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

2014

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Introduction

This is the annual report of the 2012 – 2017 Nebraska Panhandle Community Health Improvement Plan (CHIP). It reflects the activities and collaborative efforts of the Panhandle Public Health District, Scotts Bluff County Health Department, Panhandle Partnership for Health and Human Services and the Rural Nebraska Healthcare Network in 2014. This document serves as a progress review on the strategies that were developed in 2012 and activities that have been implemented since then. It also captures the revisions made to the CHIP based on the evaluation of the goals, objectives, strategies, current and planned activities, performance measures, and available resources.

In addition to the 2012 – 2017 CHIP, this report also references the 2011 Nebraska Panhandle Community Health Assessment. Both documents can be found on Panhandle Public Health District's website: http://www.pphd.org/CHIPIndex.html.

While the CHIP is a community driven and collectively owned health improvement plan, Panhandle Public Health District is charged with providing administrative support, tracking and collecting data, and preparing the annual report.

For more information on the CHIP or on the annual CHIP report, please contact:

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Nebraska Panhandle

The Nebraska Panhandle is the western part of the state and comprises eleven counties with a combined land area of 14,138 square miles.[1] Counties included are Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan and Sioux. It has a strong history of partnership and collaboration across all sectors of the local public health system as evidenced by the Panhandle Partnership for Health and Human Services, various coalitions and community organizations and the Rural Nebraska Healthcare Network.

Scotts Bluff has its own health department, the Scotts Bluff County Health Department (SBCHD), while the remaining ten counties are served by the Panhandle Public Health District (PPHD). As of February 4, 2015, Grant County became part of PPHD's jurisdiction. However, because of the geographic landscape and the culture of collaboration, PPHD and SBCHD have a long history of working together. Combined,

PPHD and SBCHD serve 88,403 (including Grant County)[1,2] residents. There are eight hospitals in the Panhandle, all of which are members of the Rural Nebraska Healthcare Network – Box Butte General Hospital, Chadron Community Hospital, Gordon Memorial Health Services, Kimball Health Services, Morrill County Community Hospital, Regional West Garden County, Regional West Medical Center and Sidney Regional Medical Center.

Background

In early 2011, PPHD and SBCHD entered into a collaborative relationship to facilitate a comprehensive community health assessment and planning process for all eleven counties of the Panhandle. The Mobilizing for Action through Planning and Partnership (MAPP) process provided the foundation for the 2011 needs assessment process. As part of the MAPP process, quantitative and qualitative data were collected from the following four assessments:

- Community Themes and Strengths - collected surveys, and conducted focus groups and a dialogue group to get a deeper understanding of the issues residents felt were important.
- Forces of Change – engaged 41 stakeholders in a consensus process using the Technology of Participation to identify "forces," such as legislation, technology, and other impending changes that can affect the context in which the community and the public health system operate.
- Local Public Health System – Forty persons representing the local public health system completed the Local Public Health System Assessment designed by the National Public Health Performance Standards Program. This assessment measured how well the local public health system is meeting the ten essential public health services.
- Community Health Status – reviewed various data health indicators and compared it to previous and/or state data to develop a picture of the health status of the community.

Many important health and public health system issues surfaced during the MAPP assessments; however, with the limited time and resources, it would be nearly impossible to address all of them. Therefore, a prioritization process was held in November 2011 to help determine which areas the local public health system needs to focus on first. MAPP stakeholders reviewed the assessment information and chose the health priorities based on the following criteria:

- Magnitude or size of the problem – the number or percentage of the population involved or affected
- Comparison with state results – how well are we doing compared to the rest of the state
- Historical trends – is the health issue getting better, worse, or remaining the same
- Economic and social impact – reflects the impact on workforce productivity, health care costs, crime rates, education, and the health of the population
- Changeability – indicates whether the health issue can be influenced at the local level in the next three to five years through prevention strategies and whether there are

evidence-based programs, policies, and practices available that can significantly impact the issue
- Capacity of the local public health system – reflects the skills, awareness, interest, and support by public health partners within the region
- Readiness or political will – reflects the awareness, interest, and political support or lack of clear political opposition at both the state and community levels

Using a rating system provided by the Nebraska Department of Health and Human Services, participants reached a consensus and identified the following (in no particular order) to be the priority health areas of the Nebraska Panhandle:

1. *Healthy Living*
    A. *Healthy Eating*
    B. *Active Living*
    C. *Breastfeeding*
2. *Mental and Emotional Well Being*
3. *Injury and Violence Prevention*
4. *Cancer Prevention*
    A. *Primary Prevention*
    B. *Early Detection*

Once the priority health areas were identified through the MAPP process, working groups were convened to develop the goals, objectives, strategies and key actions and to identify benchmarks to be included in the CHIP.

A total of 33 unduplicated people participated in the CHIP planning meetings. Meeting participants included representatives from hospitals and health care, public health, behavioral health, mental health, advocacy and disability groups, schools, not-for-profit agencies, youth and family serving organizations, community recreation, prevention organizers and citizens at large.

Community discussion, priority strategies and actions were reviewed in the context of Healthy People 2020, the 2011 National Prevention Strategy and The Guide to Community Preventive Services to assure that areas included in the plan met evidence-based and evidence-informed criteria for implementation.

Rural Nebraska Healthcare Network

The Patient Protection and Affordable Care Act signed into law on March 23, 2010 imposed additional requirements on tax-exempt hospitals, acknowledging the important role hospitals play in their community. One of the new requirements include that tax-exempt hospitals regularly conduct community health needs assessment (CHNA) and adopt implementation strategies to address applicable needs identified. This new requirement highlighted how important it is for the hospital to be aware of their community's needs and recognized that there are opportunities beyond the hospital walls to have a significant impact on the health of their community.

The Rural Nebraska Healthcare Network collaborated with PPHD and SBCHD to complete the MAPP process for each of the Nebraska Panhandle hospital service areas in 2014. Each hospital chose their priority health areas and developed their community health improvement plan based on the results of their service area's needs assessment. Although there are slight differences due to the uniqueness of each hospital's service area, the community needs assessment and CHIP reports of the eight hospitals are aligned with the 2012 regional CHIP. See Appendix A for the list of priority health areas of the eight Nebraska Panhandle hospitals. This regional approach was very instrumental in bringing representatives from the eight hospitals together, engaging them in community health and making this a more efficient MAPP process. PPHD prepared a report that summarized the 2014 regional needs assessment process of the eight hospitals. This report will serve as an update to the 2011 Nebraska Panhandle Community Health Assessment.

In the spirit of continuing this collaborative approach, maximizing opportunities and resources and avoiding duplication, it was decided that the regional community health needs assessment and community health improvement planning process will be conducted every three years (instead of five years) to match the CHNA cycle of tax-exempt hospitals. Therefore, the next CHNA/CHIP process will be conducted in 2017.

Considerations for CHIP Update

Revisions to the CHIP were made after careful review of the goals, objectives, strategies and measures of the 2012-2017 CHIP. Recommended changes were made based on the following parameters:

- Availability of data to monitor progress – performance measures that had regional data were preferred. Regional data would provide a more accurate measure as to whether or not implemented activities are having the desired impact. However, for certain objectives, it was determined that even if no regional data was available, it was still informative to continue to monitor state-level data.
- Availability of resources – removed strategies which have not been implemented or strategies which currently have no plans to be implemented due to limited resources and capacity. It was decided that if strategies were not implemented yet or there are no plans to implement them soon, it is unlikely that they would achieve the desired outcome within the timeframe of the CHIP.
- Community readiness – strategies which the community consider as something they are unprepared to implement or undertake in the near future were removed from the CHIP because similar to the "availability of resources" criteria, it is unlikely that the desired outcome will be achieved within the timeframe of the CHIP.
- Evident progress – if no progress has been reported after 24 months (CHIP was adopted in 2012), strategies, activities and measures were evaluated and amended, if necessary.
- Alignment with goals – if strategy or objective was deemed to not contribute towards the goal, it was removed.

