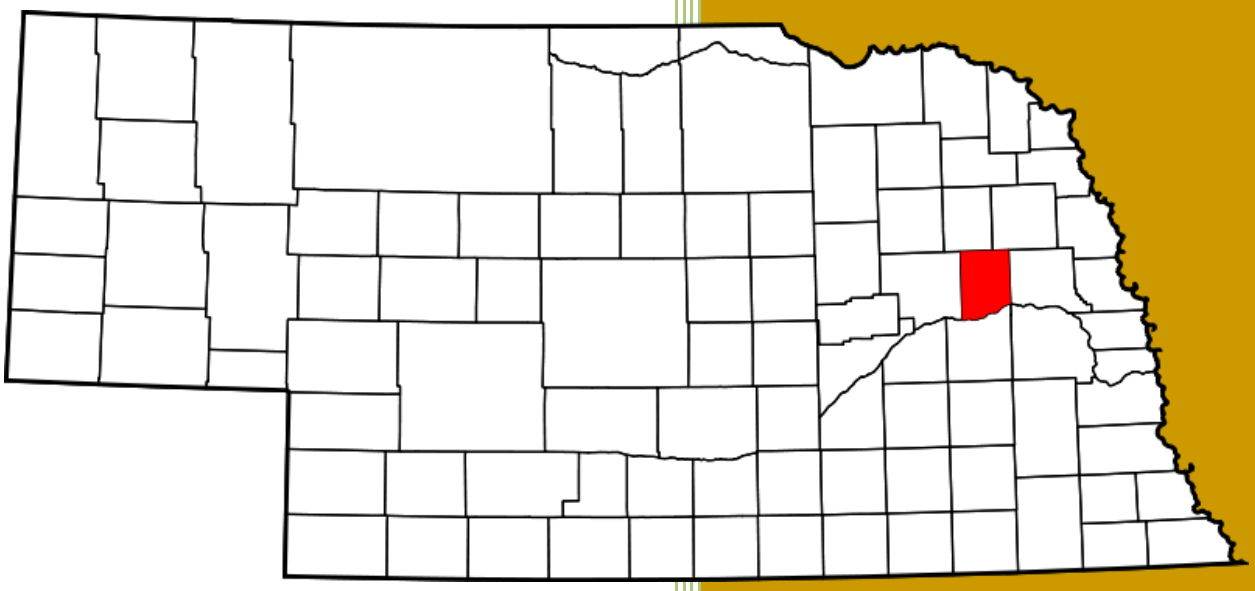
Colfax County

Community Health Improvement Plan



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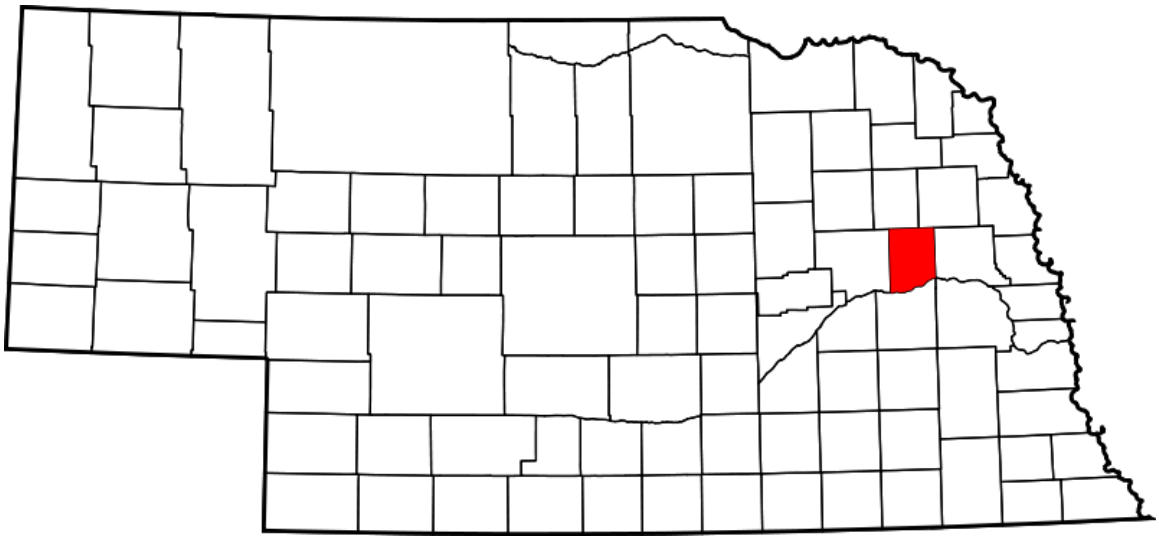
Colfax County: Community Health Improvement Plan

Colfax County is the second largest county in the East Central District Health Department service area. Schuyler is the county seat and is where the Alegent Health Memorial Hospital and also East Central District Health Department has a small location in Schuyler for WIC services. The population base in Schuyler is 6,211 residents out of the total county population of 10,515. Other municipalities in Colfax County include Howells, Leigh, Richland and Rogers.



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 Alegent Health Memorial 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 Alegent Health Memorial 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 Colfax County CHIP

Alegent Health Memorial Hospital

There is one hospital located in Colfax County. The hospital defines its primary service area as Colfax County.

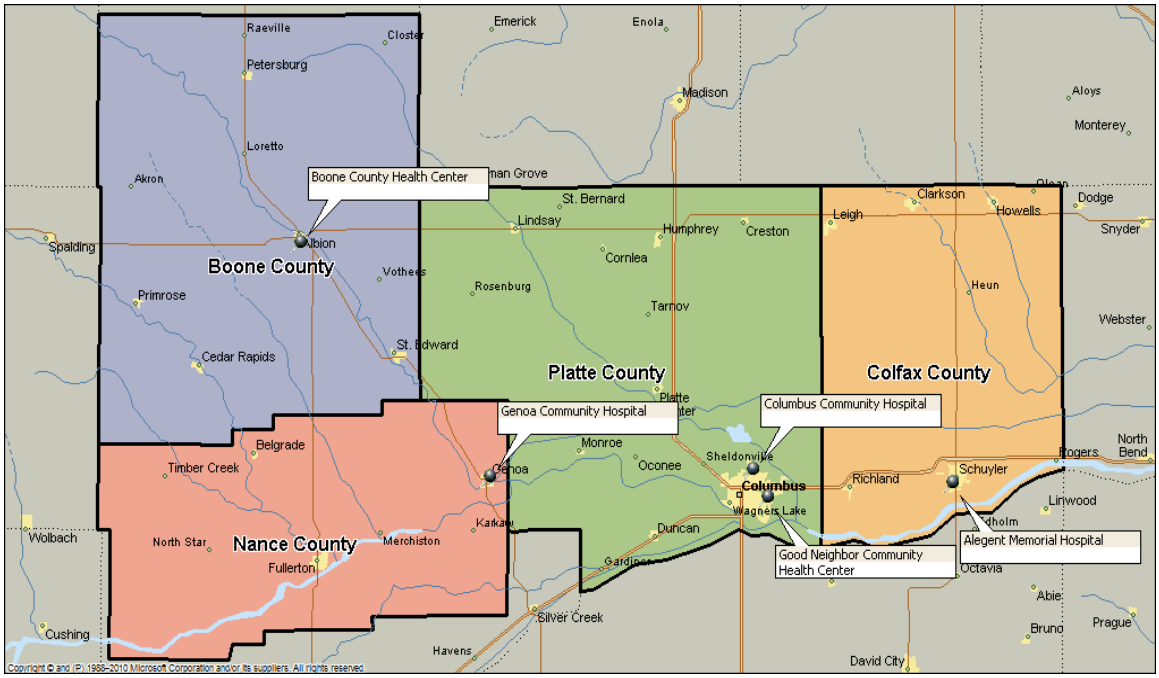
Alegent Health Memorial Hospital, located in Schuyler, Nebraska, is a 25 bed Critical Access Hospital. The physicians, nurses, and other associates at this faith based community hospital are committed to delivering personalized, compassionate care to approximately 10,441 individuals that reside in Colfax County. Such care takes many forms - technologically advanced medical services, quality health education,

health screenings, and more. Beyond the hospital walls, Memorial Hospital works closely with businesses, community groups, churches, schools, social service agencies, and others to build a healthier community.

