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COMMUNITY HEALTH IMPROVEMENT PLAN

Serving the Counties of: Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock

2019-2022

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CONTENTS

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The North Central District Health Department would like to recognize the following organizations for their participation in the planning sessions that led to the development of this report:

North Central District Health Department (NCDHD)
Antelope Memorial Hospital
Avera Creighton Hospital
Avera St. Anthony's Hospital
Brown County Hospital
Cherry County Hospital
CHI Health Plainview Hospital
Niobrara Valley Hospital
Osmond General Hospital
Rock County Hospital
West Holt Memorial Hospital
The Evergreen Assisted Living Facility
Cottonwood Villa Assisted Living Facility
Good Samaritan Society – Atkinson
Pregnancy Resource Center
Finish Line Chiropractic
Counseling & Enrichment Center / Building Blocks
Region 4 Behavioral Health System
Central Nebraska Community Action Partnership
Northeast Nebraska Community Action Partnership
Northwest Nebraska Community Action Partnership
NorthStar Services
NCDHD Board of Health
North Central Community Care Partnership
Area Substance Abuse Prevention Coalition
O'Neill Chamber of Commerce
Central Nebraska Economic Development
Holt County Economic Development
Knox County Economic Development
Neligh Economic Development
Pierce County Economic Development
University of Nebraska Lincoln Extension Office, Brown-Rock-Keya Paha County
Ewing Public School
Lynch Public School
O'Neill Public School Board
O'Neill Ministerial Association
West Holt Health Ministries
O'Neill Lions Club
O'Neill Rotary Club
Mitchell Equipment – O'Neill, NE
Family Service Child Care Food Program

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EXECUTIVE SUMMARY

The health of our nation and its people is an especially important topic. Improving and maintaining good health for the entire nation starts with a dedicated public health system that works together at the local level to promote quality of life, health equity, supportive environments, and healthy behaviors across all life stages.

This community health improvement plan was developed through a collaborative process involving a wide variety of local community partners and stakeholders. It serves to describe the priority health issues identified through the community health assessment process, and outlines the work plan developed to address those issues.

Individuals and organizations involved in the effort thus far have committed to continue their participation as workgroup members to strategically implement work plan action items. A tracking system will be developed to document activities completed by all participating workgroup partners and periodic progress updates for each priority health issue.

As the public health system serving north-central Nebraska, we are excited to move forward into the implementation phase of our community health improvement efforts, with a focus on building and strengthening the local foundation that will ultimately serve to support good health for our entire nation.

"HEALTH IS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY."

-WORLD HEALTH ORGANIZATION, 1948.

DETERMINING HEALTH PRIORITIES

HOW DID WE GET HERE?

The Community Health Assessment and Community Health Improvement Plan were developed through a community-driven strategic planning process called Mobilizing for Action through Planning and Partnership (MAPP). The MAPP process commenced in July of 2018 and took approximately ten months to complete. North Central District Health Department (NCDHD) guided the processes and incorporated members and representatives of many organizations throughout the health district.

The Community Health Assessment (CHA) was completed by obtaining and reviewing health data for the community. The Community Health Improvement Plan details strategic issues noted throughout the assessment process and outlines goals and strategies to address identified health priority areas.

Data related to the health of the North Central District referenced throughout this document can be found on the NCDHD website: www.ncdhd.gov.

PURPOSE

We recognize that by including members from many organizations throughout the community, we can accomplish more than what could be done by any one organization alone. The purpose of the Community Health Improvement Plan is not to create a heavier workload for our partners, but rather, to align efforts of these various organizations to move forward in improving the health of the community in a strategic manner. Community partnership also serves to create a broader representation of community perspectives and engender ownership of the efforts aimed at addressing identified priority health issues.

What follows is the result of the community's collaborated effort and planning to address health concerns in a way that combines resources and energy to make a measurable impact on the health issues of the North Central District community.

