2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

FAITH REGIONAL HEALTH SERVICES – West Campus

FAITH REGIONAL HEALTH SERVICES – East Campus

Identification and assessment of the health needs of the primary and secondary service areas served by Faith Regional Health Services-West and Faith Regional Health Services-East. Submitted in fiscal year ended December 31, 2019, to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in Code section 501(c)(3).

Adopted by Board Resolution on December 2, 2019

FAITH REGIONAL HEALTH SERVICES

NORFOLK, NE www.frhs.org

To Our Residents in Northeast Nebraska:

Faith Regional Health Services – East and West campuses (FRHS) – welcomes you to review the 2019 Community Health Needs Assessment (CHNA) as we strive to meet the health and medical needs in the communities we serve. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The CHNA identifies health and medical needs specific to our service area and provides a plan to indicate how FRHS will respond to such needs. This document suggests areas where other area organizations and agencies might work with us to achieve desired improvements. Faith Regional is committed to meeting our obligations to deliver medical services efficiently.

We do not have adequate resources to solve all of the problems identified in the survey that was conducted in our service area. Some issues are beyond the mission of the hospital, and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. The CHNA is a working plan that allows multiple agencies to collaboratively bring the best each has to offer to address the more pressing needs in our area. This report will guide our actions and the efforts of others to make needed health and medical improvements.

As you read through the CHNA, please think about how you can help to improve the health and medical services our area needs. We all live and work in communities throughout Northeast Nebraska, and by working together, our collective efforts can make living here healthier.

Thank You

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Executive Summary

Faith Regional Health Services – East and West Campuses ("FRHS" or "Hospital") – is organized as a not-for-profit hospital system. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "community benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures FRHS identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital[1]. Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital. FRHS partnered with the Elkhorn Logan Valley Public Health Department for the following:

- Conduct community health needs survey and provide Hospital with survey results;
- Provide Hospital with information required to complete IRS-990h schedule;
- Produce necessary information from Public Health Departments' Community Health Improvement Plans for Hospital to issue an assessment of community health needs and document its response to those needs.

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders; and
- All available and qualified physicians are privileged.

[1] Including Elkhorn Logan Valley Public Health Department

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility is required to conduct a CHNA at least once every three taxable years and to adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organization
  and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties. [2]

[2] Section 6652

Plan Ownership

There are many reasons why Faith Regional Health Services (FRHS) chose to partner with the Elkhorn Logan Valley Public Health Department (ELVPHD) and its respective district hospitals to complete the joint Community Health Needs Assessment (CHNA). First, Madison County is the largest populated county in the FRHS primary and secondary service area. Second, to improve overall community health requires the assistance of multiple partners. Third, all of the area hospitals are now required to complete both a Community Health Needs Assessment and Community Health Improvement Plan to meet IRS requirements to maintain their non-profit status.

Those hospitals are:

- Faith Regional Health Services-West, Norfolk, NE (Madison County)
- Faith Regional Health Services-East, Norfolk, NE (Madison County)
- MercyOne Oakland Hospital, Oakland, NE (Burt County)
- St. Francis Memorial Hospital, West Point, NE (Cuming County)

In addition, Midtown Health Center, Inc. (the local, Federally-Qualified Health Center), has to satisfy requirements for their ongoing federal funding. As such, they periodically assess the needs of the community that they serve to validate the necessity of their services based upon available data. For this reason, Midtown Health Center helped to inform the development and implementation of the survey, as well as the community stakeholder process to achieve their data needs. The continued success of the Midtown Health Center is a vital necessity in the ELVPHD District as a major provider of healthcare to the uninsured and underinsured populations in the area.

Some of the major drivers toward a new, higher level of collaboration between the health departments and the hospitals include:

- Nebraska State Statutes. Nebraska Statutes under 71-1628.04 provide guidance on the roles public health departments must play and provide the following four (of ten) required elements that fit into the public health role in the Community Health Improvement Plan.
- Each local public health department shall include the essential elements in carrying out the core public health functions, to the extent applicable, within its geographically-defined community, and to the extent funds are available. The essential elements include, but are not limited to, (a) monitoring health status to identify community health problems, (b) diagnosing and investigating health problems and health hazards in the community, (c) informing, educating, and empowering people about health issues, (d) mobilizing community partnerships to identify and solve health problems.
- The Patient Protection and Affordable Care Act Impact on Hospitals. The historic passage of the Patient Protection and Affordable Care Act (PPACA) has called on non-profit hospitals to increase their accountability to the communities they serve. PPACA creates a new Internal Revenue Code Section 501(c) clarifying certain responsibilities for tax-exempt hospitals. Although tax-exempt hospitals have long been required to disclose their community benefits, PPACA adds several new requirements.

Section 501(c) requires a tax-exempt hospital to:

- Conduct a community health needs assessment every three years
    - The assessment must take into account input from persons who represent the broad interests of the community served, especially those of public health
- Develop an implementation plan and strategy that addresses how a hospital plans to meet EACH of the health care needs identified by the assessment
    - This plan must be adopted by the governing body of the organization and must include an explanation for any assessment findings not begin addressed in the plan
- Widely publicize assessment results

As mentioned earlier, this requirement affects all three of the hospitals in the ELVPHD service area. However, the Public Health Accreditation Board (PHAB) only requires public health departments to conduct a comprehensive community health needs assessment at a minimum of every five years, or more often at the discretion of each public health department. Because ELVPHD desires to collaborate with the hospitals within its jurisdiction, ELVPHD has committed to conducting its community health assessment every three years, on the same rotation as the hospitals.

- Redefinition of Hospital Community Benefit. Hospitals have been providing community benefits for many years in a variety of ways. In return, hospitals receive a variety of local, state, and federal tax exemptions. The activities listed under "community benefit" are reported on the hospital's IRS 990 report.

  Community benefit was recently defined by the Internal Revenue Service (IRS) as "the promotion of health for a class of persons sufficiently large so the community as a whole benefits." Simply put, community benefit is composed of programs and services designed to address identified needs and improve community health. To qualify as community benefit, initiatives must respond to an identified community need and meet at least one of the following criteria:
    - Improve access to healthcare services
    - Enhance the health of the community
    - Advance medical or health knowledge
    - Reduce or relieve the burden of government or other community efforts

- Public Health Accreditation Requirements. In July of 2011, the Public Health Accreditation Board (PHAB) released the first public health standards for the launch of national public health department accreditation. All local health departments (LHD) must have completed a Community Health Assessment and Community Health Plan. Since the time that the first standards were developed, PHAB Version 1.5 has been released and includes standards that are required of participating local health departments. Relevant standards include:
    - Participate in, or lead, a collaborative process resulting in a comprehensive community health assessment
    - Collect and maintain reliable, comparable and valid data that provides information on conditions of public health importance and the health status of the population
    - Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health
    - Provide and use the results of the health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions

Overview of the Development Process

Step One: Forces of Change

Similar to the process used in 2013 and 2016, the cycle used in 2019 commenced with the gathering of several community stakeholders that were invited to participate in one-day town hall meetings. One meeting was held in Norfolk, NE on April 30, 2019, for stakeholders from Stanton and Madison Counties. An identical meeting was held the next day in West Point, NE for stakeholders from Burt and Cuming Counties.

