

Community Health Needs Assessment

**CHI Health St. Elizabeth &
CHI Health Nebraska Heart – Lincoln, NE
2019**

A Joint Assessment





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Executive Summary

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

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

CHI Health St. Elizabeth (St. Elizabeth) is a hospital facility within CHI Health located in Lincoln, Nebraska. 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 institute, emergency medicine, and orthopedics.

CHI Health Nebraska Heart Hospital (NHH) is also in Lincoln, Nebraska, home of Nebraska Heart Institute and offers a variety of cardiac services with 63 licensed beds.

Community Health Needs Assessment

In 2018, St. Elizabeth and NHH conducted a joint Community Health Needs Assessment (CHNA) in partnership with Lincoln Lancaster County Health Department, Bryan Health, and numerous community partners. The CHNA process included a review of secondary data and focus group input to determine and validate the needs of the community.

The 2018 CHNA led to the validation of four priority health needs, previously identified for the City of Lincoln and Lancaster County in the 2015 Community CHNA. With the community, St. Elizabeth and NHH will further work to identify each partner’s role in addressing these health needs and develop measureable, impactful strategies. A report detailing St. Elizabeth/NHH implementation strategy plan (ISP) will be released in fall of 2019.

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

Introduction

Hospital Description

CHI Health is a regional health network with a unified mission: nurturing the healing ministry of the Church while creating healthier communities. Headquartered in Omaha, the combined organization

consists of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, and more than 136 employed physician practice locations in Nebraska and southwestern Iowa. More than 11,000 employees comprise the workforce of this network that includes 2,180 licensed beds and serves as the primary teaching partner of Creighton University’s health sciences schools. In fiscal year 2018, the organization provided a combined \$179.3 million in quantified community benefit including services for the poor, free clinics, education and research. Seven hospitals within the system are designated Magnet or Pathway to Excellence. With locations stretching from North Platte, Nebraska, to Corning, Iowa, the health network is the largest in Nebraska, providing care for over one million patients each year and serves residents of Nebraska and southwest Iowa. For more information, visit CHIhealth.com.

St. Elizabeth and Nebraska Heart (NHH) are located in Lincoln, Nebraska. St. Elizabeth operates 258 beds and has extensive experience in the treatment areas listed below. NHH is focused on cardiac care and operates 63 beds. NHH services are also listed below.

CHI Health St. Elizabeth Services and Treatment Areas	Nebraska Heart Services and Treatment Areas
Breast Care Center	64-Slice CT Scanning
Burn and Wound Care	Anticoagulation Clinic
Cancer Institute	Atrial Fibrillation
Cardiovascular Services	Cardiovascular Health & Lipid Clinic
Colorectal Cancer	Carotid Intima-Media Thickness
Continuing Care Network	Chest Pain Center
Diabetes Center	Coronary Artery Bypass
Emergency Care	Echocardiogram
Home care Services/Home Medical Equipment	Electrophysiology/Arrhythmia
Hospitalists	General Cardiology
Maternal Fetal Medicine/Neonatal Intensive Care Unit (NICU)	Heart Failure
Orthopedics	Heart Valve Center
Pediatrics	Holter Monitoring
Pulmonary Care	Imaging
Palliative Medicine	MUGA Heart Scan
Robotic Surgery Center	Nuclear Stress Test
Sleep Disorders Center	Pacemaker/ICD
Stroke Center	Stents
Weight Management	Structural Heart
Women’s Services	TAVR
	Trans-myocardial Revascularization
	Treadmill Stress Test
	Valvular Procedures
	Vascular Disease
	Vein Clinic
	Women’s Heart Program

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 and NHH. The evaluation of each hospital’s work from the previous CHNA is reported separately in each hospital’s report.

Purpose and Goals of CHNA

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

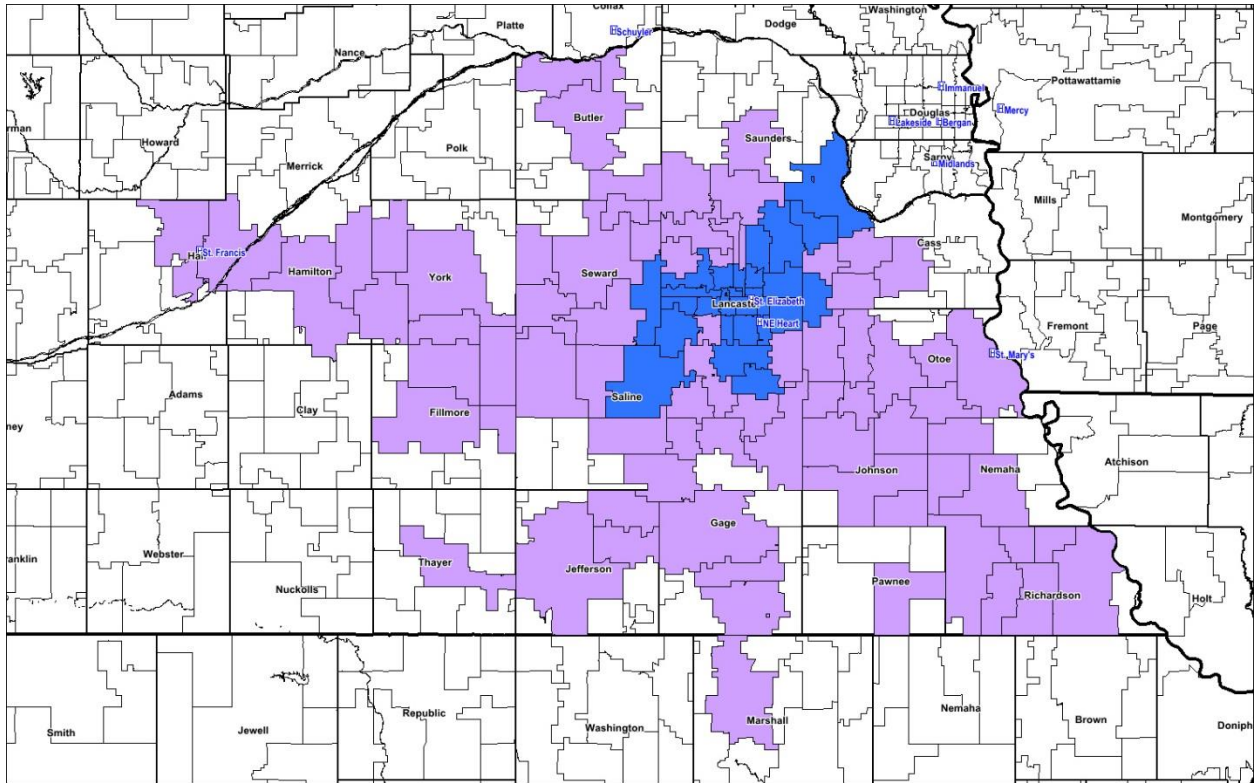
The goals of this CHNA are to:

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

Community Definition

For the purpose of the CHNA and future implementation strategy, St. Elizabeth/NHH considers its primary community to be the City of Lincoln and the surrounding County (Lancaster) which includes 75%-90% of the patients served by the hospitals, as shown in blue in Figure 1. Lancaster County also aligns with the defined service area for the local public health department, Lincoln-Lancaster County Health Department (LLHD). 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 St. Elizabeth and NHH and aligns with a shared definition agreed upon with community partners including other local health systems.

Figure 1: Community Served¹



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.²

Population

As shown in Table 1 the 2017 population estimate for Lancaster County is 314,358 which is a 4% increase over the 2014 population estimate of 301,795. The majority of Lancaster County residents live in the Lincoln urban area (90%).

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; and minorities represent approximately 13% of the total population of Lancaster County.³

¹ DSS IP/OP CY2017 data for all CHI Health hospitals; Lincoln Market includes St. Elizabeth's & Nebraska Heart Hospital

² Lancaster County Towns & Cities - <https://lancaster.ne.gov/map.aspx>, accessed 3/28/2019

³ Census.gov/Quickfacts – accessed 3/28/19

Table 1: Population Characteristics³

Characteristic (V2017 Estimate)	Lincoln (City)	Lancaster County	Nebraska
<i>Total Population</i>	284,736	314,358	1,920,076
Age			
Under 5 years	6.7%	6.5%	6.9%
Under 18	22.7%	23.0%	24.8%
65 and over	12.5%	13.5%	15.4%
Gender			
Female	49.9%	49.8%	50.1%
Race/Ethnicity			
White alone	85.3%	87.2%	88.6%
African American, Non-Hispanic	4.4%	4.2%	5.1%
Native American, Non-Hispanic	0.1%	0.1%	0.1%
Asian Non-Hispanic	4.6%	4.7%	2.6%
Hispanic	7.3%	7.1%	11.0%
Foreign born persons (2013-2017)	8.4%	7.8%	6.9%

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 the State, however poverty and unemployment are higher in Lincoln and Lancaster County than the State overall. 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 2: Socioeconomic Characteristics³

Characteristics	City of Lincoln	Lancaster County	Nebraska	U.S.
Median Household Income	\$53,089	\$55,747	\$56,675	57,652
Poverty Rates				
% of Persons in Poverty	15.1%	11.4%	10.8%	12.3%
% of Children in Poverty ⁴		12%	14%	
Unemployment Rate	N/A	2.6%	2.9%	2.9 ⁴
Education				
High School Graduate (% of persons age 25 and older)	92.9%	93.3%	90.9%	87.3%
	37.8%	37.9%	30.6%	30.9%

⁴ County Health Rankings – CountyHealthRankings.org, accessed 3/28/19

Bachelor's Degree or higher (% of persons age 25 and older)				
Uninsured (% of persons without health insurance under 65)	10.0%	9.1%	9.6%	10.2

Unique Community Characteristics

The University of Nebraska’s main campus is located in Lincoln (UNL) and within the last five 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 health care 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 Lincoln-Lancaster County Health Department 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)
- Health 360 (Lutheran Family Services & Bluestem Health partnership)
- Madonna Rehabilitation Hospital
- Lincoln Surgical Hospital
- Lincoln Regional Center (Psych 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

Community Health Needs Assessment Process

Local health departments are required to conduct CHNAs every five years, however in an effort to align with local health system requirements, the health department (LLHD) offered to work with community stakeholders to re-validate the identified health needs for the community and local health systems. Building on the 2015 CHNA for the Lincoln-Lancaster Community, the process of re-validating community health needs for the purposes of this CHNA was led by LLHD. Details of the 2015 community CHNA process that was led by LLHD and included St. Elizabeth and NHH team members can be reviewed online at <https://lincoln.ne.gov/city/health/hip/pdf/CommunityHealthProfile.pdf>.

The 2018 process included a public review of recent community data through four focus group meetings, to validate top health needs with community stakeholders and update the Lincoln-Lancaster Community Health Improvement Plan (CHIP). LLHD Public Health Informatics and Planning department convened leaders from Bryan Health, St. Elizabeth, and NHH to plan an update to the 2015 CHNA. Steering committee members were:

- Arli Boustead, CHI Health Healthier Communities
- Bob Ravenscroft, Bryan Health, VP of Advancement and Chief Development Office
- Charlotte Burke, Lincoln-Lancaster County Health Department, Health Promotion, Data & Evaluation Manager
- Donna Hammack, CHI Health St. Elizabeth, Chief Development Officer
- Edgar Bumanis, Bryan Health, Public Relations/Marketing Director
- George Wagaman, CHI Health, Planning and Innovation Strategist
- Nathan Albright, Bryan Health, Marketing Analyst & Planning Strategist
- Raju Kakarlapudi, Lincoln-Lancaster County Health Department, Public Health Epidemiologist
- Shavonna Lausterer, Lincoln-Lancaster County Health Department, Health Director

LLHD planned and hosted four focus group meetings (one for each of the four top identified health needs – Access to Care, Behavioral Health, Chronic Disease Prevention, and Injury and Violence) to review the most current data and re-affirm priority areas as well as re-affirm identified bodies of work to address prioritized needs. Leadership representing St. Elizabeth and NHH participated in the focus groups.

Following the focus group meetings, an internal Community Benefit Action Team (CBAT) was formed with leadership from both St. Elizabeth and NHH to review the outcome of the aforementioned processes, and internally validate the four identified top health needs for the purposes of this CHNA.

Finally, hospital leadership from both sites provided a review of the process to the CHI Health Lincoln Community Board, who validated the top needs in the community and provided input to the planning process for the forthcoming Implementation Strategy Plan and work the hospitals will to do address prioritized community health needs.

Gaps in Information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community's health, nor can we represent all interests of the population. This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital

implementation planning, gaps in information will be considered and other data/input brought in as needed.

Input from the Community & Public Health

In order to update the Lincoln-Lancaster CHNA, LLHD re-convened the original stakeholders to validate the top health needs and update the Lincoln-Lancaster CHIP. The 2018 focus groups included representation from a variety of stakeholders similar to those providing input to the 2015 CHNA process for the community. Details of the 2015 community input process can be reviewed online at <https://lincoln.ne.gov/city/health/phip/pdf/CommunityHealthProfile.pdf>.

For this CHNA, community stakeholder input was provided through the four LLHD CHIP planning groups, which consist of **stakeholders serving and representing the key populations: minority, low-income, at-risk, aging, and those affected by violence.**

Following the four health department led meetings to obtain community input, the internal multi-disciplinary team (CBAT) representing both St. Elizabeth and NHH was convened to validate the needs. The following individuals participated in this meeting.

CBAT Members from February 19, 2019 Meeting:

- Derek Vance - CHI Health St. Elizabeth; President of CHI Health St. Elizabeth
- Donna Hammack- Chief Development Officer CHI Health St. Elizabeth/Nebraska Heart
- Christi Chaves – CHI Health St. Elizabeth; Director of Nursing – Wound Care & Burn Center
- Daniel Schonlau – CHI Health St. Elizabeth; VP of Operational Finance
- Dr. Michael Rapp - CHI Health St. Elizabeth; Chief Medical Officer
- George Wagaman- CHI Health; Planning Innovation Strategist
- Jackie Mendoza- CHI Health Nebraska Heart; VP-Patient Care Services
- Jay Hoffman- CHI Health Nebraska Heart; Marketing Sales Strategist Sr
- Justin Hartman – CHI Health, Division Director Marketing & Sales
- Bonnie Trausch – CHI Health St. Elizabeth Administration
- Arli Boustead - CHI Health; Program Coordinator-Healthier Communities & Community Benefit

Finally, the hospitals' Community Board provided input to this process and represent the hospitals' interactions with the community at-large.

Findings

For a report of community health indicators reviewed and input captured as a result of the four community focus groups led by LLHD, please refer to the Access to Care Report, Behavioral Health Report, Chronic Disease Report, and Injury Prevention Report found in Appendix A.

Relevant data was presented to hospital administration and the community board for the hospital, and all parties who reviewed the data found it to accurately represent the health needs of the community. Data and top identified needs can be found in Table 3.

Prioritization

Building on the 2015 CHNA for the community, LLHD provided data to community stakeholders through four community focus group sessions in 2018. During these sessions, stakeholders were asked to amend CHIP objectives for the top identified health needs given any changes in the data. In each instance the community made updates to the relevant CHIP objectives and confirmed all four health needs as the top health needs going forward from 2018 due to the following:

- Severity
- Prevalence
- Disparities
- Trends
- Relevant benchmarks, and
- Impact on other health needs

Prioritized Health Needs (Top Identified Health Needs)

Below (Table 3) is a listing and rationale for the top four identified health needs driving poor health outcomes in Lincoln and Lancaster County, Nebraska.

Table 3: Top Identified Health Needs

Health Need	Rationale
Access to Health Care Services	<ul style="list-style-type: none"> • Growth of population by 13% in Lincoln proper from 2007-2018, and by 12% across Lancaster County (LC) • Mayoral goal of 90% of adults in LC insured by 2020 – Current 88.5% • 10.2% of LC adults in 2016 report no doctor visit due to cost in past year • 17.7% of LC adults report having no personal doctor (down from 24% in 2014) • 26% of LC adults report not dental care in last year
Behavioral Health	<ul style="list-style-type: none"> • 9.8% of Lancaster county respondents report 14 or more ‘poor’ mental health days in last 30 (2016) • Rate jumps to 21% among non-white and Hispanic • Rate is at 31% for those living on \$15,000 or less, and at 15% for those living on between \$15,000-\$25,000/year • Smokers report higher rate of ‘poor’ mental health days • 25% of adults report binge or heavy drinking compared to 21% across NE and 13% among high performers
Chronic Disease	<ul style="list-style-type: none"> • Adult obesity is at 27% in LC compared to 31% in NE and 26% among US high performing counties • 18% of adults in LC over 20 yrs old report no leisure-time physical activity compared to 23% across NE and 20% among US high performers • 97% of LC adults report have adequate access to locations for physical activity, compared to 83% across NE • LC is rated at an 8.0 on a scale of 0 (worst) to 10 (best) that indicate the factors contributing to a healthy food environment, compared to 8.1 across NE
Violence & Injury	<ul style="list-style-type: none"> • 16.2% of high school students in 2017 report involvement in physical fight in past 12 months (19.4% in 2015) • 19% of high school students in 2017 report seriously considering attempting suicide during past 12 months (17.5% in 2015) • Of 44 suicides documented in 2016 in Lancaster County, 2 were youth between ages of 15-19, 17 were adults ages 25-34, 7 were adults age 35-44, 6 were adults 55-64

Resource Inventory

Table 4 displays a list of resources assets and resources available as the St. Elizabeth and NHH teams consider their work related to each prioritized health need.

Table 4: Resources Identified by Health Need Area

Significant Health Need	Assets/Resources	
Access to Care (including access to dental care /mental health services)	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 Lincoln ED Connections (operated by Bryan Health) Enroll Nebraska Navigators - from Community Action Program for Lancaster and Saunders County, LLHD and others assisted with sign up for the Health Marketplace to get more people insured (some with subsidies)	
Behavioral Health (including substance abuse and suicide)	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	
Chronic Disease Prevention	Obesity Prevention Partnership for a Healthy Lincoln LLHD Children’s Center for the Child & Community Lincoln Public Schools Nebraska Department of Education Alliance for Healthier Generation Nebraska Go NAP SACC Nebraska Safety Council Cultural Centers Local Businesses	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

	<p>Aging Partners (City of Lincoln) Senior living facilities Lancaster County Medical Society Boys and Girls Cubs Great Plans 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</p>	<p>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 LLHD 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 LLHD NE Pharmacy Association YMCA NE Dept. of Health & Human Services Nebraska Safety Council</p>
<p>Injury Prevention (including violence/abuse)</p>	<p>Violence Prevention Council Aging Partners SafeKids Lincoln-Lancaster County <i>Nebraska Safety Council</i> Lincoln Police Department & Lancaster County Sheriff’s Dept. Lincoln-Lancaster County Health Department 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</p>	

Priority Area # 1: Access to Care		
Goal	To improve access to health care services, especially for those in underserved communities.	
Community Indicators	CHNA 2013	
	<ul style="list-style-type: none"> • 17.6% of adults 18-64 years old that have no health care coverage. • 21.4% of adults 18-64 years old who indicated they do not have a personal doctor. 	
	CHNA 2016	
	<ul style="list-style-type: none"> • 15.3% of adults 18-64 years old have no health care coverage. • 28.9% of adults 18-64 years old who indicated they do not have a personal doctor. 	
	CHNA 2019 TBD	
Timeframe	FY17-19	
Background	Rationale for priority: Access to Care is consistently identified as a top health priority for the community. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.	
	Contributing Factors: With the passing of the ACA, Nebraska did not expand Medicaid, therefore, there remains a coverage gap for Lancaster County residents with incomes between 100% and less than 138% of the Federal Poverty Level who are not eligible for the Medicaid program as it currently exists in Nebraska and also not provided a subsidy for health insurance premiums through the Healthcare Marketplace. Additional contributing factors include: transportation, hours and locations of health services, language.	
	National Alignment: Healthy People target is to improve access to comprehensive, quality health care services.	
1.1 Strategy & Scope: Offer ED Connections Program to improve healthcare access for low-income, uninsured, mentally ill, or immigrant persons who repeatedly use the emergency departments. (St. Elizabeth)		
Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Increase in knowledge of alcohol and substance abuse services choices. • Increase in health functioning as a result of case management services being assigned to appropriate services in the community. 	CHI Health St. Elizabeth/Nebraska Heart Health Role(s): <ul style="list-style-type: none"> • Funder • Provide Staff 	<ul style="list-style-type: none"> • BryanLGH Hospital • Community Mental Health • St. Monica's • CenterPoint • Cornhusker Place

<ul style="list-style-type: none"> Decrease in unnecessary ED visits 	<p>Required Resources:</p> <ul style="list-style-type: none"> Funding Staff (Case manager/social worker/RN) Office space 	<ul style="list-style-type: none"> Lincoln Fire and Rescue Lincoln Police Department Lancaster County Medical Society Peoples Health Center
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> A community case manager/social worker and an RN case manager will be available at St. Elizabeth every weekday. The RN case manager will work to create better access to community mental health and addictions services and collaborating with community agencies. Provide education for emergency department staff regarding the handling of mentally ill and substance-abusing patients. Assist emergency staff get the patients into assessments, appointments with counselors, or correct placement in a community program. Education will provide ED staff to recognize proscriptioin or over-the-counter (OTC) medication abuse. 	<ul style="list-style-type: none"> 50% decrease in ED visits for the target group patients, tracked from enrollment date to 12 months post enrollment date. 80% percent of patients will be placed in appropriate care settings (dual diagnosed/substance abuse) within 30-90 days. # of individuals enrolled in ED Connection 	<p>Data will be reviewed and reported annually by an internal team using the following data:</p> <ul style="list-style-type: none"> Hospital data Program documentation
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> Program continues at CHI Health St. Elizabeth, in partnership with Bryan Health. <p>FY17 Measures – Reported on calendar year (2017)</p> <ul style="list-style-type: none"> 62% decrease in ED visits for identified populations 100% of participants placed in appropriate care setting 75 clients enrolled in calendar year 2017 <p>FY18 Actions and Impact</p> <ul style="list-style-type: none"> Program participation by St. Elizabeth continued in FY18, however participation was ended due to staff and capacity changes in early FY19, and prevented the sharing of information for FY18. 		

