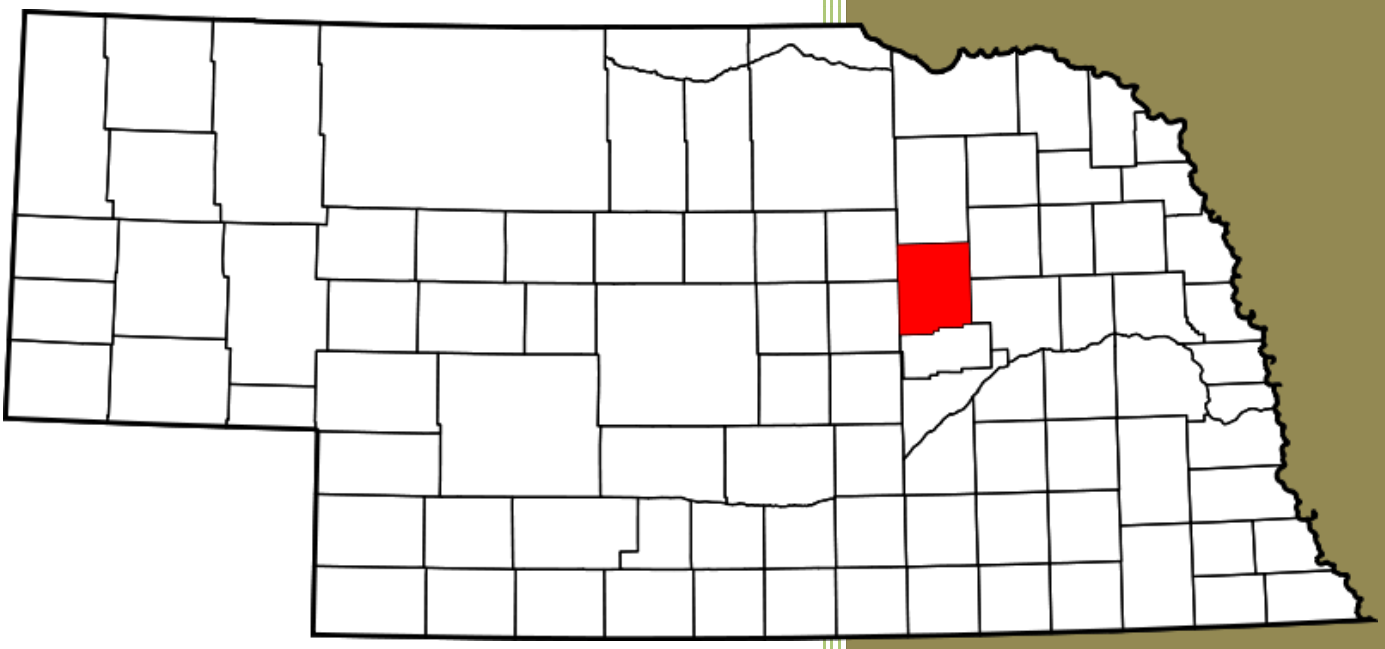
Boone County

Community Health Improvement Plan



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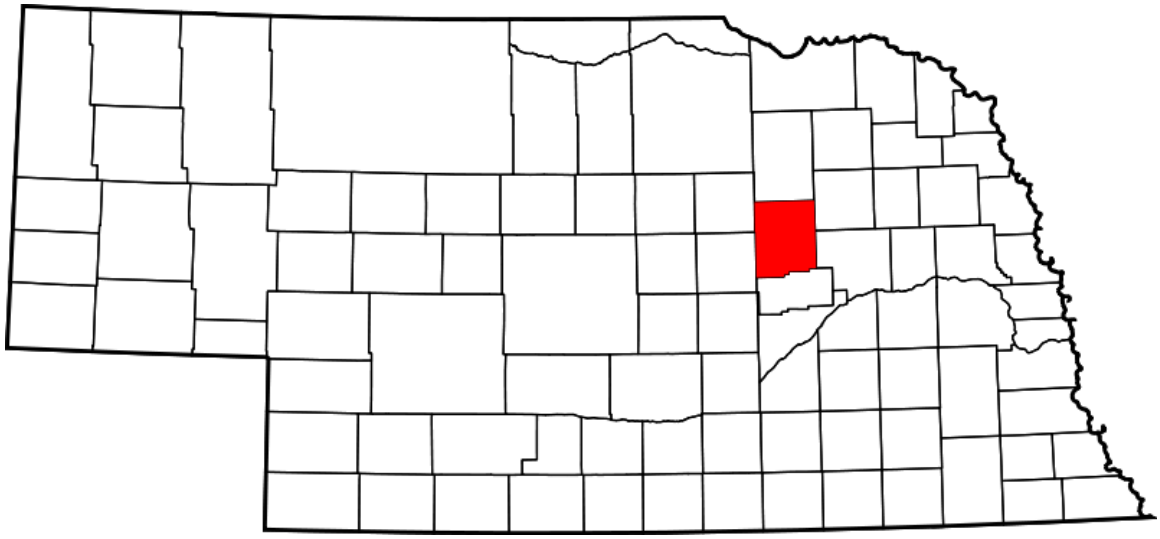
Boone County: Community Health Improvement Plan

Boone County is the third largest county in the East Central District Health Department service area. Albion is the county seat and is where the Boone County Hospital is physically located. Albion has a population base of 1,650 residents out of the total county population of 5,505. Other municipalities in Boone County include Cedar Rapids, Petersburg, Primrose, Raeville and St. Edward.



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

There are many reasons why it is logical for the Boone County Hospital and the East Central District Health Department to complete a joint Community Health Improvement Plan (CHIP). Some of the major drivers toward collaboration include:

- Nebraska State Statutes

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

  ...Each local public health department shall include the essential elements in carrying out the core public health functions to the extent applicable within its geographically defined community and to the extent funds are available. The

essential elements include, but are not limited to, (a) monitoring health status to identify community health problems, (b) diagnosing and investigating health problems and health hazards in the community, (c) informing, educating, and empowering people about health issues, (d) mobilizing community partnerships to identify and solve health problems……

- A History of Working Together of Previous Community Improvement Plans

The East Central District Health Department has completed a Community Health Needs Assessment and developed a community improvement plan every five years since 2002 using the MAPP process to meet the requirements of the Nebraska Statute. The Boone County Hospital has been involved as a partner with in the process in the past.

- The Patient Protection and Affordable Care Act Impact on Hospitals

While Boone County Hospital is not required to comply with the PPACA, the hospital has chosen to complete the CHNA and CHIP process along with many other Nebraska hospitals who are not required to do so.

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

Under the new Code section tax-exempt hospitals need to assess community health needs and develop and implement plans to meet those needs. Section 501(r) requires a tax-exempt hospital to conduct a community health needs assessment every 3 years. The community-needs assessment must take into account input from persons who represent the broad interests of the community served, especially those of public health, and must be made available to the public.

The PPCA requires non-profit hospitals to conduct a community health needs assessment, widely publicize assessment results, and adopt an implementation
strategy to meet needs identified by the assessment.

According to the new hospital regulations an Implementation Strategy MUST be written and adopted by the governing body of the organization that addresses how a hospital plans to meet EACH of the health care needs identified through the Community Health Improvement planning process.

- Redefinition of Hospital Community Benefit

Hospitals have been providing community benefit for many years in a variety of ways, for providing community benefits hospitals receive a variety of tax exemptions (local, state, and federal). The activities listed under "community benefit" are reported on the hospitals IRS 990 report for those required to submit a 990 form.

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

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

- Public Health Accreditation Requirements

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

- Standard 1.1 requires LHD participate in or conduct a collaborative process resulting in a comprehensive community health assessment.
- Standard 1.2 LHD must collect and maintain reliable, comparable and valid data.
- Analyze public health data to identify health problems…….that affect the public's health.
- Provide and use the results of the health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.

II. Core Agencies involved in the Boone County CHIP

Boone County Hospital

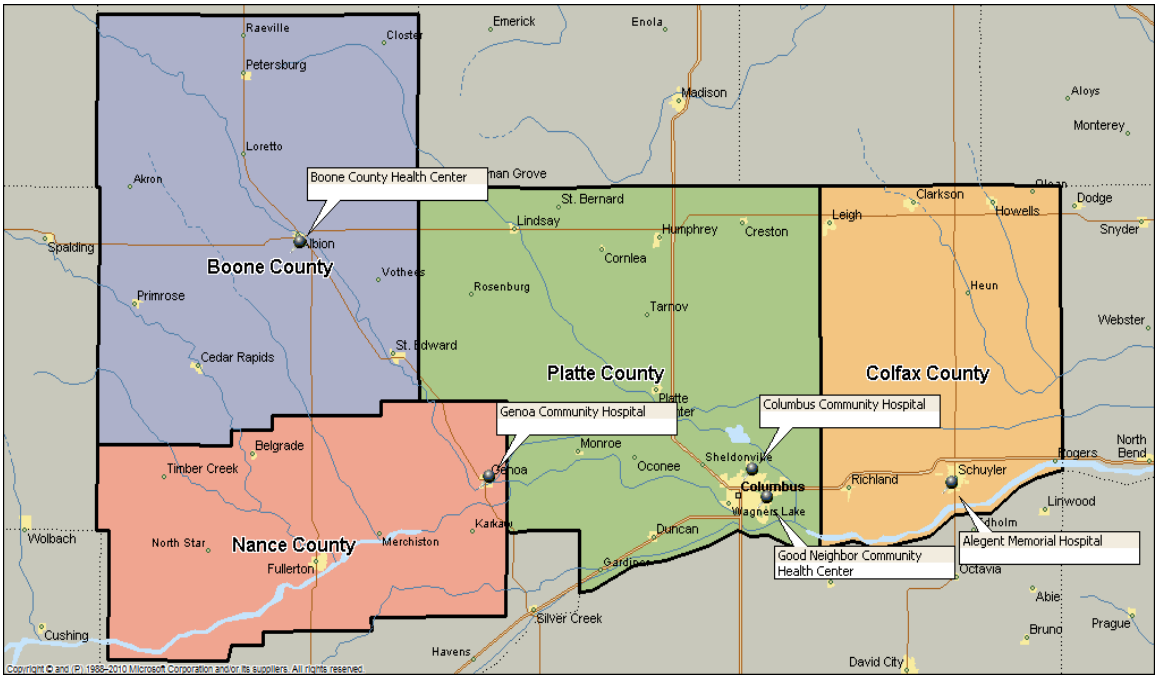
There is one hospital located in Boone County. The hospital defines its primary service area as Boone County. Boone County Hospital is a county-owned hospital. Boone County Health Center, located in Albion, Nebraska, is a recognized leader in providing a continuum of healthcare to the 10,000 rural residents in Boone, Antelope, Greeley, western Madison and Platte, Nance and Wheeler Counties. The Health Center and its five clinics are the singular and primary source of healthcare for the rural communities it serves. The hospital is a twenty-five bed, five nursery facility which operates five clinics in the towns of Albion, Spalding, Newman Grove, Fullerton and Elgin.

In addition, two affiliate physician clinics are in St. Edward and Cedar Rapids. The Health Center is a county hospital that sees over 70,000 outpatient visits and over 30,000 clinic visits on an annual basis. With eight physicians and four physician assistants, a well rounded medical staff is present to meet the needs of the patients and their families.

Services provided by the 250 employees at the Health Center include; cardiac rehab, physical therapy, occupational therapy, speech therapy, radiology (ultra sound, digital mammography, nuclear medicine, CT, open MRI, dexa scanner, fluoroscopy and general x-ray), full laboratory services, oncology, aesthetics care, full OB services, home health and mental health services.
In addition to the services provided by our local staff, a full range of seventeen specialty clinics are scheduled throughout the month to allow patients the ability to obtain these services at home.

East Central District Health Department

The ECDHD/GNCHC serves four rural Nebraska counties—Boone, Colfax, Nance, and Boone—that cover 2,219 square miles. A map locating the service area within the State of Nebraska is provided. ECDHD is well recognized for its community health assessment, planning and implementation work. The district is one of only a handful of health departments nationwide that has completed the MAPP assessment process three times.



The East Central District Health Department is a state approved health department that provides a broad array of services, which are listed below.[i]

- Early Development Network Services
- HIV Counseling Testing and Referral
- Environmental Health Programs
- Immunizations
- Transportation Services
- Women, Infants, and Children (WIC) Program
- Community Health Needs Assessment and Strategic Planning
- Environmental Health Programs
- Infectious Disease Tracking and Surveillance Programs
- Public Health Outreach Nursing and Education (PHONE) Program
- Public Health Emergency Response Program
- Tobacco Prevention Program and Coalition
- West Nile Surveillance Program
- Minority Health
- Youth Substance Prevention Program and Back to Basics Coalition
- Services in Spanish

<u>Depth of special knowledge or expertise for Community Health Improvement Planning</u>

The ECDHD has been recognized or cited by the National Association of City and County Health Officials (NACCHO) for its MAPP work several times during

the past ten years. Several articles have been written in the associations Newsletter on the ECDHD MAPP process implementation. East Central District Health Department is also cited multiple times on the NACHHO website under the MAPP toolkit and resources. Rebecca Rayman, the ECDHD Executive Director has participated in training other local health systems around the country on the MAPP process including the Chicago Health Department System, the Los Angeles Health Department System and the New Jersey State MAPP trainings. Rayman has presented workshops on MAPP for the National Association of Local Boards of Health, the National Association of City and County Health Officials and the American Public Health Association at a variety of conferences. In addition Rayman was a member of the National Association of City and County Health Officials MAPP workgroup for nine years. In December of 2011 she was a presenter at a National meeting titled the *"National Conversation on Community Health Assessments"* held in Washington DC where major hospital associations, public health associations and government officials gathered to discuss the new hospital IRS regulations.