Acute care and outpatient services include general medical surgical care, skilled nursing care, home health care, outpatient specialty care that includes general surgery, cardiology, urology, gastrointestinal, orthopedic, gynecology, otolaryngology, nephrology, and podiatry services. Restorative services such as physical therapy and cardiac rehabilitation are also available. A full complement of diagnostic services are offered for the laboratory and radiology which include: CT, MRI, mammography, ultrasound, nuclear medicine, echocardiograms, and vascular exams.

<u>East Central District Health Department</u>

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



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

- Early Development Network Services
- HIV Counseling Testing and Referral
- Environmental Health Programs

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

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 Colfax County. The GNCHC has special expertise in providing service to

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

GNCHC serves a highly uninsured population and provides the following services

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

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

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

Organizations that collaborated in conducting the CHNA and CHIP

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

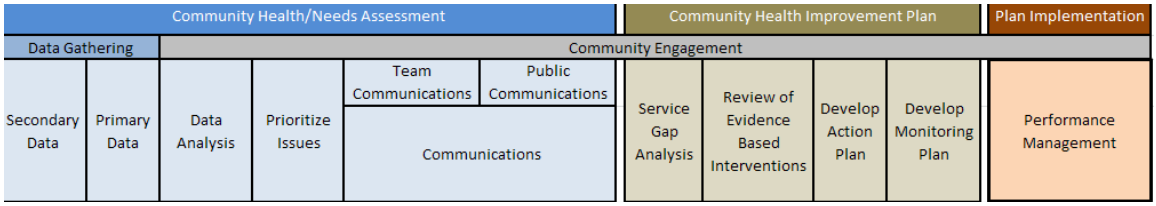
1 Alegent Memorial Hospital-Schuyler
2 American Red Cross
3 ARC of Platte County
4 Behlen Manufacturing
5 Board Member/ Medical user of the GNCHC
6 Center for Survivors
7 Central Community College
8 Central Nebraska Community Services
9 City of Columbus

10 City of Columbus Parks and Recreation Department
11 Columbus Chamber of Commerce
12 Columbus Family Practice (Private Medical Clinic)
13 Columbus Housing Authority
14 Columbus Police Department
15 Columbus Public Schools
16 Columbus Telegram
17 Columbus Urgent Care
18 Connect Columbus
19 Crisis Navigators
20 East Central District Health Department
21 Family Resource Center
22 First Nebraska Bank
23 Genoa Community Hospital.
24 Golden Living Center
25 Good Neighbor Community Health Center
26 Greystone Manufacturing
27 Harold Stevens Accounting
28 HDR Architectural Firm
29 Jackson Services
30 Local Board of Health public minded citizen
31 Nebraska Department of Health and Human Services
32 Nebraska State Patrol
33 Nebraska State Senator - District 22
34 Platte County Attorney
35 Platte County Emergency Management
36 Progressive Swine Technologies
37 Public Minded Citizens
38 Rainbow Center – Mental Health Center
39 Schuyler Public Schools
40 Sertoma Service Club
41 Time for Change - Gang Prevention
42 United Way
43 Youth for Christ
44 Victim Assistance

III. Community Health Improvement Plan Process

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

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



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

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

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

Most of the four individual hospitals in the four county area have participated with the two previous MAPP assessments, including Alegent Health Memorial 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 on the Alegent Health Memorial Hospital at www.alegent.com.

Understanding MAPP

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

Step 1. Data Gathering a Part of the CHNA

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

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

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

The first assessment is the Community Themes and Strengths Assessment which is a subjective look at how the community views their health to capture the perceived needs of the community. This assessment ranks high for Community Involvement. This step was completed through focus groups in the counties, written surveys at a variety of settings to include local pharmacies, libraries, health clinics and hospitals, surveys were also available at the local county fairs. Telephone surveys were completed by the State of Nebraska in each district as well to gather information for the Community Themes and Strengths Assessment. The data for this assessment was conducted over a six month period and included; 500 written and 500 telephone surveys; six focus group results (Hispanic and non-Hispanic, adult and youth).

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

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

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

Community Involvement in Data Gathering

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

The CHNA – a separate stand alone document

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

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

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

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

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

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

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

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

Colfax County Pre-selected Priority Areas

The top 11 community health needs and priorities for Colfax County are listed alphabetically below with a brief description of the rationale for selection. In the appendix to this document the tables used to support the pre-selection of priority areas are identified.

Participants in the CHIP were encouraged to refer to the community health needs for the overall East Central District in the selection of their strategies as well to obtain a complete data picture. For example, obesity, diabetes, health screening, and teen sexual activity data are partly or entirely unavailable at the county-level, but these issues might be prevalent health needs in the county, and might be viable strategy options.

Demographic Profile: Colfax County

Population: 10,515
Density (people per square mile): 25.6
% White: 77.3% (Includes both Hispanic and Non-Hispanic who identify as white)
% Hispanic: 41.6%
% over 65: 15.6%
Median Household Income: $45,919
% at or below Poverty Line: 11.0%
% without High School Degree or GED/Equivalent: 30.0%

Table 3: Community Health Needs and Priorities for Colfax County

Community Health Needs and Priorities	Rationale for Selection
➢ **Accidental Death**	• High rates of unintentional injury and motor vehicle deaths.
➢ **Activities for Children**	• Low perception of the availability of recreation, after school, and non-sports related activities for children.
➢ **Cancer**	• High rates of incidence of and deaths due to cancer. • High rates of incidence of prostate cancer and Leukemia. • High rates of death due to breast, colorectal, and prostate cancer.
➢ **Diabetes**	• High rate of death due to diabetes.
➢ **First Trimester Prenatal Care**	• Low rates of 1st trimester prenatal care among the Hispanic population.
➢ **GED/High School Equivalency**	• Very high percentage of the population without high school degree or GED. • A majority of those without high school degree of GED are likely immigrants as the graduation rate at Colfax County schools is about average. This points to a possible need for GED services in Spanish, if they are not already available.
➢ **Hepatitis A and B**	• High rates of incidence for Hepatitis A and B.
➢ **Infant Mortality**	• Notably high rates of infant mortality among the Caucasian population. Likely not due to a lack of first trimester prenatal care, but possibly due to nitrates in the water system.
➢ **Radon Levels**	• Two-thirds of homes with radon levels over 4 pCi/L.
➢ **Teen Pregnancy**	• The top perceived health problem in the county. • High rates of teen pregnancies, especially among the Hispanic population.

➢ **Water Quality**	• High amount of nitrates in the community water. • No fluoridated water.

IV. The Community Health Improvement Planning Meeting Process

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

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

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

The CHIP meetings in the individual counties were held from March 2nd to August 21st of 2012. The Alegent Health Memorial Hospital CHIP meeting focused on their identified primary service area of Colfax County. The CHIP was the third of the district CHIP meetings and was completed on July 18th, 2012.

Colfax 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 Alegent Health Memorial Hospital Core team included the CEO Connie Peters, East Central District Health Department Director Rebecca Rayman and East Central District Health Department Deputy Director Roberta Miksch.
- a 15 minute presentation specific to Colfax county and Alegent Health Memorial Hospital was developed to use at service clubs and area meetings to stimulate interest in the project. This presentation was done at the Colfax Rotary International Club prior to the CHIP by the ECDHD Health Director.
- A one-hour data presentation specific to the county was developed, highlighting pre-identified themes from the research agency along with additional data the core team believed was important.
- Invitations were sent out to key stakeholders by Alegent Health Memorial Hospital.

Colfax County CHIP - meeting format

Community leaders met in facilitated session at St. Benedictine Center a very popular local conference center on July 18th, 2012, to launch the 2012 Colfax County Community Health Improvement Planning process (CHIP). The Colfax County CHIP was well attended with a head count of 30 participants. Diverse sectors were represented including public officials (Schuyler City Administrator), business leaders, Health care personal, hospital staff, health department staff, local clergy and

community agencies. There was 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 Colfax County and how will we mobilize our efforts?"

