

2018 ANNUAL REPORT
OF THE
2018-2020
NEBRASKA PANHANDLE
COMMUNITY HEALTH
IMPROVEMENT PLAN

live, learn, work, and play



For a Healthier Panhandle

Published by
Panhandle Public Health District

Created in collaboration with
The Nebraska Panhandle
Scotts Bluff County Health Department
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Box Butte General Hospital
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Regional West Garden County
Regional West Medical Center
Sidney Regional Medical Center
Panhandle Area Development District
Nebraska Department of Health and Human Services
Rural Nebraska Healthcare Network

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Introduction

Every three years we come together in the Panhandle to complete a Community Health Needs Assessment and Community Health Improvement Plan. During 2017, people across the region worked collaboratively to review data, share concerns and strengths of our communities, and identify priority areas that we can work on together to improve the health status for all people living in the Panhandle. The planning process used was Mobilizing for Action through Planning and Partnerships (MAPP). The ultimate goal of MAPP is optimal community health – a community where residents are healthy, safe and have a high quality of life.

There are six key phases, including four assessments, in the MAPP process:

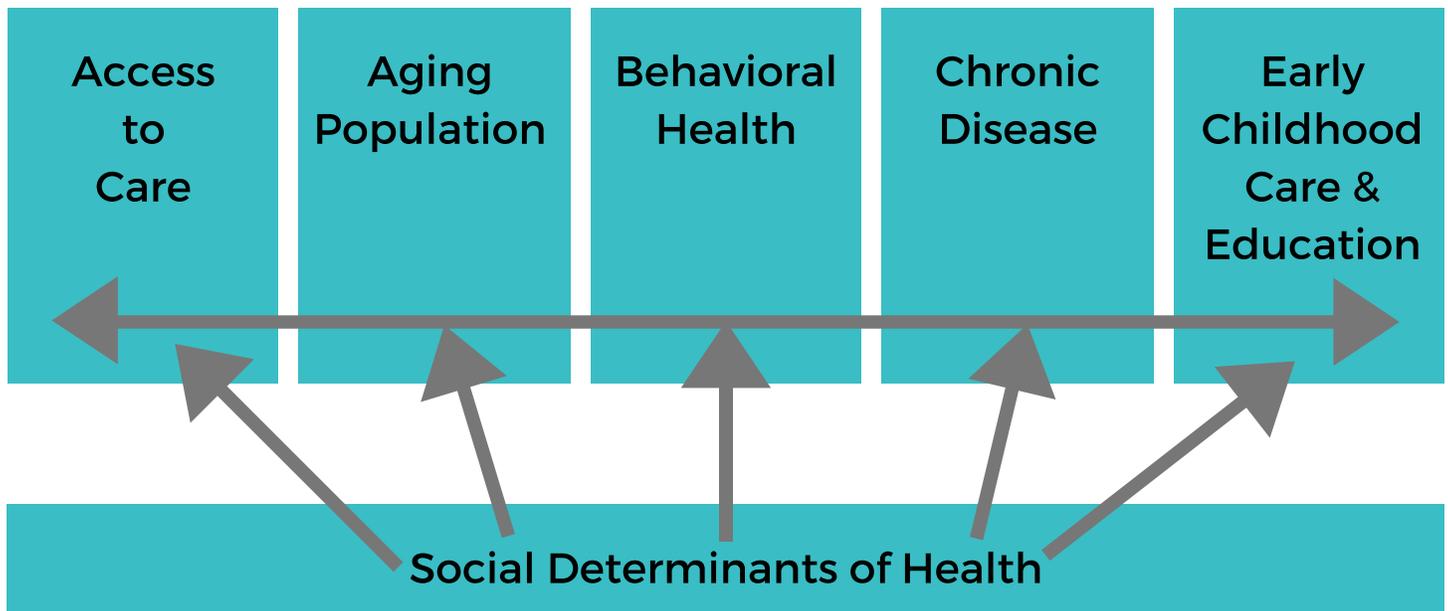
1. Organize for success/Partnership development
2. Visioning
3. Four MAPP assessments
 - a. Community Themes and Strengths Assessment (CTSA)
 - b. Local Public Health System Assessment
 - c. Forces of Change Assessment
 - d. Community Health Status Assessment
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Take Action (plan, implement, and evaluate)

Panhandle Public Health District partnered with the hospitals and health systems as well as the rest of the local public health system to complete the assessment. The public was encouraged to participate throughout the process through surveys, focus groups, and participatory planning processes.

Priority Areas

Using the information from all four assessments, the following priority areas were identified:

1. Access to Care
2. Aging Population
3. Behavioral Health, including (a) Mental and Emotional Well-Being and (b) Substance Abuse
4. Chronic Disease Prevention, including (a) Cancer, (b) Cardiovascular Disease, (c) Diabetes, and (d) Chronic Disease Risk and Protective Factors
5. Early Childhood Care and Education
6. Social Determinants of Health, including (a) Transportation, (b) Housing, (c) Poverty, and (d) Diversity & Inclusion.



Background data for each priority area can be found in the Panhandle Community Health Assessment, available on the PPHD website at www.pphd.org.

Objectives & Strategies

Objectives and strategies were selected by taking the following into consideration:

- Availability of data to monitor progress
- Availability of resources
- Community readiness
- State and national priorities

Original activities and strategies can be found in the original 2018-2020 CHIP document at www.pphd.org, however revisions to the objectives and strategies can be found in this annual report throughout each section and in the appendices.

Activities

Specific activities for the strategies in each priority area are reviewed in each section and can be found in the appendices.

Goal Setting

The Healthy People 2020 target-setting method of a 10% improvement was used to set goals for objectives.

Revisions

Revisions to the CHIP consider the feasibility and effectiveness of the strategies and/or changing priorities, resources, or community assets. Revisions will be noted throughout the document, and may be in the:

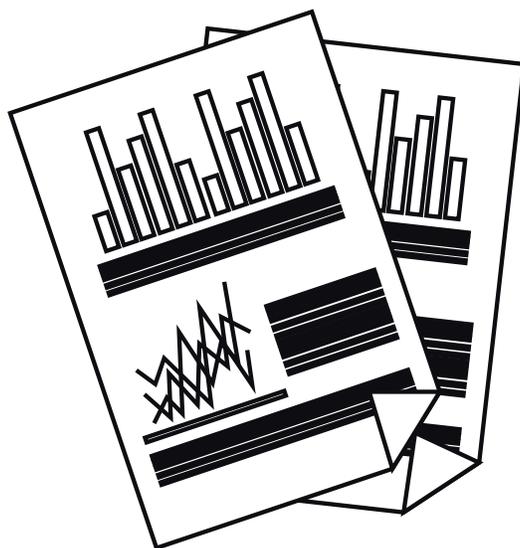
- Improvement strategies,
- Planned activities,
- Time-frames,
- Targets, and
- Assigned responsibilities

Revisions may be based on:

- Achieved activities,
- Implemented strategies,
- Changing health status indicators,
- Newly developing or identified health issues, and
- Changing level of resources.

Data Collection

Data is collected on an annual or bi-annual basis from partner organizations using the survey software Qualtrics. The data for some indicators is not yet available, and development of this data is a piece of this CHIP process. These instances will be noted throughout the document.



CHIP Priority Area Work Groups

The work groups for Access to Care, Aging Population, Behavioral Health, and Chronic Disease Prevention meet once per quarter to discuss progress, barriers, upcoming opportunities, and priorities for next steps. These groups have a Base Camp web page where documents are stored and opportunities can be regularly shared as they come up.

The work group for Early Childhood Care & Education is comprised of the Systems of Care Birth-Eight work group that functions through the Panhandle Partnership. This work group meets once per quarter in person, with an option to call in, and is made up of representatives from various early childhood care and education agencies across the Panhandle, such as Sixpence, Early Head Start, ESU 13, Healthy Families, and more. A representative from Panhandle Public Health District attends these meetings.

The work group for Social Determinants of Health has evolved into a formal work group that also functions through the Panhandle Partnership. This new work group met for the first time in June 2019, after a variety of meetings in 2018 indicated that a larger, more formal work group was needed to take on a topic of this magnitude. The Social Determinants of Health work group is called the Poverty Roundtable and is led by Faith Mills, Executive Director of the Panhandle Partnership.

Priority Area 1: Access to Care



Snapshot

Objectives

- Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (HP 2020: AHS-6)
- Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth (HP 2020: OH-1)
- Increase the proportion of women giving birth who attend a postpartum care visit with a health worker (HP 2020: MICH-19)

Evidence-Based Strategies

- Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: Community Preventive Services Task Force)
- Reducing Structural Barriers for Clients (Colorectal Cancer, Breast Cancer, Cervical Cancer) (Source: Community Preventive Services Task Force)
- Home Visitation Programs (Source: Council on Child and Adolescent Health)
- Dental Caries (Cavities): School-Based Dental Sealant Delivery Programs (Source: Community Preventive Services Task Force)

Why Access to Care?

Access to health care is important to all aspects of health. Access to health care is comprised of multiple facets - insurance coverage for affordability, affordable care, availability of providers, and geographic proximity to patients.¹ The Panhandle is a rural region, and almost every county is a shortage area for some type of provider, particularly mental health providers. People in the Panhandle typically need to travel far distances to reach a quality provider.

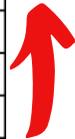
Local health care systems are implementing strategies that reduce barriers to care, such as offering appointment times on a walk-in basis, outside of normal clinical hours, services in non-clinical settings (for example, blood work at a local health fair), and more that can go a long way toward increasing access to care in rural Panhandle communities. Panhandle Public Health District also provides a variety of services that bring care to those in need - such as the Dental Health Program, Dental Days, free mail order colon cancer screening kits, and more. See www.pphd.org for a full description of services.

