

Community Health Needs Assessment Summary

Regional West Medical Center 2012-2013

The Scotts Bluff County Health Department and the Panhandle Public Health Department jointly conducted an assessment of Scotts Bluff County and the adjoining 11 counties in the Nebraska panhandle. Numerous community partners, including Regional West Medical Center, participated in the assessment.

Description of Community Served by the Hospital

With over 1,800 employees, Regional West Health Services provides comprehensive and innovative health care services for the people and communities of western Nebraska and the neighboring states of Colorado, South Dakota, and Wyoming. With over 110 active physicians, 95 percent of whom are board certified or board eligible, plus an additional 25 consulting specialists, Regional West offers care that spans more than 30 medical specialties.

Regional West Medical Center, a subsidiary of Regional West Health Services, is accredited by The Joint Commission and serves as the hub hospital for eight Critical Access hospitals in the panhandle of Nebraska and, as a Level II Trauma Center, is the hub hospital for Nebraska Trauma Region 4. It is the largest hospital in western Nebraska and the largest employer in the area.

The Nebraska panhandle consists of the 11 rural and frontier counties in the far western one-third of the state. Counties include Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux counties. The 14,810 square mile area is bordered by equally remote areas of South Dakota (north), Wyoming (west), and Colorado (south).

There are 85,468 persons living in the panhandle region (U.S. Census 2009 estimates), down nearly 5,000 individuals from the last census in 2000. More than 43 percent of the population (36,865) resides in Scotts Bluff County, which is where Regional West Medical Center is located.

Other demographics include:

Diversity: 95.8 percent White, (21.8 percent of this number is of Hispanic ethnicity), 2.7 percent American Indian or Alaska Native, 0.8 percent Black, 0.7 percent Asian, 0.1 percent Native Hawaiian and Other Pacific Islander.

It is unknown what percentage of the Hispanic population is Spanish speaking only. The Native American population is almost entirely English speaking. A smattering of refugees from other countries settles in the panhandle.

Socio Economic: Panhandle residents are poorer than those living in other parts of Nebraska and the nation. Forty-one percent of area children live in poverty in single-parent homes; 58 percent of those in poverty in the region live in families with two parents. Nearly 14 percent of panhandle residents have incomes at/or below the federally defined poverty level. One of the 11 counties has one of the nation's 10 lowest per capita personal incomes. The proportion of residents living in poverty was generally higher for racial/ethnic minority groups than for whites.

There are no current statistics that can adequately demonstrate the impact of the economic recession on the region. Free and reduced school lunch rates are generally recognized as an indicator of poverty. However, in many panhandle communities, families will not complete forms for free and reduced lunch due to stigma, perceived lack of community confidentiality, and privacy. As a result, there is not only the inability to accurately assess the impact of the recession on children, but school districts are financially impacted by funding reductions. In at least one community, this factor resulted in a loss of funding for an after-school program.

Education

Preschools and child-care facilities in the panhandle vary widely, with some estimates that more than 50 percent of daycare homes are unlicensed. There are 121 family child care home providers, 57 child care centers and 16 licensed preschools. Because of the high number of single parents and parents working two jobs, day care is an extremely difficult issue for many parents in this area.

In the public school system, the panhandle has 473 students in 16 preschools, 7,497 students in 37 K-6 schools, 2,211 students in 23 grade 7-8 schools, and 4,680 students in 21 high schools for a total of 14,861 students. In addition, there are 480 students in private schools in the panhandle and 327 students who are home-schooled.

The panhandle has one state college and one community college, and offers a vast number of services from the University of Nebraska.

Overall, 16.6 percent of areas residents age 25 and older have less than a high school education, compared to 13.4 percent statewide. The proportion of area residents in this age group who had not completed high school was higher among Hispanic Americans (51.9 percent), African Americans (31.4 percent) and Native Americans (30.4 percent) than it was among Whites (14.9 percent).

Sources: Mobilization for Action through Planning and Partnership, 2011; Nebraska Dashboard (www.westernes.com/Nebraska); Twin Cities Development, U.S. Census, Healthy People 2020

Who Was Involved in the Assessment?

Regional West Medical Center participated in a Community Needs Assessment conducted in 2011 and early 2012 by the Scotts Bluff County Health Department (SBCHD) and the Panhandle Public Health Department (PPHD). The Mobilizing for Action through Planning and Partnerships (MAPP) needs assessment and the Community Health Improvement Plan (CHIP) developed from this collaboration was the primary tool used by the hospital to determine its community benefit plan. The plan outlines how the hospital will give back to the community in the form of health care and other community services to address unmet community health needs.

Regional West Health Services then brought a group together to review the MAPP and CHIP report and compared it to the already established Community Benefits provided by the organization. The review focused on gaps in services as well as duplication of services. An implementation plan was developed and approved by the Regional West Health Services Board.

How the Assessment Was Conducted

The MAPP assessment process was conducted as follows:

Forces of Change

The Forces of Change Assessment identified forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. The Forces of Change Assessment was conducted at the February 2011 kick-off meeting. A Technology of Participation process was used to engage the 41 participants in a consensus process.

Community Themes and Strengths

This section of the MAPP assessment is intended to provide a deep understanding of issues residents feel are important. This information was collected through focus groups and a dialogue group as follows:

Focus Groups

A total of 14 focus groups were held in the region between February and June 2011. The focus groups were held in seven of the 11 counties. Each focus group was attended by eight to 10 people, with the exception of one minority group that had 15 participants. The focus groups were facilitated by a combination of public health staff and local health system partners. Local partners were

contracted to contact groups, establish locations, and facilitate meetings. Minority focus groups were held in a culturally and linguistically competent manner. A common focus group format and standardized questions were used for all groups.

Community Dialogue

A regional *Summit for a Healthy Panhandle* was held in Gering, NE in July of 2011. Over 150 persons from all 11 counties attended the full day event, which included presentation of the Community Health Status Report and break out groups on Community Themes and Strengths.

Local Public Health System Assessment

In May 2011, the community completed the Local Public Health System Assessment, designed by the National Public Health Performance Standards Program, and measured the 10 essential public health services.

The core of the Community Health Status Assessment was completed with data compiled and released through Nebraska Department of Health and Human Services (NE DHHS). The data, culled from many sources, is compared to statewide data. Trend data is provided as available. The data is provided in report format and was presented by representatives of NE DHHS at the *Summit for a Healthier Panhandle*. This Community Health Status Assessment is enhanced with the County Health Rankings.

Priority Selection Process

A regional meeting with MAPP stakeholders was held in November 2011 at the Harms Center in Scottsbluff to review the assessment information gathered to date and to begin the prioritization process for health priorities. The public health system priorities were chosen in the first quarter of 2012.

Many important health and public health system issues surfaced during the MAPP assessments; however, it would be too difficult to address all of them here. The following process was used to help choose the health priorities to add more structure to the priority selection process by incorporating both quantitative and qualitative criteria.

Priorities chosen based on the criteria above include:

- 1. Healthy Living: Healthy Eating, Active Living, and Breastfeeding**
 - a. Increase fruit and vegetable consumption.**

- b. **Decrease consumption of high-energy dense foods.**
 - c. **Decrease consumption of sugar-sweetened beverages.**
 - d. **Increase physical activity.**
 - e. **Decrease screen time (television, computers, electronic games, and smart phones).**
 - f. **Increase breastfeeding initiation, duration, and exclusivity.**
- 2. Cancer Prevention and Early Detection**
- a. **Reduce the impact of tobacco use and exposure on cancer incidence and mortality.**
 - b. **Reduce exposure to ultraviolet light.**
 - c. **Increase cancer screening rates.**
- 3. Unintentional Injury and Violence Prevention**
- a. **Prevent unintentional injuries and violence, and reduce their consequences.**
- 4. Mental and Emotional Well-Being**
- a. **Increase the quality of life for all ages.**
 - b. **Reduce child abuse and neglect rates.**

Key findings from a data and statistics review by Regional West Medical Center include:

- Nearly two thirds (65.9 percent) (Neb. 64.7 percent) of adults 18-64 living in the panhandle are overweight. Nearly one-third (29.7 percent) (Neb. 27.7 percent) are obese. (Nebraska Physical Activity and Nutrition State Plan 2011-2016)
- Heart disease (22.1 percent) is the leading cause of death in the panhandle. (Nebraska Physical Activity and Nutrition State Plan 2011-2016)
- Cancer (19.1 percent) is the second leading cause of death in the panhandle. (Nebraska Cancer Control Plan 2011-2016)
- Cancer is the leading cause of death for some groups of Nebraska residents. For persons under age 75, cancer claims more lives than heart disease; after age 75, this pattern is reversed. (Nebraska Cancer Control Plan 2011-2016)
- Among the top 10 cancer sites in 2008 in Nebraska, the top four included: prostate cancer 15 percent of all cancers, female breast 14 percent, lung and bronchus 13 percent, and colon and rectum 12 percent. The remaining six which comprise 49 percent of all cancers include: urinary/bladder, non-Hodgkin's lymphoma, melanoma, kidney and renal pelvis, leukemia, and uterine corpus. (Nebraska Cancer Control Plan 2011 2016)

- In Nebraska, prostate cancer mortality rates decreased from 26.9 cases per 100,000 populations in 1999 to 24.0 cases per 100,000 populations in 2008. (Nebraska Cancer Control Plan 2011-2016)
- Breast cancer is the most common malignancy among women and the second most frequent cause of female cancer deaths. Between 2004 and 2008, 6,172 Nebraska women were diagnosed with malignant breast cancer (and another 1,348 women were diagnosed with in-situ breast cancer) and 1,181 women died from the disease. Since 1990, the rate of breast cancer deaths in Nebraska and the nation has declined significantly. (Nebraska Cancer Control Plan 2011-2016)
- 65.1 percent of panhandle women 40 and over have received a mammogram in the last two years compared to 72.8 percent for the state of Nebraska. (Nebraska Cancer Control Plan 2011-2016)
- Although lung cancer was only the third most frequently diagnosed cancer among Nebraska residents in 2008, it was the year's leading cause of cancer mortality, accounting for more than 25 percent of the state's cancer deaths. Between 2008 and 2012, there were 231 newly diagnosed cases of lung cancer in Nebraska. (Nebraska Cancer Control Plan 2011-2016)
- In 2008, colorectal cancer was the fourth most frequently diagnosed cancer among Nebraska residents, accounting for 1,001 new malignancies. It was the second leading cause of cancer deaths in the state, accounting for 369 deaths. Seventy percent of colorectal cancer cases occurred in persons who were 65 or older at diagnosis. Colorectal cancer mortality rates have decreased from 22.4 cases per 100,000 populations in 1999 to 18.4 cases per 100,000 populations in 2008. 49.8 percent of panhandle residents age 50 or older have never had a colon cancer screening (colonoscopy or sigmoidoscopy) compared to 59.3 percent for the state of Nebraska. (Nebraska Cancer Control Plan 2011-2016)
- Unintentional injuries are the fifth leading cause of death in the panhandle. (Department of Health and Human Service, State of Nebraska)
- It was also recognized by the group that regional efforts currently underway that were derived through an assessment process resulting in the selection of evidence-based strategies would remain priorities for the area as well. Those include the work of the following regional coalitions: Panhandle Worksite Wellness Council, Panhandle Regional Medical Response System, Panhandle Suicide Prevention Task Force, Panhandle Cancer Coalition, and Panhandle Prevention Coalition. (Panhandle Community Health Improvement Plan 2012-2017)

An analysis of current programs in each priority area was conducted in order to identify the gaps in services existing at Regional West Medical Center and to develop an implementation strategy. A list of these is available on the website.

Identified Community Health Needs already being addressed includes:

- 1) Breastfeeding
 - a. The Regional West Medical Center Birth and Infant Care Center has an extensive program for families in regard to breastfeeding. Support groups and specialists are available to moms and babies.
- 2) Active Living/Healthy Eating
 - a. An internal worksite wellness program is focusing on many of the identified areas within the Healthy Living priority. The hospital is a member of the Panhandle Worksite Wellness Coalition, which takes wellness to panhandle businesses.
 - b. Regional West Medical Center supports and partners with Regional West Physicians Clinic to provide education, nutritional support and education and diabetic testing for patients diagnosed with diabetes and those who are identified as pre-diabetic.
 - c. The hospital promotes local activities such as the Monument Marathon, Festival of Hope 5k, United Way 5k, and also hosted a 5k Fun Run/Walk to help support the local United Way. These activities will continue to be supported in order to encourage employees and the community to be active.
- 3) Cancer screenings
 - a. The Cancer Treatment Center at Regional West and the Community Health Department has sponsored a colon cancer screening kit and awareness program annually for the last four years. This promotion will continue through 2014.
 - b. Participation of Cancer Treatment Center physicians and nurses at area health fairs and community events is increasing. Skin screenings as well as information on breast cancer and colon cancer are routinely distributed at these events.
 - c. Walk-in clinic times have been established at the Breast Health Center. This is to provide access in a different form to the women that Regional West Medical Center serves
- 4) Unintentional injury and violence prevention
 - a. The hospital employs an Injury Prevention Coordinator who works along with the trauma system and the Community Health Department. Services provided include: talks at schools or businesses on topics such as seat belts and texting, participation in community events/health fairs along with distribution of brochures, and reviews of Top 10 list for Traumas in order to develop areas of need.
- 5) Mental and Emotional Well Being

- a. Regional West Medical Center supports and partners with Regional West Physicians Clinic to provide a Behavioral Health Clinic for the community and the region. The psychiatrists in the clinic not only see patients in the clinic and oversee the care on the psychiatric floor of the hospital, but also provide medical management for the patients who are seeing the psychologists and specialized therapists in the clinic and for those who are referred to providers and counselors in the community and region. Without the continued financial support of the hospital this important community healthcare benefit would not be available. The hospital plans to continue to support this important benefit for the community.

Regional West Medical Center plans to continue current community benefit programs and to always focus our efforts on improving those plans or modifying them where necessary to better meet the needs of the community in these areas.

After a review of the data and of current community benefit programs already in place, two areas of need that are not currently being addressed directly by Regional West Medical Center were identified. These include:

- 1) Smoking cessation
- 2) Reduce childhood abuse and neglect rates

Implementation Strategy:

Description of what Regional West Medical Center will do to Address Smoking Cessation

There are no local cessation counselors and a discussion with the Tobacco Free Nebraska coordinator at the Department of Health and Human Services spotlighted that this form of cessation assistance is not effective. Use of the QUIT line has a higher success of assistance to stopping use of nicotine products. The hospital does not have a structured campaign to promote the Nebraska Tobacco Free Quit Line. The following action plan will be implemented by Regional West Medical Center to use hospital resources to develop a structured campaign to promote the use of the Nebraska Quit line.

1. The Manager of the Community Health Department at Regional West Medical Center working with the Nebraska Tobacco Quit Line will establish baseline statistics for the Quit line use and establish an improvement goal.
2. The Manager of the Community Health Department in partnership with the Regional West Cancer Treatment Center will review promotional materials and develop a distribution plan within the Regional West campus and the community at large.

3. The Manager of the Community Health Department at Regional West Medical Center will coordinate efforts with community organizations such as Panhandle Prevention, Monument Prevention, Panhandle Worksite Wellness Coalition, and Scotts Bluff County Health Department.
4. The Manager of the Community Health Department at Regional West Medical Center will monitor statistics related to use of the Quit Line to evaluate the effectiveness of this strategy and make adjustments as appropriate

Description of what Regional West Medical Center will do to Address Abuse and Neglect Rates

Regional West will work with other community organizations to assess how the hospital could support local resources already in place to address child abuse and neglect in the region. Regional West Medical Center will focus on using hospital resources to promote area programs whose goal is to assist in the reduction of abuse and neglect rates. The programs that will be researched and promoted include:

- 1) Healthy Families America – Directed by Scotts Bluff County Health Department and Panhandle Public Health Department. The focus of this program is to identify at risk families early in pregnancy and provide in- home visits and education.
- 2) Circle of Security - focuses on primary prevention of mental and emotional well-being of children and their families through evidence base programs in the eleven counties of the Panhandle.
- 3) System of Care for Children (0 - 8) - evaluates formal and informal support resources for children 0 - 8 and their families. Membership includes representatives from schools, public health, health care, mental health and law enforcement
- 4) Aging Office of Western Nebraska - Serves those 60 and older. Advocates for client in the instance of elder abuse or neglect

The following action plan will be implemented by Regional West Medical Center to use hospital resources to reduce abuse and neglect rates in the community.

1. The Manager of the Community Health Department at Regional West Medical Center working with the coordinator of Healthy Families of America program will establish baseline statistic for referrals from RWMC and develop a plan to increase referrals and promote the program.
2. The Manager of the Community Health will meet with community organizations to identify areas of collaboration and develop a plan to use hospital resources to promote the identified programs.

3. The Manager of the Community Health Department at Regional West Medical Center will implement the plan using hospital resources.
4. The Manager of the Community Health Department at Regional West Medical Center will monitor statistics to determine the effectiveness of the plan and make adjustments in the plan as appropriate.

Approval

A resolution of the Board of Directors of Regional West Medical Center, Scottsbluff, NE approving the implementation strategies outlined above for addressing priorities identified in the most recent community needs assessment and other plans for community benefit.