

Community Health Needs Assessment Jefferson Community Health & Life 2022

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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 facility built as a 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 fitness center in 1996, expanding outpatient services throughout the years, and adding the Fairbury Clinic in 2016. The facility's name was changed in 2017 to better reflect its mission, vision and wide variety of services. Through its nearly 60-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 fourth community health needs assessment early in 2022. JCH&L has conducted focus groups with local organizations, held a community stakeholders meeting and reviewed statistics made available through Public Health Solutions, the state of Nebraska, US Census, Health People 2030, and websites such as County Health Rankings and World Life Expectancy.

A Community Health Needs Assessment stakeholders meeting was held at JCH&L with representatives from area agency partners, and focus group meetings were conducted with local community organizations including Kiwanis, Rotary, Optimists, Senior Diners and JCH&L's department managers. A total of 84 attended and participated in discussions of community health needs. Health care providers were asked to share their concerns and what they see as the community's greatest 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 has 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) Nutrition/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, 7,176 as estimated by the US Census Bureau for 2021. Jefferson County has seen a declining and aging population. In the 2010 Census, Jefferson County had a population of 7,547.

As of 2021, more than 24.2 percent of county residents are 65 and older (higher than the state total of 16.4 percent.) A total of 22.7 percent of county residents are under 18 (lower than the state total of 24.6 percent.) A total of more than 92.2 percent of the population of Jefferson County is white non-Hispanic. The Hispanic population makes up 5.4 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

Population Estimates, July 1 2021, (V2021)	7,176
PEOPLE	
Population	
Population Estimates, July 1 2021, (V2021)	7,176
Population estimates base, April 1, 2020, (V2021)	7,240
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.9%
Population, Census, April 1, 2020	7,240
Population, Census, April 1, 2010	7,547
Age and Sex	
Persons under 5 years, percent	6.0%
Persons under 18 years, percent	22.7%
Persons 65 years and over, percent	24.2%
Female persons, percent	50.1%
Race and Hispanic Origin	
White alone, percent	96.7%
Black or African American alone, percent (a)	0.8%
American Indian and Alaska Native alone, percent (a)	0.8%
Asian alone, percent (a)	0.5%
Native Hawaiian and Other Pacific Islander alone, percent (a)	Z
Two or More Races, percent	1.2%
Hispanic or Latino, percent (b)	5.4%
White alone, not Hispanic or Latino, percent	92.2%
Population Characteristics	
Veterans, 2016-2020	513
Foreign born persons, percent, 2016-2020	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; 7,547 in 2010; and 7,240 in 2020. The estimate for 2021 was 7,176.

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.

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.

JCH&L team managers

Jefferson Community Health & Life's team managers include managers of all departments of JCH&L. All work with CEO Burke Kline, DHA, MHA, CHFP, FACHE, 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, Fairbury Optimist Club, Fairbury Kiwanis Club, Blue Valley Community Action, Fairbury Public Schools, St. Paul's Lutheran School of Plymouth, Fairbury Dental Associates, Blue Rivers Area Agency on Aging, Jefferson County Commissioners, City of Fairbury, Jefferson County Ministerial Alliance and local churches.

IV. Community Health Needs Assessment Methodology and Process

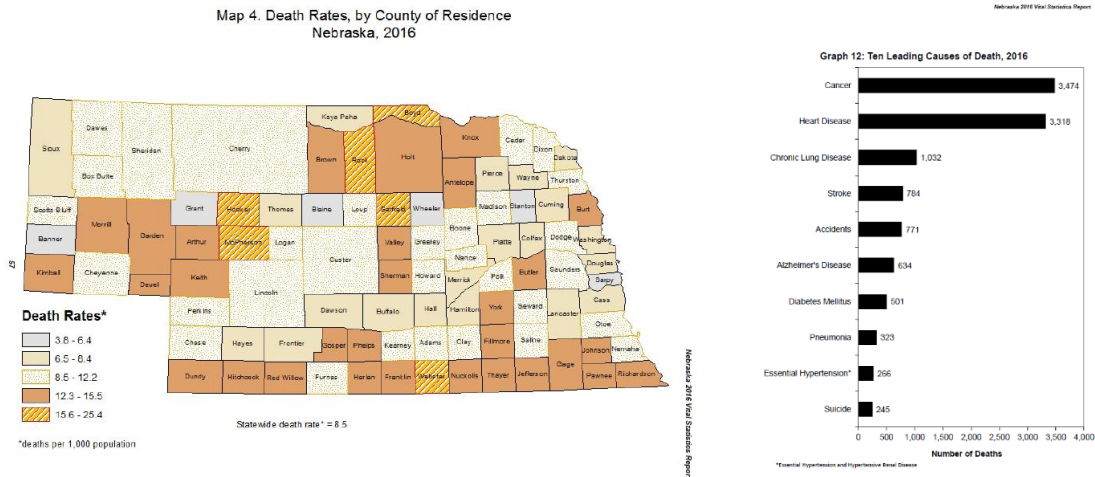
Jefferson Community Health & Life's Needs Assessment process included the review and consideration of data available from community survey results, Census reports, and health-related data available from the State of Nebraska, the US Census, Healthy People 2030, Public Health Solutions district health, and websites such as County Health Rankings and World Life Expectancy.

V. Identified Community Needs

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

- Nutrition
- Finances/economy
- Substance abuse
- Mental health
- Obesity
- Sedentary lifestyle
- Chronic diseases (Diabetes, COPD, heart, cancer)
- Aging population
- Suicide
- Transportation (especially to and from healthcare)
- Awareness of health services available
- Nursing home availability (especially for those on Medicaid)
- Dealing with insurance
- Special concerns with geriatric – nursing care
- Children's health needs
- Awareness for home health in home services
- Services for disabled
- Access to oral health care
- Access to health care
- Cancer screening
- Preventative screening
- Diabetes supplies and equipment
- Barriers to specialty services
- Daycare
- Utilization and understanding of preventative health services
- Veterans' access to care
- veterans – access to care, suicide prevention, etc.
- Substandard housing
- Cleaning housing that had meth
- Wait list for Headstart
- Bullying and behavior problems in school
- Parent education
- Community awareness of issues
- Keeping kids safe online
- Broadband expansion
- Need socialization, enjoyable things to do

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 according to the CDC for 2017 were: heart disease, cancer, chronic lower respiratory disease, accidents, stroke, Alzheimer's Disease, diabetes, flu/pneumonia, suicide, and hypertension.

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.

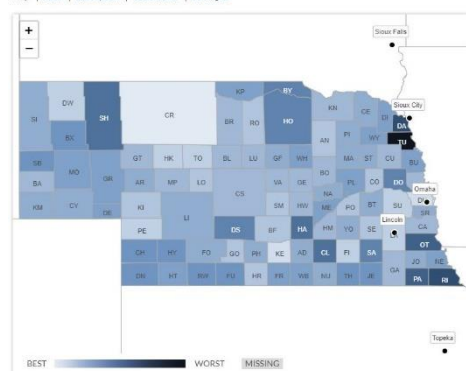
Obesity/Lack of Physical Activity/Nutrition

Adult Obesity

Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m² (age-adjusted).

The 2022 County Health Rankings used data from 2019 for this measure.

Map | Data | Description | Data Source | Strategies



Obesity, nutrition and/or lack of physical activity were mentioned by every group asked about health concerns and priorities for Jefferson County. Obesity, nutrition 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 39 percent rate of adult county residents who are obese, according to countyhealthrankings.org (using 2019 data.) That is higher

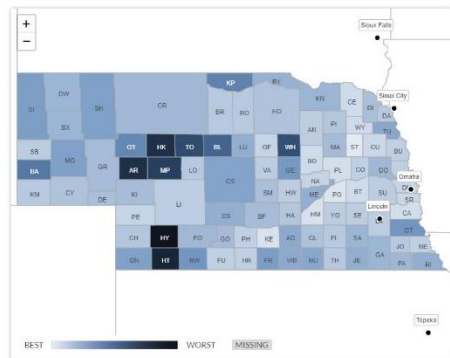
than the state rate of 34 percent, and higher than the rate reported for the 2019 Community Health Needs Assessment for Jefferson County of 36 percent.

Public Health Solutions district (5 counties) showed obesity (BMI of 30 or more) at 37.3 percent, and overweight/obese (BMI of 25+) at 74.7 percent for the district.

Food Environment Index

Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).
The 2022 County Health Rankings used data from 2019 for this measure.

Map | Data | Description | Data Source | Strategies



According to the countyhealthrankings.org data, Jefferson County had a food environment index of 7.2, compared to a state rate of 7.7, on a scale of 1 (worst) to 10 (best.) This index measures those who are low income and don't live near a grocery store, as well as the percentage of the population that did not have reliable access to food during the past year.

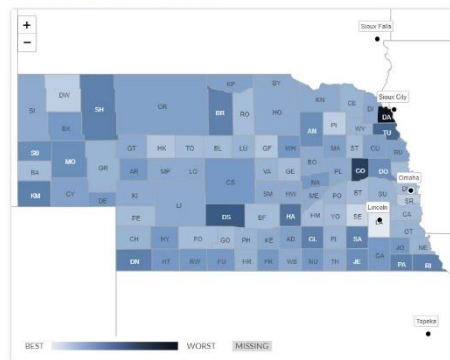
The current percentage of students who qualify for free meals who attend Fairbury Public Schools (the largest school district in the county) is at 46 percent for the 2022-23 school year. The number qualifying for reduced price meals is 12 percent. The school system offers free meals in the summer for all youth 18 and under. There were concerns among some participants in the

CHNA process that the meals were available only Monday through Thursday in June and July, and were not available on Fridays. Meals were not available in August until school resumed.

Physical Inactivity

Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).
The 2022 County Health Rankings used data from 2019 for this measure.

Map | Data | Description | Data Source | Strategies



Inactivity is also a factor in obesity. According to the countyhealthrankings.org data, Jefferson County had 32 percent inactivity rate, compared to the state rate of 27 percent. The percent inactivity is higher for our county and for the state that it was in the 2019 Community Health Needs Assessment.

Substance Abuse

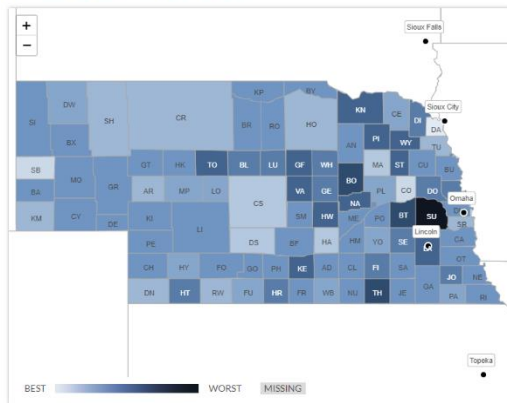
Substance abuse was named as a concern in every focus group. Substance abuse may include (but is not limited to) alcohol, prescription medications, and legal and illegal drugs.

In data from countyhealthrankings.org, a total of 29 percent of driving deaths were said to involve alcohol from 2016 to 2020, and 22 percent of Jefferson County adults reported binge or heavy drinking.

Excessive Drinking

Percentage of adults reporting binge or heavy drinking (age-adjusted).
The 2022 County Health Rankings used data from 2019 for this measure.

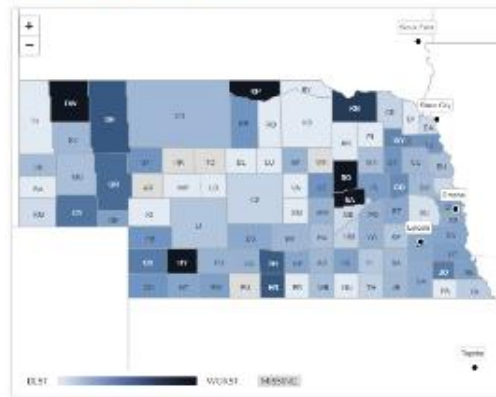
Map | Data | Description | Data Source | Strategies



Alcohol-Impaired Driving Deaths

Percentage of driving deaths with alcohol involvement.
The 2022 County Health Rankings used data from 2016-2020 for this measure.

Map | Data | Description | Data Source | Strategies



Public Health Solutions Health District did a community health assessment and gap analysis to reduce morbidity in collaboration with a Rural Community Opioids Response Program grant in 2020. The needs assessment focused on the five counties served by PHS: Fillmore, Gage, Jefferson, Saline, and Thayer. An independent research group – Schmeckle Research – conducted the assessment.

The following are key findings from the provider surveys and non-medical service provider focus group carried out by Schmeckle Research:

- Stigma around substance misuse makes it difficult for people to acknowledge that they need help and seek opportunities for treatment.
- People who are seeking help face many barriers to getting substance use and mental health services, including but not limited to: being unable to meet their own basic needs, lack of insurance, services are not available or unaffordable, and lack of transportation.
- Service providers would like additional training on substance misuse, such as how to recognize if someone might be experiencing a substance use issue and what to do if someone is struggling with substance use or mental health concerns.
- Additional service availability would benefit most communities, including: 1) having mental health and substance use services available that other professionals can refer to; 2) more Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other support groups; and 3) more mental health supports in schools.
- Services that are largely or entirely unavailable within the PHS area include inpatient SUD/OD treatment services, medication assisted treatment for opioid dependency, and HIV/HCV treatment.
- The top barriers for organizations to providing SUD/OD services are lack of staff certification, lack of referral options in the community, lack of funding, limited or no bi-lingual staff, and lack of outside referral sources to the organization.

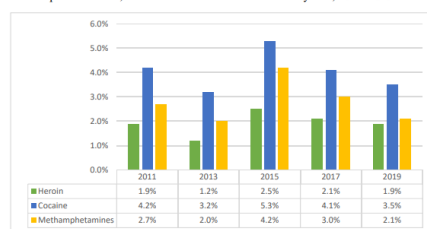
- A strong majority (82%) of providers perceive substance use treatment services as often being unable to be obtained by the consumers/patients.
- The top five barriers perceived by providers as hindering individuals and their families from accessing SUD/OD services are: 1) cost of services (unable to pay); 2) transportation; 3) medical/health issues; 4) no support from family or friends; and 5) feelings of fear or embarrassment.

Findings from PHS study:

Summarized below are the noteworthy findings from the data compiled through local, state, and national sources.

- A much higher percentage of the workers in the PHS service area – particularly Saline and Jefferson counties – are employed in areas that are more likely to lead to accidents and, subsequently, prescriptions for opioids, which could lead to misuse.
- Research indicates that while it is typically easy to access opioids in rural communities, it is much harder to find access to treatment and services for addiction.
- The US average for opioid prescriptions written is 51.4 opioid prescriptions per 100 persons. While Saline is lower than the average with 46.6 opioid prescriptions per 100 persons, Gage and Jefferson are higher. In fact, Jefferson is almost double with a rate of 109.3 opioid prescriptions per 100 persons.
- According to the 2018 Behavioral Risk Factor Surveillance System Survey, 2% of adults in the PHS area and 4% of adults statewide had misused opioids in the last year.
- Limited workforce creates a challenge for the PHS area for addressing SUD/OD prevention, treatment, and recovery. The total number of behavioral health providers in the PHS service area was 30, with a total of 4 psychiatric prescribers (3 of whom practice in Gage county).
- In 2018, first responders in the PHS service area identified overdose as one of the biggest challenges. Other stakeholders also identified SUD/OD as one of the largest community challenges in their 2018 Community Needs Assessment and Community Health Improvement Plan.

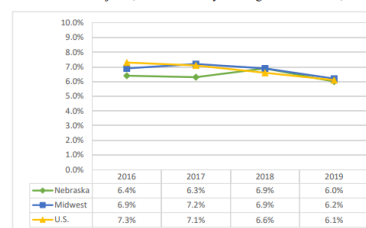
Figure 5. Percentage of Nebraska high school students reporting lifetime heroin, cocaine, and methamphetamine use, Youth Risk Behavior Surveillance System, 2011–2019



Source: CDC, 2019

According to the 2019 NSDUH, 6.0% (4.6-7.7) of Nebraska young adults reported use of illicit drugs other than marijuana (Figure 6). Young adults in the U.S. [6.1% (5.73-6.43)] and Midwest [6.2% (5.66-6.73)] reported similar rates.

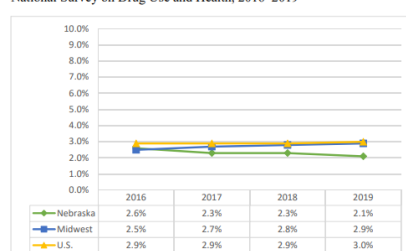
Figure 6. Percentage of Nebraska, Midwest, and U.S. young adults reporting current illicit drug use other than marijuana, National Survey on Drug Use and Health, 2016–2019



Source: SAMHSA, 2016-2019

In 2019, 5.9% (5.2-5.9) of Nebraska young adults reported using cocaine in the past year (Figure 7). Cocaine was the most widely used illicit drug. Young adults in the U.S. [5.5% (5.2-5.9)] and Midwest [5.1% (4.5-5.7)] reported similar use rates.

Figure 10. Percentage of Nebraska, Midwest, and U.S. adults reporting current illicit drug use, National Survey on Drug Use and Health, 2016–2019



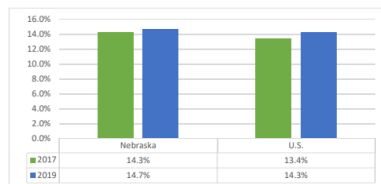
Source: SAMHSA, 2016-2019

While it is difficult to find county statistics, statewide statistics show youth, young adults and adults report using illicit drugs.

In addition, youth, young adults and adults in Nebraska also report using prescription pain medications without a prescription or doctor's order.

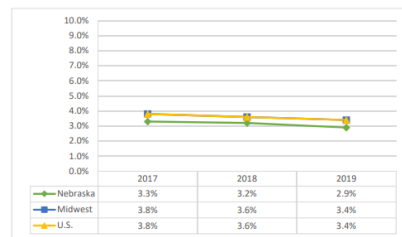
According to the 2019 YRBSS, 14.7% (12.7-16.8) of Nebraska high school students and 14.3% (12.8-15.9) of U.S. high school students had ever taken prescription pain medicine without a doctor's prescription or differently than prescribed (Figure 14).⁹

Figure 14. Percentage of Nebraska and U.S. high school students reporting lifetime prescription pain medication use, Youth Risk Behavior Surveillance System, 2017–2019



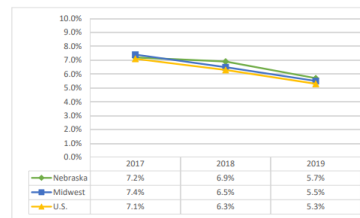
Source: CDC, 2017-2019

Figure 16. Percentage of Nebraska, Midwest, and U.S. adults reporting pain reliever misuse in the past year, National Survey on Drug Use and Health, 2017–2019



Source: SAMHSA, 2017-2019

Figure 15. Percentage of Nebraska, Midwest, and U.S. young adults reporting pain reliever misuse in the past year, National Survey on Drug Use and Health, 2017–2019



Source: SAMHSA, 2017-2019

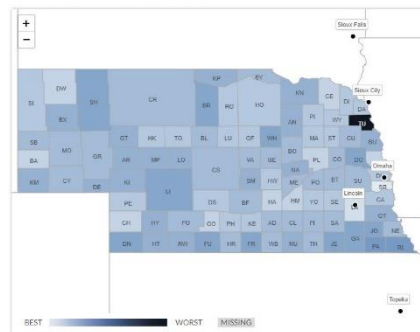
Figure 16. Percentage of Nebraska, Midwest, and U.S. adults reporting pain reliever misuse in the past year, National Survey on Drug Use and Health, 2017–2019

Smoking

Adult Smoking

Percentage of adults who are current smokers (age-adjusted).
The 2022 County Health Rankings used data from 2019 for this measure.

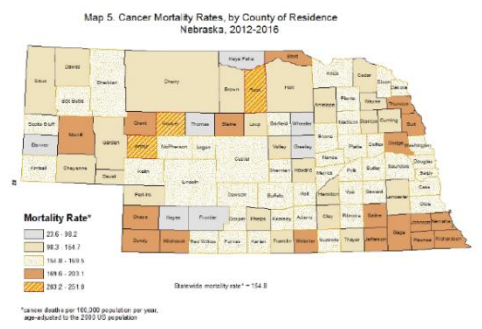
Map | Data | Description | Data Source | Strategies



Adult smoking in Jefferson County was at 19 percent in 2019 according to countyhealthrankings.org. That is higher than the Nebraska rate of 15 percent.

A Public Health Solutions district survey for 2019, showed the number of adult smokers for the district (5 counties including Jefferson) at 20.2 percent; e-cigarette use at 4.4 percent; and current smokeless tobacco use at 7.5 percent.

Cancer

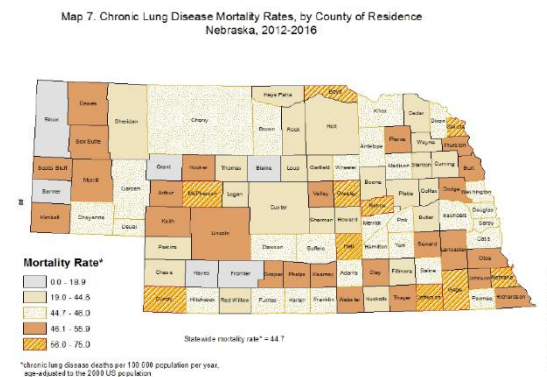


Jefferson County had a higher rate of cancer deaths than the statewide rate for 2012-2016. With 112 total deaths, Jefferson County had a crude rate of 303.9 per 100,000, and an age adjusted rate of 177.2 per 100,000. The state rate was 154.8 for the same time period.

On LifeExpectancy.com, Jefferson County ranked 14th among the state's 93 counties for cancer deaths in 2020. The rate of 172.54 per 100,000 deaths was higher than the Nebraska rate of 147.65.

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.

Chronic Lung



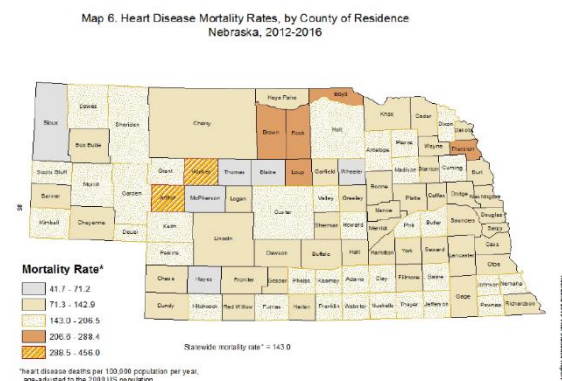
Jefferson County exceeded the state's mortality rate for chronic lung in 2012-2016. Jefferson County had 43 deaths attributed to chronic lung for that time period, for a crude rate of 116.7 percent per 100,000 and an age adjusted rate of 64.9 percent per 100,000. The state crude rate was 54.1, and age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

NebraskaLifeExpectancy at www.worldlifeexpectancy.com shows Jefferson County as number 25th in

Nebraska counties for deaths from lung disease, higher than the state rate of 43.38.

While it is not the only factor, tobacco use can also be a factor in lung disease.

Heart Disease

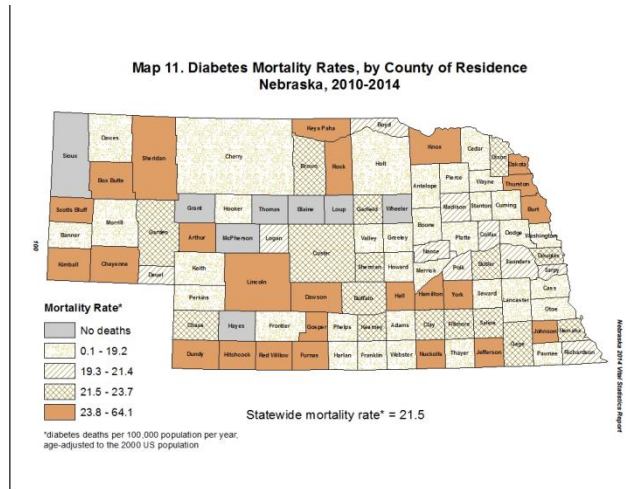


Of Nebraska's 93 counties, Jefferson County rates 15th for incidence of heart disease on NebraskaLifeExpectancy.com.

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.

Diabetes

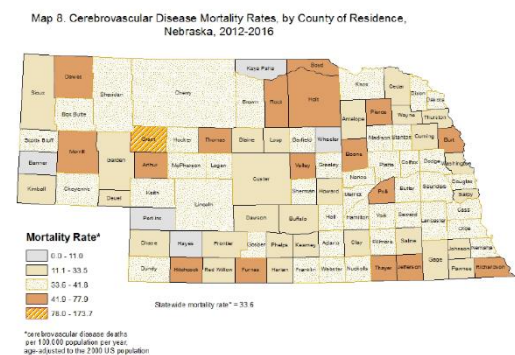


Jefferson County slightly exceeded the state rate (per 100,000 population) for diabetes deaths for 2010-2014 according to the Nebraska Vital Statistics Report. Jefferson County had 20 diabetes deaths in 2010-2014, which calculates to a crude rate of 53.4 and an age adjusted rate of 25.3 (per 100,000 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 shows Jefferson County as the 34th county in the state for deaths from diabetes.

Cerebrovascular

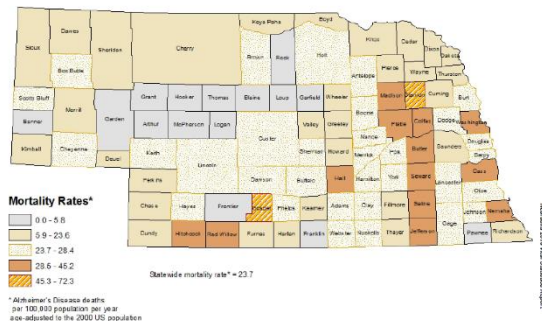


Jefferson County exceeded the state rate (per 100,000 population) for cerebrovascular (stroke) deaths for 2012-2016. There were 40 deaths from stroke in this time period in Jefferson County, for a crude rate of 42.6 and an age adjusted rate of 52.4. The state crude rate was 42.0 and the state age adjusted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

Jefferson County was 23rd among Nebraska's 93 counties for stroke death 2020 with a rate of 44.91, according to NebraskaLifeExpectancy.com, higher than the Nebraska rate of 36.13.

Alzheimer's Disease

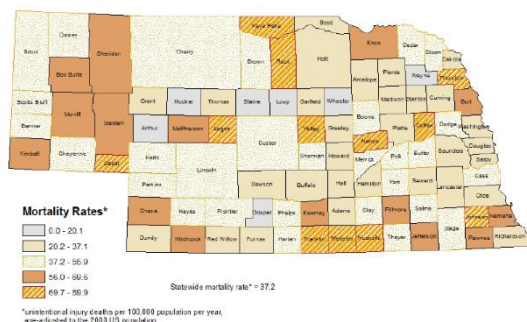
Map 10. Alzheimer's Disease Mortality Rates, by County of Residence
Nebraska, 2012-2016



Jefferson County exceeded the state rate for deaths from Alzheimer's Disease for 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 52nd among Nebraska's 93 counties for Alzheimer's deaths, down from 2016.

Accidental death

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

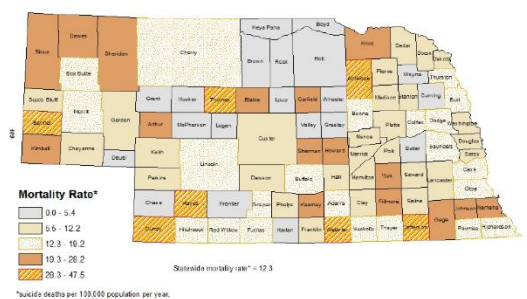


Jefferson County exceeded the state rate for accidental deaths in the most recent data available. Jefferson County had an adjusted rate of 58.97 per 100,000 population for the most recent year available from the CDC, higher than the state rate 37.2.

Nebraska Life Expectancy shows Jefferson County as 21st among Nebraska's 93 counties for accidental deaths for 2020.

Suicide

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

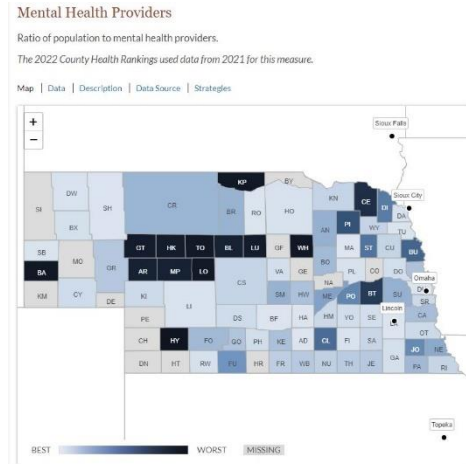


Suicide was also listed as a concern for all groups. It is perceived that a lack of mental health services in our county is a part of this issue.

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

Lifeexpectancy.com shows Jefferson County as 34th in Nebraska, with a rate of 13.7 deaths per 100,000 population, compared to the state rate of 14.89. 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.

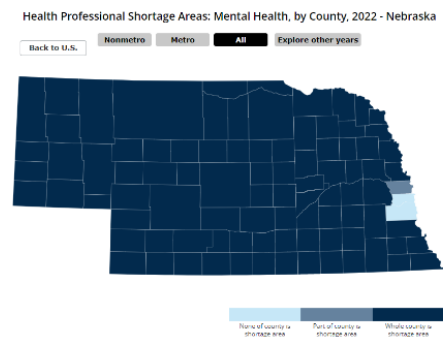
Mental Health



Mental Health was an area mentioned in all 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. Blue Valley Community Action also offers telehealth visits with Lutheran Family Services, and does offer assistance for visits. The Fairbury Public Schools has recently begun contracting with ESU 5 for mental health services needed in the Fairbury School District.

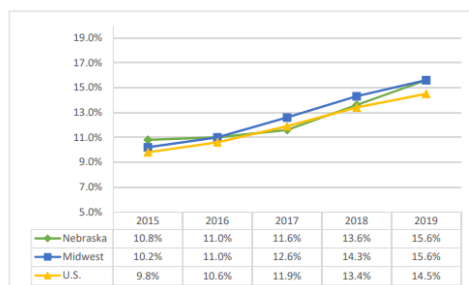
There is not a psychiatrist serving Jefferson County.



Jefferson County is listed as a federal and state Health Professional Shortage area for mental health practitioners. Countyhealthrankings.com data showed the ratio of county residents to mental health providers was 1,770:1.

Jefferson County residents reported an average of 4.1 poor mental health days of the past 30 days in the countyhealthrankings.com data.

Figure 6. Percentage of Nebraska, Midwest, and U.S. young adults reporting experiencing a major depressive episode in the past year, National Survey on Drug Use and Health, 2015–2019



Source: SAMHSA, 2015-2019

While county data is difficult to find, state of Nebraska data shows that 15.6 percent of young adults reported in 2019 that they had had a major depressive episode in the past year.

Dental Care

Dental care and oral health was mentioned a few times during sessions. Jefferson County is listed as a federal dental shortage area.

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

Hospital staff report area Medicaid-eligible residents and uninsured utilize 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 primary practice. JCH&L has recently hired two new family medicine physicians, which will bring our county to 5 primary care physicians.

A Public Health Solutions survey for adults 18 and older for 2019 shows 18.2 percent of health district residents had no health insurance coverage; and 12.8 percent had no regular health insurance provider. A total of 11.1 percent said they needed to see a doctor in the last year but couldn't because of cost.

Economy

The economy was mentioned in every focus group. High inflation and rising prices with wages not keeping pace was a major point of concern.

For July 2022, unemployment was 2.2 percent for Jefferson County, and the state rate was 2.0.

The 2020 Census showed \$28,748 per capita income for 2016-2020, and median household income of a Jefferson County resident is \$48,981 a year. The 2020 Census showed 9.9 percent of people in Jefferson County in poverty. Countyhealthrankings.com showed 11 percent of Jefferson County children in poverty.

Countyhealthrankings.com showed 90 percent of Jefferson County residents are high school graduates, and 55 percent have at least some college.

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 or may be able to help meet the need.

C. Prioritized needs

- 1) Obesity
- 2) Nutrition/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
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
County Churches
Region V Services
Behavioral Medicine Clinic
Johnson Family Vision Care
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 Home Health
JCH&L Outpatient Services: visiting specialists including – general surgery, oncology, otorhinolaryngology, urology, ophthalmology, orthopedics, cardiology, obstetrics/gynecology, radiology, interventional radiology, vascular surgery, wound clinic, dermatologist, neurological surgery, diabetes, and nephrology.
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.** We will continue to work to be good community partners in improving our community's mental health. We continue to offer a specialty clinic with Genesis Psychiatric Group; we continue to seek other potential providers who could offer specialty clinics at our facility; and we continue to keep up to date on what services are available in our community, so our providers can refer as appropriate. Primary care is our prime responsibility and we will continue to focus on primary care for our area residents. We feel a much broader community approach will be required to be successful in improving our community's mental health status.

***Substance Abuse.** We will continue to work to be good community partners to all area entities working to improve our community's status with substance abuse. This area is also not named in priorities because we believe a much broader community approach will be required to be successful in improving our community's status with substance abuse.

***Suicide.** We will continue to work to be good community partners to all area entities working toward suicide prevention and assistance to those affected by suicide. This area is not named in priorities, because a much broader community approach will be required to be successful in reducing the number of suicides.

***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.

***Economy, 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 -- 2022

Prioritized needs (As determined by Community Health Needs Assessment 2022 and prioritized by the JCH&L Administration and Board of Directors)

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

Goals:

- *Continue to grow Smart Moves program (a program of the National Diabetes Prevention program)
- *Restart Kids Cooking classes as soon as possible
- *Continue to be an active part of community partnerships working to establish Walkable Community and walking/bike trails in Fairbury
 - Enhance community's sidewalks and safe walking/biking routes**
 - Encourage active lifestyles for those of all ages**
 - Work with city to establish walking area in Fairbury Community Building, accessible to Senior Diners and community in general**
- *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 Men's and Women's Health activities
 - Offer incentives for men and women who have physicals**
 - Plan a men's health event**
 - Continue to offer and promote Women's Health Days**
- *Restart offering community health education programs
 - Offer community programs on nutrition, obesity, healthy lifestyles, chronic diseases, mental health and substance abuse**
- *Enhance use of Medicare Wellness Visit program
- *Continue development and expansion of chronic care coordination program
- *Consider addition of telehealth services for pulmonology
- *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
- *Increase mental health services being offered to the community
- *Become involved in local coalitions working to improve mental health and substance abuse
- *Continue involvement with Fairbury Senior Diners.
 - Help to promote Senior Diners, which offers nutritious meals and social interaction to those who are 60 and older**
 - Continue to offer monthly health education program**

Results from 2019 Plan:

*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)**

Smart Moves was on hold for some time because of COVID, but restarted in 2022 with a new group of participants.

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

Establish Historic Trail Walk

Historic Trail Walk was established and launched in 2020

Enhance community's sidewalks and safe walking/biking routes

JeffCo on the Move worked with the Fairbury Public Schools to do Meet me at the Sidewalk events at JCH&L when the new sidewalk opened along H street, and also on the Safe Route to School to the Fairbury Public Schools.

Encourage active lifestyles for those of all ages

*Continue to partner with schools and other youth organizations

-- offer sidelines services for athletes

JCH&L Sports Medicine and Rehab provides sideline services for football, and similar services for basketball and wrestling for home games at Fairbury

-- offer youth events at the Burkley Fitness Center

In 2022 we offered a Fitness if Fun event for kids Kindergarten through Sixth grade

In 2021 and 2022 we offered lifeguarded Youth Swims at the Burkley Fitness Center

Martial Arts classes (for all ages) returned in 2021 with Fairbury Family Martial Arts contracting to provide classes

-- 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.**

The 2019 health fair was a success.

Health Fairs were put on hold in 2020 because of COVID

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

We added gift cards for Bonham Theater or Shear Impressions for men having physicals in addition to women in 2021

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

Few educational programs were offered in 2020 or 2021 because of COVID. We did begin offering education to Senior Diners again in 2021.

- *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**

Cerner electronic medical record was implemented in August 2020.

Continuing to learn to use all features to help us track

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

Added telehealth nephrologist specializing in diabetes, and telehealth nephrologist

- *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**

References

*US Census 2020, US Census estimates 2021

*Nebraska 2016 Vital Statistics Report, issued in 2017. Nebraska Department of Health and Human Services. (No newer reports available from Nebraska Vital Statistics.)

*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: 2016, issued by the Nebraska Cancer Registry.

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

*County Health Rankings – countyhealthrankings.org

36th in overall ranking in health outcomes among Nebraska's 93 counties (down from 34th in 2019)

60th in overall ranking in health factors (down from 52nd in 2019)

*Nebraska Health and Human Services shortage areas

<http://dhhs.ne.gov/Pages/Rural-Health-Nebraska-Loan-Repayment-Programs.aspx>

*2020 Nebraska State Epidemiological Profile Nebraska Department of Health and Human Services Division of Behavioral Health,

<https://dhhs.ne.gov/Behavioral%20Health%20Documents/2020%20Nebraska%20State%20Epidemiological%20Profile.pdf>

*Public Health Solutions Rural Communities Opioid Response Program (RCORP)

Community Needs Assessment & Gap Analysis for Opioid and Substance Use February 2021