

Brodstone Memorial Hospital



Community Health Needs Assessment Community Health Improvement Plan

Brodstone Memorial Hospital

520 East 10th
Superior NE 68978

Fiscal Year Ending April 30, 2016

Introduction

Following the demographics of our community is the Community Health Needs Assessment that was conducted over the last few months in cooperation with South Heartland District Health Department and Mary Lanning Healthcare in Hastings NE along with Brodstone Memorial Hospital. The data includes information for the four counties that the health department serves, however Brodstone Memorial Hospital's service area is primarily Nuckolls County, Nebraska.

Following the assessment is Brodstone's Community Health Improvement Plan for each of the five areas that were identified in the Community Health Needs Assessment:

1. Access to Care
2. Cancer
3. Mental Health
4. Obesity
5. Substance Abuse

The Community Health Improvement Plan for these five areas can be found following the Needs Assessment. The Community Health Improvement Plan was a collaborative effort by the leadership group, Department Heads, of Brodstone Memorial Hospital. Two planning sessions were held and action items were approved by the hospital Administrative Team.

Final approval by the Board of Directors and distribution information may be found on the last page.

Demographics

Brodstone Memorial Hospital is located in Superior, Nebraska. Their service coverage area is Nuckolls County, with a population of 4,478. The residents of Nuckolls County are 98% white with 26.4% over the age of 65 years and 16.4% below poverty level

Brodstone opened its doors January 1, 1928 with a gift from Evelyn Brodstone Vestey & her brother. The tradition of medical excellence in that 25-bed hospital has carried on through the years. Brodstone is a critical access hospital led by a six-member Board of Directors and is unique in that the by-laws require four of the six directors to be women. This was the one stipulation made by the Brodstone-Vestey family before donating funds to build the hospital. Today Brodstone has a medical staff of 3 physicians and 4 mid-levels and a total staff of 195 employees. Twenty-two specialty physicians hold monthly clinics at our facility. Seventy-two percent of the hospital's patients are Medicare patients. Brodstone is the largest employer in Nuckolls County and is a vital part of this community.

Brodstone also has two medical clinics. Superior Family Medical Center is located adjacent to the hospital in Superior with office hours 5 ½ days a week. Nelson Family Medical Center is served by the same group of 7 health care providers and that office is open 5 half days a week. Nelson is also located in Nuckolls County. Brodstone Memorial Hospital and its two medical clinics are the only access to healthcare in the county.

Our Mission

Brodstone Memorial Hospital is a not-for-profit community acute care medical/surgical Critical Access Hospital established to deliver quality, affordable health care in a caring, safe and compassionate environment to all persons of such need in a totally non-discriminatory manner.

Our Vision

Improving lives through exceptional and progressive healthcare making Brodstone Memorial Hospital your first choice for the best healthcare.

Our Values

Teamwork – Knowing that all of us are stronger than each of us, together everyone achieves more.

Integrity – Is the foundation of trust and respect

Honesty – Be honest with yourself, living the truth

Reliability – Do what you say you are going to do, when you say you are going to do it and do it to the best of your ability

Humility – Humility is an essential ingredient of effective leadership

Stewardship – Honor the obligation to be a good steward of your own resources, the resources of Brodstone Memorial Hospital and the world in which we live

Compassion – On many occasions the greatest service that you can render to another human being is the simple gift of compassion. Genuine compassion entails mutuality; caregivers need patients as much as patients need caregivers.

Ownership – Employees committed to values, vision and mission of Brodstone Memorial Hospital engaged in their work with enthusiasm and feel a sense of connection and spirit of fellowship with their coworkers, think their work is important, anticipate problems and seek opportunity to correct, think creatively about how to create value, and take pride in their job.



2016 South Heartland
District Health
Department

Community Health Needs
Assessment



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Executive Summary

The following table presents highlighted data organized by indicators of need and indicators of progress across eight key areas of public health from the 2016 South Heartland Community Health Needs Assessment.

Table ES1. Data Highlights from the 2016 South Heartland Community Health Needs Assessment	
Area	Description
➤ Obesity	<p><i>Indicators of Need</i></p> <ul style="list-style-type: none"> • In 2014, 16.5% of South Heartland high school students reported <u>eating fruits</u> two or more times per day in the last 7 days (compared to 26.8% for the state). • In 2014, 46.2% of South Heartland adults reported meeting <u>the aerobic physical activity</u> recommendation (compared to 50.1% for the state). • In 2014, 44.3% of South Heartland adults reported a height and weight that identified them as <u>obese</u> (compared to 40.6% for the state). • In 2014, 33.7% of South Heartland high school students reported a height and weight that identified them as <u>overweight or obese</u> (compared to 29.9% for the state). <p><i>Indicator of Progress</i></p> <ul style="list-style-type: none"> • The percentage of South Heartland high school students reporting that they ate <u>vegetables</u> three or more times per day in the past 7 days increased from 10.8% in 2012 to 14.5% in 2014.
➤ Cancer	<p><i>Indicators of Need</i></p> <ul style="list-style-type: none"> • In 2008-2012, incidence rates of <u>female breast cancer, cervical cancer, colorectal cancer, prostate cancer, melanoma, and lung cancer</u> were all higher in the South Heartland District compared to the state. • In 2009-2013, mortality rates for the above mentioned cancers were all higher in the South Heartland District compared to the state, with the exceptions of female breast cancer and prostate cancer. <p><i>Indicator of Progress</i></p> <ul style="list-style-type: none"> • The percentage of South Heartland adults aged 50 to 75 years who reported being up-to-date on <u>colorectal cancer screening</u> increased from 59.9% in 2012 to 62.8% in 2014.

<p>➤ Mental Health</p>	<p><i>Indicators of Need</i></p> <ul style="list-style-type: none"> • In 2014, 20.7% of South Heartland adults reported that they have ever been told by a medical or mental health professional that they have <u>depression</u> (compared to 17.7% for the state). • In 2014, 13.5% of South Heartland high school students reported <u>attempting suicide</u> (compared to 8.9% for the state). <p><i>Indicator of Progress</i></p> <ul style="list-style-type: none"> • The proportion of <u>primary care facilities that provide mental health services onsite or by telehealth</u> in the South Heartland District increased from 4 out of 14 in 2013 to 6 out of 14 in 2015.
<p>➤ Substance Abuse</p>	<p><i>Indicators of Need</i></p> <ul style="list-style-type: none"> • In 2014, 28.1% of South Heartland high school students reported <u>using alcohol</u> in the past 30 days (compared to 22.7% for the state). • In 2014, 23.9% of South Heartland high school students reported <u>riding in the past 30 days with a driver who had been drinking alcohol</u> (compared to 22.3% for the state). <p><i>Indicators of Progress</i></p> <ul style="list-style-type: none"> • The percentage of South Heartland adult <u>smokers who attempted to quit smoking</u> in the past year increased from 47.9% in 2011 to 63.2% in 2014. • The percentage of South Heartland adults who reported <u>binge drinking</u> (five or more drinks for men, four for women, in a row) decreased from 22.8% in 2011 to 20.2% in 2014.
<p>➤ Access to Health Care</p>	<p><i>Indicators of Need</i></p> <ul style="list-style-type: none"> • The percentage of South Heartland adults who reported <u>having a personal doctor or health care provider</u> decreased from 88.2% in 2012 to 81.7% in 2014. • The percentage of South Heartland adults who reported <u>cost as a barrier to visiting a doctor in the past year</u> increased from 9.5% in 2012 to 11.2% in 2014. • The percentage of South Heartland adults who reported <u>visiting a dentist in the past year</u> decreased from 67.9% in 2012 to 61.6% in 2014. <p><i>Indicators of Progress</i></p> <ul style="list-style-type: none"> • The percentage of South Heartland adults who reported <u>visiting a doctor for a routine exam</u> in the past year increased from 56.9% in 2011 to 64.2% in 2014. • The number of <u>medical home model clinics</u> in the South Heartland District increased from 0 in 2013 to 4 in 2015. • The number of <u>certified Community Health Workers</u> in the South Heartland District increased from 0 in 2013 to 7 in 2015. • The number of <u>available access points for those seeking behavioral health</u> increased from 4 clinics in 2013 to 6 clinics in 2015.

<p>➤ Racial-Ethnic Health Disparities</p>	<p><i>Indicator of Need</i></p> <ul style="list-style-type: none"> • There is a statistically significant difference between South Heartland White, non-Hispanics and minorities in the district (with minorities faring worse) on the indicator of <u>poor physical health limiting usual activities</u>.
<p>➤ Socio-Economic Health Disparities</p>	<p><i>Indicators of Need</i></p> <ul style="list-style-type: none"> • There were statistically significant differences across the three income groups (<\$25,000, \$25,000-\$49,999, and \$50,000+), with the lowest income group faring the worse on numerous indicators, including <u>physical health not good, mental health not good, poor physical health limiting activities, obesity, diabetes, and several others</u>.
<p>➤ Community Perceptions</p>	<p><i>Indicators of Need</i></p> <ul style="list-style-type: none"> • In 2015, 52.8% of South Heartland residents reported that there are enough <u>medical specialists</u> in their county. • In 2015, 29.3% of South Heartland residents reported that there are enough <u>behavioral health services</u> in their county. • In 2015, 52.0% of South Heartland residents reported sometimes <u>the cost of medical care prevents them from getting the care they need</u>.

2016 Community Health Needs Assessment Overview

The 2016 South Heartland Community Health Needs Assessment is designed to provide a picture of the overall community health in Adams, Clay, Nuckolls, and Webster Counties, Nebraska. This report will provide key needs assessment data to hospitals in the district, as well as serve as a community-wide document for the purpose of strategic planning.

The needs assessment was conducted with funds from the 1422 grant to the South Heartland District Health Department, with additional support from Brodstone Memorial Hospital in Superior (Nuckolls County) and Mary Lanning Healthcare in Hastings (Adams County).

This report consists of six sections, each of which are described below.

➤ Section I. Performance Measures for the Community Health Improvement Plan	An update of performance measures included in the six-year (2013 through 2018) community health improvement plan for the district. The plan includes performance measures along with strategies and activities under the priority areas of obesity, cancer, mental health, substance abuse, and access to health care.
➤ Section II. Racial/Ethnic and Socio-Economic Disparities (Data for the 1422 Grant)	Data focusing on racial/ethnic and social/economic health disparities under the topics of mortality due to diabetes, heart disease, and stroke; physical health; mental health; healthy eating; obesity and overweight; high blood pressure; physical activity; and other topics related to public health.
➤ Section III: Community Survey Results	Results from a public health survey covering a broad range of public health and community issues in the areas of the healthcare system, supports for raising children, supports for older adults, recreational and leisure options, jobs and the economy, housing, safety and social support, health issues and risky behaviors, and alcohol use and prevention.
➤ Section IV. Community Focus Group Results	Results from three focus groups conducted in the district focusing on community health. Topics of discussion included exercise and recreation opportunities, worksite wellness, communicating with doctors, barriers to receiving health care, health screenings, behavioral health, and other related topics.
➤ Section V. County Health Rankings	County Health Rankings provides rankings on health outcomes (length and quality of life) and health factors (health behaviors, clinical care, social and economic factors, and the physical environment). Rankings for both health outcomes and health factors from the last four years are included in this report, as well as supporting data from the 2015 rankings.
➤ Section VI. Community Themes and Strengths Assessment	The Community Themes and Strengths Assessment is a focus group/workshop approach to identifying the perceived quality of life in the community. Strengths and areas of need are identified across the spectrum of public health and community services.

Section I. Performance Measures for the Community Health Improvement Plan

Following are updates on all of the performance measures included in the South Heartland District Health Department's Community Health Improvement Plan (CHIP). The plan covers the six-year period of 2013 through 2018. The plan includes performance measures along with strategies and activities under the priority areas of obesity, cancer, mental health, substance abuse, and access to health care.

The primary data sources for the performance measures are the Youth Risk Behavior Survey (YRBS) and the Behavioral Risk Factor Surveillance System (BRFSS). The YRBS is a survey of various health topics for high school aged youth (grades 9-12). The BRFSS is a survey of various health topics for adults aged 18 and over.

Target goals were set for each performance measure for the year 2018. In general, a 6% improvement was used as the target setting method (1% for each year).

Priority Goal: Obesity

Goal 1: Reduce obesity and associated chronic disease risk through consumption of healthful diets, daily physical activity, and achievement and maintenance of health body weights.

Discussion

Eleven performance measures are included within the obesity priority area. The data focus on consumption of fruits, vegetables, and soda; physical activity, and overweight/obesity. Note that alternate measures are being used in Tables 1.2 and 1.3 due to a change in the BRFSS.

Noteworthy updated data from 2014 include a lower rate of fruit consumption among South Heartland high school aged youth compared to their peers in the state: 16.5% of South Heartland youth reported eating fruits 2 or more times per day in the past 7 days (compared to 26.8% for the state (Table 1.3). However, vegetable consumption was slightly higher among South Heartland youth compared to the state: 14.5% of South Heartland youth reported eating vegetables 3 or more times per day in the past 7 days (compared to 13.2% for the state) (Table 1.4).

There are lower rates of physical activity and higher rates of obesity among South Heartland adults compared to the state: 46.2% of South Heartland adults reported meeting the aerobic physical activity recommendation (compared to 50.1% for the state) (Table 1.6) and 44.3% of South Heartland adults are obese (compared to 40.6% for the state) (Table 1.10). In addition, 33.7% of South Heartland youth are obese (compared to 29.9% for the state) (Table 1.11).

Short-term Performance Measures

Table 1.1 (alternate measure). Consumed fruits less than 1 time per day

	2011	2013
South Heartland	44.4%	41.4%
Nebraska	40.1%	39.7%

Original Performance Measure:

Increase the percentage of adults consuming five or more servings of fruits and vegetables daily.

Baseline (2009-2010): 22.9% (State 21.1%)

2018 Target: 24.3%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Note: original BRFSS indicator no longer available.

Table 1.2 (alternate measure). Consumed vegetables less than 1 time per day

	2011	2013
South Heartland	27.1%	24.8%
Nebraska	26.2%	23.3%

Original Performance Measure:

Increase the percentage of adults consuming five or more servings of fruits and vegetables daily.

Baseline (2009-2010): 22.9% (State 21.1%)

2018 target: 24.3%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Note: original BRFSS indicator no longer available.

Table 1.3. Increase the percentage of youth who report eating fruits two or more times per day in the past 7 days (does not include fruit juices)

	2012 (baseline)	2014
South Heartland	23.4%	16.5%
Nebraska	26.4%	26.8%

2018 target: 24.8%

Data Source: Youth Risk Behavior Survey (YRBS)

Table 1.4. Increase the percentage of youth who report eating vegetables three or more times per day in the past 7 days

	2012 (baseline)	2014
South Heartland	10.8%	14.5%
Nebraska	11.7%	13.2%

2018 target: 11.4%

Data Source: Youth Risk Behavior Survey (YRBS)

Table 1.5. Decrease the percentage of high school students who report consuming soda one

or more times per day during the past 7 days		
	2012 (baseline)	2014
South Heartland	21.1%	23.7%
Nebraska	22.3%	20.4%
2018 target: 19.8%		
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>		

Table 1.6. Increase the percentage of adults meeting the aerobic physical activity recommendation*		
	2012 (baseline)	2014
South Heartland	49.1%	46.2%
Nebraska	49.0%	50.1%
2018 target: 52.0%		
<i>Data Source: Behavioral Risk Factors Surveillance System (BRFSS)</i>		

*Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate and vigorous-intensity aerobic activity per week during the past month.

Table 1.7. Increase the percentage of youth who report 60 minutes of physical activity 5 days or more per week		
	2012 (baseline)	2014
South Heartland	58.7%	52.3%
Nebraska	57.6%	52.8%
2018 target: 62.2%		
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>		

Table 1.8. Increase the number of mothers who meet the recommendations for breastfeeding (exclusive for 6 months)		
<i>No data available for the general population about duration</i>		
2018 target: Collect duration data for the general population		
<i>Data Source: TBD</i>		

Long-term Performance Measures

Table 1.9. Decrease the percentage of adults who are overweight or obese (BMI of 25 or higher)

	2012 (baseline)	2013	2014
South Heartland	68.7%	63.5%	69.4%
Nebraska	65.0%	65.5%	66.7%

2018 target: 64.6%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Table 1.10. Decrease the percentage of adults who are obese (BMI of 30 or higher)

	2012 (baseline)	2013	2014
South Heartland	42.1%	35.2%	44.3%
Nebraska	40.7%	42.7%	40.6%

2018 target: 28.8%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Table 1.11. Decrease the percentage of children under 18 years who are overweight or obese (BMI at 85th percentile or higher)

	2012 (baseline)	2014
South Heartland	32.1%	33.7%
Nebraska	26.5%	29.9%

2018 target: 30.0%

Data Source: Youth Risk Behavior Survey (YRBS)

Priority Goal: Cancer

Goal 2: Reduce the number of new cancer cases as well as illness, disability, and death caused by cancer.

Discussion

Fifteen performance measures are included within the Cancer priority area. The data focus on screening for cancer and incidence and mortality of cancer.

Rates of cancer screening are basically on par with the state or slightly lower (Tables 1.12-1.14). Potentially alarming data are seen in the cancer incidence and mortality data. From 2008-2012 there were incidence rates of female breast cancer, cervical cancer, colorectal cancer, prostate cancer, melanoma, and lung cancer in the South Heartland District that were all higher than the rest of the state. Mortality rates from 2009-2013 in the South Heartland District were also higher than the state for all of these cancers, with the exceptions of Female Breast Cancer and Prostate Cancer (Tables 1.17-1.28).

Screening Performance Measures

Table 1.12. Increase the percentage of women aged 50 to 74 years who are up-to-date on breast cancer screening*

	2012 (baseline)	2014
South Heartland	75.8%	71.7%
Nebraska	74.9%	76.1%

2018 target: 80.3%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

*Mammogram in the last 2 years

Table 1.13. Increase the percentage of women aged 21 to 65 years who are up-to-date on cervical cancer screening*

	2012 (baseline)	2014
South Heartland	85.6%	79.3%
Nebraska	83.9%	81.7%

2018 target: 90.7%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

*Women without a hysterectomy who had a pap test within the last 3 years

Table 1.14. Increase the percentage of adults aged 50 to 75 who are up-to-date on colorectal cancer screening*

	2012 (baseline)	2013	2014
South Heartland	59.9%	61.0%	62.8%
Nebraska	61.1%	62.8%	64.1%

2018 target: 63.5%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

*Annual fecal occult blood test [FOBT], or sigmoidoscopy every 5 years plus FOBT every 3 years, or colonoscopy every 10 years

Table 1.15 (developmental). Increase the percentage of men 40 years and older who have discussed with their health care provider the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer

Local baseline: data unavailable

National baseline: 14.4% (2010)

Data Source: NHIS, CDC/NCHS

Table 1.16 (developmental). Increase the percentage of youth and adults who follow protective measures that reduce the risk of skin cancer

Data Source: TBD

Incidence and Mortality Performance Measures

Table 1.17. Reduce incidence rates (per 100,000) of Female Breast Cancer

	2003-2007 (baseline)	2008-2012
South Heartland	128.9	130.7
Nebraska	123.2	122.7

2018 target: 121.2

Data Source: Nebraska DHHS, Cancer Registry

Table 1.18. Reduce mortality rates (per 100,000) due to Female Breast Cancer

	2004-2008 (baseline)	2009-2013
South Heartland	19.0	16.4
Nebraska	22.0	19.7

2018 target: 18.0

Data Source: Nebraska DHHS, Vital Records

Table 1.19. Reduce incidence rates (per 100,000) of Cervical Cancer

	2003-2007 (baseline)	2008-2012
South Heartland	9.9	10.5
Nebraska	7.2	6.9
<u>2018 target: 9.6</u>		
<i>Data Source: Nebraska DHHS, Cancer Registry</i>		

Table 1.20. Reduce mortality rates (per 100,000) due to Cervical Cancer

	2004-2008 (baseline)	2009-2013
South Heartland	0.0	2.6
Nebraska	1.8	2.0
<u>2018 target: 0.0</u>		
<i>Data Source: Nebraska DHHS, Vital Records</i>		

Table 1.21. Reduce incidence rates (per 100,000) of Colorectal Cancer

	2003-2007 (baseline)	2008-2012
South Heartland	64.7	54.5
Nebraska	56.2	46.1
<u>2018 target: 60.9</u>		
<i>Data Source: Nebraska DHHS, Cancer Registry</i>		

Table 1.22. Reduce mortality rates (per 100,000) due to Colorectal Cancer

	2004-2008 (baseline)	2009-2013
South Heartland	15.5	19.7
Nebraska	18.5	16.3
<u>2018 target: 14.6</u>		
<i>Data Source: Nebraska DHHS, Vital Records</i>		

Table 1.23. Reduce incidence rates (per 100,000) of Prostate Cancer

	2003-2007 (baseline)	2008-2012
South Heartland	161.3	128.2
Nebraska	158.9	125.7
<u>2018 target: 151.6</u>		
<i>Data Source: Nebraska DHHS, Cancer Registry</i>		

Table 1.24. Reduce mortality rates (per 100,000) due to Prostate Cancer

	2004-2008 (baseline)	2009-2013
South Heartland	25.1	19.1
Nebraska	24.5	21.6

2018 target: 23.6

Data Source: Nebraska DHHS, Vital Records

Table 1.25. Reduce incidence rates (per 100,000) of Skin Cancer (Melanoma)

	2003-2007 (baseline)	2008-2012
South Heartland	18.5	30.9
Nebraska	17.1	18.4

2018 target: 17.4

Data Source: Nebraska DHHS, Cancer Registry

Table 1.26. Reduce mortality rates (per 100,000) due to Skin Cancer (Melanoma)

	2004-2008 (baseline)	2009-2013
South Heartland	4.6	6.1
Nebraska	3.0	3.1

2018 target: 4.3

Data Source: Nebraska DHHS, Vital Records

Table 1.27. Reduce incidence rates (per 100,000) of Lung Cancer

	2003-2007 (baseline)	2008-2012
South Heartland	66.2	64.0
Nebraska	65.6	58.9

2018 target: 62.3

Data Source: Nebraska DHHS, Cancer Registry

Table 1.28. Reduce mortality rates (per 100,000) due to Lung Cancer

	2004-2008 (baseline)	2009-2013
South Heartland	48.2	44.7
Nebraska	47.2	43.6

2018 target: 45.3

Data Source: Nebraska DHHS, Vital Records

Priority Goal: Mental Health

Goal 3: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

Discussion

Thirteen performance measures were selected for the mental health priority area. The data focus on mental health outcomes for youth and adults (depression, mental distress, and youth suicide attempts), as well as performance measures of the more developmental type around access to mental health and other system-related issues.

