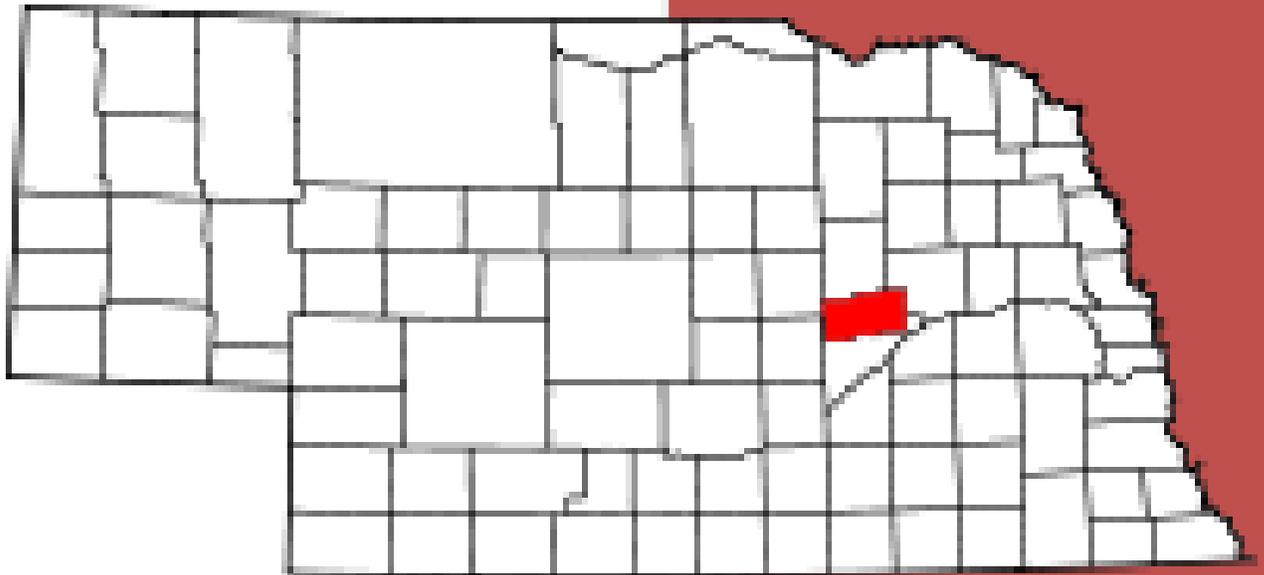


# Nance County

## Community Health Improvement Plan



**Public Health**  
Prevent. Promote. Protect.

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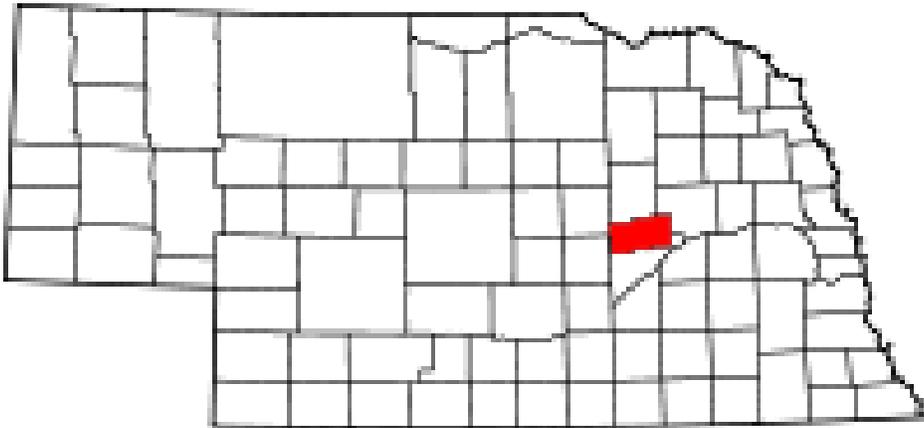
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# Nance County: Community Health Improvement Plan

Nance County has the lowest population of any county in the East Central District Health Department service area. Fullerton is the county seat and Genoa is where the Genoa Community Hospital is located. The population base in Fullerton is 1,307 and in Genoa is 1,003 out of the total county population of 3,735 . The other municipality in Nance County is Belgrade.



## 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 Genoa Community Hospital and the East Central District Health Department to complete a joint Community Health Improvement Plan (CHIP). The major reasons are that together both attain a Community Health Needs Assessment and CHIP that they may not have been able to achieve on their own. 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 Genoa Community Hospital has been involved especially in the 2002 and 2007 process as a partner with that Community Health needs and planning process.

- Changes in the Health Care Environment

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 501(c)3 hospitals to conduct a community health needs assessment, widely publicize assessment results, and adopt an implementation strategy to meet needs identified by the assessment. Genoa Community Hospital is not a 501 3 (c) hospital according to the CEO and therefore will not be required to conduct the community health needs assessment, however, since the East Central District Health Department has done this and developed an implementation strategy with Genoa staff the hospital would be able to meet the requirements.

- 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.

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.

Since Genoa is not a 501 3(c) it is unknown how the above IRS requirement will affect the Genoa Community Hospital and the CEO was advised to check with his advisors regarding the issue of community benefit.

- 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 Nance County CHIP**

### Genoa Community Hospital

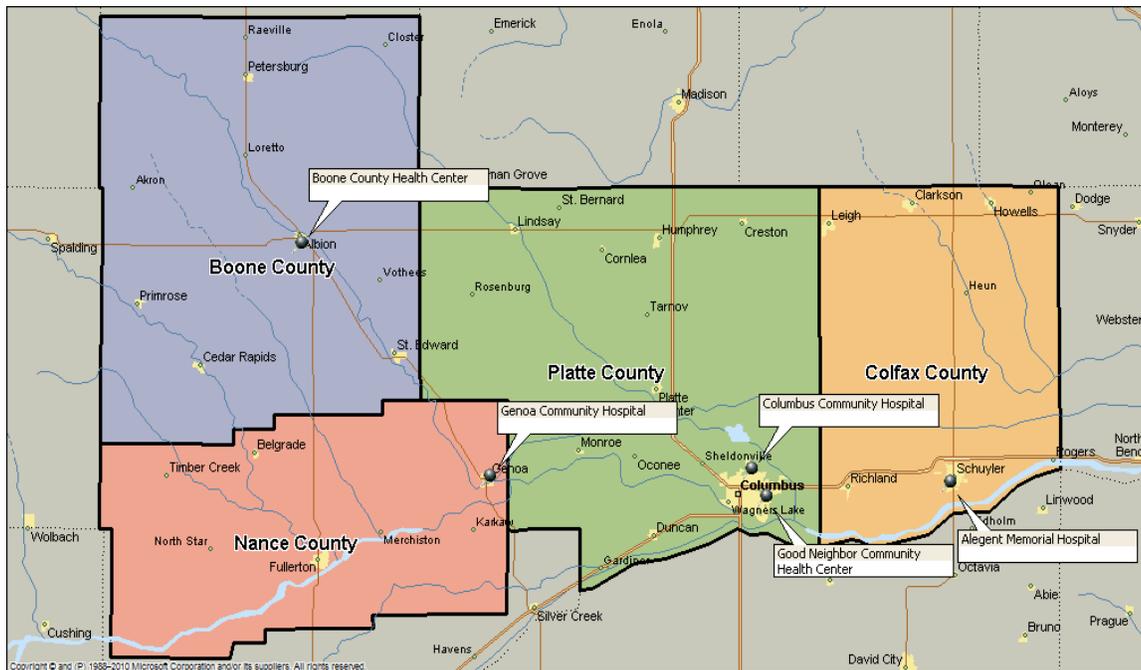
There is one hospital located in Nance County. The Genoa Community Hospital defines its primary service area as Nance County and its secondary service area as the 10 mile radius surrounding the hospital.

Genoa Medical Facilities (GMF) is the sole health care facility in Nance County, Nebraska, located in the city of Genoa, NE. GMF is comprised of the hospital, long-term care, and assisted living facilities. The hospital is a 19-bed, critical access, city owned, non-profit facility. GMF provides healthcare for a service area of almost 5,000 people within a 10-mile radius. The 39-bed long term care unit and the 16-unit assisted living facility provide a home for those whose needs include additional living care. Most importantly, GMF provides the care for the people of the community. The care people receive here pales by comparison to the services offered at large facilities. For this reason, the community is uniquely supportive of the hospital's mission, which is to be "Champions for Rural Healthcare."

### East Central District Health Department

The ECDHD/GNCHC serves four rural Nebraska counties—Boone, Nance, Nance, and Nance—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.<sup>1</sup>

- 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

Depth of special knowledge or expertise for Community Health Improvement Planning

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 Nance 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.

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

Organizations that collaborated in conducting the CHNA and Nance County CHIP

Over forty entities listed below had one or more participants in this process. The agencies participating in the district wide CHNA are listed in alphabetical order below. The Nance County CHIP had participation from East Central District Health Department, Genoa Community Hospital and Good Neighbor Community Health Center. One of the issues identified at the Nance County CHIP was limited participation by the community in health care.