Revisions to the CHIP are highlighted and explained throughout the document in italics.

Priority Health Areas - Goals

The Goals and Objectives of the four Priority Health Areas were reorganized. It was decided that it was best to align our goals with that of Healthy People 2020 and that the original goals of the 2012-2017 CHIP were more appropriate to be categorized as objectives. These changes created a more cohesive and streamlined plan. Some of the objectives were also reworded to turn them into SMART (Specific, Measurable, Achievable, Realistic and Timely) objectives and to more accurately match the data we are using to evaluate our progress.

PRIORITY HEALTH AREA	GOAL
1. Healthy Living	
A. Healthy Eating	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of a healthy body weight
B. Active Living	Improve health, fitness and quality of life through daily physical activity
C. Breastfeeding	Improve the health and well-being of infants by creating an environment and community that supports breastfeeding
2. Mental and Emotional Well-Being	Improve mental and emotional health through prevention and by ensuring access to appropriate, quality mental health services
3. Injury and Violence Prevention	Prevent unintentional injuries and violence, and reduce their consequences
4. Cancer Prevention	Reduce the number of new cases, as well as the illness, disability and death caused by cancer

Priority Health Areas – Objectives, Strategies and Updates

This section covers each of the Priority Health Areas in more detail. For each priority health area, a brief description of the health issue is provided along with key objectives, strategies, updates and key partners.

The 2012-2017 Nebraska Panhandle CHIP included long-term and intermediate measures for each priority health area's goal. Because of the re-organization of the goals and objectives, mentioned earlier, these long-term and intermediate measures were adopted as the priority health area's objectives. For indicators that no reliable data have been identified, data were noted as "TBD". If CHIP objective is the same as the Healthy People 2020 objective, the Healthy People 2020 target-setting method is followed, when available and appropriate. Otherwise, default target is a 10% improvement.

Priority Health Area #1: Healthy Living

According to the Nebraska Physical Activity and Nutrition State Plan 2011-2016,[3] "obesity and chronic diseases – such as cancer, diabetes, heart disease and stroke – are among the most common, costly, and preventable of all health problems in Nebraska and throughout the United States. Although we are starting to see a decline in the rate of increase in recent years, obesity rates remain high across the nation.[4] Its prevalence is alarming and it is a risk factor for a myriad of chronic diseases and other serious health problems. In addition, the burden of obesity is not only on an individual's health and overall quality of life, but also on families and society as a whole.[5] It has a significant impact on the economy – especially with regards to health care cost and productivity.[6]

The obesity rate of adults in the Panhandle region is higher than that of the state average in 2013 as seen in Table 1. Areas of focus for this health priority are proper nutrition and physical activity, behaviors associated with preventing obesity. In addition, breastfeeding was also chosen because of its many health benefits for new mothers and infants, as well as recent research suggesting that it may protect against various health issues including obesity.[7]

Table 1: Prevalence of Overweight and Obesity among Adults (2013)

	PPHD	SBCHD	NE
Obese Adults (BMI ≥ 30)	31.0%	37.8%	29.6%
Overweight or Obese (BMI ≥ 25)	66.4%	71.0%	65.5%

Source: Nebraska Behavioral Risk Factor Surveillance System, 2013

Priority Health Area #1A: Healthy Living – Health Eating

Goal: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of a healthy body weight.

Objective 1A.1 ~~**Increase percentage of Panhandle adults (18 years or older) consuming 5 or more servings of fruits and vegetables per day.**~~

By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who consume fruits and vegetables less than 1 time per day by 10%.

Objective 1A.1 was modified to match the data available.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Adults consuming fruits less than 1 time/day in past 30 days	**PPHD**	42.7%	42.1%	38.4%	NE BRFSS, 2011-2013
	SBCHD	39.8%	42.1%	35.8%	NE BRFSS, 2011-2013
Adults consuming vegetables less than 1 time/day in past 30 days	**PPHD**	23.1%	24.4%	20.8%	NE BRFSS, 2011-2013
	SBCHD	24.6%	23.4%	22.1%	NE BRFSS, 2011-2013

Objective 1A.2 **By July 31, 2017, increase the proportion of Panhandle youth (students in grades 9-12) who consume 5 or more servings of fruits or vegetables per day by 10%.**

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who consumed fruits and vegetables 5 or more times/day during the past 7 days	**NE**	16.5%	16.5%		NE YRBS, 2013
	Panhandle	TBD	TBD	TBD	TBD

Objective 1A.3 **By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who drank sugar-sweetened beverages (SSB) an average of one or more times per day during the past seven days by 10%.**

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who drank any SSB 1 or more time/day in past 7 days	**NE**	-	61.4%		NE YRBS, 2013
	Panhandle	-	TBD	TBD	TBD

Objective 1A.4 **By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Nebraska Panhandle who consume sugar-sweetened beverages (SSB) by 10%.**

Objective 1A.4 was added. It was recognized to be an important indicator for this priority health area. Question was not included in 2011 BRFSS questionnaire. Therefore, 2013 data represent the baseline.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Adults who consumed SSB 1 or more time/day in past 30 days	**PPHD**	-	24.5%	22.0%	NE BRFSS, 2011-2013
	SBCHD	-	38.1%	34.3%	NE BRFSS, 2011-2013

Objective 1A.5 **By July 31, 2017, decrease the proportion of adolescent (students in grades 9-12) and adult (18 years or older) residents of the Nebraska Panhandle who are considered overweight or obese by 10%.**

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Obese Adults (BMI ≥ 30)	**PPHD**	26.7%	31.0%	24.0%	NE BRFSS, 2011-2013
	SBCHD	34.1%	37.8%	30.7%	NE BRFSS, 2011-2013
Overweight or Obese Adults (BMI ≥ 25)	**PPHD**	64.2%	66.4%	57.8%	NE BRFSS, 2011-2013
	SBCHD	66.5%	71.0%	59.9%	NE BRFSS, 2011-2013
Obese Youth	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD
Overweight or Obese Youth	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

~~**Objective 1A.6** **Decrease consumption of high energy dense food.**~~

Objective 1A.6 was removed from the CHIP due to lack of available data to appropriately measure this objective. In addition, it was recognized that objective 1A.1 and its associated indicator is a sufficient measure of the healthy eating goal.

Strategies for Healthy Living: Healthy Eating		Progress/Revisions	Key Partners
# 1	Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables and water, in local retail venues and underserved areas.	NuVal system implemented in 13 Panhandle grocery stores. Bountiful Baskets available in 15 Panhandle communities. Farmers Markets in most communities during summer and early fall. Community gardens in most communities.	Affiliated Food Stores and Local Bountiful Basket volunteer coordinators. Local Farmers Market vendors and organizers. City government for offering community garden space.
#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).	Adoption of healthy meeting guidelines, vending policies, and nutritional standards for cafeterias	Panhandle Worksite Wellness Council Members.
#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.	Schools Improvement plans that include health-related goals and objectives on nutrition services and foods and beverages available in school. Implementation of new Federal nutritional standards. Some schools offering meals from scratch instead of "heat and eat" and increased vegetable and salad bar offerings.	Area schools that have adopted nutritional standards, or have included health-related goals and objectives on nutrition services and foods and beverages in School Improvement Plans. Schools that are implementing Coordinated School Health. Area child care providers.
#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.	Schools adopting policies encouraging water bottle usage and healthy vending. Have trained NAP SACC Educators who will offer trainings to Panhandle child care providers	Schools implementing Coordinated School Health. Area child care providers.
#5	Implement and enhance clinical interventions to prevent and control obesity.	Referrals from clinical providers to Diabetes Prevention Program. Clinicians tracking BMI as part of Meaningful Use.	Clinical providers, local hospitals and organizations trained to provide NDPP classes
~~#6~~	~~Ensure a healthy food source.~~	*This strategy, although an important one, was removed due to its disconnect with the Healthy Living-Healthy Eating goal*	

Priority Health Area #1B: Healthy Living – Active Living

Goal: Improve health, fitness and quality of life through daily physical activity.

