The Community Health Needs Assessment (CHNA) represents a year-long collaborative effort by Avera Creighton Hospital, in partnership with North Central District Health Department (NCDHD), to review and measure health in our community. It began in August 2012 and concluded in April 2013.

Introduction

During 2012 and 2013, North Central District Health Department (NCDHD) partnered with the 11 hospitals in the district to complete a joint community health needs assessment. Avera Creighton Hospital was one of the eleven hospitals to partner with the Health Department for the assessment. This collaborative approach allowed for additional resources and the support and expertise of a state public health agency. The process involved many organizations working together in the planning of the assessment and development of the implementation strategies. All of the partners share a commitment and play a significant role in the community’s health and overall well-being.

Description of Avera Creighton Hospital

The Avera Creighton Hospital, formerly known as the Lundberg Memorial Hospital, was built in 1953. The hospital has gone through various renovations and changes throughout the past 60 years and most recently was purchased by Avera Sacred Heart Hospital in February 2011. Avera Creighton Hospital is a 23-bed critical access hospital located in Creighton, Nebraska.
Description of the Community Served by Avera Creighton Hospital

Avera Creighton Hospital is located in northeastern Nebraska in Knox County. The hospital defines its primary service area as Knox County, which spans 1,140 square miles and has a population of 8,701 according to the 2010 Census. Like much of rural Nebraska, the population in the area is declining and it is aging. The median age is 46.3 years.

The unemployment rate for the county was 3.7 percent, compared to the state unemployment rate of 4.4 percent, for 2011. The income per capita for the county is $21,687, which includes all adults and children. The median household income is $38,965. Persons living below 100% of poverty level for the years of 2007-2011 are 14.5%; compared to 12% for the state of Nebraska. The majority of persons who report household incomes of less than $15,000 are age 65 and older.

Avera Creighton Hospital’s primary service area is predominately white (89 percent), followed by American Indian and Alaska Native at 9 percent. The 2011 Patient Origin by County Report from the State of NE – Health & Human Services System indicates that Avera Creighton had 239 hospital discharges and 222 or 93% of them were residents of Knox County.

About the North Central District Health Department Service Area

Avera Creighton Hospital is within the community served by the North Central District Health Department. The NCDHD covers a 14,455 square mile area and includes the nine counties of Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce and Rock.

There is an estimated 45,135 people living in this north-central Nebraska area, which equates to 3.1 people per square mile.
Who was Involved in Assessment

Avera Creighton Hospital, along with ten other area hospitals, partnered with the NCDHD to complete a joint community health needs assessment. The NCDHD is a state-approved district health department that provides a broad array of services to its service area. The NCDHD serves nine rural Nebraska counties—Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Rock and Pierce—that cover 14,455 square miles. The NCDHD has been state-approved as a multi-county public health department, a government body at the county level, since December 2001, providing education and services to the nine-county area. The NCDHD started out in 1999 as a nine-county community public health coalition, North Central Community Care Partnership (NCCCP), covering the same counties it does today as a governmental public health department. NCCCP was instrumental in aligning all nine counties, with their elected officials, to sign an inter-local agreement, joining all nine counties together as a single governmental department. NCCCP continues to be vibrant today, working as a public health coalition for the NCDHD. In 2007 the Board of Health for the NCDHD voted to recognize NCCCP as the official strategic planning partner of NCDHD and its nine counties.

NCDHD is well recognized locally and state-wide for its community health assessment, planning and implementation work. This is the third assessment and planning process completed in these nine counties since 1999; the first one completed by NCCCP and the last two directed under the guidance of NCDHD. The district has worked through many components the Mobilizing for Action through Planning and Partnership (MAPP) process as this has been the guiding plan used by NCDHD and NCCCP. As this is the third process of assessment and planning the district has completed, it has been designed to be broader than either of the first two iterations and has been done to meet not only the Community Health Needs Assessments of the district, but also to meet the needs of the area hospitals, including Avera Creighton Hospital.
How the Assessment was Conducted

MAPP - The evidenced-based process used for the CHNA and CHIP

North Central District Health Department has been responding to the needs for community assessments using the Mobilizing for Action through Planning and Partnership (MAPP) process for this assessment process. The MAPP process was developed by and is recommended for community assessment by the National Association of City and County Health Officials (NACCHO) and Centers for Disease Control (CDC).

