

**2012**

**Updated 5/30/2018**

# Community Health Improvement Plan



**Access to Care and Mental/Behavioral Health**



**District-Wide Interagency Collaboration**



**Life-Style Choices & Personal Accountability**

**Two Rivers Public Health Department**

Buffalo, Dawson, Franklin, Gosper, Harlan,  
Kearney and Phelps Counties

Two Rivers Public Health District

**COMMUNITY HEALTH IMPROVEMENT PLAN 2012**

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## EXECUTIVE SUMMARY

The Community Health Improvement Plan process (CHIP) for Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney and Phelps Counties began in October 2011 with the formation of a steering committee with local representatives from Good Samaritan Hospital, Kearney County Health Services, Lexington Regional Health Center, Phelps Memorial Health Center, and the Two Rivers Public Health Department Board of Health and Staff. The goal of this group was to complete a comprehensive assessment of the District. The Mobilizing for Action Through Planning and Partnerships (MAPP) Process was chosen as a framework for the assessment. This process is comprised of four assessments: the Local Public Health System Assessment, Community Themes and Strengths, Forces of Change, and Community Health Status.

The MAPP assessments were completed over the course of four meetings held in various locations throughout the District from February 2012 thru May 2012. Safety, Opportunity, Connectedness and Education were the guiding values identified during the course of the first meeting based on responses by District residents that participated in the Community Themes and Strengths Surveys. From this set of values a common vision was developed by participants to guide planning to improve the health of the district and it's residents. Forces of Change working within the District were assessed during the initial meeting and later taken into consideration during the development phase of the CHIP.

During the second meeting, participants identified the strengths and opportunities for improvement in the function and form of the Public Health System as a whole using the National Public Health Performance Standards Program (NPHPSP) developed by the Centers for Disease Control and Prevention. Findings from this assessment were later used in the development of plans for district wide interagency collaboration.

The Community Health Status Assessment was performed by participants during the 3rd meeting in the MAPP Process. Analysis of both qualitative and quantitative data presented during the meeting were performed to identify strategic issues in the district as a whole.

The work product of 4th and final meeting produced three strategic issues for Action Groups to address: **Access to care/Mental and Behavioral Health; District Wide Interagency Collaboration; and Lifestyle Choices and Personal Accountability.** Actions groups were formed to address each identified priority and Initial follow up meeting dates were selected during this time.

Coordinated and collaborative efforts and resources of many organizations and individuals have been utilized in the development of this Community Health Improvement Plan. In order to successfully implement the CHIP community input and participation will be needed to significantly impact these complex health issues.

We welcome your input and participation as we work together to improve the health of the people in Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney and Phelps Counties.

Sincerely,

The MAPP Steering Committee

## ACKNOWLEDGMENTS

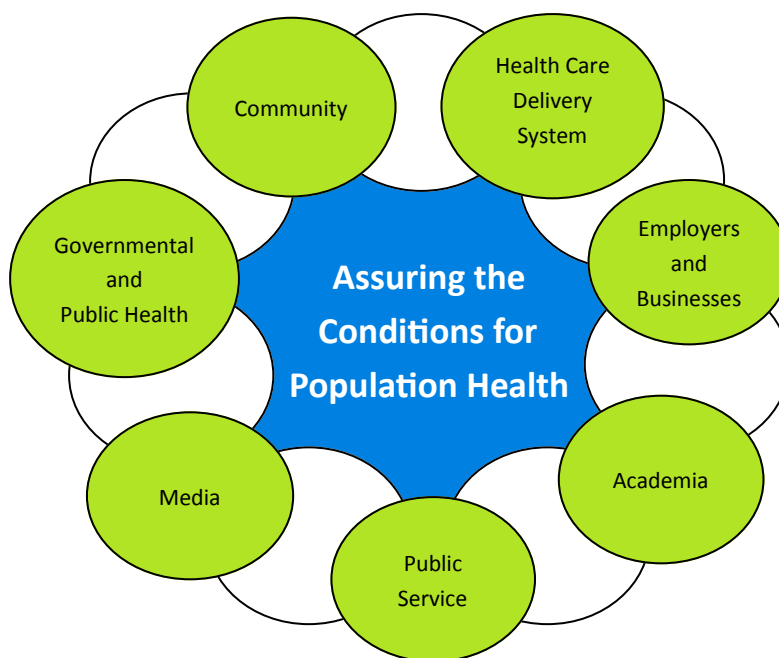
The mission of Two Rivers Public Health Department is to *assess and monitor the health status of the district and facilitate the linking of resources to assure health promotion, prevention and protection for the people within the District*. In keeping with the mission of the Department the MAPP Steering Committee and the Two Rivers Board of Health would like to acknowledge all those who participated in and contributed to the MAPP process and the development of the Community Health Improvement Plan. We would like to thank the District Residents for their valuable input, without which this plan would not exist. Also, a big Thank You to our Facilitator, Deb Burnight, for all of her hard work to make this process such a success!

A full list of participants in the MAPP Process and the Action Group Members can be found at the end of this document.

## MAPP Steering Committee

- Connie Linder, Safety Director-  
Kearney County Health Services
- Dale Gibbs, Director of Outreach Services-  
Good Samaritan Hospital
- Trisha Sandstedt, Outreach Services Coordinator-  
Good Samaritan Hospital
- Rhonda Johnson, Public Relations, Foundation and  
Volunteer Officer - Phelps Memorial Health Center
- Pat Samway, Director of Internal and External Affairs -  
Lexington Regional Health Center
- Patsy Johnson, Phelps Memorial Foundation Member
- Dick Pierce, Buffalo County Supervisor and Two Rivers  
Board of Health Chairman
- Terry Krohn, Director-  
Two Rivers Public Health Department
- Marsha Carlson, Public Health Nurse -  
Two Rivers Public Health Department
- Kim Hayes, Public Health Nurse/Assistant ERC-  
Two Rivers Public Health Department
- Amy Elwood, Assistant Director/ERC-  
Two Rivers Public Health Department

## How Do We Build Healthier Communities? **BY WORKING TOGETHER!**



# *The Public Health System*

## VISION

The Vision for the Two Rivers Public Health System was developed using input from District Residents participating in surveys (conducted in Spanish and English), Focus Groups, and Members of the Board of Health. MAPP Participants were guided through a collaborative process to develop a shared community vision to impart what the ideal future looks like in the Two Rivers District. To facilitate the development of the vision the following questions were asked of each group:

1. *How do you define a healthy community?*
2. *What community values promote a healthy neighborhood?*
3. *What kinds of resources are needed to create a healthy neighborhood?*
4. *Who is responsible for keeping a community healthy?*

Based on responses to these questions, the following Vision Statement was adopted to guide the MAPP Process and development of the CHIP:

**“A healthy community assures that the opportunity to obtain optimal health is provided to district residents via interagency collaboration to promote safety, access to care and increased health literacy across the health district.”**

**Values** identified during the Visioning Process:

- **Safety**
- **Connectedness**
- **Education**
- **Opportunity**



# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

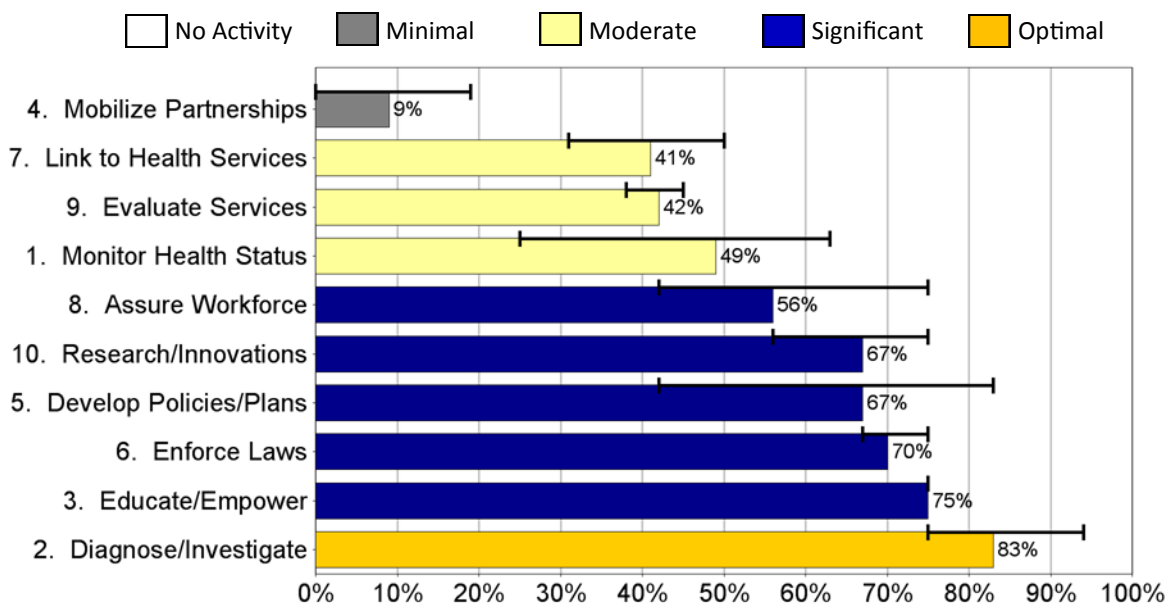
The National Public Health Performance Standards Program (NPHPSP) is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP Assessment Instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, respondents evaluate the activity levels of all public, private and voluntary entities that comprise the public health system and contribute to public health within the community. Assessment questions are asked to determine to what degree the Public Health System is providing the 10 Essential Services within the district. MAPP Participants Assessed the performance of the health system and Two Rivers Board of Health completed the Local Public Health Governance Performance Standards Assessment.

## 10 Essential Services of Public Health

1. Monitor Health Status
2. Identify, Investigate, Control and Prevent Disease/Injury
3. Inform, Educate and Empower the Public
4. Promote Community Partnerships
5. Develop Policies and Plans
6. Enforce Public Health Laws and Regulations
7. Link People to Health Services
8. Maintain a Competent Public Health Workforce
9. Evaluate and Improve Programs and Services
10. Research

### Public Health System Performance Scores

The table below provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS, listed above). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).



To view the full report, go to [www.tworiverspublichealth.com](http://www.tworiverspublichealth.com).

# COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment identifies priority community health and quality of life issues. Data from a variety of sources were reviewed to compile the most current picture of the Health Status of the District. Sources included the Centers for Disease Control & Prevention, the 2010 U.S. Census Bureau, the 2011 Chronic Disease in Nebraska, Morbidity and Mortality Weekly Report, Nebraska Department of Health and Human Services, and the Nebraska Risk and Protective Factor Student Survey 2010.

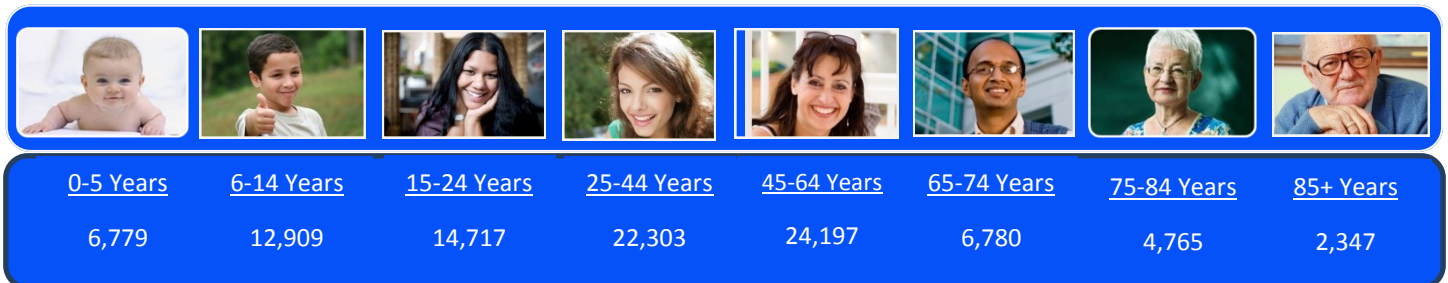
The Two Rivers Public Health Department District Health Profile contains a more thorough listing of health status data. To view the full Profile go to: [www.tworiverspublichealth.com](http://www.tworiverspublichealth.com).

## Demographics

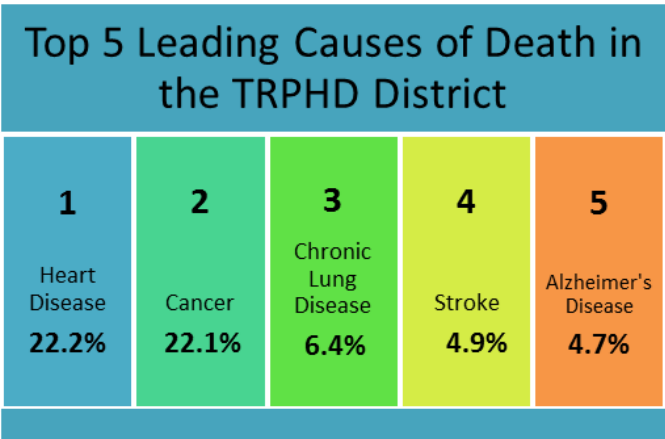
2010 Census Bureau reported that the population for the 7 counties in the Two Rivers' District was **94,797** and is comprised of **50.2% females and 49.8% males**.

Although there was overall population growth in the Two Rivers District between 2000 and 2010, 6 out of the 7 counties had a decrease in population. The most populated county, Buffalo, saw an increase of over 9%.

## Population Distribution



Median Age is 36



In the Two Rivers District there are:

- 8 hospitals
- 45 medical clinics, specialty clinics, and surgery centers
- 31 long term care and assisted living facilities

## Access to Care

Uninsured Individuals:	12.7%
Medicaid Beneficiaries:	12%
Primary Care Physicians in District:	159
Federally Qualified Health Centers:	None
Mental Health Professional Shortage Area:	Yes

## Perceived Health

Self-Reported: 10+ Days in Past Month When Physical Health was Not Good:	11.4%
Self-Reported: 10 + Days in the Past Month When Mental Health was Not Good:	10.5%

## Two Rivers District Demographic Profile: Race and Ethnic Distribution (2010 Data US Census)

White	African American	Asian	American Indian or Alaska Native	Native American or Pacific Islander	Other	Total Population	Hispanic or Latino (Ethnicity)	Non-Hispanic or Latino (Ethnicity)
85,421	1,163	783	406	64	6,960	94,797	11,922	82,875

## Demographic Profile: Poverty/Unemployment Distribution (US Census)

Core Indicators	Buffalo	Dawson	Franklin	Gosper	Harlan	Kearney	Phelps	NE
Percent Unemployed (2012 Data) Bureau of Labor	2.7%	4.7%	2.8%	3.8%	2.7%	2.7%	2.9%	3.7%
Percent Below Poverty Level (2009 US Census)	15.8%	14.8%	12%	9.4%	13.1%	9.2%	11%	12.2%
Percent Children Below Poverty Level (2008 US Census)	10.7%	14.1%	15%	12.7%	14.9%	9.9%	11%	11.7%
Median Household Income (2009 US Census)	\$45,009	\$40,048	\$38,510	\$49,336	\$41,112	\$51,165	\$46,567	\$47,470

After reviewing data for the District, the following **Strengths** and **Challenges** were identified;

### Strengths



- High number of people with health insurance
- Clean air
- Low unemployment rate
- High number of people with a primary care provider

### Challenges



- Population decrease in majority of counties
- Low number of annual breast/prostate/colon screenings
- Access to behavioral health care services
- Low adult immunization rate



## COMMUNITY THEMES and STRENGTHS ASSESSMENT

This assessment provides a deep understanding of the issues residents feel are important by answering the questions: “What is important to our community?”; “How is the quality of life perceived in our community?”; “What assets do we have that can be used to improve community health?”.

To gather this information, a three part approach was taken. A convenience survey was distributed throughout the Two Rivers’ District via email and the websites of multiple partners. A total of 387 community members responded to the survey. Next, a similar telephone survey of 529 district residents was conducted by the University of Nebraska Medical Center. Finally, five focus groups were also conducted in Alma, Elwood, Lexington (2), and Kearney utilizing an abbreviated survey form.

### There were eight community domains covered in the surveys:

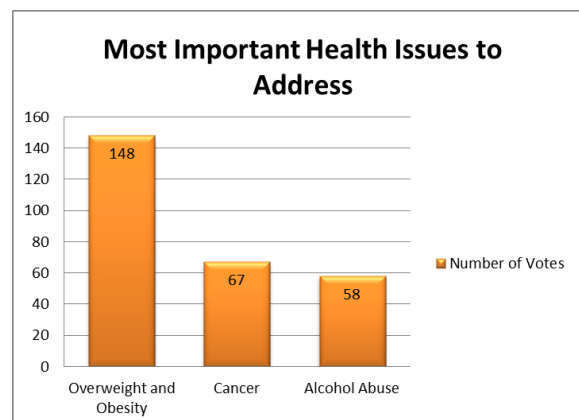
1. **Health care** (availability of general health care services and specialists, quality of hospital care and health care services; asked separately for their community and region)
2. **Supports for raising children** (childcare, schools, after school programs)
3. **Supports for older adults** (housing, meals, transportation, social networks)
4. **Recreational and leisure options** (physical activity, arts/music/culture, leisure time activities for young and middle-age adults)
5. **Jobs and the economy** (job availability, benefits, advancement, overall economy)
6. **Housing** (availability and affordability of quality housing)
7. **Safety and security** (safety, crime, trust/support from neighbors)
8. **Social support and civic responsibility** (social support, volunteerism)

### Telephone Survey:

The phone survey respondents in the Two Rivers District were more positive than the state overall in five of the eight community domains covered on the survey: **safety and security; social support and civic responsibility; jobs and the economy; supports for raising children; and supports for older adults**. Resident opinions were similar to the rest of state in the other three domains: **healthcare in their community and region; recreational and leisure options; and housing**.

### Key Findings:

- When asked to rank order the seriousness of 16 different health issues are in their community, the top three responses included **cancer, overweight and obesity, and high blood pressure**.
- When asked to rank order the impact of 12 different behaviors impact overall health in their community, the top four responses included **talking on a cell phone while driving, texting while driving, tobacco use, and alcohol abuse**.
- When asked in an open-ended question what they see as the single most important health issue or health behavior that needs to be addressed in their community, the top three responses included **overweight and obesity, cancer, and alcohol abuse**. All other responses were at five percent or below.