Objective 1B.1 **By July 31, 2017, increase the proportion of adult (18 years or older) residents of the Panhandle who meet national guidelines for physical activity by 10%.**

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Adults who met both aerobic physical activity and muscle strengthening recommendations	**PPHD**	18.5%	14.0%	20.4%	NE BRFSS, 2011-2013
	SBCHD	18.1%	16.3%	19.9%	NE BRFSS, 2011-2013

Objective 1B.2 **By July 31, 2017, increase the proportion of Panhandle youth (students in grades 9-12) who reported being physically active for a total of at least 60 minutes/day on 5 or more of the past 7 days by 10%.**

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who were physically active 60 or more minutes/day on 5 or more of the past 7 days	**NE**	53.7%	57.6%		NE YRBS, 2013
	Panhandle	TBD	TBD	TBD	TBD

Objective 1B.3 **By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who watch TV 3 or more hours per day by 10%.**

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who watched 3 or more hours of TV/day during an average school day	**NE**	25.2%	22.8%		NE YRBS, 2013
	Panhandle	TBD	TBD	TBD	TBD

Objective 1B.4 **By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report playing video or computer games (or using the computer for non-school work) for 3 or more hours per day by 10%.**

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who played video or computer games or used computer for non-school work for 3 or more hours/day during an average school day	**NE**	21.1%	28.1%		NE YRBS, 2013
	Panhandle	TBD	TBD	TBD	TBD

Objective 1B.5 **By July 31, 2017, decrease the proportion of Panhandle children ages 1 to 5 years who watch 1 or more hours of TV per day by 10%.**

Indicators	Site	Baseline	Current 2013	Target 2017	Data Source
Children who watch 1 or more hours of TV per day	**NE**	46.3% (2011/12)	TBD		National Survey of Children's Health, 2011-2012
	Panhandle	TBD	TBD	TBD	TBD

Strategies for Healthy Living: Active Living		Progress/Revisions	Key Partners
#1	Enhance access to physical activity opportunities, including physical education in Panhandle schools, child care and after school facilities.	Schools adopting policies for recess before lunch, assuring physical education. Offer Early Learning Guidelines Training	Area schools that have included health-related goals and objectives on physical activity in School Improvement Plans, and schools that are implementing Coordinated School Health. Area child care providers
#2	Enhance policies for physical activity, inclusive of physical education, in Nebraska schools.	Schools adopting policies for recess before lunch, assuring physical education,	Area schools that have included health-related goals and objectives on physical activity in School Improvement Plans, and schools that are implementing Coordinated School Health.
#3	Enhance community planning and design practices through built environment and policy changes to improve physical activity in Panhandle communities.	Joint use agreements between schools and community. Including built environment in comprehensive community planning processes.	Schools opening their gyms and playgrounds to community members. Local governments including it in their comprehensive plans.
#4	Enhance the parks and recreation built environment and policies to improve access to physical activity in the Panhandle.	Many area communities working on enhancing or maintaining local swimming pools	City governments. Concerned citizens
#5	Enhance worksite and healthcare supports for physical activity.	Worksite policies to allow for breaks that encourage physical activity, walking and standing work stations in worksites. Referrals from clinical providers to life style change courses such as Diabetic Prevention Program.	Worksites in Panhandle Worksite Wellness Council. Clinical providers, local hospitals and organizations trained to provide NDPP classes

Priority Health Area #1C: Healthy Living – Breastfeeding

Goal: Improve the health and well-being of infants by creating an environment and community that supports breastfeeding

Objective 1C.1 By July 31, 2017, increase the proportion of Panhandle infants who are ever breastfed by 10%.

Indicators	Site	Baseline	Current	Target 2017	Data Source
% of infants who are ever breastfed	**NE**	82.0% (2011)	82.4% (2013)		National Immunization Survey
	Panhandle	31.3% (2012)	46.2% (2014)	34.4%	Healthy Families America Data

Objective 1C.2 By July 31, 2017, increase the proportion of Panhandle infants who are breastfed at 12 months by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
% of infants who are breastfed at 12 months	**NE**	27.0%	25.8%		National Immunization Survey
	Panhandle	TBD	TBD	TBD	TBD

Objective 1C.3 By July 31, 2017, increase the proportion of Panhandle infants who are breastfed exclusively through 6 months by 10%.

Indicators	Site	Baseline	Current	Target 2017	Data Source
% of infants who are breastfed exclusively through 6 months	**NE**	20.2% (2011)	20.2% (2013)		National Immunization Survey
	Panhandle	27.1% (2012)	34.6% (2014)	29.8%	Healthy Families America Data

Strategies for Healthy Living: Breastfeeding		Progress/Revisions	Key Partners
#1	~~Increase support for breastfeeding in the workplace.~~ Provide employers with resources and technical assistance to help them increase breastfeeding support in the workplace	Adoption of breast feeding friendly policies at worksites	Panhandle Worksite Wellness Council Members and worksites in general
#2	~~Increase the number of peer and professional support programs.~~ Promote and support peer and professional breastfeeding support programs	Number has remained constant with 1 La Leche League, and both WIC agencies providing peer support.	CAPWN, Western Community Health Resources, La Leche
#3	~~Increase the number of hospitals providing maternity care practices supportive of breastfeeding.~~ Encourage hospitals to adopt maternity care practices supportive of breastfeeding	Most of the hospitals delivering babies are following most of the ten recommended practices and have a Certified Lactation Consultant on staff.	Regional West Medical Center, Sidney Regional Medical Center, Box Butte General Hospital, Chadron Community Hospital
#4	~~Increase public support and acceptance of breastfeeding.~~ Promote public support and acceptance of breastfeeding	Increase acceptance at worksites.	Panhandle Worksite Wellness Council Members and worksites in general

Priority Health Area #2: Mental and Emotional Well-Being

In 2012, according to the National Institute of Mental Health, approximately 43.7 million adults were affected by some mental illness.[8] It is estimated that only half of those affected receive treatment.[8] The burden associated with mental and behavioral disorders is significant – personally, socially and economically. Suicide, usually a result of undiagnosed or untreated mental or emotional disorder, is one of the leading causes of death worldwide[9] and is the cause of more than 40,000 deaths in the US in 2012.[10] In 2009, suicide was the seventh leading cause of death in the Panhandle (1.5%).[11] Mental and behavioral disorders account for 13.6% of total US disability-adjusted life years (*DALYs).[8] In addition, it was estimated in 2002 that annual total direct and indirect cost associated with serious mental illness is $317.6 billion.[8] Even more troubling is that this number is anticipated to greatly increase over the next 20 years.[12]

Some risk factors for suicide and mental, emotional , and behavioral disorders include alcohol or substance use, isolation, history of child maltreatment, poor parenting, mental health conditions, particularly depression, and stressful and negative events .[13,14] The Adverse Childhood Experiences is a collaborative study between the CDC and Kaiser Permanente that investigates the association between childhood negative experiences and health in adulthood.[15] Findings of the study suggest that adverse childhood experiences such as physical, emotional and sexual abuse, witnessing violence, traumatic events, and family dysfunction has a negative effect on the health and well-being of the individual later on in life.[15]

Understanding the importance of early intervention, the focus of the Panhandle's efforts revolves around prevention through early identification and treatment and prevention and mitigation of Adverse Childhood Experiences.

