Annual Community Health Improvement Plan Report

Nebraska Panhandle

Panhandle Public Health District, Scotts Bluff County Health Department, Panhandle Partnership, Box Butte General Hospital, Chadron Community Hospital, Gordon Memorial Hospital, Kimball Health Services, Morrill County Community Hospital, Regional West Garden County, Regional West Medical Center, Sidney Regional Medical Center

2017

DECEMBER 2018

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Table of Contents

Introduction

Purpose

This is the final annual report of the 2012-2017 Nebraska Panhandle Community Health Improvement Plan (CHIP). The Public Health Accreditation Board (PHAB) defines a CHIP as a "long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process." [1] A CHIP is designed to:

- Set community health priorities
- Coordinate and target resources needed to impact community health priorities
- Develop policies
- Define actions to target efforts that promote health
- Define the vision for the health of the community
- Address the strengths, weaknesses, challenges, and opportunities that exist in the community related to improving the health status of the community

This annual report reflects the activities and collaborative efforts of the Panhandle Public Health District (PPHD), Scotts Bluff County Health Department (SBCHD), the Panhandle Partnership (formerly known as the Panhandle Partnership for Health and Human Services), and the Rural Nebraska Healthcare Network (RNHN) in 2017. This document serves as a progress review on the strategies that were developed in the 2012-2017 CHIP and activities that have been implemented since then. It also captures the revisions made to the CHIP based on the evaluation of the goals, objectives, strategies, current and planned activities, performance measures, and available resources.

In addition to the 2012-2017 CHIP, this report also references the 2011 Nebraska Panhandle Community Health Assessment. Both documents can be found on Panhandle Public Health District's website: http://www.pphd.org/CHIPIndex.html.

While the CHIP is a community driven and collectively owned health improvement plan, Panhandle Public Health District is charged with providing administrative support, tracking and collecting data, and preparing the annual report.

For more information on the CHIP or on the annual CHIP report, please contact:

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[1] National Association of County & City Health Officials. (2016). CHAs and CHIPs for accreditation preparation. Retrieved from http://archived.naccho.org/topics/infrastructure/CHAIP/accreditation-preparation.cfm

Definitions

This section contains the definitions of acronyms or other public health specific words included in this report.

BMI: Body Mass Index

BRFSS: Behavioral Risk Factor Surveillance System

CAPWN: Community Action Partnership of Western Nebraska

COS: Circle of Security

DHHS: Department of Health and Human Services

ESU: Educational Service Unit

EWM: Every Woman Matters

FOBT: Fecal Occult Blood Test

NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care

NDPP: National Diabetes Prevention Program

NRPFSS: Nebraska Risk and Protective Factor Student Survey

NWCAP: Northwest Community Action Partnership

PPC: Panhandle Prevention Coalition

PPHD: Panhandle Public Health District

RNHN: Rural Nebraska Healthcare Network

SBCHD: Scotts Bluff County Health Department

SOC: Systems of Care

SSRHY: Support Systems for Rural Homeless Youth

USPSTF: United States Preventive Services Task Force

WCHR: Western Community Health Resources

WIC: Women, Infants, and Children

WNCC: Western Nebraska Community College

YRBS: Youth Risk Behavior Survey

YTS: Youth Tobacco Survey (YTS)

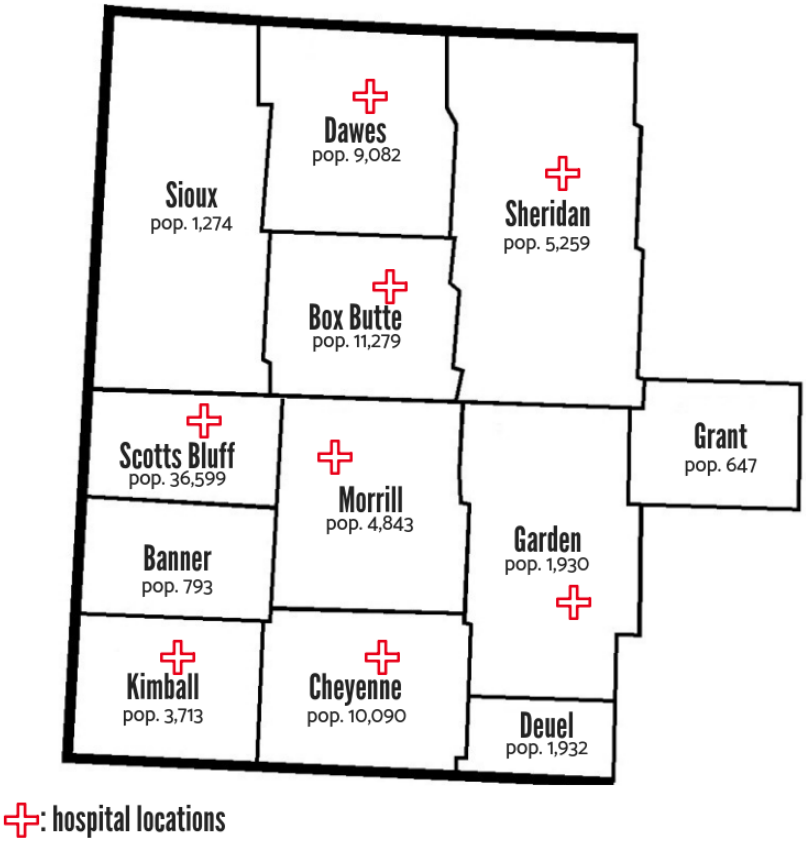
Nebraska Panhandle Snapshot

Population: 87,441[2]

Hospitals:[3]

- Box Butte General Hospital
- Chadron Community Hospital
- Gordon Memorial Health Services
- Kimball Health Services
- Morrill County Community Hospital
- Regional West Garden County
- Regional West Medical Center
- Sidney Regional Medical Center

Total land area: 14,963 sq. miles



[2] 2012-2016 American Community Survey 5-Year Estimates

[3] All eight hospitals in the Panhandle are members of the Rural Nebraska Healthcare Network.

Community Health Needs Assessment

In early 2011, PPHD and SBCHD entered into a collaborative relationship to facilitate a comprehensive community health assessment and planning process for all eleven counties of the Panhandle (Grant county was not a part of PPHD's jurisdiction in 2011; it was added in 2014). The Mobilizing for Action through Planning and Partnership (MAPP) process provided the foundation for the 2011 needs assessment process. As part of the MAPP process, quantitative and qualitative data were collected from the following four assessments:

- Community Themes and Strengths
- Forces of Change
- Local Public Health System
- Community Health Status

The full report can be found at:
http://pphd.org/Site/Documents/CHIP/Community%20Health%20Assessment2011.pdf

A prioritization process was held in November 2011 to determine which areas the local public health system needed to focus on first. MAPP stakeholders reviewed the assessment information and chose the community health priorities based on the following criteria:

- Magnitude or size of the problem
- Comparison with state results
- Historical trends
- Economic and social impact
- Changeability
- Capacity of the local public health system
- Readiness or political will

Community Health Priorities

Using a rating system provided by the Nebraska Department of Health and Human Services, participants reached a consensus and identified the community health priorities for the Nebraska Panhandle.

Working groups were convened to develop the goals, objectives, strategies and key actions and to identify benchmarks for each strategy.[4]

Community Health Priority	Goal
1. Healthy Living	
A. Healthy Eating	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of a healthy body weight
B. Active Living	Improve health, fitness and quality of life through daily physical activity
C. Breastfeeding	Improve the health and well-being of infants by creating an environment and community that supports breastfeeding
2. Mental and Emotional Well-Being	Improve mental and emotional health through prevention and by ensuring access to appropriate, quality mental health services
3. Injury and Violence Prevention	Prevent unintentional injuries and violence, and reduce their consequences
4. Cancer Prevention	Reduce the number of new cases, as well as the illness, disability and death caused by cancer

A total of 33 unduplicated people participated in the CHIP planning meetings. Meeting participants included representatives from hospitals and health care, public health, behavioral health, mental health, advocacy and disability groups, schools, not-for-profit agencies, youth and family serving organizations, community recreation, prevention organizers and citizens at large.

