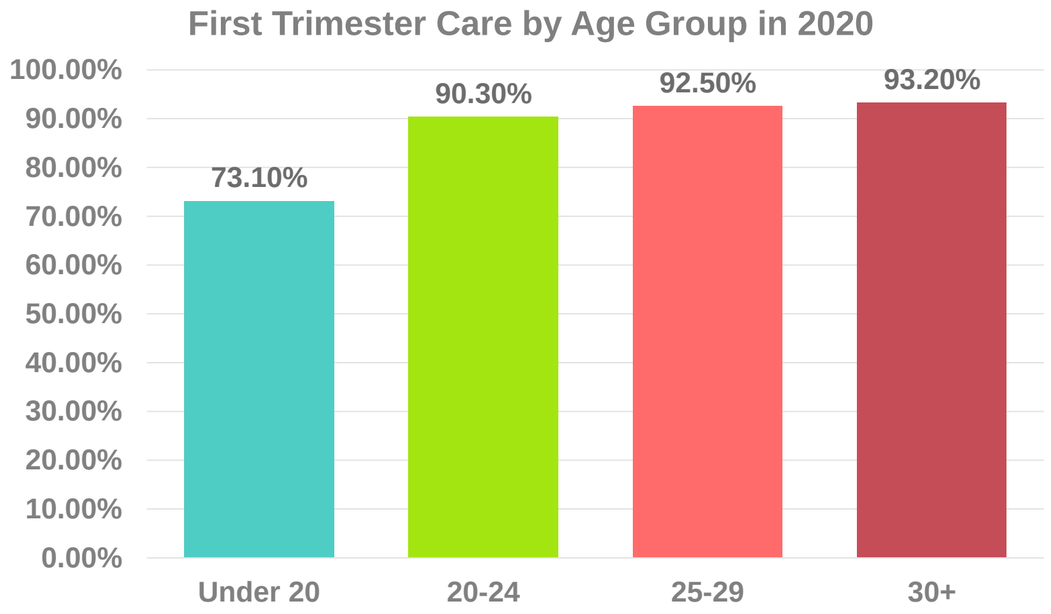




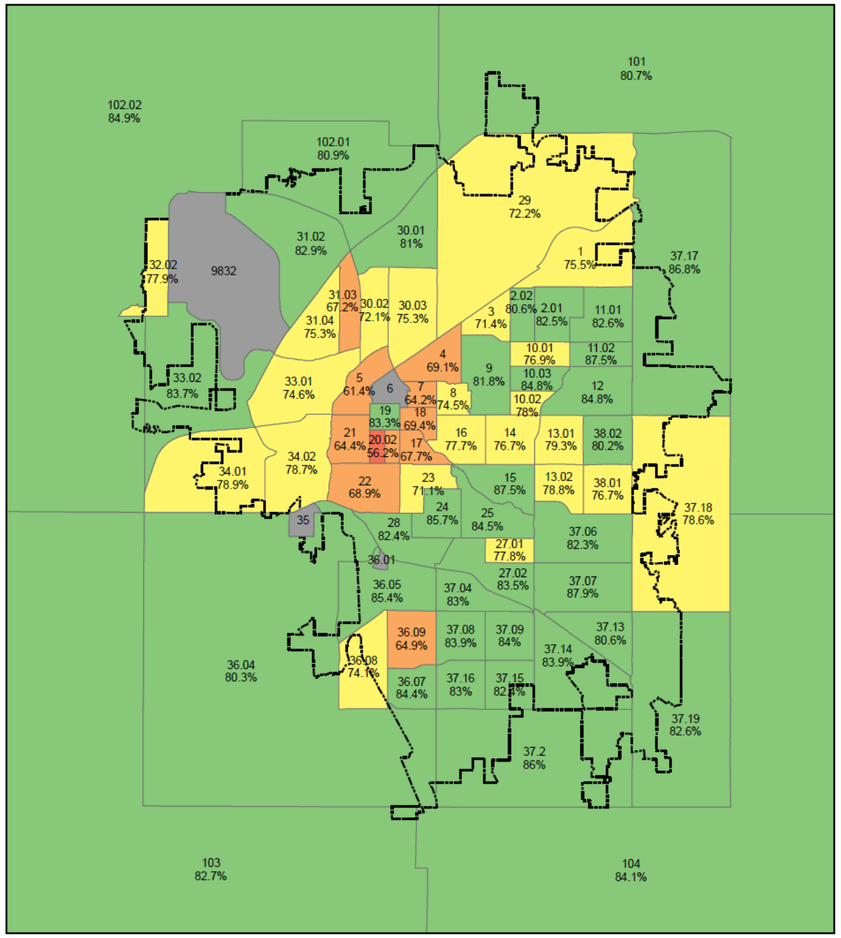
First Trimester Care







First Trimester Care



Legend

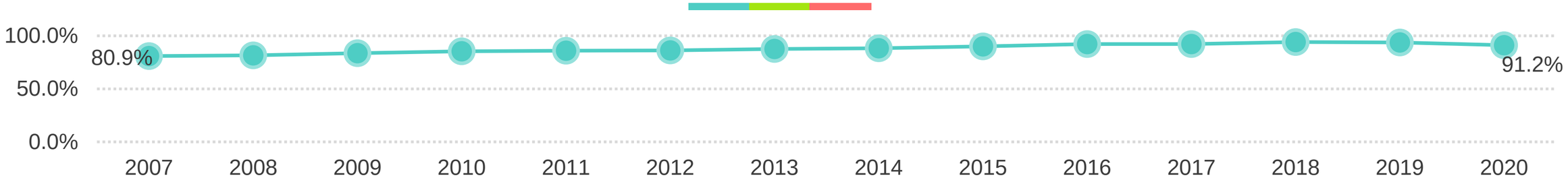
- 50 - 59.9%
- 60 - 69.9%
- 70 - 79.9%
- 80 - 89.9%
- City Limits
- ExcludedCTs