*DALYs - the total number of years lost to illness, disability, or premature death within a given population.
- calculated by adding the number of years of life lost to the number of years lived with disability for a certain disease or disorder

Priority Health Area #2: Mental and Emotional Well-Being

Goal: Increase quality of life by improving mental and emotional health through prevention and by ensuring access to appropriate, quality mental health services.

Objective 2.1 By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who report that their mental health (including stress, depression, and problems with emotions) was not good ~~10~~ 14 or more of the past 30 days by 10%.

Objective 2.1 was modified to match the current data available. The Nebraska BRFSS now measures mental health not good in 14 or more, instead of 10 or more, of the past 30 days.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Adults who reported that their mental health was not good 10 or more days of the past 30 days	**PPHD**	10.3%	10.4%	9.3%	NE BRFSS, 2011-2013
	SBCHD	11.1%	9.4%	10.0%	NE BRFSS, 2011-2013

Objective 2.2 By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who have ever been told they have depression by 10%.

Added objective 2.2. It was recognized to be an important indicator for this priority health area.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Adults who reported ever having been told they have depression	**PPHD**	18.4%	19.2%	16.6%	NE BRFSS, 2011-2013
	SBCHD	21.2%	20.2%	19.1%	NE BRFSS, 2011-2013

Objective 2.3 By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report that they have been depressed during the past 12 months by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who report they have been depressed in the past 12 months	**NE**	21.0%	19.5%%		NE YRBS, 2013
	Panhandle	TBD	TBD	TBD	TBD

Objective 2.4 By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who reported seriously considering suicide during the past 12 months by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who report they seriously considered suicide in the past 12 months	**NE**	14.2%	12.1%%		NE YRBS, 2013
	Panhandle	TBD	TBD	TBD	TBD

Objective 2.5 By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who reported attempting suicide during the past 12 months by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who report attempting suicide in the past 12 months	**NE**	9.4%	7.7%%		NE YRBS, 2013
	Panhandle	TBD	TBD	TBD	TBD

Objective 2.6 By December 31, 2017, reduce suicide rate of Panhandle residents by 10%.

Indicators	Site	Baseline 2009	Current 2010	Target 2017	Data Source
Age adjusted rate of suicide, per 100,000 population	**PPHD**	15	17.8	13.5	NE DHHS
	SBCHD	15.6	10.9	14.0	NE DHHS

Objective 2.7 ~~Reduce rates of maltreatment of Panhandle children by 10%.~~

By July 31, 2017, reduce the rate of substantiated child abuse or neglect reports in the Panhandle by 10%.

Objective 2.7 was modified to match data that is available.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Rate of substantiated child abuse or neglect report, per 1,000 population	**NE**	7.4	6.3		NE Child Abuse or Neglect Annual Data
	Panhandle	9.7	6.1	8.7	NE Child Abuse or Neglect Annual Data

~~Objective 2.8 Decrease the percentage of adults (18 years or older) who report that they rarely or never get the social or emotional support they need.~~

Removed Objective 2.8. Objectives 2.1 and 2.2 are considered suitable indicators of adult mental health status.

~~Objective 2.9 Decrease the percentage of adults who report they are dissatisfied or very dissatisfied with their life.~~

Removed Objective 2.9. Objectives 2.1 and 2.2 are considered suitable indicators of adult mental health status.

Strategies for Mental and Emotional Well-Being		Progress/Revisions	Key Partners
#1	Promote positive early childhood development including positive parenting and violence-free homes.	Circle of Security Parenting Classes, Coordinated training for plan for early childhood providers, Implementation of the CSEFEL, Families and Schools Together implemented in Chadron, Early Head Start through NWCAP and CAPWN, Six Pence home visiting in Scottsbluff and Healthy Families America in Scotts Bluff, Morrill, and Box Butte Counties, and Community Response.	Circle of Security Parenting partners, Mark Hald, SOC 0-8, ESU 13, Early Development Network, Child care providers, Chadron Public Schools, NWCAP, CAPWN, Scottsbluff Public Schools, Panhandle Public Health District, PPHHS
#2	Facilitate social connectedness and community engagement across the lifespan.	Youth Leadership Institute	Project Everlast, SSRHY, Schools, WNCC, PPHHS.
#3	Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.	Increased awareness of Adverse Childhood Experiences, Respite Services,	Hospitals, Circle of Security Parenting Partners, Respite Care, 1184 Teams, PPHHS.
#4	Promote early identification of mental health needs and access to quality mental health services.	Screening incorporated in program design, QPR training, legislation passed for required training for school personnel, increased sites for annual suicide prevention walks. Increased use in tele health for the provision of mental health services	Healthy Families America, Early Head Start, Rural Partnership for Children, Region 1, Schools, Suicide Prevention Coalition, area hospitals, WCHR.

Priority Health Area #3: Injury and Violence Prevention

According to Healthy People 2020, "unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages."[16] Unintentional injuries accounted for 5.5% of deaths in the Panhandle in 2009 and were considered the fifth leading cause of death that year.[11] In addition to their immediate impacts, injuries and violence can result in premature death, disabilities, poor mental health, high medical costs, and lost productivity.[16]

This is a broad issue with multiple risk factors and a range of consequences which makes it a challenge to entirely address. Therefore, to make the most impact, the Panhandle developed strategies that focus on strengthening and implementing policies and programs, community engagement and education to enhance the safety of the Panhandle community.

Priority Health Area #3: Injury and Violence Prevention

Goal: Prevent unintentional injuries and violence, and reduce their consequences.

Objective 3.1 By July 31, 2017, reduce the number of injuries from falls among Panhandle adults 65 years and older by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
# of injuries from falls in adults 65 years and older	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

Objective 3.2 By July 31, 2017, reduce the number of injuries by "struck by/against" among Panhandle adults by 10%.

Indicators	Site				
# of injuries by "struck by/against" among adults	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

Objective 3.3 By July 31, 2017, reduce the number of injuries by cut/pierced among Panhandle adults by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
# of injuries by cut/pierced among adults	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

Objective 3.4 By July 31, 2017, reduce the number of injuries resulting from motor vehicle accidents among Panhandle residents by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
# of injuries from motor vehicle accidents	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

Objective 3.5 By July 31, 2017, reduce the number of injuries resulting from violence among Panhandle residents by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
# of injuries resulting from violence	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

Objective 3.6 By July 31, 2017, reduce the number of injuries by overexertion among Panhandle adults by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
# of injuries by overexertion among adults	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

Objective 3.7 By July 31, 2017, reduce fall-related deaths among Panhandle adults 65 years and older by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
# of fall-related deaths among adults 65 years and older	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

Objective 3.8 By July 31, 2017, reduce ~~number~~ rate of death resulting from motor vehicle accidents among Panhandle residents by 10%.

Indicators	Site	Baseline 2010	Current 2011	Target 2017	Data Source
Age-adjusted rate for deaths due to motor vehicle accidents, per 100,000 population	**PPHD**	15.6	16.1	14.0	NE DHHS
	SBCHD	17.9	9.0	16.0	NE DHHS

Objective 3.9 By July 31, 2017, reduce ~~number~~ rate of deaths resulting from ~~violence~~ homicide among Panhandle residents by 10%.

Modified Objective 3.9 to match data available.

