



## Memorial Community Hospital and Health System Community Health Improvement Plan November 2016

# 2016 Community Health Improvement Plan

## Introduction

The purpose of the Community Health Improvement Plan (CHIP) is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of the community. Employees from Memorial Community Hospital and Health System (MCH&HS) utilized the assessment process to formulate a community health improvement plan aimed at striving to provide effective, quality health services, and an environment that enables community members to reach their full health potential through assessment, leadership, and partnerships.

MCH&HS works to *Heal, Nurture and Promote Wellness* to members in our community. The information and figures below highlight the demographics of Washington County, Three Rivers Public Health District (3RPHD), and the State of Nebraska. Where applicable, Burt County data is presented to display our connection to the Rural Health Clinic in Tekamah, NE.

The total population of Washington County is 20,234 (Figure 1). The total population of Burt County is 6,690.

Figure 1	Population (2013)	
	Washington County	Three Rivers
	20,234	77,709

Source: U.S. Census/American Community Survey 5-Year Estimates (2013)

Washington County is 95.7% White, Non-Hispanic (Figure 2). No specific minority data was recorded for Burt County.

Figure 2	Race/Ethnicity (2013)		
	Washington County	Three Rivers Total	Nebraska
White (Non-Hispanic)	95.7%	91.7%	81.7%
Minority	4.3%	8.3%	18.3%

Source: U.S. Census/American Community Survey 5-Year Estimates (2013)

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Washington County has a median age of 40.8, which is higher than the median age of 36.3 for the state (Figure 3). The median age for Burt County is 47.9.

<b>Figure 3</b>	<b>Median age (2013)</b>		
	<b>Washington County</b>	<b>Three Rivers*</b>	<b>Nebraska</b>
	40.8	40.7	36.3

\*An average weighted by the population in each county.

Source: U.S. Census/American Community Survey 5-Year Estimates (2013)

In Washington County, 14.5% of the population is 65 or older (compared to 13.7% for the state) (Figure 4).

<b>Figure 4</b>	<b>Number and percentage of the population age 65 and over (2013)</b>		
	<b>Washington County</b>	<b>Three Rivers</b>	<b>Nebraska</b>
	2,944 (14.5%)	13,104 (16.9%)	252,585 (13.7%)

Source: U.S. Census/American Community Survey 5-Year Estimates (2013)

Just under one-fourth (24.2%) of the Washington County population is under the age of 18 (Figure 5), which is comparable to Burt County at 24.7%.

<b>Figure 5</b>	<b>Number and percentage of the population under the age of 18 (2013)</b>		
	<b>Washington County</b>	<b>Three Rivers</b>	<b>Nebraska</b>
	4,890 (24.2%)	18,863 (24.3%)	460,116 (25.0%)

Source: U.S. Census/American Community Survey 5-Year Estimates (2013)

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From 2010 to 2013, the birth rate was lower for Washington County than it was for the state. In 2013, there were 239 births in the county, which makes for a rate of 11.8 births per 1,000 population (compared to a rate of 14.0 per 1,000 for the state) (Figure 6).

**Figure 6. Number of births and birth rate per 1,000 population**

	2010	2011	2012	2013
<b>Washington County</b>	210 (10.4)	213 (10.5)	182 (9.0)	239 (11.8)
<b>Three Rivers</b>	<b>971 (12.5)</b>	<b>896 (11.5)</b>	<b>917 (11.8)</b>	<b>941 (12.1)</b>
<b>Nebraska</b>	<b>25,916 (14.2)</b>	<b>25,722 (14.0)</b>	<b>25,939 (14.0)</b>	<b>26,094 (14.0)</b>

Source: Nebraska DHHS, Vital Records (2013)

Washington County stands out as having a notably higher median household income and per capita income as compared to the state and health district (Figure 7). No comparable data for Burt County however most commonly reported was having income between \$50,000-\$75,000.

Figure 7	Income (2013)		
	Washington County	Three Rivers*	Nebraska
<b>Median household income</b>	\$76,170	\$67,844	\$67,023
<b>Per capita income</b>	\$29,328	\$27,281	\$26,899

\*An average weighted by the population in each county.

Source: U.S. Census/American Community Survey 5-Year Estimates (2013)

In addition, the following are also indicators of Community Health Needs for Washington County as determined by the Community Health Needs Assessment (Figure 8).

Figure 8

<b>Washington County : Indicators of Community Health Needs</b>	
<b>Indicator/Area of Community Health Need</b>	<b>Rationale for Selection</b>
➤ <b>Aging Population</b>	<ul style="list-style-type: none"> <li>The median age in Washington County is 40.8 (state comparison: 36.3).</li> <li>14.5% of the Washington County population is age 65 and over (state comparison: 13.7%).</li> </ul>

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➤ <b>Health Care Professionals</b>	<ul style="list-style-type: none"> <li>In Washington County, there are higher ratios of the population to primary care physicians, dentists, and mental health providers compared to the state.</li> </ul>
➤ <b>Motor Vehicle Deaths</b>	<ul style="list-style-type: none"> <li>From 2009 to 2013 there were 18 motor vehicle deaths in Washington County, accounting for an age-adjusted rate of 17.5 per 100,000 population (state comparison: 12.2 per 100,000).</li> </ul>
➤ <b>Access to Locations for Physical Activity</b>	<ul style="list-style-type: none"> <li>An estimated 48.0% of the population in Washington County has adequate access to locations for physical activity (state comparison: 81.4%).</li> </ul>
➤ <b>Deaths due to Coronary Heart Disease</b>	<ul style="list-style-type: none"> <li>From 2009 to 2013 there were 117 deaths due to coronary heart disease in Washington County, accounting for an age-adjusted rate of 90.3 per 100,000 population (state comparison: 80.6 per 100,000).</li> </ul>
➤ <b>Diabetes</b>	<ul style="list-style-type: none"> <li>From 2009 to 2013 there were 145 deaths due to diabetes in Washington County, accounting for an age-adjusted rate of 117.9 per 100,000 population (state comparison: 81.6 per 100,000).</li> <li>In 2014, 10.0% of the Three Rivers district population reported that they have ever been told by a doctor that they have diabetes (state comparison: 9.2%).</li> </ul>
➤ <b>Birth Defects</b>	<ul style="list-style-type: none"> <li>From 2009 to 2013 there were 80 cases of birth defects in Washington County, accounting for 7.7% of all births (state comparison: 6.0%).</li> </ul>
➤ <b>Deaths due to Alzheimer's Disease</b>	<ul style="list-style-type: none"> <li>From 2009 to 2013 there were 49 deaths due to Alzheimer's Disease in Washington County, accounting for an age-adjusted rate of 37.1 per</li> </ul>

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	100,000 population (state comparison: 24.3 per 100,000).
➤ <b>Community Water Systems</b>	<ul style="list-style-type: none"><li>• In 2012, 72.5% of the population in Washington County was served by community water systems (state comparison: 85.9%)</li><li>• In 2012, 63.2% of the population in Washington County was receiving optimally fluoridated water (state comparison: 71.6%).</li></ul>
➤ <b>Youth Marijuana and Prescription Drug Use</b>	<ul style="list-style-type: none"><li>• 10<sup>th</sup> and 12<sup>th</sup> grade students across the Three Rivers district have consistently reported higher rates of past 30-day marijuana and prescription drug use compared to their peers across the state.</li></ul>
➤ <b>Obesity/Overweight</b>	<ul style="list-style-type: none"><li>• In 2014, an estimated 44.1% of the entire Three Rivers district adult population was obese (state comparison: 40.6%), and 69.4% of the adult population was overweight or obese (state comparison: 66.7%). The percentage of adults who are obese and/or overweight has been increasing in the Three Rivers district.</li></ul>

### **Mission**

To Partner with Our Community to Heal, Nurture, and Promote Wellness.

### **Vision**

To be the First Choice and Community Leader in Healthcare.

## Strategic Process Summary

Under the direction of the Three Rivers Public Health Department, Schmeeckle Research of Lincoln, NE assembled the 2015 *Community Health Needs Assessment* for the three counties in the 3RPHD District (Dodge, Saunders, and Washington Counties in Nebraska). This assessment is the basis for the Community Health Improvement Plan (CHIP). It is the purpose of the assessment to inform all interested parties about the health status of the population within the district and to provide community resources to improve the health of the population.

Data for the report was gathered from a broad array of sources including:

- Behavioral Risk Factor Surveillance System (BRFSS)
- County Health Rankings
- Nebraska Crime Commission
- Nebraska Department of Education
- Nebraska Department of Health and Human Services (DHHS)
- Nebraska Risk and Protective Factor Student Survey (NRPFS)
- U.S. Census/American Community Survey

Once the district's assessment was complete, Memorial Community Hospital and Health System agreed to host a community focus group and also print and send invitations to various community members. The invitations were sent out on February 10, 2016 by 3RPHD to a variety of non-profit organizations, businesses, community members, medical providers, etc. A total of 52 invites were sent out for Washington County. Prior to the day of the focus groups Washington County had 39 RSVPs. Residents and others concerned with the health and well-being of Washington County met in a half-day facilitated session on February 25<sup>th</sup>, 2016. Washington County had 42 participants attend the session.

Local representatives who attended the session are from the organizations listed in Figure 9 below.

**Figure 9 - CHNA Process Members**

Three Rivers Public Health Department	Memorial Community Hospital and Health System
Lutheran Family Services	Our Lady of Lords- School of Nursing
Good Shepherd Lutheran Community	Carter Place
YMCA	Ft. Calhoun Schools
Blair Community Schools	Blair Police
CHI Health	Live Wise
Region 6 Behavioral Health	Enterprise Publishing
KBLR Radio	Community members
Good Neighbor	The Bridge
Creighton University	LMC Insurance
Hansen Chiropractic	Blair Area Chamber of Commerce

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The overarching question guiding discussion was:

***“Based on our community assessments, what will we choose to focus on over the next three to five years to improve the health of all who live, work, and play in our communities?”***

The agenda for the session was:

- Welcome and context
- Data sharing
- Forces of Change workshop
- Strategic Issue confirmation
- Debrief

Terra Uhing, Executive Director for 3RPHD, welcomed each group and thanked the host hospital helping to hold the events. Will Schmeckle, of Schmeckle Research, provided health data relevant to strengths and challenges of each county.

Following the health data presentation, a Forces of Change exercise was facilitated in order to identify key trends, events and factors currently impacting the health and well-being of Washington County residents. The Forces of Change Assessment is designed to help communities answer the following questions:

- “What is occurring or might occur that affects the health of our community and/or the local public health system?”
- “What specific threats or opportunities are generated by these occurrences?”

Forces of Change include trends, events, and factors that are or will be influencing the health and quality of life and or the work of the hospital.

Based on the Forces of Change Assessments, participants then prioritized key strategic focus issues that can guide decisions over the next 3-5 years. Once the key strategic issues were decided, members of the community developed their own set criteria for choosing strategic issues. Some of the criteria included, but was not limited to:

- Measureable outcomes
- Potential for financial support
- Ability to collaborate on issues
- Return on investment
- Quality of care
- Potential for early intervention
- Sustainability
- Potential support from key stakeholders

In the following pages the top priority issues along with justification for these issues, goals, and strategies have been proposed to address these priority areas in the next 3-5 years.



### **Priority Area #1:**

#### **Education/Awareness/Participation/Motivation**

**Justification:** Prevention is the most cost-effective way to lessen the chances of acquiring a preventable disease or injury.

Washington County currently experiences high rates of preventable illnesses and injuries including but not limited to:

- The age-adjusted motor vehicle death rate (per 100,000) is higher in Washington County than the state average (17.5 vs 12.2, respectively) (NE DHHS Vital Records, 2013).
- In Washington County, unintentional injury deaths occur at a rate of 36.3 per 100,000; whereas the state average is 35.9 deaths per 100,000 (NE DHHS Vital Records, 2013).
- Only 48.0% of Washington County residents have adequate access to locations for physical activity, compared to 81.4% of all Nebraskans (County Health Rankings, 2015).
- Washington County has higher rates of lung cancer deaths, breast cancer deaths, prostate cancer deaths, melanoma deaths, and leukemia deaths than the state (NE DHHS Vital Records, 2013).
- Washington County has higher rates of deaths due to Coronary Heart Disease, Stroke, and Diabetes than the state (NE DHHS Vital Records, 2013).

**Goal:** Increase awareness, implementation, and utilization of preventative services.

**Strategies:**

- Increase health fair screenings across Washington County.
- Enhance public knowledge of resources available in the community.
- Pursue available funding for prevention programs.
- Increase the coordination for injury prevention activities throughout the county.
- Support efforts to improve community health literacy.

### **Priority Area #2: Mental Health/Behavioral Health/Substance Abuse**

#### **Justification:**

In 2014, 8.3% of adults in the 3RPHD district reported their mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)\* (BRFSS, 2014).

Reported bullying among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders in the 3RPHD district was higher than that of the state average in 2014 (either on school property, away from school property, or electronically)\* (NE Risk and Protective Factors Student Survey, 2014).

\*County-specific data not available.

**Goal:** Improve the mental health and emotional well-being of 3RPHD's residents by increasing the quality, availability, and effectiveness of community based mental health programs.

#### **Strategies:**

- Enhance public knowledge of resources available within the 3RPHD district.
- Pursue available funding sources to add behavioral and/or mental health related programs into the 3RPHD district.
- Work with existing mental health providers to enhance collaboration across the 3RPHD district.
- Reduce mental health stigma.
- Support education efforts to increase community mental health literacy.

### **Priority Area #3: Obesity/Cardiovascular Disease/Diabetes**

**Justification:** In 2014, 44.1% of adults 18 years and older in 3RPHD district reported a height and weight computing to a body mass index of 30 or higher compared to a state average of 40.6%\* (BRFSS, 2014).

\*County-specific data not available.

#### **Goals:**

- Increase physical activity.
- Increase percentage of residents who eat a balanced diet.
- Increase the number of breastfed infants.

#### **Strategies:**

- Increase the participation of schools and business to provide healthy vending options.
- School policy development limiting candy/unhealthy foods being used as rewards.

Implementation of evidence-based worksite wellness programs.

- Enhance access to physical activity opportunities, including physical education in Washington County schools and childcare facilities.
- Enhance community planning and design practices through built environments to improve physical activity in Washington County communities (i.e. walking trails, etc.)
- Enhance public knowledge of resources available in the community.
- Increase support for breastfeeding in workplaces.
- Increase support for breastfeeding mothers through the childcare setting.

### MCH&HS Strategic Issues

MCH&HS has chosen three strategic issues to work on impacting from the local hospital and clinic level for the next 3-5 years. The process in which these issues were chosen was based on the recurrence of specific issues in Washington County. The strategic issues along with their objectives are listed below.

#### **PRIORITY AREA 2: Mental Health/Behavioral Health/Substance Abuse**

<b>GOAL #1: Implement and manage controlled substance refills in a proactive approach to minimize prescription drug abuse in the Washington County area.</b>		
<b>Objective 1A: Decrease prescription drug abuse</b>		
Baseline: No baseline		
Target: 100%- All patients who are prescribed a controlled substance by an MCH&HS employed provider will be enrolled in the program.		
<b>PERFORMANCE MEASURES</b>		
<b>How We Will Know We Are Making a Difference?</b>		
<b>Short Term Indicators</b>	<b>Year</b>	<b>Anticipated Result</b>
All new and current patients on a prescription controlled substance will sign the Medication Use Agreement Form with the help of their provider.	1-5	Education, participation
For patients that require a urine drug screen, the results will come back as "taking medication as prescribed".	1-5	Data Collection, participation

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### **PRIORITY AREA 2: Mental Health/Behavioral Health/Substance Abuse**

<b>Objective 1: Expand Telehealth to include Behavioral and Mental Health Services by partnering with CHI.</b>		
Baseline: In Washington County, the ratio of residents to mental health providers is 5,056:1 (County Health Rankings, 2015)		
Target: Improve accessibility to Mental Health Professionals in Washington County.		
<b>PERFORMANCE MEASURES</b>		
<b>How We Will Know We Are Making a Difference?</b>		
<b>Short Term Indicators</b>	<b>Year</b>	<b>Anticipated Result</b>
Continue collaborating with CHI professionals to implement Telehealth.	1	Education
Provide mental and behavioral health support for patients in the Washington County Area.	1-5	Implementation
Track Telehealth use	1-5	Data Collection

### **PRIORITY AREA 3: Obesity/Cardiovascular Disease/Diabetes**

<b>Objective 1: Lower diabetic patient's A1C if greater than 9.</b>		
Target: Each patient referred into the diabetes education program with an A1C > 9 will have improvement (decrease) in their A1C following education.		
<b>PERFORMANCE MEASURES</b>		
<b>How We Will Know We Are Making a Difference?</b>		
<b>Short Term Indicators</b>	<b>Year</b>	<b>Anticipated Result</b>
Measure the A1C of patients currently seen by our Dietician in our Diabetes Education Class.	1	Data Collection
Decrease a patient's A1C to lower than 9.	1-5	Data Collection, Education