MAPP was chosen, in part, because the process allows for input from parties who represent broad interests in the communities. Input from diverse sectors involved in public health, including medically underserved, low-income, minority populations and individuals from diverse age groups, was obtained through surveys, and targeted focus groups by way of invitations to community leaders and agencies. During this third iteration of the MAPP process, NCDHD served as the lead agency with support from local hospitals through both personnel and financial resources.

Understanding MAPP

MAPP involves gathering together multiple community stakeholders for a shared assessment, strategic planning, and implementation process. The MAPP cycle has well defined steps and processes to capture community input and move a community or organization to make positive changes.
Data Gathering

In looking at the plan process template, it can be seen that data gathering is the first step in completing the CHNA. Data gathering was accomplished using the four MAPP model assessments and included both Primary and Secondary Data sources.

The Community Health Needs Assessment (CHNA) has been completed by NCDHD three times since 1999, with the most recent assessment completed by October of 2012. The most recent NCDHD assessment findings are available online for public review at www.ncdhd.ne.gov.

The table below can serve as a summary of the process used in planning both the joint CHNA and joint CHIP for the NCDHD and for its eleven hospitals and partners. As you can see the plan involves three major themes: the Community Health Needs Assessment (CHNA), the Community Health Improvement Plan (CHIP) and the Plan Implementation. Under these sections are various activities that are part of the overall process.

It is important to note that Community Engagement is an overarching concept encompassing the majority of the CHNA and CHIP process and will be discussed under each area. Community Engagement was also a major part of the data gathering process.
The first assessment is the Community Themes and Strengths Assessment which is a subjective look at how the community views their health to capture the perceived needs of the community. This assessment ranks high for community involvement. This step was completed through focus groups in the counties, as well as telephone surveys conducted by the state of Nebraska. The data for this assessment was collected over a six-month period and included 500 written and/or 500 telephone surveys.

The second assessment is the Forces of Change assessment. This assessment is done in one town hall-style meeting to capture the community’s perception of current trends affecting the health of the community.

North Central Community Care Partnership conducted a “Forces of Change” session. The group brainstormed what forces of change exist outside of the control of individuals in their communities. These are the things that affect the local health system of the community. They looked at social, economic, political, technological, environmental, scientific, legal and ethical issues. The group discussed the trends, events and factors that affect the community and identified a significant number of forces of change. Those listed below are particularly related to the concerns of ACH:

- Insurance issues
- Health reform
- Lack of medical specialists
- Lack of understanding rural issues
- Population isolation
- Loss of jobs
- Water issues
- Skin cancer
- Lack of affordable quality housing
- Increasing elderly population
- Decreasing retirement resources
The third assessment is the Community Health Status Assessment. This assessment provides data from the federal government (such as Census data), state (such as vital statistic data), and NCDHD as a district health department (such as immunization rates for the district or parental views on substance abuse). Data gathered for compilation came from the following sources: national surveys such as the BRFSS, YRBS, US Census, and Youth Protective Factor Survey. In total there are around 30 sources of data; community profiles; access to health care/quality of life; mental health; physical health; health risk factors; social programs and crime. Data collected represents every age group from pre-birth (pre-natal data) to elderly.

**Community Involvement in Data Gathering**

The current MAPP assessment the department is involved with is the most thorough assessment to date with the most participation having over 100 individuals participate in the process to date from the district, this does not count the 1,000 individuals surveyed or the participants in focus groups. (The MAPP process currently underway is the most thorough assessment to date, and involves the most participants to date with more than 100 individuals participating thus far. This number does not include the 1,000 individuals surveyed or those who took part in focus groups.)

**The CHNA – Random Paper Survey**

To accomplish the health and quality of life improvement goal, community health surveys were distributed by NCDHD to 5,000 randomly selected households (proportionate to county population) in north-central Nebraska. This household health survey reveals information about the health and risk behaviors of the residents of the study area that is not available from other sources. It also allows the NCDHD to look at sub-groups within the area to identify groups with the greatest need. The survey was initially sent to selected households via two mailings of postcards and provided the option for selected participants to take the survey online. A second set of mailings was sent to the group of randomly selected households. This mailing provided a hard-copy survey to complete with return postage paid, and excluded those households that had already completed the survey online. 1,774 completed surveys were recorded for an overall response rate of 35%.
MAPP Process Adapted From Previous Iterations

