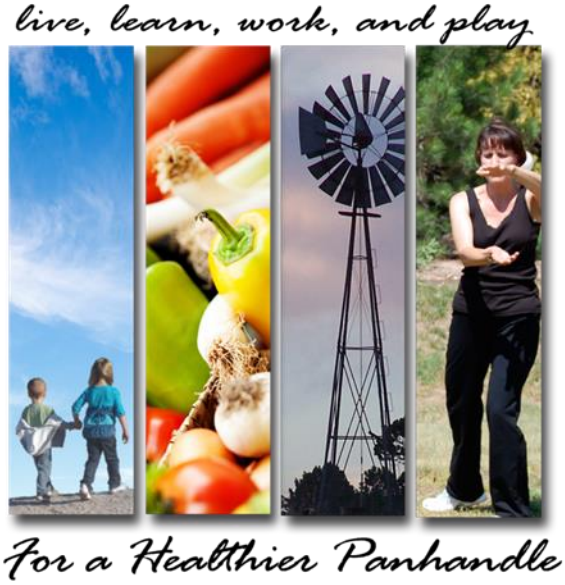
2020
Community Health Improvement Plan
of
Gordon Memorial Hospital



PREPARED BY

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Panhandle Public Health District

IN COLLABORATION WITH

Rural Nebraska Healthcare Network
Scotts Bluff County Health Department
Box Butte General Hospital
Chadron Community Hospital
Gordon Memorial Hospital
Kimball Health Services
Morrill County Community Hospital
Perkins County Health Services
Regional West Garden County
Regional West Medical Center
Sidney Regional Medical Center
Panhandle Partnership
Panhandle Area Development District
Nebraska Department of Health and Human Services

WITH SPECIAL THANKS TO

Daniel Bennett, Civic Nebraska
formerly of Panhandle Area Development District

FOR MORE INFORMATION

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Panhandle Public Health District

Rural Nebraska HEALTHCARE NETWORK
A regional system of care provided locally

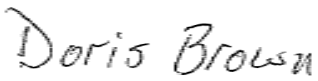
Panhandle Partnership
Rooted in Frontier Spirit, Committed to the Future

MESSAGE FROM GORDON MEMORIAL SERVICES

Located in Gordon, Nebraska, Gordon Memorial Hospital District includes a Critical Access Hospital, two rural health clinics in Gordon and Rushville, a wide variety of specialty clinics, and Gordon Countryside Care, a 40 bed long term care facility. With 25 acute care beds, swing bed services, a progressive Rehab Services Department, 24-hour CT, X-ray, Lab, and ER services, we are proud to serve our surrounding communities.

We serve a rural population of approximately 5,500 people (2.1 persons per square mile) comprised of predominantly farming and ranching communities spanning over all of Sheridan County and part of Cherry County in the Nebraska Panhandle. We are approximately 57 miles South of the Oglala Lakota Sioux Pine Ridge Reservation in South Dakota and serve a large number of Native American patients both locally and from the reservation area.

Through our partnership with Panhandle Public Health District, we conduct a Community Health Needs Assessment every 3 years to develop a Community Health Improvement Plan that identifies opportunities within the community we serve to improve population health. We partner with other leaders within our community to identify priority goals based on the surveys collected from members of our community, and develop evidence- based strategies to improve those priority areas. The Vision of Gordon Memorial Hospital District is is to be a portal of quality healthcare which promotes wellness and provides resources to enable our community to lead healthy and productive lives. The Community Health Improvement Plan provides us with the opportunity to fulfill that vision for the people within our communities.



Doris Brown
CEO, Gordon Memorial Hospital District

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OVERVIEW OF THE DEVELOPMENT PROCESS

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, has been used for the CHNA and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011, and continued to be used for this round of the CHNA and CHIP. MAPP emphasizes the partnership with all sectors of the public health system to evaluate the health status of the region it serves, identify priority areas, and develop plans for implementation.

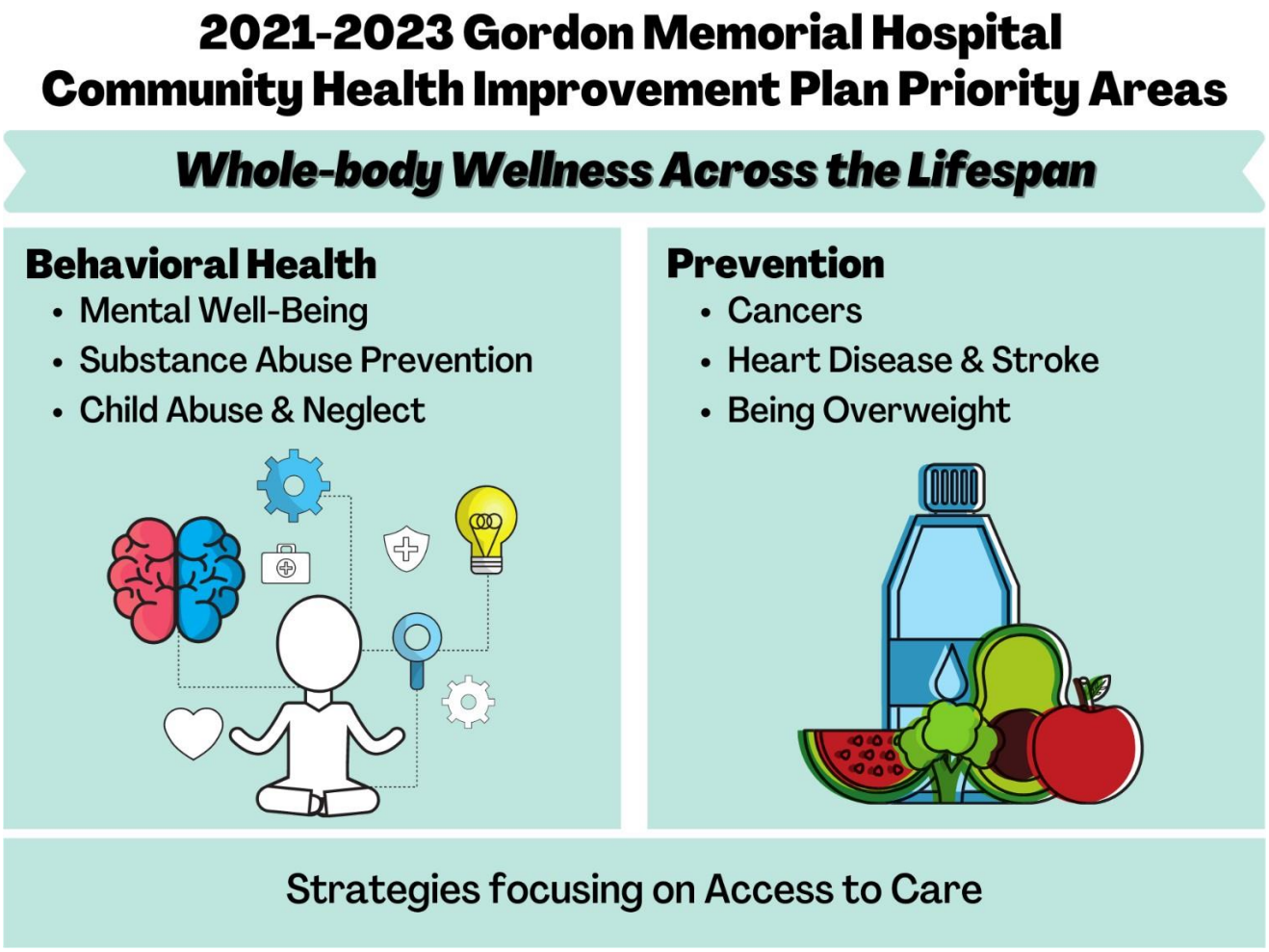
The MAPP model has six key phases:

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)

This document encompasses phases five and six. Phases one through four can be found in the Community Health Needs Assessment.

PRIORITIES FOR THE 2021-2023 CHIP CYCLE

In 2019, the Gordon Memorial Hospital District Community Health Needs Assessment (CHNA) team began meeting to discuss opportunities to improve population health. They chose to focus on Preventative Healthcare across the Lifespan, Healthy Habits, and Mental Health as priority areas for the 3 year CHIP plan. In March of 2021, the team came together to develop strategies to work toward accomplishing their goals in each priority area, with an emphasis on increasing access to care.



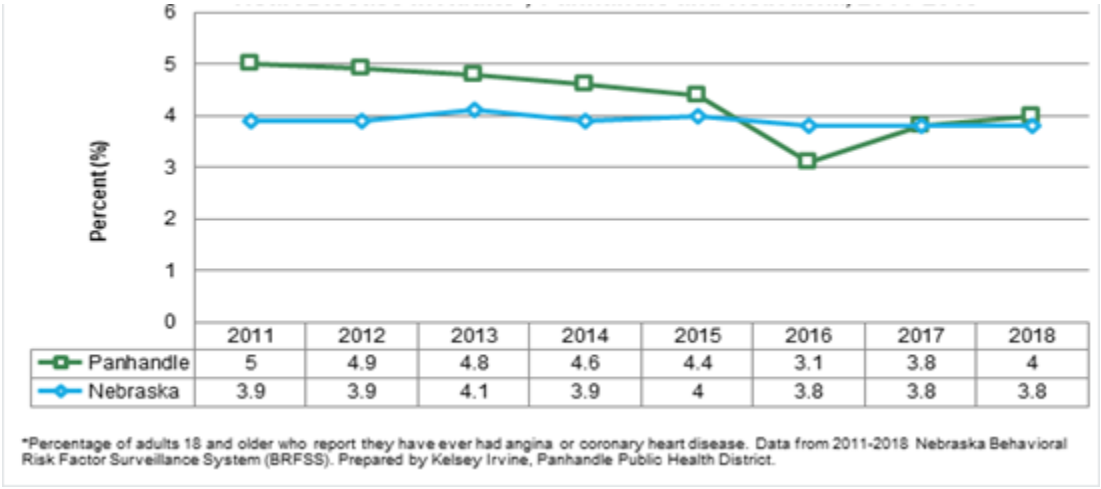
PRIORITY 1: PREVENTION

ABOUT

Chronic Illnesses are defined as conditions that last longer than a year and require ongoing medical attention or limit activities of daily living or both.

CARDIOVASCULAR DISEASE

Heart disease is the leading cause of death across the world and the United States. In the United States, one person dies every 37 second from heart disease (1). The rate of heart disease in Panhandle adults has decreased over the years and is similar to the overall rate inthe state of Nebraska.