The working agenda was:

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

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

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

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

<u>Presentation of the Overview of the Community Health Needs Assessment</u>
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 Colfax county, which is the identified primary service area of Alegent Health Memorial Hospital The profiles included identification of the top problems for the District and the identification of the top problems for Colfax County. Every participant also received a copy of the one hour power-point handout. (See Appendix 1- one hour presentation handouts; Appendix-2 15 minutes presentation handouts)

The data presentation from the CHNA was done by the ECDHD Health Director Rebecca Rayman using the one hour power point. Data was presented using a variety of formats including county and district specific which were then often compared to state and National Data. Throughout the data presentation the TOP facilitator Roberta Miksch probed the participants on what surprised them, what insights they gathered, and what questions they had, resulting in a very interactive process with strong audience participation.

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

SURPRISES

- Loss of over 65 year olds
- Loss of 35-44 year olds
- Increase in percentage of forced sexual intercourse
- More awareness on forced sexual intercourse (increased awareness over the years may have been a contributing factor as to the increased reporting of forces sexual intercourse….Roberta's comment added)
- Hepatitis A and B rates – contributing factors for this may be:
    - Handwashing (education)
    - IV Drug Use
    - STI's

INSIGHTS

- Latino girls do not generally drink alcohol (not accepted in culture)
- Young Latino's forced to drop out of school to "take care" of family
- High school students interested in marijuana (per comment from health fair) rather than alcohol
- Younger healthy people with less health care needs
- Trading sexual intercourse for a place to sleep
- Sexual abuse among teens increases with drug and alcohol use

BARRIERS

- Language
- Transportation
- Child 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 Ethnicity[15]**						
	Boone	**Colfax**	**Nance**	**Colfax**	**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 Colfax County, a great deal of discussion came about from the data on alcohol abuse and its possible relationship to teen pregnancy.

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:

- Measurable
- Evidence-based
- Funding/resources
- Sustainability

- Culturally competent/CLAS
- Community engagement
- Data driven
- Realistic
- Time specific (short, medium, long term)

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 Colfax 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 Colfax County after all the cards were collected and displayed there were seven (7) resulting issue arenas. Some of the issue arenas had been identified by the independent researchers as cross-cutting themes, and some were not; however, all issue arenas were supported with data.

The 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 then participants ranked them using a dot system- each participant received three dots in which to vote with. The ranking was to indicate what the group felt were the most important areas for the community to work on over the next three years. The ranking is included below:

Obesity – 22
Education/Awareness – 33
Environmental Awareness – 9
Teen Pregnancy – 4
Diabetes – 2
Pre natal care – 0
Access to health care - 15

A discussion was held about weather education and awareness was a strategy or an action step. At the end of the discussion it was decided by the group that education and awareness was an action step and should be removed from the strategic issues. This left six areas. One of the participants made a passionate appeal that several of the items listed on ½ sheets in this column were related to poverty and that if we could combat poverty the issues might all be positively affected. Thus, the group came to a consensus, disassembled the Education/Awareness column, and

restructured several of the cards as Family Support for Children Living in Poverty. A few cards originally in the Education/Awareness Column were left outside of any columns and were free standing on their own.

This category was added and with education and awareness removed the group now again had seven (7) strategic issue areas. A revote was held with the following results:

Obesity – 21
Family Support for Children Living in Poverty – 36
Environmental Health -9
Teen Pregnancy – 0
Diabetes – 2
Pre-natal care- 0
Access to Health care – 6

As can be seen two clear issues came to the surface after the revote. These two issues, Obesity and Family Support for Children Living in Poverty, became the two chosen strategic issues of the group. After the vote there were several topics that did not fall into a category, these included: Cancer, Hypertension, Racism, Forced Sexual Assault. At the conclusion of the day the Alegent Memorial Hospital decided to add back in the category of Access to Health Care and a workgroup of hospital and East Central staff was developed. The following page holds the resulting work product from the Colfax County “sticky wall” after changes were made, but prior to the addition of the Access to Health Care group.

Considering the data presentation, and our resulting conversation, what are the most critical issues we might prioritize for community action?							
Obesity (22)	**Family Support for Children Living in Poverty (36)**	**Environ-mental (9) Awareness**	**Teen Pregnancy (0)**	**Diabetes (2)**	**Pre-Natal Care (0)**	**Access to Health Care (6)**	**Free Floating topics**
•obesity •obesity •obesity •obesity •wellness program	•educate parents of 0-3 yr olds of poverty •low graduation rate due to poverty •lack of preventative education •lack of education	•Radon/ Nitrate awareness •Improve water… nitrates/ fluoride •Radon (cancer)	•teenage pregnancy •teen pregnancy •mental health for adolescents	•diabetes •diabetes	•lack of early prenatal care •prenatal care	•mental health •access to health care •mental health adolescents •health professional shortages •child care •transportation	•hypertension •cancer •racism •forced sexual assault

The meeting participants felt that two overacrching priorities should be captured for every workplan. 1) Cultural Understanding to include literacy rate and 2) linguistics and the Need for Cultural Engagement

The group felt that the Colfax County CHIP group although large could only manage effectively a few strategic areas. Following plenary discussion, the participants decided by consensus to choose the following. The two identified community health needs or priority issues for Colfax County and it collaborating partners were:

- Obesity
- Family Support for Children Living in Poverty

To this list the hospital added

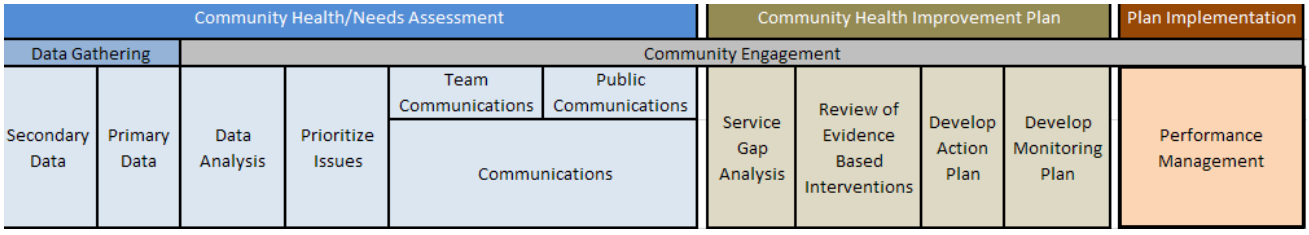
- Access to Care

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

The individual groups determined the frequency with which they would meet to keep their plan moving forward. The larger Colfax County CHIP group determined to meet quarterly for the next three years under the responsibility, supervision and guidance of the Alegent Health Memorial Hospital . Progress updates from each individual strategic health need subgroups will occur at Colfax County CHIP quarterly meetings. The Colfax 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.

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.



V. The Three Community Health Needs Selected by Colfax County Reviewed

The three Community Health Needs selected by the CHIP participants are further explored here. The section that follows includes the initial gap and resource analysis completed on the day of the CHIP. Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans and is considered to provide National state-of-the-art guidance for health improvement. The website for information on Healthy People 2020 is www.healthypeople.gov. 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:
   i) A greater percentage of the 18-64 year old population in the East Central District that is without health care coverage.
   ii) Residents in the East Central District consistently see a doctor less than the average for all of Nebraska.
   iii) Compared to the state, the East Central district has a notably higher rate of residents without health insurance.
   iv) Colfax County is a Federal mental health and dental health shortage area.
   v) Colfax county is a state primary care shortage area for family practice, internal medicine, pediatrics, obstetrics/gynecology and psychiatry

b) Assets and Resources Identified: The following were identified during the CHIP meeting
   i) The Alegent Memorial Hospital

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

Nutrition and Access to care is important according to Healthy People 2020 because: Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions including: Overweight and obesity, Heart disease, High blood pressure, Dyslipidemia (poor lipid profiles), Type 2 diabetes, Osteoporosis, Diverticular disease and some 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) No weight loss program currently in Colfax County
ii) Cargill has a shortage of resources at present
iii) Lots of fried foods in area cafeterias

f) Assets and Resources Identified
i) Alegent Health Weight Management Team
ii) Resource Center
iii) School Systems
iv) ECDHD Obesity programs
v) Nurse Practitioner doing a CAPSTONE project
vi) Healthy Families program in Omaha
vii) Have an exercise scientist at Alegent
viii) Cargill Volunteers
ix) Cargill Learning Center
x) Great support from school staff in Colfax County schools
xi) Natural Resources District programs

