Community Health Improvement Plan

Regional West Medical Center

December 2017-December 2020

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Contents

List of Figures

List of Tables

Regional West
Medical Center

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We, at Regional West, are proud of our longstanding tradition of both providing quality health care and also reaching out to the community to address local and regional health care needs and concerns. Doing so is our both mission and the basis of our growth from a small community hospital to a regional referral center.

We are now required by the Patient Protection and Affordable Care Act to conduct a community needs assessment to determine unmet health care needs in the community.

For the past year, we have worked collaboratively with the Scotts Bluff County Health Department and Panhandle Public Health District, focus groups, community boards, advisory groups, and area residents to discuss and review local health initiatives, resources, and gaps in health care. This assessment involves the collection of data to steer our efforts to address pressing health issues.

A task force of staff from Regional West and Scotts Bluff County Health department ranked the unmet needs based on data analysis and the recommendations of the individuals and organizations who participated in the assessment. Four issues were identified as top priorities: chronic disease, injury prevention, behavioral health, and access to care. The task force has developed a three-year Community Health Improvement Plan (CHIP) for implementation and interventions to address these local needs.

Regional West is committed to improving the health of our community by continually working with community partners to address the health needs of Scotts Bluff County and regional residents. We hope that the end result of this assessment and the goals it establishes helps to improve the lives of those we are privileged to serve.

John Mentgen FACHE
President & CEO
Regional West Health Services

Overview of the Development Process

Mobilizing for Action through Planning and Partnerships (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, has been used for the CHNA and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011, and continued to be used for this round of the CHNA and CHIP. MAPP emphasizes the partnership with all sectors of the public health system to evaluate the health status of the region it serves, identify priority areas, and develop plans for implementation.

The MAPP model has six key phases:

1. Organize for success/Partnership development
2. Visioning
3. Four MAPP assessments
    a. Community Themes and Strengths Assessment (CTSA)
    b. Local Public Health System Assessment
    c. Forces of Change Assessment
    d. Community Health Status Assessment
4. Identify strategic issues
5. Formulate goals and strategies
6. Take action (plan, implement, and evaluate)

This document encompasses phases five and six. Phases one through four can be found in the Community Health Needs Assessment.

Priority Areas

Priority areas were determined in a series of meetings hosted in August 2017. The meetings included broad representation from the hospital. Data from the Community Health Needs Assessment was presented, and a scoring matrix was used to determine the most important priority areas. The priority areas determined were:

- **Chronic Disease,** specifically focusing on diabetes (specifically prevention, diagnosis, and management), cancer (specifically survivorship and access to care for diagnosis), and cardiovascular disease (specifically stroke).
- **Injury Prevention,** focusing on intentional and unintentional injuries.
- **Behavioral Health,** focusing on our employee resilience.
- **Access to Care,** focusing on all priority areas.

Priority Area 1: Chronic Disease

Priority Area 1A: Cardiovascular Disease

Focus on Stroke

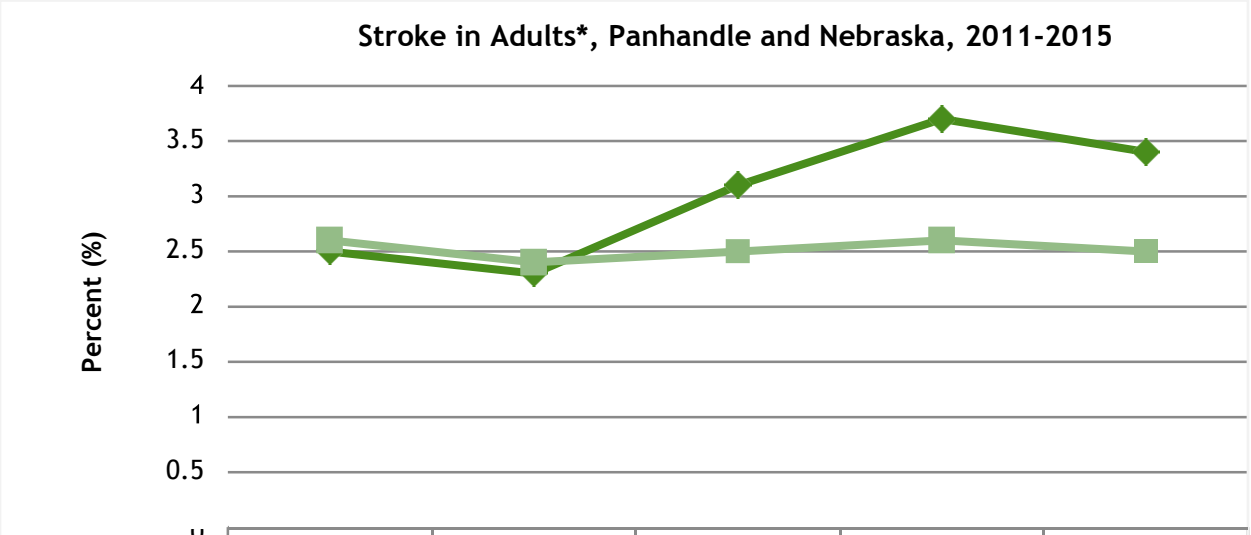
About

Cardiovascular diseases (CVD) are the number one cause of death across the world.[1] Cardiovascular diseases "are a group of disorders of the heart and blood vessels", they include: coronary heart disease, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis and pulmonary embolism.[1] Risk factors for cardiovascular diseases include: unhealthy diet, physical inactivity, tobacco use, and harmful use of alcohol.

Stroke, also known as cerebrovascular disease, is a type of CVD that occurs when blood supply to a part of the brain is blocked, or when a blood vessel in the brain bursts. This leads to brain damage or death. A stroke can cause severe disability, brain damage, and death.[2]

Prevalence

Figure 1. Stroke in adults, Panhandle and Nebraska, 2011-2015



*Percentage of adults 18 and older who report they were ever told they had a stroke. Data from 2011-2015 Nebraska

In recent years, the prevalence of stroke in adults has been slightly higher in the Panhandle versus the state of Nebraska; however there is no significant difference in any year (see Figure 1).

Mortality

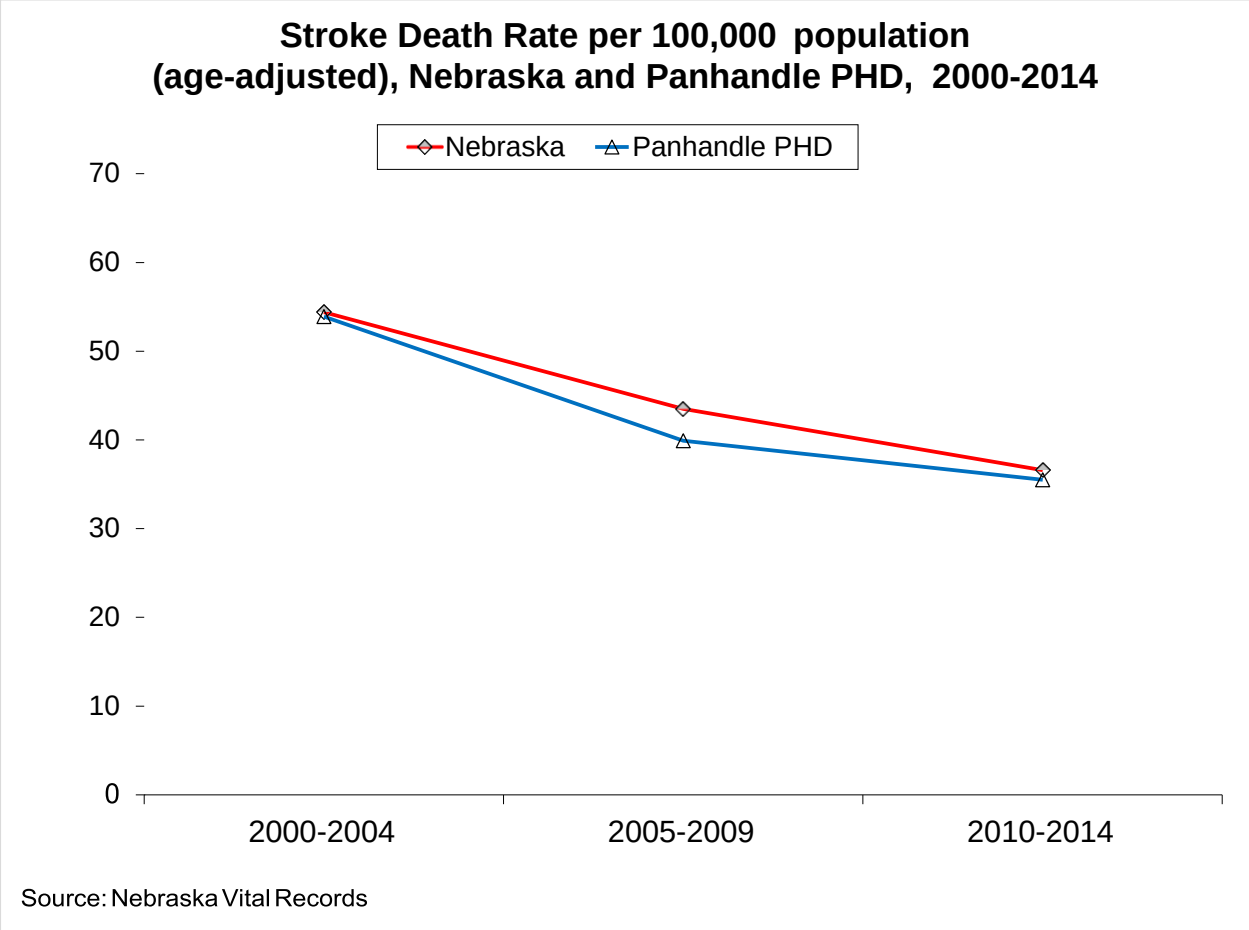
Table 1. Stroke Death Rate per 100,000 population (age-adjusted), Panhandle and Nebraska, 2005-2015

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Nebraska	45.6	42.4	41.1	39.9	39.2	37.6	36.1	35.3	34.8
Panhandle	42.3	40.8	37.7	35.5	35.2	35.5	37.9	36.0	38.3

Source: Nebraska Vital Records

The stroke death rate per 100,000 population is similar between the Panhandle and the state of Nebraska (see Table 1 and Figure 2).

Figure 2. Stroke Death rate per 100,000 population (age-adjusted), Nebraska and Panhandle, 2000-2014



Goals

- Decrease the number of stroke deaths in the Panhandle.

Objectives

Objective 1A.2:	Reduce the proportion of adults with hypertension (Healthy People 2020: HD S-5.1)
Baseline:	35.8% of Panhandle adults aged 18 years and over had high blood pressure/hypertension in 2015.
Target (2020):	32.2%
Target-Setting Method:	10 percent improvement
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older who report they were ever told by a doctor, nurse, or other health professional that they have high blood pressure
Objective 1A.2:	Increase the proportion of adults with hypertension whose blood pressure is under control (Healthy People 2020: HDS-12)
Baseline:	10.17% (433 of 4,259) of adults seen in RWPC in 2016 with diagnosis of hypertension with a blood pressure at last office visit above 140/190
Target (2020):	9.15%.
Target-Setting Method:	10% improvement
Data Source:	RWPC Electronic Health Record
Indicator	Those adults seen in RWPC family practice that has a diagnosis of hypertension with a blood pressure at last office visit above 140/90
Objective 1A.3:	Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a stroke (Healthy People 2020: HDS-17)
Baseline:	The number of patients below 120 and greater than 540 minutes from “last known well” to when presenting to RWMC. (RWMC Stroke PMT) Less Than 120 minutes: 18 /79 People = 22.8% Over 540 minutes: 41/ 79 People = 51.9%
Target (2020):	Less than 120 minutes: 25.1 %

	Over 540 minutes: 46.7%
Target-Setting Method:	10% improvement
Data Source:	RWMC Stroke PMT
Indicator	The number of patients below 120 and greater than 540 minutes from "last known well" to when presenting to RWMC. (RWMC Stroke PMT) Less Than 120 minutes Over 540 minutes
Objective 1A.4:	Increase the proportion of eligible patients with strokes who receive acute reperfusion therapy within 3 hours from symptoms onset. (Healthy People 2020: HDS-19.3)
Baseline:	The percent of eligible patients with strokes who receive Intravenous thrombolytic **therapy in less than 60** minutes from time of arrival to treatment at RWMC from January –September 2017 (RWMC Stroke PMT) 7 out of 7 patients=100%
Target (2020):	100%
Target-Setting Method:	100% maintenance
Data Source:	(RWMC Stroke PMT)
Indicator	The percent of eligible patients with strokes who receive Intervenes thrombolytic **therapy in less than 60** minutes from time of arrival to treatment at RWMC. (RWMC Stroke PMT)

Strategies and Activities:

Objective 1A.1	Reduce the proportion of adults with hypertension (Healthy People 2020: HD S-5.1)		
Strategy	Blood Pressure in Adults : Screening (Source: The U.S. Preventive Services Task Force)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Train clinic staff provider staff on how to educate patients on self-measured blood pressure monitoring and	▪ 100% of clinic providers will complete training on self-measured blood pressure monitoring	December 1, 2020	Community Health RWPC
Distribute wallet blood pressure wallet cards to clinics to distribute to patients for self-	▪ 100% of clinics will receive blood pressure wallet cards. ▪ 100% of clinics will know	December 1, 2020	Community Health RWPC

measured blood pressure monitoring.	who to contact to request more blood pressure wallet cards when needed.		
Objective 1A.2	Increase the proportion of adults with hypertension whose blood pressure is under control (Healthy People 2020: HDS-12)		
Strategy	Cardiovascular Disease; Self-measured blood pressure monitoring interventions for improved blood pressure control – When used alone or with other support (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Community Health will increase the availability of free blood pressure checks in the community	▪ Number of free B/P checks done in the community each year	December 1, 2020	Community Health
Community Health will increase availability of SMBP instruction for the community by working with Community Pharmacy, Nursing Schools and RWPC.	▪ Number of SMBP instruction provided each year by Community Health and RWPC	December 1, 2020	Community Health
Objective 1A.2	Increase the proportion of adults with hypertension whose blood pressure is under control (Healthy People 2020: HDS-12)		
Strategy	Team-based care to improve blood pressure control (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
RWPC will implement the new hypertension protocol across all areas of RWPC Family practice pods.	▪ Number of health care providers trained on new protocol. ▪ Number of healthcare providers implementing new protocol	December1, 2020	RWPC Community Health
RWPC Family practice will increase monitoring of SMBP in hypertensive patients and enhance process to improve patient health.	▪ Number of patients instructed on SMBP each year ▪ Number of patients whose B/P logs are included in the chart each year	December1, 2020	RWPC Community Health
RWPC will implement identification and recall of undiagnosed	▪ Number of patients identified and recalled each year	December1, 2020	RWPC Community Health

hypertensive patients through retrospective querying of the EHR.			
Objective 1A.3	Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a stroke (Healthy People 2020: HDS-17)		
Strategy	Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Increase the number of Regional West Health Services Employees who know the warning signs of a stroke and when to seek medical care	▪ Number of Regional West Health Services Employees trained in the warning signs and how to help someone who is at risk per year	December 1, 2020	Stroke Program Nurse Education Department
Increase the number of people in the community who know the warning signs of a stroke and when to seek medical care by providing information through health fairs, community presentations, and media campaigns	▪ Number of people in the community who has been trained in the warning signs and how to help someone who is at risk per year ▪ Number of trainings in the community addressing the warning signs of stroke and when to get help each year ▪ Number of social media articles per year ▪ Number of radio spots and interviews per year ▪ Number of television spots and interviews per year ▪ Number of local and regional newspaper articles per year	December 1, 2020	Community Health Stroke Program Nurse Marketing Department
Objective 1A.4	Increase the proportion of eligible patients with strokes who receive acute reperfusion therapy within 3 hours from symptoms onset. (Healthy People 2020: HDS-19.3)		
Strategy	Cardiovascular Disease: Clinical Decision-Support Systems (CDSS) (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Educate medical providers at RWHS regarding American	▪ Number of medical providers educated at RWHS each year	December 1, 2020	Stroke Program Nurse

Stroke Association on Stroke identification and treatment guidelines	▪ Number of medical providers following American Stroke Association treatment guidelines		
Provide Education to medical staff at RWHS regarding American Stroke Association on Stroke identification and treatment guidelines	▪ Number of medical staff educated at RWHS per year.	December 1, 2020	Stroke Program Nurse
Provide Education to EMS throughout Scotts Bluff County on regarding American Stroke Association on Stroke identification and treatment guidelines	▪ Number of EMS personnel trained throughout Scotts Bluff County per year	December 1, 2020	Stroke Program Nurse
Collection of the hospital's stroke-treatment performance data	▪ Monthly reports of treatment performance data	December 1, 2020	Stroke Program Nurse
Collection of Hospital team performance data	▪ Monthly report of hospital Team performance data	December 1, 2020	Stroke Program Nurse
Use of data to assess and continually improve quality of care for stroke patients	▪ Quality improvement monthly reports	December 1, 2020	Stroke Program Nurse

Priority Area 1B: Diabetes

Focus on Prevention, Diagnosis, and Management

About

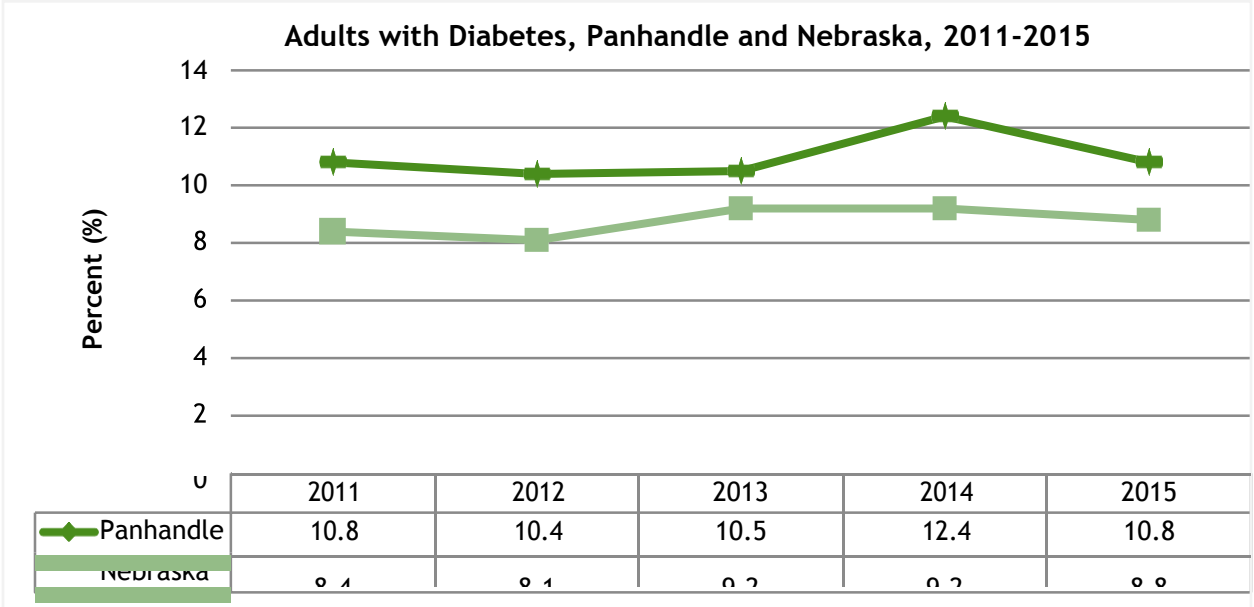
Diabetes is a chronic illness in which blood glucose levels are above normal. There are two types of diabetes: type 1 and type 2. Type 1 diabetes, often referred to as juvenile-onset diabetes, occurs when the body cannot produce its own insulin and may make up approximately 5% of diagnosed diabetes cases. Type 2 diabetes, also known as adult-onset diabetes, may make up 90-95% of diagnosed diabetes cases. Gestational diabetes is a form of diabetes that occurs in pregnant women (in 2-10% of pregnancies), but generally disappears when pregnancy ends.[3]

Risk factors for type 1 diabetes are largely unknown. Risk factors for type 2 diabetes include old age, obesity, family history of diabetes, and history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity.[3]

Diabetes Prevalence

The prevalence of diabetes is much higher in the Panhandle compared to the state; with significant differences in years 2011 and 2015 (see Figure 3). There was a slight uptick in the percentage of adults who reported having diabetes in 2014, which then decreased in 2015.

Figure 3. Adults with diabetes, Panhandle and Nebraska, 2011-2015



*

[2]Percentage of adults 18 and older who report they were ever told they have diabetes (excluding pregnancy). Data from [D]011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health

Diabetes Mortality

Table 2. Number of deaths from diabetes, Nebraska and Panhandle, 2005-2015

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Nebraska	1358	1379	1386	1364	1353	1351	1373	1386	1496
Panhandle	84	68	75	82	105	105	98	90	100

Source: Nebraska Vital Records

While the rate of death by diabetes in the Panhandle was lower or approximately equal to the state from approximately 2005-2010, an uptick in the diabetes death rate per 100,000 population occurred in 2009 and continues through 2015 (see Table 3). A similar pattern is seen in the number of deaths by diabetes in the Panhandle versus the state (see Table 2).

Table 3. Diabetes death rate per 100,000 population (age-adjusted), Panhandle and Nebraska, 2005-2015

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Nebraska	23.0	22.9	22.8	22.2	21.7	21.4	21.4	21.4	22.7
Panhandle	23.1	17.8	19.7	22.1	27.8	27.8	25.7	24.6	28.1

Source: Nebraska Vital Records

Goals

- Reduce new cases of diagnosed diabetes in the Nebraska Panhandle.
- Reduce death from diabetes in the Nebraska Panhandle.

Objectives

Objective 1B.1: Reduce the annual number of new cases of diagnosed diabetes in the population (Healthy People 2020: D-1)

Baseline:	10.8% of Panhandle adults with diabetes (2015)
Target (2020):	9% of Panhandle adults with diabetes
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older who report they were ever told they have diabetes (excluding pregnancy)

Objective 1B.2: Reduce the diabetes death rate (Healthy People 2020: D-3)

Baseline:	28.1 deaths by diabetes per 100,000 population (age-adjusted) in the Nebraska Panhandle (2013-2015 combined)
Target (2020):	25.3 deaths by diabetes per 100,000 population (age-adjusted) in the Nebraska Panhandle
Target-Setting Method:	10% improvement

Data Source:	Nebraska Vital Records
Indicator	Diabetes death rate per 100,000 population (age-adjusted)

Strategies and Activities:

Objective 1B.1	Reduce the annual number of new cases of diagnosed diabetes in the population (Healthy People 2020: D-1)		
Strategy	Prevent Type 2 Diabetes (Source: Prevent Diabetes STAT)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Educate providers on importance of referral to the National Diabetes Prevention Program (NDPP)	▪ Number of providers educated on NDPP ▪ Number of referrals to NDPP	December 31, 2020	Regional West Physicians Clinic
Adoption of screening, testing, and referral into practice	▪ Number of providers that adopt a policy to diagnose prediabetics ▪ Number of providers that adopt a policy to refer to NDPP, including bi-annual retrospective querying	December 31, 2020	Regional West Physicians Clinic
Utilize EHR and other available software to alert patients of upcoming classes and recall into clinic.	▪ Number of NDPP classes that have reminder sent to patients ▪ Number of patients with A1C in prediabetic range identified by retrospective querying that are recalled into clinic using reminders	December 31, 2020	Regional West Physicians Clinic
Offer a minimum of 2, striving for 3, NDPP classes per year	▪ Number of NDPP Program classes that start per year ▪ Maintain at least one trained lifestyle coach on staff	December 31, 2020	Diabetes Care Center
Provide opportunity for all Regional West employees and their spouses (if on their health plan) to complete a health evaluation and biometric screening	▪ Number of employees/spouses that complete biometric screening ▪ Number of employees/spouses receiving A1C	December 31, 2020	Worksite Wellness Coordinator
Include NDPP in worksite wellness plan, to offer to	▪ Number of employees who participate in a NDPP class per year	December 31, 2020	Worksite Wellness Coordinator

employees during paid work time			
Objective 1B.2	Reduce the diabetes death rate (Healthy People 2020: D-3)		
Strategy	Diabetes Management: Intensive Lifestyle Interventions for Patients with Type 2 Diabetes (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Dietitian becomes trained in diabetes self-management education (DSME)	▪ At least one dietitian is successfully trained in diabetes self-management education (DMSE)	December 31, 2020	Diabetes Care Center
Provide DSME to patients in need	▪ Percentage of identified patients who receive DSME per year	December 31, 2020	Diabetes Care Center
Achieve status as American Diabetes Association recognized education program	▪ Successful recognition as ADA Recognized Education Program	December 31, 2020	Diabetes Care Center

Priority Area 1C: Cancer

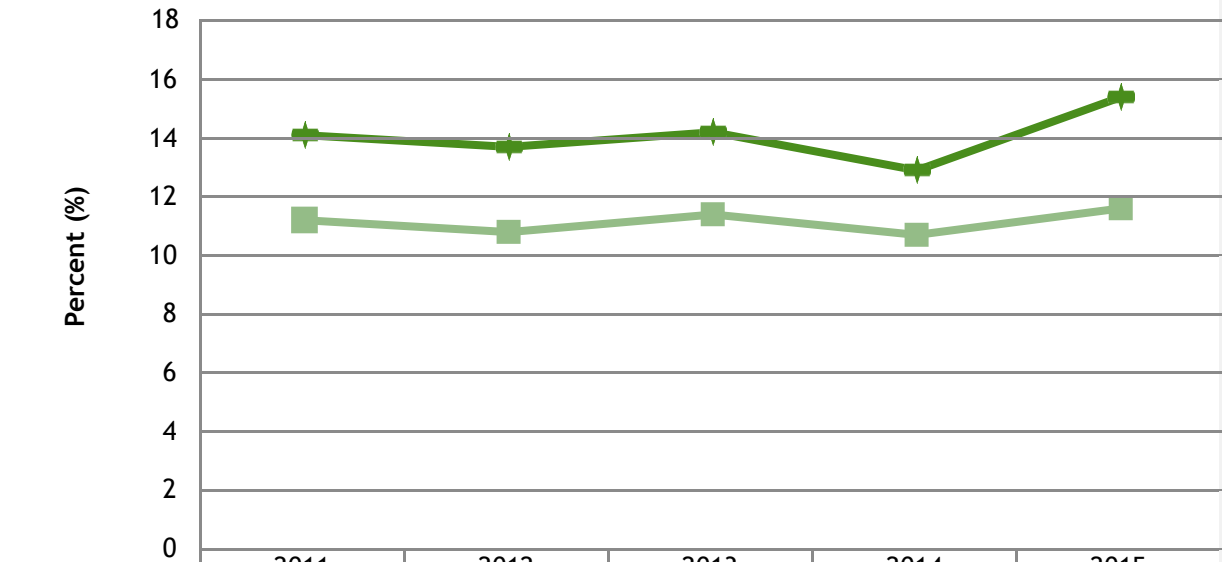
Focus on Survivorship and Access to Care for Diagnosis

About

"Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues".[4] Cancer spreads throughout the body through the blood and lymph system. Cancer is not only one disease—there are more than 100 types of cancers.[4]

Cancer Prevalence

Figure 4. Adults with any kind of cancer, Panhandle and Nebraska, 2011-2015



	2011	2012	2013	2014	2015
Panhandle	14.1	13.7	14.2	12.9	15.4
Nebraska	11.2	10.8	11.4	10.7	11.6

*Percentage of adults 18 and older who report they were ever told they have any kind of cancer. Data from 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

The percentage of adults reporting they have any kind of cancer has been significantly higher in the Panhandle when compared to the state, from 2011 forward (see Figure 4).

Cancer Mortality

Although the prevalence of cancer in the Panhandle is significantly higher than in the state, the rate of death caused by cancer is higher at the state level (see Figure 5). This is interesting because the percentage of adults that report being up to date on cancer screenings in the Panhandle is lower than that at the state level (see cancer screening section below). Table 4 shows the number of death and cancer death rate per 100,000 population from 2010-2014. Lung and bronchus cancer had the highest rate of death in the Panhandle, but it was a lower rate than that of the state. Colorectal cancer ranked second, with a

mortality rate of 18.8 per 100,000 population, much higher than the 16.2 per 100,000 population of the state. The remaining types of cancer have notably lower mortality rates when compared to the state.

Table 4. Cancer Mortality, Number of Deaths and Mortality Rates, All Sites and Selected Primary Sites, US, NE, Panhandle, 2010-2014

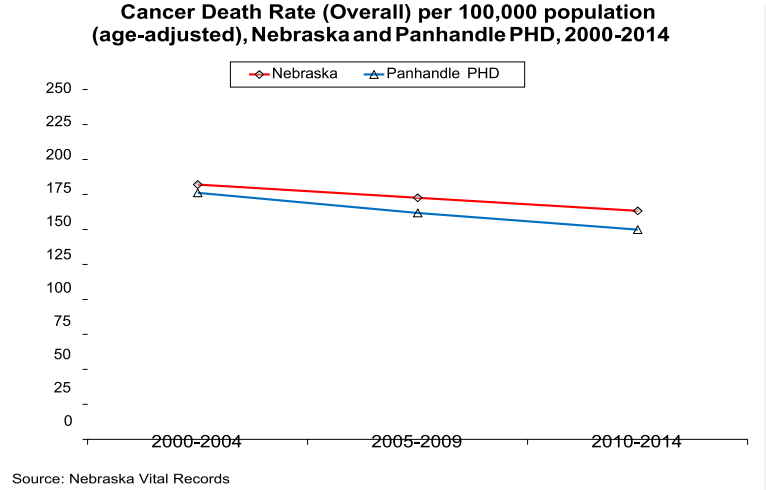
	US		Nebraska		Panhandle	
Primary Site	**Number**	**Rate**	**Number**	**Rate**	**Number**	**Rate**
All sites	2,910,637	166.4	17,245	163.3	926	149.7
Lung & bronchus	784,338	44.7	4,499	43.0	228	36.6
Colorectal	258,814	14.8	1,721	16.2	114	18.8
Female breast	205,153	21.3	1,172	20.3	63	18.0
Prostate	139,802	20.0	916	20.8	47	17.0
Melanoma	46,252	2.7	302	2.9	11	1.9
Cervix	20,437	2.3	112	2.2	4	1.4
Oral cavity & pharynx	44,310	2.8	247	2.7	11	1.9

NOTE: All rates are age-adjusted to the 2000 US standard population; rates are the average annual number of cases/deaths per 100,000 population (gender-specific cancers are per 100,000 male or female population)
Source: Nebraska Vital Records

Incidence of Cancer

The incidence rate (new cases) per 100,000 population of cancers in the Panhandle during 2009-2013 were highest among prostate and female breast cancer, with lung and bronchus cancer ranking third. The incidence rate of cervix cancer is slightly higher in the Panhandle when compared to the state. All other cancers had an incidence rate relatively similar to or less than the state.

Figure 5. Cancer death rate (overall) per 100,000 population (age-adjusted), Nebraska and Panhandle, 2000-2014



Source: Nebraska Vital Records

Table 5. Cancer Incidence, Number of Cases and Incidence Rates, All Sites and Selected Primary Sites, US, Nebraska, Panhandle, 2009-2013

	US		Nebraska		Panhandle	
Primary Site	**Number**	**Rate**	**Number**	**Rate**	**Number**	**Rate**
All sites	7,800,258	456.6	46,260	454.3	2,369	412.1
Lung & bronchus	1,067,959	62.5	6,113	59.6	293	47.7
Colorectal	692,122	40.6	4,559	44.4	233	40.4
Female breast	1,117,483	123.4	6,388	120.8	332	115.4
Prostate	1,009,595	123.2	6,026	123.6	336	117.8
Melanoma	340,070	20.3	1,925	19.7	98	18.2
Cervix	61,711	7.6	320	7.2	20	9.4
Oral cavity & pharynx	198,493	11.4	1,162	11.2	60	10.2

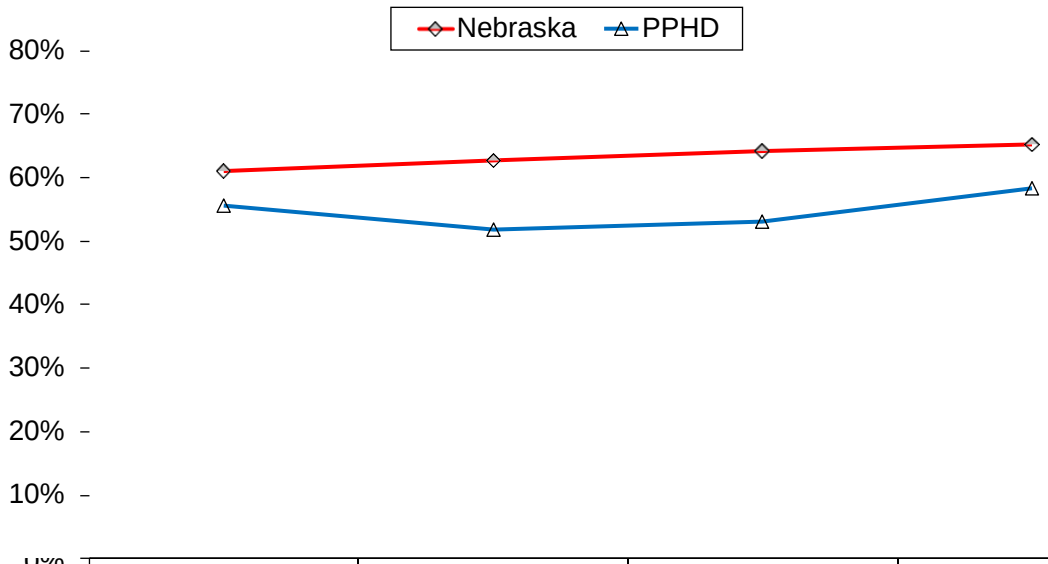
NOTE: All rates are age-adjusted to the 2000 US standard population; rates are the average annual number of cases/deaths per 100,000 population (gender-specific cancers are per 100,000 male or female population)
Source: Nebraska Vital Records

Cancer Screening

Colon Cancer Screening

The percentage of adults 50-75 years old who report being up-to-date on colon cancer screening is much lower in the Panhandle than the state of Nebraska.

Figure 6. Up-to-date on colon cancer screening among adults 50-75, Nebraska and Panhandle, 2011-2015



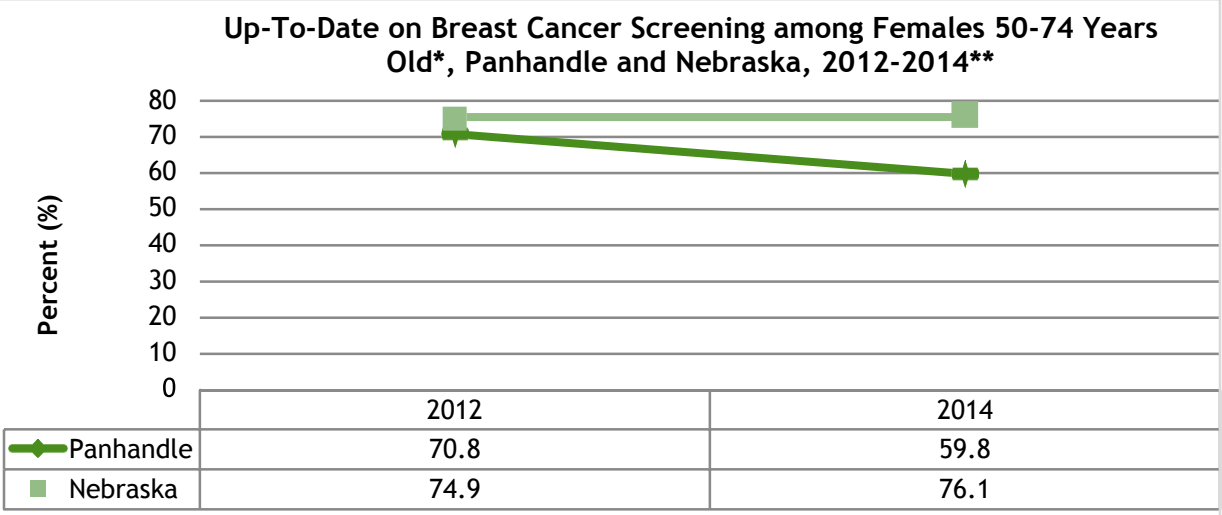
	2012	2013	2014	2015
Nebraska	61.1	62.8	64.1	65.2
PPHD	55.6	51.8	53.0	58.3

*Percentage of adults 50–75 years old who report having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years (U.S. data only collected during even calendar years)
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Breast Cancer Screening

The percentage of females aged 50-74 who report being up-to-date on breast cancer screening in the Panhandle has decreased from 2012 to 2014, always remaining lower than the state percentage (see Figure 7). Although the percentage reporting being up-to-date on breast cancer screening in the Panhandle in 2012 was relatively close to that of the state (70.8% vs. 74.9%), this gap widened in 2014 to an almost 20% difference (59.8% for the Panhandle vs. 76.1% for the state). Notably, the state percentage has increased while the Panhandle has decreased. Despite the lower screening rates in the Panhandle, the stage at which breast cancer is diagnosed is approximately the same as the state (see Table 6), with a slightly higher percentage of cases in the Panhandle identified at the "unstaged" level. Unstaged means there is not enough information to indicate the stage of cancer.[5]

Figure 7. Up-to-date on breast cancer screening among females 50-74 years old, Panhandle and Nebraska, 2012-2014



*Percentage of females 50-74 years old who report they are up-to-date on breast cancer screening. **Data only collected on even years. Data from 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

Table 6. Stage of Disease at Diagnosis, Number and Percentage of Cases by Stage, Invasive Female Breast Cancer, Nebraska and Panhandle, 2009-2013

	Nebraska		Panhandle	
Stage at Diagnosis	**Number**	**%**	**Number**	**%**
Localized	4,077	63.8	201	60.5
Regional	1,854	29.0	99	29.8
Distant	294	4.6	17	5.1
Unstaged	163	2.6	15	4.5
Total	**6,388**	**100.0**	**332**	**100.0**

NOTE: Cases are staged according to the Derived SEER Summary Stage 2000 coding system

Cervical Cancer Screening

As with other forms of cancer, the percentage of adults who report being up-to-date on screening for cervical cancer is also lower than the state of Nebraska (see Figure 8). The percentage of cervical cancer diagnosed at the localized stage is similar between the Panhandle and state and the percentage diagnosed at the regional stage lower in the Panhandle. A slightly higher percentage of cervical cancer is diagnosed at the distant or unstaged level in the Panhandle (see Table 7).

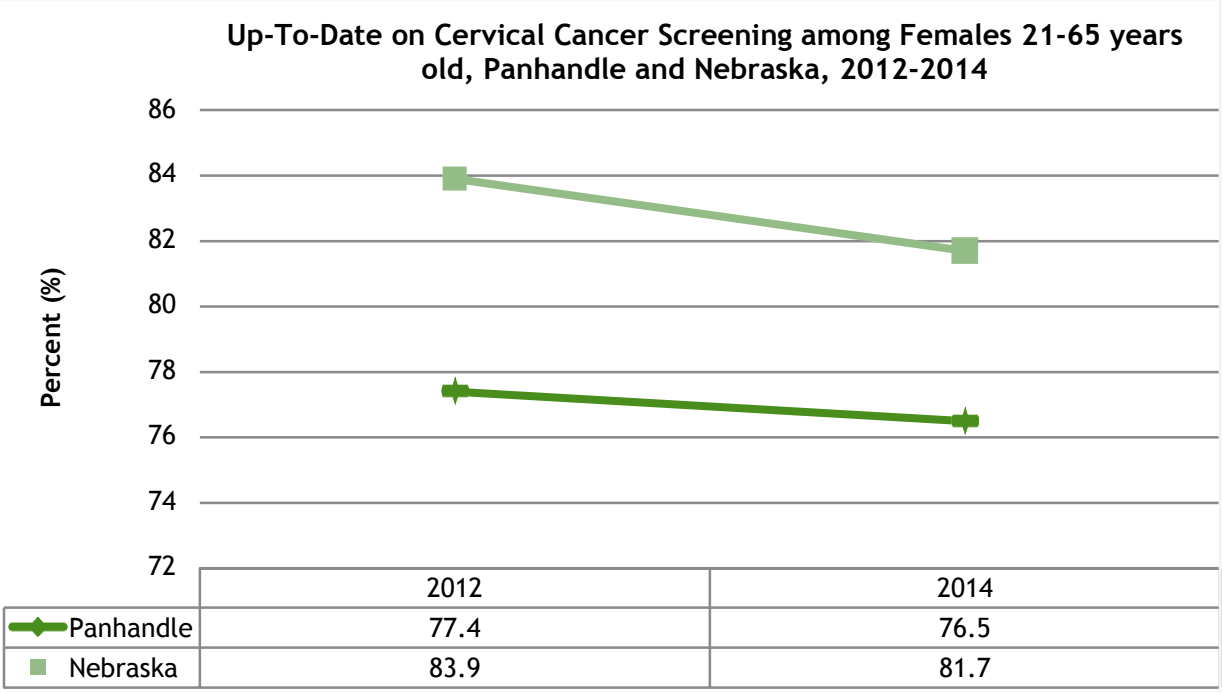
Table 7. Stage of Disease at Diagnosis, Number and Percentage of Cases by Stage, Invasive Cervical Cancer, Nebraska and Panhandle, 2009-2013

	Nebraska		Panhandle	
Stage at Diagnosis	**Number**	**%**	**Number**	**%**
Localized	142	44.4	9	45.0
Regional	118	36.9	6	30.0
Distant	44	13.8	3	15.0
Unstaged	16	5.0	2	10.0
Total	**320**	**100.0**	**20**	**100.0**

NOTE: Cases are staged according to the Derived SEER Summary Stage 2000 coding system

Source: Nebraska Vital Records

Figure 8. Up-to-date on cervical cancer screening among females 21-65 years old, Panhandle and Nebraska, 2012-2014



*Percentage of females 21-65 years old who report they are up-to-date on cervical cancer screening. **Data collected on even years only. Data from 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

Goals

- Increase the number of adults ages 50-75 who are up-to-date on colon cancer screening in the Panhandle of Nebraska.
- Increase the number of females ages 50-74 who are up-to-date on breast cancer screening in the Panhandle of Nebraska.
- Increase the number of adults ages 21-65 who are up-to-date on cervical cancer screening in the Panhandle of Nebraska.
- Reduce the number of females with human papillomavirus (HPV) infection.

Objectives

Objective 1C.1: Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (Healthy People 2020: C-18)

Baseline:	58.3% Up-to-date on colon cancer screening among adults 50-75, in the Panhandle of Nebraska
Target (2020):	64% Up-to-date on colon cancer screenings, 2015
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Risk Factor Surveillance system (BRFSS)

Indicator	Percentage of adults 50-75 years old who reported having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years.
Objective 1C.2:	Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (Healthy People 2020: C-18)
Baseline:	59.8% Up-to-date on breast cancer screening among females 50-74, in the Panhandle of Nebraska, 2015
Target (2020):	65.7% Up-to-date on breast cancer screening
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Risk Factor Surveillance system (BRFSS)
Indicator	Percentage of females 50-74 years old who report they are up-to-date on breast cancer screening.
Objective 1C.3:	Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (Healthy People 2020: C-18)
Baseline:	76.5% Up-To-Date on Cervical Cancer Screening among Females 21-65 years old, in the Panhandle of Nebraska, 2014
Target (2020):	84% Up-to-date on cervical cancer screening
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Risk Factor Surveillance system (BRFSS) 2012 - 2014
Indicator	Percentage of females 21-65 years old who report they are up-to-date on cervical cancer screening.
Objective 1C.4:	Reduce the proportion of females with human papillomavirus (HPV) infection (Healthy People 2020: STD-9)
Baseline:	9.4 new cervical cancer cases, 2009-2013 combined
Target (2020):	8.5 new cervical cancer cases
Target-Setting Method:	10% decrease
Data Source:	Nebraska Vital Records
Indicator	Cervical Cancer Incidence

Strategies and Activities:

Objective 1C.1	Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (Healthy People 2020: C-18)		
Strategy	Cancer Screening: Multicomponent Interventions—Colorectal Cancer (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Attend community events to educate the public on the importance of cancer screening and early detection.	▪ Number of people educated during community events ▪ Number of events attended per year	December 31, 2020	Community Health Director
Social media articles, Radio spots and interviews, Television spots and interviews, and local and regional Newspaper articles published on the importance of cancer screening and early detection.	▪ Number of social media articles per year ▪ Number of radio spots and interviews per year ▪ Number of television spots and interviews per year ▪ Number of local and regional newspaper articles per year	December 31, 2020	Community Health Director
One on one education on the importance of screening with FOBT kits.	▪ Number of FOBT kits distributed per year ▪ Number of FOBT kits returned per year	December 31, 2020	Community Health Director
One on one education to help overcome barriers to cancer screenings during wellness visits	▪ Number of patients educated during wellness visits	December 31, 2020	RWPC Providers
Utilize patient portal reminders for FOBT, and colonoscopy cancer screening reminders.	▪ Number of reminders sent out per year	December 31, 2020	RWPC Providers
Counselling phone call after positive FOBT. Screen questions then refer to primary provider.	▪ Number of positive FOBT kits that came back positive per year ▪ Number of referrals to primary provider per year after a positive FOBT	December 31, 2020	Community Health Director
Objective 1C.2	Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (Healthy People 2020: C-18)		
Strategy	Cancer Screening: Multicomponent Interventions—Breast Cancer (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Attend community events to educate	▪ Number of people educated during	December 31, 2020	Community Health Director

the public on the importance of cancer screening and early detection.	community events ▪ Number of events attended per year		
Social media articles, Radio spots and interviews, Television spots and interviews, and local and regional Newspaper articles published on the importance of cancer screening and early detection.	▪ Number of social media articles per year ▪ Number of radio spots and interviews per year ▪ Number of television spots and interviews per year ▪ Number of local and regional newspaper articles per year	December 31, 2020	Community Health Director
One on one education to help overcome barriers to cancer screenings during wellness visits	▪ Number of patients educated during wellness visits	December 31, 2020	RWPC Providers
Utilize patient portal reminders for mammogram screening reminders.	▪ Number of reminders sent out per year	December 31, 2020	RWPC Providers
Objective 1C.3	Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (Healthy People 2020: C-18)		
Strategy	Cancer Screening: Multicomponent Interventions—Cervical Cancer (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Attend community events to educate the public on the importance of cancer screening and early detection.	▪ Number of people educated during community events ▪ Number of events attended per year	December 31, 2020	Community Health Director
Social media articles, Radio spots and interviews, Television spots and interviews, and local and regional Newspaper articles published on the importance of cancer screening and early detection.	▪ Number of social media articles per year ▪ Number of radio spots and interviews per year ▪ Number of television spots and interviews per year ▪ Number of local and regional newspaper articles per year	December 31, 2020	Community Health Director
One on one education to help overcome barriers to cancer screenings during wellness visits	▪ Number of patients educated during wellness visits	December 31, 2020	RWPC Providers
Utilize patient portal	▪ Number of reminders	December 31,	RWPC Providers

reminders for PAP smear, and vaginal exams for cancer screening reminders.	sent out per year	2020	
Objective 1C.4	Reduce the proportion of females with human papillomavirus (HPV) infection (Healthy People 2020: STD-9)		
Strategy	Vaccination Programs: Community-Based Interventions Implemented in Combination (Source: The Community Guide)		
School based immunization Clinics to increase the education and immunization rates against HPV	▪ Number of off-site immunization clinics being hosted by a School per year ▪ Number of children immunized at the school based clinics per year ▪ Number of children immunized with HPV	December 31, 2020	Community Health Director
Education of Students and parents in a classroom setting prior to the school based immunization clinic	▪ The number of students educated per year ▪ The number of Parents educated per year	December 31, 2020	Community Health Director
Recall/reminder calls to improve completion of HPV series	▪ Number of reminder calls each year ▪ Number of completed HPV series	December 31, 2020	Community Health Director
Education of Providers at RWHS on the importance of HPV Vaccine	▪ Number of providers educated per year	December 31, 2020	Community Health Director
Educate the public at community events on the importance of HPV Vaccine	▪ Number of events attended per year	December 31, 2020	Community Health Director

Priority Area 2: Injury Prevention

Priority Area 2A: Unintentional Injuries

About

Motor Vehicle Crashes

The number of motor vehicle crashes and results by county can be found in Table 8.

Table 8. Panhandle Motor Vehicle Crash Data by County, 2015

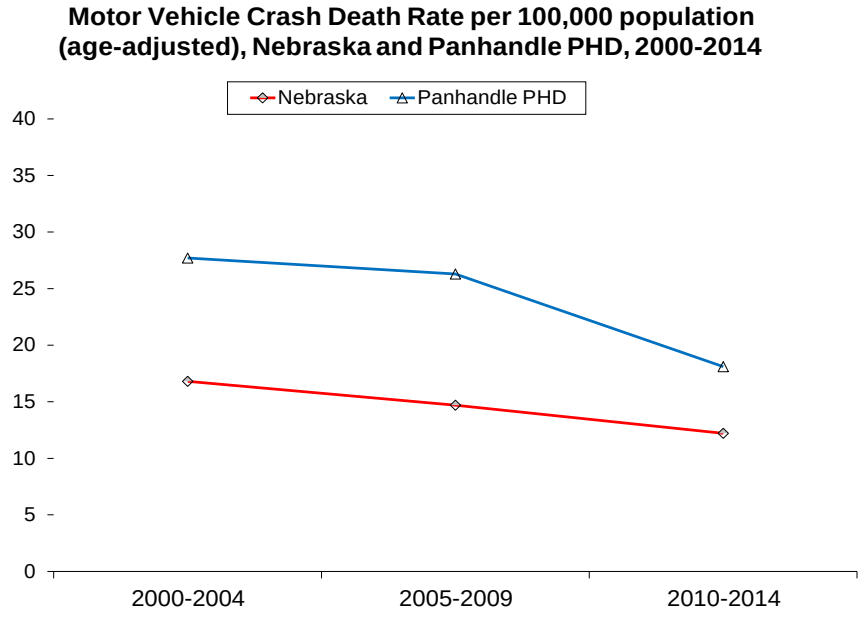
County	Crashes				Persons killed and injured	
	Total	Fatal	Injury	PDO*	Killed	Injury
Banner	28	0	8	20	0	10
Box Butte	174	1	40	133	1	50
Cheyenne	198	3	40	155	3	59
Dawes	144	3	35	106	3	52
Deuel	60	0	14	46	0	23
Garden	33	0	6	27	0	7
Grant	3	0	1	2	0	1
Kimball	75	2	26	47	3	49
Morrill	125	1	34	90	1	50
Scotts Bluff	694	4	227	463	4	325
Sheridan	86	3	19	64	3	29
Sioux	19	0	7	12	0	8
Nebraska	**33,988**	**218**	**11,649**	**22,121**	**246**	**16,806**

*PDO = Property damage only; Source: 2015 Nebraska Traffic Crash Facts Annual Report

Motor Vehicle Crash Deaths

The motor vehicle crash death rate per 100,000 population in the Panhandle is also higher than the state, however this rate has seen a consistent decrease from 2000-2014 (see Figure 9).

Figure 9. Motor vehicle crash death rate per 100,000 population (age-adjusted), Nebraska and Panhandle, 2000-2014

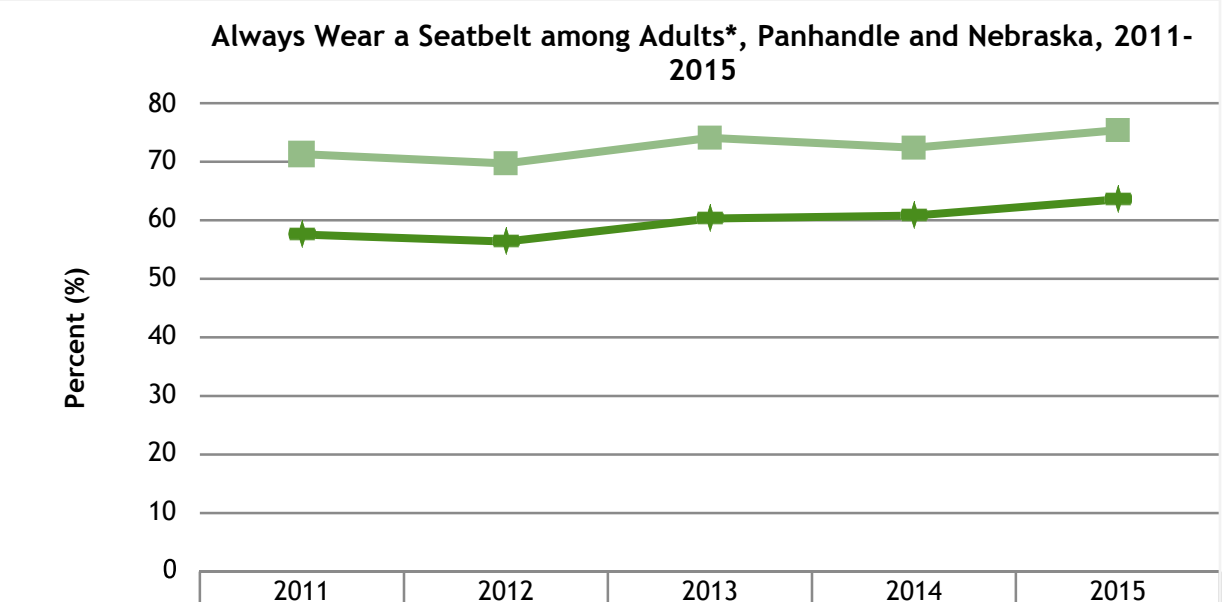


Source: Nebraska Vital Records

Seatbelt Usage

Figure 10 shows the percentage of Panhandle adults that report they always wear their seatbelt. The percentage of adults that reported wearing their seatbelt is much lower in the Panhandle than across the state of Nebraska.

Figure 10. Always wear a seatbelt among adults, Panhandle and Nebraska, 2011-2015



*Percentage of adults 18 and older who report that they always use a seatbelt when driving or riding in a car. Data from 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

Distracted Driving

Texting while driving and talking on a cell phone while driving was measured by the BRFSS in 2013 and 2015 (see Tables 9 and 10). The percentage of adults who reported texting while driving was lower in the Panhandle than the state for both years. However, the percentage of adults who reported talking on a cell phone while driving was higher and increasing in the Panhandle as opposed to the state, which was lower and decreasing.

Table 9. Texted while driving in past 30 days among adults, Panhandle and Nebraska, 2013-2015

	2013	2015
Panhandle	22.2%	20.7%
Nebraska	26.8%	24.9%

Source: 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS)

Table 10. Talked on a cell phone while driving in past 30 days among adults, Panhandle and Nebraska, 2013-2015

	2013	2015
Panhandle	32.7%	34.4%
Nebraska	28.8%	26.1%

Source: 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS)

Alcohol Impaired Driving

Alcohol Impaired Driving among Adults

The percentage of adults in the Panhandle that reported driving while under the influence of alcohol was lower than or equal to that of the state in 2013 and 2015 (see Table 11).

Table 11. Alcohol impaired driving in past 30 days among adults, Panhandle and Nebraska, 2013-2015

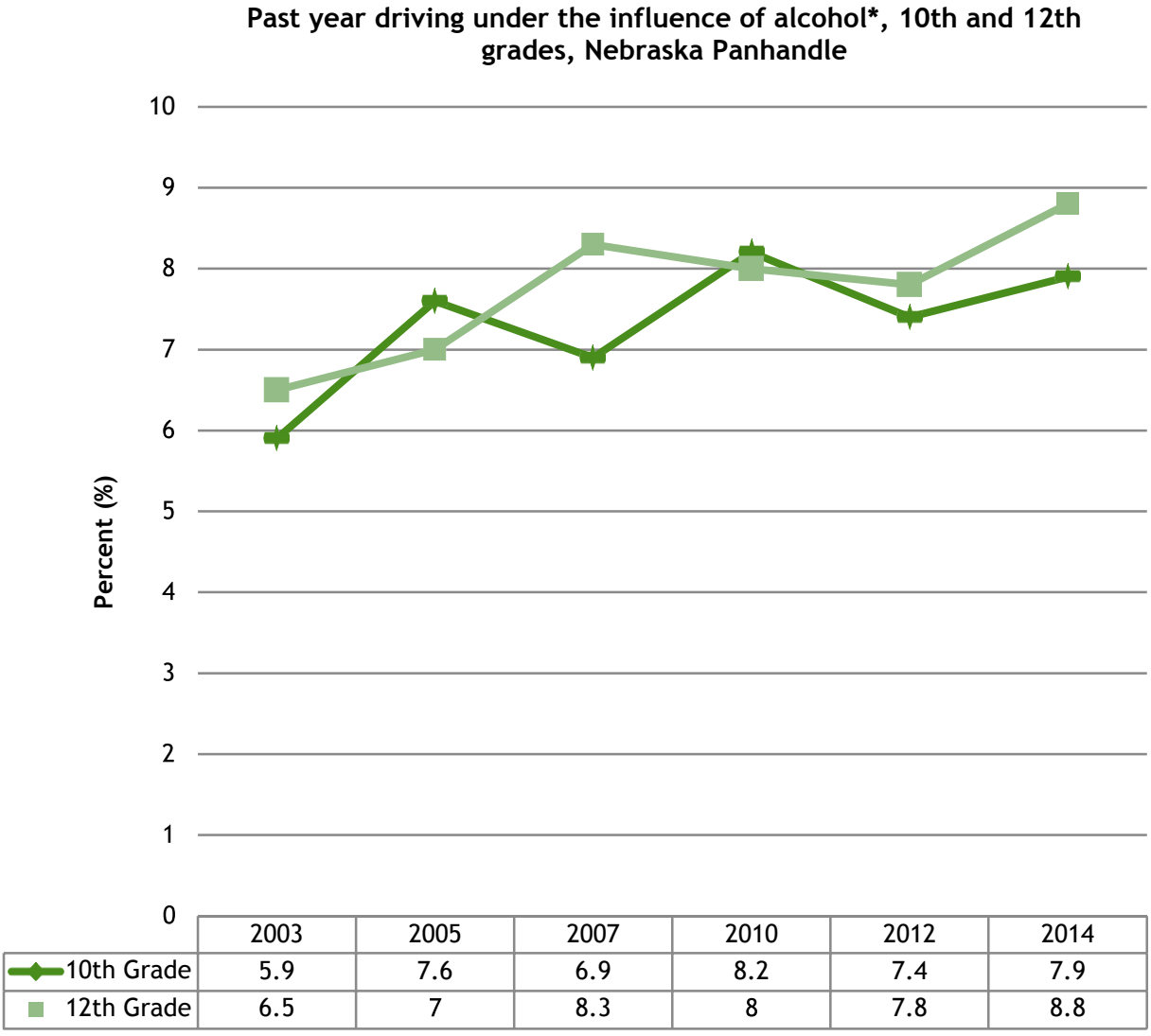
	2013	2015
Panhandle	2.5%	2.5%
Nebraska	3.4%	2.5%

Source: 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS)

Alcohol Impaired Driving among Youth

The percentage of Panhandle youth in 10th and 12th grades who report they drove under the influence in the past year has generally increased from 2003 to 2014, with a larger increase in 12th grade students.

Figure 11. Past year driving under the influence of alcohol, 10th and 12th grades, Nebraska Panhandle



	2003	2005	2007	2010	2012	2014
10th Grade	5.9	7.6	6.9	8.2	7.4	7.9
12th Grade	6.5	7	8.3	8	7.8	8.8

*Original indicator: Dorve a vehicle under the influence of alcohol during the past 12 months.
Source: 2014 Nebraska Risk and Protective Factor Student Survey
Created by Kelsey Irvine, Panhandle Public Health District

All-Terrain Vehicle Crashes

Scotts Bluff County is a large agricultural area. Accidents caused by motor vehicles related to All-Terrain Vehicles were in the top three traumas in Scotts Bluff County. According to data pulled from Image Trend Patient Registry Report for Regional West Medical Center 2014-2016.

Table 12. Percentage of nonfatal motor vehicle crash-related injuries in Scotts Bluff County related to All Terrain Vehicles (ATVs)

	2014	2015	2016
Scotts Bluff County	13	18	8

Source: (2014-2016) Image Trend Patient Registry Report for Regional West Medical Center

Falls

The percentage of adults who had a fall in the past year and were injured by a fall in the past year was measured by the BRFSS in 2013 and 2015 (see Tables 13 and 14). Adults in the Panhandle appear to fall more than adults across the state, with the percentage increasing from 2013 to 2015 as opposed to the decrease seen at the state level. The percentage of adults injured due to falls follows a similar pattern.

Table 13. Had a fall in past year among adults 45 years and older, Panhandle and Nebraska, 2013-2015

	2013	2015
Panhandle	32.7%	34.4%
Nebraska	28.8%	26.1%

Source: 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS)

Table 14. Injured due to a fall in past year among adults 45 years and older, Panhandle and Nebraska, 2013-2015

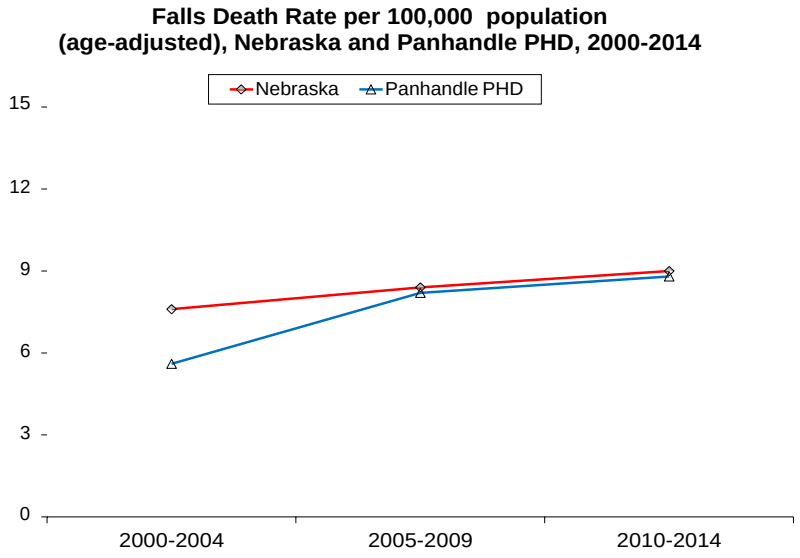
	2013	2015
Panhandle	12.0%	13.3%
Nebraska	9.9%	8.8%

Source: 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS)

Fall Deaths

Although the percentage of Adults reporting having fallen or been injured by a Fall is greater in the Panhandle, the falls death rate per 100,000 population is lower (see Figure 12). However, it is increasing and on the path to catch up to the falls death rate of the state.

Figure 12. Falls death rate per 100,000 population (age-adjusted), Nebraska and Panhandle, 2000-2014



Source: Nebraska Vital Records

Goals

- Decrease deaths and injuries in Scotts Bluff County related to Motor Vehicle Crashes.
- Decrease injuries related to All Terrain Vehicle accidents in Scotts Bluff County.
- Decrease fall-related deaths in Scotts Bluff County.

Objectives

Objective 2A.1 Reduce motor vehicle crash-related deaths per 100,000 population (Healthy People 2020: IVP-13.1)

Baseline:	10.8 motor vehicle crash death rate per 100,000 population (age-adjusted) in Scotts Bluff County (2015)
Target (2020):	9 deaths per 100,000 population
Target-Setting Method:	10 percent improvement
Data Source:	Calculated using Nebraska Traffic Crash Facts Annual Report and population from 2010 U.S. Census
Indicator	Percentage of motor vehicle crash deaths per 100,000 population in the Nebraska Panhandle

Objective 2A.2 Reduce nonfatal motor vehicle crash-related injuries (Healthy People 2020: IVP-14)

Baseline:	325 injuries resulting from a motor vehicle accident in Scotts Bluff County (2015)
Target (2020):	302 injuries resulting from a motor vehicle accident in Scotts Bluff County
Target-Setting Method:	10 percent improvement
Data Source:	Nebraska Traffic Crash Facts Annual Report
Indicator	Percentage of nonfatal motor vehicle crash-related injuries in Scotts Bluff

Objective 2A.3 Reduce nonfatal All-Terrain Vehicle Accidents.

Baseline:	8 Injuries from All Terrain Vehicle Accidents Scotts Bluff County.
Target (2020):	7.2 Injuries Scotts Bluff County
Target-Setting Method:	10 percent improvement
Data Source:	Image Trend Patient Registry Report for Regional West Medical Center (2014-2016)

Indicator	Percentage of nonfatal all-terrain vehicle accident injuries in Scotts Bluff County
Objective 2A.4	Prevent an increase in fall-related deaths (Healthy People 2020: IVP-23)
Baseline:	9.0 deaths by falls per 100,000 population (age-adjusted) in the Nebraska Panhandle (2010-2014 combined)
Target (2020):	8.1 deaths by falls per 100,000 population
Target-Setting Method:	10 Percent Improvement
Data Source:	Nebraska Vital Records
Indicator	Falls death rate per 100,000 population (age adjusted) in the Nebraska Panhandle

Strategies and Activities:

Objective 2A.1	Reduce motor vehicle crash-related deaths per 100,000 population (Healthy People 2020: IVP-13.1)
Objective 2A.2	Reduce nonfatal motor vehicle crash-related injuries (Healthy People 2020: IVP-14)
Strategy	Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: The Community Guide)

Activity	Performance Measures	Target Date	Lead Partners
Coordinate and Implement a Full Mock Trauma Event in area High Schools	▪ 80% of Scotts Bluff County High Schools will have participated in a Mock Trauma	December 31, 2020	Regional West Medical Center Trauma Services Injury Prevention
Host a Distracted Driving and Drunk Goggles education activities in each area High Schools After Prom Parties	▪ 80% of Scotts Bluff County High Schools will have Injury Prevention Activity at their After Prom Parties	December 31, 2020	Regional West Medical Center Trauma Services Injury Prevention
Educate the Trauma Services Director on Stop the Bleed	▪ Passing the Basic Stop the Bleed Course ▪ Passing the Train the Trainer Stop the Bleed Course	June 30, 2018	Approved Stop the Bleed Trainer
Train Key Trauma Services and Community Health Personnel on Stop the Bleed Course	▪ Passing the Basic Stop the Bleed Course ▪ Passing the Train the Trainer Stop the Bleed Course	June 30, 2018	Trauma Services Director
Educate the Public and Regional West Health Services on	▪ One class per Quarter per year	December 31,2020	RWHS Stop the Bleed Trained Employees

Basic Stop the Bleed Course			
Objective 2A.3	Reduce nonfatal All-Terrain Vehicle Accidents.		
Strategy	Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Zoo Safety Safari	▪ Number of participants 18 and under who attend sessions on ATV safety.	December 31, 2020	Regional West Medical Center Community Health Injury Prevention
Farm and Ranch Show	▪ Number of participants who attend education sessions on ATV safety on farms and ranches	December 31, 2020	Regional West Medical Center Community Health Injury Prevention
Objective 2A.4	Prevent an increase in fall-related deaths (Healthy People 2020: IVP-23)		
Strategy	Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Train Injury Prevention Coordinator in Stepping On	▪ Passing the two day course to become a trained Stepping on Leader	December 31, 2020	Approved Stepping on Leader Training
Increase number of Stepping on Classes offered from 2 a year to 3 a year	▪ Provide 3 classes per year with the Injury Prevention Coordinator teaching a class at the local Community Centers or Nursing Homes in Scotts Bluff County	December 31, 2020	Regional West Medical Center Community Health Injury Prevention
Educate providers on importance of referral to Stepping On	▪ Number of area health care providers educated on Stepping On ▪ Number of referrals from area Physicians at discharge from Hospital or direct from office.	December 31, 2020	Regional West Medical Center Community Health Injury Prevention
Train Injury Prevention Coordinator in Tai Chi for Balance	▪ Passing the two day course to become a trained Tai Chi Leader	December 31, 2020	Approved Tai Chi Leader Training
Offer Tai Chi Classes in the Community	▪ Provide 1 class with the Injury Prevention Coordinator teaching a class at the local Community Centers or Nursing Homes in Scotts	December 31, 2020	Regional West Medical Center Community Health Injury Prevention

	Bluff County per year.		
Educate providers on importance of referral to Tai Chi	▪ Number of area health care providers educated on Tai Chi ▪ Number of referrals from area Physicians at discharge from Hospital or direct from office.	December 31, 2020	Regional West Medical Center Community Health Injury Prevention

Priority Area 2B: Intentional Injuries

About

Suicide

Death due to Suicide

Number and rate of deaths from suicide can be found in Tables 15 and 16. The number of deaths from suicide in the Panhandle increased from approximately 2005 to 2011, and has remained between about 40 and 46 per year since. The suicide death rate per 100,000 population has steadily increased

Table 15. Number of deaths from suicide, Panhandle and Nebraska, 2005-2015

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Nebraska	564	573	542	547	540	602	636	702	691
Panhandle	32	38	41	42	43	39	46	40	44

Source: Nebraska Vital Records

Table 16. Suicide death rate per 100,000 population (age-adjusted), Panhandle and Nebraska, 2005-2015

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Nebraska	10.6	10.6	10.0	10.0	9.8	10.8	11.4	12.5	12.2
Panhandle	11.9	13.5	14.4	14.3	15.0	14.2	17.9	15.9	17.5

Source: Nebraska Vital Records

Child Maltreatment

The number and rate of substantiated victims of child maltreatment for each Panhandle county for 2011 and 2015 are shown in Table 17. In general, the rate of child maltreatment has decreased in Panhandle counties from 2011 to 2015. However, Scotts Bluff County (highlighted) in particular continues to have a higher rate of child maltreatment than the state as a whole.

Table 17. Child Maltreatment (2011 & 2015)*

County	2011	Rate per 1,000 children	2015	Rate per 1,000 children
Banner	0	0.0	0	0.0
Box Butte	41	14.4	6	2.1
Cheyenne	16	6.7	0	4.1
Dawes	21	12.0	7	4.3
Deuel	9	21.8	1	2.5
Garden	2	5.3	0	0.0
Grant	0	0.0	0	0.0
Kimball	13	15.5	0	0.0
Morrill	9	7.4	9	7.6
Scotts Bluff	198	21.8	94	10.5
Sheridan	15	12.3	8	6.9
Sioux	0	0.0	0	0.0
Nebraska	**5,239**	**11.4**	**3,691**	**7.9**

*Number of substantiated victims of child maltreatment

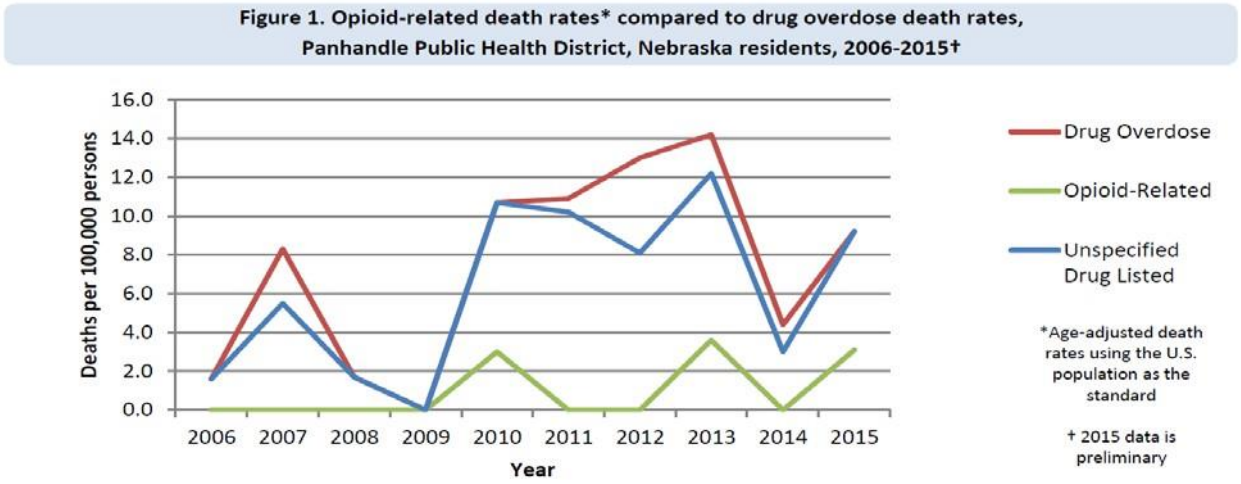
Source: 2016 Kids Count in Nebraska Report

Drug Use

In late 2016, the Nebraska Panhandle (excluding Scotts Bluff County) was identified as a high-burden area for opioid related deaths. Opioids are a class of drugs that include pain relievers available by prescription (e.g., oxycodone, hydrocodone, codeine, morphine, etc.), synthetic opioids such as fentanyl, and the illegal drug heroin.[6]

Figure 13 and Table 18 detail trends of opioid related deaths in the Panhandle region (excluding Scotts Bluff County). In Figure 13, you can see a large spike in drug overdose deaths. In Table 18, you can see the demographic makeup of those people that have died in the Panhandle (excluding Scotts Bluff County) due to opioid related deaths. The majority are female, with 28% being 25-34 years of age, 24% being 35-44 years of age, and 28% being 55 and older. The majority (66%) of deaths were unintentional.

Figure 13. Opioid related death rates* compared to drug overdose death rates, Panhandle Public Health District (excluding Scotts Bluff County), Nebraska residents, 2006-2015†



Data source: Nebraska Death Certificate data (2015 Data is preliminary. Extracted 09/16/2016)

Table 18. Drug overdose deaths: Demographic characteristics and intent, Panhandle Public Health District (excluding Scotts Bluff County), Nebraska residents, 2006-2015

Table 1. Drug overdose deaths: Demographic characteristics and intent, Panhandle Public Health District, Nebraska residents, 2010-2015†

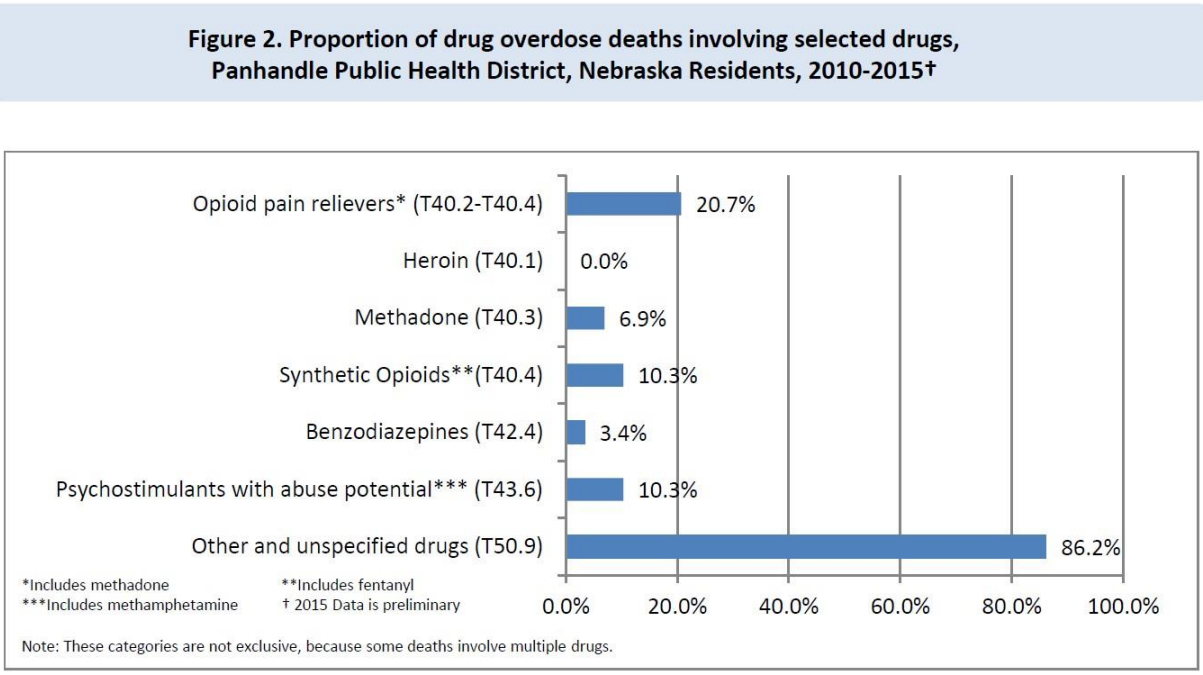
		Number	Percent	Rate per 100,000 persons**
Gender	Female	19	66%	12.2
	Male	10	34%	6.5
Age (in years)*	15-24	2	7%	5.0
	25-34	8	28%	24.3
	35-44	7	24%	21.3
	45-54	4	14%	8.8
	55 and older	8	28%	8.1
Intent	Unintentional (also known as "accidental")	19	66%	
	Suicide	7	24%	
	Missing Intent Information	3	10%	

*0-14 age group not included due to small numbers. **Rates utilized 2010 Nebraska Census Data. † 2015 data is preliminary

Data source: Nebraska Death Certificate data (2015 Data is preliminary. Extracted 09/16/2016)

Figure 14 shows the different types of drugs identified in the opioid related deaths. Of those identified, opioid pain relievers ranked the highest used.

Figure 14. Proportion of drug overdose deaths involving selected drugs, Panhandle Public Health District (excluding Scotts Bluff County), Nebraska residents, 2006-2015†



Data source: Nebraska Death Certificate data (2015 Data is preliminary. Extracted 09/16/2016)

Drug-related Deaths in Scotts Bluff County

The age-adjusted rate of death per 100,000 population of drug-induced deaths is lower in Scotts Bluff County when compared to the Panhandle, however remains higher than the death rate of the state of Nebraska.

Table 19. Drug induced death rate per 100,000 population (age-adjusted); Scotts Bluff County, Panhandle, and Nebraska; 2000-2015

	00-02	01-03	02-04	03-05	04-06	05-07	06-08	07-09	08-10	09-11	10-12	11-13	12-14	13-15
Scotts Bluff County	6	10.1	11.4	13.7	11.9	13.1	10.4	9.7	6.9	10.5	13.3	15.5	10.3	9.4
Panhandle	6.2	8.7	9.4	11	8.7	10.8	9.1	9.2	7.2	8.4	11.9	14.9	12.6	10.9
Nebraska	3.6	4.3	4.7	5.8	6.6	6.7	6.4	6.1	6.6	7.1	7.7	7.9	7.8	7.5

Source: Nebraska Vital Records

Goals

- Decrease suicide in the Nebraska Panhandle.
- Decrease child abuse in the Nebraska Panhandle.
- Decrease opioid related deaths in Scotts Bluff County.

Objectives

Objective 2B.1 Reduce nonfatal child maltreatment (Healthy People 2020: IVP-38)

Baseline:	10.5 victims of child maltreatment per 100,00 children in Scotts Bluff County (2015)
Target (2020):	9.45 victims of child maltreatment per 100,000 children in Scottsbluff County
Target-Setting Method:	10 percent improvement.
Data Source:	Kids Count in Nebraska Report
Indicator	Number of substantiated victims of child maltreatment

Objective 2B.2 Reduce the Suicide Rate (Healthy People 2020: MHMD-1)

Baseline:	17.5 deaths by suicide per 100,000 population (age-adjusted) in the Nebraska Panhandle
Target (2020):	15.8 deaths by suicide per 100,000 population (age-adjusted) in the Nebraska Panhandle
Target-Setting Method:	10 percent improvement
Data Source:	Nebraska Vital Records
Indicator	Suicide death rate per 100,000 population in the Nebraska Panhandle

Objective 2B:3 Reduce drug overdose deaths involving natural, semi-synthetic, and synthetic opioids, excluding heroin (Healthy People 2020: MPS-2.4.1).

Baseline:	9.4 drug induced deaths per 100,000 population (age-adjusted), Scotts Bluff County (2013-2015 combined)
Target (2020):	8.5 deaths per 100,000 population
Target-Setting Method:	10% improvement
Data Source:	Nebraska Vital Records
Indicator	Drug induced death rate per 100,000 population (age-adjusted); Scotts Bluff County

Strategies and Activities:

Objective 2B.1	Reduce nonfatal child maltreatment (Healthy People 2020: IVP-28).		
Strategy	Early Childhood Home Visitation to Prevent Child Maltreatment (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Educate area providers and in house hospital staff about Healthy Families America and Early Head Start referrals.	▪ Number of providers education on HFA and Early Head Start ▪ Number of Referrals made to Healthy Families America and Early Head Start per year	December 31, 2020	Injury Prevention Coordinator
Objective 2B.2	Reduce Suicide Death Rate (Healthy People 2020: MHMD-1).		
Strategy	Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Increase the number of Regional West Health Services Employees who know the warning signs and how to help someone who is at risk for suicide. As identified in the Nebraska State improvement plan	▪ Number of Regional West Health Services Employees trained in the warning signs and how to help someone who is at risk per year	December 31, 2020	Community Health Director
Explore the development of evidence based strategies for suicide prevention and possible funding available	▪ Number of strategies pursued per year	December 31, 2020	Regional West Grant Writer and Community Health
Objective 2B.3	Reduce drug overdose deaths involving natural, semi-synthetic, and synthetic opioids, excluding heroin (Healthy People 2020: MPS-2.4.1).		
Strategy	Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: The Community Guide)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Educate medical providers in Scotts Bluff County for safe opioid prescribing and engagement	▪ Number of medical providers educated in Scotts Bluff County each year ▪ Number of providers in Scotts Bluff County	December 31, 2020	Regional West Health Services Panhandle Public Health

	following safe opioid prescribing		
Educate providers on CDC guidelines	▪ Number of providers educated in Scotts Bluff County each year ▪ Number of Providers following CDC Guidelines	December 31, 2020	Regional West Health Services Scottsbluff County Health Panhandle Public Health
Educate nurses on functional pain control not "0" pain	▪ Number of nurses educated per year. ▪ Numbers of patients educated on "0" pain as not always an option.	December 31, 2020	Regional West Health Services
Provide Education to the community of Scotts Bluff County about the dangers of Opioids.	▪ Number of community members in Scotts Bluff County educated per year.	December 31, 2020	Community Health Panhandle Public Health
Provide Education to EMS throughout Scotts Bluff County on Naloxone use	▪ Number of EMS personnel trained throughout Scotts Bluff County per year	December 31, 2020	RWEMS Panhandle Public Health
Educate Dental providers in Scotts Bluff County about safe opioid prescribing and engagement	▪ Number of dental providers educated in Scotts Bluff County each year ▪ Number of providers following safe opioid prescribing	December 31, 2020	Community Health Panhandle Public Health
Attempt to obtain funding through grants or other sources to develop Safe drug disposal project plan to ensure more than yearly take back of medications	▪ Number of grants pursued per year	December 31, 2020	Regional West Grant Writer Community Health

Educate Regional West Health Services Providers and Pathologists, and Scotts Bluff County Coroners, on Post-mortem Toxicology Screening	▪ Number of Providers, Pathologists, and Scotts Bluff County Coroners educated each year.	December 31, 2020	Community Health Panhandle Public Health

Priority Area 3: Behavioral Health

About

Mental illness is a variety of mental disorders, or conditions that are characterized by a difference in mood, thinking, or behavior, linked to impaired functioning or distress. Depression is the leading type of mental illness, impacting more than 26% of the US adult population. Research indicates that mental disorders are strongly associated with the occurrence and treatment of many chronic diseases, such as diabetes, cancer, cardiovascular disease, asthma, and obesity, as well as with many risk factors for chronic disease (physical inactivity, smoking, drinking, etc.).[7]

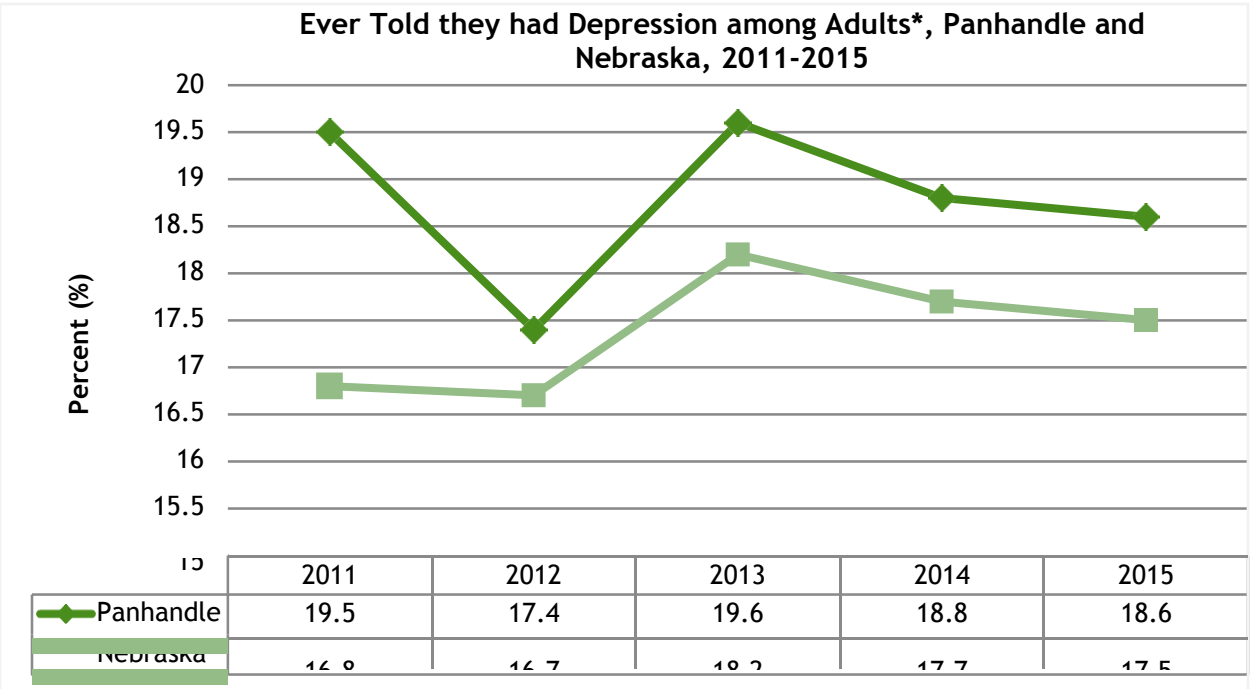
Mental Illness

Mental Illness among Adults

Figure 14 shows the percentage of adults in the Panhandle and state who report ever being told they had depression. The percentage of adults reporting depression in the Panhandle is consistently higher than that of the state; however the difference has never been significant. From 2013 to 2015 this percentage has been trending down.

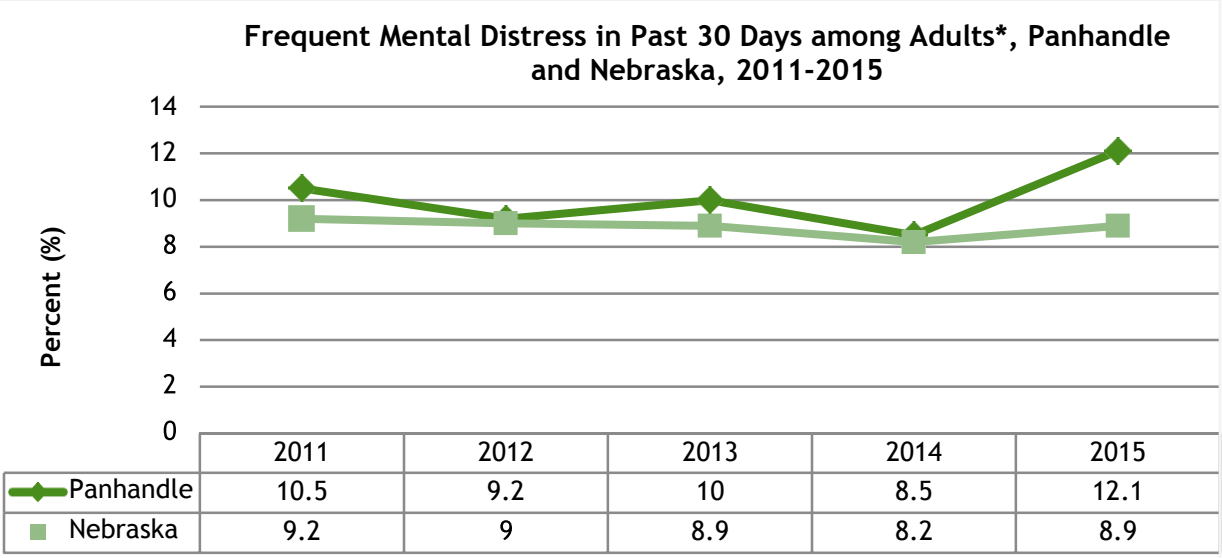
The percentage of adults who report frequent mental distress (see Figure 15) was trending down, but had an upward tick from 2014 to 2015. The percentage of adults reporting frequent mental distress in the Panhandle has consistently been slightly higher than that of the state of Nebraska.

Figure 14. Adults with depression, Panhandle and Nebraska, 2011-2015



*Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have a Sepressive disorder (depression, major depression, dysthymia, or minor depression). Data from 2011-2015 Nebraska Behavioral Risk Factor

Figure 15. Frequent mental distress in past 30 days among adults, Panhandle and Nebraska, 2011-2015



	2011	2012	2013	2014	2015
Panhandle	10.5	9.2	10	8.5	12.1
Nebraska	9.2	9	8.9	8.2	8.9

*Percentage of adults 18 and older who report that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the previous 30 days. Data from 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

Goal

- Improve the mental health or Regional West employees and their spouses through prevention and ensuring access to appropriate, quality mental health services.

Objectives

Objective 3A.1: Increase depression screening by primary care providers (MHMD-11)

Baseline:	0% Depression Screens completed by PC last year in eligible employees.
Target (2020):	10 % increase in the number of screens completed by PC in eligible employees.
Target-Setting Method:	10% Improvement
Data Source:	PC Electronic Health Record
Indicator	# of Health Coach referred employees/spouses that are screened by PC

Objective 3A.2: Increase understanding, recognition, and response to the effects of all types of trauma.

Baseline:	*To be determined in TIC Pre-Assessment*
Target (2020):	*Increase the number of employees that demonstrate an understanding, recognition and response to TIC protocol.*

Target-Setting Method:	10% Improvement
Data Source:	TIC Pre-Assessment
Indicator	Percentage of employees that demonstrate TIC understanding, recognition and response to TIC protocol.
Objective 3A.2:	Increase understanding, recognition, and response to the effects of all types of trauma.
Baseline:	7.3% of Regional West employees and spouses that demonstrate Emotional Health Risks
Target (2020):	5% of Regional West employees and spouses that demonstration Emotional Health Risks
Target-Setting Method:	10% improvement
Data Source:	Interactive Health, 2016 Program year Regional West Results Report, Aggregated data from Biometric Screening and Health Evaluation (Anxiety/Depression data derived from DASS-21)
Indicator	Percentage of Regional West employees/spouses that completed self-assessment (DASS-21) and were determined to be "at-risk" for Emotional Distress (Anxiety, Depression, Stress)

Strategies and Activities:

Objective 3A.1	Increase depression screening by primary care providers (MHMD-11)		
Strategy	DASS-21 from Interactive Health; Depression in Adults: Screening; Depression in Children and Adolescents: Screening (Source: Community Preventive Services Task Force, 2009)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Provide training to nurses and primary care providers regarding Depression screening tool, protocol and available resources (for anxiety and depression) (Screening Tools will include: PHQ-9 (depression) and the GAD-7 (Anxiety) build in Cerner)	▪ # Primary Care Providers trained ▪ # nurses trained	July 2020	Cerner Physicians Clinic, including Behavioral Health/Psychiatry RCI
Interactive Health coaches reach out to employees/spouses	▪ # employees (and spouses) at risk for depression that receive	July 2020	Interactive Health Wellness Team

that were identified as moderate to high at-risk for depression and anxiety on DASS 21.	outreach call from IH ▪ # employees (and spouses) at risk for anxiety that receive outreach call from IH		
Interactive Health refer moderate to high at-risk employees/spouses to primary care providers.	▪ # Employees (and spouses) that are referred to primary care provider. ▪ # Screenings completed vs # referrals from IH Health Coaches	July 2020	Interactive health Wellness Team RCI Physicians Clinic
Objective 3A.2	Increase understanding, recognition, and response to the effects of all types of trauma.		
Strategy	Educate Regional West employees about the impact of trauma on patients, co-workers, friends, family, and themselves.		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Partner with PFAC, the Behavioral Health/Psychiatry Clinic to explore opportunities to implement Trauma Informed Care within the organizational framework of Regional West Health Services.	▪ # of PFAC members engaged in process	July 2020	Patient and Family Advisory Committee (PFAC) Behavioral Health and Psychiatry Clinic Wellness Team
Objective 3A.3	Increase employee resilience and wellbeing		
Strategy	Decrease employee/spouse health risk behaviors (modifiable lifestyle patterns including exercise, nutrition, alcohol and tobacco use) that impact emotional and physical health (mind-body connection)		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Offer opportunities for yoga classes to employees (and spouses).	▪ # employees that attend yoga classes ▪ # spouses that attend yoga classes	July 2020	Wellness Team Community Health
Offer mindfulness, depression and/or anxiety related educational opportunities to employees (and spouses)	▪ # employees/spouses that complete mindfulness, depression, anxiety activity ▪ # employees/spouses that access health coach from IH ▪ # employees that access EAP	July 2020	Wellness Team Interactive Health Community Health
Incentivize active living through	▪ # employees that were eligible for the health	July 2020	Wellness Team Human Resources

providing health plan premium discount to employees and spouses on Regional West's health plan.	plan discount		RCI
Provide educational materials regarding depression, anxiety, trauma, and burnout at Wellness Fairs.	▪ # employees/spouses that attend fairs ▪ # materials on each topic that are handed out ▪ # referrals that come from health fair related to topic areas	July 2020	Wellness Team
Offer an array of programs, resources and services to all employees and their spouses, which aim at reducing both physical health and emotional health risk factors.	▪ # employees/spouses that attend at least one of the two annual Wellness Fairs ▪ # employees that self-report use of one or more of the available programs	July 2020	Wellness Team Interactive Health

Priority Area 4: Access to Care

About

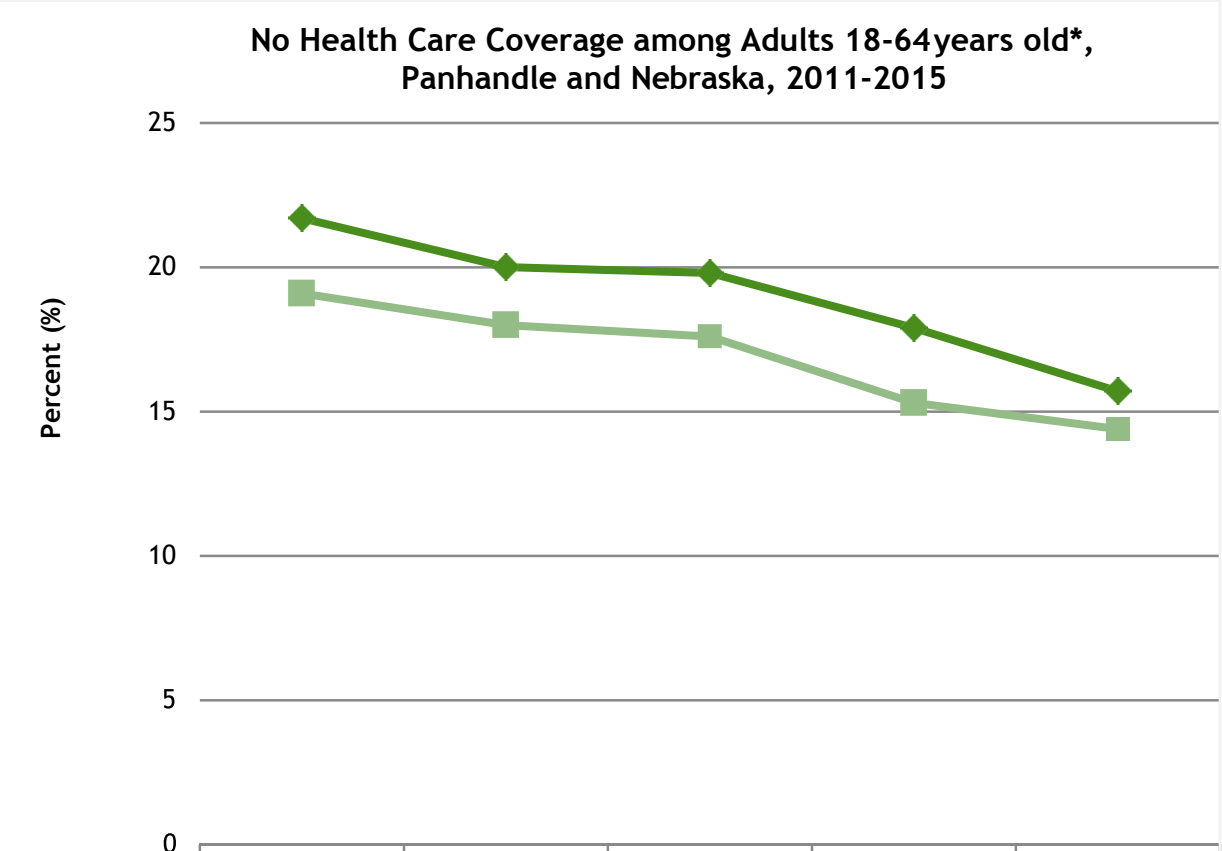
Access to care is a topic that is difficult to define. It can be anything from health care coverage (insurance), presence of health care providers, ability to pay for health care, transportation to health care services, and more.

Healthcare Access and Utilization

Healthcare Coverage

From 2011 to 2015, the Panhandle has consistently had a slightly higher percentage of individuals that report they do not have health insurance. This difference was not significant for any year. However, this number has dropped from year to year, with only 15.7% of Panhandle adults reporting that they do not have health insurance in 2015. This drop is likely due to the initiation of health insurance exchanges, a part of the Affordable Care Act that came into effect in October of 2013.

Figure 16. No health care coverage among adults 18-64 years old, Panhandle and Nebraska, 2011-2015



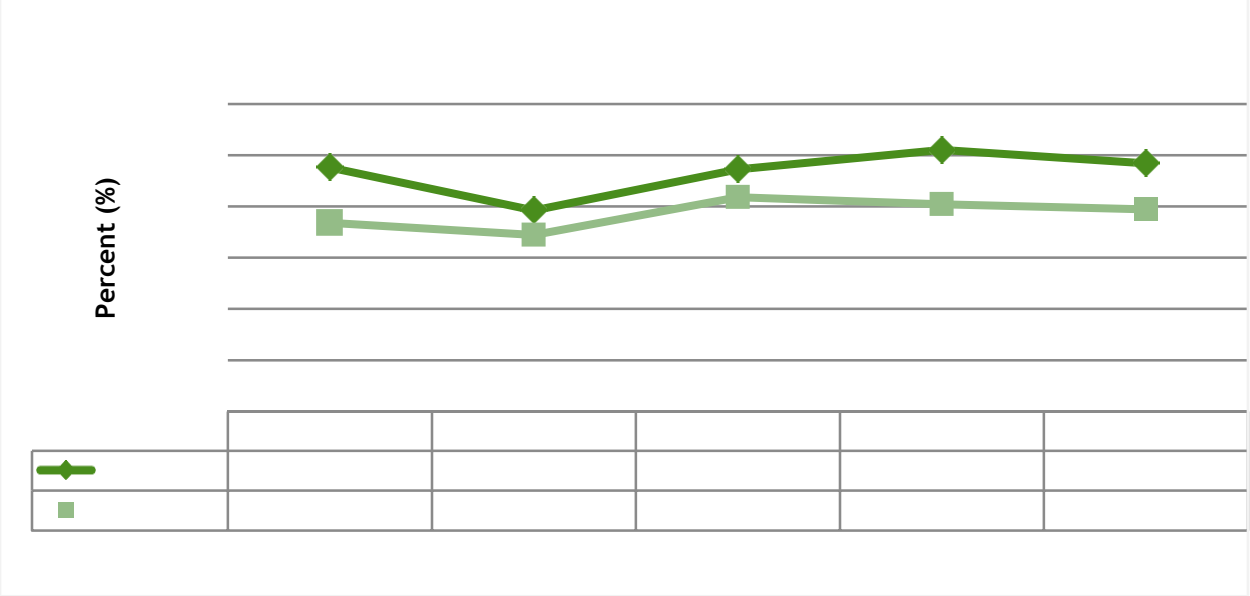
	2011	2012	2013	2014	2015
Panhandle	21.7	20	19.8	17.9	15.7
Nebraska	19.1	18	17.6	15.3	14.4

*Percentage of adults 18-64 years old who report that they do not have any kind of health care coverage. Data from 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

Barriers to Healthcare

Lacking a Personal Healthcare Provider

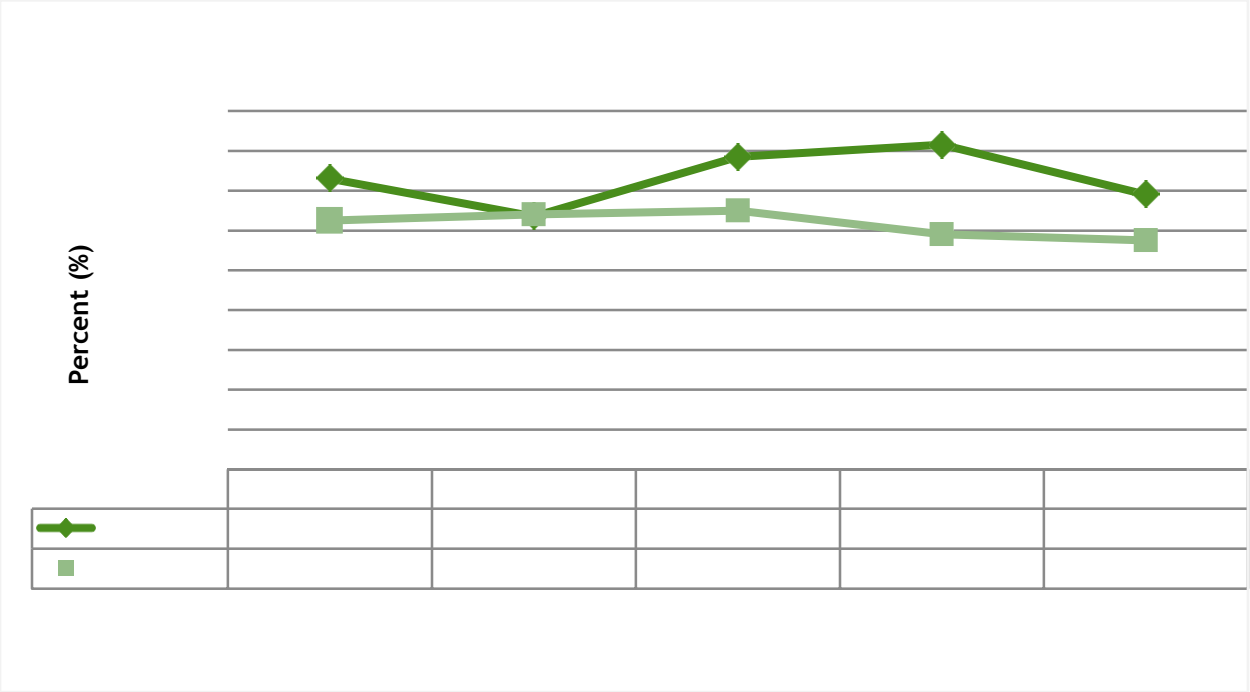
Figure 17. No personal doctor or health care provider among adults, Panhandle and Nebraska, 2011-2015



Adults in the Panhandle consistently report they do not have a doctor or health care provider at a higher rate than the rest of the state, with significant differences in 2011, 2014, and 2015 (see Figure 17). This percentage appears to have an upward trend in recent years.

Cost as a Barrier to Care

Figure 18. Cost prevented needed care during the past year among adults, Panhandle and Nebraska, 2011-2015



In 2015, 13.8% of Panhandle adults reported that they needed to see a doctor but could not because of cost in the past 12 months (see Figure 18). This number has historically been higher than the state, however trended down between 2014 and 2015. The difference between the Panhandle and the State was significant only in 2014.

Shortage Area Designations

Access to health care services (physical, mental, and dental) varies across the state, with rural areas generally having fewer resources than metropolitan areas. Specialists are especially scarce in rural areas.

Not only is the Panhandle rural, but it has an aging population. People tend to utilize health care services more as they age, which can be an issue in a rural area.

Shortage area maps exist for Nebraska for three health care areas: Family Practice, General Dentistry, and Psychiatry and Mental Health.

Family Practice

Outside of Scotts Bluff County, all other Panhandle counties are designated shortage areas for family practice (see Figure 19).

General Dentistry

Scotts Bluff, Box Butte, Garden, and Deuel Counties are not shortage areas for general dentistry. Every other Panhandle county is designated as a shortage area (see Figure 20).

Psychiatry and Mental Health

The entire Panhandle area is designated as a shortage area for psychiatry and mental health. Only the metropolitan areas of Douglas/Sarpy Counties and Lancaster County are not shortage areas for psychiatry and mental health (see Figure 21).

Figure 19. State-Designated Shortage Area, Family Practice

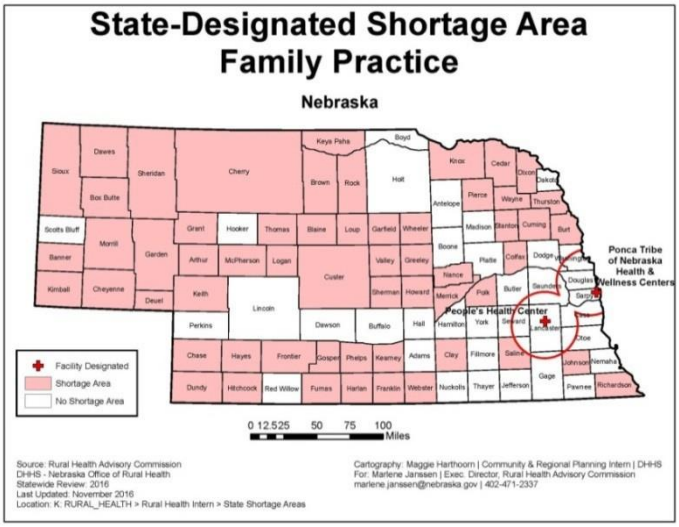


Figure 20. State-Designated Shortage Area, General Dentistry

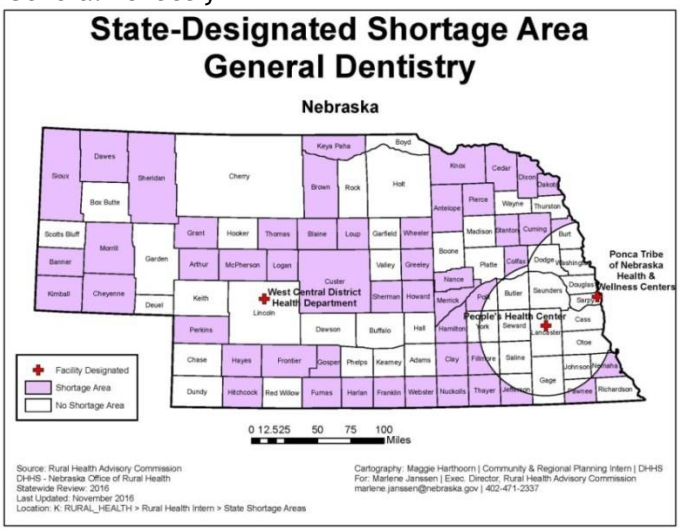


Figure 21. State-Designated Shortage Area, Psychiatry and Mental Health

Licensed Hospital Beds

The Panhandle region has 135 licensed long-term beds in its hospitals, and 275 acute beds (see Table 22).

Table 22. Number of licensed beds in Panhandle hospitals

Hospitals	Licensed Beds	
	Acute	Long term
Regional West Medical Center	130	0
Box Butte General Hospital	25	0
Sidney Regional Medical Center	25	63
Garden County Health Services	10	40
Kimball Health Services	15	0
Morrill County Community Hospital	20	0
Gordon Community Hospital	25	32
Chadron Community Hospital	25	0
TOTAL	**275**	**135**

Goal

- Reduce number of people who are unable to access care.

Objectives

Objective 4A.1: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care (Healthy People 2020: AHS-6.2)

There are no regional data points that measure the intention of the activities below. Data for this objective will be developed throughout the cycle of this CHIP.

Strategies and Activities:

Objective 4A.1	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care (Healthy People 2020: AHS-6.2)		
Strategy	Reducing Structural Barriers (Source: The Community Guide) *Breast Cancer*, *Colorectal Cancer*, *Cervical Cancer*		
Activity	**Performance Measures**	**Target Date**	**Lead Partners**
Modify Hours of service to meet client needs	▪ Number of Immunization Clinics held Outside normal clinic hours per year ▪ Number of Mammography Hours held outside normal clinic hours per year	December 31, 2020	Community Health Director
Offering services in alternative or non-clinical settings	▪ Number of biometric screenings held outside of clinics per year ▪ Number of immunizations given off site per year ▪ Number of FOBT education held off site per year	December 31, 2020	Community Health Director

Eliminating or simplifying administrative procedures and other obstacles	▪ Number of walk-in immunization clinics ▪ Number of walk-in mammogram clinics per year ▪ Number of walk-in Sports Physical clinics per year ▪ Number of navigation to services performed by the community health worker per year	December 31, 2020	Community Health Director
Pursue funding to reduce the barrier to transportation	▪ Number of funding opportunities pursued per year	December 31, 2020	Community Health Director
Portal, telephone, and mail reminders	▪ Number of portal reminders sent each year ▪ Number of telephone reminders per year	December, 31, 2020	Community Health Director

References

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