In the past, NCDHD completed community health needs assessments, community health improvement plans and NCDHD strategic plans every five years. The first cycle was completed in 2000 and the second cycle in 2006. This planning process has been essential in driving forward the work of the department and the strategic plans have been actively and regularly reported on to the governing board of NCDHD. This third MAPP process differs significantly from the first two processes in many ways. While NCDHD was due for a repeat of the three tiered process in 2012 the process will now occur every three years instead of every five years. This will require the department to become more efficient at the gathering of data for the Community Health Needs Assessment (CHNA). Previously, the entire cost of the community health needs assessment (CHNA) has been borne by the NCDHD. For the current planning process, the local hospitals have shared in the planning and cost. While NCDHD has always worked with district hospitals as one of many planning partners on past CHIP efforts, this is the first time hospitals shared a responsibility with NCDHD for the development and implementation of the CHIP plans. In the past the primary ownership of the CHIP rested with the NCDHD. Ownership of the plan is now shared between district hospitals and NCDHD, with NCDHD maintaining primary ownership and serving as a collaborative partner and technical consultant.
Involvement of community members from several entities was key to the success of the overall process and plan development. An effort was made to involve community members during each step of the planning process. Entities that were invited to meetings included hospitals, physicians, dentists, community action agencies, law enforcement, social services, mental health providers, senior care services, schools, media, city/county officials, representatives of minority populations, clergy, Nebraska Department of Health and Human Services and other community-based services. The community members were contacted via mail, email and telephone prior to each step of the process to invite and encourage their participation in the planning process.

The organizations that participated in conjunction with ACH in the CHIP meeting, community focus group meetings and planning meetings are listed below. The particular entities listed below had one or more participants in the process in supplementing the ACH’s focus groups.

- NCDHD
- NCCCP
- NCDHD Board of Health members
- UNL Extension in the BKR counties
- Avera St. Anthony’s Hospital
- Region 4 Behavioral Health System
- Heartland Counseling
- Region 24 Emergency Management
- Nebraska State Patrol
- Creighton Community School
- Avera Creighton Hospital
- Community members/by invite
Health Needs Identified

According to the 2013 County Health Rankings & Roadmaps, Knox County in Nebraska has regularly either met or nearly met many state averages. Both Health Outcomes and Health Factors rankings for each county are available. Health Outcomes represent how healthy a county is while Health Factors represent what influences the health of the county. Knox County ranks 59th and 53rd respectively out of 93 counties.

In analyzing the data gathered from the focus groups as well as the random survey conducted by NCDHD, the major issue was accessibility and affordability of health care. NCDHD survey results indicate that nearly 1 in 5 people living in their 9 county district lack health insurance. The uninsured rate of Knox County NE is 17%. This issue was discussed at length during both of the subsequent planning meetings organized by NCDHD. It will also be the focus of the final CHIP established by NCDHD. Those ages 19-24 indicated the highest rate of uninsured at nearly 37%.

In a related issue, 43% of those responding to the survey indicated barriers to healthcare. Those barriers included high insurance co-pays (13%), prescription drug costs (35%) and inability to afford a flu shot (61%).

A noted strong point on the survey was the fact that 94% of those responding to the survey have a primary care physician. That is an increase from 89% in 2012. A regional done in 2008 indicated that only 81% of those responding had a primary care physician.

Four other health issues that surfaced from the survey were heart disease, diabetes, cancer, and depression. These findings align with secondary data published in the 2011 Nebraska Vital Statistics Report as well where it was reported that heart disease and cancer have been the first and second ranked causes of death from 2007-2011.
The data indicates that the year 2011 represents the third consecutive year in which cancer deaths replaced heart disease as the leading cause of death in Nebraska. This historic shift is the result of a substantial decrease in heart disease mortality. Overall, the annual number of heart disease deaths in Nebraska has fallen eight times since 2000, and the state's heart disease mortality rate has declined by more than 30% during the same period. Yet at the same time, the cancer mortality rate in Nebraska has declined only modestly, and the number of cancer deaths has remained between 3,000 and 3,500 in every year since 1984.

Diabetes continues to be a major concern in the state and county. While 7.8% of Nebraska's population has been diagnosed with diabetes, the national surveillance shows about 25% of the people with diabetes are undiagnosed. On a positive note, the NCDHD survey indicated an overall improvement in the population management of diabetes. The prevalence of diabetes in the 9-county NCDHD is about the same as that for Nebraska. The rate for diabetes related deaths in the HD (78.6 per 100,000; NE is 81.2) is significantly lower than that of the entire state.
As we focus on the chronic health issues that surfaced in the ACH community health needs assessment one can not ignore the role obesity plays in chronic health conditions. It is a well known and documented fact that obesity plays a significant role and is a contributing factor in a number of chronic diseases including but not limited to heart disease, diabetes and cancer. A report from the Trust for America’s Health and the Robert Wood Johnson Foundation shows Nebraska in 41th place in the ranking of the states with the highest adult obesity rates. Nationally, 25% of adults are considered obese while 30% of Nebraskans are obese. The report goes on to further indicate that nearly 57% of the population in Nebraska may be obese by the year 2030.

