

Community Health Needs Assessment

**CHI Health Good Samaritan &
Richard Young Behavioral Health – Kearney, NE
2019**

A Joint Assessment



Table of Contents

Executive Summary	4
Introduction.....	5
Hospital Description	5
Purpose and Goals of CHNA	6
Community Description.....	6
Community Definition	6
Community Description.....	7
Population	7
Socioeconomic Factors.....	8
Unique Community Characteristics.....	9
Other Health Services.....	9
Community Health Needs Assessment Process	10
Process.....	10
Buffalo County Community Partners Process	10
Two Rivers Public Health Department (TRPHD) Process.....	11
CHI Health Good Samaritan & Richard Young Behavioral Health Internal Process	11
Gaps in Information.....	12
Input from the Community	12
Buffalo County Community Partners Community Input Process:	12
Two Rivers Public Health Community Input Process:	12
Public Health Input & Validation:	13
Findings	13
Prioritization.....	13
Prioritization Process.....	13
Prioritized Health Needs (Top Identified Health Needs).....	13
Resource Inventory	15
Evaluation of FY17-FY19 Community Health Implementation Strategy Plan	17
Dissemination Plan	44
Approval	44

Appendices 45
Appendix A: Mental Health Status Survey (BCCP) 2018..... 46
Appendix B: Good Samaritan & Richard Young Community Board Presentation 1/9/19..... 58

Executive Summary

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

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

CHI Health Good Samaritan is a regional referral center with 173 licensed beds within CHI Health located in Kearney, Nebraska. The hospital is designated as a Magnet organization by the American Nurses Credentialing Center (ANCC), and provides services including a Level II trauma center featuring AirCare emergency helicopter transport, Maternity Center, Level II NICU, advanced orthopedic care, comprehensive neurosurgery, an accredited Chest Pain Center, and a nationally accredited cancer center. Among its many unique tertiary care services across Buffalo County, CHI Health Good Samaritan also operates a separate licensed hospital focused on behavioral health needs. Richard Young Behavioral Health (RYBHC) facility in Kearney, NE operates 61 licensed psychiatric beds, and services including inpatient behavioral health care and support groups.

Community Health Needs Assessment

In fiscal year 2019, CHI Health Good Samaritan Hospital (GSH) and Richard Young Behavioral Health Center (RYBHC) conducted a joint Community Health Needs Assessment (CHNA) in partnership with Buffalo County Community Partners (BCCP) and Two Rivers Health Department (TRPHD).

TRPHD confirmed existing community needs were still a priority across their seven-county region, BCCP will continue the assessment process through FY19 and into FY20, which is beyond the scope of this assessment. GSH/RYPHC performed secondary data review to look for change in the needs of the community. The data was provided to TRPHD, BCCP leadership and the GSH/RYPHC Community Board for discussion, input and validation.

The CHNA led to identification of seven priority health needs for Buffalo County. With the community, GSH/RYPHC will further work to identify each partner's role in addressing these health needs and develop measurable, impactful strategies. A report detailing GSH/RYPHC's implementation strategy plan (ISP) will be released in the fall of 2019.

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

Introduction

Hospital Description

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

Established by the Sisters of the Saint Francis in 1924, CHI Health Good Samaritan is a 268-bed regional referral center in Kearney, Nebraska. Part of CHI Health, a member of Catholic Health Initiatives, Good Samaritan Hospital (GSH) provides specialty care to more than 350,000 residents of central Nebraska and northern Kansas. The hospital is designated as a Magnet organization by the American Nurses Credentialing Center (ANCC), and provides services including a Level II trauma center featuring AirCare emergency helicopter transport, Maternity Center, NICU, advanced orthopedic care, comprehensive neurosurgery, an accredited Chest Pain Center, and a nationally accredited cancer center. Richard Young Behavioral Health Center (RYBHC) is a department of Good Samaritan Hospital. Since opening in 1986 as a free-standing psychiatric facility, RYBHC has provided a broad continuum of care for all ages ranging from intensive inpatient to outpatient services.

Services at GSH and RYBHC Include:

- Aquatics Program
- Behavioral Health
- Blood Conservation
- Breast Center
- Cancer Center
- Diabetes Center
- Family Birth & NICU
- Heart
- Hospitalists
- Joint Replacement
- Lifeline
- Mammography and Routine Screenings
- Rehabilitation Services
- Trauma
- Weight Loss Services
- Wellness Center
- 24/7 Behavioral health assessment access center (in person or via tele-health) providing community, inpatient, or outpatient referrals
- Psychiatry
- Psychiatric evaluations
- Medication Management & psychopharmacology
- Subacute recovery programming
- Co-occurring disorder programming
- Individual and Family Therapy/Counseling Education
- Telehealth services
- Electroconvulsive Therapy

Purpose and Goals of CHNA

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

The goals of this CHNA are to:

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

Community Description

Community Definition

For the purpose of the CHNA and future implementation strategy, GSH and RYBHCC consider its primary community to be Buffalo County, Nebraska. This was determined by an interdisciplinary team from the Hospital [Community Benefit Action Team (CBAT)]. Key considerations for determining this community definition included the following:

- Buffalo County is the geographic area from which a significant number of GSH/RYBHCC patients utilizing hospital services reside. While the CHNA considers other types of health care providers, hospitals are the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.
- GSH/RYBHCC is also a partner in a county wide healthy community coalition known as Buffalo Country Community Partners (BCCP) and the surrounding counties each have their own non-profit hospitals within their borders that are better suited to address local concerns. GSH/RYBHCC resources and community benefit strategies have historically focused and will continue to focus on Buffalo County to have the greatest impact.
- As GSH and RYBHCC work to address health needs in Buffalo County, they will also work to collaborate with the Two Rivers Public Health Department (TRPHD) which covers a seven-county region. As resources and capacity allows, GSH/RYBHCC will also work to support and align with TRPHD to meet needs across county lines.

Buffalo County is located in the central part of the state, just north of Interstate 80 and on the north side of the Platte River. Figure 1 depicts Buffalo County covers an area of 975 square miles including 10 communities with 48,402 residents. Additionally, another CHI Health tertiary hospital (CHI Health St. Francis) is located in neighboring Hall County, and is also conducting a CHNA.

Figure 1: CHNA Community Definition – Buffalo County



Community Description

Population

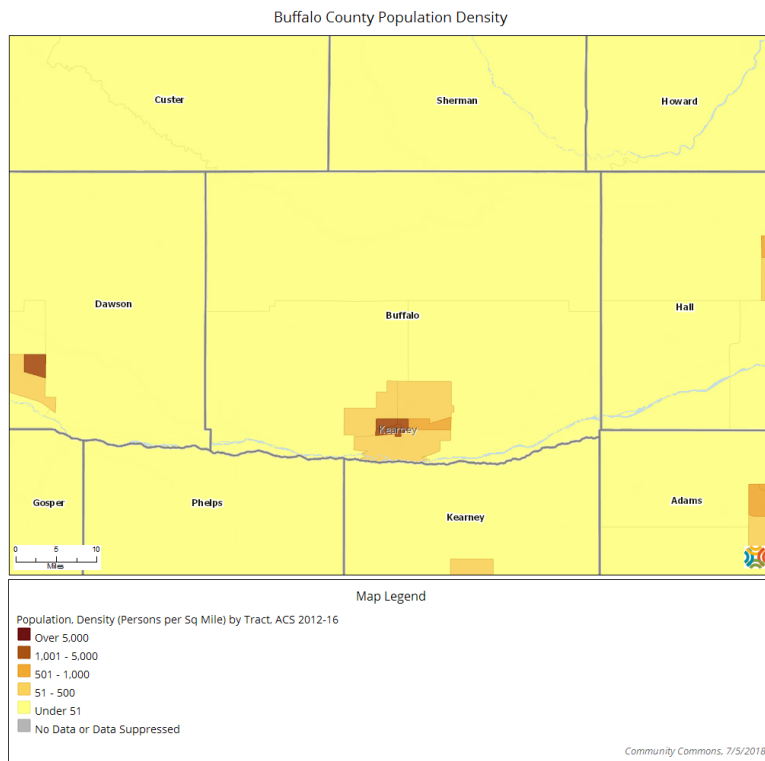
Population and demographics information for Buffalo County and Nebraska are included in Table 1 below. Buffalo County's population increased by 7.1% from 2010 to 2017 which is an increase of 3,281 persons which compared to an increase of 4.4% for state of Nebraska. The white population saw the largest increase in Buffalo county increasing by 2, 662 persons, or by 5.9%. Population in the prime working age range of 25-34 increased by 433 persons in Buffalo County and accounted for 13.7% of the population in 2010. This compares to an increase of 7, 770 persons in the state of Nebraska.¹ Figure 2 shows the population density of Buffalo County, demonstrating that the majority of the population resides in and around Kearney, Nebraska.

¹ Nebraska Interactive Dashboard - Nebraska Investment Finance Authority - <http://nestats.org/> Accessed 1/18/2019

Table 1: Population and Demographics for Buffalo County, NE²

	Kearney	Buffalo County 2017	Nebraska 2017
Total Population 2017²	33,835	49,732	1,920,076
Population per square mile (density)	2,410	47	24
Age			
% below 18 years of age	21%	23.3%	24.8%
% 65 and older	13%	14%	15.4%
Gender			
% Female	51%	50.1%	50.1%
Race			
% Black or African American	2%	1.3%	5.1%
% American Indian and Alaskan Native	0.2%	0.6%	1.5%
% Asian	1.8%	1.8%	2.6%
% Native Hawaiian/Other Pacific Islander	0%	0.1%	0.1%
% Hispanic or Latino Population	8%	9.1%	11%
% Non-Hispanic White	87%	86.7%	79%

Figure 2



Socioeconomic Factors

Table 2 below shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. A

² US Census Bureau <https://www.census.gov/quickfacts> Accessed 1/18/2019

review of the socioeconomic factors shows a median household income of \$55,053 which is comparable to the State (\$56,675), an estimated high school graduation rate comparable to the State (93.8% and 90.9% respectively), and an unemployment rate lower than the State (2.0% and 2.8% respectively). Importantly, the number of children in poverty in Buffalo County has grown from 10,415 in 2009 to 11,263 in 2018, and shows a 17% increase over the 2005 level of 9,639. Error! Bookmark not defined.

Table 2: Socioeconomic Factors

	Buffalo County	Nebraska
Income		
Median Household Income	\$55,053	\$56,675
Poverty Rates		
Persons in Poverty	12.7%	10.8%
Percent Children under 18 in Poverty in 2017 ³	12%	14%
Employment		
Unemployment Rate	2.0%	2.8%
Education		
% population with Bachelor’s degree or higher	33.6%	30.6%
% population with high school graduation or higher	93.8%	90.9%
Uninsured		
% of Population under 65 without insurance	8.3%	9.6%
% of Uninsured Children (2015) ⁴	5.7%	5.5%

Unique Community Characteristics

Buffalo County is a thriving agricultural and industrial area. It also plays an important role in the state's higher education system, with the University of Nebraska at Kearney (undergraduate enrollment of 4,484⁵) located in the county seat as well as Central Community College where students can pursue degrees.

Other Health Services

There are several health related organizations and services, including CHI Health that are serving Buffalo County:

- Buffalo County Community Partners (BCCP)
- Central Health Center – Kearney Community Health Center
- CHI Health Good Samaritan Hospital
- CHI Health Richard Young Behavioral Health Center
- Choice Family
- HelpCare Clinic
- Kearney Regional Medical Center

³ County Health Rankings <https://www.countyhealthrankings.org>, accessed 3/27/19

⁴ KidsCount Data Center, <https://datacenter.kidscount.org/> accessed 3/1/19

⁵ Univeristy of Nebraska at Kearney Factbook <http://www.unk.edu/factbook/enrollment.php> accessed 3/4/19

- Region 3 Behavioral Health Services Main Office (serves 22 counties)
- Two Rivers Public Health Department
- Youth Rehabilitation and Treatment Center at Kearney (Nebraska Department of Health & Human Services)

Community Health Needs Assessment Process

This was a joint assessment conducted by GS and RYBHC, Both facilities are located in Kearney, NE and serve Buffalo County. The process of identifying the community health needs in Buffalo County was accomplished by reviewing secondary data, participating in two community-based processes, reviewing and validating the data and prioritization through an internal process, and finally collecting input and validation of the needs from TRPHD, the local public health agency. Secondary data included in this needs assessment was sourced from the two external CHNA processes, as well as from various sources such as Census Quick Facts, Community Commons, County Health Rankings, and Nebraska Department of Health and Human Services. The review took into account prevalence, trend, disparities, severity of health outcomes, and comparisons against available benchmarks.

Process

Buffalo County Community Partners Process

CHI Health Good Samaritan was a founder of BCCP over 20 years ago, and leadership from GS/RYBHC continue to sit on the Board of BCCP and participate in various board and coalition sub-committees for BCCP. In 2010, a rigorous CHNA was conducted by BCCP to identify core community health needs and establish 5 Strategic Directions for the 2020 Vision, with continuous assessments and prioritization activities. Since that time, BCCP conducts an overall assessment annually through 100 collaborative partners to identify leadership, sustainability, capacity building, collaboration, effective community strategies, knowledge of population health strategies and community stewardship for Buffalo County, Nebraska.

The annual assessment process is currently underway, and will largely inform the 2030 strategic planning process for BCCP to adopt new well-being indicators and confirm or adjust related work for Buffalo County, Nebraska for the next ten years. The process includes secondary data review and primary data collection from a mental health survey (conducted in fall of 2018), a physical health survey (being conducted spring of 2019), and the Nebraska Student Health and Risk Prevention Surveillance System (SHARP). The assessment process is overseen by the BCCP Planning and Measurement Committee (PMC), which is composed of key community stakeholders with knowledge of data collection and evaluation processes. Committee members represent University of Nebraska at Kearney, Kearney Public School District, the local medical and behavioral health community, as well as local business leaders. CHI Health (Arli Boustead) and CHI Health Good Samaritan (Kristine Hughbanks) are members of, and regularly participate in the BCCP PMC to support the process as well as receive assessment results. This 2018 CHNA for GS/RYBHC was informed in part by this continuous process BCCP conducts to collect, review, analyze and prioritize community health needs which are validated and approved by the BCCP Board and PMC.

Two Rivers Public Health Department (TRPHD) Process

In the first half of 2018, Two Rivers Public Health Department (TRPHD) hired consulting firm S&G Endeavors to conduct a robust strategic planning effort. The process included a review of existing secondary data from various available sources such as County Health Rankings and Nebraska Department of Health and Human Services, as well as TRPHD data. S&G Endeavors then reviewed three existing hospital CHNAs available throughout TRPHD's seven-county region: Phelps Memorial Hospital, Kearney County Health Services, and the GS/RVBHC 2015 CHNA. Following this review, the consulting firm conducted stakeholder interviews with 39 key informants such as the health system or hospital presidents, and representatives from emergency response, county-level government leadership, public schools, assisted living, and community members at-large to gain diverse insight. Through this process, TRPHD gained both an insight to their future direction as desired by the communities served, as well as a re-validation of the 2015 CHNA top identified health needs across the TRPHD district. The full report of this strategic planning and assessment can be found at <https://www.trphd.org/public-health-data/>.

CHI Health Good Samaritan & Richard Young Behavioral Health Internal Process

In order to fully inform the hospitals' CHNA process, GS & RVBHC formed an internal, multi-disciplinary team called a Community Benefit Action Team (CBAT). CBAT members have engaged in both the aforementioned processes, and determined the process for engaging internal stakeholders for input and validation. The following are members of the CBAT for GS and RVBHC and have all participated in one or more meetings to define and conduct the CHNA:

Community Benefit Action Team Members:

- Michael Schnieders – President, CHI Health Good Samaritan
- Kimber Bonner, RN – VP of Patient Care Services
- Dennis Edwards, MD – Chief Medical Officer
- Lacey Witt – Manager-Business Operations, CHI Health Richard Young Behavioral Health
- Kimberly Perrin, Director of Clinic Operations, CHI Health Clinic
- Kristine Hughbanks – Division Director Emergency Services & Maternity Care
- Denise Zwiener – Executive Director, Buffalo County Community Partners
- Arli Boustead – Healthier Communities Coordinator, CHI Health
- Sharon Obasi, Professor, University of Nebraska at Kearney, CHI Health Good Samaritan Community Board Member

The data and results available from both of the aforementioned processes was shared with the Community Board for GSH and RVBHC on Wednesday, January 9, 2019. Input from the community board is described below in the *Input from Community* section. Members of the GSH/RVBHC Community Board that were present for the January 9th CHNA discussion are listed below.

