

# Community Health Needs Assessment Jefferson Community Health Center 2016

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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, expanding outpatient services throughout the years, and adding the Fairbury Clinic in 2016. The facility's name was changed in 1994 to better reflect its wide variety of services. Through its 50-plus-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 second community health needs assessment in January 2016. JCHC has worked with Public Health Solutions district health department, conducted focus groups with local organizations, held a community stakeholders luncheon, conducted an informal survey at the Jefferson County Fair, and reviewed statistics made available through Public Health Solutions, state of Nebraska, US Census, Health People 2020, and websites such as County Health Rankings and World Life Expectancy.

A Community Health Needs Assessment meeting was held at JCHC with representatives from area agency partners, and meetings were conducted with local community organizations including Kiwanis, Rotary, and Senior Diners. A total of 89 attended and participated in discussing community health needs. In addition, 59 participated in an informal survey at the 2016 Jefferson County Fair to gather information on exercise and perceived health needs.

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.

### **Prioritized Needs**

The identified needs were prioritized by the Jefferson Community Health Center board of directors 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 JCHC to focus on for the coming three years were:

- 1) Obesity**
- 2) Sedentary Lifestyle**
- 3) Chronic Diseases affected by Obesity and Sedentary Lifestyle, including Diabetes, Heart Disease, Stroke and Cancer**
- 4) Mental and Behavioral 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, 7,263 as estimated by the US Census Bureau for 2015. Jefferson County has seen a declining and aging population. In the 2000 Census, Jefferson County had a population of 8,333. More than 23 percent of county residents are 65 and older (higher than the state total of 14.7 percent.) More than 21 percent of county residents are under 18 (lower than the state total of 24.8 percent.) A total of more than 97 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, Asians and those reporting two or more races make up a combined total of just more than 2.5 percent of the county's population.

### Jefferson County, Nebraska

People QuickFacts (US Census Bureau)	Jefferson County
<i>i</i> Population, 2015 estimate	7,263
<i>i</i> Population, 2010 (April 1) estimates base	7,547
<i>i</i> Population, percent change, April 1, 2010 to July 1, 2012	-3.8%
<i>i</i> Persons under 5 years, percent, 2015	5.5%
<i>i</i> Persons under 18 years, percent, 2015	21.9%
<i>i</i> Persons 65 years and over, percent, 2015	23.1%
<i>i</i> Female persons, percent, 2015	50.3%
<i>i</i> White persons, percent, 2015	97.3%
<i>i</i> Black persons, percent, 2015	0.5%
<i>i</i> American Indian and Alaska Native persons, percent, 2015	0.5%
<i>i</i> Asian persons, percent, 2015	0.3%
<i>i</i> Native Hawaiian and Other Pacific Islander persons, percent, 2015	Less than 0.3 %
<i>i</i> Persons reporting two or more races, percent, 2015	1.3%
<i>i</i> Persons of Hispanic or Latino Origin, percent, 2015	3.0%

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 2015 estimate was at 7,263 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. Public Health Solutions has a five-county Community Health Needs Assessment being updated in 2016.

### **JCHC Board of Directors**

The board of directors is a nine-member volunteer board elected from the membership of JCHC. The board of directors includes a physician representative. JCHC is a private not-for-profit community charity. Membership includes any individual or company who has donated \$100 to JCHC.

### **JCHC team managers**

Jefferson Community Health Center's team managers include managers of all departments of JCHC, all work with CEO Chad Jurgens and CFO Chance Klasek to implement the strategic plan as adopted by the board of directors. Managers and departments work to identify and meet community health care needs.

## **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 community survey results, Census reports, and health-related data available from the State of Nebraska, the US Census, Healthy People 2020, 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 (not listed in priority order):**

- Lifestyle change
- Nutrition
- Exercise
- Obesity
- Diabetes
- Chronic pain
- Alzheimer's Disease
- Heart Disease
- Cancer
- Joint concerns/chronic pain
- Additional specialties
- Bullying
- Suicide
- Mental Health
- Dental Health
- Poverty
- Access to care
- Transportation
- Preventative Care
- Chemical dependency
- Strengthening families
- Senior care
- Declining population
- Housing
- Insurance/uninsured/underinsured
- Lead
- Radon
- JCHC-specific requests

### **Needs Identified by community participants at focus groups/meetings:**

Lifestyle change

--Nutrition/exercise/obesity/chronic disease

Nutrition

--Fruits and vegetables

Exercise

--many are very sedentary

--Make community more walkable and bikeable

--Encourage wellness center use -- incentives

Obesity

--Work with schools to address childhood obesity

Diabetes

Alzheimer's Disease

Heart Disease

Cancer

Joint concerns/chronic pain

- Arthritis

- Joint pain

- Joint replacement

Specialties needed

- Endocrinologist

- Pediatrician

- Dialysis

- Geriatric medicine

- Hearing services more available

Bullying

Suicide

Mental health

- More local

- Sliding fee scale for mental health professionals

- Need for help for autism and ADHD

Dental health

- Local dentists don't take Medicaid

- One dentist near retirement

Poverty

- High percentage of school age families qualify for free/reduced meals

- Generational poverty

Access to care

- One physician near retirement age

- If can't pay clinic bill they won't be seen and will use ER

- 55 percent of BVCA clients work but don't make enough to pay the bills

- After hours clinic/urgent care

Transportation

- Night

- Out of town to see doctors/dentists when can't be seen in Fairbury

Preventative care

- Many don't receive

Chemical dependency – drugs/alcohol

- White out, canned air

Need to strengthen families “Families are strength for our community”

- Need resources for families

- Teammates has 40 on waiting list

- Parenting

Senior care

- More home health

- In home senior care

- Adult Day Care

Declining population

## Housing

### Uninsured/underinsured/insurance

- Many can't afford Obamacare
- High deductibles
- Gap between Medicaid and Obamacare
- Assistance in understanding insurance
- Help to understand charity care

### Lead exposure

Radon – high percentage of homes affected; hard to remediate

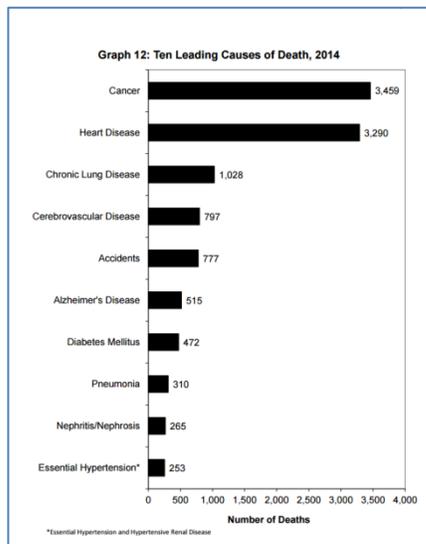
### JCHC-specific requests

- Nursing home needs private rooms
- PT Entrance closer to parking lot

## Needs identified by County Fair participants:

Of 59 Jefferson County fairgoers surveyed, the top concern identified was weight (18 participants.) Diabetes (3), blood pressure (2), fatigue (2), joint/knee pain (2), and back pain (2) were the other top responses. Six of those surveyed said they had no current personal health concerns. Of the 59 respondents, 32 said they walk for exercise, and 15 said their work or chores are their exercise. Another 9 said they chase kids or grandkids, 6 garden, 5 play sports, 5 bicycle, 3 do remodeling or renovation, 3 run, 2 swim and 2 play tennis. (Total answers add up to more than 59, as some gave more than one answer.) 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.

## State of Nebraska and Jefferson County Death Rate Data



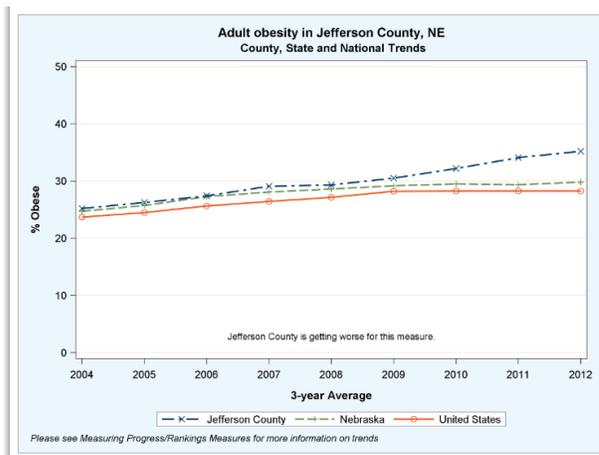
Compared to statewide averages, Jefferson County had a high death rate in 2014, the most recent year for which data was available. The death rate was greater than 9.5 percent in Jefferson County (120 deaths), while the statewide rate was 8.5 percent (15,965 deaths). The average age of death in Jefferson County in 2014 was 78.8, slightly older than the statewide average age of death of 75.1.

For the state of Nebraska, the ten leading causes of death for 2014 were: cancer, heart disease, chronic lung disease, cerebrovascular, accidents, Alzheimer's disease, diabetes, pneumonia, nephritis and nephrosis, and essential hypertension. For males, accidents were the number 3 cause of death, suicide number 7 and

Parkinson's disease number 10. For females, Alzheimer's disease and accidents were reversed from statewide numbers, and essential hypertension and nephritis/nephrosis were reversed.

According to the 2014 Nebraska Vital Statistics Report, Jefferson County's rates for leading causes of death surpassed the state rates in 2014 for heart disease, cancer, chronic lung, accidental (unintentional injury), Alzheimer's Disease, cerebrovascular deaths, diabetes, and nephritis and nephrosis. Jefferson County's rate was less than the state's rate in pneumonia and essential hypertension and hypertensive renal disease.

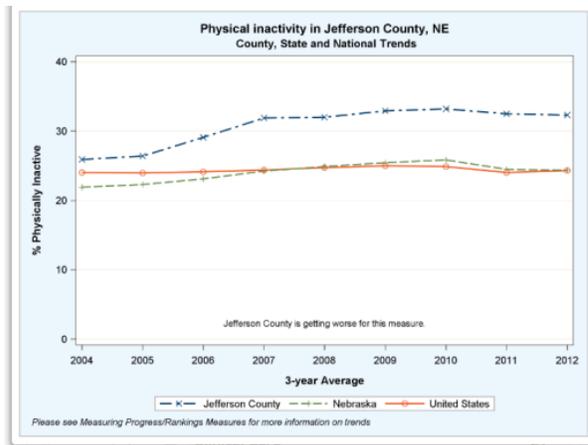
### Obesity/Lack of Physical Activity/Nutrition



Obesity was mentioned by 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.

Jefferson County has a 35 percent rate of county residents who have are obese, according to countyhealthrankings.org, higher than the state rate of 30 percent.

For the five-county Public Health Solutions district, Jefferson County had the highest percentage of residents with BMI greater than 30. A total of 35.6 percent of Jefferson County adult residents self-reported in the Behavioral Risk Factor survey that they had BMI greater than 30. The five-county district average was 33.7 percent, Nebraska average 29.4 percent and the US average 27.1 percent.



In the PHS area, 30 percent of Jefferson County adults report they are physically inactive. Responses were based on the question: “During the past month, other than your regular job, did you participate in activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?” Jefferson County's rate of physical inactivity was nearly the highest in the five-county district area, and was higher than the district average of 28.5 percent.

According to the countyhealthrankings.org data, Jefferson County had 32 percent inactivity rate, compared to the state rate of 24 percent.

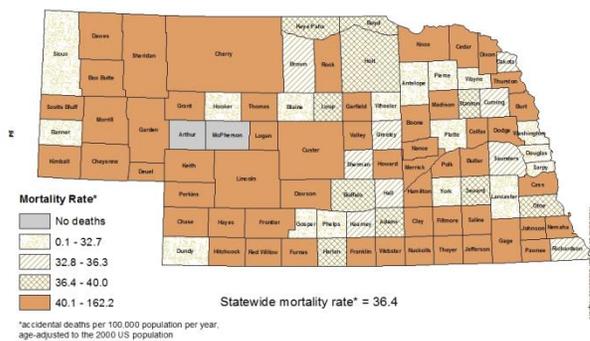
Nutrition is also a factor in obesity. In the five-county Public Health Solutions area, 76.8 percent of adults in Jefferson County reported inadequate fruit/vegetable consumption (less than 5 servings of fruits and vegetables each day.) Jefferson County was better than the five-county area rate of 79.1 percent reporting inadequate fruit and vegetable consumption, better than the state average of 78.2 percent, and worse than the United States' average of 75.7 percent.

### Parkinson's Disease

Jefferson County had the fifth highest rate of death from Parkinson's Disease among Nebraska's 93 counties, according to NebraskaLifeExpectancy.com. Jefferson County had a rate of 11.54 deaths per 100,000 for 2014, compared to the state rate of 8.85 per 100,000 and the national rate of 7.38.

### Accidental Deaths

Map 9. Accidental (Unintentional Injury) Mortality Rates, by County of Residence Nebraska, 2010-2014



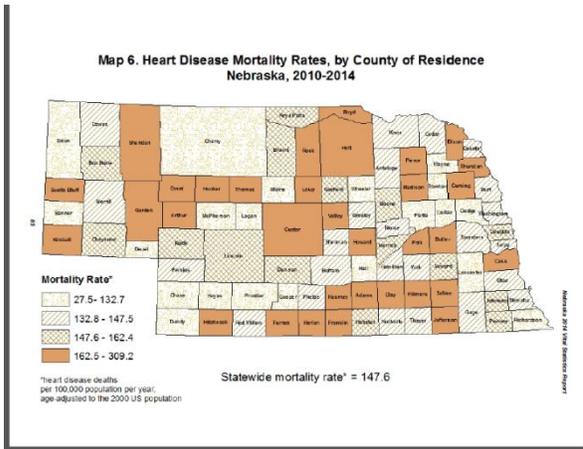
Jefferson County exceeded the state rates per 100,000 population for accidental deaths in 2014. Jefferson County had six accidental deaths in 2014, for a crude rate of 81.8 (per 100,000 population) compared to the state crude rate of 41.3. Age adjusted rate was 66.4 for Jefferson County, compared to 38.3 age adjusted rate for the state. For 2010-2014, Jefferson County had 28 accidental deaths, for a rate of 74.7 crude rate and 64.3 age adjusted. The state rates for the same time period were 39.2 crude and 36.4 age adjusted.

Public Health Solutions data shows that in fatal crashes in Jefferson County, 22 of 28 (78.6 percent) did not use safety belts in 2014. The statewide average is 74 percent not using seat belts in fatal crashes.

Public Health Solutions data also shows 57 percent of Jefferson County driving deaths involved alcohol impairment, compared to 35 percent for the state.

Nebraska Life Expectancy shows Jefferson County as 12<sup>th</sup> among Nebraska's 93 counties for accidental deaths for 2014.

## Heart Disease

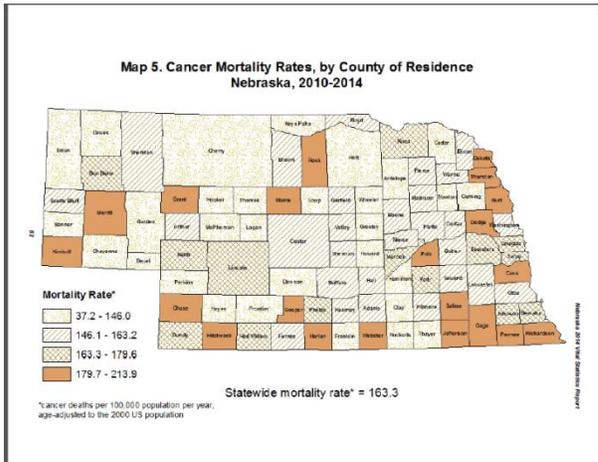


Of Nebraska's 93 counties, Jefferson County rates 15<sup>th</sup> for incidence of heart disease on NebraskaLifeExpectancy.com.

According to the 2014 Nebraska Vital Statistics Report, Jefferson County exceeded the state rate (per 100,000 population) for heart disease deaths for both 2014 and 2010-2014. Jefferson County had 132 deaths attributed to heart disease in 2010-2014, for a crude rate of 352.2 (state crude rate of 178.8) and an age-adjusted rate of 172.1 (state rate of

147.8.) For 2014, Jefferson County had 28 heart disease deaths, for a crude rate of 354.5 and an age adjusted rate of 176.2. The state's rates for the same year were 174.9 crude rate and 142.7 age adjusted.

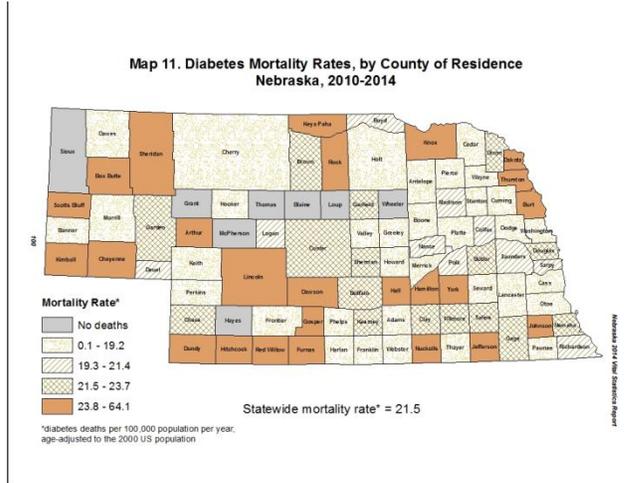
## Cancer



Jefferson County ranked 15<sup>th</sup> among the state's 93 counties for cancer deaths in 2014. Jefferson County had 25 cancer deaths in 2014, for a crude rate of 340.8, compared to the state rate of 183.8. The age adjusted rate for 2014 was 202.0 for Jefferson County and 159.6 for the state.

According to the Nebraska Department of Health and Human Services Cancer Registry for 2012 (the newest information currently available), Jefferson County's rate for cancer deaths (all sites) was 224.2, and for 2008-2012 the death rate was 187.6. The state rate for 2012 was 164.7, and the US rate was 166.4. For 2008-2012, the state rate was 165.9 and the US rate was 171.2. Jefferson County's rates were higher than both state and national rates for both 2012 and the period of 2008-2012.

## Diabetes

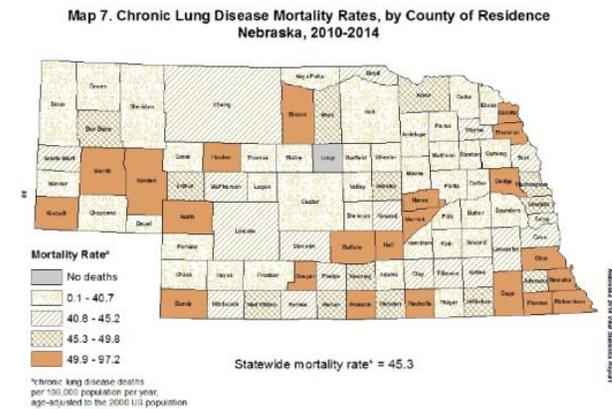


Jefferson County slightly exceeded the state rate (per 100,000 population) for diabetes deaths for 2010-2014 according to the Nebraska Vital Statistics Report. Jefferson County had 20 diabetes deaths in 2010-2014, which calculates to a crude rate of 53.4 and an age adjusted rate of 25.3 (per 100,000 population) compared to the state crude rate of 24.7 and age adjusted rate of 21.4. For 2014, Jefferson County had only 1 diabetes death, making the crude rate 13.6 and the age adjusted rate 5.4, better than

the state crude rate of 25.1 and the age adjusted rate of 25.5.

NebraskaLifeExpectancy at [www.worldlifeexpectancy.com](http://www.worldlifeexpectancy.com) shows Jefferson County as the 32<sup>nd</sup> county in the state for deaths from diabetes.

## Chronic Lung



Jefferson County was at about the same age adjusted death rate as the state for chronic lung for 2010-2014. Jefferson County had 34 deaths attributed to chronic lung for that time period, for a crude rate of 90.7 per 100,000 and an age adjusted rate of 49.3 per 100,000. The state average mortality rate was 45.3 per 100,000.

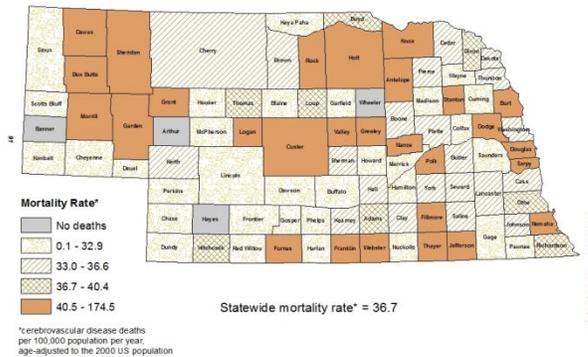
NebraskaLifeExpectancy at [www.worldlifeexpectancy.com](http://www.worldlifeexpectancy.com) shows Jefferson County as number 42<sup>nd</sup> in Nebraska counties for deaths from

lung disease.

While it is not the only factor, tobacco use can be a factor in lung disease. Public Health Solutions data shows 17.7 percent of Jefferson County residents use tobacco.

## Cerebrovascular

Map 8. Cerebrovascular Disease Mortality Rates, by County of Residence  
Nebraska, 2010-2014

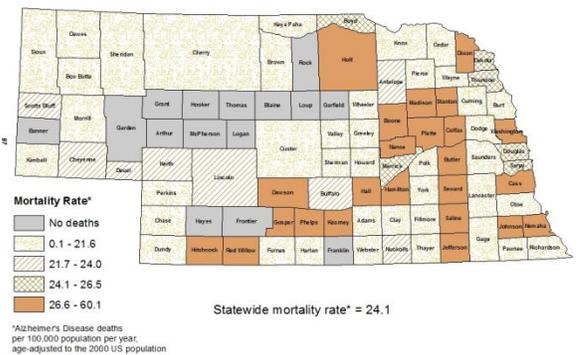


Jefferson County exceeded the state rate (per 100,000 population) for cerebrovascular (stroke) deaths for 2014 and for 2008-2014. Jefferson County had 10 cerebrovascular deaths in 2014, and 35 in the period of 2008-2014. This calculates to a crude rate of 65.0 per 100,000 population for the year, and 44.5 per 100,000 population for 2008-2014. The state rate was 34.7 and 36.7 respectively.

Jefferson County was 36<sup>th</sup> among Nebraska's 93 counties for stroke death in 2014, according to NebraskaLifeExpectancy.com.

## Alzheimer's Disease

Map 10. Alzheimer's Disease Mortality Rates, by County of Residence  
Nebraska, 2010-2014



Jefferson County exceeded the state rate for deaths from Alzheimer's Disease for both the 2014 data and the 2010-2014 data period. For 2014, Jefferson County had 4 deaths from Alzheimer's, for a crude rate of 54.5 per 100,000 and an age adjusted rate of 24.4 per 100,000, compared to the state rates of 24.7 crude and 21.9 age adjusted for 2014. For 2010-2014, Jefferson County had 25 deaths attributed to Alzheimer's, for a crude rate of 66.7 and an age adjusted rate of 31.1, compared to the state's rates of 30.2 and 24.1 per 100,000 respectively.

NebraskaLifeExpectancy.com lists Jefferson County as 57<sup>th</sup> among Nebraska's 93 counties for Alzheimer's deaths.

## Mental Health

Mental Health was an area mentioned in most 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 serving Jefferson County.

The Nebraska Department of Health and Human Services Health Resources and Services Administration lists Jefferson County as a psychiatry and mental health shortage area as of 2013.

The federal HRSA - Division of Policy and Shortage Designation lists Catchment 5 (which includes Jefferson County along with other southeast Nebraska counties) as a federal mental health shortage area.

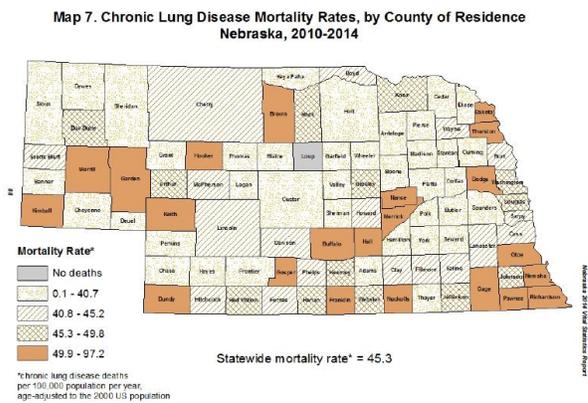
### Dental Care

Dental care, specifically for those on Medicaid, was also reported in a number of community survey groups as an increasing need. The Nebraska Department of Health and Human Services lists part of Jefferson County as being in a shortage area for general and pediatric dentistry and oral surgery. Jefferson County is listed as a federal dental shortage area by the Health Professions Tracking Service.

Jefferson County currently has three dentists, and one dental surgeon who visits JCHC annually to handle oral surgeries for Region V.

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 slightly exceeded the state rate (per 100,000 population) for nephritis and nephrosis (kidney disease) deaths for 2010-2014. Jefferson County had 9 nephritis or nephrosis deaths in the time period, which calculates to a crude rate of 24.0 (compared to the state crude rate of 13.0) per 100,000 deaths. Age adjusted rate was 13.1 for Jefferson County, compared to 10.9 for the state.

Jefferson County was 26<sup>th</sup> among Nebraska’s 93 counties for death from nephritis and nephrosis.

### Access to Care

The Nebraska Rural Health Advisory Commission lists Jefferson County as a shortage area for a number of areas of medical practice as of July 2013. Jefferson County is listed as a shortage area for family practice, general internal medicine, general pediatrics, and

OB/GYN, and part of Jefferson County is listed as a shortage area for occupational therapy.

### **Other health concerns**

Jefferson County had a 58.3 percent ambulatory care sensitive condition discharge rate, compared to a 51.7 percent rate for the Public Health Solutions district. The indicator reports the discharge rate per 1,000 Medicare enrollees for conditions that are ambulatory care sensitive (ACS.) These conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. Admissions could potentially be reduced through better access to primary care resources, according to the Public Health Solutions report.

### **B. Process for Prioritizing**

*JCHC Administration and Board of Directors reviewed the Community Health Needs assessment data and prioritized the needs for Jefferson Community Health Center to address.*

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) Obesity**
- 2) Sedentary Lifestyle**
- 3) Chronic Diseases affected by Obesity and Sedentary Lifestyle, including Diabetes, Heart Disease, Stroke and Cancer**
- 4) Mental and Behavioral 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  
FYI Center  
Local 12-Step programs  
Safe Kids  
Farm Safety 4 Just Kids  
Progressive Agriculture Safety Day

**Jefferson Community Health Center**

Bob and Wauneta Burkley Wellness Center  
JCHC Rehab and Sports Clinic  
Fairbury Clinic  
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 BVCA for immunization clinic  
JCHC Pharmacy

**VII. Implementation Strategy**

**A. How JCHC will address health needs**

Jefferson Community Health Center's strategic plan for 2017 and beyond will address the needs identified as priorities for JCHC in its community. The board of directors adopts and approves 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.

**\*Additional Specialties, Access to Care, Preventative Care.** JCHC is always seeking possibilities for additional specialties, increased access to care and increased preventative care to address community needs, and will continue this process as a part of our ongoing strategic planning process. However, it is not named in our priorities because of the need for personnel and resources to address priority areas.

**\*Bullying, Suicide, Dental Health, Chronic Pain.** JCHC wishes to be a good community partner with all area agencies and practices which provide services in all of these areas, which are all outside of our current offerings. We do not intend to name these as priority areas at the present time.

**\*Poverty, Transportation, Declining Population, Housing.** These are ongoing societal issues which affect our businesses and services. We will continue to be a good community partner on dealing with these issues in our area, but we do not intend to make these areas our priority areas of focus.

**\*Insurance/Uninsured/Underinsured.** We continue to seek ways that we as an organization can best serve those who are uninsured or underinsured, including charity care. These are not named as priority areas at this time.

**\*Lead, Radon.** These concerns also affect our patients, and we will assist in education and promotions undertaken by other community/national agencies. These will not be areas of focus in our current plan.

# Implementation Plan for Identified Community Needs -- 2016

**Prioritized needs (As determined by Community Health Needs Assessment 2016  
and prioritized by the JCH&L Board of Directors)**

- 1) Obesity
- 2) Sedentary Lifestyle
- 3) Chronic Diseases affected by Obesity and Sedentary Lifestyle,  
including Diabetes, Heart Disease, Stroke and Cancer
- 4) Mental and Behavioral Health

**The Strategic Plan for 2016 developed Brand Strategy Task Force Groups to  
address community health needs. Groups developed were: Community Health  
& Wellness, Community Partnerships, Women's Health and Enhanced Care  
Navigation.**

## **Community Health & Wellness**

### **Goals**

- \*Enhance community health information through new website and collaboration  
with Your Care Everywhere to launch My Wellness Dashboard to community
- \*Enhance patient portal use
- \*Work with local businesses to offer health services and education
- \*Consider partnership with Bryan Health to offer mental and behavioral health  
services through telehealth
- \*Continue to expand and promote Smart Moves Lifestyle change program (a  
program of the National Diabetes Prevention program)

## **Community Partnerships**

### **Goals**

- \*Be an active part of community partnerships working to establish Walkable  
Community and walking/bike trails in Fairbury
- \*Partner with schools and other youth organizations
  - offer sidelines services for athletes
  - offer youth events at the Burkley Fitness Center
  - provide education and information as needed by area schools

## **Women's Health**

### **Goals**

- \*Continue support of Go Red for Women event in community (support of  
American Heart Association)
- \*Plan and implement a Women's Health Fair

\*Determine other services and educational opportunities for women to enhance their health and wellness

### **Enhance Care Navigation**

#### **Goals**

\*Participation in Medicare ACO

\*Development of Diabetic patient panel

\*Establish position of and hire New Clinical Care Coordinator position

## References

\*Nebraska 2014 Vital Statistics Report, issued in 2015. Nebraska Department of Health and Human Services.

\*A Behavioral Risk Factor Surveillance Survey System, Findings for Jefferson County, Nebraska. February 2016, 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.

\*Cancer Incidence and Mortality in Nebraska: 2014, issued by the Nebraska Cancer Registry.

\*Nebraska Life Expectancy web site. [www.worldlifeexpectancy.com](http://www.worldlifeexpectancy.com)

\*County Health Rankings – [countyhealthrankings.org](http://countyhealthrankings.org)  
68<sup>th</sup> in overall ranking in health outcomes among Nebraska's 93 counties  
50<sup>th</sup> in overall ranking in health factors

\*Nebraska Health and Human Services shortage areas:  
<http://dhhs.ne.gov/publichealth/RuralHealth/Pages/ShortageAreas>

\*Healthy People 2020