Rayman, has also participated in Nebraska MAPP activities and provided technical assistance and workshops to Nebraska local health departments as requested. Rayman sat on the *Nebraska Rural Health Associations Community Health Assessment Collaborative* which made recommendations for how Nebraska hospitals and Public Health Departments could work in collaboration to meet the new IRS requirements.

The CHIP process also benefited from consultation with the ECDHD GNCHC which is the only federally qualified health center within the district. The GNCHC has its site in Boone County. The GNCHC has special expertise in providing service to low-income, medically underserved and minority populations. GNCHC was the first entity in Nebraska to obtain Medicaid Meaningful Use. The GNCHC is TJC accredited and in the process of obtaining Patient Centered Medical Home recognition. GNCHC has a robust electronic medical record and is a repository of information on chronic disease management for its population.

GNCHC serves a highly uninsured population and provides the following services

- Dental Health Services
- Reproductive Health Clinic
- Family Medical Care
- Mental Health Services
- Substance Abuse Evaluations
- Services in Spanish
- Transportation Services

Notable for the GNCHC is the high percent of uninsured children served as compared to the state and the nation and the low percent of recipients of Medicaid/CHIP served by the Good Neighbor Center. See the table below.

Table 1	Patients Served at the Good Neighbor Center by Insurance Status with Comparisons to State and National FQHCs[7]		
	Good Neighbor	Nebraska	National
Uninsured	57.6%	56.7%	37.5%
Children Uninsured (age 0-19 years)	*43.4%*	*36.5%*	*20.3%*
Medicaid/CHIP	15.3%	26.5%	39.7%
Medicare	5.0%	4.2%	7.5%
Other Third Party	22.1%	12.6%	15.2%

Organizations that collaborated in conducting the CHNA and CHIP

Over forty entities listed below had one or more participants in this process. The Boone County Hospital and the East Central District Health Department both had members of their Board of Directors in attendance at either the CHNA or CHIP meetings. The agencies participating in the CHNA or CHIP are listed in alphabetical order.

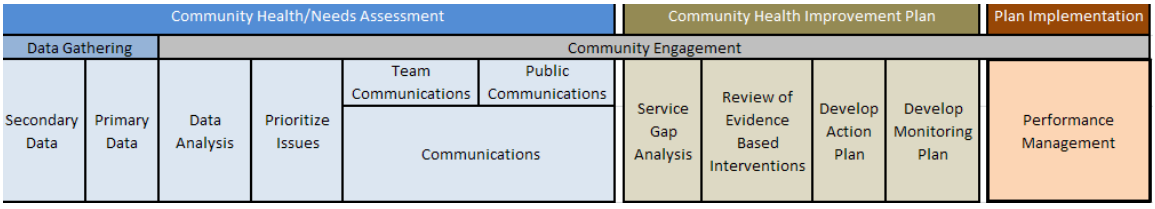
1 Alegent Health-Schuyler
2 American Red Cross
3 Behlen Manufacturing
4 City of Columbus Parks and Recreation Department
5 Harold Stevens Accounting
6 Rainbow Center – Mental Health Center
7 ARC of Boone County
8 Board Member/ Medical user of the GNCHC
9 Center for Survivors
10 Central Community College
11 Central Nebraska Community Services
12 City of Columbus
13 Columbus Chamber of Commerce
14 Boone County Hospital
15 Columbus Family Practice (Private Medical Clinic)
16 Columbus Housing Authority
17 Columbus Police Department
18 Columbus Public Schools
19 Columbus Telegram
20 Columbus Urgent Care
21 Connect Columbus
22 Crisis Navigators
23 East Central District Health Department

24 Family Resource Center
25 First Nebraska Bank
26 Golden Living Center
27 Good Neighbor Community Health Center
28 Greystone Manufacturing
29 HDR Architecterial Firm
30 Jackson Services
31 Local Board of Health public minded citizen
32 Nebraska Department of Health and Human Services
33 Nebraska State Patrol
34 Nebraska State Senator - District 22
35 Boone County Attorney
36 Boone County Emergency Management
37 Progressive Swine Technologies
38 Public Minded Citizens
39 Sertoma Service Club
40 Time for Change - Gang Prevention
41 United Way
42 Youth for Christ
43 Victim Assistance

III. Community Health Improvement Plan Process

The template below can serve as a summary of the process used in planning both the joint CHNA and joint CHIP for the ECDHD and Boone County Hospital. This figure was developed and used in the Nebraska Rural Health Association document referenced earlier. As you can see the plan involves three major themes the Community Health Needs Assessment (CHNA), the Community Health Improvement Plan (CHIP) and the Plan Implementation. Under these sections are various activities that are part of the overall process.

It is important to note that Community Engagement is an overarching concept over the majority of the CHNA and CHIP process and will be discussed under each area. Community Engagement was also a major part of the data gathering process.



MAPP - The evidenced based process used for the CHNA and CHIP

East Central District Health Department has been responding to community needs using the Mobilizing for Action through Planning and Partnership (MAPP) process since 2002. The MAPP process was developed by and is recommended for community assessment by the National Association of City and County Health Officials (NACCHO) and Center for Disease Control (CDC). MAPP was also a recommended community assessment by the Nebraska Rural Health Association in its *"Community Health Assessment Collaborative Preliminary recommendations for Nebraska's community, nonprofit hospitals to comply with new requirements for tax exempt status enacted by the Patient Protection and Affordable Care Act"* (September of 2011).

MAPP was chosen in part because the process allows for input from parties who represent broad interests in the communities. Input from diverse sectors including medically underserved, low-income, minority populations and individuals from diverse age groups was obtained through surveys, targeted focus groups, open public meetings and target invitations to community leaders and agencies.

Most of the four individual hospitals in the four county area have participated with the two previous MAPP assessments, including Boone County Hospital. During this third iteration of the MAPP process ECDHD served as the co-lead agency with strong support from the hospital in both personnel and financial resources.

The third Community Health Needs Assessment (CHNA) was completed in January of 2012. This most recent assessment is 260 pages in length and took eighteen months to complete and is available on line for public review at www.ecdhd.com.

Understanding MAPP

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

Step 1. Data Gathering a Part of the CHNA

Community Health/Needs Assessment						Community Health Improvement Plan				Plan Implementation
Data Gathering		Community Engagement								
Secondary Data	Primary Data	Data Analysis	Prioritize Issues	Team Communications	Public Communications	Service Gap Analysis	Review of Evidence Based Interventions	Develop Action Plan	Develop Monitoring Plan	Performance Management
				Communications						

In looking at our plan process template it can be seen that data gathering is the first step in completing the CHNA. Data gathering was accomplished using the MAPP model assessments and included both Primary and Secondary Data sources.

The essential building blocks of MAPP are four distinct assessments which provide critical insights into the health challenges and opportunities confronting the community that are represented in figure 2.

The first assessment is the Community Themes and Strengths Assessment which is a subjective look at how the community views their health to capture the perceived needs of the community. This assessment ranks high for Community Involvement. This step was completed through focus groups in the counties, written surveys at a variety of settings to include local pharmacies, libraries, health clinics and hospitals, surveys were also available at the local county fairs. Telephone surveys were completed by the State of Nebraska in each district as well to gather information for the Community Themes and Strengths Assessment. The data for this assessment was conducted over a six month

period and included; 500 written and 500 telephone surveys; six focus group results (Hispanic and non-Hispanic, adult and youth).

The second assessment is the Forces of Change assessment. This assessment is done in one town hall style meeting to capture the community's perception of the current trends that are affecting the health of the community (a good example would be health care reform). This assessment also ranks high in Community Involvement as the data is obtained directly from the community.

The third assessment is the Community Health Status Assessment. This assessment provides the data, from the federal government (an example would be Census data), the State (an example would be vital statistic data), the ECDHD as a district health department (an example would be Immunization rates for the district), the GNCHC (an example would be Community Health Center (CHC) specific data on diabetes outcomes) collects. Information for this assessment was gathered over an eighteen month period. Data gathered for compilation came from the following sources: national surveys such as the BRFSS, YRBS, US Census, and Youth Protective Factor Survey. In total there are 30 sources of data; community profiles; access to health care/quality of life; mental health; physical health; health risk factors; social programs and crime. Data collected represents every age group from pre-birth (pre-natal data) to elderly.

The last assessment is the Local Public Health System Assessment which is how our district health department and the other public health system agencies (hospitals, the CHC, law enforcement, etc.) are doing on the ten essential public health services. This was the first assessment completed for the third MAPP process in 2011, in the three MAPP cycles that have been completed this was the smoothest completion of this assessment.

Community Involvement in Data Gathering

The current MAPP assessment the department is involved with is the most thorough assessment to date with the most participation having over 100 individuals participate in the process to date from the district, this does not count the 1,000 individuals surveyed or the participants in focus groups.

The CHNA – a separate stand alone document

Nearly 18 months after the assessments began; the results were released into a 260 page document entitled the *Community Health Needs Assessment* (CHNA) of which includes a profile of the district as a whole and a profile of each individual county where a hospital is located. The CHNA also identifies the top problems of the district and identification of the top problems for each individual county.

Step 2: Data Analysis and Initial Prioritization of Data – a Part of the CHNA

Because of the breadth and depth of the CHNA, an independent local research firm was engaged to review the data and provide a draft set of community health needs for the district overall and for each individual county.

The research firm identified prominent themes according to the importance to the community, whether the issue was measurable, the extent to which the issue was an outlier in comparison to state and US data, and whether the community would get active and make a difference. This step identified seven cross-cutting themes for each County, and a total of 13 for the district. Schmeeckle Research, Inc. assembled this assessment of public health and community well-being under the provision of the East Central District Health Department and the four participating hospitals.

The greatest needs identified by the CHNA at the district level are summarized in the table below.

Table 2: Community Health Needs and Priorities for the East Central District

Community Health Needs and Priorities	Rationale for Selection
➢ **Accidental Death**	• High rates of unintentional, motor vehicle, and work-related accidental deaths as compared to the state.
➢ **Aging Population**	• High percentage of the population is over 65 for the district. • High percentage of elderly individuals report lacking a social network.
➢ **Cancer**	• The top perceived health problem in three of the four counties, and the overall top perceived health problem in both the *Community Health Survey* and the *Community Themes and Strengths Assessment Survey* • High instances of breast, colorectal, and prostate cancers district wide. • High instances of cancer may be partly or largely attributable to the aging population.
➢ **Diabetes**	• Increases each year from 2007 to 2009 in percent of adults with diabetes. • The number three perceived health problem in the district.
➢ **Drug and Alcohol Use**	• Alcohol abuse was the top perceived risky behavior in every county; drug abuse was second overall. • High community perception of underage alcohol use as an issue that needs greater attention. • High rates of youth riding with a driver who had been drinking. • High rates of hospitalization for alcohol and tobacco related disease. • Also a concern among focus group participants and community agencies participating in the *Forces of Change Assessment.*
➢ **Health Professional Shortages**	• More individuals served per health professional for every health profession as compared to the state except for LPNs. • Several areas with state and federally designated health professional

	shortages.
➢ **Mental Health Services**	• High percentage of mental health patients seen at the Good Neighbor Center. • Federally designated shortage of mental health professionals in every county in the district.
➢ **Health Screening**	• Low rates of health screening, especially among women for mammogram, clinical breast exam, and PAP exam as compared to the state.
➢ **Immunization for the over 65 Population**	• Low rates of immunization for pneumonia and influenza among the over 65 population as compared to the state.
➢ **Non-Sports-Related Activities for Children**	• Lack of activities for youth expressed by focus group participants and noted as a contributor to drug and alcohol use. • Low community perception of the availability of non-sports-related activities for children in the *Community Health Survey*.
➢ **Obesity**	• A community-wide concern, noted especially in the *Forces of Change Assessment,* the *Obesity Summit,* and *Community Themes and Strengths Assessment Survey*. • High rates of obesity for the overall population, and especially for the minority population. • High percentage of youth overweight. • A low percentage of leisure time devoted to physical activity as compared to the state. • County-level data were not available for obesity. Thus, it has been selected as an overall community health need.
➢ **Rape and Forced Sexual Intercourse**	• High rates of reported cases of rape as compared to the state. • High rates of self-reported forced sexual intercourse by youth.
➢ **Teen Pregnancy and Sexual Activity**	• The number two perceived health problem in the district, and the number one for the Hispanic population, among whom the teen birth rate is very high. • Teens in the district are more sexually active than their peers in Nebraska. • A concern among focus group participants and community agencies.

<u>Boone County Pre-selected Priority Areas</u>

The top 7 community health needs and priorities for Boone County are listed alphabetically below with a brief description of the rationale for selection. In the appendix to this document the tables used to support the pre-selection of priority areas are identified.

Participants in the CHIP were encouraged to refer to the community health needs for the overall East Central District in the selection of their strategies as well to obtain a complete data picture. For example, obesity, diabetes, health screening,

and teen sexual activity data are partly or entirely unavailable at the county-level, but these issues might be prevalent health needs in the county, and might be viable strategy options.

Demographic Profile: Boone County

Population: 5,505
Density (people per square mile): 8.0
% White: 98.5%
% Hispanic: 1.2%
% over 65: 21.2%
Median Household Income: $43,891
% at or below Poverty Line: 7.4%
% without High School Degree or GED/Equivalent: 7.8%

Table 3: Community Health Needs and Priorities for Boone County

Community Health Needs and Priorities	Rationale for Selection
➢ **Accidental Death**	• High rates of unintentional, motor vehicle, and work-related accidental deaths. • Highest motor vehicle death rate in the district.
➢ **Aging Population**	• Over 20% of the population in the county is over 65. This will likely continue to rise. • High rates of hospitalizations for pneumonia and influenza, high rates of cancer, and stroke are likely attributable to the over 65 population. • Over 20% of the over 65 population diagnosed with dementia. • Aging problems were the third highest ranked health problem after cancer and heart disease.
➢ **Cancer**	• The top perceived health problem in the county. • High instances of cancer, notably breast and prostate cancer. • High instances of deaths due to cancer, notably lung and colorectal cancer. • Highest death rate due to cancer in the district.
➢ **Child and Adolescent Mortality**	• High rates of child and adolescent mortality.
➢ **Radon Levels**	• Two-thirds of homes with radon levels over 4 pCi/L.
➢ **Stroke**	• High rates of deaths due to stroke.
➢ **Underage Alcohol and Tobacco Use**	• Alcohol abuse was the top perceived risky behavior in the county, as it was in every other county. • High rates of lifetime alcohol use, 30-day alcohol and tobacco use, and driving under the influence for the underage population, especially among 12th graders. • Low rates of perceived parental disapproval of alcohol use.

IV. The Community Health Improvement Planning Meeting Process

Data Analysis and Final Prioritization a Part of **CHIP**

Each of the four counties in the service area is unique and while the ECDHD has one shared Comprehensive Community Health Needs Assessment (CHNA) the district conducted four county-specific strategic issues and planning processes to develop a Community Health Improvement Plan (CHIP) for each county/hospital.

During this third iteration of MAPP the CHIP meetings have been held at the local hospital (the district has one hospital in each county) using a trained Technology of Participation (ToP) facilitator.

The CHIP meetings in the individual counties were held from March 2nd to August 21st of 2012. The Boone County Hospital CHIP meeting focused on their identified primary service area of Boone County. The Boone County CHIP was the second of the district CHIP meetings and was completed on June 7th, 2012.

Boone County Pre-meeting preparation

In preparation for the CHIP meeting there were several activities that took place.

- Several phone conference calls were held with the facilitator Roberta Miksch to go over meeting plans
- a one-hour data presentation specific to the county was developed, highlighting pre-identified themes from the research agency along with additional data the core team believed was important.
- Invitations were sent out to key stakeholders by Boone County Hospital.

Boone County CHIP - meeting format

Community leaders met in facilitated session at Boone County Hospital on June 7th, 2012, to launch the 2012 Boone County Community Health Improvement Planning process (CHIP). The Boone County CHIP was attended by _____ participants. Diverse sectors were represented including public officials, business leaders, physicians, hospital staff, health department staff, county commissioner, hospital board member and school personnel.

The overarching focus question guiding the discussion in the day-long session was:

"Based on the results of our community assessment, what will we choose to focus on over the next three years to improve the health of all who live, work and play in Boone County and how will we mobilize our efforts?"

The working agenda was:

- Planning Context

- Data Presentation and Debriefing
- Prioritization of Strategic Issues
- Community Mobilization – Chartering Action to Address Priority Issues
- Debrief/Next Steps

Following time for networking and check-in, Boone County Hospital CEO Vic Lee welcomed the participants to the session and introduced East Central District Health Department Executive Director Rebecca Rayman. Rayman provided background information on the CHIP process and introduced the facilitator Roberta Miksch a trained TOP facilitator. Participants introduced themselves and shared the agencies they represented.

The participants confirmed the proposed agenda. The facilitator shared the following process suggestions to guide the work of the day:

- Test assumptions and inferences
- Share all relevant information
- Hear and be heard
- Share the air
- Use specific examples and agree on what important words mean
- Electronics off (or in silent mode)

Presentation of the Overview of the Community Health Needs Assessment

In order to inform the work of the day, Rebecca Rayman presented an overview of health data collected as part of the recently completed Community Health Assessment. Included in her presentation was information from:

- 30 Sources of data including community agencies work products
- Nearly 500 Written Surveys
- Nearly 500 Telephone Surveys
- Six Focus Groups
- Other Community Surveys
- National Surveys (BRFSS, Census, YRBS , Youth Protective)

The complete 260-page Community Health Assessment was available at each participant table during the meeting. Included in the handouts at the CHIP was a profile of the District as a whole and a profile of Boone county, which is the identified primary service area of Boone County Hospital The profiles included identification of the top problems for the District and the identification of the top problems for Boone County. Every participant also received a copy of the one hour power-point handout. (See Appendix for presentation handouts)

The data presentation from the CHNA was done by the ECDHD Health Director Rebecca Rayman using the one hour power point. Data was presented using a variety of formats including county and district specific which were then often

compared to state and National Data. Throughout the data presentation the TOP facilitator, Roberta Miksch, probed the participants on what surprised them, what insights they gathered, and what questions they had, resulting in a very interactive process with strong audience participation.

After a set of data was shared in large group discussion small group discussion was encouraged and occurred at participant tables. Again the conversations revolved around what surprises did you hear, what did you already know, what concerns you, and how have your thoughts shifted because of what you have heard? The participants offered the following observations, insights and questions related to the data shared:

Surprises mentioned by the Boone County CHIP group as they heard data:

- Diabetes being the 5th perceived health concern – would have expected it to be higher
- Surprised that safe and affordable daycare is not higher for Boone
- Housing/affordable/health – how do these tie together?
- Law enforcement only have a specific number of hours in a town
- Statistic sharing might make a difference – sharing with parents, community
- More education needed
- Law enforcement needs to see stats

Questions arising from the data

- What do health insurance rates look like for 2010/2011?
- What is attitude of parents to alcohol?
- Does the data for 12th grade smoking rates include those who may already be 18 years old?
- What is the cause of death for youth?

A specific example of how this process worked is provided for context. One of the pieces of information shared with the community group as a whole included the top five perceived risky behaviors by county and ethnicity. The data for this particular table was obtained by the completion of 500 written surveys (telephone surveys were random the written surveys were targeted) during the summer of 2011. The written surveys were completed at libraries, pharmacies, medical clinics, hospitals and county fairs. The following table was one of the slides shared and indicates what the top five behaviors were for each county.

Table 4	**Top Five Perceived Risky Behaviors by County and Ethnicity[15]**						
	Boone	**Colfax**	**Nance**	**Boone**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco	Racism	Lack of	Being	Racism	Being	Being

	Use		Exercise	Overweight		Overweight	Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

As this slide and others were shared with the community groups gathered in Boone County, a great deal of discussion came about from crime related data and youth substance abuse.

Prioritization of CHIP Strategic Issues

The first step in the prioritization of community health issues was to determine the criteria for selection. The group was lead by the facilitator through a process to self-select meaningful criteria that all participants could agree to abide by. These criteria would serve as the filtering process to identify and prioritize strategic issues that could guide the CHIP process for the next three years. Initially, participants offered the following suggestions as criteria to guide decisions regarding choosing priority issues:

- Community supported/driven
- Resources (finances/human/people)
- Resources to address the issues
- Something we can impact as a community
- Evidence based (effective)
- Consensus of the group
- Root Causes of the problems should be explored
- Serve the majority of the population
- Collaboration

At the end of this discussion, participants were asked the next question:

What are the most critical issues we might prioritize for community action?

Participants were encouraged to write down individually and then in table groups the top health priorities for Boone County. The process used for each table was that every group would then submit their top five most critical issues, based on the data presented, the conversations they had been having during the morning, and criteria list. These were collected for display on a "sticky wall" using the TOP process and were clustered according to common theme by the larger group. This process was repeated until every strategic issue listed by the group was captured in the process. This process resulted in the identification of "issue arenas." These issue arenas were all identified health needs for the community. In Boone County after all the cards were collected and displayed there were seven (7) resulting issue arenas. Some of the issue arenas had been identified

by the independent researchers as cross-cutting themes, and some were not; however, all issue arenas were supported with data. The following holds the resulting work product from the Boone County "sticky wall".After further discussion one of the seven issue arenas- education, was removed as a strategic arena as it was decided that it was an action step.

Strategic Issue Table Brainstorm:
(Bullet points represent the top five issues from each table.)

Mental Health	Cancer	Youth Substance Abuse Prevention	Childhood Obesity	Bullying	Accidental Deaths	Education* **After discussion, this issue dissolved and was encouraged to fall into parts of the other issues**
• Mental health • Mental health • Mental health *psychiatry	• Cancer • Cancer • Radon testing • Tobacco *awareness *quitline	• Teenage drinking • Drug and alcohol abuse • Teen alcohol use • Lack of non-competitive activities for young people	• Childhood obesity • Lack of nutritional education • Physical activity for children *other activities non-competitive *after school activities, learning arts, crafts, social skills	• Bullying • Bullying *Schools *ECDHD *churches *community organizations	• High MVA rates	• Aging • More prevention education • Preventative screenings • Parent-child interaction *parenting skills *nutrition (i.e. WIC)

The Boone County CHIP group participants wanted to keep two items in mind as they created action plans, these items were to maintain health and/or service personnel and coverage area.

The large group then reviewed the criteria for strategic area selection once more. Table teams were then asked to talk through the list of strategic issues using the criteria for prioritization as a screening tool. A discussion took place on how to rank the arenas and it was decided to have participants vote using a "dot" system. All participants were given three dots which they could put on any of the strategic issue arenas to rank them.

A discussion was held about how many strategic areas the Boone County CHIP group could manage effectively. Following plenary discussion, the participants decided by consensus to choose up to five (5) areas as priority strategic issues

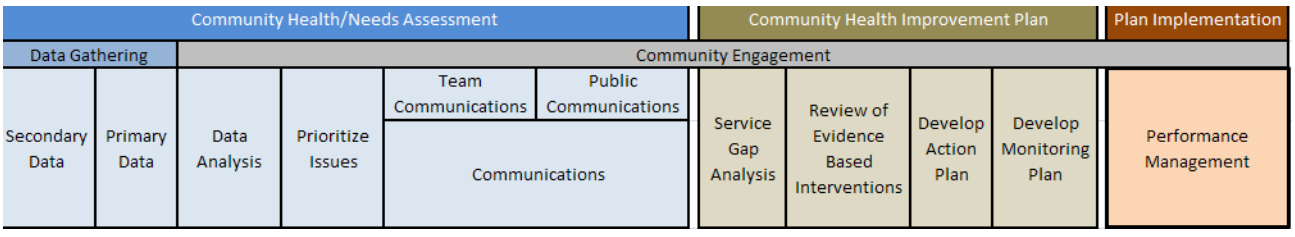
around which to mobilize collaborative action over the next three years (with the understanding that the remaining issue could feed into the priority issues arena of youth substance abuse. The group felt that while it was important to not lose any of the priority issues, six issues may dilute the entire process and make it less effective. The five identified community health needs or priority issues for Boone County and it collaborating partners were:

- Cancer
- Childhood Obesity
- Bullying
- Youth Substance Abuse Prevention
- Mental Health

<u>The formation of Community Work Groups around the chosen Strategic Issues</u>

Once these topics were decided upon, individuals then self-selected which topic they could envision themselves working with for the next three years and the larger group then divided into individual topic areas. New table teams emerged based on these individual topic areas. The new strategic issue table teams were named based on the community health need title. The groups then self-selected a chair to oversee the process and a recorder from the East Central District Health Department provided the documentation of their discussion using forms specially designed for the CHIP process. The table teams were now tasked with the beginning of formation of the specific plans. The teams were asked to articulate goals, baseline data to support the need for the goal, SMART (Specific, Measurable, Achievable, Realistic, Time-bound) success indicators and objectives.

The individual groups determined the frequency with which they would meet to keep their plan moving forward. The larger Boone County CHIP group determined to meet quarterly for the next three years under the responsibility, supervision and guidance of the Boone County Hospital. Progress updates from each individual strategic health need subgroups will occur at Boone County CHIP quarterly meetings. The Boone County CHIP meetings will meet for 1-2 hours to network and report progress on the CHIP process. The hospital will coordinate the community meetings and serve as support for the Action Team champions. The East Central District Health Department will provide technical assistance and support for the CHIP groups as a whole and for the individual strategic health need subgroups as requested.



V. The Five Community Health Needs Selected by Boone County Reviewed

The five Community Health Needs selected by the CHIP participants are further explored here. The section that follows includes the initial gap and resource analysis completed on the day of the CHIP. Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans and is considered to provide National state-of-the-art guidance for health improvement. The website for information on Healthy People 2020 is www.healthypeople.gov. Objectives from Healthy People 2020 and evidenced based interventions were not available on the day of the assessment, however, they are included in the CHIP to help guide the final development of the work plans.

