



2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

FAITH REGIONAL HEALTH SERVICES – West Campus

FAITH REGIONAL HEALTH SERVICES – East Campus

Identification and assessment of the health needs of the primary and secondary service areas served by Faith Regional Health Services-West and Faith Regional Health Services-East. Submitted in fiscal year ended December 31, 2022, to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in Code section 501(c)(3).

Adopted by Board Resolution on December 5, 2022





To Our Residents in Northeast Nebraska:

Faith Regional Health Services welcomes you to review the 2022 Community Health Needs Assessment (CHNA) as we strive to meet the health and medical needs in the communities we serve. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The CHNA identifies health and medical needs specific to our service area and provides a plan to indicate how FRHS will respond to such needs. This document suggests areas where other area organizations and agencies might work with us to achieve desired improvements. Faith Regional is committed to meeting our obligations to deliver medical services efficiently.

We do not have adequate resources to solve all the problems identified in the survey that was conducted in our service area. Some issues are beyond the mission of the hospital, and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. The CHNA is a working plan that allows multiple agencies to collaboratively bring the best each has to offer to address the more pressing needs in our area. This report will guide our actions and the efforts of others to make needed health and medical improvements.

As you read through the CHNA, please think about how you can help to improve the health and medical services our area needs. We all live and work in communities throughout Northeast Nebraska, and by working together, our collective efforts can make living here healthier.

Thank You



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Executive Summary

Faith Regional Health Services – (“FRHS” or “Hospital”) – is organized as a not-for-profit hospital system. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “community benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures FRHS identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital¹. Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital ¹. FRHS partnered with the Elkhorn Logan Valley Public Health Department for the following:

- Conduct community health needs survey and provide Hospital with survey results;
- Provide Hospital with information required to complete IRS-990h schedule;
- Produce necessary information from Public Health Departments’ Community Health Improvement Plans for Hospital to issue an assessment of community health needs and document its response to those needs.

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term ‘Charitable Organization’ is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders; and
- All available and qualified physicians are privileged.

¹ Including Elkhorn Logan Valley Public Health Department

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility is required to conduct a CHNA at least once every three taxable years and to adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital website;
- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties. ²

²Section 6652

Plan Ownership

There are many reasons why Faith Regional Health Services (FRHS) chose to partner with the Elkhorn Logan Valley Public Health Department (ELVPHD) and its respective district hospitals to complete the joint Community Health Needs Assessment (CHNA). First, Madison County is the largest populated county in the FRHS primary and secondary service area. Second, to improve overall community health requires the assistance of multiple partners. Third, all the area hospitals are now required to complete both a Community Health Needs Assessment and Community Health Improvement Plan to meet IRS requirements to maintain their non-profit status.

The non-profit partnering hospitals include:

1. Franciscan Healthcare—West Point, NE (Cuming County)
2. Faith Regional Health Services—Norfolk, NE (Madison County)

In addition, the Midtown Health Center, Inc. (the local, Federally Qualified Health Center), has to satisfy requirements for their ongoing federal funding. Continued success of the Midtown Health Center is a vital necessity in the ELVPHD District as a major provider of healthcare to the uninsured and underinsured populations in the area.

Some of the major drivers in continuing a high level of collaboration between the health department and the hospitals include:

- Nebraska State Statutes: Nebraska Statutes (under 71-1628.04) provides guidance on the roles public health departments must play and provides the following four (of the ten) required public health essential services, which fit into the public health role in the Community Health Improvement Plan.

...Each local public health department shall include the essential elements in carrying out the core public health functions, to the extent applicable, within its geographically defined community, and to the extent funds are available. The essential elements include, but are not limited to, (a) monitoring health status to identify community health problems, (b) diagnosing and investigating health problems and health hazards in the community, (c) informing, educating, and empowering people about health issues, (d) mobilizing community partnerships to identify and solve health problems...

- The Patient Protection and Affordable Care Act Impact on Hospitals: The historic passage of the Patient Protection and Affordable Care Act (PPACA) called on non-profit hospitals to increase their accountability to the communities they served. PPACA created a new Internal Revenue Code Section 501(r), which clarified certain responsibilities for tax-exempt hospitals. Although tax exempt hospitals had long been required to disclose their community benefits, PPACA added several new requirements.



Section 501(r) required a tax-exempt hospital to:

- Conduct a community health needs assessment every three years
 - The assessment must continue to take into account input from persons who represent the broad interests of the community served, especially those of public health;
- Develop an implementation plan and strategy that addresses how a hospital plans to meet EACH of the health care needs identified by the assessment
 - This plan must continue to be adopted by each hospital's governing body of the organization, and must continue to include an explanation for any assessment findings not being addressed in the plan
- Widely publicize assessment results

As mentioned earlier, this requirement affects all non-profit hospitals in the ELVPHD service area. However, the Public Health Accreditation Board (PHAB) only requires public health departments to conduct a comprehensive community health needs assessment at a minimum of every five years, or more often at the discretion of each public health department. Because of ELVPHD's continued desire to collaborate with the hospitals within its jurisdiction, ELVPHD has committed to continue to conduct their community health assessment every three years, on the same rotation as the hospitals.

- Redefinition of Hospital Community Benefit: Hospitals have been providing community benefits for many years in a variety of ways. In return, hospitals receive a variety of local, state, and federal tax exemptions. The activities listed under "community benefit" are reported on the hospital's IRS 990 report.

