

Annual Community Health Improvement Plan Report

Nebraska Panhandle

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

2016

live, learn, work, and play.



For a Healthier Panhandle

AUGUST 2017

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Introduction

Purpose

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

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

This annual report reflects the activities and collaborative efforts of the Panhandle Public Health District (PPHD), Scotts Bluff County Health Department (SBCHD), the Panhandle Partnership (formerly known as the Panhandle Partnership for Health and Human Services), and the Rural Nebraska Healthcare Network (RNHN) in 2015. This document serves as a progress review on the strategies that were developed in the 2012-2017 CHIP and activities that have been implemented since then. It also captures the revisions made to the CHIP based on the evaluation of the goals, objectives, strategies, current and planned activities, performance measures, and available resources.

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

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

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

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Definitions

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

BMI: Body Mass Index

BRFSS: Behavioral Risk Factor Surveillance System

CAPWN: Community Action Partnership of Western Nebraska

COS: Circle of Security

DHHS: Department of Health and Human Services

ESU: Educational Service Unit

EWM: Every Woman Matters

FOBT: Fecal Occult Blood Test

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

NDPP: National Diabetes Prevention Program

NRPFSS: Nebraska Risk and Protective Factor Student Survey

NWCAP: Northwest Community Action Partners

PPC: Panhandle Prevention Coalition

PPHD: Panhandle Public Health District

RNHN: Rural Nebraska Healthcare Network

SBCHD: Scotts Bluff County Health Department

SOC: Systems of Care

SSRHY: Support Systems for Rural Homeless Youth

USPSTE: United States Preventive Services Task Force

WCHR: Western Community Health Resources

WIC: Women, Infants, and Children

WNCC: Western Nebraska Community College

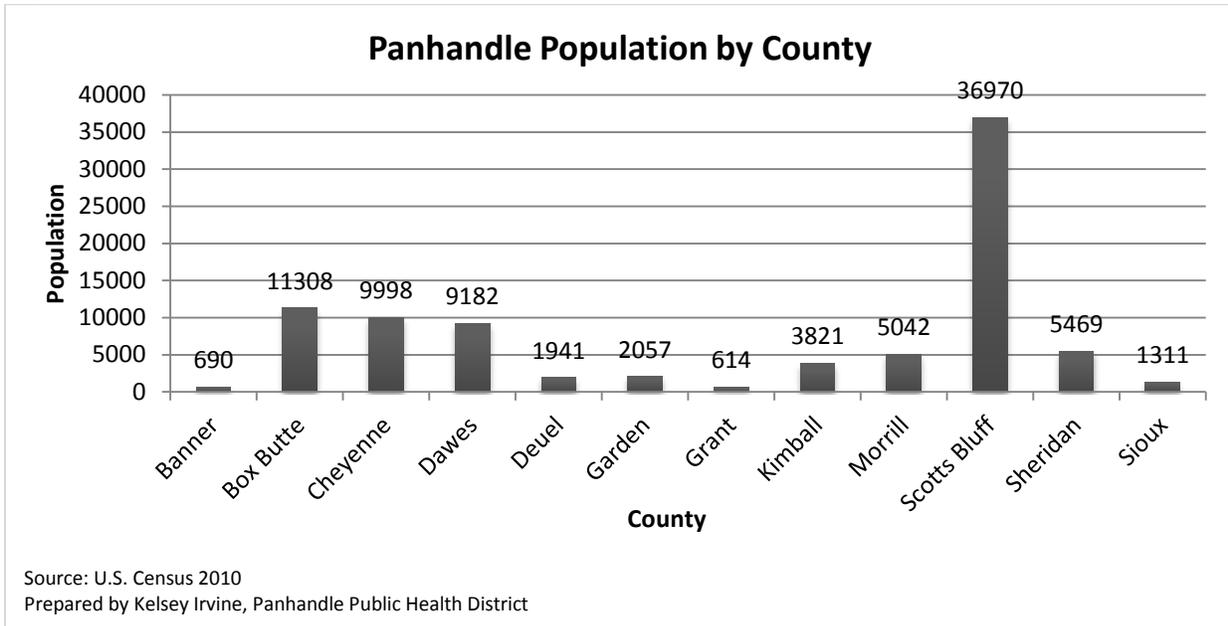
YRBS: Youth Risk Behavior Survey

YTS: Youth Tobacco Survey (YTS)

Nebraska Panhandle Snapshot

Population (2010 Census): 88,408

Figure 1. Panhandle population by county



Hospitals:^a

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

Total land area: 14,963 sq. miles

Update on Scotts Bluff County:

Scotts Bluff County, previously not a part of PPHD but geographically contiguous with Panhandle Public Health District, joined the District in December 2016. The County was previously served by Scotts Bluff County Health Department (SBCHD). SBCHD is now a department within the district health department. PPHD was approached by the commissioners and retiring health director for Scotts Bluff County Health Department with a request to join PPHD. The addition was completed with approval by PPHD's board of health, as well as approval from each of the county boards for the other 11 counties PPHD serves and the county board for Scotts Bluff. Approval was also received from the Nebraska Department of Health and Human Services. As a department within the district health department, SBCHD maintains its own board of health.

^a All eight hospitals in the Panhandle are members of the Rural Nebraska Healthcare Network.

Community Health Needs Assessment

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

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



The full report can be found at:

<http://www.pphd.org/ProgramData/CHIP/Community%20Health%20Assessment2011.pdf>

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

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

Community Health Priorities

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

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

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

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

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

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

Objectives and Data

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

Objectives

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

Data

Data for the Annual CHIP Report is generally gathered from state or national data collection registries. However, some data is not available at the regional or county level. Due to the low population of several

Panhandle counties, it is difficult for data to be collected. For indicators that are recognized as too important to remove, but for which no reliable data is available at this time, data were noted as “TBD”.

A Note about Youth Data

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

Goal Setting

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

Rural Nebraska Healthcare Network

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

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

In the spirit of continuing this collaborative approach, maximizing opportunities and resources and avoiding duplication, it was decided that the regional community health needs assessment and community health improvement planning process will be conducted every three years (instead of five

years) to match the CHNA cycle of tax-exempt hospitals. Therefore, the next CHNA/CHIP process will be conducted in 2017.

Considerations for Revisions

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

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

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

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

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

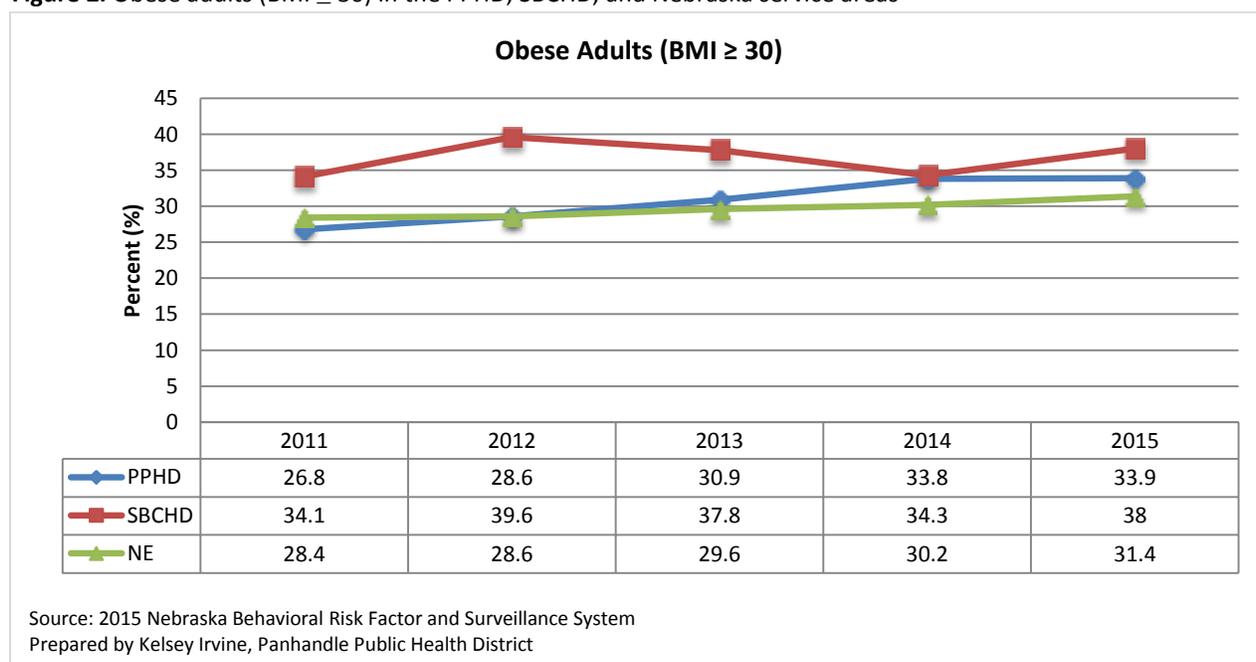
A Revision Summary is included at the end of each section that explains all revisions that have been made to that section since the original 2012-2017 CHIP.

Community Health Priority 1: Healthy Living

According to the 2011-2016 Nebraska Physical Activity and Nutrition State Plan,³ “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.” Despite state- and nation-wide efforts to decrease the rate of obesity in America, it continues to rise. The obesity rate in Nebraska has increased from 20.1% in 2000 to 31.4% in 2015, making it the state with the 14th highest adult obesity rate in the nation.⁴

Obesity is a risk factor for a myriad of chronic diseases and other serious health problems. Additionally, the burden of obesity is not only on an individual’s health and overall quality of life, but also on families and society as a whole.⁵ It has a significant impact on the economy – especially with regards to health care cost and productivity.⁶ An annual estimation of obesity-attributable expenditures found that the condition cost the state of Nebraska 1.2 billion dollars in 2009.⁷ As seen in Figure 2, the obesity rate of adults in the Panhandle was higher than that of the state average in 2015.

Figure 2. Obese adults (BMI ≥ 30) in the PPHD, SBCHD, and Nebraska service areas



Areas of focus for this health priority are healthy eating, physical activity, and breastfeeding. These areas are in alignment with the areas of focus of the 2011-2016 Nebraska Physical Activity and Nutrition State Plan.

The primary cause of obesity and overweight is an energy imbalance, with more calories being consumed than those being expended. This is due to an increased intake of unhealthy, energy dense

foods, and a decrease in physical activity due to more sedentary forms of work and transportation.⁸ Overweight and obesity can be reduced through limiting consumption of fat and sugar, increasing consumption of whole foods such as fruits, vegetables, legumes, whole grains, and nuts, and increasing physical activity.⁸ Additionally, recent research indicates that breastfeeding may protect against various health issues including obesity.⁹

Community Health Priority 1: Healthy Living

Healthy Eating

Goal Statement: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of a healthy body weight.

Strategies

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

Measures

Objectives for Healthy Eating

- O.1A.1** By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who consume fruits and vegetables less than 1 time per day by 10%.
- O.1A.2** By July 31, 2017, increase the proportion of Panhandle youth (students in grades 9-12) who consume 5 or more servings of fruits or vegetables per day by 10%.
- O.1A.3** By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who drank sugar-sweetened beverages (SSB) an average of one or more times per day during the past seven days by 10%.
- O.1A.4** By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Nebraska Panhandle who consume sugar-sweetened beverages (SSB) by 10%.
- O.1A.5** By July 31, 2017, decrease the proportion of adolescent (students in grades 9-12) and adult (18 years or older) residents of the Nebraska Panhandle who are considered overweight or obese by 10%.

Performance Measures for Healthy Eating

- P.1A.1** Increase number of community gardens and farmers markets.

- P.1A.2** Increase number of seniors participating in the Senior Farmers’ Market Nutrition Program (SFMNP).
- P.1A.3** Increase number of coupons distributed as part of SFMNP.
- P.1A.4** Increase number of Farmers Markets that accept Electronic Benefit Transfers.
- P.1A.5** Increase percentage of worksites with policies or guidelines on healthful food options served at staff meetings.
- P.1A.6** Increase percentage of worksites with policies encouraging healthy food at company sponsored events.
- P.1A.7** Increase percentage of worksites with policies that require healthy food options in the cafeteria.
- P.1A.8** Increase percentage of worksites that have posted signs to promote healthful food/beverage options or healthier food alternatives in vending machines.
- P.1A.9** Increase percentage of worksites that make kitchen equipment available for employee food storage and cooking.
- P.1A.10** Increase percentage of worksites that have offered employee health or wellness programs related to healthy eating or nutrition.
- P.1A.11** Increase number of elementary and secondary schools that ever used the School Health index or other self-assessment tool to assess school policies, activities, and programs in nutrition.
- P.1A.12** Increase number of Go NAP SACC trainers in the Panhandle.
- P.1A.13** Increase number of NAP SACC trainings held annually.
- P.1A.14** Increase number of National Diabetes Prevention Program (NDPP) classes currently ongoing in calendar year.
- P.1A.15** Increase number of NDPP participants.

Key Partners and Community Assets

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

Objective Measures

O.1A.1: By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who consume fruits and vegetables less than 1 time per day by 10%.

Indicator(s)	Site	Baseline 2011	2013*	2015	Target	Data Source
Adults consuming fruits less than 1 time/day in past 30 days	PPHD	42.3%	42.1%	41.2%	38.1%	NE BRFSS, 2011-2015
	SBCHD	39.8%	42.1%	37.7%	35.8%	NE BRFSS, 2011-2015
	NE	40.1%	39.7%	41.1%	-	NE BRFSS, 2011-2015
Adults consuming vegetables less than 1 time/day in past 30 days	PPHD	23.1%	24.4%	21.1%	20.8%	NE BRFSS, 2011-2015
	SBCHD	24.6%	23.4%	27.5%	22.1%	NE BRFSS, 2011-2015
	NE	26.2%	23.3%	24.7%	-	NE BRFSS, 2011-2015

*This indicator is surveyed on only odd years.

O.1A.2: By July 31, 2017, increase the proportion of Panhandle youth (students in grades 9-12) who consume 5 or more servings of fruits or vegetables per day by 10%.

Indicator(s)	Site	Baseline 2011	2013	2015	Target	Data Source
Youth who consumed fruits and vegetables 5 or more times/day during the past 7 days	NE	16.5%	16.5%	17.4%	-	NE YRBS, 2016
	Panhandle	TBD	-	-	TBD	TBD

*This indicator is surveyed on only odd years.

O.1A.3: By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who drank sugar-sweetened beverages (SSB) an average of one or more times per day during the past seven days by 10%.

Indicator(s)	Site	Baseline 2015*	Target	Data Source
Youth who drank any SSB 1 or more time/day in past 7 days	NE	53.6%	-	NE YRBS, 2016
	Panhandle	TBD	TBD	TBD

*Pre-2015 data is not available for this indicator.

O.1A.4: By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Nebraska Panhandle who consume sugar-sweetened beverages (SSB) by 10%.

Indicator(s)	Site	Baseline 2013 ^a	2014 ^b	2015 ^c	Target	Data Source
Adults who consumed SSB 1 or more time/day in past 30 days	PPHD	24.5%	-	-	22.0%	NE BRFSS, 2011-2015
	SBCHD	38.1%	-	-	34.3%	NE BRFSS, 2011-2015
	NE	28.5%	-	-	-	NE BRFSS, 2011-2015

^a This question was not included in the 2011 BRFSS questionnaire. Therefore, 2013 data represent the baseline.

^b This indicator is surveyed on only odd years.

^c This indicator was not included in the 2015 BRFSS questionnaire.

O.1A.5: By July 31, 2017, decrease the proportion of adolescent (students in grades 9-12) and adult (18 years or older) residents of the Nebraska Panhandle who are considered overweight or obese by 10%.

