

Platte County

Community Health Improvement Plan

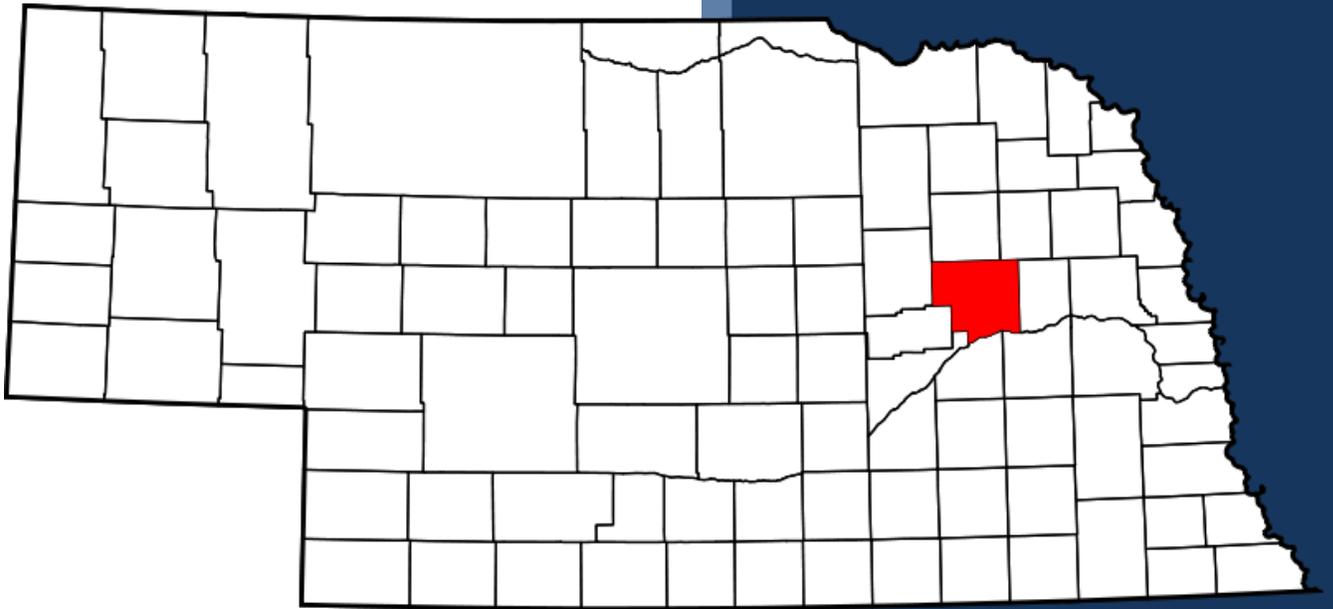


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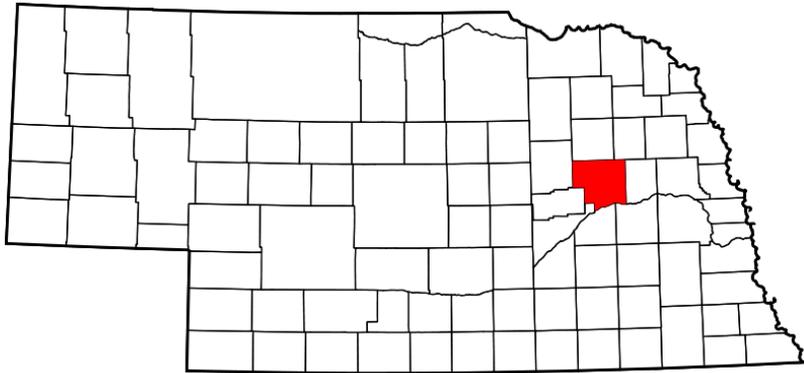
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Platte County: Community Health Improvement Plan

Platte County is the largest county in the East Central District Health Department service area. Columbus is the county seat and is where the Columbus Community Hospital and East Central District Health Department are physically located as well as the largest population base in the county having 22,111 residents out of the total county population of 32,237. Other municipalities in Platte County include Cornlea, Creston, Duncan, Humphrey, Lindsay, Monroe, Newman Grove, Platte Center, Shell Creek, Tarnov and several townships.



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 Columbus Community Hospital and the East Central District Health Department to complete a joint Community Health Improvement Plan (CHIP). The major reasons are that both types of entities are now required to complete both a Community Health Needs Assessment and Community Health Improvement Plan. 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 Columbus Community Hospital has been involved as a partner with that Community Health needs and planning process for the entire ten year period.

- The Patient Protection and Affordable Care Act Impact on Hospitals

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

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

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

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

- Redefinition of Hospital Community Benefit

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

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

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

- Public Health Accreditation Requirements

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

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

II. Core Agencies involved in the Platte County CHIP

Columbus Community Hospital

There is one hospital located in Platte County. The hospital defines its primary service area as Platte County. Secondary service areas include a forty-five radius around the hospital. Columbus Community Hospital is a community-owned, not-for-profit hospital. The facility opened its doors at its new location in August 2002 and is located on 60 acres in the northwest part of Columbus, NE. The 186,000 square foot hospital is a four story, prairie-style building with an attached 40,000 square foot one-story medical office building, housing local and visiting physicians.

The Hospital is a 47 bed acute care facility (certified for swing beds), with 4 skilled nursing beds and 14 ambulatory outpatient beds, all private rooms. Columbus Community Hospital is licensed by the Nebraska State Board of Health and is accredited through The Joint Commission. The Hospital is also a member of the Nebraska Hospital Association (NHA), American Hospital Association (AHA), Voluntary Hospital Association (VHA) and Heartland Health Alliance (HHA).

Columbus Community Hospital's success can be measured in the quality of its facilities and the commitment of volunteers, staff, board, and physicians. Leadership consists of an 11 member Board of Directors, President/CEO, 4 Vice-Presidents, 38 members of the Medical Staff, over 550 employees, and 300+ volunteers.

In October, 2010 the Hospital began construction on a 30,000 square foot addition: 20,000 square feet to the 1st floor and 10,000 square feet to the 2nd floor which was completed in July, 2012. The addition has allowed the Hospital to expand services in the Emergency Department, increase patient privacy in the registration area and create a women's imaging center.

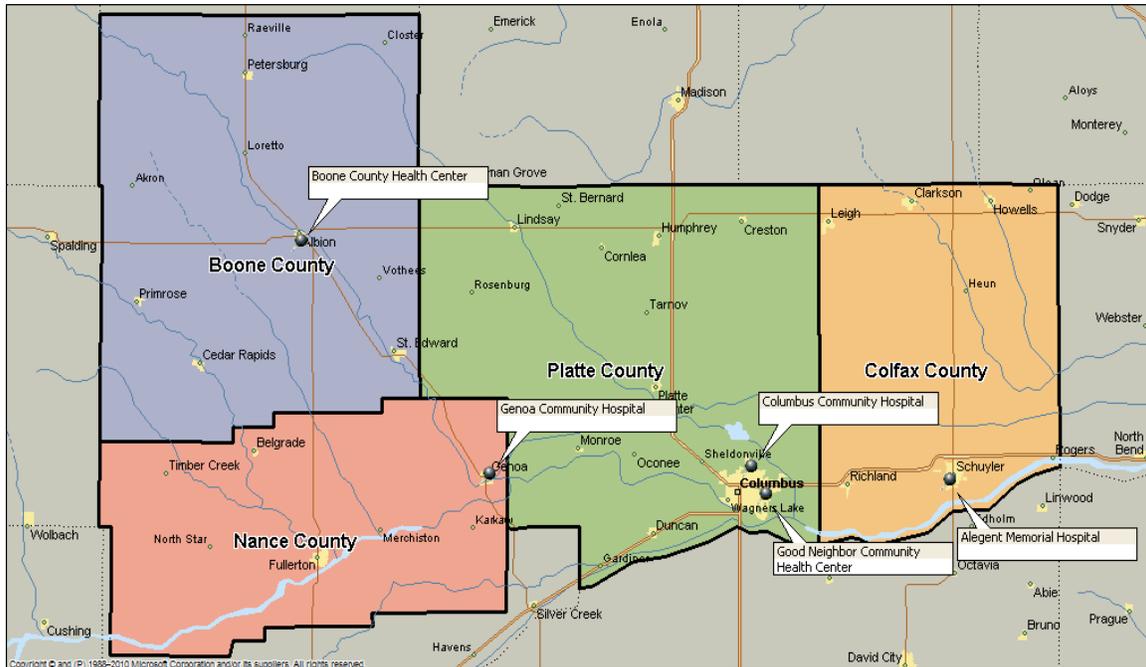
For over 150 years, the Columbus area medical professionals have been committed to providing the best patient-centered care. Their dedication to the community and loyalty to the Hospital enables CCH to provide the highest quality care to area residents.

The hospital offers a variety of services to include:

- Cardiopulmonary Rehabilitation
- Diabetes and Health Education
- Diagnostic Imaging
- Emergency Department/Trauma Services
- Gift Shop
- Home Health
- Hospice
- Hospitalist Services
- Lifeline
- Maternal Child Health
- Occupational Health Services
- Pain Management
- Rehabilitative Services
- Respiratory Care
- Sleep Lab
- Surgical Services
- Women's Health
- Wound Healing Center

East Central District Health Department

The ECDHD/GNCHC serves four rural Nebraska counties—Boone, Colfax, Nance, and Platte—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.

- 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 Platte County. The GNCHC has special expertise in providing service to low-income, medically underserved and minority populations. GNCHC was the first entity in Nebraska to obtain Medicaid Meaningful Use. The GNCHC is TJC accredited and in the process of obtaining Patient Centered Medical Home recognition. GNCHC has a robust electronic medical record and is a repository of information on chronic disease management for its population.

GNCHC serves a highly uninsured population and provides the following services

- Dental Health Services
- Reproductive Health Clinic
- Family Medical Care

- Mental Health Services
- Substance Abuse Evaluations
- Services in Spanish
- Transportation Services

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

Table 1	Patients Served at the Good Neighbor Center by Insurance Status with Comparisons to State and National FQHCs⁷		
	Good Neighbor	Nebraska	National
Uninsured	57.6%	56.7%	37.5%
<i>Children Uninsured (age 0-19 years)</i>	43.4%	36.5%	20.3%
Medicaid/CHIP	15.3%	26.5%	39.7%
Medicare	5.0%	4.2%	7.5%
Other Third Party	22.1%	12.6%	15.2%

Organizations that collaborated in conducting the CHNA and CHIP

Over forty entities listed below had one or more participants in this process. The Columbus Community Hospital and the East Central District Health Department both had members of their Board of Directors in attendance. The agencies participating are listed in alphabetical order.

- 1 Alegent Health-Schuyler
- 2 American Red Cross
- 3 Behlen Manufacturing
- 4 City of Columbus Parks and Recreation Department
- 5 Harold Stevens Accounting
- 6 Rainbow Center – Mental Health Center
- 7 ARC of Platte County
- 8 Board Member/ Medical user of the GNCHC
- 9 Center for Survivors
- 10 Central Community College
- 11 Central Nebraska Community Services
- 12 City of Columbus
- 13 Columbus Chamber of Commerce
- 14 Columbus Community Hospital
- 15 Columbus Family Practice (Private Medical Clinic)

- 16 Columbus Housing Authority
- 17 Columbus Police Department
- 18 Columbus Public Schools
- 19 Columbus Telegram
- 20 Columbus Urgent Care
- 21 Connect Columbus
- 22 Crisis Navigators
- 23 East Central District Health Department
- 24 Family Resource Center
- 25 First Nebraska Bank
- 26 Golden Living Center
- 27 Good Neighbor Community Health Center
- 28 Greystone Manufacturing
- 29 HDR Architectural Firm
- 30 Jackson Services
- 31 Local Board of Health public minded citizen
- 32 Nebraska Department of Health and Human Services
- 33 Nebraska State Patrol
- 34 Nebraska State Senator - District 22
- 35 Platte County Attorney
- 36 Platte County Emergency Management
- 37 Progressive Swine Technologies
- 38 Public Minded Citizens
- 39 Sertoma Service Club
- 40 Time for Change - Gang Prevention
- 41 United Way
- 42 Youth for Christ
- 43 Victim Assistance

III. Community Health Improvement Plan Process

The template below can serve as a summary of the process used in planning both the joint CHNA and joint CHIP for the ECDHD and Columbus 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 Columbus Community Hospital. During this third iteration of the MAPP process ECDHD served as the co-lead agency with strong support from the hospital in both personnel and financial resources.

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

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. Schmeackle Research, Inc. assembled this assessment of public health and community well-being under the provision of the East Central District Health Department and the four participating hospitals.

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

Table 2: Community Health Needs and Priorities for the East Central District	
Community Health Needs and Priorities	Rationale for Selection
➤ Accidental Death	<ul style="list-style-type: none"> • High rates of unintentional, motor vehicle, and work-related accidental deaths as compared to the state.
➤ Aging Population	<ul style="list-style-type: none"> • High percentage of the population is over 65 for the district. • High percentage of elderly individuals report lacking a social network.
➤ Cancer	<ul style="list-style-type: none"> • 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> • High instances of breast, colorectal, and prostate cancers district wide. • High instances of cancer may be partly or largely attributable to the aging population.
➤ Diabetes	<ul style="list-style-type: none"> • Increases each year from 2007 to 2009 in percent of adults with diabetes. • The number three perceived health problem in the district.
➤ Drug and Alcohol Use	<ul style="list-style-type: none"> • Alcohol abuse was the top perceived risky behavior in every county; drug abuse was second overall. • High community perception of underage alcohol use as an issue that needs greater attention.

	<ul style="list-style-type: none"> • High rates of youth riding with a driver who had been drinking. • High rates of hospitalization for alcohol and tobacco related disease. • Also a concern among focus group participants and community agencies participating in the <i>Forces of Change Assessment</i>.
➤ Health Professional Shortages	<ul style="list-style-type: none"> • More individuals served per health professional for every health profession as compared to the state except for LPNs. • Several areas with state and federally designated health professional shortages.
➤ Mental Health Services	<ul style="list-style-type: none"> • High percentage of mental health patients seen at the Good Neighbor Center. • Federally designated shortage of mental health professionals in every county in the district.
➤ Health Screening	<ul style="list-style-type: none"> • Low rates of health screening, especially among women for mammogram, clinical breast exam, and PAP exam as compared to the state.
➤ Immunization for the over 65 Population	<ul style="list-style-type: none"> • Low rates of immunization for pneumonia and influenza among the over 65 population as compared to the state.
➤ Non-Sports-Related Activities for Children	<ul style="list-style-type: none"> • Lack of activities for youth expressed by focus group participants and noted as a contributor to drug and alcohol use. • Low community perception of the availability of non-sports-related activities for children in the <i>Community Health Survey</i>.
➤ Obesity	<ul style="list-style-type: none"> • 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>. • High rates of obesity for the overall population, and especially for the minority population. • High percentage of youth overweight. • A low percentage of leisure time devoted to physical activity as compared to the state. • County-level data were not available for obesity. Thus, it has been selected as an overall community health need.
➤ Rape and Forced Sexual Intercourse	<ul style="list-style-type: none"> • High rates of reported cases of rape as compared to the state. • High rates of self-reported forced sexual intercourse by youth.
➤ Teen Pregnancy and Sexual Activity	<ul style="list-style-type: none"> • The number two perceived health problem in the district, and the number one for the Hispanic population, among whom the teen birth rate is very high. • Teens in the district are more sexually active than their peers in Nebraska. • A concern among focus group participants and community agencies.

Platte County Pre-selected Priority Areas

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

Because Platte County is notably healthier than the other counties in the district and the state as a whole for almost all county-level-available statistics, fewer community health needs were selected than for some counties. 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: Platte County

- Population: 32,237
- Density (people per square mile): 48.3
- % White: 90.0%
- % Hispanic: 13.8%
- % over 65: 14.8%
- Median Household Income: \$48,359
- % at or below Poverty Line: 7.8%
- % without High School Degree or GED/Equivalent: 10.5%

Table 3: Community Health Needs and Priorities for Platte County

Community Health Needs and Priorities	Rationale for Selection
➤ Crime	<ul style="list-style-type: none"> • High perception of the increase in gang activity and the impact of gangs on schools and child safety. • High rates of arrests for the adult population. • High rates of arrests and drug law violations for the juvenile population.
➤ Mental Health Services	<ul style="list-style-type: none"> • High rate of patients to the Good Neighbor Community Health Center with mental health issues secondary to the primary purpose for their health visit. • High rates of hospitalizations for self-inflicted injuries.
➤ Rape and Forced Sexual Intercourse	<ul style="list-style-type: none"> • High reported cases of rape. • High rates of self-reported forced sexual intercourse by youth district-wide.

➤ Recreation Opportunities	<ul style="list-style-type: none"> • Low perceived availability of recreation opportunities.
➤ Satisfaction with and Access to Health Care	<ul style="list-style-type: none"> • Relatively low satisfaction and perceived access to health care among participants in the <i>Community Health Survey</i>.
➤ Teen Pregnancy	<ul style="list-style-type: none"> • High rates of teen pregnancy, notably among the Hispanic population.
➤ Underage Alcohol and Marijuana Use	<ul style="list-style-type: none"> • Alcohol was the top perceived risky behavior in the county. • High rates of marijuana use, binge drinking, and driving under the influence.

IV. The Community Health Improvement Planning Meeting Process

Data Analysis and Final Prioritization a Part of CHIP

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

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

The CHIP meetings in the individual counties were held from March 2nd to August 21st of 2012. The Columbus Community Hospital CHIP meeting focused on their identified primary service area of Platte County. The CHIP was the first of the district CHIP meetings and was completed on March 2nd, 2012.

Platte 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 Columbus Community Hospital Core team included the Vice President of Physician Recruitment Amy Blaser, the Marketing Director Diana McElfresh, United Way Director Pat Heimes, Connect Columbus Director Tammy Bichlmeier, East Central District Health Department Director Rebecca Rayman, East Central District Health Department Deputy Director Roberta Miksch.
- Several phone conference calls were held with the facilitator Deb Burnight to go over meeting plans
- a 15 minute presentation specific to Platte county and Columbus Community hospital was developed to use at service clubs and area meetings to stimulate interest in the project. This presentation was done

three times in Platte County prior to the CHIP by the ECDHD Health Director. The first presentation was for the Columbus Morning Rotary, the second at the annual meeting of Connect Columbus and the third for the Columbus Community Hospital Auxiliary. See Appendix 2.