In 2014, 20.7% of South Heartland adults reported that they have ever been told by a medical or mental health professional that they have depression (compared to 17.7% for the state) (Table 1.29). In addition, 8.1% of South Heartland adults reported that they have experienced frequent mental distress in the past 30 days (compared to 8.2% for the state), frequent mental distress being defined as mental health not being good on 14 or more of the past 30 days (Table 1.30). Lastly, in 2014, 13.5% of South Heartland youth reported attempting suicide in the past 30 days (compared to 8.9% for the state) (Table 1.31).

Mental Health Outcome Performance Measures

Table 1.29 (alternate measure). Percentage of adults ever told they have depression

	2012	2013	2014
South Heartland	13.8%	18.5%	20.7%
Nebraska	16.7%	18.2%	17.7%

Original Performance Measure: Reduce the percentage of persons who reported currently experiencing depression (based on a Severity of Depression score of 10 or more)
Baseline (2008): 5.2% (State: 8.7%)
2018 Target: 4.9%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Note: original BRFSS indicator no longer available.

Table 1.30 (alternate measure). Percentage of adults experiencing frequent mental distress in the past 30 days*

	2012	2013	2014
South Heartland	7.2%	9.0%	8.1%
Nebraska	9.0%	8.9%	8.2%

Original Performance Measure: Reduce the percentage of adults reporting serious psychological distress (SPD) in the last 30 days.

Baseline (2008): 7.0%% (State: 2.4%)

2018 Target: 6.6%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

*Percentage of adults 18 and over who report that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the previous 30 days.

Note: original BRFSS indicator no longer available.

Table 1.31. Reduce reported suicide attempts by high school students during the past year

	2012 (baseline)	2014
South Heartland	9.6%	13.5%
Nebraska	6.0%	8.9%

2018 target: 9.0%

Data Source: Youth Risk Behavior Survey (YRBS)

Access Performance Measures

Table 1.32. Increase the proportion of primary care facilities that provide mental health services onsite or by telehealth

2013 (baseline)	2015
4 of 14 clinics	6 of 14 clinics (two new providers in Edgar and Sutton)

2018 target: 7 clinics

Data Source: South Heartland District Health Department

Table 1.33. Increase access to mental health assistance/services through local educational institutions and worksites.

2013 (baseline)	2015
3 trainers, 2 trainings, 60 trained Target groups reached: law enforcement (35), behavioral health (25)	27 individuals trained for Mental Health First Aid and Psychological First Aid (24 in Adams County and 3 from Clay County)

2018 target: Developmental

Data Source: Region 3 Behavioral Health Services

Table 1.34 (developmental). Increase the number of mental health patients who participate in recovery support programs (NAMI peer support, Community Support, support groups,

VA-sponsored programs, Vocational Rehab, etc.)

2013 (baseline)	2014	2015
Number served by South Central Behavioral Services: <u>806</u>	Number served by South Central Behavioral Services: <u>856</u>	Number served by South Central Behavioral Services: <u>928</u>
Number who participated in a SCBS support/recovery program: <u>340</u>	Number who participated in a SCBS support/recovery program: <u>353</u>	Number who participated in a SCBS support/recovery program: <u>381</u>
	Number served by Horizon Recovery and Counseling: <u>311</u>	Number served by Horizon Recovery and Counseling: <u>864</u> (January through October)
		Number served by Goodwill's Behavioral Health Employment in Hastings: <u>62</u>
<i>2018 target: Improve by 6% over the next 3 years.</i>		
<i>Data Source: South Central Behavioral Services and Horizon Recovery and Counseling</i>		

Table 1.35 (developmental). Increase collection and accessibility of local mental health data

2013 (baseline)	2015
Potential sources for local data: Magellan, Horizon Recovery, BRFSS, YRBS, County Attorney's Office, Region 3, South Central Behavioral Services, Network of Care for Behavioral Health	Region 3 will be a data source for collection and accessibility of local mental health data.
<i>2018 target: Developmental</i>	
<i>Data Source: Region 3 Behavioral Health Services</i>	

Table 1.36. Increase awareness of available mental health services by 10%

2012 (baseline)
35.8%
<i>2018 target: 40.0%</i>
<i>Data Source: Schmeeckle Research</i>

Table 1.37. Decrease stigma as a barrier to accessing services

2012 (baseline)

62.9%

2018 target: 56.6%

Data Source: Schmeeckle Research

Priority Goal: Substance Abuse

Goal 4: Reduce substance abuse to protect the health, safety, and quality of life for all, especially young people.

Discussion

Seven performance measures were selected for the Substance Abuse priority area (five for youth and two for adults). The data focus on youth alcohol and substance use, youth riding with alcohol impaired drivers, youth distracted driving, adult binge drinking, and adult smoking cessation.

Noteworthy data from 2014 include 28.1% of South Heartland youth reporting past 30 day alcohol use (compared to 22.7% for the state) (Table 1.38), and 13.3% of South Heartland youth reporting past 30 day marijuana use (compared to 13.7% for the state) (Table 1.39). In 2014, nearly one-fourth (23.9%) of South Heartland youth reported riding in the past 30 days with a driver who had been drinking alcohol (compared to 22.3% for the state) (Table 1.41).

Among South Heartland adults, 20.2% reported binge drinking in the past 30 days (compared to 20.3% for the state) (Table 1.43). Smoking cessation appears to be on the rise among South Heartland adults. In 2014, 63.2% of current smokers reported attempting to quit smoking in the past year, up from 47.9% in 2011 (Table 1.44).

Youth Performance Measures

Table 1.38. Decrease the percentage of high school students who report the use of alcohol in the past 30 days

	2012 (baseline)	2014
South Heartland	24.2%	28.1%
Nebraska	22.1%	22.7%

2018 target: 22.7%

Data Source: Youth Risk Behavior Survey (YRBS)

Table 1.39. Decrease the percentage of high school students who report marijuana use in the past 30 days

	2012 (baseline)	2014
South Heartland	12.3%	13.3%
Nebraska	11.7%	13.7%

2018 target: 11.5%

Data Source: Youth Risk Behavior Survey (YRBS)

Table 1.40. Decrease the percentage of high school students who ever took prescription drugs without a doctor's prescription

	2012 (baseline)	2014
South Heartland	11.8%	11.2%
Nebraska	10.4%	13.5%
<i>2018 target: 11.1%</i>		
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>		

Table 1.41. Decrease the percentage of high school students who report riding in the past 30 days with a driver who had been drinking alcohol

	2012 (baseline)	2014
South Heartland	22.7%	23.9%
Nebraska	20.3%	22.3%
<i>2018 target: 21.3%</i>		
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>		

Table 1.42. Decrease the percentage of high school students who report texting or e-mailing while driving in the past 30 days

	2012 (baseline)	2014
South Heartland	38.7%	52.9%
Nebraska	46.6%	49.4%
<i>2018 target: 36.4%</i>		
<i>Data Source: Youth Risk Behavior Survey (YRBS)</i>		

Adult Performance Measures

Table 1.43. Reduce the percentage of adults who report binge drinking (five or more drinks in a row for men, four for women) in the past 30 days

	2011 (baseline)	2012	2013	2014
South Heartland	22.8%	20.0%	17.1%	20.2%
Nebraska	22.7%	22.1%	20.0%	20.3%
<i>2018 target: 21.4%</i>				
<i>Data Source: Behavioral Risk Factors Surveillance System (BRFSS)</i>				

Table 1.44. Increase the percentage of current smokers who report attempting to quit smoking in the past year

	2011 (baseline)	2012	2013	2014
South Heartland	47.9%	55.5%	62.9%	63.2%
Nebraska	55.6%	57.1%	57.1%	58.2%
<i>2018 target: 50.8%</i>				
<i>Data Source: Behavioral Risk Factors Surveillance System (BRFSS)</i>				

Priority Goal: Access to Health Care

Goal 5: Improve access to comprehensive, quality health care services

Discussion

Eleven performance measures were selected for the Access to Health Care priority area. The data focus on access to personal doctor or health care providers, cost, access to dentists, and a number of developmental indicators focusing on system-related issues.

Among South Heartland adults, four-fifths (81.7%) reported having a personal doctor or health care provider (compared to 79.8% for the state) (Table 1.45). More than one-in-ten (11.2%) of South Heartland adults reported cost as a barrier to visiting a doctor in the past year (compared to 11.9% for the state) (Table 1.48).

Short-term Performance Measures

Table 1.45. Increase the percentage of adults who report having a personal doctor or health care provider

	2012 (baseline)	2013	2014
South Heartland	88.2%	80.5%	81.7%
Nebraska	82.8%	79.1%	79.8%

2018 target: 93.5%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Table 1.46. Increase the percentage of adults who report visiting the doctor for a routine exam in the past year

	2009-2010*	2011	2012	2013	2014
South Heartland	60.3%	56.9%	63.0%	61.8%	64.2%
Nebraska	58.0%	57.7%	60.4%	61.6%	63.3%

2018 target: 63.6%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

*There is a break in the trend for BRFSS data beginning in 2011 due to a change in methodology.

Table 1.47. Decrease the percentage of adults who report not having a personal doctor or health care provider

	2012 (baseline)	2013	2014
South Heartland	11.8%	19.5%	18.3%
Nebraska	17.2%	20.9%	20.2%

2018 target: 18.1%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Table 1.48. Decrease the percentage of adults who report cost as a barrier to visiting a doctor in the past year

	2012 (baseline)	2013	2014
South Heartland	9.5%	8.7%	11.2%
Nebraska	12.8%	13.0%	11.9%

2018 target: 8.4%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Table 1.49. Increase the percentage of adults who report visiting a dentist for any reason in the past year

	2012 (baseline)	2014
South Heartland	67.9%	61.6%
Nebraska	67.6%	66.4%

2018 target: 72.0%

Data Source: Behavioral Risk Factors Surveillance System (BRFSS)

Long-term Performance Measures

Table 1.50 (developmental). Increase the number of medical home model clinics (patient-centered medical homes) within the district

2013 (baseline)	2015
0	4 (2 in Hastings, 1 in Blue Hill, 1 in Edgar)

2018 target: 1

Data Source: Senator Gloré's Office

Table 1.51 (developmental). Develop a Community Health Worker (CHW) program/system to increase the number of Community Health Workers serving as bridges between providers of health services and the community

2013 (baseline)	2015
No program available in the district	Five total CHW in the district who have received a certificate through DHHS. Hastings CCC reports two participants have completed the Community Health Worker Certificate Program.

2018 target: Program/system in place which provides training and oversight in core competencies, educates and promotes CHW utilization by providers of health care services in the community

Data Source: South Heartland District Health Department and Hastings CCC

Table 1.52 (developmental). Increase the available access points across the district for those seeking behavioral health care

2013 (baseline)	2015
4 clinics	6 clinics
<i>2018 target:</i> Add access in at least one primary care clinic	
<i>Data Source:</i> South Heartland District Health Department	

Table 1.53 (developmental). Adoption of EHR technology that meets meaningful use criteria, Health Information Exchange (NEHII), telehealth, and other technology upgrades that support and improve access to health care services

2013 (baseline)	2015
None of the 16 clinics in the South Heartland district have adopted EHR technology that meets meaningful use criteria	14 of 16 clinics in the South Heartland district have adopted EHR technology that meets meaningful use criteria and have met Level 1 of meaningful use
<i>Data Source:</i> South Heartland District Health Department	

Table 1.54 (developmental). Increase the number of Health Literate Organizations – organizations that make it easier for people to navigate, understand, and use information and services to take care of their health.

2013 (baseline)	2015
Need to assess the number of organizations meeting the 10 attributes of a health literate organization	In 2015, Mary Lanning and Morrison Cancer Center and SHDHD completed organizational assessments for health literacy. The organizations do not yet meet 80% of the attributes
<i>2018 target:</i> South Health District Health Department, all three hospitals, and at least one clinic in each county meet 80% of the attributes of a health literate organization	
<i>Data Source:</i> South Heartland District Health Department	

Table 1.55 (developmental). Create a web-based resource for reliable, local health information and resources related to healthy choices and disease prevention, diagnosis, treatment, and management.

2013 (baseline)	2015
Individual stakeholder websites and SHDHD Network of Care website for local health status data	The Veteran’s Network of Care website is a one-stop shop of web-based resources for veterans, military service members, and their families
<i>2018 target:</i> One-stop searchable, comprehensive, linked network of resources and health information	
<i>Data Source:</i> TBD	

Table 1.56 (developmental). Support community education and recruitment efforts for health care professions

Data Source: TBD

Table 1.57 (developmental). Support community education and recruitment efforts for health care professions

2015

- Smart Moves program provides diabetes education.
- Breast Cancer screenings clinic provided by SHDHD.
- Mary Lanning has recruited local specialists to include an endocrinologist, allergist/immunologist, additional doctors who specialize in cardiology, pathology, pain management, plastic surgery and psychiatry.

Data Source: South Heartland District Health Department

Section II. Racial/Ethnic and Socio-Economic Disparities (Data for the 1422 Grant)

This section of the report presents data on health disparities among racial/ethnic groups and socio-economic classes. The data are divided into two sections: mortality data and Behavioral Risk Factor Surveillance System (BRFSS) data.

Mortality Data

Note: All mortality data indicators are age-adjusted, including for sub-populations.

Discussion

Age-adjusted data on mortality due to diabetes, heart disease, and stroke are contained below in Tables 2.1 through 2.4 for each of the four counties within the South Heartland District, the overall South Heartland District, and the state. It is worth noting that the South Heartland District as a whole has a notably higher rate of mortality due to heart disease as compared to the state, due largely to high rates in Adams and Clay Counties (Table 2.3).

In addition, each mortality indicator compares the two racial/ethnic categories of White, non-Hispanic and Minority for the South Heartland District. For each of the four indicators, minorities have lower rates of mortality compared to the White, non-Hispanic category.

Data

***Table 2.1. Death rate due to diabetes (underlying cause) per 100,000
Years: 2011-2014, combined***

Nebraska	South Heartland	Adams	Clay	Nuckolls	Webster
21.3 (1,845 deaths)	16.2 (45 deaths)	11.5 (20 deaths)	27.9 (11 deaths)	27.5 (11 deaths)	12.6 (3 deaths)

South Heartland Racial/Ethnic Comparison (2011-2014, combined):

White, non-Hispanic: 16.7 (45 deaths) Minority: 0.0 (0 deaths)

Data Source: NDHHS, Division of Public Health, Vital Statistics (2015)

**Table 2.2. Death rate due to diabetes (any mention) per 100,000
Years: 2011-2014, combined**

Nebraska	South Heartland	Adams	Clay	Nuckolls	Webster
79.9 (7,006 deaths)	64.6 (182 deaths)	50.6 (85 deaths)	55.9 (22 deaths)	107.4 (44 deaths)	93.0 (31 deaths)
<i>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</i>					
White, non-Hispanic: 66.1 (181 deaths)			Minority: 7.4 (1 death)		
<i>Data Source: NDHHS, Division of Public Health, Vital Statistics (2015)</i>					

**Table 2.3. Death rate due to heart disease (underlying cause) per 100,000
Years: 2011-2014, combined**

Nebraska	South Heartland	Adams	Clay	Nuckolls	Webster
145.4 (13,240 deaths)	188.9 (548 deaths)	204.1 (362 deaths)	186.0 (75 deaths)	132.2 (56 deaths)	167.7 (55 deaths)
<i>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</i>					
White, non-Hispanic: 192.1 (542 deaths)			Minority: 81.6 (6 deaths)		
<i>Data Source: NDHHS, Division of Public Health, Vital Statistics (2015)</i>					

**Table 2.4. Death rate due to stroke (underlying cause) per 100,000
Years: 2011-2014, combined**

Nebraska	South Heartland	Adams	Clay	Nuckolls	Webster
35.6 (3,206 deaths)	37.6 (112 deaths)	38.8 (71 deaths)	32.1 (13 deaths)	36.3 (14 deaths)	39.5 (14 deaths)
<i>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</i>					
White, non-Hispanic: 37.8 (110 deaths)			Minority: 28.2 (2 deaths)		
<i>Data Source: NDHHS, Division of Public Health, Vital Statistics (2015)</i>					

Behavioral Risk Factors Surveillance System (BRFSS) Data

Note: All BRFSS indicators are age-adjusted, including for sub-populations. Data are not statistically different unless noted with an asterisk.

Discussion

A wide array of health outcome indicators from the BRFSS survey are included below in Tables 2.5 through 2.21. Trend data from 2011 to 2014 for the four-county South Heartland district and the state. In addition, combined years of data (2011-2014) for the South Heartland District are available by race/ethnicity (White, non-Hispanic and minority) and income. In general, minority groups in the South Heartland tend to fare slightly worse on a number of health indicators as compared to White, non-Hispanics. However, the difference was statistically significant for just one indicator: *poor physical or mental health limited usual activities on 14 or more of the past 30 days*.

There are greater differences across the three income groups (<\$25,000, \$25,000-\$49,999, and \$50,000+), with the lowest income group faring the worst on nearly every health indicator. Statistically significant disparities in which low income individuals fare worse on health outcomes compared to higher income groups include:

- *Physical health was not good on 14 or more days of the past 30 days*
- *Mental health was not good on 14 or more of the past 30 days*
- *Poor physical or mental health limited usual activities on 14 or more of the past 30 days*
- *Consumed vegetables less than 1 time per day*
- *Obese (BMI = 30 or higher)*
- *Ever told they have diabetes (excluding pregnancy)*
- *Ever told they had a heart attack or coronary heart disease*
- *Ever told they had a stroke*
- *Ever told they have high blood pressure (excluding pregnancy)*

Data

Table 2.5. Physical health was not good on 14 or more days of the past 30 days				
	2011	2012	2013	2014
South Heartland	10.1%	11.2%	10.8%	10.4%
Nebraska	9.6%	9.8%	9.2%	9.0%
<i>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</i>				
White, non-Hispanic: 9.2%		Minority: 14.6%		
<i>South Heartland Income Comparison (2011-2014, combined):</i>				
<\$25,000: 17.7%*		\$25,000-\$49,999: 8.4%		\$50,000+: 4.6%
<i>Data Source: BRFSS (2011-2014)</i>				

*Statistically significant difference between “low income” (<\$25,000) and other income categories.