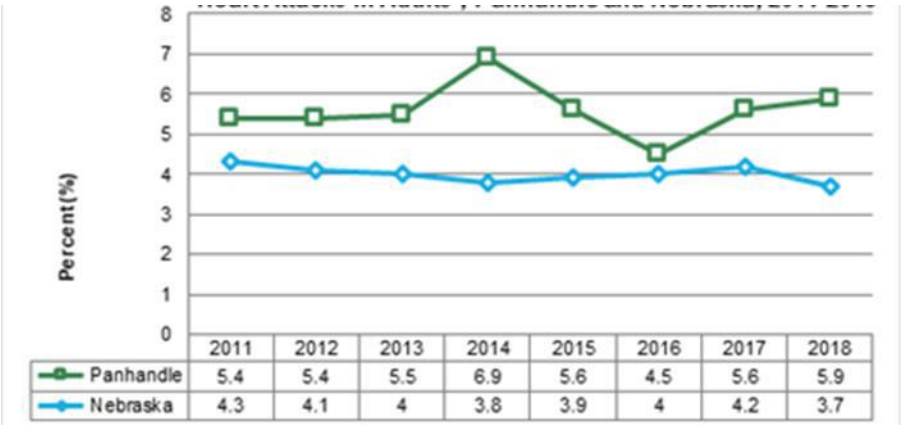
	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	5	4.9	4.8	4.6	4.4	3.1	3.8	4
Nebraska	3.9	3.9	4.1	3.9	4	3.8	3.8	3.8

*Percentage of adults 18 and older who report they have ever had angina or coronary heart disease. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS). Prepared by Kelsey Irvine, Panhandle Public Health District.

FIGURE 1: HEART DISEASE IN ADULTS, PANHANDLE AND NEBRASKA, 2011-2018

HEART ATTACKS

The percentage of Panhandleadults who have ever had a heart attack is historically higher when compared to the state of Nebraska. There were significant differences in 2014, 2015, and 2018.



	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	5.4	5.4	5.5	6.9	5.6	4.5	5.6	5.9
Nebraska	4.3	4.1	4	3.8	3.9	4	4.2	3.7

*Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they had a heart attack or myocardial infarction. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS). Prepared by Kelsey Irvine, Panhandle Public Health District.

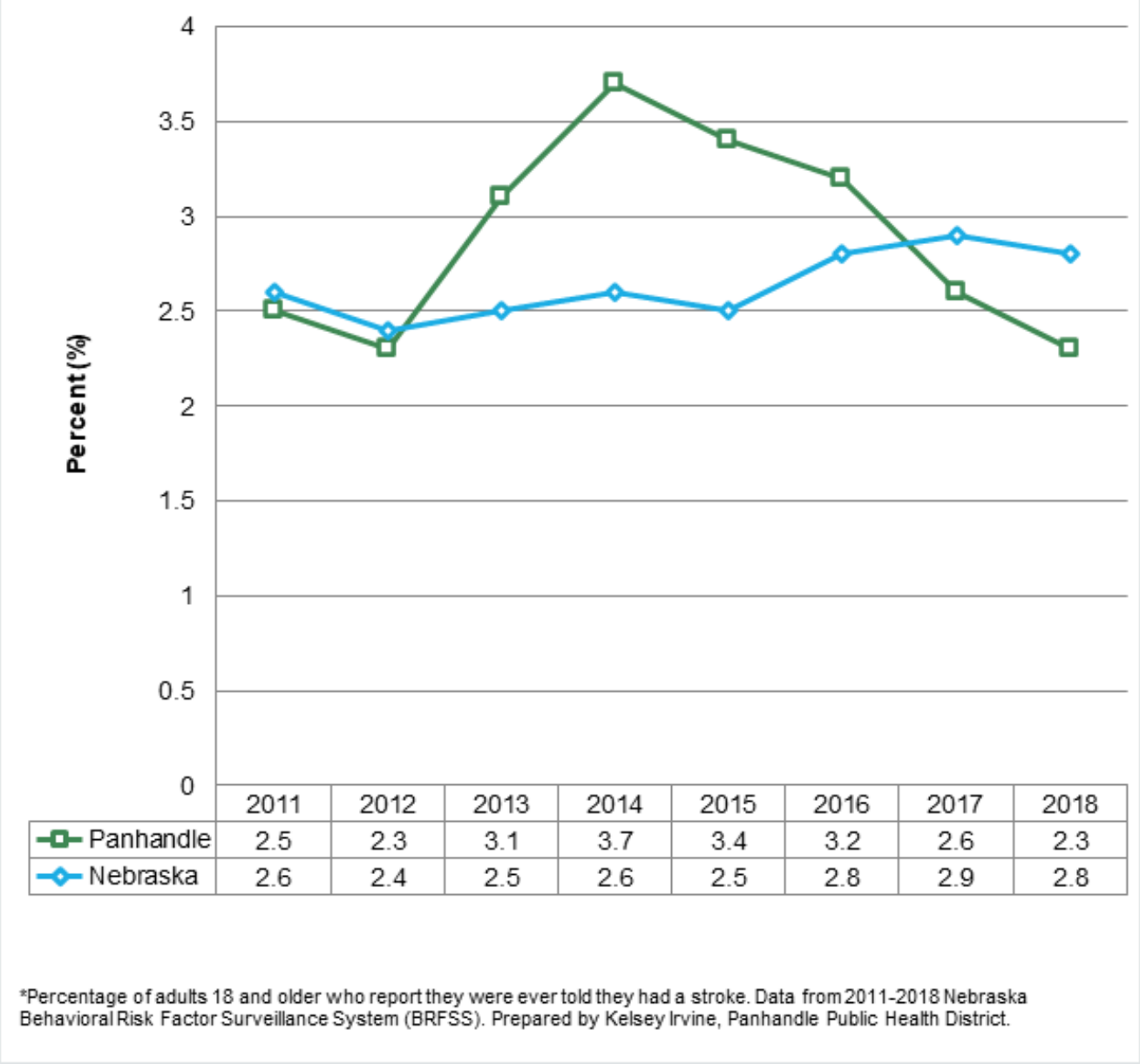
FIGURE 2: HEART ATTACKS IN ADULTS, PANHANDLE AND NEBRASKA, 2011- 2018

1. CDC. (2020). Heart Disease Facts. Retrieved from: https://www.cdc.gov/heartdisease/facts.htm

STROKE

Stroke is a type of heart disease where blood supply to a part of the brain is blocked, or when a blood vessel in the brain bursts. This leads to brain damage and can cause severe disability or even death (2).

The rate of Panhandle adults who report they have ever had a stroke has steadily decreased since2014 and is now lower than the broader state of Nebraska.



	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	2.5	2.3	3.1	3.7	3.4	3.2	2.6	2.3
Nebraska	2.6	2.4	2.5	2.6	2.5	2.8	2.9	2.8

*Percentage of adults 18 and older who report they were ever told they had a stroke. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS). Prepared by Kelsey Irvine, Panhandle Public Health District.

FIGURE 3: STROKE IN ADULTS, PANHANDLE AND NEBRASKA, 2011-2018

2. CDC. (2020). About Stroke. Retrieved from: https://www.cdc.gov/stroke/about.htm

DIABETES

Diabetes is a chronic illness in which blood glucose levels are above normal. There are two types of diabetes: type 1 and type 2. Type 1 diabetes, often referred to as juvenile- onset diabetes, occurs when the body cannot produce its own insulin, and makes up approximately 5-10% of diagnosed diabetes cases. Type 2 diabetes, also known as adult-onset diabetes, makes up 90-95% of diagnosed diabetes cases. Gestational diabetes is a form of diabetes that occurs in pregnant women, but generally disappears when pregnancy ends (3).

The rate of diabetes in Panhandle adults decreased from 2014 to 2016 ,but has increased since. Therate of diabetes is historically higher in the Panhandle when compared to the state of Nebraska.
There was a significant difference between the Panhandle and the state in 2011, 2014, and most recently in 2017. The National Diabetes Prevention Program in the Panhandle aims to decrease thenumber of adults who develop type 2 diabetes through diet and exercise.