FY18 Measures: No measures to report

FY19 Results Pending

1.2 Strategy & Scope: Provide financial assistance and support to Clinic with a Heart to improve access to healthcare for uninsured and underinsured populations. (St. Elizabeth)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Reduce unnecessary healthcare costs. • Reduce health disparities by assisting individuals to find a medical home. 	<p>CHI Health St. Elizabeth Role(s):</p> <ul style="list-style-type: none"> • Community Partner • Provide medical providers to clinic • Provide funding for infrastructure <p>Required Resources:</p> <ul style="list-style-type: none"> • Staff time- 2 Clinics a month (20-30 staff members) • Healthier Communities Funding (\$22,500k) • Administration support 	<ul style="list-style-type: none"> • Lincoln Lancaster County Health Department • Community Action Partnership for Lancaster and Saunders County • Community Health Endowment • Peoples Health Center • Medical Education Partnership • Center for People in Need • CenterPoint
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Offer a clinic day with physicians from St. Elizabeth’s twice per month to improve access to care for low-income, high risk persons. • Provide financial support for medical assistance for low-income, uninsured persons to increase healthcare primary care provider and navigation to a medical home. 	<ul style="list-style-type: none"> • % reduction in unnecessary ER visits • % of uninsured individuals served • # of patients served at Clinic with a Heart • # referred to Medical Home Program (Health Hub, El Centro, etc.) 	<p>Data will be reviewed and reported every annually by an internal team using the following data:</p> <ul style="list-style-type: none"> • Hospital data (Internal data tracking preventable emergency department visits and readmissions). • Clinic with a Heart data

Results

FY17 Key Activities:

- Continued financial support of Clinic With a Heart (CwH)
- CwH expanded programming through faith community health nursing network, and looking to expand into dental and optometry services as well

FY17 Measures:

- Served 2,437 people through 2,861 visits
- 2,861 (89% of total CwH) visits were uninsured
- 1128 of 1961 total visits (58%) reported they would have gone to ED if not for CwH
- 2,121 visits for medical purposes – all referred to medical home provider

FY18 Key Activities

- Continued financial and volunteer support of Clinic with a Heart (CwH) through staffing two clinics – urgent care and specialty care on a monthly basis.

FY18 Measures

- Provided 80 specialty patient visits through 287 volunteer hours
- Provided 161 urgent care visits through 465 volunteer hours

FY19 Results Pending

Priority Area # 2: Behavioral Health

Goal	Increase the prevention outreach, educational efforts and resources that support the resiliency of community members who experience mental health and substance use issues in Lancaster County.	
Community Indicators	CHNA 2013	
	<ul style="list-style-type: none"> The suicide death rate was 12.8 per 100,000 population (age adjusted). Frequent mental distress in the past 30 days 10.7% for adults 18 and older. 	
	CHNA 2016	
	<ul style="list-style-type: none"> The suicide death rate was 15.4 per 100,000 population (age adjusted). Frequent mental distress in the past 30 days 10.5% for adults 18 and older. 	
	CHNA 2019 TBD	
Timeframe	FY17-19	
Background	Rationale for priority: Behavioral health is consistently identified as a top health priority for the community. The suicide death rate has increased over time, access to behavioral health services and the cost of mental health services are reported barriers to accessing care for people with mental health problems in the community.	
	Contributing Factors: Cost, fragmentation of services, lack of availability of services, societal stigma toward mental illness.	
	National Alignment: Healthy People 2020 goal is to improve mental health through prevention and by ensuring access to appropriate, quality mental health services.	
2.1 Strategy & Scope: Provide a community-based behavioral health (BH) coalition with hospitals, providers and other key stakeholders focused on improving BH for individuals in the community. (St. Elizabeth)		
Anticipated Impact	Hospital Role/ Required Resources	Partners

<ul style="list-style-type: none"> Coalition efforts result in reduction in ED visits to Bryan Health and CHI Health St. Elizabeth 	<p>CHI Health System (Behavioral Health Service Line)* Role(s):</p> <ul style="list-style-type: none"> Provide financial support Strategic oversight Grant management <p>CHI Health St. Elizabeth Role(s):</p> <ul style="list-style-type: none"> Sponsor Fiscal Agent Community Partner Training and data collection support <p>Required Resources:</p> <ul style="list-style-type: none"> CHI Mission and Mistry Grant funding Staff- Full time coordinator Other braided funding through Region 5 and potentially CHE and MCO's 	<ul style="list-style-type: none"> Bryan Health Region 5 Schools Primary and integrated health clinics
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Establish a core group of stakeholders to implement the BH improvement plan that will continue to meet over the 3 year grant and beyond. Coalition continues to meet and expanded strategies are implemented. Begin developing a sustainability plan for post grant. Finalize sustainability plan and prepare to implement. 	<ul style="list-style-type: none"> Reduction in ED visits to CHI St. Elizabeth # of coalition meetings # of collaborative members 	<p>Data will be reviewed and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> CHI Health Hospital database
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> Coalition leader established, and planning will continue into FY18 <p>FY17 Measures</p> <ul style="list-style-type: none"> 4.7% of emergency department visits are mental health disorders Coalition held 3 meetings with average of 7 members in attendance at each meeting – (15 total members participating overall representing 9 organizations) 9 of 16 members (56% response rate) rate coalition effective across all collective impact domains <ul style="list-style-type: none"> 30% report use of common agenda 		

- 56% report shared measures being sued
- 30% report mutually reinforcing activities
- 48% report continuous communication
- 39% report existence of backbone organization

FY18 Actions and Impact (STE)

- The Coalition further established itself over FY18 through hosting of four quarterly coalition meetings, and the formation of an additional small workgroup, which met more frequently, to ensure forward progress on initiatives. Coalition has grown its membership from 9 members to 13, with an average of 9-11 members regularly attending meetings.

FY18 Measures:

- Coalition members rating of coalition effectiveness improved drastically in FY18. The survey went from having 9 coalition respondents in FY17 to 13 in FY18, and improved in all collective impact domains as follows:
 - From 30% in FY17 to 71% in FY18 report use of common agenda
 - From 56% in FY17 to 67% in FY18 report shared measures being sued
 - From 30% in FY17 to 52% in FY18 report mutually reinforcing activities
 - From 48% in FY17 to 64% in FY18 report continuous communication
 - From 39% in FY17 to 68% in FY18 report existence of backbone organization

FY19 Results Pending

2.2 Strategy & Scope: Provide a system flow for behavioral health patients in treatment or seeking treatment through a provider service coordination process. (St. Elizabeth)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Increase access to BH care as a result of coordination of services with increased number of clients/patients served by BH providers. 	<p>CHI Health System (Behavioral Health Service Line)* Role(s):</p> <ul style="list-style-type: none"> Funding Grant management System leadership <p>CHI Health St. Elizabeth Role(s):</p> <ul style="list-style-type: none"> Sponsor Fiscal Agent Community Partner Training and data collection support <p>Required Resources:</p> <ul style="list-style-type: none"> See 2.1 	<ul style="list-style-type: none"> Bryan Health Region 5 Schools Primary and integrated health clinics
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Gain consensus with BH services providers on a coordinated system to move patients into appropriate treatment and community-based programs as quickly as possible through the awareness of available openings in facilities. Implement a provider coordination process. 	<ul style="list-style-type: none"> Increase access to BH care as a result of coordination of services with increased number of clients/patients served by BH providers # of providers consenting to coordination of treatment openings # of clients supported through the coordination process 	<p>Data will be reviewed and reported every 6 months by an internal team using the following data sources:</p> <ul style="list-style-type: none"> Program documentation
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> Progress on this strategy has not yet begun, as coalition was focused on establishing itself, and quickly implementing work based on existing infrastructure around ED Connections and Care Transitions. Strategy will be carried over into grant year 2 (FY18) 		

FY17 Measures: No measures to report at this time.

FY18 Actions and Impact

- Work on this strategy did not progress in FY18, based on coalition capacity and the prioritization of other work.
- While capacity and support was low to stand up service coordination, the coalition leadership began to explore the potential for integration of behavioral health services with primary care clinics, and may pursue a grant to help establish this in the Lancaster County area in order to improve access to behavioral health services and resource coordination.

FY18 Measures: No measures to report at this time

FY19 Results Pending

2.3 Strategy & Scope: Provide the use of BH prevention techniques with primary and integrated health clinics, schools, youth and adults in the community. (St. Elizabeth)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Reduced suicide rates • Reduced ED visits • Increase in knowledge of behavioral health by medical staff 	<p>CHI Health System (Behavioral Health Service Line)* Role(s):</p> <ul style="list-style-type: none"> • Funding • Grant management • System leadership <p>CHI Health St. Elizabeth Role(s):</p> <ul style="list-style-type: none"> • Sponsor • Fiscal Agent • Community Partner • Training and data collection support <p>Required Resources:</p> <ul style="list-style-type: none"> • See 2.1 	<ul style="list-style-type: none"> • Bryan Health • Region 5 • Schools • Primary and integrated health clinics

Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Expand Wellness Recovery Action Plan (WRAPP) usage and trainings to schools, medical staff, behavioral health staff and other community-based program staff. Train additional WRAP trainers. Continue to offer WRAP trainings in the community and provide other medical staff BH trainings. 	<ul style="list-style-type: none"> suicide rates ED visits Increase knowledge of medical staff Names and dates of trainings Types and # of training participants (across all trainings) <ul style="list-style-type: none"> # of health care workers trained # of law enforcement trained # of school personnel trained # of other community professionals trained # of train-the-trainers trained on WRAP 	<p>Data will be reviewed every 6 months and reported by an internal team using the following data sources:</p> <ul style="list-style-type: none"> Local Health Department data (Annually) Hospital database(s) (every six months) Post-training evaluation (after each training)
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> Conducted WRAP training for Bryan Medical Center staff (3), Mental Health Association staff (7), The Orchard (1), and 7 others representing community-based organizations. <p>FY17 Measures:</p> <ul style="list-style-type: none"> BASELINE: Suicide rate in Lancaster County 12.3 suicides per 100,000 (age-adjusted – 2011-2015) 4.7% of emergency department visits for mental health disorders (partial year due to ICD-10 migration) (3,724 visits for MH, 78,048 total visits) 18 total participated in WRAP training representing 6 organizations <p>FY18 Key Activities</p> <ul style="list-style-type: none"> Small coalition workgroup was formed to plan and host trainings: <ul style="list-style-type: none"> Held plan Whole Health Action Management (WHAM) training on April 3-4, 2018 for professionals who support populations facing mental health issues and multiple co-morbidities. Held Wellness Recovery Action Planning (WRAP) training on June 24-29, 2018 for professionals to deliver an evidence-based process for patients on the path to recovery from substance abuse disorders. <p>FY18 Measures:</p> <ul style="list-style-type: none"> 30 participants representing 30 organizations participated in the April , 2018 WHAM training <ul style="list-style-type: none"> 100% of participants strongly agree or agree that the training helped them build the following skill sets: <ul style="list-style-type: none"> Engagement in person centered planning to identify strengths and support Writing a whole health goal based on person centered planning 		

- Creation of a weekly action plan and log
 - Participation in WHAM peer support groups to create new health behavior
 - Elicitation of the Relaxation Response
 - Engagement in cognitive skills to avoid negative thinking
- Upon follow-up to participants one reported using the training informally with perinatal bereavement care and grief counseling, and another reporting using it for individual patients in chronic illness self-management.
 - 7 participants representing 4 organizations participated in the June, 2018 WRAP training, no formal evaluation data was available for this training.

FY19 Results Pending

2.4 Strategy & Scope: Provide awareness and use of the Care Transition Model (St. Elizabeth)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Increased well-being and successfully living at home for patients participating in the Care Transition Model. 	CHI Health System (Behavioral Health Service Line)* Role(s): <ul style="list-style-type: none"> • Funding • Grant management • System leadership CHI Health St. Elizabeth Role(s): <ul style="list-style-type: none"> • Sponsor • Fiscal Agent • Community Partner • Training and data collection support Required Resources: <ul style="list-style-type: none"> • See 2.1 	<ul style="list-style-type: none"> • Bryan Health • Region 5 • Schools • Primary and integrated health clinics
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Pilot the use of and expand the awareness of the Care Transition Model building upon initial study by Bryan Health. • Implement the Care Transitional Model pilot. • Implement next steps from planning processes. 	<ul style="list-style-type: none"> • Increase in well-being and successfully living at home for patients participating in the Care transitional Model • Pilot care transition model designed and implemented (yes/no) 	Data will be reviewed every 6 months and reported by an internal team using the following data sources:

	<ul style="list-style-type: none"> • # of patients participating in the Care Transition Model pilot program • Began developing a sustainability plan (yes/no) • Sustainability plan completed (yes/no) 	<ul style="list-style-type: none"> • Post-evaluations (at the end of each program)
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> • Coalition and grant funding initiated expansion of Care Transition Program at Bryan Medical Center through existing ED Connections program. <ul style="list-style-type: none"> ○ Program connects social worker and peer specialist to patient to support recovery in their community for up to 4 weeks post discharge • Programming is yet to implemented at CHI Health St. Elizabeth, and will be the work of grant year 2 (FY18) <p>FY17 Measures</p> <ul style="list-style-type: none"> • 70 served directly by Care Transition program and 2 organizations are involved in implementation (7 staff members) • Evaluation tools will be further developed in year 2 (FY18) <p>FY18 Actions and Impact</p> <ul style="list-style-type: none"> • Work in FY18 built on learnings from FY17 and focused on engaging patients more carefully in their recovery planning during their hospital visit to promote more engagement of patient following discharge, and the program has been very successful. • The description of Community Transition Program Activities now include: <ul style="list-style-type: none"> ○ Phone calls to support people – check-in after discharge, follow-up after therapy and med management, etc. ○ Discuss wellness plans during hospitalization. ○ Provide community resources to help meet needs – grief support groups, rent or utility assistance, medication assistance, domestic abuse resources, etc. ○ Provide short-term transportation to provider appointments. ○ Assist participants in filling out intake packets for Lutheran Family Services while participant is still hospitalized. Faxing intake packet to Lincoln Family Services while patient is hospitalized to assist in setting up services. ○ Provide brief therapeutic support while participants wait for therapy services to start. ○ Provide peer support to participants over phone or in-person. ○ Provide bus passes as needed. ○ Participate in community meetings to discuss patients and create plans to address his or her needs. ○ Stay in regular contact with ED Connections at Bryan and St. Elizabeth’s to coordinate efforts with mutual patients. Provide weekly update of identified patients. <p>FY18 Measures:</p> <ul style="list-style-type: none"> • 178 patients are currently participating in the program, as of June 30, 2018 – and were identified as eligible based on having two or more visits to the hospital in a 6 month period. <ul style="list-style-type: none"> ○ 129 of the 178 have completed the program 		

- Among the 129 patients, there has been a decrease of in-patient visits from 186 in the six months prior to entering the program, down to 59 visits in the six months after participating in the program (a 68% decrease).
- Emergency department visits also decreased by nearly 35%.
- 39 patients, who were identified as “super-utilizers” (identified as having visited the hospital seven or more times in the previous six months), participated in the Care Transition model program, and over these 36 completed the program
 - Inpatient visits among this population decreased by nearly 53%
 - Emergency department visits for this population decreased by 59%
 - 14 individuals provided phones to increase access to basic services

FY19 Results Pending

Priority Area # 3: Chronic Disease

Goal	Reduce the prevalence of chronic disease through increased awareness of prevention, control, and self-management of Chronic disease.	
Community Indicators	CHNA 2013 <ul style="list-style-type: none"> • 21.5% of Lancaster County residents are current smokers. • 14.7% of Lancaster County Adults (18+) with self-reported asthma. • 24.4% of Lancaster County adults reported a BMI of 30 or more. 	
	CHNA 2016 <ul style="list-style-type: none"> • 18.8% of Lancaster County residents are current smokers. • 15% of Lancaster County Adults (18+) with self-reported asthma. • 25.4% of Lancaster County adults reported a BMI of 30 or more. 	
	CHNA 2019 TBD	
Timeframe	FY17-19	
Background	Rationale for priority: Chronic disease has been a top priority for Lancaster County. Health is a priority for Lincoln. The city has been working in collaborative efforts towards chronic disease prevention, and specifically, reducing childhood obesity.	
	Contributing Factors: Underlying these diseases and conditions are significant health risk factors such as tobacco use and exposure, physical inactivity, and poor nutrition. Engaging in healthy behaviors greatly reduces the risk for illness and death due to chronic diseases.	
	National Alignment: Healthy People Target goal is to improve access to comprehensive, quality health care services.	
3.1 Strategy & Scope: Provide a community tobacco cessation program to help eliminate exposure to secondhand smoke in Lancaster County. (Nebraska Heart Hospital)		
Anticipated Impact	Hospital Role/ Required Resources	Partners

<ul style="list-style-type: none"> • Reduce the barriers to resources. • Reduce exposure to secondhand smoke • Reduced tobacco use within Lancaster County 	<p>CHI Health St. Elizabeth and Nebraska Heart Role(s):</p> <ul style="list-style-type: none"> • Provide funding • Provide staff • Data collection <p>Required Resources:</p> <ul style="list-style-type: none"> • CHI Health Healthier Communities Funding (10,000k) • Staff time-5 Train Certified Tobacco Specialists 	<ul style="list-style-type: none"> • DHHS- QuitNow, Tobacco Free Nebraska • Health360, Lincoln Public Schools • Lincoln Medical Society • Community Health Endowment • People Health Center, Clinic with a Heart • Community Phys. Clinic • Thoracic Board • Oncology Department, Pulmonary Board • American Cancer Society
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Design and launch pilot tobacco cessation program including: <ul style="list-style-type: none"> ○ Provide training on systems, roles and responsibilities. ○ Provide training for 5 Train Certified Tobacco Treatment Specialists (CTTS-M). ○ Communicate and collaborate with Community, Health Centers, public schools, and clinic for referrals for high-risk individuals. ○ Outreach in health fairs to increase participation. • Evaluation pilot. • Identify long-term funding and sustainability plan. • Implement ongoing program. 	<ul style="list-style-type: none"> • % of Lancaster County residents are current smokers. • % of identified tobacco users who say they are ready to quit in a quit attempt by using behavioral counseling and/or medication at 3, 4 and 6 months. • # of individuals enrolled in program • # of individuals Trained as Certified Tobacco Treatment Specialists (CTTS-M). • # of classes • # of outreach (health fairs) events for registration 	<p>Data will be reviewed annually and reported by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • Program attendance sheets • Pre & post survey • CHNA
Results		
<p>FY17 Key Activities:</p> <ul style="list-style-type: none"> • Trained Certified Tobacco Treatment Specialists (CTTS) and held four classes of tobacco cessation rounds. • Evaluating need and capacity for continued implementation and decisions made to continue in FY18 <p>FY17 Measures:</p> <ul style="list-style-type: none"> • 5 individuals trained in CTTS 		

- Held 4 classes with 8 sessions per class
- 18 total participants
- 2 participants report quitting smoking as a result of program

FY18 Actions and Impact

- Certified Tobacco Treatment Specialists (CTTS) held 3 sessions of tobacco cessation classes.
- Evaluating need and capacity for continued implementation in FY18 and beyond

FY18 Measures:

- Held 3 sessions with 8 classes per session
- 9 completed the program
- 3 stopped smoking as a result of the program
- 6 decreased smoking rate
- Inpatient smoking cessation was provided to 255 patients

FY19 Results Pending

3.2 Strategy & Scope: Provide a Community Asthma Education Initiative for children in Lincoln, Nebraska with diagnosed undermanaged, undiagnosed asthma, or at-risk for asthma. (St. Elizabeth)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Decrease in Urgent care visits for children with asthma and breathing emergencies during sports and recess • Decrease in school absences for children in the Asthma Safety Net. 	<p>CHI Health St. Elizabeth Role(s):</p> <ul style="list-style-type: none"> • Funder • Provide staff (.5) per/year <p>Required Resources:</p> <ul style="list-style-type: none"> • Asthma Coordinator • Environmental Protection Agency Funding • Private and Community Based Organization Donors • Catholic Health Initiatives, Mission & Ministry Fund • Community Health Endowment funding 	<ul style="list-style-type: none"> • State of Nebraska Maternal Child Health • Lincoln/Lancaster County Health Department • Local physicians • American Lung Association • Nebraska Society for Respiratory Care Local community based organizations.
Key Activities	Measures	Data Sources/Evaluation Plan

<ul style="list-style-type: none"> • Continue with the Asthma Safety Net through the creation of a collaborative infrastructural network with 14 community partners. • Connect all the elements of asthma care by web-based case management. • Coordinate asthma care, including 20 annual community referrals for families at risk. • Construct NIH guidelines-patterned asthma diagnosis and treatment education for healthcare providers; asthma management education for nurses, RTs, ancillary staff, teachers, coaches, and athletic trainers. • Utilize vigilant surveillance to establish a baseline, evaluate performance for evidence based programming, and publish addendums every 3 years. • Design a template to illustrate the use of Respiratory Therapists for in-home asthma assessment/education, and dissemination of training and programming state-wide through telehealth, education healthcare providers on current asthma treatment guidelines. 	<ul style="list-style-type: none"> • 50% of children rescued by the asthma Safety Net will have decreased trigger exposure after in-home visits. • 75% of children served by the Asthma Safety Net will initiate Asthma Action Plans. • 50% of children with in-home education will exhibit improved self-efficacy in asthma care. • 10% decrease in urgent care visits for asthma • 10% decrease in breathing emergencies during sports and recess • 20% decrease in school absences for children in the Asthma Safety Net • # of referral appointments • # of home visits • # of case manager trained • # of referrals of at risk families • # of Telehealth presentations 	<p>Data will be reviewed and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • Program documentation • Pre/post assessment • LPS absenteeism
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Results

FY17 Key Activities:

- Asthma safety net programming continues with a focus to build sustainability post-grant.
- Held four tele-health presentation in April 2017

FY17 Measures: No measures to report

FY18 Actions and Impact

- Community Asthma Education Initiative was a grant project that ended in FY17. Community partners continue this work in various capacities.
- St. Elizabeth is currently evaluating on-going need to participate or support this work.

FY19 Results Pending

3.3 Strategy & Scope: Provide a Heart Failure Academy/and other education for individuals with heart failure and their families. (St. Elizabeth & Nebraska Heart Hospital)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Reduction of Hospital admission rates. • Improvement in exercise and ability to participate in one’s own care. • Improvement in health behaviors in variables related to exercise, cognitive symptom management, communication with physicians, and self-efficacy. • Develop a sustainability plan. 	<p>CHI Health CHI Health Nebraska Heart and Saint Elizabeth Role(s):</p> <ul style="list-style-type: none"> • Funder • Provide staff-.5 FTE (50/50 St. E/NHH) <p>Required Resources:</p> <ul style="list-style-type: none"> • Funding • Staff time- .5 FTE (50/50 St. E/NHH) 	<ul style="list-style-type: none"> • Living Well • Saint Elizabeth Hospital
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Provide a Heart Failure Academy program: a two-hour, educational class with heart health information classes emphasizing nutrition, exercise, health goals, and medications for individuals diagnosed with heart failure. • Develop Pre-Post survey for Heart Failure Academy program. • Offer Support groups every other month on stress management and exercising, heart failure overview, understanding devices and how they work and more. • Partner with Living Well and offer Better Choices, Better Health, a Chronic Disease Self-Management program. • Established Physician referral system for Better Choices, Better Health program. 	<ul style="list-style-type: none"> • % of individuals who completed the Heart Failure Academy with Increase knowledge of self-management • Reduced Hospital admissions or readmissions for individuals who completed the health failure academy program. (goal TBDD after first year) • % improvement in exercise and ability to participate in one’s own care -Improved health status • % Improvement in health behaviors in variables related to exercise, cognitive symptom management, communication with physicians, and self-efficacy • # of Heart Failure Academy Classes held • # of participants in Heart Failure Academy Classes • # of referrals to Better Choices, Better Health 	<p>Data will be reviewed and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • Hospital data • Pre /post survey • Program documentation

- # of classes held Better Choices, Better Health
- # of individuals completing Better Choices, Better Health program

Results

FY17 Actions and Impact

- Continued to provide Heart Failure Academy (HFA) and developed a pre/post survey for participants to be evaluated in upcoming year.

FY17 Measures – Data provided for Calendar year 2017

- 95% of HFA participants report increase in knowledge of self-management of their disease
- 93% of HFA participants report improved health status based on their ability to participate in own care with understanding of the disease
- 93% of HFA participants report improvement in health behaviors in such as exercise, cognitive symptom management, communication with physicians and self-efficacy
- 21 HFA classes held in 2017
- 68 individuals participated in HFA classes in 2017

FY18 Actions and Impact

- Continued to provide Heart Failure Academy (HFA), however due to staff changes, capacity for evaluation of program was diminished. Program will be re-evaluated for continuation in FY19.

Fy18 Measures:

- 52 participants completed course
- 92% of HFA participants report increase in knowledge of self-management of their disease
- Other previously reported measures from 3 and 6 month post-program follow-up calls in 2017 could not be obtained due to changes in staffing and capacity issues.

FY19 Results Pending

3.4 Strategy & Scope: Provide financial assistance and support to Partnership for a Healthy Lincoln to decrease obesity, increase fruit and vegetable consumption, and increase physical activity for both adults and youth in Lancaster County. (St. Elizabeth & Nebraska Heart Hospital)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Students will increase the active living and healthy eating habits • Decrease the rate of obesity for children in Lancaster County • Increase early detection of cancer • Increase breastfeeding rates 	<p>CHI Health CHI Health Saint Elizabeth/Nebraska Heart Role(s):</p> <ul style="list-style-type: none"> • Financial support • Partnership <p>Required Resources:</p> <ul style="list-style-type: none"> • Funding from Healthier Communities community Benefit (\$50,000k) • Community Collaborative Partnership 	<ul style="list-style-type: none"> • Lincoln Lancaster Health Department • Lincoln Public Schools (LPS) • YMCA • Community Learning Centers • Lincoln Parks and Recreation • Boys and Girls Club • WorkWell • Community Health Endowment • Many other Community partners
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Support Partnership for a Healthy Lincoln and the Lincoln Public Schools and several other organizations to implement district-wide wellness policies to decrease obesity and increase fitness in the schools. • Promote the 5-4-3-2-1 GO!® message during daycare and afterschool programming • Support cancer screening initiative for early detection of breast and colon cancers <p>Support Partnership for a Healthy Lincoln and Lincoln Breastfeeding Community Initiative (LCBI) in working with health care providers across the city to establish policies and practices that encourage breastfeeding education, support consistent messages, and guide mothers to appropriate breastfeeding assistance as it is needed.</p>	<ul style="list-style-type: none"> • 80% of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) • 86% of 9-12th grade students engaged in vigorous physical activity at least 3 of the past 7 days • Reducing the prevalence of child obesity in Lincoln Public Schools students by 20% • Increasing the number of individuals who are adequately screened for breast and colon cancer cancers • Increase community breastfeeding rates 	<p>Data will be reviewed and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • Lincoln Public Schools reports (LPS) • Program documentation • LLCHD

Results

FY17 Actions and Impact

- Provided funding to community coalition to promote healthy eating and active living for youth and adults in Lincoln and Lancaster County.
 - Initiatives include:
 - Support to Lincoln Public Schools (LPS) to write and implement wellness policies to decrease obesity and increase fitness
 - Support to the Lincoln Community Breastfeeding Initiative (LCBI)
- Implementing the 80% by 2018 campaign to promote colorectal cancer screening.

FY17 Measures:

- As of 2016-2017 school year the following shows percentage of LPS students by grade completing the district aerobic fitness test (PACER)
 - 78% of 4-8th grade total (same as previous school year)
 - 77% of elementary-aged students (same as previous school year)
 - 80% of middle school-aged students (increase of 2% from previous school year)

FY18 Actions and Impact

- Provided funding leadership support to PHL through Board participation. PHL is a community-based coalition promoting healthy eating and active living for youth and adults in Lincoln and Lancaster County. Funding supported the following efforts:
 - Clinical quality improvement initiatives in The Physician Network, primarily the “80% by 2018” cancer screening effort, which earned the 2018 National Achievement Award by the National Colorectal Cancer Roundtable, and was one of seven honorees nationwide. The Chief Medical Officer at St. Elizabeth was actively involved in leading this effort in partnership with the PHL executive director and The Physician Network.
 - Lincoln Community Breastfeeding Initiative (LCBI) support and participation has resulted in the successful establishment of the Shared Community Breastfeeding Standards between St. Elizabeth and a competing Lincoln-area hospital, which resulted in marked improvements in skin-to-skin rates in both hospitals.
 - St. Elizabeth has also supported workforce development through funding to train culturally diverse Community Breastfeeding Educators (CBE) and two CBEs have achieved Certified Lactation Consultant (CLC) designation.
 - Funding also supported work within the Lincoln Public Schools, to include:
 - Before & after school youth programs, designed to increase fitness and nutrition.
 - Evaluation of fitness & weight measures as a tracking mechanism and to inform community-based programming

FY18 Measures:

- East Lincoln Internal Medicine Clinic has achieved the recommended colon cancer screening for 85% of the patient panel
- All other clinics have increased their screening rates, with Holy Family Medical Associates and Nebraska City Medical Clinic showing the largest increases from 60% to 68%, and 58% to 69% respectively.
- Similarly, breast cancer screening rates have improved dramatically across participating clinics with the majority moving from 50% of eligible patients screened, to 57% screened. Holy Family Medical Associates, Nebraska City Medical Clinic, and East Lincoln Internal Medicine have achieved screening of 67%, 74% and 79% respectively.

- Efforts to improve breastfeeding through the LCBI effort have improved skin-to-skin contact during hospital stays following labor and delivery of newborn has increased from 65% to nearly 90%.
- Intent to breastfeeding has remained steady around 90% over the past four years.
- An increase in the number of students in grades four through eight participated in the aerobic fitness test (PACER) in the 2017-2018 school year. Overall there were declines in the number of students passing the test, and PHL attributes this decline primarily to an increase in participation in the testing. Additionally, PHL is using this data to recommend an increase in physical education classes or physically active learning time from the existing 42-83 minutes per week that students are currently receiving, to achieve the recommended 150 minutes per week. The following shows percentage of LPS students by grade completing and passing the district aerobic fitness test (PACER)
 - 75.9% of elementary-aged students passed the PACER (a decline of 0.04% from 2016-2017 school year)
 - 75.5% of middle school-aged students passed the PACER (a decline of 4.4% from 2016-2017 school year)

FY19 Results Pending

Priority Area # 4: Injury & Violence

Goal Reduce incidence of injury and violence in Lancaster County.

- Community Indicators**
- CHNA 2013**
- Unintentional Injury death rate of 26.1 per 100, 000 for Lancaster County.
 - Violent crime rate of 488 per 100,000 for Lancaster County.
- CHNA 2016**
- Unintentional Injury death rate of 34.7 per 100,000 for Lancaster County.
 - Violent crime rate of 388 per 100,000 for Lancaster County.
 - 289 juveniles ages 7-15 committing violent crimes.
 - 175 Juveniles ages 16-17 committed violent crimes.
 - 12.7 of youth ages 10-17 reported they have attacked someone to seriously hurt them in the last 12 months
- CHNA 2019**

Timeframe FY17-19

Background

Rationale for priority: This has been a top community priority for several years. Injuries and violence affect people of all ages and all socioeconomic groups and range from child abuse to older adult falls. While many may view injuries as inevitable or unavoidable, they are in fact predictable and preventable.

Contributing Factors: Individual behaviors, physical environment, access to services and social environment.

National Alignment: Prevent unintentional injuries and violence, and reduce their consequences.

4.1 Strategy & Scope: Provide Lancaster County middle schools with Second Step, a violence prevention program. (St. Elizabeth & Nebraska Heart Hospital)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Reduce electronically bullying among youth. • Reduce physical fights among youth. • Increase positive interactions among youth. 	<p>CHI Health Saint Elizabeth/Nebraska Heart Role(s):</p> <ul style="list-style-type: none"> • Grant management • Implementation <p>Required Resources:</p> <ul style="list-style-type: none"> • CHI Health Mission and Ministry Funding (\$613,156K) • Community Collaborative Partnership • Violence Prevention Coordinator (.5 FTE) 	<ul style="list-style-type: none"> • Lincoln Police Department (LPD) • Lincoln Public Schools (LPS) • Community Learning Centers • Lincoln Cultural Center Coalition • Lancaster Human Series-Juvenile Justice Department • Lincoln Family Violence

		<ul style="list-style-type: none"> Lincoln Nebraska United Agents Violence partners (LNUAV)
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Recruit, hire and retain Violence Prevention Coordinator Purchase Second Step middle school curriculum bundles and train coordinators, community learning centers, after school programs, and other youth serving organization in the Second Step middle school curriculum. Implement Second Step Middle School Curriculum with special focus on bullying lessons for both physical and cyber bullying. Implement Social Media Responsibility training using LNUAV partner materials in coordination with Second Step Middle School Curriculum. Identify and develop relationships with other coalitions, churches, cultural centers, community learning centers, recreational centers, law enforcement, gang prevention coalitions, suicide prevention coalitions, etc. Use the Second Step Curriculum Assessment developed by PRIDE Surveys to analyze trend data, improvements, and adjust strategies for the next year based on evaluation results (pre and post assessment). 	<ul style="list-style-type: none"> 10% increase in knowledge and skills to support a reduction in youth ages 10-17 who have attack someone to seriously hurt them 10% decrease of youth in Lancaster County ages 14-18 who are bullied on school property and/or online Improvements in common trends of impulsive and aggressive behaviors and # of changes implemented next year # of staff trained # of youth who receive instruction # of youth who participate in social media responsibility training 	<p>Data will be reviewed and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> SHARPS (Student Health and Risk Prevention) Youth Risk Behavioral Survey (YRBS) Pre/post survey
Results		
<p>FY17 Key Activities:</p> <ul style="list-style-type: none"> Second Step, an evidence-based social emotional learning curriculum is being implemented in select LPS sites, and district is looking at implementation district-wide and in after-school environment. <ul style="list-style-type: none"> Team utilizing PRIDE Survey for pre/post-test in first year participants for baseline to be reported in next FY CHI Health St.Elizabeth taking part in Regional Prevention Coordination through Region V (RPC) to prevent substance abuse for all ages 		

- Team is working to align this violence work to behavioral health grant work happening concurrently, and already working to connect into local coalitions that can sustain this work beyond grant.

FY17 Measures:

- Percentage of youth reporting attacking someone with intent to harm: 12.7% (85 students) – Baseline – FY17 11.3% (76 students)
- Percentage of youth ages 14-18 who are bullied at school or online
 - Baseline FY16: 21.7% (252 youth-bullied at school) to FY17: 20% (227 youth)
 - Baseline FY16: 17.6% (204 youth - cyber bullying) to FY17 16% (184 youth)
- 20 staff trained in the use of Second Step curriculum
- 2 sites piloting Second Step serving 90 youth

FY18 Actions and Impact

- Second Step, an evidence-based social emotional learning curriculum continues to be implemented in select LPS sites, and District began planning for implementation across all 6th, 7th, and 8th grade classes and formalized an agreement to begin in FY18 and continue through FY2023, which is four years beyond the end of the grant.
- PRIDE surveys (assessing behaviors related to drug and alcohol use and violence) in the schools were administered at six middle schools and two out-of-school youth program settings. Overall the results from these surveys did not present dramatic positive results across all domains measured, however the survey will be administered at the end of FY18 to assess the change over the three years of grant work.

FY18 Measures:

- Percentage of youth reporting attacking someone with intent to harm: 12.7% (85 students) – Baseline – FY17 11.3% (76 students)
- Percentage of youth ages 14-18 who are bullied at school or online
 - Baseline FY16: 21.7% (252 youth-bullied at school) to FY17: 20% (227 youth) to FY18: 22.4%.
 - Baseline FY16: 17.6% (204 youth - cyber bullying) to FY17 16% (184 youth) to 17.5% in FY18.
- 6 middle school sites, 1 YMCA Summer teen program, and the Lancaster County Youth Detention Center serving a total of 158 middle school aged youth entering the program and completing the pre-test (PRIDE survey).
 - 109 of the 158 students completed the post-test (PRIDE Survey). Results from pre/post PRIDE Survey, students ranked their confidence in the following skills on a scale of 1 (low) to 4 (high)
 - Problem solving: 3.13 pre to 3.00 post
 - Empathy: 3.17 pre to 3.10 post
 - Emotion Management 2.23 pre to 2.44 post
 - Impulse control: 2.19 to 2.31 post
 - Perspective taking (taking another’s perspective): 2.96 to 2.81
 - Social Skills: 3.09 to 2.97
 - All results in these areas are encouraging as PRIDE states that scores above 3.0 in the above domain means that students are reporting confidence in applying social or other emotional skills.

FY19 Results Pending

4.2 Strategy & Scope: Provide after school creative programs at the middle school. Specifically, digital storytelling and painting as a means of sharing emotions and then hold community events(s) to showcase creative works and to educate the community on violence prevention. (St. Elizabeth & Nebraska Heart Hospital)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Reduce electronically bullying among youth. • Reduce physical fights among youth. • Increase positive interactions among youth. 	CHI Health Saint Elizabeth/Nebraska Heart Role(s): <ul style="list-style-type: none"> • Grant management • Implementation Required Resources: <ul style="list-style-type: none"> • See 4.1 	<ul style="list-style-type: none"> • Lincoln Police Department (LPD) • Lincoln Public Schools (LPS) • Community Learning Centers • Lincoln Cultural Center Coalition • Juvenile Justice Department • Lincoln Family Violence • Lincoln Nebraska United Agents Violence partners (LNUAV).
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Negotiate terms of agreement with digital storytelling and art contract providers who will provide programming to support Second Step curriculum. • Implement additional activities such as learning through are projects, digital storytelling projects etc. to reinforce the Second Step Curriculum. • Identify 12 Key messages that support the three skill-building units (empathy, impulse control and problem solving, and anger management) of the Second Step Program. • Create education materials such as posters, banners, brochures to educate families, community organizations, and Lancaster County as a whole about violence prevention. • Provide materials to Community Learning centers, after school programs, and other youth organizations, schools, churches, businesses, etc. to be used to educate their constituents. • Hold a community based event to showcase youth’s creative works. Include community stakeholders and influencers to 	<ul style="list-style-type: none"> • # of middle school youth who participate in after school creative programs specifically digital storytelling and painting as a means of sharing emotions • Improvements in common trends of impulsive and aggressive behaviors and # of changes implemented next year • # of youth who participate in additional activities • # of groups who receive the materials • # of attendees 	Data will be reviewed and reported annually by an internal team using the following data: <ul style="list-style-type: none"> • Program documentation • Pre/post survey

increase community knowledge of violence prevention programming and its impact.