Table 2.6. Mental health was not good on 14 or more of the past 30 days				
	2011	2012	2013	2014
South Heartland	11.0%	7.2%	9.0%	8.1%
Nebraska	9.2%	9.0%	8.9%	8.2%
<i>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</i>				
White, non-Hispanic: 9.6%		Minority: 11.8%		
<i>South Heartland Income Comparison (2011-2014, combined):</i>				
<\$25,000: 19.6%*		\$25,000-\$49,999: 7.1%		\$50,000+: 5.0%
<i>Data Source: BRFSS (2011-2014)</i>				

*Statistically significant difference between “low income” (<\$25,000) and other income categories.

Table 2.7. Poor physical or mental health limited usual activities on 14 or more of the past 30 days				
	2011	2012	2013	2014
South Heartland	4.4%	5.6%	7.1%	6.4%
Nebraska	5.8%	6.4%	5.8%	5.8%
<i>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</i>				
White, non-Hispanic: 4.8%		Minority: 14.7%*		
<i>South Heartland Income Comparison (2011-2014, combined):</i>				
<\$25,000: 11.9%*		\$25,000-\$49,999: 4.7%		\$50,000+: 1.9%
<i>Data Source: BRFSS (2011-2014)</i>				

*Statistically significant difference between minority and White, NH, and between “low income” (<\$25,000) and other income categories.

Table 2.8. Consumed fruits less than 1 time per day

	2011	2012	2013	2014
South Heartland	44.4%	-	41.4%	-
Nebraska	40.1%	-	39.7%	-
<u>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</u>				
White, non-Hispanic:	43.3%	Minority: 46.4%		
<u>South Heartland Income Comparison (2011-2014, combined):</u>				
<\$25,000:	44.9%	\$25,000-\$49,999:	44.6%	\$50,000+: 37.2%
Data Source: BRFSS (2011-2014)				

Table 2.9. Consumed vegetables less than 1 time per day

	2011	2012	2013	2014
South Heartland	27.1%	-	24.8%	-
Nebraska	26.2%	-	23.3%	-
<u>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</u>				
White, non-Hispanic:	25.0%	Minority: 35.8%		
<u>South Heartland Income Comparison (2011-2014, combined):</u>				
<\$25,000:	31.2%*	\$25,000-\$49,999:	30.8%	\$50,000+: 14.3%
Data Source: BRFSS (2011-2014)				

*Statistically significant difference between "low income" (<\$25,000) and higher income (\$50,000+).

Table 2.10. Overweight or obese (BMI = 25 or higher)

	2011	2012	2013	2014
South Heartland	63.2%	68.7%	63.5%	69.4%
Nebraska	69.4%	65.0%	65.5%	66.7%
<u>South Heartland Racial/Ethnic Comparison (2011-2014, combined):</u>				
White, non-Hispanic:	67.3%	Minority: 62.7%		
<u>South Heartland Income Comparison (2011-2014, combined):</u>				
<\$25,000:	64.9%	\$25,000-\$49,999:	73.0%	\$50,000+: 64.0%
Data Source: BRFSS (2011-2014)				

Table 2.11. Obese (BMI = 30 or higher)

	2011	2012	2013	2014
South Heartland	29.6%	30.6%	26.3%	34.6%
Nebraska	28.4%	28.6%	29.6%	30.3%

South Heartland Racial/Ethnic Comparison (2011-2014, combined, age-adjusted):

White, non-Hispanic: 30.9%

Minority: 31.0%

South Heartland Income Comparison (2011-2014, combined, age-adjusted):

<\$25,000: 35.6%*

\$25,000-\$49,999: 33.4%

\$50,000+: 25.7%

Data Source: BRFSS (2011-2014)

*Statistically significant difference between "low income" (<\$25,000) and higher income (\$50,000+).

Table 2.12. Ever told they have diabetes (excluding pregnancy)

	2011	2012	2013	2014
South Heartland	7.8%	9.4%	11.8%	10.8%
Nebraska	8.4%	8.1%	9.2%	9.2%

South Heartland Racial/Ethnic Comparison (2011-2014, combined, age-adjusted):

White, non-Hispanic: 8.1%

Minority: 13.2%

South Heartland Income Comparison (2011-2014, combined, age-adjusted):

<\$25,000: 13.6%*

\$25,000-\$49,999: 7.6%

\$50,000+: 5.2%

Data Source: BRFSS (2011-2014)

*Statistically significant difference between "low income" (<\$25,000) and other income categories.

Table 2.13. Ever told they had a heart attack or coronary heart disease

	2011	2012	2013	2014
South Heartland	6.3%	8.5%	9.1%*	8.0%*
Nebraska	5.9%	6.0%	5.9%	5.8%

South Heartland Racial/Ethnic Comparison (2011-2014, combined, age-adjusted):

White, non-Hispanic: 6.6%

Minority: 5.8%

South Heartland Income Comparison (2011-2014, combined, age-adjusted):

<\$25,000: 11.5%*

\$25,000-\$49,999: 7.4%

\$50,000+: 4.5%

Data Source: BRFSS (2011-2014)

*Statistically significant difference between South Heartland and Nebraska, and between "low income" (<\$25,000) and higher income (\$50,000+).

Table 2.20. Had cholesterol checked in the past 5 years

	2011	2012	2013	2014
South Heartland	73.7%	-	74.7%	-
Nebraska	71.8%	-	74.0%	-
<i>South Heartland Racial/Ethnic Comparison (2011-2014, combined, age-adjusted):</i>				
White, non-Hispanic: 73.8%		Minority: 56.0%		
<i>South Heartland Income Comparison (2011-2014, combined, age-adjusted):</i>				
<\$25,000: 63.7%		\$25,000-\$49,999: 78.4%		\$50,000+: 72.0%
<i>Data Source: BRFSS (2011-2014)</i>				

*Statistically significant difference between minority and White, NH.

Table 2.21. Ever told they have high cholesterol, among those who have ever had it checked

	2011	2012	2013	2014
South Heartland	41.4%	-	43.2%	-
Nebraska	38.3%	-	37.4%	-
<i>South Heartland Racial/Ethnic Comparison (2011-2014, combined, age-adjusted):</i>				
White, non-Hispanic: 33.3%		Minority: - °		
<i>South Heartland Income Comparison (2011-2014, combined, age-adjusted):</i>				
<\$25,000: 40.8%		\$25,000-\$49,999: 34.6%		\$50,000+: 33.3%
<i>Data Source: BRFSS (2011-2014)</i>				

°Rate masked. Sample size smaller than 50 respondents.

Section III: Community Survey Results

The South Heartland District Health Department Community Survey is a broad survey covering numerous public health and community issues in the areas of the healthcare system, supports for raising children, supports for older adults, recreational and leisure options, jobs and the economy, housing, safety and social support, health issues and risky behaviors, and alcohol use and prevention. Results from the survey will be used to gauge community needs and will help set priorities for improving the overall health of the population within the district.

The Community Survey was distributed across the four counties within the district (Webster, Adams, Nuckolls, and Clay). The survey was conducted online via SurveyMonkey and was promoted by various health clinics and hospitals. The survey was conducted in both English and Spanish, with a large proportion of the Spanish surveys conducted on paper.

Results from Adams and Nuckolls Counties are presented here, along with the overall results. Due to the small sample size, survey results from Webster and Clay Counties are not able to be presented with any reliability. See the appendix for the results from Webster and Clay Counties.

Below is some basic information about the survey response. For more details about respondent demographics, see the end of this section.

Total Number of Respondents: 635

Table 3.1	County (n=561)				
	Webster	Adams	Nuckolls	Clay	County Unspecified
	8.2%	63.1%	18.7%	10.0%	-
	46 responses	354 responses	105 responses	56 responses	74 responses

Note: those who did not specify a county are still included in the South Heartland total.

Table 3.2	Language (n=635)	
	English	Spanish
	91.5%	8.5%
	581 responses	54 responses

The Healthcare System

Discussion

In general, a strong majority (80% or more) of respondents from Adams and Nuckolls Counties perceive that basic health care services (hospitals, doctor’s offices, etc.) are available in their community (Tables 3.3 and 3.4), and most (80.0% or more) perceive that the health care services in their community are excellent (Table 3.5).

However, less than three fifths of respondents from Adams and Nuckolls Counties perceive that there are enough medical specialists available (Table 3.6), and a minority of respondents (37.9% from Adams County and just 16.2% from Nuckolls County) perceive that there are enough behavioral health services in their community (Table 3.7).

The cost of medical care is a strong barrier for many individuals in the South Heartland District. Approximately half (50.6%) of respondents from Adams County and 56.2% of respondents from Nuckolls County agreed or strongly agreed that sometimes the cost of medical care prevents them from getting the care they need for themselves or their immediate family (Table 3.9). Additional barriers to health care include language or cultural barriers, indicated by 81.5% of Spanish speaking respondents to the survey (Table 3.11); and inconvenient hours of operation at doctor’s offices and health clinics, indicated by 44.6% of all South Heartland respondents (Table 3.12).

The majority of respondents indicated that they have a personal doctor or health care provider (84.9% in Adams County and 94.3% in Nuckolls County) and a personal dentist (84.1% in Adams County and 76.2% in Nuckolls County (Tables 3.15 and 3.18).

Results

Table 3.3	There are enough hospitals, emergency rooms, urgent care clinics and so forth available:		
	% Agree or Strongly Agree*		
	Adams County	Nuckolls County	South Heartland (4-County Total)
In my community (town/city closest to where I live)	89.3% (n=354)	87.6% (n=105)	83.5% (n=635)
In my county (county where I live)	85.6% (n=354)	80.0% (n=105)	78.7% (n=635)
In my region (within 1 hour drive from my home)	87.6% (n=354)	86.7% (n=105)	88.5% (n=635)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.4	There are enough doctor's offices, health clinics and so forth available:		
% Agree or Strongly Agree*			
	Adams County	Nuckolls County	South Heartland (4-County Total)
In my community (town/city closest to where I live)	85.9% (n=354)	80.0% (n=105)	80.2% (n=635)
In my county (county where I live)	80.2% (n=354)	79.0% (n=105)	75.9% (n=635)
In my region (within 1 hour drive from my home)	82.5% (n=354)	84.8% (n=105)	84.6% (n=635)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.5	The health care services that are available:		
% Agree or Strongly Agree*			
	Adams County	Nuckolls County	South Heartland (4-County Total)
In my community are excellent	85.6% (n=354)	82.7% (n=104)	81.2% (n=626)
In my county are excellent	81.8% (n=352)	85.7% (n=105)	77.9% (n=628)
In my region are excellent	81.0% (n=348)	84.8% (n=105)	81.9% (n=626)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.6	There are enough medical specialists available:		
% Agree or Strongly Agree*			
	Adams County	Nuckolls County	South Heartland (4-County Total)
In my community	57.3% (n=354)	56.2% (n=105)	53.9% (n=635)
In my county	54.0% (n=354)	58.1% (n=105)	52.8% (n=635)
In my region (within 1 hour drive from my home)	63.8% (n=354)	76.2% (n=105)	69.4% (n=635)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.7	There are enough behavioral health services (counselors, licensed mental health practitioners):		
% Agree or Strongly Agree*			
	Adams County	Nuckolls County	South Heartland (4-County Total)
In my community	37.9% (n=354)	16.2% (n=105)	31.3% (n=635)
In my county	34.7% (n=354)	15.2% (n=105)	29.3% (n=635)
In my region (within 1 hour drive from my home)	40.7% (n=354)	32.4% (n=105)	41.7% (n=635)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.8	The hospital care being provided:		
% Agree or Strongly Agree*			
	Adams County	Nuckolls County	South Heartland (4-County Total)
In my community are excellent	85.3% (n=353)	84.0% (n=100)	81.1% (n=610)
In my county are excellent	80.7% (n=352)	79.8% (n=104)	75.9% (n=618)
In my region (within 1 hour drive from my home) are excellent	74.9% (n=350)	81.9% (n=105)	78.2% (n=629)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.9	Sometimes the cost of medical care prevents me from getting the care I need for myself or my immediate family.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
50.6% (n=354)	56.2% (n=105)	52.0% (n=635)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.10	Sometimes language or cultural barriers prevent me from getting the care I need for myself or my immediate family.			
% Agree or Strongly Agree*				
Adams County	Nuckolls County	Spanish Speakers	South Heartland (4-County Total)	
13.0% (n=354)	0.0% (n=105)	81.5% (n=54)	10.4% (n=635)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.11	Sometimes I have difficulty finding transportation to health care providers.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
10.2% (n=354)	3.8% (n=105)	9.9% (n=635)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.12	The regular hours of operation at doctor's offices and health clinics are sometimes not convenient for scheduling care for myself or my immediate family.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
48.0% (n=354)	32.4% (n=105)	44.6% (n=635)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.13	During the past 12 months, I have personally received health care services at a hospital or emergency room located			
% Yes*				
	Adams County	Nuckolls County	South Heartland (4-County Total)	
In my county	44.0% (n=352)	43.8% (n=105)	38.7% (n=633)	
In my region (within 1 hour drive from my home)	25.9% (n=352)	27.6% (n=105)	26.7% (n=632)	

*Response options: yes, no

Table 3.14	During the past 12 months, I have personally received health care services at a doctor's office, health clinic, or health department located			
% Yes*				
	Adams County	Nuckolls County	South Heartland (4-County Total)	
In my community	84.9% (n=350)	82.2% (n=101)	77.1% (n=612)	
In my county	66.5% (n=316)	64.4% (n=101)	60.8% (n=579)	
In my region (within 1 hour drive from my home)	54.7% (n=307)	51.5% (n=99)	56.0% (n=568)	

*Response options: yes, no

Table 3.15	I have one person I think of as my personal doctor or health care provider (my medical “home” where I go for most health care needs)		
% Yes*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
84.9% (n=352)	94.3% (n=105)	85.8%	(n=632)

*Response options: yes, no

Table 3.16	[If responded “no” the preceding question] Instead, when I need them I receive my health care services from (check all that apply):	
	South Heartland (4-County Total) (n=72)	
Free clinics	12.5%	
Community Health Center	26.4%	
Health Department / Immunization Clinic	13.9%	
Family Planning Agency	8.3%	
Emergency Room at a hospital	9.7%	
Urgent Care Clinic	25.0%	
Chiropractor	16.7%	
I delay care as long as possible or refuse care	40.3%	
Other	22.2%	

Table 3.17	During the past 12 months, I have personally received dental care services at a dental clinic located		
% Yes*			
	Adams County	Nuckolls County	South Heartland (4-County Total)
In my community	64.9% (n=353)	36.2% (n=105)	51.8% (n=633)
In my county	47.0% (n=351)	40.0% (n=105)	39.9% (n=631)
In my region (within 1 hour drive from my home)	47.7% (n=352)	45.7% (n=105)	51.2% (n=633)

*Response options: yes, no

Table 3.18	I have one person I think of as my personal dentist		
% Yes*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
84.1% (n=353)	76.2% (n=105)	81.7% (n=633)	

*Response options: yes, no

Table 3.19	During the past 12 months, I have personally received behavioral health services (counseling, life coaching, etc.)		
% Yes*			
	Adams County	Nuckolls County	South Heartland (4-County Total)
In my community	8.5% (n=354)	2.9% (n=105)	7.6% (n=635)
In my county	6.3% (n=351)	2.9% (n=105)	5.9% (n=631)
In my region (within 1 hour drive from my home)	9.7% (n=351)	4.8% (n=105)	8.9% (n=631)

*Response options: yes, no

Supports for Raising Children

Discussion

The vast majority of respondents agreed or strongly agreed with the statement: my community is a good place to raise children (93.4% in Adams County and 91.3% in Nuckolls County) (Table 3.20). Yet, safe and affordable childcare is an issue for many respondents, especially in Nuckolls County where just 51.7% feel that there is safe childcare available in their community and just 39.4% feel that there is affordable childcare in their community. In Adams County, just 48.6% of respondents felt that there is affordable childcare in their community (Tables 3.21 and 3.22).

Approximately three-fourths of respondents from both Adams and Nuckolls Counties feel satisfied with the school system in their community (Table 3.23), yet just around half or fewer of respondents from both counties feel that there are adequate after school opportunities for children (Tables 3.24 and 3.25).

Two out of five (39.4%) respondents from Nuckolls County agree or strongly agree that there are adequate recreation opportunities for children in their community; 56.1% of respondents from Adams County agreed or strongly agreed with this statement (Table 3.26).

Results

Table 3.20	My community is a good place to raise children.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
93.4% (n=347)	91.3% (n=104)	91.8% (n=598)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.21	Safe childcare is available in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
81.2% (n=313)	51.7% (n=98)	74.8% (n=540)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.22	Affordable childcare is available in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
48.6% (n=290)	39.4% (n=94)	48.5% (n=503)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.23	I am satisfied with the school system in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
77.2% (n=324)	73.2% (n=97)	75.4% (n=565)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.24	There are adequate after school opportunities for elementary age children (including those run by schools and community groups).		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
50.2% (n=287)	32.6% (n=89)	46.2% (n=509)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.25	There are adequate after school opportunities for middle and high school age students (sports teams, clubs, groups, etc.).		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
54.9% (n=295)	50.5% (n=91)	56.0% (n=525)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.26	There are adequate recreation opportunities for children and youth in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
56.1% (n=312)	39.4% (n=99)	50.3% (n=553)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Supports for Older Adults

Discussion

A strong majority (over 80%) of respondents from both Adams and Nuckolls County agreed or strongly agreed that their community is a good place to grow old (Table 3.27). However, respondents from Nuckolls County generally perceived a lack of adequate recreation opportunities for older adults (Table 3.28), housing options for older adults (Table 3.29), adequate transportation for older adults, and services such as social clubs, social services, and groups for older adults (Table 3.32), with less than half of respondents from Nuckolls County agreeing or strongly agreeing that these are available in their community.

Respondents from Adams County also perceived a lack of availability of services and supports for older adults in their community. Less than half of the respondents from Adams County perceived the availability of adequate transportation for older adults (Table 3.30), programs that provide meals for older adults (Table 3.31), and services such as social clubs, social services, and groups for older adults (Table 3.32).

Results

Table 3.27	This community is a good place to grow old.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
81.6% (n=342)	81.0% (n=105)	81.6% (n=587)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.28	There are adequate recreation and exercise opportunities (parks, trails, fitness centers) for older adults in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
71.2% (n=340)	33.0% (n=103)	58.7% (n=583)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.29	There are adequate housing options (assisted living, retirement centers, maintenance-free homes/apartments) for older adults in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
61.2% (n=307)	47.1% (n=102)	55.8% (n=538)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.30	There are adequate transportation options (public buses, shuttles, handi-vans, taxis) available to take older adults to medical facilities and shopping.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
31.7% (n=309)	43.0% (n=100)	34.9% (n=539)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.31	There are adequate programs that provide meals for older adults in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
47.1% (n=276)	51.1% (n=88)	49.4% (n=478)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.32	There are a range of available services (social clubs, social services, groups) in my community for older adults that are living alone.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
37.3% (n=263)	21.8% (n=87)	33.9% (n=460)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.33	There are adequate local options (residential care, intermediate and skilled nursing homes) for persons who need long-term care services.				
% Agree or Strongly Agree*					
Adams County		Nuckolls County		South Heartland (4-County Total)	
51.5%	(n=291)	57.6%	(n=99)	50.6%	(n=514)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Recreational and Leisure Options

Discussion

Compared to respondents from Adams County, respondents from Nuckolls County hold the perception that there are fewer opportunities for recreation and leisure in their community. More than four-fifths (82.4%) of respondents from Adams County agreed or strongly agreed that there are adequate places to exercise and play in their community, compared to just 39.4% for Nuckolls County (Table 3.34).

Less than half of respondents from Adams County perceived that there are adequate cultural events and leisure time activities in their community. However, the perception of the availability of such activities was still notably higher in Adams County compared to Nuckolls County (Tables 3.35 and 3.36).

