

Community Health Needs Assessment

Avera Creighton Hospital: Knox County

2016



CONTENTS

ACKNOWLEDGEMENTS.....2

PROJECT OVERVIEW3

COORDINATION4

BACKGROUND5

North Central District Health Department 5

DISTRICT HOSPITALS..... 6

AVERA CREIGHTON HOSPITAL: SERVICE AREA AND FACILITY INFORMATION 7

SERVICES OFFERED BY AVERA CREIGHTON HOSPITAL7

PROJECT METHODOLOGY.....8

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS: THE EVIDENCED-BASED PROCESS.....8

TIMELINE.....8

PARTICIPANT IDENTIFICATION9

DATA COLLECTION9

COMMUNITY THEMES AND STRENGTHS ASSESSMENT.....9

FORCES OF CHANGE ASSESSMENT10

COMMUNITY HEALTH STATUS ASSESSMENT11

COMMUNITY INVOLVEMENT.....13

PARTICIPATING COMMUNITY MEMBERS AND ORGANIZATIONS14

EVALUATION OF IMPACT ON 2013 HEALTH PRIORITIES.....15

SUMMARY OF FINDINGS17

SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY.....17

AVERA CREIGHTON HOSPITAL: KNOX COUNTY.....18

GENERAL HEALTH STATUS24

CHRONIC CONDITIONS32

2016 COMMUNITY HEALTH ASSESSMENT: COMMUNITY HEALTH SURVEY54

QUALITY OF LIFE: SERIES OF SCALED QUESTIONS BY COUNTY59

Knox County 59

LOCAL PUBLIC HEALTH RESOURCES AVAILABLE TO ADDRESS SIGNIFICANT HEALTH NEEDS.....60

KNOX COUNTY 60

DATA SOURCES.....67



ACKNOWLEDGEMENTS

SPONSORED BY

North Central District Health Department

CHI Plainview

Antelope Memorial Hospital

Niobrara Valley Hospital

Avera Creighton Hospital

Osmond General Hospital

Avera St. Anthony's

Rock County Hospital

Brown County Hospital

West Holt Memorial Hospital

Cherry County Hospital

DATA CONTRACTING

Ionia Research- Joseph Nitzke, PhD

North Central District Health Department and the partnering district hospitals contracted with Dr. Joseph Nitzke for data collection, compilation, analysis, and presentation for this community health assessment process. Dr. Nitzke is a partner in Ionia Research, Newcastle, Nebraska. Previously (2004-2011), he was the Director of the Social Sciences Research Center at Wayne State College (NE). Ionia Research provides consulting and contract services for government and nonprofit agencies, including health departments, hospitals, community agencies, colleges and universities. Current projects include program evaluation, needs assessment, survey research, and the development of data resources to support organizational planning.

PURPOSE

The purpose of the community health assessment is to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status. Community health assessments describe the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

This Community Health Needs Assessment (CHNA), a continuation of an ongoing project last conducted in 2013, will be used to inform decisions and guide efforts to improve the health and wellness of residents in the North Central District Health Department service area.

The vision of this project as defined by the participants is:

To live healthy through ACCESSIBILITY (*resources across the lifespan*), COMMUNICATION (*sharing information*), EMPOWERMENT (*accountability & ownership*), LEADERSHIP (*guiding & growing*), and COLLABORATION (*working together*).

METHODOLOGY

This assessment incorporates a broad range of both qualitative and quantitative data. The quantitative data is primary (as derived from the NCDHD Community Health Survey) and secondary (as derived from statistics from large datasets, as well as hospital-specific data); these resources allow for trends and comparisons to be made on both state and national levels. Qualitative data input is also derived from the NCDHD Community Health Survey and focus group meetings.

DATA SOURCES

- Behavior Risk Factor Surveillance System
- Healthy Counties Database
 - Population Health Institute,
 - University of Wisconsin: Robert
 - Wood Johnson Foundation
- Community Health Status Indicators
- Community Health Needs Assessment (CHNA)
- Bureau of Census
- Youth Behavior Risk Survey
- Focus Groups (Conducted by NCDHD)

COORDINATION

As a local public health department, one of the core functions of North Central District Health Department is to assess the health needs of the community. This involves systematically collecting and assembling information on the public health status of the community, in cooperation with others, including statistics on health status, community health needs, environmental health, epidemiologic, and other studies of health, and making the information available to the public.

Non-profit, tax-exempt hospitals are required by the 2010 Patient Protection and Affordable Care Act to conduct a Community Health Needs Assessment (CHNA) every three years. To meet requirements, impacted hospitals must analyze and identify the health needs of their communities and develop and adopt an implementation strategy to meet the identified needs.

The health department functionality and the IRS requirement for hospitals serve to form a natural platform for coordination of completing the community health assessment. Therefore, NCDHD and the district hospitals partner together to complete a joint community health assessment and community health improvement plan.

There are seven district hospitals subject to the IRS requirement:

Antelope Memorial Hospital, Antelope County

Avera Creighton Hospital, Knox County

Avera Saint Anthony's Hospital, Holt County

Osmond General Hospital, Pierce County

Plainview Community Hospital, Pierce County

Niobrara Valley Hospital, Boyd County

West Holt Memorial Hospital, Holt County

While the other three district hospitals are not required to complete a Community Health Needs Assessment or Community Health Improvement Plan, working with them to create community-specific plans serves to make NCDHD's overall Community Health Improvement Plan more meaningful and enhances service the hospitals provide to the community. Those hospitals are:

Brown County Hospital, Brown County

Cherry County Hospital, Cherry County

Rock County Hospital, Rock County

BACKGROUND

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

North Central District Health Department (NCDHD) is a state-approved district health department that serves nine rural Nebraska counties—Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock. NCDHD has been state-approved as a multi-county public health department and a government body at the county level, since December 2001: providing education and services to the nine-county area.

Nebraska Statute 71-1628.04 provides guidance on the role public health departments must play and provides the following required elements, which align with NCDHD's role in the community health assessment and community health improvement plan process.

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

North Central Community Care Partnership (NCCCP), a community grassroots effort that served as the local public health coalition prior to the formation of NCDHD, set the groundwork for public health assessment in our nine counties by completing the first district Community Health Needs Assessment and developing a community health improvement plan in 1999. Through that process, NCCCP worked collaboratively with many public health partners, including our local hospitals, to complete a random sample community health needs assessment. In 2007, the NCDHD Board of Health voted to recognize NCCCP as the official strategic planning partner of NCDHD and its nine counties.

To further support efforts committed to the assessment and planning process, NCDHD is preparing to pursue local public health department accreditation. All local health departments must have completed a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) as a prerequisite to applying for accreditation. Accreditation standards require the health department to:

- *Participate in or lead a collaborative process resulting in a comprehensive community health assessment*
- *Collect and maintain reliable, comparable and valid data that provide information on conditions of public health importance and on the health status of the population*
- *Analyze public health data to identify health problems, environmental public health hazards, and social and economic factors that affect the public's health (also moved this bullet up in the list)*

- *Provide and use the results of the health data analysis to develop recommendations regarding public health policy, processes, programs or interventions (moved up in list)*
- *Conduct a comprehensive planning process resulting in a community health improvement plan*
- *Produce a community health improvement plan as a result of the community health improvement process (delete)*
- *Implement elements and strategies of the health improvement plan in partnership with others (delete)*
- *Engage with the public health system and the community in identifying and addressing health problems through collaborative processes (add)*

DISTRICT HOSPITALS

The Patient Protection and Affordable Care Act (PPACA) has called on non-profit hospitals to increase their accountability to the communities they serve. PPACA creates a new Internal Revenue Code Section 501(r) clarifying certain responsibilities for tax-exempt hospitals. Although tax exempt hospitals have long been required to disclose their community benefits, PPACA adds several new requirements.

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

- Conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA
- Define the community it serves and assess the health needs of that community
- Take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health
- Make the CHNA widely available to the public
- Document the CHNA in a written report (“CHNA report”) that is adopted for the hospital facility by an authorized body of the hospital facility

Hospitals have been providing community benefits for many years in a variety of ways. In return, hospitals receive a variety of local, state, and federal tax exemptions. The activities listed under “community benefit” are reported on the hospital’s IRS 990 report.

Community benefit has now been defined by the Internal Revenue Service (IRS) as “the promotion of health for a class of persons sufficiently large so the community as a whole benefits.” Simply put, community benefit is composed of programs and services designed to address identified needs and improve community health. To qualify as a community benefit, initiatives must respond to an identified community need and meet at least one of the following criteria:

- *Improve access to healthcare services*

- Enhance health of the community
- Advance medical or health knowledge
- Relieve or reduce the burden of government or other community efforts

AVERA CREIGHTON HOSPITAL: SERVICE AREA AND FACILITY INFORMATION

Avera Creighton Hospital (ACH) is a not-for-profit hospital licensed for 23 acute care and swing beds. The facility, located in northeastern Nebraska, is jointly sponsored by the Benedictine Sisters of the Sacred Heart Monastery located in Yankton, South Dakota, and the Presentation Sisters of the Blessed Virgin Mary of Aberdeen, South Dakota. The hospital defines its primary service area as Knox County, which spans 1,140 square miles. During the hospital’s last fiscal year (FY), between July 1, 2014 and June 30, 2015, 90% of discharges were from Knox County. Specifically, 173 out of 191 total discharges from acute inpatient and 70 out of 79 total discharges from swing bed.

ACH’s care of the poor and community benefit for FY 2013 through FY 2015 is detailed below:

	FY 2013	FY 2014	FY 2015
Charity Care	\$45,798.42	\$101,406.13	\$87,741.88
Bad Debt	\$206,488.60	\$198,332.38	\$195,593.64
Total	\$252,287.02	\$299,738.51	\$283,335.52

SERVICES OFFERED BY AVERA CREIGHTON HOSPITAL

Nursing Care Services

- Medical
- Surgical
- Skilled Nursing Care

Surgical Services

- Orthopedic
- Minor Surgery
- Screenings such as colonoscopies and EGDs

Emergency Care

Home Health Care (Avera@Home)

Specialty Clinics

- Cardiology
- ENT
- Pulmonary
- Podiatry
- OB/GYN
- Vascular
- Nephrology
- Mental Health

- Pain Management

Mammography

Ultrasound

CT Scan

Diagnostic Radiographic Services

MRI

Dietary Counseling

Blood Bank

Laboratory

Pharmacy

Respiratory Therapy

Physical and Occupational Therapy

Lymphadema Services

Stress Testing Services

Holter Monitoring

Contracted Speech Therapy

Social Services

Lifeline

Cardiopulmonary Rehab Services

AICD—Pacer Checks

Audiology

Sleep Studies

Nuclear Medicine

Transportation Services

eCare Services

- e-Emergency
- e-Pharmacy
- e-Consult

Avera Medical Group

- Family Practice
- Pediatric
- OB/GYN
- Geriatrics
- Coordinated Care Program focused on chronic disease management.

PROJECT METHODOLOGY

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS: THE EVIDENCED-BASED PROCESS

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. This framework, facilitated by public health leaders, helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately, the performance of local public health systems. MAPP 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 also recommended by the Nebraska Rural Health Association in its report *“Community Health Assessment Collaborative Preliminary recommendations for Nebraska’s community, nonprofit hospitals to comply with new requirements for tax exempt status enacted by the Patient Protection and Affordable Care Act”* (September of 2011).



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. No consideration was given to whether or how much participants pay for their medical care or whether they are eligible for financial assistance programs. The MAPP cycle has well defined steps and processes to capture community input and move a community or organization to make positive changes. As with previous assessments, NCDHD served as the lead agency during this fourth iteration of the MAPP process, with support from all hospitals through both personnel and financial resources.

TIMELINE

- July – September 2015: Organize, Coordinate Participants, Prepare for Process
- October 2015 - March 2016: Community Health Needs Assessment Data Collection
- December 2015: Community Themes & Strengths, Forces of Change
- January 2016: Local Public Health System Assessment, Visioning
- February 2016: Community Health Needs Assessment Results Presentation
- March – May 2016: CHNA Report Completed, Adopted by Hospital Governance; Goals & Strategies for Community Health Improvement Plan

- June - September 2016: Community Health Improvement Plan Completed, Adopted by Hospital Governance; Action Cycle

PARTICIPANT IDENTIFICATION

Beginning in July, 2015 a core team of NCDHD staff members working with key partners from participating hospitals began preparing for the next round of community health assessment activities. Work during this phase involved thoroughly reviewing and using MAPP guidance resources on the National Association for City and County Health Officials (NACCHO) website.

As the participation element of the process is critically important for building commitment, engaging community members, and achieving a plan that is truly community-owned and community-driven, several initiatives were undertaken to achieve significant progress in this arena. Key activities included a brainstorming session with NCDHD staff members and NCCCCP members using public health sector categories, frequent requests to current participants – via email at least monthly and at in-person meetings – to identify and contact potential participants, research by a core team of NCDHD Staff to identify people serving in key roles within public health sectors, and phone or email contact with identified individuals to extend requests for participation in the CHA/CHIP process.

Due to the importance of participation from a wide range of community members, efforts to identify and contact potential participants continue to be an ongoing area of focus.

DATA COLLECTION

Data gathering was accomplished using the four MAPP model assessments and included both primary and secondary sources for quantitative data, and primary sources for qualitative data. The four MAPP assessments are:

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

The Community Health Needs Assessment encompasses all four MAPP assessments and has been completed four times since 1999, with the most recent assessment completed in January, 2016. The most recent assessment findings are available online for public review at www.ncdhd.ne.gov.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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, and was completed through:

- A community stakeholder meeting held on December 17, 2015
Participants broke up into small groups and completed worksheets to capture input about health issues, resources, and quality of life in their communities. 28 participants, representing a broad range of community organizations, attended this meeting. Additional meeting materials can be found in Appendix A.
- County focus groups meetings held in January and February, 2016
County focus group meetings were held at locations in the following NCDHD service area counties: Antelope, Boyd, Brown, Cherry, Holt, Knox, Pierce, and Rock. Keya Paha residents were invited to the Brown County focus group meeting. Focus group meetings were held during the evening to accommodate schedules of community members who work during the day. The meetings consisted of informal, open-ended questions about community characteristics, strengths, concerns, and potential areas to focus health improvement efforts. Information was recorded anonymously to allow for a comfort level in sharing information. County focus group meeting notes can be found in Appendix B.
- Surveys targeted to specific populations at higher health risk or that have poorer health outcomes, identified in this community as low-income, Hispanic, Native American and elderly residents.
Using partnerships with district senior centers, community action agencies, and tribal agencies, surveys were distributed to obtain input from the low-income, elderly, and Native American population. NCDHD staff worked to identify a contact person for the Hispanic community, which is primarily centralized in Holt County, to distribute surveys and obtain feedback. Survey questions and results can be found in Appendix C.

FORCES OF CHANGE ASSESSMENT

The second assessment in the MAPP process is the Forces of Change assessment. This assessment is done to capture the community's perception of current trends affecting the health of the community.

The Forces of Change assessment was completed at a community meeting held on December 17, 2015. Participants were given information to help explain and define the concepts of events, factors, and trends as they relate to this assessment. They then broke up into small groups and completed worksheets to document forces of change that 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 moved on to complete another worksheet identifying the impact of these forces of change from the perspective of threats posed and opportunities created. 28 participants representing a broad range of community organizations attended this meeting. Additional meeting materials can be found in Appendix A.

COMMUNITY HEALTH STATUS ASSESSMENT

The third assessment is the Community Health Status Assessment. This assessment gathers 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 many sources, including national surveys such as the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, Youth Protective Factor Survey, and US Census.

To gain additional community health status information directly from community members, NCDHD also created an online community health survey using SurveyMonkey. Distribution and availability of the survey was accomplished by posting the survey on the NCDHD website and Facebook page, as well as websites from a number of other community websites. NCDHD staff contacted community members currently participating in the CHA/CHIP process to request their partnership in posting the survey on their websites and social media platforms, and also reached out to a number of other representatives throughout the district to request having the survey placed on their websites and social media platforms. While not a true random-sample survey, this instrument still provides beneficial information about the health and risk behaviors of the residents of the study area that is not available from other sources. The survey was available between December 2015 and February 2016, with a total number of 608 surveys completed. Survey results can be found in the 2016 Community Health Status Assessment: Community Health Survey section of this document.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

This assessment focuses on all organizations and entities that contribute as part of the local public health system in the North Central District Health Department service area and answers the questions: “What are the components, activities, competencies, and capacities of our local public health system?” and “What does the health status of our community look like?” The Local Public Health System assessment was completed during a community meeting held on January 14, 2016. Participants were given a worksheet listing each of the 10 essential services of public health and instructed to list information about services provided by their organization related to each essential service. Attendees were divided into small groups. Each group was assigned three or four of the essential services and completed the assessment using the National Public Health Performance Standards Local Assessment Instrument. Participants worked through the instrument questions, sharing information about what their respective organizations provide for each essential service, and responded to the instrument questions using colored voting cards.

10 ESSENTIAL PUBLIC HEALTH SERVICES:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts

6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

23 participants representing a broad range of community organizations attended this meeting. Additional meeting materials can be found in Appendix D.

VISIONING

While typically conducted before the assessment phase in the MAPP process, the visioning phase was conducted at the second community meeting held on January 14, 2016. Due to the geographic nature of our district and travel time required for participants to meet in a central location, meeting structure and arrangement of activities to be completed at each meeting was organized in an attempt to maximize the time available with community participants. Fortunately, a fundamental component of the MAPP model is to tailor the process to the unique needs and characteristics of the community. Participants at this meeting broke up into small groups and completed a visioning worksheet. This was done by brainstorming ideas about an ideal future that will be accomplished through efforts as a result of the planning process and implementation of strategies, as well as the values and key behaviors that will be necessary to achieve the vision. Participants were also instructed to consider the best format for a vision statement. NCDHD staff members collected information from each workgroup's brainstorming session and created a draft vision statement, which was presented at the February 18 community meeting. Attendees at that meeting were instructed to review the draft and provide approval or feedback for possible revisions. 23 participants representing a broad range of community organizations attended this meeting. Additional meeting materials can be found in Appendix D.

DATA PRESENTATION: IDENTIFICATION OF SIGNIFICANT COMMUNITY HEALTH NEEDS AND PRIORITIZATION OF STRATEGIC ISSUES

On February 18, 2016, community stakeholder, with representation from Avera Creighton Hospital, again convened to review results from the data collection efforts and completed MAPP assessments. Dr. Joseph Nitzke, PhD. of Ionia Research provided data collection, compilation, and analysis activities for this process. Dr. Nitzke presented the data results, highlighting statistics of importance and explaining relationships between various data, as appropriate.

In order to determine our district community needs, data was analyzed according to whether the indicators were failing to meet the national HP2020 targets, whether indicators were trending in the wrong direction, whether there were apparent disparities, whether there were significant discrepancies between district and state indicators, whether the issue affects a large number of district

residents, and/or whether the issue was identified as a significant problem based on community input. If these criteria were present, the indicator was identified as a need. Indicators were grouped and examined by topic area, which were further identified as community needs.

To prioritize the significant health needs, attendees were given three colored stickers and instructed to vote for the three categories they identified as the most important priorities to address. The initial list of health categories available for voting on the flip chart, and corresponding number of votes, is as follows:

Health Category	Number of Votes
Community Health	0
Access to Care	1
Safety	2
Chronic Disease	3
Substance Abuse	6
Aging Population & Related Illnesses	17
Housing / Environmental	18
Mental Health	25
Wellness / Prevention / Weight Management	36

38 participants representing a broad range of community organizations attended this meeting. Additional meeting materials can be found in Appendix E.

The top four significant health needs are identified as: Aging Population & Related Illnesses; Housing/Environmental; Mental Health; and Wellness/Prevention/Weight Management.

COMMUNITY INVOLVEMENT

As stated earlier, strong community involvement is a critical element for the most effective outcome. Participant engagement has remained and will continue to be a significant area of focus throughout the process. Representatives from the following organizations have played an active role in the assessment process.

PARTICIPATING COMMUNITY MEMBERS AND ORGANIZATIONS	
North Central District Health Department (NCDHD)	NorthStar Services
Antelope Memorial Hospital	NCDHD Board of Health
Avera Creighton Hospital	North Central Community Care Partnership
Avera St. Anthony's Hospital	Area Substance Abuse Prevention Coalition
Brown County Hospital	O'Neill Chamber of Commerce
Cherry County Hospital	Central Nebraska Economic Development
CHI Health Plainview Hospital	Holt County Economic Development
Niobrara Valley Hospital	Knox County Economic Development
Osmond General Hospital	Neligh Economic Development
Rock County Hospital	Pierce County Economic Development
West Holt Memorial Hospital	University of Nebraska Lincoln Extension Office, Brown-Rock-Keya Paha County
The Evergreen Assisted Living Facility ²	Ewing Public School
Cottonwood Villa Assisted Living Facility ²	Lynch Public School
Good Samaritan Society – Atkinson ²	O'Neill Public School Board
Pregnancy Resource Center	O'Neill Ministerial Association
Finish Line Chiropractic	West Holt Health Ministries
Counseling & Enrichment Center / Building Blocks	O'Neill Lions Club
Region 4 Behavioral Health System	O'Neill Rotary Club
Central Nebraska Community Action Partnership ¹	Mitchell Equipment – O'Neill, NE
Northeast Nebraska Community Action Partnership ¹	Family Service Child Care Food Program
Northwest Nebraska Community Action Partnership ¹	

SPECIAL POPULATION CONSIDERATION

As indicated previously, specific populations at higher health risk or that have poorer health outcomes were identified in this community as low-income, Hispanic, Native American, and elderly residents. In addition to using existing relationships with organizations who work with these populations to distribute targeted community surveys, representatives from these organizations also participated in community meetings throughout the assessment process. Organizations in the community involvement table above are marked with 1 to indicate representation of the low-income population and 2 to indicate representation of the elderly population. Representatives of all four special populations were included on invitations to every community meeting, although representatives for the Hispanic population did not attend. Representatives of the Native American population did participate in the county focus group meeting for Knox County.

NEXT STEPS: GOALS AND STRATEGIES

Completion of this community health assessment report signals the transition from the assessment phase of the process to the community health improvement plan phase. The next MAPP phase involves using the community health assessment results and identified priority health needs to develop a community health improvement plan that will outline the goals, objectives, strategies, key activities, and performance indicators for each of the priority areas identified by the community members. These priority areas are strategic issues selected by community members that need to be addressed to allow the community's vision to come to fruition. The community health improvement plan will be completed by September 1, 2016. This is followed by the action cycle, where community members and representatives from the public health sector organizations work to achieve progress on the established goals. The action cycle will begin in September 2016 and will continue through 2019 when the assessment and implementation process will be repeated.

EVALUATION OF IMPACT ON 2013 HEALTH PRIORITIES

Based on the 2013 CHNA, Avera Creighton Hospital's (ACH) Implementation Strategy and Community Benefit Plan focused on diabetes prevention and management through education, resources and access to care. Heart disease, cancer and depression were other top health concerns that surfaced.

As planned, the hospital strengthened its efforts to endorse healthy weight management and lifestyle choices by making resources and education available to the public. ACH promoted our affordable wellness center and donated numerous gift certificates at community banquets and benefit events. In April of 2013, we had 68 memberships. This has slightly increased to 70 memberships currently. Administration applied for a BCBS Wellness Grant to focus on these efforts but did not receive the grant. At that point, a partnership was pursued with Measure of Life, a company out of Norfolk, Nebraska, that specializes in healthy living. Measure of Life charges a fee for their services, which we felt made this one option, not an overall solution for our community. By allowing Measure of Life to see clients free of charge on the hospital campus, they are helping to provide free community outreach to citizens in our area. A recent event, which was advertised in the local newspaper, on flyers in local businesses and on the radio, focused on reading nutrition labels and making conscious food choices. A healthy snack demonstration was given and recipes dispersed. A local physical therapist, employed by the hospital, also provided exercise demonstrations that focused on safe methods for the aging population.

The hospital has a new focus on social media, as a method to disperse education and resources to promote healthy living. In addition, a partnership with the local radio station to discuss health education topics such as diabetes prevention, cancer screenings and more on a morning talk show has been developed.

Since our last CHNA, ACH had a physician and nurse practitioner leave their medical staff. The hospital worked diligently to recruit a nurse practitioner and a physician assistant to maintain the provider ratio in the community. In addition, ACH is currently recruiting for a physician which will increase access to primary care providers in Knox County. In addition, ACH added a Psychiatric Mental Health Nurse Practitioner and a Certified Clinical Mental Health Counselor to its outreach services.

Avera continues to strengthen its Coordinated Care program, which started in 2012 and is free to participants. The goal is to connect patients to primary care teams consisting of a RN team coordinator, a clinic care specialist and most recently added, a social worker. The program is specifically designed to help people who have significant barriers to improved health, such as multiple diagnoses, chronic illness, health literacy issues, or psychosocial issues such as lack of finances, depression, or lack of health insurance. Patients have been enrolled at Avera Medical Group (AMG) – Creighton, AMG-Niobrara and AMG-Verdigre, among other locations. Multiple health indicators are tracked for those enrolled including primary care provider visits, inpatient hospitalizations, and weight loss.

ACH offers a “Know Your Numbers” screening program to allow patients affordable access to their health information. For example, a laboratory test is available for fifteen dollars to measure blood glucose, as well as liver and kidney function. ACH also offers screenings at a discounted rate to local businesses, such as Michael Food in Bloomfield, Ne and NCPPD in Creighton, Ne.

