Northeast Nebraska Partnership for Healthy Communities
Community Health Improvement Planning Session
December 10, 2012

Documentation of Strategic Work Products

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Overall Strategic Focus

"Based on available data from our community health assessment and our Forces of Change Assessment, what are our communities' priority strategic issues and how will we mobilize our communities to impact them?"

Contents

Context

Community leaders from the Northeast Nebraska Partnership for Healthy Communities met on Monday, December 10, 2012, at the Wayne Fire Hall to launch the current Community Health Improvement Planning process. Approximately 40 participants were in attendance at the facilitated session (see attachment for the attendee list). The agenda included:

- Welcome and Introductions
- Planning context and agenda confirmation
- Forces of Change assessment
- Community health-related data presentation by Dr. Joe Nitzke of Ionia Research (persons interested in obtaining the data report may contact the Northeast Nebraska Public Health Department for further information)
- Identification and prioritization of strategic issues to be addressed
- Community mobilization around the identified strategic issues
- Debrief and next steps

This report serves as documentation of the work products and consensus decisions of those participants in attendance as the meeting.

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"Strategic Issues" are defined as "Fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision."

Forces of Change Assessment Results

Attendees participated in the MAPP (Mobilizing Action through Planning and Partnerships) assessment "Forces of Change." Forces of Change include (negative, positive or neutral) trends, events, and factors:

- **TRENDS** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **FACTORS** are discrete elements, such as a state or community's large ethnic population, an urban or rural setting, or a jurisdiction's proximity to a major waterway.
- **EVENTS** are one-time occurrences, such as a hospital system closure, a natural disaster, or the passage of new legislation

Twelve forces of change were identified as a result of the exercise (listed in no order of priority):

- Limited economic resources
- Current confusing role of government
- Health reform
- Increased chronic disease conditions
- Population changes
- Shifting family dynamics
- Limited access to care
- Challenges of technology
- Prevention education and training
- Environmental changes
- Risk behaviors
- Enhanced health infrastructure

The participants observed that as a system, they seem to be moving…

FROM…………   To……..

- Paper
- Dependence
- Reporting
- Individual choice
- Stand alone
- Lack of infrastructure
- Homogeneity

- Technology (electronic)
- Interdependence
- Increased reporting, documentation and accountability
- Group choice
- Collaboration
- Health infrastructure
- Diversity

Detail regarding the observations/insights of the participants may be found on pages 4-5.

What trends, factors and events are or will be influencing the health and quality of life in our communities and/or the work of our public health system?					
Limited economic resources	Current confusing role of government	Health reform	Increased chronic disease conditions	Population changes	Shifting family dynamics
• Fiscal challenges • Economic resources limited • Recession/ depression, economic downturn • Lack of funding/ reimburse & uncertainty of • More multitasking required • Lack of funding • Lack of funding • Rural becoming less relevant	• Government involvement (paperwork, restrictions, direction) • Government = infrastructure without bureaucracy • Role of government • Confusion of goals & partnerships	• Health reform • Affordable Care Act • Obamacare impact • CMS regulations • Value based purchasing	• Chronic illness • Obesity • Obesity • Obesity – young and old • Chronic disease • Cancers • Diabetes • Increased cancer incidence	• Population changes • Aging population • Farm and ranch depopulation • Culture shifts • Cultural diversity increase • Aging population • Aging population – elderly care • Homebound elderly	• Aging population – elderly care • Homebound elderly • Shifting family dynamics • Stress on families • Generation thinking (less volunteerism) • Decline of traditional families • Quality child care and family supports • Work/life balance • Economics (increased abuse & neglect • Impact of Baby Boomer generation

What trends, factors and events are or will be influencing the health and quality of life in our communities and/or the work of our public health system?					
Limited access to care	Challenges of technology	Prevention education and training	Environmental changes	Risk behaviors	Enhanced health infrastructure
• Decrease in rural physicians • Healthcare professional shortage • Mental health care provider shortage • Turnover in position and contacts • Provider shortage (speciality, phys – nurses, mid-level practitioners • Access to care health ins. • Access to care, non-English speaking – appropriate trained translators	• Technology advances • Healthcare communication – electronic health records, lack of coordination of care	• Prevention education (child abuse/neglect, drug/alcohol, health behaviors) – a positive • Health education • Disaster preparedness	• Environmental changes • Global warming • Drought • Water shortages	• Youth risk behaviors • Addiction Abuse •	• 4 updated facilities (3 hospitals & 1 HD)

Strategic Issues

"Strategic Issues" are defined as "Fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision." Following a focused conversation that explored the implications of the Forces of Change Assessment and a current data presentation by Dr. Joe Nitzke of Ionia Research, the participants were asked to identify what they considered to be the top 5 most important strategic issues for the Northeast Nebraska Public Health District for the next 3 years. Below are the results:

Strategic Issues Identified By Table Discussion – First Round

Strategic Issue	As evidenced by….	Opportunities for Improvement
Table 1 • Access to care through health literacy • Lack of funding for Home Care programs • Dealing with older population • Maternal child health • Personal responsibility for health	• Minority statistics • Compliance • Gut feeling • Lack of providers available • Living longer • Heart disease, cancer rates, cholesterol • Fall rates • Single females with children, increased poverty • % births to teens, unmarried women • Increased infant mortality rates • The data…flu shots, obesity rates, screenings	• Education • Building interpreter programs • Training with criteria • Homecare for ADL's • Custodial care • Snow removal, grocery shopping for homebound • Support groups (Tai Chi) • Appropriate housing • Geriatric assessment clinic • Driving simulation • Mental health • Education (adults, age appropriate level) • Incentivize Medicaid • Easier access to support services • Incentivize prevention (financial) • Education • Increased providers

Strategic Issue	As evidenced by….	Opportunities for Improvement
Table 2 • Poverty • Affordable access to screenings • Meeting population where they are in their life	• Statistics that show no insurance • Low use of Medicaid • Lack of services • Reported use of screenings down (colonoscopy, prostate, mammograms) • Beyond the data, provider experience	• Easy access to financial help • Better use of medical resources • Free screening • Education about benefit of screenings • Changing use of urgent care • More use of technology • Need for 2nd language services
Table 3 • Economics • Lack of health professionals • Losing a voice due to rural/aging population	• Not accessing due to costs • Persons by PCP • Losing population	• Holding costs down • Education of resources • Additional funding sources • Collaboration with health partners • Improved knowledge of system
Table 4 • Access to health care is hampered by economics	• 18% = no insurance • 41% get flu shots • 10.3% did not see doctor due to costs • 50% say dental care is too costly	• Education about the programs that exist • Education about cost-effectiveness of prevention • Combining resources • Education about insurance
Table 5 • Lack of prevention education • Healthy infants rate too low • High rate of obesity • Poverty	• Increased teenage pregnancy rate • Increased smoking rate • Decreased seatbelt use • Decreased health screenings • Decreased vaccinations • Infant mortality 6.9% (NE=5.75%) • Increase in teenage births 10.3% (NE 8.3%) • 1 of 3 adults in HD is obese (doubled since 1995) • HD is "food desert" • Increased rate of diabetes • People report not seeing doctor due to cost • Per capita income average = $36,372	• Collaboration between agencies that provide education • Seek new funding • Increased social marketing "work smarter" • Decrease barriers (distance to drive, cost, education) • Education • Community support (community gardens, exercise groups, weight loss challenges) • Healthy food choices from programs • Legislation for tax incentives to bring employment to area • Effective use of $$ • Education about resources/programs

Strategic Issue	As evidenced by….	Opportunities for Improvement
Table 6 • Recognizing generational substance abuse	• Binge drinking stats • Abuse and neglect data	• Education and public awareness
Table 7 • Perinatal care/risk • Lack of primary care provider • Lack of prevention (Access, participation) • High poverty level	• Low birth rate • Infant mortality • SIDS • Prenatal care • Higher rate of uninsured • Doctor/population ratio • Immunization rate decreased • Seatbelt use decreased • Screening test decreased • Lack of access to healthy food • Higher unemployment • Lower education levels	• Education • Funding • Access to health care • Funding • Education • Access • Education • Funding • Access and education of birth control • Improve economic development
Added during plenary discussion: • Specific local data assessments	• Differences between experience and official data	• Build a partnership local database

Other plenary discussion insights:
- Data doesn't always support perceptions
- Thurston County data breakdown of race/ethnicity
- Who is answering surveys causes biased results
- Preventive measures important, i.e. immunizations, screenings not being done
- Cost of preventive care vs. treatment = pay attention to long term cost effectiveness
- High poverty levels affecting obesity, un/underinsured rates
- Health education a key, i.e. seatbelt use, minority smoking rate, etc.
- Current urgencies = obesity (noted by many individuals, maybe due to recent marketing efforts), more prevention education needed

Prioritization - Clustering of First Round Strategic Issues

Participants identified the following criteria to guide decisions about prioritizing strategic focus issues:
- Number of people impacted/Need
- Feasibility
- Resources accessible
- Consensus
- Ability to impact
- Cost effectiveness

Suggested issues were clustered according to similar area of focus. 6 strategic focus areas emerged as a result of the exercise.

Based on the data presented, and our collective understanding of our communities' needs, what are our priority strategic focus issues?					
Economics	Poverty and Economics	Maternal Child Health	Access to Care	A Focus on Prevention	Aging Issues
• Economics • Specific local data assessments • Access to health care is hampered by economics	• Poverty • High poverty level • Access to health care is hampered by economics • Poverty	• Maternal child health • Healthy infants rate too low • Perinatal care/risk	• Lack of primary care providers • Affordable access to screenings • Lack of health professionals • Lack of funding for home care programs • Access to care through health literacy • Meeting population where they are in their life	• Lack of prevention education • Lack of prevention (access, participation) • High rate of obesity • Personal responsibility for health • Recognizing generational substance abuse	• Dealing with older population • Losing a voice due to rural/aging population
Participants were asked to prioritize the above strategic issues by assigning sticky dots to those to indicate importance of the issues: **Blue dots indicated "We think this should be a priority", Red dots indicated "I could see myself committing time, influence or resources to this issue over the next 3 years"**. The numbers of sticky dots assigned to each category are listed below.					
Economics (**1**)	Poverty and Economics (**0**)	Maternal Child Health (**5, 4**)	Access to Care (**4, 7**)	A Focus on Prevention (**11, 6**)	Aging Issues (**3, 3**)

As a result of the exercise, the Partnership chose four areas to impact over the next planning cycle: **1)Maternal Child Health, 2)Access to Care, 3)A Focus on Prevention and 4)Aging Issues.** Participants self-selected into four Impact Teams to frame the strategic areas and plan for next steps.

Strategic Issue: Maternal Child Health

Strategic Issue Goal: How do we increase the number of healthy families?

(Problem) Current Baseline or Data to support the need for the goal: (To be added at a later date…)

Current Resources	Gap Analysis	Benefits	Next Meeting (Date, Time, Location, Agenda items)	Convenor/ Lead Agency	Comments
• WIC, SNAP, Home visiting prog., Caring Connections, Early Intervention Programs, Public Schools, Higher Education, Interpreters, Doctors, Public Health, 2 of 3 hospitals deliver, Education of childcare providers, Pregnancy and parenting education program, Libraries, Car seat safety clinics, Car seat checkers, PMC OB team,	• Inconsistent funding, cultural differences, language barriers, challenges with Medicaid, Distance to Physician (specialty), knowledge of providers, Education, Lack of specialist (pediatrician), Lack of well child care, Lack of people having a primary health provider (medical home), lack of screening tools to identify parents who need more help, providers not having enough time for education,	• Healthy children and families, data to support programs, quality of life, Healthier generations,	•	• NNPHD, Lead • PCH, Co-Lead	• Organize information then send out to group • Identify meeting dates •

Strategic Issue: Aging Issues

Strategic Issue Goal: *How will we eliminate aging issues? Provide the healthiest environment for the aging population.*

Challenges: Falls/mobility, increased stroke/diabetes/cholesterol, single female (widows) households with poverty, access to care, transportation, loneliness/isolation, technology challenges, education of younger generation to prevent aging issues (lifespan concentration)

(Problem) Current Baseline or Data to support the need for the goal: **(To be added at a later date…)**

Current Resources	Gap Analysis	Benefits	Next Meeting (Date, Time, Location, Agenda items)	Convenor/ Lead Agency	Comments
• Area Agency on Aging • Goldenrod Hills • Senior Center Directors • Collaboration • Networking • Health Department with resources (directory) and networking connections • Faith-based • Clinic and home care agencies • NE Healthcare Association • Cedar County Transportation bus • Community Health Workers	• Need more specific data around aging • Needs assessment • Transportation for aging • Community Healthcare person to do assessments • Health Literacy at Hospitals • Rural population transportation (exists only in Wayne) • Identify geographically isolated older adult population • Geographically isolated older adults ability to receive services • Understanding aging documentation (i.e. living wills and DNR, etc.) and the education of providers on this issue • Road conditions and safety of older adults (is there someone checking on them during winter storms, etc.) • Education about preparedness procedures • Elderly mentoring programs • How to get services, i.e. groceries delivered, bus to get to store, etc.	• Human benefits • Cost effectiveness • Economic development through job creation (i.e. assisted living, public health, etc.) • Healthier community members	• 3:00PM Monday, January 14 • Health Department (Kim to check on available) • Agenda: • Review Goal Statement • Review of current data • Overview of the Resource Directory • Discuss other partners	• NE Neb Health Department	•

Strategic Issue: A Focus on Prevention

Strategic Issue Goal: How do we increase the focus on prevention in our communities?

(Problem) Current Baseline or Data to support the need for the goal: (To be added at a later date…)

Current Resources	Gap Analysis	Benefits	Next Meeting (Date, Time, Location, Agenda items)	Convenor/ Lead Agency	Comments
• Health coach at clinics to assist providers • Hospitals • Health departments • EMS • County boards • Schools • Grants • Community Colleges – Wayne College, Northeast Community College, UNMC • Increase in coverage for preventive services • Grant writers – Deb Scholten, Sandy Bartling, Native American Grant Writers • People having a vested interest • External Funding • Media Focus on Preventative Services • Collaboration between entities • Best Practices • NENCAP	• Population resistance to change – behavioral • Still need for communication • Delivery Methods • Training on different insurances and what's is covered • How do you deal with things that are not covered • Choice not to have insurance especially amongst young people • Cause and effect of why the prevention is necessary • What happens when screening turns diagnostic • Overcoming fears and embarrassments • Lots of misinformation • Access to Medicaid – not user-friendly • Manpower • Time Constraints • Provider Constraints • Knowledge of technology • Getting the message out to the right population that is not getting the preventative care • Perception of minority groups – cultural competency/differences • Financial barriers • Language barriers • Keeping up with rapid pace of changing systems	• Helping people recognize cost savings that result through prevention • Avoiding the more cumbersome issues with longer-term disease • Avoiding emotional stress • Save lives • Uses resources more efficiently • Reducing problems related to obesity, diabetes, etc. • Increasing overall feeling of healthy life • Change focus of healthcare model	• February • Needs – Representative from NENCAP, Someone from area clinic, someone from Public Health Departments, Diabetic Educators, school systems • Key Agenda Items – Narrow focus of the bigger picture	• Multiple agencies • NENCAP • Healthfairs	•

Strategic Issue: Access to Care

Strategic Issue Goal: Improve Access to Care

(Problem) Current Baseline or Data to support the need for the goal: (To be added at a later date…)

Conditions: Resources available, partnership, collaboration, language barriers, more awareness on critical issues
Skills: Computer skills, interpretation (language), people who are willing to help,
Who has the Knowledge needed? The individuals at the MAPP meeting,

Barriers: Transportation (dialysis), Policy Issues, the unknowns of the Affordable Care Act, political will as far as prenatal care, change of ACCESS Nebraska, free clinics

Current Resources	Gap Analysis	Benefits	Next Meeting (Date, Time, Location, Agenda items)	Convenor/ Lead Agency	Comments
• Hospital's Resources • Community Health Worker Program • Medicaid • HIV Support Group • Unified Resource Directory	• Local Data • GIS Program • Transportation • Funding • Lack of partnership, coalition	•	• January 15th at NNPHD	• NNPHD	•

Next Steps in the Community Health Improvement Planning (CHIP) Process

What	Who Responsible	By When
Document this meeting and send to NNPHD	Facilitator	Friday
Confirm Impact Team "convenors"	NNPHD	January 30, 2013
Submit CHIP plans	HD Hospitals (CHA)	March 1, 2013 June 30, 2013
Next NE Partnership for Healthy Communities CHIP meeting – Agenda to include: • Progress to date on Impact Team planning • Priorities for CHIP • ***(Possible community vision articulation?)	NNPHD will convene	February 2013

***Plenary discussion revealed a possible need to revisit/retool the 2007 Vision Statement. Phrases and concepts offered for possible inclusion were:

- Healthy families – Healthy Communities
- Improved use of resources
- Education and prevention
- Welfare of community
- Meeting local health needs
- Incentivize prevention
- Community partnerships

Respectfully submitted,
D. Burnight, CTF
Facilitated Resources
12/13/12