Results

FY17 Key Activities:

- Signed agreement with art provider to implement programming to use art and digital media to learn, process, and express emotion in healthy and non-violent ways.
- Art projects completed with 2 pilot sites, testing health-based programming CPR/1stAid to support SecStep.
- Piloted meditation and positive thinking programming

FY17 Measures:

- 120 youth participating in 2 pilot sites

FY18 Actions and Impact

- Continued a contract established in FY17 to provide program with art provider to implement programming to use art and digital media to learn, process, and express emotion in healthy and non-violent ways.
- CHI Health St. Elizabeth and Nebraska Heart Hospital began testing health-based programming that incorporates Second Step themes
- Creative programming has been critical to the success with this age group, and increases engagement from desired audience after school in a way that youth learn.
 - Art projects continued at all sites (6 middle schools, two out-of-school settings, two hospital settings)

- Health-based programming in support of Second Steps themes started in FY17 continued at summer out-of-school program site including CPR and First Aid training provided by Nebraska Heart Hospital and CHI Health St. Elizabeth team members.
- A meditation and positive thinking class was also piloted in FY17 at the summer out-of-school program location continued in FY18.
- A brochure to promote programming was created by CHI Health marketing teams to inform parents of the programming opportunity.

FY18 Measures:

- 250 youth participating across all 10 sites (6 middle schools, two out-of-school settings, two hospital settings)

FY19 Results Pending

4.3 Strategy & Scope: Create a community culture that supports violence prevention through engaging community organizations in education and programing. (St. Elizabeth & Nebraska Heart Hospital)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> ● Increase the number of community based organizations engaged in primary violence prevention. ● Increase in regulations and norms to improve health and safety and creating new models. 	CHI Health Saint Elizabeth/Nebraska Heart Role(s): <ul style="list-style-type: none"> ● Grant management ● Implementation Required Resources: <ul style="list-style-type: none"> ● See 4.1 	<ul style="list-style-type: none"> ● Lincoln Police Department (LPD) ● Lincoln Public Schools (LPS) ● Community Learning Centers ● Lincoln Cultural Center Coalition ● Juvenile Justice Department ● Lincoln Family Violence ● Lincoln Nebraska United Agents Violence partners (LNUAV)
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> ● Continue to hold LNUAV meetings on a quarterly basis with the intent of maintaining communication amongst the group and to evaluate and make adjustments to programming as needed. 	<ul style="list-style-type: none"> ● # of community based organizations engaged in primary violence prevention ● # of meetings and level of communication amongst partners 	Data will be reviewed and reported annually by an internal team using the following data: <ul style="list-style-type: none"> ● Program documentation

<ul style="list-style-type: none"> Identify community partner for locations to implement Second Step programming. Identify additional funding sources and approach for long term funding. 	<ul style="list-style-type: none"> Selection of program partners and sites actively using Second Step 	
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Results

FY17 Key Activities:

- CHI Health St. Elizabeth providing coordinator to convene local stakeholders in a coalition to identify avenues of violence prevention across the community.

FY17 Measures:

- 4 primary partners engaged
- Held three community meetings in FY17**

FY18 Actions and Impact

- CHI Health St. Elizabeth continued to provide a coordinator to convene local stakeholders in a coalition to identify avenues of violence prevention across the community.

FY18 Measures:

- 4 primary partners continue engagement (Lincoln Public Schools, YMCA, Community Learning Centers, and Lancaster County Youth Detention Center)

FY19 Results Pending

4.4 Strategy & Scope: Offers free education about child passenger safety on how to properly restrain their child in a child safety seat. (St. Elizabeth)

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Increase the number of children who are properly secured in safety seats. Increased use of car seats 	CHI Health Saint Elizabeth Role(s): <ul style="list-style-type: none"> Implementer Community Partner Staff time - (.25) per/year Required Resources: <ul style="list-style-type: none"> Supplies (Car Seats and booster seats) Community partnerships 	<ul style="list-style-type: none"> Safe Kids of Lincoln-Lancaster County Nebraska Safety Council

Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Maintain Car seat inspection station. • Support coalitions for Safe Kids Nebraska • Provide CPS Technicians with the technical skills and knowledge to correctly use and install car seats, booster seats and seat belts. • Provide staff to educate caregivers on how to properly select, use and install car seats and booster seats. • Provide one-on-one instruction on proper fitting of car seat. • Provide free car seats to those who would not otherwise have the means to afford. • Comply with Nebraska Office of Highway Safety in status reporting • Maintain certified staff and complete staff recertification if needed. • Develop a Pre/post survey. 	<ul style="list-style-type: none"> • % of participants who increase knowledge of proper car seat installation. • # of car seats checked • # of free car seats distributed 	<p>Data will be reviewed and reported every 6 months by an internal team using the following data:</p> <ul style="list-style-type: none"> • Program documentations • Pre/post test
Results		
<p>FY17 Key Activities & Measures:</p> <ul style="list-style-type: none"> • Held 4 car seat check stations throughout Fy17 • Inspected 80 total seats • Distributed 71 seats to families in need <p>FY18 Actions and Impact</p> <ul style="list-style-type: none"> • Due to changes in staffing, capacity to own this work for the community has diminished. While St. Elizabeth was no longer able to host the car seat fitting station, the hospital partnered with the Lincoln Lancaster County Health Department to provide all existing resources from the fitting station. <p>FY18 Measures:</p> <ul style="list-style-type: none"> • The following items were provided to Lincoln Lancaster Health Department: <ul style="list-style-type: none"> ○ 10 child passenger safety seats ○ \$100 in supplies ○ \$500 training dolls provided back to the NE Department of Highway Safety <p>FY19 Results Pending</p>		

Dissemination Plan

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

Approval

On behalf of the CHI Health Board, the Executive Committee of the Board approved this CHNA on May 10, 2019.

Appendices

The following provide a report on the data reviewed and input gathered as a result of the four Community Health Improvement Plan (CHIP) update meetings where community stakeholders and public health re-validated the top needs of the community and updated the work addressing these health need areas.

Appendix A: Lancaster County CHIP Update 2017-2018 – Access to Care

Appendix B: Lancaster County CHIP Update 2017-2018 – Behavioral Health

Appendix C: Lancaster County CHIP Update 2017-2018 – Chronic Disease

Appendix D: Lancaster County CHIP Update 2017-2018 – Injury Prevention

LANCASTER COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE 2017-18

CHIP Priority: Access to Care



Access to Care

Participants:

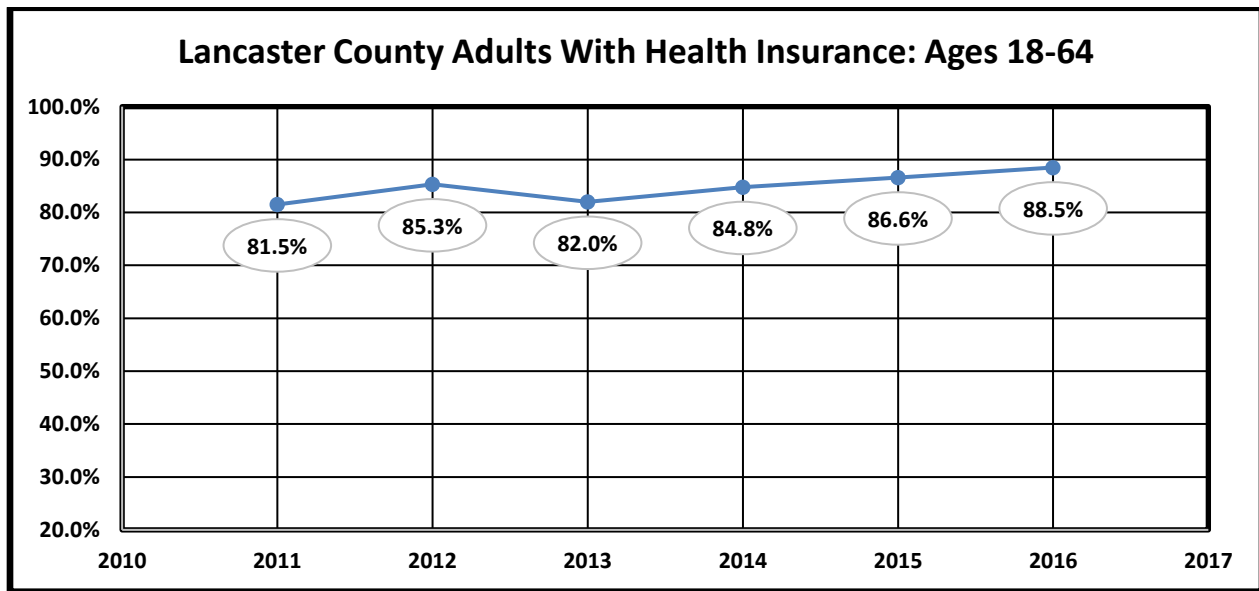
Andrea Haberman, Community Health Services Manager, Lincoln-Lancaster County Health Department
Arli Boustead, Coordinator, Healthier Communities and Community Benefit, CHI Health
Brad Meyer, CEO Bluestem Health
Catherine Fletcher, Integrated Care Clinic Manager, Lutheran Family Services
Charlotte Burke, Health Promotion, Data & Evaluation Manger, Lincoln-Lancaster County Health Department
Cynthia Covert, Lancaster County General Assistance
David Humm, Lincoln-Lancaster County Health Department
Donna Hammack, CDO, St. Elizabeth's Foundation/NE Heart Foundation
Dr. Katie Garcia, D.D.S., Lincoln-Lancaster County Health Department, Board of Health Member
Eric Saviano, Statewide Coordinator, Enroll Nebraska
Galen Bernadt, Program Coordinator, Lincoln ED Connections
Gwendy Meginnis, Dental Health & Nutrition Manager, Lincoln-Lancaster County Health Department
Jean Stillwell, Center for People in Need
Jesse Davy, Quality Coordinator, Lincoln-Lancaster County Health Department
Laura Schabloske, CHI Health/Clairrant Partners
Lori Seibel, President & CEO, Community Health Endowment
Michelle Nelson, Chief Clinical Officer, CenterPointe
Mike Molvar, D.D.S., CHE Board Member
Nathan Albright, Market Analyst, Bryan Health
Nicole Engelbart, WIC Supervisor, Lincoln-Lancaster County Health Department
Raju Kakarlapudi, Epidemiologist, Lincoln-Lancaster County Health Department
Serena Reeves, Health LNK Program Specialist, Community Action Partnership of Lancaster & Saunders Counties
Stacy Woita, Dental Hygiene Supervisor, Lincoln-Lancaster County Health Department
Teresa Harms, Executive Director, Clinic with a Heart
Shirley Terry, Chief Operating Officer, Health 360 Integrated Care/Regional Administrator for Southeast Nebraska, Lutheran Family Services

Goal: Improve access to comprehensive, quality and affordable healthcare services for all residents of Lancaster County.

Objectives:

1. *By 2018, increase the percent of the population ages 18 to 64 with health insurance coverage from 84.8% (2014) to 92%.*

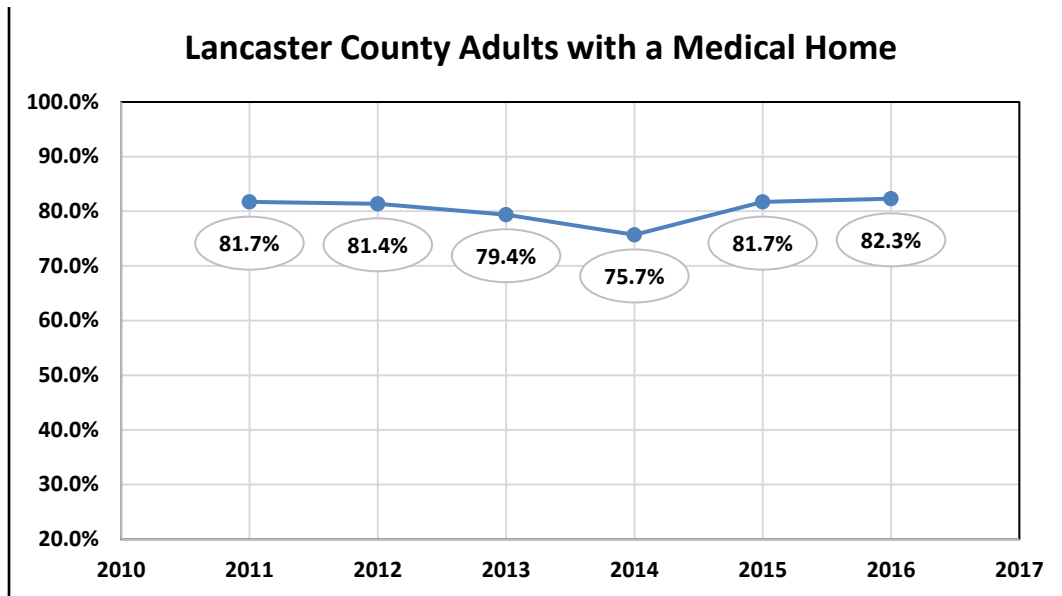
Update: While this objective was not met, the percentage of Lancaster County adults with health insurance increased 7% (net gain) to from 81.5% in 2011 to 88.5% in 2016. Factoring in the population increase in the same time period, this is a net gain of approximately 27,960 people.



American Community Survey, United States Census Bureau, 2016

2. *By 2018, increase the percent of population with a usual primary care provider to 85%.*

Update: The percentage of adults who report having a “personal doctor” or a medical home has remained fairly steady from 2011 to 2016, at an average of 80.3%. While the community is very close to achieving this objective (82.3% in 2016), Access to Care CHIP participants identified a continued lack of understanding among patients about appropriate use of a medical home.

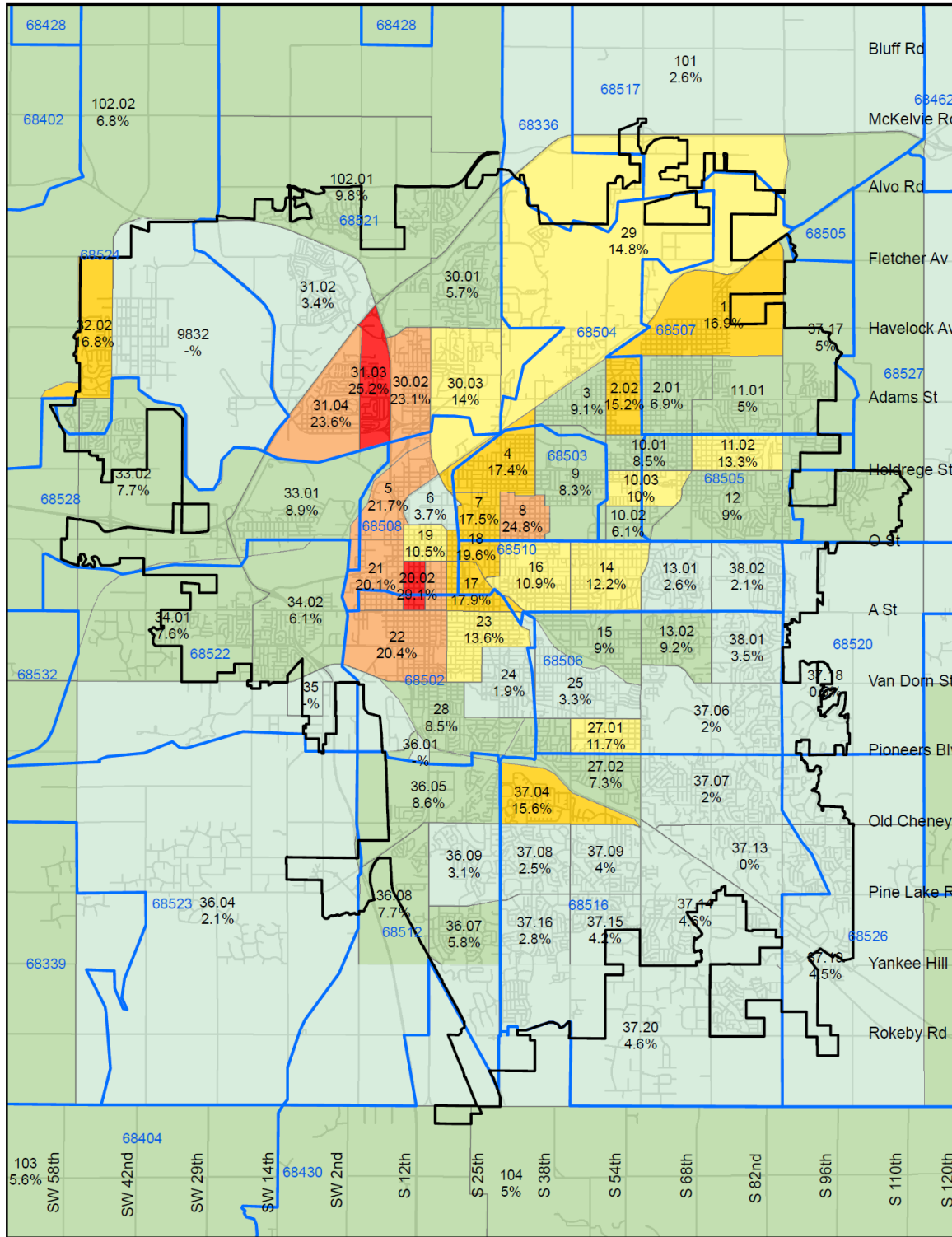


Behavioral Risk Factor Surveillance Survey, Lancaster County NE

Key Strategy #1: Utilize patient advocates who personally assist people in accessing appropriate care and services.

Update:

Local assisters in Lancaster County are certified by the Center of Medicare and Medicaid Services (CMS) to help people who are low-income and uninsured apply for the following sources of health insurance: NE Medicaid, Health Insurance Marketplace and Lancaster County General Assistance. Local assisting agencies include Bluestem Health, Community Action Partnership of Lancaster & Saunders Counties, Lincoln-Lancaster County Health Department and NE Appleseed/Enroll NE. Local assisting agencies formed a cooperative and met monthly over the past five years to share expertise, resources, and marketing strategies. Eligibility and enrollment services are provided free of charge in the preferred language of the client. Services are advertised on the CMS database, the 2-1-1 resource hotline and website, and via the MyLNK application. The cooperative focuses medical home educational and marketing efforts on uninsured populations within the medically underserved area of Lincoln, focusing on Census Tracts 20.02 and 31.03 (see Figure 1). The cooperative also reaches the working poor who have multiple jobs without benefits by working with employers who hire part-time staff. These various efforts resulted in a 22% increase in the number of people requesting assistance in the Health Insurance Marketplace from 2016 to 2017, even though the time to enroll in a health plan was reduced by half. The utilization of Marketplace health insurance is illustrated in Figure 2.