![Ten Leading Causes of Death in 2011](image-url)
Although incidents of cancer are declining in the United States and Nebraska, cancer is the second leading cause of death in the country. In 2011, cancer of the lung was the year’s leading cause of cancer deaths among both Nebraska men and women, accounting for 863 deaths (477 men, 386 women). Colorectal (colon and rectum) cancer was Nebraska’s second leading cause of cancer deaths overall in 2011, with 356 deaths (176 men, 180 women). However, breast cancer was the second leading cause of cancer deaths among Nebraska women in 2011, claiming 203 lives, which is the lowest annual number of female breast cancer deaths in the state since 1964. Prostate cancer was the #2 cause of cancer deaths among Nebraska men, claiming 189 lives in 2011. Taken together, these four sites were responsible for nearly half (47.4%) of the state’s cancer deaths in 2011.
County Health Rankings

Access to Behavioral Health continues to be an issue for Knox County. According to the U.S. Department of Human Services, Knox County has been designated as a Health Professional Shortage Area, Medically Underserved Area, and a Medically Underserved Population as of September 1, 2011. Nebraska ranks 10th in the state rankings of suicide and intentional self-harm is the 7th leading cause of death in males. Suicide is the second leading cause of death among teens in Nebraska. During the prioritization process, this need clearly requires attention and, ACH and ASHH are already taking steps to address this need by participating in an Avera system initiative to develop a strong mental health service line throughout the system. Because this initiative is already being developed, behavioral health was not chosen as a focus for ACH community benefit for the next three years.

As identified at one of the NCDHD planning meetings, the following is a list of commonly associated issues relating to maintain proper mental health:

- Access to care is most significant barrier – affordability, availability (lack of providers, facilities)
- Medication management or ability to afford medication leads to issues
- Emergency Protective Custody (EPC) issues
- Stigma prevents people from seeking care, especially in smaller communities
- Issues with being properly diagnosed
Community Assets Identified

The assessment identified a number of strong community resources/assets, including a strong medical community. Avera Creighton Hospital is staffed by 9 medical providers including 4 physicians. The facility provides 24/7 access to emergency services including radiology (x-ray, CT and ultrasound) and laboratory. ACH is able to bring of host of outreach specialists in from various locations. This provides patients access to the following services: breast care, cardiology, nephrology, OB/GYN, orthopedics, podiatry, pulmonology, surgery, urology and vascular.

Knox County is also fortunate to have providers of dental, vision, and chiropractic services.

ACH’s care of the poor and community benefit for Fiscal Year 2012 was $255,941.

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<td><strong>Total</strong></td>
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Board Recommendation – Next Steps

The Community Health Needs Assessment, along with the CEO’s recommendation and proposed implementation strategy was presented to ACH Advisory Council May 20, 2013. After discussion and direction from the Council, the following plan for the Avera Creighton Hospital Community Benefit Program was approved:

RECOMMENDATION: The focus of the Avera Creighton Hospital Community Benefit Program will be Disease Prevention through Screening and Education Programs in one of the high priority areas of diabetes, heart disease or cancer. An implementation team will be established and be responsible for the following:

- Choose one or two priorities from those diseases delineated by the Medical Staff;
- Research what other community organizations are doing regarding the selected priority(ies);
- Organize a team which will include both field professionals and representative community members;
- Guide the work of the team, including development of a work plan which would include choosing the right partners, right locations, right procedures, and right value;
- Establish measurable outcomes and metrics for same indicators;
  Communicate appropriately with the ACH Advisory Council and the community at large.
ACH desires to place energy into wellness before community members come to the hospital. A great deal of effort is spent trying to treat disease after it has already taken place. In the future, hospitals will not only provide high quality treatments for its community, but will also work to prevent it from ever happening.

Today Avera Creighton Hospital is becoming a smarter hospital for our future by involving the people we serve through various means of input. These stakeholders include not only patients, but families, physicians, staff, community members, payers, vendors and all levels of government officials, as well.

This assessment summary is on the website of Avera Creighton Hospital. A copy can also be obtained by contacting the administration offices of the hospital.
Community Health Needs Assessment

2013