No written comments were received from the public on Avera Creighton Hospital’s most recently conducted CHNA or implementation strategy.

SUMMARY OF FINDINGS

SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY

The following chart displays significant health needs identified throughout this report, based on the information within this assessment as well as the guidelines of Healthy People 2020.

Areas of Opportunity Identified through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> ▪ Lack of access to facilities, physicians, rate of uninsured, financial hardship, transportation, cultural competency, coverage limitations
Cancer	<ul style="list-style-type: none"> ▪ Cancer deaths: Lung, Prostate, Colorectal ▪ Cancer Incidence: Prostate, Lung, Skin, Breast ▪ Cancer Screening: Cervical, Colon, Breast ▪ <i>Cancers ranked as a top concern</i>
Ageing Problems (e.g. arthritis, hearing/vision loss, etc.)	<ul style="list-style-type: none"> ▪ Aging population ▪ Disability prevalence ▪ <i>Ageing problems ranked as a top concern</i>
Diabetes	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Diabetes Incidence ▪ Risky behaviors (see Nutrition, Physical Activity & Weight)
Heart Disease & Stroke	<ul style="list-style-type: none"> ▪ Mortality ▪ Awareness <ul style="list-style-type: none"> ○ Incidence decreasing ▪ <i>Heart Disease & Stroke ranked as top concern</i>
Injury & Violence	<ul style="list-style-type: none"> ▪ Safety seat/safety belt usage (children) ▪ Texting while driving ▪ Using cell phones while driving
Mental Health	<ul style="list-style-type: none"> ▪ Access to care ▪ Stigma
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> ▪ Overweight prevalence (adults) ▪ Amount of physical activity ▪ Access to recreation/fitness centers ▪ <i>Nutrition, weight and physical activity ranked as top concern</i>
Respiratory Diseases	<ul style="list-style-type: none"> ▪ Chronic Obstructive Pulmonary Disease (COPD) ▪ Asthma
Oral Health	<ul style="list-style-type: none"> ▪ Incidence of tooth extraction ▪ Incidence of tooth decay ▪ Regular dentist visits
Environmental Health	<ul style="list-style-type: none"> ▪ Adequate housing
Immunizations	<ul style="list-style-type: none"> ▪ Vaccinations <ul style="list-style-type: none"> ○ Pneumonia ○ Influenza
Substance Abuse	<ul style="list-style-type: none"> ▪ Binge drinking ▪ Seeking help for alcohol/drug issues ▪ Substance abuse among children (youth survey) ▪ Tobacco use

AVERA CREIGHTON HOSPITAL: KNOX COUNTY

POPULATION CHARACTERISTICS

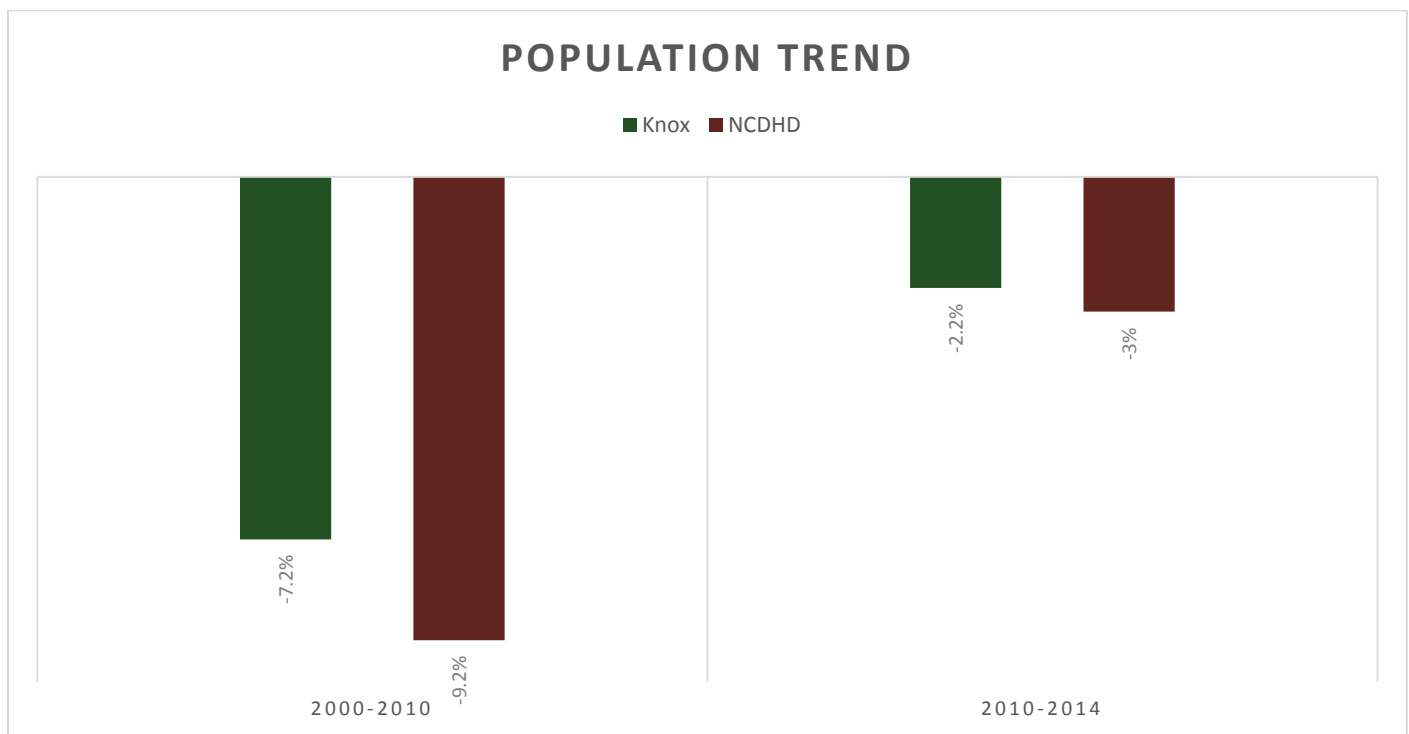
TOTAL POPULATION

The nine-county district in north-central Nebraska, the focus of this Community Health Needs Assessment, encompasses 14,451 square miles and 45,992 residents, according to the most recent census estimates. The North Central District is 87.8% rural, whereas the state of Nebraska is 26.9% rural, thus explaining North Central District’s low population density of about 3.18 persons per square mile. On average, Knox County is older than the state of Nebraska as well as the U.S.

	Antelope	Boyd	Brown	Cherry	Holt	Keya Paha	Knox	Pierce	Rock	NCDHD	NE	U.S.
Total population	6,600	2,093	3,167	5,735	10,435	698	8,617	7,211	1,436	45,992	1,841,625	311,536,608
Median Age	46.5	51.9	46.7	45.1	45.8	53.3	47	41.9	49.7	47.5	36.3	37.3

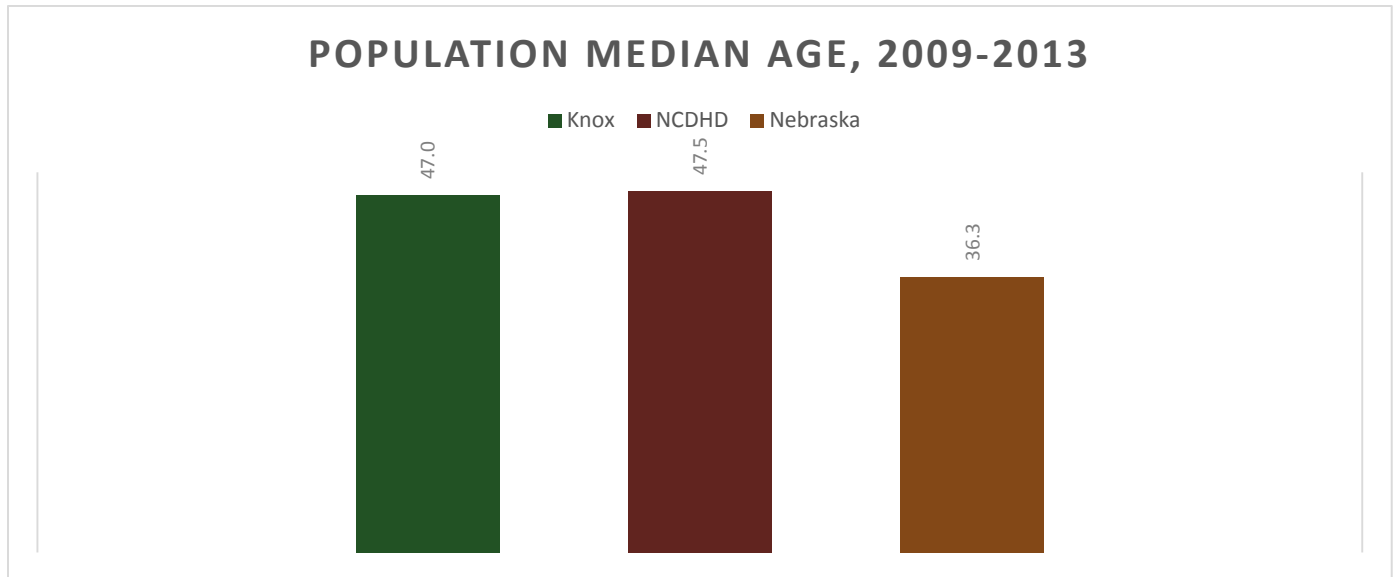
POPULATION CHANGE

A significant negative shift in total population over time can impact healthcare providers available for the service area and the utilization of community resources. Between 2000-2010 US Censuses, Knox County’s total population has decreased by 7.18%, while from 2010-2015 the total population for Knox County decreased by only 2.2%.

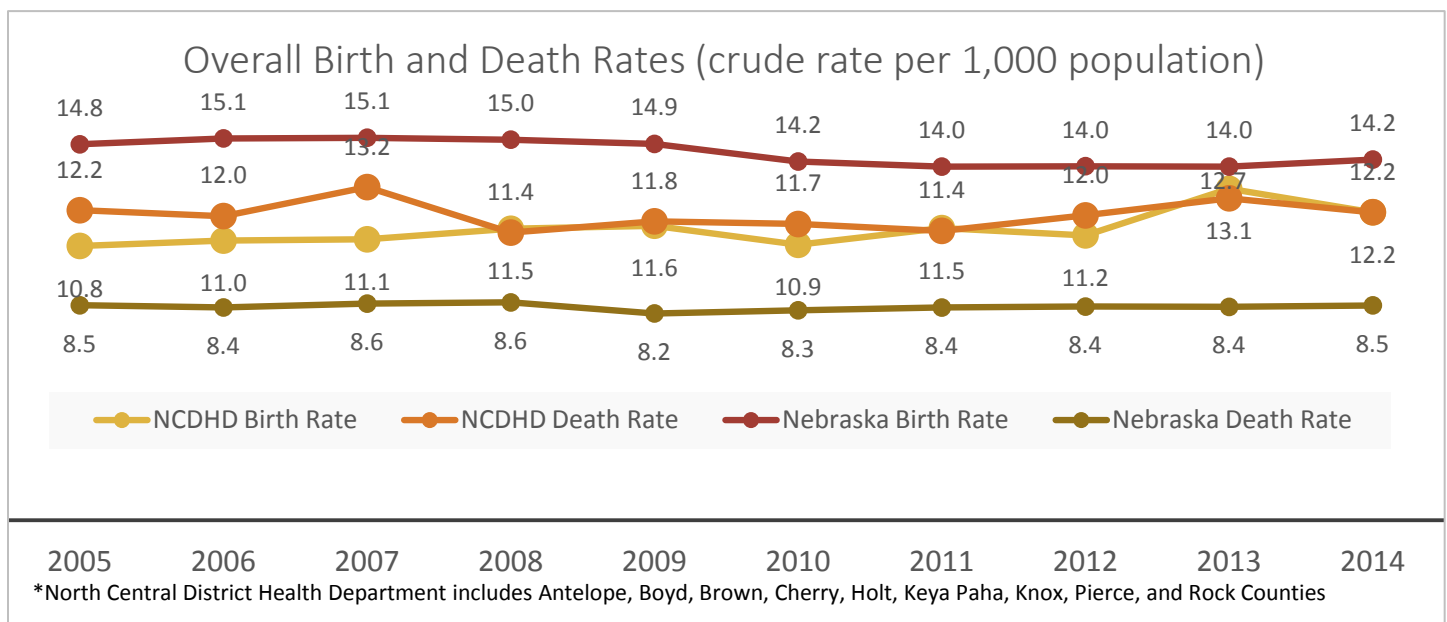


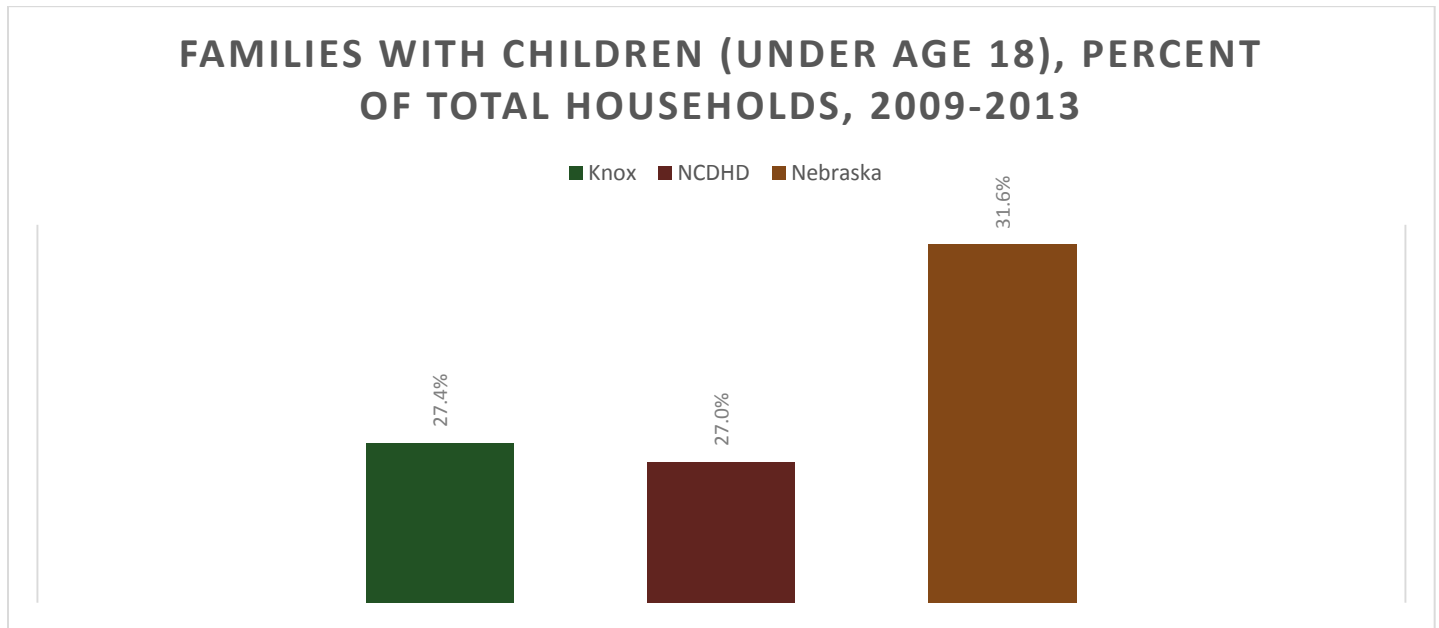
POPULATION DEMOGRAPHICS

The majority of the residents in Knox County (87.9%) are non-Hispanic, white residents. The remaining minority proportion is 9.5 % Native American/Alaska Native, 2.6% Hispanic, 0.4% Asian, and 0.2% Black. Fewer than 200 residents in the district (<1%) are not proficient in English. Approximately 27.8% of the county population, over the age of 25, possesses an Associate’s degree or higher, whereas 11% have not received a high school diploma. For the district, approximately 64% report being married, while 82% of survey participants were married.



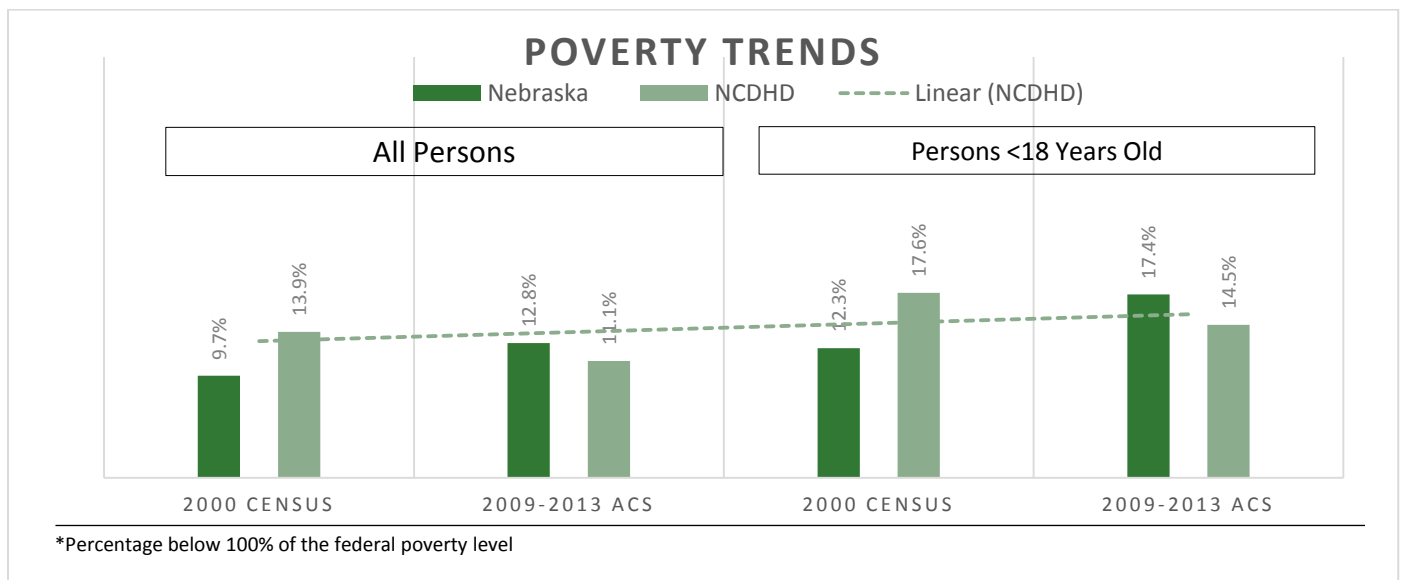
Data Source: CHNA (US Census Bureau, American Community Survey, 2009-13)





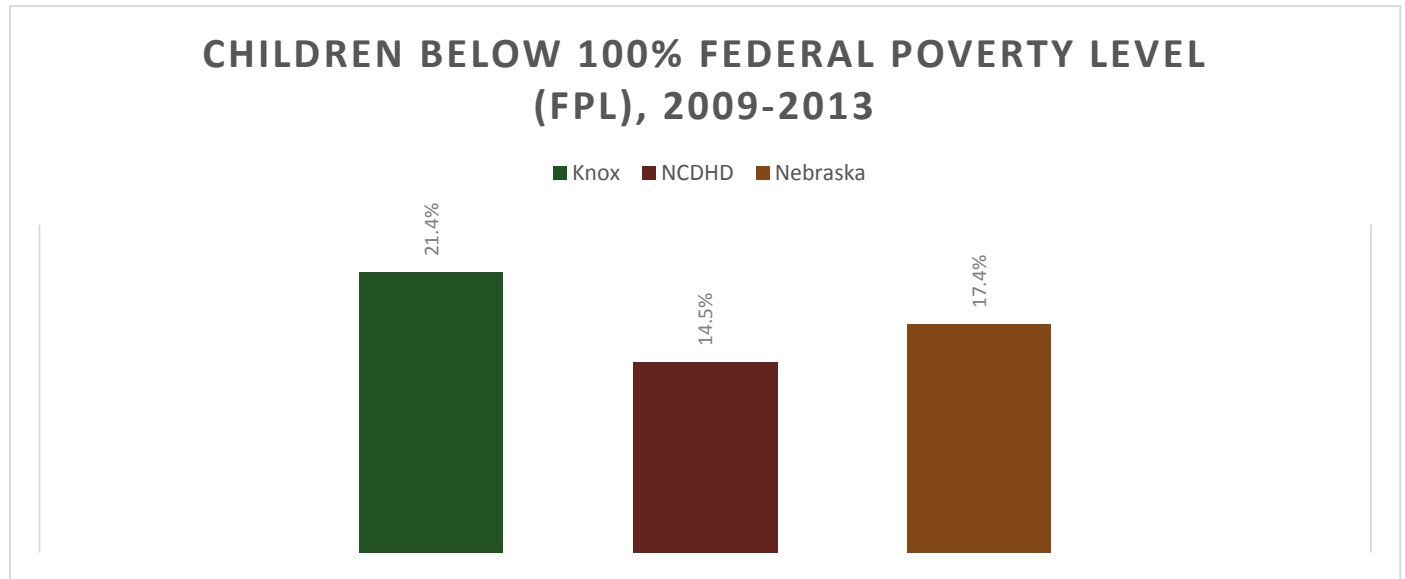
Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

POVERTY

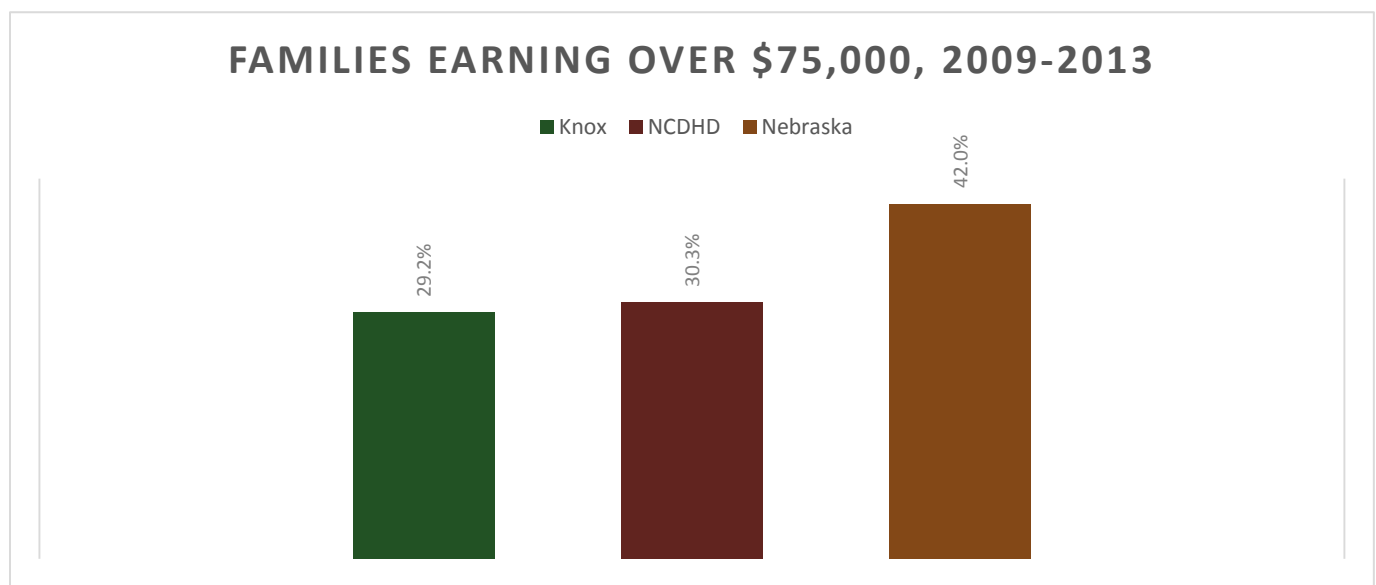


Although the median household income for Knox County is approximately \$43,709, Census data reports that 36% of the district has an income greater than \$60,000, while about 19% of the district have an annual household income of less than \$20,000. Poverty is identified as a barrier to many public health-related issues including: access to care, nutrition, education, etc. Within Knox County, there are 430 (21%) children living below the Federal Poverty Level (FPL), and 3,080 (37%) individuals living in households with

income below 200% of the FPL.