Community benefit was recently defined by the IRS as "*the promotion of health for a class of persons sufficiently large so the community as a whole benefits.*" Simply put, community benefit is composed of programs and services designed to address identified needs and improve community health. To qualify as community benefit, initiatives must respond to an identified community need and meet at least one of the following criteria:

- Improve access to healthcare services
 - Enhance health of the community
 - Advance medical or health knowledge
 - Relieve or reduce the burden of government or other community efforts
- Public Health Accreditation Board (PHAB) Requirements: In July of 2011, the PHAB released the first public health standards for the launch of national public health department accreditation. All local health departments pursuing voluntary public health accreditation must have completed a CHA and CHIP. Since the time that the first standards were developed, Version 2022 stands as the most-recent form. Relevant standards include:
 - Participate in, or lead, a collaborative process resulting in a comprehensive community health assessment
 - Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population
 - Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health
 - Provide and use the results of the health data analysis to develop recommendations regarding public health policy, processes, programs or interventions



Overview of the Development Process

For 2022, a significant modification to the process was a shift to almost an entirely online and virtual version of the process. Due to the level of response needed by the department and hospital systems to respond to the various stages of the COVID-19 pandemic, many former approaches from previous planning cycles were restructured. This action allowed the health department and the hospital collaborators the flexibility to meet the emergent needs of the community as the pandemic continued to demand our combined attention and continued to affect the health and wellbeing of residents.

The assessment cycle used in this plan commenced with **four** key assessments: The 2021 Nebraska Risk and Protective Factor Student Survey (NRPFS) surveys students in grades 8, 10 and 12. Every public and private school with an eligible grade can choose to participate. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective measures that predict adolescent problem behaviors. The survey is sponsored by the Nebraska Department of Health and Human Services Division of Behavioral Health and administered/analyzed by Bureau of Sociological Research at the University of Nebraska-Lincoln. In the ELVPHD district, 466 total students responded to the survey—representing 19.7% of eligible students.

Results showed youth alcohol use and youth marijuana use as continued trends, with electronic vaping as the third prevalent across all grade levels. Teens self-reporting depression ranged from 41.1% in 8th grade respondents to 46.7% in 12th grade respondents. Subsequently, 18.8% of 8th grade respondents, up to 21.4% of 12th grade respondents self-reported, in this same survey, consideration of attempting suicide in the past 12 months.

Outcome: Behavioral/Mental health became Priority Area #1 of the action plan, including the reinforcement of suicide assessments starting at youth ages through adulthood, training in mental health first aid, as well as naloxone distribution.

- 1) An electronic survey, in multiple languages, sent to ethnic minorities in our service area via social media and in-person at various events and walk-in clinics. The survey period spanned from November 2021 – April 2022. The purpose of the survey was to determine the key health issues facing our minority populations, as well as what issues the participants wanted addressed by the health care system. 90 surveys were collected and analyzed. The surveys revealed mental health, mostly due to COVID-19 and the aftermath of the pandemic—including social isolation, feelings of hopelessness due to the economy, and social anxieties of re-establishing normal living-- were the biggest challenge faced by our ethnic minorities, along with substance use and abuse being a close second.
 - a) After the survey analysis was complete, ELVPHD scheduled two community listening sessions—one in Norfolk and one in West Point. In order to get wide representation at these events, ELVPHD utilized word-of-mouth marketing and invitations from specific sectors—such as churches, local governments, non-profits, education and healthcare providers to assist in getting community members and professional to attend the sessions. Approximately 20 attendees attended the listening sessions held in May 2022.

- 2) ELVPHD contracted with an outside facilitator to conduct the listening sessions. Thought-provoking questions of attendees included:
 - Where would you go to receive mental health services or substance use services?
 - Do you feel that there are enough resources to serve these specific needs?
 - Does your employer offer any resources?

Outcome: Behavioral/Mental health became Priority Area #1 of the action plan.

- 3) On June 16, 2022, an electronic survey was sent to healthcare system collaborators and partners—such as long-term care facilities, childcare providers, school officials, health department and hospital board members, clinicians, EMS, UNL extension offices, elected officials, behavioral health providers, law enforcement, Northeast Community College, community-based organizations, city employees, tribal organizations, jails, organizations representing those with disabilities, churches and senior citizen centers. The survey offered respondents an opportunity to indicate their issues or concerns, propose areas of improvement, and submit their feedback in terms of opportunities on the horizon that to be pursued. Approximately 40 surveys were received back.

Results of this survey showed a general concern in relation to misinformation circulating on social media, which gained a new significance during the pandemic, as misinformation rivaled accurate information, which resulted in negative influences on health outcomes. Other concerns included shortages of healthcare workforce, the effect of the economy on businesses and patrons, and future surge of Baby Boomers into the healthcare system—while retirements soar and many long-term care facilities locally are on the verge of closing, or have already closed.

Outcome: Results of the partner survey informed the contents of the action plan pertaining to the two priority areas. The respondents leaving contact information became partners respective to the corresponding priority area.

- 4) Primary data collected through community-level health assessment survey. Patrons in Burt, Cuming, Stanton and Madison Counties were invited to take the survey by means of any of the following routes—public press releases, radio public service announcements; Chamber of Commerce newsletters; through employers and area businesses, senior citizen centers; social media posts; and distribution of paper flyers. The assessment findings can be found in Appendix I-Community Health Status Assessment 2022 Report, and found online at www.elvphd.org. The Community Health Assessment Report also includes more in-depth information regarding the survey process, analysis methods, and an index of primary and secondary data sources. Approximately 1,100 assessments from adult patrons specifically residing in the ELVPHD district informed the development of this report.

While the previous three assessments repeatedly reinforced the behavioral and mental health issues faced by our communities, the community-level assessment of the patrons at large significantly assisted in the identification of priority two—cancer prevention and screening for early detection.

Outcome: 47.8% of CHA Survey Respondents listed mental health as a top health concern, while 40.4% of CHA Survey Respondents listed cancer as a top health concern.

The next phase of planning involved a review of community health data. Data analyzed included:

- Four assessments detailed above; as well as
- Other sources of secondary data (as noted in the index of primary and secondary data sources) as noted in the Community Health Needs Assessment Report.



Participation: The combined input of the comprehensive assessment totaled 1,657 unduplicated participants. The summary below subdivides the aggregate into units of participation:

- 466 high school students through Nebraska Risk and Protective Factor Student Survey (NRPFS);
- 110 minority community members OR organizations serving minorities;
- 40 professionals representing various sectors of the community; and
- 1,041 adult community patrons at large completing the community assessment.

The total participation was up by approximately 16.5% (1,422 noted in 2019 vs. 1,657 noted in 2022)--with a great subsection of participation from all four counties.

- 7.9% of survey respondents from Burt County (represents 11.8% of the health district population);
- 24.7% of survey respondents from Cuming County (represents 15.8% of the health district population);
- 3.2% of survey respondents from Stanton County (represents 10.2% of the health district population);
- 64.2% of survey respondents from Madison County (represents 62% of the health district population).

Note that a major suburb located in Stanton County shares a zip code with Norfolk, NE—a larger city in Madison County. Therefore, all Woodland Park respondents, although technically residing in Stanton County, reflect in the Madison County participation numbers by zip code.

The increase in participation is attributed to conversion of a virtual/online assessment method—that preserved the valuable time of an overstretched healthcare workforce, as well as freed up overstrained community partner organizations and informants.

Written Drafts and Review Process: For the drafts of each section of this plan, the information gleaned from the four key assessments previously noted was compiled and served as the foundation—especially the Detailed Plans for Priority Areas and Strategies tables included on pgs. 15-22.

Potential strategies and the respective literature regarding evidence-based outcomes and cultural appropriateness were reviewed from the following resources:

- *The Guide to Community Preventive Services (The Community Guide)*, a resource designed to help identify evidence-based programs, practices and policies—sponsored by the Community Preventative Services Task Force (CPSTF).
- American Hospital Association Best Practices Library—a registry of resources to help healthcare leaders expand their performance in achieving their community health goals.
- Model Practices, a database provided by the National Association of City and County Health Officials (NACCHO), which includes a registry of model practices and promising practices with evidence of improved health outcomes.
- Joint Commission reporting requirements of performance measures required by accredited or certified organizations.
- Various other data and information sets reported by providers and healthcare systems—such as Healthcare Effectiveness Data and Information Set (HEDIS), etc.

ELVPHD considers this a point-in-time document that is open for review and revision as new information and insight is gained at the local, state and national levels. Emerging issues may surface at any time and are eligible for inclusion in the plan.

Community Served by Hospital

FRHS defines its primary, secondary and tertiary service areas as the following counties in Nebraska:

- Primary – Antelope, Boone, Holt, Knox, Madison, Pierce, Platte, Stanton, Wayne
- Secondary – Cedar, Colfax, Cuming, Dixon
- Tertiary – Boyd, Brown, Burt, Cherry, Dakota, Garfield, Keya Paha, Nance, Rock, Thurston, Wheeler

Note: Some counties located in the primary and secondary service areas are not represented in the data collected for this CHNA, while other counties outside of the FRHS service areas are included. For the purposes of this report, FRHS determined that a significant percentage of the population in the primary and secondary service area is represented.

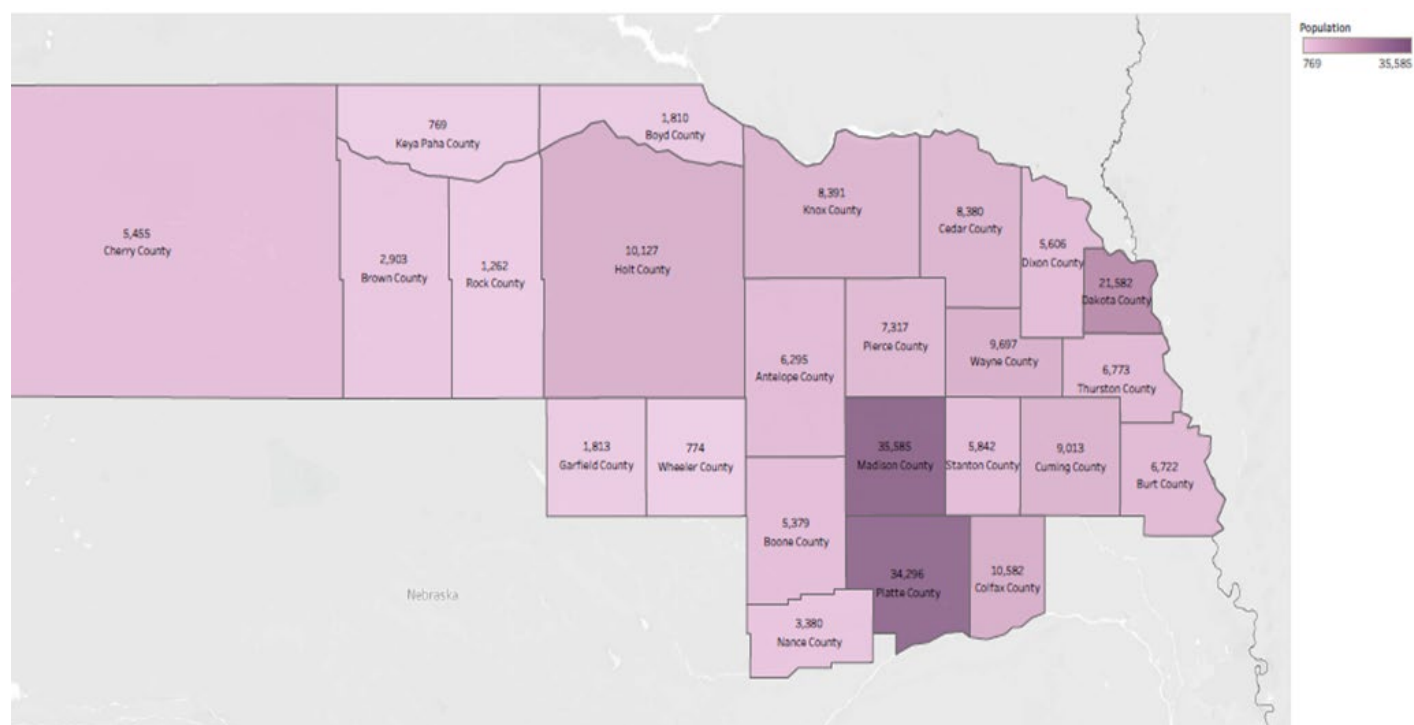


Figure 1 2020 Census Population Geospatial Map

Demographic Data

Not all of the community/demographic data in this report reflects all counties served by FRHS and represented in the previous geographic map.

2010 v. 2020 Census

18 of the 24 counties included in the analysis saw population decreases between the 2010 and 2020 census. Across the entire FRHS service area the population dropped from 210,648 to 209,753 for a difference of 895.

As such, the percent change across all service area counties was .4%. The largest percent increase was in Platte County at 6.4%. The largest loss was in Rock County at -17.3%. However, large losses were predominantly in lower population areas and gains in higher population areas. Figure 2 displays the percent change by each county.

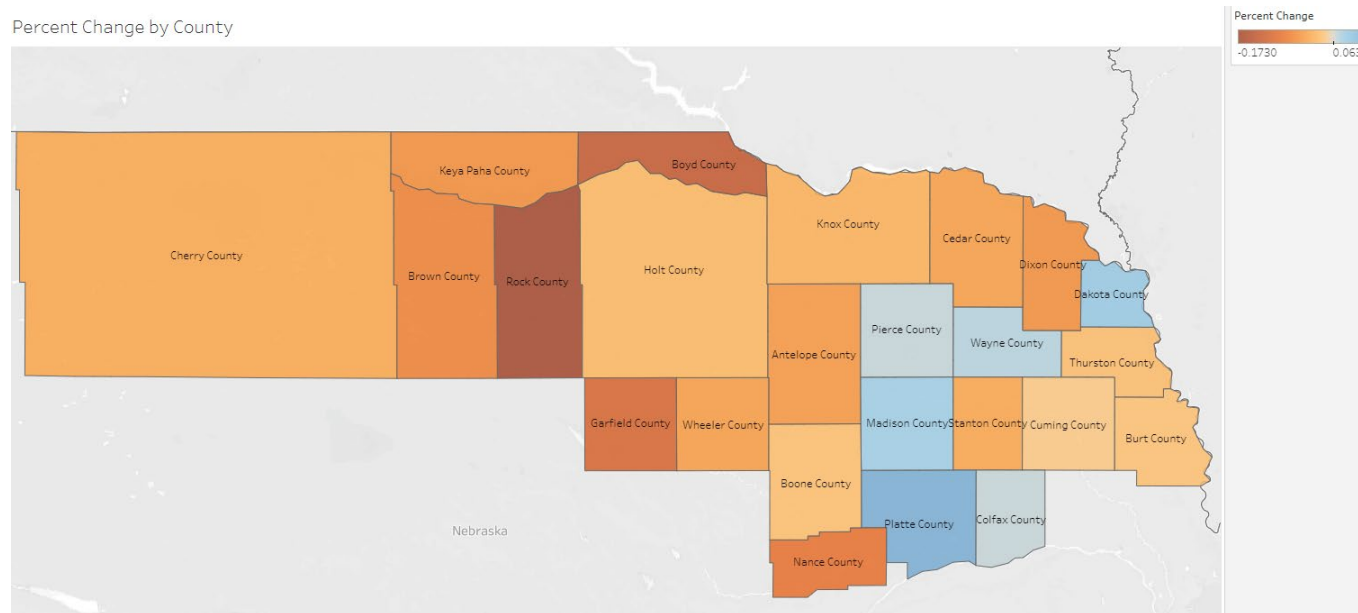


Figure 2 Geospatial Map with Percent Change

Norfolk saw a population increase of 3.1% between the 2010 and 2020 census. This drove the increase in population for Madison County increasing population from 34,876 in 2010 to 35,585 in 2020.

Population Figures

Average per capita in the FRHS service area is \$29,078 and the median income is \$55,451. An average of 10.8 percent of the FRHS service area lives in poverty, and an average 9 percent do not have health insurance.

The racial makeup of the service area population is majority white with 92.6 identifying as white alone and 7.4 identifying as non-white. The service area's most significant racial minority is Hispanic with an average 8.5 percent Hispanic/Latino population.

4 U.S. Census web site, www.census.gov

Prioritized Health Needs

PRIORITY 1: BEHAVIORAL/MENTAL HEALTH 47.8% of CHA Survey Respondents listed mental health as a top health concern.									
Goal	Proposed Strategies/Activities	Evidence-Based	Potential Partners	Performance Measures					
Increase access to behavioral/ mental health services in the ELVPHD health district.	Continue provision of job shadowing experiences and preceptorship programs for potential behavioral/mental health students entering the pipeline, and for current medical students completing field training. Reference: Aligns with Faith Regional Health Services student educational rotation experience program. https://www.frhs.org/for-healthcare-professionals-staff/education-training/	X	Faith Regional Health Services Franciscan Healthcare Midtown Health Center, Inc. Other health systems located within the ELVPHD district AHEC Region 4 Behavioral	Continued stabilization or improvement noted to the Provider Count by County and Change Reports 2010-2020. (Behavioral Health Education Center of Nebraska [BHECN], 2020).					
				2010	2016	2018	2020	Diff 2010-2020	% Diff 2010-2016
			Burt	0	1	1	3	3	0%
			Cuming	2	4	2	3	1	+50.0%
			Stanton	0	0	0	0	0	0%
			Madison	82	87	91	101	19	+23.17%
				Total Behavioral Health Providers in Region 4 Area – 2021.					
				Psychiatrist					5
				APRN—Psychiatry discipline					15
				P.A. –Psychiatry discipline					2
				Psychologist					16
				Licensed Independent Mental Health Practitioner (LIMHP)					114
				Licensed Mental Health Practitioner (LMHP)					36
				Licensed Alcohol and Drug Counselor (LADC)					14
				Total by Region					202
				(Nebraska Medical Center Health Professions Tracking Service, 2021)					

<p>Reference: https://app1.unmc.edu/publichealth/bhecn/ https://www.unmc.edu/publichealth/hpts/</p>	<p>Reference: Aligns with Franciscan Healthcare job shadowing program: https://www.franhealth.org/about/job-shadow.html</p>		<p>Health System Behavioral Health Education Center of Nebraska (BHECN)</p>	
	<p>Continue telemedicine access in the district—focusing on behavioral and mental health services.</p> <ul style="list-style-type: none"> • FRHS currently doing this • Midtown Health Center current services include psychiatric consultation, medication management, and outpatient behavioral health services. <p>Reference: Aligns with Faith Regional Health Services Strategic Plan GROWTH pillar—improving access to technology usage for care.</p>	X	<p>ELVPHD Hospital/Clinic Leadership Care Providers Region 4 Behavioral Health System Midtown Health Center, Inc.</p>	<p>Increase the number of visits by way of telemedicine—particularly in the area of behavioral and mental health. 2021 baseline in number of psychiatrist visits is:</p> <ul style="list-style-type: none"> • 814 FRHS • 449 psychiatrist visits Midtown Health Center • Franciscan Healthcare
	<p>Continued collaboration with Northern Nebraska Area Health Education Center (AHEC) to familiarize pipeline students with careers in psychiatry/mental or behavioral health.</p>		<p>AHEC ELVPHD School Systems</p>	<p>Data collection method TBD. Options may include surveying high school seniors for chosen career paths in healthcare OR incorporating post-attende questions with AHEC pertaining to 8th grade Science Fair, Wayne State College 10th Grade Career Day, or Cuming County College and Military Fair.</p>

<p>Increase access to training geared towards early detection of suicidal ideation and timely referral and/or intervention in the ELVPHD district.</p>	<p>Continued use of clinical assessments for all patient encounters in the medical setting:</p> <ul style="list-style-type: none"> • Substance misuse and/or substance abuse disorders; and • Suicide risk and triage. 	<p>X</p>	<p>Faith Regional Health Services Franciscan Healthcare Midtown Health Center, Inc. Other service providers located within the ELVPHD district</p>	<p>Increase or maintain the percentage of patients screened per facility protocol for depression. Baseline is:</p> <ul style="list-style-type: none"> • 100% FRHS (use Columbia Suicide Severity Risk Scale [CSSRS] in patients aged 7 and older) required by Joint Commission • 95% Midtown Health Center (use PHQ-9 in ages 12 and older) • 0% ELVPHD • Franciscan Healthcare
	<p>Instruction of Mental Health First Aid and/or <i>Question.Persuade.Refer.</i> (QPR) trainings for laypersons in the ELVPHD district.</p>	<p>X</p>	<p>ELVPHD County veteran service staff Community-based organizations Faith-based groups Schools</p>	<p>Increase the number of persons trained by ELVPHD by 5% each year. Baseline is:</p> <ul style="list-style-type: none"> • 304 persons trained in 2018 • 319 persons trained in 2019 • 104 persons trained in 2020 before funding discontinued due to COVID • 2022 funding application just submitted

			Law Enforcement First Responders Nebraska State Suicide Prevention Coalition	
Decrease the impact and effect of prescription drug (fentanyl) overdose in the ELVPHD district. See also DHHS Behavioral Health Strategic Plan: https://dhhs.ne.gov/Behavioral%20Health%20Documents/DBH%20Strategic%20Plan%202022-2024.pdf	Continue recruiting and encouraging healthcare sector participation in the Nebraska DHHS Nalaxone distribution program.	X	ELVPHD Nebraska Pharmacists Association Stop Overdose Nebraska Healthy Communities Initiative Region 4 Behavioral Health System	Increase the number of participating Narcan pharmacies in the ELVPHD district. Baseline is: <ul style="list-style-type: none"> • The Pill Box Pharmacy, Norfolk • Tekamah Drug Store, Tekamah • Wisner Apothecary, Wisner • Hy-Vee Pharmacy, West Point NOTE: The Pill Box Pharmacy, owned and operated by FRHS, is located within their main campus hospital. https://www.frhs.org/medical-services/pharmacy-services/
	Continue encouraging public patrons to access the Nebraska DHHS Nalaxone program (utilization of four free doses)	X	ELVPHD Schools	Increase the dissemination of materials from Stop Overdose Nebraska https://stopodne.com by tracking via website analytics the activity from the zip codes deriving from the ELVPHD service area. Baseline to be determined after first year.

	without a prescription at participating pharmacies).		Participating Narcan pharmacies Healthcare service providers Schools	
In relation to the declared National Mental Health Crisis, increase strategies related to eliminating barriers in equitable access to behavioral health services. See also The White House: https://www.whitehouse.gov/briefing-room/statements-	Continued participation in the: <ul style="list-style-type: none"> • DHHS Health Equity Coalition, • NALHD Health Equity Community of Practice, and • DHHS Health Equity biannual retreats 		Nebraska Public Departments DHHS NALHD UNMC College of Public Health	
	Increase understandability of information from medical professionals, including understandability of written information pertaining to medical topics. <ul style="list-style-type: none"> • Survey public participants in 2023 regarding general understandability of messages and suggestions of areas that need improvement; and • Use above survey results to 	X	Nebraska Public Health Departments NALHD Institute for Healthcare Advancement (IHA) Health Literacy	Baseline survey will be completed in 2023. Once baseline has been established, future surveys will show improvement in understandability.

releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/	<p>inform action plan with two priority initiatives.</p> <p>Reference: Aligns with Faith Regional Health Services Accessibility Statement pertaining to commitment to usability and equal accessibility for all people. https://www.frhhs.org/patients-visitors/privacy-practices-patient-rights/accessibility-statement/</p>		<p>Solutions Center</p> <p>ELVPHD</p> <p>Non-profit hospital systems</p>	
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Behavioral/Mental Health Partners and Supporters

Name	Organization	Name	Organization
Dennis Colsden	Rural Region One Medical Response System	Steve Sill	Cuming County Supervisor
Tommy Newcombe	Region 4 Behavioral Health System	Nikki Mullanix	Elkhorn Logan Valley Public Health Department
Amy Holman	Nebraska Pharmacists Association	Lora Langley	Ponca Tribe of Nebraska
Gretchen Forsell	Northern Nebraska Area Health Education Center	Dara Schlecht	St. Francis Memorial Hospital
Mark Davis	Faith Regional Health Services	Kimberly Powell	Norfolk Family Coalition
Tyler Toline	Franciscan Care Services	Kerri Dittrich	Healthy Communities Initiative
Caitlin Gillham	Elkhorn Logan Valley Public Health Department	Kirk Van Pelt	Stanton County Emergency Management
Deb Zimmerer	Bright Horizons	Delanie Johnson	Nebraska DHHS Department of Behavioral Health
Mark Stordvedt	Oasis Counselling	Captain Don Miller	Norfolk Police Division

Gina Krysl	Northeast Community College	Lisa Sommer	Community Member
Kathy Nordby	Midtown Health Center, Inc.	Greg Hanson	Madison County Veteran's Coalition

PRIORITY 2: CANCER PREVENTION AND SCREENING
40.4% of CHA Survey Respondents listed cancer as a top health concern.

Goal	Proposed Strategies/Activities	Evidence-Based	Potential Partners	Performance Measures
<p>Decrease the burden of obesity in the ELVPHD district as a significant risk factor for cancer.</p>	<p>Increase physical activity through instruction of evidence-based curriculums geared towards dietary improvements and healthy lifestyles. Evidence-based curriculums may include:</p> <ul style="list-style-type: none"> • National Diabetes Prevention Project (NDDP)—both traditional and hybrid • Health Coaches • Eating Smart and Being Active • SPORT • Faith Regional Health Services 	<p>X</p>	<p>ELVPHD Nebraska DHHS Healthcare Providers Certified Health Coaches Schools UNL County Extension Offices Business/Worksites Medicaid Managed Care</p>	<p>Decrease in the percentage of community patrons that report concerns with getting enough exercise. Baseline is 28.5% reporting a current concern from 2022 CHA.</p> <p>Increase class participation in the service area by 5% each year. 2021 baseline is:</p> <ul style="list-style-type: none"> ○ 45 total participants <ul style="list-style-type: none"> • 10 hybrid • 35 in person

<p>See also: Nebraska Cancer Plan, 2022. https://necancer.org/necancerplan</p>			<p>Organizations</p>	
<p>See also: Nebraska Cancer Plan, 2022. https://necancer.org/necancerplan</p>	<p>Increase creation of (or enhanced access to) public places for public use to increase physical activity and improve physical fitness.</p> <ul style="list-style-type: none"> • creating walking trails • parks improvement 	<p>X</p>	<p>ELVPHD Hospital systems City employees and city officials Local Trails Committees Nebraska Bicycling Alliance Nebraska DHHS Community Planning Trails/Parks Workgroup</p>	<p>Decrease in the percentage of community patrons that report trail and/or park improvements would make the community healthier for their family. Baseline is 30.5% of respondents requesting enhancement in this area according to the 2022 CHA. 66.5% of survey responded reported that their health behavior of choice is walking/biking. This reinforces that this is a worthwhile measure to continue investing in as communities. Increase this percentage in future assessment cycles as a result of investment in improvements listed above.</p>

	<p>Increase fruit and vegetable consumption through instruction of evidence-based curriculums geared towards physical activity and healthy lifestyles. Evidence-based curriculums may include:</p> <ul style="list-style-type: none"> • National Diabetes Prevention Project (NDDP)—both traditional and hybrid • Health Coaches • Eating Smart and Being Active • SPORT • Tai Chi for Arthritis • Stepping On! • Bingocize • Faith Regional Health Services 	<p>X</p>	<p>ELVPHD Nebraska DHHS Healthcare Providers Health Coaches Schools UNL County Extension Offices Business/Worksites Senior Citizen Centers Northeast Nebraska Area Agency on Aging Medicaid Managed Care</p>	<p>Establish fully recognized national recognition of hybrid NDDP. Baseline is “preliminarily recognized” pending additional data cycles.</p> <p>Increase class participation in the service area by 5% each year. 2021 baseline is:</p> <ul style="list-style-type: none"> ○ 45 total participants <ul style="list-style-type: none"> • 10 hybrid • 35 in person <p>Decrease in the percentage of community patrons that report challenges with getting healthy and affordable food. Baseline is 35.4% reporting a current challenge from 2022 CHA.</p>

			Organizations	
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<p>Increase cancer-screening rates within the ELVPHD district.</p>	<p>Increase access and utilization of free and low-cost cancer screenings. Such examples include:</p> <ul style="list-style-type: none"> • Dissemination of FOBT kits • Skin Cancer Screenings • Participation as healthcare provider in the Nebraska DHHS Every Woman Matters program as provider of free pap tests, pelvic exams, clinical breast exams and lab fees, and mammography for eligible women. <p><u>Reference:</u> Faith Regional Health Services and affiliated clinics are currently enrolled as Nebraska EWM providers: https://dhhs.ne.gov/Pages/EWM-Provider-Listing.aspx#InplviewHash4dc68ebd-767e-4bd1-8d12-685bd2a93cc1=FilterField1%3DCity-FilterValue1%3DNorfolk</p> <p><u>Reference:</u> Faith Regional Health Services currently provides free skin cancer screenings on a monthly basis. https://www.frhs.org/classes-events/search-results-detail/?eventId=a4118ddc-579a-ec11-a861-000d3a619f08</p> <p>Increase referrals for age-appropriate routine cancer screenings through reminder/recall initiatives for:</p>	<p>X</p>	<p>ELVPHD Healthcare providers Nebraska DHHS Pharmacies Northeast Nebraska Area Agency on Aging UNL County Extension Offices Public Libraries and other public community locations PATCH Ponca Tribe of Nebraska</p>	<p>Decrease in the percentage of community patrons that report concerns associated with affordability and cancer screening. Baseline is 34.9% reporting a current concern from 2022 CHA.</p> <p>Increase dissemination of FOBT kits. Baseline post-COVID to be predetermined in year 1.</p> <p>Increase return rate of FOBT kits. Baseline post-COVID to be predetermined in year 1.</p> <p>Increase participation in FRHS skin cancer screening events over the course of one year. Baseline post-COVID to be predetermined.</p> <p>See also Working to Close the Cancer Screening Gap Caused by COVID, National Cancer Institute, 2022: https://www.cancer.gov/news-events/cancer-currents-blog/2022/covid-increasing-cancer-screening</p> <p>Due to COVID, when elective procedures were not permitted for a period. This resulted in a catch-up period and a demand</p>
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	<ul style="list-style-type: none"> • Breast cancer screening • Cervical cancer screening • Prostate cancer screening • Colon cancer screening • Lung cancer screening for current or former smokers <p><u>Reference:</u> Faith Regional Health Services currently offers cancer screening services https://www.frhs.org/medical-services/cancer-care/diagnostic-services/</p>		<p>Healthcare Providers</p> <p>Support providers and ancillary services—home health, therapy, counselors, dental, vision and other freestanding facilities</p> <p>Home Instead Senior Care</p> <p>Nebraska Respite Network</p> <p>Employers</p> <p>Medicaid Managed Care Organizations</p>	<p>for services that exceeded health system capacity at the time. A post-COVID baseline will be determined in year one.</p> <p>See also Working to Close the Cancer Screening Gap Caused by COVID, National Cancer Institute, 2022: https://www.cancer.gov/news-events/cancer-currents-blog/2022/covid-increasing-cancer-screening</p>
<p>Increase cancer-prevention activities within the ELVPHD district.</p>	<p>Continue dissemination of radon gas home screening kits in the ELVPHD district.</p>	<p>X</p>	<p>Kits are currently sold at ELVPHD offices in Tekamah, Norfolk, and Wisner.</p>	<p>ELVPHD will increase distribution of radon kits. Baseline is 150 per year.</p> <p>ELVPHD will increase the rate of radon kit returns. Baseline is 65% return rate.</p>

	<p>Increase the administration of HPV vaccines through utilization of third-party reimbursement for insured clients and Vaccines for Children (VFC) program for Medicaid, uninsured and underinsured clients.</p> <p><u>Note:</u> As of October 20, 2022, there are 14 Enrolled VFC Providers in the ELVPHD District. These include ELVPHD, Faith Regional Physician Services Family Medicine, Dinklage Medical Clinic, Midtown Health Center and Ponca Tribe Hills Health and Wellness (DHHS, 2022).</p>	X	<p>ELVPHD Healthcare Providers Northeast Nebraska Community Action Partnership Ponca Tribe of Nebraska Medicaid Managed Care Organizations</p>	<p>42 HPV doses administered by ELVPHD in 2021.</p>
	<p>Continue offering smoking cessation classes for individuals who desire to stop using tobacco products.</p> <p><u>Reference:</u> FRHS is a current provider of lung cancer screening and prevention services in accordance with recommended guidelines. https://www.frhs.org/app/files/public/5932fa28-49db-4e4d-8d5d-9f448938a1fd/2019_frhs_cancer_program_public_outcomes_report.pdf</p>	X	<p>Healthcare Providers Ponca Tribe of Nebraska Medicaid Managed Care Organizations</p>	<p>Increase participation in smoking cessation classes over the course of one year. Baseline post-COVID to be pre-determined.</p>

Cancer Prevention and Screening Partners and Supporters

Name	Organization	Name	Organization
Ashley Strehle	Franciscan Healthcare/Neligh Park All-Inclusive Playground	Linda Miller	ELVPHD/FRHS Board of Directors
Judy Mutzenberger	Cuming County Supervisor	Carol Spenner	NDDP Independent Lifestyle Coach—West Point
Casey Koch	St. Francis Memorial Hospital	Hannah Guenther	University of Nebraska Extension—Cuming County
Shantell Skalberg	Faith Regional Health Services	Delaney Brudigan	Franciscan Care Services

Andrea Trautman	Home Instead Senior Care	Eunice Ramirez	Elkhorn Logan Valley Public Health Department
Jody Woldt	Elkhorn Logan Valley Public Health Department	Kim Schultz	Wisner Green Team
Sandra Renner	Center for Rural Affairs	John Cahill	City of Norfolk
Crystal Hunke	Dinklage Medical Clinic	Val Grimes	City of Norfolk
Brian Blecher	Faith Regional Health Services	Nathan Powell	City of Norfolk
Sue Fuchtman	Faith Regional Health Services Board of Directors	Ann Norgard	Wisner Tree Board
Steven Rames	City of Norfolk	Stasia Stokely	Dinklage Medical Clinic
Terry Nelson	St. Francis Memorial Hospital/West Point Trails Committee	Brian Paulsen	Northeast Community College
Melanie Thompson	Elkhorn Logan Valley Public Health Department/Wisner Trails Committee	Heather Drahota	Elkhorn Logan Valley Public Health Department

Hospital Community Health Improvement Plan (CHIP)

Health Need: Behavioral/Mental Health

Problem Statement:

Mental health is impactful to an individual's general wellbeing. Positive mental health can lead to a decrease in the risk factors associated with medical conditions. However, poor mental health can increase poor physical health. Having poor mental health is also impactful to an individual's ability to manage their current medical conditions. Mental health does not discriminate and affects people of any age, race or socioeconomic status.

Data: One in Four American Adults experience an episode of mental illness per year. Four million children and adolescents in the United States suffer from a mental illness that impacts their ability to function at home, school and socially.

Analysis of Existing Gaps:

- Opportunities for nursing and mental health career students to obtain internship opportunities is lacking in the region
- Faith is the only inpatient psychiatric hospital in Region IV to provide these opportunities for inpatient experiences
- Lack of access to care within the region to include opportunities for mental health medication management and services through telehealth
- Lack of funding for patients who do not have insurance coverage
- Need for continued building of positive relationships with referrals in Region

Goals:

Goal 1: Increase internship and preceptorship opportunities in the Inpatient or Outpatient settings for mental health nursing, mental health therapists and social work degrees

Goal 2: Increase telehealth encounters in the outpatient clinic in both med management and therapy encounters

Goal 3: Decrease financial barriers to individuals receiving mental health services, inpatient and outpatient through use of Region IV funding

Goal 4: Maintain relationships with Region IV coordinator and Region IV law enforcement to improve ease of access for regional care

Anticipated Results from Hospital Plan:

- Improve relationships and increased mental health nursing preceptorship and internships with educational institutes, LPNs, RNs, MSWs and LMHPs
- Increase Telehealth outpatient visits to improve access to care for both medication management and therapy services
- Maintain and optimize contract with Region IV for payment and collaboration of inpatient and outpatient services

Measurement of Progress/Improvement:

- Track preceptor and internship opportunities
- Track telehealth encounters and monitor for growth opportunities
- Monitor referral patterns for regional development and region development



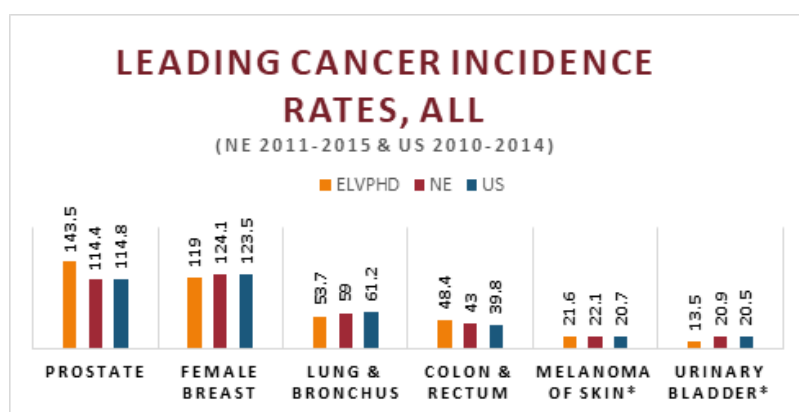
Health Need: Cancer Prevention and Screening

Problem Statement:

Cancer was the second leading cause of death in Nebraska in 2018, surpassed by heart disease. For the period 2014-2018, urinary bladder cancer was significantly lower in Madison County than the rest of the state. Prostate cancer was significantly higher than the rest of the state in Burt, Cuming and Madison counties. 421 survey respondents reported cancer as a health concern.

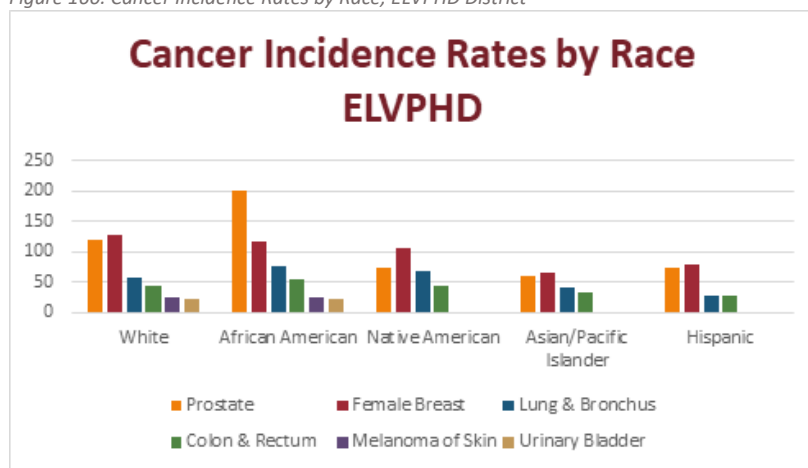
In the ELVPHD region, prostate cancer was the leading type of cancer diagnosed (143.5/100,000 population), which surpassed the state and nation rates (114.4 and 114.8/100,000 population, respectively). Female breast cancer followed as a close second for ELVPHD district (119/100,000 population) and was lower than the state and national rates (124.1 and 123.5/100,000 population, respectively). Notably, the incidence of cancer of any type was three times higher in the ELVPHD district for Hispanics and non-Whites compared to Non-Hispanic, Whites. This high occurrence is evidence that an opportunity exists to improve current strategies in cancer prevention and screening.

Figure 19. Cancer Incidence Rates, ELVPHD District



Source: Cancer Registry, 20 *ELVPHD data not available for Burt, Cuming or Stanton counties

Figure 160. Cancer Incidence Rates by Race, ELVPHD District



Note: Melanoma of Skin and Urinary Bladder not reported in all races. Source: Cancer Registry, 2009-2018

Services / Resources Available to Respond to Need

- Tele-genetic counseling for cancer screening
- Area dietitians
- Walking trails in the service area
- YMCA/Fitness centers offer exercise classes
- FRHS employee wellness program
- Seasonal growing of fruits and vegetables from local farmers

Analysis of Existing Gaps

- Lack of awareness of available resources
- Limited cancer screening opportunities
- Lack of knowledge for accessing dietitians
- Seasonal growing of fruits and vegetables
- All fitness centers don't offer discounted rates for low income
- Limited wellness opportunities in the community

Goals:

Goal 1: Increase cancer screening and prevention in our service area

Goal 2: Increasing patient and provider communication about screenings utilizing EHR (EPIC)

Goal 3: Decreased the burden of obesity in the ELVPHD district as a significant risk factor for cancer

Hospital Implementation Plan

- Offer additional screening tools to cover additional cancers
- Partner with dermatologist for skin cancer screening
- Review current EHR to see how screening is tracked in EPIC

Potential Partners

- ELVPHD
- FRHS Corporate business partners
- YMCA/fitness programs
- Businesses offering worksite wellness programs
- Local produce farms (Wolff Farms, etc.)
- Area Primary Care Providers
- Norfolk Area Visitor's Bureau

Anticipated Results from Hospital Plan

- Raise awareness about the benefits of physical activity in decreasing obesity to lower cancer risks
- Increase number of FRHS employees utilizing YMCA membership discount
- Reduce the number of FRHS employee's overweight
- Increase the number of patients seen by FRPS compliant with recommended cancer screenings
- Improve the health of participants
- Increase the number of patients with access to cancer prevention and screening activities
- Offer additional cancer prevention and screening activities in the community



Measurement of Progress / Improvement

- YMCA memberships through FRHS employee benefit program
- FRHS Employee wellness results
- Increased partnership with farms
- Increased number of cancer prevention and screening activities



Appendix A – Elkhorn Logan Valley Public Health Department Community Health Improvement Plan

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2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