Community discussion, priority strategies and actions were reviewed in the context of Healthy People 2020, the 2011 National Prevention Strategy and The Guide to Community Preventive Services to assure that areas included in the plan met evidence-based and evidence-informed criteria for implementation.

[4] The Goals and Objectives of the four Priority Health Areas have been reorganized from their original format in the 2012-2017 CHIP. It was decided that it was best to align our goals with that of Healthy People 2020 and that the original goals of the 2012-2017 CHIP were more appropriate to be categorized as objectives. These changes created a more cohesive and streamlined plan. Some of the objectives were also reworded to turn them into SMART (Specific, Measurable, Achievable, Realistic and Timely) objectives and to more accurately match the data we are using to evaluate our progress.

Objectives and Data

Each section of this annual report covers a Community Health Priority in detail. For each priority area, a brief description of the health issue is provided along with strategies, objectives, performance measures, key partners and community assets, and a summary of revisions made to the CHIP since the original 2012-2017 publication.

Objectives

The 2012-2017 Nebraska Panhandle CHIP included long-term and intermediate measures for each priority health area's goal. Because of the re-organization of the goals and objectives mentioned earlier, these long-term and intermediate measures were adopted as the community health priority's objectives.

Data

Data for the Annual CHIP Report is generally gathered from state or national data collection registries. However, some data is not available at the regional or county level. Due to the low population of several Panhandle counties, it is difficult for data to be collected. For indicators that are recognized as too important to remove, but for which no reliable data is available at this time, data were noted as " - ".

Youth Data

Data for youth that reside in the Panhandle region are sparse due to lack of schools choosing to participate in and/or oversample for the Student Health and Risk Prevention (SHARP) surveys, which includes the YRBS, YTS, and NRPFSS. Without oversampling, there is not enough data available to represent the region as a whole. PPHD is working to encourage schools to oversample so that this data is available. Pros of oversampling are not only that it provides data for the Panhandle region, but also that schools will receive school specific data that can be used to apply for grants or qualify for certain benefits.

Goal Setting

If the CHIP objective is the same as the Healthy People 2020 objective, the Healthy People 2020 target-setting method is followed, when available and appropriate. Otherwise, the default target is a 10% improvement.

Rural Nebraska Healthcare Network

The Patient Protection and Affordable Care Act signed into law on March 23, 2010, imposed additional requirements on tax-exempt hospitals, acknowledging the important role hospitals play in their community. One of the new requirements is that tax-exempt hospitals regularly conduct a community health needs assessment (CHNA) and adopt implementation strategies to address identified needs. This new requirement highlighted how important it is for the hospital to be aware of their community's needs and recognized that there are opportunities beyond the hospital walls to make a significant impact on the health of their community.

The Rural Nebraska Healthcare Network collaborated with PPHD and SBCHD to complete the MAPP process for each of the Nebraska Panhandle hospital service areas in 2014. Each hospital chose their priority health areas and developed their community health improvement plan based on the results of their service area's needs assessment. Although there are slight differences due to the uniqueness of each hospital's service area, the community needs assessment and CHIP reports of the eight hospitals are aligned with the 2012 regional CHIP. See Appendix A for the list of priority health areas of the eight Nebraska Panhandle hospitals. This regional approach was very instrumental in bringing representatives from the eight hospitals together, engaging them in community health, and making this a more efficient MAPP process. PPHD prepared a report that summarized the 2014 regional needs assessment process of the eight hospitals. This report serves as an update to the 2011 Nebraska Panhandle Community Health Assessment.

In the spirit of continuing this collaborative approach, maximizing opportunities and resources and avoiding duplication, it was decided that the regional community health needs assessment and community health improvement planning process will be conducted every three years (instead of five years) to match the CHNA cycle of tax-exempt hospitals. Therefore, the next CHNA/CHIP process will be conducted in 2017.

Considerations for Revisions

Each Annual Report of the 2012-2017 CHIP has led to revisions. These revisions are the result of an ever evolving public health field.

During the process of the 2014 Annual CHIP Report, review of the 2012-2017 CHIP gave rise to concerns regarding some of the strategies and performance measures. These concerns included:

- *The vast amount of strategies and measures.* Although all were recognized as important, it was determined that in order to be more effective the scope of the plan needed to be narrowed.
- *Lack of regional data to measure baseline and progress.* The majority of the data are available are at the state-level; however, county and/or regional-level data is very limited at this time.
- *Current lack of available resources to implement selected strategies*
- *Lack of clear community buy-in or readiness to implement some of the strategies*
- *Lack of progress during the past 24 months*

Revisions to the CHIP during each iteration of the annual report are made after careful review of the goals, objectives, strategies, and measures of the 2012-2017 CHIP. Recommended changes are made based on the following parameters:

- Availability of data to monitor progress
- Availability of resources
- Community readiness
- Evident progress
- Alignment with goals

A Revision Summary for each priority area is included in Appendix C, and explains all revisions that have been made to that section since the original 2012-2017 CHIP.

Section Layout

As this is the final annual report of the 2012-2017 CHIP, the layout of the report has been tweaked to highlight progress over time and made briefer for ease of reading. Each priority area includes the following sections:

- Strategies
- Measures
    - Objectives
    - Performance Measures
- Key Partners & Community Assets

Highlights for measures can be found in the section. Detailed data can be found in Appendix B.

Community Health Priority 1: Healthy Living

Priority Area 1A: Healthy Eating

Strategies

1. Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables, and water, in local retail venues and underserved areas.
2. Ensure access to and promote healthful foods, including fruits, vegetables, and water, while limiting access to sugar-sweetened beverages in worksite settings (food service, cafeteria, vending machines, meetings, conferences, and events).
3. Ensure that policies at school and child care facilities promote healthier foods and beverages, with an emphasis on fruits, vegetables, and healthy beverages/water.
4. Ensure that children in schools and child care facilities have affordable, appealing healthy choices in foods and beverages outside of the child nutrition program.
5. Implement and enhance clinical interventions to prevent and control obesity.

Measures

Objectives		Baseline	Current	Goal	Met?
O.1A.1	By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who consume fruits and vegetables less than 1 time per day by 10%.	**Fruits** 42.3% (2011) **Vegetables** 23.1% (2011)	**Fruits** 38.5% (2017) **Vegetables** 16.1% (2017)	**Fruits** 38.1% (2011) **Vegetables** 20.8% (2011)	✗ ✓

Performance Measures		Baseline	Current	Data Source	Trend
P.1A.1	Increase number of community gardens and farmers markets.	**12** (2011)	**11** (2016)	PPHD	⇩
P.1A.2	Increase number of seniors participating in the Senior Farmers' Market Nutrition Program (SFMNP).	**234** (2014)	**192** (2017)	Aging Office of Western Nebraska	⇩
P.1A.3	Increase number of coupons distributed as part of SFMNP.	**3,760** (2015)	**9,216** (2017)	Aging Office of Western Nebraska	⇧
P.1A.4	Increase number of Farmers Markets that accept Electronic Benefit Transfers.	**1** (2016)	**1** (2018)	United States Department of Agriculture	⇨
P.1A.5	Increase percentage of worksites with policies or guidelines on healthful food options served at staff meetings.	**31%** (2011)	**44%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1A.6	Increase percentage of worksites with policies encouraging healthy food at company sponsored events.	**31%** (2011)	**46%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1A.7	Increase percentage of worksites with policies that require healthy food options in the cafeteria.	**31%** (2011)	**46%** (2017)	Panhandle Worksite Wellness Survey	⇧

P.1A.8	Increase percentage of worksites that have posted signs to promote healthful food/beverage options or healthier food alternatives in vending machines.	**6%** (2011)	**16%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1A.9	Increase percentage of worksites that make kitchen equipment available for employee food storage and cooking.	**100%** (2011)	**95%** (2017)	Panhandle Worksite Wellness Survey	⇩
P.1A.10	Increase percentage of worksites that have offered employee health or wellness programs related to healthy eating or nutrition.	**93.8%** (2011)	**77%** (2017)	Panhandle Worksite Wellness Survey	⇩
P.1A.11	Increase number of elementary and secondary schools that ever used the School Health index or other self-assessment tool to assess school policies, activities, and programs in nutrition.	**1** (2013)	**8** (2017)	Coordinated School Health Institute, PPHD	⇧
P.1A.12	Increase number of Go NAP SACC trainers in the Panhandle.	**1** (2011)	**3** (2018)	Panhandle Early Learning Connections	⇧
P.1A.13	Increase number of Go NAP SACC trainings held annually.	**0** (2011)	**4** (2018)	Panhandle Early Learning Connections	⇧
P.1A.14	Increase number of National Diabetes Prevention Program (NDPP) classes currently ongoing in calendar year.	**10** (2012)	**18** (2017)	National Diabetes Prevention Program, PPHD	⇧
P.1A.15	Increase number of NDPP participants.	**89** (2012)	**179** (2017)	National Diabetes Prevention Program, PPHD	⇧

Key Partners and Community Assets

- NuVal Affiliated Food Stores
- Local Bountiful Basket volunteer coordinators
- Local Farmers Market vendors and organizers
- City government for offering community garden space
- Panhandle Worksite Wellness Council Members
- Clinical providers, local hospitals and organizations trained to provide NDPP classes
- Area child care providers
- Area schools
  - Schools that have adopted nutritional standards, or have included health-related goals and objectives on nutrition services and foods and beverages in School Improvement Plans
  - Schools that are implementing Coordinated School Health
  - Area child care providers.

Priority Area 1B: Active Living

Strategies

1. Enhance access to physical activity opportunities, including physical education in Panhandle schools, child care and after school facilities.
2. Enhance policies for physical activity, inclusive of physical education, in Nebraska schools.
3. Enhance community planning and design practices through built environment and policy changes to improve physical activity in Panhandle communities.
4. Enhance the parks and recreation built environment and policies to improve access to physical activity in the Panhandle.
5. Enhance worksite and healthcare supports for physical activity.

Measures

Objectives		Baseline	Current	Goal	Met?
O.1B.1	By July 31, 2017, increase the proportion of adult (18 years or older) residents of the Panhandle who meet national guidelines for physical activity by 10%.	**PPHD** 18.7% (2011)	**PPHD** 16.9% (2017)	**PPHD** 20.6%	X
		SBCHD 18.1% (2011)	**SBCHD** 18.2% (2017)	**SBCHD** 19.9%	X

Performance Measures		Baseline	Current	Data Source	Trend
P.1B.1	Increase number of Health and Physical Activity Early Learning Guideline Sessions.	**1** (2013)	**2** (2018)	Panhandle Early Learning Connections	⇧
P.1B.2	Increase number of Health and Physical Activity Early Learning Guideline Session participants.	**19** (2013)	**32** (2018)	Panhandle Early Learning Connections	⇧
P.1B.3	Increase percentage of worksites that provide incentives to employees for engaging in physical activity or exercise.	**44%** (2011)	**62%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1B.4	Increase percentage of worksites that have policies supporting employee physical fitness.	**38%** (2011)	**52%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1B.5	Increase percentage of worksites that have policies encouraging employees to commute to work by walking or biking.	**6%** (2011)	**25%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1B.6	Increase percentage of worksites that have one or more walking routes for employees.	**25%** (2011)	**46%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1B.7	Increase percentage of worksites that post signs to promote use of stairs within worksite.	**13%** (2011)	**23%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1B.8	Increase percentage of worksites that allow additional breaks during the day for physical activity.	**6%** (2011)	**28%** (2017)	Panhandle Worksite Wellness Survey	⇧

P.1B.9	Increase percentage of worksites that provide subsidized memberships to health or fitness clubs.	**38%** (2011)	**56%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1B.10	Increase percentage of worksites that allow flex time for physical activity during the workday.	**19%** (2011)	**38%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1B.11	Increase number of communities with a transportation plan that promotes walking.	**9** (2014)	**9** (2017)	1422 Grant Performance Measure Report	⇨

Key Partners and Community Assets

- Area schools
  - Schools that have included health-related goals and objectives on physical activity in School Improvement Plans
  - Schools that are implementing Coordinated School Health
- Area child care providers
- Schools opening their gyms and playgrounds to community members through joint use agreements
- Local governments including physical activity environmental supports in their comprehensive plans
- City governments
- Concerned citizens
- Panhandle Worksite Wellness Council Members
- Clinical providers, local hospitals and organizations trained to provide NDPP classes

Priority Area 1C: Breastfeeding

Strategies

1. Provide employers with resources and technical assistance to help them increase breastfeeding support in the workplace.
2. Promote and support peer and professional breastfeeding support programs.
3. Encourage hospitals to adopt maternity care practices supportive of breastfeeding.
4. Promote public support and acceptance of breastfeeding.

Measures

Objectives		Baseline	Current	Goal	Met?
O.1C.1	By July 31, 2017, increase the proportion of Panhandle infants who are ever breastfed by 10%.	31.3% (2011)	54.8% (2017)	34.4%	✓
O.1C.2	By July 31, 2017, increase the proportion of Panhandle infants who are breastfed exclusively through 6 months by 10%.	20.2% (2011)	38.9% (2017)	29.8%	✓

Performance Measures		Baseline	Current	Data Source	Trend
P.1C.1	Increase percentage of Panhandle businesses that have a written policy supporting breastfeeding.	**31%** (2011)	**44%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1C.2	Increase percentage of businesses that provide a private, secure lactation room on site.	**63%** (2011)	**67%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1C.3	Increase percentage of businesses that allow time in addition to normal breaks for lactating mothers to express breastmilk during the day.	**56%** (2011)	**62%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1C.4	Increase percentage of worksites that have offered employees health or wellness programs, support groups, or counseling sessions related to breastfeeding/lactation.	**19%** (2011)	**30%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.1C.5	Increase number of International Board Certified Lactation Consultant (IBCLC) in the Panhandle.	**1** (2015)	**0** (2017)	Nebraska Breastfeeding Coalition	⇩
P.1C.6	Increase number of La Leche League Leaders in the Panhandle.	**3** (2016)	**1** (2018)	La Leche League of Nebraska	⇩
P.1C.7	Increase number of WIC peer counselors.	**5** (2011)	**5** (2017)	Nebraska WIC Program	⇨
P.1C.8	Increase number of hospitals in the Panhandle that provide maternity care practices supportive of breastfeeding.	**4** (2015)	**4** (2017)	Panhandle Area Hospitals	⇨

Key Partners and Community Assets

- Breastfeeding friendly policies at worksites
  - Panhandle Worksite Wellness Council Members
  - Panhandle worksites
- Hospitals delivering babies that follow ten recommended practices and have a Certified Lactation Consultant on staff
  - Regional West Medical Center

- Community Action Partnership of Western Nebraska
- Western Community Health Resources
- La Leche League
- Peer support through WIC agencies
    - Sidney Regional Medical Center
    - Box Butte General Hospital
    - Chadron Community Hospital

Community Health Priority 2: Mental and Emotional Well-Being

Strategies

1. Promote positive early childhood development including positive parenting and violence-free homes.
2. Facilitate social connectedness and community engagement across the lifespan.
3. Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.
4. Promote early identification of mental health needs and access to quality mental health services.