Cancer

> Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 64-64. Cancer as a topic is listed on the *Healthy People website.* The Cancer goal is to "*Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.*"

Cancer remains the second leading cause of death in the United States, second only to heart disease.

a) Service Gap Analysis- The following were identified during the CHIP meeting as gaps for Cancer
   i) Boone has a rate of death due to cancer at 235 per 100,000 that is higher than the state average of 174 per 100,000 population.
   ii) Boone has the highest rate of deaths due to lung cancer in the district and is notably higher than the state average.
   iii) The district has a lower than state average of individuals receiving screening for breast and colorectal cancer.
   iv) Boone county has a high rate of radon which is a risk factor for lung cancer.

b) Assets and Resources Identified
   i) Hospital and Clinic Prevention efforts
   ii) Pool Cool skin cancer program

c) Healthy People 2020 selected Objectives to this strategic area

i) Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines
   (1) Increase the proportion of women who were counseled by their providers about mammograms
   (2) Increase the proportion of women who were counseled by their providers about Pap tests
   (3) Increase the proportion of adults who were counseled by their providers about colorectal cancer screening
ii) Reduce the lung cancer death rate
iii) Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines
iv) Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines
v) Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines
vi) Reduce the oropharyngeal cancer death rate
vii) Reduce the prostate cancer death rate
viii) Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn
   (1) Increase the proportion of adolescents in grades 9 through 12 who follow protective measures that may reduce the risk of skin cancer
   (2) Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce the risk of skin cancer
ix) Increase the mental and physical health-related quality of life of cancer survivors

d) Evidenced Based Interventions
   i) The U. S. Preventive Services Task Force (USPSTF) recommends counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
   ii) The U.S. Preventive Services Task Force (USPSTF) recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.
   iii) The U.S. Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.
   iv) The U.S. Preventive Services Task Force (USPSTF) recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.
   v) The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer (CRC) using fecal occult blood testing,

sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.

vi) Client reminders to include letters, postcards or phone calls to alert clients that it is time for their cancer screening.
vii) One-on-one education provided in person or by telephone to encourage individuals to be screened for cancer.
viii) Small media such as videos, letters, brochures, and newsletters can be used to inform and motivate people to be screened for cancer; they can be tailored to specific persons or targeted to general audiences.
ix) Reducing out-of-pocket costs to increase cancer screening may include providing vouchers, reimbursing clients, or reducing health insurance costs associated with screening tests.
x) Reducing structural barriers to increase screening may include increasing hours of operation, providing child care, or addressing language or cultural factors.

Bullying

Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 97 and 98. There are no Healthy People 2020 goals and objectives related to bullying. Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

e) Service Gap Analysis- The following were identified during the CHIP meeting as gaps for Bullying
   i) School policies regarding bullying are unknown to the group
   ii) Group is not sure of what action steps are taken by the school when bullying occurs

f) Assets and Resources Identified
   i) School Counselors and Teachers
   ii) Parents
   iii) Clergy
   iv) Gina Baker the local mental health provider

g) Evidenced Based Interventions
   i) Major Depressive Disorder in Children and Adolescents: The U.S. Preventive Services Task Force (USPSTF) recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up

ii) Screening for Depression in Adults: The U.S. Preventive Services Task Force (USPSTF) recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up
iii) Collaborative Care for the Management of Depressive Disorders: Collaborative care aims to increase primary care providers' knowledge and skills, improve client understanding and awareness of depressive disorders, and to reorganize the system of care into an optimal environment for management of depression and depressive disorders
iv) Interventions to Reduce Depression Among Older Adults: Clinic-Based Depression Care Management
Clinic-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, a primary care provider and patient education, antidepressant treatment and psychotherapy, and a supervising psychiatrist

Childhood Obesity

Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 44-49.. Nutrition and Weight Status is the best match for Obesity and is the closet topic area listed in the *Healthy People website.* The Nutrition and Weight Status goal is to "*Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights".* A complementary strategic area is Physical Activity. The Physical Activity goal is to "*Improve health, fitness, and quality of life through daily physical activity".*

Nutrition and Access to care is important according to Healthy People 2020 because: Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions including: Overweight and obesity, Heart disease, High blood pressure, Dyslipidemia (poor lipid profiles), Type 2 diabetes, Osteoporosis, Diverticular disease and some some cancers. All of these conditions can lead to higher health care costs and decreased life expectancy.

In addition to the Healthy People 2020 the state of Nebraska has a *Nebraska Physical Activity and Nutrition State Plan 2011-2016.* This plan is designed to address the problems of obesity and related chronic disease and represents a comprehensive and consistent effort to promote evidence-based strategies.

h) Service Gap Analysis- The following were identified during the CHIP meeting as gaps in Obesity

i) No day care providers in Boone County are working with the NAP SACC program
ii) No childhood weight loss program or obesity prevention program operating at all in Boone County.

i) Assets and Resources Identified
   i) NAP SACC is an easy to implement program that could serve Boone County

j) Healthy People 2020 selected Objectives to this strategic area
   i) Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.
   ii) Increase the proportion of primary care physicians who regularly measure the body mass index of their patients
   iii) Increase the proportion of physician office visits that include counseling or education related to nutrition or weight
   iv) Reduce the proportion of children and adolescents who are considered obese
   v) Prevent inappropriate weight gain in youth and adults
   vi) Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
   vii) Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
   viii) Increase the proportion of the Nation's public and private schools that require daily physical education for all students
   ix) Increase regularly scheduled elementary school recess in the United States
   x) Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time
   xi) Increase the proportion of children and adolescents who do not exceed recommended limits for screen time
   xii) Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations)
   xiii) Increase the proportion of physician office visits that include counseling or education related to physical activity
   xiv) Increase the proportion of trips made by walking
   xv) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities

k) Nebraska State Plan selected Strategies
   i) Strategy 1: Enhance access to physical activity opportunities, including physical education, in Nebraska schools, childcare and afterschool facilities.

ii) Strategy 2: Enhance policies for physical activity, inclusive of physical education, in Nebraska schools.
iii) Strategy 3: Enhance the transportation systems built environment and policies that improve access to physical activity in Nebraska communities.
iv) Strategy 4: Enhance community planning and design practices through built environment and policy changes that improve access to physical activity in Nebraska communities.
v) Strategy 5: Enhance the parks and recreation built environment and policies that improve access to physical activity in Nebraska communities.

l) Evidenced Based Interventions
i) Screening for Obesity in Children and Adolescents. The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
ii) Campaigns and Informational Approaches to Increase Physical Activity: Community-Wide Campaigns
Community-wide campaigns to increase physical activity involve many community sectors; include highly visible, broad-based, component strategies; and may also address other cardiovascular disease risk factors. From the CDC Community Guide.
iii) Creation of or enhancing access to places for physical activity involves the efforts of worksites, coalitions, agencies, and communities as they attempt to change the local environment to create opportunities for physical activity. Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities.

Substance Abuse

Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 98-108. The *Healthy People website* lists the Healthy People 2020 goals. The healthy people 2020 goal for Substance Abuse is "*to reduce substance abuse to protect the health, safety, and quality of life for all, especially children."* In addition to providing a goal the the Healthy People website offers the following definition of substance abuse which points out its importance for health and wellness.

> "Substance abuse *refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the*

considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice."

During the Boone County CHIP process substance abuse was discussed at length and its relationship with other district and county wide problems. These problems included, teenage pregnancy rates, sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, aggression and fighting, crime and suicide. It was felt that by addressing substance abuse many of these other community problems would be addressed as well.

m) Service Gap Analysis- The following were identified during the CHIP meeting as gaps for substance abuse.
   i) The substance sub-committee has a gap in some key members being present to include the faith based community, law enforcement and parents.
   ii) There are no incentives for non-athletes to abstain from using alcohol and substances.
   iii) Need to know what the school does for accountability for drug/alcohol offenses.
n) Assets and Resources Identified
   i) The WAIT Program (Why am I Tempted) which is active in Boone Central and St. Michaels
   ii) Back to Basics Coalition
   iii) Team Mates Mentoring Program
   iv) Law Enforcement
   v) Businesses who donate for after prom parties
   vi) REACH program at Boone Central

o) Selected Healthy People 2020 Objectives related to this strategic area
   i) Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
   ii) Increase the proportion of adolescents never using substances
   iii) Increase the proportion of adolescents who disapprove of substance abuse
   iv) Increase the proportion of adolescents who perceive great risk associated with substance abuse
   v) Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department
   vi) Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)
   vii) Reduce past-month use of illicit substances

viii) Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
ix) Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
x) Reduce the past-year nonmedical use of prescription drugs

p) Selected Evidenced Based Interventions
i) The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.
ii) Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
These programs provide education and training to servers of alcoholic beverages with the goal of altering their serving practices to prevent customer intoxication and alcohol-impaired driving. Practices may include offering customers food with drinks, delaying service to rapid drinkers, refusing service to intoxicated or underage consumers, and discouraging intoxicated customers from driving.
iii) Preventing Excessive Alcohol Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors
Enhanced enforcement programs initiate or increase the frequency of retailer compliance checks for laws against the sale of alcohol to minors in a community. Retailer compliance checks, or "sting operations," are conducted by, or coordinated with local law enforcement or alcohol beverage control (ABC) agencies, and violators receive legal or administrative sanctions.

iv) Reducing Alcohol-Impaired Driving: Mass Media Campaigns. Mass media campaigns intended to reduce alcohol-impaired driving are designed to persuade individuals either to avoid drinking and driving or to prevent others from doing so. Common campaign themes include fear of arrest; fear of injury to self, others, or property; and characterizing drinking drivers as irresponsible and dangerous to others

v) Reducing Alcohol-impaired Driving: Multi-component Interventions with Community Mobilization
Multi-component interventions to reduce alcohol-impaired driving can include any or all of a number of components, such as sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol.
vi) Reducing Alcohol-impaired Driving: School-Based Programs. School-Based programs to reduce alcohol-impaired driving include: instructional programs; peer organizations such as Students Against Destructive Decisions (SADD); and social norming campaigns

vii) Reducing Alcohol-impaired Driving: Sobriety Checkpoints. At sobriety checkpoints, law enforcement officers use a system to stop drivers to assess their level of alcohol impairment.

Mental Health

Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 42-43. The *Healthy People website* lists the Healthy People 2020 goal for Mental Health is *"Improve mental health through prevention and by ensuring access to appropriate, quality mental health services"*

Access to care is important according to Healthy People 2020 because:

> "*Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Common barriers to services include: Lack of availability, High cost and Lack of insurance coverage.*
>
> According to the Healthy People website, "*Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, approximately 1 in 17 will have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year."*

q) Service Gap Analysis: The following were identified during the CHIP meeting as gaps for mental health.
   i) No psychiatrist is available for the area
   ii) Limited amount of affordable mental health care
   iii) Not everyone knows where to go for mental health

r) Assets and Resources Identified
   i) The county does have a part-time LMHP
   ii) UNMC students can provide limited affordable mental health care
   iii) Psychiatrist monthly in Omaha
   iv) Boone County has a grief counseling program
   v) C.A.R.E.

s) Selected Healthy People 2020 Objectives related to this strategic area
   i) Reduce the suicide rate

ii) Reduce suicide attempts by adolescents
iii) Reduce the proportion of persons who experience major depressive episode (MDE)
iv) Increase the proportion of children with mental health problems who receive treatment
v) Increase the proportion of adults with mental health disorders who receive treatment
vi) Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
vii) Increase depression screening by primary care providers

t) Evidenced Based Interventions
i) Major Depressive Disorder in Children and Adolescents: The U.S. Preventive Services Task Force (USPSTF) recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up
ii) Screening for Depression in Adults: The U.S. Preventive Services Task Force (USPSTF) recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up
iii) Collaborative Care for the Management of Depressive Disorders: Collaborative care aims to increase primary care providers' knowledge and skills, improve client understanding and awareness of depressive disorders, and to reorganize the system of care into an optimal environment for management of depression and depressive disorders
iv) Interventions to Reduce Depression Among Older Adults: Clinic-Based Depression Care Management
Clinic-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, a primary care provider and patient education, antidepressant treatment and psychotherapy, and a supervising psychiatrist

VI. Communications – A Part of the CHNA and CHIP

The core responsibility for communications during the CHNA and up to the selection of strategic issues was the responsibility of the ECDHD with the Boone County Hospital in charge of the invitations to the CHIP.

The general public was invited to the Boone County CHIP meetings and the newspaper was notified.

The communications plan for the CHIP strategic issues groups is primarily to use e-mail to keep the strategic groups together. In Boone County, the third largest of ECDHD's four counties, approximately 20 individuals attended the day-long

meeting CHIP meeting. Participants included local leaders in health and healthcare, the business community, schools, as well as a Boone County Commissioner.

Communications after the CHIP have included internal strategic work-group communications, communications from the hospital for the overall quarterly meetings and communication between ECDHD and the hospital.

VII. Capacity to Complete the CHIP and Address the Needs of the Community

Boone County Hospital will serve as the lead and work hand-in-hand with the East Central District Health Department and other health and business related agencies to complete and address the needs of the Boone County community.

VIII. The CHIP Work plans

The five initial work plans for Boone County are found in the appendix, these work plans will be amended from time to time by the CHIP committees to meet the needs of the community. The work plan process is for three years.

IX. Evaluation of the CHIP Meeting Process

An 'ah ha' for me during this session was…
*statistics of health issues facing Boone County
*the small group discussions
*statistics were eye-opening
*the stats presented
*identifying areas as a group and how the process came togethrt
*the statistics regarding youth substance abuse
*how well everything came together
*statistics about teens
*the concerns
*was the need to make sure community knows it is a joint venture

***the stats for Boone County**
I would suggest in the future we…
*have more community members and less input from Health Dept team
*try to encourage school personnel for education purposes

Other comments:
*Very good information!
*Excellent facilitation
*Very well done – Thanks
*Great Day. Efficient, time moved fast, results oriented, learned a lot. (Smiley face) D. Stephens
*Always a pleasure! (smiley face) opportunity to get to know the county. Thanx!

Community Health Needs and Priorities

Boone County 2011

Community health needs and priorities for Boone County were selected based on data included in the *2011 Comprehensive Community Health Needs Assessment*. Following the demographic profile of selected characteristics, the top 7 community health needs and priorities for Boone County are listed alphabetically in Table 1 below with a brief description of the rationale for selection. Following the table are data that support the selection and prioritization of the community health needs.

Note county-level data are unavailable for some statistics. Refer also to the health needs for the overall district.

Demographic Profile: Boone County

Population: 5,505

Density (people per square mile): 8.0

% White: 98.5%

% Hispanic: 1.2%

% over 65: 21.2%

Median Household Income: $43,891

% at or below Poverty Line: 7.4%

% without High School Degree or GED/Equivalent: 7.8%

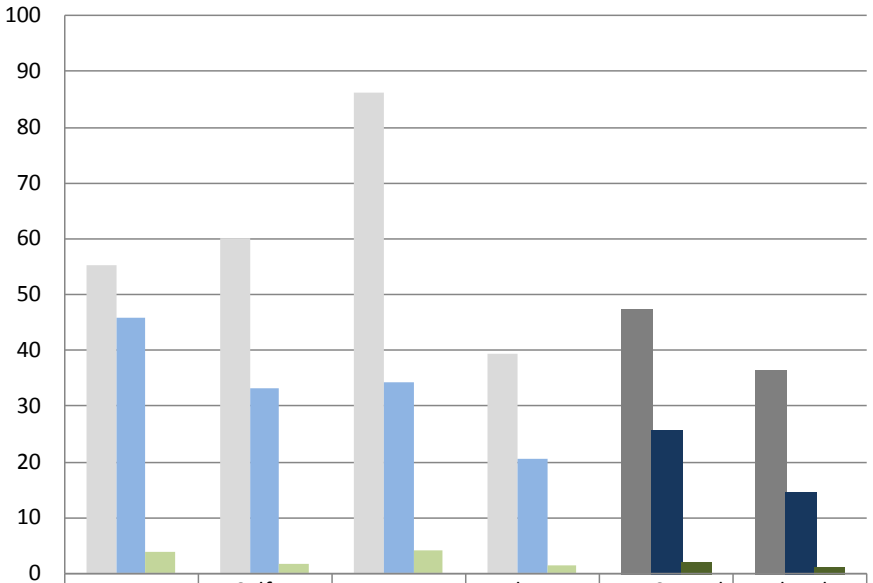
Table 1: Community Health Needs and Priorities for Boone County

Community Health Needs and Priorities	Rationale for Selection
➢ **Accidental Death**	• High rates of unintentional, motor vehicle, and work-related accidental deaths. • Highest motor vehicle death rate in the district.
➢ **Aging Population**	• Over 20% of the population in the county is over 65. This will likely continue to rise. • High rates of hospitalizations for pneumonia and influenza, high rates of cancer, and stroke are likely attributable to the over 65 population. • Over 20% of the over 65 population diagnosed with dementia.

	• Aging problems were the third highest ranked health problem after cancer and heart disease.
➢ **Cancer**	• The top perceived health problem in the county. • High instances of cancer, notably breast and prostate cancer. • High instances of deaths due to cancer, notably lung and colorectal cancer. • Highest death rate due to cancer in the district.
➢ **Child and Adolescent Mortality**	• High rates of child and adolescent mortality.
➢ **Radon Levels**	• Two-thirds of homes with radon levels over 4 pCi/L.
➢ **Stroke**	• High rates of deaths due to stroke.
➢ **Underage Alcohol and Tobacco Use**	• Alcohol abuse was the top perceived risky behavior in the county, as it was in every other county. • High rates of lifetime alcohol use, 30-day alcohol and tobacco use, and driving under the influence for the underage population, especially among 12th graders. • Low rates of perceived parental disapproval of alcohol use.

Accidental Death

Figure 1: Accidental Death Rate per 100,000 Population (2005-2009)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Unintentional Injury Death Rate	55.2	60.2	86.2	39.4	47.4	36.5
Motor Vehicle Death Rate	45.9	33.2	34.2	20.7	25.8	14.7
Work-Related Accidental Death Rate	4.0	1.8	4.1	1.5	2.1	1.1

(Source: 2010 Community Health Assessment)

Aging Population

See also Table 4 below.

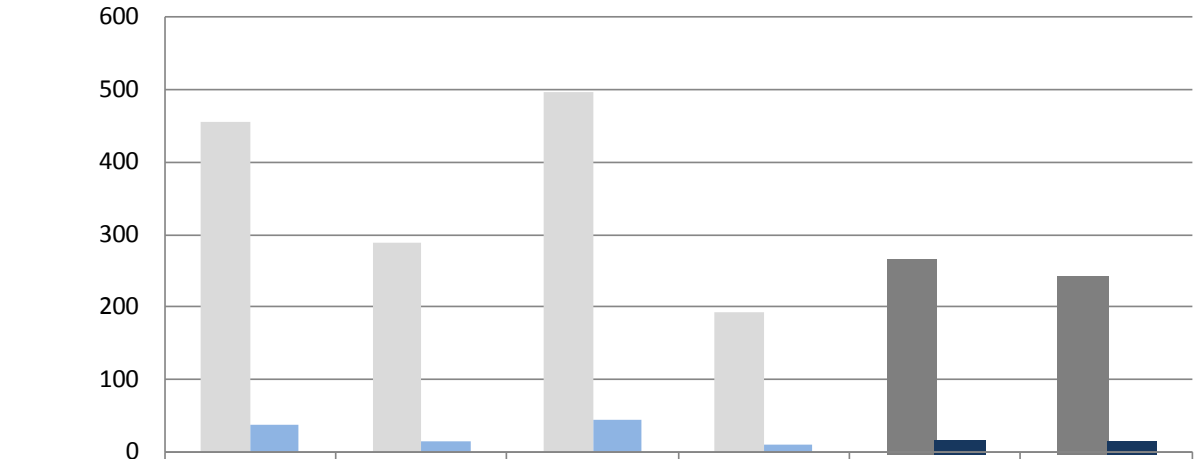
Table 2	Percent of the Population 65 and over (2010)
	Percent of the Population over 65
Boone	21.2%
Colfax	13.6%
Nance	19.1%
Platte	14.8%
East Central	**15.5%**
Nebraska Total	**13.6%**
United States	**13.1%**

(Source: 2010 U.S. Census)

Table 3	Percent of Individuals over 65 with Dementia	
	Number of Individuals over 65 with Dementia	Percent of Population over 65 with Dementia
Boone	234	20.6%
Colfax	264	21.9%
Nance	137	19.5%
Platte	1060	19.3%
East Central	**1,696**	**19.8%**
Nebraska Total	**46,922**	**19.5%**

(Source: 2010 Community Health Assessment)

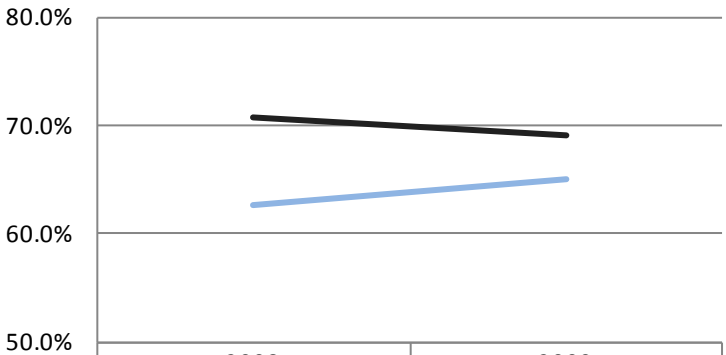
Figure 2: Inpatient Hospitalizations for Pneumonia and Influenza per 10,000 Population (2007-2008)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Pneumonia	454.7	288.6	497.6	192.1	265.1	242.1
Influenza	37.0	14.0	43.9	10.1	17.2	14.0

(Source: 2010 Community Health Assessment)

Figure 3: Percent of Population over 65 Immunized for Pneumonia

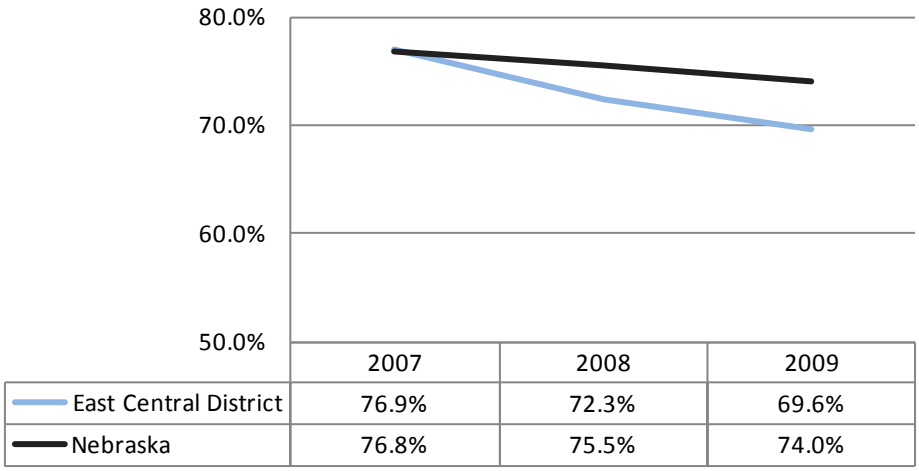


	2008	2009
East Central District	62.6%	65.1%
Nebraska	70.7%	69.1%

(Source: 2010 Community Health Assessment)

Figure 4: Percent of Population over 65

Immunized for Influenza



	2007	2008	2009
East Central District	76.9%	72.3%	69.6%
Nebraska	76.8%	75.5%	74.0%

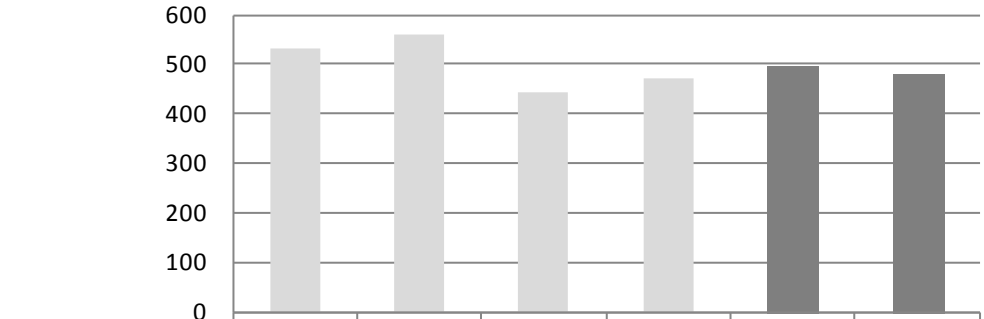
(Source: 2010 Community Health Assessment)

Cancer

Table 4	Top Five Perceived Health Problems by County and Ethnicity						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

(Source: 2011 Community Health Survey)

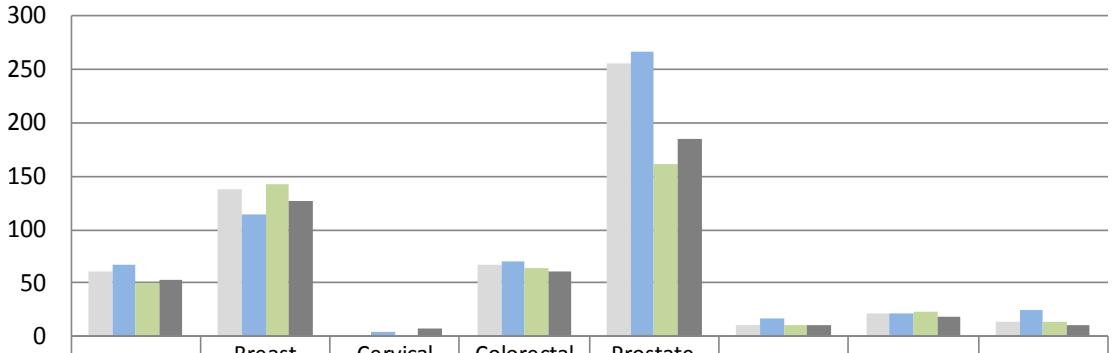
Figure 5: Incidence of Cancer per 100,000 Population (2003-2007)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Rate of Incidence of Cancer per 100,000	533.9	558.7	442.1	472.8	494.5	478.7

(Source: 2010 Community Health Assessment)

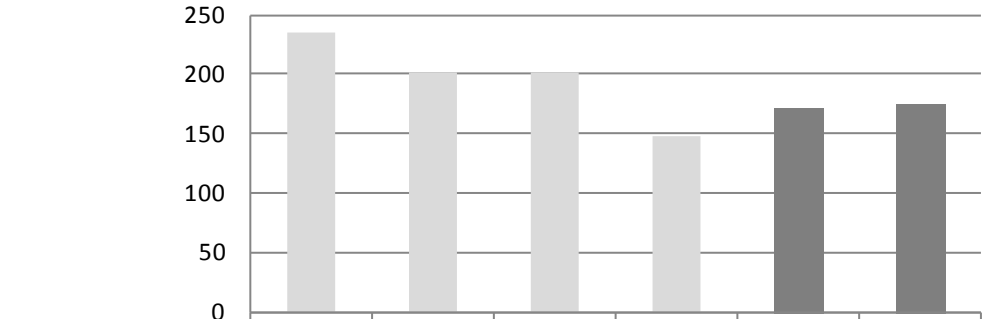
Figure 6: Incidence of Cancer by Type per 100,000 Population (2003-2007)