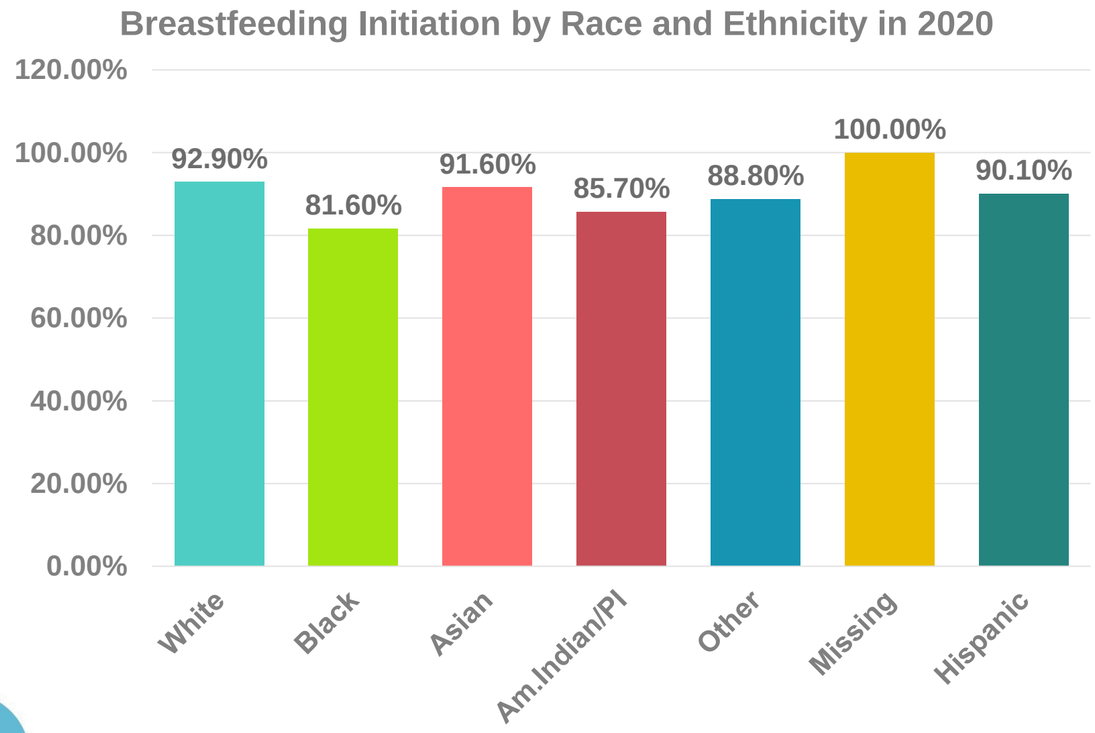
First Trimester Care
2017 - 2019

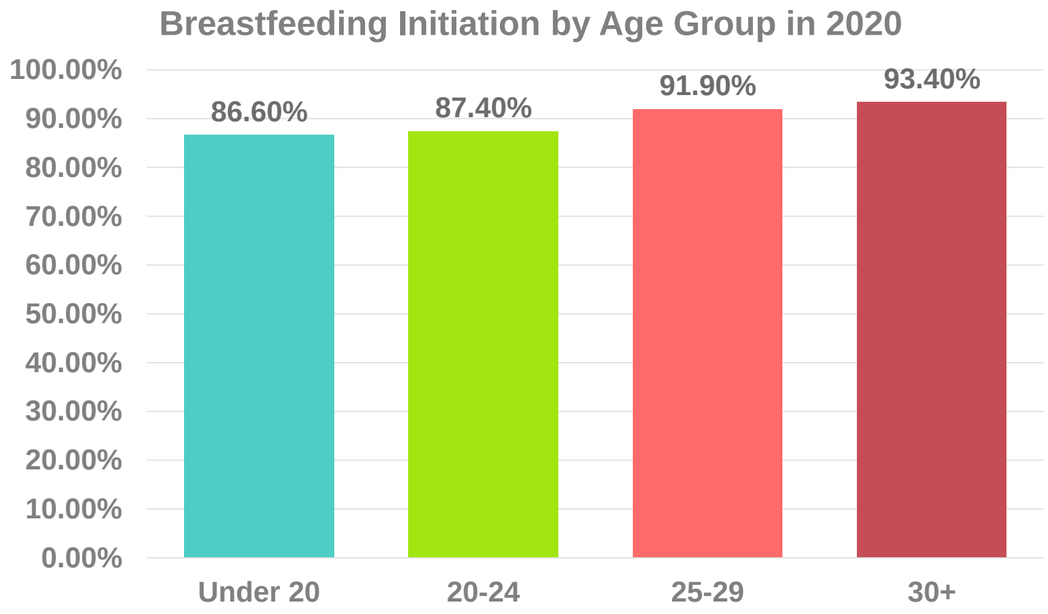
Overall Prenatal Care = 78.9%

Source: Lincoln Lancaster County Health Department
Mapped by LLCHD GIS
06/2021

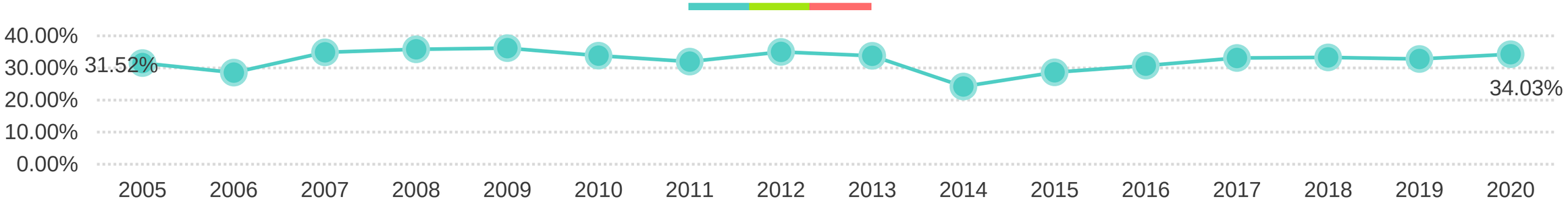
Breastfeeding Initiation at Birth

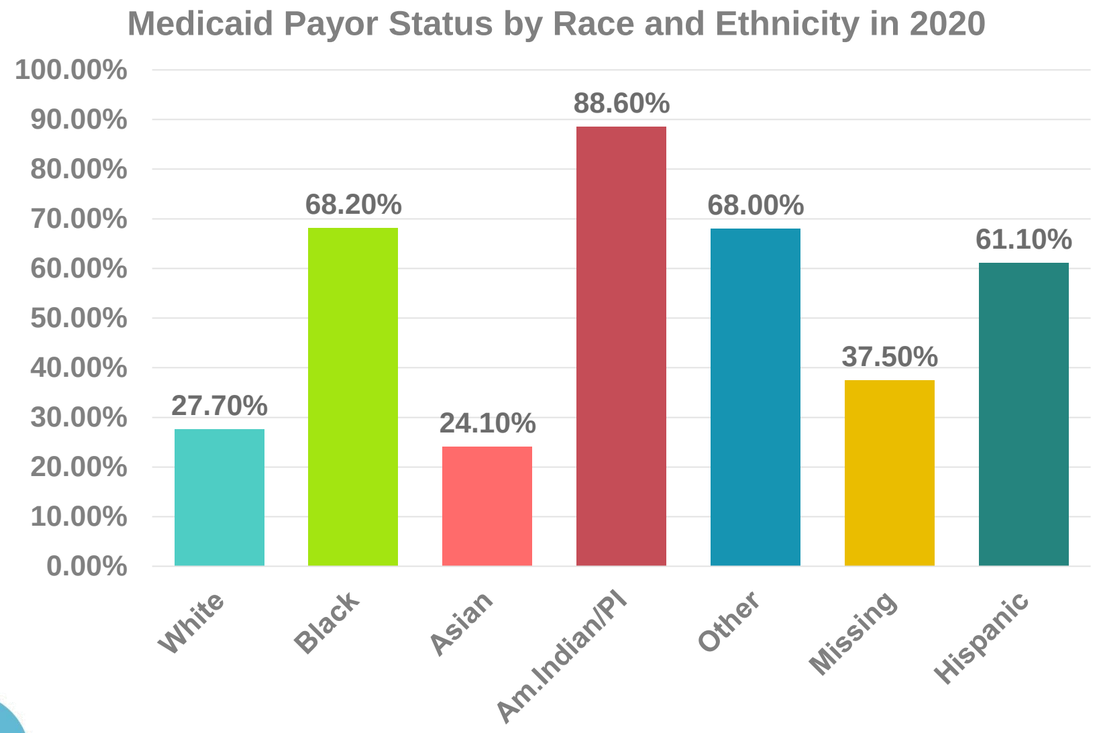


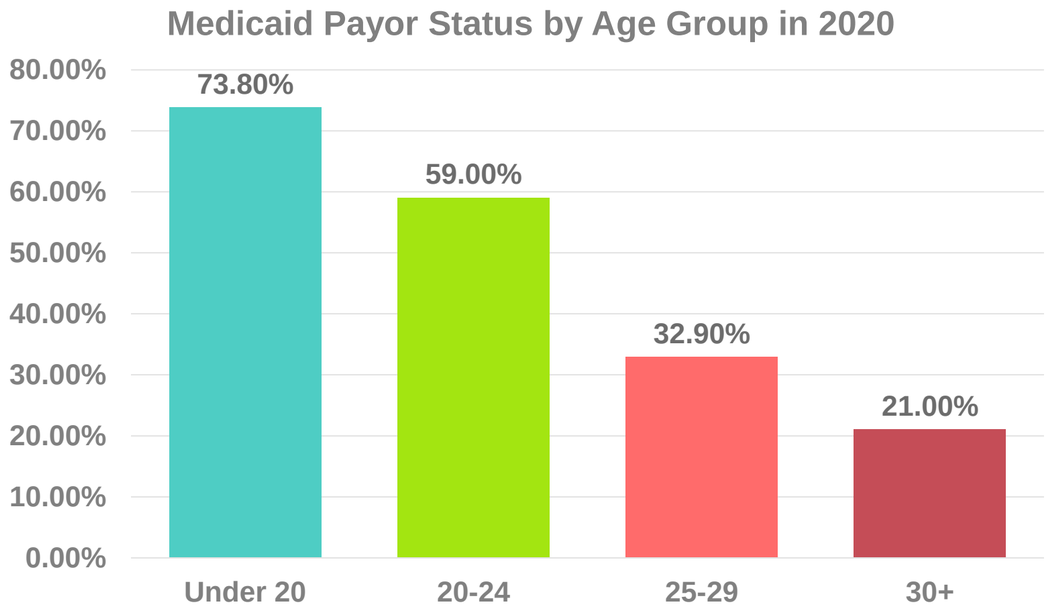




Payor Status: Medicaid





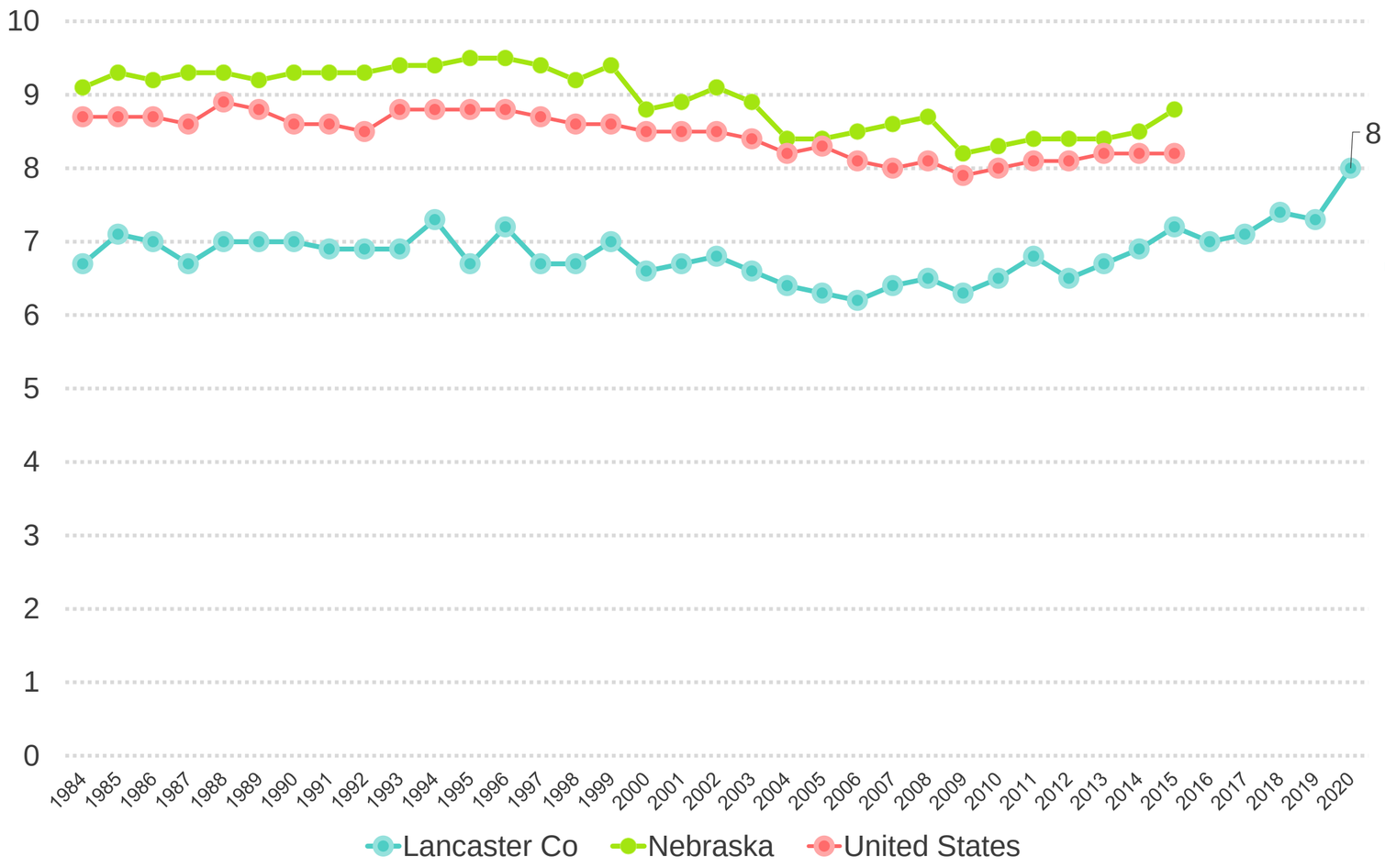


Birth Summary by Race/Ethnicity

Metric	White	Black	AIAN	Asian	Other	Hispanic	Medicaid	Private
Breastfeeding	94.3%	84.8%	82.6%	91.0%	91.3%	92.6%	89.2%	95.7%
Labor Induction	31.5%	23.8%	26.2%	24.6%	30.9%	29.4%	32.4%	31.1%
Labor Induction (<39 wks)	24.8%	17.6%	36.1%	14.4%	23.1%	18.6%	22.0%	21.9%
Cesarean	20.8%	36.0%	31.0%	26.1%	29.7%	31.2%	31.0%	31.6%
Cesarean (first child)	32.2%	33.9%	33.0%	25.9%	31.8%	33.7%	32.9%	32.6%
Gestational diabetes	5.2%	4.8%	7.5%	11.1%	6.0%	5.9%	6.0%	5.5%
Low birth weight	7.5%	13.7%	6.8%	6.9%	9.7%	9.5%	9.9%	6.8%
Gestational age (<38 wks)	20.9%	24.3%	29.6%	16.3%	20.9%	21.4%	23.4%	19.9%
At least 10 prenatal visits	68.4%	53.3%	56.2%	54.8%	62.3%	60.2%	61.8%	69.8%
First trimester care	79.6%	67.2%	69.0%	72.8%	67.8%	67.6%	69.5%	82.4%
Adequate prenatal care	65.8%	60.3%	58.8%	60.2%	64.0%	63.6%	66.3%	69.6%
Teenage mothers	2.8%	5.4%	8.3%	1.6%	10.6%	9.0%	8.0%	1.3%

Death Data 2020

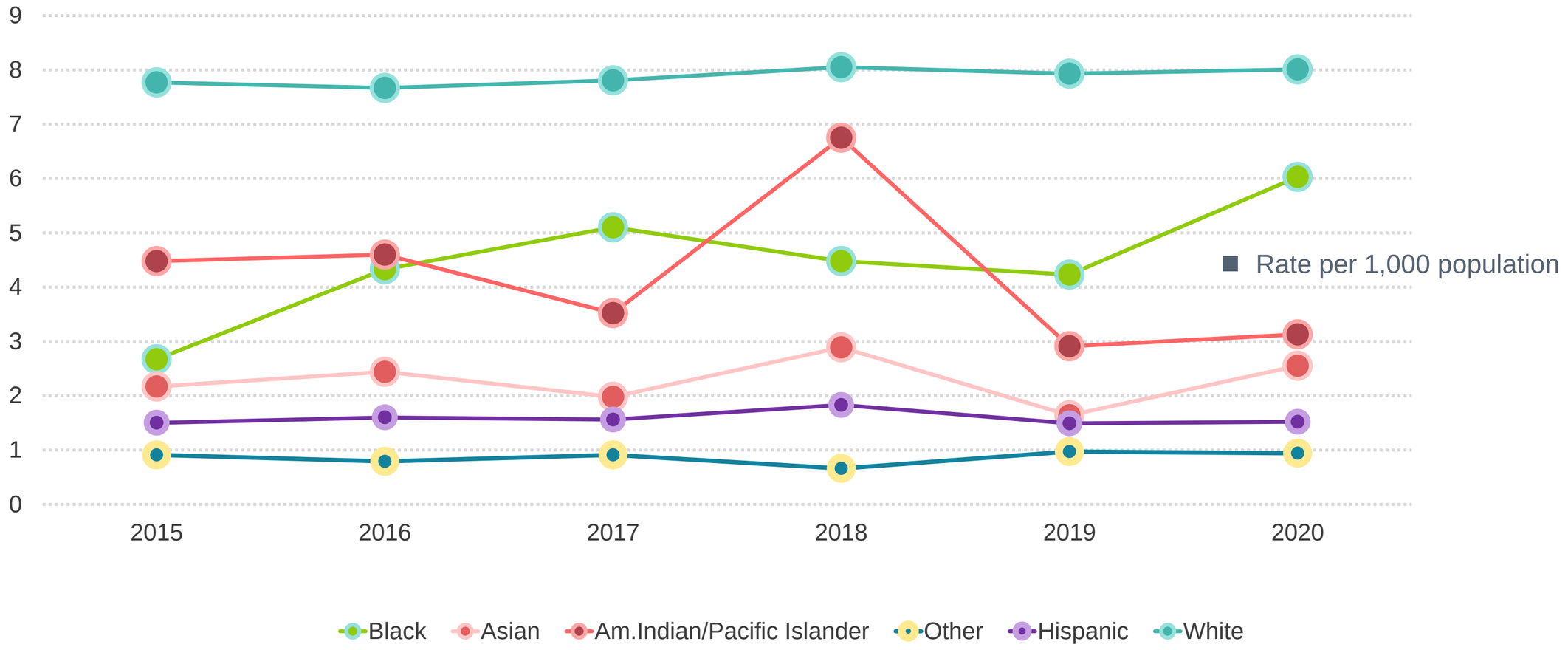
Death Rate



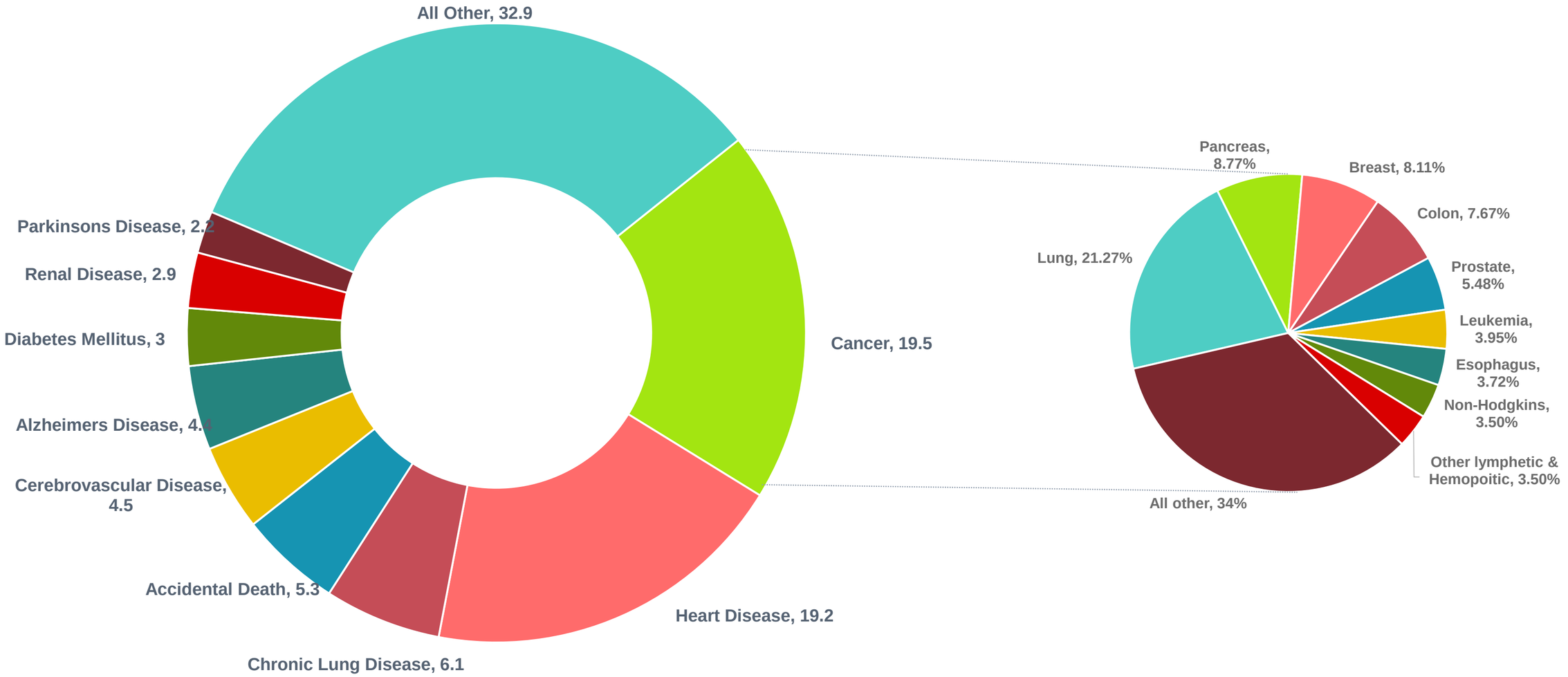
Death Rate in Lancaster Co, Nebraska and US