Results

Table 3.34	There are adequate places to exercise and play in my community (parks, walking/biking trails, swimming pools, gyms, fitness centers, and so forth).		
	% Agree or Strongly Agree*		
	Adams County	Nuckolls County	South Heartland (4-County Total)
	82.4% (n=353)	39.4% (n=104)	69.9% (n=585)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.35	There are adequate music, art, theater, and cultural events in my community.		
	% Agree or Strongly Agree*		
	Adams County	Nuckolls County	South Heartland (4-County Total)
	49.4% (n=336)	7.7% (n=104)	37.6% (n=569)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.36	There are adequate organized leisure time activities available in my community (such as groups, clubs, teams, and other social activities).		
% Agree or Strongly Agree*			
	Adams County	Nuckolls County	South Heartland (4-County Total)
For young adults	44.8% (n=306)	19.8% (n=96)	37.2% (n=527)
For middle-aged adults	41.9% (n=313)	16.5% (n=97)	35.1% (n=533)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Jobs and the Economy

Discussion

Respondents from Adams County were again substantially more positive about jobs and the economy in their community compared to respondents from Nuckolls County, with 54.5% agreeing or strongly agreeing that there are enough jobs located in town or a short drive away, compared to 23.0% for Nuckolls County (Table 3.38). Over half of respondents (55.8%) from Adams County agreed or strongly agreed that there are opportunities for employment advancement in the region (within a one hour drive), compared to 33.0% among Nuckolls County respondents (Table 3.38).

While just half (50.6%) of respondents from Adams County perceive the economy as being strong in their community, only 16.5% of respondents from Nuckolls County perceive the same (Table 3.41).

Results

Table 3.37	For people living in my community, there are enough jobs			
% Agree or Strongly Agree*				
	Adams County	Nuckolls County	South Heartland (4-County Total)	
Located in town or a short drive away	54.5% (n=334)	23.0% (n=100)	43.6%	(n=548)
Located within the county	49.5% (n=325)	27.0% (n=100)	41.4%	(n=536)
Located within the region (within 1 hour drive from my home)	59.8% (n=323)	48.9% (n=94)	59.9%	(n=529)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.38	There are opportunities for employment advancement (promotions, job training, higher education)			
% Agree or Strongly Agree*				
	Adams County	Nuckolls County	South Heartland (4-County Total)	
In my community	48.8% (n=320)	11.0% (n=100)	35.1%	(n=535)
In my county	45.4% (n=306)	8.1% (n=99)	32.3%	(n=520)
In my region (within 1 hour drive from my home)	55.8% (n=303)	33.0% (n=94)	40.1%	(n=529)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.39	Jobs in my county are “family friendly” (allow for flexible scheduling, reasonable hours, health insurance, and so forth).		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
44.4% (n=324)	32.3% (n=99)	40.1% (n=529)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.40	My employer encourages/promotes healthy behaviors.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
84.1% (n=345)	82.9% (n=105)	81.5% (n=561)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.41	The economy is strong in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
50.6% (n=332)	16.5% (n=103)	41.0% (n=549)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Housing

Discussion

Quality housing that is affordable was generally not strongly perceived as being available in their community by most respondents. Overall, around one-fourth of respondents perceived that there is enough quality housing in their community and that quality housing in their community is affordable for the average person. Again, responses were more positive in Adams County compared to Nuckolls County (Tables 3.42 and 3.43).

Results

Table 3.42	There is enough quality housing available in my community, including homes and apartments.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
31.0% (n=329)	19.6% (n=97)	27.1% (n=542)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.43	Quality housing in my community is affordable for the average person.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
22.0% (n=323)	17.2% (n=93)	23.5% (n=531)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Safety and Social Support

Discussion

Nearly 90% of all respondents perceive their community as a safe place to live, work, and play (Table 3.44). Among respondents from Adams County, 70.4% perceived the availability of social networks (compared to 60.4% for Nuckolls County) (Table 3.45).

Respondents from Nuckolls County generally appear to perceive a lack of volunteers in their community, with just 19.1% agreeing or strongly agreeing that there are an adequate number of volunteers to fill the volunteer needs of their community (compared to 41.6% for Adams County) (Table 3.46).

Results

Table 3.44	My community is a safe place to live, work, and play.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
88.4% (n=354)	81.7% (n=104)	87.0% (n=576)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.45	There are support networks in my community that help during times of stress and need (neighbors, support groups, faith community outreach, community organizations, etc.).		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
70.4% (n=324)	60.4% (n=96)	67.2% (n=527)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.46	There are an adequate number of volunteers to fill the volunteer needs in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
41.6% (n=298)	19.1% (n=94)	37.3% (n=499)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Issues and Risky Behaviors

Discussion

Among all respondents, the top five risky behaviors that have the most impact on the health and well-being of their community were perceived as (1) alcohol abuse, (2) distracted driving, (3) drug abuse, (4) poor eating habits, (5) not enough exercise. The most notable difference between Nuckolls and Adams Counties was the perception among a strong contingent of respondents from Nuckolls County that tobacco use one of the top risky behaviors in terms of impact on the health and well-being of their community (Table 3.47).

Across the four-county South Heartland region, the top five most troubling health-related problems were: (1) overweight/obesity, (2) mental health issues (including depression), (3) cancers, (4) addictions, and (5) aging problems (arthritis, hearing/vision loss, falls). There were some differences between Adams and Nuckolls Counties, with respondents from Nuckolls County tending to favor aging problems and cancers as the most troubling health problems, and respondents from Adams County tending to favor mental health issues and overweight/obesity (Table 3.48).

Results

Table 3.47	From the following list, choose 3 risky behaviors that you think have the most impact of health and well-being in your community? Choose only 3		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=572)
Alcohol abuse	45.8%	51.4%	48.1%
Distracted driving (cell phone use, texting, etc.)	44.4%	31.4%	41.4%
Drug abuse	42.9%	42.9%	40.7%
Poor eating habits	36.2%	31.4%	34.4%
Not enough exercise	35.0%	39.0%	34.3%
Tobacco use (including smokeless tobacco)	18.4%	39.0%	23.8%
Drunk driving	16.1%	14.3%	16.3%
Avoiding routine visits to health professional	10.2%	16.2%	11.4%
Not managing stress	11.0%	9.5%	10.8%
Not using seatbelts	8.5%	7.6%	9.8%
Violence (domestic violence, fighting, etc.)	10.7%	3.8%	8.6%
Unsafe sex	9.3%	2.9%	7.9%
Not getting vaccine "shots" to prevent disease	6.8%	4.8%	6.5%
Not using child safety seat (or not using correctly)	3.4%	3.8%	4.7%

Table 3.48	Thinking about what you know from your personal experience and/or the experiences of others you know, what do you think are the 3 most troubling health-related problems in your community? (Choose ONLY 3)		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=577)
Overweight/obesity	52.8%	45.7%	51.6%
Mental health issues (including depression)	52.8%	36.2%	45.2%
Cancers	32.2%	54.3%	36.6%
Addictions	38.7%	34.3%	35.7%
Aging problems (arthritis, hearing/vision loss, falls)	19.2%	42.9%	26.5%
Diabetes	22.3%	18.1%	21.5%
Heart disease	14.1%	19.0%	15.3%
High blood pressure	6.2%	11.4%	9.0%
Poor dental health	9.3%	2.9%	8.3%
Child abuse or neglect	8.8%	6.7%	7.5%
Teenage pregnancy	8.8%	0.0%	6.8%
Injuries (from crashes, falls, violence, etc.)	4.2%	6.7%	6.6%
Domestic violence	6.8%	1.0%	5.0%
Suicide	6.2%	0.0%	4.3%
Stroke	2.8%	5.7%	3.6%
Respiratory/lung disease	3.1%	4.8%	3.3%
Motor vehicle crash injuries	1.1%	1.0%	1.7%
Unsafe environment (poor air/water quality, chemical exposures)	1.4%	1.9%	1.7%
Asthma	0.3%	1.0%	1.4%
Sexually transmitted diseases	1.7%	1.0%	1.4%
Infectious diseases (hepatitis, TB, pertussis, flu, other diseases transmitted from person to person)	1.7%	1.0%	1.2%
Rape/sexual assault	0.6%	0.0%	0.9%
Infant death	0.6%	0.0%	0.5%
HIV/AIDS	0.0%	0.0%	0.2%
Other	5.1%	7.6%	5.7%

Alcohol Use and Prevention

Discussion

More than three-fourths (78.0%) of respondents from Adams County agreed or strongly agreed that alcohol use is a problem among individuals under 21 in their community (compared to 67.0% for Nuckolls County) (Table 3.49). Again, over three fourths (76.9%) of respondents from Adams County felt that their community should do more to prevent alcohol use among individuals under 21 (compared to 61.5% for Nuckolls County) (Table 3.50).

Results

Table 3.49	Alcohol use among individuals under 21 years old is a problem in my community.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
78.0% (n=328)	67.0% (n=91)	76.0%	(n=516)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.50	My community should do more to prevent alcohol use among individuals under 21 years old.		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
76.9% (n=338)	61.5% (n=96)	73.7%	(n=536)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table 3.51	People sometimes say that "drinking is a rite of passage for youth" meaning that it is an important milestone for them as they move into adulthood. What is your level of agreement?		
% Agree or Strongly Agree*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
9.1% (n=350)	4.8% (n=104)	7.7%	(n=558)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Additional Questions

Discussion

Following are results from a set of additional miscellaneous survey items. A couple of interesting responses can be found in Tables 3.52 and 3.53, in which respondents from Adams County rated the overall quality of life in their community at a higher rate than respondents from Nuckolls County, but respondents from Nuckolls rated their own personal health as more healthy than respondents from Adams County.

Results

Table 3.52	How would you rate the overall quality of life in your community?		
% Excellent or Very Good*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
61.9% (n=354)	40.0% (n=105)	55.8%	(n=561)

*Response options: excellent, very good, good, fair, poor

Table 3.53	How would you rate your own personal health?		
% Healthy or Very Healthy*			
Adams County	Nuckolls County	South Heartland (4-County Total)	
57.6% (n=354)	67.6% (n=105)	59.0%	(n=561)

*Response options: very unhealthy, unhealthy, somewhat healthy, healthy, very healthy

Table 3.54	Approximately how many hours per month do you volunteer your time to community service? (e.g., schools voluntary organizations, churches, hospitals, etc.)		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=561)
None	29.9%	21.9%	28.3%
1-5 hours	46.3%	57.1%	48.1%
6-10 hours	15.3%	12.4%	14.4%
Over 10 hours	8.5%	8.6%	9.1%

Table 3.55	Considering stressors in your life, would you say you...?		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=561)
Feel alone with nowhere to turn	11.6%	12.4%	13.2%
Know who to turn to in time of need	63.6%	56.2%	60.6%
Do not think stress is a significant factor for you	24.9%	31.4%	26.2%

Demographics

Table 3.56	How do you pay for your health care? (check all that apply)		
	Adams County (n=353)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=558)
Pay cash (do not have insurance)	10.5%	8.6%	10.9%
Veterans' Administration/TRICARE	1.1%	1.0%	1.1%
Medicaid	2.3%	1.0%	2.2%
Medicare	7.4%	1.0%	6.3%
Private Health Insurance (e.g., Blue Cross, HMO, including insurance through an employer)	86.7%	97.1%	87.3%
Indian Health Services	0.0%	0.0%	0.0%
Other	3.7%	1.0%	4.9%

Table 3.57	How do you pay for dental care? (check all that apply)		
	Adams County (n=353)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=558)
Pay cash (do not have insurance)	22.4%	41.9%	26.9%
Veterans' Administration/ TRICARE	0.6%	0.0%	0.9%
Medicaid	2.0%	0.0%	1.8%
Medicare	2.5%	0.0%	2.2%
Private Health Insurance (e.g., Blue Cross, HMO, including insurance through an employer)	78.2%	64.8%	73.7%
Indian Health Services	0.0%	0.0%	0.0%
Other	1.1%	1.9%	2.0%

Table 3.58	How many children less than 18 years of age live in your household?		
% One or more children under 18			
Adams County	Nuckolls County	South Heartland (4-County Total)	
40.2% (n=346)	41.0% (n=105)	43.3% (n=550)	

Table 3.59	How long have you lived in your community?		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=561)
Less than one year	4.2%	2.9%	4.1%
1-2 years	5.1%	4.8%	4.6%
3-4 years	5.4%	4.8%	6.1%
5-9 years	11.0%	11.4%	11.8%
10 or more years	74.3%	76.2%	73.8%

Table 3.60	Age		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=561)
Under 18 years	0.6%	0.0%	2.7%
18-24	3.7%	1.0%	3.0%
25-39	26.8%	30.5%	26.0%
40-54	32.2%	35.2%	33.0%
55-64	25.4%	21.9%	24.8%
65-80	10.5%	7.6%	9.3%
Over 80	0.8%	3.8%	1.2%

Table 3.61	Gender		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=561)
Male	20.3%	10.5%	18.9%
Female	79.7%	89.5%	81.1%

Table 3.62	Marital Status		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=560)
Married	71.5%	75.2%	72.5%
Divorced	9.3%	12.4%	8.9%
Separated	2.0%	1.0%	1.4%
Widowed	5.6%	2.9%	5.0%
Never married	9.3%	3.8%	9.3%
Member of an unmarried couple	2.3%	4.8%	2.9%

Table 3.63	Which of the following best reflects your race		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=558)
White	96.0%	100%	97.1%
Black or African American	0.6%	0.0%	0.5%
Asian	0.8%	0.0%	0.5%
American Indian or Alaska Native	0.3%	0.0%	0.2%
Native Hawaiian or Pacific Islander	0.0%	0.0%	0.2%
Other	2.3%	0.0%	1.4%

Table 3.64	Are you Hispanic or Latino?		
% Yes			
Adams County	Nuckolls County	South Heartland (4-County Total)	
14.4% (n=354)	10.5% (n=105)	11.8% (n=558)	

Table 3.65	Education: Highest Year of School Completed?		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=557)
Never attended school or only attended kindergarten	0.3%	0.0%	0.2%
Grades 1-8 (Elementary)	2.8%	0.0%	2.7%
Grades 9-11 (Some high school)	2.5%	0.0%	3.9%
Grade 12, High school graduate or GED	6.8%	13.3%	8.8%
College 1 to 3 years (some college or technical school)	37.6%	47.6%	38.2%
College 4 years or more (college graduate)	29.1%	33.3%	28.7%
Post-college (Graduate school / Advanced Degree)	20.9%	5.7%	17.4%

Table 3.66	Household income		
	Adams County (n=354)	Nuckolls County (n=105)	South Heartland (4-County Total) (n=559)
Less than \$20,000	9.3%	1.9%	7.7%
\$20,000 to \$29,999	8.5%	12.4%	9.7%
\$30,000 to \$49,999	16.9%	18.1%	18.8%
\$50,000 to \$74,999	29.7%	37.1%	30.4%
\$75,000 to \$99,999	17.2%	17.1%	17.5%
Over \$100,000	18.4%	13.3%	15.9%

Table 3.67	Are you or an immediate family member (child, spouse parent or sibling) either currently serving in the military or a veteran of the military (mark all that apply)		
	Adams County (n=350)	Nuckolls County (n=103)	South Heartland (4-County Total) (n=552)
Neither I nor an immediate family member currently serves in the military or is a military veteran	76.9%	79.6%	76.6%
I currently serve in the military	0.0%	0.0%	0.0%
I am a veteran of the military	4.3%	2.9%	3.6%
An Immediate family member currently serves in the military	5.7%	6.8%	6.5%
An immediate family member is a veteran of the military	17.1%	13.6%	17.2%

Section IV. Community Focus Group Results

Three community focus groups were conducted on December 22, 2015 with participants recruited to fit a certain sub-population of the SHDHD service area. A Spanish-speaking focus group was conducted by bi-lingual staff from SHDHD in Hastings with participants from Hastings, Harvard, and Sutton. Two other focus groups were conducted by Joyce Schmeeckle, PhD of Schmeeckle Research. The first of these two was located in Superior with low income individuals of rural/agricultural background. The second of the two focus groups conducted by Schmeeckle Research was located in Hastings with individuals of low income background living in Hastings.

The results of the focus group are reported by sub-population and by question theme. Table 4.1 identifies the specific group, the location of the focus group, and the number and demographics of the participants. The Superior group was primarily retired while all of the Hastings group was employed except one stay-at-home mom.

Table 4.1. Focus Group Participants

Focus Group Sub-Population	Location	Number of Participants	Participant Age Range (Estimate) and Ethnicity	Participants' Gender
Spanish-speaking	Hastings (participants from Hastings, Harvard, and Sutton)	12	All Hispanic Age 26-41 – 6 Age 41-65 – 6	6 Men 6 Women
Low-income (rural/agricultural background)	Superior	8	35 to 70 All Caucasian	2 Men 6 Women
Low-income (living in Hastings)	Hastings	7	25 to 45 3 Caucasian, 3 Hispanic and 1 African American	3 Men 4 Women

Individual, Family and Community Health Concerns

Discussion

Focus group participants from all three focus groups reported a wide array of personal or family health problems ranging from the less to severe to highly severe. Examples of more severe issues include cancer, diabetes, heart disease, and brain injury. When asked to discuss community health problems, the focus group participants from Superior focused heavily on cancer, while those from Hastings focused on mental health issues and work-related injuries. In response to being asked “what could be different?”, participants from Superior keyed on a need for specialty medical services at the hospital in Superior, while those from the English-speaking Hastings group focused on cost and health insurance issues, and those from the Spanish-speaking Hastings group focused on cost and language barriers.

Superior

Personal health problems

- Heart Disease. One man had multiple heart attacks before moving to Superior. First heart attack was mis-diagnosed and not treated appropriately.
- Breast cancer. Tumor was detected with the 3-D mammogram machine at Brodstone. Tumor was caught early but Hastings surgeon couldn’t find it to do the biopsy. Brodstone doctor said to wait 6 months. Was going to send to her to Hastings again but she decided to go to a breast specialist in Omaha and had the biopsy right away. Blamed herself for listening to the doctor for waiting even the tumor hadn’t changed in size.
- Lung cancer. Brother in Superior was diagnosed with lung cancer 3 months ago but they still haven’t decided what to do, but told her he has 3 months to live.
- Child birth. One woman had all three babies at the hospital.

Community health problems

- Cancer and MS
 - According to one participant, in her daughter’s 2012 class of 33 students, 6 of the parents have had cancer.
 - Percent of cancer extremely high in the area. May be the water.
 - It was understood that the water testing was only required by law to publish nitrate levels. They know what is in the water but they don’t have to publish it. Participant believes it should be pushed to publish the results of everything in the water– the atrazine, the herbicides, etc. They are there but not known by the community. Fluoride levels are not published either. Well water on the farm is nice but may have the same containments. FFA will water test and are present at the health fairs. Community nitrate testing has resulted in acceptable levels.
 - High rates of brain cancer in the state that may be due to aerial spraying according to one participant.

What could be different

- Lucky to have a 3-D mammogram at the hospital.
- All participants doctored in Superior and were satisfied with their care.
- Hospital has a diagnostic machine that is “not big enough” for all patients. Some big farmers around. If you can’t get them in a machine that fits them, they could die by the time you get them to somewhere else. They need one that is big enough that can go right over you. Same with MRI machine. Need the right equipment.
- No general surgeon in Superior. Someone should be able to do minor surgeries in Superior. Would prefer not to drive.
- Can’t get treated in Superior for cancer. Have to go to Hastings for chemo (60 miles) and there is no transportation available.

English-speaking – Hastings

Personal health problems

- Child birth
- Pneumonia
- Epilepsy – aunt that needs help with medication, etc.
- Pneumonia
- Children with lots of health concerns: one failure to thrive, one obese, and one with allergies.
- Health issues as a result of motorcycle accident many years ago. Family history of health problems. His brother died of a blood clot and father died of heart problems and had diabetes.
- High cholesterol and diabetes in the family.

Community health problems

- Mental health issues. The community has many treatment centers, Crossroads, Homeless Connect and rehab centers but still unmet needs for mental health patients that don’t know how to connect as there is nothing advertised. “If I had a mental health issue, where would I go?”
- Factories in the community can create work related injuries, like carpal tunnel and joint problems. One participant had surgery on both knees because of his work on the pig farm.

What could be different

- Need for more outreach from the health care system. Some are intimidated by the doctors so just go to the emergency room.
- Paying bills to so many different people – such as the radiologist, hospital, doctor.
- Some people are afraid to go to the doctor because of hidden costs even with insurance. You first have to pay the deductible and then the 20%.
- Some people don’t have health insurance but everyone in the room did have health insurance.

Spanish-speaking – Hastings, Harvard, and Sutton

Personal health problems

- Tendonitis
- Brain Injury
- Diabetic
- Depression
- Obesity
- Anxiety

What could be different

- “I think providers give too many referrals for a health problems and at the end there is not a clear diagnostic.”
- “Health care is really expensive.”
- “I go to collection and no explanation, I think language barrier.”
- “We need more low income dental clinics that accept Medicaid clients and for those that don’t have insurance. I understand CCC can help with cleaning but the majority of the time what we need is a filling or an extraction.”

Community Resources for Healthy Living

Discussion

When asked about community resources for healthy living, respondents from Superior noted that bike trails might be coming to the community. Superior respondents also mentioned the privately owned fitness center and the cardiac rehab center in the hospital. Participants from Hastings (both English-speaking and Spanish-speaking) mentioned the YMCA. Participants from all three focus groups noted at least some healthy-eating options.

Superior

- Superior has community wellness committee and they just received a walkability grant to make the community more walker and biker friendly. May be working creating some bike trails. Others believe people will really use the trails as they are well used in other communities.
- Cardiac rehab at the hospital has machines to workout. You have to be referred by a doctor but can go on your own later in the day for \$3.
- The community has a privately owned fitness center. You have a key for access so can go anytime. Pretty well used but concerned about people being by themselves if something were to happen. One didn’t join because there are only treadmills and bikes and can go to cardiac rehab for cheaper. Fitness center should have elliptical and weights.

- Nutritious food options: Subway, a salad bar and the grocery store. But can't find steamed vegetables anywhere. Other food options in the community: Casey's has deli sandwiches, Pizza Hut, Bad Rooster, Dave's, Dairy Queen. Hard to find healthy food at the Dairy Queen.

English-speaking – Hastings

- YMCA is where most people workout.
- YWCA has a dance program and after-school program.
- Hy-Vee in Grand Island has a wellness program – how to shop and eat. One participant just started eating “clean” (no processed food). A wellness program could be started with a local grocery store.
- Once a month activity or program and a support program at the YMCA for the Hispanic.

Spanish-speaking – Hastings, Harvard, and Sutton

- We have the YMCA and other gyms in town
- We have the new sidewalks that helps us use the bicycle for longer distance.
- Hastings Catholic Social Services help us with food.
- Diabetic group help us stay healthy with their education and information every month.
- Harvard: CATCH Kids program for our children.
- The information above is what they know they have in the community; however, they stated that they usually walk because they live far from Hastings and they don't have a membership to the YMCA. During the winter season they don't walk because of how cold it gets. They would like to find a place in Sutton or Harvard that they can use during the winter.
- Programs such as the “Parent Education” in Harvard have helped that community stay informed about healthy lifestyle. They mentioned that they learned healthy meals with the UNL Extension presentation and the Physical Activity/Nutrition presentations that SHDHD did in collaboration with MLH.

Employer Support for Physical Activity and Health

Discussion

In response to questions about employer support for physical activity and health, each focus group participant seemed to have a unique perspective. Some participants noted that their job is physically demanding (and so there is no need to seek other opportunities for physical activity, though healthy eating may not be addressed), others noted that their employer offers an employee wellness program, and others discussed how their employer does not offer support or programming for wellness.

Superior

- Superior Good Samaritan Retirement Home is very aggressive on preventive healthcare – shingles vaccine, flu shots, etc.
- Wellness committee at Head Start. Employees get their blood panel done for free and they have physical activity during breaks.
- No breaks were given at the Sheriff's Office so there was not time for physical activity during the day.

English-speaking – Hastings

- Some are lifting 100 pigs all day and don't need to work out. No overweight people at the farm.
- High cholesterol and high diabetes in the family so attends a once a month activity or program and a support program at the YMCA for the Hispanic population. Found high cholesterol as a result of the blood screening done at work.
- A small non-profit office doesn't do anything specific for health but in a previous job they used to offer healthy snacks.
- Community college pushes health and there is an option to sign up for the wellness committee activities that each month has different initiatives. They provide little incentives, for example, to increase water intake with a water bottle and at the end of the month they have a drawing. Some women walk on their breaks.
- At Perkins (previous employer), boss was a big fitness guru and would talk to high school boys and get them involved in community sports. Sponsored boxing and other events and was very interested in physical health.
- As a stay at home mom gets involved through a church that offers a wellness ministry.
- As a staff member at the YMCA, they offer members an incentive and a discounted price and t-shirts or gift cards to be in the program because they want staff to "walk the walk".
- Some employers offer discounted health insurance rates if you get an annual physical. Annual check-ups are required for some for their jobs (i.e., truck driver), and the children get regular check-ups.

Spanish-speaking – Hastings, Harvard, and Sutton

- "The work that I do is heavy and they do not support healthy habits."
- The meat packing plant in Hastings, GVS in Sutton and Thermo King does support healthy habits. They worry about our health.
- "When we get to work we have to work and there isn't really any motivation or support we can use to stay healthy."
- Paper Works in Hastings is a great workplace, they go every year to give the flu shot to employees.

Adequacy of Medical Communication and Information

Discussion

English-speaking focus group participants from Hastings and Superior had varied experiences in terms of medical communication and information, with some reporting good communication with their doctors and others reporting various issues around communication. Spanish-speaking participants noted several issues related to language barriers.

Superior

- One area where communication could be better is when you take tests and they tell you if you don't hear from them, "everything is okay". But what if they misplaced it or didn't read it? Wish they would let you know either way. Otherwise communication is good."
- Doctor is good at communicating but participants take responsibility for continuing to ask questions and are not afraid to ask. They get everything answered that they ask.
- Calling in to get prescriptions filled and if doctor is out, you have to wait as they may say another doctor will fill it but they don't.
- All questions are answered by the doctor.

English-speaking – Hastings

- Communication with doctor is verbal and for the most part good and helpful but then they send you home with printouts of the information that you will never read. You come out with a "novel".
- Printed information is to cover everything or is it to scare you?
- ENT doctor problems. As a recovering drug addict has nose problems. Doctor did a nose scope and he prescribed nasal spray but did not communicate what was going on. Didn't want just to relieve the symptoms. Really frustrating but not life threatening so didn't push it.
- Clean for 2 years off meth and cocaine and it is very important not to be given narcotics and wish they would listen to her. With the C-section at Mary Lanning they tried to give her narcotics even with explicit records of not wanting the drugs. They kept pushing pain medications every 2 hours. Realize it is about the pain management but did not feel listened to or respected.
- Knee surgery experience when seeing a different doctor in the same clinic and told him my knees were hurting and he said he was "getting old". He dismissed the pain and then went to a different doctor in the same clinic and he sent him to get an MRI that led to surgery.

Spanish-speaking – Hastings, Harvard, and Sutton

- “If we are able to have an interpreter we do understand the information they give us at the clinics. The Hastings Hospital does have that service and we really appreciate it.”
- “We, in Sutton come to Hastings to see a Doctor, since we have the help of the interpreters.”
- “My son was hospitalized at MLH and I didn’t have an interpreter, this was October 31 2015.”
- “Sometimes the language that the doctor use is kind of hard but I’m not afraid to ask the interpreter to clarify what the provider said.”
- “I usually do, however if I forget something I have the confident to call the Hospital/Interpreter’s cell or Clinic and ask for clarification.”
- “Every time I go to the Hospital or Clinics I understand everything that is being said.”
- “If I go with a family member it is better because they help me remember after the appointment.”

Barriers to Health Care

Discussion

Barriers to receiving health care were by and large focused on the two issues of cost and transportation/distance across all three focus groups.

Superior

- Not only is transportation a concern to travel for certain healthcare treatments but it is a burden on the family as well to have to travel and the cost of hotel rooms and for gas money. When you are on a limited budget, or on your own, you don’t have the money for gas and you may not have reliable transportation (beater car) or you have to depend on someone else to transport you and they may have to take off of work.

English-speaking – Hastings

- The cost of medication – recent prescriptions for pneumonia alone was \$100.
- Cost of medication on a sliding fee scale was great in treatment but how do you get it paid after? Cost of medication difficult.
- Sometimes you are in the income bubble where you make too much money to get help but not enough to pay for healthcare. You want to be independent and pay your bills and make advances but you really can’t. It can encourage you to stay stuck. Currently work 30 hours a week and still get benefits. If you want to work more or achieve more, you will lose your benefits. Really discouraging.
- As a single mom with 2 small children and when I went to college I lost my benefits. It’s hard.
- Pre-existing conditions. Went to the doctor to get help with health issues from accident and insurance won’t pay for it so had to pay for it out of pocket.

Spanish-speaking – Hastings, Harvard, and Sutton

- Language
- Transportation
- “I still need to familiarize with the medical system here in town. I just arrived a few months to Hastings.”
- Distance, in order to see a specialty clinic (such as OB/GYN, Dentist, Endocrinology...)
- Resources, where to go for what or what program exists.
- Insurance
- Medicaid and Medicare: Clinic restrictions in Hastings and our four counties.

Health Care System Needs

Discussion

A variety of health care system needs were addressed by focus group participants. Those from Superior noted a need for dental services, specialists, and mental health services. Those from the English-speaking Hastings group mentioned a need for programs for obese children, the cost of insurance, specialists, and dental services. Those from the Spanish-speaking Hastings group discussed cost, travel, dental care, and specialists, among other issues.

Superior

- Dental services are also not paid for by Medicaid and Medicare (or through disability). An infection with your teeth can lead to other health problems. No dental and no vision. Part A and Part B for those on disability. Have to pay for Part C and Part D. Force you to take Medicare when on disability.
- There are a few dentists but only one that is there two days a week and very negative comments about the local dentist. Other dentists in surrounding communities. Only one eye doctor but he doesn't take all insurances and it is very expensive.
- Specialists also come in from various other hospitals in the area and they don't work with just one larger institution. People can see who they want to see. Quite an assortment of people who come down, even hearing specialists. Oncologist and 3 heart specialists come to the community and are the busiest but everyone has different needs.
- It's difficult to drive to see specialists in Omaha, Kearney, Lincoln, Grand Island, etc.
- No general surgeon in Superior. Someone should be able to do minor surgeries in Superior. Would prefer not to drive.
- Need newer and more machines at cardiac rehab. Even in physical therapy. A physical therapy pool would be nice.
- Maybe community is short on counseling or mental health professionals. There are some but can't meet all of the needs. Even people with depression. There aren't a lot of options if you don't get along with the two in the community. Sometimes personalities don't work together so people go to Hastings. People know they may have a problem

but they want it to be private. Privacy issues in the hospital have improved. Hospital is the center of the community and they keep it private. But coming to the hospital for a mental issue and people seeing them might be a problem so they go out of the community. The privacy may be an obstacle. They also offer tele-psych. All you have to do is walk in or be seen with someone and people will talk and assume – it doesn't matter what it is. There are not enough people here to help others.

English-speaking – Hastings

- No programs for obese children. She couldn't get her child in YMCA because of her high risk.
- PE a part of school curriculum. Daughter's doctor is going to the physical education teacher to see if the child can receive training from the school. There is no community outreach for children with obesity. Doctor advised mom to go into the community and do outreach.
- Need outreach to new community members as they don't know how to get to the emergency room. It is a mess around the hospital with one way streets. If I had an emergency I would be in trouble.
- Some participants doctor in Grand Island where they used to live and some don't have a doctor. One participant goes to the community clinic.
- One individual that came to the U.S. 20 years ago went to the Mary Lanning Health Center with a sliding fee scale and was able to get care for the family. He was happy with the care. After 3 years, was able to get insurance and had to change clinics. Thought it would be better care, but it wasn't.
- One individual is pretty healthy so has just gone to community health when needed.
- Community health center attached to hospital. In college when he went he never got a bill.
- Shortage of pediatric gastrologists in the state. Had to travel for daughter and difficult with other children at home. Husband is a veteran and receives VA benefits.
- Dental hole in the system. Cannot find a dentist from here to Lincoln that will take Medicare. Husband needed two root canals and community health wouldn't do it because he had insurance, so ended up in Columbus. No veteran dental benefits.
- Has dental insurance that pays half of dental costs. Currently has a \$500 dental bill and had to pay for additional work up front.
- Hastings College of Dentistry is awesome provides cleaning and x-rays.
- Work with a woman whose English isn't great and has her make the phone call for the doctor. Need more assistance to help with communication over the phone for medical help for non-English speaking individuals. No option to speak with someone who speaks Spanish.

Spanish-speaking – Hastings, Harvard, and Sutton

- "I think a good insurance or money to pay for a medical diagnostic screening test."
- "What we usually do is travel to our country were medicine is free, there we have done all of our testing, we see a doctor and we even have our annual eye and dental care."

- “We need a place that will take us for an emergency dental care, it will be nice to have a clinic just like the one in Columbus, UNL or the dental clinic that just opened in GI because we live far away from them.” (Sutton, Harvard)
- Usually the clinics that accept low income such as the Columbus dentist, the majority of the time they are full and the next appointment that they give you is in a minimum of one month if not more.
- “We are thankful we have CCC in Hastings and this has helped us with the cleaning, however there is a large amount of people that usually go to the dentist once they need a filling or oral extraction”
- “In my case, Medicare does not cover a dentist visit or an eye exam, I will have to get an insurance that will cost me more money.”
- The Salvation Army (Emergency Program) ask for a lot of information.
- Lack of specialty care:
 - Dentist
 - Low Income counseling
 - Neurology
 - Bilingual clinics
 - We would like: Harvard & Sutton: After school physical activity programs for kids again. This will help prevent obesity

Participants’ Healthy Living Behaviors

Discussion

Healthy living behaviors noted by participants include healthy diet (cited most frequently), exercise at the YMCA, and walking, among other activities. Participants were varied in their focus on a healthy lifestyle

Superior

- Diet, stay active, workout at cardiac rehab, tai chi in the community by the Area Agency on Aging.
- Disability will put you on physical therapy but only for so much.

English-speaking – Hastings

- Clean food
- Work that involves physical labor
- Work out regularly at the Y – sometimes twice a day
- Eating healthy is more challenging and it is more expensive especially if you want to go organic. Hy-Vee is awesome, but no health food store. GNC is available but they don’t have broccoli. No place to buy things like flaxseed

Spanish-speaking – Hastings, Harvard, and Sutton

- Not everyone knows about the YMCA discounts/waiver. I will like to increase advertisement.
- Insurance: Obamacare is not an option for us because our income is not as much, but we also don't qualify for Medicaid.
- "I don't work out because in my community I don't have a place I could go to exercise."
- "We walk in Harvard but we can't during the winter days. They have not let us walk at the Public Schools. We don't have a place where we can walk and stay active. (We talked about the YMCA, they have scholarships, and the Hastings Mall have a big space to walk).
- "We have a park in Sutton but right now is too cold."
- Usually walk during the summer with some friends I have in Harvard.
- Waterpark with the kids.
- Walk around the Mall in Hastings
- Walk at the park in Sutton

Health Screenings and Impact on Healthy Behaviors

Discussion

Most participants appear to have a good experience in obtaining health screenings. Many noted receiving a physical every year. A few participants discussed the importance of obtaining health screenings towards changing behavior.

Superior

- Most participants get physicals but one woman doesn't go to the doctor at all and feels fine and will only go to the doctor if she doesn't feel well. She is 65 and believes you just need to keep going (in life). Others go to the doctor all of the time because of ongoing health issues. Most insurance pays for physicals as well as Medicaid and Medicare.
- Biggest thing happening and is probably being pushed by the insurance companies and the hospital is the screenings. There is the annual health fair and keep promoting. Promoting the preventive care. Cancer is extremely high in the area and screening is important. No environmental testing has been done.
- Other health screenings that are done are mammograms, colonoscopy, blood counts that you can go over with your doctor. If you get the report and don't do anything with it, not beneficial. If you meet with your doctor, you can get help. Have to keep going, you have to do something for it. If you put your medical results away and do nothing with it, it isn't going to help you.
- Physical every year, Cholesterol or PSA checked and if they are high - medical providers will stay on it, and follow-up with phone calls for appointments etc. – benefit of small community.

- Screenings can change people’s behaviors but they believe the percentage is small. The socio-economic group in the community like all other communities, and maybe they are stereotyped and they do not get involved, 30-50% of community not involved. Not sure how to get them.
- Some don’t want to go and get screened because they don’t want to know because they don’t want to know. It scares you. If you don’t hear than there is nothing to worry about.

English-speaking – Hastings

- Most participate in annual physicals in order to receive health insurance reduction. (Most participants are too young for cancer screenings.)
- Found high cholesterol as a result of the blood screening done at work.
- Women health screenings – mammogram.
- Church on Burlington have screenings once a year; hearing, etc. Sam’s Club also has screenings.
- The community has lots of health fairs.
- Grand Island has a free dental fair where people are camping out to get help.

Spanish-speaking – Hastings, Harvard, and Sutton

- Colonoscopy
- A1C/Cholesterol
- Pap Smear
- Dental cleaning
- Eye care

Help for Individuals with Behavioral Health Issues (Mental Health and Substance Abuse)

Discussion

Participants, for the most part, appeared to share the perception that there are behavioral health services available, but they may not always be affordable or adequate. Some participants noted that there are many mental health or substance abuse related issues that are unaddressed among individuals in their community.

Superior

- People may not be getting the help they need
- One individual was having trouble with depression a year ago as a result of health problems, death of family members, etc. and was referred to counselor and she hit it off and was feeling better about things. She was recommended to her and would not have known where to go if she hadn’t been referred. One counselor in the hospital. They weren’t sure who else was in town.

- Substance abuse issues. There are a lots of bars in town and many don't recognize they need help or they don't want help.
- Prison system filters down to local community. Those that are making mistakes or getting in trouble have no long term care and only receive punishment. No help for mental health or substance abuse. People in the corrections system are not getting help as it is the same people getting in trouble over and over again.
- One person was referred to Grand Island to a mental health professional for depression and all he did was go every two weeks was prescribed medicine (no counseling). It was believed that his family doctor could have asked the same questions and prescribed the same medication. He thought he was going to a psychiatrist for therapy and all he did was go to get medication.
- A lot of financial/economic pressure/stress in rural areas because the ag business is down and the local business income is down and farmers can't find good help. And then there are people who can't find a job so a lot of financial pressure in rural America. Stress about churches and schools and businesses closing. This can lead to mental and physical health. Superior has been fortunate however and has many good things happening.
- Businesses that are always looking for help like Dollar General. If you want to work, there is a job but there isn't day care and she can't make it work financial. For single parents, it is difficult. Some day care facilities you have to pay even if you are on vacation.
- Stress for people living on a limited income in the area. Very much an aging community.
- Brodstone is very willing to work you if you have a problem in paying your bill instead of sending people to collections. They do a lot to help people which helps keep stress off of people.

English-speaking – Hastings

- Have psychologist and psychiatrist and counselors and substance abuse treatment but sliding fee professionals so full and in demand so you don't get the time. One woman looking for a faith-based counselor.
- Lacking mental health specialists for kids. You have to refer them to others outside of Hastings.
- Continue to work with counselor in the Panhandle through phone visits. Didn't want to relive entire life with a new person as there can be huge trust issues with a new person.
- Stigma with individuals with MH/SA. There are many places in Hastings; Revive, Opportunity House or Crossroads are awesome but it is definitely a separation from the rest of society.
- Many people want help but they have to act out and they end up on the "7th floor of the hospital" (i.e., psych ward) when they may have just needed someone to listen to them or some support or some guidance. There is no early intervention.

Spanish-speaking – Hastings, Harvard, and Sutton

- A lot of people have found relief in their religion.
- Every time I have depression and/or anxiety, instead of scheduling an appointment with the psychologist I decide to see a friend.
- Getting together as a community had helped us maintain a healthy mind.
- “I have a friend that I can talk to because if I go to the doctor, everything is too expensive.”
- I think it is URGENT, we need low income clinics for mental health.
- I see that there is more help in the community for alcohol or drugs but how about us that suffer from depression and anxiety, were do we go for help? We don’t need more bills or collection agencies calling us because we can’t pay, we need something that is low income.

Other Comments

Superior

- Would like a rehab pool at the hospital.
- Very fortunate with the healthcare available in the community. Communication a big deal at the hospital. Not with doctors but when you call in and need something you do not a quick response.

English-speaking – Hastings

- Love Mary Lanning’s second floor (baby floor) and doctor from Hastings Medical Park. Loved the care and attention I get and the attention and the care for the baby. Answered all my questions and returned all my phone calls. Very positive. Makes me not worry so much.
- Very positive feelings about the hospital.
- Blood Pressure/Diabetes support group they have two translators and they will make doctor appointments.

Spanish-speaking – Hastings, Harvard, and Sutton

- The MLH Diabetic program is also a resource for us.
- The public schools are also offering healthy meals for students.
- “The Migrant program have help us guide our kids in school. Sometimes the language barrier doesn’t let us help our kids in school but The Migrant Program and the Coordinator are always there for us.”
- Groups such as the SHDHD have helped me stay in touch with other community members, this has helped us learned more about our community and to have a support group of people
- The Hispanic community is always there to spread the voice for information on events.

Section V. County Health Rankings

County Health Rankings provides *health outcomes* rankings at the county-level for every state in the country. There are two primary sub-categories that comprise the health outcomes ranking: length of life and quality of life. The county that is ranked first is considered the healthiest county in the state. Following are the 2012 through 2015 Health Outcomes Rankings for the four counties in the South Heartland District (Table 5.1).

Table 5.1	Health Outcomes (length and quality of life) County Health Rankings			
	2012 (out of 79)	2013 (out of 79)	2014 (out of 79)	2015 (out of 78)
Adams County	29	48	48	40
Clay County	11	41	60	10
Nuckolls County	62	30	25	41
Webster County	44	53	53	47

Source: County Health Rankings (2015)

County Health Rankings also provides *health factors* rankings at the county-level for every state in the country. The sub-categories that comprise the health factors rankings include health behaviors, clinical care, social & economic factors, and physical environment. Following are the 2012 through 2015 Health Factors Rankings for the four counties in the South Heartland District (Table 5.2).

Table 5.2	Health Factors (health behaviors, clinical care, social and economic factors, and the physical environment) County Health Rankings			
	2012 (out of 79)	2013 (out of 79)	2014 (out of 79)	2015 (out of 78)
Adams County	35	39	31	27
Clay County	50	50	42	45
Nuckolls County	27	17	39	19
Webster County	44	55	36	39

Source: County Health Rankings (2015)

2015 County Health Rankings Data – Health Outcomes

Following are the data included in the 2015 Health Outcomes Rankings. Five indicators were used to determine the rankings.

Table 5.3: Health Outcomes Data

Focus Area	Measure	Description	Weight	Source	Year(s)	Adams County	Clay County	Nuckolls County	Webster County	Nebraska	U.S. Overall	Top Performers
Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	50%	National Center for Health Statistics - Mortality files	2010-2012	5,625	4,629	6,269	7,131	5,792	6,622	5,200
Quality of life (50%)	Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2006-2012	12.7%	12.5%	11.3%	12.5%	12.0%	16%	10%
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2006-2012	2.8	3.3	1.9	1.9	2.8	3.7	2.5
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2006-2012	2.5	2.9	2.3	2.4	2.7	3.4	2.3
	Low birthweight	Percentage of live births with low birthweight (< 2500 grams)	20%	National Center for Health Statistics - Natality files	2006-2012	7.2%	4.4%	6.6%	6.3%	7.0%	8%	6%

2015 County Health Rankings Data – Health Factors

Following are the data included in the 2015 Health Factors Rankings. There are four domains with multiple indicators in each. The four domains are health behaviors, clinical care, social and economic environment, and physical environment.

Table 5.4: Health Behaviors Data (30%)

Focus Area	Measure	Description	Weight	Source	Year(s)	Adams County	Clay County	Nuckolls County	Webster County	Nebraska	U.S. Overall	Top Performers
Tobacco use (10%)	Adult smoking	Percentage of adults who are current smokers	10%	Behavioral Risk Factor Surveillance System	2006-2012	15.1%	13.8%	13.4%	11.8%	17.6%	20%	14%
Diet and exercise (10%)	Adult obesity	Percentage of adults that report a BMI of 30 or more	5%	CDC Diabetes Interactive Atlas	2011	29.2%	34.4%	29.2%	30.9%	29.2%	27%	25%
	Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	2%	USDA Food Environment Atlas, Map the Meal Gap	2012	7.8	7.8	7.4	6.7	4.3	7.4	8.4
	Physical inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity	2%	CDC Diabetes Interactive Atlas	2011	24.3%	30.7%	32.2%	34.9%	23.8%	23%	20%
	Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	1%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2013	78.5%	52.0%	66.5%	60.1%	81.4%	85%	92%

Focus Area	Measure	Description	Weight	Source	Year(s)	Adams County	Clay County	Nuckolls County	Webster County	Nebraska	U.S. Overall	Top Performers
Alcohol and drug use (5%)	Excessive drinking	Percentage of adults reporting binge or heavy drinking	2.5%	Behavioral Risk Factor Surveillance System	2006-2012	16.1%	14.2%	19.8%	17.8%	19.5%	15%	10%
	Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	2.5%	Fatality Analysis Reporting System	2009-2013	33.3%	45.5%	66.7%	16.7%	35.4%	31%	14%
Sexual activity (5%)	Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012	244.8	124.8	90.1	-	363.7	453.3	138.2
	Teen births	Teen birth rate per 1,000 female population, ages 15-19	2.5%	National Center for Health Statistics - Natality files	2006-2012	34.2	30.2	28.2	20.7	32.0	36.6	19.5

Table 5.5: Clinical Care Data (20%)

Focus Area	Measure	Description	Weight	Source	Year(s)	Adams County	Clay County	Nuckolls County	Webster County	Nebraska	U.S. Overall	Top Performers
Access to care (10%)	Uninsured	Percentage of population under age 65 without health insurance	5%	Small Area Health Insurance Estimates	2012	13.8%	13.6%	14.0%	13.7%	12.9%	17%	11%
	Primary care physicians	Ratio of population to primary care physicians	3%	Area Health Resource File/American Medical Association	2012	1,258:1	6,411:1	888:1	1,242:1	1,405:1	1,342:1	1,045:1
	Dentists	Ratio of population to dentists	1%	Area Health Resource File/National Provider Identification file	2013	1,264:1	6,392:1	1,471:1	3,688:0	1,450:1	1,583:1	1,377:1
	Mental health providers	Ratio of population to mental health providers	1%	CMS, National Provider Identification file	2014	307:1	6,392:1	883:1	1,229:1	435:1	529:1	386:1
Quality of care (10%)	Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	5%	Dartmouth Atlas of Health Care	2012	59.6	68.0	65.3	68.5	55.8	59.3	41.2
	Diabetic monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	2.5%	Dartmouth Atlas of Health Care	2012	88.9%	90.2%	90.5%	90.5%	85.7%	85%	90%
	Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	2.5%	Dartmouth Atlas of Health Care	2012	63.3%	65.9%	76.1%	67.9%	61.8%	63%	71%

Table 5.6: Social and Economic Environment Data (40%)

Focus Area	Measure	Description	Weight	Source	Year(s)	Adams County	Clay County	Nuckolls County	Webster County	Nebraska	U.S. Overall	Top Performers
Education (10%)	High school graduation	Percentage of ninth-grade cohort that graduates in four years	5%	data.gov, supplemented w/ National Center for Education Statistics	2011-2012	87.0%	-	-	-	86.4%	80%	93%
	Some college	Percentage of adults ages 25-44 years with some post-secondary education	5%	American Community Survey	2009-2013	67.6%	61.9%	64.3%	61.0%	70.0%	63%	71%
Employment (10%)	Unemployment	Percentage of population ages 16 and older unemployed but seeking work	10%	Bureau of Labor Statistics	2013	3.5%	3.7%	3.5%	3.7%	3.9%	7.0%	4%
Income (10%)	Children in poverty	Percentage of children under age 18 in poverty	7.5%	Small Area Income and Poverty Estimates	2013	16.2%	17.9%	18.8%	15.1%	17.1%	22%	13%
	Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	2.5%	American Community Survey	2009-2013	4.2	4.0	3.6	3.6	4.2	4.6	3.7

Focus Area	Measure	Description	Weight	Source	Year(s)	Adams County	Clay County	Nuckolls County	Webster County	Nebraska	U.S. Overall	Top Performers
Family and social support (5%)	Children in single-parent households	Percentage of children that live in a household headed by single parent	2.5%	American Community Survey	2009-2013	22.6%	30.5%	28.7%	15.0%	28.3%	21%	20%
	Social associations	Number of membership associations per 10,000 population	2.5%	County Business Patterns	2012	16.8	20.3	38.3	13.4	14.2	9.4	22.0
Community safety (5%)	Violent crime	Number of reported violent crime offenses per 100,000 population	2.5%	Uniform Crime Reporting - FBI	2010-2012	154.6	-	66.4	87.3	263.6	392	59
	Injury deaths	Number of deaths due to injury per 100,000 population	2.5%	CDC WONDER mortality data	2008-2012	59.4	70.8	93.4	84.8	54.3	59	50.1

Table 5.7: Physical Environment Data (40%)

Focus Area	Measure	Description	Weight	Source	Year(s)	Adams County	Clay County	Nuckolls County	Webster County	Nebraska	U.S. Overall	Top Performers
Air and water quality (5%)	Air pollution - particulate matter ¹	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	2.5%	CDC WONDER Environmental data	2011	11.5	11.0	11.0	11.5	12.1	11.1	9.5
	Drinking water violations	Percentage of population potentially exposed to water exceeding a violation limit during the past year	2.5%	Safe Drinking Water Information System	FY2013-14	4.8%	7.6%	12.4%	44.9%	8.4%	7%	0%
Housing and transit (5%)	Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2007-2011	11.1%	8.5%	8.1%	7.6%	12.7%	19%	9%
	Driving alone to work	Percentage of the workforce that drives alone to work	2%	American Community Survey	2009-2013	84.2%	77.6%	74.3%	74.9%	80.8%	76%	71%
	Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	1%	American Community Survey	2009-2013	13.7%	28.5%	20.6%	25.7%	16.9%	33%	15%

Health Priority: Access to Health Care

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

Section VI. Community Themes and Strengths Assessment

The **Community Themes and Strengths Assessment** provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

This assessment is a key part of the Nebraska Mobilizing for Action through Planning and Partnerships (MAPP) Initiative. The methodology for conducting the Community Themes and Strengths Assessment was a focus group using the "Technology of Participation" workshop approach.

The Community Themes and Strengths Assessment was conducted in Hastings on April 22, 2015. Following is a summary of the focus group's perspective of their community's strengths and weaknesses

#1 Our Health Care System – Hospitals, medical specialists, access, quality, costs, behavioral health, dental care	
<p>Strengths:</p> <ul style="list-style-type: none">• NC – Multiple specialists, multiple dentists• Webster is limited but Hastings is close – Hastings has many medical specialists and cooperates with other hospitals• Hastings great coverage• Hastings has much more for behavioral health than other areas & yet still need more• More clinics are beginning to develop patient-centered medical home models• Good hospital with numerous providers• NC – Access to quality – up to date diagnostic technology• Mary Lanning expanding into Hall County	<p>Weaknesses:</p> <ul style="list-style-type: none">• NC – need ENT, orthodontist, Behavioral Health – need more access• Webster: Necessary to leave county for most services• Behavioral – Mental health for children/teens• Need for pediatric specialists – medical• Few physicians will see uninsured patient without upfront payment –lack of access for them• Access in rural areas (geographic and schedule barriers)• Working on integrated care (BH & 1^o care) but not there yet with this initiative• Hard to access emergency dental care• Medicare – no hearing aid help or dental care, so elderly often go without – seniors health issues• Increase in calls for service on EMS providers & need for more people to fill this role• Continuity between providers

Health Priority: Access to Health Care

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

#2 Community Support for Raising Children – Safe, affordable childcare, school system, after school activities, recreational opportunities	
<p>Strengths:</p> <ul style="list-style-type: none"> ● Blue Hill – school system ● Adams-Hastings – YMCA offers after school program, City offers after school program for middle school at the armory ● The Zone Program after school ● Bike path (North) ● Head Start ● 4H program ● YWCA ● Pooh Corner ● PAC² ● Small neighborhoods ● Backpack program ● Good school & community ● Grad schools spread evenly in Hashnep (sp?) for access ● Community based youth athletics 	<p>Weaknesses:</p> <ul style="list-style-type: none"> ● After school activities ● After school program – troubled kids ● Schools – transportation, interpreting ● Activities for Latino kids ● More complete bike routes in town (near schools) and south ● More volunteers for the Zone project ● Activities for teens – weekends, evenings ● Skate park = drugs ● Affordable child care – even HHS daycare program = \$\$ ● No paid family leave with most employers ● Pure Performance Policies (substance and alcohol abuse) ● Community coordination with Hastings College ● Small rural area – few activities for older kids ● Not all kids can access backpack program (weekend food) ● Summer Activities kids (6-13) ● Lack of sufficient day care ● Employers & support schedules for families
#3 Community Supports for Older Adults – Recreation and exercise opportunities, housing option, transportation options, meals, long-term care services)	
<p>Strengths:</p> <ul style="list-style-type: none"> ● Hike/bike trail ● YMCA classes – Silver Sneakers, water classes ● Good Samaritan Village – senior services ● Midland Area Agency on Aging ● Tai Chi programs ● Assisted Living ● Meals on Wheels for lunch ● Hand-Bus for local transport ● Clay Co. Home Health ● Super Seniors – Clay Center ● Good for small towns 	<p>Weaknesses:</p> <ul style="list-style-type: none"> ● Increased expense of long term care ● Lack of low income for older adults ● Exercise for seniors in winter ● Low cost/free exercise options ● Recreation options for elderly (Note: another person disagreed with this) ● No community center ● Separation of family – need sponsors or adopted family ● Rural areas – seniors may not have immediate family close ● Lack of assisted living rooms/facilities ● Somewhat limited choices

Health Priority: Access to Health Care

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

#4 Recreational and Leisure Options – Places to exercise and play (parks, trails, pools, fitness centers, etc.), fine arts events, organized leisure time activities (clubs, teams, social groups)	
<p>Strengths:</p> <ul style="list-style-type: none"> ● Waterpark ● Parks ● Downtown – offers fine arts events – LARK ● YMCA, YWCA ● Community Theater ● Prairie Loft – Flatwater Music Festival ● Sutton Pool!! ● Softball complex ● Duncan Field ● Blue Moon ● Prairie Lake Recreational Area/Archery ● Pool, movie theater, youth sports ● The Lark – musical/theater opportunities ● Running Club ● Hastings Symphony ● God for small towns ● Bike Route great where complete ● Skating rink ● Movie theater ● Clay Co. – have to travel for Hastings, etc., but have pools & fitness centers 	<p>Weaknesses:</p> <ul style="list-style-type: none"> ● Costs ● Incomplete walking trail ● Lack of coordination – competing events ● Enough lighting and safety for trails ● Bike paths ● Scholarship for the low income families ● Nothing for teenagers (little) ● Streets/sidewalks not always conducive for walking/biking ● Safe routes to school? Need complete bike routes to school ● No venues for dancing ● More social venues ● Limited choices ● Safe walking/jogging ● Lack of social groups
#5 Jobs and the Economy – Opportunities for employment and job advancement, “family-friendly” job culture, overall economic climate	
<p>Strengths:</p> <ul style="list-style-type: none"> ● Strong industrial support ● Some large employers ● Decreased unemployment ● Lower cost of living compared to Lincoln/Omaha ● Good in north half of county ● Hastings in close ● Overall economic culture good with agriculture 	<p>Weaknesses:</p> <ul style="list-style-type: none"> ● Diversity of job market limited (Nuckolls) ● Job opportunities for college students/high school kids ● Difficulty identifying job opportunities ● Less commercial growth (Tri-Cities) – Kearney, GI faster ● Not everyone has access to Internet for online applications ● Low unemployment ● Same jobs making a lot more in larger Nebraska cities ● Poor in south half of county – Hastings is a long drive ● No paid family medical leave with most employers ● Trouble finding jobs for those of less education ● Only one or two employers with staff of 50+ employees. Most employment opportunities are low wages ● Brain drain – loss of young people who go off to education & training and don’t return ● Lack of retail stores to keep residences here to buy local

Health Priority: Access to Health Care

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

#6 Housing – Enough quality housing, affordability	
<p>Strengths:</p> <ul style="list-style-type: none"> • Lots of small affordable housing • Places for low income/homeless – Crossroads • Rehab housing • Blue Hill: Good housing • Red Cloud: Inexpensive housing • Recent increase of assisted living (Nuckolls) & affordable aging individuals housing • Hastings Housing Authority • Some GREAT neighborhoods for families • Low cost rentals 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Limited mid-sized housing • Limited family 3 bedroom homes • A lot of homes in need of repair • Blue Hill: Limited lots available • Red Cloud: Poor quality housing • Lack of affordable low income housing (Nuckolls) • Homeless housing is restrictive • Not enough houses for rent in Hastings • No new construction (very little) with many houses that should be torn down • Some rentals poor quality • Home purchase higher prices • Landlords NOT updating rentals – poor living environment for families, especially low income families • Limited number of quality housing • Limited advertising • Limited renting properties/apartments/condos • No communication with the college
#7 Safety and Social Supports to Fill Community Needs – Safe place to live, work and play, support networks for times of stress (neighbors, support groups, faith community, outreach, community organizations, etc.), adequate volunteers	
<p>Strengths:</p> <ul style="list-style-type: none"> • Faith community outreach – YES! • PFLAG • Small communities – strong community supports (Nuckolls) • Good city and county police, fire EMT • Some organizations bring programs into higher risk schools • Small town: People helping people • South Central Partnership • Project Homeless Connect • Increasing community health workers • Good Sam Village • Active AA groups 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Support networks • Sense of independence = persons not utilizing supports • Mental health facilitators • More male role models needed • We need more promotoras to educate the Spanish speaking families • Limited organizations for support groups • Homeless shelter full, lots of meals given by CSS & could use more • Increase in suicide = not enough resources • Aging population – not as many volunteers

Health Priority: Access to Health Care

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

#8 Health Issues – What are the most troubling health-related problems in our community?

- Mental health (NOTE: lots of dittos here) – Access to prescription meds for those without insurance
- Fall prevention for the elderly
- Chronic disease & obesity/diabetes/heart disease/stroke
- Cancer and heart disease
- Access to healthcare – people that have a medical home
- Obesity
- People want to be health, but don't want to work at it
- Alcohol addiction
- More talk than action
- Drug addiction
- Need more prevention opportunities (cancer, etc.)

#9 Risky Behaviors – What risky behaviors have the most impact on health and wellbeing in our community?

- Alcohol/drugs
- Teen pregnancy/unprotected sex
- Not vaccinating
- Driving issues – drugs – driving under the influence
- Distracted drivers
- Suicide
- Intimate partner violence
- Not wearing seatbelts!!
- Texting and driving
- Bullying amongst youth
- Teenage drinking
- Social media
- Decrease income stress
- Family stress
- Depression
- Single parent
- Pornography, easy access
- Kids having kids (frowny face)
- Lack of parental supervision
- Marijuana

Health Priority: Access to Health Care

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

#10 What specific assets (resources) does our community have that can be used to improve community health?

- Healthy Hastings
- South Central Partnership
- Community grants
- Strong hospital and staff
- Safe kids
- Public safety – EMS
- Health Department
- Family planning
- Low crime rate
- Good Beginnings
- YMCA/City parks
- Schools
- Multicultural Coalition
- YMCA scholarships
- UNL Extension
- Church & religious organizations
- Superior Youth Athletic Association (SYAA) K12
- Access to young people and college students who are willing to help and volunteer
- Limited in small towns

Health Priority: Access to Health Care

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

Appendix 1: Community Survey Results for Webster and Clay Counties

Use extreme caution when interpreting these results for Webster and Clay Counties due to the small sample sizes for each county.

Total number of respondents: 635

Respondents from Webster County: 46

Respondents from Clay County: 56

Table A1.1	County (n=561)				
	Webster	Adams	Nuckolls	Clay	County Unspecified
	8.2%	63.1%	18.7%	10.0%	-
	46 responses	354 responses	105 responses	56 responses	74 responses

Note: those who did not specify a county are still included in the South Heartland total.

Health Priority: Access to Health Care

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

The Healthcare System

Table A1.2	There are enough hospitals, emergency rooms, urgent care clinics and so forth available:		
% Agree or Strongly Agree*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community (town/city closest to where I live)	42.9% (n=56)	78.3% (n=46)	83.5% (n=635)
In my county (county where I live)	41.1% (n=56)	71.7% (n=46)	78.7% (n=635)
In my region (within 1 hour drive from my home)	87.5% (n=49)	95.7% (n=44)	88.5% (n=635)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.3	There are enough doctor's offices, health clinics and so forth available:		
% Agree or Strongly Agree*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community (town/city closest to where I live)	53.6% (n=56)	67.4% (n=46)	80.2% (n=635)
In my county (county where I live)	48.2% (n=56)	60.9% (n=46)	75.9% (n=635)
In my region (within 1 hour drive from my home)	85.7% (n=56)	93.5% (n=46)	84.6% (n=635)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.4	The health care services that are available:		
% Agree or Strongly Agree*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community are excellent	63.0% (n=54)	67.4% (n=43)	81.2% (n=626)
In my county are excellent	54.5% (n=55)	65.2% (n=46)	77.9% (n=628)
In my region are excellent	83.6% (n=55)	87.0% (n=46)	81.9% (n=626)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Table A1.5	There are enough medical specialists available:		
% Agree or Strongly Agree*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community	30.4% (n=56)	43.5% (n=46)	53.9% (n=635)
In my county	37.5% (n=56)	37.0% (n=46)	52.8% (n=635)
In my region (within 1 hour drive from my home)	82.1% (n=56)	78.3% (n=46)	69.4% (n=635)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.6	There are enough behavioral health services (counselors, licensed mental health practitioners):		
% Agree or Strongly Agree*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community	12.5% (n=56)	28.3% (n=46)	31.3% (n=635)
In my county	16.1% (n=56)	23.9% (n=46)	29.3% (n=635)
In my region (within 1 hour drive from my home)	48.2% (n=56)	54.3% (n=46)	41.7% (n=635)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.7	The hospital care being provided:		
% Agree or Strongly Agree*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community are excellent	53.1% (n=49)	75.0% (n=40)	81.1% (n=610)
In my county are excellent	38.8% (n=49)	68.9% (n=45)	75.9% (n=618)
In my region (within 1 hour drive from my home) are excellent	80.4% (n=45)	93.5% (n=46)	78.2% (n=629)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Table A1.8	Sometimes the cost of medical care prevents me from getting the care I need for myself or my immediate family.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
50.0% (n=56)	52.2% (n=46)	52.0% (n=635)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.9	Sometimes language or cultural barriers prevent me from getting the care I need for myself or my immediate family.			
% Agree or Strongly Agree*				
Clay County	Webster County	Spanish Speakers	South Heartland (4-County Total)	
25.0% (n=56)	0.0% (n=46)	81.5% (n=54)	10.4% (n=635)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.10	Sometimes I have difficulty finding transportation to health care providers.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
28.6% (n=56)	4.3% (n=46)	9.9% (n=635)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.11	The regular hours of operation at doctor's offices and health clinics are sometimes not convenient for scheduling care for myself or my immediate family.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
44.6% (n=56)	50.0% (n=46)	44.6% (n=635)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Table A1.12	During the past 12 months, I have personally received health care services at a hospital or emergency room located		
% Yes*			
	Clay County	Webster County	South Heartland (4-County Total)
In my county	10.7% (n=56)	26.1% (n=46)	38.7% (n=633)
In my region (within 1 hour drive from my home)	28.6% (n=56)	34.8% (n=46)	26.7% (n=632)

*Response options: yes, no

Table A1.13	During the past 12 months, I have personally received health care services at a doctor's office, health clinic, or health department located		
% Yes*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community	32.7% (n=46)	63.4% (n=41)	77.1% (n=612)
In my county	26.5% (n=49)	50.0% (n=44)	60.8% (n=579)
In my region (within 1 hour drive from my home)	54.7% (n=53)	76.7% (n=43)	56.0% (n=568)

*Response options: yes, no

Table A1.14	I have one person I think of as my personal doctor or health care provider (my medical "home" where I go for most health care needs)		
% Yes*			
Clay County	Webster County	South Heartland (4-County Total)	
78.2% (n=55)	80.4% (n=46)	85.8% (n=632)	

*Response options: yes, no

Health Priority: Access to Health Care

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

Table A1.15	[If responded “no” the preceding question] Instead, when I need them I receive my health care services from (check all that apply):	
		South Heartland (4-County Total) (n=72)
	Free clinics	12.5%
	Community Health Center	26.4%
	Health Department / Immunization Clinic	13.9%
	Family Planning Agency	8.3%
	Emergency Room at a hospital	9.7%
	Urgent Care Clinic	25.0%
	Chiropractor	16.7%
	I delay care as long as possible or refuse care	40.3%
	Other	22.2%

Table A1.16	During the past 12 months, I have personally received dental care services at a dental clinic located				
	% Yes*				
	Clay County		Webster County		South Heartland (4-County Total)
	In my community	16.1% (n=56)	30.4% (n=46)	51.8% (n=633)	
	In my county	12.5% (n=56)	26.1% (n=46)	39.9% (n=631)	
	In my region (within 1 hour drive from my home)	69.6% (n=56)	60.9% (n=46)	51.2% (n=633)	

*Response options: yes, no

Table A1.17	I have one person I think of as my personal dentist		
	% Yes*		
	Clay County	Webster County	South Heartland (4-County Total)
	67.9% (n=56)	82.6% (n=46)	81.7% (n=633)

*Response options: yes, no

Health Priority: Access to Health Care

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

Table A1.18	During the past 12 months, I have personally received behavioral health services (counseling, life coaching, etc.)		
% Yes*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community	7.1% (n=56)	2.2% (n=46)	7.6% (n=635)
In my county	5.4% (n=56)	0.0% (n=46)	5.9% (n=631)
In my region (within 1 hour drive from my home)	7.1% (n=56)	6.5% (n=46)	8.9% (n=631)

*Response options: yes, no

Health Priority: Access to Health Care

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

Supports for Raising Children

Table A1.19	My community is a good place to raise children.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
88.5% (n=52)	95.7% (n=46)	91.8% (n=598)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.20	Safe childcare is available in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
84.4% (n=45)	56.1% (n=41)	74.8% (n=540)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.21	Affordable childcare is available in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
63.4% (n=41)	42.1% (n=38)	48.5% (n=503)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.22	I am satisfied with the school system in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
73.6% (n=53)	65.9% (n=44)	75.4% (n=565)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Table A1.23	There are adequate after school opportunities for elementary age children (including those run by schools and community groups).		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
44.0% (n=50)	31.7% (n=41)	46.2% (n=509)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.24	There are adequate after school opportunities for middle and high school age students (sports teams, clubs, groups, etc.).		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
57.7% (n=52)	56.1% (n=41)	56.0% (n=525)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.25	There are adequate recreation opportunities for children and youth in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
39.2% (n=51)	31.8% (n=44)	50.3% (n=553)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Supports for Older Adults

Table A1.26	This community is a good place to grow old.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
86.5% (n=52)	76.1% (n=46)	81.6% (n=587)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.27	There are adequate recreation and exercise opportunities (parks, trails, fitness centers) for older adults in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
51.9% (n=52)	34.8% (n=46)	58.7% (n=583)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.28	There are adequate housing options (assisted living, retirement centers, maintenance-free homes/apartments) for older adults in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
35.6% (n=45)	62.2% (n=45)	55.8% (n=538)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.29	There are adequate transportation options (public buses, shuttles, handi-vans, taxis) available to take older adults to medical facilities and shopping.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
25.0% (n=48)	54.3% (n=46)	34.9% (n=539)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Table A1.30	There are adequate programs that provide meals for older adults in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
33.3% (n=39)	73.8% (n=42)	49.4% (n=478)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.31	There are a range of available services (social clubs, social services, groups) in my community for older adults that are living alone.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
35.7% (n=42)	25.6% (n=39)	33.9% (n=460)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.32	There are adequate local options (residential care, intermediate and skilled nursing homes) for persons who need long-term care services.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
35.7% (n=42)	45.5% (n=44)	50.6% (n=514)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Recreational and Leisure Options

Table A1.33	There are adequate places to exercise and play in my community (parks, walking/biking trails, swimming pools, gyms, fitness centers, and so forth).		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
65.4% (n=52)	48.9% (n=45)	69.9% (n=585)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.34	There are adequate music, art, theater, and cultural events in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
22.6% (n=53)	34.8% (n=46)	37.6% (n=569)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.35	There are adequate organized leisure time activities available in my community (such as groups, clubs, teams, and other social activities).			
% Agree or Strongly Agree*				
	Clay County	Webster County	South Heartland (4-County Total)	
For young adults	34.0% (n=50)	23.9% (n=46)	37.2% (n=527)	
For middle-aged adults	24.5% (n=49)	28.3% (n=46)	35.1% (n=533)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Jobs and the Economy

Table A1.36	For people living in my community, there are enough jobs		
% Agree or Strongly Agree*			
	Clay County	Webster County	South Heartland (4-County Total)
Located in town or a short drive away	32.0% (n=50)	29.5% (n=44)	43.6% (n=548)
Located within the county	36.7% (n=49)	25.6% (n=43)	41.4% (n=536)
Located within the region (within 1 hour drive from my home)	79.6% (n=49)	65.9% (n=44)	59.9% (n=529)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.37	There are opportunities for employment advancement (promotions, job training, higher education)		
% Agree or Strongly Agree*			
	Clay County	Webster County	South Heartland (4-County Total)
In my community	20.8% (n=48)	9.1% (n=44)	35.1% (n=535)
In my county	24.5% (n=49)	6.8% (n=44)	32.3% (n=520)
In my region (within 1 hour drive from my home)	67.3% (n=49)	59.1% (n=44)	40.1% (n=529)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.38	Jobs in my county are "family friendly" (allow for flexible scheduling, reasonable hours, health insurance, and so forth).		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
39.1% (n=46)	27.3% (n=44)	40.1% (n=529)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.39	My employer encourages/promotes healthy behaviors.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
67.3% (n=49)	76.7% (n=43)	81.5% (n=561)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Table A1.40	The economy is strong in my community.		
% Agree or Strongly Agree*			
Clay County		Webster County	South Heartland (4-County Total)
51.1%	(n=47)	17.8% (n=45)	41.0% (n=549)

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Housing

Table A1.41	There is enough quality housing available in my community, including homes and apartments.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
19.6% (n=51)	20.0% (n=45)	27.1% (n=542)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.42	Quality housing in my community is affordable for the average person.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
26.5% (n=49)	36.4% (n=44)	23.5% (n=531)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Safety and Social Support

Table A1.43	My community is a safe place to live, work, and play.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
90.6% (n=53)	84.8% (n=46)	87.0% (n=576)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.44	There are support networks in my community that help during times of stress and need (neighbors, support groups, faith community outreach, community organizations, etc.).		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
73.3% (n=45)	47.7% (n=44)	67.2% (n=527)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.45	There are an adequate number of volunteers to fill the volunteer needs in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
48.8% (n=43)	24.4% (n=45)	37.3% (n=499)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Health Issues and Risky Behaviors

Table A1.46	Thinking about what you know from your personal experience and/or the experiences of others you know, what do you think are the 3 most troubling health-related problems in your community? (Choose ONLY 3)		
	Clay County (n=55)	Webster County (n=46)	South Heartland (4-County Total) (n=577)
Overweight/obesity	43.6%	60.9%	51.6%
Mental health issues (including depression)	29.1%	30.4%	45.2%
Cancers	40.0%	30.4%	36.6%
Addictions	20.0%	32.6%	35.7%
Aging problems (arthritis, hearing/vision loss, falls)	21.8%	52.2%	26.5%
Diabetes	27.3%	19.6%	21.5%
Heart disease	12.7%	17.4%	15.3%
High blood pressure	14.5%	17.4%	9.0%
Poor dental health	14.5%	8.7%	8.3%
Child abuse or neglect	1.8%	8.7%	7.5%
Teenage pregnancy	5.5%	2.2%	6.8%
Injuries (from crashes, falls, violence, etc.)	25.5%	2.2%	6.6%
Domestic violence	3.6%	0.0%	5.0%
Suicide	5.5%	0.0%	4.3%
Stroke	5.5%	4.3%	3.6%
Respiratory/lung disease	0.0%	4.3%	3.3%
Motor vehicle crash injuries	9.1%	0.0%	1.7%
Unsafe environment (poor air/water quality, chemical exposures)	3.6%	2.2%	1.7%
Asthma	9.1%	0.0%	1.4%
Sexually transmitted diseases	1.8%	0.0%	1.4%
Infectious diseases (hepatitis, TB, pertussis, flu, other diseases transmitted from person to person)	0.0%	0.0%	1.2%
Rape/sexual assault	1.8%	4.3%	0.9%
Infant death	1.8%	0.0%	0.5%
HIV/AIDS	1.8%	0.0%	0.2%
Other	3.6%	8.7%	5.7%

Health Priority: Access to Health Care

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

Table A1.47	From the following list, choose 3 risky behaviors that you think have the most impact of health and well-being in your community? Choose only 3		
	Clay County (n=56)	Webster County (n=46)	South Heartland (4-County Total) (n=572)
Alcohol abuse	53.6%	58.7%	48.1%
Distracted driving (cell phone use, texting, etc.)	42.9%	37.0%	41.4%
Drug abuse	21.4%	41.3%	40.7%
Poor eating habits	30.4%	30.4%	34.4%
Not enough exercise	32.1%	21.7%	34.3%
Tobacco use (including smokeless tobacco)	16.1%	37.0%	23.8%
Drunk driving	17.9%	21.7%	16.3%
Avoiding routine visits to health professional	10.7%	10.9%	11.4%
Not managing stress	16.1%	8.7%	10.8%
Not using seatbelts	14.3%	15.2%	9.8%
Violence (domestic violence, fighting, etc.)	8.9%	2.2%	8.6%
Unsafe sex	10.7%	4.3%	7.9%
Not getting vaccine "shots" to prevent disease	8.9%	4.3%	6.5%
Not using child safety seat (or not using correctly)	14.3%	6.5%	4.7%

Health Priority: Access to Health Care

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

Alcohol Use and Prevention

Table A1.48	Alcohol use among individuals under 21 years old is a problem in my community.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
79.2% (n=48)	76.7% (n=43)	76.0% (n=516)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.49	My community should do more to prevent alcohol use among individuals under 21 years old.		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
76.5% (n=51)	72.7% (n=44)	73.7% (n=536)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Table A1.50	People sometimes say that "drinking is a rite of passage for youth" meaning that it is an important milestone for them as they move into adulthood. What is your level of agreement?		
% Agree or Strongly Agree*			
Clay County	Webster County	South Heartland (4-County Total)	
9.6% (n=52)	0.0% (n=45)	7.7% (n=558)	

*Response options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

Health Priority: Access to Health Care

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

Additional Questions

Table A1.51	How would you rate the overall quality of life in your community?		
% Excellent or Very Good*			
Clay County	Webster County	South Heartland (4-County Total)	
55.4% (n=56)	45.7% (n=46)	55.8% (n=561)	

*Response options: excellent, very good, good, fair, poor

Table A1.52	How would you rate your own personal health?		
% Healthy or Very Healthy*			
Clay County	Webster County	South Heartland (4-County Total)	
53.6% (n=56)	56.5% (n=46)	59.0% (n=561)	

*Response options: very unhealthy, unhealthy, somewhat healthy, healthy, very healthy

Table A1.53	Approximately how many hours per month do you volunteer your time to community service? (e.g., schools voluntary organizations, churches, hospitals, etc.)		
	Clay County (n=56)	Webster County (n=46)	South Heartland (4-County Total) (n=561)
None	39.3%	17.4%	28.3%
1-5 hours	37.5%	54.3%	48.1%
6-10 hours	14.3%	13.0%	14.4%
Over 10 hours	8.9%	15.2%	9.1%

Health Priority: Access to Health Care

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

Table A1.54	Considering stressors in your life, would you say you...?		
	Clay County (n=56)	Webster County (n=46)	South Heartland (4-County Total) (n=561)
Feel alone with nowhere to turn	21.4%	17.4%	13.2%
Know who to turn to in time of need	48.2%	63.0%	60.6%
Do not think stress is a significant factor for you	30.4%	19.6%	26.2%

Health Priority: Access to Health Care

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

Demographics

Table A1.55	How do you pay for your health care? (check all that apply)		
	Clay County (n=54)	Webster County (n=46)	South Heartland (4-County Total) (n=558)
Pay cash (do not have insurance)	22.2%	6.5%	10.9%
Veterans' Administration/TRICARE	0.0%	2.2%	1.1%
Medicaid	1.9%	4.3%	2.2%
Medicare	9.3%	6.5%	6.3%
Private Health Insurance (e.g., Blue Cross, HMO, including insurance through an employer)	72.2%	87.0%	87.3%
Indian Health Services	0.0%	0.0%	0.0%
Other	11.1%	4.3%	4.9%

Table A1.56	How do you pay for dental care? (check all that apply)		
	Clay County (n=54)	Webster County (n=46)	South Heartland (4-County Total) (n=558)
Pay cash (do not have insurance)	37.0%	15.2%	26.9%
Veterans' Administration/ TRICARE	3.7%	2.2%	0.9%
Medicaid	1.9%	4.3%	1.8%
Medicare	5.6%	0.0%	2.2%
Private Health Insurance (e.g., Blue Cross, HMO, including insurance through an employer)	55.6%	80.4%	73.7%
Indian Health Services	0.0%	0.0%	0.0%
Other	7.4%	2.2%	2.0%

Health Priority: Access to Health Care

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

Table A1.57	How many children less than 18 years of age live in your household?		
% One or more children under 18			
Clay County	Webster County	South Heartland (4-County Total)	
64.1% (n=53)	45.7% (n=46)	43.3% (n=550)	

Table A1.58	How long have you lived in your community?		
	Clay County (n=56)	Webster County (n=46)	South Heartland (4-County Total) (n=561)
Less than one year	7.1%	2.2%	4.1%
1-2 years	3.6%	2.2%	4.6%
3-4 years	14.3%	4.3%	6.1%
5-9 years	10.7%	19.6%	11.8%
10 or more years	64.3%	71.7%	73.8%

Table A1.59	Age		
	Clay County (n=56)	Webster County (n=46)	South Heartland (4-County Total) (n=561)
Under 18 years	23.2%	0.0%	2.7%
18-24	5.4%	0.0%	3.0%
25-39	17.9%	19.6%	26.0%
40-54	25.0%	43.5%	33.0%
55-64	23.2%	28.3%	24.8%
65-80	5.4%	8.7%	9.3%
Over 80	0.0%	0.0%	1.2%

Health Priority: Access to Health Care

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

Table A1.60	Gender		
	Clay County (n=56)	Webster County (n=46)	South Heartland (4-County Total) (n=561)
Male	19.6%	26.1%	18.9%
Female	80.4%	73.9%	81.1%

Table A1.61	Marital Status		
	Clay County (n=55)	Webster County (n=46)	South Heartland (4-County Total) (n=560)
Married	65.5%	82.6%	72.5%
Divorced	1.8%	6.5%	8.9%
Separated	0.0%	0.0%	1.4%
Widowed	7.3%	2.2%	5.0%
Never married	23.6%	4.3%	9.3%
Member of an unmarried couple	1.8%	4.3%	2.9%

Table A1.62	Which of the following best reflects your race		
	Clay County (n=53)	Webster County (n=46)	South Heartland (4-County Total) (n=558)
White	98.1%	97.8%	97.1%
Black or African American	1.9%	0.0%	0.5%
Asian	0.0%	0.0%	0.5%
American Indian or Alaska Native	0.0%	0.0%	0.2%
Native Hawaiian or Pacific Islander	0.0%	2.2%	0.2%
Other	0.0%	0.0%	1.4%

Health Priority: Access to Health Care

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

Table A1.63	Are you Hispanic or Latino?		
% Yes			
Clay County	Webster County	South Heartland (4-County Total)	
20.8% (n=53)	2.2% (n=46)	11.8% (n=558)	

Table A1.64	Education: Highest Year of School Completed?		
	Clay County (n=52)	Webster County (n=46)	South Heartland (4-County Total) (n=557)
Never attended school or only attended kindergarten	0.0%	0.0%	0.2%
Grades 1-8 (Elementary)	9.6%	0.0%	2.7%
Grades 9-11 (Some high school)	25.0%	0.0%	3.9%
Grade 12, High school graduate or GED	7.7%	15.2%	8.8%
College 1 to 3 years (some college or technical school)	19.2%	43.5%	38.2%
College 4 years or more (college graduate)	15.4%	30.4%	28.7%
Post-college (Graduate school / Advanced Degree)	23.1%	10.9%	17.4%

Table A1.65	Household income		
	Clay County (n=54)	Webster County (n=46)	South Heartland (4-County Total) (n=559)
Less than \$20,000	11.1%	4.3%	7.7%
\$20,000 to \$29,999	14.8%	6.5%	9.7%
\$30,000 to \$49,999	24.1%	28.3%	18.8%
\$50,000 to \$74,999	25.9%	26.1%	30.4%
\$75,000 to \$99,999	9.3%	30.4%	17.5%
Over \$100,000	14.8%	4.3%	15.9%

Health Priority: Access to Health Care

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

Table A1.66	Are you or an immediate family member (child, spouse parent or sibling) either currently serving in the military or a veteran of the military (mark all that apply)		
	Clay County (n=53)	Webster County (n=46)	South Heartland (4-County Total) (n=552)
Neither I nor an immediate family member currently serves in the military or is a military veteran	75.5%	69.6%	76.6%
I currently serve in the military	0.0%	0.0%	0.0%
I am a veteran of the military	0.0%	4.3%	3.6%
An Immediate family member currently serves in the military	11.3%	6.5%	6.5%
An immediate family member is a veteran of the military	20.8%	21.7%	17.2%

Health Priority: Access to Health Care

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

Appendix 2: YMCA of Hastings Community Needs Assessment Survey Results

The YMCA of Hastings conducted a survey in June and July, 2015 to assess the needs of the community. The survey was distributed online through a multitude of channels and contained questions for two segments of the population: adults and youth/teens. A total of 284 community members responded to the survey. Following is a summary of the results broken down into the two sections of community needs for adults and community needs for youth/teens.