To launch the planning process, meeting participants were asked to contribute to a discussion about Forces of Change, which is a type of environmental scan. In small groups, participants began to identify trends, events, and factors occurring in their communities, state, nation, and world that could either help them achieve their vision for health in the region or prevent them from achieving it. The conversation focused on forces from the following categories: social, economic, political, environmental, technological, scientific, legal, and ethical.

As a group, participants then identified the common themes among the forces. Details regarding those discussions are included in Appendix VI- Community Health Improvement Plan Prioritization notes.

At the time of this writing, ELVPHD will be embarking on the MAPP (Mobilizing for Action through Planning and Partnerships) Strategic Planning process in later 2019. Any changes to the ELVPHD plan will be reflected in the annual CHIP update. For the sake of aligning the Strategic Plan with the CHIP, the 2016 Strategic Plan was used, as it remains in effect through the remainder of 2019. The Strategic Plan can be found in Appendix I- ELVPHD Strategic Plan.

Step Two: Data Review

The next phase of planning involved a review of community health data prepared by the Nebraska Association of Local Health Directors (NALHD).

Data analyzed included the following data sources:

- Primary data collected through community-level health surveys administered online and through regular mail. Patrons in Burt, Cuming, Stanton and Madison Counties were invited to take the survey utilizing any of the following routes— public press releases, radio public service announcements; Chamber of Commerce newsletters; through employers and area businesses, senior citizen centers; social media posts; and distribution of paper flyers. The assessment findings can be found in Appendix V-Community Health Status Assessment 2019 Report, and can also be found online at www.elvphd.org. The Community Health Assessment Report also includes more in-depth information regarding the survey process, analysis methods, and an index of primary and secondary data sources
    - Other sources of primary and secondary data (as noted in the index of primary and secondary data sources) as noted in the Community Health Needs Assessment Report.

Step Three: Community Health Improvement Plan Stakeholder Town Hall Meetings

Preparation: During the implementation of the Community Health Assessment, ELVPHD and the hospital partners began planning for the next step in the process, the Community Health Improvement Plan Stakeholder Town Hall Meetings. Due to the geographic spread of the ELVPHD health district, two separate groups were planned—one on the east end of the jurisdiction and one on the west end of the jurisdiction. Planning meetings were conducted with each of the three hospitals in the district, and partnership plans for collaboratively hosting the focus groups were formed.

The collaborative partners identified approximately 260 individuals/agencies as key stakeholders in the public health system. Three weeks before the scheduled events, invitation e-mails were sent to all of the identified potential participants for the events respective to the geographic locale. Those interested in participating were invited to register via the online registration portal on the ELVPHD website. A hyperlink was provided to the invitees for ease and convenience. See Appendices III and IV.

In addition, preliminary data findings were also distributed to the public-at-large by press release and by posting a preliminary data findings brief to ELVPHD website. The public was invited to provide input on the preliminary data and to attend the focus groups, as well.

Before the meetings, the planning team—including four ELVPHD staff, UNMC College of Public Health as the contracted facilitators, as well as the Nebraska Association of Local Health Directors—the agency that was contracted for the data collection, analysis and reporting. Together, these partners created tools and ancillary materials to be used on the days of the events. Such items included:

- 2019 Robert Wood Johnson County Health Rankings
- 2019 Community Health Survey Results data brief
- Demographics of ELVPHD handout
- Leading Causes of Death handout
- Years of Potential Life Lost handout
- Results of ELVPHD Streets, Trails and Sidewalks survey

Also prepared prior to these events was the expanded Data Gallery Stations prepared by Nebraska Association of Local Health Directors. The goal of the Data Gallery Walk was to summarize trends in data and differences between the counties served by ELVPHD and the rest of the state of Nebraska. These data sources are compared to the ELVPHD Community Health Assessment data.

A complete copy of this report is included in Appendix V.

Process: The objectives of the Community Health Improvement Plan Stakeholder/Focus Groups were:

- To identify the trends, factors, and events that influence the health and quality of life in our communities and/or the work of the public health system
- To prioritize (based on data) focus areas in which to concentrate efforts
- To develop logical, evidence-based action steps towards each priority area
- To instill community ownership of and commitment to the ongoing process of creating healthy communities

In small groups, participants reviewed sections of the data and identified what stood out in the report in order to begin to name the issues that need collective community attention over the next three years. After additional discussion with the full group, participants identified a list of potential priorities based on the review of data.

The agenda was the same for each meeting and was outlined as follows:

- Welcome, Introductions, and Context
- Identifying Forces of Change
- Data Gallery Walk and Large Group Discussions—Nebraska Association of Local Health Directors, presented a summary of community health-related data compiled from a variety of surveys and other sources. These Data Gallery stations framed the discussion of potential priorities for community planning and action. Persons interested in obtaining a complete copy of the data report were encouraged to request a copy of the report via the Data Request Form.
- Selecting Top Priorities—Once potential priorities were agreed upon, each participant reviewed them through a criteria matrix to help them begin to focus on the most important health-related issues on which to focus for the next three years.

- Participants were then given two stickers to place on their top priorities. The overall top priorities were moved forward for consideration and merging for the regional health priorities. The criteria for selection included: 1). Size in terms of many of people affected; 2). Seriousness in terms of many deaths, disabilities, hospitalizations; 3). Trends—the problem is getting worse, not better; 4). Equity— looking at whether some groups were affected more (i.e. health disparities); 5). Interventions—the existence of proven strategies in which to replicate; 6). Values in terms of the community caring about the issue; 7). Resources and opportunities to build on current work; and 8). Impact in terms of the ability to strike the issue from a policy, system, or environmental angle to achieve the greatest impact.
- Small-Group Discussions: Defining Priorities & Brainstorming Key Strategies— discussion exercises to come to consensus around evidence-based strategies that could be employed to improve community health and well-being in regards to each priority focus area
- Closing Conversation and Next Steps

A unique outcome of the 2019 process was that both community town hall groups did not naturally arrive at an identical group of priorities. Rather, both communities discussed their priorities and ideas that eventually resulted in two different lists—exhibiting some similarities and many differences. A detailed summary outlining the discussion at each focus group is included in the attachments as Appendix VI.

