

# 2020 Community Health Improvement Plan of Regional West Medical Center

*live, learn, work, and play*



*For a Healthier Panhandle*

**PREPARED BY**

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**IN COLLABORATION WITH**

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Kimball Health Services  
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Regional West Garden County  
Regional West Medical Center  
Sidney Regional Medical Center  
Panhandle Partnership  
Panhandle Area Development District  
Nebraska Department of Health and Human Services

**WITH SPECIAL THANKS TO**

Daniel Bennett, Civic Nebraska  
*formerly of Panhandle Area Development District*

**FOR MORE INFORMATION**

[www.rwhs.org](http://www.rwhs.org)

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# MESSAGE FROM REGIONAL WEST MEDICAL CENTER

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## E-CIGARETTES AND VAPING

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### GOALS

OBJECTIVES  
STRATEGIES

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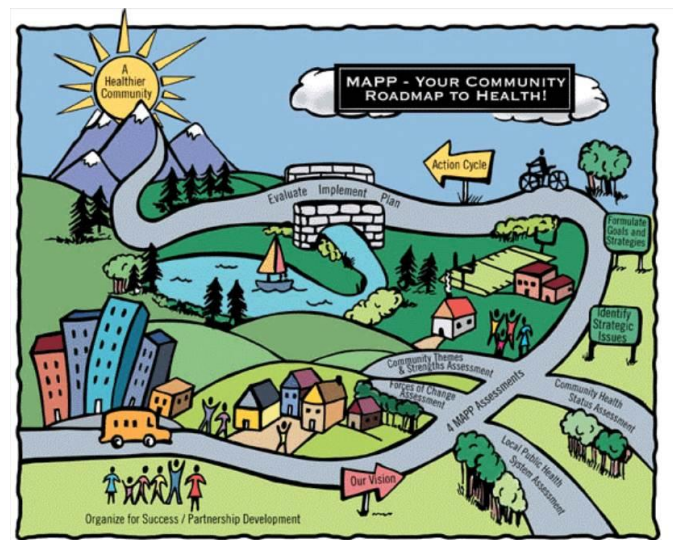
FIGURE 22: PRIMARY MEANS OF TRANSPORTATION\*, NEBRASKA PANHANDLE, 2019  
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## OVERVIEW OF THE DEVELOPMENT PROCESS

### MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, has been used for the CHNA and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011, and continued to be used for this round of the CHNA and CHIP. MAPP emphasizes the partnership with all sectors of the public health system to evaluate the health status of the region it serves, identify priority areas, and develop plans for implementation.



The MAPP model has six key phases:

1. Organize for success/Partnership development
2. Visioning
3. Four MAPP assessments
  - a. Community Themes and Strengths Assessment (CTSA)
  - b. Local Public Health System Assessment
  - c. Forces of Change Assessment
  - d. Community Health Status Assessment
4. Identify strategic issues
5. Formulate goals and strategies
6. Take action (plan, implement, and evaluate)

This document encompasses phases five and six. Phases one through four can be found in the Community Health Needs Assessment.

# PRIORITIES FOR THE 2021-2023 CHIP CYCLE

In 2020, Regional West Medical Center and Community Health staff came together to choose their priorities for the 2021 – 2023 CHIP. They chose to focus on the aging population, Injury Prevention, and Prevention Management and Services. Each of these priorities had overarching themes including access to services, Poverty and Economic Hardship, and Mental Health and Well-being.

## 2021-2023 Regional West Medical Center Community Health Improvement Plan Priority Areas





# PRIORITY 1: AGING POPULATION

## ABOUT

Senior health is important for communities in the panhandle because they tend to have a larger baby boomer generation with a smaller middle-aged population to support them and to fill jobs as people retire. The old age dependency in Dawes County is 29 percent which means that for every 100 working aged persons in the county there are 29 retired or over 65 aged persons in the county. As we grow older there are specific needs for continued health and quality of life.

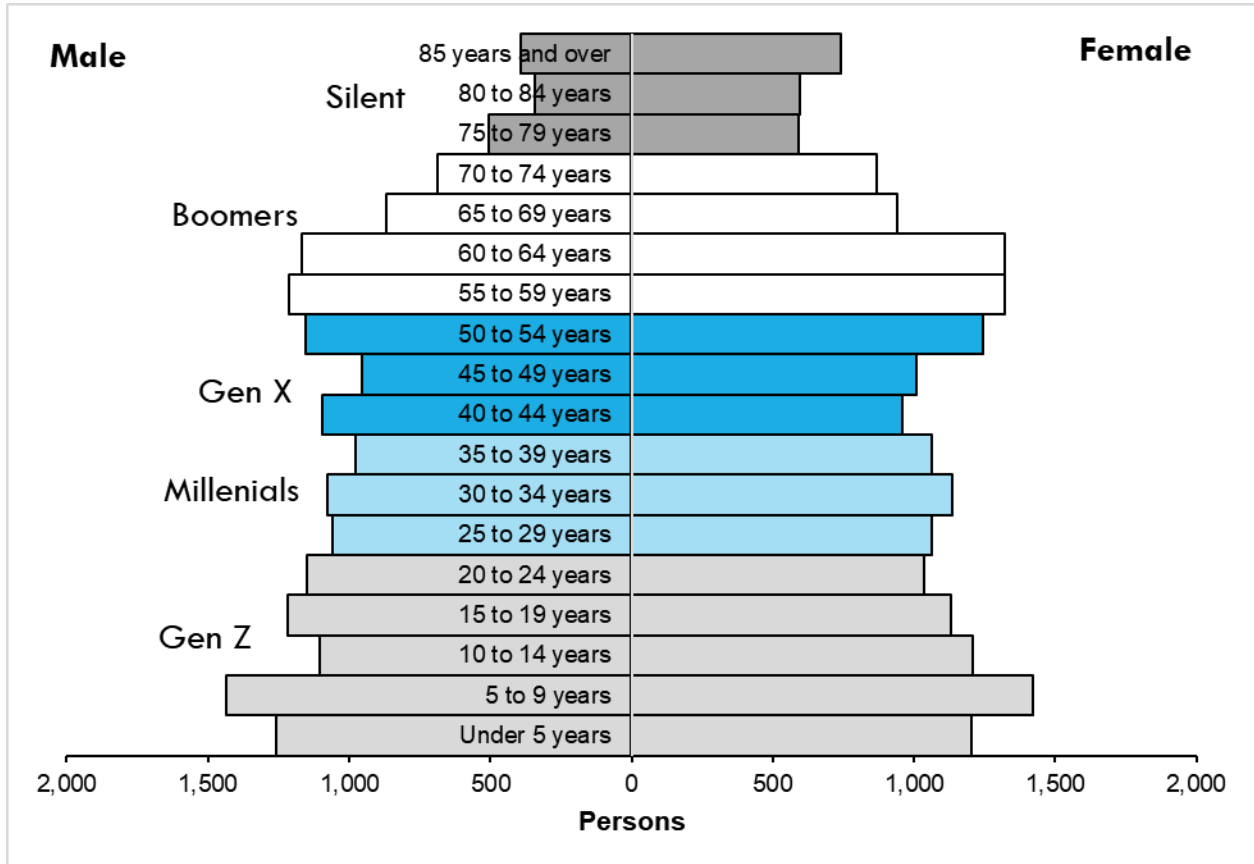
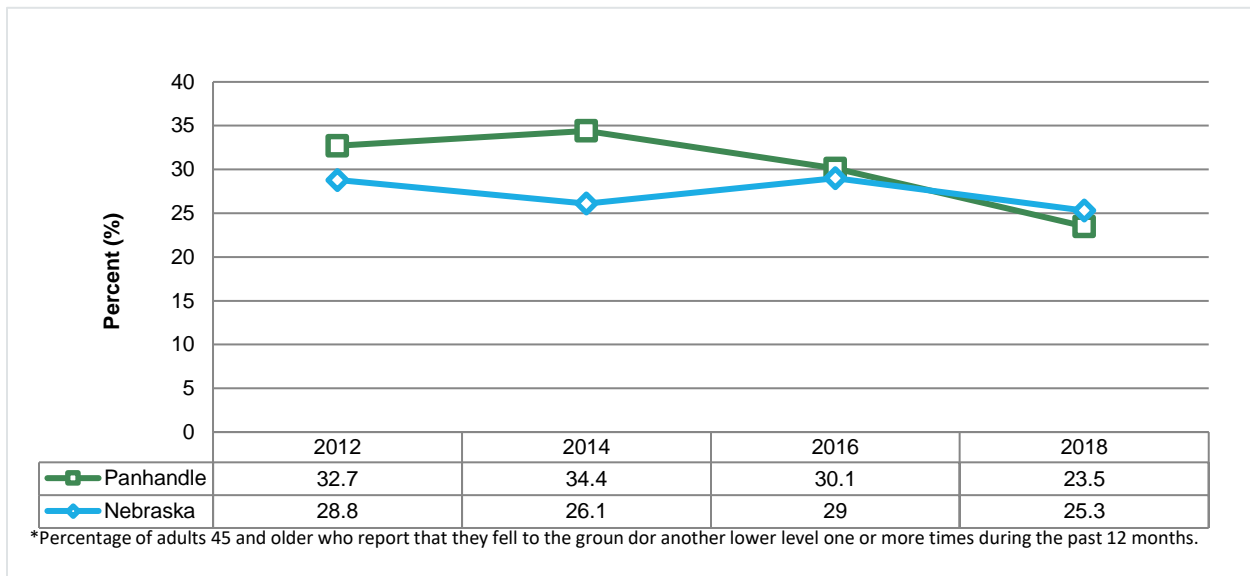


FIGURE 1: SCOTTSBLUFF COUNTY POPULATION PYRAMID; 2013-2017 ACS SURVEY, PREPARED BY KELSEY IRVINE.