The top identified adults needs include services aimed at engaging the entire family unit, supporting adults in practicing positive habits, and the availability of learning opportunities for adults (Table A2.1).

Table A2.1	Community needs for <u>adults</u>	% Identifying topic as a community need
	Availability of services aimed at engaging the entire family unit	24%
	Adults are supported in practicing positive habits that include physical activity and healthy eating	17%
	Availability of learning opportunities for adults	13%
	Presence of community spaces where adults can develop connections with others	13%
	Presence of safe and secure community spaces for adults	11%
	Adults have convenient access to structured activities in a community facility	10%
	Availability of services that engage senior populations	10%
	Adults receiving support from groups within the community	10%
	Availability of service or volunteer opportunities for adults	4%

(Source: YMCA of Hastings, Online Community Needs Assessment)

Health Priority: Access to Health Care

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

The top identified needs for youth/teens include the availability of non-athletic programs, youth are supported in practicing positive habits, and the availability of academic support structures for youth outside of school (Table A2.1).

Table A2.2	Community needs for <u>youth/teens</u>	
		% Identifying topic as a community need
Availability of non-athletic programs that draw out youth skills, creativity, and confidence		41%
Youth are supported in practicing positive habits that include physical activity and healthy eating		34%
Availability of academic support structures for youth outside of school (tutoring, mentoring, etc.)		30%
Youth exit high school with college or career readiness skills		30%
Safe and secure community spaces for our youth		28%
Presence of community spaces where youth can develop connections with others		26%
Youth have opportunities to build good character		26%
Availability of service or volunteer opportunities for youth		24%
Youth have convenient access to structured activities in a community facility		20%
Children enter kindergarten prepared for success		18%

(Source: YMCA of Hastings, Online Community Needs Assessment)

Health Priority: Access to Health Care

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

Action Planning				Measuring Success		
Strategies to Achieve Goal	Actions to Achieve Strategy	Partners & Roles for Each Strategy	Time Frame (2016-2018)	Quantity Measure	Quality Measure	Outcome Measure
<i>WHAT are our top 3 Strategies?</i>	<i>HOW will we do it?</i>	<i>WHO will help us do it? What will we/they do?</i>	<i>WHEN will we do it? (Which Year(s) and/or Quarters?)</i>	<i>How much did we do?</i>	<i>How well did we do it?</i>	<i>What difference did it make?</i>
Strategy 1: Specialty clinic expansion with more room for added services—ENT, podiatry, dermatology	1. Build clinic	Hospital for funds, medical staff	2016-2017	Increasing space from 1-2 specialist to 2-3 specialist able to fit comfortably at one time	Up and running in 2017	Add more specialists and more hours available
	2.Recruit providers	Hospital & physicians, Mary Lanning HHA Networking hospital-St. Elizabeth	2016-2017-2018	Goal to add 3 specialists	Number of physicians recruited	Have more specialties available
	3.Add family practice physician	recruit	2017 and ongoing	Fill position	Goal to have 4 family practice doctors in clinic	More patients able to be seen in the clinic sooner
	4.Add nurse practitioner	recruit	2016 and ongoing	Fill position	Goal to have 2 NP and 2 PA's	NP or PA added to staffing
Strategy 2: Extended office hours	1.Extend hours of hospital ancillary departments &/or clinic	Hospital medical staff and employees	2017	2 times a month, 1-3 hours	24 days extended hours # of departmental participating	More convenient hours for working people
	2.Coordinate hours with pharmacy dentists, optometrist and clinic	Superior Pharmacy, Shopko Superior Vision Handy Bus, Dr. Svoboda, Dr. Mazour	2017	Same as the clinic/hospital extended hours	How many hours extended	Patients would not have to leave work for services

Health Priority: Access to Health Care

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

	3. Extend mammogram hours	Diagnostic Imaging	2017	Once a week or every other week for 2 hours 5-7 pm	How many utilized the after hour services	Patients would not have to take time off work for appointments
Strategy 3: Access to healthy living current programs, concussion testing, poison control	1. Promote use of balance assessment equipment to local schools and sports programs	Therapy services, work with schools and other sports programs to set up testing	2016, 2017, 2018	50 baseline & any post injury tests as needed in 2016, increasing by 25% in 2017 and 2018	Screen all high school football players in year 2016, and add other sports in following years	Decrease incidents of re-injury
	2. Promote handy bus	Karen Tinkham Nuckolls County Senior Services	2018	# of times advertised	Advertise 12 times a year	More access to transportation
	3. Promote healthy living exercise program	Offer a payment type system that family members or others could give healthy living sessions as a gift or pay for someone to go	2017 and ongoing	Increase # of participants	How many people utilized the services	Allow exercise at our facility for a low rate to encourage participation
	4. Promote diabetes support group	Sue Guilkey and Karen Tinkham	2016, 2017, 2018	Increase # of participants by 10%	How many people attended	Educate and support people who are pre-diabetic
	5. Implement Alzheimer's/ Dementia support group	Therapy Services/Social Services	2018	# of attendees	How many attended	Support those that care for patients with diabetes and/or dementia

Health Priority: Access to Health Care

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

Team: Access to Care

Who is on our team?

To be successful, who else needs to be on our Team?

1 Diane Littrell	6	1 Karen Tinkham	6 Providers
2 Tim Hiatt	7	2 Roy Palmer	7 Doug Wehrman
3 Crystal Wyatt	8	3 Verlene Watson	8
4 Sandy Borden	9	4 Michell Harris	9
5	10	5 Sue Guilkey	10

Who is our Team's Primary Point of Contact? Diane Littrell.

Health Priority: Cancer

Goal: Reduce the number of new cancer cases as well as illness, disability, and death caused by cancer.

Action Planning				Measuring Success		
Strategies to Achieve Goal	Actions to Achieve Strategy	Partners & Roles for Each Strategy	Time Frame (2016-2018)	Quantity Measure	Quality Measure	Outcome Measure
<i>WHAT are our top 3 Strategies?</i>	<i>HOW will we do it?</i>	<i>WHO will help us do it? What will we/they do?</i>	<i>WHEN will we do it? (Which Year(s) and/or Quarters?)</i>	<i>How much did we do?</i>	<i>How well did we do it?</i>	<i>What difference did it make?</i>
Strategy 1: Educate community re: screenings available for cancer prevention	1.Social media	Karen Tinkham-face book and monthly media Provide information concerning & Promote monthly cancer (ex. October—breast cancer), newspaper article what screenings, awareness	2016, 2017, 2018	Promote cancer awareness	Number of posts on Facebook	Bring awareness for different types of cancers and screening available for early detection and treatment options
	2. Implement a “Time to Heal” support program	Diagnostic imaging, Social Services and Therapy Services	2017, 2018	send 2-3 members to training and schedule meetings	# of employees trained	Provide opportunity for cancer patients support and education
Strategy 2: Healthy events to promote	1. Pink night	Committee to organize and plan pink night	October 2016 , October 2018	At least 200 in attendance	Have at least 2 speakers	Bring awareness of breast cancer and support survivors
	2.Nuckolls County Cancer Stomp	Spark plugs Fundraising	2016, 2017, 2018	Donate \$100 annually	Activities implemented	financial assistance to cancer patients

Health Priority: Cancer

Goal: Reduce the number of new cancer cases as well as illness, disability, and death caused by cancer.

	3. Golf tournament	Public Relations donates to Rally for Cure	2016, 2017, 2018	Donate to tournament	Support with donation	Supports other cancer organizations
	4. Short kids educational events at swimming pool	Public Relations offer education, sunscreen	2017	# of people at pools	# of presentations	Bring awareness to kids about use of sunscreen to prevent skin cancer
Strategy 3: Transportation needs for treatments	1. Offer vouchers for gas cards through Nuckolls County Cancer Stomp	Social services, Nuckolls County Cancer Stomp	2016, 2017, 2018	# of people referred to Nuckolls County Cancer Stomp	# of people that received funds	Assist patients in the ability to make it to their out of town appointments

Team: Cancer

Who is on our team?

To be successful, who else needs to be on our Team?

1 Angela Garver	6	1 Social Services	6
2 Doug Wehrman	7	2 Public Relations	7
3 John Keelan	8	3	8
4 Shannon Short	9	4	9
5	10	5	10

Who is our Team's Primary Point of Contact? Angela Garver

Health Priority: Mental Health

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

Action Planning				Measuring Success		
Strategies to Achieve Goal	Actions to Achieve Strategy	Partners & Roles for Each Strategy	Time Frame (2016-2018)	Quantity Measure	Quality Measure	Outcome Measure
<i>WHAT are our top 3 Strategies?</i>	<i>HOW will we do it?</i>	<i>WHO will help us do it? What will we/they do?</i>	<i>WHEN will we do it? (Which Year(s) and/or Quarters?)</i>	<i>How much did we do?</i>	<i>How well did we do it?</i>	<i>What difference did it make?</i>
Strategy 1: Improve access of mental health services locally	1. Add drug/alcohol/mental illness evaluation counselor qualified to do assessments	South Central Behavioral Service to provide services	1 st quarter, 2017	Set up telehealth and provide room, refer patients	How many patients seen	Allow for faster evaluation and help needed
	2. Increase the amount of time that a mental health provider is available in Superior	Judy Baker, work with the Lanning Center and Erica Ferrell to have services available more often at BMH	2017, 2018	Increase specialty clinic days per month from 2 days to 4 days	# of days scheduled per month	Provide access to more patients, timely and consistent services with less travel
Strategy 3: Improve Depression identification and treatment	1. Do a depression screening in the clinic as part of the yearly physical	Judy Baker and providers Screening form developed by Erica Ferrell to evaluate depression	2016, 2017, 2018	Evaluate all patients at annual physicals and as needed	Measureable outcomes through PQRS	Identify signs of depression sooner and offer patients support and treatment options
	2. Improve use of mental health screening tool already provided in ER	Providers and nursing staff complete forms	2016, 2017, 2018	Educate staff on forms available to them	QI to see how many times form used and how often could have been used	Identify needs for further evaluation needs of patients

Health Priority: Mental Health

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

	3.Promote services that are available in Superior, such as SASA, Erica Ferrell, Positive Solutions, Hope Pregnancy Center	Face book, pamphlets, media	2016, 2017, 2018	Raise awareness of services that are available to them in the community	Listing of available services on website for BMH and surrounding communities	Better knowledge of what is available close to home
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Team: Mental Health

Who is on our team?

To be successful, who else needs to be on our Team?

1 Pat File	6	1 Deb Folkerts	6
2 Jeremy Littrell	7	2 Clinic Nurses	7
3 Dena Alvarez	8	3 Becky Gay	8
4 Carie Meyers	9	4	9
5	10	5	10

Who is your Primary Point of Contact? _____ Pat File _____

Health Priority: Obesity

Goal: Reduce obesity and associated chronic disease risk through consumption of healthful diets, daily physical activity, and achievement and maintenance of health body weights.

Action Planning				Measuring Success		
Strategies to Achieve Goal	Actions to Achieve Strategy	Partners & Roles for Each Strategy	Time Frame (2016-2018)	Quantity Measure	Quality Measure	Outcome Measure
<i>WHAT are our top 3 Strategies?</i>	<i>HOW will we do it?</i>	<i>WHO will help us do it? What will we/they do?</i>	<i>WHEN will we do it? (Which Year(s) and/or Quarters?)</i>	<i>How much did we do?</i>	<i>How well did we do it?</i>	<i>What difference did it make?</i>
Strategy 1: Healthy living awareness and education	1.Promote overeaters anonymous	Verlene Watson organizes meetings	2016, 2017, 2018	Provide space	How many attend	Provide options for those in need of support
	2. Expand the Smart Moves Program (Diabetes Prevention Program)	Roll out the current program that is offered to employees to the community	2017	Pay for employees to participate, Provide space, advertise	How many took the class? How much weight was lost?	Educate people about diet & exercise to help them be healthier people
Strategy 2: Promote fitness/ wellness for all ages	1. Walk/run	Plan a walk/run in city park open to the public	2016, 2017, 2018	Promote, organize	Number of participants	Opportunity for people to exercise
	2. Support Fire Cracker Run	Advertise and promote	2016, 2017, 2018	Promote	Number of participants	Opportunity for people to exercise
	3.Walking challenge open to community, Walking School Bus	Superior Public Schools, encourage walking to school, Local businesses to offer challenge to employees	2016, 2017, 2018	Promote, offer support and volunteers	# of participants	More exercise for all ages and safer route for school kids
	4. Walking path	Work with city to encourage people to use the new walking path being planned	2016	promote	Path completed	Allows for a safer route to school and parks

Health Priority: Obesity

Goal: Reduce obesity and associated chronic disease risk through consumption of healthful diets, daily physical activity, and achievement and maintenance of health body weights.

Strategy 3: Increase access to healthy foods	1. Bountiful Baskets in Superior	Partner with Nelson & Superior community to get 75 people registered to participate	4 th quarter of 2016	Promote, offer support, offer space.	# of people utilizing Bountiful Basket program	Offer opportunity for more fresh fruits and vegetables at reasonable prices
	2. Healthy choices for employees & visitors at BMH	Wellness committee to find healthy options for the vending machines and put guides to suggest healthy choices. Make people aware can get fruits and yogurt from the Dietary all day	4 th quarter of 2016	Organized and label vending machines Promote healthy choices	Get statistics from vendor as to how many of the healthy choices are being restocked.	Encourage better options for healthier eating to employees and visitors
	3. Donate to food drive for the food pantry.	Hospital employees donate to the annual food drive. Encourage healthier donations. Goal is 2500 pounds	2016, 2017, 2018	Promote, donate	How many pounds delivered?	More available healthy options for low income families
	4. Healthy lunch at BMH	Wellness committee, Dietary department, collaborate with DPP group	3rd quarter 2016 and ongoing	Organize and promote, calorie counts accessible in more locations for daily lunches	How many employees took part, how many times offered throughout year	Provide options for healthier lunch

Health Priority: Obesity

Goal: Reduce obesity and associated chronic disease risk through consumption of healthful diets, daily physical activity, and achievement and maintenance of health body weights.

Team: **Obesity**

Who is on our team?

To be successful, who else needs to be on our Team?

1 Micki Jacobitz	6	1 Wellness Committee	6 Brandon Blecha
2 Chris Flaata	7	2 Robin Hedge	7 Rick Disney
3 Judy Baker	8	3 Beth Maschmann	8 Roy Palmer
4 Karen Tinkham	9	4 Sparkplugs	9 Verlene Watson
5	10	5 Dietary Department	10 Walk/Run committee

Who is our Team's Primary Point of Contact? Micki Jacobitz

Health Priority: Substance Abuse

Goal: Reduce substance abuse to protect the health, safety, and quality of life for all, especially young people.

Action Planning				Measuring Success		
Strategies to Achieve Goal	Actions to Achieve Strategy	Partners & Roles for Each Strategy	Time Frame (2016-2018)	Quantity Measure	Quality Measure	Outcome Measure
<i>WHAT are our top 3 Strategies?</i>	<i>HOW will we do it?</i>	<i>WHO will help us do it? What will we/they do?</i>	<i>WHEN will we do it? (Which Year(s) and/or Quarters?)</i>	<i>How much did we do?</i>	<i>How well did we do it?</i>	<i>What difference did it make?</i>
Strategy 1: Tobacco Program	1. Present a 7 week smoking cessation Class several times throughout the year.	Cardiopulmonary Department— gives class.	2016, 2017, 2018	Provide the class at minimal cost	# of attendees	Evaluate the program at the finish. How many people remained smoke free at 6 months, at 1 year.
	2. Explore option of developing a smoking cessation coach	Cardiopulmonary Department	2018	Develop, encourage interested employees to coach	Support coach	Allow for ongoing support for ex-smokers
	2. Develop an educational brochure on tobacco use reduction.	Cardiopulmonary Department, Public Relations, staff to hand out at health fair	2017, 2018 Health Fair	Develop brochures & distribute	# of brochures distributed	Provide information to those interested in a smoking cessation program
Strategy 2: Promote the narcotic/medications take back program available in the community	1. advertise and educate people on where to dispose of narcotics/medications	Police Department, to dispose of medications and BMH to advertise/educate	2016, 2017, 2018	Collaborate with police Department and offer assistance where applicable	# of times advertised	Allows for opportunity for patients to dispose of medications safely.

Health Priority: Substance Abuse

Goal: Reduce substance abuse to protect the health, safety, and quality of life for all, especially young people.

	2.offer/encourage participation in a “Life of an Athlete” program	South Heartland District Health Department coordinating program & possible scholarships for low income. Work with schools & coaches to promote.	3 rd quarter 2016, 2017, 2018	Assist health department in coordination with schools and area coaches &/or provide space for presentation	# of attendees	Educate students on the effects of drugs and alcohol on their athletic performance
Strategy 3: Educate about marijuana use	1.Educate on the long and short term effects of marijuana use	Work with schools to incorporate into health and wellness class	2018	Explore resources— videos, pamphlets, speakers	# of students reached	Pre and post talk evaluation

Team: Substance Abuse

Who is on our team?

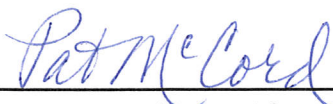
To be successful, who else needs to be on our Team?

1 Roy Palmer	6	1 Perry Freeman/ local law enforcement	6 local Pharmacies
2 Jennifer Wyatt	7	2 School Officials	7 Shannon Short
3 Mary Utter	8	3 Peggy Meyer	8 Mothers Club
4 Kori Field	9	4 Health Department	9 County/State Patrol
5	10	5 Economic Development	10

Who is our Team’s Primary Point of Contact? Roy Palmer

Approval and Distribution

The Brodstone Memorial Hospital Community Health Needs Assessment & Community Health Improvement Plan was approved by the Board of Trustees at its regular monthly meeting, held April 25, 2016. This report is accessible to the public and may be viewed on the hospital website, <http://brodstonehospital.org/>. Written copies will also be available upon request.



April 25, 2016

Pat McCord, President, Board of Directors
Brodstone Memorial Hospital



April 25, 2016

John Keelan, Chief Executive Officer
Brodstone Memorial Hospital