

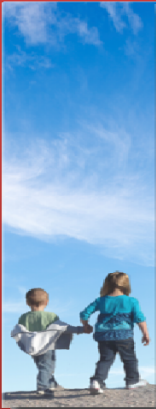
Annual Community Health Improvement Plan Report

Nebraska Panhandle

Panhandle Public Health District, Scotts Bluff County Health Department, Panhandle Partnership for Health and Human Services, Box Butte General Hospital, Chadron Community Hospital, Gordon Memorial Hospital, Kimball Health Services, Morrill County Community Hospital, Regional West Garden County, Regional West Medical Center, Sidney Regional Medical Center

2013

live, learn, work, and play.



For a Healthier Panhandle

April 2015

Introduction

This is the first annual report of the 2012 – 2017 Nebraska Panhandle Community Health Improvement Plan (CHIP). Having only been adopted in late 2012, it was decided that a year is not enough time to fully evaluate effectiveness of strategies and make changes. Therefore, no revisions will be made to the CHIP this year.

The 2013 annual report focuses on tracking and monitoring progress made in meeting performance measures and health indicators included in the 2012 – 2017 CHIP. A copy of the 2012 – 2017 CHIP is available on Panhandle Public Health District's website:

<http://www.pphd.org/CHIPIndex.html>.

Priority Health Areas and Goals

1. Healthy Living

A. Healthy Eating

- i. Increased fruit and vegetable consumption
- ii. Decreased consumption of high energy dense food
- iii. Decreased consumption of sugar-sweetened beverages

B. Active Living

- i. Increase physical activity
- ii. Decrease screen time (television, computers, electronic games, smart phones)

C. Breastfeeding

- i. Increase breastfeeding initiation, duration and exclusivity

2. Mental and Emotional Well-Being

- i. Increase the quality of life for all ages
- ii. Reduce child abuse and neglect rates

3. Injury and Violence Prevention

- i. Prevent unintentional injuries and violence, and reduce their consequences

4. Cancer Prevention

A. Primary Prevention

- i. Reduce the impact of tobacco use and exposure on cancer incidence and mortality
- ii. Reduce exposure to ultraviolet light

B. Early Detection

- i. Increase cancer screening rates
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Evaluation of Leading Health Indicators, Goals and Strategies

The Nebraska Panhandle is the western part of the state and comprises eleven counties – Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan and Sioux. Scotts Bluff is served by the Scotts Bluff County Health Department while the remaining ten counties are served by the Panhandle Public Health District.

Data provided in this document are representative of the whole Nebraska Panhandle Region unless otherwise indicated (NE – Nebraska, PPHD – Panhandle Public Health District, SBCHD – Scotts Bluff County Health Department). If no reliable data has been identified, it is noted as “TBD.” Some measures included in the 2012 – 2017 CHIP do not match the data provided in the Nebraska Behavioral Risk Factors Surveillance Survey (BRFSS) and Nebraska Youth Risk Behavior Survey (YRBS) reports. Therefore, the actual wording from the BRFSS and YRBS reports that the data correspond to is noted at the bottom of the measures, if applicable, with an asterisk (*).

Priority Health Area 1: Healthy Living

HP2020 Leading Health Indicator	Target	Baseline	Current	Data Source
Reduce the proportion of adults who are obese	HP2020: 30.6% or 10% Improvement	PPHD: 26.7% SBCHD: 34.1% (2011)	PPHD: 31.0% SBCHD: 37.8% (2013)	NE BRFSS
Reduce the proportion of children and adolescents who are obese	HP2020: 14.5% or 10% Improvement	TBD	TBD	TBD
Increase the contribution of total vegetables to the diets of the population aged two and older	HP2020: 0.90 cup equivalent/1,000 calories	TBD	TBD	TBD
Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity	HP2020: 20.1%	PPHD: 18.5% SBCHD: 18.1% (2011)	PPHD: 14.0% SBCHD: 16.3% (2013)	NE BRFSS

Priority Health Area 1: Healthy Living – Healthy Eating

Goal	Target: By July 2017...	Baseline	Current	Data Source
Increase consumption of fruits and vegetables	Increase % of Panhandle adults consuming 5 or more servings of fruits and vegetables per day	PPHD: 22.8% SBCHD: 21.3% (2009-2010)	No comparable data available	NE BRFSS
	Increase % of Panhandle 9 th – 12 th grade students who reported eating fruits at least 5 times a day and vegetables at least three times per day during the last seven days *Data represent % of 9 th – 12 th grade students who reported eating fruits and vegetables at least 5 times a day during the past 7 days	NE: 16.5% (2011)	NE: 16.5% (2013)	NE YRBS
Decrease sugar-sweetened beverage consumption	Decrease % of Panhandle 9 th – 12 th grade students who reported drinking a can, bottle, or glass of soda/pop during the past seven days *Data represent % of 9 th – 12 th grade students who reported drinking any sugar-sweetened beverage an average of one or more times per day during the past 7 days	NE: 66% (2011)	NE: 61.4% (2013)	NE YRBS

Strategy	Target: By July 2017...	Baseline	Current	Data Source
#1 Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables and water, in local retail venues and underserved areas.	Increase % of census tracts that have healthier food retailers located within the tract or within a ½ mile of tract boundaries	NE: 64% (2009)	No current data available	CDC State Indicator Report on Fruits & Vegetables
	Increase the # of community gardens and farmers markets in the Panhandle to at least one in seven of ten counties	TBD	TBD	TBD
	Increase % of farmers markets that accept WIC Farmers Market Nutrition Program coupons	NE: 1.5% (2009)	No current data available	CDC State Indicator Report on Fruits & Vegetables

Strategy	Target: By July 2017...	Baseline	Current	Data Source
	Increase the % of Farmers Markets that accept Electronic Benefit Transfers	NE: 1.5% (2009)	No current data available	CDC State Indicator Report on Fruits & Vegetables
#2 Ensure access to and promote healthful foods, including fruits, vegetables and water while limiting access to sugar-sweetened beverages in worksite settings (food service, cafeteria, vending machines, meetings, conferences and events) (NPANSP).	Increase % of worksites with policies or guidelines on healthful food options served at staff meetings	33.3% (2011)	20.8% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites adopting policies encouraging healthy food at company sponsored events	35.7% (2011)	16.7% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites adopting policies that require healthy food options in the cafeteria	66.7% (2011)	75% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % worksites that have posted signs to promote healthful food/beverage options or healthier food alternatives in the vending machines in the past 12 months	66.7% (2011)	50% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % worksites participating in Worksite Wellness that make kitchen equipment available for employee food storage and cooking	100% (2011)	96.2% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % worksites that have offered employee health or wellness programs related to healthy eating or nutrition	93.8% (2011)	73.1% (2013)	Panhandle Worksite Wellness Committee Survey
	#3 Ensure that policies at schools and child care facilities promote healthier foods and beverages, with an emphasis on fruits, vegetables and healthy beverage/water (NPANSP).	Increase % of elementary that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition	NE: 23% (2010)	NE: 35.5% (2012)
Increase % of secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition		NE: 33.1% (2010)	NE: 32.4% (2012)	School Health Profiles
Increase % of elementary schools		NE: 25.1%	NE: 26.9%	School Health

Strategy	Target: By July 2017...	Baseline	Current	Data Source
	with a School Improvement Plan that includes health related goals and objectives on nutrition services and foods and beverages available in schools	(2010)	(2012)	Profiles
	Increase % of secondary schools with a School Improvement Plan that includes health related goals and objectives on nutrition services and foods and beverages available in schools	NE: 33.0% (2010)	NE: 27.3% (2012)	School Health Profiles
	Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: N9 Nutrition Policy	TBD	TBD	TBD
#4 Ensure that children in schools and child care facilities have affordable, appealing healthy choices in foods and beverages outside of the child nutrition program.	Increase % of elementary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered	NE: 17.3% (2010)	NE: 19.2% (2012)	School Health Profiles
	Increase % of secondary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered	NE: 15.9% (2010)	NE: 19.1% (2012)	School Health Profiles
#5 Implement and enhance clinical interventions to prevent and control obesity.	Increase # of providers screening all adults for obesity and offering or referring for intensive counseling or behavioral interventions	TBD	TBD	TBD
	Increase # of providers screening all children over six for obesity and offering or referring for intensive counseling or behavioral interventions	TBD	TBD	TBD
#6 Ensure a healthy food source	Decrease # of food borne illness	24 (2011)	18 (2013)	NEDDS Base System

Priority Health Area 1: Healthy Living – Active Living

Goal	Target: By July 2017...	Baseline	Current	Data Source
Increase physical activity	Increase % of Nebraska adults meeting 2008 Physical Activity Guidelines	PPHD: 18.5% SBCHD: 18.1% (2011)	PPHD: 14% SBCHD: 16.3% (2013)	NE BRFSS
	Increase % of Panhandle 9-12 th grade students who reported being physically active for a total of at least 60 minutes during the past 7 days *Data represent % of 9 th -12 th grade students who were physically active for 60 or more minutes on 5 or more of the past 7 days	NE: 53.7% (2011)	57.6% (2013)	NE YRBS
Decrease screen time (television, computers, electronic games, smart phones)	Decrease % of 9 th -12 th grade students who reported watching TV 3+hours per day on an average school day	NE: 25.2% (2011)	NE: 22.8% (2013)	NE YRBS
	Decrease % of Panhandle 9 th – 12 th graders who report playing video or computer games (or using the computer for something that was not school work) 3+ hours per day on an average school day	NE: 21.1% (2011)	NE: 28.1% (2013)	NE YRBS
	Decrease % of Panhandle children ages 1-5 years who watch 1 or more hours of TV/day *Data represent % of children ages 1-5 years who watch more than 1 hour of TV or videos on an average weekday.	NE: 51.4% (2007)	NE: 46.3% (2011/12)	National Survey of Children’s Health

Strategy	Target: By July 2017...	Baseline	Current	Data Source
#1 Enhance access to physical activity opportunities, including physical	Increase % of elementary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs	NE: 42.6% (2010)	NE: 41.8% (2012)	School Health Profiles

Strategy	Target: By July 2017...	Baseline	Current	Data Source
education in Panhandle schools, child care and after school facilities.	Increase % of secondary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs	NE: 45.9% (2010)	NE: 45.2% (2012)	School Health Profiles
	Increase % of elementary schools that require physical education for students in any of grades K-5 * Data representative of students in grades K-6, and not K-5	NE: 98.4% (2010)	NE: 99.6% (2012)	School Health Profiles
	Increase % of secondary schools that require physical education for students in grades 9, 10, 11, 12 respectively	NE: 89%, 48.5%, 21.3%, 21.2% (2010)	NE: 92.2%, 47.4%, 21.9%, 22.5% (2012)	School Health Profiles
	Increase # of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA1 Active Plan and Active Time	TBD	TBD	TBD
	Increase # of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA2 Play Environment	TBD	TBD	TBD
	Increase # of in home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA4 Physical Activity Education	TBD	TBD	TBD
	#2 Enhance policies for physical activity, inclusive of physical education, in Nebraska schools.	Increase % of elementary schools that require physical education for students in any of grades K-5 * Data representative of students in grades K-6, and not K-5	NE: 98.4% (2010)	NE: 99.6% (2012)
Increase % of secondary schools that require physical education for students in grades 9, 10, 11, 12		NE: 89%, 48.5%, 21.3%, 21.2% (2010)	NE: 92.2%, 47.4%, 21.9%, 22.5% (2012)	School Health Profiles
Increase % of secondary schools in which teachers taught all physical activity topics (12) in a required course for 6 th -12 th graders		NE: 58.4% (2010)	NE: 60.7% (2012)	School Health Profiles

Strategy	Target: By July 2017...	Baseline	Current	Data Source
#3 Enhance community planning and design practices through built environment and policy changes to improve physical activity in the Panhandle	Increase % of youth with parks, community centers and sidewalks	NE: 54.6% (2007)	NE: 54.1% (2011/12)	National Survey of Children's Health
	Increase % of communities with plans to promote walking & biking	TBD	TBD	TBD
	Increase % of seniors with safe sidewalks	TBD	TBD	TBD
#4 Enhance the parks and recreation built environment and policies to improve access to PA.	Increase Total # of existing and planned trails	TBD	TBD	TBD
#5 Enhance worksite and healthcare supports for physical activity	Increase % of worksites that provide incentives to employees for engaging in physical activity or exercise.	50% (2011)	40% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that have policies supporting employee physical fitness.	42.9% (2011)	42.3% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that have policies encouraging employees to commute to work by walking or biking	7.1% (2011)	15.4% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that have one or more walking routes for employees	26.7% (2011)	30.8% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that post signs to promote use of stairs within worksite	20% (2011)	26.7% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that allow additional breaks during the day for physical activity	7.7% (2011)	12% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that provide subsidized memberships to health or fitness clubs	37.5% (2011)	46.2% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that allow flex time for physical activity during the workday	23.1% (2011)	26.9% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase # of health care providers assessing youth physical activity behaviors at annual visits	TBD	TBD	TBD

Priority Health Area 1: Healthy Living – Breastfeeding

Goal	Target: By July 2017...	Baseline	Current	Data Source
Increase breastfeeding initiation, duration, and exclusivity	Increase % of Panhandle mothers who reported initiating breastfeeding	NE: 82.4% (2011)	NE: 80.8% (2013)	National Immunization Survey
	Increase % of Panhandle mothers who reported continuing breastfeeding at 12 months	NE: 25.8% (2011)	NE: 22.3% (2013)	National Immunization Survey
	Increase % of Panhandle mothers who reported exclusively breastfeeding at six months	20.2% (2011)	NE: 21.4% (2013)	National Immunization Survey

Strategy	Measure	Baseline	Current	Data Source
#1 Provide employers with resources and technical assistance to help them increase breastfeeding support in the workplace	Increase % of Panhandle businesses that have a written policy supporting breastfeeding	45.5% (2011)	44% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % businesses that provide a private, secure lactation room on site	71.4% (2011)	73.9% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of businesses that allow time in addition to normal breaks for lactating mothers to express breastmilk during the day	81.8% (2011)	94.4% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that have offered employees health or wellness programs, support groups, or counseling sessions related to breastfeeding	23.1% (2011)	9.1% (2013)	Panhandle Worksite Wellness Committee Survey
#2 Promote and support peer and professional breastfeeding support programs	Increase # of Lactation Consultant in the Panhandle	NE: 3.04 IBCLCs/1000 live births (2011)	NE: 3.89 IBCLCs/1000 live births (2013)	CDC Breastfeeding Report Card
	Increase # of La Leche League groups in the Panhandle	NE: 0.61 LL Groups/1000 live births	NE: 1.48 LL groups/1000 live births	La Leche League of Nebraska
	Increase # of WIC peer counselors	3 (2012)		State WIC Program

Strategy	Measure	Baseline	Current	Data Source
#3 Encourage hospitals to adopt maternity care practices supportive of breastfeeding	Increase # of hospitals in the Panhandle that have adopted baby-friendly policies	TBD	TBD	TBD
#4 Promote public support and acceptance of breastfeeding	Increase # of public messages and partners in support of breastfeeding	TBD	TBD	TBD

Priority Health Area 2: Mental and Emotional Well-Being

HP2020 Leading Health Indicator	Target	Baseline	Current	Data Source
Reduce the suicide rate	10.2/100,000 or 10% improvement	PPHD: 13/100,000 (2005-09)	No current data available	NE DHHS
Reduce the proportion of adolescents 12- 17 who experience major depressive episode	7.5% or 10% improvement	TBD	TBD	TBD

Goal	Target: By July 2017...	Baseline	Current	Data Source
Increase the quality of life for all ages	Decrease the percentage of adults who report that their mental health (including stress, depression, and emotional problems) was not good 10 or more of the last 30 days	Data currently not available	Data currently not available	NE BRFSS
	Decrease the % of adults 18 or older who report that they rarely or never get the social or emotional support they need	Data currently not available	Data currently not available	NE BRFSS
	Decrease the % of adults who report they are dissatisfied or very dissatisfied with their life	Data currently not available	Data currently not available	NE BRFSS
	Decrease the % of high school youths who report they have been depressed in the past 12 months	NE: 21% (2011)	NE: 19.5% (2013)	NE YRBS
	Decrease the % of high school students who considered suicide in the past 12 months	NE: 14.2% (2011)	NE: 12.1% (2013)	NE YRBS
	Decrease the % of high school youth who reported having attempted suicide in the past 12 months	NE: 9.4% (2011)	NE: 7.7% (2013)	NE YRBS
Reduce child abuse and neglect rates	Reduce the rates of child maltreatment in the Panhandle	8.8/1,000 (2007-09)	No current data available	DHHS

Strategy	Measure	Baseline	Current	Data Source
#1 Promote positive early childhood development including positive parenting and violence-free homes.	Developmental: Increase proportion of children who are ready for school in all five domains: physical development, socio-emotional development, approaches to learning, language and cognitive development	TBD	TBD	TBD
	Increase proportion of parents who use positive parenting and communication with their doctors and other health care professionals about positive parenting	TBD	TBD	TBD
#2 Facilitate social connectedness and community engagement across the lifespan.	Increase # of middle school youth who report that they are connected to three or more adults in their community	80% (2012)	No current data available	SPARKS Survey
#3 Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.	Increase proportion of youth reporting that they have a SPARK and the support to pursue their SPARK	61.2% (2012)	No current data available	SPARKS Survey
	Increase proportion of homeless or near homeless youth who receive screenings and referral for mental health services	462 (2010-11)	No current data available	SSRHY RHYMS
	Maintain or increase # of prevention resources that promote protective factors	0 (2012)	No current data available	Service Array Assessment Protective Factor Surveys
	Increase # of schools which have and enforce anti-bullying policies	TBD	TBD	TBD
#4 Promote early identification of mental health needs and access to quality mental health services.	Increase proportion of elementary, middle and senior high schools that provide comprehensive school health education and services, including mental health	TBD	TBD	TBD
	Increase depression screenings by primary care providers	TBD	TBD	TBD

Priority Health Area 3: Injury and Violence Prevention

Goal	Target: By July 2017...	Baseline	Current	Data Source
Prevent unintentional injuries and violence	Reduce the number of injuries from falls in over 65 years old	PPHD: 609 SBCHD: 394 (2010)	No current data available	NE DHHS
	Reduce the number of injuries by “struck by/against”	PPHD: 642 SBCHD: 462 (2010)	No current data available	NE DHHS
	Reduce the number of injuries by cut/pierced	PPHD: 349 SBCHD: 242 (2010)	No current data available	NE DHHS
	Reduce the number of injuries resulting from motor vehicle accidents	PPHD: 291 SBCHD: 337 (2010)	No current data available	NE DHHS
	Reduce the number of injuries from violence	PPHD: 149 SBCHD: 162 (2010)	No current data available	NE DHHS
	Reduce the number of injuries by overexertion	PPHD: 323 SBCHD: 169	No current data available	NE DHHS
Reduce the consequences of unintentional injuries and violence	Reduce the number of deaths as a result of falls in persons over 65	PPHD: 26 SBCHD: 21 (2006-10)	No current data available	NE DHHS
	Reduce the number of deaths resulting from motor vehicle accidents	PPHD: 51 SBCHD: 34 (2006-10)	No current data available	NE DHHS
	Reduce the number of deaths resulting from violence	PPHD: 8 SBCHD: 7 (2006-10)	No current data available	NE DHHS

Strategy	Measure	Baseline	Current	Data Source
#1 Implement and strengthen policies and program to enhance transportation safety.	Reduce % of high school youth who never/rarely wore a helmet when biking in last 12 months	91.0% (2011)	89.1% (2013)	NE YRBS
	Reduce % of high school youth who reported never/rarely wearing seatbelts	15.7% (2011)	11.9% (2013)	NE YRBS

Strategy	Measure	Baseline	Current	Data Source
	Reduce % of high school youth who reported that they rode with a driver who had been drinking in the past 30 days	23.9% (2011)	20.3% (2013)	NE YRBS
	Reduce % of high school youth who reported that they drove while drinking in the past 30 days	7% (2011)	6.8% (2013)	NE YRBS
	Reduce % of high school youth who reported that they texted or e-mailed while driving in the past 30 days	*45% (2011)	46.6% (2013)	NE YRBS
	Reduce % of high school youth who reported talking on cellphone while driving in the past 30 days	*49% (2011)	54.4% (2013)	NE YRBS
#2 Promote and strengthen policies & programs to prevent falls among older adults.	Reduce % of falls resulting in hospitalization by adults over the age of 64	TBD	TBD	TBD
#3 Promote and enhance policies and programs to increase safety and prevent injury in the workplace.	Increase % of worksites that has policies to promote employees to wear seat belts while driving a car or operating a moving vehicle while on company business	64.3% (2011)	86.4% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites that has policies that require employees to refrain from talking on cellphones while driving a car or operating a moving vehicle while on company business	45.5% (2011)	78.3% (2013)	Panhandle Worksite Wellness Committee Survey
#4 Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries.	Reduce % of high school youth who reported having been in a physical fight in past 12 months	26.7% (2011)	20.1% (2013)	NE YRBS
	Reduce % of high school youth who reported that they were physically abused by a boyfriend or girlfriend in past 12 months	11% (2011)	7.6% (2013)	NE YRBS
	Reduce % of high school youth who reported they were ever forced to have sex	8.1% (2011)	8.6% (2013)	NE YRBS

Strategy	Measure	Baseline	Current	Data Source
	Reduce % of high school youth who reported they were bullied on school property in past 12 months	22.9% (2011)	20.8% (2013)	NE YRBS
	Reduce % of high school youth who reported being electronically bullied in past 12 months	15.8% (2011)	15.7% (2013)	NE YRBS

Priority Health Area 4: Cancer Prevention

HP2020 Leading Health Indicator	Target	Baseline	Current	Data Source
Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines	HP2020: 705%	PPHD: 56.9% SBCHD: 53.9% (2012)	PPHD: 52.0% SBCHD: 52.1% (2013)	NE BRFSS
Reduce the percentage of adults who are current smokers	HP2020: 12%	PPHD: 19.1% SBCHD: 17.4% (2011)	PPHD: 18.7% SBCHD: 23.0% (2013)	NE BRFSS
Reduce the percentage of adolescents who smoked cigarettes in last 30 days	HP2020: 16%	NE: 18.9% (2011)	NE: 16.2% (2013)	NE YRBS
Reduce the percentage of children 3-11 exposed to secondhand smoke	HP2020: 47% or 10% improvement	TBD	TBD	TBD

Priority Health Area 4: Cancer Prevention – Primary Prevention

Goal	Target: By July 2017...	Baseline	Current	Data Source
Reduce the impact of tobacco use and exposure on cancer incidence and mortality	Decrease the % of youth (grades 9-12) who have used tobacco products in the last 30 days	15.0% (2011)	10.9% (2013)	NE YRBS
	Decrease the % of adults who smoke cigarettes	17.4% (2011)	23.0% (2013)	NE BRFSS
	Decrease the % of adult males who use smokeless tobacco	6.6% (2011)	6.5% (2013)	NE BRFSS
	Increase the proportion of adult Nebraskans that are protected from secondhand smoke	NE: 85% (2009)	No current data available	NE Adult Climate Survey/Social Climate Survey
	Increase the proportion of adults that are protected from second hand smoke in cars	NE: 80.2% (2009)	No current data available	NE Adult Climate Survey/Social Climate Survey

Goal	Target: By July 2017...	Baseline	Current	Data Source
	<p>Increase the % of teens who participate in behaviors that reduce exposure to artificial ultraviolet light</p> <p>*Data represent % of 9th-12th grade students who reported using an indoor tanning device one or more times during the past 12 months</p>	NE: 18.5% (2011)	NE: 16.3% (2013)	NE YRBS

Strategy	Measure	Baseline	Current	Data Source
#1 Support comprehensive tobacco free and other evidence-based tobacco control policies.	Increase % of schools with tobacco-free campus policies	80% (2011)	No current data available	TRAIN
	Increase # of county fair boards with policies designating a portion of outdoor areas smoke-free	3 (2012)	No current data available	TRAIN
	Increase # of outdoor recreational facilities (fairgrounds, amusement parks, playgrounds, sports stadiums) that have policies designating all or a portion of the outdoor areas smoke-free	7 (2011)	No current data available	TRAIN
	Increase % of worksites with policies on smoke-free campuses	40% (2011)	36% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of worksites with policies on smoke-free entryways (15 feet from door)	38.5% (2011)	52% (2013)	Panhandle Worksite Wellness Committee Survey
	Increase % of policies to ensure smoke-free multi-unit housing complexes	43% (2012)	No current data available	TRAIN
#2 Reduce underage access to tobacco.	Reduce % of youth who report ever having tried cigarettes	38.7% (2011)	31.9% (2013)	NE YRBS
	Reduce % of high school youth who smoked cigarettes in past 30 days	15.0% (2011)	10.9% (2013)	NE YRBS
	Reduce % of youth who have used smokeless tobacco in past 30 days	6.4% (2011)	7.7% (2013)	NE YRBS

Strategy	Measure	Baseline	Current	Data Source
#3 Use media to educate and encourage people to live tobacco-free.	Increase proportion of homes with a smoke-free pledge	687 (2011)	1027 (2012)	TRAIN
	Increase proportion of families who report their personal vehicle is smoke-free	687 (2011)	1027 (2012)	TRAIN
	Increase culturally competent messaging for media presentations	TBD	TBD	TBD
	Increase regional smoke-free billboard presence	5 (2011)	No current data available	TRAIN
#4 Reduce exposure to ultraviolet light.	Increase # of pools with sun safety policies for lifeguards	TBD	TBD	TBD
	Assess and promote use of natural and shaded structures for pool sun protection.	TBD	TBD	TBD
	Reduce % of youth who reported having used an indoor tanning device in past 12 months	19% (2011)	16.3% (2013)	NE YRBS
	Mass media campaigns to increase awareness of artificial light (tanning booths/sunlamps)	TBD	TBD	TBD
	Free sunscreen to increase use	PPHD: 100% SBCHD: 40% (2012)	No current data available	Panhandle Public Health District
	Worksite policies to protect employees from sun exposure	TBD	TBD	TBD
	Education and policy approaches in outdoor recreation and work settings	TBD	TBD	TBD
#5 Clinician counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women	Clinicians ask adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products	TBD	TBD	TBD
	Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke	TBD	TBD	TBD

Priority Health Area 4: Cancer Prevention – Early Detection

Goal	Target: By July 2017...	Baseline	Current	Data Source
Increase screening rates	Increase breast cancer screening rates for women	PPHD: 63.5% SBCHD: 65.4% (2009-10)	PPHD: 70.7% SBCHD: 70.1% (2012)	NE BRFSS
	Increase % of women who received a pap smear in the last three years	PPHD: 70.1% SBCHD: 65.1% (2009-10)	PPHD: 79.2% SBCHD: 74.9% (2012)	NE BRFSS
	Increase the % of adults who receive appropriate colon cancer screenings	PPHD: 56.9% (2012)	PPHD: 52.0% (2013)	NE BRSS
	Developmental: Increase the proportion of men who have discussed with their health care provider whether to have a prostate-specific antigen (PSA) test to screen for prostate cancer	TBD	TBD	TBD

Strategy	Measure	Baseline	Current	Data Source
#1 Client reminders	Increase # of clinics/providers sending reminders, postcards, letters or phone calls for screenings	TBD	TBD	TBD
#2 One-on-one education	Increase # of clinics, worksite wellness, health fairs, public health events that provide one-on-one education on health screenings	TBD	TBD	TBD
#3 Provider recall system	Increase # of health care providers using reminders and recalls	TBD	TBD	TBD
#4 Small media	Increase # of small media events tailored to specific persons or general audiences to inform and motivate people to be screened for cancer	TBD	TBD	TBD
	Increase # of campaigns regarding current guidelines for screenings	TBD	TBD	TBD

#5 Reduce financial barriers	Increase # of persons accessing Fecal Occult Blood Test (FOBT) kits and coupons	PPHD: 166 SBCHD: 145 (2011)	PPHD: 222 SBCDH: 273 (2013)	PPHD and SBCHD
	% of women with an annual income less than \$35,000 who are screened	TBD	TBD	TBD

Conclusion

Through the evaluation process, data availability was identified as one of the biggest challenges. There are a lot of measures in the 2012 – 2017 CHIP where no data is available or only state-level data is available or no reliable data has been identified. In the next round of evaluation, data availability will be one of the factors considered in revising the CHIP.