	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	60.6	138.6	0.0	67.1	255.0	11.1	22.0	13.2
Colfax	66.6	115.1	4.1	70.3	267.2	17.1	21.7	25.2
Nance	50.6	142.4	0.0	63.4	161.8	11.4	22.6	14.5
Platte	53.8	127.6	7.0	61.6	185.7	11.1	18.7	10.6
East Central	56.5	127.1	5.3	63.9	209.6	12.4	20.1	14.0
Nebraska	65.6	123.2	7.2	56.2	158.9	17.1	20.4	13.8

(Source: 2010 Community Health Assessment)

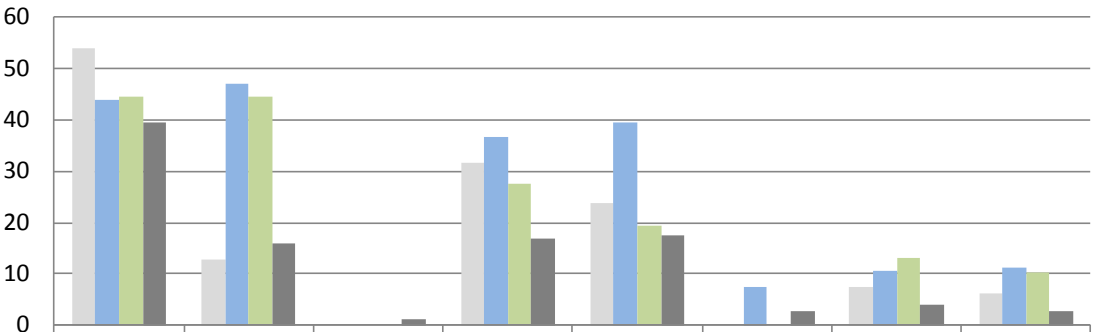
Figure 7: Deaths Due to Cancer per 100,000 Population (2005-2009)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Deaths Due to Cancer per 100,000	235.1	200.8	201.5	147.2	171.1	174.0

(Source: 2010 Community Health Assessment)

Figure 8: Deaths Due to Cancer by Type per 100,000 Population (2005-2009)

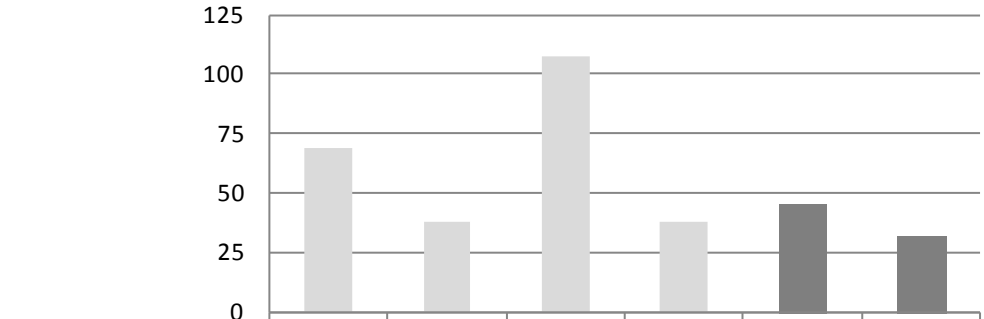


	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	53.9	12.7	0.0	31.8	23.9	0.0	7.5	6.1
Colfax	44.0	46.9	0.0	36.8	39.4	7.4	10.5	11.1
Nance	44.5	44.6	0.0	27.7	19.4	0.0	13.2	10.2
Platte	39.6	16.1	1.1	17.0	17.5	2.7	4.0	2.9
East Central	42.8	23.1	0.7	23.2	22.4	2.9	6.5	5.5
Nebraska	47.1	21.2	1.6	18.2	24.7	3.1	7.5	7.1

(Source: 2010 Community Health Assessment)

Child and Adolescent Mortality

Figure 9: Death Rate per 100,000 Population for Ages 1-19 (2005-2009)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Death Rate per 100,000 for Ages 1-19	68.8	37.7	107.6	38.0	45.5	31.7

(Source: 2010 Community Health Assessment)

Radon Levels

Figure 10: Average Radon Levels by County in Nebraska (2009)

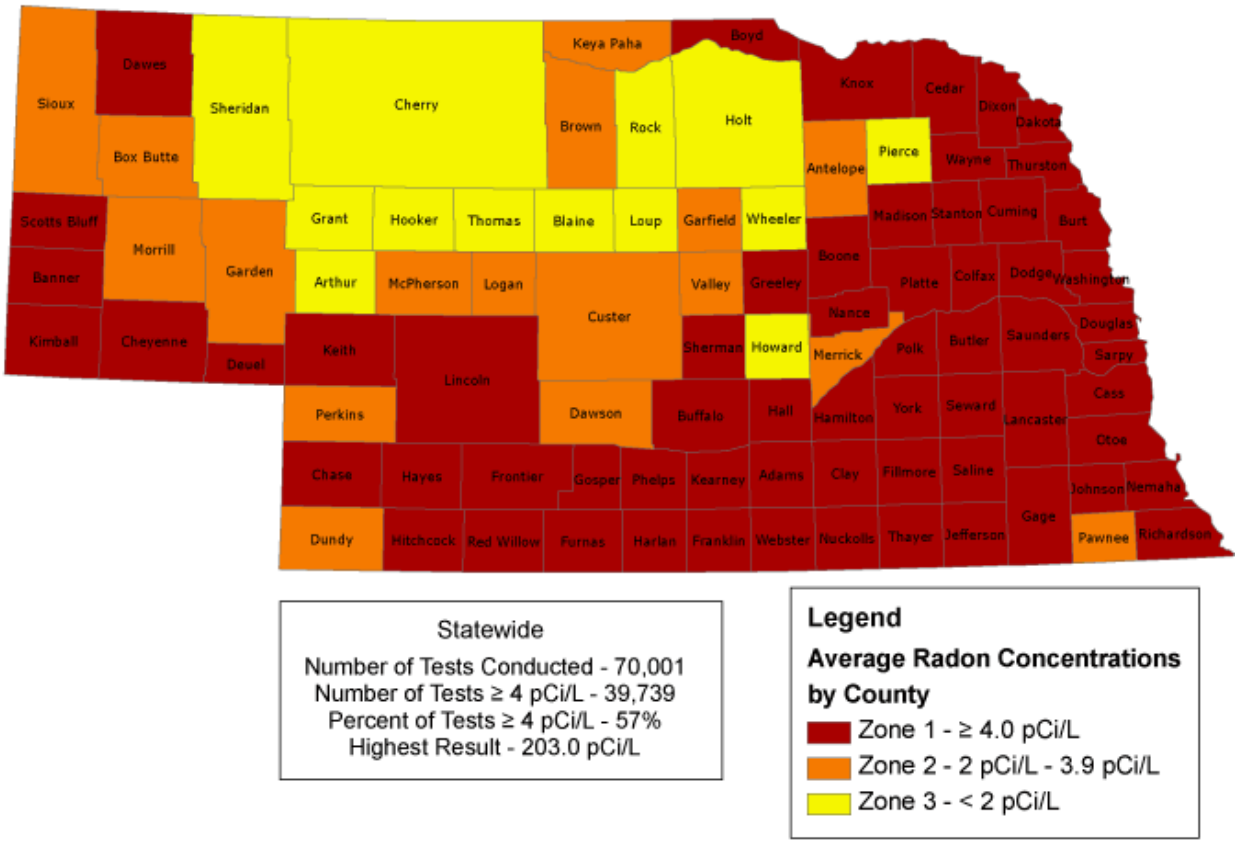
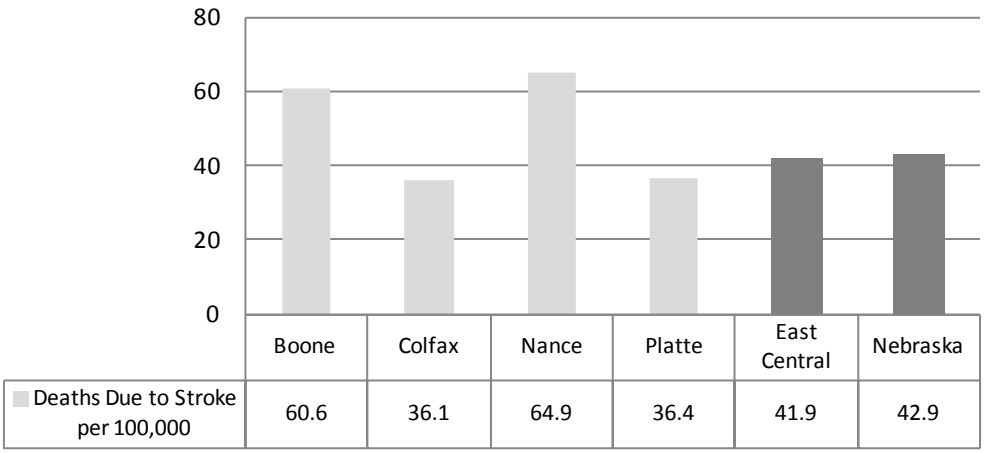


Table 6	East Central District Radon Levels (2009)		
	Average Radon Level (pCi/L)	% Results over 4 pCi/L	Highest Result (pCi/L)
Boone	6.4	66%	30.9
Colfax	7.0	66%	53.4
Nance	6.7	61%	28.0
Platte	5.3	47%	47.7
East Central	**5.9**	**54%**	**53.4**
Nebraska	**5.9**	**57%**	**203.0**

(Source: Nebraska Radon Program)

Stroke

Figure 11: Deaths Due to Stroke per 100,000 Population (2005-2009)



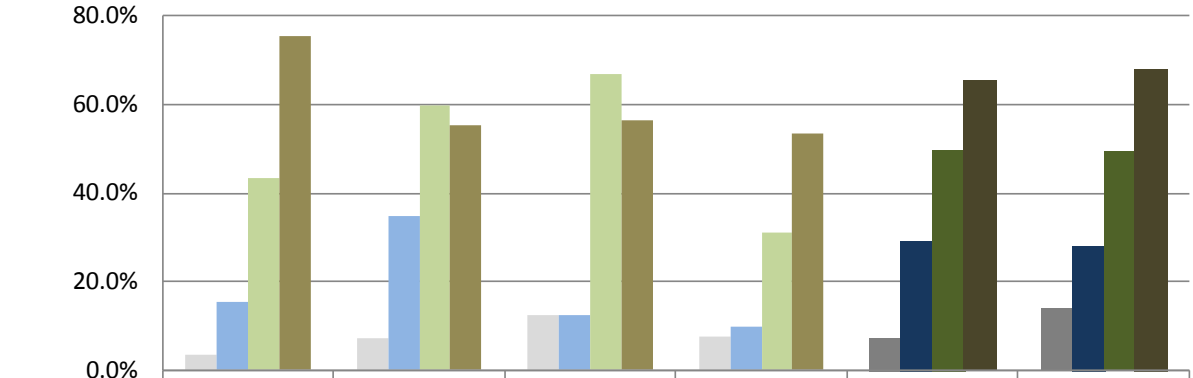
(Source: 2010 Community Health Assessment)

Underage Alcohol and Tobacco Use

Table 7	Top Five Perceived Risky Behaviors by County and Ethnicity						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

(Source: 2011 Community Health Survey)

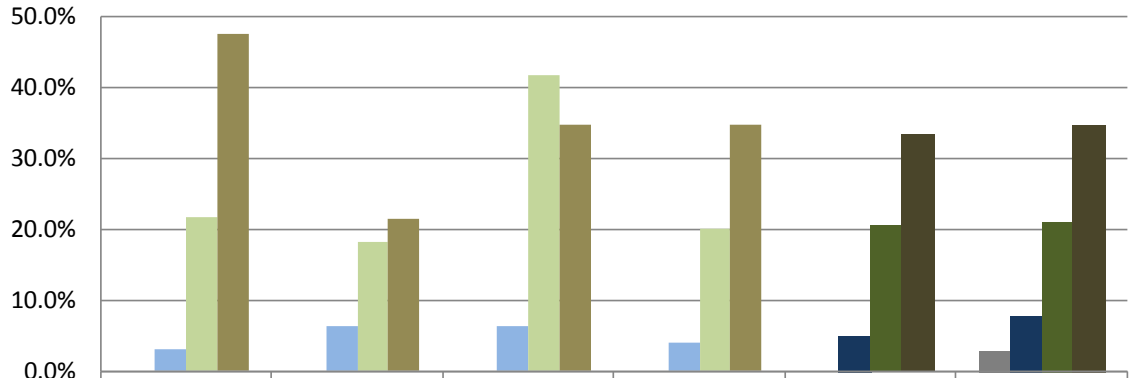
Figure 12: Lifetime Alcohol Use by Grade (2010)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	3.7%	7.1%	12.5%	7.5%	7.3%	14.0%
8th Grade	15.6%	34.8%	12.5%	9.8%	29.3%	28.0%
10th Grade	43.3%	59.8%	66.7%	31.2%	49.9%	49.3%
12th Grade	75.4%	55.3%	56.5%	53.5%	65.3%	67.9%