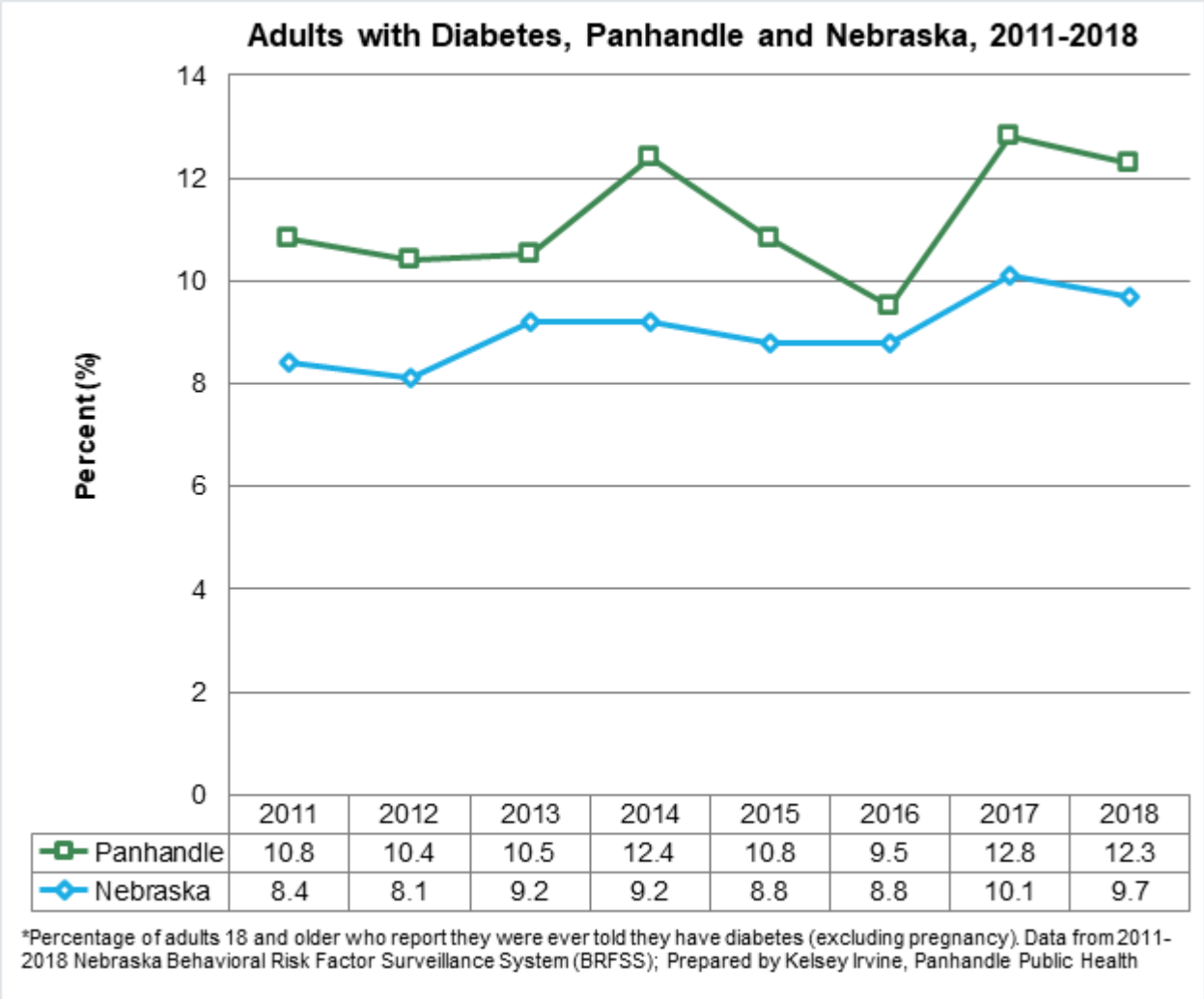


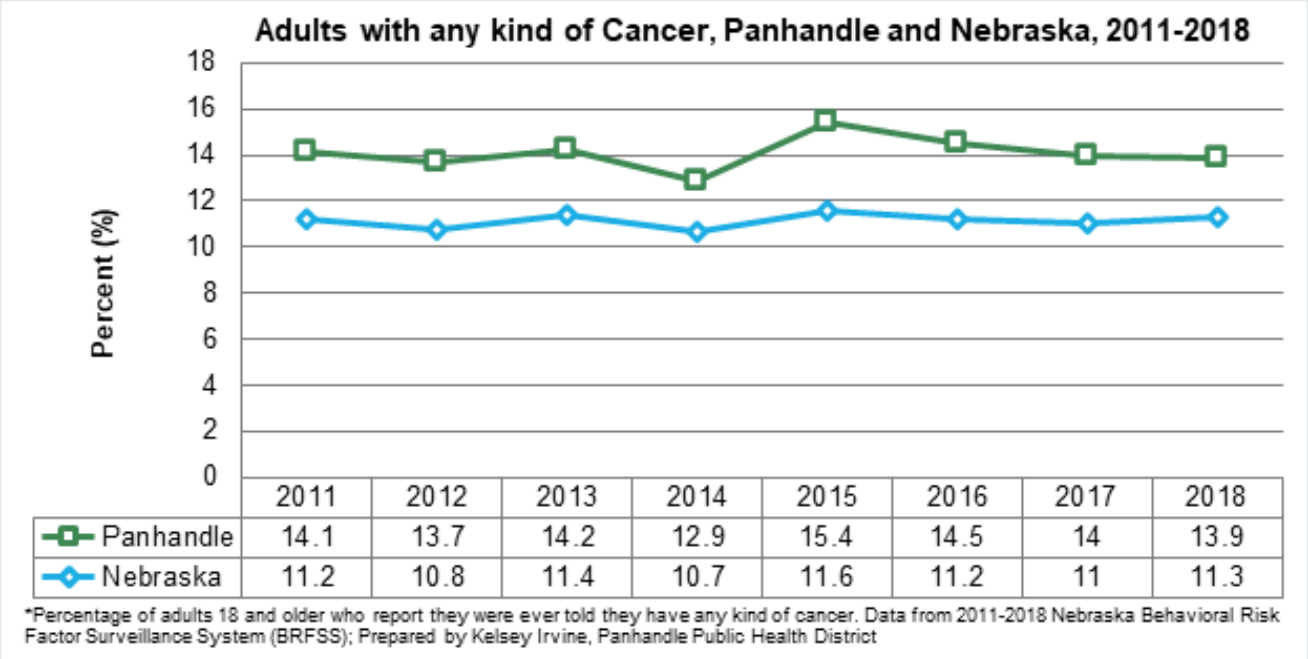
FIGURE 4: ADULTS WITH DIABETES, PANHANDLE AND NEBRASKA, 2011-2018

3. CDC. (2020). What is Diabetes? Retrieved from: https://www.cdc.gov/diabetes/basics/diabetes.html

CANCER AND CANCER SCREENINGS

"Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues". Cancer spreads throughout the body through the blood and lymph system. Cancer is not only one disease—there are more than 100 types of cancers.

The percentage of adults who were ever told they have any kind of cancer has remained relatively even in the Panhandle from 2011, with only a slight uptick in 2015. There is a significant difference between the Panhandle and the state in every year except for 2018, with the Panhandle higher in every year.



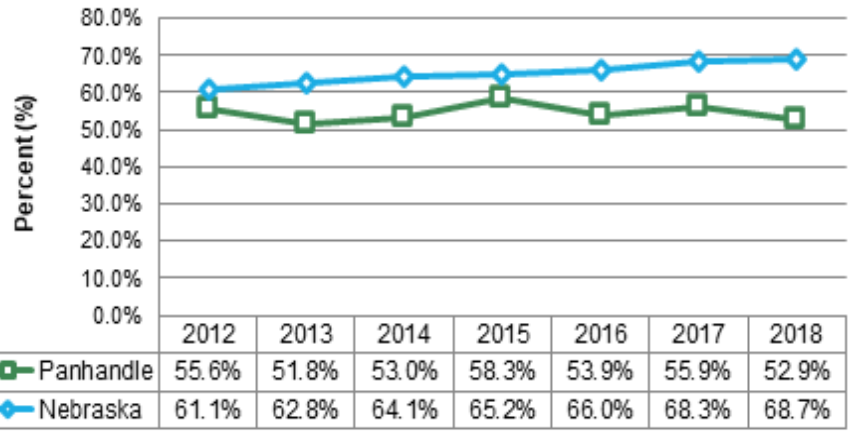
	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	14.1	13.7	14.2	12.9	15.4	14.5	14	13.9
Nebraska	11.2	10.8	11.4	10.7	11.6	11.2	11	11.3

*Percentage of adults 18 and older who report they were ever told they have any kind of cancer. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 6: ADULTS WITH ANY KIND OF CANCER, PANHANDLE AND NEBRASKA, 2011-2018

COLON CANCER SCREENING

The percentage of adults 50-75 years old who report being up to date on colon cancer screening is much lower in the Panhandle thanacross the state of Nebraska, and has decreased slightly in recent years.



	2012	2013	2014	2015	2016	2017	2018
Panhandle	55.6%	51.8%	53.0%	58.3%	53.9%	55.9%	52.9%
Nebraska	61.1%	62.8%	64.1%	65.2%	66.0%	68.3%	68.7%

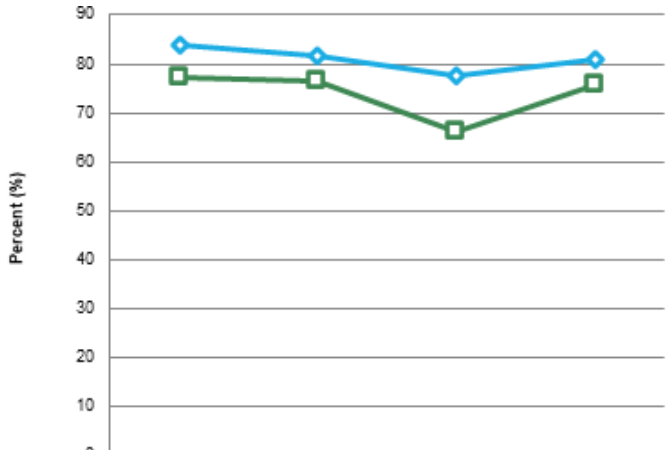
*Percentage of 50-75 year olds who report they are up-to-date on colon cancer screening. **Data collected on even years only. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 5: ADULTS 50-75 UP TO DATE ON COLON CANCER SCREENINGS, PANHANDLE AND NEBRASKA, 2011-2018

CERVICAL CANCER SCREENING

The percentage of females 21 to 65 years old that are up to date on cervical cancer screening is also lower in the Panhandle when compared to the state of Nebraska. While lower overall, trends in the Panhandle tend to echo trends at the state level, with a decrease from 2012-2016, and an uptick from2016- 2018.

Guidance on when cervical cancer screening (pap smear) should beginand how often it should occur has changed in recent years, which likely contributed to the pronounced decrease that was seen in 2016.



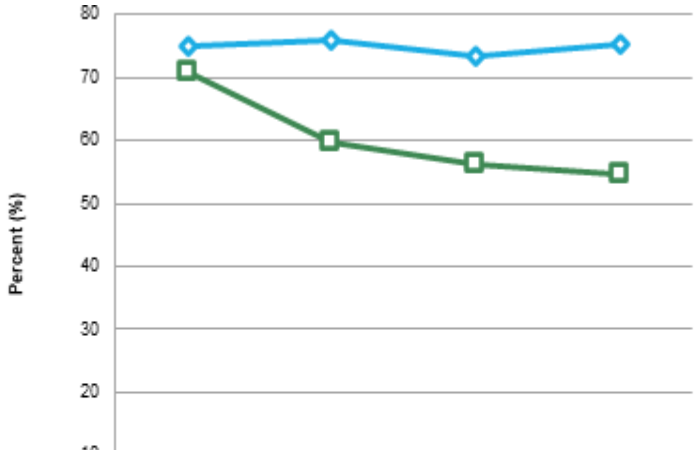
	2012	2014	2016	2018
Panhandle	77.4	76.5	66.2	75.7
Nebraska	83.9	81.7	77.7	80.9

*Percentage of females 21-65 years old who report they are up-to-date on cervical cancer screening.
**Data collected on even years only. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 7: UP-TO-DATE ON CERVICAL CANCER SCREENING, PANHANDLE AND NEBRASKA, 2012-2018

BREAST CANCER SCREENING

The percentage of females aged 50-74 who report being up-to-date on breast cancer screening in the Panhandle has decreased from 2012 to 2018, always remaining lower than the state percentage. Although the percentage that was up-to-date on breast cancer screening in the Panhandle in 2012 was relatively close to that of the state (70.8% vs. 74.9%), this gap widened in 2014 to analmost 20% difference (59.8% for the Panhandle vs. 76.1% for the state). Notably, thestate percentage has remained relatively even while the Panhandle has decreased.



	2012	2014	2016	2018
Panhandle	70.8	59.8	56.3	54.8
Nebraska	74.9	76.1	73.4	75.4

*Percentage of females 50-74 years old who report they are up-to-date on breast cancer screening. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 8: UP-TO-DATE ON BREAST CANCER SCREENING, FEMALES 0-74 YEARS OLD, PANHANDLE AND NEBRASKA, 2012-2018

GOALS

1. Prevent Chronic illnesses

OBJECTIVES

1.1 Reduce the annual number of new cases of diagnosed diabetes in the population.

Baseline	(Past 6 years averaged) = 11.38 percent
Target (2021)	8.38 percent
Target-setting method	10 percent based on the values set out in the Healthy People2030 plan, as our planning cycle is only 3 years we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Percent of people who have ever been told they have diabetes

1.2 Increase the percentage of people who are up to date on cancer screenings.

Baseline	(Past 6 years averaged) = 54.3 percent colorectal cancerscreening, 60.4 percent breast cancer screening, 73.95 percent cervical cancer screening
Target(2021)	55.93 percent colorectal cancer screening,62.21 percent forbreast cancer screening,76.17 percent for cervical cancer screening
Target-setting method	10 percent based on the values set out in the Healthy People2030 plan, as our planning cycle is only 3 years we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Percent of people who are up to date on cervical, colorectal, and breast cancer screenings

1.3 Increase the access to regular wellness check-ups.
The measure for this will be developed over the course of the CHIP cycle to track increasedopportunities for low-cost care.

STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

- Increase cancer screening availability in the community by engaging community health workers. (Source: Community Guide)
- Incorporate Living Well program (Source: Stanford)

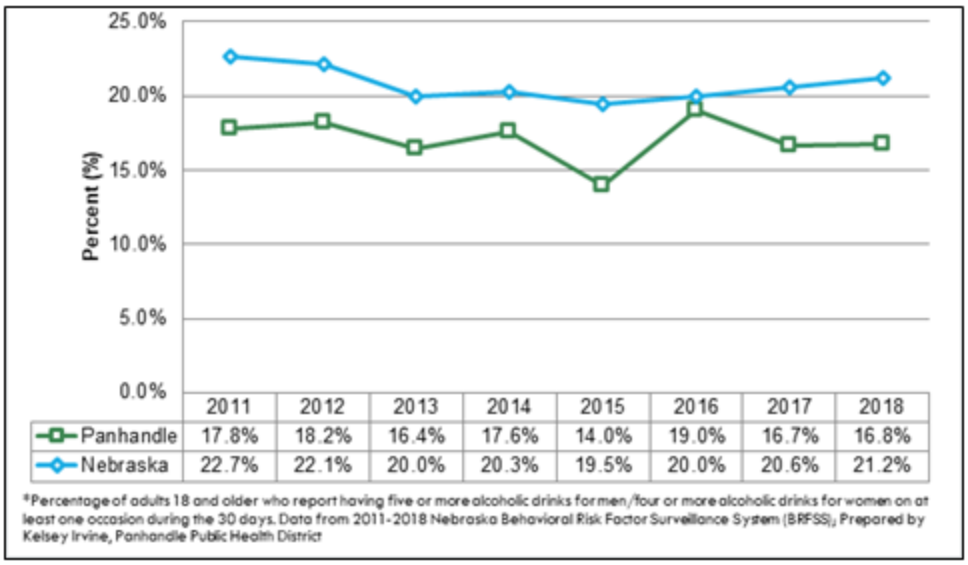
PRIORITY 2: BEHAVIORAL HEALTH

SUBSTANCE ABUSE

Preliminary data shows that there has been an increase in using and abusing these substances during the 2020 COVID-19 pandemic (1). In addition to an increase in usage, people who suffered from a substance abuse disorder were shown to have worse outcomes from COVID-19 (2).

BINGE DRINKING

Binge drinking is drinking 5 or more drinks in one occasion for men or 4 or more drinks in one occasion for women. Misuse of alcohol can contribute to increased health problems, such as injuries, violence, liver diseases, and cancer. Nebraska is known for its high rate of binge drinking. However, the Panhandle has a lower rate of binge drinking compared to the state.



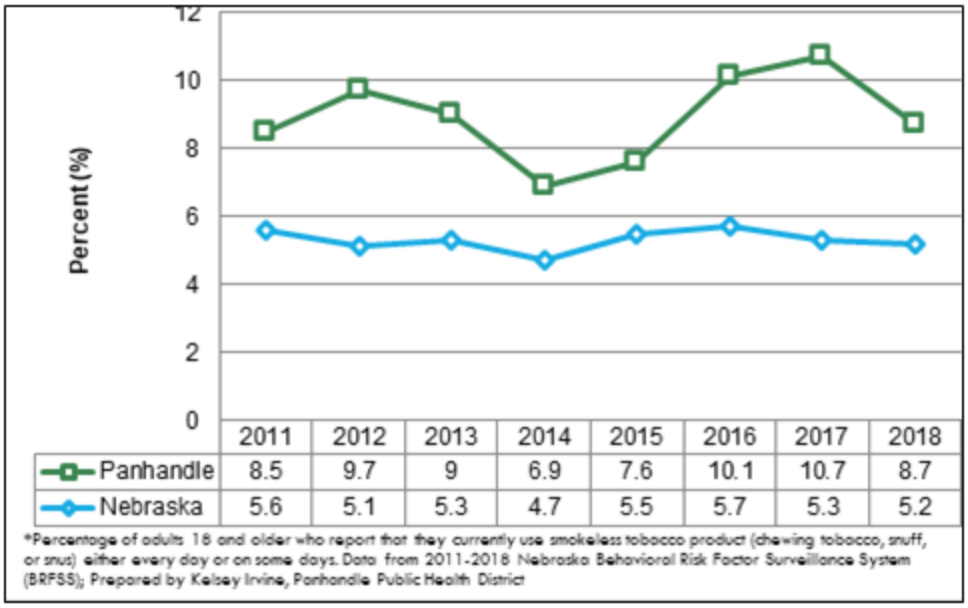
	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	17.8%	18.2%	16.4%	17.6%	14.0%	19.0%	16.7%	16.8%
Nebraska	22.7%	22.1%	20.0%	20.3%	19.5%	20.0%	20.6%	21.2%

*Percentage of adults 18 and older who report having five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion during the 30 days. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 9: BINGE DRINKING AMONG ADULTS

ADULT TOBACCO USE

Smokeless tobacco use (chew, snuff, snus) has been consistently higher in the Panhandle when compared to the overall state of Nebraska, with a marked increase from 2014 to 2017. There has been a slight downward trend from 2017 to 2018. While the use of smokeless tobacco across the state has remained relatively flat, use in the Panhandle has seen more increases and decreases.



	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	8.5	9.7	9	6.9	7.6	10.1	10.7	8.7
Nebraska	5.6	5.1	5.3	4.7	5.5	5.7	5.3	5.2

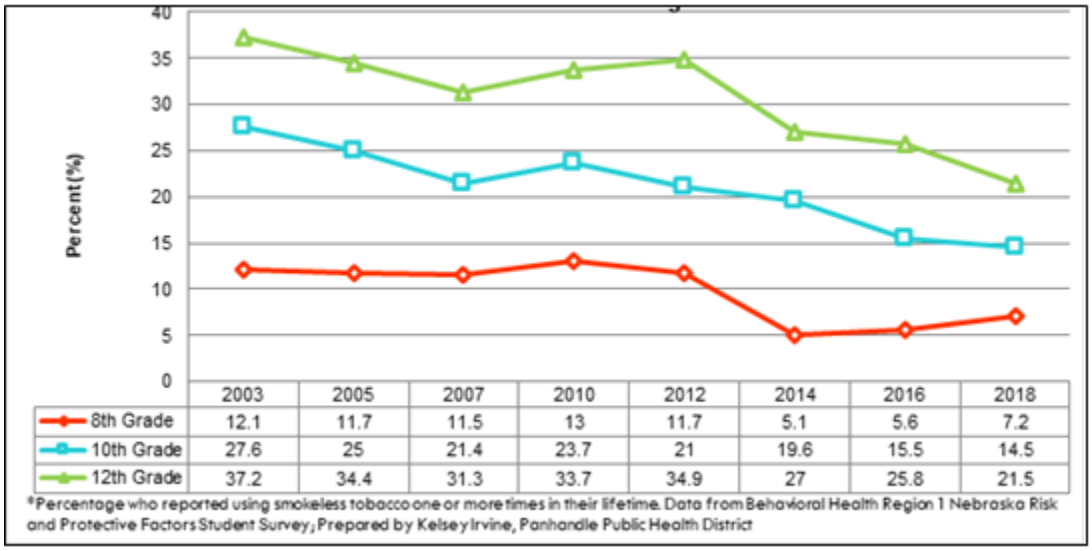
*Percentage of adults 18 and older who report that they currently use smokeless tobacco product (chewing tobacco, snuff, or snus) either every day or on some days. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 10: SMOKELESS TOBACCO USE AMONG ADULTS

1. Ashley Abramson, "Substance Use During the Pandemic," *Monitor on Psychology*, March 1, 2021,http://www.apa.org/monitor/2021/03/substance-use-pandemic
2. Nora Volkow. "New Evidence on Substance Use Disorders and Covid-19 Susceptibility," *National Institute on Drug Abuse - Director's Blog,* October , 2020, https://www.drugabuse.gov/about-nida/noras-blog/2020/10/new-evidence-substance- use- disorders-covid-19-susceptibility

YOUTH TOBACCO USE

The percentage of youth who have ever used smokeless tobacco (chew, snuff, plug, dipping tobaccoor chewing tobacco) has held a downward trend from 2003 to 2018. Current smokeless tobacco use(past 30-day use) has decreased slightly among 12th and 10th graders but increased slightly among 8th graders.



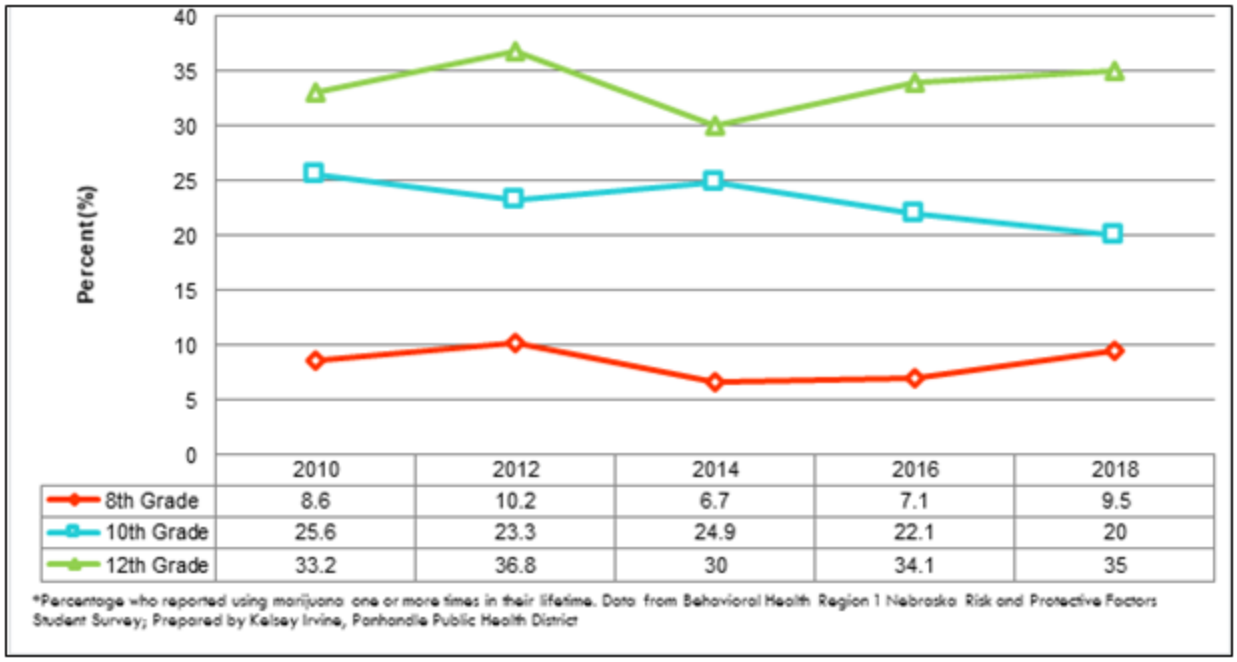
	2003	2005	2007	2010	2012	2014	2016	2018
8th Grade	12.1	11.7	11.5	13	11.7	5.1	5.6	7.2
10th Grade	27.6	25	21.4	23.7	21	19.6	15.5	14.5
12th Grade	37.2	34.4	31.3	33.7	34.9	27	25.8	21.5

*Percentage who reported using smokeless tobacco one or more times in their lifetime. Data from Behavioral Health Region 1 Nebraska Risk and Protective Factors Student Survey, Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 11: LIFETIME SMOKELESS TOBACCO USE AMONG PANHANDLE YOUTH, 2003-2018, BEHAVIORAL HEALTH REGION 1

MARIJUANA USE

The percentage of Panhandle youth who report they have ever tried or are currently using marijuanahas remained relatively unchanged over the years.



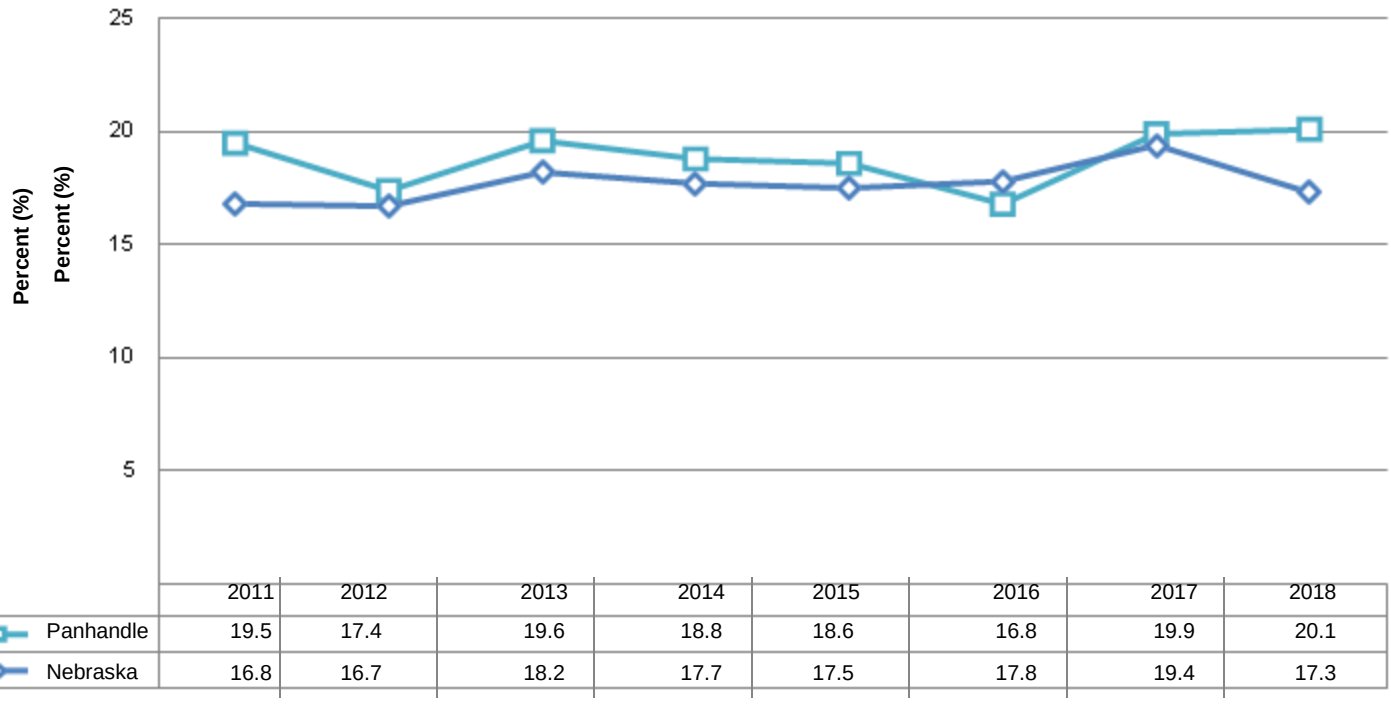
	2010	2012	2014	2016	2018
8th Grade	8.6	10.2	6.7	7.1	9.5
10th Grade	25.6	23.3	24.9	22.1	20
12th Grade	33.2	36.8	30	34.1	35

*Percentage who reported using marijuana one or more times in their lifetime. Data from Behavioral Health Region 1 Nebraska Risk and Protective Factors Student Survey; Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 12: LIFETIME MARIJUANA USE AMONG PANHANDLE YOUTH, 2010-2018, BEHAVIORAL HEALTH REGION 1

MENTAL HEALTH

A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others (1)."
Approximately 1 in 5 US adults experience mental illness, and 50% of all lifetime mental illness begins by age 14. For the communities served by Gordon Memorial Hospital District (Sheridan and Cherry County) the focus is on suicide prevention and improving mental health screening and access to mental health services for all age groups. In the Panhandle, access to mental health and addiction services is an improvement area that Panhandle Public Health District and the hospitals are continually working on.



	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	19.5	17.4	19.6	18.8	18.6	16.8	19.9	20.1
Nebraska	16.8	16.7	18.2	17.7	17.5	17.8	19.4	17.3

'Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have a depressive disorder (depression, major depression, dysthymia, or minor depression). Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle

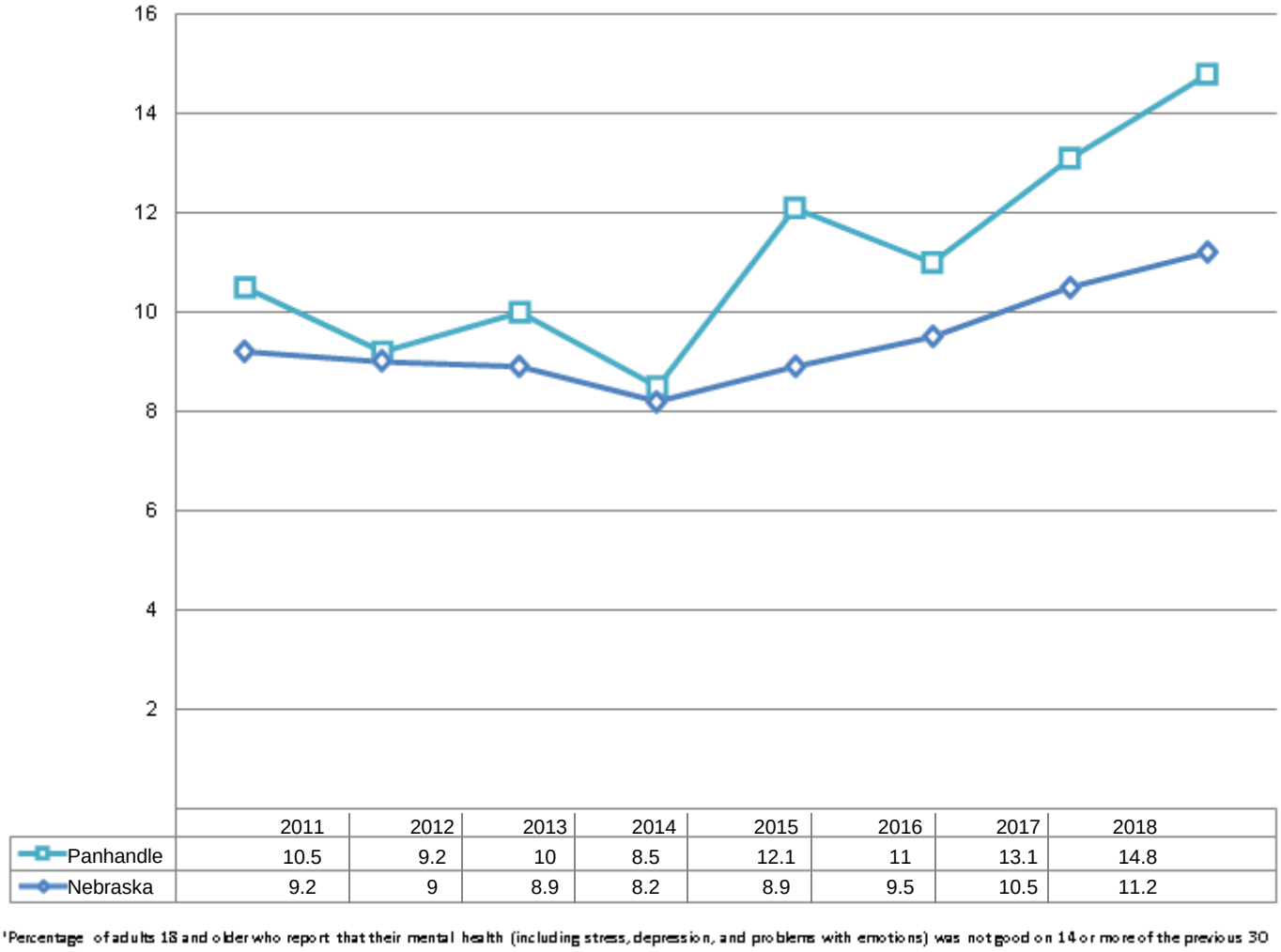
FIGURE 13: ADULTS WITH DEPRESSION, PANHANDLE AND NEBRASKA, 2011-2018

DEPRESSION

The percentage of Panhandle adults who have ever been diagnosed with depression has been relatively close to the overall state of Nebraska, with a slight uptick in 2018, whereas the state saw a downturn that year.

The percentage of adults in the Panhandle who experienced frequent mental distress has been higher than the state, historically. There was a more rapid increase from 2014 to 2018 in the Panhandle when compared to the state.

2. National Alliance on Mental Illness. (2020). Mental Health Conditions. Retrieved from: https://www.nami.org/learn-more/mental- health-condition



	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	10.5	9.2	10	8.5	12.1	11	13.1	14.8
Nebraska	9.2	9	8.9	8.2	8.9	9.5	10.5	11.2

'Percentage of adults 18 and older who report that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the previous 30

Figure 14: FREQUENT MENTAL DISTRESS IN PAST 30 DAYS AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018

CHILD MALTREATMENT

In 2017, Sheridan County had a child maltreatment rate higher than that of the state of Nebraska (11.9 per 1,000 children). The rate of child maltreatment in Panhandle communities can vary widely year-to-year due to small county numbers, but the rate in most counties has generally decreased over time. By prioritizing mental health and substance use screening and care services, Gordon Memorial Hospital also hopes to also improve the overall incidence of child abuse in the county.

FIGURE 15: CHILD MALTREATMENT RATE PER 100,000, PANHANDLE AND NEBRASKA, 2010-2017

	2010	2011	2012	2013	2014	2015	2016	2017
Banner County	0.0	0.0	0.0	P 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**

*Number of Substantiated Victims Of Child Maltreatment. Source: Nebraska DHHS, As Cited By Kids Count In Nebraska Annual Report. Prepared By Kelsey Irvine, Panhandle Public Health District

The rate of state wards (per 1,000 children) in some Panhandle counties has consistently remained higher than that of the state of Nebraska. Sheridan County has experienced an increase in the number of state wardsover time.

FIGURE 16: STATE WARDS, (PER 1,000 CHILDREN), PANHANDLE COUNTIES

	2011	2012	2013	2014	2015	2016	2017
Banner County	0.0	6.7	0.0	13.8	12.4	12.3	5.7
Box Butte County	11.2	10.6	5.6	4.5	4.5	4.9	4.4
Cheyenne County	17.6	12.6	10.9	11.4	11.1	13.3	13.9
Dawes County	14.2	9.4	7.2	11.4	5.6	9.2	12.2
Deuel County	21.8	16.4	16.8	12.3	9.9	10.3	20.3
Garden County	5.3	11.4	12.1	5.9	5.7	16.4	26.6
Grant County	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kimball County	32.2	26.6	16.0	18.3	17.5	13.4	8.8
Morrill County	9.9	7.5	8.4	5.1	3.4	6.0	9.6
Scotts Bluff County	28.2	22.6	21.2	17.9	18.4	22.2	24.0
Sheridan County	9.0	10.0	7.7	14.3	15.5	11.0	11.0
Sioux County	0.0	3.3	10.0	0.0	0.0	0.0	0.0
Nebraska	**21.2**	**20.0**	**18.2**	**16.1**	**14.4**	**15.2**	**15.0**

Source: Nebraska DHHS, As Cited By Kids Count In Nebraska Annual Report. Prepared By Kelsey Irvine, Panhandle Public Health District

Removal from the home is a traumatic event for a child, with lasting impacts. To keep more children in the homewith their parents, some children are involved in the child welfare system on a non-court basis. This means they stay in the home and may not have a substantiated incident of child maltreatment but are able to receive services as a measure to prevent potential future incidents of child maltreatment.

FIGURE 17: CHILDREN WITH NON-COURT CHILD WELFARE INVOLVEMENT, 2013 &2017, PANHANDLE COUNTIES

	2013	Rate per 1,000 children	2017	Rate per 1,000 children
Banner County	0	0.0	0	0.0
Box Butte County	21	7.4	14	5.1
Cheyenne County	29	11.7	18	7.8
Dawes County	21	12.6	1	0.6
Deuel County	7	16.8	0	0.0
Garden County	2	6.0	5	13.3
Grant County	0	0.0	0	0.0
Kimball County	25	30.8	1	1.3
Morrill County	15	12.6	10	8.7
Scotts Bluff County	201	22.0	30	3.3
Sheridan County	23	19.6	1	0.8
Sioux County	0	0.0	0	0.0
Nebraska	**4,348**	**9.4**	**3,296**	**6.9**

GOALS

To reduce detrimental health effects of behavioral health challenges including suicidal ideation,substance abuse and child abuse

OBJECTIVES

2.1 Increase the amount of community and staff members trained in QPR (Question,Persuade, and Refer) Gatekeeper Training for Suicide Prevention.

This data will be developed over the course of this CHIP cycle to track trainings in the community and those available for staff.

2.2 Increase community prevention strategies by increasing screening and referral to services inthe primary care setting, and identifying partnerships to improve access to mental health and addiction services by increasing telehealth opportunities to provide outpatient mental health services and increase access to specialists in the region.

This data will be developed during this CHIP cycle to determine overall increase in access to care formental heath and substance use disorders.

2.3 Decrease Tobacco use.

Baseline	(Past 6 years averaged) = 8.83 percent currently using smokeless tobacco; (past 3 years averaged) = 3.93 percent currently using e-cigarettes
Target (2021)	8.6 percent currently using smokeless tobacco; 3.812 percent currently using e-cigarettes
Target-setting method	10 percent based on the values set out in the Healthy People2030 plan, as our planning cycle is only 3 years we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Current smokeless tobacco use; current e-cigarette use

STRATEGIES

- Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:
- Mental health and Mental Illness; Collaborative Care for the Management of Depressive Disorders (Source: The Community Guide)
- Community education about youth access to tobacco products. (the community guide)

PRIORITY 3: Whole-Body Wellness Across the Lifespan

ABOUT

There are many choices that we make each day that influence our health outcomes. Opportunities to engage in healthy eating and time for physical activity are affected by our jobs and income but there are ways to positively introduce more activity and healthy food choices into our lives.

OBESITY

Adult obesity is defined as a BMI (Body Mass Index) of 30 or higher. Heart disease, stroke, type 2 diabetes, and some cancers are related to obesity (1).

The obesity rate has steadily increased across the entire state of Nebraska. In the Panhandle, there was a dip in 2016, but an increase in 2017 and 2018. In 2018, the percentage of adults who were obese were nearly the same between the Panhandle (34.9%) and the overall state of Nebraska (34.1%).

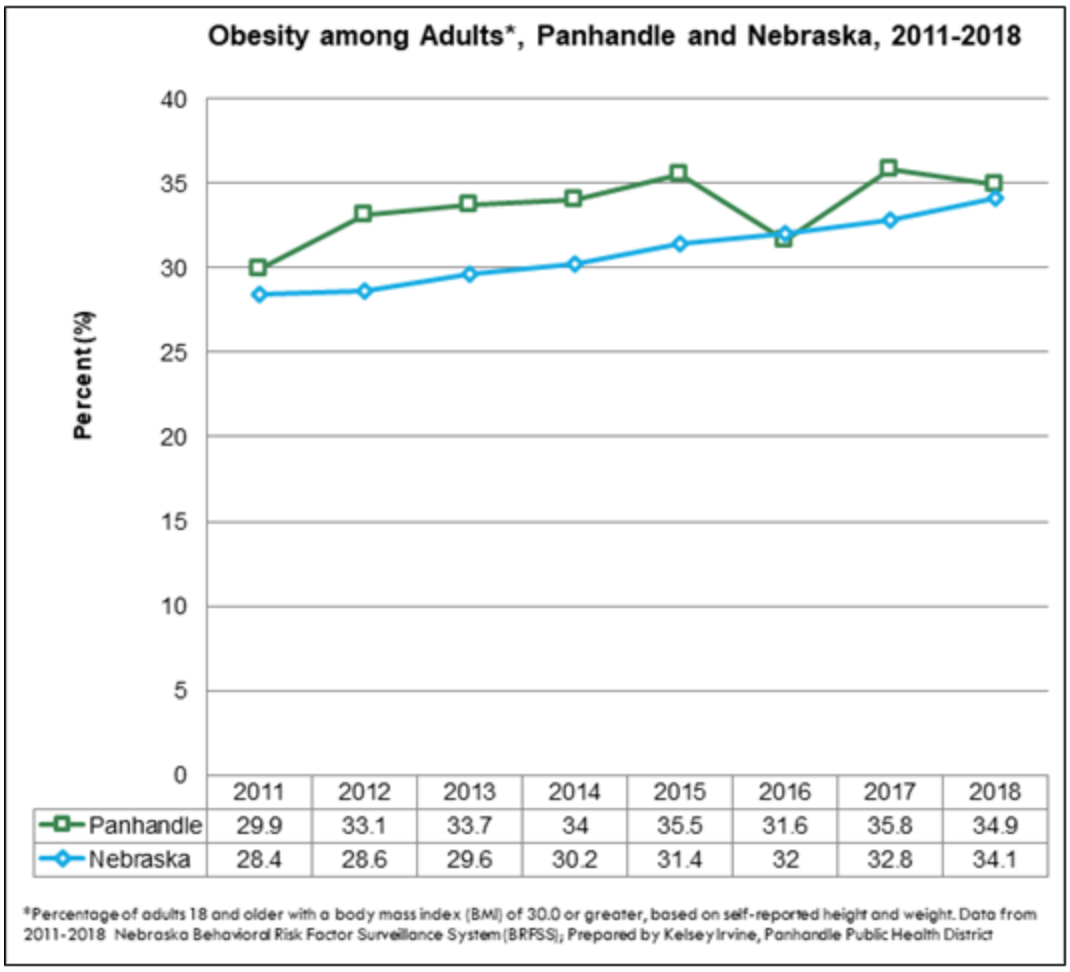


Figure 18: OBESITY AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018

3. CDC. (2020). Adult Obesity Facts Retrieved from: https://www.cdc.gov/obesity/data/adult.html

Adults are recommended to consume between 2 and 3 cups of vegetables per day and1 and 2 cups of fruit per day. 17.9% of Panhandle adults report they consume vegetables less than one time per day, and 37.5% of Panhandle adults report they consume fruits less than one time per day.

Youth in grades 8th through 12th grade are recommended to consume 1 1/2-2 cups offruit per day, and 2 1/2 to 3 cups of vegetables per day. A survey of youth fruit and vegetable consumption in 2018 found that most youths ate a fruit or vegetable one or more times in the past week.

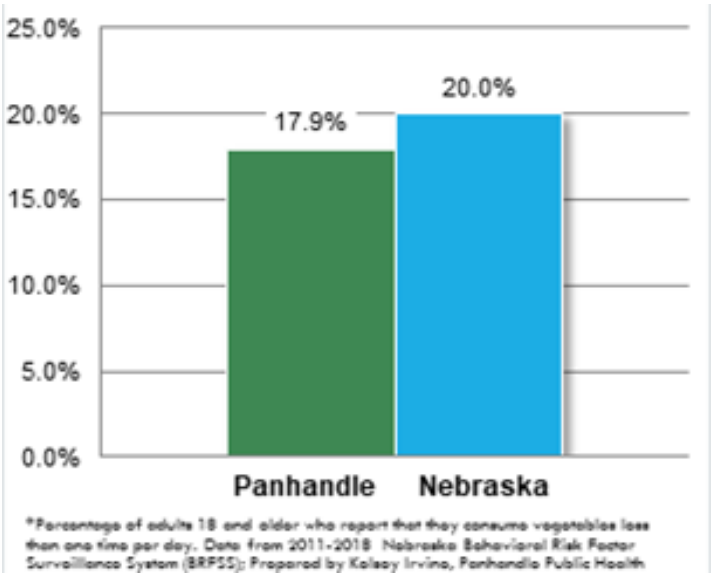


FIGURE 21: ADULTS CONSUMING VEGETABLES LESS THAN ONCE PER DAY

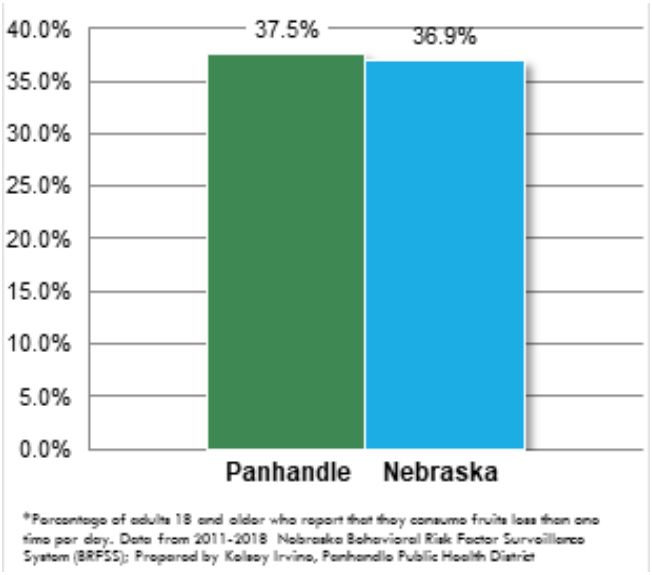
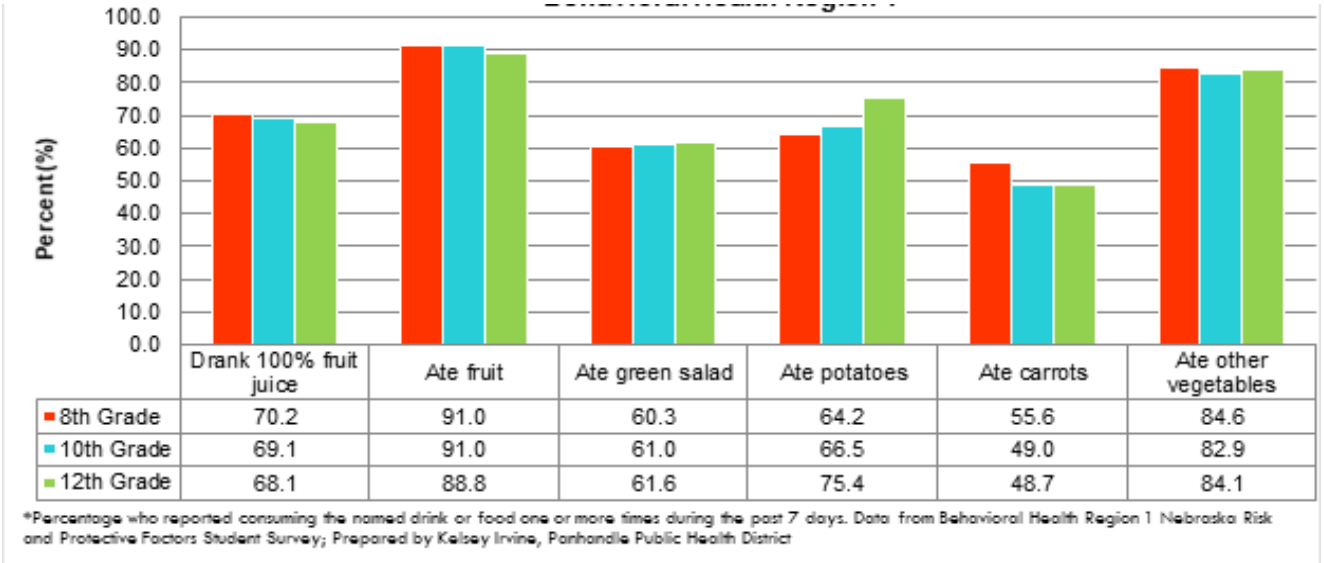


FIGURE 20: ADULTS CONSUMING FRUITS LESS THAN ONCE PER DAY



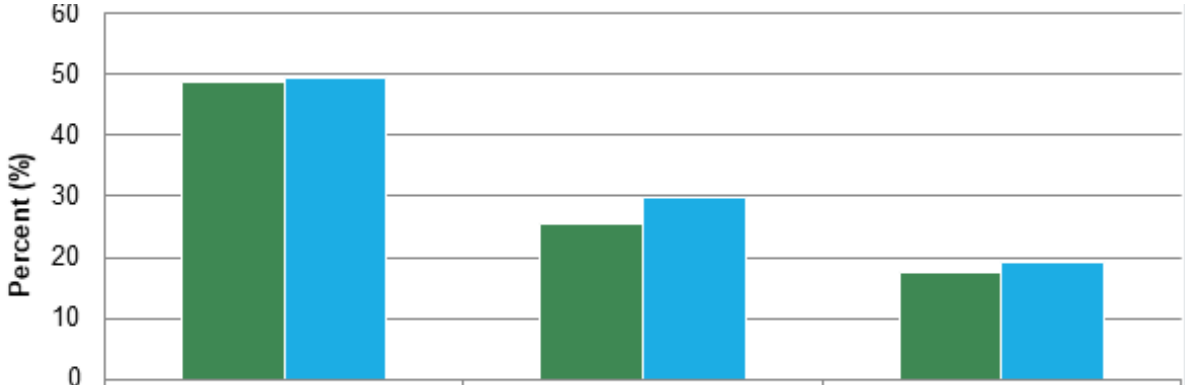
	Drank 100% fruit juice	Ate fruit	Ate green salad	Ate potatoes	Ate carrots	Ate other vegetables
8th Grade	70.2	91.0	60.3	64.2	55.6	84.6
10th Grade	69.1	91.0	61.0	66.5	49.0	82.9
12th Grade	68.1	88.8	61.6	75.4	48.7	84.1

*Percentage who reported consuming the named drink or food one or more times during the past 7 days. Data from Behavioral Health Region 1 Nebraska Risk and Protective Factors Student Survey; Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 19: YOUTH CONSUMPTION OF HEALTHY FOOD CHOICES ONE OR MORE TIMES DURING THE PAST 7 DAYS

PHYSICAL ACTIVITY

In 2018, 48.9% of Panhandle adults met aerobic physical activity recommendations, 25.4% met muscle strengthening recommendations, and just 17.4% met both recommendations. The Panhandle reports slightly lower rates across all types of physical activity when compared to the overall state of Nebraska.

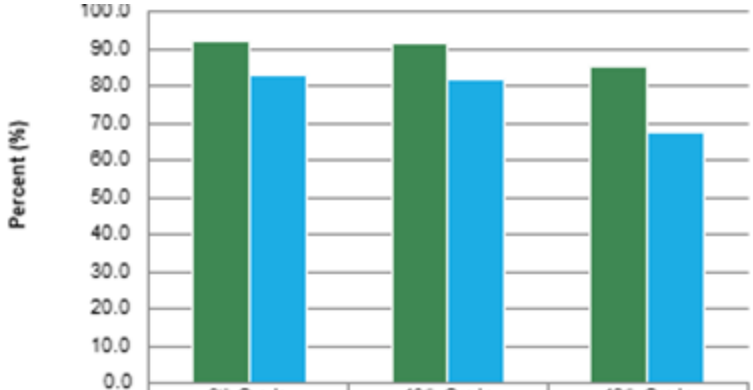


	Met aerobic physical activity recommendation	Met muscle strengthening recommendation	Met both aerobic physical activity and muscle strengthening recommendations
Panhandle	48.9	25.4	17.4
Nebraska	49.4	29.8	19.1

*Percentage of adults 18 and older who report (1) at least 150 minutes of moderate-intensity physical activity, or at least 75-minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month, (2) that they are engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month, (3) that they met both the aerobic and muscle

FIGURE 22: ADULT PHYSICAL ACTIVITY DURING THE PAST 7 DAYS, 2018, BEHAVIORAL HEALTH REGION 1

The majority of Panhandle youth report being physically active for at least 60 minutes per day, and that they regularly exercise to strengthen or tone muscles. The percentage that reports they regularly exercise tostrengthen or tone muscles appears to decrease with age.



	8th Grade	10th Grade	12th Grade
Physically active for at least 60 minutes per day*	92.3	91.6	85.1
Exercised to strengthen or tone muscles**	83.0	81.6	67.8

*Percentage who reported being physically active for a total of at least 60 minutes on one or more days during the past 7 days.
**Percentage who reported doing exercises to strengthen or tone muscles, such as push-ups, sit-ups, or weight lifting on one or more days during the past 7 days. Data from Behavioral Health Region 1 Nebraska Risk and Protective Factors Student Survey; Prepared by Kelsey Irvine, Panhandle Public Health District

FIGURE 23: YOUTH PHYSICAL ACTIVITY DURING THE PAST 7 DAYS, 2018, BEHAVIORAL HEALTH REGION 1

GOALS

3.1 Increase community awareness and education on healthy lifestyle choices.

OBJECTIVES

- Increase outdoor exercise opportunities.

This data will be developed within the course of the CHIP cycle but will focus on tracking the progress of the trails and active living group in Gordon.

3.2 Host more community education opportunities and support services.

This data will be developed and tracked by looking at course and community education enrollment numbers and by measuring learning throughout the process.

STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

- National Diabetes Prevention Program
- Worksite Wellness program

PRIORITY 4: ACCESS TO CARE

ABOUT

Every three years in preparation for the Community Health Assessment there is a large survey sent out about a variety of health and community factors. Most respondents agree they are satisfied with and can access medicalcare in their community. Many respondents felt it is more difficult to access specialty care within their community than primary care.

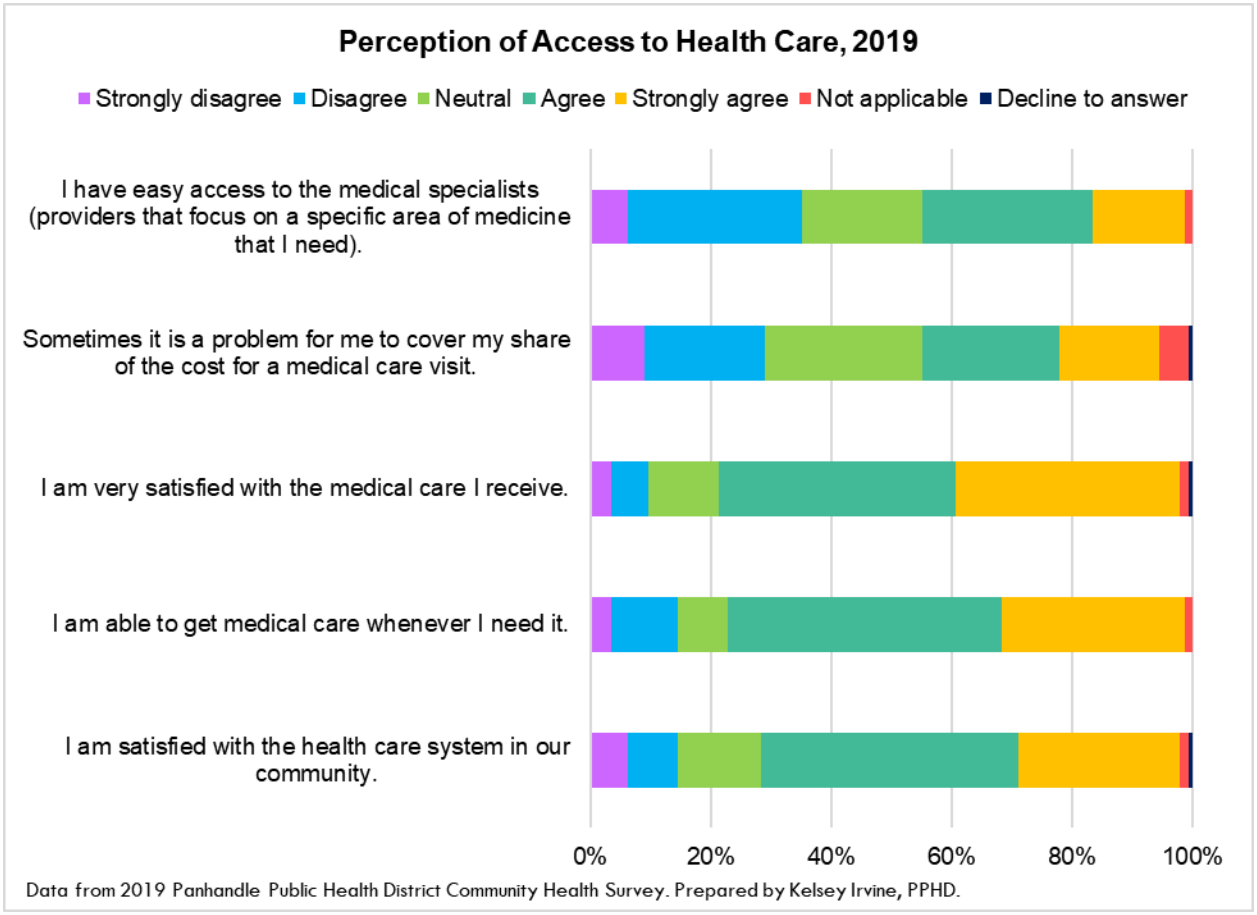


FIGURE 24: PERCEPTION OF ACCESS TO HEALTH CARE, NEBRASKA PANHANDLE, 2019

PAYMENT FOR HEALTHCARE

Most survey respondents had private health insurance through their employer, with the second category receiving coverage from Medicare. Many respondents noted that they pay quite a bit of cash out of pocket before meeting their deductible on private insurance plans.

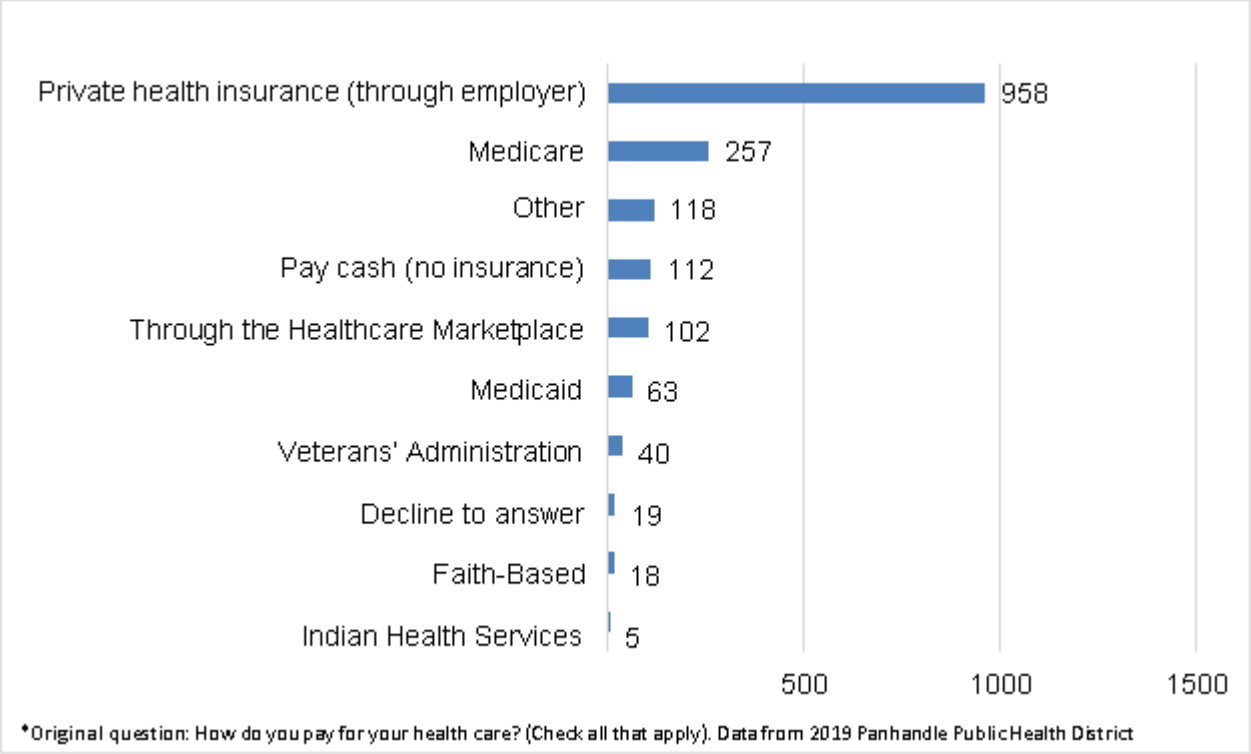


FIGURE 25: PAYMENT FOR HEALTHCARE, NEBRASKA PANHANDLE, 2019*

IN NETWORK CARE

Most respondents (53%) indicated they are able to find healthcare locally that is in-network for their insurance, and 38% indicated they can usually find healthcare locally that is in-network.

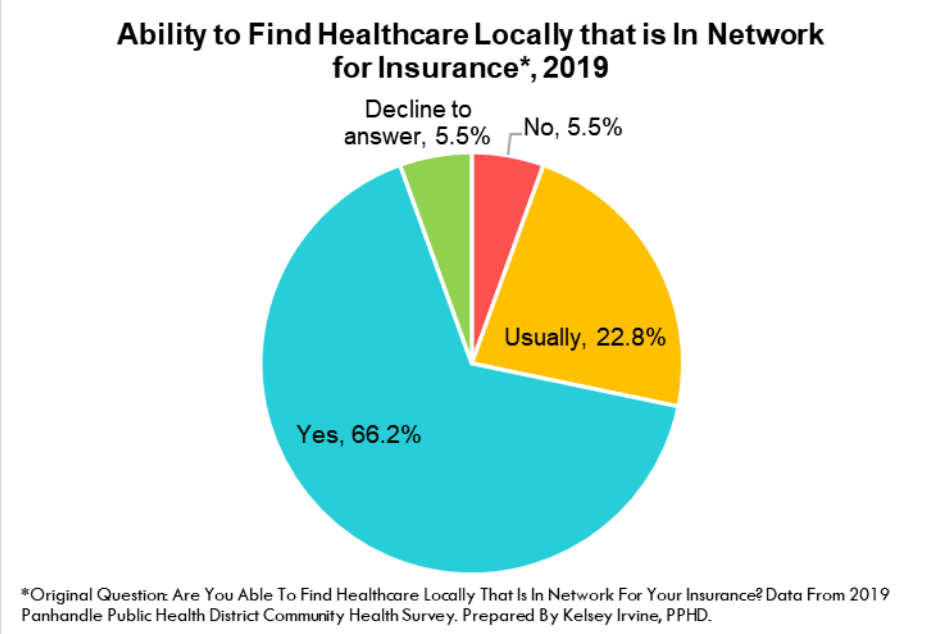


Figure 26: ABILITY TO FIND HEALTHCARE LOCALLY THAT IS IN-NETWORK FOR INSURANCE, 2019*

PRIMARY CARE

The majority of respondents (73%) travel 0-24 miles to their primary care provider. 13% indicated they travel 25to 49 miles, and 11% indicated they travel 50 miles or more for healthcare.These findings indicate that the majority of people receive healthcare within their immediate community.

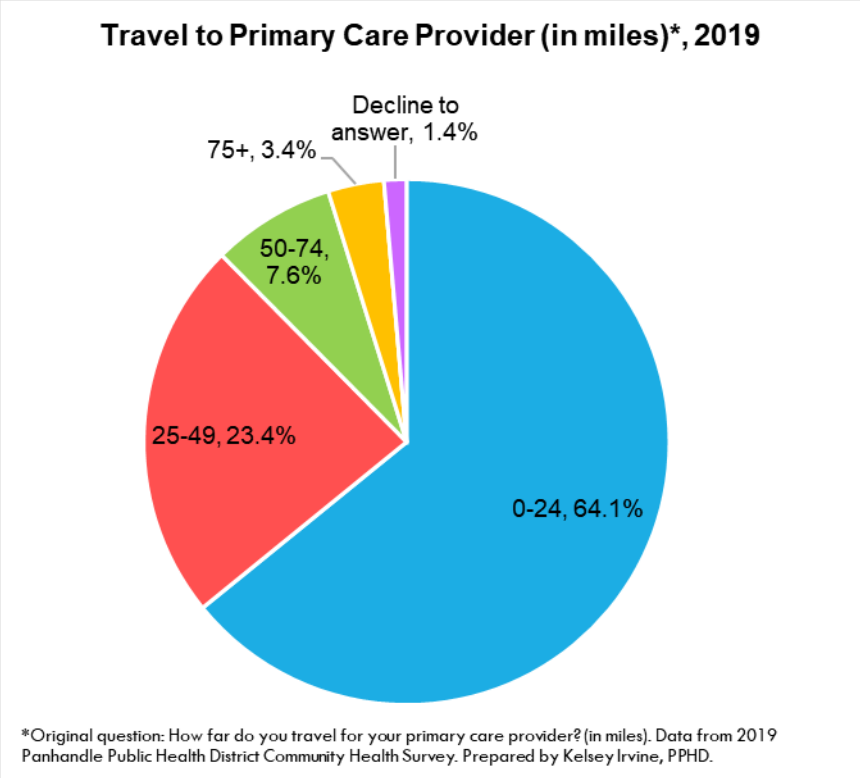


FIGURE 27: TRAVEL TO PRIMARY CARE PROVIDER (IN MILES), PANHANDLE, 2019*

Most respondents are able to schedule time with their primary care provider inthe same day (15%) or within one week(43%) of calling to schedule an appointment. 21% of respondents are able to make appointments within two weeks. 15% of respondents indicated ittook more than two weeks to get in to see their provider.

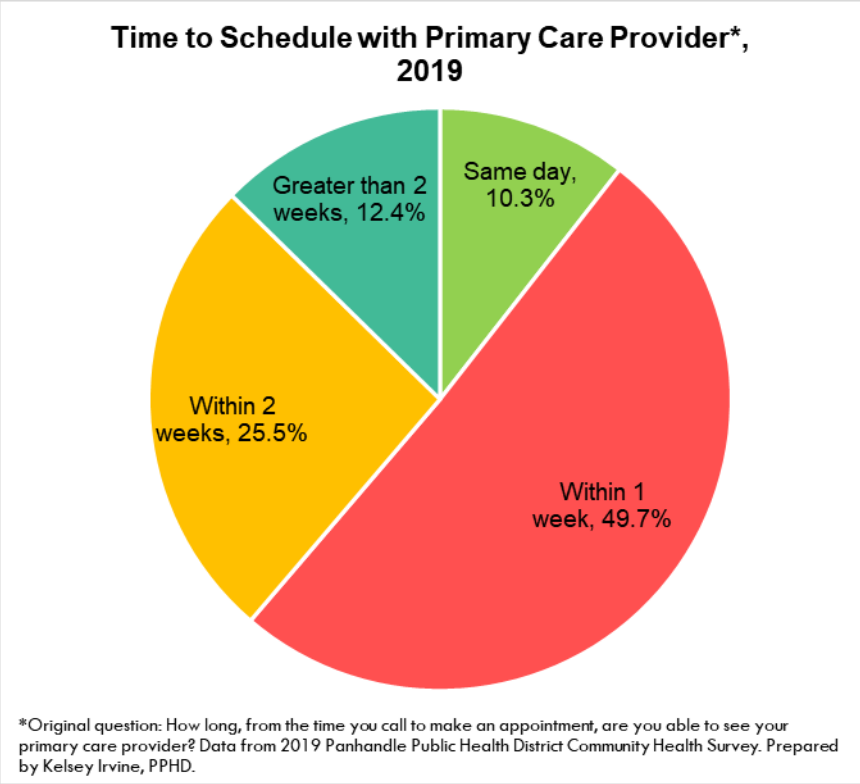


FIGURE 28: TIME TO SCHEDULE WITH PRIMARY CARE PROVIDER, PANHANDLE, 2019*

GOALS

To reduce barriers to health care

OBJECTIVES

4.1 Expand cultural competency and build trust.

This data will be developed over the course of the CHIP cycle and will focus specifically on trainings in the community and at the hospital that promote cultural competency and work with other agencies in the area to promote culturally sensitive and health literate health information.

4.2 Expand access to specialty services locally through telehealth partnerships.

This data will be developed over the course of the CHIP cycle and will focus specifically on increasing local access to specialist services highly utilized by the communities served by the Gordon MemorialHospital District.

STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found inthe CHIP annual work plan: