Great Plains Health

Community Health Needs Assessment

October 2019

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Great Plains Health

Section One:

COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Great Plains Health (GPHealth) 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, Nebraska.

The CHNA Team, consisting of leadership from GPHealth, met with staff from CHC on June 28, 2019 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 from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a roundtable discussion prioritization process 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, the hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

The final list of prioritized needs is listed below:
1. Increase access to mental and behavioral health care.
2. Increase prevention and education to reduce the prevalence of chronic diseases, preventable conditions, readmissions and high mortality rates.
3. Increase access to safe and affordable housing.
4. Improve access to medical and dental care.
5. Recruit and retain quality healthcare professionals.

The 2019 Community Health Needs Assessment was approved by the GPHealth Hospital Board on August 22, 2019 and by the Planning and Strategy Committee on August 16, 2019.

Upon approval of the 2019 CHNA report, GPHealth developed an implementation plan to address the prioritized needs over the next three years. The GPHealth Board reviewed and adopted the 2020-2022 Implementation Plan on October 24, 2019. Please see the associated GPHealth 2020-2022 Implementation Plan document for further information.

Both the GPHealth 2019 CHNA and the GPHealth 2020-2022 Implementation Plan documents can be found on the hospital's website under "Community Impact": https://www.gphealth.org/about-us/community-impact/.

PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014. The objectives of the CHNA are to:
  - 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 local 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 GPHealth
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology

Scope

- 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 GPHealth
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from phone interviews collecting input from community representatives, including:
    - 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;
    - 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
    - Community leaders
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - 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

Process and Methodology

Methodology

- GPHealth worked with CHC Consulting in the development of its CHNA. GPHealth 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 IBM Watson Health Market Expert Tool and local reports
  - A study of the most recent health data available
  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
  - Facilitated the prioritization process during the CHNA Team meeting on June 28, 2019. The CHNA Team included:
    - Melvin McNea, Chief Executive Officer
    - Fiona Libsack, Chief Development Officer
    - Ivan Mitchell, Chief Operations Officer
    - Tom Legel, Chief Financial Officer
    - Marcia Baumann, Vice President of Physician Services
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

- GPHealth Biography
  - Background information about GPHealth, mission, vision, values and services provided were provided by the hospital or taken from its website
- Study Area Definition
  - The study area for GPHealth is based on hospital inpatient discharge data from January 1, 2018 – December 31, 2018 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, IBM Watson Health Market Expert, the U.S. Census Bureau and the United States Bureau of Labor Statistics
- Health Data Collection Process
  - A variety of sources (also listed in the reference section) were utilized in the health data collection process
  - Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Nebraska State Department of Health and Human Services, the CARES Engagement Network, and the Centers for Disease Control and Prevention
- Interview Methodology
  - GPHealth provided CHC Consulting with a list of persons with special knowledge of public health in Lincoln County, including public health representatives and other individuals who focus specifically on underrepresented groups
  - From that list, 26 in-depth phone interviews were conducted using a structured interview guide
  - Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

Process and Methodology

Methodology (continued)

- Evaluation of Hospital's Impact
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - GPHealth provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report
- 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 June 28, 2019
  - See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

Hospital Biography

About Great Plains Health

GPHealth is driven by a dedicated commitment to our journey from good to great in continual pursuit of excellence in the areas of people, quality, service, growth and finance. To the people of GPHealth, excellence is not a destination, but an ongoing journey to get better at what we do every day and in every way. Our journey is intentional, measurable and innovative, as we seek to deliver the very best care possible to the people we serve. We are led by the guiding principles set forth by our board of directors in our three-year strategic plan:

- Ensure access to quality care.
- Encourage innovation to improve patient care.
- Grow services to meet our region's needs.
- Stay true to our mission, vision and values.
- Maintain the independence of healthcare within our region.

Located just left-of-center in the state, Great Plains Health in North Platte, Nebraska, is a nonprofit, fully accredited, 116-bed regional referral center serving west Nebraska, northern Kansas and northern Colorado. In total, our primary and secondary service areas span 34 counties, 136,000 lives and approximately 67,832 square miles, about the size of the state of Pennsylvania. With nearly 100 physicians representing 30 medical specialties, the Great Plains Health system offers advanced medical services, including heart and vascular, cancer, orthopedic services, women's services, and a level III trauma center. The system employs approximately 1,100 employees and has more than 200 volunteers. The range of patient populations served includes neonatal, pediatric, adult, obstetric and geriatric.

Hospital Biography

About Great Plains Health (continued)

Great Plains Health, formerly known as Great Plains Medical Center, opened its doors in 1975 upon the merging of two smaller medical facilities: Memorial Hospital and St. Mary's Hospital. Since then, GPHealth has served as the region's leader in the investment of their people, facilities, technology, equipment and medical expertise to grow and advance healthcare in the communities we serve.

As we grow our provider base, we continue to add more specialty clinics and procedures, which is ultimately allowing more patients to stay at home for quality health care services instead of traveling great distances. Great Plains Health has approximately 183,000 patient encounters per month and houses western Nebraska's only:

- Heart Institute.
- Wound healing center.
- Level 2 neonatal intensive care unit.

We serve the region through 13 Great Plains Physician Network and hospital-based clinics, with providers who perform outreach in 26 critical access hospitals in Nebraska and Kansas. Two hundred fifty academic institutions partner with Great Plains Health to provide rural internships for medical, nursing and allied health students in numerous specialties.

The patients we serve (average per year):

- Admissions: 5,484.
- Babies delivered: 550.
- Clinic visits: 129,000.
- Surgeries: 3,831.
- Diagnostic tests: 57,048.
- Lab & pathology procedures: 350,000.

Hospital Biography

Mission, Vision and Values

Our Mission

Our mission describes what we do each day. It is our purpose. It defines why we come to work each day and why our health system exists. It is the standard by which we hold ourselves and each other accountable. At Great Plains Health, our mission is to inspire health and healing by putting patients first—always.

Our Vision

Our vision is our aspiration and what we are working toward as a unified health system. It's a destination that inspires us to continually achieve higher levels in all that we do. At Great Plains Health, our vision is to become the region's most trusted healthcare community.

Our Values

Our values are the fundamental foundation of our organization's culture. They are the enduring beliefs and ideals shared by all who work at Great Plains Health. They are our basic behavior expectations and serve as our internal compass.

At Great Plains Health:

- We are genuine.
- We are passionate.
- We have integrity.
- We listen.
- We are a team.

Hospital Biography

Hospital Services

- Bariatric weight loss
- Behavioral health
- Cancer care
- Dermatology
- Diabetes education
- Diagnostic imaging
  - Interventional radiology
  - Mammography
- Ear, nose and throat
- Emergency services
- Endocrinology
- Family medicine
- Heart Institute
  - Cardiac rehabilitation
  - Heart surgery
- Home health
- Hospice
- Hospitalists
- Infectious disease
- Internal medicine
- Nephrology
- Neurosciences
- Obstetrics and gynecology
- Ophthalmology
- Oral surgery
- Orthopaedics
  - Hand surgery
  - Hip surgery
  - Knee surgery
  - Shoulder surgery
- Pain management
- Palliative care
- Pediatrics
- Physical medicine and rehabilitation
- Podiatry
- Pulmonology
  - Pulmonary rehabilitation
- Regency Retirement Residence
- Rheumatology
- Sleep medicine
  - Sleep disorders
- Spine center
- Sports & Therapy Center
  - Occupational therapy
  - Physical therapy
  - Speech therapy
  - Sports medicine
- Stroke center
  - Rehabilitation
- Surgery
  - Specialty surgeries
- Urgent care
- Urology
- Wound healing center
  - Hyperbaric oxygen therapy
- Great Plains Health Homecare Equipment

STUDY AREA

Great Plains Health

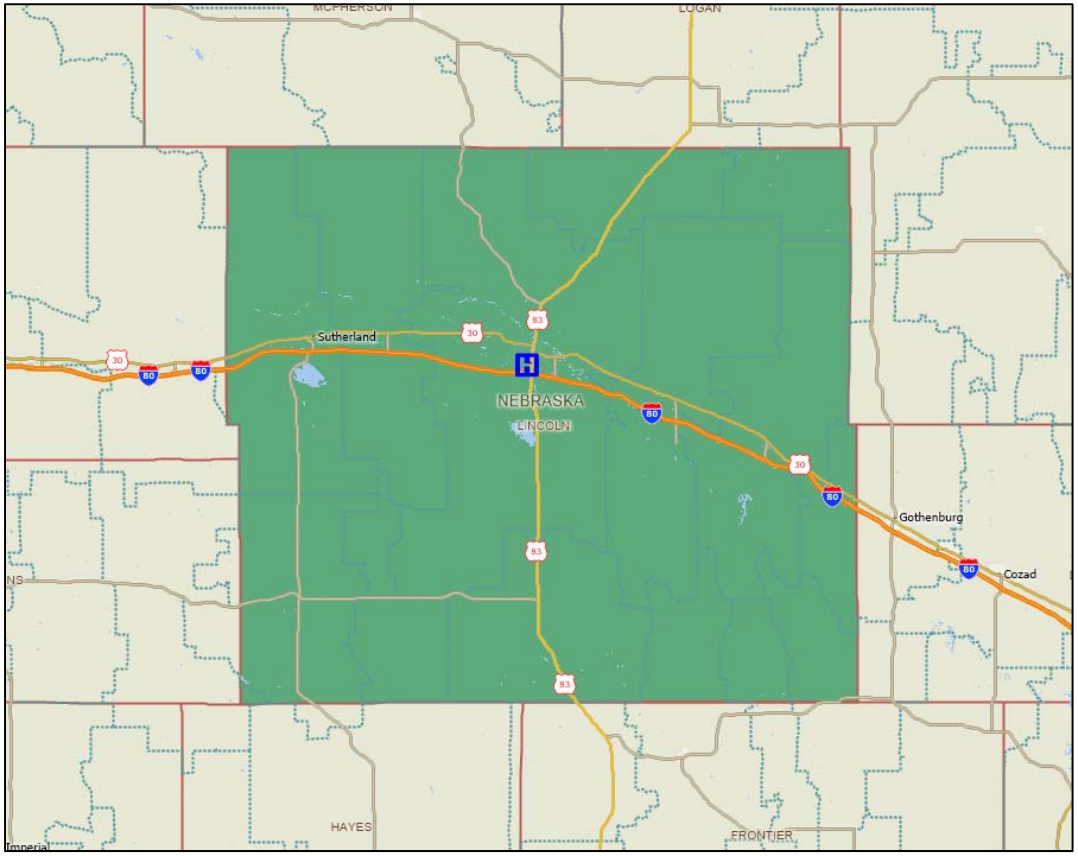
Study Area

- Lincoln County comprises 66.2% of CY 2018 Inpatient Discharges
- Indicates the hospital

Great Plains Health
Patient Origin by County: January 2018 - December 2018

County	State	CY 2018 Discharges	% of Total	Cumulative % of Total
Lincoln	NE	4,036	66.2%	66.2%
All Others		2,057	33.8%	100.0%
Total		**6,093**	**100.0%**	

Source: Hospital inpatient discharge data provided by Great Plains Health; January 2018 - December 2018; Normal Newborns MS-DRG 795 excluded.



Note: the Great Plains Health 2016 Community Health Needs Assessment and Implementation Plan report studied Lincoln County, which comprised 71.5% of inpatient discharges in CY 2015 (January 2015 – December 2015).

DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth

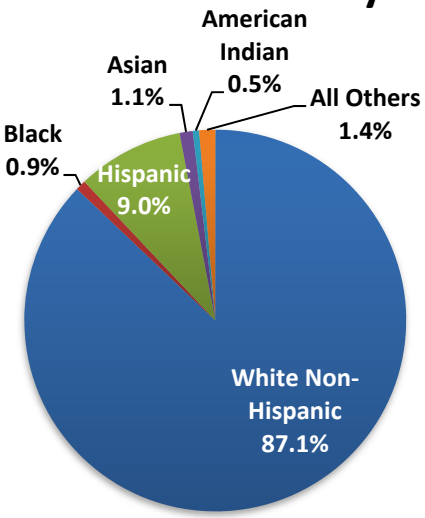
2019-2024

Overall Population Growth					
Geographic Location	**2010**	**2019**	**2024**	**2019-2024 Change**	**2019-2024 % Change**
Lincoln County	36,288	35,065	35,001	-64	-0.2%
Nebraska	1,826,341	1,939,596	2,007,668	68,072	3.5%

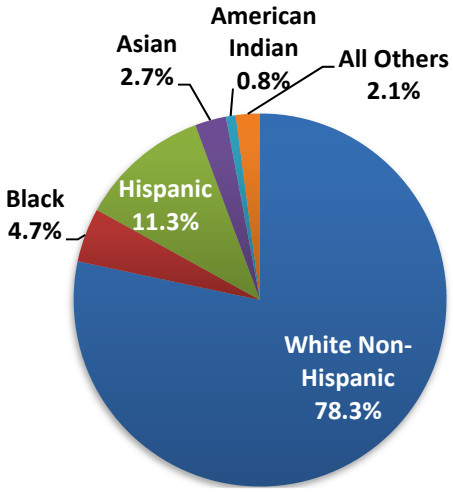
Population Health

Population Composition by Race/Ethnicity

Lincoln County



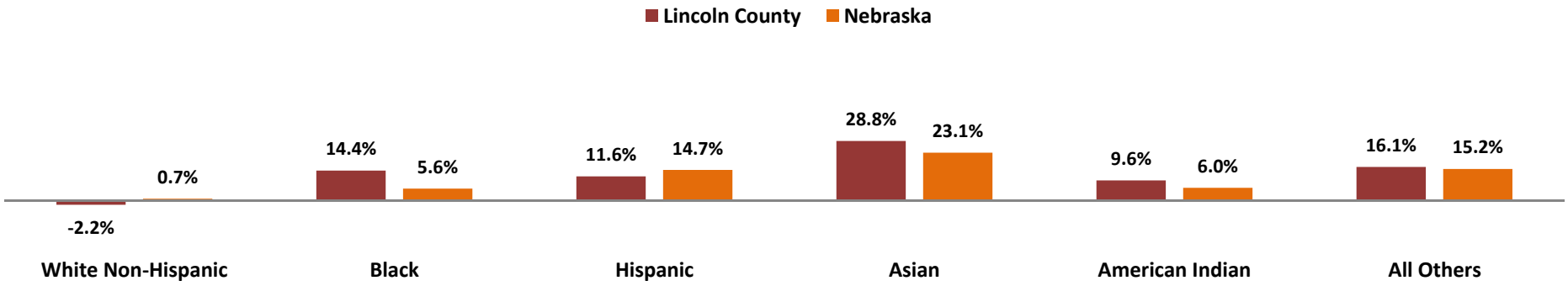
Nebraska



Lincoln County					
Race/Ethnicity	**2010**	**2019**	**2024**	**2019-2024 Change**	**2019-2024 % Change**
White Non-Hispanic	32,741	30,539	29,856	-683	-2.2%
Black	235	305	349	44	14.4%
Hispanic	2,602	3,167	3,535	368	11.6%
Asian	197	389	501	112	28.8%
American Indian	162	188	206	18	9.6%
All Others	351	477	554	77	16.1%
Total	**36,288**	**35,065**	**35,001**	**-64**	**-0.2%**
Nebraska					
Race/Ethnicity	**2010**	**2019**	**2024**	**2019-2024 Change**	**2019-2024 % Change**
White Non-Hispanic	1,499,753	1,519,413	1,530,677	11,264	0.7%
Black	80,959	90,853	95,963	5,110	5.6%
Hispanic	167,405	219,846	252,264	32,418	14.7%
Asian	32,885	52,380	64,503	12,123	23.1%
American Indian	14,797	16,315	17,287	972	6.0%
All Others	30,542	40,789	46,974	6,185	15.2%
Total	**1,826,341**	**1,939,596**	**2,007,668**	**68,072**	**3.5%**

Race/Ethnicity Projected 5-Year Growth

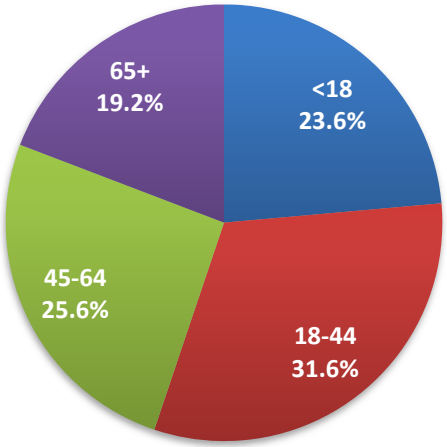
2019-2024



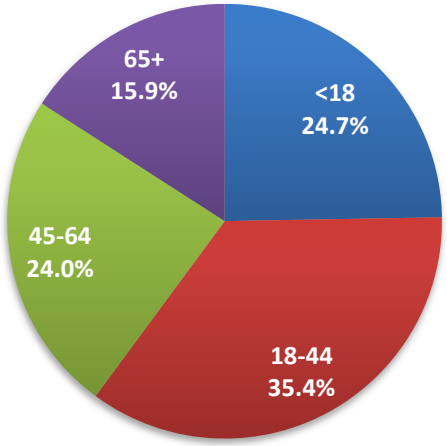
Population Health

Population Composition by Age Group

Lincoln County



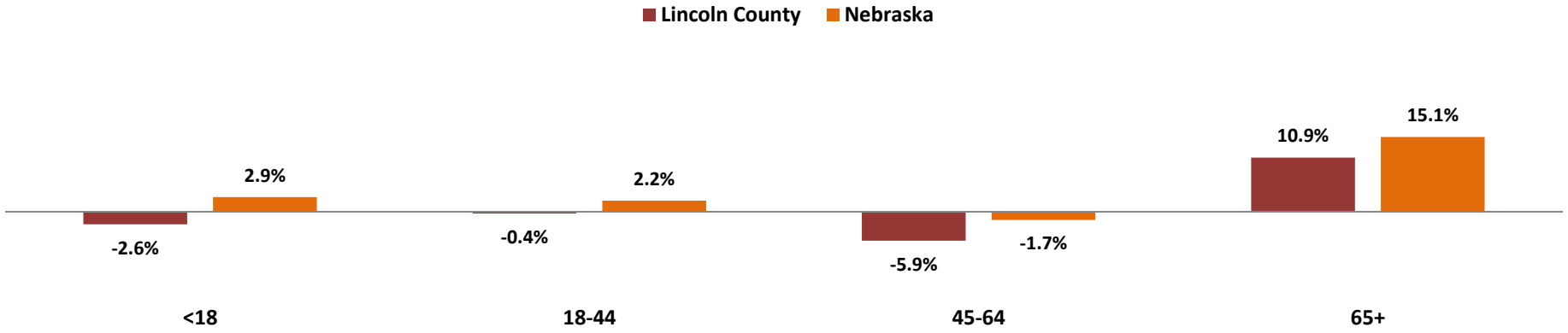
Nebraska



Lincoln County				
Age Cohort	**2019**	**2024**	**2019-2024 Change**	**2019-2024 % Change**
<18	8,268	8,051	-217	-2.6%
18-44	11,081	11,032	-49	-0.4%
45-64	8,989	8,456	-533	-5.9%
65+	6,727	7,462	735	10.9%
Total	**35,065**	**35,001**	**-64**	**-0.2%**
Nebraska				
Age Cohort	**2019**	**2024**	**2019-2024 Change**	**2019-2024 % Change**
<18	479,431	493,377	13,946	2.9%
18-44	686,637	701,975	15,338	2.2%
45-64	465,100	457,254	-7,846	-1.7%
65+	308,428	355,062	46,634	15.1%
Total	**1,939,596**	**2,007,668**	**68,072**	**3.5%**

Age Projected 5-Year Growth

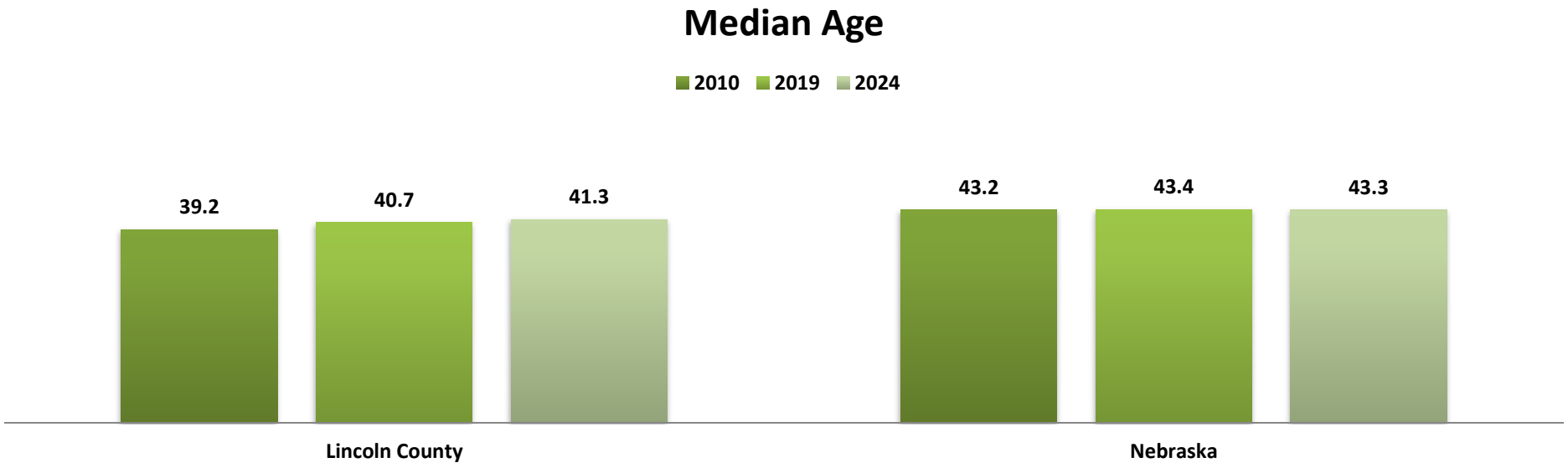
2019-2024



Population Health

Median Age

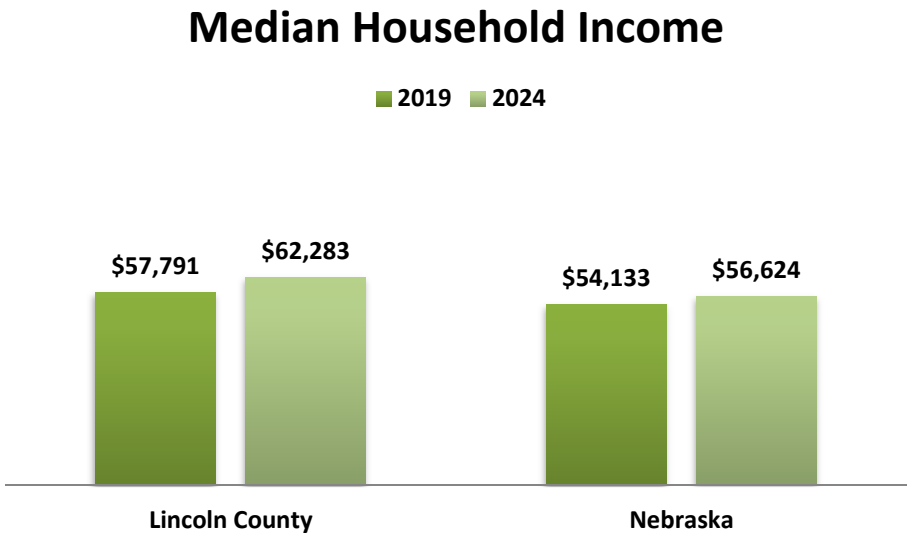
- The median age in Lincoln County is expected to slightly increase over the next five years, while the median age in the state is expected to remain steady (2019-2024).
- Lincoln County (40.7 years) has a younger median age than Nebraska (43.4 years) (2019).

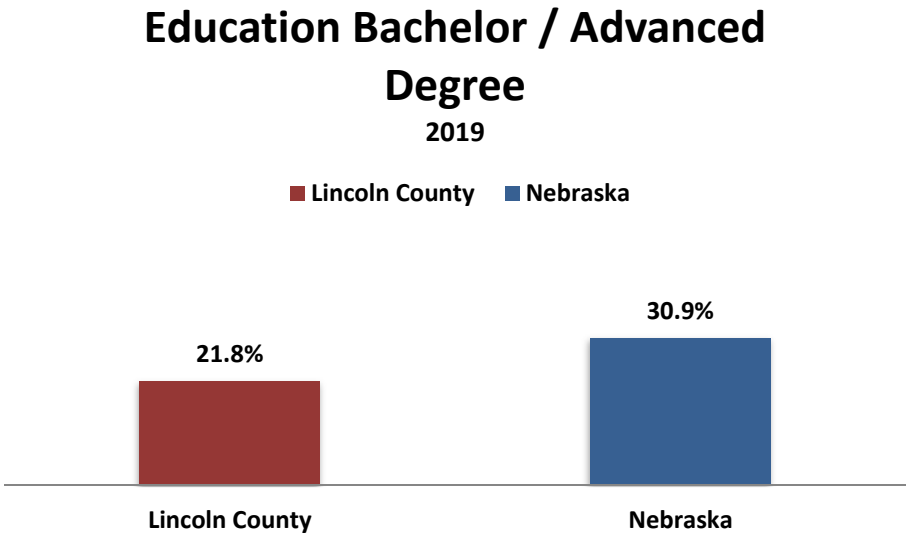


Population Health

Median Household Income and Educational Attainment

- The median household income in both Lincoln County and the state is expected to increase over the next five years (2019-2024).
- Lincoln County ($57,791) has a higher median household income than Nebraska ($54,133) (2019).
- Lincoln County (21.8%) has a lower percentage of residents with a bachelor or advanced degree than the state (30.9%) (2019).

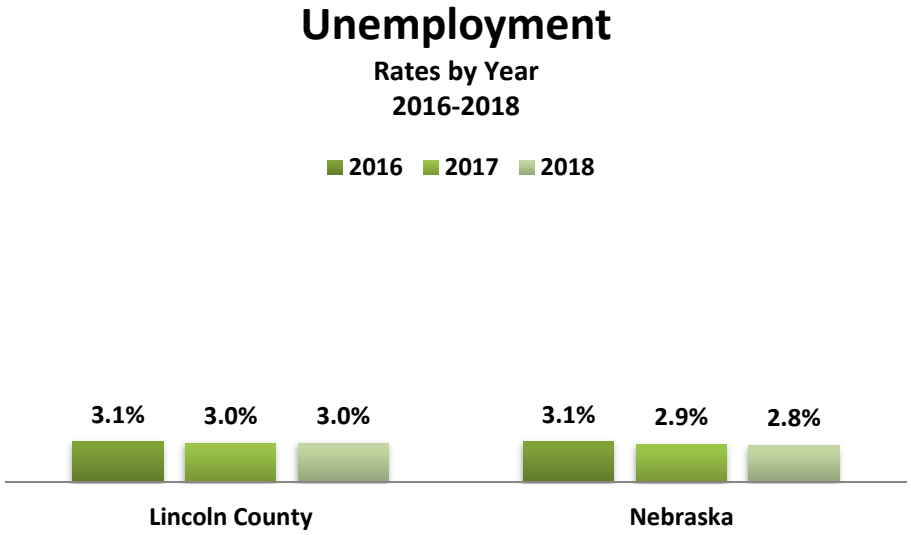


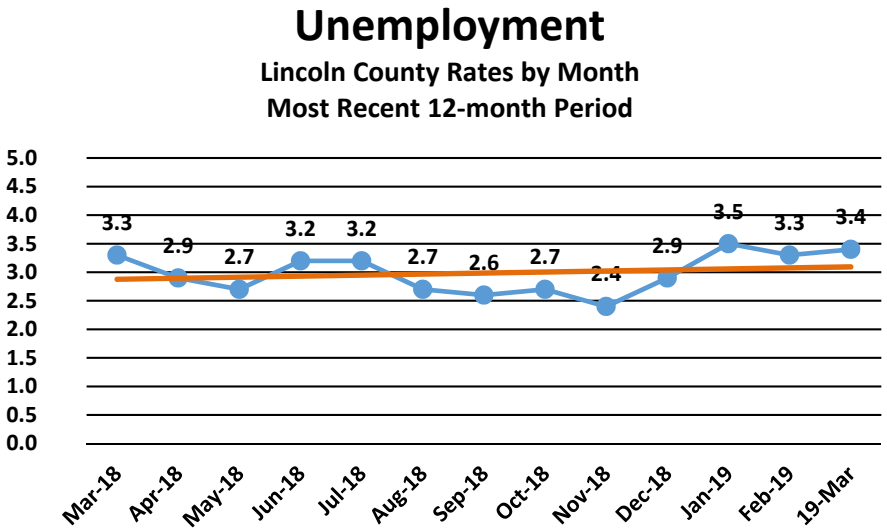


Population Health

Unemployment

- Unemployment rates in Lincoln County remained relatively steady between 2016 and 2018, while rates in the state decreased.
- In 2018, Lincoln County (3.0%) had a slightly higher unemployment rate than the state (2.8%).
- Over the most recent 12-month time period, monthly unemployment rates in Lincoln County fluctuated. November 2018 had the lowest unemployment rate (2.4) as compared to January 2019 with the highest rate (3.5).

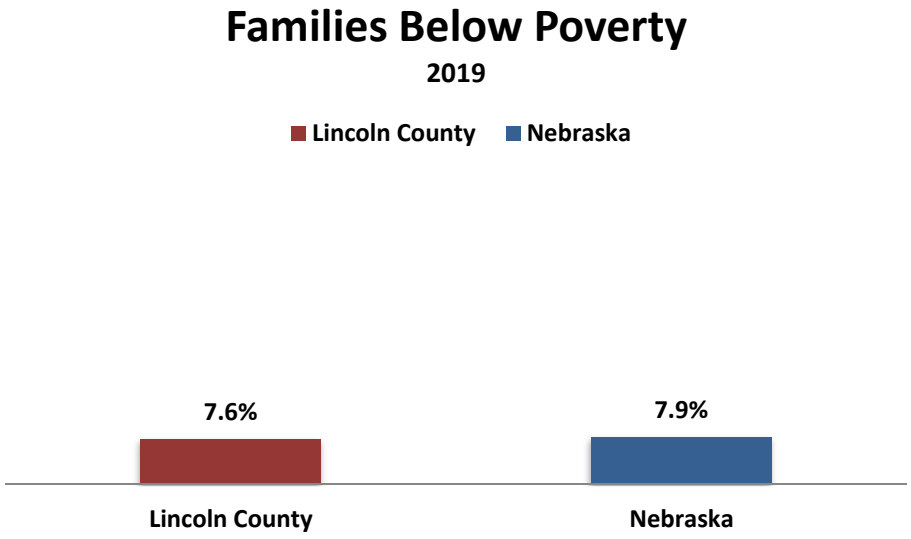


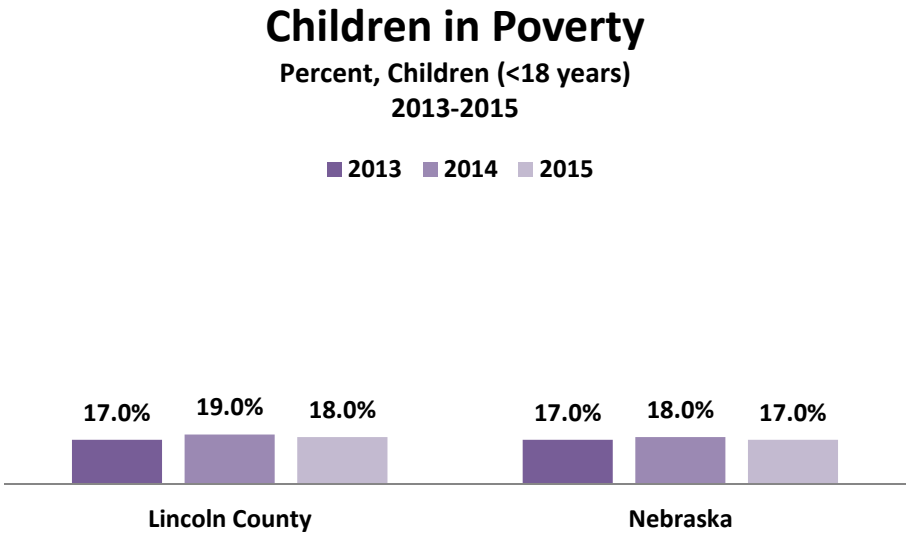


Population Health

Poverty

- Lincoln County (7.6%) has a consistent percentage of families living below poverty with the state (7.9%) (2019).
- Between 2013 and 2015, the percent of children (<18 years) living below poverty in Lincoln County and the state remained stable.
- Lincoln County (18.0%) has a slightly higher percentage of children (<18 years) living below poverty than Nebraska (17.0%) (2015).



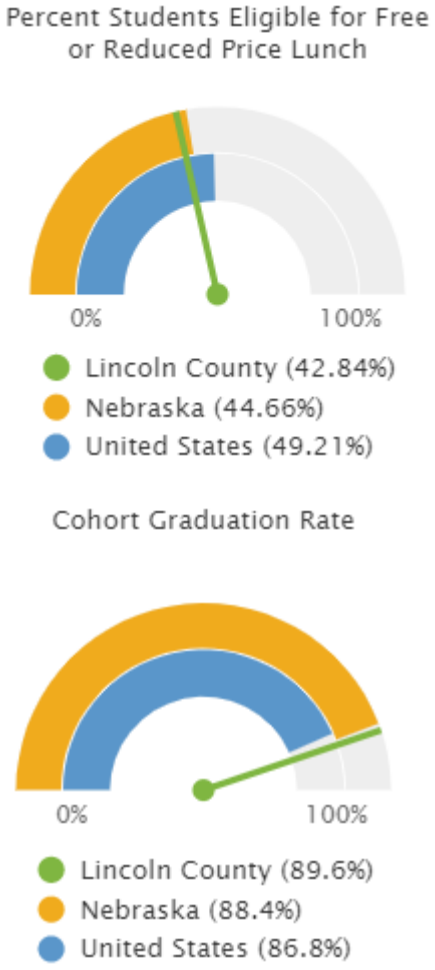


Source: IBM Watson Health Health's Market Expert; data accessed May 5, 2019.
Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Lincoln County, NE, www.datacenter.kidscount.org; data accessed May 5 2019.
Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.

Population Health

Children in the Study Area

- In 2016-2017, Lincoln County (42.8%) has a slightly lower percentage of public school students eligible for free or reduced price lunch than the state (44.7%) and the nation (49.2%).
- Lincoln County (89.6%) has a higher high school graduation rate than the state (88.4%) and the nation (86.8%) (2015-2016).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Population Health

Food Insecurity

- According to Feeding America, an estimated 12.1% of Lincoln County residents are food insecure as compared to 11.6% in Nebraska. Additionally, 18.8% of the youth population (under 18 years of age) in Lincoln County are food insecure, as compared to 17.4% in Nebraska. (2017).
- The average meal cost for a Lincoln County resident is $3.05, as compared to $2.83 in Nebraska (2017).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Lincoln County	12.1%	18.8%	$3.05
Nebraska	11.6%	17.4%	$2.83

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Lincoln County, NE, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed May 27, 2019.
Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

Cost of Living

- Lincoln County has a higher than average cost of living as compared to the state and the nation for Health and Miscellaneous expenses.

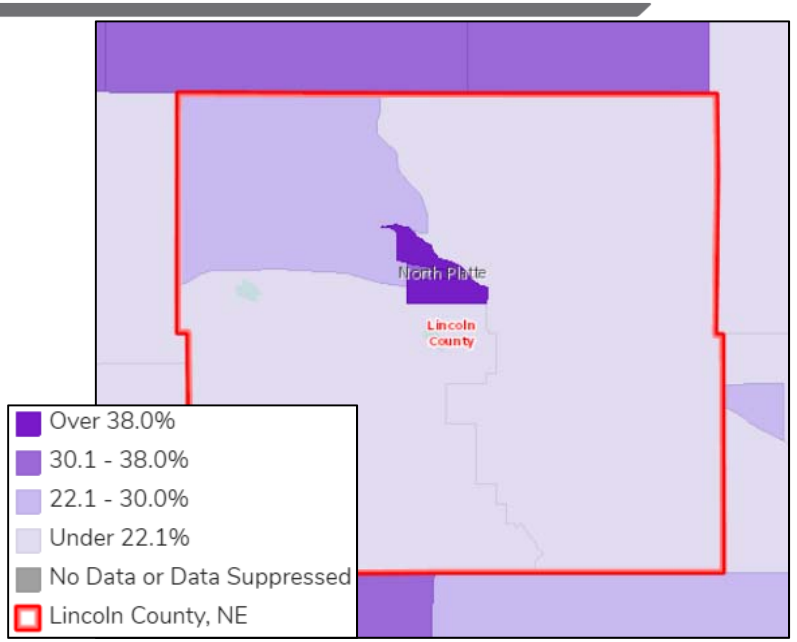
Cost of Living	Lincoln County	Nebraska	USA
Overall	87.9	94.5	100
Grocery	99.5	101.9	100
Health	131.6	127	100
Housing	73.5	84.4	100
Median Home Cost	$154,800	$163,600	$219,700
Utilities	91.1	95	100
Transportation	68.3	85.2	100
Miscellaneous	99.2	98.6	100

100 = National Average

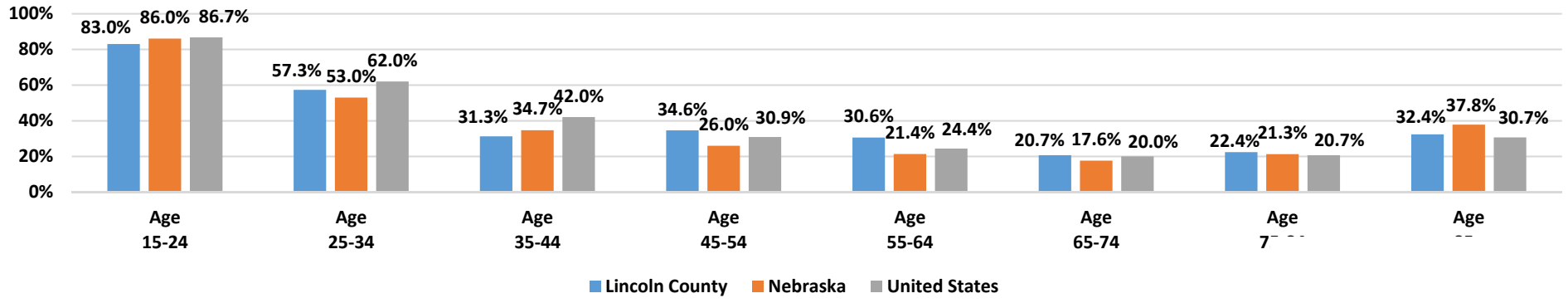
Population Health

Housing – Renter-Occupied Units

- The majority of the population in Lincoln County with renter-occupied housing units is within census tracts 9602, 9603, 9604, 9605 and 9599 where over 38% of the population lives within rented units (2013-2017).
- The majority of adults age 15-24 and 25-34 in Lincoln County live in renter-occupied units.
- Lincoln County has higher percentages of adults age 45-54, 55-64, 65-74, and 75-84 years old that live within renter-occupied units than the state and the nation (2013-2017).



Renter-Occupied Households by Age Group
Percentage
2013-2017



Population Health

Housing Assessment – Background & Methodology

- The City of North Platte, NE procured the Marvin Planning Consultants (MPC) team to undertake a comprehensive housing assessment of Lincoln County, Nebraska, the City of North Platte and the surrounding villages.
- The MPC team used a two-part, data-driven approach to undertake the assessment and ultimately the recommended outcomes and strategy:
  - Quantitative data-driven analysis (the numbers)
    - *US census data population forecasts, employment data locational analysis in general trend data*
  - Qualitative analysis (perceptions)
    - *Key stakeholder focus groups, online and paper surveys (570 completed), special interviews*
- The goal of the study is to really look at what types of housing is needed, what types of residents are expected to enter the North Platte and Lincoln County region, and what is missing from the current housing market and then what also can be done to address the situation moving forward.

Population Health

Housing Assessment – Household Data

- 5-year (2018-2023) projections anticipate a slight decrease in household numbers in Lincoln County and North Platte.

Household Data

	2018 Total Households	2023 Total Households	5-year household change (projected)	2018 Average Household Size
Lincoln County	15,135	15,064	-71	2.36
North Platte	10,471	10,366	-105	2.27
Brady	178	183	5	2.72
Hershey	279	281	2	2.48
Maxwell	118	117	-1	2.58
Sutherland	529	542	13	2.63
Wallace	156	159	3	2.59
Wellfleet	33	34	1	2.61
Source: ESRI Population Estimates				

Population Health

Housing Assessment – Housing Age

- The vast majority of household units in Lincoln County and North Platte were built in 1970-1979, with a significant number of those units being built in 1939 or earlier.
- The median year of structure builds in North Platte is older than that of Brady, Hershey and Lincoln County.

Number of Units by Year Built

	Lincoln County	North Platte	Brady	Hershey
Units Built in 2014 or Later	93	225	0	0
Units Built in 2010-2013	178	150	0	2
Units Built in 2000-2009	1,361	524	21	4
Units Built in 1990-1999	1,474	797	32	35
Units Built in 1980-1989	1,065	641	16	21
Units Built in 1970-1979	4,015	2,844	38	88
Units Built in 1960-1969	1,964	1,583	16	20
Units Built in 1950-1959	1,735	1,343	14	24
Units Built in 1940-1949	1,404	1,156	2	21
Units Built in 1939 or Earlier	3,400	2,281	38	56
Median Year Structure Built	1969	1966	1975	1972
Source: US Census 2012 – 2016 American Community Survey				

Population Health

Housing Assessment – Single Family Homes by Age and Condition

- The vast majority of single-family homes in Lincoln County are considered in “average” condition, followed by “good” condition.
- Of those single-family homes that are classified in “Worn Out” or “Badly Worn” conditions, the majority were built between 1931-1960, followed closely by those built before 1930 and those built between 1971 and 1980.

Single-family Homes by Year Built and Condition in North Platte and Lincoln County

Condition	Before 1930	1931-1960	1961-1970	1971-1980	1981-1990	1991-2000	2001-2010	2011-2016	Missing	Total
Worn Out	82	43	6	17	4	0	0	0	0	152
Badly Worn	250	216	37	64	12	17	0	0	0	596
Average	1,035	1,488	522	1,007	136	534	281	1	0	5,004
Good	354	580	242	400	38	159	169	6	0	1,948
Very Good	114	201	84	129	9	33	49	5	0	624
Excellent	3	5	0	1	0	2	9	12	0	32
Missing	17	15	3	12	4	8	6	6	0	71
Total	**1,855**	**2,548**	**894**	**1,630**	**203**	**753**	**514**	**30**	**0**	**8,427**

Population Health

Housing Assessment – Survey Highlights

- The majority of survey respondents within the North Platte and Lincoln County Housing Needs Assessment indicate that they own their home (64.5%), followed by those who rent their home (29.7%).
- The majority of respondents who own their home are female (62.3%), and the majority of respondents who rent their home are female (75.5%).
- In studying household income and housing tenure, survey responses indicate homeownership increases with income, and the percentage of residents renting their homes increases with less income.
- The majority of respondents believe the type of housing they want is either not available in Lincoln County or they are not sure it exists. When asked what type of housing was needed in Lincoln County, a key word in most of the answers was "Affordable".
- Good (not excellent), affordable housing was in desperate need in North Platte and Lincoln County.
  - Everybody's definition of affordable seems to be different, and the definition is seriously different depending upon one's viewpoint and employment/income level

HEALTH DATA OVERVIEW

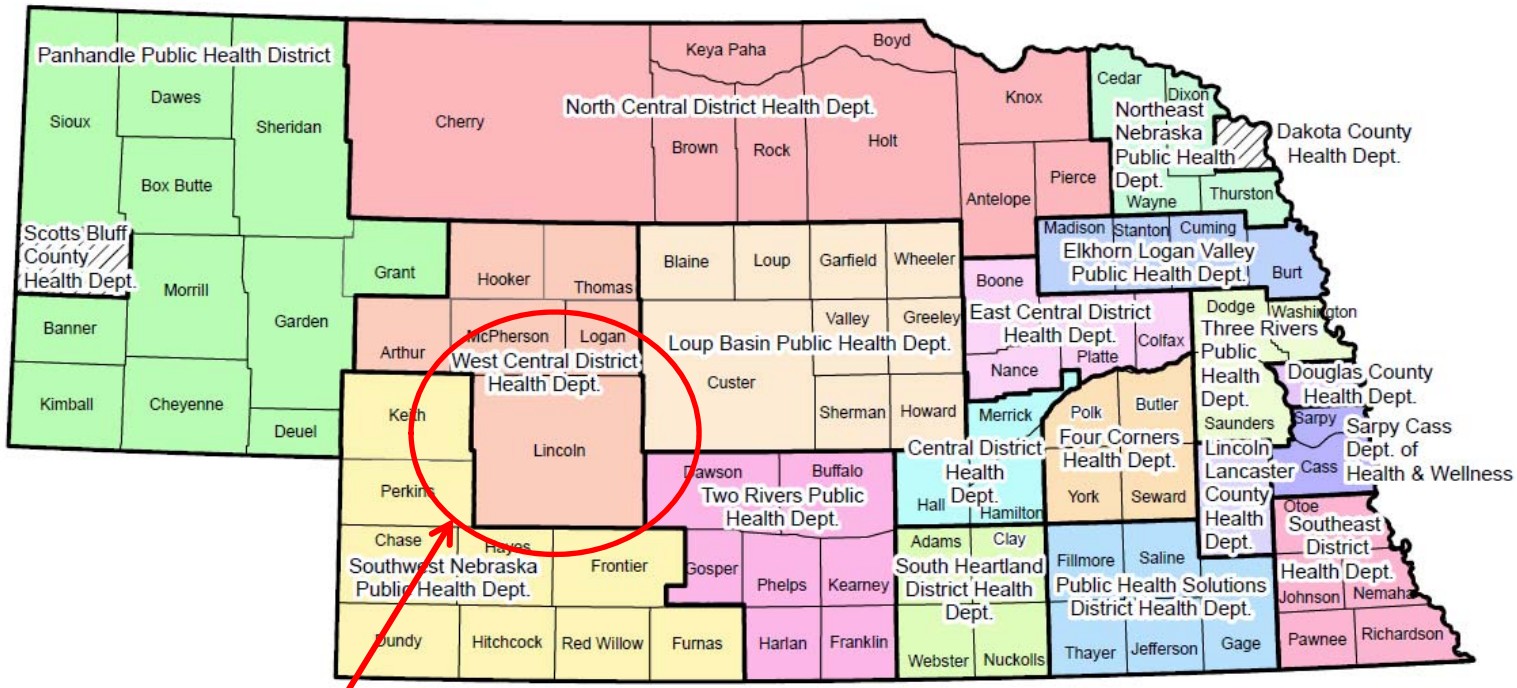
Health Status

Data Methodology

- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- **Data Sources include, but are not limited to:**
  - Nebraska Department of State Health Services
  - Nebraska Cancer Registry
  - Small Area Health Insurance Estimates (SAHIE)
  - CARES Engagement Network
  - The Behavioral Risk Factor Surveillance System (BRFSS)
    - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
    - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
    - 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.
  - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  - United States Census Bureau
- **Data Levels:** Nationwide, state, health department district, and county level data

Health Status

County and Health Department District Map



County Name	Health Department District
Lincoln	West Central

Legend

Local Health Departments that do not Qualify for LB 692* Funding

Health Status

County Health Rankings & Roadmaps - Lincoln County, Nebraska

- The County Health Rankings rank 79 counties in Nebraska (1 being the best, 79 being the worst).
- Many factors go into these rankings. A few examples include:
  - Physical Environment:
    - Air pollution – particulate matter
    - Drinking water violations
    - Severe housing problems
    - Driving alone to work
  - Social & Economic Factors:
    - High school graduation
    - Unemployment
    - Children in poverty
    - Injury deaths

2019 County Health Rankings	Lincoln County
Health Outcomes	**76**
LENGTH OF LIFE	71
QUALITY OF LIFE	70
Health Factors	**70**
HEALTH BEHAVIORS	65
CLINICAL CARE	64
SOCIAL & ECONOMIC FACTORS	55
PHYSICAL ENVIRONMENT	66

Note: Green represents the best ranking for the county, and red represents the worst ranking.

Health Status

Mortality – Leading Causes of Death (2013-2017)

Rank	Lincoln County	Nebraska
1	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
3	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)
4	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Cerebrovascular diseases (I60-I69)
5	Diabetes mellitus (E10-E14)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
6	Cerebrovascular diseases (I60-I69)	Alzheimer's disease (G30)
7	Influenza and pneumonia (J09-J18)	Diabetes mellitus (E10-E14)
8	Alzheimer's disease (G30)	Influenza and pneumonia (J09-J18)
9	Essential hypertension and hypertensive renal disease (I10,I12,I15)	Essential hypertension and hypertensive renal disease (I10,I12,I15)
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)

Health Status

Mortality – Leading Causes of Death Rates (2013-2017)

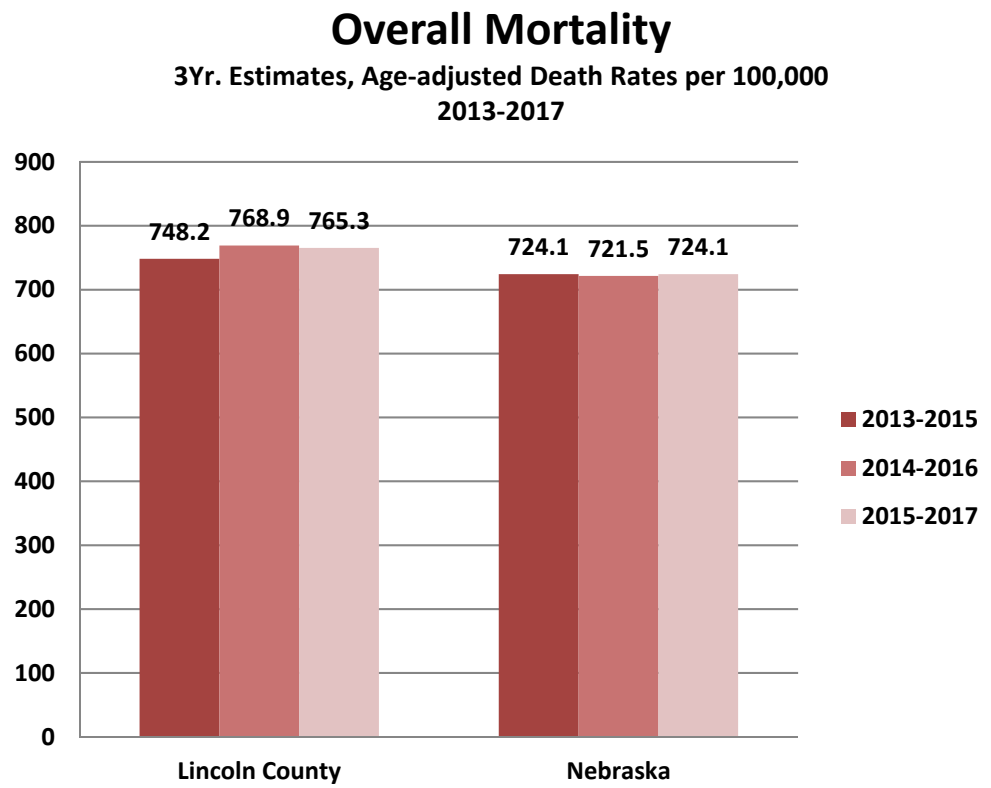
Mortality Category (2013-2017)	Lincoln County		Nebraska	
	Combined 5Yr. Rate	5Yr. Change	Combined 5Yr. Rate	5Yr. Change
Malignant neoplasms (C00-C97)	170.9	↓	156.9	↓
Diseases of heart (I00-I09,I11,I13,I20-I51)	137.1	↑	147.0	↓
Chronic lower respiratory diseases (J40-J47)	57.9	↑	50.4	↑
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	47.7	↑	37.6	↑
Diabetes mellitus (E10-E14)	35.5	↓	23.0	↑
Cerebrovascular diseases (I60-I69)	29.5	↓	33.8	↓
Influenza and pneumonia (J09-J18)	17.8	↑	15.4	↑
Alzheimer's disease (G30)	17.3	↓	25.0	↑
Essential hypertension and hypertensive renal disease (I10,I12,I15)	15.2	↑	10.6	↑
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	17.9	-	12.9	↑

- indicates that the county's rate is lower than the state's rate for that disease category.
- indicates that the county's rate is higher than the state's rate for that disease category.
- ↓ indicates that the rate is trending downwards.
- ↑ indicates that the rate is trending upwards.

Health Status

Mortality – Overall

- Overall mortality rates in Lincoln County increased between 2013 and 2017, while rates in the state remained steady.
- In 2015-2017, the overall mortality rate in Lincoln County (765.3 per 100,000) was higher than the state (724.1 per 100,000).

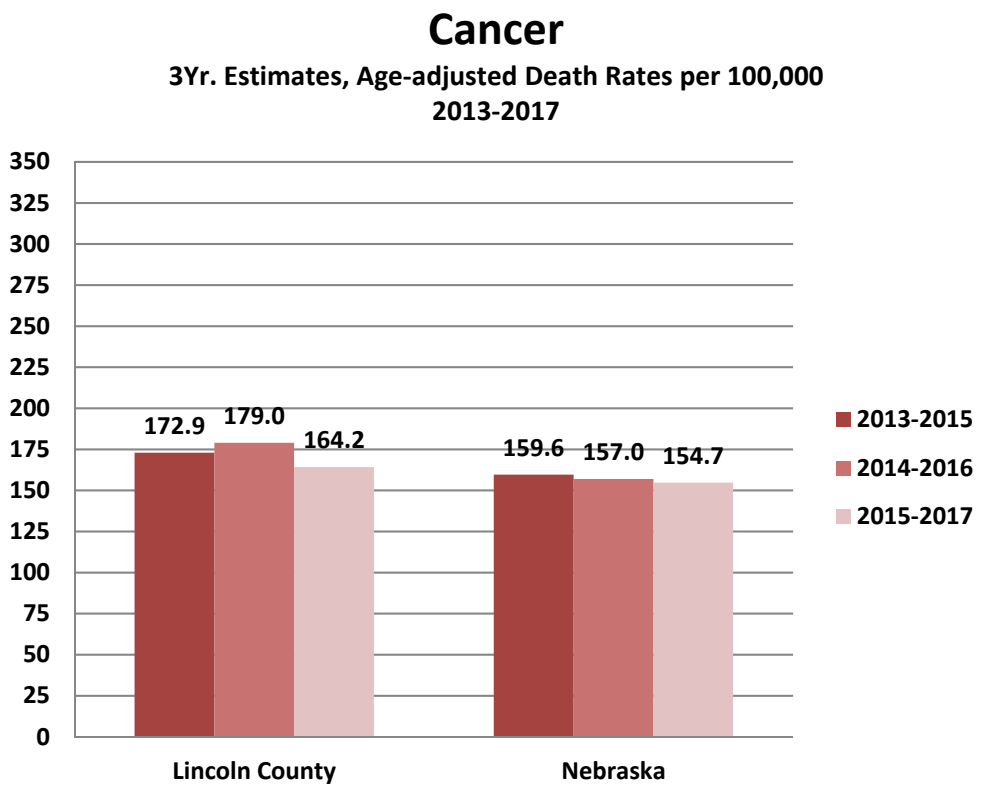


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	1,088	748.2	1,119	768.9	1,135	765.3	1,833	751.8
Nebraska	48,472	724.1	48,935	721.5	49,835	724.1	81,567	721.1

Health Status

Mortality – Malignant Neoplasms (Cancer)

- Cancer is the leading cause of death in Lincoln County and the state (2013-2017).
- Between 2013 and 2017, cancer mortality rates overall decreased in Lincoln County and the state.
- In 2015-2017, the cancer mortality rate in Lincoln County (164.2 per 100,000) was higher than the state rate (154.7 per 100,000).



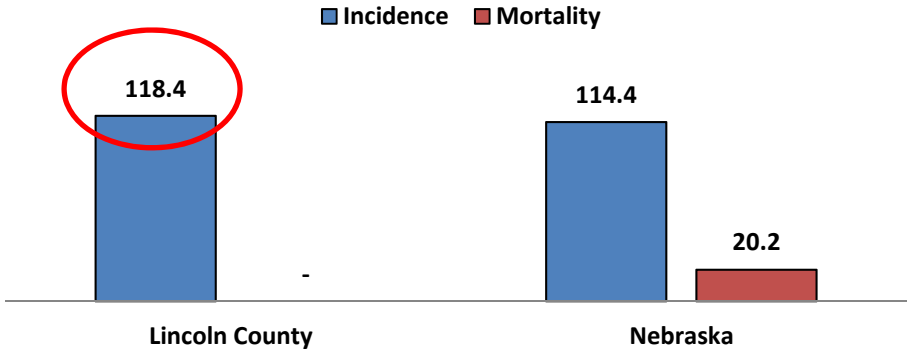
LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	242	172.9	254	179.0	236	164.2	403	170.9
Nebraska	10,432	159.6	10,450	157.0	10,493	154.7	17,411	156.9

Health Status

Cancer Incidence & Mortality by Type

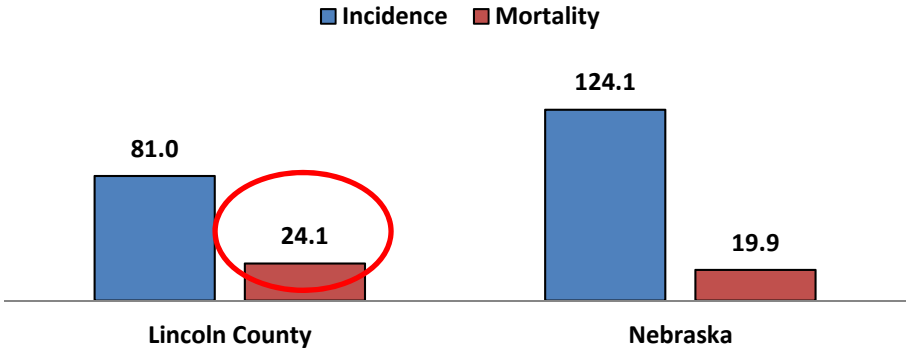
Prostate

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015



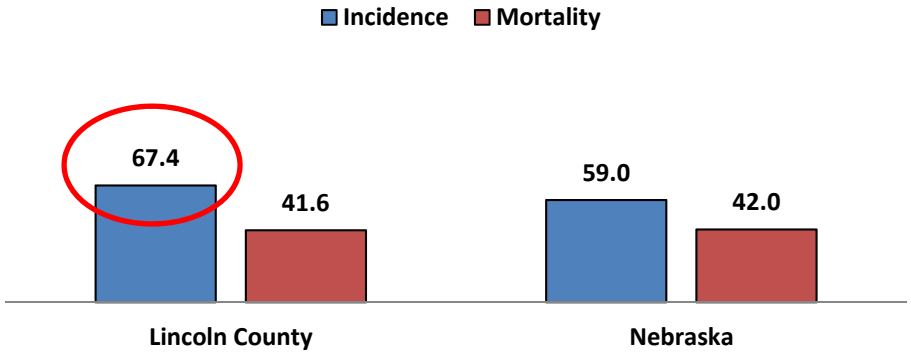
Breast Cancer (Female)

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015



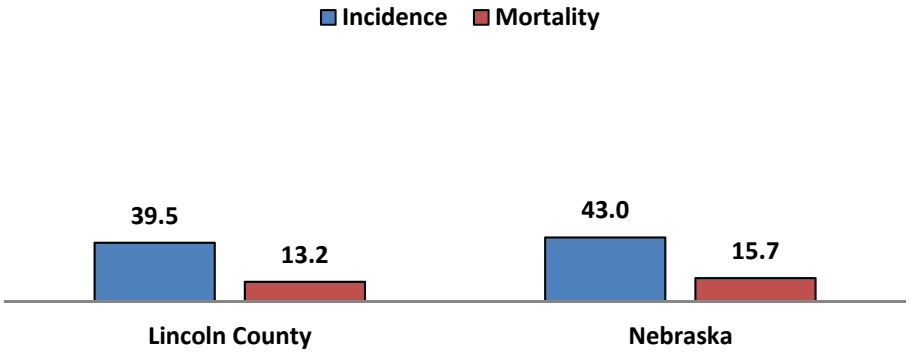
Lung & Bronchus

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015



Colon & Rectum

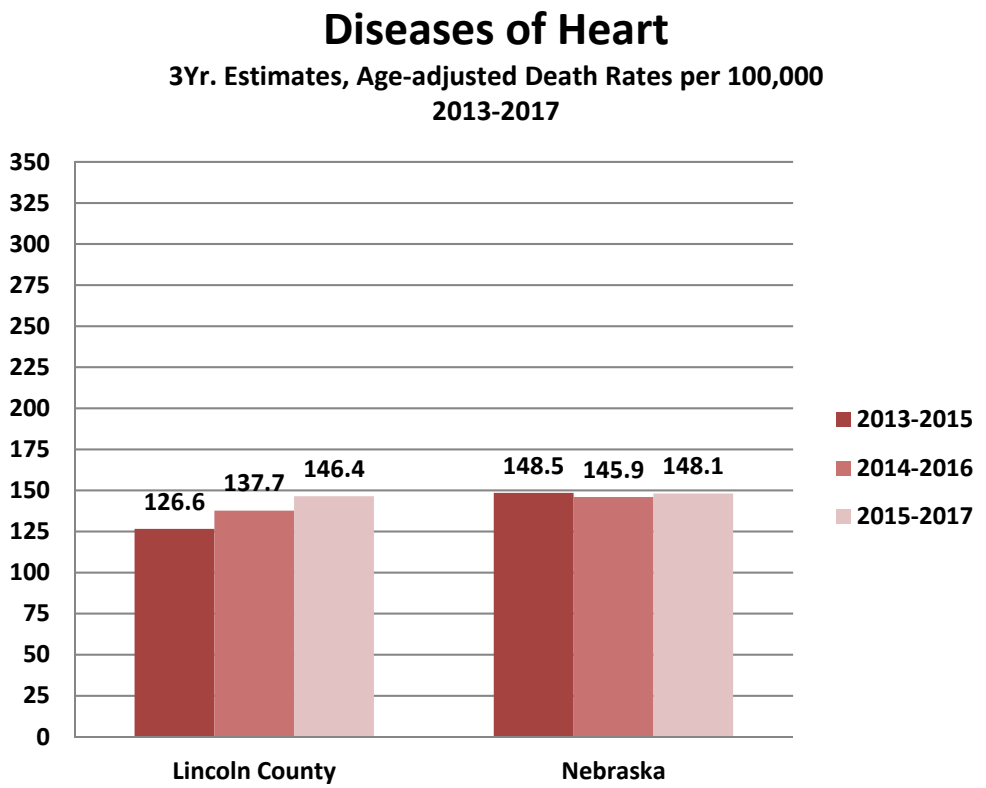
Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016



Health Status

Mortality – Diseases of the Heart

- Heart disease is the second leading cause of death in Lincoln County and the state (2013-2017).
- Between 2013 and 2017, heart disease mortality rates increased in Lincoln County and slightly decreased in the state.
- In 2015-2017, the heart disease mortality rate in Lincoln County (146.4 per 100,000) was slightly lower than the state rate (148.1 per 100,000).

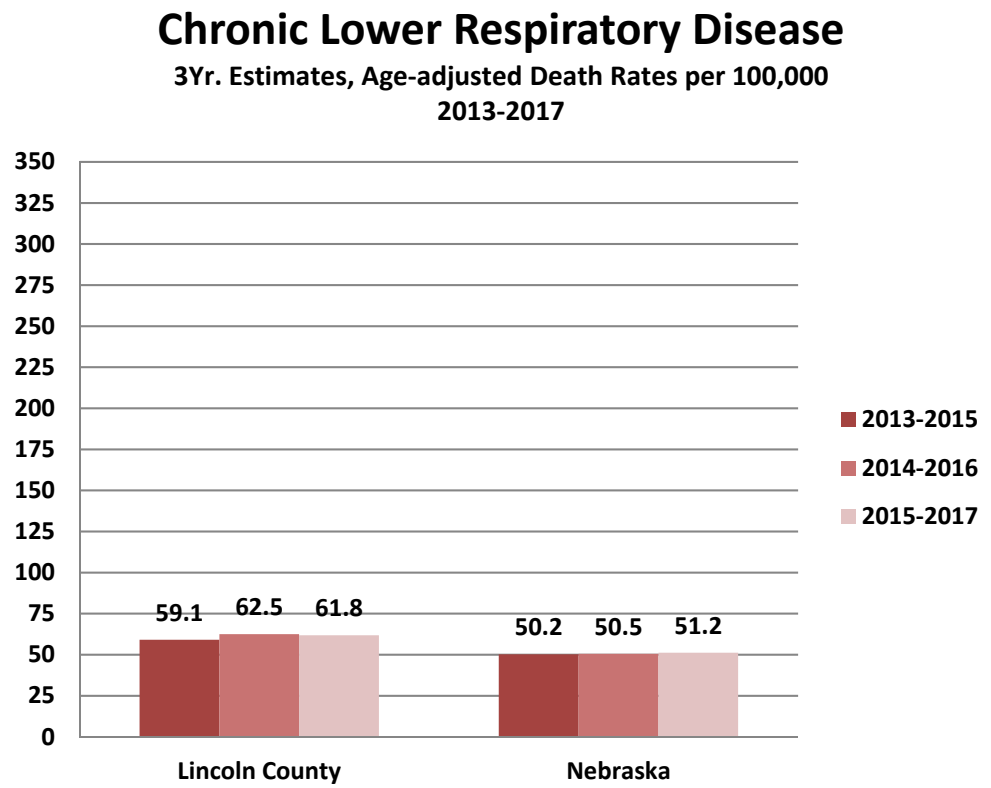


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	200	126.6	217	137.7	236	146.4	364	137.1
Nebraska	10,268	148.5	10,209	145.9	10,494	148.1	17,171	147.0

Health Status

Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Lincoln County and the state (2013-2017).
- Between 2015 and 2017, CLRD mortality rates in Lincoln County and the state slightly increased.
- In 2015-2017, the CLRD mortality rate in Lincoln County (61.8 per 100,000) was higher than the state rate (51.2 per 100,000).

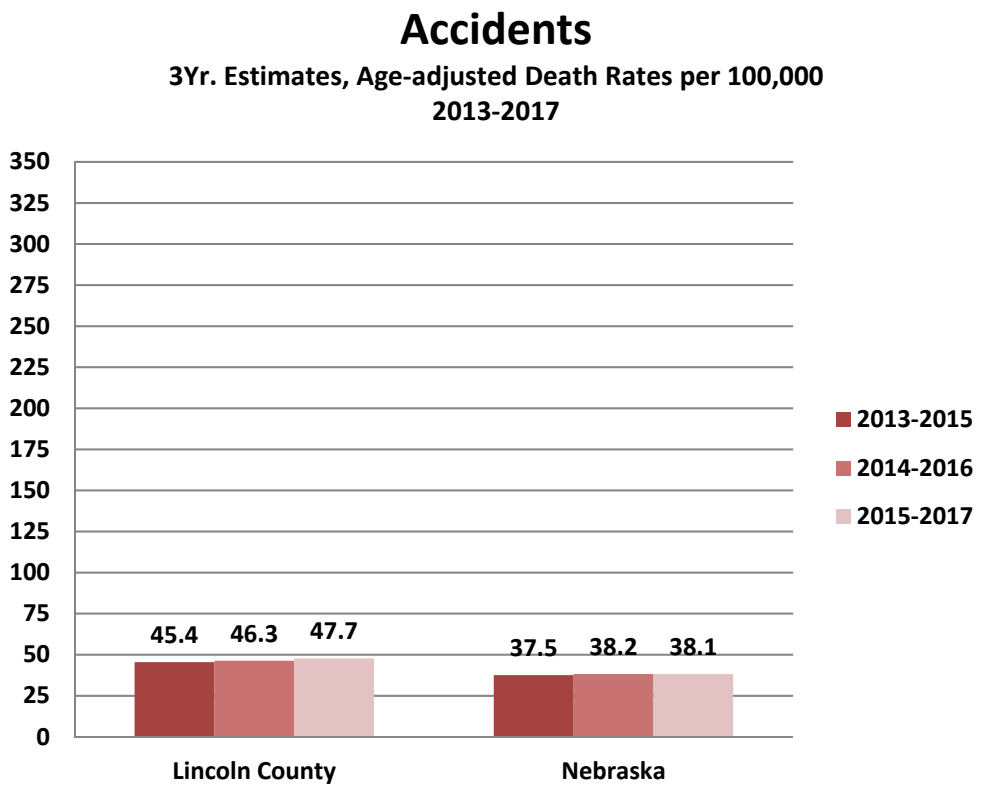


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	89	59.1	96	62.5	97	61.8	148	57.9
Nebraska	3,329	50.2	3,414	50.5	3,515	51.2	5,670	50.4

Health Status

Mortality – Accidents

- Fatal accidents are the fourth leading cause of death in Lincoln County and the fifth leading cause of death in the state (2013-2017).
- Between 2013 and 2017, accident mortality rates increased in Lincoln County and the state.
- In 2015-2017, the fatal accident mortality rate in Lincoln County (47.7 per 100,000) was higher than the state rate (38.1 per 100,000).
- The leading cause of fatal accidents in Lincoln County is due to motor vehicle accidents (2015-2017).

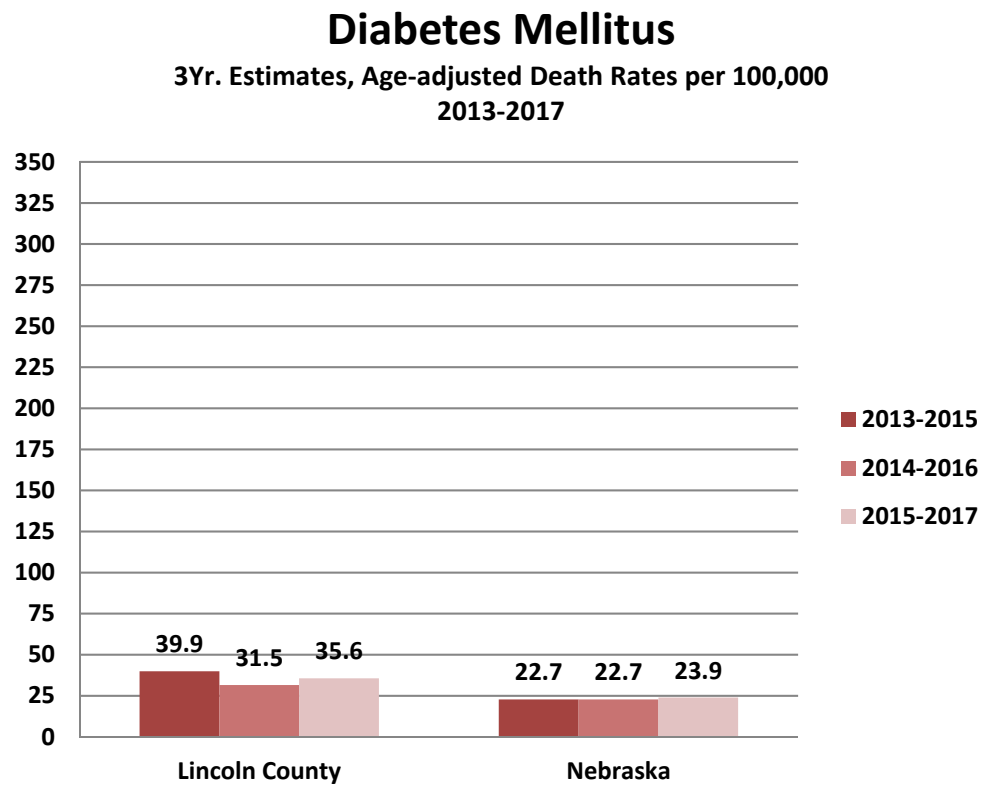


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	54	45.4	55	46.3	57	47.7	94	47.7
Nebraska	2,283	37.5	2,352	38.2	2,382	38.1	3,866	37.6

Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the fifth leading cause of death in Lincoln County and the seventh leading cause of death in the state (2013-2017).
- Between 2013 and 2017, diabetes mortality rates overall decreased in Lincoln County and increased in the state.
- In 2015-2017, the diabetes mortality rate in Lincoln County (35.6 per 100,000) was higher than the state rate (23.9 per 100,000).

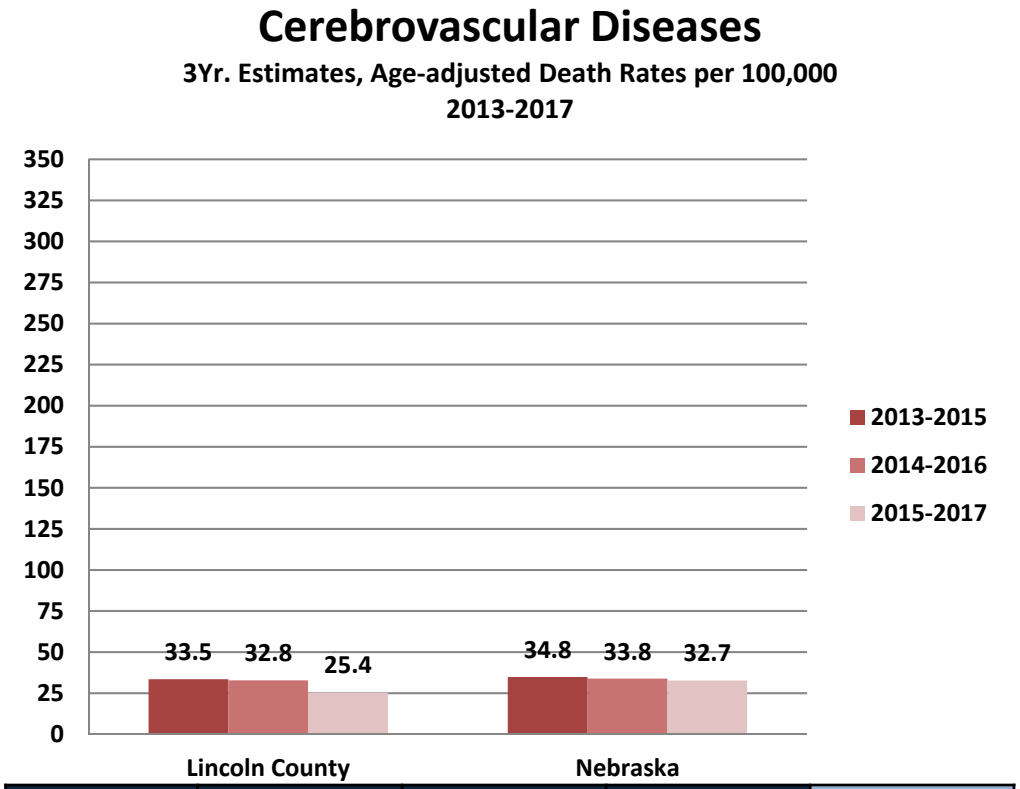


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	58	39.9	47	31.5	53	35.6	87	35.5
Nebraska	1,497	22.7	1,527	22.7	1,629	23.9	2,573	23.0

Health Status

Mortality – Cerebrovascular Diseases

- Cerebrovascular disease is the sixth leading cause of death in Lincoln County the fourth leading cause of death in the state (2013-2017).
- Between 2013 and 2017, cerebrovascular disease mortality rates in Lincoln County and the state slightly decreased.
- In 2015-2017, the cerebrovascular disease rate in Lincoln County (25.4 per 100,000) was lower than the state rate (32.7 per 100,000).

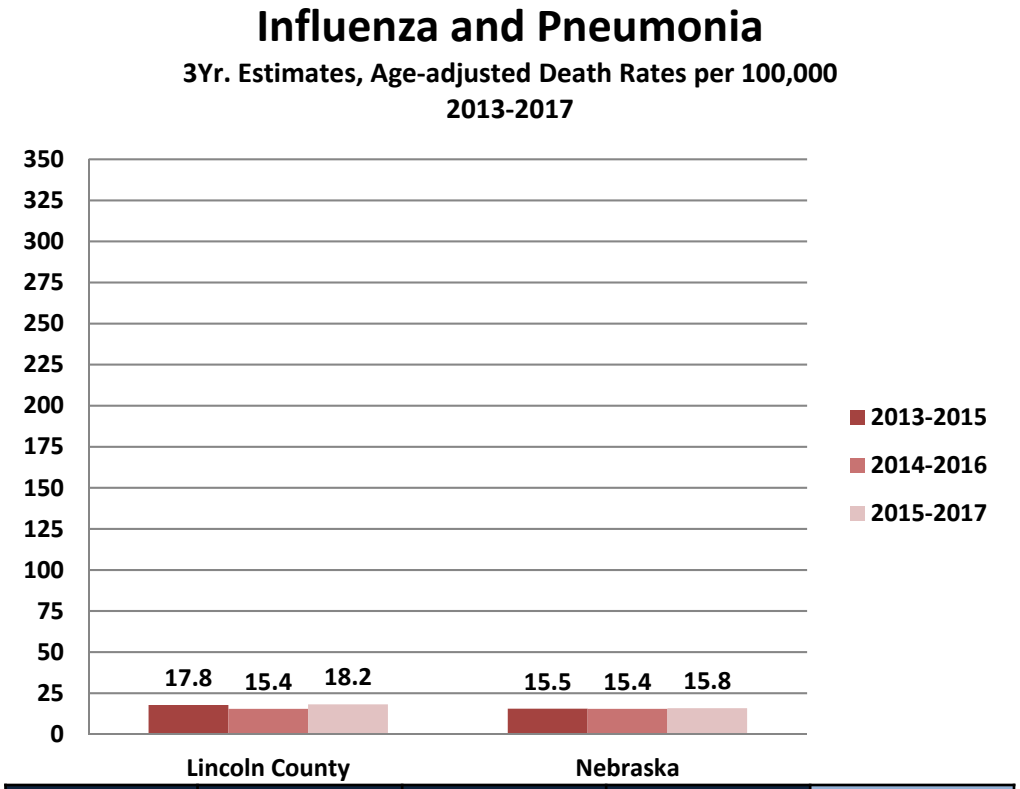


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	52	33.5	52	32.8	41	25.4	77	29.5
Nebraska	2,394	34.8	2,361	33.8	2,323	32.7	3,941	33.8

Health Status

Mortality – Influenza and Pneumonia

- Influenza and pneumonia is the seventh leading cause of death in Lincoln County and the eighth leading cause of death in the state (2013-2017).
- Between 2013 and 2017, influenza and pneumonia mortality rates slightly increased in Lincoln County and the state.
- In 2015-2017, the influenza and pneumonia mortality rate in Lincoln County (18.2 per 100,000) was slightly higher than the state (15.8 per 100,000).

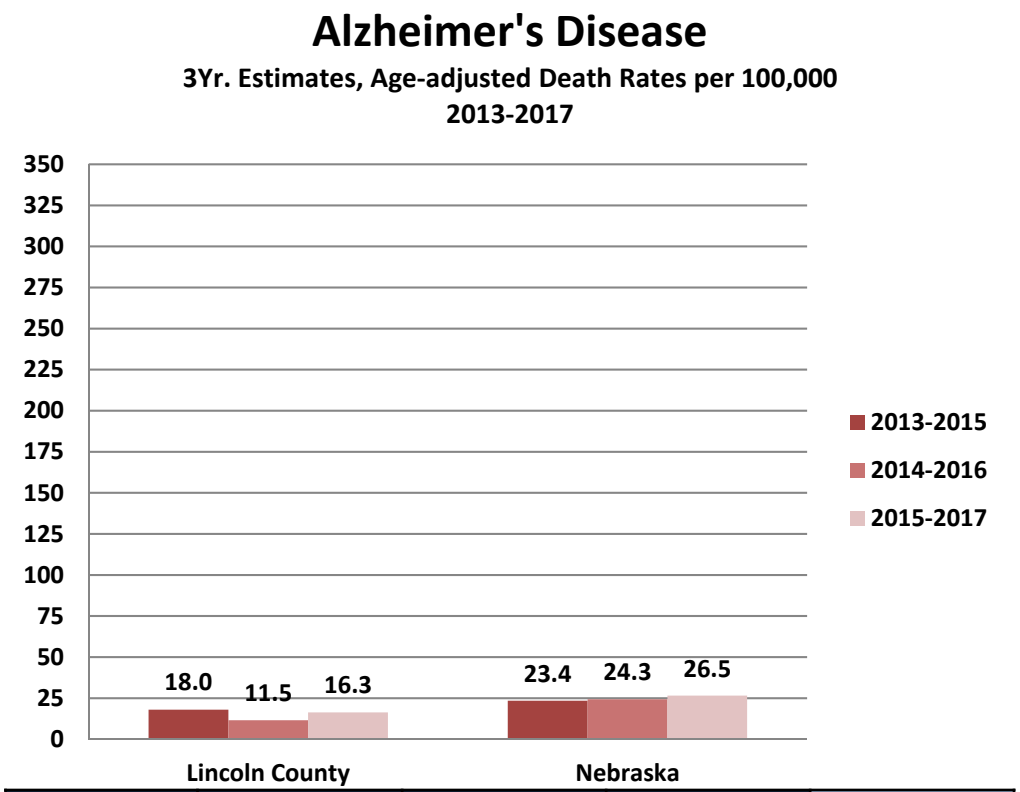


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	29	17.8	24	15.4	29	18.2	48	17.8
Nebraska	1,091	15.5	1,090	15.4	1,132	15.8	1,826	15.4

Health Status

Mortality – Alzheimer's Disease

- Alzheimer's disease is the eighth leading cause of death in Lincoln County and the sixth leading cause of death in the state (2013-2017).
- Between 2013 and 2017, Alzheimer's disease mortality rates decreased in Lincoln County and increased in the state.
- In 2015-2017, the Alzheimer's disease mortality rate in Lincoln County (16.3 per 100,000) was lower than the rate in the state (26.5 per 100,000).

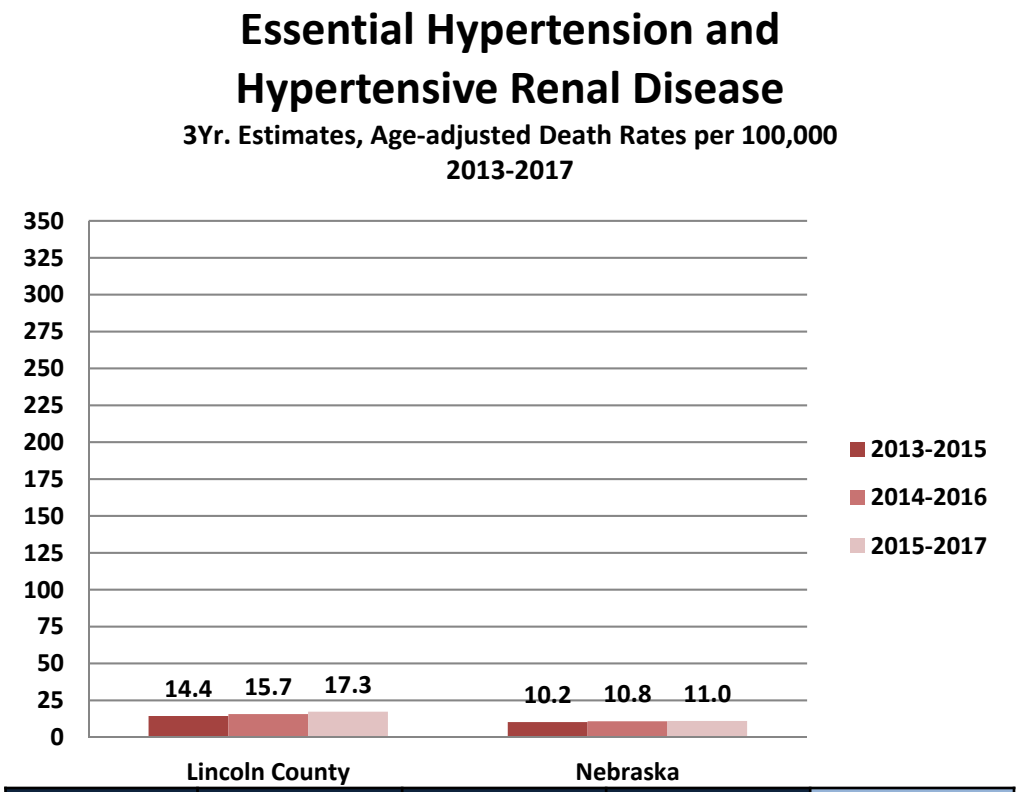


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	30	18.0	20	11.5	27	16.3	48	17.3
Nebraska	1,670	23.4	1,747	24.3	1,930	26.5	3,002	25.0

Health Status

Mortality – Essential Hypertension and Hypertensive Renal Disease

- Essential hypertension and hypertensive renal disease is the ninth leading cause of death in Lincoln County and the state (2013-2017).
- Between 2013 and 2017, essential hypertension and hypertensive renal disease mortality rates increased in Lincoln County and the state.
- The essential hypertension and hypertensive renal disease mortality rate in Lincoln County (17.3 per 100,000) is higher than the state (11.0 per 100,000) (2015-2017).

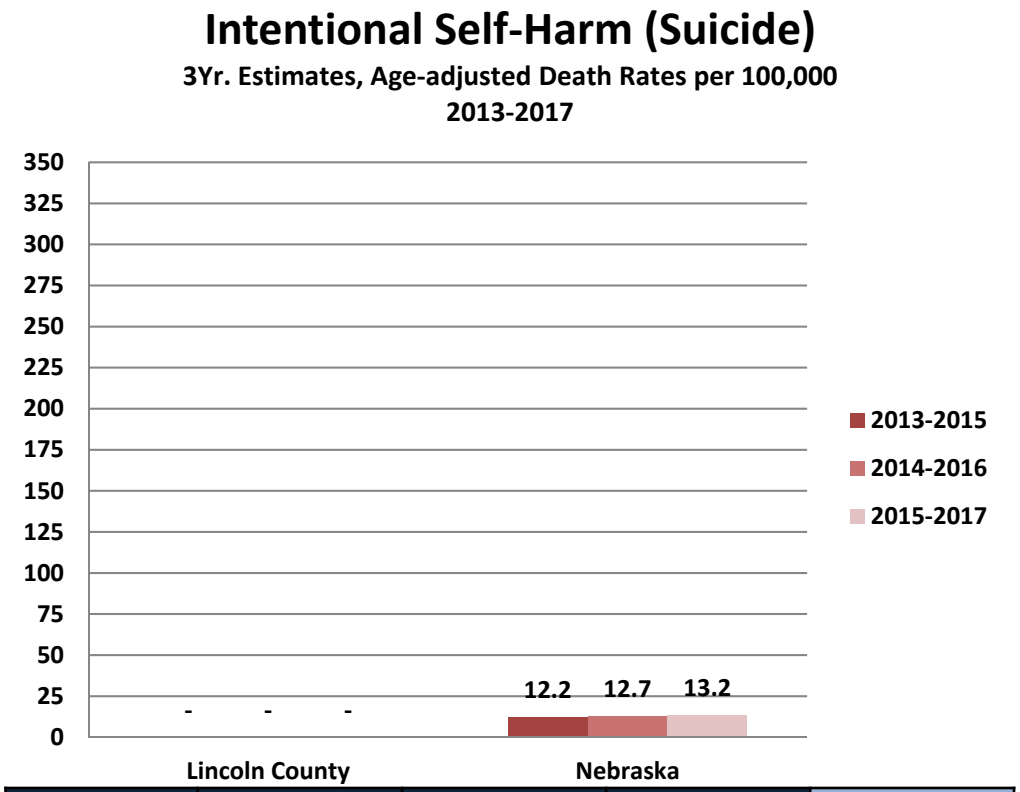


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	23	14.4	24	15.7	24	17.3	38	15.2
Nebraska	723	10.2	770	10.8	789	11.0	1,265	10.6

Health Status

Mortality – Intentional Self-harm (Suicide)

- Intentional self-harm (suicide) is the tenth leading cause of death in Lincoln County and the state (2013-2017).
- Between 2013 and 2017, suicide mortality rates increased in the state.

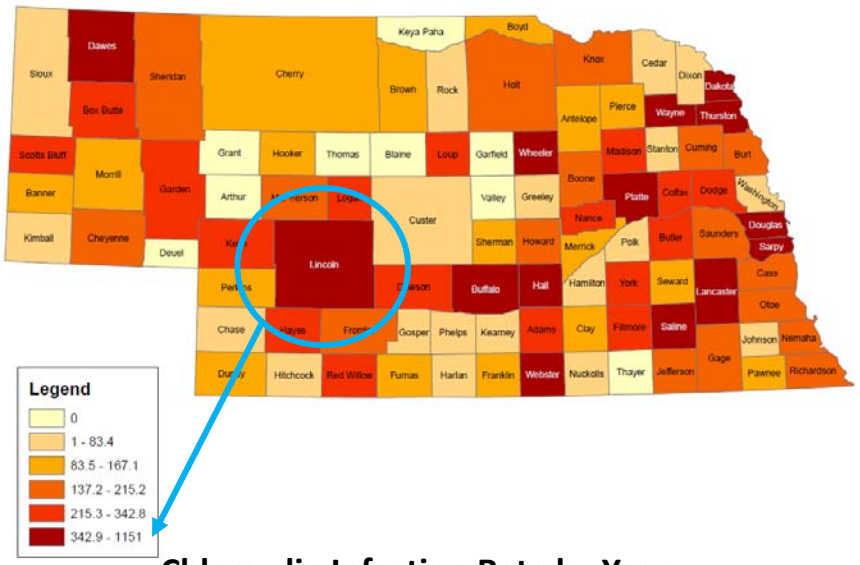


LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Lincoln County	17	-	17	-	17	-	29	17.9
Nebraska	694	12.2	720	12.7	744	13.2	1,215	12.9

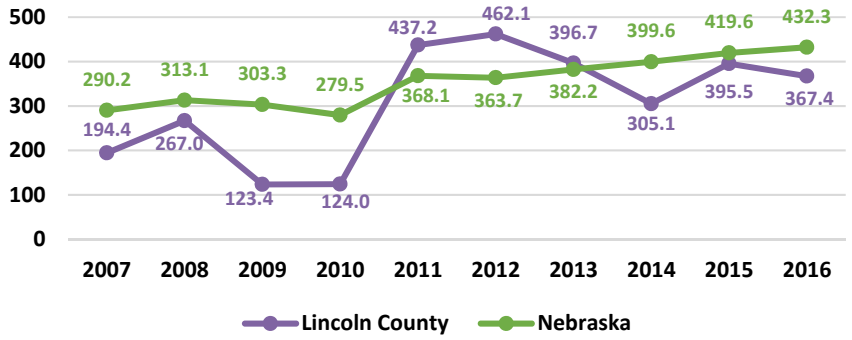
Health Status

Communicable Diseases – Chlamydia

- Lincoln County had one of the higher rates of chlamydia infections in the state as compared to all other counties (2016).
- Between 2007 and 2016, chlamydia infection rates overall increased in both Lincoln County and the state.
- Lincoln County has maintained a lower chlamydia infection than the state, with the exception of 2011-2013 when rates increased to above the state (2007-2016).



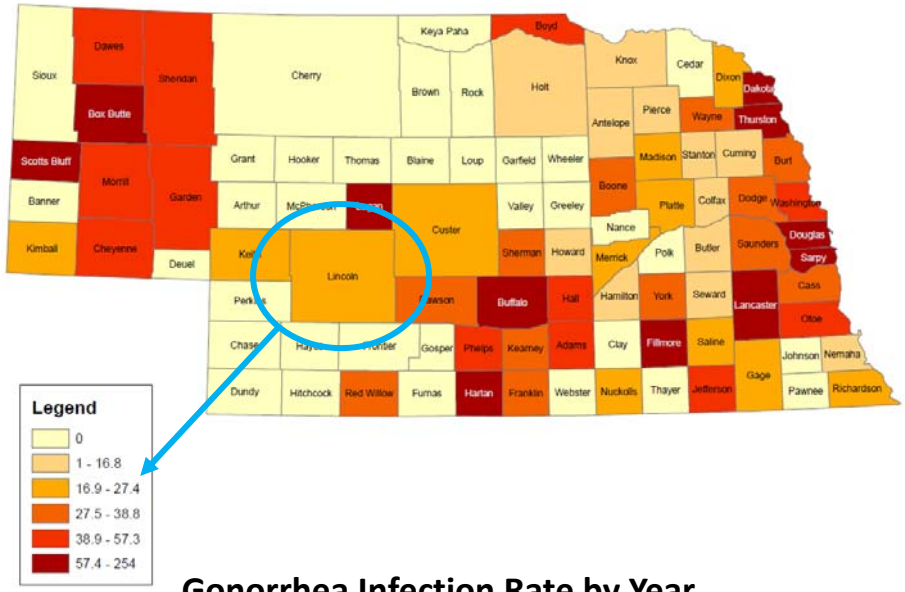
Chlamydia Infection Rate by Year
Rates per 100,000
2007-2016



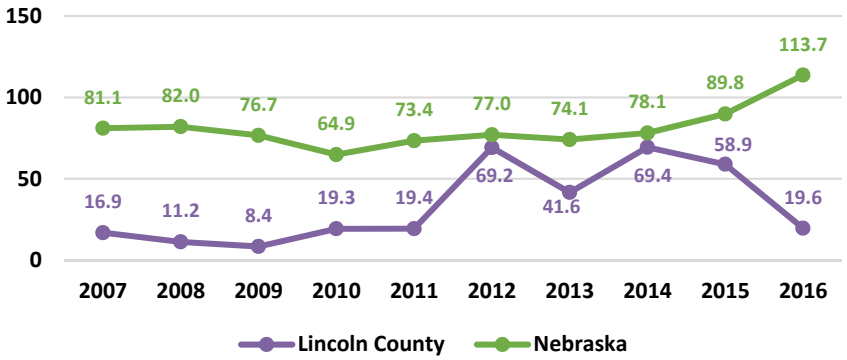
Health Status

Communicable Diseases – Gonorrhea

- Lincoln County had a relatively consistent rate of gonorrhea infections in the state as compared to all other counties (2016).
- Between 2007 and 2016, gonorrhea infection rates fluctuated in Lincoln County, and overall increased in the state.
- Lincoln County has maintained a lower gonorrhea infection than the state (2007-2016).



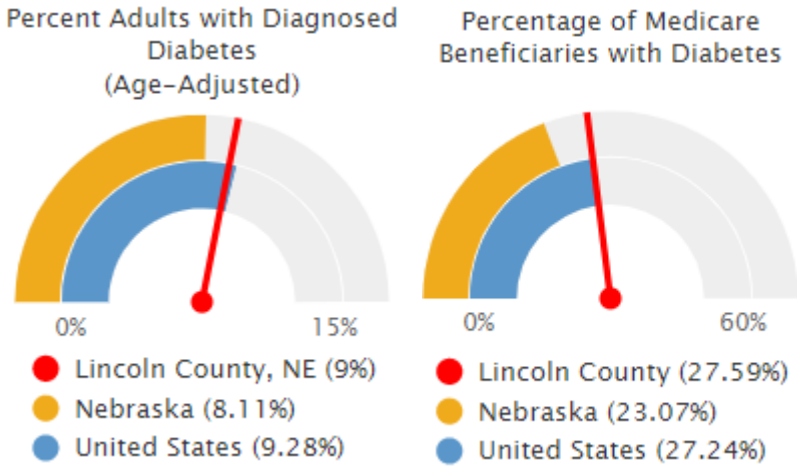
Gonorrhea Infection Rate by Year
Rates per 100,000
2007-2016



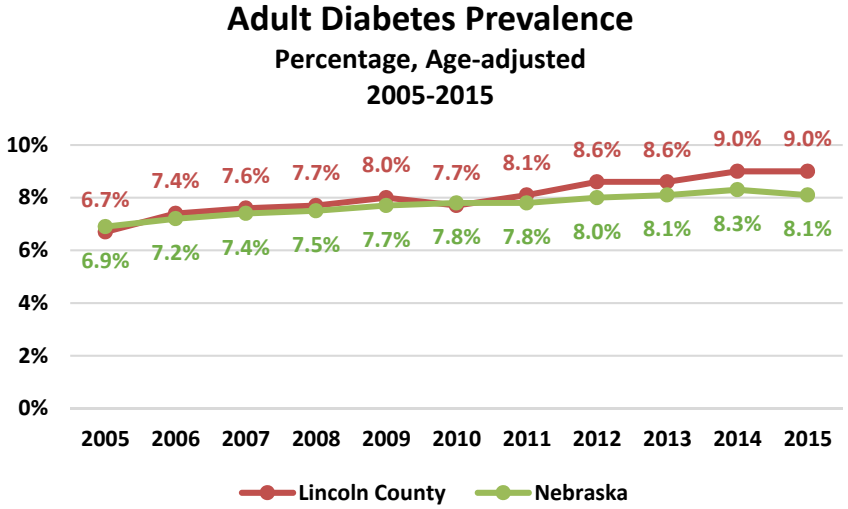
Health Status

Chronic Conditions – Diabetes

- In 2015, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Lincoln County (9.0%) was slightly higher than the state (8.1%) and consistent with the national rate (9.3%).
- In 2017, the percentage of Medicare Beneficiaries with diabetes in Lincoln County (27.6%) was higher than the state rate (23.1%) and consistent with the national rate (27.2%).
- Between 2005 and 2015, diabetes prevalence rates increased in Lincoln County and the state.
- Lincoln County has maintained a consistent diabetes prevalence rate with the state (2005-2015).



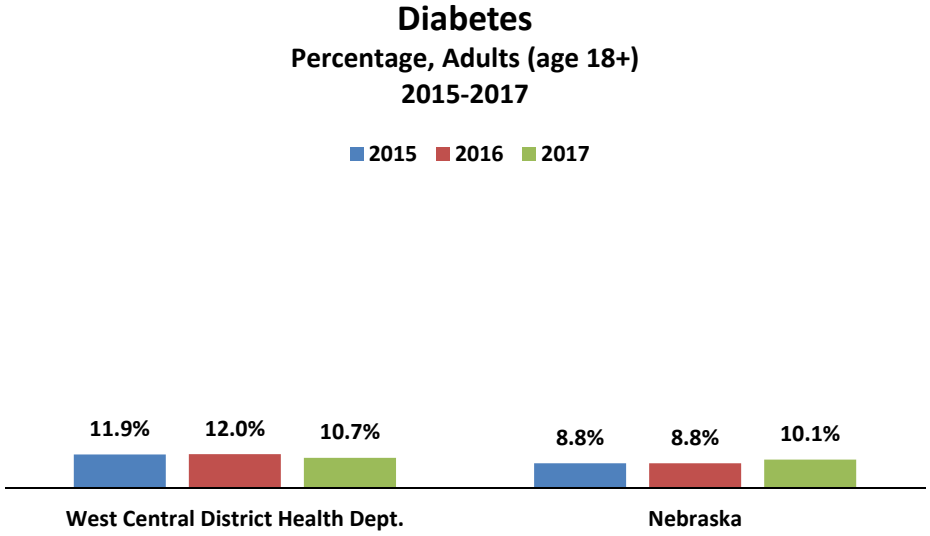
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



Health Status

Chronic Conditions – Diabetes (continued)

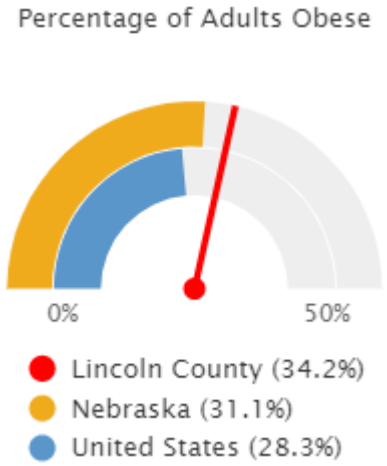
- Between 2015 and 2017, diabetes prevalence rates in adults (age 18+) in the West Central District Health Department (West Central District Health Dept.) overall slightly decreased, while rates in the state overall increased.
- In 2017, the West Central District Health Dept. (10.7%) had a consistent percent of adults (age 18+) who had ever been diagnosed with diabetes with the state (10.1%).



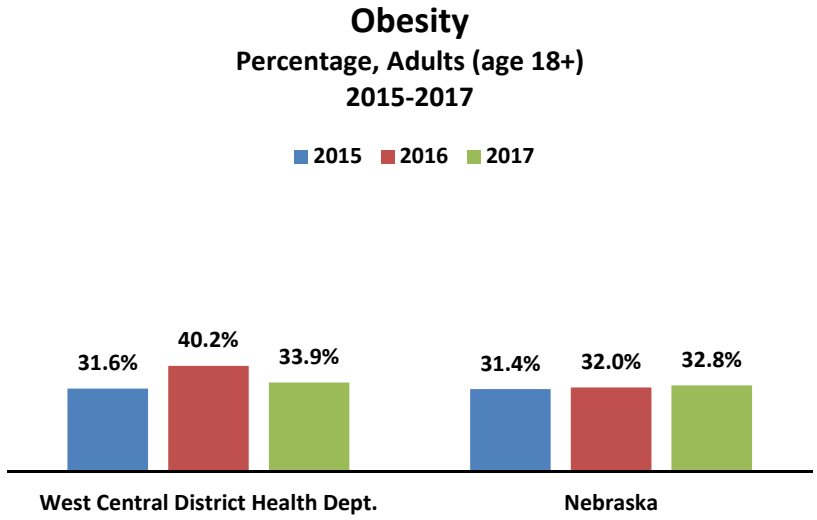
Health Status

Chronic Conditions – Obesity

- In 2015, Lincoln County (34.2%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (31.1%) and the nation (28.3%).
- Between 2015 and 2017, obesity prevalence rates in adults (age 18+) in the West Central District Health Dept. and the state overall slightly increased.
- In 2017, the West Central District Health Dept. (33.9%) had a slightly higher percentage of obese adults (age 18+) than the state (32.8%).



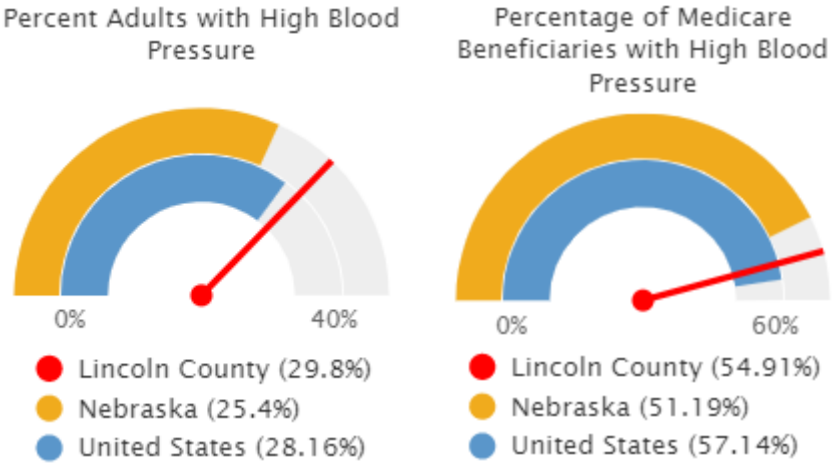
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



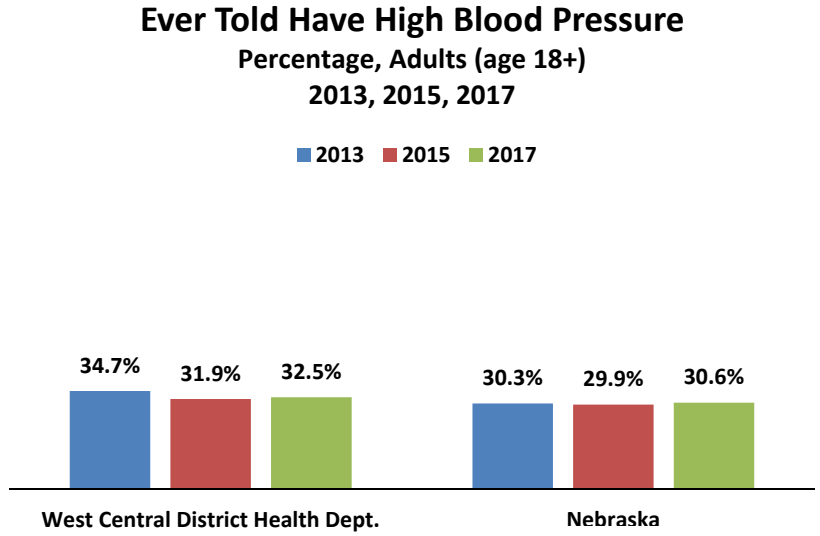
Health Status

High Blood Pressure

- Lincoln County (29.8%) has a higher percentage of adults (age 18+) with high blood pressure or hypertension than the state (25.4%) and a slightly higher rate than the nation (28.2%) (2006-2012).
- Lincoln County (54.9%) has a higher rate of Medicare fee-for-service residents with hypertension than the state (51.2%) and a lower rate than the nation (57.1%) (2017).
- Between 2015 and 2017, the percentage of adults (age 18+) in the West Central District Health Dept. ever diagnosed with high blood pressure slightly decreased, while rates in the state remained steady.
- In 2017, the West Central District Health Dept. (32.5%) had a slightly higher percentage of adults (age 18+) ever diagnosed with high blood pressure than the state (30.6%).



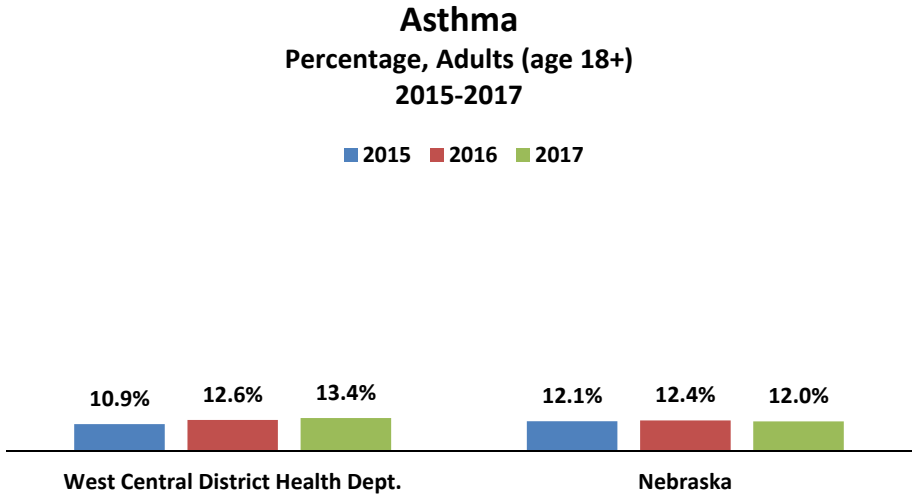
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



Health Status

Chronic Conditions – Asthma

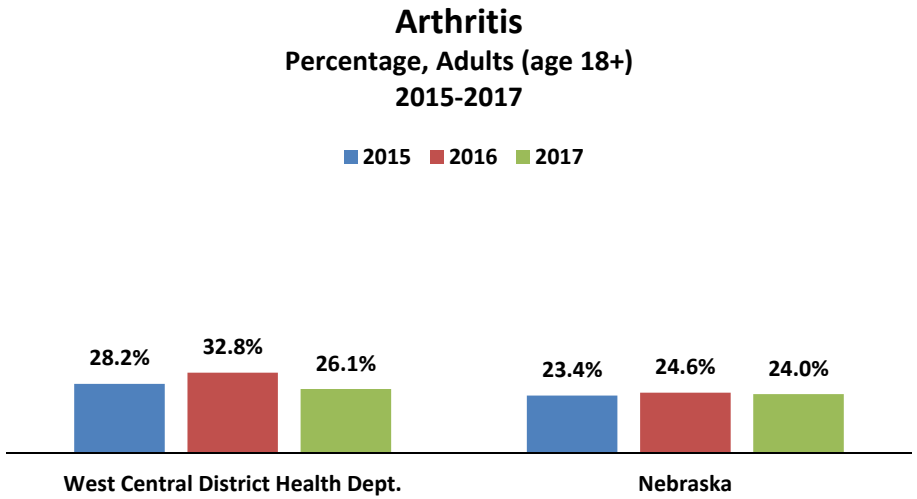
- Between 2015 and 2017, asthma prevalence rates in adults (age 18+) in the West Central District Health Dept. increased, while rates in the state remained relatively stable.
- In 2017, the West Central District Health Dept. (13.4%) had a slightly higher percentage of adults (age 18+) ever diagnosed with asthma than the state (12.0%).



Health Status

Chronic Conditions – Arthritis

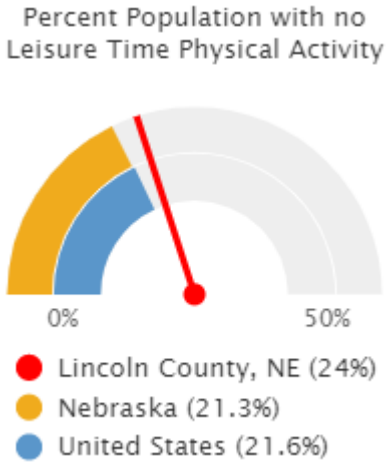
- Between 2015 and 2017, arthritis prevalence rates in adults (age 18+) in the West Central District Health Dept. overall decreased, while rates in the state slightly increased.
- In 2017, the West Central District Health Dept. (26.1%) had a slightly higher percentage of adults (age 18+) ever diagnosed with arthritis than the state (24.0%).



Health Status

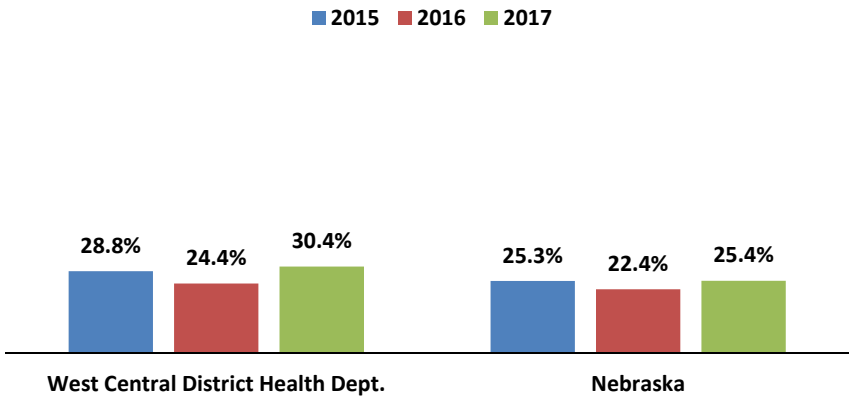
Health Behaviors – Physical Inactivity

- In 2015, the percent of the adult population (age 20+) in Lincoln County (24.0%) that self-reported no leisure time for physical activity was higher than the state rate (21.3%) and the national rate (21.6%).
- The percent of adults (age 18+) that did not participate in leisure time physical activity in the West Central District Health Dept. overall increased between 2015 and 2017, while rates in the state remained steady.
- In 2017, the percentage of adults (age 18+) that did not participate in physical activity in the West Central District Health Dept. (30.4%) was higher than the state (25.4%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

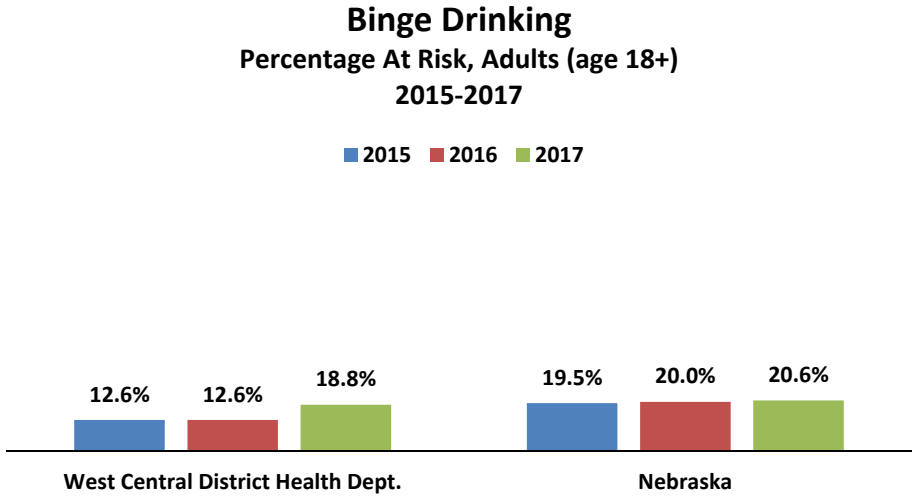
No Leisure Time Physical Activity
Percentage, Adults (age 18+)
2015-2017



Health Status

Health Behaviors – Binge Drinking

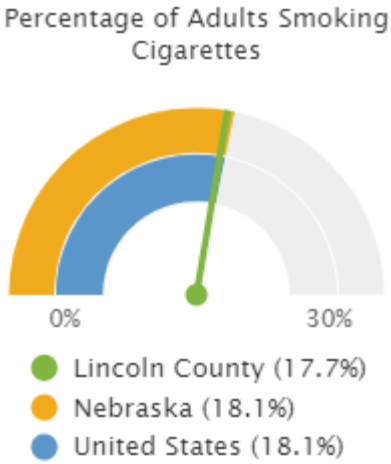
- Between 2015 and 2017, the percentage of adults (age 18+) at risk of binge drinking in the West Central District Health Dept. and the state increased.
- In 2017, the West Central District Health Dept. (18.8%) had a slightly lower percentage of adults (age 18+) at risk of binge drinking than the state (20.6%).



Health Status

Health Behaviors – Smoking

- The percent of the adult (age 18+) population in Lincoln County (17.7%) that self-reported currently smoking cigarettes some days or every day was consistent with the state rate (18.1%) and national rate (18.1%) (2006-2012).
- Between 2015 and 2017, the percent of adults (age 18+) that self-reported smoking some days or every day in the West Central District Health Dept. fluctuated, while rates in the state slightly decreased.
- In 2017, the prevalence of some days or every day smokers in the West Central District Health Dept. (18.1%) was higher than the state (15.4%).



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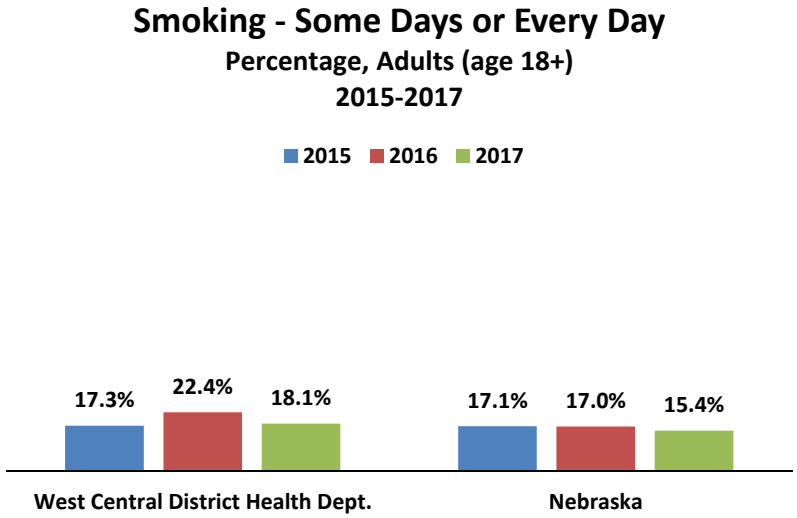
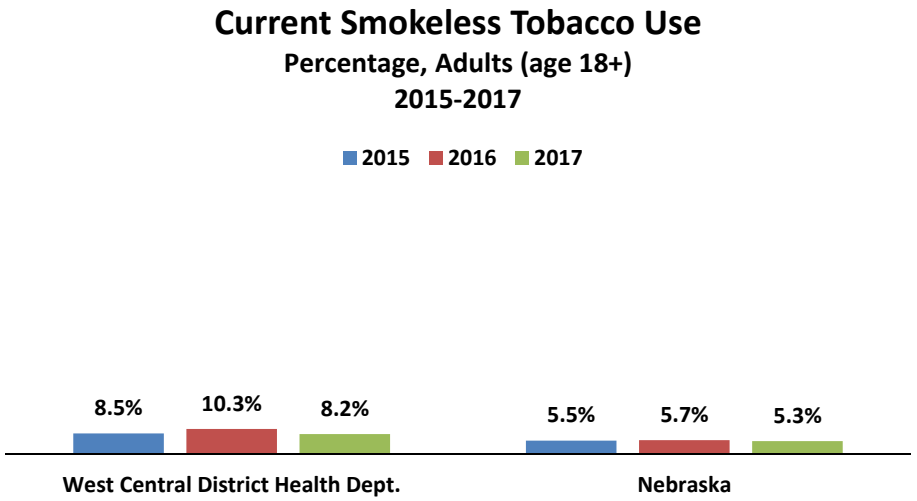
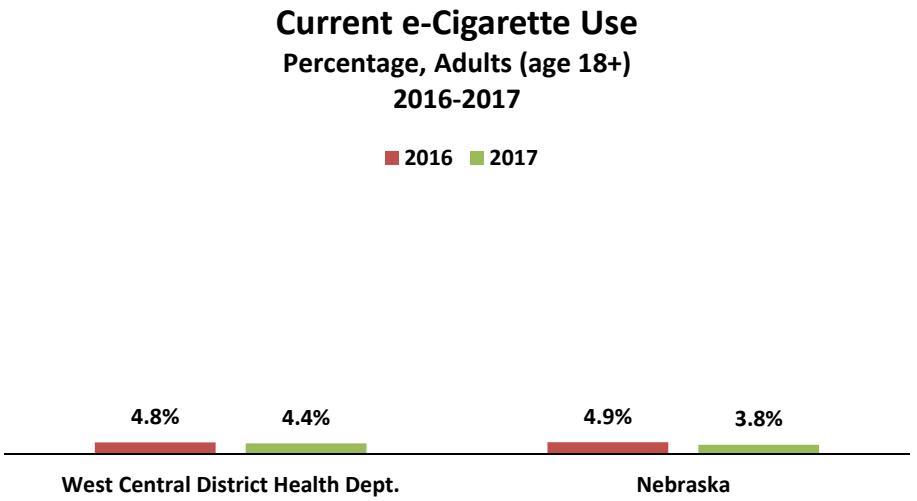


Health Status

Health Behaviors – Smoking (continued)

- Between 2015 and 2017, the percentage of adults (age 18+) currently using smokeless tobacco in the West Central District Health Dept. and the state remained steady.
- In 2017, the West Central District Health Dept. (8.2%) had a higher percentage of adults (age 18+) currently using smokeless tobacco than the state (5.3%).
- In 2017, the West Central District Health Dept. (4.4%) had a slightly higher percentage of adults (age 18+) currently using e-cigarettes than the state (3.8%).

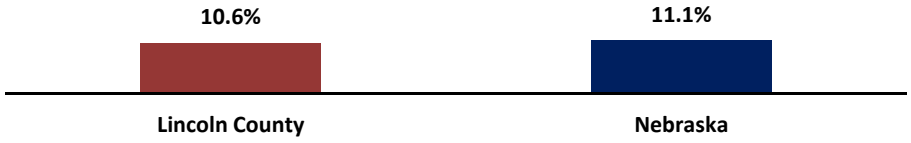




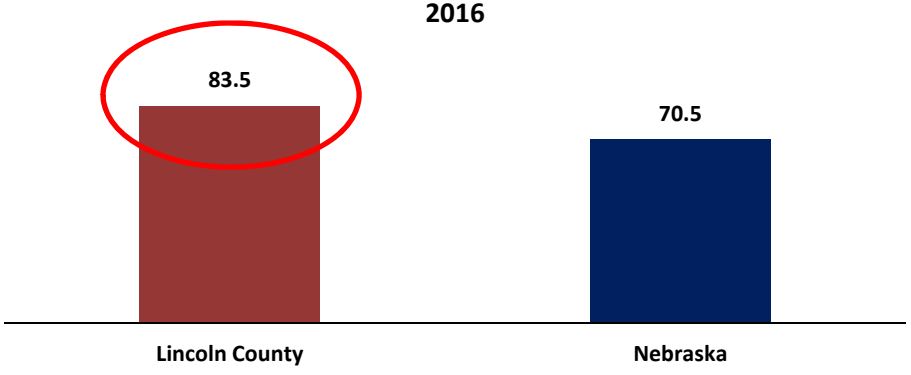
Health Status

Maternal & Child Health Indicators

Premature Births (<37 weeks gestation)
Percentage
2016

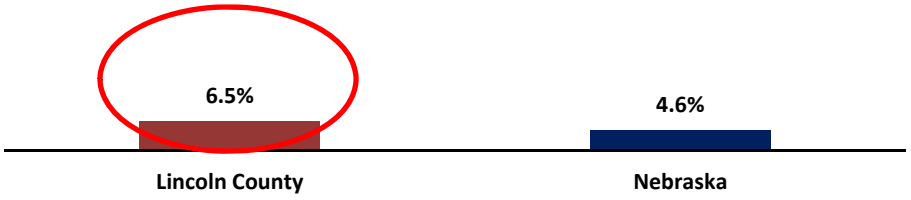


Very Low (<1,500g) and Low Birth (<2,500) Weight Births
Rate per 1,000 Live Births
2016



Inadequate Prenatal Care
Percentage
2016

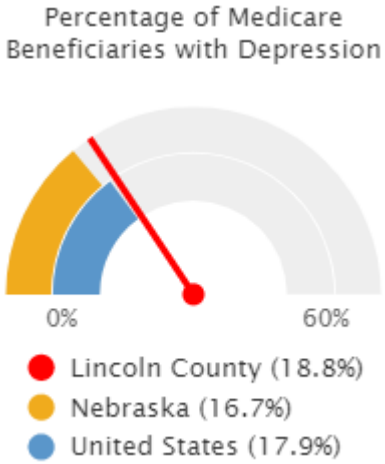
Teen Births
Teens (<19 years), Percentage
2016



Health Status

Mental Health – Depressive Disorders

- In 2017, the percentage of Medicare Beneficiaries in Lincoln County (18.8%) with depression was higher than the state (16.7%) and national rates (17.9%).
- Between 2015 and 2017, the rate of adults (age 18+) ever diagnosed with a depressive disorder in the West Central District Health Dept. remained steady, while rates in the state overall increased.
- In 2017, the West Central District Health Dept. (19.2%) had a consistent percentage of adults (age 18+) ever diagnosed with a depressive disorder with the state (19.4%).



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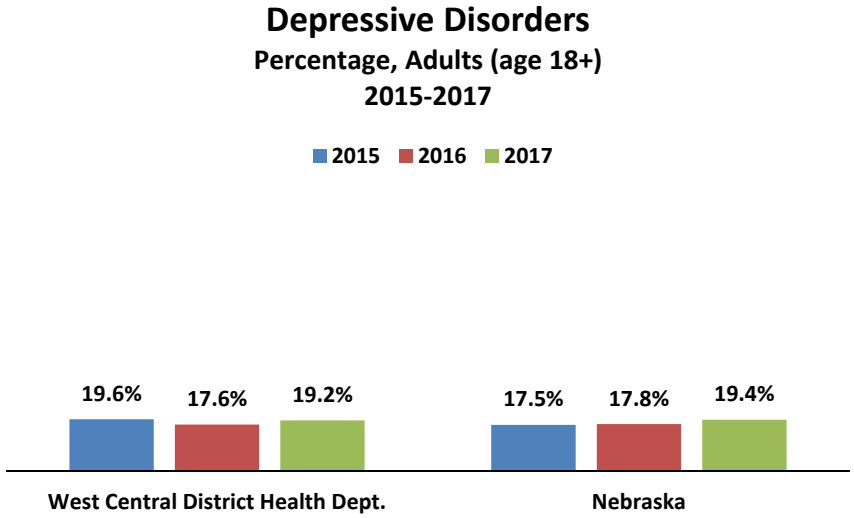
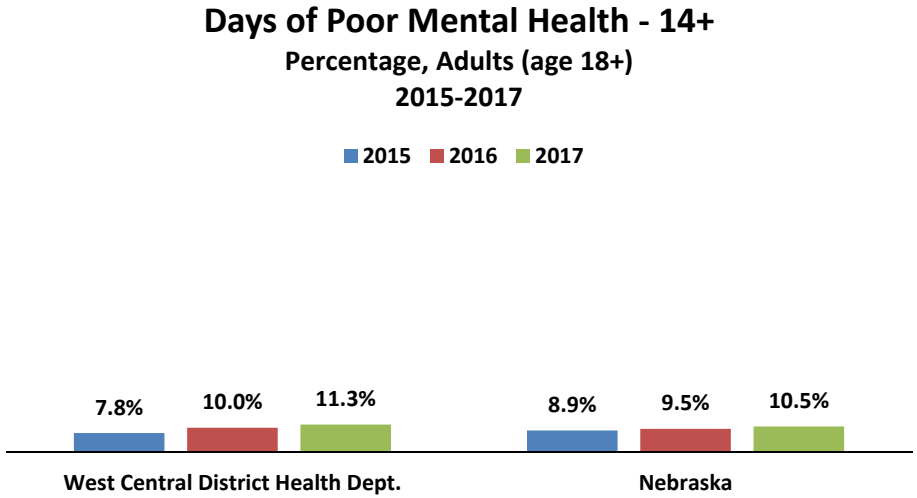


Health Status

Mental Health – 14+ Days of Poor Mental Health

- Between 2015 and 2017, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in the West Central District Health Dept. and the state increased.
- In 2017, the West Central District Health Dept. (11.3%) had a slightly higher percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (10.5%).

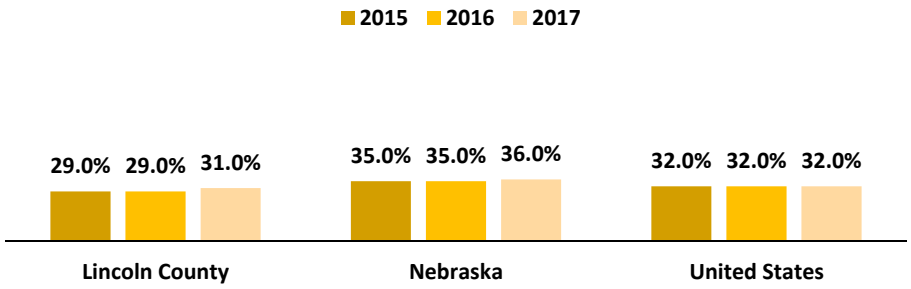


Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)

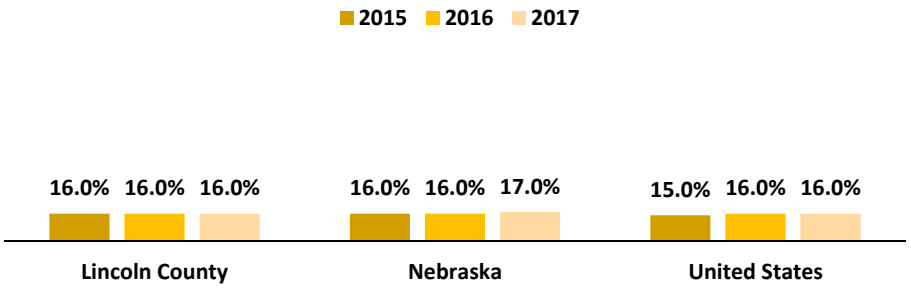
Received Mammography Screening

Percent, Females (age 35+)
2015-2017



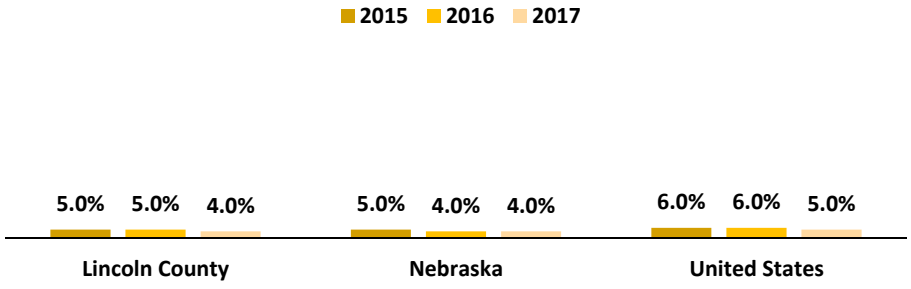
Received Prostate Cancer Screening

Percent, Males (age 50+)
2015-2017



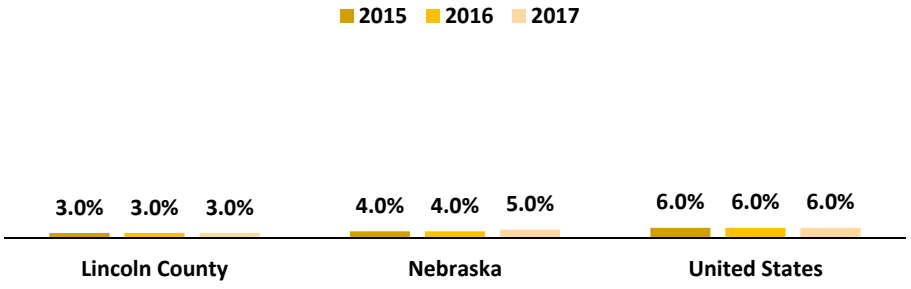
Received Pap Test Screening

Percent, Females (all ages)
2015-2017



Received Colorectal Cancer Screening

Percent, Adults (age 50+)
2015-2017

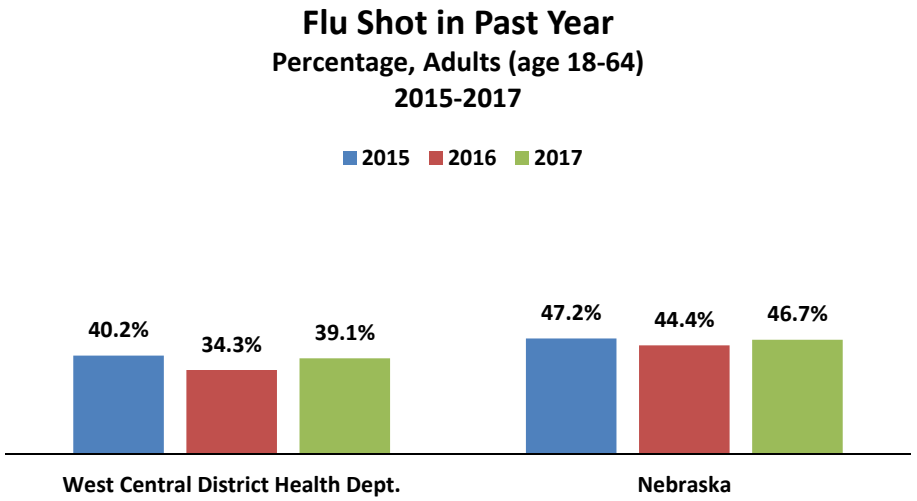


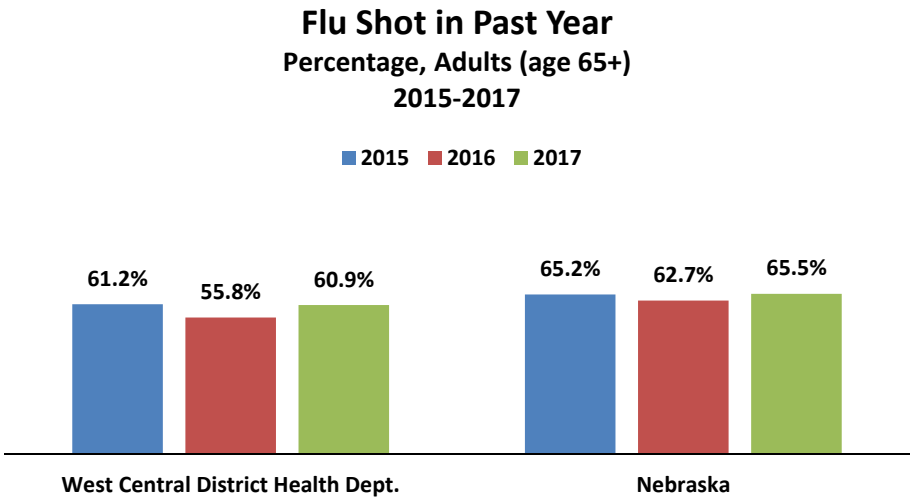
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 4, 2019.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and beneficiaries aged less than 50.
Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

Health Status

Preventive Care – Influenza Vaccine

- Between 2015 and 2017, the percent of adults (age 18-64) that received a flu shot in the West Central District Health Dept. fluctuated, while rates in the state remained steady.
- In 2017, the West Central District Health Dept. (39.1%) had a lower percentage of adults (age 18-64) that received a flu shot than the state (46.7%).
- Between 2015 and 2017, the percent of adults (age 65+) that received a flu shot in the West Central District Health Dept. and the state remained steady.
- In 2017, the West Central District Health Dept. (60.9%) had a lower percentage of adults (age 65+) that received a flu shot than the state (65.5%).

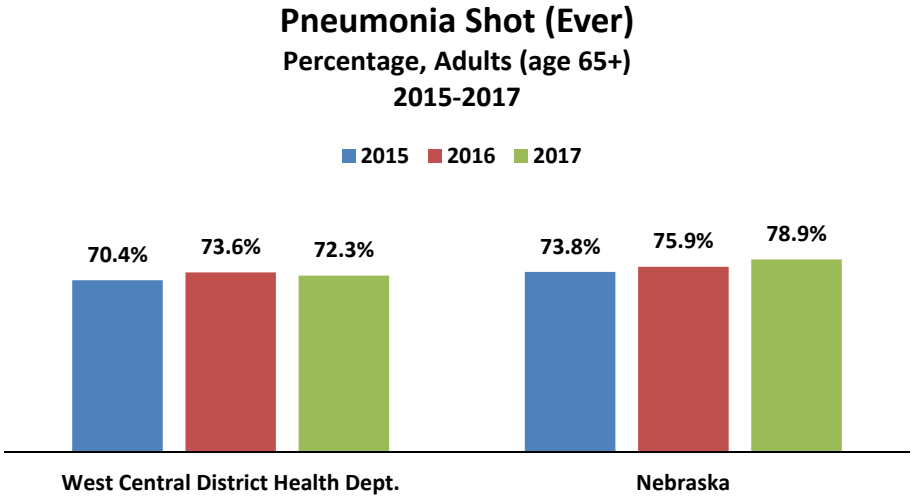




Health Status

Preventive Care – Pneumococcal Vaccine (65+ Years)

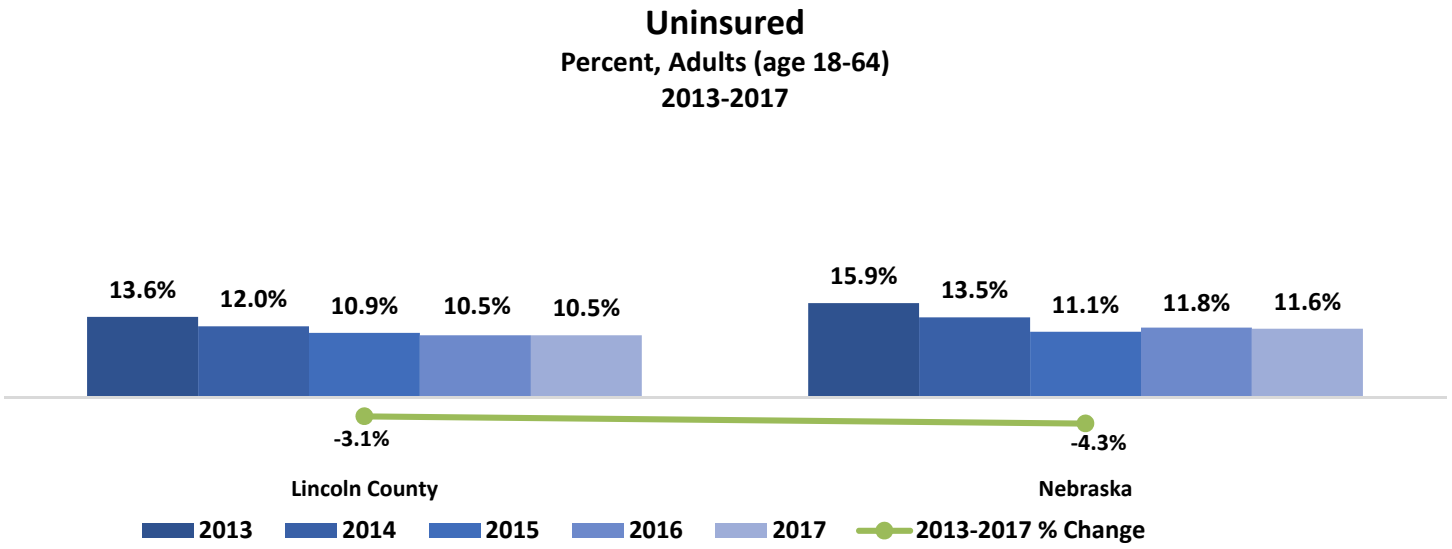
- Between 2015 and 2017, the percent of adults (age 65+) that ever received a pneumonia shot in the West Central District Health Dept. and the state overall increased.
- In 2017, the percent of adults (age 65+) that had ever received a pneumonia shot in the West Central District Health Dept. (72.3%) was lower than the state rate (78.9%).



Health Status

Health Care Access – Uninsured

- As of 2017, Lincoln County (10.5%) has a lower rate of uninsured adults (age 18-64) as compared to the state (11.6%).
- Lincoln County and the state experienced similar declines in the percentage of uninsured adults (age 18-64) between 2013 and 2017 (3.1% and 4.3%, respectively).

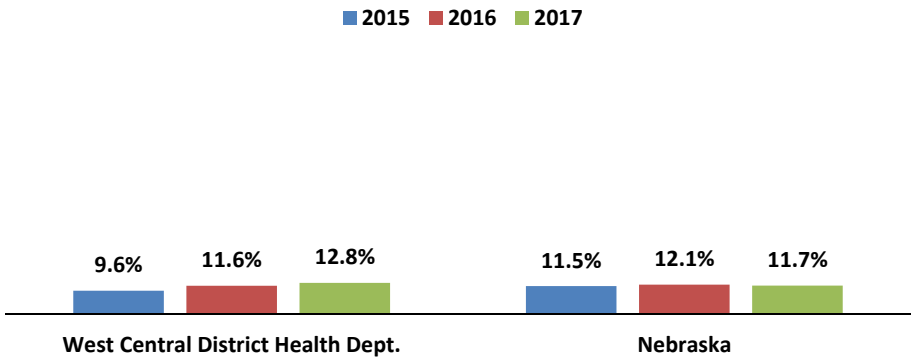


Health Status

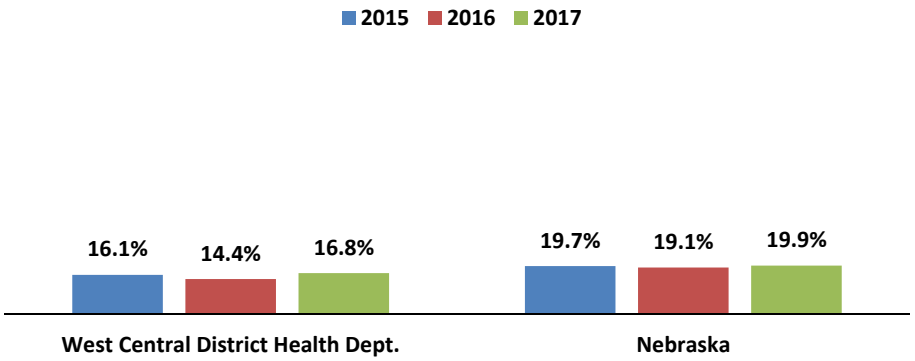
Health Care Access – Medical Cost Barrier and Personal Doctor

- Between 2015 and 2017, the percent of adults (age 18+) that needed medical care but could not receive it due to cost increased in the West Central District Health Dept., and remained steady in the state.
- In 2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in the West Central District Health Dept. (12.8%) was slightly higher than the state (11.7%).
- Between 2015 and 2017, the percent of adults (age 18+) in the West Central District Health Dept. and the state that reported having no personal doctor remained steady.
- In 2017, the West Central District Health Dept. (16.8%) had a lower percentage of adults (age 18+) that had no personal doctor than the state (19.9%).

Medical Cost Barrier to Care
Percentage, Adults (age 18+)
2015-2017



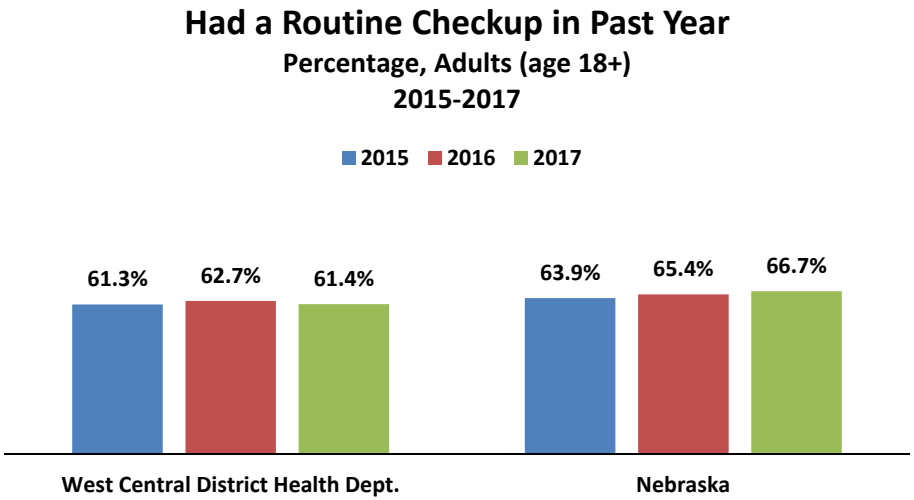
No Personal Doctor
Percentage, Adults (age 18+)
2015-2017



Health Status

Health Care Access – Routine Checkup

- Between 2015 and 2017, the percent of adults (age 18+) that reported having a routine checkup in the past year remained steady in the West Central District Health Dept. and increased in the state.
- In 2017, the West Central District Health Dept. (61.4%) had a lower percent of adults (age 18+) that received a routine checkup in the past year than the state (66.7%).



Health Status

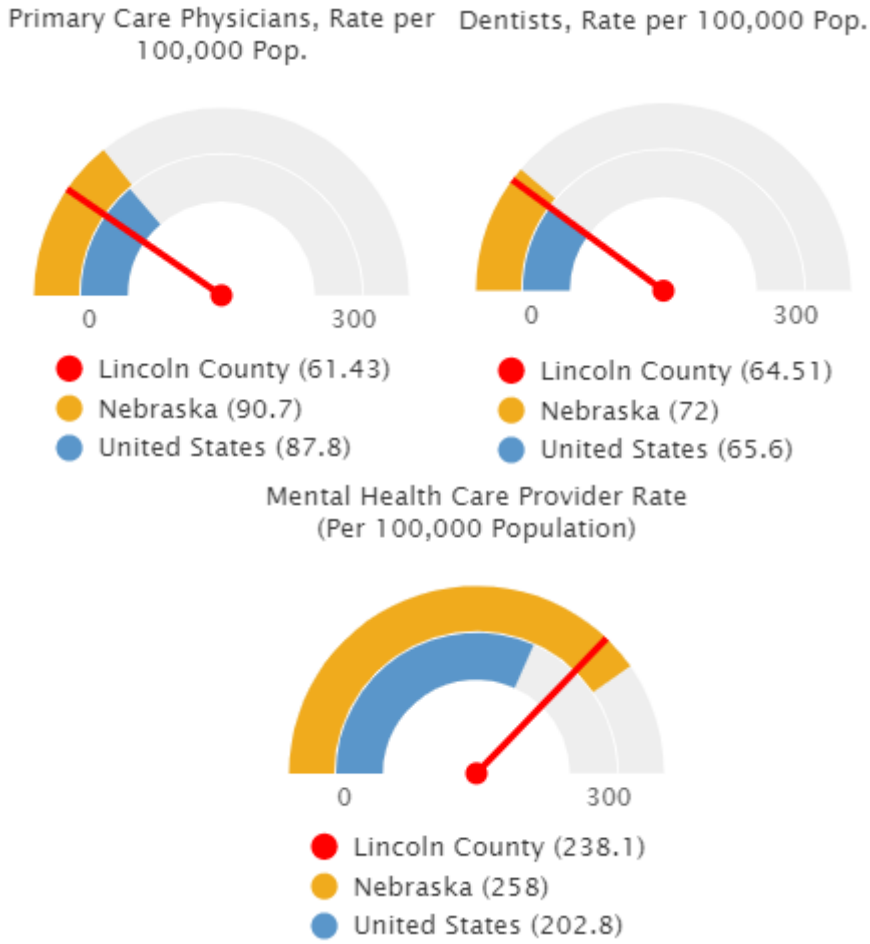
Health Care Access – State Designated Shortage Areas

- The Rural Health Advisory Commission is responsible for establishing guidelines and identifying shortage areas for purposes of the Nebraska Rural Health Systems and Professional Incentive Act. Every 3 years, a statewide review of all of the state-designated shortage areas is completed. The data comes from UNMC's Health Professions Tracking Service (HPTS), who sends surveys to providers and clinics across Nebraska twice a year. Shortage area maps are created and shared based on information collected.
- The maps identify the 2019 state-designated shortage areas for medical specialties, mental health, oral health, and allied health (pharmacists, physical therapists, and occupational therapists).
- According to the 2019 shortage area maps, Lincoln County is a state-designated shortage area in the following areas:
  - General Pediatrics
  - Internal Medicine
  - Occupational Therapy
  - Psychiatry & Mental Health
  - Pediatric Dentistry & Oral Surgery

Health Status

Health Care Access – Providers

- In 2014, the rate of primary care physicians per 100,000 population in Lincoln County (61.4 per 100,000) was lower than the state rate (90.7 per 100,000) and national rate (87.8 per 100,000).
- In 2015, the rate of dental care providers per 100,000 population in Lincoln County (64.5 per 100,000) was lower than the state (72.0 per 100,000) and national rates (65.6 per 100,000).
- In 2017, the rate of mental health care providers per 100,000 population in Lincoln County (238.1 per 100,000) was lower than the state rate (258.0 per 100,000) but higher than the national rate (202.8 per 100,000).



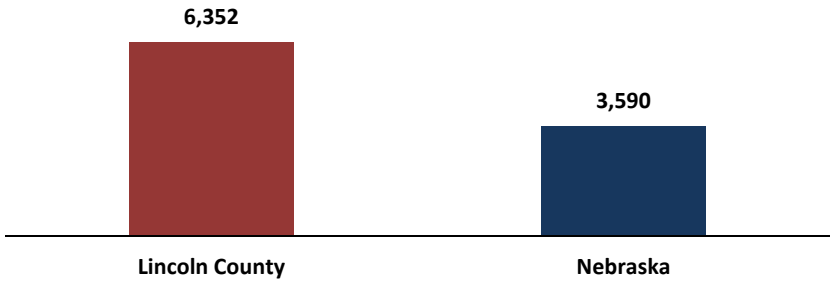
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

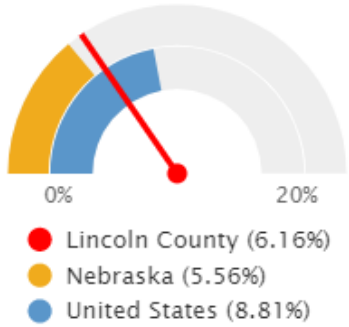
Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2017, the rate of preventable hospital events in Lincoln County (6,352 per 100,000 Medicare Enrollees) was higher than the state (3,590 per 100,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2013-2017, 6.2% of households in Lincoln County had no motor vehicle, as compared to 5.6% in Nebraska and 8.8% in the nation.

Preventable Hospital Events
Rate per 100,000 Medicare Enrollees
2017



Percentage of Households with No Motor Vehicle



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 4, 2019.
Definition: Measures of preventable hospitalizations were developed by the Agency for Healthcare Research and Quality (AHRQ) to measure quality of care for "ambulatory care-sensitive conditions," which are defined as conditiosn for which outpatient care or early intervention can possibly prevent hospitalization, or more severe diseases. The preventable hospitalization rate is calculated using the PQIs from the AHRQ.42 PQIs are population based and adjusted for age and sex. They are adopted for Medicare FFS beneficiaries by using the Medicare population instead of the entire population. The 14 preventable hospitalizations included in the MMD Tool are: Diabetes Short-term Complications Admission Rate (PQI 01), Perforated Appendix Admission Rate (PQI 02), Diabetes Long-term Complications Admission Rate (PQI 03), Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05), Hypertension Admission Rate (PQI 07), Heart Failure Admission Rate (PQI 08), Dehydration Admission Rate (PQI 10), Bacterial Pneumonia Admission Rate (PQI 11), Urinary Tract Infection Admission Rate (PQI 12), Uncontrolled Diabetes Admission Rate (PQI 14), Lower-Extremity Amputation among Patients with Diabetes Rate (PQI 16), Prevention Quality Overall Composite (PQI 90), Prevention Quality Acute Composite (PQI 91), and Prevention Quality Chronic Composite (PQI 92).
Source: CARES Engagement Network, Health Indicator Report; logged in and filtered for Lincoln County, NE, https://engagementnetwork.org/; data accessed May 5, 2019.

PHONE INTERVIEW FINDINGS

Overview

- Conducted 26 interviews with the two groups outlined in the IRS Final Regulations
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Interviewee Information

- ***Jason Calahan:*** Principal, Hershey Elementary School
- ***Travis Covey:*** Pharmacist, U-Save Pharmacy
- ***Alicia Forbes:*** Executive Director, Mid Plains United Way
- ***Linda Foreman:*** Executive Director, West Central Nebraska Area Agency on Aging
- ***Danni Frazen:*** Director of Ancillary Services, Great Plains Health
- ***Jessica Furmanski:*** Executive Director, People's Family Health
- ***Nolan Gurnsey:*** Administrator, Linden Court
- ***Ron Hanson:*** Superintendent, North Platte Public Schools
- ***Rebecca Harling:*** County Attorney, Lincoln County
- ***Kelly Hasenhauer, NP:*** Owner, Platte Valley Women's Healthcare
- ***Joe Hewgley:*** Commissioner, Lincoln County Commissioners
- ***Richard Hoaglund:*** Lieutenant, North Platte Police Department
- ***Marina Hughes:*** Coordinator, Early Development Network
- ***Dwight Livingston:*** Mayor, City of North Platte
- ***Newton Mack:*** Board President, Great Plains Health
- ***James McGown:*** Superintendent, Brady Public Schools
- ***Trudy Merritt:*** Fitness Series Coordinator, North Platte Recreation Center
- ***Jim Nisley:*** City Councilman, City of North Platte
- ***Deb Paulman:*** Administrator, Educational Service Unit 16
- ***David Pederson:*** Attorney, Pederson & Troshynski
- ***Gary Person:*** President/CEO, North Platte Chamber/DEVCO
- ***Jamie Peters:*** Wellness Coordinator, Mid Plains Community College
- ***Sarah Schaffer:*** Psychologist, Behavioral Health Associates
- ***Eric Seacrest:*** Executive Director, Mid-Nebraska Community Foundation
- ***Kent Turnbull:*** Judge, Lincoln County Court
- ***Shannon Vanderheiden:*** Executive Director, West Central District Health Department

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 — 3.8%
- 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 — 61.5%
- Community leaders — 34.6%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Insurance Coverage & Affordability of Care
  - Access to Primary Care
  - Access to Specialty Care
  - Access to Mental & Behavioral Health Care
  - Access to Dental Care
  - Community Education & Preventive Care
    - Healthy Lifestyle Management
  - Aging Population
  - Child and Adolescent Health
  - Environmental & Infrastructural Needs

Insurance Coverage & Affordability of Care

- **Issues**:
  - Growing concern regarding limited ability to afford health care services
  - Lack of primary care options for low income and un/underinsured residents, resulting in:
    - Delay in seeking care
    - Foregoing care
    - Use of the emergency room for primary care
  - Un/underinsured residents not seeking preventive care services, resulting in overuse of ER and potential adverse health outcomes
  - Cost of living forcing residents to choose between medications, bills
- **Needs**:
  - Efforts to promote financial assistance, support programs, discounted services in the community
  - Education concerning use of the ER vs. a primary care provider
  - Greater access to affordable health care services, medications for underserved populations

"Lots of people cannot afford good healthcare. It seems to be a growing issue."

"We just have no source of formalized primary care for the low income. We have a tremendous amount of adults and children going without care."

"Our community is greatly in need of indigent care. We do not have a FQHC and so we don't have any formal source of primary care for low income and uninsured people other than our emergency room."

"There are a lot of uninsured people that do not take as good care of themselves as they could if they had insurance…they end up in the emergency room with no insurance, which is not the proper setting for care."

"People who are uninsured do not go to the doctor or wait until they get really sick, so it ends up costing them way more money because they do not have the preventive treatment."

"Many parents who live in the poverty range, they do not get access to quality care. Their quality care consists of going to the emergency room at the hospital."

"The cost of living here when it comes down to rental properties or affordable housing there is a barrier, so that feeds into getting the medications. If you are in the middle, it is hard to pay for your bills and seek treatment."

"The lower income personnel who struggle and don't have the means to go to doctors and take medications are struggling. There was one who didn't have a refrigerator so they weren't taking their medication because they didn't have anywhere to keep it. We need to identify those people and help them in any way we can."

Access to Primary Care

- **Issues**:
  - Increasing need for additional primary care providers, particularly Internal Medicine
  - Shortage of providers leading to:
    - Increased use of advanced practitioners
    - Long wait times
    - Delay in seeking care
    - Overuse of ER
  - Limited primary care options for un/underinsured, low income, Medicaid, Medicare
  - Lack of extended hour facilities available
  - Community concern around potential additional fees now that primary care providers are employed by the hospital
- **Needs**:
  - Continued efforts to recruit physicians, particularly Internal Medicine
  - Education regarding importance in preventive care, establishing relationship with primary care providers
  - Emphasis on the primary care needs of un/underinsured, Medicaid, Medicare, low income residents

"There is a growing shortage of family practitioners. There seems to be more retirements and those leaving the area."

"We have a shortage of Internal Medicine practitioners. Currently we only have two practicing. North Platte is an older community and the older population needs the internal medicine support."

"People are going to PAs because they can get in much, much quicker and get the same care you would get from your doctor. Primary docs are a thing of the past."

"They are inaccessible. You can maybe get a same day appointment, but if you do get that appointment, you are going to wait for an hour at least. We have a high emergency room utilization rate and that is why. People are waiting until they get really sick and it becomes an ER visit."

"Cost is a huge issue with primary care. You often hesitate to go, if you don't have insurance it is an even bigger step. There are limited options for those with limited finances in the community."

"There are gaps in the accessibility of primary care. A lot of our Medicaid people have a tougher time than someone who has insurance. There are some practices that are not taking anymore Medicare patients."

"In North Platte, those urgent care clinics are not open at convenient times that people are going to actually use them. They are not open after hours."

"In the last several months we have seen a shift because all the local doctors have gone under the GPHealth umbrella. It has caused a lot of trouble for folks and are getting billed for facility fees they were not expecting."

"Families are not getting services because they are afraid of the financial issues due to doctors now working for the hospital, and so we are seeing families drive to Kearney for care or they are electing to not get services."

Access to Specialty Care

- **Issues**:
  - Challenge in recruiting specialty providers to the community
  - Shortage of providers leading to outmigration towards Lincoln, Omaha, Colorado
  - Specialties mentioned as needed include:
    - Gastroenterology
    - Urology
    - Psychiatry
    - Pulmonology
    - Plastic Surgery
    - Pediatric sub-specialties
  - Transportation barriers
  - Limited depth across specialties leading to:
    - Long wait times
    - Outmigration
  - Lack of community awareness regarding specialty service offerings
- **Needs**:
  - Continued recruitment efforts for specialty care providers
  - Greater number of local specialty care options for all payer types
  - Emphasis on availability of local specialty care services for patients

"We live in rural Nebraska and it takes a lot to get specialists out here. It is difficult to recruit doctors that will stay here."

"We don't have specialists. Most of the time if you have a specific condition you have to travel and that is 4 hours to either Colorado or Omaha."

"We need specialists closer to North Platte because transportation continues to be an issue accessing those providers."

"For specialty care, you may not get in for 3 weeks to a month. We have really good docs, but we don't have enough of them. Unfortunately some people choose to go elsewhere because they can't get in."

"My biggest concern is that we are not real deep in the specialty areas, like urology. It is the depth of those service lines that's concerning. We only have one urologist so if they leave we have no one."

"Gastroenterology and psychiatry, we need to keep working on…we are low on those. We do not have a gastroenterologist. Pulmonology is another."

"The hospital has done a great job in recruiting for specialties. The only gap I see is plastics, we don't have a plastic surgeon here."

"Any kind of pediatric specialist we have to leave for. Any pediatric ENT will not perform the procedures and they will send them to Lincoln or Omaha. Ophthalmology, there is one that will look at kids but they won't treat them. Closest is in Lincoln or Omaha."

"They are here, it is just people don't recognize it or know it. We have specialists that visit, or are even in our area, it is just that people don't know it."

Access to Mental & Behavioral Health Care

- **Issues**:
  - Limited local resources leading to transferring of patients outside the community (detox, substance abuse, inpatient care)
  - Long wait times for appointments, evaluations
  - Significant, increasing rate of recreational drug use (opioids, methamphetamines, heroin, marijuana)
  - Concern surrounding the relationship between increasing drug rates and close proximity to Colorado
  - Cost barriers to seeking care and treatment
  - Limited resources for youth, elderly residents
  - Stigma associated with seeking mental and behavioral health care
- **Needs**:
  - Increased access to local mental and behavioral health services
  - Increased emphasis on need for primary prevention for mental and behavioral health
  - Promotion and development of substance abuse programs and services
  - Efforts to reduce stigma associated with seeking care

"We have a lot of counselors but if you need an inpatient stay or a detox center, the closet detox center is in Lincoln or Omaha. Many people don't have access or funds to get there, so they stay here and are in and out of the ER and not getting the help they need."

"We are scheduling months out. For mental health evaluation and assessments, we hear they are two or a three month waiting list."

"The drug crisis is not going away and that needs to be dealt with in the future."

"Addiction is not getting easier. The opioid crisis, meth…We have heroin here. People go to the ER because they will get Vicodin."

"One of the biggest issues right now is substance abuse and legalization of marijuana is making it difficult. We have people constantly driving to Colorado to pick up whatever they want, which causes some impaired driving issues."

"The cost is so high for care that it makes it hard for families and children who have mental health issues to get help. If you can't afford it, you are not going to actively seek that help."

"The mental issues with young people seem to be growing faster than we can take care of them, especially suicides. They don't have the help they need."

"There are no resources for the geriatric population and very, very few Medicare providers that can help with the aging population in the area of mental health."

"The services are there, but people do not always use them because they do not want to admit they have a problem or don't want to be on medication."

Access to Dental Care

- **Issues:**
  - Concern surrounding poor dental hygiene in the community
  - Lack of affordable services and care leading to poor dental health
  - Few providers accepting Medicaid, un/underinsured
  - Limited availability of affordable dental providers leading to:
    - Residents not seeking routine care
    - Poor dental health
    - Outmigration to Lincoln, Omaha
- **Needs:**
  - Increased access to local dental care services and providers, particularly for Medicaid, low income
  - Emphasis on the importance of seeking routine dental care services for proper oral hygiene
  - Promotion of local services and providers to residents to retain patients in the community

"…the biggest issue with kids as well as their parents is dental care. Those teeth problems and their associated issues can result in infections in the rest of the body."

"A lot of people in this community do not get dental care. The dentists don't want to provide discounted services, and most people can't afford it."

"There are lots of dentists in the community, but a lot of them are not in network and many do not accept the specific insurance that employers provide. It makes it very difficult to be able to afford a root canal or something to that effect."

"If you have money then access to dental care is great, if you don't, it's not that simple. There are some wonderful dental providers, but they do not take Medicaid patients."

"We don't have any dentists that take Medicaid. The closest families can go is Lincoln or Omaha."

"We really struggle with getting Medicaid patients, including children, to see a dentist…many dentists have a cap of the number of Medicaid patients they will take."

"We have one pediatric dentist in town now. They will take already existing Medicaid patients, but not new ones."

"The vast majority of our dental providers do not take Medicaid and so access to that is very limited. There are some providers that take limited Medicaid but again it is very limited. So many of the Medicaid clients do not receive oral healthcare. We have a crisis when it comes to oral health in our area."

Community Education & Preventive Care

Healthy Lifestyle Management

- **Issues**:
  - Lack of awareness of existing services for residents to access
  - Limited access to affordable grocery options
  - Higher cost of healthy lifestyle programs resulting in lower participation rates
  - Lack of access to healthy food, high obesity rates for low income population
  - Concern surrounding youth population regarding:
    - Diabetes
    - Obesity
    - Sedentary lifestyles
  - Significant cancer (breast, thyroid), Alzheimer's disease, COPD, arthritis rates
- **Needs**:
  - Targeted healthy lifestyle education towards underserved populations (low income, youth)
  - Emphasis on the importance of physical activity, nutritious diet
  - Increased access to healthy, fresh food options for all populations

"There are a lot more programs than people know about. Those programs could be marketed more effectively so people know they can access those services."

"We are very limited in grocery stores. Walmart is our main source and we have another small town grocery store. There is not a lot of variety and it is expensive."

"It is a matter of affordability. You do not have access to those facilities unless you can pay for it…some of it is out there but it comes at a cost."

"We need access to healthier, fresher food for the low income. It is a challenge and our local pantries can't stock those sort of foods."

"The underserved population is at the greatest health risk. They suffer from the highest obesity rates. Their lifestyle is about surviving. When every moment of your day is a crisis, the idea that your kids needs to eat an apple over a box of macaroni and cheese comes secondary."

"One of the biggest concerns is a perpetuating sedentariness in our kids because of their obsession with technology. We need to focus on how we get kids back to movement and play and physical activity."

"We see a lot of diabetes and obesity…especially with the youth. We see higher rates of diabetes in younger people and they are less active."

"Cancer in general is a huge issue. We have a lot of residents here with cancer. Many females with breast cancer…thyroid cancer seems to be common here."

"Alzheimer's disease continues to be on the rise. Cancer and chronic conditions are becoming an issue. Everyone has COPD and arthritis."

Aging Population

- **Issues**:
  - Lack of affordable health care options for seniors in the community
  - Concern surrounding limited access to Internal Medicine physicians
  - Insurance and transportation barriers in accessing dental health
  - Cost barriers to health care services, prescriptions resulting in:
    - Delay in seeking care
    - Foregoing care
    - Overuse of ER
    - Low prioritization of health care needs
  - Growing need for additional senior housing options, nursing home capacity
  - Limited promotion of healthy lifestyle programs
- **Needs**:
  - Increased access to local, affordable services
  - Emphasis on the transportation needs to/from health care appointments
  - Evaluation of potential additional senior living accommodations, nursing home capacity
  - Encouragement of senior healthy lifestyle programs, activities

"Affordability issues become big things for the elderly. We are going to need more nursing home capacity as our population ages, and not all physicians take Medicare patients."

"The lack of internal medicine is a problem for seniors...elderly patients have need more specialized care and they do better with internal medicine."

"Our elderly population is growing in North Platte and our dental health access is an issue due to ability to get to the dentist, and there are a number or providers that are no longer taking Medicare."

"It is hard for seniors to travel. If they can't get care fairly close, they will not get the treatment. If they can't get in for several months, they forget the whole thing and end up in the ER."

"A lot times they need to choose between paying their bills or prescriptions. Access to affordable prescriptions is the biggest challenge they face."

"We need to have additional senior living accommodations for all different demographics and financial abilities. There are many farm and ranching families who will be retiring in the coming years, and they want to live closer to medical services. We need to do a better job addressing housing issues for them."

"Nursing home availability and accessibility for people is a big issue. Several nursing homes around here have closed because they are not financially viable."

"Activities for promotion of a healthy lifestyle for the elderly is a need, possibly through group activities..."

Child and Adolescent Health

- **Issues**:
  - Limited recreational activities for low income youth
  - Concern surrounding parental influence on adolescent substance use
  - Growing need for local adolescent behavioral health care services
  - Significant obesity, physical inactivity rates
  - Risky lifestyle behaviors (teen pregnancy, sexually transmitted infections)
  - High rates of youth homelessness
- **Needs**:
  - Emphasis on recreational activity options for low income families
  - Focus on proper parenting skills, family support programs
  - Improved access to youth counseling and behavioral health services including substance abuse
  - Education on preventive care and healthy lifestyle management for children
  - Sex education for youth population regarding abstinence, proper contraception and STI prevention

"If you have money, your kids can be involved in recreational activities. All activities cost money and if you are a low income family, they don't have access."

"There is nothing for the youth population to do in North Platte. That is why the drug problem has gotten so big because there are not outlets."

"North Platte has a higher rate of 'troubled youth.' It comes from the number of parents dependent on drugs and alcohol. Kids are coming to school without a coat on in 0 degree weather…there are programs in the community, but we try to help those youth monetarily through the family, and a lot of times that financial support goes towards the parents addiction."

"We see a much younger population using drugs. Kids are juuling. You can get THC oil when you cross the Colorado border. They are throwing pills in their mouths. There are 13 year olds dealing Xanax at the middle school."

"We need more levels of adolescent behavioral health care…it is a huge need. We send hospitalizations to Denver. Adolescent psychiatry is a huge, huge need and we need a higher level of care."

"Obesity. Kids are not as active as they used to be, and you also have some drug and alcohol issues. There are lots of issues with prescription pills because they are easy for kids to access."

"We have a fairly high teen pregnancy rate as well as STD rates in our community and so we are working to try to mitigate those things, but making the community aware of those services available is a challenge."

"One of the greatest problems here is youth homelessness. As small as our community is, it is still something the youth are facing."

Environmental & Infrastructural Needs

- **Issues**:
  - Concern surrounding relationship between poor housing conditions and chronic diseases (cancer)
  - Need for additional housing options to facilitate population growth
  - Increasing homeless population living in cars and using schools, rec centers for necessities
  - Aging health and wellness facility infrastructures
  - Lack of affordable housing for lower socioeconomic groups
- **Needs**:
  - Emphasis on efforts to stabilize housing conditions and mitigate potential affects on health
  - Evaluation of potential additional housing options, particularly for lower socioeconomic groups
  - Additional support programs for homeless population
  - Exploration of health and wellness infrastructure updates

"There are many environmental issues. We have a lot of poor housing and some other environmental issues that impact cancer rates."

"We have a chronic infestation of bed bugs and cockroaches within the community. There are many homes people are living in that should be condemned, and it affects their health status."

"We have had a stagnant population over the past several years due to housing availability. The housing stock is growing older and older, and it compounds the situation. Additional housing is the only way the population can grow."

"I have a grave concern about the number of people living in their cars. The school has washers and dryers so the kids can wash their clothes. The rec center opens early so people can shower."

"Our community needs lots of improvement in terms of recreational facilities. The need is there, and a facility update would be incredible and used."

"We have a lack of facilities for health and wellness. The city rec center is 43 years old. We have outgrown what we have and we need additional centers."

"Housing is an issue. There is a lack of adequate housing for lower socioeconomic residents. Rents seem to be really high, and quality is not great."

"Low income residents do not have healthy living conditions, which is a giant issue right now. It makes it very difficult for families to move out of the cycle of poverty. It affects the economic development of the entire community."

"There are a lot of WIC and family planning participants that do not live in the greatest of housing situations, and there are not a lot of options for them."

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Homeless
  - Use of rec centers, schools for necessities
  - Lack of shelter options
- Transient
  - Mental health concerns
- Veterans
  - Frustration with VA system
  - Limited local care options
- Elderly
  - Growing aging population
  - Limited availability of affordable resources, prescriptions
  - Lack of affordable housing options
  - Transportation barriers
  - Limited access to local mental and behavioral health care services
- Teens/Adolescents
  - Limited access to local mental and behavioral health care services
  - Substance use (recreational drugs)
  - Anxiety, depression
  - ADHD
  - Teen pregnancy
  - Sexually transmitted infections
  - Lack of recreational activities
  - Homelessness
- Low Income
  - Limited access to dental, mental and primary care
  - Lack of access to healthy, fresh foods
  - Obesity
  - Lack of affordable housing options

PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2013 Prioritized Needs

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

2016 Prioritized Needs

1. Increased access to mental and behavioral health care and education
2. Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates
3. Increased access to safe and affordable housing
4. Collaboration with local organizations to improve community health
5. Improved access to care
6. Continued physician recruitment and retention

INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2017 to 2019 Implementation Plan.

Great Plains Health
FY 2017 - FY 2019 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Great Plains Health (GPHealth) by Community Hospital Consulting (CHC Consulting). This CHNA includes relevant demographic and health data as well as stakeholder input surrounding the hospital's study area, which is defined as Lincoln County, Nebraska.

The CHNA Team, consisting of leadership from GPHealth, met with staff from CHC Consulting on July 15, 2016 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in participated in a roundtable discussion 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, the hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through its hospital specific implementation plan.

The six most significant needs, as discussed during the July 15th prioritization meeting, are listed below:
1. Increased access to mental and behavioral health care and education
2. Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates
3. Increased access to safe and affordable housing
4. Collaboration with local organizations to improve community health
5. Improved access to care
6. Continued physician recruitment and retention

This implementation plan addresses all of the six identified needs. GPHealth leadership has developed its implementation plan to identify specific activities and services which directly address all of the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The GPHealth Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on September 22, 2016.

Priority #1: **Increased access to mental and behavioral health care and education**
Strategic Initiative: **Improve education and access to mental and behavioral health services**
Rationale:
• In 2012, the percentage of Medicare Beneficiaries in Lincoln County (15.6%) with depression was higher than the state (13.9%) and national rates (15.4%).
• Between 2011 and 2014, the percentage of adults (age 18+) that had ever been told by a doctor, nurse or other health professional that they have a depressive disorder (depression, major depression, dysthymia or minor depression) in WCDHD and the state remained relatively steady.
• In 2014, the percentage of adults (age 18+) in WCDHD (19.6%) that had ever been diagnosed with a depressive disorder was slightly higher than the state (17.7%).
• Lincoln County is defined as a Health Professional Shortage Area (HPSA) specifically for Mental Health, with a score of 18 out of 26 – indicating a greater priority for assignment of clinicians.
• Drug addiction and the lack of treatment facilities, particularly with the legalization of marijuana in Colorado, are of particular concern to the interviewees. One interviewee specifically stated: "[The community is] are not equipped to handle the mental health or drug addiction problems."
• The majority of interviewees reported that mental health services and providers are very limited for residents below 18 years old, and one interviewee stated: "There is no inpatient or long-term mental health and that is a problem. There is nothing for young people."
• Behavioral health issues were also mentioned as needing attention in the area.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
Provide a point of access for mental health services in the community	**1.A.** GPHealth is currently evaluating the implementation of a telemedicine program for mental and behavioral health evaluations and adolescent psychiatry.	Chief Operating Officer	X			COMPLETE	GPHealth psychiatric tele-health programs are currently under development for a local nursing home and the local jail. A Licensed Mental Health Practitioner was imbedded in GPHealth Pediatrics. In August 2019, a fellowship-trained and board certified child and adolescent psychiatrist was recruited to GPHealth Psychiatric Services.
	1.B. GPHealth is currently exploring the recruitment of additional adult psychiatrists to the area.	VP of Physician Services	X	X	X	COMPLETE	Dr. Suhu began fulltime onsite employment in 8/2019 and GPHealth is in the process of recruiting another psychiatrist to the area. This effort has been placed as a priority in our Medical Staff Needs Assessment.
	1.C. GPHealth will continue to provide an inpatient facility, partial program, and outpatient clinic for mental and behavioral health patients (age 18 and older).	Chief Clinical Officer	X			COMPLETE	GPHealth offers a 19-bed inpatient behavioral health unit on the 5th floor of our patient tower. It is the only inpatient program in a 100 mile radius. We no longer offer the original partial program. However, the need is being met through referral to outpatient therapist.
	1.D. GPHealth will participate in community discussions about the expansion of detox services in the local community.	Chief Clinical Officer	X	X		COMPLETE	The GPHealth Chief Clinical Officer participates in continued conversation with area mental health leaders to establish a detox center. The GPHealth Chief Executive Officer and Chief Development Officer continue to work on statewide mental health legislation and funding through advocacy. The CEO has participated in statewide media interviews to raise awareness about the mental health services gap in Nebraska and the lack of detox treatment centers in the region.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	1.E. GPHealth case managers provide services and referrals that relate to mental and behavioral health conditions on an as needed basis.	Chief Nursing Officer	X	X	X	COMPLETE	Case managers work closely with families, behavioral health unit and area hospitals to facilitate proper placement of patients with mental and behavioral health conditions.
	1.F. GPHealth collaborates with local middle and high schools to promote adolescent mental or behavioral health education and services, and has previously provided education to students on various topics. In addition, GPHealth provides community education on post traumatic stress disorder (PTSD), stress management, and anxiety.	Chief Development Officer	X	X	X	COMPLETE	In this CHNA reporting period, GPHealth worked with local high schools to provide PTSD and suicide prevention education in key classrooms. In 2017, three social media campaigns were conducted to educate teens and others in the community about PTSD, stress management and anxiety. In 2019, GPHealth offered three public forums on suicide prevention: one targeted at individuals working with teens, one targeted at clinicians working with the geriatric population and one targeted at teens and parents. In 2019, a suicide prevention task force was established to begin working with area schools, law enforcement and agencies to educate the public on suicide prevention and improve systems and processes directly related. GPHealth has coordinated and funded a national speaker, Kevin Hines, to present in North Platte on Nov. 6, 2019. He will do his presentation at North Platte Public School and at an evening event open to the public free of charge.
	1.G. GPHealth will continue to offer the Employee Assistance Program (EAP) to help employees navigate various life challenges.	Sen. Director of HR	X	X	X	COMPLETE	GPHealth provides an EAP program to all of its employees, which is regularly assessed and monitored to ensure utilization.
	1.H. GPHealth will explore the promotion of a suicide prevention hotline, as well as suicide prevention resources and services.	Chief Clinical Officer	X	X	X	COMPLETE	GPHealth Psychiatric Services promotes has a 1 800 number in the community and at discharge. The number, 1-800-339-2346, is given to patients to call in a crisis. A suicide prevention committee was formed in 2019 to review and produce new resources. This committee is currently active and includes members from Great Plains Health, public health and other local .
	1.I. GPHealth will continue to staff a Sexual Assault Nurse Examiner (SANE) and Sexual Assault Response Team (SART) that are trained specifically to treat sexually assaulted patients.	Chief Clinical Officer	X	X	X	COMPLETE	GPHealth offers dedicated resources in this area and funds certification of nurses that are added to the SANE/SART team.

Priority #2: **Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates**

Strategic Initiative: **Improve lives in the community we serve by providing education and services targeted at reducing the rate of chronic diseases, preventable readmissions, high mortality and preventable conditions**

Rationale:

• Overall mortality rates in Lincoln County remained higher than the state rate in between 2010 and 2014. In 2012-2014, Lincoln County (741.9 per 100,000) had higher overall mortality rates than the state (717.2 per 100,000).

• The leading causes of death in both Lincoln County and the state are Malignant neoplasms and Diseases of the heart (2010-2014).

• Cancer is the leading cause of death in both Lincoln County and the state (2010-2014). While cancer mortality rates appear to be decreasing in the state, rates in Lincoln County have recently slightly increased (2010-2014). In 2012-2014, the cancer mortality rate in Lincoln County (167.9 per 100,000) was slightly higher than the state rate (161.8 per 100,000).

• Between 2010 and 2014, the four leading causes of cancer mortality by site in both Lincoln County and Nebraska include: trachea, bronchus and lung; lymphoid, hematopoietic and related tissue; breast; and colon, rectum and anus cancers.

• Lincoln County has higher breast; trachea, bronchus and lung; and lymphoid, hematopoietic and related tissue cancer mortality rates than the state (2010-2014). Lincoln County has a noticeably higher rate of trachea, bronchus and lung cancer mortality rates (48.1 per 100,000) than the state (43.0 per 100,000) (2010-2014).

• In comparison to peer counties, Lincoln County (451.8 per 100,000) ranked within the two middle quartiles for cancer incidence rates between 2006 and 2010, and also ranked just below the U.S. median (457.6 per 100,000).

• In comparison to peer counties, Lincoln County ranked within the two middle quartiles for female breast (120.0 per 100,000) and lung and bronchus (67.8 per 100,000) cancer incidence rates between 2006 and 2010.

• Heart disease is the second leading cause of death in both Lincoln County and the state (2010-2014).

• Chronic lower respiratory disease is the third leading cause of death in both Lincoln County and the state (2010-2014). While chronic lower respiratory disease mortality rates appear to be remaining steady in the state, rates in Lincoln County are steadily increasing (2010-2014). In 2012-2014, the chronic lower respiratory disease mortality rate in Lincoln County (54.3 per 100,000) was slightly higher than the state rate (49.1 per 100,000).

• Lincoln County has maintained a higher mortality rate due to accidents (unintentional injuries) than the state since 2010. Accident mortality rates in Lincoln County have been steadily increasing, while the state has remained constant (2010-2014). In 2012-2014, the fatal accident rate in Lincoln County (50.9 per 100,000) was higher than the state rate (37.8 per 100,000). The leading causes of fatal accidents in Lincoln County is due to motor vehicle accidents and falls (2012-2014).

• While diabetes mortality rates in the state appear to have remained consistent, rates in Lincoln County have recently increased (2010-2014). In 2012-2014, diabetes mellitus mortality rates in Lincoln County (34.4 per 100,000) were higher than the state (21.3 per 100,000).

• In comparison to peer counties, Lincoln County (30.9 per 100,000) ranked within the least favorable quartile for diabetes deaths between 2005 and 2011, and also ranked above the U.S. median (24.7 per 100,000).

• Cerebrovascular disease mortality rates in the state have slightly decreased, while rates in Lincoln County have steadily increased (2010-2014). In 2012-2014, the cerebrovascular disease mortality rate in Lincoln County (37.1 per 100,000) was slightly higher than the state rate (35.3 per 100,000).

• Between 2005 and 2014, the chlamydia infection rate in Lincoln County overall increased. Between 2010 and 2011, specifically, there was a significant increase in infection rates. Between 2012 and 2014, the chlamydia infection rate in Lincoln County has steadily decreased.

• Between 2005 and 2014, the gonorrhea infection rate in Lincoln County overall increased. Between 2011 and 2012, specifically, there was a significant increase in infection rates.

• In 2012, the percentage of adults (age 20+) ever diagnosed with diabetes by a doctor in Lincoln County (8.6%) was higher than the state rate (8.0%) but slightly lower than the national rate (9.1%).

• In 2012, the percentage of Medicare Beneficiaries with diabetes in the report area (26.0%) was higher than the state (22.5%), but slightly lower than the national level (27.0%).

Priority #2: **Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates (continued)**

Strategic Initiative: **Improve lives in the community we serve by providing education and services targeted at reducing the rate of chronic diseases, preventable readmissions, high mortality and preventable conditions**

Rationale:

• In comparison to peer counties, Lincoln County (7.3%) ranked within the least favorable quartile for the percentage of adults (age 20+) living with diagnosed diabetes between 2005 and 2011, and ranked below the U.S. median (8.1%).

• In 2012, the percentage of the Medicare Beneficiary population in Lincoln County (50.3%) that had high blood pressure (hypertension) was higher than the state (48.3%) but lower than the national rate (55.5%).

• In 2012, the percentage of Medicare Beneficiaries in Lincoln County (38.8%) that had hyperlipidemia, which is typically associated with high cholesterol, was higher than the state (35.0%) and the nation (44.8%).

• In 2013, the percentage of adults (age 18+) that have ever had their blood cholesterol checked and subsequently have been told that their blood cholesterol is high in WCDHD (42.7%) was higher than the state (37.4%).

• In 2013, the percentage of adults (age 18+) in WCDHD (34.7%) that have ever been told that they have high blood pressure (excluding pregnancy) was higher than the state (30.3%).

• In 2012, one-third (33.1%) of adults (age 20+) in Lincoln County reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 29.4% in the state and 27.1% in the nation.

• The percentage of obese adults (age 18+) in WCDHD has remained steady, while rates in the state have slightly increased (2011-2014).

• In 2014, the percentage of obese adults (age 18+) in WCDHD (32.5%) was slightly higher than the state rate (30.3%).

• In comparison to peer counties, Lincoln County (31.9%) ranked within the two middle quartiles for the percentage of obese adults between 2006 and 2012, and also ranked above the U.S. median (30.4%).

• In 2011-2012, the percentage of adults (age 18+) in Lincoln County (12.5%) that had ever been told by a health professional that they had asthma was higher than the state (11.2%) but slightly lower than the national rate (13.4%).

• Asthma prevalence rates in adults (age 18+) in WCDHD have slightly increased, while rates in the state have remained relatively steady (2011-2014).

• In 2014, the percentage of adults (age 18+) in WCDHD (14.2%) that have ever been told by a doctor, nurse, or other health professional that they have asthma was higher than the state rate (12.2%).

• In 2014, the percentage of adults (age 18+) with some form of arthritis in WCDHD (32.7%) was higher than the state (24.6%).

• In 2012, the percentage of the adult population (age 20+) in Lincoln County (24.2%) that self-reported no leisure time for activity was higher than the state (23.3%) and national rate (22.6%).

• In 2014, WCDHD (24.6%) had a slightly higher percentage of adults (age 18+) that reported not participating in physical activity or exercise during the past month than the state (21.3%).

• In 2014, the percentage of adults (age 18+) in WCDHD (24.5%) that reported smoking cigarettes either every day or on some days was higher than the state rate (17.4%).

• The infant mortality rate in Lincoln County (6.0 per 1,000 births) is slightly higher than the state (5.7 per 1,000 births) and slightly lower than the national rate (6.5 per 1,000 births) (2006-2010).

• The percentage of total births that are low birth weight (<2,500g) in Lincoln County (8.5%) is higher than the state (7.0%) and national rates (8.2%) (2006-2012).

• The teen birth rate per 1,000 females age 15-19 years in Lincoln County (35.6 per 1,000) is higher than the state rate (32.0 per 1,000) but slightly lower than the national rate (36.6 per 1,000) (2006-2012).

• In comparison to peer counties, Lincoln County (35.6 per 1,000) ranked in the two middle quartiles for the rate of teen births between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.2 per 1,000) and the U.S. median (42.1 per 1,000).

• Interviewees discussed the multi-faceted nature of health related education and prevention in the area, including the lack of healthy food options as well as adequate facilities for fitness. One interviewee stated: “If people had better access to food options, that would help our health issues.”

Priority #2: **Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates (continued)**

Strategic Initiative: **Improve lives in the community we serve by providing education and services targeted at reducing the rate of chronic diseases, preventable readmissions, high mortality and preventable conditions**

Rationale:

- Awareness of programming available was also mentioned as an issue in the community. One interviewee specifically stated: "I think the community needs to know what all the hospital offers—free programs, etc. But a lot of people don't know about them."
- The lack of programming for children was of particular concern as early prevention can affect their health trajectory, and one interviewee mentioned: "Childhood obesity…people are not taking advantage of services. If they could do something with the schools. There is not a lot of programming for them."
- Some interviewees mentioned diabetes, obesity and cancer as emerging health issues and opportunities for future prevention efforts.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
Provide, sponsor, support or promote educational opportunities, special events and programs that aim to address high mortality rates, chronic conditions and unhealthy lifestyles in the community. Great Plains will focus on community, fitness, prevention and education.	**2.A.** GPHealth will continue to host and/or staff health fairs at business locations throughout the hospital's service area.	Chief Development Officer	X	X	X	COMPLETE	GPHealth has a strong presence at the annual Union Pacific Health Fair each year. Here, GPHealth is able to provide prevention and service information to the employees of Lincoln Counties largest employer.
	2.B. GPHealth will continue to offer low-cost heart screenings to employees and the community every week. As part of the prevention and early identification program, participants pay a significantly reduced amount for a heart screening. The screenings test a person's blood pressure, body mass index, cholesterol level, blood glucose level and calcium score to indicate if he or she is at risk for heart disease.	Chief Operating Officer	X	X	X	COMPLETE	A low-cost calcium score test is offered by the GPHealth Heart Institute for just $50. The screening also includes an EKG, blood pressure, body mass index, cholesterol level, blood glucose level. The test has proven successful in finding and treating many community member's heart disease before a heart attack occurred.
	2.C. GPHealth will continue to host its Healthy Heart Check Event. The event medical team provides free blood pressure checks, free EKGs and information about heart disease risk factors, CPR, exercise advice, heart-healthy recipes, smoking cessation techniques and hypertension.	Chief Development Officer	X	X	X	COMPLETE	This event has evolved into a comprehensive stroke screening but continues to provide heart checks and education to participants. In addition, carotid ultra sounds have been added. Participation numbers: 2017- 15, 2018-68, 2019-93, 42 of which have completed a carotid ultra sound.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	2.D. GPHealth will continue to provide lung screenings through CT scans at the GPHealth Imaging Center weekly with an out-of-pocket cost to patients at a highly reduced rate.	Chief Physician Network Officer	X	X	X	COMPLETE	Low-cost lung cancer screenings are offered at the Great Plains Health Imaging Center to individuals at high risk for lung cancer: 55 to 74 years of age; smokers or individuals who quit smoking less than 15 years ago. Early detection through chest CT screening is proven effective in reducing the chance of dying from lung cancer by 20 percent.
	2.E. GPHealth will continue to offer a free smoking cessation class to the community each quarter led by certified smoking cessation instructors. GPHealth pays for instruction, patches and all supporting educational material.	Chief Development Officer	X	X	X	COMPLETE	GPHealth offered smoking cessation classes from 2016 - 2018. Despite extensive promotion of these classes and adjusting time slots, GPHealth struggled to achieve good participation. In 2019, GPHealth ended live smoking cessation classes and has since directed its patients and community to the Nebraska Tobacco Quitline, 1-800-QUIT-NOW (1-800-784-8669). The program gives Nebraska residents free and confidential, 24/7 access to counseling and support services.
	2.F. GPHealth will continue to be a tobacco-free facility.	CEO	X	X	X	COMPLETE	For the safety of our patients and to build awareness about the dangers of smoking, GPHealth continues to be a smoke-free campus.
	2.G. GPHealth will continue to host free monthly prepared childbirth classes designed for first-time parents to learn what to expect on delivery day. Great Plains also provides a “Breastfeeding 101” class at no cost for new and soon-to-be parents to learn the basics of breastfeeding.	Chief Nursing Officer	X	X	X	COMPLETE	GPHealth continues to host prepared childbirth classes and Breastfeeding 101 at no charge. In 2019, a full-time lactation consultant RN was hired to assist new moms and babies.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	2.H. GPHealth is available to speak at community events, provide information, and/or participate in other educational opportunities upon request.	Chief Development Officer	X	X	X	COMPLETE	GPHealth provides many health experts, keynote and panel speakers to present at conferences, civic organizations, schools, educational symposiums and events on a national, state, regional and local level.
	2.I. GPHealth will continue to conduct awareness mailings on a bi-annual basis. The first mailing is directed at risk factors of heart disease and the importance of screening. The second mailing is directed at the importance of mammograms.	Chief Development Officer	X		X	COMPLETE	In years 2016 and 2019, GPHealth produced prevention and awareness marketing material for heart disease and breast cancer. These pieces were shared to the North Platte community through direct mail and social media. In addition, GPHealth physicians participated in multiple print and broadcast media interviews educating the public about the risk factors of both disease sets.
	2.J. GPHealth will continue to offer outreach education and resource tracks to first responders, nurses, physicians, and the general community on topics including, but not limited to: TNCC life support, basic EKG, NRP life support, cancer conference, trauma conference, PALS, ACLS life support, BLS life support, paramedic courses, oxygen delivery methods, breast feeding, bariatric surgery education, prepared childbirth and many more.	Chief Development Officer	X	X	X	COMPLETE	Through its education department, GPHealth offers life support and other health related education to the regional first responder, critical access hospital and medical community at no-charge. Approximately, 180 classes are offered per year with more than 3,000 professionals participating to advance their skill set.
	2.K. GPHealth will continue to offer free sports medicine services to help keep young athletes safe and to promote the proper treatment of sports-related injuries. In addition to attending sporting events, our athletic trainers offer Elite Performance, a program designed to teach coaches and players proper prevention techniques to help avoid injury during conditioning and training. There is no charge to schools for this program.	Chief Operating Officer	X	X	X	COMPLETE	GPHealth offers a variety of athletic training programs and advanced education to the region's coaches, athletes and parents. As a complimentary service to the community, the Great Plains Health sports medicine team attends approximately 1,170 games and events per year with approximately 12,000 athlete contacts.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	2.L. GPHealth will enhance the GPFit! Initiative through programs and events such as quarterly community wellness events, the Couch to 5K program, free community smoking cessation programs and heart screenings.	Chief Development Officer	X	X	X	COMPLETE	From 2016 - 2019, GPHealth offered many educational sessions and fitness programs through its GPFit Imitative. Among them are diabetes grocery walks, type II diabetes talks, Community CPR training, joint replacement education sessions, heart disease risk factor education and Tea Time Talks with Neurologist Anil Kumar, MD. Our Couch to 5K, a partnership with the Platte River Fitness Series and the City of North Platte has encouraged 460 participants since its inception to be more fit. In partnership with local dermatologists, Great Plains Health offers a yearly Melanoma Monday. This event has drew 280 participants from 2016 - 2019 and has led to the detection of 17 different cancers.
	2.M. GPHealth will continue to offer a comprehensive wellness program to all employees. As participation incentives, employees are offered discounted rates to their health plan.	Sen. Director of HR	X	X	X	COMPLETE	An incentive based employee wellness program is offered to all employees at GPHealth every year. As the second largest employer in Lincoln County, this wellness program is highly utilized for education and incentive.
	2.N. GPHealth will continue to offer healthy options in the hospital cafeteria, including calorie count information, a salad bar, and educational sessions on healthy cooking hosted by the cafeteria chef. GPHealth will also transform the Great Plains Health Café into a community model of healthy eating options.	Chief Development Officer	X	X	X	COMPLETE	GPHealth continues to place healthy menus and snacks in the cafeteria to encourage healthy eating.

Priority #3: **Increased access to safe and affordable housing**

Strategic Initiative: **Work to reduce health disparities in the community by improving the safety and availability of local housing**

Rationale:

- In 2015, the total number of HUD-funded assisted housing units available to eligible renters in Lincoln County (474.6 per 10,000 Housing Units) was significantly higher than the state (348.3 per 10,000 Housing Units) and national rate (377.9 per 10,000 Housing Units).
- In comparison to neighboring communities, North Platte (407) had the lowest number of housing units built between 2004 and 2014.
- While there is a large percentage of census tracts with housing units built between 1976 and 1985, there is a large number that have housing units built between 1966 and 1975, and older than 1966 (2010-2014).
- The median year that housing structures were built in Lincoln County is 1969, compared to 1970 in Nebraska and 1976 in the United States (2010-2014).
- The number and percentage of housing units constructed has significantly declined since 2010.
- Lincoln County (27.9%) ranked within the middle two quartiles for the percent of homes built before 1950, and within the least favorable quartile (46.3%) for the percent of homes built between 1950 and 1979.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
Increase access to safe and affordable housing options in the community	**3.A.** GPHealth will continue to ensure active GPHealth leadership on the local housing task force.	Chief Executive Officer	X	X	X	COMPLETE	GPHealth's chief executive officer and chief operations officer continue to serve on the housing task force and work toward a housing solution in North Platte. In addition, GPHealth has contributed to the Community's Shot in the Arm housing fund.
	3.B. To assist with housing for families and friends of patients who are subject to hospital stays, GPHealth has agreements with local hotels for discounted rates. Discounted hotel rates help family members and friends visit and support patients during their hospital care.	Chief Executive Officer	X	X	X	COMPLETE	GPHealth works with local hotels to update this list for patients every year.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	3.C. GPHealth will become active participants in innovative solutions to grow safe housing options in the community.	Chief Executive Officer	X	X	X	COMPLETE	GPHealth officials continue to present information to city council members in-person and to the community through the local media on the state of housing in North Platte. They continue to work with the Chamber of Commerce and Economic Development Committee on finding safe housing solutions through developer incentives to increase the stock. In 2018, GPHealth CEO presented testimony to the state legislature regarding the need to expand housing funding across the state of Nebraska.

Priority #4: **Collaboration with local organizations to improve community health**

Strategic Initiative: **Partner with the local entities in areas that impact community health improvement**

Rationale:

• Lincoln County ($49,695) has a slightly lower median household income than Nebraska ($50,572), but is slightly higher than the national median household income level ($48,280) (2016).

• In 2015, the unemployment rate in Lincoln County (2.9%) was consistent with the state rate (3.0%).

• Between 2011 and 2013, the percentage of children (age 0-17) living in poverty in Lincoln County and the state increased. In 2013, the percentage of children (age 0-17) living in poverty in Lincoln County (17.0%) was consistent with the state (17.0%).

• Lincoln County (19.3%) has a lower percentage of residents with a bachelor or advanced degree than the state (29.0%) and the nation (29.4%) (2016).

Between 2013 and 2014, the percentage of students that received their high school diploma within four years in Lincoln County (88.4%) was slightly lower than the state (89.0%) but higher than the national rate (84.3%).

• In 2013, child (ages 0-18) food insecurity rate in Lincoln County (20.5%) was slightly lower than the state rate (21.1%).

• When asked about which specific groups are at risk for inadequate care in Lincoln County, interviewees discussed the un/underinsured, youth, and elderly populations.

• High deductibles were mentioned as one of the most prevalent barriers to care for the un/underinsured. It was noted that many physicians will not provide an appointment due to a self-pay patient's inability to pay up front for services or any outstanding balances on a patient's account. Additionally, dental services were mentioned as an area where even those with some form of dental insurance area often denied care by local dentists.

• Interviewees mentioned that mental health services are significantly lacking for children. There was also concern surrounding drug abuse with recent Colorado legislation changes, and the risk of obesity and a need for health education.

• Transportation is an issue for the elderly population, despite the availability of the Handi Bus. Additionally, the lack of an adequate number of nursing homes as well as home health professionals were of concern for the growing elderly population.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
Partner with, sponsor, support or promote community organizations in order to impact community health	**4.A.** GPHealth personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community.	Chief Development Officer	X	X	X	COMPLETE	Employees of GPHealth contribute approximately 30,000 volunteer hours to non-profit personal passions in the community each year. Every member of the senior leadership team either serves as a member of one or more community boards or participates in a community civic group.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	4.B. Continue to ensure active GPHealth leadership on the North Platte Area Wellness and Recreation Alliance.	Chief Development Officer	X	X	X	COMPLETE	The chief development officer serves as a co-chair for the North Platte Wellness & Recreation Alliance. The marketing manager serves as chairwoman of the North Platte Parks & Recreation Foundation.
	4.C. GPHealth will continue to actively participate in the local Families First Partnership (child well-being initiative) of the West Central Public Health District.	Chief Development Officer	X	X	X	COMPLETE	The chief development officer participated on the board in 2016.
	4.D. GPHealth will continue to help and support the West Central Public Health District in the development and enhancement of the Indigent Care Clinic.	Chief Operating Officer	X	X	X	COMPLETE	GPHealth contributed the equipment and supplies to establish this clinic in 2016.
	4.E. GPHealth will continue to provide free skin cancer screenings to the community through "Melanoma Monday" events in partnership with two, local independent dermatology groups.	Chief Development Officer	X	X	X	COMPLETE	The skin cancer screening partnership between GPHealth, Greater Nebraska Dermatology and Platte Valley Skin Clinic is strong . Results of the 2019 cancer screening- 80 people screened Seborrheic Keratosis- 9 Actinic Keratosis-20 Basal Cell Carcinoma- 9 Squamous Cell Carcinoma-1 Dysplastic nevus- 5 Congenital nevus-5 Melanoma-2 Moles-14 Other-7

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	4.F. GPHealth will continue to inspire health through human and financial capital through its continued funding of various community wellness initiatives, such as the Platte River Fitness series.	Chief Development Officer	X	X	X	COMPLETE	GPHealth contributes more than $100,000 each year to non-profits in the community who align with our goal to approve health and wellness in the community. GPHealth has been the lead sponsor of the Platte River Fitness Series for the past decade.
	4.G. GPHealth will continue to sponsor an annual Couch to 5K 12-week series that is designed to get the community off of their couches and walking or running. The series features instruction and motivation from a personal trainer and many hospital volunteers.	Chief Development Officer	X	X	X	COMPLETE	This is a strong program in our community. Approximately 150 people from the community join the series each year. Many have went on to run Marathons and have maintained their fitness lifestyle.
	4.H. In conjunction with the North Platte Recreational Center, GPHealth will continue to provide free community talks each year to the North Platte Region.	Chief Development Officer	X	X	X	COMPLETE	GPHealth provides free health fairs, diabetes grocery walks, screenings, speakers and community education events each year. In partnership with the recreation center and Platte River Fitness, GPHealth providers a special events coordinator to educate participants using the Blue Zone Power of 9 philosophy.
	4.I. GPHealth will continue to donate funds each year to non-profit organizations on projects designed to improve health, inspire wellness and build communities through its Great Plains Gives program.	Chief Development Officer	X	X	X	COMPLETE	GPHealth contributes more than $100,000 each year to non-profits in the community who align with our goal to approve health and wellness in the community.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	4.J. GPHealth will continue to host employee blood drives for the American Red Cross.	Chief Executive Officer	X	X	X	COMPLETE	Every eight weeks GPHealth hosts an employee blood drive at the hospital and encourages employees to give.
	4.K. GPHealth will continue to offer healthy alternatives for teens through coordination of a Junior Ambassador Volunteer Program that is designed to involve area youth in volunteering. As part of the program, participants are exposed to the inner workings of the health care industry. One rotation includes volunteering on the labor and delivery floor.	Foundation Executive Director	X	X	X	COMPLETE	GPHealth Volunteer Services coordinates and promotes the Junior Ambassador program for local teens. Approximately 30 participants are involved each year.
	4.L. GPHealth will continue to provide donations to area post-prom parties with the mission to engage teens in a drug-free, parent-supervised, post-prom activity.	Chief Development Officer	X	X	X	COMPLETE	GPHealth donates to the prom parties of all high schools in Lincoln County each year.
	4.M. GPHealth will continue to host bi-annual meetings with area nursing homes to discuss any potential issues and how to increase collaboration within the continuum of care.	GP Health Innovation Network Executive Director	X	X	X	COMPLETE	What began as a bi-annual update meeting has now evolved into more regular meetings through the GP Health Innovation Network where work is directed at improving the continuum of care and identifying areas where patients can be better served in the nursing home versus unnecessary transport to the hospital.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	4.N. GPHealth will continue to host an annual fundraising drive for the Midplains United Way.	GPHealth Executives	X	X	X	COMPLETE	GPHealth executives alternate each year leading an in-house United Way Campaign that has resulted in approximately $20,000 each year raised in contribution from GPHealth employees.
	4.O. GPHealth will continue to host fundraising drives that benefit the community, such as a "Go Orange" drive that sends children with backpacks full of weekend food.	Chief Development Officer	X	X	X	COMPLETE	This event was held in 2016 and 2017 then discontinued due to change in management of the kitchen. The event will continue in 2019.

Priority #5: **Improved access to care**

Strategic Initiative: **Ensure community members have access to health care services**

Rationale:

• In 2015, 11.0% of adults (age 18-64) in Lincoln County were uninsured, as compared to 9.2% in Nebraska and 10.7% in the United States.

• Between 2010 and 2014, 16.5% of the insured population in Lincoln County was receiving Medicaid, which is above the state rate (14.7%) but below the national rate (20.8%).

• In 2012, the rate of preventable hospital events in Lincoln County (66.7 per 1,000 Medicare Enrollees) was higher than that of the state (55.8 per 1,000) and the nation (59.2 per 1,000).

• In 2014, the percentage of adults (age 18+) in WCDHD (14.4%) that experienced a medical cost barrier to care was higher than the state rate (11.9%).

• In 2014, the percentage of adults (age 18+) in WCDHD (15.3%) that reported that they do not have a personal doctor or health care provider was lower than the state rate (20.2%).

• In 2012, the percentage of female Medicare Enrollees (age 67-69) in Lincoln County (58.6%) that received one or more mammograms in the past two years was lower than the state (61.8%) and national (63.0%) rates.

• In 2014, the percentage of female adults (age 50-74) in WCDHD (65.5%) that had received a mammogram during the past 2 years was lower than the state rate (76.1%).

• Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have ever had a sigmoidoscopy or colonoscopy in Lincoln County (56.9%) was consistent with the state (56.8%) and slightly lower than the national rate (61.3%).

• In 2014, the percentage of adults (age 50-75) that were up-to-date on their colon cancer screenings in WCDHD (54.5%) was lower than the state rate (64.1%).

• In 2014, the percentage of adults (age 18-64) in WCDHD (39.1%) that reported receiving an influenza vaccination during the past 12 months was slightly lower than the state rate (43.9%).

• In 2014, the percentage of adults (age 65+) in WCDHD (63.7%) that reported receiving an influenza vaccination during the past 12 months was slightly lower than the state rate (64.8%).

• Between 2006 and 2012, the percentage of the population (age 65+) in Lincoln County (63.8%) that self-reported ever having received the pneumonia vaccine was lower than the state (69.5%) and national rates (67.5%).

• In 2014, the percentage of adults (age 65+) in WCDHD (71.1%) that reported ever having received a pneumonia vaccination was slightly lower than the state rate (72.3%).

• Interviewees noted that the increased prevalence of high deductible plans has decreased patients' ability and willingness to seek adequate medical care. They mentioned that this is an issue affecting patients of varying income brackets. One interviewee stated: "People don't have health insurance or the financial means to pay for it."

• Interviewees emphasized financial concerns as the largest barrier to healthcare in the North Platte area, specifically stating: "Payment is the most prevalent barrier (to care)."

• Interviewees mentioned physicians who will not schedule appointments for patients who had yet to settle previously accrued bills with their office. One interviewee stated: "Even with insurance, sometimes you have to pay a large deductible before going into a clinic. Any financial problems would prevent you from going to the doctor."

Priority #5: **Improved access to care (continued)**
Strategic Initiative: **Ensure community members have access to health care services**
Rationale:

- Interviewees discussed the rural nature of the community and lack of a public transit system contributing to transportation issues. One interviewee stated: "Transportation can be a real barrier. There's barely more than limited transportation."
- Interviewees mentioned a Handi Bus service, but it was also noted that this service can be cost prohibitive for those of limited financial means. One interviewee specifically stated: "We do have a growing elderly population. Transportation is huge in our area. We have a Handi Bus and it seems minimal. It's $3 one way per person. For a parent to get a child to the dentist, that's $12 for them, which is a lot. They wait for hours. It's very unreliable. It's cost prohibitive for many people."
- Though transportation within the community was discussed, transportation issues for doctors' visits in larger cities were also of concern to interviewees.
- The elderly were of particular concern with the transportation barriers as they have very few options if they are unable to transport themselves to the doctor. One interviewee stated: "If there is someone in North Platte who can't help [residents with transportation issues], they can't get to other cities for their care. Especially for the elderly who are tight on their expenses and need transportation and to find a place to stay."

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
Participate in initiatives that aim to increase coordination and access to health care services for the community	**5.A.** GPHealth will expand capabilities of the Emergency Department through adding more treatment areas.	Chief Executive Officer	X	X	X	IN PROGRESS	GPHealth will add a waiting area and two behavioral health triage rooms as a feature in the new emergency department, scheduled to open in 2020.
	5.B. GPHealth will develop and implement a strategy to better serve critical care patients.	Sen. Director of Critical Care Nursing	X	X	X	COMPLETE	Great Plains Health developed a designated cardiac intensive care unit for heart and vascular patients.
	5.C. GPHealth will bring hyperbaric services to the region.	Chief Operating Officer	X	X	X	COMPLETE	In 2016, GPHealth launched the region's only hyperbaric service. This service has prevented many loss of limbs and lives for patients who suffer from diabetes and other chronic illnesses.
	5.D. GPHealth will develop and open regular cardiology device clinics.	Chief Operating Officer	X	X	X	COMPLETE	The Great Plains Heart Institute features the only cardiac device clinic in Nebraska west of Kearney.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	5.E. GPHealth will explore the possibility of a walk-in program for mammography services.	Sen. Director of Ancillary Services	X	X	X	COMPLETE	Walk-in options were explored in 2016. Due to the existing short wait times, the walk in clinic was not added as an option.
	5.F. GPHealth will evaluate the mammography referral processes in order to improve access.	Chief Operating Officer	X	X	X	COMPLETE	This process was evaluated in 2016.
Increase coordination of care through support of and partnership with local organizations	**5.G.** GPHealth Case Management Workers will use community based software to link patients to needed community resources.	Chief Operating Officer	X	X		COMPLETE	This software was not chosen due to the installation of the Epic Electronic Medical Record in 2018. Instead, a comprehensive care coordination program was implemented that has proven to serve patient very well.
	5.H. GPHealth will expand comprehensive care coordination services from 10 remote monitoring systems to 30 to further reduce unnecessary patient readmission.	Exec. Director of GP Health Innovation Network	X	X	X	COMPLETE	Remote monitoring was piloted in 2018.
	5.I. Through the Great Plains Health Innovation Network, GPHealth will track four clinically integrated network quality measures as initiatives to improve quality and lower cost.	Exec. Director of GP Health Innovation Network	X			COMPLETE	GPHealth is currently tracking 14 measures.
Participate in initiatives that aim to increase access to health care for low-income and uninsured populations	**5.J.** GPHealth will continue to actively comply with the Emergency Medical Treatment and Labor Act regulations, helping all patients to receive quality care regardless of citizenship or ability to pay.	Compliance officer	X	X	X	COMPLETE	GPHealth has a long history of serving the underserved. Total uncompensated care in 2015: $22 million 2016: $30.7 million 2017: $29.5 million

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	5K. GPHealth will continue to offer a dedicated medical interpretation phone line.	Compliance officer	X	X	X	COMPLETE	GPHealth continues to offer it's language line, which offers approximately 250 languages.
	5.L. GPHealth will continue to offer financial support through the Great Plains Medication Assistance Program to help those who cannot afford their long-term medications to take advantage of low-cost and no-cost prescription programs.	Chief Financial Officer	X	X	X	COMPLETE	GPHealth employees a full-time medication assistance program coordinator who achieves approximately $820,000 each year in medication assistance to area residents in need.
	5M. GPHealth will continue to offer a generous financial assistance program for those unable to pay for emergency medical and non-elective services who meet required eligibility guidelines. GPHealth employs staff to assist patients in obtaining financial assistance through public financial aid. Patients who do not meet required public benefit aid eligibility guidelines may be considered for GPHealth financial assistance and/or charity care program.	Chief Financial Officer	X	X	X	COMPLETE	GPHealth provides nearly $30 million in charitable care each year.
	5N. GPHealth will continue to provide telestroke and telenephrology in order to ensure 24/7 coverage of both telehealth specialties.	Chief Operating Officer	X	X	X	COMPLETE	GPHealth expanded its telehealth services in this CHNA reporting period to include
	5.O. GPHealth pediatric clinics will continue to offer extended hours for patients that are unable to see a doctor during normal business hours.	Exec. Director of GP Physician Network	X	X	X	COMPLETE	Great Plains Pediatrics has added Saturday hours.

Priority #6: **Continued physician recruitment and retention**

Strategic Initiative: **Continue emphasis on physician recruitment and retention**

Rationale:

• In 2013, the rate of primary care physicians per 100,000 population in Lincoln County (61.0 per 100,000) was lower than the state (73.9 per 100,000) and the national rates (75.8 per 100,000).

• In comparison to peer counties, Lincoln County (63.6 per 100,000) ranked within the two middle quartiles for the rate of primary care providers per 100,000 persons in 2011, and also ranked above the U.S. median (48.0 per 100,000).

• Due to the rural nature of the community, interviewees were concerned about recruitment issues for healthcare professionals as well as the retention of these professionals. One interviewee stated: "Recruitment issue. Recruiting people to a fairly rural area is difficult. The financial resources for it need to be attractive."

• Interviewees mentioned that North Platte is becoming an increasingly important health center for surrounding counties, expanding the need for healthcare professionals in the county.

• This issue was not only noted as something of current concern but also one growing in importance over the next five years. One interviewee stated: "The communities around us are going to continue losing providers and facilities and we are going to need to absorb that."

• Interviewees mentioned the growing demand for primary care services as an issue in the area.

• The long distance between North Platte and larger cities was mentioned as one of the most significant concerns with not having a full spectrum of local specialists available, including:

• Pulmonology
• Neurology
• Gastroenterology
• Speech Pathology
• Occupational Therapy

• The hospital's effort to increase specialist coverage in the community was seen as a highlight of the healthcare system.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
Increase access to primary care and specialist services and providers in the community	**6.A.** GPHealth is always interested in the recruitment of additional primary care providers to the area.	VP of Physician Services	X	X	X	COMPLETE	Since 2017, GPHealth has recruited two family medicine physicians, one internal medicine physicians and three advanced practitioners to the area since 2016.
	6.B. GPHealth will continue to promote its available primary care and specialty physician services through social media outlets, local newspapers, radio ads, direct mail, and billboards.	Chief Development Officer	X	X	X	COMPLETE	The GPHealth marketing department plays an active role in ensuring good placement for primary care marketing and the GPHealth education department ensures quality education is provided to its providers and community.
	6.C. GPHealth will continue its nurse residency program.	Chief Development Officer	X	X	X	COMPLETE	The nurses residency program was expanded in 2018 to offer a more robust residency experience.
	6.D. GPHealth will continue its recently implemented clinical ladder for nursing.	Chief Nursing Officer	X	X	X	COMPLETE	This program remains a viable tool to enhance the professional skills of the GPHealth nursing workforce.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	6.E. In conjunction with Bryan College of Health, GPHealth will explore offering a four-year, local BSN program in North Platte.	Chief Development Officer	X	X		COMPLETE	In 2016 and 2017, this program was offered through Bryan College of Health and had 10 participants. In 2018, Great Plains Health began a partnership with UNMC college of nursing to offer a blended online/onsite program in North Platte. To date, we have had 10 nurses participate.
	6.F. GPHealth will continue its scholarship program for associate degree nurses to pursue a bachelor's degree.	Sen. Director of HR	X	X		COMPLETE	GPHealth offers tuition reimbursements for all employees and offers full reimbursement for RN to BSN students who are employed at GPHealth.
	6.G. In conjunction with Mid Plains Community College, GPHealth offers a surgical technician program.	Chief Development Officer	X	X	X	COMPLETE	GPHealth provides space at no cost to Mid Plains Community College and Southeast Community College to house a surgical tech program in North Platte.
	6.H. GPHealth will continue clinical integration, which strengthens communication among providers and patients, achieves better outcomes, allows for a greater focus on quality initiatives and consistency in best practice, and strategically develops a regional primary care plan.	Exec. Dir of GP Health Innovation Network	X	X	X	COMPLETE	The Great Plains Health Innovation Network, the clinically integrated network of the Great Plains Health has grown from a single hospital membership to membership that includes 37 medical practices, 113 physicians, 64 advanced practitioners, one health system and two post-acute care facilities.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	6.I. GPHealth will continue its comprehensive care coordination that is designed to improve outcomes and reduce readmissions for high-risk patients. The non-reimbursed program ensures safe and effective transitioning from acute care to home through access to a nurse practitioner who can intensively follow their at-home care.	Exec. Dir of GP Health Innovation Network	X	X		COMPLETE	During 2018, leaders of our local and regional skilled nursing facilities came together to formally organize as the newest GPHIN committee, focusing on post-acute patient care. Leveraging data from Medicare's quality reporting system for nursing homes, the committee leaders decided to focus on improvement efforts for the following two measures: 1) Short-stay residents with rehospitalizations after nursing home admission 2) Short-stay residents with outpatient emergency room visits Early improvement efforts have been successful, with a 7% reduction in rehospitalizations, from 25.1% to 23.4%, and a 12% reduction in emergency visits, from 13.8% to 12.2%.
	6.J. GPHealth will continue efforts to recruit in the areas of psychiatry, pulmonary critical care, nephrology and internal medicine and family medicine.	VP of Physician Services	X	X	X	COMPLETE	In the 2016 - 2019 time period, one psychiatrist, one pulmonologist, one internal medicine physician, one nephrologist and three family practitioners were hired.
	6.K. GPHealth will continue to expand into their region with specialty care services, which allows patients in the region to stay as close to home as possible for their care.	Chief Operating Officer	X	X	X	COMPLETE	GPHealth added 15 outreach clinics in this timeframe.
	6.L. GPHealth continue to offer space for rotating specialties (i.e., pediatric asthma specialist, neurologist with specialization in Multiple Sclerosis) from surrounding facilities.	Exec. Dir., Great Plains Physician Network	X	X	X	COMPLETE	An MS neurologist has been recruited to offer tele-services. We will also have tele-pediatric cardiology by 10.31.2019.
	6.M. GPHealth will enhance its tele-health program.	Chief Operating Officer	X	X	X	COMPLETE	GPHealth has added 13 tele-health services to its program in this timeframe - five as the host site and 10 as the receiving site. These same services outreach into seven communities in the region.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	6.N. GPHealth will continue to participate in physician retention strategies such as social gatherings for physicians and abiding by MGMA standards for physician salaries.	VP of Physician Services	X	X	X	COMPLETE	GPHealth organizes several physician social functions each year and abides by MGMA standards for physician salaries.
	6.O. GPHealth actively engages with local students interested in pursuing medical careers as a means to grow medical staff looking to return "home" to practice.	Sen. Director of HR	X	X	X	COMPLETE	GPHealth has a direct relationship with Mid Plains Community College and North Platte Public Schools to engage students in healthcare professions. GPHealth participates in career day, classroom speaking and tours.

2019 CHNA PRELIMINARY HEALTH NEEDS

2019 Preliminary Health Needs

- Improve access to medical and dental care.
- Increase access to mental and behavioral health care.
- Increase access to safe and affordable housing.
- Increase prevention and education to reduce the prevalence of chronic diseases, preventable conditions, readmissions and high mortality rates.
- Recruit and retain quality healthcare professionals.

PRIORITIZATION

The Prioritization Process

- On June 28, 2019 leadership from GPHealth met with CHC Consulting to review findings and prioritize the community's health needs. Attendees from the hospital included:
  - Melvin McNea, Chief Executive Officer
  - Fiona Libsack, Chief Development Officer
  - Ivan Mitchell, Chief Operations Officer
  - Tom Legel, Chief Financial Officer
  - Marcia Baumann, Vice President of Physician Services
- 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**
	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**
	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 Health Capacity**
	a. Are people at Great Plains Health 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 (in descending order):

1. Increase access to mental and behavioral health care.
2. Increase prevention education to reduce the prevalence of chronic diseases, preventable conditions, readmissions and high mortality rates.
3. Increase access to safe and affordable housing.
4. Improve access to medical and dental care.
5. Recruit and retain quality healthcare professionals.

Final Priorities

- Hospital leadership decided to address all of the ranked health needs. The final health priorities that GPHealth will address through its Implementation Plan are, in descending order:

1. Increase access to mental and behavioral health care.
2. Increase prevention education to reduce the prevalence of chronic diseases, preventable conditions, readmissions and high mortality rates.
3. Increase access to safe and affordable housing.
4. Improve access to medical and dental care.
5. Recruit and retain quality healthcare professionals.

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by GPHealth, other charity care services and health resources that are available in Lincoln County are included in this section.

List of Services in Lincoln County								
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.
Community Connections	Lincoln County	301 West F Street	North Platte	NE	69103	(308)696-3355	http://www.communityconnectionslc.com/	Community Connection serves Lincoln County with substance abuse prevention resources as well as tobacco cessation services. They also organize youth mentoring programs and other youth support groups.

List of Services in Lincoln County								
Organization Name	**Area Primarily Served**	**Address**	**City**	**State**	**Zip Code**	**Phone**	**Website**	**Services Provided**
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.
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/buyingprgms	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
League of Human Dignity	North Platte	2509 Halligan Drive	North Platte	NE	69101	(308) 532-4911	http://leagueofhumandignity.com/	The League of Human Dignity aims to support those with disabilities through services that support independence, advocacy and mobility. The League began out of a need for disability advocacy.
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.

List of Services in Lincoln County								
Organization Name	**Area Primarily Served**	**Address**	**City**	**State**	**Zip Code**	**Phone**	**Website**	**Services Provided**
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.
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.

List of Services in Lincoln County								
Organization Name	**Area Primarily Served**	**Address**	**City**	**State**	**Zip Code**	**Phone**	**Website**	**Services Provided**
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.
  - Due to smaller population numbers and the general rural nature of Lincoln County, 1-year estimates for the majority of data indicators are statistically unreliable at the county level. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level, or combined county-level, perspective.
  - The most significant information gap exists within this assessment's ability to capture various county-level health data indicators, such as asthma, arthritis, binge drinking, current smokeless tobacco use, current e-cigarette use, days of poor mental health (14+), flu shot in past year, pneumonia shot (ever), medical cost barrier to care, no personal doctor, and annual routine checkup information. Data for these indicators is reported at the regional level.

ABOUT COMMUNITY HOSPITAL CONSULTING

About Community Hospital 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

APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- STATE DESIGNATED SHORTAGE AREAS: INFORMATION & MAPS
- INTERVIEWEE INFORMATION

SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**
  - This study utilized demographic data from **IBM Watson Health Market Expert** tool.
  - The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; http://www.bls.gov/lau/#tables.
  - Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: http://map.feedingamerica.org/.
  - This study also used health data collected by the **CARES Engagement Network**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.org/.
  - 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/.
- **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 **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; http://wonder.cdc.gov/ucd-icd10.html.
  - This study utilizes Health Department District level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Nebraska Department of Health and Human Services. Due to website construction during the time of this report, information was received via email in May 2019.

Summary of Data Sources

- **Health Data (continued)**
  - This study also used health data collected by the **CARES Engagement Network**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.org/.
  - The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at https://www.census.gov/data-tools/demo/sahie/index.html.
  - The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.
- **Phone Interviews**
  - CHC conducted interviews on behalf of GPHealth from March 6, 2019 – March 21, 2019.
  - Interviews were conducted and summarized by Valerie Hayes, Planning Manager and Ashleigh Patel, Senior Planning Analyst.

DATA REFERENCES

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	$12,490
2	$16,910
3	$21,330
4	$25,750
5	$30,170
6	$34,590
7	$39,010
8	$43,430
For families/households with more than 8 persons, add $4,420 for each additional person.	

MUA/P AND HPSA INFORMATION

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
  1. Population to provider ratio
  2. Percent of the population below the federal poverty level
  3. Percent of the population over age 65
  4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents 'completely underserved' and 100 represents 'best served' or 'least underserved.'
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.
- *Lincoln County, Nebraska does not currently have any areas or populations designated by HRSA as MUAs or MUPs.*

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
  - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - Facilities:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Health Professional Shortage Areas

Catchment Area 2

- **County Name:** Lincoln CountyCounty
- **HPSA Name:** Catchment Area 2
- **Status**: Designated
- **Rural Status**: Rural

  - **HPSA Discipline Class:** Mental Health
    - **Designation Type**: Geographic HPSA
    - **HPSA ID:** 7312770380
    - **HPSA Score:** 14
    - **HPSA Designation Last Update Date:** 10/27/2017

Health Professional Shortage Areas

Brady Rural Health Clinic

- **County Name:** Lincoln County
- **HPSA Name:** Brady Rural Health Clinic
- **Status**: Designated
- **Rural Status**: Rural

– **HPSA Discipline Class:** Primary Care
  - **Designation Type**: Rural Health Clinic
  - **HPSA ID:** 13199931B0
  - **HPSA Score:** 5
  - **HPSA Designation Last Update Date:** 08/17/2019

– **HPSA Discipline Class:** Dental Health
  - **Designation Type**: Rural Health Clinic
  - **HPSA ID:** 6319993175
  - **HPSA Score:** 15
  - **HPSA Designation Last Update Date:** 08/17/2019

– **HPSA Discipline Class:** Mental Health
  - **Designation Type**: Rural Health Clinic
  - **HPSA ID:** 7319993157
  - **HPSA Score:** 17
  - **HPSA Designation Last Update Date:** 08/17/2019

STATE DESIGNATED SHORTAGE AREAS: INFORMATION & MAPS

State of Nebraska
Guidelines for Designation of
Family Practice Shortage Areas

1. A service area may be a single county, a partial county, a group of contiguous counties, or an identified population group within a defined area.

2. In computing the population-to-physician ratio, physicians practicing family or general practice will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. Physicians will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year. Physicians will not be counted if they no longer have hospital and/or nursing home privileges in the county or service area for the area they serve.

   If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. Service areas will be designated if there is no physician coverage or if the population-to-physician ratio equals or exceeds 2,000/1.

4. Service areas with a population-to-physician ratio at or between 1,500/1 - 1,999/1 will be designated if at least one of the following high need indicators is present:

   a. The proportion of the population that is 65+ ranks in the highest quartile of the state;
   b. The proportion of the population below the poverty level ranks in the highest quartile of the state;
   c. The infant mortality rate ranks in the highest quartile of the state;
   d. The low birth weight rate ranks in the highest quartile of the state;
   e. More than half of the area's physicians are over 60 years old;
   f. The area is a frontier area (fewer than six persons per square mile.)

5. Counties having a population greater than or equal to fifteen thousand inhabitants and/or included within a metropolitan statistical area as defined by the United States Department of Commerce, Bureau of the Census will not be designated. Special populations and/or facilities may be designated within these counties. Areas within a 25-mile radius of Lincoln and Omaha will not be designated.

6. Service areas designated as federal primary care Health Professional Shortage Area (HPSA) may be designated as state family practice shortage areas for purposes of the Nebraska Rural Health Incentive Programs, if requested by the community and/or clinic and approved by the Rural Health Advisory Commission.

7. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Shortage Areas in
General Surgery, Internal Medicine, OB/Gyn, Pediatrics, and Psychiatry

1. A service area may be a single county or a group of contiguous counties.

2. In computing the population-to-physician ratio, physicians practicing a particular specialty will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. Physicians will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year. Psychiatrists working exclusively in an inpatient setting will not be counted.

   If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. Service areas will be designated as shortage areas for a particular specialty if there is no local physician coverage in that specialty or if the population-to-specialist ratio equals or exceeds:

General Surgery	10,200/1
General Internal Medicine	3,250/1
Obstetrics/Gynecology	10,000/1
General Pediatrics	9,300/1
Psychiatry	10,000/1

4. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.

5. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Physician Assistant Shortage Areas

1. A service area may be a single county or a group of contiguous counties.

2. Service areas will be designated as physician assistant shortage areas if there is no local physician coverage or if the population-to-physician ratio equals or exceeds the guideline for the specialty of the collaborating physician.

3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.

4. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted December 10, 1996
Updated: July 1, 2007

State of Nebraska

Guidelines for Designation of Nurse Practitioner Shortage Areas

1. A service area may be a single county or a group of contiguous counties.

2. Service areas will be designated as nurse practitioner shortage areas if there is no local physician coverage or if the population-to-physician ratio equals or exceeds the guideline for the specialty.

3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.

4. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted December 10, 1996
Updated: July 1, 2007

State of Nebraska

Guidelines for Designation of Mental Health Professional Shortage Areas

1. A service area may be a single county or a group of contiguous counties.

2. Service areas will be designated as mental health professional shortage areas if there is no local coverage or if the population-to-psychiatrist full-time equivalency (FTE) ratio equals or exceeds 10,000/1.

   If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.

4. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted December 10, 1996
Updated July 1, 2007, 7/1/2010

State of Nebraska
Guidelines for Designation of
General Dentistry
Shortage Areas

1. A service area may be a single county, a partial county, a group of contiguous counties, or an identified population group within a defined area.

2. The designation of a service area as a General Dentistry Shortage Area will be based on the ratio of service area population to full-time equivalency (FTE) of general dentists in the service area. In computing the population-to-dentist ratio, dentists will be counted on a full-time equivalent basis, with four hours counting as 0.1 FTE. Dentists will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

   If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. A service area is designated as a General Dentistry Shortage Area if there is no dentist in the service area or if the population-to-dentist ratio equals or exceeds **3000:1**.

4. Service areas with a population-to-dentist ratio at or between **2500/1 - 2999/1** will be designated if at least one of the following high need indicators is present:

   a) Half or more of the dentists serving the area are 55 or older;
   b) The proportion of the population below the poverty level ranks in the highest quartile of the state; or
   c) The area is a frontier area (fewer than six persons per square mile).

5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.

6. Service areas designated as federal general dentistry Health Professional Shortage Area (HPSA) may be designated as state general dentistry shortage areas for purposes of the Nebraska Rural Health Incentive Programs, if requested by the community and/or clinic and approved by the Rural Health Advisory Commission.

7. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Pediatric Dentistry And Oral Surgery Shortage Areas

1. Counties and parts of counties outside a 50-mile radius of the cities of Lincoln and Omaha will be designated as pediatric dentistry shortage areas.

2. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted June 15, 2001
Updated 12/5/2003, 7/1/2007

State of Nebraska

Guidelines for Designation of Pharmacist Shortage Areas

1. A service area may be a single county or a group of contiguous counties.

2. The designation of a service area as a Pharmacist Shortage Area will be based on the ratio of service area population to full-time equivalency (FTE) of pharmacists practicing in the service area. In computing the population to pharmacist ratio, pharmacists will be counted on a full-time equivalent basis, with four hours counting as 0.1 FTE. Pharmacists will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

   If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. A service area is designated as a Pharmacist Shortage Area if there is no pharmacist in the service area or if the population-to-pharmacist ratio equals or exceeds **1700:1**.

4. Service areas with a population-to-pharmacist ratio at or between **600/1 - 1699/1** will be designated if the proportion of the service area population 65 and older ranks in the highest quartile of the state or if more than half of the area's pharmacists are over 60 years old.

5. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated. Cities larger than 15,000 will not be designated.

6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Occupational Therapy Shortage Areas

1. A service area may be a single county or a group of contiguous counties.

2. In computing the population-to-occupational therapist (OT) ratio, OTs will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. OTs will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

   If the population-to-OT ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. A service area is designated as an Occupational Therapist Shortage Area if there is no Occupational Therapist practicing in the service area or if the population-to-OT ratio equals or exceeds **5000/1**.

4. Service areas with a population-to-OT ratio at or between **4500/1 - 4999/1** will be designated if at least one of the following high need indicators is present:

   a) The area is a frontier area (fewer than six persons per square mile);
   b) The proportion of the service area population 65 and older ranks in the highest quartile of the state;
   c) The proportion of the service area Special Education students to the student population ranks in the highest quartile of the state;
   d) The proportion of the service area population below the poverty level ranks in the highest quartile of the state; or
   e) Fifty percent or more of the OTs practicing in the county are 60 or older.

5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.

6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Physical Therapy Shortage Areas

1. A service area may be a single county or a group of contiguous counties.

2. In computing the population-to-physical therapist (PT) ratio, PTs will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. PTs will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

   If the population to licensed PT ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. A service area is designated as a Physical Therapy Shortage Area if there is no physical therapist practicing in the service area or if the population-to-PT ratio equals or exceeds **5000/1**.

4. Service areas with a population-to-PT ratio at or between **4500/1 - 4999/1** will be designated if at least one of the following high need indicators is present:

   a) The area is a frontier area (fewer than six persons per square mile);
   b) The proportion of the service area population 65 and older ranks in the highest quartile of the state;
   c) The proportion of the service area Special Education students to the student population ranks in the highest quartile of the state;
   d) The proportion of the service area population below the poverty level ranks in the highest quartile of the state; or
   e) Fifty percent or more of the PTs practicing in the county are 60 or older.

5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.

6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Rural* Counties over 15,000 population (2014 Census)

Adams	Dakota	Gage	Madison	Saunders	Washington
Buffalo	Dawson	Hall	Otoe	Scotts Bluff	
Cass	Dodge	Lincoln	Platte	Seward	

*Douglas, Lancaster, and Sarpy Counties are not rural counties.

Rural Communities over 15,000 population (2014 Census)

Columbus (Platte County)	Kearney (Buffalo County)
Fremont (Dodge County)	Norfolk (Madison County)
Grand Island (Hall County)	North Platte (Lincoln County)
Hastings (Adams County)	Scottsbluff (Scotts Bluff County)

Whole Counties within 50-mile radius of Lincoln and Omaha

Butler	Otoe	Seward
Cass	Saline	Washington
Johnson	Saunders	

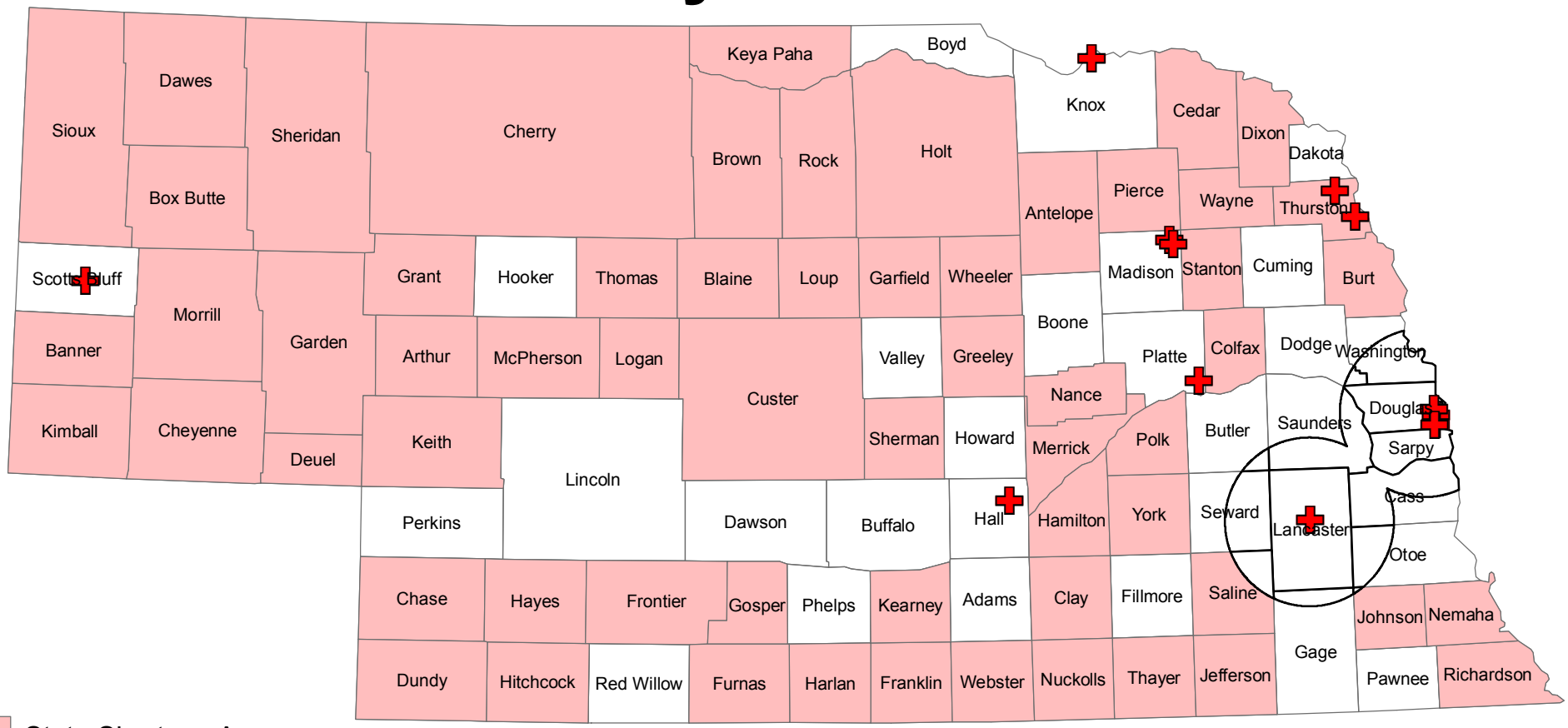
Part of these Counties within 50-mile radius of Lincoln and Omaha

Burt	Dodge	Jefferson	Polk
Colfax	Fillmore	Nemaha	York
Cuming	Gage	Pawnee	

Part of these Counties within 25-mile radius of Lincoln and Omaha

Butler	Otoe	Seward
Cass	Saline	Washington
Gage	Saunders	

State-Designated Shortage Areas
Family Practice



State Shortage Area

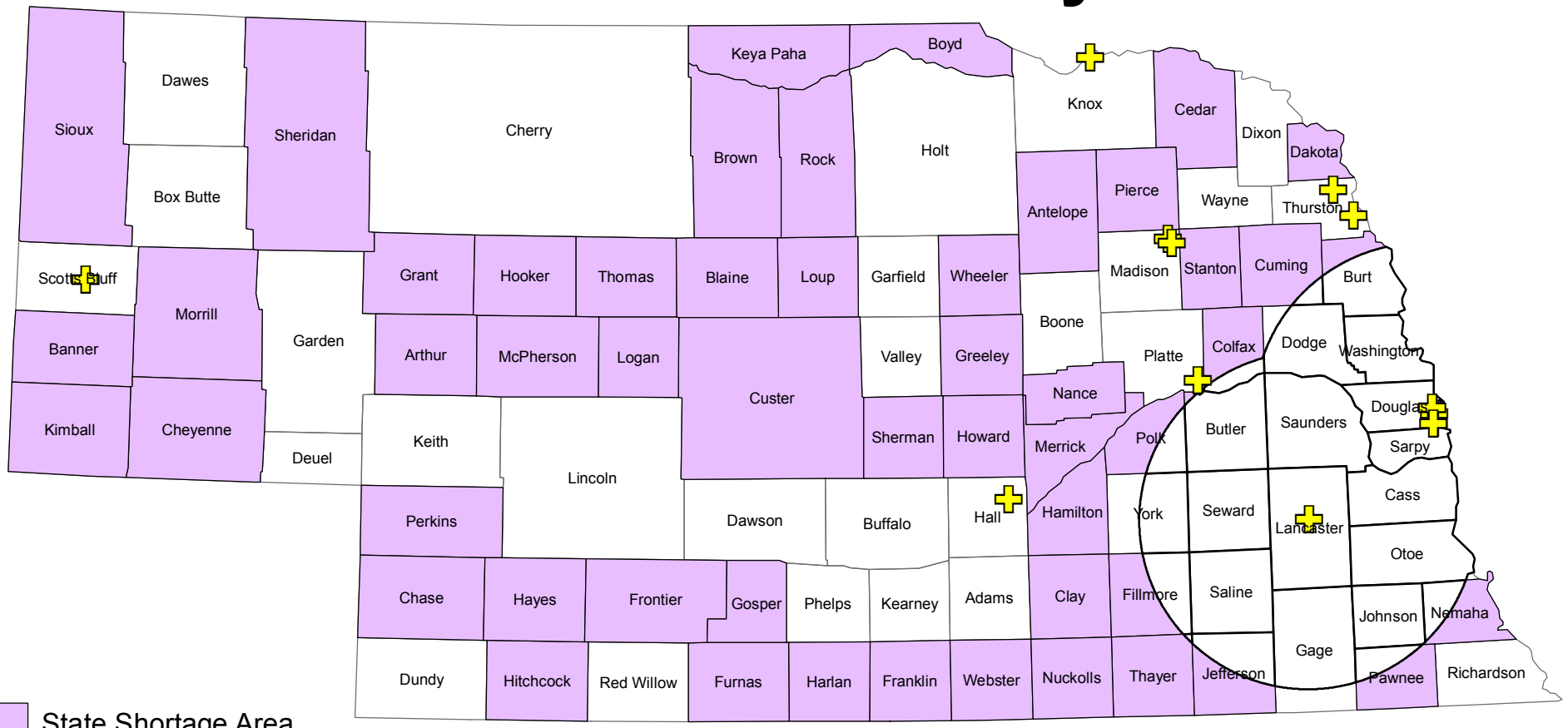
Not State Shortage Area

Community Health Center and Indian Health Services Sites

Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2019
Last Updated: April 2019
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019
Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 > Excel files > Copy of HPTS hours for SDMS - FM

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas
General Dentistry



State Shortage Area

Not State Shortage Area

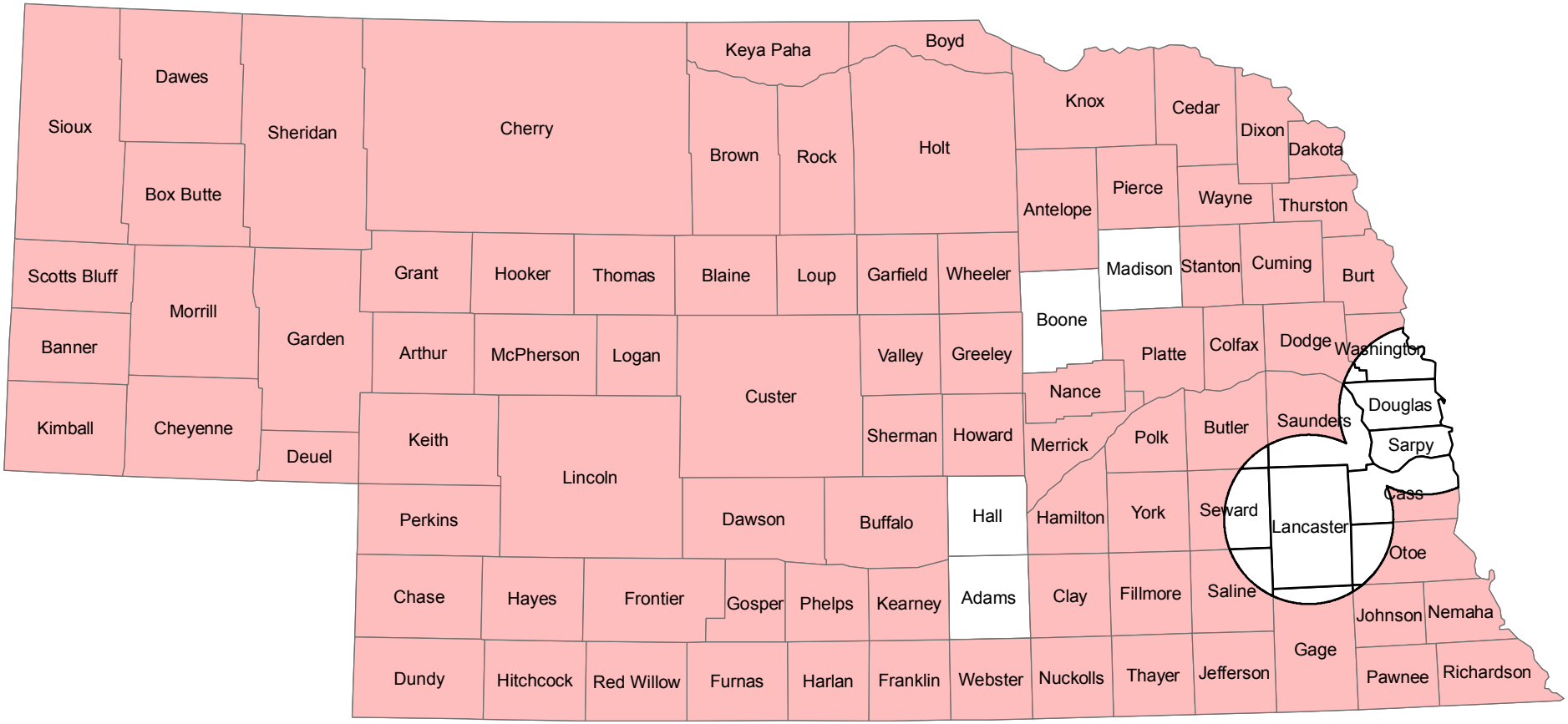
Community Health Center and Indian Health Service Sites

Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2019
Last Updated: April 2019
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019
Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 >

Excel files > Copy of HPTS hours for SDMS - Dentistry

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas
General Pediatrics



State Shortage Area

Not State Shortage Area

Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2019
Last Updated: April 2019
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019
Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 > Excel files > Copy of HPTS hours for SDMS - Peds

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
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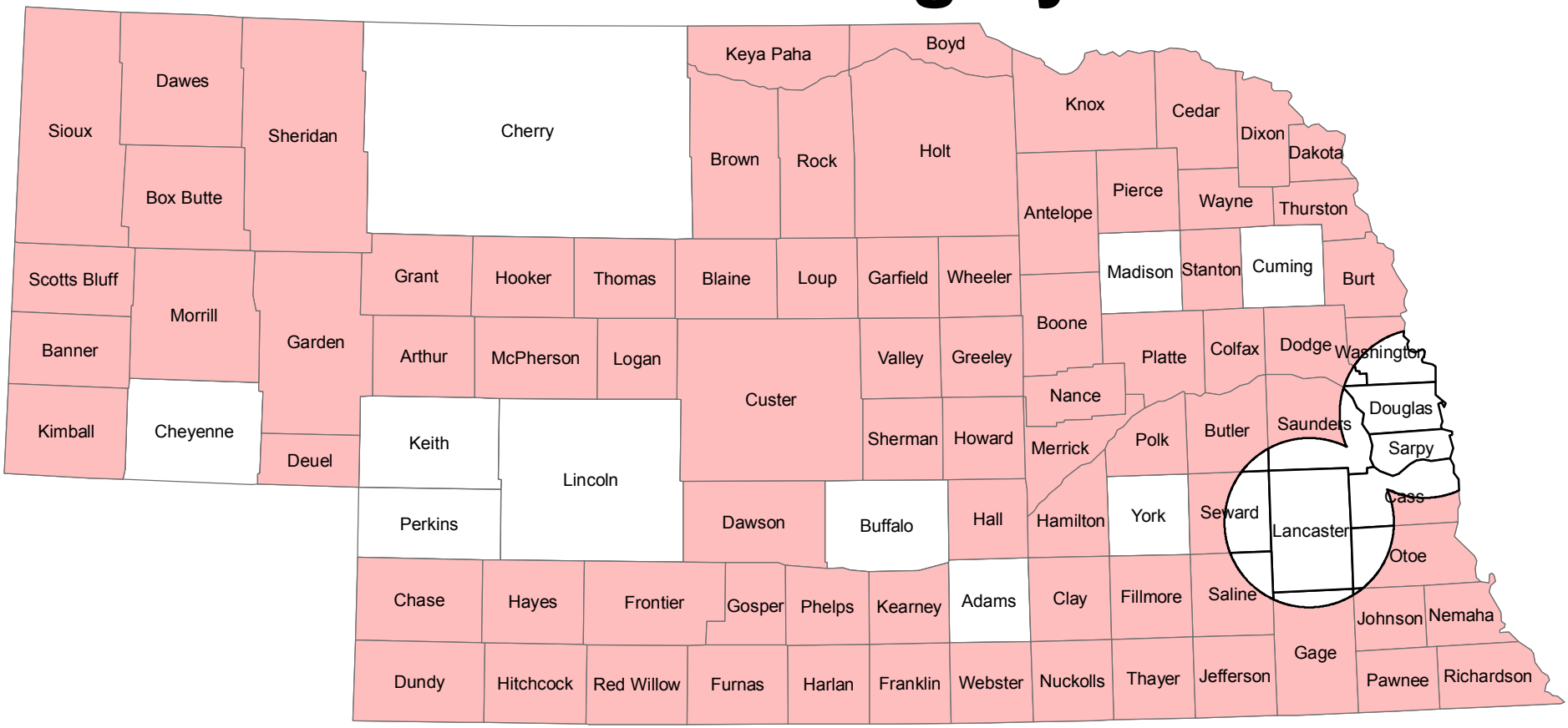
thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas
General Surgery



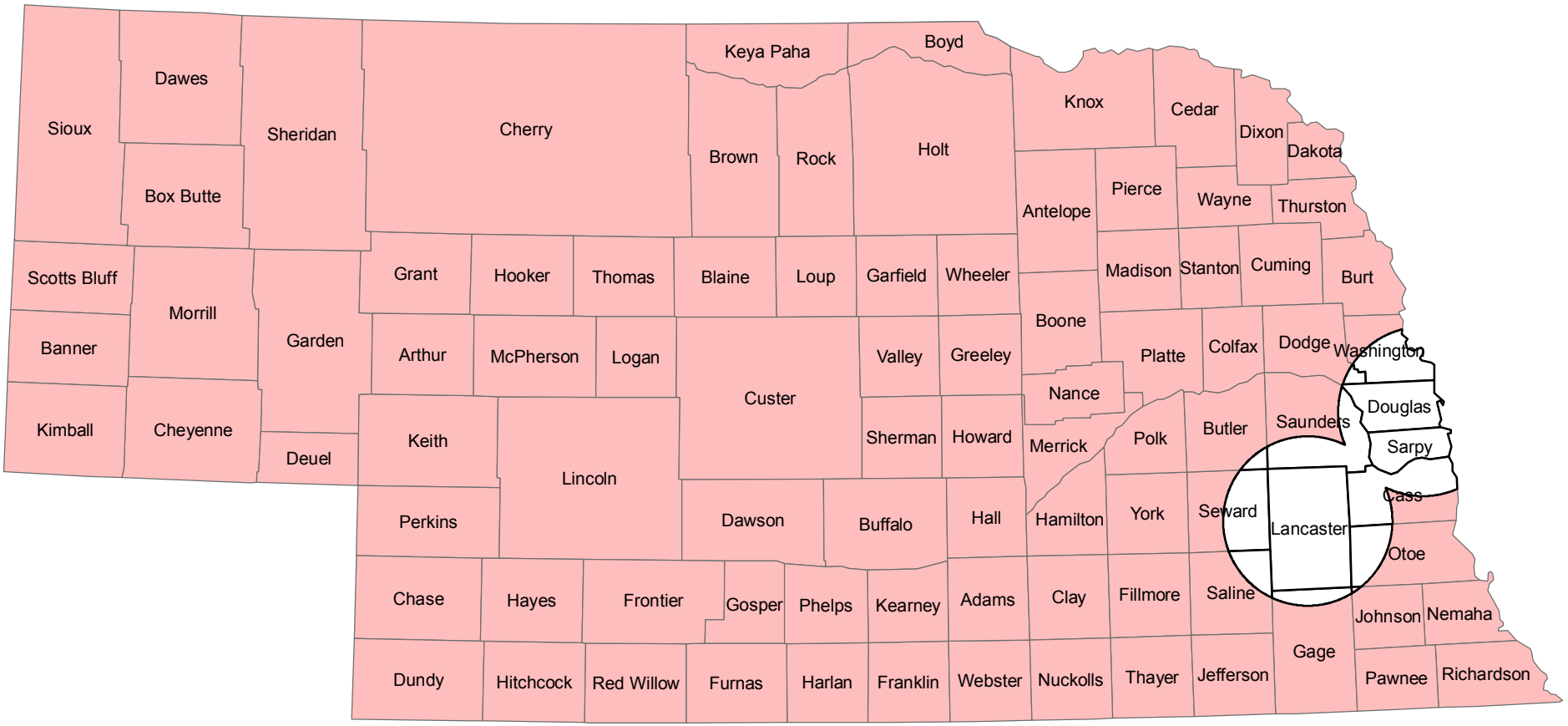
State Shortage Area

Not State Shortage Area

Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2019
Last Updated: April 2019
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019
Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 > Excel files > Copy of HPTS hours for SDMS - General Surgery

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas
Internal Medicine



State Shortage Area

Not State Shortage Area

Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2019
Last Updated: April 2019
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019
Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 > Excel files > Copy of HPTS hours for SDMS - IM

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
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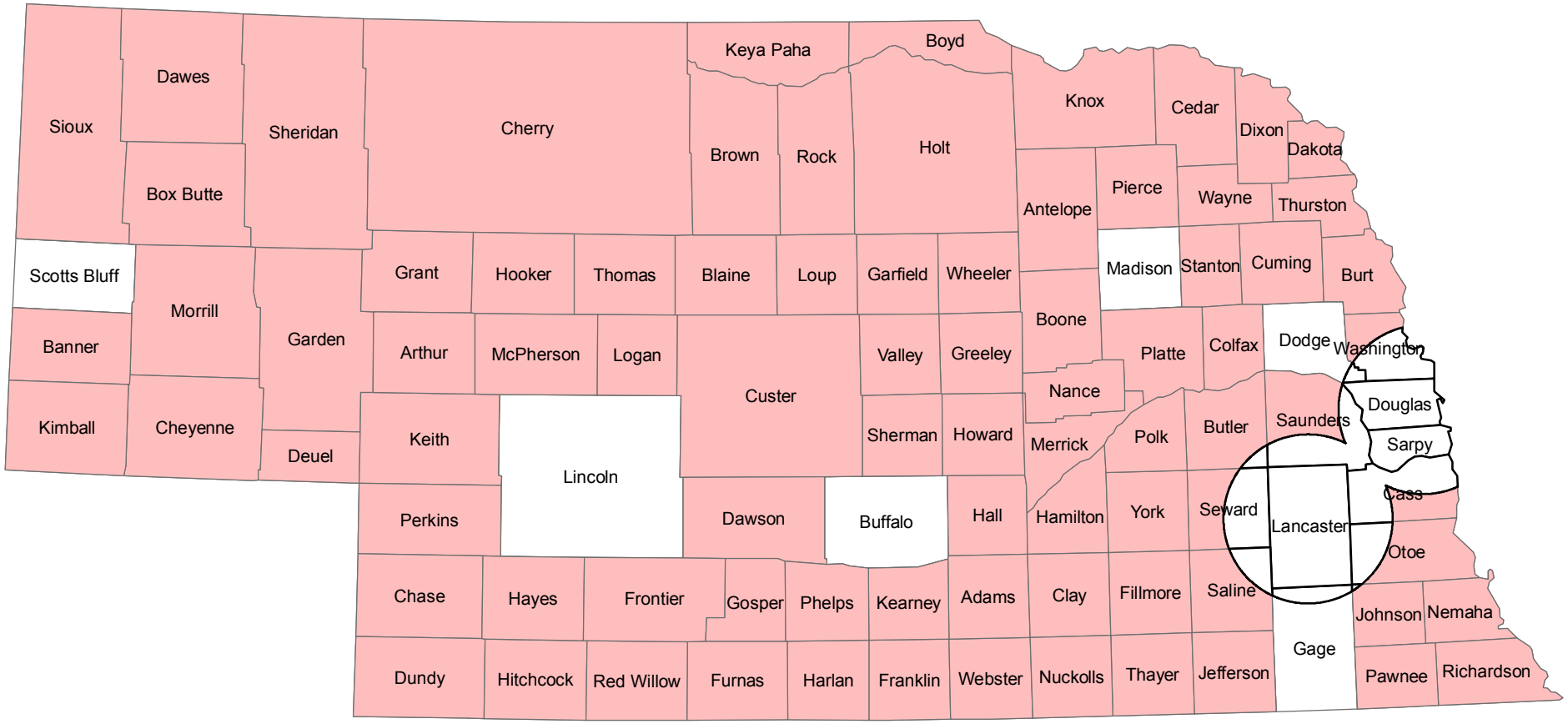
thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas
OB/GYN



State Shortage Area

Not State Shortage Area

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Statewide Review: 2019
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Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
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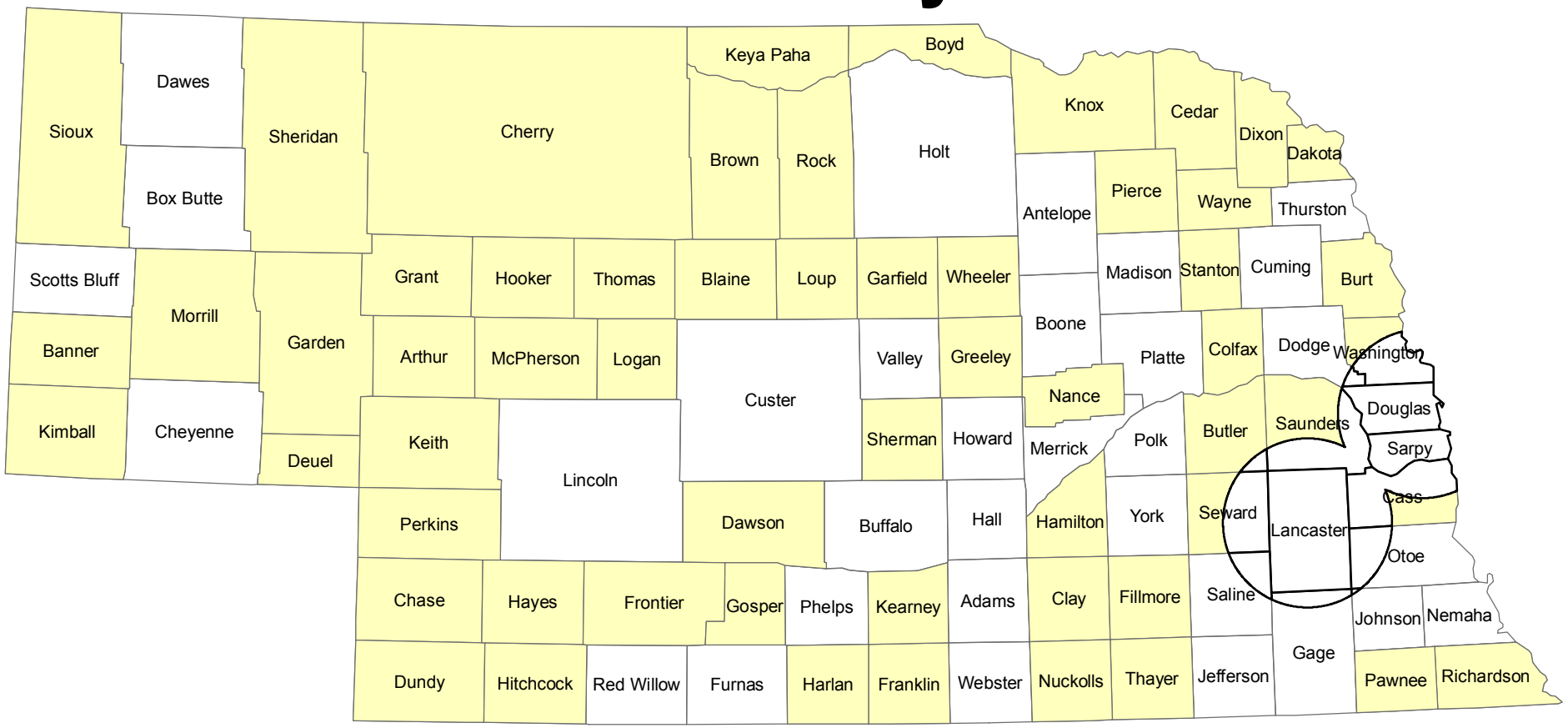
State-Designated Shortage Areas
Pharmacy



State Shortage Area

Not State Shortage Area

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DHHS - Nebraska Office of Rural Health
Statewide Review: 2019
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Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 > Excel files > Copy of HPTS hours for SDMS - Pharmacist

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
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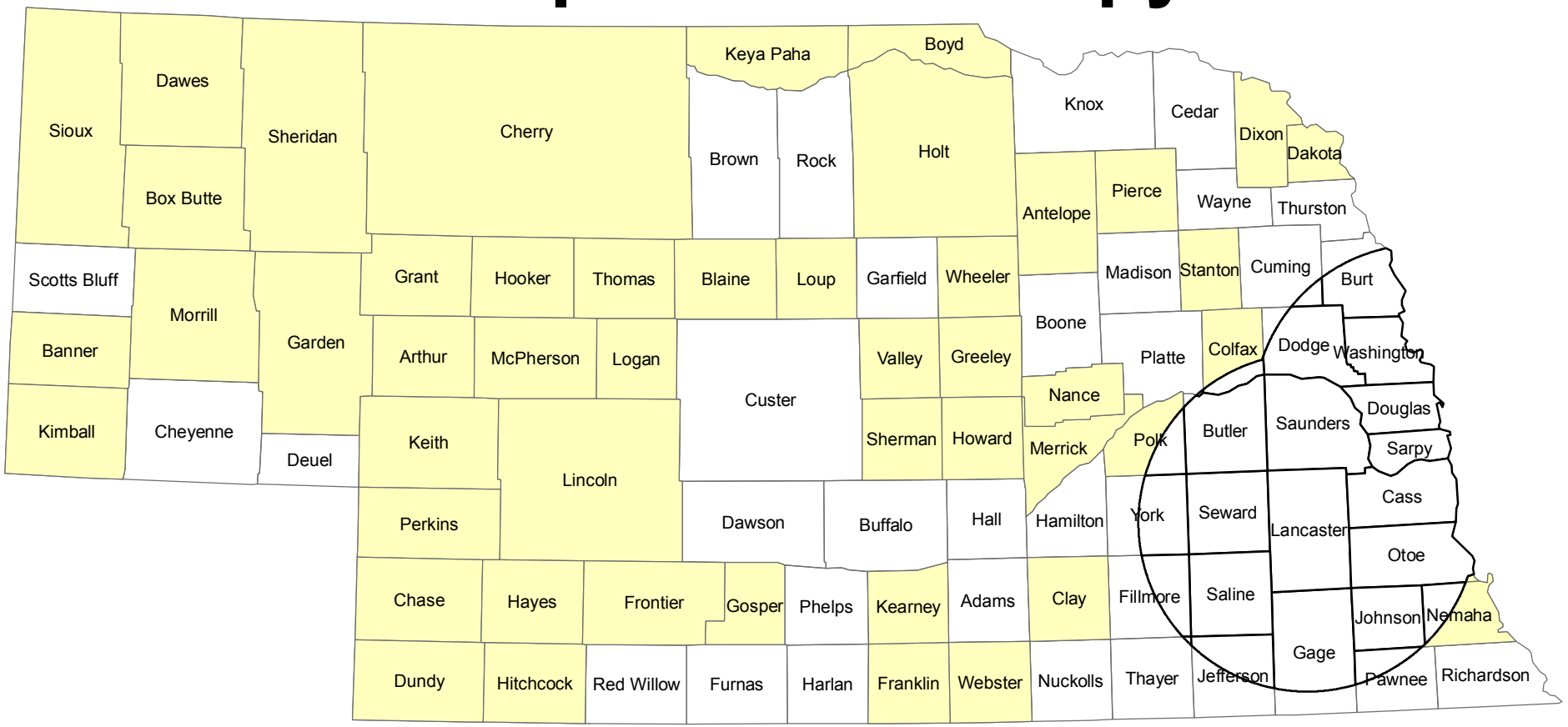
State-Designated Shortage Areas
Occupational Therapy



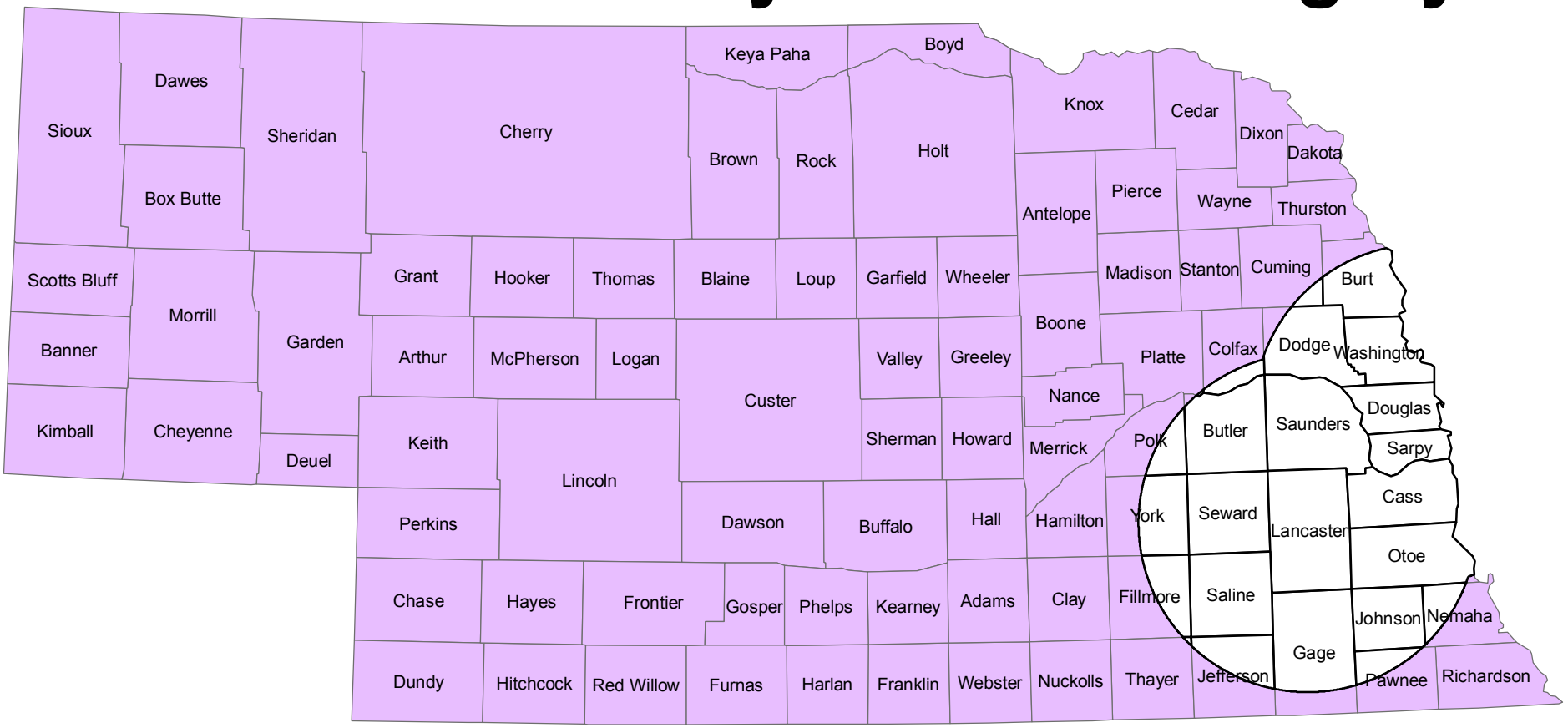
State Shortage Area

Not State Shortage Area

Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2019
Last Updated: April 2019
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019
Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 > Excel files > Copy of HPTS hours for shortage area - OT

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas
Pediatric Dentistry and Oral Surgery



State Shortage Area

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DHHS - Nebraska Office of Rural Health
Statewide Review: 2019
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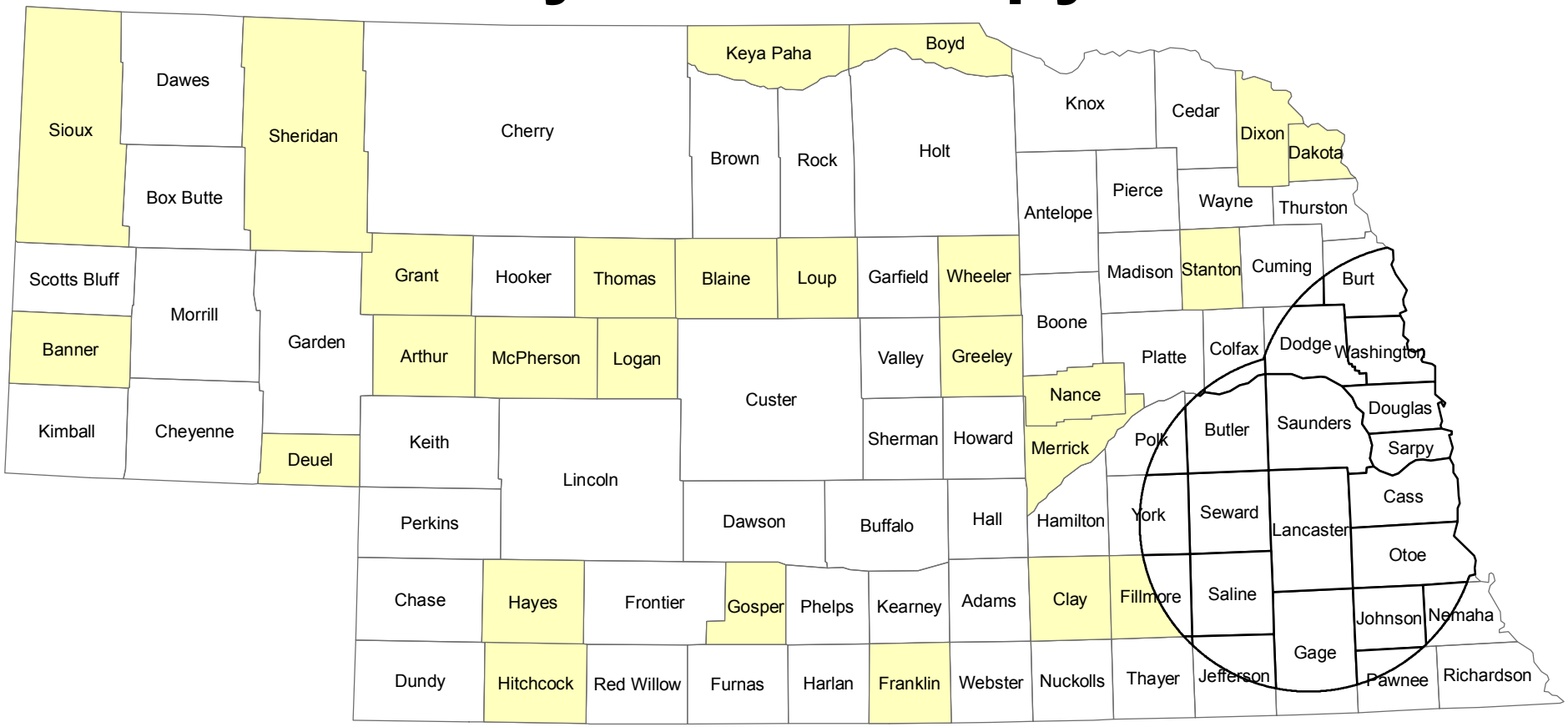
State-Designated Shortage Areas
Physical Therapy



State Shortage Area

Not State Shortage Area

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Statewide Review: 2019
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Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 > Excel files > Copy of HPTS hours for shortage area - PT

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
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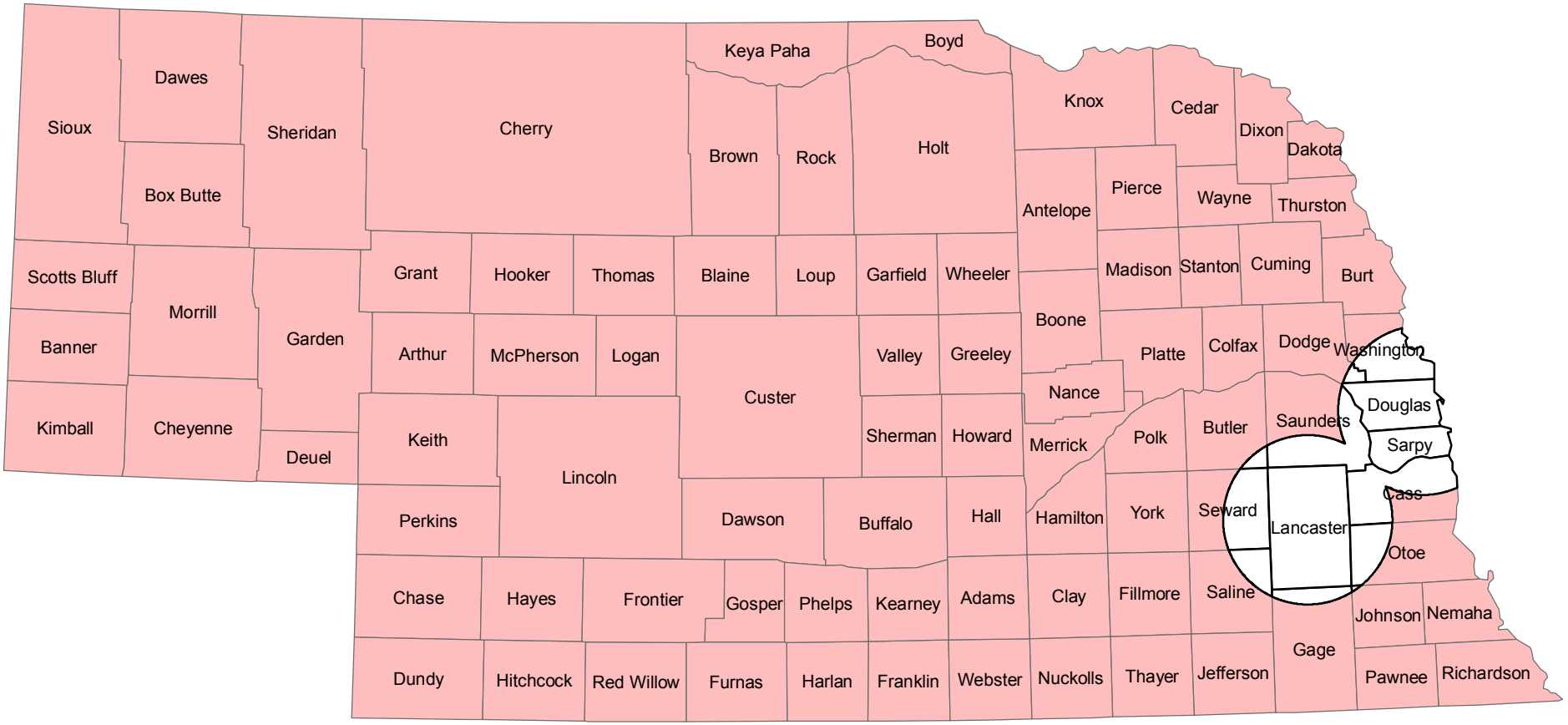
State-Designated Shortage Areas
Psychiatry and Mental Health



State Shortage Area

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Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
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INTERVIEWEE INFORMATION

Great Plains Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	Area Served	Interviewer	IRS Category			Population Served
						A	B	C	
Jason Calahan	Principal	Hershey Elementary School	3/21/2019	Lincoln County	Ashleigh Patel		x		Pediatric, Child
Travis Covey	Pharmacist	U-Save Pharmacy	3/7/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		General Public, Vulnerable, Underserved
Alicia Forbes	Executive Director	Mid Plains United Way	3/14/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		General Public
Linda Foreman	Executive Director	West Central Nebraska Area Agency on Aging	3/9/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		Elderly, Aging, Vulnerable
Danni Frazen	Director of Ancillary Services	Great Plains Health	3/11/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		General Public
Jessica Furmanski	Executive Director	People's Family Health	3/11/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		Female, Obstetric Population, Underserved
Nolan Gurnsey	Administrator	Linden Court	3/11/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		Aging, Vulnerable, Complex
Ron Hanson	Superintendent	North Platte Public Schools	3/8/2019	Lincoln County	Ashleigh Patel		x		Youth, Child, Adolescent
Rebecca Harling	County Attorney	Lincoln County	3/14/2019	Lincoln County	Ashleigh Patel			x	General Public
Kelly Hasenhauer, NP	Owner	Platte Valley Women's Healthcare	3/8/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		Female
Joe Hewgley	Commissioner	Lincoln County Commissioners	3/6/2019	Lincoln County	Ashleigh Patel			x	General Public
Richard Hoaglund	Lieutenant	North Platte Police Department	3/5/2019	Lincoln County	Ashleigh Patel			x	General Public
Marina Hughes	Coordinator	Early Development Network	3/7/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		Pediatric, Child
Dwight Livingston	Mayor	City of North Platte	3/21/2019	Lincoln County	Valerie Hayes			x	General Public
Newton Mack	Board President	Great Plains Health	3/8/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		General Public
James McGown	Superintendent	Brady Public Schools	3/13/2019	Lincoln County	Ashleigh Patel		x		Youth, Child, Adolescent
Trudy Merritt	Fitness Series Coordinator	North Platte Recreation Center	3/12/2019	Lincoln County	Ashleigh Patel			x	General Public
Jim Nisley	City Councilman	City of North Platte	3/18/2019	Lincoln County	Valerie Hayes			x	General Public
Deb Paulman	Administrator	Educational Service Unit 16	3/8/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		General Public
David Pederson	Attorney	Pederson & Troshynski	3/13/2019	Lincoln County	Ashleigh Patel			x	General Public
Gary Person	President/CEO	North Platte Chamber/DEVCO	3/11/2019	Lincoln County	Ashleigh Patel			x	General Public

Great Plains Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	Area Served	Interviewer	IRS Category			Population Served
						A	B	C	
Jamie Peters	Wellness Coordinator	Mid Plains Community College	3/8/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		Young Adult
Sarah Schaffer	Psychologist	Behavioral Health Associates	3/19/2019	Multi-county area, including Lincoln County	Valerie Hayes		x		Mental and Behavioral Health
Eric Seacrest	Executive Director	Mid-Nebraska Community Foundation	3/6/2019	Multi-county area, including Lincoln County	Ashleigh Patel		x		General Public
Kent Turnbull	Judge	Lincoln County Court	3/11/2019	Lincoln County	Ashleigh Patel			x	General Public
Shannon Vanderheiden	Executive Director	West Central District Health Department	3/11/2019	Arthur, Hooker, Lincoln, Logan, McPherson and Thomas Counties	Ashleigh Patel	x			General Public

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: Community Leaders

Source: Great Plains Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; March 6, 2019 – March 21, 2019.

Great Plains Health

Section Two:

FEEDBACK, COMMENTS AND PAPER COPIES

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- GPHealth invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.
- To provide input on this or the previous CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

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

Fiona Libsack, MPA, APR

Great Plains Health
Chief Development Officer
601 W. Leota St.
North Platte, NE 69101
Email: libsackf@gphealth.org

Please find the most up to date contact information on the Great Plains Health website under "Community Impact":

https://www.gphealth.org/about-us/community-impact/

Thank you!

Community Hospital Consulting
7800 N. Dallas Parkway, Suite 200
Plano, TX 75024
972-943-6400

www.communityhospitalcorp.com

Lisette Hudson - lhudson@communityhospitalcorp.com
Valerie Hayes - vhayes@communityhospitalcorp.com