¹ Access to Care. (2019). County Health Rankings and Roadmaps. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care>

Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (HP 2020: AHS-6)

- Indicator: Percentage of adults 18 and older who report they needed to see a doctor but could not because of cost in the past 12 months.
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2015): 13.8%
- Target (2020): 12.4%
- Target-Setting Method: 10% improvement

	Historical				Baseline				Goal
	2011	2012	2013	2014	2015	2016	2017	2020	
Panhandle	14.6%	12.7%	15.7%	16.3%	13.8%	13.2%	14.5%	12.4%	
Nebraska	12.5%	12.8%	13.0%	11.8%	11.5%	12.1%	11.7%	-	



Activities & Performance Measures

Increase appointment availability by decreasing structural barriers.

Three area hospitals are working to increase appointment availability through:

- Offering walk in clinics
- Offering extended hours
- Offering walk in appointment slots
- Offering services in non-clinic settings

Increase use of automated appointment reminders in Panhandle hospitals and clinics.

Three area hospitals are working to increase patient attendance through automated appointment reminders.

Increase access to screenings through health fairs or other community screening opportunities.

Nearly every one of the eight not-for-profit hospitals in the Panhandle offers regular health fairs or "wellness days" where patients can have lab work completed on a walk-in basis. Additionally, Wyoming Health Fairs and Nine Health Fairs offer public health fairs in various communities.

Reduce transportation as a barrier to medical care.

An assessment on the current state of transportation in the Panhandle is being conducted. It can be difficult for providers to determine who is using public transportation for what purpose.

Increase opportunities for no-cost colorectal cancer screening.

Colon cancer diagnosis and deaths occur more often in Nebraska than across the US. Over 900 Nebraskans are diagnosed each year. PPHD provides FREE screening kits to adults aged 50-75.

	2016-2017	2017-2018
# of FOBT kits distributed	466	386
% return rate	50%	48%

*Program year runs July-June



Priority Area 1: Access to Care

Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth (HP 2020: OH-1)

- Indicator: Number/Percentage of children with no obvious problems, routine dental care recommended.
- Data Source: PPHD Dental Health Program
- Baseline (2017): 80.6%
- Target (2020): 88.7%
- Target-Setting Method: 10% improvement

	Baseline		Goal
	2017	2018	2020
Number/percentage of children with no obvious problems, routine dental care recommended	80.6%	69.0%	88.7%



Activities & Performance Measures

Increase number of children in grades K-4 that fall into Class 0 for school-based oral health screenings.

The Dental Health Program through PPHD partners with 12 school districts across the Panhandle along with Educational Service Unit #13 (ESU 13) Head Start to provide preventive dental services to children by offering preventive dental services such as: dental screenings, fluoride varnish treatments, dental sealants, dental health education, and referrals.



	School Year	
	2016-2017	2017-2018
% of K-4 children rated Class 0 at school-based oral health screenings	80.62%	69%
# of K-4 children rated Class 0 at school-based oral health screenings	1019 out of 1264	1045 out of 1520

Source: PPHD Performance Management System

Maintain or increase number of dentists involved with Dental Days.

Dental Days were held in June 2018 for the fifteenth year in a row. Students from the University of Nebraska Medical Center (UNMC) College of Dentistry and Dental Hygiene made the trip to the Panhandle to be a part of Dental Days.

In 2018, nine local dentists participated in Dental Days, serving 200 children in three communities.

	2017	2018
# of dentists participated	9	9

Source: PPHD Performance Management System

Priority Area 1: Access to Care

Increase the proportion of women giving birth who attend a postpartum care visit with a health worker (HP 2020: MICH-19)

- Indicator: Percentage of mothers who received a postpartum visit within 8 weeks of delivery.
- Data Source: Healthy Families Nebraska Panhandle CQI Benchmark Reports
- Baseline (2016): 52.0%
- Target (2020): 57.2%
- Target-Setting Method: 10% improvement

	Baseline		Goal
	2016-2017	2017-2018	2020
% of mothers who received a postpartum visit within 8 weeks of delivery	52%	35%	57.20%



Activities & Performance Measures

Increase or maintain percentage of Healthy Families Nebraska Panhandle clients receiving medical appointments on schedule.



Healthy Families promotes child well-being and prevents the abuse and neglect of children in communities around the world through family-focused and empathic support provided in the home.

	2016-2017	2017-2018
% of mothers who received a postpartum visit within 8 weeks of delivery	52%	35%

Source: Healthy Families Nebraska Panhandle Quarterly Benchmark Report

*Program year runs October-September

Through a root cause analysis, it was discovered that many Healthy Families clients do not receive their first postpartum visit due to dropping off of Medicaid prior to when the appointment is scheduled. PPHD is working with the large regional medical center in Scottsbluff, where the bulk of Healthy Families clients live, to ensure that women on Nebraska Medicaid through pregnancy receive their first postpartum visit before they are no longer eligible for Medicaid.



Priority Area 1: Access to Care

Revisions

2019:

- Original objective "Increase the proportion of persons with a usual primary care provider" was removed due to lack of available data.
- Original objective "Increase the proportion of worksites that offer an employee health promotion program to their employees" was moved to a more suitable priority area.
- Original strategy "Worksite: Assessment of Health Risks with Feedback (AHRF) to Change Employee's Health - AHRF Plus Health Education With or Without Other Interventions (Source: Community Preventive Services Task Force)" was moved to a more suitable priority area.



Priority Area 1: Access to Care



Priority Area 2: Aging Population

Snapshot

Objectives

- Reduce the rate of emergency department (ED) visits due to falls among older adults (HP 2020: OA-11)
- Increase use of resource navigation by older adults
- Increase public transit use by older adults

Evidence-Based Strategies

- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design (Source: Community Preventive Services Task Force)
- Fall Prevention Program (Source: National Council on Aging)

Why Aging Population?

A trend that continues in the Panhandle is the general aging of the population through both outmigration of youth and aging of the still large baby boom cohort. The population aged 65+ will continue to grow for years to come, resulting in a much higher dependency ratio. For the region, this means increasing demand for medical and living assistance services as well as a call to get creative about how to engage young adults in the community.

Population projections for the Panhandle counties show a slight growth or steady population in Cheyenne, Scotts Bluff and Dawes Counties and steady to significant decline in the nine other counties through 2030. Despite an overall population decrease, the population age 65 and older is projected to increase substantially between 2015 and 2030 as the baby boom generation ages. The population aged 65 and older is expected to increase by nearly 7,000 people, or 44.7%, by 2030 before beginning a gradual decline. In 2030, the population aged 65 and older is projected to make up 27% of all Panhandle residents. In some less populated counties, the population 65 and older is projected to account for over one third of the county's population by 2030.

Panhandle + Grant County Population 65+, 2010-2030 Projections					
	2010	2015	2020	2025	2030
Total Population 65+	15,612	16,728	18,944	21,224	22,598
Change in Pop. 65+ from prev. decade	0	1,116	2,216	2,280	1,374
Pop. 65+; % of total population	18%	19%	22%	25%	27%

Source: December 2015 Neb. County Projections, Center for Public Affairs Research, UNO

Priority Area 2: Aging Population

Reduce the rate of emergency department (ED) visits due to falls among older adults (HP 2020: OA-11)

- Indicator: Percentage of adults 45 and older who report that they were injured due to a fall in the past year.
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2015): 13.3%
- Target (2020): 12.0%
- Target-Setting Method: 10% improvement

	Historical		Baseline	Goal
	2012	2014	2016	2020
Panhandle	12.0%	13.3%	10.5%	12.0%
Nebraska	9.9%	8.8%	10.1%	-

Through the cycle of this CHIP, we will work to transition data to be collected from local hospital EHRs, specifically looking at ICD-10 code W19XXXXA Unspecified fall, initial encounter

Activities & Performance Measures

Implement two community-based fall prevention programs.

The Injury Prevention Coordinator from Regional West Medical Center became a trained Stepping On Leader. Three Stepping On Classes were completed in 2018. All hospital and physicians clinic providers were education on the Stepping On classes and how to refer patients to the program in November of 2018.

The Injury Prevention Coordinator from Regional West Medical Center also became a trained Tai Chi leader. One Tai Chi class was completed in 2018, with more slated for 2019.



Priority Area 2: Aging Population

Increase use of resource navigation by older adults

- Indicator: Resource guide clicks by older adults
- Data Source: Panhandle Partnership
- Baseline (2018): Average of 20 clicks per month
- Target (2020): Average of 22 per month
- Target-Setting Method: 10% improvement

Average number of clicks on elder-specific resources from the Panhandle Partnership Resource Guide, available on the Panhandle Partnership website.

	Baseline	Goal
	2018	2020
Average clicks per month	20	22

Activities & Performance Measures

Increase number of older adults accessing community resources.



Clicks on elder-specific resources from the Panhandle Partnership Resource Guide

	2018
Average clicks per month	20

Source: Panhandle Partnership



Number of elderly caregivers using respite

	2018
# elderly caregivers utilizing respite	6

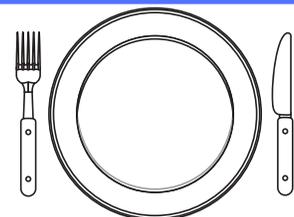
Source: Nebraska Panhandle Lifespan Respite

Clinics with staff that connect older adults with needed resources

Regional West Garden County has a Medical Social Worker in their care facility and a newly hired Clinical Social Worker in their regional health clinic. These social workers are able to connect older adults with resources as needed.

Number of people utilizing in-home delivery meals

Mom's Meals NourishCare is used to provide in-home meals to many elderly people in the Panhandle. It is similar to many home delivery meal services and offers healthy choices and easy preparation for those who need in-home meals.



	2018
# people utilizing in-home delivery of Mom's Meals	15,887

Source: Aging Office of Western Nebraska

Priority Area 2: Aging Population

Increase public transit use by older adults

Data collection for this indicator is in progress through an assessment of the transportation systems throughout the Panhandle.



Activities & Performance Measures

Increase number of older adults utilizing public transportation.

An assessment on the current state of transportation in the Panhandle is being conducted. It can be difficult for providers to identify the age of public transportation users.

A Transportation Task Force has been assembled in Chadron to focus on transportation specifically for older adults, as well as the general public transportation system in the community. An assessment is partially completed to determine the needs of the community.

Revisions

2019

- There were no revisions to this section.

Priority Area 3: Behavioral Health



Sub-Priority 3A: Mental & Emotional Well-Being

Snapshot

Objectives

- Increase depression screening by primary care providers (HP 2020: MHMD-11)
- Reduce the suicide rate (HP 2020: MHMD-1)
- Reduce substantiated child maltreatment in counties in which the rate is higher than the rate for the state of Nebraska (based off of HP 2020: IVP-37 & IVP-38)

Evidence-Based Strategies

- Violence: Early Childhood Home Visitation To Prevent – Child Maltreatment (Source: Community Preventive Services Task Force)
- Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders (Source: Community Preventive Services Task Force)
- Suicide Risk: Screening in Adolescents, Adults, and Older Adults (Source: United States Preventive Services Task Force)
- Circle of Security
- Families and Schools Together (FAST)

Why Mental & Emotional Well-Being?

Mental health is "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges."²

Mental disorders are one of the most common causes of disability, and the disease burden of mental illness is the highest of all diseases.



²Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2019). Mental Health and Mental Disorders. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

Increase depression screening by primary care providers (HP 2020: MHMD-11)

- Indicator: ICD-10 code Z13.89 Encounter for screening another disorder; HCPCS code G0444 Medicare-Annual depression screening
- Data Source: Hospital EHRs
- Baseline: TBD
- Target (2020): TBD
- Target-Setting Method: 10% improvement

Data collection for this indicator is being created throughout the process of this CHIP cycle. The majority of hospital clinics do this, but it is difficult to retrieve the data from the Electronic Health Record.

Activities & Performance Measures

Area hospitals and clinics are working to improve screening rates by:

- Increasing the use of depression and anxiety screening tools
- Increasing primary care provider referral to mental health specialists



Increase or maintain the number of children and caregivers who receive referral to resources through Healthy Families Nebraska Panhandle.

Healthy Families promotes child well-being and prevents the abuse and neglect of children in communities around the world through family-focused and empathic support provided in the home.

	2016-2017	2017-2018
# of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	5 of 5	3 of 3

Source: Healthy Families Nebraska Panhandle Quarterly Benchmark Report

*Program year runs October-September

Healthy Families Benchmark 6 focuses on coordination and referrals for community resources and supports.



Priority Area 3: Behavioral Health

Reduce the suicide rate (HP 2020: MHMD-1)

- Indicator: Age-adjusted rate of death by suicide (per 100,000 population)
- Data Source: Nebraska Vital Records
- Baseline (2013-2015 combined): 17.5 per 100,000 population
- Target (2020): 15.8 per 100,000 population
- Target-Setting Method: 10% improvement

Age-adjusted rate of death by suicide (per 100,000 population),
3-year moving average, Panhandle

	Baseline	Goal
	2013-2015	2020
Suicide death rate per 100,000 population	17.5	15.8

Activities & Performance Measures

Increase knowledge of suicide identification and awareness.

- Question, Persuade, Refer (QPR) training was offered across the Panhandle in 2018. In 2018:
 - 1,417 staff at Regional West Medical Center were trained in QPR
 - 292 people were trained in the Northern Panhandle
- Three Out of the Darkness suicide awareness walks take place in the Panhandle each year, in Sidney, Alliance, and Scottsbluff.

Increase number of Panhandle Worksite Wellness Council member businesses that offer evidence-based strategies to address employee mental health and well-being.

	2017	2018
# of worksites with Employee Assistance Program	28	32
# of worksites that offer flexible scheduling	24	28
# of worksites that offer stress management support	38	41
# of worksites with supportive management practices	35	36



Source: PWWC Annual Survey

Panhandle Worksite Wellness Council (PWWC) partners with employers to provide training, resources, and guidance on developing effective worksite wellness programs.



Priority Area 3: Behavioral Health

Reduce substantiated child maltreatment in counties in which the rate is higher than the rate for the state of Nebraska (based off of HP 2020: IVP-37 & IVP-38)

- Indicator: Number of substantiated victims of child maltreatment
- Data Source: Kids Count in Nebraska Annual Report
- Baseline: Contingent upon county
- Target (2020): Less than 7.9 per 1,000 children
- Target-Setting Method: Based on 2015 Nebraska child maltreatment rate

Child maltreatment* rate, per 1,000 children, Panhandle Counties, Nebraska

	Historical					Baseline		
	2010	2011	2012	2013	2014	2015	2016	2017
Banner County	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Box Butte County	7.0	14.4	7.8	3.5	3.8	2.1	2.5	9.8
Cheyenne County	5.5	6.7	6.9	3.2	3.3	4.1	2.1	3.0
Dawes County	16.0	12.0	17.5	7.8	5.4	4.3	4.3	3.9
Deuel County	2.5	21.8	4.7	9.6	2.5	2.5	2.6	10.2
Garden County	0.0	5.3	17.1	0.0	0.0	0.0	8.2	8.0
Grant County	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kimball County	7.0	15.5	19.7	14.8	8.5	0.0	6.1	5.0
Morrill County	8.2	7.4	13.4	7.6	6.7	7.6	5.1	9.6
Scotts Bluff County	17.9	21.8	17.0	6.9	9.4	10.5	9.7	8.9
Sheridan County	3.9	12.3	5.8	6.0	5.9	6.9	1.7	11.9
Sioux County	0.0	0.0	3.3	0.0	0.0	0.0	8.0	0.0
Nebraska	11.2	11.4	9.3	6.2	5.5	7.9	7.9	7.6

Source: Kids Count in Nebraska Annual Report

*Number of substantiated victims of child maltreatment

Activities & Performance Measures

Enhance parent-child connections through involvement in community programs.

- 49 families participated in Circle of Security Parenting from July 2017-June 2018
- 15 families participated in Families and Schools Together (FAST) in the Chadron area in 2018

Decrease substantiated child maltreatment in Healthy Families Nebraska Panhandle clients.

Healthy Families promotes child well-being and prevents the abuse and neglect of children in communities around the world through family-focused and empathic support provided in the home.

	2016-2017	2017-2018
% of children with at least 1 investigated case of maltreatment	21.6%	28.1%
Rate of injury-related visits to ED among HFA children, per 100 children	0.09	1.56

Source: Healthy Families Nebraska Panhandle Quarterly Benchmark Report

*Program year runs October-September

Benchmark 2 for Healthy Families focuses on child injuries, abuse, neglect, maltreatment, and emergency department (ED) visits.

Priority Area 3: Behavioral Health

Sub-Priority 3B: Substance Abuse

Snapshot

Objectives

- Reduce tobacco use by adults (HP 2020: TU-1)
- Reduce tobacco use by adolescents (HP 2020: TU-2)
- Reduce the initiation of tobacco use among children, adolescents, and young adults (HP 2020: TU-3)
- Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2020: SA-14)
- Reduce the proportion of 12th graders who report that they rode, during the past 30 days, with a driver who had been drinking alcohol (HP 2020: SA-1)
- Decrease drug-overdose deaths (based off of HP 2020: MPS-2.4)

Evidence-Based Strategies

- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force): Community Mobilization with Additional Interventions to Restrict Minors' Access to Tobacco Products, Quitline Interventions, Smoke-Free Policies, Interventions to Increase the Unit Price for Tobacco Products
- Alcohol – Excessive Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors (Source: Community Preventive Services Task Force)
- Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: Community Preventive Services Task Force)
- Regional Use of Nebraska Prescription Drug Monitoring Program (Source: Nebraska DHHS)



Why Substance Abuse?

Substance abuse is "a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes"³. Because of social and political attitudes and legal responses to substance use, substance abuse is a complex public health issue.

"Substance" refers to legal (such as alcohol and tobacco) and illegal (such as heroin, methamphetamine, illegally obtained prescriptions, inappropriately used legal substances, etc.) substances.



³Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2019). Substance Abuse. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>

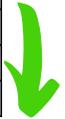
Reduce Tobacco Use

Reduce tobacco use by adults (HP 2020: TU-1)

- Indicator: Percentage of adults 18 and older who currently smoke cigarettes
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2015): 19.0%
- Target (2020): 17.1%
- Target-Setting Method: 10% improvement

Percentage of adults 18 and older who currently smoke cigarettes

	Historical				Baseline				Goal
	2011	2012	2013	2014	2015	2016	2017	2020	
Panhandle	18.3%	19.9%	20.4%	20.6%	19.0%	19.4%	18.6%	17.1%	
Nebraska	20.0%	19.7%	18.5%	17.3%	17.1%	17.0%	15.4%	-	



- Indicator: Percentage of adults 18 and older who currently use smokeless tobacco
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2015): 7.6%
- Target (2020): 6.8%
- Target-Setting Method: 10% improvement

Percentage of adults 18 and older who currently use smokeless tobacco

	Historical				Baseline				Goal
	2011	2012	2013	2014	2015	2016	2017	2020	
Panhandle	8.5%	9.7%	9.0%	6.9%	7.6%	10.1%	10.7%	6.8%	
Nebraska	5.6%	5.1%	5.3%	4.7%	5.5%	5.7%	5.3%	-	



Priority Area 3: Behavioral Health

Reduce tobacco use by adolescents (HP 2020: TU-2)

- Indicator: Past 30 day tobacco use by 8th, 10th, and 12th graders
- Data Source: Nebraska Risk and Protective Factor Student Survey, Region 1
- Baseline (2014):
 - 8th Grade: 4.3%
 - 10th Grade: 13.6%
 - 12th Grade: 14.5%
- Target (2020):
 - 8th Grade: 3.9%
 - 10th Grade: 12.2%
 - 12th Grade: 13.1%
- Target-Setting Method: 10% improvement

Past 30 day tobacco use by 8th, 10th, and 12th graders

	Historical		Baseline			Goal
	2010	2012	2014	2016	2018	2020
8th Grade	6.2%	7.4%	4.3%	3.6%	4.0%	3.9%
10th Grade	14.3%	13.6%	13.6%	9.2%	5.9%	12.2%
12th Grade	21.5%	26.0%	14.6%	14.3%	14.6%	13.1%



Reduce the initiation of tobacco use among children, adolescents, and young adults (HP 2020: TU-3)

- Indicator: Lifetime tobacco use by 8th, 10th, and 12th graders
- Data Source: Nebraska Risk and Protective Factor Student Survey, Region 1
- Baseline (2014):
 - 8th Grade: 12.8%
 - 10th Grade: 30.6%
 - 12th Grade: 36.5%
- Target (2020):
 - 8th Grade: 11.5%
 - 10th Grade: 27.5%
 - 12th Grade: 32.9%
- Target-Setting Method: 10% improvement

Lifetime tobacco use by 8th, 10th, and 12th graders

	Historical		Baseline			Goal
	2010	2012	2014	2016	2018	2020
8th Grade	17.5%	21.5%	12.8%	9.5%	12.0%	11.5%
10th Grade	36.0%	32.1%	30.6%	23.3%	19.6%	27.5%
12th Grade	49.6%	50.2%	36.5%	34.5%	31.9%	32.9%



Priority Area 3: Behavioral Health

Activities & Performance Measures

Increase tobacco free resources and policies.

Tobacco Free in the Panhandle provides technical assistance to local organizations and communities to develop tobacco free policies, encourage tobacco cessation, and provide tobacco free resources.

	2016-2017	2017-2018
# of tobacco-free policies for businesses	680	696
# of tobacco-free policies for schools	-	25
# of smoke-free policies for recreational areas	41	42
Tobacco Compliance rate	95%	87%



*Program Year runs July-June



Priority Area 3: Behavioral Health

Reduce Unhealthy Use of Alcohol

Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2020: SA-14)

- Indicator: Percentage of adults 18 and older who report having five or more alcohol drinks for men/four or more for women on at least one occasion in the past 30 days.
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2015): 14.0%
- Target (2020): 12.6%
- Target-Setting Method: 10% improvement

Percentage of adults 18 and older who report having five or more alcohol drinks for men/four or more for women on at least one occasion in the past 30 days.

	Historical				Baseline	Goal		
	2011	2012	2013	2014	2015	2016	2017	2020
Panhandle	17.8%	18.2%	16.4%	17.6%	14.0%	19.0%	16.7%	12.6%
Nebraska	22.7%	22.1%	20.0%	20.3%	19.5%	20.0%	20.6%	-

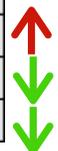


- Indicator: Past 30 day binge drinking, 8th, 10th, and 12th graders
- Data Source: Nebraska Risk and Protective Factor Student Survey, Region 1
- Baseline (2014):
 - 8th Grade: 3.0%
 - 10th Grade: 11.3%
 - 12th Grade: 18.2%
- Target (2020):
 - 8th Grade: 1.4%
 - 10th Grade: 8.0%
 - 12th Grade: 16.4%
- Target-Setting Method: 10% improvement



Percentage of 8th, 10th, and 12th graders who reported having five or more drinks of alcohol in a row, within a couple of hours, in the past 30 days

	Historical		Baseline	Goal		
	2010	2012	2014	2016	2018	2020
8th Grade	4.5%	4.8%	3.0%	1.6%	3.5%	1.4%
10th Grade	16.7%	12.6%	11.3%	8.9%	9.1%	8.0%
12th Grade	23.8%	22.4%	18.2%	17.3%	17.0%	16.4%



Priority Area 3: Behavioral Health

Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol (HP 2020: SA-1)

- Indicator: 12th Graders who rode in vehicle driven by someone who had been drinking alcohol, past 30 days
- Data Source: Nebraska Risk and Protective Factor Student Survey, Region 1
- Baseline (2014): 12.5%
- Target (2020): 11.2%
- Target-Setting Method: 10% improvement

	Baseline		Goal
	2016	2018	2020
Rode in a vehicle driven by someone who had been drinking alcohol in the past 30 days	12.5%	12.8%	11.2%



Activities & Performance Measures

Increase number of people educated by safe alcohol events.

In 2018...

- 76 people completed Responsible Beverage Server Training (RBST)
- 20 people completed Training for Intervention Procedures (TIPS)



Priority Area 3: Behavioral Health

Decrease drug-overdose deaths (based off of HP 2020: IVP-37 & IVP-38)

- Indicator: Drug overdose death rate per 100,000 population (age-adjusted)
- Data Source: Nebraska Vital Records
- Baseline (2013-2015 combined): 10.9 per 100,000 population
- Target (2020): 9.8 per 100,000 population
- Target-Setting Method: 10% improvement

Age-adjusted rate of death by drug-overdose (per 100,000 population), 3-year moving average, Panhandle

	Baseline	Goal
	2013-2015	2020
Drug-overdose death rate per 100,000 population	10.9	9.8

Activities & Performance Measures

Increase appropriate opioid use.

In 2018...

- 1 drug take back event took place in the Panhandle in 2018 - but every day is drug take back day in the Panhandle! There are 31 publicly available venues for drug disposal throughout the region (see below)
- 107 providers in Scottsbluff were trained on safe opioid prescribing guidelines
- 6 regional community education events on the dangers of opioids took place
- 6 providers used Suboxone waivers to prescribe medications

Increase availability of means restriction devices in Panhandle

- 920 prescription medication lock boxes were provided to the public in 2018
- 19 law enforcement agencies have permanent drug disposal boxes available for public disposal of drugs
- 12 pharmacies provide drug disposal services at all times

Revisions

2019

- Original objective "Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women (HP 2020: MICH-11)" was removed due to lack of available data.



Priority Area 3: Behavioral Health

Priority Area 4: Chronic Disease



Sub-Priority 4A: Cancer

Snapshot

Objectives

- Reduce the proportion of adults with any kind of cancer (based off of HP 2020: C-1)
- Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2020: C-18)
- Reduce the proportion of females with human papillomavirus (HPV) infection (HP 2020: STD-9)

Evidence-Based Strategies

- Cancer Screening: Multicomponent Interventions (Source: Community Preventive Services Task Force)
 - Colorectal Cancer
 - Breast Cancer
 - Cervical Cancer
- Vaccination Programs: Community-Based Interventions Implemented in Combination (Source: The Community Guide)
- Radon Screening and Mitigation (Source: American Cancer Society)
- Skin Cancer: Multicomponent Community-Wide Interventions (Source: Community Preventive Services Task Force)
- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force) (See Section 3B section for detailed activities and objectives)

Why Cancer?

In spite of medical advances, cancer remains a leading cause of death in the United States. In the Panhandle, the rates of people who are up-to-date on cancer screening has decreased in recent years - specifically for breast and cervical cancer.

Up-to-date on breast and cervical cancer screening, Panhandle

	2012	2014	2016
Up-to-date on breast cancer screening, female 50-74 year olds	70.8%	59.8%	56.3%
Up-to-date on cervical cancer screening, female 21-65 year olds	77.4%	76.5%	66.2%

Source: Nebraska Behavioral Risk Factor Surveillance System



Priority Area 4: Chronic Disease

Reduce the proportion of adults with any kind of cancer (based off of HP 2020: C-1)

- Indicator: Percentage of adults 18 and older who report they were ever told they have cancer
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2015): 15.4%
- Target (2020): 13.9%
- Target-Setting Method: 10% improvement

	Historical				Baseline			Goal
	2011	2012	2013	2014	2015	2016	2017	2020
Panhandle	14.1%	13.7%	14.2%	12.9%	15.4%	14.5%	14.0%	13.9%
Nebraska	11.2%	10.8%	11.4%	10.7%	11.6%	11.2%	11.0%	-



Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2020: C-18)

- Indicator: Percentage of adults 50-75 years old who reported having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2015): 58.3%
- Target (2020): 64.0%
- Target-Setting Method: 10% improvement

Up-to-date on colon cancer screening, 50-75 year olds

	Historical			Baseline			Goal
	2012	2013	2014	2015	2016	2017	2020
Panhandle	55.6%	51.8%	53.0%	58.3%	53.9%	55.9%	64.0%
Nebraska	61.1%	62.8%	64.1%	65.2%	66.0%	68.3%	-



- Indicator: Percentage of females 50-74 years old who report they are up-to-date on breast cancer screening
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2014): 59.8%
- Target (2020): 65.7%
- Target-Setting Method: 10% improvement

Up-to-date on breast cancer screening, female 50-74 year olds

	Historical	Baseline		Goal
	2012	2014	2016	2020
Panhandle	70.8%	59.8%	56.3%	65.7%
Nebraska	74.9%	76.1%	73.4%	-



Priority Area 4: Chronic Disease

- Indicator: Percentage of females 21-65 years old who report they are up-to-date on cervical cancer screening
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2014): 76.5%
- Target (2020): 84.0%
- Target-Setting Method: 10% improvement

Up-to-date on cervical cancer screening, female 21-65 year olds

	Historical	Baseline		Goal
	2012	2014	2016	2020
Panhandle	77.4%	76.5%	66.2%	84.0%
Nebraska	83.9%	81.7%	77.7%	-



Activities & Performance Measures

Increase knowledge of preventive cancer screenings.

	2018
# of community education events for colorectal cancer	19
# of community education events for breast cancer	3
# of community education events for cervical cancer	12

Source: PPHD
CHIP Data
Collection Survey

Increase individuals receiving reminders for preventive cancer screenings.

The majority of hospitals and clinics in the Panhandle use automated reminders for preventive cancer screenings, whether it be via email, patient portal, telephone, or mailed letter. It is difficult to quantify the number of patients who receive them as this is not a number that can be queried in most Electronic Health Records.

Increase radon prevention initiatives.

One in every two homes in Nebraska has elevated radon levels. Radon is inhaled through the lungs, where damage to tissue over time can cause lung cancer. Radon test kits are available from PPHD.

	2017	2018
# of radon test kits distributed	440	499
% analysis rate	44%	59%
# radon communications (social media, newspaper, etc.)	8	9

Maintain or increase safe sun practices.

Pool Cool, a program through PPHD, promotes sun safety through policies at swimming pools to establish sun protection standards. Pool staff receive training to teach and promote sun safety, and are encouraged to model sun safe practices.

	2017	2018
# of pools providing shade structures	9	8
# of pools to which sunscreen and signage are distributed	18	21
# of pools with sun safety policy	10	11

Priority Area 4: Chronic Disease

Reduce the proportion of females with human papillomavirus (HPV) infection (HP 2020: STD-9)

- Indicator: Cervical Cancer Incidence
- Data Source: Nebraska Vital Records
- Baseline (2009-2013 combined): 9.4 per 100,000 population
- Target (2020): 8.5 per 100,000 population
- Target-Setting Method: 10% improvement

Panhandle Cervical Cancer Incidence Rate (per 100,000 population), 3-year moving average, Panhandle

	Baseline	Goal
	2009-2013	2020
Cervical cancer incidence rate per 100,000 population	9.4	8.5

Activities & Performance Measures

Increase knowledge of HPV vaccination.

Ten community events took place to increase awareness and knowledge of the HPV vaccination.

Increase number of individuals completing full course of HPV vaccination.

Over 1,000 people receiving the HPV series received reminder calls to complete the full series in 2018.

PROGRAM HIGHLIGHT

Regional West Medical Center in Scottsbluff has had great success with including the HPV vaccination series in school-based immunizations. In 2018:



942

children were immunized against HPV



1,000

students were educated on HPV and the vaccination



1,800

parents were educated on HPV and the vaccination

Priority Area 4: Chronic Disease

Priority Area 4: Chronic Disease



Sub-Priority 4B: Cardiovascular Disease

Snapshot

Objectives

- Reduce the proportion of adults with hypertension (HP 2020: HD S-5.1)
- Reduce stroke deaths (HP 2020: HD S-3)
- Reduce coronary heart disease deaths (HP 2020: HD S-2)

Evidence-Based Strategies

- Cardiovascular Disease: Team-Based Care to Improve Blood Pressure Control (Source: Community Preventive Services Task Force)
- Cardiovascular Disease: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control - When Used Alone (Source: Community Preventive Services Task Force)

Why Cardiovascular Disease?

Heart disease is the leading cause of death in the United States, and stroke is the 5th leading cause of death. 1 in 3 adults lives with cardiovascular disease.

However, cardiovascular disease is very preventable. There are a myriad of controllable factors that lead to cardiovascular disease, including:⁴

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Unhealthy diet and physical inactivity
- Overweight and obesity

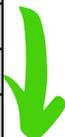


⁴Healthy People 2020. (2019). Heart Disease and Stroke. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Reduce the proportion of adults with hypertension (HP 2020: HD S 5.1)

- Indicator: Percentage of adults 18 and older who report that they were ever told by a doctor, nurse, or other health professional that they have high blood pressure.
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2015): 35.8%
- Target (2020): 32.2%
- Target-Setting Method: 10% improvement

	Historical		Baseline		Goal
	2011	2013	2015	2017	2020
Panhandle	33.9%	35.6%	35.8%	33.4%	32.2%
Nebraska	28.5%	30.3%	29.9%	30.6%	-



Reduce stroke deaths (HP 2020: HD S-3)

- Indicator: Stroke death rate per 100,000 population (age-adjusted)
- Data Source: Nebraska Vital Records
- Baseline (2013-2015 three year moving average): 36.3 per 100,000 population
- Target (2020): 32.3 per 100,000 population
- Target-Setting Method: 10% improvement

Age-adjusted rate of death by stroke (per 100,000 population), 3-year moving average, Panhandle

	Baseline	Goal
	2013-2015	2020
Stroke death rate per 100,000 population	36.3	32.3

Reduce coronary heart disease deaths (HP 2020: HD S-2)

- Indicator: Heart disease death rate per 100,000 population (age-adjusted)
- Data Source: Nebraska Vital Records
- Baseline (2013-2015 three year moving average): 152.9 per 100,000 population
- Target (2020): 137.6 per 100,000 population
- Target-Setting Method: 10% improvement

Age-adjusted rate of death by heart disease (per 100,000 population), 3-year moving average, Panhandle

	Baseline	Goal
	2013-2015	2020
Heart disease death rate per 100,000 population	152.9	137.6

Priority Area 4: Chronic Disease

Activities & Performance Measures

Increase health systems with a hypertension policy in place.

- One clinic has a hypertension policy fully in place
- Three clinics have processes in place to implement a hypertension policy

Increase use of self-measured blood pressure monitoring in health systems.

Three health systems have processes in place to implement self-measured blood pressure monitoring.

Increase publicly available blood pressure monitors.

8 blood pressure monitors are available for public use across the Panhandle



Increase awareness of stroke symptoms.

In 2018...

- 1,985 medical staff and providers learned about the warning signs of stroke and when to seek medical attention in the Regional West Medical System.
- Five community events took place to increase awareness and knowledge of stroke symptoms.



Priority Area 4: Chronic Disease

Priority Area 4: Chronic Disease



Sub-Priority 4C: Diabetes

Snapshot

Objectives

- Reduce the annual number of new cases of diagnosed diabetes in the population (HP 2020: D-1)

Evidence-Based Strategies

- Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk (Source: Community Preventive Services Task Force)

Why Diabetes?

In this case, diabetes refers to type 2 diabetes. Type 2 diabetes is a result of insulin resistance and insufficient insulin production, and typically occurs in adults. It is not an autoimmune disease like Type 1 diabetes, where the body loses its ability to produce insulin. Type 2 diabetes can be prevented or delayed with appropriate therapy and lifestyle change.⁵



Reduce the annual number of new cases of diagnosed diabetes in the population (HP 2020: D-1)

- Indicator: Percentage of adults 18 and older who report they were ever told they have diabetes (excluding pregnancy).
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2015): 10.8%
- Target (2020): 9.8%
- Target-Setting Method: 10% improvement

	Historical				Baseline				Goal
	2011	2012	2013	2014	2015	2016	2017	2020	
Panhandle	10.8%	10.4%	10.5%	12.4%	10.8%	9.5%	12.8%	9.8%	
Nebraska	8.4%	8.1%	9.2%	9.2%	8.8%	8.8%	10.1%	-	

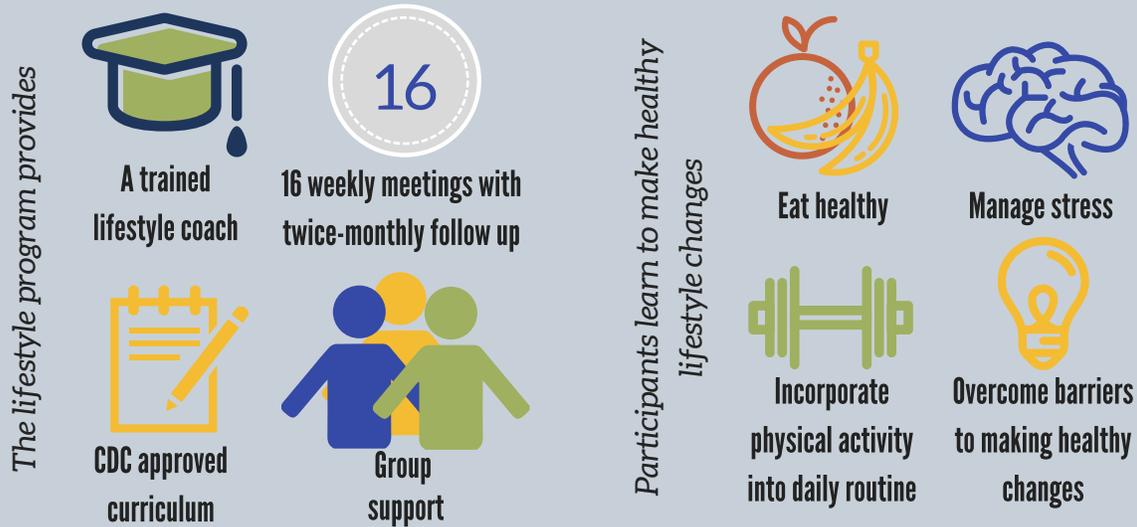


⁵Healthy People 2020. (2019). Diabetes. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>

Activities & Performance Measures

The National Diabetes Prevention Program is an evidence-based lifestyle change program designed to prevent and/or delay type 2 diabetes.

Overview of NDPP in the Panhandle:



Maintain or increase the number of National DPP classes offered annually.

18 National DPP classes took place from October 2017-September 2018.

Increase health systems with policy in place for referral of prediabetics/high risk patients to National DPP.

In 2018, 20 hospitals and clinics had a policy in place for referral to National DPP.

Maintain or increase number of businesses that offer National DPP classes during paid staff time.

1 business offered National DPP classes during paid staff time in 2018.



Increase health systems that offer Diabetes Self-Management Education.

Two Panhandle Health Systems offered DSME starting in 2018.

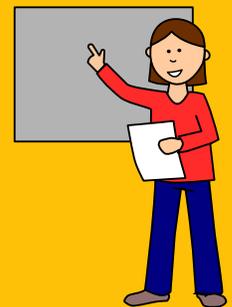
EMERGING PROGRAM

Living Well, an evidence-based Chronic Disease Self-Management Program (CDSMP), is a program new to the Panhandle area. It is a 6-week workshop made up of 2-hour sessions each week. In 2018:

2 PPHD staff were trained as Master Trainers

1 Pilot class was successfully offered

8 People participated in the pilot class



Priority Area 4: Chronic Disease

Priority Area 4: Chronic Disease



Sub-Priority 4D: Chronic Disease Risk Factors Snapshot

Objectives

- Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (HP 2020: PA-2)
- Increase the contribution of fruits to the diets of the population aged 2 years and older (HP 2020: NWS-14)
- Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older (HP 2020: NWS-15)
- Increase the proportion of worksites that offer an employee health promotion program to their employees (HP 2020: ECBP-8)
- Decrease percentage of children testing positive for elevated blood lead levels (EBLL)

Evidence-Based Strategies

- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design (Source: Community Preventive Services Task Force)
- Physical Activity: Creating or Improving Places for Physical Activity (Source: Community Preventive Services Task Force)
- Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables (Source: CDC/NCCDPHP)
- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force) (See Section 3B section for detailed activities and objectives)
- Worksite: Assessment of Health Risks with Feedback (AHRF) to Change Employees' Health – AHRF Plus Health Education With or Without Other Interventions (Source: Community Preventive Services Task Force)

Why Chronic Disease Risk Factors?

A large body of evidence has identified the common, modifiable causes of chronic disease as: unhealthy diet, physical activity, and tobacco use.⁶ An additional cause of chronic disease is childhood lead poisoning.⁷ This section addresses unhealthy diet, physical activity, and lead poisoning; tobacco use is addressed in the behavioral health section.

⁶World Health Organization. (2019). The causes of chronic diseases. Retrieved from https://www.who.int/chp/chronic_disease_report/part2_ch1/en/index12.html

⁷Centers for Disease Control and Prevention. (2017). Childhood Lead Poisoning. Retrieved from <https://ephtracking.cdc.gov/showLeadPoisoningEnv>

Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (HP 2020: PA-2)

- Indicator: Percentage of adults 18 and older who report that they met both the aerobic and muscle strengthening recommendations
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2015): 18.7%
- Target (2020): 20.5%
- Target-Setting Method: 10% improvement

	Historical		Baseline		Goal
	2011	2013	2015	2017	2020
Panhandle	18.4%	14.9%	18.7%	17.4%	20.5%
Nebraska	19.0%	18.8%	21.8%	19.1%	-



Increase the contribution of fruits to the diets of the population aged 2 years and older (HP 2020: NWS-14)

- Indicator: Percentage of adults 18 and older who report that they consume fruits less than one time per day.
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2017): 37.5%
- Target (2020): 33.8%
- Target-Setting Method: 10% improvement

	Baseline	Goal
	2017	2020
Panhandle	37.5%	33.8%
Nebraska	36.9%	-

Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older (HP 2020: NWS-15)

- Indicator: Percentage of adults 18 and older who report that they consume vegetables less than one time per day.
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2017): 17.9%
- Target (2020): 16.1%
- Target-Setting Method: 10% improvement

	Baseline	Goal
	2017	2020
Panhandle	17.9%	16.1%
Nebraska	20.0%	-

Priority Area 4: Chronic Disease

Increase the proportion of worksites that offer an employee health promotion program to their employees (HP 2020: ECBP-8)

- Indicator: Number of Panhandle Worksite Wellness Council members that offer an Health Risk Assessment to employees
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2017):
- Target (2020):
- Target-Setting Method: 10% improvement

Baseline		Goal
2017	2018	2020
5	4	6



Decrease number of children testing positive for elevated blood lead levels (EBLL).

- Indicator: Number of children testing positive for elevated blood lead levels (EBLL)
- Data Source: PPHD Disease Surveillance
- Baseline (2017): 11
- Target (2020): 10
- Target-Setting Method: 10% improvement

	Baseline		Goal
	2017	2018	2020
Number of children testing positive for elevated blood lead levels (EBLL)	11	14	10



Priority Area 4: Chronic Disease

Activities & Performance Measures

Increase communities with walkable community plans.

4 Panhandle communities had walkable community plans in 2018.

Increase walkable campuses.

30 PWWC member businesses had designated walking routes in 2018.

Strengthen healthy food access.

Many PWWC member businesses have nutrition policies. In 2018...

- 24 businesses offered healthy food and beverage options in their cafeteria/snack shop
- 12 businesses offered healthy food options in vending machines
- 31 businesses offered healthy beverage options in vending machines

Increase number of Panhandle Worksite Wellness Council members.

There were 43 PWWC member businesses in 2018.

Increase number of health systems following best practice screening protocol for blood lead levels.

2 facilities follow best practice screening protocols for blood lead levels in children.

PROGRAM HIGHLIGHT

The Kimball Health Services North Campus is available during regular businesses hours on Monday through Friday for indoor walking. Eight laps from the south end of the building around the gym is just over a mile.



Revisions

2019

- Objective "Increase the proportion of worksites that offer an employee health promotion program to their employees (HP 2020: ECBP-8)" was moved from the Access to Care priority area to Chronic Disease as this was deemed a more appropriate location.
- Objective "Decrease percentage of children testing positive for elevated blood lead levels (EBLL)" was moved from the Social Determinants of Health priority area to the Chronic Disease priority area as it was deemed more appropriate.
- The indicator for the objective "Increase the contribution of fruits to the diets of the population aged 2 years and older (HP 2020: NWS-14)" changed from 2015 to 2017 data collection, thus baseline data was updated to the 2017 number, as the data moving forward is not comparable to data preceding 2017.
- The indicator for the objective "Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older (HP 2020: NWS-15)" changed from 2015 to 2017 data collection, thus baseline data was updated to the 2017 number, as the data moving forward is not comparable to data preceding 2017.

Priority Area 5: Early Childhood Care & Education



Snapshot

Objectives

- Increase quality childcare and preschool availability (based off of Buffett Early Childhood Institute findings)

Evidence-Based Strategies

- Child Care Quality Measures (Source: Step Up to Quality)
- Health Equity: Center-Based Early Childhood Education (Source: Community Preventive Services Task Force)
- Social-Emotional Development of Children (Source: Rooted in Relationships)

Why Early Childhood Care and Education?

An assessment of Early Childhood Care and Education in the Panhandle in 2017, completed in conjunction with the Buffett Early Childhood Institute, found a shortage of quality childcare and preschool availability in the Panhandle.

Increase quality childcare and preschool availability (based off of Buffett Early Childhood Institute findings)

- Indicator: Number fully licensed providers
- Data Source: Nebraska Department of Health and Human Services

	2019
# licensed childcare providers, Panhandle	137



Priority Area 5: Early Childhood Care & Education

Activities & Performance Measures

Increase number of licensed providers.

In November 2019, there were 137 licensed child care providers in the Panhandle.

Increase number of programs that are enrolled with Step Up to Quality.

Nebraska Step Up to Quality is an Early Childhood Quality Rating and Improvement System. The goal of the system is to improve early care and education quality, and increase positive outcomes for young children. As of September 2018, there were 24 Step Up to Quality programs in seven Panhandle counties.

Increase number of programs trained in Rooted in Relationships (RiR).

In 2018, 5 counties were implementing Rooted in Relationships programs. Scotts Bluff acts as the Community Collaborative Hub for this work, where there is one cohort.

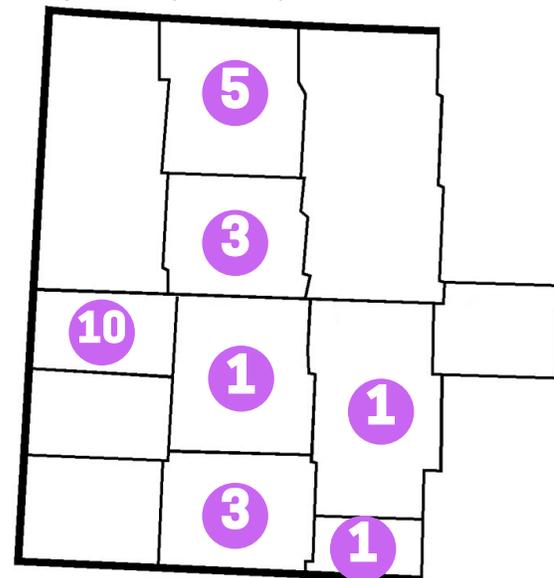
In addition to implementing the RiR Pyramid Package with 17 new providers in the Panhandle, the birth-eight subgroup chose for the systems portion of RiR to integrate the RiR Pyramid Package with 33 child care providers that had spent the last two years as part of the Sixpence Child Care Partnership grant in 3 Panhandle communities

Licensed Child Care Facilities

	Number of Facilities	Total Capacity
Banner County	0	0
Box Butte County	13	246
Cheyenne County	12	746
Dawes County	23	378
Deuel County	3	65
Garden County	3	84
Grant County	1	12
Kimball County	3	34
Morrill County	4	83
Scotts Bluff County	65	2,126
Sheridan County	10	127
Sioux County	0	0
Panhandle	137	3,890

Source: Nebraska Department of Health and Human Services, Roster of Licensed Child Care and Preschool Programs in Nebraska, 11/8/2019

Panhandle Step Up to Quality Programs by County, as of 9/14/2018



Source: Nebraska Department of Education

2018 Impact of Rooted in Relationships in the Panhandle

Number of Rooted in Relationships Coaches	4	Programs engaged with coaches	50
Number of families served directly	21	Number of families served indirectly	256
Number of children served directly	384	Number of children served indirectly	328

Revisions

2019

- There were no revisions to this section.

Priority Area 5: Early Childhood Care & Education

Priority Area 6: Social Determinants of Health



Snapshot

Objectives

- Reduce proportion of persons living in poverty (HP 2020: SDPH-3)
- Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade (HP 2020: AH-5.1)
- Reduce proportion of households that spend more than 30% of income on housing (HP 2020: SDOH-4.1)
- Increase use of alternative modes of transportation for work (HP 2020: EH-2)
- Increase the number of health systems that include a standardized set of questions that identify lesbian, gay, bisexual, and transgender people (Based off of HP 2020: LGBT-1)

Evidence-Based Strategies

- Health Equity: High School Completion Programs (Source: Community Preventive Services Task Force)
- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design (Source: Community Preventive Services Task Force)
- Health Equity: Cultural Competency Training for Healthcare Providers (Source: Community Preventive Services Task Force)
- Health Equity: Use of Linguistically and Culturally Appropriate Health Education Materials (Source: Community Preventive Services Task Force)

Why Social Determinants of Health?

Social determinants of health are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks"⁸. Quality of life can have a significant impact on population health outcomes. Because the social determinants of health can be so intertwined, all indicators are included in one section rather than separate sub-sections. The social determinants of health focused on in the Panhandle 2018-2020 CHIP are:



Poverty



Housing



Transportation



Diversity & Inclusion

⁸Healthy People 2020. (2019). Social Determinants of Health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Reduce proportion of persons living in poverty (HP 2020: SDPH-3)

- Indicator: Percent of population with income in past 12-months below the poverty level.
- Data Source: U.S. Census Bureau, American Community Survey
- Baseline (2011-2015 ACS 5-Year Estimate): 14.7%
- Target (2020): 13.2%
- Target-Setting Method: 10% improvement

	Baseline			Goal
	2011-2015	2012-2016	2013-2017	2020
All people in poverty	14.7%	13.3%	12.6%	13.2%



Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade (HP 2020: AH-5.1)

- Indicator: Graduation rate, 4-year cohort
- Data Source: Nebraska Department of Education
- Baseline (2015-2016): Contingent upon school district
- Target (2020-2021): Contingent upon school district
- Target-Setting Method: 10% improvement, capped at 100%

	Baseline				Goal
	2015-2016	2016-2017	2017-2018	2020-2021	
Alliance Public Schools	89%	84%	83%	98%	
Banner County Public Schools	NA	NA	NA	NA	
Bayard Public Schools	100%	88%	100%	100%	
Bridgeport Public Schools	89%	87%	92%	98%	
Chadron Public Schools	90%	95%	96%	99%	
Crawford Public Schools	94%	92%	86%	100%	
Creek Valley Schools	91%	95%	87%	100%	
Garden County Schools	100%	100%	100%	100%	
Gering Public Schools	88%	87%	91%	97%	
Gordon-Rushville Public Schools	92%	91%	94%	100%	
Hay Springs Public Schools	100%	83%	92%	100%	
Hemingford Public Schools	88%	97%	89%	97%	
Hyannis Area Schools	100%	100%	100%	100%	
Kimball Public Schools	98%	94%	89%	100%	
Leyton Public Schools	100%	100%	100%	100%	
Minatare Public Schools	NA	93%	100%	100%	
Mitchell Public Schools	95%	95%	92%	100%	
Morrill Public Schools	83%	90%	96%	91%	
Potter-Dix Public Schools	93%	85%	NA	100%	
Scottsbluff Public Schools	92%	91%	91%	100%	
Sidney Public Schools	97%	95%	89%	100%	
Sioux County Public Schools	NA	NA	NA	NA	

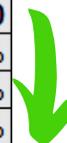
NOTE: NA = data suppressed due to small class sizes

Priority Area 6: Social Determinants of Health

Reduce proportion of households that spend more than 30% of income on housing (HP 2020: SDOH-4.1)

- Indicator: Selected monthly owner costs as a percentage of household income, 30% or more, Panhandle, ACS 5-Year Estimates
- Data Source: U.S. Census Bureau
- Baseline (2011-2015 ACS 5-Year Estimate):
 - Housing units with a mortgage: 25.4%
 - Housing units without a mortgage: 13.2%
 - Occupied units paying rent: 42.8%
- Target (2020):
 - Housing units with a mortgage: 22.9%
 - Housing units without a mortgage: 11.9%
 - Occupied units paying rent: 38.5%
- Target-Setting Method: 10% improvement

	Baseline			Goal
	2011-2015	2012-2016	2013-2017	2020
Housing units with a mortgage	25.4%	25.0%	25.0%	22.9%
Housing units without a mortgage	13.2%	12.2%	12.1%	11.9%
Occupied units paying rent	42.8%	41.0%	39.9%	38.5%



Increase use of alternative modes of transportation for work (HP 2020: EH-2)

There are no regional data points that measure this objective. The region is currently undergoing a transportation assessment to identify various transportation options across communities. Data for this objective will be developed throughout the cycle of this CHIP.

Increase the number of health systems that include a standardized set of questions that identify lesbian, gay, bisexual, and transgender people (Based off of HP 2020: LGBT-1)

There are no regional data points that measure this objective. Data for this objective will be developed throughout the cycle of this CHIP.



Priority Area 6: Social Determinants of Health

Activities & Performance Measures

Much of 2018 was spent identifying activities related to the social determinants of health poverty, housing, transportation, and diversity & inclusion. This section contains a highlight of the identified activities.

Continuum of Care for Housing and Homelessness

The Panhandle Continuum of Care for Housing and Homelessness is a collaboration of agencies throughout the Panhandle who are committed to serving homeless or near homeless individuals and families in our community. We are also working together to eliminate and prevent homelessness throughout the Panhandle

Connected Youth Initiative

Functions to coordinate and align services of agencies serving unconnected youth ages 14-24 in order to prevent and decrease youth homelessness, via Youth Leadership, Transitional Services, Opportunity Passport, and Regional Training Plan.

Families and Schools Together (FAST)

FAST is a program offered in Chadron, Crawford, and Hay Springs. The 8-week program focuses on the transition from preschool to kindergarten, with an evidence-base showing an association with increased high school graduation rates for participants.

Together Everyone Achieves More Success (TEAMS)

TEAMS is a program offered in Scottsbluff and Minatare. TEAMS provides leadership opportunities and college preparation opportunities to students. The evidence-base of this program shows an association with increased high school graduation rates and attendance of post-secondary education for participants.

Community Response

Community Response can be considered the prevention track to Alternative Response, and is part of a Community Prevention System being implemented in communities across Nebraska. Community Response provides funds for individuals in need of acute assistance, with a long-term goal of increasing family self-sufficiency.

Panhandle Trails Intercity Public Transit

Panhandle Trails Intercity Public Transit is an intercity bus service in the Nebraska Panhandle. The mission of the bus service is to connect individuals with intercity transportation resources while providing safe, efficient and affordable passage to destinations throughout the Nebraska Panhandle Region.

Chadron Transportation Task Force

The Chadron Transportation Task Force came together in 2018 to address gaps in the public transportation system in Chadron. The task forces has identified gaps and needs of the system related to health care, tourism, education, and general public transportation, and is pursuing options to address these needs.

Revisions

2019

- Objective "Reduce proportion of households that spend more than 35% of income on housing (HP 2020: SDOH-4.1)" updated to read 30% of income, to match available data and research on this topic area.

Priority Area 6: Social Determinants of Health

Nebraska Panhandle 2018-2020 Community Health Improvement Plan Update

Updated 2019

Appendix A

Priority Areas & Objectives

Strategies

Access to Care

- Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (HP 2020: AHS-6)
- Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth (HP 2020: OH-1)
- Increase the proportion of women giving birth who attend a postpartum care visit with a health worker (HP 2020: MICH-19)

- Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: Community Preventive Services Task Force)
- Reducing Structural Barriers for Clients (Colorectal Cancer, Breast Cancer, Cervical Cancer) (Source: Community Preventive Services Task Force)
- Home Visitation Programs (Source: Council on Child and Adolescent Health)
- Dental Caries (Cavities): School-Based Dental Sealant Delivery Programs (Source: Community Preventive Services Task Force)

Aging Population

- Reduce the rate of emergency department (ED) visits due to falls among older adults (HP 2020: OA-11)
- Increase use of resource navigation by older adults
- Increase public transit use by older adults

- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design (Source: Community Preventive Services Task Force)
- Fall Prevention Program (Source: National Council on Aging)

Behavioral Health Mental Well-Being

- Increase depression screening by primary care providers (HP 2020: MHMD-11)
- Reduce the suicide rate (HP 2020: MHMD-1)
- Reduce substantiated child maltreatment in counties in which the rate is higher than the rate for the state of Nebraska (based off of HP 2020: IVP-37 & IVP-38)

- Violence: Early Childhood Home Visitation To Prevent – Child Maltreatment (Source: Community Preventive Services Task Force)
- Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders (Source: Community Preventive Services Task Force)
- Suicide Risk: Screening in Adolescents, Adults, and Older Adults (Source: United States Preventive Services Task Force)
- Circle of Security
- Families and Schools Together (FAST)

Behavioral Health contd.

Substance Abuse

- Reduce tobacco use by adults (HP 2020: TU-1)
- Reduce tobacco use by adolescents (HP 2020: TU-2)
- Reduce the initiation of tobacco use among children, adolescents, and young adults (HP 2020: TU-3)
- Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2020: SA-14)
- Reduce the proportion of 12th graders who report that they rode, during the past 30 days, with a driver who had been drinking alcohol (HP 2020: SA-1)
- Decrease drug-overdose deaths (based off of HP 2020: MPS-2.4)

- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force): Community Mobilization with Additional Interventions to Restrict Minors' Access to Tobacco Products, Quitline Interventions, Smoke-Free Policies, Interventions to Increase the Unit Price for Tobacco Products
- Alcohol – Excessive Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors (Source: Community Preventive Services Task Force)
- Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: Community Preventive Services Task Force)
- Regional Use of Nebraska Prescription Drug Monitoring Program (Source: Nebraska DHHS)

Chronic Disease Cancer

- Reduce the proportion of adults with any kind of cancer (based off of HP 2020: C-1)
- Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2020: C-18)
- Reduce the proportion of females with human papillomavirus (HPV) infection (HP 2020: STD-9)

- Cancer Screening: Multicomponent Interventions (Source: Community Preventive Services Task Force)
 - Colorectal Cancer
 - Breast Cancer
 - Cervical Cancer
- Vaccination Programs: Community-Based Interventions Implemented in Combination (Source: The Community Guide)
- Radon Screening and Mitigation (Source: American Cancer Society)
- Skin Cancer: Multicomponent Community-Wide Interventions (Source: Community Preventive Services Task Force)
- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force) (See Section 3B section for detailed activities and objectives)

Chronic Disease contd.

Cardiovascular Disease

- Reduce the proportion of adults with hypertension (HP 2020: HD S 5.1)
- Reduce stroke deaths (HP 2020: HD S-3)
- Reduce coronary heart disease deaths (HP 2020: HD S-2)

Diabetes

- Reduce the annual number of new cases of diagnosed diabetes in the population (HP 2020: D-1)

Chronic Disease Risk Factors

- Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (HP 2020: PA-2)
- Increase the contribution of fruits to the diets of the population aged 2 years and older (HP 2020: NWS-14)
- Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older (HP 2020: NWS-15)
- Increase the proportion of worksites that offer an employee health promotion program to their employees (HP 2020: ECBP-8)
- Decrease percentage of children testing positive for elevated blood lead levels (EBLL).

- Cardiovascular Disease: Team-Based Care to Improve Blood Pressure Control (Source: Community Preventive Services Task Force)
- Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk (Source: Community Preventive Services Task Force)
- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design (Source: Community Preventive Services Task Force)
- Physical Activity: Creating or Improving Places for Physical Activity (Source: Community Preventive Services Task Force)
- Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables (Source: CDC/NCCDPHP)
- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force) (See Section 3B section for detailed activities and objectives)
- Worksite: Assessment of Health Risks with Feedback (AHRF) to Change Employees' Health – AHRF Plus Health Education With or Without Other Interventions (Source: Community Preventive Services Task Force)

Early Childhood Care & Education

- Increase quality childcare and preschool availability (based off of Buffett Early Childhood Institute findings)

- Child Care Quality Measures (Source: Step Up to Quality)
- Health Equity: Center-Based Early Childhood Education (Source: Community Preventive Services Task Force)
- Social-Emotional Development of Children (Source: Rooted in Relationships)

Social Determinants of Health

Poverty

- Reduce proportion of persons living in poverty (HP 2020: SDPH-3)
- Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade (HP 2020: AH-5.1)

Housing

- Reduce proportion of households that spend more than 30% of income on housing (HP 2020: SDOH-4.1)

Transportation

- Increase use of alternative modes of transportation for work (HP 2020: EH-2)

Diversity & Inclusion

- Increase the number of health systems that include a standardized set of questions that identify lesbian, gay, bisexual, and transgender people (Based off of HP 2020: LGBT-1)

- Health Equity: High School Completion Programs (Source: Community Preventive Services Task Force)

- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design (Source: Community Preventive Services Task Force)

- Health Equity: Cultural Competency Training for Healthcare Providers (Source: Community Preventive Services Task Force)
- Health Equity: Use of Linguistically and Culturally Appropriate Health Education Materials (Source: Community Preventive Services Task Force)



Note: HP 2020 stands for Healthy People 2020



Nebraska Panhandle 2018-2020 Community Health Improvement Plan Work Plan Update Updated 2019

Appendix B

Priority Areas & Objectives	Performance Measures
<p>Access to Care Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (HP 2020: AHS-6)</p>	<ul style="list-style-type: none"> • # of hospitals/clinics offering walk in appointment slots on regular basis • # of hospitals/clinics offering extended hours • # of health fairs or "wellness days" • # of FOBT kits distributed • % return rate of FOBT kits • Assess local transportation systems for baseline data
<p>Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth (HP 2020: OH-1)</p>	<ul style="list-style-type: none"> • #/% of K-4 children rated Class 0 at school-based oral health screenings • # of dentists participated in Dental Days
<p>Increase the proportion of women giving birth who attend a postpartum care visit with a health worker (HP 2020: MICH-19)</p>	<ul style="list-style-type: none"> • % of Healthy Families mothers who received a postpartum visit within 8 weeks of delivery
<p>Aging Population Reduce the rate of emergency department (ED) visits due to falls among older adults (HP 2020: OA-11)</p>	<ul style="list-style-type: none"> • # of fall prevention programs offered
<p>Increase use of resource navigation by older adults</p>	<ul style="list-style-type: none"> • # of clicks on elderly-specific resources listed in Panhandle Resource Guide • # elderly caregivers utilizing respite • # of people utilizing in home delivery meals
<p>Increase public transit use by older adults</p>	<ul style="list-style-type: none"> • Assess local transportation systems for baseline data

Priority Areas & Objectives

Performance Measures

Behavioral Health

Mental Well-Being

Increase depression screening by primary care providers
(HP 2020: MHMD-11)

- Proportion of primary care physician office visits where adults 19 years and older are screened for depression
- Proportion of primary care physician office visits where youth aged 12-18 are screened for depression
- # of Healthy Families primary caregivers referred to services for a positive screen for depression who receive one or more service contacts

Reduce the suicide rate (HP 2020: MHMD-1)

- # of people trained in QPR
- # of Out of the Darkness events
- # of PWWC members with EAP
- # of PWWC members that offer flexible scheduling
- # of PWWC members that offer stress management support
- # of PWWC members with supportive management practices

Reduce substantiated child maltreatment in counties in which the rate is higher than the rate for the state of Nebraska (based off of HP 2020: IVP-37 & IVP-38)

- # of people completing CoS
- # of people completing Love and Logic
- # of families participating in FAST
- # of families participating in Healthy Families
- Rate of injury-related visits to ED among HFA children

Substance Abuse

Reduce tobacco use by adults (HP 2020: TU-1)

Reduce tobacco use by adolescents (HP 2020: TU-2)

Reduce the initiation of tobacco use among children, adolescents, and young adults (HP 2020: TU-3)

- # of tobacco-free policies for businesses
- # of tobacco-free policies for schools
- # of smoke-free policies for recreational areas
- Tobacco compliance rate

Priority Areas & Objectives

Performance Measures

Substance Abuse contd.

Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2020: SA-14)
 Reduce the proportion of 12th graders who report that they rode, during the past 30 days, with a driver who had been drinking alcohol (HP 2020: SA-1)

- # of RBST training attendees
- Alcohol compliance rate

Decrease drug-overdose deaths (based off of HP 2020: MPS-2.4)

- # of publicly available venues for drug disposal
 - # of pharmacies
 - # of local law enforcement buildings

Chronic Disease

Cancer

Reduce the proportion of adults with any kind of cancer (based off of HP 2020: C-1)
 Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2020: C-18)

- # of radon test kits distributed
- % radon test kit analysis rate
- # radon communications
- # of pools providing shade structures
- # of pools to which sunscreen and signage are distributed
- # of pools with sun safety policy

Reduce the proportion of females with human papillomavirus (HPV) infection (HP 2020: STD-9)

- # people receiving HPV vaccination
- # of community education events for HPV vaccination

Cardiovascular Disease

Reduce the proportion of adults with hypertension (HP 2020: HD S 5.1)
 Reduce stroke deaths (HP 2020: HD S-3)
 Reduce coronary heart disease deaths (HP 2020: HD S-2)

- # of health systems with hypertension policy in place
- # of health care professionals trained on taking accurate blood pressures
- # of community education events on stroke

Chronic Disease contd.

Diabetes

Reduce the annual number of new cases of diagnosed diabetes in the population (HP 2020: D-1)

- # of National DPP classes and participants, annually
- # of health systems with NDPP referral policy
- # of Living Well classes and participants, annually

Chronic Disease Risk Factors

Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (HP 2020: PA-2)

- # of communities with a walkable community plan
- # of businesses with walkable campuses

Increase the contribution of fruits to the diets of the population aged 2 years and older (HP 2020: NWS-14)
 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older (HP 2020: NWS-15)

- # of healthy food or beverage policies in PWWC member worksites

Increase the proportion of worksites that offer an employee health promotion program to their employees (HP 2020: ECBP-8)

- # of PWWC members
- # of PWWC member worksites that offer HRA

Decrease percentage of children testing positive for elevated blood lead levels (EBLL).

- # of health systems educated on best practice screening protocol for blood lead levels

Early Childhood Care & Education

Increase quality childcare and preschool availability (based off of Buffett Early Childhood Institute findings)

- # of licensed providers
- # of programs enrolled in Step Up to Quality
- # of early childhood programs engaged in Rooted in Relationships
- # of Rooted in Relationships coaches

Social Determinants of Health

Poverty

Reduce proportion of persons living in poverty (HP 2020: SDPH-3)
 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade (HP 2020: AH-5.1)

- # FAST participants
- # TEAMS participants graduating high school
- # households served by Community response

Housing

Reduce proportion of households that spend more than 30% of income on housing (HP 2020: SDOH-4.1)

- # individuals receiving referral to services through Continuum of Care for Housing and Homelessness members using Service Point
- # youth engaged with CYI receiving housing assistance who previously experienced homelessness

Transportation

Increase use of alternative modes of transportation for work (HP 2020: EH-2)

- Assess local transportation systems for baseline data

Diversity & Inclusion

Increase the number of health systems that include a standardized set of questions that identify lesbian, gay, bisexual, and transgender people (Based off of HP 2020: LGBT-1)

- Complete LGBTQ+ needs assessment

Note: HP 2020 stands for Healthy People 2020



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