Legend

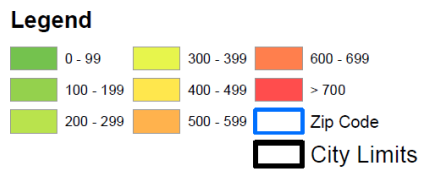
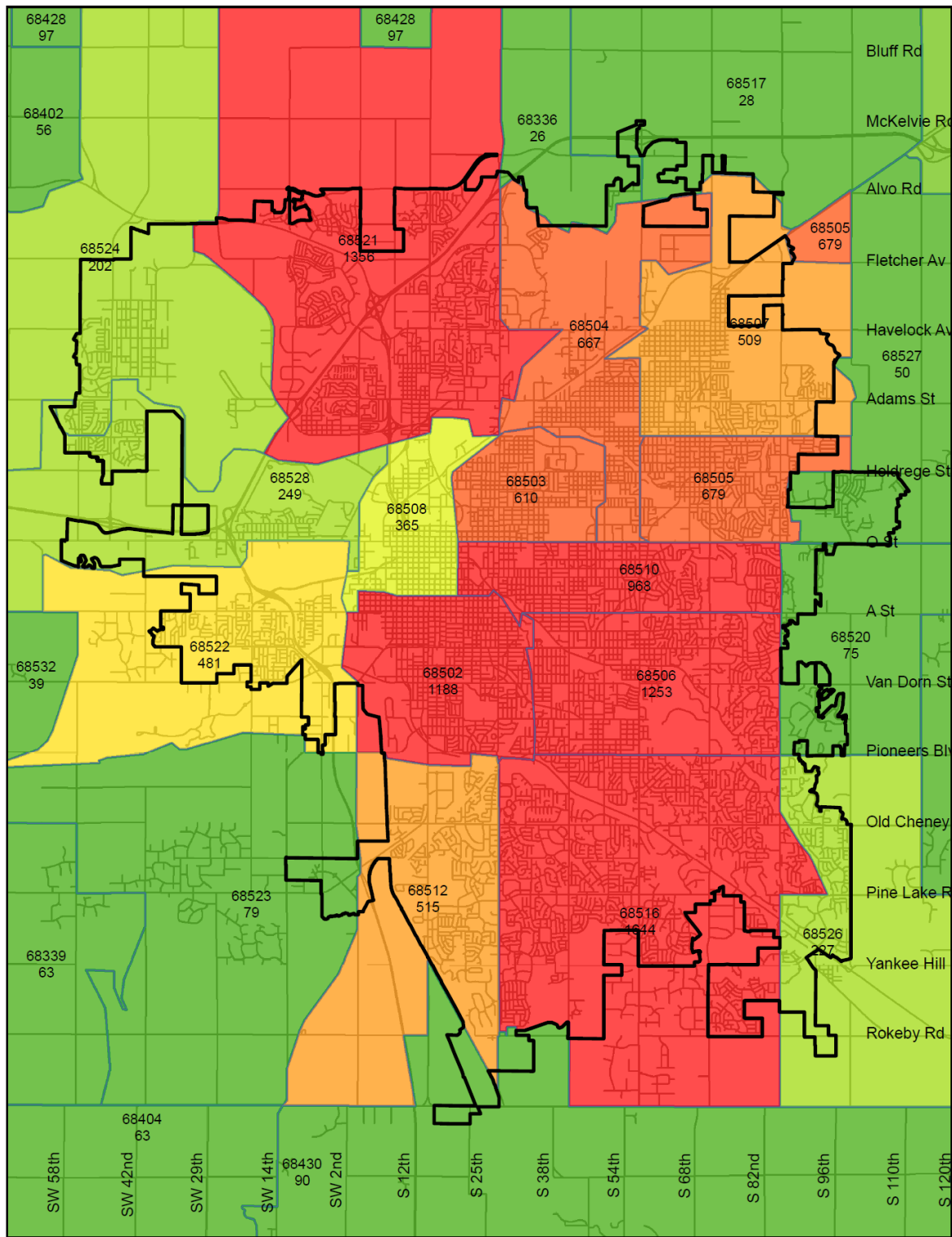
0 - 4.9 %	15 - 19.9 %	Zip Code
5 - 9.9 %	20 - 24.9 %	Limits
10 - 14.9 %	25 - 29.9 %	

**Percent Uninsured
Per Census Tract
2011 - 2016**



LLCHD GIS 6/8/2018
Source: ACS 2016, 5YR est.

Figure 1



Total Number of Marketplace Enrollees in Lancaster County Open Enrollment 5



LLCHD GIS 6/4/2018

Figure 2

Key Strategy #2: Implement a targeted education and recruitment campaign to promote the medical and dental home concept to consumers.

Update:

CHIP Access to Care partners discussed the importance of understanding and supporting the medical and dental home concept among consumers and providers to increase care coordination and reduce duplicative care which can be dangerous, costly, and counterproductive to health outcomes.

In 2015, the Community Health Endowment worked with the Lancaster County Medical Society to promote this concept by developing and distributing educational brochures in the community. This brochure has been updated as needed since 2015.

Key Strategy #3: Encourage the private medical community to continue to be engaged in a specific effort to assure an increased number of medical homes are available for both uninsured and insured individuals as implementation of ACA occurs.

Updates: A major challenge identified by CHIP Access to Care partners, is the projected widening gap between the demand and supply of medical and dental homes. Two recent reports were reviewed to provide specific information about this gap: 1) “The Status of the Healthcare Workforce in the State of Nebraska, February 2018” by the University of Nebraska Medical Center in collaboration with The Nebraska Area Health Education Center Program, <https://www.unmc.edu/familymed/education/ahec/workforce-analysis/status-healthcare-workforce-2018.pdf> and 2) “Nebraska’s Multi-Regional Nursing Workforce Model, Technical Report & Main Findings, 2017” by the Nebraska Center for Nursing, <https://center4nursing.nebraska.gov/sites/center4nursing.nebraska.gov/files/doc/WorkForce%20Model.pdf>.

<i>Medical & Dental Home Providers: Lancaster County & Statewide Comparison</i>			
Health Professional	Lancaster County Numbers	NE Statewide Rate Per 100,000	Lancaster County Rate Per 100,000
Primary Care Physicians	201	94.1	64.1
• Family Practice	95		
• Internal Medicine	32		
• Obstetrics/Gynecology	31		
• Pediatrics	43		
Physician Assistants	236	47.3	75.3
Dentists	295	56.5	94.1
Dental Hygienists	262	71.6	83.6

“The Status of the Healthcare Workforce in the State of Nebraska, February 2018” by the University of Nebraska Medical Center in collaboration with The Nebraska Area Health Education Center Program

- **Primary Care Physicians Shortages**
 - **The average age of physicians in NE is increasing:** In 2007, approximately 40% of all physicians in Nebraska were older than 50 years of age. In 2017, the percentage rose slightly to 40.7%. Eighteen percent (18%) of physicians in Nebraska in 2017, were more than 60 years old and likely to retire in the near future.
 - **Statewide primary care physicians:** All counties in Nebraska, *except Douglas and Lancaster*, have been designated by the State of Nebraska to be shortage areas for at least one type of primary care specialty (specifically; family medicine, general practice, internal medicine, obstetrics and gynecology, and pediatrics).
- **Physician Assistants Increases**
 - **Statewide physician assistants:** From 2007 to 2017, there has been a 52% increase in the number of active physician assistants in Nebraska.
- **Dentists & Dental Hygienists Shortages**
 - Although there was an increase across the state of Nebraska in the number of dentists and dental hygienists from 2007 to 2017, the increase has not kept pace with the population growth in Nebraska. The rate of dentists per 100,000 population has decreased slightly from 57.1 in 2007 to 56.5 in 2017. The rate improved by 23% among dental hygienists.
- **Nursing Shortages in Lancaster & Seward Counties Combined**
 - The model utilized to make supply and demand projections by the Nebraska Center for Nursing, considered the aging of the general population, their resulting health care needs, and the aging of nurses resulting in retirements from the practice. The following projections are for Lancaster & Seward Counties combined:
 - Advanced Practice Registered Nurses – Projected shortage of 150 FTEs by 2025.
 - Registered Nurses – Projected shortage of 745 FTEs by 2025.
 - Licensed Practical Nurses – Shortage of 244 FTEs by 2025.
 - Total Nursing Shortage by 2025 – 1,139 FTEs.

Spotlight: Healthy Lincoln's Nebraska Physicians Quality Improvement Initiative

One initiative bringing additional public awareness to the importance of a medical home is Healthy Lincoln's Nebraska Physicians Quality Improvement Initiative. This physician-led initiative's first project centered around colon and breast cancer screening. The project received national recognition from the National Colorectal Cancer Roundtable for improving cancer screening rates in Lancaster County. Due to the success of that initiative, the physicians have also launched an HPV Vaccination Initiative with Pediatric, Family Physician, and safety net clinics, and a Diabetes Quality Improvement Initiative with Internal Medicine, Family Physician, and safety net clinics. These initiatives aim to standardize and track measurements at the clinic and community level, with the ultimate goal of improving health outcomes of patients and lowering healthcare costs in both the insured and uninsured members of Lancaster County. These collaborative groups include approximately 45 physician clinics and more than 240 providers representing OneHealth Nebraska, The Physician Network, SERPA ACO, Bryan Health Connect and local safety net clinics, Bluestem Health, Lincoln Family Medicine Center, and Nebraska Urban Indian Health Center.

Engaging the medical community to work together on shared measures, improves health outcomes, and equips private medical clinics and safety net clinics to be successful in value-based purchasing contracts that help increase revenue and ultimately increase capacity for serving the insured and uninsured in our community.

Key Strategy #4: Primary care providers, who serve low-income, uninsured, Medicaid and Medicare populations in Lancaster County, promote and engage patients in utilizing the medical and dental home concept. One way to accomplish this is to promote medical record integration.

Update: Bluestem is recognized as a patient-centered medical home (level 2), through the National Committee for Quality Assurance. In the future, if funding is attached to certification, this may help our efforts to expand the medical home concept in the community. Bluestem Health has made strides over the last 3 years in integrating behavioral health therapists into the primary care setting. Utilizing their Electronic Health Record, the primary care providers can follow the care of their patients and see the behavioral health consultants' notes regarding patient details.

Spotlight: Working together to increase dental homes for high risk populations.

According the 2016 Behavioral Risk Factor Survey, nearly a quarter of adults living in Lancaster County were not able to visit a dentist in the previous 12 months. Similarly, the Lincoln Public School's 2017-2018 Dental Screening Program staff reported that 26.9 % of their elementary school- aged children did not see a dentist in the past year. In addition, concerns continue for the limited number of dental providers in Lancaster County that are accepting Nebraska Medicaid patients as a result of low reimbursement rates, hassles often associated with filing claims and payment approvals, and the annual cap for adult services lowered from \$1,000 in 2017 to \$750 in 2016. Due to these factors, there continues to be community-wide concern for the shortage of dental homes serving low-income, uninsured, Nebraska Medicaid, and Medicare populations. While Bluestem Health and the Lincoln-Lancaster County Health Department Dental Clinics serve patients on sliding fees, wait times for appointments can be longer due to the increased demands for services of these high risk populations. A dental community group continues to meet routinely to share service and referral information as a way of improving access to care issues. This group includes representatives from Bluestem Health, Clinic with a Heart, UNMC College of Dentistry, private practice dentists, and the Lincoln-Lancaster County Health Department. Bluestem Health is exploring ways in which to increase their dental clinic capacity. In the summer of 2018, the Lincoln-Lancaster County Health Department received a Community Health Endowment grant to increase access of low-income and uninsured patients to affordable dental care for procedures such as dentures, partials, root canals and crowns. Clinic with a Heart, in collaboration with the UNMC College of Dentistry, opened a free urgent care extraction clinic to alleviate pain and infection utilizing dental students & volunteer dentists. The UNMC College of Dentistry faculty and students continue to provide two free evening dental clinics yearly and one free Dental Day for children yearly.

Key Strategy #5: The community should continue existing efforts and expand pilot projects which focus on parity and an integrated provider response, assuring that behavioral health is integrated with primary care, specialty care, pharmacy and dentistry.

Update: One lesson learned from behavioral health integration is that behavioral health provision is likely not a profit center for the organization. Bluestem Health's model of integration also integrates chronic disease management which includes a chronic disease nurse, a paramedic (for home visits/follow up), a certified diabetic educator and a behavioral health consultant (to address behavioral health barriers to self-management).

CHI Health St. Elizabeth, working in conjunction with others in our community as members of a behavioral health coalition, recognized the need to find methods to address both medical and behavioral health diagnosis in a clinical setting. Working together, Substance Abuse Mental Health Services Administration's (S.A.M.H.A.) Whole Health Action Management (W.H.A.M.) was identified as an evidence-based program that could prove useful in assisting providers with these needs. CHI Health organized and sponsored a W.H.A.M. training session held in Lincoln, NE in April 2018. Thirty providers were trained and are testing how W.H.A.M can be implemented in our community. CHI Health will be working with this group over the next 12 months to track the effectiveness of W.H.A.M.

LANCASTER COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE 2017-18

Chip Priority: Behavioral Health



Behavioral Health

2018 Updates

CHIP Participants. The following members reported progress and helped update and revise Behavioral Health goals and objectives:

Amara Madsen, Service Director, CEDARS Youth Services
Andrea Haberman, Manager, Community Health Services, Lincoln-Lancaster County Health Department
Arli Boustead, Coordinator, Healthier Communities and Community Benefit, CHI Health
Ashley Wilksen, Diversion Services Coordinator, Mental Health Association of Nebraska
Brad Meyer, CEO, Bluestem Health
Catherine Fletcher, Integrated Care Clinic Manager, Health 360 Clinic
C.J. Johnson, Administrator, Region V Systems
Dave Miers, Counseling & Program Development Manager of Behavioral Health Services, Bryan Medical Center
Donna Hammock, CDO, St. Elizabeth's Regional Medical Center & Nebraska Heart Hospital
Janelle Jensen, Peer Support & Wellness Specialist, Bryan Medical Center
Jesse Davy, Quality Coordinator, Lincoln-Lancaster County Health Department
Jon Day, Executive Director, Blue Valley Behavioral Health
Julie Monfelt, Fiscal Director, Mental Health Association of Nebraska
Kasey Moyer, Executive Director, Mental Health Association of Nebraska
Lata Nawal, Assistant Epidemiologist, Lincoln-Lancaster County Health Department
Laura Schabloske, CHI Health/Clairrant Partners
Laura Suhr, Lancaster County Human Services
Lindsey Drake, Central Access Navigator, The HUB
Luke Bonkiewicz, Police Officer, Lincoln Police Department
Mary Barry Magsamen, Chief Officer of Organizational Growth, St. Monica's Behavioral Health Services for Women
Michelle Nelson, Chief Clinical Officer, CenterPointe
Mike Woolman, Captain Southeast Team, Lincoln Police Department
Mindy Mousel, Program Director, Lincoln Treatment Center
Nathan Albright, Market Analyst, Bryan Health
Raju Kakarlapudi, Epidemiologist, Lincoln-Lancaster County Health Department
Sandy Lutz, Administrator, Aging Partners
Shannon Engler, Director, Counseling & Behavioral Health Services, Bryan Medical Center
Shavonna Lausterer, Health Director, Lincoln-Lancaster County Health Department
Tammy Stevenson, Executive Director, The Bridge Behavioral Health

Introduction: The Impact of the NE Behavioral Health Services Act in Lancaster County

The Nebraska Behavioral Health Services Act was passed in April 2004. One aim of the legislation was to increase behavioral health services at the local level and avoid, whenever possible, institutionalization in the state's regional centers. General fund transfers from the state's regional centers to community-based services began in fiscal year 2005-2006. By July 2008, over \$31 million was transferred to the six Behavioral Health Regions. Lancaster County is within Behavioral Health Region V.

The following information highlights some of the successes realized on the local level and identifies some new challenges. For example, while new partnerships between behavioral health providers and law enforcement officers have de-escalated crises resulting in a decrease in the incidence of Emergency Protective Custody orders, Lancaster County is also experiencing an increase in wait times for people who need a higher level of care in a regional center.

Priority #1: Preparation for Change/Innovation

Overall Goal: *The community's system of behavioral health care must be able to adjust quickly and effectively to changes in the national, regional, state and local systems of care and must be responsive to the changes in our population and among our provider community.*

Objective 1: Prevent the criminalization of people with behavioral health issues.

Update: Several efforts to prevent nonviolent offenders with behavioral health issues from entering the criminal justice system have been successful since 2015. Behavioral Health Diversion is offered by Lancaster County Community Corrections. The aim of the program is to divert individuals with a serious and persistent mental illness or a co-occurring substance abuse disorder, who are in jail for nonviolent, misdemeanor crimes or who have had multiple law enforcement contacts in the community, to local behavioral health services. The goal is to stop the "revolving door" in and out of the criminal justice system and for the individual to become engaged in needed treatment services, to improve their safety and quality of life. Jail diversion allows law enforcement additional time to investigate more serious crime, assures more appropriate use of the beds in jail, and invests tax dollars in solutions.

In June 2018, Lancaster County Community Corrections hosted a Sequential Intercept Mapping Workshop facilitated by SAMHSA's (Substance Abuse and Mental Health Services Administration) GAINS Center (Gathering Information, Assessing What Works, Interpreting the Facts, Networking, & Stimulating Change). The workshop was designed to bring together key stakeholders to develop a "map" that illustrates how people with behavioral and substance use disorders come in contact with and flow through the local criminal justice system and opportunities to divert them to appropriate services. A final report is forthcoming.

Statewide, the Nebraska Mental Health Court committee is working to develop a Mental Health Court system in district courts. It is comprised of staff members from Probation, County Prosecutors, Public Defenders, behavioral health providers, and academia.

Objective 2: Share information easily and quickly among behavioral health providers in order to improve the coordination of care.

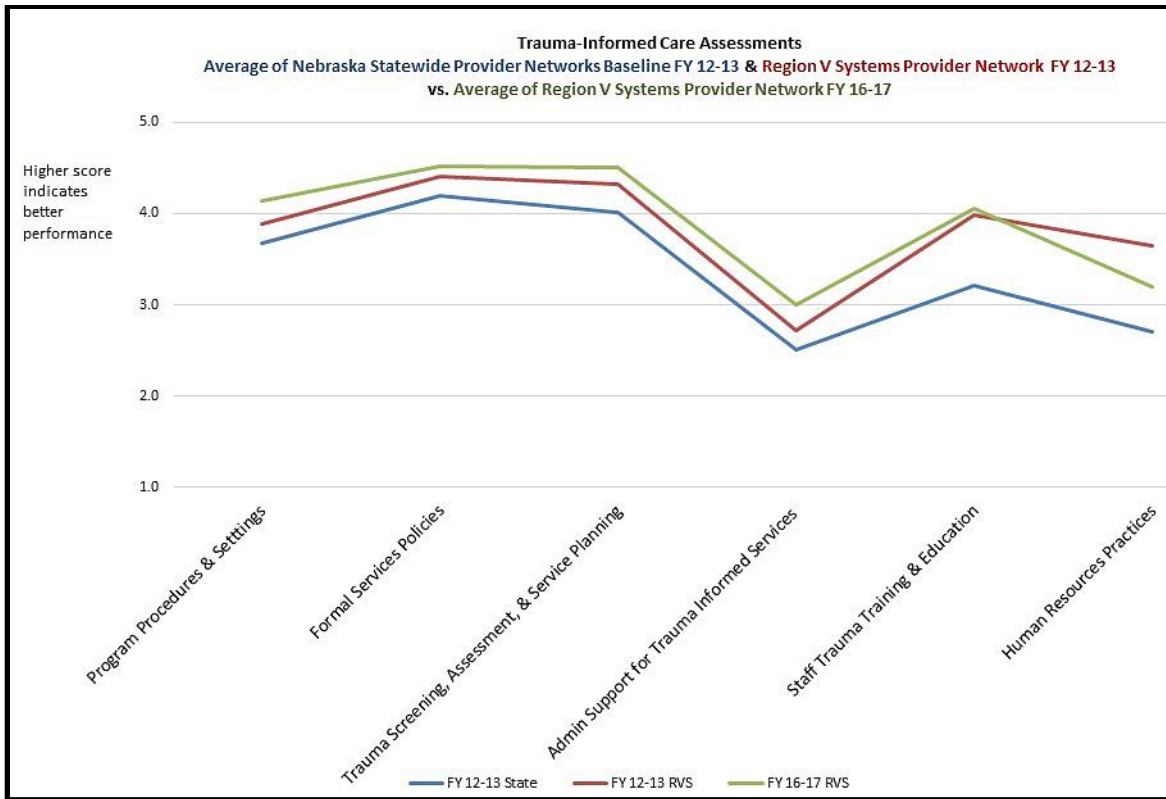
Update: When this objective was created in 2013, eBHIN, a behavioral health clinical information sharing system, was envisioned as the means to accomplish it. The Board of Directors of eBHIN made the decision to dissolve the corporation in 2016. The technology involved needed broader community participation to reach the scale needed within the timeframe of seed funding.

2018 Revised Objective: On a biennial basis, evaluate the readiness of behavioral health providers, practicing in Lancaster County, to share patient data electronically. The evaluation would include the prevalence of business agreements between practices.

Objective 3: Increase the use of trauma-informed care among behavioral health providers, law enforcement, judicial and corrections personnel.

