

Community health needs assessment

December 2013

Research. Learn. Act.



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EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step Community Health Needs Assessment (CHNA) was conducted for Great Plains by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Lincoln County, which is located in the WCDHD Region of Nebraska.

The CHNA Team, consisting of leadership from Great Plains, met with staff from CHC Consulting on October 9, 2013 to review the research findings and prioritize the community health needs. Five significant community health needs were identified by assessing the prevalence of the issues identified in the health data findings combined with the frequency and severity of mentions in the interview findings.

The CHNA Team utilized a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete hospital leadership discussed the results and decided to address all of the prioritized community health needs.

The final list of prioritized needs, including a rationale for each priority, is listed below:

1. Need for primary care services and providers, including nursing staff

Priority Rationale: Findings indicate there is a need for access to primary care services and providers, including nursing staff, in Lincoln County. Interviewees acknowledged the need for increased access to and the improvement of primary care services in the area. Interviewees also mentioned aging and retiring physicians, a closing internal medicine practice and a lack of pediatric providers as possible reasons for patients over-utilizing emergency departments or choosing to seek care outside of the community.

2. Prevention, education and services to address high mortality rates, chronic conditions and unhealthy lifestyles

Priority Rationale: Findings indicate that Lincoln County has higher mortality rates than the state of Nebraska in cancer, heart disease and diabetes. In addition, Lincoln County has experienced a dramatic increase in cases of chlamydia and gonorrhea. According to the Behavioral Risk Factor Surveillance System (BRFSS), 68.2% of respondents in the WCDHD region are overweight or obese and 7.9% have diabetes. According to the BRFSS, almost 17.7% of respondents in the WCDHD region claim to be current smokers and nearly 17.5% of respondents in the WCDHD region reportedly engage in binge drinking.

3. Need for additional local specialty care

Priority Rationale: Findings indicate there is a lack of adequate local specialty care in Lincoln County which may be causing gaps in coverage. Interviewees mentioned needs for spine surgeons, pediatric specialists and dermatologists. With some patients forced to travel out of town for certain health services and specialists, transportation can be an issue.

4. Teen pregnancy: need for increased education of the importance of prenatal care and increased awareness of available health care resources in the community

Priority Rationale: Findings suggest that there are disparities regarding maternal and fetal health conditions in Lincoln County. Lincoln County had higher percentages of low birth weight births in 2009 (8.4%) and 2010 (8.9%) than Nebraska (2009-7.1%, 2010-7.1%, 2011-6.6%) before dipping below in 2011 (6.4%). As of 2011, 9.2% of births in Lincoln County compared to 6.8% in Nebraska are births to teen mothers. As of 2011, 15.5% of women in Lincoln County were not receiving adequate prenatal care compared to 14.0% in Nebraska. Interviewees suggested that teen pregnancy was a concern in Lincoln County. Reportedly teen parents are underserved, and interviewees discussed how better educating this population might decrease prevalence and resulting health issues.

5. Need for affordable primary care services for the low-income and uninsured populations

Priority Rationale: Findings indicate that there are certain groups in Lincoln County that are at an increased risk for receiving inadequate care including the low-income and uninsured populations. Interviewees acknowledged the lack of affordable primary care services which negatively impact the indigent and uninsured populations. Interviewees mentioned lack of both access to affordable primary care and cultural awareness as possible reasons for lower income patients over-utilizing emergency departments. Reportedly, there is a gap in availability of services for the working poor who do not qualify for Medicaid or cannot afford insurance.

PROCESS AND METHODOLOGY

Process and Methodology

Background and Objectives

This CHNA is designed in accordance with CHNA requirements identified in the Federal Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service Notice 2011-52 and proposed IRS REG – 106499-12 released April 3, 2013.

The objectives of the CHNA are:

- Meet Federal Government and regulatory requirements
- Research and report on the demographics and health status of the study area including a review of state and regional data
- Gather input, data and opinions from persons who represent the broad interest of the community
- Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by Great Plains
- Prioritize the needs of the community served by Great Plains
- Create an Implementation Plan that addresses the prioritized needs

Scope of CHNA Report:

The CHNA components include:

- A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
- A biography of Great Plains
- A description of the hospital defined patient origin
- Definition and analysis of the communities served by Great Plains, including both a demographic and a health data analysis
- Findings from ten comprehensive interviews conducted with people who represent a broad interest in the communities, including:
 - Persons who work for a State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community; and
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations.
 - Other

- The prioritized community needs and a separate implementation plan, which intends to address the community needs identified by the research
- A description of additional health services and resources available in the community
- A list of information gaps that impact the hospital's ability to assess the health needs of the community served
- A description of the individuals interviewed for this CHNA

Methodology:

Great Plains worked with CHC Consulting in the development of its CHNA. The hospital provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed. CHC Consulting conducted the following research:

- A demographic analysis of the study area, utilizing demographic data from Truven Health's Market Expert
- A study of the most recent health data available
- Conducted one-on-one interviews with individuals who have special knowledge of the communities, and analyzed results
- Facilitated the prioritization process during the CHNA Team meeting on October 9, 2013

The methodology for each component of this study is summarized below. In certain cases methodology is elaborated in the body of the report.

- Great Plains
 - Background information about Great Plains, including the mission and vision, was provided by the hospital or taken from its website.
- Study Area Definition
 - The study area for Great Plains is based on hospital inpatient discharge data from January 1, 2012 to December 31, 2012 and discussions with hospital staff.
- Demographics of the Study Area
 - Population demographics include population change by race, ethnicity, and age, median income analysis, unemployment and economic statistics in the study area.
 - Demographic data sources include, but are not limited to, Truven Health's Market Expert, Bureau of Labor Statistics, U.S. Census Bureau and the Kids Count Data Center.

- Health Data Collection Process
 - A variety of sources, which are all listed in the references section of this report, were utilized in the health data collection process.
 - Health data sources include, but are not limited to, the Nebraska Department of Health and Human Services, the Behavioral Risk Factor Surveillance System, Nebraska Cancer Registry, The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute and the U.S. Census Bureau.
 - Findings from 2012 Great Plains Community, Employee and Physician Survey conducted by CHC Consulting.
- Interview Methodology
 - Great Plains provided CHC Consulting with a list of persons with special knowledge of public health in Lincoln County including public health representatives, not-for-profit organization professionals, charities and other individuals who focus specifically on underrepresented groups.
 - From that list, ten in depth interviews were conducted using a structured interview guide.
 - Extensive notes were taken during each interview and then quantified based on responses, communities and populations served (minority, elderly, un/underinsured, etc.), and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.
- Prioritization Strategy
 - Five significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews.
 - Three factors were used to rank those needs during the CHNA Team meeting on October 9, 2013.
 - See the prioritization section for a more detailed description of the prioritization methodology.

HOSPITAL BIOGRAPHY

About Great Plains

The opening of Great Plains in 1975 marked the completion of one of the most successful cooperative efforts in North Platte's history.

In 1973 a volunteer building campaign, themed "One Hospital, More Doctors" exceeded its \$1.2 million fundraising goal, enabling a ground breaking for the new hospital. On August 9, 1975 Great Plains was dedicated, replacing the two smaller, aging hospitals (Memorial and St. Mary's).

Since then, Great Plains has continued to invest in the facilities, equipment and medical expertise to provide state-of-the-art health care in the heart of the state. This both drives and supports our mission: ***Providing the kind of health care we would want for ourselves and our families, in partnership with those we serve.***

Services Provided by Great Plains include:

- Bariatric Services
- Behavioral Health Services
- Cancer Services
- Cardiac Services
- Emergency Services
- Family Medicine Clinic
- Home Health
- Hospice
- Imaging Services
- Laboratory Services
- Maternity Care
- Neurology
- Nursing
- Orthopedics
- Outpatient Services
- Pediatrics
- Rehabilitation Services
- Sleep Center
- Sports Medicine
- Surgical Services
- Trauma Services
- Women's Services

Mission, Vision, Values

Mission

Our mission is to provide the kind of health care we would want for ourselves and our families, in partnership with those we serve.

Vision

Great Plain's vision is to become west central Nebraska's regional health care destination.

Values

- Welcoming
- Excellent
- Gracious
- Professional
- Respectful
- Mindful
- Caring

Source for About Section: <https://www.gprmc.com/> Accessed: September 20, 2013.

STUDY AREA

Great Plains Study Area



Lincoln County makes up 74.1% of inpatient discharges

*The "H" indicates the hospital



Great Plains' Patient Origin

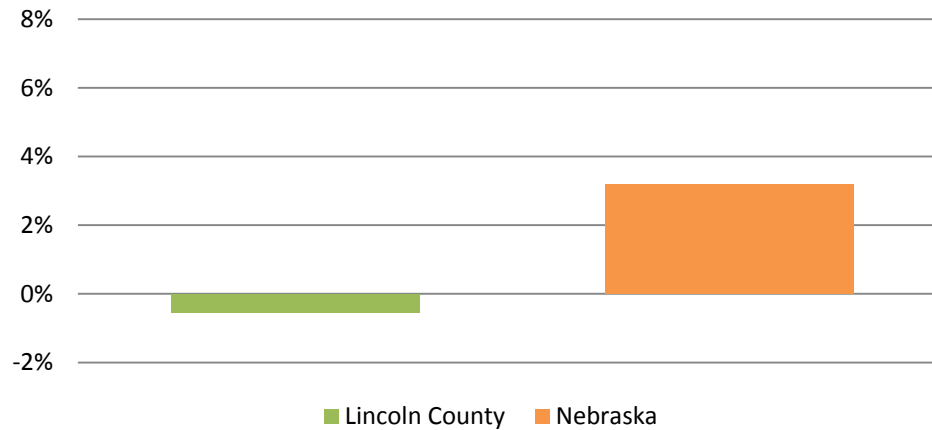
		CY 2012 Discharges	% of Volume	
County	State	CY 2012 Discharges	% of Total	Cumulative % of Total
Lincoln County	NE	3,452	74.1%	74.1%
All Others		1,205	25.9%	100.0%
Total		4,657	100%	

Source: Nebraska Hospital Association (NHA; CY 2012 inpatient discharges; normal newborns excluded; MSDRG-795 removed for CY 2012)

DEMOGRAPHIC OVERVIEW

Overall Population Change

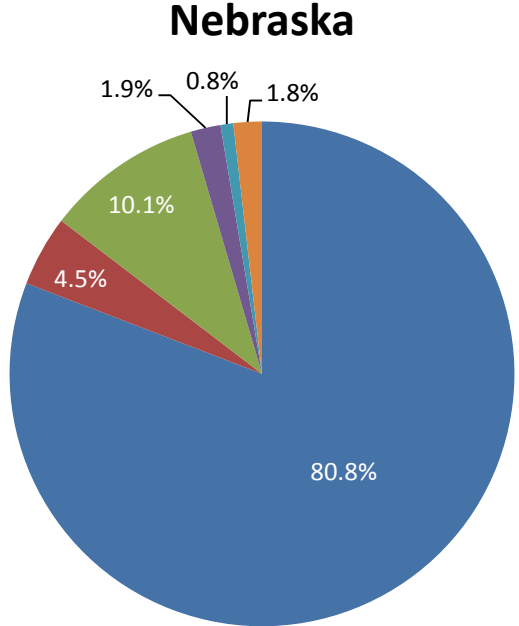
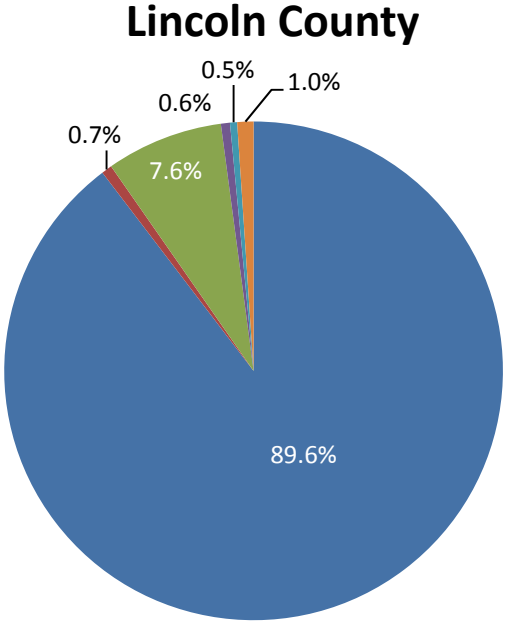
**Projected Population Growth
2013-2018 Percent Change**



Overall Population Growth					
Geographic Location	CY 2010	CY 2013	CY 2018	2013-2018 Change	2013-2018 % Change
Lincoln County	35,988	35,658	35,466	-192	-0.5%
Nebraska	1,826,343	1,861,343	1,920,967	59,624	3.2%

Source: Truven Health's Market Expert (accessed Julv 25. 2013)

Population by Race/Ethnicity 2013

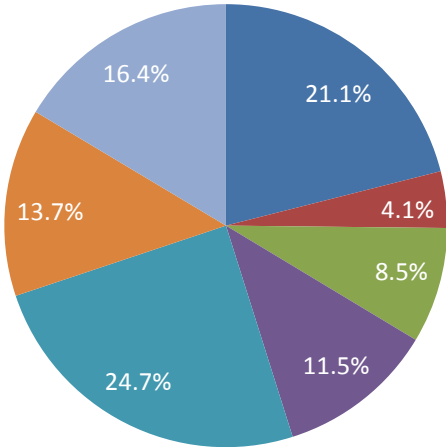


- White Non-Hispanic
- Black
- Hispanic
- Asian
- American Indian
- Other

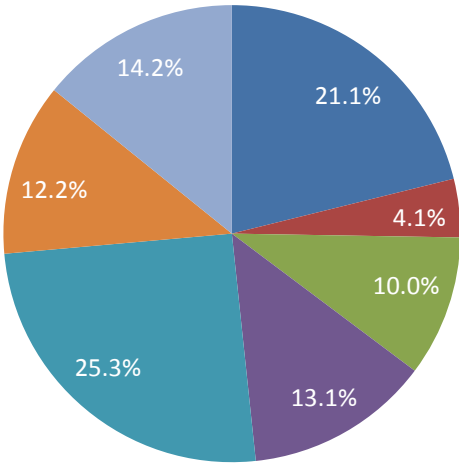
Source: Truven Health's Market Expert (accessed Jul 25, 2013)

Population by Age 2013

Lincoln County



Nebraska

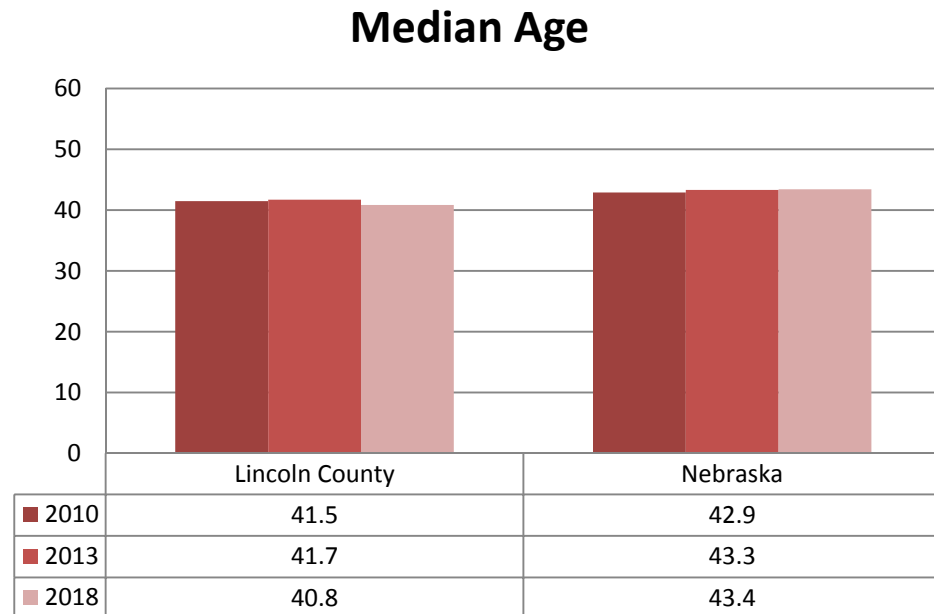


- 0-14
- 15-17
- 18-24
- 25-34
- 35-54
- 55-64
- 65+

Source: Truven Health's Market Expert (accessed Julv 25. 2013)

Median Age

- Lincoln County has a slightly younger median age than the state.

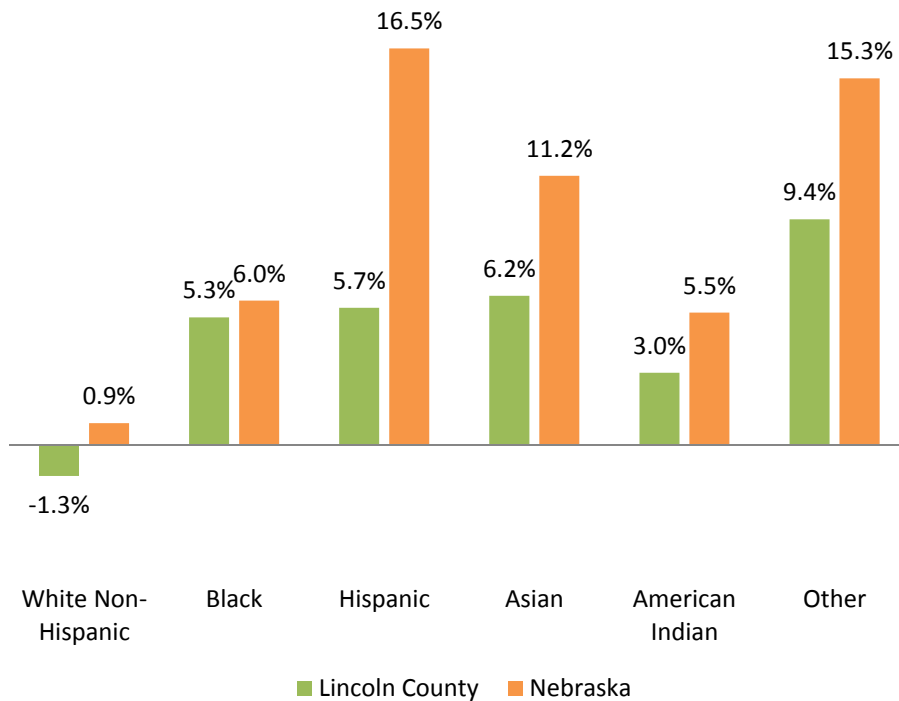


Source: Truven Health's Market Expert (accessed Julv 25. 2013)

Race/Ethnicity and Age Projections

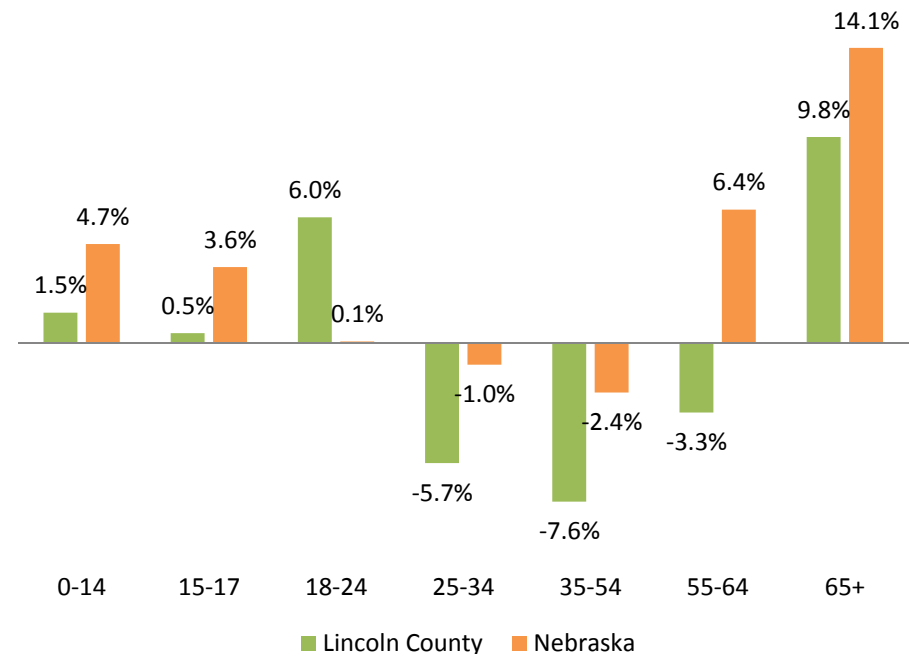
Projected Growth – Race/Ethnicity

Projected Population Growth by Race/Ethnicity
2013 - 2018 Percent Change



Projected Growth – Age

Projected Population Growth by Age
2013 - 2018 Percent Change

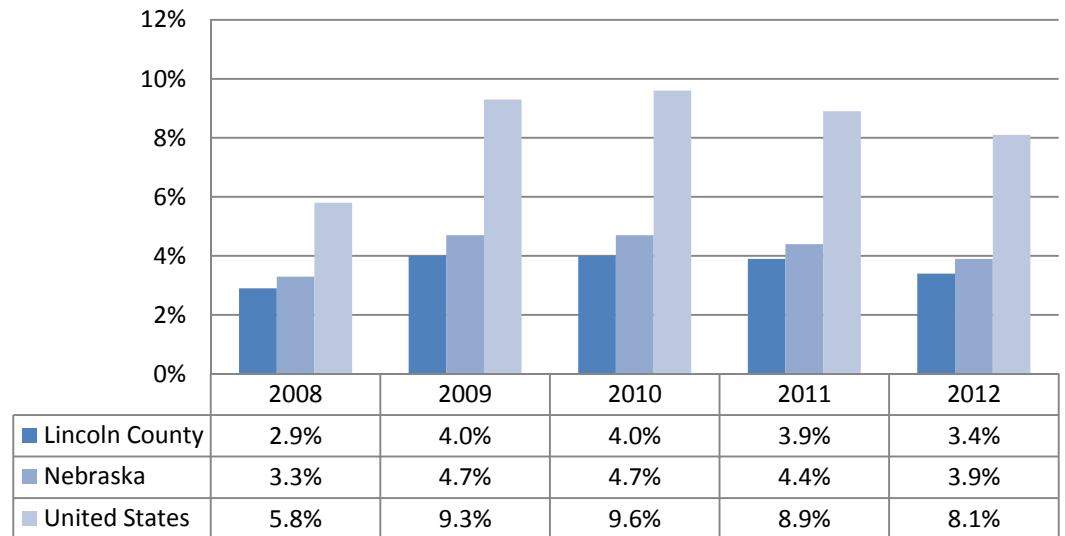


Source: Truven Health's Market Expert (accessed July 25, 2013)

Unemployment

- Unemployment rates have decreased since 2010 in Lincoln County.
- Since 2008, Lincoln County has had a slightly lower unemployment rate than Nebraska and much lower than the United States.

**Annual Average Unemployment Rates
(shown as percent of labor force)**

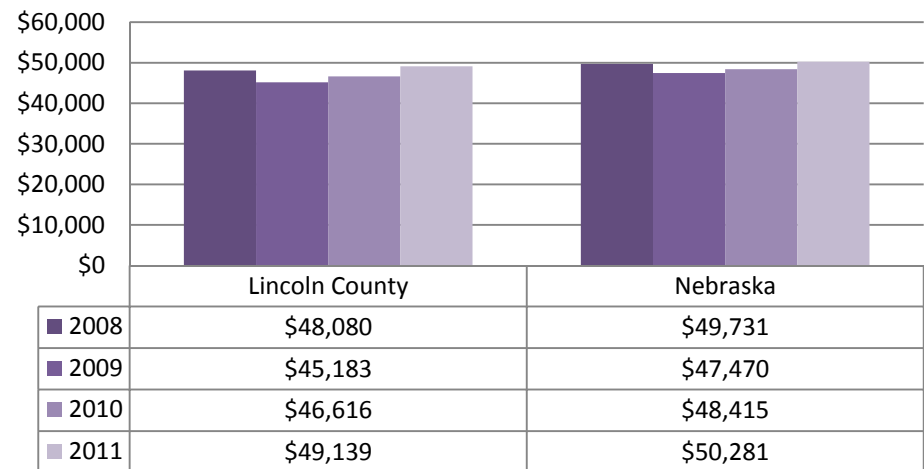


Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; <http://www.bls.gov/lau/#tables> (accessed July 25, 2013)

Income

- As of 2011, Lincoln County has a slightly lower median household income than Nebraska.
- Lincoln County and Nebraska's median household income decreased between 2008 and 2009, but increased between 2009 and 2011.

Median Household Income

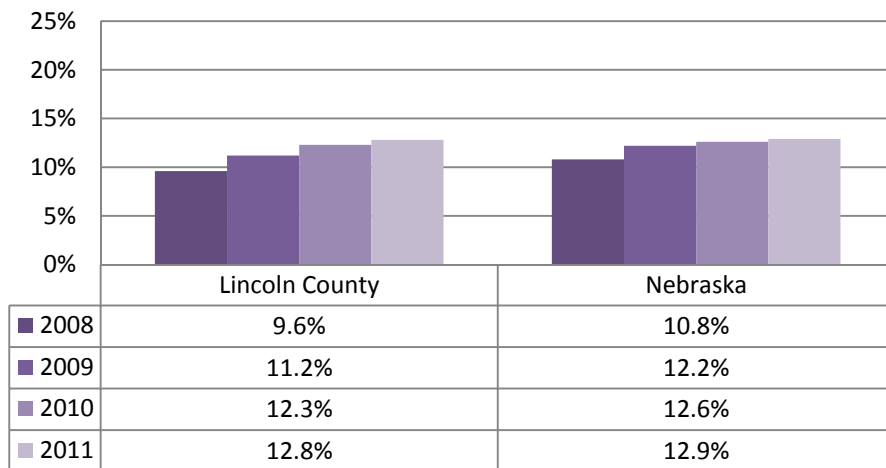


Source: U.S. Census Bureau, Small Area Estimates Branch; <http://www.census.gov/did/www/saie/data/statecounty/data/2009.html> (accessed April 26, 2013)

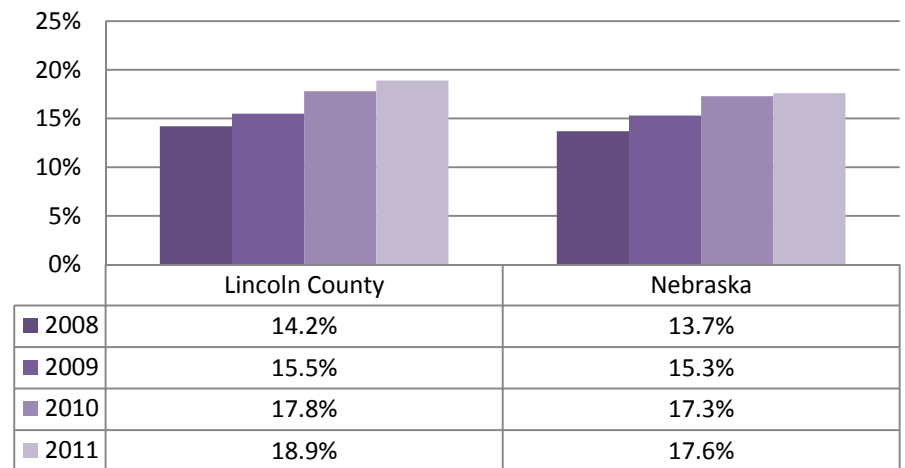
Poverty

- 12.8% of residents in Lincoln County are living in poverty.
- Roughly 19% of children in Lincoln County are living in poverty.
- The percentage of residents and children living in poverty in both Lincoln County and Nebraska has been increasing since 2008.

Percent in Poverty (All Ages)



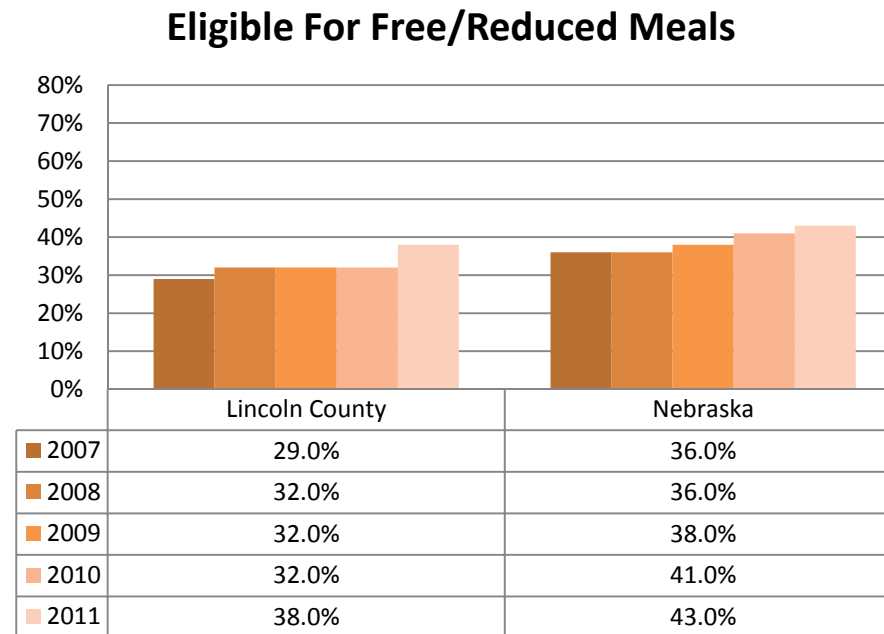
Percent in Poverty (Under 18)



Source: U.S. Census Bureau, Small Area Estimates Branch; (<http://www.census.gov/did/www/saipe/data/statecounty/data/2009.html> (accessed April 26, 2013)
See appendix for poverty definition.

Children in the Study Area

- As of 2011, 38.0% of public school students in Lincoln County are eligible for free or reduced price lunch.



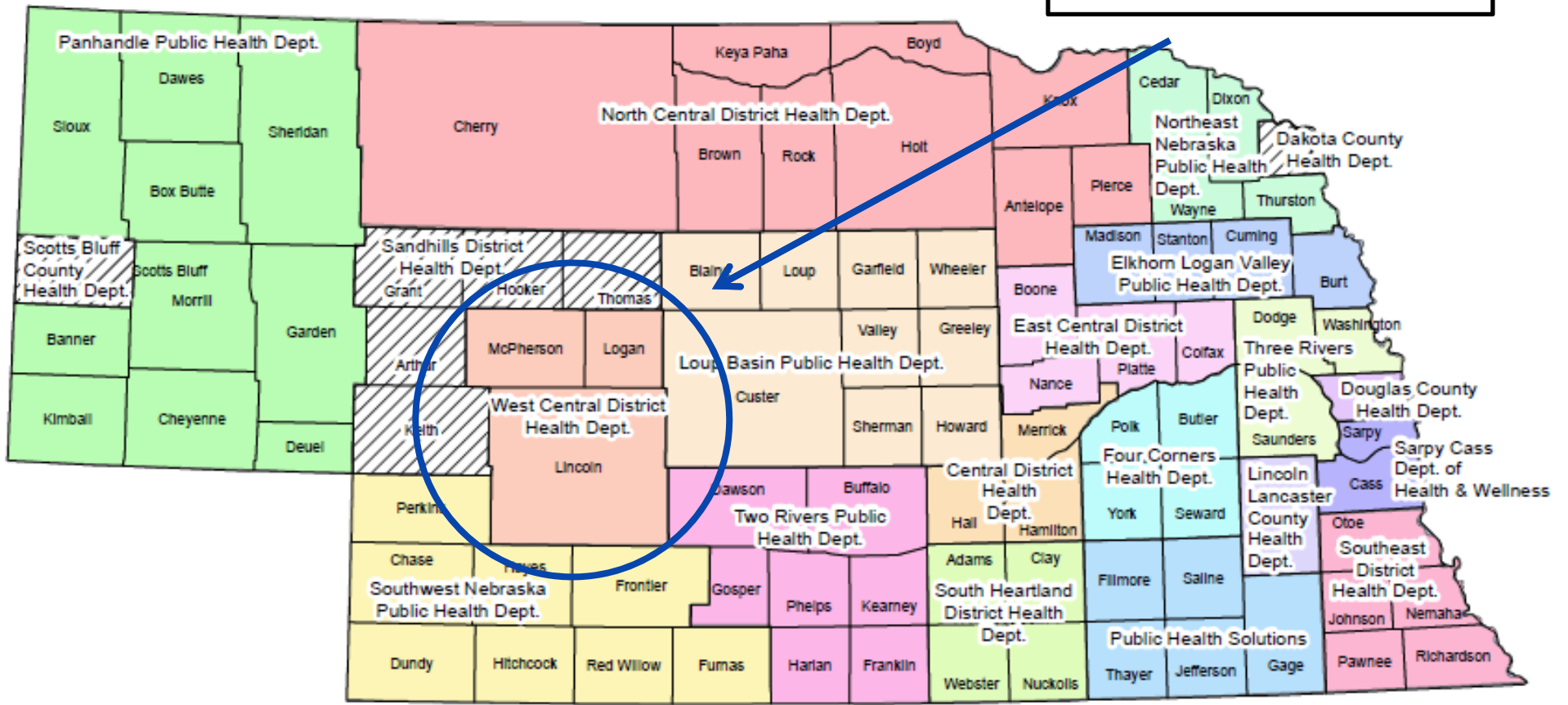
Source: The Annie E. Casey Foundation, The Kids Count Data Center; <http://datacenter.kidscount.org/> (accessed August 8, 2013)

HEALTH DATA OVERVIEW

Data Methodology

- **The following information outlines specific health data:**
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and access
- **Data Sources include, but are not limited to:**
 - Nebraska Department of Health and Human Services
 - The Behavioral Risk Factor Surveillance System (BRFSS)
 - The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually since 1986 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. Information gathered in these surveys can be used to target health education and risk reduction activities throughout the state in order to lower rates of premature death and disability.
 - The surveillance system is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in all 50 states, the District of Columbia, and three U.S. territories. Questions are standardized to ensure comparability of data with other states and to allow determination of trends over time.
 - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
 - United States Census Bureau
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
 - The 2012 Great Plains Community, Employee and Physician Survey. Conducted by CHC Consulting via email in June and July 2012
 - MAPP (Mobilizing for Action through Partnerships and Planning) Report for West Central District Health Department
- **Data Levels:** Nationwide, state, West Central District Health Department (WCDHD) region, and county level data

Lincoln County is located in the WCDHD Region.



Source: Nebraska Department of Health and Human Services (accessed August 1, 2013)

County Health Rankings (2013)

- The County Health Rankings rank 79 counties in Nebraska (1 being the best, 79 being the worst).
- Various factors go into these rankings. For example, the morbidity ranking is based on:
 - Poor or fair health
 - Poor physical health days
 - Poor mental health days
 - Low birthweight

2013 County Health Rankings	Lincoln County
Health Outcomes	66
MORTALITY	42
MORBIDITY	78
Health Factors	62
HEALTH BEHAVIORS	56
CLINICAL CARE	37
SOCIAL & ECONOMIC FACTORS	59
PHYSICAL ENVIRONMENT	57

Source: The Robert Wood Johnson Foundation and the University of

Wisconsin Population Health Institute

(www.countyhealthrankings.org)

Data accessed July 30, 2013

Mortality Summary

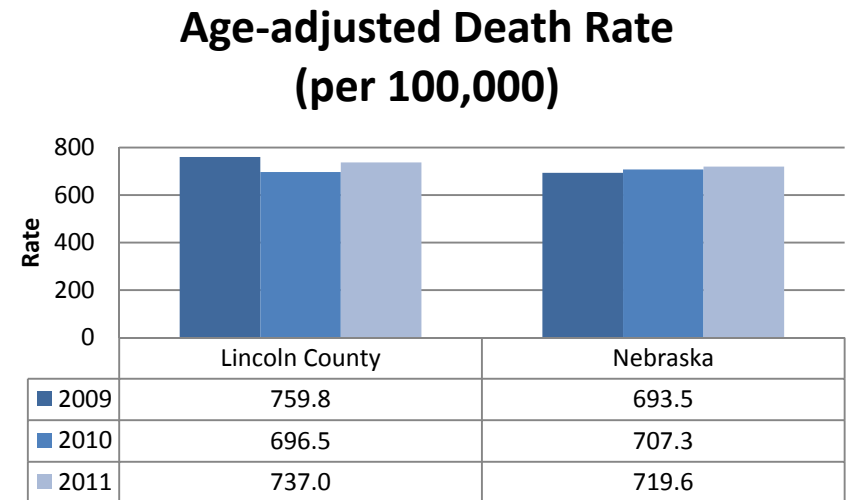
- As of 2011, Lincoln County has higher age-adjusted death rates than Nebraska in the following causes of death: cancer, heart disease, diabetes and hypertension.
- As of 2011, cancer is the leading cause of death in Lincoln County and Nebraska.
 - Lincoln County has higher incidence rates of Lung and Bronchus Cancer than Nebraska.
- As of 2011, Heart Disease is the second leading cause of death in Lincoln County and Nebraska.

Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Mortality

(Age-Adjusted Death Rate)

- Lincoln County had a higher overall age-adjusted death rate than Nebraska in 2009 and 2011.



Number of Deaths			
Location	2009	2010	2011
Lincoln County	351	320	345
Nebraska	14,803	15,171	15,473

Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 29, 2013; Deaths by "Usual residence of deceased"

Mortality

(Leading Causes of Death in 2011)











Lincoln County	Nebraska
1. Cancer (C00-C97)	1. Cancer (C00-C97)
2. Heart Disease (all forms) (I00-I09, I11, I13, I20-I51)	2. Heart Disease (all forms) (I00-I09, I11, I13, I20-I51)
3. Chronic Lung Disease (J44, J47)	3. Chronic Lung Disease (J44, J47)
4. Accidental Deaths (V01-X59, Y85-Y86)	4. Cerebrovascular Diseases (I60-I69)
5. Diabetes Mellitus (E10-E14)	5. Accidental Deaths (V01-X59, Y85-Y86)
6. Cerebrovascular Diseases (I60-I69)	6. Alzheimer's Disease (G30)
7. Alzheimer's Disease (G30)	7. Diabetes Mellitus (E10-E14)
8. Pneumonia (J12-J18)	8. Pneumonia (J12-J18)
9. Essential Hypertension and Hypertensive Renal Disease (I10, I12)	9. Intentional Self Harm (Suicide) (X60-X84, Y87.0)
10. Nephritis and Nephrosis (N00-N07, N17-N19, N25-N27)	10. Nephritis and Nephrosis (N00-N07, N17-N19, N25-N27)

Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Mortality

(Rates Age-Adjusted per 100,000)

Leading Causes of Death in Lincoln County Compared to Nebraska in 2011

Disease	Lincoln County	Nebraska
Cancer (C00-C97)	 192.7	163.7
Heart Disease (all forms) (I00-I09, I11, I13, I20-I51)	 188.9	146.9
Chronic Lung Disease (J44, J47)	 39.0	46.4
Accidental Deaths (V01-X59, Y85-Y86)	 29.7	33.6
Diabetes Mellitus (E10-E14)	 28.2	21.7
Cerebrovascular Diseases (I60-I69)	 23.8	37.2
Alzheimer's Disease (G30)	 19.3	26.0
Pneumonia (J12-J18)	 12.1	13.3
Essential Hypertension and Hypertensive Renal Disease (I10, I12)	 9.8	9.0
Nephritis and Nephrosis (N00-N07, N17-N19, N25-N27)	 4.5	9.9

Key:

Red circle indicates the county's rate is higher than Nebraska's rate for that particular disease category in 2011

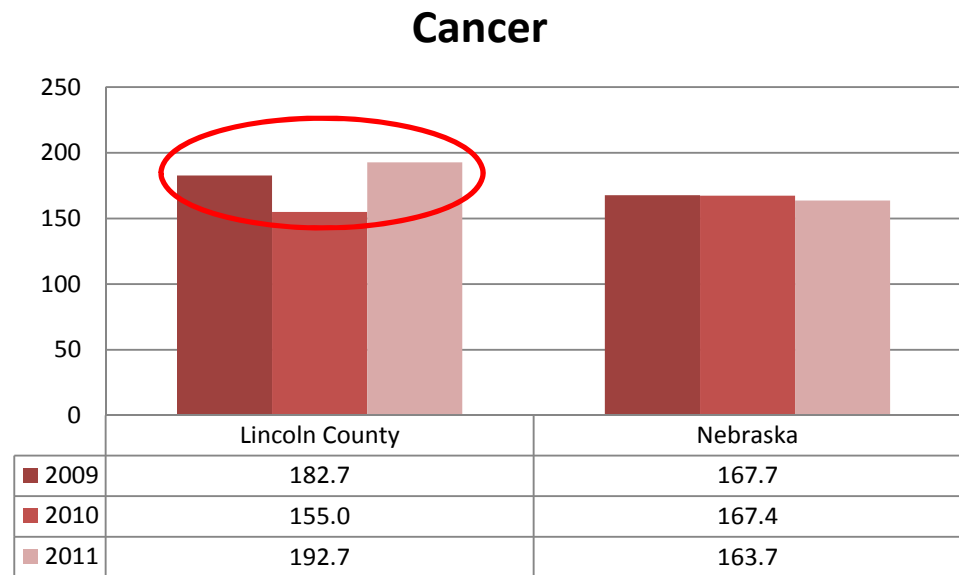
Green circle indicates the county's rate is lower than Nebraska's rate for that particular disease category in 2011

Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Cancer Mortality

(Rate Age-Adjusted per 100,000)

- As of 2011, Lincoln County has a higher cancer mortality rate than Nebraska.
- Lincoln County's cancer mortality rate decreased between 2009 and 2010, but spiked again in 2011.



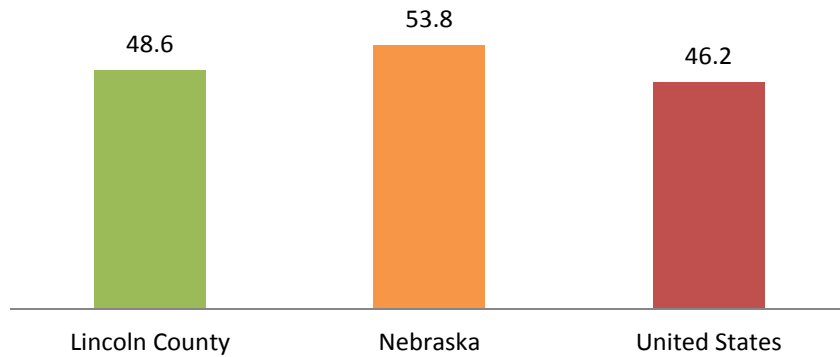
Number of Deaths			
Location	2009	2010	2011
Lincoln County	80	71	91
Nebraska	3,336	3,437	3,403

Source: Nebraska Department of Health and Human Services. Vital Statistics Reports: 2009, 2010, 2011. Accessed August 5, 2013.

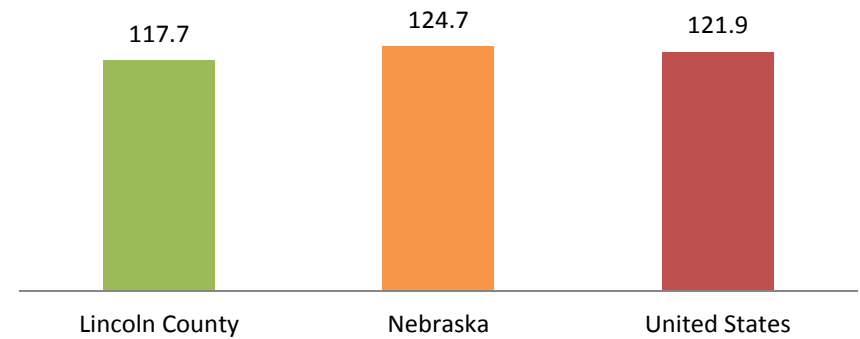
Cancer Incidence

(Rates Age-Adjusted per 100,000; 2005-2009 combined rate)

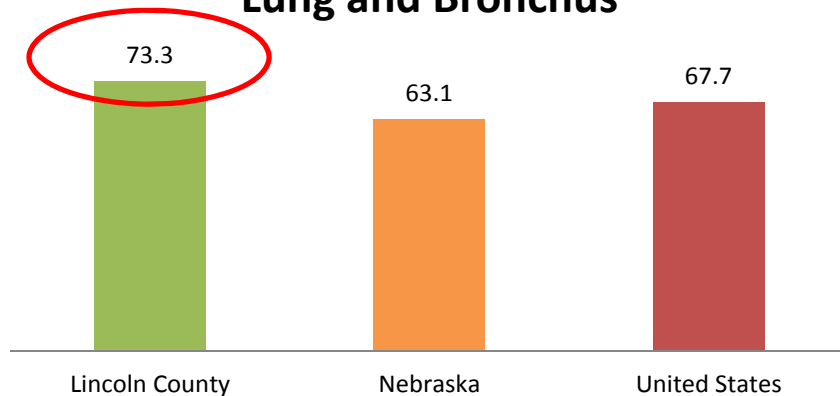
Colon and Rectum



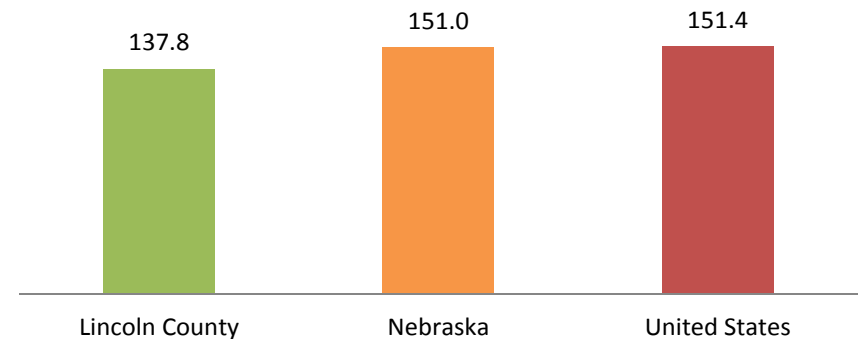
Breast (Female)



Lung and Bronchus



Prostate

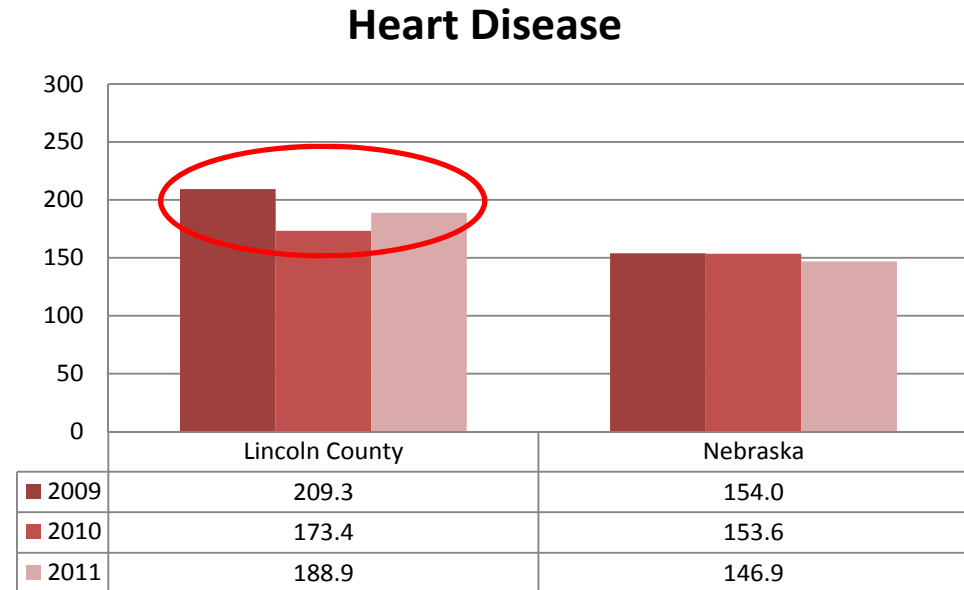


Source: Nebraska Cancer Registry: Cancer Incidence and Mortality and Nebraska: 2009 (accessed August 7, 2013)

Heart Disease Mortality

(Rates Age-Adjusted per 100,000)

- Lincoln County had a higher heart disease mortality rate than the Nebraska from 2009 to 2011.
- Lincoln County's heart disease mortality rate decreased between 2009 and 2010, but increased again in 2011.



Number of Deaths			
Location	2009	2010	2011
Lincoln County	100	79	93
Nebraska	3,278	3,344	3,267

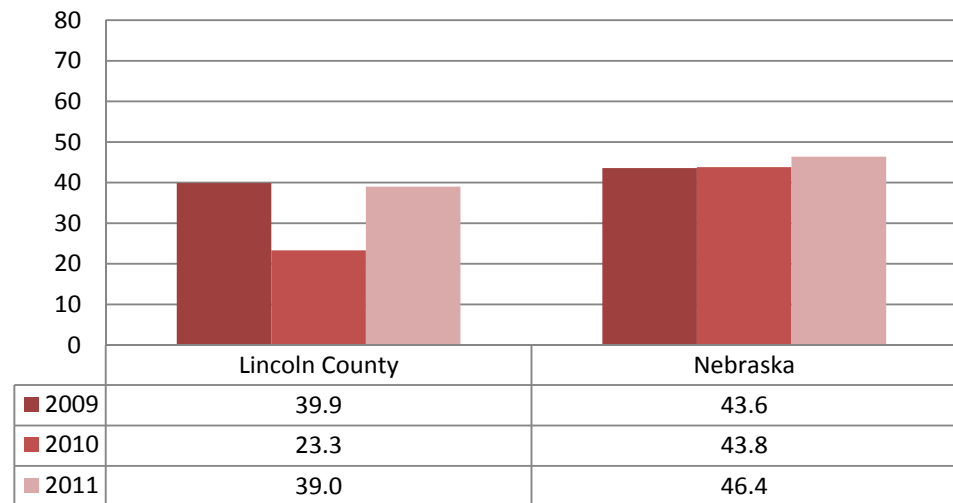
Source: Nebraska Department of Health and Human Services. Vital Statistics Reports: 2009, 2010, 2011: Accessed August 5, 2013

Chronic Lung Disease Mortality

(Rate Age-Adjusted per 100,000)

- Chronic lung disease is the third leading cause of death in Lincoln County.
- Lincoln County's chronic lung disease mortality rate decreased between 2009 and 2010, but rose again in 2011.

Chronic Lung Disease



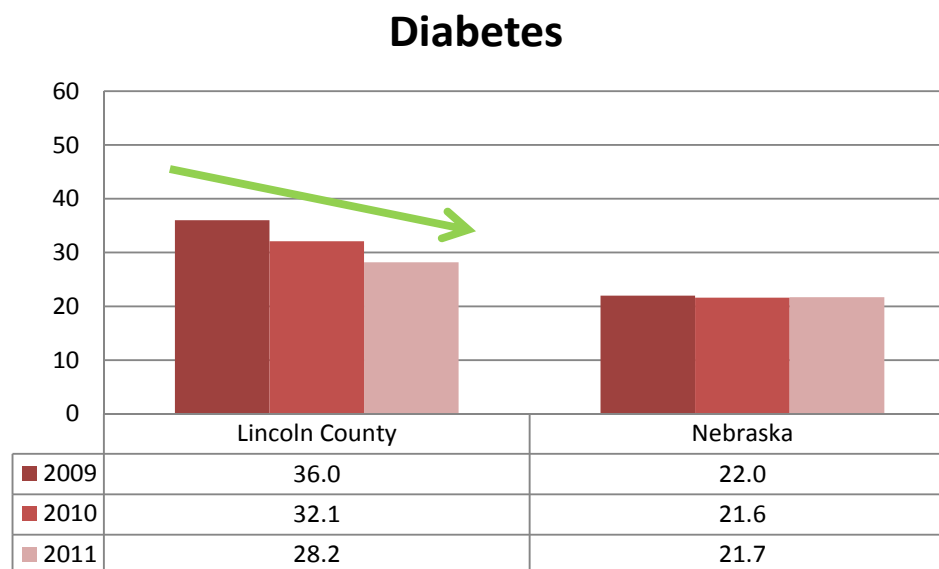
Number of Deaths			
Location	2009	2010	2011
Lincoln County	19	11	18
Nebraska	881	903	981

Source: Nebraska Department of Health and Human Services. Vital Statistics Reports: 2009, 2010, 2011: Accessed August 5, 2013

Diabetes Mortality

(Rate Age-Adjusted per 100,000)

- Diabetes is the fifth leading cause of death in Lincoln County.
- Lincoln County's diabetes mortality rate has been decreasing since 2009.



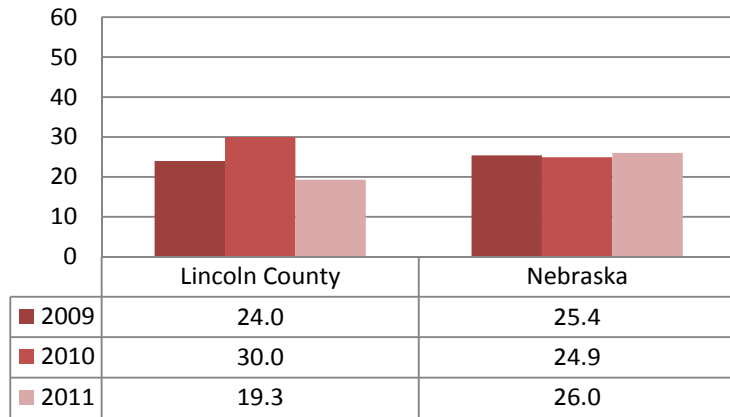
Number of Deaths			
Location	2009	2010	2011
Lincoln County	16	16	12
Nebraska	444	450	459

Source: Nebraska Department of Health and Human Services. Vital Statistics Reports: 2009, 2010, 2011: Accessed August 5, 2013

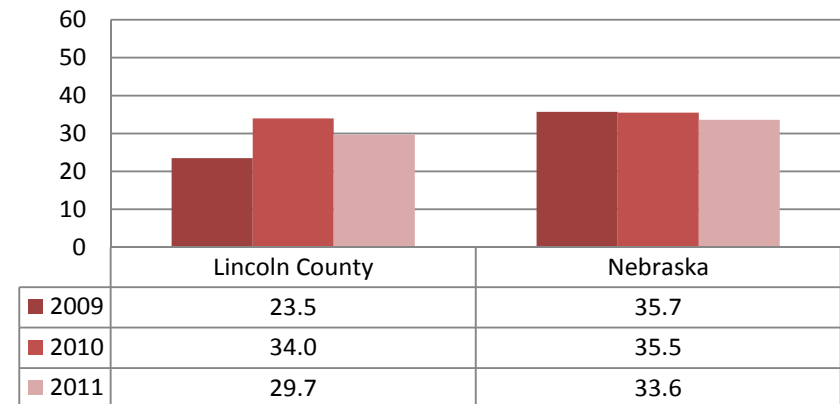
Additional Mortality Causes

(Rates Age-Adjusted per 100,000)

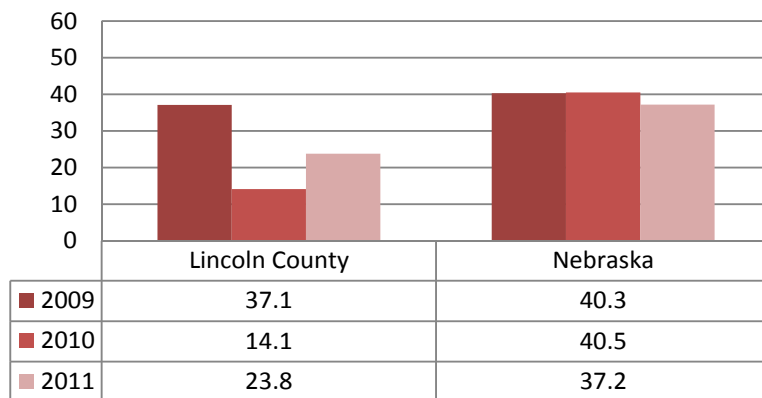
Alzheimer's Disease



Accidents



Cerebrovascular Disease



- Leading types of accident deaths in 2011 in Lincoln County include:
 - Motor vehicle accidents (5)
 - Fall (4)
 - Other (3)

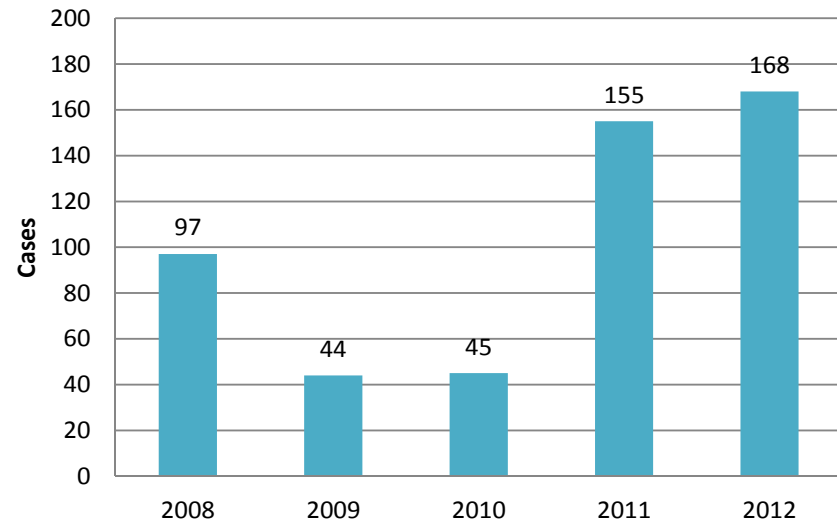
Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Communicable Diseases

(Chlamydia)

- Chlamydia cases in Lincoln County have been increasing since 2009.
- Chlamydia cases in Lincoln County and Nebraska increased significantly between 2010 and 2011.

Chlamydia Cases in Lincoln County



Chlamydia Cases		
Geographic Location	Year	Number of Cases
Lincoln County	2008	97
	2009	44
	2010	45
	2011	155
	2012	168
Nebraska	2008	5,539
	2009	5,543
	2010	5,147
	2011	6,416
	2012	6,748

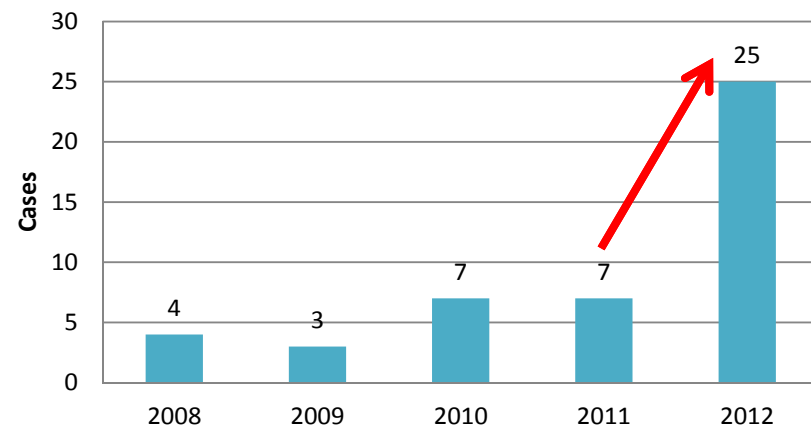
Source: Nebraska Department of Health and Human Services. Nebraska STD Control Program (accessed August 15, 2013)

Communicable Diseases

(Gonorrhea)

- The number of gonorrhea cases in Lincoln County were fairly low from 2008 to 2011, but rose drastically from 2011 to 2012.
- Gonorrhea cases have been increasing in the state since 2010.

Gonorrhea Cases in Lincoln County



Gonorrhea Cases		
Geographic Location	Year	Number of Cases
Lincoln County	2008	4
	2009	3
	2010	7
	2011	7
	2012	25
Nebraska	2008	1,431
	2009	1,384
	2010	1,170
	2011	1,334
	2012	1,429

Source: Nebraska Department of Health and Human Services. Nebraska STD Control Program (accessed August 15, 2013)

Chronic Conditions

(Diabetes)

- According to BRFSS data, 7.9 % of respondents in the WCDHD region report that they have diabetes, compared to 7.5% in Nebraska.

Diabetes (shown as percent of respondents, ages 18+) 2007-2010



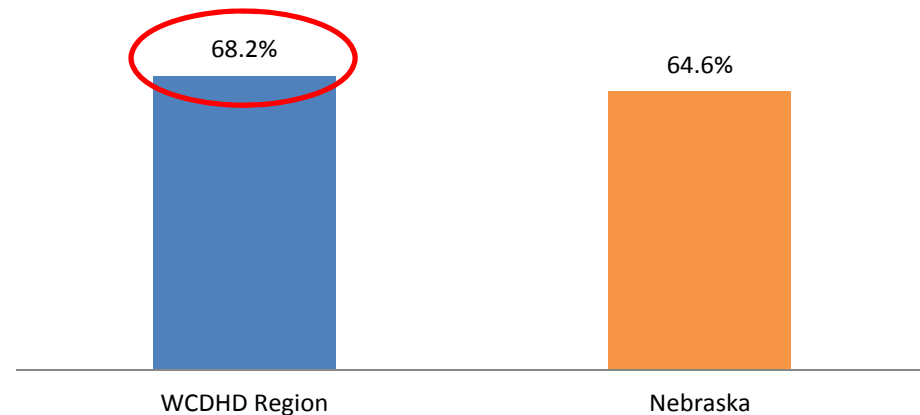
Source: Nebraska Behavioral Risk Factor Surveillance System, Nebraska Department Health and Human Services (accessed July 31, 2013)
Diabetes definition: Respondents 18 years and older who report ever being told by a doctor that "you have diabetes," excludes gestational diabetes

Chronic Conditions

(Overweight & Obesity)

- According to BRFSS data, more than 68% of adult respondents in the WCDHD region, compared to about 65% of respondents in Nebraska are considered overweight or obese.

Overweight or Obese (shown as percent of respondents, ages 18+) 2007-2010

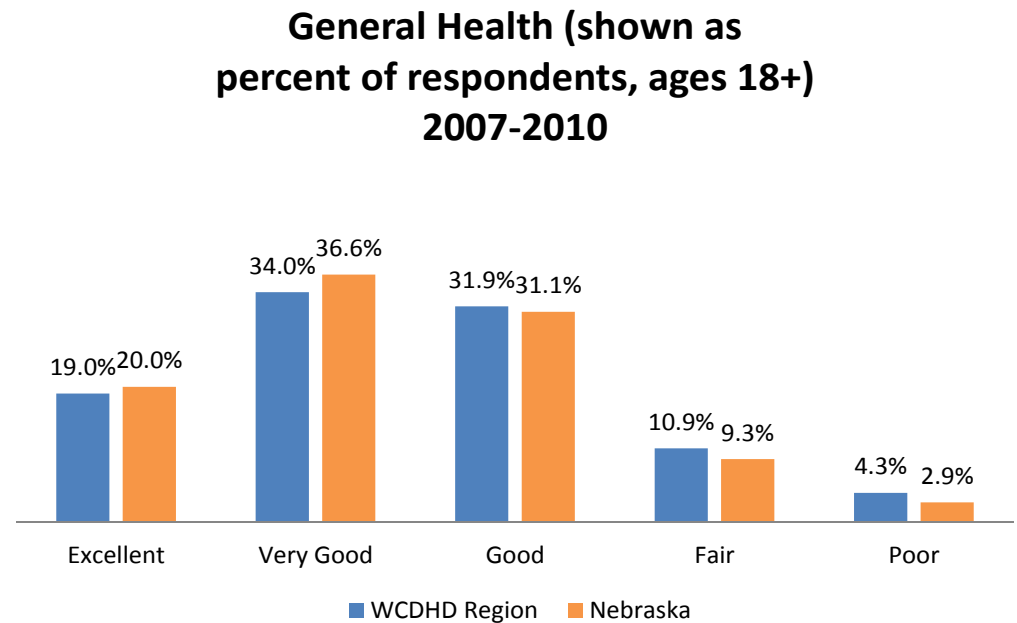


Source: Nebraska Behavioral Risk Factor Surveillance System, Nebraska Department Health and Human Services (accessed July 31, 2013)
Overweight or obese definition: Respondents 18 years and older who have a BMI calculated by self reported height and weight, BMI 25 or greater

Health Behaviors

(General Health)

- A large majority of respondents in the WCDHD region (84.9%) and Nebraska (87.7%) reported that they are in ‘Good,’ ‘Very Good,’ or ‘Excellent’ health.



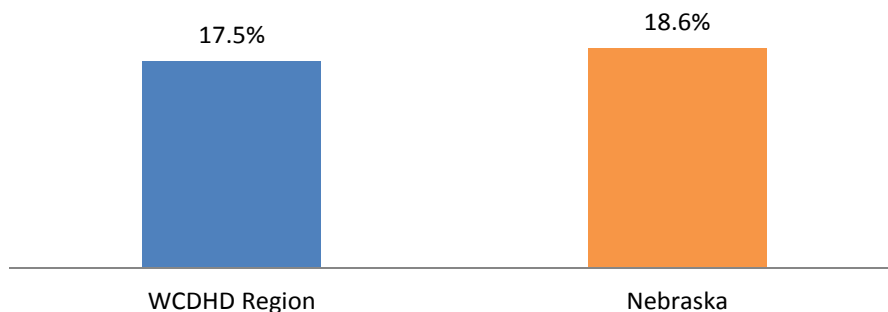
Source: Nebraska Behavioral Risk Factor Surveillance System, Nebraska Department Health and Human Services (accessed July 31, 2013)
General Health definition: Respondents were asked to assess their health on a five point scale ranging from Poor to Excellent.

Health Behaviors

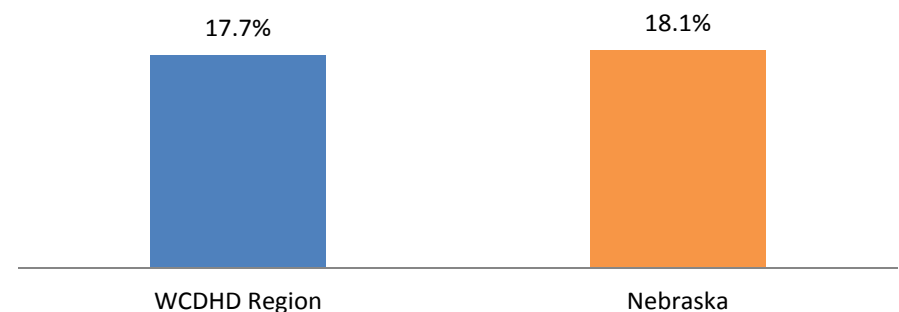
(Binge Drinking and Smoking)

- Similar percentages of respondents in the WCDHD region and Nebraska engage in binge drinking.
- Close to 20% of respondents in the WCDHD region and Nebraska report that they have smoked at least 100 cigarettes in their lifetime and are still smoking some days or every day.

Binge Drinking (shown as percent of respondents, ages 18+) 2007-2010



Current Smoker (shown as percent of respondents, ages 18+) 2007-2010



Source: Nebraska Behavioral Risk Factor Surveillance System, Nebraska Department Health and Human Services (accessed July 31, 2013)

Binge drinking definition: Respondents who report more than 5 drinks on one occasion for men or 4 drinks on one occasion for women

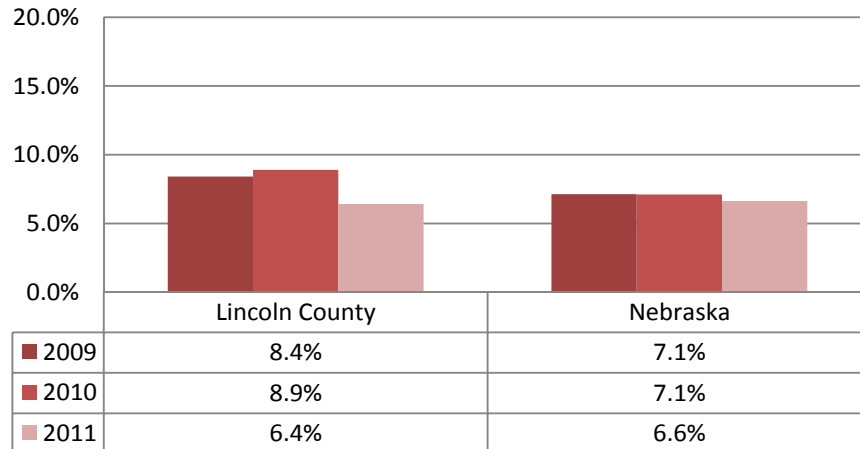
Current smoker definition: Respondents who have smoked at least 100 cigarettes in their lifetime and are still smoking some days or every day

Natality and Maternal Health

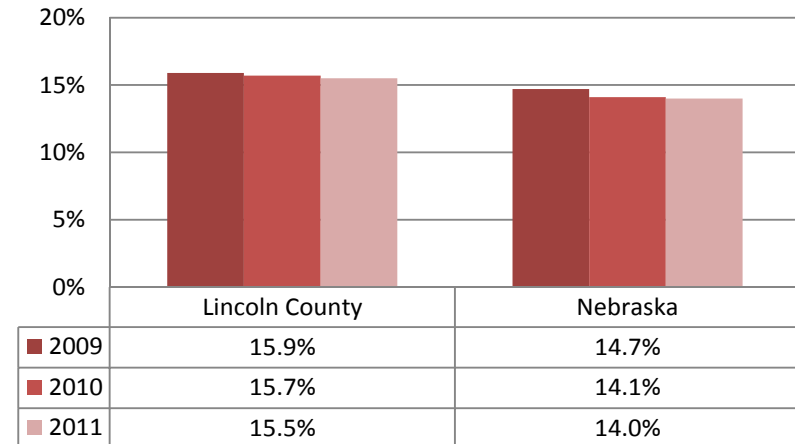
(Low Birth Weight (<2,500 Grams) and Inadequate Prenatal Care)

- As of 2011, 6.4% of births in the Lincoln County compared to 6.6% in Nebraska are **low birth weight births**.
- From 2009-2010, Lincoln County had a higher percentage of **low birth weight births** than Nebraska.
- As of 2011, 15.5% of women in Lincoln County compared to 14.0% in Nebraska received **inadequate prenatal care**.

Percent of Low Birth Weight Births (<2,500 Grams)



Percent of Women Receiving Inadequate Prenatal Care*



Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011 (accessed August 5, 2013)

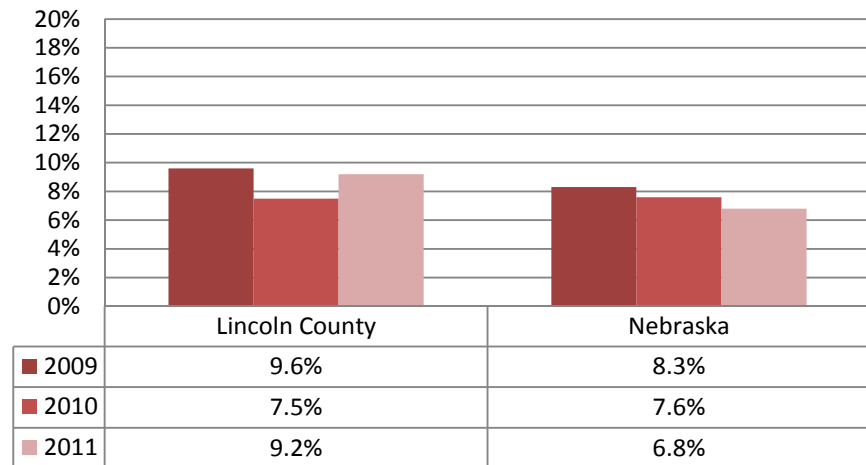
*Definition of inadequate prenatal care: Calculated by using the Kotelchuk Index. The Kotelchuk Index measures adequacy of prenatal care (adequate, inadequate, intermediate) by using a combination of the following factors: number of prenatal visits, gestation, and trimester prenatal care began.

Natality and Maternal Health

(Teen Births)

- As of 2011, 9.2% of births in Lincoln County compared to 6.8% in Nebraska are **births to teen mothers.**

Percent of Teen Births (19 and under)

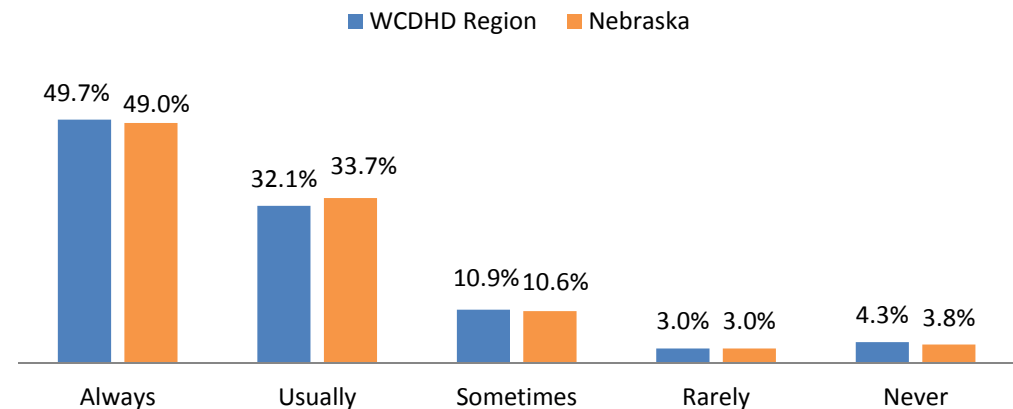


Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011 (accessed August 5, 2013)

Mental Health

- According to BRFSS data, about 82% of adult respondents in the WCDHD region report that they 'Always' or 'Usually' received emotional support, which is similar to Nebraska (82.8%).

Levels of Emotional Support (shown as percent of respondents, ages 18+) 2007-2010



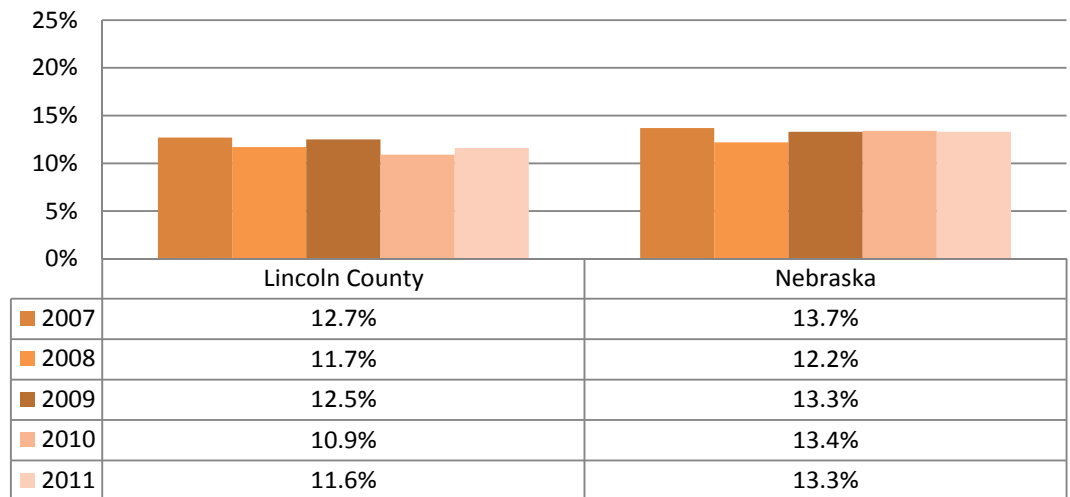
Source: Nebraska Behavioral Risk Factor Surveillance System, Nebraska Department Health and Human Services (accessed July 31, 2013)
Emotional support definition: Respondents we asked to report the level of emotional support they receive on a five point scale.

Health Care Access

(Uninsured)

- As of 2011, 11.6% of residents in Lincoln County and 13.3% of residents in Nebraska are uninsured.

Percentage of Uninsured Residents
(Ages 0-64)



Sources: Source: United States Census Bureau. Small Area Health Insurance Estimates (accessed September 5, 2013)

Health Care Access

(Medical Cost Barriers)

- According to BRFSS data, fewer respondents in the WCDHD region (9.9%) report medical cost barriers than Nebraska (10.6%).

Medical Cost Barriers (shown as percent of respondents, ages 18+) 2007-2010



Source: Nebraska Behavioral Risk Factor Surveillance System, Nebraska Department Health and Human Services (accessed July 31, 2013)
Medical cost barriers definition: Respondents who report that they were not able to see a doctor because of cost in the past 12 months

PREVIOUS STUDIES

2012 Great Plains Surveys

- Distributed 3 surveys during June 2012 and July 2012
 - Community Survey – 3.91% response rate (43 of 1,100)
 - Employee Survey – 23.53% response rate (290 of 850)
 - Physician Survey – 18.82% response rate (16 of 85)
- Survey sought to obtain information about the scope of services, adequacy of physicians (community only) and hospital improvements

Source: 2012 Great Plains Community, Employee and Physician Survey. Conducted by CHC Consulting via email in June and July 2012.

Summary of Findings – Scope of Services

- Community members rated the number of specialty care physicians, wait times for specialty care physicians and quality of care lower than for primary care physicians.

Source: 2012 Great Plains Community, Employee and Physician Survey. Conducted by CHC Consulting via email in June and July 2012.

Summary of Findings – Opportunities for Improvement

- Employees, physicians, and community members indicated that the hospital could be improved by offering **more preventive care.**

Source: 2012 Great Plains Community, Employee and Physician Survey. Conducted by CHC Consulting via email in June and July 2012.

Community Needs Identified in MAPP Report

- MAPP Identified Priority Groups:
 - Domestic Violence/Child Abuse
 - Access to Health Care
 - Need for Disease Prevention / Management
 - Healthy Pregnancy / Teen Pregnancy Prevention
 - Access to Mental Health Care

Source: Mobilizing for Action through Partnerships and Planning Report (September 2011).

PHONE INTERVIEW FINDINGS

Overview

- Conducted ten interviews with the two groups outlined in IRS Notice 2011-52 proposed IRS REG – 106499-12
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting; June 25, 2013 – July 9, 2013

Interviewee Information

- **Marty Basset, Ed. S.:** Superintendent, North Platte Public Schools
- **Linda Foreman:** Executive Director, West Central Nebraska Area Agency on Aging
- **Erin Hausenauer:** Client Services Director, Women's Resource Center
- **Marni Hughes:** Early Intervention Services Coordinator, Early Development Network
- **Dwight Livingston:** Mayor, City of North Platte
- **Trudy Merritt:** Aquatics Director and Recreation Leader, North Platte Recreation Center
- **Dave Pederson:** Chairman, Great Plains Board of Trustees
- **Jenny Salestrom:** Executive Director, Mid-Plains United Way
- **Betty Sones:** Vice-Chair, Great Plains Foundation; Treasurer, Great Plains Auxiliary; Hostess, North Platte Chamber of Commerce
- **Shannon Vanderheiden:** Director, West Central District Health Department

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting; June 25, 2013 – July 9, 2013

Areas Served by Organizations

Organization	County(ies) Served
North Platte Public Schools	Lincoln
West Central Nebraska Area Agency on Aging	Lincoln and 16 other area counties
Early Development Network	Lincoln, Lancaster
City of North Platte	Lincoln
North Platte Recreation Center	Lincoln
Women's Resource Center	Lincoln
Great Plains (Board of Trustees, Foundation and Auxiliary)	Lincoln
Mid-Plains United Way	Lincoln, Logan and McPherson
West Central District Health Department	Lincoln, Logan and McPherson

The counties primarily served by the interviewees' organizations are broken out in the chart to the left. Some of the organizations serve community members/patients in multiple counties.

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting; June 25, 2013 – July 9, 2013

Interviewee Characteristics

- Work for a state, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community

70%

- Member of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations

80%

- Other

20%

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting; June 25, 2013 – July 9, 2013

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Access to primary care physicians and nurses
 - Access to local specialty care
 - Access to healthcare resources for low income/uninsured
 - Teen pregnancy resources and education

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting; June 25, 2013 – July 9, 2013

Access to Primary Care Physicians and Nurses

- Interviewees discussed the shortage of primary care physicians available to serve the community
- Interviewees expressed concern surrounding the closing of a 4-physician Internal Medicine practice
- Reportedly, primary care physicians in North Platte are at or approaching retirement age
- Interviewees mentioned the difficulty of recruiting primary care physicians and nurses to the area
- Interviewees referred to pediatric care as an area for improvement in regard to the limited number of pediatric providers

“There aren’t many options for [choosing] pediatricians.”

“We need more PCPs. North Platte seems to have always struggled getting doctors here and keeping them here, and it’s the same with nursing staff. Even though we have a local nursing school, it seems like we still struggle to keep people here.”

“[Primary Care] is not adequate right now – and we are coming into a time when some of those doctors who are carrying a heavy part of the load will retire, and this is a...concern.”

“Our internal medicine center has four doctors and they’re closing. I think it will be a need the hospital will have to look at.”

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting: June 25, 2013 – July 9, 2013

Access to Local Specialty Care

- Lack of adequate local specialty care may cause gaps in coverage
- Interviewees discussed the need for more of the following physicians:
 - Spine Surgeons
 - Pediatric Specialists
 - Dermatologists
- Reportedly, patients have to travel out of town for some specialty care, and transportation can be an issue

“We have no pediatric specialists, and we have to refer patients to Omaha or Denver, and arranging transportation for that is [difficult].”

“There are long wait times to get into a dermatologist.”

“We do have specialty physicians that drive in, but some only come in once a month.”

“Right now so many families in our community have to travel...”

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting; June 25, 2013 – July 9, 2013

Access to Healthcare Resources for Low Income/Uninsured

- Interviewees discussed affordability barriers and unequal opportunity to access healthcare which negatively impacts the indigent and uninsured
- Interviewees mentioned lack of both access to affordable primary care and cultural awareness as possible reasons for lower income patients over-utilizing emergency departments
- Reportedly, there is a gap in availability of services for the working poor who do not qualify for Medicaid or cannot afford insurance

“We need more care options [for low-income/uninsured patients]. I have clients that need to go to the doctor but don’t have insurance and say they can’t afford to go. I would love to see an income based clinic [in town].”

“It seems like people go to the ER first instead of a local physician. It’s an affordability issue...”

“Really and truly it is the low income population that services are needed for. It becomes taxing to the hospital because people use EMS services and the ER.”

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting: June 25, 2013 – July 9, 2013

Teen Pregnancy Resources and Education

- Interviewees acknowledged high rates of teen pregnancy within the community and the resulting health issues
- Interviewees mentioned the need for a clinic or maternity home to serve underage pregnant girls is a health priority for the area
- Interviewees discussed how better educating pregnant teens might decrease prevalence and resulting health issues

“There’s not much available in the community for pregnancy and childbirth education.”

“We need something for pregnant gals...like a maternity home – a legitimate home where single/teen mothers can live. The nearest one is in Omaha.”

“Teen/college pregnancy is prevalent here. I’m not sure if it’s a lack of education or just not paying attention, but a lot of girls here are not completely educated and aware of their body.”

“I would really like to see an expanded child birth education program informing women of their options when it comes to birth plan programs. I would really like to see a broader level of education so women are taught other options...”