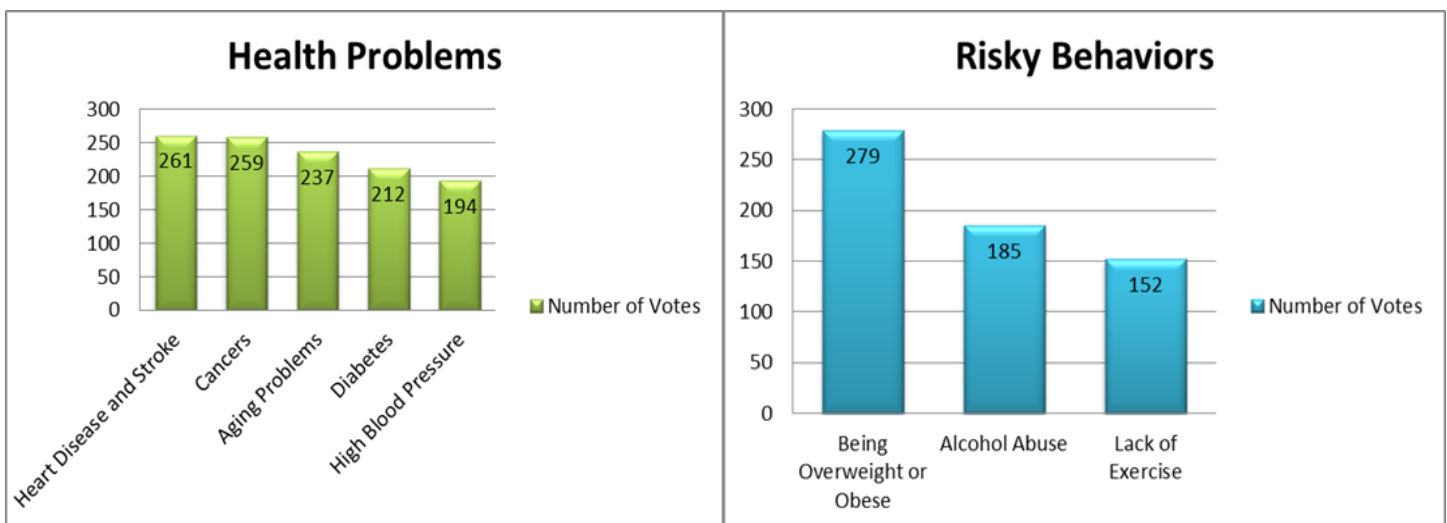
## Web-based Survey:

Respondents of this survey generally felt that their communities were safe places to live, provided opportunities, resources, and support that they needed. Most also felt that they were able to see a medical provider in their community when they needed to. However, prevention (e.g., seeing a medical provider when they are not ill) did not seem to be a priority. Low cost physical activity opportunities were identified as being important. Expenses (all types), healthcare, transportation, and housing were identified as issues for the elderly.

### **Key Findings:**

The top 5 most important “Health Problems” (problems that have the greatest impact on overall community health) identified were; **Heart Disease and Stroke, Cancers, Aging Problems, Diabetes, and High Blood Pressure.**

The top 3 most important “Risky Behaviors” (risks that have the greatest impact on the overall community health) identified were; **Being Overweight or Obese, Alcohol Abuse, and Lack of Exercise.**



From the five Health Problems listed above, **cancer and heart disease and stroke** were identified as areas needing to be addressed. Although **obesity** was not listed it was identified by many as a concern.

Common themes identified in both the telephone and web-based surveys were **obese/overweight, cancer, and alcohol abuse**. The Focus Group theme of **Concern About Easy Availability of Unhealthy Food** reinforced responses in the other two surveys related to obese/overweight.

Common themes identified between our local assessment and the State assessment were **obese/overweight, cancer, high blood pressure, and heart disease**.

**Obese/overweight** was the most common thread between all of the assessments.

### **Key Findings identified by Focus Groups:**

- They had pride in their communities
- Concern about access to care
- Concern about the easy availability of unhealthy food
- Concern about limited hours of businesses such as grocery stores and pharmacies
- Concern about the limited employment opportunities

# FORCES OF CHANGE ASSESSMENT

This assessment focused on the identification of forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operates.

In this workshop, participants were asked to consider the following question: *“What trends, factors and events are or will be influencing the health and quality of life in our communities and/or the work of our public health system?”*, and to come to consensus on seven key forces of change. Participants also noted that the health system was moving away from fragmentation and toward collaboration. We are also moving from disease management toward prevention of disease and changing the health care focus from a Physician centered to a patient centered focus.

## District Key Forces of Change

- **Increased demand and decreased health resources**
- **Rural to urban population shift**
- **Economic uncertainties**
- **Globalization**
- **Shifts in speed, direction, type and amount of information (Public Relations trends- “shift happens”)**
- **Technology and other scientific advances**
- **Changes in family structure**

### Changes in family structure



- Changing definition of “family”
- Single families
- Schools expected to teach values

### Economic uncertainties



- Healthcare reform
- Economy
- Prevention funding

### Rural to urban population shift



- Brain drain-migration
- Exodus of younger people
- Economics (jobs, aging population, insurance)

### Globalization



- Ethnic diversity
- World events, natural disasters
- Mobile society leading to increase in communicable disease

### Shifts in speed, direction, type and amount of information



- Technology, social networking
- Public perception

### Technology and other scientific advances



- Public perception
- Environmental link to overall health
- Technology gap, affordable technology

### Increased demand and decreased health resources



- Aging of the population
- Burden of chronic disease
- Increased obesity rate
- Behavioral Health

## PRIORITY ISSUES/ACTION GROUPS

The MAPP Group reviewed all of the data and information from the four assessments: Visioning, Community Themes and Strengths, National Public Health Performance Standards, and the District Health Profile.

**Eight strategic issues** were identified as needing to be addressed in order to achieve the Vision:

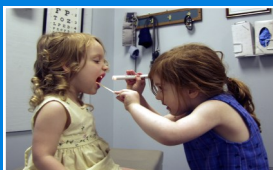
- **Access to Care**
- **Lifestyle Choices and Personal Accountability**
- **Sustainability**
- **Mental/Behavioral Health**
- **Environmental Issues**
- **Socio-Economic Issues**
- **Effective Education/Public Relations**

The group came to consensus around **four strategic priorities** that will guide the MAPP Action Cycle:

- **District-Wide Interagency Collaboration (for improved coordination of care)**
- **Lifestyle Choices and Personal Accountability**
- **Mental/Behavioral Health**
- **Access to Care**

It was agreed that Access to Care and Mental/Behavioral Health are strategically linked and will be focused on by one Action Group. Effective Education/Public Relations was seen as an overarching issue/tool that would be utilized in reaching the prioritized goals.

A data platform with current baseline and supporting data was developed for each one of the identified priority areas by TRPHD staff. This included data and best practices from Healthy People 2020, the Community Guide, and the State. This information was provided to the three Action Workgroups to aid them in developing an action plan that included a strategic issue goal, long and short term goals and process goals which are detailed in this plan.



### Access to Care and Mental/Behavioral Health

- Access to Care



### District-Wide Interagency Collaboration

- District Council Development



### Lifestyle Choices & Personal Accountability

- Healthy Actions

# Access To Care

The MAPP Access to Care Action Group is working to increase access to healthcare in the Two Rivers’ District through the use of the telehealth system. Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health - related education, public health and health administration.

## Risk Factors:

- In 2009, 10.5% of district residents reported having 10 or more days in the last month as having mental health that was not good.
- Every county in the Two Rivers’ District is federally designated as having a mental health professional shortage as of 2008.
- Two Rivers District is a State designated shortage area for health professionals including: Family Practice, General Surgery, Internal Medicine, Pediatrics, OBGYN, Dentists, and Pharmacists.

## Impacts:

- **Money and time savings for patients and providers**
- **Early diagnosis and treatment**
- **Decreased use of the emergency room**

This priority issues addresses the National Prevention Strategy of Clinical and Community Preventative Services-prevention focused healthcare and community prevention efforts are available, integrated and mutually reinforcing. It also relates to the Nebraska State Health Improvement Plan Priority Strategic Issue: Improving the integration of public health, behavioral health, environmental health, and health care services.

Goal	Healthy People 2020	Baseline	Source Data
Increase the number of mental/behavioral health specialty and primary care telehealth clinical encounters in the District by 20% by 2016.	Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral by 10% improvement.	222 encounters in 2012 in Two Rivers’ District	Nebraska Statewide Telehealth Network (2012)

## Impact Objectives:

- Increase the number of mental/behavioral health encounters over telehealth in the Two Rivers’ District by 20% by 2016. **Baseline data: 131 encounters in 2012**
- Increase the number of mental/behavioral health encounters provided by *local Behavioral Health professionals* over telehealth to patients located within the Two Rivers’ District by 20% in 2016. **Baseline data: 131 encounters in 2012**
- Increase the number of specialty care and primary care encounters provided by local professionals over telehealth in the Two Rivers’ District by 20% by 2016. **Baseline data: 91 encounters in 2012**
- Increase the number of sites that provide patient access to telehealth encounters for mental/behavioral health, specialty and primary care by 20% by 2016. **Baseline data: 10 Sites in 2012**

# Healthy Actions

Healthy Actions is currently facilitating the creation and the sustainability of community based programs, policies, and environmental change which increase access to health foods, develop and promote active recreational choices, and empower the population to take control of their wellness.

## Risk Factors:

- 12.7% of households in Nebraska experienced food insecurity between 2008-2010.
- 11.5% of the districts’ population is below 100% of poverty.
- Nebraska has a 35% prevalence of high cholesterol which is more than double the national target of 17%.
- Prevalence of high blood pressure in District adults is 27.4 persons per 100,000 as opposed to the Nebraska rate of 24.8 persons per 1000,000.

This priority issue addresses the National Prevention Strategy of Empowered People-support people in making healthy choices. It also relates to the Nebraska State Health Improvement Plan Priority Strategic Issue: Expand health promotion capacity to delivery public health prevention programs and policies across the lifespan.

Healthy Actions	Healthy People 2020	Baseline	Source Data
Facilitate the creation and sustainability of community based programs, policies, and environmental changes which promote healthy choices	The target of adults at healthy weight is 33.9% of a population	32.6% of population are at a healthy weight in the District	NBRFSS (2009) (Nebraska Behavioral Risk Factor Surveillance System)
Increase access to healthy foods	Persons consume .9 cups of fruits and 1.1 cups of vegetables each day per 1,000 calories daily	21.9% of the District self-reported 5 or more fruit and vegetable servings per day	NBRFSS (2009)
Develop and promote active recreational choices	47.9% of adults engage in moderate intensity physical activity for 30 minutes a day, 5 days a week	47.5% of the District participate in regular activity, and 21.4% reported no physical activity at all	NBRFSS (2009)

## Impact Objectives:

- Decrease Body Mass Index (overall in health district)
- Increase fruit and vegetable intake
- Self report of 30 minutes of physical activity 5 days a week per week of at least a moderate intensity

**67.4% of district adults are either overweight or obese**

# District Council Development

## Mission:

The Mission of the District Council Development Committee is to facilitate the creation of a district-wide interagency council for the purposes of fostering improved communication and health collaboration.

## Problems:

- Mobilizing partnerships within the district received an overall score of 9% in the National Public Health Performance Standards Program (NPHPSP) Assessment. Minimal activity in this area was reported.
- Communication strategies to build awareness of public health received a score of 0 in the NPHPSP. Constituency development received a score of 19%. No formal community partnerships were identified with a score of zero.

## Strategic Issues:

Based on the National Public Health Performance Standards Program's Local Public Health System Performance Assessment, actions should be taken to mobilize community partnerships in order to identify and solve health problems. The Nebraska State Health Improvement Plan strategic issue of "Improving the integration of public health, behavioral health, environmental health, and health care services." should also be included in the plan for improvement.

## Root Causes Identified by District Stakeholders:

- Lack of funding
- Grant restrictions
- Limited focus of agencies
- Territory issues
- Lack of collective buy-in and collaboration
- Trust issues

### Benefits of a District Council:

- Promotes responsible use of funds
- Promotes common vision
- Increased awareness of District programs and services
- Provides a broader evidence base

## Goals met as of March 2013:

- By January 2013, the committee has formulated a list of potential members and contacted them
- Preliminary By-Laws, Governance Model and suggested council objectives identified
- Create Introduction Packet for potential Council Members

## Continuation Phase:

- District Council Development Committee continues to work with initial 3 members of the District Council to support them throughout planning stages
- Committee members are currently working with the UNMC College of Public Health to develop an effective marketing strategy to secure buy-in for the council

## RESOURCES FOR EFFECTIVE ACTION

The following are websites for Promising or Model Practice Programs for assistance when developing programs.

Cancer Control Planet:

<http://cancercontrolplanet.cancer.gov>

Centers for Disease Control and Prevention:

[www.cdc.gov](http://www.cdc.gov)

Community Guide Website-The Guide to Community Preventative Services:

<http://www.thecommunityguide.org/index.html>

NACCHO Model and Promising Practice Website:

<https://eweb.naccho.org/eweb/DynamicPage.aspx?site=naccho&webcode=mpsearch>

Nebraska Department of Health and Human Services:

<http://dhhs.ne.gov>



### GET INVOLVED!

*We need you to help us make a difference in the health of the people in your community.*

#### **MAPP Access to Care Action Group**

Contact: Terry Krohn, 308-995-4778

#### **District Council Action Group**

Contact: Kim Hayes, 308-995-4778

#### **Healthy Actions Action Group**

Contact: Heather Easton, 308-995-4778

#### **For questions concerning the MAPP Process**

Contact: Terry Krohn, 308-995-4778

**The four MAPP Assessments will be repeated again in the next 4 years.**

**Please consider being a part of that process!**



## Assessment Participants

### Bertrand Health Clinic:

Ruby Houck, Nurse Practitioner

### Buffalo County Board of Supervisors:

Dick Pierce, County Supervisor

### Buffalo County Community Partners:

Denise Zwiener, Director

Jessica Carter

Jessie Perez, Health HUB Coordinator

### Buffalo County Emergency Management:

Darrin Lewis, Emergency Manager

### Buffalo County Juvenile Services:

Doug Kramer

### Central Community College:

Diana Watson

Cassie Smith

Marilyn Hersh

Marcie Kemnitz, Dean

### Central Health Center:

Laura Urbanec

Susan Sheppard

### Christian Homes:

Don Bakke, Administrator

### Community Action Partnership: of Mid-Nebraska

Julie Weir, Health Services Director

Kris Wright, Fiscal Director

Meredith Collins, Planning Director

### Cozad United Way:

Barbara Fink

### Dawson County Emergency Management:

Brian Woldt, Emergency Manager

### Dawson County Transit:

Barbara Hollenbeck

### Department of Health and Human Services:

Diane Urias

Josie Rodriguez

Maria Hines

### Elwood Public Schools:

Gwen Stoll, School Nurse

### Family Medical Specialties:

Sharrise Guthrie

## Assessment Participants

### Family Practice Associates:

Janet Steffen

### Franklin County Memorial Hospital:

Lora Rutt

Sheri Alber

### Gibbon Public Schools:

Kay Bockstadter, School Nurse

### Good Samaritan Hospital:

Bob Smoot

Dale Gibbs, Director of Outreach Services

Dana Welsh

Trish Sandstedt, Outreach Services Coordinator

### Good Samaritan Hospital Foundation:

Lesley La File

### Gothenburg Memorial Hospital:

Myra Gronewold

### Harlan County Health Services:

Jeff Shelton, Chief Executive Officer

Manny Wolf, Director of Nursing

### Harlan County Journal:

Michelle Janicek

### Holdrege Chamber of Commerce:

Michelle Ehresman

### Holdrege Housing Authority:

Amber Lewis

### Kearney County Health Services:

Connie Linder, Safety Director

Renee Grams, APRN

### Kearney Housing Authority:

Laurie Jameson

### Kearney Public Schools:

Carol Renner

### Lexington Police Department:

Diane Reiber, Police Sargent

Tracy Wolf, Police Chief

### Lexington Public Schools:

Bob Ripp, Director of Early Learning Academy

Cyndi Jaeger, School Nurse

### Lexington Regional Health Center:

Leslie Marsh, Chief Executive Officer

Pat Samway, Director of Internal/External  
Affairs

Tiffany Carlson

## Assessment Participants

Marse McCann-Carpenter Dental:

Marse McCann-Carpenter, DDS

Mosaic:

Debbie Herbel, Executive Director

Parent Child Center:

Jennifer Sancksen

Maria Reyes

Phelps County Supervisors:

Russ Cruise, County Supervisor

Phelps County Sheriff:

Delisa Beaudette

Gene Samuelson, Sheriff

Phelps Memorial Health Center:

Dorothy Anderson

Rhonda Johnson, Public Relations, Foundation,  
and Volunteers Officer

Sami Bradley, Child Services

Cindy Jackson

Mark Harrel, Chief Executive Officer

Phelps Memorial Foundation:

Patsy Johnson

Phelps Memorial Home Health:

Lisa Skaggs

Plum Creek Care Center:

Gayle Rogers, RN/Administrator

Plum Creek Medical Group:

Chrystal Dowling, Care Coordinator

Karma Bomberger

Marian Wehr, Director of Nursing

Region 2 Human Services:

Shannon Sell

Region 3 Behavioral Health Services:

Beth Baxter, Regional Administrator

Kay Gidden

Tiffany Gressley, Prevention System Coordinator

Sentinel Health Care:

Crystal Winfield, Director of Operations

South Central Behavioral Services:

Sally Cox, LIMHP, LADC

## Assessment Participants

The S.A.F.E. Center:

Nikki Gausman

Tri-Cities Medical Response System (TRIMRS):

Laura Meyers, Consultant

Two Rivers Public Health Department:

Marsha Carlson, Public Health Nurse

Heather Easton, Wellness/Environmental  
Coordinator

Amy Elwood, Assistant Director/ERC

Kim Hayes, Public Health Nurse/Assistant ERC

Terry Krohn, Director

Kerrey Miller, Surveillance Coordinator

Farren Nelson, Office Manager

Two Rivers Public Health Department Board of Health:

Sandy Becker

Bob Butz

Jean Rush

United Way of the Kearney Area:

Dawn Holbin, Accounting Manager

University of Nebraska at Kearney:

Allan Jenkins, Ph.D. Economics Department

Brad Plantz, Ph.D.

John Lakey, Assistant Vice-Chancellor of Business  
and Finance

Todd Bartee

University of Kearney Police Department:

Michelle Hamaker

University of Nebraska at Lincoln Extension:

Carol Schwarz, MS RD

University of Nebraska Medical Center:

Kate Nickel, Assistant Professor

Steve Pitkin, Assistant Dean, UNMC-CON

Vocational Rehabilitation:

Cassy Kvasnicka, Employment Specialist

YCPO:

Roxanne Denny-Mickey-YCPO Coordinator

YMCA of the Prairie:

Jeff Morgan, Chief Executive Officer

Zion Lutheran School:

Diane Jackson, School Nurse

## Action Group Participants

### Access To Care:

Good Samaritan Hospital:

Wanda Kjar, Telehealth Coordinator  
Trish Sandstedt, Outreach Services Coordinator  
Dale Gibbs, Director of Outreach Services

DKG Consultants:

Dave Glover  
Laura Meyers, Consultant

Franklin County Memorial Hospital:

Sheri Albers

Phelps Memorial Health Center:

Mark Harrel, Administrator

Region 3:

Melinda Farritor  
Beth Baxter, Regional Administrator  
Kay Glidden , BHECN

South Central Behavioral Health Services:

Greg Mucklow, Counselor  
Sally Cox, Counselor

Two Rivers Public Health Department:

Terry Krohn, Director  
Robert Butz– Board of Health

School Nurse:

Patsy Johnson

### District Council Development:

Buffalo County Community Partners:

Denise Zwiener, Executive Director

Community Action Partnership: of Mid-Nebraska:

Julie Weir, Health Services Director

Franklin County Memorial Hospital:

Sheri Alber

Good Samaritan Hospital:

Trish Sandstedt, Outreach Services Coordinator

Region 3 Behavioral Health:

Melinda Farritor

TRIMRS:

Laura Meyers, Consultant

Two Rivers Public Health Department:

Kim Hayes, Public Health Nurse/Assistant ERC  
Amy Elwood, Assistant Director/ERC

YCPO:

Roxanne Denny-Mickey-YCPO Coordinator

### Healthy Actions:

Buffalo County Emergency Management

Darrin Lewis, Emergency Manager

Central Community College

Diana Watson, Regional Coordinator

Holdrege Public Schools

Abbie Sonesson, School Nurse

Kearney Park and Recreation

Jade Meads, Recreation Coordinator

Scott Hayden, Park and Recreation Director

Lexington Regional Health Center

Tiffany Carlson, C.F.I. Coordinator

Community Action Partnership of Mid-Nebraska

Meredith Collins, Planning Director

Phelps Memorial Health Center

Sue Keiser, Dietician

Rhonda Johnson, Public Relations

Two Rivers Public Health Department

Heather Easton, Wellness/Environmental  
Coordinator

Marsha Carlson, Public Health Nurse

UNMC College of Nursing

Michelle Ellermeier, Instructor

YMCA of the Prairie

Jeff Morgan, C.E.O

**Recruitment is ongoing for all  
Action Groups.**

# APPENDIX A

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ACCESS TO CARE



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## Goals met as of March 2015

### Life-Style Choices and Personal Accountability

In 2014 Two Rivers Public Health Department was awarded funding through the 1422 Grant. TRPHD sought after this grant because it addresses the identified priority of life-style choices and personal accountability. The 1422 Grant is funded through the Affordable Care Act to support programs to prevent and control chronic disease. Two Rivers Public Health Department (TRPHD) will work with the community and with partners to enact policy change, environmental change, and promote active recreational choices.

As part of 1422 Grant activities, TRPHD will increase the offering of healthy food both at worksites and in retail settings. Baseline data of healthy food offerings in retail stores were gathered in July of 2015. TRPHD will promote walking in transportation and community plans in key urban centers; Kearney, and Lexington. TRPHD plans to host a Walking Summit November 14, 2015 in collaboration with Lexington Regional Health Center, Lexington Public Schools, and the City of Lexington Nebraska. TRPHD will promote classes via the National Diabetes Prevention Program (an evidence-based practice to educate individuals on lifestyle change).



## Life-Style Choices and Personal Accountability

New Grant Funding

## 2012 Community Health Improvement Plan

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The second component of 1422 focuses on interventions to improve at risk quality delivery. Many of the activities focus on the collaboration of partners within the health system to provide better access to care. Specific activities are team-based care engagement, using community health workers to connect patients to services in the community, and to link resources and life-style change programs.

## District-wide Interagency Collaboration

Two Rivers is committed to increasing collaboration within and outside of the district, especially because this area was identified for improvement through the CHIP.

Two Rivers is planning to lead a community health worker collaborative, to foster additional sharing of resources for referrals and encouraging the continued development of the community health worker scope of practice. Additional plans are being considered for a coalition of infection preventionists/director of clinic nurses to provide a venue for continuing education.

Two Rivers will additionally join the upcoming Nebraska Immunization Advisory Committee (NIAC) in order to increase population immunizations, encourage providers to document immunizations in a state-wide database, and begin working with pharmacies to increase immunizations. One of the collaborative partners in NIAC is Community Action Partnership of Mid-Nebraska of Kearney, in addition to other state-wide partners.

# APPENDIX B

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## Goals met as of March 2018

### Life-Style Choices and Personal Accountability

In 2018, Two Rivers Public Health Department began the fourth and final year of the 1422 Grant. Through this grant TRPHD has continually addressed the identified priority of lifestyle choices and personal accountability. As stated previously, the 1422 Grant is funded through the Affordable Care Act to support programs to prevent and control chronic disease. Two Rivers Public Health Department (TRPHD) is continuing to collaborate with the community and with partners to enact policy change, environmental change, and promote active recreational choices.

As part of 1422 Grant activities, TRPHD has partnered with local food retail stores and businesses to increase the offering of healthy food. From the baseline data of healthy food offerings in retail stores gathered in July of 2015, it was determined that both ethnic and convenience stores could be potential partners in healthy retail.

- TRPHD has partnered with 2 ethnic stores in Lexington to increase healthy food retail
  - Teresa's Tortilleria and Bakery
  - Lexington Oriental Market
- TRPHD has partnered with Eaton Corporation in Kearney in order to increase healthy food vending in the onsite cafeteria/micromarket.
- The vending assessment and improvement will be conducted by UNK representative Alexis Malmkar.



## Life-Style Choices and Personal Accountability

New Grant Funding

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- Malmkar also completed the vending assessment and improvement on the UNK campus during the third year of the 1422 grant, 2017.

