

Community Health Needs Assessment Jefferson Community Health Center 2013

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- 3) Additional specialty clinics needed in our community: dermatology, pulmonology, obstetrics
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I. Executive Summary

Background and process

History

Jefferson Community Health Center was established in 1963 as Jefferson County Memorial Hospital and Nursing Home, the first hospital/nursing home combination in the state of Nebraska. The facility has grown over the years, adding a home health agency in 1984, a community wellness center in 1996, and expanding outpatient services throughout the years. The facility's name was changed in 1994 to better reflect its wide variety of services. Through its 50-year history, Jefferson Community Health Center has been very active and involved in its community, and has worked to promote health and wellness.

Community Needs Assessment

Jefferson Community Health Center began its health needs assessment in December 2012, and worked with Public Health Solutions district health department, reviewed interviews conducted by Public Health Solutions, conducted interviews with local organizations, conducted interviews with JCHC staff, and reviewed statistics made available through Public Health Solutions and the state of Nebraska. Meetings were conducted with local community organizations including Kiwanis, Rotary, agriculture representatives, and Senior Diners. A total of 83 attended and participated. In addition, meetings were held with Jefferson Community Health Center staff, who also represent the area in which they live. A total of 71 JCHC staff members also participated.

Public Health Solutions District Health Department conducted its Community Health Improvement Plan study of all five counties with the assistance of Lane Gewecke Consulting in November 2012. The top health priorities overall for the five county area (Gage, Jefferson, Saline, Fillmore and Thayer) were: Low personal responsibility/health lifestyle; weakening family structure/parenting; Obesity/Diabetes; and Lack of mental/behavioral health – drug, alcohol and suicide prevention. The top issues from Jefferson county respondents were weakening family structure/parenting; Dental-preventative and treatment; Lack of doctors/healthcare; Lack of mental/behavioral health – drug, alcohol and suicide prevention; Low personal responsibility/health lifestyle; and obesity/diabetes.

For purposes of this assessment and report, the primary service area of Jefferson Community Health Center was considered to be Jefferson County. After reviewing this data, and compiling and reviewing a list of existing resources, JCHC will develop an implementation plan to address the community's needs.

Needs Identified

The needs identified include:

- *Obesity
- *Sedentary Lifestyle
- *Cardiac Health
- *Diabetes
- *Nutrition education and information
- *Lack of mental/behavioral health – drug, alcohol and suicide prevention
- *Need for additional specialty clinics – mental health, psychiatry, endocrinology, addictions, pulmonology, dialysis, dermatologist, obstetrics,
- *Low personal responsibility/healthy lifestyle
- *Dental – preventative and treatment
- *Health care provider coverage when existing physicians retire
- *Future of health care
- *Alzheimer’s Disease
- *Weakening family structure/parenting
- *Lack of doctors/health care
- *Unintentional Injuries
- *Drug/Alcohol Use
- *Aging Population

Prioritized Needs

The identified needs were prioritized based on the scope of the problem, JCHC’s ability to impact the issue and resources available, and community resources that are available. Based on these criteria, the areas chosen as most important for the hospital to focus on for the coming three years were:

- 1) Major disease factors for our county: cardiac/cerebrovascular health, diabetes, chronic lung, cancer
- 2) Lifestyle issues: obesity, sedentary lifestyle, nutrition education and information, personal responsibility/healthy lifestyle
- 3) Additional specialty clinics needed in our community: dermatology, pulmonology, obstetrics
- 4) Dental Care
- 5) Mental Health

Implementation Plan

JCHC’s implementation plan will be a part of its annual strategic plan. The strategic plan is approved by the JCHC board of directors and implemented by management and staff.

II. Community Description

The Jefferson Community Health Center service area for purposes of the community needs assessment is the population of Jefferson County, 7,547 in the 2010 census. Jefferson County has seen a declining and aging population. In the 2000 Census, Jefferson County had a population of 8,333. More than 21 percent of county residents are 65 and older (higher than the state total of 13.6 percent.) More than 21 percent of county residents are under 18 (lower than the state total of 25 percent.) A total of more than 95 percent of the population of Jefferson County is white non-Hispanic. The Hispanic population makes up 3 percent of the county population. Black, American Indian and Alaskan native and Asians make up a combined total of just more than 1 percent of the county's population.

