

West Central District Health Department, Great Plains Health, North Platte Development, North Platte Housing, North Platte Chamber of Commerce, North Platte Public Schools, Mid-Plains Community College, Lincoln Co. Emergency Management, North Platte Police Department, North Platte Kids Academy, Project Everlast, Lutheran Family Services, Early Childhood Special Ed., Salvation Army, Region II, Community Connections, Women's Resource Center, North Platte Fire Department, Community Action of Mid-Nebraska, Proteus, City of North Platte, Liberty House, Veterans Clinic, Recreation Center, UNL Extension, Wellness Journey, Lincoln Co. Development Corp, Youth for Christ, Bridge of Hope, Senior Living (Linden Court), DHHS

2015-2016

## COMMUNITY HEALTH ASSESSMENT

**Community Vision:** Through collaboration, cooperation and communication, individuals and organizations actively pursue the health and well-being of North Platte and the surrounding communities.

## A MESSAGE FROM THE DIRECTOR

---

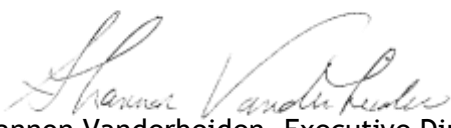
Every five years we come together in the West Central Nebraska area to complete a public health assessment and Community Health Improvement Plan. During 2015 and 2016, people across the region worked collaboratively to review data, share concerns and strengths of our communities, and identify priority areas that we can work on together to improve the health status for all people living in the West Central region.

The Community Health Assessment utilizing the process Mobilizing for Action through Planning and Partnership for the Nebraska West Central region was completed with involvement from a cross section of community organizations and citizens. The assessment identified three main health priority areas: Community Ownership, Affordable and Equitable Access to Care and Services, and Healthy Lifestyles and Well-being.

The community health system goal established through this process is: “Through collaboration, cooperation, and communication, individuals and organizations actively pursue the health and well-being of North Plate and the surrounding communities.” Reaching the goal in the priority areas is the responsibility of all involved with community health.

The Community Health Improvement Plan is intended to serve as a road map for the local public health system which includes individuals, schools, hospitals, organizations, and agencies in our communities to promote health. Many regional groups and work plans are already in place addressing the priority areas and we support continuation of their work. New actions and partnerships are also encouraged as we continue to move forward in the Community Health Improvement Plan. We look forward to working with you toward a healthier future for everyone.



  
Shannon Vanderheiden, Executive Director  
West Central District Health Department

## EXECUTIVE SUMMARY

West Central District Health Department and community partners last engaged in a Community Health Assessment (CHA) using the Mobilizing for Action through Planning and Partnerships (MAPP) process in 2011-2012 followed by a Community Health Improvement Plan (CHIP) in which strategies were identified and implemented to address priorities outlined in the CHA. The MAPP process (Figure 1) is one tool that can be used to carry out a community health assessment. According to the Public Health Accreditation Board, “The purpose of the community health assessment is to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.” Community health assessments describe the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health. Community partners and community members are involved in the assessments. Community health assessments are developed at the Tribal, State, and Local levels and cover the jurisdiction served by the health department. Current CHA activities are outlined in detail within the report.



FIGURE 1 THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS MODEL

---

 CONTENTS
 

---

A Message From the Director	2
Executive Summary	3
Community Health Assessment	7
MAPP Purpose	8
Steering Committee	9
Engaging the Public Health System	9
Community Health Assessment Participants	10
Vision Process	12
Vision Statements for Each Priority	16
MAPP Assessments	17
Forces of Change Assessment	17
Community Themes and strengths assessment	19
Community Themes and Assessment	21
Local Public Health Assessment	24
Performance Scores	29
Community Health Status Assessment	31
Data	32
Strategic Issues	45
Affordable and Equitable Access to Care	45
Healthy Lifestyles and Well-being	47
Community Ownership	48
Available Assets	49
Community Resource Organizations	49

## Action Phase

52

## Work Cited

53

FIGURE 1 THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS MODEL .....	3
FIGURE 2 CHA PARTICIPANTS DISCUSS THE ESSENTIAL SERVICES OF PUBLIC HEALTH THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT .	7
FIGURE 4 CITY BUILDING INSPECTOR NORM FRANKEN WEIGHED IN ON GROUP DISCUSSION OF THE CURRENT LOCAL PUBLIC HEALTH SYSTEM .....	8
FIGURE 3 RELATIONSHIP .....	8
FIGURE 5 COMMUNITY PARTNERS GATHERED AT THE HOLIDAY INN EXPRESS ON JUNE 12 2015 FOR THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT. FACILITATORS GUIDED PARTICIPANTS THROUGH THE STEPS INVOLVED IN THE ASSESSMENT. ....	8
FIGURE 6 LOCAL PUBLIC HEALTH SYSTEM DIAGRAM .....	10
FIGURE 7 CHA STEERING COMMITTEE WORKING TO IDENTIFY VISION STATEMENT FOR THE COMMUNITY .....	13
FIGURE 8 THE STEERING COMMITTEE MET ON JUNE 11 FOR THE FORCES OF CHANGE ASSESSMENT .....	17
FIGURE 9 COMMUNITY MEMBERS TAKING PART IN THE COMMUNITY THEMES AND STRENGTHS SURVEY .....	20
FIGURE 10 FAMILIES PARTICIPATING IN THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT QUESTIONS .....	20
FIGURE 12 YOUTH TAKING ACTION BY PARTICIPATING IN THE COMMUNITY THEMES AND STRENGTHS SURVEY .....	23
FIGURE 13 FAMILIES TAKING PART IN ACTIVITIES AT CODY PARK .....	23
FIGURE 13 PARTICIPANTS IN THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT FOLLOW A SET OF QUESTIONS FROM THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM TO EXAMINE THE ESSENTIAL SERVICES .....	24
FIGURE 14 THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT ASSESSES THE 10 ESSENTIAL PUBLIC HEALTH SERVICES .....	25
FIGURE 15 SUMMARY OF AVERAGE ESSENTIAL SERVICES PERFORMANCE SCORE .....	27
FIGURE 16 PARTICIPANTS AT THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT DISCUSSED THE 10 ESSENTIAL PUBLIC HEALTH SERVICES AND SCORED EACH SERVICE ACCORDING TO THE RESPONSE OPTIONS .....	28
FIGURE 17 PARTICIPANTS DISCUSSED EACH OF THE ESSENTIAL SERVICES PER PRESCRIBED SET OF QUESTIONS .....	28
FIGURE 18 RATING THE ACTIVITY LEVEL OF EACH ESSENTIAL SERVICE .....	29
TABLE 1 STEERING COMMITTEE MEMBERS AND ORGANIZATIONS .....	9
TABLE 2 SUMMARY OF ASSESSMENT RESPONSE OPTIONS .....	26
TABLE 3 PERFORMANCE SCORES FOR ESSENTIAL SERVICES AND MEASURES .....	30
TABLE 4 SOURCE U.S. CENSUS BUREAU: STATE AND COUNTY QUICKFACTS. DATA DERIVED FROM POPULATION ESTIMATES, AMERICAN COMMUNITY SURVEY. CENSUS OF POPULATION AND HOUSING, STATE AND COUNTY HOUSING UNIT ESTIMATES, COUNTY BUSINESS PATTERNS, NON-EMPLOYER STATISTICS .....	33
TABLE 5 POPULATION CHARACTERISTICS .....	34
TABLE 6 UNEMPLOYMENT STATISTICS .....	34
TABLE 7 SOURCE: U.S. CENSUS BUREAU, 2010-2014 AMERICAN COMMUNITY SURVEY 5-YEAR EST. ....	35
TABLE 8 CENTERS FOR DISEASE CONTROL AND PREVENTION 1600 CLIFTON RD. ATLANTA, GA 30333, USA ATLANTA, GA 30333, USA DATA YEARS 2012. ....	35
TABLE 9 PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE/REDUCED SCHOOL MEALS; SOURCE: VOICE FOR CHILDREN IN NEBRASKA .....	35
TABLE 10 2013; * 90TH PERCENTILE, I.E., ONLY 10% ARE BETTER; ** DATA SHOULD NOT BE COMPARED WITH PRIOR YEARS DUE TO CHANGES IN DEFINITION. NOTE: BLANK VALUES REFLECT UNRELIABLE OR MISSING DATA .....	37
TABLE 11 OVERALL BIRTH AND DEATH RATES IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT .....	38
TABLE 12 SOURCE: NEBRASKA VITAL RECORDS .....	38
TABLE 13 NO HEALTH CARE COVERAGE AMONG ADULTS 18-64 YEARS OLD WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2014; SOURCE: BRFSS .....	38
TABLE 14 UNABLE TO SEE A DOCTOR DUE TO COST ADULTS 18+ IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2014; SOURCE: BRFSS .....	38
TABLE 15 HEART DISEASE RATE; BUREAU OF VITAL STATISTICS, NATIONAL CENTER FOR HEALTH STATISTICS .....	39
TABLE 16 EVER TOLD THEY HAVE HIGH BLOOD PRESSURE (EXCLUDING PREGNANCY) ADULTS 18+ IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2013; SOURCE: BRFSS .....	39
TABLE 17 NEBRASKA VITAL RECORDS .....	40



TABLE 18 DIABETES DEATH RATE PER 100,000 POPULATION (AGE-ADJUSTED) IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2005-2014.....	40
TABLE 19 CANCER DEATH RATES BY TYPE PER 100,000 POPULATION (AGE-ADJUSTED) IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2010-2014 COMBINED.....	40
TABLE 20 SOURCE: BRFSS .....	41
TABLE 21 CIGARETTE SMOKING AMONG ADULTS 18+ IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2014; SOURCE: BRFSS.....	41
TABLE 22 OBESITY ADULTS 18+ IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2014 .....	41
TABLE 23 LOW BIRTH WEIGHT BIRTHS IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2005-2014; SOURCE: NEBRASKA VITAL STATISTICS, NATIONAL CENTER OF HEALTH STATISTICS, LOW BIRTH WEIGHT BIRTHS .....	42
TABLE 24 INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2005-2014; SOURCE: NEBRASKA VITAL RECORDS, NATIONAL CENTER FOR HEALTH STATISTIC.....	42
TABLE 25 COUNTY HEALTH RANKINGS.....	43
TABLE 26 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) (2013) RELATED TO MAPP; NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION   DIVISION OF POPULATION HEALTH.....	44
TABLE 27 COMMUNITY RESOURCE ORGANIZATIONS.....	51

## COMMUNITY HEALTH ASSESSMENT

As part of WCDHD's commitment to continually assess and update the local public health system and the Community Health Improvement Plan, WCDHD began taking steps to conduct the current MAPP process. WCDHD was awarded a grant for the period January 1, 2015 to August 31, 2015 from the Nebraska Department of Health and Human Services Division of Public Health and Health Promotion. The purpose of the grant was to conduct a community health assessment using the MAPP model to engage community stakeholders and to improve the health and well-being of our residents. Figure 2 provides a visual depiction of the interaction involving the use of the four assessments that are part of MAPP, as well as a visualization of the workflow of the MAPP process.



FIGURE 2 CHA PARTICIPANTS DISCUSS THE ESSENTIAL SERVICES OF PUBLIC HEALTH THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

WCDHD contracted with the National Association of City and County Health Officials (NACCHO) to provide WCDHD with an expert facilitator to guide and direct the community through the MAPP process and to facilitate a portion of the assessments. Executive Director Shannon Vanderheiden and MAPP Coordinator Janet Livingston began working with Deya Greer, the external facilitator from NACCHO, in organizing and planning the MAPP process. Dates were chosen for the assessments and a list of stakeholders to include for participation was developed. The stakeholders invited included a diverse representation of law

enforcement, emergency personnel, education, and service organizations and agencies from the local area. Assessments were conducted in June, followed by steering committee meetings in July and subcommittee meetings beginning in August and continuing through the end of the year. The work of developing a Community Health Improvement Plan will continue on through 2017 with timelines for plans to continue until completed or re-analyzed in the next community health assessment.

## MAPP PURPOSE



FIGURE 3 CITY BUILDING INSPECTOR NORM FRANKEN WEIGHED IN ON GROUP DISCUSSION OF THE CURRENT LOCAL PUBLIC HEALTH SYSTEM

MAPP is designed to engage community stakeholders to assess, prioritize needs, develop strategic plans, and implement plans for the purpose of improving the health of the citizens of the local community. The process creates an opportunity to capitalize upon and strengthen existing and new partnerships within the health care community, bringing together key organizations and

individuals who are desirous of improving the quality of life for the residents of the community.



FIGURE 4 RELATIONSHIP



FIGURE 5 COMMUNITY PARTNERS GATHERED AT THE HOLIDAY INN EXPRESS ON JUNE 12 2015 FOR THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT. FACILITATORS GUIDED PARTICIPANTS THROUGH THE STEPS INVOLVED IN THE ASSESSMENT.

The involvement of a large number of community partners allows for a more accurate assessment of the local public health system, but also provides a broad base of knowledge and expertise in strategic planning and implementation. The MAPP process compares the local public health system to the Ten Essential Public Health Services, thereby providing an education tool and goal for the stakeholders as they collaboratively began to address public health needs and create an action plan.



## STEERING COMMITTEE

Stakeholder meetings were held June through August. Twelve community partners comprised the steering committee that lead the Community Health Assessment. The Steering Committee met on June 11, 2015 to create the Vision for the Community Assessment. The Forces of Change Assessment was also conducted on June 11, 2015. Steering Committee Members are listed below in Table 1.

Member	Organization
Shannon Vanderheiden	WCDHD, Executive Director
Janet Livingston	WCDHD
Lana Watson	WCDHD Board of Health
Judy Clark	North Platte Development
Jennifer Smith	North Platte Housing Authority
Beth Lanka	WCDHD Board of Health, EMT
Fiona Libsack	Great Plains Health
John Hales	North Platte Chamber of Commerce
Tim Vanderheiden	North Platte Public Schools
Ryan Purdy	Mid-Plains Community College
Mary Derby	North Platte Public Schools
Crystal Hoaglund	Salvation Army

TABLE 1 STEERING COMMITTEE MEMBERS AND ORGANIZATIONS

## ENGAGING THE PUBLIC HEALTH SYSTEM

The Local Public Health System diagram was used to guide and identify key stakeholders within our community. This guidance was instrumental in compiling the contact list for invites. Every effort was made to invite participants from all sectors listed on the diagram. Once a list was populated, an introductory letter with information about the CHA process and an invitation to participate was sent to those on the list. Invitees were followed up with reminder emails; as well, the WCDHD staff divided the names on the list and made phone calls to reinforce the importance of the process, check for responses to attend, and answer any questions.

The figure below was displayed at many of the CHA meetings to reinforce to stakeholders that many entities are involved in contributing to the local public health system. The network of those providing public health services is comprised of many organizations and groups, and the MAPP process provides a means to bring stakeholders together.

## Local Public Health System

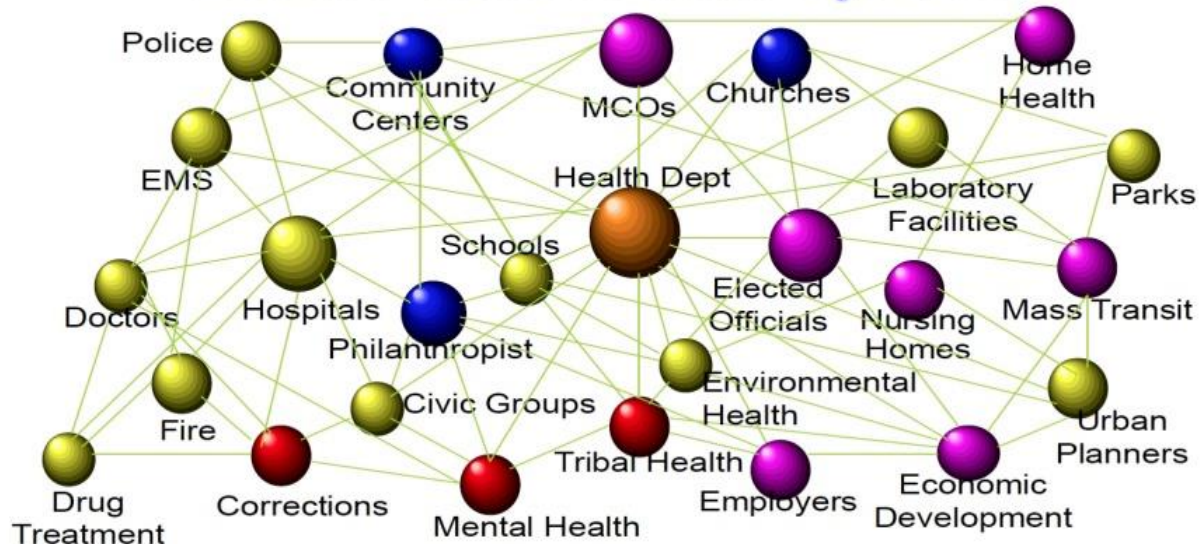


FIGURE 6 LOCAL PUBLIC HEALTH SYSTEM DIAGRAM

## COMMUNITY HEALTH ASSESSMENT PARTICIPANTS

NAME	AFFILIATION	VISION/FORCES OF CHANGE JUNE 11 2015	LOCAL PUBLIC HEALTH SYSTEMS ASSESS. JUNE 12 2015	STEERING COMMIT. JULY 15 2015	STEERING COMMIT. JULY 28 2015	AUGUST INITIAL TEAM MEETING
SHANNON VANDERHEIDEN	WCDHD	X	X	X	X	X
JANET LIVINGSTON	WCDHD	X	X	X	X	X
JUDY CLARK	NP Development	X				
CELESTE REIKER	3 Rivers Public Health	X	X			
JENNIFER SMITH	NP Housing Auth.	X				
BETHANY LANKA	WCDHD BOH, EMT	X				
LANA ALBRECHT-WATSON	WCDHD BOH, MPCC	X				
FIONA LIBSACK	Great Plains Health	X	X	X		
JOHN HALES	NP Chamber of Commerce	X	X	X		
TIM VANDERHEIDEN	NP Public Schools	X	X	X	X	
RYAN PURDY	Mid-Plains Comm. College	X	X			
DEYA GREER	NACCHO	X	X			
SALLY BRECKS	WCDHD		X			
ANGELA BROWN	WCDHD		X			

BRANDON MYERS	Lincoln Co. EMA		X			
RICH HOAGLUND	NP Police Dept.		X		X	X
SYDNEY VANDERHEIDEN	WCDHD		X			
WILLIS ROETHEMEYER	WCDHD BOH		X			
MARY DERBY	NP Public Schools	X	X		X	X
VONA KOCH	NP Kids Academy		X			
BRANDI LEMON	WCDHD		X			
TAMI FISCHER	WCDHD		X			
MONA TARIN	Project Everlast		X			
RITA DILLON	WCDHD		X			
KAY CONNERY	Lutheran Family Serv.		X			
MARNIA HUGHES	Early Childhood Spec. Ed		X		X	
CRYSTAL HOAGLUND	Salvation Army	X	X		X	X
KATY PEDERSEN	WCDHD		X			
KATE WOLFORD	WCDHD		X			
JILL FALCON	WCDHD		X			
MAXINE WEHLING	WCDHD		X			
KAYLEN BAIN	WCDHD		X			
SHANNON SELL	Region II		X		X	X
MARLO ROBERTS	Community Connections		X			X
KATHY SEACREST	Region II		X			
LINDA LOGSDON	Women's Resource Center		X			
TJ WILLIAMS	NP Fire Dept.		X			
VERONICA SEWARD	WCDHD		X			
SUE BEEBE	Comm. Action of Mid-NE		X			
BRET DEARDORFF	Proteus		X		X	X
NINA MCGUIRE	WCDHD		X		X	X
CAROLINE SABIN	WCDHD		X		X	X
ALNETTA EFFENBECK	WCDHD		X			X
AIDA ULLRICH	WCDHD		X			
MARIA LEIN	WCDHD		X			X
JEFF HANKLA	NP Fire Dept.		X			
LORI SCHOENHOLZ	Great Plains Health		X			
JERRILYN CRANKSHAW	DHHS		X			
NORM FRANKEN	City of NP		X			
STEPHANIE FISHER	Liberty House		X			
PAT FIEDLER	Veterans Clinic		X		X	X
PAM SWEENEY	Great Plains Health		X		X	
HOWARD SHAW	Great Plains Health		X			

MEL MCNEA	Great Plains Health	X		
ANNE POWER	Bridge of Hope			
MELISSA FOOTE	Early Childhood Special Ed.	X	X	
SUE SUKRAW	Youth for Christ		X	
ANTHONY BOWERS	Salvation Army		X	
JAMIE PETERS	Mid-Plains Community College			
CASSIE SUNDSTROM	Linden Estates			X
MINDY FISHER	Proteus	X		
MARY DAILEY	North Platte Public Schools	X		
SHANA RUTHERFORD	Bridge of Hope		X	X
BRIANE BOWERS	Salvation Army			X
NANCY STRIEBEL	Lincoln Co. Development Corp.		X	
TRACI CUMMINGS	Wellness Journey			X
NAN RANKIN	UNL Extension			X
TRUDY MERRITT	Recreation Center			X

## VISION PROCESS

The following overarching vision statement was developed by community stakeholders for the Community Assessment.

Through collaboration, cooperation, and communication, individuals and organizations actively pursue the health and well-being of North Platte and the surrounding communities.

Through the Visioning process, the steering committee worked through a brainstorming and collaboration process to develop health improvement priorities for the local area. Those priorities would provide the focus for developing a Vision Statement. In the Forces of Change assessment, the steering committee went through a process of naming trends, forces of change, barriers, and opportunities for improving the local public health system. The process and results of these assessments are explained in-depth later in the report.

A larger group of community partners met on June 12, 2015 at the Holiday Inn Express to assess the local public health system using the Local Public Health Systems Assessment. This assessment was conducted to provide a rating of the local public health system using the 10 Essential Health Services. Details about the assessment and results are elaborated upon in a section beginning on page 25.

The Community Themes and Strengths Assessment took place with community involvement on June 13, 2015 with members of the community having the opportunity to voice their thoughts on the local public health system at local community venues located at Cody Park and a local celebration, The Honky Tonk Barbecue. The Honky Tonk barbeque was chosen because of an estimated 5,000 people representing a cross section of the community, while

Cody Park was chosen because of the family centered activities. Not all who participated completed a survey; however, health awareness was improved through the events with health information. Surveys were also made available through the WCDHD website. For underserved populations to have the opportunity to participate, surveys were also made available to senior citizens at the North Platte Senior Center and Hispanic participants at a Minority Health Initiative class. Further information and results of the assessments are covered on pages 22 and following.

The steering committee re-convened in July 2015 to review the assessments and reflect on the priorities identified at the Visioning Phase meeting in June 2015. Subcommittees were formed and those subcommittees held initial meetings in August to review assessments and data specific to their priority and to choose highest needs within that priority. Subcommittee meetings continued through the end of the year with plans to continue meeting as needed to formulate and carry out the plans and programs developed.



FIGURE 7 CHA STEERING COMMITTEE WORKING TO IDENTIFY VISION STATEMENT FOR THE COMMUNITY

Through the Visioning process, a shared vision is developed for the community. The vision provides a picture of the long-range results of the planning process and what will be accomplished when the strategies developed are implemented.

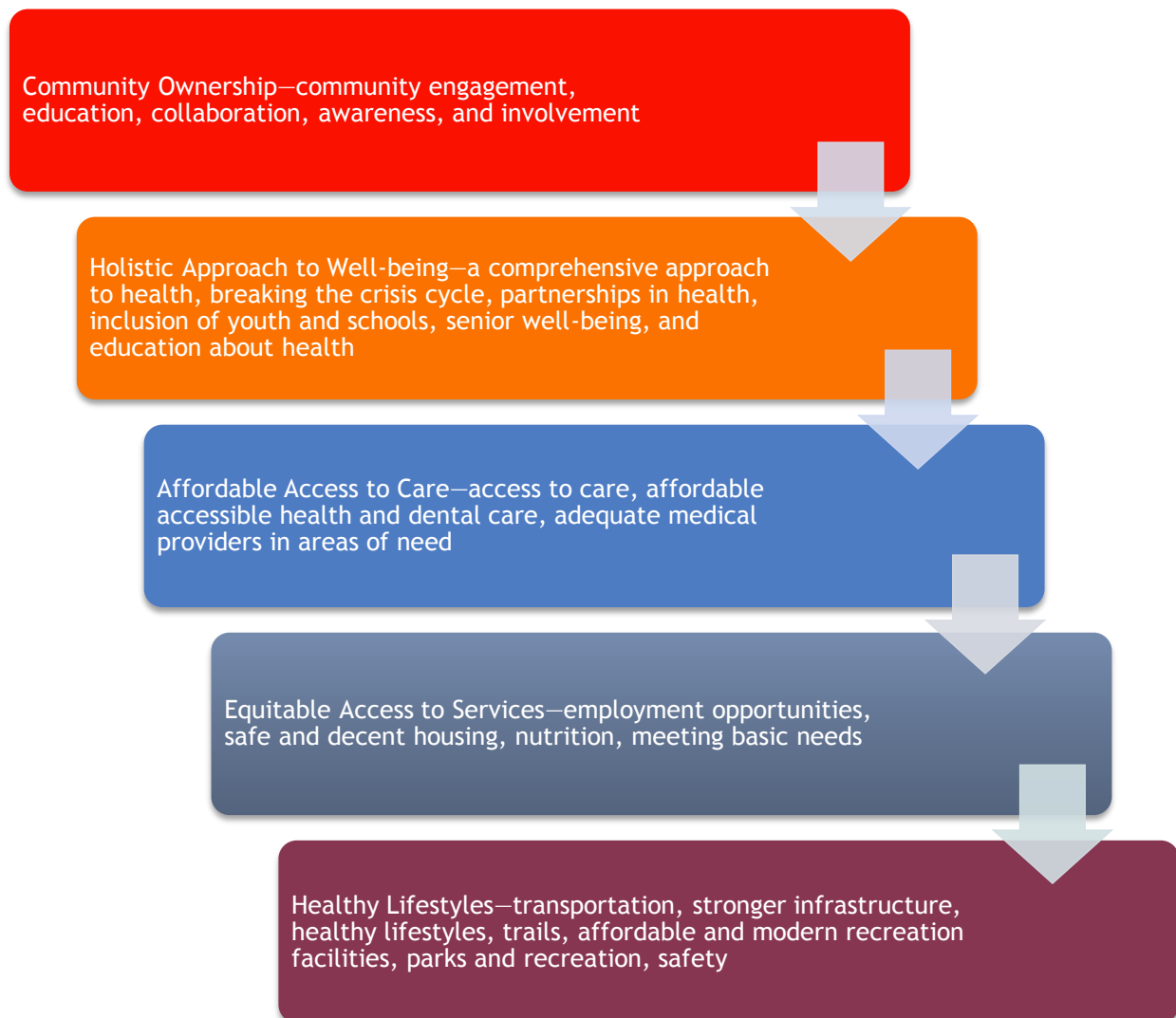
The picture above, Figure 8, captures the visioning work session with the Steering Committee, with representation from the WCDHD Board of Health, housing officials, school administration, Mid-Plains Community College, Great Plains Health, EMT, and WCDHD staff



which met on June 11, 2015 to work through the Visioning phase of the CHA. The Steering Committee developed five themes:

- Community Ownership
- Holistic Approach to Well-being
- Affordable Access to Care
- Equitable Access to Services
- Healthy Lifestyles

Each theme was further discussed and the below outlines the community priorities with definitions for each priority and includes areas to be addressed included in each priority:




The committee reconvened on July 28, 2015 and, after reviewing the assessments and discussing the development of a future community health improvement plan, combined the five priorities into three for the purposes of addressing health needs. Teams were to be

formed to begin determining the highest needs for each priority and begin planning. Following are the vision themes priorities:

- Community Ownership
- Affordable and Equitable Access to Care and Services
- Healthy lifestyles and Well-being

The three visions would provide the focus of the work to be continued in the Community Health Improvement Plan (CHIP). A CHIP is designed to be a strategic plan to address the needs as determined by the community health assessment undertaken through the MAPP process. The strategic plan outlined in the CHIP will contain goals and objectives, timelines, implementation work plans and evaluations to carry out the opportunities discovered in the MAPP process. The CHIP will be used as a guideline for implementing improved community health.



Community Ownership—leads to collaboration and engagement to protect and promote health and well-being.

Affordable and Equitable Access to Care and Services—Quality healthcare and equitable opportunities are accessible, affordable and provided for all to develop and live life to the fullest potential.

Health Lifestyles and Well-Being—Utilizing partnerships and education in an approach to seek health solutions for all ages and make available recreational and education resources to promote a healthy lifestyle.

---

## VISION STATEMENTS FOR EACH PRIORITY

---

### COMMUNITY OWNERSHIP

- Community ownership leads to collaboration and engagement to protect and promote health and well-being.

### AFFORDABLE AND EQUITABLE ACCESS TO CARE AND SERVICES

- Quality healthcare and equitable opportunities are accessible, affordable and provided for all to develop and live life to the fullest potential.

### HEALTHY LIFESTYLES AND WELL-BEING

- Utilizing partnerships and education in an approach to seek health solutions for all ages and make available recreational and education resources to promote a healthy lifestyle.

## MAPP ASSESSMENTS



## FORCES OF CHANGE ASSESSMENT



FIGURE 8 THE STEERING COMMITTEE MET ON JUNE 11 FOR THE FORCES OF CHANGE ASSESSMENT

The purpose of the Forces of Change Assessment is to identify forces that are occurring or will occur that will affect the community or local public health system and the opportunities

and threats associated with those forces. The Forces of Change assessment was addressed by the Steering Committee which met on June 11, 2015 (Figure 9). The committee addressed four questions centered on forces that now or in the future impact the local area. The questions and resulting impacts were as follows:

### FORCES OF CHANGE ASSESSMENT

#### 1. Are there any trends occurring that will have an impact on the local public health system?

- Knowledge of services and more consistent collaboration and cooperation are needed among service organizations
- Lack of personal commitment to community involvement
- Declining pool of resources
- Rising rates of obesity, low birth weights, smoking, asthma which are higher than the state average
- Rising minority population
- Preventative hospital stays
- Inappropriate access to care (for example, use of emergency room rather than primary care provider)
- Declining housing stock

#### 2. What has occurred or may occur that may pose a barrier to achieving the vision?

- Community involvement
- Lack of Collaboration
- No community ownership
- Lack of resources and funding
- Lack of knowledge about resources, agencies, and users of services
- Essential administrative leadership
- Absence of a “can do” attitude
- Infrastructure
- Planning fatigue
- Influx of immigrant

#### 3. What forces are occurring locally, regionally, nationally, or globally?

- School restructure
- Losing the dentist at WCDHD
- Affordable Care Act/Accountable care organizations/HMO/reimbursements
- Political/election cycle with a resulting interest or lack of interest in nutrition and physical education
- Changing local population/mobility
- Public Health Accreditation
- National focus on urban areas for funding
- National educational system requirements
- Growing health care community
- Health Clinic at WCDHD
- Recession/economy
- Cost of education
- Distrust of law enforcement
- Climate change
- Technology - access of delivery of information and treatment; also telemedicine
- Blighted areas

#### 4. What forces now and in the future can reinforce health equity in our community?

- Great Plains Health community health needs assessment is current
- Current MAPP process
- Restructuring of middle schools
- Medical clinic at WCDHD
- Partnership - collective impact
- Services in all areas of community - eg. Health center or grocery store on north side
- Wellness project of North Platte
- Education about resources
- Affordable Care Act
- Affordable wellness/recreation





## COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The purpose of the Community Themes and Strengths Assessment is to identify assets and issues in the community that are important to community members. Members of the community completed the survey in two locations on Saturday, June 13, 2015; as well, surveys were completed at the Senior Center, a Minority Health Initiative class, and were made available on the WCDHD website. Two hundred two adults were surveyed. In addition, many adults and children wrote their comments on large sheets of paper displayed at the two sites.

Most surveys were completed at two locations on June 13—the Honky Tonk Barbecue in downtown North Platte and Cody Park in North Platte. Community members were asked four questions:

- In what city, do you live?
- What does being healthy mean to you?
- What is important to you about our community?
- What is good about our community that can be used to improve our health?



FIGURE 9 COMMUNITY MEMBERS TAKING PART IN THE COMMUNITY THEMES AND STRENGTHS SURVEY

Figure 10: The community was invited to take the Community Themes and Strengths Survey. Surveys were offered at the Cody Park Rides and Concessions and at the Honky Tonk Barbecue in North Platte on June 13, 2015.



FIGURE 10 FAMILIES PARTICIPATING IN THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT QUESTIONS

Figure 11: Families discussed the Community Themes and Strengths Assessment questions as they filled out the survey.

## COMMUNITY THEMES AND ASSESSMENT

Question 1: In what city, do you live?

- Of the 202 people surveyed, 98% were from North Platte, with the others from local communities. The results by questions were tabulated.

Question 2: What does being healthy mean to you?

Responses	Number of responses
Eating healthy	65
Exercised	64
Spiritual/mental/physical well-being/feeling good/being active/able to do what I want	119
Great health care/dental care	6
Financial health	3
Controlled chronic disease prevention	1
Enough sleep	1
Able to be medicine-free	1
Self-sufficient	1
Clean air	1
Lower insurance bills	2
Able to drive	1

Question 3: What is important to you about our community?

Response	Number of responses
Community support/people/family	71
Good schools	4
Family- and kid-friendly activities	35
Size of city	1
Safety	26
Housing	1
Churches	8
Community pride	1
Great hospital/medical providers	7
Dental care	1
Clean/environment/clean air/clean parks	16
Affordable health care	3
Recreation Center	2
Good police and fire protection	4
Well-informed/preparedness for community health	3
More fun things for youth	3
Health & sex ed. for youth/STD education	2
Water	2
Shopping/buying local	2
Gatherings/group activities/events/entertainment	5
Good jobs	1

5K/Platte Valley Fitness series/trails for walk/run/bike	12
Parks	3
Access to needs/collaboration to ensure access to services and high quality care	4
Farmer's Market	2
Keeping drugs out	1
City improvement	1
Growth/more businesses/new construction	5
Opportunities for new healthy activities	7
Agencies /businesses/public services/organizational partnerships to promote community health	5

Question 4: What is good about our community that can be used to improve our health?

Response	Number of responses
West Central District Health Department	4
Good hospital and clinics	16
Parks	21
Bike/Walk trails	25
Recreation Center/Pool	19
Exercise classes	3
Platte Valley Fitness Series	9
5K/marathons/triathlons/races	22
Free health fairs	5
Healthier activities and more affordable for families	7
Safety	3
More Rec Centers	1
More pharmacies	1
Create or find resources for needs	1
24 hr. Fitness Center/gyms/fitness programs	7
Yoga	1
Communication/collaboration between agencies/organizations	12
Bigger pool/water park	1
Sliding scale for recreation	1
Walks/runs for awareness	2
Water/lakes	2
Outdoor activities	11
Expand Cody Park	2
More free entertainment	1
More walking trails	2
Clean environment	6
Farmer's market	1
Spray for mosquitoes	2
More outdoor activities/ice/skate rink	4
Less smoking	3
More trees	1
Fewer liquor stores	1
Community involvement	1
Planting gardens	1

Access to healthy living programs, classes	1
Affordable yoga/fitness classes	1
Parks and family recreational activities	3
Lower cost health providers	1
Attract best doctors	1



FIGURE 11 YOUTH TAKING ACTION BY PARTICIPATING IN THE COMMUNITY THEMES AND STRENGTHS SURVEY

Figures 12 and 13: Adults and children took part in the Community Themes and Strengths survey at Cody Park and the Honky Tonk Barbecue. At the Honky Tonk Barbecue, attendees were invited to receive health information from WCDHD and to complete paper surveys, as well as writing answers to the questions on newsprint signs. Families entering the Cody Park Rides were offered health information from WCDHD and invited to complete the Community Themes and Strengths surveys. Adults completed paper surveys and responded to the questions on newsprint signs. Children were invited to add comments to the survey questions on the newsprint as well. The Community Themes and Strengths surveys were also completed at the North Platte Senior Center, a Minority Health Initiative class, and were made available on the WCDHD website. The community was invited to participate through the Chamber of Commerce community calendar, local news segments, news stories and ads.



FIGURE 12 FAMILIES TAKING PART IN ACTIVITIES AT CODY PARK





## LOCAL PUBLIC HEALTH ASSESSMENT



FIGURE 13 PARTICIPANTS IN THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT FOLLOW A SET OF QUESTIONS FROM THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM TO EXAMINE THE ESSENTIAL SERVICES



FIGURE 14 THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT ASSESSES THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

The Local Public Health Systems Assessment took place on June 12, 2015 at the Holiday Inn Express with 60 community partners present. Participants were divided into 5 groups each of which assessed two of the ten Essential Services (ES) of Public Health (Figure 15). A

discussion was held related to a prescribed set of questions for each service and for the measures within the service (Figures 14, 17 & 18). Each group was led by a facilitator trained by the NACCHO facilitator. After discussion, the participants rated the Essential Service and measure after each question was shared. Each participant rated the measure after the questions related to the Essential Service were discussed. Rating scores by each participant were shared with the group via rating cards (Figure 19). If there was not consensus on the rating score for a measure, participants continued discussion and examination of the Service with another round of rating taking place. Consensus was reached by the group before the final score was determined. The facilitators also recorded comments made by participants for each standard and measure.

Summary of Assessment Response Options	
<b>Optimal activity</b>	76-100% - Greater than 75% of the activity described within the question is met.
<b>Significant activity</b>	51-75% - Greater than 50%, but no more than 75% of the activity described within the question is met.
<b>Moderate activity</b>	26-50% - Greater than 25%, but no more than 50% of the activity described within the question is met.
<b>Minimal activity</b>	1-25% - Greater than zero, but no more than 25% of the activity described within the question is met.
<b>No activity</b>	0%

TABLE 2 SUMMARY OF ASSESSMENT RESPONSE OPTIONS

The results of the Local Public Health Systems Assessment are shown in the following tables. The first chart entitled “Summary of Average ES Performance Scores” (Table 2), summarizes the resulting Essential Services Performance Score for each Service. The second chart entitled “Performance Scores” (Table 3) shows how the participants scored per measure.

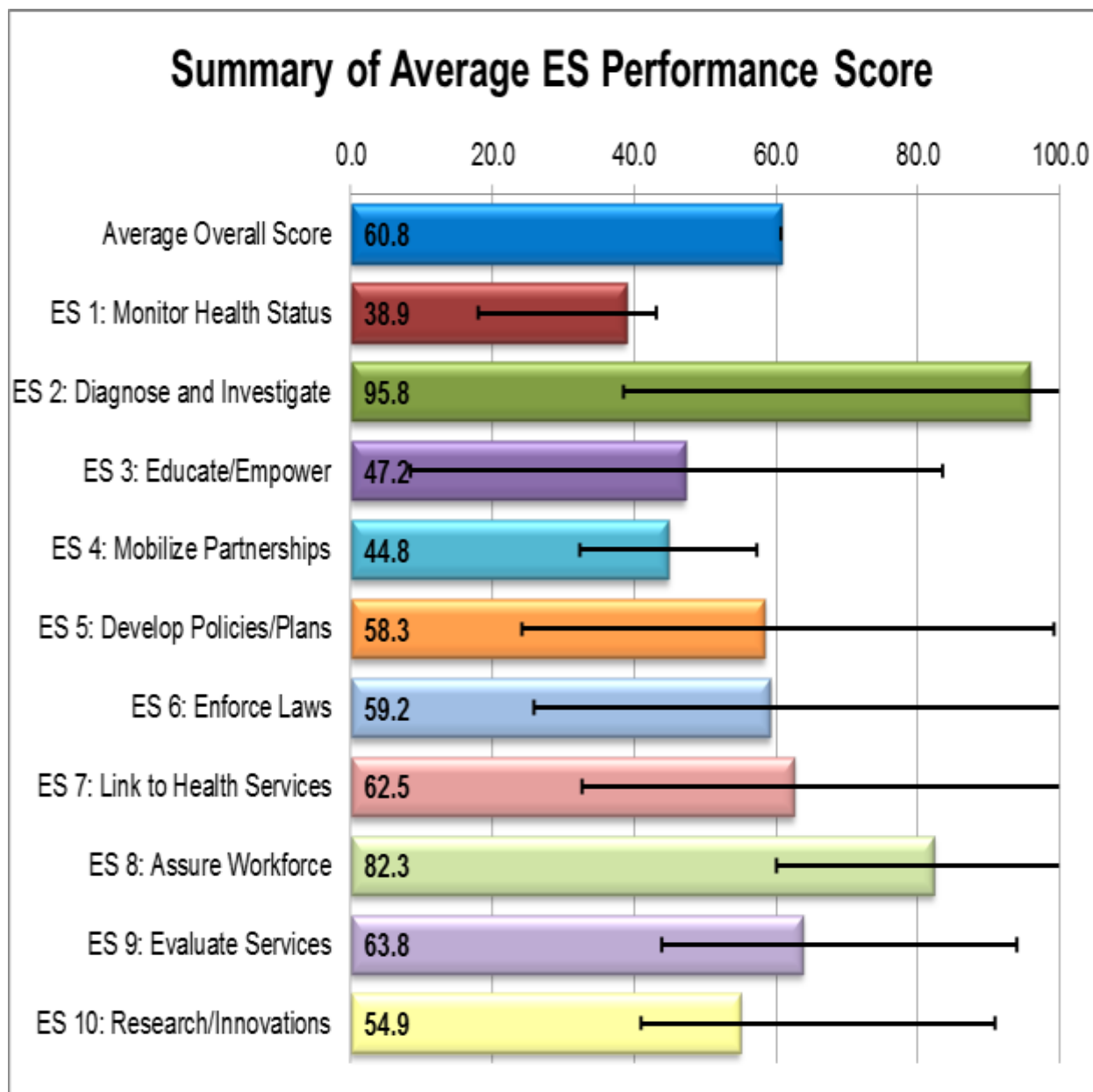


FIGURE 15 SUMMARY OF AVERAGE ESSENTIAL SERVICES PERFORMANCE SCORE





FIGURE 16 PARTICIPANTS AT THE LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT DISCUSSED THE 10 ESSENTIAL PUBLIC HEALTH SERVICES AND SCORED EACH SERVICE ACCORDING TO THE RESPONSE OPTIONS



FIGURE 17 PARTICIPANTS DISCUSSED EACH OF THE ESSENTIAL SERVICES PER PRESCRIBED SET OF QUESTIONS





FIGURE 18 RATING THE ACTIVITY LEVEL OF EACH ESSENTIAL SERVICE

## PERFORMANCE SCORES

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
<b>ES 1: Monitor Health Status</b>	<b>38.9</b>		
1.1 Community Health Assessment	41.7		
1.2 Current Technology	25.0		
1.3 Registries	50.0		
<b>ES 2: Diagnose and Investigate</b>	<b>95.8</b>		
2.1 Identification/Surveillance	91.7		
2.2 Emergency Response	95.8		
2.3 Laboratories	100.0		
<b>ES 3: Educate/Empower</b>	<b>47.2</b>		
3.1 Health Education/Promotion	41.7		
3.2 Health Communication	41.7		
3.3 Risk Communication	58.3		
<b>ES 4: Mobilize Partnerships</b>	<b>44.8</b>		
4.1 Constituency Development	56.3		
4.2 Community Partnerships	33.3		
<b>ES 5: Develop Policies/Plans</b>	<b>58.3</b>		
5.1 Governmental Presence	33.3		
5.2 Policy Development	50.0		

5.3 CHIP/Strategic Planning	50.0		
5.4 Emergency Plan	100.0		
<b>ES 6: Enforce Laws</b>	<b>59.2</b>		
6.1 Review Laws	62.5		
6.2 Improve Laws	50.0		
6.3 Enforce Laws	65.0		
<b>ES 7: Link to Health Services</b>	<b>62.5</b>		
7.1 Personal Health Service Needs	62.5		
7.2 Assure Linkage	62.5		
<b>ES 8: Assure Workforce</b>	<b>82.3</b>		
8.1 Workforce Assessment	41.7		
8.2 Workforce Standards	100.0		
8.3 Continuing Education	100.0		
8.4 Leadership Development	87.5		
<b>ES 9: Evaluate Services</b>	<b>63.8</b>		
9.1 Evaluation of Population Health	62.5		
9.2 Evaluation of Personal Health	60.0		
9.3 Evaluation of LPHS	68.8		
<b>ES 10: Research/Innovations</b>	<b>54.9</b>		
10.1 Foster Innovation	68.8		
10.2 Academic Linkages	58.3		
10.3 Research Capacity	37.5		
<b>Average Overall Score</b>	<b>60.8</b>	<b>NA</b>	<b>NA</b>
<b>Median Score</b>	<b>58.8</b>	<b>NA</b>	<b>NA</b>

TABLE 3 PERFORMANCE SCORES FOR ESSENTIAL SERVICES AND MEASURES



## COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment is a review of data related to the health of the community. Data was gathered from a variety of sources in order to obtain an over-all view of the needs, gaps, opportunities, and strengths to be addressed in the Community Health Improvement Plan. The data was reviewed by the steering committee when it re-convened in July and will be examined and utilized throughout the continued Action Phase of setting goals, objectives, work plans, and evaluations to address the priority needs.

Data was compiled using several sources: The 2009-2013 U.S. Census, the County Health Rankings, the 2013 Behavioral Risk Factor Surveillance System (BRFSS), National Data, the State of Nebraska 2013 Youth Risk Behavior Survey (SHARP), and data from the Great Plains Health 2013 Community Health Needs Assessment.

## DATA

## DEMOGRAPHICS

The U. S. Census population reports show a total population of 39,433 for the six counties of the WCDHD area. The U. S. Census facts for Lincoln County are shown in Table 4. The population has decreased slightly since 2014 by 1.3%. Lincoln County has a higher percent of persons 65 and over, with 16.8% in that age group, compared to the state average of 14.1%. Trends there show a slight decrease in population (-1.3%) and decreases in the under 5 age group of -11.4% and in the 45-64 age group of -4.7%, while there is an increase in the number in the 65-84 age group of 8.1% and 6.3% in the 85 and older group. The minority population increased by 17.8% from 2000 to 2010.

## LINCOLN COUNTY QUICKFACTS

People QuickFacts	Lincoln County	Nebraska
<i>i</i> Population, 2014 estimate	35,815	1,881,503
<i>i</i> Population, 2013 estimate	36,092	1,868,969
<i>i</i> Population, 2010 (April 1) estimates base	36,288	1,826,341
<i>i</i> Population, percent change - April 1, 2010 to July 1, 2014	-1.3%	3.0%
<i>i</i> Population, percent change - April 1, 2010 to July 1, 2013	-0.5%	2.3%
<i>i</i> Population, 2010	36,288	1,826,341
<i>i</i> Persons under 5 years, percent, 2013	6.5%	7.0%
<i>i</i> Persons under 18 years, percent, 2013	24.6%	24.9%
<i>i</i> Persons 65 years and over, percent, 2013	16.8%	14.1%
<i>i</i> Female persons, percent, 2013	50.4%	50.2%
<hr/>		
<i>i</i> White alone, percent, 2013 (a)	96.1%	89.7%
<i>i</i> Black or African American alone, percent, 2013 (a)	0.9%	4.8%
<i>i</i> American Indian and Alaska Native alone, percent, 2013 (a)	0.9%	1.3%
<i>i</i> Asian alone, percent, 2013 (a)	0.6%	2.1%
<i>i</i> Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%

<b>i</b> Two or More Races, percent, 2013	1.4%	2.0%
<b>i</b> Hispanic or Latino, percent, 2013 (b)	8.0%	9.9%
<b>i</b> White alone, not Hispanic or Latino, percent, 2013	89.0%	81.0%

TABLE 4 SOURCE U.S. CENSUS BUREAU: STATE AND COUNTY QUICKFACTS. DATA DERIVED FROM POPULATION ESTIMATES, AMERICAN COMMUNITY SURVEY. CENSUS OF POPULATION AND HOUSING, STATE AND COUNTY HOUSING UNIT ESTIMATES, COUNTY BUSINESS PATTERNS, NON-EMPLOYER STATISTICS

### WEST CENTRAL DISTRICT HEALTH DEPARTMENT POPULATION CHARACTERISTICS

	2000		2010			2014		
	Population	% of Total	Population	% of Total	% Change in Population *	Population	% of Total	% Change in Population **
<b>WCDHD Total</b>	37,895	100.0 %	39,433	100.0 %	4.1%	38,931	100.0 %	-1.3%
<b>Gender</b>								
Female	19,291	50.9%	19,932	50.5 %	3.3%	19,281	49.5%	-3.3%
Male	18,604	49.1%	19,501	49.5 %	4.8%	19,650	50.5%	0.8%
<b>Age</b>								
Under 5 years	2,464	6.5%	2,772	7.0%	12.5%	2,455	6.3%	-11.4%
5 - 14 years	5,527	14.6%	5,463	13.9 %	-1.2%	5,497	14.1%	0.6%
15 - 24 years	4,946	13.1%	4,601	11.7 %	-7.0%	4,510	11.6%	-2.0%
25 - 44 years	9,995	26.4%	9,325	23.6 %	-6.7%	9,213	23.7%	-1.2%
45 - 64 years	9,055	23.9%	10,966	27.8 %	21.1%	10,455	26.9%	-4.7%
65 - 84 years	5,024	13.3%	5,331	13.5 %	6.1%	5,765	14.8%	8.1%
85 and older	884	2.3%	975	2.5%	10.3%	1,036	2.7%	6.3%
<b>Race/Ethnicity</b>								
White, NH***	35,257	93.0%	35,793	90.8 %	1.5%	34,643	89.0%	-3.2%
African American, NH	180	0.5%	239	0.6%	32.8%	296	0.8%	23.8%
Native American, NH	151	0.4%	176	0.4%	16.6%	198	0.5%	12.5%
Asian/Pacific Islander, NH	137	0.4%	201	0.5%	46.7%	321	0.8%	59.7%
Other, NH****	12	0.0%	19	0.0%	58.3%	0	0.0%	
2+ Races, NH	243	0.6%	349	0.9%	43.6%	434	1.1%	24.4%
Hispanic	1,915	5.1%	2,656	6.7%	38.7%	3,039	7.8%	14.4%
Minority*****	2,638	7.0%	3,640	9.2%	38.0%	4,288	11.0%	17.8%
* Change in population from 2000 to 2010								
** Change in population from 2010 to 2014								



*** NH=Non-Hispanic
**** For 2014, the estimates program forced "Other" into specific race categories.
***** Reflects those who are not "White, NH"
^West Central District Health Department includes Arthur, Hooker, Lincoln, Logan, McPherson, and Thomas Counties
Source: U.S. Census

TABLE 5 POPULATION CHARACTERISTICS

## LINCOLN COUNTY, NEBRASKA, AND NATIONAL UNEMPLOYMENT STATISTICS FROM THE U.S. DEPARTMENT OF LABOR

Unemployment in Lincoln County (Table 6) is lower than the state unemployment rates, with 3.3% or less in early 2015 in Lincoln County compared to the Nebraska rate of 5.3% to 5.7% in that same time period. While unemployment rates are low, 11.9% of individuals in Lincoln County were living in poverty in 2012, according to the Centers for Disease control and Prevention, with 17.7% of children and 8.1% of older adults living in poverty (Table 7 and 8). The rate of students eligible for free and reduced meals at school increased in Lincoln County from 32% to 40% from 2008 to 2012, while the rate increased in Logan county from 25% to 38%, and in Thomas County from 30% to 41%. Hooker County, while having a high rate of students who qualified for free and reduced meals, decreased their numbers from 48% to 43% from 2008 to 2012 (Table 9).

Unemployment Statistics from the U. S. Department of Labor			
Lincoln County, NE Current Unemployment - 2.9%			
Unemployment Rate			Lincoln County, NE
Month/Year	Lincoln County, NE%	Nebraska%	National %
1 / 2015	3.2%	3.3%	5.7%
2 / 2015	2.7%	2.9%	5.5%
3 / 2015	2.7%	2.8%	5.5%
4 / 2015	2.5%	2.5%	5.4%
5 / 2015	2.5%	2.6%	5.5%
6 / 2015	2.9%	3.0%	5.3%
Source: <a href="http://www.homefacts.com/unemployment/Nebraska/Lincoln-County.html">http://www.homefacts.com/unemployment/Nebraska/Lincoln-County.html</a>			

TABLE 6 UNEMPLOYMENT STATISTICS

## INCOME LEVELS

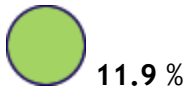
Lincoln County, Nebraska						
Total		Below poverty level		Percent below poverty level		
Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	
Population for whom poverty status is determined	35,276	+/-203	4,442	+/-818	12.6%	+/-2.3

AGE						
Under 18 years	8,744	+/-93	1,684	+/-428	19.3%	+/-4.9
Related children under 18 years	8,701	+/-112	1,641	+/-426	18.9%	+/-4.9
18 to 64 years	20,980	+/-117	2,323	+/-449	11.1%	+/-2.1
65 years and over	5,552	+/-124	435	+/-124	7.8%	+/-2.2

TABLE 7 SOURCE: U.S. CENSUS BUREAU, 2010-2014 AMERICAN COMMUNITY SURVEY 5-YEAR EST

## COMMUNITY HEALTH STATUS INDICATORS

The percent of individuals living in poverty in Lincoln County, NE is:





Rate	90% CI	Icon	Description	Peer Median	Peer Range	HP 2020 Target	US Median
17.7	13.7 - 21.7		<a href="#">Children in poverty</a>	23.4	12.1 - 33.2	NA	23.9
8.1	5.5 - 10.7		<a href="#">Older adults in poverty</a>	8.9	6.3 - 12.7	NA	9.6

TABLE 8 CENTERS FOR DISEASE CONTROL AND PREVENTION 1600 CLIFTON RD. ATLANTA, GA 30333, USA  
ATLANTA, GA 30333, USA DATA YEARS 2012

## PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE/REDUCED MEALS

Years: 5 selected | Data Type: Percent

Data Provided by: [Voices for Children in Nebraska](#)

Location	Data Type	2008	2009	2010	2011	2012
Lincoln	Percent	32%	32%	32%	37%	40%
Logan	Percent	25%	25%	25%	31%	38%
Hooker	Percent	48%	46%	46%	46%	43%
Thomas	Percent	30%	36%	36%	44%	41%

TABLE 9 PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE/REDUCED SCHOOL MEALS; SOURCE: VOICE FOR CHILDREN IN NEBRASKA

## COUNTY HEALTH RANKINGS

The *County Health Rankings*, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

Note that the County Health Rankings rank 79 counties in Nebraska with 1 being the best and 79 being the worst. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state. Lincoln County ranks 66 out of 79, with areas of highest concern being “Quality of Life” with

all scores higher than the top U.S. performers and Nebraska scores, “Health Behaviors” with Lincoln County having higher rates of adult smoking, adult obesity, and physical inactivity, and “Social and Economic Factors” with lower high school and college graduate rates, higher children in poverty, and a greater number of children in single-parent households.

## COUNTY HEALTH RANKINGS

Lincoln County		Trend (Click for info)	Error Margin	Top U.S. Performers*	Nebraska	Rank (of 79)
Health Outcomes					<b>66</b>	
Length of Life					<b>42</b>	
<a href="#">Premature death</a>	6,627		5,681-7,574	5,317	5,904	
Quality of Life					<b>78</b>	
<a href="#">Poor or fair health</a>	15%		14-17%	10%	12%	
<a href="#">Poor physical health days</a>	3.6		3.3-3.9	2.6	2.9	
<a href="#">Poor mental health days</a>	3.2		2.7-3.7	2.3	2.7	
<a href="#">Low birthweight</a>	8.4%		7.5-9.3%	6.0%	7.1%	
Health Factors					<b>62</b>	
Health Behaviors					<b>56</b>	
<a href="#">Adult smoking</a>	19%		17-21%	13%	18%	
<a href="#">Adult obesity</a>	32%		29-35%	25%	29%	
<a href="#">Physical inactivity</a>	28%		26-31%	21%	25%	
<a href="#">Excessive drinking</a>	17%		15-19%	7%	19%	
<a href="#">Motor vehicle crash deaths</a>	12		8-17	10	14	
<a href="#">Sexually transmitted infections</a>	124			92	280	
<a href="#">Teen births</a>	38		34-43	21	34	
Clinical Care					<b>37</b>	
<a href="#">Uninsured</a>	11%		9-12%	11%	13%	
<a href="#">Primary care physicians**</a>	1,727:1			1,067:1	1,413:1	
<a href="#">Dentists**</a>	2,015:1			1,482:1	1,625:1	
<a href="#">Preventable hospital stays</a>	78		70-86	47	65	
<a href="#">Diabetic monitoring</a>	85%		77-93%	90%	85%	
<a href="#">Mammography screening</a>	57.7%		49.4-66.1%	73.0%	65.0%	
Social & Economic Factors					<b>59</b>	
<a href="#">High school graduation**</a>	81%				88%	
<a href="#">Some college</a>	67.5%		61.5-73.5%	69.5%	69.2%	
<a href="#">Unemployment</a>	3.9%			5.0%	4.4%	
<a href="#">Children in poverty</a>	19%		14-24%	14%	18%	
<a href="#">Inadequate social support</a>	20%		18-22%	14%	17%	

<a href="#">Children in single-parent households</a>	29%		23-35%	20%	27%	
<a href="#">Violent crime</a>	171			66	291	
<b>Physical Environment</b>						57
<a href="#">Air pollution - particulate matter</a>	9.4		9.3-9.4	8.8	9.4	
<a href="#">Drinking water violations</a>	90%			0%	11%	
<a href="#">Access to recreational facilities</a>	14			16	12	
<a href="#">Limited access to healthy foods**</a>	7%			1%	7%	
<a href="#">Fast food restaurants</a>	48%			27%	48%	

TABLE 10 2013; \* 90TH PERCENTILE, I.E., ONLY 10% ARE BETTER; \*\* DATA SHOULD NOT BE COMPARED WITH PRIOR YEARS DUE TO CHANGES IN DEFINITION. NOTE: BLANK VALUES REFLECT UNRELIABLE OR MISSING DATA

## BIRTH RATES

The birth rate (Table 11) in the WCDHD area is lower than the Nebraska rate, with a range of 11.3 to 13.3 over the years 2005 to 2014, compared to the Nebraska rate of 13.96 to 15.10 per 1000. The birth rates for WCDHD have declined over all from a rate of 13.3 in 2005 to 11.3 in 2014. The death rate in the WCDHD area (Table 11) are also slightly lower than the Nebraska rate, with a range of 9.1 to 10.3 in the WCDHD area compared to 8.2 to 8.6 in Nebraska overall. The death rate has remained fairly steady in the WCDHD area with a rate of 9.9 in 2005 and 9.8 in 2014.

	Year	Population	Births	Deaths	Birth Rate per 1000	Death Rate per 1000	Year	WCDHD Birth Rate	WCDHD Death Rate
	2005	38,679.0	516.0	384.0	13.3	9.9	2005	13.3	9.9
	2006	39,107.0	554.0	386.0	14.2	9.9	2006	14.2	9.9
	2007	39,163.0	546.0	361.0	13.9	9.2	2007	13.9	9.2
	2008	39,437.0	546.0	375.0	13.8	9.5	2008	13.8	9.5
	2009	39,385.0	545.0	388.0	13.8	9.9	2009	13.8	9.9
	2010	39,421.0	469.0	358.0	11.9	9.1	2010	11.9	9.1
	2011	39,282.0	476.0	363.0	12.1	9.2	2011	12.1	9.2
	2012	39,189.0	481.0	404.0	12.3	10.3	2012	12.3	10.3
	2013	39,258.0	460.0	370.0	11.7	9.4	2013	11.7	9.4
	2014	38,931.0	441.0	382.0	11.3	9.8	2014	11.3	9.8
Nebraska	Year	Population	Births	Deaths	Birth Rate per 1000	Death Rate per 1000	Year	Nebr. Birth Rate	Nebr. Death Rate
	2005	1,761,497	26,142	14,950	14.84	8.49	2005	14.8	8.5
	2006	1,772,693	26,723	14,894	15.07	8.40	2006	15.1	8.4
	2007	1,783,440	26,935	15,256	15.10	8.55	2007	15.1	8.6
	2008	1,796,378	26,992	15,451	15.03	8.60	2008	15.0	8.6
	2009	1,812,683	26,931	14,803	14.86	8.17	2009	14.9	8.2
	2010	1,829,865	25,916	15,171	14.16	8.29	2010	14.2	8.3
	2011	1,842,232	25,722	15,473	13.96	8.40	2011	14.0	8.4
	2012	1,855,487	25,939	15,654	13.98	8.44	2012	14.0	8.4

	2013	1,868,969	26,094	15,745	13.96	8.42	2013	14.0	8.4
	2014	1,881,503	26,794	15,965	14.24	8.49	2014	14.2	8.5

TABLE 11 OVERALL BIRTH AND DEATH RATES IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT

### LEADING CAUSES OF DEATH IN WEST CENTRAL DISTRICT HEALTH DEPARTMENT

The leading causes of death in the WCDHD area for 2005-2009 and 2010-2014 (Table 12) were heart disease and cancer. The heart disease rate declined from 26.7% to 22.6% and the cancer rate declined slightly from 22.7% to 22.4%. Other causes of death increased slightly over 2010-2014.

2005-2009 Combined						
Rank	Cause of Death	Number Deaths	% of Total	Rank	Cause of Death	Number Deaths
1	Heart Disease	506	26.7%	1	Heart Disease	425
2	Cancer	429	22.7%	2	Cancer	420
3	Chronic Lung	106	5.6%	3	Chronic Lung	110
4	Stroke	97	5.1%	4	Unintentional Injury	101
5	Unintentional Injury	92	4.9%	5	Stroke	84
6	Diabetes	72	3.8%	6	Diabetes	82
7	Alzheimer's	57	3.0%	7	Alzheimer's	61
8	Suicide	34	1.8%	8	Pneumonia	42
9	Pneumonia	33	1.7%	9	Suicide	33
10	Kidney Disease	26	1.4%	10	Hypertension	31
	Total	1,894			Total	1,877

TABLE 12 SOURCE: NEBRASKA VITAL RECORDS

### NO HEALTH CARE COVERAGE

The rates of those individual 18-64 in the WCDHD area without health care coverage declined from 20% to 17.6% from 2011 to 2014 (Table 13).

Year	Nebraska	WCDHD
2011	19.1%	20.0%
2012	18.0%	17.5%
2013	17.6%	18.9%
2014	15.3%	17.6%

TABLE 13 NO HEALTH CARE COVERAGE AMONG ADULTS 18-64 YEARS OLD WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2014; SOURCE: BRFSS

### UNABLE TO SEE A DOCTOR

The rates of adults 18+ unable to see a doctor due to cost dropped during the period of 2011-2014 From 13.3% in 2011 to 14.4% in 2014. This is higher than the Nebraska rate of 11.9% in 2014 (Table 14).

Year	Nebraska	WCDHD
2011	12.5%	13.3%
2012	12.8%	15.2%
2013	13.0%	12.2%
2014	11.9%	14.4%

TABLE 14 UNABLE TO SEE A DOCTOR DUE TO COST ADULTS 18+ IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2014; SOURCE: BRFSS



## CHRONIC DISEASE

The death rate from heart disease declined in both Nebraska and the WCDHD area from 2005 to 2014 (Table 15). The rate dropped significantly in the WCDHD area from 189.6 per 100,000 in 2005 to 122.7 in 2014.

### HEART DISEASE RATE

	Nebraska	WCDHD
2005	179.0	189.6
2006	168.0	186.9
2007	167.9	191.2
2008	164.7	192.1
2009	153.3	211.1
2010	153.2	176.8
2011	147.7	179.5
2012	147.0	159.7
2013	147.9	128.2
2014	142.7	122.7

TABLE 15 HEART DISEASE RATE; BUREAU OF VITAL STATISTICS, NATIONAL CENTER FOR HEALTH STATISTICS

### HIGH BLOOD PRESSURE

The rates of adults with at least an incidence of high blood pressure was both higher in the WCDHD area than in Nebraska and increased over the 2011 to 2013 time period from 31.7% to 34.7% (Table 16).

Year	Nebraska	WCDHD
2011	28.5%	31.7%
2013	30.3%	34.7%

TABLE 16 EVER TOLD THEY HAVE HIGH BLOOD PRESSURE (EXCLUDING PREGNANCY) ADULTS 18+ IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2013; SOURCE: BRFS

### STROKE DEATH RATES

The rate of death from strokes in the WCDHD area has been inconsistent in the 2005 to 2014 time period, but overall has remained lower than the Nebraska rate (Table 17).

Year	Nebraska	WCDHD
2005	48.4	36.4
2006	44.6	43.0

2007	43.8	35.4
2008	39.2	35.5
2009	40.1	35.5
2010	40.4	14.6
2011	37.4	26.4
2012	34.9	43.4
2013	36.3	26.6
2014	34.7	37.4

TABLE 17 NEBRASKA VITAL RECORDS

### DIABETES DEATH RATES

The death rate due to diabetes has general increased over the 2005-2014 time period, with rates in the WCDHD area also generally higher than the Nebraska rate (Table 18).

Year	Nebraska	WCDHD
2005	23.3	22.4
2006	22.1	33.7
2007	23.4	36.8
2008	23.2	18.9
2009	21.7	32.4
2010	21.5	30.6
2011	21.8	25.6
2012	20.7	31.6
2013	21.8	42.6
2014	21.5	23.7

TABLE 18 DIABETES DEATH RATE PER 100,000 POPULATION (AGE-ADJUSTED) IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2005-2014

### CANCER DEATH RATES

Death rates due to lung cancer, breast cancer, and cervical cancer were higher in the WCDHD area as compared to the Nebraska rates, while cervical cancer and prostate cancer rates were lower (Table 19). The rate of deaths due to lung cancer was high in both instances with a rate of 45.6 in WCDHD.

Type	Nebraska	WCDHD
Lung	43.0	45.6
Colorectal	16.3	11.9
Female Breast	20.2	26.4
Cervical	2.2	4.5
Prostate	20.8	16.7

TABLE 19 CANCER DEATH RATES BY TYPE PER 100,000 POPULATION (AGE-ADJUSTED) IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2010-2014 COMBINED

### VISITS TO DENTIST

Fewer adults have visited the dentist in the past year in the WCDHD area compared to the Nebraska rate (Table 20). The rate of those not seeking dental care has increased.

	Nebraska	WCDHD
<b>2012</b>	67.6%	60.7%
<b>2014</b>	66.4%	61.6%

TABLE 20 SOURCE: BRFSS

## RISK FACTORS

### CIGARETTE SMOKING AMONG ADULTS

The rate of adults who reported that they smoked increased in the WCDHD area in 2012, but then has been on the increase for the years 2013 and 2014. The 2014 rate was 24.5% compared to the Nebraska rate of 17.4% (Table 21).

	Nebraska	WCDHD
<b>2011</b>	20.0%	23.6%
<b>2012</b>	19.7%	15.2%
<b>2013</b>	18.5%	18.5%
<b>2014</b>	17.4%	24.5%

TABLE 21 CIGARETTE SMOKING AMONG ADULTS 18+ IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2014; SOURCE: BRFSS

### OBESITY RATES

The obesity rate in the WCDHD area is higher than the Nebraska rate, with nearly one-third of adults being obese (Table 22).

Year	Nebraska	WCDHD
<b>2011</b>	28.4%	33.9%
<b>2012</b>	28.6%	32.0%
<b>2013</b>	29.6%	32.0%
<b>2014</b>	30.3%	32.5%

TABLE 22 OBESITY ADULTS 18+ IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2011-2014

## MATERNAL / CHILD HEALTH

### LOW BIRTH WEIGHTS

The rate of low birth weight births in the WCDHD area has fluctuated over the reporting years of 2005 to 2014, with rates generally higher than the Nebraska rate (Table 23).

Year	Nebraska	WCDHD
2005	7.0%	7.8%
2006	7.1%	7.9%
2007	7.0%	10.6%
2008	7.1%	9.2%
2009	7.1%	8.3%
2010	7.1%	8.5%
2011	6.6%	6.1%
2012	6.7%	7.7%
2013	6.5%	6.5%
2014	6.7%	7.3%

TABLE 23 LOW BIRTH WEIGHT BIRTHS IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2005-2014; SOURCE: NEBRASKA VITAL STATISTICS, NATIONAL CENTER OF HEALTH STATISTICS, LOW BIRTH WEIGHT BIRTHS

### INFANT MORTALITY

Infant mortality rates have fluctuated over the 2005 to 2014 time period from a low of 0 in 2009 to a high of 11.0 in 2008 (Table 24).

Year	Nebraska	WCDHD
2005	5.6	3.9
2006	5.5	3.6
2007	6.8	9.2
2008	5.4	11.0
2009	5.4	0.0
2010	5.2	4.3
2011	5.6	8.4
2012	4.6	4.2
2013	5.3	8.7
2014	5.1	9.1

TABLE 24 INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS IN NEBRASKA AND WEST CENTRAL DISTRICT HEALTH DEPARTMENT, 2005-2014; SOURCE: NEBRASKA VITAL RECORDS, NATIONAL CENTER FOR HEALTH STATISTIC

Tables 25 and 26 are summaries of County Health Rankings and Behavioral Risk Factors Surveillance Systems Data information that are especially pertinent to the MAPP priorities of Healthy Lifestyles and Access to Care as identified through the Forces of Change, Local Public Health System Assessment, and the Community Themes and Strengths Assessment.

## COUNTY HEALTH RANKINGS INFORMATION RELATED TO MAPP ASSESSMENTS

Lincoln County	Nebraska
Report poor or fair health 15%	12%
Low birthweight 8.5%	7.0%
Adult smoking 16%	18%
Adult obesity 33%	29%
Physical inactivity 25%	24%
Access to exercise opportunities 79%	81%
Sexually transmitted infections 463	364
Teen births 36	32
Primary care physicians 1719:1	1405:1
Dentists 1897:1	1450:1
Mental health providers 419:1	435:1
Preventable hospital stays 67	56
Children in poverty 18%	17%
Injury deaths 66	54
Severe housing problems 9%	13%
Children in single-parent households 27%	28%

TABLE 25 COUNTY HEALTH RANKINGS

## BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) (2013) RELATED TO MAPP

WCDHD Area	Nebraska
General health fair or poor 16.6%	13.9%
No health care coverage 19.4%	17.6%
No personal doctor/healthcare prov. 13.8%	20.9%



<b>Needed to see a doctor but couldn't due to cost</b> 13.0%	13.0%
<b>Ever told they had heart attack/coronary disease</b> 7.2%	5.9%
<b>Ever told had high blood pressure</b> 34.7%	30.3%
<b>Ever told they had high cholesterol</b> 43.0%	37.4%
<b>Ever told they had diabetes</b> 10.8%	9.2%
<b>Ever told they had cancer</b> 14.4%	11.4%
<b>Currently have asthma</b> 10.0%	7.3%
<b>BMI 30+</b> 32.0%	29.6%
<b>BMI 25+</b> 74.1%	65.5%
<b>No leisure-time physical activity in past 30 days</b> 28.2%	25.3%
<b>Met aerobic physical activity recommendation</b> 54.1%	50.1%
<b>Currently taking medication or receiving treatment for mental health condition</b> 13.9%	11.0%
<b>Visited a dentist/dental clinic in past year</b> 60.3%	67.6%

TABLE 26 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) (2013) RELATED TO MAPP; NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION | DIVISION OF POPULATION HEALTH

### WEST CENTRAL DISTRICT HEALTH DEPARTMENT CHA DATA

The Community Health Assessment provides in-depth data about the health and well-being of the residents of the West Central District Health Department compared with the data about residents of the state of Nebraska. This assessment is compiled by the Department of Health and Human Services and is available on the WCDHD website.

Report: <http://wcdhd.org/communityhealthrankings2015.html>

### NEBRASKA HEALTH DISPARITIES EXECUTIVE REPORT

From the Nebraska Office of Health Disparities and Health Equity: The Nebraska Health Disparities Report is compiled by the Nebraska Office of Health Disparities and Health

Equity. The report provides documentation of changing demographic trends, socioeconomic indicators, and disparities in health status and outcomes experienced by various populations in the state, with the purpose improving the health status of racial and ethnic minorities, refugees, and immigrants. The Hispanic population is the highest minority population in the area, with 9.9% of Lincoln County's population being Hispanic according to the report. Across the state of Nebraska, the report documents a rate of 3.5 times more likely for the Hispanic population to have no health insurance, 2.5 times more likely to have no personal physician, and 2.3 times more likely to perceive their health as fair or poor as compared to the non-Hispanic white population. The report provides a detailed documentation of other health-related statistics for minority populations across the state.

Report: <http://dhhs.ne.gov/publichealth/Documents/Nebraska%20Health%20Disparities%20Report%20Final.pdf>

### LINCOLN COUNTY NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY

The NRPFSS is part of the Nebraska Student Health and Risky Prevention (SHARP) Surveillance System which is designed to measure adolescent substance abuse, delinquent behaviors, gambling, and the risk and protective factors that predict adolescent problem behaviors. Public and Non-public school students in grades 6, 8, 10, and 12 in Nebraska are targeted in this survey.

Report: <http://bosr.unl.edu/Lincoln%20County.pdf>

## STRATEGIC ISSUES

---

As identified through the MAPP assessment process, the three priority areas were identified. Those priorities were determined as essential in addressing the needs and gaps in our local public health care system. As the assessment was being completed, some subcommittees addressing those needs began to meet to develop plans. As of the completion of this CHA report, the following strategic issues surrounding the priorities have been identified and plans begun. Reports of the progress of these subcommittees, as well as continued community health improvement planning, will be part of a re-convening of CHA participants as the CHIP development continues into 2017. The work of those who have begun addressing priority needs is appreciated, as is the work yet to be done to move forward to a healthier community.

### AFFORDABLE AND EQUITABLE ACCESS TO CARE

---

**Vision Statement:** Quality healthcare and equitable opportunities are accessible, affordable and provided for all to develop and live life to the fullest potential.

**Strategic issue:** How can oral health care be provided to the residents of the local area who cannot access dental care due to lack of Medicaid providers and due to transportation difficulties?

**Problem:** The Forces of Change assessment identified inappropriate access to care (for example, use of emergency room rather than primary care provider) and the economy as reasons for people in the local area not being able to access oral health care. The U.S. Census reports 12.8% of Lincoln County residents living in poverty, with approximately 19% of children living in poverty. The County Health Rankings reported the dentist to population ratio as 1897:1, with 11% of residents being uninsured. The BRFSS data indicates that 60.3% of adults visited a dentist/dental clinic in the past year, compared to the Nebraska percentage of 67.6%. The lack of dentists in the area accepting Medicaid patients continues to be an issue. WCDHD had continued to accept Medicaid and uninsured patients; however, the dentist on staff had moved to part-time status to begin private practice, reducing the number of patients able to be seen at the WCDHD clinic.

**Planning:** The Access to Care subcommittee met in September through November to consider this issue. The meeting on November 10, 2015 included State Dental Director Charles Craft and State of Nebraska Primary Care Office Director, WCDHD Board of Health dental representative Dr. Dan Woodburn, VA clinic staff Pat Fiedler, and WCDHD staff Shannon Vanderheiden, Katy Pederson, Alnetta Effenbeck, Maria Lein, and Janet Livingston. Information was provided to these key state personnel to address the access to care issue of lack of oral health care in the local area.

WCDHD continues to seek a dentist or dentists to join the WCDHD dental staff. In addition, WCDHD has applied for a grant to provide care to the elderly at local long-term care and assisted living facilities to provide care to uninsured and underinsured residents and ease the difficulty of transportation.

**Strategic issue:** How can the public health care system assist residents who are unable to understand medical instructions, health care information, insurance information, and prescription information?

**Problem:** The U.S. Census provides the information that 8.0% of the population is Hispanic or Latino resulting in a language issue for a number of patients. Lincoln County ranks 66<sup>th</sup> out of 79 in the County Health Rankings with rates of adult smoking, adult obesity, physical inactivity, and teen births higher in Lincoln county as compared to the state of Nebraska rates, indicating the need for education on health issues and treatments. The County Health Rankings also show that Lincoln County has a high school graduation rate of 81% compared to the Nebraska rate of 88%, indicating lower literacy rates. The score for Essential Service 3, Inform, educate, and empower people about health issues”, was rated at 47.2 during the Local Public Health Systems Assessment, indicating only moderate activity within this domain.

**Planning:** Many community partners have expressed concern over the need for many patients and clients in understanding medical information and terminology and with the need for medical providers to work with those patients and clients in a manner to promote understanding. To this end, WCDHD has begun the process of becoming Health Literacy Champions. As Champions the staff will be able to assess materials for readability, will use health literate practices in interactions with patients, and has plans to provide health literacy training to providers in the community.

## HEALTHY LIFESTYLES AND WELL-BEING

---

**Vision statement:** Utilizing partnerships and education in an approach to seek health solutions for all ages and make available recreational and education resources to promote a healthy lifestyle.

**Strategic issue:** How can the local public system provide education and opportunities for community members of all ages to participate in physical activity and employ healthy nutrition habits?

**Strategic issue:** How can the community provide affordable wellness and recreation?

**Problem:** In the Community Themes and Strengths assessment, community members overwhelmingly responded with comments about the value of nutrition and physical activity for wellness, the importance of park and recreation availability, and the need for family activities and activities for children. The Forces of Change assessment pointed to the trend for rising rates of obesity, smoking, and asthma, as well as the need for affordable wellness and recreation activities in the community. With the Great Plains Health Community Health Needs Assessment reporting the poverty level of residents of Lincoln County at 12.8% with 19% of children living in poverty, the Forces of Change response of affordability for wellness and recreation becomes critical. The County Health Rankings show that adult obesity in Lincoln County is at 32% compared to the Nebraska percentage of 29%, while physical activity ranks at 28% for Lincoln County compared to the state average of 25%.

**Planning:** The Healthy Lifestyles subcommittees continue to meet.

The Recreation Center, Great Plains Health, and Kids Klub staff have plans to begin a fitness program that will allow children to prepare for and take part in the Fit Kids Run at Nebraskaland Days. Funding will be secured to provide entry fees for low income children and prizes.

WCDHD Health Services and Families First Partnership staff has begun a Positive Pulse Family Wellness program to promote family wellness activities including nutrition and physical activity. A group of families had met several times by the end of 2015 to do a variety of activities together. Funding is also being sought to continue to expand this program.

Other suggestions of programs especially designed for families and low-income children include scholarships for organized sports, a sports equipment exchange, and school/family wellness programs. Other suggestions have included public service announcements by local sports heroes encouraging families to eat healthy and be physically active, providing information for coaches of children's organized sports to share with their players, and an "Eat Like an Athlete" program sponsored by UNL Extension.

## COMMUNITY OWNERSHIP

---

**Vision statement:** Community ownership leads to collaboration and engagement to protect and promote health and well-being.

**Strategic issue:** In what way can community organizations and agencies and medical providers share information about patients and clients?

**Strategic issue:** How can community organizations and agencies provide information about community resources to those in need of assistance?

**Strategic issue:** How can community organizations and agencies collaborate to provide the best assistance to patients and clients?

**Problem:** The Forces of Change assessment pointed to the need for community collaboration. Comments made during the process included, “Knowledge of services and more consistent collaboration and cooperation are needed among service organizations”, barriers to achieving health included “lack of collaboration” and the need for community involvement, and “education about resources” as a way to reinforce health equity in our community. Essential Service 4, “Engage with the community to identify and address health problems”, received the lowest score of 44.8, indicating moderate activity, in the Local Public Health Systems Assessment. Under Essential Service 4, Measure 4.2, “Promote the community’s understanding of and support for policies and strategies that will improve the public’s health”, received the lowest score of any measurements with a score of 33.3. Communication and collaboration among local organizations was also cited in the Community Themes and Strengths Assessment.

**Planning:** The subcommittee addressing this issue spent time considering several issues: how to let the public know about resources and services, how to communicate between organizations, whether to have a common data system for case management among community organizations, the need for a common intake system among service organizations, and how to help community organizations collaborate with one another to best serve the needs of the community. The committee has agreed on the need for a common intake form that could be shared among organizations. Service Point, MPOWR, and other case management systems are being considered with Network of Care discussed as the possible receptacle of the service directory. The Families First Partnership collaborative that had been part of the Child Well-being Alliance is the backbone organization that will be used to build the community collaborative. Individuals who had been involved with other community collaborative organizations are serving as experts to assist in building our local community collaborative. The desire of those involved in this committee is to have a community collaborative developed to meet issues involved in community ownership, such as communication, central navigation, client intake, and the involvement of more organizations in the community.



## AVAILABLE ASSETS

North Platte and its surrounding area communities include a number of assets to be utilized in the work of health improvement. Many area parks and hiking/bike trails provide free access to exercise. North Platte's Recreation Center provides a wide variety of classes, fitness activities, and facilities for healthy lifestyles. Communities offer team sports such as softball, baseball, soccer, football, and volleyball to a variety of age groups.

In addition, a number of community partnerships provide the opportunity for organizations and agencies to work together to improve health. The Families First Partnership, Child Abuse Prevention Council, Substance Abuse Prevention Coalition, and others provide a framework of experience, knowledge, and cooperation to be utilized in health improvement. Local law enforcement, paramedics, emergency management, and fire departments serve to prevent and protect the communities. Medical providers provide services as well as education. Local businesses, service organizations, and faith-based organizations also provide support with donations and volunteers. WCDHD and other community organizations work closely with the school systems in the area for education and services.

The work of the many organizations involved in serving the community is appreciated. The table below lists some of the community organizations who may serve as resources and participants in the planning and implementation of the health improvement plan.

### COMMUNITY RESOURCE ORGANIZATIONS

Organization Name	Address	Services Provided	Area Served
<b>Area Agency on Aging</b>	115 N. Vine, North Platte 308-535-8195 <a href="mailto:info@wchaaa.org">info@wchaaa.org</a>	Care management, senior care options, health promotion and prevention, nutrition, legal assistance, financial counseling, information/assistance	Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, Thomas counties
<b>American Cancer Society</b>	3808 28 <sup>th</sup> Ave., Kearney, Ne 308-237-7841 <a href="http://www.cancer.org">www.cancer.org</a>	Health and referral services and transportation assistance	Mid-Nebraska
<b>Boys Town</b>	121 N. Dewey, #204 North Platte 308-534-4015 <a href="mailto:helpkids@boystown.org">helpkids@boystown.org</a>	Assistance for at-risk children and families	
<b>Bridge of Hope Advocacy Center</b>	410 W. 5 <sup>th</sup> , North Platte 308-534-4064 <a href="mailto:advocate@bridge-of-hope-cac.org">advocate@bridge-of-hope-cac.org</a>	Serves victims of child abuse and neglect, community education, case review coordination	Arthur, Chase, Dundy, Frontier, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson,

			Perkins, Red Willow, Thomas counties
<b>Community Connections</b>	301 W. F, 200 W. 9 <sup>th</sup> , North Platte 308-696-3355 <a href="mailto:ed@communityconnectionsllc.org">ed@communityconnectionsllc.org</a>	Substance abuse prevention, youth programs, mentoring	Lincoln county
<b>Community Action Partnership</b>	901 E. 10 <sup>th</sup> , North Platte 308-532-3250 <a href="mailto:northplattecsc@mnca.net">northplattecsc@mnca.net</a>	Emergency rent/utility assistance, commodities, weatherization, employment, Head Start, Senior Center, Meals on Wheels	
<b>CASA</b>	P.O. Box 1604, North Platte, NE 308-520-0527	Advocacy for abused and neglected children in court system, training for advocates	Lincoln County
<b>ESU 13</b>	4215 Ave. I, Scottsbluff 308-641-3883 <a href="http://www.esu13.org">www.esu13.org</a>	Education for migrant children	Arthur, Brady, Cozad, Gothenburg, Hershey, Maxwell, Mullen, North Platte, Ogallala, Paxton, South Platte, Stapleton, Sutherland, Thedford
<b>Great Plains Health</b>	601 W. Leota, North Platte 308-696-8000 <a href="http://www.gphealth.org">www.gphealth.org</a>	Medical clinics, medical services, health education,	Southwest and south central Nebraska
<b>Lincoln County Community Development Corp.</b>	220 N. Dewey, North Platte 534-5095 <a href="mailto:Lccdo5095@windstream.net">Lccdo5095@windstream.net</a>	Housing options for low-income families, home buyer education	Lincoln County
<b>Mid-Plains Community College</b>	601 W. State Farm Rd. 1101 Halligan Dr. North Platte 308-535-3600 <a href="mailto:info@mpcc.edu">info@mpcc.edu</a>	Community college	
<b>Nebraska Association of Local Health Directors</b>	800 S. 13 <sup>th</sup> , Lincoln, NE 68508 402-904-7946 <a href="mailto:nalhd@nalhd.org">nalhd@nalhd.org</a>	Amplifies the impact of local public health departments at the state and local level by leveraging resources, pursuing organizational excellence, facilitating peer learning, and building collaborative systems.	Nebraska
<b>Nebraska Games &amp; Parks</b>	301 E. State Farm Rd. North Platte 308-535-8025	Stewardship of the state's fish, wildlife, park, and outdoor recreation resources, education	Southwest Nebraska
<b>North Platte Chamber of Commerce</b>	502 S. Dewey, North Platte 308-532-4966 <a href="mailto:Kathy@nparea.com">Kathy@nparea.com</a> <a href="http://www.nparea.com">www.nparea.com</a>	Improvement of economic and civic environment, information about programs, events, resources, projects, organizations	Lincoln County

<b>North Platte Housing Authority</b>	900 Autumn Park, North Platte 308-534-4887	Low-income housing, Section 8 rental assistance	North Platte
<b>North Platte Police Dept.</b>	701 S. Jeffers, North Platte 308-535-6789	Law enforcement, crime prevention	North Platte
<b>North Platte Fire Dept./EMT</b>	715 S. Jeffers, North Platte 308-535-6762	Fire extinguishing, safety, prevention, education, emergency medical	North Platte
<b>North Platte Recreation Center</b>	1300 S. McDonald, North Platte 308-535-6772 <a href="mailto:barr@ci.north-platte.ne.us">barr@ci.north-platte.ne.us</a>	Recreation facilities, promotion, programs	North Platte area
<b>People's Family Health</b>	102 S. Elm, North Platte 308-534-1678 <a href="http://wicandfp.com">wicandfp.com</a>	WIC, family planning, nutrition, breastfeeding support, reproductive health services, SNAP	West central Nebraska
<b>Rape and Domestic Abuse Program (RDAP)</b>	414 East A, North Platte 308-532-0624 <a href="http://Nprdap.org">Nprdap.org</a>	Assistance to victims of domestic abuse and sexual assault, education	
<b>Region II Human Services</b>	110 N. Bailey, North Platte 308-534-6029 <a href="http://www.r2hs.com">www.r2hs.com</a>	Behavioral health, rehabilitation, prevention, mental health support	Southwest and west central Nebraska
<b>RSVP</b>	901 E. 10 <sup>th</sup> , North Platte 308-535-6777 <a href="mailto:rsvp@ci.north-platte.ne.us">rsvp@ci.north-platte.ne.us</a>	Volunteer coordination	North Platte
<b>Salvation Army</b>	1020 N. Adams, North Platte 308-532-2038 <a href="mailto:tony_bowers@usc.salvationarmy.org">tony_bowers@usc.salvationarmy.org</a>	Emergency assistance, after-school and summer children's programs, food pantry, energy assistance, family programs	West central Nebraska
<b>The Connection Homeless Shelter</b>	414 E. 6 <sup>th</sup> , North Platte 308-532-5050 <a href="http://www.theconnectionnp.com">www.theconnectionnp.com</a>	Emergency and transitional housing for homeless	North Platte
<b>United Way - Mid Plains</b>	315 N. Dewey, #203B, North Platte 308-532-8870 <a href="http://Northplatteunitedway.org">Northplatteunitedway.org</a>	Improving education, income, health in the community	Lincoln, Logan, McPherson counties
<b>UNL Extension</b>	348 W. State Farm Road, North Platte 308-696-6740 <a href="mailto:Cfox1@unl.edu">Cfox1@unl.edu</a> <a href="http://www.extension.unl.edu">www.extension.unl.edu</a>	Nutrition, education, food safety, preparation, agriculture-related topics	West central Nebraska
<b>West Central District Health Department</b>	111 N Dewey Suite A North Platte, NE 308-696-1201 <a href="http://www.wcdhd.org">www.wcdhd.org</a>	Medical and dental services, health promotion, and prevention, care management and immunizations.	Lincoln, Logan, McPherson, Thomas, Hooker, and Arthur Counties
<b>Women's Resource Center</b>	316 E. Front, North Platte 308-534-1440 <a href="http://www.pregnancynorthplatte.com">www.pregnancynorthplatte.com</a>	Pregnancy tests/education, referrals housing, classes, medical assistance, prenatal care, prenatal/infant care education, provide for infant needs	North Platte

TABLE 27 COMMUNITY RESOURCE ORGANIZATIONS

## ACTION PHASE

The next community step is the Action Phase which includes the planning, implementation, and evaluation of the health improvement plan. As this phase continues, the strategic plans for community health improvement will include objectives, work plans including timelines and community involvement, and an evaluation plan. Workgroups of community partners centered on the priority areas of Access to Care, Healthy Lifestyles, and Community Ownership will be involved throughout this process. The planning, implementation, and evaluation will be documented through the WCDHD performance management system and presented in the Community Health Improvement Plan to be distributed to involved community partners and made available to the public.

WCDHD will facilitate annual meetings to re-evaluate the CHA priorities and review, discuss, analysis current local, state and national data; conclusions will be documented and shared with community partners



## WORK CITED

---

Behavioral Risk Factor Surveillance System, 2013

Centers for Disease Control and Prevention, 2012.

County Health Rankings Mobilizing for Action through Planning and Partnerships (MAPP) User's Handbook, National Association of County & City Health Officials, September 2013

Nebraska Department of Health and Human Services: Lincoln County Risk and protective Factor Student Survey

Nebraska Department of Health and Human Services, West Central CHA Data, 12-7-15

Nebraska Office of Health Disparities and Health Equity: Nebraska Health Disparities Executive Summary

U.S. Census Bureau, 2010-2014 American Community Survey

U.S. Census Bureau: State and County Quick facts.

U.S. Department of Labor Unemployment Statistics

Voices for Children in Nebraska: Percentage of Students Eligible for Free/Reduced Meals

WCDHD/PWCDHDStrategicPlanning/MAPPReport/8/30/2015/Rev3/2/16



**We want to hear from you!**  
**Visit us at [wcdhd.org](http://wcdhd.org) and click on CHA**

**West Central District Health Department**

308-696-1201  
111 N Dewey St Suite A  
North Platte Nebraska 69101

Like Us on Facebook

Published January 24, 2017