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting: June 25, 2013 – July 9, 2013

Positive Aspects of the Health Care System

1

- Overall quality of medical resources available locally: particularly the hospital's scope and quality of services

2

- Great Plain's recent expansions and proactive approach to meeting the healthcare needs of the community

3

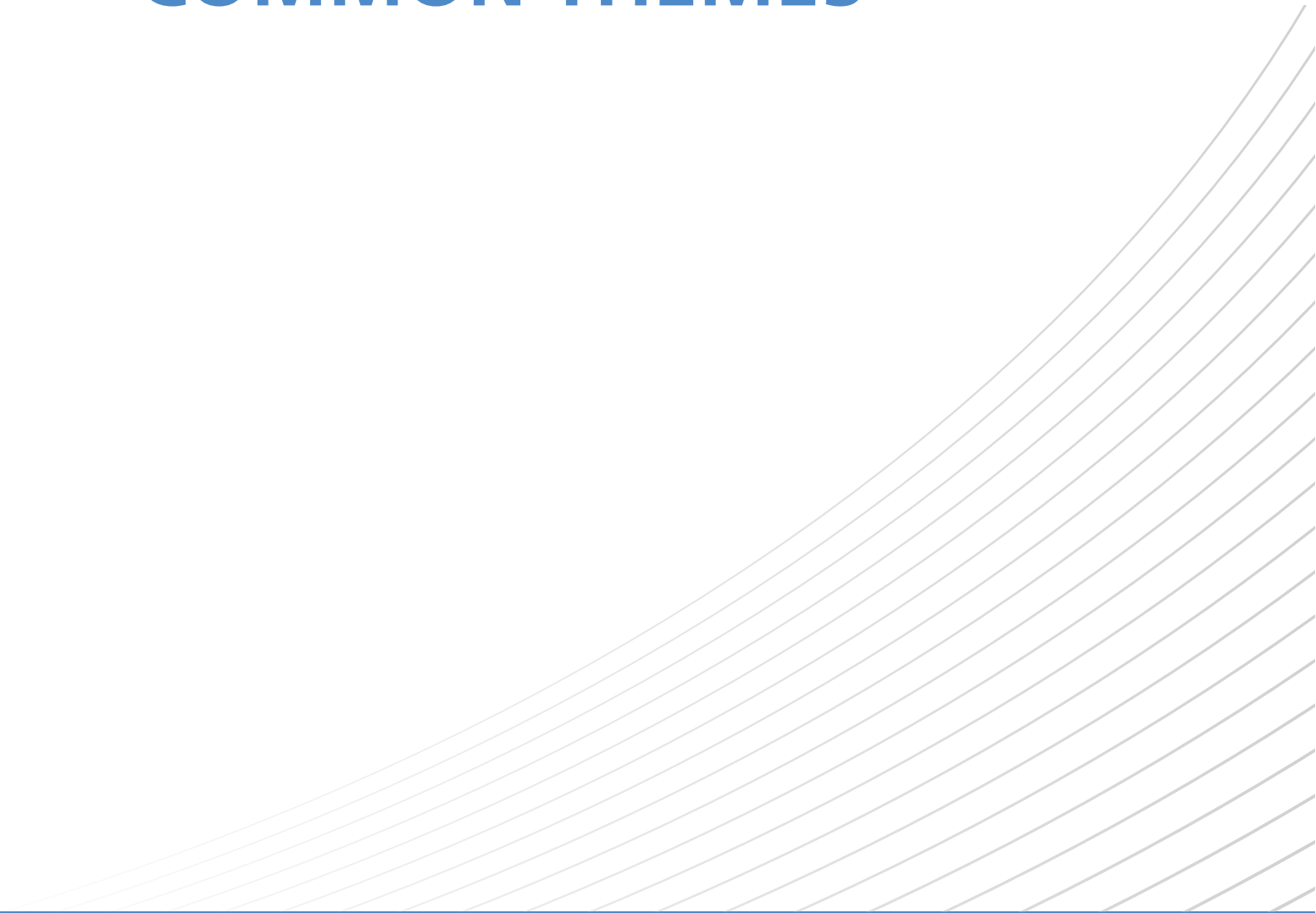
- Advances in resources for Oncology treatment; the Callahan Cancer Center

4

- The quality and commitment of the physicians currently serving the community

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting; June 25, 2013 – July 9, 2013

COMMON THEMES



Common Themes

- Prevention, education and services to address high mortality rates, chronic conditions and unhealthy lifestyles
 - **Mortality:** cancer, heart disease, diabetes
 - **Chronic conditions:** diabetes, overweight and obesity
 - **Unhealthy lifestyles:** smoking, physical inactivity and communicable diseases
- Teen pregnancy: need for increased education of the importance of prenatal care and increased awareness of available health care resources in the community
- Need for primary care services and providers, including nursing staff
- Need for additional local specialty care
 - Spine surgeon, pediatric specialist, dermatologist
- Need for affordable primary care services for the low-income and uninsured populations

PRIORITIZATION

The Prioritization Process

- On October 9, 2013 leadership from Great Plains met with CHC Consulting to review findings and prioritize the community's health needs.
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

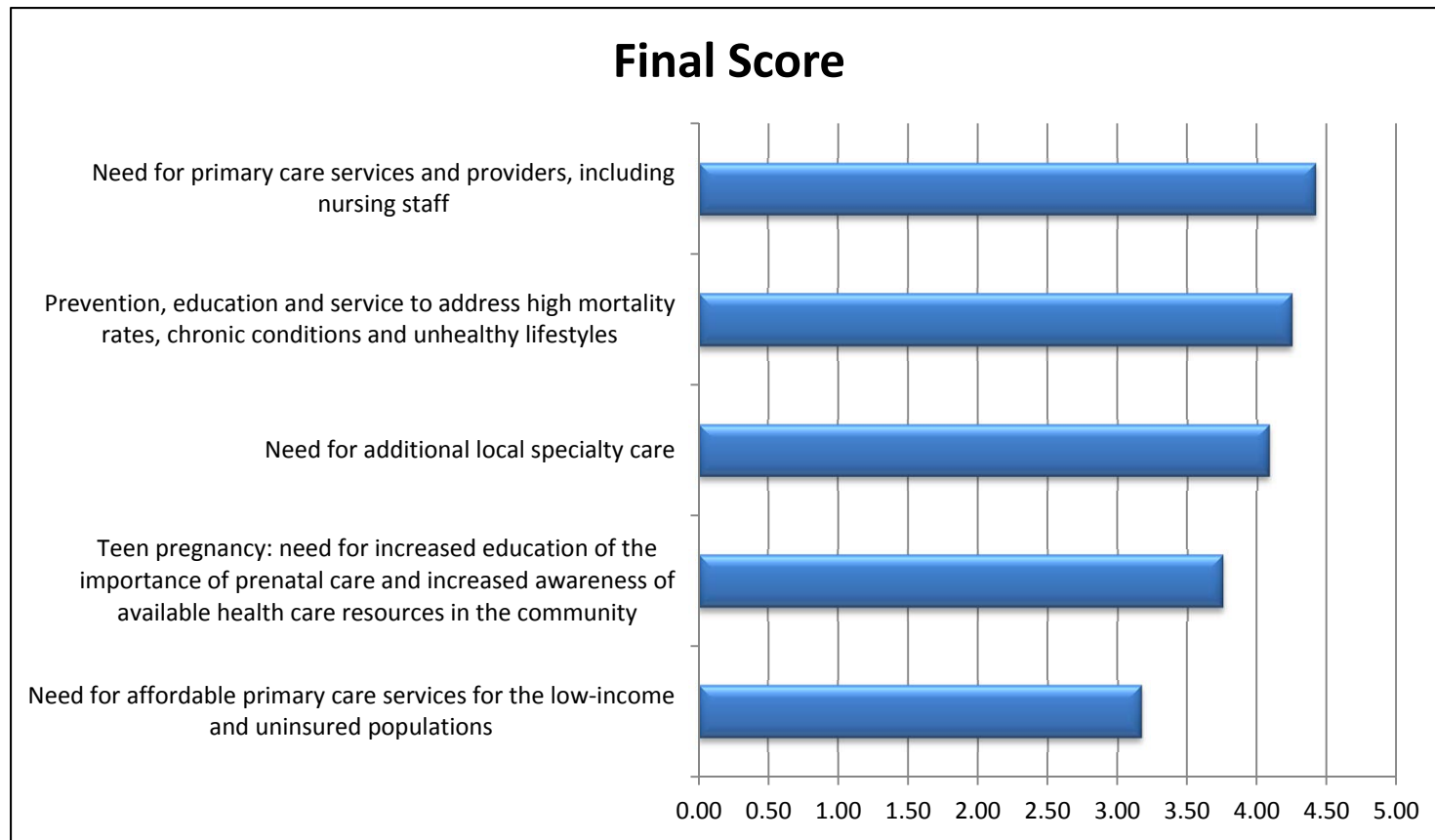
The Prioritization Process

The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
<ul style="list-style-type: none">a. How many people does this affect?b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the State?c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
<ul style="list-style-type: none">a. How likely is it that actions taken will make a difference?b. How likely is it that actions will improve quality of life?c. How likely is it that progress can be made in both the short term and the long term?d. How likely is it that the community will experience reduction of long-term health cost?
3. Great Plains Capacity
<ul style="list-style-type: none">a. Are people at Great Plains likely to support actions around this issue? (ready)b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

Hospital leadership ranked the five significant health needs based on the three factors discussed, resulting in the following list (5 indicates the greatest need, 1 indicates the least need).



Final Priorities

Hospital leadership decided to address all of the ranked health needs. The final health priorities that Great Plains will address through its Implementation Plan are:

1. Need for primary care services and providers, including nursing staff
2. Prevention, education and service to address high mortality rates, chronic conditions and unhealthy lifestyles
3. Need for additional local specialty care
4. Teen pregnancy: need for increased education of the importance of prenatal care and increased awareness of available health care resources in the community
5. Need for affordable primary care services for the low-income and uninsured populations

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by Great Plains, other charity care services and health resources available in Lincoln County are included in this section.
- As part of a subsequent CHNA, additional questions may be added to the interview guide as potential measures to determine positive changes in the identified significant community health needs.

Community Resources - Great Plains

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
2-1-1	State of Nebraska	-	-	-	-	211	http://65.166.193.134/IFTWSQL4/uwml/public.aspx	2-1-1 is an easy to remember number for accessing free information about community services to find help when you need it or find places you can help.
Agency on Aging	Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Buffalo, Phelps, Kearney, Furnas, Harlan, and Franklin counties	4623 2nd Avenue, Ste 4	Kearney	NE	68847	(308) 234-1851	http://www.agingkearney.org/	The Agency on Aging is located in Kearney, Nebraska and was established in 1973 to serve individuals 60 plus and their spouses. The programs include: Health and Nutrition, Legal, Care Management, Senior Care Options, Medicaid Waiver, Insurance Counseling & Assistance, Caregiver Assistance, SMP, and Information/Assistance.
Alzheimer's Association Great Plains Chapter	80 counties in Nebraska and all of Wyoming	1500 South 70th Street, Suite 201	Lincoln	NE	68506	(308) 440-7773 Kearney office	http://www.alz.org/greatplains/	The Alzheimer's Association - Great Plains Chapter administrative office is located in Lincoln, NE with support personnel in Kearney, NE. The Association provides information and referral services, education and consultation for the estimated 33,000 Great Plains residents struggling with Alzheimer's disease or a related dementia. The Great Plains Chapter offers financial respite assistance for caregivers and support research on a national level.
American Cancer Society	Mid-Nebraska	3808 28th Avenue, Suite E	Kearney	NE	68845	(308) 237-7481	www.cancer.org/	Provides health and referral services and transportation assistance to those suffering from or at risk of cancer.
American Red Cross - Midwest	Nebraska, Western Iowa and parts of Colorado and Kansas. There are blood donation drives at the local offices including North Platte.	1111 South Cottonwood	North Platte	NE	69101	800-RED-CROSS	http://www.redcrossblood.org/midwest	The Midwest Chapter of the American Red Cross offers the following services: disaster services, health and safety services, services to the armed forces and branch officers for blood donation and other volunteer services.
Boys Scouts Overland Trail Council	44 counties with headquarters in Grand Island	503 East 4th, Suite 3	North Platte	NE	69103	(308) 532-3110	http://www.overlandtrailscouncil.org/	The Overland Trails Council continues its proud heritage of serving community organizations across the 44 counties that comprise our service area - central and western Nebraska. More than 6,500 youth participate in the Scouting and Learning for Life programs provided by nearly 2,500 dedicated volunteer leaders.
Center for People in Need	Lincoln and surrounding communities	3901 North 27th Street, Unit 1	Lincoln	NE	68521	(402) 476-4357	http://centerforpeopleinneed.org/programs-services/health-hub/	The organization provides comprehensive services and opportunities to support low-income, high needs families and individuals as they strive to lift themselves out of poverty and achieve economic self-sufficiency. The "Health Hub" is a program for connecting uninsured patients with health care and other assistance. Advocates help clients: Find a doctor/medical home; Access free or discounted medications; Apply for programs such as Supplemental Nutrition Assistance Program, General Assistance, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicare and Medicaid; Refer people to agencies designed to address basic needs.
Community Action Partnership of Mid-Nebraska	27-counties including and surrounding Lincoln county	16 W 11TH ST	Kearney	NE	68848	1 (877) 335-6422	http://www.mnca.net/	27 county agency with a wide variety of services, including a home weatherization program, transitional housing, clothes closets in some areas, food pantries, and health screenings. They sponsor 2 community clinics in Gibbon and Lexington, offer free immunization programs for kids up to age 20 and the elderly. Org networks with other non-profits in all 27 counties and will refer people whose needs they cannot meet on to other agencies.
Girl Scouts Spirit of Nebraska	State of Nebraska (with local service centers)	2412 Hwy 30 East, Ste. 1 / 820 N. Webb Road, Suite 104	Kearney / Grand Island	NE	68847 / 68803	(308) 236-5478 / (308) 382-2020	http://girlscoutsnebraska.org/	Girl Scouts Spirit of Nebraska started its journey on May 1, 2008 when five former Girl Scout councils across the state joined forces to become one. They are now the largest girl serving organization in Nebraska with more than 25,000 girl and adult members and a geographic region that spans nearly 77,300 square miles (counting water). They have seven service centers throughout the state, 14 membership areas, and own and operate six camp properties.

Community Resources - Great Plains

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Heartland Counseling & Consulting Clinic	North Platte	110 North Bailey Street	North Platte	NE	69101	(877) 269-2079	http://region2.ne.networkofcare.org/mh/services/agency.aspx?pid=HeartlandCounselingConsultingClinicNorthPlatteOffice_836_2_0	DHHS Region 2 Mental health and Substance Abuse services available include: 24-hour crisis phone (877) 269-2079. Crisis assessment/evaluation (LADC); crisis response teams; urgent assessment/evaluation; urgent outpatient therapy; emergency community support; community support; assessment/evaluation; psychological testing; outpatient therapy; outpatient therapy dual (SPMI & CD); medication management; Substance abuse services include: prevention services; regional prevention center; crisis assessment/evaluation (LADC); urgent assessment/evaluation; urgent outpatient therapy.
HUD Office (US Department of Housing and Urban Development)	North Platte	502 South Dewey Street	North Platte	NE	69103	(308) 534-5095	http://portal.hud.gov/hudportal/HUD?src=/states/nebraska/homeownership/buyinprgrms	HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes: utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination; and transform the way HUD does business
Lincoln County Senior Center	North Platte and Lincoln County	901 East 10th Street	North Platte	NE	69101	(308) 532-6544	http://www.mnca.net/seniorcenters.html	The North Platte Senior Center provides freedom, dignity, independence for the 60+ population of North Platte and Lincoln County. The Senior Center is the community focal point where older adults come together for services and activities such as, seminars on health issues, financial and legal help topics, bingo, dancing, table pool, shuffleboard, card clubs and blood pressure screening's Nutritious noon meals are served Monday thru Friday; Home delivered meals require a MD statement indicating person is home bound.
Nebraska Department of Health and Human Services	State of Nebraska	200 South Silber Street	North Platte	NE	69101	(308) 535-8200	http://dhhs.ne.gov/Pages/map_lincoln.aspx	The Division of Behavioral Health includes a central office in Lincoln and the three Regional Centers in Lincoln, Norfolk and Hastings, combining with local programs to provide public inpatient, outpatient, and emergency services and community mental health, and substance abuse. The Division of Children and Family Services is responsible for the state's child welfare, juvenile services, and economic assistance programs. Other Divisions include The Division of Developmental Disabilities (Beatrice State Developmental Center), The Division of Medicaid and Long-Term Care, and The Division of Veterans' Homes including the state Veterans' Homes located in Bellevue, Norfolk, Grand Island and Scottsbluff.
North Platte Public Transit System	North Platte	1520 North Jeffers	North Platte	NE	69101	(308) 535-8562	http://www.ci.north-platte.ne.us/transportation/door_to_door_service.asp	The North Platte Leisure Services Department sponsors the North Platte Public Transit System; buses transport passengers to and from any location within the city limits and are available to everyone. Service is provided on a demand-response basis.
Platte River Fitness Series	North Platte area	1300 McDonald Road	North Platte	NE	69101	MerrittTD@ci.north-platte.ne.us	http://platteriverfitness.com/	The Platte River Fitness Series (PRFS) is a fitness initiative representing several public/private partnerships between the North Platte Recreation Department and a variety of local businesses, civic organizations and communities. It was created to support, motivate and educate citizens about the benefits of a healthy, active lifestyle. The PRFS sponsors fitness events, and is dedicated to creating a culture of physical activity and healthy recreation, and to supporting strong, positive communities as the best places to work and live.

Community Resources - Great Plains

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Salvation Army Western Division	Nebraska, Wyoming, and Iowa (local office in North Platte)	1020 N. Adams Ave	North Platte	NE	69101	(308) 532-2038	https://www.usc.salvationarmy.org/usc/www.usc.western.nsf/	The Salvation Army has been supporting those in need without discrimination for 130 years in the United States. Nearly 30 million Americans receive assistance from The Salvation Army each year through the broadest array of social services that range from providing food for the hungry, relief for disaster victims, assistance for the disabled, outreach to the elderly and ill, clothing and shelter to the homeless and opportunities for underprivileged children.
The Connection Homeless Shelter	North Platte	414 E. 6th St.	North Platte	NE	69101	(308) 532-5050	http://www.theconnectionnp.com/	The Connection's mission is to provide the basic needs of the homeless and help each one move a step closer to home. They provide housing to about 325 clients a year. "Emergency" stays are for a few days or weeks and are designed to address urgent needs. "Transitional" stays are up to 2 years, for those who are willing to stay put long enough to build a foundation for a better future. Services include a warm, secure place to spend the night, a hearty breakfast and supper each day and proactive case management.
United Way - Mid-Plains	North Platte and surrounding communities	315 N Dewey St Ste 203B	North Platte	NE	69101	(308) 532-8870	http://northplatteunitedway.org/	United Way improves lives by mobilizing the caring power of communities around the world to advance the common good. In 2008, United Way initiated a 10-year program designed to achieve the following goals by 2018: Improve education, and cut the number of high school dropouts in half; Help people achieve financial stability, and get 1.9 million working families on the road to economic independence; Promote healthy lives, and increase by one-third the number of youth and adults who are healthy and avoid risky behaviors.
Voices 4 Families	West/Central Nebraska	417 N Dewey	North Platte	NE	69101	(308) 534-3304	http://www.v4f.us/	Voices 4 Families is a non-profit family support organization, serving families in West/Central Nebraska whose children are diagnosed with mental, behavioral and/or emotional disorders and/or substance abuse. They offer Peer-to-Peer support, and assist in navigating the system of behavioral health care and education, helping families connect with the resources in their community.
West Central Health Department	Lincoln, Logan and McPherson counties	111 North Dewey St.	North Platte	NE	69103	(308) 696-1201	http://www.wcdhd.org/home.html	The Health Dept's responsibility is the health and safety of the 37,590 residents of Lincoln, Logan and McPherson counties, giving particular attention to those who cannot otherwise afford services. Staff members are dedicated to educating and protecting the community by offering programs that promote environmental safety, healthy life choices, and wellness for children, disease surveillance, and more.
WIC Nebraska	State of Nebraska (local office in North Platte)	102 S Elm St	North Platte	NE	69101	(308) 534-1678	http://www.wicandfp.com/home_wic_proinfo.html	The Special Supplemental Nutrition Program for Women, Infant and Children, popularly known as WIC, is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. WIC provides nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children.
Women's Resource Center	North Platte	316 E. Front Street	North Platte	NE	69101	(308) 534-1440	http://www.pregnancynorthplatte.com/	Founded in 1989, the Women's Resource Center provides a variety of free services and programs to meet client needs. Services include: Free pregnancy tests; Free limited o.b. ultrasounds; Accurate information pregnancy, abortion and alternatives; Pregnancy & fetal development information; Referrals for housing, childbirth classes and future medical assistance; Referrals for ongoing prenatal care; Learn & Earn Incentive Program; Maternity and baby clothes available for clients; Prenatal and infant care education; Referrals to community resources and agencies; Post-Abortion Counseling. All services are free and confidential.

INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by CHC Consulting.
 - This assessment seeks to address the community’s health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics. Data from the Nebraska Department of Health and Human Services has only published the “Vital Statistics Reports” and death statistics through 2011 as of August 2013.
 - County level data was not available for many of the BRFSS indicators. In order to compensate, data at the health department region (West Central District Health Department) was compared to the state.
 - Data regarding communicable diseases was not available as a rate. This data is reported by the Nebraska Department of Health and Human Services as number of cases.

ABOUT COMMUNITY HOPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at www.communityhospitalcorp.com.
- Great Plains contracted with CHC Consulting to conduct its Community Health Needs Assessment and assist with its Implementation Plan, which included the following:
 - Description of the hospital’s mission, vision and values;
 - Analysis of service area demographics and community health status;
 - Input from persons with special expertise in public health and leaders or members of medically underserved, low-income or minority populations;
 - Listing of prioritized health needs of the community;
 - Listing of additional services available in the community to meet the identified needs;
 - An implementation strategy that describes how the hospital plans to meet the health need, or identifies the health need as one the hospital does not intend to meet and explains why.

APPENDIX

- SUMMARY OF DATA SOURCES
- PRIORITY BALLOT
- DEMOGRAPHIC DATA FINDINGS
- HEALTH DATA FINDINGS
- INTERVIEW BIOGRAPHIES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from Truven Health Market Expert.
- The Annie E. Casey Foundation is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; <http://datacenter.kidscount.org/>
- Poverty percentages in this report come from the U.S. Census Bureau, Small Area Estimates Branch; <http://www.census.gov/did/www/saie/data/interactive/#>
- The United States Bureau of Labor Statistics, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>

- **Health Data**

- The County Health Rankings are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; <http://www.countyhealthrankings.org/>
- The Nebraska Department of Health and Human Services publishes “Vital Statistics Reports” annually, providing birth and death data at the state and county level. The reports list causes of death at the county and state level, and causes are classified according to the ICD-10 system, by year, county, race/ethnicity, gender and age group. Note that all death rates are age adjusted to the 2000 standard per 100,000 population; http://dhhs.ne.gov/publichealth/pages/ced_vs.aspx

Summary of Data Sources

- **Health Data Continued**

- This study utilizes county and state level data provided by the Nebraska Behavioral Risk Factor Surveillance System (BRFSS). This data, collected by a federally funded monthly telephone survey of randomly selected adults, is also available at the region, metropolitan statistical area and state level through an online query system that allows users to select a variety of health behaviors, or conditions by year (2002 – 2010). The query also provides data by gender, race/ethnicity, age, education level, and income; <http://public-dhhs.ne.gov/brfss/>
- The United States Census Bureau’s Small Area Health Insurance Estimates provide insured and uninsured rates by county up to the year 2011; <http://www.census.gov/did/www/sahie/data/interactive/>

- **Previous Studies**

- CHC Consulting conducted surveys of three different groups (Community, Employee and Physician) to obtain feedback on different aspects of Great Plains including: the scope of services, adequacy of physicians (community only) and hospital improvements. Surveys were distributed in June and July 2012 via email.
- Published in September 2011, Mobilizing for Action through Partnerships and Planning (MAPP) Report sought to engage community stakeholders in the West Central District Health Department (WCDHD) Region to strengthen efforts in key areas that contribute to resident quality of life especially public health.

- **Phone Interviews**

- CHC Consulting conducted interviews on behalf Great Plains June 25, 2013 to July 9, 2013.
- Conducted by Courtney Cross, Planning Analyst Intern
- Interview summary composed by Katie Smith, Research Analyst

PRIORITY BALLOT

Great Plains Community Health Needs Assessment Prioritization Ballot

- Please review the primary criteria we will use to identify the top community health priorities for Great Plains
- Then cast 3 votes for each priority

1. Size and Prevalence of the Issue
<ul style="list-style-type: none"> a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the State? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
<ul style="list-style-type: none"> a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. Great Plains Capacity
<ul style="list-style-type: none"> a. Are people at Great Plains likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Using the criteria listed above, please indicate how important you believe this priority is for the communities we serve, with #5 indicating the highest importance and #1 indicating the lowest importance. To cast your votes, just fill in one circle in every row.

Prevention, education and services to address high mortality rates, chronic conditions and unhealthy lifestyles					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Great Plains Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Teen pregnancy: need for increased education of the importance of prenatal care and increased awareness of available health care resources in the community					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Great Plains Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Need for primary care services and providers, including nursing staff					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Great Plains Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Need for additional local specialty care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Great Plains Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Need for affordable primary care services for the low-income and uninsured populations					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Great Plains Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

DEMOGRAPHIC DATA FINDINGS

Overall Population Growth

Overall Population Growth					
Geographic Location	CY 2010	CY 2013	CY 2018	2013-2018 Change	2013-2018 % Change
Lincoln County	35,988	35,658	35,466	-192	-0.5%
Nebraska	1,826,343	1,861,343	1,920,967	59,624	3.2%

Source: Truven Health's Market Expert

Data Accessed July 25, 2013

Population by Race/Ethnicity

Lincoln County					
Race/Ethnicity	2010	2013	2018	2013-2018	
				Change	%
White Non-Hispanic	32,450	31,960	31,548	-412	-1.3%
Black	237	243	256	13	5.3%
Hispanic	2,592	2,707	2,861	154	5.7%
Asian	197	210	223	13	6.2%
American Indian	163	165	170	5	3.0%
Other	349	373	408	35	9.4%
Total	35,988	35,658	35,466	-192	-0.5%
Nebraska					
Race/Ethnicity	2010	2013	2018	2013-2018	
				Change	%
White Non-Hispanic	1,499,760	1,504,876	1,518,512	13,636	0.9%
Black	80,967	84,356	89,434	5,078	6.0%
Hispanic	167,388	187,356	218,273	30,917	16.5%
Asian	32,875	35,632	39,622	3,990	11.2%
American Indian	14,794	15,286	16,128	842	5.5%
Other	30,559	33,837	38,998	5,161	15.3%
Total	1,826,343	1,861,343	1,920,967	59,624	3.2%

Source: Truven Health's Market Expert

Data Accessed July 25, 2013

Population by Age

Lincoln County						
Age Cohort	2013	% of Total	2018	% of Total	2013-2018	
					Change	%
0-14	7,508	21.1%	7,617	21.5%	109	1.5%
15-17	1,468	4.1%	1,475	4.2%	7	0.5%
18-24	3,014	8.5%	3,195	9.0%	181	6.0%
25-34	4,100	11.5%	3,865	10.9%	-235	-5.7%
35-54	8,823	24.7%	8,155	23.0%	-668	-7.6%
55-64	4,890	13.7%	4,728	13.3%	-162	-3.3%
65+	5,855	16.4%	6,431	18.1%	576	9.8%
Total	35,658	100.0%	35,466	100.0%	-192	-0.5%

Nebraska						
Age Cohort	2013	% of Total	2018	% of Total	2013-2018	
					Change	%
0-14	393,388	21.1%	412,000	21.4%	18,612	4.7%
15-17	76,923	4.1%	79,717	4.1%	2,794	3.6%
18-24	185,704	10.0%	185,845	9.7%	141	0.1%
25-34	243,564	13.1%	241,045	12.5%	-2,519	-1.0%
35-54	470,380	25.3%	459,269	23.9%	-11,111	-2.4%
55-64	227,338	12.2%	241,831	12.6%	14,493	6.4%
65+	264,046	14.2%	301,260	15.7%	37,214	14.1%
Total	1,861,343	100.0%	1,920,967	100.0%	59624	3.2%

Source: Truven Health's Market Expert

Data Accessed July 25, 2013

Median Age

Geographic Location	Median Age		
	2010	2013	2018
Lincoln County	41.5	41.7	40.8
Nebraska	42.9	43.3	43.4

Source: Truven Health's Market Expert

Data Accessed July 25, 2013

Median Household Income

Geographic Location	Median Household Income		2013-2018 Change
	2013	2018	%
Lincoln County	\$52,095	\$54,352	4.3%
Nebraska	\$47,400	\$50,317	6.2%

Source: Truven Health's Market Expert

Data Accessed July 25, 2013

Income and Education Analysis

Poverty and Income Analysis				
Location	Year	% in Poverty (All Ages)	% of Children (Under 18) in Poverty	Median Household Income
Lincoln County	2008	9.6	14.2%	\$ 48,080
	2009	11.2	15.5%	\$ 45,183
	2010	12.3	17.8%	\$ 46,616
	2011	12.8	18.9%	\$ 49,139
Nebraska	2008	10.8	13.7%	\$ 49,731
	2009	12.2%	15.3%	\$ 47,470
	2010	12.6%	17.3%	\$ 48,415
	2011	12.9%	17.6%	\$ 50,281

Source: U.S. Census Bureau, Small Area Estimates Branch;

<http://www.census.gov/did/www/saie/data/statecounty/data/2009.html>

Data accessed August 8, 2013

Economic Analysis

Economic Analysis 2013					
Geographic Location	Average Income	Median Income	Families Below Poverty	Household Income \$100K+	Education Bachelor / Advanced
Lincoln County	\$64,198	\$52,095	7.3%	15.3%	18.9%
Nebraska	\$58,936	\$47,400	8.3%	16.0%	28.2%

Source: Truven Health's Market Expert

Data Accessed July 25, 2013

Uninsured

Uninsured and Insured Residents Under 65 Years of Age						
Location	Year	Demographic Group: Number	Uninsured: Number	Uninsured: %	Insured: Number	Insured: %
Lincoln County	2007	30,444	3,852	12.7	26,591	87.3
	2008	29,888	3,486	11.7	26,402	88.3
	2009	29,684	3,701	12.5	25,982	87.5
	2010	30,075	3,290	10.9	2,798	85.4
	2011	30,036	3,491	11.6	26,545	88.4
Nebraska	2007	1,528,816	209,111	13.7	1,319,705	86.3
	2008	1,504,632	184,040	12.2	1,320,593	87.8
	2009	1,516,460	202,234	13.3	1,314,136	86.7
	2010	1,539,600	206,100	13.4	1,333,500	86.6
	2011	1,550,153	205,574	13.3	1,344,579	86.7

Source: United States Census Bureau, Small Area Health Insurance Estimates

Date Accessed: September 5, 2013

Unemployment

Annual Average Unemployment Rates (%)					
	2008	2009	2010	2011	2012
Lincoln County	2.9%	4.0%	4.0%	3.9%	3.4%
Nebraska	3.3%	4.7%	4.7%	4.4%	3.9%
United States	5.8%	9.3%	9.6%	8.9%	8.1%

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; <http://www.bls.gov/lau/#tables>

Note: Rates shown are a percentage of the labor force

Data Accessed July 25, 2013

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

Poverty Thresholds for 2011 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Weighted average thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual).....	11,484									
Under 65 years.....	11,702	11,702								
65 years and over.....	10,788	10,788								
Two people.....	14,657									
Householder under 65 years.....	15,139	15,063	15,504							
Householder 65 years and over.....	13,609	13,596	15,446							
Three people.....	17,916	17,595	18,106	18,123						
Four people.....	23,021	23,201	23,581	22,811	22,891					
Five people.....	27,251	27,979	28,386	27,517	26,844	26,434				
Six people.....	30,847	32,181	32,309	31,643	31,005	30,056	29,494			
Seven people.....	35,085	37,029	37,260	36,463	35,907	34,872	33,665	32,340		
Eight people.....	39,064	41,414	41,779	41,027	40,368	39,433	38,247	37,011	36,697	
Nine people or more.....	46,572	49,818	50,059	49,393	48,835	47,917	46,654	45,512	45,229	43,487

Source: U.S. Census Bureau; <http://www.census.gov/hhes/www/poverty/methods/definitions.html#poverty thresholds>

Percentage Of Students Eligible For Free/Reduced Meals					
Location	2007	2008	2009	2010	2011
Lincoln County	29.0%	32.0%	32.0%	32.0%	38.0%
Nebraska	36.0%	36.0%	38.0%	41.0%	43.0%

Source: datacenter.kidscount.org (utilizing data from the Nebraska Department of Education)

Definitions: Percentage of Students Eligible for Free and Reduced Price Meals.

*We started reporting this indicator in 2007. Data for previous years is not available.

For counties with multiple school districts, district percentages were averaged to create a county average. Only includes public schools. Percentages by school district and school building are available on the Nebraska Department of Education's website.

Juvenile Violent Crime (Rate per 100,000 children ages 10-17)					
Location	2006	2007	2008	2009	2011
Lincoln County	570	368	103	366	335
Nebraska	16,136	15,649	15,700	15,109	15,109

Source: datacenter.kidscount.org (utilizing data from the Nebraska Crime Commission)

Definitions: Number of Juvenile Arrests.

HEALTH DATA FINDINGS

2013 County Health Rankings	Nebraska	Lincoln County
Health Outcomes		66
Mortality		42
Premature death	5,904	6,627
Morbidity		78
Poor or fair health	12%	15%
Poor physical health days	2.9	3.6
Poor mental health days	2.7	3.2
Low birthweight	7.1%	8.4%
Health Factors		62
Health Behaviors		56
Adult smoking	18%	19%
Adult obesity	29%	32%
Physical inactivity	25%	28%
Excessive drinking	19%	17%
Motor vehicle crash death rate	14	12
Sexually transmitted infections	280	124
Teen birth rate	34	38
Clinical Care		37
Uninsured	13%	11%
Primary care physicians	1,413:1	1,727:1
Dentists	1,671:1	2,050:1
Preventable hospital stays	65	78
Diabetic screening	85%	85%
Mammography screening	65%	58%
Social & Economic Factors		59
High school graduation	88%	81%
Some college	69%	68%
Unemployment	4.4%	3.9%
Children in poverty	18%	19%
Inadequate social support	17%	20%
Children in single-parent households	27%	29%
Violent crime rate	291	171
Physical Environment		57
Daily fine particulate matter	9.4	9.4
Drinking water safety	11%	90%
Access to recreational facilities	12	14
Limited access to healthy foods	7%	7%
Fast food restaurants	48%	48%

Source: The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (www.countyhealthrankings.org)

Data accessed July 30, 2013

Health Outcomes				
Focus Area	Measure	Weight	Source	Year(s)
Mortality (50%)	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	National Center for Health Statistics	2008-2010
Morbidity (50%)	Poor or fair health (percent of adults reporting fair or poor health)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight (percent of live births with weight < 2500 grams)	20%	National Center for Health Statistics	2004-2010

Health Behaviors (30%)				
Focus Area	Measure	Weight	Source	Year(s)
Tobacco use (10%)	Adult smoking (percent of adults that smoke)	10%	Behavioral Risk Factor Surveillance System	2005-2011
Diet and exercise (10%)	Adult obesity (percent of adults that report a BMI >= 30)	7.5%	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
	Physical inactivity (percent of adults that report no leisure time physical activity)	2.5%	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
Alcohol use (5%)	Excessive drinking (percent of adults who report heavy or binge drinking)	2.5%	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash deaths per 100,000 population	2.5%	National Center for Health Statistics	2004-2010
Sexual activity (5%)	Sexually transmitted infections (chlamydia rate per 100,000 population)	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2010
	Teen birth rate (per 1,000 females ages 15-19)	2.5%	National Center for Health Statistics	2004-2010

Clinical Care (20%)				
Focus Area	Measure	Weight	Source	Year(s)
Access to care (10%)	Uninsured (percent of population < age 65 without health insurance)	5%	Small Area Health Insurance Estimates	2010
	Ratio of population to primary care physicians	3%	HRSA Area Resource File	2011-2012
	Ratio of population to dentists	2%	HRSA Area Resource File	2011-2012
Quality of care (10%)	Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%	Dartmouth Atlas of Health Care	2010
	Diabetic screening (percent of diabetics that receive HbA1c screening)	2.5%	Dartmouth Atlas of Health Care	2010
	Mammography screening (percent of females that receive screening)	2.5%	Dartmouth Atlas of Health Care	2010

Social and Economic Environment (40%)				
Focus Area	Measure	Weight	Source	Year(s)
Education (10%)	High school graduation (percent of ninth grade cohort that graduates in 4 years)	5%	State sources and the National Center for Education Statistics	Varies by state
	Some college (Percent of adults aged 25-44 years with some post-secondary education)	5%	American Community Survey, 5-year estimates	2007-2011
Employment (10%)	Unemployment rate (percent of population age 16+ unemployed)	10%	Bureau of Labor Statistics	2011
Income (10%)	Children in poverty (percent of children under age 18 in poverty)	10%	Small Area Income and Poverty Estimates	2011
Family and social support (5%)	Inadequate social support (percent of adults without social/emotional support)	2.5%	Behavioral Risk Factor Surveillance System	2005-2010
	Percent of children that live in single-parent household	2.5%	American Community Survey, 5-year estimates	2007-2011
Community safety (5%)	Violent crime rate per 100,000 population	5%	Uniform Crime Reporting, Federal Bureau of Investigation <i>State data sources for Illinois</i>	2008-2010

Physical Environment (10%)				
Focus Area	Measure	Weight	Source	Year(s)
Environmental quality (4%)	Daily fine particulate matter (average daily measure in micrograms per cubic meter)	2%	CDC WONDER Environmental data <i>Data not available for Alaska and Hawaii</i>	2008
	Drinking water safety (percent of population exposed to water exceeding a violation limit in the past year)	2%	Safe Drinking Water Information System	FY 2012
Built environment (6%)	Access to recreational facilities (rate per 100,000 population)	2%	County Business Patterns	2010
	Limited access to health foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)	2%	USDA Food Environment Atlas	2012
	Fast food restaurants (percent of all restaurants that are fast food)	2%	County Business Patterns	2010

ICD-10 Death Statistics; Sorted by 2011 Age-Adjusted Mortality Rate (per 100,000)

ICD-10 Death Statistics; Sorted by 2011 Age-Adjusted Mortality Rate (per 100,000); Only Top 10 Causes of Death Shown							
Location	Cause of Death	2009		2010		2011	
		Number	Rate	Number	Rate	Number	Rate
Lincoln County	Cancer (C00-C97)	80	182.7	71	155.0	91	192.7
	Heart Disease (all forms) (I00-I09, I11, I13, I20-I51)	100	209.3	79	173.4	93	188.9
	Chronic Lung Disease (J44, J47)	19	39.9	11	23.3	18	39
	Accidental Deaths (V01-X59, Y85-Y86)	9	23.5	14	34.0	12	29.7
	Diabetes Mellitus (E10-E14)	16	36.0	16	32.1	12	28.2
	Cerebrovascular Diseases (I60-I69)	18	37.1	7	14.1	12	23.8
	Alzheimer's Disease (G30)	12	24.0	15	30.0	10	19.3
	Pneumonia (J12-J18)	9	18.5	6	11.9	6	12.1
	Essential Hypertension and Hypertensive Renal Disease (I10, I12)	8	15.3	-	-	5	9.8
	Nephritis and Nephrosis (N00-N07, N17-N19, N25-N27)	5	10.6	6	12.8	2	4.5
All causes (including causes not listed above)	351	759.8	320	696.5	345	737	
Nebraska	Cancer (C00-C97)	3,336	167.7	3,437	165	3,403	163.7
	Heart Disease (all forms) (I00-I09, I11, I13, I20-I51)	3,278	154	3,344	153.6	3,267	146.9
	Chronic Lung Disease (J44, J47)	881	43.6	903	43.8	981	46.4
	Cerebrovascular Diseases (I60-I69)	857	40.3	877	40.5	816	37.2
	Accidental Deaths (V01-X59, Y85-Y86)	681	35.7	696	35.5	675	33.6
	Alzheimer's Disease (G30)	571	25.4	565	24.9	597	26
	Diabetes Mellitus (E10-E14)	444	21.2	450	21.3	459	21.7
	Pneumonia (J12-J18)	245	11.2	264	11.8	304	13.3
	Nephritis and Nephrosis (N00-N07, N17-N19, N25-N27)	258	12.2	290	13.4	218	9.9
	All causes (including causes not listed above)	14,803	693.5	15,171	707.3	15,473	719.6

Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

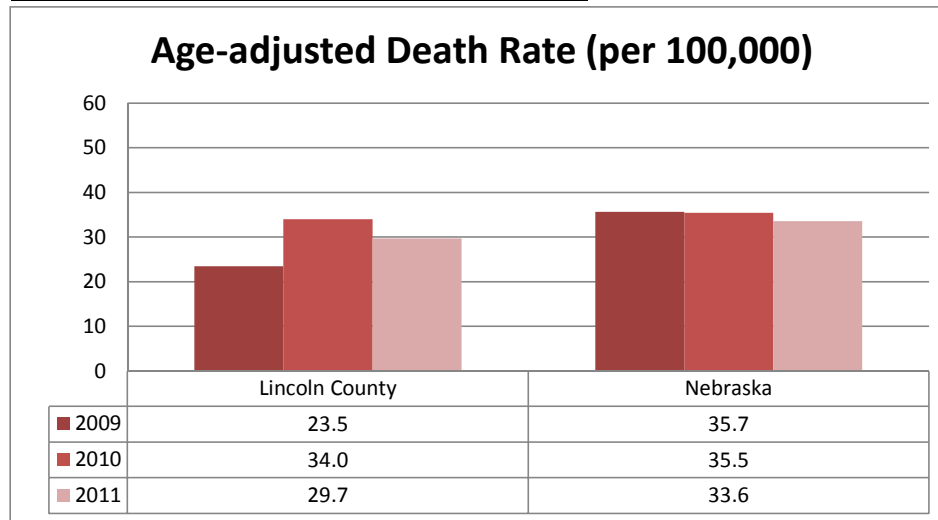
* Per 100,000 estimated population. Population estimates are calculated by the U.S. Department of Commerce, Bureau of the Census.

**County level data only provided for the top ten causes of death.

NOTE: Rates based on small numbers may not be reliable.

Cause codes listed are from the Tenth Revision of the International Classification of Diseases (ICD-10).

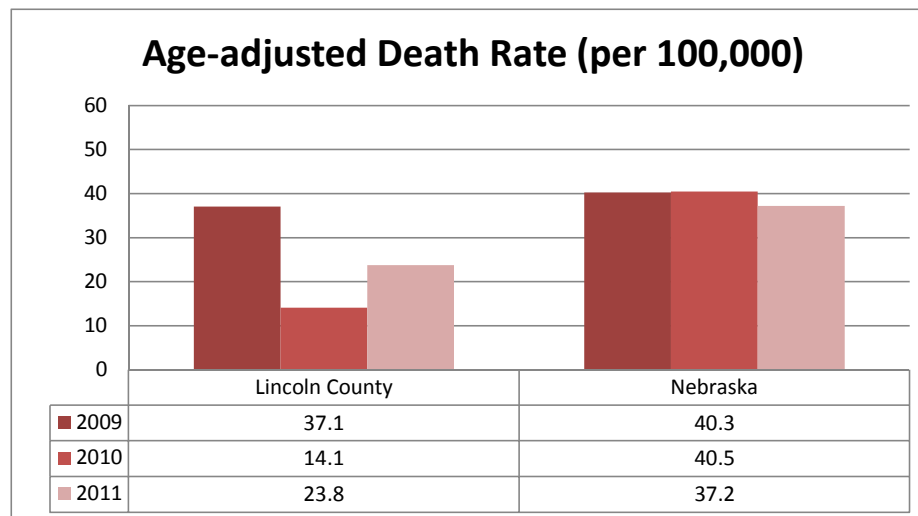
Accidental Deaths (V01-X59, Y85-Y86)



Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Number of Deaths			
Location	2009	2010	2011
Lincoln County	9	14	12
Nebraska	681	696	675

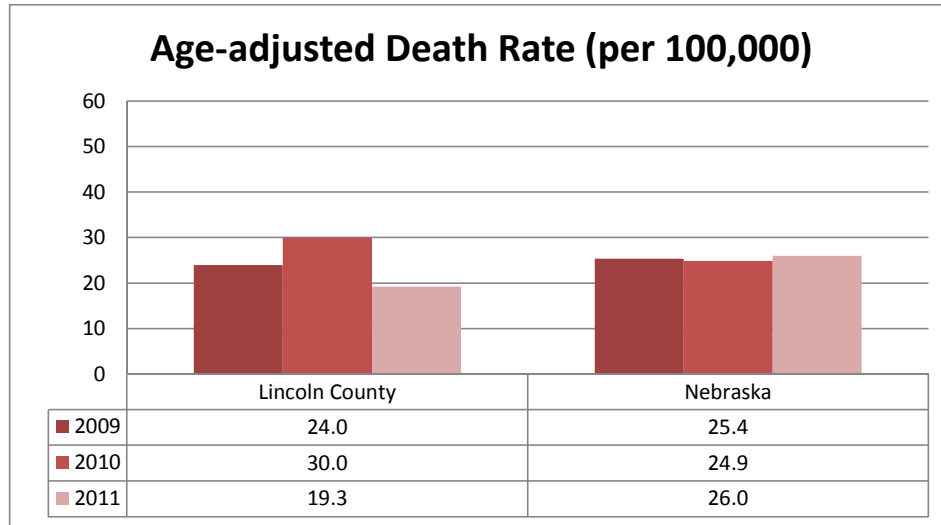
Cerebrovascular Diseases (I60-I69)



Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Number of Deaths			
Location	2009	2010	2011
Lincoln County	18	7	12
Nebraska	857	877	816

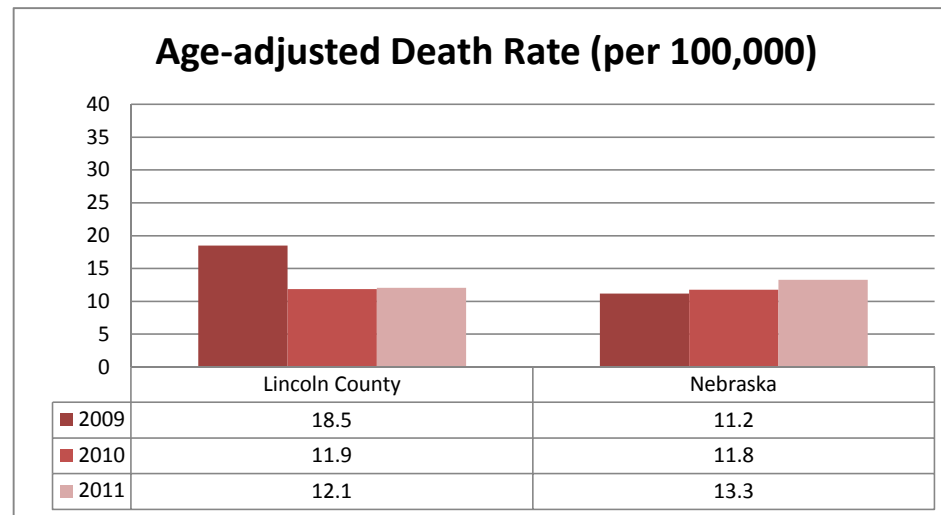
Alzheimer's Disease (G30)



Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Number of Deaths			
Location	2009	2010	2011
Lincoln County	12	15	10
Nebraska	571	565	597

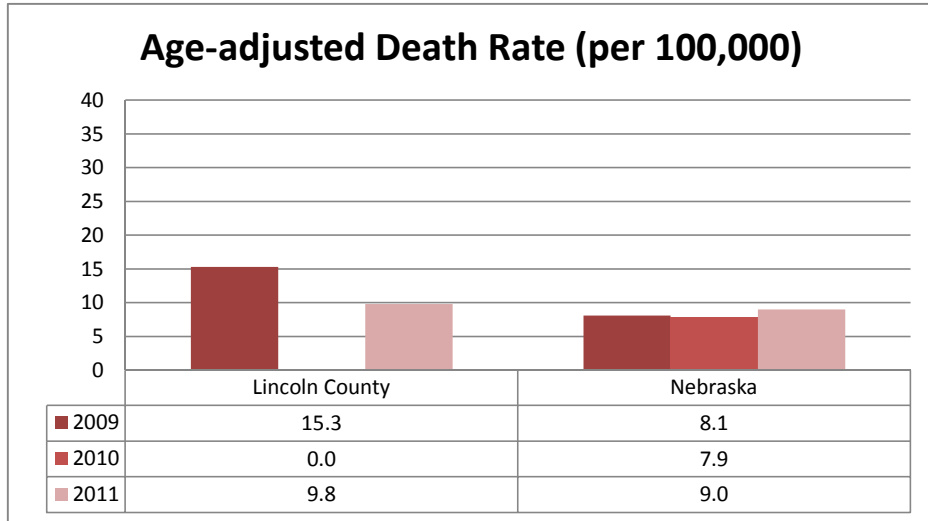
Pneumonia (J12-J18)



Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Number of Deaths			
Location	2009	2010	2011
Lincoln County	9	6	6
Nebraska	245	264	304

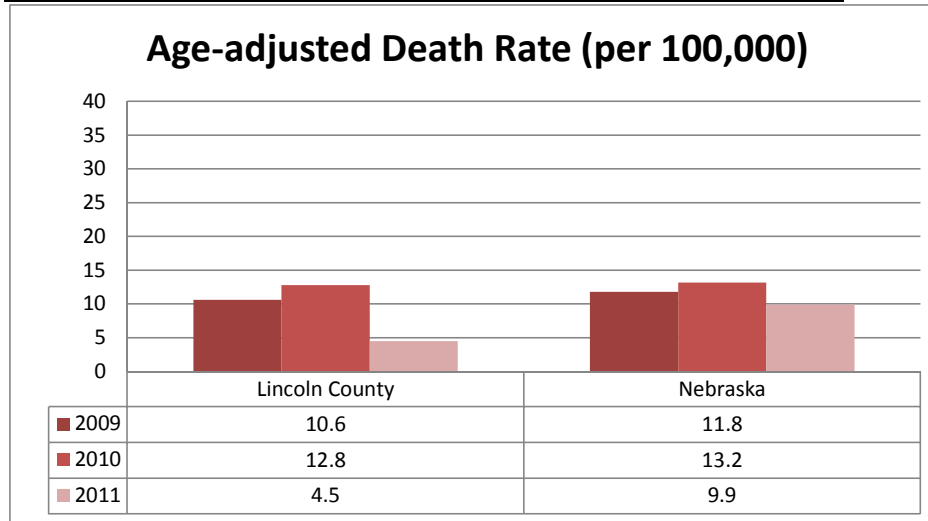
Essential Hypertension and Hypertensive Renal Disease (I10, I12)



Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

*County level data for this indicator was not reported for 2010

Nephritis and Nephrosis (N00-N07, N17-N19, N25-N27)



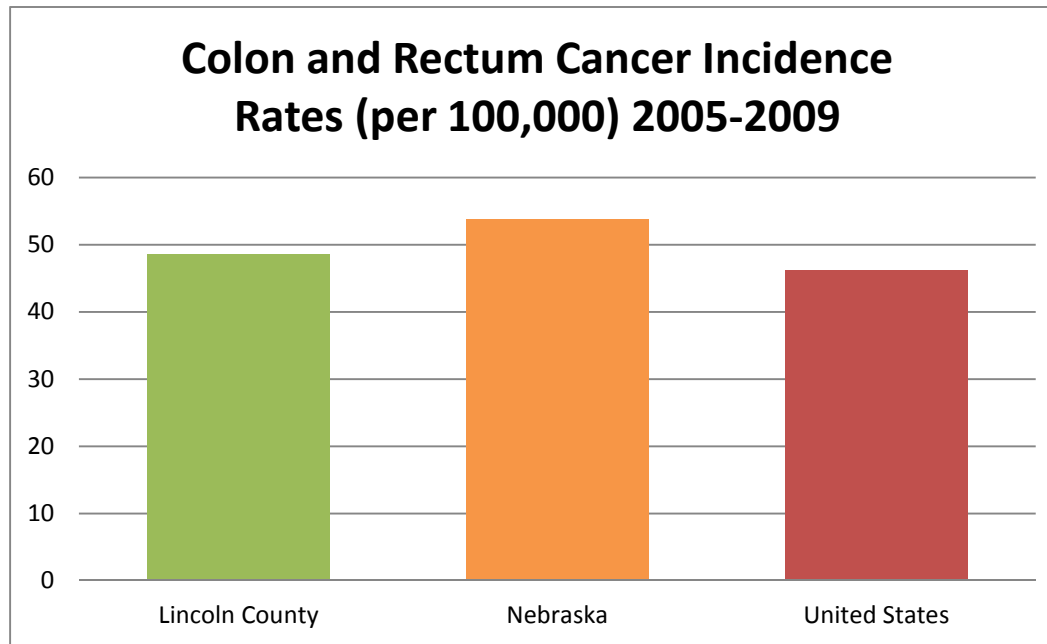
Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011; Accessed August 5, 2013

Number of Deaths			
Location	2009	2010	2011
Lincoln County	8	-	5
Nebraska	183	176	206

Number of Deaths			
Location	2009	2010	2011
Lincoln County	5	6	2
Nebraska	258	290	218

Cancer Incidence Rates by Cancer Type (Age adjusted per 100,000) 2005-2009

Colon and Rectum Cancer



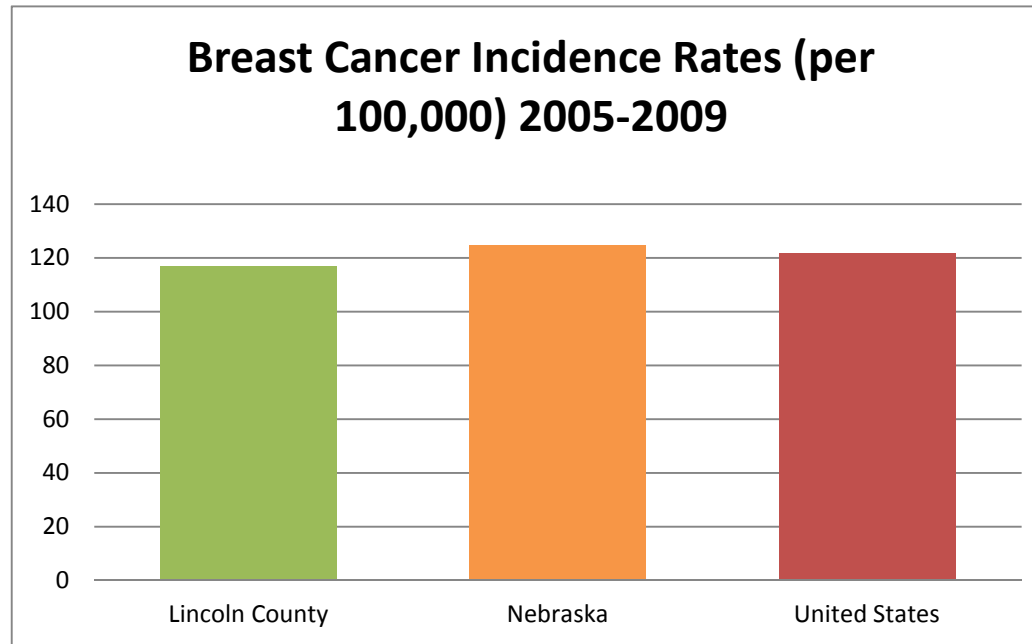
Location	Incidence Rate	Age-adjusted Death Rate
Lincoln County	48.6	16.8
Nebraska	53.8	18.3
United States	46.2	16.7

Source: Nebraska Cancer Registry; Cancer Incidence and Mortality and Nebraska: 2009

Note: All rates are per 100,000 population per year. Rates are age-adjusted to the 2000 U.S. Standard Population.

Data accessed August 7, 2013. Cancer Incidence File, June 2012.

Female Breast Cancer



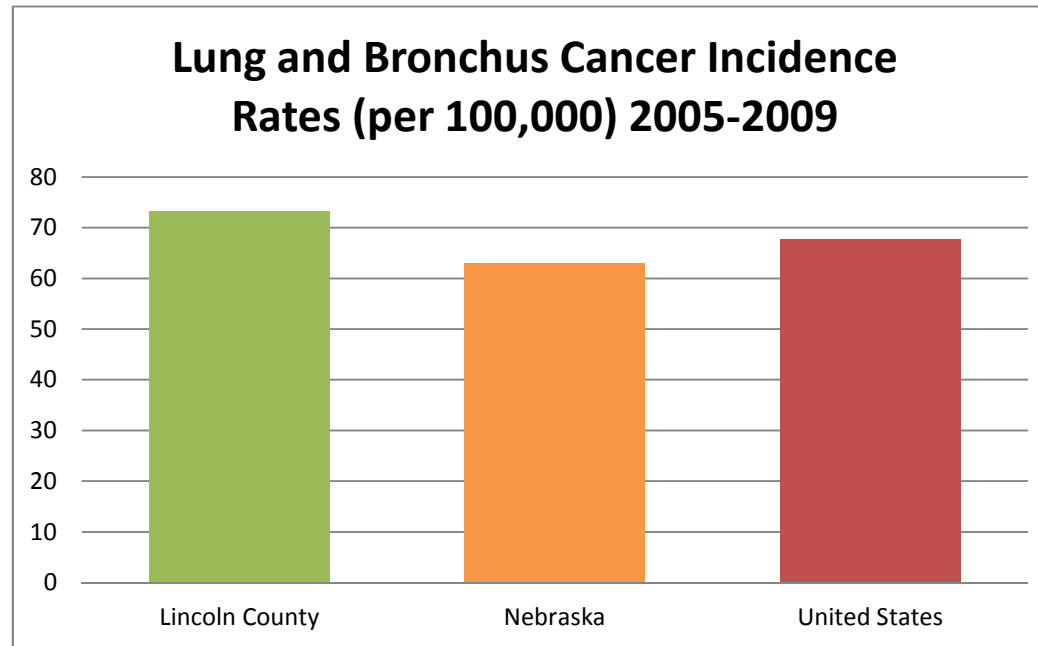
Location	Incidence Rate	Age-adjusted Death Rate
Lincoln County	117.1	25.4
Nebraska	124.7	21.1
United States	121.9	23.0

Source: Nebraska Cancer Registry; Cancer Incidence and Mortality and Nebraska: 2009

Note: All rates are per 100,000 population per year. Rates are age-adjusted to the 2000 U.S. Standard Population.

Data accessed August 7, 2013. Cancer Incidence File, June 2012.

Lung and Bronchus Cancer



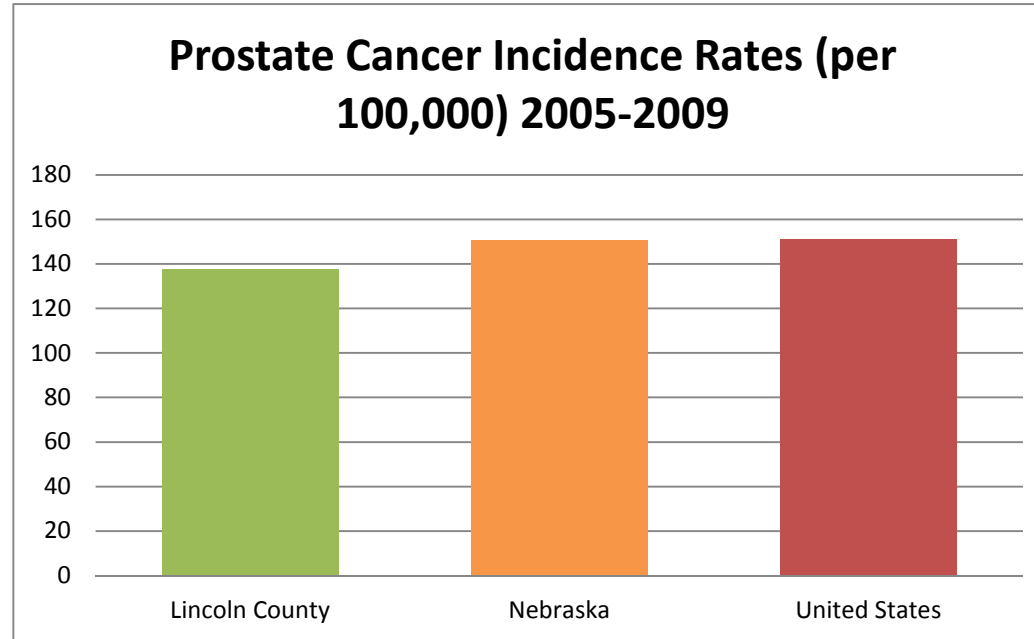
Location	Incidence Rate	Age-adjusted Death Rate
Lincoln County	73.3	48.7
Nebraska	63.1	47.3
United States	67.7	50.6

Source: Nebraska Cancer Registry; Cancer Incidence and Mortality and Nebraska: 2009

Note: All rates are per 100,000 population per year. Rates are age-adjusted to the 2000 U.S. Standard Population.

Data accessed August 7, 2013. Cancer Incidence File, June 2012.

Prostate Cancer



Location	Incidence Rate	Age-adjusted Death Rate
Lincoln County	137.8	22.6
Nebraska	151.0	24.7
United States	151.4	23.6

Source: Nebraska Cancer Registry; Cancer Incidence and Mortality and Nebraska: 2009

Note: All rates are per 100,000 population per year. Rates are age-adjusted to the 2000 U.S. Standard Population.

Data accessed August 7, 2013. Cancer Incidence File, June 2012.

Behavioral Risk Factor Web Query System

Nebraska - 2007,2008,2009,2010 Binge Drinking Calculated Variable

	No	Yes
%	81.4	18.6
CI	(80.7% - 82.2%)	(17.8% - 19.3%)
n	51043	7429

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Ever Diagnosed with Angina or Coronary Heart Disease

	Yes	No
%	3.9	96.1
CI	(3.7% - 4.1%)	(95.9% - 96.3%)
n	3655	55217

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Ever Diagnosed with Heart Attack

	Yes	No
%	3.8	96.2
CI	(3.6% - 4.0%)	(96.0% - 96.4%)
n	3751	55483

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

Nebraska - 2007,2008,2009,2010 Ever Diagnosed with a Stroke

	Yes	No
%	2.3	97.7
CI	(2.2% - 2.5%)	(97.5% - 97.8%)
n	2249	57181

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Overweight or obese calculated variable

	No	Yes
%	35.4	64.6
CI	(34.5% - 36.2%)	(63.8% - 65.5%)
n	18526	38934

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Current Smoking Calculated Variable

	No	Yes
%	81.9	18.1
CI	(81.2% - 82.7%)	(17.3% - 18.8%)
n	50461	8939

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

Nebraska - 2007,2008,2009,2010 Computed Smoking Status

	Current smoker - now smokes every day	Current smoker - now smokes some days	Former smoker	Never smoked
%	13.3	4.7	24.7	57.3
CI	(12.7% - 14.0%)	(4.3% - 5.1%)	(24.0% - 25.4%)	(56.4% - 58.1%)
n	6698	2241	16209	34252

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Lifetime Asthma Calculated Variable

	No	Yes
%	88.6	11.4
CI	(88.1% - 89.2%)	(10.8% - 11.9%)
n	53446	5946

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Ever Had Sigmoidoscopy/Colonoscopy

	Yes	No
%	59.1	40.9
CI	(58.2% - 60.0%)	(40.0% - 41.8%)
n	17923	13731

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

Nebraska - 2007,2008,2009,2010 How often get emotional support needed

	Always	Usually	Sometimes	Rarely	Never
%	49	33.7	10.6	3	3.8
CI	(48.1% - 49.8%)	(32.8% - 34.5%)	(10.1% - 11.1%)	(2.7% - 3.3%)	(3.4% - 4.1%)
n	27023	18327	6451	2023	2948

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Satisfaction with life

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
%	45.5	50.5	3.3	0.7
CI	(44.7% - 46.4%)	(49.6% - 51.4%)	(3.0% - 3.6%)	(0.5% - 0.8%)
n	24756	30184	1935	398

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Could Not See Doctor Because of Cost

	Yes	No
%	10.6	89.4
CI	(10.0% - 11.2%)	(88.8% - 90.0%)
n	5376	54078

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

Nebraska - 2007,2008,2009,2010 Computed body mass index categories

	Neither overweight or obese	Overweight	Obese
%	35.4	37.3	27.3
CI	(34.5% - 36.2%)	(36.5% - 38.2%)	(26.6% - 28.1%)
n	18526	21994	16940

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2008,2009,2010 Ever Told You Had Prostate Cancer

	Yes	No
%	4.4	95.6
CI	(3.9% - 4.9%)	(95.1% - 96.1%)
n	746	11094

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2008,2009,2010 Ever Had PSA Test

	Yes	No
%	63.8	36.2
CI	(62.2% - 65.4%)	(34.6% - 37.8%)
n	7975	3545

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

Nebraska - 2010 Have You Ever Had a Mammogram

	Yes	No
%	63.9	36.1
CI	(61.4% - 66.4%)	(33.6% - 38.6%)
n	7976	1878

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 General Health

	Excellent	Very good	Good	Fair	Poor
%	20	36.6	31.1	9.3	2.9
CI	(19.2% - 20.7%)	(35.8% - 37.5%)	(30.3% - 31.9%)	(8.9% - 9.8%)	(2.7% - 3.1%)
n	9679	20094	19468	7449	2758

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Nebraska - 2007,2008,2009,2010 Ever Told by Doctor You Have Diabetes

	Yes	Yes, but female told only during pregnancy	No	No, pre-diabetes or borderline diabetes
%	7.5	0.8	90.7	1.1
CI	(7.2% - 7.8%)	(0.6% - 0.9%)	(90.3% - 91.1%)	(0.9% - 1.2%)
n	6454	388	51832	855

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

West Central District Health Department - 2007,2008,2009,2010 Binge Drinking Calculated Variable

	No	Yes
%	82.5	17.5
CI	(80.1% - 85.0%)	(15.0% - 19.9%)
n	2467	323

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Ever Diagnosed with Angina or Coronary Heart Disease

	Yes	No
%	4.8	95.2
CI	(4.0% - 5.6%)	(94.4% - 96.0%)
n	198	2594

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Ever Diagnosed with Heart Attack

	Yes	No
%	5.3	94.7
CI	(4.5% - 6.1%)	(93.9% - 95.5%)
n	230	2591

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

West Central District Health Department - 2007,2008,2009,2010 Ever Diagnosed with a Stroke

	Yes	No
%	2.8	97.2
CI	(2.2% - 3.5%)	(96.5% - 97.8%)
n	118	2711

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Overweight or obese calculated variable

	No	Yes
%	31.8	68.2
CI	(29.4% - 34.3%)	(65.7% - 70.6%)
n	881	1879

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Current Smoking Calculated Variable

	No	Yes
%	82.3	17.7
CI	(80.3% - 84.2%)	(15.8% - 19.7%)
n	2345	493

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)
Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

West Central District Health Department - 2007,2008,2009,2010 Computed Smoking Status

	Current smoker - now smokes every day	Current smoker - now smokes some days	Former smoker	Never smoked
%	13.4	4.4	26.7	55.6
CI	(11.6% - 15.1%)	(3.3% - 5.4%)	(24.4% - 28.9%)	(53.0% - 58.1%)
n	369	124	840	1505

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Lifetime Asthma Calculated Variable

	No	Yes
%	87	13
CI	(85.2% - 88.8%)	(11.2% - 14.8%)
n	2494	334

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Ever Had Sigmoidoscopy/Colonoscopy

	Yes	No
%	57.5	42.5
CI	(54.7% - 60.4%)	(39.6% - 45.3%)
n	942	628

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

West Central District Health Department - 2007,2008,2009,2010 How often get emotional support needed

	Always	Usually	Sometimes	Rarely	Never
%	49.7	32.1	10.9	3	4.3
CI	(47.1% - 52.2%)	(29.7% - 34.5%)	(9.3% - 12.5%)	(2.3% - 3.7%)	(3.4% - 5.3%)
n	1327	836	318	103	134

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Satisfaction with life

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
%	46.3	50	3.2	0.4
CI	(43.7% - 49.0%)	(47.4% - 52.6%)	(2.5% - 4.0%)	(0.2% - 0.7%)
n	1180	1443	94	19

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Could Not See Doctor Because of Cost

	Yes	No
%	9.9	90.1
CI	(8.3% - 11.5%)	(88.5% - 91.7%)
n	256	2580

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

West Central District Health Department - 2007,2008,2009,2010 Ever Told You Had Prostate Cancer

	Yes	No
%	4.1	95.9
CI	(2.6% - 5.6%)	(94.4% - 97.4%)
n	32	536

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Ever Had PSA Test

	Yes	No
%	64.8	35.2
CI	(60.0% - 69.5%)	(30.5% - 40.0%)
n	390	165

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2010 Have You Ever Had a Mammogram

	Yes	No
%	70.6	29.4
CI	(64.3% - 76.8%)	(23.2% - 35.7%)
n	389	90

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Behavioral Risk Factor Web Query System

West Central District Health Department - 2007,2008,2009,2010 General Health

	Excellent	Very good	Good	Fair	Poor
%	19	34	31.9	10.9	4.3
CI	(16.8% - 21.1%)	(31.5% - 36.4%)	(29.6% - 34.2%)	(9.5% - 12.3%)	(3.5% - 5.1%)
n	426	925	924	396	164

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

West Central District Health Department - 2007,2008,2009,2010 Ever Told by Doctor You Have Diabetes

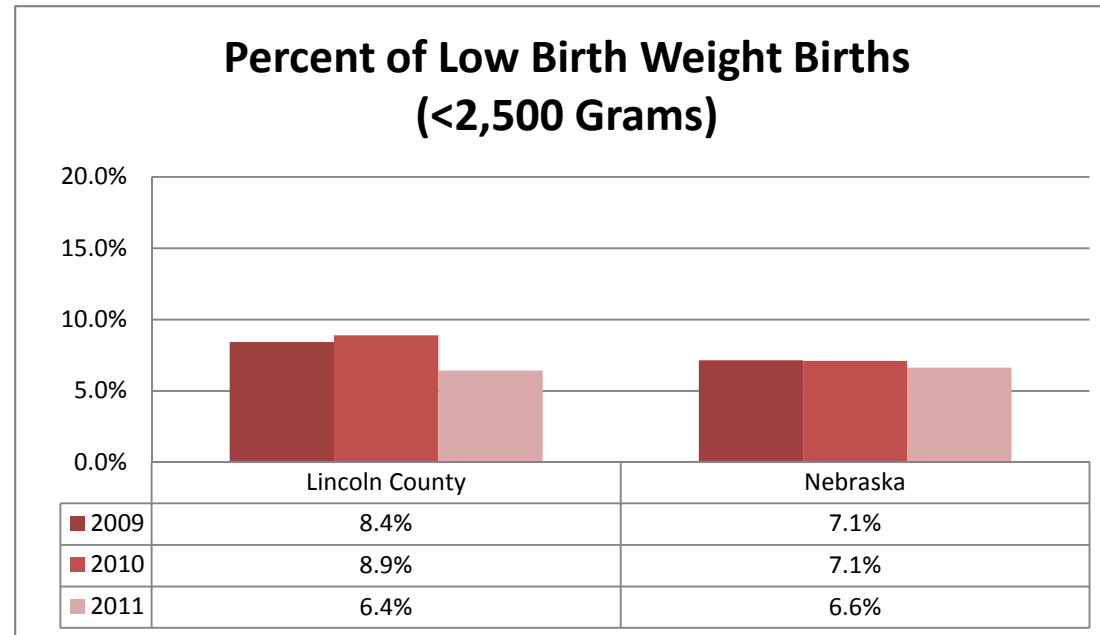
	Yes	Yes, but female told only during pregnancy	No	No, pre-diabetes or borderline diabetes
%	7.9	0.8	90.2	1.2
CI	(6.8% - 8.9%)	(0.4% - 1.2%)	(88.9% - 91.4%)	(0.7% - 1.7%)
n	315	21	2458	41

% = Percentage weighted to population characteristics, CI = 95% Confidence Interval for the Weighted Percentage, n = Non-Weighted Cell Size (numerator)

Denominator includes all respondents except those with missing, don't know/not sure, and refused answers

Low Birth Weight Births (<2,500 Grams)

Low Birth Weight Births (<2,500 Grams) by Place and Race/Ethnicity*				
Geographic Location	Year	Total Number of Births	Total Number of Low Birth Weight Births	Percent
Lincoln County	2009	511	43	8.4%
	2010	438	39	8.9%
	2011	436	28	6.4%
Nebraska	2009	26,931	1,923	7.1%
	2010	25,916	1,843	7.1%
	2011	25,722	1,707	6.6%



Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011

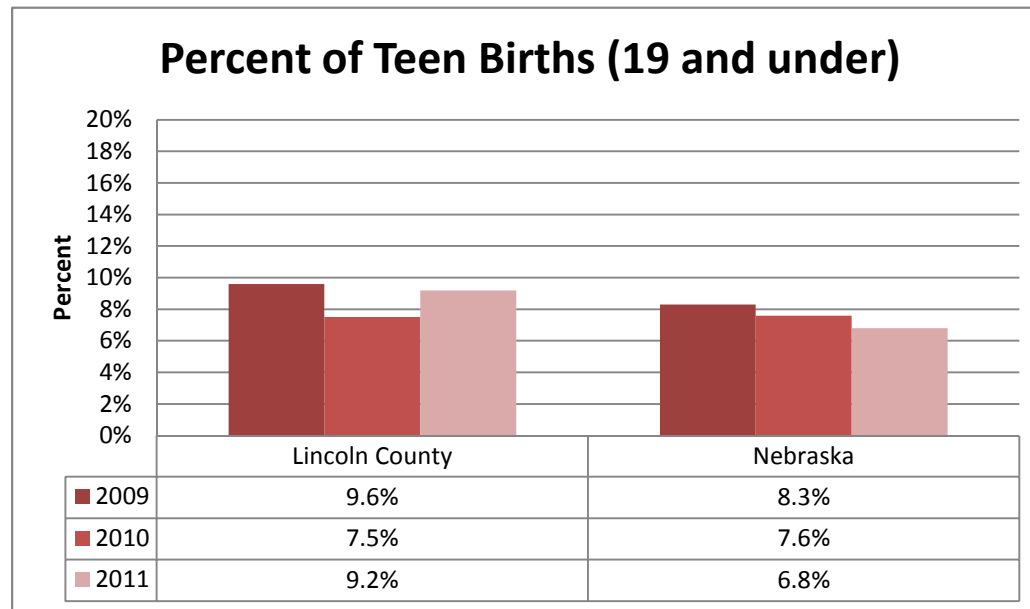
* Per 1,000 live births

NOTE: Rates based on small numbers may not be reliable.

Data accessed August 5, 2013

Teen Births

Teen Births (Age 19 or Younger) by Place of Residence				
Geographic Location	Year	Total Number of Births	Total Number of Teen Births	% Teen Births
Lincoln County	2009	511	49	9.6%
	2010	438	33	7.5%
	2011	436	40	9.2%
Nebraska	2009	26,931	2,236	8.3%
	2010	25,916	1,975	7.6%
	2011	25,722	1,745	6.8%

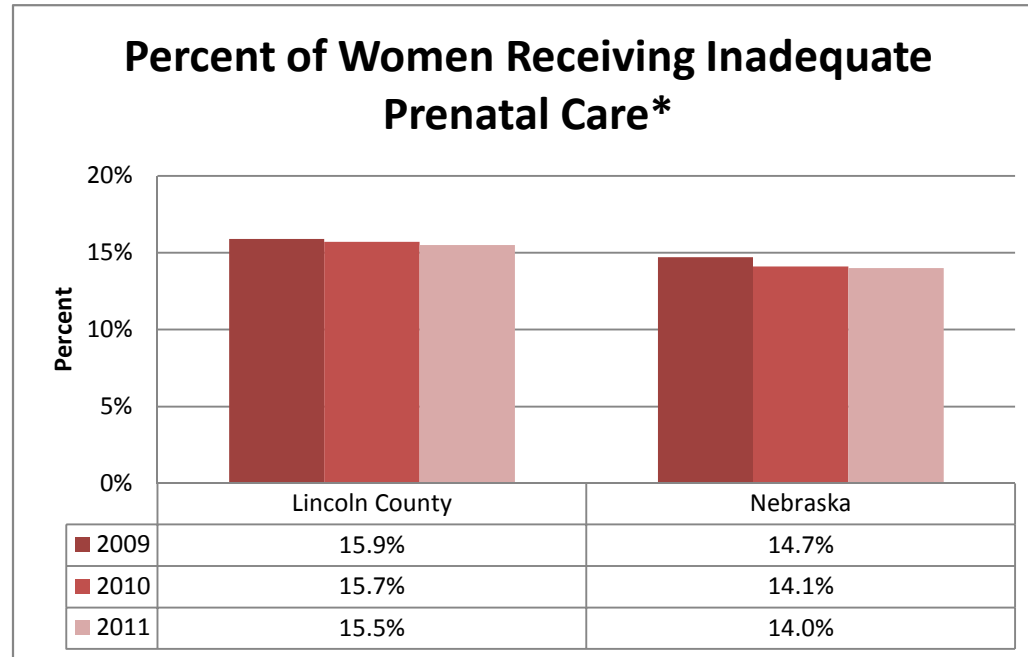


Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011

* For reasons of confidentiality, Teen Births are not provided for 2009 if there were less than five for any given county.

Prenatal Care

Percent of Women Receiving Inadequate Prenatal Care*		
Geographic Location	Year	Percent
Lincoln County	2009	15.9%
	2010	15.7%
	2011	15.5%
Nebraska	2009	14.7%
	2010	14.1%
	2011	14.0%



Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011

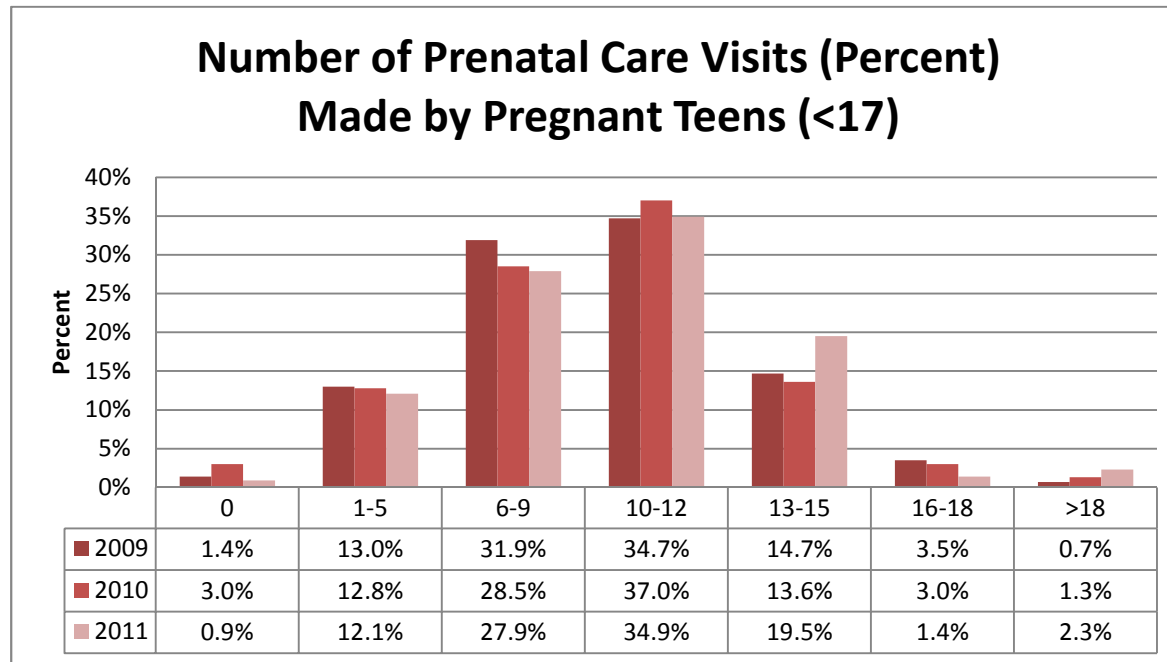
* Calculated by using the Kotelchuk Index. The Kotelchuk Index measures adequacy of prenatal care (adequate, inadequate, intermediate) by using a combination of the following factors: number of prenatal visits; gestation; and trimester prenatal care began.

Teenage Prenatal Care

Number of Prenatal Care Visits (Percent) Made by Pregnant Teens (<19)				
		2009	2010	2011
Nebraska	0	1.4%	3.0%	0.9%
	1-5	13.0%	12.8%	12.1%
	6-9	31.9%	28.5%	27.9%
	10-12	34.7%	37.0%	34.9%
	13-15	14.7%	13.6%	19.5%
	16-18	3.5%	3.0%	1.4%
	>18	0.7%	1.3%	2.3%
	unknown	-	0.9%	0.9%
	Total	100.0%	100.0%	100.0%

Source: Nebraska Department of Health and Human Services, Vital Statistics Reports: 2009, 2010, 2011

*Rows may not sum to total due to rounding.



INTERVIEW BIOGRAPHIES

Great Plains Community Health Needs Assessment Interview Biographies

Name	Interview Date	Organization	Title	Interviewer	A	B	C
Marty Basset, Ed. S.	06/25/13	North Platte Public Schools	Superintendent	Courtney Cross, Planning Analyst Intern			X
<p>A native Nabraskan, Marty Bassett has been the Superintendent of the North Platte Public Schools for one year. He has a masters and education specialist degree, and 27 years of experience in education with positions ranging from teacher and coach to superintendent in the Colorado public school system. North Platte Public Schools serve over 4,000 students.</p>							
Linda Foreman	06/26/13	West Central Nebraska Area Agency on Aging	Executive Director	Courtney Cross, Planning Analyst Intern	X	X	
<p>Linda Foreman has spent nine years with the West Central Nebraska Area Agency on Aging as its Executive Director. Her previous experience includes work for the Alzheimer's Association. She also earned her LPN license and worked in long term care for 15-20 years. The West Central Agency on Aging is located in Kearney, Nebraska and was established in 1973 to serve individuals 60 plus and their spouses. Their programs include: Health and Nutrition, Legal, Care Management, Senior Care Options, Medicaid Waiver, Insurance Counseling and Assistance, Caregiver Assistance, SMP, and Information/Assistance.</p>							
Erin Hausenauer	07/03/13	Women's Resource Center	Client Services Director	Courtney Cross, Planning Analyst Intern	X	X	
<p>Erin Hausenauer has been serving the community of North Platte with the Women's Resource center for two years and for the past year as its Client Services Director. Founded in 1989, the Women's Resource Center provides a variety of free services and programs, including: free pregnancy tests; O.B. ultrasounds; pregnancy & fetal development information; referrals for housing, childbirth classes and future medical assistance; Learn & Earn Incentive Program; maternity and baby clothes; prenatal and infant care education; and referrals to community resources and agencies. All services are free and confidential.</p>							
Marni Hughes	07/08/13	Early Development Network	Early Intervention Services Coordinator	Courtney Cross, Planning Analyst Intern	X	X	
<p>Marni Hughes has long been an advocate for early intervention services for children with special needs and has been with the Network in her current role for six years. Nebraska's Early Development Network supports and promotes children from birth through three years of age who have special developmental needs. The goal of the Network is to provide coordinated services for Nebraska families as conveniently as possible. The program helps families to understand their child's disability and provides assistance in dealing with situations that interfere with the child's development. The Early Development Network is a collaborative effort of the Nebraska Departments of Education and the Health & Human Services to serve infants and toddlers with disabilities and their families.</p>							
Dwight Livingston	06/25/13	City of North Platte	Mayor	Courtney Cross, Planning Analyst Intern			X
<p>Mayor Dwight Livingston has been the Mayor of North Platte since December of 2012. Prior to his role as Mayor, Livingston served with the North Platte Police Department for thirty-nine years, working his way up through the ranks and serving as the interim police chief until his retirement in June of 2011. He has lived in North Platte since 1972.</p>							

Great Plains Community Health Needs Assessment Interview Biographies

Name	Interview Date	Organization	Title	Interviewer	A	B	C
Trudy Merritt	07/08/13	North Platte Recreation Center	Aquatics Director and Recreation Leader	Courtney Cross, Planning Analyst Intern	X	X	

Trudy Merritt works as Aquatics Director and Recreation Leader for the North Platte Recreation Center where she has been a program specialist for 21 years. She also administrates a fitness initiative (partially through the Recreation Center but also a personal project) called the “Platte River Fitness Series”. This very unique fitness initiative was implemented 15 years ago and now offers 21 “fitness events” or races. Participants earn points toward awards at the end of the year. This initiative is not funded by tax dollars but is a great partnership between the public side (the Recreation Department) and several private sponsors.

Dave Pederson	06/26/13	Great Plains Board of Trustees	Chairman	Courtney Cross, Planning Analyst Intern	X	X	
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Dave Pederson was born in Oklahoma City but was raised in North Platte. Following his graduation from the University of Nebraska School of Law in 1980, David joined his father in practice with the firm of Murphy, Pederson, Piccolo and Anderson. David has served as a Bankruptcy Trustee and on numerous committees of the Nebraska State Bar. He has served as Chairman of the Boards of the Great Plains, Mid Plains Community College, the North Platte Public Schools, Church Council, and the North Platte Chamber. His practice is concentrated in the areas of business transactions, estate planning, and probate. He represents numerous banks and creditors across the state of Nebraska.

Jenny Salestrom	07/08/13	Mid-Plains United Way	Executive Director	Courtney Cross, Planning Analyst Intern		X	
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Jenny Salestrom has worked for the Mid-Plains United way for over a year with the past six months in her role as its Executive Director. Prior to this, she worked for four years with a teenage mentoring program. Ms. Salestrom is a Rotary Club member and also serves on the Medical Reserve Core Committee. A long-time resident of North Platte, she was previously employed at KNOP-TV. She is a graduate of Mid-Plains Community College, with an Associate of Arts degree in 2000 and an Associate of Applied Science in Electrical Technology in 2007.

Betty Sones	06/26/13	Great Plains Foundation and Auxiliary	Vice-Chair, President	Courtney Cross, Planning Analyst Intern	X	X	
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Betty Sones has served on the Great Plains Foundation Board of Trustees since 2002 and has been Vice-Chair for the past four years. She also currently serves the hospital as President of the Auxiliary. She volunteers her time to other non-profit organizations including the Art Study League and the Creativity Unlimited Arts Council. Ms. Sones is a member of the County Planning Commission and the Chamber of Commerce “Hostesses.” Additional volunteer work includes the Goodfellow Shoe Fund of North Platte, a non-profit organization that raises money to buy shoes for children age 2-16 in need.

Great Plains Community Health Needs Assessment Interview Biographies

Name	Interview Date	Organization	Title	Interviewer	A	B	C
Shannon Vanderheiden	07/09/13	West Central District Health Department	Director	Courtney Cross, Planning Analyst Intern	X	X	

Shannon Vanderheiden has served as Director of the West Central District Health Department for over five years. She has twenty years experience in nursing and holds a second degree in Organizational Management. She is a lactation counselor, certified grant writer, and board member on several boards including the Executive Team of the North East Association of Local Health Directors.

A: work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: other

Source: Great Plains Community Health Needs Assessment Interviews conducted by CHC Consulting; June 25, 2013 – July 9, 2013

Please address written comments on the CHNA and Implementation Plan and requests for a copy of the CHNA to:

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Great Plains

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This document was cooperatively compiled by Great Plains Regional Medical Center of North Platte, Neb. and Community Hospital Consulting of Plano, Texas.