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:
vii) 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 for Children Living in Poverty

Data to support the need for this as a strategic area are included in the Community Health Needs Assessment on pages 16-32. There are two topic areas listed in the Healthy People 2020 website that focus on the intention of the Colfax County CHIP group for Family Support. The first is Maternal, Infant, and Child Health, this topic area's goal most closely matches the Colfax 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 Colfax 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 Colfax County CHIP process it does have correlations with the group's intentions and provides evidence for it's

inclusion in the Colfax 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) No representation at the meeting from Leigh, Clarkson, Howells
   ii) Lack of coordination around this issue
   iii) No mental health services available in Colfax County
   iv) Lack of parenting classes
   v) Is there any other data that might inform the process

k) Assets and Resources Identified
   i) Save the Children – New program at Schuyler Public Schools
   ii) Child Well Being
   iii) Healthy Families Nebraska
   iv) Early Development Network
   v) Early Head Start
   vi) Region IV- Regional planning team
   vii) NAP SACC Program
   viii) Youth for Christ Programming
   ix) CNCS Kids Program
   x) Mothers and Babies Personal Support Services
   xi) PCIT (Parent Child Interactive Therapy)
   xii) Center for Survivors
   xiii) Department of Education
   xiv) Boys Town Parent
   xv) Local Educators
   xvi) Targeted Education

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

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 Alegent Health Memorial 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 Colfax County, the largest ECDHD's county, approximately 30 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 staff and the hospital staff.

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

The ECDHD district has been working on Community Health Improvement Plans since 2002 with a great deal of success. While Alegent Memorial Health will lead the efforts of keeping the community improvement teams active ECDHD will provide assistance as needed.

VIII. The CHIP Work plans

In the appendix find the initial work plans for Colfax County, these plans will be amended from time to time during the three years as needed. The work plan for Access to Health Care will be developed by the Alegent Memorial Hospital access to healthcare workgroup.

IX. Evaluation of the CHIP Meeting Process

CHIP Planning – Participant Evaluation Summary

Number of evaluation submitted: 18

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

1.Topics chosen for discussion = 13 ratings of 1, 4 ratings of 2 and 1 rating of 3

2. Planning environment (site, ambience) = 15 ratings of 1, 4 ratings of 2

3.Meeting Format = 12 ratings of 1, 6 ratings of 2

4.Faciliator's style and delivery = 11 ratings of 1, 7 ratings of 2

5.Time allowed for meeting = 10 ratings of 1, 4 ratings of 2 and 3 ratings of 3

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

- Info shared
- Colfax County stats!
- Very helpful, I learned many new things
- I was surprised how much I enjoyed the presentation on statistics. Usually this is very unpleasant listening for me!
- We need to communicate better about resources between all groups!
- Rate of Hep A and B prevalence in Colfax County

I would suggest that in future sessions we…

- Have separate space if two groups discussing at the same time
- Shorter meetings
- Yes
- This was great –hard to suggest right now. Maybe a list of attendees? I would have liked to know who was here before meeting.

Other comments…

- Great food
- Great community group
- Thank you!

Community Health Needs and Priorities

Colfax County 2011

Community health needs and priorities for Colfax County were selected based on data included in the *2011 Comprehensive Community Health Needs Assessment*. Following the demographic profile of selected characteristics, the top 11 community health needs and priorities for Colfax County are listed alphabetically in Table 1 below with a brief description of the rationale for selection. Following the table are data that support the selection and prioritization of the community health needs.

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

Demographic Profile: Colfax County

Population: 10,515

Density (people per square mile): 25.6

% White: 77.3%

% Hispanic: 41.6%

% over 65: 15.6%

Median Household Income: $45,919

% at or below Poverty Line: 11.0%

% without High School Degree or GED/Equivalent: 30.0%

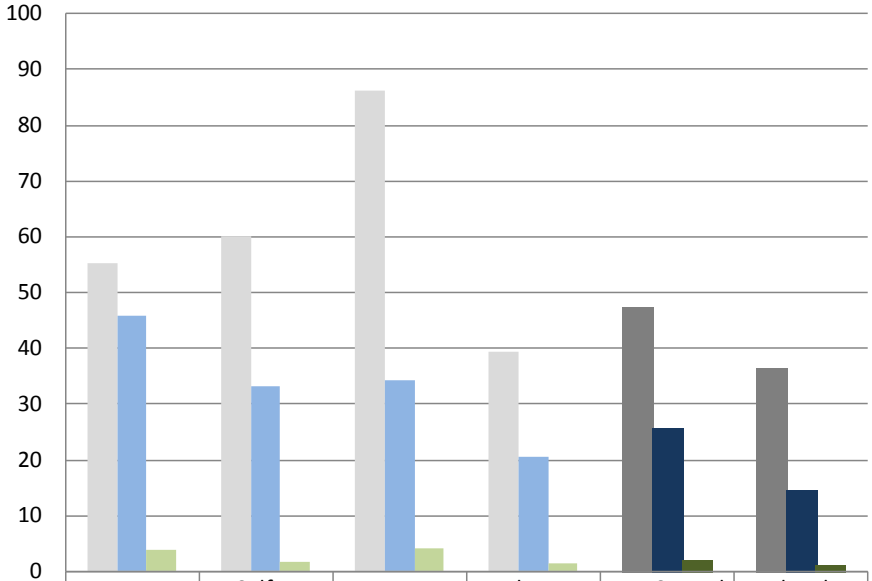
Table 1: Community Health Needs and Priorities for Colfax County

Community Health Needs and Priorities	Rationale for Selection
➢ **Accidental Death**	• High rates of unintentional injury and motor vehicle deaths.
➢ **Activities for Children**	• Low perception of the availability of recreation, after school, and non-sports related activities for children.
➢ **Cancer**	• High rates of incidence of and deaths due to cancer. • High rates of incidence of prostate cancer and Leukemia. • High rates of death due to breast, colorectal, and prostate cancer.
➢ **Diabetes**	• High rate of death due to diabetes.
➢ **First Trimester Prenatal Care**	• Low rates of 1st trimester prenatal care among the Hispanic population.
➢ **GED/High School Equivalency**	• Very high percentage of the population without high school degree or GED. • A majority of those without high school degree of GED are likely immigrants as the graduation rate at Colfax County schools is about average. This points to a possible need for GED services in Spanish, if they are not already available.

➢ **Hepatitis A and B**	• High rates of incidence for Hepatitis A and B.
➢ **Infant Mortality**	• Notably high rates of infant mortality among the Caucasian population. Likely not due to a lack of first trimester prenatal care, but possibly due to nitrates in the water system.
➢ **Radon Levels**	• Two-thirds of homes with radon levels over 4 pCi/L.
➢ **Teen Pregnancy**	• The top perceived health problem in the county. • High rates of teen pregnancies, especially among the Hispanic population.
➢ **Water Quality**	• High amount of nitrates in the community water. • No fluoridated water.

Accidental Death

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



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

(Source: 2010 Community Health Assessment)

Activities for Children

Table 2	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)

Table 3	**There are adequate after school programs for elementary age children to attend.**					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	1.9%	24.1%	31.5%	42.6%	0.0%	***3.2***
Colfax	14.8%	27.9%	29.5%	21.3%	6.6%	***2.8***
Nance	0.0%	21.1%	13.2%	60.5%	5.3%	***3.5***
Platte	0.8%	15.9%	40.2%	37.1%	6.1%	***3.3***
Hispanic	7.7%	19.2%	25.0%	33.7%	14.4%	***3.3***
Non-Hispanic	3.6%	20.6%	37.6%	35.4%	2.7%	***3.1***
East Central	**4.4%**	**20.3%**	**34.3%**	**35.6%**	**5.4%**	***3.2***

(Source: 2011 Community Health Survey)

Table 4	**There are adequate after school opportunities for middle and high school age students.**					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	0.0%	18.5%	18.5%	57.4%	5.6%	***3.5***
Colfax	12.2%	25.2%	25.2%	29.3%	8.1%	***3.0***
Nance	0.0%	23.7%	13.2%	63.2%	0.0%	***3.4***
Platte	4.5%	18.2%	38.6%	32.6%	6.1%	***3.2***
Hispanic	9.7%	19.4%	23.3%	33.0%	14.6%	***3.2***
Non-Hispanic	4.6%	20.8%	33.9%	37.2%	3.6%	***3.2***
East Central	**5.6%**	**20.5%**	**30.9%**	**37.0%**	**6.1%**	***3.2***

(Source: 2011 Community Health Survey)

Table 5	**There are plenty of non sports-related activities for children in my community.**					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	***Mean (1-5 scale)***
Boone	0.0%	44.4%	29.6%	25.9%	0.0%	***2.8***
Colfax	12.2%	44.7%	22.0%	14.6%	6.5%	***2.6***
Nance	5.3%	47.4%	21.1%	26.6%	0.0%	***2.7***
Platte	8.3%	39.1%	32.0%	20.3%	0.4%	***2.7***
Hispanic	12.6%	29.1%	34.0%	18.4%	5.8%	***2.8***
Non-Hispanic	7.1%	45.7%	26.9%	19.6%	0.8%	***2.6***
East Central	**8.1%**	**41.8%**	**28.3%**	**20.0%**	**1.9%**	***2.7***

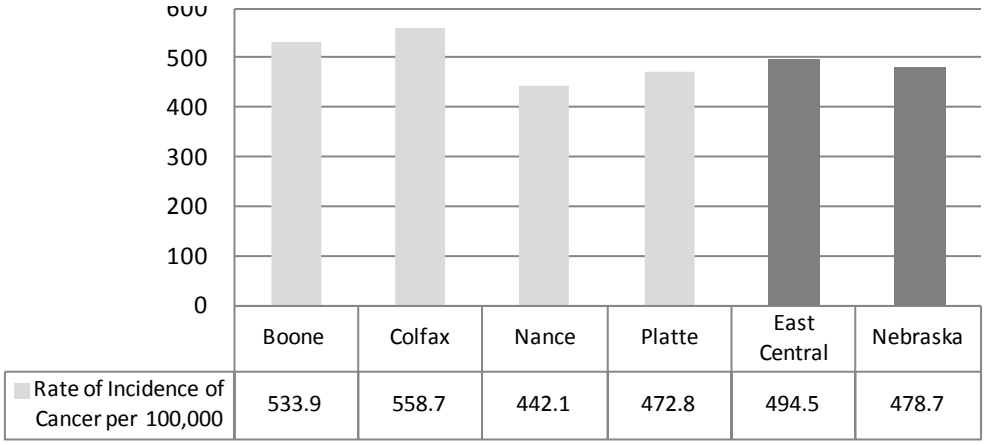
(Source: 2011 Community Health Survey)

Cancer

Table 6	Top Five Perceived Health Problems by County and Ethnicity						
	Boone	**Colfax**	**Nance**	**Platte**	**Hispanic**	**Non-Hispanic**	**East Central**
1st	Cancer	Teenage Pregnancy	Cancer	Cancer	Teenage Pregnancy	Cancer	Cancer
2nd	Heart Disease and Stroke	Cancer	Heart Disease and Stroke	Diabetes	Diabetes	Heart Disease and Stroke	Teenage Pregnancy
3rd	Aging Problems	Diabetes	Aging Problems	Teen Pregnancy	Cancer	Aging Problems	Diabetes
4th	Affordable and Safe Housing	Aging Problems	Diabetes	Heart Disease and Stroke	Child Abuse/ Neglect	Diabetes	Aging Problems
5th	Diabetes	Heart Disease and Stroke	Affordable and Safe Housing	Aging Problems	High Blood Pressure	Teenage Pregnancy	Heart Disease and Stroke

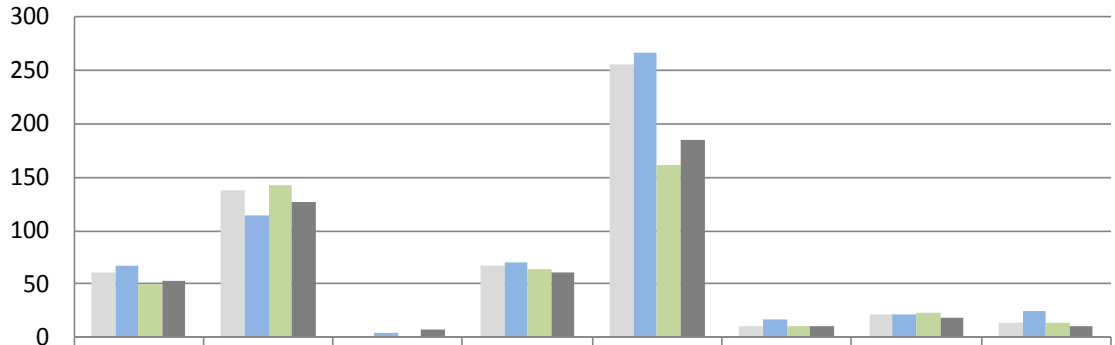
(Source: 2011 Community Health Survey)

Figure 2: Incidence of Cancer per 100,000 Population (2003-2007)



(Source: 2010 Community Health Assessment)

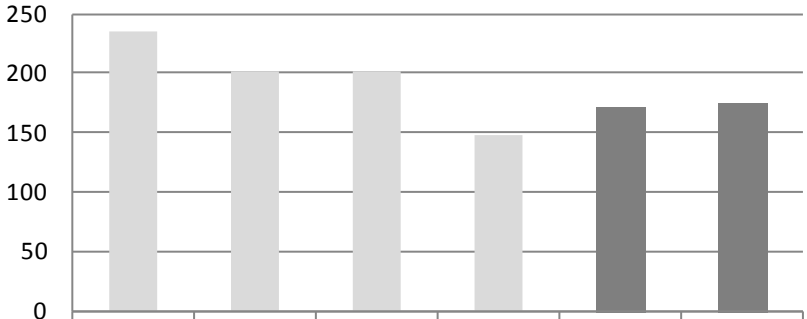
Figure 3: Incidence of Cancer by Type per 100,000 Population (2003-2007)[10]



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

(Source: 2010 Community Health Assessment)

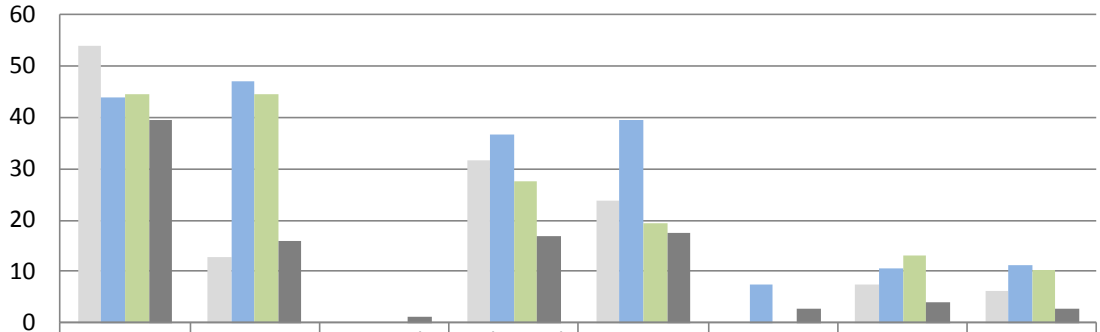
Figure 4: Deaths Due to Cancer per 100,000 Population (2005-2009)[10]



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

(Source: 2010 Community Health Assessment)

Figure 5: Deaths Due to Cancer by Type per 100,000 Population (2005-2009)



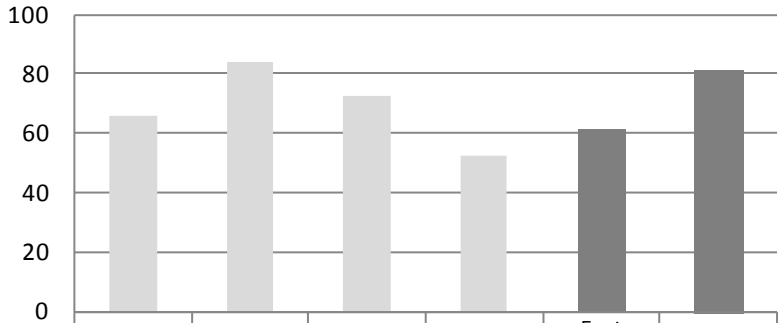
	Lung Cancer	Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer	Melanoma	Lymphoma	Leukemia
Boone	53.9	12.7	0.0	31.8	23.9	0.0	7.5	6.1
Colfax	44.0	46.9	0.0	36.8	39.4	7.4	10.5	11.1
Nance	44.5	44.6	0.0	27.7	19.4	0.0	13.2	10.2
Platte	39.6	16.1	1.1	17.0	17.5	2.7	4.0	2.9
East Central	42.8	23.1	0.7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

(Source: 2010 Community Health Assessment)

Diabetes

See also Table 6 above.

Figure 6: Diabetes Related Deaths per 100,000 (2005-2009)

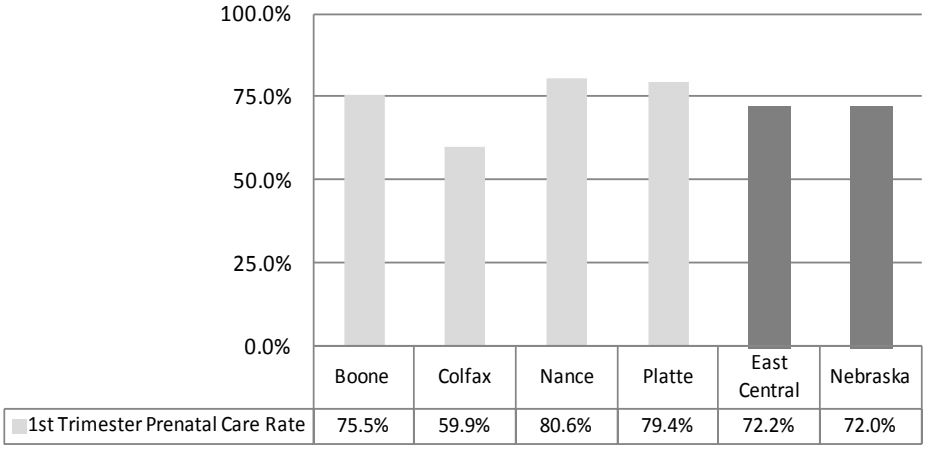


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Diabetes Related Deaths per 100,000	65.80	84.00	72.60	52.60	61.40	81.20

(Source: 2010 Community Health Assessment)

First Trimester Prenatal Care

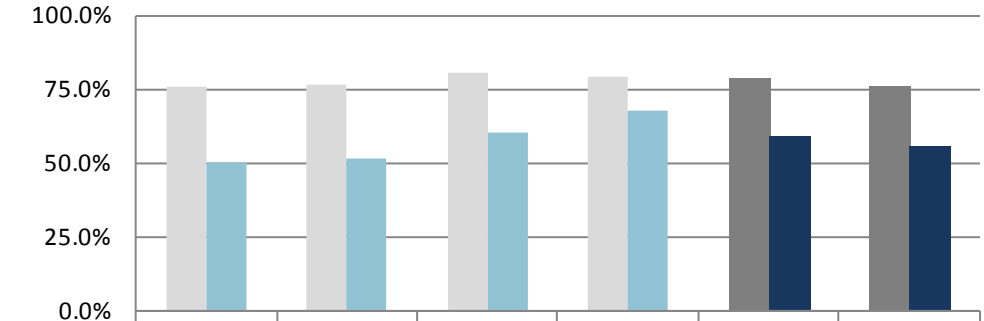
Figure 7: Percent of Births Receiving First Trimester Prenatal Care (2005-2009)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
1st Trimester Prenatal Care Rate	75.5%	59.9%	80.6%	79.4%	72.2%	72.0%

(Source: 2010 Community Health Assessment)

Figure 8: Percent of Births Receiving First Trimester Prenatal Care by Caucasian and Hispanic (2005-2009)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Caucasian	76.0%	76.3%	80.5%	79.4%	78.7%	76.0%
Hispanic	50.0%	51.8%	60.0%	67.4%	58.8%	55.9%

(Source: 2010 Community Health Assessment)

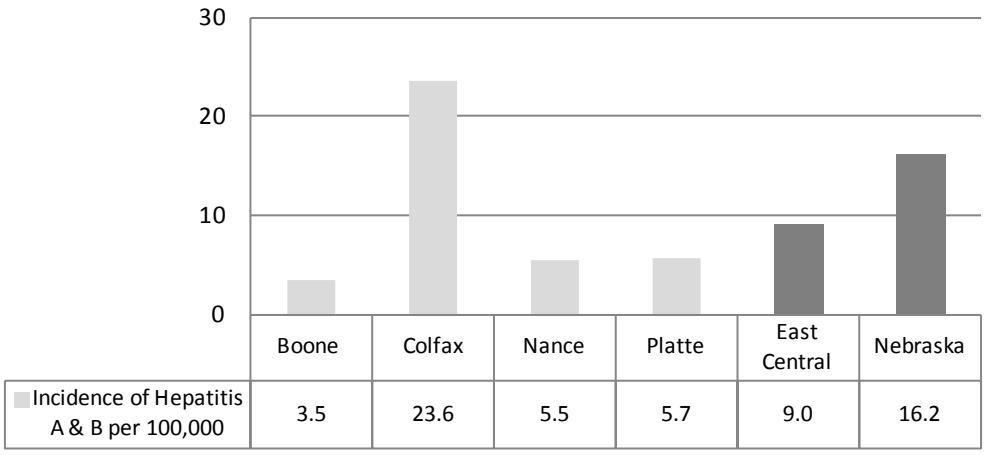
GED/High School Equivalency

Table 7	Highest Level of Educational Attainment - Individuals over 25 (2009)				
	Boone	Colfax	Nance	Platte	East Central
No High School Degree	7.8%	30.0%	15.8%	10.5%	14.2%
High School (or GED/Equivalent)	41.5%	31.6%	38.5%	35.7%	35.8%
Some College	23.0%	20.9%	24.0%	23.3%	22.9%
Associate's Degree	11.8%	7.3%	9.1%	11.6%	10.6%
Bachelor's Degree	11.4%	6.7%	9.7%	12.9%	11.3%
Graduate or Professional Degree	4.5%	3.5%	2.9%	6.0%	5.1%

(Source: 2009 American Community Survey, U.S. Census Bureau)

Hepatitis A and B

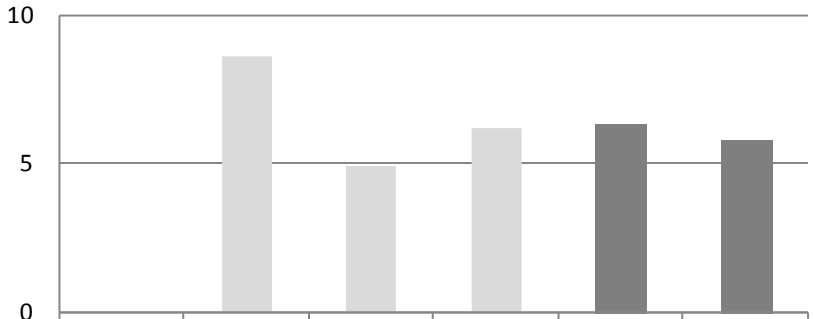
Figure 9: Incidences of Hepatitis A and B per 100,000



(Source: 2010 Community Health Assessment)

Infant Mortality

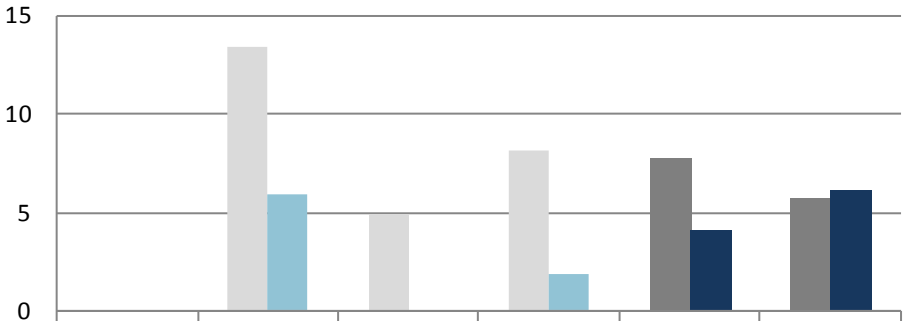
Figure 10: Infant Mortality per 1,000 Live Births (2005-2009)