<u>Potential</u> priorities developed from the Norfolk Town Hall:
(Stanton and Madison Counties)

- Address youth tobacco use
- Economic stability and development
- Focus on healthy foods and physical activity
- Consistent cancer screening
- Focus on mental health
- Safe driving practices
- Address underserved healthcare access areas
- Technology in healthcare
- Establish stability at home

<u>Potential</u> priorities developed from the West Point Town Hall:
(Burt and Cuming Counties)

- Recruiting specialized healthcare workforce
- Promoting healthy lifestyles—food and activity
- Eliminating stigma associated with poverty and mental health
- Education through inspiration and motivation
- Focus on mental health as prevention (across the life course, especially kids)
- Focus on environmental (prevention and mitigation)
- Rural sustainability (helping rural thrive)
- Safe Driving practices
- Recruitment and resources for mental health providers
- Funding for public health needs (collaborative strategies, insurance)
- Creating strong system of collaboration/network
- Study effectiveness of current work/quality improvement systems
- Response to shifting demographics (cultural, age, etc.)
- Substance abuse
- Innovation in payment system

After the potential priorities were listed for each group, the facilitators led the group through a process of narrowing down the original menu. This narrowing process intended to ensure that efforts aren't spread too thin, but rather, are isolated to no more than 4-5 strategic issues so that meaningful progress could be made on each one without diluting the efforts. To that end, the ending discussion concluded with the following priorities as the top three from each event.

Please note that chronic disease control was listed as a given top priority for each group.; this was intended to include: 1). Aspects of built community environments (such as Complete Streets, Walkable Communities, and community trail systems); 2). Clinical transformation initiatives to build the infrastructure to help connect health system leadership, system caregivers, and community-based organizations to optimize health outcomes at the population level; and 3). Continued momentum of obesity prevention through a focus on fruits and vegetables consumption AND physical activity rates.

With that in mind, the top three choices noted below are to be interpreted as "in addition to" the chronic disease focus area noted above.

Top three priorities developed from the Norfolk Town Hall:
(Stanton and Madison Counties)

- Mental health (17 votes)
- Healthy foods and physical activity (11 votes) –this will be merged with the chronic disease priority that was aforementioned
- Consistent cancer screening (9 votes)

Top three priorities developed from the West Point Town Hall:
(Burt and Cuming Counties)

- Healthy foods and physical activity (25 votes)—this will be merged with the chronic disease priority that was aforementioned
- Mental health and prevention of mental health issues (18 votes)
- Healthcare provider shortage (10 votes)—includes specialized and mental health

The last step was that participants broke into small groups to define the priorities, note the root causes, and begin to identify potential strategies to implement. Details regarding those discussions are noted in Appendix VI.

Participation: On April 30th, 2019, the Madison and Stanton County Community Health Improvement Plan stakeholder group was convened at Faith Regional Health Services, Norfolk, NE. On May 1st, 2019, the Burt and Cuming County stakeholder focus group was convened at the Nielsen Community Center in West Point, NE. The combined attendance totaled 87 unduplicated participants, including the staff of ELVPHD and the three partner hospitals, as well as the facilitators and data presenters. There were 50 participants attending in West Point and 34 participants attending in Norfolk.

The total attendance was up by approximately 12%--with a major increase in participants in the West Point location, and an overall decrease in participants from the Norfolk location. However, pre-registrations showed an additional 17 participants that had planned on attending in Norfolk and 7 additional participants that were anticipated in West Point and did not attend.

The increase in participation was assumed to be from the personalized email approach (ELVPHD staff sent personal email invitations one-by-one to invitees) AND the ease of the online registration process rather than having to RSVP by way of a phone call or postcard.

Meeting participation reflected diversity, including the following sectors:

- Economic Development
- Chamber of Commerce
- Financial Institution
- Hospital/clinic workers
- ELVPHD Board of Health
- Trails Committee Members
- Long-term Care
- Medical Response Systems
- Nebraska DHHS
- Veteran Service Officer
- UNL County Extension
- Elected Officials
- Juvenile Diversion
- League of Human Dignity
- Norfolk Safe Communities
- Behavioral Health
- Hospital Board Members
- Nebraska See to Learn Program
- Public Health Liaison/Advocate
- School Nurses and School Administrators
- Center for Rural Affairs
- Cuming County Public Power District
- Law Enforcement
- Institutes of Higher Education
- Community-Based Organizations
- City employees
- Nebraska Bicycling Alliance
- Area Agency on Aging
- Ponca Tribe of Nebraska
- Federally-Qualified Health Center
- Norfolk Family Coalition
- Neighboring Local Public Health Departments

Written Drafts and Review Process: For the drafts of each section of this plan, the information from the community meetings were compiled and served as the foundation— especially the Detailed Plans for Priority Areas and Strategies tables included on pgs. 18-24.

Potential strategies and the respective literature regarding evidence-based outcomes and cultural appropriateness were reviewed from the following resources:

- *The Guide to Community Preventive Services (The Community Guide)*, a resource designed to help identify evidence-based programs, practices and policies— sponsored by the Community Preventative Services Task Force (CPSTF).
- American Hospital Association Best Practices Library—a registry of resources to help healthcare leaders expand their performance in achieving their community health goals.
- Network of Care: Model Practices, a database provided by the National Association of City and County Health Officials (NACCHO), which includes a registry of model practices and promising practices with evidence of improved health outcomes.

Community stakeholders, hospital partners, and the ELVPHD Board of Health members were invited to file comments or suggested revisions or additions over a one-week period of time. This process helps to ensure that the prepared document reflected the true ideas and intentions of the work groups. Likewise, each hospital in the district used information within this plan to largely contribute to the completion of their Community Health Needs Assessment requirements.