- 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. See Appendix 1.
- 300 invitations were sent out to key stakeholders by Columbus Community Hospital. See Appendix 3.
- An advertisement was ran in the Columbus Telegram inviting the public to attend.

Platte County CHIP - meeting format

Community leaders met in facilitated session at Columbus Community Hospital on Friday, March 2, 2012, to launch the 2012 Platte County Community Health Improvement Planning process (CHIP). The Platte County CHIP was well attended with a head count of 70 participants and 60 participants completing the sign in sheet. Diverse sectors were represented including public officials, business leaders, physicians, hospital staff, health department staff, state senator, state public health officials and community agencies. There was good representation from the Spanish speaking community which is the largest minority in the area.

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 Platte County and how will we mobilize our efforts?”

The working agenda was:

- Planning Context
- Vision Confirmation
- Prioritization of Strategic Issues
- Community Mobilization – Chartering Action to Address Priority Issues
- Debrief/Next Steps

Following time for networking and check-in, Columbus Community Hospital CEO Mike Hansen welcomed the participants to the session and introduced East Central District Health Department Executive Director Rebecca Rayman. Rayman provided background information on the CHIP process and introduced the facilitator Deb Burnight a trained TOP facilitator. Participants introduced themselves and shared the coalitions they represented.

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

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

Presentation of the Overview of the Community Health Needs Assessment

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

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

The complete 260-page Community Health Assessment was available at each participant table during the meeting. Included in the handouts at the CHIP was a profile of the District as a whole and a profile of Platte county, which is the identified primary service area of Columbus Community Hospital. The profiles included identification of the top problems for the District and the identification of the top problems for Platte County. Every participant also received a copy of the one hour power-point handout. (See Appendix1- one hour presentation handouts; Appendix 2- 15 minute presentation handouts, Appendix 3: Invitation letter)

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 probed the participants on what surprised them, what insights they gathered, and what questions they had, resulting in a very interactive process with strong audience participation.

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

SURPRISES:

- Poverty levels: Question - What demographic? Answer: Working poor, Single parent families with children under 5, Platte and Colfax especially
- 1600% increase in minority population
- Desire for more specialists (access and availability) What is driving this?
- Uninsured at 40% (not including underinsured) – How many have chosen this? How to explain? No access to government programs?
- Fatalities
- Lack of seatbelt use
- 2/3 of US obese – even making seatbelts bigger to accommodate
- Platte County among highest in distracted driving

INSIGHTS

- Social determinants of health are critical
- Parents often do not establish a need for a medical home – perhaps this is driving a need for specialists
- More reporting of sexual assault – high because of good Platte County programming in place?
- Little funding for breast cancer screening and education
- Obesity jump may correlate with worsening economy
- Many things fit together that suggest why teens are having problems: low income, alcohol, suicide, teen pregnancy, etc.

QUESTIONS

- Why fewer white collar jobs?
- What is the definition of “white collar?”
- Why do we have higher numbers of children?
- Can we anticipate a higher 3-5 year birthrate?
- How does all of this impact daycare status?
- How would private school demographics impact the poverty rates?
- Why the low number of bachelor’s degrees?
- Do we have representation of undocumented in data– tried to collect in written surveys
- Any info related to fetal alcohol syndrome? – LB 599 Bill to restore fetal 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.

Table 4		Top Five Perceived Risky Behaviors by County and Ethnicity¹⁵					
	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

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

Prioritization of CHIP Strategic Issues

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

- Multiple wins – catalytic actions
- Root causes
- Feasible, realistic
- Measurable
- Easy, short-term wins (low-lying fruit that could gain momentum)
- Aligned with identified community health needs/priorities
- Find underlying motivation for change
- People power, passion
- Research/evidence based
- Sustainability – will last
- Adaptability...respond to change
- Focus-target population(s)

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

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

Participants were encouraged to write down individually and then in table groups the top health priorities for Platte County. The process used for each table was that every group would then submit their top five most critical issues, based on the data presented, the conversations they had been having during the morning, and criteria list. These were collected for display on a “sticky wall” using the TOP process and were clustered according to common theme by the larger group. This process was repeated until every strategic issue listed by the group was captured in the process. This process resulted in the identification of “issue arenas.” These issue arenas were all identified health needs for the community. In Platte County after all the cards were collected and displayed there were ten (10) resulting issue arenas. Some of the issue arenas had been identified by the independent researchers as cross-cutting themes, and some were not; however, all issue arenas were supported with data. The following page holds the resulting work product from the Platte County “sticky wall”.

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

Teen Sexual Health	Sexual Assault	Substance Abuse	Cancer	Driving safety	Mental Health Services	Obesity	Access to Health Care	Family Support	Financial Stability
<ul style="list-style-type: none"> • Teen sexuality • Teen pregnancy • Teen pregnancy 	<ul style="list-style-type: none"> • Sexual assault 	<ul style="list-style-type: none"> • Drug & Alcohol (underage youth all drunk (drugged/ driving) • Drugs/ alcohol • Substance and alcohol abuse • Drug & alcohol use and abuse • Alcohol and drug use • Drug & alcohol abuse • Substance abuse • Substance abuse 	<ul style="list-style-type: none"> • Cancer • Cancer • Cancer • Preventative health screenings 	<ul style="list-style-type: none"> • Distracted driving and seat belt use • Accidental deaths • Driving safety • Accidental injury and death 	<ul style="list-style-type: none"> • Mental health services • Mental health • Adequate mental health services 	<ul style="list-style-type: none"> • Obesity and activity (diet) • Obesity • Obesity • Obesity • Obesity • Obesity 	<ul style="list-style-type: none"> • Access healthcare • No insurance • Transportation • Address health professional shortages • (all encompasses) • Accessible & affordable health screenings 	<ul style="list-style-type: none"> • Parenting • Dysfunctional families • Accountable parenting w/ support • Family dysfunction • Lack of support systems • Childhood health 	<ul style="list-style-type: none"> • Better paying jobs • Employer based health initiatives (We really liked this one!) • Financial stability • Education
<p>Three issues were designated as “strategic approaches” that could be cross-cutting to all of the above issues:</p> <ul style="list-style-type: none"> • Preventative education • Volunteerism – “Community Involvement” • Education 									

The large group then reviewed the criteria for strategic area selection once more. Table teams were then asked to talk through the list of strategic issues using the criteria for prioritization as a screening tool and rank order the ten (10) strategic issues that emerged from the clustering exercise from 1 to 10, with #1= Most Important, #2 Next Important, #3 and so on. A discussion was held about how many strategic areas the Platte County CHIP group could manage effectively. Following plenary discussion, the participants decided by consensus to choose the following five (5) areas as priority strategic issues around which to mobilize collaborative action over the next three years (with the understanding that the other five issues would feed into the priority issues, i.e. a focus of Access to Health Care would be cancer screenings, etc). The group felt that while it was important to not lose any of the priority issues, ten plans to address ten community health issues may dilute the entire process and make it less effective. The five identified community health needs or priority issues for Platte County and its collaborating partners were:

- Access to Health Care
- Obesity
- Family Support
- Substance Abuse
- Mental Health

The formation of Community Work Groups around the chosen Strategic Issues

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

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

Strategic Issue	Goal	Measures	Lead Agency	Next Steps	Team Members (** indicates champion)
Obesity	<ul style="list-style-type: none"> To decrease % of population defined as obese from 32.3% to 30% by Jan. 2015 	<ul style="list-style-type: none"> By Dec 2013, _____ businesses/worksites will have adopted an employee worksite P.A. and nutrition program 	Occupational Health and Cardiac Rehab Wellness Committee at CCH	<p>Find a worksite wellness plan and make the contacts</p> <p>Recruit collaborators – possible UNMC (Carol), Physician’s offices, YMCC</p>	<p>**Alice Haenggi, **Roberta Miksch, Erik Hash, Mary Lou Holmberg, Sue</p>
Access to Health Care	<p>Gap analysis of health care providers</p> <ul style="list-style-type: none"> (See grid for 5 other goals) 	(see grid)	Columbus Community Hospital	Patty will talk to her group	<p>**Mike Hansen, **Patti, Jim Goulet, Linda Walline, Theresa Hilton, Nancy Jimenez, Dan Feilmeier, Gina Frerichs, Ileana Jarecki, Nicole Pollema, Sachin Bagade, Doug Janssen, Amy Blaser, Senator Paul Schumacher</p>
Family Support	Effective use of available resources to maintain family stability at all stages	Fewer families in crisis	CC/CAHRA	Parenting in the workforce, workforce buy-in, CAHRA	<p>**Traci Nelsen, **Kristie Stricklin, Rosa Valeria, Susan Olmer, Bonnie McPhillips, Tammy Bichlmeier, Joe Mangliandli, Jo Suess, Julie Baumgart,</p>
Mental Health Services	Establish a “pre-EPC” assessment and establish a protocol for intervention before EPC and for post EPC	<p>Outcomes:</p> <ol style="list-style-type: none"> 1. Save money 2. Decrease hospitalizations 3. Protocol for MH crisis management 		<p>Buy-in from other agencies/stakeholders</p> <p>Examine similar programs elsewhere</p> <p>Examine funding resources</p> <p>Tailor, implement &</p>	<p>**Rhonda Somerhiser, **Carl K. Hart, Jr., Penelope Abegglen, Rosa Hardesty, Bill Gumm, Jamie Rodriguez</p>

				sustain	
Substance Abuse	Reduce the overall use of substance abuse in minors – grades 6-12 (2015)	Decreased binge drinking, driving/influence, (30 day) riding with driver /influence (30 days), 30 day/drink at home with parental permission, levels at or below state average	Back to Basics	Adult goals, gather data, secure funding, community resources, time	**Brenda Preister, **Kaise Recek, Heather Elton, Rosie Velasco, Marlene Engel, Mike Oglevie, Tim Kayl

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 Five Community Health Needs Selected by Platte County Reviewed

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

Access to Health Care

Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 29-34. 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.

- a) Service Gap Analysis: The following were identified during the CHIP meeting as gaps in Access to Health Care
 - i) Public Transportation is limited to take individuals to medical appointments
 - ii) Lack of financial resources to provide transportation
 - iii) Shortage of some specialized health care services and providers in the service area
 - iv) Affordable screenings for diseases that are culturally and linguistically appropriate.
 - v) Need to improve health literacy in the area.
 - vi) High rate of individuals who are uninsured.

- b) Assets and Resources Identified: The following were identified during the CHIP meeting
 - i) Hospital has a completed analysis on health care shortage areas.
 - ii) The area has a taxi service
 - iii) The Hospital has a large number of volunteers that might be accessed for transportation
 - iv) The area has a Federally Qualified Health Center for low-income patients
 - v) Most of the health care providers in the area use interpreters for non-English speakers.

- c) 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.

- d) 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.

Obesity

Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 44-48. Nutrition and Weight Status is the best match for Obesity and is the closest topic area listed in the *Healthy People website*. The Nutrition and Weight Status goal is to “*Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights*”. A complementary strategic area is Physical Activity. The Physical Activity goal is to “*Improve health, fitness, and quality of life through daily physical activity*”.

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

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

- e) Service Gap Analysis- The following were identified during the CHIP meeting as gaps in Obesity
 - i) Unavailability of affordable programs to address obesity at worksites
 - ii) No worksite wellness plan for Platte County
 - iii) No funding for obesity work in Platte County

- f) Assets and Resources Identified
 - i) PACE worksite plan
 - ii) Childhood obesity consortium in Platte County
 - iii) NAP SACC program for addressing pre-school obesity

- g) Healthy People 2020 selected Objectives to this strategic area
 - i) Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.
 - ii) Increase the proportion of primary care physicians who regularly measure the body mass index of their patients
 - iii) Increase the proportion of physician office visits that include counseling or education related to nutrition or weight
 - iv) Increase the proportion of worksites that offer nutrition or weight management classes or counseling
 - v) Increase the proportion of adults who are at a healthy weight
 - vi) Reduce the proportion of adults who are obese
 - vii) Reduce the proportion of children and adolescents who are considered obese
 - viii) Prevent inappropriate weight gain in youth and adults
 - ix) Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
 - x) Reduce the proportion of adults who engage in no leisure-time physical activity
 - xi) Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
 - xii) Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
 - xiii) Increase the proportion of the Nation's public and private schools that require daily physical education for all students
 - xiv) Increase regularly scheduled elementary school recess in the United States
 - xv) Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time
 - xvi) Increase the proportion of children and adolescents who do not exceed recommended limits for screen time
 - xvii) Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all

- persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations)
- xviii) Increase the proportion of physician office visits that include counseling or education related to physical activity
 - xix) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs
 - xx) Increase the proportion of trips made by walking
 - xxi) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities

h) Nebraska State Plan selected Strategies

- i) Strategy 1: Enhance access to physical activity opportunities, including physical education, in Nebraska schools, childcare and afterschool facilities.
- ii) Strategy 2: Enhance policies for physical activity, inclusive of physical education, in Nebraska schools.
- iii) Strategy 3: Enhance the transportation systems built environment and policies that improve access to physical activity in Nebraska communities.
- iv) Strategy 4: Enhance community planning and design practices through built environment and policy changes that improve access to physical activity in Nebraska communities.
- v) Strategy 5: Enhance the parks and recreation built environment and policies that improve access to physical activity in Nebraska communities.
- vi) Strategy 6: Enhance worksite and healthcare supports for physical activity.

i) Evidenced Based Interventions

- i) Behavioral Counseling in Primary Care to Promote a Healthy Diet. The U.S. Preventive Services Task Force (USPSTF) recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.
- ii) The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.
- iii) Screening for Obesity in Children and Adolescents. The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
- iv) Obesity Prevention and Control, Interventions in Community Settings: Worksite Programs. Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. From the CDC Community Guide.

- v) **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. From the CDC Community Guide.
- vi) **Campaigns and Informational Approaches to Increase Physical Activity: Community-Wide Campaigns**
Community-wide campaigns to increase physical activity involve many community sectors; include highly visible, broad-based, component strategies; and may also address other cardiovascular disease risk factors. From the CDC Community Guide.
- vii) **Creation of or enhancing access to places for physical activity** involves the efforts of worksites, coalitions, agencies, and communities as they attempt to change the local environment to create opportunities for physical activity. Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities.

Family Support

Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 16-32 and. There are two topic areas listed in the Healthy People 2020 website that focus on the intention of the Platte County CHIP group for Family Support. The first is Maternal, Infant, and Child Health, this topic area's goal most closely matches the Platte County CHIP. The Maternal, Infant, and Child Health goal is to *"Improve the health and well-being of women, infants, children, and families"*.

According to the Healthy People website, *"Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system"*.

Child health status in Platte County and Nationwide varies by both race and ethnicity, as well as by family income. The website has material that reinforces that family support is an important goal for a healthy community. According to the Healthy People website *"Furthermore, children reared in safe and nurturing families and neighborhoods, free from maltreatment and other social adversities, are more likely to have better outcomes as adults"*.

The second topic area is Early and Middle Childhood. While the Early and Middle Childhood goal does not seem to match the Platte County CHIP process it does have correlations with the group's intentions and provides evidence for it's inclusion in the Platte County CHIP. For example the overview includes this statement,

“ There is increasing recognition in policy, research, and clinical practice communities that early and middle childhood provide the physical, cognitive, and social-emotional foundation for lifelong health, learning, and well-being.”

In addition the material provided asks and answers the question *Why Is Early and Middle Childhood Important?*

“Evidence shows that experiences in the 1st years of life are extremely important for a child’s healthy development and lifelong learning. How a child develops during this time affects future cognitive, social, emotional, and physical development, which influences school readiness and later success in life. Research on a number of adult health and medical conditions points to predisease pathways that have their beginnings in early and middle childhood.”

The CHIP participants agree that working as a community to develop knowledgeable and nurturing families, parents, and caregivers will help create supportive and safe environments in schools, communities, and homes and thereby increase the current and future health of these children.

- j) Service Gap Analysis
 - i) Lack of community wide knowledge of resources available
 - ii) Lack of communication between all agencies who serve families
 - iii) Cultural differences within the community
 - iv) Lack of public transportation
 - v) Lack of buy-in from parents
 - vi) Lack of resources and information on “*how to be a good dad*”

- k) Assets and Resources Identified
 - i) The 211 line was listed as a community resource to strengthen families
 - ii) Local churches were felt to be a community resource
 - iii) Connect Columbus was listed as a community resource

- l) Selected Healthy People 2020 Objectives related to this strategic area
 - i) Increase the proportion of parents who use positive parenting and communicate with their doctors or other health care professionals about positive parenting.
 - (1) Increase the proportion of parents who report a close relationship with their child
 - (2) Increase the proportion of parents who use positive communication with their child
 - (3) Increase the proportion of parents who read to their young child
 - (4) Increase the proportion of parents who receive information from their doctors or other health care professionals when they have a concern about their children’s learning, development, or behavior
 - (5) Increase the proportion of parents with children under the age of 3 years whose doctors or other health care professionals talk with them about positive parenting practices

- ii) Decrease the proportion of children who have poor quality of sleep
 - iii) Reduce the rate of fetal and infant deaths
 - iv) Reduce the rate of child deaths
 - v) Reduce the rate of adolescent and young adult deaths
 - vi) Reduce low birth weight (LBW) and very low birth weight (VLBW)
 - vii) Reduce preterm births
 - viii) Increase the proportion of young children with an Autism Spectrum Disorder (ASD) and other developmental delays who are screened, evaluated, and enrolled in early intervention services in a timely manner
 - ix) Increase the proportion of children, including those with special health care needs, who have access to a medical home
- m) Selected Evidenced Based Interventions
- i) Adolescent Health: Person-to-Person Interventions to Improve Caregivers' Parenting Skills
Person-to-person interventions aim to modify adolescents' risk/protective behaviors and health outcomes by improving their caregivers' parenting skills
 - ii) Pyramid Model for promoting Social Emotional Competence in Infants and Young Children (includes PIWI and PCIT) has been promoted by the Center on the Social and Emotional Foundations for Early Learning at www.vanderbilt.edu/csefel
 - iii) There a large variety of Evidenced Based Pre-natal interventions for better pregnancy outcomes

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

- n) Service Gap Analysis- The following were identified during the CHIP meeting as gaps for substance abuse.
 - i) Funding for effective programming
 - ii) The ability to sustain current substance abuse programs in the community.
 - iii) Lack of participation from key sectors to include business, schools and mental health.

- o) Assets and Resources Identified
 - i) Back to Basics Coalition
 - ii) Current SPIF-SIG funding which will end September 30th, 2012
 - iii) Youth for Christ GAPS programming
 - iv) D.A.R.E. Programming
 - v) T4C- Time for Change
 - vi) YMCA
 - vii) Columbus Public Library's after school programming
 - viii) Faith based Youth groups throughout the County
 - ix) Columbus Skate and Hockey Center
 - x) Columbus Schools
 - xi) B-D
 - xii) Behlen
 - xiii) ADM
 - xiv) Medical Community

- p) 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
- q) 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.
 - iii) 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.

Mental Health

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

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

"Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Common barriers to services include: Lack of availability, High cost and Lack of insurance coverage."

According to the Healthy People website, "Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, approximately 1 in 17 will have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year."

- r) Service Gap Analysis: The following were identified during the CHIP meeting as gaps for mental health.
 - i) No pre-EPC swing bed availability in Platte County.
 - ii) No local detox bed in the County
 - iii) No pre-EPC assessment, action steps, resources or services available.
 - iv) No pre-EPC current protocols, policies or process
 - v) No differentiation of adult and child process/program.
 - vi) Lack of funding
 - vii) Lack of follow-through
 - viii) No consequences when clients do not follow-through

- s) Assets and Resources Identified

- i) Law enforcement
 - ii) Crisis Navigators
 - iii) Local Mental Health Providers
 - iv) School Authorities
 - v) DHHS
 - vi) Neighbors
 - vii) Resources from distant community health
- t) Selected Healthy People 2020 Objectives related to this strategic area
- i) Reduce the suicide rate
 - ii) Reduce suicide attempts by adolescents
 - iii) Reduce the proportion of persons who experience major depressive episode (MDE)
 - iv) Increase the proportion of children with mental health problems who receive treatment
 - v) Increase the proportion of adults with mental health disorders who receive treatment
 - vi) Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
 - vii) Increase depression screening by primary care providers
- u) Evidenced Based Interventions
- i) Major Depressive Disorder in Children and Adolescents: The U.S. Preventive Services Task Force (USPSTF) recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up
 - ii) Screening for Depression in Adults: The U.S. Preventive Services Task Force (USPSTF) recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up
 - iii) Collaborative Care for the Management of Depressive Disorders: Collaborative care aims to increase primary care providers' knowledge and skills, improve client understanding and awareness of depressive disorders, and to reorganize the system of care into an optimal environment for management of depression and depressive disorders
 - iv) Interventions to Reduce Depression Among Older Adults: Clinic-Based Depression Care Management
Clinic-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, a primary care provider and patient education, antidepressant treatment and psychotherapy, and a supervising psychiatrist

VI. Communications – A Part of the CHNA and CHIP

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

The general public has been invited to all CHIP meetings, with advertisements run in local newspapers, in addition to sending out targeted invitations. The communications plan for the CHIP strategic issues groups is primarily to use e-mail to keep the strategic groups together. In Platte County, the largest ECDHD's county, approximately 70 individuals attended the day-long meeting CHIP meeting. Participants included local leaders in health and healthcare, the business community, schools, law enforcement, local non-profit agencies, as well as elected or appointed local and state-level government officials.

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

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

Columbus Community Hospital will work hand-in-hand with the East Central District Health Department and other health and business related agencies to complete and address the needs of our communities. CCH is committed to provide our expertise and leadership ensuring that the appropriate Human and Capital Resources are brought to bear in finding viable solutions to the various health and wellness issues.

VIII. The CHIP Work plans

The initial Platte County CHIP plans are located in the appendix, these plans will be updated and reviewed from time to time during the three year duration of the plan.

IX. Evaluation of the CHIP Meeting Process

CHIP Planning – Participant Evaluation Summary

Number of evaluations submitted: 36

Average of scores on a 1-5 rating, with 1 being "Excellent" and 5 being "Unhelpful"

1. Topics chosen for discussion = **1.36**
2. Planning environment (site, ambience) = **1.28**
3. Meeting Format = **1.39**
4. Facilitator's style and delivery = **1.19**
 - One participant wrote "wonderful and capable"
 - One participant wrote "Woot! Woot! Yeah!"
 - One participant wrote "She kept it fun & engaging"
5. Time allowed for meeting = **2.14**
 - One participant marked "Too much time"
 - Five participants marked "Too little time"
 - One participant wrote "Not enough –but able to get the job done"
 - One participant wrote "Perfect"
 - One participant wrote "Enough"
 - One participant wrote "Maybe stretch to 4:30 and spend more time on goal setting"
 - One participant wrote "Too little time for goal development! Would have liked more time!"

An "ah-ha" for me during this session was...

- Community buy-in
- Priorities identified
- Loved it! Excellent process for identifying issues & how to develop a plan to make a change
- The resources that are available in the community
- Realizing programs I've directly worked with made it on the community needs assessment
- Great discussion
- The poverty in our community. The % of Hispanics that have increased since 1990. The accidents and deaths.
- The collaboration
- Lots of the data presented was news to me.
- This was a great session with a lot of discussion & information
- The amount of problems in Platte County
- Loved the good mix of community
- Some issues coming up that I had not been aware of in the past – seat belts, driving, etc.
- That we actually set a goal and began the process
- Spirit of interest and cooperation
- Data, information and awareness of need in our community. Discussion and resources share us the team
- Deaths/Obesity
- That Schuyler has a higher graduation rate than CPS
- The stats in beginning part of the meeting
- The amount of community support for top issues
- How much people care about the community

- See the number of participants active in discussions
- Amazed at the data ECHD is mining and maintaining for our region

I would suggest that in future sessions we...

- No suggestion
- Have available funding options
- Maybe break it down to the assessment & discussion in one session and another brainstorming session
- Possibly do a little more pre-meeting – If I knew what to expect, I would have been better prepared!
- Don't think we had enough time to digest and discuss the data that was presented. Great day – great to see so much community collaboration!
- Meet in smaller groups and having better audio equipment due to hearing impaired staff
- More diverse participation. Should have let the discussion on mission statement continue. People feel you are trying to direct the conversation to your intended issues.
- Have business professionals – insurance, bankers, financial planners
- Make strategic planning time a little longer
- Meet here again
- Have one follow-up session already planned
- Have more “general business” people here
- Are able to have a more narrow focus
- A healthier lunch with ore fresh fruit and veggies (happy face)
- N/A
- More time in the breakout sessions
- Include employers that employ poverish populations like Cargill
- Ensure the small groups tackling the 5 issues stick to the constructs of measurable, achievable SMART goals
- Would have liked to see more business involved, school systems

Other comments:

- Lots to do – sustain momentum – reach goals
- I liked the open discussions & felt like I could voice my opinion
- Adequate time, but SO much info to digest in one day.
- Overall very good
- Thank you!

Community Health Needs and Priorities

Platte County 2011

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

Because Platte County is notably healthier than the other counties in the district and the state as a whole for almost all county-level-available statistics, fewer community health needs were selected. Local agencies may wish to refer to the community health needs for the overall East Central District in the selection of their strategies. 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: Platte County

Population: 32,237

Density (people per square mile): 48.3

% White: 90.0%

% Hispanic: 13.8%

% over 65: 14.8%

Median Household Income: \$48,359

% at or below Poverty Line: 7.8%

% without High School Degree or GED/Equivalent: 10.5%

Table 1: Community Health Needs and Priorities for Platte County

Community Health Needs and Priorities	Rationale for Selection
➤ Crime	<ul style="list-style-type: none"> • High perception of the increase in gang activity and the impact of gangs on schools and child safety. • High rates of arrests for the adult population. • High rates of arrests and drug law violations for the juvenile population.

Appendix 1. Community Health Needs- Platte County

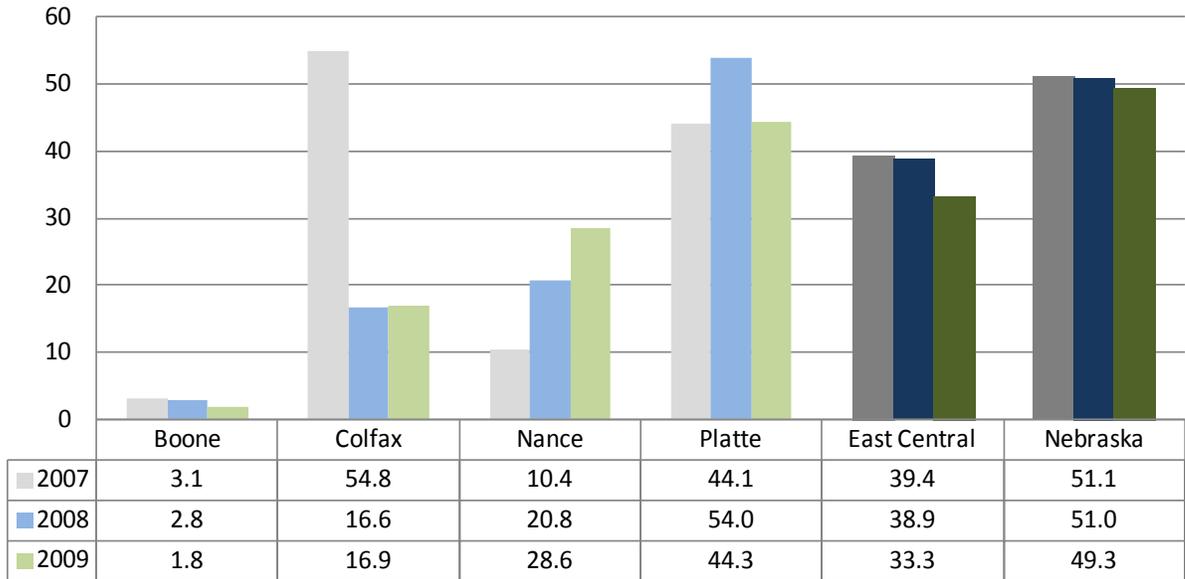
➤ Mental Health Services	<ul style="list-style-type: none"> • High rate of patients to the Good Neighbor Community Health Center with mental health issues secondary to the primary purpose for their health visit. • High rates of hospitalizations for self-inflicted injuries.
➤ Rape and Forced Sexual Intercourse	<ul style="list-style-type: none"> • High reported cases of rape. • High rates of self-reported forced sexual intercourse by youth district-wide.
➤ Recreation Opportunities	<ul style="list-style-type: none"> • Low perceived availability of recreation opportunities.
➤ Satisfaction with and Access to Health Care	<ul style="list-style-type: none"> • Relatively low satisfaction and perceived access to health care among participants in the <i>Community Health Survey</i>.
➤ Teen Pregnancy	<ul style="list-style-type: none"> • High rates of teen pregnancy, notably among the Hispanic population.
➤ Underage Alcohol and Marijuana Use	<ul style="list-style-type: none"> • Alcohol was the top perceived risky behavior in the county. • High rates of marijuana use, binge drinking, and driving under the influence.

Crime

Table 2	Selected Results from the <i>Perception of Gang Activity Survey (2009)</i>	
		Percent Agreeing or Strongly Agreeing
Gangs exist in the community		90%
There are two or more gangs active in the community		81%
Local school systems have problems with gangs		78%
Gang activity affects child safety at school		73%
Gang activity has increased in the last 3-5 years		81%

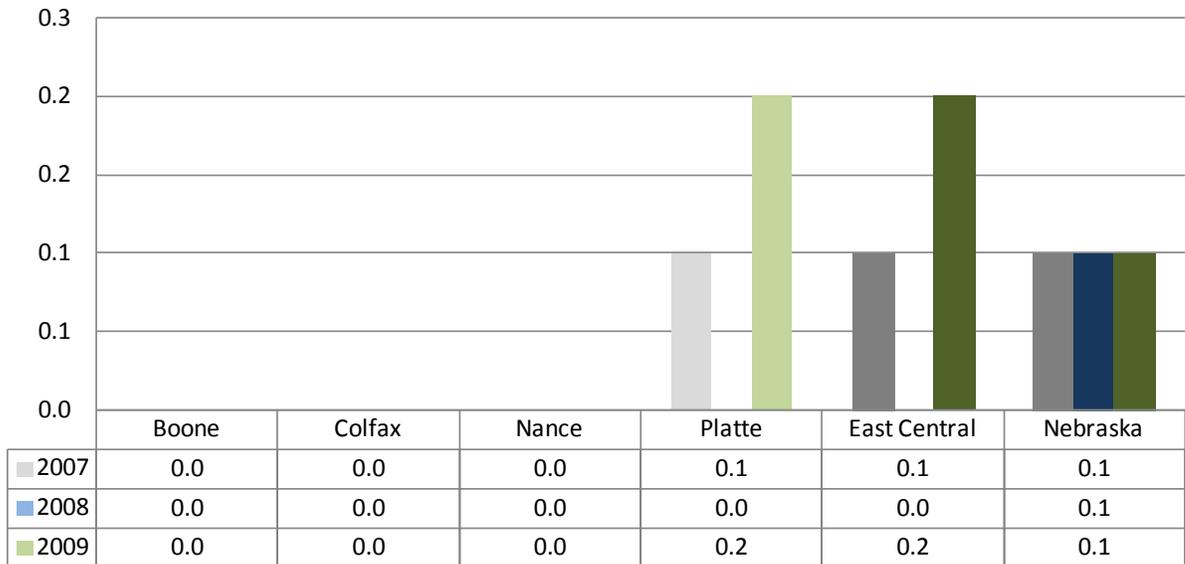
(Source: 2009 Perception of Gang Activity Survey)

Figure 1: Total Arrests per 1,000 Population (2007-2009)



(Source: 2010 Community Health Assessment)

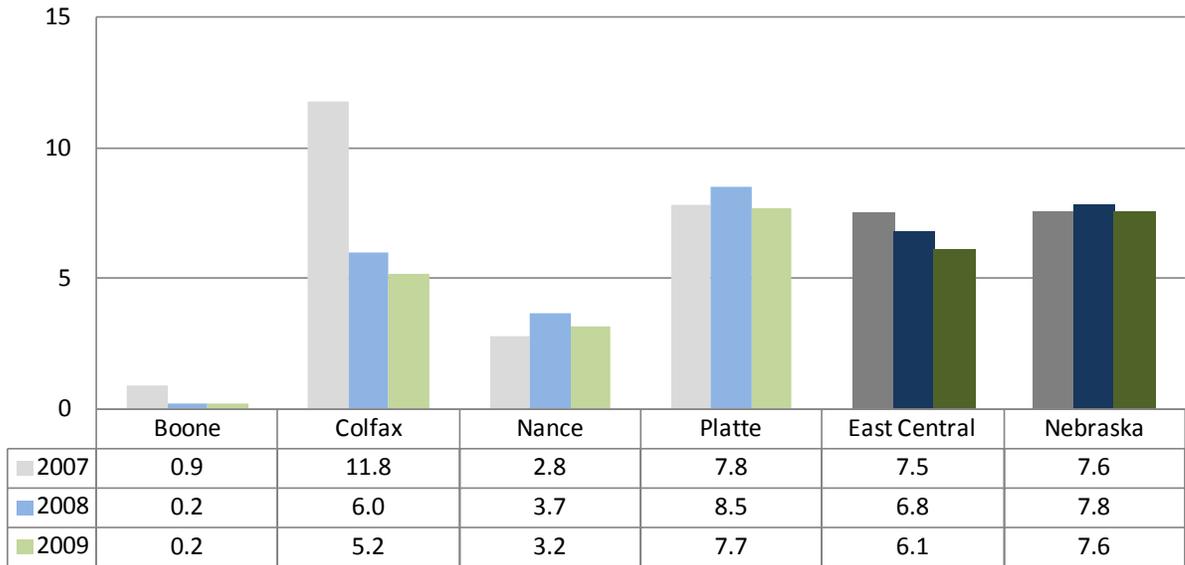
Figure 2: Reported Forcible Rape Offenses 1,000 Population (2007-2009)



(Source: 2010 Community Health Assessment)

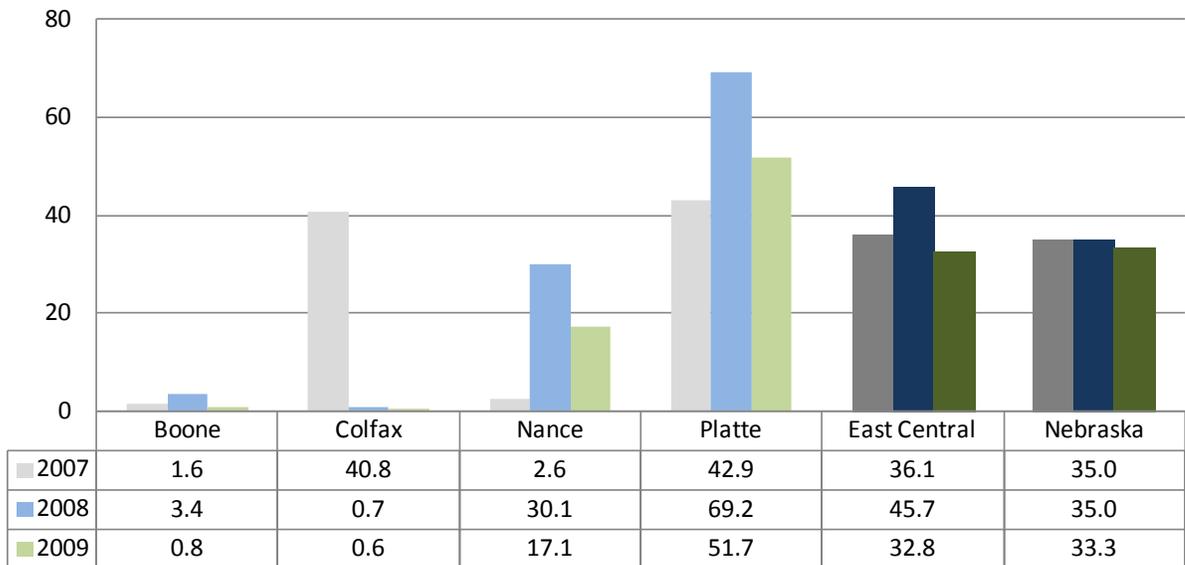
Appendix 1. Community Health Needs- Platte County

Figure 3: Arrests for DUI per 1,000 Population (2007-2009)



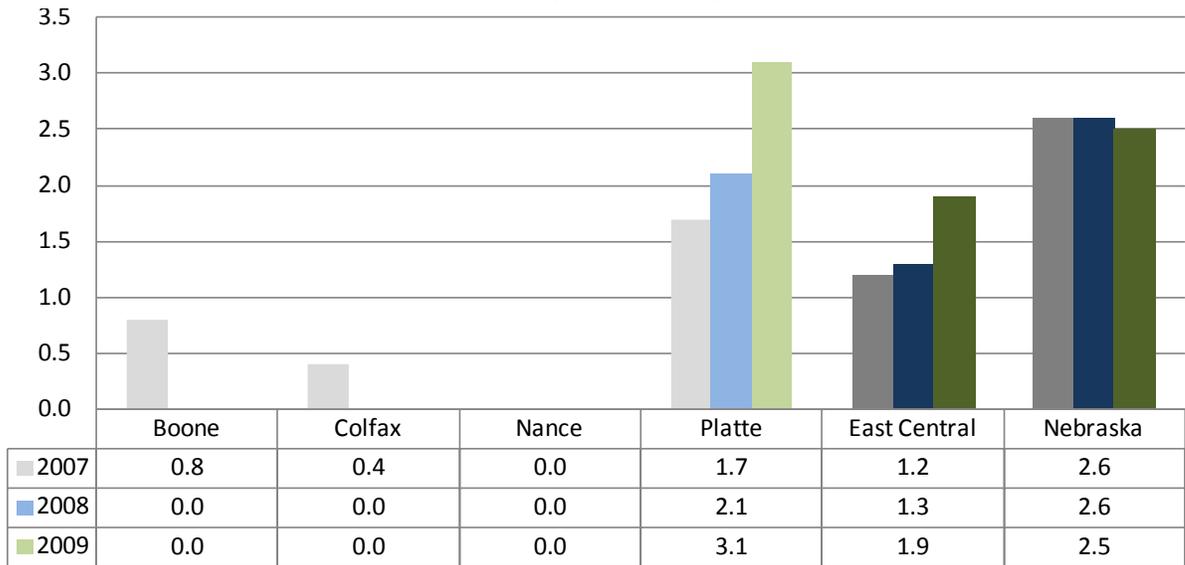
(Source: 2010 Community Health Assessment)

Figure 4: Total Juvenile Arrests per 1,000 Population (2007-2009)



(Source: 2010 Community Health Assessment)

Figure 5: Juvenile Arrests for Drug Law Violations per 1,000 Population (2007-2009)



(Source: 2010 Community Health Assessment)

Mental Health Services

Table 3	Services Used at the Good Neighbor Center with Comparisons to State and National FQHCs		
	Good Neighbor	Nebraska	National
Medical	54.2%	65.5%	72.2%
Dental	16.3%	17.8%	12.0%
Mental Health	21.1%	6.7%	5.5%
Substance Abuse	0.8%	0.1%	1.3%
Other Professional Services	1.9%	0.8%	1.3%
Vision	0.3%	0.0%	0.5%
Enabling	5.2%	9.2%	6.5%

(Source: 2011 UDS Comparisons: East Central District)

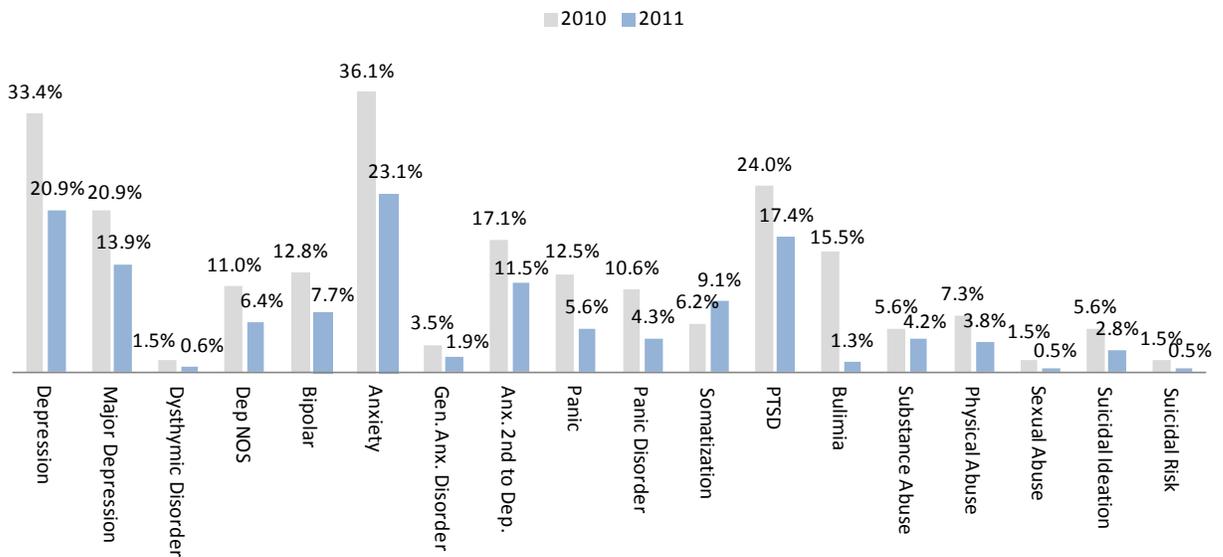
Table 4	Suicide and Self-Inflicted Hospitalization per 100,000					
	Boone	Colfax	Nance	Platte	East Central	Nebraska
Suicide Mortality (2005-2009)	5.6	9.6	14.2	2.8	5.1	10.5
Self-Inflicted Injury Outpatient	54.0	16.1	60.9	100.7	77.0	74.0

Appendix 1. Community Health Needs- Platte County

Hospitalization (2007-2008)						
Self-Inflicted Injury Inpatient Hospitalization (2007-2008)	8.6	16.1	20.1	32.0	25.6	58.9

(Source: 2010 Community Health Assessment)

Figure 6: Mental Health Comorbidity: Patients at the Good Neighbor Center

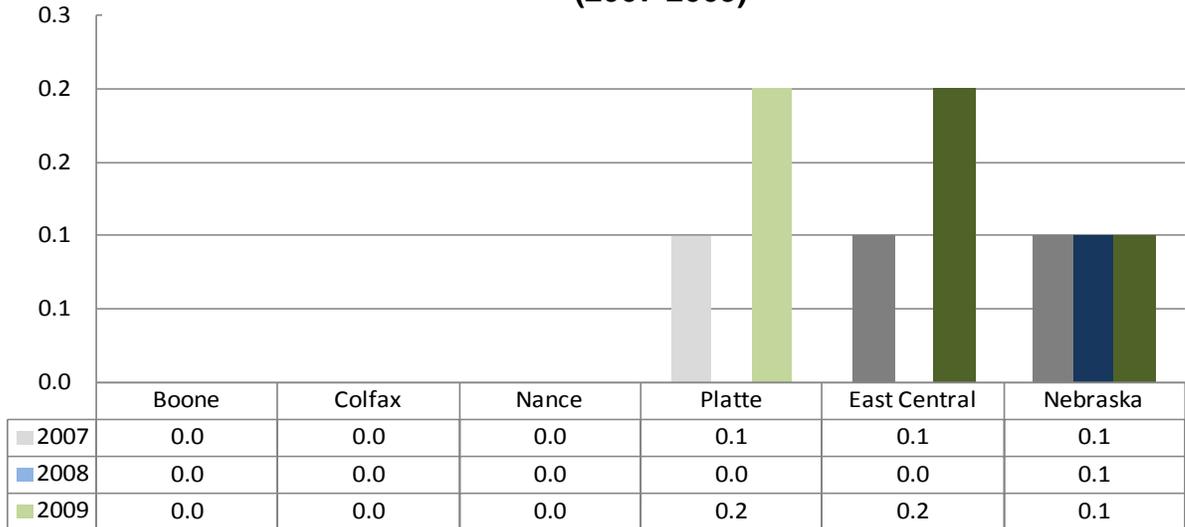


(Source: 2010-2011 QPD Depression Comorbidity)

Note: the above graph shows the percentage of regular patients to the Good Neighbor Center that also have mental health issues. The statistic is *not* for those who visited the Good Neighbor Center for mental health, but rather the percentage of patients coming in for another reason (e.g., routine checkup), and who were diagnosed with a mental health issue as secondary to their primary visit.

Rape and Forced Sexual Intercourse

**Figure 7: Reported Forcible Rape Offenses 1,000 Population
(2007-2009)**



(Source: 2010 Community Health Assessment)

Table 5		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%

(Source: 2001 and 2010 YRBS East Central District Oversample)

Table 6		Percent of Teens Physically Forced to Have Sexual Intercourse by Gender (2010)				
		9th Grade	10th Grade	11th Grade	12th Grade	Overall
East Central District Males		5.7%	6.8%	10.9%	9.3%	8.1%
Nebraska Males		4.9%	3.5%	7.0%	4.3%	5.2%
East Central District Females		11.6%	8.3%	15.3%	13.4%	12.6%
Nebraska Females		7.7%	10.0%	8.4%	14.9%	9.4%

Appendix 1. Community Health Needs- Platte County

(Source: 2010 YRBS East Central District Oversample)

Recreation Opportunities

Table 7	There are plenty of recreation opportunities for children in my community.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean (1-5 scale)
Boone	0.0%	24.1%	16.7%	55.6%	3.7%	3.4
Colfax	11.3%	32.3%	21.0%	31.5%	4.0%	2.9
Nance	0.0%	26.3%	21.1%	52.6%	0.0%	3.3
Platte	4.5%	25.6%	30.5%	35.3%	4.1%	3.1
Hispanic	10.7%	30.1%	29.1%	21.4%	8.7%	2.9
Non-Hispanic	4.1%	26.6%	24.9%	42.0%	2.4%	3.1
East Central	5.4%	27.2%	25.7%	38.0%	3.7%	3.1

(Source: 2011 Community Health Survey)

Satisfaction with and Access to Health Care

Table 8	I am satisfied with the health care system in our community.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean (1-5 scale)
Boone	0.0%	1.8%	5.4%	64.3%	28.6%	4.2
Colfax	1.6%	9.7%	12.1%	55.6%	21.0%	3.9
Nance	0.0%	2.6%	12.8%	76.9%	7.7%	3.9
Platte	0.7%	16.4%	20.9%	52.6%	9.3%	3.5
Hispanic	1.9%	15.4%	16.3%	50.0%	16.3%	3.6
Non-Hispanic	0.5%	11.3%	16.6%	57.9%	13.7%	3.7
East Central	0.8%	11.9%	16.2%	56.7%	14.4%	3.7

(Source: 2011 Community Health Survey)

Table 9	I am able to get medical care whenever I need it.					
	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

Appendix 1. Community Health Needs- Platte County

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

(Source: 2011 Community Health Survey)

Teen Pregnancy

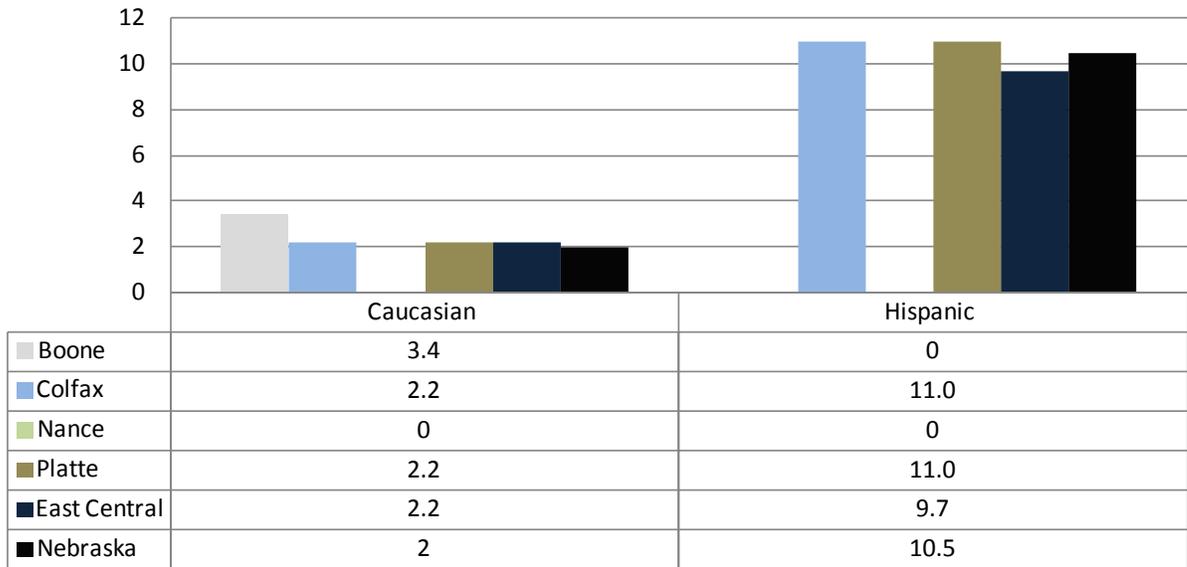
Table 10	Top Five Perceived Health Problems by County and Ethnicity						
	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

(Source: 2011 Community Health Survey)

Table 11	Teen Births as Percent of Total Births (2005-2009)		
	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%

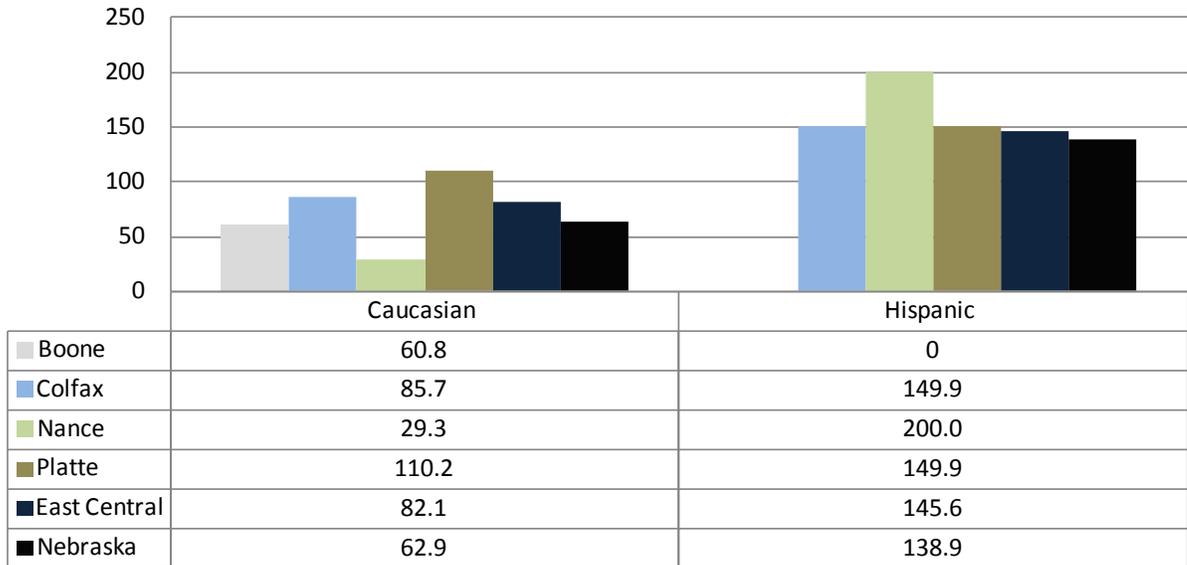
(Source: 2010 Community Health Assessment)

Figure 8: Births to Mothers Ages 13-15 per 1,000 Population by Caucasian and Hispanic 2005-2009



(Source: 2010 Community Health Assessment)

Figure 9: Births to Mothers Ages 16-19 per 1,000 Population by Caucasian and Hispanic 2005-2009



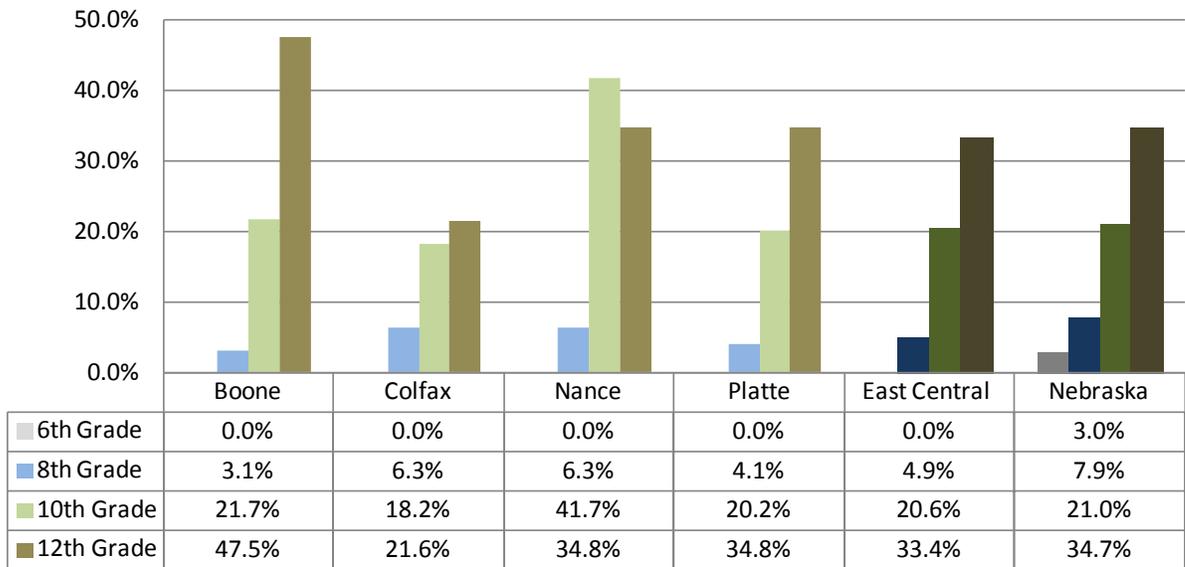
(Source: 2010 Community Health Assessment)

Underage Alcohol and Marijuana Use

Table 12	Top Five Perceived Risky Behaviors by County and Ethnicity						
	Boone	Colfax	Nance	Platte	Hispanic	Non-Hispanic	East Central
1st	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse	Alcohol Abuse
2nd	Being Overweight	Being Overweight	Tobacco Use	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
3rd	Tobacco Use	Racism	Lack of Exercise	Being Overweight	Racism	Being Overweight	Being Overweight
4th	Lack of Exercise	Drug Abuse	Being Overweight	Tobacco Use	Being Overweight	Tobacco Use	Tobacco Use
5th	Not Using Seat Belts	Unsafe Sex	Not Using Seat Belts	Lack of Exercise	Lack of Exercise	Lack of Exercise	Lack of Exercise