	Boone	Colfax	Nance	Platte	East Central	Nebraska
Infant Mortality per 1,000 Live Births	0	8.6	4.9	6.2	6.3	5.8

(Source: 2010 Community Health Assessment)

Figure 11: Infant Mortality per 1,000 Live Births by Caucasian and Hispanic (2005-2009)

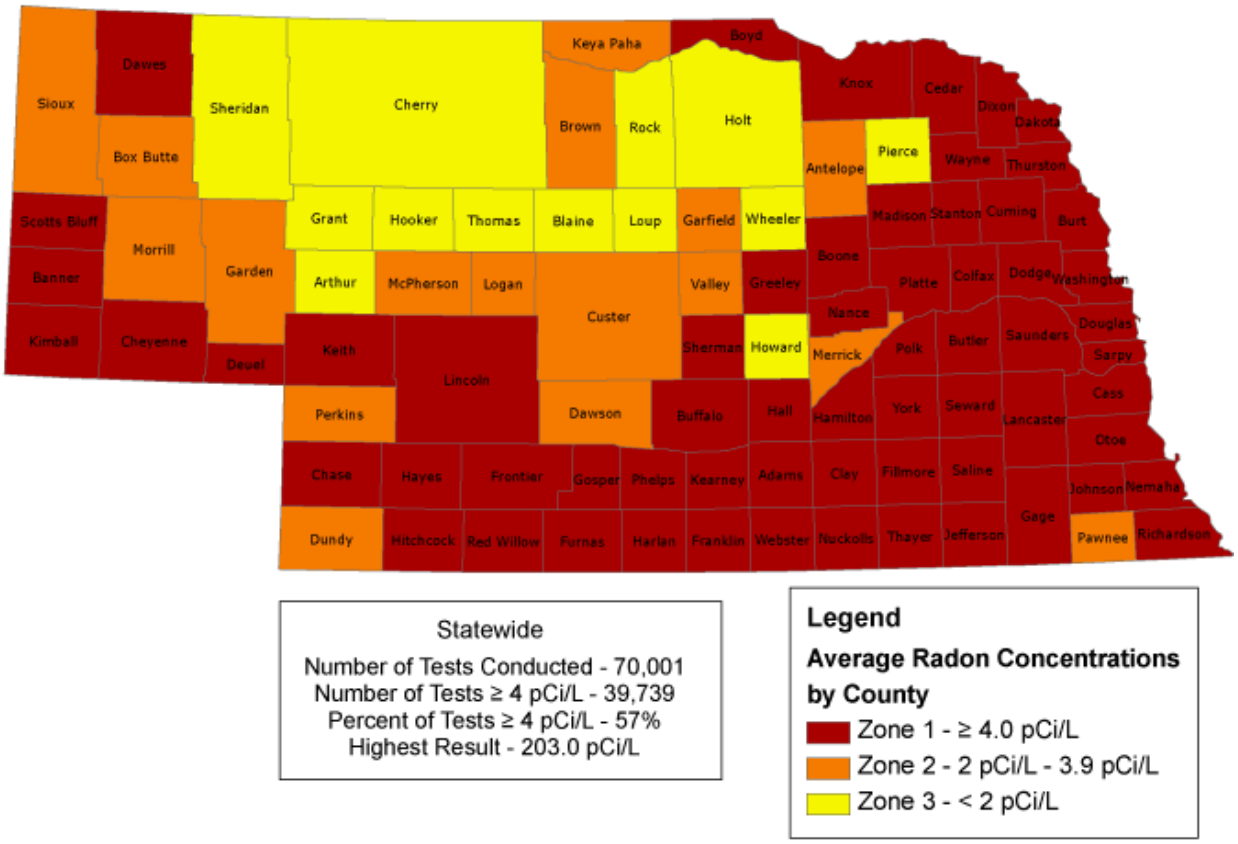


	Boone	Colfax	Nance	Platte	East Central	Nebraska
Caucasian	0	13.4	4.9	8.1	7.7	5.7
Hispanic	0	5.9	0	1.9	4.1	6.1

(Source: 2010 Community Health Assessment)

Radon Levels

Figure 12: Average Radon Levels by County in Nebraska (2009)



(Source: Nebraska Radon Program)

Table 8	East Central District Radon Levels (2009)		
	Average Radon Level (pCi/L)	% Results over 4 pCi/L	Highest Result (pCi/L)
Boone	6.4	66%	30.9
Colfax	7.0	66%	53.4
Nance	6.7	61%	28.0
Platte	5.3	47%	47.7
East Central	**5.9**	**54%**	**53.4**
Nebraska	**5.9**	**57%**	**203.0**

(Source: Nebraska Radon Program)

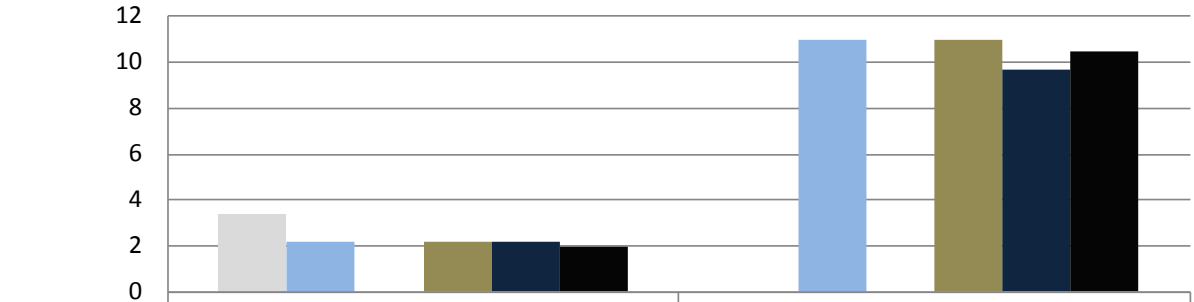
Teen Pregnancy

See also Table 6 above.

Table 9	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)

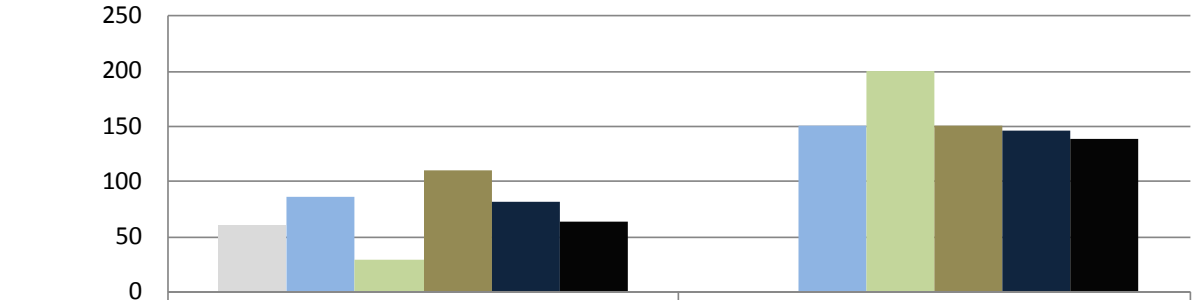
Figure 13: Births to Mothers Ages 13-15 per 1,000 Population by Caucasian and Hispanic 2005-2009



	Caucasian	Hispanic
Boone	3.4	0
Colfax	2.2	11.0
Nance	0	0
Platte	2.2	11.0
East Central	2.2	9.7
Nebraska	2	10.5

(Source: 2010 Community Health Assessment)

Figure 14: Births to Mothers Ages 16-19 per 1,000 Population by Caucasian and Hispanic 2005-2009



	Caucasian	Hispanic
Boone	60.8	0
Colfax	85.7	149.9
Nance	29.3	200.0
Platte	110.2	149.9
East Central	82.1	145.6
Nebraska	62.9	138.9

(Source: 2010 Community Health Assessment)