Measures

Objectives		Baseline	Current	Goal	Met?
O.2.1	By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who report that their mental health (including stress, depression, and problems with emotions) was not good 14 or more of the past 30 days by 10%.	**PPHD** 10.1% (2011) **SBCHD** 11.6% (2011)	**PPHD** 11.6% (2017) **SBCHD** 15.2% (2017)	**PPHD** 9.1% **SBCHD** 10.0%	✗ ✗
O.2.2	By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who have ever been told they have depression by 10%.	**PPHD** 18.2% (2011) **SBCHD** 21.2% (2011)	**PPHD** 16.8% (2017) **SBCHD** 24.3% (2017)	**PPHD** 16.4% **SBCHD** 19.1%	✗ ✗
O.2.3	By December 31, 2017, reduce suicide rate (per 100,000 population) of Panhandle residents by 10%.	**PPHD** 14.1 (2007-2009) **SBCHD** 14.7 (2007-2009)	**PPHD** 20.0 (2013-2015) **SBCHD** 13.7 (2013-2015)	**PPHD** 12.7 **SBCHD** 13.2	✗ ✗
O.2.4	By July 31, 2017, reduce the number of substantiated victims of child abuse in the Panhandle by 10%.	**Panhandle** 324 (2011)	**Panhandle** 126 (2016)	**Panhandle** 292	✓

Performance Measures		Baseline	Current	Data Source	Trend
P.2.1	Increase number of parents participating in Circle of Security-Parenting (COS-P).	**156** (2013)	**49** (2018)	Child Well-Being Annual Evaluation Report, Panhandle Partnership	⇩
P.2.2	Increase number of youth ages 16-24 years old who report that they have at least 3 informal, trusted supports.	**17** (2014)	**105** (2017)	Older Youth System of Care, Panhandle Partnership	⇧
P.2.3	Increase percentage of youth ages 12-18 years old in shelter who are accessing counseling and/or mediation services.	**60%** (2015)	**83%** (2017)	Youth Shelter Program, CAPWN	⇧

Key Partners and Community Assets

- Circle of Security-Parenting Classes (COS-P)
- Coordinated training for plan for early childhood providers
- Implementation of the Center on the Social and Emotional Foundations for Early Learning (CSEFEL)
- Early Head Start through NWCAP and CAPWN
- Six Pence home visiting through Scottsbluff Public Schools
- Healthy Families America in Scotts Bluff, Morrill, and Box Butte Counties
- Community Response
- Circle of Security-Parenting (COS-P) partners
    - Mark Hald
    - SOC 0-8
    - ESU 13
    - Early Development Network
    - Child care providers
    - Chadron Public Schools
    - NWCAP
    - CAPWN
    - Scottsbluff Public Schools
    - Panhandle Public Health District
    - Panhandle Partnership
- Youth Leadership Institute
- Project Everlast
- SSRHY
- Area schools
- WNCC
- Panhandle Partnership
- Increased awareness of Adverse Childhood Experiences
- Respite Services
- Hospitals
- 1184 Teams
- QPR training
- Legislation passed for required training for school personnel
- Community sites for annual suicide prevention walks
- Increased use in tele-health for the provision of mental health services
- Rural Partnership for Children
- Region 1 Behavioral Health Authority
- Schools
- Suicide Prevention Coalition
- Families and Schools Together implemented in Chadron

Community Health Priority 3: Injury and Violence Prevention

Strategies

1. Implement and strengthen policies and programs to enhance transportation safety.
2. Promote and strengthen policies and programs to prevent falls, especially among older adults.
3. Promote and enhance policies and programs to increase safety and prevent injury in the workplace.
4. Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries.

Measures

Objectives		Baseline	Current	Goal	Met?
O.3.1	By July 31, 2017, reduce the percentage of injuries from falls among Panhandle adults 45 years and older by 10%.	**PPHD** 13.4% (2012) **SBCHD** 10.1% (2012)	**PPHD** 10.5% (2016) **SBCHD** 10.4% (2016)	**PPHD** 12.1% **SBCHD** 9.1%	✓ ✗
O.3.2	By July 31, 2017, reduce the number of persons injured by motor vehicle accidents among Panhandle residents by 10%.	**PPHD** 413 (2011) **SBCHD** 411 (2011)	**PPHD** 349 (2017) **SBCHD** 334 (2017)	**PPHD** 371 **SBCHD** 370	✓ ✓
O.3.3	By July 31, 2017, reduce fall-related death rate (per 100,000 population) among Panhandle adults 65 years and older by 10%.	**PPHD** 9.2 (2007-2009) **SBCHD** 9.6 (2007-2009)	**PPHD** 13.8 (2013-2015) **SBCHD** 5.6 (2013-2015)	**PPHD** 8.3 **SBCHD** 8.6	✗ ✓
O.3.4	By July 31, 2017, reduce rate of death (per 100,000 population) resulting from motor vehicle accidents among Panhandle residents by 10%.	**PPHD** 31.7 (2007-2009) **SBCHD** 21.0 (2007-2009)	**PPHD** 19.6 (2013-2015) **SBCHD** 19.2 (2013-2015)	**PPHD** 28.5 **SBCHD** 18.9	✓ ✓
O.3.5	By July 31, 2017, reduce rate of death (per 100,000 population) resulting from homicide among Panhandle residents by 10%.	**PPHD** 4.1 (2007-2009) **SBCHD** 7.1 (2007-2009)	**PPHD** 2.2 (2013-2015) **SBCHD** 2.4 (2013-2015)	**PPHD** 3.7 **SBCHD** 6.4	✓ ✓

Performance Measure		Baseline	Current	Data Source	Trend
P.3.1	Decrease percentage of high school youth who reported that they rode with a driver who had been drinking in the past 30 days.	**26.8%** (2010)	**12.8%** (2016)	NRPFSS	⇩

P.3.2	Decrease percentage of high school youth who reported that they drove while drinking in the past 30 days.	**8.4%** (2010)	**4.0%** (2016)	NRPFSS	⇩
P.3.3	Increase percentage of worksites that have policies to promote employees to wear seat belts while driving a car or operating a moving vehicle while on company business.	**56%** (2011)	**82%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.3.4	Increase percentage of worksites that have policies that require employees to refrain from talking on cellphones while driving a car or operating a moving vehicle while on company business.	**31%** (2011)	**79%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.3.5	Decrease percentage of high school youth who reported they were bullied on school property in past 12 months.	**24.3%** (2010)	**20.2%** (2016)	NRPFSS	⇩
P.3.6	Decrease percentage of high school youth who reported they were electronically bullied in past 12 months.	**18.3%** (2010)	**23.8%** (2016)	NRPFSS	⇧

Key Partners and Community Assets

- Child safety seat programs available throughout Panhandle
- Click It or Ticket campaigns
- Worksite wellness policies for using seat belts and to prevent distracted driving
- WCHR
- Local fire and police departments
- Nebraska State Patrol
- Worksites
- Tai Chi variations offered to adults
- Senior fitness and exercise programs
- Medication reviews for senior
- Home safety inspections
- Area Office on Aging
- Home health
- Primary care providers
- Pharmacists
- Worksite Safety programs
- Nebraska Safety Council
- Training for dating safety and respect
- Wrap around services for housing needs
- Anti-bullying policies at schools
- Education about sports and head injuries
- DOVES
- Project Everlast
- Continuum of Care on Housing and homelessness
- Economic development
- Area schools

Community Health Priority 4: Cancer Prevention

Priority Area 4A: Primary Prevention

Strategies

1. Support comprehensive tobacco-free and other evidence-based tobacco control policies.
2. Reduce underage access to tobacco.
3. Reduce number of people exposed to radon.
4. Use media to educate and encourage people to live tobacco free.
5. Reduce exposure to ultraviolet light.
6. Clinician counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women.

Measures

Objectives		Baseline	Current	Goal	Met?
O.4A.1	By July 31, 2017, decrease the proportion of Panhandle high school students who used any tobacco products during the last 30 days by 10%.	**Panhandle** 24.9% (2010)	**Panhandle** 11.5% (2016)	**Panhandle** 22.4%	✓
O.4A.2	By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who currently smoke cigarettes by 10%.	**PPHD** 19.0% (2011) **SBCHD** 17.4% (2011)	**PPHD** 15.1% (2017) **SBCHD** 23.7% (2017)	**PPHD** 17.1% **SBCHD** 15.7%	✓ ✗
O.4A.3	By July 31, 2017, decrease the proportion of Panhandle adult men (18 years and older) who currently use smokeless tobacco by 10%.	**PPHD** 10.0% (2011) **SBCHD** 6.6% (2011)	**PPHD** 12.8% (2017) **SBCHD** 7.6% (2017)	**PPHD** 9.0% **SBCHD** 5.9%	✗ ✗
O.4A.4	By July 31, 2017, increase the number of homes tested for radon by 10%.	**Panhandle** 176 (2012)	**Panhandle** 295 (2018)	**Panhandle** 194	✓

Performance Measures		Baseline	Current	Data Source	Trend
P.4A.1	Increase percentage of schools with tobacco-free campus policies.	**15%** (2011)	**93%** (2017)	Tobacco Free in the Panhandle	⇧
P.4A.2	Increase number of county fair boards with policies designating a portion of outdoor areas smoke-free.	**0** (2011)	**3** (2017)	Tobacco Free in the Panhandle	⇧
P.4A.3	Increase percentage of worksites with policies on smoke-free campuses.	**44%** (2011)	**41%** (2017)	Panhandle Worksite Wellness Survey	⇩
P.4A.4	Increase percentage of worksites with policies on smoke-free entryways (15 feet from door).	**25%** (2011)	**62%** (2017)	Panhandle Worksite Wellness Survey	⇧
P.4A.5	Increase number of smoke-free multi-unit housing complexes.	**35** (2011)	**111** (2017)	Tobacco Free in the Panhandle	⇧
P.4A.6	Decrease percentage of high school youth who report ever having tried cigarettes.	**40.6%** (2010)	**28.2%** (2016)	NRPFSS	⇩

P.4A.7	Decrease percentage of high school youth who smoked cigarettes in past 30 days.	**16.6%** (2010)	**12.7%** (2016)	NRPFSS	⇩
P.4A.8	Decrease percentage of high school youth who have used smokeless tobacco in past 30 days.	**16.3%** (2010)	**11.5%** (2016)	NRPFSS	⇩
P.4A.11	Increase presence of regional smoke-free billboards.	**5** (2011)	**3** (2017)	Tobacco Free in the Panhandle	⇩
P.4A.12	Increase number of radon test kits distributed.	**374** (2012)	**424** (2018)	PPHD Environmental Health Program	⇧
P.4A.13	Increase number of pools with sun safety policies for lifeguards.	**0** (2011)	**11** (2018)	Pool Cool Program, PPHD	⇧

Key Partners and Community Assets

- Tobacco-free policies
  - Multi-unit housing complexes
  - Outdoor areas
  - Campus-wide at worksites
- Area schools
- Housing authorities
- County Fair Boards
- Worksites
- Panhandle Worksite Wellness Council
- Panhandle Prevention Coalition
- Panhandle Partnership
- Local law enforcement and Nebraska State Patrol
- Regular compliance checks
- Sponsorship of tobacco-free events
- Chadron Native American Center
- Pool Cool shade structures and sun screen provided throughout region
- Legislation passed to require parental consent for youth 16 and under to use tanning beds
- Clinical providers

Priority Area 4B: Early Detection

Strategies

1. Send patients client reminders that they are due or overdue for cancer screening.
2. Offer one-on-one education to help people overcome barriers to cancer screening.
3. Establish a provider recall system to inform providers that a patient is overdue for cancer screening.
4. Use small media (i.e., videos and printed communication) to promote cancer screening.
5. Reduce financial barriers to cancer screening.

Measures

Objectives		Baseline	Current	Goal	Met?
O.4B.1	By July 31, 2017, increase the proportion of Panhandle women aged 50 to 74 years old who are up-to-date on their breast cancer screening by 10%.	**PPHD** 71.3% (2012)	**PPHD** 57.9% (2016)	**PPHD** 78.4%	✗
		SBCHD 70.1% (2012)	**SBCHD** 54.0% (2016)	**SBCHD** 77.1%	✗
O.4B.2	By July 31, 2017, increase the proportion of Panhandle women aged 21 to 65 years old who are up-to-date on their cervical cancer screening by 10%.	**PPHD** 79.1% (2012)	**PPHD** 68.3% (2016)	**PPHD** 87.4%	✗
		SBCHD 74.9% (2012)	**SBCHD** 54.0% (2016)	**SBCHD** 82.4%	✗
O.4B.3	By July 31, 2017, increase the proportion of Panhandle adults aged 50 to 75 years old who are up-to-date on their colorectal cancer screening by 10%.	**PPHD** 56.7% (2011)	**PPHD** 55.9% (2017)	**PPHD** 70.5%	✗
		SBCHD 53.9% (2011)	**SBCHD** 55.9% (2017)	**SBCHD** 70.5%	✗

Performance Measures		Baseline	Current	Data Source	Trend
P.4B.1	Increase number of persons accessing Fecal Occult Blood Test (FOBT) kits and coupons.	**PPHD** 166 (2011)	**PPHD** 92 (2017)	PPHD	⇩
		SBCHD 145 (2011)	**SBCHD** 294 (2017)	SBCHD	⇧
P.4B.2	Increase percentage of FOBT kits returned for testing.	**PPHD** 61% (2011)	**PPHD** 73% (2017)	PPHD	⇧
		SBCHD 50% (2011)	**SBCHD** 40% (2017)	SBCHD	⇩

Key Partners and Community Assets

- Clinical providers
- Title X
- Every Woman Matters
- Clinical Providers
- Colon Cancer FOBT kit distribution campaign
- PPHD
- SBCHD
- Health insurance companies
- WCHR
- CAPWN

Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the four health priority areas. It is not intended to be an exhaustive and static document. This report summarizes much of the community health improvement work from 2012 to 2017. As a final review, this document is used to give us future direction. We can see from successes and progress where we are doing well, and from ongoing needs where we need to focus our work.

Appendices

Appendix A: 2014-2016 Priority Health Areas of the Hospitals in the Nebraska Panhandle

Hospitals	Healthy Eating & Active Living	Breastfeeding	Injury & Violence Prevention	Mental & Emotional Well-Being	Cancer Prevention & Tobacco Use	Access to Health Care	Cardiovascular	Substance Abuse & Alcohol Consumption	Hand Hygiene
Box Butte General Hospital	X		X			X			
Chadron Community Hospital	X	X	X	X	X				
Gordon Memorial Hospital	X					X	X		
Kimball Health Services	X			X	X		X		
Morrill County Community Hospital			X		X			X	
Regional West Garden County Hospital	X					X	X		
Regional West Medical Center	X	X	X	X	X				
Sidney Regional Medical Center	X							X	X

Appendix B: Detailed Data for Objectives

Indicator	PPHD	SBCHD	NE
Adults consuming fruits less than 1 time/day in past 30 days			
2011	42.3%	39.8%	40.1%
2012	-	-	-
2013	42.1%	42.1%	39.7%
2014	-	-	-
2015	41.2%	37.7%	41.1%
2016	-	-	-
2017	38.5%	36.1%	36.9%
Target	38.1%	35.8%	-
Data Source: NE BRFSS, 2011-2017			
Note: 2017 data are not comparable to earlier years due to changes in question wording in the 2017 survey.			
Adults consuming vegetables less than 1 time/day in past 30 days			
2011	23.1%	24.6%	26.2%
2012	-	-	-
2013	24.4%	23.4%	23.3%
2014	-	-	-
2015	21.1%	27.5%	24.7%
2016	-	-	-
2017	16.1%	20.6%	20.0%
Target	20.8%	22.1%	-
Data Source: NE BRFSS, 2011-2017			
Note: 2017 data are not comparable to earlier years due to changes in question wording in the 2017 survey.			
Obese adults (BMI ≥ 30)			
2011	26.8%	34.1%	28.4%
2012	28.6%	39.6%	28.6%
2013	30.9%	37.8%	29.6%
2014	33.8%	34.3%	30.2%
2015	33.9%	38.0%	31.4%
2016	30.7%	33.0%	32.0%
2017	35.0%	37.0%	32.8%
Target	24.1%	30.7%	-
Data Source: NE BRFSS, 2011-2017			

Overweight or obese adults (BMI ≥ 25)	**PPHD**	**SBCHD**	**NE**
2011	64.3%	66.5%	64.9%
2012	68.0%	72.9%	65.0%
2013	66.4%	71.0%	65.5%
2014	66.2%	68.5%	66.7%
2015	68.2%	69.6%	67.0%
2016	69.8%	70.2%	73.3%
2017	71.8%	72.2%	76.5%
Target	57.9%	59.9%	-
Data Source: NE BRFSS, 2011-2017			
Adults who met both aerobic physical activity and muscle strengthening recommendations			
2011	18.7%	18.1%	19.0%
2012	-	-	-
2013	13.9%	16.3%	18.8%
2014	-	-	-
2015	19.8%	17.2%	21.8%
2016	-	-	-
2017	16.9%	18.2%	19.1%
Target	20.6%	19.9%	-
Data Source: NE BRFSS, 2011-2017			
% of infants who were ever breastfed	**Panhandle**		**NE**
2011	31.3%		82.4%
2014	44.0%		-
2015	60.6%		-
2016	50.0%		
2017	53.8%		-
Target	34.4%		-
Data Source: For NE: National Immunization Survey; For Panhandle: Healthy Families Data; *Note: Healthy Families covers only Box Butte, Morrill, and Scotts Bluff Counties*			

% of infants who were breastfed exclusively through 6 months	Panhandle	NE
2011	20.2%	-
2012	27.1%	-
2014	30.4%	-
2015	33.3%	-
2016	11.8%	-
2017	38.9%	-
Target	29.8%	-
Data Source: For NE: National Immunization Survey; For Panhandle: Healthy Families Data		
Note: Healthy Families covers only Box Butte, Morrill, and Scotts Bluff Counties		

Adults who reported that their mental health was not good 14 or more days of the past 30 days	PPHD	SBCHD	NE
2011	10.1%	11.1%	9.2%
2012	8.1%	10.8%	9.0%
2013	10.4%	9.4%	8.9%
2014	7.5%	10.0%	8.2%
2015	10.9%	13.9%	8.9%
2016	10.0%	12.3%	9.5%
2017	11.6%	15.2%	10.5%
Target	9.1%	10.0%	-
Data Source: NE BRFSS, 2011-2017			

Adults who reported ever having been told they have depression			
2011	18.2%	21.2%	16.8%
2012	17.6%	17.0%	16.7%
2013	19.1%	20.2%	18.2%
2014	15.0%	24.2%	17.7%
2015	16.7%	21.5%	17.5%
2016	14.2%	20.6%	17.8%
2017	16.8%	24.3%	19.4%
Target	16.4%	19.1%	-
Data Source: NE BRFSS, 2011-2017			

Age adjusted rate of suicide, per 100,000 population	PPHD	SBCHD	NE
2007-2009	14.1	14.7	-
2008-2010	13.9	15.0	-
2009-2011	16.2	13.5	-
2010-2012	15.8	12.1	-
2011-2013	18.4	17.5	-
2012-2014	16.4	15.4	-
2013-2015	20.0	13.7	-
Target *Data Source: NE Vital Records* *Note: Data expressed as 3-year moving averages*	12.7	13.2	-
Number substantiated victims of child maltreatment	**Panhandle**		**NE**
2011	324		5,239
2012	272		4,308
2013	126		2,892
2014	135		2,575
2015	135		3,691
2016	126		3,725
Target *Data Source: Kids Count in Nebraska Report*	292		-
% of adults 45 year and older that experienced an injury from a fall	**PPHD**	**SBCHD**	**NE**
2011	-	-	-
2012	13.4%	10.1%	9.9%
2013	-	-	-
2014	13.2%	13.4%	8.8%
2015	-	-	-
2016	10.5%	10.4%	10.1%
2017	-	-	-
Target *Data Source: NE BRFSS, 2011-2017*	12.1%	9.1%	-

# of persons injured by motor vehicle accidents	PPHD	SBCHD	NE
2011	413	411	-
2012	385	406	-
2013	327	353	-
2014	379	263	-
2015	338	325	-
2016	292	321	
2017	349	334	
Target	371	370	-
Data Source: Nebraska Traffic Crash Facts Annual Report			
Age adjusted rate of death due to falls, per 100,000 population			
2007-2009	9.2	9.6	-
2008-2010	9.9	13.0	-
2009-2011	8.0	8.9	-
2010-2012	6.2	8.9	-
2011-2013	7.2	4.4	-
2012-2014	12.8	6.2	-
2013-2015	13.8	5.6	-
Target	8.3	8.6	-
Data Source: Nebraska Vital Records *NOTE: Data expressed as 3-year moving averages.*			
Age adjusted rate of death due to motor vehicle accidents, per 100,000 population			
2007-2009	31.7	21.0	-
2008-2010	26.1	17.2	-
2009-2011	23.0	14.6	-
2010-2012	19.7	16.9	-
2011-2013	19.6	17.1	-
2012-2014	20.6	21.1	-
2013-2015	19.6	19.2	-
Target	28.5	18.9	-
Data Source: Nebraska Vital Records *NOTE: Data expressed as 3-year moving averages.*			

Age adjusted rate of death due to homicide, per 100,000 population	PPHD	SBCHD	NE
2007-2009	4.1	7.1	-
2008-2010	4.3	4.9	-
2009-2011	2.5	4.7	-
2010-2012	5.5	4.2	-
2011-2013	5.4	4.2	-
2012-2014	4.4	2.3	-
2013-2015	2.2	2.4	-
Target	3.7	6.4	-
Data Source: Nebraska Vital Records			
NOTE: Data expressed as 3-year moving averages.			
High school youth who used any tobacco products during the past 30 days		**Panhandle**	**NE**
2010		24.9%	
2011		-	18.9%
2012		-	-
2013		-	-
2014		21.5%	-
2015		-	20.1%
2016		11.5%	-
2017		-	16.1%
Target		22.4%	-
Data Source: Panhandle: NRPFSS; Nebraska: NE YRBS			
Adults who currently smoke cigarettes	**PPHD**	**SBCHD**	**NE**
2011	19.0%	17.4%	20.0%
2012	19.3%	20.9%	19.7%
2013	18.5%	23.0%	18.5%
2014	19.4%	22.2%	17.3%
2015	17.0%	21.9%	17.1%
2016	18.5%	20.6%	17.0%
2017	15.1%	23.7%	15.4%
Target	17.1%	15.7%	-
Data Source: NE BRFSS, 2011-2017			

Adults who currently use smokeless tobacco	PPHD	SBCHD	NE
2011	10.0%	6.6%	5.6%
2012	11.8%	6.7%	5.1%
2013	10.7%	6.5%	5.3%
2014	8.0%	5.3%	4.7%
2015	8.7%	6.0%	5.5%
2016	12.0%	7.4%	5.7%
2017	12.8%	7.6%	5.3%
Target	9.0%	5.9%	-
Data Source: NE BRFSS, 2011-2017			

Homes tested for radon	Panhandle	NE
2012	176	-
2013	278	-
2014	346	-
2015	333	-
2016	198	-
2017	194	-
2018	295	
Target	194	-
Data Source: PPHD Environmental Health Program		

Women ages 50-74 who had a mammogram within the past 2 years	PPHD	SBCHD	NE
2011	-	-	-
2012	71.3%	70.1%	74.9%
2013	-	-	-
2014	63.2%	55.0%	76.1%
2015	-	-	-
2016	57.9%	54.0%	73.4%
2017	-	-	-
Target	78.4%	77.1%	-
Data Source: NE BRFSS, 2011-2017			

Women ages 21-65 who had a pap smear within the past 3 years	PPHD	SBCHD	NE
2011	-	-	-
2012	79.1%	74.9%	83.9%
2013	-	-	-
2014	76.7%	76.2%	81.7%
2015	-	-	-
2016	68.3%	62.8%	77.7%
2017	-	-	-
Target *Data Source: NE BRFSS, 2011-2017*	87.4%	82.4%	-
Adults ages 50-75 who are up-to-date on their colorectal cancer screening			
2012	56.7%	53.9%	61.1%
2013	51.6%	52.1%	62.8%
2014	53.9%	51.8%	64.1%
2015	60.7%	54.8%	65.2%
2016	52.8%	55.4%	66.0%
2017	55.9%	55.9%	68.3%
Target *Data Source: NE BRFSS, 2011-2017*	70.5%	70.5%	-

Appendix C: Summary of Revisions

Community Health Priority 1: Healthy Living

Priority Area 1A: Healthy Eating

Strategies

- Original strategy "Ensure a healthy food source" was removed due to its disconnect with the goal statement of Healthy Living: Healthy Eating community health priority.

Objectives

- Original objective "Increase percentage of Panhandle adults (18 years or older) consuming 5 or more servings of fruits and vegetables per day" was revised to "By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who consume fruits and vegetables less than 1 time per day by 10%" to match available data.
- The objective "By July 31, 2017, decrease the proportion of adult (18 years and older) residents of the Nebraska Panhandle who consume sugar sweetened beverages (SSB) by 10%," was added because it was recognized to be an important indicator for this community health priority. This indicator was not included in the 2011 BRFSS questionnaire; therefore 2013 data represent the baseline.
- Original objective "Decrease consumption of high energy foods" was removed from the CHIP due to lack of available data.
- In the 2017 report, the following objectives were removed due to lack of available data:
    - By July 31, 2017, increase the proportion of Panhandle youth (students in grades 9-12) who consume 5 or more servings of fruits or vegetables per day by 10%.
    - By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who drank sugar-sweetened beverages (SSB) an average of one or more times per day during the past seven days by 10%.
    - By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Nebraska Panhandle who consume sugar-sweetened beverages (SSB) by 10%.
    - By July 31, 2017, decrease the proportion of adolescent (students in grades 9-12) and adult (18 years or older) residents of the Nebraska Panhandle who are considered overweight or obese by 10%.

Performance Measures

- Original performance measure "Increase number of elementary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition" was revised to "Increase number of elementary and secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition."
- Performance measure "Increase number of Go NAP SACC trainers in the Panhandle," was not a performance measure in the original CHIP, but recognized as an important measure of healthy eating and added during an Annual CHIP Report cycle.
- Performance measure "Increase number of NAP SACC trainings held annually in the Panhandle," was not a performance measure in the original CHIP, but recognized as an important measure of healthy eating and added during an Annual CHIP Report cycle.

- Original performance measure “Increase percentage of secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition” was removed because Performance Measure 1.A.11 combined both elementary and middle school data.
- Original performance measure “Increase number of child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: N9 Nutrition Policy” was removed due to lack of available data. However, Measures 1A.12 and 1A.13 were added to capture progress in providing guidance to child care providers in the area of nutrition and physical activity.
- Performance Measure 1A.14, “Increase number of National Diabetes Prevention Program (NDPP) classes currently ongoing in calendar year,” and 1A.15, “Increase number of NDPP participants,” were not included in the original CHIP, but were recognized as important measures of preventing and controlling obesity and added during an Annual CHIP Report cycle.
- Original performance measure “Increase percentage of census tracts that have healthier food retailers located within the tract or within a ½ mile of tract boundaries” was removed due to lack of available data.
- Original performance measure “Increase number of farmers markets that accept WIC Farmers Market Nutrition Program coupons” was removed because the WIC agency for the Farmers Market Nutrition Program is located only in Omaha, NE.

Priority Area 1B: Active Living

Objectives

- In the 2017 report, the following original objectives were removed due to lack of available data:
    - By July 31, 2017, increase the proportion of Panhandle youth (students in grades 9-12) who reported being physically active for a total of at least 60 minutes/day on 5 or more of the past 7 days by 10%.
    - By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who watch TV 3 or more hours per day by 10%.
    - By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report playing video or computer games (or using the computer for non-school work) for 3 or more hours per day by 10%.
    - By July 31, 2017, decrease the proportion of Panhandle children ages 1 to 5 years who watch 1 or more hours of TV per day by 10%.

Performance Measures

- Performance measures “Increase number of Health and Physical Activity Early Learning Guideline Sessions,” and “Increase number of Health and Physical Activity Early Learning Guideline Session participants,” were not a part of the original 2012 CHIP. These performance measures were added because they were recognized to be important data points for this priority health area.
- Original performance measure “Increase percentage of communities with plans to promote walking and biking” was revised to “Increase number of communities with a transportation plan that promotes walking” to fit available data.
- Original performance measure “Increase percentage of elementary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs” was removed due to lack of available data.

- Original performance measure “Increase percentage of secondary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs” was removed due to lack of available data.
- Original performance measure “Increase percentage of elementary schools that require physical education for students in any of grades K-5” was removed due to lack of available data.
- Original performance measure, “Increase percentage of secondary schools that require physical education for students in any of grades 9, 10, 11, 12,” was removed due to lack of available data.
- Original performance measure “Increase total number of existing and planned trails” was removed due to lack of available data.
- Original performance measure “Increase number of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA1 Active Plan and Active Time” was removed due to lack of available data. However, Performance Measures 1B.1 and 1B.2 were added to capture progress in providing guidance to child care providers in the area of nutrition and physical activity.
- Original performance measure “Increase number of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA2 Play Environment” was removed due to lack of available data. However, Performance Measures 1B.1 and 1B.2 were added to capture progress in providing guidance to child care providers in the area of nutrition and physical activity.
- Original performance measure “Increase number of in home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA4 Physical Activity Education” was removed due to lack of available data. However, Performance Measures 1B.1 and 1B.2 were added to capture progress in providing guidance to child care providers in the area of nutrition and physical activity.
- Original performance measure “Increase percentage of secondary schools in which teachers taught all 12 physical activity topics in a required course for students in grades 6-12” was removed due to lack of available data.
- Original performance measure “Increase percentage of youth with parks, community centers, and sidewalks” was removed due to lack of available data.
- Original performance measure “Increase percentage of seniors with safe sidewalks” was removed due to lack of available data.
- Original performance measure “Increase number of health care providers assessing youth physical activity behaviors at annual visits” was removed due to lack of available data.

Priority Area 1C: Breastfeeding

Strategies

- Strategy 1 was revised from “Increase support for breastfeeding in the workplace” to “Provide employers with resources and technical assistance to help them increase breastfeeding support in the workplace.”
- Strategy 2 was revised from “Increase the number of peer and professional support programs” to “Promote and support peer and professional breastfeeding support programs.”

- Strategy 3 was revised from "Increase the number of hospitals providing maternity care practices support of breastfeeding" to "Encourage hospitals to adopt maternity care practices supportive of breastfeeding."
- Strategy 4 was revised from "Increase public support and acceptance of breastfeeding" to "Promote public support and acceptance of breastfeeding."

Objectives

- In the 2017 report, the original objective "By July 31, 2017, increase the proportion of Panhandle infants who are breastfed at 12 months by 10%" removed due to lack of available data.

Performance Measures

- Original performance measure "Increase number of public messages and partners in support of breastfeeding" was removed. Current activities related to this strategy are focused on worksites. Therefore, the data provided in measures 1C.1. to 1C.4 will serve as a measure of progress for this strategy. When activities outside of worksite are implemented for this strategy, appropriate measures will be developed.

Community Health Priority Area 2: Mental and Emotional Well-Being

Objectives

- Objective 2.1 was modified from "By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who report that their mental health (including stress, depression, and problems with emotions) was not good 10 or more of the past 30 days by 10%" to "By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who report that their mental health (including stress, depression and problems with emotions) was not good 14 or more of the past 30 days by 10%" in order to match the current data available. The Nebraska BRFSS now measures mental health not good in 14 or more, instead of 10 or more, of the past 30 days.
- Objective 2.2, "By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who have ever been told they have depression by 10%," was added as it was recognized to be an important indicator for this priority health area.
- Objective 2.4 was modified from "Reduce rates of maltreatment of Panhandle children by 10%" to "By July 31, 2017, reduce the number of substantiated child abuse or neglect reports in the Panhandle by 10%" in order to match data that is available.
- Original objective "Decrease the percentage of adult (18 years or older) who report that they rarely or never get the social or emotional support they need" was removed because Objectives 2.1 and 2.2 are considered suitable indicators of adult mental health status.
- Original objective "Decrease the percentage of adults who report they are dissatisfied or very dissatisfied with their life" was removed because Objectives 2.1 and 2.2 are considered suitable indicators of adult mental health status.
- In the 2017 report, the following original objectives were removed due to lack of available data:
    - By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report that they have been depressed during the past 12 months by 10%.
    - By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who reported seriously considering suicide during the past 12 months by 10%.

- By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who reported attempting suicide during the past 12 months by 10%.

Performance Measures

- Performance Measure 2.1, "Increase number of families participating in Circle of Security Parenting," was added.
- Performance Measure 2.3, "Increase percentage of youth ages 12-18 years old in shelters who are accessing counseling and/or mediation services," was added.
- Original performance measure "Increase proportion of children who are ready for school in all five domains: physical development, socio-emotional development, approaches to learning, language, and cognitive development" was removed due to lack available data. However, to ensure that children are better prepared for kindergarten, Nebraska Legislature changed when children are allowed to begin kindergarten in public schools. Student may enter Kindergarten if they turn 5 years of age on or after July 31, a date that was previously October 15.
- Original performance measure "Increase proportion of parents who use positive parenting and communication with their doctors and other health care professionals about positive parenting" was removed due to lack of available data. However, Performance Measure 2.1 was added to capture participation in positive parenting education.
- Original performance measure "Increase number of prevention resources that promote protective factors" was removed due to lack of available data.
- Original performance measure "Increase proportion of homeless or near homeless youth who receive screenings and referral for mental health services" was removed due to lack of available data. However, Performance Measure 2.3 was added to capture youth accessing mental and emotional health supports.
- Original performance measure "Increase number of schools which have and enforce anti-bullying policies" was removed because a statewide law (LB205) was approved on February 7, 2008, which states that each school district shall develop and adopt a policy concerning bullying prevention and education for all students.
- Original performance measure "Increase proportion of elementary, middle, and senior high schools that provide comprehensive health education services, including mental health" was removed due to lack of available data.
- Original performance measure "Increase number of depression screenings by primary care providers" was removed due to lack of available data.

Community Health Priority 3: Injury and Violence Prevention

Objectives

- Objective 3.1 was modified from "By July 31, 2017, reduce the number of injuries from falls among Panhandle adults 65 years and older by 10%" to "By July 31, 2017, reduce the number of injuries from falls among Panhandle adults 45 years and older by 10%" in order to match available data.
- Objective 3.4 was modified from "By July 31, 2017, reduce the number of deaths resulting from motor vehicle accidents among Panhandle residents by 10%" to "By July 31, 2017, reduce the rate of deaths resulting from motor vehicle accidents among Panhandle residents by 10%" in order to match available data.

- Objective 3.5 was modified from "By July 31, 2017, reduce the number of deaths resulting from violence among Panhandle resident by 10%" to "By July 31, 2017, reduce the rate of deaths resulting from homicide among Panhandle residents by 10%" in order to match available data.
- In the 2016 report, Objective 3.1, "By July 31, 2017, reduce the number of injuries from falls among Panhandle adults 45 years and older by 10%," was rephrased to say "By July 31, 2017, reduce the percentage of Panhandle adults 45 years and older experiencing injuries from falls by 10%."
- In the 2016 report, the following objectives were removed due to consistent difficulty with obtaining data:
    - By July 31, 2017, reduce the number of injuries by "struck by/against" among Panhandle adults by 10%.
    - By July 31, 2017, reduce the number of injuries by "cut/pierced" among Panhandle adults by 10%.
    - By July 31, 2017, reduce the number of injuries resulting from violence among Panhandle residents by 10%.
    - By July 31, 2017, reduce the number of injuries by overexertion among Panhandle adults by 10%.
    - By July 31, 2017, reduce the number of falls resulting in hospitalization among Panhandle adults 65 years and older by 10%.

Performance Measures

- Original performance measure "Decrease number of falls resulting in hospitalization by adults over the age of 64" was removed because it was determined to be more suited as an objective rather than performance measure. It was reformatted to be Objective 3.1.
- In the 2017 report, the following original performance measures were removed due to lack of available data:
    - Decrease percentage of high school youth who never/rarely wore a helmet when biking in last 12 months.
    - Decrease percentage of high school youth who reported never/rarely wearing seatbelts.
    - Decrease percentage of high school youth who reported that they texted or e-mailed while driving in the past 30 days.
    - Decrease percentage of high school youth who reported talking on cell phone while driving in the past 30 days.
    - Decrease percentage of high school youth who reported having been in a physical fight in past 12 months.
    - Decrease percentage of high school youth who reported that they were physically abused by a boyfriend or girlfriend in past 12 months.
    - Decrease percentage of high school youth who reported they were ever forced to have sex.

Community Health Priority 4: Cancer Prevention

Priority Area 4A: Primary Prevention

Strategies

- Strategy 3, "Reduce number of people exposed to radon," was added. PPHD began working on this strategy in 2012. Exposure to radon is the second leading cause of lung cancer in the United

States, thus this strategy was found to be very important in the region's work to prevent cancer.[5]

Objectives

- Objective O.4A.4, "By July 31, 2017, increase the number of homes tested for radon by 10%," was added due to the importance of radon mitigation in lung cancer prevention.
- In the 2017 report, original objective "By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report having used an indoor tanning device in the past 12 months by 10%" was removed due to lack of available data.

Performance Measures

- Performance Measure 4A.12, "Increase number of radon test kits distributed," was added to due to the importance of radon mitigation in lung cancer prevention.
- Original performance measure "Increase number of media campaigns to increase awareness of artificial light (tanning booths/sunlamps)" was removed due to lack of available data.
- Original performance measure "Increase number of free sunscreen distributed to increase use" was removed because a sustained program has been in place since 2009 that makes sunscreen available at no cost to pool users. Additionally, PPHD provides a gallon of sunscreen to all pools in the Panhandle.
- Original performance measure "Increase education and policy approaches in outdoor recreation and work settings" was removed due to lack of available data.
- Original performance measure "Increase number of clinicians that ask adults about tobacco use and provide tobacco cessation intervention for those who use tobacco products" was removed due to lack of available data.
- Original performance measure "Increase number of clinicians who ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke" was removed due to lack of available data.
- Original performance measure "Increase number of culturally competent messaging for media presentations" was removed due to lack of available data.
- Original performance measure "Increase number of outdoor recreational facilities (fairgrounds, amusement parks, playgrounds, sports stadiums) that have policies designating all or a portion of the outdoor areas smoke-free" was removed due to lack of available data.
- In the 2017 report, the following original performance measures were removed due to no longer being an activity in place within the program:
    - Increase number of homes with a smoke-free pledge.
    - Increase number of families who pledge to keep their personal vehicle smoke-free.
- In the 2017 report, original performance measure "Decrease percentage of youth who reported having used an indoor tanning device in past 12 months" was removed due to lack of available data.

[5] American Lung Association. (2016). Radon. Retrieved from http://www.lung.org/our-initiatives/healthy-air/indoor/indoor-air-pollutants/radon.html

Priority Area 4B: Early Detection

Strategies

- Strategy 1 was revised from "Client reminders" to "Send patients client reminders that they are due or overdue for cancer screening."
- Strategy 2 was revised from "One-on-one education" to "Offer one-on-one education to help people overcome barriers to cancer screening."
- Strategy 3 was revised from "Provider recall system" to "Establish a provider recall system to inform provider that a patient is due or overdue for cancer screening."
- Strategy 4 was revised from "Small media" to "Use small media (i.e. videos and printed communication) to promote cancer screening."
- Strategy 5 was revised from "Reduce out of pocket expenses" to "Reduce financial barriers to cancer screening."

Objectives

- Original objective "Increase the proportion of Panhandle men aged 40 years or older who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their health care provider" was removed due to lack of available data.

Performance Measures

- Original performance measure "Increase number of clinics/providers sending reminders, postcards, letters, or phone calls for screenings" was removed due to lack of available data.
- Original performance measure "Increase number of clinics, worksite wellness health fairs, public health events that provide one-on-one education on health screenings" was removed due to lack of available data.
- Original performance measure "Increase number of health care providers using reminders and recalls" was removed due to lack of available data.
- Original performance measure "Increase number of small media evens tailored to specific persons or general audiences to inform and motivate people to be screened for cancer" was removed due to lack of available data.
- Original performance measure "Increase number of campaigns regarding current guidelines for screenings" was removed due to lack of available data.
- Original performance measure "Increase percentage of women with an annual income less than $35,000 who are screened" was removed due to lack of available data.