Jefferson County, Nebraska

People QuickFacts	Jefferson County	Nebraska
<i>i</i> Population, 2012 estimate	7,521	1,855,525
<i>i</i> Population, 2010 (April 1) estimates base	7,547	1,826,341
<i>i</i> Population, percent change, April 1, 2010 to July 1, 2012	-0.3%	1.6%
<i>i</i> Population, 2010	7,547	1,826,341
<i>i</i> Persons under 5 years, percent, 2011	5.3%	7.1%
<i>i</i> Persons under 18 years, percent, 2011	21.5%	25.0%
<i>i</i> Persons 65 years and over, percent, 2011	21.5%	13.6%
<i>i</i> Female persons, percent, 2011	50.6%	50.3%
<i>i</i> White persons, percent, 2011 (a)	97.7%	90.1%
<i>i</i> Black persons, percent, 2011 (a)	0.5%	4.7%
<i>i</i> American Indian and Alaska Native persons, percent, 2011 (a)	0.5%	1.3%
<i>i</i> Asian persons, percent, 2011 (a)	0.3%	1.9%
<i>i</i> Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	Z	0.1%
<i>i</i> Persons reporting two or more races, percent, 2011	1.0%	1.8%
<i>i</i> Persons of Hispanic or Latino Origin, percent, 2011 (b)	3.0%	9.5%
<i>i</i> White persons not Hispanic, percent, 2011	95.1%	81.8%

The population of Jefferson County continues to decline. Census numbers show the county with 11,620 people in the 1960 Census. That dropped to 10,436 by 1970; 9,817 in 1980; 8,759 in 1990; 8,333 in 2000; and 7,547 in 2010. A 2012 estimate was at 7,521 county residents.

III. Community Health Needs Assessment Partners

Public Health Solutions District Health Department

Jefferson County is an active partner in the Public Health Solutions District Health Department. Public Health Solutions District Health Department includes Fillmore, Jefferson, Saline, Gage and Thayer counties in southeast Nebraska. PHS conducted a Community Health Improvement Plan Qualitative Research Study in November 2012; and conducted a Behavioral Risk Factor survey in Jefferson County in 2009. PHS current has a Community Health Improvement Plan committee working across the five counties of the district, and Jefferson Community Health Center (as well as other Jefferson County agencies) have been included in this committee.

JCHC Administrative Team and Board of Directors

The Administrative Team of Jefferson Community Health Center is composed of the chief executive officer, chief financial officer, chief nurse executive, chief quality officer, public relations director, human resources director, and nursing home director. The Administrative Team works to set goals for the facility to meet the strategic objectives of the board of directors. The board of directors is a nine-member volunteer board elected from the membership of JCHC. JCHC is a private not-for-profit community charity. Membership includes any individual or company who has donated \$100 to JCHC.

IV. Community Health Needs Assessment Methodology and Process

Jefferson Community Health Center's Needs Assessment process included the review and consideration of data available from the community survey results, and health-related data available from the State of Nebraska, the US Census, and Public Health Solutions district health department (including a behavioral risk factor survey and a qualitative research study for the PHS Community Health Improvement Plan.)

V. **Identified Community Needs**

A. **Needs Identified include:**

- *Obesity
- *Sedentary Lifestyle
- *Cardiac Health
- *Diabetes
- *Nutrition education and information
- *Lack of mental/behavioral health – drug, alcohol and suicide prevention
- *Need for additional specialty clinics – mental health, psychiatry, endocrinology, addictions, pulmonology, dialysis, dermatologist, obstetrics,
- *Low personal responsibility/healthy lifestyle
- *Dental – preventative and treatment
- *Health care provider coverage when existing physicians retire
- *Future of health care
- *Alzheimer’s Disease
- *Weakening family structure/parenting
- *Lack of doctors/health care
- *Unintentional Injuries
- *Drug/Alcohol Use
- *Aging Population

The 2010 Nebraska Vital Statistics Report, issued in December 2011, shows numbers to back up many health concerns of Jefferson County’s residents. The report showed Jefferson County’s highest death rates were from Cancer and Heart Disease. Following those were Chronic Lung, Cerebrovascular, Diabetes, Nephritis and Nephrosis, and Accidental deaths.

Compared to statewide averages, Jefferson County had a high death rate in 2010. The death rate was 14 percent in Jefferson County, while the statewide rate was 8.3. The average age of death in Jefferson County in 2010 was 80.5.

For the state of Nebraska, the ten leading causes of death for 2006 through 2010 were: cancer, heart disease, chronic lung disease, cerebrovascular, accidents, Alzheimer’s disease, diabetes, nephritis and nephrosis, pneumonia, and suicide. For males through age 19, non-motor vehicle accidents were number one, followed by motor vehicle accidents. For females through age 19, the leading cause was motor vehicle accidents. For ages 20 through 44, accidents remained the leading cause for men and women. For ages 40-59, the leading cause was cancer, followed by heart disease. For ages 60 to 74, the leading cause was cancer, followed by heart disease. For ages 75 and older, the leading cause was heart disease followed by cancer.

According to the 2010 Nebraska Vital Statistics Report, Jefferson County’s rates for leading causes of death surpassed the state rates in 2010 for heart disease, cancer, chronic lung, cerebrovascular deaths, diabetes, and nephritis and nephrosis.

Heart Disease

Of Nebraska's 93 counties, Jefferson County rates 25th for incidence of heart disease on NebraskaLifeExpectancy.com.

According to the 2010 Nebraska Vital Statistics Report, Jefferson County exceeded the state rate (per 100,000 population) for heart disease deaths for 2006-2010. Jefferson County had 169 deaths attributed to heart disease in 2006-2010, for a crude rate of 449.7 (state crude rate of 190.8) and an age-adjusted rate of 210.50 (state rate of 157.7.)

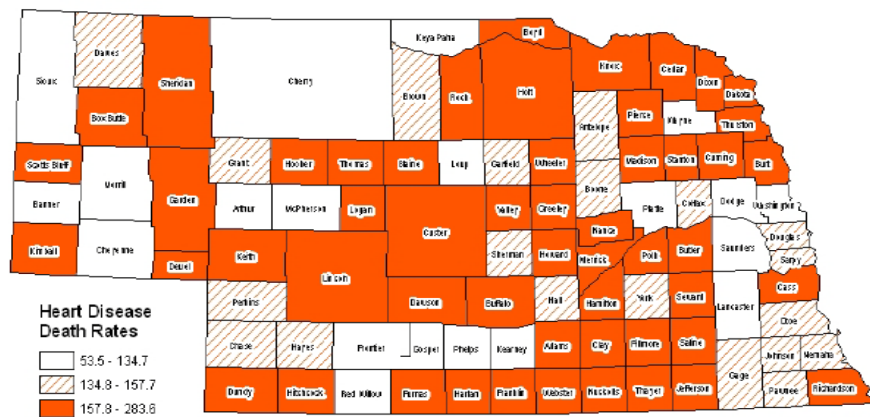
A Behavioral Risk Factor Surveillance Survey System for Jefferson County conducted by Public Health Solutions District Health Department in November 2010 showed that more than one-third of Jefferson County residents (38.6 percent) reported having been told by a health care professional that they had high blood pressure, notably higher than district (23.1 percent) and state (25.4 percent) rates.

A total of 43.24 percent of Jefferson County respondents to the BRFSSS survey have been told by a health professional that they had high cholesterol, compared to 34.1 percent in the PHS district and 31.9 percent in the state.

Blood pressure and cholesterol are factors which relate directly to heart health.

NebraskaLifeExpectancy at www.worldlifeexpectancy.com shows Jefferson County as number 25th of Nebraska's 93 counties in deaths from heart disease.

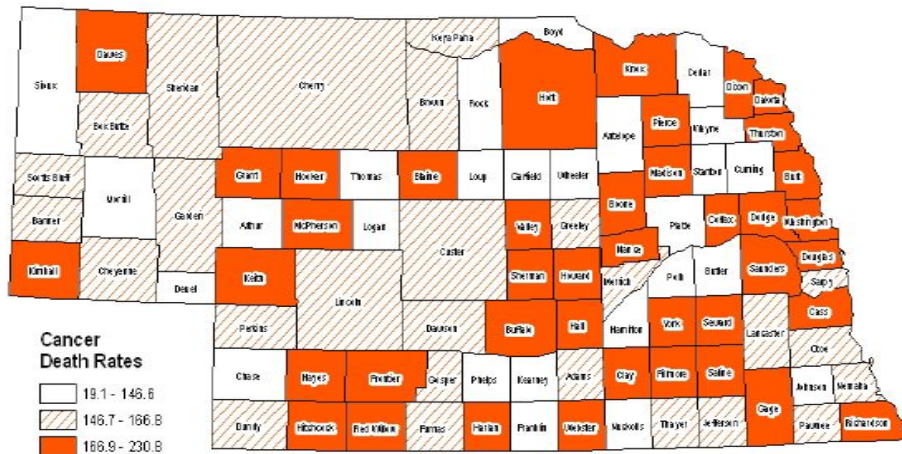
**Map 6: Heart Disease Death Rates by County of Residence
Nebraska, 2006 -- 2010**



Cancer

Jefferson County exceeded the state rate (per 100,000 population) for cancer deaths for 2006-2010. Jefferson County had 111 cancer deaths in 2006-2010, which calculates to a crude rate of 295.4 (per 100,000 population) compared to the state crude rate of 190.6. Age adjusted rate was 163.5 for Jefferson County, near the state age adjusted rate of 166.8.

**Map 5: Cancer Death Rates by County of Residence
Nebraska, 2006 -- 2010**



In the BFSSS, 10.6 percent of Jefferson County respondents said they have had some type of cancer. (Of those, 90.7 percent have had only one type; 7.8 percent have had two types.) The largest portion of those diagnosed with cancer, 37.4 percent, were ages 65 and older at the time of diagnosis. 18.3 percent were under the age of 35 at the time of diagnosis. The most common type of recently diagnosed cancer was skin (not melanoma) at 21.9 percent, followed by melanoma at 14.6 percent, and cervical cancer at 10.7 percent.

Less than half of Jefferson County residents (47.7 percent) in the appropriate age group responding to the BFSSS reported ever having a sigmoidoscopy or colonoscopy to screen for cancer or other problems. This is similar to the district rate (47.6 percent) but notably lower than the state rate (56.1 percent.)

According to the Nebraska Department of Health and Human Services Cancer Registry for 2009 (the newest information currently available), Jefferson County's rate for melanoma incidence is 12.7, just under the state incidence rate of 18. Mortality rates are not available because there were only 2 deaths from melanoma in 2009. The county's rate was similar to the state rate for all types of cancer surveyed. Prostate cancer rate was 93.7, significantly lower than the state rate of 151. The death rate from prostate cancer, however, was 43.9, higher than the statewide rate of 24.7 mortality. Female breast cancer

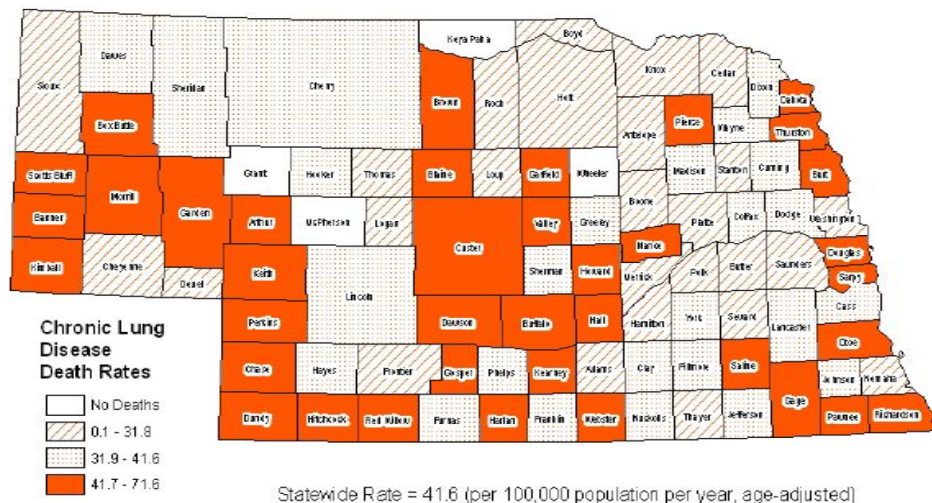
was 69.2, also significantly lower than the state rate of 124.7. Jefferson County's death rate from breast cancer, however, was 22 percent, just over the state rate of 21.1 percent.

NebraskaLifeExpectancy at www.worldlifeexpectancy.com shows Jefferson County 47th among Nebraska's 93 counties for deaths from cancer.

Chronic Lung

Jefferson County exceeded the state rate (per 100,000 population) for chronic lung deaths for 2006-2010, according to the Nebraska Vital Statistics Report. Jefferson County had 30 chronic lung deaths in 2006-2010, which calculates to a crude rate of 79.8 (per 100,000 population) compared to the state crude rate of 41.3. Age adjusted rate was 41.3 for Jefferson County, near the state age adjusted rate of 41.6.

**Map 7: Chronic Lung Disease Death Rates by County of Residence
Nebraska, 2006 -- 2010**

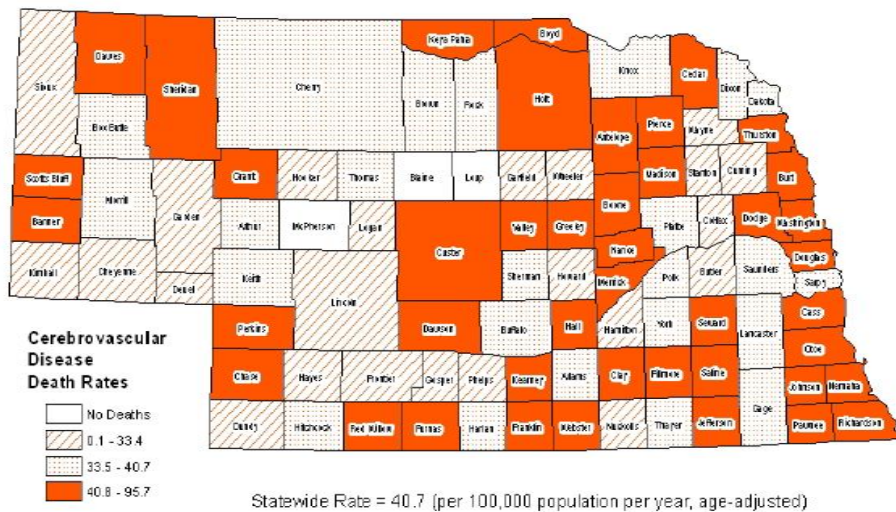


NebraskaLifeExpectancy at www.worldlifeexpectancy.com shows Jefferson County as number 59th in Nebraska counties for deaths from chronic lung.

Cerebrovascular

Jefferson County exceeded the state rate (per 100,000 population) for cerebrovascular deaths for 2006-2010. Jefferson County had 46 cerebrovascular deaths in 2006-2010, which calculates to a crude rate of 122.4 (per 100,000 population) compared to the state crude rate of 49.2. Age adjusted rate was 55.3 for Jefferson County, compared to the state age adjusted rate of 40.7.

**Map 8: Cerebrovascular Disease Death Rates by County of Residence
Nebraska, 2006 -- 2010**



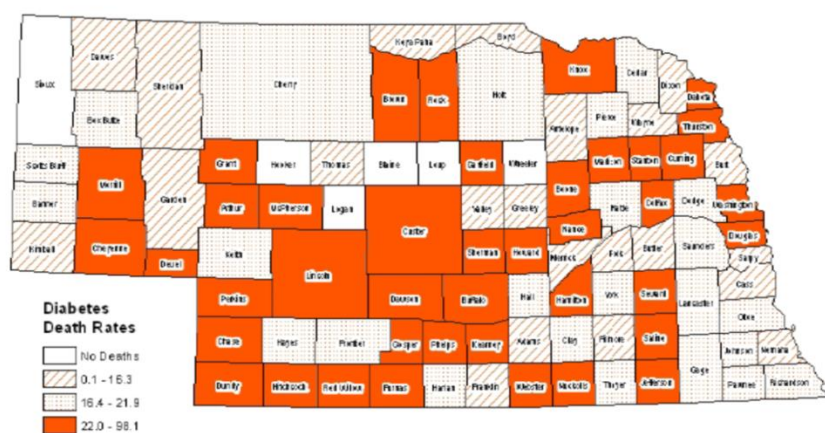
Diabetes

Jefferson County exceeded the state rate (per 100,000 population) for diabetes deaths for 2006-2010 according to the Nebraska Vital Statistics Report. Jefferson County had 19 diabetes deaths in 2006-2010, which calculates to a crude rate of 50.6 (per 100,000 population) compared to the state crude rate of 25.4. Age adjusted rate was 26.4 for Jefferson County, compared to the state age adjusted rate of 21.9.

A total of 10.9 percent of Jefferson County respondents to the BRFSSS survey reported ever being told they had diabetes. In comparison, 5.6 percent of Public Health Solutions adults and 6.7 percent of Nebraska adults were ever diagnosed with diabetes.

NebraskaLifeExpectancy at www.worldlifeexpectancy.com shows Jefferson County as the 54th county in the state for deaths from diabetes.

**Map 11: Diabetes Death Rates by County of Residence
Nebraska, 2006 -- 2010**



Statewide Rate = 21.9 (per 100,000 population per year, age-adjusted)

Obesity/Lack of Physical Activity

Obesity was mentioned by nearly every group asked about health concerns and priorities for Jefferson County. Lack of physical activity was also a common response as a health concern. Obesity and lack of physical activity are directly related to many of the top health concerns for our county – including heart disease/cerebrovascular problems and diabetes.

Though more than one-third of Jefferson County adults (33.7 percent) reported heights and weights that placed them in the “overweight but not obese” category (body mass index of 25.0-29.9) the county rate was lower than the district (37.6 percent) and Nebraska (37.8 percent) rates in the BRFSSS. Obesity, however, (BMI of 30 or greater) prevalence rates for the county (37.6 percent) were considerably higher than the district rate (28.4 percent) and the Nebraska rate (26.1 percent.)

Almost one-third of Jefferson County adults (32.2 percent) responding to the BRFSSS did not get any physical activity outside of work in the month prior, a considerably higher percentage than the PHS area (23.4 percent) and the state (21.6 percent.)

Mental Health

Mental Health was an area mentioned in a number of community survey groups as an area of need. Jefferson County has Blue Valley Behavioral Health and Behavioral Medicine Clinic serving our area, both which offer psychologists. There is not a psychiatrist available in Jefferson County.

A US Department of Health and Human Services web site A total of 37.8 percent of Jefferson County respondents reported feeling mentally unwell at least one day the

previous month. More than 15 percent reported feeling mentally unwell for 10 or more days of that month, compared to 9.4 percent for the district and 9.6 percent for the state.

The US Department of Health and Human Services Health Resources and Services Administration lists Mental Health Catchment Area 5 as a geographical area shortage area. It shows 12 FTEs, with a shortage of 2.

Dental Care

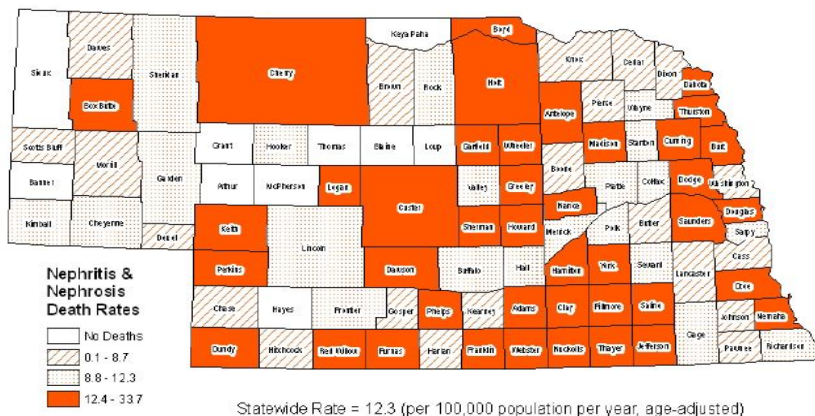
Dental care, specifically for those on Medicaid, was also reported in a number of community survey groups as an increasing need. The US Department of Health Resources and Services Administration lists Dental Health – Medicaid as a shortage area. It shows 0 FTEs available for Medicaid services.

Hospital staff report area Medicaid-eligible residents and uninsured often utilizing emergency services at Jefferson Community for emergency dental care. Untreated abscessed teeth was reported as a common problem for emergency dental visits. Many in this position are advised to follow up with their dentist and say they do not have a dentist.

Nephritis and Nephrosis

Jefferson County exceeded the state rate (per 100,000 population) for nephritis and nephrosis deaths for 2006-2010. Jefferson County had 14 nephritis or nephrosis deaths in 2006-2010, which calculates to a crude rate of 37.3 (compared to the state crude rate of 14.9). Age adjusted rate was 15.9 for Jefferson County, compared to – 2010 4 crude rate 53.0 (state 15.9), age adjusted 23.2 (state 13.4) 2006-2010 – 14, crude rate 37.3 (state 14.9) age adjusted 15.9 (state rate 12.3.)

Map 12: Nephritis & Nephrosis Death Rates by County of Residence
Nebraska, 2006 – 2010



Accidental Deaths, Alzheimer's Disease

Jefferson County also exceeded the state rates per 100,000 population for accidental deaths and Alzheimer's Disease for 2006-2010. Jefferson County had 23 accidental deaths 2006-2010, for a crude rate of 61.2 (per 100,000 population) compared to the state crude rate of 38.6. Age adjusted rate was 46.6 for Jefferson County, compared to 35.6 age adjusted rate for the state.

Nebraska Life Expectancy shows Jefferson County as 61st among Nebraska's 93 counties for accidental deaths.

Jefferson County also exceeded the state rates per 100,000 population for deaths from Alzheimer's Disease. With 16 deaths in 2006-2010, the crude rate was 42.6 for Jefferson County, compared to 30.8 for the state crude rate. The age adjusted rate was slightly lower than the state rate, with Jefferson County at 17.6 and the state at 24.3.

Nebraska Life Expectancy shows Jefferson County as 68th among Nebraska's 93 counties for deaths from Alzheimer's Disease.

Other health concerns

The Behavioral Risk Factor Surveillance Survey System showed heavy drinking was reported by 12.1 percent of Jefferson County adults – twice the district rate of 6 percent and even higher still than the state rate of 4.5 percent. Heavy drinking is defined as more than 2 drinks for men and more than 1 drink for women to the question: "One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?"

The Behavioral Risk Factor Survey identified health status (chronic disease, disability), preventative care (cancer screening), and healthy choices/behaviors (physical activity, nutrition, and weight control) as the three priority areas for Jefferson County.

B. Process for Prioritizing

Members of the Administrative Team reviewed survey data, findings from community interviews and focus groups, and information gathered from Public Health Solutions and state data. The following needs were identified as the most important for Jefferson Community Health Center to address, based on the following criteria: 1) The number of people affected; 2) The severity of the Problem; 3) the health center's ability to impact the problem; and 4) the extent to which other organizations are meeting the need.

C. Prioritized needs

- 1) Major disease factors for our county: cardiac/cerebrovascular health, diabetes, chronic lung, cancer
- 2) Lifestyle issues: obesity, sedentary lifestyle, nutrition education and information, personal responsibility/healthy lifestyle
- 3) Additional specialty clinics needed in our community: dermatology, pulmonology, obstetrics
- 4) Dental Care
- 5) Mental Health

VI. Community Resources and Assets to Address Needs

Community

Public Health Solutions district health department
Two local dental offices
Dental College (University of Nebraska-Lincoln)
Blue Valley Community Action Partnership
Blue Valley Behavioral Health
Jefferson County Head Start
Fairbury Public Schools
Department of Health and Human Services
Hope Crisis Center
Jefferson Community Coalition
Jefferson County Extension (University of Nebraska-Lincoln)
Fairbury Senior Center
Meals on Wheels
Blue Rivers Area Agency on Aging
City of Fairbury
Jefferson County Sheriff's office
Fairbury Police Department
County Churches
Region V Services
Behavioral Medicine Clinic
Johnson Family Vision Care
Fairbury Clinic PC
Heritage Care Center
Cedarwood assisted living
Bryan Health

Jefferson Community Health Center

Bob and Wauneta Burkley Wellness Center
Husker Rehab therapy services
Jefferson Family Home Care

Outpatient services: visiting specialists including – general surgery, oncology, nephrology, otorhinolaryngology, urology, ophthalmology, orthopedics, cardiology, gynecology, neurology, radiology, vascular surgery, dental surgeon
Partnership with PHS and BVCA for immunization clinic
JCHC Pharmacy

VII. Implementation Strategy

A. How JCHC will address health needs

Jefferson Community Health Center's strategic plan for 2014 and beyond will address the needs identified as priorities for JCHC in its community. The board of directors adopt and approve a strategic plan each year, which is carried out by administration and staff at JCHC.

B. Needs Jefferson Community Health Center will not address

There were needs identified that JCHC did not choose to address. While these needs are important to the community, they were not chosen based on the prioritization process.

Needs which will not be addressed specifically by JCHC include:

***Alzheimer's Disease.** We will continue to offer an Alzheimer's Caregiver's Support Group and be a part of the annual Walk to End Alzheimers, and we will provide educational resources to our community through the Alzheimer's Association. This is the extent of what we feel our involvement can be at this time, so we do not intend to name this as a major area of activity.

***Unintentional Injuries.** We will continue to be a part of the local Safe Kids organization, which promotes childhood safety, as well as a part of Farm Safety 4 Just Kids and the annual Progressive Agriculture Safety Day. This is the extent of what we feel our involvement can be at this time, so we do not intend to name this as a major area of activity.

***Health care provider coverage when existing physicians retire.** Because of physician's clinic is privately owned, this is not currently our area to address.

***Future of health care.** We will continue to monitor health care and the status federal government's health care plan, but besides monitoring we don't feel there is anything concrete we can do to affect this broad need.

***Weakening family structure/parenting.** This is out of the realm of our scope of practice. We have other agencies in our community who are working to address these needs.