Water Quality

Table 10	Nitrate Levels in the Community Water System (mg/L)				
Boone	**Colfax**	**Nance**	**Platte**	**East Central**	**Nebraska**
2.2	7.4	3.7	1.1	**2.8**	**2.9**

(Source: 2010 Community Health Assessment)

Table 11	Community Water Environmental Health Indicators	
	Percent of Population Served by Community Water (2009)	**Percent of Population Receiving Optimally Fluoridated Water (2007)**
Boone	65.8%	53.5%
Colfax	72.7%	0.0%
Nance	71.8%	55.9%
Platte	73.4%	92.3%
East Central	**72.3%**	**67.9%**
Nebraska	**83.1%**	**68.2%**

(Source: 2010 Community Health Assessment)

Colfax County Community Health Improvement Planning Summit

Benedictine Center

July 18, 2012

Focus Question:

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

Session Objectives:

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

Process Guidelines:

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

Questions for Data Presentation:

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

Rank Order the Strategic Issues

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

CHIP Strategic Planning Grid: Colfax County CHIP – Childhood Obesity

Goal 1: Promote Healthy Weight and reduce chronic disease risk

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

SUCCESS INDICATOR (SMART)	CURRENT RESOURCES	GAP ANALYSIS	OBJECTIVE	ACTION STEPS	TIME LINE DELIVERABLE	RESPONSIBILITY	BUDGET COMMENTS PROGRESS
HP NWS 10 By 2015 reduce childhood obesity by 1% in the district from 15.4% to 14.4%	Alegent Health Weight Management Team Resource Center School Systems ECDHD Renee Sayer/CAPSTONE project Healthy Families in Omaha at One World and Charles Drew Exercise Science PA at Alegent Cargill Volunteers Cargill Learning Center Clarkson Kindergarten Teacher – Wes Pokorny – garden in school; Mr.	No weight loss program in Colfax Cargill does not have resources Lots of fried foods in cafeterias	NWS-17 Objective 1 Reduce consumption of calories from solid fats and added sugars in the population age 2-5 years. PA-6 Objective 2 Increase regularly scheduled elementary school recess in the United States	Objective 1 1.1 Incorporate NAP SACC *Evidenced Based* - into daycare centers in Colfax County. Objective 2 2.1 Talk to schools about more recess. 2.2 Assess the level of recess in schools.	Objective 1 1.1 By 12/31/2013 we will reach 5 in home daycare providers and 1 centers. Objective 2 2.1 By March 31, 2013 contact at least one school and work out commitments. 2.2 By November 2013 assess the level of recess in schools in Colfax County.	Objective 1 1.1Kaise Recek with ECDHD. Objective 2 2.1 Colfax County CHIP Obesity Prevention Coalition. 2.2 Jeanine Emmanuel with Alegent Creighton	Objective 1 Funding - In-kind by ECDHD Objective 2 Objective 3 3.1 In-kind by ECDHD

	Harlan Hammernick – principal FFA teacher and high school students Tori Oehlrich – RN with Schuyler Schools NRD (Natural Resources District)		Nebraska State Plan Partners in Health <u>Objective 4</u> 4.1. Research and implement Healthy Families at Alegent Creighton HP PA-3 <u>Objective 5</u> Explore with Colfax Community Schools and	<u>Objective3</u> 3.1 Research funding opportunities to impact childhood obesity. Goal is to obtain funding dedicated to Colfax County. <u>Objective 4</u> 4.1 Increase proportion of physician offices that refer families to Healthy Families class. <u>Objective 5</u> 5.1 Increase fruit and vegetable recognition and consumption in students.	<u>Objective 3</u> 3.1 By October 31, 2012 ECDHD Intern will have completed a list of potential funding opportunities. <u>Objective 4</u> 4.1 By Dec. 2013, implement at least one Healthy Families class at Alegent. <u>Objective 5</u> 5.1 By November 2013 speak with and secure one teacher to take part in gardens in classrooms.	<u>Objective 3</u> 3.1 Ralph Ovonlen <u>Objective4</u> 4.1 Renee Sayer Colfax County CHIP Obesity Prevention Coalition. <u>Objective 5</u> 5.1 Wes Pokorny	3.2 In-kind by representative agencies. <u>Objective 5</u> <u>Objective 5</u> 5.1

			FFA implementing fruit and vegetables gardens (in tubs) in schools other than Clarkson. <u>Objective 6</u> Reduce the proportion of children and adolescents who are considered obese.	<u>Objective 6</u> 6.1 Offer educational material at Schuyler Resource Center.	<u>Objective 6</u> 6.1 By Jan 2013 ECDHD will provide Lana the Iguana curricula to the Colfax Community Center for use in daycare centers.	<u>Objective 6</u> 6.1 Roberta Miksch	<u>Objective 6</u>

CHIP Strategic Planning Grid: Colfax County- Family Support for Children Living in Poverty

Goal 1: To provide support to families with children living with low to moderate income. To improve the health and well-being of women, infants, children and families.

Current Baseline or Data to support the need for the goal: 1) Available EPSDT Visit Data indicates a low incidence of compliance with well child visits at GNCHC only 28.37% of children age 0-11 completed an EPSDT visit between January 1st, 2012 and September 30th, 2012. 2) Out of home placement in Colfax County averages 3.9 children per month. 3) Schuyler Community Schools Kindergarten readiness exams indicate_____ 4) Early Steps to School Success (ESSS) data indicates_____. 5) CNCS Kindergarten readiness exams indicate_____. 6) Average per capita income for the district is $21,837 and the state average $24,568 and National is $27,041, the median household income is also lower Colfax median income is $45,919, compared to $46,892 for the ECDHD district and 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
Increase readiness for school from ____% to _____% by December 31, 2012. Reduce out of home placement from the average of 3.9 children per month to 3.5 per	Save the Children Child Well Being Healthy Families NE Early Development Network Early Head Start Planning Region Team NAP SACC	Most resources are focused on Schuyler and not on Leigh Clarkson Howells North Colfax County Lack of coordination. No mental health services in Colfax	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 Establish a baseline for EPSDT at Alegent Health Clinics in Colfax County by December of 2013, present EPSDT data to group every six months. 1.2 Develop or Obtain information sheets for the families of young children (birth to age three) on positive	1.1 By December of 2013, at Alegent clinics. 1.2 By December 2013 information sheets will be available to	1.1 Alegent Health Clinics Electronic Medical Record System. 1.2 Colfax County Support for families group with help from Child Well Being Group.	1.1 GNCHC will provide data to group every six months on EPSDT rates for children 0-11 unable to break-down further easily. 1.2 In the first three years of life there are 10 different EPSDT screenings recommended to include newborn, 2 months, 4 months,

month by December 31, 2015. Increase Well Child Visits in medical clinics from 28% to ___%.	YFC (Youth For Christ) CNCS Kids Program Mothers & Babies Personal Support Svs. PCIT (Parent Child Inter Active Therapy)	County. No Parenting Classes Need to see what other data is out there		parenting communication that can be distributed at day care centers and physician clinics that serve children from Colfax County 1.3 Have clinics in Colfax and at GNCHC agree to provide written linguistically and culturally appropriate social/emotional information or activities at EPSDT visits with all children birth to age 2. 1.4 Train ____ people from Colfax County in PIWI which is a part of Pyramid model. 1.5 Offer one to two PIWI sessions in Colfax County every year.	clinics and/daycares. 1.3 January of 2014 MOUs will be signed and information sheets distributed to at least three sources. 1.4 By December 31, 2012. Training will be held and sign-up sheet will show ____ people attended. 1.5 By June of 2013 hold at least one 6-8 week PIWI session in Colfax County.	1.3 Colfax County Support for families group. 1.4 Child Well Being Group will provide training resources for both the pyramid model and PIWI. 1.5 Participants of Group that signed up for PIWI training.	6 months, 9 months, 12 months, 15 months, 18 months, 2 years and 3 years. Need to determine who would pay for information sheets?- Child Well Being Coalition? 1.3 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 1.4 Training for PIWI will help provide the base for the Pyramid Model (evidence-based teaching Practices) that promote children's social emotional development and are effective in addressing challenging behavior. 1.5

					1.6 By December of 2015 complete four PIWI sessions in Colfax County.		

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