Community Health Needs Assessment Implementation Strategy Report

Brodstone Memorial Hospital

520 East 10th
Superior NE 68978

Fiscal Year Ending April 30, 2013

Introduction

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. See (Appendix 1) for changes in Nuckolls County in the last ten years.)

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.

Community Health Needs Assessment – Process Overview [1]

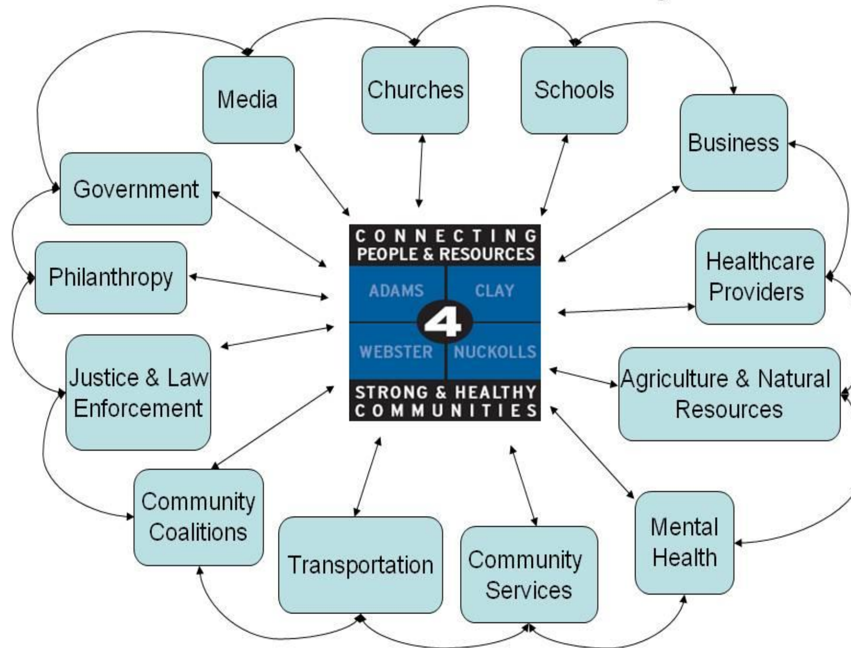
Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. South Heartland District Health Department (SHDHD) used this tool to facilitate the 4-county health district in efforts to improve health and quality of life through community-wide and community-driven strategic planning. This process helped the district identify and plan use of resources, taking into account the unique circumstances and needs of the district and the individual component counties. It also promoted new and solidified existing partnerships in our communities and across the district.

The MAPP assessment process leads to the development of a community-wide health improvement plan (CHIP), which can only be adopted and realistically implemented if the community has contributed to the plan development. SHDHD worked to ensure participation by a broad cross section of the district, inviting representatives from many sectors of our communities. In addition, MAPP also supports organizational action plan development by each of the participating entities, including the key hospital partners, for their service areas.

Through the MAPP process, the South Heartland District continued to strengthen the local public health system. We defined the local public health system as all of the entities that contribute to the delivery of public health services within our communities[2]. This included public and private entities, civic and faith-based organizations, individuals, and informal associations, front-line and grassroots workers and policy makers.

[1] Mobilizing for Action through Planning and Partnerships: Achieving Healthier Communities through MAPP. A User's Handbook.

[2] Refer to SHDHD's diagram of the Local Public Health System.



Using MAPP as the framework for the community needs assessment allowed SHDHD to focus on the 10 essential services of public health to define who is responsible for the community's health and well-being.

The 10 Essential Public Health Services are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop polices and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The MAPP process is diagrammed by the following MAPP model:

In this model, the phases of the process are diagramed in the center. The entire process is informed by data and the four assessments that produce these data are shown in the arrows around the outside. The phases of the MAPP process are: Organizing/Partnership Development, Visioning, Assessment, Identifying Strategic Issues, Formulating Goals and Strategies, and the Action Cycle for the resulting Community Health Improvement Plan (CHIP).

Community Health Needs Assessment – South Heartland's Process

The SHDHD MAPP/CHIP process began with identification of core planning team members, whose responsibilities were to review the MAPP process, complete a readiness assessment, discuss and define "community" for each hospital, review stakeholder categories, identify stakeholders, determine timelines and discuss resources to implement the process. All three hospitals in the district committed to participate with SHDHD in MAPP and signed Memoranda of Understanding outlining their contributions; including resources. Hospital administrators identified staff members to participate in the core team. This team was also responsible for overseeing the implementation and management of the process. The core team included eight members: hospital administrators and/or appointed staff from Brodstone Memorial Hospital, Mary Lanning Healthcare and Webster County Community Hospital; Clay County Health Department director; SHDHD Board of Health president; and SHDHD director. The first planning meeting was held September 2, 2011.

The Core Team developed an overall timeline for the process which was carried out as follows:

November 2011 – *Local Public Health System Assessment* (CDC Field Test Site)

February 2012 – *Forces of Change* Assessment (focus groups – one per county)

February – May 2012 – *Community Themes and Strengths Assessment* (Intercept Survey)

May 2012 – August 2012 – *Health Status Assessment*

September 2012 – *Identify Strategic Issues* (Priority-Setting)

October - December 2012 – *Formulate Goals & Strategies*

December 2012 – March 2013 – *Develop Community Health Improvement Plan*

The Assessment Phase consisted of implementing all four of the MAPP Assessments and was carried out, with assistance from a contracted facilitator, during the period of October 1, 2011 – August 30, 2012. Following the Assessment Phase, the community (via stakeholder work groups) identified strategic issues and formulated goals and strategies for addressing each issue. Community stakeholders collaborated in a facilitated development of a Community (district-wide) Health Improvement Plan (CHIP). In 2013 and beyond, work groups for each priority will move the plan components into the Action Phase (CHIP implementation), with oversight and evaluation planning from the MAPP/CHIP core team, which will continue to meet 1-2 times a year for the duration of the CHIP.

Brodstone selected a core team to be involved with the process. Karen Tinkham, Administrative Assistant, Kori Field, Director of Nursing and Michell Harris, Registered Nurse, were selected as Brodstone's representatives. These representatives reported directly to Brodstone's Administrative team, the team responsible for the Needs Assessment and the Implementation Strategy.

Key Partners

The Core Team included two health department staff (Executive Director Michele Bever and Health Surveillance Assistant Jessica Warner), one Board of Health member (BOH President Peggy Meyer), at least one representative from each hospital assigned by the respective CEOs, and Clay County Health Department Director Janis Johnson. Dr. Michele Bever, Executive Director, lead the Core Team and core team members served as the planning and decision-making body for the process, overseeing the assessment, identifying stakeholders, committing in-kind and cash resources, and committing staff to be participants in the assessments.

Each hospital's CEO appointed a representative for their respective organizations: Becky Sullivan, Wellness Department Manager represented Mary Lanning Memorial HealthCare; Karen Tinkham, Public Relations Director, represented Brodstone Memorial Hospital (primary service area is Nuckolls County); Marianna Harris, CEO, represented Webster County Community Hospital (primary service area is

Webster County). Mary Lanning has a health clinic in Clay County, which was also represented by Clay County Health Director Janis Johnson. Webster County Community Hospital participated although they were not required to participate under the IRS requirement for hospitals.

The core team identified 34 stakeholder categories (Appendix 2), and made every effort to invite representation from each of these to participate in the various assessments. We began by targeting active stakeholder participants from the previous MAPP process (in 2007).

Additional key partners included the State of Nebraska Department of Health and Human Services for Community Themes and Strengths data, MAPP guidance, and facilitation assistance and CDC staff from the NPHPSP Field Test project who provided the framework, tool, and timeline for the Local Public Health System Assessment.

Our contracted facilitator was Bluestem Interactive, Inc. Bluestem assisted with the Local Public Health System Assessment, Forces of Change focus groups, and Priority-Setting (Appendix 3) meetings and also facilitated the Goals and Strategies meetings.

Assessments

Local Public Health System Assessment

This assessment was a comprehensive review of the public health system (all those entities that contribute to the public's health) to answer the following questions:

- What are the activities, competencies, and capacities of our local public health system?
- How well are the 10 Essential Public Health Services being provided to our community?

Using this assessment allowed us to

- Identify strengths and weaknesses to be addressed in quality improvement efforts
- Provide a baseline on performance to use in preparing the local health department for participation in accreditation
- Provide a benchmark for public health practice improvements, by setting a "gold standard' to which public health systems aspire.

Methods:

Approximately 70 stakeholders (Appendix 4) attended this day-long meeting on November 21, 2011. The participants represented many organizations that contribute to the public health system, the essential services, and the health and well-being of the population in Adams, Clay, Nuckolls and Webster counties. A number of the participating organizations provide service to all four of the counties in the South Heartland Health District jurisdiction. The participants represented a broad range of perspectives and expertise and were encouraged to wear the multiple hats of their various interests and expertise and of their multiple professional and community roles.

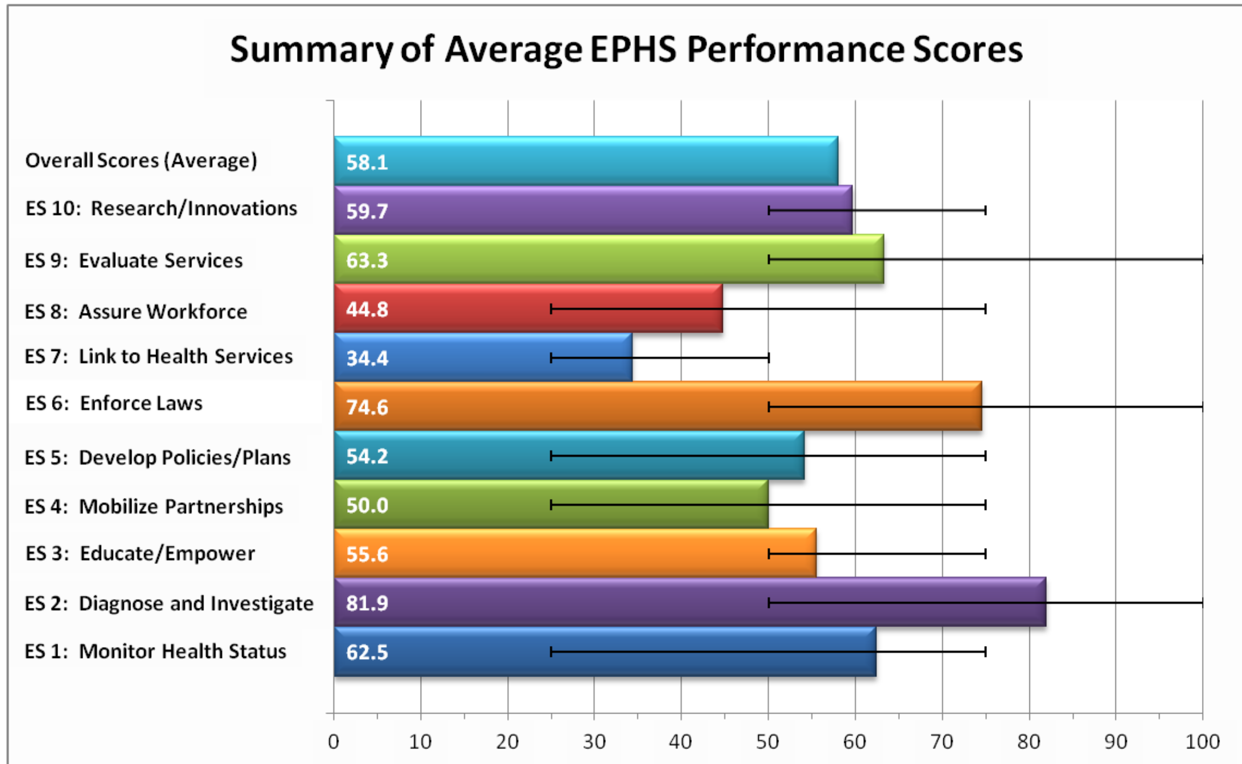
Participants broke out into small groups by Essential Service. Essential Services 1 – 5 were assessed in the morning session, while Essential services 6-10 were assessed in the afternoon. Facilitators in each group guided the stakeholders through the assessment tool, serving as neutral guides, keeping discussion on topic and on time, and ensuring a fair process and input from all. Recorders (human and audio) documented the discussion, identifying themes, recording scores and opportunities. Each facilitated group went through the following process:

- Review model standards for each Essential Service
- In-depth discussion on one model standard at a time
- Vote on level of current activity in the local public health system
- More discussion
- Consensus
- Repeat

Score data and other materials were submitted to the Centers for Disease Control and Prevention (CDC) on December 5, 2012 and the Key Findings Report from CDC was returned on January 6, 2012.

Results:

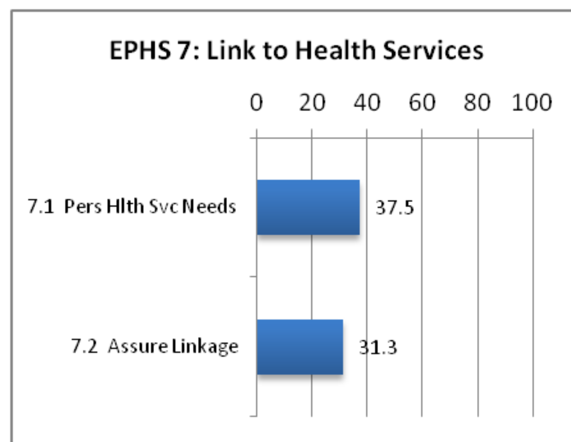
The overall scores for each essential service are provided below.



The performance scale is as follows: No activity, Minimal Activity (>0, but no more than 25% of the activity described in the model standards is met), Moderate Activity (>25% but less than 50% of the activity is met), Significant Activity (>50% but less than 75% of the activity is met), and Optimal Activity (>75% of the activity described within the model standards is met).

The core team reviewed this report and noted that the lowest scoring essential service was ES7: Linking people to needed health services.

ES7 consists of two model standards: (1) Identifying personal health service needs of populations and (2) Assuring linkage of people to personal health services, each with scores indicating moderate activity (greater than 25% activity but less than 50% activity).



The questions for discussion and scoring of each ES 7 model standard are provided below.

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations**	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50%
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	25%
7.1.3	Defines roles and responsibilities for partners to respond to the unmet needs of the community?	25%
7.1.4	Understand the reasons that people do not get the care they need?	50%
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services**	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50%
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	25%
7.2.3	Help people sign up for public benefits that are available to them (e.g. Medicaid or Medical and Prescription Assistance Programs)?	25%
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25%

After reviewing these data and the data for each of the other essential services, the core team completed a priority-setting discussion exercise and came to consensus that Essential Service 7 *Access to Care* would be included in the Community Health Improvement Plan as the Essential Service Priority Issue.

Forces of Change Assessment

This assessment focused on identifying forces such as legislation, technology, natural and economic events or other impending changes that could affect the context in which the community/county and the public health system operates. The assessment was conducted to answer the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats of opportunities are generated by these occurrences?

Methods:

A facilitator conducted one *Forces of Change* focus group discussion in each county. These two- hour meetings including the following components:

- Brief overview of the big picture (how "the local public health system" is defined, what the full assessment process consists of and the goal/outcome for the full process)
- Goal for this assessment activity
- Introductions – What knowledge/experience each participant brings to discussion
- How the process will work – 1) identify key forces of change; 2) identify opportunities/threats related to each force
- Roles: participants/facilitator/recorder
- Ground rules
- Forces of Change Process
- Debrief
- Thanks/evaluation

The Nuckolls County *Forces of Change* focus group was hosted from noon to 2:00 pm on Tuesday, February 11, 2012 at the Brodstone Memorial Hospital Conference Rooms. There were 13 participants (Appendix 5).

Results: (Appendix 6).

The forces of change identified in Nuckolls County included the following:

- Rural Location
- Economy
- Changing Demographics
- Prosperous Local Healthcare System
- Increased Use of Technology
- Government programs
- Nelson Nursing Home Closure
- Youth/Family Issues
- Community Spirit and Local Activities

Community Themes and Strengths

The Community Themes and Strengths Assessment assisted in deepening our understanding of what issues residents felt were important by answering these questions:

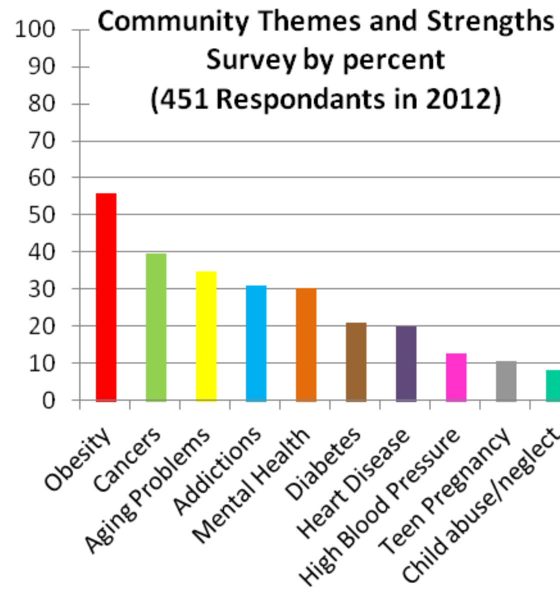
- What is important in our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

Methods:

Two Community Themes and Strengths Assessment (CTSA) surveys were conducted. The first was conducted by Nebraska Department of Health and Human Services as an oversample for the South

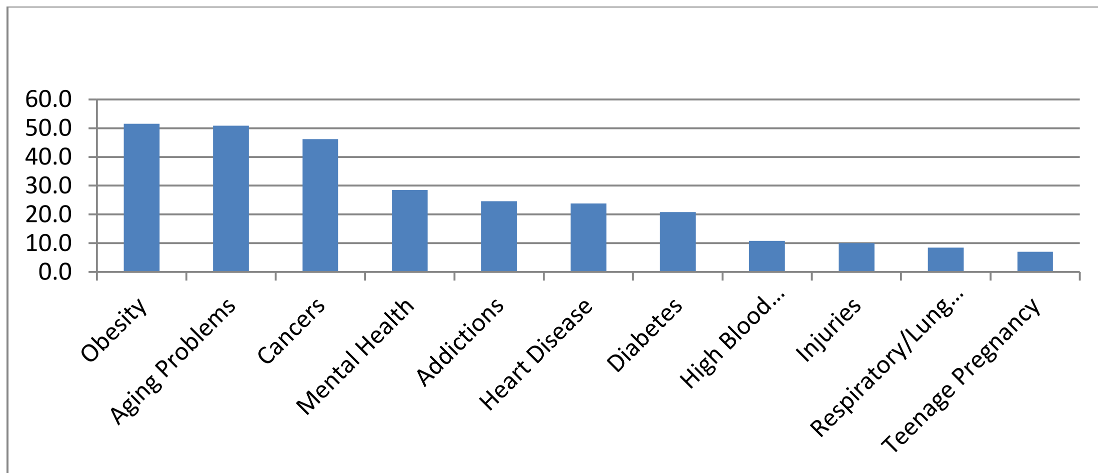
Heartland heath district. Using a stratified design and random digit dial methods, the survey was administered by telephone to South Heartland residents between July and October 2011. This method achieved 496 completed surveys. The second CTSA survey was a modified version of the first survey. The core team converted it to paper/pencil and Survey Monkey formats and also revised some and added other questions. It included Likert scale, open-ended and ranking questions. Hard copies or links to the web-based version were distributed widely by the core team and other community partners. This "intercept" CTS survey had 451 total respondents in the South Heartland District and 124 of these respondents were from Nuckolls County.

Results: Most Troubling Health-Related Problems in Four County Area



Responses to top three most troubling health–related problems in our community, CTSA Intercept Survey

Most Troubling Health-Related Problems in Nuckolls County



Community Health Status Assessment

The Health Status Assessment focuses on the community's health and quality of life by gathering and analyzing information on health status and risk factors. It helps answer these questions:

- How healthy are our residents?
- What does the health status of our community look like?

Methods:

South Heartland health surveillance staff gathered data from a variety of local, state and national sources such as Nebraska Vital Records, Behavioral Risk Factor Surveillance System reports, County Health Rankings, hospital discharge data, and local mental health needs assessment, and local infectious disease reports. Categories of data included:

- Demographic characteristics
- Socioeconomic characteristics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health Indicators
- Social and Mental Health
- Maternal and Child Health
- Death, Illness and Injury
- Infectious Disease

Whenever possible, data were collected at the county level and compared to the 4-county health district, the state of Nebraska, and the United States. Data were also reviewed over a period of years to assess trends.

Results:

Health Status Assessment Indicator Summary Table with Nebraska Healthy People 2010 Objectives (Appendix 7)

County Health Rankings (Appendix 8)

Community Priority-Setting

Fact Sheets were created for each of the following health areas: Oral Health, Communicable Diseases, Reproductive Health and Maternal Child Health, Environmental Health, Cancer, Substance Abuse, Mental Health, Injury, Obesity, Diabetes, and Cardiovascular/Stroke. Stakeholders met in two consecutive facilitated sessions to discuss the results from the assessments and to determine the health priorities.

Defining Goals and Strategies

Once the Community Needs Assessment was completed with the aid of South Heartland District Health Department, the implementation process will begin. The Implementation Strategy was developed and the responsibility of its execution will be with Brodstone's Administrative Team which consists of John Keelan, Chief Executive Officer, Sandra Borden, Chief Financial Officer, Dena Alvarez, Chief Compliance Officer and Kori Field, Director of Nursing.

Identified Needs

The following is the list of those five priority community health needs identified.

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

Strategies/Activities

1. Access to Care

A. Increase the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP)

1). Brodstone Memorial Hospital is available on request to provide wellness checks to employees of local business through their wellness plan. In the past we have traveled to Nelson, NE to provide this service to two employers and will soon be adding a third in Hardy, NE. We intend to continue working with these businesses to support their workplace wellness plans.

2). Brodstone has sponsored the Nuckolls County Health and Wellness Fair for the past 12 years. The community is invited to the fair that has 20 to 30 different vendors that offer health related services in this area. Visitors to the fair range from 200 to 300 people annually. Blood

tests are also available before the fair at a reduced rate. In 2012 over 500 people took advantage of this service. Brodstone plans to continue their sponsorship of the health fair for at least the next three years.

B. Increase the number of local providers using technology to improve access to care

1). Brodstone has been expanding access to care by providing a room and the technical equipment for mental health providers to provide their service by telehealth. We will continue to use technology to connect patients with healthcare providers when opportunities arise.

2). Brodstone Memorial Hospital has traditionally been in the forefront of adopting, implementing and utilizing available technology to enhance patient care. The American Recovery and Reinvestment Act of 2009 (ARRA) included legislation intended to stimulate the adoption of electronic medical records (EMRs) in the United States but Brodstone had already begun this process in 2000. In 2011 Brodstone was one of the first hospitals in the state of Nebraska to attest for demonstrating Meaningful Use as defined in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) as part of the AARA.

The implementation of the electronic medical record was phased in giving the users the opportunity to adapt to one module before adding another. By utilizing an enterprise system the care that is delivered at the hospital is available to the provider in the clinic. The same is true if the patient comes to the hospital emergency department the provider on call can access the care the patient has received at the clinic even if they are not the primary care provider for that patient.

The administration has supported provider adoption of the electronic medical record in a variety of ways during this transition from paper to electronic records. This support has included things such as dedicated clinical analyst, elimination of printed reports in phases, allowing continuation of dictated notes if preferred, additional clinic staff to facilitate the electronic documentation and on site information technology professionals to ensure an efficient network to support the software. Because of the administrative support the entire medical staff is using the electronic medical record for ambulatory and inpatient care. No new paper records are created in the clinic and all the current clinic and hospital patient records are maintained in electronic format.

Utilizing the existing technology and with the support of Brodstone administration remote pharmacy was implemented in 2012 for all inpatient medication orders after hours. Professional pharmacists do interaction and dose checks and process the orders directly into the electronic patient record as well as serve as a resource for the medical and nursing staff after hours.

Current technology has also enabled our Diagnostic Imaging department to electronically transmit images to remote radiologists for real time diagnostic interpretation since 2006.

Even though electronic medical record systems are still evolving and improving, their use along with structured data has demonstrated the potential to help providers take better care of their patients once the data was searchable and viewable. The EMR enhances routine medical care and patient safety by reminding providers of appropriate preventive services for the patient's general well-being or about specific issues related to managing chronic conditions such as diabetes, heart disease, and asthma. The research on these new EMRs is limited but some studies are indicating the potential to improve patient safety, patient outcomes and management of chronic conditions.

We are currently in Stage 1 of the HITECH Act where the concentration has been on getting the patient's basic medical information entered into the electronic system. This process has not been without challenges for both our providers, staff and to some extent the patient. We are able to see many benefits that include but are not limited to always having the patient record available to the caregivers (not searching for the paper record), multiple members of the health care team can access the record at the same time, ability to monitor the patent record for any unauthorized access to protect the privacy of the patient information, improved reporting for data analysis, increase ability to alert care givers for any warnings specific to the patient condition and treatment.

We are now able to provide patients an electronic copy of their health information upon request. Our current hospital information system can electronically submit the patient summary record and laboratory results to a patient's person health record.

3). As we move forward to Stage 2 in 2014 and Stage 3 in 2015 the goals will include information sharing beyond the primary care provider who first collected the information. An EMR is built to share information with the patient and with any other providers, such as labs and specialists. It can contain information from everyone involved in the patient' care, or it can link through secure information networks to information held in other providers' EHR systems. Brodstone will be offering a patient portal for their patients starting in 2014. This will not only provide patients the ability to view, download and transmit their health information but has the potential to offer securing messaging with their provider, appointment requests and online bill pay. Brodstone is also exploring the various options for a state and/or even nationwide health information exchange. And, as health information exchange capabilities advance further, the information can move with our patients—to the specialist, the hospital, the nursing home, the next state, or even across the country. We are striving to ensure that we are able to work with our patients to get the information they need for their own PHR and at the point of care wherever that may be. Increasing patient engagement is not only a national goal but one of our goals at Brodstone Memorial Hospital. Some preliminary studies on engaging the patients are already demonstrating improved

outcomes for the patients, decreased costs with avoidances or repeated tests, decreased readmission to the hospital and improvement in patient satisfaction. Improved delivery of health care information and reduced health care costs are good for not only the patients served by Brodstone but all citizens of Nebraska.

C. Enhance the ability of the general public and referral agents to connect with needed resources related to healthy living

1). Employees of Brodstone assist patients to get benefits through government programs so they can get the care they need, aid patients with financial assistance applications, and aid low income patients to apply for medication assistance from drug companies. They also refer patients to Hope Pregnancy and Positive Solutions for parenting classes, Women Infants & Children (WIC) for financial assistance and Good Beginnings which is a Brodstone department that works with parents of children from birth to 5 years old. Referrals are also made to Child & Adult Protective Services, nursing homes, assisted living, Home Health services, hospice referrals; referrals to Vocational Rehabilitation, Spouse Abuse Sexual Abuse (SASA) advocates, specialty physicians and durable medical equipment. Patients are referred to Community Action for senior food commodities and grant money for utility assistance and emergency housing. Low income persons are referred Nuckolls County Food Pantry for groceries. Referrals are also made to Area Agency on Aging for senior citizens to get help with housekeeping, personal care, remodel bathrooms so they are handicapped accessible, and ramps. Brodstone employees also help with referrals to medical alert equipment, Handy Bus transportation, personal care attendants and Meals on Wheels.

2). Classes are held throughout the year for the following: Diabetes Education, Ostomy Support Group, Childbirth Classes, Sibling Classes, Healthy Living and Smoking Cessation

3). Future plans include an annual educational opportunity for community members related to understanding and assistance with initiating a written Advance Directive. Also, it is an ongoing process to increase the working list of support services available to our patients.

2. **Obesity**

A. Increase the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP)

1). Donations are given periodically to non-profit organizations that promote healthy living. Hospital events have been held at the skating rink and the bowling alley.

2). During previous health fair blood draws held at the hospital, patients have stated they would like to have some breakfast before they go to work. In 2013, Brodstone will provide muffins, fruit, coffee and juice to patients as they leave the facility. A free will donation collected will be given to Simic Recreation, the local non-profit skating rink. Not only can

patrons skate at the rink in the winter, it is also open for people to walk during inclement weather.

3). The City of Superior is considering a “community garden”. If that is available, Brodstone will promote its use.

B. Enhance the ability of the general public and referral agents to connect with needed resources related to healthy living

1). Brochure holders are located in the hallway and those in the community offering services for healthy living are encourage to leave information

2). Brodstone provides space and promotes the local Overeaters Anonymous Group to meet

3). Enhanced Diabetes Education classes are available through Brodstone.

C. Increase opportunities for active living and healthy eating in our local communities

1). Brodstone currently has Diabetes Education classes that teach nutrition and a Diabetes Support Group with guest speakers concerning healthy lifestyles.

2). Brodstone plans to engage the local grocery store in activities that promote good nutrition - Partner with Ideal Market and/or New Horizons Healthy Lifestyles on cooking demos, label reading classes, cost comparisons to show that you can eat healthy cost-effectively even if you are cooking for one or two, and education on better food choices.

3). In the next three years we will Develop Brodstone Memorial Hospital Employee Wellness Plan

4). During the next three years we will develop a Good Nutrition Plan for Good Beginnings clients (parents with children ages birth to 5 years).

5). Brodstone will work with the local school to plan a family fun run to be held in 2014 or 2015, and consider making this an annual event

6). Brodstone will find a free downloadable pedometer application for smart phones and encourage people through Facebook and other avenues to download and use the application

3. Cancer

A. Increase the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP) Setting

1). Brodstone will partner with South Heartland District Health Department to promote their Cancer Coalition

B. Increase the number of community residents who actively participate in recommended prevention/screening activities

1). Brodstone sends client reminder s to encourage screenings according to national recommended guidelines and individualized patient needs

2). Brodstone held a woman's event in 2011 and 2012 to encourage mammograms and educate the public on breast cancer awareness. At least one more will be held in October, 2013

3). Brodstone will pursue funding or appropriate partnerships to provide recommended breast cancer screening services for those not covered by Every Woman Matters, including those with high deductibles

C. Increase the duration and quality of life for cancer survivors in our communities

1). Brodstone partners with American Cancer Society to provide educational books to survivors and their support system.

2). Brodstone partners with the Nuckolls County Fair Board to provide gas cards to cancer patients

3). Brodstone refers cancer patients to Area Agency on Aging, Nuckolls County Senior Services, Community Action and Food Pantry for services such as housekeeping , transportation, personal care attendants, prosthetics and wigs.

D. Enhance the ability of the general public and referral agents to connect with needed resources related to healthy living

1). Brodstone has supported fund raising efforts such as Relay for Life for the American Cancer Society and will continue to do so when there is an event in Nuckolls County.

2). Provide consistent public education messaging through program partners and in all varieties of media about cancer prevention, screening and treatment services

4. **Mental Health**

A. Increase the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP)

1). Brodstone plans to support the local Teammates organization by allowing one employee to mentor at the local school during work hours.

2). Brodstone has been expanding access to care by providing a room and the technical equipment for mental health providers to provide their service by telehealth. We will continue to use technology to connect patients with healthcare providers when opportunities arise.

3). The HRSA Rural Network Planning effort on integrated care (behavioral health/primary car) continues to move forward. Brodstone had participated in this project a few years ago. A grant application is in progress. If funded, Brodstone will partner with South Heartland Health Department on this venture.

B. Enhance positive mental health promotion and service delivery for seniors

1). Brodstone encourage seniors to participate in "Welcome to Medicare" check-ups which includes a depression screening component.

5. Substance Abuse

A. Increase access to treatment and prevention services

1). Brodstone will support Horizon Recovery in their efforts to expand their services in our community, possible provide space for counseling and encourage their fund raising efforts.

B. Increase community-based public awareness/educational activities that lead to informed policymaking

1). Brodstone will continue to support activities that raise awareness such as Drug Take Back events that have been held at the Nuckolls County Health Fair.

2). Assist providers (with funding, training, etc.) to adopt and use telehealth technology to link patients with specialists where appropriate

Summary

Brodstone will be able to impact the community with their Action Plan (see below for Implementation Strategy) in all five areas of need that were identified. Brodstone Memorial Hospital's main goals for the next three years include action concerning Access to Care and Obesity. The majority of action needed to be addressed in the categories Cancer, Mental Health and Substance Abuse actions fall out of the scope of expertise and resources of the hospital.

Brodstone Memorial Hospital Action Plan

Community Need	Implementation Strategy	Time Frame	Responsible Department/Person
Access to Care	HITECH Act Stage 2	2014	Information Technology
	HITECH Act Stage 3	2015	Information Technology
	Advance Directive Educational Opportunity	2013 2014 2015	Social Services Department
Obesity	Fund Raising Event to benefit Simic Recreation	2013	Administrative Assistant
	Support of Community Garden	Based on City of Superior Timeframe	City of Superior, Administrative Assistant
	Partner with Ideal Market and/or New Horizons Healthy Lifestyles on cooking demos, ext.	2014 2015	Cardiac Rehab
	Brodstone Employee Wellness Program	2014	Human Resources
	Good Nutrition Plan for Good Beginnings clients	2014	Good Beginnings Coordinator
	Family Fun Run	2014 or 2015	Administrative Assistant
	Downloadable pedometer application for smart phones	2014	Information Technology & Administrative Assistant
Cancer	Partner with South Heartland District Health Department to promote their Cancer Coalition, commit staff to serve on coalition	2013 2014 2015	Administrative Assistant
	Women's Health Event/Breast Cancer Awareness	2013	Administrative Assistant
	Pursue funding to provide recommended breast cancer screening services for those not covered by Every Woman Matters	2014	Administrative Assistant

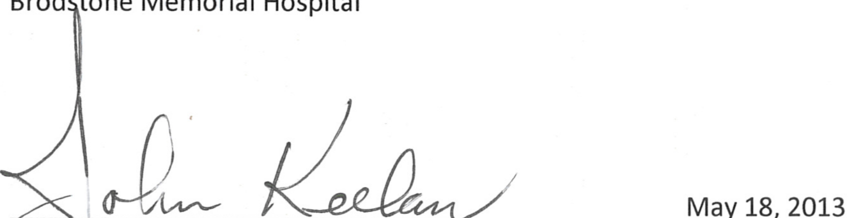
Mental Health	Support the local Teammates organization by allowing one employee to mentor at the local school during work hours	2014 2015	Administrative Team
	Brodstone will partner with South Heartland District Health Department if grant funds are received for the HRSA Rural Network Planning effort on integrated care	2013	Administrative Team
Substance Abuse	Support Horizon Recovery in their efforts to expand their services in our community	2013 2014 2015	Administrative Team

Approval and Distribution

The Brodstone Memorial Hospital Community Needs Assessment & Implementation Strategy Report was approved by the Board of Trustees at its regular monthly meeting, held March 18, 2013. This report is accessible to the public and may be viewed on the hospital website, http://brodstonehospital.org/. Written copies will also be available on request.

May 18, 2013

Pat McCord, President, Board of Directors
Brodstone Memorial Hospital



May 18, 2013

John Keelan, Chief Executive Officer

Brodstone Memorial Hospital

Appendix 1

How has life in Nuckolls County changed in the in last ten years?

Demographics:

- population declining; outmigration
- fewer younger people (aging population)

Economics:

- some business growth and closing of other businesses; some businesses have gone and then come back
- more home-based businesses
- fewer job opportunities
- strong agriculture sector-farmland prices up; bigger farms but there are fewer of them
- income levels are lower
- minimum wage went up

Technology:

- growing use of Internet and other technology

Healthcare:

- better/beautiful medical facilities
- more access to medical specialty services
- more medical staff now
- greater collaboration
- Medicaid now handled through call center

Family life:

- people are moving into town
- more families co-habitating
- more single parents, blended and non-traditional families, divorce more acceptable
- less people in churches fewer children in Sunday schools : more sharing of pastors
- change in values: generational differences in parental expectations, discipline in homes and school
- parents used to be more likely to volunteer (coach, girl scout leaders, etc)
- more parents are working and some with multiple jobs
- domestic violence up
- growing attitude to "just get by"

Youth:

- school consolidations, fewer students in schools
- students have changed
- better college opportunities, more kids going to college
- more activities/opportunities for kids to participate in currently
- kids cannot get jobs because labor laws have changed especially in the agriculture
- more internet bullying, etc.
- differing opinions if use of drugs in school is down or up; DARE program still active

Community attitudes and activities:

- not as many volunteers: no more Relay for Life
- drug and alcohol use is more socially acceptable and spans generations
  less focus on programs to support prevention

Appendix 2

MAPP - Stakeholder Categories

1) **Aging/Senior Services**
   a) AARP
   b) Area Agencies on Aging
   c) Assisted Living
   d) Caregivers/Respite Care
   e) Good Samaritan Village
   f) Meals on Wheels
   g) Nursing Homes
   h) Senior Citizen Centers/Organizations
   i) Senior Center Directors
2) **Agriculture/Farm**
   a) Cattlemen's Association
   b) Corn Board
   c) Dairy Farms
   d) Elevators
   e) Farmers Co-ops
   f) Feedlots
   g) Hog Confinements
   h) Irrigation Companies
   i) Irrigation Districts
   j) Meat Animal Research Center (MARC)
   k) Poultry Producers
   l) Soybean Board
3) **Alcohol/Drug**
   a) Agency on Alcoholism
   b) Drug Court
   c) Mothers Against Drunk Driving (MADD)
   d) Rehab Centers
   e) South Central Substance Abuse and Prevention Coalition
4) **Animal Services**
   a) Animal Shelters
   b) Humane Societies
   c) Veterinarians/ Vet Clinics
5) **Businesses/Services**
   a) Beauty/Barber Shops
   b) Chambers of Commerce
   c) Golf Courses
   d) Grocery Stores
   e) Funeral Home Directors

f) Lawn Care Companies
g) Lumber Yards
h) Manufacturing
i) Restaurants
j) Retail Leaders

6) Colleges/Universities

a) Hastings College
b) Central Community College

7) Communications

a) Cable Companies
b) Cellular Companies
c) Newspapers
d) Public Access
e) Radio Stations
f) Telephone Companies
g) Television Stations

8) Early Childhood

a) Central Nebraska Early Childhood Mental Health System of Care Project
b) Daycares/Childcare Providers
c) Headstart
d) Pre-Schools
e) Region 9 Early Childhood Care & Education Training Consortium

9) Emergency Services

a) Dispatch/9-1-1
b) Emergency Managers
c) EMTs/Paramedics
d) Fire Departments/Fire Chiefs
e) Local Emergency Planning Committees (LEPCs)

10) Faith-Based

a) Adult Church Groups
b) Church Councils
c) Clergy
d) Health Ministries Network
e) Knights of Columbus
f) Ministerial Associations
g) Parish Nurses
h) Youth Church Groups

11) Financial Services

a) Banks
b) Trusts
c) Credit Unions

12) Foundations

a) Mary Lanning Foundation

b) Hastings Community Foundation

13) **Government Offices/Agencies (City/Village)**
   a) City Administrators
   b) City Clerks
   c) City Council Members
   d) City Planners
   e) Community Centers
   f) Libraries
   g) Mayors/Chairmen of Boards

14) **Government Offices/Agencies (County)**
   a) County Attorneys
   b) County Commissioners/Supervisors
   c) Extension Offices
   d) Landfills
   e) Veteran Services Office
   f) Weed Control

15) **Government Offices/Agencies (State)**
   a) Natural Resource Districts (NRDs)
   b) Nebraska Dept. of Labor/Workforce Development
   c) Nebraska Department of Health
   d) Nebraska Health & Human Services System
   e) Social Security Administration
   f) Vocational Rehab

16) **Government Offices/Agencies (U.S.)**
   a) Dept. of Agriculture
   b) Dept. of Environmental Quality
   c) Fish & Wildlife Service
   d) Postal Service
   e) National Weather Service

17) **Healthcare**
   a) Brodstone Memorial Hospital
   b) Cancer Coalitions
   c) Cancer Survivors
   d) Clinics
   e) Chiropractors
   f) Dentists
   g) Good Beginnings
   h) Health Coalitions
   i) Health Departments (City/County/District)
   j) Health Department Board Members
   k) Healthy Beginnings
   l) Home Health Agencies
   m) Home Equipment Suppliers

n) Hospice
o) Hospital Staff
p) Mary Lanning Memorial Hospital
q) Nurses
r) Optometrists/Ophthalmologists
s) Pharmacists
t) Physicians
u) Private Caregivers
v) Webster County Community Hospital

18) Housing

a) Home Construction Companies
b) Hotel/Motel Owners
c) Housing Authority
d) Housing Development
e) Retirement/Low Income Housing
f) Habitat for Humanity

19) Human/Social Services

a) Building Nebraska Families
b) Catholic Social Services
c) Crossroads
d) Homeless Shelters
e) Human Interagency Services-Nuckolls County
f) Planned Parenthood
g) Pregnancy Crisis Centers
h) SASA Crisis Centers
i) Social Workers
j) South Central Partnership

20) Insurance

a) CHIP
b) Insurance Agents/Agencies

21) Judicial System

a) Attorneys
b) Probation
c) Juvenile Diversion
d) Judges
e) Youth Correction Center-Hastings

22) Law Enforcement

a) DARE
b) Local Police
c) County Sheriffs
d) State Patrol

23) Leadership

a) Leadership Groups

b) Women Business Leaders

24) Mental Health Services

a) Counseling Centers
b) Hastings Regional Center
c) Mental Health Clinics
d) Mental Health Practitioners

25) Mentoring

a) Big Brothers/Big Sisters
b) TeamMates

26) Military

a) National Guard

27) Minority

a) Diversity Committee-Hastings Chamber
b) Interpreters/Translators
c) Minority Organizations
d) Special Needs Organizations

28) Recreation/Fitness

a) Parks and Recreation Depts.
b) Fitness Centers
c) YMCA
d) YWCA
e) Wellness Centers

29) Schools-Elementary/Secondary (Public, Private, Parochial)

a) Educational Service Units (ESUs)
b) Parent-Teacher Associations/Organizations
c) School Administrators
d) School Board Members
e) School Counselors
f) School Nurses
g) Student Councils
h) Retired Teachers

30) Service Organizations/Clubs

a) Auxiliaries
b) Kiwanis
c) Lions Clubs
d) Masons
e) PEO
f) Red Cross
g) Rotary Clubs
h) Salvation Army
i) Superior Mothers Club
j) United Way

31) Transportation

a) Airport Authorities
b) Gas/Fuel Stations
c) Ethanol Plants
d) Railroads
e) Road Construction Companies
f) Road Departments (County/State)

32) Utilities

a) Natural Gas Companies
b) Hastings Utilities
c) Trailblazer
d) Nebraska Public Power District
e) Southern Public Power District

33) Youth Organizations

a) 4-H Clubs
b) Boy Scouts
c) Future Business Leaders of America (FBLA)
d) Future Farmers of America (FFA)
e) Future Family & Consumer Science Leaders of America (FFCLA)
f) Girl Scouts
g) Sunny D's
h) Mayor's Youth Councils

34) Miscellaneous

a) League of Human Dignity
b) League of Women Voters
c) Public-Spirited Consumers
d) Public Relation Firms
e) Veterans

Appendix 3

Priority-Setting Meetings

Last Name	First Name	Agency	Attending	Not Attending
Field	Kori	Brodstone Memorial Hospital	1	
Harris	Michell	Brodstone Memorial Hospital	1	
Meyer	Peggy	Positive Solutions	1	
Reinke	Janice	Hope Pregnancy Center	1	
Sherman	Alyce	Thrivent BOD	1	
Tinkham	Karen	Brodstone Memorial Hospital	1	
Watson	Verlene	Brodstone Hosp. Good Beginnings	1	
Schendt	Sandra	City of Nelson	1	
Clark	Derek	Board of Health	1	

Appendix 4

	ES1: Health Status (Colleen/ Vicki)	ES2: Epi/Response (Greg/Amy)	ES3: Education (Lori/Lynette)	ES4: Partnerships (June/Kim)	ES5: Policies/Plan (Jeff/Allison)
1	Auten, Shelley	Bower, Pam	Armstrong, Justin	Beck, Cindi	Allgood, Jill
2	Duntz, Merrill	Brailita, Dr. Dan	Burmeister, Michie	Benten, Fr. James	Bever, Michele
3	Field, Kori	Dericks, Diane	Davis, Pam	Breinig, Carrie	Cox, Sally
4	Frei, Barb	Ehly, Ronda	Hamik, Carol	Budnick, Joseph	Delka, Mary
5	Henrie, Susan	Griffin, Dr. Dee	Horst, Celest	Christensen, Eric	Eddy, Steve
6	Honley, Elizabeth	Kemnitz, Marcie	Johnson, Janis	Cloet, Wanda	Harris, Michell
7	Kennedy, Candy	Korte, Chad	Keele, Wendy	Danehey, Susan	Kleeb, Jane
8	Loettrle, Jon	Mangus, Mindy	Kohmetscher, Michelle	Fox, Tabitha	Krings, Michael
9	Nore, Jaci	Morgan, Jim	Perez, Jorge	Hackler, Jinx	Melvin, Jill
10	Panec, Bill	Nelson, Marsha	Rinne, Desiree	Junker, Belva	Neet, Brad
11	Sidley, Renee	Pughes, Ron?	Rose, Bob	Junker, Chris	Neumann, Dr. Chuck
12	Strasheim, Cindy	Salyards, Dr. Phyllis	Sandeen, Judy	Lewis, Jennifer	Samuelson, Eric
13	Sullivan, Anita	Smith, Shelley	Sedlacek, Colleen	Meyer, Peggy	Schneider, Jeff
14		Steele, Gary	Segelke, Jolynn	Staehr, Janet	Stemper, Scott
15		Volcek, Chip	Stichka, Jean	Stevens, Sandi	Thoren, Chief Larry
16			Sullivan, Becky	Vrooman, Kris	Uden, Loren
17			Tinkham, Karen	Watson, Verlene	Zajack, Mark
18					
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28					
	13	15	17	17	17

	ES6: Enforce	ES7: Link to	ES8: Competent	ES9: Evaluate	ES10: Research/Innovate
	(Jeff/Amy)	(Colleen/Erin)	(Lori/Kim)	(June/Allison)	(Greg/Lynnette)
1	Allgood, Jill	Auten, Shelley	Davis, Pam	Burmeister, Michie	Bever, Michele
2	Armstrong, Justin	Beck, Cindi	Duntz, Merrill	Christensen, Eric	Brailita, Dr. Dan
3	Bower, Pam	Benten, Fr. James	Frei, Barb	Ehly, Ronda	Griffin, Dr. Dee
4	Dericks, Diane	Breinig, Carrie	Harris, Michell	Field, Kori	Neet, Brad
5	Eddy, Steve	Budnick, Joseph	Henrie, Susan	Fox, Tabitha	Nore, Jaci
6	Kleeb, Jane	Cox, Sally	Johnson, Janis	Junker, Chris	Reimer, Judy
7	Kohmetscher, Michelle	Danehey, Susan	Kemnitz, Marcie	Lewis Jennifer	Richardson, Dr. Charles
8	Krings, Michael	Delka, Mary	Korte, Chad	Loettrle, Jon	Stitchka, Jean
9	Morgan, Jim	Hackler, Jinx	Mangus, Mindy	Meyer, Peggy	Strasheim, Cindi
10	Neumann, Dr. Chuck	Hamik, Carol	Pughes, Ron	Rinne, Desiree	
11	Panec, Bill	Honley, Elizabeth	Sidley, Renee	Sedlacek, Colleen	
12	Rose, Bob	Horst, Celest	Steele, Gary	Segelke, Jolynn	
13	Samuelson, Eric	Junker, Belva	Sullivan, Anita	Stemper, Scott	
14	Smith, Shelley	Kennedy, Candy	Uden, Loren	Stevens, Sandi	
15	Sprague, Barb	Nelson, Marsha	Zajack, Mark	Sullivan, Becky	
16	Thoren, Chief Larry	Perez, Jorge		Tinkham, Karen	
17	Trausch, Angie	Sandeen, Judy		Vrooman, Kris	
18	Volcek, Chip	Staehr, Janet			
19		Watson, Verlene			
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	18	19	15	16	9

	ES1: Health Status	
	(Colleen/ Vicki)	Organization
1	Auten, Shelley	Head Start Child & Family Development
2	Duntz, Merrill	Key Accounts Mgr, South Central Nebraska Public Power District; SHDHD Board of Health
3	Field, Kori	D.O.N., Brodstone Memorial Hospital
4	Frei, Barb	Director, Hastings Family Planning
5	Henrie, Susan	South Central Behavioral Services
6	Honley, Elizabeth	Good Samaritan Society - Hastings
7	Kennedy, Candy	Federation of Families
8	Loettrle, Jon	Counseling Services, Hastings College
9	Nore, Jaci	Morrison Cancer Center (Mary Lanning Memorial HealthCare)
10	Panec, Bill	Food Sanitarian (NE Dept of Ag) - Adams, Nuckolls Counties
11	Sidley, Renee	Mary Lanning Memorial HealthCare – VP Patient Strategy
12	Strasheim, Cindy	UNL Extension – Clay County
13	Sullivan, Anita	South Heartland District Health Department – Health Surveillance Coord; VFC Coordinator

	ES2: Link to Services	
	(Greg/Amy)	Organization
1	Bower, Pam	Infection Control - Brodstone Memorial Hospital
2	Brailita, Dr. Dan (MD)	Central Nebraska Infectious Disease (Mary Lanning Memorial HealthCare)
3	Dericks, Diane	Good Samaritan Village-Hastings (Home Health)
4	Ehly, Ronda	Mary Lanning Memorial HealthCare
5	Griffin, Dee (DVM)	Feedlot Production Mgr (USDA-MARC); Professor, Univ of NE Great Plains Vet Ed Center; LEDRS
6	Kemnitz, Dr. Marcie	Associate Dean of Allied Health, Central Community College
7	Korte, Chad	Rural Metro Ambulance Service
8	Mangus, Mindy?	American Red Cross
9	Morgan, Jim	Public Health Risk Coordinator, SHDHD
10	Nelson, Marsha	School Nurse, Hastings Public Schools
11	Pughes, Ron?	Central Nebraska Medical Reserve Corps Coordinator
12	Salyards, Dr. Phyllis (MD)	Retired family physician; SHDHD Board of Health (Board Physician)
13	Smith, Shelley	Public Health Nurse, SHDHD
14	Steele, Gary?	DHHS - EMS Education
15	Volcek, Chip	Adams County Emergency Management

	ES3: Education	
	(Lori/Lynnette)	Organization
1	Armstrong, Justin	Webster Co. Commissioner; SHDHD Board of Health
2	Burmeister, Michie	K-9 and Friends
3	Davis, Pam	School-Community Liaison, Hastings Public Schools
4	Hamik, Carol	Nurse, MLMH; SAFE Kids South Central; VFC Vaccinator
5	Horst, Celest	Hastings Family Planning
6	Johnson, Janis	Director, Clay County Health Department
7	Keele, Wendy	CASA Advocate
8	Kohmetscher, Michelle	Area Substance & Alcohol Prevention (ASAAP)
9	Perez, Jorge	Minority Health Coordinator, SHDHD
10	Rinne, Desiree	Health Educator, SHDHD
11	Rose, Bob	SHDHD Board of Health; Edgar Emergency Management
12	Sandeen, Judy	SHDHD VFC Nurse; Retired Director of Health Services at Hastings College
13	Sedlacek, Colleen	Director, Adams County Senior Services
14	Segelke, Jolynn	SASA
15	Stichka, Jean	UNL Extension - Nuckolls County
16	Sullivan, Becky	Mary Lanning Memorial HealthCare - Business Health
17	Tinkham, Karen	Brodstone Memorial Hospital – Public Relations Director

	ES4: Partnerships	
	(June/Kim)	Organization
1	Beck, Cindi	Midlands Area Agency on Aging
2	Benten, Fr. James	St. Joseph Catholic Church, Harvard, NE
3	Breinig, Carrie	Clay County Senior Services - Transportation
4	Budnick, Joseph	District 10 Probation
5	Christensen, Eric	City of Hastings Parks and Recreation
6	Cloet, Wanda	Dental Hygiene Program Director, Central Community College-Hastings
7	Danehey, Susan	Healthy Beginnings
8	Fox, Tabitha	United Way
9	Hackler, Jinx	Respite Care
10	Junker, Belva	Nebraska Vocational Rehab
11	Junker, Chris	HIV/AIDS Prevention Coordinator Nebraska Department of Education; ASAAP Board
12	Lewis, Jennifer	Director, Hastings YWCA
13	Meyer, Peggy	SHDHD Board of Health (Pres); Positive Solutions (LICSW, MSW)
14	Staehr, Janet	Public Health Nurse, SHDHD
15	Stevens, Sandi	Community Health Education Coordinator, SHDHD
16	Vrooman, Kris	Energy Pioneer Solutions; Health Hastings Coalition
17	Watson, Verlene	Brodstone Memorial Hospital (Republican Valley SAFE Kids; Good Beginnings)

	ES5: Policies/Plan	
	(Jeff/Allison)	Organization
1	Allgood, Jill	Superior Police Department
2	Bever, Michele	Executive Director, SHDHD
3	Cox, Sally	South Central Behavioral Services
4	Delka, Mary	Director, Webster County Senior Services
5	Eddy, Steve	National Weather Service, Hastings; Adams County LEPC (Pres)
6	Harris, Michell	Brodstone Memorial Hospital (Wound Ostomy Continence Nurse)
7	Kleeb, Jane	School Board, Hastings Public Schools; BOLD Nebraska
8	Krings, Michael	Hastings City Council; YMCA (Director)
9	Melvin, Jill	Five Points Bank
10	Neet, Brad	Mary Lanning Memorial HealthCare (CEO); SHDHD Board of Health
11	Neumann, Chuck (DVM)	Adams County Supervisor; SHDHD Board of Health (VP)
12	Samuelson, Eric?	Clay County Supervisor; SHDHD Board of Health
13	Schneider, Jeff	Hastings Public Schools – Director of Business
14	Stemper, Scott	Area Substance and Alcohol Prevention (Director)
15	Thoren, Chief Larry?	Hastings Police Department
16	Uden, Loren	Clay County Emergency Management
17	Zajack, Mark	Hastings College, Asst Professor of Psychology

	ES6: Enforce Laws/Regs	
	(Jeff/Amy)	Organization
1	Allgood, Jill	Superior Police Department
2	Armstrong, Justin	Webster County Commissioner; SHDHD BOH
3	Bower, Pam	Brodstone Memorial Hospital –Infection Control
4	Dericks, Diane	Good Samaritan Village – Hastings (Home Health)
5	Eddy, Steve	National Weather Service, Hastings; Adams County LEPC (Pres)
6	Kleeb, Jane	School Board, Hastings Public Schools; BOLD Nebraska
7	Kohmetscher, Michelle?	Area Substance and Alcohol Abuse Prevention
8	Krings, Michael	Hastings City Council; YMCA (Director)
9	Morgan, Jim	Public Health Risk Coordinator - SHDHD
10	Neumann, Chuck (DVM)	Adams County Supervisor; SHDHD Board of Health (VP)
11	Panec, Bill?	Food Sanitarian (NE Dept of Ag) - Adams, Nuckolls Counties
12	Rose, Bob	SHDHD Board of Health; Edgar Emergency Management
13	Samuelson, Eric?	Clay County Supervisor; SHDHD Board of Health
14	Smith, Shelley	Public Health Nurse, SHDHD
15	Sprague, Barb	Red Cloud City Council; SHDHD Board of Health
16	Thoren, Chief Larry?	Hastings Police Department
17	Trausch, Angie	Five Points Bank
18	Volcek, Chip	Adams County Emergency Management

	ES7: Link to Services	
	(Colleen/Erin)	Organization
1	Auten, Shelley	Head Start Child and Family Development
2	Beck, Cindi	Midland Area Agency on Aging
3	Benten, Fr. James	St. Joseph Catholic Church, Harvard, NE
4	Breinig, Carrie	Clay County Senior Services - Transportation
5	Budnick, Joseph	District 10 Probation
6	Cox, Sally	South Central Behavioral Services
7	Danehey, Susan	Healthy Beginnings
8	Delka, Mary	Webster County Senior Services
9	Hackler, Jinx	Respite Care
10	Hamik, Carol	Nurse, MLMH; SAFE Kids South Central; VFC Vaccinator
11	Honley, Elizabeth	Good Samaritan Society - Hastings
12	Horst, Celest	Hastings Family Planning
13	Junker, Belva	Nebraska Vocational Rehab
14	Kennedy, Candy	Federation of Families
15	Nelson, Marsha	School Nurse – Hastings Public Schools
16	Perez, Jorge	Minority Health Coordinator - SHDHD
17	Sandeen, Judy	SHDHD VFC Nurse; Retired Director of Health Services at Hastings College
18	Staehr, Janet	Public Health Nurse, SHDHD
19	Watson, Verlene	Brodstone Memorial Hospital (Republican Valley SAFE Kids; Good Beginnings)

	ES8: Competent Workforce	
	(Lori/Kim)	Organization
1	Davis, Pam	Head Start Child and Family Development
2	Duntz, Merrill	Key Accounts Mgr, South Central Nebraska Public Power District; SHDHD Board of Health
3	Frei, Barb	Director, Hastings Family Planning
4	Harris, Michell	Brodstone Memorial Hospital (Wound Ostomy Continence Nurse)
5	Henrie, Susan	South Central Behavioral Services
6	Johnson, Janis	Clay County Health Department (Director)
7	Kemnitz, Marcie	Associate Dean of Allied Health, Central Community College
8	Korte, Chad	Rural Metro Ambulance Service
9	Mangus, Mindy?	American Red Cross
10	Pughes, Ron	Central Nebraska Medical Reserve Corps Coordinator
11	Sidley, Renee	Mary Lanning Memorial Hospsital (VP of Patient Strategy)
12	Steele, Gary?	DHHS - EMS Education
13	Sullivan, Anita	SHDHD - Health Surveillance Coordinator, VFC Coordinator
14	Uden, Loren	Clay County Emergency Management
15	Zajack, Mark	Hastings College – Asst Prof of Psychology
16		

	ES9: Evaluate	
	(June/Allison)	Organization
1	Burmeister, Michie	K-9 & Friends
2	Christensen, Eric	City of Hastings Parks and Rec
3	Ehly, Ronda	Mary Lanning Memorial HealthCare
4	Field, Kori	Brodstone Memorial Hospital – D.O.N.
5	Fox, Tabitha	United Way
6	Junker, Chris	HIV/AIDS Prevention Coordinator Nebraska Department of Education; ASAAP Board
7	Lewis Jennifer	YWCA - Director
8	Loettrle, Jon	Counseling Services, Hastings College
9	Meyer, Peggy	SHDHD Board of Health (Pres); Positive Solutions (LICSW, MSW)
10	Rinne, Desiree	SHDHD – Health Educator
11	Sedlacek, Colleen	Adams County Senior Services
12	Segelke, Jolynn	SASA
13	Stemper, Scott	Area Substance & Alcohol Abuse Prevention - Director
14	Stevens, Sandi	SHDHD – Community Health Education Coordinator
15	Sullivan, Becky	Mary Lanning Memorial Hospital – Business Health
16	Tinkham, Karen	Brodstone Memorial Hospital – Public Relations
17	Vrooman, Kris	Energy Pioneer Solutions; Health Hastings Coalition

	ES10: Research/Innovate (Greg/Lynnette)	Organization
1	Bever, Michele	SHDHD – Executive Director
2	Brailita, Dr. Dan	Central Nebraska Infectious Disease (Mary Lanning Memorial HealthCare)
3	Griffin, Dee	Feedlot Production Mgr (USDA-MARC); Professor, Univ of NE Great Plains Vet Ed Center; LEDRS
4	Neet, Brad	Mary Lanning Memorial HealthCare – CEO; SHDHD Board of Health
5	Nore, Jaci	Morrison Cancer Center – Mary Lanning Memorial HealthCare
6	Reimer, Judy	SHDHD Board of Health; Hastings LWV; Health Ministries
7	Richardson, Dr. Charles?	Psychiatry (Retired)
8	Stitchka, Jean	UNL Extension - Nuckolls County
9	Strasheim, Cindi	UNL Extension – Clay County

Appendix 5

Forces of Change for Nuckolls County

Name	Receive Progress Reports	Stakeholder Meetings	Implement Local Plans	Organization	Address	Phone	Email
							-
Bruce Tinkham	x		x				bt85730@windstream.net
Sandra Schendt	x					(402) 225-4401	cityofnelson@gmail.com
Kori Field	x	x	x		520 E. 10th Superior, Ne 68978	(402) 879-4432	kfield@brodstone.org
Jana Chase	x				410 N. Central Superior, Ne. 68978	(402) 879-3715	jschase@mnca.net
Jalonda Bouray	x				447 N. Central Superior, Ne. 68978	(402) 879-4691	maaa_nuckolls@windstream.net
Verlene Watson	x	x	x	Brodstone Memorial Hosp.	PO Box 187 Superior, Ne 68978	(402) 879-4432 ex. 293	vwatson@brodstone.org
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Appendix 6

Nuckolls County: Forces, Opportunities and Threats

Force of Change	Opportunities	Threats
Rural location: • Distance from cities, interstate/airports • Lower housing costs • Increasing land values and crop prices	Less crime; room for people to come and settle; good quality of life/air; people coming back (especially retirees); increased tax revenue (from land values); higher commodity prices can keep farmers spending money; eliminate substandard housing and create more green space	Out of way location can be appealing to transient populations and undesirables with no desire to work; housing deterioration; harder to buy land for first-time buyers; farm transitions to others (relatives or others) who are not local and spend assets elsewhere
Economy: • Loss of industries • Higher costs of gas, food, medical care • Lower average income/fewer middle class • More working parents	Service job creation/jobs using technology to keep work close to home, reduce need to travel; seek outside funding to provide needed services for working poor; working parents increasing family resources and future security need daycare and other support services; opportunities to support local businesses	Increased use of credit/more credit problems; more stress on families; increased need for hospital charity care
Changing demographics: • Decreased Population • Older Population • More people with lower incomes	Less people/less crime, more community spirit/bonding, quiet neighborhoods; seniors with resources have the opportunity to spend money on things that they want or need; may be more philanthropic, possess sense of history/knowledge, more time to volunteer, while some are working longer and more active, others need more healthcare; opportunities to create service jobs that meet residents' needs: senior care	Fewer businesses, fewer workers-hard to replace professionals and business transitions; increased reliance on assistance programs; less population to support grant requests to fund services; effect on school systems of fewer children in schools
Prosperous Local Healthcare System	Access to more medical specialties, easier to get appointments and information, community draw, less travel and improved healthcare; more choices	Higher cost of care, challenge to maintain good communication between specialties

Increased use of technology	Better informed public, telemedicine/telehealth, increased job opportunities, call centers, more home-based businesses so parents can spend more time with kids, better access and quality of healthcare, increased collaboration between clinics saving resources for other things, better patient self-care	Access limited – older people can be less inclined to use technology; stress of fast-pace, danger of losing social/personal interaction, own capabilities (think less); making sure info is credible, information overload, challenge of organization/recordkeeping; risk of poorer health due to inactivity (sitting in front of screen); lack of good communication/collaboration could result in malpractice or mismanaged care
Government programs: • State funding cutbacks • Obama care • Increasing regulations	Community forced to rely more on itself, increased local and regional collaboration; potential for increased access to medical care, improved health and safety of everyone (some disagreement)	Increased costs/complications, smaller towns die or feel pinched, loss of Medicare funds
Nelson Nursing Home closure	New business could develop/use space; the facility could be used for a fitness center, prayer center, etc., it could go back on the tax roles	Loss of jobs, out migration
Youth/Family issues: • Change in family structure (single parent families, etc.) • School consolidation • Change in family values • Fewer youth working	Kids learn responsibility/independence; youth have more time to spend doing school work, exercise, life skills learning and volunteering; meet students from other communities; school could run year-round; after-school programs could involve faith-based organizations and create opportunities to learn and positive places to play at no/low cost; create mentorship programs - community organizations can step up to help families be stronger/more balanced and help shape community values; more jobs are available for adults	Less family income, risk that family businesses will close; increased sense of entitlement, lack of work ethics, job experiences; more risky behaviors, delinquency, cost/stress on legal system,; youth inactivity -"sitting" watching videos/obesity; farther distances to travel for school, risk of more accidents
Community spirit and local activities: • Fewer people doing more • Less volunteerism	Be pro-active in creating positive environment for change; invite involvement from youth, seniors	Negative or pessimistic views

Appendix 7

Health Status Assessment Indicator Summary Table for Nuckolls County versus Nebraska

				NUCKOLLS COUNTY					NEBRASKA				
Indicator	**Population**	**Data Type**	**Data Source**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Past Rate & Trend**	**Trend Period**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Trend**	**Trend Period**
Population Characteristics - Socioeconomic													
Percentage of persons living below the poverty level	All Persons	Survey (self-report)	ACS (Census)	06-10 combined	18.0%	810	Worsening (10.7)	2000 vs. 08-10 combined	06-10 combined	11.8%	215,508	Worsening	2000 vs. 06-10 combined
Percentage of persons living below the poverty level	0-17 years old	Population-based	ACS (Census)	06-10 combined	38.5%	383	Worsening (16.0)	2000 vs. 08-10 combined	06-10 combined	15.5%	71,179	Worsening	2000 vs. 06-10 combined
Unemployment rate	Eligible Working	Population-based	Dept. of Labor	January 2011	3.9%	176	Improving	2010	January 2011	4.0%	41,010	Improving	Past Year
Cohort-four year high school graduation rate	High School Seniors	Population-based	Nebraska Dept. of Ed	10-11 School Year	85.8%	#REF!	NA	NA	10-11 School Year	85.8%	3,196*	NA	NA
Chronic Disease and Associated Risk and Protective Factors													
Heart Disease and Stroke													
Deaths due to Heart Disease per 100,000 population (age-adjusted)	All Persons	Vital Records-Death	Population-based	2010	154.8	16	Improving (235.6)	00'-04 vs 2010	2010	153.6	3,344	Improving	01-10

				NUCKOLLS COUNTY					NEBRASKA				
Indicator	**Population**	**Data Type**	**Data Source**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Past Rate & Trend**	**Trend Period**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Trend**	**Trend Period**
Deaths due to Stroke per 100,000 population (age-adjusted)	All Persons	Vital Records-Death	Population-based	2010	19.7	2	Improving (65.8)	00'-04 vs 2010	2010	40.5	877	Improving	01-10
Hospitalizations due to Heart Disease per 10,000 population (age-adjusted)	All Persons	Hospital Discharge Data	Population-based	2010	119.4	117	NA	NA	2010	869.9	17,670	NA	NA
Hospitalizations due to Stroke per 10,000 population (age-adjusted)	All Persons	Hospital Discharge Data	Population-based	2010	30.3	31	NA	NA	2010	206.5	4,218	NA	NA
Diabetes													
Deaths due to Diabetes per 100,000 population (age-adjusted)	All Persons	Vital Records-Death	Population-based	2010	39.2	4	Improving (109.8)	00-04 vs 2010	2010	21.6	450	Stable	01-10
Hospitalizations due to Diabetes per 10,000 Population (age-adjusted)	All Persons	Hospital Discharge Data	Population-based	2010	5.2	4	NA	NA	2010	112.8	2,131	NA	NA
Cancer													

				NUCKOLLS COUNTY					NEBRASKA				
Indicator	Population	Data Type	Data Source	Data Year	Percent or Rate	Estimated or Actual Number of Persons at Risk	Past Rate & Trend	Trend Period	Data Year	Percent or Rate	Estimated or Actual Number of Persons at Risk	Trend	Trend Period
Deaths due to All Cancers Combined per 100,000 Population (age-adjusted)	All Persons	Population-based	Vital Records-Death	2010	148.0	13	Worsening (146.6)	06-10 vs 2010	2010	167.4	3,437	Improving	01-10
Deaths due to Lung Cancer per 100,000 Population (age-adjusted)	All Persons	Population-based	Vital Records-Death	2006-2010	31.2	*	*	*	2010	46.0	928	Improving	01-10
Deaths due to Colorectal Cancer per 100,000 population (age-adjusted)	All Persons	Population-based	Vital Records-Death	2006-2010	16.8	*	*	*	2010	17.3	358	Stable	01-10
Deaths due to Female Breast Cancer per 100,000 population (age-adjusted)	All Persons	Population-based	Vital Records-Death	2006-2010	22.6	*	*	*	2010	19.3	225	Improving	01-10
Deaths due to Cervical Cancer per 100,000 population (age-adjusted)	All Persons	Population-based	Vital Records-Death	2006-2010	0.0	*	*	*	2010	2.6	24	Stable	01-10
Deaths due to Prostate Cancer per 100,000 population (age-adjusted)	All Persons	Population-based	Vital Records-Death	2006-2010	29.8	*	*	*	2010	20.0	167	Stable	01-10

				NUCKOLLS COUNTY					NEBRASKA				
Indicator	Population	Data Type	Data Source	Data Year	Percent or Rate	Estimated or Actual Number of Persons at Risk	Past Rate & Trend	Trend Period	Data Year	Percent or Rate	Estimated or Actual Number of Persons at Risk	Trend	Trend Period
Incidence of All Cancers Combined per 100,000 population	All Persons	Population-based	Cancer Registry	2003-2007	502.3	*	*	*	2008	465.3	8,930	Improving	99-08
Incidence of Lung Cancer per 100,000 population	All Persons	Population-based	Cancer Registry	2003-2007	42.1	*	*	*	2008	61.3	1,170	Improving	99-08
Incidence of Colorectal Cancer per 100,000 population	All Persons	Population-based	Cancer Registry	2003-2007	66.8	*	*	*	2008	51.2	1,001	Improving	99-08
Incidence of Female Breast Cancer per 100,000 population	All Persons	Population-based	Cancer Registry	2003-2007	161.0	*	*	*	2008	129.3	1,306	Stable	99-08
Incidence of Cervical Cancer per 100,000 population	All Persons	Population-based	Cancer Registry	2003-2007	5.7	*	*	*	2008	6.1	52	Stable	99-08
Incidence of Prostate Cancer per 100,000 population	All Persons	Population-based	Cancer Registry	2003-2007	130.3	*	*	*	2008	141.1	1,248	Improving	99-08
Asthma													

				NUCKOLLS COUNTY					NEBRASKA				
Indicator	Population	Data Type	Data Source	Data Year	Percent or Rate	Estimated or Actual Number of Persons at Risk	Past Rate & Trend	Trend Period	Data Year	Percent or Rate	Estimated or Actual Number of Persons at Risk	Trend	Trend Period
Hospitalizations due to Asthma per 10,000 Population (age-adjusted)	All Persons	Hospital Discharge Data	Hospital Discharge Data	2010	7.6	5	NA	NA	2010	70.6	1,311	NA	NA
Hospitalizations due to Pneumonia per 10,000 population (age-adjusted)	All Persons	Population-based	Hospital Discharge Data	2010	48.3	48	NA	NA	2010	357.1	7,200	NA	NA
Injury													
Hospitalizations due to All Unintentional Injury per 10,000 population (age-adjusted)	All Persons	Population-based	E code	2010	140.51	133	NA	NA	2010	40.5	8,065	NA	NA
Hospitalizations due to Falls per 10,000 population (age-adjusted)	All Persons	Population-based	E code	2010	23.2	28	NA	NA	2010	24.3	5,033	NA	NA
Hospitalizations due to Motor Vehicle Crashes per 10,000 population (age-adjusted)	All Persons	Population-based	E code	2010	8.0	5	NA	NA	2010	5.5	1,005	NA	NA