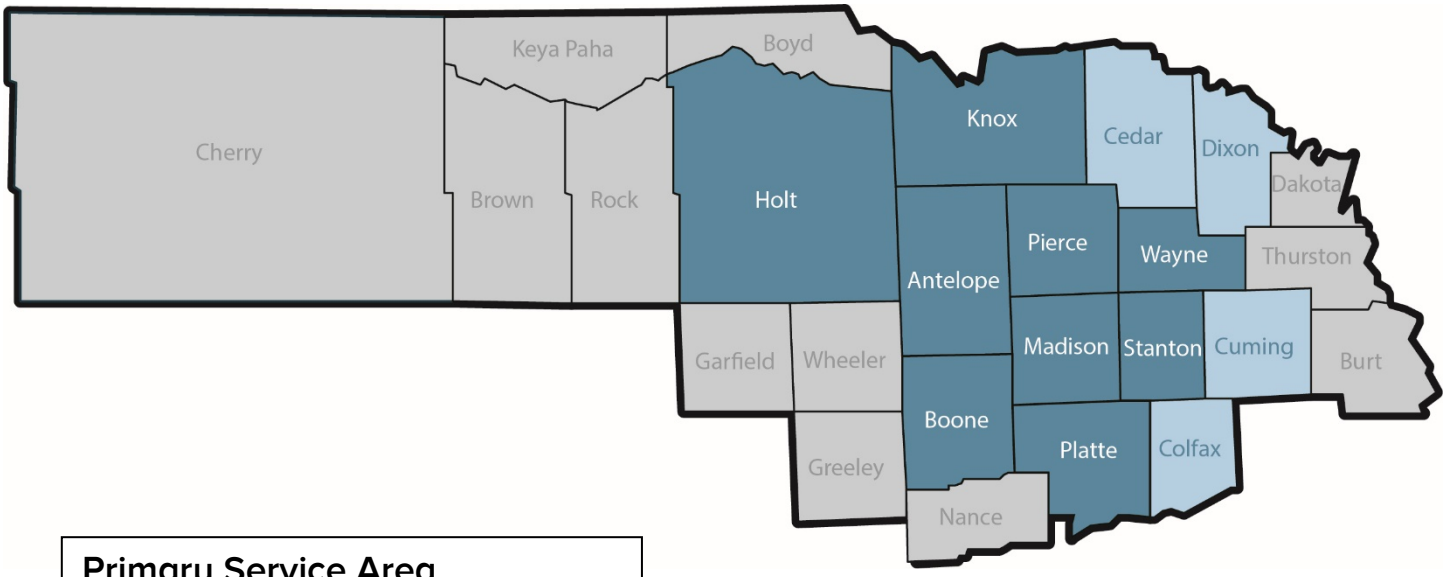
ELVPHD considers this a point-in-time document that is open for review and revision as new information and insight is gained at the local, state and national levels. Emerging issues may surface at any time and are eligible for inclusion in the plan.

Community Served by Hospital

FRHS defines its primary and secondary service areas as the following counties in Nebraska:

- Primary – Antelope, Boone, Holt, Knox, Madison, Pierce, Platte, Stanton, Wayne
- Secondary – Cedar, Colfax, Cuming, Dixon

Note: Some counties located in the primary and secondary service areas are not represented in the data collected for this CHNA, while other counties outside of the FRHS service areas are included. For the purposes of this report, FRHS determined that a significant percentage of the population in the primary and secondary service area is represented.



Primary Service Area

Antelope County
Boone County
Holt County
Knox County
Madison County
Pierce County
Platte County
Stanton County
Wayne County

Secondary Service Area

Cedar
Colfax
Cuming
Dixon

Tertiary Service Area

Boyd County
Brown County
Burt County
Cherry County
Dakota County
Garfield County
Keya Paha
Nance County
Rock County
Thurston County
Wheeler County

Demographic Data

Not all of the community/demographic data in this report reflects all counties served by FRHS and represented in the previous geographic map.

FRHS Primary/Secondary Service Area Demographics									
County	Population	Population by Gender Male	Population by Gender Female	Median Age	Population Age: 0-19	Population Age: 20-24	Population Age: 25-64	Population Age: 65-84	Population Age: 85+
Antelope	6,685	3,329	3,356	46.6	1,700	260	3,321	1,154	250
Boone	5,505	2,749	2,756	45.5	1,426	234	2,681	937	227
Cedar	8,852	4,500	4,352	44.4	2,447	353	4,248	1,459	345
Colfax	10,515	5,426	5,089	34.2	3,344	663	5,080	1,148	280
Cuming	9,139	4,532	4,607	43.7	2,466	335	4,437	1,531	370
Dixon	6,000	2,964	3,036	42.1	1,671	260	2,999	870	200
Holt	10,435	5,189	5,246	46.1	2,648	378	5,266	1,776	367
Knox	8,701	4,262	4,439	46.6	2,263	296	4,163	1,611	384
Madison	34,876	17,314	17,562	37.1	9,941	2,458	17,383	4,181	943
Pierce	7,266	3,669	3,597	42.2	2,038	261	3,663	1,078	226
Platte	32,237	16,141	16,096	38.2	9,371	1,689	16,375	4,029	773
Stanton	6,129	3,031	3,098	38.6	1,813	271	3,180	736	129
Wayne	9,595	4,816	4,779	29.2	2,729	1,647	3,904	1,099	216
PSA/SSA	155,935	77,922	78,013	41.1	43,857	9,105	76,700	21,609	4,710
Nebraska	1,826.341	906,296	920,045	36.2	512,472	129,276	937,917	207,369	39,308

Data source: US Census Bureau, 2010 Demographic Profile

Based on the 2010 U.S. Census[4] information, the above counties in the FRHS primary and secondary service areas represent a total population of 155,935. The average age is 41.1 years and consists mostly of White at 92.7%, Hispanic or Latino at 8.2% and Black or African American at .4%.

Between 2010 and 2012, in all but three counties, the population percentage change is from -0.4% to -2.1%, representing a decline in population. In the counties of Colfax, Madison and Platte that recorded an increase, the percentage change is from 0.4% to 1.4%. This compares to the population percentage change in Nebraska which is 1.6%.

Twenty-seven percent (27%) of our service area population is in the 45-64 age demographic compared to 25% for Nebraska, and 16.8% are over the age of 65 compared to 13% for Nebraska. Overall, our population is older, which would indicate a higher number of individuals with more and complex health needs. Over 50% of patients receiving medical care from FRHS are Medicare insured.

The median household income of our service area is $45,527, and the per capita income is $22,551, compared to the median household income for Nebraska at $50,695 and the per capita income at $26,113.

The educational attainment level of high school graduates for the residents in our service area is 81.3% compared to Nebraska at 90.3% for persons age 25 and older. Percent of persons age 25 and older with a Bachelor's degree or higher in our service area is 17% compared to Nebraska at 27.8%.

4 U.S. Census web site, www.census.gov

Prioritized Health Needs

PRIORITY 1: **CHRONIC DISEASE CONTROL and SEPSIS**					
Goal	**Proposed Strategies/Activities**	**Policy Change**	**Evidence -Based**	**Potential Partners**	**Performance Measures**
• Increase the control and management of chronic diseases and sepsis. Reference: Yende, S., Iwashyna, T.J., & Angus, D. Interplay between sepsis and chronic health. *Trends Mol Med*. 2014 April; 20(4): 234–238. doi:10.1016/j.molmed.2014.02. 005.	Build infrastructure for clinical transformation that helps achieve control of chronic diseases by connecting health system leadership, system caregivers, public health departments, and community-based service organizations. This includes: • Training and exploration of best-practices regarding clinical transformation • Explore/determine chronic disease priorities for each of the three healthcare systems in the ELVPHD district • Development of a business plan/sustainability structure by capturing 3rd party payments • Exploration of higher levels of success that could be achieved by enlisting the help of external partners, how to capture those achievements in the EMR, and effectively capture 3rd party reimbursements • Development of policies related to risk-stratified care management and coordination (example: American Academy of Family Physicians scoring	X	X	ELVPHD Hospital/Clinic Leadership Care Providers Midtown Health Center, Inc. Community-based service organizations Lions Clubs (local, state, international) Nebraska DHHS Community Access to Coordinated Healthcare (CATCH) Great Plains Quality Innovation Network Sepsis Community Action Team	Decrease in hospital admissions due to chronic disease exacerbations and/or sepsis Decrease emergency room visits due to chronic disease exacerbations and/or sepsis Decrease in hospital readmissions due to chronic disease and/or sepsis Increase in achievement of quality measures for hospitals in regards to chronic disease management and control (specific measures to be defined) • MercyOne Oakland: CHF, COPD, Obesity • SFMH: • FRHS: Increase infection/sepsis management and control Decrease overall tobacco/nicotine use rates in district (BRFSS):

Palm, D., Kamara, A., & Grimm, B. (2019). *The integration of public health and primary care: An environmental scan of Nebraska.* University of Nebraska Medical Center, College of Public Health.	tool) • Development of Business Associate Agreements and a means of bi-directional referring and communicating • Continued involvement on the Sepsis Community Action Team and the Great Plains Quality Innovation Network			Neighboring Health Districts with clinic/hospital overlap Control and Management of Chronic Disease Workgroup	Increase value-based reimbursements for care providers

					One partnership agreement in place by December 31, 2019, and will increase by one additional agreement per calendar year from there
• Decrease the prevalence and burden of obesity in the ELVPHD health district	Creation of or enhanced access to places to increase physical activity: • Convene community stakeholders in one pilot community in the ELVPHD district to plan, implement and evaluate a Complete Streets process.	X	X	ELVPHD Faith Regional Health Services City employees and city officials Norfolk Safe Communities Bike/Walk Nebraska Nebraska DHHS Norfolk Visitor's Bureau Business sector representatives Norfolk Area Chamber of Commerce Norfolk Public Schools NECC Neighborhood Associations Economic Development Complete Streets Walkable Communities Workgroup	Increase the existence of community-scale urban design and land use policies to increase physical activity. Target is 1; baseline is 0. Increase street-scale urban design and land use policies to increase physical activity. Target is 1; baseline is 0.

	• Creation of (or enhanced access to) public places for public use to increase physical activity and improve physical fitness. ✓ creating walking trails ✓ parks improvement ✓ building exercise facilities ✓ providing access to existing nearby facilities ✓ Develop and implement community plans that prioritize walking, biking and active living	X	X	ELVPHD Hospital systems City employees and city officials Local Trails Committees Nebraska Bicycling Alliance Nebraska DHHS Community Planning Trails/Parks Workgroup	Increase in the number of miles of walking trails in the district. Baseline to be determined. Random surveys related to trails, parks, sidewalks, etc. will show a positive shift in satisfaction and/or utilization of public spaces for physical activity. Baseline collected in April 2019 from survey respondents: ▪ 61.08% concerned with sidewalk condition ▪ 35.33% concerned with trail/destination connectivity ▪ 35.33% concerned with surface material of sidewalks for wheelchairs and strollers ▪ 34.13 concerned with lighting in city parks ▪ 32.34% concerned with lighting along trails
	Increase fruit and vegetable consumption. • Instruction of evidence-based curriculums geared towards dietary improvements and healthy lifestyles. Curriculums may include: ✓ Continued implementation of the National Diabetes Prevention Project (NDDP) ▪ Establish a NDPP referral network ▪ Maintain CDC national recognition of NDPP Program for program quality ✓ Living Well ✓ *Other options to be explored, such as Whole School, Whole Community, Whole Child (WSCC), Curriculum geared towards children, to be determined* Reference: Aligns with Children's Hospital & Medical Center's Community Outreach Hub goals; 2019 Franciscan Care Services, Inc. Strategic Plan; Faith Regional Health Services Strategic Plan		X	ELVPHD ELVPHD Healthy Lifestyles Workgroup Midtown Health Center, Inc. Nebraska DHHS Hospital/Clinic Leadership Care Providers Center for Rural Affairs Schools Childcare Providers County Extension Business/Worksites Nebraska DHHS	Increase DPP class participation in the service area by 5% each year Increase percentage of DPP class participants that are overweight who lose 7% of their body weight in a year 50% of class participants that have a completed glucose screening test higher than 100 reduce this number by at least 5 points (to 95 or less) *For children's obesity prevention initiative, to be determined based upon program rubrics*

Chronic Disease Control Work Group Members

Control and Management of Chronic Disease

Name	Organization	Name	Organization
Roger Wiese	North Central District Health Department	Nicole Hinspeter	Northeast Nebraska Public Health Department
Dr. Chandra Ponniah	Faith Regional Physician Services	Pat Lopez	Community Access to Coordinated Healthcare
Kathy Nordby	Midtown Health Center, Inc.	Kathy Kaiser	Community Access to Coordinated Healthcare
Kristie Stricklin	Faith Regional Physician Services	Mary Loftis	University of Nebraska Extension—Burt County
Laura Gamble	MercyOne Oakland Medical Center	Heather Drahota	Elkhorn Logan Valley Public Health Department
Julie Rother	Northeast Nebraska Public Health Department		

Complete Streets/Walkable Communities (Norfolk Pilot Project)

Brian Blecher	Faith Regional Health Services	John Cahill	City of Norfolk
Sue Fuchtman	Faith Regional Health Services Board of Directors	Val Grimes	City of Norfolk
John Grimes	Norfolk Safe Communities	Pat Mrsny	City of Norfolk
Maureen Baker	Northeast Community College	Shane Weidner	City of Norfolk
Steven Rames	City of Norfolk		

Community Planning Trails/Parks

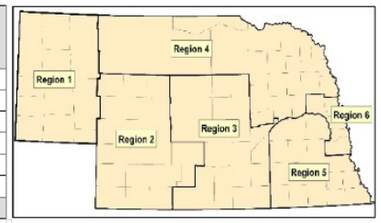
Tina Biteghe Bi Ndong	West Point Chamber of Commerce	Bonnie Chatt	Tekamah Trails Committee
Steve Sill	Cuming County Supervisor	Terry Nelson	St. Francis Memorial Hospital/West Point Trails Committee
Casey Koch	St. Francis Memorial Hospital	Melanie Thompson	Elkhorn Logan Valley Public Health Department/Wisner Trails Committee

Healthy Lifestyles (Fruits and Vegetables)

Name	Organization	Name	Organization
Shantell Skalberg	Faith Regional Health Services	Linda Miller	ELVPHD/FRHS Board of Directors
David Morfeld	Faith Regional Health Services	Lindsay Shelton	Memorial Community Hospital & Health System
Kevin Black	Pinnacle Bank	Hannah Guenther	University of Nebraska Extension—Cuming County
Jody Woldt	Elkhorn Logan Valley Public Health Department	Delaney Brudigan	Franciscan Care Services
Sandra Renner	Center for Rural Affairs	Shelly Green	Franciscan Care Services
Mary Lauritzen	Nebraska See to Learn Program	Linda Munderloh	Bancroft-Rosalie Community Schools
Crystal Hunke	Dinklage Medical Clinic		

PRIORITY 2: **BEHAVIORAL/MENTAL HEALTH**

<table>
<tr><th>Goal</th><th>Proposed Strategies/Activities</th><th>Policy Change</th><th>Evidence-Based</th><th>Potential Partners</th><th>Performance Measures</th></tr>
<tr>
<td rowspan="2">1. Expand access to quality behavioral health and mental health care services.