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

- 24 Golden Living Center
- 25 Good Neighbor Community Health Center
- 26 Greystone Manufacturing
- 27 Harold Stevens Accounting
- 28 HDR Architectural Firm
- 29 Jackson Services
- 30 Local Board of Health public minded citizen
- 31 Nebraska Department of Health and Human Services
- 32 Nebraska State Patrol
- 33 Nebraska State Senator - District 22
- 34 Platte County Attorney
- 35 Platte County Emergency Management
- 36 Progressive Swine Technologies
- 37 Public Minded Citizens
- 38 Rainbow Center – Mental Health Center
- 39 Schuyler Public Schools
- 40 Sertoma Service Club
- 41 Time for Change - Gang Prevention
- 42 United Way
- 43 Youth for Christ
- 44 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 Genoa Community 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.

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						

#### 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 Genoa Community Hospital past Administrators . During this third iteration of the MAPP process ECDHD served as the co-lead agency with support from the hospital in both personnel and financial resources on the day of the CHIP planning meeting.

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](http://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. Schmeckle 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
➤ <b>Accidental Death</b>	<ul style="list-style-type: none"> <li>• High rates of unintentional, motor vehicle, and work-related accidental deaths as compared to the state.</li> </ul>
➤ <b>Aging Population</b>	<ul style="list-style-type: none"> <li>• High percentage of the population is over 65 for the district.</li> <li>• High percentage of elderly individuals report lacking a social network.</li> </ul>
➤ <b>Cancer</b>	<ul style="list-style-type: none"> <li>• The top perceived health problem in three of the four counties, and the overall top perceived health problem in both the <i>Community Health Survey</i> and the <i>Community Themes and Strengths Assessment Survey</i></li> <li>• High instances of breast, colorectal, and prostate cancers district wide.</li> <li>• High instances of cancer may be partly or largely attributable to the aging population.</li> </ul>
➤ <b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Increases each year from 2007 to 2009 in percent of adults with diabetes.</li> <li>• The number three perceived health problem in the district.</li> </ul>
➤ <b>Drug and Alcohol Use</b>	<ul style="list-style-type: none"> <li>• Alcohol abuse was the top perceived risky behavior in every county; drug abuse was second overall.</li> <li>• High community perception of underage alcohol use as an issue that needs greater attention.</li> <li>• High rates of youth riding with a driver who had been drinking.</li> <li>• High rates of hospitalization for alcohol and tobacco related disease.</li> <li>• Also a concern among focus group participants and community agencies participating in the <i>Forces of Change Assessment</i>.</li> </ul>
➤ <b>Health Professional Shortages</b>	<ul style="list-style-type: none"> <li>• More individuals served per health professional for every health profession as compared to the state except for LPNs.</li> <li>• Several areas with state and federally designated health professional shortages.</li> </ul>
➤ <b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>• High percentage of mental health patients seen at the Good Neighbor Center.</li> <li>• Federally designated shortage of mental health professionals in every county in the district.</li> </ul>
➤ <b>Health Screening</b>	<ul style="list-style-type: none"> <li>• Low rates of health screening, especially among women for mammogram, clinical breast exam, and PAP exam as compared to the state.</li> </ul>
➤ <b>Immunization for the over 65 Population</b>	<ul style="list-style-type: none"> <li>• Low rates of immunization for pneumonia and influenza among the over 65 population as compared to the state.</li> </ul>
➤ <b>Non-Sports-</b>	<ul style="list-style-type: none"> <li>• Lack of activities for youth expressed by focus group participants and</li> </ul>

<b>Related Activities for Children</b>	<p>noted as a contributor to drug and alcohol use.</p> <ul style="list-style-type: none"> <li>• Low community perception of the availability of non-sports-related activities for children in the <i>Community Health Survey</i>.</li> </ul>
➤ <b>Obesity</b>	<ul style="list-style-type: none"> <li>• A community-wide concern, noted especially in the <i>Forces of Change Assessment</i>, the <i>Obesity Summit</i>, and <i>Community Themes and Strengths Assessment Survey</i>.</li> <li>• High rates of obesity for the overall population, and especially for the minority population.</li> <li>• High percentage of youth overweight.</li> <li>• A low percentage of leisure time devoted to physical activity as compared to the state.</li> <li>• County-level data were not available for obesity. Thus, it has been selected as an overall community health need.</li> </ul>
➤ <b>Rape and Forced Sexual Intercourse</b>	<ul style="list-style-type: none"> <li>• High rates of reported cases of rape as compared to the state.</li> <li>• High rates of self-reported forced sexual intercourse by youth.</li> </ul>
➤ <b>Teen Pregnancy and Sexual Activity</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Teens in the district are more sexually active than their peers in Nebraska.</li> <li>• A concern among focus group participants and community agencies.</li> </ul>

Nance County Pre-selected Priority Areas

The top 10 community health needs and priorities for Nance County are listed alphabetically below with a brief description of the rationale for selection. In the CHNA document are 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: Nance County**

**Population:** 3,735

**Density (people per square mile):** 8.5

**% White:** 98.0%

**% Hispanic:** 1.7%

**% over 65:** 19.1%

**Median Household Income:** \$40,729

**% at or below Poverty Line: 11.4%**

**% without High School Degree or GED/Equivalent: 15.8%**

<b>Community Health Needs and Priorities for Nance County</b>	
<b>Community Health Needs and Priorities</b>	<b>Rationale for Selection</b>
➤ <b>Accidental Death</b>	<ul style="list-style-type: none"> <li>• High rates of unintentional injury, motor vehicle, and work-related accidental deaths.</li> </ul>
➤ <b>Aging Population</b>	<ul style="list-style-type: none"> <li>• The number three perceived health problem in the county.</li> <li>• High percentage of the population over 65.</li> <li>• High percentage of the over 65 population in a nursing home or long-term care.</li> <li>• Other health issues such as cancer and heart disease are likely due at least in part to the aging population.</li> </ul>
➤ <b>Birth Defects</b>	<ul style="list-style-type: none"> <li>• High rates of birth defects.</li> </ul>
➤ <b>Cancer</b>	<ul style="list-style-type: none"> <li>• Cancer was the top perceived health problem in the county.</li> <li>• High rates of death due to cancer.</li> <li>• High rates of incidence of and deaths due to breast and colorectal cancer.</li> </ul>
➤ <b>Child and Adolescent Mortality</b>	<ul style="list-style-type: none"> <li>• High rates of child and adolescent mortality.</li> </ul>
➤ <b>Child Protection and Safety</b>	<ul style="list-style-type: none"> <li>• High monthly average number of children in out-of-home care.</li> <li>• High rates of child abuse and neglect cases.</li> </ul>
➤ <b>Heart Disease and Stroke</b>	<ul style="list-style-type: none"> <li>• High rates of death due to coronary heart disease and stroke.</li> </ul>
➤ <b>Pulmonary Disease</b>	<ul style="list-style-type: none"> <li>• High rates of hospitalization for asthma.</li> <li>• High rates of death due to chronic lung disease.</li> </ul>
➤ <b>Radon Levels</b>	<ul style="list-style-type: none"> <li>• Over three-fifths of homes have Radon levels over 4 pCi/L.</li> </ul>
➤ <b>Underage and Adult Alcohol and Tobacco Use</b>	<ul style="list-style-type: none"> <li>• Alcohol was the top perceived risky behavior in the county.</li> <li>• High rates of lifetime tobacco use, 30-day alcohol use, 30-day binge drinking, 30-day tobacco use for the underage population.</li> <li>• High percentage of youth reporting having rode with a drunk driver.</li> <li>• High rates of hospitalization for and deaths due to alcohol and tobacco-related diseases.</li> </ul>

#### **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, Roberta Miksch.

The CHIP meetings in the individual counties were held from March 2<sup>nd</sup> to August 21<sup>st</sup> of 2012. The Genoa Community Hospital CHIP meeting focused on their identified primary service area of Nance County. The CHIP was the fourth of the district CHIP meetings and was completed on August 21st, 2012.

#### Nance County Pre-meeting preparation

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

- Phone calls occurred with the core team to plan the meeting. The Genoa Community Hospital Core team did not include the CEO but included input from the interim CEO as the position was vacant, Amanda Roebuck, Director of Nursing at Genoa Community Hospital was the primary contact and core team member. East Central District Health Department Director Rebecca Rayman and East Central District Health Department Deputy Director Roberta Miksch made up the rest of the core team for Nance County.
- 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 Genoa Community Hospital .

#### Nance County CHIP - meeting format

Staff from Genoa Community Hospital and staff from East Central District Health Department and Good Neighbor Community Health Center met in facilitated session at Genoa Community Hospital on August 21<sup>st</sup> to launch the 2012 Nance County Community Health Improvement Planning process (CHIP). The Nance County CHIP participation was less than expected and no community members were present.

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 Nance County and how will we mobilize our efforts?”*

The working agenda was:

- Planning Context
- Data Sharing
- Prioritization of Strategic Issues
- Community Mobilization
- Debrief/Next Steps

Following time for networking and check-in, Roberta Miksch facilitator for the day 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 turned the meeting over to the facilitator Roberta Miksch a trained TOP facilitator. 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 Nance county, which is the identified primary service area of Genoa Community Hospital. The profiles included identification of the top problems for the District and the identification of the top problems for Nance County. Every participant also received a copy of the one hour power-point handout. (See Appendix 1).

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 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

- American Indian population in Nance
- Older people not coming to doctor
- Low rate of people with Bachelor's Degrees
- Youth (12<sup>th</sup> graders) rate of getting into a car by someone who had been drinking wasn't higher
- People who go to Columbus Community Hospital for detox are instructed to go to Genoa Hospital
- Unintentional injuries rate
- High rates of 6<sup>th</sup> grader tobacco use
- Higher rate than Platte County for tobacco and alcohol related deaths
- Surprised that there were not more teen pregnancies in Nance
- Child abuse and neglect cases
- Underage binge drinking isn't more than 30% for senior HS

#### EXPECTED

- Poverty level
- Older population living through the depression make due now
- Summer lunch program wasn't able to be sustained in community/free and reduced lunch counts
- Lack of housing
- One participant sits on the LB1184 committee and therefore was not surprised about abuse statistics in community or by forced sex in teens

#### INSIGHTS

- 6<sup>th</sup> graders riding in car with someone who had been drinking...maybe the driver is parent
- In some families the family may drink together
- Parties known in community, tie in to law enforcement and responsibilities/duties
- Unintentional accidental rates could be due to elderly
- Tie back into poverty (some issues may tie right back to being in poverty)
- Cancer –maybe people don't go to doctor for prevention (such as prostate screenings, etc.)
- Accessibility – money for transportation and gas (to get to screenings)
- Is older population educated on cancer prevention?
- Daycare ties into poverty - have to work (so they have to get day care)

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.

<b>Table 4</b>	<b>Top Five Perceived Risky Behaviors by County and Ethnicity<sup>15</sup></b>						
	<b>Boone</b>	<b>Nance</b>	<b>Nance</b>	<b>Nance</b>	<b>Hispanic</b>	<b>Non-Hispanic</b>	<b>East Central</b>
<b>1<sup>st</sup></b>	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
<b>2<sup>nd</sup></b>	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
<b>3<sup>rd</sup></b>	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
<b>4<sup>th</sup></b>	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
<b>5<sup>th</sup></b>	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 Nance County, a great deal of discussion came about from the data on youth alcohol abuse and its long history in Nance County.

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:

- Resources/finances
- Community involvement/participation
- Key players at table
- Evidence based
- Narrowing topics
- Stick to strategic areas not action steps
- Sustainability

- Looking at a specific time frame

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 as a groups the top health priorities for Nance County. The group was given the task of dividing into two groups and submitting their top five most critical issues in the county based on the data that was presented. The group of eight divided into two groups (one of three people and one of five people) and after time for discussion, issues were collected from each table, clustered according to common theme, and named into issues areas. 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 Nance County after all the cards were collected and displayed there were eight (8) 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.

Substance Abuse - 4	Safe Care for Child/Youth - 3	Lack of Health Care Participation - 2	Well-Being of Children - 3	Safe, Affordable Housing	Accident Prevention	Improving Quality of Life	Obesity
Underage substance abuse	Parental support	Lack of health screenings	Sexual assaults	Access to safe/affordable housing	Unintentional death rate	Advanced education (people getting college degrees)	Obesity
Substance abuse	Childcare	Health care, transportation	Seatbelt/helmet use	Affordable housing	Seatbelt/helmet use	Poverty	
Underage Tobacco Use	After school care/activities	Poor rate of pneumonia vaccinations	Child abuse		Support from parents	Support from parents	
Parental Perception (alcohol and tobacco)	Lack of non-sports related activities	Culture of non-prevention	Well-being of children				
Underage Drinking	Lack of non-sports youth activities	State aid – Medicaid and food programs	Parental support				
Percent of youth riding with drunk driver		Poor rates of cancer screening	Bullying				
Alcohol tobacco education/prevention		Lack of access to care					
Underage drinking							
Parental support							

The table in the excel document indicates what the top issues were. The four individuals from Nance County voted on the above groups and the results of the voting are listed behind each issue. It was discussed by the group to add to the Well-being of Children was the group originally labeled Safe Care for Child/Youth. These were the 1/2 sheets under this

topic...Parental support, childcare, after school care/activities, lack of non-sports related activities, lack of non-sports youth activities. The small group of eight individuals allowed for us to proceed with the meeting in a single group format.

The Genoa Hospital employees at the meeting selected three issues to work on from 2012-2015.

The group felt that the Nance County CHIP group due to its struggles with participation both as a community and also a hospital around health issues should only try to manage two strategic areas. Following plenary discussion, the participants decided by consensus to choose the following. The two identified community health needs or priority issues for Nance County and its future collaborating community partners would be:

- Substance Abuse
- Lack of Health Care Participation

#### The formation of Community Work Groups around the chosen Strategic Issues

Once these topics were decided upon, the group of eight at the CHIP decided to work together on the two issues to develop tentative plans. The group was asked to articulate goals, baseline data to support the need for the goal, SMART (Specific, Measurable, Achievable, Realistic, Time-bound) success indicators and objectives.

As this day is a facilitated meeting/conversation, it should be noted that three of the four hospital staff present at the CHIP meeting were siblings (sisters) and were young (in their 20's or very early 30's). One of the siblings was the Marketing Director, one the Director of Nursing and the other was the Hospice Director. Their experiences, childhood and educational background were similar. The fourth person at the table was a Social Worker and not related to the other three in the meeting. The new CEO of the hospital (on his fourth day with the hospital on the CHIP meeting) was present for introductions at the beginning of the day. Unfortunately the hospital CEO was pulled away due to hospital business, he was not able to rejoin the meeting and he left before data began to be shared.

The individual groups did not determine the frequency with which they would meet to keep their plan moving forward. More guidance will be required of the Genoa Community Hospital to keep the process moving. The East Central District Health Department will provide technical assistance and support for this CHIP process and for the individual strategic health need subgroups as requested and in partnership with the hospital.

While this initial report out is a rough draft it provided the basis for the plans and the process was able to move to the next steps on the CHIP. This includes service gap analysis and reviewing evidenced based interventions in the five areas chosen by the community.

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						

## V. The Two Community Health Needs Selected by Nance County Reviewed

The three 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](http://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.

### 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 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 Nance County CHIP process substance abuse was discussed at length and its relationship with other district and county wide problems. It was felt that by addressing substance abuse many other community problems would be addressed as well.

- a) Service Gap Analysis- The following were identified during the CHIP meeting as gaps for substance abuse.
  - i) Funding for effective programming
  - ii) Lack of participation from key sectors to include law enforcement and schools.
- b) Assets and Resources Identified
  - i) Back to Basics Coalition

- ii) Youth for Christ *GAPs* programming
- iii) Medical Community
  
- c) 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) Reduce the proportion of adults who drank excessively in the previous 30 days
  - x) Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
  - xi) Reduce the past-year nonmedical use of prescription drugs
  
- d) 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: Multicomponent Interventions with Community Mobilization  
 Multicomponent 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.
- viii) Worksite Health Promotion: Assessment of Health Risks with Feedback to Change Employees' Health  
 This intervention includes an assessment of personal health habits and risk factors; an estimation or assessment of risk of death and other adverse health outcomes; and provision of feedback in the form of educational messages and counseling.

### Lack of Participation in Health Care

While there is no data subsection titled to match there is some data to support the premise behind this strategic issue included in the Community Health Needs Assessment:

- Table 2.19 on page 35- a relatively small sample completed the written survey in Nance which was handed out through the hospital and therefore would not reach those who were not utilizing the health care system. Of those surveyed Nance County had the second highest satisfaction level. In the other counties the surveys were more widely distributed.
- While there is not county specific data for Nance on Percent of population receiving health screenings the district data indicates a low percentage of the population participates in colon cancer screening, mammograms, PAP testing and clinical breast exam.
- The percent of population over 65 immunized for pneumonia was also low in Nance County.
- High rates of pulmonary disease and deaths due to chronic lung disease in Nance County.

The *Healthy People website* lists the Healthy People 2020 goals. The healthy people 2020 goal for Access to Health Care is to “*Improve access to comprehensive, quality health care 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 website these barriers to accessing health services lead to: *unmet health needs, delays in receiving appropriate care, inability to get preventive services and hospitalizations that could have been prevented.* When people have access to healthcare it improves their overall physical, social, and mental health status, prevents disease and disability, allows for the detection and treatment of health conditions, improves the quality of life, prevents early death and improves life expectancy.

- e) Service Gap Analysis:
  - i) Culture of non-prevention mindset among the community members that leads to poor participation in health fairs and other activities.
  - ii) Transportation is a gap to obtaining services
  - iii) There is a lack of knowledge in the community about service availability
- f) Assets and Resources Identified: The following were identified during the CHIP meeting
  - i) Genoa Hospital
  - ii) Fullerton Medical Clinic
  - iii) Fullerton long term care
- g) Healthy People 2020 Information and Objectives related to this strategic area
  - i) Overview: Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. This topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.
  - ii) Importance: Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:
    - (1) Gaining entry into the health care system.
    - (2) Accessing a health care location where needed services are provided.
    - (3) Finding a health care provider with whom the patient can communicate and trust.
  - h) Objectives that are related
    - i) **IID-4** Reduce invasive pneumococcal infections
    - ii) **AHS-6.2** Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care

- i) Related Evidenced Based Interventions from “*The Guide to Community Preventive Services*” from the CDC
- i) Reducing out-of-pocket costs to increase cancer screening may include providing vouchers, reimbursing clients, or reducing health insurance costs associated with screening tests.
- ii) Reducing structural barriers to increase screening may include increasing hours of operation, providing child care, or addressing language or cultural factors.
- iii) Case management involves planning, coordinating, and providing health care for all people affected by a disease, such as diabetes.

## **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 Genoa Community Hospital in charge of the invitations and community engagement for the CHIP.

Communications after the CHIP have included e-mails and phone conversations with a meeting with the Genoa CEO and CHIP core team that took place on November 2<sup>nd</sup>.

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

### **VIII. The CHIP Work plans**

The CHIP workplans are included in the appendix of this document.

### **IX. Evaluation of the CHIP Meeting Process**

CHIP Planning – Participant Evaluation Summary

Number of evaluation submitted: 6

Average of scores of a 1-5 rating, with 1 being “Excellent” and 5 being “Unhelpful”

1. Topics chosen for discussion = 4 ratings of 1, 2 ratings of 2
2. Planning environment (site, ambience) = 4 ratings of 1, 2 ratings of 2
3. Meeting Format = 4 ratings of 1, 2 ratings of 2
4. Faciliator’s style and delivery = 5 ratings of 1, 1 ratings of 2
5. Time allowed for meeting = 3 ratings of 1, 3 ratings of 2

An ‘ah-ha” for me during this session was...

- 6<sup>th</sup> graders smoking
- The statistics

- Going through the statistics and finding things that surprised and didn't surprise me
- How many problems Nance County was highest in

I would suggest that in future sessions we...

- Shorter length
- Have more people that are key player at the table
- N/A
- More participating

# Appendix 1. Comprehensive Health Needs- Nance County presentation

2011 Comprehensive Community Assessment:  
Selected Results for Nance County



Comprehensive Community Health Needs Assessment  
**CHNA**

- Assessment took about 18 months to complete
- Will be repeated every three years
- Available to the public – the assessment is posted on ECDHD website, Alegant website, Columbus Telegram website



**What is in the CHNA?**



30 Sources of data.  
 Nearly 500 Written Surveys  
 Nearly 500 Telephone Surveys  
 Six Focus Groups  
 Other Community Surveys  
National Surveys:  
 BRFSS    Census  
 YRBS    Youth Protective

**What's in the final product?**

- 260 Pages of Data
- Profile of the District as a Whole
- Profile of each individual County
- Identification of the top problems for the District
- Identification of the top problems for the Counties

**Some Data included in the CHNA**

- Description of Health Resources
- Community Profile (Population/Education)
- Access to Health Care / Quality of Life
- Mental Health
- Physical Health (Various conditions)
- Health Risk Factors
- Social Programs and Crime

**The East Central Health District**



# Appendix 1. Comprehensive Health Needs- Nance County presentation

## What are the Top Health Problems in our area?

## 2000 to 2010 Population Change

Table 1	2000-2010 Population Change		
	2000	2010	Percent Change
Boone	6,259	5,505	-12.0%
Colfax	10,441	10,515	+0.7%
Nance	4,038	3,735	-7.5%
Platte	31,662	32,327	+2.1%
East Central	52,400	51,992	-0.8%

- Population losses in Boone and Nance Counties
- Population growth in Colfax and Platte Counties

## Hispanic/Latino Population

Table 2	2010 Hispanic/Latino Population	
	2010 Hispanic/Latino Population	Percent of Total Population
Boone	65	1.2%
Colfax	4,315	41.0%
Nance	65	1.7%
Platte	4,452	13.8%
East Central	8,897	17.1%

- Hispanic/Latino population concentrated primarily in Platte and Colfax Counties (i.e., the cities of Columbus and Schuyler)

## 2010 Age Distribution

Figure 1: 2010 Age Distribution: District, State, and National Comparisons

Age Group	East Central District	Nebraska	United States
Under 5	7.6%	6.2%	7.2%
5 to 14	14.3%	13.2%	13.8%
15 to 24	12.3%	14.1%	13.2%
25 to 34	11.7%	13.0%	13.5%
35 to 44	11.5%	14.5%	12.0%
45 to 54	15.1%	14.8%	14.1%
55 to 64	11.9%	11.6%	14.1%
Over 65	15.5%	11.6%	13.6%

- The over 65 age group contains the highest percentage of the population in the East Central District

## 2010 Age Distribution<sup>3</sup>

Table 2.7	2010 Age Distribution <sup>3</sup>				
	Boone	Colfax	Nance	Platte	East Central
Under 5	6.1%	9.3%	6.2%	7.4%	7.6%
5 to 14	12.9%	15.2%	13.5%	14.6%	14.5%
15 to 24	11.3%	13.5%	10.2%	12.3%	12.3%
25 to 34	8.7%	12.9%	10.4%	12.0%	11.7%
35 to 44	10.5%	11.8%	9.9%	11.7%	11.5%
45 to 54	16.3%	13.6%	16.0%	15.2%	15.1%
55 to 64	13.1%	10.0%	14.9%	11.9%	11.9%
Over 65	21.2%	13.6%	19.1%	14.8%	15.5%

Highest Population of over 55 in the four county area

## Percent of Population from 2000-2010

Chart Title

Age Group	Boone County	Colfax County	Nance County	Platte County	East Central District
Under 5	3.6%	23.7%	0.0%	1.4%	7.2%
5 to 14	-21.4%	-5.0%	-12.4%	-11.4%	-13.8%
15 to 24	3.7%	-4.1%	11.0%	1.7%	-13.1%
25 to 34	-2.2%	-2.4%	11.0%	-15.5%	13.0%
35 to 44	-10.9%	24.0%	-36.9%	-25.5%	14.1%
45 to 54	32.2%	23.9%	20.3%	16.0%	13.8%
55 to 64	40.2%	71.9%	41.7%	42.8%	0.7%

# Appendix 1. Comprehensive Health Needs- Nance County presentation

## Female Householder No Husband Present Families

	Female Householder No Husband Present Families as a Percent of Total Families (2009)	Female Householder No Husband Present Families as a Percent of Total Families (2010)
Boone	7.9%	8.0%
Coffax	10.1%	11.2%
Nance	8.0%	9.8%
Platte	10.9%	12.4%
East Central	10.1%	11.5%

- Increases for every county in the East Central District in the percentage of female householder no husband present families as a percent of total families from 2000 to 2010
- Second lowest rate of female householder no husband present families is in Nance County (very similar to Boone County)

## Income

	Per Capita Income	Median Household Income
Boone	\$22,360	\$43,891
Coffax	\$18,384	\$45,919
Nance	\$19,678	\$40,729
Platte	\$23,085	\$48,359
East Central	\$21,837	\$46,892
Nebraska	\$24,568	\$47,995
United States	\$27,041	\$51,425

- Nance County has the lowest median household income in the district, and the second lowest per capita income
- The district as a whole has a lower per capita and median household income compared to the state and nation

## Percent of Population in Poverty

	Per Capita Income	Median Household Income	Percent Families with Related Children under 18 below Poverty	Percent of Individuals below Poverty
Boone	\$22,360	\$43,891	4.9%	7.4%
Coffax	\$18,384	\$45,919	8.9%	11.0%
Nance	\$19,678	\$40,729	7.9%	11.4%
Platte	\$23,085	\$48,359	9.0%	7.8%
East Central	\$21,837	\$46,892	8.5%	8.6%

- Nance has the lowest median household income in the district and the highest percent of individuals below poverty

## Who is in Poverty? Race/Ethnicity

	White (non-Hispanic)	Hispanic/Latino	American Indian	Two or More Races
Boone	7.3%	36.0%	-	-
Coffax	4.8%	20.1%	0.0%	67.6%
Nance	11.3%	23.7%	55.0%	0.0%
Platte	7.2%	14.0%	31.5%	16.5%
East Central	7.2%	17.3%	32.9%	32.4%

## Medicaid Eligibles

	Number of Medicaid Eligibles	Medicaid Eligibles as a Percent of the Total Population
Boone	462	8.5
Coffax	1,322	12.8%
Nance	454	13.1%
Platte	2,962	9.1%
East Central	5,200	10.1%
Nebraska	206,725	11.5%

- Nance at 13.1% has the highest percentages of Medicaid eligible individuals in the district
- Nance and Coffax Counties have rates that are higher than the district and state

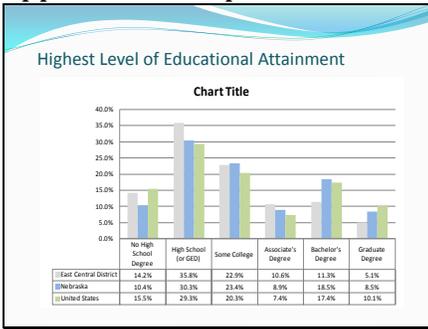
## Who is in Poverty? Selected School Districts Data

School District	Free and Reduced Lunch	English Language Learners	Special Education	School Mobility Rate	Graduation Rate	Enrollment
Fullerton Public Schools	37.9%	0.0%	11.7%	11.1%	unavailable	325
Twin River Public Schools	32.2%	0.0%	13.3%	10.6%	unavailable	503
East Central District Total	48.9%	13.4%	14.2%	12.3%	90.8%	8,650
State of Nebraska Total	42.6%	6.7%	15.2%	12.1%	90.0%	298,177

- Though Nance County does not have high rates of students receiving free and reduced lunches, the district does have higher than the state average for these rates

<sup>13</sup>Nebraska Department of Education, State of the Schools Report 2010-2011. <http://reportcard.education.ne.gov>

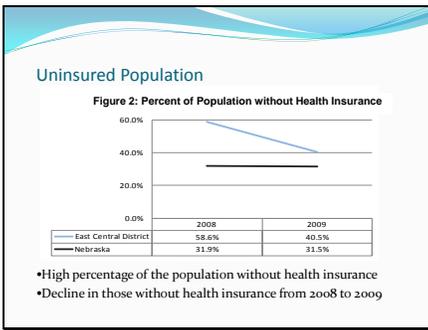
# Appendix 1. Comprehensive Health Needs- Nance County presentation



### Education Levels Attained

Table 2.14 Highest Level of Educational Attainment - Individuals over 25 (2009)<sup>13</sup>

	Boone	Colfax	Nance	Platte	East Central
No High School Degree	7.8%	30.0%	15.8%	10.5%	14.2%
High School (or GED/Equivalent)	41.5%	31.6%	38.5%	35.7%	35.8%
Some College	23.0%	20.9%	24.0%	23.3%	22.9%
Associate's Degree	11.8%	7.3%	9.1%	11.6%	10.6%
Bachelor's Degree	11.4%	6.7%	9.7%	12.9%	11.3%
Graduate or Professional Degree	4.5%	3.5%	2.9%	6.0%	5.1%



### Satisfaction with Quality of Life

Table 7 I am satisfied with the quality of life in our community (considering my sense of safety and well-being).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
Boone	0.0%	0.0%	13.0%	67.9%	19.1%	4.3
Colfax	3.2%	20.2%	16.1%	50.0%	10.5%	3.4
Nance	0.0%	2.6%	15.4%	51.3%	30.8%	4.1
Platte	0.4%	7.6%	25.8%	56.9%	9.4%	3.7
Hispanic	1.0%	7.8%	28.2%	49.5%	14.6%	3.7
Non-Hispanic	0.8%	5.4%	40.3%	51.2%	1.6%	3.7
East Central	1.0%	9.5%	19.8%	56.6%	13.8%	3.7

•Survey participants from Boone and Nance were more satisfied with the quality of life in their community compared to survey participants from Colfax and Platte

Table 2.16 Federally Designated Health Professional Shortages (2008)<sup>10</sup>

	Boone	Colfax	Nance	Platte	East Central
Primary Care			√		partial
Mental Health	√	√	√	√	√
Dental Health		√			partial

Table 2.18 Persons Served per Health Professional (2010)<sup>10</sup>

	Boone	Colfax	Nance	Platte	East Central
Physicians	681	9,969	-	1,002	1,245
FMGP	778	4,995	-	3,207	2,687
Internal Medicine	-	-	-	32,072	51,057
Pediatrics	5,446	-	-	10,691	12,764
OB/GYN	-	-	-	8,018	12,764
Psychiatrists	-	-	-	32,072	51,057
Dentists	1,815	4,995	3,350	2,138	2,431
Pharmacists	778	1,998	1,775	1,234	1,276
Physical Therapists	2,723	4,995	3,550	1,782	2,220
Physician Assistants	1,089	4,995	1,775	4,582	3,191
Nurse Practitioners	-	3,330	-	4,582	5,106
RNs	91	145	111	134	127
LPNs	127	217	127	229	199

# Appendix 1. Comprehensive Health Needs- Nance County presentation

### Written Survey Participants Able to Get Care

Table 2.20 | I am able to get medical care whenever I need it.<sup>15</sup>

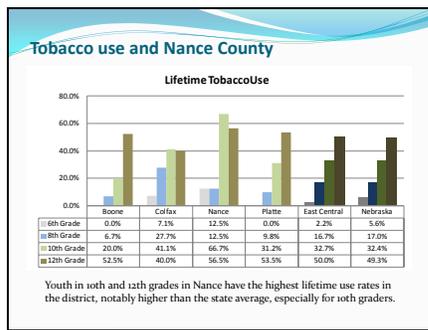
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean (1-5 scale)
Boone	0.0%	3.6%	7.1%	73.2%	16.1%	4.0
Colfax	1.6%	6.5%	14.6%	48.8%	28.5%	4.0
Nance	2.6%	5.3%	2.6%	81.6%	7.9%	3.9
Platte	0.7%	9.7%	13.1%	67.5%	9.0%	3.7
Hispanic	1.9%	12.5%	18.3%	51.0%	16.3%	3.7
Non-Hispanic	0.8%	6.7%	10.0%	68.2%	14.3%	3.8
East Central	1.0%	7.8%	12.0%	64.5%	14.6%	3.8

### Support Networks

Table 14 | There are support networks for individuals and families (neighbors, support groups, faith community, outreach agencies, and organizations) during times of stress and need.

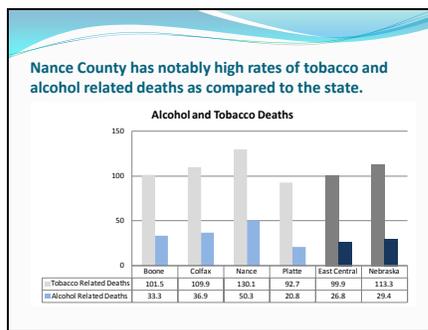
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
Boone	0.0%	5.4%	17.9%	73.2%	3.6%	3.8
Colfax	8.1%	12.1%	20.2%	51.6%	8.1%	3.4
Nance	0.0%	10.3%	15.4%	64.1%	10.3%	3.7
Platte	0.7%	11.2%	25.8%	57.7%	4.5%	3.5
Hispanic	5.8%	16.3%	28.8%	41.3%	7.7%	3.3
Non-Hispanic	1.6%	9.4%	21.0%	62.6%	5.4%	3.6
East Central	2.5%	10.7%	22.6%	58.4%	5.8%	3.5

- Over 74% of survey participants from Nance County report having a support network in their community
- Highest person of population > 65 in Nursing Home 13.8% compared to 5.5% Nebraska

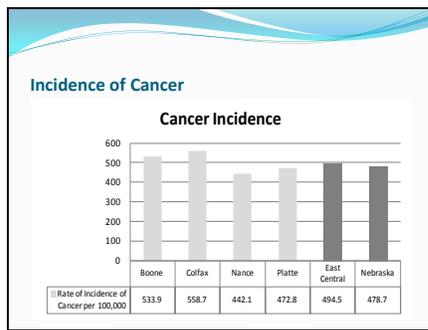
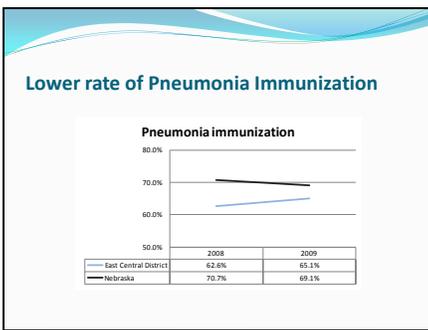
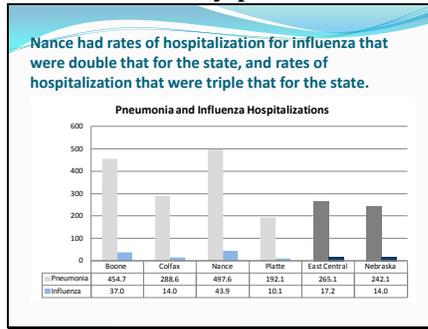
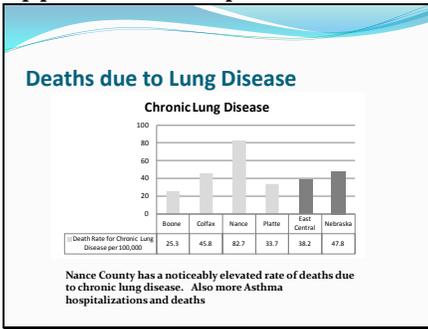


### Parental perception of smoking

- Nance County 10th and 12th graders stood out as having low perceptions of parental disapproval for cigarette use. 59% say their parents would disapprove as opposed to 66% of overall youth in the District or State.



# Appendix 1. Comprehensive Health Needs- Nance County presentation

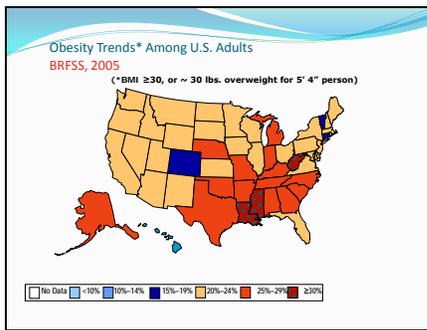
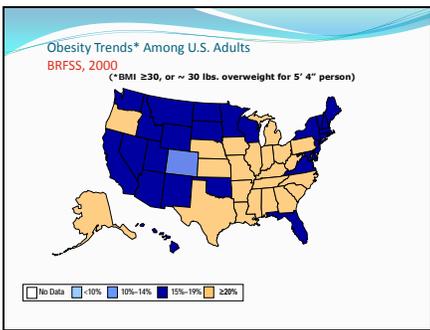
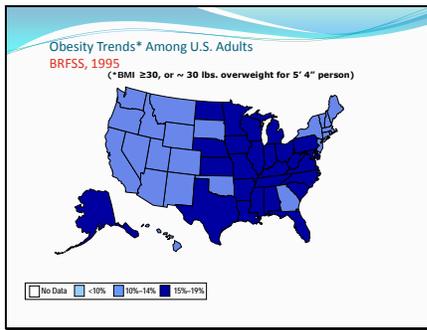
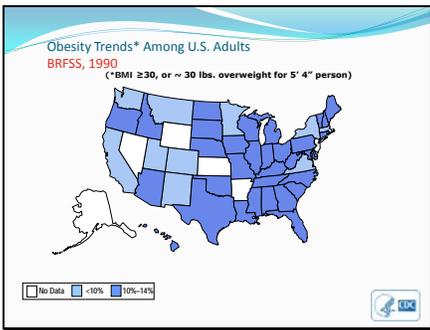
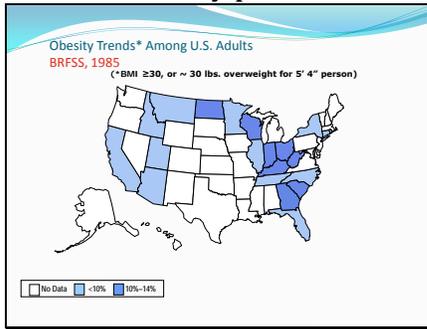
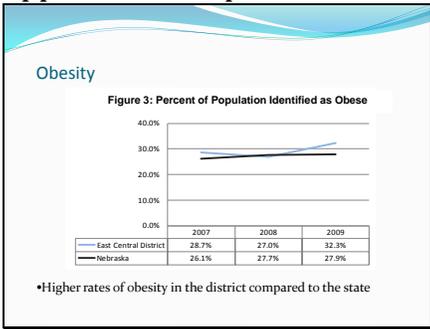


- ### Incidence of Cancer by Type
- Nance has a higher incidence of Breast Cancer than the other three counties in the district and higher than the state of Nebraska
  - Rate of colorectal cancer is higher than the state of Nebraska
  - Prostate Cancer in Nance is lowest in the district and slightly above the state of Nebraska
  - Nance has the highest rate of Lymphoma and is higher than the district and state of Nebraska average

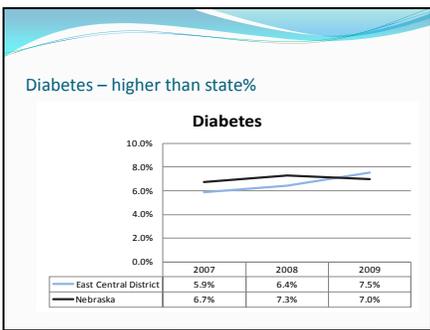
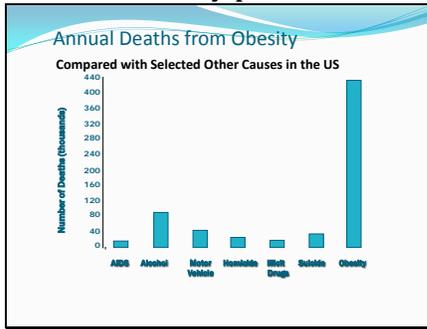
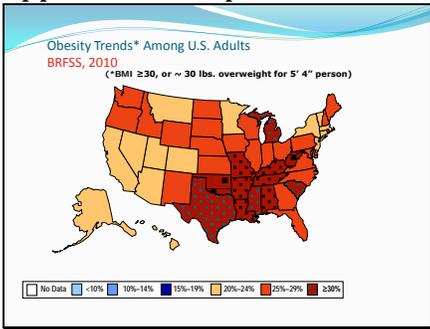
### Poorer rate of Cancer Screening

	East Central District	Nebraska
Had a colonoscopy in past ten years (50+) [2009]	48.4%	50.1%
Had a prostate specific antigen (PSA) in past two years (males 50+) [2009]	66.4%	62.4%
Had a digital rectal exam (DRE) in past two years (males 50+) [2009]	44.1%	51.5%
Mammogram screening in past year (women 40+) [2008]	46.4%	54.5%
Clinical breast exam (CBE) in past year (women 40+) [2008]	54.4%	63.0%
Had PAP test in past three years [2008]	71.4%	77.9%

# Appendix 1. Comprehensive Health Needs- Nance County presentation



# Appendix 1. Comprehensive Health Needs- Nance County presentation



### Top 5 Perceived Health Problems – Nance Written Survey

	Top Five Perceived Health Problems			
	Nance	East Central	Hispanic	Non-Hispanic
1st	Cancer	Cancer	Teenage Pregnancy	Cancer
2nd	Heart Disease & Stroke	Teenage Pregnancy	Diabetes	Heart Disease and Stroke
3rd	Aging Problems	Diabetes	Cancer	Aging Problems
4th	Diabetes	Aging Problems	Child Abuse/Neglect	Diabetes
5th	Affordable and Safe Housing	Heart Disease and Stroke	High Blood Pressure	Teenage Pregnancy

### Top 5 Perceived Risky Behaviors

Table 3.41	Top Five Perceived Risky Behaviors by County and Ethnicity <sup>12</sup>	
	Nance	East Central
1st	Alcohol Abuse	Alcohol Abuse
2nd	Tobacco Use	Drug Abuse
3rd	Lack of Exercise	Being Overweight
4th	Being Overweight	Tobacco Use
5th	Not Using Seat Belts	Lack of Exercise

### Forced Sexual Intercourse

Table 12	Percent of Teens Physically Forced to Have Sexual Intercourse, 2001 and 2010 Comparisons				
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District 2001	4.5%	4.4%	7.4%	6.1%	5.6%
East Central District 2010	8.8%	7.4%	13.0%	11.8%	10.4%
Nebraska 2010	6.3%	6.6%	7.9%	10.0%	7.5%

- The rate of teens reporting being forced to have sexual intercourse nearly doubled from 2001 to 2010
- Higher rates of teens reporting being forced to have sexual intercourse in the district compared to the state

# Appendix 1. Comprehensive Health Needs- Nance County presentation

## Maternal and Child Health Births to Teenage Mothers

	Total Live Births	Number of Teen Births	Teen Births as % of Total Live Births
Boone	298	20	6.7%
Colfax	1,046	140	13.4%
Nance	206	6	2.9%
Platte	2,427	247	10.2%
East Central	3,977	413	10.4%
Nebraska Total	133,723	11,165	8.4%

•Nance County has the lowest rates of births to teen moms

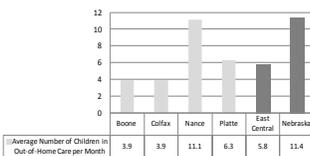
## Access to Day Care

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
Boone	1.9%	15.1%	34.0%	49.1%	0.0%	3.3
Colfax	2.5%	24.6%	38.5%	26.2%	8.2%	3.1
Nance	2.6%	7.9%	21.1%	57.9%	10.5%	3.7
Platte	1.9%	9.4%	43.4%	36.6%	8.7%	3.4
Hispanic	3.9%	24.0%	27.9%	29.9%	14.4%	3.3
Non-Hispanic	1.6%	11.0%	42.9%	38.5%	6.0%	3.4
East Central	2.1%	13.8%	39.3%	37.0%	7.7%	3.4

•Over 10% of survey participants from Nance County report not having access to safe and affordable day care, with over 20% being neutral, this was better than the other counties surveyed

