

# Community Health Needs Assessment Jefferson Community Health & Life 2019

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# **I. Executive Summary**

## **Background and process**

### **History**

Jefferson Community Health & Life 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, and opened the Plymouth Clinic in 2018. The facility's name was changed in 2017 to better reflect its mission, vision and wide variety of services. Through its 50-plus-year history, Jefferson Community Health & Life has been very active and involved in its community, and has worked to promote health and wellness.

### **Community Needs Assessment**

Jefferson Community Health & Life began its third community health needs assessment early in 2019. JCH&L has conducted focus groups with local organizations, held a community stakeholders luncheon 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 JCH&L with representatives from area agency partners, and meetings were conducted with local community organizations including Kiwanis, Rotary, Optimists, and Senior Diners. A total of 96 attended and participated in discussions of community health needs.

For purposes of this assessment and report, the primary service area of Jefferson Community Health & Life was considered to be Jefferson County. After reviewing this data, and compiling and reviewing a list of existing resources, JCH&L also developed an implementation plan to address the community's needs.

**Prioritized Needs**

The identified needs were prioritized by Jefferson Community Health & Life based on the scope of the problem, JCH&L'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 JCH&L 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**

**Implementation Plan**

JCH&L's implementation plan is a part of this document.

## II. Community Description

The Jefferson Community Health & Life service area for purposes of the community needs assessment is the population of Jefferson County, 7,097 as estimated by the US Census Bureau for 2018. Jefferson County has seen a declining and aging population. In the 2010 Census, Jefferson County had a population of 7,547. More than 23 percent of county residents are 65 and older (higher than the state total of 15.7 percent.) A total of 22 percent of county residents are under 18 (lower than the state total of 24.7 percent.) A total of more than 93 percent of the population of Jefferson County is white non-Hispanic. The Hispanic population makes up 4.2 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 3 percent of the county's population.

### Jefferson County, Nebraska

People QuickFacts (US Census Bureau)	Jefferson County
<i>i</i> Population, 2018 estimate	7,097
<i>i</i> Population, 2010 (April 1) estimates base	7,547
<i>i</i> Population, percent change, April 1, 2010 to July 1, 2018	-6.0%
<i>i</i> Persons under 5 years, percent, 2018	5.6%
<i>i</i> Persons under 18 years, percent, 2018	22.0%
<i>i</i> Persons 65 years and over, percent, 2018	23.9%
<i>i</i> Female persons, percent, 2018	50.5%
<i>i</i> White persons (not Hispanic/Latino), percent, 2018	93.4%
<i>i</i> Black persons, percent, 2018	0.7%
<i>i</i> American Indian and Alaska Native persons, percent, 2018	0.8%
<i>i</i> Asian persons, percent, 2018	0.4%
<i>i</i> Native Hawaiian and Other Pacific Islander persons, percent, 2018	Less than 0.1 %
<i>i</i> Persons reporting two or more races, percent, 2018	1.2%
<i>i</i> Persons of Hispanic or Latino Origin, percent, 2018	4.2%

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 2018 estimate was at 7,097 county residents.

### **III. Community Health Needs Assessment Partners**

#### **Public Health Solutions District Health Department**

Jefferson County and Jefferson Community Health & Life are active partners 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 2019.

#### **JCH&L Board of Directors**

The board of directors is an eight-member volunteer board elected from the membership of JCH&L. A physician also attends board meetings, along with JCH&L administration. JCH&L is a private not-for-profit community charity. Membership includes any individual or company who has donated \$100 to JCH&L.

#### **Medical Staff**

Local medical staff were asked their concerns and insights at a medical staff meeting.

#### **JCH&L team managers**

Jefferson Community Health & Life's team managers include managers of all departments of JCH&L, 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.

#### **Community Organizations**

JCH&L sought input from Jefferson County organizations and agencies with information about the community's health needs. These included: Fairbury Senior Diners, Rotary Club, Optimist Club, Kiwanis Club, Blue Valley Community Action, Fairbury Public Schools, St. Paul's Lutheran School of Plymouth, Jefferson County Commissioners, City of Fairbury, Jefferson County Ministerial Alliance and local churches.

#### **IV. Community Health Needs Assessment Methodology and Process**

Jefferson Community Health & Life'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.

## V. **Identified Community Needs**

### A. **Needs Identified include, not listed in priority order:**

#### DISEASE/DIAGNOSIS/ILLNESS

- Diabetes
- Aging population
- Obesity
- Blood pressure
- Alzheimer's Disease
- Sedentary lifestyle
- Smoking/vaping/Juuling
- Drugs
- Hearing
- Mental Health
- Heart Disease
- Nutrition
- Men's Health
- Mental Health
- Women's Health

#### ACCESS/AFFORDABILITY/STAFFING

- Affordable healthcare (lower prices)
- Good healthy affordable food
- Exercise classes
  - emphasis on improving safety
- Earlier appointments (7 a.m. to 8 a.m. walk in clinic)
- Weekend appointments
- Urgent care (something instead of ER evenings and weekends)
- Dr. present on site at all times
- Children's Care (affordable meds, etc.)
- Place to do it all in one location
- Family care
- Private nursing home rooms (rooms are too small for two people)
- Clinic/outpatient services downtown (not everybody drives)
- Nursing shortage
- Childcare
- OB care and deliveries in town
- Pediatrician
- Medicaid doesn't cover costs
- Uninsured population
- Financial health
- Dental care
- Long-term care staffing
- Access to care
- Adequate coverage
- Lack of insurance or high deductibles

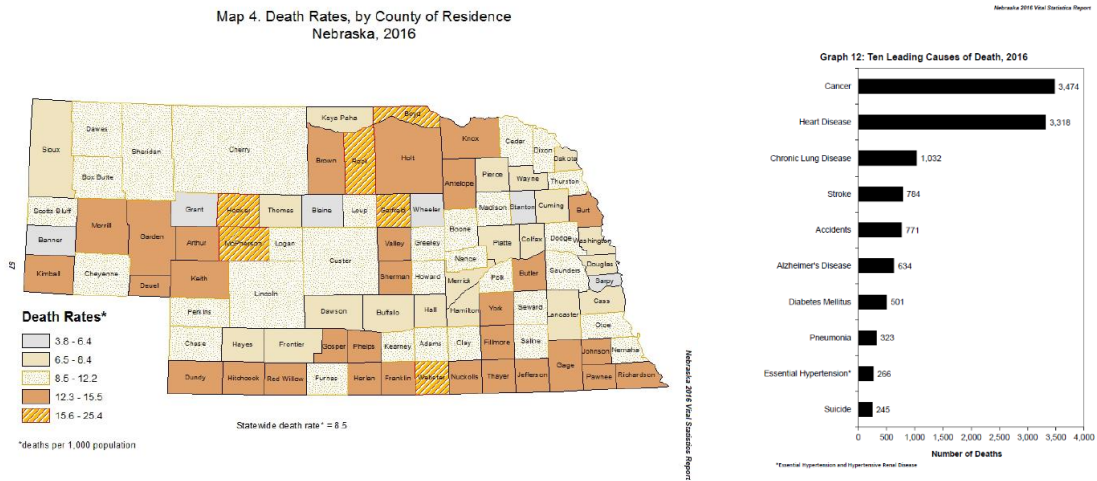
- Not understanding insurance benefits
- Telehealth for mental health underutilized
- More specialty clinics
- Screenings for children
- 

#### SOCIAL SUPPORT

- Health fair for kids
- Men's Health day
- Purpose for life (volunteering, etc.)
- Social/support exercise groups
- Saturday morning mom's group with daycare at fitness center
- Child care for fitness center
- Diabetes Support Group/educational programs
- Help finding resources
- Transportation challenges (handibus not always a good option)
- Get people active at younger age, and continue into adulthood
- Need interaction with neighbors, community involvement, healthy meals at home
- Help people learn how to have a healthy balanced lifestyle
- Parenting classes
- Cooking classes
- Bullying
- Suicide
- Lifestyle change – get youth active
- Sidewalks
- Continue to eliminate unfit housing
- Keeping kids moving and healthy
- Maintaining ambulance service
- Affordability of healthcare
- Access to care
- Poverty (risk factor for poor health)
- Family dynamics/abuse/neglect
- No community access to walk inside except fitness center
- Access to healthy environments
- Substance abuse
- Social isolation
- Lack of public transportation
- Environmental health (air, water housing)
- Headlice, fleas, bedbugs
- Local transportation
- Quality/affordable housing
- Meals on wheels outside Fairbury
- Senior diners surrounding area
- Help people know what resources are available
- Pool resources/collaboration



## State of Nebraska and Jefferson County Death Rate Data

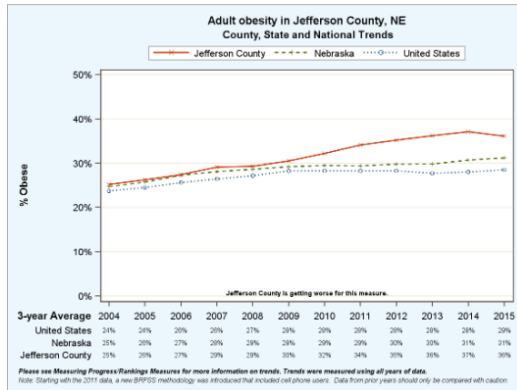


Compared to statewide averages, Jefferson County had a higher death rate in 2016, the most recent year for which data was available. The death rate for 2016 was 13.4 percent in Jefferson County (96 deaths), while the statewide rate was 8.5 percent (16,207 deaths). The average age of death in Jefferson County in 2016 was 79.3, slightly older than the statewide average age of death of 75.2.

For the state of Nebraska, the ten leading causes of death for 2016 were: cancer, heart disease, chronic lung disease, cerebrovascular (stroke), accidents, Alzheimer's disease, diabetes, pneumonia, essential hypertension (blood pressure) and hypertensive renal disease, and suicide. Statewide for males, causes of death in order of numbers were: cancer, heart disease, chronic lung disease, non-motor vehicle accidents, stroke, diabetes, suicide, Alzheimer's Disease, motor vehicle accidents, and pneumonia. For women, leading causes were: cancer, heart disease, chronic lung disease, stroke, Alzheimer's Disease, diabetes, non-motor vehicle accidents, pneumonia, essential hypertension/hypertensive renal disease, and nephritis/nephrosis.

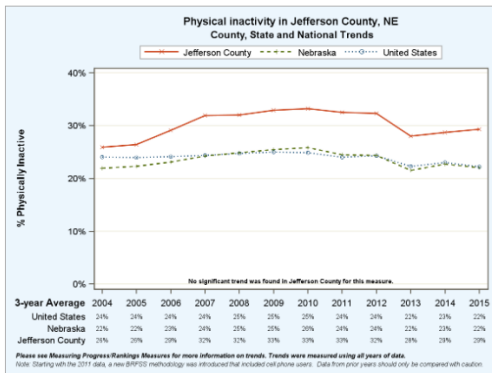
According to the 2016 Nebraska Vital Statistics Report, Jefferson County's rates for leading causes of death surpassed the state rates in 2012-2016 for cancer, chronic lung, accidental (unintentional injury), Alzheimer's Disease, cerebrovascular deaths, heart disease and suicide. Jefferson County's rate matched the state rate for pneumonia. Jefferson County's death rate was less than the state's rate in essential hypertension and hypertensive renal disease.

## Obesity/Lack of Physical Activity/Nutrition



Obesity and lack of activity/sedentary lifestyle were mentioned by every group asked about health concerns and priorities for Jefferson County. 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.

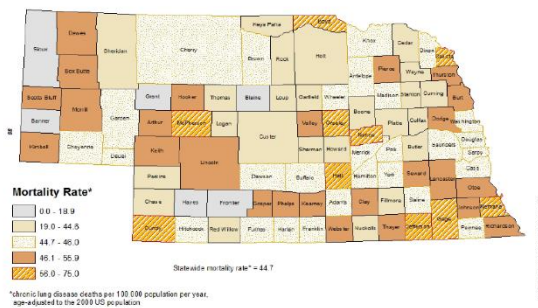
Jefferson County has a 36 percent rate of adult county residents who are obese, according to countyhealthrankings.org, higher than the state rate of 31 percent. 2015 showed the first slight downward trend on this percentage since prior to 2004.



According to the countyhealthrankings.org data, Jefferson County had 29 percent inactivity rate, compared to the state rate of 22 percent. (The percent inactivity has shown some improvement since 2007-2012 for our county, when it was over 30 percent each year.)

## Chronic Lung

Map 7. Chronic Lung Disease Mortality Rates, by County of Residence Nebraska, 2012-2016



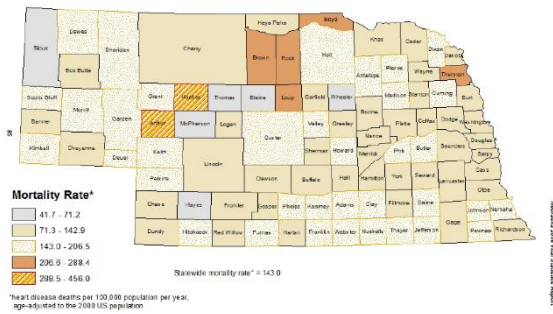
Jefferson County exceeded the state's mortality rate for chronic lung in 2012-2016. Jefferson County had 43 deaths attributed to chronic lung for that time period, for a crude rate of 116.7 percent per 100,000 and an age adjusted rate of 64.9 percent per 100,000. The state crude rate was 54.1, and age adjusted rate was 44.7 per 100,000.

NebraskaLifeExpectancy at www.worldlifeexpectancy.com shows Jefferson County as number 32nd in Nebraska counties for deaths from lung disease, up from 42<sup>nd</sup> in the state three years ago.

While it is not the only factor, tobacco use can be a factor in lung disease. County Health Rankings show 16 percent of Jefferson County residents smoke.

## Heart Disease

Map 6. Heart Disease Mortality Rates, by County of Residence  
Nebraska, 2012-2016

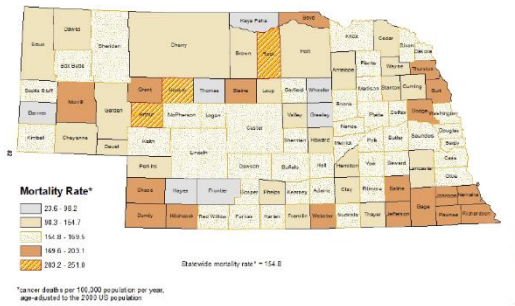


Of Nebraska's 93 counties, Jefferson County rates 15<sup>th</sup> for incidence of heart disease on NebraskaLifeExpectancy.com.

According to the 2016 Nebraska Vital Statistics Report, Jefferson County was lower than the state rate (per 100,000 population) for heart disease deaths for 2012-2016. Jefferson County had 123 deaths attributed to heart disease in that time frame, for a crude rate of 333.7 per 100,000, compared to the state rate of 179.4 per 100,000. The age adjusted rate was 167.7 for Jefferson County and 143 for the state.

## Cancer

Map 5. Cancer Mortality Rates, by County of Residence  
Nebraska, 2012-2016

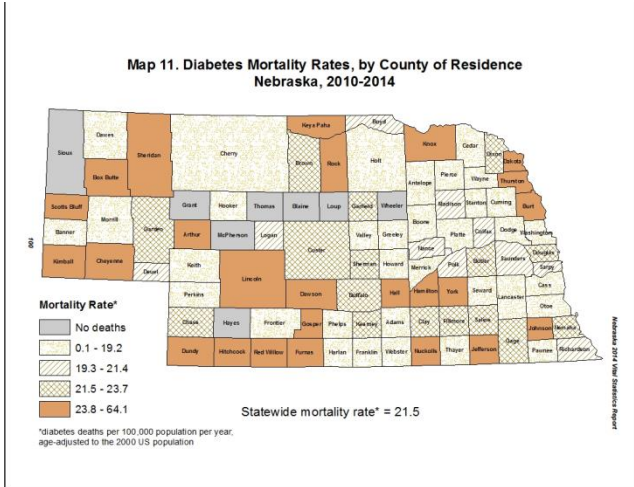


Jefferson County had a higher rate of cancer deaths than the statewide rate for 2012-2016. With 112 total deaths, Jefferson County had a crude rate of 303.9 per 100,000, and an age adjusted rate of 177.2 per 100,000. The state rate was 154.8 for the same time period.

On LifeExpectancy.com, Jefferson County ranked 25th among the state's 93 counties for cancer deaths in 2016, down from 15th in 2016.

According to the Nebraska Department of Health and Human Services Cancer Registry for 2015 (the newest information currently available), lung cancer was the state's leading cause of cancer mortality, accounting for 26 percent of the state's cancer deaths. Currently because of the small number of cases detected at early stages, the 5-year relative survival rate for those diagnosed with lung cancer is less than 20 percent. Cigarette smoking is the major risk factor for lung cancer, and according to the Nebraska Cancer Registry is linked to about 80 percent of lung cancer deaths. For woman, breast cancer is the second most frequent cause of cancer deaths in Nebraska. Colorectal cancer is the fourth most common cancer leading to death in Nebraska. Modifiable risk factors include physical inactivity, smoking, a high-fat diet, and heavy alcohol use. For men, prostate cancer is the second leading cause of cancer death. Little is known about what causes prostate cancer, but risk can increase with age, race and family history.

## Diabetes

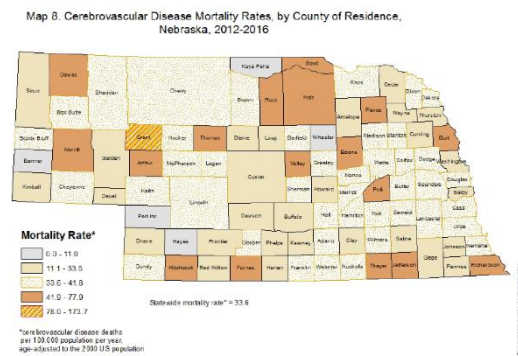


Jefferson County slightly exceeded the state rate (per 100,000 population) for diabetes deaths for 2010-2014 according to the Nebraska Vital Statistics Report. Jefferson County had 20 diabetes deaths in 2010-2014, which calculates to a crude rate of 53.4 and an age adjusted rate of 25.3 (per 100,000 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.

## Cerebrovascular

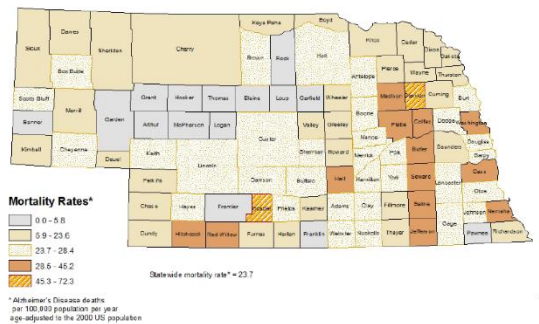


Jefferson County exceeded the state rate (per 100,000 population) for cerebrovascular (stroke) deaths for 2012-2016. There were 40 deaths from stroke in this time period in Jefferson County, for a crude rate of 42.6 and an age adjusted rate of 52.4. The state crude rate was 42.0 and the state age adjusted rate was 33.6.

Jefferson County was 25<sup>th</sup> among Nebraska's 93 counties for stroke death in 2016, according to NebraskaLifeExpectancy.com, up from 36<sup>th</sup> in 2014.

## Alzheimer's Disease

Map 10. Alzheimer's Disease Mortality Rates, by County of Residence  
Nebraska, 2012-2016

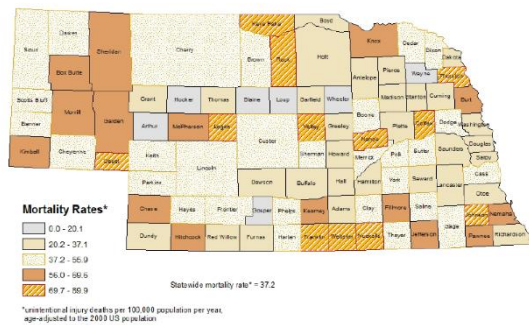


Jefferson County exceeded the state rate for deaths from Alzheimer's Disease for both the 2012-2016 data period. For 2012-2016, Jefferson County had 25 deaths attributed to Alzheimer's Disease, for a crude rate of 67.6, and an age adjusted rate of 34.6, compared to the state's rate of 23.7.

NebraskaLifeExpectancy.com lists Jefferson County as 46th among Nebraska's 93 counties for Alzheimer's deaths, up from 2014.

## Accidental death

Map 9. Unintentional Injury Mortality Rates, by County of Residence  
Nebraska, 2012-2016



Jefferson County exceeded the state rate for accidental deaths in the most recent data available. Jefferson County had an adjusted rate of 58.97 per 100,000 population for the most recent year available from the CDC, higher than the state rate 37.2.

In the most recent data available, 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.

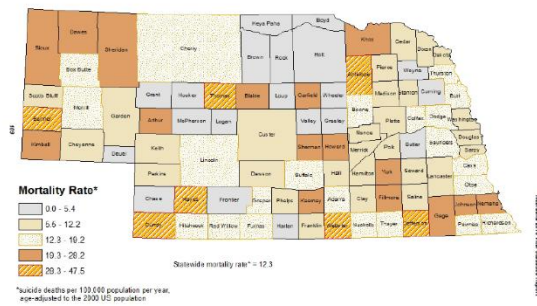
Public Health Solutions data also shows 57 percent of Jefferson County driving deaths involved alcohol impairment, compared to 35 percent for the state.

Nebraska Life Expectancy shows Jefferson County as 18<sup>th</sup> among Nebraska's 93 counties for accidental deaths for 2016.



## Suicide

Map 14: Suicide Mortality Rates, by County of Residence  
Nebraska, 2012-2016



Suicide was also listed as a concern for all groups. It is perceived that a lack of mental health services in our county is a part of this issue.

Jefferson County exceeded the state rates per 100,000 population for deaths by suicide in 2016. Jefferson County had 2 deaths by suicide in 2016, for a crude rate of 27.9 per 100,000 population, compared to the state rate of 13.0

Looking at 2012-2016, Jefferson County had a rate of 32.6 per 100,000 population, with 12 deaths by suicide. This compares to the state rate for the same time frame of 12.4 percent.

## 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, Behavioral Medicine Clinic, and Genesis Psychiatric Group (via telehealth) serving our area, all of which offer psychologists. There is not a psychiatrist serving Jefferson County.

Jefferson County is listed as a federal and state shortage area for psychiatry, clinical psychology and licensed mental health practitioner 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. Part of Jefferson County is listed as a federal dental shortage area.

Jefferson County currently has one resident dentist and one practice which has a dentist come from Lincoln several days a week.

Hospital staff report area Medicaid-eligible residents and uninsured often utilizing emergency services at Jefferson Community for emergency dental care. Untreated abscessed teeth were 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.

## Access to Care

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

## **B. Process for Prioritizing**

*JCH&L Administration reviewed the Community Health Needs assessment data and prioritized the needs for Jefferson Community Health & Life to address, presenting them to the board of directors for their consideration and approval.*

The following needs were identified as the most important for Jefferson Community Health & Life to address, based on the following criteria: 1) The number of people affected; 2) The severity of the Problem; 3) JCH&L'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**

## **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

Blue River LOSS team

JeffCo on the Move

### **Jefferson Community Health & Life**

JCH&L Burkley Fitness Center

JCH&L Sports Medicine and Rehab Services

JCH&L Fairbury Clinic

JCH&L Plymouth Clinic

JCH&L Home Health

JCH&L Outpatient Services: visiting specialists including – general surgery, oncology, otorhinolaryngology, urology, ophthalmology, orthopedics, cardiology, obstetrics/gynecology, radiology, vascular surgery, dental surgeon, wound clinic

Partnership with BVCA for immunization clinic

JCH&L Pharmacy



## VII. Implementation Strategy

### A. How JCH&L will address health needs

We have developed an implementation plan (attached.) JCH&L board, administration and staff will follow the implementation plan, as well as our three-year strategic plan. The board of directors adopts and approves a strategic plan every three years, which is carried out by administration and staff at JCH&L.

### B. Needs Jefferson Community Health & Life 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 JCH&L include:

**\*Mental Health/Suicide.** We will continue to work to be good community partners to all area entities working toward improving our community's mental health services, and suicide prevention and assistance to those affected by suicide.

**\*Alzheimer's Disease.** We will continue to offer an Alzheimer's Caregiver's Support Group 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.** JCH&L 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, except for a few select areas which directly affect our priority goals for the next three years.

**\*Bullying, Dental Health, Chronic Pain.** JCH&L 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.

# Implementation Plan for Identified Community Needs -- 2019

Prioritized needs (As determined by Community Health Needs Assessment 2019 and prioritized by the JCH&L Administration and Board of Directors)

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

## Goals

\*The Smart Moves program offers a year-long class to teach those at risk for developing pre-diabetes to make healthy lifestyle choices. **Continue to expand, promote, and increase utilization of Smart Moves Lifestyle change program (a program of the National Diabetes Prevention program)**

\*Continue to be an active part of community partnerships working to establish Walkable Community and walking/bike trails in Fairbury

**Establish Historic Trail Walk**

**Enhance community's sidewalks and safe walking/biking routes**

**Encourage activity lifestyles for those of all ages**

\*Continue to 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

\*Continue support of Go Red for Women event in community (support of American Heart Association)

\*We are hosting our third annual Women's Health Fair this year. **Continue to expand and promote Women's Health Fair.**

\*Determine way to reach men with some type of men's health event

\*Provide continued education regarding areas of increased risk in our county: obesity, sedentary lifestyle, tobacco use, chronic health conditions, mental health

\*Continue participation in Medicare ACO & Blue Cross Patient-Centered Medical Home Program

\*Enhance use of Medicare Wellness Visit program

\*Continue development and expansion of chronic care coordination program

\*Enhance ability to track community medical needs by moving to Electronic Health Record system

\*Consider addition of telehealth services for pulmonology, endocrinology and nephrology (areas which we do not currently have specialists)

\*Adding certified personal trainers to our fitness center staff.

\*Continue to provide financial support for the Burkley Fitness Center

\*Consider adding quality incentives to physician contracts to address prioritized community needs

# Report on 2016 Implementation Plan

**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
  - New website was completed and launched in early 2017**
  - My Wellness Dashboard launched to community in early 2017**
- \*Enhance patient portal use
  - Worked throughout the three-year period to publicize and increase patient portal and dashboard use**
- \*Work with local businesses to offer health services and education
  - Gave presentations to several local businesses regarding health services, education, programs and dashboard**
- \*Consider partnership with Bryan Health to offer mental and behavioral health services through telehealth
  - Began offering e-Mental Health in March 2018**
- \*Continue to expand and promote Smart Moves Lifestyle change program (a program of the National Diabetes Prevention program)
  - Promoted and continued to grow the Smart Moves program.**
  - Did rebranding of the program in 2019, and utilized updated materials**

## **Community Partnerships**

### **Goals**

- \*Be an active part of community partnerships working to establish Walkable Community and walking/bike trails in Fairbury
  - Held a walk-bike community summit**
  - Partnered with school, city, and public health to promote activity with JeffCo on the Move.**

**--JeffCo on the move worked with the Public Library and City to Create a StoryWalk in the Fairbury City Park**  
**--Promoted new sidewalk along H Street with a Meet Me at the Sidewalk project**  
**--Offered sidewalk games along the walking routes to school for back to school night.**

- \*Partner with schools and other youth organizations
  - offer sidelines services for athletes
    - \*Sideline services offered by therapy staff for football games**
    - \*Partnered with school for concussion awareness education**
  - offer youth events at the Burkley Fitness Center
    - \*offered programs such as lifeguarded open swim times, afterschool cornhole tournament, and after school frisbee golf**
  - provide education and information as needed by area schools
    - \*Assisted school in setting up a program on vaping**
    - \*Offered bicycle helmet program at several area schools**

## **Women's Health**

### **Goals**

- \*Continue support of Go Red for Women event in community (support of American Heart Association)
  - Hosted successful Go Red for Women programs in 2017, 2018, 2019**
- \*Plan and implement a Women's Health Fair
  - Hosted successful Women's Health Fair in 2017, 2018, 2019**
- \*Determine other services and educational opportunities for women to enhance their health and wellness
  - Implemented Women's Health Day in 2018, offering women the chance to get their annual lab, physical, mammogram, and pampering all in one morning**

## **Enhance Care Navigation**

### **Goals**

- \*Participation in Medicare ACO
  - Participating in Medicare ACO, starting in January 2017**
- \*Development of Diabetic patient panel
  - Clinical Care Coordinator has developed an ongoing listing of diabetic patients, and is monitoring patients for compliance with routine exams that are necessary for optimum health.**
- \*Establish position of and hire New Clinical Care Coordinator position
  - Established new Clinical Care Coordinator position in May 2017**
  - Hired Jenn Mau RN**
  - She has worked to encourage those with diabetes to stay on track with necessary routine testing, as well as encouraging participation in JCH&L's diabetes education program**

## References

\*Nebraska 2016 Vital Statistics Report, issued in 2017. 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.

\*Public Health Solutions Community Health Assessment and Community Health Improvement Plan – Partners for a Healthy Community, 2018-2023

\*Cancer Incidence and Mortality in Nebraska: 2016, 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)  
34<sup>th</sup> in overall ranking in health outcomes among Nebraska's 93 counties (up from 2016)  
52<sup>nd</sup> in overall ranking in health factors (down from 2016)

\*Nebraska Health and Human Services shortage areas  
<http://dhhs.ne.gov/Pages/Rural-Health-Nebraska-Loan-Repayment-Programs.aspx>