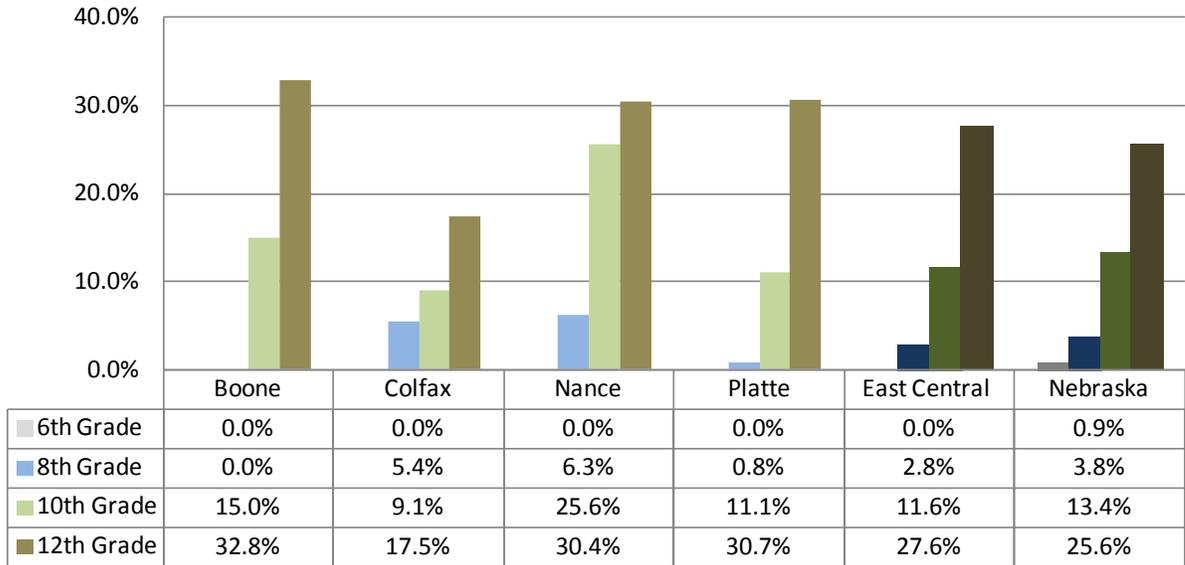
(Source: 2011 Community Health Survey)

Figure 10: 30-Day Alcohol Use by Grade (2010)



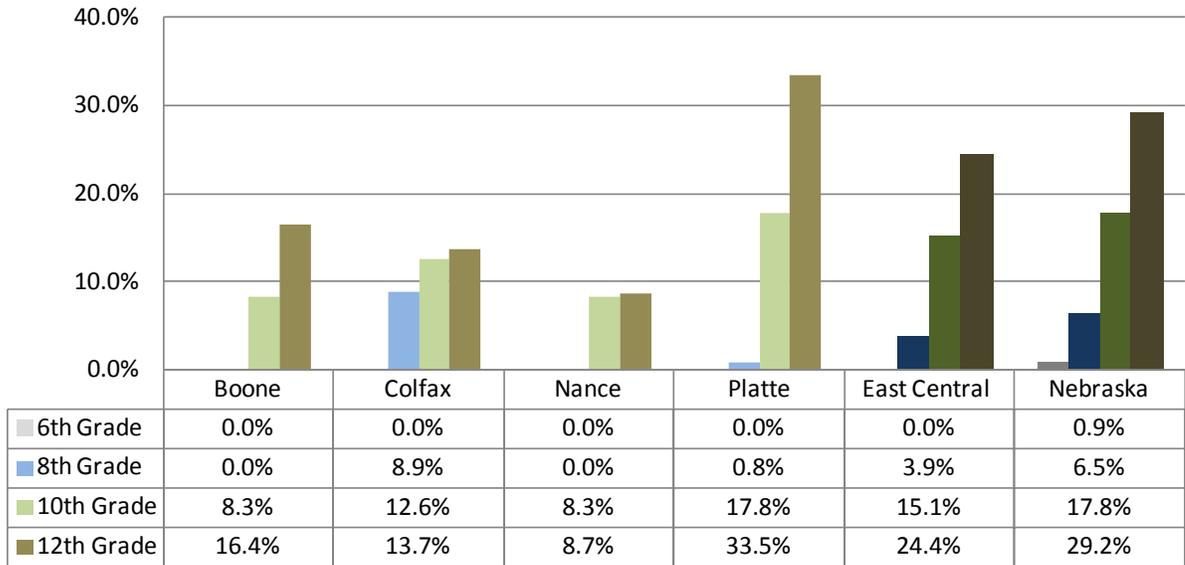
(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

Figure 11: 30-Day Binge Drinking (5 or More Drinks) by Grade (2010)



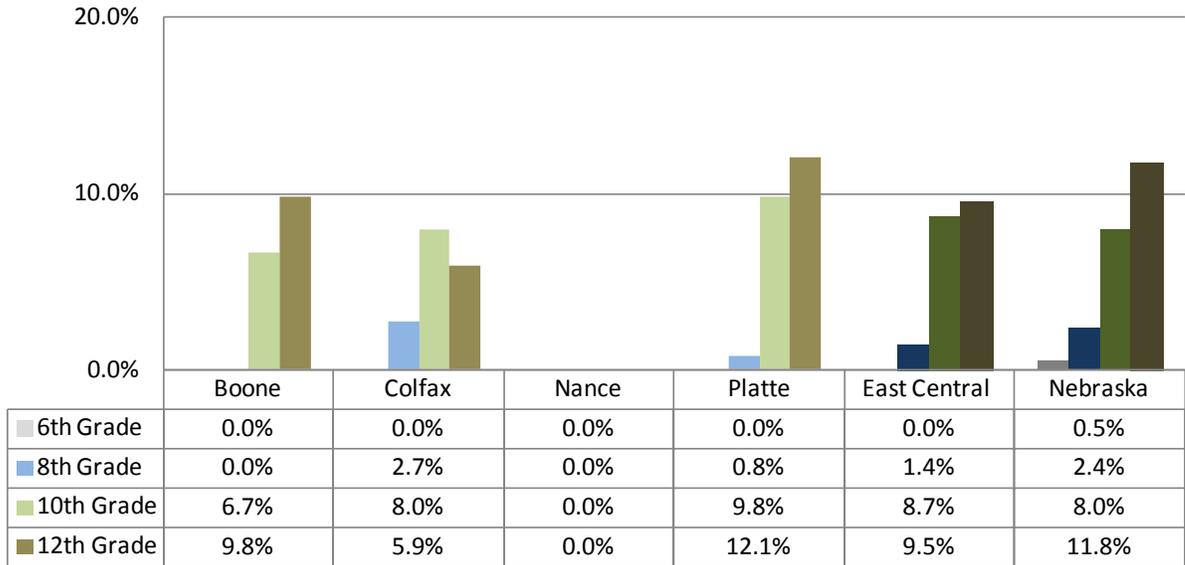
(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

Figure 12: Lifetime Marijuana Use by Grade (2010)



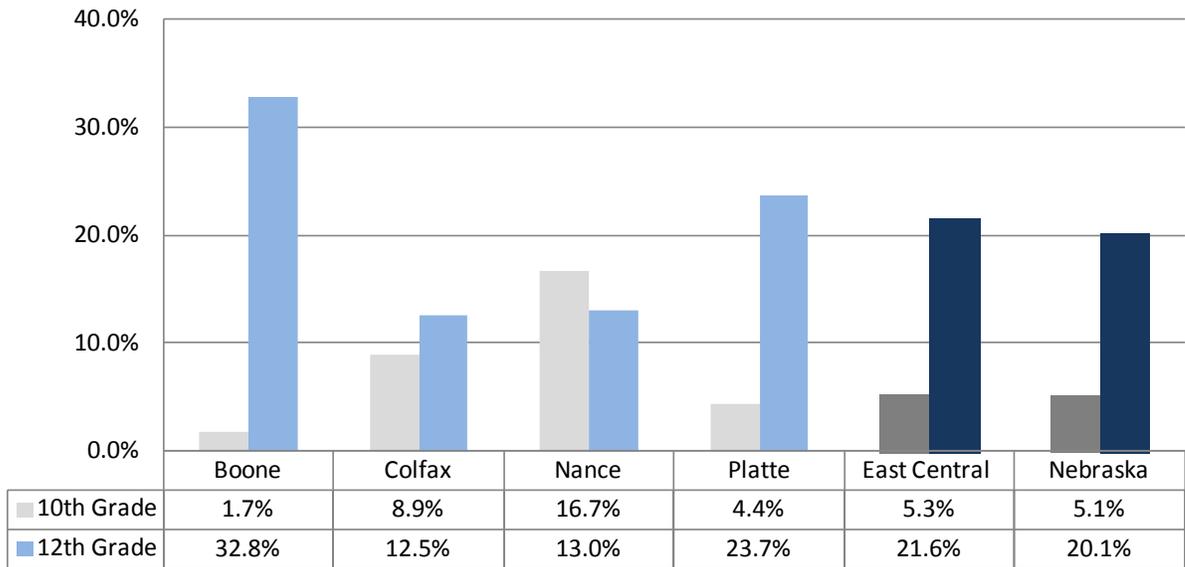
(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

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



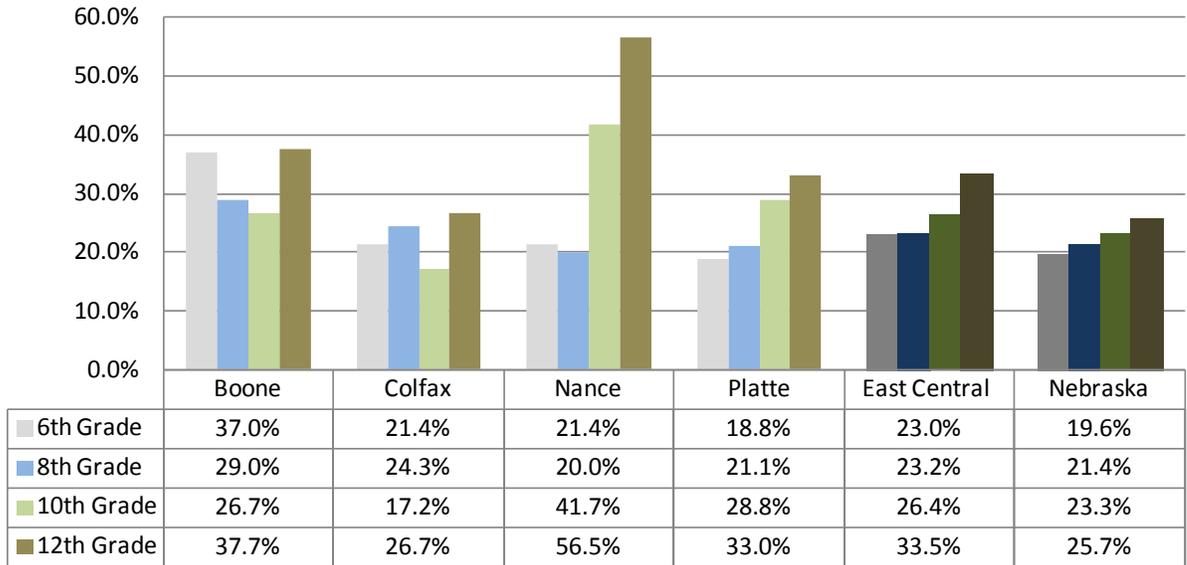
(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

Figure 14: Percent of Youth Who Have Drove Under the Influence of Alcohol in the Past 12 Months by Grade (2010)



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

Figure 15: Percent of Youth Who Rode in a Car in the Past 30 Days Driven by Someone Who Had Been Drinking Alcohol (2010)

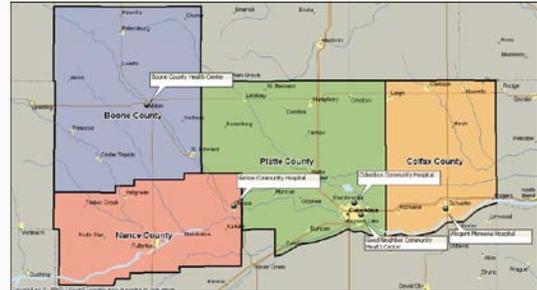


(Source: 2010 Nebraska Risk and Protective Factors Student Survey)

2011 Comprehensive Community Assessment: Selected Results for Platte County



The East Central Health District



Community and District Wide Project

- Alegent Health Memorial Hospital in Schuyler
- American Red Cross
- ARC of Platte County
- Board Member and medical user of the Community Health Center
- Boone County Hospital
- Catholic Charities
- Center for Survivors
- Central Community College
- The Child Well-Being Initiative
- City of Columbus Parks and Recreation Department
- Columbus Chamber of Commerce
- Columbus Community Hospital
- Columbus Family Practice (Private Medical Clinic)
- Columbus Public Library
- Columbus Public Schools
- Connect Columbus
- Crisis Navigators
- Department of Health and Human Services
- East Central District Health Department
- ESU #7
- First United Methodist Church
- Genoa Community Hospital
- Good Neighbor Community Health Center
- Greystone Manufacturing
- Harold Stevens Accounting
- Local Board of Health public minded citizen
- Loup Public Power
- Meadows Behavioral Health
- Platte County Emergency Management
- Platte Valley Diversions
- Quality of Life Center Committee
- Rainbow Center – Mental Health Center
- Sertoma Service Club
- Time 4 Change
- United Way of Columbus
- Village of Duncan
- The YMCA

Comprehensive Community Health Needs Assessment CHNA



- Assessment took about 18 months to complete
- Will be repeated every three years
- Available to the public – will soon be posted on ECDHD website, CCH website, Columbus Telegram website in Columbus

What are the Top Health Problems in our area?



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

Demographic Characteristics 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

Demographic Characteristics 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)

Job Perception

- 2011 Focus Groups that felt jobs were a strength of their community
- 2008 Columbus Public Library focus group mentioned the lack of "white collar" jobs for those with higher education
- Compared to the rest of the state, East Central participants in the 2011 *Nebraska Community Themes and Strengths Assessment* have more positive perceptions of jobs and the economy in their community than the state.
- Also, as compared to the state, the perception of the economy is much more positive in the East Central District.

Income

Table 4	2009 Income: Household and per Capita	
	Per Capita Income	Median Household Income
Boone	\$22,360	\$43,891
Colfax	\$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

- Platte County has the highest per capita and median household income in the district
- The district as a whole has a lower per capita and median household income compared to the state and nation

Appendix 2. Comprehensive Community Assessment –Platte 1 Hour Presentation- March 2012

U.S. Census Bureau, 2009 American Community Survey, 5-Year Estimates.

Percent Families 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%
Colfax	\$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%

Poverty by Race/Ethnicity

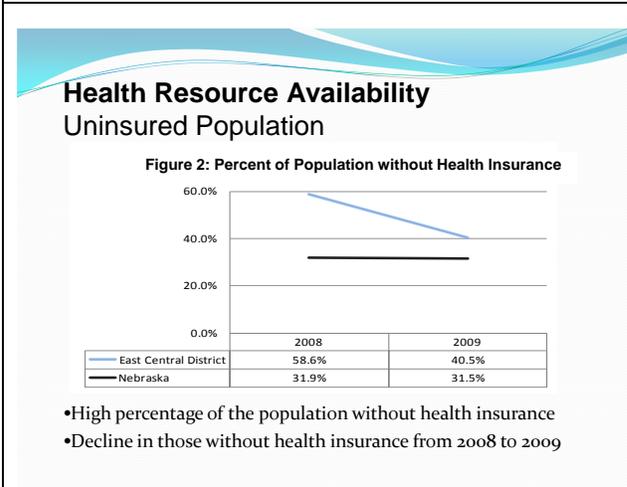
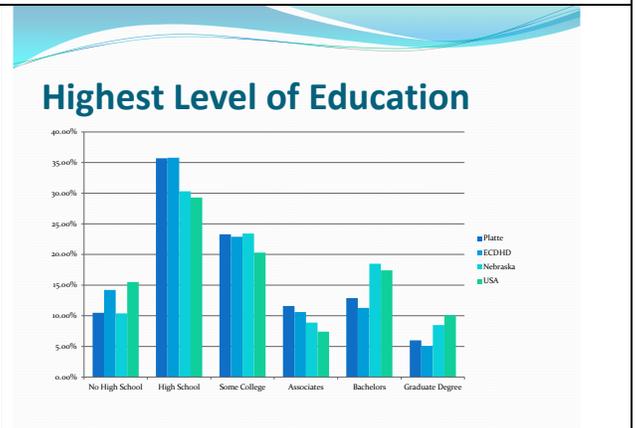
	White (non-Hispanic)	Hispanic/Latino	American Indian	Two or More Races
Boone	7.3%	36.0%	-	-
Colfax	4.8%	20.1%	0.0%	67.6%
Nance	11.3%	23.7%	55.0%	0.0%
Platte	7.2%	14.0%	31.5%	16.5%
East Central	7.2%	17.3%	32.9%	32.4%

- White non-Hispanics are the least impoverished racial/ethnic group in the district
- American Indians and those of two or more races are the most impoverished racial/ethnic groups in the district

Selected School Districts Data

School District	Free and Reduced Lunch	English Language Learners	Special Education	School Mobility Rate	Graduation Rate	Enrollment
Schuyler Community Schools	72.7%	28.4%	9.5%	11.7%	91.7%	1,777
Columbus Public Schools	46.7%	15.1%	16.9%	14.1%	88.2%	3,714
Humphrey Public Schools	33.6%	0.0%	12.2%	9.8%	unavailable*	250
Lakeview Community Schools	40.7%	12.1%	14.5%	12.3%	98.8%	734
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

- High rates of students receiving free and reduced lunches
- High rates of English language learners



Top 5 Perceived Health Problems

Written Survey

	Platte	East Central
1st	Cancer	Cancer
2nd	Diabetes	Teenage Pregnancy
3rd	Teen Pregnancy	Diabetes
4th	Heart Disease and Stroke	Aging Problems
5th	Aging Problems	Heart Disease and Stroke

Top 5 Perceived Health Problems Telephone Survey

East Central District	State of Nebraska
1. Overweight and Obesity	1. Overweight and Obesity
2. Cancer	2. Alcohol Abuse
3. Alcohol Abuse	3. Cancer
4. Distracted Driving	4. Drug Abuse
5. Drug Abuse	5. Health care (Access/Cost)

PLATTE COUNTY TRAFFIC DEATHS FACTS SHOW:

Only 56% of drivers in Platte County use seatbelts compared to 84% statewide.