***Lack of doctors/health care.** We will address the areas of a shortage of specialists, but did not find evidence that primary care is lacking.

***Drug/Alcohol Use.** While this is a problem in our community, we feel there are other organizations who are addressing this need. We will be a team player and cooperator, but will not be setting any goals in this area.

***Aging Population.** Our county's population is aging, and we will keep this factor in mind when planning for the future.

References

*Nebraska 2010 Vital Statistics Report, issued December, 2011. Nebraska Department of Health and Human Services.

*A Behavioral Risk Factor Surveillance Survey System, Findings for Jefferson County, Nebraska. November 2010, survey completed in 2009-2010.) Public Health Solutions District Health Department. (Fillmore, Gage, Jefferson, Saline and Thayer counties.) The survey was conducted in cooperation with the Nebraska Department of Health and Human Services Division of Public Health, Office of Statistics, Behavioral Risk Factor Surveillance System Program. Telephone interviews were done with 560 adults throughout the PHS district, and an additional oversample of 1,146 residents of Jefferson County in 2009.

*Cancer Incidence and Mortality in Nebraska: 2009, issued June 2012, by the Nebraska Cancer Registry. Found on-line at:

http://dhhs.ne.gov/publichealth/Documents/CancerReport_09.pdf

*Nebraska Life Expectancy web site. www.worldlifeexpectancy.com

Implementation Plan for Identified Community Needs -- 2013

Prioritized needs

(As determined by Community Health Needs Assessment 2013)

- 1) Major disease factors for our county: cardiac/cerebrovascular health, diabetes, chronic lung, cancer
- 2) Lifestyle issues: obesity, sedentary lifestyle, nutrition education and information, personal responsibility/healthy lifestyle
- 3) Additional specialty clinics needed in our community: dermatology, pulmonology, obstetrics
- 4) Dental Care
- 5) Mental Health

1) **Major Disease factors: cardio/cerebrovascular health, diabetes, chronic lung, cancer**

In prioritizing needs, these major disease factors were all grouped because any programs which may assist with one area has a potential in assisting in several areas

A) Review all programs which are currently being offered in the community which can have a positive effect on these major disease factors (for example, blood profile screenings held annually at a reduced cost to help area residents determine what their major health needs are, SimplyWell offered to all employees to raise awareness for their personal health needs, cardiac rehabilitation offered, diabetes education offered and expanding, care transitions teams working on patient education and Congestive Heart Failure and COPD)

B) Provide data for all areas showing the community's health needs in each of these areas, and encourage the continuation and/or expansion of existing programs, and the development of new programs to raise awareness and improve the health and wellness of individuals in these areas.

C) Partner with programs such as Public Health Solutions, quality organizations,

D) Review new data as it becomes available on our effectiveness at providing care to various disease factors, as well as our impact on reducing these disease factors.

E) Utilize lifestyle improvement programs to affect the health of our patients with these chronic diseases, and to prevent these chronic diseases from developing

- 2) Lifestyle issues: obesity, sedentary lifestyle, nutrition education and information, personal responsibility/healthy lifestyle**
 - A) Continue to determine ways JCHC can benefit the community's lifestyle issues through its services and programs (Bob and Wauneta Burkley Wellness Center, dietitian services, walking and weight loss programs such as LiveWell series, and SimplyWell programming for staff)
 - B) Pursue partnerships with Public Health Solutions, area public schools, Blue Valley Community Action, and other area service agencies and businesses to reach area residents.
 - C) Provide community education through annual Safety Fair, Jefferson County Expo (including health fair offerings), and Jefferson County Fair.

- 3) Additional specialty clinics needed in our community: dermatology, pulmonology, obstetrics**
 - A) Determine number of people who might benefit from additional specialty clinics
 - B) Work with local physicians to determine their perception of need for additional specialty clinics
 - C) If need is verified, work with local physicians and specialists to implement new specialty clinics

- 4) Dental Care**
 - A) Collaborate with Public Health Solutions in programs it is working on regarding dental care availability in Jefferson County.

- 5) Mental Health**
 - A) Determine how Jefferson Community Health Center might be able to meet the communities mental health needs
 - I) Obtain information from other rural Critical Access Hospitals on ways they have met their community's mental health needs
 - II) Contact area mental health providers to find out whether they believe JCHC could help to meet the community needs
 - III) Possible options: could we offer telehealth connections bringing patients and providers together? Could we offer a specialty clinic offering mental health assistance?