Indicator(s)	Site	Baseline 2011	2012	2013	2014	2015	Target	Data Source
Obese Adults (BMI ≥ 30)	PPHD	26.8%	28.6%	30.9%	33.8%	33.9%	24.1%	NE BRFSS, 2011-2015
	SBCHD	34.1%	39.6%	37.8%	34.3%	38.0%	30.7%	NE BRFSS, 2011-2015
	NE	28.4%	28.6%	29.6%	30.2	31.4%	-	NE BRFSS, 2011-2015
Overweight or Obese Adults (BMI ≥ 25)	PPHD	64.3%	68.0%	66.4%	66.2%	68.2%	57.9%	NE BRFSS, 2011-2015
	SBCHD	66.5%	72.9%	71.0%	68.5%	69.6%	59.9%	NE BRFSS, 2011-2015
	NE	64.9%	65.0%	65.5%	66.7	67.0%	-	NE BRFSS, 2011-2015
Obese Youth	NE	TBD	-	-	-	-	-	TBD
	Panhandle	TBD	-	-	-	-	TBD	TBD
Overweight or Obese Youth	NE	TBD	-	-	-	-	-	TBD
	Panhandle	TBD	-	-	-	-	TBD	TBD

Performance Measures

	Measure	Baseline	Current	Data Source
P.1A.1	Increase number of community gardens and farmers markets.	12 (2011)	11 (2016)	PPHD
P.1A.2	Increase number of seniors participating in the Senior Farmers' Market Nutrition Program (SFMNP).	234 (2014)	235 (2016)	Aging Office of Western Nebraska
P.1A.3	Increase number of coupons distributed as part of SFMNP.	No pre-2014 data available	3760 (2015)	Aging Office of Western Nebraska
P.1A.4	Increase number of Farmers Markets that accept Electronic Benefit Transfers.	No pre-2015 data available	1 (2016)	United States Department of Agriculture
P.1A.5	Increase percentage of worksites with policies or guidelines on healthful food options served at staff meetings.	31% (2011)	43% (2016)	Panhandle Worksite Wellness Survey
P.1A.6	Increase percentage of worksites with policies encouraging healthy food at company sponsored events.	31% (2011)	42% (2016)	Panhandle Worksite Wellness Survey
P.1A.7	Increase percentage of worksites with policies that require healthy food options in the cafeteria.	31% (2011)	40% (2016)	Panhandle Worksite Wellness Survey
P.1A.8	Increase percentage of worksites that have posted signs to promote healthful food/beverage options or healthier food alternatives in vending machines.	6% (2011)	13% (2016)	Panhandle Worksite Wellness Survey
P.1A.9	Increase percentage of worksites that make kitchen equipment available for employee food storage and cooking.	100% (2011)	96% (2016)	Panhandle Worksite Wellness Survey
P.1A.10	Increase percentage of worksites that have offered employee health or wellness programs related to healthy eating or nutrition.	93.8% (2011)	79% (2016)	Panhandle Worksite Wellness Survey
P.1A.11	Increase number of elementary and secondary schools that ever used the School Health index or other self-assessment tool to assess school policies, activities, and programs in nutrition.	1 (2013)*	8 (2016)	Coordinated School Health Institute, PPHD

Measure		Baseline	Current	Data Source
P.1A.12	Increase number of Go NAP SACC trainers in the Panhandle.	1 (2011)	2 (2016)	Panhandle Early Learning Connections
P.1A.13	Increase number of NAP SACC trainings held annually in the Panhandle.	0 (2011)	3 (2016)	Panhandle Early Learning Connections
P.1A.14	Increase number of National Diabetes Prevention Program (NDPP) classes currently ongoing in calendar year.	10 (2012) *	15 (2016)	National Diabetes Prevention Program, PPHD
P.1A.15	Increase number of NDPP participants.	89 (2012) *	111 (2016)	National Diabetes Prevention Program, PPHD

* Baseline data is not available prior to this year.

Summary of Revisions since Original 2012-2017 CHIP

Strategies

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

Objective Measures

- Objective 1A.1 was revised from “Increase percentage of Panhandle adults (18 years or older) consuming 5 or more servings of fruits and vegetables per day” to “By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who consume fruits and vegetables less than 1 time per day by 10%” to match available data.
- Objective 1A.4, “By July 31, 2017, decrease the proportion of adult (18 years and older) residents of the Nebraska Panhandle who consume sugar sweetened beverages (SSB) by 10%,” was added because it was recognized to be an important indicator for this community health priority. This indicator was not included in the 2011 BRFSS questionnaire; therefore 2013 data represent the baseline.
- Original objective “Decrease consumption of high energy foods” was removed from the CHIP due to lack of available data. In addition, it was recognized that objective 1A.1 and its associated indicator is a sufficient measure of the healthy eating goal.

Performance Measures

- Performance Measure 1A.11 was revised from “Increase number of elementary schools that ever used the School Health Index or other self-assessment tool to assess school policies,

activities, and programs in nutrition” to “Increase number of elementary and secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition.”

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

Community Health Priority 1: Healthy Living

Active Living

Goal Statement: Improve health, fitness, and quality of life through daily physical activity.

Strategies

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

Measures

Objectives for Active Living

- O.1B.1** By July 31, 2017, increase the proportion of adult (18 years or older) residents of the Panhandle who meet national guidelines for physical activity by 10%.
- O.1B.2** By July 31, 2017, increase the proportion of Panhandle youth (students in grades 9-12) who reported being physically active for a total of at least 60 minutes/day on 5 or more of the past 7 days by 10%.
- O.1B.3** By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who watch TV 3 or more hours per day by 10%.
- O.1B.4** By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report playing video or computer games (or using the computer for non-school work) for 3 or more hours per day by 10%.
- O.1B.5** By July 31, 2017, decrease the proportion of Panhandle children ages 1 to 5 years who watch 1 or more hours of TV per day by 10%.

Performance Measures for Active Living

- P.1B.1** Increase number of Health and Physical Activity Early Learning Guideline Sessions.
- P.1B.2** Increase number of Health and Physical Activity Early Learning Guideline Session participants.

- P.1B.3** Increase percentage of worksites that provide incentives to employees for engaging in physical activity or exercise.
- P.1B.4** Increase percentage of worksites that have policies supporting employee physical fitness.
- P.1B.5** Increase percentage of worksites that have policies encouraging employees to commute to work by walking or biking.
- P.1B.6** Increase percentage of worksites that have one or more walking routes for employees.
- P.1B.7** Increase percentage of worksites that post signs to promote use of stairs within worksite.
- P.1B.8** Increase percentage of worksites that allow additional breaks during the day for physical activity.
- P.1B.9** Increase percentage of worksites that provide subsidized memberships to health or fitness clubs.
- P.1B.10** Increase percentage of worksites that allow flex time for physical activity during the workday.
- P.1B.11** Increase number of communities with a transportation plan that promotes walking.

Key Partners and Community Assets

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

Objective Measures

O.1B.1: By July 31, 2017, increase the proportion of adult (18 years or older) residents of the Panhandle who meet national guidelines for physical activity by 10%.

Indicator(s)	Site	Baseline 2011	2013*	2015	Target	Data Source
Adults who met both aerobic physical activity and muscle strengthening recommendations	PPHD	18.7%	13.9%	19.8	20.6%	NE BRFSS, 2011-2015
	SBCHD	18.1%	16.3%	17.2	19.9%	NE BRFSS, 2011-2015
	NE	19.0	18.8	21.8	-	NE BRFSS, 2011-2015

This indicator is surveyed on only odd years.

O.1B.2: By July 31, 2017, increase the proportion of Panhandle youth (students in grades 9-12) who reported being physically active for a total of at least 60 minutes/day on 5 or more of the past 7 days by 10%.

Indicator(s)	Site	Baseline 2011	2013	2015	Target	Data Source
Youth who were physically active 60 or more minutes/day on 5 or more of the past 7 days	NE	53.7%	57.6%	52.8%	-	NE YRBS, 2016
	Panhandle	TBD	-	-	TBD	TBD

This indicator is surveyed on only odd years.

O.1B.3: By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who watch TV 3 or more hours per day by 10%.

Indicator(s)	Site	Baseline 2011	2013	2015	Target	Data Source
Youth who watched 3 or more hours of TV/day during an average school day	NE	25.2%	22.8%	20.1%	-	NE YRBS, 2016
	Panhandle	TBD	-	-	TBD	TBD

This indicator is surveyed on only odd years.

O.1B.4: By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report playing video or computer games (or using the computer for non-school work) for 3 or more hours per day by 10%.

Indicator(s)	Site	Baseline 2011	2013	2015	Target	Data Source
Youth who played video or computer games or used computer for non-school work for 3 or more hours/day during an average school day	NE	21.1%	28.1%	31.5%	-	NE YRBS, 2016
	Panhandle	TBD	-	-	TBD	TBD

*This indicator is surveyed on only odd years.

O.1B.5: By July 31, 2017, decrease the proportion of Panhandle children ages 1 to 5 years who watch 1 or more hours of TV per day by 10%.

Indicator(s)	Site	Baseline	Target 2017	Data Source
Children who watch 1 or more hours of TV per day	NE	46.3% (2011/12)	-	National Survey of Children's Health, 2011-2012
	Panhandle	TBD	TBD	TBD

Performance Measures

	Measure	Baseline	Current	Data Source
P.1B.1	Increase number of Health and Physical Activity Early Learning Guideline Sessions.	1 (2013)*	2 (2016)	Panhandle Early Learning Connections
P.1B.2	Increase number of Health and Physical Activity Early Learning Guideline Session participants.	19 (2013)*	47 (2016)	Panhandle Early Learning Connections
P.1B.3	Increase percentage of worksites that provide incentives to employees for engaging in physical activity or exercise.	44% (2011)	55% (2016)	Panhandle Worksite Wellness Survey
P.1B.4	Increase percentage of worksites that have policies supporting employee physical fitness.	38% (2011)	53% (2015)	Panhandle Worksite Wellness Survey
P.1B.5	Increase percentage of worksites that have policies encouraging employees to commute to work by walking or biking.	6% (2011)	26% (2016)	Panhandle Worksite Wellness Survey
P.1B.6	Increase percentage of worksites that have one or more walking routes for employees.	25% (2011)	42% (2016)	Panhandle Worksite Wellness Survey
P.1B.7	Increase percentage of worksites that post signs to promote use of stairs within worksite.	13% (2011)	23% (2016)	Panhandle Worksite Wellness Survey
P.1B.8	Increase percentage of worksites that allow additional breaks during the day for physical activity.	6% (2011)	26% (2016)	Panhandle Worksite Wellness Survey
P.1B.9	Increase percentage of worksites that provide subsidized memberships to health or fitness clubs.	38% (2011)	58% (2016)	Panhandle Worksite Wellness Survey
P.1B.10	Increase percentage of worksites that allow flex time for physical activity during the workday.	19% (2011)	38% (2016)	Panhandle Worksite Wellness Survey
P.1B.11	Increase number of communities with a transportation plan that promotes walking.	9 (2014)*	9 (2016)	1422 Grant Performance Measure Report

*Baseline data is not available prior to this year.

Summary of Revisions since Original 2012-2017 CHIP

Performance Measures

- Performance Measure 1B.1, “Increase number of Health and Physical Activity Early Learning Guideline Sessions,” and Performance Measure 1B.2, “Increase number of Health and Physical Activity Early Learning Guideline Session participants,” were not a part of the original 2012 CHIP. These performance measures were added because they were recognized to be important data points for this priority health area.

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

- Original performance measure “Increase percentage of seniors with safe sidewalks” was removed due to lack of available data.
- Original performance measure “Increase number of health care providers assessing youth physical activity behaviors at annual visits” was removed due to lack of available data.

Community Health Priority 1: Healthy Living

Breastfeeding

Goal Statement: Improve the health and well-being of infants by creating an environment and community that supports breastfeeding

Strategies

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

Measures

Objectives for Breastfeeding

- O.1C.1** By July 31, 2017, increase the proportion of Panhandle infants who are ever breastfed by 10%.
- O.1C.2** By July 31, 2017, increase the proportion of Panhandle infants who are breastfed at 12 months by 10%.
- O.1C.3** By July 31, 2017, increase the proportion of Panhandle infants who are breastfed exclusively through 6 months by 10%.

Performance Measures for Breastfeeding

- P.1C.1** Increase percentage of Panhandle businesses that have a written policy supporting breastfeeding.
- P.1C.2** Increase percentage of businesses that provide a private, secure lactation room on site.
- P.1C.3** Increase percentage of businesses that allow time in addition to normal breaks for lactating mothers to express breastmilk during the day.
- P.1C.4** Increase percentage of worksites that have offered employees health or wellness programs, support groups, or counseling sessions related to breastfeeding/lactation.
- P.1C.5** Increase number of International Board Certified Lactation Consultant (IBCLC) in the Panhandle.
- P.1C.6** Increase number of La Leche League Leaders in the Panhandle.
- P.1C.7** Increase number of WIC peer counselors.

P.1C.8 Increase number of hospitals in the Panhandle that provide maternity care practices supportive of breastfeeding.

Key Partners and Community Assets

- Breastfeeding friendly policies at worksites
 - Panhandle Worksite Wellness Council Members
 - Panhandle worksites
- Community Action Partnership of Western Nebraska
- Western Community Health Resources
- La Leche League
- Peer support through WIC agencies
- Hospitals delivering babies that follow ten recommended practices and have a Certified Lactation Consultant on staff
 - Regional West Medical Center
 - Sidney Regional Medical Center
 - Box Butte General Hospital
 - Chadron Community Hospital

Objective Measures

O.1C.1: By July 31, 2017, increase the proportion of Panhandle infants who are ever breastfed by 10%.

Indicator(s)	Site	Baseline	2014	2015	Target	Data Source
% of infants who were ever breastfed	NE	82.4% (2011)	-	-	-	National Immunization Survey
	Panhandle	31.3% (2012)	44%	60.6%	34.4%	Healthy Families America Data*

Healthy Families America Data covers only Box Butte, Morrill, and Scotts Bluff Counties, not the entire Panhandle Region.

O.1C.2: By July 31, 2017, increase the proportion of Panhandle infants who are breastfed at 12 months by 10%.

Indicator(s)	Site	Baseline 2011	Current	Target	Data Source
% of infants who were breastfed at 12 months	NE	25.8%	-	-	National Immunization Survey
	Panhandle	TBD	-	TBD	TBD

O.1C.3: By July 31, 2017, increase the proportion of Panhandle infants who are breastfed exclusively through 6 months by 10%.

Indicator(s)	Site	Baseline	2014	2015	Target	Data Source
% of infants who were breastfed exclusively through 6 months	NE	20.2% (2011)	-	-	-	National Immunization Survey
	Panhandle	27.1% (2012)	30.4%	33.3%	29.8%	Healthy Families America Data

Healthy Families America Data covers only Box Butte, Morrill, and Scotts Bluff Counties, not the entire Panhandle Region.

Performance Measures

	Measure	Baseline	Current	Data Source
P.1C.1	Increase percentage of Panhandle businesses that have a written policy supporting breastfeeding.	31% (2011)	45% (2016)	Panhandle Worksite Wellness Survey
P.1C.2	Increase percentage of businesses that provide a private, secure lactation room on site.	63% (2011)	70% (2016)	Panhandle Worksite Wellness Survey
P.1C.3	Increase percentage of businesses that allow time in addition to normal breaks for lactating mothers to express breastmilk during the day.	56% (2011)	60% (2016)	Panhandle Worksite Wellness Survey
P.1C.4	Increase percentage of worksites that have offered employees health or wellness programs, support groups, or counseling sessions related to breastfeeding/lactation.	19% (2011)	30% (2016)	Panhandle Worksite Wellness Survey
P.1C.5	Increase number of International Board Certified Lactation Consultant (IBCLC) in the Panhandle.	No pre- 2014 data available	1 (2015)	Nebraska Breastfeeding Coalition
P.1C.6	Increase number of La Leche League Leaders in the Panhandle.	No pre- 2014 data available	3 (2016)	La Leche League of Nebraska
P.1C.7	Increase number of WIC peer counselors.	5 (2011)	5 (2016)	Nebraska WIC Program
P.1C.8	Increase number of hospitals in the Panhandle that provide maternity care practices supportive of breastfeeding.	4 (2015)	4 (2016)	Panhandle Area Hospitals

Summary of Revisions since Original 2012-2017 CHIP

Strategies

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

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

Performance Measures

- Original performance measure “Increase number of public messages and partners in support of breastfeeding” was removed. Current activities related to this strategy are focused on worksites. Therefore, the data provided in measures 1.1. to 1.4 will serve as a measure of progress for this strategy. When activities outside of worksite are implemented for this strategy, appropriate measures will be developed.

Community Health Priority 2: Mental and Emotional Well Being

According to National Institute of Mental Health, there were approximately 43.4 million adults in the United States with a mental illness in 2015. This is about 17.9% of US adults.¹⁰

The burden associated with mental and behavioral disorders is significant—both economically and personally. It is estimated that serious mental illness costs the U.S. \$193.2 billion in lost earnings per year.¹¹ Additionally, there is a link between suicide and mental disorders. Over 800,000 people die every year from suicide, and for each suicide committed there are many more people making attempts, as well as survivors of the suicide victim. Suicide is one of the leading causes of death, and the second leading cause of death in 15-29 year olds.¹² In 2009, suicide was the seventh leading cause of death in the Panhandle (1.5%).¹³

Some risk factors for suicide and mental, emotional, and behavioral disorders include alcohol or substance use, isolation, history of child maltreatment, poor parenting, mental health conditions, particularly depression, and stressful and negative events.^{14,15} The Adverse Childhood Experiences study is a collaborative study between the CDC and Kaiser Permanente that investigates the association between childhood negative experiences and health in adulthood.¹⁶ Findings of the study suggest that adverse childhood experiences such as physical, emotional and sexual abuse, witnessing violence, traumatic events, and family dysfunction have a negative effect on the health and well-being of the individual later in life.¹⁶

Understanding the importance of early intervention, the focus of the efforts in the Panhandle revolves around prevention through early identification and treatment and prevention and mitigation of Adverse Childhood Experiences.

Community Health Priority 2: Mental and Emotional Well-Being

Goal Statement: Increase quality of life by improving mental and emotional health through prevention and by ensuring access to appropriate, quality mental health services.

Strategies

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

Measures

Objectives for Mental and Emotional Well-Being

- O.2.1** By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who report that their mental health (including stress, depression, and problems with emotions) was not good 14 or more of the past 30 days by 10%.
- O.2.2** By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who have ever been told they have depression by 10%.
- O.2.3** By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report that they have been depressed during the past 12 months by 10%.
- O.2.4** By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who reported seriously considering suicide during the past 12 months by 10%.
- O.2.5** By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who reported attempting suicide during the past 12 months by 10%.
- O.2.6** By December 31, 2017, reduce suicide rate of Panhandle residents by 10%.
- O.2.7** By July 31, 2017, reduce the rate of substantiated child abuse or neglect reports in the Panhandle by 10%.

Performance Measures for Mental and Emotional Well-Being

- P.2.1** Increase number of families participating in Circle of Security-Parenting.
- P.2.2** Increase number of youth ages 16-24 years old who report that they have at least 3 informal, trusted supports.

- P.2.3** Increase percentages of youth ages 12-18 years old in shelter who are accessing counseling and/or mediation services.

Key Partners and Community Assets

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

Objective Measures

O.2.1: By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who report that their mental health (including stress, depression, and problems with emotions) was not good 14 or more of the past 30 days by 10%.

Indicator(s)	Site	Baseline 2011	2012	2013	2014	2015	Target	Data Source
Adults who reported that their mental health was not good 14 or more days of the past 30 days	PPHD	10.1%	8.1%	10.4%	7.5%	10.9%	9.1%	NE BRFSS, 2011-2015
	SBCHD	11.1%	10.8%	9.4%	10.0%	13.9%	10.0%	NE BRFSS, 2011-2015
	NE	9.2%	9.0%	8.9%	8.2%	8.9%	-	NE BRFSS, 2011-2015

O.2.2: By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who have ever been told they have depression by 10%.

Indicator(s)	Site	Baseline 2011	2012	2013	2014	2015	Target	Data Source
Adults who reported ever having been told they have depression	PPHD	18.2%	17.6%	19.1%	15.0%	16.7%	16.4%	NE BRFSS, 2011-2015
	SBCHD	21.2%	17.0%	20.2%	24.2%	21.5%	19.1%	NE BRFSS, 2011-2015
	NE	16.8%	16.7%	18.2%	17.7%	17.5%	-	NE BRFSS, 2011-2015

O.2.3: By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report that they have been depressed during the past 12 months by 10%.

Indicator(s)	Site	Baseline 2011	2013	2015	Target	Data Source
Youth who report they have been depressed in the past 12 months	NE	21.0%	19.5%	24.1%	-	NE YRBS, 2016
	Panhandle	TBD	-	-	TBD	TBD

This indicator is surveyed on only odd years.

O.2.4: By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who reported seriously considering suicide during the past 12 months by 10%.

Indicator(s)	Site	Baseline 2011	2013	2015	Target	Data Source
Youth who report they seriously considered suicide in the past 12 months	NE	14.2%	12.1%	14.6%	-	NE YRBS, 2016
	Panhandle	TBD	-	-	TBD	TBD

This indicator is surveyed on only odd years.

O.2.5: By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who reported attempting suicide during the past 12 months by 10%.

Indicator(s)	Site	Baseline 2011	2013	2015	2017	Data Source
Youth who report attempting suicide in the past 12 months	NE	9.4%	6.0%	8.9%	-	NE YRBS, 2016
	Panhandle	TBD	-	-	TBD	TBD

This indicator is surveyed on only odd years.

O.2.6: By December 31, 2017, reduce suicide rate of Panhandle residents by 10%.

Indicator(s)	Site	Baseline 2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	Current 2013-2015	Target 2017	Data Source
Age adjusted rate of suicide, per 100,000 population	PPHD	14.1	13.9	16.2	15.8	18.4	16.4	20.0	12.7	NE DHHS
	SBCHD	14.7	15.0	13.5	12.1	17.5	15.4	13.7	13.2	NE DHHS

Note: Data expressed as 3-year moving averages

O.2.7: By July 31, 2017, reduce the number of substantiated child abuse or neglect reports in the Panhandle by 10%.

Indicator(s)	Site	Baseline 2011	2012	2013	2014	2015	Target	Data Source
Rate of substantiated child abuse or neglect report, per 1,000 population	NE	3,410	2,723	2,892	2,575	2,223	-	NE Child Abuse or Neglect Annual Data
	Panhandle	201	175	126	135	69	181	NE Child Abuse or Neglect Annual Data

Performance Measures

	Measure	Baseline	Current	Data Source
P.2.1	Increase number of parents participating in Circle of Security Parenting Sessions ^a	156 (2013)*	128 (2016)	Child Well-Being Annual Evaluation Report, Panhandle Partnership
P.2.2	Increase number of youth ages 16-24 years old who report that they have at least 3 informal, trusted supports	17 (2014)*	17 (2016)	Older Youth System of Care, Panhandle Partnership
P.2.3	Increase percentage of youth ages 12-18 years old in shelter who are accessing counseling and/or mediation services	60% (2015)*	69% (2016)	Youth Shelter Program, CAPWN

^a Circle of Security Parenting data is collected from July 1st to June 30th

* Baseline data is not available prior to this year.

Summary of Revisions since Original 2012-2017 CHIP

Objective Measures

- Objective 2.1 was modified from “By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who report that their mental health (including stress, depression, and problems with emotions) was not good 10 or more of the past 30 days by 10%” to “By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who report that their mental health (including stress, depression and problems with emotions) was not good 14 or more of the past 30 days by 10%” in order to match the current data available. The Nebraska BRFSS now measures mental health not good in 14 or more, instead of 10 or more, of the past 30 days.
- Objective 2.2, “By July 31, 2017, decrease the proportion of adult (18 years or older) residents of the Panhandle who have ever been told they have depression by 10%,” was added as it was recognized to be an important indicator for this priority health area.
- Objective 2.7 was modified from “Reduce rates of maltreatment of Panhandle children by 10%” to “By July 31, 2017, reduce the number of substantiated child abuse or neglect reports in the Panhandle by 10%” in order to match data that is available.
- Original objective “Decrease the percentage of adult (18 years or older) who report that they rarely or never get the social or emotional support they need” was removed because Objectives 2.1 and 2.2 are considered suitable indicators of adult mental health status.
- Original objective “Decrease the percentage of adults who report they are dissatisfied or very dissatisfied with their life” was removed because Objectives 2.1 and 2.2 are considered suitable indicators of adult mental health status.

Performance Measures

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

Community Health Priority 3: Injury and Violence Prevention

According to Healthy People 2020, “unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages.”¹⁷ Unintentional injuries accounted for 5.5% of deaths in the Panhandle in 2009 and were considered the fifth leading cause of death that year.¹³ In addition to their immediate impacts, injuries and violence can result in premature death, disabilities, poor mental health, high medical costs, and lost productivity.¹⁷

This is a broad issue with multiple risk factors and a range of consequences which makes it a challenge to entirely address. Therefore, to make the most impact, the Panhandle developed strategies that focus on strengthening and implementing policies and programs, community engagement and education to enhance the safety of the Panhandle community.

Community Health Priority 3: Injury and Violence Prevention

Goal Statement: Prevent unintentional injuries and violence, and reduce their consequences.

Strategies

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

Measures

Objective Measures for Injury and Violence Prevention

- O.3.1** By July 31, 2017, reduce the percentage of injuries from falls among Panhandle adults 45 years and older by 10%.
- O.3.2** By July 31, 2017, reduce the number of injuries by “struck by/against” among Panhandle adults by 10%.
- O.3.3** By July 31, 2017, reduce the number of injuries by cut/pierced among Panhandle adults by 10%.
- O.3.4** By July 31, 2017, reduce the number of injuries resulting from motor vehicle accidents among Panhandle residents by 10%.
- O.3.5** By July 31, 2017, reduce the number of injuries resulting from violence among Panhandle residents by 10%.
- O.3.6** By July 31, 2017, reduce the number of injuries by overexertion among Panhandle adults by 10%.
- O.3.7** By July 31, 2017, reduce fall-related deaths among Panhandle adults 65 years and older by 10%.
- O.3.8** By July 31, 2017, reduce rate of deaths resulting from motor vehicle accidents among Panhandle residents by 10%.
- O.3.9** By July 31, 2017, reduce rate of deaths resulting from homicide among Panhandle residents by 10%.
- O.3.10** By July 31, 2017, reduce the number of falls resulting in hospitalization among Panhandle adults 65 years and older by 10%.

Performance Measures for Injury and Violence Prevention

- P.3.1** Decrease percentage of high school youth who never/rarely wore a helmet when biking in last 12 months.
- P.3.2** Decrease percentage of high school youth who reported never/rarely wearing seatbelts.
- P.3.3** Decrease percentage of high school youth who reported that they rode with a driver who had been drinking in the past 30 days.
- P.3.4** Decrease percentage of high school youth who reported that they drove while drinking in the past 30 days.
- P.3.5** Decrease percentage of high school youth who reported that they texted or e-mailed while driving in the past 30 days.
- P.3.6** Decrease percentage of high school youth who reported talking on cell phone while driving in the past 30 days.
- P.3.7** Increase percentage of worksites that have policies to promote employees to wear seat belts while driving a car or operating a moving vehicle while on company business.
- P.3.8** Increase percentage of worksites that have policies that require employees to refrain from talking on cellphones while driving a car or operating a moving vehicle while on company business.
- P.3.9** Decrease percentage of high school youth who reported having been in a physical fight in past 12 months.
- P.3.10** Decrease percentage of high school youth who reported that they were physically abused by a boyfriend or girlfriend in past 12 months.
- P.3.11** Decrease percentage of high school youth who reported they were ever forced to have sex.
- P.3.12** Decrease percentage of high school youth who reported they were bullied on school property in past 12 months.
- P.3.13** Decrease percentage of high school youth who reported they were electronically bullied in past 12 months.

Key Partners and Community Assets

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

Objective Measures

O.3.1: By July 31, 2017, Panhandle adults 45 years and older experiencing injuries from falls by 10%.

Indicator(s)	Site	Baseline 2012*	2014	Target	Data Source
% adults 45 years and older that experienced in an injury from a fall	PPHD	34.7%	34.4%	31.3%	NE BRFSS, 2011-2015
	SBCHD	29.9%	34.5%	26.9%	NE BRFSS, 2011-2015
	NE	10.1%	13.4%	-	NE BRFSS, 2011-2015

*This indicator is surveyed on only even years.

O.3.4: By July 31, 2017, reduce the number of injuries resulting from motor vehicle accidents among Panhandle residents by 10%.

Indicator(s)	Site	Baseline 2011	2012	2013	2014	2015	Target	Data Source
# of injuries from motor vehicle accidents	PPHD	413	385	327	379	338	371	Nebraska Traffic Crash Facts Annual Report, 2014
	SBCHD	411	406	353	263	325	370	Nebraska Traffic Crash Facts Annual Report, 2014

O.3.7: By July 31, 2017, reduce fall-related deaths among Panhandle residents by 10%.

Indicator(s)	Site	Baseline 2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	Current 2013-2015	Target 2017	Data Source
Age adjusted rate of death due to falls, per 100,000 population	PPHD	9.2	9.9	8.0	6.2	7.2	12.8	13.8	8.3	NE DHHS
	SBCHD	9.6	13.0	8.9	8.9	4.4	6.2	5.6	8.6	NE DHHS

Note: Data expressed as 3-year moving averages

O.3.8: By July 31, 2017, reduce rate of deaths resulting from motor vehicle accidents among Panhandle residents by 10%.

Indicator(s)	Site	Baseline 2007- 2009	2008- 2010	2009- 2011	2010- 2012	2011- 2013	2012- 2014	Current 2013- 2015	Target 2017	Data Source
Age-adjusted rate for deaths due to motor vehicle accidents, per 100,000 population	PPHD	31.7	26.1	23.0	19.7	19.6	20.6	19.6	28.5	NE DHHS
	SBCHD	21.0	17.2	14.6	16.9	17.1	21.1	19.2	18.9	NE DHHS

Note: Data expressed as 3-year moving averages

O. 3.9: By July 31, 2017, reduce rate of deaths resulting from homicide among Panhandle residents by 10%.

Indicator(s)	Site	Baseline 2007- 2009	2008- 2010	2009- 2011	2010- 2012	2011- 2013	2012- 2014	Current 2013- 2015	Target 2017	Data Source
Age-adjusted rate for deaths due to homicide, per 100,000 population	PPHD	4.1	4.3	2.5	5.5	5.4	4.4	2.2	3.7	NE DHHS
	SBCHD	7.1	4.9	4.7	4.2	4.2	2.3	2.4	6.4	NE DHHS

Note: Data expressed as 3-year moving averages

Performance Measures

	Measures	Baseline	Current	Data Source
P.3.1	Decrease percentage of high school youth who never/rarely wore a helmet when biking in last 12 months.	91.0% (2011)	84.8% (2015)	NE YRBS, 2016
P.3.2	Decrease percentage of high school youth who reported never/rarely wearing seatbelts.	15.7% (2011)	11.3% (2015)	NE YRBS, 2016
P.3.3	Decrease percentage of high school youth who reported that they rode with a driver who had been drinking in the past 30 days.	26.8% (2010)	14.6% (2014)	NRPFS, 2014
P.3.4	Decrease percentage of high school youth who reported that they drove while drinking in the past 30 days.	8.4% (2010)	3.4% (2014)	NRPFS, 2014
P.3.5	Decrease percentage of high school youth who reported that they texted or e-mailed while driving in the past 30 days.	45%* (2011)	49.4% (2015)	NE YRBS, 2016
P.3.6	Decrease percentage of high school youth who reported talking on cellphone while driving in the past 30 days.	49%* (2011)	53.8% (2015)	NE YRBS, 2016
P.3.7	Increase percentage of worksites that have policies to promote employees to wear seat belts while driving a car or operating a moving vehicle while on company business.	56% (2011)	85% (2016)	Panhandle Worksite Wellness Survey
P.3.8	Increase percentage of worksites that have policies that require employees to refrain from talking on cellphones while driving a car or operating a moving vehicle while on company business.	31% (2011)	77% (2016)	Panhandle Worksite Wellness Survey
P.3.9	Decrease percentage of high school youth who reported having been in a physical fight in past 12 months.	26.7% (2011)	19.7% (2015)	NE YRBS, 2016
P.3.10	Decrease percentage of high school youth who reported that they were physically abused by a boyfriend or girlfriend in past 12 months.	11% (2011)	8.1% (2015)	NE YRBS, 2016
P.3.11	Decrease percentage of high school youth who reported they were ever forced to have sex	8.1% (2011)	8.3% (2015)	NE YRBS, 2016

	Measures	Baseline	Current	Data Source
P.3.12	Decrease percentage of high school youth who reported they were bullied on school property in past 12 months	24.3% (2010)	25.8% (2014)	NRPFSS, 2014
P.3.13	Decrease percentage of high school youth who reported they were electronically bullied in past 12 months	18.3% (2010)	18.7% (2014)	NRPFSS, 2014

*Changes were made to how the distracted driving questions were asked on the 2013 YRBS, which makes the 2013 data not comparable to the 2011 data.

Summary of Revisions since Original 2012-2017 CHIP

Objective Measures

- Objective 3.1 was modified from “By July 31, 2017, reduce the number of injuries from falls among Panhandle adults 65 years and older by 10%” to “By July 31, 2017, reduce the number of injuries from falls among Panhandle adults 45 years and older by 10%” in order to match available data. In
- Objective 3.8 was modified from “By July 31, 2017, reduce the number of deaths resulting from motor vehicle accidents among Panhandle residents by 10%” to “By July 31, 2017, reduce the rate of deaths resulting from motor vehicle accidents among Panhandle residents by 10%” in order to match available data.
- Objective 3.9 was modified from “By July 31, 2017, reduce the number of deaths resulting from violence among Panhandle resident by 10%” to “By July 31, 2017, reduce the rate of deaths resulting from homicide among Panhandle residents by 10%” in order to match available data.
- In the 2016 report, Objective 3.7 was modified from “By July 31, 2017, reduce fall-related deaths among Panhandle adults 65 years and older by 10%” to “By July 31, 2017, reduce fall-related deaths among Panhandle residents by 10%” to match available data.
- In the 2016 report, Objective 3.1, “By July 31, 2017, reduce the number of injuries from falls among Panhandle adults 45 years and older by 10%,” was rephrased to say “By July 31, 2017, Panhandle adults 45 years and older experiencing injuries from falls by 10%.”
- In the 2016 report, the following objectives were removed due to consistent difficulty with obtaining data: “By July 31, 2017, reduce the number of injuries by “struck by/against” among Panhandle adults by 10%,” “By July 31, 2017, reduce the number of injuries by “cut/pierced” among Panhandle adults by 10%,” “By July 31, 2017, reduce the number of injuries resulting from violence among Panhandle residents by 10%,” “By July 31, 2017, reduce the number of injuries by overexertion among Panhandle adults by 10%,” and “By July 31, 2017, reduce the number of falls resulting in hospitalization among Panhandle adults 65 years and older by 10%.”

Performance Measures

- Original performance measure “Decrease number of falls resulting in hospitalization by adults over the age of 64” was removed because it was determined to be more suited as an objective rather than performance measure. It was reformatted to be Objective 3.1.

Community Health Priority 4: Cancer Prevention

Cancer mortality rates have been declining in recent years due advances in cancer research, detection and treatment.¹⁸ However, it was still the second leading cause of death in the Panhandle in 2009, second only to heart disease.¹³

New cancer cases can be prevented and cancer deaths can be reduced by decreasing exposure to certain risk factors, such as tobacco use, long-term exposure to radon, and excessive ultraviolet light, and adopting positive behaviors, such as healthy eating and active living.^{19, 20} Cancer risk can also be reduced by getting the recommended cancer screening tests.¹⁹ To address cancer prevention, strategies are divided into two focus areas: (1) Primary Prevention, and (2) Early Detection. Because healthy eating and active living are already covered in the healthy living section, strategies for Primary Prevention target limiting exposure to tobacco, radon, and ultraviolet light. Strategies for Early Detection, on the other hand, involve partnering with health care providers to inform and educate the public on the recommended screening guidelines.

Community Health Priority 4: Cancer Prevention

Primary Prevention

Goal Statement: Reduce the impact of tobacco use and exposure, exposure to ultraviolet light, and exposure to radon on cancer incidence and mortality.

Strategies

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

Measures

Objectives for Primary Prevention

- O.4A.1** By July 31, 2017, decrease the proportion of Panhandle high school students who used any tobacco products during the last 30 days by 10%.
- O.4A.2** By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who currently smoke cigarettes by 10%.
- O.4A.3** By July 31, 2017, decrease the proportion of Panhandle adult men (18 years and older) who currently use smokeless tobacco by 10%.
- O.4A.4** By July 31, 2017, increase the number of homes tested for radon by 10%.
- O.4A.5** By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report having used an indoor tanning device in the past 12 months by 10%.

Performance Measures for Primary Prevention

- P.4A.1** Increase percentage of schools with tobacco-free campus policies.
- P.4A.2** Increase number of county fair boards with policies designating a portion of outdoor areas smoke-free.
- P.4A.3** Increase percentage of worksites with policies on smoke-free campuses.
- P.4A.4** Increase percentage of worksites with policies on smoke-free entryways (15 feet from door).
- P.4A.5** Increase percentage of policies to ensure smoke-free multi-unit housing complexes.

- P.4A.6** Decrease percentage of youth who report ever having tried cigarettes.
- P.4A.7** Decrease percentage of high school youth who smoked cigarettes in past 30 days.
- P.4A.8** Decrease percentage of youth who have used smokeless tobacco in past 30 days.
- P.4A.9** Increase number of homes with a smoke-free pledge.
- P.4A.10** Increase number of families who pledge to keep their personal vehicle smoke-free.
- P.4A.11** Increase number of regional smoke-free billboard presence.
- P.4A.12** Increase number of radon test kits distributed.
- P.4A.13** Increase number of pools with sun safety policies for lifeguards.
- P.4A.14** Decrease percentage of youth who reported having used an indoor tanning device in past 12 months.

Key Partners and Community Assets

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

Objective Measures

O.4A.1: By July 31, 2017, decrease the proportion of Panhandle high school students who used any tobacco products during the last 30 days by 10%.

Indicator(s)	Site	Baseline	Current	Target	Data Source
Youth who used any tobacco products during the past 30 days	NE	18.9% (2011) ¹	20.1% (2015) ¹	-	NE YRBS, 2016
	PPHD	24.9% (2010) ²	21.5% (2014) ²	22.4%	NRPFS, 2014

¹This indicator is surveyed on only odd years; ²This indicator is surveyed on only even years.

O.4A.2: By July 31, 2017, decrease the proportion of Panhandle adults (18 years and older) who currently smoke cigarettes by 10%.

Indicator(s)	Site	Baseline 2011	2012	2013	2014	2015	Target	Data Source
Adults who currently smoke cigarettes	PPHD	19.0%	19.3%	18.5%	19.4%	17.0%	17.1%	NE BRFSS, 2011-2015
	SBCHD	17.4%	20.9%	23.0%	22.2%	21.9%	15.7%	NE BRFSS, 2011-2015
	NE	20.0%	19.7%	18.5%	17.3%	17.1%	-	NE BRFSS, 2011-2015

O.4A.3: By July 31, 2017, decrease the proportion of Panhandle adult men (18 years and older) who currently use smokeless tobacco by 10%.

Indicator(s)	Site	Baseline 2011	2012	2013	2014	2015	Target	Data Source
Adults who currently use smokeless tobacco	PPHD	10.0%	11.8%	10.7%	8.0%	8.7%	9.0%	NE BRFSS, 2011-2015
	SBCHD	6.6%	6.7%	6.5%	5.3%	6.0%	5.9%	NE BRFSS, 2011-2015
	NE	5.6%	5.1%	5.3%	4.7%	5.5%	-	NE BRFSS, 2011-2015

O.4A.4: By July 31, 2017, increase the number of homes tested for radon by 10%.

Indicator(s)	Site	Baseline 2012	2013	2014	2015	2016	Target	Data Source
Homes tested for radon.	Nebraska	TBD	-	-	-	-	-	TBD
	Panhandle	176	278	346	333	170	194	PPHD Environmental Health Program

O.4A.5: By July 31, 2017, decrease the proportion of Panhandle youth (students in grades 9-12) who report having used an indoor tanning device in the past 12 months by 10%.

Indicator(s)	Site	Baseline 2011	2013	2015	Target	Data Source
Youth who reported using an indoor tanning device in the past 12 months	NE	19%	16.3%	14.2%	-	NE YRBS, 2016
	Panhandle	TBD	-	-	TBD	TBD

This indicator is surveyed on only odd years.

Performance Measures

	Measure	Baseline	Current	Data Source
P.4A.1	Increase percentage of schools with tobacco-free campus policies	15% (2011)	52% (2016)*	Tobacco Free in the Panhandle
P.4A.2	Increase number of county fair boards with policies designating a portion of outdoor areas smoke-free.	0 (2011)	3 (2016)*	Tobacco Free in the Panhandle
P.4A.3	Increase percentage of worksites with policies on smoke-free campuses.	44% (2011)	40% (2016)	Panhandle Worksite Wellness Survey
P.4A.4	Increase percentage of worksites with policies on smoke-free entryways (15 feet from door).	25% (2011)	64% (2016)	Panhandle Worksite Wellness Survey
P.4A.5	Increase number of policies to ensure smoke-free multi-unit housing complexes.	35 (2011)	105 (2016)*	Tobacco Free in the Panhandle
P.4A.6	Decrease percentage of youth who report ever having tried cigarettes.	40.6% (2010)	33.4% (2014)	NRPFS, 2014
P.4A.7	Decrease percentage of high school youth who smoked cigarettes in past 30 days.	16.6% (2010)	14.1% (2014)	NRPFS, 2014
P.4A.8	Decrease percentage of youth who have used smokeless tobacco in past 30 days.	16.3% (2010)	13.8% (2014)	NRPFS, 2014
P.4A.9	Increase number of homes with a smoke-free pledge.	687 (2011)	1167 (2015)	Tobacco Free in the Panhandle
P.4A.10	Increase number of families who pledge to keep their personal vehicle smoke-free.	687 (2011)	1167 (2015)	Tobacco Free in the Panhandle
P.4A.11	Increase number of regional smoke-free billboard presences.	5 (2011)	0 (2015)	Tobacco Free in the Panhandle
P.4A.12	Increase number of radon test kits distributed.	374 (2012)	386 (2016)	PPHD Environmental Health Program
P.4A.13	Increase number of pools with sun safety policies for lifeguards.	0 (2011)	8 (2016)	Pool Cool Program, PPHD
P.4A.14	Decrease percentage of youth who reported having used an indoor tanning device in past 12 months.	19% (2011)	14.2% (2015)	NE YRBS, 2016

*Tobacco Free in the Panhandle year runs June-July rather than on calendar year.

Summary of Revisions since Original 2012-2017 CHIP

Strategies

- Strategy 3, “Reduce number of people exposed to radon,” was added. PPHD began working on this strategy in 2012. Exposure to radon is the second leading cause of lung cancer in the United States, thus this strategy was found to be very important in the region’s work to prevent cancer.²¹

Objectives Measures

- Objective O.4A.4, “By July 31, 2017, increase the number of homes tested for radon by 10%,” was added due to the importance of radon mitigation in lung cancer prevention.

Performance Measures

- Performance Measure 4A.12, “Increase number of radon test kits distributed,” was added to due to the importance of radon mitigation in lung cancer prevention.
- Original performance measure “Increase number of media campaigns to increase awareness of artificial light (tanning booths/sunlamps)” was removed due to lack of available data.
- Original performance measure “Increase number of free sunscreen distributed to increase use” was removed because a sustained program has been in place since 2009 that makes sunscreen available at no cost to pool users. Additionally, PPHD provides a gallon of sunscreen to all pools in the Panhandle.
- Original performance measure “Increase education and policy approaches in outdoor recreation and work settings” was removed due to lack of available data.
- Original performance measure “Increase number of clinicians that ask adults about tobacco use and provide tobacco cessation intervention for those who use tobacco products” was removed due to lack of available data.
- Original performance measure “Increase number of clinicians who ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke” was removed due to lack of available data.
- Original performance measure “Increase number of culturally competent messaging for media presentations” was removed due to lack of available data.
- Original performance measure “Increase number of outdoor recreational facilities (fairgrounds, amusement parks, playgrounds, sports stadiums) that have policies designating all or a portion of the outdoor areas smoke-free” was removed due to lack of available data.

Community Health Priority 4: Cancer Prevention

Early Detection

Goal Statement: Reduce illness, disability and death caused by cancer.

Strategies

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

Measures

Objectives for Early Detection

- O.4B.1** By July 31, 2017, increase the proportion of Panhandle women aged 50 to 74 years old who are up-to-date on their breast cancer screening by 10%.
- O.4B.2** By July 31, 2017, increase the proportion of Panhandle women aged 21 to 65 years old who are up-to-date on their cervical cancer screening by 10%.
- O.4B.3** By July 31, 2017, increase the proportion of Panhandle adults aged 50 to 75 years old who are up-to-date on their colorectal cancer screening by 10%.

Performance Measures for Healthy Eating

- P.4B.1** Increase number of persons accessing Fecal Occult Blood Test (FOBT) kits and coupons.
- P.4B.2** Increase percentage of FOBT kits returned for testing.

Key Partners and Community Assets

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

Objective Measures

O.4B.1: By July 31, 2017, increase the proportion of Panhandle women aged 50 to 74 years old who are up-to-date on their breast cancer screening by 10%.

Indicator(s)	Site	Baseline 2012	2014*	Target	Data Source
Women ages 50-74 who had a mammogram within the past 2 years	PPHD	71.3%	63.2%	78.4%	NE BRFSS, 2011-2015
	SBCHD	70.1%	55.0%	77.1%	NE BRFSS, 2011-2015
	NE	74.9%	76.1%	-	NE BRFSS, 2011-2015

*This indicator is surveyed on only even years.

O.4B.2: By July 31, 2017, increase the proportion of Panhandle women aged 21 to 65 years old who are up-to-date on their cervical cancer screening by 10%.

Indicator(s)	Site	Baseline 2012	2014*	Target	Data Source
Women ages 21-65 who had a pap smear within the past 3 years	PPHD	79.1%	76.7%	87.4%	NE BRFSS, 2011-2015
	SBCHD	74.9%	76.2%	82.4%	NE BRFSS, 2011-2015
	NE	83.9%	81.7%	-	NE BRFSS, 2011-2015

*This indicator is surveyed on only even years.

O.4B.3: By July 31, 2017, increase the proportion of Panhandle adults aged 50 to 75 years old who are up-to-date on their colorectal cancer screening by 10%.

Indicator(s)	Site	Baseline 2012	2013	2014	2015	Target	Data Source
Adult ages 50-75 who are up-to-date on their colorectal cancer screening	PPHD	56.7%	51.6%	53.9%	60.7%	70.5%	NE BRFSS, 2011-2015
	SBCHD	53.9%	52.1%	51.8%	54.8%	70.5%	NE BRFSS, 2011-2015
	NE	61.1%	62.8%	64.1%	65.2%	-	NE BRFSS, 2011-2015

Performance Measures

	Measure	Baseline	Current	Data Source
P.4B.1	Increase number of persons accessing Fecal Occult Blood Test (FOBT) kits and coupons.	PPHD: 166 SBCHD: 145 (2011)	PPHD: 70 SBCHD: 339 (2016)	PPHD, SBCHD
P.4B.2	Increase percentage of FOBT kits returned for testing.	PPHD: 61% SBCHD: 50% (2011)	PPHD: 86% SBCHD: 39% (2016)	PPHD, SBCHD

Summary of Revisions since Original 2012-2017 CHIP

Strategies

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

Objective Measures

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

Performance Measure

- Original performance measure “Increase number of clinics/providers sending reminders, postcards, letters, or phone calls for screenings” was removed due to lack of available data.
- Original performance measure “Increase number of clinics, worksite wellness health fairs, public health events that provide one-on-one education on health screenings” was removed due to lack of available data.
- Original performance measure “Increase number of health care providers using reminders and recalls” was removed due to lack of available data.

- Original performance measure “Increase number of small media evens tailored to specific persons or general audiences to inform and motivate people to be screened for cancer” was removed due to lack of available data.
- Original performance measure “Increase number of campaigns regarding current guidelines for screenings” was removed due to lack of available data.
- Original performance measure “Increase percentage of women with an annual income less than \$35,000 who are screened” was removed due to lack of available data.

Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the four priority health areas. It is not intended to be an exhaustive and static document. Beyond what is included in the CHIP, it is expected that initiatives and efforts that are currently ongoing will continue. Progress of the work will be evaluated on an ongoing basis to identify areas for possible improvement or revision. Strategies that do not yield intended outcomes and measures for which data is unavailable will continue to be revised as needed. The CHIP will also continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

This is an exciting time for public and population health. By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Panhandle community.

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Appendices

Appendix A

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

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