TRPHD continues to promote walking in transportation and community plans in key urban centers; Kearney, and Lexington. Although the Walking Summit in November 14, 2015 generated an enthusiastic response, implementation of policy change and walking initiatives have failed to gain ground in both the Lexington and Kearney communities.

TRPHD is actively promoting classes via the National Diabetes Prevention Program (an evidence-based practice to educate individuals on lifestyle change). To date, three clinics in the district have added National Diabetes Prevention Program to the CDC Registered list.

1. HelpCare Clinic\_Kearney  
3015 Avenue A  
Kearney, NE 68847  
308-224-2392
2. Kearney YMCA  
4500 6<sup>th</sup> Avenue  
Kearney, NE 68845  
308-237-9622
3. Lexington Regional Health Center  
120 N Erie Street  
Lexington, NE 68850  
308-324-5651

# APPENDIX B

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The second component of 1422 focuses on interventions to improve at risk quality delivery. Many of the activities focus on the collaboration of partners within the health system to provide better access to care.

Specific activities are team-based care engagement, using community health workers to connect patients to services in the community, and to link resources and life-style change programs. During March 2018 TRPHD was happy to initiate the Community Health Worker Collaborative to enhance the exchange of information among district Community Health Workers (CHWs). The goal of this group is to inform district CHWs of resources, ability to refer, discuss current political and local issues.

## District-wide Interagency Collaboration

Two Rivers Public Health Department went through significant staff transitions during 2017. Because of the changes, TRPHD is actively re-engaging partners in the district through interagency collaboration, the forming of new partnerships, and emphasizing a new branding strategy to become more visible in the community. These actions are important because the need for collaboration was identified in the 2012 Community Health Improvement Plan. TRPHD continues to take part in a strong partnership with Phelps County COAD, regular attendance to both the Lexington Interagency Meeting and the Community Connections Meeting in Kearney.



## **Brief History of the Two Rivers Public Health Department's LifeSmiles Dental Health Program**

In the past few decades, oral health has become a national priority in the United States. In May 2000, the US Surgeon General issued a significant report titled *Oral Health in America*, which provided an evidence-based argument for the importance of optimal oral care, specifically how diseases and conditions that affect the face, mouth, and teeth are connected to overall health and well-being in all age groups.

Good oral health is crucial to overall health. Research has shown that poor oral health is a risk factor for;

- Heart and lung disease
- Dementia
- Diabetes
- Cancer
- Autoimmune diseases
- Premature-low Birth weight babies
- Reduced ability for children to thrive
- Complications with children's education experience

Two Rivers Public Health Department's Dental Health Program originated in 2008 and began with providing access to care to those found at high risk for oral/ dental disease. Early collaboration endeavors began by partnering with WIC and Head Start in Kearney and Lexington.

The Lifesmiles Dental Health Program's objective is to collaborate with community based groups, healthcare providers, and organizations to provide preventive dental services with goals of improving access to dental care. Program services include; fluoride varnish treatments, silver diamine treatments, antibacterial treatments, dental sealants, oral/ dental screenings, oral cancer screenings, dental prophies, oral health education, referral assistance, and the providing of homecare supplies. Program services also include providing educational in-services and presentations to agencies and organizations as well as participation at outreach community events.

Lifesmiles Dental Health Program has utilized NE DHHS- Office of Oral Health and Dentistry's State Assessments as a guideline for where to focus services as well as using risk assessment to concentrate service delivery where disparities exist.

Lifesmiles' program expansion now has evolved to provide preventive dental services in partnership with 8 preschools, 4 Head Starts, 14 schools, 4 WIC clinics. Services were also

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expanded to include 4 assisted living facilities and 5 long-term care facilities in the Two Rivers Public Health Department Service area.

## Update of Oral Health Program Activities

In July of 2017, partnership development meetings occurred with Cozad Care Center and Rehab, Elwood Care Center, Brookdale Senior Living, and Holdrege Memorial Homes to provide preventative services to their residents in both their Assisted Living and Long-term Care facilities. This improved access to oral care thus improving overall health. The oral program continues in increase access to care in order to fulfill the priority identified by the CHIP in 2012. Cozad Care Center was the first site to receive services on August 15<sup>th</sup>, 2017 followed by Elwood Care Center on August 22<sup>nd</sup>, 2017 and Holdrege Memorial Homes on August 29<sup>th</sup>, 2017. Brookdale Senior Living began with service coordination on September 29<sup>th</sup>, 2017.

# APPENDIX C

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## Goals met as of May 2018

### Life-Style Choices and Personal Accountability

Two Rivers Public Health Department has continued work in the 1422 Chronic Disease Prevention grant, but the grant will be ending in September. As of May 2018, the focus has shifted to identifying ways to make elements of the grant sustainable. TRPHD will continue to address the priority of life-style choices and personal accountability by the continuation of the program elements.

TRPHD will continue to provide support for the Move Kearney! Group, which is focused on creating a safe, accessible walking and biking environment in Kearney. In order to sustain the group, TRPHD will continue to attend meetings and provide technical assistance. TRPHD has also offered free promotional opportunities and marketing platforms. Move Kearney! Has shifted from advocating for a Complete Streets Policy, to bike lane development. This is a goal that TRPHD supports and will continue to help create.

TRPHD has continued to promote the National Diabetes Prevention Program through the Center of Disease Control. HelpCare Clinic, YMCA, and Lexington Regional continue to host classes. Since the last update, there has been more progress made in enlisting another lifestyle change program. The lifestyle change program conducted by Phelps Memorial is not currently on the CDC recognized list for programs. Phelps Memorial deviates from the standard curriculum, which currently makes the program ineligible from being CDC recognized. However,



## Life-Style Choices and Personal Accountability

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TRPHD continues to work with Phelps Memorial to become recognized.

## District-wide Interagency Collaboration

Two Rivers Public Health Department created the Community Health Worker (CHW) Collaborative with support from the 1422 Chronic Disease Prevention grant. This collaborative is intended to serve as a platform for CHWs to share new services for referrals in the prevention of chronic disease and to address the priority of district-wide interagency collaboration. However, this collaborative platform was not experience ideal attendance. The health department has decided to rebrand this event as a Chronic Disease Collaborative. The goal is to expand the audience for the collaborative to include diabetes educators, nurses, and health care workers who are on the front lines of chronic disease prevention.