Indicators	Site	Baseline 2010	Current 2011	Target 2017	Data Source
Age-adjusted rate for deaths due to homicide, per 100,000 population	**PPHD**	2.5	3.0	2.3	NE DHHS
	SBCHD	0	8.7	*2.3	NE DHHS

*Used same target as PPHD for SBCHD because a death rate of 0/100,00 population may be an unrealistic goal.

Objective 3.10 By July 31, 2017, reduce the number of falls resulting in hospitalization among Panhandle adults 65 years and older by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
# of falls resulting in hospitalization	**NE**	TBD	TBD		TBD
	Panhandle	TBD	TBD	TBD	TBD

Strategies for Injury and Violence Prevention		Progress/Revisions	Key Partners
#1	Implement and strengthen policies and program to enhance transportation safety.	Child safety seat programs available throughout panhandle, Click and Ticket campaigns, worksite wellness policies for using seat belts and to prevent distracted,	WCHR, local fire and police departments, Nebraska State Patrol, worksites
#2	Promote and strengthen policies and programs to prevent falls, especially among older adults.	Tai Chi variations offered to adults, senior fitness and exercise programs, medication reviews for senior, home safety inspections.	Area Office on Aging, home health, primary care providers, pharmacists
#3	Promote and enhance policies and programs to increase safety and prevent injury in the workplace.	Worksite Safety programs	Worksites, Nebraska Safety Council
#4	Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries.	Training for dating safety and respect, wrap around services for housing needs, anti-bullying polices at schools, education about sports and head injuries.	DOVES, Project Everlast, CoC Housing and homelessness, economic development, schools

Priority Health Area #4: Cancer Prevention

Cancer mortality rates have been declining in recent years due advances in cancer research, detection and treatment.[17] However, it is still the second leading cause of death in the Panhandle in 2009, second only to heart disease.[11]

New cancer cases can be prevented and cancer deaths can be reduced by decreasing exposure to certain risk factors, such as tobacco and excessive ultraviolet light, and adopting positive behaviors, such as healthy eating and active living.[18] Cancer risk can also be reduced by getting the recommended cancer screening tests.[18] To address cancer prevention, strategies are divided into two focus areas – (1) Primary Prevention, and (2) Early Detection. Because healthy eating and active living are already covered in the healthy living section, strategies for Primary Prevention target limiting exposure to tobacco and ultraviolet light. Strategies for Early Detection on the other hand involve partnering with health care providers to inform and educate the public on the recommended screening guidelines.

Priority Health Area #4A: Cancer Prevention – Primary Prevention

Goal: Reduce the impact of tobacco use and exposure and exposure to ultraviolet light on cancer incidence and mortality.

Objective 4A.1 By July 31, 2017, decrease the proportion of Panhandle high school students who used any tobacco products during the last 30 days by 10%.

Indicators	Site	Baseline	Current	Target 2017	Data Source
Youth who used any tobacco products during the past 30 days	**NE**	18.9% (2011)	16.2% (2013)		NE YRBS, 2013
	PPHD	24.9% (2010)	24.9% (2012)	22.4%	NRPFSS, 2012

Objective 4A.2 By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who currently smoke cigarettes by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Adults who currently smoke cigarettes	**PPHD**	19.1%	18.7%	17.2%	NE BRFSS, 2011-2013
	SBCHD	17.4%	23.0%	15.7%	NE BRFSS, 2011-2013

Objective 4A.3 By July 31, 2017, decrease the proportion of Panhandle adult men (18 years and older) who currently use smokeless tobacco by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Adults who currently use smokeless tobacco	**PPHD**	9.9%	10.6%	8.9%	NE BRFSS, 2011-2013
	SBCHD	6.6%	6.5%	5.9%	NE BRFSS, 2011-2013

Objective 4A.4 By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report having used an indoor tanning device in the past 12 months by 10%.

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Youth who reported using an indoor tanning device in the past 12 months	**NE**	18.5%	16.3%		NE YRBS, 2013
	Panhandle	TBD	TBD	TBD	TBD

Strategies for Cancer Prevention: Primary Prevention		Progress/Revisions	Key Partners
#1	Support comprehensive tobacco free and other evidence-based tobacco control policies.	Tobacco free policies in multi housing units, outdoor areas, campus wide at worksites	Schools, Housing authorities, County Fair Boards, worksites, Panhandle Worksite Wellness Council.
#2	Reduce underage access to tobacco.	Regular compliance checks	Panhandle Prevention Coalition, PPHHS, Local law enforcement and Nebraska State Patrol
#3	Use media to educate and encourage people to live tobacco-free.	Sponsorship of Tobacco Free events	Chadron Native American Center, PPHD, PPC
#4	Reduce exposure to ultraviolet light.	Pool Cool shade structures and sun screen provided throughout region, legislation passed to require parental consent for youth 16 and under to use tanning beds	PPHD, municipal and state pools,
#5	Clinician counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women (USPSTF).	Clinicians implementing as part of Meaningful Use	Clinical providers

Priority Health Area #4B: Early Detection

Goal: Reduce illness, disability and death caused by cancer.

Objective 4B.1 By July 31, 2017, increase the proportion of Panhandle women aged 50 to 74 years old who are up-to-date on their breast cancer screening by 10%.

Indicators	Site	Baseline 2012	Current 2013	Target 2017	Data Source
Women ages 50-74 who had a mammogram within the past 2 years	**PPHD**	70.7%	-	77.8%	NE BRFSS, 2011-2013
	SBCHD	70.1%	-	77.1%	NE BRFSS, 2011-2013

Objective 4B.2 By July 31, 2017, increase the proportion of Panhandle women aged 21 to 65 years old who are up-to-date on their cervical cancer screening by 10%.

Indicators	Site	Baseline 2012	Current 2013	Target 2017	Data Source
Women ages 21-65 who had a pap smear within the past 3 years	**PPHD**	79.2%	-	87.1%	NE BRFSS, 2011-2013
	SBCHD	74.9%	-	82.4%	NE BRFSS, 2011-2013

Objective 4B.3 By July 31, 2017, increase the proportion of Panhandle adults aged 50 to 75 years old who are up-to-date on their colorectal cancer screening by 10%.

Indicators	Site	Baseline 2012	Current 2013	Target 2017	Data Source
Adult ages 50-75 who are up-to-date on their colorectal cancer screening	**PPHD**	56.9%	52.0%	70.5%	NE BRFSS, 2011-2013
	SBCHD	53.9%	52.1%	70.5%	NE BRFSS, 2011-2013

Objective 4B.4 By July 31, 2017, increase the proportion of Panhandle men aged 40 years or older who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their health care provider by 10%. (DEVELOPMENTAL)

Indicators	Site	Baseline 2011	Current 2013	Target 2017	Data Source
Adult men 40 years and older who have discussed the advantages and disadvantages of a PSA test with their health care provider	**PPHD**	TBD	TBD	15.9%	TBD
	SBCHD	TBD	TBD	15.9%	TBD

Strategies for Cancer Prevention: Early Detection		Progress/Revisions	Key Partners
#1	~~Client reminders.~~ Send patients client reminders that they are due or overdue for cancer screening.	Adopted by area providers for colonoscopy, cervical cancer screening and mammography	Clinical providers, Title X, Every Woman Matters
#2	~~One-on-one education~~ Offer one-on-one education to help people overcome barriers to cancer screening.	Telephone contact, or in person	Every Woman Matters, Clinical providers
#3	~~Provider recall system~~ Establish a provider recall system to inform provider that a patient is due or overdue for cancer screening.	Most clinics have adopted electronic health records	Clinical Providers
#4	~~Small media~~ Use small media (i.e. videos and printed communication) to promote cancer screening.	Colon Cancer FOBT Kit distribution campaign	PPHD, SBCHD
#5	~~Reduce out-of-pocket expense.~~ Reduce financial barriers to cancer screening.	Most screening is a covered benefit under approved health insurance policies requiring no co pay or deductible, free FOBT kits available, Title X	Health insurance companies, EWM, PPHD, WCHR, CAPWN

