# Community Health Needs Assessment

## CHI Health St. Mary's – Nebraska City, NE

## 2019

CHI Health

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## 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 St. Mary's Hospital is an 18-bed critical access hospital located in Nebraska City, Nebraska that also operates a robust outpatient clinic with primary and specialty services. St. Mary's history traces back to 1872 when the Sisters of St. Mary arrived in St. Louis and in 1927 opened St. Mary's Community Hospital in Nebraska City.

### CHI Health St. Mary's Community Health Needs Assessment

In fiscal year 2019, CHI Health St. Mary's conducted a CHNA in partnership with multiple agencies across the Southeast District Health Department's (SEDHD) five-county area to include Johnson, Nemaha, Pawnee, Richardson and Otoe Counties. The process was led by the SEDHD who performed both primary and secondary data collection for the five-county area, including community health surveys and focus group meetings to determine the needs of the community. St. Mary's then sought input Southeast District Health Department, internal team members, and the CHI Health St. Mary's Community Board to validate the top health needs for Otoe County.

The CHNA led to identification of four priority health needs for Otoe County, St. Mary's primary service area. With the community, CHI Health St. Mary's will further work to identify the hospital's role in addressing these health needs and develop measureable, impactful strategies. A report detailing St. Mary'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, and (402) 343-4548.

## Introduction

### Hospital Description

CHI Health St. Mary's (referred to hereafter as St. Mary's) is an 18-bed critical access hospital located in Nebraska City, Nebraska. St. Mary's history goes back to 1872 when the Roman Catholic religious order for women, known as the Sisters of St. Mary (SSM) based out of St. Louis, Missouri founded hospitals throughout the Midwest. Since that time St. Mary's has remained a cornerstone for the Otoe County communities. In 1996 St. Mary's became part of the Catholic Health Initiatives system and in 2014 joined the market-based organization CHI Health under the Catholic Health Initiatives umbrella. In the fall of 2014, St. Mary's relocated within Nebraska City to a brand new 110,000-square-foot campus to better meet the changing needs of the community with, among other benefits, an increased capacity for specialty clinics and an integrated primary care clinic. St. Mary's has six primary care physicians and six associate providers, such as nurse practitioners and physician assistant. St. Mary's also has over 25 specialists that hold clinic monthly at the hospital.

St. Mary's provides the following services:

- Allergy
- Cardiology
- Colonoscopy/Endoscopy
- Dermatology
- Diabetes Education
- Ear, Nose & Throat (ENT)
- Emergency Care
- Family Birth Center
- General Orthopedics
- Hematology/Oncology
- Nephrology
- Neuro/Spinal Surgery
- Neurology
- Occupational Therapy
- Ophthalmology
- Physical Therapy
- Psychiatry
- Pulmonary/Critical Care
- Radiology
- Respiratory Therapy
- Rheumatology
- Sleep Studies
- Surgical Services
- Urology
- Women's Services
- Wound Care/Vascular Medicine

### 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

Otoe County is considered the primary service area of St. Mary's, as a critical access hospital and is therefore the identified as the community for the purposes of this CHNA. Figure 1, at right shows Otoe County outlined in red.

As a critical access hospital, St. Mary's serves a largely rural population over 616 square miles in Otoe County, Nebraska. Otoe County is home to ten communities with four school districts. The population of these communities range from 61 in Lorton, to 1,600 in Syracuse and 6,547 in Nebraska City[1].

St. Mary's is located in Nebraska City, which also serves as the County Seat for Otoe County and is approximately 50 miles from the Omaha Metropolitan Area and 50 miles from the northern Kansas border.

**Figure 1: CHI Health St. Mary's Service Area - Otoe County**


[1] About Otoe County, Accessed on 5/4/2019 Retrieved from: http://www.co.otoe.ne.us/webpages/about/about.html

## Community Description

### *Population*

Table 1 describes the population of Otoe County including size, age, gender, and race. Overall, Otoe County is growing at a slower rate than the State, has a slightly higher percentage of the population over age 65, and is less diverse (predominantly non-Hispanic White) compared to the State. The Hispanic population increased from 902 to 1,342 people between 2010 and 2017, or by 48.8 percent[2].

**Table 1. Demographics[3]**

| | Nebraska City | Otoe County | Nebraska |
|---|---|---|---|
| Total Population | 7,313 | 16,027 | 1,920,076 |
| **% Population Change 2010- 2017** | 0.3% | 1.8% | 5.1% |
| Age | | | |
| **% below 18 years of age** | 25% | 24.1% | 24.8% |
| **% 65 and older** | 19.1% | 19.3% | 15.4% |
| Gender | | | |
| **% Female** | 51.1% | 50.5% | 50.1% |
| Race | | | |
| **% Non-Hispanic African American** | 0.4% | 5.1% | 0.9% |
| **% American Indian &Alaskan Native** | 1.1% | 0.6% | 1.5% |
| **% Asian** | 1.1% | 0.7% | 2.6% |
| **% Native Hawaiian/Other Pacific Islander** | 0% | 0.1% | 0.1% |
| **% Hispanic** | 15.3% | 8.4% | 11% |
| **% Non-Hispanic White** | 79.9% | 88.5% | 79% |

[2] Volume II County profiles, accessed on 5/4/2019, http://www.westernes.com/nepdfs/current/Otoe%20County.pdf
[3] U.S. Census Bureau Quick Facts accessed 5/4/19, https://www.census.gov/quickfacts

### *Socioeconomic Factors*

Table 2 describes key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. Nebraska City's population shows lower income and lower education than the County and State.

**Table 2. Socioeconomic Factors[3]**

| | Nebraska City | Otoe County | Nebraska |
|---|---|---|---|
| Median Household Income[3] | $44,243 | $54,605 | $56,675 |
| Poverty Rates | | | |
| Persons in Poverty(%)[3] | 13.6% | 9.1% | 10.8% |
| Children in Poverty[4] | NA | 13% | 14% |
| Employment | | | |
| Unemployment Rate | NA | 3.4% | 2.9% |
| Education[3] | | | |
| % Population w/HS Diploma | 88.6% | 91.2% | 90.9% |
| % Population bachelor's/ higher | 16.7% | 21.4% | 30.6% |
| Uninsured[3] | | | |
| % of Pop under 65 w/o insurance | 11.8% | 8.7% | 9.6% |

### *Unique Community Characteristics*

Nebraska City is the county seat of Otoe County, and also the home of several charitable foundations which provide funding and support to various projects related to health and well-being of its community members. Arbor Day Foundation, Arbor Day Farm, and Lied Lodge bring naturalists and conservationists to Nebraska City for meetings, events and professional development. Agriculture and tourism are primary industries in Otoe County, and the Kimmel Orchard and Kimmel Education and Research Center provide learning opportunities through the Nebraska Extension Cooperative. Southeast

[4] County Health Rankings, retrieved 5/4/19 from http://CountyhealthRankings.org

Community College will also be opening a Learning Center in Nebraska City to offer continuing education and associates degree-related classes for personal and professional development.

***Other Health Services***

Aside from St. Mary's, Otoe County is home to Community Memorial Hospital (CMH), which is an 18-bed critical access hospital. Syracuse Medical Center, CMH Home Care, and Fitness Plus Fitness Center are located within CMH in Syracuse, NE. CMH provides family practice care and treatment for patients with acute and chronic illness. Providers are also available in specialty areas such as general surgery, pulmonology, and mental health.

Southeast District Health Department (SEDHD) also offers a wide variety of public health services such as immunizations, health education, and smoking cessation.

## Community Health Needs Assessment Process

In order to assess the health needs of Otoe County, St. Mary's took two primary actions:

1. Engage in the CHNA process led by SEDHD, the local public health department, to include primary and secondary data collection, as well as stakeholder focus groups to review data and prioritize needs.
2. Gain validation of the SEDHD prioritized needs through engagement of the hospital's internal Community Benefit Action Team (CBAT) and the hospital's community board.

SEDHD covers five counties: Johnson, Nemaha, Otoe, Pawnee and Richardson. In order to assess the health needs across the five-county area, SEDHD convened the hospital leadership from hospitals in the region to support planning efforts. The group planned and implemented a community survey across all five counties and held five stakeholder focus groups to review community survey data as well as secondary data.

SEDHD sourced secondary data from a variety of sources to include:

- State of Nebraska – Department of Health and Human Services, Crime Commission, Department of Education, and Risk and Protective Factor Surveillance Systems
- County Health Rankings & Roadmaps
- U.S. Census Bureau and the American Community Survey

St. Mary's co-hosted one of the CHNA's five focus group meetings in December, 2018 and upon review of the primary and secondary data, the focus groups engaged in a facilitated conversation to determine drivers of poor health outcomes and prioritize health needs for specific counties.

Following the focus groups, SEDHD supplied St. Mary's with a report detailing meeting highlights and identified needs. St. Mary's CBAT then reviewed results from the SEDHD CHNA process, and validated with St. Mary's hospital community board.

***Gaps in Information***

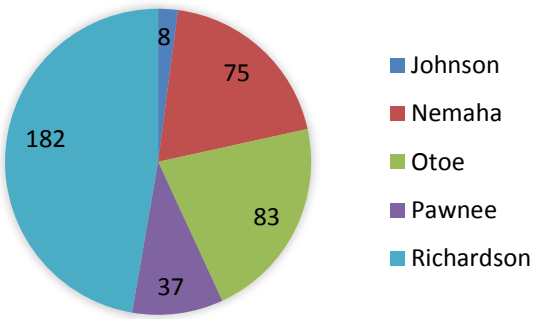
Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community's health, nor can we represent all interests of the population. Challenges exist in Otoe County around reliable data collection due to small sample sizes among different populations and indicators.

This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data/input brought in as needed.

## Input from Community

As part of the CHNA process, SEDHD conducted a community survey of the five-county area to gain primary input on the health status and needs of the community. Surveys were available from June, 2018 up until September, 2018 and were emailed to community stakeholder listservs by each of the hospitals participating in the CHNA planning with SEDHD, promoted on social media through SEDHD and hospital channels, as well as paper copies made available at hospital and clinic locations throughout the SEDHD region. Figure 2 shows the breakdown of survey responses by county in SEDHD. Detailed demographics for survey participants can be found in Appendix A.

**Figure 2: SEDHD Community Health Survey Respondent by County**




As mentioned above upon completion of the survey, SEDHD held a series of focus group meetings to present survey findings, review secondary data, and engage key community members in determining top needs in the community. Stakeholders attending the focus group meeting at St. Mary's represnted those who serve **minority**, **at-risk**, **uninsured**, and **aging populations**, as well as **those affective by violence**.

Below is a list of the St. Mary's CBAT team members who participated in the focus group meeting co-hosted by SEDHD and St. Mary's in December, 2018.

- Daniel DeFreece, MD – President, CHI Health St. Mary's
- Traci Reuter – Foundation/Healthy Communities Coordinator, CHI Health St. Mary's
- Charlene Lant, Director –Ancillary Services, CHI Health St. Mary's
- Paula Aldana, Vice President Patient Care Services, CHI Health St. Mary's
- Jenny Kearney, Diabetes Education, CHI Health St. Mary's
- Stacy Blum, MD, CHI Health St. Mary's
- Jon Speaker, Supervisor-Special Procedures, CHI Health St. Mary's
- Arli Boustead, Healthier Communities Coordinator, CHI Health

**Public Health Engagement**

Engagement and input from the public health department (SEDHD) was achieved largely through their leadership of the overall CHNA process described above.

Following completion of the SEDHD process and the St. Mary's internal CBAT validation process described above, St. Mary's presented findings and top needs for validation at the St. Mary's Community Board meeting on March 22, 2019. Public health leadership from SEDHD participated in this review and validation session. All parties who reviewed the data as part of this overall process found the data to accurately represent the needs of the community.

## Findings

For a complete list of community health indicators reviewed in consideration of the CHNA for St. Mary's, please refer to the excerpts from the 2019 Southeast District Health Department CHNA in Appendix A. The full report may be found after In addition, specific data and rationale for the prioritized health needs are included below in Table 3.