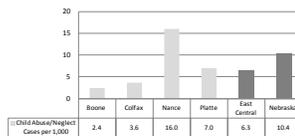
## Average Number of Children per Month in Out-of-Home Care (2009)

### Child Protection



## Child Abuse and Neglect Cases per 1,000 (2007-2009)

### Child Abuse

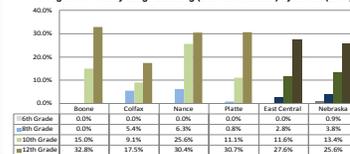


## Activities for Children

- There are adequate after school programs for elementary children – 21.1% Disagree
- There are adequate after school opportunities for middle and high school age students – 23.7% Disagree
- There are plenty of non-sports related activities for children in my community – 52.7% Disagree

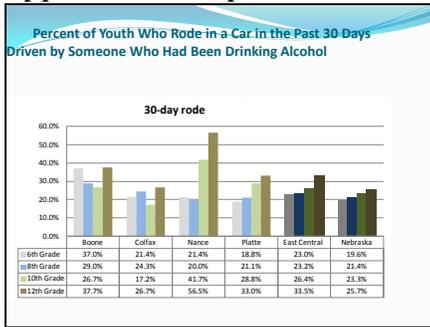
## Underage Binge Drinking

Figure 8: 30-Day Binge Drinking (5 or More Drinks) by Grade (2010)



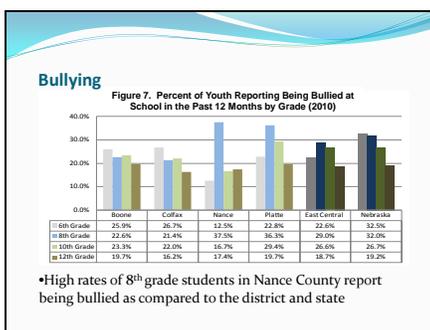
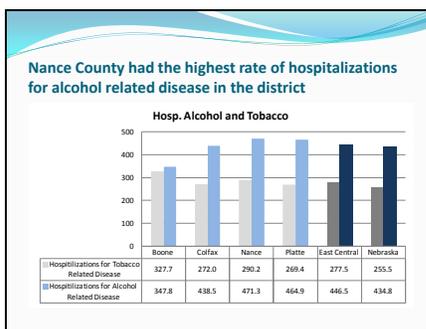
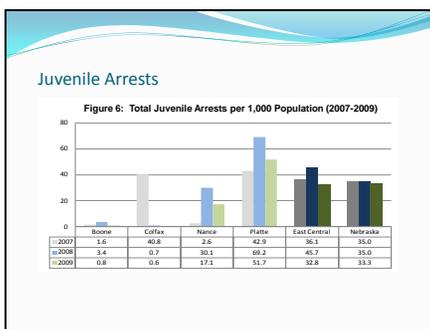
•Binge drinking rates in 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders in Nance County are higher than the East Central and Nebraska averages

# Appendix 1. Comprehensive Health Needs- Nance County presentation



### Parental perception of drinking

- Nance and Boone County 12th graders stood out as having low perceptions of parental disapproval for alcohol use. Only 45% thought their parents would disapprove of alcohol use compared to 53% State and District.



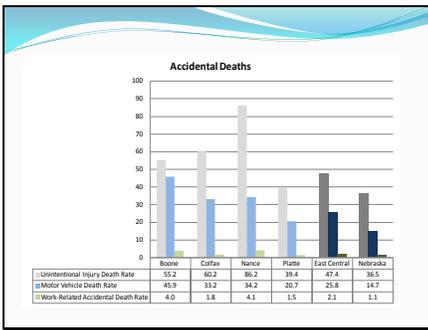
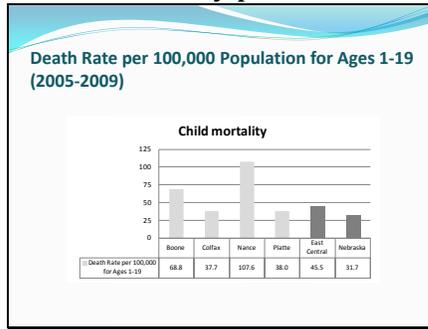
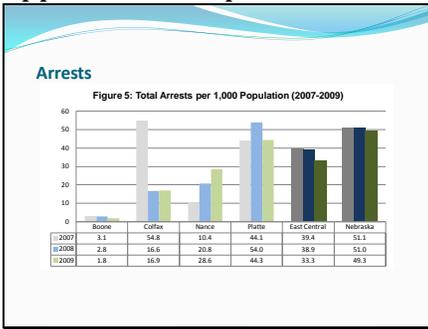
### Youth Depression and Suicide Statistics

Table 10 Youth Depression and Suicide Statistics (9th-12th grade)

	East Central 2001	East Central 2010	Nebraska 2010
During past 12 months, felt hopeless and sad almost every day for two or more weeks in a row	20.3%	18.0%	21.0%
During past 12 months, seriously considered attempting suicide	17.0%	12.7%	14.1%
During past 12 months, attempted suicide	15.0%	11.2%	9.2%

- Lower suicide and depression rates in the district compared to 2001
- Higher percentage of youth attempting suicide in the district compared to the state

# Appendix 1. Comprehensive Health Needs- Nance County presentation



### Environmental Health - Nance

- Second highest Nitrate level in community water system, 3.7 mg/L which is higher than district (2.8 mg/L) & NE (2.9 mg/L)
- Second highest Radon level in the District
- Tied for the second highest % Radon over 4pCi/L at 6%
- Highest level in district for children with elevated blood lead levels (7.7%)
- Nance is second highest in Fluoridated Water
  - Boone Population 53.5% have Fluoridated Water
  - Colfax 0% have Fluoridated Water
  - Nance 55.9% have Fluoridated Water
  - Platte 92.3% have Fluoridated Water

### Top Problems in the District

- Cancer
- Teen Pregnancy
- Drug and Alcohol Use
- Obesity
- Mental Health Services
- Health Professional Shortages
- Aging Population

### Health Needs and Priorities for Nance County

Table 3.36: Community Health Needs and Priorities for Nance County

Community Health Needs and Priorities	Rationale for Selection
Accidental Death	<ul style="list-style-type: none"> <li>• High rates of unintentional injury, motor vehicle, and work-related accidental death.</li> </ul>
Aging Population	<ul style="list-style-type: none"> <li>• The number three perceived health problem in the county.</li> <li>• High percentage of the population over 65.</li> <li>• High percentage of the over 65 population in a nursing home or long-term care.</li> <li>• Other health issues such as cancer and heart disease are likely due at least in part to the aging population.</li> </ul>
Birth Defects	<ul style="list-style-type: none"> <li>• High rates of birth defects.</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• Cancer was the top perceived health problem in the county.</li> <li>• High rates of death due to cancer.</li> <li>• High rates of incidence of and deaths due to breast and colorectal cancer.</li> </ul>
Child and Adolescent Mortality	<ul style="list-style-type: none"> <li>• High rates of child and adolescent mortality.</li> </ul>
Child Protection and Safety	<ul style="list-style-type: none"> <li>• High monthly average number of children in out-of-home care.</li> <li>• High rates of child abuse and neglect cases.</li> </ul>
Heart Disease and Stroke	<ul style="list-style-type: none"> <li>• High rates of death due to coronary heart disease and stroke.</li> </ul>
Pulmonary Disease	<ul style="list-style-type: none"> <li>• High rates of hospitalization for asthma.</li> <li>• High rates of death due to chronic lung disease.</li> </ul>
Radon Levels	<ul style="list-style-type: none"> <li>• Over three-fifths of homes have Radon levels over 4 pCi/L.</li> </ul>
Underage and Adult Alcohol and Tobacco Use	<ul style="list-style-type: none"> <li>• Alcohol was the top perceived risky behavior in the county.</li> <li>• High rates of lifetime tobacco use, 30-day alcohol use, 30-day binge drinking, 30-day tobacco use for the underage population.</li> <li>• High percentage of youth reporting having rode with a drunk driver.</li> <li>• High rates of hospitalization for and deaths due to alcohol and tobacco-related diseases.</li> </ul>

**CHIP Strategic Planning Grid: Nance County – Youth Substance Abuse**

**Goal 1:** Reduce substance abuse to protect the health, safety, and quality of life for all, especially children in grades 6-12.

