Community Health Needs Assessment (Data Report)

2018 Community Health Assessment and Strategic Planning Project

Using the Whole Landscape to transform Our Work for the Future

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Introduction-Report Purpose & Outcomes

Two Rivers Public Health Department (TRPHD) has embarked on a journey to discover who they are, gain a deeper understanding of the needs of the district they serve, and to identify where they would like to be in the next three to five years. In order to effectively get to where they want to be, TRPHD must have a good sense of where they have been as well as what is currently working and not working. In this report, several related data sets are summarized and themes are identified from the analysis of this related data. By addressing the following questions, this report lays the framework to help the board and staff determine overall strategic direction for TRPHD.

- What are the prioritized needs for TRPHD? (both from overall related data and the data collected by the local health systems in the district)
- What are the common themes across the district that boil to the top? What are the insights that the data provide to Two Rivers to help ensure it can meet the needs of the district?
- How can Two Rivers best position itself to meet the needs of the district internally? What staff are needed/skill sets to best meet the needs of the district? Where should TRPHD be physically located to best serve all the people in the district?
- What are the Prioritized Programs that TRPHD needs to deliver to significantly increase the health of the district and to get the most out of TRPHD's resources? What partnerships need developed to ensure TRPHD can deliver said programs successfully??

The following sections present the data collected, identify the themes from stakeholder interviews, demonstrate how other data supports these identified themes, summarize the internal and external opportunities and threats to TRPHD's success, and identify recommendations that will help TRPHD be most successful.

Using Data to Drive Decision Making—An Overview of the Data

In order to determine factors and the current state of the organization that would be most helpful to the board and staff as they solidify the next strategic plan, a variety of data was collected to create this system-wide picture of strengths, areas for improvements, opportunities, and threats to success. A series of 39 key interviews were conducted by S & G Endeavors (S&G) with key TRPHD stakeholders including staff, board members, and other partners and organizations that work with TRPHD. The intention of those interviews was to gather feedback on the current state of the organization and help drive the discussion around the question: what should Two Rivers Public Health Department do to best position itself to increase the health of the district, as a whole? (See the next section of this report for more detail.)

Additional data sets were also included in the analysis, supplementing key themes identified from interviews conducted and identifying specific needs that were identified by local health

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systems as well as state and local related data. Please see the included data sets with relevant links below:

Stakeholder Interviews Full Data Set This is an excel spreadsheet and series of worksheets capturing the data collected through the key stakeholder interviews and identifying the themes and outliers that developed upon analysis of the data collected. A raw data set exists but is not included due to confidentiality.

Two Rivers Community Health Assessment Data This information was compiled using the shared document with the CHA results. (One Survey Set of Kearney County, another with a population distribution similar to the district geographic distribution) (Appendix I - Summary Notes)

Health Systems Data (2016) As part of the data analysis, Two Rivers felt it critical to build its strategy and health needs assessment on data collected by local health system through their own community health assessments from 2016-2017, including data from Phelps Memorial, Kearney Co. health Services. Buffalo County - Good Samaritan and Richard Young Behavioral Health. (Appendix II - Summary Notes). Please note that to date, we have not received the Community Needs Health Assessment from the Lexington Regional Health System; that data will not be available until after June 1.

BRFSS Reports 2011-2016 The Behavioral Risk Factor Surveillance System (BRFSS) is a system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. (Appendix III - Summary Notes)

Health Disparities Report (2015) A report from the Office of Health Disparities & Health Equity that shows the health status of racial and ethnic minorities through socioeconomic status, protective health behaviors, substance abuse, and maternal and child health. (Appendix IV - Summary Notes)

Community Health Rankings - This data is provided by the County Health Rankings & Roadmaps program, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The data measures vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. Tables show rankings among Nebraska counties. For other resources and rankings visit www.countyhealthrankings.org. (Appendix V - Summary Tables)

TRPHD Programs and Services Supplemental Survey (2018) This supplemental survey was conducted in May 2018 by TRPHD to collect feedback on purpose, main goals, and other logistical considerations, based on specific questions that were generated from the design team and for which there was no relevant data to guide TRPHD. The survey collected responses from the public who accessed the survey through social media and website distribution. (Appendix VI - Summary Notes)

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Current Public Strategy—What TRPHD is Currently Doing

Mission/Vision/About/Programming

When trying to determine where you are going, it is good to know the road you are currently traveling. This section outlines the current public and/or known information about the overall strategy for the organization. The last strategic plan was developed by the board in 2016 with areas of focus on sustainable resources, leading in public health programming, and creating an internal culture of excellence. Several successes achieved during the last several years include development of internal financial capacity, public health accreditation application, and expansion of preventative programming in the areas of chronic disease, emergency response, oral health, and violence prevention.

Mission & Values

The Mission of Two Rivers Public Health Department is to assess and monitor the health status of the district and facilitate the linking of resources to assure health promotion, prevention, and protection for the people within Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps Counties in Nebraska.

Vision

The vision of the Two Rivers Public Health Department is a healthy community for all.

Current Programming Areas

Chronic Disease Prevention
Disease Investigation and Surveillance
Emergency Response
Oral Health Prevention
Violence Prevention

Performance Management

As part of public health accreditation, performance management and quality improvement activities have commenced, ensuring that goals are consistently being met in an effective and efficient manner. Performance management focuses on the improvement of processes to increase the performance of an organization. It is likely that action item development for TRPHD will need to be a key discussion at the upcoming design session. A review of the DRAFT 2018-2021 Mission and Vision for the organization will be submitted from the staff to the meeting attendees for the upcoming session in early June 2018.

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Stakeholder Interview Data—Gathering Feedback from the Community

S & G Endeavors conducted 39 interviews with key stakeholders of TRPHD, with a sample that included health system CEOs, partner organizations, emergency response coordinators, county commissioners, public school leadership, assisted living, diverse county representation, and even some community member representation from Kearney and Lexington. (It should be noted that we made several attempts to conduct an interview with the CEO of Lexington Regional Health Center as well as the Director of Buffalo County Community Partners with no success). The purpose for these interviews was to meet with a variety of partners and stakeholders in order to gain insight to the future direction of Two Rivers Public Health Department, collect health needs and indicators from the district, and capture attitudes about important health related issues. The questions asked of each interviewee have been captured below:

Interview Questions:

1) What are you doing already at your organization that Two Rivers should know about?
2) What are concerns that you see in your work that you feel TRPHD is poised to help address?
3) How can Two Rivers be the most effective partner to best support you and your work?
4) What are some of the needs that we need to know from the people in your community?
5) Specific program area conversations (depending on organization)
    a) How can TRPHD best address mental health issues in our community?
    b) How can TRPHD best address drug addiction in our community?
    c) How can TRPHD best address violence related issues in our community?
    d) How can TRPHD best help engage employers in taking care of their employees and creating a work environment that promotes employee wellness?
    e) What are ways that TRPHD can ensure our kids get the access they need to early-childhood education?
6) What program areas have we not discussed yet, that you feel are critical for TRPHD to be leading on?
7) What are some of the barriers for our community members to get access to some of the programs and services we've discussed above?
8) What do we need to do as a health department to best address concerns of the rural communities in our district?
9) What does TRPHD need to do to ensure that we are serving all demographics that exist in our community, specifically to ensure underserved populations are engaged and not ignored?
10) Any other feedback?

The interview data was tabulated and is available here. The main sheet is where all of the participant reactions for each question were separated out into granular concepts, ideas, or suggestions. These notes were then further broken down into overarching key words that were interpreted and analyzed.

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The analysis of interview data identified the following themes, which has been spelled out in this section.

Themes from the Interviews w/ Supporting Evidence

Overarching themes from the interviews identified some of the following keywords to consider as goal areas, values, needs and/or priorities for TRPHD. The intention of this analysis is to provide the board and staff with our interpretation of the data, creating a starting point for TRPHD to create its next strategic plan and action plan, so that it reflects the desires of the communities, leaders, and people of TRPHD health district. In addition to the keyword themes, supporting data (if applicable) has been included from other data sets. If other data sets do not correspond to a particular keyword, specific comments from the stakeholder interview transcripts were included. This section is poised to help the board and staff as they consider what's next for TRPHD. In addition, TRPHD should continue to engage these interviewees as it introduces and asks for final feedback on its new strategic plan created throughout the community engagement phase of strategic planning (June-August, 2018).

Education & Awareness - These were the two most included keywords throughout the analysis of the interviews. Education was listed as the third most mentioned keyword for greatest community health need in TRPHD Programs and Services Survey. Survey respondents also viewed TRPHD in the "Informer/Educator" role as one of the top overall purposes for the organization. It is clear from the data that folks see education as a huge component of TRPHD's workflow. A focus on education could be a connective benefit for the region if TRPHD is able to create a model for helping organizations increase their outreach and tell their stories. Specifically, several respondents cited the question about violence as a key area where they felt education on this issue would be welcomed. Here are some examples of other suggested education ideas.

- "Education on parenting"
- "Education for employers"
- "Better training"
- "Education on Nutrition"
- "Education & quality Programming"
- Education on STDs

Once TRPHD has identified priority health areas, they should create opportunities for increased education and awareness as key components. Possible Action Ideas:

- Research evidence-based programs and blend across district in areas of individual community interest
- Partner with other organizations to synergize on strengths in programming
- Provide additional opportunities for collaboration by strengthening current community connections
- Facilitate listening sessions in each county to discuss relevant areas of need

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Mental Health Services - Second only to education, adding mental health as a priority area for TRPHD was identified across questions from the interviews and by several stakeholders. Increasing programming, services, and training in mental health could be a strategic initiative that TRPHD should consider for its plan. This could open up avenues to better connect communities and provide an area for TRPHD to become the key leader in the district. There is a sense from the interviews that mental health is a key service that is neglected but if addressed, could have an impact that increases service delivery across communities and other stakeholder organizations. Lack of providers in the district or funding to make these services available was also a key theme identified in this area. Addressing mental health issues (which could also relate to affordable housing or unemployment) could also be an avenue to affect other priority issues like substance abuse, violence prevention, and overall quality of life for residents.

Source	Evidence
CHA Data	The top three reported problems facing the counties were ● Alcohol & Drug abuse ● Poor Diet/Inactivity ● Mental Health All three of these areas could potentially be affected if mental health services were added and identified as a key priority.
CHA Data	Buffalo, Phelps, and Dawson County Health systems CHA reported mental health at number two on their list of Chronic Illnesses.
CHA Data	Counseling/Therapy was the most used mental health services. Over 50% of all respondents do not need access to mental health services. 16% of all respondents who needed mental health services did not feel than any were available to them.
TRPHD Programs and Services Supplemental Survey	Mental Health was listed as the second most mentioned keyword in the question for greatest community health need.
Hospital Report/Good Samaritan	Good Samaritan CHNA reports that Buffalo County has a higher population to provider ratio for mental health. The rating was significantly lower that the overall state ratio and to other county averages.

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Hospital Report/Phelps	Mental Health is in the top five of Illnesses that they cover with their services.
Hospital Report/ Kearney Co	Mental Health services and providers was listed as a barrier to quality care.

Access to Care/Services - Several respondents felt that TRPHD could play a stronger role in helping local organizations and constituents achieve better access to services "and/or care. Several areas where access was mentioned include access to care, insurance, quality food, healthcare, transportation and other services. It is clear from the interviews, surveys, the disparities report, and the CHNAs provided that access to care is and should be a priority issue. However, it should also be noted that the need for Access to Care was not seen as a priority for some interviewees (primarily those who have an affluent background). There appears to be a disconnect around this need depending on a person's financial status, with some more affluent members of the community expressing dissatisfaction with the need to provide such access to people of lesser means. It is critical that TRPHD board and staff identify how they will approach this issue and how they will choose to prioritize those underserved populations in TRPHD's strategic plan.

- CHA Data strongly supports this issue. Access to Care is ranked #1 as a priority from those assessments.
- CHA Data Note: Buffalo, Phelps, and Dawson County reported a lower percentage of individuals unable to get the care they needed than Kearney County. However more people in Buffalo, Phelps, and Dawson counties disagreed that there were enough services available in their communities to a larger percent that Kearney County.
- Access to care/Affordable care was listed as the top keyword mentioned in TRPHD Programs and Services Supplemental Survey for greatest community health need.
- The Health Disparities report has access to care issues listed as significant for vulnerable and minority populations. Instances of lack of care and/or insurance is significantly higher in minority populations than in the majority population in Nebraska.
- CHNA Data uses Eliminating Disparities as a Prioritized Need for their service area.

Resource Acquisition - There is strong anecdotal support that TRPHD could be a leader in bringing resources into the community. This could also be interpreted that several individuals interviewed feel that the best way TRPHD can help organizations in their current situation is to help find creative funding models and other resources to help support local community

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organizations. The board and staff who are creating the plan for TRPHD need to decide how the organization wants to lead in this potential goal area. If TRPHD is able to work on collaborative grants with organizations and/or partner with organizations to deliver working/successful programs across the region, they can be seen as a leader in efficiently using resources and improving health service delivery. For example, in Lexington, TRPHD may choose to partner more directly with existing minority community organizations to help deliver the needed services. Several Kearney leaders also suggested that Buffalo County Community Partners is seen as the primary health conduit, so strengthening the partnership with this organization might open further doors for collaboration that benefits the community, as a whole. Several other data sets indicate areas where TRPHD could become a leader in bringing resources into the community, including:

- Kearney Co. Health Services wants to add infrastructure into their plan. Healthcare Infrastructure could be an area where TRPHD partners with them to secure external resources (marketing, promotion, planning, funding)
- TRPHD Programs and Services Supplemental Survey identified key resources that stakeholders would like to see from TRPHD -
  - Health Screenings, Immunizations, & Services
  - Community Outreach, Basic Care, Clinics
  - Information & Education
- The Community Health Rankings site has great resources to help organizations lead local conversations on the overall health data found in their reports. http://www.countyhealthrankings.org/take-action-improve-health/action-center
- Every county is different. For example, Kearney is ranked low in premature deaths. Kearney Schools and Lexington Schools report concerns over elevated suicide rates. Lexington has higher minority populations and, therein, will require different types of services than other counties who are primarily white (such as access to health services due to lack of transportation or documentation). TRPHD should be aware of the unique health needs and potential for disparity in each county and tailor their work to best meet those needs in each community. This may require a different, or unique, approach to each community, specifically looking at partnerships, funding models, and even approaches to convene community conversations. In addition, it is critical to ensure that language used to discuss some health issues in communities is vetted to ensure it is appropriate, applicable, and creates an environment of collaborative dialog.
- TRPHD could also work with the local organizations on collaborative projects and/or larger grants for specific health issues.

Collaboration - There is significant support for TRPHD to increase its level of collaboration and strengthen partnerships within communities and across the region. The action item could include TRPHD positioning the organization to be a “One Stop Shop” for health, and/or a public and community health facilitator to better connect organizations and leaders across the region. TRPHD should “be the convener or facilitator, not the expert, for those important dialogs to drive health forward in our community,” noted one interviewee. Here are a couple good examples of collaborative ideas from the interviews:

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- "invite folks for opportunities to show partnerships"
- "Be a part of the bridge"
- "become a part of the community - provide leadership & support"
- "Convene dialogues to help define roles better"
- "connect with hospitals and other stakeholders in the community"

- Kearny County Health Services has a good plan of action to make a plan to address issues of health infrastructure and youth development. TRPHD could play a role in facilitating that group towards achieving success in getting their action plan created. The model could then be replicated in other like communities.
- Buffalo County CHI Health (Good Samaritan) has programs and initiatives where they seek out collaborative partners. This may be an area where TRPHD can find some alignment with other organizations.

Communication - TRPHD is doing good work and generally has a good reaction from people when they interact with TRPHD or access TRPHD programs and services. However, TRPHD needs to significantly increase its communication throughout the region and across all of its strategic partners. There were several interviewees who reflected that the message and goals for TRPHD are not communicated effectively. Conversely, some individuals felt that some stakeholder organizations were not clear on the work that is actually done by TRPHD and that there is a lack of communication about what programs TRPHD provides. There is also some concern that there might be overlapping and or competing services in some counties, specifically referring back to Kearney and Lexington and the need for better partnerships with existing community organizations. Though TRPHD is beginning to address this concern through recent work around communications and partnerships, it is critical that the board and staff keep this in mind when crafting the next strategy for the organization.

Some action items to consider: monthly newsletters, program reports and announcements, external visibility for program performance, facilitating listening sessions with the counties and especially with members of the communities, additional program promotion and marketing and other public events are definitely items to consider.

- *Note: A good website is not the communication that is covered in this section. This section specifically refers to TRPHD taking an active role in speaking to and working effectively with their stakeholders to communicate their services/goals and be a conduit for better communication among the leaders and organizations in and across each county. Increased attendance at community events by TRPHD (Board and employees) is critical to be seen as participating.*

Some Other "Heavy Hitters" - Topics/Issues for Further Discussion

There were some other smaller themes that were reported by several individuals during the interview process:

Suicide rates among Kearney and Lexington high school students, though not noted in the additional data sets, was a key concern for a number of interviewees. School systems are working to address the concern but noted that additional assistance from TRPHD could be helpful.

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Buffalo County Community Partners, specifically the relationship between that organization and TRPHD, needs to be addressed. Several attempts have been made by TRPHD to facilitate a discussion between organizations, however it is clear that there are possible questions about overlapping services, competing for similar resources, and a general lack of collaboration between the two organizations. A high-level discussion between both organization boards should be considered.

Concerns were noted by a couple interviewees with regard to employee wellness, specifically, that some employers in the district may not create work environments that are conducive to employee health or well-being. Unfortunately, the interviewees recognize that TRPHD has no direct influence in specifically addressing their concerns; however, TRPHD continuing to focus on providing employers education and awareness around the concept that healthier employees result in more productive work environments is an area that is supported by the desires of the interviewees.

Lexington, due to its diverse population, also reported significant language barriers as a deterrent to accessing health department services, a lack of TRPHD board and staff that represents the Somali and Latino community, and a higher distrust for governmental services in general. Interviewees from this community also reported a concern of human trafficking, working conditions for employees, and a feeling of discrimination at times with TRPHD programming approaches.

It does need to be noted however that there is some hesitancy from some individuals interviewed (mainly of more affluent means) that a reach beyond TRPHD's current service delivery might not be necessary. Across several questions, some people interviewed did not think that TRPHD should be taking a role in some of these areas (drug abuse, violence, mental health, employer health programs, access to care). This discrepancy could be a lack of understanding of the needs of the district's full population or, quite simply, a result of the vantage point that more affluent interviewees have.

It is critical that these additional issues, though they may not be common themes, should be discussed, evaluated, and incorporated appropriately as TRPHD creates its next strategy to increase the health of everyone in the district. The board and staff need to be consistent and holistic in the way that they approach these issues and moreover, help the community understand that TRPHD is a valuable resource and collaborative partner with each city, town, county, and community member and more specifically, needs to ensure that all the members of the district, no matter who they are and what communities they represent, feel comfortable, supported, and valued by the district's residents.

Prioritized Areas from the Community Health Assessments

The process utilized by CHI was driven through BCCHP's internal committee DATA and MEASUREMENT-Eschliman was a participant at the time as a board member of BCCHP. The process utilized was review of multiple data sets selected by the committee with the geographic area under review being Buffalo County ONLY, with the rationale being 50% of the service population coming from Buffalo County and a measurable change needed to occur with the priority areas.

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Health system priority areas are indicative of potential areas of collaboration and synergy between organizations. They are as follows:

1. High Impact Prevention Services
2. Eliminate Health Disparities (Access to care/Insurance Issues)
3. Healthy Eating & Active Living
4. Injury Free Living (Suicide, DV, Child abuse)
5. Healthy Homes & Sustainable Communities

There were no noted priorities/Actions for 1. High Impact Prevention or 5. Healthy Homes & Sustainable Communities in the provided reports. Further evaluation data or specific follow up on these individual action items was not known or provided. TRPHD can use these priority areas to better measure success in the county and help fill in service gaps by either finding local partners or working on objectives that fill in gaps where current providers are not equipped to work on some areas, especially since both areas can driver the mental health of individuals served.

Summarizing Gap Themes and Mini SWOT

Mini SWOT

From the data, interview notes, leader meetings, and public searches, the following current strengths, weaknesses, opportunities and threats exist for TRPHD. This SWAT is meant to be a starting point for the discussion of the board and staff, as they determine how exactly the organization should move forward to address the needs of the district.

Strengths	**Weaknesses**
Collaborative internal team Diverse district area Comprehensive amount of data on the website Willingness to forge new paths Oral health program expansion (Lifesmiles) Response to recent measles outbreak Chronic Disease Prevention Programs	Follow through on projects Grant funding > unsustainable activities Lack of continued communication on program activities Unclear objectives for some programs Limited transitional knowledge of program key activities Limited standardization of key program activities Visibility in the community and collaborative programs TRPHD supports Concern on overlapping service delivery Program Evaluation Data/Process Staff turnover
Opportunities	**Threats**

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Meeting communities where they are with activities (facilitator v. service provider) Become a connector and collaborator across counties Be a leader in collaboration (partner v. facilitator) Education and Connections as a Focus Fill the gap in Mental Health Advocacy & support Work collaboratively to acquire more resources	Lack of communication leads to reduced partnerships Not taking action on priority projects minimizes future roles Dropping the ball on requests for partnership and collaboration reduces potency Not addressing minority and vulnerable populations issues leads to poor health outcomes Seeing other organizations that work on health-related outcomes as threats reduces effectiveness Staff and board diversity

Gap Analysis

A quick analysis of the gaps identified throughout the review include just some of the following:
There is a need for mental health services as a priority for the district, including increasing mental health providers, working to remove stigma of need for mental health services, and removing barriers to accessing such services.
There is a need to look at suicide as a county specific concern and work with existing and new community partners to determine next steps and best ways to address the concerns.
There is not enough publicly available data to provide visibility on outcomes of programs. Current internal efforts in performance management help to provide additional visibility on program outcomes which works to meet organizational goals. TRPHD will need to discuss how to prioritize limited resources in order to assist in future program development and possible program revisions. TRPHD needs to discuss if additional funds are needed or warranted and specifically, what the most effective strategy is for securing funds.
How should TRPHD address health disparities within specific counties with a higher minority and vulnerable populations? What role does TRPHD play in measuring data within each county?

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Tying Data Back to Outcomes—Conclusions & Recommendations

Now that the SWOT areas and potential service gaps for TRPHD have been identified, here are summarized highlights for consideration as TRPHD board and staff create the next strategic plan and action plan. For the prioritized needs outcomes, the top themes from the stakeholder interviews, the CHNA prioritized services from the health systems reports, respondent feedback from the Programs and Services survey and the CHA information provided from TRPHD assessment have all been included.

What are the prioritized needs for TRPHD?

Looking across the data, some patterns emerge for TRPHD to consider as it is establishing its set of prioritized needs. These four needs were identified using keyword analysis and theming in order to assist TRPHD with clearly identifying and building a strategy around these priorities.

- Access to Care Facilitator- TRPHD should be seen as a leader in access to care facilitation.
- Community Health Collaborator - Identify and address the key needs for each community, partner to provide services, Bridge service gaps for hospitals and other agencies.
- Public Health Leader - Deliver programs based on district priorities, Disseminate Resources, be a presence in the Community, Bring key local, statewide and global health issues to communities
- Educator/Communicator/Connector - Links organizations and citizens to good education, information, and resources for their health needs.

Summarized information from the individual data sets.
Included in the table are the themes from the stakeholder interviews, the top five priority needs identified from the CHNA data, healthy community factors from TRPHD Community Health Assessment, and respondent feedback from the programs and services survey. The list of overall priorities above was created using information from this table.

Interview Themes	Hospital CHNAs	Two- Rivers CHAs	Programs/Services Survey Overall Purpose for TRPHD
Collaboration Access to Care Resource Acquisition Communication	High Impact Prevention Services Eliminate Health Disparities (Access to care/Insurance Issues)	The top three factors of a healthy community 1. Access to Care & Services 2. Good Schools	Informer/Educator - Sending out info, Educating, Training Community Health Participant/Liaison - Provide Outreach &

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Education & Awareness Mental Health Services resonated with Respondents	Healthy Eating & Active Living Injury Free Living (Suicide, DV, Child abuse) Healthy Homes & Sustainable Communities	3. Low Crime/Safe Neighborhoods The Top Problems ● Alcohol & Drug abuse ● Poor Diet/Inactivity ● Mental Health ● Chronic Diseases	connections, Fill in Gaps, engage specifically based on local needs. Public Health Leader - A top resource, educator, disseminator of important local, statewide, and global health information. Access to Care Agency Not Sure

What are the common themes across the district that boil to the top?

Access to care is a large priority and theme across all of the data. It is a need and a priority for most counties and organizations within each county. The disparities report reminds us that we need to pay attention to critical vulnerable areas to ensure access to care is addressed and alleviated. CHA data demonstrates that around 40% of respondents reported that their doctor is in another city. Kearney County responded a higher rate of not being able to find providers for their needed services than the other reporting counties.

Mental Health is a large issue across the interview data, surveys, and the CHA reports. Counseling/Therapy was the most used mental health services. 16% of all respondents who needed mental health services did not feel than any were available to them. Good Samaritan CHNA reports that Buffalo County has a higher population to provider ratio for mental health. The rating was significantly lower than the overall state ratio and to other county averages. The Buffalo, Phelps and Dawson counties rated mental health as the top 2 health problem facing their county. Mental Health was listed as the second top keyword in the program and services survey for greatest community need. These programs and services need to be addressed in some capacity by TRPHD.

Education & Awareness and High Impact Prevention can be leveraged to create programming and strategy implications for TRPHD focused on problems identified in the CHAs. Continue programming specific to Alcohol & Drug Use, Poor Diet/Good Nutrition Inactivity, Mental Health, and Chronic Disease education, prevention, and other key areas that might be specific to each county (i.e. STD/AIDS, Suicide). In improved partnership between TRPHD and schools within its region, including local universities, will provide opportunities to disseminate and publish data, create educational programs for schools, and become a driver of Health Education for the region. This meets the need from the CHA data around having good schools and fills a current

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gap in the health systems CHNA initiatives for prioritizing Healthy Homes & Sustainable Communities. Approaching the health systems and schools with a plan for increased education and encouraging them to partner with TRPHD on projects could have a positive impact on increasing Education and Awareness across the region.

Recommendation: TRPHD will follow up to ensure that Health System's Community Health Needs Assessments and action plans are being aligned throughout the district by other partner agencies or organizations. The CHI Health implementation plan had a good amount of priority areas and action item tying activities back to specific programs and priority need areas. TRPHD should have a good system in place for monitoring, tracking, informing, and fill in provider gaps for CHNA initiatives along with visibility on website.

Further Recommendation: TRPHD will need to conduct an internal assessment of their programs. It is further recommended that performance evaluation and quality improvement continue to be utilized with training provided for all staff to increase adoption. This will help TRPHD to better internally measure their own performance and determine "what is working" and "not working" for each program on an ongoing basis and allow for continuous improvement.

Looking across the feedback and data, we present some of the themes as prioritized needs, general values for TRPHD, and possible action areas/programs. Below is a list of potential areas, specific to TRPHD that can be used in creating the different sections of the strategic plan for TRPHD.

Priorities/Needs	Values. Principles	Actions/Programs
Access to Care Education & Awareness Resource Acquisition	Informer/Educator - Sending out info, Educating, Training Collaboration Communication Community Health Liaison - Provide Outreach & connections, Fill In Gaps, Engage specifically based on local needs. Public Health Leader - A top resource, educator, disseminator of important local, statewide, and global health information. Access to Care Agency	• Mental Health Services (Access to Care) • Chronic Disease Prevention (Education & Awareness) • Disease Investigation and Surveillance (Education & Awareness) • Emergency Response (Collaboration) • Oral Health Prevention (Education & Awareness) • Violence Prevention (Education & Awareness) • Water and Air quality

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		• Immunization • Early childhood education/parenting skills

Other Data & Recommendations

Where should we be physically located?

Data from TRPHD Programs & Services Survey

Answer Choices	Responses	
Kearney	70.79%	63
Lexington	52.81%	47
Holdrege	57.30%	51

There is also strong support that TRPHD overall needs to be more visible. The team might need to discuss creative options for having a more public presence regardless of main office location. As exemplified by one interviewee, “it doesn’t matter where your office is, it matters whether staff are regarded as active members of the community, not just coming to community events or chamber meetings to make an appearance, but directly engaging and shaping the community moving forward.”

- What are the Prioritized Programs to increase our district’s health?
  - Prevention Programs.
  - Disease/Immunization/Emergency Response
  - Mental Health Programming
- How can Two Rivers best position itself to meet the needs of the district internally?
  - Become a Community Health partner. Bridge Gaps for the county
  - Focus on information from the rankings surveys
  - Work with successful organizations in the county and help them grow their reach
  - Learn to help facilitate and collaborate with other organizations in order to provide programming and increase resources. Convene conversations for institutions that could be collaborating better with each other.
- What staff are needed/skill sets to best meet the needs of the district?
  - Public Health/ Leadership - Individuals that understand overall priorities, county specific issues, and a good communication of public health info.

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- Staff that is confident, collaborative, thoughtful, holistic, approachable, and knowledgeable.

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Appendix I

Two Rivers Community Health Assessments (CHA) Summary Notes

These are the written themes from the excel documents of the CHA documents. The documents reviewed were a copy of TRPHD Community Health Assessments. One document in the folder was from Kearney County respondents and the other document had respondents from Buffalo, Dawson, franklin, Gosper, Harlan, Kearney, and Phelps county with the majority of respondents from Buffalo, Dawson, and Phelps County. For more notes on these data sets check the CHA Summary Data for each document in Appendix VI

The top three factors of a healthy community across all counties

1. Access to Care & Services
2. Good Schools
3. Low Crime/Safe Neighborhoods

The top two problems facing the counties were reported as Alcohol & Drug Abuse and Poor Diet/Inactivity. Mental Health issues & Chronic Disease were also high on the individual reports but not necessarily in the “top 3”. It could be argued that these are the top four identified problems facing the communities.

- Alcohol & Drug abuse
- Poor Diet/Inactivity
- Mental Health
- Chronic Diseases

Generally, 80% of all respondents perceived themselves and their community members as healthy.

Buffalo, Phelps, and Dawson County had a slightly higher percentage of uninsured individuals than Kearney County.

Buffalo, Phelps, and Dawson County reported a lower percentage of individuals unable to get the care they needed than Kearney County. However more people in Buffalo, Phelps, and Dawson counties disagreed that there were enough services available in their communities to a larger percent that Kearney County.

The top chronic illnesses reported across the counties were high blood pressure, diabetes, and arthritis. Kearney counted listed “none” as number two on their list and Buffalo, Phelps, and Dawson County reported mental health at number two on their list.

The top health services used across the counties were eye care, dental work, X-rays and lab work. Buffalo, Phelps, and Dawson County also listed “none” in their top three responses and Kearney county listed general surgery in the top four responses.

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Around 40% of respondents reported that their doctor is in another city. Kearney county responded a higher rate of not being able to find providers for their needed services than the other reporting counties.

Quality of care and convenience are the top two reasons for what influences individuals for choosing certain providers.

About 26% of all respondents have to travel +11 miles or more for their care.

Counseling/Therapy was the most used mental health services. Over 50% of all respondents do not need access to mental health services. 16% of all respondents who needed mental health services did not feel than any were available to them. Good Samaritan CHNA reports that Buffalo County has a higher population to provider ratio for mental health. The rating was significantly lower than the overall state ratio and to other county averages.

Over 80% in the counties reported that they did not use or receive any social services. The top used social services were Medicaid, SNAP, reduced lunch, and housing.

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Appendix II

Health Systems Data Summary Notes

Prioritized Needs from the CHI/Good Samaritan Report

CHNA Prioritized Needs

1. High Impact Prevention Services
2. Eliminate Health Disparities- A high proportion of minority residents report barriers to health care.
3. Healthy Eating & Active Living- Increasing trend of adult obesity
4. Injury-Free Living and Violence
5. Healthy Homes and Sustainable

Phelps Memorial Health Center

Phelps Memorial Health Center (PMHC) provided a comprehensive report action plan for their CHNA and ACA reporting. In addition to providing ranking and extensive demographic information for the county, they also identified eight significant health need areas for the county and identified action item lists on how they plan to address the prioritized needs.

Phelps Health Outcomes/Rank

Overall Rank - 57/78
Health Behaviors Overall - 38/78
Clinic Care - 24/78
Socio-Economic Factors - 5/78
Physical Environment - 11/78

The Significant Health Needs addressed by Phelps Memorial were:

1. Cancer
2. Diabetes
3. Obesity/Overweight
4. Physical Activity
5. Mental Health
6. Accessibility/Affordability
7. Heart Disease
8. Stroke

The Hospital has developed implementation strategies for seven of the eight needs (Cancer, Diabetes, Obesity/Overweight, Physical Activity, Accessibility/Affordability, Heart Disease, and Stroke) - Omitted from the list is mental health services (opportunity and/or Weakness). It is not clear if Phelps used the CHNA data to inform this action plan and/or when that assessment was issued. The provider has some great programs included but there could be another opportunity to go back and see where these actions are right now and how they align with the five priority areas outlined in the CHNA.

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Focus Group Feedback and Priority Actions

This report did a good job at highlighting some priority information from the CHNA and outlining some key areas that were strengths and some barriers for the county. The barriers seemed to provide a rationale for the agreed upon action items from the group.

Barriers

Mental Health Services & Providers
Presence of and Access to Exercise Facilities
Updated services to increase mobility and activity

The focus group used the ToP facilitation method to brainstorm some key activities for each prioritized area from the CHNA and focus on two priority actions 1. Developing a wellness infrastructure and 2. Expanding opportunities for youth development. The group was hesitant to create an action plan to 1. Promote healthy lifestyles through education or 2. Address the access to care issue.

The group decided to determine these following action steps

1. Convene a Steering Committee
2. Development of a Community Announcement
3. Recruit Messengers to meet with Key Stakeholders
4. Develop talking points for a consistent message
5. An Implementation Plan with Goals, Objectives, and Strategies in 2018

Critique

It is unclear from this report on the current status of the action items and next steps. It is also unclear which priority action is defined for each of the next steps. For example, the presentation noted that a steering committee would be convened but the report does not indicate if that is a steering committee for action 1 (wellness infrastructure) or 2 (Youth development) or both.

It is unclear how this plan addresses all five of the priority areas outlined in the CHNA by only focusing on two action items - Infrastructure and youth development and not having a broader action plan for the county.

Another broad critique would be of the focus group rationale for not addressing a need for promoting healthy lifestyles through education. It was indicated that the group was hesitant to address this issue because they felt “...there is a lack of desire to seek local expertise and that most community members get their information from the internet.” Although there may be a perception that community members wouldn’t seek out experts and may choose to do individual research online, that should not prevent an organization from working on activities and programs that help to promote healthy lifestyles using education.

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Noted Priorities from Good Samaritan Report

1. Improve Physical Activity - (Healthy Eating…)
    a. Launch Program with Buffalo County Elementary (Physical Activity)
    b. Activated the Buffalo County “Be Well” program
    c. Community Olympics
2. Improve access to care (Eliminate Health Disparities)
    a. Provide financial assistance to under and uninsured
    b. Air Care Flight Services
    c. Community based pathway for Hispanic Residents
3. Improve Health Status but maximizing prevention services to reduce substance use, binge drinking, teen sexual activity, and dementia. (High Impact Prevention)
    a. Teen Net Program
    b. Positive Pressure Coalition
    c. Drug and Tobacco Abstinence
    d. Alzheimer's Coalition
4. Increase seat belt use - Increase reporting of child abuse , decrease thought of suicide (Injury Free Living)
    a. Poison Prevention Education
    b. Injury Prevention Education
    c. Violence Prevention Strategy

Notable Omission - Healthy Homes & Sustainable Communities

Identified Health Needs from CHNA Process

1. High Impact Prevention Services
2. Eliminate Health Disparities (Access to care/Insurance Issues)
3. Healthy Eating & Active Living
4. Injury Free Living (Suicide, DV, Child abuse)
5. Healthy Homes & Sustainable Communities

Noted Priority Areas from CHI/RY Reports

1. Violence & Injury (Injury Free Living)
2. Behavioral Health (Injury Free Living)
3. Access to Care (Eliminate Health Disparities)
4. Nutrition-Physical Activity & Weight (Healthy Eating/Lifestyle)

Noted Gaps in Report

There were no noted priorities for 1. High Impact Prevention or 5. Healthy Homes & Sustainable Communities. This was outlined and explained in the report. Recommend that TRPHD follow up to ensure these actually are being worked on by other partner agencies or organizations.. The CHI Health implementation plan had a good amount of priority areas and action items. It is clear that they were able to tie back specific programs toward priority need areas. It was not

clear if there had been specific follow up from the 2016 implementation plan to assess the current status of the priority actions. For example, the report noted that they would

> Engage leadership of Buffalo County Businesses, schools and organizations to identify opportunities to promote common organizational practices and policies that promote primary violence prevention.
>
> Provide trauma-i nformed care trainings to local business.

But evaluation data or specific follow up on these individual action items is not provided.

Appendix III

BRFSS Themes Summary Notes

Indicator Areas

1. General Health
2. Health Care Access
3. Chronic Disease & Risk Factors
4. Cancer Screening
5. Overweight & Obesity
6. High Risk Behaviors
7. Mental Health
8. Immunizations
9. Oral Health
10. Cognitive Decline
11. Social Context
12. Caregiving
13. Inadequate Sleep
14. Occupational Safety and Health
15. Fruit and Vegetable Consumption
16. Physical Activity

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Appendix IV

Health Disparities Report Summary Notes

Although reporting from interview data and CHNA shows access to care as not being a key indicator of need, HDR demonstrates an increased in difficulty finding care for minorities as opposed to whites. The report were indicated as key disparities in this 2010 including but not limited to:

Key Disparities

- HIV/AIDS (Definite area of need to specific minority populations)
- Homicide (Definite area of need to specific minority populations)
- STD (Definite area of need to specific minority populations)
- Prevalence of stroke (Definite area of need to specific minority populations)
- Not receiving emotional support (Definite area of need to specific minority populations)
- Diabetes Mortality
- Access to Care
- Teen Birth Rate
- Overall Life Dissatisfaction
- Education Level
- Below Poverty Level
- Unemployment
- Single Parent Households

Access to care is a definite need in the community specifically for minority and vulnerable populations. Addressing these disparities will help move the needle on several key needs outlined in the CHNA reports. This was the final rationale from the 2010 HDR report regarding continued action for addressing these disparities. This may translate into an opportunity for TRPHD to realize as a focus area that informs their their strategic plan:

> *"To see further progress as we move toward 2020, it is imperative that public health, health care, government, and communities work together to combat the issues and create a welcoming environment for change. Addressing health disparities requires participation from the population, communities, multi-sector stakeholders, and all levels of government to understand what is needed and to collaborate to realize genuine change."*

Several of the health and socio-economic indicators from the reports correlate directly to CHAN priorities as well. Priority prevention, Access to Care, and Healthy communities as need areas would all benefit from priority programs toward minority and vulnerable populations. It's important to consider these disparities when discussing action plans and helping partner agencies and other stakeholder organizations to be a part of a broader strategy for TRPHD.

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Appendix V

County Rankings

County health rankings are compiled annually through the Robert Wood Johnson Foundation to compare comprehensive health data within each state. The county health rankings relate back to each state individually. For the 2018 county health rankings, 80 of the 93 counties were ranked with 13 counties listed as not ranked. The rankings shown are related to the 80 counties that were ranked in the state of Nebraska.

(Assumption. The Higher the ranking the worse the outcome) If so, the themes identified by the county health rankings show that clinical care and physical environment have a major impact on several counties within the TRPHD jurisdiction.

Health Outcomes

County	Health Outcomes Rank (Including Length of life and Quality of life outcomes)
Phelps	16
Dawson	39
Franklin	46
Harlan	51
Gosper	56
Kearney	57

County	Health Factors Rank (Including Health Behaviors, Clinical Care, Social/Economic Factors, Physical Environment)
Kearney	8
Phelps	12
Gosper	25
Franklin	33
Harlan	34
Dawson	69

Overall Average

County	Average score of Health Factors Rank and Health Outcomes Rank
Phelps	14
Kearney	32.5
Franklin	39.5

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Gosper	40.5
Harlan	42.5
Dawson	54

As poverty and related stress increase, health worsens. (County Health Rankings Summary) Kearney had good rating for Health Outcomes but a lower score for Health Factors primarily from premature deaths.

Appendix VI

Health Department Programs and Services Survey
Health Department Supplemental Program and Resource Survey
This survey was sent out to all the counties in the TRPHD jurisdiction for the purpose of understanding the overall view of the district about health perceptions and the needs TRPHD should address within the district. Eighty-nine people responded to the survey link. Representation of respondents needed. The survey aimed to get feedback on the following areas:

1. How do you rate the community health?
2. What is your greatest community health need?
3. What is the Purpose of TRPHD?
4. What health resources should TRPHD offer?
5. Where should TRPHD be located?
6. What can TRPHD do to meet your immunization needs?
7. What should TRPHD be doing to protect limited natural resources and secure the future for all children in the district?

Notes
How do you rate the community health?

No one rated their community in poor health.
5% of respondents rated their community to be in excellent health.
10% of respondents rated their community just above poor health.
52% were neutral responses.
31% of respondents rated their community as just below excellent health.

What is your greatest community health need?
The Top Needs Mentioned

- Access to Care/Affordable Care Issues
- Mental Health - Education & Services
- Education on health Topics
- Exercise Modalities - Infrastructure and other Projects to increase activity levels
- Hospital Issues - There is a disconnect with some hospitals that may need addressed

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What is the purpose of TRPHD?

- Informer/Educator
- Community Health Participant/Liaison
- Public health Leader
- Access to Care Agency
- Not Sure

What health resources should TRPHD Offer?

- Information & Education
- Health Screenings, Immunizations, & Services
- Community Outreach, Basic Care, Clinics

Where should TRPHD be located?
Data from TRPHD Programs & Services Survey

Answer Choices	Responses	
Kearney	70.79%	63
Lexington	52.81%	47
Holdrege	57.30%	51

What Can TRPHD do to meet your immunization needs?

- Immunizations to Schools from Health Department 81%
- Offer Immunizations - Flu Shot 72%
- Immunization Education 71%
- At least 70% of all respondents agreed that all three activities could be implemented to help meet immunization needs.

What should TRPHD be doing to protect limited natural resources and secure the future for all children in the district?

Top Three Vote Getters	(%)
Water Quality	77
Access to local healthy food	73
Adequate Housing (Hoarding, Mold, maintenance)	70

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Two Least Vote Getters	
Air Quality	44
Agricultural Pollution	37

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Appendix VII

CHA Summary Data (Notes)

86% of the respondents were from Buffalo, Phelps, and Dawson County.
100% Responses in Red are for Kearney County

Three most important factors of a healthy community -

- **Access to care & services - 47%**
- **Good Schools - 32%**
- **Healthy Behaviors/Lifestyles - 31.5%**
- **Low Crime/Safe Neighborhoods - 31.5%**

- **Access to Care - 62%**
- **Good Schools - 44%**
- **Low Crime/Safe Neighborhoods - 29%**

Three most important "problems" facing the community

- **Alcohol & Drug Abuse - 46%**
- **Mental Health Issues - 42%**
- **Poor Diet/ Inactivity - 36%**

- **Alcohol & Drug Abuse - 58%**
- **Poor Diet/ Inactivity - 44%**
- **Chronic Diseases - 39%**

General Health Ratings	
Community Ratings	**Personal Ratings**
Average - Neither Healthy nor unhealthy - 47% **Healthy - 41%** **Unhealthy - 8%** **Very Healthy - 2%** **(3 Skipped)**	**Healthy - 53%** **Average - Neither Healthy nor unhealthy - 26%** **Very Healthy - 13%** **Unhealthy - 7%** **(% points not rounded or added)**
Average - Neither Healthy nor unhealthy - 46% **Healthy - 46%** **Unhealthy - 4%** **Very Healthy - 2%**	**Healthy - 47%** **Average - Neither Healthy nor unhealthy - 39%** **Very Healthy - 8%** **Unhealthy - 5%**

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How do you pay for care?

- **Health Insurance - 80%**
- **Medicare/Medicaid/Veterans - 16%**
- **No Ins - 4%**
- **Other - 6%**

- **Health Insurance - 83%**
- **Medicare/Medicaid/Veterans - 23%**
- **No Ins - 2%**
- **Other - 1%**

Access to Care	
Were you able to get the care you needed last year?	**There are enough healthcare services available in my community.**
• **Yes - 90%** • **No - 3%** • **N/A - 6%** • **Yes - 90%** • **No - 7%** • **N/A - 1%**	**Strongly Agree - 33%** **Agree - 45%** **Neutral - 11%** **Disagree - 7%** **Strongly Disagree - 2%** **Agree - 52%** **Strongly Agree - 34%** **Neutral - 8%** **Disagree - 4%** **Strongly Disagree - 0%**

Top Chronic Illnesses for Self or Family (Top 4)

- **High Blood Pressure - 40%**
- **Mental Health - 33%**
- **Diabetes - 22%**
- **Arthritis - 21%**

- **High Blood Pressure - 41%**
- **None - 28%**
- **Hearing/Vision Loss - 24**
- **Diabetes - 20% / Arthritis - 21%**

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Health Services Used Last Year (Top 5)

- **Lab Work - 36%**
- **Eye Care - 27%**
- **None - 26%**
- **X-Rays - 23%**
- **Dental Care - 22%**

- **Eye Care - 39%**
- **Dental Care - 31%**
- **X-Rays - 28%**
- **General Surgery - 26%**
- **Lab Work - 26%**

Receiving Care Outside Community

- **My doctor is in another city - 40%**
- **Did not go outside of Community - 32%**
- **No providers for my needed services - 25%**

- **No providers for my needed services - 44%**
- **My doctor is in another city - 41%**
- **Did not go outside of Community - 13%**

Question 12 is incomplete (unable to determine data) FOR BOTH SETS

When choosing a provider, what influences the choice?