We understand there are many assets within the North Central District that will aid in the accomplishment of these goals.

PROCESS

Results of the CHA were presented to partners at the community prioritization meeting. The group then went through the visioning process, a Forces of Change worksheet, and the Community Themes and Strengths worksheet. As the CHA data was presented, people were asked to list themes and issues identified in the data. Participants then individually listed their top 5 health concerns from the themes and issues identified. In groups of four, partners listed the group's top five health concerns and displayed them. As one group, the participants grouped similar health concerns together and create categories. Each person voted on two categories to be included in the CHIP.

The process resulted in three priorities: resources across a lifespan, mental health with a focus in substance abuse, and chronic care management and detection. Data points pertinent to these priorities were listed.

On May 1, 2019 partners drafted the CHIP priority goals, objectives, and strategies. In this meeting it was decided that the workgroup would not address substance abuse or resources across a lifespan. It was also decided that "Chronic Care Management & Detection would be changed to "Chronic Disease Management & Detection." Work groups for each priority health issue will meet regularly to implement action plans and ensure progress is being made to obtain goals. NCDHD will assist in convening these meetings and measuring progress with each work plan.

PRIORITY 1: CHRONIC DISEASE DETECTION & MANAGEMENT

STRATEGIC ISSUE 1: HOW DO WE OPTIMIZE CHRONIC DISEASE DETECTION AND MANAGEMENT WITHIN THE HEALTH DISTRICT?

CURRENT SITUATION

CARDIOVASCULAR DISEASE

According to the 2017 Nebraska BRFSS, 1 in 11 NCDHD adults (8.6%) reported that they have ever been told they had a heart attack or coronary heart disease. This percentage is statistically significantly higher when compared to the State, at 1 in 16 adults (6.1%) reporting a heart attack or coronary heart disease. There were 744 deaths due to heart disease in the NCDHD for years 2013-2017 combined, accounting for 26.1 percent of all deaths among NCDHD residents (ranked as the leading cause of death among NCDHD residents).

HEART DISEASE

According to the 2017 Nebraska BRFSS, 1 in 11 NCDHD adults (8.6%) reported that they have ever been told they had a heart attack or coronary heart disease. This percentage is statistically significantly higher when compared to the State, at 1 in 16 adults (6.1%) reporting a heart attack or coronary heart disease. There were 744 deaths due to heart disease in the NCDHD for years 2013-2017 combined, accounting for 26.1 percent of all deaths among NCDHD residents (ranked as the leading cause of death among NCDHD residents**) (**Nebraska Vital Records, Nebraska Department of Health and Human Services, January 2019).

STROKE

According to the 2013-2017 combined years, NCDHD BRFSS, 1 in 40 NCDHD adults (2.5%) reported that they have ever been told they had a stroke. This percentage has been decreasing overall since 2011, and in 2017, for the first time since 2014, NCDHD had a lower percentage than the State (2.5% vs. 2.9%, respectively). Stroke was the cause of 167 deaths in the NCDHD during 2013-2017 combined years, accounting for 5.9 percent of all NCDHD deaths during that time period. According to the 2018 Community Health Assessment Survey, “stroke” is ranked 8th (out of 15) among the most serious health issue facing the community in the NCDHD.

HIGH BLOOD PRESSURE

High blood pressure (also referred to as hypertension) occurs when an individual has a systolic blood pressure of 140 mg/dL or higher or a diastolic blood pressure of 90 mg/dL or higher. High blood pressure often goes undetected or is not properly managed. About 1 in 3 U.S. adults -or about 75 million people- have high blood pressure. Only about half (54%) of these people have their high blood pressure under control. Many youth are also being diagnosed with high blood pressure. This common condition increases the risk for heart disease and stroke, two of the leading causes of death for Americans (Merai et al. 2016; Jackson et al. 2018). In the NCDHD area, Nebraska, and nationwide, prevalence of high blood pressure has increased in recent years. In the NCDHD area, the proportion of adults reporting they have been told they have high blood pressure increased from 33.8% in 2011 to 2017 37.8%. Since 2011, NCDHD adults, compared to Nebraska adults, were statistically significantly more likely to report having been diagnosed with high blood pressure. According to the 2018 Community Health Assessment Survey, high blood pressure is considered the 2nd (out of 15) most serious health issue, after cancer, facing the community in the NCDHD.

HIGH BLOOD CHOLESTEROL

In 2017, over 8 out of 10 adults in the NCDHD and in Nebraska (84.4% each) had their blood cholesterol level checked in the past five years. Among those who have ever had their cholesterol checked, 34.7 percent of adults in the NCDHD reported having ever been told by a health professional that their cholesterol was high, a percentage slightly higher when compared to the State (31.9%). [No BRFSS data was available between 2011 and 2016 for both the NCDHD and State.)

DIABETES

The self-reported prevalence of diagnosed diabetes among adults in the NCDHD steadily rose between 2011 and 2016 (Figure 44). In 2011, 9.1 percent of the NCDHD adults reported having ever been told that they have diabetes, which increased to 11.5 percent in 2016. A sharp decline was observed in 2017 as

the prevalence of being diagnosed with diabetes in the NCDHD decreased to 9.8 percent (a xx% from previous year), and for the first time since 2011, the prevalence of diabetes in the NCDHD was lower than the State (9.8% vs. 10.1%, respectively). According to the 2018 Community Health Assessment Survey, diabetes is ranked the 5th (out of 15) most serious health issue facing the community in the NCDHD.

CANCER

According to results from the 2017 Nebraska BRFSS, about 1 in 8 NCDHD adults (13.5%) reported that they have ever been told they have cancer (prevalence rates in the NCDHD were statistically significantly higher than the State between 2012 and 2014). Figure 49. 8.5 percent reported ever being told they have some other form of cancer. These percentages have been stable since 2011, but they have been higher than the State overall. According to the 2018 Community Health Assessment Survey, cancer was considered the most serious health issue facing the community in the NCDHD.

ASSETS AND RESOURCES:

Healthcare providers, hospitals, local public health department, schools, community organizations, community gardens, local food growers, fitness facilities, long-term care facility activity directors, and senior centers.

PRIORITY 2: MENTAL WELLNESS

STRATEGIC ISSUE 2: HOW DO WE OPTIMIZE MENTAL WELLNESS WITHIN THE HEALTH DISTRICT?

CURRENT SITUATION

MENTAL HEALTH

Mental health illnesses are very common in the United States, with an estimated 50% of all Americans diagnosed with a mental illness or disorder at some point in their lifetime. Mental illnesses, such as depression, are the third most common cause of hospitalization in the United States for those aged 18-44 years old, and adults living with serious mental illness die on average 25 years earlier than others (CDC, 2019). Depressive illness (including major depression, bipolar disorder, and dysthymia) is the most common mental illness, affecting roughly 21 million Americans each year. According to the 2018 Community Health Assessment Survey, mental health is ranked 3rd among the top 10 concerns to health care in the NCDHD community. Mental illness is associated with increased morbidity from a number of chronic diseases, including cardiovascular disease, diabetes, cancer, asthma, and obesity. Unhealthy behaviors such as tobacco and alcohol use as well as rates of injury are also higher in persons with mental illness (Nebraska DHHS, 2016). In 2017, about 1 in 6 NCDHD adults (10.8%) reported having ever been told by a doctor, nurse, or other health professional that they have a depressive disorder, including depression, major depression, dysthymia, or minor depression (i.e., diagnosed depression). Roughly 1 in 17 NCDHD adults in 2017 (5.9%) reported that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the past 30 days (i.e., frequent mental distress). Between 2012 and 2017 the prevalence of diagnosed depression among NCDHD adults remained relatively stable. Overall, the prevalence of depression among NCDHD adults has been lower than the State since 2011. In 2017, the NCDHD prevalence of depression among NCDHD adults was 8.6 points lower than the State (10.8% vs. 19.4%, respectively).

SUICIDE

Suicide was the 14th leading cause of death in the NCDHD during 2013-2017 combined years, claiming 33 lives. After remaining relatively stable between 2001-2005 combined years and 2010-2014 combined years, the suicide death rate in the NCDHD increased 79 percent between 2010-2014 combined years and 2013-2017 combined years to a rate of 15.2 deaths per 100,000 population (age-adjusted), the highest rate since 2001-2005 combined years.

All counties within the district are state-designated shortage areas for psychiatry and mental health.

ASSETS AND RESOURCES:

Healthcare providers, mental health/behavioral health agencies, hospitals, pharmacies, local public health department, schools, faith/community organizations, law enforcement, and community action agencies.

PARTNERS AND COMMUNITY MEMBERS WHO HAVE AGREED TO SUPPORT CHIP ACTION:

North Central District Health Department (NCDHD)
NCDHD Board of Health
Antelope Memorial Hospital
Avera Creighton Hospital
Avera St. Anthony's Hospital
Brown County Hospital
Cherry County Hospital
CHI Health Plainview Hospital
Niobrara Valley Hospital
Osmond General Hospital
Rock County Hospital
West Holt Memorial Hospital
The Evergreen Assisted Living Facility
Cottonwood Villa Assisted Living Facility
Good Samaritan Society – Atkinson
Pregnancy Resource Center
Finish Line Chiropractic
Counseling & Enrichment Center / Building Blocks
Region 4 Behavioral Health System
Central Nebraska Community Action Partnership
Northeast Nebraska Community Action Partnership
Northwest Nebraska Community Action Partnership
NorthStar Services
North Central Community Care Partnership
Area Substance Abuse Prevention Coalition
O'Neill Chamber of Commerce
Central Nebraska Economic Development
Holt County Economic Development
Knox County Economic Development
Neligh Economic Development
Pierce County Economic Development
University of Nebraska Lincoln Extension Office, Antelope/Knox County
University of Nebraska Lincoln Extension Office, Brown-Rock-Keya Paha County
O'Neill Public School Board
O'Neill Ministerial Association
West Holt Health Ministries
O'Neill Lions Club
O'Neill Rotary Club
Santee Sioux Nation

WORK PLAN

The remaining pages in this document outline the work plan for each issue identified by community partners as priority health areas through this planning process.

The work plan contains goals, objectives, strategies, activities, measures, timelines, and partners for each priority health area.

Over the course of the next three years, workgroup members will commit resources and efforts to activities as outlined in the work plan. This section is meant to be a flexible, responsive component of the community health improvement plan. As such, it will periodically be reviewed and updated to ensure the elements reflect workgroup progress and needs of our community.

PRIORITY 1: CHRONIC DISEASE DETECTION & MANAGEMENT

GOAL: EFFECTIVELY SCREEN AND MANAGE CHRONIC DISEASE THROUGHOUT THE DISTRICT

OBJECTIVE 1	OUTCOME MEASURES
Prevent an increase in mortality rates due to heart disease (26%) by 2022	% of death rate due to heart disease

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Disseminate the updated blood pressure guidelines	Disperse new blood pressure guidelines at public events, fairs, etc.	Questionnaire document	January 2020	All workgroup members
2. Promote blood pressure screenings	Promote blood pressure screening at public events, fairs, etc.	Number promotions in community	January 2022	All workgroup members
3. Promote awareness of the risks of abnormal blood pressure values	Create a media campaign to educate public	Number of ads/PSAs ran	January 2022	All workgroups members and media partners
4. Implement collaborative LHD/Health Care System roles in transformation towards value-based healthcare	Establish written processes for collaborative partnership for one pilot project	One pilot agreement accomplished	December 2020	Partners in the NCDHD Health Care System

RECOMMENDED POLICY CHANGES

Encourage providers to include health literacy and cultural competency into their outreach efforts to address language and literacy barriers.
Encourage providers to include blood pressure screens and health fairs and clinics at no cost to address access to care and socioeconomic health disparities.

STATE ALIGNMENT

2017-2021 NE SHIP **Priorities 4 and 5**: Nebraskans will experience improved utilization and access to healthcare services; Nebraskans will experience health equity and decreased health disparities.

NATIONAL ALIGNMENT

National Prevention Strategy Priorities: Healthy Eating, Active Living
HP2020 HDS–1: (Developmental) Increase overall cardiovascular health in the U.S. population.
HP2020 HDS-3: Increase the proportion of adults who have had their blood pressure measure within the preceding two year and can state whether their blood pressure was normal or high.
HP2020 HDS–5: Reduce the proportion of persons in the population with hypertension.
HP2020 HDS–12: Increase the proportion of adults with hypertension whose blood pressure is under control.

DETERMINANTS OF HEALTH EQUITY CONSIDERATION

Availability of resources to meet daily needs (e.g., safe housing and local food markets); Access to Healthcare services; Transportations Options; Language/ Literacy; Socioeconomic conditions; Gender (males are 1.7 times more likely to die of hypertension); Age (hypertension rates increases with age).

PRIORITY 2: MENTAL WELLNESS

GOAL: MENTAL HEALTH WILL BE PROMOTED THROUGHOUT THE DISTRICT AS AN INTREGAL PART OF OVERALL WELL-BEING.

OBJECTIVE 1

Decrease the number of deaths by suicide in the NCDHD area during the period of 2018-2022 by 10% from the previous period of 2013-2017, which was 33 deaths.

OUTCOME MEASURES

Number of 2018-2022 deaths by suicide in the NCDHD area as reported by the Nebraska Vital Records.

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1.1 Update and dissemination of MH Resource list to community partners.	Review and update current NCDHD Mental Health Resource List and disseminate to community partners.	One hundred percent of identified community partners will receive the updated mental health resource list.	January 2021	NCDHD, Mental health providers, Region 4 Behavioral Health Systems, Hospitals, Medical Clinics, ESU's, media partners, chamber of commerce, etc.
1.2 Utilize media outlets to increase the awareness of mental health and suicide prevention.	Create mental health media campaign.	The number of media exposures regarding the awareness of mental health prevention will be equal to or greater than five.	January 2022	NCDHD, Mental health providers, Region 4 Behavioral Health Systems, Hospitals, Medical Clinics, ESU's, media partners, chamber of commerce, etc.

RECOMMENDED POLICY CHANGES

Encourage policies for providers to implement mental telehealth services to address access to care disparities.
Encourage providers adopt policy to screen all men and women for mental health to address gender and age disparities.
Encourage integration of mental health focus and efforts among district partners
Encourage partner organizations to implement health literacy and cultural competency policies to address language and literacy health inequities.

STATE ALIGNMENT

NE SHIP 2017-2021 Priority 2: Nebraska will have a coordinated system of care to address depression and suicide.

NATIONAL ALIGNMENT

National Prevention Strategy Priorities: Mental and Emotional Well-Being
HP2020 Goal MHMD–1: Reduce the suicide rate.
HP2020 Goal MHMD–6: Increase the proportion of children with mental health problems who receive treatment.
HP2020 Goal MHMD–9: Increase the proportion of adults with mental disorders who receive treatment.

DETERMINANTS OF HEALTH EQUITY CONSIDERATION

Gender (higher prevalence of depression and men are 4 times more likely to die from suicide); Age (25-44 years old had highest suicide rates); Lack of Available Health Care (mental health shortage area); Lack of Awareness; Social Norms and Attitudes; Socioeconomic conditions (poverty); Language/ Literacy Barriers.