Update: Trauma-informed care has been an area of emphasis among behavioral health providers within Region V Systems. There continues to be a Trauma-Informed Workgroup comprised of consumers, network providers, Region V Staff and other community stakeholders. The workgroup is responsible for planning, developing, marketing, implementing, and evaluating strategies to increase awareness and promote a trauma-informed care service delivery system. In FY 2016-17, the Trauma-Informed Workgroup focused on increasing evidence-based, trauma-specific treatment services by sponsoring trainings during the year which included Eye Movement Desensitization & Reprocessing, Dialectical Behavioral Therapy, and an annual Behavioral Threat Assessment Training (BETA). One goal of BETA training is to increase the understanding of trauma and increase trauma sensitivity among law enforcement officers.

Annually, random sampling of consumers served through providers in the Region V Systems network are surveyed and asked if “the program was sensitive to any experienced or witnessed trauma in my life.” These results are compared to statewide performance. Every 2 years, network providers administer the Falloot & Harris Trauma-informed Care Self-Assessment Tool. The results of Region V Systems’ Provider Network average, compared to the statewide average of the COMPASS-EZ assessment by fiscal year, are illustrated in the following graph. Region V Systems’ provider network average continues to improve in all areas identified in the COMPASS EZ.



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Objective 4: Increase the use of the recovery model among behavioral health providers.

Update: Wellness Recovery Action Plans (W.R.A.P.) are recognized by SAMHSA as an evidence-based practice. W.R.A.P. engages individuals in an understanding that they have personal resources they can use to direct their own wellness. W.R.A.P. also helps friends and family support the individual in times of crisis. Bryan Medical Center Behavioral Health Services provide W.R.A.P. to individuals in the community at no cost. W.R.A.P. groups are led by trained Peer Specialists (individuals with lived behavioral health experience). Groups are available for adults and youth and meet on a weekly basis.

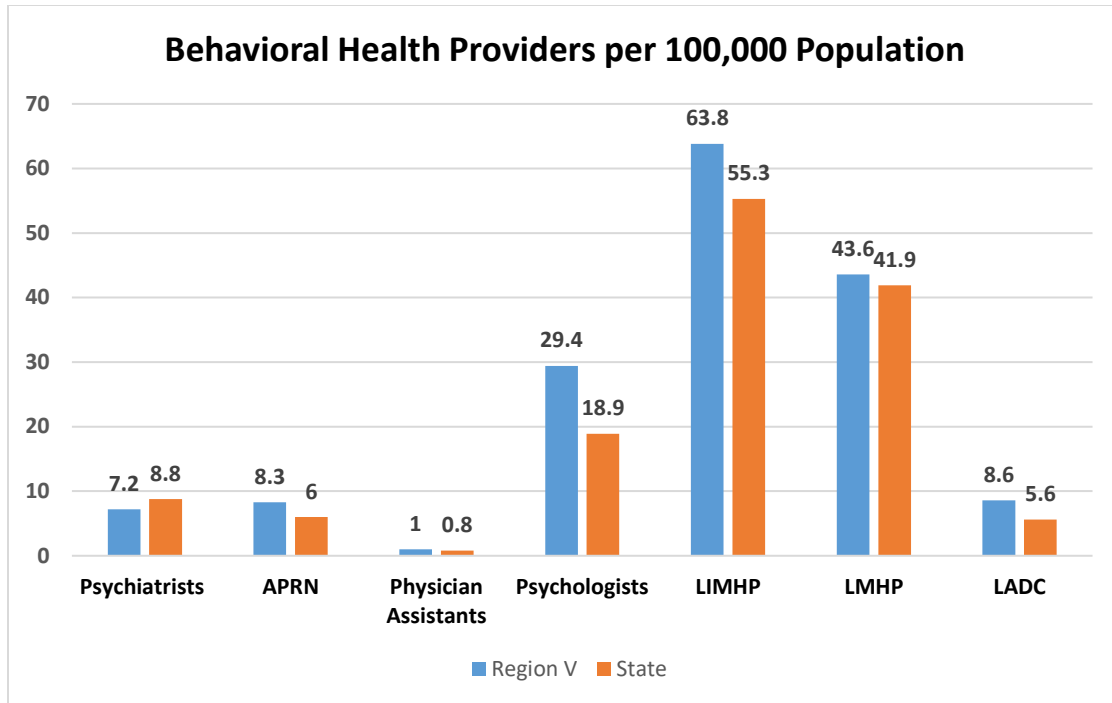
All programs of the Mental Health Association of Nebraska (M.H.A.) are developed and implemented based on the recovery model. All staff are Peer Specialists in recovery and trained in the recovery model. In 2018, M.H.A. employed 38 Peer Specialists. Since the beginning of M.H.A. programs, over 800 participants in peer-run respite have been served, 2,000 people have been referred to their law enforcement referral program, and over 1,000 participants have been served in their reentry program.

Objective 5: Expand the number of providers of behavioral health services such as Peer Specialists, advanced practice registered nurses (APRNs), physician assistants (PAs), Licensed Mental Health Practitioners, and psychiatrists.

Update: The Statistical Brief of Behavioral Health Providers in Nebraska 2010-2016 for Region V, published by the Behavioral Health Education Center of Nebraska in October 2017, shows that with the exception of psychiatrists, the number of behavioral health providers per 100,000 population was higher in Region V compared to the state average. From 2014 to 2016, the number of psychiatric prescribers increased slightly from 70 to 76 and the number of behavioral health non-prescribing professionals (e.g. psychologists, Licensed Mental Health Practitioners, Licensed Alcohol and Drug Counselors) also increased slightly from 654 to 663. Even though this news is encouraging, 57% of psychiatrists and 56% of Licensed Alcohol and Drug Counselors who are currently practicing in Region V, are 56 years of age or older.

There are less racial/ethnic diversity, language skills, and young child specialists among behavioral health providers in Region V. Of behavioral health providers who prescribe medicine, 64% self-identify as white, 9% as Asian and 4% as African American. Behavioral health providers who do not prescribe medication, self-identify as white (79%), African American (1%) and American Indian and Asian (0.5%). Thirty one prescribers and 290 non-prescribers reported serving people who spoke languages other than English. The most commonly served age group among prescribers and non-prescribers was 19-65+ with less prescribers and non-prescribers serving patients ages 0-12.

Replacing retiring providers is imperative for Lancaster County, however recruitment efforts should also focus on expanding access to a racial/ethnic diverse pool of providers, providers with language skills reflective of the languages most commonly spoken in our community, and child behavioral health providers.



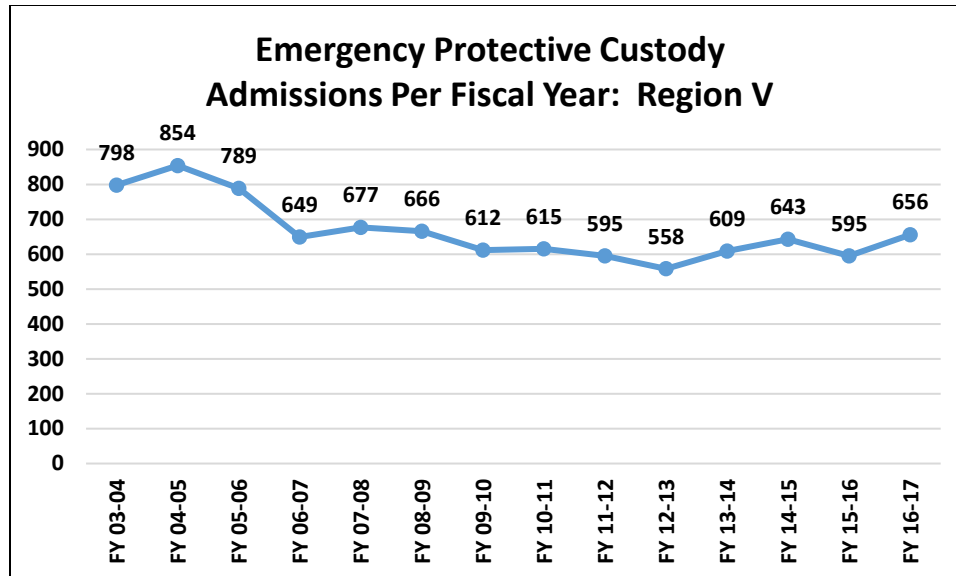
From Behavioral Health Education Center of Nebraska, retrieved from https://unmc.edu/bhecn/_documents/region5-statistical-brief.pdf on July 10, 2018.
 APRN = Advanced Practice Registered Nurse. LIMHP = Licensed Independent Mental Health Practitioner. LMHP = Licensed Mental Health Practitioner. LADC = Licensed Alcohol & Drug Counselor.

Priority #2: Pre-Crisis Care

Overall Goal: *Lincoln will have an accessible and responsive behavioral health pre-crisis system in order to reduce higher levels of care to treat the needs of the patient.*

Objective 6: Support and expand voluntary, drop-in, un-locked pre-crisis care centers with warm line services, which are staffed 24 hours per day with behavioral health professionals including Peer Specialists to provide assessment, support, connection to care, referral & safety.

Update: Behavioral health crisis management is complex and challenging. Accessible community services which help identify and intervene in “pre-crisis” lowers emergency service utilization, including the use of emergency rooms and law enforcement. One measure of successful pre-crisis intervention, was the lowering of the number of emergency protective custody orders or E.P.C.s. In fiscal year 2016-17, there were 656 E.P.C. admissions in Region V. Of those admissions, 99 were repeat admissions. Of all mobile crisis team calls from law enforcement, 88% were diverted from E.P.C. As demonstrated in the following chart, the overall number of E.P.C.s in Region V, has decreased 23% from its peak in FY 2004-2005 (or 854 E.P.C.s to 656 E.P.C.s).



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CenterPointe’s Crisis Response services consist of a 24 hour hotline for youth, adults and families, walk-in crisis services and in-the-field support for youth and families encountering the Lincoln Police Department. CenterPointe staff answered a total of 2,445 calls from May 2017 - April 2018. In that time period, 95% of the total calls were made by adults (2,322) and 5% were made by youth (123). Of those calls; a) 87.8% of the callers engaged with staff, b) 25.7% of the callers asked for crisis assistance, c) 63.6% of the callers were crisis aversion, d) 22.3% of the callers needed information or a referral, and e) 1.9% of callers needed follow-up to a previous call on the line. The overwhelming majority, 84.4% of callers, reported that their experience with the Crisis Hotline was positive. Walk-in crisis staff at CenterPointe responded to 369 people from March 2017 – April 2018. This number nearly doubled from the 2015 Behavioral Health CHIP update in which 196 walk-ins were served. Of the 369 people walking in for assistance, 96% were adults and 4% were youth. Crisis Therapists engaged in 31 situations involving youth and families in the field with the Lincoln Police Department in the same year.

M.H.A.’s Honu Home and Keya House are open every day from 7 AM until 11 PM for individuals wishing to speak with a Peer Specialist. If space is available, they can check-in and stay the night. These services are completely voluntary, however, a guest must call first to ensure availability and the confidentiality of other guests. M.H.A. has two 24/7 warm lines that are answered by a trained Peer Specialist. On average, M.H.A. receives 300-400 calls per month.

T.A.S.C. (Targeted Adult Service Coordination) services of Blue Valley Behavioral Health (B.V.B.H.) are primarily rurally based. On-call behavioral health counselors work with rural law enforcement (Police and/or Sheriff) and some rural hospitals in responding to adults who are in a behavioral health crisis and may be a threat to themselves or others.

The goal is to reduce the crisis so it's more manageable, avoiding hospitalization or being placed under Emergency Protective Custody. This service has about an 80% diversion rate. If needed, the person in crisis may be paired with an Emergency Community Support Worker for a 90 day period. Overall the program serves approximately 250 people in 15 rural counties.

CEDARS Youth Services opened the Youth Opportunity Center in February 2017. Located at 318 S. 13th Street, the Youth Opportunity Center provides a safe place for runaway, homeless, and at-risk youth to drop-in for a hot meal, laundry, personal hygiene items, computer access, behavioral health support, access to emergency shelter, help with housing or job applications, and group programs. 138 youth have received intensive outreach and support services through the Youth Opportunity Center in the last year (June 1, 2017 – May 30, 2018).

Priority #3: Health Care Reform

Overall Goal: *Lincoln will be prepared for the Affordable Care Act and Nebraska's behavioral health reform for persons eligible for Medicaid.*

Objective 7: Connect people in need of behavioral health services to health insurance whenever possible, effectively and efficiently.

Update: Since 2013, in-person assisters are available to help individuals enroll in the Health Insurance Marketplace and Nebraska Medicaid at Bluestem Health, Community Action Partnership of Lancaster & Saunders Counties, the Ponca Tribe, and the Lincoln-Lancaster County Health Department. Despite a 50% decrease in the time to enroll in 2017, more referrals for assistance were received by local in-person assisters. The number of uninsured Lancaster County adults, ages 18 to 64 decreased by 24% from 2012 (35,707) to 2016 (27,097).

SSI/SSDI Outreach, Access, and Recovery (S.O.A.R.) Lincoln is a program offered by CenterPointe to homeless and near homeless people living with behavioral health disorders. Program staff provide technical assistance to help the client complete SSI/SSDI applications. Persons eligible for S.O.A.R. services are: street/shelter homeless or at imminent risk of homelessness, have a mental illness, medical impairment, and/or co-occurring substance use disorder. Successful applicants are approved for cash income benefits and NE Medicaid and Medicare benefits. CenterPointe employs two S.O.A.R. workers. The Social Security Administration reports that SSI and SSDI applications submitted through the S.O.A.R. process were approved at much higher rates than other applications. S.O.A.R. participants were approved for SSI or SSDI at the initial application at almost double the rate for all homeless applicants—50% compared with 28%—and at a substantially higher rate than applicants who were not homeless (35%) (An Evaluation of SOAR: Implementation and Outcomes of an Effort to Improve Access to SSI and SSDI, Kauff, Clary, Lupfer & Fischer, published online: May 2016,

<https://doi.org/10.1176/appi.ps.201500247>). From May 2017 to April 2018, S.O.A.R. Lincoln has achieved a 54% approval rating on initial applications submitted with an average of 110 days to decision.

The Aging and Disability Resource Center (A.D.R.C.) is a program established by the Nebraska Legislature under LB 320 in 2015 and LB 793 in 2018. This effort is coordinated by Nebraska's Department of Health and Human Services' State Unit on Aging, through local Area Agencies on Aging, and in partnership with disability organizations throughout Nebraska. The A.D.R.C. serves older Nebraskans (age 60 and older), people with disabilities of all ages, family members, caregivers, and advocates. Local A.D.R.C.s provide information, referral, and assistance for accessing community services and long-term care options. Aging Partners provides A.D.R.C. services throughout their 8 county service area, which includes Lancaster County.

M.H.A.'s H.O.P.E. Program (Higher Opportunities through the Power of Employment) is a peer-run supported employment program. H.O.P.E. follows the Supported Employment Evidence Based Practice model which assures that anyone who lives with a behavioral health issue and has the desire to work qualifies. The goal is to find competitive employment with a livable wage, based on the person's preference. This is an employment-first model in which there is no "job ready requirement" and no one can be turned down for being too sick or not sober. Individuals learn wellness tools on the job to help them deal with behavioral health issues at work and harm reduction strategies if they are not completely sober so they can obtain and maintain employment. Using the H.O.P.E. model in M.H.A.'s Department of Corrections work over the past 2 years, 73% of 251 individuals served were successful in finding employment.

Priority #4: Integrated Service Delivery

Overall Goal: *Lincoln will have an integrated behavioral health safety-net, free of silos and turf battles for improved coordination of care.*

Objective 8: Encourage behavioral health providers to co-locate & contract with primary care.

Update: In early 2015, Health 360, a clinic integrating primary care and behavioral health services, began serving patients. Health 360 is a partnership between Lutheran Family Services of Nebraska (a behavioral health provider) and Bluestem Health (a primary care provider and a Federally Qualified Health Center). Service delivery includes both medical care as well as behavioral health services at the same time and in the same physical location, using one electronic health record. This comprehensive service delivery model also includes an on-site pharmacy. While Health 360 provides services to anyone needing a medical home, many of their patients are diagnosed with serious and persistent mental illness. In 2016, Health 360 moved to their current location and expanded to 3 primary care providers. Lutheran Family Services and Bluestem Health

have expanded their partnership and added two behavioral health consultants to Bluestem's main office location. During the past year, all staff completed formal training provided by Cherokee Health Systems on integrated care. In 2017, Lutheran Family Services created a new position, Integrated Services Manager, to oversee behavioral health in integrated care.

Priority #5: The Underserved

Overall Goal: *Lincoln will expand access to behavioral health providers who serve the poor, uninsured, and Medicaid-eligible populations.*

Objective 9: Increase the number of general health providers knowledgeable in behavioral health issues to assure coordinated care to people without a serious & persistent behavioral health issue.

Update: Bryan Medical Center has been working to enhance integrated Health Psychology in Lincoln. Bryan Medical Center Behavioral Health Services has trained Health Psychologists on staff. These psychologists provide care in the Counseling Center and also provide outpatient behavioral health services at all of the Bryan Medical Center Physician Network Offices including the Crete Area Medical Center. The Counseling Center Psychologists also work with the Bariatric Surgeons to provide Psychological Assessments to surgical patients. Health Psychologists at the Counseling Center provide pain management services and assessments for those undergoing Spinal Cord Stimulator implants. In October of 2018, Bryan Medical Center delivered a provider training in Lincoln on the topic of Integrated Medicine. Dr. Miers at Bryan Medical Center writes a monthly blog that is advertised which educates the public and providers about behavioral illness and services available at Bryan Medical Center. Bryan Medical Center Behavioral Health also collaborated with the Local Suicide Prevention Coalition and provided training to local physician clinics on the implementation of the Physician Office Toolkit for suicide prevention. Bryan Medical Center collaborated with the behavioral health program in June of 2018 to provide Bryan Medical Center's first ever Facebook Live event on a topic related to behavioral illness.

CHI Health St. Elizabeth, working in conjunction with others in our community as members of a behavioral health coalition, recognized the need to find a tool that addresses the dynamics of the patient that has both medical and behavioral health diagnosis. Working together, S.A.M.H.S.A.'s Whole Health Action Management (W.H.A.M.) was identified as an evidence-based program that could prove useful in assisting providers with these types of patients. CHI Health organized and sponsored a W.H.A.M. training session held in Lincoln, NE in April 2018. 30 providers were trained and are testing how W.H.A.M. can be implemented in our community. CHI Health will be working with this group over the next 12 months to track the effectiveness of W.H.A.M.

2018 Revised Objective: Increase the number of general health providers knowledgeable of local behavioral health providers and other community resources that may help their patients progress in their recovery and avert crisis whenever possible.

Objective 10: Increase the use of Peer Specialists. Invest in training, educational support, & innovative projects regarding this concept.

Update: Peer Specialists are on staff at Bryan Medical Center and work in the Behavioral Health Emergency Department where they help individuals understand the Emergency Room assessment process and also work with providers and patients on the behavioral health inpatient units in addition to providing the community W.R.A.P. groups.

Peer Specialists are also employed by M.H.A. All M.H.A. programs are peer-run including Keya House, Honu Home, R.E.A.L., H.O.P.E and Home B.A.S.E. Since the 2015 CHIP update, several M.H.A. programs were initiated or expanded. M.H.A. currently employs 38 Peer Specialists.

2018 Revised Objective: Continue to expand the use of Peer Specialists in behavioral health programs in Lancaster County, including the expansion of peer-run services. Encourage the use of health coaches and nurses who work with chronic health patients with mental health diagnoses.

Priority #6: Addressing Gaps/Special Populations

Overall Goal: *Lincoln's Behavioral Health System is prepared to serve special populations who otherwise are underserved, unfunded and unconnected.*

Objective 11: Invest in screening and prevention strategies for youth and aging populations to identify behavioral health needs as early as possible.

Update: B.V.B.H. Crisis Counselors are contracted to work with Lincoln Public Schools to help youth who may be in an acute emotional crisis. Crises are assessed and the student is referred to the appropriate resources. B.V.B.H. provides similar services to the Lancaster County Juvenile Detention Center and rural law enforcement/Probation for youth in crisis. B.V.B.H. also provides emergency based services to St. Elizabeth Hospital, most often adults. In 2017-2018, B.V.B.H. Crisis Counselors in Lancaster County served approximately 80 people.