(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

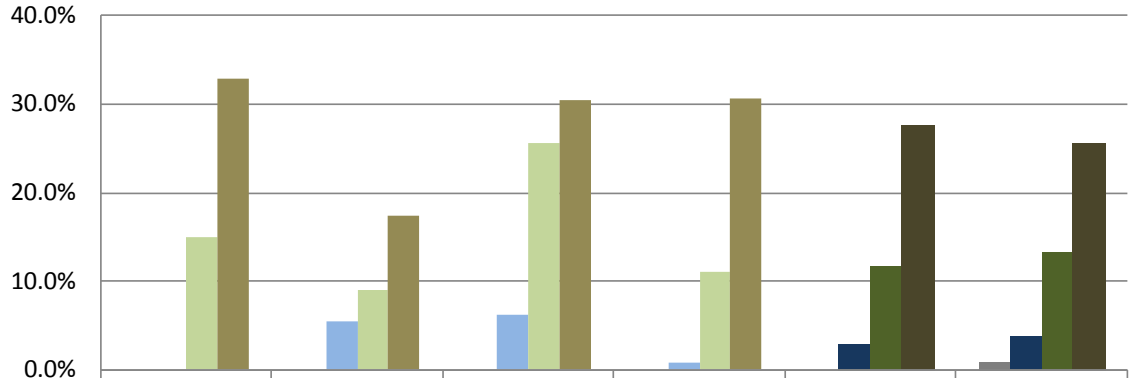
Figure 13: 30-Day Alcohol Use by Grade (2010)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%
8th Grade	3.1%	6.3%	6.3%	4.1%	4.9%	7.9%
10th Grade	21.7%	18.2%	41.7%	20.2%	20.6%	21.0%
12th Grade	47.5%	21.6%	34.8%	34.8%	33.4%	34.7%

(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

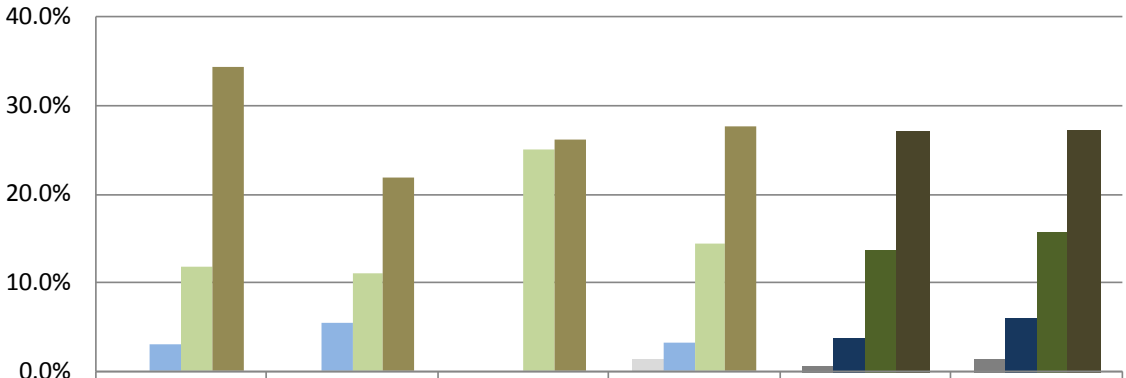
Figure 14: 30-Day Binge Drinking (5 or More Drinks) by Grade (2010)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
8th Grade	0.0%	5.4%	6.3%	0.8%	2.8%	3.8%
10th Grade	15.0%	9.1%	25.6%	11.1%	11.6%	13.4%
12th Grade	32.8%	17.5%	30.4%	30.7%	27.6%	25.6%

(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

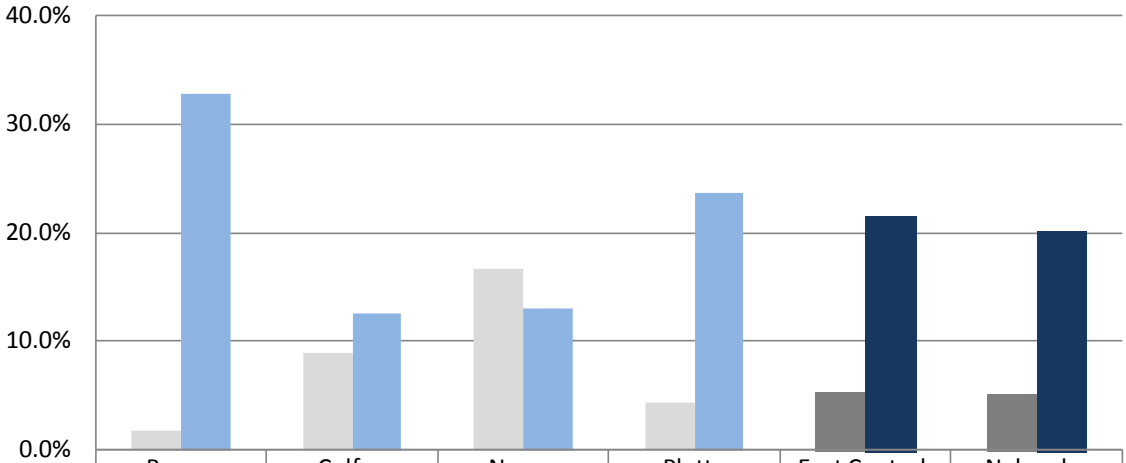
Figure 15: 30-Day Tobacco Use by Grade (2010)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	0.0%	0.0%	0.0%	1.3%	0.7%	1.3%
8th Grade	3.1%	5.4%	0.0%	3.2%	3.9%	6.1%
10th Grade	11.9%	11.1%	25.0%	14.4%	13.7%	15.7%
12th Grade	34.4%	21.9%	26.1%	27.6%	27.1%	27.2%

(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

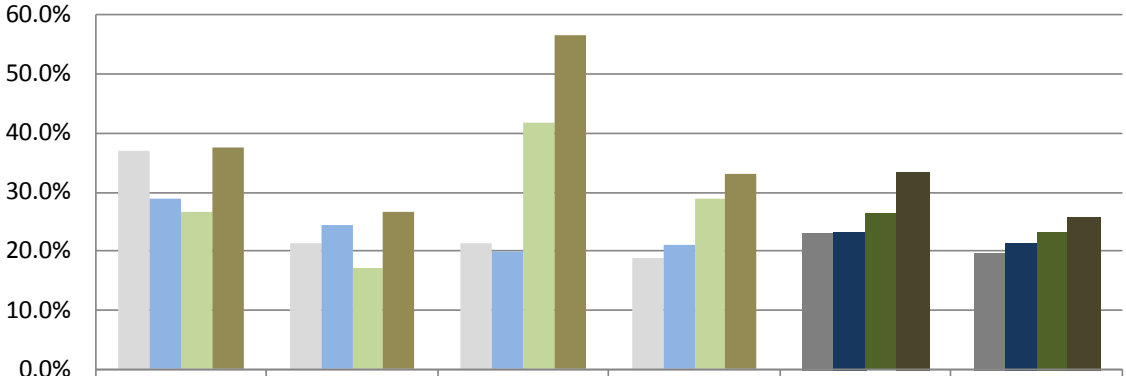
Figure 16: Percent of Youth Who Have Driven Under the Influence of Alcohol in the Past 12 Months by Grade (2010)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
10th Grade	1.7%	8.9%	16.7%	4.4%	5.3%	5.1%
12th Grade	32.8%	12.5%	13.0%	23.7%	21.6%	20.1%

(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

Figure 17: Percent of Youth Who Rode in a Car in the Past 30 Days Driven by Someone Who Had Been Drinking Alcohol (2010)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
6th Grade	37.0%	21.4%	21.4%	18.8%	23.0%	19.6%
8th Grade	29.0%	24.3%	20.0%	21.1%	23.2%	21.4%
10th Grade	26.7%	17.2%	41.7%	28.8%	26.4%	23.3%
12th Grade	37.7%	26.7%	56.5%	33.0%	33.5%	25.7%

(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

Table 8	Percent of Youth Who Report Their Parents Would Say it is Very Wrong for Them to Use Alcohol		
	8th Grade	10th Grade	12th Grade
Boone	80.0%	64.4%	47.5%
Colfax	78.2%	65.8%	60.8%
Nance	75.0%	50.0%	45.5%
Platte	81.3%	69.0%	52.2%
East Central	**79.6%**	**67.1%**	**53.2%**
Nebraska	**79.0%**	**67.9%**	**53.3%**

(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

Boone County Community Health Improvement Planning Summit

June 7, 2012

Focus Question:

Based on the results of our community assessment, what will we choose to focus on over the next three years to improve the health of all who live, work and play in Boone County and how will we mobilize our efforts?

Session Objectives:

- **Choose priority areas of focus**
- **Mobilize around our priorities**
- **Identify outcomes, goals and objectives**
- **Design an organizational structure to support activities over the next three years**

Process Guidelines:

- Test assumptions and inferences
- Share all relevant information
- Hear and be heard
- Share the air
- Use specific examples and agree on what important words mean
- Electronics off (or in silent mode)

Questions for Data Presentation:

- What surprises you in the information shared?
- What DOESN'T surprise you? (Yep, you expected this…)
- What else stands out for you from the presentation? Patterns/relationships?
- How should this information inform our task today?

Rank Order the Strategic Issues

1=Top priority – Most important
2=Next important
3=Next important
and so forth….

CHIP Strategic Planning Grid: Boone County CHIP- Cancer

Goal 1: To increase awareness of cancer prevention education and screenings in Boone to aid in decreasing overall cancer rates.

Current Baseline or Data to support the need for the goal: Incidence of cancer per 100,000 population in Boone County is 533.9 compared to the district at 494.5 and state of 478.7. Incidence of cancer by type per 100,000 population include: Lung Cancer Boone 60.6, district 56.5, state 65.6; Breast Cancer Boone 138.6, district 127.1, state 123.2; Colorectal Cancer Boone 67.1, district 63.9, state 56.2; Prostate Cancer Boone 255.0, district 209.6, state 158.9; Lymphoma Boone 22.0, district 20.1, state 20.4. Deaths due to cancer per 100,000 population: Boone 235.1, district 171.1, state 174.0.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE	RESPONSIBILITY	BUDGET COMMENTS/PROGRESS
To decrease the incidence of colon cancer per 100,000 population from 67.1 to 65.0. To decrease the incidence of lung cancer from 60.6 to 58.6.	Boone County Health Center Colon Cancer FOBT (Fecal Occult Blood Test) kits available from ECDHD Boone Central School Past superintendent Dick Stephens School Involvement Substance Abuse Prevention Program of ECDHD		HP 2020 C16 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines HP 2020 C-2 Reduce the lung cancer death rate	Objective 1.1 Partner with a Boone County Pharmacy and provide FOBT kits during March and April of each year. Objective 1.2 Utilize newspaper in Boone County to increase awareness of Colon Cancer. Objective 2.1 Increase awareness of radon and the need for testing to aid in preventing lung cancer	Objective 1.1 By Feb. 1, 2013 secure one pharmacy to partner with on FOBT kit distrib-tion. Objective 1.2 By April of each year ECDHD will submit one ad and one article to local newspaper regarding colon cancer screening and/or where to obtain free colon cancer kits. Objective 2.1 By February of each year submit one article and one ad into Boone County newspaper to	Objective 1.1 ECDHD staff Kaise Recek Objective 1.2 ECDHD staff Kaise Recek Objective 2.1 ECDHD staff Kaise Recek	Objective 1.1 ECDHD funds from NE Colon Cancer Program $200 Objective 1.2 ECDHD funds from NE Colon Cancer Program $200 Objective 2.1 NE DHHS Radon Risk Awareness Funding for

To increase the use of protection against sunburns to aid in decreasing melanoma.			HP 2020 C-20 Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn	from radon. Objective 3.1 Educate outside pool users of benefits of protecting oneself from the sunburn.	increase awareness of radon risks. Objective 3.1 POOL COOL funds in 2010, 2011 and 2012 have been used to purchase lifeguard and/or public umbrellas and UV wrist bans. Aluminum signs have been provided to Albion pool to encourage sun protection. Annually, communication with Albion pool will occur reminding staff/city of these sun protection resources.	Objective 3.1 ECDHD staff Kaise Recek	2013 and possibly 2014 for amount of $200.00 New grant may need to cover costs of media. Objective 3.1 Items already purchased. Staff time from ECDHD to communicate with Albion pool/city offices.