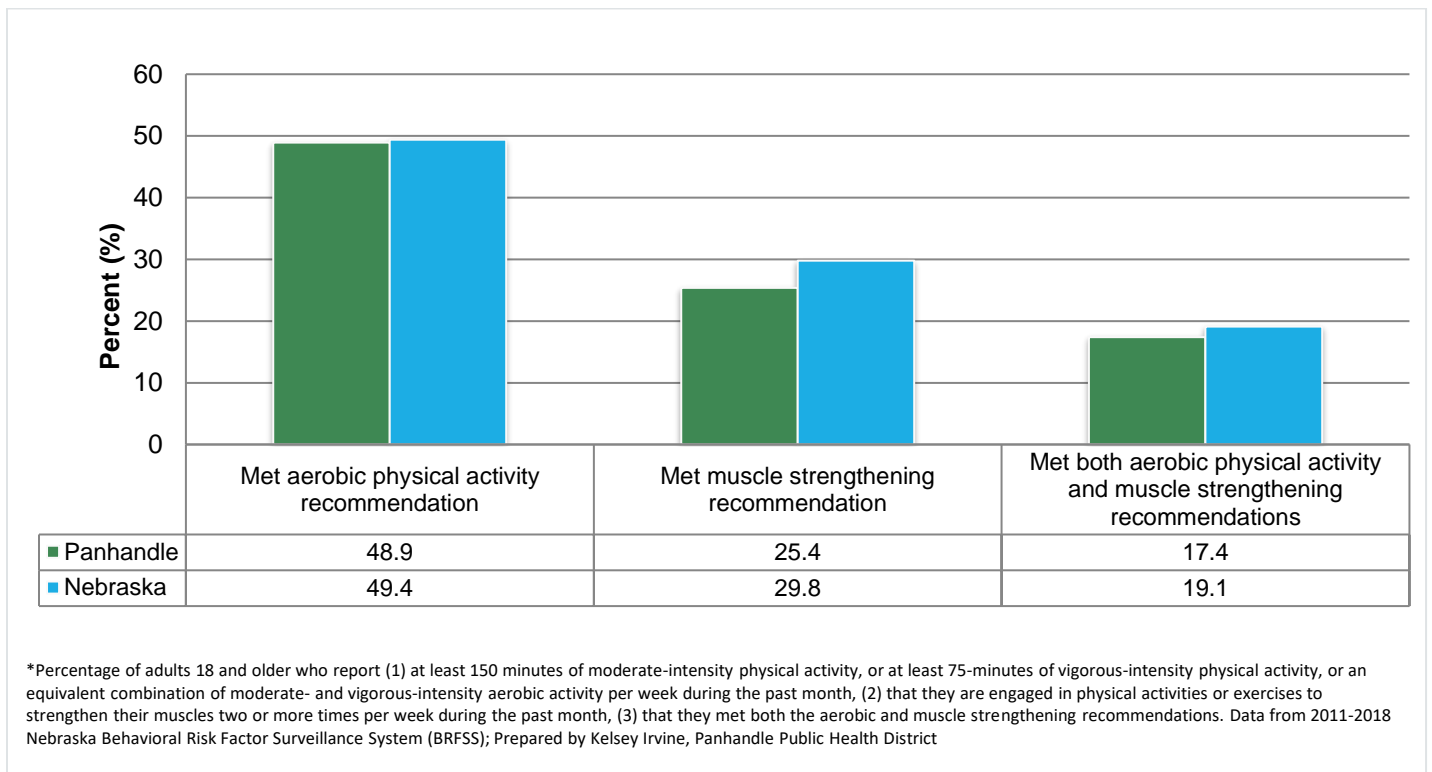
## INJURY PREVENTION

One concern for older populations is injury and fall prevention. Falls are the leading cause of injury and are a major cause of death for older adults and deaths related to falls have increased in recent years. Increasing physical activity among this group of people is a recognized approach to preventing falls.



**FIGURE 2: FALLS AMONG ADULTS 45 AND OLDER, PANHANDLE AND NEBRASKA, 2011-2018**

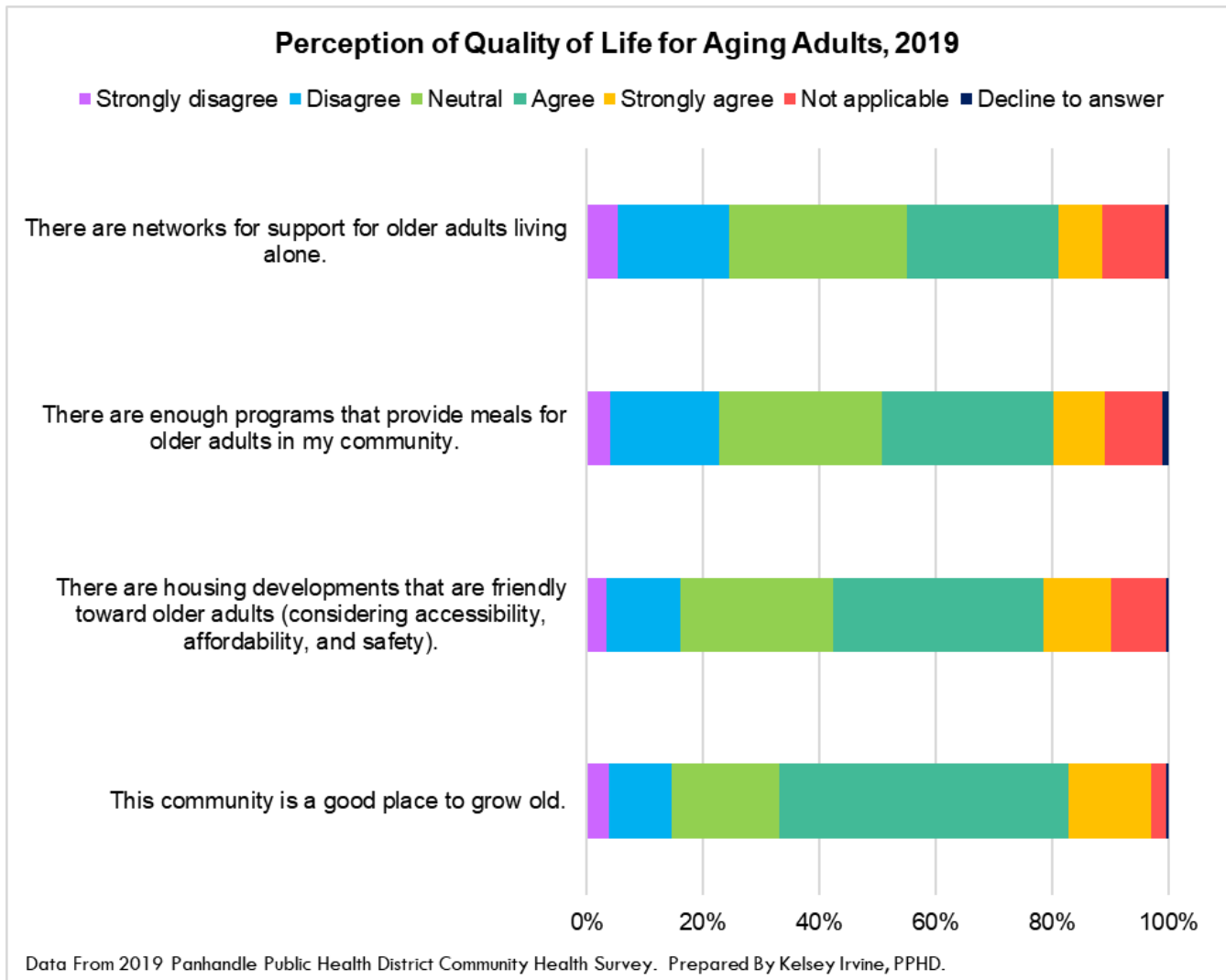
One concern for older populations is injury and fall prevention. Falls are the leading cause of injury and are a major cause of death for older adults and deaths related to falls have increased in recent years. Increasing physical activity among this group of people is a recognized approach to preventing falls.



**FIGURE 3: PHYSICAL ACTIVITY AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018**

## COMMUNITY SUPPORT AND QUALITY OF LIFE

The following section includes responses to questions about older adults in the community. Overall, respondents ranked items about quality of life for older adults on the positive side. The majority felt the community is good place to grow old (61.4% agreed or strongly agreed).



**FIGURE 4: PERCEPTION OF QUALITY OF LIFE FOR AGING ADULTS IN SCOTTS BLUFF COUNTY, 2019**

## GOALS

1. Increase quality of life and care for the aging population in Scotts Bluff County

## OBJECTIVES

- 1.1 Reduce the rate of emergency department visits due to falls among older adults (HP2030, OA-03)

Baseline	23.3 percent
Target (2021)	22.5 percent
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years, we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Percent of people 45 and older who suffered a fall 1 or more times in the past year

- 1.2 Increase community quality of life by maintaining the aging population connection to their community. (HHS Healthy Aging)

Baseline	56
Target (2021)	54.3
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years, we have only shown a decrease in 3 percent
Data Source	AARP Livability Index
Indicator	Score for how livable Scottsbluff County is according to a range of factors including safety, transportation, social engagement, housing, health and opportunity

## STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

[Healthy Aging resources from HHS](#)  
[Preventing Falls in Older People Living in the Community](#)  
[Livability Index](#)

## PRIORITY 2: INJURY PREVENTION

### VEHICULAR ACCIDENT INJURIES

There were 1,468 motor vehicle crashes in the Panhandle in 2019, resulting in 611 injured individuals and 21 deaths. The rate of Panhandle adults that always wear a seatbelt is consistently lower than the broader state of Nebraska, by approximately 15 points.

FIGURE 5: PANHANDLE MOTOR VEHICLE CRASH DATA BY COUNTY, 2019

County	Crashes				Persons killed and injured	
	Total	Fatal	Injury	PDO*	Killed	Injury
Banner	26	0	7	19	0	12
Box Butte	148	3	48	97	3	77
Cheyenne	186	2	32	152	2	46
Dawes	151	1	35	115	1	51
Deuel	48	1	12	35	1	17
Garden	35	1	5	29	1	6
Grant	5	0	2	3	0	2
Kimball	93	3	23	67	3	31
Morrill	83	2	19	62	7	25
Scotts Bluff	617	3	226	388	3	315
Sheridan	65	0	15	50	0	27
Sioux	11	0	2	9	0	2
<b>Panhandle</b>	<b>1,468</b>	<b>16</b>	<b>426</b>	<b>1,026</b>	<b>21</b>	<b>611</b>
<b>Nebraska</b>	<b>36,709</b>	<b>212</b>	<b>11,939</b>	<b>24,555</b>	<b>248</b>	<b>17,198</b>

The rate of Panhandle adults that report they text while driving was lower than that of the overall state of Nebraska, but has increased in recent years to be at approximately the same rate. The proportion of adults who report they talk on the phone while driving in the Panhandle decreased from 69.2% in 2015 to 63.7% in 2017, dropping below the state (66.5%).