Bryan Medical Center worked with Lincoln Public Schools District to develop a protocol for referral and administration of the Suicide Behavior Questionnaire-Revised (S.B.Q.-R.) screening tool. The tool was implemented in all Lincoln Public elementary, middle, and

high schools in 2017. During the 2017-18 school year, approximately 900 youth were referred and screened. A training was held for local clinicians about the S.B.Q.-R., so they understood the tool because youth are referred for outpatient services often and it is important for local clinicians to know students may be referred and bring a copy of their screening. Bryan Medical Center oriented their staff and Psychiatrists on the tool so they would be able to utilize this data as a part of their overall assessment of a student. Bryan Medical Center also provides online behavioral health screenings at no cost to the community. In 2018, the screenings made available were enhanced with the addition of a Psychosis Screen.

The Harvest Project provides community support services to individuals, age 55 and older, who have a severe and persistent behavioral health diagnosis. This is a collaborative program, with Region V, Lutheran Family Services, and Aging Partners working together to address complicated and significant needs of a vulnerable population. The U.S. Census Bureau Estimated Statistics for 2007 estimated that 9.2%, or 2,294 of Lancaster County residents, age 65 or older, have a mental disability.

Objective 12: Address the challenge of youth in the foster care system “aging out” of the behavioral health system.

Update: The Lincoln Connected Youth Collaborative has a Central Access Navigator to help young people in the Lancaster County, who have or had experience in foster care and are between the ages of 16-24, navigate the system of available resources to help them transition successfully into adulthood. The HUB’s Central Navigator helps young people determine what services they want and need, access those services, and ensure they’re working together to provide a customized system of support. In 2017, 115 referrals were received and young people were connected with appropriate services and supports.

CEDARS Youth Services operates the Bridges Transitional Living Program to provide community-based housing (scattered site apartments) and support services for Probation and state ward youth ages 17 to 19 who are working toward independent living and/or aging out of the system. In the last year (June 1, 2017 – May 30, 2018), 42 youth have been served through the Bridges Transitional Living Program, and in that time, 9 youth were discharged to “successful independent living.” For state ward youth who remain in foster family homes through the age of 18, CEDARS Foster Care Family Resource Partners work closely with youth aging out of the system to assist them in developing independent living skills and access necessary support services in the community.

M.H.A. provides W.R.A.P. in five high schools and at Waverly High. This is provided by their Home B.A.S.E. program (Bullying and Suicide Eliminated) funded by the Community Health Endowment. The average attendance is 8-12 youth per group.

Spotlight: Suicide Prevention and Postvention in Lincoln Nebraska, 2018

Suicide is currently the 2nd leading cause of death for youth ages 15-24 in the Lancaster County and 10th leading cause of death for all ages groups combined in the previous 3 years (2014-16). Suicide ideation (at least once in the past 12 months) among high school students was 17.5% in 2015 and 14% of all high school students attempted suicide at least once in the previous 12 months in 2015, in Lancaster County.

The City of Lincoln and Lancaster County has been involved in various suicide prevention efforts. Some of these efforts have been done on a state level, which have impacted the local level, and other prevention efforts have been done on a local level as well.

The Nebraska State Suicide Prevention Coalition was formed in 1999 to focus on suicide prevention. This is a volunteer group working as the decision-making body for suicide prevention efforts in the state of Nebraska. In 2018, the Nebraska State Suicide Prevention Coalition filed for 501(c) (3) non-profit status to work towards sustainment of suicide prevention efforts in the state. The state coalition worked in collaboration with other entities and Senator McGill on LB 923 that went into effect in 2015. This bill requires annual one-hour training on suicide awareness and prevention for all school personnel in the state of Nebraska. The state coalition, working with the Nebraska Department of Health and Human Services, was awarded a 5 year, 3.5 million-dollar Garrett Lee Smith S.A.M.H.S.A. grant focused on youth suicide prevention. This grant, which ends in 2019, has helped provide several activities including the following: the training required in LB 923 for the first 5 years, gatekeeper training called Question, Persuade, and Refer (Q.P.R.) for the general public, training for clinicians on interventions for suicide, and awareness of suicide prevention and postvention. Each behavioral health region in the state is connected to the grant to coordinate suicide prevention efforts in their respective regions including Region V which covers Lincoln and Lancaster County.

Postvention efforts supported by the grant include the expansion of the Local Outreach to Suicide Survivors (L.O.S.S.) Teams across the state to have one in each of the six behavioral health regions by the end of the 5-year grant. This effort is being modeled after the first Nebraska L.O.S.S. team that became operational in Lincoln in the summer of 2009. In 2018, L.O.S.S. teams exist in Lincoln, Omaha, Kearney, Norfolk, and Chadron with several others in development. L.O.S.S. teams are comprised of two individuals who have lost someone in their lives to suicide (suicide survivor) and a behavioral health clinician. The team of 3 respond to families who have lost someone to suicide in Lincoln and Lancaster County. The Lincoln Police Department has a Standard Operating Procedure where the Chaplain or an Officer informs the family about the L.O.S.S. team. If the family is interested in connecting, then the Chaplain or Officer makes the call to the L.O.S.S. team coordinator who dispatches a team to meet with the family. In Lancaster County, the County Sheriff makes this connection. The L.O.S.S. team

provides resources to families on support groups and suicide survivor information. Postvention is prevention because suicide survivors are at a higher risk for suicide. Research conducted on L.O.S.S. teams indicate that families who do not have contact with a suicide survivor wait 4.5 years before seeking supportive services. Those who have contact with another survivor, such as a L.O.S.S. team, wait only 39 days on average before reaching out for support.

In December of 2014, a local suicide prevention coalition was started in Lincoln and meets every other month. The local coalition is comprised of individuals from public and private schools, agencies, business leaders, hospital representatives, colleges, and many others. The local coalition worked with Region V to host an evidenced-based training at Bryan Medical Center where a select group of Lincoln leaders were brought together for two days of planning focused on suicide prevention in Lincoln. The local coalition formed subgroups that focused on the goals developed from training targeting youth suicide prevention in Lincoln. These subgroups have made significant progress towards goals and have accomplished many of them, such as; developed and started a marketing campaign aimed at Youth Suicide Prevention in Lincoln called HOPELNK.ORG, obtained city approval to install suicide prevention signage, in all downtown Lincoln parking structures and several local colleges, implemented the S.B.Q.-R. in all Lincoln Public Schools in 2017, collaborated with the Lincoln Police Department to host Gun Amnesty Days, worked with local Gun Shops on Means Restriction, and worked with several groups to host suicide prevention awareness events.

Lincoln-Lancaster County Health Department

2017 CHIP Update: Chronic Disease

Update of 2015 CHIP from 2015 MAPP & CHA Process

David F. Humm
9-20-2018

Chronic Disease Prevention

Vision: People in Lancaster County live in communities designed to support healthy behaviors across the lifespan enabling healthy eating, being physically active, reducing risk of injury, maintaining healthy weight, participating in routine health screening and emphasizing chronic disease self-management.

- Goals:**
1. Increase active living for all in Lancaster County
 2. Increase healthy eating for all in Lancaster County
 3. Decrease the rates of obesity and those overweight in Lancaster County
 4. Decrease tobacco use in Lancaster County

Progress Report: The City of Lincoln is home to 133 miles of trails and more than 125 parks and green spaces on over 6,000 acres of public land. Lincoln's trail system consistently ranks among the best in the country. Numerous partnerships exist throughout the community to promote and encourage active living through bike lanes, bike racks on public/city buses, public pools, recreation centers, city golf courses, dog parks, skateboarding parks, signage/public awareness campaigns, and community and neighborhood events. The community has created the Lincoln-Lancaster County Food Policy Council, a diverse group of farmers, gardeners, businesses, organizations, and individuals working together to develop integrated policies that promote a healthy and sustainable local food system. Lincoln also has a number of progressive non-profit organizations working to improve food access, such as Community Crops, Foodnet, and the Lincoln Food Bank.

Lancaster County has a number of initiatives, coalitions, and working groups promoting and utilizing evidence-based strategies to increase preventive screenings and the adoption of healthy lifestyles. Outreach is being done in the community to conduct basic health assessments and provide brief, individualized health coaching sessions. Emphasis is on linking individuals to ensure they have a medical home where they can receive high-quality preventive screening, follow-up, and treatment services. In addition, Lincoln is fortunate to have a community coalition dedicated to reducing the harms of tobacco. The Tobacco Free Lancaster County (TFLC) coalition exists to protect the public's health by eliminating exposure to secondhand smoke, preventing youth from starting to use tobacco, providing tobacco education to all populations, and encouraging people to quit.

The Chronic Disease CHIP Committee met once since the last update and subsequently provided updates and feedback through email over the past few months. The following are examples that capture just a fraction of the great things happening in Lancaster County to meet these CHIP goals.

Physical Activity

Promote active transportation (walking and biking) with schools, worksites and the community.

- WorkWell/Nebraska Safety Council are helping implement active transportation with worksites. Training and action planning assistance are being provided to implement the 'Walk It Guide'. The Guide is a list of evidence-based strategies for worksites to plan, implement and evaluate initiatives targeted to get employees active and moving through walking based activities.
- The Nebraska Sports Council launched the NE150 Challenge, a free web-based activity-tracking program, on Jan. 1, 2017. Thousands of Lincolniters are enrolled and logging miles, and dozens of Lincoln companies are promoting participation as an activation component in their wellness plan.

- Public Transportation, in general, promotes an active lifestyle and improvements to the City of Lincoln bus system have occurred this past year including a new crosstown route, additional mid-day trips and additional evening service. Ridership increases of 10 to 20% have already been realized.
- YMCA offers a Bike Commuter pass during the summer months for individuals that commute to work via bike. The pass provides the use of locker rooms for showering and changing purposes, before going to work. Also partnered with BicycLincoln every Friday during the summer months, by offering a free day pass to try the Y for individuals and families that biked to the Y and showed their bike helmet.

Promote the use of existing parks, trails, recreational facilities, fitness centers, and sports programs to help people reach the recommended 150 minutes of moderate-intensity aerobic activity every week.

- The Lincoln City Planning Department hosts and maintains the [Bike Lincoln website](#) with information on biking in the community, trail news and updates, and bike safety resources.
- The Lincoln-Lancaster County Health Department developed a Healthy Community Resource map to help families find free or low-cost physical activity opportunities in the community. There are plans to have an online version of the map in the near future with more community collaboration.

Promote community-wide campaigns using brand messages or taglines (i.e. 5-4-3-2-1 Go! childhood obesity message; Share the Road tagline for bike, pedestrian, and motorist educational messages).

- The 5-4-3-2-1 GO!® childhood obesity prevention message continues to be integrated into programming and displayed throughout community partnership buildings to promote physical activity and good nutrition.
- City Departments (Health, Planning, Parks and Rec. and Public Works) have collaborated to develop PSAs and materials that are available on the [Bike Lincoln website](#) to promote safety and encourage usage of the trail system, ‘Share the Road’ campaign.
- Partnership for a Health Lincoln has promoted ‘Rethink Your Drink’ in the community to reduce sugar-sweetened beverage consumption.

Enhance community planning and design practices through the City’s Complete Streets policy to improve connectivity for bike lanes, sidewalks, paths, and trails through neighborhoods and among communities to increase access to physical activity opportunities and to move more people safely.

- The [City’s Complete Streets Committee](#) meets regularly to discuss upcoming projects to determine how all users can be accommodated within the transportation system. The Committee is currently assisting with the development of an [On-Street Bicycle Facilities Plan](#).
 - The Complete Streets Committee provided \$5,000 to fund bicycle parking. Partnership for a Healthy Lincoln (PHL) had available funds to provide for an additional \$10,000. The new bike racks were installed in city right-of-way and on-street in the downtown area in early 2017.
 - The City of Lincoln Public Works and Utilities Department re-evaluated and changed the signal timing on the N Street Cycle Track to improve the experience for bicyclists along the separated bike lane while not completely impacting negatively the operations for vehicles.

Explore possible local data sources to develop ways to better measure walking and biking as a mode of transportation.

- City Planning and Public Works Departments are responsible for measuring walking and biking as a mode of transportation (and recreation) with [trail counters](#). Several counters are located along the N Street Protected Bikeway and five permanent counters are installed around the community. There is also one mobile counter that is moved around to take short-term counts.

Establish, support and promote a community-wide public bicycle sharing program.

- The City of Lincoln will be launching the [bike share program](#) in April 2018. There will be 18 stations and 100 bikes in the initial launch. Financial support has been received from several organizations including a federal grant from Nebraska Department of Roads and sponsorship funds from University of Nebraska – Lincoln; Lincoln Community Foundation; Spreetail; and Nebraska Blue Cross Blue Shield.

Areas for further development (physical activity):

-- Ensure access to and affordability of opportunities for physical activity before and after school

-- Provide teachers and child care providers with professional development and education to integrate physical activity and reduce screen time during the day

-- Work with youth sports and recreation programs to establish measures for trend data of youth participants

-- Utilize point-of-decision prompts to encourage use of stairs and parking farther from entrances at worksites, shopping centers and other businesses

-- Establish safe neighborhood level walking routes with maps and distances

-- Develop new measures to track physical activity levels in the community (i.e. trail counters for pedestrian and bicycle use, adult PACER tests, Parks and Rec youth programs, YMCA, youth sports programs, CLCs, others)

Healthier Eating

Ensure accessibility and affordability to farmers' markets including SNAP and WIC benefits.

- During the 2017 season, the Old Cheney Road Farmers' Market (OCRFM) received grant funding and the Fallbrook Farmers' Market (FBFM) received sponsor funding which allowed the markets to provide matching funds (up to \$10) for customers running their SNAP/EBT cards at the markets.
- Starting in June of 2017, both the OCRFM and FBFM participated in a pilot program called Double Up Food Bucks (DUFB). This program was managed by the UNL Extension Office and offered an additional match of up to \$10 for customers running their SNAP/EBT cards at the markets.

Identify possible areas of Lincoln that have higher issues with food insecurity and work with neighborhood residents, local businesses and other community members to help reduce this burden.

- The Lincoln-Lancaster County Food Policy Council is serving as a network hub where various food system stakeholders can come together and communicate about food issues.

- In collaboration with Nebraska Extension and the City’s Urban Development Department, the Community Health Endowment of Lincoln (CHE) created a Healthy Food Access map showing areas where healthy food options are less available and vehicle ownership is low. The areas of lowest access to healthy food occurred in the north central and north east part of the city.



Support further development of the Local Foodshed Working Group, a diverse group of farmers, gardeners, organizations and individuals promoting healthier, more active living, raising awareness about local food, and completing a local food assessment in Lincoln.

- The Local Foodshed Working Group completed the Lincoln-Lancaster County Community Food Assessment in June 2016 and reformed as a new organization, the Lincoln-Lancaster County Food Policy Council. The Food Policy Council is a diverse group of farmers, gardeners, businesses, organizations, and individuals. The organizational mission statement is: “We develop integrated policies that promote a healthy and sustainable local food system.”

Support efforts to sustain the Summer Food Service Program in low income neighborhoods where high percentages of children who qualify for free or reduced cost meals live.

- CHE has convened a working group to examine the feasibility of establishing a community kitchen and/or mobile food trucks to enhance summer feeding to low income children.

Promote healthier beverage consumption to reduce sugar-sweetened beverage intake community-wide.

- Partnership for a Healthy Lincoln is promoting the Healthy Beverages at Work initiative -- helping businesses and organizations of all sizes to institute healthy beverage options, including vending policies, through the use of the Nebraska's Guide to Healthy Beverages at Work.
- City of Lincoln and Lancaster County government offices utilize “Choose Your Fit” First Choice Vending signs on all beverage vending machines. “Side-by-Side” beverage posters near the beverage vending machines that encourage employees to choose a lesser calorie option are also being implemented.

Identify resources to support gardens through local farmers, professionals to encourage links between schools and child care, community garden programs, and local businesses.

- Lincoln made changes in zoning regulations to allow more farming inside the City limits.
- Through community partnerships including LPS, Community Crops, LLCHD, PHL, and UNL Extension, a document was developed to help guide schools through the process of applying for and building their own garden on site, called the [Lincoln Public Schools Garden Manual](#). NeighborWorks wrote a grant to restart/grow gardens at Everett School and F St. Rec. F St. gardens supply some of the produce for the senior and youth lunches/dinners. Everett uses produce in after school snacks and parents take home extra produce.
- CHE funded a project to continue support for Community Crops to operate a mobile farmers’ market on the Health 360 campus which is also the location of a Head Start facility serving 59 children from low-income families. It also established a market with local produce at Park Middle School, located in an area of high poverty and childhood obesity in the city. CHE continued funding a project with the Food Bank of Lincoln to increase the availability of fruits and vegetables at public school markets.
- CHE funded a project to examine the feasibility of establishing a community kitchen that would increase access for child care facilities to healthy food.

- Foodnet provides mostly perishable foods such as fruits, vegetables, dairy products, bread, etc. These are items not usually found at a dry goods food pantry, but are still in demand. Food is donated by businesses and it is given away to those in need and kept out of the landfill.
- Community Crops, a Lincoln nonprofit, now has 12 garden sites in Lincoln, a total of 1.5 acres, where around 250 families grow their own vegetables. Sixty people have started farming after training through Community Crops Growing Farmers Training Program and 40 farmers have gone on to farm at the Prairie Pines incubator program.
- There are at least seven active farmers markets in the city. Nearly 30% of Open Harvest Grocery Co-Op's sales were locally grown, with a growing number of grocery outlets purchasing some local food.

Work with government agencies and community worksites to improve procurement of healthier foods and beverages, such as, fruits and vegetables, water, and 100% fruit juices sold in vending and cafeterias.

- WorkWell member companies representing over 4,800 employees have documented a number of worksite wellness initiatives and policies to improve nutrition, including efforts in nutrition label education; portion control; meeting guidelines/policies for food procurement; healthier vending options.
- First Choice Vending is providing the option of removing vending machines and installing a kiosk, more commonly known as a micro market, with healthier options. The micro market allows for many different items that will not vend out of a machine. The customer is able to pick up the package and read the nutritional information. It allows them to touch and feel the package to make a purchasing decision. A wide variety of fresh sandwiches, salads, nuts, breakfast bars, fruits and beverages can be sold from the micro market.
- LinPepCo - First Choice Vending has introduced vending machines branded "Hello Goodness." Pepsi Cola has initiated the branding of these machines and also the products that are allowed in them. All sales are transmitted back to New York where they are tracked. Corporate Pepsi restricts any products from the machine that isn't on their healthier list. This type of machine does not fit all worksite/customer profiles, but is offered as an alternative machine in large locations.

Establish, expand, and promote community level based network of peer and professional support people and resources for breastfeeding.

- Lincoln Community Breastfeeding Initiative (LCBI) works with health care providers across the city to establish policies and practices that encourage breastfeeding education, support consistent messages, and guide mothers to appropriate breastfeeding assistance as it is needed.
- MilkWorks continues to work closely with Partnership for a Healthy Lincoln on the culturally diverse community breastfeeding educator project. Another education course is planned for early 2018 for another 8-10 Certified Breastfeeding Educators.

Areas for further development (healthier eating):

-- Encourage schools and child care facilities to conduct self-assessments and develop action plans aimed at improvements that they can make in their policies, practices, and/or environments towards healthier food and beverage options.

-- Establish other data sources for tracking breastfeeding initiation and duration, such as hospital discharge data.

Tobacco

Utilize local data such as the Nebraska Adult Tobacco Survey (ATS), Behavioral Risk Factor Surveillance Survey (BRFSS) and Youth Risk Behavior Survey (YRBS) to establish baseline data for assessing youth and adult e-cigarette use in Lancaster County.

- According to YRBS 2015 vs 2017, there was a decrease in youth who reported using an electronic vapor product in the last 30 days (23.8% 2015; 11.1% 2017)
- 5.2% of BRFSS respondents reported being current e-cigarette users (2.3% using every day and 2.9% using some days).
- Vapor product were incorporated into tobacco compliance checks beginning spring 2017.

Utilize school, community and law enforcement collaborations to prevent youth initiation of tobacco products, including tobacco retailer compliance checks.

- The City of Lincoln had a 90.5% compliance rate during 2016 tobacco retailer compliance checks. Rural Lancaster County had 90% compliance rate.
- Vapor product non-compliance among independent vapor shops was 25%.

Implement community and organizational policies for smoke free/tobacco free environments primarily where people live, work and play.

- CVS Pharmacy on 14th & Superior has made their drive thru pharmacy lanes no smoking.
- Gateway Mall established a Tobacco Free Campus policy (20 foot protected area from the property).
- A Tobacco-free Campus Policy Summit was held in October 2016 for Nebraska colleges, universities, and businesses. The summit was videotaped for posting on YouTube, LNK Health, and 5 City TV.

Encourage worksites to include e-cigarettes in new smoke free/tobacco free campus policies and add into existing policies.

- Gateway Mall prohibited the use of electronic vapor products as part of its tobacco-free campus policy.
- El Centro de Las Americas visited 23 businesses in 2016, providing them with no smoking/no e-cigarette stickers to display in their stores.
- In 2017, Lincoln Housing Authority prohibited electronic cigarettes in all of their smoke-free properties. Currently there are 7,527 units registered on the TFLC smoke-free housing registry.

Provide child care agencies and worksites asthma management education and an asthma-friendly site assessment to emphasize tobacco avoidance and smoke-free entrances and/or tobacco-free campus policy as strategies to avoid tobacco triggers.

- Asthma Management clinics were held monthly with an average of 50 families in attendance to yield a total of 300 in 2016[ATS1][RRM2][RRM3] and continue in 2017.
- Community Asthma Education Initiative reached 172 staff and families when they provided presentations to 7[ATS4] child care centers on asthma management education and center policy strategies.
- The Asthma Report Card was published and disseminated to healthcare provider offices, libraries, coaches, child care sites, and work sites.

Expand and enhance collaboration among health care providers and community tobacco cessation resources aimed at improving promotion, referral and utilization.

- Over 20 family practice offices and behavioral health providers received the Nebraska Tobacco Quitline information and materials over the past year.

Lincoln-Lancaster County Health Department

2017 CHIP Update: Injury Prevention

Update of 2015 CHIP from 2015 MAPP & CHA Process

9-20-2017

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INTRODUCTION

This is the 2017 update of the Community Health Improvement Plan (CHIP) completed in 2015.

Priority Areas

The priority areas identified (as shown in the Table of Contents) are listed below:

- Injury Prevention
- Chronic Disease
- Behavioral Health
- Access to Care

A special section was added to behavioral health focusing on suicide prevention.

Revisions Timeline

This is a timeline showing the review & revision process for the 2016 Lincoln & Lancaster County Community Health Improvement Plan ([CHIP](#)). Specifically, the injury prevention priority area.

May 5th – May 8th, 2017: Assistant Public Health Epidemiologist updated hospital discharge data-related outcomes, BRFSS-related outcomes, but other data sources need to be acquired from partner organizations. Once this data has been updated, the sub-committee will need to provide their progress report and any proposed revisions or additions to the CHIP will need to be incorporated.

June 1st, 2017: Data for distracted driving accidents was acquired from the Nebraska Department of Roads (Trevor Sindelar) regarding the number of accidents occurring that involved a distracted driver between the ages of 15-19 years of age. Following this, the Assistant Public Health Epidemiologist acquired the most recent seat belt observation data from intersections throughout Nebraska on seat belt utilization for children in “urban” only counties.

June 9th, 2017: Assistant Public Health Epidemiologist updated poison information from Nebraska Poison Control Center. This data is based on reported poisonings to the center, which would mean that an unknown number of poisonings are not reported to the center since reporting of poisonings is not mandated by public health legislation. Inclusion of an indicator utilizing hospital discharge data may be an improved approach to quantifying the burden of poisonings in our community with more accuracy. The final indicators to be updated are the 2017 YRBS related indicators.

June 16th, 2017: Assistant Public Health Epidemiologist updated YRBS-related information for 2017 survey results. Unfortunately, these results were missing a school that usually represents a large proportion of responses so, as of 06/16/2017, the results presented in this document and any conclusions drawn based on the 2017 YRBS results would need to take into consideration this potential threat to the

accuracy of this indicators trend. The annual CHIP sub-committee for injury prevention led by Brian Baker (LLCHD; HPDE; Program Manager) will convene on June 23, 2017 at 10:30 AM to review this draft.

June 23rd, 2017: *Scheduled review of CHIP.* Review was not completed due to scheduling conflicts. July meetings that were scheduled also had to be re-scheduled because of scheduling conflicts. Meeting scheduled for August and review was completed on 08/02/2017 as a preliminary review by LLCHD staff of the 2017 CHIP Update. Once feedback from priority areas is received, we will update the CHIP officially presented on the LLCHD website.

August 11th, 2017: *Scheduled review of CHIP.* Addition of 4.2B (revision of 4.2 to 4.2A) in Goal 4 on poisoning-related injuries. Send the updated CHIP plan to Brian Baker & Julie Anderson before the end of the day on Friday, August 11th, 2017 so they can get it out to the attendees by the end of the day.

August 16th, 2017: Morning meeting at 8:30 AM with Brian & Julie and they recommended adding a ‘Spark Chart’ to quickly visualize the trend of the data. At the actual meeting at 10:30 AM, we did a short introduction, reviewed the Community Health Improvement Plan development process in relation to the Community Health Assessment. Comments during the meeting were included in the document and those action items will be addressed by next Friday.

September 20, 2017: Met with Brian and Julie on September 18th to review the proposed changes to the CHIP and make sure they are available for sending out to the committee by Friday of this week. I began working on changes today and they were completed by the end of the day, but there were certain clarifications and additional data requests that are being worked on (accident report sub-analysis, poisoning data exploration, other data sources).

PRIORITY AREA 1 – INJURY PREVENTION

There are 5 goals that were selected in this area. The following pages are formatted as a table showing the goals, objectives, measures, baseline, target, strategies & partners associated with each goal.

1. Reduce motor vehicle related injury and death.
2. Reduce the risk of fall injuries to children & older adults.
3. Enhance the safety of all youth sports participants.
4. Reduce unintentional poisoning risk for children & older adults.
5. Reduce risk factors associated with physical violence & suicides.

For any questions in this priority area, contact Brian Baker (bbaker@lincoln.ne.gov, 402-441-8046).

Goal 1: Reduce motor vehicle related injury and death.			
Objectives			
<p>1.1 Increase the use of safety belts among Lancaster County adults who reported always wearing safety belts from 78% to 85% by 2018. (BRFSS)</p> <p>1.2 Reduce the percentage of youth who report never or rarely wearing a safety belt while riding in a car driven by someone else from 4.8% to 2.4% by 2018. (YRBS)</p> <p>1.3 Increase the use of child restraint systems in “urban only” counties (Lancaster, Douglas, Sarpy) from 97.1% to 99.0% by 2018. (2014 NOHS Child Safety Seat Observation Results)</p> <p>1.4 Reduce number of child (1 to 14 years of age) bike/pedestrians vs. vehicle crashes in Lincoln from 39 to 34 by 2018. (LPD Accident Reports)</p> <p>1.5 Reduce the number of Lancaster County youth 15 to 19 years of age involved in distracted driving crashes from 47 to 40 by 2018. (NDOR)</p>			
ID	Performance Measures	Baseline	Target
1.1 ↑	Adults who report always using a safety belt.	78.2% of adults report always wearing a safety belt. (BRFSS, 2014)	> 85% by 2018 2012 – 74.9% 2014 – 78.2% 2016 – 81.4%
1.2 _{[TJG1][TJG2]} ↑	Youth (9-12 grade) who report never or rarely wearing safety belt when riding in a car driven by someone else.	4.8% of youth (9-12 grade) who report never or rarely wearing safety belt when riding in a car driven by someone else. (YRBS, 2015)	< 2.4% by 2018 2011 – 8.6% 2013 – 7.1% 2015 – 4.8% 2017 – 6.9% ¹
1.3 ↑	Children restrained in motor vehicles in “urban only” counties.	97.1% of “urban only” county children observed in child restraint system. (NOHSCSS, 2014) ²	> 99% by 2018 2012 – 95.8% 2013 – 95.8% 2014 – 97.1% 2015 – 97.0% 2016 – 98.6%

¹ YRBS results from 2017 are tentative & under review; provided for your information but do not use this information when presenting to the public as these need to be verified for accuracy.

² At the time of this update, the most recently available “Child Safety Seat Use” [survey results](#) were from October 26, 2016 and provided statistics for “urban” county children observed in child restraint systems, which includes Douglas, Lancaster & Sarpy county residents. These results are based on 14 urban county intersections surveyed.

<p>1.4 ↑</p>	<p>Child 1 to 14 years involved in bike/pedestrian vs. vehicle crashes.</p>	<p>39 children 1 to 14 years involved in bike/pedestrian vs. vehicle crash. (LPD Accident Reports, 2014)^[TJG3]^[TJG4]</p>	<p>< 34 by 2018 2012 – 59 2013 – 50 2014 – 39 2015 – 54 2016 – 59</p>
<p>1.5A ↑</p>	<p>Youth 15 to 19 years involved in distracted driving crash.</p>	<p>13.71 distracted driving crashes per 1,000 Lancaster County youth 15-19 years. (NDOR, 2014)^[TJG5]^[TJG6]</p>	<p>< 12 by 2018³ 2011 – 9.39 2012 – 11.21 2013 – 10.44 2014 – 13.71 2015 – 13.74 2016 – 14.11</p>
<p>1.5B^[TJG7]</p>	<p>High-school youth reporting texting or emailing while driving a car or other vehicle.</p>	<p>31.9% of high-school youth reported texting or emailing while driving a car or other vehicle. (YRBS, 2011)</p>	<p><28.0% by 2019⁴ 2011 – 31.9% 2013 – 32.0% 2015 – 33.5% 2017 – 28.8%</p>

Strategies & Partners

- Support legislation to enact a primary safety belt law. *Participating partners: Nebraska Department of Health & Human Services, Nebraska Safety Council, Lincoln-Lancaster County Health Department*
- Provide easily accessible options for child safety seat inspection and education for all Lancaster County families. *Participating Partners: Safe Kids LLC, Lincoln-Lancaster County Health Department, cultural community centers, People’s Health Center, Center for People in Need, auto dealerships*
- Provide convenient options for child care staff to attend the State mandated Child Care Transportation Training. *Participating Partners: Safe Kids LLC, Lincoln-Lancaster County Health Department*
- Ensure easy accessibility of the Child Bike & Pedestrian Safety Tool Kit for area school teachers and administrators. *Participating Partners: Lincoln Public Schools, Safe Kids LLC*
- Encourage a process which school administrators, neighborhood associations, City traffic engineers, and student parent groups work together in developing school drop-off and pick-up traffic design. *Participating Partners: Safe Kids LLC, Lincoln Public Schools, Lincoln Police Department, Public Works, neighborhood associations*
- Provide and/or support new or enhanced driver education programs to include distracted driving dangers. *Participating Partners: Nebraska Safety Council, AAA Nebraska, Nebraska Department of Health & Human Services, Lincoln-Lancaster County Health Department*^[TJG8]

³ This goal was revised to align with changes in reporting of distracted driving. Due to significant increase in frequency of distracted driving crashes in new reporting, a rate of crashes per 1000 15-19 year olds in Lancaster County could be calculated.

⁴ The goal of 28.0% was determined based on maintaining the trend in this percentage since 2011.

Goal 2: Reduce the risk of fall injuries for children & older adults.			
Objectives			
2.1 Reduce the rate of fall-related injuries to children 1 to 10 years of age occurring on public and private playgrounds from 3.48 to below 2.50 per 1,000 children 1 to 100 years of age by 2018. (NHA)			
2.2 Reduce the rate of fall-related injuries to adults 65 and older from 83.5 to 79.5 per 1,000 adults 65 and older by 2018. (NHA)			
ID	Performance Measures	Baseline	Target
2.1 ↑	Children 1 to 10 years of age suffering a fall-related playground injury.	3.48 hospital visits per 1,000 children aged 1-10 years of age suffering fall-related playground injuries. (NHA, 2013)	<2.50 by 2018 2011 – 3.98 2012 – 4.30 2013 – 3.48 2014 – 2.89 2015 – 3.73 ⁵
2.2 ↓ [TJG9]	Adults 65 and older suffering a fall-related injury.	83.57 hospital visits per 1,000 adults 65 and older suffering a fall-related injury. (NHA, 2013)	<76.5 by 2018 [TJG10] 2011 – 85.22 2012 – 84.89 2013 – 83.57 2014 – 82.40 2015 – 79.24 ⁶
Strategies & Partners			
<ul style="list-style-type: none"> • Conduct assessments of safety risks at a minimum of 100 public and/or private playgrounds. <i>Participating Partners: Lincoln-Lancaster County Health Department, Lincoln Public Schools, Parks & Recreation</i> • Enhance playground safety public education efforts. <i>Participating Partners: Lincoln-Lancaster County Health Department, Lincoln Public Schools, Parks & Recreation, Safe Kids LLC</i> [TJG11] • Implement and sustain a multi-faceted older adult fall prevention program. <i>Participating Partners: Aging Partners, Lincoln-Lancaster County Health Department, Nebraska Department of Health & Human Services</i> • Enhance older adult fall prevention public education efforts. <i>Participating Partners: Aging Partners, Lincoln-Lancaster County Health Department</i> 			

⁵ Statistics in 2015 from the hospital discharge data provided by Nebraska Hospital Association (ICD-9-CM) are comparable to previous years through September so statistics for 2015 are based on first 9 months of 2015. October 1st marked the beginning of the ICD-10-CM implementation.

⁶ See Footnote 1. Same ICD-10-CM implementation issue. This measure was revised to reflect successful reductions of 85.22 in 2011 to below 80 according to preliminary 2015 data using the new ICD-10-CM code.

Goal 3: Enhance the safety of all youth sports participants.			
Objectives			
3.1 Reduce the rate of sports-related injury to Lancaster County children 4 to 14 years of age from 15.61 hospital visits per 1,000 children 4 to 14 years of age to 13.61 hospital visits per 1,000 children 4 to 14 years of age by 2018. (NHA)			
ID	Performance Measures	Baseline	Target
3.1 ↓	Lancaster County children 4-14 years of age suffering a sports-related injury resulting in a hospital visit.	15.61 Lancaster County children 4-14 years of age suffered a sports-related injury in 2013 resulting in a hospital visit. (NHA, 2013)	<12.5 by 2018 ^{[TJG12][TJG13]} 2011 – 15.25 2012 – 15.38 2013 – 15.61 2014 – 13.78 2015 – 13.42 ⁷
Strategies & Partners			
<ul style="list-style-type: none"> Educate volunteer youth league coaches regarding risks, consequences, and prevention of sports-related injury through live and videoed sports safety clinics. <i>Participating Partners: Parks & Recreation, YMCA, Madonna Rehabilitation Hospital, Nebraska Wesleyan University, LLCHD</i> In partnership with youth sports leagues, provide parents with sports-safety information. <i>Participating Partners: Parks & Recreation, YMCA, Area Athletic Leagues & Clubs, SKLLC, Nebraska Brain Injury Association, Nebraska Wesleyan University</i> 			

⁷ Statistics in 2015 from the hospital discharge data provided by Nebraska Hospital Association (ICD-9-CM) are comparable to previous years through September so statistics for 2015 are based on first 9 months of 2015. October 1st marked the beginning of the ICD-10-CM implementation.

Goal 4: Reduce unintentional poisoning risk for children & older adults.			
Objectives			
4.1 Reduce the rate of unintentional poison-related injuries leading to hospital visits from 2.44 per 1,000 children 0 to 14 years of age to 1.5 per 1,000 children 0 to 14 years of age by 2018. (NHA)			
4.2 Reduce the rate of unintentional poison-related injuries.			
A) Reduce the frequency of poisoning-related injuries leading to hospital visits among adults from 43 per 1,000 adults 60 years of age or more to 25 per 1,000 adults 60 years of age or more by 2018. (NE Poison Control Center - NPC)			
B) Reduce the rate of poisoning-related injury resulting in a hospital visit from 17.58 per 10,000 adults 60 years of age or more to 10.5 per 10,000 adults 65 years of age or more by 2018. (NHA)			
ID	Performance Measures	Baseline	Target
4.1 ↓	Lancaster County children 0 to 14 years of age suffering a poison-related injury resulting in a hospital visit.	2.44 hospital visits per 1,000 children suffering a poison-related injury. (NHA, 2013)	<1.5 by 2018 2011 – 2.95 2012 – 2.50 2013 – 2.44 2014 – 2.39 2015 – 2.07 ⁸
4.2A [TJG14] [TJG15][TJG16][TJG17][TJG18] ↑	Lancaster County adults 60 years of age or more suffering a (therapeutic error) ⁹ poisoning injury.	40 [TJG19] adults ages 60 years and above suffered a (therapeutic error) poisoning injury. (NPC, 2013)	<25 by 2018 2011 – 35 2012 – 41 2013 – 40 2014 – 52 2015 – 55 2016 – 48
4.2B ↓	Lancaster County adults 65 years of age or more with a poisoning-related injury resulting in a hospital visit.	17.58 injuries per 10,000 adults ages 65 years and above with a poisoning-related injury resulting in a hospital visit. (NHA, 2013)	<10.5 by 2018 2011 – 15.73 2012 – 14.07 2013 – 17.58 2014 – 16.05 2015 – 15.96

⁸ Statistics in 2015 from the hospital discharge data provided by Nebraska Hospital Association (ICD-9-CM) are comparable to previous years through September so statistics for 2015 are based on first 9 months of 2015. October 1st marked the beginning of the ICD-10-CM implementation.

⁹ A “therapeutic error” is defined as “unintentional deviation from a proper therapeutic regimen that results in the wrong dose, incorrect route of administration, administration to the wrong person, or administration of the wrong substance”. Adverse reactions, defined as “event occurring with normal, prescribed, labeled or recommended use of the product”, are excluded.

Strategies & Partners

- Provide poison prevention information to families, Head Start programs, and child care providers using newsletters, trainings, and social media. *Participating Partners: Community Action Partnership of Lancaster & Saunders Counties, Lincoln Public Schools, Lincoln-Lancaster County Health Department, Safe Kids LLC, Nebraska Poison Control Center*
- Promote and encourage participation in Nebraska MEDS Disposal Take Back events. *Participating Partners: Lincoln-Lancaster County Health Department, Safe Kids LLC, Nebraska Pharmacy Association*
- Increase public awareness of the prevalence and dangers of medication misuse among adults 60 years of age and above. *Participating Partners: Aging Partners, Lincoln-Lancaster County Health Department, Nebraska Department of Health & Human Services*

Goal 5: Reduce risk factors associated with physical violence & suicides.			
Objectives			
5.1 Reduce the percentage of Lancaster County youth who report being involved in a physical fight during the past 12 months from 19.4% to 16.4% by 2018. (YRBS)			
5.2 Reduce the percentage of Lancaster County youth who report seriously considering attempting suicide during the past 12 months from 17.5% to 13.5% by 2018. (YRBS)			
ID	Performance Measures	Baseline	Target
5.1 ↓	High school students who report involvement in a physical fight in the past 12 months.	19.4% of high school students report involvement in a physical fight in the past 12 months. (YRBS, 2015)	<16.4% by 2018 2011 – 27.7% 2013 – 20.3% 2015 – 19.4% 2017 – 16.2% ¹⁰
5.2 ↑	High school students who report seriously considering attempting suicide during the past 12 months.	17.5% of high school students report seriously considering attempting suicide during the past 12 months. (YRBS, 2015)	<13.5% by 2018 2011 – 12.5% 2013 – 12.3% 2015 – 17.5% 2017 – 19.0% ¹¹
Strategies & Partners			
<ul style="list-style-type: none"> • Support national, state, and local youth versus youth violence prevention efforts. <i>Participating Partners: Lincoln Public Schools, Bryan Health</i> • Support national, state, and local youth suicide prevention efforts. <i>Participating Partners: Lincoln Public Schools & Bryan Health as part of Suicide Prevention Coalition</i> [TJG20] 			

¹⁰ YRBS results from 2017 are tentative & under review; provided for your information but do not use this information when presenting to the public as these need to be verified for accuracy.

¹¹ YRBS results from 2017 are tentative & under review; provided for your information but do not use this information when presenting to the public as these need to be verified for accuracy.