CHI Health Good Samaritan & Richard Young Community Board

Members in attendance for the data presentation and needs assessment validation January 9, 2019:

- Kent Barney, Retired – previously Barney Escrow/Abstract & Title
- Father Paul Colling – Priest – Prince of Peach Catholic Church
- Clint Jones – Physician – Good Samaritan Hospitalist
- Sharon Obasi – Professor – University of Nebraska Kearney
- Deb Schroeder – IT (I believe she is a VP) – University of Nebraska Kearney
- Gary Steffensmeier - CPA – KSO CPAs and Advisors

- Rob Shaffer – Physician – CHI Health Good Samaritan
- Jennifer Rowling – Attorney – Tye & Rowling, PC, LLO
- Dalinda Wendt – RN, Care Management – CHI Health Good Samaritan
- Mike Schnieders, President, CHI Health Good Samaritan
- Kimber Bonner, VP Patient Care Services, CHI Health Good Samaritan
- Dennis Edwards, MD, Chief Medical Officer, CHI Health Good Samaritan
- Lisa Webb, VP of Finance, CHI Health Good Samaritan and CHI Health St. Francis

Gaps in Information

The most relevant gap in information is the availability of data in all health need areas that is current within the past year or in some cases even two years. Given the pervasive, long-term health needs seen in this community, it is not anticipated that more current data would be significantly different than what was reviewed and prioritized as part of this community health needs assessment.

Input from the Community

Each process was unique in the inclusion of community input, however as described above, the assessments for BCCP and TRPHD involved input from key community stakeholders. Input to confirm the top health needs in the community for the GS and RYBHC CHNA was sought from key leaders at TRPHD and BCCP who provided input based on their processes, and represent a broad array of stakeholders serving low-income and at-risk individuals, as well as minorities, the aging, and those affected by violence. More detail regarding input into each process is included below.

Buffalo County Community Partners Community Input Process: Input to the BCCP regular assessments is secured through partnerships with over 700 businesses and 2500 community members. The board and committees of BCCP include community stakeholders that represent organizations and stakeholders working with low-income and uninsured, aging populations, minority populations, individuals with limited resources, and those affected by violence. The BCCP Board provides oversight to the BCCP Planning and Measurement Committee, as well as receives regular reporting of assessment progress and resulting data for input. At the time of this CHNA writing, the Mental Health ASQ survey is the only primary data available from the BCCP process. This was completed in December of 2018 and presented to the BCCP Board for input (found in the Appendix). The full 2018 Mental Health ASQ Community Survey Assessment can be found at <https://www.bcchp.org/assessments/> and will be the only element of primary data from the BCCP process included in this GS & RYBHC CHNA, due to conflicting deadlines.

Two Rivers Public Health Community Input Process: The assessment for TRPHD engaged many community stakeholders that also represent populations similar to those giving input to the BCCP Process. A list of contributors to the TRPHD process is included in their full report at <https://www.trphd.org/public-health-data/>.

Taking into consideration both the BCCP and TRPHD process, data and information regarding community input was then presented to the GS/RYBHC Community Board. Secondary data was provided to the board members in the form of a Power Point presentation and handout. Both may be found in the Appendix. Identified needs from both processes were then discussed and accepted by the GS/RYBHC Community Board, and further discussion began to determine work for the hospitals to address.

Public Health Input & Validation:

In order to gain validation in the integrity of the process taken by GS/RVBHC, and in the needs identified, GS/RVBHC asked for final approval from Executive Director for TRPHD, Jeremy Eschliman, as well as Katherine Mulligan, Health Educator for TRPHD following the GS/RVBHC Community Board confirmation. TRPHD so validated, and the top identified health need areas are outlined below.

Findings

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Good Samaritan and Richard Young Behavioral Health Hospitals, please refer to the Appendix and the Good Samaritan & Richard Young Community Board Presentation 1/9/19.

Relevant data was presented to hospital administration and the community board as described above, as well as validated through the local public health department. All parties who reviewed the data found the data to accurately represent the needs of the community, and these identified needs can be found in Table 3 below.

Prioritization

Prioritization Process

In order to prioritize top health needs for this CHNA, the Community Board for GS and RVBHC considered the information available from both BCCP and TRPHD needs assessment processes, which took into account secondary data and community input from key stakeholders serving minority and underserved populations, as well as the aging, and those affected by violence. In considering the two aforementioned processes, the GS/RVBHC Community Board considered the following factors to prioritize needs:

- Prevalence
- Disparities
- Burden on community and resources
- Contributing factors

Prioritized Health Needs (Top Identified Health Needs)

Below (Table 3) provides the listing and rationale for the top eight prioritized health needs in Buffalo County.

Table 3: Top Identified Health Needs

Health Need	Rationale
Access to Care (includes behavioral and dental)	<ul style="list-style-type: none">• Uninsured 10% Buffalo County (4.2% of children under 19 uninsured) lack of healthcare coverage still disproportionately affects low-income households• Primary care physicians (MD & DO Only) 1,110:1 Buffalo, 1,340:1 NE – technically not a shortage, however potentially hours/access times• Rate of high-deductible health plans is high in Nebraska overall• Higher percentage of language other than English spoken at home

	<ul style="list-style-type: none"> • Mental Health provider shortage area (310:1 Buffalo, 420:1 NE, 330:1 Top US Performers) • Prescription drug coverage and medication management (many lack coverage, and coverage doesn't go far enough) • Percent of County population without a personal doctor 22.5% (2016), and this percentage has a negative inverse relationship with income, meaning as income declines, fewer have a personal doctor. -2016 Adult Behavior Risk Factor Survey (BRFS) • 10% of the population was unable to see a doctor due to cost in the past 12 months in 2016, which was up from 7.2% in 2010. (BRFS)
Alzheimer's Disease & Dementia	<ul style="list-style-type: none"> • Age adjusted death rate for Alzheimer's disease in Buffalo County is 31 deaths per 100,000 population compared to the State at 29 deaths per 100,000 population • Goal of BCCP Alzheimer's & Dementia Coalition is to increase education and awareness of Alzheimer's and Dementia related diseases across the County, and increase engagement on all levels of community by building partnerships to support those affected by Alzheimer's and Dementia • 83% of Buffalo County adults feel it is important have plans for future healthcare in the form of a living will or advance directive, BUT only 1/2 have reported creating one • 75% of Buffalo County adults feel strongly about talking with family and/or a doctor about plans for future healthcare.
Behavioral Health (includes mental health and substance abuse)	<ul style="list-style-type: none"> • Access to services • Social & emotional connection and resilience of individuals and families is an indicator of good mental health and stability • Poor mental health days in past 30 – 3.0 Buffalo County, 3.2 NE • Excessive drinking 23% in Buffalo County, 21% NE • Drug overdose deaths per 100,000 population (modeled) 6-7.9 Buffalo, 6.4 NE • Youth Juuling/substance abuse • Youth Suicide • VA does not cover Emergency Protective Custody for veterans (RYBHC) • Medicare ruling to cover only 160 lifetime days for BH inpatient care (RYBHC) • Those 75 or older and/or those with a household income of less than \$25,000 reported the highest rates of pain medication use (BRFS) • 62.2% of all 2016 respondents reported using any alcohol in the past 30 days. Alcohol use increases with education and income. The 35-44 year old group reported the highest frequency of past 30-day alcohol use (BRFS) • In 2016, 24.6% Buffalo County respondents reported binge drinking (5 or more drinks for males, 4 for females in one sitting) in the past 30 days. Binge drinking was highest among the 35-44 year old group and/or higher household income group. Binge drinking was reported higher in males compared to females (BRFS)
Weight Status (nutrition, physical activity, obesity)	<ul style="list-style-type: none"> • In 2016, 33.9% of the Adult Behavior Risk Factor Survey sample registered as overweight (BMI 25.0 to 29.9), a slight decrease from 36.3% in 2012(BRFS) • Obesity remains consistent across gender, age, education, and income levels (BRFS) • 29% of adults have BMI of 30 or higher in Buffalo County, 31% for NE • 22% of adults in Buffalo County report no leisure-time physical activity, 23% NE • 12% of population lacks adequate access to healthy foods in Buffalo County, 12% NE • 75.3% of respondents report they participated in physical activities or exercise in the past month outside of regular job activities (BRFS)
Violence	<ul style="list-style-type: none"> • Identified as a priority to continue work by both BCCP and TRPHD processes • Low crime and safe neighborhoods identified by 62% of respondents to the TRPHD Community Health Assessment Survey (2018) as an important factor of a healthy community

Chronic Disease	<ul style="list-style-type: none"> • Just over half (51.2%) of respondents reported being tested for high blood sugar or diabetes within the past three years (BRFS) • Overall, 7.3% of 2016 Buffalo County survey respondents reported being told that they have pre-diabetes or are borderline diabetic (BRFS) • Diabetes monitoring 89% Buffalo, 87% NE – Diabetes management programming is high-cost to participate • Cancer and heart disease are the top two leading causes of death among Buffalo County residents. Chronic lower respiratory disease and stroke are in the top 10 leading causes of death. • Other factors related to chronic disease includes access to care, medication management, disease self-management, and overall Social Determinants of Health (SDOH)
Lifestyle Choices and Personal Accountability	<ul style="list-style-type: none"> • One in ten (11.7%) of respondents reported consuming sweetened fruit drinks on 20 days or more in the past month. Males were twice as likely as females to consume sweetened fruit drinks. The younger respondents also reported much more consumption of sweetened fruit drinks than did older respondents (BRFS) • Almost half (43.3%) of respondents reported eating fruit every day in the past month. (BRFS) • More than a half (56.4%) of respondents reported eating dark green vegetables on 10 days or more in the past month. (BRFS) • Over one-third (36.6%) of respondents reported texting or e-mailing while driving a car in the past 30 days. (BRFS) • In 2016, 14.3% respondents reported that they smoke cigarettes every day or some days. Smoking decreases with age, education, and household income (BRFS)

Resource Inventory

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

Table 4: Resources Identified by Health Need Area

Health Need	Resources
Access to Care	<ul style="list-style-type: none"> • HelpCare Clinic • Richard Young Behavioral Health • Impending Medicaid expansion • WIC • Community Action Partnership of Mid NE • United Way of Kearney Area • Kearney Housing Authority • Agency on Aging* • Goodwill Industries • Region 3 Behavioral health Services • Two Rivers Public Health Dept. goal to increase the number of mental/behavioral health specialty and primary care telehealth encounters in the district by 20%
Ageing Issues	<ul style="list-style-type: none"> • Alzheimer’s & Dementia Coalition (BCCP) • South Central NE Area Agency on Aging (Kearney)
Behavioral Health (Includes: mental health, substance abuse, violence)	<ul style="list-style-type: none"> • Richard Young Behavioral Health • Region 3 Behavioral health Services • Kearney Public Schools (BH Coaches) • UNK • SAFE Center* • CHI Health Partners (UniNet)

	<ul style="list-style-type: none"> • Buffalo County Attorney • ESU 10 • Families Care* • Rooted in Relationships • Second Step • Suicide Prevention • LOSS Team • Rae of Hope • Family Action Network (Social & emotional learning)
<p>Nutrition, Physical Activity & Weigh Status (Includes: Chronic Disease, Lifestyle Choices, and Personal Accountability)</p>	<ul style="list-style-type: none"> • Be Well (BCCP) • Activate Buffalo County • City of Kearney • YMCA • HyVee • Diabetes Referral Network (BCCP) • 4-H and Nebraska Extension

*Home visiting provided to focused population they are serving

Evaluation of FY17-FY19 Community Health Implementation Strategy Plan

The previous Community Health Needs Assessment for CHI Health Good Samaritan and Richard Young Behavioral Health was conducted in 2016. The hospitals' community benefit activities are listed below for the community health priorities identified in 2016. The priority areas in 2016 were:

1. Violence & Injury
2. Behavioral Health
3. Access to Care
4. Obesity (Nutrition, Physical Activity, and Weight Status)

Priority Area # 1: Violence & Injury (Injury-Free Living and Violence Prevention)		
Goal	To increase the preventive outreach, educational efforts and community resources in order to improve mental health, and reduce substance abuse and youth violence.	
Community Indicators	CHNA 2013 <ul style="list-style-type: none"> • 21.5% of students in grades 9-12 reported being electronically bullied in the past 12 months. • 23.2% of students in grades 9-12 reported engaging in a physical fight in the past 12 months. • 21.5% of students reported being bullied on school property in the past 12 months. 	
	CHNA 2016 <ul style="list-style-type: none"> • Unintentional injury (including motor vehicle crash) death rate of 40.7 per 100,000 (age-adjusted). • 17.1% of students in grades 9-12 reported being electronically bullied in the past 12 months. • 19.4% of students in grades 9-12 reported engaging in a physical fight in the past 12 months. • 22% of students reported being bullied on school property in the past 12 months. 	
	CHNA 2019 TBD	
Timeframe	FY 17-19	
Background	Rationale for priority: This has been a top community priority for several years. Injuries and violence affect people of all ages and all socioeconomic groups and range from child abuse to older adult falls. While many may view injuries as inevitable or unavoidable, they are in fact predictable and preventable. This goal aligns with the Buffalo County Community Partners 2020 goals for Injury-Free Living and Violence Prevention.	
	Contributing Factors: Poverty, low social cohesion, youth reporting low belief in moral order and connectedness to school and community.	
	National Alignment: Healthy People target goal is to prevent unintentional injuries and violence, and reduce their consequences.	
1.1 Strategy & Scope: Promote and coordinate the use of Second Step social/emotional learning curriculum in Buffalo County schools and community-based preschools.		
Anticipated Impact	Hospital Role/ Required Resources	Partners

<ul style="list-style-type: none"> • Reduce incidents of youth violence in the forms of electronically bullying among youth. • Reduce incidents of youth violence in the forms of physical fights among youth. • Increase positive interactions among youth. 	<p>CHI Health Good Samaritan/Richard Young Role(s):</p> <ul style="list-style-type: none"> • Coordinate and manage violence prevention grant • Strategic partnership with BCCP and other community partners • Provide Staff support <p>Required Resources:</p> <ul style="list-style-type: none"> • Mission and Ministry Grant funding (\$334,092, 3 years) • City of Kearney and local foundations • Staff time (coordination) 	<ul style="list-style-type: none"> • Buffalo County Community partners (BCCP) • Schools • Buffalo County Youth Advisor Board (BCYAB) • United Against Violence Coalition • Region 3
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Implement and train school staff in Second Step curriculum. • Continue working with Buffalo County Juvenile Justice for a community-wide approach to violence prevention. • Recruit youth leadership organizations and train BCYAB members in youth mentoring program. • Violence coalition will work with BCCP’s Workplace project to identify workplace needs and provide information and training that will assist in policy development. • Launch a community engagement project to increase public awareness. • Launch a community –wide violence prevention public education campaign. • Provide materials to churches, families and community-based organizations to be used to educate their constituents. • Evaluate pre and post-test, social and academic indicators, and youth violence data for schools implementing Second Step curriculum and for students participating tin the youth mentoring program. • Develop a sustainability plan. 	<ul style="list-style-type: none"> • # of organizations trained in Second Step curriculum • # of schools and community based preschools using Second Step curriculum • # of BCYAB members trained, # of BCYAB members serving as mentors % of students in grades 9-12 reported engaging in a physical fight in the past 12 months • % of students in grades 9-12 reported being electronically bullied in the past 12 months • Improvements in the areas of acceptance of verbal derogation, acceptance of social exclusion, and frequency of student skill use • Improvements in the areas of good listening skills, attention, caring, express feelings, communication of needs, able to offer help, sharing, self-regulation of emotion, making friends, problem-solving skills and social/emotional development • Improvements in mentors participating in the Friends program 	<p>Data will be reviewed and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • Buffalo County Youth Risk Behavioral Survey (BCYRBS) (every other year) • Buffalo County Youth Risk and Protective Factor Student Survey (BCPFSS)(every other year) • Second Step pre/post survey (annually) • Mentoring pre/post survey (annually)
Results		

FY17 Key Activities:

- BCCP Partner Board has dissolved the UAV Coalition and work has re-directed to be led through HealthyMINDS and Rooted in Relationships coalitions. Braided funding and alignment with this NE's newly implemented statewide service plan for juveniles to connect health, human services, corrections, probation and behavioral health services to prevent youth from entering system.
 - Established a paid coordinator to serve as .8FTE for CHI Health Violence Prevention Coalition (HealthyMINDS).
 - Those attending the Men in Violence Prevention have formed coalition and working on logic model for Mission & Vision. Focus will be on emphasizing hope for future and no more violence in BC through community involvement.
- Training completed for Kindergarten and first grade teachers in early childhood workforce, and Kearney Public Schools for evidence-based Second Step school curriculum in early childhood sites. Already planning expansion to full elementary levels in FY18.
 - Report for Pre (Fall 2016) and Post (Spring 2017) supplied by Schmeckle Research. Friends Mentoring conducts pre/post on beg/end school year. Big Friends, Parents and Little Friends will complete eval year 2.
- Continuing Juvenile Justice Community Comprehensive Plan, which works to address suicide, bullying & detention through implementing: Mentoring, Social emotional learning, PhotoVoice to prevent suicide, bullying and detention.
- Buffalo County Youth Advisory Board (YAB) determined to focus on substance abuse prevention, school engagement and mental health promotion.
 - Formed committees, working on logic model as well as working with schools for environmental scan of existing school programs that address these focus areas to help inform gaps for possible work.
 - Also formed a suicide prevention coalition.
 - Acquired additional grant funding from Kearney Area Community Foundation to SAFE Center to develop community social awareness campaign for violence prevention.
 - Also connect regularly with Friends Mentoring program director and school programming to ensure all work aligns.
- Picturing Peace project collected pictures from community members on what peace looks like in the community and awarded 12 winners.
- Seven community organizations came together to form a suicide prevention coalition under BCCP umbrella, look at existing data and shape work in this area. Out of a great influx of community involvement in the Suicide prevention coalition, the coalition partnered with UNK to create a Hope and Healing campaign for suicide prevention.
- Launched community-wide educational campaign: "Be More".
 - BCYAB will be active in the HealthyMINDS advisory board. YAB will have a new campaign to address self-care and stress reduction
- Providing evidence-based programming called Rooted in Relationships (RIR), and team has surveyed parents, conducted an ECH System of Care Assessment and narrowed focus for work: all childcare is high quality, social emotional ed from prenatal to age 8, and all Buffalo County children have strong social emotional skills. Press releases being sent to recruit additional stakeholders.

FY17 Measures

- Trained 12 early childhood sites, and KPS trained all K & 1st grade
- 99 classrooms (1800 BC students in ECH, K & 1st Grades) in 2016
- 20 BCYAB members trained
- 20 BCYAB members serving as mentors
- 16% of students in grades 9-12 reported being electronically bullied in the past 12 months (YRBS) – 84% NO electronic bullying.
- IN past 12 months Students in grades 9-12 report being engaged in a physical fight in past 12 months:
 - 82% 0 times

- 10% 1 time
- 6% 2 or 3 times
- 1.4% 4 or 5 times
- 1.1% 6 or more times
- In past 12 months – students 9-12 grade report someone they were dating forced to do sexual things did not want to do:
 - 43% did not date in past 12 months
 - 52% 0 times
 - 2% 1 time
 - 2% 2 or 3 times
 - 0.6% 4 or 5 time
 - 0.6% 6 or more times

FY18 Actions and Impact

- At FY18 end, the use of Second Step curriculum had been adopted District wide in Kearney Public Schools, and 93% of schools were implementing evidence-based social emotional curriculum as a result of this work.
- In addition to achieving this goal, an additional 23 early learning childcares will be implementing social emotional curriculum Rooted in Relationships and Pyramid Model.
- Team worked to coordinate efforts with existing community violence prevention strategies, including Buffalo County Juvenile Justice Comprehensive Plan, in order to implement a consistent community-wide approach to violence prevention.
- Continued to engage Buffalo County Youth Advisory Board to champion the violence prevention initiative in Buffalo County and trained them on youth mentoring.

FY18 Measures:

- Violence prevention efforts supported a 9% decrease in electronic bullying and goal of reducing physical fights by 7% by data collected in 2016 Youth Behavioral Risk Factor Survey. Next youth survey scheduled for fall 2018.
- Friends mentoring program matches include: Kearney Public schools 116, Ravenna 28, Elm Creek 18, Pleasanton 19 matches, and Sumner-Eddyville-Miller 22.
- The Friends Program has served approximately 400 youth since the beginning of the 2017 school year.
- 23 youth from the Buffalo County Youth Advisory Board (BCYAB) were trained in Mental Health First Aid
- 70 youth were reached through a Mental Health Summit “Healthy Body, Healthy Mind” in March 2018, supported by BCYAB.

FY19 Results Pending

1.2 Strategy & Scope: Promote organizational practices and policies that support violence prevention in Buffalo County, NE.

Anticipated Impact	Hospital Role/ Required Resources	Partners

<ul style="list-style-type: none"> • Increase in community behavioral changes around violence prevention. • Increase the number of organizational practices or policies that businesses, schools and organizations implement to support primary violence prevention. 	<p>CHI Health Good Samaritan/Richard Young Behavioral Health Center Role(s):</p> <ul style="list-style-type: none"> • Coordinate and manage violence prevention grant • Strategic partnership with BCCP and other community partners • Provide staff support <p>Required Resources:</p> <ul style="list-style-type: none"> • See 1.1 	<ul style="list-style-type: none"> • Buffalo County Community partners (BCCP) • Schools • Buffalo County Youth Advisor Board (BCYAB) • United Against Violence Coalition • Region 3
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Engage leadership of Buffalo County Businesses, schools and organizations to identify opportunities to promote common organizational practices and policies that promote primary violence prevention. • Provide trauma-informed care trainings to local business. • Convene local human resources representatives to identify current and best practices that promote youth family and workplace resiliency. • Create a structure for tracking organizational practice/policy changes by Buffalo County employers. 	<ul style="list-style-type: none"> • # of violence prevention practices or policy changes. • # of trauma -informed care trainings to business 	<p>Data will be reviewed and reported annually by an internal team using the following data:</p> <ul style="list-style-type: none"> • Program documents
Results		
<p>FY17 Key Activities:</p> <ul style="list-style-type: none"> • Continuing Well Workplace Initiative educating worksites on social/emotional and trauma-informed approaches in work place, and trained all new BCCP staff in Trauma-informed Care 101 • Identified employer top priority to prevent violence in the workplace is employee stress levels. (Identified high need in Kearney Public Schools) HealthyMINDS Coalition hiring two part-time mental health coaches for two KP schools. • BCCP's utilized Well Workplace Survey and will discuss policies as a result of survey in Fy18. • Aligning with Region 3 to champion non-violence policies. • SAFE Center (a community-based site to provide support to families and individuals affected by domestic and sexual violence) is also adopting non-violence policies and exploration of how these could be adapted elsewhere taking place in VP Coalition. 		

FY17 Measures:

- 12 reps from 7 orgs trained & provided resources in Second Step (reps from churches and early childhood programs)
- 14 childcare providers trained and implementing Pyramid model for social-emotional learning.

FY18 Actions and Impact

- Work of this coalition has merged with work reported below around behavioral health. The Healthy Minds coalition now encompasses both behavioral health and violence prevention efforts for Buffalo County.
- Much of the work centered on promoting the awareness of the effects of trauma someone’s behavior
- The expansion of social & emotional learning to early childhood was a major focus for FY18 and will be reported below under Behavioral Health need strategies.

Fy18 Measures

- 100 people attended a Community Gathering event co-hosted by Buffalo County Community Partners (supported by Grant/CHI Health Good Samaritan funding) and First United Methodist Church

FY19 Results Pending

1.3 Strategy & Scope: Provide bike safety education and outreach to grade school children through the Trauma Outreach Department and Safe Kids Platte Valley Program.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Increase in the number of youth who use the proper bike safety. • Bike helmets for those who would not otherwise have the means to purchase them. 	<p>CHI Health Good Samaritan Role(s):</p> <ul style="list-style-type: none"> • Funder • Community Partner <p>Required Resources:</p> <ul style="list-style-type: none"> • Staff time- Trauma Outreach/Safe kids Platte Valley Coordinator (.25 PTE) • Funding • Educational supplies (bike helmets) 	<ul style="list-style-type: none"> • Safe Kids Nebraska • Safe Kids Platte Valley • Kearney Public School
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Provide interactive bike safety exhibit to Kearney public schools. 	<ul style="list-style-type: none"> • % Increase in knowledge in bike safety among Kearney students • % increase in schools/parents who encourage their children to bike to school 	<p>Data will be reviewed and reported annually by an</p>

<ul style="list-style-type: none"> • Provide free bike helmets for those who would not otherwise have the means to purchase them. • Provide safe bike to school program in schools 	<ul style="list-style-type: none"> • % children who want to bike to school • # of schools reached for bike safety exhibit • # of children served with bike helmet safety education • # of helmets distributed • # of schools reached for safe walks to schools program • # of children served for safe bike to schools program 	<p>internal team using the following data:</p> <ul style="list-style-type: none"> • Program documentation • Bike safety Pre/post survey • Safe bike to schools Pre/post survey
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Results

FY17 Key Activities:

- Staff Capacity has changed since writing of this plan, and has affected both reach and capacity to expand evaluation of this program.
- CHI Health Good Samaritan is working to sustain some level of this work, and exploring how it might connect with community partners to align and co-own this work to ensure child safety education and prevention does not end.

FY17 Measures:

- 717 children reached through bike safety events
- 189 helmets distributed through events
- Participated in 5 community events to establish this reach

FY18 Actions and Impact

- CHI Health Good Samaritan continues to provide this service to primary service area (Buffalo County).

Fy18 Measures:

- 646 children reached through bike safety events
- 265 helmets distributed through events

FY19 Results Pending

1.4 Strategy & Scope: Increase reach of child passenger safety seat checks with the Trauma Outreach Department and Safe Kids Platte Valley Program.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Increase the number of children who are properly secured in safety seats. • Increased use of car seats 	<p>CHI Health Good Samaritan Role(s):</p> <ul style="list-style-type: none"> • Funding • Staff time- Trauma Outreach/Safe kids Platte Valley Coordinator (.25 PTE) <p>Required Resources:</p> <ul style="list-style-type: none"> • Supplies (car seat and booster seats) • Community partnerships 	<ul style="list-style-type: none"> • Auto Outlet dealers • Dundy County Hospital • Gothenburg Memorial Hospital • Kearney Public Library • Franklin County Memorial Hospital • Gothenburg Memorial Hospital • Safe Kids Nebraska • Safe Kids Worldwide
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Provide hospital postnatal car seat educational consultations, and car seat Inspection appointments • Provide a monthly inspection station in Kearney, NE. • Provide a quarterly Buckle-up event in Lexington, NE. • Provide a quarterly inspection station in McCook, NE. • Provide a Buckle-Up event in Ord, Imperial, Benkelman and Gothenburg. • Develop pre/post survey. 	<ul style="list-style-type: none"> • % of participants who increase knowledge of proper car seat installation. • # of child safety seat inspections • # of consultations • # of community events scheduled 	<p>Data will be reviewed and reported every 6 months by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • Pre/post test • Program documentation

Results

FY17 Key Activities

- Staff Capacity has changed since writing of this plan, and has affected both reach and capacity to expand evaluation of this program.
- CHI Health Good Samaritan is working to sustain some level of this work, and exploring how it might connect with community partners to align and co-own this work to ensure child safety education and prevention does not end.

FY17 Measures:

- 20 community-based car seat inspection events
- 309 inspections (both from events, and individual appointments)

FY18 Actions and Impact

- CHI Health Good Samaritan continues to provide this service to primary service area (Buffalo County).

Fy18 Measures:

- 12 car seat inspections events (community-based events, and hospital site events)
- 21 seats distributed
- 128 inspections (both from events and individual appointments)

FY19 Results Pending

Priority Area # 2: Behavioral Health

Goal	To increase the preventive outreach, educational efforts and resources that support the resiliency of community members who experience mental health and substance use issues.	
Community Indicators	CHNA 2013	
	<ul style="list-style-type: none"> • 13.1% of youth seriously considered attempting suicide in the past 12 months. • The suicide death rate was 19.4 per 100,000 population (age-adjusted). 	
	CHNA 2016	
	<ul style="list-style-type: none"> • 14.7% of youth seriously considered attempting suicide in the past 12 months. • The suicide death rate was 10.0 per 100,000 population (age-adjusted). 	
	CHNA 2019	
Timeframe	FY17-19	
Background	Rationale for priority: Behavioral health is consistently identified as a top health priority for the community. The suicide death rate has increased over time, access to behavioral health services and the cost of mental health services are reported barriers to accessing care for people with mental health problems in the community. This aligns with Buffalo County Community Partners 2020 goal of Injury-Free Living.	
	Contributing Factors: Cost, fragmentation of services, lack of availability of services, societal stigma toward mental illness.	
	National Alignment: Healthy People 2020 Goal is to Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.	
2.1 Strategy & Scope: Develop a behavioral health (BH) community coalition through Buffalo County Community Partners (BCCP).		
Anticipated Impact	Hospital Role/ Required Resources	Partners

<ul style="list-style-type: none"> Reduction in ED visits to CHI Health Good Samaritan and Richard Youth Behavioral Health Center. Improvement in Child-Well Being indicators and other available population indicators. 	<p>CHI Health System (Behavioral Health Service Line)* Role(s):</p> <ul style="list-style-type: none"> Funding Grant management System leadership <p>CHI Health Good Samaritan/Richard Youth Behavioral Health Center Role(s):</p> <ul style="list-style-type: none"> Local Sponsor Fiscal agent Work closely with BCCP for grant management responsibility and oversight. Provide staff support <p>Required Resources:</p> <ul style="list-style-type: none"> CHI Mission and Mistry Grant Funding Other braided funding through Region 3 and other potential resources (e.g., MCO's) Buffalo County Community Partners-Backbone Organization Staff time 	<ul style="list-style-type: none"> CHI Mission and Ministry CHI Health Healthier Communities Buffalo County Community Partners (BCCP) Region 3 Behavioral Services CHI Health Good Samaritan Community Collaborative Partners
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Establish a behavioral health coalition that meets regularly through BCCP to implement the BH improvement plan. Community coalition continues to meet regularly. Begin developing a sustainability plan for post grant. Finalize sustainability plan and prepare to implement. 	<ul style="list-style-type: none"> Reduction in ED visits to CHI Health Good Samaritan and Richard Youth Behavioral Health Center. Improvement in Child-Well Being indicators and other available population indicators. # of coalition meetings # of coalition members 	<p>Data will be reviewed and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> Coalition minutes Hospital data – Every 6 months Nebraska Children CWB indicators
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> Coalition formed – logic model developed and currently selecting data points for long, intermediate, and short-term outcomes. All work funded (through braided funding) and tracked in the community-changes model <p>FY17 Measures:</p> <ul style="list-style-type: none"> Coalition held 6 meetings and average of 7 attending each meeting Coalition effectiveness as measured by surveying Coalition members on implementation of collective impact model: <ul style="list-style-type: none"> 75% response rate – (12 of 16 members) rated coalition very effective across all C.I. domains 100% report use of common agenda 98% report shared measures being used 		

- 90 % report mutually reinforcing activities
- 98% report continuous communication
- 96% report existence of backbone organization

FY18 Actions and Impact

- Coalition work continued in FY18.

FY18 Measures:

- Coalition held 10 meetings and average of 6 attending each meeting
- Coalition effectiveness as measured by surveying Coalition members on implementation of collective impact model
 - 87.5% of coalition members report use of common agenda
 - 100% report shared measures being used
 - 87.5% report mutually reinforcing activities
 - 83.3% report continuous communication
 - 85% report existence of backbone organization

FY19 Results Pending

2.2 Strategy & Scope: Support schools in their efforts to increase the knowledge and awareness of behavioral health issues with students

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Increased teacher/staff knowledge of behavioral health signs and symptom and awareness of community resources. Increase access to services. 	<p>CHI Health System (Behavioral Health Service Line)*Role(s):</p> <ul style="list-style-type: none"> Funding Grant management System leadership <p>CHI Health Good Samaritan/Richard Young Behavioral Health Center Role(s):</p> <ul style="list-style-type: none"> Local Sponsor Fiscal Agent Working closely with BCCP for grant management responsibility and oversight. Provide staff time <p>Required Resources:</p> <ul style="list-style-type: none"> CHI Mission and Mistry Grant Funding Other braided funding through Region 3 and other potential resources such as MCO's Buffalo County Community Partners-Backbone Organization Staff time 	<ul style="list-style-type: none"> CHI Mission and Ministry CHI Health Healthier Communities Buffalo County Community Partners (BCCP) Region 3 Behavioral Services CHI Health Good Samaritan Community Collaborative Partners
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Conduct an educational BH needs assessment with administrators, educators and staff of pre-K through college. Provide introductory BH education, training, and BH resources awareness to educational staff by local behavioral health experts and professionals. Provide comprehensive BH training to educators and staff that includes the Pyramid Model for early elementary teachers. Provide BH consultation to teachers to discuss BH cases and connect to resources. Continue strategies from years 1 and 2. 	<ul style="list-style-type: none"> Increased teacher/staff knowledge of behavioral health signs and symptom and awareness of community resources # of behavioral health trainings for teachers and educational staff # of teachers/staff attending BH training # of hours of BH consultation provided to schools 	<p>Data will be reviewed and reported by an internal team using the following data sources:</p> <ul style="list-style-type: none"> Post-training evaluations

Results

FY17 Key Activities:

- Two school BH Coaches being piloted in two Kearney Public elementary schools to provide teachers tools to support children with behavior issues.
- NE Children & Families Foundation as well as Buffalo County planned & implemented Pyramid Model in home-based & community-based child care centers with support from grant funding.
- Suicide prevention work has been prioritized and Suicide Prevention Resource Center providing Effective Messaging Training to Kearney Public Schools, community partners, and Region 3.

FY17 Measures: Measures to be reported in Year 2 of grant activities (FY18)**FY18 Actions and Impact**

- Completed a behavioral health needs assessment with administrators, educators, and staff for Pre-K through College youth.
- Provided introductory behavioral health education training and behavioral health resource awareness to educational staff
- Provided and will continue to provide comprehensive behavioral health training to educators and staff that includes the Pyramid Model for early elementary teachers
- Provided and will continue to provide behavioral health consultation to teachers to discuss cases and connect to resources
- Developed a sustainability plan for this work to continue post-grant (FY20).
- Behavioral Health Coaches staffed at Emerson and Kenwood Elementary Schools to develop techniques to encourage positive behaviors in classrooms by modeling and assisting teachers with problem behaviors.

FY18 Measures

- Two behavioral health coaches (school-based) trained on Rage to Reason
- Emerson: 12 classrooms; 135 teachers; and 28 students served directly by school-based behavioral health coaches
- Kenwood: 18 classrooms; 80 teachers; and 13 students served directly by school-based behavioral health coaches
- 2,685 students and 250 parents received information on Cyberbullying
- 600 teachers participated in a mental health in-service, behavioral strategies in-service partially supported by the Behavioral health Coalition
- 14 trained in Youth Mental Health First Aid
- 21 Teachers trained on Pyramid Observation Tool
- 19 trained on the Pyramid Model

FY19 Results Pending

2.3 Strategy & Scope: Increase mental health crisis stabilization capacity for youth and adults.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Increased access to BH crisis prevention services. Reduction in Emergency visits to CHI Health Good Samaritan and Richard Young. 	<p>CHI Health System (Behavioral Health Service Line)*Role(s):</p> <ul style="list-style-type: none"> Funding Grant management System leadership <p>CHI Health Good Samaritan/Richard Young Behavioral Health Center Role(s):</p> <ul style="list-style-type: none"> Local Sponsor Fiscal Agent Working closely with BCCP for grant management responsibility and oversight. Provide staff time <p>Required Resources:</p> <ul style="list-style-type: none"> CHI Mission and Mistry Grant Funding Other braided funding through Region 3 and other potential resources such as MCO's Buffalo County Community Partners-Backbone Organization Staff time 	<ul style="list-style-type: none"> CHI Mission and Ministry CHI Health Healthier Communities Buffalo County Community Partners (BCCP) Region 3 Behavioral Services CHI Health Good Samaritan Community Collaborative Partners
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Develop a crisis stabilization plan that may include a 23:59 observation unit in physical location, a crisis line, peer support, crisis therapy and other identified current services and resources to support increased crisis capacity. Begin implementation of the crisis stabilization plan as developed in year 1. Continue strategies from year 1 and 2. Implement next steps from planning processes. 	<ul style="list-style-type: none"> Increased access to BH crisis prevention services. Reduction in Emergency visits to CHI Health Good Samaritan and Richard Young. # of patients receiving crisis stabilization services. 	<p>Data will be reviewed every 6 months and reported by an internal team using the following data sources:</p> <ul style="list-style-type: none"> Community services provider survey Hospital data
Results		
FY17 Key Activities		

- Research was conducted on needs and options for crisis stabilization site and found that RYBHC does not meet structural requirements.
- Region 3 began a system of care crisis response plan and leadership council for this has multiple Healthy MINDS Coalition members & grant coordinator taking part. S
- South Central Behavioral Services identified as crisis response provider for Buffalo County
- Work to formalize plan and implement in year 2 (FY18)

Measures: Measures to be established and reported in Year 2.

FY18 Actions and Impact

- Work to create a crisis stabilization plan continues slowly. Plans to engage new stakeholders in year three (FY19), but little progress was made on this objective in FY18, and there are no measures to report.

FY18 Measures: No measures to report.

FY19 Results Pending

Priority Area # 3: Access to Care (Eliminate Health Disparities)

Goal	Improve access and reduce barriers to healthcare for uninsured and underinsured populations in Buffalo County, NE and surrounding areas.	
Community Indicators	CHNA 2013	
	<ul style="list-style-type: none"> • 82.9% of adults and children have health insurance. • 20% of adults in Buffalo County reported that they do not have a personal doctor or health care provider. • 21.1% of adults (18 and over) without a personal doctor or health care provider. • 7.2% of adults (18 and over) unable to see a doctor due to cost in the past 12 months. 	
	CHNA 2016	
	<ul style="list-style-type: none"> • 87.5% of adults and children have health insurance. • 21.1% of adults in Buffalo County reported that they do not have a personal doctor or health care provider. • 20.0% of Adults (18 and over) without a personal doctor or health care provider. • 11.4% of adults (18 and over) unable to see a doctor due to cost in the past 12 months. 	
	CHNA 2019	
Timeframe	FY17-19	
Background	Rationale for priority: Access to care has been part of our community partners focus for the 2020 Vision. 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 aligns with Buffalo County Community Partners 2020 Goal: Eliminate Health Disparities	
	Contributing Factors: Transportation, knowledge, income, Language barrier and lack of Medicaid expansion	
	National Alignment: Health People Target is to Improve access to comprehensive, quality health care services.	
3.1 Strategy & Scope: Support the HelpCare Clinic in providing free primary health care services for the uninsured of Buffalo and Kearney counties.		
Anticipated Impact	Hospital Role/ Required Resources	Partners

<ul style="list-style-type: none"> • Improvement in A1C readings among patients. • Improvement in annual cholesterol readings among patients. • Improvement in annual blood pressure readings among patients. • Improvement in annual smoking cessation cases. • Improvement in flu vaccinations. 	<p>CHI Health Good Samaritan Role(s):</p> <ul style="list-style-type: none"> • Financial support • Strategic Partnership • Admin. Support and space <p>Required Resources:</p> <ul style="list-style-type: none"> • Mission and Ministry funding (\$250,536 for 3 years) • CHI Health Good Samaritan funding • Staff support: 1/RN, 1/PRN & 1/Community Health Workers (CHW) • Hospital use of lab and radiology • Space 	<ul style="list-style-type: none"> • Buffalo County Community Partners • HelpCare Clinic Board
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Hire additional staffing for the HelpCare Clinic; part-time RN and full-time Community Health Worker (CHW). • Help expand reach of individuals in need by making appointment times during early mornings, days and evenings. • Develop tracking system to HelpCare patients and implement electronic medical records and care management tracking software. • Provide clinical services to clinic patients. Year 1, provide 1,000 patient visit; Year 2, provide 1,500 patient visits; Year 3, provide 2,000 patient visits. • Provide follow up services to clinic patients through Community Health Worker. Year 1 CHW will track and improve patient health for at least 100 patients, Year 2 CHW will track and improve patient health for at least 150 patients and Year 3, CHW will track and improve patient health for at least 200 patients. • Establish patient health indicators for project. 	<ul style="list-style-type: none"> • 15% reduction in missed visits • 30% improvement in annual A1C readings among patients • 30% improvement in annual cholesterol readings among patients • 20% improvement in annual blood pressure readings among patients • 20% improvement in annual smoking cessation cases • reduction in unnecessary ER visits • At least 100 annual flu vaccinations. • At least 90% of patients will show improvement in knowledge about their management of their chronic disease, ailment or injury. • At least 90% of patients will respond positively in a survey about satisfaction with their assistance from the Community Health Worker. • # of individuals served 	<p>Data will be reviewed and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • Electronic medical records • Pre/post survey • Satisfaction survey • Hospital data
Results		
<p>FY17 Key Activities:</p> <ul style="list-style-type: none"> • Continue to provide free primary health care services for the uninsured of Buffalo and Kearney counties, as well as established a process and tracking for follow-up of these patients. 		

- Hired additional staffing for the HelpCare Clinic; part-time RN and full-time Community Health Worker (CHW).
- Expanded reach of individuals in need by making appointment times during early mornings, days and evenings.
- Developed a tracking system for HelpCare patients, and implemented electronic medical records and care mgmnt tracking software.
- HelpCare partnered with Walgreens & Community Action Partnership of Mid-NE to host flu immunization clinic for children & adults – hosted 2 clinics w/83 immunizations given to uninsured, 25 vouchers for free immunizations at Walgreens given thru HelpCare.

FY17 Measures

- 2,362 yr 2 total – (1,684 included labs/meds, 82% qualify as ELI or Low-Income based on FPL)
- 11.3% of all cases miss appointments- goal was set for below 15%
- 40.5% of pts with more than one pt visit & two values taken show improved A1c after initial test.
- 55.6% of pts w/more than 1 test in reporting period (FY17) show improved cholesterol readings (19.2 exhibited no change)
- 44% of patients diagnosed with primary hypertension and had 2 visits showed improved Sys/Dias values through BP management education
- 10% decrease in unnecessary ER visits - 13,725 total visits in FY17 (951 less than prev.yr & 6% decrease in unnecessary ED visits from prev. year)
- 100% of individuals surveyed report an increase in understanding of their condition and important ways to manage health daily

FY18 Actions and Impact

- Grant funding continued to provide free primary health care services for the uninsured of Buffalo and Kearney counties, as well as established a process and tracking for follow-up of these patients.
- FY18 was final year of grant, and clinic hired a new Executive Director to oversee long-term sustainability.

FY18 Measures:

- 1,453 Patient visits in FY18
- 649 of 1,453 included labs or medication orders
- Average of 80% of total patients served during FY18 qualified as extremely low-income and remaining 20% qualified as low-income.
- 102 patients served by Community Health Worker, generating referrals for self-management and social needs resources.

FY19 Results Pending

Priority Area # 4: Nutrition, Physical Activity, & Weight Status (Healthy Eating & Active Lifestyle)

Goal	Improve weight status, healthy eating, and physical activity through education, environment change and promotion of a coordinated system of care.
Community Indicators	<p>CHNA 2013</p> <ul style="list-style-type: none"> • 23% of adults (18 and over) report no leisure-time physical activity in the past 30 days; • 62% of adults do not get recommended fruits and vegetables; • 60.3% of adults (18 and older) with BMI above 25; • 44.8% of youth watch more than 1 hour of T.V. daily; • 30.0% of youth ate fruits daily; • 30.3% of youth who describe themselves as slightly or very overweight; • 7.6% of individuals have been told they have diabetes. <p>CHNA 2016</p> <ul style="list-style-type: none"> • 21.7% of adults (18 and over) report no leisure-time physical activity in the past 30 days; • 19% of adults do not get recommended fruits and vegetables; • 67.1% of adults (18 and older) greater than 25 BMI; • 34.0% of youth watch more than 1 hour of T.V. daily; • 30.2% of youth ate fruits daily; • 29.3% of youth who describe themselves as slightly or very overweight; • 6.1% of individuals have ever been told that they have pre-diabetes or are borderline diabetic. <p>CHNA 2019</p>
Timeframe	FY17-19
Background	<p>Rationale for priority: Obesity is a community partner focus for the Buffalo County 2020 Vision. Adult obesity levels remain high in Buffalo County but there appears to be progress in childhood overweight. In addition, disparities exist across income levels and race. Good Samaritan continues to prioritize this area in order to build on momentum, and sustain efforts. The community also has expertise, resources, and partnerships to leverage this work. This is aligned with Buffalo County Community Partners 2020 Target goals: Health Eating & Active Lifestyle.</p> <p>Contributing Factors: Fruit and vegetable consumption, physical activity, access to healthy foods, socio-economic status.</p> <p>National Alignment: Healthy People 2020 goal is to promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.</p>

4.1 Strategy & Scope: Support development of Be Well Buffalo County coalition to provide support in creating wellness in worksites and schools.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Improve access and availability to physical activity • Improve access and availability to healthy fruit and vegetables. • Increases employee access to programs and policies that promote wellness. • Build community environments that promote wellness. 	<p>CHI Health Good Samaritan Role(s):</p> <ul style="list-style-type: none"> • Strategic Partnership • Admin. Support • Partial Funder <p>Required Resources:</p> <ul style="list-style-type: none"> • CHI Health Healthier Communities funding • CHI Health Good Samaritan funding • Part-time coordinator (.25) 	<ul style="list-style-type: none"> • Buffalo County Community Partners (BBCP) • University of Nebraska at Kearney (UNK) • Kearney area Chamber of Commerce • City of Kearney-City Parks and Recreation • Kearney Public Schools • Buffalo County Extension • Buffalo County Health Ministry Network • Two Rivers Public Health Department • Hy Vee, UniNet and Kearney Clinic
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Hire part-time coordinator to implement Be Well Buffalo County strategy. • Work with schools to improve access and availability to physical activity and healthy fruits and vegetables. • Recruit businesses to increase employee access to programs and policies that promote wellness. • Work with stakeholders to build environments that promote wellness. • Promote engagement by accessing parks, trails, community wellness events, and family time. • Facilitate data collection. 	<ul style="list-style-type: none"> • 1% increase in the percentage of adults who report general health as good to excellent • 1% increase of adults in Buffalo County who self-report a BMI (Body Mass Index) of 18-24 • 3.2% increase in the percentage of youth that report strong family engagement • 3% increase the percentage of adults and youth reporting consumption of fruits and vegetables • 3% decrease of adults and youth who report minimum physical activity 	<p>Data will be reviewed and reported every 6 months by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • CHNA • Biometric screening data • Program documentation

Results

FY17 Key Activities:

- Coordinator hired and on-board
- Logic model nearly completed to: define local conditions, connect data to problem statement, identify root causes, identify and deliver activities which connecting to problem
- Work will focus around general wellness (healthy eating, active living, family and community engagement) which aligns with work of other local coalitions

FY17 Measures

- 87.5% of adults report general health as good to excellent
- 34.3% of adults self-report a BMI of 18-24
- 91% of 8th, 90% of 10th, 88% of 12th graders report “agree” or “strongly agree” to “receive love and support from family”
- 39.1% of adults and youth report consumption of fruits and vegetables
- 21.7% adults and youth report minimum physical activity

FY18 Actions and Impact

- Continued financial support of Be Well coalition which includes stakeholders from: Kearney Public Schools, University of Nebraska Kearney, UniNet, Buffalo County Extension/ SNAP Education, South Central Area Agency on Aging, Royal Neighbors, Community Action Partnership of Mid-Nebraska, Cash-Wa Distributing, Two Rivers Public Health Department, City of Kearney, Region 3 Behavioral Health Services, and City of Kearney.
- Work of the coalition focused on the following:
 - Promoting farmers markets, as well as increasing capacity of farmers market vendors to accept SNAP, senior vouchers, and other forms of payment from means-tested programming
 - Be Well provided the Kearney Area Farmers Market with printed SNAP- ED fliers to provide customers with their purchase which included nutrition information and recipes for fresh produce.
 - Engaged with local planning officials to advocate for active living design policies and preferences, and promoted Worksite Wellness Policy Toolkit to Walk Out On Your Job businesses
 - Promote screening, healthy food choice options, and policies promoting physical activity by local employers.
 - Support the integration of healthy choices in vending machines, school and sporting concession stands in Buffalo County
 - Shared the USDA Smart Snack guidelines for healthy choices in three Buffalo County concession stands
 - Focusing on messaging through the distribution of a regular newsletter to community members.
 - Buffalo County Food Pantries have been contacted and Be Well has gathered donation procedures, donation pick-up time and location, sources of fresh produce and needs/barriers they face.
 - All Buffalo County grocers were surveyed to gather information on their donation policies and schedules for local pantries and what fresh produce they are able to donate.

FY18 Measures:

- Average of 8 members representing various stakeholders attending monthly meetings.
- Be Well had 6 NTV The Good Life segments to promote Farmers Market, Local Vendors, and the Senior Farmers Market Nutrition Program
- 3 Buffalo County Schools have received the USDA Smart Snack guidelines

FY19 Results Pending

4.2 Strategy & Scope: Develop a coordinated system of care for community members with Pre-Diabetes or Diabetes.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Increase knowledge of local resources for pre-diabetes or diabetes. • Increase community members' knowledge of diabetes and diabetes self-management. • Increase screening rates for prediabetes/diabetes. • Increase tools and supports for primary care providers and staff to better serve patients with pre-diabetes or diabetes. 	<p>CHI Health Good Samaritan Role(s):</p> <ul style="list-style-type: none"> • Funder (website, marketing) • Provide staff <p>Required Resources:</p> <ul style="list-style-type: none"> • Funding (website, marketing) • Staff time- health fair screenings • Partnerships and collaborations 	<ul style="list-style-type: none"> • Buffalo County Community Partners (BCCP) • City of Kearney-Parks and Recreation • Two Rivers Public Health Department • UniNet - Kearney • DHHS • Kearney Clinics • Kearney Regional Medical • Family Practice Associates • Platte Valley Medical Group • HelpCare Clinic • Critical Access Hospitals • Workplaces (Occupational nurses)
Key Activities	Measures	Data Sources/Evaluation Plan

<ul style="list-style-type: none"> • Provide organizations opportunities within the community for their clients/patients to support diabetes self-management. • Continue efforts of diabetes referral network coalition • Diabetes referral network coalition will meet on a regular basis and utilized telehealth for those outside of Kearney area. • Develop a plan to sustain the coordinated system of care and increase referrals. • Educate providers/nurses and develop a resource website where local resources can be accessed. • Pilot academic detailing plan as a targeted approach to reach primary care providers and staff in one to two clinics in order to integrate DSME/DPP referrals into the coordinated care system at each clinic. • Provide training in motivational interviewing for lifestyle coaches, diabetes educators and others to strengthen skills • Utilize targeted marketing/social media approaches to increase awareness of prediabetes/ diabetes • Host annual Diabetes Information and Referral Fair during Diabetes Awareness Month for all community members as a “one-stop shop” to be screened for prediabetes/ diabetes in order to initiate referrals to local resources. • Develop a sustainability plan. 	<ul style="list-style-type: none"> • Increase community members’ knowledge of diabetes and diabetes self-management • # of local resources for individuals with prediabetes and diabetes • # of clinics utilizing academic detailing to integrate DSME/DPP referrals into the coordinated care system at each clinic • # of clinics adopting policies/practices to refer patients with prediabetes/diabetes • # of providers with clinic information of how to manage/refer patients with diabetes/prediabetes • # of providers/nurse referrals to community resources. Specifically, # of community members referred to DPP or Living Well • # of people trained in motivational interviewing for lifestyle coaches • # of community members attending diabetes health fair event • # of community members who followed through with primary care provider after referral • # of community members who utilized a resource 	<p>Data will be reviewed annually and reported annually by an internal team using the following data sources:</p> <ul style="list-style-type: none"> • Diabetes Referral Network committee • Two Rivers Public Health Department (TRPHD) and clinic-specific data for clinics not in TRPHD pilot. • Post evaluations from attendees • Post evaluations from the exhibitors.
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Results

FY17 Key Activities:

- Piloting evidence-based Academic Detailing to inform and engage providers in their clinics to make patient referrals to the evidence-based Diabetes Prevention Program (DPP)
- Trained DPP lifestyle coaches in motivational interviewing
- Hosting lunch and learns and attending community-based events to promote diabetes resources available in the area
- Created a promotional video with 1 physician which has had 16 youtube views and 1,689 views on Facebook.

FY17 Measures:

- 35 resources listed on website

- 9 individuals trained in motivational interviewing for the Diabetes Lifestyle Coaches as part of DPP
 - Participants rated training as 4.85 on 5pt scale.
- 123 attended annual Diabetes Information & Referral Fair
 - 71% made a lifestyle change
 - 75% felt more confident in their knowledge of diabetes
 - 88% felt more motivated to control their diabetes/pre-diabetes
- Data on academic detailing available FY18

FY18 Actions and Impact

- Continuing evidence-based Academic Detailing to inform and engage providers in their clinics to make patient referrals to the evidence-based Diabetes Prevention Program (DPP) – provided academic detailing to four physicians in FY18 – three volunteer physicians at HelpCare (free clinic in Kearney) and one Click Family Healthcare clinic.
- Hosted three Diabetes On-site screening fairs at: Eaton Corporation, Buffalo County Board of Commissioners, and Bethany Lutheran Church in Minden.

FY18 Measures:

- 169 total screened, 25 with elevated A1C results.
- 69% of participants reported that they did learn about a resource that they will/could use in the near future
- When asked, 100% of participants verbally said that “yes” they did understand where their A1C reading corresponded on the A1C meter.

FY19 Results Pending

Dissemination Plan

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

Approval

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

Appendices

Appendix A: Mental Health Status Survey (BCCP) 2018

Buffalo County Community Partners, in cooperation with University of Nebraska at Kearney, collected primary data and conducted a community survey to assess self-reported mental health status in the Buffalo County area.

Appendix B: Good Samaritan & Richard Young Community Board Presentation 1/9/19

CHI Health Healthier Communities team members conducted a data review and presentation for the hospitals' community board, and led a discussion to identify and prioritize top health needs from the data and taking into consideration both the Two Rivers Public Health CHNA process and the Buffalo County Community Partners CHNA process. Presentation and the handout provided may be found in the following appendices.

2018 MENTAL HEALTH ADULT STATUS QUESTIONNAIRE



PROJECT OVERVIEW

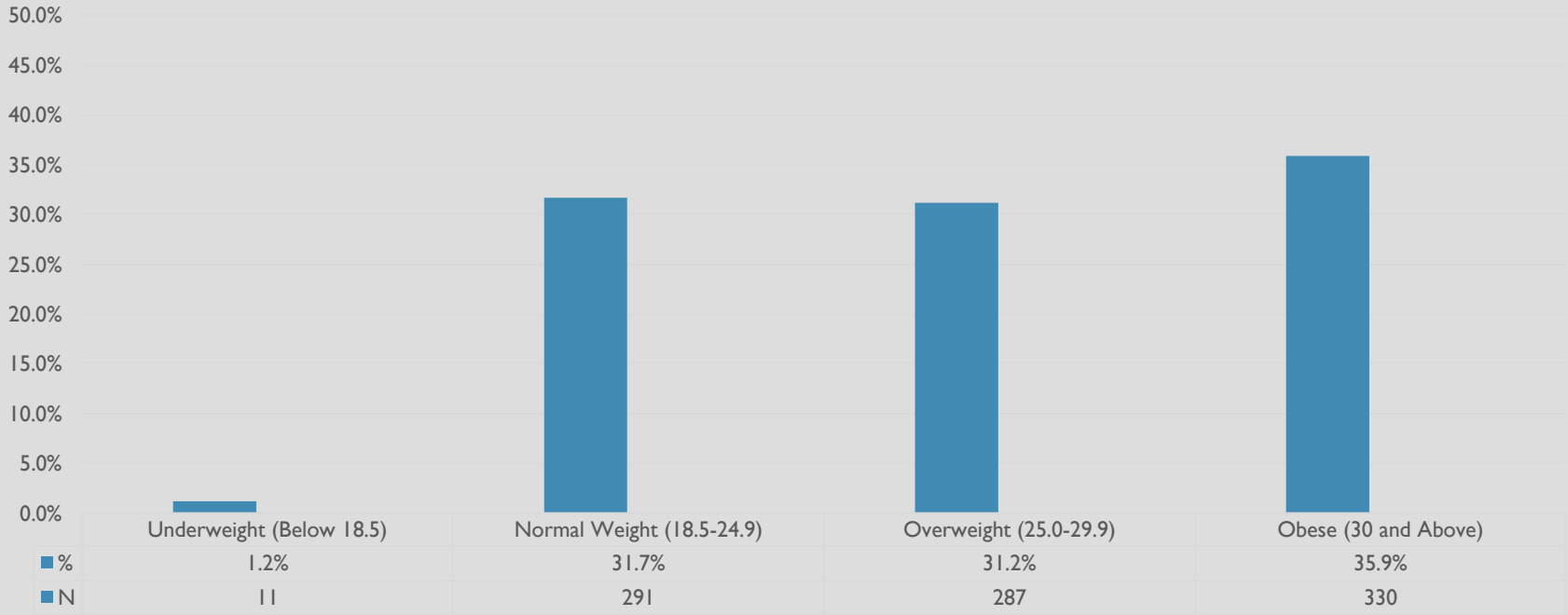
- Survey administered through SurveyMonkey, with links to English and Spanish versions housed on BCCP website
- Data collected January 18 - April 30, 2018
- Promoted through news, social media, word of mouth and on-site recruitment at community events
- 996 valid responses

EXECUTIVE SUMMARY

- Residents of Buffalo County generally enjoy good mental health
 - Where depression and stress are concerns, they affect younger and lower-income segments of the population most heavily
- Drug abuse is minimal and concentrated among low-income groups
- Three-fourths of respondents have never used tobacco or vaping products
 - Daily tobacco use is heavier among females, racial minorities, and low-income groups
- Alcohol use crosses all demographic groups, with heaviest use among 19-44 age groups
- Among safe driving habits, texting and driving is far too frequent
- 1 in 5 respondents provides regular care for a friend or relative, typically less than 8 hours per week

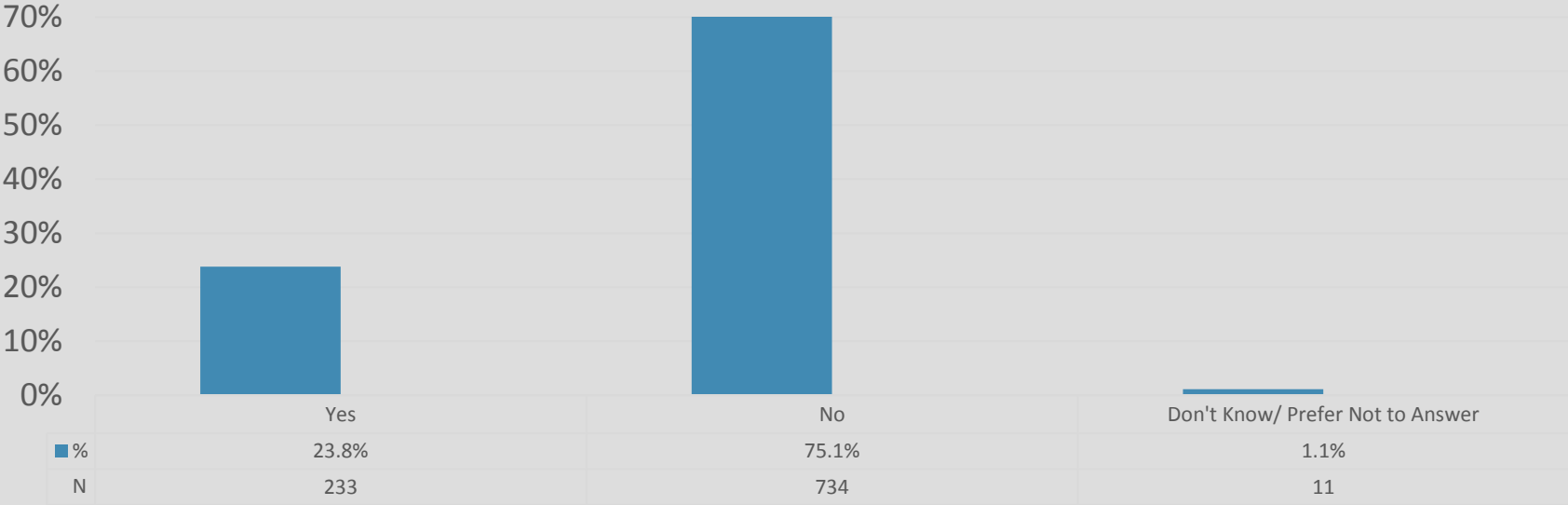
GENERAL HEALTH MODULE

Body Mass Index. All Respondents



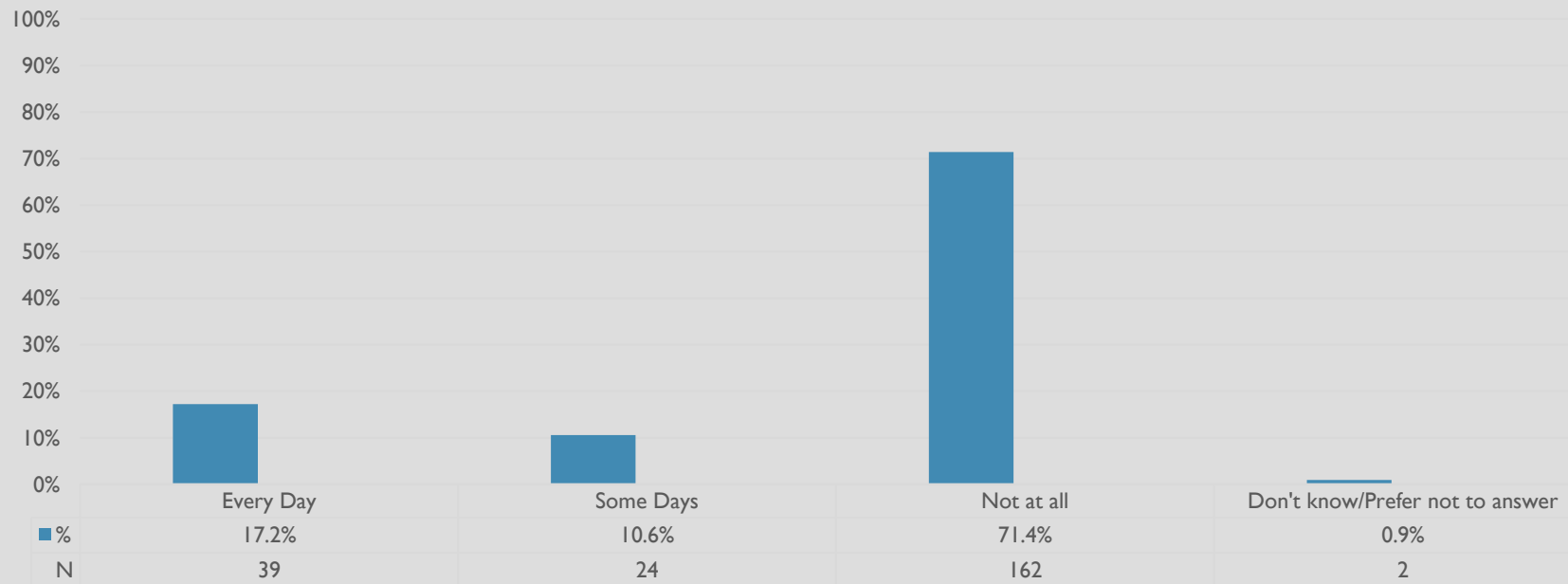
MENTAL HEALTH MODULE

Has A Doctor, Nurse, or Other Health Professional Ever Told You That You Have a Depressive Disorder, Including Major Depression, Dysthymia, or Minor Depression? All Respondents



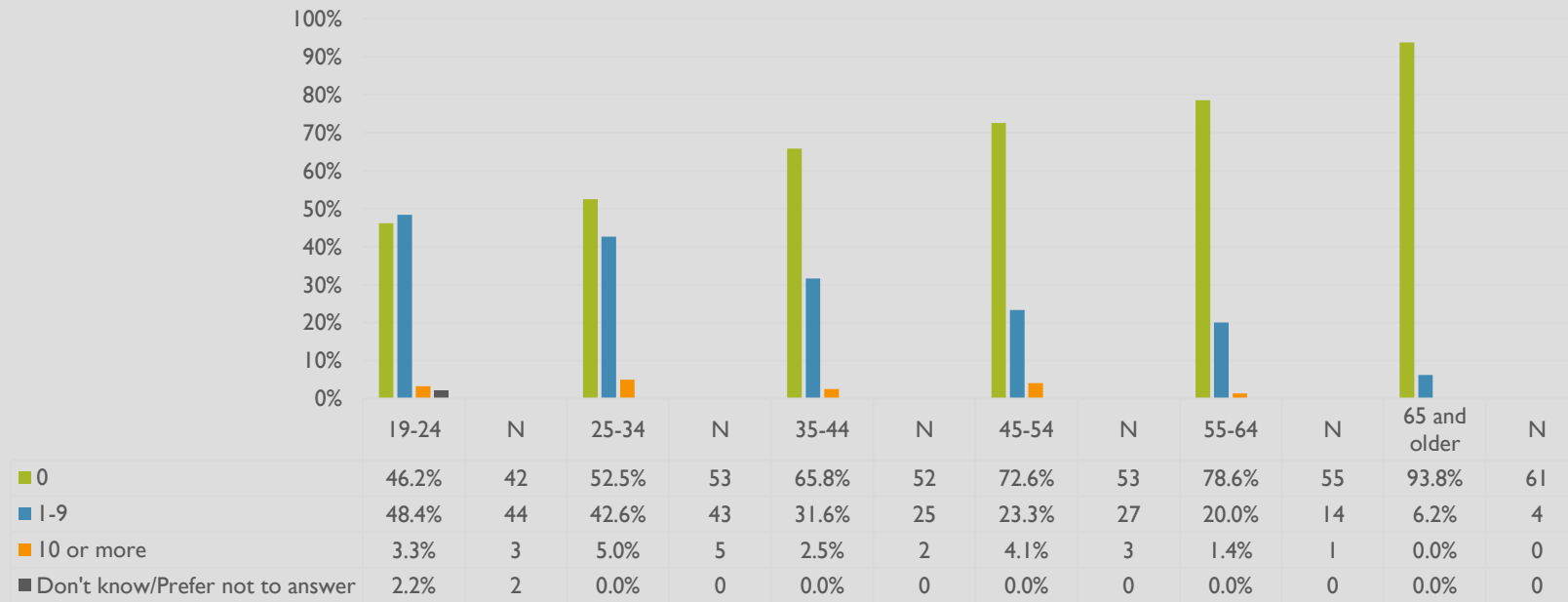
TOBACCO USE MODULE

Among Those Who Have Smoked at Least 100 Cigarettes in Their Lifetimes, About How Often Do You Smoke Cigarettes?



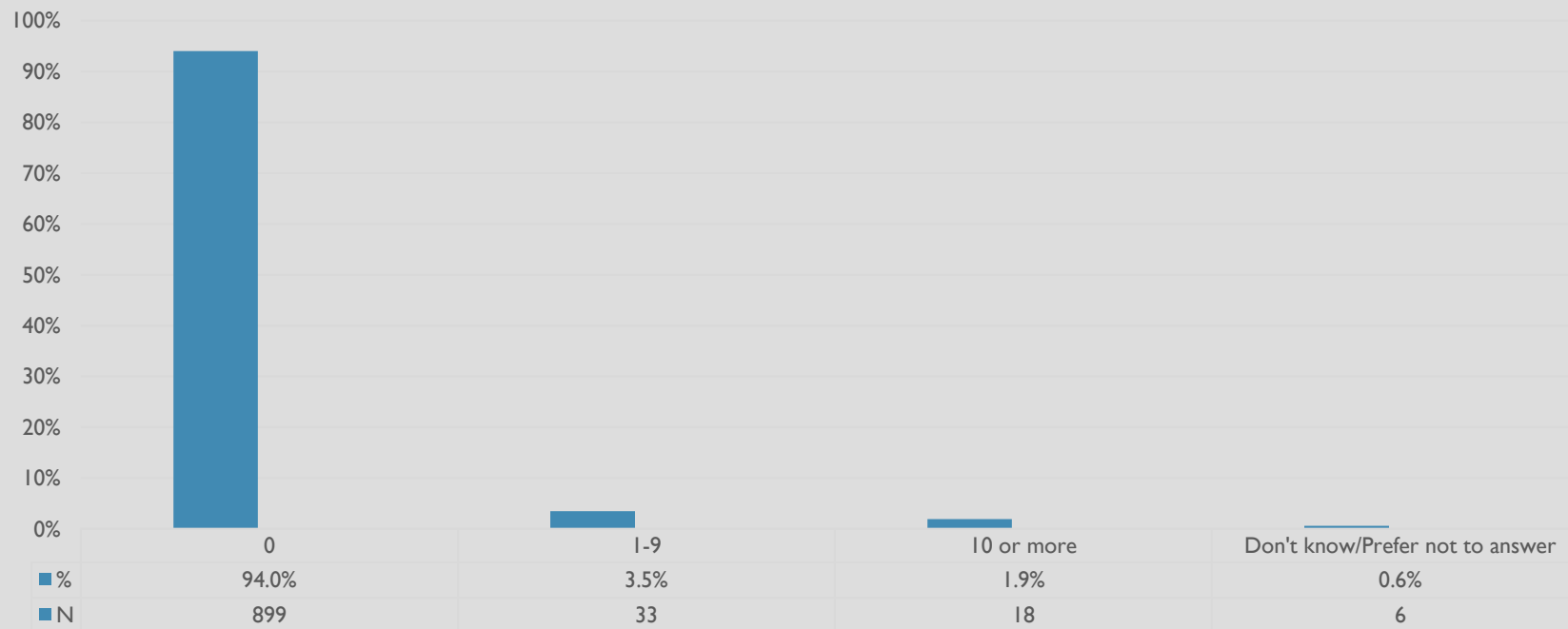
ALCOHOL USE MODULE

Of Those Who Drank, During the Past 30 Days, How Many Times Did You Have (5 drinks for men, 4 for women) or More on an Occasion? by Age



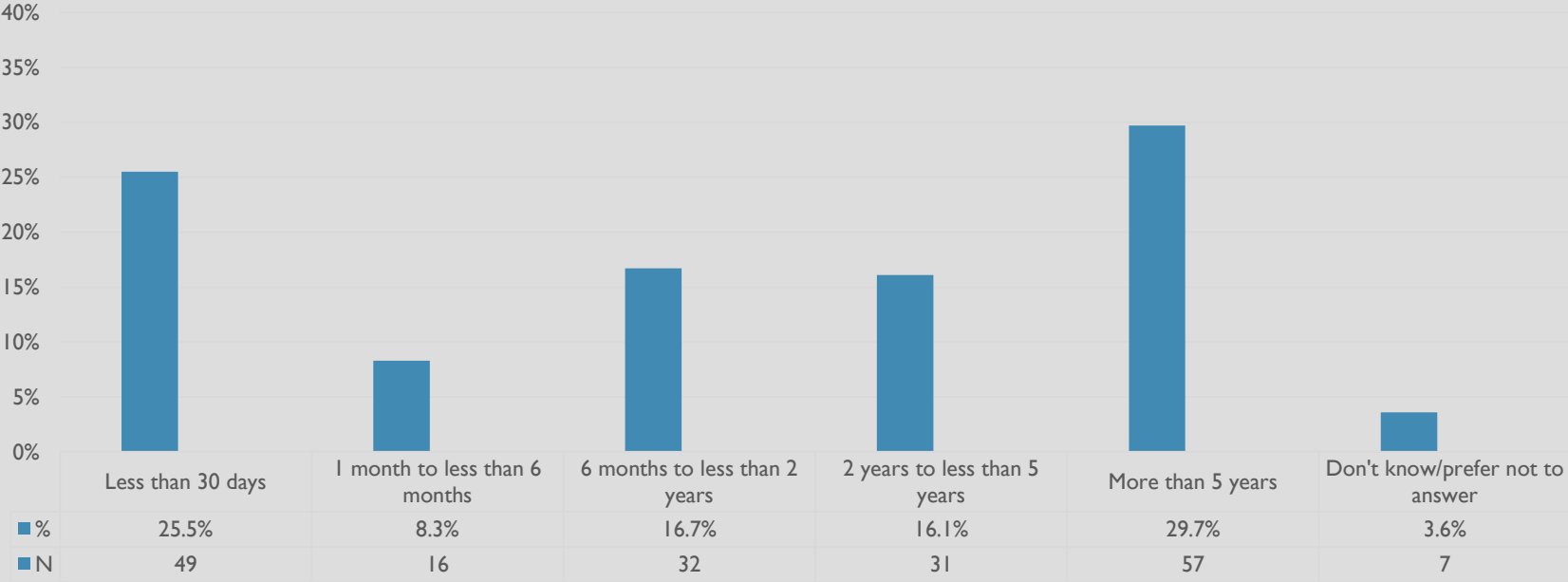
DRUG USE MODULE

During the Past 30 Days, How Many Days Did You Use Marijuana? All Respondents



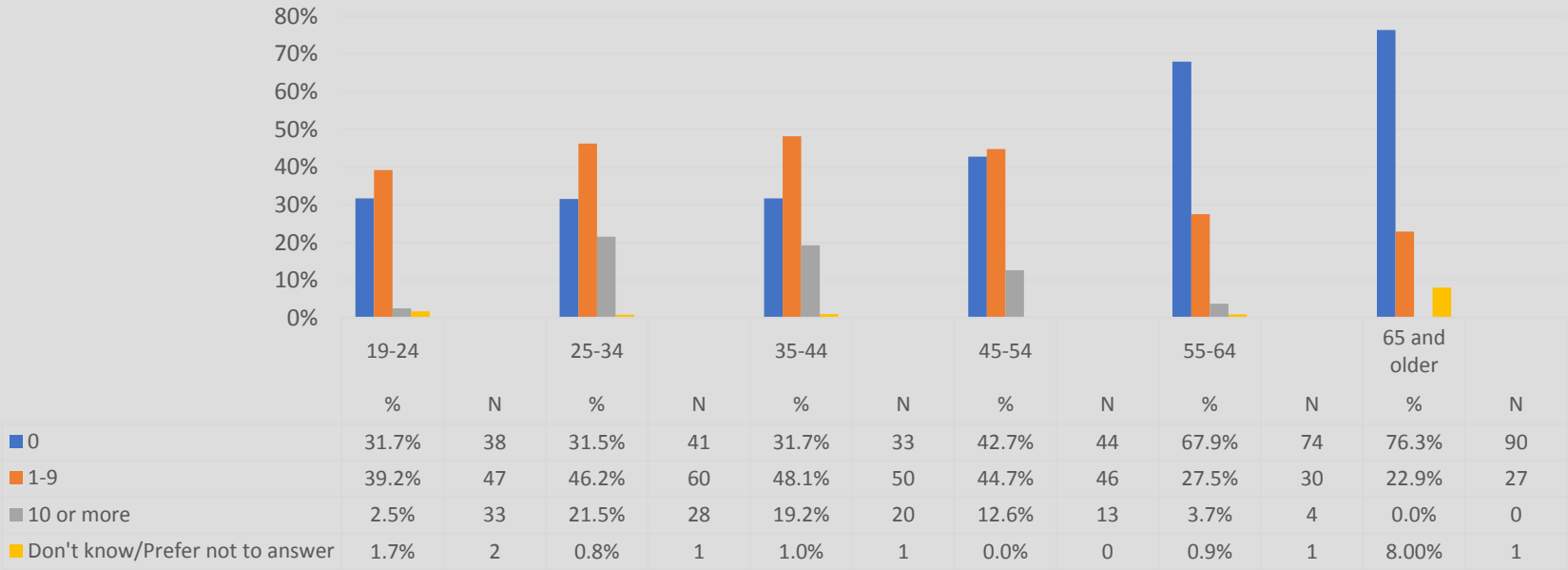
CARE PROVIDERS MODULE

For Those Who Have Provided Regular Care to a Friend or Family Member, For How Long Have You Provided Care for that Person? All Respondents



DRIVING SAFETY MODULE

During the Past 30 Days, On How Many Did You Text or Email While Driving a Car or Vehicle? by Age



LESSONS LEARNED

- Careful testing of the survey before launch is worth it
- Social media and personal referrals built response
- Attending organization meetings netted highest response rates
- Intercepts at community events were dismal
- Writing the report takes longer than one would think
- We appreciate the opportunity

QUESTIONS?

CHI Health Good Samaritan & Richard Young Behavioral Health

Community Benefit Update

CHNA Secondary Data & Community Input Session

Arli Boustead, CHI Health

January 9, 2019

AGENDA

Mission Imperatives & Federal Requirements

CHNA & ISP Process overview

Review Previous Work

Community Health Data

Discussion

What is *Community Benefit*?

Community
benefit

**Planned, managed, organized & measured
strategy to address identified health needs**

Does not generate profit

Focuses on those who need it most

Works to address what is driving health issues

Benefits population outside of our walls

Mission Imperative & Fed Requirement



Mission Imperative & Fed Requirement



Community Benefit

Care of the Poor

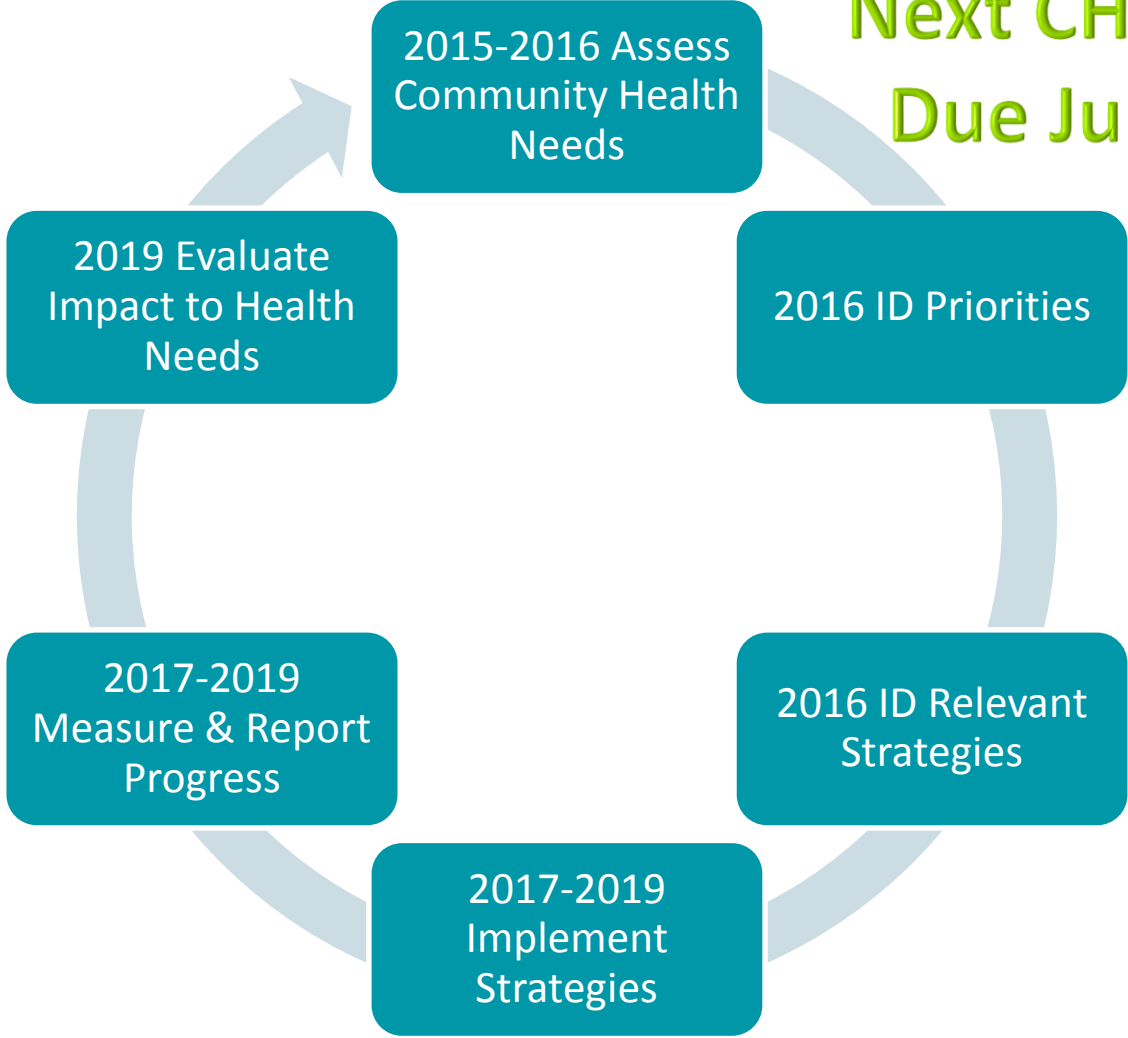
- Financial Assistance
- Un-reimbursed cost of Medicaid
- Means-tested public programs

Broader Community Health

- Community health improvement services
- Health professions education & research
- Subsidized health services
- Financial and in-kind contributions
- Community-building activities

Community Benefit Process

**Next CHNA & ISP
Due June, 2019**



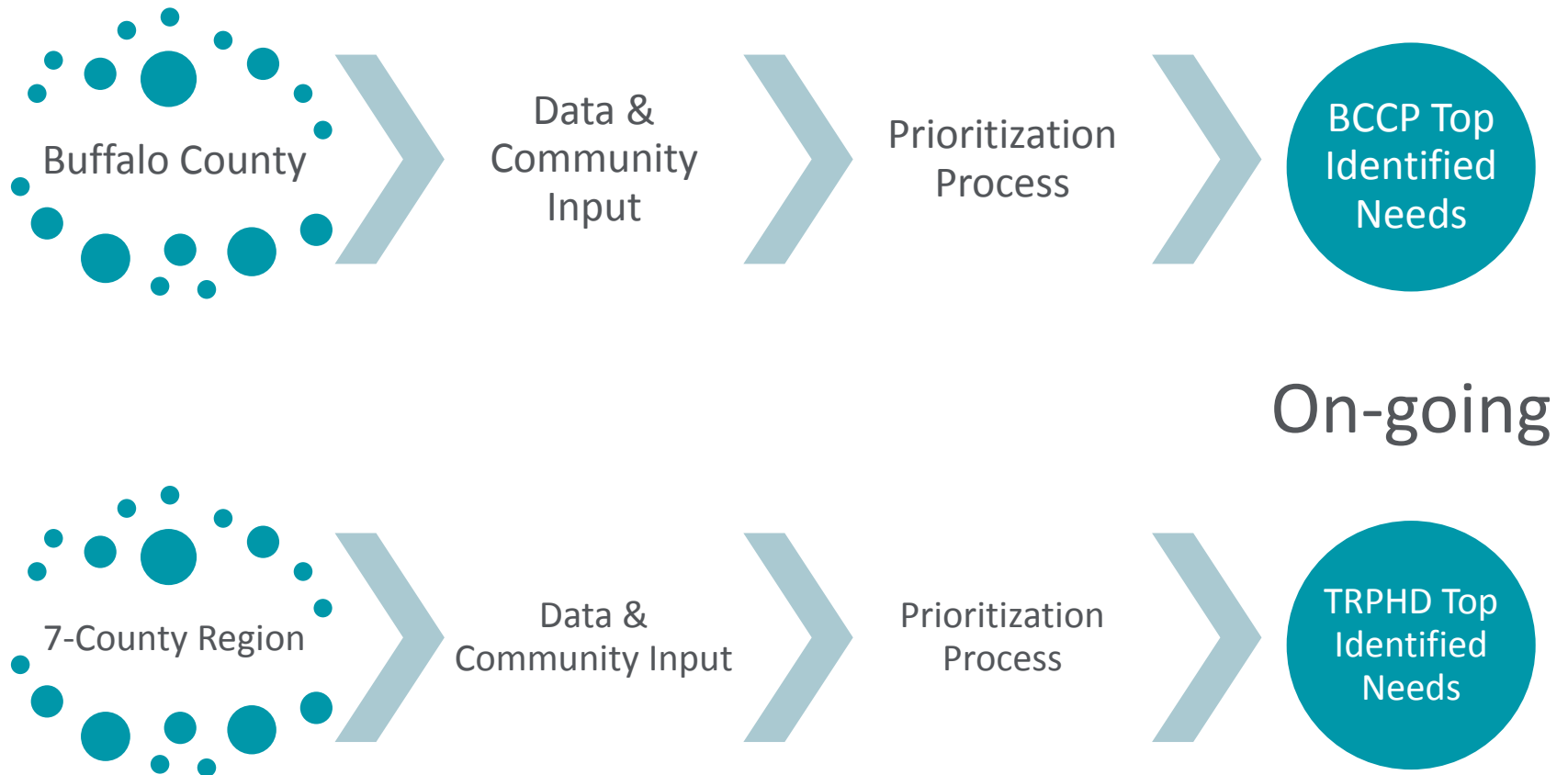
July 2016 – June 2019 Plan Update

Health Need	Strategy
Violence & Injury	Second Step emotional learning curriculum (GS/RV)
	Community violence prevention policy (GC/RV)
	Bike safety education (GS)
	Child passenger safety checks (GS)
Behavioral Health	Establish local coalition (GS/RV)
	School-based education/awareness (GS/RV)
	Mental health crisis stabilization capacity for youth & adults (GS/RV)
Access to Care	HelpCare clinic support
Obesity/ Chronic Disease	Be Well Buffalo County coalition support
	Pre-diabetes/Diabetes coordinated system of care

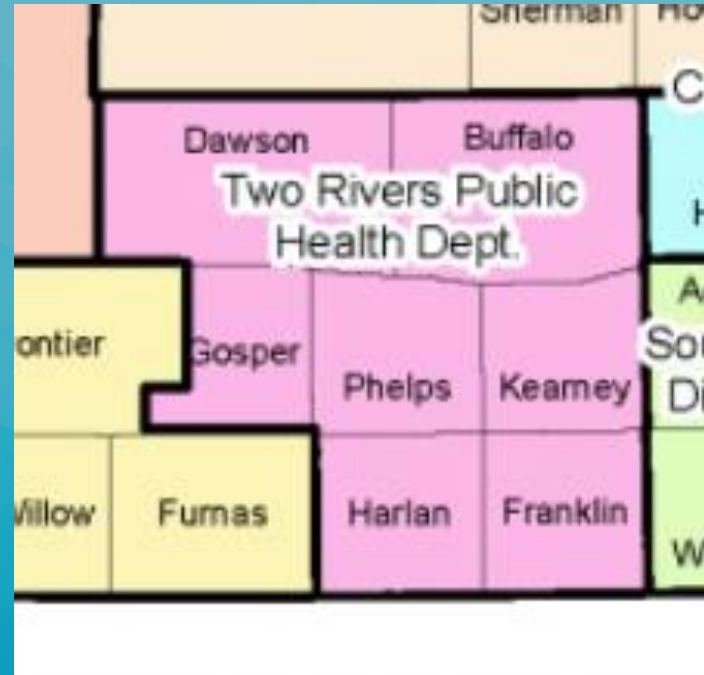
Community Benefit Process



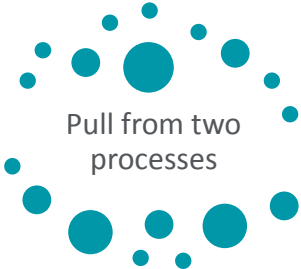
Community Benefit Process: Community Assessments



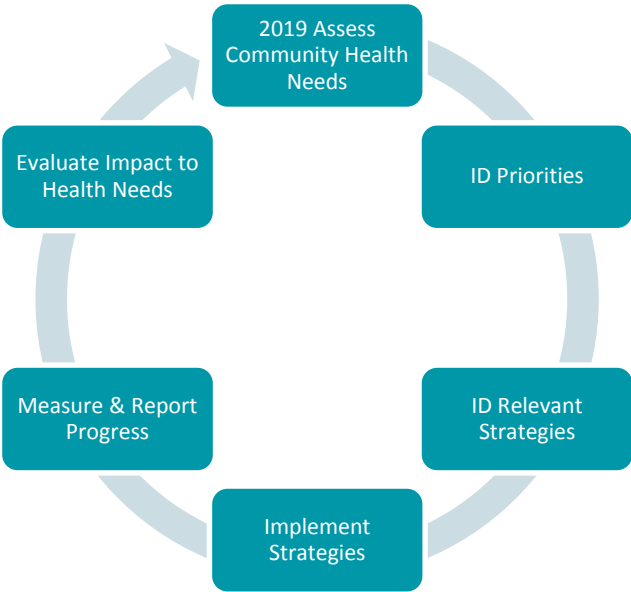
Most Recent Assessments



Community Benefit Process



Connect with Internal Team & Leaders

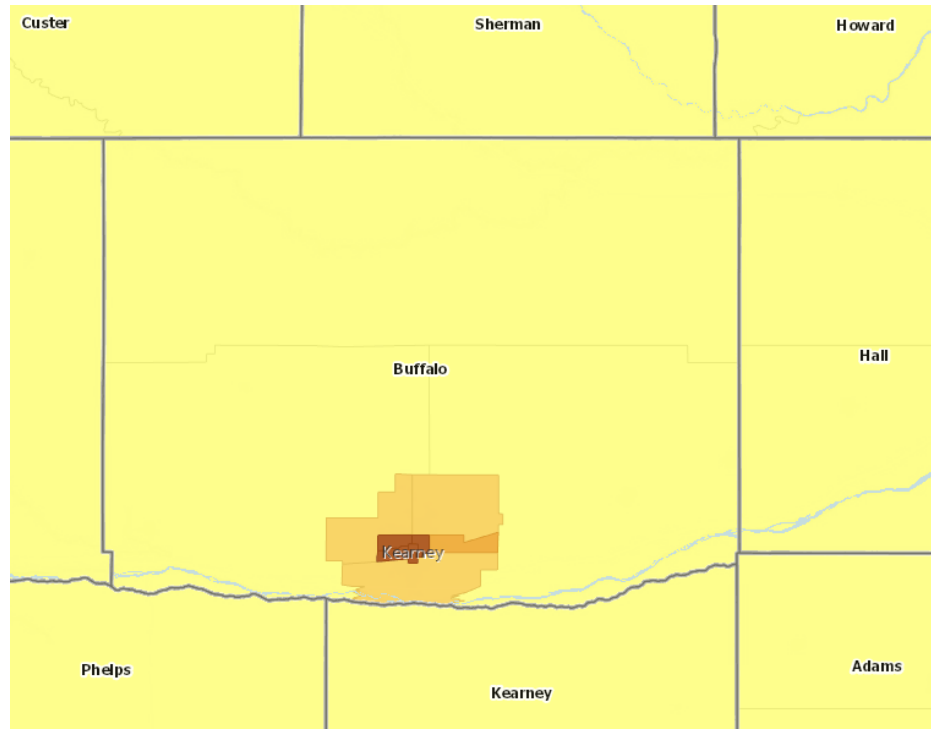


Most Recent Assessments

Identified Health Need	BCCP In-progress	TRPHD 2018
Access to Care (Includes behavioral and/or dental)	X	X
Alzheimer's Disease/Dementia	X	
Behavioral Health (Incl. "mental health" & substance/alcohol use)	X	X
Weight status (Nutrition, physical activity, obesity)	X	X
Violence (domestic violence, child abuse, violent crime)	X	
Chronic Disease	X	
Lifestyle choices and personal accountability	X	X
District-wide interagency collaboration		X

Community Health Data

Community Definition



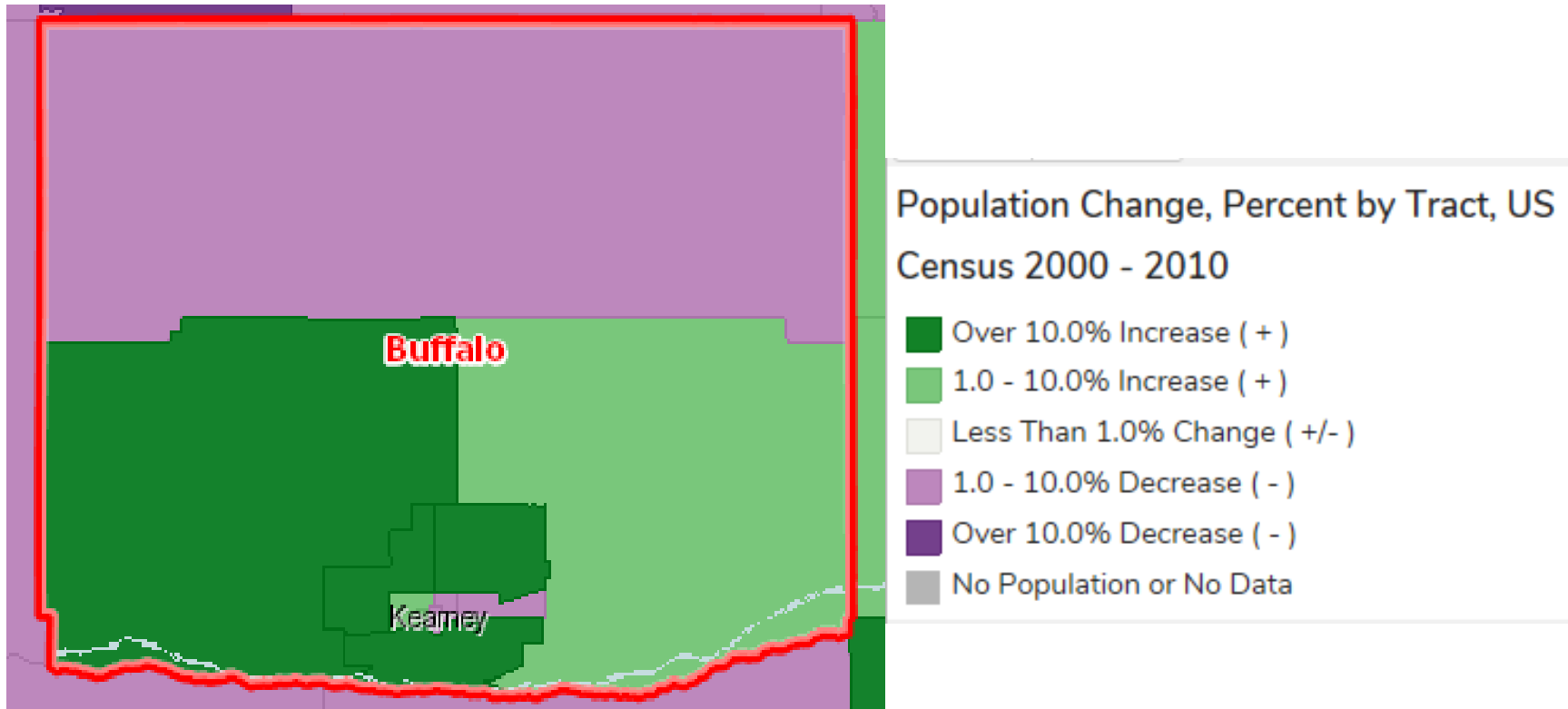
Demographics

	Kearney, NE	Buffalo County	Nebraska	United States
Total Population	33,835	48,402	1,881,259	318,558,162
Population density (Per square mile)	2,410.1	50.0	24.49	90.19
Total Land Area (Square miles)	12.77	968.10	76,823.79	3,532,068.58
% Rural		32.26%	26.87%	19.11%
Age				
% below 18 years of age	21.4%	23.34%	24.86%	23.11%
% 65 and older	12.5%	12.9%	14.43%	14.5%
Sex				
% Female	50.5%	50.03%	50.25%	50.79%

Demographics

	Kearney, NE	Buffalo County	Nebraska	United States
Total Population	33,835	48,402	1,881,259	318,558,162
Race/Ethnicity				
% Caucasian	93.0%	93.32%	88.01%	73.35%
% Black or African American	1.3%	0.95%	4.7%	12.63%
% American Indian and Alaskan Native	0.3%	0.28%	0.84%	0.82%
% Asian	1.9%	1.3%	2.12%	5.22%
% Native Hawaiian/Other Pacific Islander	0.0%	0.01%	0.07%	0.18%
% Hispanic or Latino	7.8%	8.44%	10.2%	17.33%
Language				
% Population Ages 5 and over Language Other Than English	7.1%	2.16%	5%	8.52%
Veterans				
% of Total Population	5.3%	7.1%	9.04%	8.01%

Population Growth



Socioeconomic Factors

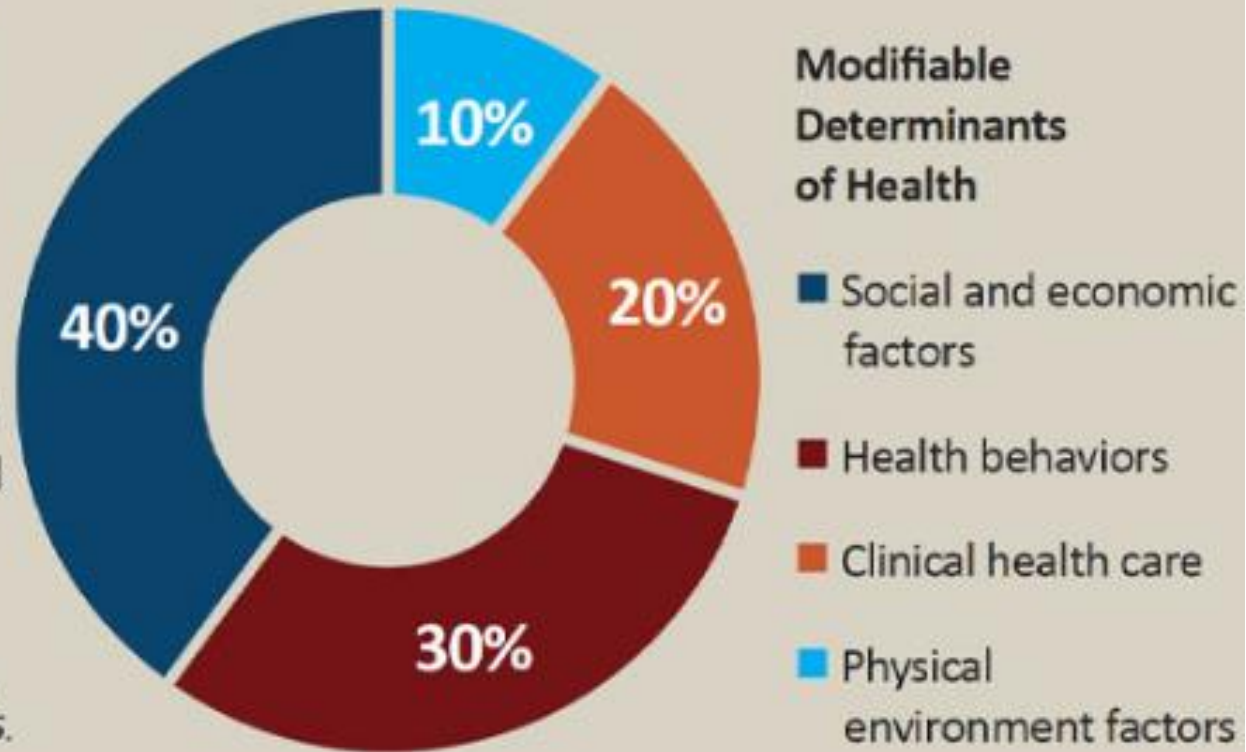
	Buffalo County	Nebraska	United States
Income			
Median Household Income	\$54,098	\$69,207	\$67,871
Poverty Rates			
Persons in Poverty (Below 100% FPL)	6,252 (13.62%)	227,021 (12.42%)	46,932,225 (15.11%)
Children in Poverty (Population Under Age 18-Children Below 100% FPL)	1,645 (14.88%)	75,250 (16.39%)	15,335,783 (21.17%)
Employment			
Unemployment Rate	2.3%	2.9%	4.2%
Education			
% Graduating High School in 4 Years	93.4%	88.4%	86.1%
% of Population Age 25+ with Associate's Degree or Higher	43.17%	40.09%	38.49%
Insurance Coverage			
% of Population under 65 without insurance	9.98%	11.77%	12.08%
% of children under 19 without insurance	4.22%	5.11%	4.67%

What is Health?

What Affects Health?

Researchers at the University of Wisconsin Population Health Institute estimated the percentage of people's health—including length and quality of life—that is affected by factors that can be changed or modified (i.e., excluding genetics).

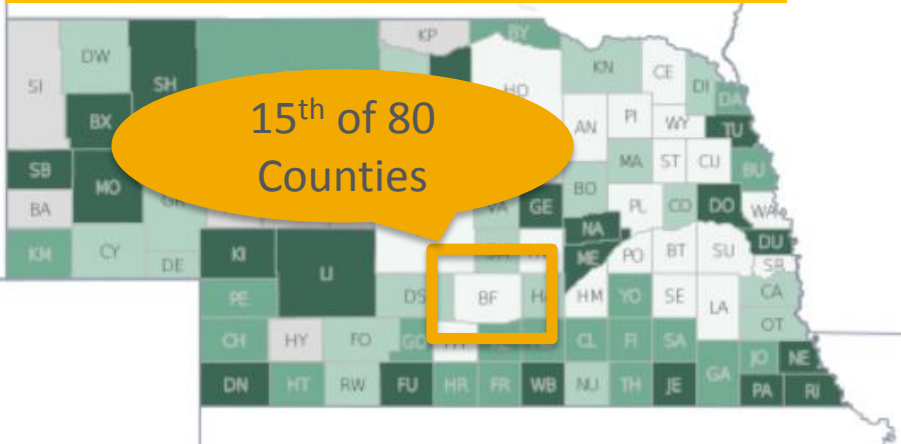
Source: Park, H., Roubal, A.M., Jovaag, A., Gennuso, K.P., and Catlin, B.B., 2015.



Health Status of Buffalo County

Length & Quality of Life (Outcomes)

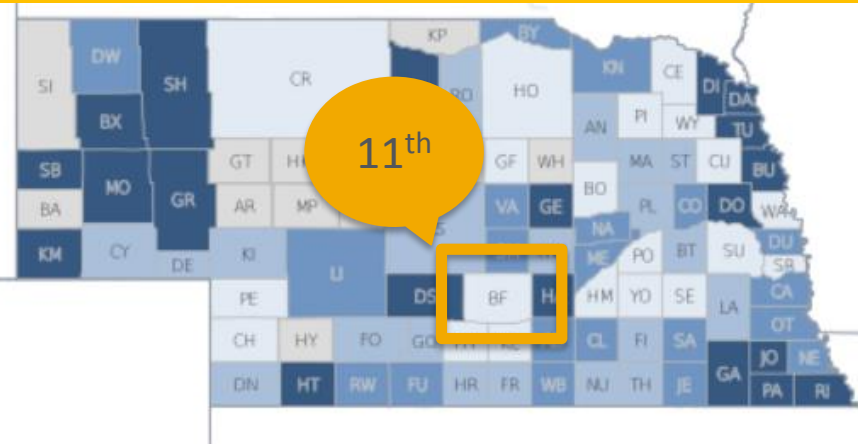
15th of 80
Counties



RANK 1-20 21-40 41-60 61-80 NOT RANKED (NR)

Clinical care, Behavior, Socioeconomic (Factors)

11th



RANK 1-20 21-40 41-60 61-80 NOT RANKED (NR)

Looking at the data

Looking at the data: Handout

CHI Health Good Samaritan & Richard Young Behavioral Health Center Community Health Needs Assessment: January, 2018

Health Need	Buffalo County	Nebraska	IOWA	US	HP2020
County Ranking for Health Outcomes out of 80 Nebraska Counties: Length & Quality of Life	15 th				
County Health Ranking for Health Factors Behaviors, clinical care, socioeconomic, environment	11 th				
Premature Death: years of potential life lost before age 75 per 100,000 population	250	310	5,900	270*	
Poor physical health days: Nmbr physically unhhthy days in past 30 (age-adjusted)	2.9	3.2	2.9	3.0*	
Poor mental health days: Nmbr mentally unhhthy days in past 30 (age-adjusted)	3.0	3.2	3.3	3.1*	
Behavioral Health: Ratio of MH providers	310:1	420:1	760:1	330:1*	
Health Behavior: Smoking	15%	17%	17%	14%*	
Health Behavior: Obesity	29%	31%	32%	26%*	30.5%
Health Behavior: Physical Inactivity	22%	23%	25%	20%*	
Health Behavior: Excessive Drinking	23%	21%	22%	13%*	
Aging: Percent of population age 65 and older	13%	15%	15.8%	14.5%	
Access to Care: Primary Care Physicians per	1,110:1	1,340:1	1,360:1	1,031:1*	
Clinical Care: Preventable Hospital Stays	43	48	49	35*	
Clinical Care: Diabetes Monitoring	89%	87%	90%	91%*	
Clinical Care: Mammography Screening	67%	62%	69%	71%*	
Maternal & Child Health: Infant mortality (number of infant deaths/1,000 live births)	5	5	7%		
Maternal & Child Health: Teen births (# of births per 1,000 female pop ages 15-19)	20	25	22	15*	
Maternal & Child Health: Child maltreatment rate per 1,000 children	6.0	7.9	10.2		
Violence & Injury: Violent Crime (# reported violent crime offenses per 100,000 pop)	156	267	270		
Social Determinants of Health (SDOH)					
Access to Health Care: % of pop uninsured	9%	9%	6%	6%*	
Education: % of 9 th grade cohort that graduates in 4 years	89%	87%	8.26%	13.02%	
Unemployment: Percent of population 16 & older unemployed but seeking employment	2.6%	3.2%	3.7%	4%	
Food Insecurity Index: factors that contribute to a healthy food environment (0worst,10best)	7.8	8.1	12.4%	14.91%	6%
Food Insecure Children: Est % of pop under 18 experience food insecurity during report year	17.3%	18.3%	19.33%	23.49%	
Children Eligible for Free & Reduced Price Lunch	40%	44%	41.42%	52.61%	
Housing Cost Burden ^A : % of households where housing costs > 30% of total household income.	23%		23.73%	32.89%	TBD
Poverty: persons in poverty (below 100% FPL)	13.6%	12.4%	12.3%	15.1%	
Children in Poverty: % of children 17 and under living in poverty	13%	17%	15%		
Social Connectedness: %of adults 18&up w/ insufficient social support all or most of the time.			15%	20%	
Transportation: Not available					

Looking at the data

GOALS

- Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health
- Ensure resources are leveraged correctly to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
- In short, we want to make sure we are making a difference.

Looking at the data

What stands out to you?

What do you consider exciting?

What do you consider concerning?

Thank you!

Arli Boustead
Healthier Communities Coordinator
Arli.Boustead@alegent.org
402.343.4692

**CHI Health Good Samaritan & Richard Young Behavioral Health Center
Community Health Needs Assessment: January, 2018**

Health Need	Buffalo County	Nebraska	US	HP2020
County Ranking for Health Outcomes out of 80 Nebraska Counties: Length & Quality of Life	15 th			
County Health Ranking for Health Factors Behaviors, clinical care, socioeconomic, environment	11 th			
Premature Death: years of potential life lost before age 75 per 100,000 population	250	310	270*	
Poor physical health days: Nmbr physically unhhthy days in past 30 (age-adjusted)	2.9	3.2	3.0*	
Poor mental health days: Nmbr mentally unhhthy days in past 30 (age-adjusted)	3.0	3.2	3.1*	
Behavioral Health: Ratio of MH providers	310:1	420:1	330:1*	
Health Behavior: Smoking	15%	17%	14%*	12%
Health Behavior: Obesity	29%	31%	26%*	30.5%
Health Behavior: Physical Inactivity	22%	23%	20%*	
Health Behavior: Excessive Drinking	23%	21%	13%*	
Aging: Percent of population age 65 and older	13%	15%	14.5%	
Access to Care: Primary Care Physicians per	1,110:1	1,340:1	1,031:1*	
Clinical Care: Preventable Hospital Stays	43	48	35*	
Clinical Care: Diabetes Monitoring	89%	87%	91%*	
Clinical Care: Mammography Screening	67%	62%	71%*	
Maternal & Child Health: Infant mortality (number of infant deaths/1,000 live births)	5	5		
Maternal & Child Health: Teen births (# of births per 1,000 female pop ages 15-19)	20	25	15*	
Maternal & Child Health: Child maltreatment rate per 1,000 children	6.0	7.9		
Violence & Injury: Violent Crime (# reported violent crime offenses per 100,000 pop)	156	267		
Social Determinants of Health (SDOH)				
Access to Health Care: % of pop uninsured	9%	9%	6%*	
Education: % of 9 th grade cohort that graduates in 4 years	89%	87%	95%*	
Unemployment: Percent of population 16 & older unemployed but seeking employment	2.6%	3.2%	4%	
Food Insecurity Index: factors that contribute to a healthy food environment (0worst,10best)	7.8	8.1		
Food Insecure Children: Est % of pop under 18 experience food insecurity during report year	17.3%	18.3%	23.49%	
Children Eligible for Free & Reduced Price Lunch	40%	44%	52.61	
Housing Cost Burden[^]: % of households where housing costs > 30% of total household income.	23%		32.89%	TBD
Poverty: persons in poverty (below 100% FPL)	13.6%	12.4%	15.1%	
Children in Poverty: % of children 17 and under living in poverty	13%	17%		
Social Connectedness: Age-adjusted % of pop without adequate social/emotional support	17%	17%	20%	
Transportation: Not available				

CHI Health Good Samaritan & Richard Young Behavioral Health Center Community Health Needs Assessment: January, 2018

Federal requirements for tax-exempt, licensed hospitals:

- Non-profit hospitals are required to engage in activities that benefit the community
- Required to complete a Community Health Needs Assessment (CHNA) every three years
- Required to subsequently write an Implementation Strategy Plan (ISP) to prioritize and address top health needs identified in CHNA

2016 CHNA for CHI Health Good Samaritan Identified the following top health needs:

- High Impact Prevention Services
 - Behavioral Health
- Eliminate Health Disparities
 - Access to healthcare
- Healthy Eating & Active Living
 - Obesity
- Injury-Free Living & Violence Prevention
- Healthy Homes & Sustainable Communities

2016 Prioritized Needs for CHI Health Good Samaritan 2016 – 2019 ISP Work plan:

- Access to Care
- Behavioral Health
- Injury & Violence
- Obesity & Chronic Disease

Process overview:

From the Buffalo County Community Partners process, leadership at CHI Health Good Samaritan came together to evaluate each identified need based on various criteria: comparison to benchmark data, identified trends, prevalence of the health need, and reported perceptions of the root causes of the issues.

Data sources:

- Robert Wood Johnson's County Health Rankings & Roadmaps (www.countyhealthrankings.org) *indicates County Health Rankings measure of top US performers
- Community Commons Mapping & Data Tool www.communitycommons.org
- Healthy People 2020 (HP2020) www.healthypeople.gov/2020/topics-objectives (Benchmarks)
- Voices for Children Kids Count Report: <https://voicesforchildren.com/wp-content/uploads/2018/01/2017-Kids-Count-in-Nebraska-Report.pdf>
- ^Housing Cost Burden: <http://www.jchs.harvard.edu/cost-burdens-rise-age-many-metros-map>

