Community Health Improvement Plan

Nebraska Panhandle

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

2012-2017

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Cited Sources:

- Healthy People 2020
- National Prevention Strategy 2011
- The Guide to Community Preventive Services
- Nebraska Physical Activity and Nutrition State Plan 2011-2016
- Nebraska Comprehensive Cancer Control State Plan 2011-2016

Panhandle Public Health District

Scotts Bluff County Health Department

Dear Panhandle Citizens and Partners,

Every five years we come together in the Panhandle to complete a public health assessment and Community Health Improvement Plan. During 2011 and 2012, people across the region worked collaboratively to review data, share concerns and strengths of our communities, and identify priority areas that we can work on together to improve the health status for all people living in the Panhandle.

This Community Health Improvement Plan 2012 – 2017 is based on the comprehensive assessment which is contained in the companion document Community Health Assessment: Nebraska Panhandle 2011. This plan has four main health priority areas: Healthy Living, Mental and Emotional Well-Being, Injury and Violence Prevention, and Cancer Prevention. The local public health system goal is sustainable regional infrastructure for collective impact to increase the number of Panhandle residents who are healthy at every state of life. The strategies are healthy and safe community environments, clinical and community prevention services, empowered people and the elimination of health disparities.

Reaching the goals in these priority areas is all of our responsibility. This Community Health Improvement Plan is intended to serve as a road map for the local public health system which includes individuals, schools, hospitals, organizations and communities to promote health. You will find that there are many regional groups and work plans already addressing some of these priority areas. We encourage you to keep up this good work. We also encourage new actions and partnerships as we explore new areas.

We look forward to working with you in the years ahead toward a healthier future for everyone.

Sincerely,

Kimberly A. Engel
Director
Panhandle Public Health District

Bill Wineman
Director
Scotts Bluff County Health Department

Overview of the Development Process

Once the Mobilizing for Action through Planning and Partnership process determined the 2012- 2017 Panhandle Community Health Improvement Plan Priority Areas, working groups were convened to develop the goals, objectives, strategies, key actions and identify benchmarks for the Community Health Improvement Plan (CHIP).

Promotion and Inclusion

To ensure an inclusive process centrally located meetings were scheduled and promoted six weeks in advance. Information was sent through the public health email list and through partner lists, such as the Panhandle Partnership for Health and Human Services list (3,000 names). Meetings were grouped (Mental Health and Cancer) or partnered with existing groups (Injury and Violence Prevention with the Prevention Coalition meeting) to reduce travel duplication and increase participation. Mileage was reimbursed.

Meeting Preparation

Prior to the meeting the public health team, including staff and a consultant, researched and developed tools and information resources to promote the development of common understanding and decision making. In this process, resources were prepared for each meeting including:

- Definition of the Priority Area as reflected in State of Nebraska Plans (where existing) and research literature. The purpose of this process was to demonstrate the linkage of local priorities to state and national work, and to provide additional information in areas of expertise beyond the local knowledge, such as linkages of the identified Priority Areas with health disparities data, or the interrelationship of identified Priority Areas such as Cancer and Nutrition/Overweight.
- Researched Strategies for addressing the Priority Area. This document was drawn from the National Prevention Strategy 2011, and The Guide to Community Preventive Services, as well as State of Nebraska related plans.
- Healthy People 2020 Objective Selection Lists. The public health team gleaned the HP 2020 Objectives and identified the objectives that pertained to the Priority Areas as defined in the context of the selection process. This process culled out HP 2020 objectives that did not pertain to a rural area, or to the previously defined components of the problem.
- Print Outs of Additional relevant research documents as required.
- Power Point Presentations for facilitation of each topic for each meeting.

Additional meeting resources were assembled including sign-in sheets, expendable supplies, light snacks, and mileage sheets.

Meeting Process

Participation and the meeting process were enhanced because the region has developed a continuous collaborative process for assessment and planning over many years. The strong, respectful existing relationships promote open dialogue and sharing of data and ideas. There is a commitment to the region that supersedes competition for agency or individual community development. Citizens have come to expect effective, efficient, decision making processes.

The process was the same for each meeting and was outlined in the power point as follows:

- Review of Meeting Objectives.
- Description of the Community Health Improvement Plan and components of same.
- Review of the Mobilizing for Action for Planning and Partnership (MAPP) process to-date, including the four priority areas that were established and how those decisions were made.
- Group Discussion to review why the particular priority area was selected.
- Description of the sources of the research based materials.
- Presentation and discussion of the Problem Statement (drawn from research).
- Sharing of additional research findings and data to enhance the understanding of the problem area, and the interrelationship with other problem areas.
- Group determination on what areas of research presented we should focus on based on our data and MAPP process findings.
- Presentation of examples of research on evidence-based strategies for addressing the problem area.
- Group discussion on which of the presented resources would be applicable to this region and should be used as the foundation for the plan.
- Identification of what is already occurring locally that needs to be included or enhanced upon to address the priority area. This included the existing work plans for various programs and initiatives which will support the CHIP.
- Determination of priority Healthy People 2020 indicators to measure the plan. This was done in small or large groups based on the number of participants. This included a review of which HP 2020 Objectives applied to other Priority Areas.
- Determination of priority goals.
- Recommendations for the oversight structure for the ongoing planning and implementation of the CHIP plan for the priority area. This included either identification of an existing committee or group within the region or the formation of a new group for this express purpose.

Participation

A total of 33 unduplicated people participated in the CHIP planning meetings. Some of these participated in more than one meeting as indicated by individual meeting attendance

counts (Cancer Prevention (8), Injury and Violence Prevention (11), Mental and Emotional Well-Being (16), and Healthy Living: Healthy Eating and Active Living (13)).

Meeting participation reflected diverse communities, entities, and groups throughout the panhandle region including: hospitals and health care, public health, citizens at large, behavioral health, mental health, advocacy and disabilities groups, schools, mental health advocacy groups, not-for-profit agencies, youth and family serving organizations, community recreation, and prevention community organizers.

Written Drafts and Review Process

The information from the community meetings was compiled and served as the foundation for the drafts of each section. Community discussion and priority strategies and actions were reviewed in the context of Healthy People 2020, the National Prevention Strategy 2011 and The Guide to Community Preventive Services to assure that areas included in the plan met evidence based and evidence informed criteria for implementation. The Panhandle CHIP was also aligned with existing statewide plans.

The drafts were also written to assure that multiple partners from diverse backgrounds would be able to implement related components of the plan.

Workgroups who had attended the planning sessions were then invited to review the draft. Conference calls were held to review the work, make collective revisions and additions, and provide final approval to each section.

The Panhandle 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.

Overview of Priority Areas and Strategies

Health Priority Areas, Goals and Strategies

Priority Area: Healthy Living

Healthy Eating

Goals:

- Increased fruit and vegetable consumption
- Decreased consumption of high energy dense foods
- Decreased consumption of sugar-sweetened beverages

Strategies:

- Availability and access of affordable healthier foods and beverages
- Access and promote healthful foods, including fruits, vegetables and water while limiting access to sugar-sweetened beverages in worksite settings
- Policies at schools and child care facilities to promote healthier foods and beverages
- Affordable, appealing healthy choices in foods and beverages in schools outside of the child nutrition program
- Clinical interventions to prevent and control obesity

Active Living

Goals:

- Increase physical activity
- Decrease screen time (television, computers, electronic games, smart phones)

Strategies:

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

Breastfeeding

Goal:

- Increase breastfeeding initiation, duration and exclusivity

Strategies:

- Increase support for breastfeeding in the workplace
- Increase numbers of peer and professional support programs/providers
- Increase numbers of hospitals providing maternity care practices supportive of breastfeeding
- Increase public acceptance and support of breastfeeding

Priority Area: Mental Emotional Well Being

Goals:

- Increase the quality of life for all ages
- Reduce child abuse and neglect rates

Strategies

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

Priority Area: Injury and Violence Prevention

Goals:

- Prevent unintentional injuries and violence, and reduce their consequences

Strategies:

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

Priority Area: Cancer Prevention

Primary Prevention

Goals:

- Reduce the impact of tobacco use and exposure on cancer incidence and mortality
- Reduce exposure to ultraviolet light

Strategies:

- Support comprehensive tobacco-free and other evidence–based tobacco control policies
- Reduce underage access to tobacco
- Use media to educate and encourage people to live tobacco-free
- Reduce exposure to ultraviolet light
- Clinician Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women

Early Detection

Goal:

- Increase cancer screening rates

Strategies:

- Client Reminders
- One on One Education
- Provider Recall Systems
- Small Media
- Reduce Out of Pocket Expenses

Local Public Health System Priority Areas, Goals and Strategies

The Local Public Health System (LPHS) provides the foundation for all of the health priorities listed above. To meet these goals and objective the LPHS will focus on the following.

Goal:

- Sustainable regional infrastructure for collective impact to increase the number of Panhandle residents who are healthy at every stage of life.

Strategic Direction: Healthy and Safe Community Environments

- Design and promote affordable, accessible, safe and healthy housing for all residents
- Enhance cross-sector collaboration in community planning and design to promote health and safety
- Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange
- Identify and implement strategies that are proven to work and conduct research where evidence is lacking
- Maintain a skilled, cross-trained and diverse prevention workforce

Strategic Direction: Clinical and Community Prevention Services

- Expand use of interoperable health information technology
- Enhance coordination and integration of clinical, behavioral and complementary health strategies

Strategic Direction: Empowered People

- Implement National Action Plan to Improve Health Literacy 2010 to enhance people's tools and information to make healthy choices
- Engage and empower people and communities to implement prevention policies and programs
- Improve education and employment opportunities

Strategic Direction: Elimination of Health Disparities

- Ensure a strategic focus on populations at greatest risk
- Increase the capacity of the prevention workforce to identify and address disparities
- Support research to identify effective strategies to eliminate health disparities

Healthy Living: Healthy Eating, Active Living, Breastfeeding

Preface

The initial Mobilizing for Action through Planning and Partnerships (MAPP) priority planning process identified the area of *Nutrition and Physical Activity* as a priority. During the Community Health Improvement Plan (CHIP) planning process the partners determined to rename the Priority Area *Healthy Living* and to emphasize three areas within this section of the plan: Healthy Eating, Active Living, and Breastfeeding. These sections align with the topic areas in the Nebraska Physical Activity and Nutrition State Plan 2011 – 2016.

In developing these three sections of the plan the partners relied heavily not only on the above mentioned NE Plan but also the recommendations and research contained in the National Prevention Strategy, The Guide to Community Preventive Services and Healthy People 2020. The conceptual framework for this plan is drawn from these documents to assure alignment and use of evidence based strategies with state and national priorities.

This document is considered a high level overarching strategic plan. Work plans to implement this plan will be developed at the regional level through initiatives such as Worksite Wellness, WIC Plans, Title X Plans and Maternal and Child Health Plan. The plan will also be implemented through alignment of community/agency plans with this overarching document. As such, the plan focuses on environmental and policy strategies which engage a cross-sector of the region in actions to change or address the health status of the region.

The goals objectives and strategies outlined in *Healthy Living* are inter-related with other sections of the Panhandle Community Health Improvement Plan 2012, particularly the section on Cancer Prevention.

The *Healthy Living* Plan is designed to address the Healthy People 2020 Leading Health Indicators.

- PA 2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.
- NWS 9 Reduce the proportion of adults who are obese.
- NWS 10 Reduce the proportion of children and adolescents who are obese.
- NWS 15.1 Increase the contribution of total vegetables to the diets of the population aged two and older.

To have a meaningful impact on health outcomes the plan will be implemented across all age sectors of the community through the strong engagement of the local public health

system including: schools, day cares, businesses, citizens, agencies, hospitals and health care providers, and local areas of government. Implementation work plans will address lower income, aging, disabled, and minority populations most at risk for significant health concerns.

Healthy Living Goals and Strategy Summary

The *Healthy Living* section of the Community Health Improvement Plan is divided into three priority areas: Healthy Eating, Active Living and Breastfeeding.

Healthy Eating focuses on three goals:

- Increased fruit and vegetable consumption
- Decreased consumption of high energy dense foods
- Decreased consumption of sugar-sweetened beverages

There are five strategies which address enhancing healthy eating in the community, workplace, schools and child care settings:

- Availability and access of affordable healthier foods and beverages
- Access and promote healthful foods, including fruits, vegetables and water while limiting access to sugar-sweetened beverages in worksite settings
- Policies at schools and child care facilities to promote healthier foods and beverages
- Affordable, appealing healthy choices in foods and beverages in schools outside of the child nutrition program
- Clinical interventions to prevent and control obesity

Active Living is addressed through two goals:

- Increase physical activity
- Decrease screen time (television, computers, electronic games, smart phones)

This section contains five environmental and policy change strategies to enhance physical activity in the community, workplace, schools and child care settings:

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

Breastfeeding is addressed in one goal*:*

- Increase breastfeeding initiation, duration and exclusivity

This section contains four strategies to enhance breast feeding:

- Increase support for breastfeeding in the workplace
- Increase numbers of peer and professional support programs/providers
- Increase numbers of hospitals providing maternity care practices supportive of breastfeeding
- Increase public acceptance and support of breastfeeding

PRIORITY AREA **Healthy Living: Healthy Eating, Active Living, Breastfeeding**

PROBLEM STATEMENT

"Obesity and chronic diseases – such as cancer, diabetes, heart disease and stroke – are among the most common, costly, and preventable of all health problems in Nebraska and throughout the United States. A healthy diet, physical activity, breastfeeding, and maintaining healthy body weight all significantly contribute to preventing obesity and chronic disease." – Nebraska Physical Activity and Nutrition State Plan 2011-2016

Nearly two thirds (65.9%) (NE 64.7%) of adults 18-64 living in the Panhandle are overweight. Nearly one-third (29.7%) (NE 27.7%) are obese.

Heart disease (22.1%) and cancer (19.1%) are the leading causes of death in the Panhandle.

The Community Guide to Preventive Services states that in 2008, the annual healthcare cost of obesity in the U.S. was estimated to be as high as $147 billion a year.

In Nebraska in 2009 hospitalizations involving coronary disease totaled $329.5 million with an average charge per person of $50,500. (NPANSP)

HEALTH DISPARITIES

Nebraska Physical Activity and Nutrition State Plan 2011-2016 notes:

- Chronic disease associated deaths are more common among African Americans, Hispanics, and Native Americans.
- Diabetes related mortality in Nebraska is highest among Native Americans and also relatively higher for Hispanics compared to non-Hispanic whites.
- Persons from low income households have a disproportionately higher prevalence of chronic disease. Medicaid enrollees in NE are 3.5 times more likely to die from cardiovascular disease than non-Medicaid enrollees.
- Residents living in rural counties are at greater risk for heart disease.

The Center for Disease Control asserts that persons with intellectual and developmental disabilities are more likely to experience poorly managed chronic disease and limited access to quality health care and health promotion.

The National Prevention Strategy 2011 that notes that "almost 15 percent of households (50 million people) experience food insecurity at least occasionally during the year, meaning that their access to adequate food is limited by a lack of money and other resources. Individuals and families that experience food insecurity may be more likely to be overweight or obese, potentially because the relative lower cost of junk foods (i.e., foods low in nutrients but high in calories) can promote over-consumption of calories."

INFLUENTIAL FACTORS

The influential factors for reducing risks of overweight/obesity and chronic disease are:

***Healthy Eating*:**
The United States Department of Agriculture recommends eating two to six and a half cups of fruits and vegetables per day depending on age, sex, and activity level.

Healthy Eating is influenced by access to healthy, safe, affordable foods as well as individual knowledge, attitudes, and culture (National Prevention Strategy).

Healthy People 2020 indicates that Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and *trans* fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

***Physical Activity*:**
The US Department of Health and Human Services has issued 2008 Guidelines for Physical Activities for Americans which outlines aerobic and strength building requirements across age sectors.

The guidelines note that there is strong scientific evidence that following the exercise guidelines results in a lower risk of: early death, heart disease, stroke, type 2 diabetes, high blood pressure, adverse lipid profile, metabolic syndrome, colon and breast cancers, prevention of weight gain, weight loss when combined with a diet, improved cardio respiratory and muscular fitness, prevention of falls, reduced depression and better cognitive functioning in older adults.

***Breastfeeding*:**
The National Prevention Strategy 2011 states that babies who are breastfed may be less likely to become obese.

The American Academy of Pediatrics (APA) recommends breastfeeding exclusively (no water, juice, or other foods/formula) for approximately the first six months of life.

DETERMINANTS

Social and physical determinants of health are those individual factors which impact the desired health outcome.

Healthy Eating
Healthy People 2020 notes the social determinants of a healthy diet are:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms

- Food and agricultural policies
- Food assistance programs
- Economic price systems

The same document indicates that the physical determinants of healthy diet include access and availability to healthier foods, location of where food is eaten (food eaten away from home more often has more calories) and marketing (particularly to children).

Each year, roughly 1 in 6 Americans (48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. Reducing foodborne illness by 10 percent would keep about 5 million Americans from getting sick each year.

Clinical Interventions for Obesity
The Guide to Community Preventive Services (US Preventive Services Task Force) research recommends Clinical Interventions for screening obesity in adults and children.

Active Living
Factors positively associated with adult physical activity include: Postsecondary education, higher income, enjoyment of exercise, expectation of benefits, belief in ability to exercise (self-efficacy), history of activity in adulthood, social support from peers, family, or spouse, access to and satisfaction with facilities, enjoyable scenery, safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age, low income, lack of time, low motivation, rural residency, perception of great effort needed for exercise, overweight or obesity, perception of poor health, and being disabled (HP2020).

Breastfeeding
Breastfeeding success is determined in part by the desire of the mother, but it is also influenced by her hospital care experience, workplace support, community resources, and friends and family (Nebraska Physical Activity and Nutrition State Plan 2011-2016).

Hospitals and birth centers with comprehensive policies to support initiation of breastfeeding, including all breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM), have the highest rates of exclusive breastfeeding regardless of patient population characteristics such as ethnicity, income and payer status.

The Guide to Community Preventive Services (US Preventive Services Task Force) also recommends primary care interventions to promote and support breastfeeding.
Half of the female workforce in Nebraska is of child bearing age. Recent federal legislation requires that employers provide both time and private space for breastfeeding and pumping during work hours.

PRIORITY AREA: Healthy Living: Healthy Eating

GOALS:

- **Increase fruit and vegetable consumption**
- **Decrease consumption of high energy dense foods**
- **Decrease consumption of sugar-sweetened beverages**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables and water, in local retail venues and underserved areas.	Encourage and promote community gardens and farmers markets with emphasis on serving WIC and minority populations. *	Communities, not-for-profit agencies, University of Nebraska Extension
	Educate and/or train store owners (with emphasis on WIC and SNAP stores) to foster healthier food and beverage environment. *	Public Health, PPHHS Training Academy
	Increase the number of food pantries that foster a healthier food environment.	Communities, food pantries, agencies
#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) (NPANSP).	Worksites adopt policies and guidelines to encourage healthy food options for staff meetings.	Worksite Wellness, businesses, hospitals, education, local government, faith communities
	Worksites adopt policies encouraging healthy food at company sponsored events.	
	Worksites adopt policies that require healthy food options in cafeterias.	
	Worksites have policies or guidelines for point-of-sale information that identifies healthier food options in cafeterias and vending machines. *	
	Worksite makes kitchen equipment available for employee food storage and cooking.	
#3 Ensure that policies at schools and child care facilities promote healthier foods and beverages, with an emphasis on fruits, vegetables and healthy beverages/water.	Encourage and support schools in participating in Coordinated School Health, including completing the School Health Index or other self-assessment to assess school policies, activities and programs in nutrition.	School boards, school administration, parents, students, ESU, EDN, System of Care for Children 0-8, child care centers
	School policies which limit the sale or offering of calorically sweetened beverages to students.	
	School policies which promote strong nutrition	

	standards for competitive foods including fundraising, a la carte, and food from home such as those recommended by the Institute of Medicine and the Healthier U.S. School Challenge.	
	Schools adopt youth appropriate marketing techniques to promote healthful choices (e.g. point-of-decision prompts, and signage).	
#4 Ensure that children in schools and childcare facilities have affordable, appealing healthy choices in foods and beverages outside of the child nutrition program.	Schools have policies to assure that fruits or non-fried vegetables are offered at school celebrations when food or beverages are offered.	School boards, school administration, parents, students
#5 Implement and enhance clinical interventions to prevent and control obesity.	Increase the number of clinicians screening all adults and children for obesity and offering or referring for intensive counseling or behavioral interventions to promote sustained weight loss.	Hospitals, clinics, health centers, Title X, WIC
#6 Ensure a healthy food source.	Policies and practices for proper handling, preparation, and storage of food to increase food safety.	Business, care facilities, day care, schools
	Promote safe food sources through education and information	UNL Extension, producers

***Denotes linkage with** Nebraska Physical Activity and Nutrition State Plan 2011-2016.

EVALUATION OF HEALTHY EATING STRATEGIES

STRATEGIES	TARGET: By July 2017…	DATA SOURCE	BASELINE
#1 Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables and water, in local retail venues and underserved areas.	Increase % of census tracts (in the Panhandle) that have healthier food retailers located within the tract or within a ½ mile of tract boundaries. *	CDC State Indicator Report on Fruits and Vegetables	NE 2009: 64%
	Increase the # of community gardens and farmers markets in the Panhandle to at least one in seven of ten counties.	Panhandle Community Healthy Living Survey TBD	TBD
	Increase the % of farmers markets that accept WIC Farmers Market Nutrition Program coupons. *	CDC State Indicator Report on Fruits and Vegetables	NE 2009: 1.5% Panhandle: TBD
	Increase the % of farmers markets that accept electronic benefits transfers. *	CDC State Indicator Report on Fruits and Vegetables	NE 2009: 1.5% Panhandle: TBD
#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) (NPANSP).	Increase % of worksites with policies or guidelines on healthful food options served at staff meetings. *	Nebraska Worksite Wellness Survey	NE 2011: 16.6% Panhandle 2011: 19%
	Increase % of worksites adopting policies encouraging healthy food at company sponsored events.	Nebraska Worksite Wellness Survey	NE 2011: 19% Panhandle 2011: 30%
	Increase % of worksites adopting policies that require healthy food options in cafeterias.	Nebraska Worksite Wellness Survey	NE 2011: 16% Panhandle 2011: 30%
	Increase % worksites that have posted signs to promote healthful food/beverage options or healthier food alternatives in the vending machines in the past 12 months. *	Nebraska Worksite Wellness	NE 2011: 5.6% Panhandle 2011: 25%
	Increase % worksites participating in Worksite Wellness that make kitchen equipment available for employee food storage and cooking. *	Nebraska Worksite Wellness Survey	NE 2011: 80% Panhandle 2011: 100%
	Increase % worksites that have offered employee health or wellness programs including support groups, counseling session or contests related to healthy eating or nutrition. *	Nebraska Worksite Wellness Survey	NE 2011: 5.6% Panhandle 2011: 75%
#3 Ensure that policies at schools and child care	Increase % of elementary schools that ever used the School Health Index or other self-assessment tool to	School Health Profiles	NE 2010: 23% Panhandle: TBD

facilities promote healthier foods and beverages, with an emphasis on fruits, vegetables and healthy beverage/water (NPANSP).	assess school policies, activities, and programs in nutrition.		
	Increase % of secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition. *	School Health Profiles	NE 2010: 33.1% Panhandle: TBD
	Increase % of elementary schools with a School Improvement Plan that includes health related goals and objectives on nutrition services and foods and beverages available in schools. *	School Health Profiles	NE 2010: 25.5% Panhandle: TBD
	Increase % of secondary schools with a School Improvement Plan that includes health related goals and objectives on nutrition services and foods and beverages available in schools. *	School Health Profiles	NE 2010: 33.0% Panhandle: TBD
	Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: N9 Nutrition Policy. *	DHHS/NAFH Little Voices for Healthy Choices Initiative database	NE: NA Panhandle: TBD
#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.	Increase % of elementary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered. *	School Health Profiles	NE 2010: 17.3% Panhandle: TBD
	Increase % of secondary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered. *	School Health Profiles	NE 2010: 15.9% Panhandle: TBD
#5 Implement and enhance clinical interventions to prevent and control obesity.	Increase # of providers screening all adults for obesity and offering or referring for intensive counseling or behavioral interventions.	Provider reporting process to be developed through meaningful use of Electronic Health Records practices	TBD
	Increase # of providers screening all children over six for obesity and offering or referring for intensive counseling or behavioral interventions.	Provider reporting process to be developed through meaningful use of Electronic Health	TBD

		Records practices	
#6 Ensure a healthy food source.	Decrease the # of food borne illnesses	NEDDS Base System	NE 2011: 1134 Panhandle 2011: 24

***** Denotes linkage with Nebraska Physical Activity and Nutrition State Plan 2011-2016.

EVALUATION OF HEALTHY EATING GOALS

The goals for Healthy Eating align with the Nebraska Physical Activity and Nutrition State Plan 2011-2016.

GOALS	TARGET: By July 2017	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase consumption of fruits and vegetables.	Increase % of Panhandle adults consuming 5 or more servings of fruits and vegetables per day.	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2010: 22.6% Panhandle 2010: 23.1%	NWS 14 & NWS 15 Increase the contribution of fruits and vegetables to the diet of the population aged 2 years and up.
	Increase % of Panhandle 9th – 12th grade students who reported eating fruits at least 5 times a day and vegetables at least three times per day during the last seven days.	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 6.9% NE 2011: 17%	
Decrease sugar-sweetened beverage consumption.	Decrease % of Panhandle 9th – 12th grade students who reported drinking a can, bottle, or glass of soda/pop during the past seven days.	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 23.8% NE 2011: 66%	NWS 17.2 Reduce the consumption of calories from added sugars.

PRIORITY AREA: Healthy Living: Active Living

GOALS:

- **Increase physical activity**
- **Decrease screen time (television, computers, electronic games, smart phones)**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Enhance access to physical activity opportunities, including physical education in Panhandle schools, child care and after school facilities. *	Encourage schools in establishing Coordinated School Health.	Schools, parents, communities
	Schools and communities have policies and practices which promote active transportation (walking and biking). *	Schools, parents, communities
	Provide access to physical activity before, during and after school. *	Schools, out of school time programs, child care providers
	Implement and promote joint use agreements between schools parks and recreation, communities and facilities. *	City councils, school boards and community facilities
	Promote community opportunities for parents and children/youth to engage in physical activity together.	Communities, parents, children, youth, recreation facilities
	Provide teachers and child care providers with professional development to educate them on how to integrate physical activity and reduce screen time during the day. *	ESU, EDN, Panhandle Early Learning Connection Partnership, PPHHS Training Academy
#2 Enhance policies for physical activity, inclusive of physical education, in Nebraska schools. *****	Local school district policies increase the required minutes of physical education. *	Local school boards
	Local school district policies increase the required minutes for recess for elementary schools. *	Local school boards, parents, students
	Local school district policies require physical education and/or health education classes for high school graduation. *	Local school boards, parents, students
#3 Enhance community planning and design practices through built environments and policy changes to improve physical activity across the	Utilize community comprehensive plans to promote supportive environments for active lifestyles, including those with disabilities. *	Communities, city councils, civic groups, businesses, citizens,

lifespan and in Panhandle communities and for persons of varying capabilities. *		youth, adults, seniors
# 4 Enhance the parks and recreation built environment and policies that improve access to physical activity in the Panhandle across the lifespan for persons of varying capabilities. *	Reduce barriers (e.g. safety, cost, accessibility) to outdoor recreation facilities. *	Communities, community leagues, citizens
	Promote the use of existing parks, recreational facilities, fitness centers, and sports programs as opportunities for physical activity. *	Chambers of Commerce, communities, facilities.
# 5 Enhance worksite and healthcare supports for physical activity.	Educate business leaders on how to incorporate wellness and healthy lifestyles into their business models. *	Panhandle Worksite Wellness Council
	Identify, summarize and disseminate best practices, models and evidence-based physical interventions in the workplace. *	Panhandle Worksite Wellness Council
	Incorporate physical activity, including screen time and media usage, as a patient "vital sign" that all health care providers assess and provide counseling for their patients. *	Hospitals, clinics, providers
	Encourage health care providers to assess youth physical activity behaviors at annual visit.	Hospitals, clinics, providers

***** Denotes linkage with Nebraska Physical Activity and Nutrition State Plan 2011-2016.

EVALUATION OF HEALHY LIVING: ACTIVE LIVING STRATEGIES

STRATEGIES	TARGET: By July 2017…	DATA SOURCE	BASELINE
#1 Enhance access to physical activity opportunities, including physical education in Panhandle schools, child care and after school facilities. *	Increase % of elementary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs.	School Health Profiles	NE 2010: 42.6% Panhandle: TBD
	Increase % of secondary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs.	School Health Profiles	NE 2010: 45.9% Panhandle: TBD
	Increase % of elementary schools that require physical education for students in any of grades K-5.	School Health Profiles	NE 2010: 98.4% Panhandle: TBD
	Increase % of secondary schools that require physical education for students in grades 9, 10, 11, 12 respectively.	School Health Profiles	NE 2010: 89.0%, 48.5%, 21.3%, 21.2%
	Increase # of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA1 Active Plan and Active Time.	DHHS/NAFH Little Voices for Healthy Choices Initiative database	NA
	Increase # of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA2 Play Environment.	DHHS/NAFH Little Voices for Healthy Choices Initiative database	NA
	Increase # of in home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA4 Physical Activity Education.	DHHS/NAFH Little Voices for Healthy Choices Initiative database	NA
#2 Enhance policies for physical activity, inclusive of physical education, in Nebraska schools. *	Increase % of elementary schools that require physical education for students in any of grades K-5.	School Health Profiles	NE 2010: 42.6% Panhandle: TBD
	Increase % of secondary schools that require physical education for students in grades 9, 10, 11, 12.	School Health Profiles	NE 2010: 89.0%, 48.5%, 21.3%, 21.2% Panhandle: TBD
	Increase % of secondary schools in which teachers taught all 12 physical activity topics in a required course for students in grades 6-12.	School Health Profiles	NE 2010: 58.4% Panhandle: TBD
#3 Enhance community	Increase % of youth with parks, community centers	National Survey of	2007: 54.6%

planning and design practices through built environment and policy changes to improve physical activity in Panhandle communities.	and sidewalks in neighborhood.	Children's Health (NSCH)	
	Increase % of communities with plans to promote walking and biking.	Panhandle Community Healthy Living Survey (to be developed)	NA
	Increase % of seniors with safe sidewalks.	Panhandle Community Healthy Living Survey (to be developed)	NA
# 4 Enhance the parks and recreation built environment and policies to improve access to physical activity in the Panhandle. *	Increase the total # of existing and planned trails in the Panhandle.	Nebraska Community Trail Inventory	NE 2004: 403 (Existing), 859 (Planned) Panhandle: TBD
# 5 Enhance worksite and healthcare supports for physical activity.	Increase % of worksites that provide incentives to employees for engaging in physical activity or exercise.	Nebraska Worksite Wellness Survey	NE 2011: 28% Panhandle 2011: 43%
	Increase % of worksites that have policies supporting employee physical fitness.	Nebraska Worksite Wellness Survey	NE 2011: 29% Panhandle 2011: 39%
	Increase % of worksites that have policies encouraging employees to commute to work by walking or biking.	Nebraska Worksite Wellness Survey	NE 2011: 2% Panhandle 2011: 3%
	Increase % of worksites that have one or more walking routes for employees.	Nebraska Worksite Wellness Survey	NE 2011: 8 % Panhandle 2011: 23%
	Increase % of worksites that post signs to promote use of stairs within worksite.	Nebraska Worksite Wellness Survey	NE 2011: 3% Panhandle 2011: 23%
	Increase % of worksites that allow additional breaks during the day for physical activity.	Nebraska Worksite Wellness Survey	NE 2011: 5% Panhandle 2011: 3%
	Increase % of worksites that provide subsidized memberships to health or fitness clubs.	Nebraska Worksite Wellness Survey	NE 2011: 17% Panhandle 2011: 33%
	Increase % of worksites that allow flex time for physical activity during the workday.	Nebraska Worksite Wellness Survey	NE 2011: 12% Panhandle 2011: 19%
	Increase # of health care providers assessing youth physical activity behaviors at annual visits.	Foster Healthy Weight in Youth Survey	NA

EVALUATION OF HEALTHY LIVING: ACTIVE LIVING GOALS

The goals for Active Living goals align with the 2011-2016 Nebraska Physical Activity and Nutrition State Plan.

GOALS	TARGET: By July 2017…	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase physical activity.	Increase % of Nebraska adults meeting 2008 Physical Activity Guidelines.	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2009: 67.6% Panhandle Combined 2007-2010: 49.5%	PA 2 Increase the proportion of adults who meet current federal physical activity guideline for aerobic physical activity and muscle strengthening activity.
	Increase % of Panhandle 9-12th grade students who reported being physically active for a total of at least 60 minutes during the past 7 days	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 17.7% NE 2011: 54%	PA 3 Increase the proportion of adolescents who meet current federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity.
Decrease screen time (television, computers, electronic games, smart phones).	Decrease % of 9th -12th grade students who reported watching TV 3+hours per day on an average school day	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 22.9% NE 2011: 25%	PA 8.2 Increase the proportion of children and adolescents ages 2 years through 12th grade who watch television, videos or play video games for no more than two hours per day.
	Decrease % of Panhandle 9th – 12th graders who report playing video or computer games (or using the computer for something that was not school work) 3+ hours per day on an average school day	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 17.4% NE 2011: 21%	PA 8 Increase the proportion of children and adolescents aged 2 years to 12th grade who use or play computers games outside of school (for non -school work) for no more than 2 hours a day.

	Decrease % of Panhandle children ages 1-5 years who watch 1 or more hours of TV per day.	National Survey of Children's Health (NSCH)	NE 2007: 51.4%	N/A

PRIORITY AREA: Healthy Living: Breastfeeding
GOALS:

- **Increase breastfeeding initiation, duration and exclusivity**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Increase support for breastfeeding in the workplace.	Educate employers and working mothers regarding federal legislation that requires employers to provide both time and private space for breastfeeding/ pumping during work hours. Use "Business Case for Breastfeeding" to encourage all businesses to adopt a written policy and to support and promote breastfeeding as a means to increase productivity, retention, and satisfaction of employees.	Worksite Wellness, businesses, hospitals, schools, agencies
	Establish and implement a recognition program to promote business that support breastfeeding.	Worksite Wellness
#2 Increase numbers of peer and professional support programs/providers.	Establish, expand and promote a community-level based network of peer and professional support people and resources.	Communities, healthcare, agencies, Children's Outreach Program, HFA
# 3 Increase number of hospitals providing maternity care practices supportive of breastfeeding.	Hospitals implement breastfeeding practices.	RNHN, local hospitals
#4 Increase public acceptance and support of breastfeeding.	Increase positive portrayals of breastfeeding in the media.	PPHD Annual Report
	Inform and educate communities about benefits of breastfeeding.	Church groups, community groups, WIC clinics, providers

EVALUATION OF BREASTFEEDING STRATEGIES

STRATEGIES	TARGET: By July 2017…	DATA SOURCE	BASELINE
#1 Increase support for breastfeeding in the workplace.	Increase % of Panhandle businesses that have a written policy supporting breastfeeding.	Nebraska Worksite Wellness Survey	NE 2011: 9.5% Panhandle 2011: 33%
	Increase % businesses that provide a private, secure lactation room on site.	Nebraska Worksite Wellness Survey	NE 2011: 24.1% Panhandle2011 : 65%
	Increase % of businesses that allow time in addition to normal breaks for lactating mothers to express breastmilk during the day.	Nebraska Worksite Wellness Survey	NE 2011: 31.6% Panhandle 2011: 61%
	Increase % of worksites that have offered employees health or wellness programs, support groups, or counseling sessions related to breastfeeding lactation.	Nebraska Worksite Wellness Survey	NE 2011: 5% Panhandle 2011: 25%
#2 Increase the number of peer and professional support programs.	Increase # of lactation consultants in the Panhandle.	CDC Breastfeeding Report Card	NE 2011: 3.04 IBCLC's per 1,000 live births Panhandle: TBD
	Increase # of La Leche groups in Panhandle.	CDC Breastfeeding Report Card	NE 2011: .61 LL groups per 1,000 live births Panhandle 2012: 1 in the Region
	Increase # of WIC peer counselors.	State WIC program	NE 2010: 37 Panhandle 2012: 3
#3 Increase the number of hospitals providing maternity care practices supportive of breastfeeding.	Increase the number of hospitals in the Panhandle that have adopted baby friendly policies.	CDC Breastfeeding Report Card	NE 2011: 2 Panhandle 2011: RWMC – 7/10 steps complete for designation
#4 Increase public support and acceptance of breastfeeding.	Increase # of public messages and partners in support of breastfeeding.	TBD	N/A

EVALUATION OF BREASTFEEDING GOALS

The goals for Breastfeeding align with Nebraska Physical Activity and Nutrition State Plan 2011-2016.

GOALS	TARGET: By July 2017…	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase breastfeeding initiation, duration, and exclusivity.	Increase % of Panhandle mothers who reported initiating breastfeeding.	National Immunization Survey (NIS)	NE Birth Cohort 2007: 75.5% Panhandle: TBD	MICH 21.1 Increase proportion of infant who were breastfed ever.
	Increase % of Panhandle mothers who reported continuing breastfeeding at 12 months.	National Immunization Survey (NIS)	NE Birth Cohort 2007: 23.9 % Panhandle: TBD	MICH 21.2 Increase the proportion of infants who are breastfed at 1 year.
	Increase % of Panhandle mothers who reported exclusively breastfeeding at six months.	National Immunization Survey (NIS)	NE Birth Cohort 2007: 12.4% Panhandle: TBD	MICH 21.5 Increase the proportion of infants who are breastfed exclusively through six months.

EVALUATION OF HEALTHY LIVING HP 2020 LEADING HEALTH INDICATORS

HP 2020 LEADING HEALTH INDICATOR	DATA SOURCE	BASELINE
NWS 9 Reduce the proportion of adults who are obese. HP 2020 Target: 30.6% Target-setting method: 10% improvement	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2007-2010 Combined: 27.7% (2007: 27.0%) (2010: 28.5%) Panhandle 2007-2010 Combined: 29.7% (2007: 28.1%) (2010: 31.3%)
NWS 10 Reduce the proportion of children and adolescents who are obese. HP 2020 Target: 14% Target-setting method: 10% improvement	TBD	TBD
NWS 15.1 Increase the contribution of total vegetables to the diets of the population aged two and older.	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2007-2009 Combined: 22.6% (2007: 21.6%) (2009: 23.7%) Panhandle 2007-2009 Combined: 23.1% (2007: 20.8%) (2009: 35.5%)
PA 2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity. HP 2020 Target: 20.1%	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2007-2009 Combined: 51.5% (2007: 50.2%) (2009: 52.9%) Panhandle 2007-2009

		Combined: 49.4 % (2007: 46.7%) (2009: 52.2%)

Mental and Emotional Well-Being

Preface

The initial Mobilizing for Action through Planning and Partnership (MAPP) priority planning process identified the area of *Mental Health* as a priority. During the Community Health Improvement Plan (CHIP) planning process the partners determined to rename the priority area *Mental and Emotional Well-Being.*

This shift was arrived at after extensive dialogue about the assessment process, the underlying regional concerns with limited access to mental health services due to low insurance coverage and dwindling Medicaid reimbursements. The group determined that while these issues are an increasing concern, this rural region has limited political and social capital with which to effect such change. The Panhandle should, however, continue to partner with other groups in Nebraska or at the federal level to influence public policy on mental health coverage.

With this understanding, the group determined that recommendations for improved access to services would best be addressed through encouraging evidence-based practices which enhance early screening and collaborative care models.

Developing strategies on *Mental and Emotional Well-Being* was seen to have a longer term proactive impact on individual, family and community health and healing. The planning team also felt that these community-based prevention activities would increase the benefits of service provided by practitioners and would increase successful outcomes for children, families, and seniors.

In addressing this section of the plan the partners relied heavily on the framework in the National Prevention Strategy as well as The Guide to Community Preventive Services and Healthy People 2020. Resources from Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the Administration on Children, Youth and Families were also accessed. The conceptual framework for this plan is drawn from these documents to assure alignment and use of evidence based strategies with state and national priorities.

This document is considered a high level overarching strategic plan. Additional assessments and work plans to implement this plan exist or will be developed at the regional level through initiatives such as Child Well-Being Assessment and Plan, Regional Home Visitation Assessment and Plan, System of Care of for Children 0-8, Prevention System of Care for Youth, System of Care for Older Youth, Panhandle Prevention Coalition Substance Use Prevention Plan, Panhandle Suicide Prevention Coalition, Panhandle Comprehensive Juvenile Services and Violence Prevention Plan, and the Regional Child

Abuse Prevention Plan. *Mental and Emotional Well-Being* will also be implemented through alignment of community/agency plans with this overarching document.

During the planning process the topic of children exposed to violence was covered in both the *Mental and Emotional Well-Being* and the *Injury and Violence Prevention* work groups. The subject area is addressed in *Mental and Emotional Well-Being* as it is an influential factor.

Mental and Emotional Well-Being is, however, interrelated to the other Priority Areas of the Panhandle CHIP. The cross-over with *Injury and Violence Prevention,* particularly the impact of alcohol and drugs, and strategies for positive family interactions is recognized in breaking cycles of community violence. *Healthy Living*, healthy eating and active lifestyle, is seen as an influential action for improving Mental and Emotional Well-Being. Promoting mental and emotional health prevents disease, decreases rates of chronic disease and helps people lead longer healthier lives.

The Local Public Health System (LPHS) Strategic Directions need to be reviewed as ongoing planning for *Mental and Emotional Well-Being* are undertaken. Health Disparities are especially noted and need to be considered and planned for.

There are two Healthy People 2020 Leading Health Indicators (LHI) which pertain to *Mental and Emotional Well-Being*.

- MHMD-1 Reduce the suicide rate.
- MHMD-4 Reduce the proportion of adolescents 12- 17 who experience major depressive episode (MDE).

Mental and Emotional Well-Being Goals and Strategy Summary

The *Mental and Emotional Well-Being* section of the Community Health Improvement Plan has two goals:

- Increase the quality of life for all ages
- Reduce child abuse and neglect rates

Four strategies have been identified to address these goals:

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

PRIORITY AREA **Mental and Emotional Well-Being**

PROBLEM STATEMENT

It is estimated that only about 17% of US adults are in a state of optimal mental wellness.

Mental disorders are among the most common causes of disability. According to the National Institute of Mental Health, in any given year 1 in 17 adults (13 million Americans) have a seriously debilitating mental illness.

Alzheimer's disease is the tenth leading cause of death in the United States. It is the 6th leading cause of death among American adults and the 5th leading cause of death among adults age 65 or older.

By 2020, mental & substance use disorders (M/SUDs) will surpass all physical diseases as a major cause of disability worldwide. One-half of U.S. adults will develop at least one mental illness in their lifetime.

Nationally, mental and substance use disorders have health implications:

- Mental health problems increase risk for physical health problems SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness
- Cost of treating common diseases is higher when a patient has untreated behavioral health problems
- 24% of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs
- M/SUDs rank among top five diagnoses associated with 30-day readmission, accounting for about one in five of all Medicaid readmissions (12.4% for MD and 9.3% for SUD)
- Mental Health and Substance Use Disorders account for almost one fourth of all adult stays in community hospitals

People with M/SUDs are nearly twice as likely as the general population to die prematurely, often of preventable or treatable causes.

Behavioral health conditions lead to more deaths each year than HIV, traffic accidents and breast cancer combined.

<u>Adverse Childhood Experiences</u>

Adverse Childhood Experiences such as, physical, emotional, and sexual abuse, witnessing violence, traumatic events, and family dysfunction are associated with mental illness, suicidality, substance abuse, and physical illnesses.

- A history of exposure to adverse childhood experiences is associated with high risk behaviors such as smoking, alcohol and drug use, and risky sexual behavior as well as health problems such as obesity, diabetes, ischemic heart disease, sexually transmitted diseases and attempted suicide.
- 6-in-10 U.S. youth have been exposed to violence within the past year; nearly 1-in-10 are injured.

Suicides

In 2008 suicide was the tenth leading cause of death in the U.S. In 2009 suicide was the seventh leading cause of death in the Panhandle. Risk Factors for suicide include alcohol or substance use, isolation, extreme emotional stress, history of child maltreatment, and mental health conditions such as depression.

Many mental and emotional disorders are preventable and treatable. Early identification and treatment can help prevent the onset of disease, decrease rates of chronic disease and help people lead longer, healthier lives.

HEALTH DISPARITIES

The unmet need for mental health services in greatest among underserved groups, including elderly persons, racial and ethnic minorities, those with low incomes, those without health insurance and residents of rural areas. Racial discrimination is associated with chronic stress and can lead to negative health outcomes such as high blood pressure and depression.

Age

Children and Adolescents

Half of all lifetime cases of mental illness begin by age 14. Three fourths of the cases by age 24. On average it takes more than six years from the onset of the mental illness or substance use disorder to the onset of treatment.

- In 2009, 2.9 million (13.8%) of youth between 14 and 17 years of age reported having serious thoughts of suicide compared to 8.8 million (3.7%) of persons 18 years and older.
- 2.3 million (10.9%) youths between 14 and 17 years of age had made a plan compared with 2.3 Million (1%) of persons 18 years and older.
- Suicide rates are highest among American Indian/Alaska Native Youth.

Older Adults

- Among nursing home residents, 18.7% of people age 65-74 and 23.5% of people age 85 and older have a mental illness.

High Needs Populations

- Rates of cardiovascular disease, diabetes, and pulmonary disease are substantially higher among disabled individuals on Medicaid with psychiatric conditions.
- The 12-month prevalence of depression is about 5% among people without chronic medical conditions, 8% among people with one condition, 10% among people with two conditions, and 12% among people with three or more conditions.
- People with asthma are 2.3 times more likely to screen positive for depression.
- 52% of disabled individuals with dual-eligibility for Medicare and Medicaid have a psychiatric illness.

Gender

Almost 15% of women who recently gave birth reported symptoms of postpartum depression.

Sexual Orientation

Family and community rejection of lesbian, gay, bisexual, and transgender (LGBT) youth, including bullying, can have profound and long term impacts (e.g. depression, use of illegal drugs, and suicidal behavior).

INFLUENTIAL FACTORS

Prevention of mental, emotional and behavioral disorders is interdisciplinary. The CDC notes that the current models look at the interaction of social, environmental, and genetic factors throughout the lifespan.

In behavioral health and prevention models researchers have identified the impact of:

- Risk factors, which predispose individuals to mental illness.
- Protective factors which protect them from developing mental health disorders.

Healthy People 2020 lists the following major areas of progress in understanding mental and emotional well-being in the past 20 years.

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multi-year effects of multiple prevention interventions on reducing substance abuse, conduct disorders, antisocial behaviors, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School based violence prevention can reduce the base rate of aggressive problems by 25-33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to target audiences.

Health People 2020 notes three emerging issues in the area of mental health:

- Veterans who have experienced physical and mental trauma.
- People in communities with large-scale psychological trauma caused by natural disasters.
- Older adults, as the understanding and treatment of dementia and mood disorders continues to improve.

Breaking research in these areas will be of interest, especially as the region

has significant populations of veterans and seniors.

DETERMINANTS "Several factors have been linked to mental health including race, ethnicity, gender, age, income level, education level, sexual orientation and geographic location.

Other social conditions – such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions – can also influence mental health risk and outcomes both positively and negatively. For example, safe shared places for people to interact, such as parks and churches can support mental health. A better understanding of these factors and how they interact, and their impact, is key to improving and maintaining the mental health of all Americans" (CDC Healthy People 2020).

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PRIORITY AREA: Mental and Emotional Well-Being

GOALS:

- **Increase the quality of life for all ages.**
- **Reduce child abuse and neglect rates.**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Promote positive early childhood development including positive parenting and violence free homes.	Develop and maintain an integrated system of early childhood services which emphasize positive parent childhood interaction including family interventions, home visitation, center-based services, school and community based services for parents and children 0-6.	SOC Children 0-8, Organizations, day care providers, schools, pre-schools
	Develop and pilot a "transitions" initiative which promotes ease of transition for all children and parents from preschool to kindergarten and prioritizes children with emotional and behavioral concerns.	SOC Children 0-8
	Develop and implement an annual regional early childhood training plan for parents, day care providers, home visitation and center based workers, integrated professionals including annual conferences held in tiers of the region.	SOC Children 0-8
	Fully implement the Center on Social and Emotional Foundations for Early Learning (CSEFEL) Teaching Pyramid to assure a comprehensive systematic approach to: • Creation of an effective workforce • Positive relationships with children, families • Classroom preventive practices • Social emotional teaching strategies • Intensive individualized interventions.	ESU #13 leaders in conjunction with SOC 0-8, pre-schools, parents, partners, PPHHS Training Academy
	Partner or research the development of a data system	State partners and

	that will measure children who are ready for school in all five domains: physical development, socio-emotional development, approaches to learning, language and cognitive development.	PPHHS
	In response to Defending Childhood research, develop and implement evidence-based activities to prevent children's initial and repeated exposure to violence.	SOC Children 0-8, DOVES, PPHHS Child Abuse Prevention Plan
#2 Facilitate social connectedness and community engagement across the lifespan.	Community events and volunteering opportunities promote inclusion of youth, persons with disabilities and mental illness, and intergenerational activities.	Communities, schools, organizations, service organizations, faith groups, Chambers of Commerce, RSVP
	Create safe supportive communities for all children and youth.	Healthy Communities Healthy Youth, communities, parents, organizations, businesses, faith groups, out of school time programs
	Media campaigns to promote parent and child interaction and communication on important social issues.	Prevention Coalition, state partners
	Promote the development of sustained caring relationships between youth and adults.	Parents, schools, agencies, communities, Project Everlast, SSRHY
	Provide children and youth with opportunities to build social and emotional competence.	Parents, day cares, preschools, schools, out of school time activities, communities
	Increase connections between students and their schools.	Communities, parents, agencies, out of school time programs, schools

	An array of youth leadership programs which promote service learning and community generosity.	Youth leadership programs Youth Leadership Institute WNCC
	Maintain safe shared spaces for people to interact and community members to gather.	Area Office on Aging, senior centers, faith communities, schools
#3 Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.	Enhance community education and outreach efforts to improve understanding on children exposed to violence and of Adverse Childhood Experiences	PPHHS, Public Health, healthcare, communities
	Provide literacy friendly information and mental and emotional well-being for consumers, especially groups that experience unique stressors (US Armed Forces, firefighters, police officers, and other emergency response workers).	Physicians, law enforcement and fire agencies, public health
	Reduce the negative impact of childhood exposure to violence by improving systems and services that identify and assist youth and families who have been impacted by violence to reduce trauma, build resilience, and promote healing.	SOC Children, Prevention System of Care for Youth, System of Care for Older Youth including homeless, foster youth and independent living
	Provide formal and informal respite services for families who are primary caregivers for persons with developmental disabilities, chronic illness, or mental health disorders.	Life Span Respite, faith groups, community members, extended family
	Develop and implement a continuum of positive parent child interaction programs and policies from Elementary to High School Completion.	Prevention System of Care for Youth, System of Care for Older Youth
	Pilot and disseminate findings on transitioning 1184 Treatment Teams to prevention service access teams.	PPHHS, Juvenile Justice, Scotts Bluff and Dawes 1184 Treatment Teams
	Implement policies and programs which enhance evidence-based protective factors of youth and	PPHHS, communities, schools, agencies

	adults.	
	Maintain an array of prevention resources which support individuals and families and develop protective factors.	PPHHS partners and communities
	Promote quality out of school time programs.	Communities, parents, agencies, youth
	Adopt and equitably enforce school bullying policies.	Schools, communities, youth
	Worksite Wellness policies to reduce stress and promote mental and emotional well-being.	Public Health, Panhandle Worksite Wellness Council, worksites
#4 Promote early identification of mental health needs and access to quality mental health services	Screen for mental health needs among children and adults, especially those with disabilities and chronic conditions and refer people to treatment and community resources as needed.	Primary care providers, Rural Partnership for Children, Home Visitation, EDN
	Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth and ensure that youth with such problems are referred for appropriate services.	Early Learning Centers, schools, and colleges, health care, providers
	Train key community members (e.g. adults who work with elderly, youth, and armed services personnel) to identify the signs of depression and refer people to resources.	Region I Behavioral Health QPR, organizations, communities, PPHHS Training Academy
	Annual suicide prevention walks in Panhandle communities.	Suicide Prevention Coalition
	Provide Screenings and Brief Interventions (SBRIT).	Maternal Child Health, home visiting assessments, primary care physicians, ER's
	Expand resources through practices such as for Collaborative Care for Management of Depressive Disorders through health care system level	Primary care physicians, mental health providers, case managers, patients

	intervention and the use of case managers to link providers and patients.	
	Review and consider enhancing home-based depression care for older adults which includes active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education and a supervising psychiatrist.	Area Office on Aging, providers, home health, patients, families
	Expand the use of telehealth to provide accessible mental health services to rural patients.	Hospitals, nursing homes, providers, patients

EVALUATION OF MENTAL AND EMOTIONAL WELL-BEING STRATEGIES

STRATEGIES	TARGET: By July 2017…	DATA SOURCE	BASELINE
#1 Promote positive early childhood development including positive parenting and violence-free homes.	Developmental: Increase the proportion of children who are ready for school in all five domains: physical development, socio-emotional development, approaches to learning, language and cognitive development (EMC-1).	TBD	TBD
	Increase the proportion of parents who use positive parenting and communication with their doctors and other health care professionals about positive parenting (EMC -2).	TBD	TBD
#2 Facilitate social connectedness and community engagement across the lifespan.	Increase the number of middle school youth who report that they are connected to three or more adults in their community.	SPARKS Surveys	Panhandle 2012: 80%
#3 Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.	Increase the proportion of youth reporting that they have a SPARK and the support to pursue their SPARK.	SPARKS Surveys	Panhandle 2012: 61.2%
	Increase the proportion of homeless or near homeless youth who receive screenings and referral for mental health services.	SSRHY RHYMS	Panhandle 2010-11: 462
	Maintain or increase an array of prevention resources which promote protective factors.	Service Array Assessment Protective Factor Surveys	Panhandle 2011: Survey Completed Panhandle 2012: 0
	Increase number of schools which have and enforce anti-bullying policies.	TBD	TBD
#4 Promote early identification of mental health needs and access to quality mental health services.	Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education and services, including mental health.	TBD	Baseline: 0
	Increase depression screenings by primary care providers (MHMD) 11.	TBD	TBD

EVALUATION OF MENTAL AND EMOTIONAL WELL-BEING GOALS

The goals for Healthy Eating align with Nebraska Physical Activity and Nutrition State Plan 2011-2016.

GOALS	TARGET: By July 2017	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase the quality of life for all ages.	Decrease the percentage of adults who report that their mental health (including stress, depression, and emotional problems) was not good 10 or more of the last 30 days.	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2007: 9.7% NE 2010: 10.9% PAN 2007: 11.8% PAN 2010: 14.4%	Reduce the suicide rate MHMD-1 (LHI)
	Decrease the % of adults 18 or older who report that they rarely or never get the social or emotional support they need.	BRFSS	NE 2007: 6.4% NE 2010: 7.2% PAN 2007: 8.3% PAN 2010: 10.7%	
	Decrease the % of adults who report they are dissatisfied or very dissatisfied with their life.	BRFSS	NE 2007: 3.6% NE 2010: 4.3% PAN 2007: 3.2% PAN 2010: 4.6%	
	Decrease the % of high school youths who report they have been depressed in the past	Nebraska Youth Risk	NE 2011: 21%	MHMD-2 Reduce suicide attempts by adolescents.

	12 months.	Behavior Survey (YRBS)		
	Decrease the % of high school students who considered suicide in the past 12 months>	YRBS	NE 2011: 14%	
	Decrease the % of high school youth who reported having attempted suicide in the past 12 months.	YRBS	NE 2011: 8%	
Reduce child abuse and neglect rates	Reduce the rates of child maltreatment in the Panhandle.	DHHS	NE 2007-09: 10.4/1000 Panhandle 2007-09: 8.8/1000	IVP 42 Reduce children's exposure to violence

EVALUATION OF MENTAL AND EMOTIONAL WELL-BEING HP 2020 LEADING HEALTH INDICATORS

HP 2020 LEADING HEALTH INDICATOR	DATA SOURCE	BASELINE
MHMD-1 Reduce the suicide rate.	DHHS	NE 2005-2009: 10.5/100,000 population Panhandle 2005-2009: 13/100,000 population 0-14 years: 27 15-24 years: 187 25-64 years: 277 Over 65: 9 Total Suicide Deaths: 500
MHMD-4 Reduce the proportion of adolescents 12- 17 who experience major depressive episode (MDE).	TBD	TBD

Injury and Violence Prevention

Preface

The Mobilizing for Action through Planning and Partnerships (MAPP) planning process identified the area of *Injury and Violence Prevention* as a priority. There were a broad number of subtopics included in this area: fall prevention, motor vehicle accidents, suicide, child abuse and neglect, family and inter-personal violence, and alcohol and drug use.

During the Community Health Improvement Planning process it was determined to place the emphasis on suicide prevention and child abuse and neglect in the Priority Section: *Mental and Emotional Well-Being*. However, as with all other Priority Areas, *Injury and Violence Prevention* is interrelated with all other sections.

In developing this section of the plan the partners relied heavily on the recommendations and research contained in the National Prevention Strategy 2011, The Guide to Community Preventive Services and Healthy People 2020. The conceptual framework for this plan is drawn from these documents to assure alignment and use of evidence based strategies with state and national priorities.

This document is considered a high level overarching strategic plan. Work plans to implement this plan will be developed at the regional level through initiatives such as:

- Panhandle Suicide Prevention Plan
- Healthy Communities Healthy Youth (Child Well-Being Plan 2010-2015)
- Support Services for Rural Homeless Youth (SSRHY 2010-2015)
- Panhandle Regional Comprehensive Juvenile Services and Violence Prevention Plan 2011-2014
- Panhandle Early Childhood Education Training Plan 2012-2013
- Panhandle ACA Home Visiting Assessment and HFA Plan 2011-2014
- Worksite Wellness Plans

The *Injury and Violence Prevention* plan addresses one HP 2020 Leading Health Indicator.

- IVP 1.1 Reduce fatal injuries (LHI).

To have a meaningful impact on health outcomes the plan will be implemented across all age sectors of the community through the strong engagement of the local public health system including: schools, day cares, businesses, citizens, agencies, hospitals and health care providers, local areas of government. Implementation work plans will address lower income, aging, disabled, and minority populations.

Injury and Violence Prevention Goals and Strategy Summary

Injury and Violence Prevention has one goal:

- Prevent unintentional injuries and violence, and reduce their consequences

There are four strategies which address enhancing *Injury and Violence Prevention* in the community, workplace, schools and child care settings:

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

There are several issues which are not currently included in Healthy People 2020 but are continuing to be researched nationally. These include:

- Motor vehicle crashes due to distracted driving
- Injuries related to recreational activities
- Bullying, dating violence, and sexual violence among youth
- Elder maltreatment, particularly with respect to quantifying and understanding the problem

As Nebraska has begun to collect data on some of these areas, and has begun efforts to address them, they are included as action items in the "activities". These areas are:

- Distracted driving among teens
- Bullying, dating violence and sexual violence among youth

PRIORITY AREA **Injury and Violence Prevention**

PROBLEM STATEMENT

"Unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages." Healthy People 2020
HP 2020 goes on to note that "Injuries are the leading cause of death for Americans ages 1 to 44 and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status."

Unintentional injuries are the fifth leading cause of death in the Panhandle.

In addition to their immediate impacts, injuries can result in premature death, disabilities, poor mental health, high medical costs, and lost productivity.

Children

- Injuries resulting from motor vehicle accidents are the leading cause of death for children age 0 to 19.1
- Each year, approximately 2.8 million children go to the hospital emergency department for injuries caused by falling.

Youth

- Approximately 72% of all deaths among adolescents age 10 to 24 are attributed to injuries from four causes: motor vehicle crashes (30%), all other unintentional injuries (15%), homicide (15%), and suicide (12%).
- More than 1 million serious sports-related injuries occur each year among adolescents age 10 to 17

Adults

- More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009.
- Each year, women experience about 4.8 million intimate partner-related physical assaults and rapes. Men are the victims of about 2.9 million intimate partner-related physical assaults.
- Every day on average, 12 working men and women are killed on the job. In 2009, more than 4.1 million workers across all industries had work-related injuries and illnesses that were reported by employers.

Older Adults

- Each year, about one-third of men and women age 65 and older experience a fall, and 20% to 30% of them suffer a moderate to severe injury, such as a hip fracture or head injury.
- Injuries can make it more difficult for older adults to live independently and increase older adults' risk of premature death.

HEALTH DISPARITIES

Injuries affect all sectors of the population.

Fatalities

However, men and Hispanic and foreign-born individuals have higher rates of work-related fatal injuries.

Exposure

Witnessing or being a victim of violence (e.g., child maltreatment, youth violence, intimate partner and sexual violence, bullying, elder abuse) are linked to lifelong negative physical, emotional, and social consequences.

Age

Each year, about a third of adults aged 65 years and older experience a fall, and 20 to 30 percent of them suffer a moderate to severe injury (e.g., hip fracture, head trauma). Those injuries can make it more difficult for older adults to live independently and increase their risk of early death.

Rural Location

Motor vehicle crash fatality rates are especially high in rural areas and for residents of tribal lands, in part because of poor road maintenance, higher rates of alcohol impaired driving, lower rates of seat belt and child safety seat use, and less access to emergency response and trauma care.

INFLUENTIAL FACTORS

Injuries are predictable and preventable and can be impacted by interventions that address social and physical factors such as:

- Modifications to the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may include:

- Changing social norms about the acceptability of violence
- Improving problem solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that give rise to violence

DETERMINANTS

An individual's risk of injury and violence may be impacted by many social, personal, economic, and environmental factors. For example, the physical environment, both in the home and community, can affect the rate of injuries related to falls, fires, burns, road traffic incidents, drowning, and violence.

- **Individual behaviors:** The choices people make about individual behaviors, such as alcohol use or risk-taking, can increase injuries.

- **Physical environment:** The physical environment, both in the home and community, can affect the rate of injuries related to falls, fires and burns, road traffic injuries, drowning, and violence.
- **Access to Services:** Access to health services, such as systems created for injury-related care, ranging from pre-hospital and acute care to rehabilitation, can reduce the consequences of injuries, including death and long-term disability. **Social Environment**: The social environment has a notable influence on the risk for injury and violence through:
    - Individual social experiences (social norms, education, victimization history)
    - Social relationships (for example, parental monitoring and supervision of youth, peer group associations, family interactions)
    - Community environment (for example, cohesion in schools, neighborhoods, and communities)
    - Societal-level factors (for example, cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

PRIORITY AREA: Injury and Violence Prevention

GOALS:

- **Prevent unintentional injuries and violence**
- **Reduce the consequences of unintentional injuries and violence**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Implement and strengthen policies and program to enhance transportation safety.	Child Safety Seat Programs/Installation Checks.	Hospitals, communities, parents
	Enforce seat belt laws.	Local law enforcement, state patrol
	Provide public education on the importance of seat belts in reducing injury.	State patrol, community partners
	Conduct Alcohol Compliance Checks (including sale to underage youth).	State patrol, local law enforcement
	Responsible Beverage Server Training using tele-health network to assure regional coverage at reduce cost.	Prevention Coalition, state patrol
	Community campaigns to educate and inform youth about distracted driving (texting, cell phones).	Local law enforcement, community groups
	Promote bike safety campaigns and practices including use of helmets.	Communities, Public Health, hospitals
	Educate on and enforce motorcycle laws.	Law enforcement
#2 Promote and strengthen policies and programs to prevent falls, especially among older adults.	Tai Chi variations offered to adults in all eleven counties.	Public Health, PPHHS Training Academy, senior centers, UNL Extension, assisted living
	Senior fitness and exercise programs including open school walking track in rural communities.	Community centers, senior centers, YMCA's, schools
	Medication reviews for seniors.	Area Office on Aging, primary care providers, pharmacists

	Home safety inspections and adaptations.	Area Office on Aging, home health, hospice
	Senior fall risk self-screening information and referral for assessments.	Physicians, hospitals, county fairs, senior centers
#3 Promote and enhance policies and programs to increase safety and prevent injury in the workplace.	Farm Safety Practices	UNL Extension
	Worksite Wellness Sites policies and practices including hazard identification and remediation, worker training, management commitment, practices that promotes a culture of safety.	Worksite Wellness, business, organizations
	Worker Personal Risk Assessments.	Worksite Wellness, business, organizations
	Environmental worksite change.	Worksite Wellness, business, organizations
	Work -place interventions to reduce violence, bullying and other negative behaviors.	Worksite Wellness, Business, Organizations
#4 Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries. *(See Mental and Emotional Wellness for additional actions)*	Programs and information for youth on relationship/dating safety and respect.	DOVES, Project Everlast, HCHY, out of school time programs, faith groups
	Housing and economic development, especially in higher poverty/deteriorating areas	CoC Housing and Homelessness, Economic Development,
	Promote effective social development strategies and conflict resolution skills for youth and adults	Communities, leadership programs, local leaders
	Anti-bullying policies instituted and equitably enforced at schools.	Schools, parents, youth
	Community-wide, intergenerational efforts to prevent cyber-bullying and promote positive interpersonal behaviors among youth and adults.	Communities, leadership groups, schools, local levels of government, parents, youth
	School policies regarding the use of safety equipment during sports, physical education and intramurals.	Schools, hospitals and health care providers,

		Public Health, parents
	ATV and off-road safety information and practices.	Dealers, clubs, UNL Extension, parents, Public Health
	Practices to avoid injury due to overexertion.	Worksites, physicians, athletic trainers, sports coaches, facilities, Public Health

EVALUATION OF INJURY AND VIOLENCE PREVENTION STRATEGIES

STRATEGIES	TARGET: By July 2017…	DATA SOURCE	BASELINE
#1 Implement and strengthen policies and program to enhance transportation safety.	Reduce the % of high school youth who never/rarely wore a helmet when biking in last 12 months	Nebraska Youth Risk Behaviors Survey (YRBS)	NE 2011: 91%
	Reduce the % of high school youth who reported never/rarely wearing seat belts.	YRBS	NE 2011: 16%
	Reduce the % of high school youth who reported that they rode with a driver who had been drinking in the past 30 days.	YRBS	NE 2011: 24%
	Reduce the % of high school youth who reported that they drove while drinking in the past 30 days	YRBS	NE 2011: 7%
	Reduce the % of high school youth who reported that they texted or emailed while driving in the past 30 days.	YRBS	NE 2011: 45%
	Reduce the % of high school youth who reported talking on cell phone while driving in the past 30 days.	YRBS	NE 2011: 49%
#2 Promote and strengthen policies and programs to prevent falls, especially among older adults.	Reduce the % of falls resulting in hospitalization by adults over the age of 64.	TBD	
#3 Promote and enhance policies and programs to increase safety and prevent injury in the workplace.	Increase the number of worksites that has policies to promote employees to wear seat belts while driving a car or operating a moving vehicle while on company business.	Nebraska Worksite Wellness Survey	NE 2011: 56.9% Panhandle 2011: 45%
	Increase the number of worksites that has policies that require employees to refrain from talking on cellular phones while driving a car or operating a moving vehicle while on company business.	Nebraska Worksite Wellness Survey	NE 2011: 41.7% Panhandle 2011: 25%
#4 Provide individuals	Reduce the % of high school youth who reported	YRBS	NE 2011: 27%

and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries. *(See Mental and Emotional Wellness for additional actions)*	having been in a physical fight in past 12 months.		
	Reduce the % of high school youth who reported that they were physically abused by a boyfriend or girlfriend in past 12 months.	YRBS	NE 2011: 11%
	Reduce the % of high school youth who reported they were ever forced to have sex.	YRBS	NE 2011: 8%
	Reduce the % of high school youth who reported they were bullied on school property in past 12 months.	YRBS	NE 2011: 23%
	Reduce the % of high school youth who reported they were electronically bullied in past 12 months.	YRBS	NE 2011: 16%

These HP 2020 factors are being addressed in this section.

IVP-16 Increase age-appropriate vehicle restraint system use in children
IVP-26 Reduce sports and recreation injuries
IVP 27 Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored physical activities
IVP-34 Reduce physical fighting among adolescents
IVP-35 Reduce bullying among adolescents

EVALUATION OF INJURY AND VIOLENCE PREVENTION GOALS

GOALS	TARGET: By July 2017…	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Prevent unintentional injuries and violence.	Reduce the number of injuries from falls in over 65 years old.	NE DHHS	PPHD 2010: 609 SBCHD 2010: 394	IVP-23 Prevent an increase in the rate of fall-related deaths.
	Reduce the number of injuries by "struck by/against".	NE DHHS	PPHD 2010: 642 SBCHD 2010: 462	IVP-1 Reduce fatal and non-fatal injuries.
	Reduce the number of injuries by cut/pierced.	NE DHHS	PPHD 2010: 349 SBCHD 2010: 242	IVP-1 Reduce fatal and non-fatal injuries.
	Reduce the number of injuries resulting from motor vehicle accidents.	NE DHHS	PPHD 2010: 291 SBCHD 2010: 337	IVP-14 Reduce nonfatal motor vehicle crash-related injuries.
	Reduce the number of injuries from violence.	NE DHHS	PPHD 2010: 149 SBCHD 2010: 162	There is not a generic HP 2020 for violence.
	Reduce the number of injuries by overexertion.	NE DHHS	PPHD 2010: 323 SBCHD 2010: 169	IVP-1 reduce fatal and non-fatal injuries.
Reduce the consequences of unintentional injuries and violence.	Reduce the number of deaths as a result of falls in persons over 65.		PPHD 2006-10 combined: 26 SBCHD 2006-10 combined: 21	IVP-23 Prevent an increase in the rate of fall-related deaths. IVP 1.1 Reduce fatal injuries (LHI).
	Reduce the number of deaths resulting from motor vehicle accidents.	DHHS	PPHD 2006-10 combined: 51 SBCHD 2006-10 combined: 34	IVP 15 Reduce motor vehicle deaths. IVP 1.1 Reduce fatal injuries (LHI).

	Reduce the number of deaths from violence.	DHHS	PPHD 2006-10 combined: 8 SBCHD 2006-10 combined: 7	IVP 1.1 Reduce fatal injuries (LHI).

Cancer Prevention: Primary Prevention, Early Detection

Preface

The Mobilizing for Action through Planning and Partnerships (MAPP) priority planning process identified the area of *Cancer Prevention* as a priority.

In developing the plan the partners relied heavily on the recommendations and research contained in the National Prevention Strategy 2011, The Guide to Community Preventive Services and Healthy People 2020. The conceptual framework for this plan is drawn from these documents to assure alignment and use of evidence-based strategies with state and national priorities.

The Panhandle CHIP Cancer Prevention Plan is also heavily aligned with the Nebraska Comprehensive Cancer Control State Plan 2011- 2016. As noted in this plan, collaboration across the state will be required to have a significant impact on cancer. By aligning the Panhandle Plan we are engaging in active partnership with state and federal sources to assure meaningful impact from evidence-based strategies.

This document is considered a high level overarching strategic plan. Work plans to implement this plan will be developed at the regional level through initiatives such as Tobacco Free Panhandle Work Plan, Panhandle Colon Cancer Community Awareness Work Plan, Title X Plans, Worksite Wellness, and Pool Cool project. The plan will also be implemented through alignment of community/agency plans with this overarching document. The plan focuses on environmental and policy areas which engage a cross-sector of the region in actions to change or address the health status of the region.

The goals objectives and strategies outlined in *Cancer Prevention* are inter-related with other sections of the Panhandle Community Health Improvement Plan 2012, particularly the section on *Healthy Living*.

The *Cancer Prevention* section, as with other sections of the Panhandle Community Health Improvement Plan (CHIP) prioritizes actions to address the Healthy People 2020 Leading Health Indicators. These include:

- C-16 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines (C-16).
- Reduce the percentage of adults who are current smokers (TU 1.1).
- Reduce the percentage of adolescents who smoked cigarettes in last 30 days (TU - 2.2).
- Reduce the percentage of children 3-11 exposed to secondhand smoke (TU11.2).

Related Healthy People 2020 Objectives which are not considered Leading Health Indicators but reflect the regional requirement for a broad spectrum *Cancer Prevention* are included in the plan as well.

To have a meaningful impact on health outcomes the plan will be implemented across all age sectors of the community through the strong engagement of the local public health system including: schools, day cares, businesses, citizens, agencies, health care providers, and local areas of government. Implementation work plans will address lower income, aging, disabled, and minority populations most at risk for significant health concerns.

Cancer Prevention Summary

The *Cancer Prevention* section of the Community Health Improvement Plan is divided into two Priority Areas: Primary Prevention, and Early Detection and Appropriate Screenings.

Primary Prevention to reduce cancer risks is addressed through two goals:

- Reduce the impact of tobacco use and exposure on cancer incidence and mortality
- Reduce exposure to ultraviolet light

Please note: Goals and objectives for a third area, Promote Healthy Eating and Physical Activity are covered in the *Healthy Living* Section, and are an integral part of the Cancer Prevention Plan.

Strategies which will address the reduction of primary prevention risks include:

- Support comprehensive tobacco-free and other evidence-based tobacco control policies
- Reduce underage access to tobacco
- Use media to educate and encourage people to live tobacco-free
- Reduce exposure to ultraviolet light
- Clinician Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women (USPSTF)

Early Detection and Appropriate Screenings is addressed through one goal:

- Increase cancer screening rates

Strategies to be used include:

- Client Reminders
- One on One Education
- Provider Recall Systems
- Small Media
- Reduce Out of Pocket Expenses

PRIORITY AREA **Cancer Prevention**

PROBLEM STATEMENT

The Nebraska Comprehensive Cancer Control Plan 2011-2016 notes the following:

Cancer is the leading cause of death for some groups of Nebraska residents. For persons under age 75, cancer claims more lives than heart disease; after age 75, this pattern is reversed.

Among the top ten cancer sites in 2008 in Nebraska, Prostate comprises (15%), Female Breast (14%), Lung and Bronchus (13%) and Colon and Rectum (12%) were the top four. The remaining six which comprise 49% of all cancers include: Urinary/Bladder, Non Hodgkin Lymphoma, Melanoma, Kidney and Renal Pelvis, Leukemia, and Uterine Corpus.

In Nebraska, prostate cancer mortality rates have decreased from 26.9 cases per 100,000 population in 1999 to 24.0 cases per 100,000 population in 2008.

Breast cancer is the most common malignancy among women and the second most frequent cause of female cancer deaths. Between 2004 and 2008, 6,172 Nebraska women were diagnosed with malignant breast cancer (and another 1,348 women were diagnosed with in-site breast cancer) and 1,181 women died from it. Since 1990, the rate of breast cancer deaths in Nebraska and the nation has declined significantly.

Although lung cancer was only the third most frequently diagnosed cancer among Nebraska residents in 2008, it was the year's leading cause of cancer mortality, accounting for more than 25% of the state's cancer deaths. During the past five years (2004-2008) lung cancer has averaged over 1,200 diagnoses and 900 deaths in Nebraska per year.

In 2008, colorectal cancer was the fourth most frequently diagnosed cancer among Nebraska residents, accounting for 1,001 new malignancies. It was the second leading cause of cancer death in the state, accounting for 369 deaths. Seventy percent (70%) of colorectal cancer cases occurred in persons who were 65 or older at diagnosis. Colorectal cancer mortality rates have decreased from 22.4 cases per 100,000 population in 1999 to 18.4 cases per 100,000 population in 2008.

According to the National Institutes of Health (NIH), the total cost of cancer for the entire U.S. in 2010 was $263.8 billion. This figure includes $102.8 billion for direct medical costs and $161 billion for indirect costs. Indirect costs may further be broken into indirect morbidity costs ($20.9 billion) and indirect mortality costs ($140.1 billion).

For Nebraska the cost of cancer is estimated at $1.53 billion per year. Direct costs were $595 million, indirect morbidity costs were $121 million, and indirect mortality costs were $811 million.

Many cancers are preventable by reducing risk factors such as:

- Use of tobacco products
- Physical inactivity and poor nutrition
- Obesity
- Ultra violet light exposure

HEALTH DISPARITIES

Nebraska Women's Health Equity Report 2012 notes that cancer is the leading cause of death for women in Nebraska. In terms of preventative care, racial and ethnic women face greater barriers and challenges in access to health care and use of recommended health services.

Cancer incidence varies considerably across racial and ethnic groups. For example, African American men have higher rates of prostate cancer than men in other racial and ethnic groups. Hispanic women have higher rates of breast cancer than women in other groups. The Nebraska Comprehensive Cancer Control State Plan 2011-2016 provides detailed information about the Cancer Incidence Rates for primary sites by race and ethnicity.

INFLUENTIAL FACTORS

The Nebraska Comprehensive Cancer Control Plan 2011-2016 notes the following influential risk factors for cancer prevention, detection, and reduction of cancer deaths include:

Tobacco Use

Healthy People 2020 notes that the risk of developing lung cancer is approximately 23 times higher among men who smoke and 13 times higher among women who smoke compared with people who have never smoked. Smoking causes an estimated 90% of all lung cancer deaths in men and 80% of all lung cancer deaths in women.

People who smoke die approximately 13 to 14 years earlier than people who do not smoke.

There is ample evidence that secondhand smoke, smokeless tobacco, pipe tobacco, cigars, and cigarettes cause cancer. Exposure to secondhand smoke also causes other health problems such as respiratory illness and asthma attacks. Oral cancer occurs several times more frequently among smokeless tobacco users than non-users.

Healthy Eating and Active Living

Diet, obesity, and physical activity are also important modifiable determinants of cancer risk. The American diet is estimated to account for about one-third of all U.S. cancer deaths. The greatest concern with the American diet today is the consumption of too much saturated fat and too few vegetables, fruits, and whole grains (See the Panhandle Healthy Living CHIP Plan for further information).

Early Detection Screenings

Cancer Screening

Screening tests are currently available for detecting breast, cervical, colon and

rectal cancers. The research arena is working hard to improve these screening modalities and to develop new ones, especially for lung and bronchus cancers.

In recent years, new guidelines have been issued regarding the recommended frequency and age of onset for various screenings. One of the most important components of the Panhandle Cancer Prevention CHIP is to work in partnership with medical providers to inform and educate the public on the recommend screenings.

Breast Cancer
National Breast and Cervical Cancer Early Detection Program (NBCCEDP and in Nebraska Every Woman Matters) and the decreasing use of post-menopausal hormone replacement therapy have attributed to a decline breast cancer. One important risk factor for breast cancer is age, with fewer than 20% of all malignancies occurring among women under age 50. Early detection of breast cancer has resulted in over half (51%) of female breast cancers being diagnosed at local stage.

Cervical Cancer
Throughout the United States, cervical cancer incidence and mortality have fallen drastically during the past several decades, as a result of the introduction and widespread adoption of the Pap test as a means to screen for the disease. The Pap test is a simple procedure that can detect cervical cancer and pre-cancerous lesions, and can be done as part of a pelvic exam.

Prostate Cancer
Prostate cancer screening remains controversial. The U.S. Preventive Services Task Force recently concluded again that there is insufficient evidence to promote routine screening for all men and inconclusive evidence that screening improves health outcomes. Two screening tests are commonly used: prostate-specific antigen (PSA) test and digital rectal exam (DRE).

Exposure to Ultra Violet Light
Working and playing outdoors without wearing proper protective clothing and sunscreen can result in skin cancer. Use of tanning beds and sun lamps also results in ultraviolet light exposure.

DETERMINANTS The Healthy People 2020 Cancer section notes that "complex and interrelated factors contribute to the risk of developing cancer. These same factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. "

Further the CDC indicates that the most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). SES is most often based on a person's:

- Income
- Education level
- Occupation
- Social status in the community

- Geographic location

Studies have shown that a person's SES, more than racial and ethnic background, predicts the likelihood of an individual's or groups' access to:

- Education
- Health insurance
- Safe and healthy living and working conditions, including places free from exposure to environmental toxins

All of these factors are associated with the risk of developing and surviving cancer.

SES also appears to play a major role in:

- Prevalence of risk factors for behaviors for cancer (like tobacco use, physical inactivity, obesity and excessive alcohol use)
- Rates of cancer screenings, with those with lower SES having fewer screenings

Determinants for Tobacco Use

According to Healthy People 2020 there is broad range of social, environmental, psychological, and genetic factors associated with tobacco use. These include, gender, race and ethnicity, income level, educational attainments, and geographic locations.

Motivation to begin and continue smoking is influenced by the social environment, although genetic factors are also known to play a role.

Smoke-free protections, tobacco prices and taxes, and the implementation of effective tobacco prevention programs all influence tobacco use.

Among adolescents the use of tobacco is influenced by:

- Use of tobacco and approval of tobacco use by peers and siblings
- Accessibility of tobacco products
- Exposure to tobacco use campaigns
- Low image or self-esteem

PRIORITY AREA: Cancer Prevention: Primary Prevention

GOALS:

- **Reduce the impact of tobacco use and exposure on cancer incidence and mortality.**
- **Reduce exposure to ultra violet light.**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Support comprehensive tobacco free and other evidence-based tobacco control policies.	Support and assess tobacco-free school campuses.	Prevention Coalition, schools and Tobacco Free Panhandle
	Support and assess tobacco-free homes and vehicles.	WIC staff, Public Health Healthcare
	Promote and assess smoke-free multi-family dwellings.	Tobacco Free Panhandle Landlords
	Designate smoke free outdoor area policies at county fairs and public events	County fair boards, recreational facilities, events hosts, municipalities, Tobacco Free Panhandle
	Smoke-free campuses and doorways at businesses.	Panhandle Worksite Wellness Council, Tobacco Free Panhandle
#2 Reduce underage access to tobacco.	Tobacco sales compliance checks.	State patrol, local law enforcement, Tobacco Free Panhandle
#3 Use media to educate and encourage people to live tobacco-free.	Assure culturally relevant educational materials.	Native American Community, Tobacco Free Panhandle
#4 Reduce exposure to ultraviolet light.	Promote proper use of sunscreen and protective clothing and reduction of the use of tanning beds.	Pools, sports/events, county fairs, event hosts, physicians
	Assess pool safety for sun protection (natural and shade structures).	Municipalities, pools and Public Health

	Adopt pool policies for sun safe behaviors for lifeguards.	Municipalities, pools, and Public Health
	Education and policy approaches in outdoor recreation and work settings	Sports facilities, schools, state parks, community events, worksites
#5 Clinician counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women (USPSTF).	Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	Clinicians and patients
	Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.	Clinicians and patients

EVALUATION OF CANCER PREVENTION: PRIMARY PREVENTION STRATEGIES

STRATEGIES	TARGET: By July 2017…	DATA SOURCE	BASELINE
#1 Support comprehensive tobacco-free and other evidence-Based tobacco control policies.	Increase the number of schools with tobacco-free campus policies.	TRAIN Tobacco Reporting and Information Networks	Panhandle 2011: 80%
	Increase the number of county fair boards with policies designating a portion of outdoor areas smoke-free.	TRAIN	Panhandle 2012: 3
	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.	TRAIN	Panhandle 2011: 7
	Increase number of Panhandle Worksite Wellness worksites with policies on smoke-free campuses.	NE Worksite Wellness Survey	NE 2011: 25% Panhandle: 47%
	Increase the number of Panhandle worksites with policies on smoke-free entryways (15 feet from door).	NE Worksite Wellness Survey	NE 2011: 57% Panhandle 2011: 58%
	Increase the number of policies to ensure smoke-free multi-unit housing complexes.	TRAIN	Panhandle 2012: 43%
#2 Reduce underage tobacco use.	Increase the number of policies to ensure smoke-free multi-unit housing complexes.	TRAIN	Panhandle 2012: 43%
	Reduce the percentage of youth who report ever having tried tobacco.	YRBS	NE 2011: 39%
	Reduce the % of youth who smoked cigarettes in the past 30 days.	YRBS	NE 2011: 15%
	Reduce the % of youth who have used smokeless tobacco in the past 30 days.	YRBS	NE 2011: 6%
#3 Use media to educate and encourage people to live tobacco-free.	Increase proportion of homes with a smoke free pledge.	TRAIN	Panhandle 2012: 1027 pledges
	Increase proportion of families who report their personal vehicle is smoke-free.	TRAIN	Panhandle 2012: 1027 pledges

	Increase culturally competent messaging for media presentations.	TRAIN	Panhandle: TBD
	Increase regional smoke-free billboard presence in three counties.	TRAIN	Panhandle: TBD
#4 Reduce exposure to ultraviolet light.	Increase the number of pools with sun safety policies for lifeguards.	Public Health	Panhandle: 0
	Assess and promote use of natural and shaded structures for pool sun protection.	Public Health	Panhandle: 16 of 16
	Reduce the % of youth who report having used an indoor tanning device in the past 12 months.	NE Youth Risk Behavior Survey	NE 2011: 19%
	Mass media campaigns to increase awareness of artificial light (tanning booths/sunlamps).	TBD	TBD
	Free sunscreen to increase use.	Public Health	SBCHD: 2 of 5 pools PPHD: 18 of 18 pools
	Worksite policies to protect employees from sun exposure.	TBD	TBD
	Education and policy approaches in outdoor recreation and work settings.	TBD	TBD
#5 Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women (USPSTF)	Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	Meaningful Use of Electronic Medical Records	TBD
	Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.	Meaningful Use for Electronic Medical Records	TBD

EVALUATION OF PRIMARY PREVENTION GOALS

The goals for Primary Prevention align with Nebraska Comprehensive Cancer Control Plan 2011-2016.

GOALS	TARGET: By July 2017	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Reduce the impact of tobacco use and exposure on cancer incidence and mortality.	Decrease the % of youth (grades 9-12) who have used tobacco products in the last 30 days.	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 22.3%	TU-2 Reduce tobacco use by adolescents. TU2.2 Cigarette use in past 30 days.
	Decrease the % of adults who smoke cigarettes.	Nebraska Behavioral Risk Factor Surveillance System (BRFFS)	NE 2010: 16.7% SBCHD: 15.4% PPHD: 6.9%	TU-1 Reduce tobacco use by adults.
	Decrease the % of adult males who use smokeless tobacco.	BRFSS	NE 2008: 9.1% SBCHD: 17.4% PPHD: 23.7%	TU-1 Reduce tobacco use by adults.
	Increase the proportion of adult Nebraskans that are protected from secondhand smoke.	NE Adult Climate Survey/Social Climate Survey	NE 2009: 85%	TU 11 Reduce the proportion of nonsmokers exposed to second hand smoke. TU 11.1 Children age 3-11 (LHI).
	Increase the proportion of adults that are protected from second hand smoke in cars.	NE Adult Climate Survey/Social	NE 2009: 80.2%	TU 11 Reduce the proportion of nonsmokers exposed to second hand

		Climate Survey		smoke. TU 11.1 Children age 3-11 (LHI)
	Increase the % of teens who participate in behaviors that reduce exposure to artificial ultraviolet light.	NE Youth Risk Behavior Survey	US: 13% NE 2011: 19%	CU 20 Increase the proportion of persons who participate in behaviors that reduce their exposure to ultra violet light. C 20.5 Youth in grades 9-12. C 20.6 Adults over 18.

PRIORITY AREA: Cancer Prevention: Early Detection

GOALS:

- **Increase cancer screening rates**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Client Reminders.	Letters, postcards, phone calls to alert clients that it is time for their screening.	Clinics, providers, Title X, Every Woman Matters, Public Health
#2 One on One Education.	In person or telephone contact to encourage individuals to be screened for cancer.	Clinics, Worksite Wellness, Title X, Every Woman Matters, health fairs, Public Health
#3 Provider Recall Systems.	EHR reminds providers it is time for a screening test (reminder) or that the client is overdue for a screening (recall).	Rural Nebraska Healthcare Network, Title X, health care providers.
#4 Use of Small Media.	Use videos, letters, brochures, and newsletters tailored to specific persons or general audiences to inform and motivate people to be screened for cancer.	Senior centers, clinics, Every Woman Matters, Public Health, providers, Panhandle Worksite Wellness Council, Cancer Coalition
	Information campaigns informing clients about most recent guidelines for screenings.	Public Health, Rural Nebraska Healthcare Network, Every Woman Matters, Panhandle Worksite Wellness Council
# 5 Reduce Out of Pocket Expenses.	Distribute Fecal Occult Blood Test (FOBT) kits and coupons.	Panhandle Public Health, pharmacies, Every Woman Matters, Panhandle Worksite

		Wellness Council, Cancer Coalition
	Reduce cost of screenings for women.	Title X, Every Woman Matters

EVALUATION OF CANCER PREVENTION: EARLY DETECTION STRATEGIES

STRATEGIES	TARGET: By July 2017…	DATA SOURCE	BASELINE
Client Reminders	Increase number of clinics/providers sending reminders, postcards, letters or phone calls for screenings.	TBD	TBD
	Increase breast cancer screening rates for rural women.	BRFSS	NE Combined 2007-08, 2010: 72.8% Panhandle Combined 2007-08, 2010: 65.1%
One on One Education	Increase the number of clinics, worksite wellness, health fairs, public health events that provide one to one education on health screenings.	TBD	TBD
Provider Recall Systems	Increase number of health care providers using reminders and recalls.	Meaningful Use for Electronic Medical Records	TBD
Small Media	Increase in small media events tailored to specific persons or general audiences to inform and motivate people to be screened for cancer.	TBD	TBD
	Information campaign in each county regarding the current guidelines for screenings.	TBD	TBD
Reduce Out of Pocket Expenses	Increase # of persons accessing FOBT kits and coupons.	Public Health	2011:
	Increase screening rates for women with incomes below $35,000 per year.	Every Woman Matters	NE: 59% Panhandle:

EVALUATION OF EARLY DETECTION GOAL

The goals for Early Detection Goal aligns with Nebraska Comprehensive Cancer Control Plan 2011- 2016.

GOAL	TARGET: By July 2017…	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase screening rates.	Increase breast cancer screening rates for women.	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE Combined 2007-08, 2010: 72.8% Panhandle Combined 2007-08, 2010: 65.1%	Increase the proportion of women who receive a breast cancer screening based on most recent guidelines (C-17).
	Increase % of women who received a pap smear in the last three years.	BRFSS	NE Combined 2007-08, 2010: 75.4% Panhandle Combined 2007-08, 2010: 71.3%	Increase the proportion of women who receive cervical cancer screening based on most recent guidelines. (C-15).
	Increase the % of adults who receive appropriate colon cancer screenings.	BRFFS	NE Combined 2007-10: 59.3% Panhandle Combined 2007-10: 49.8%	C-16 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines (C-16) LHI.
	Developmental: Increase the proportion of men who have discussed with their health care provider whether to have a prostate-	TBD	TBD	Developmental: Increase the proportion of men who have discussed with their health

	specific antigen (PSA) test to screen for prostate cancer.			care provider whether to have a prostate-specific antigen (PSA) test to screen for prostate cancer (C-19).

EVALUATION OF CANCER PREVENTION HP 2020 LEADING HEALTH INDICATORS

HP 2020 LEADING HEALTH INDICATOR	DATA SOURCE	BASELINE
C-16 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines. HP 2020 Target: 70% Target Setting Method: Modeling/Projection	Nebraska Behavioral Risk Factor Surveillance Systems	NE Combined 2007-10: 59.3% Panhandle Combined 2007-10: 49.8%
TU 1.1 Reduce the percentage of adults who are current smokers. HP 2020: 12% Target Setting Method: Retain HP 2010 target of 12%	Nebraska Behavioral Risk Factor Surveillance System	NE Combined 2007-10: 18.1% Panhandle Combined 2007-10: 19.7%
TU 2.2 Reduce the percentage of adolescents who smoked cigarettes in last 30 days. HP 2020: 16% Target Setting Method: Retain HP 2010 target of 16%	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2011: 15%
TU 11.2 Reduce the percentage of children 3-11 exposed to second hand smoke. HP 2020: 42% Target Setting Method: 10% improvement	TBD	TBD

Local Public Health System (LPHS) Strategic Directions

Preface

After the assessment of the Local Public Health System (LPHS) a workgroup was formed to select a priority strategy for the LPHS. Each member was asked to review the ratings for the Essential Services and make a recommendation as to which service should be the priority. The large group was then to review all recommendations, discussed themes and rationale, and reach a consensus decision. During the process of individual review, the six team members recommended the following Essential Services.

- Four persons recommended prioritizing Essential Service #4 *Mobilize community partnerships to identify and solve health problems.*
    - ✓ We are known nationally yet we rate ourselves low. Perhaps because members are so informed of what partnership requires and also know what more can happen.
    - ✓ The areas rated lowest (Moderate) included capacity details: such as maintaining up to date constituency lists and identifying new constituents. Engaging the community through a variety of means also was rated Moderate.
    - ✓ Once person noted the need for more collaborative work around Continuous Quality Improvement (CQI).
- One person also suggested Essential Services #8 *Assure a competent public health workforce.*
    - ✓ In so doing the person noted the reference and need to enhance public health and primary care workforce relationships.
- Another person recommended Essential Service # 9 *Evaluate effectiveness, accessibility, and quality of personal and populations based health services.*
    - ✓ In so doing the person noted concerns that not all people had the same access to quality services, and that limitations of Medicaid and Medicare affected effectiveness of service.
- The last person recommended Essential Service #3 *Inform, educate and empower individuals and communities about health issues.*
    - ✓ The partner discussed the challenges in informing, educating and empowering diverse populations.
    - ✓ The partner also raised the issue of health literacy for all populations.

As the team members discussed the attributes of each point raised it appeared that the solution would be to focus on partnerships (Essential Service #4) as a way of reaching all of these areas. Prior to writing this section, however, the initial Vision Process, Forces of

Change, and Community Themes and Strengths were also reviewed. At that time it was noted that key areas of this work further supported the discussions on the LPHS priorities. As a result the group rearranged priorities to model after the National Prevention Strategy Strategic Directions in keeping with the assessed needs and direction. The result is an enriched and robust plan to address some of the most pressing factors in the public health of the Panhandle. These strategies bridge across all of the Priority Areas and are the foundation of change.

Strategic Directions

The National Prevention Strategy identifies four Strategic Directions to provide a strong foundation to all of the nation's prevention efforts. The four Strategic Directions are intended to provide the foundation through which communities create a prevention framework. The National Prevention Strategy defines these four areas as:

Healthy and Safe Community Environments

"Health and wellness are influenced by the places in which people live, learn, work, and play. Communities, including homes, public spaces and worksites can be transformed to support well-being and make healthy choices easy and affordable."

Clinical and Community Preventive Services

"Evidence-based prevention services are effective in reducing death and disability, and are cost effective or even cost saving. Preventive services consist of screening tests, counseling, immunizations or medication to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health."

Empowered People

"People are empowered when they have the knowledge, ability, resources, and motivation to identify and make healthy choices."

Health literacy, the degree to which individuals have the capacity to obtain, process and understand basic health information and services, is a key component of empowering people. The National Action Plan to Improve Health Literacy 2010 notes, "Limited health literacy is also associated with worse health outcomes and higher costs." Health literacy affects all ages, races, and economic groups within the community but disproportionately affects lower socio-economic and ethnic/racial groups.

Elimination of Health Disparities

"Health disparities are the difference in health outcomes across subgroups of the population. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis on their racial or ethnic group,

religion, socio-economic status, gender, age, mental health, cognitive, sensory or physical disability, sexual orientation or gender identity, geographic location, or other characteristic historically linked with discrimination or exclusion."

Healthy People 2020 identified Social Determinants (the range of personal, social, economic, and environmental factors which contribute to individual and population health) as one of the Leading Health Indicators. In doing so CDC notes, "The selection of Social Determinants as a Leading Health Topic recognizes the critical role of home, school, workplace, neighborhood, and community in improving health." Social determinants are often a strong predictor of health disparities.

Interestingly, during various assessments over the past five years Panhandle residents identified these same components as key areas to address in the development of the Community Health Improvement Plan.

National Prevention Strategy Strategic Directions	Panhandle Assessments and Plans 2008-2012
Healthy and Safe Communities *Create, sustain, and recognize communities that promote health and wellness through prevention.*	• Panhandle Substance Use Prevention (SPF SIG) 2008 • Safe Communities 2009 • Panhandle Child Well-Being Assessment and Plan 2010 • Panhandle Regional Comprehensive Juvenile Services and Violence Prevention Plan 2011 • Panhandle MAPP Community Health Assessment 2011-2012 • Annual Panhandle System of Care for Housing and Homelessness Assessment and Plan • Panhandle Regional Early Childhood Learning Training Plan 2012
Clinical and Community Preventive Services *Ensure that prevention-focused health care and community prevention are available, integrated, and mutually reinforcing.*	• Panhandle MAPP Community Health Assessment 2011-2012 • Panhandle Service Array Assessment of Prevention Services 2011 • Panhandle CHIP Mental and Emotional Well-Being Workgroup 2012
Empowered People *Support people in making healthy choices.*	• Panhandle Substance Use Prevention (SPF SIG) 2008 • Panhandle Child Well-Being Community Context and Prevention Systems and Assessment and Plans 2010 • Panhandle Support Services for Rural Homeless Youth (SSRHY) 2010

Elimination of Health Disparities *Reduce disparities based on race, ethnicity, religion, socio economic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identify, geographic location, or other characteristics***.**	• Panhandle Substance Use Prevention (SPF SIG) 2008 • Panhandle Child Well-Being Assessment and Plan 2010 • Panhandle Regional Comprehensive Juvenile Services and Violence Prevention Plan 2011 • Panhandle MAPP Community Health Assessment 2011-2012 • Annual Panhandle System of Care for Housing and Homelessness Assessment and Plan

Social Determinants and Health Disparities information are provided wherever possible in the descriptions of the Priority Areas of the Community Health Improvement Plan. Consideration not only of health disparities and social determinants, but all four Strategic Directions should be undertaken in selection of evidence-based programs, practices and policies in the implementation of the CHIP.

In addition to the regular review and incorporation of the four Strategic Directions in all Priority Area work plans and actions, the *Local Public Health System Development Plan* addresses specific actions to be undertaken on a regional basis during the next five years in these areas. These actions were prioritized through the Vision, the Forces of Change, and the Local Public Health System assessment components of the MAPP process. They are addressed through the LPHS Development Plan as they have overarching impact on not only this Community Health Improvement Plan but on system infrastructure and capacity for multiple long-term health outcomes.

The *Local Public Health System Strategic Directions Plan* is structured somewhat differently than the Priority Area plans. First, the discussion area has been omitted as the topics included in this plan have either been extensively assessed and recorded in other regional plans linked to this plan, or are included in the Priority Area sections.

Second, the evaluation of this plan will occur either through the evaluations of collaborative work being conducted in sectors of the region or as specifically designed in the implementation of this plan. In either case the evaluation is not linked to a series of Healthy People 2020 objectives as this work is seen to enhance progress toward Healthy People 2020 Outcomes listed in the Priority Sections.

One HP 2020 Leading Health Indicator (LHI) is selected however under the Elimination of Health Disparities section. The HP 2020 Social Determinants of Health LHI is:

- *Increase the proportion of students who graduate with a regular diploma 4 years after starting the 9th grade (AH 5.1).*

Additional emphasis will be placed on subsets of the population including adolescents from racial and ethnic minorities not only graduating within four years of starting ninth grade but in the ratio of those beginning Kindergarten and those reaching the 9th grade and graduating.

It is important to note that the leadership to be undertaken through the Local Public Health System Strategic Direction Plan is in large part collaborative work that is vested in various committees and structures which have already been created. Additional infrastructure development will be created as needed.

Local Public Health System Goal and Strategic Directions Summary

Local Public Health System Goal:

- Sustainable regional infrastructure for collective impact to increase the number of Panhandle residents who are healthy at every stage of life.

The four Strategic Directions will be addressed as follows:

Healthy and Safe Community Environments

- Design and promote affordable, accessible, safe and healthy housing for all residents
- Enhance cross-sector collaboration in community planning and design to promote health and safety
- Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange
- Identify and implement strategies that are proven to work and conduct research where evidence is lacking
- Maintain a skilled, cross-trained and diverse prevention workforce

Clinical and Community Prevention Services

- Expand use of interoperable health information technology
- Enhance coordination and integration of clinical, behavioral and complementary health strategies

Empowered People

- Implement National Action Plan to Improve Health Literacy 2010 to enhance people's tools and information to make healthy choices
- Engage and empower people and communities to implement prevention policies and programs
- Improve education and employment opportunities

Elimination of Health Disparities

- Ensure a strategic focus on populations at greatest risk
- Increase the capacity of the prevention workforce to identify and address disparities
- Support research to identify effective strategies to eliminate health disparities

Local Public Health System Strategic Directions

GOAL*:* Sustainable regional infrastructure for collective impact to increase the number of Panhandle residents who are healthy at every stage of life.

STRATEGIC DIRECTION: *Healthy and Safe Community Environments*

Evidence-Based Practice	Activities	Lead and Partners	Evaluation
Design and promote affordable, accessible, safe and healthy housing for all residents.	Maintain a variety of accessible, quality housing, free of hazards, such as second hand smoke, pests, carbon monoxide, allergens, lead, toxic chemicals.	Landlords, municipalities, Public Health, Continuum of Care(CofC) for Housing and Homelessness	Service Array Assessment Cof C Annual Exhibit I
	Assess and complete annual plan to increase access to quality low-income housing for all individuals across the region.	Continuum of Care for Housing and Homelessness	Annual Exhibit I and Plans
	Promote universal design standards to allow all people including those with disabilities and older adults to, live safely in homes.	Contractors, public housing, landlords, municipalities	Policies and ordinances on universal design standards
Enhance cross sector collaboration in community planning and design to promote health and safety.	Maintain PPHHS existing regional collaborative infrastructure as a backbone organization for assessment and planning	Panhandle Partnership for Health and Human Services	PPHHS Membership Strategic Plan, Annual Collaborative Capacity Evaluation
	Develop a formula and report to integrate diverse measures (e.g. health, transportation, economic, housing, public safety, education, land use, air quality) to provide a more comprehensive assessment of community well-being.	Local Public Health System and state partners	Formula developed reports for larger Panhandle communities
	Pilot process to coordinate sectors and governmental	TBD	Process and plan piloted

	jurisdictions to prioritize needs and optimize investments for livable, affordable, and healthy communities.		
Expand and increase access to information technology and integrated data systems to promote cross sector information exchange.	Develop and/or participate in state and federal efforts to use information technology and integrated data systems for regional projects and Collaborative Systems of Care.	System of Care for Children 0-8, System of Care for Housing and Homelessness, System of Care for Older Youth, Comprehensive Juvenile Services Systems, Child Well-Being	Systems reports
	Encourage state and federal partners to use linked data systems and metrics from a wide range of partners (e.g. health care, public health, emergency response, environmental, justice, transportation, labor, worker safety, education and housing) to facilitate planning and decisions and system service improvement.	PPHHS Board of Directors and Partners Panhandle Public Health Board of Directors and Partners Rural Nebraska Healthcare Network Board of Directors	TBD
Identify and implement strategies that are proven to work and conduct research where evidence is lacking.	Assure use of evidence-based and evidence-informed practices for all regional projects and the expenditure of collaborative that funds is based on needs, cost effectiveness, proven outcomes and "best fit".	Prevention Coalition, Child Well-Being, Comprehensive Juvenile Services Team, Public Health, SOC 0-8, SOC Older Youth, Prevention System for Youth	Existence of EB and EI programs, policies and practices and evaluations of same
	Participate in cross sector collaborative research, especially for promising practices and innovations for remote rural communities/programs.	Prevention Coalition, Child Well-Being, Comprehensive Juvenile Services Team, Public Health, SOC 0-8, SOC Older You, Prevention System for Youth	Publication of research findings

STRATEGIC DIRECTION: ***Clinical and Community Prevention Services***

Evidence-Based Practice	Activities	Lead and Partners	Evaluation
Expand use of interoperable health information technology.	Sustain fiber optic capacity and enhance use of health information technology including areas such as E-Prescribing, Tele-Medicine, and Electronic Medical Records access for all providers and patients.	RNHN, Region I Mental Health, CAPWN Health Clinic, providers, Clinics, trauma system	RNHN Fiber Optic Capacity and Utilization, RNHN Assessment of Annual Information Technology Availability
Enhance coordination and integration of clinical, behavioral and complementary health strategies.	Enhance integrated health care which promotes a coordinated system of health care where professionals are educated about each other's work and collaborate with one another and their patients to achieve optimal patient wellness through implementing effective care coordination models (e.g. medical homes, community health teams, and collaborative care for the management of depressive disorders).	Hospital and health care providers, behavioral health clinicians, community health workers, complementary and alternative medicine providers	Policy changes to encourage integrated medicine, integrated medicine model implemented
	Incorporate evidence-based complementary and alternative medicine focused on individualizing treatments, treating the whole person, promoting self-care and self-healing and recognizing the spiritual nature of each individual according to personal preference	Prevention Coalition, SOC 0-8, SOC Older Youth, Minority Groups, Behavioral Health, hospital and health care providers, Public Health	Methodology to be determined, increased acceptance and knowledge of evidence-based complementary and alternative medicine

STRATEGIC DIRECTION: ***Empowered People***

Evidence-Based Practice	Activities	Lead and Partners	Evaluation
Implement components of the National Action Plan to Improve Health Literacy 2010 to enhance people's tools and information to make healthy choices.	Develop and disseminate health and safety information that is accurate, accessible, and actionable.	Health providers and public health	
	Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level.	Child care providers, public and private schools, colleges	Incorporated curriculum
	Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community.	WNCC, UNL Extension, Guadalupe Center, CNAC, health clinics, Public Health, SSRHY	As per programs
	Build partnerships, develop guidance, and change policies.	PPHHS	As per annual plan
	Participate in research of practices and interventions to improve health literacy.	National and state partners PPHHS, RNHN, Public Health	TBD
	Use proven methods of confirming patient understanding such as the "teach back method".	Health educators, clinicians, educators	Health outcomes
Engage and empower people and communities to implement prevention policies and programs.	Sustain community change through training and support for implementing prevention policies, practices, and programs.	PPHHS, Public Health, Prevention Coalition, PPHHS Training Academy	# of prevention policies implemented
	Enhance community and regional coalitions, SOC's and collaborative teams.	PPHHS, Public Health, Region I Behavioral Health	Plans and reports from coalitions, SOC's and collaborative teams
Improve education and employment opportunities.	Maintain an upwardly mobile workforce with local talent, by	WNCC, RNHN, Public Health, PPHHS Training Academy	Annual systems training plans and implementation evaluations

	providing credible, meaningful, consistent and affordable education/training that results in an extraordinary service system.		
	Increase employment with living wages including health benefits.	Economic development, employers, chambers of commerce	Census data Service Array Assessment
	Evidence-based programs and practices to encourage school success and reduce high school dropout rates.	Schools, Healthy Communities Healthy Youth, families, NCFF, Comprehensive Juvenile Services, UNL Extension, Safe Communities, Youth Prevention System	Child Well-Being Evaluation Comprehensive Juvenile Services Evaluation *HP2020 Leading Health Indicator: Increase the proportion of students who graduate with a regular diploma 4 years after starting the 9th grade. (AH 5.1)*
	Youth Leadership Institute for Youth who may not have success in systems to increase school completion rates, engage in employment skill development, and access living wage employment.	Youth, WNCC, CAPWN, UNL Extension, CNAC, communities	SSRHY Evaluation Youth Evaluations of Training and Service Learning

STRATEGIC DIRECTION: ***Elimination of Health Disparities***

Evidence-Based Practice	Activities	Lead and Partners	Evaluation
Ensure a strategic focus on populations at greatest risk.	Ongoing community education and actions about health disparities and impact on the region as a whole.	Public Health	Community training, evaluations, community dialogues, focus groups with high risk populations
	Identify populations at greatest risk and assure leadership from community members centered in the population, and assure a culturally competent process in assessing, planning, implementing, and evaluating services.	PPHHS, Public Health, and risk population partners	Health outcomes
	Ensure clinical, community, and workplace prevention efforts and consider language, culture, age, gender, preferred and accessible communication channels and health literacy skills to increase people's use of information and adoption of healthy behaviors.	Public Health, PPHHS, organizations	Health outcomes
Increase the capacity of the prevention workforce to identify and address disparities.	Educate the local public health system about the community and population conditions that contribute to disparities. Wherever possible have the risk population involved as instructors and co-participants.	WNCC, Public Health, RNHN, PPHHS Training Academy, SOC Training Plans	TBD
	Assure the prevention workforce is significantly diverse and represents the underlying community characteristics (race, ethnicity, culture, language, disability) preferable as the	Diverse community partners, providers, organizations, public health, PPHHS, Training Academy	Policies regarding the employment of diverse prevention work-forces, number of people from diverse backgrounds working in prevention system

	primary provider or team member		
	Organizational policies and practices that persons from diverse background working in the prevention system are accepted within the specific community to assure best fit	All organizations	Organizations with policies and practices in place
	Organizational policies designed to enhance recruitment and retention of persons of diverse backgrounds.	All prevention organizations	Organizations with policies and practices in place
Participate in research to identify effective strategies to eliminate health disparities.	Develop or participate in research opportunities which promote and enhance the body of knowledge about methods for addressing health disparities in order to improve the quality of life and bridge the gap between knowledge and practice.	PPHHS, Public Health, partners	Published studies