## Prioritization Process

In order to prioritize the top health needs for Otoe County and this hospital CHNA, the CBAT reviewed the SEDHD-led process to validate data and process methodology. Prioritization of the top health needs for the purposes of this CHNA took into account the following:

- Prevalence and severity
- Trend
- Disparities
- Community and stakeholder input, and
- Impact on overall health outcomes

## Prioritized Health Needs (Top Identified Health Needs)

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

**Table 3: Prioritized Health Needs (Top Identified Health Needs)**

| Health Need Area | Rationale |
|---|---|
| **Access to Healthcare Services** | 2014 County Health Rankings shows 11% of Otoe County population is uninsured compared to Nebraska (13%). Survey respondents reported a 'lack of appropriate providers" and "lack of insurance coverage overall" as the major contributors to this issue. |
| **Aging** | Compared to peer counties Otoe County is considered "moderate" in the percent of individuals with Alzheimer's/Dementia (10%). Survey respondents reported "a lack of afforable housing for seniors" is the major issue for those in the aging population. |
| **Behavioral Health (Includes mental health, suicide & substance abuse)** | Ratio of mental health providers to population is 1,970:1 compared to NE overall at 410:1. Suicide rates in SEDHD service area have risen since 2011 from 3.9 per 100,000 to 21.4 in 2014. Community members report that "lack of awareness to identify mental health issues" and "ability to support those who need care" are key issues. In addition, respondents noted that social stigma prevents inidividuals from seeking help.<br><br>Suicide rates in SEDHD service area have risen since 2011 from 3.9/100,000 to 21.4/100,000 in 2014. The key issues selected by survey respondents included "social stigma" and "awareness among community members to provide the necessary support system to address those who are suicidal."<br><br>Otoe County ranked "moderate" for smoking and "worse" for drinking among peer counties despite improved alcohol use trends. Twenty three percent of 10th graders report ever trying illicit drugs. Illegal drug use/abuse and alcohol and binge drinking were cited by community members as primary reasons for the issue. |
| **Cancer** | Despite substantial improvement in colorectal and lung cancer incidence and mortality, all cancers are the leading cause of death in SEDHD area. SEDHD also reports low breast cancer screening rates. Community members say "lack of awareness of the benefits of screening" and "utilization of available screening options" are ongoing issues. |
| **Cardiovascular Disease** | Is the 2nd leading cause of death in SEDHD area. The incidence of coronary heart disease increased from 4.2% (2011) to 5.5% (2014). Adults with a previous heart attack increased from 7.7% to 8.4%. Community members cite "unhealthy lifestyle choices" as the biggest contributing factor to this issue. |
| **Maternal & Child Health** | Low birth weight (LBW) trended up from 6.8% of live births w/LBW to 8.4% in 2014. (HP2020 Goal 7.8%). The teen birth rate in Otoe County is slightly lower than Nebraska. "Teen risky behavior" and "women seeking prenatal care" is an issue according to community members. |

| | |
|---|---|
| **Nutrition, Physical Activity, and Weight Status** | The percent of adults who are obese: Otoe County 34%, Nebraska 29%, Healthy People 2020 goal 30.5%. Data shows an increasing trend and Otoe County ranks 39 out of 45 peer counties. Community members ranked Obesity as a top need because "families are not able to make health a priority"," low physical activity rates", "access to facilities", and "knowledge of how to access and prepare healthy foods." |
| **Violence** | Rate of violent crime in Otoe is low; however 60% of 8th graders report ever being bullied. Injury deaths are higher at 69/100,000 compared to NE at 54/100,000. Domestic abuse was the primary reason community members gave for selecting violence as an issue. |

## Resource Inventory

A review of the existing programs or organizations doing work around the prioritized health issues was completed by the St. Mary's CBAT and is shown in Table 4.

**Table 4: Resources Available for Prioritized Health Needs**

| Health Need Area | Rationale |
|---|---|
| **Access to Healthcare Services** | • Southeast District Health Department<br>• World Of The Aging (WOTA) Senior Center<br>• Growing Great Kids<br>• Otoe County Emergency Management |
| **Aging** | • World Of The Aging (WOTA) Senior Center |
| **Behavioral Health (Includes mental health, suicide & substance abuse)** | • Behavioral Health Grant (CHI Health Mission & Ministry Fund) in partnership with Region 5 and community stakeholders<br>• Partners for Otoe County Substance Abuse Prevention Team |
| **Cancer** | • CHI Health's Regional Oncology Directors – service line calls/meetings<br>• St. Mary's Nurse Navigators increasing awareness and promotion of screenings available |
| **Cardiovascular Disease** | • Mission Lifeline Monitoring Program |
| **Maternal & Child Health** | • Growing Great Kids Program working with parents to create healthy, functional families |
| **Nutrition, Physical Activity, and Weight Status** | • Growing Great Kids Program working with parents to create healthy, functional families<br>• Prevention Initiative led by Southeast District Health Dept. |
| **Violence** | • United Against Violence – Violence Prevention Grant |

| Priority Area # 1: Behavioral Health | | | |
|---|---|---|---|
| **Goal** | Increase the preventive outreach, educational efforts and resources that support the resiliency of community members who experience mental health and substance use issues. | | |
| | **CHNA 2016**<br>• 24.8% of Otoe County adults report binge drinking<br>• Average number of mentally unhealthy days reported in past 30 days (age-adjusted) = 2.7 in Otoe County<br>• 14.6% of older adults report living with depression in Otoe County | | |
| | **CHNA 2019** | | |
| **Timeframe** | FY17-19 | | |
| **Background** | **Rationale for priority:** Mental disorders have been shown to be the most common cause of disability and suicide is the 11th leading cause of death in the United States making it an important issue across the country. Mental health has been closely tied to physical health and often inhibits one from maintaining good physical health, possibly leading to chronic disease, which can have a serious effect on the mental health of the person. Mental health and substance abuse were both identified as top health needs within the community in the most recent community health needs assessment. | | |
| | **Contributing Factors:** lack of availability of services, high cost, lack of insurance coverage, family and community dynamics, social support, and stigma | | |
| | **National Alignment:** Behavioral health was identified as a top health issue by Healthy People 2020. | | |
| | **Additional Information:** CHI Health received grant funding from CHI national to implement behavioral health programs planned by community coalitions developed through a previous planning grant | | |
| **1.1 Strategy & Scope:** Increase the overall awareness of and access to existing and potential resources and services among community stakeholders through an established behavioral health community coalition in Otoe County, with special outreach to underserved population. | | | |
| **Anticipated Impact** | | **Hospital Role/ Required Resources** | **Partners** |

| | | |
|---|---|---|
| • Key stakeholders are working together<br>• Increase community knowledge and action in addressing behavioral needs among community members | CHI Health System Role(s):<br>• Provides financial support<br>• System-level leadership by Behavioral Health Service Line<br><br>CHI Health St. Mary's Role(s):<br>• Sponsor<br>• Fiscal Agent<br>• Community Partner<br><br>Required Resources:<br>• Contracted staff 20 hours/week<br>• 0.1 FTE of St. Mary's Leadership Team Member for program administration<br>• CHI Mission & Ministry Grant Funding $180,760 (total for 3 years) | • Behavioral Health Coalition |
| **Key Activities** | **Measures** | **Data Sources/Evaluation Plan** |
| • Establish behavioral health subcommittee within P4OC<br>• Develop community behavioral health resource directory through a new established website, develop some printed materials, and promote materials/site.<br>• Develop communication plan to increase awareness of providers, onsite and via telepsych technology<br>• Update and broadly disseminate resource directory and/or design and implement mobile resource directory app<br>• Plan for sustainability and begin to implement sustainability plan | • # of coalition meetings & members<br>• # of resource directories distributed<br>• Coalition members rate coalition "effective"<br>• Increased use of hospital and community resources<br>• Increased use of telepsych | The Coalition and St. Mary's CBAT will review measures on a 6 month basis from the following sources:<br>• Coalition meeting minutes with attendance records and resource directory distribution<br>• Agencies and providers report on increased access<br>• Membership list maintained<br>• Hospital data |
| **Results** | | |
| **FY17 Key Activities:**<br>• Coalition leader hired, and coalition established in connection with Partners for Otoe County (P4OC) | | |

- Working with Heartland Family Services to ensure alignment and reduced duplication of effort in creating a community behavioral health resource.
- Telepsych, resource directory dissemination and sustainability plan work to begin in year 2 of grant.

**FY17 Measures: available for FY17 are coalition effectiveness ratings from Coalition members – other measures to develop in year 2/3.**

- 47% response rate – (15 of 32 members) rated coalition fairly low on effectiveness across all C.I. domains
- 51% report us e of common agenda
- 53% report shared measures being used
- 39% report mutually reinforcing activities
- 43% report continuous communication
- 57% report existence of backbone organization

**FY18 Actions and Impact**

- Completed and launched a coalition website to provide information on mental health and listing of mental health providers in the area – www.healthymindsne.com
- Funded promotion of website through two billboards listing website address and messaging to de-stigmatize mental health issues.

**FY18 Measures:**

- While coalition membership has declined, eight members of the coalition (out of 14 regular participants) responded to the coalition effectiveness survey (57% response rate). Coalition effectiveness ratings from coalition members has improved in all categories from FY17 to FY18:
    - From 51% in FY17 to 78% in FY18 report use of common agenda
    - From 53% to 57% report shared measures being used
    - From 39% to 50% report mutually reinforcing activities
    - From 43% to 68% report continuous communication
    - From 57% to 70% report existence of backbone organization

**FY19 Results Pending**

| **1.2 Strategy & Scope:** Outreach to the underserved populations in Otoe County in need of behavioral health services and connect them with peer support, mentoring and other services that meet individual needs. | | |
|---|---|---|
| **Anticipated Impact** | **Hospital Role/ Required Resources** | **Partners** |
| • Populations most at risk for lack of service are connected with care and resources to improve quality of life. | CHI Health System Role(s):<br>• Provides financial support<br>• System-level leadership by Behavioral Health Service Line<br>CHI Health St. Mary's Role(s):<br>• Sponsor<br>• Fiscal Agent<br>• Community Partner<br>Required Resources:<br>• See 1.1 | • Behavioral Health Coalition<br>• Other partners to be identified for peer program work |
| **Key Activities** | **Measures** | **Data Sources/Evaluation Plan** |
| • Identify partners and plan for outreach to underserved populations<br>• Engage the Mental Health Association at no cost to provide assistance in establishing a peer support program<br>• Implement outreach plans to reach the underserved populations and begin connecting them with peer support, mentoring and other services that meet individual needs and implement peer support program<br>• Implement one or more new best practice prevention programs for youth and families | • Type of outreach identified (program, event, etc.)<br>• # reached through outreach messages/recruiting efforts<br>• Peer support program developed<br>• # engaged in peer support program | Community coalition and St. Mary's CBAT will review data from this program once established on a quarterly basis from the following sources:<br>• Coalition meeting minutes/reports<br>• Peer program documentation |
| **Results** | | |
| **FY17 Key Activities:** | | |

- Work of this strategy to begin year 2 following coalition building in previous year

**FY17 Measures:**

- No measures to report on this work until years 2/3 (FY18 and FY19) of grant.

**FY18 Actions and Impact**

- Supported the offering of Bridges Out of Poverty training for community stakeholders to raise awareness on the nuances of poverty and elements of living in poverty that tend to be cyclical and difficult to overcome for those in poverty.
    - Attendees were from schools, library, adult protective services, housing authority and Southeast Nebraska Community Action Partnership

**FY18 Measures:**

- 22 Community members attended the Bridges Out of Poverty Training

**FY19 Results Pending**

| **1.3 Strategy & Scope:** Create and implement a community-wide behavioral health training plan for law enforcement, healthcare and other community-based workers. | | |
|---|---|---|
| **Anticipated Impact** | **Hospital Role/ Required Resources** | **Partners** |
| • Increase behavioral health knowledge and the use of effective and empathetic action by community-based professionals when dealing with behavioral health issues among community members. | CHI Health System Role(s):<br>• Provides financial support<br>• System-level leadership by Behavioral Health Service Line<br>CHI Health St. Mary's Role(s):<br>• Sponsor<br>• Fiscal Agent<br>• Community Partner<br>Required Resources:<br>• See 1.1 | • The Network<br>• Coalition partners |
| **Key Activities** | **Measures** | **Data Sources/Evaluation Plan** |
| • Create a community-wide training plan and implement two community-wide trainings: Wellness Recovery Action Plan (WRAP) training and Mental Health First Aid training.<br>• Support the Law Enforcement Educational Opportunity – Stepping Up Initiative.<br>• Implement other trainings identified to strengthen BH knowledge and skills to school staff, law enforcement, EMT's and other partners including community members. | • # of training events/prevention programs offered<br>• # individuals trained<br>• % reporting increased knowledge and skill to support those with mental illness as a result of training<br>• Satisfaction with training<br>• Increased referrals of psych patients to appropriate treatment | The Hospital CBAT will review training reports and information on a quarterly or 6 month basis from the following sources:<br>• Coalition documentation/ meeting minutes<br>• Training evaluations<br>• Hospital ED data |
| **Results** | | |
| **FY17 Key Activities:**<br>• Two Mental Health First Aid (MHFA) Trainings were held<br>• Community-wide plan for training still being developed | | |

**FY17 Measures:**

- 33 participants from 15 organizations trained in MHFA
- 100% report increased confidence and ability to offer assistance as well as correct misconceptions RE: mental illness

**FY18 Actions and Impact**

- Provided support to two coalition members to attend Stepping Up Initiative Summit to understand whether implementation of Stepping Up was relevant for Otoe County Community. Stepping Up is aimed at reducing mental illness in jails.
- Coalition hosted the following trainings for community-based stakeholders
    - Wellness Recovery Action Plan (WRAP) I in February 2018 hosted ten participants from ministerial association, housing authority, mental health practitioners, and a domestic violence organization to learn how to write a wellness recovery action plan to help address mental health issues and create a balanced life for long-term success.
    - WRAP II in April 2018 hosted five participants from domestic violence organization, housing authority, and mental health practitioners to learn how to offer WRAP I trainings.
    - WRAP I is being implemented by trained facilitator at Arbor Psychiatric & Wellness Center in Nebraska City with junior high school students referred by school counselors.

**FY18 Measures:**

- WRAP I Training Post-evaluation
    - 100% in WRAP I training reported “have hope they I can and will feel better”
    - 90% “have some ideas on how to develop some new friends or to strengthen relationships I have with current friends and family members”
    - 100% reported the activities “gave me an opportunity to gain a new, more hopeful attitude”
- WRAP II Training Post-evaluation
    - 100% report the training exceeded or met the following expectations
        - Overall learning experience
        - Relevance of material
        - Group discussions
        - Strong presenters
        - 4 youth were served by WRAP in FY18 and have written wellness recovery action plans for success. Evidence of the impact of these plans is yet to be determined.

**FY19 Results Pending**

## Priority Area # 2: Cancer

**Goal**

**To reduce the mortality of cancer through increased awareness and use of early detection methods.**

**Community Indicators**

**CHNA 2013** Age-adjusted mortality expressed as average rate per 100,000 population:

- Colon 44.7 per 100,000 Otoe County
- Lung 82.5 per 100,000 Otoe County

**CHNA 2016** Cancer Incidence rate for Otoe County expressed as avg annual number of new cases per 100,000 population by site (2008-2012)

| Type of Cancer | Otoe County Range | Nebraska Avg Rate |
|---|---|---|
| All Sites (2012) | 389.8-433.0 | 433.1 |
| Colorectal | 41.5-46.0 | 46.1 |
| Female Breast | 25.8-110.3 | 122.7 |
| Lung & Bronchus | 53.0-58.8 | 58.9 |
| Prostate | 24.6-113.0 | 125.7 |

Age-adjusted cancer mortality rate for Otoe County expressed as average annual number of deaths per 100,000 population by site (2008-2012)

| Type of Cancer | Otoe County Range | Nebraska Avg Rate |
|---|---|---|
| All Sites (2012) | 147.7-164.0 | 164.7 |
| Colorectal | 5.8-15.1 | 16.9 |
| Female Breast | 1.7-17.6 | 19.7 |
| Lung & Bronchus | 39.7-44.0 | 44.1 |
| Prostate | 24.3-59.6 | 22.0 |

**CHNA 2019**

**Timeframe**

FY17-FY19

| | |
|---|---|
| **Background** | **Rationale for priority:** While cancer rates have declined across all sites and measures in Otoe County, **t**he community identified cancer as a continued top health need in the community. Hospital leadership has prioritized this for implementation planning based on community input from the Community Health Needs Assessment (CHNA), existing work, and the need to prevent a change in the positive trend. Average Radon Concentration for Otoe County in piCi/L is 9-10 and should be under 4. |
| | **Contributing Factors:** Awareness of the benefits and availability of various cancer screenings, high deductible insurance plans, high levels of Radon in community |
| | **Research (if appropriate):** The Community Guide (Centers for Disease Control and Prevention) recommend evidence-based practices that help clinical staff identify individual screening needs and electronic records provide ways to alert health care teams to educate and/or refer patients for screening as needed. The Guide also states that reducing structural barriers and client out-of-pocket costs increases screening compliance. |
| | **National Alignment:** Healthy People 2020 has objectives around reduction of cancer death rates, increasing the proportion of adults who receive counseling about cancer screening consistent with current guidelines. |
| | **Additional Information:** Expansion of overall awareness, education and oncology services in the community was on St. Mary's most recent implementation strategy plan. The following strategies are a continuation of this work previously established and confirmed for continued efforts through community input. |

**2.1 Strategy & Scope:** Continue and expand educational campaign around the risk factors for cancer, importance of cancer screenings, and explore methods to reduce barriers to screening.

| **Anticipated Impact** | **Hospital Role/ Required Resources** | **Partners** |
|---|---|---|

| | | |
|---|---|---|
| • Reduction in late detection of preventable cancers<br>• Increased awareness and utilization of available screenings<br>• Reduction of cancer disparities due to increased screening availability for un/under-insured or low-income populations | CHI Health System Role(s):<br>• Survey/Evaluation support<br>• Campaign materials (marketing/ communications team & oncology service line)<br>CHI Health St. Mary's Role(s):<br>• Fund, create, and implement campaign<br>Required Resources:<br>• Staff time<br>• Funding<br>• Promotional Print/electronic resources | • CHI Health Communications & Marketing Team<br>• CHI Health Oncology Service Line<br>• Nebraska City Medical Clinic<br>• Specialty clinic and providers |
| **Key Activities** | **Measures** | **Data Sources/Evaluation Plan** |
| • Survey community to identify specific issues with cancer screening (knowledge of screening benefits, access due to cost or physical barriers)<br>• Prioritize barriers for intervention, write intervention plan and identify available data to measure outcome of work in this strategy<br>• Partner with local organizations to continue to promote education campaign on the availability and benefits of cancer screenings.<br>• Explore the use of technology to help patients understand personal risk for certain cancers and how to access screenings and/or prevent cancer [Promote CHI Health's cancer risk assessment tools (www.chihealth.com/cancer-support-team)]<br>• Explore partnership with Every Woman Matters<br>• Partner with local agencies to engage the community in Radon awareness, testing and mitigation<br>• Evaluate sliding scale fees model for breast, colorectal and lung screenings as these services are not included in the current Neb. City Medical Clinic sliding fee model and are done by the hospital.<br>• Explore possibility of offering a "Direct to Employer" bundle of services for screening, education and treatment referral as needed. | • # of surveys obtained/survey results<br>• # of outside organizations sharing campaign messaging<br>• Screening rates<br>  ○ Breast<br>  ○ Colorectal<br>  ○ Lung/bronchus<br>• Estimated # reached through messaging<br>• # served by free or low-cost screenings | Community survey will be distributed and reviewed by hospital team in Year 1.<br><br>Additional data will be reviewed on a 6 month basis following survey completion, by hospital team from Hospital and NE Medical Clinic/Specialty Clinic data.<br><br>Screening data will be reviewed by St. Mary's CBAT on a quarterly basis. |

**Results**

**FY17 Key Activities**

- Clinic team already participates in the 80% screened by 2018 and tracking screening rates for Nebraska City Medical Clinic patients.
- Surveyed community members on knowledge of screening and desired information
- Partnered with the Southeast District Health Department to distribute Radon test kits to homeowners
- Partnered with CHI Health Oncology Service Line to distribute Fecal Occult Blood test (FOBT) kits for free screening for bowel screening
- Created informational material on screening for cancer

**FY17 Measures**

- 55% patients eligible to be screened for breast cancer are current with screenings
- 63% of patients eligible to be screened for colorectal cancer current with screenings.
- 40 Radon test kits distributed
- 32 returned/reported scores
- Avg score is over 11pCi/L (acceptable range is 4 pCi/L)

**FY18 Actions and Impact**

- Cancer screening efforts established in FY16 and FY17 continued in FY18.

**FY18 Measures:**

- 55% patients eligible to be screened for breast cancer are current with screenings as of FY17 (Baseline)
- 67% of patients eligible to be screened for colorectal cancer current with screenings as of FY17 (Baseline; Goal = 80%)

**FY19 Results Pending**

| Priority Area # 3: Maternal & Child Health | |
|---|---|
| **Goal** | **Improve health and social well-being for children and families at risk for experiencing adverse childhood experiences (ACEs).** |
| **Community Indicators** | **CHNA 2013** Infant mortality in Southeast District Health Dept. (SEDHD) five-county area = 4.3 per 1,000 live births (2013)<br>Low infant birth weight births in SEDHD area = 4.9% (2013)<br>Percentage of infants born to a woman receiving prenatal care beginning in the first trimester in SEDHD area = 65.9% (2013)<br>Teen Birth Rate among 15-17 year old females in SEDHD area = 9.4 per 1,000 population (2013) |
| | **CHNA 2016:** Infant mortality in Southeast District Health Dept. (SEDHD) five-county area = 7.0 per 1,000 live births (2014)<br>Low infant birth weight births in SEDHD area = 4.9% (2014)<br>Percentage of infants born to a woman receiving prenatal care beginning in the first trimester in SEDHD area = 70.7%<br>Teen Birth Rate among 15-17 year old females in SEDHD area = 7.9 per 1,000 population (2014) |
| | **CHNA 2019** |
| **Timeframe** | FY17-19 |
| **Background** | **Rationale for priority:** St. Mary's has an existing partnership with the Southeast District Health Department (SEDHD) to offer Growing Great Kids which has been addressing this health need area, and the partners (CHI Health St. Mary's and SEDHD) have also identified a need to address sustainability of this evidence-based program. |
| | **Contributing Factors:** Poverty, parenting skills, access to resources and support for positive parenting and healthy child development |
| | **Research (if appropriate):** Growing Great Kids is an affiliate of Health Families America (HFA), an evidence-based model for home-visitation serving families who are pregnant or have infants/young children at risk for adverse childhood experiences. |
| | **National Alignment:** Healthy People 2020 objectives include increasing proportion of pregnant women receiving prenatal care in first trimester; increasing abstinence from alcohol, tobacco and other drugs during pregnancy; increasing the proportion of parents who use positive communication with their child. |
| | **Additional Information:** The Growing Great Kids staff is currently in the process of obtaining full accreditation through HFA (October 2017 site visit – peer review/decision December 2017). This program also helps families establish a medical home. |

| **3.1 Strategy & Scope:** Offer evidence based, in-home visitation program to families identified at-risk for adverse childhood experiences (parents who are low-income, reported or suspected substance use, low support system, or mental health issues) in Otoe, Johnson and Nemaha Counties to provide education and support during pregnancy and through the child's third year to ensure healthy development and positive parenting. | | |
|---|---|---|
| **Anticipated Impact** | **Hospital Role/ Required Resources** | **Partners** |
| • Improvement in birth outcomes (breastfeeding initiation, adequate birth weight) for infants born to mothers most at risk for delivering low birth weight babies<br>• Parents feel prepared and equipped to parent with positive communication<br>• Improvement in child health outcomes (social, emotional and physical) | CHI Health System Role(s):<br>• Grant writing support<br>CHI Health St. Mary's Role(s):<br>• Sponsor/partial funder<br>• Funding & resource development<br>Required Resources:<br>• Funding (approx. $75,000)<br>• St. Mary's Healthy Communities Coordinator staff time (approx. 5 hrs/wk) | • Southeast District Health Department (SEDHD)<br>• Nebraska City Medical Clinic |
| **Key Activities** | **Measures** | **Data Sources/Evaluation Plan** |
| • Implement GGK to provide at least 800 home visits to at least 50 families in the five-county service area for Southeast District Health Department<br>• Explore the possibility of measuring change in the Healthy Families Parenting Inventory (HFPI) from entrance into the program to various intervals (3 months, 6 months, etc.)<br>• Determine sustainability of program housed at SEDHD<br>• Work with community stakeholders to write plan for sustainability<br>• Acquire funding necessary to support program long-term | • # children establishing a medical home<br>• Rate of breastfeeding initiation<br>• % of children in program receiving relevant and timely well-child checks and immunizations<br>• # families identified as eligible vs. # families served<br>• # families completing program<br>• # Staff/hours to provide program | Data will be reviewed by SEDHD and shared with CHI Health St. Mary's CBAT team on a quarterly basis from<br>• SEDHD referral and program data |
| **Results** | | |
| **FY17 Key Activities**<br>• Continued financial support to Growing Great Kids programming in the amount of $115,472. | | |

- Program began working on accreditation through Healthy Families America

**FY17 Measures:**

- 100% of active families have been connected to a medical home
- 3 families breastfeeding at first home visit
- 100% of children are up-to-date on immunizations and well-child checks
- 16 positive assessments conducted in FY17
- 8 of 16 (50%) of eligible families entered the program in FY17
- 3 families terminated in FY17 due to aging out of program – child passed 36 mont

**FY18 Actions and Impact**

- Continued financial and some administrative leadership support to Growing Great Kids programming primarily administered through the Southeast District Health Department.
- Program continued to work on achieving accreditation through Healthy Families America, after receiving some initial feedback from HFA.

**FY18 Measures:**

- 18/20 (90%) of active families have been connected to a medical home
- 3/8 (37.5%) of families breastfeeding at first home visit
- 0/1 (0%) of children age 1+ years old received 6 mo immunizations
- 1/2 (50%) children age 2+ years old received 18 mo immunizations
- 18 positive assessments conducted
- 10/18 (55.5%) of eligible families entered the program
- 3 families terminated in FY18 due to aging out of program (child >36 months of age).

**FY19 Results Pending**

| Priority Area # 4: Obesity (Nutrition, Physical Activity and Weight Status) | |
|---|---|
| **Goal** | **Improve weight status, healthy eating, and physical activity in children and families through education, environment change, and increased access to healthy foods.** |
| **Community Indicators** | **CHNA 2013** 33% of Otoe County adults ages 18 and over were obese (BMI at 30 or higher)<br>29% of adults age 20 and over report no leisure time physical activity |
| | **CHNA 2016** 34% of Otoe County adults ages 18 and over were obese (BMI at 30 or higher) (state comparison: 30%).<br><br>30% of adults age 20 and over report no leisure-time physical activity in Otoe County |
| | **CHNA 2019** |
| **Timeframe** | |
| **Background** | **Rationale for priority:** Identified as a top health need in the community through review of data and validation through community input. Hospital team has not seen change in childhood obesity and recognizes that poor lifestyle behaviors and weight status can increase risk for chronic disease and have negative effects on long-term health of a child. |
| | **Contributing Factors:** fruit and vegetable consumption, physical activity, access to healthy foods, socioeconomic status, and lack of knowledge around benefits of healthy eating and active living |
| | **National Alignment:** Healthy People 2020 objectives include reducing in the proportion of children, adolescents and adults who are considered obese; increasing the contribution of fruits, vegetables and whole grains to the diets of population aged 2 years and older; and reducing sugar intake for the same population. |
| | **Additional Information:** Previous work within the schools was conducted through a grant to provide materials from Go Nebraska Kids and the *5-4-3-2-1 Go!®* healthy kids countdown. Current work will take this into account and consider integration with the schools for continued use as part of the strategy. |

| **4.1 Strategy & Scope:** Engage local school district's leadership to identify realistic and relevant strategies to promote physical activity and healthy eating habits to elementary-age youth and their parents in Otoe County schools. | | |
|---|---|---|
| **Anticipated Impact** | **Hospital Role/ Required Resources** | **Partners** |

| | | |
|---|---|---|
| • Children will learn and practice healthy eating and physical activity habits<br>• Overall childhood obesity will decrease. | CHI Health St. Mary's<br>• Convener<br>• Additional roles TBD<br><br>Required Resources:<br>• Staff time and resources to be determined based on work selected | • *Partners for Otoe County*<br>• School Districts:<br>  ○ Neb. City Public Schls<br>  ○ Lourdes Central Catholic<br>  ○ Syracuse Public Schools<br>  ○ Palmyra Bennet |
| **Key Activities** | **Measures** | **Data Sources/Evaluation Plan** |
| • Year 1: Partner with local school districts to identify relevant and realistic ways to address childhood obesity in Otoe County including an environmental scan of current work/gaps, review of evidence-base, and analysis of resources and community capacity – Work scope will include a parent information or engagement element.<br>• Identify ways to support the schools in capturing BMI or healthy-habit related data<br>• Identify available measures for behavioral or physical outcomes.<br>• Year 2 & 3: Implement programming and support school adoption/integration of programming | • BMI for elementary-age children in Otoe County<br>• Data identified to measure healthy habits for elementary-age children<br>• Other measures to be identified based on intervention or programs implemented | Hospital CBAT will review and monitor a strategy and action plan once developed on a 6 month basis from school and/or clinic data, to be determined.<br><br>Hospital CBAT will review remaining data on an annual basis as available from:<br>• Nebraska SHARP Surveillance system (2017 Spring NRPFSS Otoe County report – bi-annually)<br>• St. Mary's Survey. |
| **Results** | | |
| **FY17 Key Activities**<br>• Team has made multiple attempts over last FY and prior to connect with the schools and schools have been unresponsive<br>• Team considering replacing this strategy with community gardening and food access strategy – work to be determined in year 2 (FY18).<br><br>**FY17 Measures** – no impact measures to report | | |
| **FY18 Actions and Impact** | | |

- Team made multiple attempts over in FY17 (and prior years) to connect with the schools and schools have been unresponsive, therefore St. Mary's will not pursue this strategy further.
- Team opened a community garden, through volunteer hours from St. Mary's team members. Garden participants paid a small fee for the plot, primarily to cover seeds and tools for the garden.
- Planning for FY19 is underway and a focus on making garden freely available to those who need it most is being emphasized for the next season. As season evolves, team will determine whether this will be a strategy for the next FY20-FY22 Implementation Strategy Plan.

**FY18 Measures:** No measures to report

**FY19 Results Pending**

| **4.2 Strategy & Scope:** Identify and implement evidence-based program (e.g. Healthy Families) for families with a child 4-18 at risk for chronic disease due to obesity in Otoe County. | | |
|---|---|---|
| **Anticipated Impact** | **Hospital Role/ Required Resources** | **Partners** |
| • Improve healthy eating and physical activity habits of families<br>• Reduce and prevent overweight/obesity in participating families<br>• Increase knowledge of participating families around nutrition, physical activity, and healthy goal setting | CHI Health St. Mary's Role(s):<br>• Host Site<br>• Lead implementer<br><br>Required Resources:<br>• $6K-$8K per session (planning only in year 1) (includes food, supplies, staff/professional time, incentives etc.) | • Nebraska City Medical Clinic<br>• Others to be determined |
| **Key Activities** | **Measures** | **Data Sources/Evaluation Plan** |
| Year 1:<br>• Develop infrastructure to support and sustain program (e.g. Healthy Families Program model)<br>• Identify staff coordinator<br>Years 2/3:<br>• Implement program (at least one session in year 2)<br>• Engage local physicians to provide referrals and support program<br>• Recruit and retain up to 10 families per session<br>• Review first session and make adjustments to address challenges.<br>• Host two sessions per year, starting Year 3 | • # of sessions held<br>• # families served per session<br>• Other measures to be determined based on selected intervention | Data will be reviewed and monitored by an internal team bi-annually using the following data sources:<br>• Program attendance sheets (collected after each session)<br>• Pre- & post-survey data (collected after each session) |
| **Results** | | |
| **FY17 Key Activities**<br>• Site lead identified, and contractors recruited for behavioral health & physical activity<br>• First session planned and recruitment held for first session to begin in FY18 | | |

**FY17 Measures** Measures reported after first sessions held FY18

**FY18 Key Activities:**

- St. Mary's Team planned and recruited during the FY18 year, and the first session of Healthy Families was to be held in September of 2018 (FY19) so will be reported on the FY19 Schedule H tax narrative.

**FY18 Measures:** No measures to report

**FY19 Results Pending**

| Priority Area # 5: Violence | | | |
|---|---|---|---|
| **Goal** | **Reduce youth violence through education and awareness to youth and community leaders around healthy social interactions.** | | |
| **Community Indicators** | **CHNA 2013** 12 Juvenile arrests for assault age 17 and under (NE Crime Commission) (2013)<br>% of students that were bullied during past 12 months: 41.4%=8th grade; 37.9%=10th grade; 24.3%=12th grade<br>% of students attacking someone to harm in past 12 months: 8.9%=8th; 5.3%=10th; 1.4%=12th | | |
| | **CHNA 2016** 7 Juvenile arrests for assault age 17 and under (NE Crime Commission) (2014)<br>% of students that were bullied during past 12 months: 60.6%=8th grade; 37.5%=10th grade; 39.8%=12th grade<br>% of students attacking someone to harm in past 12 months: 5.8%=8th; 7.9%=10th; 5.9%=12th | | |
| | **CHNA 2019** | | |
| **Timeframe** | | | |
| **Background** | **Rationale for priority:** The community ranked violence as a top health need related to domestic violence and general input revealed a generational cycle of dysfunction in families in the area related to substance use and violence. Existing work through an established coalition has been developing and implementing needs-based interventions since 2009. | | |
| | **Contributing Factors:** Youth bullying, domestic violence, social cohesion, education level, socio-economic status | | |
| | **Research (if appropriate):** Children exposed to violence in the home engagein higher levels of physical bullying than children who were not witnesses to such behavior. (http://archpedi.jamanetwork.com/article.aspx?articleid=1107602) | | |
| | **National Alignment:** US Department of Health & Human Services launched the website Stopbullying.gov to help parents, educators and community leaders begin work around bullying in the community. Healthy People 2020 objectives call for a reduction in children's' exposure to violence. | | |
| | **Additional Information:** CHI Health received grant funding from CHI national to implement violence prevention programs planned by community coalitions for FY12-FY17. | | |
| **5.1 Strategy & Scope:** Build sustainability of the United Against Violence (UAV) work addressing youth bullying for those age 10-17 years in Otoe County. | | | |
| **Anticipated Impact** | | **Hospital Role/ Required Resources** | **Partners** |

| | | |
|---|---|---|
| • Reduction in reported incidence of youth violence (bullying, assault and physical aggression "attacking to harm") | CHI Health St. Mary's Role:<br>• Community Partner<br>• Partial Funder<br>• Event host/co-host<br>• Program coordination<br><br>Required Resources:<br>• Second Step Curriculum<br>• CHI Mission & Ministry Funding at $82,496 (FY17)<br>• St. Mary's Healthier Communities Coordinator time (approx. 8-10 hrs/wk) | • Partners for Otoe County<br>• Local businesses (TBD)<br>• School Districts:<br>  ○ Neb. City Public Schools<br>  ○ Syracuse Schools<br>  ○ Palmyra Bennett Schools<br>  ○ Lourdes Central Catholic |
| **Key Activities** | **Measures** | **Data Sources/Evaluation Plan** |
| • Identify sustainable funding for ongoing UAV work (staff coordinator and materials) to continue to promote ten key violence prevention messages.<br>• Continue to engage key community stakeholders and youth-serving organizations in UAV Coalition work<br>• Engage coalition members and local youth-serving organizations in developing practices or policies that support primary violence prevention.<br>• Offer continued support and technical assistance to schools using the Second Step curriculum.<br>• Provide violence education and conflict resolution training to Leadership Nebraska City, a group of community leaders.<br>• Evaluate overall grant impact through key stakeholder interviews and repeat surveys taken at baseline. | • # of youth reporting "attacking to harm" someone (reports of physical aggression) (decrease)<br>• # juvenile arrests (decrease)<br>• # incidences of school violence (decrease)<br>• # local organizations engaged in sharing the message and/or implementing violence prevention policies at site (increase)<br>• # schools/# teachers (classrooms) using second step curriculum | Hospital CBAT will review and monitor a sustainability plan once developed on a 6 month basis.<br><br>Information will be collected from the following sources:<br>• Nebraska SHARP Surveillance system (2017 Spring NRPFSS Otoe County report – bi-annually)<br>• CHI Health Annual Survey – (Results Spring 2017 and annually)<br>• School reports(6-9 mos)<br>• NE Crime Commission (annually)<br>• UAV Coalition minutes (Quarterly) |
| **Results** | | |
| **FY17 Key Activities**<br>• Grant completed, and no renewal, however local coalition is committed to sustaining this work | | |

- Local coalition planning for sustainability in FY18
- Four local school districts utilizing Second Step curriculum provided as part of this work, and are “extremely pleased”
- Coalition work focused on school work and social campaign messaging, so business & organizational policies were not pursued by coalition team members.

**FY17 Measures**

- Improvement in FY17 from 12.7% of students attacked w/intent to harm (Baseline) to 7.5% of students

**FY18 Actions and Impact**

- Grant funding from a three-year grant initiated in 2014, was carried over to extend work for a fourth year through FY18
- St. Mary’s is continuing to support the initiative financially through coordination and community messaging to include paid advertising.
- Local community businesses have begun to
- Four local school districts utilizing Second Step curriculum provided as part of this work, and are “extremely pleased”.
- Coalition work focused on school work and social campaign messaging, so business and organizational policies were not pursued by coalition team members.
- Coalition and schools report the social messaging has been adopted by students and community members at-large, and t-shirts, yard signs, and social posting has begun to be commonplace in the community.

**FY18 Measures:**

- Improvement in FY17 from 12.7% of students attacked w/intent to harm (Baseline) to 7.5% of students
- Local businesses have begun to post the #BeKind messaging on site, however no school or business policy measures to report at this time – work focused on schools and community social campaign

**FY19 Results Pending**

## Dissemination Plan

CHI Health St. Mary's will make its CHNA document 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: Excerpts from 2019 Southeast District Health Department Community Health Needs Assessment

The following provides an overview from Southeast District Health Department on the process conducted to review data and engage stakeholders in identifying top health needs in the community. This does not reflect the full CHNA document produced by SEDHD, as that document will be posted online by September 2019 at www.sedhd.org/datastatistics.html.

# Excerpts from:

# Southeast Health District

# 2019 Community Health Needs Assessment

Courtesy of Southeast District Health Department – May 1, 2019

# TABLE OF CONTENTS

# INTRODUCTION

Under direction of the Southeast District Health Department (SEDHD), the 2019 Community Health Needs Assessment (CHNA) was created for the five counties within the Southeast Health District (Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties). This assessment was completed in partnership with the district's six non-for-profit hospitals; Johnson County Hospital, Nemaha County Hospital, CHI St. Mary's, Syracuse Area Health, Pawnee County Memorial Hospital, and Community Medical Center; the Nebraska Association of Local Health Directors (NALHD), and various other community partners and agencies. This assessment serves as the fundamental basis for the Community Health Improvement Plan (CHIP) and as a reference document for the six hospitals to assist with strategic planning. Lastly, this assessment provides a multitude of data to inform and educate interested community partners on the health status of population.

The CHNA process is a collaborative effort and aims to serve as a single source of data for community partners and organizations. The primary objective of this assessment is to describe the health status of the population, identify areas for health improvement, and outline the health priorities of the communities. To provide a continuous and up-to-date data, this assessment will be updated every three years. Subsequent revisions to this assessment should evaluate progress towards health priorities and detail new priorities, when applicable.

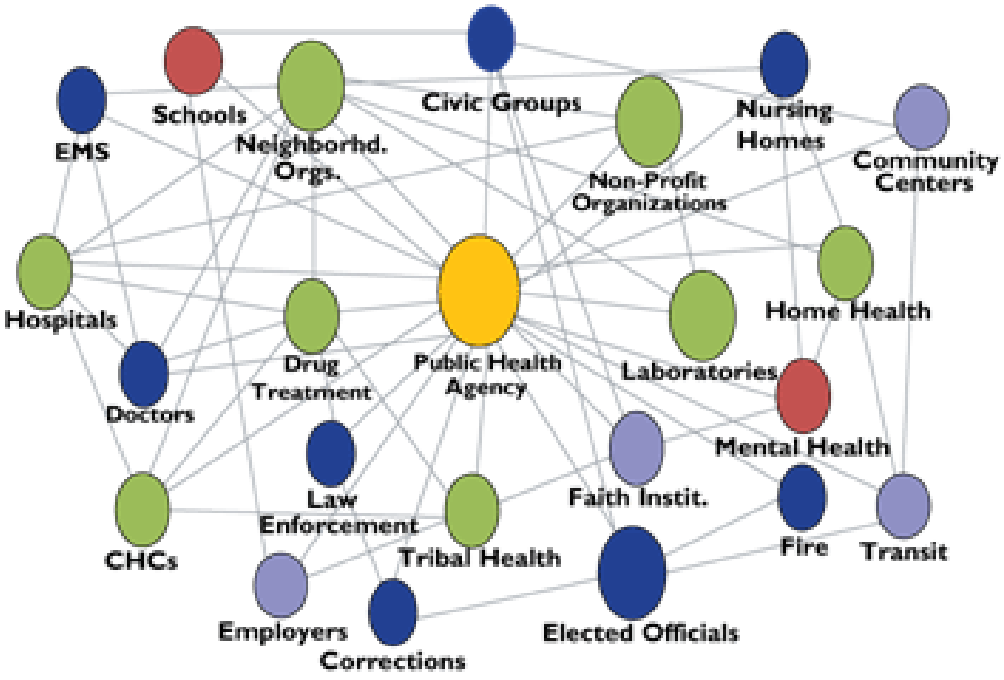
This report contains a broad array of demographic and public health data collected from secondary sources and includes primary data collected by SEDHD. See "Description of Data Sources" section for more information on the main sources of data.

# COMMUINTY HEALTH AND THE PUBLIC HEALTH SYSTEM

Community health includes a broad array of issues addressed by numerous agencies. Topics that fall under community health include such things as access to health care, child welfare, crime, alcohol and tobacco use, drug use, poverty, obesity, diabetes, adolescent and child health, chronic diseases, and a broad array of other epidemiological topics.

The health of a community is addressed by a collaborative effort between a broad spectrum of community agencies and goes beyond efforts typically undertaken by hospitals and the public health department. Figure ## outlines an example illustration of the public health network detailing interdisciplinary relationships between public, private, faith based, and non-profit agencies that effectively address the health needs of the community.

Figure 1: The Public Health System




Source: Centers for Disease Control and Prevention, 2018

## DESCRIPTION OF DATA SOURCES

Table bleow presents a summary of the most frequently cited sources used in this assessment.

| **Frequently Cited Data Sources.** | |
|---|---|
| Behavioral Risk Factor Surveillance System (BRFSS) | - A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health. Note that all BRFSS data are age-adjusted, except for indicators keying on specific age groups. The data are also weighted by other demographic variables according to an algorithm defined by the CDC. |
| County Health Rankings | A wide array of data from multiple sources combined to give an overall picture of health in a county. Examples of data include premature deaths, access to locations for physical activity, ratio of population to health care professionals, violent crimes, and many other indicators. County Health Rankings provides health outcomes and health factors rankings for 78 counties in Nebraska. |
| Nebraska Crime Commission | Annual counts on arrests (adult and juvenile) by type submitted voluntarily by local and state-level police departments |
| Nebraska Department of Education | Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores. |
| Nebraska Department of Health and Human Services (DHHS) | A wide array of data around births, mortality, child abuse and neglect, health professionals, and other areas. Note that all mortality data are age-adjusted. |
| Nebraska Risk and Protective Factor Student Survey (NRPFSS) | A survey of youth in grades 8, 10, and 12 on risk factors such alcohol, tobacco, and drug use, and bullying. |
| U.S. Census/American Community Survey | - U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey |

# FOCUS GROUPS

As a part of the 2019 CHNA and CHIP process, SEDHD contracted with the NALHD to plan and facilitate five focus groups within the SEDHD region. The focus group schedule included:

- December 3, 2018—Otoe County, Nebraska City—meeting hosts: CHI Health
- December 20, 2018—Pawnee County, Pawnee City—meeting hosts: Pawnee County Memorial Hospital
- December 20, 2018—Richardson County, Falls City—meeting hosts: Community Medical Center
- January 21, 2018—Otoe County, Syracuse—meeting hosts: Syracuse Area Health
- January 21, 2018—Nemaha County, Auburn—meeting hosts: Nemaha County Hospital

Focus group participants were leaders in communities (including but not limited to local businesses, schools, social service agencies, hospitals, local government, economic development, faith-based organizations, spirited community citizens, etc.) within the corresponding counties of the health district. Participants of the focus groups were recruited by SEDHD and partnering hospitals (CHI Health, Community Medical Center, Pawnee County Memorial Hospital, Syracuse Area Health and Nemaha County Hospital). All focus groups were facilitated by NALHD staff using Technology of Participation (ToP)[1] methods. Table 1 defines the target population, location, number of participants and characteristics of each focus group.

**Table 1: Focus group characteristics**

| Location | Number of Participants | Participant's Gender |
|---|---|---|
| Otoe County, Nebraska City<br>CHI Health | 22 | 8 Men<br>14 Women |
| Pawnee County, Pawnee City<br>Pawnee City Library | 10 | 6 Men<br>4 Women |
| Richardson County, Falls City<br>Community Medical Center | 10 | 6 Men<br>4 Women |
| Otoe County, Syracuse<br>Syracuse Area Health | 18 | 5 Men<br>13 Women |
| Nemaha County, Auburn<br>Nemaha County Hospital | 15 | 7 Men<br>8 Women |

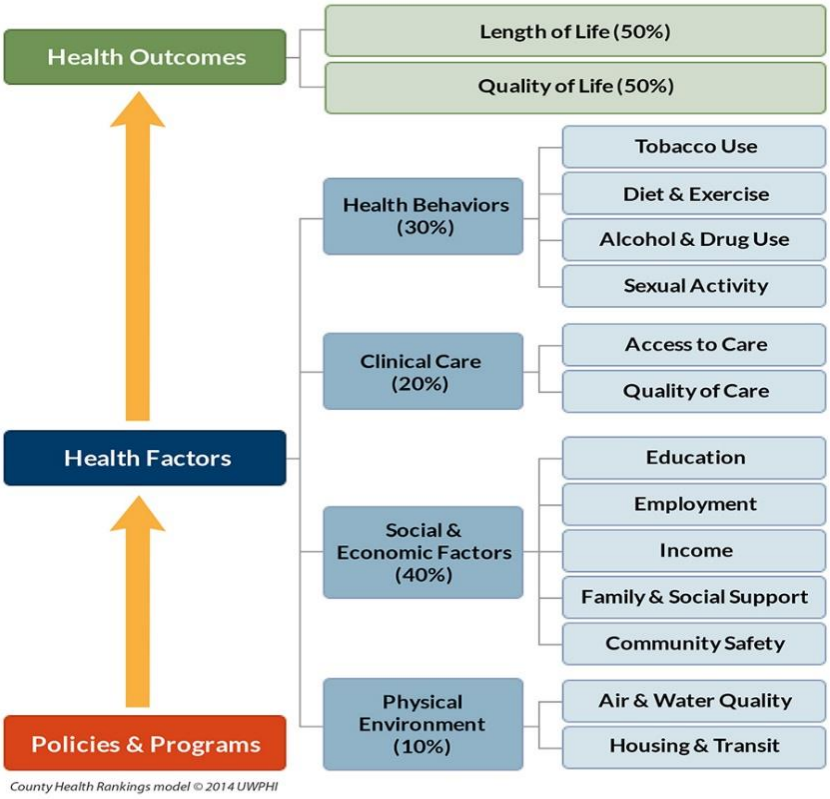
Focus groups lasted for two hours. In each of the focus groups, participants were given a data packet specific to their respective county, created by SEDHD and NALHD, that consisted of data from secondary sources (such as BRFSS, County Health Rankings and Roadmaps, American Community Survey/US Census Bureau, Nebraska Department of Education, and so on) to provide a broad overview of the county's health status.

County Health Rankings and Roadmaps (CHRR), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin, provides reliable local data and evidence to communities to

[1] Technology of Participation: https://www.ica-usa.org/top-training.html

help them identify opportunities to improve their health. The CHRR model is a useful foundation for the SHDHD CHNA/CHIP process and consideration of the broad factors that influence health in the district. The CHRR[2] approach illustrates how the conditions in which we live, work, and play impact our health—often more than clinical care. Health outcomes (length of and quality of life) for a community is greatly impacted by health factors (modifiable conditions within a community) such as social and economic factors, health behaviors, physical environment and clinical care, which in turn are influenced by local, state and national policies and programs. Figure 1 illustrates the CHRR approach to community health.

**Figure 1. County Health Rankings and Roadmaps**




Additionally, focus group participants reviewed survey response data from the community health survey (administered by SEDHD and their partners in the five-county area). Specifically, the group considered survey respondents' 1) three most important factors that would contribute to a high quality of life in the community, 2) three most important health concerns in the community, and 3) three most important risky behaviors in the community.

After a few minutes of individual review, NALHD facilitators asked the group to share and discuss what they knew about the county given the data, the unknowns about the county, the strengths within the

county, and the opportunities that exist or could exist in the county. After this discussion, NALHD asked the group to use three dot stickers to prioritize opportunities for moving forward.

[2] County Health Rankings and Roadmaps http://www.countyhealthrankings.org/what-is-health

## Highlights

This section highlights the emerging themes from the 5 focus groups.

- ***Areas of concern/improvement*** clustered mainly within the health behavior and economic domains. Health behavior issues included prevalence of substance use/abuse and physical inactivity, and high rates of obesity, cancer, heart disease and mental health needs (including suicide rates). Participants expressed that negative lifestyle choices/health behaviors are pervasive and intergenerational (i.e. tobacco use, limited physical activity and unhealthy eating). Economic issues included the prevalence of poverty (among families and children) and the need to strengthen the family structure; for higher paying jobs and jobs for spouses in order to recruit and retain professionals; for affordable/quality childcare options for all income brackets; and for affordable, quality housing (especially for low-income and aging populations). Clinical care issues included limited access to mental health services among the population in general and within schools.

- ***Strengths*** lie within the clinical care, economic and social domains—specifically a good number of healthcare providers (such as physicians, pharmacists, dentists, optometrists, emergency medical services) and well-appointed local healthcare facilities; a good sense of community and community pride among residents; a strong economy with low to middle wage jobs and low unemployment rates; local commerce for everyday needs (such as grocery stores, hardware stores, etc.); collaboration among public-private partnerships; good schools (and some with local higher-education opportunities) and other community resources (such as pools, libraries, churches, parks and recreation programs, etc.).

Emerging themes for ***opportunities*** across the 5 focus groups included:

- Targeting mental health needs through the delivery of services (including telehealth services) and resources for triage and education for mental health crisis and suicide ideation;

- Increasing physical activity and healthy eating opportunities and education; and

- Strengthening family support through access to affordable, quality housing and childcare opportunities and more job opportunities (specifically to recruit and retain higher-paid professionals and their families).

Focus group participants identified missing information that would help inform decisions about strategies and efforts going forward. Many participants wanted to know how similar communities were addressing these issues and best practices/evidence-based strategies to improve health in these domains. Based on the missing information identified by participants and to better inform the process, it is recommended that additional information be gathered over the course of the CHIP implementation including:

- (Mental Health) The type and prevalence of tobacco, alcohol and other substance use among youth and the general population; the factors leading to suicide; the impact of mental health on

risky lifestyle/behaviors; and the barriers in accessing mental health services will better define the specific needs around mental health issues for each county;

- (Strengthening family support) The type and structure of families; the impact of family structure on health; the type and availability of housing for various types of families; the employment culture (such as whether there are family-friendly policies, worksite wellness programs, job skills training, a breakdown of job types); types and structure of child care options will better define the specific needs around strengthening family support for each county;

- (Health outcomes) the factors leading to premature death and cancer; pockets of decreased/limited access to health care county-wide (such as EMS shortages, etc.); the types of motivators to improve health for individuals and community.

| Nebraska City (Otoe County) Focus Group Summary | |
|---|---|
| **What do we know?** | |
| Financial stability – mental health<br>Opportunity with focusing on healthy economy<br>Need affordable housing<br>Ripple effect of good jobs<br>Job placement need –where to send?<br>Childcare – quality/license that can accept title 20<br>Limited support for single parents<br>Reports of child abuse – what does it mean? Why? Nosey neighbors?<br>Turnover in system<br>Exercise resources concern and resources - cost? Location? Time?<br>Injury deaths is higher than state? Why? Agriculture? Drug and Alcohol?<br>What are related to policy? For example: seatbelts<br>Education – comparable to state – is a plus<br>Drug use is high – concerning along with related issues (legal and economic)<br>42% of mental health needs – going elsewhere to get services (gas vouchers) | |
| **What strengths exist?** | **What opportunities exist or could exist?** |
| • Great healthcare and facility<br>• Great schools – collaborate together<br>• Industry and jobs<br>• Foundations for community improvement<br>• Collaboration<br>• Elected leadership<br>• Strong spiritual presence | • Healthy economy<br>• Collaboration/streamline efforts<br>• Better together collaborative – Lisa Cheney (point person)<br>• Attracting jobs/economic development<br>• Post-secondary opportunities for kids (within 60 min, lots of options) plus SECC Center in Nebraska City<br>• Foundations investing in communities<br>• Transportation connections to other cities |

Focus group participants identified the following issues:

- Investments by parties in Otoe County
- Pursuit of happiness – what people around you to prosper
- Mission shared – create new communities
- "2 Counties" "7K" – confident in how you fit vs. not – take advantage of job? Untouched?
- Poverty cycle
- Substance abuse
- Connections – stronger networks
- Families don't understand how to get out of hidden rules of poverty
- Doing things "with" vs. for/to people

Focus group participants prioritized the list of opportunities based on what they knew and what strengths existed in the community (instead of using dot stickers)

- Stability – overall--- Who will be home when I get home
- Strong families
- Mental health – across continuum
- Support for single families
- Housing
- Supporting economic development--Investment to win opportunities for jobs collaboration

Focus group participants offered the following next steps:

- Work with employees to help employers with work-life balance, and making jobs that are available attractive
- Family-friendly jobs – wellness time, family time
- High paying jobs
- Market the focus areas to make it a collective effort (NCN and other adults)– meet community where they are.
- Look to future
- Dream big for kids – future orientation opportunities for all kids

| Syracuse (Otoe County) Focus Group Summary | |
|---|---|
| **What do we know?** | **What strengths exist?** |
| • Folks would rather travel for mental health than use telehealth?<br>• Weight loss and exercise is priority<br>• Suicide and mental health crisis seem increased in ages 50+<br>• DARE not in schools anymore<br>• Parents won't always permit student to participate in mentor program at school for fear of exposing home situations.<br>• Educated white females responded to the community survey– this group typically "takes care of stuff/family"<br>• Disconnect between income and price of housing? (could be lower than reflected; maybe more in $90,000 range)<br>• Mental health is a concern – fewer mental health providers in the area than state average<br>• Difference in graduation rates between area schools– Syracuse is higher<br>• Range of free/reduced lunch rates – Palmyra – Syracuse – NE City<br>• Decrease in housing availability for elderly – for young families too – number and quality of housing are issues<br>• Childcare not available | • Commerce: able to get what you need in town – Food and diapers<br>• Hospitals, thrift store--draws from neighboring areas<br>• Parks, ballfields – city resources<br>• Dental, eye doctor, veterinary<br>• Highway 2<br>• Community pride and action--people come together on decided upon projects<br>• Economically strong – stats compare to national data – seems like local is strong<br>• Youth programs – dance, softball, schools, and Parks and Recreation<br>• Good place to raise kids<br>• Safe – low crime … kids can run around<br>• Sense of community – events where community together socially (i.e. Christmas Tree in town square)<br>• Healthcare – facility, new, 2 hospitals in county; can stay here when need care (not always need to go to Lincoln and Omaha<br>• Churches |
| **What do we NOT know?** | **What opportunities exist or could exist?** |
| • Where are pockets of decreased access county-wide; EMS shortage? Others?<br>• Are jobs an issue with folks who lack transportation?<br>• What do folks who did not take survey think? Populations who are lower educated, "blue collar," lower income, over 75 years of age<br>• Ideas to increase community survey participation from key populations mentioned above – churches, worksites, senior centers, handi-bus<br>• What are the real options for daycare? What is happening in those centers – how do you promote folks opening daycare – | • Grow programs to target 30-60 age range to increase physical activity– will impact kids too! Duck creeks reservoir, kayak – partner with Nemaha County<br>• Turn spectators into movers (parents sit at games watching their kiddos) – trails around facilities to improve physical activity among 30-60 years of age<br>• Address housing and daycare to support young families<br>• Increase awareness on dealing with mental health crisis and suicide ideation<br>• Increase public safety – reach of EMS, mental health suicide awareness response |

| | |
|---|---|
| insurance/certificate barriers, what are the requirements and what other barriers exist?<br>• Why is cancer higher here than other areas?<br>• Drug use – deeper dive, what kind? Who? – this would bring to light what the current situation is.<br>• How to help folks get to mental health resources?<br>• Older population – needs considered around how obesity affects this population. | • Increase mental health practitioners<br>• Increase mental health education across system<br>• Mental health triage plan/Mental health first aid--Resources are available – tap into these<br>• Multicounty opportunities<br>• Mentoring/teammates – revitalize?<br>• Transportation – misuse EMS service for transportation<br>• Increase education/outreach regarding drugs in schools – figure out the lay-of-the-land – use among kids; use among elderly (opioids) *stigma is lower now |

Focus group participants prioritized the list of opportunities by dot voting:

- Increase awareness on dealing with mental health crisis and suicide ideation—13 votes
- Address housing and daycare to support young families—10 votes
- Increase education/outreach regarding drugs in schools – figure out the lay-of-the-land – use among kids; use among elderly (opioids) *stigma is lower now —9 votes
- Increase public safety – reach of EMS, mental health suicide awareness response—7 votes
- Grow programs to target 30-60 age range to increase physical activity– will impact kids too! Duck creeks reservoir, kayak – partner with Nemaha County—3 votes
- Increase mental health practitioners—2 votes
- Turn spectators into movers (parents sit at games watching their kiddos) – trails around facilities to improve physical activity among 30-60 years of age—1 vote
- Mental health triage plan/Mental health first aid--Resources are available – tap into these—1 vote
- Multicounty opportunities--1 vote
- Mentoring/teammates – revitalize? --1 vote

Focus group participants offered the following next steps:

- Think tank with city for developing the community to attract and retain folks and their spouses/families
- What opportunities to support new daycare—grants available, tax incentives, foundations, what are other communities doing?
- Start mentoring in elementary schools
- Decrease stigma regarding mental health issues

# COMMUNITY HEALTH SURVEY

As part of the Community Health Assessment (CHA) process, a survey was distributed in communities within the Southeast District. This survey was used as a tool to gauge residents' perception on the quality of life in their community, the most important health issues, and the behaviors that have the greatest impact on the health of their community. The results of the survey were then used in focus groups to identify and discuss issues within the community by key players that also live, work, and play in these communities.

421 participants completed the community survey during June 2018 through September 2018 period. Results from the survey are presented throughout this assessment in applicable sections. The table below presents demographic characteristics of the participants by county.

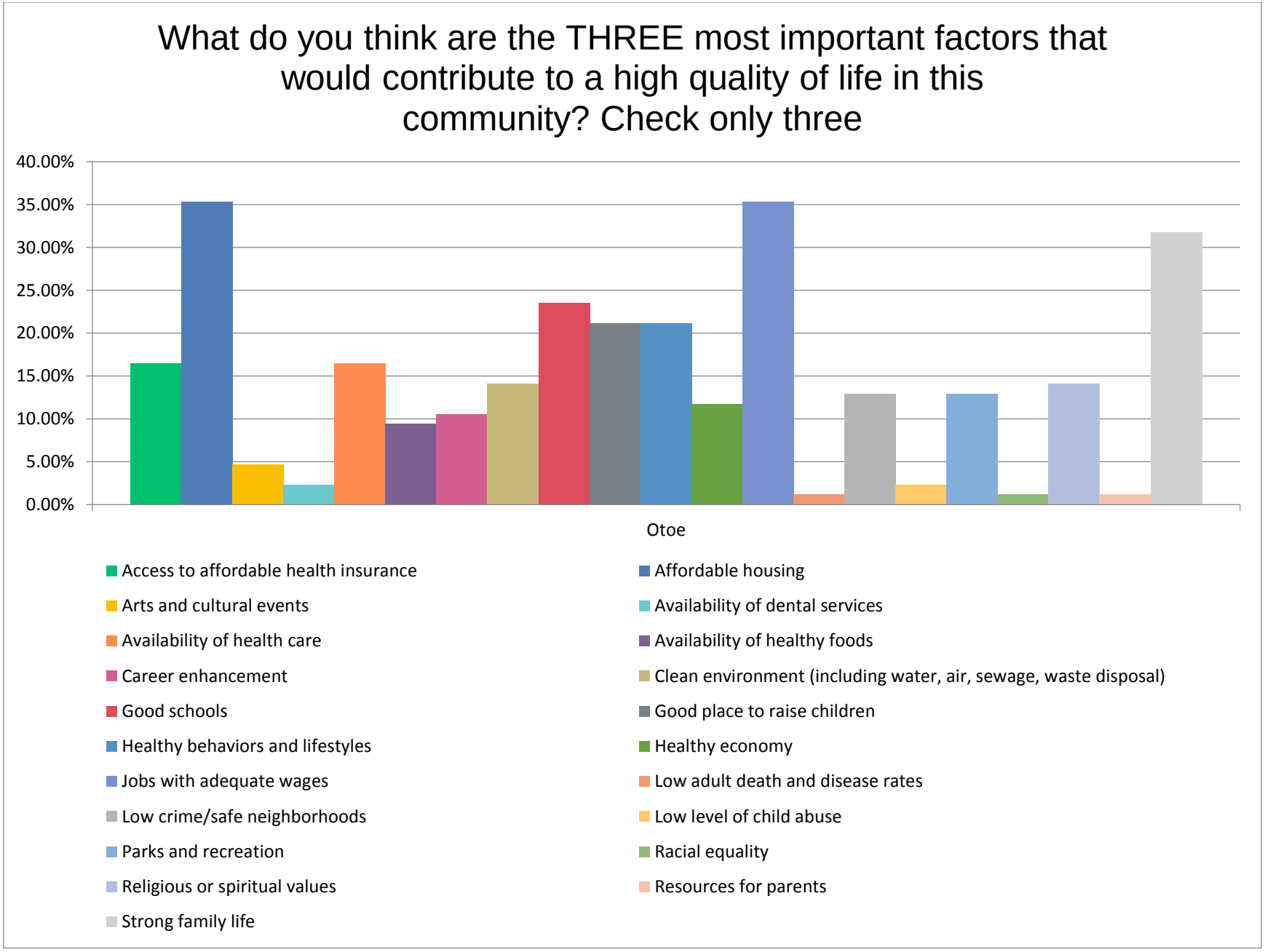
**Community Health Survey Results - Respondent Demographics**

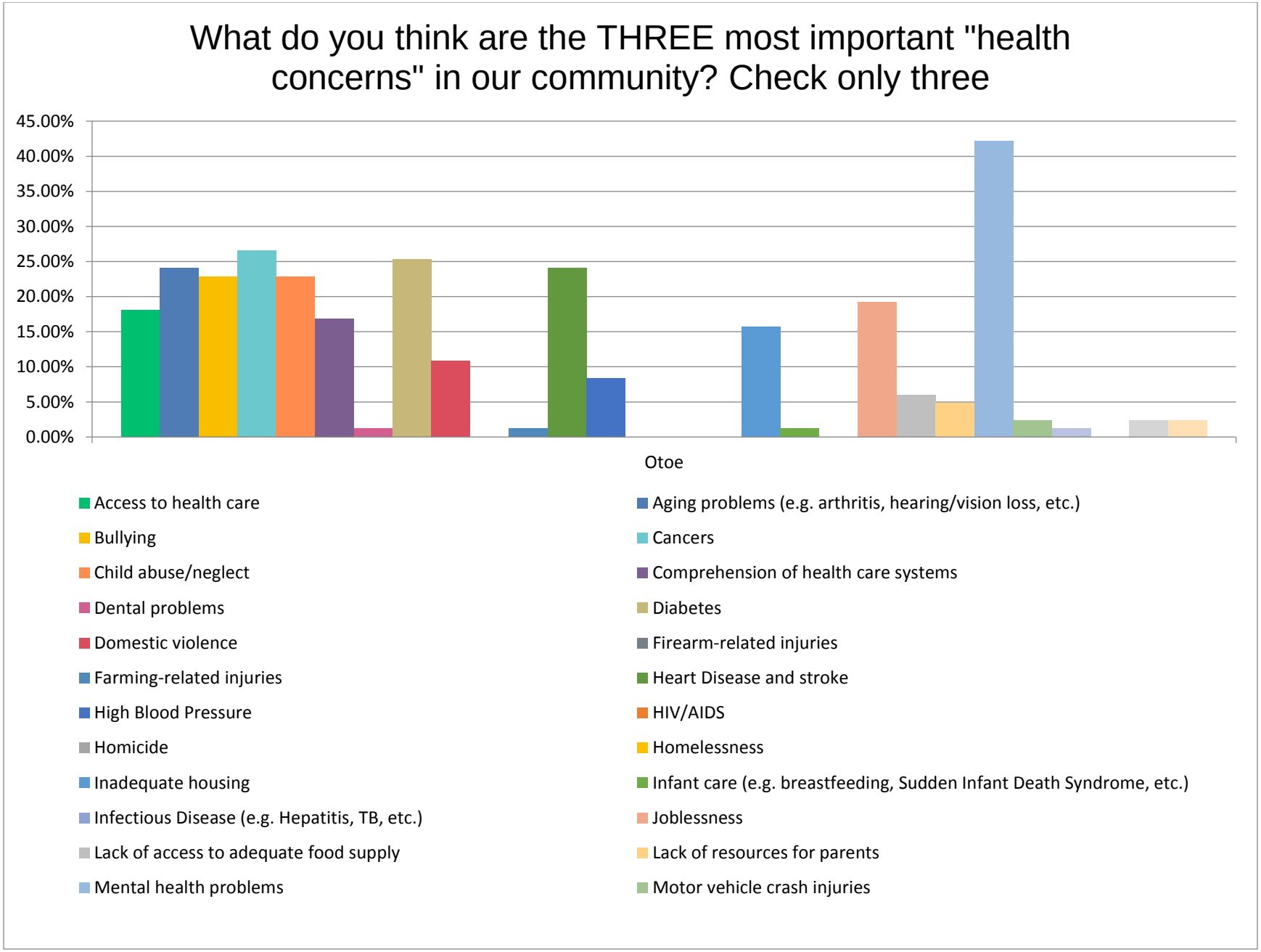
| | Johnson | Nemaha | Otoe | Pawnee | Richardson |
|---|---|---|---|---|---|
| Total Respondents | 9 | 80 | 91 | 39 | 193 |
| | | | | | |
| Race | | | | | |
| White Non-Hispanic or Latino | 100.0% | 95.0% | 98.9% | 94.9% | 93.3% |
| Hispanic or Latino | 0.0% | 1.3% | 0.0% | 0.0% | 0.0% |
| African American | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| American Indian/Alaska Native | 0.0% | 1.3% | 0.0% | 0.0% | 2.1% |
| Asian | 0.0% | 0.0% | 0.0% | 0.0% | 1.0% |
| Native Hawaiian/ Other Pacific Islander | 0.0% | 0.0% | 0.0% | 0.0% | 0.5% |
| Two or more races | 0.0% | 0.0% | 0.0% | 2.6% | 0.0% |
| Prefer not to answer | 0.0% | 2.5% | 1.1% | 2.6% | 3.1% |
| | | | | | |
| Gender | | | | | |
| Male | 0.0% | 11.3% | 12.1% | 10.3% | 16.1% |
| Female | 100.0% | 87.5% | 85.7% | 89.7% | 81.9% |
| Prefer not to answer | 0.0% | 1.3% | 2.2% | 0.0% | 2.1% |
| | | | | | |
| Age | | | | | |
| 18 or under | 0.0% | 1.3% | 0.0% | 5.1% | 0.0% |
| 19 - 24 | 0.0% | 0.0% | 1.1% | 2.6% | 1.6% |
| 25 - 34 | 33.3% | 21.3% | 20.9% | 5.1% | 18.2% |
| 35 - 44 | 0.0% | 21.3% | 25.3% | 28.2% | 19.3% |
| 45 - 54 | 11.1% | 20.0% | 17.6% | 23.1% | 22.4% |

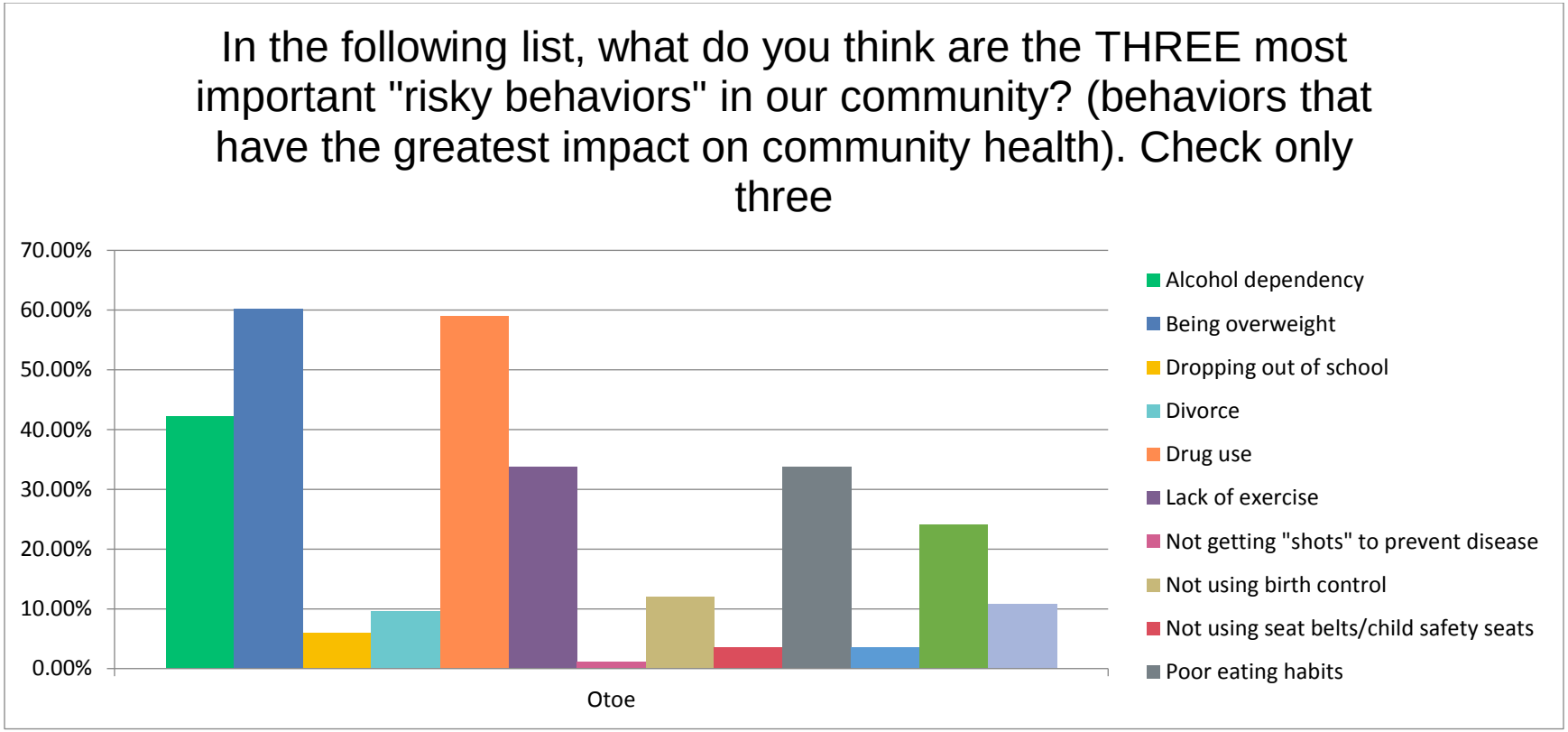
| | | | | | |
|---|---|---|---|---|---|
| 55 - 64 | 33.3% | 15.0% | 20.9% | 20.5% | 27.6% |
| 65 - 74 | 22.2% | 18.8% | 14.3% | 10.3% | 9.4% |
| 75 or over | 0.0% | 2.5% | 0.0% | 5.1% | 1.6% |
| | | | | | |
| Yearly Household Income | | | | | |
| Less than $20,000 | 22.2% | 6.3% | 2.2% | 7.9% | 3.7% |
| $20,000 - $34,999 | 11.1% | 15.0% | 18.9% | 26.3% | 8.4% |
| $35,000 - $49,999 | 11.1% | 15.0% | 6.7% | 13.2% | 16.8% |
| $50,000 - $74,999 | 22.2% | 17.5% | 22.2% | 29.0% | 28.3% |
| $75,000 - $99,999 | 22.2% | 12.5% | 21.1% | 10.5% | 15.7% |
| $100,000 - $149,999 | 0.0% | 21.3% | 18.9% | 7.9% | 13.6% |
| $150,000 - $199,999 | 0.0% | 7.5% | 2.2% | 5.3% | 7.3% |
| $200,000 or more | 11.1% | 5.0% | 7.8% | 0.0% | 6.3% |
| | | | | | |
| Educational Attainment | | | | | |
| Less than high school degree | 0.0% | 1.3% | 0.0% | 7.9% | 1.0% |
| High school degree or equivalent | 11.1% | 12.8% | 14.4% | 10.5% | 10.9% |
| Some college but no degree | 44.4% | 16.7% | 16.7% | 13.2% | 20.3% |
| Associate degree | 22.2% | 20.5% | 23.3% | 34.2% | 27.1% |
| Bachelor degree | 11.1% | 37.2% | 27.8% | 26.3% | 26.0% |
| Graduate degree | 11.1% | 11.5% | 17.8% | 7.9% | 14.6% |

# FOCUS GROUP INFORMATION PACKET – 2018

Focus group participants were given the following information upon arriving at the Focus Group Meeting. This information was reviewed as part of the discussion, and is primarily from the Community Survey conducted by Southeast District Health Department


What do you think are the THREE most important factors that would contribute to a high quality of life in this community? Check only three
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Otoe
Access to affordable health insurance
Affordable housing
Arts and cultural events
Availability of dental services
Availability of health care
Availability of healthy foods
Career enhancement
Clean environment (including water, air, sewage, waste disposal)
Good schools
Good place to raise children
Healthy behaviors and lifestyles
Healthy economy
Jobs with adequate wages
Low adult death and disease rates
Low crime/safe neighborhoods
Low level of child abuse
Parks and recreation
Racial equality
Religious or spiritual values
Resources for parents
Strong family life


What do you think are the THREE most important "health concerns" in our community? Check only three
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Otoe
Access to health care
Aging problems (e.g. arthritis, hearing/vision loss, etc.)
Bullying
Cancers
Child abuse/neglect
Comprehension of health care systems
Dental problems
Diabetes
Domestic violence
Firearm-related injuries
Farming-related injuries
Heart Disease and stroke
High Blood Pressure
HIV/AIDS
Homicide
Homelessness
Inadequate housing
Infant care (e.g. breastfeeding, Sudden Infant Death Syndrome, etc.)
Infectious Disease (e.g. Hepatitis, TB, etc.)
Joblessness
Lack of access to adequate food supply
Lack of resources for parents
Mental health problems
Motor vehicle crash injuries


In the following list, what do you think are the THREE most important "risky behaviors" in our community? (behaviors that have the greatest impact on community health). Check only three
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Otoe
Alcohol dependency
Being overweight
Dropping out of school
Divorce
Drug use
Lack of exercise
Not getting "shots" to prevent disease
Not using birth control
Not using seat belts/child safety seats
Poor eating habits

## What do you think are the THREE most important factors that would contribute to a high quality of life in this community?

| | Affordable housing | | Good schools | | Jobs with adequate wages | | Low crime/safe neighborhoods | | Strong family life | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Johnson | 50.00% | 4 | 62.50% | 5 | 37.50% | 3 | 37.50% | 3 | 0.00% | 0 | | |
| Nemaha | 29.33% | 22 | 36.00% | 27 | 40.00% | 30 | 20.00% | 15 | 32.00% | 24 | | |
| Otoe | 35.29% | 30 | 23.53% | 20 | 35.29% | 30 | 12.94% | 11 | 31.76% | 27 | | |
| Pawnee | 19.44% | 7 | 30.56% | 11 | 33.33% | 12 | 22.22% | 8 | 16.67% | 6 | | |
| Richardson | 18.48% | 34 | 24.46% | 45 | 48.91% | 90 | 35.87% | 66 | 19.57% | 36 | **Answered** | **388** |
| Total | 25.00% | 97 | 27.84% | 108 | 42.53% | 165 | 26.55% | 103 | 23.97% | 93 | **Skipped** | **24** |

## What do you think are the THREE most important "health concerns" in our community?

| | Aging problems (e.g. arthritis, hearing/vision loss, etc.) | | Cancers | | Child abuse/neglect | | Heart Disease and stroke | | Joblessness | | Mental health problems | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Johnson | 62.50% | 5 | 0.00% | 0 | 0.00% | 0 | 62.50% | 5 | 12.50% | 1 | 37.50% | 3 | | |
| Nemaha | 37.33% | 28 | 33.33% | 25 | 18.67% | 14 | 32.00% | 24 | 9.33% | 7 | 40.00% | 30 | | |
| Otoe | 24.10% | 20 | 26.51% | 22 | 22.89% | 19 | 24.10% | 20 | 19.28% | 16 | 42.17% | 35 | | |
| Pawnee | 35.14% | 13 | 43.24% | 16 | 16.22% | 6 | 32.43% | 12 | 10.81% | 4 | 29.73% | 11 | | |
| Richardson | 20.88% | 38 | 65.38% | 119 | 22.53% | 41 | 18.13% | 33 | 30.22% | 55 | 50.00% | 91 | **Answered** | **385** |
| Total | 27.01% | 104 | 47.27% | 182 | 20.78% | 80 | 24.42% | 94 | 21.56% | 83 | 44.16% | 170 | **Skipped** | **27** |

## What do you think are the THREE most important "risky behaviors" in our community?

| | Alcohol dependency | | Being overweight | | Drug use | | Lack of exercise | | Poor eating habits | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Johnson | 50.00% | 4 | 87.50% | 7 | 50.00% | 4 | 25.00% | 2 | 25.00% | 2 | | |
| Nemaha | 58.67% | 44 | 49.33% | 37 | 53.33% | 40 | 30.67% | 23 | 36.00% | 27 | | |
| Otoe | 42.17% | 35 | 60.24% | 50 | 59.04% | 49 | 33.73% | 28 | 33.73% | 28 | | |
| Pawnee | 54.05% | 20 | 54.05% | 20 | 78.38% | 29 | 18.92% | 7 | 32.43% | 12 | | |
| Richardson | 62.22% | 112 | 48.89% | 88 | 91.11% | 164 | 16.11% | 29 | 20.00% | 36 | **Answered** | **383** |
| Total | 56.14% | 215 | 52.74% | 202 | 74.67% | 286 | 23.24% | 89 | 27.42% | 105 | **Skipped** | **29** |

## Demographics

| | Nebraska | Otoe |
|---|---|---|
| Population | 1,907,116 | 16,081 |
| % below 18 years of age | 24.8% | 23.4% |
| % 65 and older | 15.0% | 20.2% |
| % Non-Hispanic African American | 4.7% | 0.8% |
| % American Indian and Alaskan Native | 1.4% | 0.6% |
| % Asian | 2.5% | 0.7% |
| % Native Hawaiian/Other Pacific Islander | 0.1% | 0.1% |
| % Hispanic | 10.7% | 7.7% |
| % Non-Hispanic white | 79.6% | 89.2% |
| % not proficient in English | 3.0% | 2.0% |
| % Females | 50.2% | 50.5% |
| % Rural | 26.9% | 55.1% |

**Child Abuse or Neglect, 2017**

| | Abuse/Neglect Calls | Reports accepted for assessment | | Substantiated* | | Unfounded | | Unable to Locate | | Dependent Child | | Alternative Response | | DHHS Assessment in process | | Law Enforcement in process** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nebraska | 35,923 | 13,718 | 38% | 2,169 | 16% | 9,523 | 69% | 323 | 2% | 346 | 3% | 599 | 4% | 178 | 1% | 577 | 4% |
| Otoe | 279 | 134 | 48% | 16 | 12% | 85 | 63% | 4 | 3% | 16 | 12% | 7 | 5% | 1 | 1% | 5 | 4% |

Source: Child Abuse or Neglect 2017 Annual Data Report; NE DHHS

* Substantiated includes incidents where the county attorney has filed and the disposition is pending a court decision.

**Law Enforcement in Process includes reports that have been referred to Law Enforcement and are in process of being investigated by a Law Enforcement Agency or that Law Enforcement has declined to assess. Reports referred to Law Enforcement which the Department received the results of are included in other sections.

## Graduation Rates, 2014-2015

| School | Graduation Rate | # of graduates |
|---|---|---|
| State of Nebraska | 89.66 | 19,493 |
| Auburn Public Schools | 95.59 | 65 |
| Falls City Public Schools | 92.73 | 51 |
| Humboldt Table Rock Steinauer | 85.19 | 23 |
| Johnson-Brock Public Schools | 92.00 | 23 |
| Johnson County Central Public Schools | 90.24 | 37 |
| Lewiston Consolidated Schools | 100.00 | 17 |
| Nebraska City Public Schools | 89.25 | 83 |
| Palmyra District O R 1 | 86.49 | 32 |
| Pawnee City Public Schools | 90.00 | 18 |
| Sterling Public Schools | 94.12 | 16 |
| Syracuse-Dunbar-Avoca Schools | 97.06 | 66 |

Source: Nebraska Department of Education, State of the Schools Report 2014-2015

## Free and Reduced Lunch Counts, 2017/2018

| DISTRICT NAME | ENROLLED | FREELUNCH | REDUCEDLUNCH | FREEREDUCEDLUNCH | PERCENT |
|---|---|---|---|---|---|
| **Auburn Public Schools** | 892 | 266 | 71 | 337 | 37.78% |
| **Falls City Public Schools** | 936 | 372 | 122 | 494 | 52.78% |
| **Humboldt Table Rock Steinauer** | 364 | 159 | 28 | 187 | 51.37% |
| **Johnson Co Central Public Schools** | 538 | 226 | 57 | 283 | 52.60% |
| **Johnson-Brock Public Schools** | 342 | 75 | 43 | 118 | 34.50% |
| **Lewiston Consolidated Schools** | 193 | 66 | 28 | 94 | 48.70% |
| **Nebraska City Public Schools** | 1465 | 576 | 131 | 707 | 48.26% |
| **Palmyra District O R 1** | 544 | 72 | 16 | 88 | 16.18% |
| **Pawnee City Public Schools** | 299 | 118 | 36 | 154 | 51.51% |
| **Sterling Public Schools** | 198 | 41 | 15 | 56 | 28.28% |
| **Syracuse-Dunbar-Avoca Schools** | 773 | 136 | 60 | 196 | 25.36% |

Source: Nebraska Department of Education, Free and Reduced Lunch Counts by School District 2017/2018

# County Health Rankings

| **Quality of Life** | Nebraska | Otoe |
|---|---|---|
| Poor or fair health | 14% | 13% |
| Poor physical health days | 3.2 | 3 |
| Poor mental health days | 3.2 | 3.1 |
| Frequent physical distress | 9% | 9% |
| Frequent mental distress | 10% | 10% |
| **Health Behaviors** | | |
| Adult smoking | 17% | 18% |
| Adult obesity | 31% | 35% |
| Physical inactivity | 23% | 27% |
| Access to exercise opportunities | 83% | 70% |
| Excessive drinking | 21% | 21% |
| Alcohol-impaired driving deaths | 37% | 9% |
| Food insecurity | 12% | 12% |
| Limited access to healthy foods | 6% | 3% |
| Insufficient sleep | 30% | 28% |
| Teen births | 25 | 25 |
| **Clinical Care** | | |
| Uninsured adults | 11% | 9% |
| Uninsured children | 5% | 6% |
| Primary Care Physicians | 1,340:1 | 1,600:1 |
| Dentists | 1.360:1 | 1,790:1 |
| Mental Health Providers | 420:1 | 2,1010:1 |
| Preventable hospital stays | 48 | 44 |
| **Social & Economic Factors** | | |
| Median household income | $57,000 | $55,000 |
| Children eligible for Free/Reduced Lunch | 44% | 37% |
| Unemployment | 3.2% | 3.5% |
| Children in poverty | 14% | 12% |
| Income inequality | 4.3 | 3.8 |
| Social associations | 13.9 | 20.6 |
| Violent crime | 267 | 38 |
| Injury deaths | 58 | 72 |
| Severe housing problems | 13% | 12% |

Source: County Health Rankings & Roadmaps 2018, countyhealthrankings.org

| Measure | Description |
|---|---|
| Poor or fair health | % of adults reporting fair or poor health |
| Poor physical health days | Average # of physically unhealthy days reported in past 30 days |
| Poor mental health days | Average # of mentally unhealthy days reported in past 30 days |
| Frequent physical distress | % of adults reporting 14 or more days of poor physical health per month |
| Frequent mental distress | % of adults reporting 14 or more days of poor mental health per month |
| Adult smoking | % of adults who are current smokers |
| Adult obesity | % of adults that report a BMI ≥ 30 |
| Physical inactivity | % of adults aged 20 and over reporting no leisure-time physical activity |
| Access to exercise opportunities | % of population with adequate access to locations for physical activity |
| Excessive drinking | % of adults reporting binge or heavy drinking |
| Alcohol-impaired driving deaths | % of driving deaths with alcohol involvement |
| Food insecurity | % of population who lack adequate access to food |
| Limited access to healthy foods | % of population who are low-income and do not live close to a grocery store |
| Insufficient sleep | % of adults who report fewer than 7 hours of sleep on average |
| Teen births | # of births per 1,000 female population ages 15-19 |
| Uninsured adults | % of adults under age 65 without health insurance |
| Uninsured children | % of children under age 19 without health insurance |
| Primary Care Physicians | Ratio of population to primary care physicians |
| Dentists | Ratio of population to dentists |
| Mental Health Providers | Ratio of population to mental health providers |
| Preventable hospital stays | # of hospital stays for ambulatory-care sensitive conditions per 1.000 Medicare employees |
| Median household income | Income level where half of households earn more and half of households earn less |
| Children eligible for Free/Reduced Lunch | % of children enrolled in public schools that are eligible for free/reduced lunch |
| Unemployment | % of population aged 16 and older unemployed but seeking work |
| Children in poverty | % of children under age 18 in poverty |
| Income inequality | Ratio of household income at the 80$^{th}$ percentile to income at the 20$^{th}$ percentile |
| Social associations | # of membership associations per 10,000 population |
| Violent crime | # of reported violent crime offenses per 100,000 population |
| Injury deaths | # of deaths due to injury per 100,000 population |
| Severe housing problems | % of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities |

**Housing Market, November 2018**

| Affordable Housing | Median Listing | Median listing Price/sq ft |
|---|---|---|
| Otoe | $178,900 | $109 |

*only 2 homes for sale (this number is the average of the two)

Source: November 2018 Housing Market; Realtor.com

| | Otoe | |
|---|---|---|
| **Total Households** | 6,362 | |
| *Average household size* | 2.42 | |
| *Average family size* | 2.93 | |
| **Total housing units** | 7,025 | 100% |
| *Occupied housing units* | 6,362 | 90.6% |
| *Vacant housing units* | 663 | 9.4% |
| For rent | 165 | 2.3% |
| Rented, not occupied | 6 | 0.1% |
| For sale only | 110 | 1.6% |
| Sold, not occupied | 14 | 0.2% |
| Seasonal/Recreational/Occasional use | 61 | 0.9% |
| All other vacants | 307 | 4.4% |
| **Homeowner vacancy rate (percent)** | 2.30 | |
| **Rental vacancy rate (percent)** | 8.80 | |
| **Occupied housing units** | 6,362 | 100% |
| *Owner-occupied housing units* | 4,659 | 73.2% |
| Population in owner-occupied | 11,630 | |

| | | |
|---|---|---|
| Average household size of owner-occupied units | 2.50 | |
| *Renter-occupied housing units* | 1,703 | 26.8% |
| Population in renter-occupied units | 3,772 | |
| Average household size of renter-occupied units | 2.21 | |

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

**2016 Heart Disease Deaths per 100,000 estimated population**

| County | Total Deaths | Crude Rate | Age-Adjusted Rate |
|---|---|---|---|
| Otoe | 34 | 211.4 | 119.9 |

Source: Nebraska 2016 Vital Statistics Report; NE DHHS


CHI Health