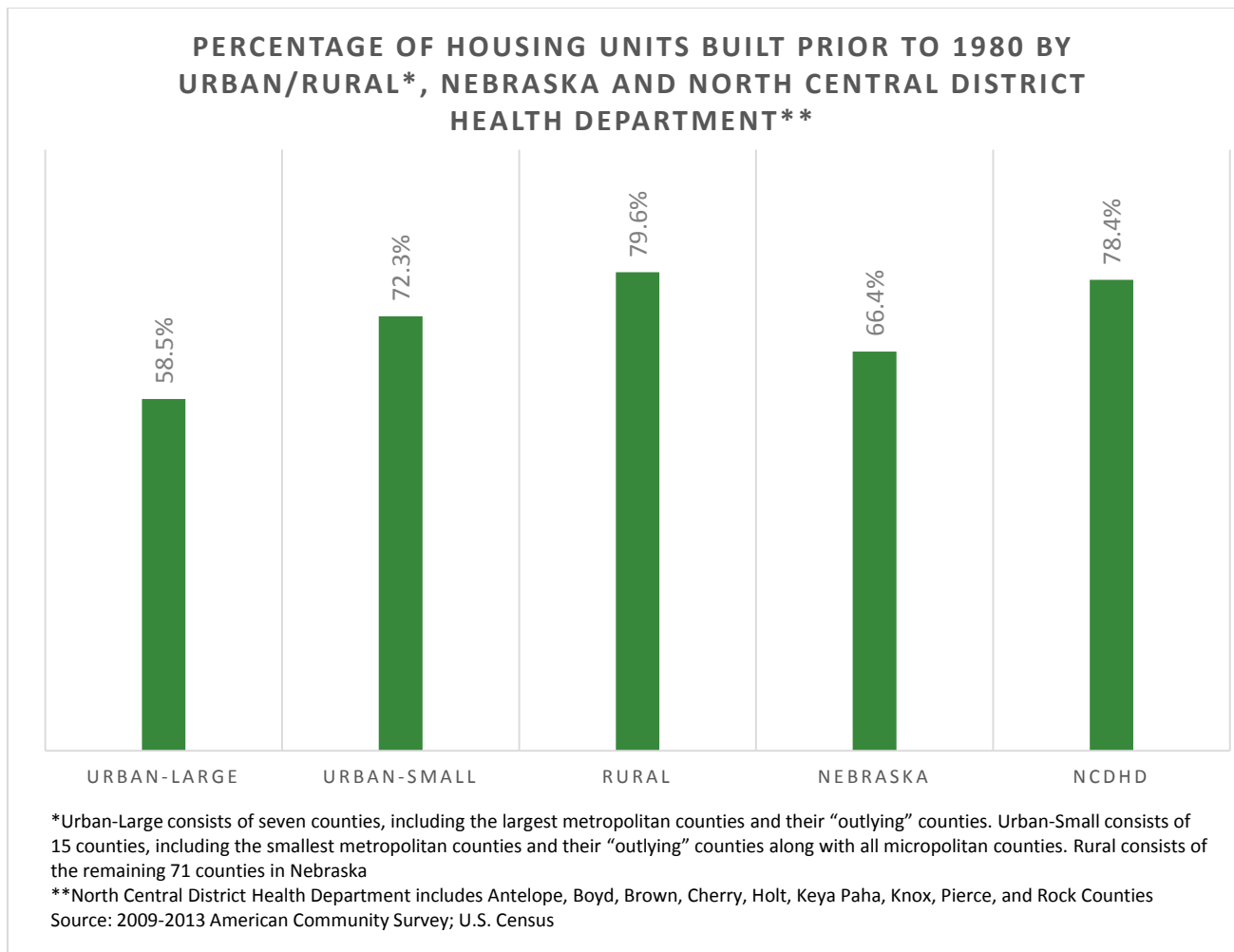
Data Source: CHNA (US Census Bureau, American Community Survey, 2009-13)



Data Source: CHNA (US Census Bureau, American Community Survey, 2009-13)

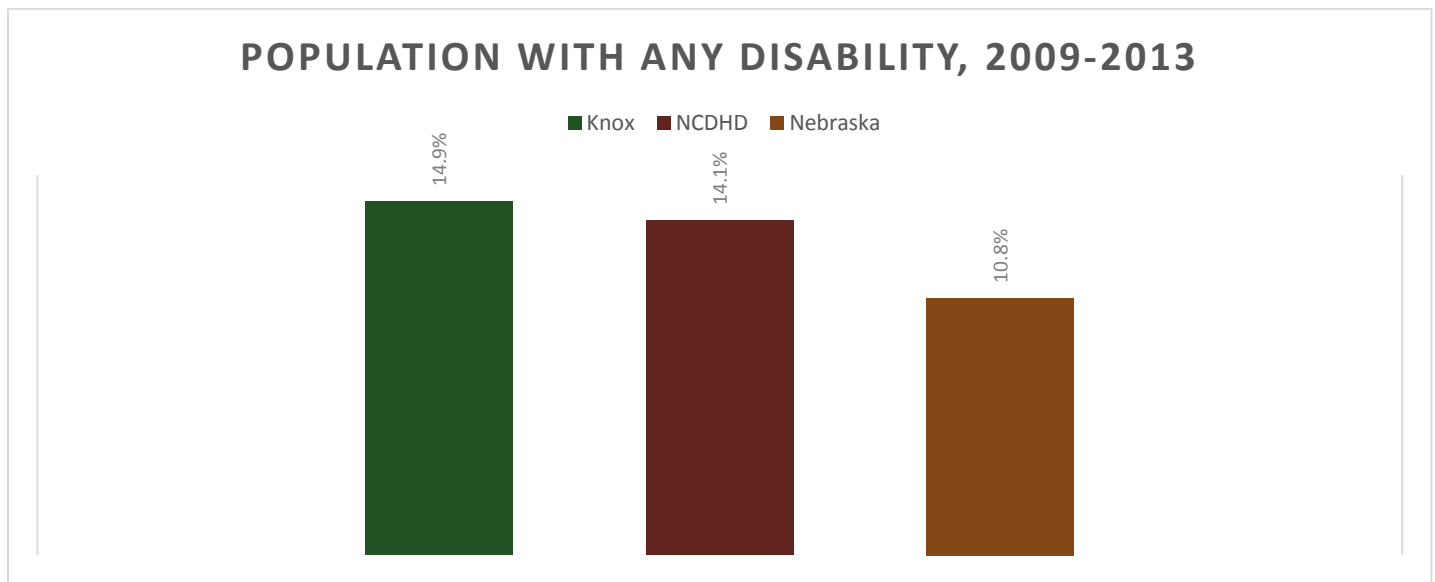
HOUSING ENVIRONMENT—SUBSTANDARD HOUSING

Substandard housing is identified as homes where the quality of living and housing can be considered substandard due to lack of complete plumbing facilities, lack of complete kitchen facilities, 1.01 or more occupants per room, monthly owner costs as a percentage of household income greater than 30%, and gross rent as a percentage of household income greater than 30%. Approximately 20% of Knox County’s occupied housing units (rented or owned) meet at least one of these aforementioned criteria.



DISABILITY

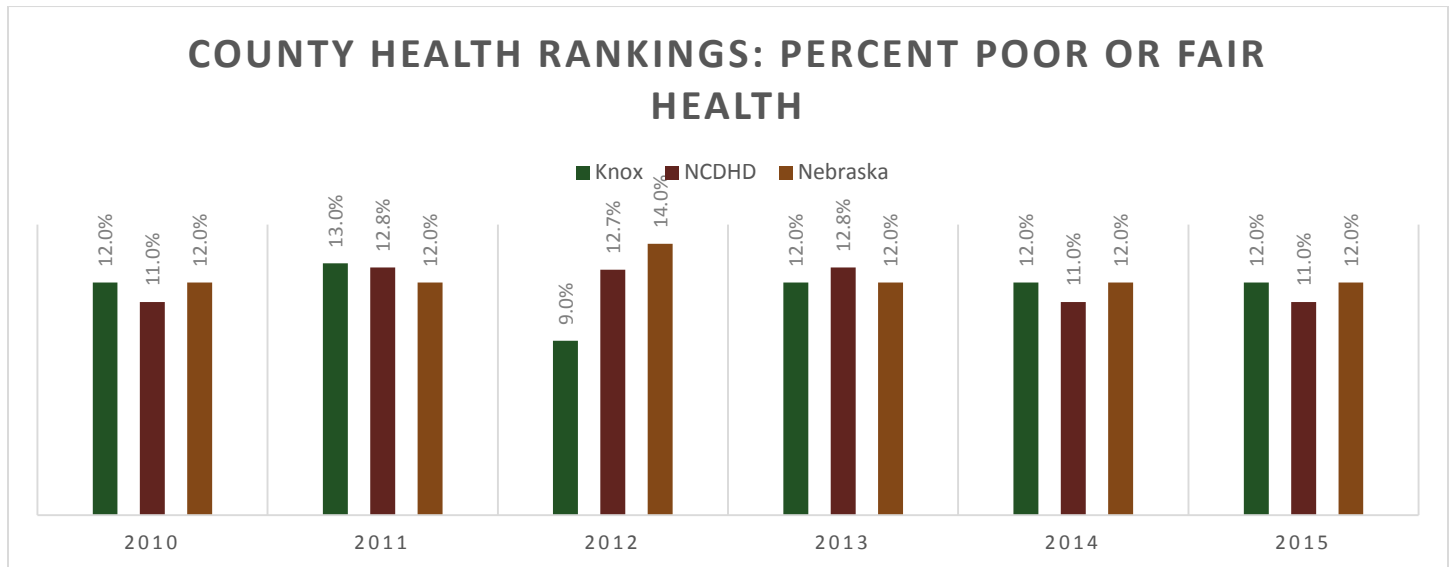
Disability status is defined as the civilian non-institutionalized population with a disability. This is a relevant metric for the Community Health Needs Assessment, because providers consider disabled individuals a vulnerable population that require targeted services and outreach. Within Knox County, 1,251 of the residents report having a disability, which is equivalent to about 14.9% of the service area’s total population. The age breakdown is as follows: 3.6% under 18 years of age, 11.5% are 18-64 years of age, and 36.4% are 65 years or older. The county with the highest percent of the population with a disability is Keya Paha with 20% and the lowest is Pierce with 14%.



Data Source: CHNA (US Census Bureau, American Community Survey. 2009-13)

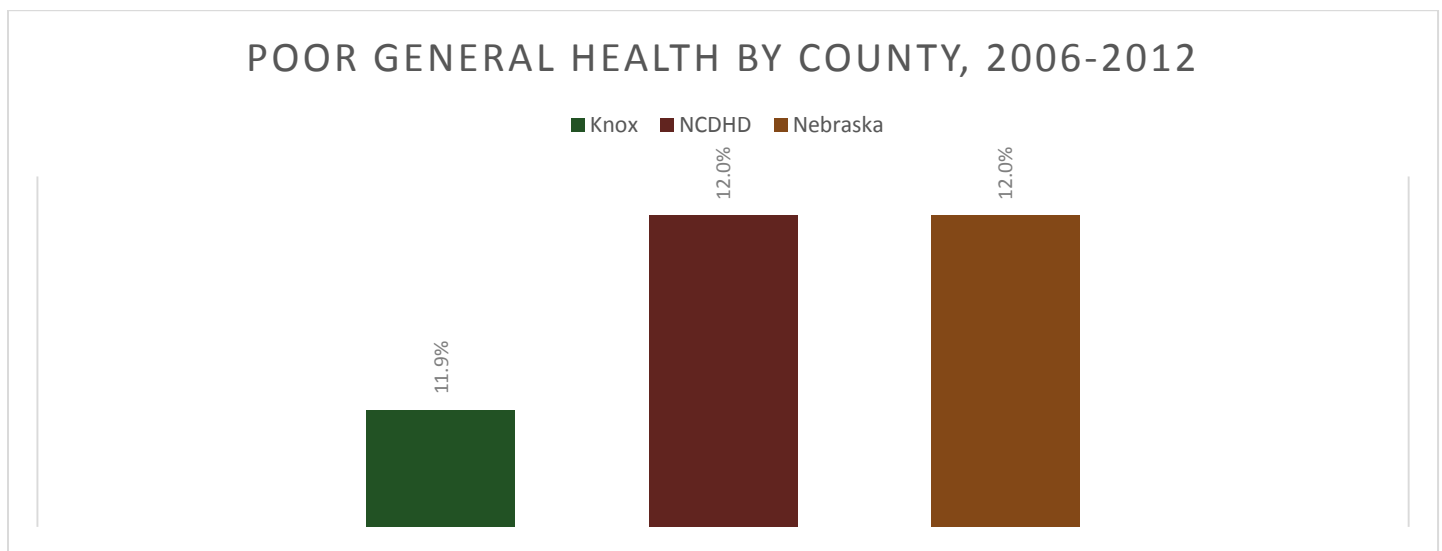
GENERAL HEALTH STATUS

From the Healthy County Rankings data, those that reported poor or fair health from within the service area has varied slightly from 2010 to 2015. Twelve percent of the service areas residents said they had poor or fair general health in 2010, 2013, 2014 and 2015, peaking at 13% in 2011. In 2012 residents reported a low of 9%.



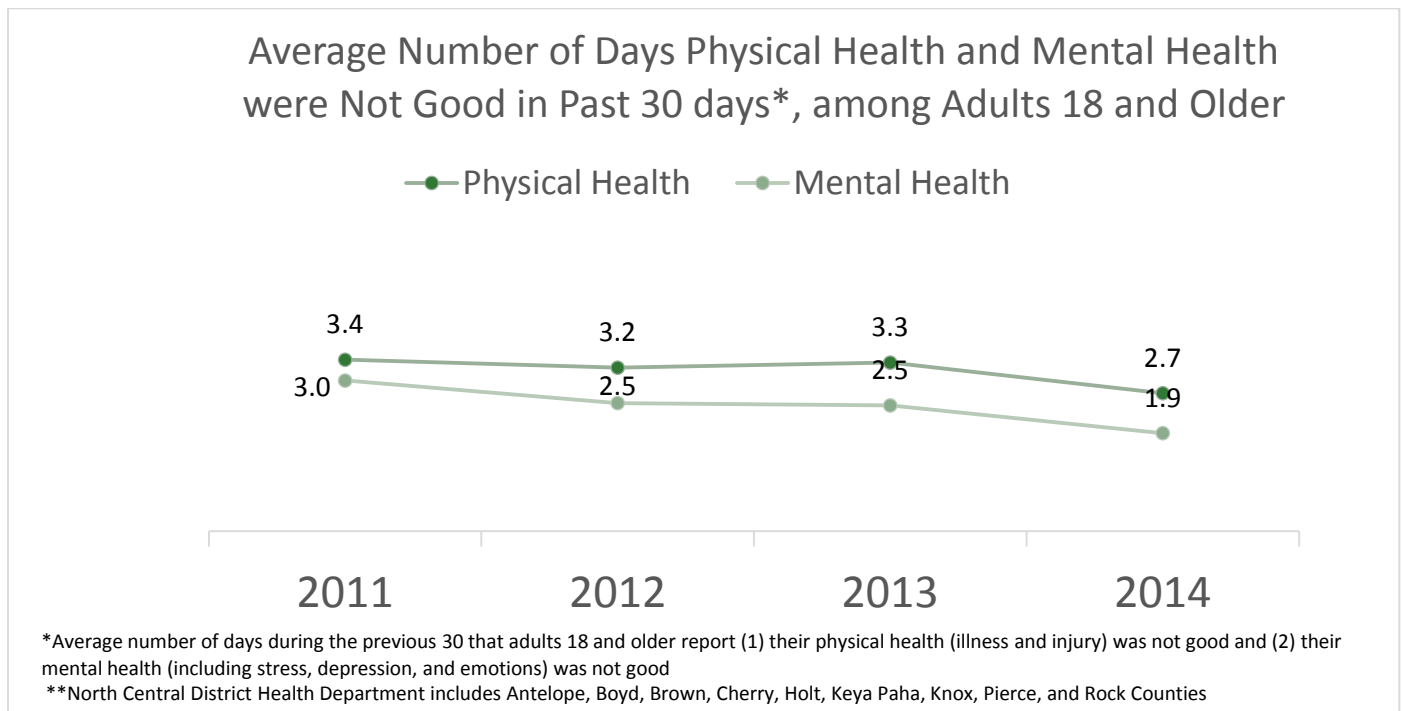
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

The average percent that claimed poor general health from 2006 to 2012 can be seen below.

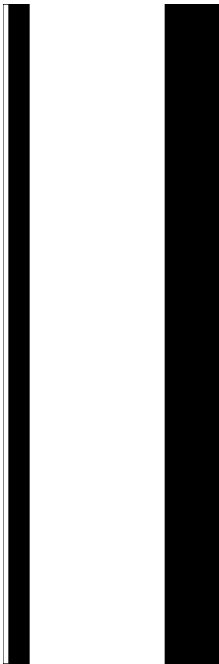


Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

MENTAL HEALTH

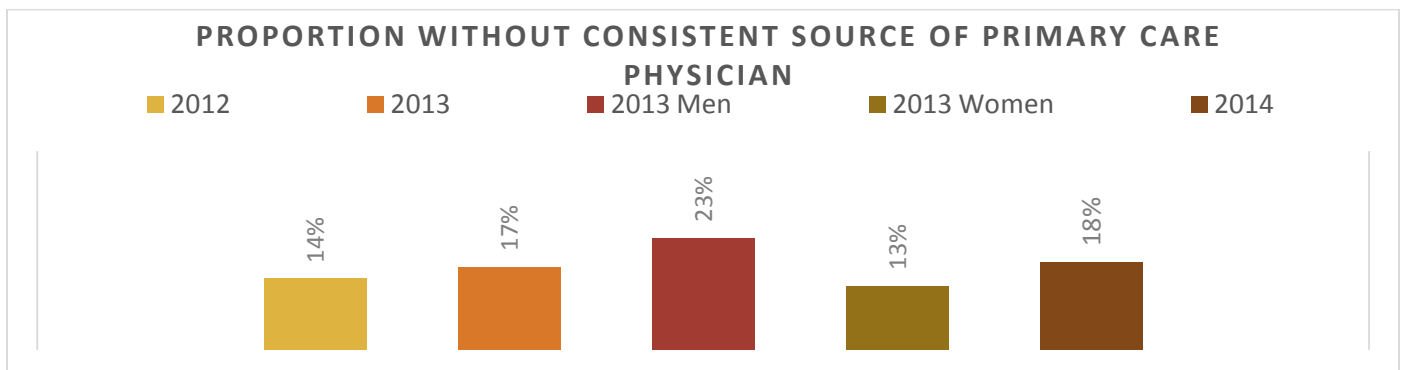


Mental health issues can range from displaying issues to resisting seeking care due to associated stigma. The 2014 Behavioral Risk Factor Survey (BRFSS) reported that approximately 12% of the survey respondents had been told they have depression, which has decreased from 15% in 2011. This is significantly lower than the state proportion of those reported to have depression, which is approximately 18%. Frequent mental distress in the past 30 days was reported by 5% of respondents of the service area survey. In 2012, 7% of respondents reported taking medication for a mental health condition, and 1% experienced symptoms of a serious mental illness within the last 30 years. All counties within the district are state-designated shortage areas for psychiatry and mental health.



ACCESS TO CARE

Access to care is a primary concern of rural areas. This is a lack of various healthcare resources including: facilities, physicians, insurance, transportation, cultural competency, and health literacy. Within the North Central District, lack of a consistent source of primary care physician shows to be a growing concern. This seems to be disproportionately displayed by gender (see table below). In addition, this can cause declining prevention of major health issues as well as an increase in emergency department visits. Despite this, the percentage of North Central District respondents that had received routine health check-ups in the past 12 months has increased from 59% in 2011 to 64% in 2014 (although where the healthcare was received was not noted).



Avera Creighton Hospital is staffed by 10 medical providers including 3 physicians. The facility provides 24/7 access to emergency services and is able to bring a host of outreach specialists in from various locations.

COST OF HEALTHCARE

Cost surfaced in the survey responses as a barrier to obtaining proper healthcare. However, these numbers have been decreasing in recent years (11% in 2013 to 8.5% in 2014). Survey respondents reported paying for their health services as follows: 3% self pay; 81% private health insurance; 2.3% Medicaid; 6% Medicare; 1.4% Veteran’s Administration; 0.2% Indian Health Services and 7% other.

**AVERA CREIGHTON HOSPITAL PAYER MIX
BASED ON NUMBER OF PATIENTS**

OUTPATIENTS

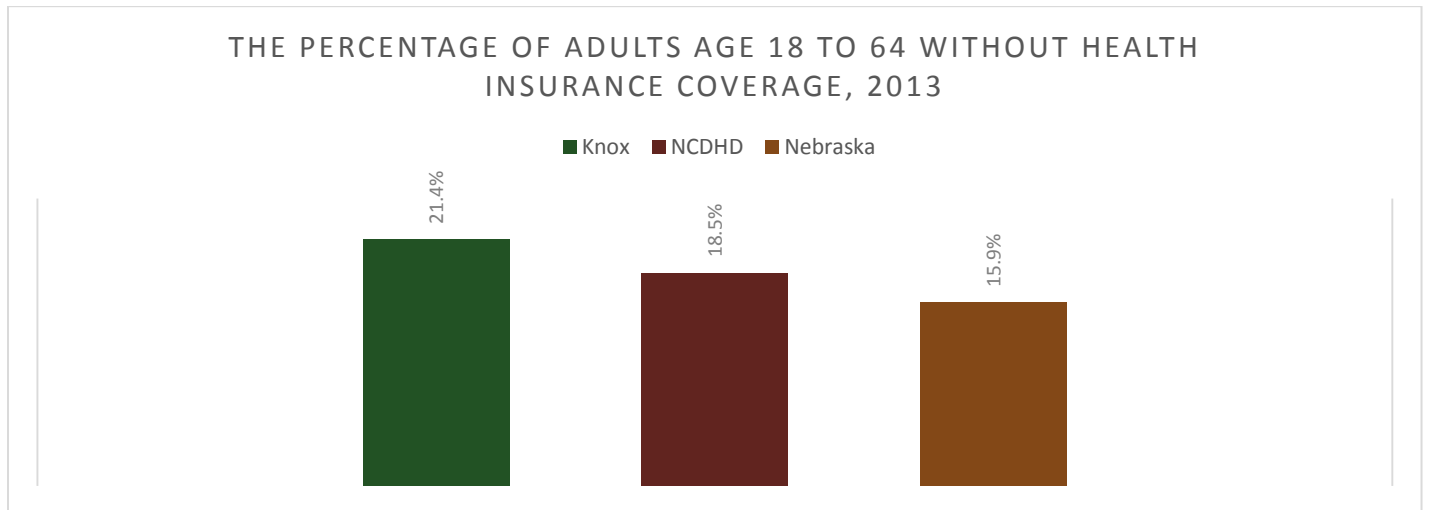
	FY13	FY14	FY15
Self Pay	3.60%	3.30%	2.00%
Private Health Insurance	19.50%	18.60%	19.80%
Medicaid/Medicaid Replacement	6.50%	7.00%	6.60%
Medicare/Medicare Replacement	60.30%	61.00%	60.50%
Government Payers	1.70%	1.10%	1.00%
Indian Health Services	1.00%	1.00%	1.00%
Other	6.90%	7.50%	9.40%

INPATIENTS

	FY13	FY14	FY15
Self Pay	1.60%	1.40%	1.00%
Private Health Insurance	6.50%	7.70%	7.60%
Medicaid/Medicaid Replacement	4.70%	6.70%	2.50%
Medicare/Medicare Replacement	84.90%	82.70%	84.90%
Government Payers	0.00%	0.00%	0.00%
Indian Health Services	0.00%	0.00%	0.00%
Other	1.80%	1.00%	3.60%

INSURANCE COVERAGE

Within the Knox County service area, the proportion of uninsured adults is approximately 21%, which is more than the 15% of uninsured adults within Nebraska and 18.5% in our health district. Within Knox County, there were 955 uninsured adults in 2013 and 1,223 adults covered with Medicaid. In addition, there are 242 uninsured children (11%) within the service area. The proportion of uninsured individuals for the service area was found to be higher than that of the health district and state.



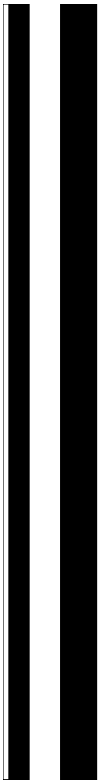
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2013.

HEALTH LITERACY AND ACCESS

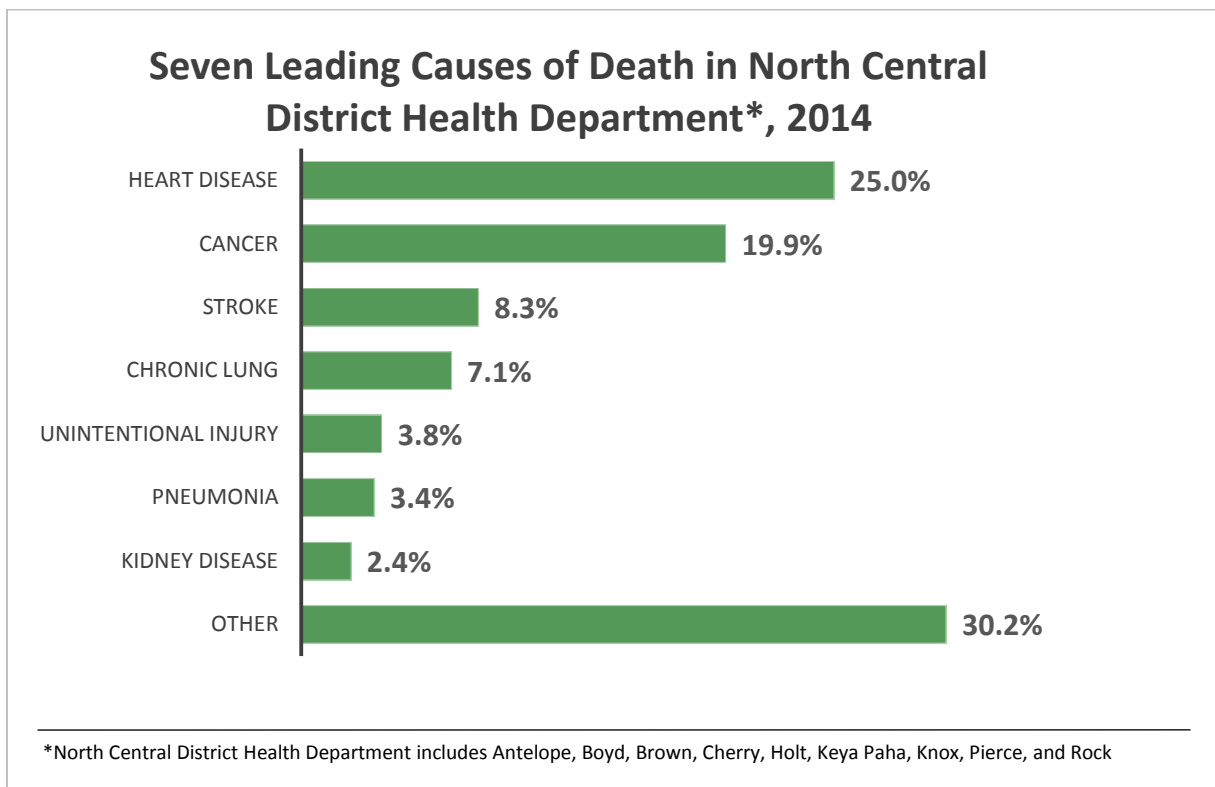
Understanding health information can be directly correlated with access and quality of healthcare. Health Literacy Nebraska is one organization that supports efforts to improve health literacy. With these efforts, 68% of respondents acknowledged that written health information is always or almost always easy to understand. While, on the contrary, 11% said they always or nearly always had help reading health information.