- **Quality of Care - 45%**
- **Insurance Coverage - 22%**
- **Convenience - 15%**

- **Quality of Care - 55%**
- **Convenience - 26%**
- **Family/Friend Recco - 5%**

Miles traveled to receive care?

- **0-10 - 55%**
- **11-20 - 15%**
- **21-30 - 9%**

- **0-10 - 59%**

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- **21-30 - 15%**
- **11-20 - 11%**

Mental Health Services	
Mental Health Services used	**Access to Mental Health Services**
• None - 64% • Counseling/Therapy - 28% • Hospitalization - 4% • Crisis Care - 3% • Other (Data not specified) - 3% • None - 75% • Counseling/Therapy - 19% • Crisis Care - 4% • Other (Data not specified) - 4% • Hospitalization - 2%	• Not Needed - 54% • Yes - 29% • No - 16% • Not Needed - 57% • Yes - 25% • No - 16%

Social Service Benefits	
Social service benefits used (Top 5)	**Were you able to bet the benefits you needed?**
• None - 83% • SNAP - 8% • Medicaid - 8% • Reduced Lunch - 8% • Housing - 6% • None - 82% • Medicaid - 13% • Reduced Lunch - 7% • SNAP - 6% • Housing - 3%	• N/A - 71% • Yes - 21% • No - 6% Kearney No Data for this question.

Kearney - Enough Medical Specialists (Question 15, not on other data set)

There are enough Specialists

- **Neutral 37%**

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- **Agree - 27%**
- **Disagree - 19%**
- **Strongly Agree - 12%**
- **Strongly Disagree - 2%**

Other Notes (To Be Deleted in Final Version)

Health Disparities (NOTES)

Health Indicators

- Perceived Health Status
- Dissatisfied w/ Life
- Very Dissatisfied w/ Life
- No Physician
- No Health Insurance
- Can't afford care
- Infant mortality
- Low birth weight
- Teen births
- Coronary Heart disease
- Heart disease/mortality
- Myocardial Infarction
- Prevalence of stroke (Definite area of need to specific minority populations)
- Diabetes
- Chronic Lung Disease
- Asthma
- Activity Limitations
- HIV/AIDS (Definite area of need to specific minority populations)
- STD (Definite area of need to specific minority populations)
- Suicide
- Unintentional Injury
- Motor Vehicle Accident Mortality
- Alcohol Related Mortality
- Cigarette Smoking
- BMI
- Physically Unwell
- Not recieving emotional support (Definite area of need to specific minority populations)
- Mental Health Indicators

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Ongoing Issues (2010)

- **Unable to see a doctor due to cost.**
- **Prenatal Care**
- **Teen Birth**
- **Diabetes**
- **Drinking and Driving**
- **Obesity**
  Overweight
- **Mammograms**
- **Cholesterol**
- **Homicide** (Definite area of need to specific minority populations)

Notes from 4/27 Call

All plans have prioritized health issues.
Health Assessment from fall - No Summary Document
Used for the County Kearney CHA
District Wide Analysis is Incomplete

County Health & Rankings (CHA Data from 7 constituencies) - Need to identify which folder includes this data as a reference point.

Overall Perspective/Takeaways/ Outcomes for looking at the Data
What are the prioritized needs? (Overall and from the hospital data)
What are the common themes across the district that boil to the top?

- Access to care
- Health outcome issues
- Longevity of Life
- Years of life lost
- What is it about the location that might cause disparities?
- Do companies and their health benefits/culture and other indicators impact overall health?

As we look 10 years down the road, what people do we need/skill sets physically located/Prioritized Programs to increase our districts health?

Community Health Rankings Data - Still need this data or needs to be identified in the folder.

- Good to include
- Can leverage other county data to create comfortable tension.

Mini SWOT & Themes
Gap Analysis
Lean on the interview data
Developing themes across the district will need to be teased out with some other CHAs

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Don’t rerun CHA and other hospital data - use that with the interview data to prep the initial report

Appendix VII

Contributing Members

Alma Family Dental:
- Dr. Jesse Neal, Dentist

Two Rivers Board of Health:
- Shelly Brenn, Phelps County Commissioner
- Brady Beecham, Physician
- Wayne Anderson, Kearney County Supervisor
- Dennis Rickertsen, Dawson County Commissioner
- Patty Bader, Gosper County Representative

Buffalo County:
- Darrin Lewis, Emergency Manager
- Stanley Clouse, Mayor
- Dan Lynch, Police Chief

Central Nebraska Local Outreach to Suicide Survivors:
- Renae Zimmer, Member

CHI-Good Samaritan:
- Michael Schnieders, CEO
- Diane Reinke, Infection Control

DHHS Region III Behavioral health:
- Beth Baxter, Director

UNK:
- Peggy Abels, Director of Health Programs
- Kate Heelan, Sports Science Professor
- Denise Waibel-Rycek, Nursing Instructor (UNMC)
- Todd Bartee, Exercise Science Professor

Family Practice:
- Dave Glover

Franklin County Memorial Hospital:
- Kathy Murphy, Nurse Practitioner

Holdrege Memorial Homes:
- Linda Carpenter, DON

Human Trafficking and Immigration Outreach:
- Leticia Bonifas, Member

Kearney Area United Way:

Lexington Regional Health Center:
- Jessica Nordstrom, Infection Control

Dawson County:
- John Fagot, Mayor
- Paul Schwarz, Policer Officer
- Gladys Godinez, Minority Health Representative

Mount Carmel Home:
- Kate Johnson, DON

Phelps Memorial Health Center:
- Mark Harrell, CEO

Lexington Public Schools:
- John Hakonson, Superintendent

Kearney Regional:
- Bill Calhoun, CEO

Kearney Public Schools:
- Kent Edwards, Superintendent

UNL extension:
- Carol Schwarz, UNL Extension Agent

West Pharmaceutical Services:
- Scott Renken, Representative

Kearney County Health Services:
- Luke Poore, CEO

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Nikki Erickson, Director

Kearney City Council:

Jonathan Nikkila, Member

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