Rate per 1,000 population

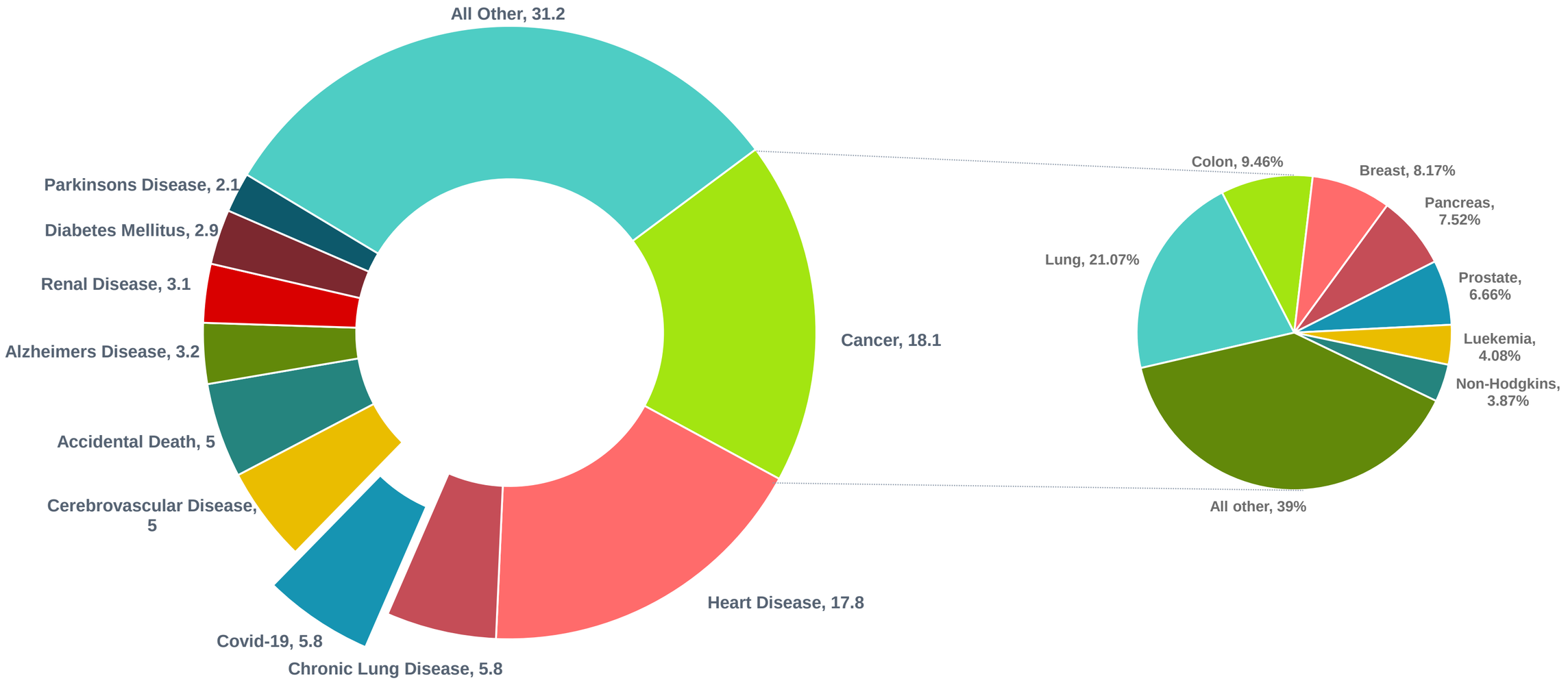
Death Rate by Year by Race



Leading Causes of Death 2019



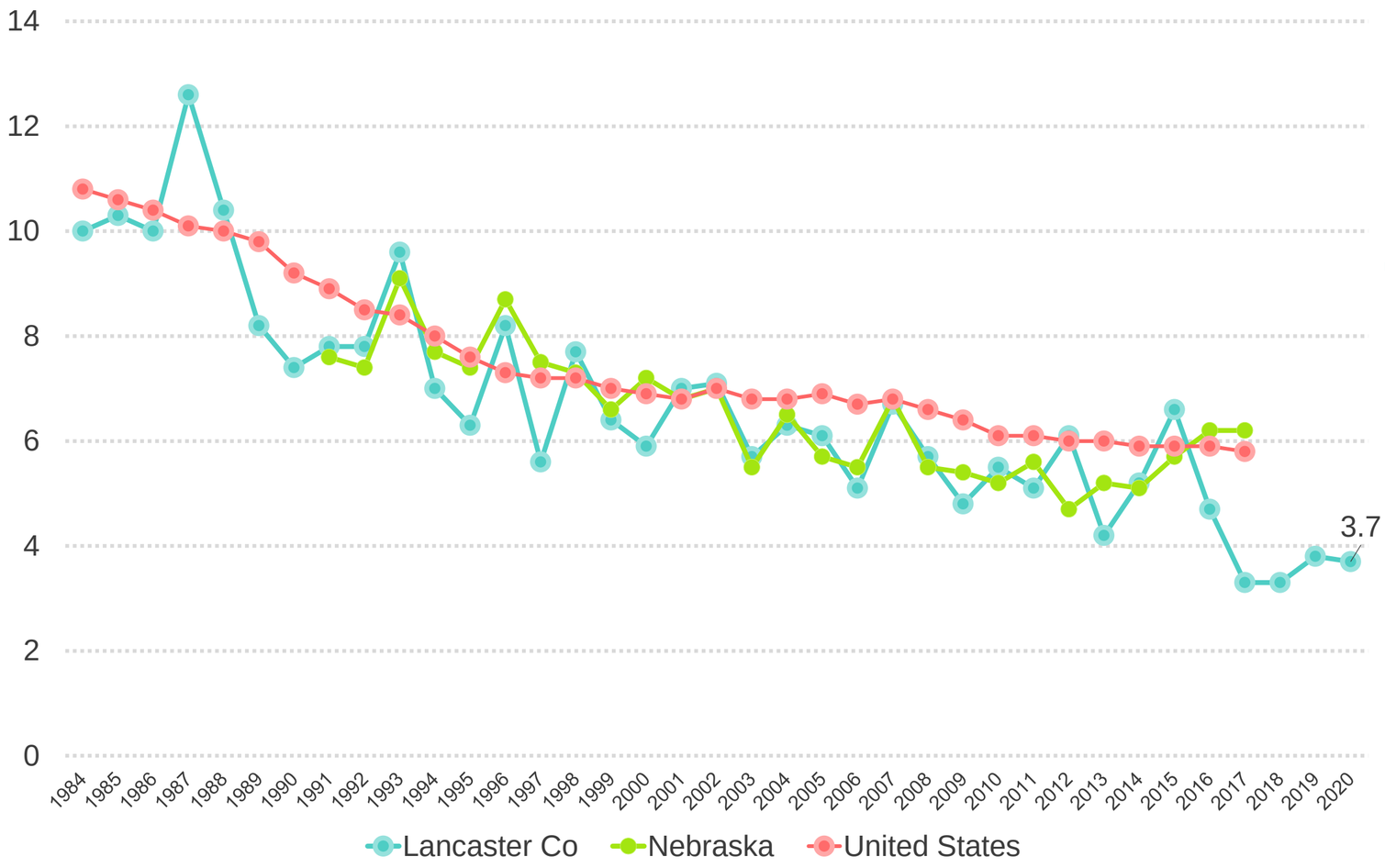
Leading Causes of Death 2020



Leading Causes of Death by Race 2020

	White	Black	Am. Indian/PI	Asian	Other
Cancer	18.4%	12.0%	22.2%	22.1%	6.7%
Heart Disease	18.2%	12.0%	-	11.1%	-
Accidental Deaths	4.5%	15.7%	22.2%	2.8%	13.3%
Covid-19	5.5%	10.8%	11.1%	5.6%	13.3%
Chronic Lung Disease	5.8%	4.8%	-	11.1%	6.7%
Cerebrovascular Disease	4.8%	4.8%	-	13.9%	6.7%

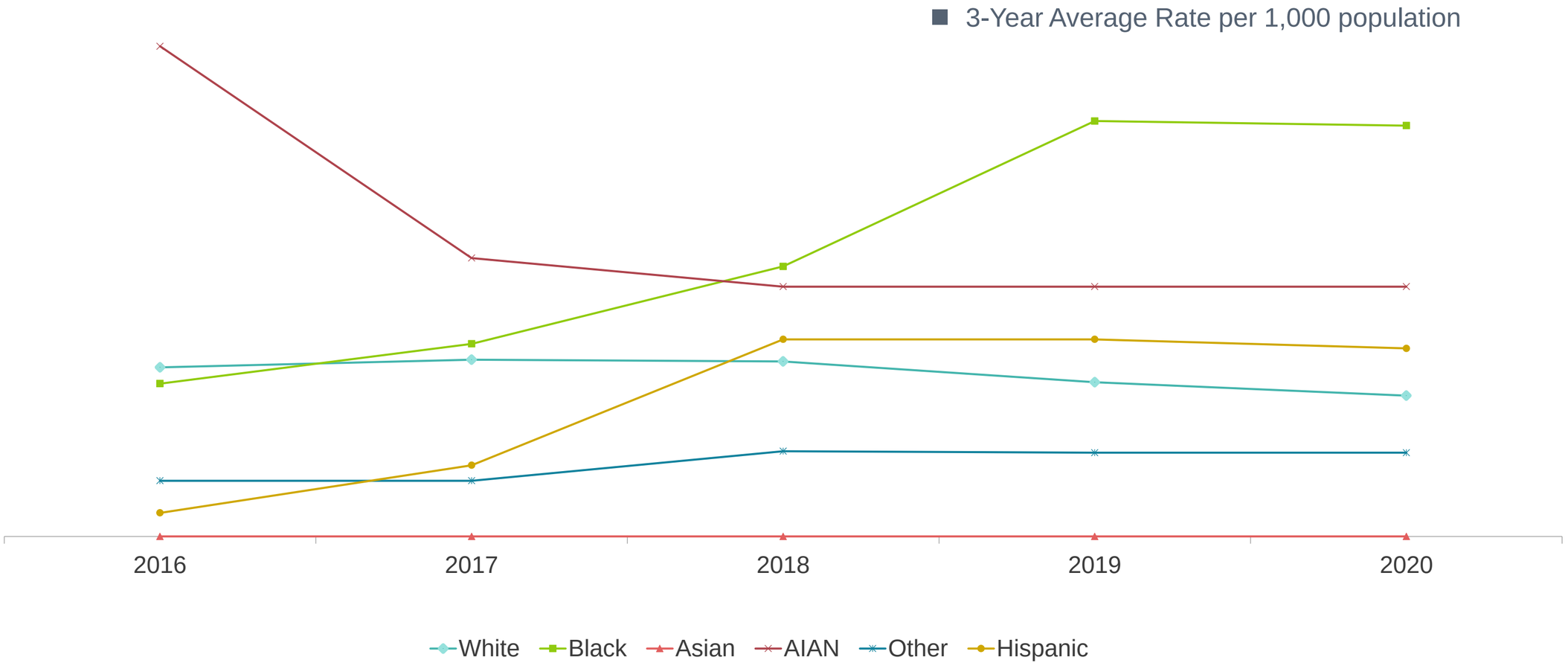
Infant Mortality Rate



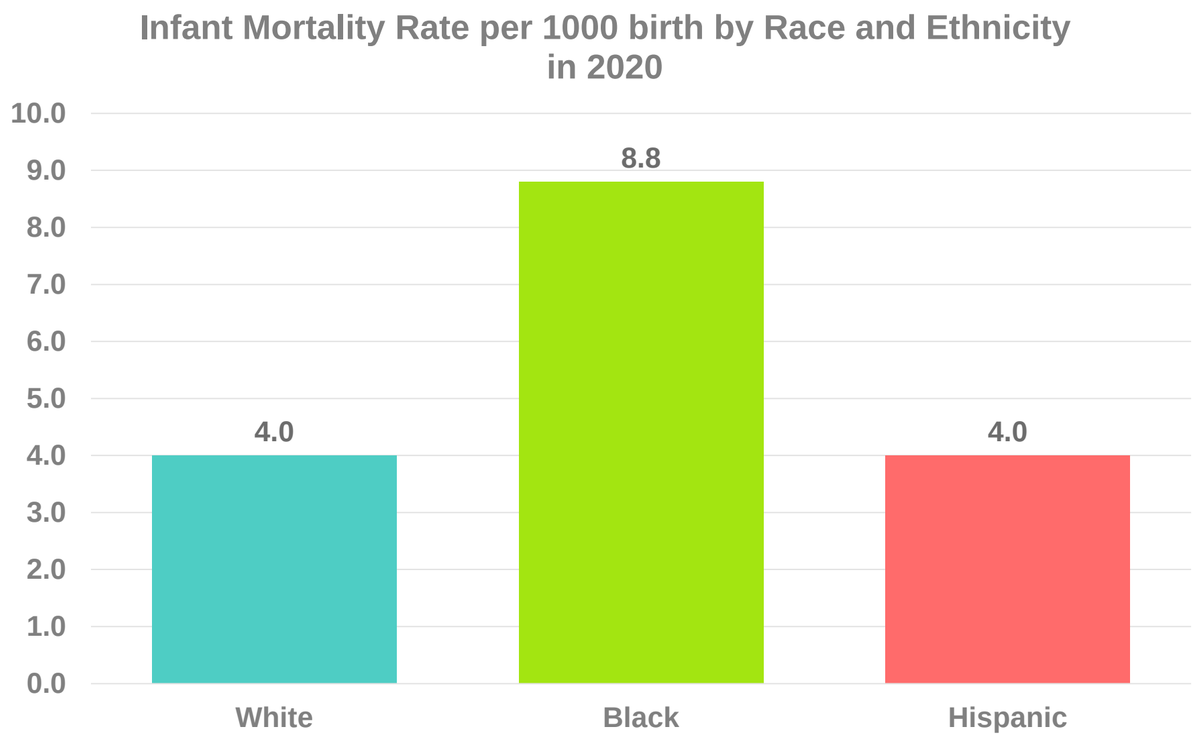
IMR in Lancaster Co, Nebraska and US

- Rate per 1,000 Live Births

Infant Mortality by Year by Race (2016-2020)



Infant Mortality by Race and Ethnicity



Thank you!

Any questions?

Health Risks Among Lancaster County Residents: The Behavior Risk Factor Surveillance System (BRFSS)

Lincoln Lancaster County Health Department
02/25/2022

What is a Surveillance System?

Definition by CDC/ATSDR:

- “The ongoing systematic collection, analysis, and interpretation of outcome-specific data for use in the planning, implementation, and evaluation of public health practice”.

What is BRFSS?

- World’s largest surveillance system established in 1984
- Nation’s premier system of health-related telephone surveys
- Collect data about U.S. residents from all 50 states regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.
- >400,000 adult interviews each year
- Between 1400-1600 adult interviews in Lancaster County each year

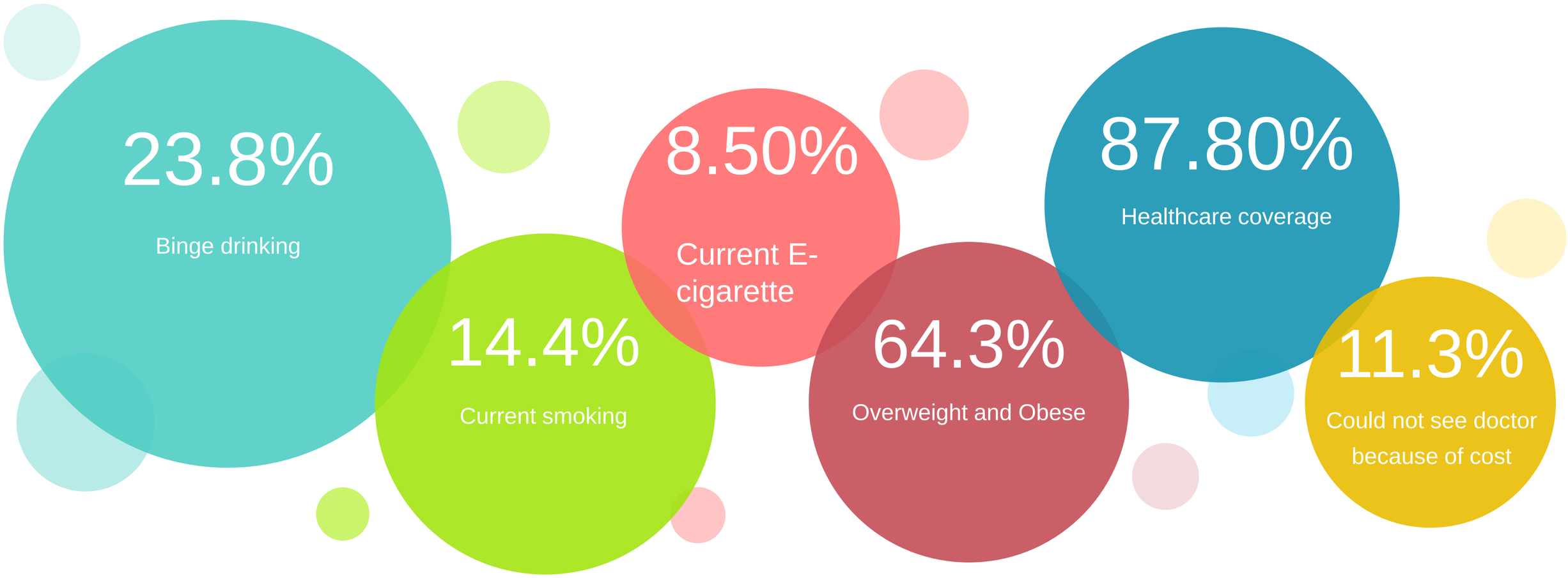
BRFSS provide information on:

- Basic demographic information (e.g., age, gender, race and ethnicity etc.)
- A wide range of behavior that affect the health of US adults (e.g., physical activity level, tobacco, e-cigarette and alcohol use etc.)
- Populations at higher risk of chronic health conditions
- Changes in health risk behaviors and disease rates

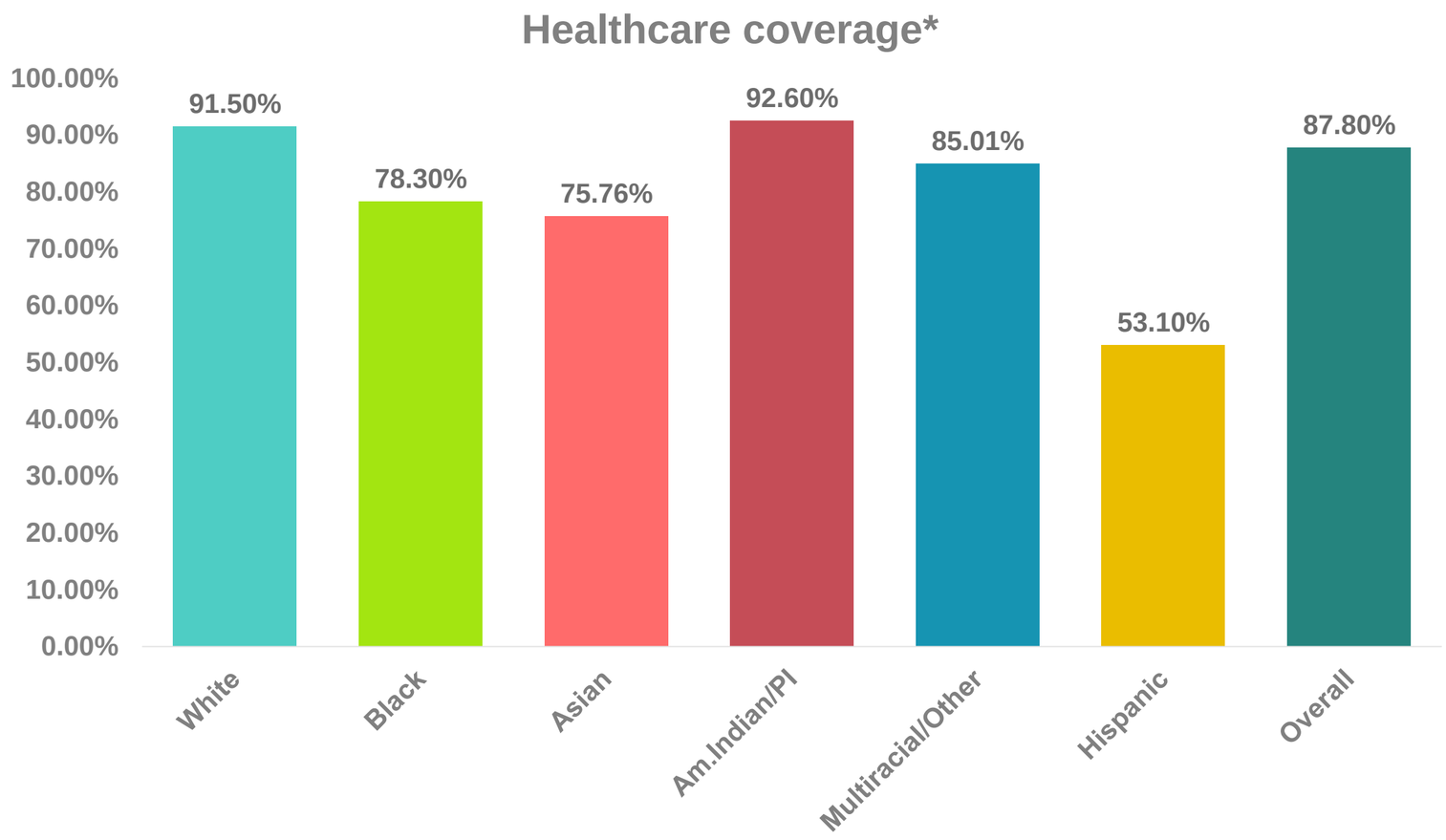
Use of BRFSS data:

Different public health agencies at state and local level use data collected by BRFSS to make decision about public health research, practices, and policies that can improve community health, develop programs that focus on population at high risk, establish prevention strategies and identify where resources are needed more.

Numbers in 2018-2020

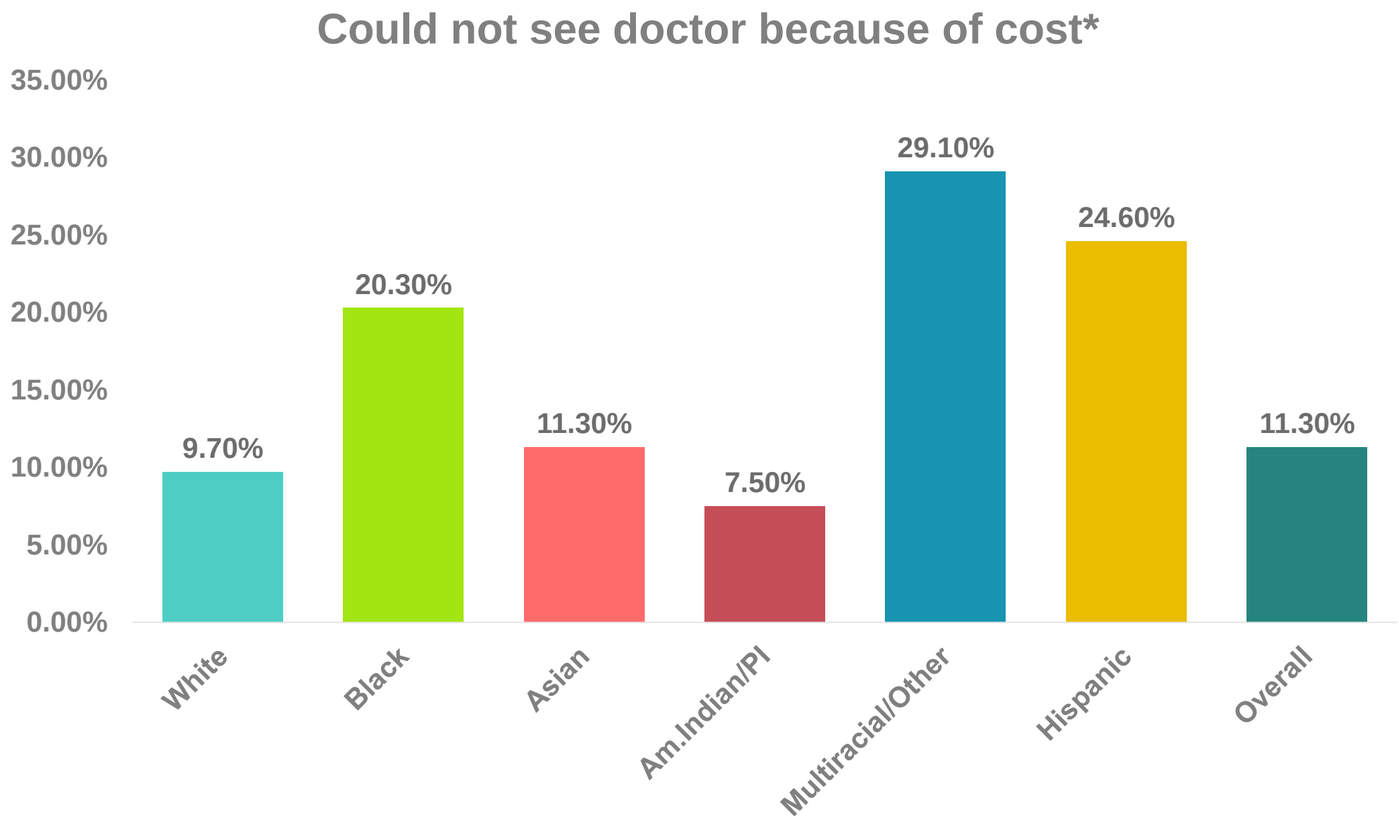


Access to Healthcare 2018-2020



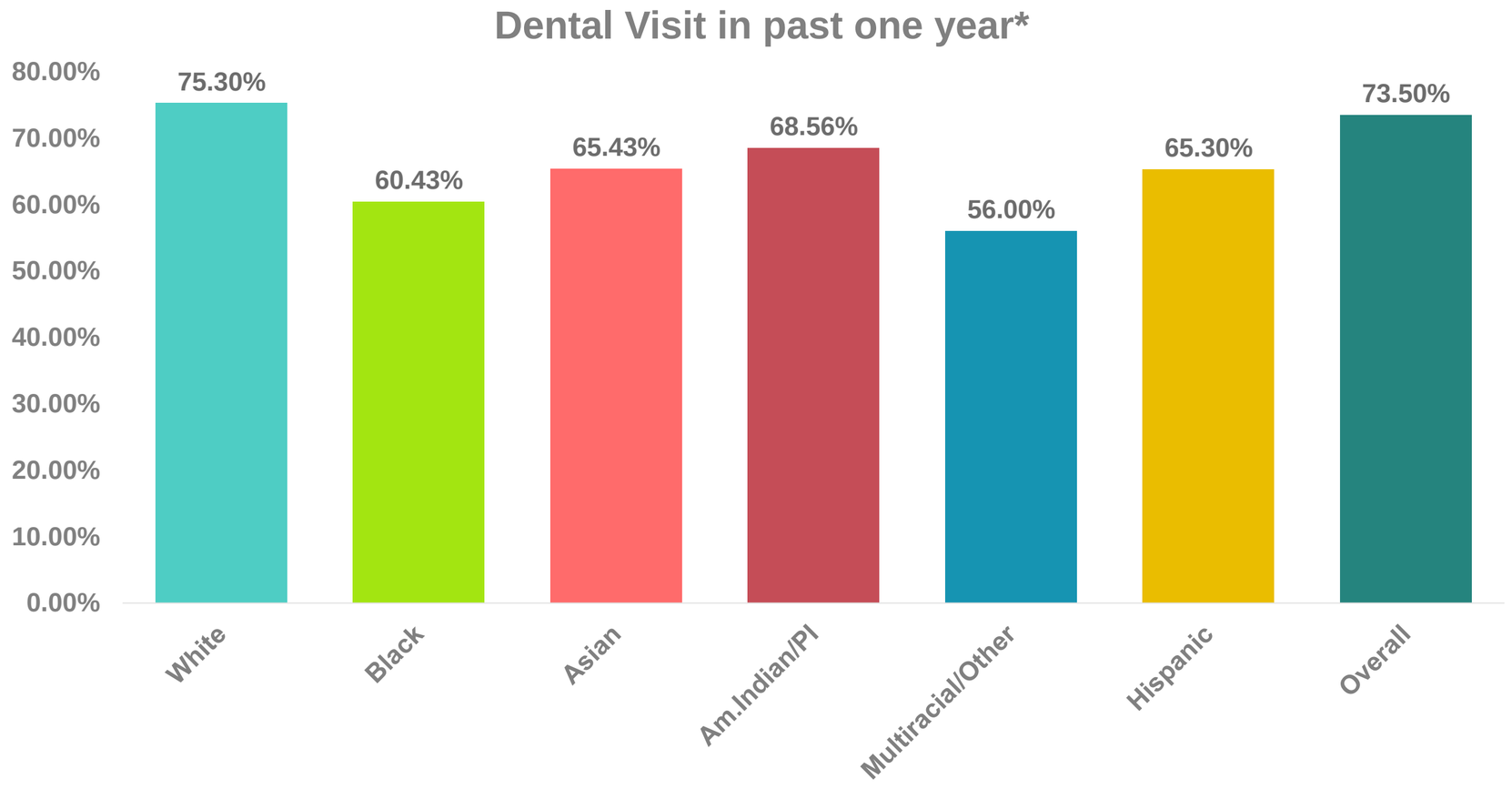
*Respondents aged 18-64 with health care coverage

Access to Healthcare 2018-2020



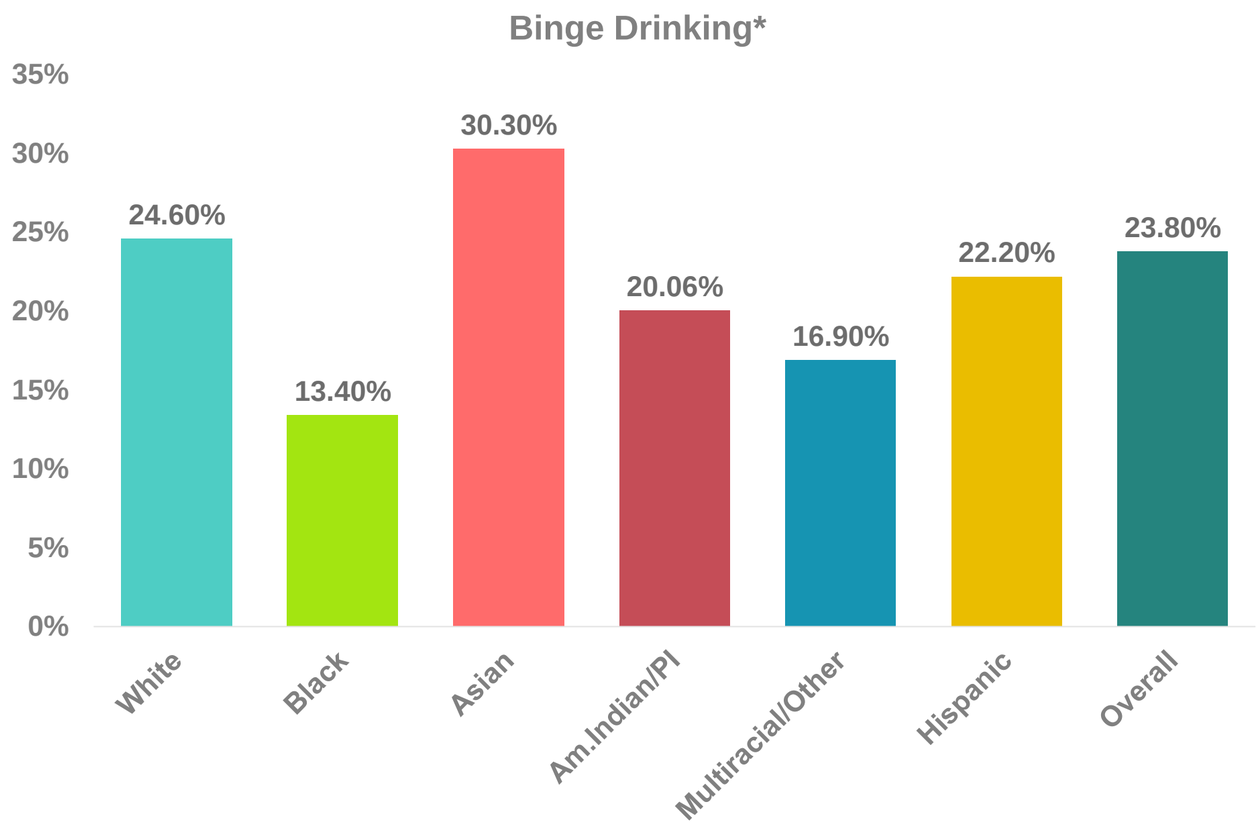
*In the past 12 months when you needed to see a doctor but could not because of cost.

Access to Dental Care 2016-2020



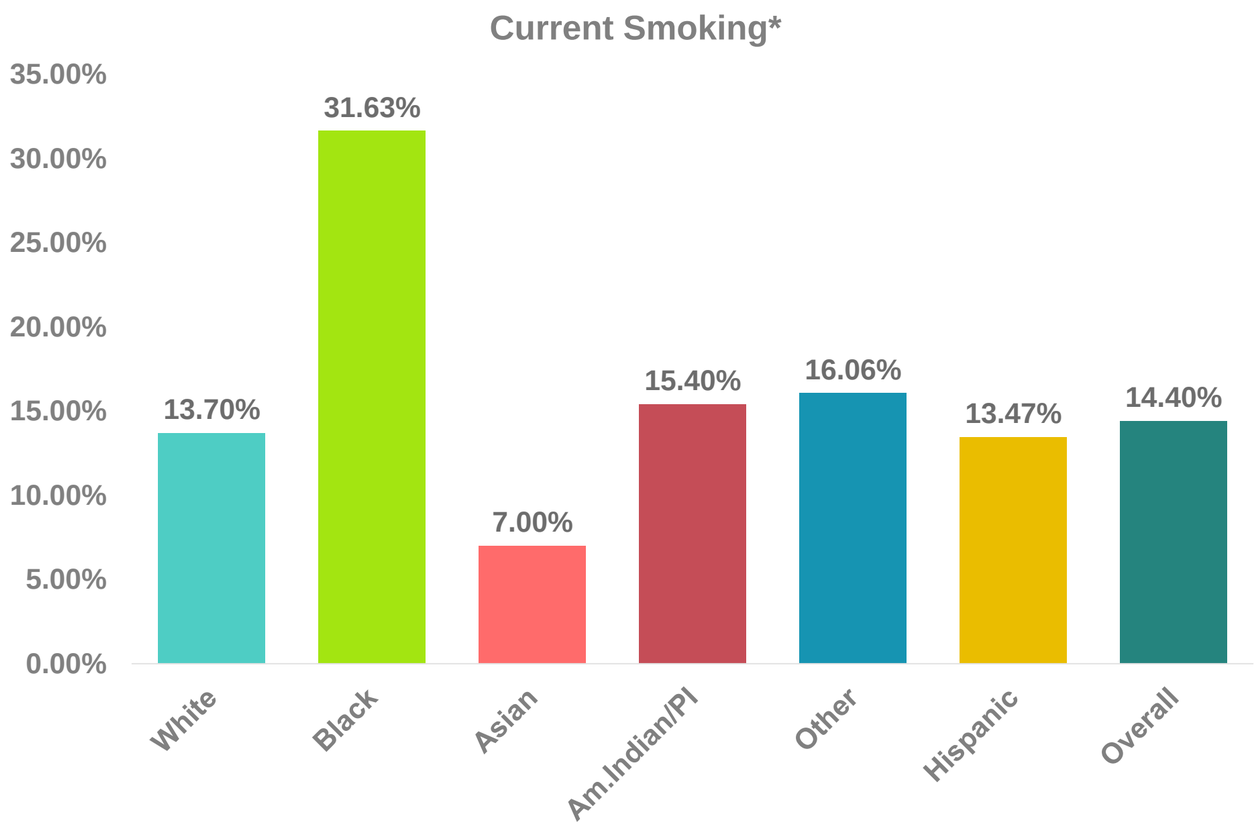
*Respondents who reported receiving a dental care visit in the past 12 months

Alcohol Use 2018-2020



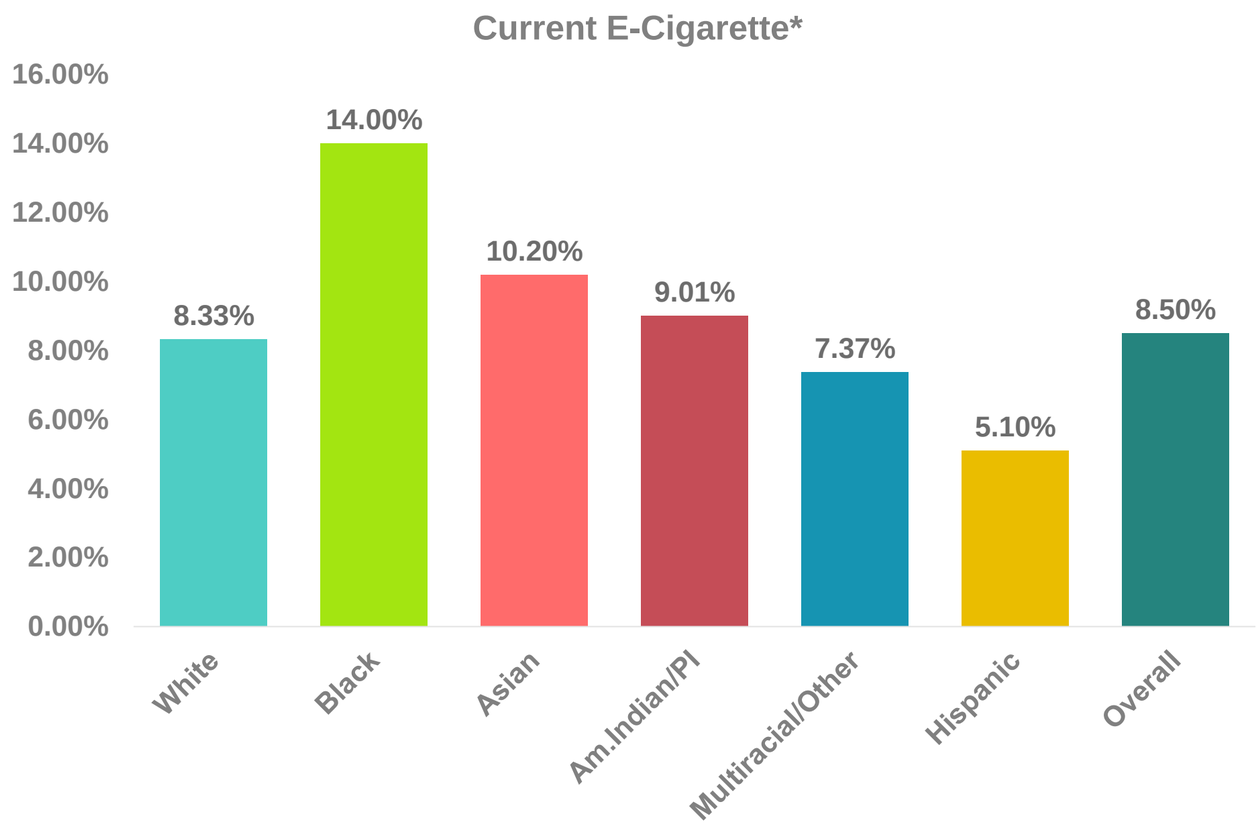
*Respondent males who reported having five or more drinks on one occasion, females having four or more drinks on one occasion in past 30 days

Current Smoker 2018-2020



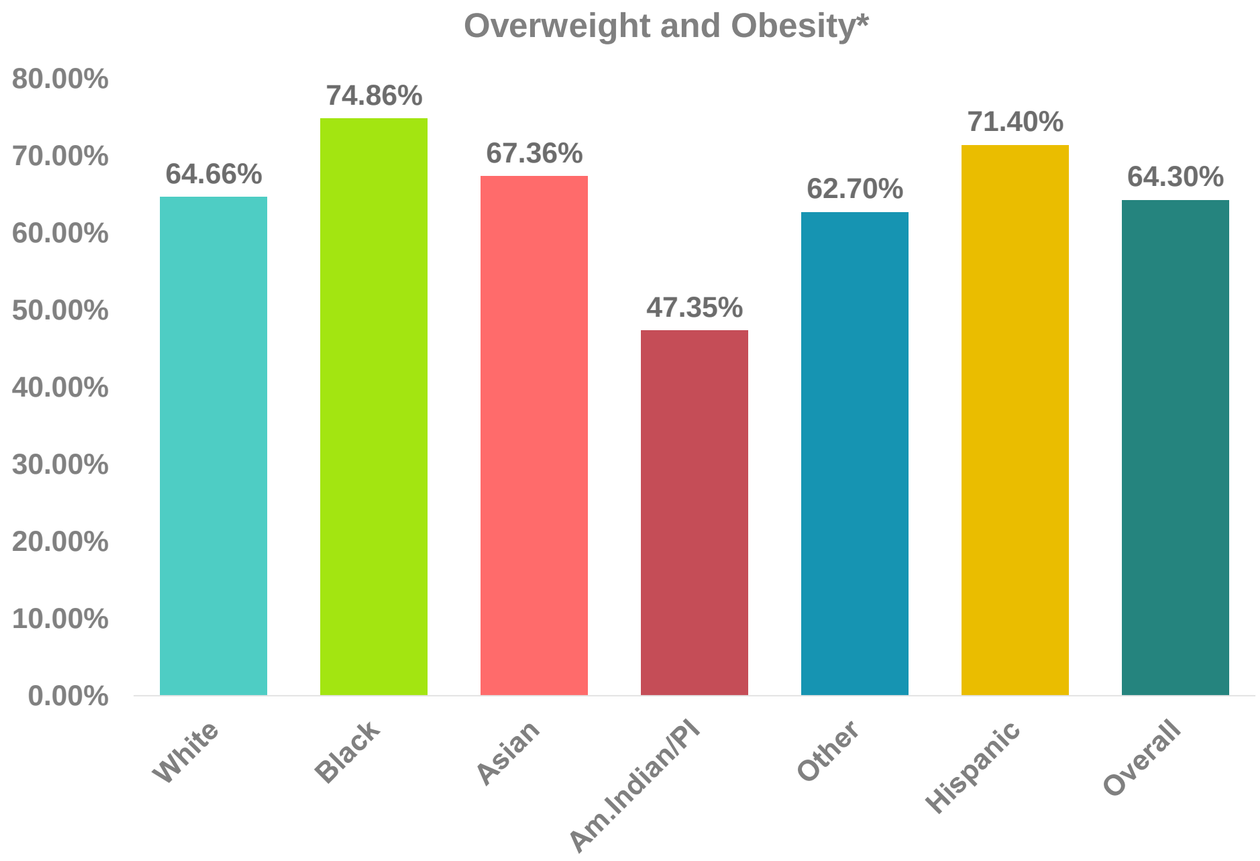
*Respondents who reported smoking tobacco cigarettes everyday or somedays

E-Cigarette Use 2018-2020



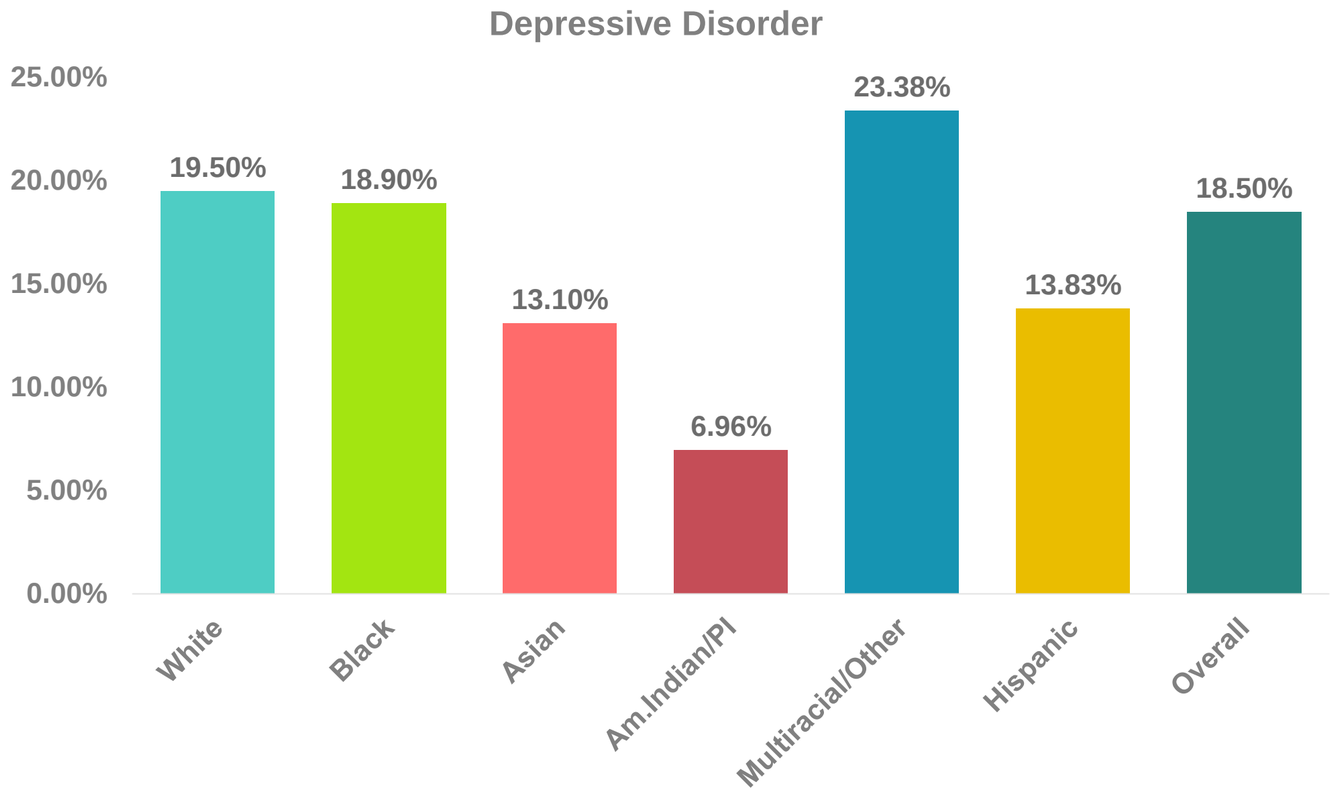
*Respondents who reported using electronic cigarettes every day, some days, or not at all

Overweight and Obesity 2018-2022



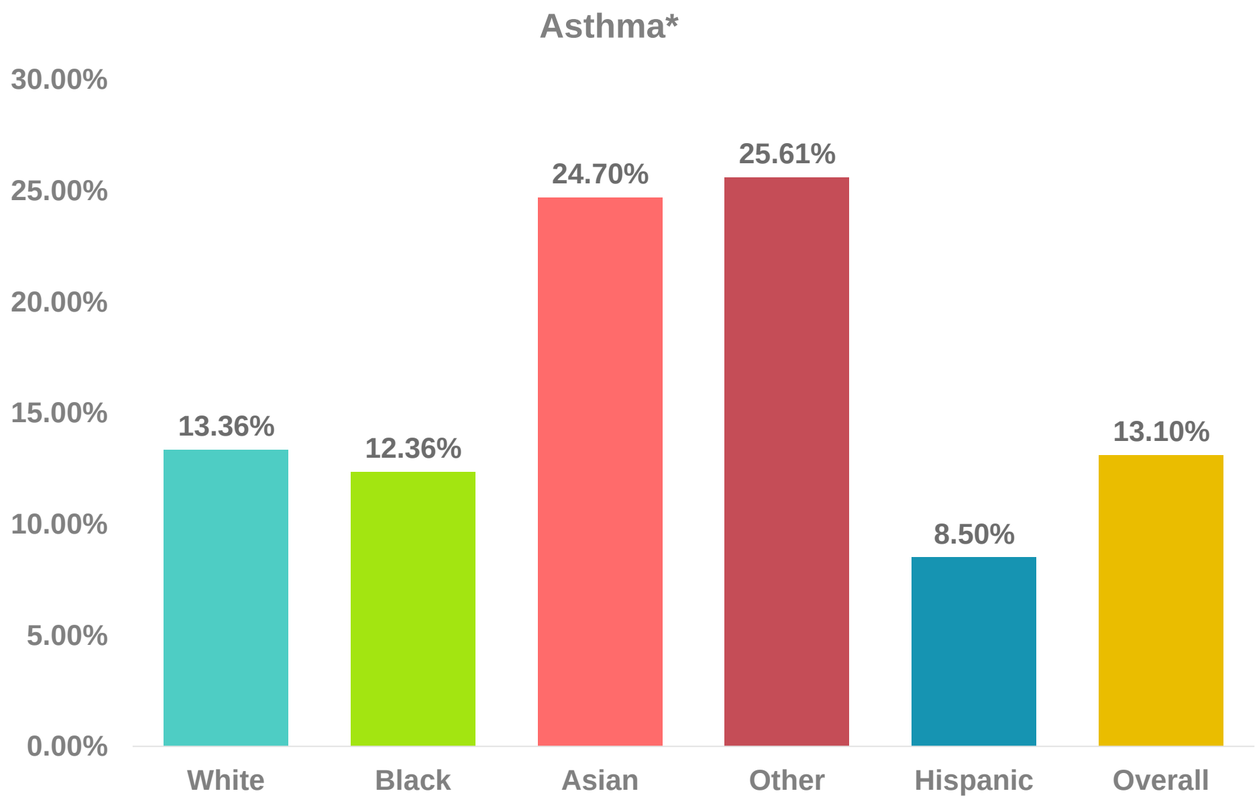
*Adults who have a body mass index greater than 25.00 (Overweight or Obese)

Mental Health 2018-2022



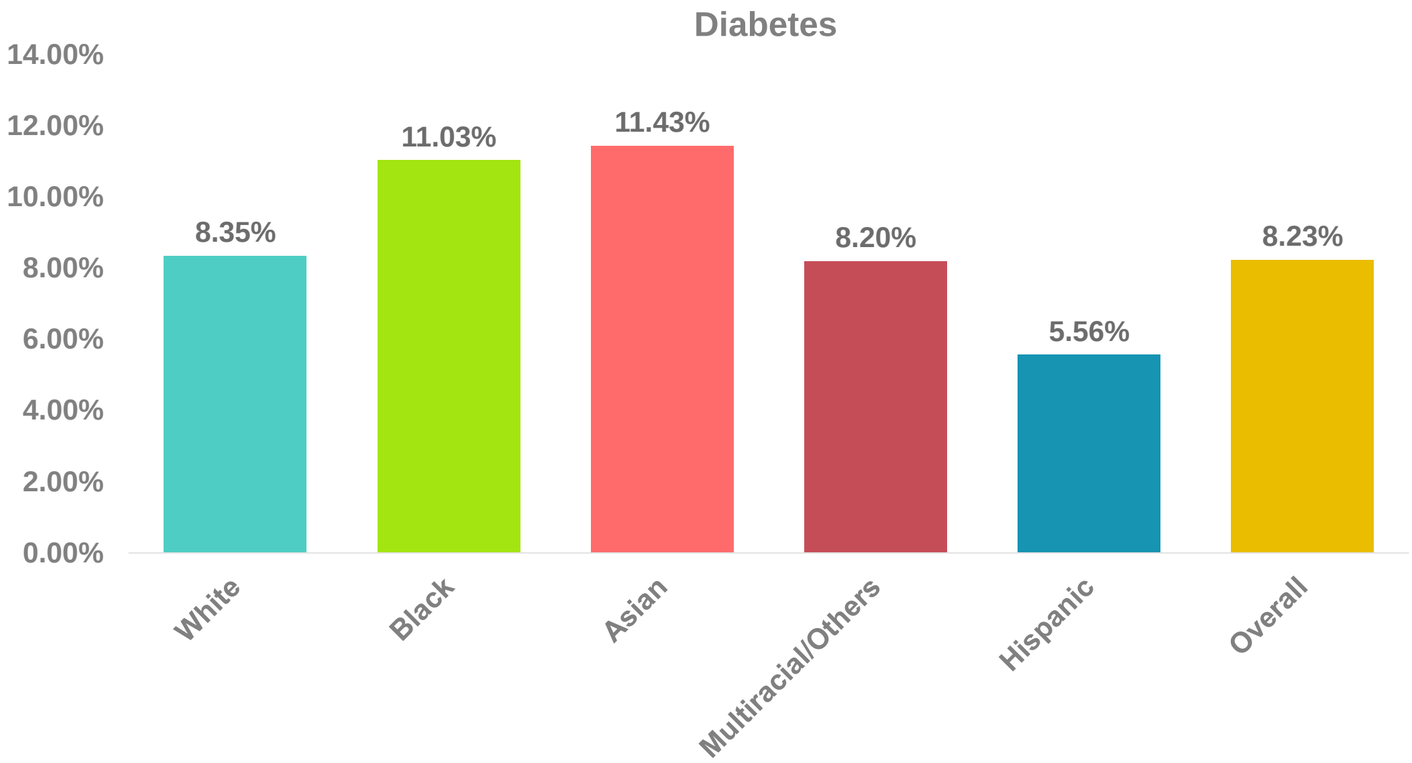
*Respondents ever told who had a depressive disorder (including depression, major depression, dysthymia, or minor depression)

Asthma 2018-2022



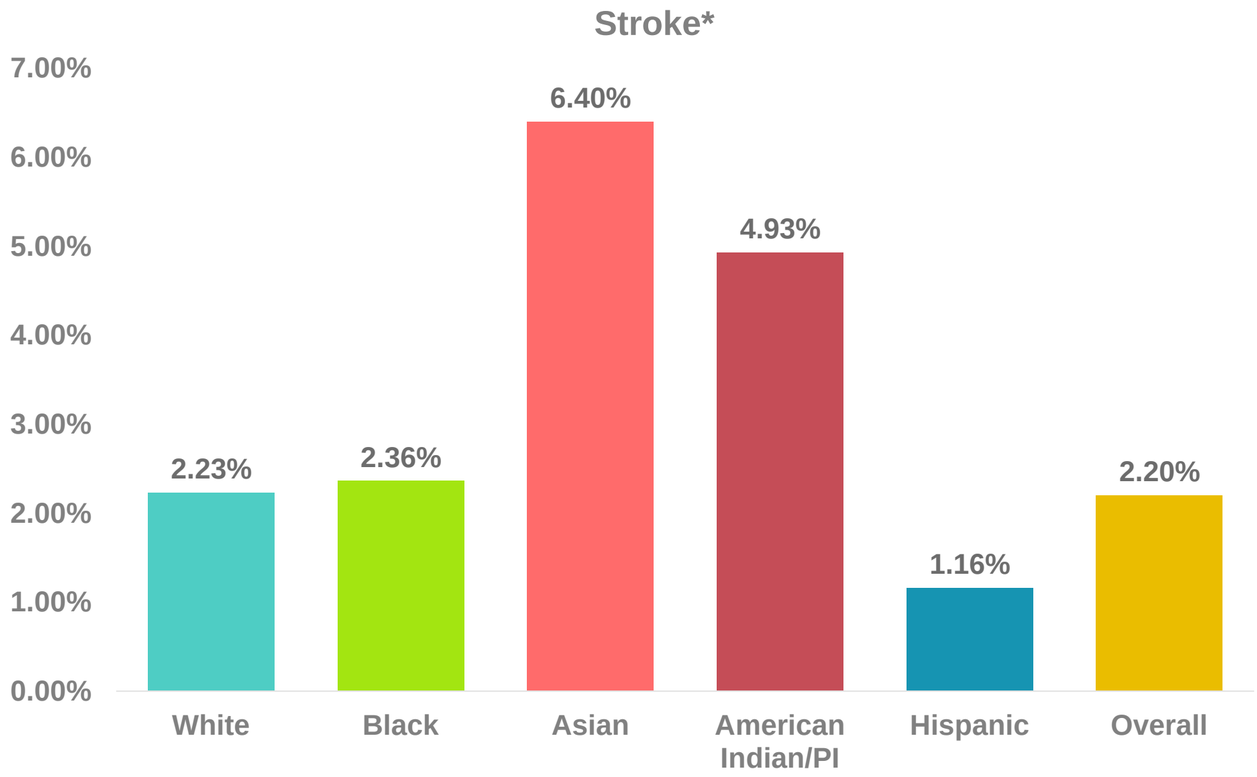
*Respondents who have ever been told they have asthma

Diabetes 2018-2020



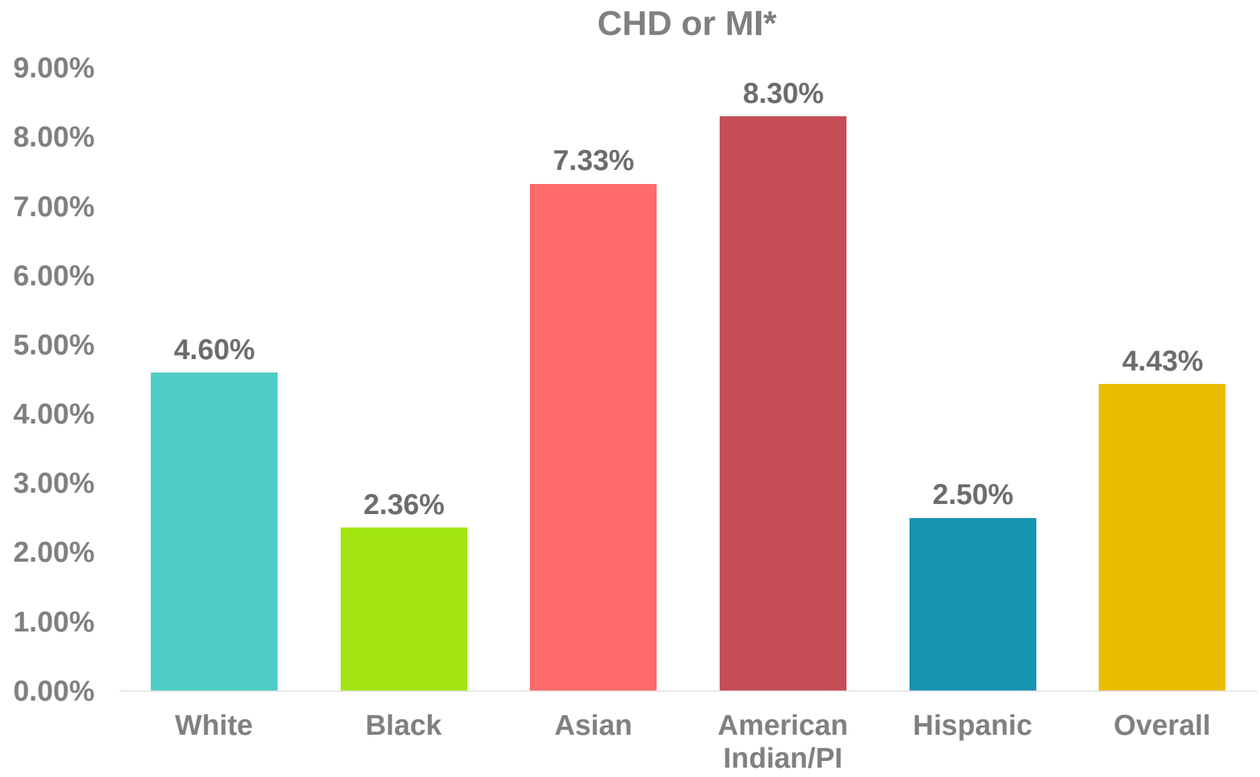
*Respondents who have ever been told they have diabetes

Stroke 2018-2020



*Respondents who have ever been told they have stroke

CHD or MI 2018-2020



*Respondents that have ever reported having coronary heart disease (CHD) or myocardial infarction (MI)

BRFSS Metric Summary

The table below highlights all the typical BRFSS metrics reviewed and shows the 2015-2019 aggregate estimates.

Measure	Non-Hispanic White	Minority
Binge drinking (past 30 days)	24.7% (23.4%-26.1%)	17.0% (14.2%-20.3%)
Limitations due to arthritis	40.1% (33.8%-46.7%)	52.6% (35.3%-69.2%)
Asthma (currently)	8.5% (7.7%-9.4%)	10.3% (7.7%-13.5%)
High blood pressure	26.1% (24.7%-27.6%)	32.8% (27.9%-38.0%)
High cholesterol	26.7% (24.8%-28.7%)	25.8% (20.0%-32.6%)
Cancer (all types – ever)	11.5% (10.8%-12.4%)	8.0% (5.6%-11.3%)
Cancer (skin – ever)	6.4% (5.8%-7.0%)	1.7% (0.7%-3.8%)
Up-to-date breast cancer screening	78.2% (74.9%-81.1%)	64.8% (48.0%-78.5%)
Up-to-date cervical cancer screening	82.0% (79.1%-84.6%)	70.2% (60.3%-78.5%)
Up-to-date colon cancer screening	72.7% (70.7%-74.6%)	58.9% (49.7%-67.5%)
Chronic obstructive pulmonary disease (ever)	4.9% (4.4%-5.5%)	6.8% (4.6%-9.9%)
Diabetes (ever)	7.5% (6.8%-8.2%)	13.5% (10.6%-17.2%)
Heart attack/Coronary heart disease (ever)	4.4% (3.9%-4.9%)	7.4% (5.1%-10.7%)
Stroke (ever)	2.0% (1.7%-2.5%)	4.4% (2.8%-6.9%)
Kidney disease (ever)	2.5% (2.1%-3.0%)	3.2% (1.7%-5.6%)
Marijuana use (past 30 days)	6.8% (5.4%-8.5%)	7.9% (4.9%-12.6%)
Opioid misuse (past year)	3.0% (2.1%-4.4%)	6.4% (3.4%-11.5%)
General health fair or poor	10.6% (9.7%-11.5%)	18.9% (15.5%-22.8%)
No health care coverage	9.2% (8.2%-10.3%)	27.6% (23.9%-31.6%)
Flu vaccination (past year)	46.2% (44.7%-47.7%)	38.2% (33.9%-42.7%)
Texting while driving	31.2% (28.6%-33.8%)	21.8% (15.4%-29.9%)
Fall past year (45+ years)	24.3% (22.3%-26.4%)	26.3% (18.7%-35.7%)
Seat belt use	81.2% (79.9%-82.4%)	83.0% (79.3%-86.2%)
Depression (ever)	19.1% (18.0%-20.4%)	15.7% (12.9%-18.9%)
Teeth extracted due to decay or gum disease	29.8% (28.2%-31.4%)	46.1% (40.7%-51.5%)
Obese (BMI=30+)	30.0% (28.6%-31.4%)	34.5% (30.5%-38.7%)
Met aerobic/strength exercise recommendations	24.3% (22.6%-26.0%)	17.6% (13.9%-22.0%)
Less than 7 hours of sleep per day	30.4% (28.6%-32.2%)	39.4% (34.0%-45.1%)
Current cigarette smoking	14.9% (13.8%-16.1%)	17.5% (14.3%-21.3%)
Current e-cigarette use	6.2% (5.4%-7.1%)	4.5% (3.2%-6.5%)

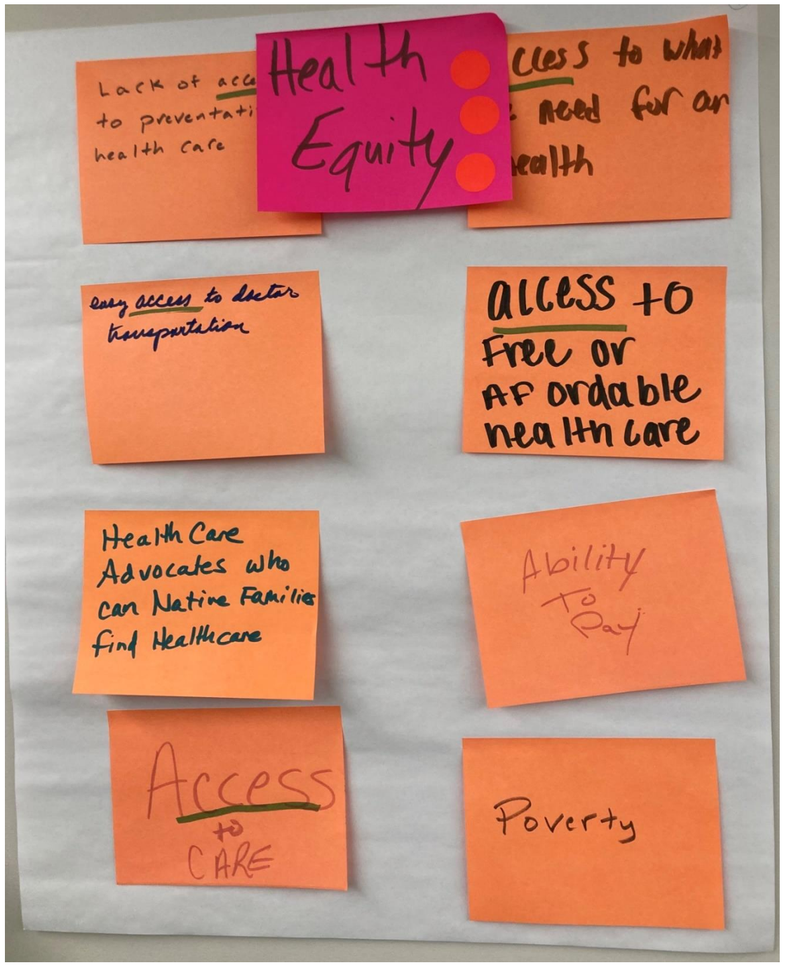
Thank you!

Any questions?

Community Conversations in Lancaster County

Minority Health Initiative 2021-2022
Lincoln-Lancaster County Health Department (LLCHD)
3/11/2022

OUTLINE



01 TIMELINE OF CONVERSATIONS

02 METHODS

03 RESULTS

04 CONCLUSIONS

05 QUESTIONS AND COMMENTS

TIMELINE

December 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	1	2	3	4
5	6 Hispanic group (12-2pm) @ El Centro	7 Middle East/North African men's group (11-1pm) @ Good Neighbor	8 Vietnamese group (10-12pm) @ Asian Center	9 Chinese group (8:30-10:30am) @ Asian Center AND Hispanic #2 (6:30-8:30pm) @ El Centro	10 Middle East/North African women's group (11-1pm) @ Good Neighbor	11
12 Sudanese men's group (1-3pm) @ Asian Center	13	14	15	16 Karen group (11-1pm) @ Asian Center	17 Sudanese women's group (11-1pm) @ Asian Center	18
19	20 Native American group (6-8pm) @ Indian Center	21	22 African American group (12-2pm) @ Malone Center	23	24	25
26	27	28	29	30	31	1
2	3					

February 2022

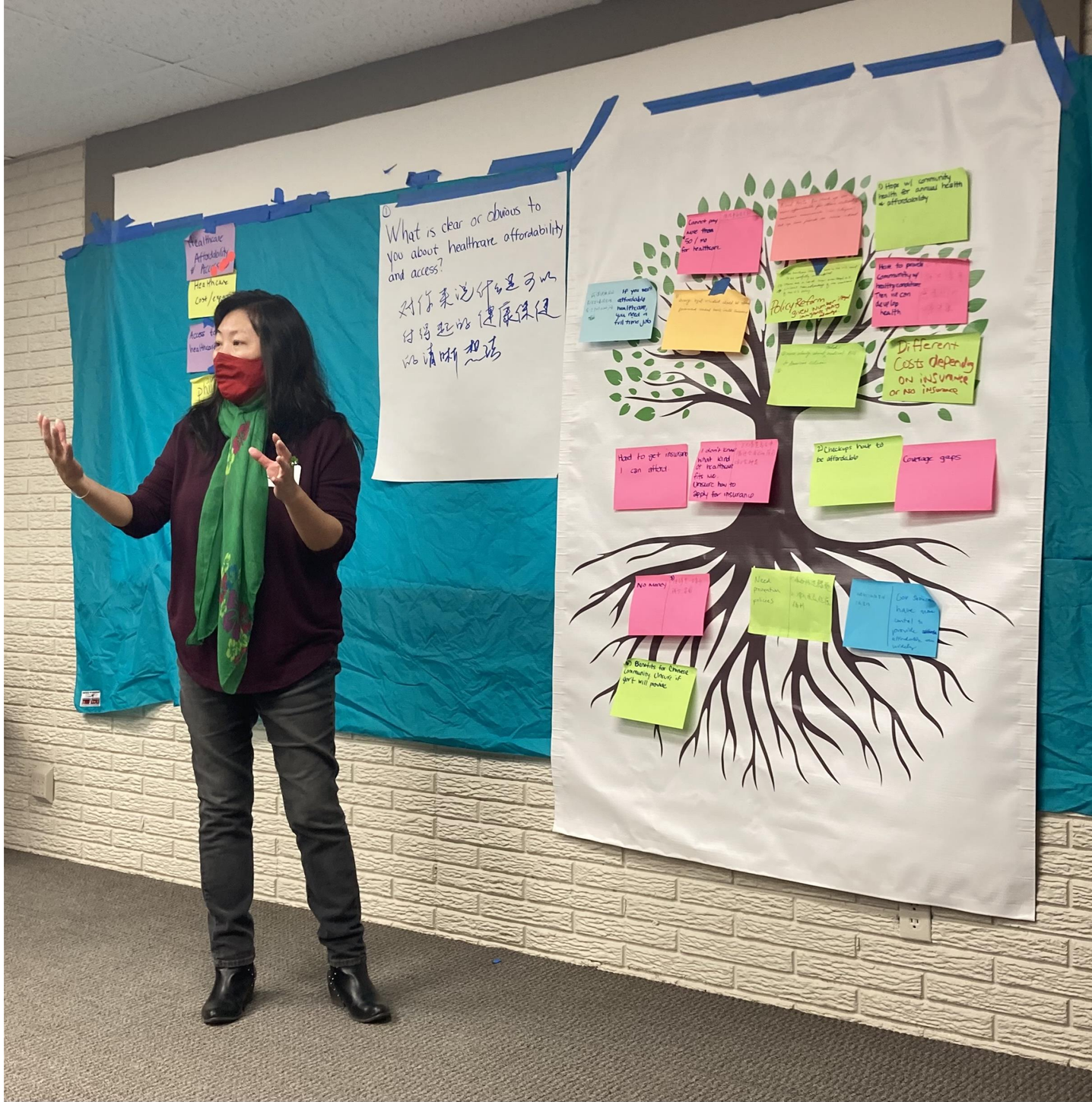
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23 Native American (5:30-7:30pm) @ Ponca Health Center	24 African American youth (3:45-5pm) @ Malone Center	25	26
27	28	1	2	3	4	5
6	7 Yazidi (12:30-2:30pm) @ LLCHD	Notes				

Conversation method

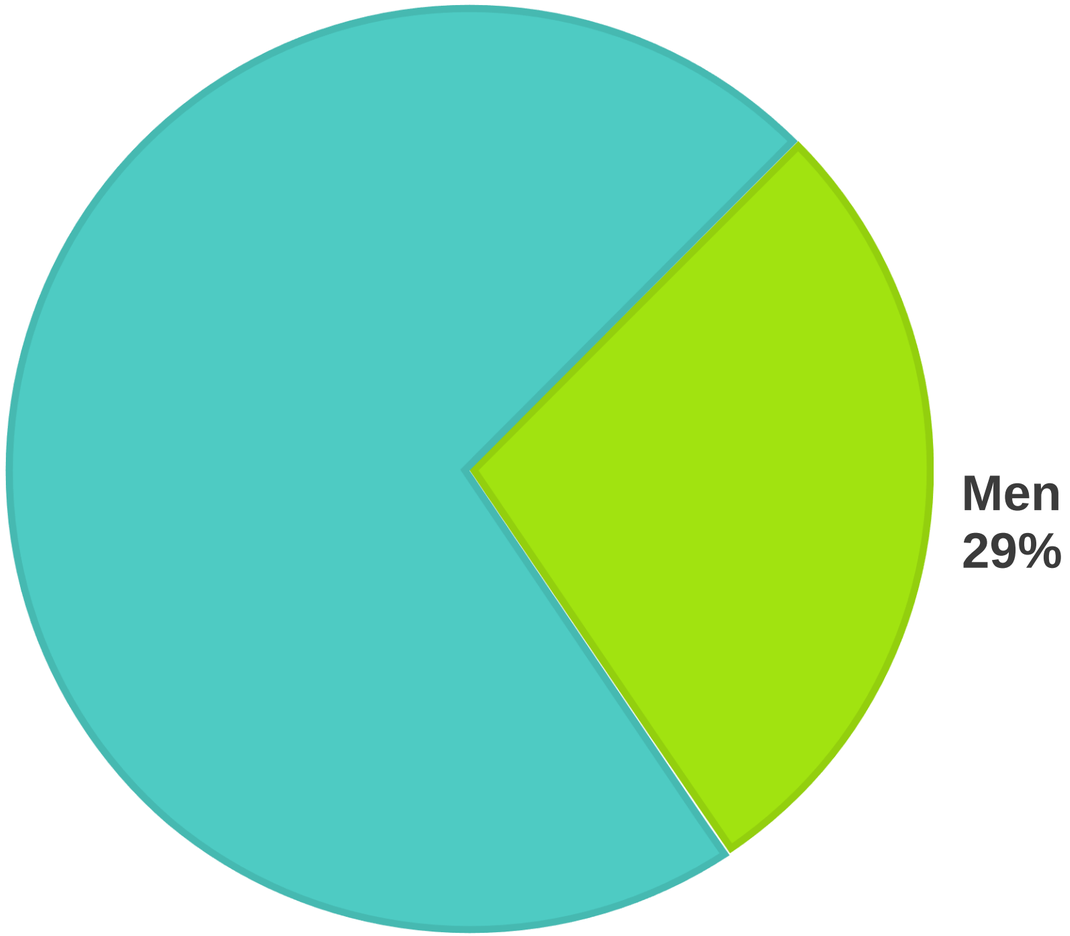
- Collaborated with Cultural Centers of Lincoln (CCL) to arrange 2-hour conversations with community members from 9 ethnic minority groups in Lancaster County
  - 14 conversations completed (5 groups had two conversations: African American, Hispanic, Middle-Eastern, Native American, and Sudanese communities)
  - 5-20 participants (averaged 10)
  - represented 15 different countries of origin

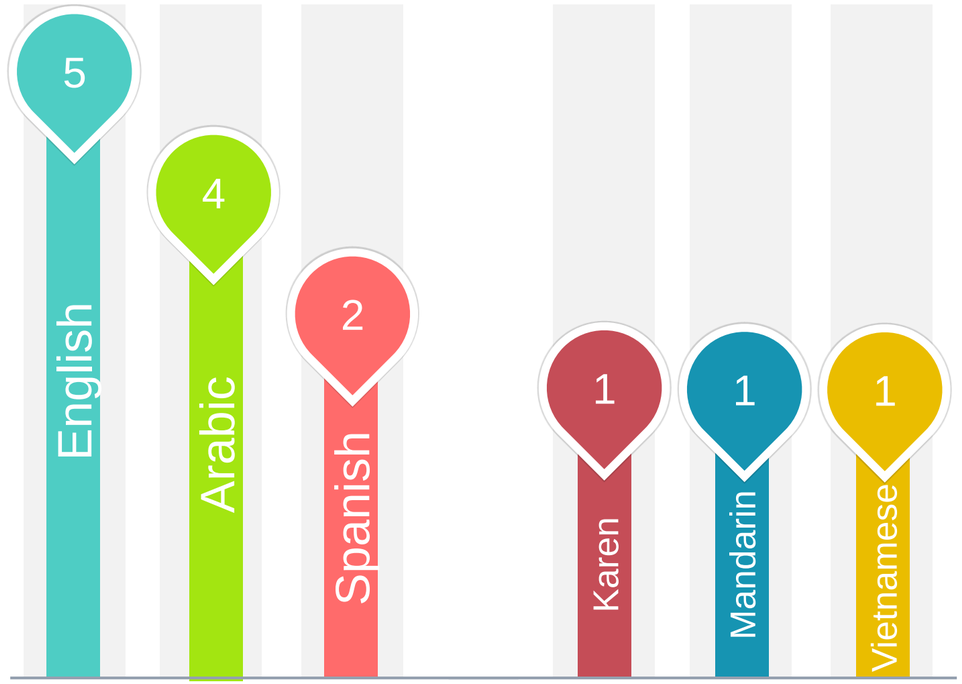
Conversation method

- In addition to the invited participants, meetings included staff from both CCL and LLCHD who acted as facilitators and/or interpreters
- Facilitators from LLCHD were ToP (Technology of Practice) trained
  - ToP is a structured facilitation method that enables inclusive and meaningful group collaboration by identifying common responses and pooling contributions into useful patterns



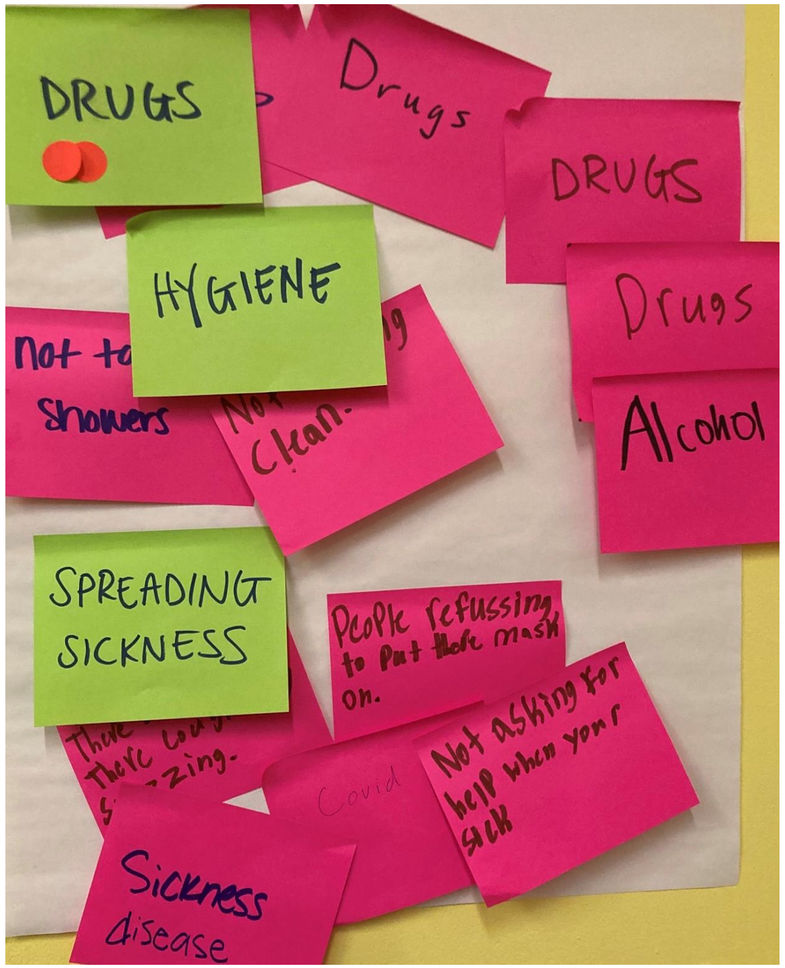
Demographics of participants (n=137)

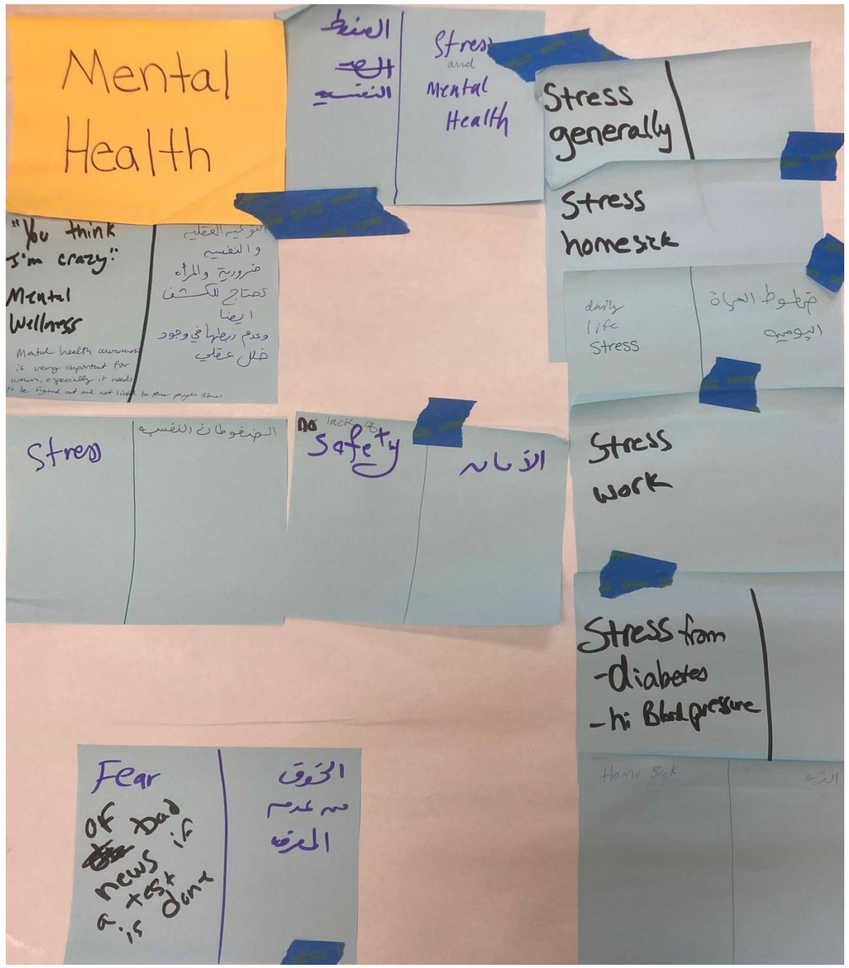




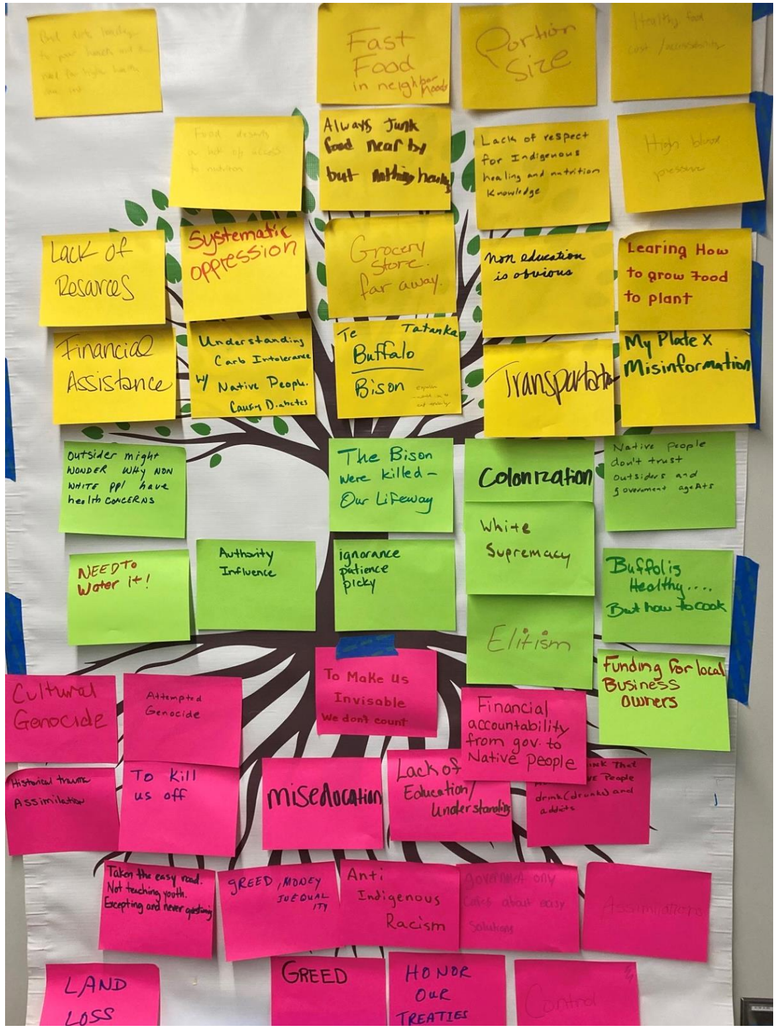
Primary Languages of 14 conversations

Conversation method – Part 1





Conversation method – Part 2



Conversation results

MINORITY HEALTH ASSESSMENT 2021
SUDANESE COMMUNITY FEEDBACK

Community Conversation Date and Time: 12/17/21 (11-1pm)

Location and Language: Asian Community and Cultural Center – Arabic

Attendees: 7 Sudanese women participants, 2 staff from the Asian Center, and 6 staff from LLCHD

Format: The two-hour community conversation was divided into two parts. During the first hour, participants were asked to share what is negatively influencing health in their community. All responses were written on note cards, discussed, categorized, and each category was given a name. Participants voted on which category was most pressing (red below) and that topic was the focus of the second hour of the conversation. The second hour dove deeper into root causes using the three questions listed.

Mental Health	Education	Health Insurance
• Mental health awareness • Stress • Stress and mental health • Stress Generally • Stress/homesick • Daily life stress • Stress work • Lack of safety • Fear of bad news if test is done • Stress from diabetes, hi blood pressure • Homesick • Mental Health and stress	• Health Awareness (More information about cancer when women's health is neglected or else seen as strong women) • Women don't get checkups in home country. • Lack of knowledge about health topics • Awareness (General health information and awareness needed)	• Health Insurance Issues • No health insurance • No health insurance • Health Insurance issues • Health Insurance Issues (Cannot get Medicaid before you are a citizen if you have major health issues it is very pricy
Cultural Gender Expectations	**Cultural Nutritional Health**	**Language issues**
• Male Dominance • Lack of stability for families (how to raise the family – emotional abuse) • Family issues and problems (divorce/Separation) • Domestic violence • Busy (Lack of exercise and walking) • Lack of entertainment for kids/Lack of fun places.	• Nutrition (Lack of good nutrition) • No time for vacation • Not having access to healthy food • Don't have good information about healthy diet. • Lack of good nutrition and sleep • No time for vacation	• Covid 19 Health measures issues • Don't comprehend English • English language issues • Cross cultural communication issues in healthcare environment • No transportation

MINORITY HEALTH ASSESSMENT 2021
SUDANESE COMMUNITY FEEDBACK

Conversation results

Group	Primary topic selected
Hispanic #1	Mental health
Middle-Eastern men	Underinsured
Vietnamese	COVID-19
Chinese	Healthcare affordability and access
Hispanic #2	Prevention
Middle-Eastern women	Living healthy
Sudanese men	Community health and awareness
Karen	Existing and current illness
Sudanese women	Mental health
Native American #1	Lack of cultural respect
African American adults	Access to quality health information
Native American #2	Health/nutrition education
African American youth	Drugs
Yazidi	Language barrier

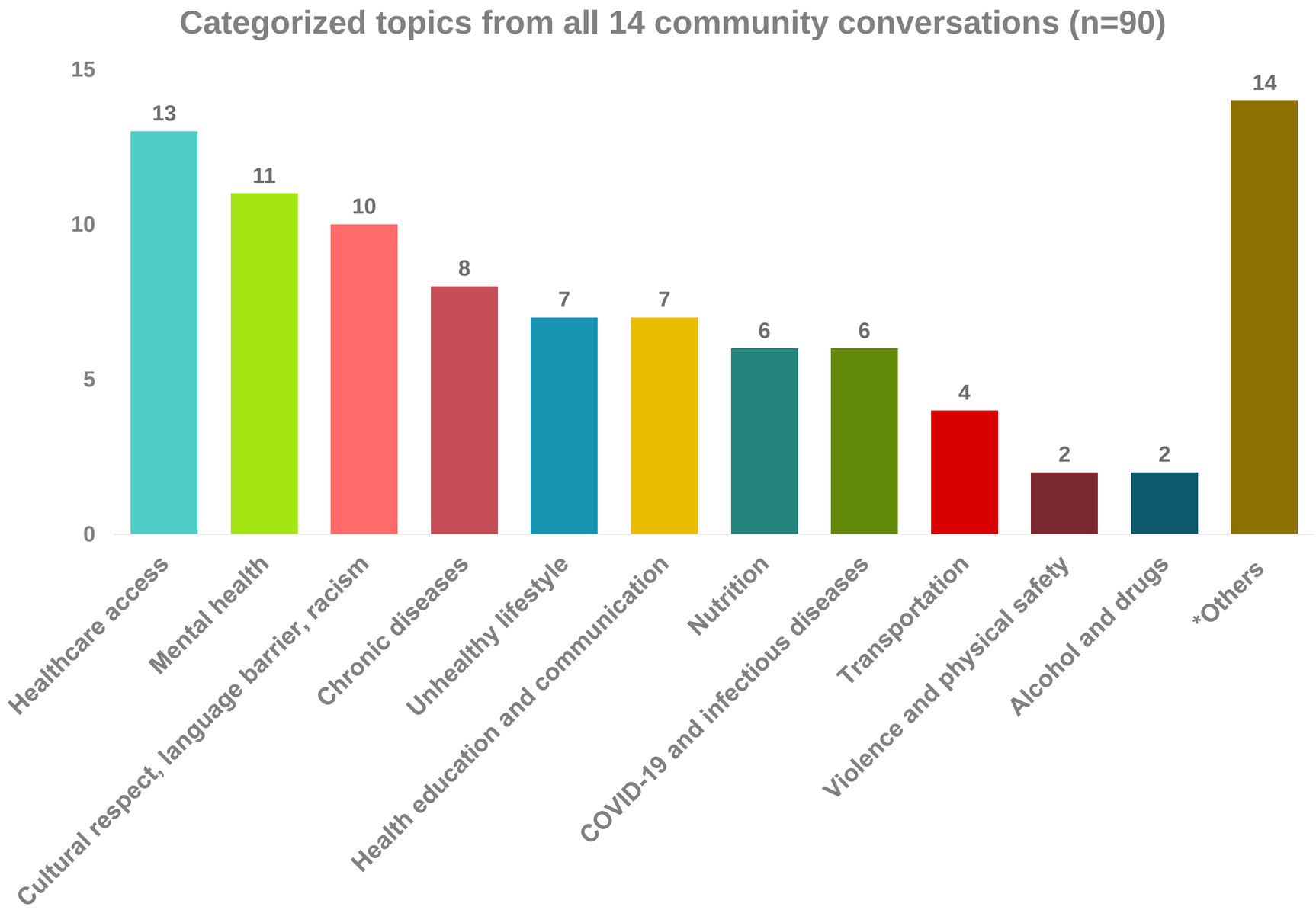
Conversation results

Group	Primary topic selected	Other topic selected2	Other topic selected3	Other topic selected4	Other topic selected5	Other topic selected6	Other topic selected7	Additional topics
Hispanic #1	Mental health	Lack of health insurance	Racism and language barrier	Right Way to eat/Diabetes	Dental			
Middle-Eastern men	Underinsured	COVID-19	Mental health	Heart Health	US Lifestyle	Diabetes		
Vietnamese	COVID-19	Heart Disease	Language barriers	Insurance	Emotional Well Being	Physical Environment		
Chinese	Healthcare affordability/access	Healthy lifestyle	COVID-19	Health Education	Govt. Policy for Healthy Lifestyle	Good eating Habits		
Hispanic #2	Prevention	Health insurance/cost	COVID-19	Lack of Communication	Stress	Not Having Transportation		
Middle-Eastern women	Living healthy	Underinsured	Mental health	Diabetes	Health Issues	Healthy Heart	Covid-19	
Sudanese men	Community health and awareness	Health insurance	Stress	Cultural Barrier for Healthy Living	Language Barrier			
Karen	Existing and current illness	Language barrier	Cost of care and living	Transportation	Loss of Sleep	Eating Healthy Food		
Sudanese women	Mental health	Health insurance	Health education	Cultural Gender Expectations	Cultural Nutrional Health	Language issues		
Native American #1	Lack of cultural respect	Community support	Financial challenges	Incomplete healthcare/insurance	Access to Healthy Food	Technology Access/Knowledge	Transportation for health & Life	
African American adults	Access to quality health info	Healthy food	It costs to be healthy	Family Habits	Fear prevents change			
Native American #2	Health/Nutrition Education	Safety and wellbeing	Health equity	Cultural sensitivity training	Access to housing	Future generations		
African American youth	Drugs	Bullying/shaming	Abuse	Cancer	Spreading sickness	Sickness from a lack of food and water	Hygiene	Not exercising
Yazidi	Language barrier	Mental health	Health education	Transportation	Limits to Medicaid	Childcare and size of family		Violence at schools and concerts
								Smoking
								Not caring
								Genetics
								Electronics

Health Topics:

- Healthcare access
- Cultural respect, language barrier, racism
- Mental health
- Chronic diseases
- Unhealthy lifestyle
- Health education and communication
- Nutrition
- COVID-19 and infectious diseases
- Transportation
- Violence and physical safety
- Alcohol and drugs
- Others

Conversation results



*Others include Access to housing, Cancer, Childcare, Community support, Dental, Electronics, Financial challenges, Future generations, Genetics, Loss of sleep, Not caring, Physical environment, and Sickness from a lack of food and water.

Conversation results

Health category	Community conversations (%)
Healthcare access	93
Mental health	79
Cultural respect, language barrier, racism	71
Chronic diseases	62
Unhealthy lifestyles	54
Health education and communication	54
Nutrition	46
COVID-19 and infectious diseases	46
Transportation	29
Violence and physical safety	23
Alcohol, Drug, and Tobacco Use	15
*Others	7

Question 3: The following are health concerns in the city of Lincoln and Lancaster County. In your experience what are the top 3 health concerns?	Survey Responses (%)
Mental Health	57
Diabetes	42
Heart Disease	38
Cancer	37
Getting enough exercise	34
Alcohol, Drug, and Tobacco Use	28
Challenges getting healthy/affordable food	27
Getting around town safely	26
Asthma	9

Conclusions

- Groups varied by age, language, health literacy, and number of years spent in the United States
- Most conversations identified the following topics as major health concerns:
    - Healthcare access
    - Cultural respect, language barriers, racism
    - Mental health
    - Chronic diseases

Conclusions

- Special thanks to cultural center partners and their staff who invited participants and organized the MHI conversations.
- All the participants who were engaged and candid with their input about the community’s health.
- Also, to the facilitation team at LLCHD who committed many nights and weekends to this ongoing effort to engage the community.

Questions or Comments?