Survival rates are at least 50% higher when seatbelts are in any use in any crash.

Platte County has historically had more fatalities than Douglas and Lancaster Counties when based on their respective populations.

Platte County has had 49 fatalities in the last 8 years. This doubles the number in Madison County, which has had 24 during the same period.

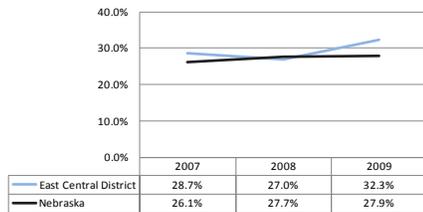
Your family wants you home alive.

Make the smart choice to
Buckle UP.



Obesity

Figure 3: Percent of Population Identified as Obese



•Higher rates of obesity in the district compared to the state

Obesity Trends* Among U.S. Adults

BRFSS, 1985

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

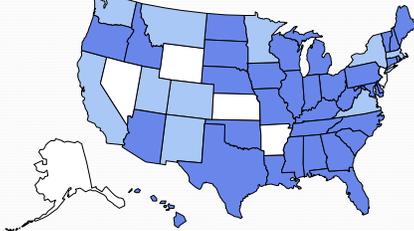


Legend: No Data, <10%, 10%-14%

Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



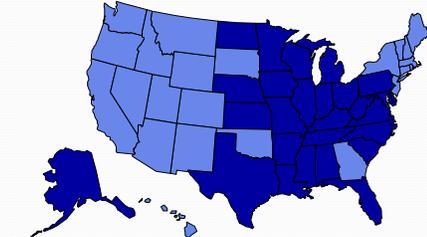
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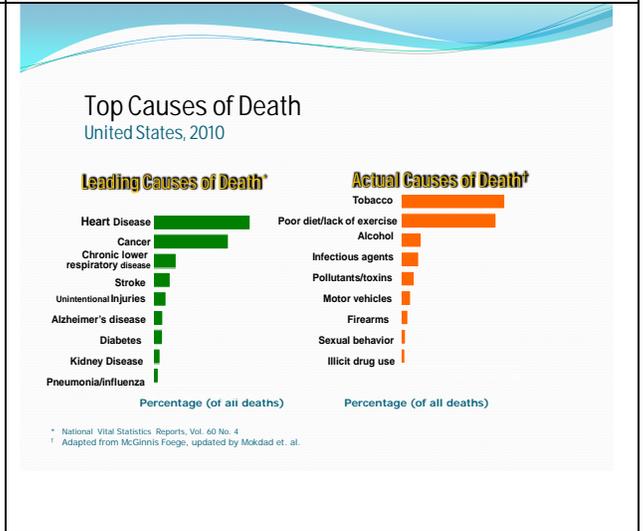
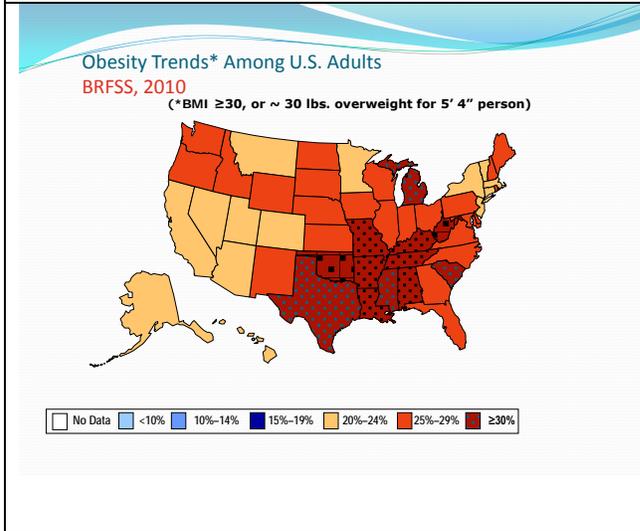
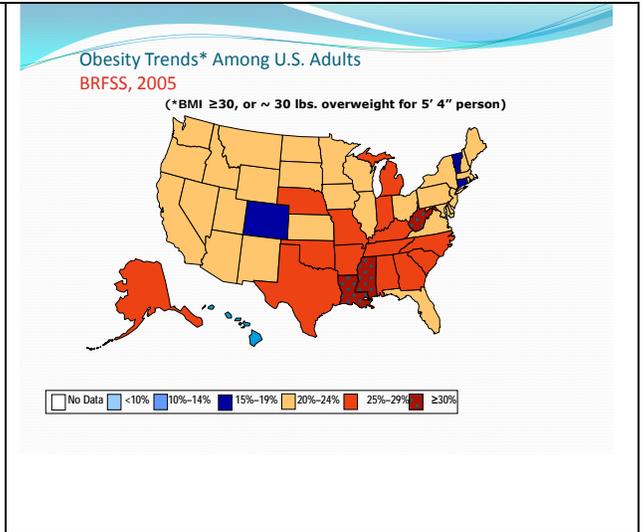
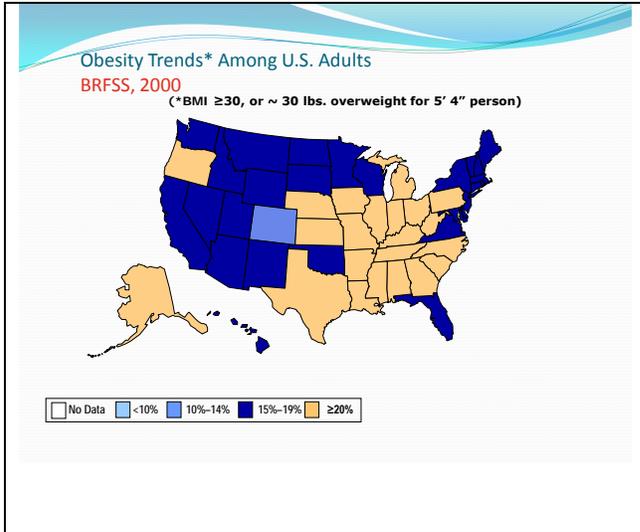
Obesity Trends* Among U.S. Adults

BRFSS, 1995

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Legend: No Data, <10%, 10%-14%, 15%-19%



Heart Disease Statistics

- ECDHD District has a lower % of residents with Hypertension than at the state level
- % Deaths due to coronary Disease are lower in the district than in the state
- The Columbus Hispanic Focus Group identified High blood pressure and heart problems as topics they would like to learn more about

Cancer –

District Higher rates

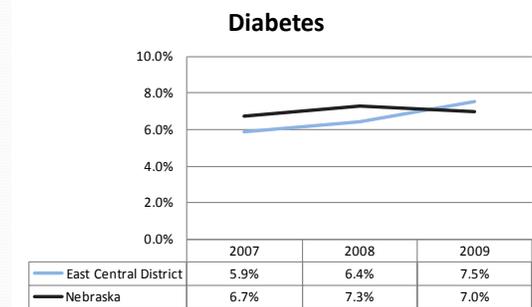
- Prostate Cancer
- Colorectal
- Breast

- Platte has similar rates of overall cancer to the state.
- Platte has a lower rate of deaths due to Cancer than ECDHD or Nebraska

Poorer rate of Cancer Screening

Table 2.48	Percent of Population Receiving Health Screenings ¹⁰	
	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%

Diabetes – higher than state%

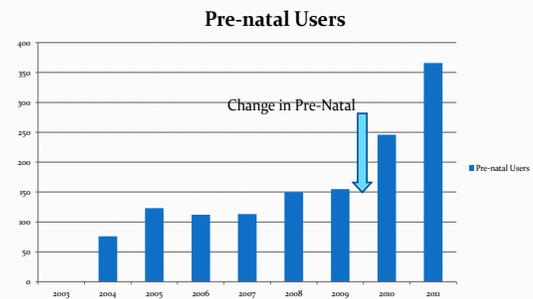


Maternal and Child Health Births to Teenage Mothers

Table 11	Teen Births as Percent of Total Births (2005-2009)		
	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%

•High rate of births to teen mothers in Colfax and Platte Counties

Pre-natal Users



Teen Sexual Activity

- Compared to 2001, more youth in grades 9-12 were more sexually active in 2010.
- Youth in the East Central District in 2010 were also more sexually active than youth in the State.
- 9th and 10th graders in the District were more sexually active than the state average.
- Of youth that were sexually active in 2010
 - 13.0% used no method to prevent pregnancy
 - 6.9% used withdrawal
 - Condoms at 55.3% were the most commonly used

Pre-natal Statistics - 2011

- Before 2010 - 84% with early pre-natal care.
- 2011 only 40% receiving early pre-natal care.
- 8.4% no pre-natal care until the last trimester.
- 67% of the women delivered in Columbus
- 0.5% of our pre-natal patients < 14 years.
- 17% of our pre-natal patients were teenagers.
- 5 low birth-weight babies (80%) late care.

Forced Sexual Intercourse

	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

Top Problems in the District

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

Social and Mental Health Youth Depression and Suicide Statistics

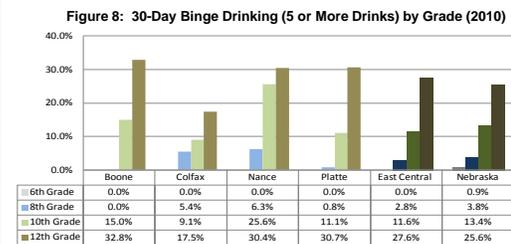
	East Central 2001	East Central 2010	Nebraska 2010
During past 12 months, felt hopeless and sad almost every day for two or more weeks in a row	20.3%	18.0%	21.0%
During past 12 months, seriously considered attempting suicide	17.0%	12.7%	14.1%
During past 12 months, attempted suicide	15.0%	11.2%	9.2%

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

Alcohol Use – Still problematic

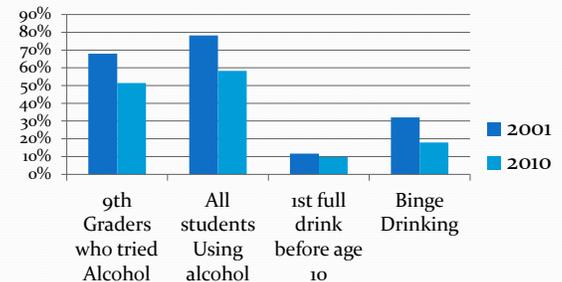
- More of our teens try alcohol in high school than the US
- We have more teens who drink and drive than the state of Nebraska and more teens who ride with someone who has been drinking than the state average.
- Columbus Youth Focus group self-identified alcohol as an important issue

Underage Binge Drinking



- High rates of 12th graders in Platte County reporting having binge drank in the past 30 days

Some improvement on Alcohol



Alcohol Associated Problems

- **Car Accidents:** Alcohol is a factor in 41% of all deaths from motor vehicle crashes.
- **Teen Pregnancy/ Assault:** Excessive alcohol use is commonly involved in youth sexual assault. Research suggests that there is an increase in the risk of rape or sexual assault when both the attacker and victim have used alcohol prior to the attack.
- **Alcohol increases the chances of engaging in risky sexual activity** including unprotected sex, sex with multiple partners, or sex with a partner at risk for sexually transmitted diseases.

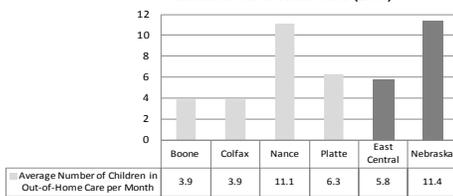
Related Information

- 20% of our youth drank alcohol at home with their parents permission compared to 16.8% in the state.
- According to the Local Public Health System Assessment there is a lack of education on underage drinking
- There is a lack of parenting education attendance

Child Welfare

Children in Out-of-Home Care

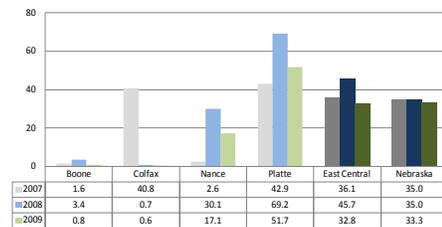
Figure 4: Average Number of Children per Month in Out-of-Home Care (2009)



- Out-of-home care includes foster care, group homes, and other residential care facilities

Juvenile Arrests

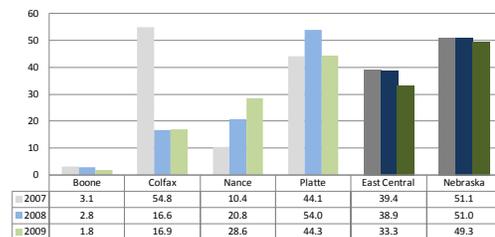
Figure 6: Total Juvenile Arrests per 1,000 Population (2007-2009)



- High rates of juvenile arrests in Platte County compared to the other counties in the district and the state

Arrests

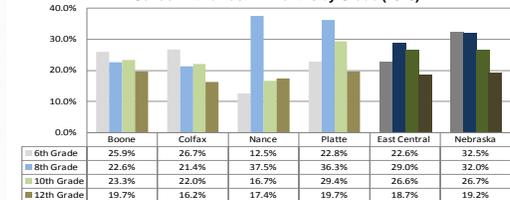
Figure 5: Total Arrests per 1,000 Population (2007-2009)



- High rate of arrests in Platte County compared to the other counties in the district

Bullying

Figure 7. Percent of Youth Reporting Being Bullied at School in the Past 12 Months by Grade (2010)



- High rates of 8th, 10th, and 12th grade students in Platte County report being bullied in Platte County as compared to the district and state

Access to Day Care

Table 13	I have access to safe and affordable day care (child 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	3.8%	24.0%	27.9%	29.8%	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 Platte County report not having access to safe and affordable day care, with over 40% being neutral

Health Needs and Priorities for Platte County

Table 16: Community Health Needs and Priorities for Platte County	
Community Health Needs and Priorities	Rationale for Selection
➤ Crime	<ul style="list-style-type: none"> High perception of the increase in gang activity and the impact of gangs on schools and child safety. High rates of arrests for the adult population. High rates of arrests and drug law violations for the juvenile population.
➤ Mental Health Services	<ul style="list-style-type: none"> High rate of patients to the Good Neighbor Community Health Center with mental health issues secondary to the primary purpose for their health visit. High rates of hospitalizations for self-inflicted injuries.
➤ Rape and Forced Sexual Intercourse	<ul style="list-style-type: none"> High reported cases of rape. High rates of self-reported forced sexual intercourse by youth district-wide.
➤ Recreation Opportunities	<ul style="list-style-type: none"> Low perceived availability of recreation opportunities.
➤ Satisfaction with and Access to Health Care	<ul style="list-style-type: none"> Relatively low satisfaction and perceived access to health care among participants in the <i>Community Health Survey</i>.
➤ Teen Pregnancy	<ul style="list-style-type: none"> High rates of teen pregnancy, notably among the Hispanic population.
➤ Underage Alcohol and Marijuana Use	<ul style="list-style-type: none"> Alcohol was the top perceived risky behavior in the county. High rates of marijuana use, binge drinking, and driving under the influence.



Community Driven

- Mobilizing and engaging the community
- Partnerships to strengthen the community
- Planning driven by the community
- Action with and by the community



The Next Step

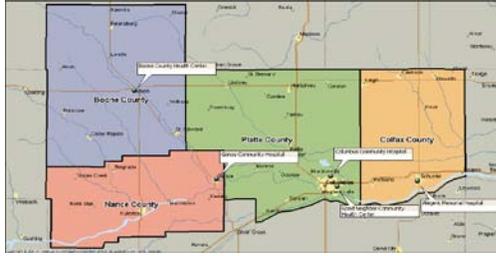
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 - Develop a Community Health Improvement Plan
 - March 2nd at Columbus Community Hospital
 - Select between 4-8 areas to work on as a Community
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 - Look for outside resources to invest in the top priorities
- Agencies integrate the CHIP into their strategic plans

Appendix 3. Comprehensive Community Health Assessment- Platte 15 minute Presentation March 2012

2011 Comprehensive Community Assessment:
Selected Results for Platte County



The East Central Health District



Community and District Wide Project

<ul style="list-style-type: none"> • Alegant Health Memorial Hospital in Schuyler • American Red Cross • ARC of Platte County • Board Member and medical user of the Community Health Center • Boone County Hospital • Catholic Charities • Center for Survivors • Central Community College • The Child Well-Being Initiative • City of Columbus Parks and Recreation Department • Columbus Chamber of Commerce • Columbus Community Hospital • Columbus Family Practice (Private Medical Clinic) • Columbus Public Library • Columbus Public Schools • Connect Columbus 	<ul style="list-style-type: none"> • Crisis Navigators • Department of Health and Human Services • East Central District Health Department • ESU #7 • First United Methodist Church • Genoa Community Hospital • Good Neighbor Community Health Center • Greystone Manufacturing • Harold Stevens Accounting • Local Board of Health public minded citizen • Loup Public Power • Meadows Behavioral Health • Platte Valley Diversion • Quality of Life Center Committee • Rainbow Center – Mental Health Center • Serotoma Service Club • Time 4 Change • United Way of Columbus • Village of Duncan • The YMCA
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Comprehensive Community Health Needs Assessment CHNA



- Assessment took about 18 months to complete
- Will be repeated every three years
- Available to the public – will soon be posted on ECDHD website, CCH website, Columbus Telegram website in Columbus

What are the Top Health Problems in our area?



What is in the CHNA?



30 Sources of data.

- Nearly 500 Written Surveys
- Nearly 500 Telephone Surveys
- Six Focus Groups
- Other Community Surveys

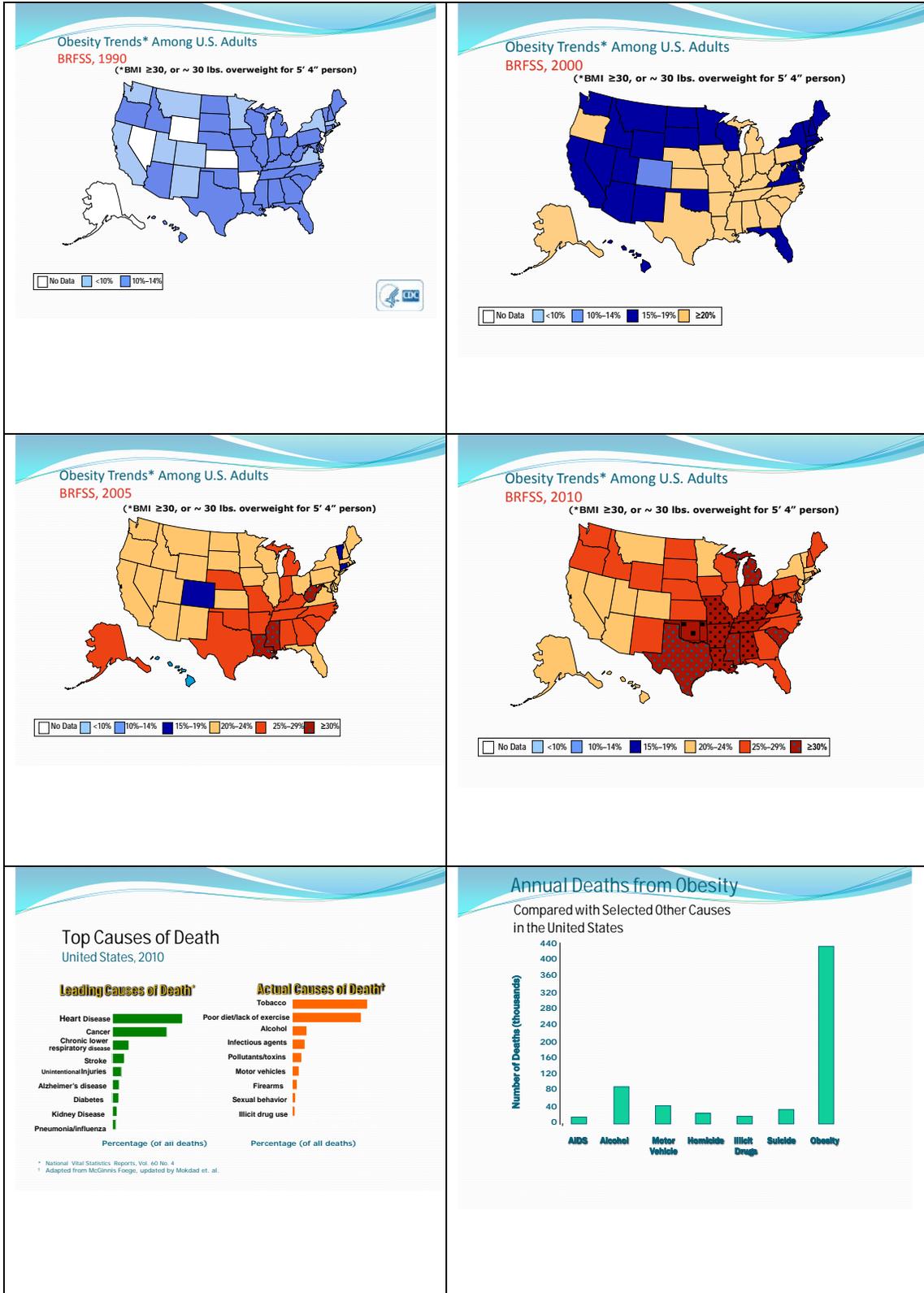
National Surveys:

- BRFSS Census
- YRBS Youth Protective

Appendix 3. Comprehensive Community Health Assessment- Platte 15 minute Presentation March 2012

<h3>What's in the final product?</h3> <ul style="list-style-type: none"> • 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 	<h3>Some Data included in the CHNA</h3> <ul style="list-style-type: none"> • 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 																						
<h3>Top 5 Perceived Health Problems Telephone Survey</h3> <table border="0"> <tr> <td>1. Overweight and Obesity</td> <td>1. Overweight and Obesity</td> </tr> <tr> <td>2. Cancer</td> <td>2. Alcohol Abuse</td> </tr> <tr> <td>3. Alcohol Abuse</td> <td>3. Cancer</td> </tr> <tr> <td>4. Distracted Driving</td> <td>4. Drug Abuse</td> </tr> <tr> <td>5. Drug Abuse</td> <td>5. Health care (Access/Cost)</td> </tr> </table>	1. Overweight and Obesity	1. Overweight and Obesity	2. Cancer	2. Alcohol Abuse	3. Alcohol Abuse	3. Cancer	4. Distracted Driving	4. Drug Abuse	5. Drug Abuse	5. Health care (Access/Cost)	<h3>Obesity</h3> <p>Figure 3: Percent of Population Identified as Obese</p> <table border="1"> <thead> <tr> <th></th> <th>2007</th> <th>2008</th> <th>2009</th> </tr> </thead> <tbody> <tr> <td>East Central District</td> <td>28.7%</td> <td>27.0%</td> <td>32.3%</td> </tr> <tr> <td>Nebraska</td> <td>26.1%</td> <td>27.7%</td> <td>27.9%</td> </tr> </tbody> </table> <p>•Higher rates of obesity in the district compared to the state</p>		2007	2008	2009	East Central District	28.7%	27.0%	32.3%	Nebraska	26.1%	27.7%	27.9%
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Appendix 3. Comprehensive Community Health Assessment- Platte 15 minute Presentation March 2012



**Top 5 Perceived Health Problems
Written Survey**

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2nd	Diabetes	Teenage Pregnancy
3rd	Teen Pregnancy	Diabetes
4th	Heart Disease and Stroke	Aging Problems
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**Maternal and Child Health
Births to Teenage Mothers**

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•High rate of births to teen mothers in Colfax and Platte Counties

Top Problems in the District

- Cancer
- Teen Pregnancy
- Drug and Alcohol Use
- Obesity
- Mental Health Services
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Health Needs and Priorities for Platte County

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 - Select between 4-8 areas to work on as a Community
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- Agencies integrate the CHIP into their strategic plans



January 31, 2012

To: Our Community Partners

Save the Date...March 2nd, 2012
8:00-5:00pm
Columbus Community Hospital 3rd Floor

On Friday March 2nd 2012, Columbus Community Hospital, along with the East Central District Health Department and other agency partners, will present to the results of our service area's Comprehensive Community Health Needs Assessment (CHNA) to the community. This assessment will be the foundation upon we will develop a Community Health Improvement Plan (CHIP) to guide Platte County for the next three years. We feel that this CHIP would benefit from your unique perspective as a community member and partner.

The CHNA is based on approximately thirty sources of data, many of which can be benchmarked against other local counties, district, state and national data. The CHNA also includes input from broad groups of community members including youth, adults, ethnic groups and community agencies. Community input came from nearly 500 written surveys, 500 telephone surveys, two community meetings and five focus groups (two youth, one Hispanic/Latino) and two adult focus groups.

Your attendance and input at the meeting will help us:

- Set goals for the Community Health Improvement Plan
- Prioritize areas of need
- Develop action plan
- Develop implementation strategies on how we as a community plan to meet the highest priority health needs
- Define resources and strategies that can be used to meet the health need
- Identify the anticipated impact of the strategy

While the hospital and health department make up part of the community health system, there are many other agencies and individuals that are part of the system as well. This meeting is the foundation for projects our health system will work on for the next three years.

We need your input to ensure that we fully represent the community and your participation is critical. We hope that you or someone from your business or organization can attend.

*A continental breakfast, lunch and afternoon refreshments will be furnished. Please R.S.V.P. by calling Dianna McElfresh, Marketing Coordinator for the Hospital, at 402-562-3380 or email her at dmcelfresh@columbushosp.org with your reservation. **R.S.V.P. deadline is Tuesday, February 28.***

We look forward to seeing you or an agency representative at the meeting.

Sincerely,

Michael Hansen
President/C.E.O.
Columbus Community Hospital

Rebecca Rayman
Executive Director
East Central District Health Department

P.O. Box 1800 ♦ Columbus, Nebraska 68602-1800 ♦ Ph: 402-564-7118

CHIP Strategic Planning Grid: Platte County CHIP- Access to Care

Goal 1: Improve access to comprehensive, quality health care services.

Current Baseline or Data to support the need for the goal: High percentage of uninsured 40.5% compared to 31.5% for the state, 52% of residents see a physician in the past 12 months compared to 58% for the state.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET COMMENTS PROGRESS
Increase the percent of persons who visited a doctor in the Past 12 Months from 52% to the state average of 58%	Columbus Community Hospital. CCH has a medical service gap analysis. Primary Care and Specialty Providers in area. FQHC at Health Department. Nurse Triage Line	Public Transportation is limited to take individuals to medical appointments. Limited financial resources and volunteers for patient transportation. Education is lacking for patients on what is available for services. A greater percentage of the 18-64 year old without health care coverage than the state.	HP-CA 4 Objective 1 Reduce the death rate from cancer of the uterine cervix. <u>EBI</u> <i>The U.S. Preventive Services Task Force (USPSTF) recommends screening for cervical cancer</i> HP-CA 3 Objective 2 Reduce the female breast cancer death rate. <i>USPSTF recommends biennial</i>	1.1 Explore and plan for the implementation of a free PAP smear screening day or week in Columbus with collaboration from area healthcare providers. 1.2 Implement a free PAP smear screening event in Columbus. 1.3 Explore with UNMC how Platte County and UNMC could collaborate on cancer management. 2.1 Look for funding to increase the number of women who are low income and uninsured that have mammograms.	1.1 By January 31, 2012. 1.2 Jan. 14 -18 th , 2013 1.3 By June 30, of 2013. 2.1 By December 31, 2012 apply for one funding opportunity.	1.1 Platte County Access to Healthcare Committee with CCH staff leading project. 1.2 Platte County Access to Healthcare Committee with CCH staff leading project. 1.3 Platte County Access to Healthcare Group 2.1 CCH will be the lead on applying for the grant funding.	1. January is Cervical Cancer Awareness Month. Many clinics nationwide offer free pap smear clinics often with one or more of the following criteria; 1) low income, 2) uninsured women and/or 3) Woman who have not had a Pap smear in the last three years. 1.3 Meeting to be set up. 2.1 Grant funding is available from the Susan G. Koman foundation.

Appendix 5- CHIP Plans

		<p>Residents in the East Central District consistently see a doctor less than the average for all of Nebraska.</p> <p>Compared to the state, the East Central district has a notably higher rate of residents without health insurance.</p> <p>Area Nursing homes are at capacity.</p> <p>Of the 20 NE health districts, ECDHD district ranked 17th in the percentage of individuals reporting good to excellent health in 2009, in addition minorities in ECDHD rank last in the state in this indicator.</p>	<p><i>screening mammography for women aged 50 to 74 years.</i></p> <p>HP AHS-6 <u>Objective 3</u> Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.</p>	<p>3.1 Explore the feasibility of starting a volunteer transportation program for patients who have transportation as a barrier to care.</p> <p>3.2 Explore other disease health screening opportunities to increase access to health care and develop a plan to address early screening. CCH already holds a “<i>Tune up for Life</i>”</p> <p>3.3 Facilitate communication opportunities between providers and patients to increase access to care by supporting Nurse Triage Line and Medical Resources Guide.</p> <p>3.4 Implement a home monitoring program for</p>	<p>3.1 By December 31, 2012.</p> <p>3.2 Annual/Ongoing</p> <p>3.3 Triage line is Ongoing, Medical Resource Guide by June of 2013.</p> <p>3.4 By December 31,</p>	<p>3.1CCH will be the lead on exploring options for a volunteer based program.</p> <p>3.2CCH will be the lead on the <i>Tune up for Life</i> and on exploring options for more screenings. By Jan. 31., 2013</p> <p>3.3 CCH will continue to work with St. Elizabeth’s on Nurse Triage. CCH is the lead for the medical resource guide with all area providers.</p> <p>3.4 CCH home health lead.</p>	<p>3.1 Explore program operated by volunteers.</p> <p>3.2 Continue with the annual <i>Tune up for Life</i> and the prevention screenings done at this annual event.</p> <p>3.3 Currently providing this new service (Nurse Triage Line) to area local providers for a small fee.</p> <p>3.4</p>
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Appendix 5- CHIP Plans

		<p>Health Professional shortages exist in ENT, Opthamology, and General Surgery. Psychiatry</p>		<p>patients receiving home health services.</p> <p>3.5 Provide community screening and information day regarding diabetes.</p> <p>3.6 Provide support to help the FQHC in serving uninsured patients (such as diabetics) to keep patients from over utilizing the emergency room for care.</p> <p>3.7 Explore forming a geriatric assessment team to complete patient testing and evaluation for best setting for patients.</p>	<p>2012</p> <p>3.5 Annually in October.</p> <p>3.6 Work with GNCHC to maintain ongoing case-management services and provide needed medications and services to patients.</p> <p>3.7 By June of 2013.</p>	<p>3.5 CCH will be the lead on the <i>Diabetes Awareness Day</i>. Oct. 31, 2012</p> <p>3.6 CCH working with GNCHC. By Aug. 31, 2013 ongoing.</p> <p>3.7 Dr. Zadina office, CCH and consultation with Pender hospital.</p>	<p>3.5 Continue to hold the annual <i>Diabetes Awareness Day</i> in Oct. each year.</p> <p>3.6 Current % of patients with A1c below 9 is 70% improved over 2011 when 65% had A1c < 9.</p> <p>3.7 Dr. Timm has been doing this in Pender for a number of years and it is very beneficial for families.</p>
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CHIP Strategic Planning Grid: Platte County CHIP – Adult Obesity

Goal 1: Promote Healthy Weight and Reduce Chronic Disease Risk

Current Baseline or Data to support the need for the goal: The most current statistics, 2009, indicate that 32.3% of the population in the ECDHD is obese.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET COMMENTS PROGRESS
<p>To decrease the percent of population defined as obese from 32.3% to 30.0% by January 2015.</p>	<p>PACE – Physical Activity Comes Easy – program for businesses and individuals to increase activity. Includes power point and activity tracker log.</p> <p>Area Dietitians</p> <p>Columbus has bike and walking trails.</p> <p>Aquatic Center</p> <p>Columbus Family Y</p> <p>Local adult sports teams</p> <p>ChooseMyPlate.gov</p> <p>CAHRA (Columbus Area Human Resources Association).</p> <p>Choose to Lose</p>	<p>No community wide worksite wellness plan.</p> <p>The local Y is aging, pool is out of order.</p> <p>Low incidence of people walking for goods and supplies, no stores in residential areas.</p>	<p>HP2020-NWS-09 <u>Objective 1</u> Reduce the proportion of adults who are considered obese.</p>	<p><u>Objective 1</u></p> <p>1.1 Meet with local HR people monthly to develop a worksite wellness plan that is user friendly and can be packaged and ready for business use.</p>	<p><u>Objective 1</u></p> <p>1.1 By 12/31/2013 have a worksite wellness plan for Platte County and three businesses or worksites will adopt an employee worksite p.a. & nutrition program.</p>	<p><u>Objective 1</u></p> <p>1.1 CCH-Occupational Health and Cardiac Rehab</p>	<p><u>Objective 1</u></p> <p>1.1 Funding - In-kind CCH?</p>
				<p>1.2 Include the Chamber of Commerce in the development of the worksite wellness plan.</p>	<p>1.2 By 12/31/2012</p>	<p>1.2 CCH-Occupational Health and Cardiac Rehab</p>	<p>1.2 Funding - In-kind CCH?</p>
				<p><i>1.3 Evidenced Based: CDC Community Guide: Worksite Health Promotion:</i></p>	<p>1.3 Plan implemented with parameters by 03/31/2014.</p>	<p>1.3 CCH-Occupational Health and Cardiac Rehab</p>	<p>1.3 Funding - In-kind CCH and/or combination of business. Look for funding opportunities. Possible workforce challenge – using Columbus days, Downtown Runaround, etc.</p>

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			<p><u>Objective 2</u> Grow the coalition and gather resources for public distribution.</p>	<p><i>Assessment of Health Risks with Feedback to Change Employees' Health includes assessment of health habits & risk factors; and provision of feedback in the form of educational messages and counseling. PACE was based off of an evidenced based program.</i></p> <p><u>Objective 2</u> 2.1 Have coalitions members invite other community agencies and individuals to join coalition</p> <p>2.2 Gather together some of the resources available on physical activity</p>	<p><u>Objective 2</u> 2.1 Coalition will grow by ten members by December 31,2015</p> <p>2.2 Handout created by September 30, 2012.</p>	<p><u>Objective 2</u> 2.1 Platte County CHIP Obesity Prevention Coalition.</p> <p>2.2 Platte County CHIP Obesity Prevention Coalition.</p>	<p>Workforce/rotary/etc challenge at downtown runaround.</p> <p><u>Objective 2</u> 2.1 In-kind by representative agencies with CCH as lead agency.</p> <p>2.2 In-kind by representative agencies.</p>
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				<p>and nutrition and create folder with menu of services offered.</p> <p>2.3 Create a letter to businesses regarding nutrition and physical activity services offered.</p> <p>2.4 Present to the CAHRA group & provide community resources.</p> <p>2.5 Explore regular nutrition and physical activity articles/messages in paper and/or on website.</p>	<p>2.3 Letter created by September 30, 2012.</p> <p>2.4 By October 2012 CCH will have talked to the CAHRA group.</p> <p>2.5 By November 2012, the group will have developed a series of 12 messages to be posted on ECDHD/CCH website.</p>	<p>2.3 Platte County CHIP Obesity Prevention Coalition.</p> <p>2.4 Platte County CHIP Obesity Prevention Coalition.</p> <p>2.5 Platte County CHIP Obesity Prevention Coalition – perhaps Holly Wrath.</p>	<p>2.3 In-kind by representative agencies with CCH as lead agency.</p> <p>2.4 In-kind by representative agencies .</p> <p>2.5 In-kind by representative agencies.</p>
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CHIP Strategic Planning Grid: Platte County CHIP--Child Obesity