**Current Baseline or Data to support the need for the goal:** Data from Community Health Needs Assessment, December 2011. Alcohol was the top perceived risky behavior in the county. Rates of 30 day alcohol use for Nance 10<sup>th</sup> graders 41.7% while district was 20.6% and state 21%. 12<sup>th</sup> grade rates for Nance are 34.8%, district 33.4%, state 34.7%. Percent of youth who have driven under the influence in 10<sup>th</sup> grade Nance County 16.7% while district is 5.3% and state is 5.1%. Youth reporting riding in a car in the past 30 days driven by someone who had been drinking alcohol... Nance County 6<sup>th</sup> grade results 21.4%, district 23.0% state 19.6%; 10<sup>th</sup> grade Nance 41.7%, district 26.4%, state 23.3%; 12<sup>th</sup> grade Nance 56.5%, district 33.5%, state 25.7%. Lifetime tobacco use for Nance 10<sup>th</sup> graders 66.7%, district 32.7%, state 32.4%; 12<sup>th</sup> grade Nance 56.5%, district 50%, state 49.3% Hospitalization for alcohol related diseases in Nance was 471, district 446.5 and state 434.8 while tobacco related diseases were 390.2 for Nance, district 277.5 and state 255.5.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE	RESPONSIBILITY	BUDGET COMMENTS/PROGRESS	
<b>By June 2015, increase awareness of youth substance abuse to Nance County through a variety of methods.</b>	Student Opposed to Drugs and Alcohol (SODA) for high school students	Key partners at the table – law enforcement and others.	Educate community on youth substance abuse statistics from recent CHNA of Dec 2011.	<u>Objective 1.1</u> Determine interest level of local law enforcement and schools in collaborating with ECDHD and Nance County regarding reducing substance abuse.	<u>Objective 1.1</u> By Dec. 31, 2012, assessment of interest on collaboration will be made.	<u>Objective 1.1</u> ECDHD staff B. Preister will contact local law enforcement. Amanda will contact schools.	<u>Objective 1.1</u> No funding necessary.	
	Back to BASICS (red ribbon week supplies for instance)	Responsible Beverage Server Training though trainers exist in the four county local health department district.		<u>Objective 1.2</u> Provide a ‘town hall’ event in which the community is invited to hear substance abuse data and to engage public in combating substance abuse.	<u>Objective 1.2</u> By March 2013, one town hall meeting will be conducted to share youth substance abuse data from CHNA with Nance County community	<u>Objective 1.2</u> ECDHD program staff B. Preister, Amanda, Abigail, Alicia and Kristie	<u>Objective 1.2</u> No funding needed.	
	Alcoholics Anonymous – every Monday in Genoa	Lack of education for elementary students						Region 4 Block Grant \$ 1,449.00 Region 4 Mini-Grant \$ 250.00
	Probation (Fullerton)	Not sure of						
	Law Enforcement –							

Appendix 2. Nance County CHIP Plans

<p><b>By June 2015, decrease the rate of riding in a vehicle with someone who has been drinking will decrease from 56.5% in 12<sup>th</sup> graders to 52.5% and from 41.7% in 10<sup>th</sup> graders to 37.7%.</b></p> <p><b>Percent of youth who have driven</b></p>	<p>local and state patrol as well as outside agencies (Columbus Police Department) DARE?</p>	<p>services in Fullerton (AA, e.g.)</p>	<p>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.</p> <p>HP 2020 SA <u>Objective 3</u> Reduce the</p>	<p><u>Objective 1.3</u> Implement <i>Evidence Based</i> mass media campaigns focusing on consequences; health, social, and legal, of alcohol impaired driving.</p> <p><u>Objective 2.1</u> Implement <i>Evidence Based</i> mass media campaigns focusing on consequences; health, social, and legal, of alcohol impaired driving.</p> <p><u>Objective 2.2</u> Provide education material at three agencies new to the table since the CHIP meeting in Aug 2012.</p> <p><u>Objective 3.1</u> Provide education to the community to</p>	<p>members.</p> <p><u>Objective 1.3</u> By Sept 30, 2014 provide community education through the use of: billboards; print media, Facebook and Back to BASICS website.</p> <p><u>Objective 2.1</u> By Sept 30, 2014 provide community education through the use of: billboards; Print media; Facebook and Back to BASICS website.</p> <p><u>Objective 2.2</u> By December 31, 2012 display education in three agencies.</p> <p><u>Objective 3.1</u> By Sept 30, 2014</p>	<p><u>Objective 1.3</u> ECDHD program staff B Preister, Abigail with Genoa Community Hospital</p> <p><u>Objective 2.1</u> ECDHD program staff B. Preister and K. Recek</p> <p><u>Objective 2.2</u> B Preister Kristie</p> <p><u>Objective 3.1</u> ECDHD program</p>	<p><u>Objective 1.3</u> Region 4 Block Grant \$ 1,449.00 Region 4 Mini-Grant \$ 250.00</p> <p><u>Objective 2.1</u> Region 4 Block Grant \$ 1,449.00 Region 4 Mini-Grant \$ 250.00</p> <p><u>Objective 2.2</u> Prevention education material already purchased</p> <p><u>Objective 3.1</u></p>
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Appendix 2. Nance County CHIP Plans

<p><b>under the influence will decrease from 16.7% in 10<sup>th</sup> graders to 12.7% in 10<sup>th</sup> graders and from 13.0% in 12<sup>th</sup> graders to 9% in 12<sup>th</sup> graders.</b></p> <p><b>Rate of 30 day usage will decrease in 10<sup>th</sup> grade from 41.7% to 37.7% and from 34.8% in 12<sup>th</sup> graders to 30.8%.</b></p>			<p>proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.</p> <p>HP2020 SA4 Increase the proportion of adolescents who perceive great risk associated with substance abuse</p>	<p>increase awareness of substance abuse.</p> <p><u>Objective 4.2</u> Provide education to the community to increase awareness of substance abuse</p>	<p>provide community education through the use of: billboards; print media, Facebook and Back to BASICS website.</p> <p><u>Objective 4.1</u> By Sept 30, 2014 provide community education through the use of: billboards; print media, Facebook and Back to BASICS website.</p>	<p>staff B Preister</p> <p><u>Objective 4.1</u> B Preister</p>	<p>Grant funds with ECDHD</p> <p><u>Objective 4.1</u> Grant funds with ECDHD</p>
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**CHIP Strategic Planning Grid: Nance County CHIP- Lack of Participation in Health Care**

**Goal 1:** To increase the rate of Nance County residents who participate in prevention health care activities.

**Current Baseline or Data to support the need for the goal:** High rates for hospitalization for asthma; high rates of death due to chronic lung disease; high instances of death due to cancer, high rates of incidence of and deaths due to breast and colorectal cancer. Low percent of residents who receive immunizations for pneumonia.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET C COMMENTS PROGRESS
In 2013, increase the number of percent of Nance County residents over 65 years of age immunized for pneumonia from 65.1% to 69%.	Genoa Hospital Fullerton Medical Clinic, Fullerton Long Term Care  Transportation is available through Genoa Community Hospital.	Culture of non-prevention among some residents in Nance County.  Transportation.  Inadequate community communication leading to a lack of knowledge.  County with the fewest health professionals.  Lack of childcare.	<i>Objective 1</i> Increase the percentage of adults age 65 and over who are vaccinated against pneumococcal disease.  <i>HP 2020 IID-13.1</i> <i>Increase the percentage of non-institutionalized adults age 65 and over who are vaccinated against pneumococcal disease.</i>	1.1 Work to increase community awareness about pneumonia and the availability of pneumococcal vaccines by creating a press release at least annually.  1.2 Educate the community in variety of ways about why it is important to get your pneumonia vaccine.  1.2.1 Provide information at Senior toe-nail clinics about pneumococcal vaccines.  1.2.2 Distribute information about pneumococcal vaccines at Fullerton and Genoa Senior Centers to get education information out.  1.2.3 Check for billing	By January 31, yearly a press release will be completed.  At least three education sessions completed per year.	Staff at Genoa Community Hospital.  Staff at Genoa Community Hospital.  Staff at Genoa Community Hospital.  Staff at Genoa	Work at having two papers in Nance County run the information as a news story.  Staff will keep track of education opportunities.  Senior toe-nail clinics are popular events and well attended.  Visiting Senior Centers is targeted way to reach those over 65 years.

Appendix 2. Nance County CHIP Plans

<p>To increase the community participation</p>			<p><u>Objective 2</u> Increase the access for preventative care services.</p> <p><b>Healthy People 2020</b> <i>AHS-7 Increase the proportion of persons who receive appropriate evidence-based clinical preventive care.</i></p>	<p>regulations for pneumonia shots to see about holding clinics or other mass clinics.</p> <p>2.1 Provide lung age screening to the community at no charge as part of health fair or community preventative screening event.</p> <p>2.2 Provide Free FOBT kits to individuals age 50 years and over.</p> <p>2.3 Provide transportation to Nance County residents to Genoa Memorial Hospital.</p>	<p>By October 31, 2013</p> <p>Between January of 2013 and October of 2014.</p> <p>Ongoing</p>	<p>Community Hospital.</p> <p>GNCHC Nursing Quality Manager who is a Respiratory Therapist in collaboration with ECDHD.</p> <p>Genoa Clinic and Genoa Hospital in collaboration with East Central District Health Department.</p> <p>Abigail</p>	<p>ECDHD will provide lung age at no charge unless clients are charged a fee for screening. Great way to promote discussion about Asthma or Chronic Pulmonary Disease. ECDHD will provide FOBT kits at no charge to the clinic and hospital.</p>
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<sup>i</sup> 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)