CHIP Strategic Planning Grid: Boone County CHIP- Bullying Coalition

Goal 1: Decrease bullying rates in 6th and 12th grade students in Boone County

Current Baseline or Data to support the need for the goal: 25.9% of youth in 6th grade in Boone County report being bullied at school in the past 12 months; this the district average of 6th graders being bullied is 22.6%. 19.7% of 12th graders in Boone County report being bullied at school as compared to the district rate of 18.7% and state average of 19.2% Attended: Jan Zurcher, Kim Kava, Mandy Kumm, Ted Travis

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE	RESPONSIBILITY	BUDGET	COMMENTS/PROGRESS
Reduce percentages of 6th grade youth reporting being bullied at school over the last 12 months to less than the district average of 22.6% and 12th grade bullying rate of 19.7% to be below the district average of 18.7%.	YRBS • Community resources: • School Counselors • Parents • Clergy • Local Mental Health professionals • Teachers • Youth for Christ?	(Needed Resources) What are the school policies Action steps taken by school personnel when bullying is reported. Others who might be interested in cause Would Youth for Christ provide antibullying speaker to Boone County?	Re-enforce that the school's policies and procedures are followed each and every time that an incident is reported, based on the presumption that they have anti-bullying policies and procedures. Accountability to those that know about the situation. Make	Create a support program created by peers and staff (been there/survived that) Assist in bringing speakers on the topic to visit the schools/organizations Involve parents through PTOs and/or booster clubs	By December 31, 2014 By Dec. 2014 By Dec. 2014	Coalition will engage the schools and other organizations to facilitate this program. Coalition Coalition	No budget needed immediately but will be for speakers	

			education available to staff/students/parents on the negative effect of bullying Ensure that other youth organizations are encouraging anti-bullying practices (4-H, Teammates, Girl Scouts, Boy Scouts, sports clubs/teams, youth groups) Recruit partners					

CHIP Strategic Planning Grid: Boone County CHIP – Childhood Obesity

Goal 1: Promote Healthy Weight and Reduce Chronic Disease Risk

Current Baseline or Data to support the need for the goal: 15.4% (look up reference 19) of the youth in ECDHD are overweight.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET COMMENTS PROGRESS
To decrease the percentage of overweight youth from 15.4% to the state average of 13.7%	NAP SACC program for day care Fuel Up to Play 60 - 4K for schools to apply for. Funding comes and goes for Nebraska Schools. Boone County School District. Hospital has a daycare center.	Some counties are able to pull BMI levels from area schools – Boone is not able to do this at this time. No day care providers in Boone County know about NAP SACC program. No Achieve or CATCH programs operating in Boone County. No weight loss programs targeted for overweight or obese children.	HP2020-NWS-10 Objective 1 Reduce the proportion of children and adolescents who are considered obese. NWS-17 Objective 2 Reduce consumption of calories from solid fats and added sugars in the population age	Objective 1 1.1 Contact all school nurses in Boone County to see if they can help collect data. 1.2 Contact select schools in Boone County regarding measurement of Weight/Height of third graders to assess for BMI baseline. Objective 2 2.1 Obtain and provide material from NAP SACC to local daycare providers. 2.2 Hospital will	Objective 1 By 12/31/2012 have a BMI average for third graders in Boone County. Objective 2 2.1 By 12/31/2012 daycare providers will have material 2.2 Ongoing	Objective 1 ECDHD – School Surveillance Nurse Objective 2 2.1 Nicole Levander Boone County Hospital and Kaise Recek with ECDHD. 2.2 Nicole	Objective 1 Funding - In-kind by ECDHD Objective 2 No funding required

			2-5 years.	communicate with NAP SACC coordinator on a quarterly basis. 2.3 Incorporate NAP SACC *Evidenced Based* - into daycare centers in Boone County.	2.3 By 06/15/2013 we will reach 5 in home daycare providers.	Levander Boone County Hospital and Kaise Recek with ECDHD. 2.3 Kaise Recek with ECDHD.	2.3 ECDHD has $50,000 in funding for this project for the district implementation.

CHIP Strategic Planning Grid: Boone County CHIP- Youth Substance Abuse

Goal 1: Reduce youth substance abuse and access among 6th – 12th graders in Boone County.

Current Baseline or Data to support the need for the goal: Percent of 12th graders driving under the influence of alcohol in the past 12 months for Boone is 32.8%, district is 21.6%, while state is 20.1%. Percent of 12th graders who reported riding in a car in the past 30 days with someone who had been drinking alcohol: Boone 6th graders 37.0%, 8th graders 29%, 10th graders 26.7%, 12th graders 37.7%; District average for 6th grade is 23%, 8th grade 23.2%, 10th grade 26.4%, 12th grade 33.5%; state average 6th grade 19.6%, 8th grade 21.4%, 10th grade 23.3%, 12th grade 25.7%. Thirty day alcohol use for youth in Boone County as 10th graders is 21.7%, 12th graders 47.5%. This compares to the district 10th grade level of 20.6% and 12th grade level of 33.4%. State results for 30 day alcohol use is 21% for 10th graders and 34.7% for 12th graders.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE	RESPONSIBILITY	BUDGET COMMENTS/PROGRESS
By June 2015, decrease by 10% the percent of 10th and 12th graders who report impaired driving from 32.8% in 12th graders to 29.52%.	Why Am I Tempted (WAIT) Training (Boone Central & St. Mikes) Back To BASICs TEAM MATES Law enforcement (Boone Central) Businesses through financial donations for after prom parties REACH (Boone Central)	Faith Based Law enforcement Parents Local Coalition members Incentives for non-athletes do abstain from substance abuse School accountability for alcohol/drug offences Medicine Take Back Events have not been held in	HP 2020 SA <u>Objective 1</u> Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol	<u>Objective 1.1</u> Perform the *Evidence Based Strategy* of compliance checks with collaboration from Boone County Sheriff's Department. . <u>Objective 1.2</u> Implement *Evidence Based* mass media campaigns focusing on consequences; health, social, and legal, of alcohol impaired driving.	<u>Objective 1.1</u> By Sept 30, 2014 one check will be performed. <u>Objective 1.2</u> By Sept 30, 2014 provide community education through the use of: billboards; print media; Facebook and Back to BASICS website.	<u>Objective 1.1</u> Boone County Sheriff's Department <u>Objective 1.2</u> ECDHD program staff B. Preister and K. Recek	<u>Objective 1.1</u> Grant funding $ Boone County Medical Clinic <u>Objective 1.2</u> Grant funding $6,400 Boone County Medical Clinic Region 4 Block Grant $ 1,449.00 Region 4 Mini-Grant $ 250.00

		Boone		Objective 1.3 Collaborate with law enforcement implement *Evidence Based* sobriety checkpoints. Objective 1.4 Partner with schools to strengthen their youth prevention activities such as Students Against Destructive Decisions (SADD) group. *Evidence Based* Objective 1.5 Conduct *Evidence Based (SAMHSA)* Responsible Beverage Server Training (TIPS) targeting "carry out" liquor establishments to reduce youth access	Objective 1.3 By Sept 30, 2014 Sobriety checkpoints will be conducted one time. Objective 1.4 By Sept 30, 2014 partner with one school in Boone County to strengthen or support youth prevention activities such as SADD. Objective 1.5 By Sept 30, 2014 conduct TIPS training to reach one business.	Objective 1.3 Law enforcement ECDHD program staff B Preister Objective 1.4 ECDHD program staff B Preister Objective 1.5 TIPS trainers: Zyweic, Black, Gragert, Preister and Jensen.	Objective 1.3 Grant funding $ 3,890.00 Boone County Medical Clinic Objective 1.4 Grant funding $ 1,750.00 Boone County Medical Clinic Objective 1.5 Grant funding $ 3,100.00 Boone County Medical Clinic Region 4 Block Grant $ 500.00

2. By June 2015, decrease the percent of 10th and 12th graders who report riding in a vehicle in the past 30 days driven by someone who had been drinking alcohol from 26.7% in 10th graders to ____% and 37.7% in 12th graders to _____%.			HP 2020 SA 1 Objective 2 Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol	Objective 2.1 Perform the *Evidence Based Strategy* of compliance checks with collaboration from Boone County Sheriff's Department and Albion Police Department. Objective 2.2 Implement *Evidence Based* mass media campaigns focusing on consequences; health, social, and legal, of alcohol impaired driving. Objective 2.3 Collaborate with law enforcement implement *Evidence Based*	Objective 2.1 By Sept 30, 2014 one check will be performed. Objective 2.2 By Sept 30, 2014 provide community education through the use of: billboards; print media; Facebook and Back to BASICS website. Objective 2.3 By Sept 30, 2014 Sobriety checkpoints will be conducted one	Objective 2.1 ECDHD Boone County Law Enforcement Objective 2.2 ECDHD program staff B. Preister and K. Recek Objective 2.3 Law enforcement	Objective 2.1 Grant funding $ Objective 2.2 Grant funding $ 6,400.00 Region 4 Block Grant $ 1,449.00 Region 4 Mini-Grant $ 250.00 Boone County Medical Center Objective 2.3 Grant funding $ 3,890.00 CCH In-kind $ 2,000.00

				sobriety checkpoints. Objective 2.4 Partner with schools to strengthen their youth prevention activities such as Students Against Destructive Decisions (SADD) group. *Evidence Based* Objective 2.5 Conduct *Evidence Based (SAMHSA)* Responsible Beverage Server Training (TIPS) targeting "carry out" liquor establishments to reduce youth access.	time. Objective 2.4 By Sept 30, 2014 partner with one school in Boone County to strengthen or support youth prevention activities such as SADD. Objective 2.5 By Sept 30, 2014 conduct TIPS training to reach six businesses.	ECDHD program staff B Preister Objective 2.4 ECDHD program staff B Preister Objective 2.5 TIPS trainers: Zyweic, Black, Gragert, Preister and Jensen.	Objective 2.4 Grant funding $ 1,750.00 Boone County Medical Clinic Objective 2.5 Grant funding $ 3,100.00 Boone County Medical Center Region 4 Block Grant $ 500.00
3. Reduce the number of 12th graders in Boone County who report past 30-day alcohol use from 47.5%			HP 202 SA 2.1 Increase the proportion of at risk adolescents aged 12 to 17	Objective 3.1 Partner with schools to strengthen their youth prevention activities such as Students Against Destructive Decisions (SADD)	Objective 3.1 By Sept 30, 2014 provide community education through the use of: billboards; Facebook and Back	Objective 3.1 ECDHD program staff B Preister	Objective 3.1 Grant funding $ 1,750.00 Boone County Medical Clinic

to 43.5% by July 2015. I don't think the group can feasibly decrease each year 4% do you? I didn't list each each by 4% but it is their plan and we could do that. **4. By Dec. 2015 to provide a safe and secure method for community members to properly dispose of unwanted and unused medications**.			years who, in the past year, refrained from using alcohol for the first time HP 2020 SA 19 Reduce the past-year nonmedical use of prescription drugs	group. *Evidence Based* Objective 4.1 Partner with local law enforcement and community agencies to provide a medicine take back event. Objective 4.2 Collaborate with local law enforcement to provide a med take back unit in county. Objective 5.1	to BASICS website. Objective 4.1 By September 2013 provide one take back event in Boone County. Objective 4.2 By September 2013 purchase a med take back unit and secure location for unit.	Objective 4.1 ECDHD staff B. Preister Boone County Sheriff's Department Objective 4.2 ECDHD staff B. Preister Boone County	Objective 4.1 Grant funds Objective 4.2 Purchased with grant funds from previous year

5. By 2015 Investigate additional community resources/teens/ agencies to partner on substance abuse prevention and maximize resources with Back to BASICs.			Objective 5 Increase the proportion of adolescents (and community members) who disapprove of substance abuse	Build community interest in preventing youth substance abuse. Objective 5.2 Hold focus group with Boone County youth to determine their views on problem areas as well as activities.	Objective 5.1 Four agencies will be approached by April 2013. Objective 5.2 One focus group will be held by April 2013.	Sheriff's Department Objective 5.1 ECDHD staff B.Preister, Boone County Schools and community Objective 5.2 ECDHD staff B. Preister and Boone County Schools	Objective 5.1 Grant funds cover time of ECDHD staff Objective 5.2 Grant funds cover cost of ECDHD staff time

CHIP Strategic Planning Grid: Boone County CHIP- Mental Health

Goal 1: Improve mental health through prevention and by ensuring access to appropriate, quality, mental health services

Current Baseline or Data to support the need for the goal: While Boone County has a mental health therapist the county has no regular psychiatric support services. While the mental health is statistically better than the state of Nebraska as far as percent of population having ten or more days when their mental health was bad 9.7% for district and 10.5% for state, and while the area has a lower suicide mortality rate at 5.1 individuals compared to the state average of 10.5 per 100,000 the district does have a slightly higher rate of self-inflected injury at 77 per 100,000 compared to 74 per 100,000. Mental health was identified as one of the top three needs in the district in the written survey by 14% of those who took the survey and ranked ninth out of a total of 24 items.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET COMMENTS PROGRESS
Boone County will improve the mental health system by December of 2014 by adding at least one service or one new provider in the community.	Boone County Hospital - Gina Baker. Local providers. School Authorities Resources from distant community mental health providers.	Lack of recourses for mental health from patients. Lack of dedicated mental health funding sources. Ms. Baker is not full-time. Lack of follow-through No consequences when clients do not follow-through.	1. Increase the proportion of adults with mental health disorders who receive treatment. *Evidenced Based The USPSTF recommends screening adults for depression when depression care supports are in place.*	1.1 Boone County Mental health CHIP group meet on a regular basis (bi-monthly or quarterly) to monitor services and increase communication between Boone County Hospital, Mental Health providers, and ECDHD. 1.2 Add in other community agencies such as law enforcement. 1.3 Look for grants or funding sources to look	1.1 Group will meet regularly and minutes will be kept of the meetings. 1.2 Ongoing 1.3 Have applied for at least one	1.1 Boone County Hospital and ECDHD. 1.2 Boone County Mental CHIP group. 1.3 Boone County Mental Health CHIP	

				for community providers. 1.4 Explore ECDHD and Boone County options for BH support.	new funding opportunity by December of 2015. 1.4 December of 2013.	Group 1.4 Boone County Administrator and ECDHD Administrator.	1.4 Vic Lee was going to set up meeting with Medical Staff and R. Rayman was going to explore capacity for ECDHD to go to Boone County to provide support.

[i] East Central District Health Department. *East Central District Health Departments and The Good Neighbor Community Health Center Programs* http://eastcentraldistricthealth.com/services.asp (December 2011)