Goal 1: Promote Healthy Weight and reduce chronic disease risk

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

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET COMMENTS PROGRESS
<p>To decrease the percentage of overweight youth from 15.4% to the state average of 13.7%</p>	<p>Obesity Consortium-which became the CHIP Obesity prevention group. Shape Down at CCH Skate Center (old wishbones) T4C YMCA All Platte County Schools NAP SACC program for day care Lana the Iguana program for day care Fuel Up to Play 60 - 4K for schools to apply for. Local sports teams unattached to schools. Boy Scouts Girl Scouts Dance Studios Heartland Athletics</p>	<p>Some counties are able to pull BMI levels from area schools - Platte is not able to do this at this time. Affordable weight loss programs for overweight or obese children. Columbus Family Y is the main facility for children's physical activity, Y at this time is ageing and is without a swimming pool. Youth activities</p>	<p>HP2020-NWS-10 <u>Objective 1</u> Reduce the proportion of children and adolescents who are considered obese.</p>	<p><u>Objective 1</u> 1.1 Contact all school nurses in Platte County to see if they can help collect data. 1.2 Contact select schools in Platte County regarding measurement of Weight/Height of third graders to assess for BMI baseline.</p>	<p><u>Objective 1</u> By 12/31/2012 have a BMI average for third graders in Platte County.</p>	<p><u>Objective 1</u> ECDHD – School Surveillance Nurse</p>	<p><u>Objective 1</u> Funding - In-kind by ECDHD</p>
			<p>NWS-17 <u>Objective 2</u> Reduce consumption of calories from solid fats and added sugars in the population age</p>	<p><u>Objective 2</u> 2.1 Incorporate NAP SACC <i>Evidenced Based</i> - into daycare centers in Platte County.</p>	<p><u>Objective 2</u> 2.1 By 12/31/2013 we will reach 20 in home daycare providers and 5 centers.</p>	<p><u>Objective 2</u> Kaise Recek with ECDHD.</p>	<p><u>Objective 2</u> ECDHD \$50,000 in funding for this project.</p>

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		<p>cost and this may be a deterrent for families.</p>	<p>2-5 years.</p> <p>PA-6 <u>Objective 3</u> Increase regularly scheduled elementary school recess in the United States</p> <p>PA-15 <u>Objective 4</u> Enhance access to and availability of physical activity opportunities. <i>Evidenced Based - Creation of or enhancing... access to places for physical activity.... including</i></p>	<p><u>Objective 3</u> 3.1 Create a handout on why recess time is important to health.</p> <p>3.2 Meet with the administration of three schools to champion the cause of increasing recess time.</p> <p><u>Objective4</u> 4.1 Research funding opportunities to impact childhood obesity. Goal is to implement CATCH – <i>Evidenced Based - Coordinated Approach to Child Health</i> to reduce obesity rates</p> <p>4.2 Implement any</p>	<p><u>Objective 3</u> 3.1 Handout created by November 1, 2012</p> <p>3.2 By December 31, 2012 contact at least three schools and work out commitments.</p> <p><u>Objective 4</u> 4.1 By December 31, 2012 will have applied for at least one funding opportunity.</p> <p>4.2 According to the grant timeline.</p>	<p><u>Objective 3</u> 3.1 Platte County CHIP Obesity Prevention Coalition.</p> <p>3.2 Coalition volunteers. ECDHD Health Director R. Rayman and Doug Moore will approach CPS.</p> <p><u>Objective 4</u> 4.1 ECDHD will look for and write a grant application.</p>	<p><u>Objective 3</u> 3.1 In-kind by representative agencies.</p> <p>3.2 In-kind by representative agencies.</p> <p><u>Objective 4</u> 4.1 In-kind by ECDHD. Grant was applied for in late spring 2012.</p> <p>4.2 Application was funded for one year by BCBS for</p>
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Appendix 5- CHIP Plans

			<p><i>building exercise facilities.-CDC Community Guide</i></p> <p>Nebraska State Plan Partners in Health <u>Objective 5</u> Increase fruit and vegetable consumption</p>	<p>funded programs</p> <p>4.3 Explore with city leaders the possibility of a new facility for physical activity opportunities for the community.</p> <p><u>Objective 5</u> 5.1 Create a Healthy Futures Columbus website with information on the site about healthy eating and activity.</p>	<p>4.3 By December 31, 2015</p> <p><u>Objective 5</u></p>	<p>4.2 ECDHD as lead and members of coalition.</p> <p>4.3 Chamber Quality of Life Task force. Joe M or Rebecca R will keep the coalition posted of progress.</p> <p><u>Objective 5</u> June 30, 2015</p>	<p>\$18,000.</p> <p>4.3 Study Funded by multiple agencies</p> <p><u>Objective 5</u></p>
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CHIP Strategic Planning Grid: Platte County CHIP- Family Support /Child Well Being

Goal 1: To improve the stability, health and well-being of women, infants, children and families through the effective use of community resources.

Current Baseline or Data to support the need for the goal: Average per capita income for the district is \$21,837 and the state average \$24,568 and National is \$27,041, Median income is \$46,892 for the ECDHD district compared to the NE state at \$47,995. Percent of families in the district living in poverty is 7) Colfax County has 11% of individuals in poverty compared to 8.6% for district.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET COMMENTS PROGRESS
At least three different community agencies will have adopted interventions to improve family support by December 2015.	211 Service Local Churches Connect Columbus Child Well Being Healthy Families NE Early Development Network Early Head Start Planning Region Team NAP SACC YFC (Youth For Christ) CNCS Kids Program Mothers & Babies	Lack of coordination and information communication. Cultural differences Difficulty in public transportation. Buy-in from parents. Lack of male parenting education.	HP <u>Objective 1</u> Increase the proportion of parents who use positive parenting and communicate with their doctors or other health care professionals about positive parenting.	1.1 Improve parenting and family support by implementing PIWI program. 1.2 Improve parenting and family support by implementing PCIT program. 1.3 Train and Implement child care providers in Evidenced based practices using the Pyramid model. 1.4 Develop a plan to reach children not served in daycare centers - identify other community partners who work with young children.	1.1 By December of 2013, complete at least one PIWI parenting group. 1.2 By December of 2013 serve at least 16 families. 1.3 By December of 2014 at least one training completed. 1.4 By December 2014.	1.1 CCH, ECDHD and PIWI leadership and work group. 1.2 ECDHD BH clinic and Meadows Therapy. 1.3 Child Well Being Group PIWI trained members. 1.4 Child Well Being Members.	1.1 PIWI is Parents Interacting With Infants. Funding from a grant by Nebraska Children’s Foundation awarded to United Way for Child Well Being Group. 1.2 PCIT is Parent Child Interaction Therapy. Funding from a grant by Nebraska Children’s Foundation awarded to United Way for Child Well Being Group. 1.3 The first PIWI training has occurred. 1.4 Possible development of positive parenting messages through brief messages at exit contact points.

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	<p>Personal Support Svs. PCIT (Parent Child Inter Active Therapy)</p>			<p>1.5 Develop or Obtain information sheets for the families of young children (birth to age three) on positive parenting communication that can be distributed at day care centers and physician clinics that serve children from Platte County</p>	<p>1.5 By December 2013 information sheets will be available to clinics and/daycares.</p>	<p>1.5 Child Well Being Group, GNCHC, WIC, Daycares.</p>	<p>1.5 May keep track of how many handouts distributed or how many children receive handouts. Be great to get policy changes at daycares or clinics making handing out social-emotional materials</p>
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CHIP Strategic Planning Grid: Platte County CHIP- 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: Percent of 12th graders driving under the influence of alcohol in the past 12 months for Platte is 23.7%, district is 21.6%, while state is 20.1%. Percent of 12th graders who reported riding in a car in the past 30 days with someone who had been drinking alcohol: Platte 33.0%, ECDHD 33.5% and State is 25.7%. Percent of 30 day marijuana use by 10th graders: Platte 9.8%, ECDHD 8.7% and State 8.0%.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE	RESPONSIBILITY	BUDGET COMMENTS/PROGRESS
To decrease the percent of 12th graders who report past 30 day alcohol impaired driving from 23.7% to 18.7% or by 5% overall.	Back to Basics coalition with current SPF SIG funding.	Representation from: business sector, school sector, mental health sector, media, youth and parents	HP 2020 SA 1 <u>Objective 1</u> Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol	<u>Objective 1.1</u> Perform the <i>Evidence Based Strategy</i> of compliance checks with collaboration from Platte County Sheriff’s Department and Columbus Police Department.	<u>Objective 1.1</u> By Sept 30, 2014 seven checks will be performed.	<u>Objective 1.1</u> ECDHD Columbus Police Department Platte County Sheriff’s Department	<u>Objective 1.1</u> Grant funding \$ CCH In-kind \$
	Youth for Christ D.A.R.E program T4C-Time for Change YMCA Columbus Public Library Faith-based Youth groups. Columbus Skate and Hockey Center	Continued funding, main funding will be ending Sept 2012 Sustainability		<u>Objective 1.2</u> Implement <i>Evidence Based</i> mass media campaigns focusing on consequences; health, social, and legal, of alcohol impaired driving.	<u>Objective 1.2</u> By Sept 30, 2014 provide community education through the use of: 3 billboards; print media two times per year; Facebook and Back to BASICS website.	<u>Objective 1.2</u> ECDHD program staff B. Preister and K. Recek	<u>Objective 1.2</u> Grant funding \$ 6,400.00 CCH In-kind \$ 1,500.00 Region 4 Block Grant \$ 1,449.00 Region 4 Mini-Grant \$ 250.00

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	<p>Columbus Schools</p> <p>B-D Behlen ADM</p> <p>Medical Community</p>			<p><u>Objective 1.3</u></p> <p>Collaborate with law enforcement implement <i>Evidence Based</i> sobriety checkpoints.</p> <p><u>Objective 1.4</u></p> <p>Partner with schools to strengthen their youth prevention activities such as Students Against Destructive Decisions (SADD) group. <i>Evidence Based</i></p> <p><u>Objective 1.5</u></p> <p>Conduct <i>Evidence Based (SAMHSA)</i> Responsible Beverage Server Training (TIPS) targeting “carry out” liquor establishments to reduce youth access.</p>	<p><u>Objective 1.3</u></p> <p>By Sept 30, 2014 Sobriety checkpoints will be conducted three times.</p> <p><u>Objective 1.4</u></p> <p>By Sept 30, 2014 partner with two schools in Platte County to strengthen or support youth prevention activities such as SADD.</p> <p><u>Objective 1.5</u></p> <p>By Sept 30, 2014 conduct TIPS training to reach six businesses.</p> <p><u>Objective 2.1</u></p>	<p><u>Objective 1.3</u></p> <p>Law enforcement ECDHD program staff B Preister</p> <p><u>Objective 1.4</u></p> <p>ECDHD program staff B Preister</p> <p><u>Objective 1.5</u></p> <p>TIPS trainers: Zyweic, Black, Gragert, Preister and Jensen.</p> <p><u>Objective 2.1</u></p> <p>ECDHD program</p>	<p><u>Objective 1.3</u></p> <p>Grant funding \$ 3,890.00 CCH In-kind \$ 2,000.00</p> <p><u>Objective 1.4</u></p> <p>Grant funding \$ 1,750.00 CCH In-kind \$ 1,175.00</p> <p><u>Objective 1.5</u></p> <p>Grant funding \$ 3,100.00 CCH In-kind \$ 1,700.00 Region 4 Block Grant \$ 500.00</p> <p><u>Objective 2.1</u></p> <p>Grant funding \$ 6,400.00</p>
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<p>By 2015, reduce the number of 12th graders who report riding with someone under the influence of alcohol in the past 30 days from 33% to 30% or by 3% overall.</p> <p>By 2015, reduce the number of 10th graders who report past 30 day use of marijuana from 9.8% in Platte County to 8% or 1.8% decreased overall .</p> <p>By 2015 secure coalition participation from the following</p>			<p>HP 2020 SA1 <u>Objective 2</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>HP2020 SA2.2 <u>Objective 3</u> Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using</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> Partner with schools to strengthen their youth prevention activities such as Students Against Destructive Decisions (SADD) group. <i>Evidence Based</i></p> <p><u>Objective 3.1</u> Partner with schools to strengthen their youth prevention activities such as Students Against Destructive Decisions (SADD) group. <i>Evidence Based</i></p>	<p>By Sept 30, 2014 provide community education through the use of: 3 billboards; print media two times per year; Facebook and Back to BASICS website.</p> <p><u>Objective 2.2</u> By Sept 30, 2014 partner with two schools in Platte County to strengthen or support youth prevention activities such as SADD.</p> <p><u>Objective 3.1</u> By Sept 30, 2014 provide community education through the use of: 3 billboards; Facebook and Back to BASICS website.</p>	<p>staff B. Preister and K. Recek</p> <p><u>Objective 2.2</u> ECDHD program staff B Preister</p> <p><u>Objective 3.1</u> ECDHD program staff B Preister</p>	<p>CCH In-kind \$ 1,500.00 Region 4 Block Grant \$ 1,449.00 Region 4 Mini-Grant \$ 250.00</p> <p><u>Objective 2.2</u> Grant funding \$ 1,750.00 CCH In-kind \$ 1,175.00</p> <p><u>Objective 3.1</u> Grant funding \$ 1,750.00 CCH In-kind \$ 1,175.00</p>
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<p>sectors: youth (under 18), parents, business community, media, schools, youth-serving organizations, law enforcement, religious or fraternal organizations, civic and volunteer groups, healthcare/public health, state or local government, and other organizations involved in reducing substance abuse.</p>			<p>marijuana for the first time</p> <p><u>Objective 4</u> Expand the reach of the coalition via presentations and education to thereby gain support and community awareness of Back to BASICS.</p>	<p><u>Objective 4.1</u> Request current members to invite one quest per quarter.</p> <p><u>Objective 4.2</u> Provide coalition presentations a minimum of two times per year (e.g. School presentations, business, or service organizations).</p> <p><u>Objective 4.3</u> Inform the general public of upcoming meetings (e.g. Chamber of Commerce communication, community media).</p>	<p><u>Objective 4.1</u> By September 30, 2014 expand coalition participation to include youth and media.</p> <p><u>Objective 4.2</u> By September 30, 2014 provide four presentations within Platte County.</p> <p><u>Objective 4.3</u> By September 30, 2014 provide the general public with information on upcoming meeting through a minimum of four sources.</p>	<p><u>Objective 4.1</u> Platte County Back to BASICS coalition.</p> <p><u>Objective 4.2</u> Platte County Back to BASICS coalition.</p> <p><u>Objective 4.3</u> Platte County Back to BASICS coalition.</p>	<p><u>Objective 4.1</u> No funding needed.</p> <p><u>Objective 4.2</u> No funding needed.</p> <p><u>Objective 4.3</u> No funding needed.</p>
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CHIP Strategic Planning Grid: Platte County CHIP-- Mental Health

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

Current Baseline or Data to support the need for the goal: While the mental health is statistically better than the state of Nebraska as far as percent of population having ten or more days when their mental health was bad 9.7% for district and 10.5% for state, and while the area has a lower suicide mortality rate at 5.1 individuals compared to the state average of 10.5 per 100,000 the district does have a slightly higher rate of self-inflicted injury at 77 per 100,000 compared to 74 per 100,000. Mental health was identified as one of the top three needs in the district in the written survey by 14% of those who took the survey and ranked ninth out of a total of 24 items.

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET COMMENTS PROGRESS
Platte County will improve the mental health system by December of 2014 by adding at least one service or one new provider in the community.	Law enforcement	No pre-EPC beds in Platte County	1. Reduce the suicide rate	1.1 Initiate a new respite service.	1.1 By July 31, 2012	1.1 Rainbow Center with Regional Service Center support.	1.1 New respite service was up and running by July 1 st , 2012.
	Crisis Navigators	No local detox bed in Platte County		1.2 Law Enforcement training in mental health issues.	1.2 By December 31, 2012.	1.2 Update from County Attorney office regarding law enforcement issues for EPC and pre-EPC.	1.2 Arrangements have already been made.
	Local Mental Health Providers including private therapists, the GNCHC behavioral health program and Catholic Charities which has out-patient and in-patient services.	No pre-EPC assessment, action steps, resources or services available.	2. Reduce the	1.3 Evaluate prospects for “skyping” between subjects in crisis. Example law enforcement skyping with mental health professionals to assist in the determination of EPC.	1.3 By December 31, 2013.	1.3 Platte County Mental CHIP group.	1.3 Group is unsure of the feasibility and liability of doing this.
	School Authorities	No pre- EPC current protocols, policies or process.		2.1 Continue to have	2.1 Ongoing	2.1 ECDHD GNCHC	
	DHHS	No differentiation of adult and child process/ program					
	Neighbors looking out after others						

Appendix 5- CHIP Plans

	<p>Resources from distant community mental health providers.</p>	<p>Lack of funding</p> <p>Lack of follow-through</p> <p>No consequences when clients do not follow-through.</p>	<p>proportion of persons who experience major depressive episodes (MDE). See USPSTF information below.</p> <p>3. Increase the proportion of adults with mental health disorders who receive treatment. <i>Evidenced Based The USPSTF recommends screening adults for depression when depression care supports are in place.</i></p> <p>4. Increase the proportion of persons with co-occurring substance abuse and mental</p>	<p>medical patients complete a mental health screen prior to medical visits.</p> <p>2.2 Promote National depression screenings in Platte County.</p> <p>3.1 Continue to have Platte County Mental health CHIP group meet on a regular basis (bi-monthly) to monitor services and increase communication between providers, community agencies and law enforcement.</p> <p>3.2 Look for grants or funding sources to look for community providers.</p> <p>4.1 Explore local options for detoxification processes.</p>	<p>through 2014.</p> <p>2.2 Provide for community screening avenues by October of 2013.</p> <p>3.1 Group will meet bi-monthly in even months.</p> <p>3.2 Ongoing have applied for at least one new funding opportunity by December of 2014.</p> <p>4.1 December of 2013.</p>	<p>will provide data to the group on a semi-annual basis.</p> <p>2.2 Platte County Mental CHIP group.</p> <p>3.1 Platte County Mental CHIP group.</p> <p>3.2 Platte County Mental CHIP group.</p> <p>4.1 Need time to explore medical detox with hospital and other agencies that provide in-patient services.</p>	
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Appendix 5- CHIP Plans

			<p>disorders who receive treatment for both disorders.</p> <p>5. Identify gaps and needs in Platte County.</p>	<p>5.1 Continue to have Platte County Mental health CHIP group meet on a regular basis (bi-monthly) to discuss gaps and needs.</p>	<p>5.1 Ongoing the group will show discussion in the minutes.</p>	<p>5.1 Dru Keating is the secretary of the group.</p>	
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