HEALTH PERSONNEL SHORTAGE AREAS

Shortage areas are defined by Health Resources and Services Administration (HRSA) shortage designation criteria, which determine whether or not a geographic area or a specific population group qualifies as a Health Professional Shortage Area or a Medically Underserved Area or Population. Given this information, the shortage areas for the North Central District are as follows: 8 in Family Practice, 7 in General Internal Medicine, 9 in General Pediatrics, 8 in Obstetrics/Gynecology, 6 in General Surgery, 9 in Psychology/Mental Health and 6 in General Dentistry. Given this information, Knox County has been designated as a shortage area.



LEADING CAUSES OF DEATH



Leading Causes of Death in North Central District Health Department*							
2005-2009 Combined				2010-2014 Combined			
Rank	Cause of Death	Number Deaths	% of Total	Rank	Cause of Death	Number Deaths	% of Total
1	Heart Disease	823	28.8%	1	Heart Disease	688	25.0%
2	Cancer	607	21.3%	2	Cancer	586	21.3%
3	Stroke	209	7.3%	3	Stroke	204	7.4%
4	Unintentional Injury	164	5.7%	4	Chronic Lung	158	5.7%
5	Chronic Lung	135	4.7%	5	Unintentional Injury	127	4.6%
6	Alzheimer's	110	3.9%	6	Alzheimer's	95	3.5%
7	Diabetes	91	3.2%	7	Pneumonia	89	3.2%
8	Pneumonia	73	2.6%	8	Diabetes	86	3.1%
9	Kidney Disease	50	1.8%	9	Kidney Disease	49	1.8%
10	Parkinson's	35	1.2%	10	Parkinson's	37	1.3%
	Total	2,856			Total	2,750	

LEADING HOSPITAL DISCHARGE DIAGNOSES

*Note: 7/1/13 to 6/30/14 and 7/1/14 to 6/30/15

2014

2015

Acute		Acute	
1	Pneumonia, Unspecified	1	Pneumonia, Unspecified
2	Dehydration	2	Dehydration
3	Obstructive Chronic Bronchitis w/ Acute Exacerbation	3	Septicemia, Unspecified
4	Cellulitis of Leg	4	Urinary Tract Infection, Unspecified
5	Diverticulitis Colon (w/o Mention of Hemorrhage)	5	Influenza w/ Other Respiratory Manifestations

Observation		Observation	
1	Dehydration	1	Dehydration
2	Lumbago	2	Nausea with Vomiting
3	Nausea with Vomiting	3	Atrial Fibrillation
4	Syncope and Collapse	4	Chest Pain NEC
5	Urinary Tract Infection, Unspecified	5	Malaise and Fatigue

Swing Bed		Swing Bed	
1	Rehabilitation Proc NEC	1	Rehabilitation Proc NEC
2	Pneumonia, Unspecified	2	Pneumonia, Unspecified
3	Food/Vomit Pneumonitis	3	Septicemia, Unspecified
4	Cellulitis of Leg	4	Acute Interstitial Pneumonitis
5	Physical Therapy NEC	5	Physical Therapy NEC

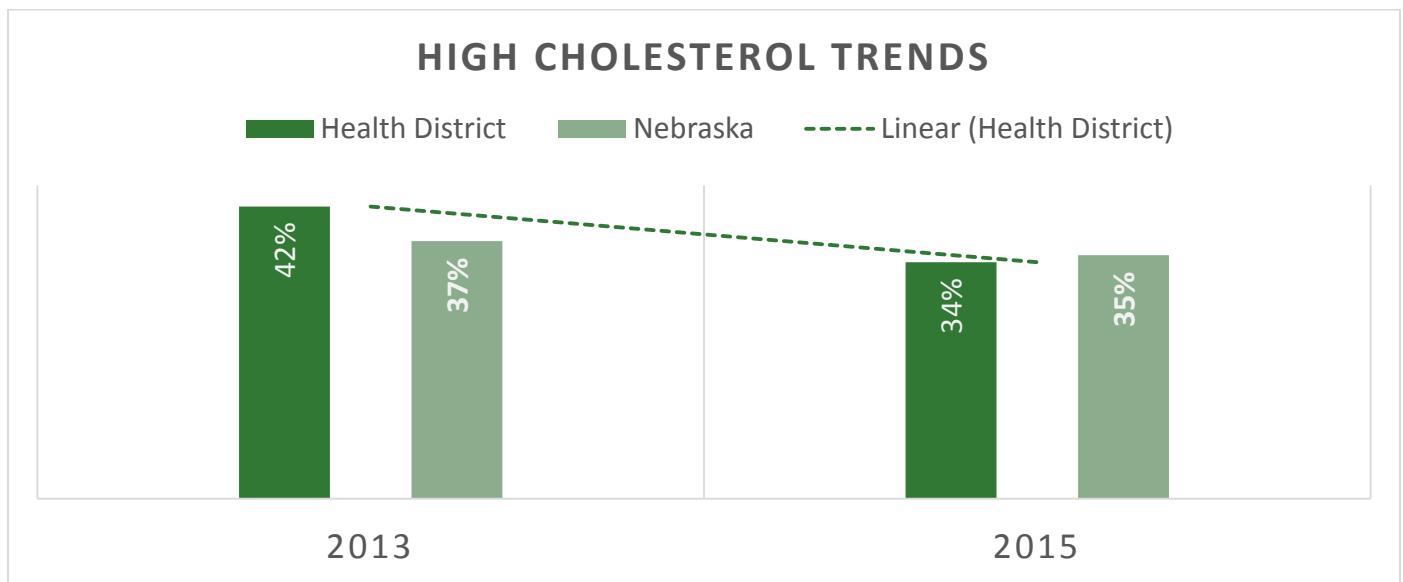
Leading Causes of Inpatient Hospitalization*, North Central District Health Department**, 2013		
Cause	#	%
Circulatory System Diseases	726	15.8
Respiratory System Diseases	546	11.9
Pregnancy & Childbirth	462	10.0
Digestive System Diseases	405	8.8
Musculoskeletal System Diseases	327	7.1
Neoplasms	160	3.5
Endocrine, Nutritional, Metabolic, Immunologic Disorders	160	3.5
Genitourinary System Diseases	155	3.4
Infections & Parasitic Diseases	130	2.8
Mental Disorders	128	2.8
Skin & Subcutaneous Tissue Diseases	85	1.8
Nervous System & Sense Organ Diseases	68	1.5
Injury & Poisoning	51	1.1
Anemia & Diseases of the Blood and Blood -Forming Organs	45	1.0
Congenital Anomalies	11	0.2
All Others	1,142	24.8
Total	4,601	100.0
*Based on the general ICD-9-CM categories **North Central District Health Department includes Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock Counties Source: Nebraska Hospital Discharge Data, NDHHS		

CHRONIC CONDITIONS

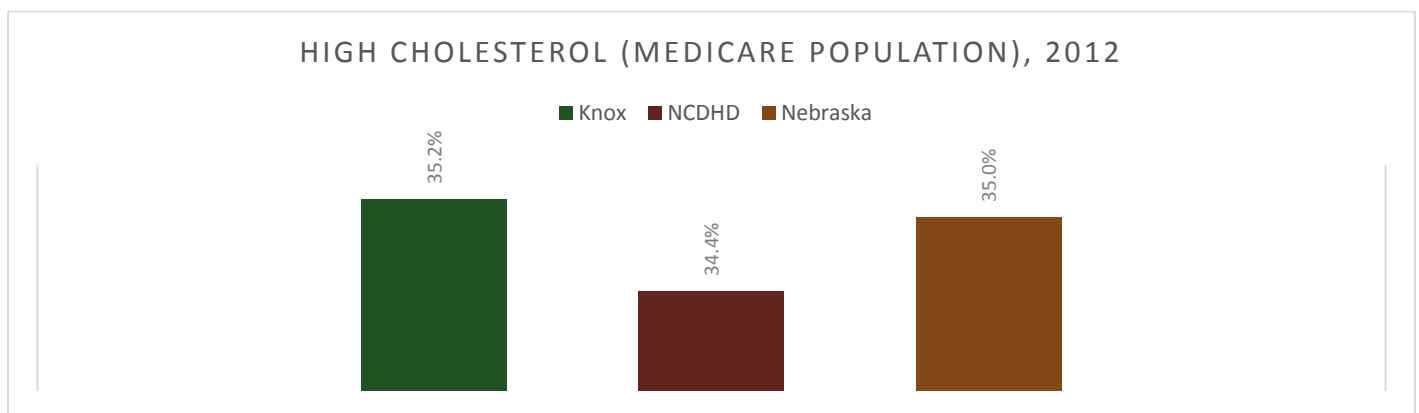
CLINICAL RISK FACTORS: CHOLESTEROL, BLOOD PRESSURE & SCREENING

CHOLESTEROL

In the state of Nebraska, heart disease has been a leading cause of death since 2013, with approximately 3,378 deaths annually attributed to this ailment. The BRFSS in Nebraska reports a prevalence (self-reported) of 74% with high cholesterol. Of those who reported being tested for high cholesterol, 38% and 37% (in 2011 and 2013, respectively) confirmed high cholesterol.



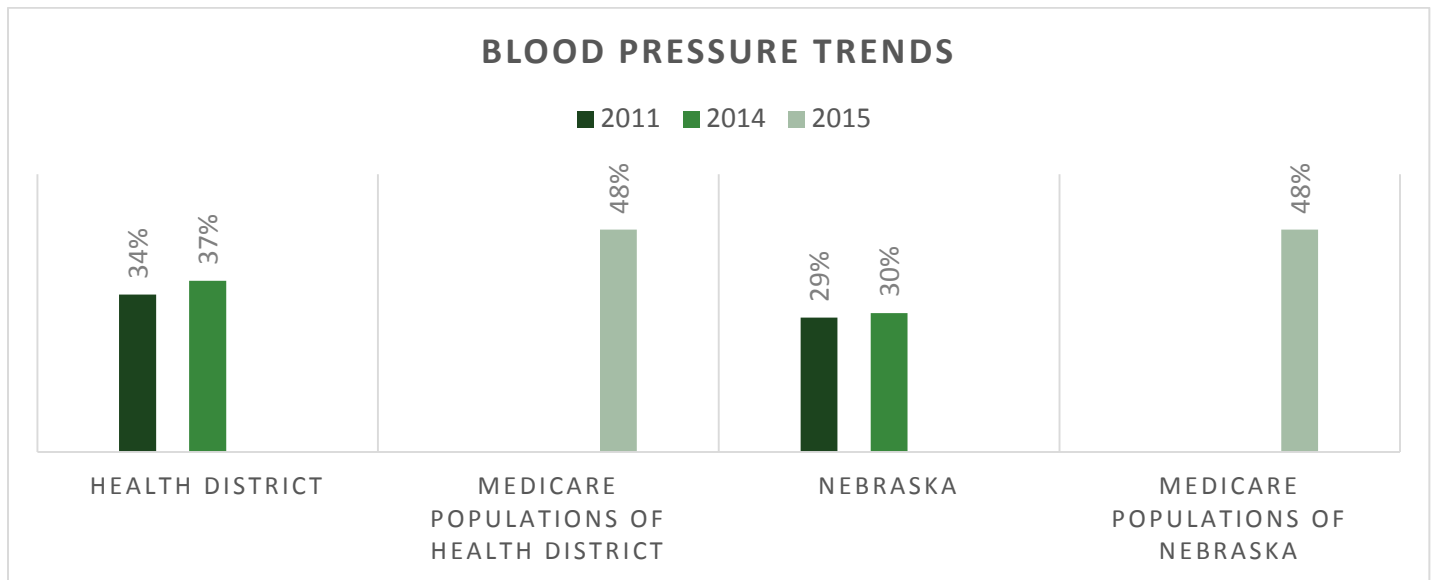
County-specific data on the Medicare population’s prevalence of high cholesterol showed that 35% of the Knox County Medicare population had high cholesterol. Seventy-four percent of the North Central District population reported being screened for high cholesterol within the past five years, which was higher than the state (72%) in 2013.



Data Source: Centers for Medicare and Medicaid Services. 2012.

BLOOD PRESSURE

High blood pressure is a common condition that increases the risk for heart disease and stroke, two leading causes of death in Americans. It is suspected by the Centers for Disease Control and Prevention (CDC) that only approximately 52% of those with high blood pressure have it under control. The prevalence of high blood pressure for the health district was 34% (self-reported, NE DHHS). The CHNA Medicare Population showed 58% with high blood pressure, which was the same as what was reported for the state (see below). The prevalence of high blood pressure in Knox County was 52% through the Medicare population and 21% of adults in Knox County aged 18 and older that have been told by a doctor of having elevated blood pressure or hypertension.



SCREENING

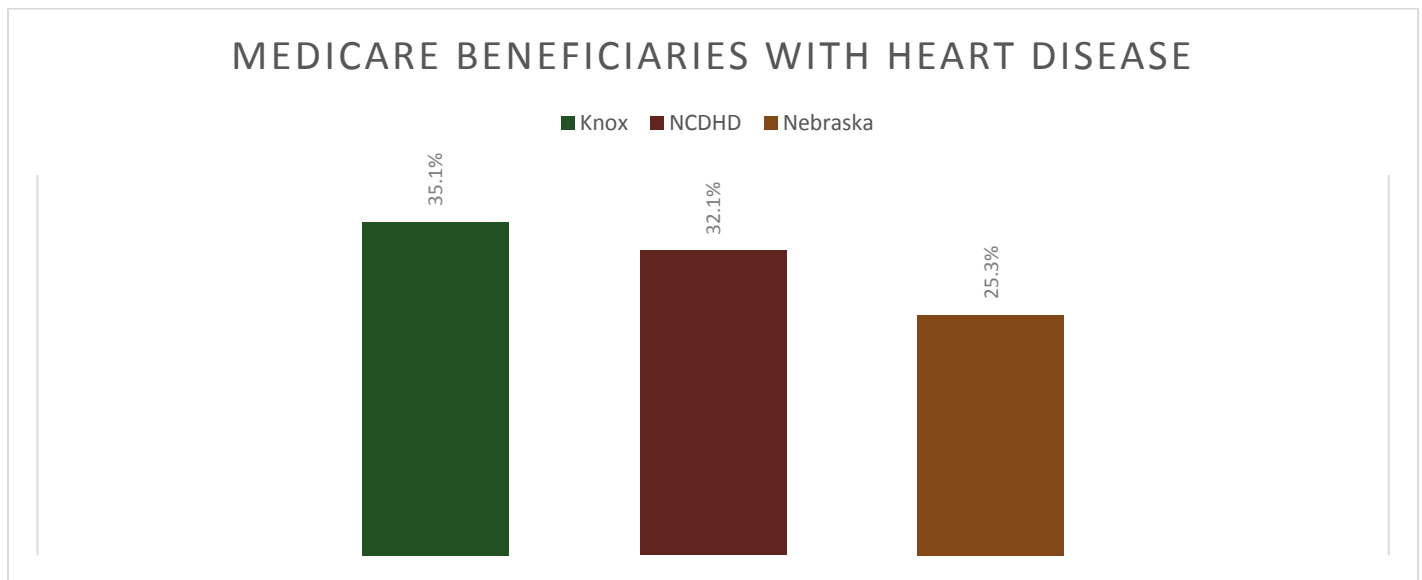
Blood pressure screening for the North Central District is less than that of the state of Nebraska (82% and 85%, respectively). Screening is of importance, because if detected early, high blood pressure can be more effectively managed and treated. Males were slightly lower in terms of screening than females (78% and 88%, respectively). The proportion of those currently taking blood pressure medications within the health district medications decreased from 85% in 2011 to 79% in 2013. This, too, showed differences among gender, with 77% of males and 95% of females currently taking blood pressure medications in 2011 decreasing to 71% and 88% in 2013.

HEART ATTACK, HEART DISEASE AND STROKE

HEART ATTACK

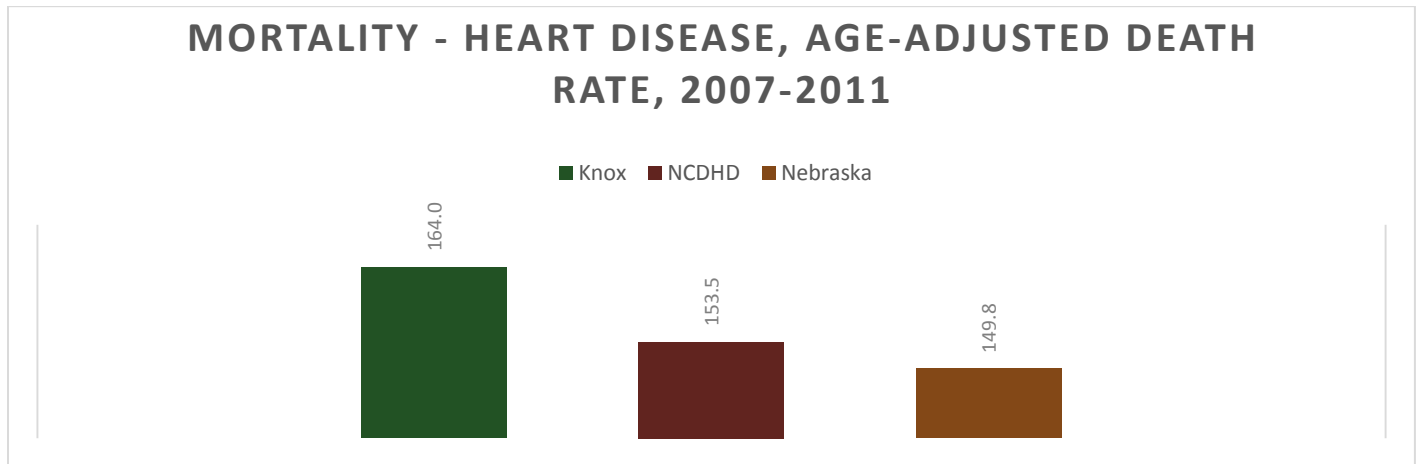
According to the BRFSS data in 2014, 4.6% of residents in the health district reported having had a *heart attack*, which was slightly higher than the 3.8% of the state. From 2011 to 2013, the proportion of those having suffered from a heart attack has varied somewhat (6%, 8% and 6%, respectively). Heart attack incidence ranged by gender, from 12.5% of males to 3.6% of females within the health district in 2012.

HEART DISEASE



Data Source: Centers for Medicare and Medicaid Services. 2012.

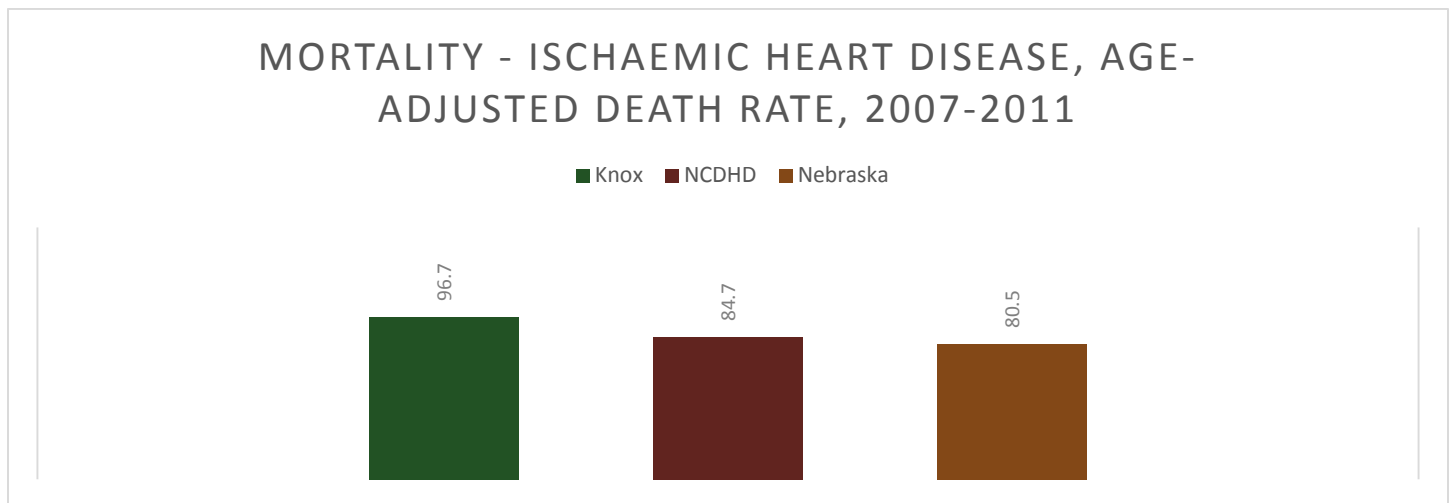
Heart disease encompasses many variations of heart conditions including: Coronary Artery Disease (Coronary Heart Disease), Cardiomegaly, Heart Attack, Atrial Fibrillation, Heart Valve Disease, Congenital Heart Disease, and several others. Within Knox County’s Medicare population, 35% reported having any heart disease, which is more than the 25% reported from the state and 32% from the district. The age-adjusted death rate attributed to heart disease, for the health district was 153.5 per 100,000 and for Nebraska was 149.8 per 100,000.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.

CORONARY HEART DISEASE

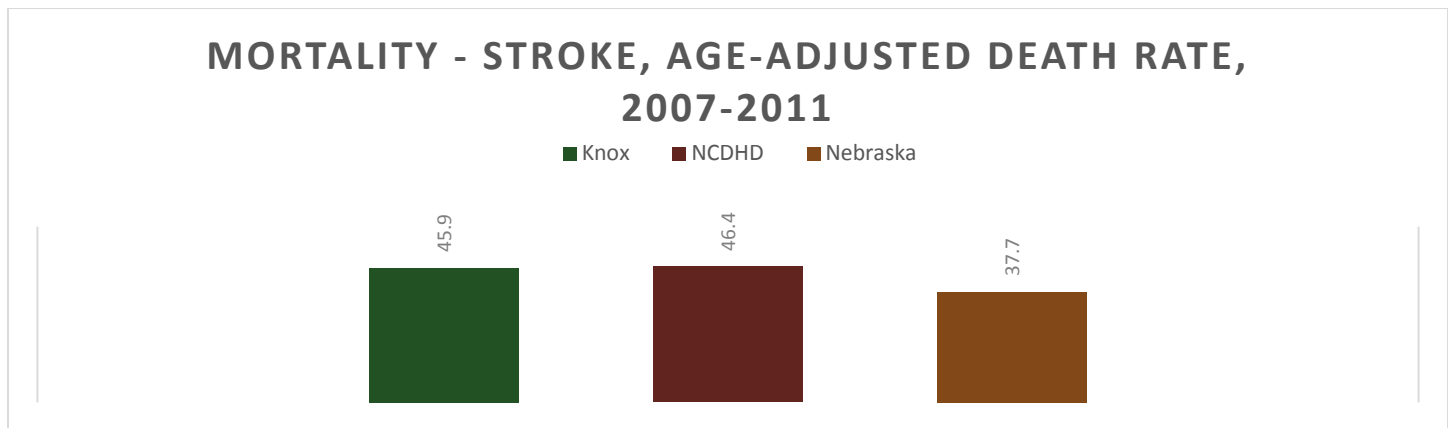
Coronary heart disease (or Ischaemic Heart Disease) was prevalent in 4% of the district population, which was nearly the same as the state’s prevalence for 2015. This is lower than what was reported in 2012 and 2013 (7.8% and 5.8%, respectively). Those residents of the North Central District area that reported they had a *heart attack or coronary heart disease* was not significantly different from that of the state for 2013 (8% and 6%, respectively). The age-adjusted death rate attributed to Ischaemic heart disease, for the health district was 84.7 per 100,000 and for Nebraska was 80.5 per 100,000; both were less than the Healthy People 2020 goal of less than 103.4 per 100,000. Knox County had a higher coronary heart disease death rate (96.7 per 100,000 population). Nationwide the rate was 126.7 and the Healthy People 2020 target is 103.4.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.

STROKE

In 2014, those from the health district who reported having a stroke had declined since 2011 (2.5% to 3.3%, respectively), which was not significantly different from that of the state. The age adjusted death rate for the health district, attributed to stroke, was 46.4 per 100,000 and for Nebraska was 37.7 per 100,000; both were more than the Healthy People 2020 goal of less than 33.8 per 100,000. Knox County age-adjusted death rate was 45.9 per 100,000 which is slightly less than the district.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.

COMMUNITY HEALTH SURVEY RESPONSE

Approximately half of the community health survey respondents (46%) ranked *Heart Disease and Stroke* as a major health concern of the community, elevating this issue to an overall ranking of third in the problems identified. It was more common of survey respondents with income over \$65,000 to rank this issue higher. It was also more common to see respondents of older ages (>55) select this as a top-ranking issue of the community.

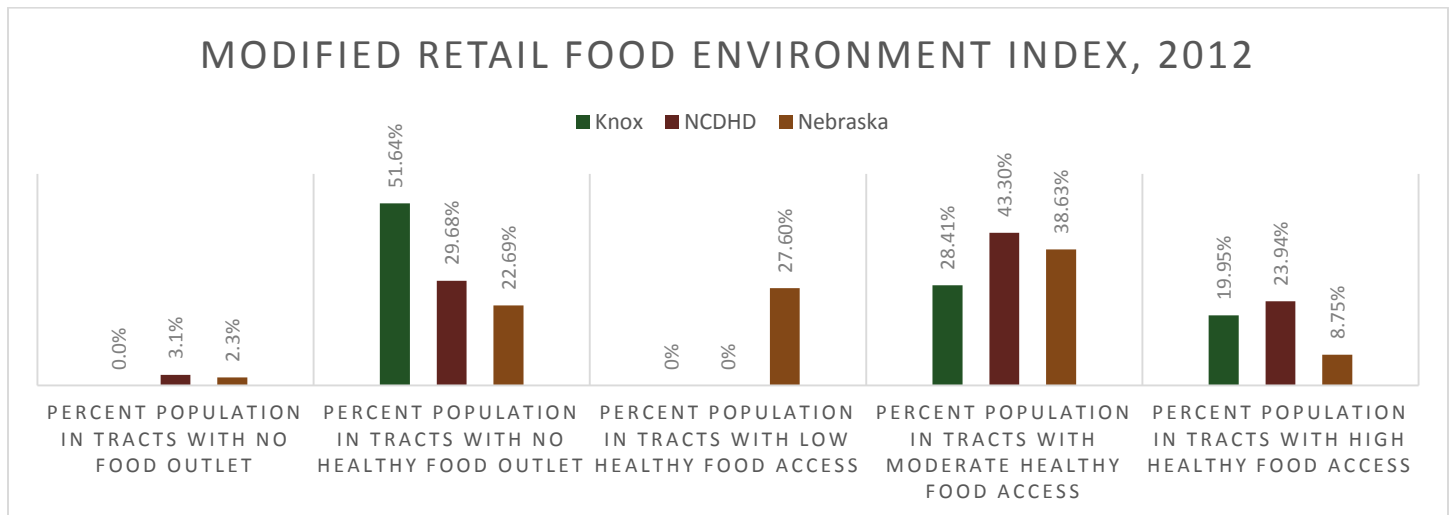
NUTRITION, PHYSICAL ACTIVITY & WEIGHT MANAGEMENT

NUTRITION

Data for the state of Nebraska (BRFSS) shows that on average, 40% of Nebraskans consume fruits less than once a day and 26% have vegetables less than once a day. Correspondingly, 41% of Nebraska adolescents have less than one serving of fruits per day and 38% have less than one serving of vegetables per day.

Another indicator of proper nutrition includes healthy food retail in community settings such as schools, child care, early education, and food systems support. California, for example, has 22 local food policy councils and Nebraska, in comparison, has one. Indicators of Nebraska's nutrition status include: less than

1% of cropland designated to fruits and vegetables, 60% of census tract have healthier food retailer within ½ mile, Nebraska has no State-level policy council, and 16% of middle/high schools in Nebraska offer fruits and vegetables at celebrations, ranking Nebraska second to last only to South Dakota at 12.5%.

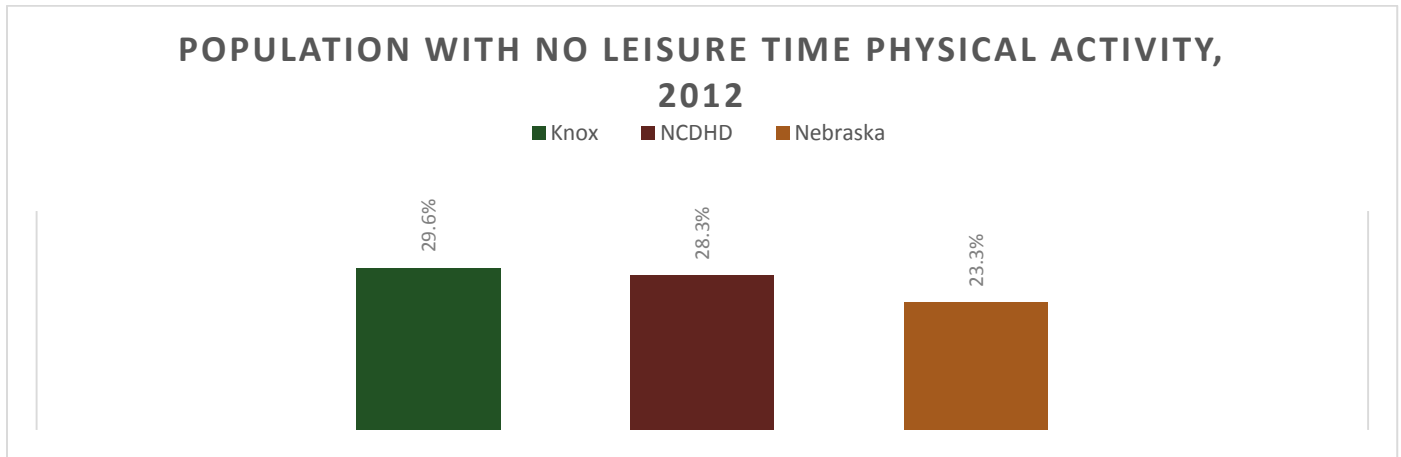


Data Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011.

Within the health district, BRFSS indicators of 2013 report many other nutritional statistics including: sugar-sweetened beverages are consumed by 27% of adults (1 or more in the last 30 days), 47% of adults reported either watching or reducing their sodium intake, 42% consumed fruits less than once a day, 22% consumed vegetables less than once a day. Forty-one percent of community health survey respondents noted “poor eating habits” as their top risky behavior. The proportion of respondents concerned about their eating habits decreased with age. Twenty nine percent of low income residents of Knox County did not live near a grocery store, thus limiting access to healthy foods.

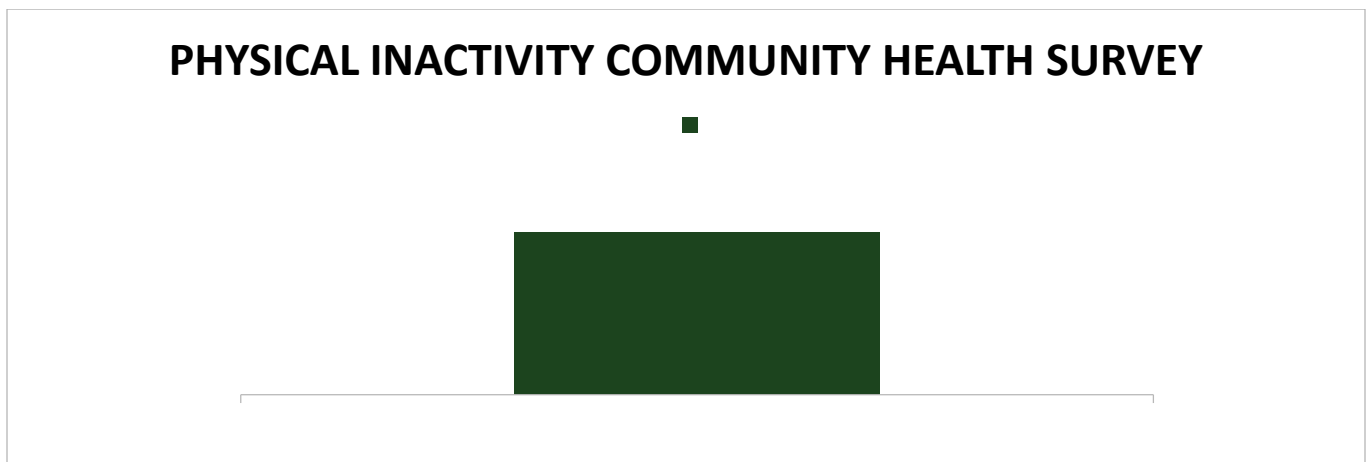
Food insecurity was reported in the BRFSS data, present in 10% of the health district, which was less than the 18% for Nebraska in 2012. However, these numbers increased in 2013 to 17% for the health district and 19% for Nebraska.

PHYSICAL ACTIVITY



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012

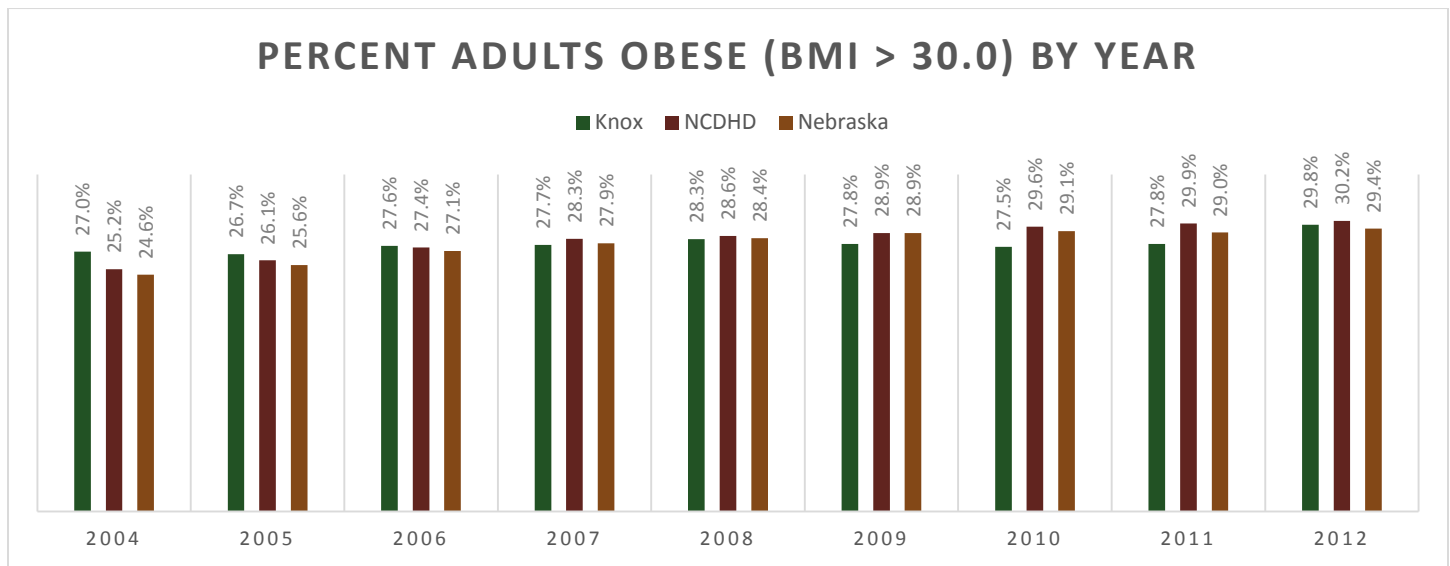
According to the Centers for Disease Control and Prevention (CDC) guidelines, proper daily exercise for adults (ages 18 to 64) include weight training on two or more days per week incorporating all major muscle groups and walking 150 minutes per week, or jogging 75 minutes per week and weight training on two or more days a week incorporating all major muscle groups. Overall, the health district area is more physically inactive than the state of Nebraska (31% and 24%, respectively). Knox County reported 33% of the population being physically inactive. In 2014, the percentage of those in the health district area with no leisure time activity was 26%, which had decreased from 32% in 2011. The proportion of those who met the aerobic physical activity requirements varied from 45% in 2011 to 51% in 2013. Similarly, the muscle strength recommendation in 2013 was met by 21% of the health district population (lower than 28% of Nebraskans). Overall, in the community health survey, “lack of exercise” ranked 4th as a community health problem. Trends in the community health survey showed “lack of exercise” identified as a health problem decreased with age and increased with income and with education. “Lack of exercise” also tied for third in the ranking of risky behaviors of the community.



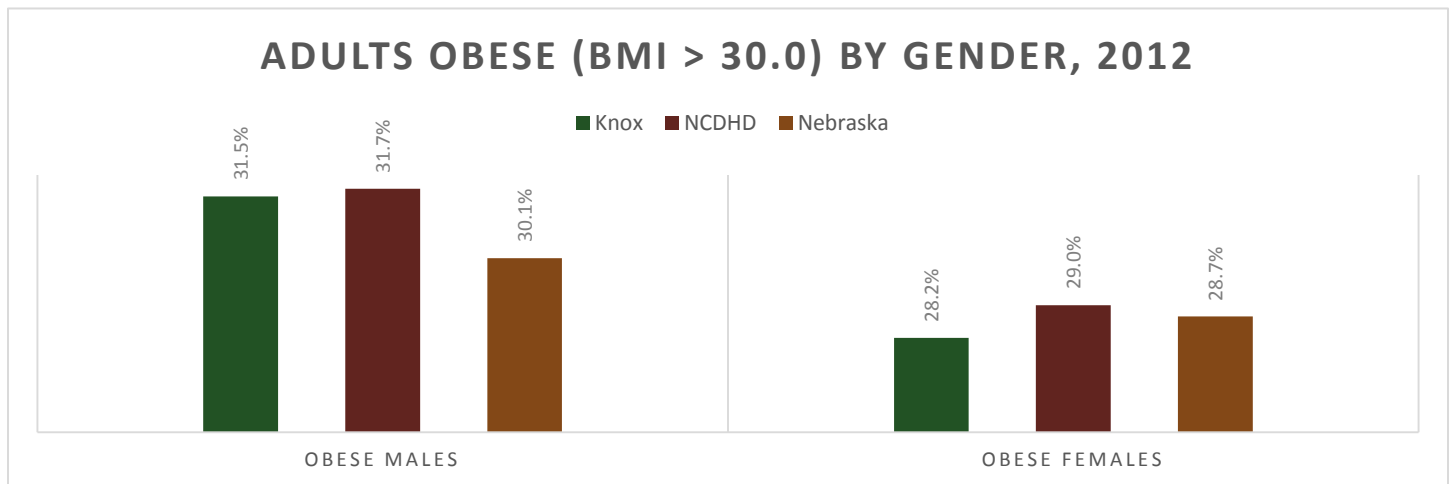
WEIGHT MANAGMENT



Obesity is a chronic disease that impacts one-third of U.S. adults. The definition of being obese is a BMI of 30kg/m² or greater. The general trend since the 1970s is a rapid increase in the number of Americans that are obese. In recent years; however, this trend seems to have plateaued for all age and gender groups except for women over 60 years old. Nebraska is ranked 20th for highest adult obesity rate in the nation with 30%.



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County



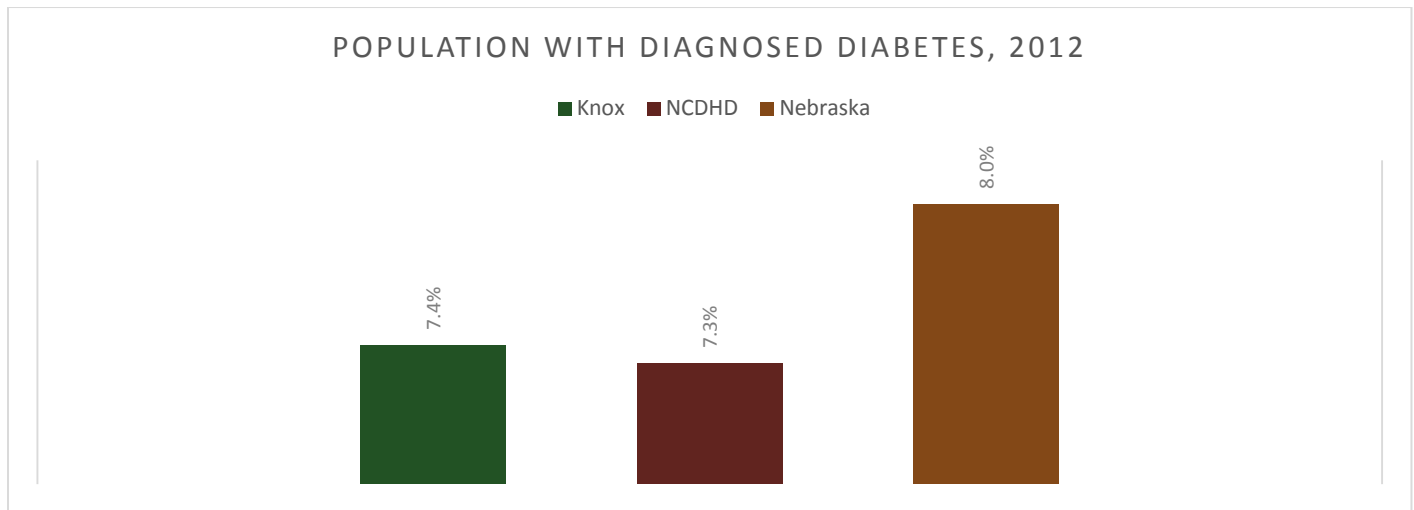
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

In 2014 BFRSS, 72% of North Central District adults were overweight or obese, significantly greater than the 67% reported at the state level. Further, 32% of these were obese, which was approximately the same

as Nebraska’s 30%. Twenty nine percent of the population in Knox County had an overall Body Mass Index of 30 or greater.

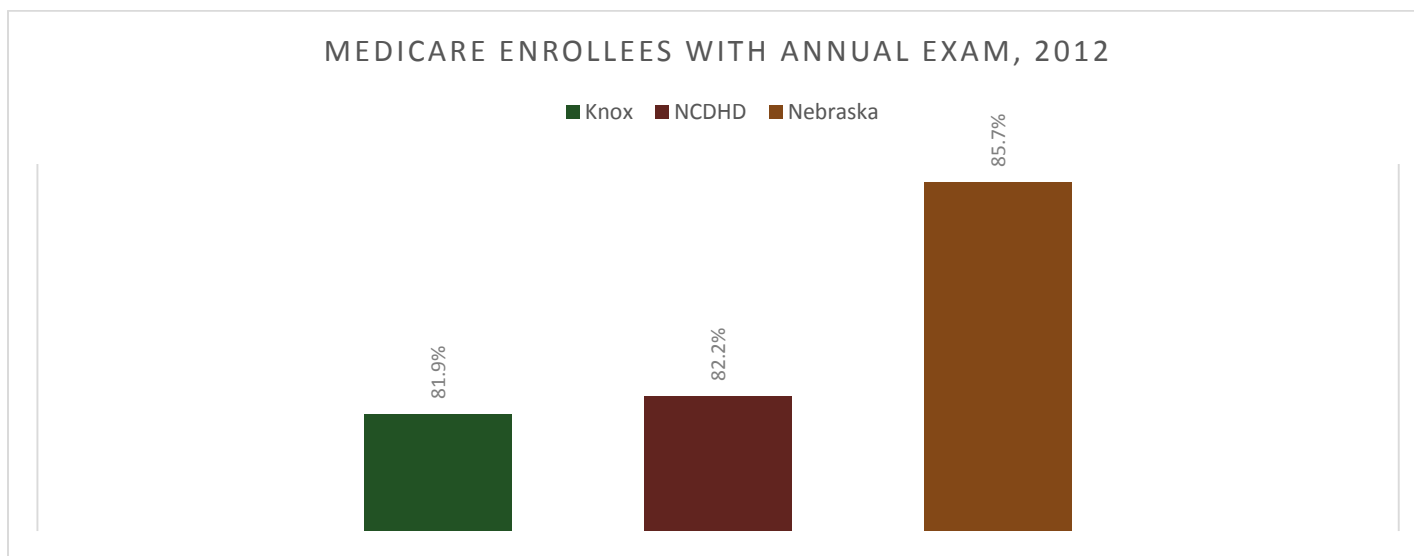
DIABETES

The prevalence of diabetes has increased fourfold or 287% since 1980. In Nebraska, the percent of adults with diabetes has been increasing from 4% in 1990 to 9% in 2014. The health district rate was 10% in 2014, while 4% reported being told they had pre-diabetes, which is down from 7% in 2013.



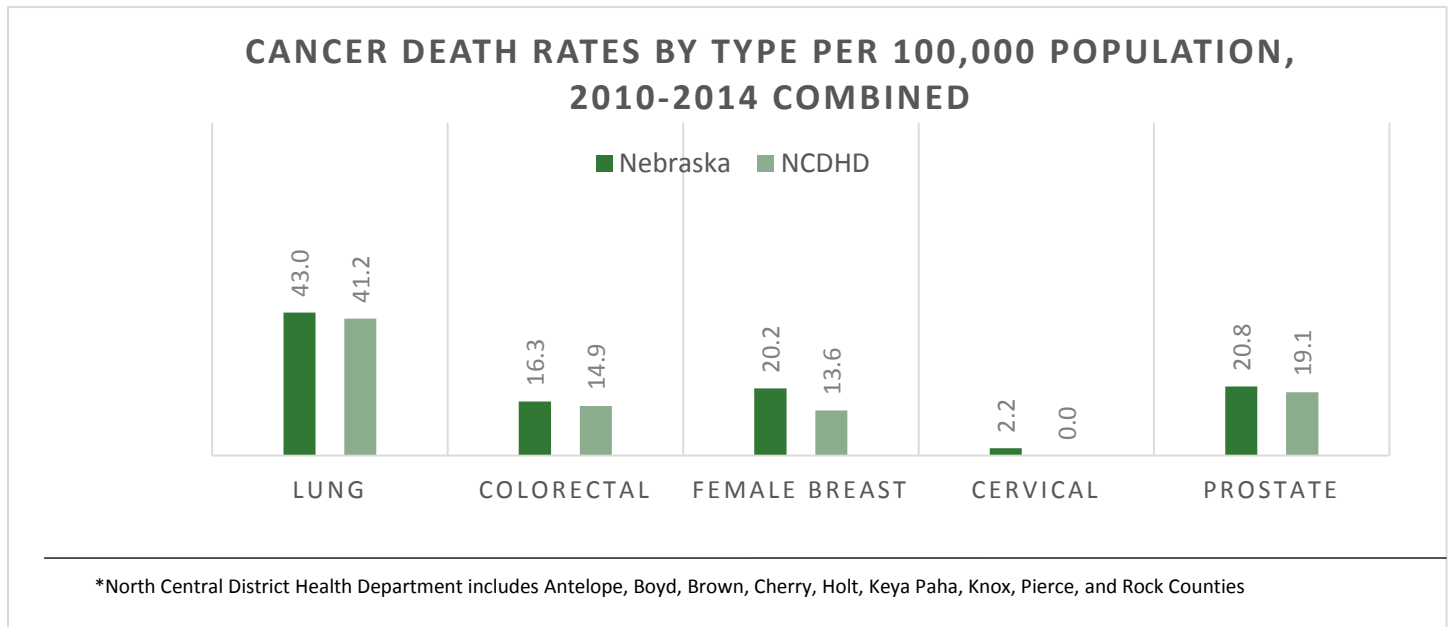
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

Knox County reported 7.4% of the population with a diagnosis of diabetes. Of the Medicare enrollees in the service area with diabetes, 81.9% have had an annual exam, which is important in preventing further complications due to diabetes.

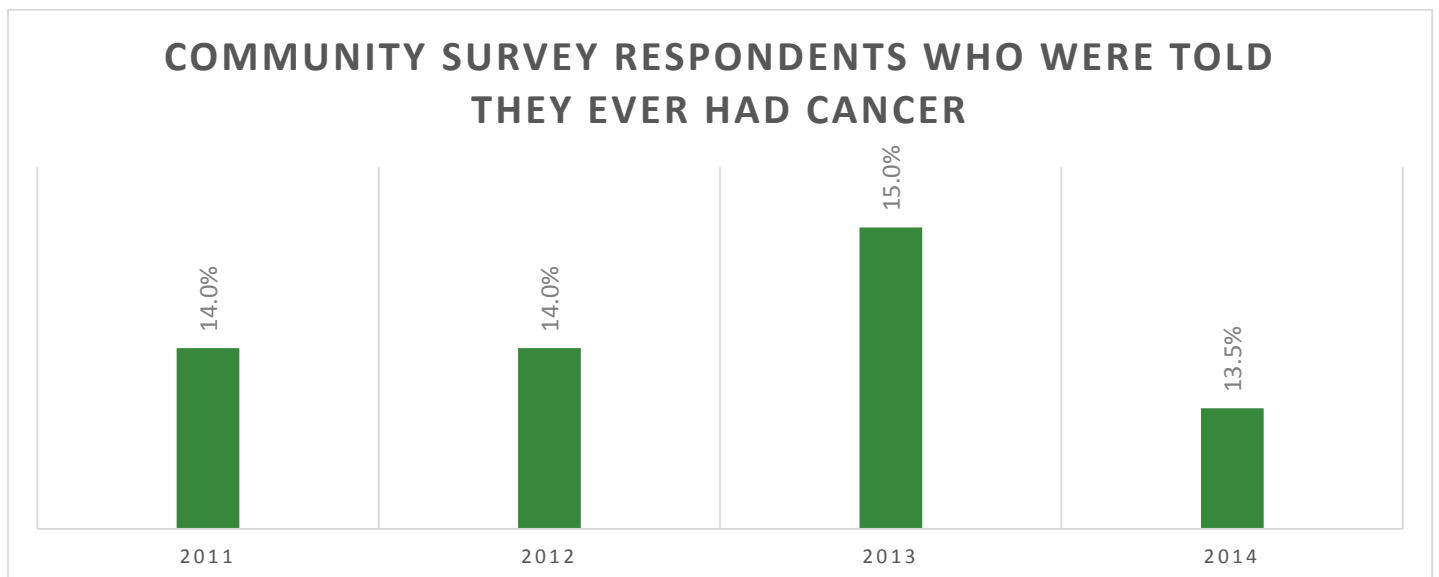


Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012.

CANCER



Cancer was the leading cause of death in 2013 for the state of Nebraska. Breast and prostate cancer were among the highest prevalence with 118 and 106 cases per 100,000, respectively. In the community health survey, 61% of respondents noted cancer as a “significant health problem.” This proportion decreased with educational background of respondents and increased with age. In 2011, 14% of respondents were told they had a cancer, 14% in 2012, 15% in 2013 and 13.5% in 2014. There were approximately 500 individuals from the North Central District who had recently been told they had a cancer of any kind during the most recent year.



PROSTATE CANCER

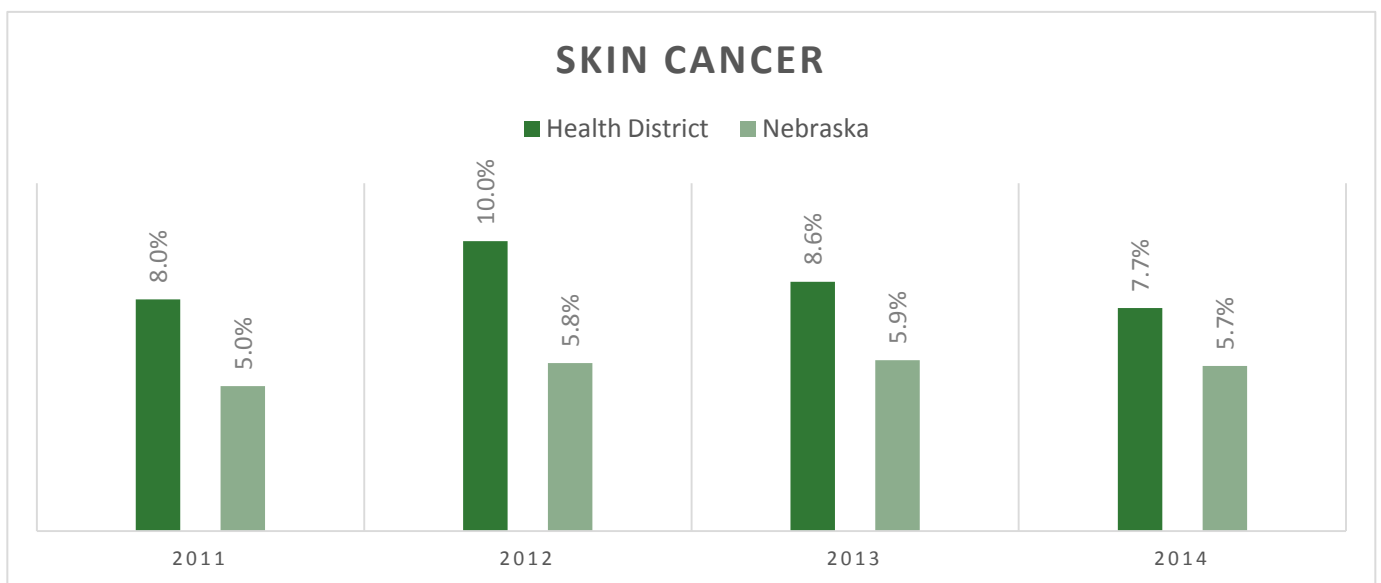
The health district has an estimated prostate cancer incidence of 143 per 100,000 population; Knox County’s incidence rate was 149.8 per 100,000.

LUNG CANCER

The health district has an estimated lung cancer incidence of 59 per 100,000. State Cancer Profiles estimate the incidence of lung cancer for Knox County to be 66.6 per 100,000.

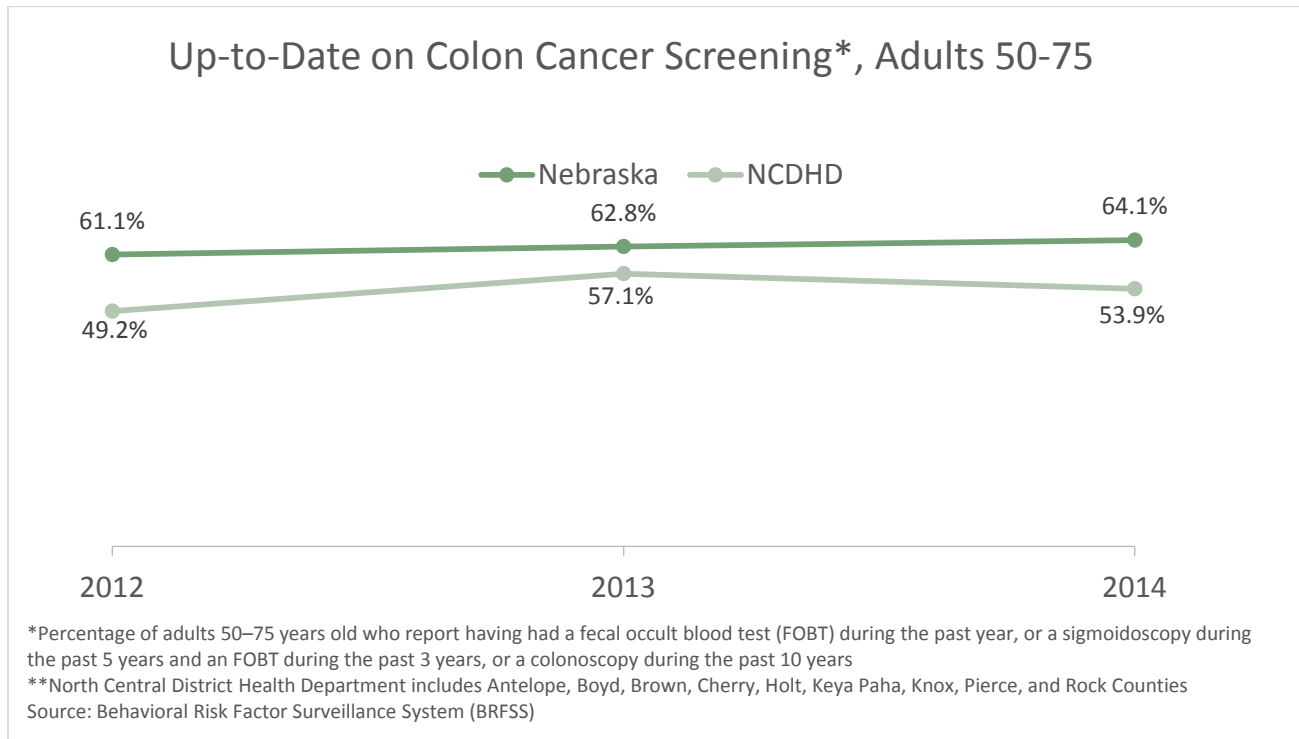
SKIN CANCER

The BRFSS report for the North Central District indicated 8% incidence of skin cancer in 2014.

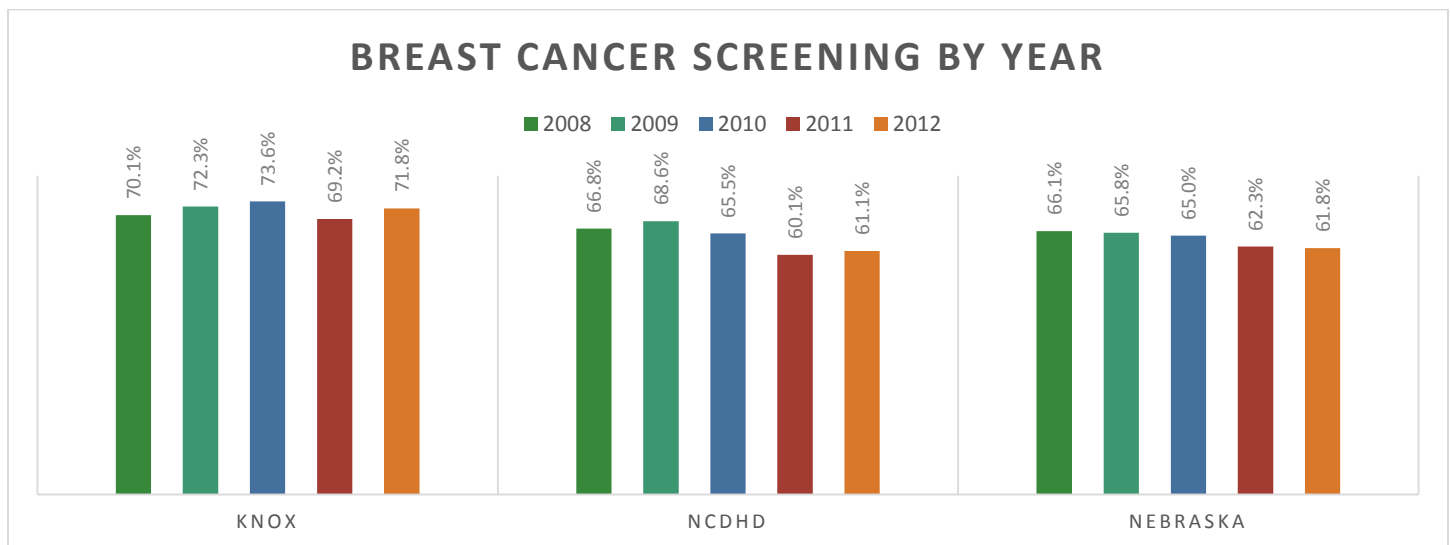


COLON CANCER

In 2012, 49% of North Central District residents ages 50 to 75 reported having been screened for colon cancer, which was significantly lower than the state’s 61%. This proportion increased to 57% in 2013 (63% in Nebraska). There was no significant difference by gender in 2013. Then in 2014, 54% of district residents had been screened, again lower than 64% in Nebraskans aged 50 to 75. From 2006 to 2012, the community health survey data suggested nearly 48% of residents over the age of 50 had ever been screened for colon cancer with Knox County reporting 46.6%.



BREAST CANCER

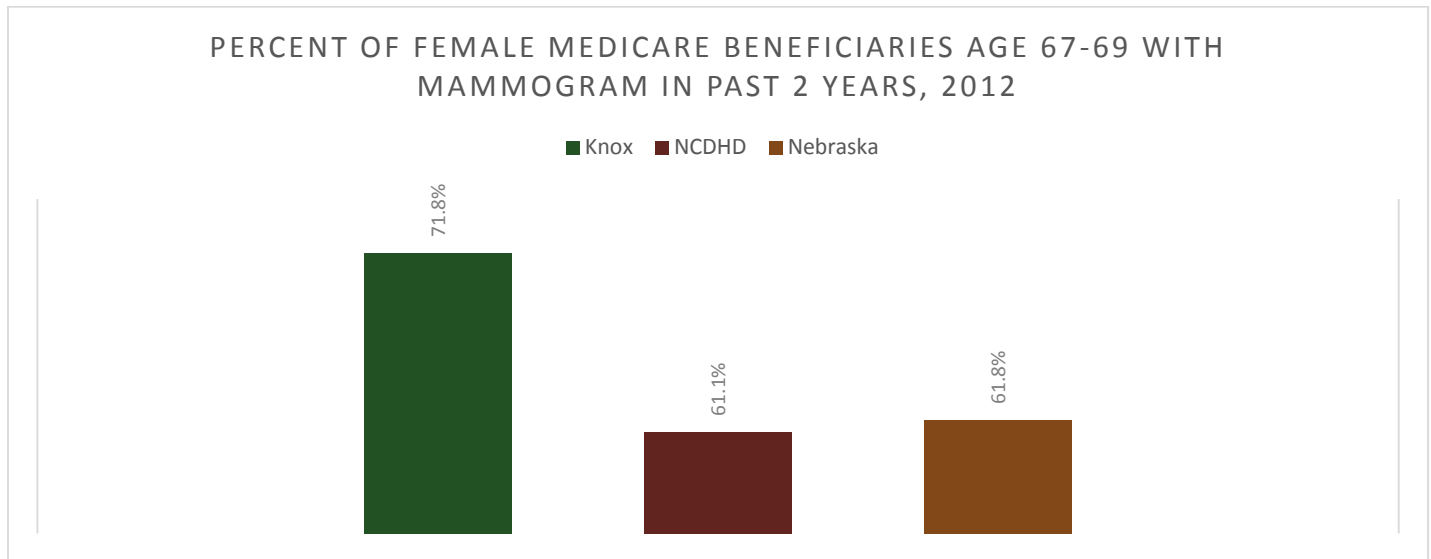


Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012

The incidence of breast cancer from 2008 to 2012 for the health district was estimated at 109 per 100,000, lower than the 123 per 100,000 projected for the state.

In 2014, BRFSS reported women between the ages of 50 and 74 that had been screened for breast cancer within the health district was 74%, lower than the 76% reported for the state. The overall proportion of

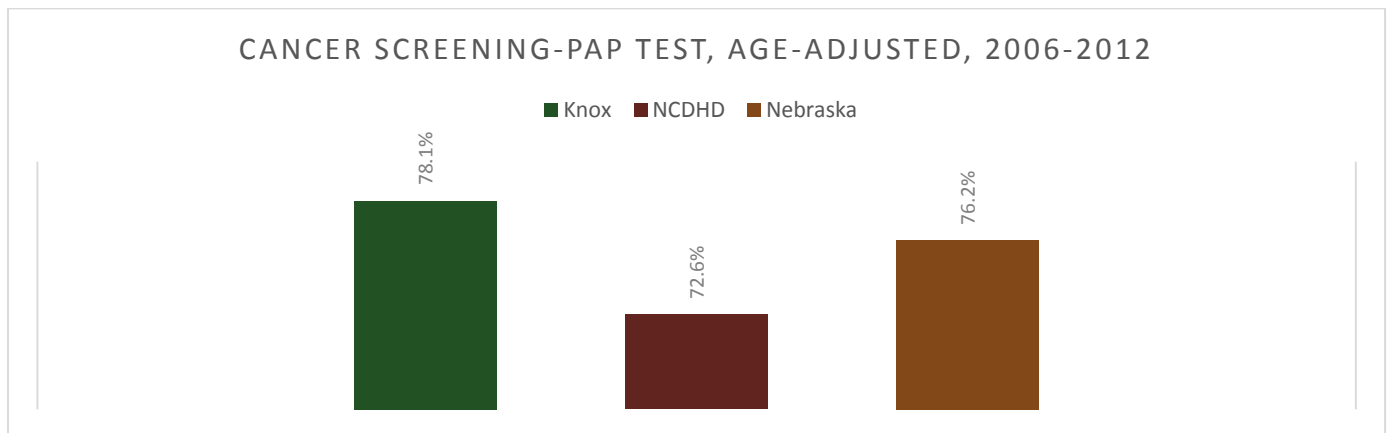
Medicare enrolled women ages 67 to 69 who reported having mammograms through the community health survey in 2012 in Knox County was 71.8% respectively.



Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012

CERVICAL CANCER

Cervical cancer screenings are the driving force of recognizing cervical cancer as a preventable disease. The proportion of women ages 21 to 65 reported to have had a cervical screening in 2014 was 80% for the health district and 82% for the state. Knox County reported 78.1% of having a cervical cancer screening test.



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

OTHER CANCERS

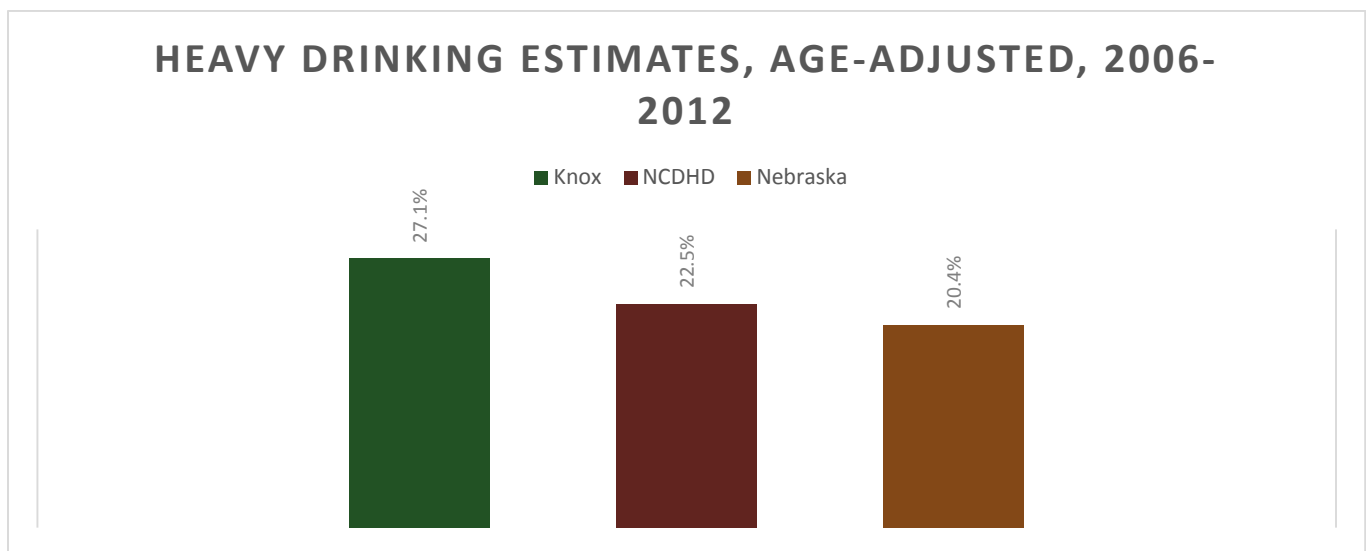
Approximately 7% of health district residents reported they had been told they “have cancer other than skin cancer” in 2014, which was higher than what was reported by residents throughout the state (6.5%). The incidence for the health district has changed from nearly 8% in 2011 to 8.6% in 2013. In 2012, the health district had 9.4% and the state had 6.5% of reported incidence.

ALCOHOL

According to BRFSS responses, the North Central District population who were current consumers (past 30 days) was approximately 54%, which was less than the state’s 59%. There was a higher proportion of males that consumed alcohol than females (61-65% and 48-49%, respectively).

The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that leads to a person’s blood alcohol concentration reaching 0.08 grams percent or above. This is equivalent to 5 or more drinks for males, and 4 or more drinks for females. About 17% of adults within the North Central District engaged in binge drinking in the past 30 days, which has decreased since 2013 from 19%. Binge drinking varied by gender from 26% for males and 9% for females in 2014.

Heavy drinking is defined as consuming more than one drink per day on average for women and two drinks per day on average for men, as well as underage drinking and drinking by pregnant women. Proportions of the health district that had reported heavy drinking in the last 30 days ranged between 4.5-7%, which is approximately equal to Nebraska. Approximately 23% of health district inhabitants drank excessively in the last 30 days, compared to 20% for Nebraska. Knox County ranked as one of the highest estimated in adults who drank excessively at 27%.



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

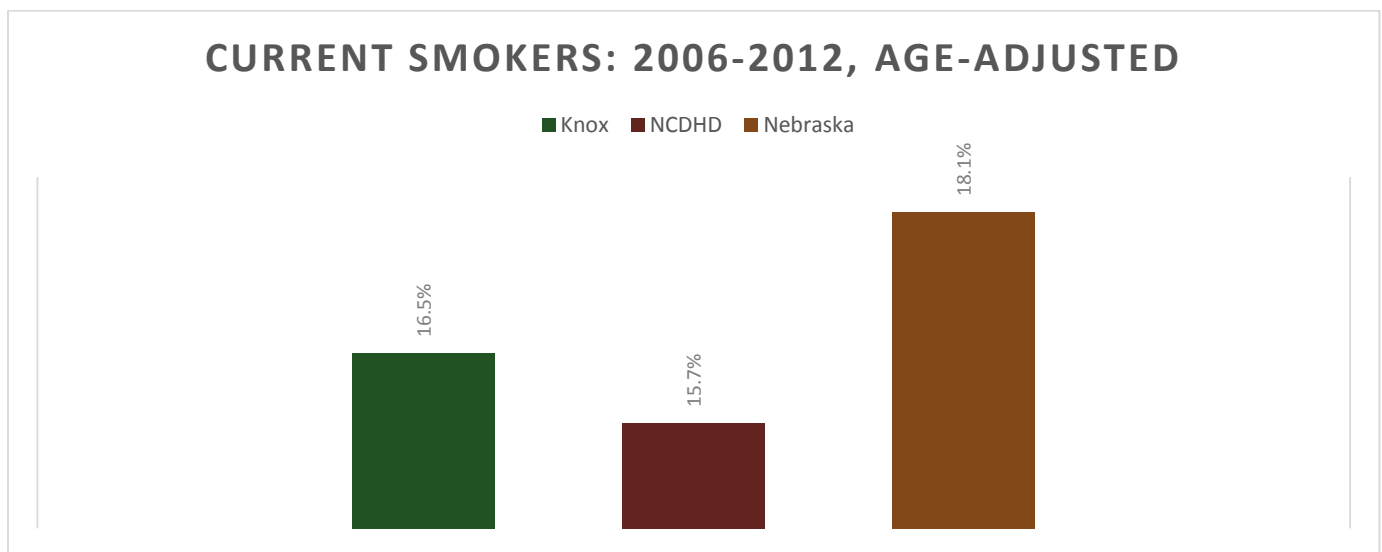
YOUTH

In 2013, the Youth Risk Behavior Survey (YRBS) reported 14.6% of statewide respondents engaged in binge drinking in the past 30 days. In 2012, the Nebraska Risk and Protective Factor Survey (NRPFSS) reported 20% of 12th graders in the health district had engaged in binge drinking in the past 30 days, which is 2% less than that of the state.

In 2014 NRPFSS, reported about 10% of 12th graders said they had driven a car after drinking alcohol and 17% reported riding with someone who was under the influence of alcohol (17% for 10th graders). Also in 2014, 98% of 12th graders said it was wrong to drive after drinking and 81% saw driving after drinking alcohol as a “great risk.”

TOBACCO

In the United States, cigarette smoking is the cause of more than 480,000 deaths each year. Within the North Central District, an estimated 14% of adults reported smoking cigarettes either some days or every day. BRFSS data showed 16% of the district reported smoking cigarettes, which is less than the 18% of the state. This proportion of current smokers in the district area has been fairly constant from 2011-2014 and the proportion of current smokers from 2006-2012 shows a 16.5% proportion for Knox County.



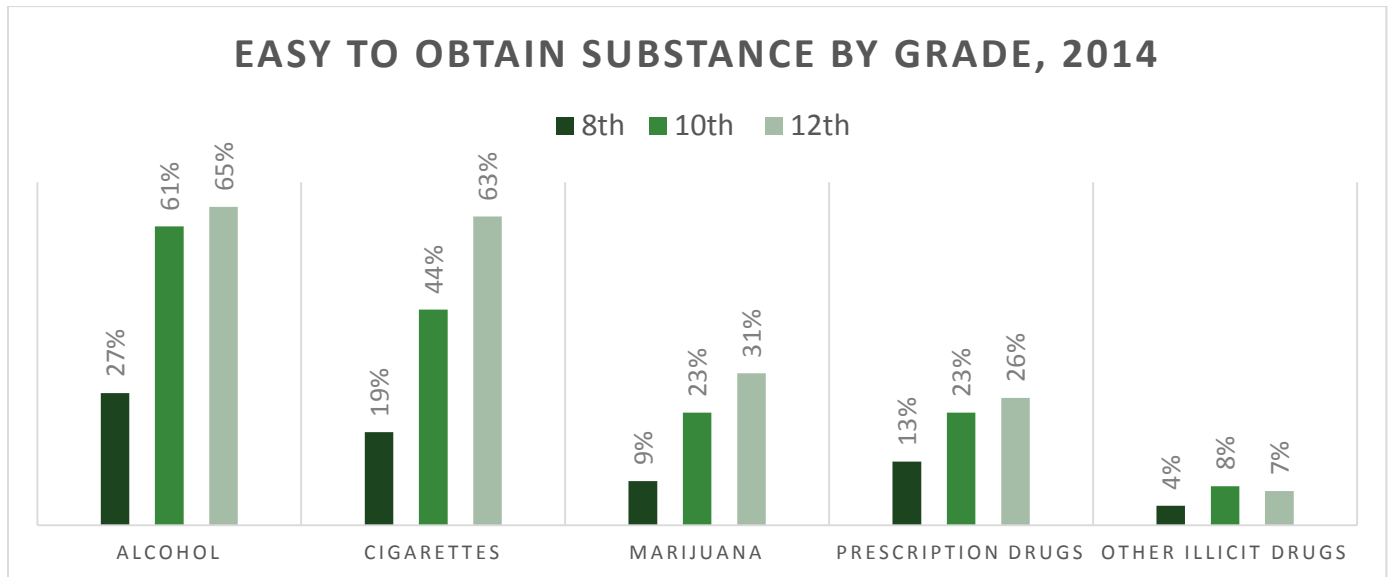
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Approximately 7% of the health district uses smokeless tobacco, less than the state’s 8.6%. The number of current adult smokers that have attempted to quit was 57% in 2014, 62% in 2013, 50% in 2012 and 46% in 2011. The BRFSS also reported that 84% of respondents don’t allow smoking in their home. The NRPFSS of 2014 reported that 16% of 12th graders were currently using smokeless tobacco and 12% were current smokers. In 2011, 44% of 10th grade students said it would be easy to get cigarettes, which increased to 63% in 2012.

SUBSTANCE ABUSE

YOUTH SUBSTANCE ABUSE

Marijuana use has declined between 2003 and 2014, the peak of substance abuse being in 2010. For 12th grade students, lifetime use fluctuates from 15% in 2007 to 19% in 2012 and to 15% in 2014. Current use of marijuana for 12th graders fluctuated from 5.6% in 2010 to 8.2% in 2012 then to 6.3% in 2014.



COMMUNITY PERCEPTION

The community perceives alcohol abuse as a greater problem than drug abuse for both adults and youth. Eighty percent said underage drinking is a problem within their community. Alcohol abuse among adults was perceived as a problem for the community by 65% of the respondents. Approximately 60% said that drug abuse is a problem among youth in the community, while 35% disagreed. From the 2016 community health survey, 32% selected drug abuse as a top-three risky behavior, thus ranking drug abuse as the 5th most commonly selected risky behavior.

PRESCRIPTION DRUG ABUSE

In the 2014 BRFSS data, 25% of respondents had been prescribed pain medication in the past year and 36% of these individuals had leftover medications in the household. Youth from focus groups mentioned the presence of Adderall and Hydrocodone at schools. Law enforcement confirmed that they have been witnessing the abuse of prescription drugs due to “using multiple doctors; people selling their own drugs; stealing; or using fake prescriptions.” This is prevalent from age ranges of teens to 40 years of age, according to law enforcement. Their experience is also that marijuana use is increasing across all age ranges, but primarily among teens. There have also been cases of parents using around children, or even contributing to the child’s access to marijuana.

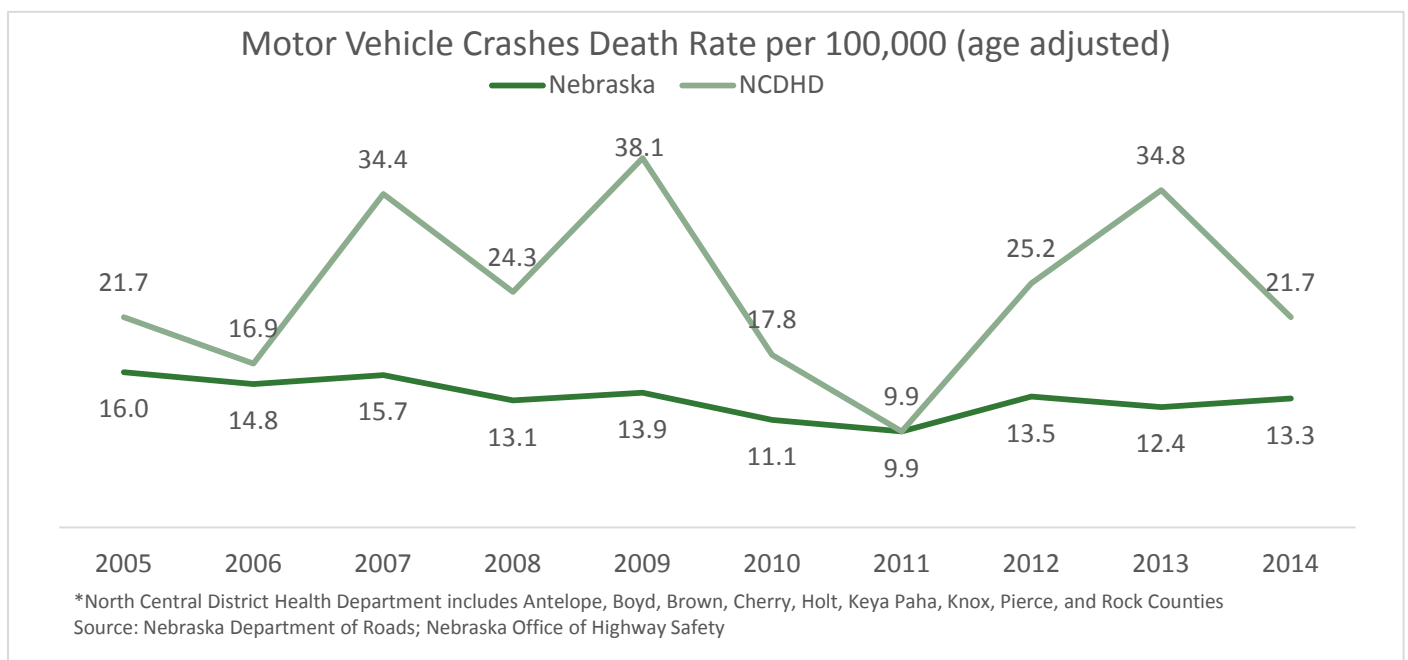
TREATMENT AND RESOURCES

The parent and school surveys demonstrated knowledge of where help and other resources for substance abuse can be sought out. Eighty-three percent of school employees said that if a child or youth they knew had an alcohol and/or drug problem, they know where to go to get help. Seventy-nine percent of parent respondents said they would also know where to go for help. When asked whom they would go to talk to first, 58% of school employees would go to the school counselor, while 32% of parents said they'd seek out a private counselor, 23% of parents said they'd go to the doctor, and 20% said school counselor. Of the barriers for treatment, 85% of both parent and teacher respondents said they could handle the situation without treatment and nearly 65% said they don't want others to find out.

RESPIRATORY DISEASES

Respiratory diseases include asthma and chronic obstructive pulmonary diseases (COPD) such as chronic bronchitis and emphysema. North Central District residents who had ever been told they had asthma was approximately 9% in the 2014 BRFSS, lower than the approximate 12% for the state. Those currently with asthma within the North Central District are 6.5%, which has decreased since 2011 (8%). COPD was prevalent in about 5% of the North Central District as of 2014, which is nearly the same for the state and has remained constant since 2011.

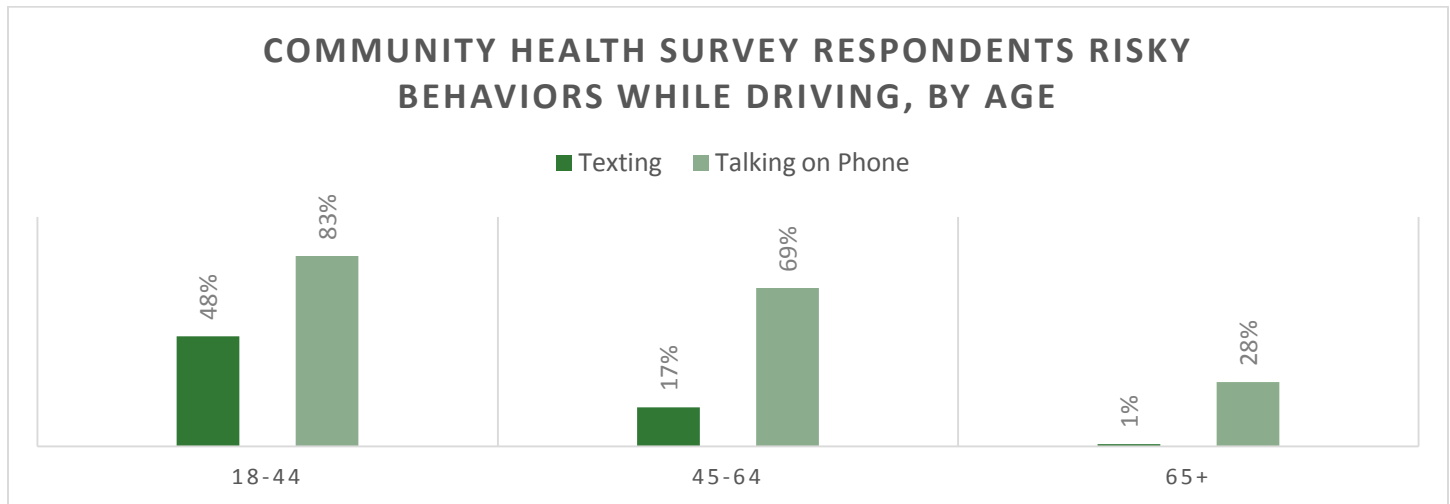
INJURY RELATED BEHAVIORS



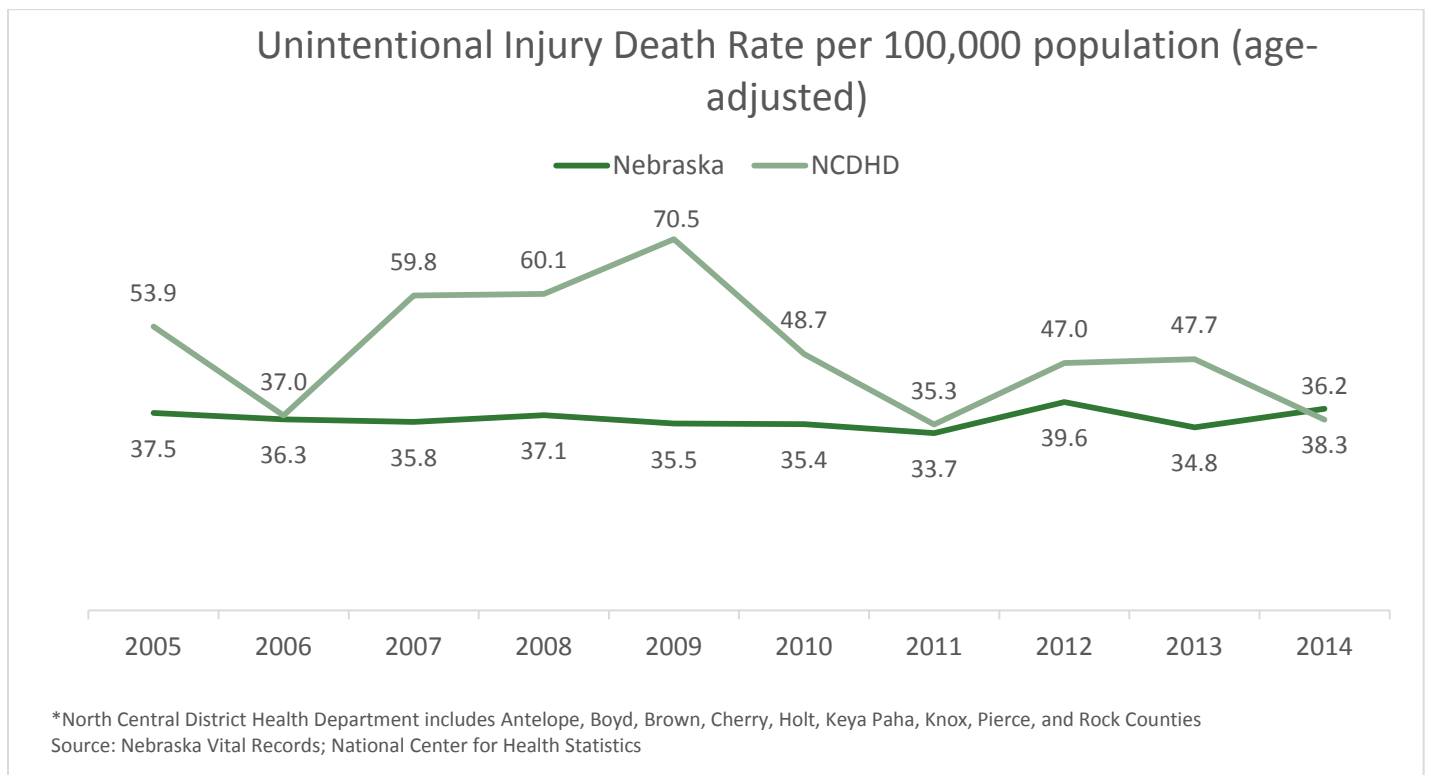
The health district has shown significantly lower seatbelt usage than the state (48% and 72%, respectively) in 2014. Usage has been higher for females for the last four years than for males (62% and 38%, respectively). Age also influences seatbelt use, where only 40% of those 18-44 always wear seatbelts, while 64% of those 65 and older always wear theirs.



Adults over the age of 45 who have reported having a fall in the past year was approximately 29% in 2014, 8.6% reported being injured due to the fall.



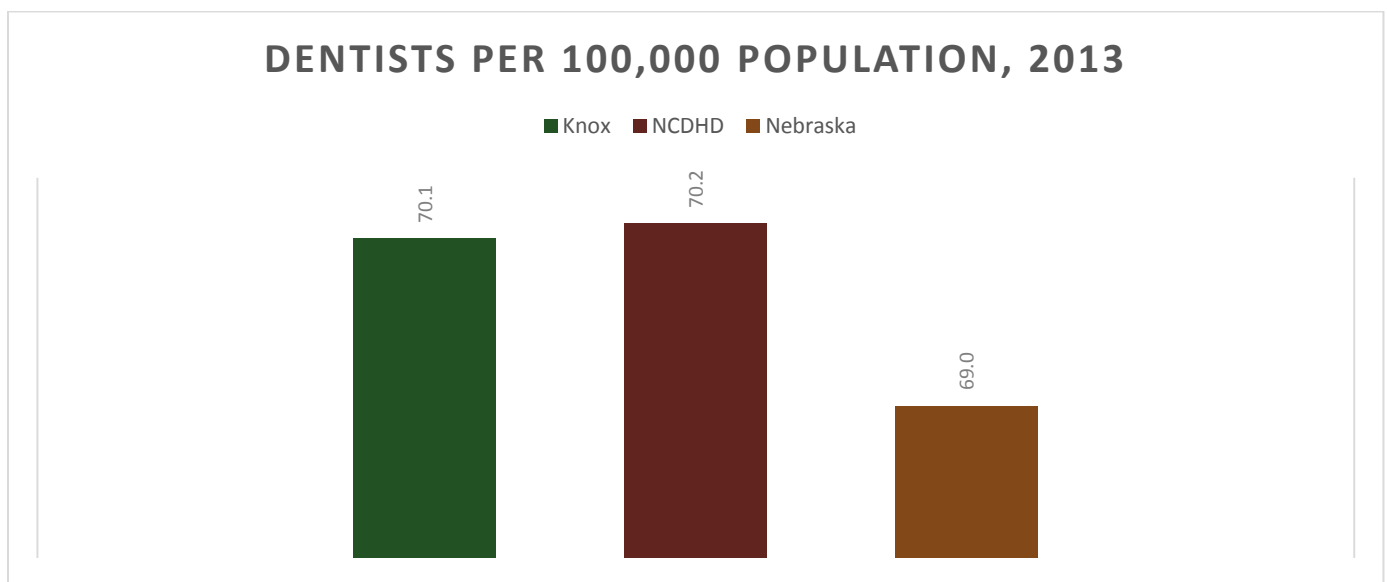
Nearly 25% of respondents reported texting while driving in the past 30 days, 48% for those 18-44 years of age, 17% for those 45-64 years of age, and 1% for those 65 or older. Of respondents, 65% reported talking on a phone while driving, 83% for those between the ages of 18 and 44, 69% for those between 45 and 64, and 28% for those 65 or older.



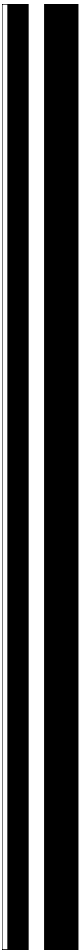
ORAL HEALTH

Dental health care shortages are another challenge of rural communities. The state and the health district are approximately equivalent in terms of the percentage of adults who had visited a dentist during the past year (66%). However, in 2014 nearly 49% of the health district’s adult population had a tooth extracted due to gum disease or tooth decay, which is down from 52% in 2012. These are higher than the state’s proportion of 39%. This was true for those ages 45 to 64 (51% for the district and 46% for the state) as well as those 65 or older (22% for district and 14% for the state).

Fortunately, the North Central District is a participant in the Oral Health Access for Young Children Program, which focuses on preventive care for school children through screenings and provisions of fluoride varnish to help prevent long-term tooth decay. From the Oral Health Access for Young Children report in 2012, data was noted in contrast between North Central and the state. For example, the person-to-dentist ratio for North Central was 2,039:1 compared to 1,169:1 in Nebraska; area per dentist was 602.3 mi² compared to Nebraska’s 49.2 mi². Statewide, 91% of children seen by dentists were ages 0-5, while North Central District has approximately 93% of their children 0-5 seen by a dentist.

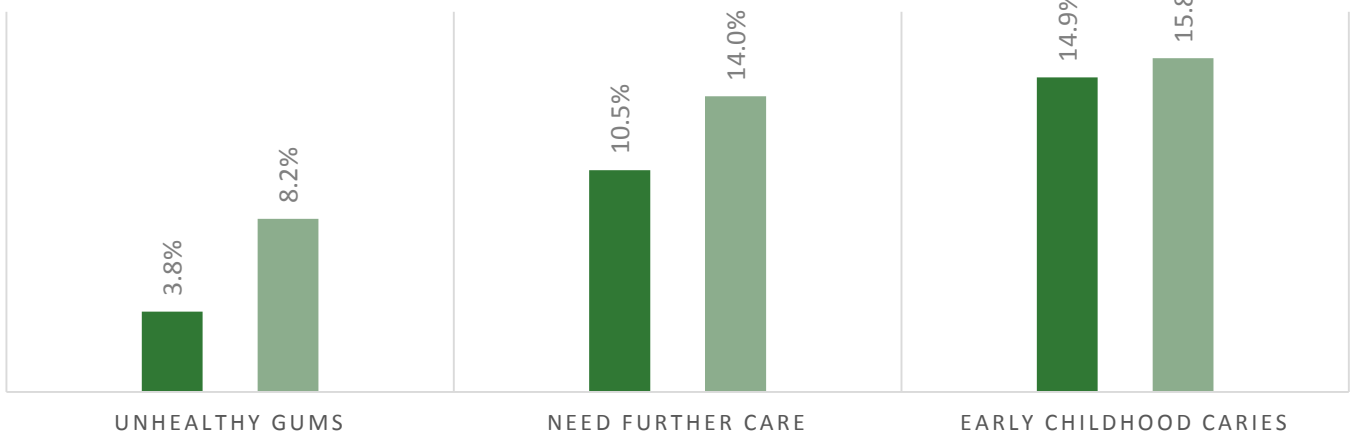


Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.
 Source geography: County



DENTAL HEALTH

■ Health District ■ Nebraska

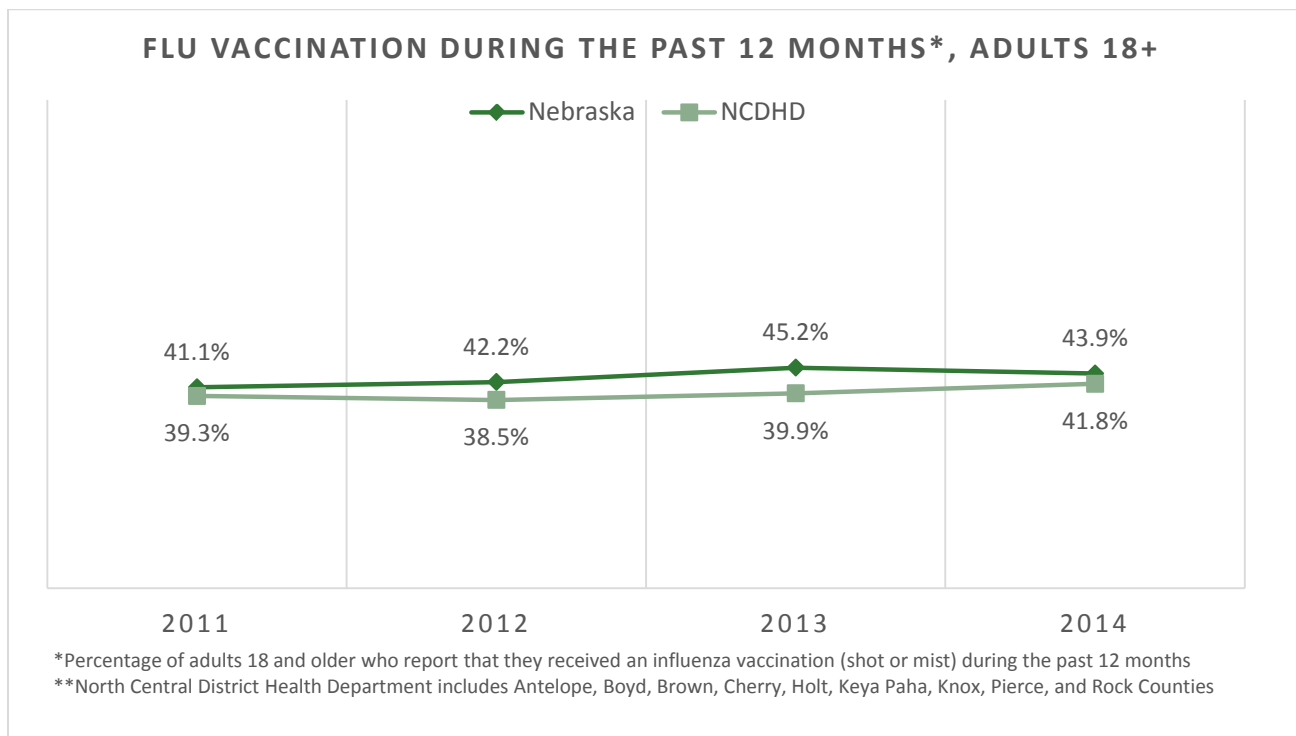


Overall, dental health was ranked as a low priority (14th) in the 2016 community health survey of health problems facing the North Central District community. It was more likely to be selected by those with an income below \$20,000.

INFECTIOUS DISEASES: IMMUNIZATIONS

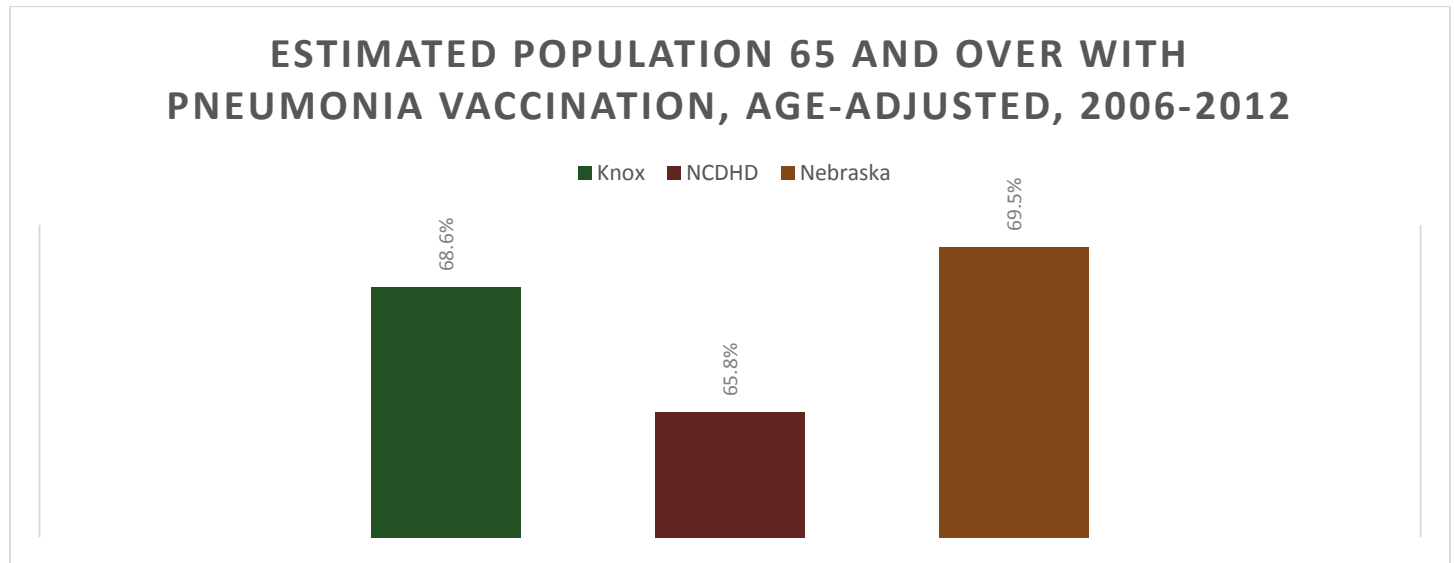
INFLUENZA VACCINATION

Influenza vaccinations were administered to nearly 42% of the health district population, less than the nearly 44% of the state that received the vaccine in 2014. The vaccination rates for influenza have had minute changes from 2011 to 2014, the peak being in 2014 and the lowest being in 2012 with 38.5% receiving the vaccine. Of those individuals residing in the North Central District over the age of 65, 63.5% received the vaccination, nearly the same as the 64.8% of the state. However, in past years the health district has remained below the state proportions for those over the age of 65 receiving the influenza vaccination.



PENUMONIA VACCINATION

From 2006 to 2012, the proportion of individuals who received the pneumonia vaccination within the health district has been decreasing from approximately 71% in 2011 to 64% in 2014, which was overall significantly lower than the state’s 72%. From 2006-2012, Knox County estimates were at 68.8%.



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

TETANUS/SHINGLES VACCINATION

Over half of BRFSS respondents from within the health district reported having a tetanus vaccination since 2005 (56%), while nearly 60% of the state had reported receiving this vaccination. In 2014, approximately 26% for shingles and 28% of Nebraska.

2016 COMMUNITY HEALTH ASSESSMENT: COMMUNITY HEALTH SURVEY

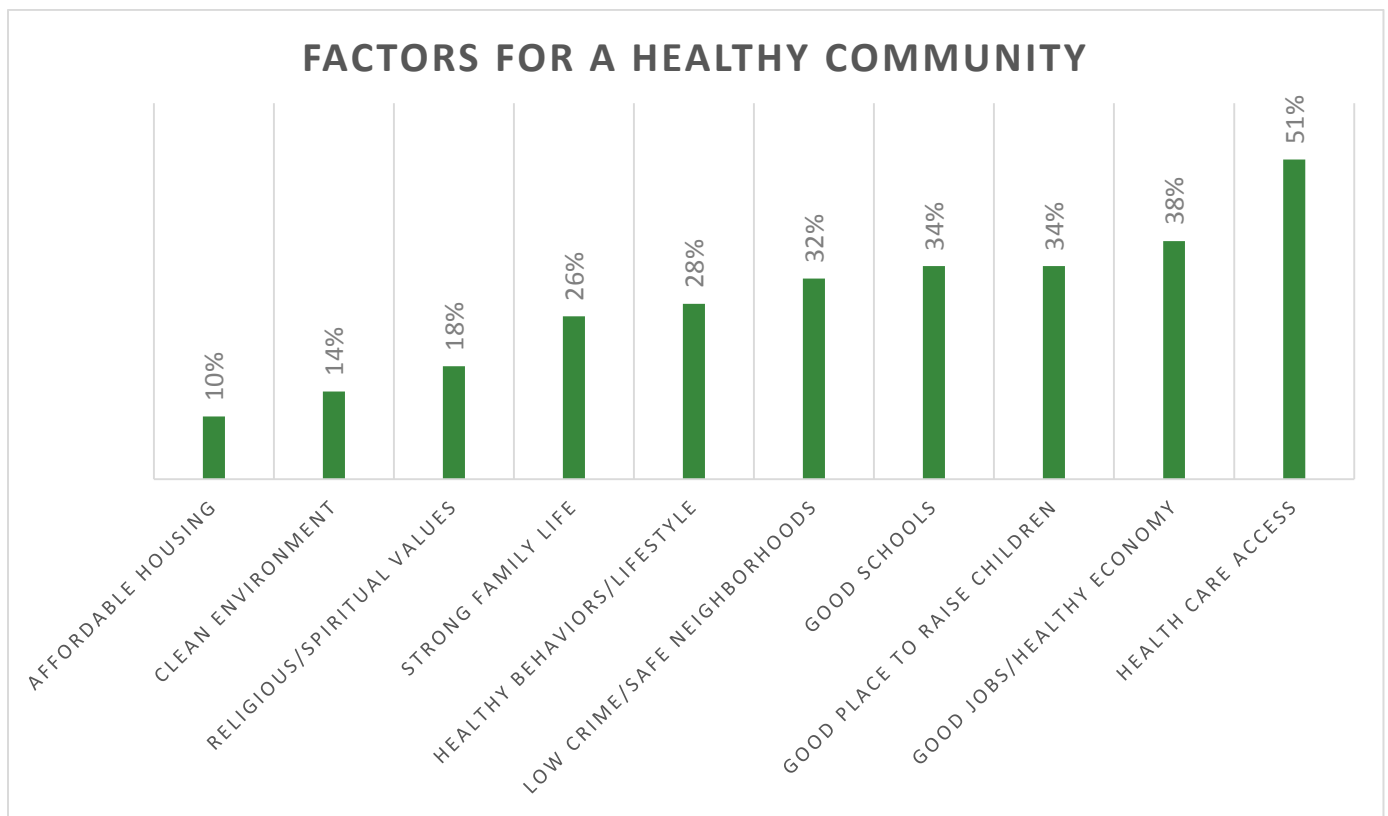
SURVEY DEMOGRAPHICS

Between December 2015 and February 2016, the North Central District Health Department administered surveys via the SurveyMonkey website to gain a perspective of the community regarding health, community health issues, and quality of life.

Of those that responded to the survey, 82% were married, 47% had a Bachelor’s Degree or higher, 53% had 2 to 3 members in their household, 79% had an income of \$40,000 or higher and 47% had an income of \$65,000 or higher, and 99% were white. They had a median age of 40 to 54.

COMMUNITY HEALTH

HEALTHY COMMUNITY



The two most common factors respondents said are necessary for a healthy community were health care access and good jobs/healthy economy. A good place to raise children was tied with good schools for the 3rd most commonly selected factor. Among those that less than 5% of respondents selected as a key factor were: emergency preparedness, parks and recreation, low level of child abuse, low adult death and disease rates, “other,” low infant deaths, arts and cultural events, and excellent race/ethnic relations.



All of the top five factors were also frequently mentioned in focus groups, however the focus groups also mentioned strengths of the health care and information system of the district such as: people are used to high level health care, we have services at the hospital and clinic that can be accessed without having to go to the city, the school is a draw to bring kids in and the hospital is also a strength, and outpatient clinic resources at the hospitals are a big plus.

These results varied slightly by household annual income. For example, the top factor ranked by individuals who have an annual income less than \$20,000 was low crime/safe neighborhoods. As shown below, those with lower education did not rank access to health care as a top factor, nor did they rank good jobs and healthy economy. In contrast to the other education categories, they chose clean environment and affordable housing as top factors. Those in the highest education category felt that healthy behaviors and lifestyles were of higher ranking significance than the majority.

Community Health Factors Rank by Education					
	Overall Rank	Less than high school	High school diploma or GED	Community College/Vo-Tech	Bachelor Degree or higher
Access to health care (e.g., family doctor)}...	1	25%	44%	55%	51%
Good jobs and healthy economy}...	2	25%	34%	35%	42%
Good place to raise children}...	3	50%	35%	36%	32%
Good schools}...	4	50%	33%	32%	35%
Low crime / safe neighborhoods}...	5	0%	49%	34%	26%
Healthy behaviors and lifestyles}...	6	0%	15%	30%	33%
Strong family life}...	7	0%	30%	26%	26%
Religious or spiritual values}...	8	0%	18%	17%	18%
Clean environment}...	9	50%	19%	12%	12%
Affordable housing}...	10	50%	11%	9%	11%

Health Factor Rank for Knox County		
	Overall Rank	Percent
Access to health care (e.g., family doctor)}...	1	58%
Good jobs and healthy economy}...	2	38%
Good place to raise children}...	3	32%
Good schools}...	4	42%
Low crime / safe neighborhoods}...	5	26%
Healthy behaviors and lifestyles}...	6	28%
Strong family life}...	7	21%
Religious or spiritual values}...	8	17%
Clean environment}...	9	19%
Affordable housing}...	10	9%

Knox County differs from the selection of “Health Factor Rank” from the overall district. Knox County Ranked “access to health care” as the first factor, “good schools” as the second most commonly chosen factor, and “good jobs and healthy economy” as third.

HEALTH PROBLEMS

When asked about the most important health problems facing the community, respondents chose cancers, aging problems, and heart disease most frequently (as shown below). “Heart disease and stroke” and “lack of exercise” were the 4th and 5th most frequently selected health problems of North Central District.

Health Problems Frequency		
Health Problems	Percent	Rank
Cancers...	20.30%	1
Aging problems (e.g., arthritis, hearing/vision loss, etc.).	15.90%	2
Heart disease and stroke...	15.20%	3
Lack of exercise...	13.00%	4
Diabetes...	9.10%	5
Mental health problems...	8.10%	6
High blood pressure...	5.70%	7
Respiratory / lung disease...	2.60%	8
Other (please specify)...	2.40%	9
Child abuse / neglect...	2.30%	10
Motor vehicle crash injuries...	1.60%	11
Domestic Violence...	1.30%	12
Teenage pregnancy...	0.80%	13
Dental problems...	0.80%	14
Suicide...	0.60%	15
Firearm-related injuries...	0.20%	16
HIV / AIDS...	0.10%	17
Homicide...	0.10%	18
Infectious Diseases (e.g., hepatitis, TB, etc.)...	0.10%	19
Sexually Transmitted Diseases (STDs)...	0.10%	20

When looking at the selection of health problems by age, there are some variations. For example, respondents ages 18 to 25 chose lack of exercise as the number one ranked health problem in the community, thus ranking cancers second.

Health Problems by Age Group						
	Rank	18-25	26-39	40-54	55-64	65 or older
Cancers...	1	40%	56%	63%	62%	86%
Aging problems	2	24%	38%	50%	55%	64%
Heart disease and stroke...	3	20%	45%	42%	54%	53%
Lack of exercise...	4	48%	43%	42%	32%	22%
Diabetes...	5	20%	34%	23%	29%	17%
Mental health problems...	6	28%	26%	27%	20%	17%
High blood pressure...	7	24%	19%	13%	18%	19%

The most commonly selected risky behavior was being overweight followed by alcohol abuse.

Risky Behaviors		
	Percent	Rank
Being overweight	23.40%	1
Alcohol abuse	19.80%	2
Lack of exercise	13.50%	3
Poor eating habits	13.50%	3
Drug abuse	10.60%	5
Tobacco use	9.30%	6
Not using seat belts / child safety seats	3.30%	7
Unsafe sex	1.80%	8
Not getting "shots" to prevent disease	1.40%	9
Not using birth control	1.20%	10
Dropping out of school	1.00%	11
Other (please specify)	0.50%	12
Unsecured firearms	0.30%	13
Racism	0.30%	14
Lack of maternity care	0.20%	15

QUALITY OF LIFE: SERIES OF SCALED QUESTIONS BY COUNTY

KNOX COUNTY

	Strongly No	No	Neutral	Yes	Strongly Yes
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well being, participation in community life and associations, etc.)	0.0%	5.5%	12.7%	65.5%	12.7%
Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, and options in health care)	0.0%	10.9%	7.3%	58.2%	20.0%
Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	0.0%	5.5%	7.3%	65.5%	18.2%
Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	1.8%	9.1%	10.9%	65.5%	9.1%
Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	5.5%	47.3%	30.9%	12.7%	0.0%
Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	0.0%	3.6%	5.5%	63.6%	23.6%
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	0.0%	10.9%	25.5%	50.9%	3.1%
Do all individuals and groups have the opportunity to make the community a better place to live?	0.0%	3.6%	25.5%	56.4%	10.9%
Are there a broad variety of health services in the community?	0.0%	20.0%	18.2%	50.9%	7.3%
Are there enough health and social services in the community?	5.5%	27.3%	21.8%	40.0%	1.8%
Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	1.8%	10.9%	36.4%	45.5%	1.8%
How familiar are you with the priorities established in that assessment process?	Not at all 20.0%	Minimally 29.1%	Somewhat 34.5%	Very 10.9%	
How familiar are you with the strategies and steps that have been taken in your community to address those priorities?	18.2%	34.5%	38.2%	3.6%	
To what extent do you still agree with the priorities previously identified?	Somewhat Disagree 1.8%	Somewhat Disagree 3.6%	Neutral 21.8%	Somewhat Agree 43.6%	Agree 23.6%
How successful do you feel efforts to address these issues have been?	Somewhat Unsuccessful 0.0%	Somewhat Unsuccessful 7.3%	Neutral 29.1%	Somewhat Successful 36.4%	Successful 0.0%

LOCAL PUBLIC HEALTH RESOURCES AVAILABLE TO ADDRESS SIGNIFICANT HEALTH NEEDS

KNOX COUNTY

AGING POPULATION AND RELATED ILLNESSES	
ASSISTED LIVING FACILITIES	Alpine Village Assisted Living Center 500 James Street Verdigre, Nebraska 68783 402-668-2209
	Countryside Villa 803 Vivian Street Wausa, Nebraska 68786 402-586-2890
	Bloomfield Assisted Living 205 South 2 nd Street Bloomfield, Nebraska 68718 402-373-4150
DURABLE MEDICAL SUPPLIER	Bloomfield Pharmacy 102 North Broadway Street Bloomfield, Nebraska 68718 402-373-4411
	Manion’s Drug Store 719 Main Street Creighton, Nebraska 68729
	Creutz Drug Store 517 East Broadway Street Wausa, Nebraska 68786 402-586-2552
EMERGENCY TRANSPORT SERVICES	Bloomfield Ambulance Service P.O. Box 251 Bloomfield, Nebraska 68718 402-841-3606
	Santee Sioux Nation 110 South Visiting Eagle Street Niobrara, Nebraska 68760 402-857-2300
	Creighton Ambulance Service P.O. Box 4 Creighton, Nebraska 68729 402-358-0243
	Crofton Rescue P.O. Box 177

	<p>Crofton, Nebraska 68730 402-388-4225</p> <p>Niobrara Volunteer Rescue Unit P.O. Box 106 Niobrara, Nebraska 68760 402-857-3838</p> <p>Verdigre Volunteer Rescue Squad P.O. Box 171 Verdigre, Nebraska 68783 402-841-7395</p> <p>Wausa Rural Fire Department P.O. Box 167 Wausa, Nebraska 68786 402-750-0825</p>
HOME HEALTH AGENCIES	<p>Avera@Home 1503 Main Street Creighton, Nebraska 402-358-5700</p>
HOSPICE	<p>AseraCare 421 East Douglas Street O'Neill, Nebraska 68763</p>
HOSPITALS	<p>Avera Creighton Hospital P.O. Box 186 Creighton, Nebraska 68729 402-358-5941</p>
MEDICAL CLINICS	<p>Bloomfield Clinic 110 East Main Street Bloomfield, Nebraska 68718 402-373-4341</p> <p>Avera Medical Group - Creighton P.O. Box 255 Creighton, Nebraska 68729 402-358-5763</p> <p>Avera Medical Group - Laflans 804 Chase Avenue Creighton, Nebraska 68729 402-358-5335</p> <p>Avera Medical Group - Crofton 203 West Main Street Crofton, Nebraska 68730 402-388-2343</p> <p>Avera Medical Clinic-Niobrara 254 Willow Lane #10 Niobrara, Nebraska 68760</p>

	402-668-2216
	Avera Medical Group -Verdigre 401 James Street Verdigre, Nebraska 68783 402-668-2216
	Wausa Medical Clinic 100 North Lincoln Street Wausa, Nebraska 68786 402-586-2244
NORTHEAST NEBRASKA AREA AGENCY ON AGING	119 West Norfolk Avenue Norfolk, Nebraska 68701
NURSING HOMES	Avera Creighton Care Centre P.O. Box 289 Creighton, Nebraska 68729 402-358-5763
	Alpine Village Retirement Center 706 James Street Verdigre, Nebraska 68783 402-668-2209
	Good Samaritan Society-Bloomfield 300 North 2 nd Street Bloomfield, Nebraska 68718 402-373-4297
	Golden Living Center-Wausa 703 South Vivian Street Wausa, Nebraska 68786 402-586-2216
PHARMACIES	Bloomfield Pharmacy 102 North Broadway Street Bloomfield, Nebraska 68718 402-373-4411
	Manion's Drug Store 719 Main Street Creighton, Nebraska 68729
	Creutz Drug Store 517 East Broadway Street Wausa, Nebraska 68786 402-586-2552
SENIOR MEAL PROGRAMS/HOME DELIVERIES	Crofton Senior Center P.O. Box 175 Crofton, Nebraska 68730 402-388-2365
	Niobrara Senior Center P.O. Box 306

SENIOR CARE CENTERS	Niobrara, Nebraska 68760 402-857-3529
	Santee Senior Center Route 2, Box 71 Niobrara, Nebraska 68760 402-857-2706
HEALTH, WELLNESS AND PREVENTION	
BOUNTIFUL BASKETS	Norfolk, Nebraska Norfolk YMCA
CHIROPRACTORS	Knox County Chiropractic 802 Bryant Avenue Creighton, Nebraska 68729 402-358-3256
DENTISTS	Santee Dental Clinic Dr. Brandi Dimmitt Santee, Nebraska
	Bloomfield Dental Clinic Dr. Kenneth R. Tusha, DDS 309 West Main Street Bloomfield, Nebraska 68718 402-373-4457
	Verdigre Dental Clinic Dr. Kenneth R. Tusha, DDS 208 Main Street Verdigre, Nebraska 68783 402-668-2297
	Family 1 st Dental of Creighton Dr. Jessica Sanborn, DDS 1209 Main Street Creighton, Nebraska 402-358-3484
	Family 1 st Dental of Wausa Dr. Ben Aitken, DDS P.O. Box 183 Wausa, Nebraska 68786 402-586-2611
EYE CARE	Vision Care Associates LLP 120 South Broadway Bloomfield, Nebraska 68718 402-373-4488
	Filips Eyecare 817 Main Street Creighton, Nebraska 68729 402-358-3700

<p>FITNESS CENTER</p>	<p>Avera Wellness Center 702 Main Street Creighton, Nebraska 68729 402-358-5700</p>
<p>HEALTH DEPARTMENT</p>	<p>North Central District Health Department 422 East Douglas Street O'Neill, Nebraska 68763 402-336-2406</p>
<p>PHYSICAL AND OCCUPATIONAL THERAPY CARDIAC/PULMONARY REHAB</p>	<p>Avera Creighton Hospital 1503 Main Street Creighton, Nebraska 68729 402-358-5700</p>
<p>SPEECH THERAPY</p>	<p>Avera Creighton Hospital – Contracted Service 1503 Main Street Creighton, Nebraska 68729 402-358-5700</p>
<p>WELLNESS PROGRAMS</p>	<p>North Central District Health Department Worksite Wellness-Working on Wellness 422 East Douglas Street O'Neill, Nebraska 68763 402-336-2406</p>
<p>WALKING TRAILS</p>	
<p>HOUSING and ENVIRONMENTAL</p>	
<p>CITY/COUNTY OFFICIALS</p>	<p>Knox County Economic Development Director: Megan Hanefeldt P.O. Box 165 Center, Nebraska 68724 402-288-5619</p>
	<p>City of Bloomfield 101 South Broadway, P.O. Box 157 Bloomfield, Nebraska 68718 402-373-4396</p>
	<p>City of Creighton/Creighton Economic Develop. 809 Main Street, P.O. Box 188 Creighton, Nebraska 68729 402-358-3557</p>
	<p>City of Crofton City Clerk: Nancy Foxhoven 1210 West 2nd, P.O. Box 189 Crofton, Nebraska 68730 402-388-4766</p>
	<p>Village of Niobrara 25414 Park Avenue Ste 1, P.O. Box 227 Niobrara, Nebraska 68760</p>

	402-857-3565
	Ponca Tribe of Nebraska 2523 Woodbine Street, P.O. Box 288 Niobrara, Nebraska 68760 402-857-3391
	Village of Verdigre 301 South Main Street Verdigre, Nebraska 68783 402-668-2621
	Village of Wausa 406 East Broadway Street Wausa, Nebraska 68786 402-586-2311
	Knox County Courthouse County Clerk: Joann M. Fischer Attorney: John Thomas P.O. Box 166 Center, Nebraska 68724 402-288-5604
COMMUNITY ACTION AGENCIES	Northeast Nebraska Community Action Partnership 603 Earl Street Pender, Nebraska 68047 1800-445-2505
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Nebraska Health and Human Services 309 Brazile Street Center, Nebraska 68724 402-288-4291
FOOD PANTRY	
NATURAL RESOURCES	Lewis and Clark Natural Resources District P.O. Box 518 Hartington, Nebraska 68739 402-254-6758
INDOOR AIR ACT	State of Nebraska/North Central District HD 422 East Douglas Street O'Neill, Nebraska 68763 402-336-2406
	Knox County Sheriff Sheriff: Don Henery P.O. Box 142 Center, Nebraska 68724 402-288-4261
	Creighton Police Department P.O. Box 188 Creighton, Nebraska 68729

LAW ENFORCEMENT	402-358-3300 Crofton Police Department P.O. Box 142 Crofton, Nebraska 68730 402-388-4629
	Bloomfield Police Department 101 South Broadway Street Bloomfield, Nebraska 68718 402-373-4444
	Wausa Police Department P.O. Box 219 Wausa, Nebraska 68786 402-586-2911
	Niobrara Police Department P.O. Box 227 Niobrara, Nebraska 68760 402-857-3581
	RADON TESTING
MENTAL HEALTH/SUBSTANCE ABUSE	
MENTAL/BEHAVIORAL HEALTH PROVIDERS	Behavioral Health Specialist 1107 West 2 nd Street Crofton, Nebraska 68730 402-388-4113
	Avera Sacred Heart Hospital-Behavioral Health 501 Summit Yankton, South Dakota 57078 1605-655-1220
	Faith Regional Health Services Behavioral Health 1500 Koenigstein Avenue Norfolk, Nebraska 68701
	Avera Creighton Hospital – Outreach Clinics 1503 Main Street Creighton, Nebraska 68729 402-358-5700
SOCIAL SERVICES	Avera Creighton Hospital 1503 Main Street Creighton, Nebraska 68729 402-358-5700
SUBSTANCE ABUSE CENTERS	Valley Hope Association 1421 North 10 th Street O'Neill, Nebraska 68763

DATA SOURCES

North Central District Health Department (NCDHD) and partnering district hospitals, as listed in the Acknowledgements section of this report, contracted with Dr. Joe Nitzke, PhD. of Ionia Research for data collection, compilation, analysis, and presentation services for the purpose of conducting this community health needs assessment. The following data sources, which include quantitative and qualitative sources of both primary and secondary data, were used. Data sources were accessed during the time period of October 2015 through February 2016; report years are noted, where applicable.

US CENSUS

QuickFacts Antelope County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31003>

QuickFacts Boyd County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31015>

QuickFacts Brown County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31017>

QuickFacts Cherry County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31031>

QuickFacts Holt County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31089>

QuickFacts Keya Paha County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31103>

QuickFacts Knox County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31107>

QuickFacts Pierce County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31139>

QuickFacts Rock County, Nebraska: <http://www.census.gov/quickfacts/table/PST045215/31149>

US Census Bureau, American Community Survey. 2009-13.

<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>

US Census Bureau, Small Area Health Insurance Estimates. 2013.

<http://www.census.gov/did/www/sahie/data/>

COUNTY HEALTH RANKINGS

<http://www.countyhealthrankings.org/app/nebraska/2015/overview>

COMMUNITY HEALTH STATUS INDICATORS

<http://wwwn.cdc.gov/communityhealth>

COMMUNITY HEALTH NEEDS ASSESSMENT

<http://www.communitycommons.org/>

CENTERS FOR MEDICARE AND MEDICAID SERVICES

Medicare and Medicaid Statistical Supplement. 2012.

<https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/medicaremedicaidstatsupp/2012.html>

HEALTH INDICATORS WAREHOUSE

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

http://www.healthindicators.gov/Resources/DataSources/BRFSS_21/Profile

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Rural Health, State and Federal Shortage Areas

<http://dhhs.ne.gov/publichealth/RuralHealth/Pages/ShortageAreas.aspx>

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

BRFSS 2011-2014 Detailed Tables for North Central

<http://dhhs.ne.gov/publichealth/BRFSS/BRFSS%202011-2014%20Detailed%20Tables%20for%20North%20Central.pdf>

BRFSS 2014 one-page table for North Central:

<http://dhhs.ne.gov/publichealth/BRFSS/BRFSS%202014%20one-page%20table%20for%20North%20Central.pdf>

NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY (NRPFS)

Nebraska Risk and Protective Factor Student Survey Results for 2014 – Profile Report: Antelope County

<http://bosr.unl.edu/Antelope%20County.pdf>

Nebraska Risk and Protective Factor Student Survey Results for 2010 – Profile Report: Boyd County

<http://bosr.unl.edu/Boyd%20County%20NRPFS%202010.pdf>

Nebraska Risk and Protective Factor Student Survey Results for 2014 – Profile Report: Cherry County

<http://bosr.unl.edu/Cherry%20County.pdf>

Nebraska Risk and Protective Factor Student Survey Results for 2014 – Profile Report: Holt County

<http://bosr.unl.edu/Holt%20County.pdf>

Nebraska Risk and Protective Factor Student Survey Results for 2014 – Profile Report: Knox County

<http://bosr.unl.edu/Knox%20County.pdf>

Nebraska Risk and Protective Factor Student Survey Results for 2014 – Profile Report: Pierce County

<http://bosr.unl.edu/Pierce%20County.pdf>

CENTERS FOR DISEASE CONTROL AND PREVENTION

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.

http://www.cdc.gov/brfss/data_tools.htm

NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT

<http://www.neded.org/business/data-a-research/population>

US DEPARTMENT OF AGRICULTURE

US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.

<http://www.ers.usda.gov/data-products/food-access-research-atlas/.aspx>

FOCUS GROUPS

Meeting minutes located in Appendix B of the North Central District Health Department Community Health Assessment report, available online at www.ncdhd.ne.gov

NCDHD COMMUNITY SURVEY: 2016

Results of the NCDHD Community Survey can be found in the North Central District Health Department Community Health Assessment report, available online at www.ncdhd.ne.gov

Approval

By signing below, the officer of the Avera Creighton Hospital Advisory Council swears that the Advisory Council has, at its April 25, 2016, meeting, reviewed and approved the Community Health Needs Assessment Summary.

Steve Schindler

Signed

April 25, 16

Date

Steve Schindler, VP

Printed Name and Title