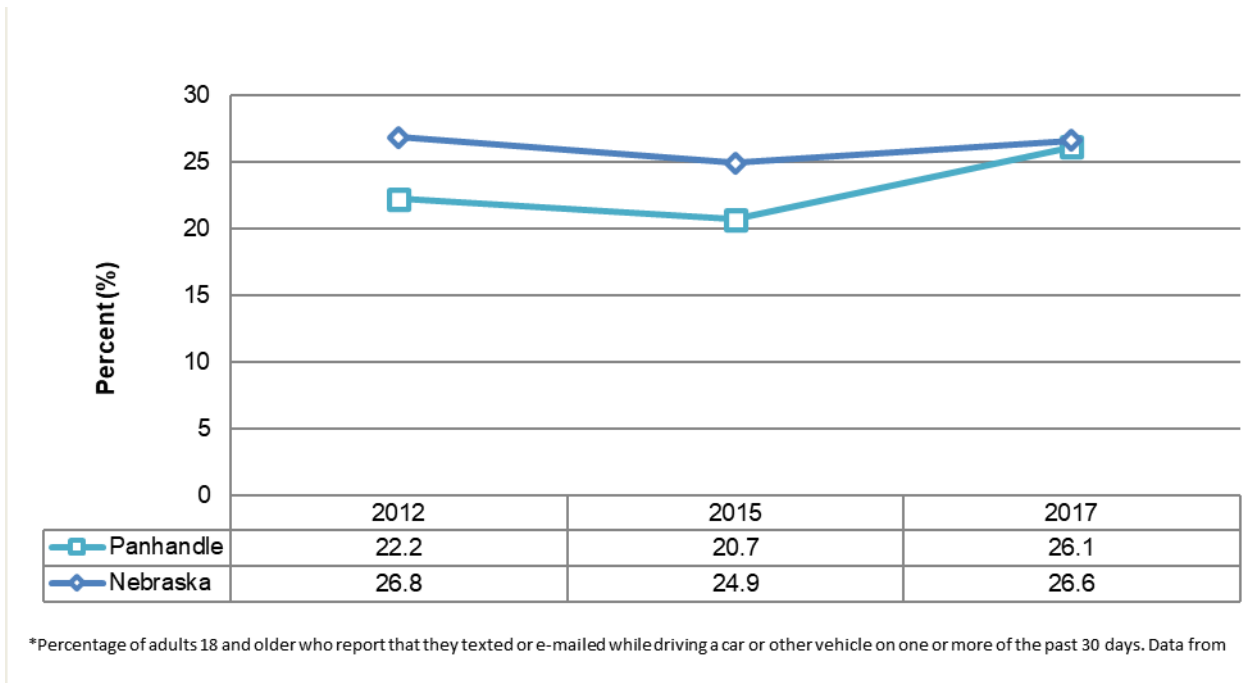


FIGURE 6: ADULT TEXTING WHILE DRIVING, PANHANDLE AND NEBRASKA, 2011 -2018

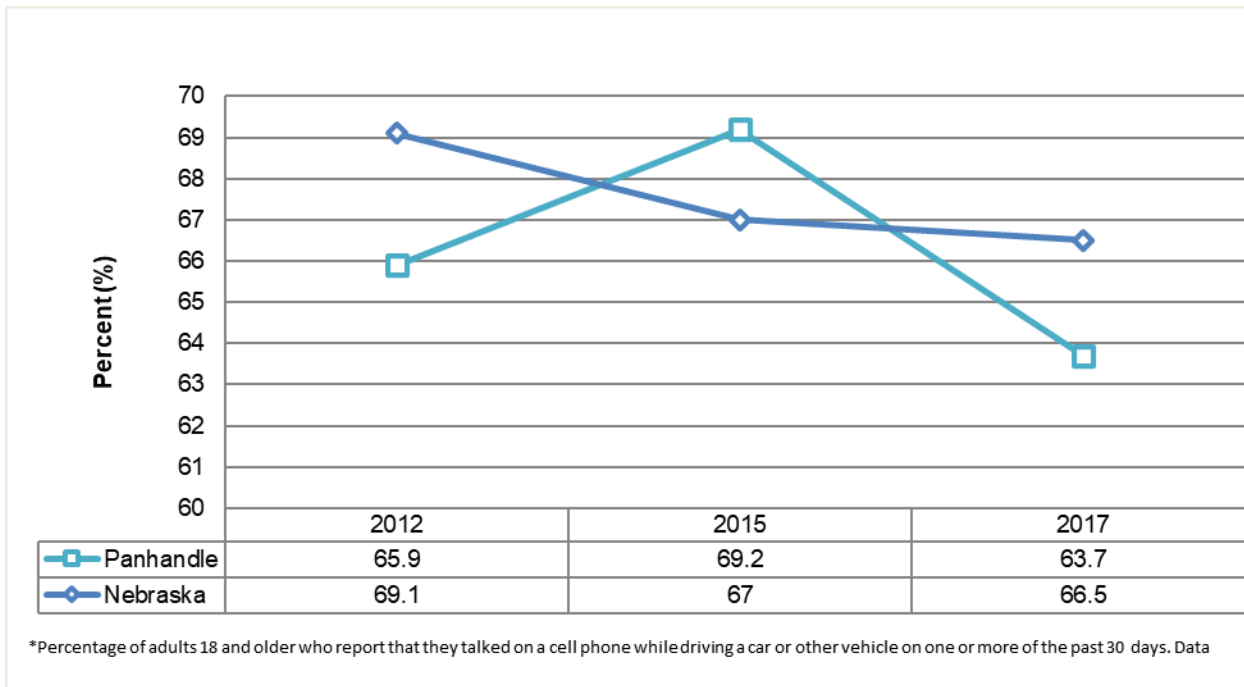


FIGURE 7: TALKING ON A CELL PHONE WHILE DRIVING AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018

## SUBSTANCE ABUSE

Preliminary data shows that there has been an increase in using and abusing these substances during the 2020 COVID-19 pandemic (1). In addition to an increase in usage, people who suffered from a substance abuse disorder were shown to have worse outcomes from COVID-19 (2).

## BINGE DRINKING

Binge drinking is drinking 5 or more drinks in one occasion for men or 4 or more drinks in one occasion for women. Misuse of alcohol can contribute to increased health problems, such as injuries, violence, liver diseases, and cancer. Nebraska is known for its high rate of binge drinking. However, the Panhandle has a lower rate of binge drinking compared to the state.

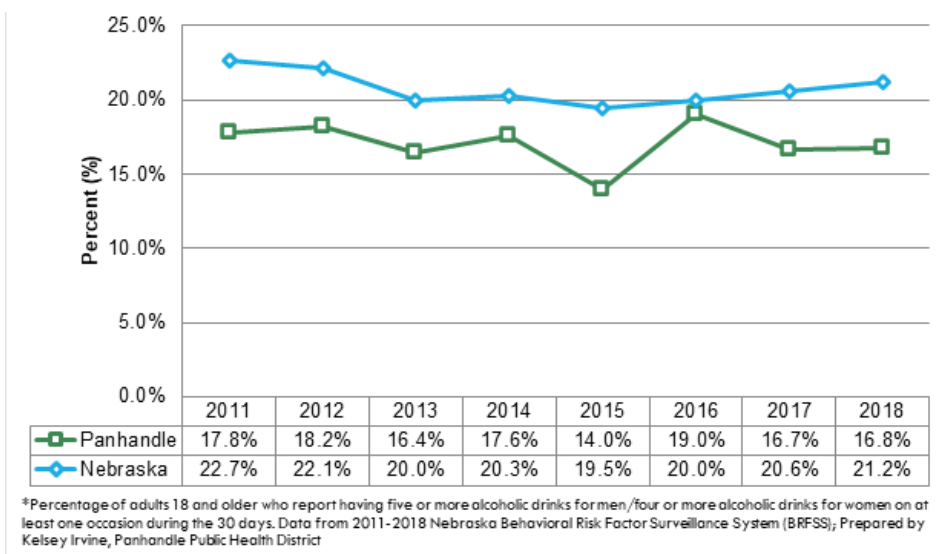


FIGURE 8: BINGE DRINKING AMONG ADULTS

## ADULT TOBACCO USE

Smokeless tobacco use (chew, snuff, snus) has been consistently higher in the Panhandle when compared to the overall state of Nebraska, with a marked increase from 2014 to 2017. There has been a slight downward trend from 2017 to 2018. While the use of smokeless tobacco across the state has remained relatively flat, use in the Panhandle has seen more increases and decreases.

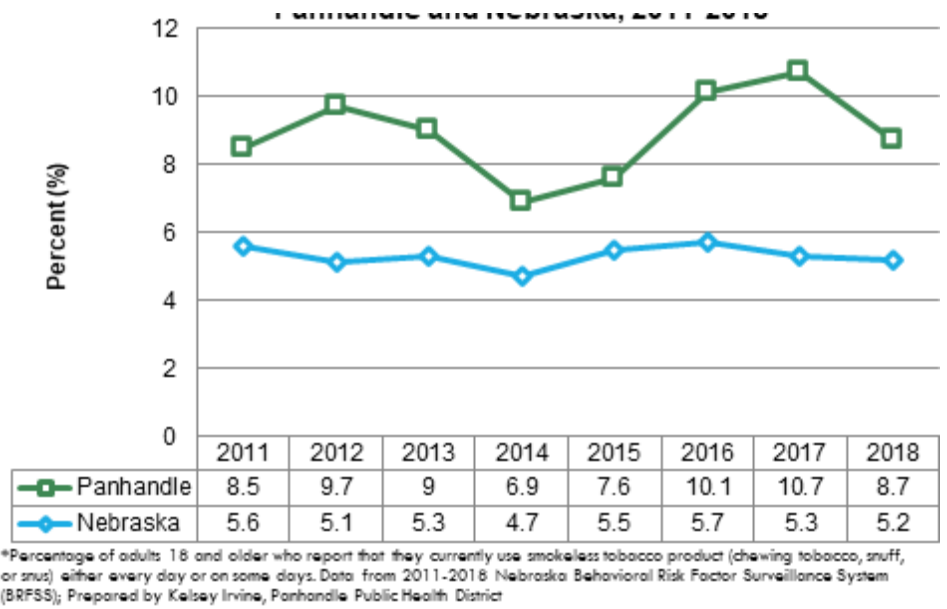


FIGURE 9: SMOKELESS TOBACCO USE AMONG ADULTS

## YOUTH TOBACCO USE

The percentage of youth who have ever used smokeless tobacco (chew, snuff, plug, dipping tobacco or chewing tobacco) has held a downward trend from 2003 to 2018. Current smokeless tobacco use (past 30-day use) has decreased slightly among 12th and 10th graders but increased slightly among 8th graders.

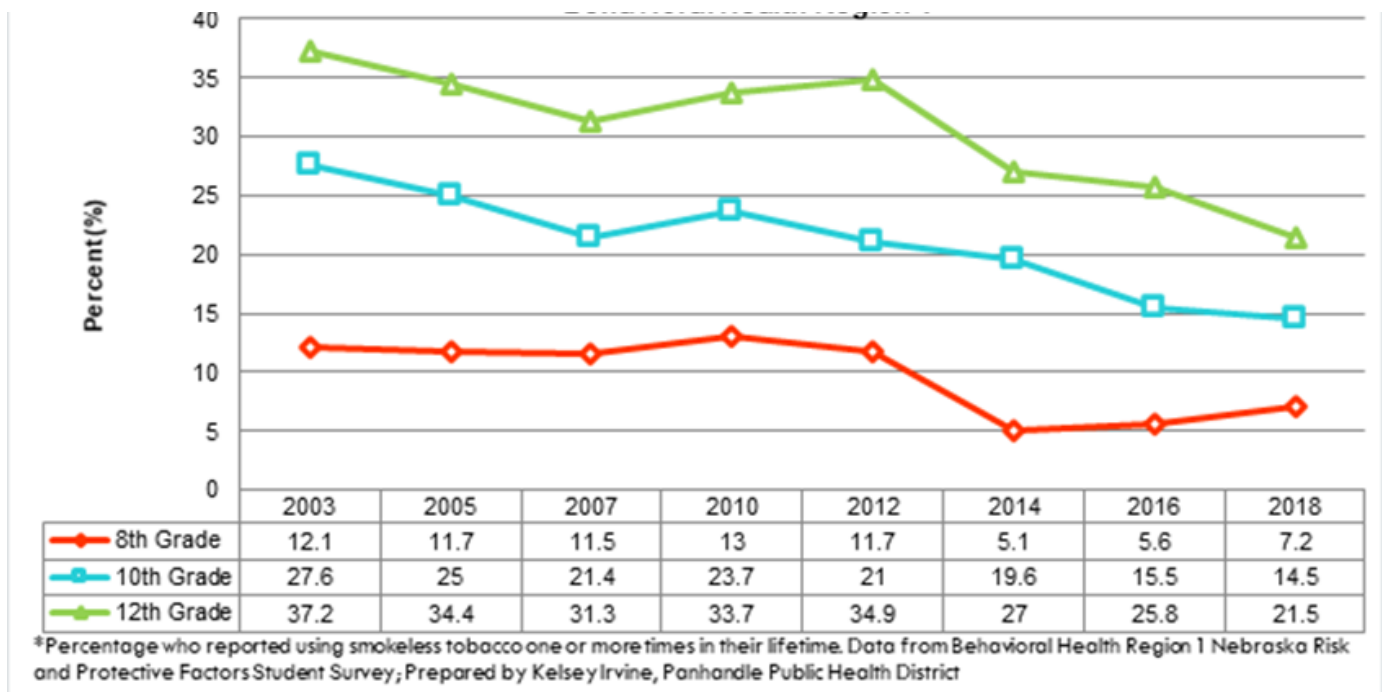


FIGURE 10: LIFETIME SMOKELESS TOBACCO USE AMONG PANHANDLE YOUTH, 2003-2018, BEHAVIORAL HEALTH REGION 1

1. Ashley Abramson, "Substance Use During the Pandemic," *Monitor on Psychology*, March 1, 2021, <http://www.apa.org/monitor/2021/03/substance-use-pandemic>
2. Nora Volkow, "New Evidence on Substance Use Disorders and Covid-19 Susceptibility," *National Institute on Drug Abuse - Director's Blog*, October, 2020, <https://www.drugabuse.gov/about-nida/noras-blog/2020/10/new-evidence-substance-use-disorders-covid-19-susceptibility>

## MARIJUANA USE

The percentage of Panhandle youth who report they have ever tried or are currently using marijuana has remained relatively unchanged over the years.

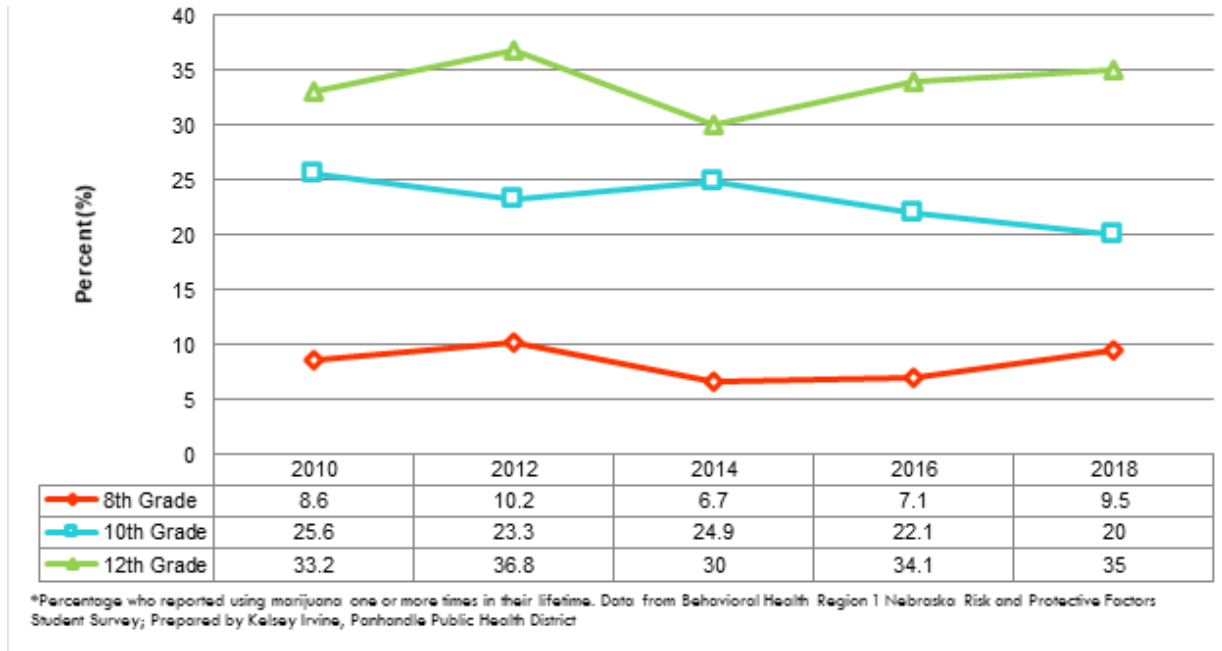


FIGURE 11: LIFETIME MARIJUANA USE AMONG PANHANDLE YOUTH, 2010-2018, BEHAVIORAL HEALTH

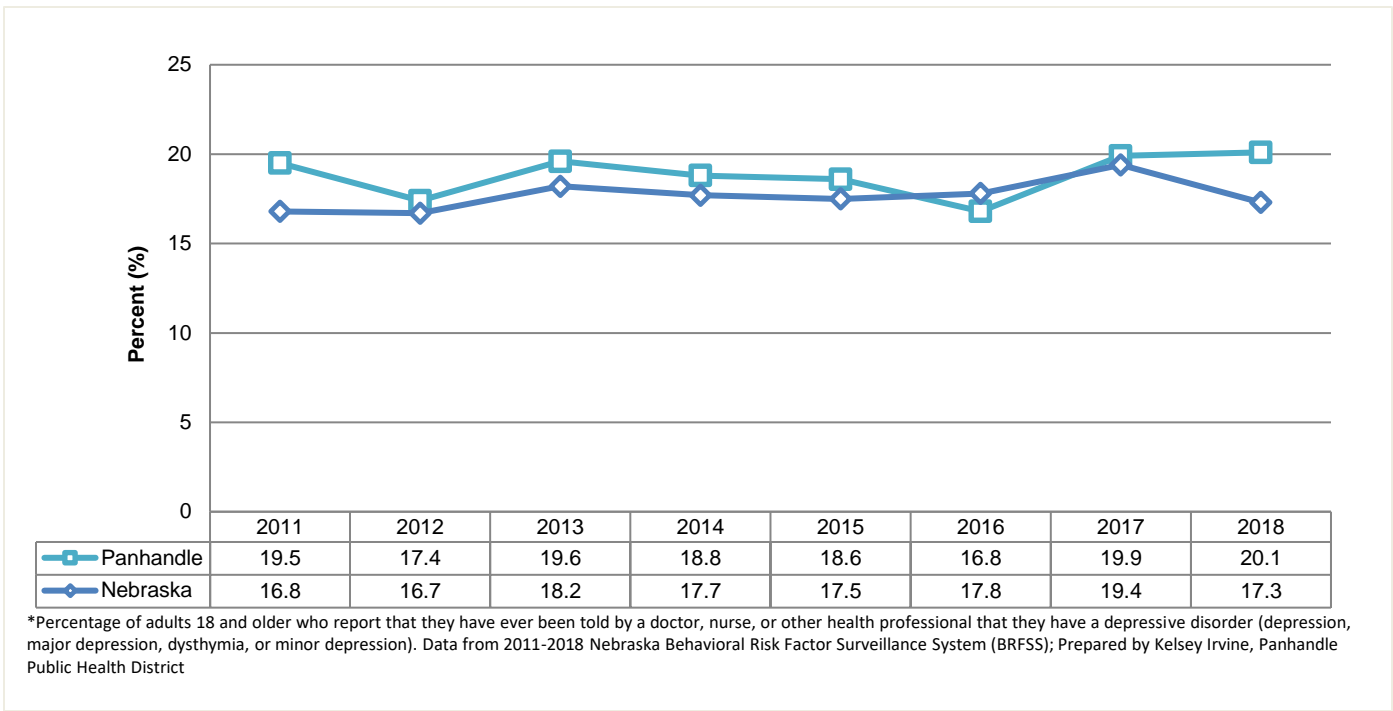
## MENTAL HEALTH

A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others (1).” Approximately 1 in 5 US adults experience mental illness, and 50% of all lifetime mental illness begins by age 14. In the Panhandle, access to mental health and addiction services is an improvement area that Panhandle Public health District and the hospitals are continually working on.

## DEPRESSION

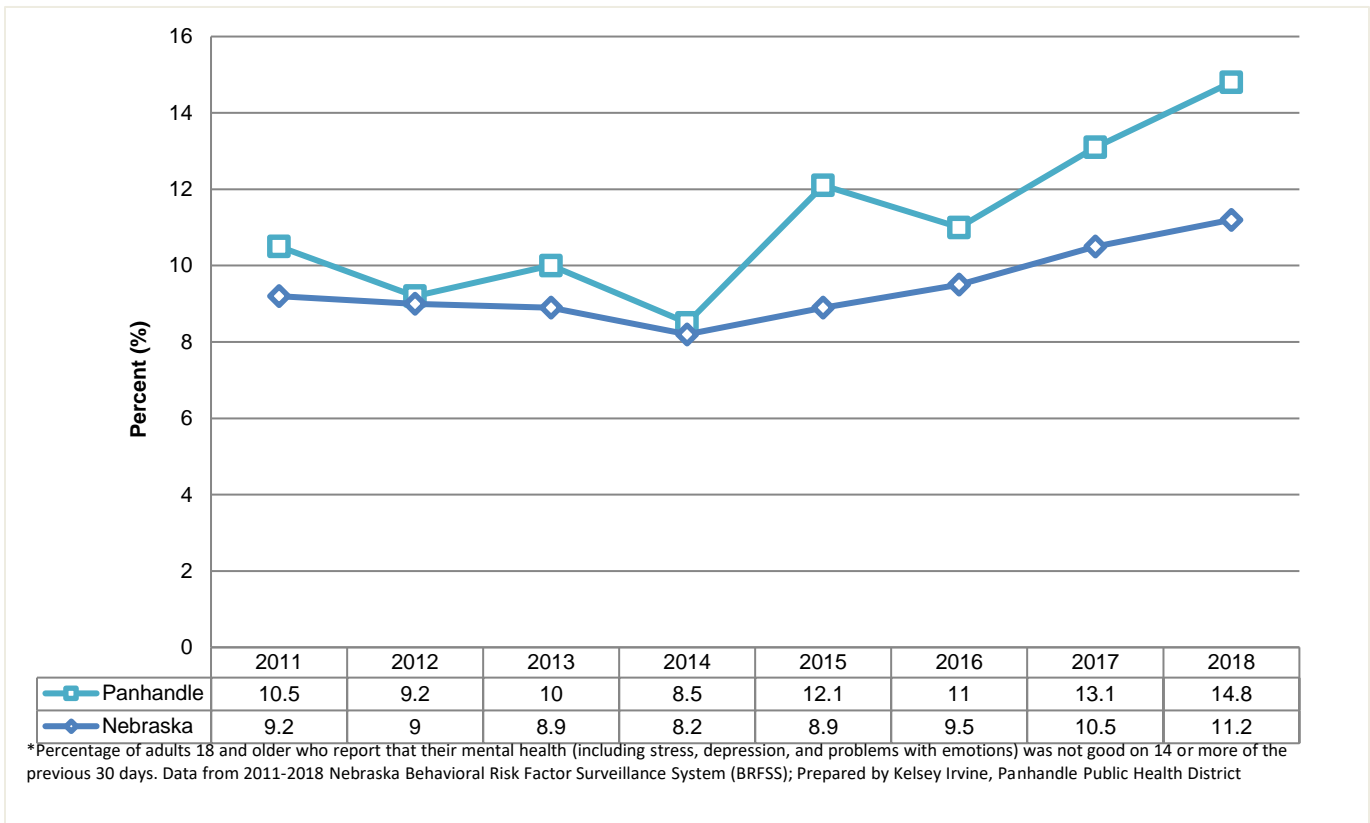
The percentage of Panhandle adults who have ever been diagnosed with depression has been relatively close to the overall state of Nebraska, with a slight uptick in 2018, whereas the state saw a downturn that year.





**FIGURE 12: ADULTS WITH DEPRESSION, PANHANDLE AND NEBRASKA, 2011-2018**

The percentage of adults in the Panhandle who experienced frequent mental distress has been higher than the state, historically. There was a more rapid increase from 2014 to 2018 in the Panhandle when compared to the state.



**FIGURE 13: FREQUENT MENTAL DISTRESS IN PAST 30 DAYS AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018**

1. National Alliance on Mental Illness. (2020). Mental Health Conditions. Retrieved from: <https://www.nami.org/learn-more/mental-health-conditions>

## GOALS

### 2. To reduce detrimental health effects of unintentional and intentional injuries

#### OBJECTIVES

##### 2.1 Reduce unintentional vehicle injuries caused by device use throughout the Panhandle (HP 2030, IVP-06)

Baseline	617
Target (2021)	599
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years, we have only shown a decrease in 3 percent
Data Source	Nebraska traffic crash facts annual report
Indicator	Number of vehicle accidents in Scotts Bluff County

##### 2.2 Increase the proportion of people with substance use and mental health disorders who get treatment for both (HP 2030, MHMD-07)

Baseline	(Past 6 years averaged) = 11.6 percent
Target (2021)	11.3 Percent
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years, we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Percent of people experiencing frequent mental health distress in the past 30 days

##### 2.3 Increase the proportion of adolescents who think substance abuse is risky (HP 2030, SU-R01)

Baseline	(Past 6 years averaged) = 8.4 percent
Target (2021)	8.1 Percent
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years, we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Percent of youth who have ever tried marijuana

#### STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

Mental health and Mental Illness; Collaborative Care for the Management of Depressive Disorders  
(Source: The Community Guide)

[Health communication and social marketing: campaigns that include mass media and health-related product distribution](#) (source: The community guide)

[Community mobilization with additional interventions to restrict minors' access to tobacco products](#)  
(source: the community guide)

# PRIORITY 3: PREVENTION AND MANAGEMENT SERVICES

## ABOUT

Chronic Illnesses are defined as conditions that last longer than a year and require ongoing medical attention or limit activities of daily living or both.

## CARDIOVASCULAR DISEASE

Heart disease is the leading cause of death across the world and the United States. In the United States, one person dies every 37 second from heart disease (1). The rate of heart disease in Panhandle adults has decreased over the years and is relatively similar to the overall rate in the state of Nebraska.

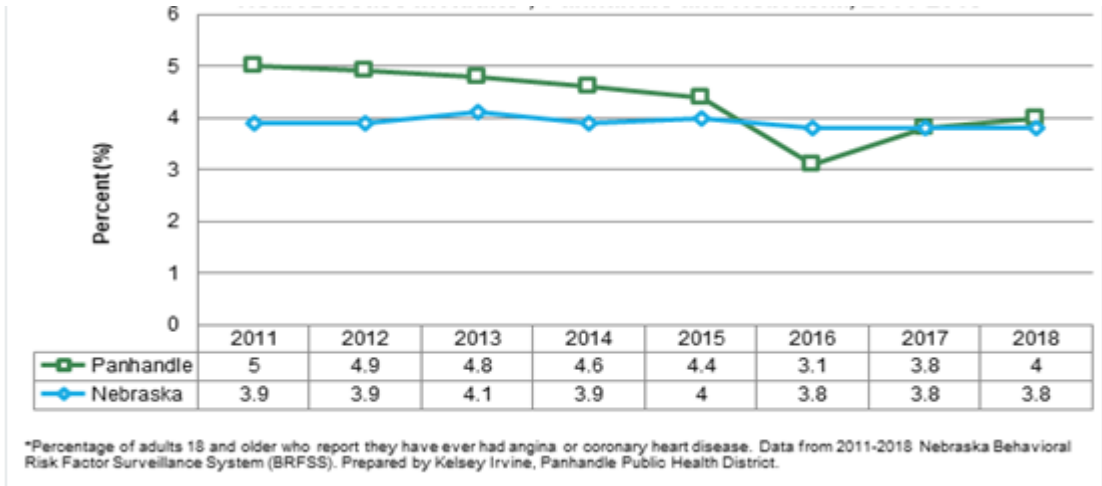


FIGURE 14: HEART DISEASE IN ADULTS, PANHANDLE AND NEBRASKA, 2011-2018

## HEART ATTACKS

The percentage of Panhandle adults who have ever had a heart attack is historically higher when compared to the state of Nebraska. There were significant differences in 2014, 2015, and 2018.

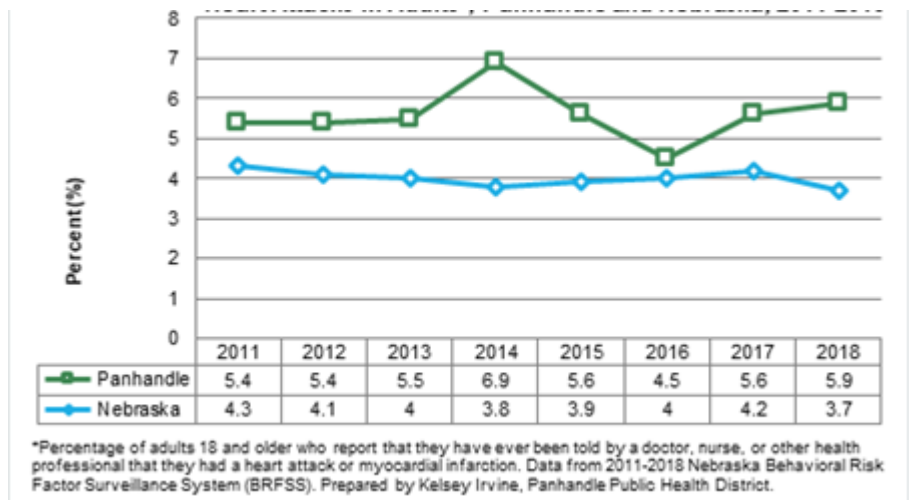
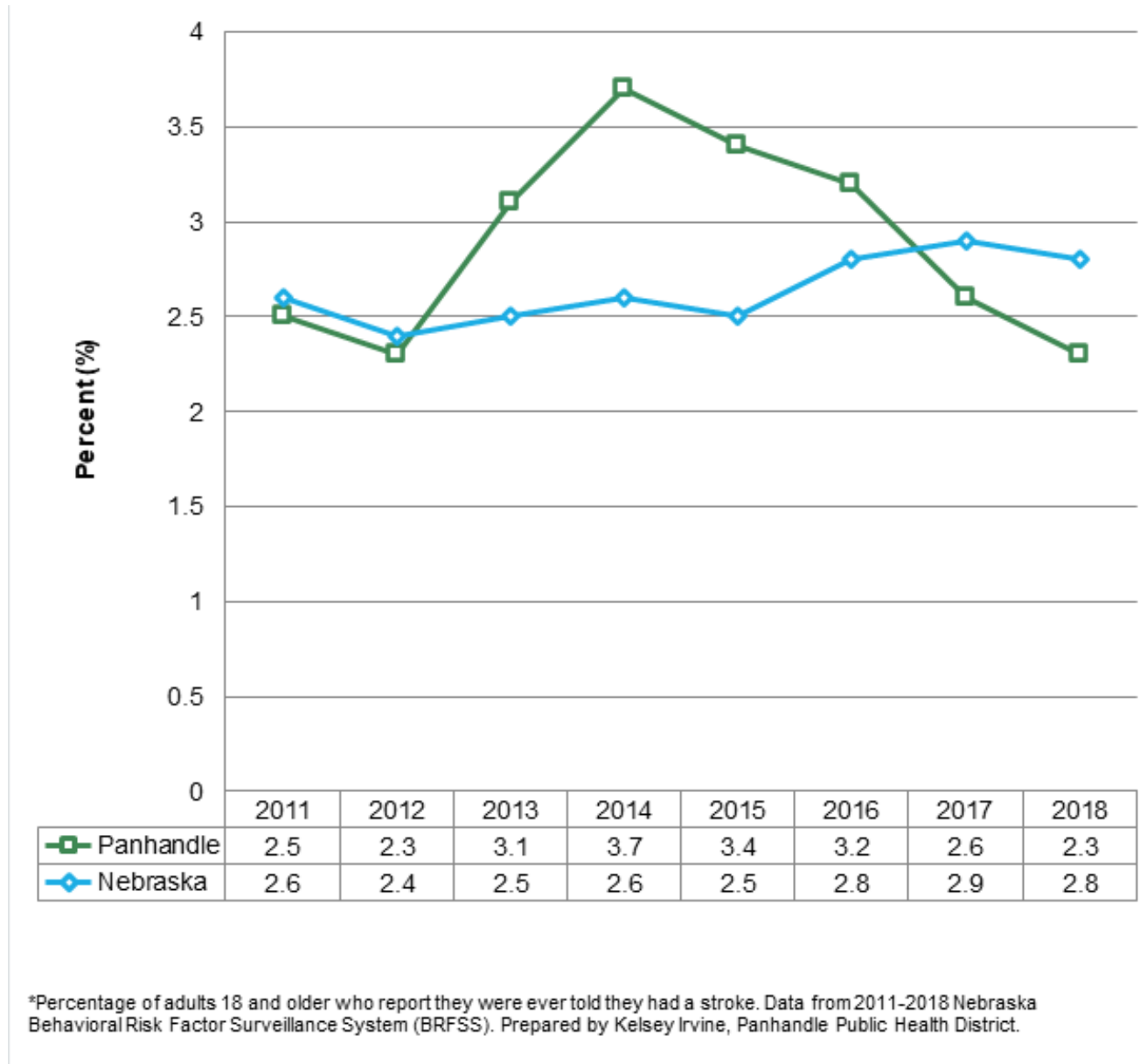


FIGURE 15: HEART ATTACKS IN ADULTS, PANHANDLE AND NEBRASKA, 2011-2018

2. CDC. (2020). Heart Disease Facts. Retrieved from: <https://www.cdc.gov/heartdisease/facts.htm>

## STROKE

Stroke is a type of heart disease where blood supply to a part of the brain is blocked, or when a blood vessel in the brain bursts. This leads to brain damage and can cause severe disability or even death (2). The rate of Panhandle adults who report they have ever had a stroke has steadily decreased since 2014 and is now lower than the broader state of Nebraska.



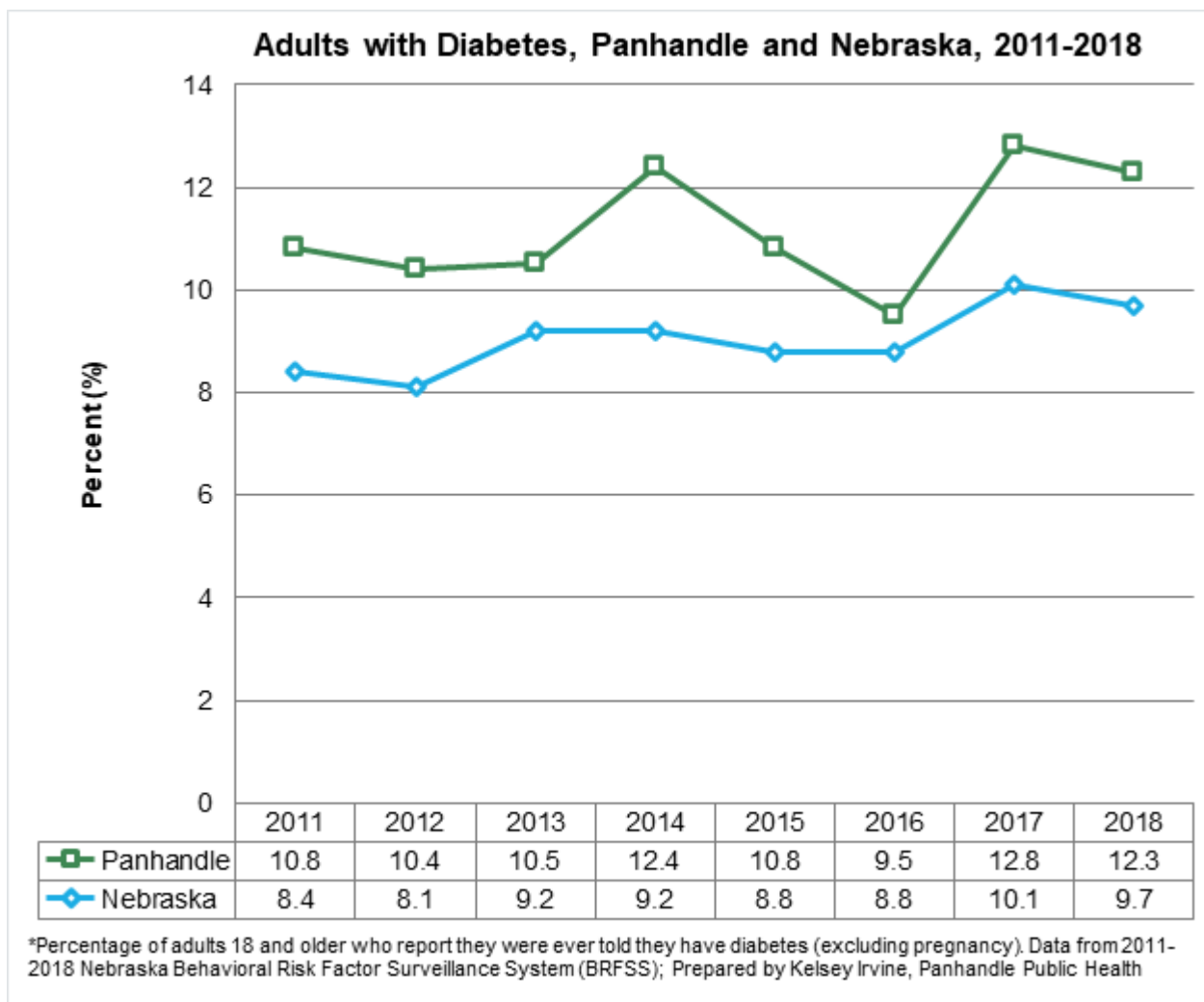
**FIGURE 16: STROKE IN ADULTS, PANHANDLE AND NEBRASKA, 2011-2018**

3. CDC. (2020). About Stroke. Retrieved from: <https://www.cdc.gov/stroke/about.htm>

## DIABETES

Diabetes is a chronic illness in which blood glucose levels are above normal. There are two types of diabetes: type 1 and type 2. Type 1 diabetes, often referred to as juvenile-onset diabetes, occurs when the body cannot produce its own insulin, and makes up approximately 5-10% of diagnosed diabetes cases. Type 2 diabetes, also known as adult-onset diabetes, makes up 90-95% of diagnosed diabetes cases. Gestational diabetes is a form of diabetes that occurs in pregnant women, but generally disappears when pregnancy ends (3).

The rate of diabetes in Panhandle adults decreased from 2014 to 2016 but has increased since. The rate of diabetes is historically higher in the Panhandle when compared to the state of Nebraska. There was a significant difference between the Panhandle and the state in 2011, 2014, and most recently in 2017. The National Diabetes Prevention Program in the Panhandle aims to decrease the number of adults who develop type 2 diabetes through diet and exercise.



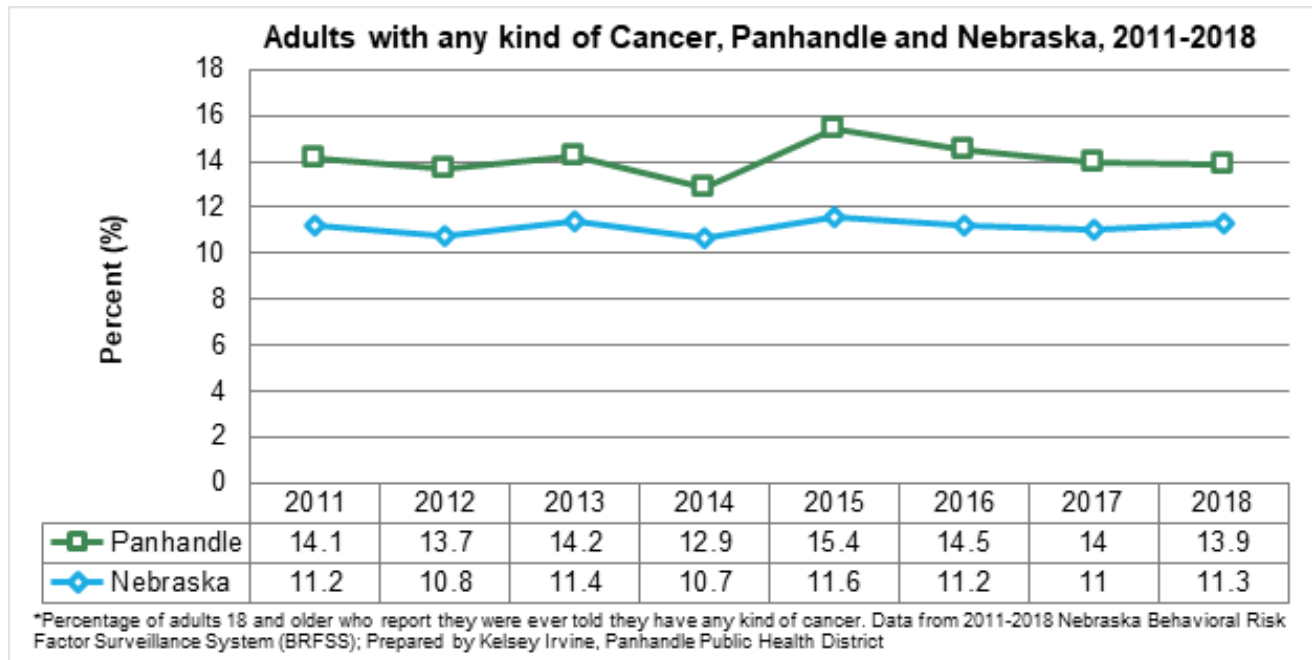
**FIGURE 17: ADULTS WITH DIABETES, PANHANDLE AND NEBRASKA, 2011-2018**

3. CDC. (2020). What is Diabetes? Retrieved from: <https://www.cdc.gov/diabetes/basics/diabetes.html>

## CANCER AND CANCER SCREENINGS

“Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues”. Cancer spreads throughout the body through the blood and lymph system. Cancer is not only one disease—there are more than 100 types of cancers.

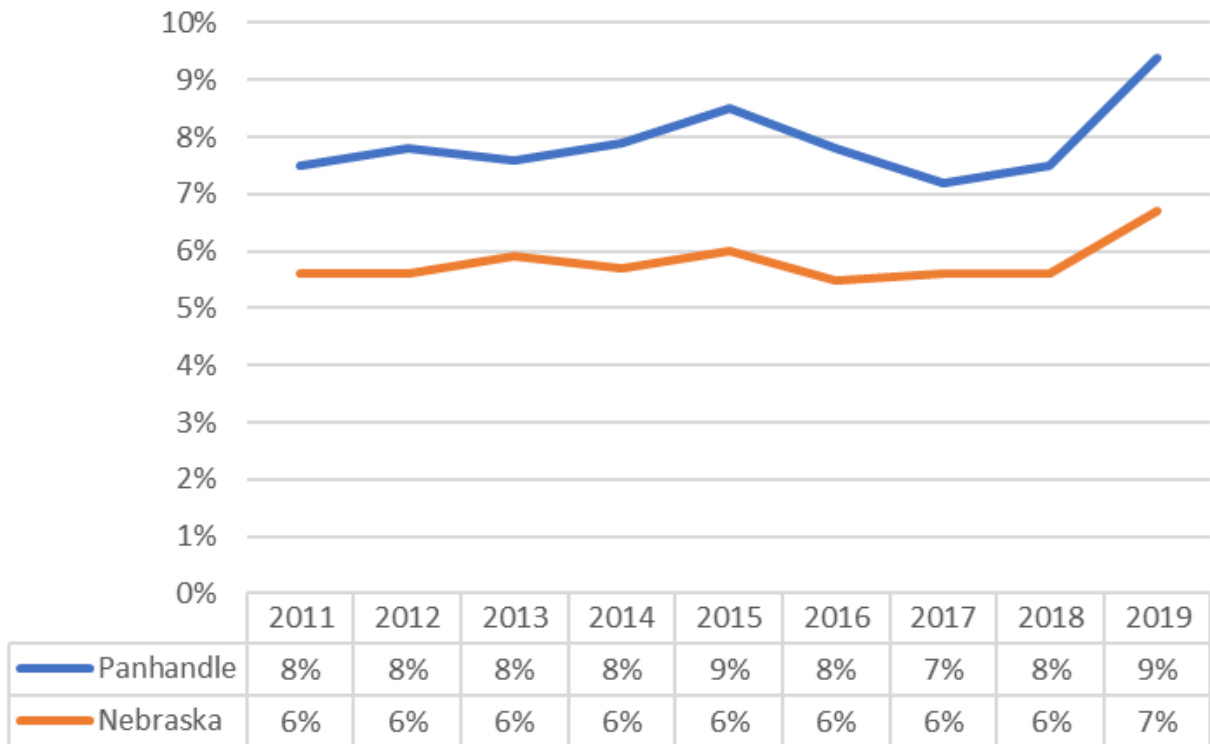
The percentage of adults who were ever told they have any kind of cancer has remained relatively even in the Panhandle from 2011, with only a slight uptick in 2015. There is a significant difference between the Panhandle and the state in every year except for 2018, with the Panhandle higher in every year.



**FIGURE 18: ADULTS WITH ANY KIND OF CANCER, PANHANDLE AND NEBRASKA, 2011-2018**

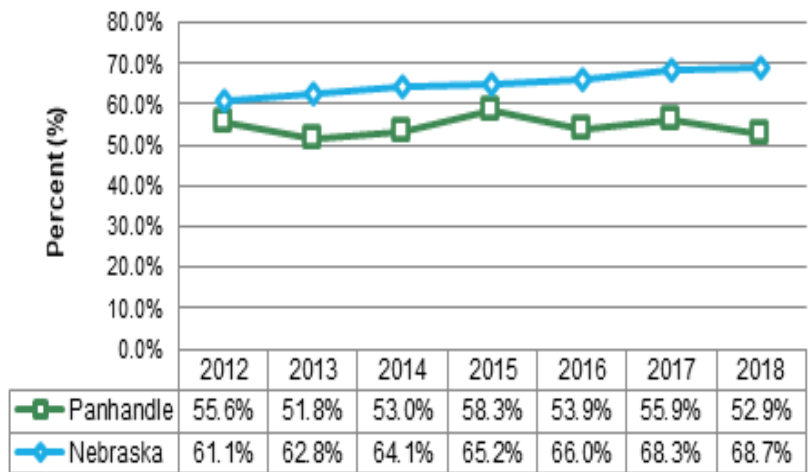
## SKIN CANCER

Skin cancer is the most common cancer in the United States. The Regional West team has chosen to address skin cancer specifically during this CHIP cycle.



### COLON CANCER SCREENING

The percentage of adults 50-75 years old who report being up to date on colon cancer screening is much lower in the Panhandle than across the state of Nebraska, and has decreased slightly in recent years.



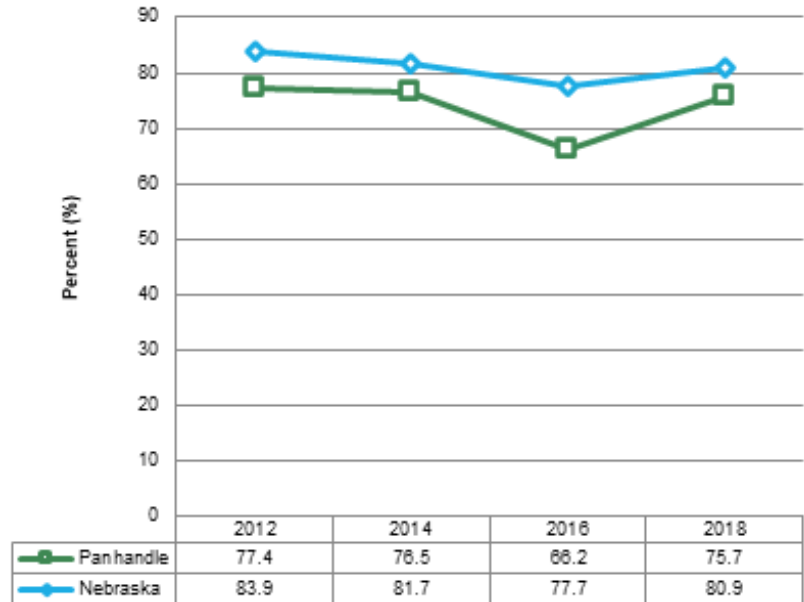
\*Percentage of 50-75 year olds who report they are up-to-date on colon cancer screening. \*\*Data collected on even years only. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

**FIGURE 19: ADULTS 50-75 UP TO DATE ON COLON CANCER SCREENINGS, PANHANDLE AND NEBRASKA, 2011-2018**



### CERVICAL CANCER SCREENING

The percentage of females 21 to 65 years old that are up to date on cervical cancer screening is also lower in the Panhandle when compared to the state of Nebraska. While lower overall, trends in the Panhandle tend to echo trends at the state level, with a decrease from 2012-2016, and an uptick from 2016-2018.

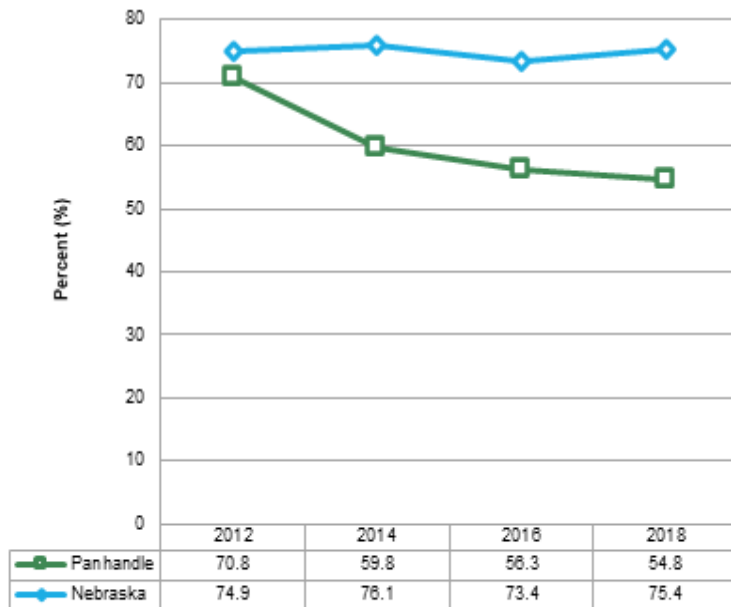


\*Percentage of females 21-65 years old who report they are up-to-date on cervical cancer screening. \*\*Data collected on even years only. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

**FIGURE 20: UP-TO-DATE ON CERVICAL CANCER SCREENING, PANHANDLE AND NEBRASKA, 2012-2018**

### BREAST CANCER SCREENING

The percentage of females aged 50-74 who report being up-to-date on breast cancer screening in the Panhandle has decreased from 2012 to 2018, always remaining lower than the state percentage. Although the percentage that was up-to-date on breast cancer screening in the Panhandle in 2012 was relatively close to that of the state (70.8% vs. 74.9%), this gap widened in 2014 to an almost 20% difference (59.8% for the Panhandle vs. 76.1% for the state). Notably, the state percentage has remained relatively even while the Panhandle has decreased.



\*Percentage of females 50-74 years old who report they are up-to-date on breast cancer screening. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

**FIGURE 21: UP-TO-DATE ON BREAST CANCER SCREENING, FEMALES 0-74 YEARS OLD, PANHANDLE AND NEBRASKA, 2012-2018**

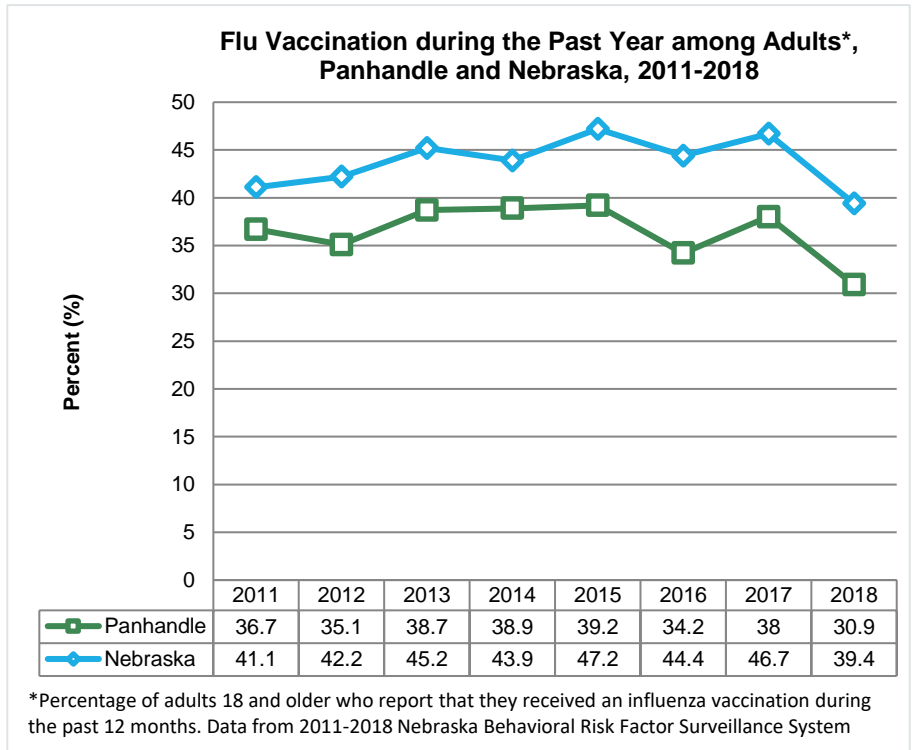
## IMMUNIZATIONS

A large portion of infectious diseases have been eradicated or controlled by vaccination. However, a rising movement supporting anti-vaccination has led to under-immunized children, adolescents, and adults in the United States, leaving them susceptible to many vaccine preventable diseases.

### INFLUENZA VACCINATION

The percentage of Panhandle adults that report having a flu vaccination during the past year has consistently been lower than the state of Nebraska. The number slowly increased from 2011 to 2015, but has seen an overall decrease since then.

The flu vaccination is highly recommended for people in vulnerable populations (children, pregnant people, and elderly people). The percentage of Panhandle adults 65 years and older that received a flu vaccination in the past year is much higher than the percentage of all adults, however is still lower than the state, and has decreased by nearly 15 points in the past decade.



### HPV VACCINATION

Human Papillomavirus (HPV) can lead to cancer in both men and women. Almost all HPV-related cancers can be prevented by the HPV vaccine.

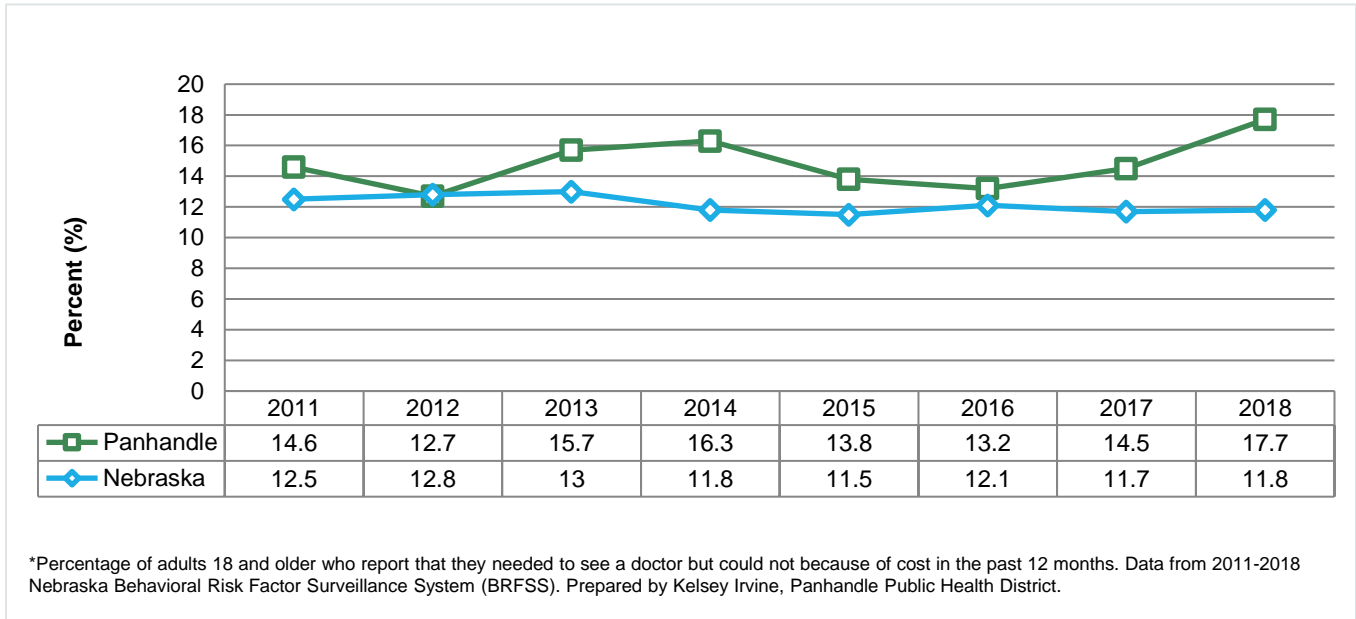
### COVID-19 VACCINATION

With the development of the COVID-19 Pandemic throughout 2020 and 2021, the importance in getting the COVID vaccine out to the public was a growing need for the nation. The United States saw the first doses of the vaccines rolling out in December 2020. Since the first vaccines rolled out the CDC and WHO have been monitoring the transmissions and variance of the virus. Vaccine is available in the Panhandle and both Pfizer and Moderna have proven to be effective against several strains of the virus with more research being done on boosters to increase immune support against these variants. Panhandle Public Health District is working with hospital partners to distribute vaccine and set up clinics. Regional West has been actively hosting opportunities for vaccine distribution since it became available in December. Vaccination rates went up quickly until May where they have slowed down and leveled off. The CDC has estimated that 60- 70 percent of the population will need to be vaccinated to achieve herd immunity.<sup>3</sup>

## BARRIERS TO HEALTHCARE

### COST AS A BARRIER TO CARE

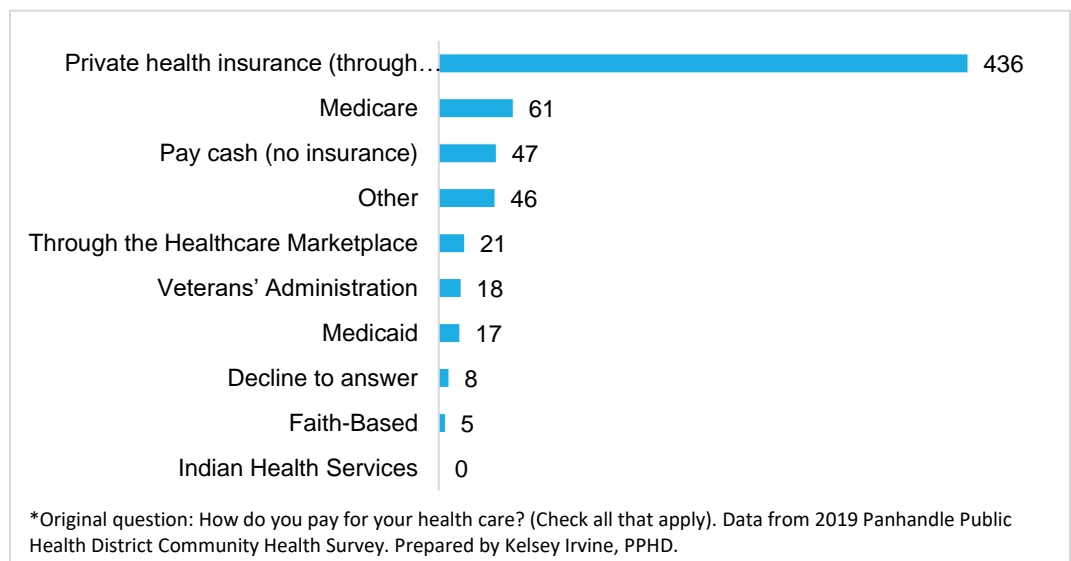
The percentage of Panhandle adults who report they are unable to seek medical care due to cost has increased after hitting a low point in 2016. There was a significant difference between the percentage of adults who reported they could not seek medical care due to cost in 2014 and 2018 in the Panhandle when compared to the state of Nebraska. This could be due to complete lack of health insurance or out-of-pocket costs for those who do have health insurance coverage, such as co-pays or deductibles.



**FIGURE 22: COST PREVENTED NEEDED CARE DURING THE PAST YEAR AMONG ADULTS\*, PANHANDLE AND NEBRASKA, 2011-2018**

### PAYMENT FOR HEALTHCARE

The majority of community health survey respondents had private health insurance through their employer, with the second category receiving coverage from Medicare. Many respondents noted that they pay quite a bit of cash out of pocket before meeting their deductible on private insurance plans.



**FIGURE 23: PAYMENT FOR HEALTHCARE\*, 2019**

3. CDC. (2021). COVID-19 Vaccination. Retrieved from: <https://www.cdc.gov/vaccines/covid-19/index.html>

## GOALS

### 3. Increase prevention of chronic illnesses.

## OBJECTIVES

### 3.1 Improve Cardiovascular health in adults (HP 2030, HDS-01)

Baseline	(Past 6 years averaged) = 4.12 percent
Target (2021)	4 percent
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Percent of adults with heart disease

### 3.2 Increase the proportion of people who discuss interventions to prevent cancer with their providers (HP 2030, C-R02)

Baseline	(Past 6 years averaged) = 54.3 percent colorectal cancer screening, 60.4 percent breast cancer screening, 73.95 percent cervical cancer screening
Target (2021)	55.93 percent colorectal cancer screening, 62.21 percent for breast cancer screening, 76.17 percent for cervical cancer screening
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years we have only shown a increase in 3 percent
Data Source	BRFSS
Indicator	Percent of people who are up to date on cervical, colorectal, and breast cancer screenings

### 3.3 Increase the proportion of adolescents who get recommended doses of the HPV vaccine (HP2030, IID-08)

Baseline	373 HPV vaccines given at Regional West Community Health in 2019
Target (2021)	384 HPV vaccines to be given in 2021 at Regional West Community Health
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years we have only shown a increase in 3 percent
Data Source	Nebraska State Immunization Information System
Indicator	Number of HPV vaccines given

### 3.4 Increase the proportion of people with Health Insurance (HP 2030, AHS-01)

Baseline	(Past 6 years averaged) = 15.2
Target (2021)	14.8 percent

Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Percent of people for whom cost prevented needed care in the past year

## STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

- Increase cancer screening availability in the community by engaging community health workers. (Source: Community Guide)
- Incorporate Living Well program (Source: Stanford)
- Reducing structural barriers for clients (Source: The community guide: [Breast cancer](#), [Cervical cancer](#), [Colorectal cancer](#))
- Vaccination Programs: Community-Based Interventions Implemented in Combination (Source: The Community Guide)