Performance Measures:

Priority Health Area 1A: Healthy Living – Healthy Eating

Strategy	Measure	Desired Trend	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.	1.1. # of community gardens and farmers markets	⇧	**12** (2011)	**12** (2014)	PPHD
	1.2. # of Seniors participating in the Senior Farmers' Market Nutrition Program (SFMNP)	⇧	No pre-2014 data available	**234** (2014)	Aging Office of Western Nebraska
	1.3. # of coupons distributed as part of the SFMNP	⇧	No pre-2014 data available	**3744** (2014)	Aging Office of Western Nebraska
	1.4. # of Farmers Markets that accept Electronic Benefit Transfers	⇧	TBD	TBD	TBD
	~~1.5. % of census tracts that have healthier food retailers located within the tract or within a ½ mile of tract boundaries~~	*Measure 1.1 is removed because data is currently not available. However, there is a plan to assess grocery and convenience stores in the 2nd half of 2015. Data from that assessment, as it pertains to this strategy, may be added in the future.*			
	~~1.6. # of farmers markets that accept WIC Farmers Market Nutrition Program coupons~~	*Measure 1.3 is removed because the WIC agency for the Farmers Market Nutrition Program is located only in Omaha, NE.*			
#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).	2.1. % of worksites with policies or guidelines on healthful food options served at staff meetings	⇧	**33.3%** (2011)	**52%** (2014)	Panhandle Worksite Wellness Survey
	2.2. % of worksites adopting policies encouraging healthy food at company sponsored events	⇧	**35.7%** (2011)	**56%** (2014)	Panhandle Worksite Wellness Survey
	2.3. % of worksites adopting policies that require healthy food options in the cafeteria	⇧	**66.7%** (2011)	**81.8%** (2014)	Panhandle Worksite Wellness Survey
	2.4. % 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)	**58.3%** (2014)	Panhandle Worksite Wellness Survey
	2.5. % worksites participating in Worksite Wellness that make kitchen equipment available for employee food storage and cooking	⇧	**100%** (2011)	**96.7%** (2014)	Panhandle Worksite Wellness Survey
	2.6. % worksites that have offered employee health or wellness programs related to healthy eating or nutrition	⇧	**93.8%** (2011)	**72%** (2014)	Panhandle Worksite Wellness Survey

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
#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.	3.1. # of elementary and secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition	⇧	**1** (2013)	**8** (2014)	Coordinated School Health Institute, PPHD
	3.2. % of elementary schools with a School Improvement Plan that includes health related goals and objectives on nutrition services and foods and beverages available in schools	⇧	TBD	TBD	TBD
	3.3. % 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	⇧	TBD	TBD	TBD
	3.4. # of Go NAP SACC trainers in the Panhandle	⇧	**1** (2011)	**5** (2014)	Panhandle Early Learning Connections
	3.5. # of NAP SACC trainings held annually/# of NAP SACC training participants	⇧	**0** (2011)	**0** (2014)	Panhandle Early Learning Connections
	~~3.6. % of secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition~~	*Removed Measure 3.6 because Measure 3.1 combined both elementary and middle school data.*			
	~~3.7. # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: N9 Nutrition Policy~~	*Removed Measure 3.7 because data is currently not available. However, Measures 3.5 and 3.6 were added to capture progress in providing guidance to child care providers in the area of nutrition and physical activity.*			
#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.	4.1. % of elementary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered	⇧	TBD	TBD	TBD
	4.2. % of secondary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered	⇧	TBD	TBD	TBD
#5 Implement and enhance clinical interventions to prevent and	5.1. # of providers screening all adults for obesity and offering or referring for intensive counseling or behavioral interventions	⇧	TBD	TBD	TBD

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
control obesity.	5.2. # of National Diabetes Prevention Program (NDPP) currently ongoing in calendar year	⇧	**10** (2012)	**18** (2014)	National Diabetes Prevention Program, PPHD
	5.3. # of NDPP participants	⇧	**89** (2012)	**333** (2014)	National Diabetes Prevention Program, PPHD
	5.4. # of providers screening all children over six for obesity and offering or referring for intensive counseling or behavioral interventions	⇧	TBD	TBD	TBD

Priority Health Area 1: Healthy Living – Active Living

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
#1 Enhance access to physical activity opportunities, including physical education in Panhandle schools, child care and after school facilities.	1.1. % of elementary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs	⇧	TBD	TBD	TBD
	1.2. % of secondary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs	⇧	TBD	TBD	TBD
	1.3. % of elementary schools that require physical education for students in any of grades K-5	⇧	TBD	TBD	TBD
	1.4. % of secondary schools that require physical education for students in grades 9, 10, 11, 12 respectively	⇧	TBD	TBD	TBD
	1.5. # of Health and Physical Activity Early Learning Guideline Sessions	⇧	**1** (2013)	**2** (2014)	Panhandle Early Learning Connections
	1.6. # of Health and Physical Activity Early Learning Guideline Session participants	⇧	**19** (2013)	**25** (2014)	Panhandle Early Learning Connections
	~~1.7. # of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA1 Active Plan and Active Time~~	*Removed Measure 1.7 because data is not available. However, Measures 1.5 and 1.6 were added to capture progress in providing guidance to child care providers in the area of nutrition and physical activity.*			
	~~1.8. # of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA2 Play Environment~~	*Removed Measure 1.8 because data is not available. However, Measures 1.5 and 1.6 were added to capture progress in providing guidance to child care providers in the area of nutrition and physical activity.*			
	~~1.9. # of in home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA4 Physical Activity Education~~	*Removed Measure 1.9 because data is not available. However, Measures 1.5 and 1.6 were added to capture progress in providing guidance to child care providers in the area of nutrition and physical activity.*			
#2 Enhance policies for physical activity, inclusive of physical education, in Nebraska schools.	2.1. % of elementary schools that require physical education for students in any of grades K-5	⇧	TBD	TBD	TBD
	2.2. % of secondary schools that require physical education for students in grades 9, 10, 11, 12	⇧	TBD	TBD	TBD
	2.3. % of secondary schools in which teachers taught all 12 physical activity topics in a required course for students in grades 6-12	⇧	TBD	TBD	TBD

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
#3 Enhance community planning and design practices through built environment and policy changes to improve physical activity in Panhandle communities.	3.1. % of youth with parks, community centers and sidewalks	⇧	TBD	TBD	TBD
	3.2. % of communities with plans to promote walking and biking	⇧	TBD	TBD	TBD
	3.3. % of seniors with safe sidewalks	⇧	TBD	TBD	TBD
#4 Enhance the parks and recreation built environment and policies to improve access to PA.	4.1. Total # of existing and planned trails	⇧	TBD	TBD	TBD
#5 Enhance worksite and healthcare supports for physical activity	5.1. % of worksites that provide incentives to employees for engaging in physical activity or exercise.	⇧	**50%** (2011)	**45.8%** (2014)	Panhandle Worksite Wellness Survey
	5.2. % of worksites that have policies supporting employee physical fitness.	⇧	**42.9%** (2011)	**33.3%** (2014)	Panhandle Worksite Wellness Survey
	5.3. % of worksites that have policies encouraging employees to commute to work by walking or biking	⇧	**7.1%** (2011)	**0%** (2014)	Panhandle Worksite Wellness Survey
	5.4. % of worksites that have one or more walking routes for employees	⇧	**26.7%** (2011)	**29.2%** (2014)	Panhandle Worksite Wellness Survey
	5.5. % of worksites that post signs to promote use of stairs within worksite	⇧	**20%** (2011)	**15.4%** (2014)	Panhandle Worksite Wellness Survey
	5.6. % of worksites that allow additional breaks during the day for physical activity	⇧	**7.7%** 92011)	**20%** (2014)	Panhandle Worksite Wellness Survey
	5.7. % of worksites that provide subsidized memberships to health or fitness clubs	⇧	**37.5%** (2011)	**36.4%** (2014)	Panhandle Worksite Wellness Survey
	5.8. % of worksites that allow flex time for physical activity during the workday	⇧	**23.1%** (2011)	**28%** (2014)	Panhandle Worksite Wellness Survey
	5.9. # of health care providers assessing youth physical activity behaviors at annual visits	⇧	TBD	TBD	TBD

Priority Health Area 1: Healthy Living – Breastfeeding

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
#1 Provide employers with resources and technical assistance to help them increase breastfeeding support in the workplace	1.1. % of Panhandle businesses that have a written policy supporting breastfeeding	⇧	**45.5%** (2011)	**57.9%** (2014)	Panhandle Worksite Wellness Survey
	1.2. % businesses that provide a private, secure lactation room on site	⇧	**71.4%** (2011)	**80%** (2014)	Panhandle Worksite Wellness Survey
	1.3. % of businesses that allow time in addition to normal breaks for lactating mothers to express breastmilk during the day	⇧	**81.8%** (2011)	**87.5%** (2014)	Panhandle Worksite Wellness Survey
	1.4. % of worksites that have offered employees health or wellness programs, support groups, or counseling sessions related to breastfeeding/lactation	⇧	**23.1%** (2011)	**18.2%** (2014)	Panhandle Worksite Wellness Survey
#2 Promote and support peer and professional breastfeeding support programs	2.1. # of International Board Certified Lactation Consultant (IBCLC) in the Panhandle	⇧	No pre-2014 data available	**1** (2014)	International Lactation Consultant Association Directory
	2.2. # of La Leche League Leaders in the Panhandle	⇧	No pre-2014 data available	**3** (2014)	La Leche League of Nebraska
	2.3. # of WIC peer counselors	⇧	TBD	TBD	TBD
#3 Encourage hospitals to adopt maternity care practices supportive of breastfeeding	3.1. # of hospitals in the Panhandle that provide maternity care practices supportive of breastfeeding	⇧	TBD	TBD	TBD
#4 Promote public support and acceptance of breastfeeding	~~4.1. # of public messages and partners in support of breastfeeding~~	*Current activities related to this strategy are focused on worksites. Therefore, the data provided in Measures 1.1 to 1.4 will serve as a measure of progress for this strategy. When activities outside of worksites are implemented for this strategy, appropriate measures will be developed then.*			

Priority Health Area 2: Mental and Emotional Well-Being

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
#1 Promote positive early childhood development including positive parenting and violence-free homes.	1.1. # of families participating in Circle of Security-Parenting*	⇧	156 **(2013)**	Current data not available	Child Well-Being Annual Evaluation Report, PPHHS
	~~1.3. Proportion of children who are ready for school in all five domains: physical development, socio-emotional development, approaches to learning, language and cognitive development~~	*Measure 1.3 is removed because no data is currently available. However, to ensure that children are better prepared for kindergarten, Nebraska Legislature when children begin kindergarten in public schools. Students may enter kindergarten if they turn 5 years of age on or before July 31, a date that was previously October 15.*			
	~~1.4. Proportion of parents who use positive parenting and communication with their doctors and other health care professionals about positive parenting~~	*Measure 1.4 is removed because no data is currently available. However, Measures 1.1 and 1.2 were added to capture participation in positive parenting education.*			
#2 Facilitate social connectedness and community engagement across the lifespan.	2.1. # of youth ages 16-24 years old who report that they have at least 3 informal, trusted supports	⇧	No pre-2014 data available	**17** (2014)	Older Youth System of Care, PPHHS
#3 Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.	3.1. % of youth ages 12-18 years old in shelter who are accessing counseling and/or mediation services	⇧	No pre-2014 data available	**71%** (2014)	Youth Shelter Program, CAPWN
	3.2. # of prevention resources that promote protective factors	TBD	TBD	TBD	Service Array Assessment Protective Factor Surveys
	~~3.3. Proportion of youth reporting that they have a SPARK and the support to pursue their SPARK~~	*Removed Measure 3.3 because data is currently not available.*			
	~~3.4. Proportion of homeless or near homeless youth who receive screenings and referral for mental health services~~	*Removed Measure 3.4 because data is currently not available. Measure 3.1 was added to capture youth accessing mental and emotional health supports*			
	~~3.5. # of schools which have and enforce anti-bullying policies~~	*Removed Measure 3.5 because a statewide law (LB205) was approved on February 7, 2008 which states that each school district shall develop and adopt a policy concerning bullying prevention and education for all students.*			
#4 Promote early identification of mental health needs and access to quality mental health services.	4.1. Proportion of elementary, middle and senior high schools that provide comprehensive school health education and services, including mental health	⇧	TBD	TBD	TBD
	4.2. # of depression screenings by primary care providers	⇧	TBD	TBD	TBD

*Circle of Security Parenting data is collected from July 1st to June 30th.

Priority Health Area #3: Injury and Violence Prevention

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
#1 Implement and strengthen policies and program to enhance transportation safety.	1.1. % of high school youth who never/rarely wore a helmet when biking in last 12 months	⇩	**91.0%** (2011)	**89.1%** (2013)	NE YRBS
	1.2. % of high school youth who reported never/rarely wearing seatbelts	⇩	**15.7%** (2011)	**11.9%** (2013)	NE YRBS
	1.3. % of high school youth who reported that they rode with a driver who had been drinking in the past 30 days	⇩	**26.8%** (2010)	**22.7%** (2012)	NRPFSS, 2012
	1.4. % of high school youth who reported that they drove while drinking in the past 30 days	⇩	**8.4%** (2010)	**6.7%** (2012)	NRPFSS, 2012
	1.5. % 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
	1.6. % 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 and programs to prevent falls, especially among older adults.	~~2.1. # of falls resulting in hospitalization by adults over the age of 64~~	*Removed Measure 2.1 because it was determined to be more suited as an objective rather than a performance measure. This will be revisited and a more appropriate measure will be developed to assess progress for this strategy.*			
#3 Promote and enhance policies and programs to increase safety and prevent injury in the workplace.	3.1. % 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)	**79.2%** (2014)	Panhandle Worksite Wellness Survey
	3.2. % 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)	**73.1%** (2014)	Panhandle Worksite Wellness Survey
#4 Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries.	4.1. % of high school youth who reported having been in a physical fight in past 12 months	⇩	**26.7%** (2011)	**20.1%** (2013)	NE YRBS
	4.2. % 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

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
	4.3. % of high school youth who reported they were ever forced to have sex	⇩	**8.1%** (2011)	**8.6%** (2013)	NE YRBS
	4.4. % of high school youth who reported they were bullied on school property in past 12 months	⇩	**24.3%** (2010)	**27.3%** (2012)	NRPFSS, 2012
	4.5. % of high school youth who reported they were electronically bullied in past 12 months	⇩	**18.3%** (2010)	**20.4%** (2012)	NRPFSS, 2012

*Changes were made to how the distracted driving were asked on the 2013 YRBS, which makes the 2013 data not comparable to the 2011 data.

Priority Health Area #4A: Cancer Prevention – Primary Prevention

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
#1 Support comprehensive tobacco free and other evidence-based tobacco control policies.	1.1. # of schools with tobacco-free campus policies	⇧	**15** (2011)	**16** (2014)	PPHD
	1.2. # of county fair boards with policies designating a portion of outdoor areas smoke-free	⇧	**0** (2011)	**4** (2014)	PPHD
	1.3. # of outdoor recreational facilities (fairgrounds, amusement parks, playgrounds, sports stadiums) that have policies designating all or a portion of the outdoor areas smoke-free	⇧	TBD	TBD	TBD
	1.4. %of worksites with policies on smoke-free campuses	⇧	**40%** (2011)	**30.4%** (2014)	Panhandle Worksite Wellness Survey
	1.5. % of worksites with policies on smoke-free entryways (15 feet from door)	⇧	**38.5%** (2011)	**46.2%** (2014)	Panhandle Worksite Wellness Survey
	1.6. # of policies to ensure smoke-free multi-unit housing complexes	⇧	**35** (2011)	**97** (2014)	PPHD
#2 Reduce underage access to tobacco.	2.1. % of youth who report ever having tried cigarettes	⇩	**40.6%** (2010)	**40.4%** (2012)	NRPFSS, 2012
	2.2. % of high school youth who smoked cigarettes in past 30 days	⇩	**16.6%** (2010)	**19.3%** (2012)	NRPFSS, 2012
	2.3. % of youth who have used smokeless tobacco in past 30 days	⇩	**16.3%** (2010)	**13.9%** (2012)	NRPFSS, 2012
#3 Use media to educate and encourage people to live tobacco-free.	3.1. # of homes with a smoke-free pledge	⇧	**687** (2011)	**1104** (2014)	PPHD
	3.2. # of families who pledge to keep their personal vehicle smoke-free	⇧	**687** (2011)	**1104** (2014)	PPHD
	3.1. # of culturally competent messaging for media presentations	⇧	TBD	TBD	TBD
	3.2. # of regional smoke-free billboard presence	⇧	**5** (2011)	**0** (2014)	PPHD
#4 Reduce exposure to ultraviolet light.	4.1. # of pools with sun safety policies for lifeguards	⇧	**0** (2011)	**0** (2014)	Pool Cool Program, PPHD
	4.2. % of youth who reported having used an indoor tanning device in past 12 months	⇩	19% (2011)	16.3% (2013)	NE YRBS

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
	4.3. # media campaigns to increase awareness of artificial light (tanning booths/sunlamps)	⇧	TBD	TBD	TBD
	4.4. # of worksites that have policies to protect employees from sun exposure	⇧	TBD	TBD	TBD
	~~4.5. # of free sunscreen distributed to increase use~~	*Removed Measure 4.5 because a sustained program is already in place since 2009 wherein sunscreen is available at no cost to pool users. In addition, PPHD provides a gallon of sunscreen to all pools in the Panhandle.*			
	~~4.6. % of outdoor pools that have natural and/or shaded structures for pool sun protection~~	*Removed Measure 4.6 because this strategy has already been successfully implemented. All pools in the Panhandle already have natural shade and/or shade structures for sun protection*			
	~~4.7. Education and policy approaches in outdoor recreation and work settings~~	*Removed Measure 4.7 because data is currently not available.*			
#5 Clinician counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women (USPSTF).	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 #4B: Cancer Prevention – Early Detection

Strategy	Measure	Desired Trend	Baseline	Current	Data Source
#1 Client reminders	# of clinics/providers sending reminders, postcards, letters or phone calls for screenings	⇧	TBD	TBD	TBD
#2 One-on-one education	# 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	# of health care providers using reminders and recalls	⇧	TBD	TBD	TBD
#4 Small media	# of small media events tailored to specific persons or general audiences to inform and motivate people to be screened for cancer	⇧	TBD	TBD	TBD
	# of campaigns regarding current guidelines for screenings	⇧	TBD	TBD	TBD
#5 Reduce Out-	# of persons accessing Fecal Occult Blood Test (FOBT) kits and coupons	⇧	PPHD: 166 SBCHD: 145 (2011)	PPHD: 219 SBCHD: 295 (2014)	PPHD, SBCHD
	% of FOBT kits returned for testing	⇧	PPHD: 61% SBCHD: 50% (2011)	PPHD: 42% SBCHD: 59% (2014)	PPHD, SBCHD
	% of women with an annual income less than $35,000 who are screened	⇧	TBD	TBD	TBD

Revisions:

Upon review, there were concerns regarding some of the strategies and performance measures included in the 2012-2017 CHIP. These concerns include:

- The CHIP included a lot of strategies and measures. Although all were pertinent, we realized that in order to be more effective the current plan should be pared down.
- Lack of regional data to measure baseline and progress. Majority of the data available are at a state-level. County and/or regional-level data was very limited and finding them was very challenging.
- Current lack of available resources to implement selected strategies
- Lack of clear community buy-in or readiness to implement some of the strategies
- Lack of progress during the past 24 months

Revisions included in this annual report were made based on the concerns mentioned above. The recommendations for revisions put forth by the Panhandle Public Health District were presented at the Panhandle Partnership for Health and Human Services meeting on April 10, 2015. Recommended changes to the 2012-2017 CHIP were approved at the meeting.

Conclusion:

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the four priority health areas. It is not intended to be an exhaustive and static document. Beyond what is included in the CHIP, it is expected that initiatives and efforts that are currently ongoing will continue. Progress of the work will be evaluated on an ongoing basis to identify areas for possible improvement or revision. Strategies that do not yield intended outcomes and measures that we cannot get data for will be revised. The CHIP will also continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

This is an exciting time for public and population health. By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Panhandle community.

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Glossary:

BMI – Body Mass Index

BRFSS – Behavioral Risk Factor Surveillance System

CAPWN – Community Action Partnership of Western Nebraska

COS – Circle of Security

DHHS – Department of Health and Human Services

ESU – Educational Service Unit

EWM – Every Woman Matters

FOBT – Fecal Occult Blood Test

NAP SACC – Nutrition and Physical Activity Self Assessment for Child Care

NDPP – National Diabetes Prevention Program

NRPFSS – Nebraska Risk and Protective Factor Student Survey

NWCAP – Northwest Community Action Partners

PPC – Panhandle Prevention Coalition

PPHD – Panhandle Public Health District

PPHHS – Panhandle Partnership for Health and Human Services

RNHN – Rural Nebraska Healthcare Network

SBCHD – Scotts Bluff County Health Department

SOC – Systems of Care

SSRHY – Support Systems for Rural Homeless Youth

USPSTF – United States Preventive Services Task Force

WCHR – Western Community Health Resources

WIC – Women, Infants, and Children

WNCC – Western Nebraska Community College

YRBS – Youth Risk Factor Survey

Appendix A:

2014-2016 Priority Health Areas of the Hospitals in the Nebraska Panhandle

Hospitals	Healthy Eating & Active Living	Breastfeeding	Injury & Violence Prevention	Mental & Emotional Well-Being	Cancer Prevention & Tobacco Use	Access to Health Care	Cardiovascular	Substance Abuse & Alcohol Consumption	Hand Hygiene
Box Butte General Hospital	X		X			X			
Chadron Community Hospital	X	X	X	X	X				
Gordon Memorial Hospital	X					X	X		
Kimball Health Services	X			X	X		X		
Morrill County Community Hospital			X		X			X	
Regional West Garden County Hospital	X					X	X		
Regional West Medical Center	X	X	X	X	X				
Sidney Regional Medical Center	X							X	X