				NUCKOLLS COUNTY					NEBRASKA				
Indicator	**Population**	**Data Type**	**Data Source**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Past Rate & Trend**	**Trend Period**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Trend**	**Trend Period**
Hospitalizations due to Assault per 10,000 population (age-adjusted)	All Persons	Population-based	E code	2010	*	*	NA	NA	2010	1.8	318	NA	NA
Maternal and Child Health													
Infant Mortality Rate per 1,000 live births	All Live Births	Population-based	Vital Records	2010	0.0	0	Improving (8.7)	05-09 vs 2010	2010	5.2	136	Improving	01-10
Births that were Low Birth Weight (weight <2,500 grams)	All Live Births	Population-based	Vital Records	2010	2.7%	1	Improving (6.96%)	05-09 vs 2010	2010	7.1%	1,843	Stable	01-10
Births that were Premature (Born <37 Weeks Gestation)	All Live Births	Population-based	Vital Records	2010	10.8%	4	Improving (11.3%)	05-09 vs 2010	2010	9.8%	2,551	Stable	01-10
Infants born to women receiving Prenatal Care beginning in the first trimester	All Live Births	Population-based (self-report)	Vital Records	2010	*	28	Stable	07-09 vs 2010	2010	73.2%	18,979	Stable	05-10
Teen Birth Rate per 1,000 population	Females 15-17	Population-based	Vital Records	2010	0	0	Improving (10.1)	'06-10 vs 2010	2010	14.4	544	Improving	01-10

				NUCKOLLS COUNTY					NEBRASKA				
Indicator	**Population**	**Data Type**	**Data Source**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Past Rate & Trend**	**Trend Period**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Trend**	**Trend Period**
Incidence of Chlamydia per 1,000 population	Females 15-19	Population-based	NDHHS	2010	20.4	1,281	Worsening	01-10	2010	20.4	1,281	Worsening	01-10
Incidence of Gonorrhea per 1,000 population	Females 15-19	Population-based	NDHHS	2010	3.0	190	Stable	01-10	2010	3.0	190	Stable	01-10
Deaths due to Suicide per 100,000 population	Youth 15-19	Population-based	Vital Records	2010	0	0	Improving (2.1)	06-10 vs 2010	2010	6.2	8	Improving	01-10
Environmental Health													
Housing units built prior to 1980	All Persons	Survey (self-report)	ACS (Census)	2010	85.7%	2,133 units	NA	NA	06-10 combined	68.6%	540,427 units	NA	NA
Substance Abuse													
Alcohol													
Percentage of fatal motor vehicle crashes in which Alcohol was involved	All Persons	Nebraska Dept. of Roads	Population-based	2011	0.0%	0	Stable	09-10 vs 2011	2011	32.3%	53 fatal crashes w/ alcohol	Stable	01-11
Alcohol-related fatal crash rate per 100 million vehicle miles traveled	All Persons	Nebraska Dept. of Roads	Population-based	2011	0.00	0 fatal crashes w/ alcohol	Stable	09-10 vs 2011	2011	0.27	53 fatal crashes w/ alcohol	Improving	01-11

				NUCKOLLS COUNTY					NEBRASKA				
Indicator	**Population**	**Data Type**	**Data Source**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Past Rate & Trend**	**Trend Period**	**Data Year**	**Percent or Rate**	**Estimated or Actual Number of Persons at Risk**	**Trend**	**Trend Period**
Percentage of all arrests resulting from DUI	All Persons	Nebraska Crime Commission	Population-based	2010	17.7%	11 arrests	Improving	07-09 vs 2010	2010	15.0%	12,614 arrests	Worsening	01-10
Percentage of all arrests resulting from non-DUI Alcohol-related offenses	All Persons	Nebraska Crime Commission	Population-based	2010	14.5%	9 arrests	Worsening	07-09 vs 2010	2010	12.7%	10,636 arrests	Stable	01-10
Substance Abuse - Drug Use													
Percentage of all arrests resulting from drug-related offenses	All Persons	Nebraska Crime Commission	Population-based	2010	6.5%	4 arrests	Worsening	07-09 vs 2010	2010	12.2%	10,202 arrests	Stable	01-10
Mental Health and Suicide													
Deaths due to suicide per 100,000 population (age-adjusted)	All Persons	Vital Records	Population-based	2010	0.0	0	Improving (2.1)	06-10 vs 2010	2010	10.1	186	Stable	01-10
Oral Health													
Visited Dentist for Any Reason during past 12 months	High school students	YRBS	Survey (self-report)	*	75.1%	*	*	*	2010	75.1%	24,158*	NA	NA

** Estimated number who did not engage in the healthy behavior (i.e., the "at risk" population)*

Appendix 8

	Nebraska	Adams	Clay	Nuckolls	Webster		Measure	Wt
Health Outcomes		**29**	**11**	**62**	**44**			
Mortality		20	27	30	30			
Premature death	6,193	5,717	6,333				Premature death (years of potential life lost before age 75 per 100,000 pop)	50%
Morbidity		47	8	65	44			
Poor or fair health	12%	14%	11%	13%	12%		Poor or fair health (percent of adults reporting fair or poor health)	10%
Poor physical health days	2.9	2.9	2.6	2.9	2.9		Poor physical health days (average number in past 30 days)	10%
Poor mental health days	2.6	2.7	2.5	2.6	2.7		Poor mental health days (average number in past 30 days)	10%
Low birthweight	7.0%	6.2%		8.5%			Low birthweight (percent of live births with weight < 2500 grams)	20%
Health Factors		**35**	**50**	**27**	**44**			
Health Behaviors		27	52	16	38			
Adult smoking	19%	18%	14%	14%	15%		Adult smoking (percent of adults that smoke)	10%
Adult obesity	29%	30%	35%	30%	30%		Adult obesity (percent of adults that report a BMI >= 30)	8%
Physical inactivity	25%	24%	33%	30%	34%		Physical inactivity (percent of adults that report no leisure time physical activity)	3%
Excessive drinking	19%	17%	12%	18%	16%		Excessive drinking (percent of adults who report heavy or bringe drinking)	3%
Motor vehicle crash death rate	16	15	49				Motor vehicle crash deaths per 100,000 population	3%
Sexually transmitted infections	305	123	64	0	29		Sexually transmitted infections (chlamydia rate per 100,000 population)	3%
Teen birth rate	36	38	20	30			Teen birth rate (per 1,000 females ages 15-19)	3%
Clinical Care		20	45	13	38			
Uninsured	13%	14%	15%	14%	15%		Uninsured (percent of population < age 65 without health insurance)	5%
Primary care physicians	713:1	737:1	3,135:1	442:1	694:1		Ratio of population to primary care physicians	5%

	Nebraska	Adams	Clay	Nuckolls	Webster		Measure	Wt
Preventable hospital stays	66	69	61	86	94		Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%
Diabetic screening	84%	88%	84%	87%	93%		Diabetic screening (percent of diabetics that receive HbA1c screening)	5%
Mammography screening	66%	68%	66%	70%			Mammography screening	5%
Social & Economic Factors		61	36	64	43			
High school graduation	86%	84%	94%	85%	93%		High school graduation	5%
Some college	69%	63%	60%	54%	52%		Some college (Percent of adults aged 25-44 years with some post-secondary education)	5%
Unemployment	4.7%	4.7%	4.6%	4.2%	4.3%		Unemployment rate (percent of population age 16+ unemployed)	10%
Children in poverty	17%	18%	16%	21%	17%		Children in poverty (percent of children under age 18 in poverty)	10%
Inadequate social support	17%	18%	16%	20%	18%		Inadequate social support (percent of adults without social/emotional support)	3%
Children in single-parent households	26%	20%	18%	32%	16%		Percent of children that live in single-parent household	3%
Violent crime rate	307	166		37	75		Violent crime rate per 100,000 population	5%
Physical Environment		16	54	3	76			
Air pollution-particulate matter days	0	0	1	1	1		Air pollution-particulate matter days (average number of unhealthy air quality days)	2%
Air pollution-ozone days	0	0	0	0	0		Air pollution-ozone days (average number of unhealthy air quality due to ozone)	2%
Access to recreational facilities	12	15	0	46	0		Access to recreational facilities	2%
Limited access to healthy foods	7%	1%	16%	14%	38%		Limited access to health foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)	2%
Fast food restaurants	48%	58%	17%	0%	25%		Fast food restaurants (percent of all restaurants that are fast food)	2%

Source: County Health Rankings & Roadmaps: A Healthier Nation, County by County

	Nebraska	Adams	Clay	Nuckolls	Webster		Measure	Wt

A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

	Source	Year(s)
Health Outcomes		
Mortality		
Premature death	Vital Statistics, National Center for Health Statistics (NCHS)	2006-2008
Morbidity		
Poor or fair health	Behavioral Risk Factor Surveillance System (BRFSS)	2004-2010
Poor physical health days	BRFSS	2004-2010
Poor mental health days	BRFSS	2004-2010
Low birthweight	Vital Statistics, NCHS	2002-2008
Health Factors		
Health Behaviors		
Adult smoking	BRFSS	2004-2010
Adult obesity	National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS	2009
Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS	2009
Excessive drinking	BRFSS	2004-2010
Motor vehicle crash death rate	Vital Statistics, NCHS	2002-2008
Sexually transmitted infections	CDC, National Center for Hepatitis, HIV, STD, and TB Prevention	2009
Teen birth rate	Vital Statistics, NCHS	2002-2008
Clinical Care		
Uninsured	Census/American Community Survey (ACS)—Small Area Health Insurance Estimates (SAHIE)	2009
Primary care physicians	Health Resources and Services Administration, Area Resource File (ARF)	2009
Preventable hospital stays	Medicare claims/Dartmouth Atlas	2009

	Source	Year(s)
Diabetic screening	Medicare claims/Dartmouth Atlas	2009
Mammography screening	Medicare claims/Dartmouth Atlas	2009
Social & Economic Factors		
High school graduation	State sources and the National Center for Education Statistics	Varies by state, 2008-2009 or 2009-2010
Some college	ACS	2006-2010
Unemployment	Local Area Unemployment Statistics, Bureau of Labor Statistics	2010
Children in poverty	Census/CPS—Small Area Income and Poverty Estimates (SAIPE)	2010
Inadequate social support	BRFSS	2004-2010
Children in single-parent households	ACS	2006-2010
Violent crime rate	Uniform Crime Reporting, Federal Bureau of Investigation –State data sources for Illinois	2007-2009
Physical Environment		
Air pollution-particulate matter days	CDC-Environmental Protection Agency (EPA) Collaboration Data not available for Alaska and Hawaii	2007
Air pollution-ozone days	CDC-Environmental Protection Agency (EPA) Collaboration Data not available for Alaska and Hawaii	2007
Access to recreational facilities	Census County Business Patterns	2009
Limited access to healthy foods	United States Department of Agriculture, Food Environment Atlas	2006
Fast food restaurants	Census County Business Patterns	2009