Reference: Watanabe-Galloway, S., Naveed, Z., Adejoh, C., Deras, M., & Haakenstad, E. (2017). Statistical brief: Supply, distribution, and demographic characteristics of psychiatrists in Nebraska 2010-2016. https://www.unmc.edu/bhecn/_documents/psychiatrist-statistical-brief.pdf</td>
<td>Continued involvement in the Northeast Nebraska Behavioral Health Network (NNBHN) and/or the NNBHN community workgroups. Initiatives of NNBHN include:
• Creating a platform to match students and/or medical professionals to be placed in the district
• Housing projects for behavioral health professionals in the district
• Development of a financial aid program for behavioral/mental health professionals—including Public Service Loan Forgiveness for those pursuing the public sector
• Continued cultivation of stakeholders</td>
<td>X</td>
<td></td>
<td>NNBHN
Hospital/Clinic Leadership
Care Providers
ELVPHD
Midtown Health Center, Inc.
Community-based service organizations
AHEC
Universities/ colleges
Region 4 Behavioral Health System</td>
<td>Improvement in the supply of psychiatrists actively practicing in Region 4 in Nebraska.
Table 1. Supply of Psychiatrists Actively Practicing in Nebraska: 2010-2016
<table>
<tr><th>Region</th><th>2010</th><th>2012</th><th>2014</th><th>2016</th><th>Diff 2010-2016</th><th>% Diff 2010-2016</th></tr>
<tr><td>1</td><td>5</td><td>3</td><td>2</td><td>3</td><td>-2</td><td>-40.0%</td></tr>
<tr><td>2</td><td>3</td><td>3</td><td>5</td><td>3</td><td>0</td><td>0.0%</td></tr>
<tr><td>3</td><td>11</td><td>10</td><td>10</td><td>10</td><td>-1</td><td>-9.1%</td></tr>
<tr><td>4</td><td>9</td><td>10</td><td>4</td><td>4</td><td>-5</td><td>-55.6%</td></tr>
<tr><td>5</td><td>33</td><td>32</td><td>32</td><td>33</td><td>0</td><td>0.0%</td></tr>
<tr><td>6</td><td>101</td><td>98</td><td>103</td><td>111</td><td>10</td><td>+9.9%</td></tr>
<tr><td>Total</td><td>162</td><td>156</td><td>156</td><td>164</td><td>2</td><td>+1.2%</td></tr>
</table>


Behavioral Health Education Center of Nebraska (BHECN, 2017).
Improvement in county-level distribution of psychiatrists
<table>
<tr><th></th><th>2010</th><th>2012</th><th>2014</th><th>2016</th><th>Diff 2010-2016</th><th>% Diff 2010-2016</th></tr>
<tr><td>Burt</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>N/A</td></tr>
<tr><td>Cuming</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>N/A</td></tr>
<tr><td>Stanton</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>N/A</td></tr>
<tr><td>Madison</td><td>5</td><td>6</td><td>3</td><td>3</td><td>-2</td><td>-40.0%</td></tr>
</table>
</td>
</tr>
<tr>
<td>Expand telemedicine access in the district—focusing on behavioral and mental health services.
• MercyOne Oakland Medical Center has a HRSA grant for this

Reference: Aligns with UNMC Rural Health 2030 Action Plan; Midtown Health Center Strategic Plan 2019; Faith Regional Health Services Strategic Plan</td>
<td>X</td>
<td>X</td>
<td>ELVPHD
Hospital/Clinic Leadership
Care Providers
Region 4 Behavioral Health System
Midtown Health Center, Inc.</td>
<td>Baselines to be determined.</td>
</tr>
</table>

<table>
<tr>
<td rowspan="2">2. Decrease use and abuse of alcohol, tobacco and other drugs through a variety of evidence-based prevention strategies.

Reference: https://www. samhsa. gov/ebp-resource-center</td>
<td>Youth-based education and instruction of evidence-based curriculums in the ELVPHD district.</td>
<td></td>
<td>X</td>
<td>ELVPHD
Healthy Communities Initiative Coalition and Staff
Region 4 Behavioral Health System
Schools/NECC
Youth-serving organizations
Youth leaders</td>
<td>Increase the percentage of students reporting wrong or very wrong to smoke cigarettes and/or use smokeless tobacco on the biannual (even years) NRPFSS
<table>
<tr><th></th><th colspan="2">Smoke cigarettes</th><th colspan="2">Use smokeless tobacco</th></tr>
<tr><th></th><th>2016</th><th>2018</th><th>2016</th><th>2018</th></tr>
<tr><td>8th grade</td><td>93.2%</td><td>94.8%</td><td>93.6%</td><td>95.7%</td></tr>
<tr><td>10th grade</td><td>88.4%</td><td>92.1%</td><td>88.1%</td><td>87.9%</td></tr>
<tr><td>12th grade</td><td>73.1%</td><td>70.1%</td><td>70.4%</td><td>68.5%</td></tr>
</table>
Increase the percentage of students reporting wrong or very wrong to smoke marijuana on the biannual (even years) NRPFSS
<table>
<tr><th></th><th colspan="2">Smoke Marijuana</th></tr>
<tr><th></th><th>2016</th><th>2018</th></tr>
<tr><td>8th grade</td><td>91.5%</td><td>94.8%</td></tr>
<tr><td>10th grade</td><td>77.7%</td><td>88.7%</td></tr>
<tr><td>12th grade</td><td>63.5%</td><td>75.8%</td></tr>
</table>
</td>
</tr>
<tr>
<td>Collaboration with local law enforcement agencies to conduct compliance and enforcement activities in the ELVPHD district.

Reference: This aligns with the Community Trials to Prevent High-Risk Drinking. http://www.dontletminors drink.com /downloads/Community%20Trials.pdf</td>
<td></td>
<td>X</td>
<td>ELVPHD
Healthy Communities Initiative Coalition and Staff
Region 4 Behavioral Health System
Local and State Law Enforcement
Youth</td>
<td>Increase (or maintain) the alcohol sales compliance rate to 95%. Baseline is as follows:

2013 96%
2014 89%
2015 88%
2016 99%
2017 98%
2018 89%

Decrease or maintain the alcohol/drug-related arrests during enforcement checks.
<table>
<tr><th></th><th>Minor in Possession</th><th>Open Container</th><th>DUI</th><th>Drug Possession</th></tr>
<tr><td>2016</td><td>3 citations</td><td>1 citation</td><td>0 citations</td><td>0 citations</td></tr>
<tr><td>2017</td><td>3 citations</td><td>3 citations</td><td>2 citations</td><td>6 citations</td></tr>
<tr><td>2018</td><td>1 citation</td><td>2 citations</td><td>1 citation</td><td>0 citations</td></tr>
</table>
</td>
</tr>
<tr>
<td>3. Increase access to suicide prevention/intervention training in the ELVPHD district.</td>
<td>Instruction of Mental Health First Aid and/or Question.Persuade.Refer. (QPR) trainings.</td>
<td></td>
<td>X</td>
<td>ELVPHD
County veteran service staff
Community-based</td>
<td>Increase the number of persons trained in the ELVPHD district by 5% each year. Baseline is:

304 persons trained in 2018
299 persons trained so far in 2019

</td>
</tr>
</table>

Hospital Community Implementation Plan (CHIP)

Health Need: Chronic Disease Control and Sepsis

Problem Statement: Common chronic illnesses continue to widely impact our service area, with COPD, diabetes, and cancer being very prevalent. Unhealthy lifestyles, created by unhealthy actions and decisions, are becoming much more common. Over the past 20 years, obesity in adults has continued to rise considerably across the country. Within the health district, obesity and overweight rates have maintained around 66%-69%. Data shows that the average adult within the health district is much less active than adults throughout the state. In regards to heart disease, 32% of adults have been told that they have high blood pressure, 2% higher than the Nebraska average. Among that 32 %, 8 out of 10 are currently taking blood pressure medications. An additional 34% of the population claims to have been informed of high cholesterol as well. Chronic disease management is complicated by the comorbidity of the most coming diseases. This necessitates a multi-disciplinary approach to the management of these diseases as well as an accurate assessment of risk associated with the existence of multiple diseases.

Cancer, the leading cause of death across the state, was paced by high rates of prostate cancer. The diagnosis rate within the health district was 143.5/100,000 and is much higher than the state rate of 114.4/100,000. Despite the increase in cases, the overall mortality rates have continued to decline. Smoking rates have gradually declined over the past several years, but E-Cig usage has risen in both adults and teens.

Services / Resources Available to Respond to Need

- FRHS Cardiovascular, Nutrition, Education, Wellness and Marketing departments
- USDA school lunch regulations
- Nutritional counseling for patients through FRHS, Head Start/WIC, and other agencies
- Home visitation programs
- Access to Remote Patient Monitors
- Patient access to health record and care plan through an online portal
- FRHS Mobile App
- Tele-genetic counseling for cancer screening
- Presentations at schools
- Operation Heart modules on nutrition
- Minority Health Program through ELVPHD (Spanish/English)
- SNAP Food Programs
- Walking trails in the service area
- Tai Chi offered in communities
- YMCA/fitness centers offer exercise classes
- FRHS employee wellness program
- Classes for Diabetes education
- FRHS Lactation Consultant/lactation-breastfeeding education

Analysis of Existing Gaps

- Lack of awareness of available resources
- Transitional care and follow up for patients leaving the hospital
- Cross continuum care coordination and planning for chronic diseases
- Demand for remote patient monitors higher than the supply of devices
- Convenience foods too accessible
- Access to exercise opportunities not available in all communities
- School recess/activity time lacks support
- All fitness centers don't offer discounted rates for low income
- Lack of knowledge for accessing dieticians
- Seasonal growing of fruits/vegetables
- Not all worksites support families wishing to breastfeed

Goal 1: Increase knowledge and awareness of obesity especially for local school-age children.

Goal 2: Increase physical activity, especially for children.

Goal 3: Increase patient access to health records and health planning resources through follow-up timelines and online resources.

Goal 4: Establish Transitional Care and Chronic Management systems for the community population.

Hospital Implementation Plan

- Offer healthy vending options and meals in cafeterias
- Develop and implement an activity challenge to take place within local elementary schools
- Sponsor annual Laugh-and-A-Half-Marathon
- Encourage physical activity away from the workplace and identify activities that can be done at work
- Increase awareness about diabetes and additional health risks
- Implement Better Weight for a Better You (BABY) Program for postpartum women
- Offer lactation education to parents monthly
- Offer weekly lactation support for mothers/babies group
- Become designated "Baby Friendly" hospital
- Establish a readmittance risk assessment tool for patients with chronic diseases to limit ongoing complications
- Establish a continuum of care across health disciplines to better manage multiple chronic diseases
- Coordinate with area nursing homes to aid in post-hospital care
- Increase awareness of online portal for health records and health planning resources

Potential Partners

- ELVPHD
- Norfolk restaurants
- FRHS Corporate business partners
- YMCA/fitness programs
- Businesses offering worksite wellness programs
- Norfolk Community Health Clinic
- Norfolk area elementary schools
- Area Primary Care Providers
- Area Nursing Homes

Anticipated Results from Hospital Plan

- Raise awareness about the benefits of physical activity in school-age children
- Increase number of FRHS employees utilizing YMCA membership discount
- Reduce the number of FRHS employees overweight
- Improve the health of participants
- Increase employee satisfaction
- Reduce insurance costs by employers
- Create a healthier community
- Decreased readmittance rates
- Increase the number of patients with access to remote patient monitors
- Increase the number of patients with access to chronic care management health plans
- Increase the number of patients with remote access to health records

Measurement of Progress / Improvement

- Patient engagement through One Chart I Patient
- Youth participants involved in an activity program
- YMCA memberships through FRHS employee benefit program
- FRHS Employee wellness results
- 75% of businesses offering worksite wellness programs will offer healthy vending options
- 25% of post-partum women will participate in the program
- Increase breastfeeding rates from 78% to 85% upon discharge from FRHS

Health Need: Behavioral/Mental Health

Problem Statement:

Mental health impacts a person's ability to maintain good physical health and vice versa. Mental health is strongly associated with the risk, prevalence, progression, outcome, treatment, and recovery of chronic diseases, including diabetes, heart disease and cancer. Good mental health is essential for a person to live a healthy and productive life. [lvi]

According to the Nebraska Behavioral Health Needs Assessment in 2016, mental health illness was a common health problem in Nebraska. One in five Nebraskans reported any mental illness—defined as any diagnosable mental, behavioral or emotional disorder other than substance use disorder.
Nebraska's rate is similar to the US rate (18.13%). Concerning, although less common, 4%-7% of Nebraskans reported having serious thoughts of suicide, a major depressive episode, or serious mental illness—defined as a mental disorder causing significant interference with one or major life activity.

Table 11 below summarizes the 2011-2017 BRFSS data regarding mental health indicators for Nebraska and the ELVPHD district. Females fared worse across all indicators. Compared to the state, as a whole, ELVPHD is relatively aligned across all five indicators.

Table 11. Mental Health problem indicators in ELVPHD District: Based on 2011-2017 Behavioral Health Risk Factor Surveillance System Data

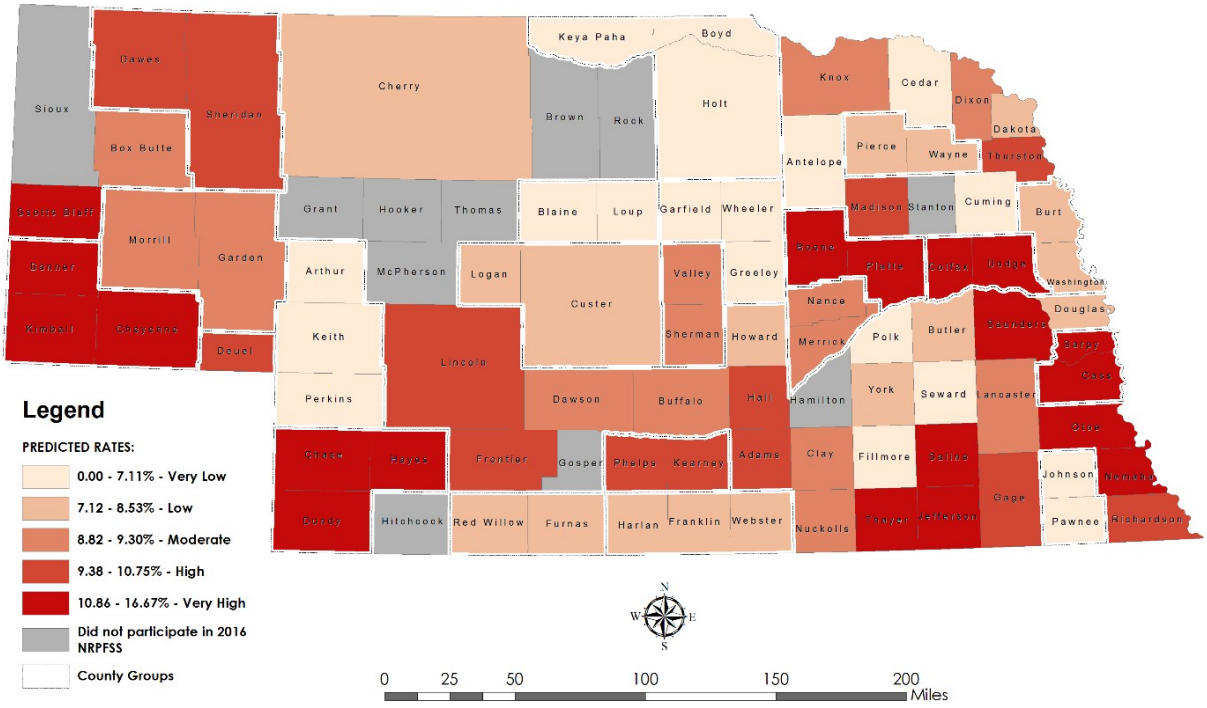
	General health fair or poor	Ever told they have depression (%)	Average days mental health was not good in the past 30 days	Mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress)	Average days poor physical or mental health limited usual activities in the past 30 days	Poor physical or mental health limited usual activities on 14 or more of the past 30 days
Nebraska	14.2%	17.8%	3.1	9.2%	1.9	6.1%
ELVPHD District	16.0%	15.9%	2.9	8.7%	1.8	5.9%
Male	15.7%	10.3%	2.2	6.3%	1.6	5.0%
Female	16.2%	21.4%	3.6	11.0%	2.0	6.7%

According to the Nebraska Youth Risk Behavior Survey (YRBS) 2014-2015 data, approximately 1 in 4 Nebraska high school youth reported feeling depressed compared to nearly 1 in 3 youth nationwide (24.1% vs. 29.9%). Female students had a significantly higher rate of depression (31.4% vs. 17.1%), of considering a suicide attempt (18.0% vs. 11.3%) and of making a suicide plan (17.0% vs. 9.8%) compared to male students.[lvii]

Suicide Risk

In Nebraska, the rate of suicide across all ages was similar to the rate of suicide for the US (13.05 vs. 13.42—per 100,000 population). Suicide is the 10th leading cause of death in Nebraska and the second leading cause of death for ages 15-34.[lviii] Madison County was at higher risk for youth suicide ideation and attempts. Figure 34 shows this risk for each county across the state based on the average responses to two questions on the Nebraska Risk and Protective Factors Surveillance System in 2016: 1) "During the past 12 months did you ever seriously consider attempting suicide?" and 2) "During the past 12 months, did you actually attempt suicide?"

Figure 34. Risk level for youth suicide ideation and attempts by county based on the 2016 results from the Nebraska Risk and Protective Factors Surveillance System



Veterans are at higher risk for several negative behavioral health outcomes – most alarmingly, suicide. Data from the 2016 Behavioral Risk Factor Surveillance System (BRFSS) show that veteran families are also impacted. Statewide, when compared to other demographic groups, Nebraska's Veteran spouses and partners report having more poor mental health days and are more likely to have been told that they have depression.[lix]

Analysis of Existing Gaps

- Inability to serve patients within an outpatient setting due to Region 4 contract constraints
- Lack of access to care within the region for extended locations has led to a need to develop Telehealth
- Lack of action for treatment-resistant depression within the region
- Strained relationships with specific regional law enforcement units have impacted referrals

Goal 1: Obtain Region 4 funding contract.
Goal 2: Telehealth outreach to regional facilities.
Goal 3: Creation of Spravato Clinic (treatment-resistant depression) – diagnose at Behavioral Health Clinic, administered in CDU.
Goal 4: Building relationships with regional law enforcement to improve ease of access for regional care.

Anticipated Results from Hospital Plan

- Telehealth – increase in outpatient visits as a result of improved access to care
- Improved regional care, with increased referrals for treatment-resistant depression
- Increased regional referrals and establish positive relationships with regional law enforcement units

Measurement of Progress/Improvement

- Track telehealth encounters, identifying growth trends
- Track growth in Spravato Clinic encounters and monitor referral patterns
- Monitor referral patterns for regional development from law enforcement
- Establishment of a contract with Region 4

Appendix A – Elkhorn Logan Valley Public Health Department Department Community Health Improvement Plan

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NORFOLK, NE www.frhs.org

2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT