



South Heartland Community Health Assessment Priority Setting for Access to Health Care

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Additional Demographic References – On hand at each site:

- a. **Population Characteristics by County, American Community Survey, 2012-2016**
- b. **Selected Economic Characteristics by County, ACS, 2012-2016**

Priority Setting for Access to Health Care September 18, 2018

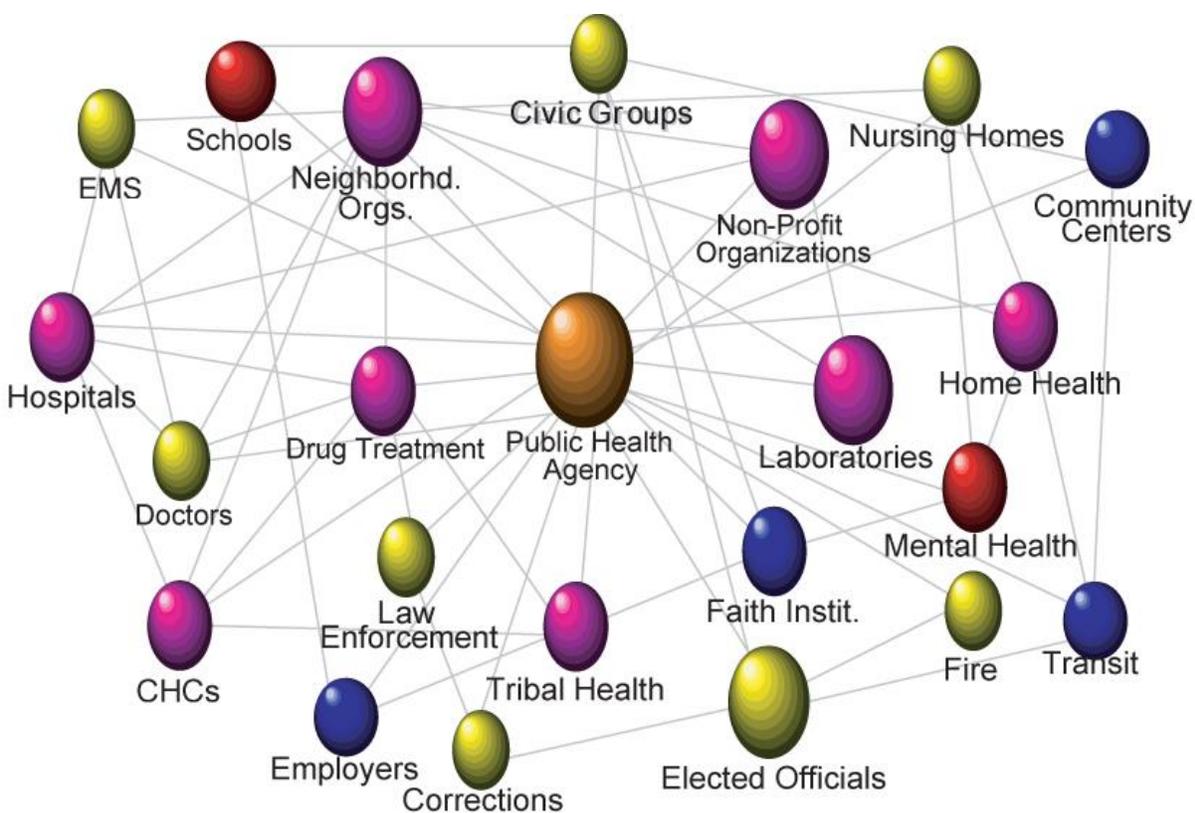
Agenda:

1. Brief Introductions & Housekeeping
2. Review of Objectives
3. Public Health System Overview
4. Data Review
5. Discussion
6. Prioritization

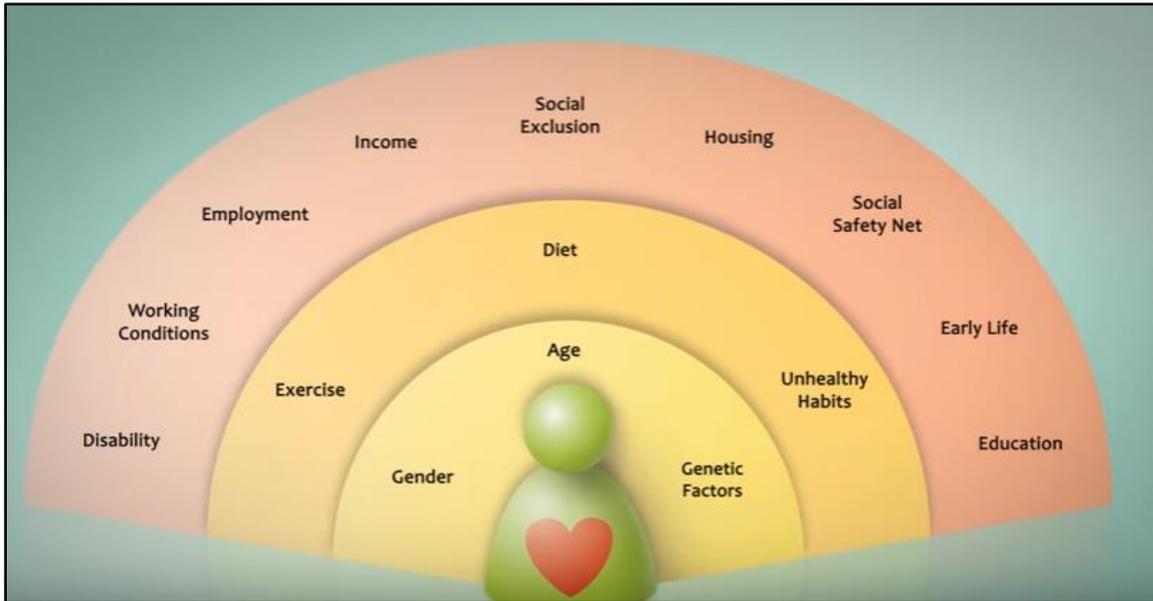
Objectives:

- Share Data
- Prioritize
 - Gaps in Availability of Health Care Services
 - Barriers to Accessing Health Care Services
- Position for Strategy Development

Overall Public Health System



Determinants of Health



Equity - CDC definition: "When everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantage from achieving this potential because of their social position or other socially determined circumstance.'" Health equity is the opportunity for every individual to attain their full health potential. Access to quality healthcare is one key in reducing inequities and disparities, but health is more than just disease or illness.

Social determinants of health are "the structural determinants and conditions in which people are born, grow, live, work and age." They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

Figure 2

Social Determinants of Health

| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
|--------------------|---------------------------------------|---------------------------|---------------------------|------------------------------|---|
| Employment | Housing | Literacy | Hunger | Social integration | Health coverage |
| Income | Transportation | Language | Access to healthy options | Support systems | Provider availability |
| Expenses | Safety | Early childhood education | | Community engagement | Provider linguistic and cultural competency |
| Debt | Parks | Vocational training | | Discrimination | |
| Medical bills | Playgrounds | Higher education | | | Quality of care |
| Support | Walkability | | | | |

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

THE HENRY KAISER FAMILY FOUNDATION

Community Health Improvement Tracker – 2016

| Progress Toward Target | Priority Area | Baseline Year | 2015-2016 Data | Target | Special Thanks to our partners |
|--|---|---------------|----------------|--------------|---|
| Obesity (%) | | | | | |
| | Increase the percentage of adults exercising 30 minutes a day, five times per week. | 49.1 | 53.1 | 52.0 | YMCA, UNL Extension, Hastings College, Healthy Hastings, Mary Lanning Wellness, City of Hastings, Choose Healthy Here stores, Brodstone Hospital, Brodstone Healthcare, Harvard Multicultural Parent Association, HPS School Wellness Teams, Harvard Wellness Team, St. Cecilia Wellness Team, DHHS |
| | Increase the percentage of youth exercising 60 minutes a day, five times per week. | 58.7 | 51.7 | 62.2 | |
| | Consumed fruit more than 1 time per day* | 54.6 | 60.5 | 58.1 | |
| | Consumed vegetables more than 1 time per day* | 72.9 | 75.8 | 77.2 | |
| | Increase the percentage of youth who report eating fruits ≥2 times/day during the past 7 days | 23.4 | 18.0 | 24.8 | |
| | Increase the percentage of youth who report vegetables ≥ 3 times/day during the past 7 days | 8.5 | 8.2 | 10.5 | |
| | Decrease the percentage of adults 18+ years who are overweight or obese (BMI ≥ 25.0) | 68.7 | 70.9 | 64.6 | |
| | Decrease the percentage of adults who are obese (BMI ≥ 30.0) | 30.6 | 34.4 | 28.8 | |
| | Decrease the percentage of children under 18 years who are overweight (BMI ≥ 25) or at risk of becoming overweight (21 < BMI <25) | 32.1 | 32.5 | 30.0 | |
| Cancer (% and rate per 100,000) | | | | | |
| | Increase percentage of women aged 50-74 years who are up-to-date on breast cancer screening | 70.0 | 71.7 | 74.2 | Morrison Cancer Center, Brodstone Healthcare, Webster Co. Hospital, Vital Signs Health Fair, Mary Lanning Cancer Committee, SHDHD Cancer Coalition, American Cancer Society |
| | Increase percentage of women aged 21-65 years who are up-to-date on cervical cancer screening rates | 80.4 | 79.3 | 85.2 | |
| | Increase percentage of adults aged 50-75 years who are up-to-date on colorectal cancer screening (annual fecal occult blood test (FOBT), OR sigmoidoscopy every 5 years + FOBT every 3 years, OR colonoscopy) | 59.9 | 72.1 | 60.0 | |
| | Reduce incidence rates due to female breast cancer | 128.9 | 131.6 | 121.2 | |
| | Reduce mortality rates due to female breast cancer | 19.0 | 22.8 | 18.0 | |
| | Reduce incidence rates due to colorectal cancer | 64.7 | 42.6 | 60.9 | |
| | Reduce mortality rates due to colorectal cancer | 15.5 | 15.7 | 14.6 | |
| | Reduce incidence rates due to prostate cancer | 161.3 | 117.1 | 151.6 | |
| | Reduce mortality rates due to prostate cancer | 25.1 | 18.8 | 23.6 | |

at or within 1% of target,
 within 5% of target,
 greater than 5% change from baseline away from target

Community Health Improvement Tracker – 2016

| Progress Toward Target | Priority Area | Baseline Year | 2015-2016 Data | Target | Special Thanks to our partners |
|---|--|---------------|----------------|-------------|---|
| Cancer (% and rate per 100,000), continued | | | | | Partners, Continued |
|  | Reduce incidence rates due to skin cancer | 18.5 | 29.0 | 17.4 | Providers for Sun-Safe behavioral counseling, Community Pools, City of Hastings, DHHS Radon Program |
|  | Reduce mortality rates due to skin cancer | 4.6 | 5.6 | 4.3 | |
|  | Reduce incidence rates due to lung cancer | 66.2 | 63.3 | 62.3 | |
|  | Reduce mortality rates due to lung cancer | 48.2 | 43.9 | 45.3 | |
| Mental Health (#) | | | | | |
|  | Average number of days mental health was not good in past 30 days* | 3.4 | 3.1 | 2.8 | Region III, churches/ colleges-suicide prevention; Dr. Kathy Anderson, Mary Lanning - integrated care |
|  | Mental health was not good on 14 or more of the past 30 days* | 11.0 | 9.2 | 10.3 | |
|  | Reduce reported suicide attempts by high school students during the past year. | 9.6 | 13.2 | 9.0 | |
| Substance Abuse (%) | | | | | |
|  | Decrease the proportion of high school students who reported use of alcohol in the past 30 days. | 24.2 | 23.9 | 22.7 | Horizon Recovery, ASAAP, Region 3, Life of an Athlete, Dr. Ken Zoucha, Dr. Max Owen, Hastings Public Schools, Harvard Public Schools, Hastings Ste. Cecilia Schools |
|  | Decrease the proportion of high school students who reported use of marijuana in the past 30 days. | 12.3 | 11.3 | 11.5 | |
|  | Decrease the misuse or abuse of prescription drugs among high school students. | 11.8 | 11.1 | 11.1 | |
|  | Reduce the proportion of adolescents who report riding in the past 30 days with a driver who had been drinking alcohol | 22.7 | 22.1 | 21.3 | |
|  | Decrease the proportion of high school students who reported texting or email while driving | 38.7 | 38.6 | 36.4 | |
| Access to Care (%) | | | | | |
|  | Increase the proportion of persons with a personal doctor or health care provider. | 88.2 | 83.5 | 93.5 | Mary Lanning Insurance enrollment, SC Partnership (Emergency Dentist), Project Homeless Connect, Salvation Army |
|  | Increase the proportion of persons who report visiting the doctor for a routine exam in the past year. | 63.0 | 67.0 | 66.8 | |
|  | Decrease the proportion of persons aged 18 – 64 years without healthcare coverage. | 19.3 | 13.9 | 18.1 | |
|  | Decrease the proportion of persons reporting cost as a barrier to visiting a doctor in the past year. | 9.5 | 11.4 | 8.4 | |
|  | Increase the proportion of persons who report visiting a dentist for any reason in the past year. | 67.9 | 61.6 | 72.0 | |

Sources: BRFSS 2015&2016, YRBS 2016, Nebraska Cancer Registry 2015.

 at or within 1% of target,
  within 5% of target,
  greater than 5% change from baseline away from target

| | Nebraska | Adams | Clay | Nuckolls | Webster | Measure | Wt | Source | Year(s) |
|---------------------------------|----------|---------|---------|----------|---------|---|------|--|-----------|
| Health Outcomes | | 50 | 47 | 25 | 77 | | | | |
| Length of Life | | 31 | 34 | 52 | 78 | | | | |
| Premature death | 6,000 | 6,400 | 6,500 | 7,000 | 10,100 | Premature death (years of potential life lost before age 75 per 100,000 pop) | 50% | National Center for Health Statistics | 2014-2016 |
| Quality of Life | | 61 | 58 | 10 | 54 | | | | |
| Poor or fair health | 14% | 15% | 13% | 13% | 14% | Poor or fair health (percent of adults reporting fair or poor health) | 10% | Behavioral Risk Factor Surveillance System | 2016 |
| Poor physical health days | 3.2 | 3.2 | 3.1 | 3.1 | 3.2 | Poor physical health days (average number in past 30 days) | 10% | Behavioral Risk Factor Surveillance System | 2016 |
| Poor mental health days | 3.2 | 3.2 | 3.1 | 3.1 | 3.2 | Poor mental health days (average number in past 30 days) | 10% | Behavioral Risk Factor Surveillance System | 2016 |
| Low birthweight | 7% | 6% | 7% | 5% | 6% | Low birthweight (percent of live births with weight < 2500 grams) | 20% | National Center for Health Statistics - Natality files | 2010-2016 |
| Health Factors | | 42 | 55 | 28 | 54 | | | | |
| Health Behaviors | | 53 | 52 | 25 | 57 | | | | |
| Adult smoking | 17% | 17% | 17% | 15% | 18% | Adult smoking (percent of adults that smoke) | 10% | Behavioral Risk Factor Surveillance System | 2016 |
| Adult obesity | 31% | 35% | 32% | 34% | 32% | Adult obesity (percent of adults that report a BMI ≥ 30) | 5% | CDC Diabetes Interactive Atlas | 2014 |
| Physical inactivity | 23% | 25% | 26% | 29% | 31% | Physical inactivity (percent of adults that report no leisure time physical activity) | 2% | CDC Diabetes Interactive Atlas | 2014 |
| Excessive drinking | 21% | 19% | 19% | 18% | 19% | Excessive drinking (percent of adults who report heavy or binge drinking) | 2.5% | Behavioral Risk Factor Surveillance System | 2016 |
| Motor vehicle crash deaths | 12 | 14 | 22 | | | Motor vehicle crash deaths per 100,000 population | | CDC WONDER mortality data | 2010-2016 |
| Sexually transmitted infections | 422.9 | 343.3 | 190 | 91.6 | | Sexually transmitted infections (chlamydia rate per 100,000 population) | 2.5% | National Center for HIV/AIDS, Viral Hepatitis, | 2015 |
| Teen births | 25 | 27 | 34 | 18 | 26 | Teen birth rate (per 1,000 females ages 15-19) | 2.5% | National Center for Health Statistics - Natality files | 2010-2016 |
| Clinical Care | | 10 | 51 | 36 | 39 | | | | |
| Uninsured | 9% | 10% | 12% | 9% | 10% | Uninsured (percent of population < age 65 without health insurance) | 5% | Small Area Health Insurance Estimates | 2015 |
| Primary care physicians | 1,340:1 | 1,210:1 | 3,150:1 | 870:1 | 1,210:1 | Ratio of population to primary care physicians | 3% | Area Health Resource File/American Medical Association | 2015 |
| Preventable hospital stays | 48 | 47 | 53 | 80 | 60 | Preventable hospital stays (rate per 1,000 Medicare enrollees) | 5% | Dartmouth Atlas of Health Care | 2015 |
| Diabetic screening | 87% | 91% | 93% | 89% | 88% | Diabetic screening (Percent of diabetics that receive HbA1c screening) | 2.5% | Dartmouth Atlas of Health Care | 2014 |
| Mammography screening | 62% | 64% | 61% | 66% | 64% | Mammography screening | 2.5% | Dartmouth Atlas of Health Care | 2014 |

Note: Blank values reflect missing or unreliable data. Additional Data found at: <https://gis.cdc.gov/grasp/nchhstpatlas/maps.html> 06/18/2018 *Sexually Transmitted Infection - Adams County: 329.2 *Sexually Transmitted Infection - Clay County: 95.1 *Sexually Transmitted Infection - Nuckolls County: 69.3 *Sexually Transmitted Infection - Webster County: 110.3 Additional data found at: <https://dot.nebraska.gov/media/10414/facts2016.pdf> 06/18/2018 **Motor Vehicle Crash Deaths - Adams County: 5 **Motor Vehicle Crash Deaths - Clay County: 1 **Motor Vehicle Crash Deaths - Nuckolls County: 0 **Motor Vehicle Crash Deaths - Webster County: 0 Additional data found at: <https://ncc.nebraska.gov/arrest-and-offense-rates-county-map> 06/18/2018 ***Violent Crime Rate - Adams County: 2.4 per 1000 people ***Violent Crime Rate - Clay County: 1.0 per 1000 people ***Violent Crime Rate - Nuckolls County: 0.5 per 1000 people ***Violent Crime Rate - Webster County: 0.6 per 1000 people Additional Data found at: <http://nep.education.ne.gov/Search?DataYears=20162017> 06/18/2018 ****High School Graduation - Adams County: 95% ****High School Graduation - Clay County: 100% ****High School Graduation - Nuckolls County: 100% ****High School Graduation - Webster County: 96.88%

| | Nebraska | Adams | Clay | Nuckolls | Webster | Measure | Wt | Source | Year(s) |
|--|----------|-------|-------|----------|---------|--|------|--|-----------|
| Health Factors | | 42 | 55 | 28 | 54 | | | | |
| Social & Economic Factors | | 48 | 45 | 33 | 67 | | | | |
| High school graduation | 87% | 91% | | | | High school graduation | 5% | EDFacts | 2014-2015 |
| Some college | 71% | 70% | 60% | 68% | 68% | Some college (Percent of adults aged 25-44 years with some post-secondary education) | 5% | American Community Survey | 2012-2016 |
| Unemployment | 3.20% | 3.30% | 3.30% | 3.10% | 3.30% | Unemployment rate (percent of population age 16+ unemployed) | 10% | Bureau of Labor Statistics | 2016 |
| Children in poverty | 14% | 17% | 15% | 18% | 16% | Children in poverty (percent of children under age 18 in poverty) | 7.5% | Small Area Income and Poverty Estimates | 2016 |
| Social Associations | 13.9 | 14.9 | 19 | 41.6 | 13.8 | The number of associations (membership organizations like fitness centers, sports organizations, religious organizations, political organizations, business organizations) per 10,000 population | 2.5% | County Business Patterns | 2015 |
| Children in single-parent households | 29% | 25% | 29% | 31% | 24% | Percent of children that live in single-parent household | 2.5% | American Community Survey | 2012-2016 |
| Violent crime rate | 267 | 204 | | | 81 | Violent crime rate per 100,000 population | 2.5% | Uniform Crime Reporting - FBI | 2012-2014 |
| Physical Environment | | 63 | 66 | 14 | 17 | | | | |
| Air pollution-particulate matter days | 8.2 | 8.7 | 8.7 | 8.5 | 8.2 | Air pollution-particulate matter days (average number of unhealthy air quality days) | 2.5% | Environmental Public Health Tracking Network | 2012 |
| Drinking water violations | | Yes | Yes | No | No | Indicates the presence or absence of at least one community water system in the county that received a violation during a specified time frame | 2.5% | Safe Drinking Water Information System | 2016 |
| Severe housing problems | 13% | 9% | 8% | 8% | 9% | Percentage of households with one or more of the following problems: lacking complete kitchen facilities, lacking complete plumbing facilities, severely overcrowded, or severely cost burdened | 2.0% | Comprehensive Housing Affordability Strategy (CHAS) data | 2010-2014 |
| Driving alone to work | 81% | 83% | 81% | 75% | 75% | Percentage of the workforce that usually drives to work alone | 2.0% | American Community Survey | 2012-2016 |
| Long commute - driving alone | 18% | 13% | 31% | 16% | 26% | The percentage of commuters, among those who commute to work by car, truck, or van alone, who drive longer than 30 minutes to work each day | 1.0% | American Community Survey | 2012-2016 |
| <p>Note: Blank values reflect missing or unreliable data. Additional Data found at: https://gis.cdc.gov/grasp/nchhstpatlas/maps.html 06/18/2018 *Sexually Transmitted Infection - Adams County: 329.2 *Sexually Transmitted Infection - Clay County: 95.1 *Sexually Transmitted Infection - Nuckolls County: 69.3 *Sexually Transmitted Infection - Webster County: 110.3 Additional data found at: https://dot.nebraska.gov/media/10414/facts2016.pdf 06/18/2018 **Motor Vehicle Crash Deaths - Adams County: 5 **Motor Vehicle Crash Deaths - Clay County: 1 **Motor Vehicle Crash Deaths - Nuckolls County: 0 **Motor Vehicle Crash Deaths - Webster County: 0 Additional data found at: https://ncc.nebraska.gov/arrest-and-offense-rates-county-map 06/18/2018 ***Violent Crime Rate - Adams County: 2.4 per 1000 people ***Violent Crime Rate - Clay County: 1.0 per 1000 people ***Violent Crime Rate - Nuckolls County: 0.5 per 1000 people ***Violent Crime Rate - Webster County: 0.6 per 1000 people Additional Data found at: http://nep.education.ne.gov/Search?DataYears=20162017 06/18/2018 ****High School Graduation - Adams County: 95% ****High School Graduation - Clay County: 100% ****High School Graduation - Nuckolls County: 100% ****High School Graduation - Webster County: 96.88%</p> | | | | | | | | | |

| | English | | | | Spanish | |
|---------------------|--|---|--|---|--|--|
| Question #1 | Where do you go for healthcare? | | | | | |
| Date of Focus Group | 7/9/2018 | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/24/2018 | 7/27/2018 |
| # of participants | 14 | 12 | 8 | 10 | 7 | 7 |
| Site | Hastings/Adams County | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Harvard Public Schools/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone | Lorena Najera | Lorena Najera |
| Scribe | S Nicholson--NALHD | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | L Vazquez-SHDHD | L Vazquez-SHDHD |
| Responses | Telehealth | Telehealth nurse comes into community to check blood pressure | Telehealth in ER in Webster County | Telemedicine --for endocrinologist and oncology | Avoid Healthcare as much as possible | Community Health Center, Mary Lanning, Hastings Family Care, Family Medical Center, Convenient Care, Urgent Care |
| | Employer health screenings | No care --those who have huge premiums or high deductibles avoid care, use home remedies instead of accessing care | PT for school athletes | Employer --health fair | Dental services--in Mexico and UNL Dental | |
| | LHD as followup | Out of town --especially for Seniors with Medicare, EMTs transport people from rural communities to out of town care, Veterans go out of State, | Out of town --specialty care (eye doctor) or because they are established care in Hastings--will go to Grand Island, Hastings | LHD --Clay County HD for shots and physicals | Mary Lanning Healthcare, Family Care, Harvard Convenient care Monday's and Thursdays, Hastings Community Health Center in Hastings, Hastings Convenient Care, Urgent care, SHDHD, Sutton Clinic (they said its more economic), | |
| | PT for college student athletes | Emergency services/EMT --stop in at EMT full-time employment to get screenings, seniors call 911, "Live Assist" for seniors to alert if services are needed. | Doctor and specialty care in Webster County | Out of town --(Geneva, Aurora, Hastings, Superior) | Mexico for screening tests (colonoscopies and mammograms) | |
| | Alternative medicine --acupuncturist, chiropractor, | Brodstone Hospital | Pharmacy for screenings (i.e. blood pressure checks and immunizations) | Community-based Organization --Lions Club for eye checks | | |
| | Internet (google, web MD) to self-diagnose | Doctors | Dental in Webster County | | | |
| | Out of town --specialty care (i.e. Children's Hospital) | | | | | |
| | Urgent Care --cheaper, more convenient, faster | | | | | |

| | English | | | | Spanish | |
|---------------------|---|---|--|---|--|--|
| Question #2 | Where do you get most of your health information? | | | | | |
| Date of Focus Group | 7/9/2018 | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/24/2018 | 7/27/2018 |
| # of participants | 14 | 12 | 8 | 10 | 7 | 7 |
| Site | Hastings/Adams County | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Harvard Public Schools/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone | Lorena Najera | Lorena Najera |
| Scribe | S Nicholson--NALHD | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | L Vazquez--SHDHD | L Vazquez--SHDHD |
| Responses: | <p>Family and friends --Mom, word of mouth</p> <p>Internet--Web MD(2 comments), Mayo Clinic website (2 comments), Employers have wellness incentives to look at preventative educational resources online site look on internet to see if they need to go to doc WebMD and Mayo Clinic sites are trusted because of the branding and reputation before internet came around, unbiased information</p> <p>Doctor</p> | <p>Friends/neighbor</p> <p>Pharmacists</p> <p>Internet--Facebook, google it and then follow up with doc</p> <p>Doctors--hospital patient portal, direct communication with doc on phone or online</p> | <p>Family and friends-- coffee group, family members who are docs</p> <p>Internet</p> <p>Doctor--printed summary from doc</p> <p>Health fairs</p> <p>School--health classes</p> <p>Chiropractor</p> <p>Beauty Shop</p> <p>Wearable technology and Health Apps--Fit bit</p> <p>Newspaper</p> | <p>Family and friends--local senior group at meals and coffee</p> <p>Internet</p> <p>School--Educators Health Alliance (promotes healthy behaviors and personal health assessments and incentives)</p> <p>Health Apps</p> <p>Employer--inservices and trainings through employer</p> <p>UNL Extension office--print, website, etc.</p> <p>Nursing on-call service--provided through employer as a benefit</p> <p>Insurance Company--nurse follow-up</p> | <p>Would ask Siri, Hastings focus groups, Google, community health workers such as Beverly (Head Start), Lorena and Lis from SHDHD. They also mentioned that in case of a strong pain they take garlic for migraines or other home remedies for different strong pain. One of the group members didn't take her migraine medications because she didn't want to run out of them, she misunderstood that she had more refills and the bottle said to take continuously. Members continued to talk about what are some medications or remedies for pain.</p> | <p>Lorena Najera from the Health Department, Doctor's Office, Google, Dr. Juan 's book from Univision Television, Information from Schools, Diabetes group, Focus Groups in the community, Blood pressure prevention program from SHDHD and YMCA</p> |
| Notes: | <p>*Drug ads on TV--should there be ads on TV?</p> <p>*Medical Marijuana--good and bad info on internet about it, Illegal in Nebraska, youth are using more and not sure of the impact of use on youth or long-term use, easier to get</p> <p>*Prescription medications--pill parties with youth, shared on the bus, sold for "\$10 a pop", folks on these meds will keep 2-3 day supply to take when they go back to doctor as many are tested to see if they are using them and sell the rest of the supply (27 pills or so).</p> | <p>Do not access anymore--Newspapers used to print directories of services (AA, support groups, etc.)</p> | | | | |
| Question #2A | Is the health information you see/receive easy to understand (health literate)? | | | | | |
| Responses | <p>Hospitals--patients have to take home information and read on their own; patients do not always understand their Do Not Resuscitate and sign it</p> <p>Schools--kids come to school with medications (ex: inhaler) and do not know how to use it.</p> | <p>Hospitals need to make sure that patients are able to understand information given to them</p> | Not asked at this focus group | Not asked at this focus group | Not asked at this focus group | Not asked at this focus group |

| Question #3 | English | | | | Spanish | |
|--|---|---|--|--|---|--|
| | In your family or your friend's families, what are your biggest concerns about your health care? | | | | | |
| Date of Focus Group | 7/9/2018 | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/24/2018 | 7/27/2018 |
| # of participants | 14 | 12 | 8 | 10 | 7 | 7 |
| Site | Hastings/Adams County | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Harvard Public Schools/Clay County | Hastings/ Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone | Lorena Najera | Lorena Najera |
| Scribe | S Nicholson--NALHD | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | L Vazquez-SHDHD | L Vazquez-SHDHD |
| Responses: | Cost | Cost | Cost --healthcare and senior care/nursing home care | Cost --Ambulance; health insurance, drug costs | Cost (7 comments)--concerned about medical bills | Cost --healthcare; health insurance, financial assistance guidelines have changed |
| | Habits --energy drink and kids, taking care of yourself before getting sick | Transportation --no vehicle or cannot drive to appointment; cost of travel for out of town care; ambulances are used as transportation | Availability of senior care --where do seniors go when they can't take care of themselves anymore | Transportation -- | Health status --regulating diabetes and high blood pressure--participate in diabetic and high blood pressure | |
| | STIs among LGBTQ population --hard to get relevant information (i.e. schools do not teach implications of unprotected anal sex for high risk populations, etc. | New technologies only available in certain part of state and missing out | Availability of providers after hours --do not stay at hospital after hours (for on-call) | Adequate Senior Care --nursing homes are not up to standard and pts don't receive adequate care; alzheimer's patients are locked in rooms because no providers and facility is not prepared to treat them | | |
| | | No family support for seniors at appointments | Getting care outside of community --when providers leave the community, patient has to go out of town to receive care | Getting care outside of community --No Hospital in county; health care providers leave the community and many positions are filled with State agencies | | |
| | | | Delayed rescue --Seniors not being found right away if they fall | Delayed rescue --EMS shortage; EMS fatigue for volunteer emergency responders; increased training discourages volunteers from joining | | |
| | | | | Respite care --no support for caregivers | | |
| | | | | Inadequate training for school staff --not able to care for students with physical/mental/behavioral health needs; | | |
| | Notes: | "I'm young but I don't feel that scared about it. I worry about them (parents) to be able to raise kids and pay for healthcare." | | | Stigma getting treatment for MH services | |
| Participant had heart surgery 20 years ago--and took a lot of money to maintain health status. Had to change lifestyle. Young people need to get involved in this issue to change things. Pharmaceutical companies are playing a scheme. Nobody seems to see this. | | | | Using drugs and alcohol to self-medicate for MH issues | | |
| Participant's brothers had to retire to take care of their wives (MS and Liver transplant) early. Brothers are medically poor. | | | | Limited budgets for community agencies providing care | | |
| Have to choose how frequent to use medicine to save money. | | | | | | |

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

| | English | | | | Spanish | |
|---------------------|--|---|--|--|--|--|
| Question #4 | What kinds of health care services are used (or not used) by people you know? | | | | | |
| Date of Focus Group | 7/9/2018 | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/24/2018 | 7/27/2018 |
| # of participants | 14 | 12 | 8 | 10 | 7 | 7 |
| Site | Hastings/Adams County | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Harvard Public Schools/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone | Lorena Najera | Lorena Najera |
| Scribe | S Nicholson--NALHD | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | L Vazquez-SHDHD | L Vazquez-SHDHD |
| Responses: | Mental Health Services at schools -middle and high school students accessing counselors; college kids look for the availability of these services when selecting schools | Chiropractic care during pregnancy-- due to insurance this service was not accessed throughout pregnancy | Health savings plan --has one-- but acts as a deterrant to care | | Self-management groups --The total package diabetes group, blood pressure group at SHDHD and YMCA. Health checkup every 6 months with HFC | Medications and remedies accessed from Mexico or Mexican groceries stores. Pain Clinic, Doctor, Ambulance |
| | Health Fairs/Biometric screenings at employers and hospitals | Dental care --have insurance but don't have offices who take insurance | Immunization clinic at Superior Clinic | | | |
| | | Home health | mental health services | | | |
| Notes: | | | | Not used: Support groups Counseling services offered through employer Benefits offered as Employee Wellness | | |

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Users

| | English | | | | Spanish | |
|---------------------|---|--|---|--|---|---|
| Question #5 | What kinds of health care services do you use to prevent health problems? | | | | | |
| Date of Focus Group | 7/9/2018 | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/24/2018 | 7/27/2018 |
| # of participants | 14 | 12 | 8 | 10 | 7 | 7 |
| Site | Hastings/Adams County | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Harvard Public Schools/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone | Lorena Najera | Lorena Najera |
| Scribe | S Nicholson--NALHD | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | L Vazquez--SHDHD | L Vazquez--SHDHD |
| Responses: | Dental Care | Walking-- paths, groups | Dentist | Walking--at community pool | Preventive screenings--mammogram, pap smear, project Homeless Connect (eye screening) | Preventive cares |
| | Preventive screenings--mammogram | Wellness programs--Tai Chi and Yoga through hospital | Eye Care | Wellness programs--health fairs through employer | Massage | Health fairs |
| | Walking | Fall prevention | Take vitamins | Massages | Self management programs--diabetic group and blood pressure group | Immunizations |
| | Wellness programs--Health screenings and programs through employer | Fitness centers--Community fitness centers, hospital workout facility | Regular physicals | Immunizations at Clay County HD | Home remedies--herbal | Self management programs--diabetic group and blood pressure group |
| | | Sand volleyball--have to travel out of town | Healthy weight | Environmental health--County sprays for mosquitos | | Home remedies--herbal |
| | | Gymnastic classes offered in other communities | Home blood pressure kit | Community facilities--outdoor activities, baseball | | Healthy eating |
| | | Bicycles--community member refurbishes bikes and gives to low-income families/community orgs | Wearable technology--fit bit | Social gatherings at the Community Club--to prevent social isolation | | |
| | | Cardiac Rehab | Good everyday practices--don't shut file cabinet with knees | | | |
| Notes: | | City Clerk in Nelson--welcome packet describes opportunities in community | | | | |

| Question #6 | English | | | | Spanish | |
|---------------------|---|--|--|--|--|---|
| | What do you view as strengths of our local health care? | | | | | |
| Date of Focus Group | 7/9/2018 | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/24/2018 | 7/27/2018 |
| # of participants | 14 | 12 | 8 | 10 | 7 | 7 |
| Site | Hastings/Adams County | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Harvard Public Schools/Clay County | Hastings/ Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone | Lorena Najera | Lorena Najera |
| Scribe | S Nicholson--NALHD | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | L Vazquez-SHDHD | L Vazquez-SHDHD |
| Responses: | Health ministry through church | Hospital --working to expand services; critical access hospital; still growing in times of closures | doctors/providers --good care | Community of care through churches | | Doctors/providers --neurosurgeons, cardiologists |
| | Hospital (Mary Lanning) --wide range of providers/professionals | Docs and providers collaborate --making continuity of care better for patients | Clinics --quick clinics to get basic services and relay to provider | Local Clinic | | Pain Clinic |
| | No out of town travel for good health care | Clinic and other health services --provides care for others in surrounding towns too | Value of community caring for each other --hair stylist checked on person when she missed an appointment, | Strong community connections --social connections | | Acupuncture |
| | | EMT services --large squads--need to focus on recruiting younger EMTs | | Clay center senior center | | |
| | | | | 4H extension office | | |
| | | | EMT/EMS training | | | |
| Notes: | People read tidbits through church bulletins every week, attending health screening/blood pressure screening events that are linked with their faith. | Gap in MH services Not a lot of connections between providers | | | There is no strength in this community Lack of local health | |

| Question #7 | English | | | | Spanish | |
|---------------------|---|---|--|--|--|---|
| | What do you view as future local health care needs in our community? | | | | | |
| Date of Focus Group | 7/9/2018 | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/24/2018 | 7/27/2018 |
| # of participants | 14 | 12 | 8 | 10 | 7 | 7 |
| Site | Hastings/Adams County | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Harvard Public Schools/Clay County | Hastings/ Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone | Lorena Najera | Lorena Najera |
| Scribe | S Nicholson--NALHD | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | L Vazquez-SHDHD | L Vazquez-SHDHD |
| Responses: | Baby Boomers --ability to afford healthcare | Elderly Care --appropriate care and qualified professionals to offer services | Assisted living facility closed --in Blue Hill and other areas/gap in service | Elderly care --more providers and facilities | Low income Emergency Department or clinic or convenient care, pharmacy, dentist, food pantry (Catholic Social Services); Transportation; Gym for kids and parents as a way to prevent illness; medical interpreter for vision clinic | Dentists that accept Medicaid; bilingual medical doctors, bilingual staff in every clinic |
| | Clinic closures --in rural communities people are not going to travel for services | Access to care out-of-town --family cannot or will not make appointments outside of community, have to travel for specialists | Healthcare providers and services leaving community as population shrinks | Improved education and wellness systems | | |
| | Shift culture towards being physically active and healthy eating over a lifetime -- education to start with families and young kids, school PE classes focus on weight lifting vs other options to be physically active (i.e. juggling), sports are competitive in nature vs. focus on lifetime fitness, when kids go out for sports expensive equipment is needed and at times kids don't stick with sport (losing the lifetime fitness approach) because they did not succeed at the sport, Hastings has walk path but need a walking buddy or group to feel safe walking on trail | Job/Economic issues --working more than one job to make ends meet and not able to afford healthcare, young community members are not motivated to work at jobs in the community, who will take ownership of small businesses and farms as owners retire? | Mental health needs --state hospital closed and local clinics did not open for care, need to focus on prevention of mental health issues vs. reacting to mental health crisis | Increased services for mental/behavioral health | | |
| | Obesity --big problem in future, connected health issues, Obesity problem is growing and starts with families, current incentives around obesity reduction focus on person vs family unit,) | Veterans --increasing # of veterans returning to rural communities, VA reports that there are not enough resources for returning Veterans, | Addiction issues (2 comments)--drugs seem more prevalent in youth, no way to report suspected drug activities in the community | Drinking water shortage | | |
| | Multicultural and lingual providers needed for health care services -- not only for race/ethnicity, gender, age but also including deaf people to access health care (hearing aides are often not covered by insurance); LGBT population--accessing health and mental health services, know where to go, who provides respectful services | Addressing prevention with families who are struggling to meet ends -- families receive services, CPS does not help, how to reach these families about health issues (i.e., Nutrition, hygiene, mental health issues, early intervention) | Crime rate increasing --due to addiction and law enforcement unable to address it | Affordable care | | |
| | LGBT population --sexual education in high school is focused on heterosexual behaviors and information, mental health services needed when LGBT "comes out", in school and in community LGBT does not know who to talk to, get services from, etc., higher risk population that does not have access to relevant health information nor do they know where to get | Financial Literacy --starting with youth | | | | |
| | Outreach and education needs --for services and prevention (i.e. diabetes education classes, education about services to engage public in services that are offered, connecting people to services | | | | | |
| | Mental Health needs --not being met | | | | | |
| | EMS/EMT burnout --volunteer service | | | | | |
| | Affordable healthcare --addressing the needs of those who work more than 1 job, no access to major medical [insurance] policy, self-employed | | | | | |
| Notes: | not enough resources and support available in the community to offer families in need Possible solutions for mental health unmet needs: use churches to connect with people/as possible support in mental health train people to provide suicide prevention and mental health first aid at points of non-traditional access (businesses, bankers, etc.) | Focus group seems all middle class, is there outreach to lower incomes? Lifestyles have become so busy that it is difficult to slow down and relax. | | There was discussion about how they have to learn the language | | |

Health System Leaders

| Question #1 | Where does your contingency go for healthcare? | | | |
|---------------------|---|--|---|---|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Out of town care --Access to health care is spread out many go to Hastings or VA in Grand Island | Providers in Hastings, Kearney, Grand Island, childbirth and Pediatric care in Hastings | Ambulance is used as taxi service | Hospital/Clinics --Doctor's offices, Mary Lanning Mental Health and Hospital services, Urgent care, Third City Clinic, Community health center, Emergency Rooms, |
| | Assisted living/nursing homes | Local pharmacy goes to assisted living to give flu shots | Younger people receive care at elderly care facilities | Telehealth |
| | Hospital --improvements have increased access to services easier for families | Hospital/Clinics --Webster Hospital Clinic (flu shots too), Main street clinic (flu shots too), Emergency room, Smith Center, KS clinic, Grand Island VA, Omaha VA | Urgent Care --for uninsured | Employer based --employee website (Healthcare Blue Book), employee wellness coaching, Employee Assistance programs. |
| | | Worksite Wellness: City of Red Cloud offeres cash incentives for wellness programs Private employer offers discount at YMCA, and cash incentives for using wellness programs | Pharmacy --internet based, Mexico and Canada | Community-based services -- schools (nurses/counselors), pharmacies, health fairs, health department, parrish nurse |
| | | | Faith-Based help with mental health care | Community college Dental |
| | | | Self-diagnose/medicating --get info online, travel to Mexico to get medication for a self-diagnosed condition, self-medicating for addictions due to lack of providers | Internet |
| | | | Telehealth for mental health care | |
| Notes: | Health Insurance --hoping Brodstone Administrators will work to accept VA Choice insurance; changes to medicaid have decreased access to services (eye care); changes to Medicare has not changed access but veterans have to receive care through VA (medicare is a secondary provider) | Veteran population in Webster County is decreasing Hard to find consistent caregivers in the community--often see a different provider at each visit (decreased continuity of care with this model) | Faith-based could be a point of access for people to receive treatment in areas with provider shortages Some people don't get treatment due to lack of services cost share plan (insurance) | |

Health System Leaders

Pharmacists are link between provider and patients...to ensure consistency

Telehealth--use of telehealth is generational thing, millennials probably more likely to feel comfortable with online services; Elderly patients seem to prefer in person visits so that their doctor can physically check their symptoms

discourages people from getting preventative care causing higher medical bills once treatment is sought out; Increase in cost share plans /"Christian" coverage plans

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| Question #1A | How has this changed over time? | | | |
|---------------------|---|--|--|---|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Hospitals have expanded services (Brodstone and Mary Lanning) | <p>Out-of-town providers/services--Hastings and Grand Island provide more specialists, people are used to travelling more so it isn't a big deal to get care out-of-town, doctors are limiting specialty clinics in smaller communities because patients travel more to bigger communities,</p> | <p>Insurance--Urgent Care use increasing due to lack of insurance, Medicare is changing what it reimburses and increased funding for ambulance service, delay care due to lack of insurance, increased demand in billing requirements and liability</p> | <p>less insurance coverage--urgent care requires payment upfront, ER visits can write off charge for visit</p> |
| | | <p>Telehealth-- elderly care because patients can't travel, mental health services, hospital increased use of telehealth for specialties</p> | <p>Connected community--people are less connected to neighbors so the ambulance is used more often for taxi service</p> | <p>Getting into mental health services is not easy--only physically healthy folks can get into detox</p> |
| | | | | <p>Transportation to services/appointments an issue</p> |

Health System Leaders

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| | | | | Students do not have the money to afford office visits/get care, health is not a priority for them, urgent care is more accessible to this population if care is needed, working multiple jobs to make ends meet |
|--|--|--|--|--|

| Question #2 | Where does your contingency get most of their health information? | | | |
|---------------------|--|--|---|---|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Internet --facebook (especially for school stuff like sports physicals, etc.), younger folks online | Internet--facebook, google, online, Web MD, Mayo Clinic. CDC online | Internet --a lot of info online and hard to get patients correct info | Internet --Facebook, Google |
| | Media --ads in print and on TV | School --reimnders about vaccinations, etc. | Ads --commercials advertising medication | Media --TV ads, pharmacy ads, TV shows/Dr. Oz, magazine ads and commericals, posters |
| | Friends --coffee, same conditions, word of mouth | Ads | Friends --coffee time | Family/friends --word of mouth, students (peer to peer), |
| | Provider | Friends --neighbors | | Doctor/Provider |
| | | Doctor | | Pharmacy |
| | | | | Employer --HR and Doctor through employer |
| | | | | Wellness programs and support groups |
| Notes: | Health literacy is important | | Need to educate folks about Medicare benefits--the books is so big people don't read it | We've become desensitized, Dysfunction = normal, Cultural impact, Healthcare Connections, non-profit agencies, Faith-based agencies, Rural farm families--family members in healthcare, don't access/don't want to know, Self-prescribe, Hairdresser, Alternative Medicine, In Home Party |

Health System Leaders

| Question #2A | How has this changed over time? | | | |
|---------------------|--|---|-------------------------|--|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Technology--30 years ago the only way was to talk to you doc or library | Using technology in health --hand held devices to access health information, texts from providers as reminders | Increase in technology | Technology and internet access: More information is available which leads to self-diagnosis, but the information available may not always be accurate; less "call Grandma" is happening |
| | | Increase in self-diagnosis | | Faith-based insurance options are new |
| | | Shrinking health history --younger generations don't have history past immediate family members | | Access to memory care and places that work with Alzhemiers |
| Notes: | Docs are more engaged with patients --driven by patient satisfaction, younger docs want to be more personable, VA has changed their manner spending more time with clients. | | | |

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Leaders

| Question #3 | What are the biggest concerns your contingency has about health care? | | | |
|---------------------|--|--|---|---|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | <p>Cost of care--high cost of health care decreases ability to save money, high medication costs, covering the cost of basic care needs not covered by Medicare,</p> | <p>No in town care--not wanting to travel out of town for care when clinic closes, not having access to care in smaller communities</p> | <p>Out-of-town care--people do not want to travel out of the community for providers</p> | <p>Quality of care/healthcare system--availability/access to care : Appointment availability: mental health issues will get scheduled out 3 weeks/detox, ability to access, availability of services/specialties, access to quality care, timely crisis treatment, new to area getting into see physician, specialty areas, doctors move around; connection/relationship with providers /bedside manor; Legal : HIPAA, Laws and regulations, possible litigation; other : farmers don't access care until necessary; Complex medical issues --Obesity, mental health stigma (espec. among farmers), correct source of problem, continuity of care, challenges adapting to current health needs (in reference to Obesity), stress/uncertainty in Ag field (mental health)</p> |
| | <p>Insurance--working more than one job to have health insurance (farmers), Medicare doesn't cover all health costs, understanding Medicare benefits and management, go without insurance (farmers)</p> | <p>Quality of care--hard to refill RX because docs have limited hours/availability in community; less face-to-face time with provider because of more patients due to schedule of provider in town (i.e. every week in town, etc.), high patient loads, losing personal relationship with doc</p> | <p>Lack of Mental Health services-- Schools do not have resources for mental health, absence of long term care facilities for youth with mental health issues, Veterans can't access service due to wait times</p> | <p>Cost/price--monthly cost of insurance, high deductible, cost of employee insurance, cost of healthcare, prices increasing, medication increase, can't get healthcare costs down and decrease overutilization can't get people to take care of themselves Save or have coverage) results in high healthcare costs</p> |

Health System Leaders

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| | | <p>Cost--fearful to go to doc because of high costs</p> | | <p>Insurance--high deductibles, losing Medicaid, insurance, older generation won't leave employment because they need the insurance, ACA: low deductible at first--but cannot afford now, many not covered or only catastrophic, some small operations are forming "corporations" and hiring an employee to get insurance</p> |
| | | | | <p>Transportation</p> |
| | | | | <p>Education to prevent health behaviors/issues multicultural and health literate-- English Language Learners have problems over time with vision, etc., language barrier both ways, knowledge deficit (in reference to Obesity), Home EC or life skills classes in the past--nothing in the catholic schools, generational gap of knowledge, kids at zone program teaching parents about healthy meals, kids loack of exposure to healthy foods--may not eat the health foods--use to eating processed foods, importance of preventive care/push back on "incentive for wellness" programs, health literacy, lack of education; Technology : technology, googling what's wrong</p> |
| <p>Notes:</p> | | | | <p>Pay equity--behavioral health/substance abuse</p> <p>Increase ER visits</p> <p>Access to food (in reference to Obesity)</p> <p>Many live on ramen noodles</p> <p>Time</p> |

Health System Leaders

| Question #3A | How has this changed over time? | | | |
|---------------------|--|---|--|--|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Costs are rising--not have health care needs met due to high costs | Service model has changed--doctors refer out to specialists more than they used to, have to make appt with doc vs. calling when something is wrong, longer wait times for getting in to see doc, docs not seeing pts for regular check-up/preventative care | Social isolation | Preauthorizations, availability, relationship, affordability, specializations/declines |
| | | decreasing population is reducing services | High burn out of health care providers, EMTs, etc because of high demand | |
| | | Cost of care and insurance has increased, Declining health due to high costs--people don't get in when they need to because they can't afford it | | |

| Question #4 | What kinds of health care services are used (or not used) by people you know? | | | |
|---------------------|--|---|--|--|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Occupational therapists/Physical therapists | Occupational Therapist at schools | Mental Health Services (Not Used) often not covered by insurance | Telehealth services with technology to help with multiple languages is an improvement to accessing care NOT USED Employer Issued Insurance has Telehealth/internet--doc appointments--generational trend perhaps? |
| | Mental health services (USED) through school nurse and counselor, VA, used more in younger generations, Banker who does a lot of ag loans acts as counselors-- | Mental health services--licensed MH provider, UNMC telehealth for behavioral health, Geriatric mental health services through telehealth/mary Lanning, School counselors, ASAP drug prevention through schools,CASA/SASA services | Veteran services--not used because veterans are not aware of their benefits and how to access the VA | Alternative medicine--(massage, chiropractor, essential oils) cheaper than going to the doc, utilization and access and education |

Health System Leaders

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| | Preventative care --school physicals, Gym | NOT USED --health fair vaccination clinics, 25-40 year olds not taking advantage of community civic activities | Immunization clinics --uninsured use these clinics--insured folks do not use these clinics because they are not covered by insurance | Mental Health --wait list and crisis driven |
| | Socialization --just being able to talk and listen | Preventative care --Health fairs for affordable lab draws, Immunization clinics, Fitness facilities at City Council Buildings | | preventative care --vision/dental, health fairs, school RN/NP, health department, YMCA classes for cooking and free membership (NOT USED often due to decreased motivation/distance), college fitness centers |
| | | | | Dental care --not accessed, not used, limited providers with Medicaid, cash up front, popular among college students |
| | | | | Medical services --primary clinics, ambulatory/surgical services, ER, Urgent Care, community health center, urgent care |
| | | | | Transportation --can't get to Omaha/Lincoln for care |
| | | | | Employer programs --EAP, Wellness program |
| Notes: | <p>Mental health services wants/concerns--no therapy for geriatric community (psych nurse administers meds only), hospital and schools work together to provide mental health services, mental/behavioral health professionals in schools, no mental health services for Veterans suffering from addictions, kids have constant access to technology and internalize issues, suicide prevention training for non-traditional partners (i.e. bankers)</p> <p>Geriatric facilities are used by younger families to access care because it is the only option</p> | | | Healthcare Savings Accounts may not be utilized |

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| Question #5 | What kinds of health care services do you use to prevent health problems? | | | |
|---------------------|--|--|---|---|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Prevention --Wellness; VA immunization and prevention programs | Community based --Community fitness center, Active playground, Program started by local businesses to provide healthy foods | Community-based --Food pantry at church; Health fairs--used as a basic check to monitor blood pressure, etc. | Community-based --immunization clinics, DPP, blood pressure management programs, Blood pressure machinges at community locations, church screenings/classes, YMCA/YWCA, (free membership), health fairs, health screening through insurance, flu vaccinations, Safe Kids bike helmets, WIC, meals on wheels |
| | | Group --Yoga, Tai chi (sponsored by SHDHD), Zumba groups | Individual --cooking with healthy foods vs. processed foods, organic/non-GMO food | Groups --social groups, friends advertising healthy activities, fitness classes, Mary Lanning Health Classes, YWCA after school programs, Zone/education classes through Revive, inc. |
| | School based --Playground, walking to school, prevention and nutrition programs at school | School-based --Edible schoolyard; Greenhouse at high school | Education --teach patients how to prevent recurring hospital visits at home health care visits | School-based --health programs, wellness programs, assessment/wellness, early head start |
| | | Education --Encourage families to be active and limit sedentary activities; Education to families | | Primary care --Every woman matters, primary care, depression screenings, substance abuse screenings, tobacco screenings, Hastings Family Planning |
| | | Tech free center | | Alternative care/holistic |
| | | | | Workplace based wellness --health fairs, employee wellness programs |
| | | | | Policy/environmental/system supports --walking and biking trail, waiver/care management services, DHHS medicaid applications, Clean Indoor Air Act and education about smoking has provided great benefit, Kids accepting of seatbelt use, Wellness incentives |

South Heartland Community Health Assessment 2018

Focus Group Synthesis

Health System Leaders

| | | | | |
|--------|--|--|--|---|
| | | | | <p>Individual--vitamins, supplements, look for healthy items when eating out, fitbit/activity trackers, smart moves--time/remembering, budget management services--resources, goal setting, strategy planning, safety--car seat installation, gyms</p> |
| | | | | <p>Mental Health--opportunity house (day services/AA/NA), south central behavioral services, senior citizens mental health grant through sunny side</p> |
| | | | | <p>Education--scrubby bear, healthy beginnings (parenting programs), education = prevention/start with youth through lifespan</p> |
| Notes: | <p>Uninsured--don't receive care, farmers try to have healthier behaviors like regular exercise, questions about Obamacare and high deductible plans (may discourage folks to get insurance)</p> | | | <p>No DARE program anymore</p> <p>Health Fairs: patients responsibility to share with providers, employer based</p> |

Health System Leaders

| Question #6 | What do you view as strengths of our local health care? | | | |
|---------------------|---|---|---|--|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/30/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Schools provide free and reduced meals to respond to the high rate of children's poverty | Engaged education system | Many health services in Sutton --people don't have to travel out of town | School meal programs |
| | Community connectedness --feeling connected through coffee talk, volunteers support community activities | Hospital --open in current times of closures, new providers coming to hospital, asset to community | Strong relationships --between providers and patients | Access to Care --alternative hours, most HC services are available--basic/specialty/diverse services, PCP (most in network) available--emergency visits and short wait for scheduled visits, wide range of brilliant providers, Choice between pharmacies--locally owned, 2 urgent care clinics, many providers--problem is keeping current list of available services, Mary Lanning Center, Cancer care close to home, Clinics for underserved, Specialists, Access to care, choices and options, levels of care to elderly, new specialists (healthcare), new providers to reduce case loads, home town providers, availability, connection within the comm providers, meeting people's time constraints/referrals, hospital--offer specialties/telehealth, central location, specialists here, access to care, satellite facility; |
| | Safe community | EMS --local asset to help start treatment for patients | | Mental health -- strong mental health, strong recovery from addiction, better mental health access, good recovery community, ACT team--south central behavioral services, Region 3, levels of care for behavioral health |
| | Access to outdoor activities --pools, parks, ball programs | | | |
| | | | | Advocates--very helpful! Not available to everyone, community support, size of community--interaction, positive part of community, want healthy community, accountability |
| | | | | Employer based wellness programs |
| | | | | Workforce development --school of nursing and dentistry to feed health system |

Health System Leaders

| | | | | |
|--------|--|--|--|--|
| | | | | Community-based programs--to promote their missions and serve the community, Safe Kids programs, YMCA, YWCA, Ryde program, Homeless shelter, good program for food |
| | | | | System for services to interact--networking, non-profits good at referring to each other and staying connected, communication between agencies unless regulations get in the way, EMR, Great collaboration, centralized database for access to information, good network/communication, technology brought into hospital, easy to work with in community |
| Notes: | | Perception that State discourages small volunteer emergency services | | Spec Children Fund People sometimes overwhelmed or fearful Experience and new ideas |

| Question #7 | What do you view as future demands of our local health care system? | | | |
|---------------------|---|--|--|---|
| Date of Focus Group | 7/12/2018 | 7/16/2018 | 7/19/2018 | 7/9/2018 |
| # of participants | 5 | 8 | 14 | 43 |
| Site | Superior/Nuckolls County | Red Cloud/Webster County | Clay Center/Clay County | Hastings/Adams County |
| Facilitator | Susan Ferrone | Susan Ferrone | Susan Ferrone | Susan Ferrone |
| Scribe | T Burns--NALHD | T Burns--NALHD | T Burns--NALHD | S Nicholson--NALHD |
| Responses: | Aging population and greater needs | Workforce needs --maintaining and recruiting health care providers, Maintain EMS services for rural areas | Workforce needs --increased educational requirements for volunteer responders (CEUs and training) for maintaining EMT licensure and becoming EMT, limited resources and fewer EMTs longer response times, funding restrictions from State for emergency services in rural areas, increased workloads for health care providers with decrease in funding | Multicultural and multilingual care --an increase in minority populations, providers/health care system need to be responsive to different cultures and languages, bilingual employees for YMCA are hard to find, cultural changes, minorities |
| | Reduced population in county | Collaborating to enhance services and availability | Aging population --need for care and facilities, intergenerational care and financial responsibility for elderly parents, | Connecting as a community/population --engage in faith-based orgs, advocacy programs (i.e. zone program) utilizing retired volunteers, |

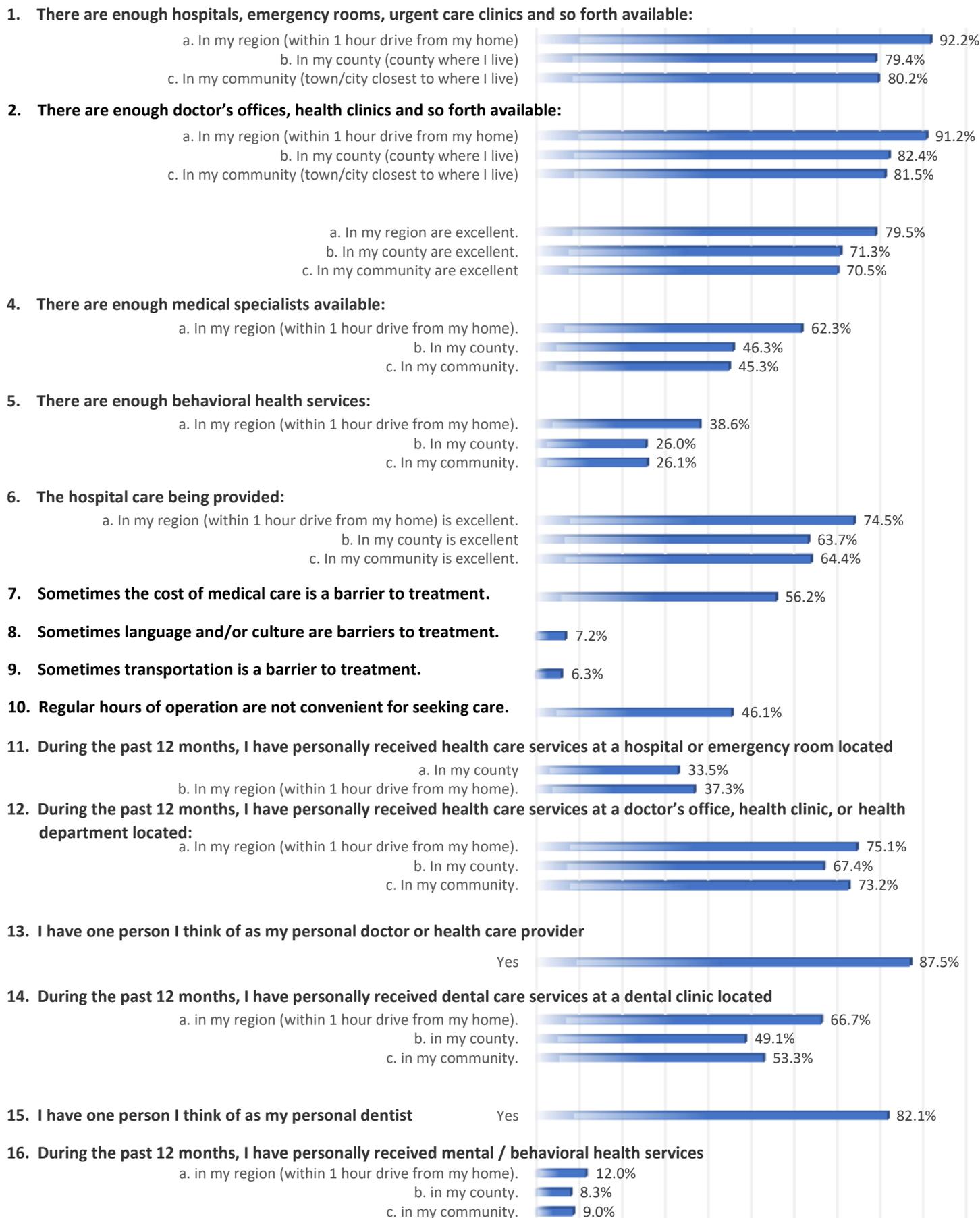
Health System Leaders

| | | | |
|--|---|--|--|
| <p>Facility closures and out-of town care</p> | <p>Maintain population in county--to keep current services</p> | <p>Mental Health Care--need facilities/services</p> | <p>Aging population--advocate for due to lack of family members who live close, independent living/retirement, not financially prepared for future years, communication with aging pop, affordable senior care, angry/mental health issues, non-traditional community living (age 45-65) cannot live independently</p> |
| | | <p>Sharing trusted information about local services</p> | <p>Mental/Behavioral health needs--shortage of providers, addictions/drugs/break-ins, youth experimenting with drugs/marijuana, detox, anger issues, drug use at younger age,</p> |
| | | | <p>Technology--using apps and alerts on cell phone to reach more population, do outreach via technology, widening gap between those who can access care through technology, generational gaps on how to use technology</p> |
| | | | <p>Economic opportunities--people want benefits with jobs, less opportunity in Adams County for entry level positions with benefits</p> |
| | | | <p>Focus on Prevention-- decrease chronic disease, decrease cost of healthcare, education about how to take care of self, education about preventative care, focus on family and social networks vs. individuals, treatment of chronic patients in emergency instead of true emergency</p> |

Health System Leaders

| | | | | |
|---------------|--|--|--|--|
| | | | | <p>Accessing health care services/system-- education to people on how to access healthcare, process on getting into the system with docs taking new patients, motivation to access or engage in established health care, encouraging engagement with own health care, incentivize (lower deductibles or premiums), easier process to access health care, expanded health care hours, low-income population, minority populations, awareness about what one needs/doesn't need, fall through the cracks</p> |
| <p>Notes:</p> | | | | <p>Pharmacy/medication costs</p> <p>Teen pregnancy</p> <p>Transporation</p> <p>Prolonging life vs. death</p> <p>Shopping for health care instead of family</p> |

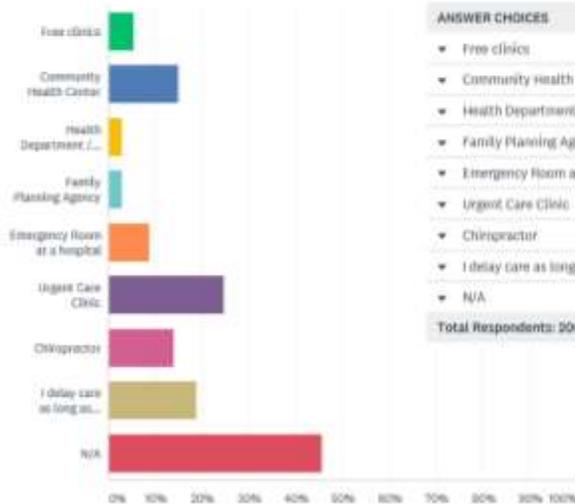
CTSA 2018 Survey Responses: Access to Care Questions



I have one person I think of as my personal doctor or health care provider:

If you answered NO on #13: instead, when I need them I receive my health care services from (check all that apply):

Answered: 206 Skipped: 70



| ANSWER CHOICES | RESPONSES |
|---|-----------|
| Free clinics | 5.34% 11 |
| Community Health Center | 16.05% 33 |
| Health Department / Immunization Clinic | 0.98% 6 |
| Family Planning Agency | 2.93% 6 |
| Emergency Room at a hospital | 8.74% 18 |
| Urgent Care Clinic | 24.76% 51 |
| Chiropractor | 14.08% 29 |
| I delay care as long as possible or refuse care | 18.93% 39 |
| N/A | 45.63% 94 |
| Total Respondents: 206 | |

Reasons I have not seen a dentist in the past year: (check all that apply)

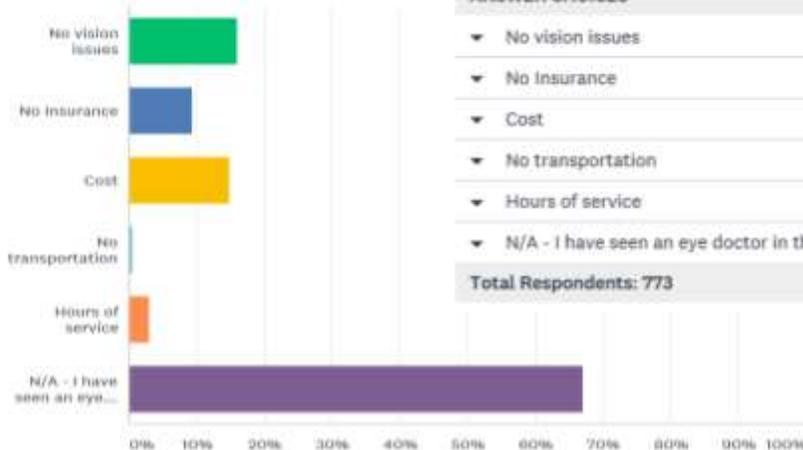
Answered: 627 Skipped: 226



| ANSWER CHOICES | RESPONSES |
|---|------------|
| No Dental Insurance | 10.85% 68 |
| Cost | 21.05% 132 |
| No transportation | 0.64% 4 |
| Hours of service | 5.74% 36 |
| Fear of dental work | 8.45% 53 |
| N/A - I have seen a dentist in the past year. | 69.22% 434 |
| Total Respondents: 627 | |

Reasons I have not seen an eye doctor in the past year: (check all that apply)

Answered: 773 Skipped: 182



| ANSWER CHOICES | RESPONSES |
|--|------------|
| No vision issues | 16.17% 125 |
| No insurance | 9.44% 73 |
| Cost | 14.88% 115 |
| No transportation | 0.65% 5 |
| Hours of service | 3.23% 25 |
| N/A - I have seen an eye doctor in the past year | 67.14% 519 |
| Total Respondents: 773 | |

Access to Care Comments:

“I am currently trying to find mental health services for a family member and finding it hard to get an apt in a timely manner”

The staff at the clinic and hospital are friendly and provide excellent care. (Superior and Nelson)

We have great options, unfortunately, because of health care insurance plans, the options become very limited in order to be able to afford those services. The need for more local mental health providers, especially for children is HUGE.

Gerontologist would be nice for our retirement community.

Would like to see better options for overflow in the ER. Went to the ER just last night and spent 4 hours there because there were to many people waiting.

Attracting and retaining quality healthcare providers to rural communities is a constant priority for us. Mary Lanning Healthcare works diligently to meet the needs of the communities we serve by recruiting appropriate providers.

Two areas of care that I feel need expansion within this area (and greatly lacking in Hastings) are Endocrinology and Dermatology.

Health Insurance is so expensive since Obama care I cannot afford it. Medicine the same way. Unless your on welfare or an illegal immigrant you are just out of luck if you work for a living.

For the most part I think there is good quality health care in the region. The Mary Lanning Surgery Team is top notch and we are blessed to have the Morrison Cancer Center and it's excellent and caring staff in our region!

Health care system is good but more interpreters are needed.

question #1, we need a medical detox center

I am a teacher and we are need mental health practitioners in schools or mental health practitioners that are willing to communicate with teachers thru email at least. We try reaching out to practitioners when have the consent and they never respond back to us or work with us on kids plan.

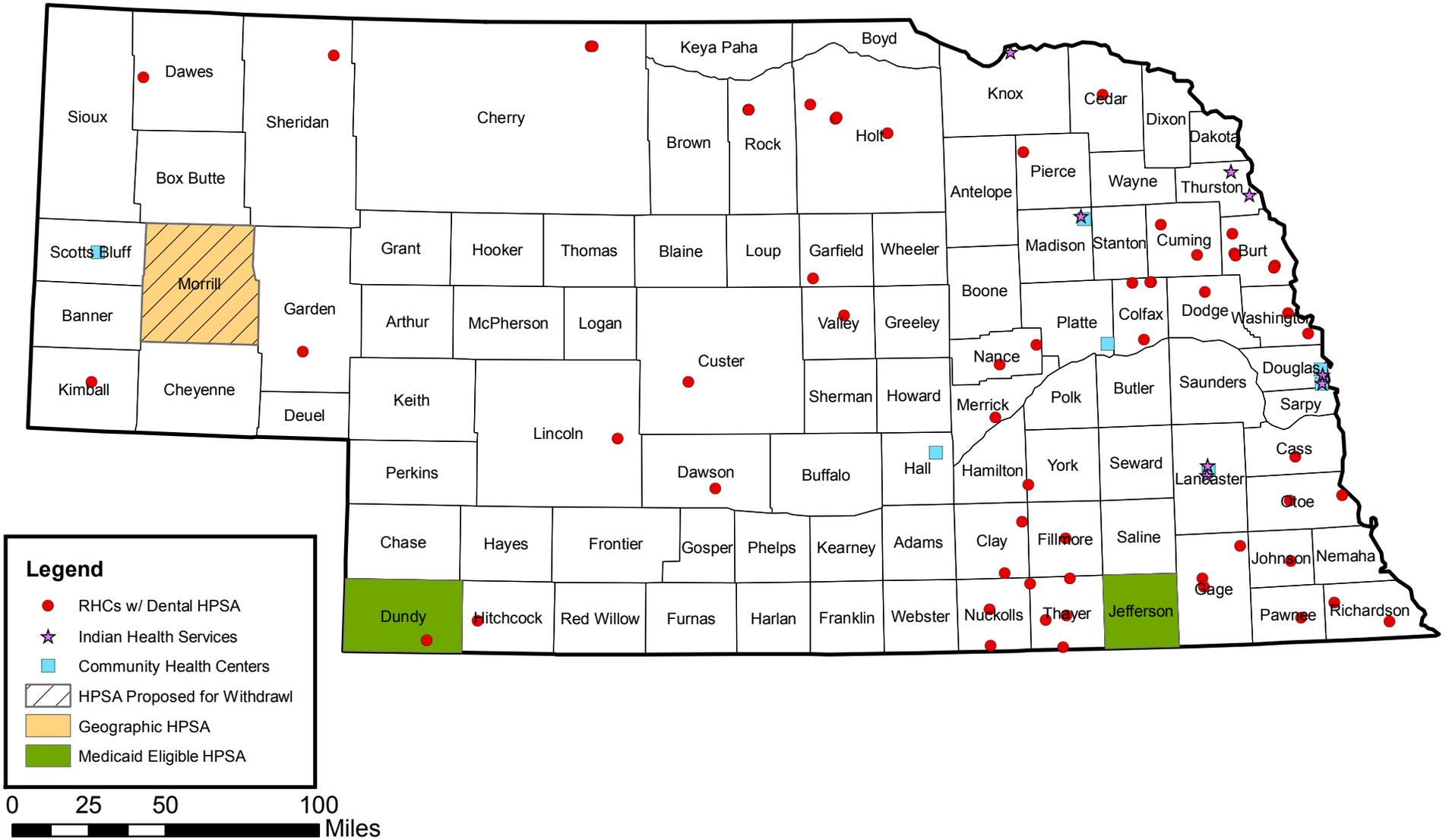
I can obtain excellent health care in and around my community, county, or within 1 hour drive from my home.

The services are good, but are very expensive.

Adams County Growing Nice Desperate
 Counseling Charge Doctors Kearney
 Mary Lanning Emergency Room
 Providers Questions Services Island
 Care Small Community
 Mental Health Income People
 Hospital Travel Specialists Dentists
 Expensive Detox Afford Wonderful Clay County

| | | | |
|---------------|--|--------|----|
| Care | | 33.33% | 62 |
| Services | | 25.27% | 47 |
| Mental Health | | 18.28% | 34 |
| Providers | | 15.59% | 29 |
| Hospital | | 13.44% | 25 |
| Mary Lanning | | 9.14% | 17 |
| Specialists | | 8.60% | 16 |
| Doctors | | 5.38% | 10 |
| Expensive | | 4.84% | 9 |
| Counseling | | 3.76% | 7 |

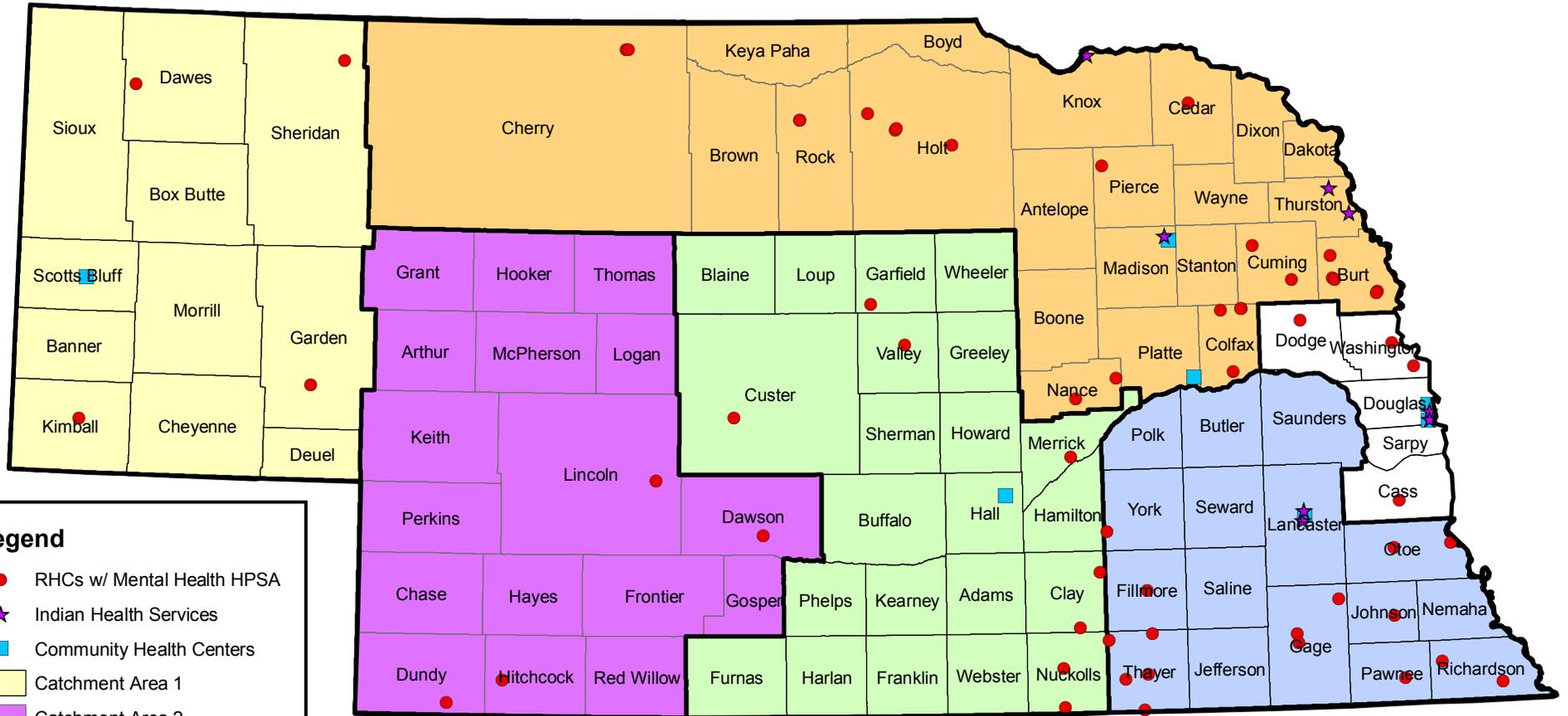
Federal Health Professional Shortage Areas (HPSAs) Dental 2018



Source: Health Professions Tracking Service
<https://datawarehouse.hrsa.gov/>
 Date: February 2018

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
 For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

Federal Health Professional Shortage Areas (HPSAs) Mental Health 2018



Legend

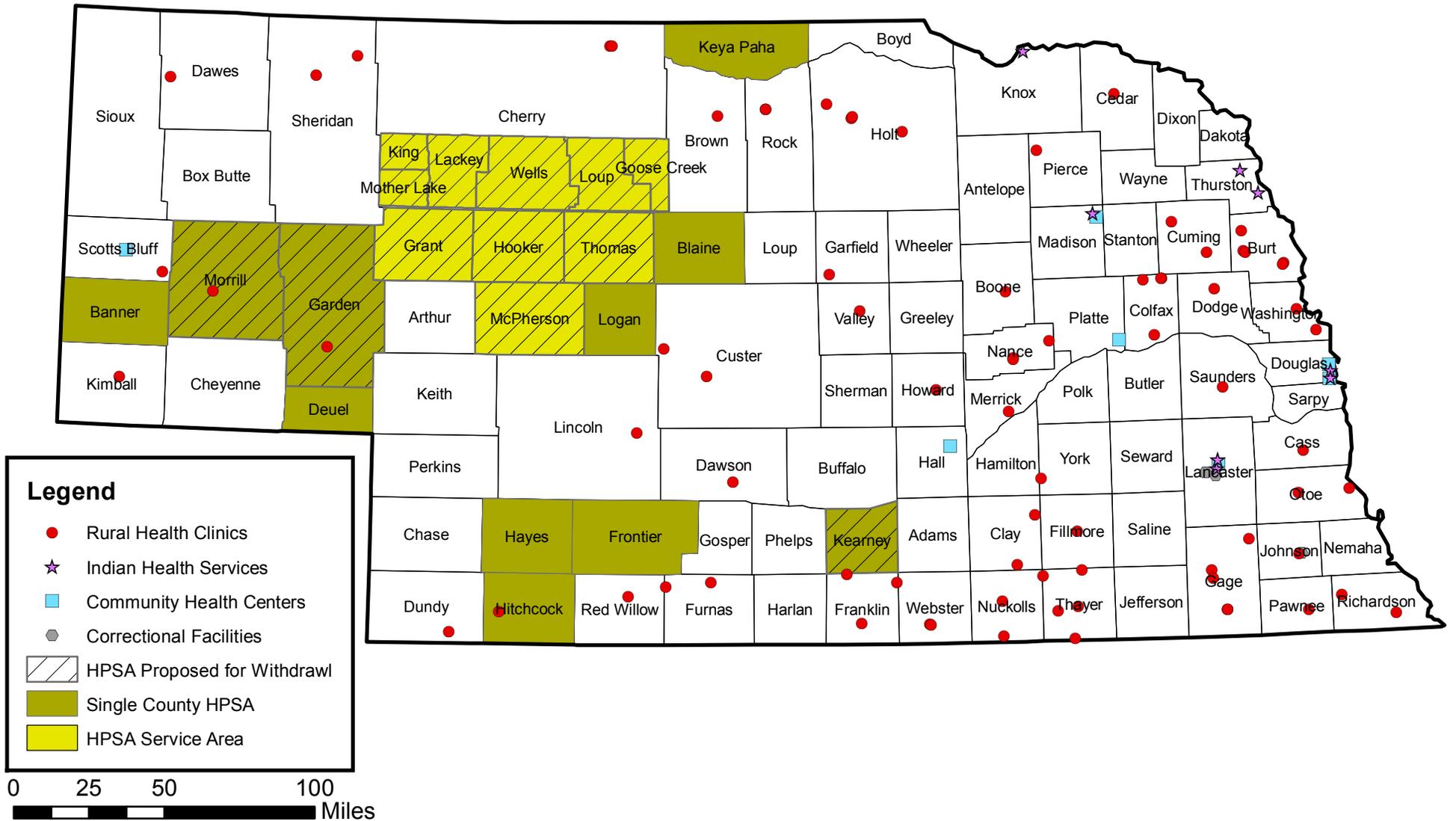
- RHCs w/ Mental Health HPSA
- ★ Indian Health Services
- Community Health Centers
- Catchment Area 1
- Catchment Area 2
- Catchment Area 3
- Catchment Area 4
- Catchment Area 5

Source: Health Professions Tracking Service
<https://datawarehouse.hrsa.gov/>
 Date: February 2018



Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
 For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

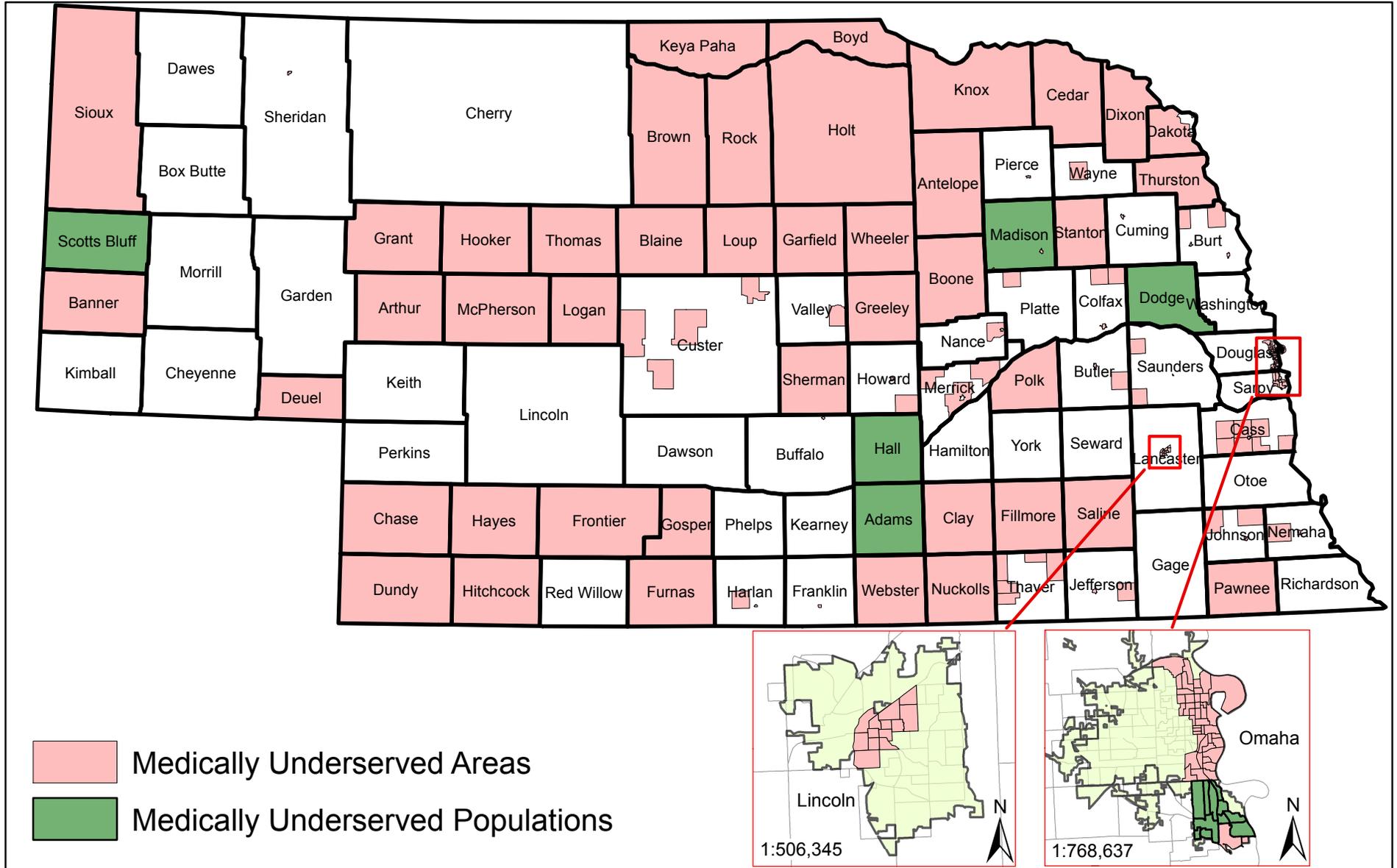
Federal Health Professional Shortage Areas (HPSAs) Primary Care 2018



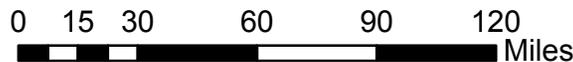
Source: Health Professions Tracking Service
<https://datawarehouse.hrsa.gov/>
 Date: February 2018

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
 For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

Federally Designated Primary Care Medically Underserved Areas/Populations



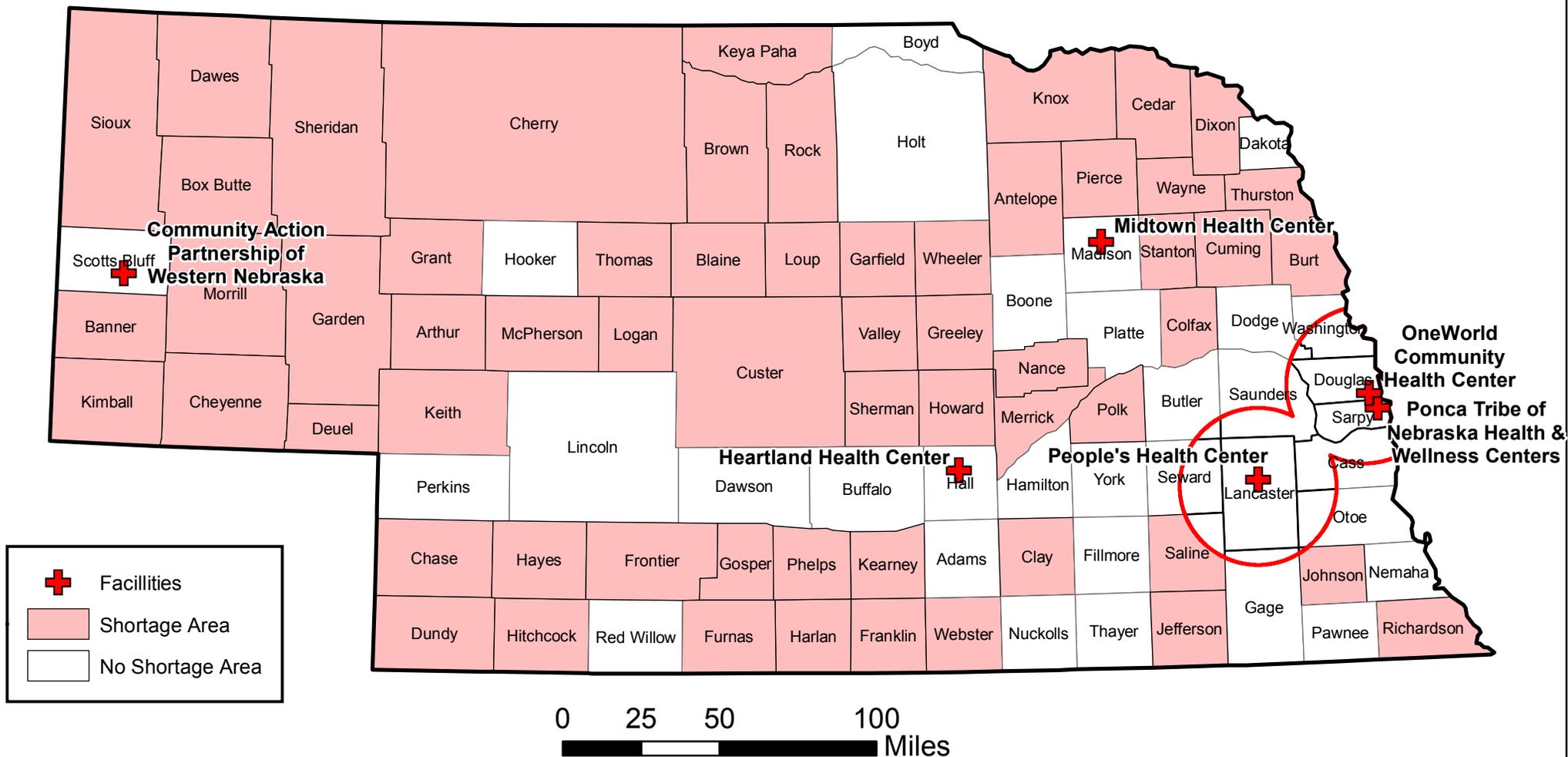
Source: Office of Shortage Designations
<http://muafind.hrsa.gov/>
 Definitions of MUA Area and MUA Pop can be found at
<http://bhpr.hrsa.gov/shortage/muaps/index.html>



Cartography: Maggie Harthorn, Community & Regional Planning Intern, DHHS
 For: Thomas Rauner, Primary Care Office Director
 email: thomas.rauner@nebraska.gov

State-Designated Shortage Area Family Practice

Nebraska

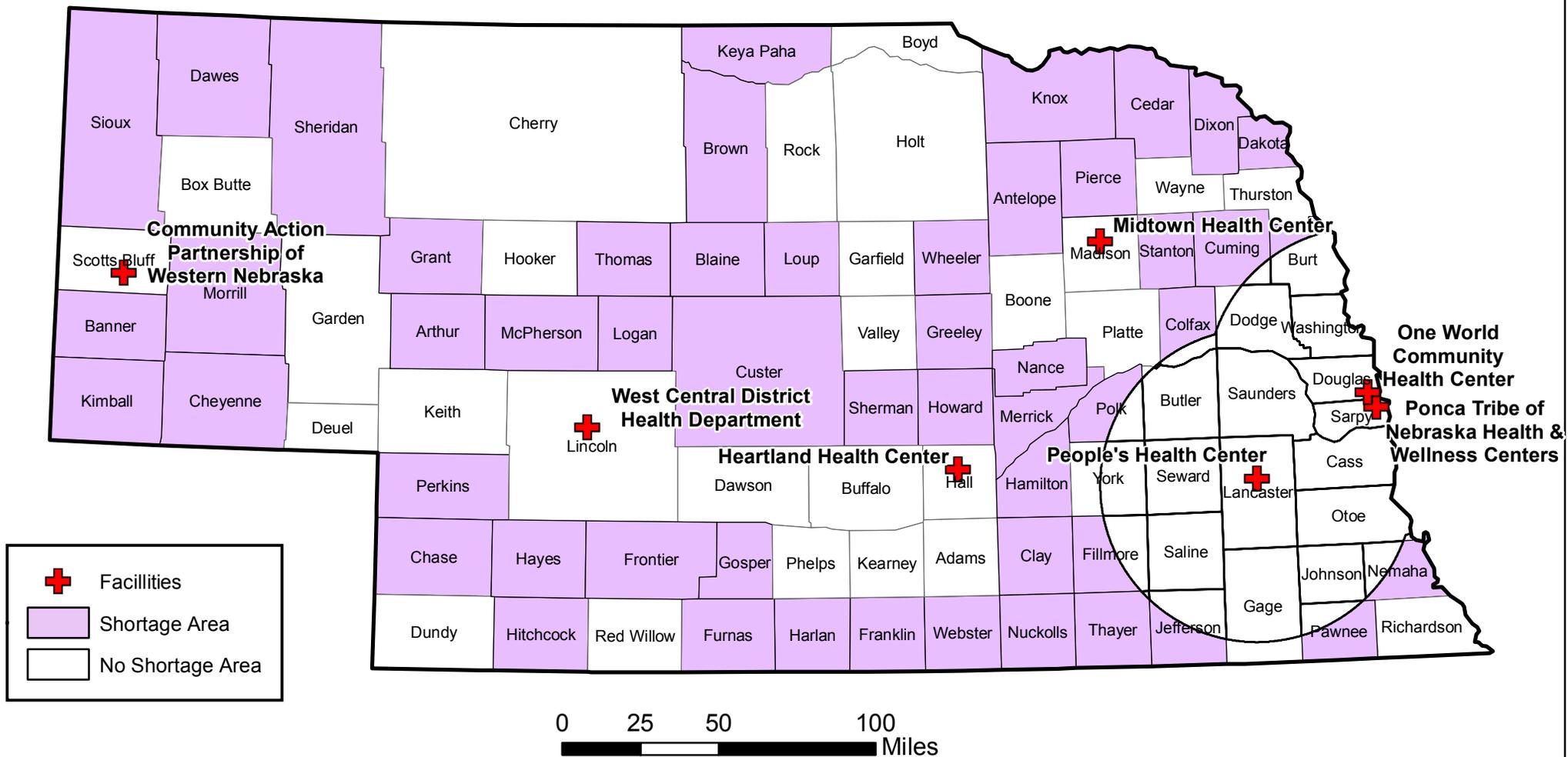


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2016
 Last Updated: Oct 13, 2017
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
 marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area General Dentistry

Nebraska

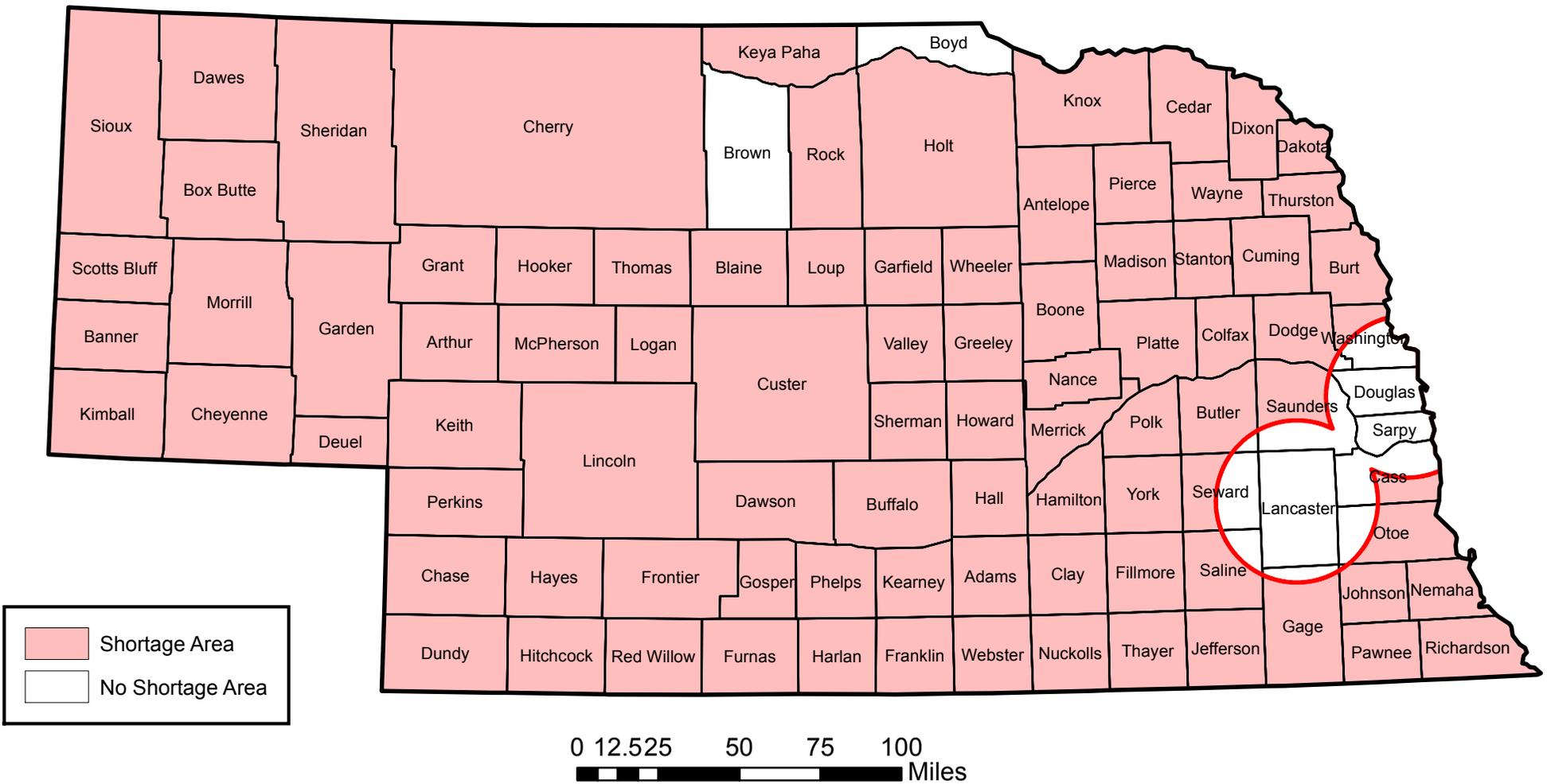


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2016
 Last Updated: July 1, 2017
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
 marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area General Internal Medicine

Nebraska

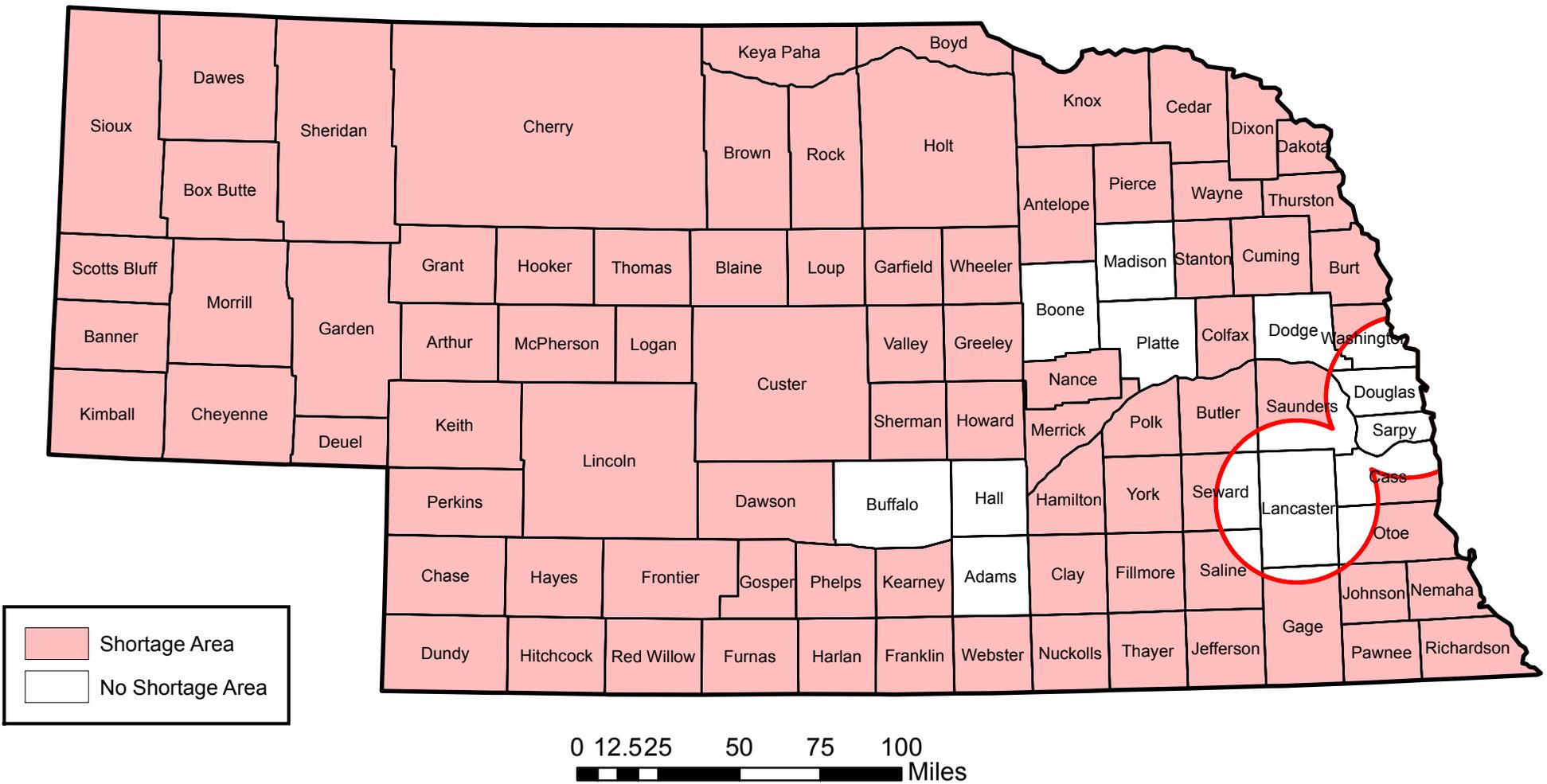


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2016
 Last Updated: November 2016
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
 marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area General Pediatrics

Nebraska

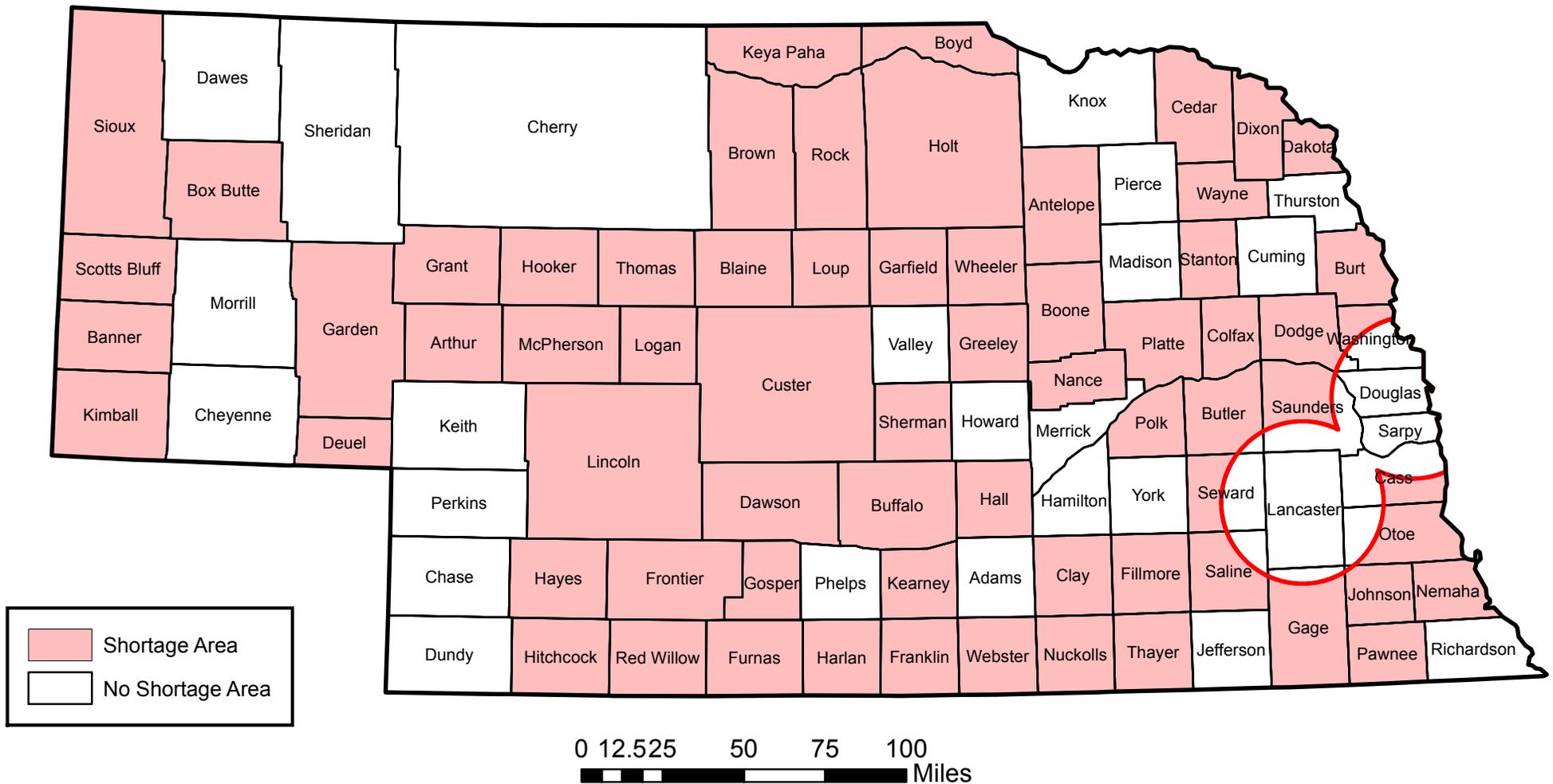


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2016
 Last Updated: November 2016
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
 marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area General Surgery

Nebraska

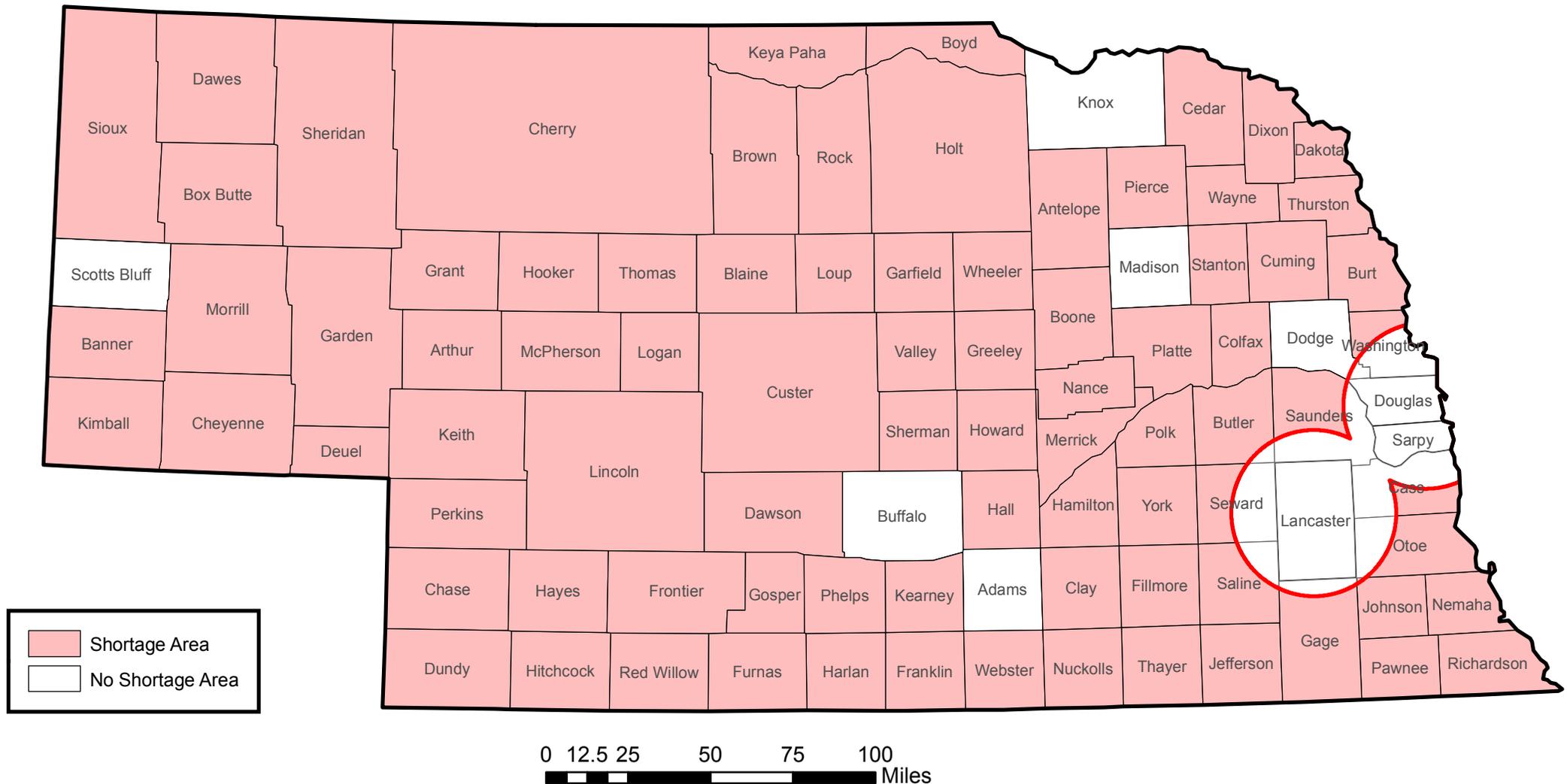


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2016
 Last Updated: November 2016
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Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
 marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Areas Obstetrics & Gynecology

Nebraska

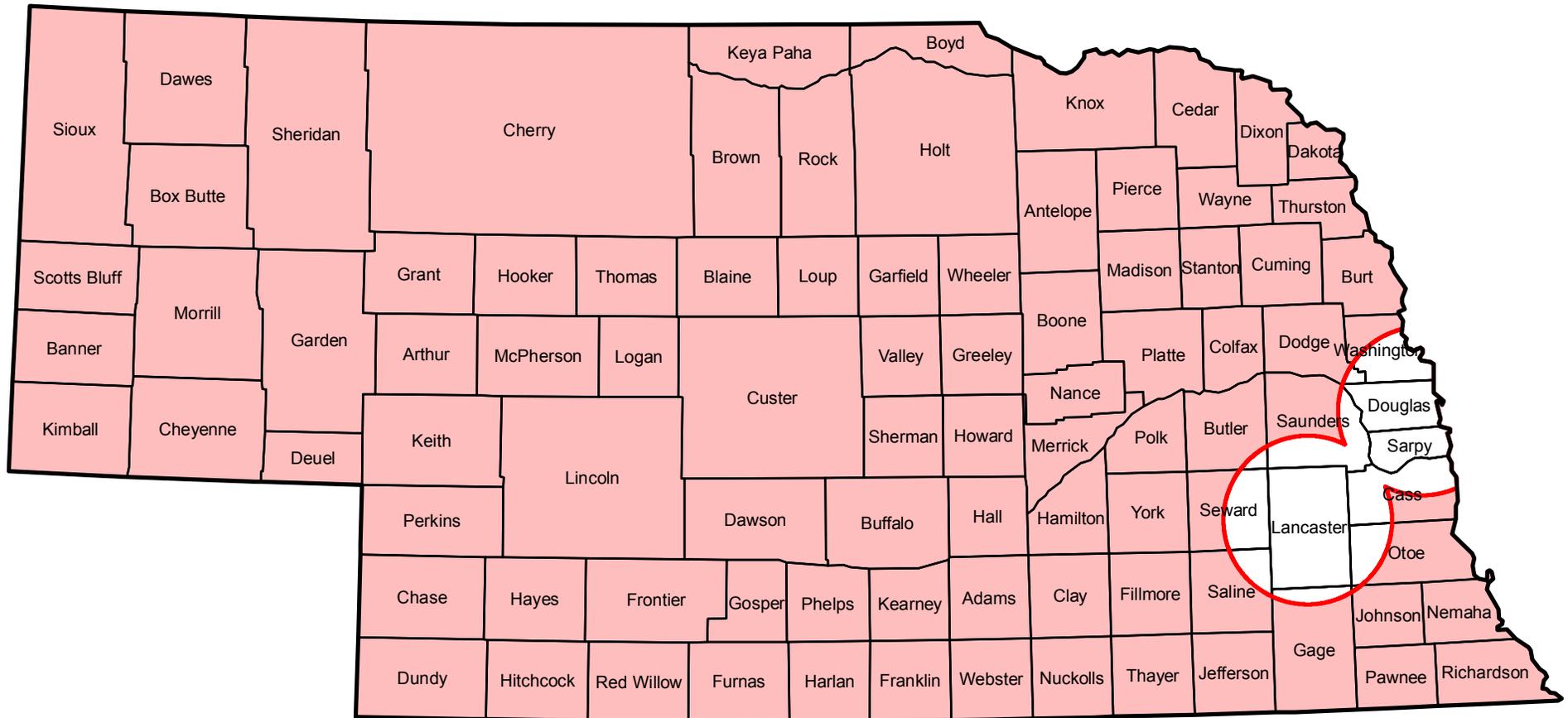


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2013
 Last Updated: July 2013

Cartography: Clark Sintek | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area Psychiatry & Mental Health

Nebraska



 State-Designated Shortage Area

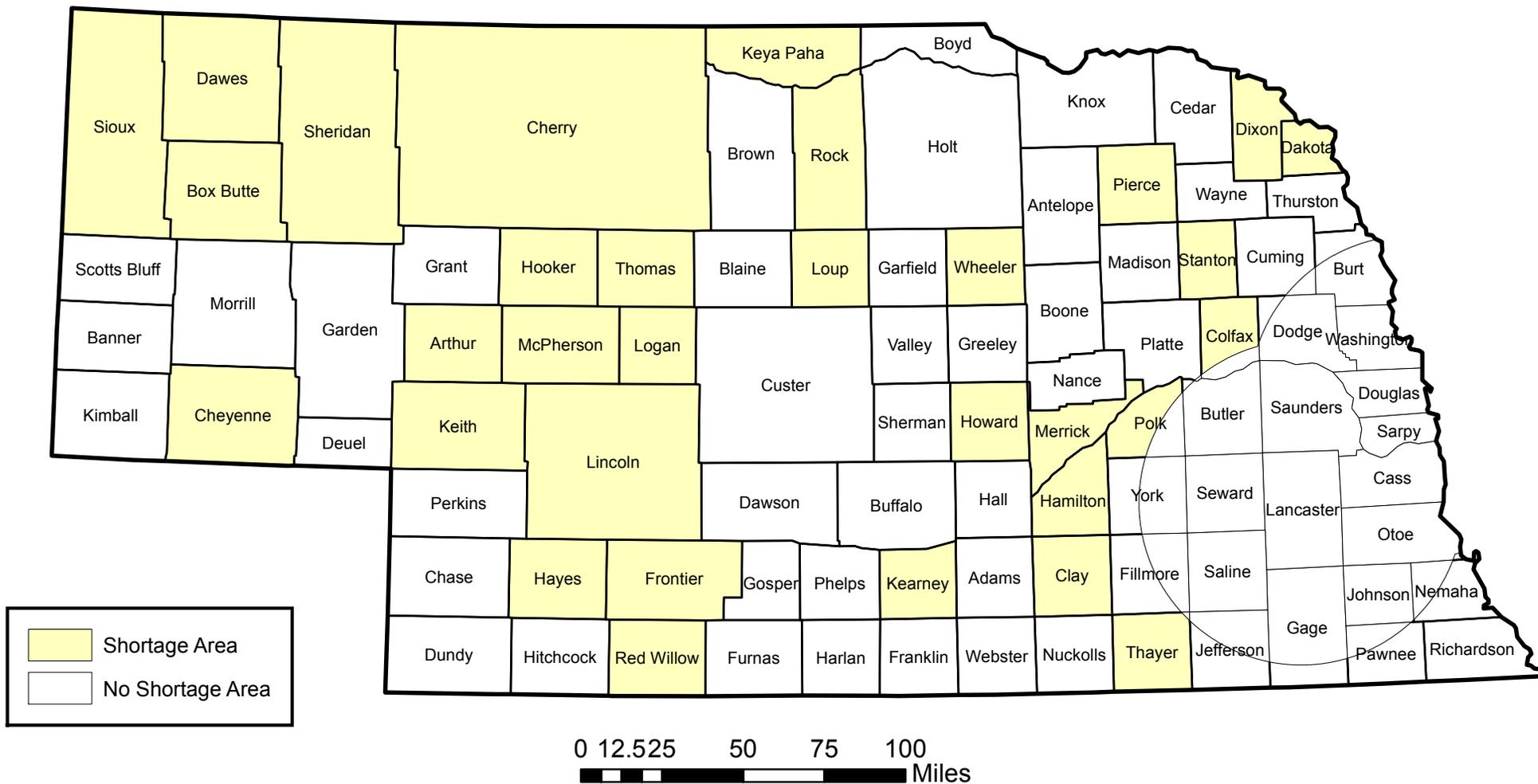


Source: Rural Health Advisory Commission
DHHS - Nebraska Office of Rural Health
Statewide Review: 2016
Last Updated: Sep 22, 2017
Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area Occupational Therapy

Nebraska

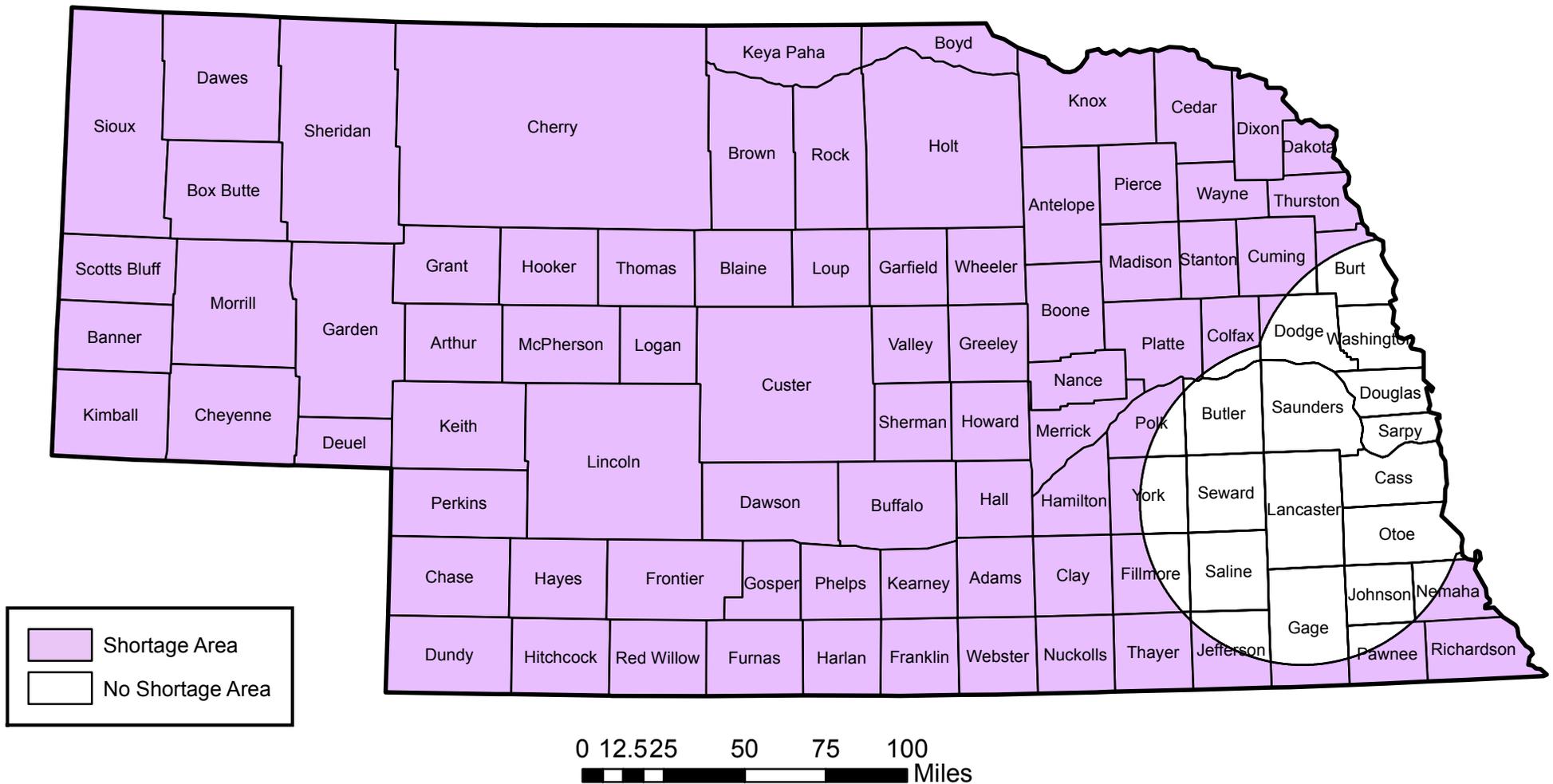


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2016
 Last Updated: January 2017
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
 marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area Pediatric Dentistry & Oral Surgery

Nebraska

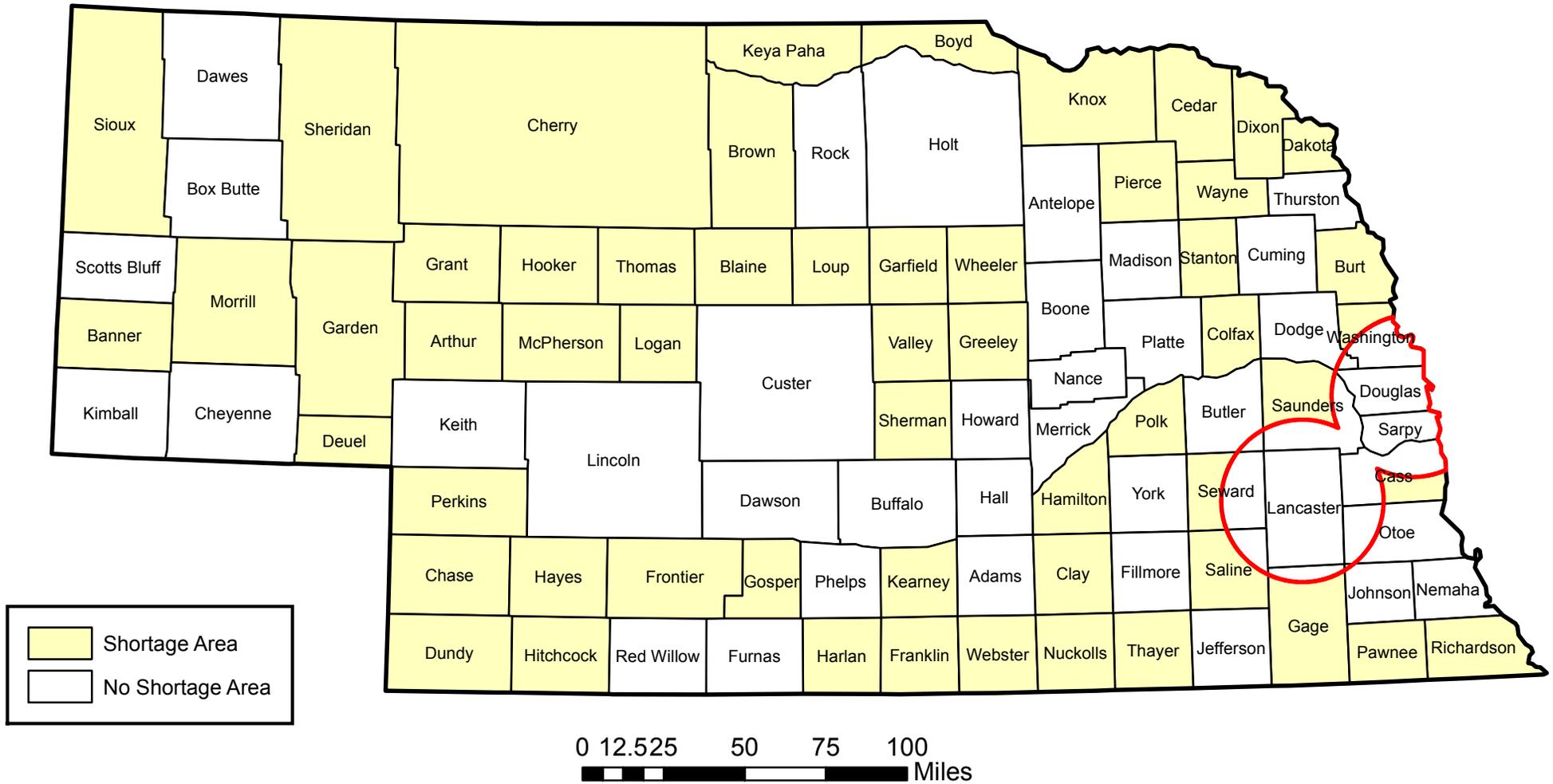


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2016
 Last Updated: November 2016
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
 marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area Pharmacist

Nebraska

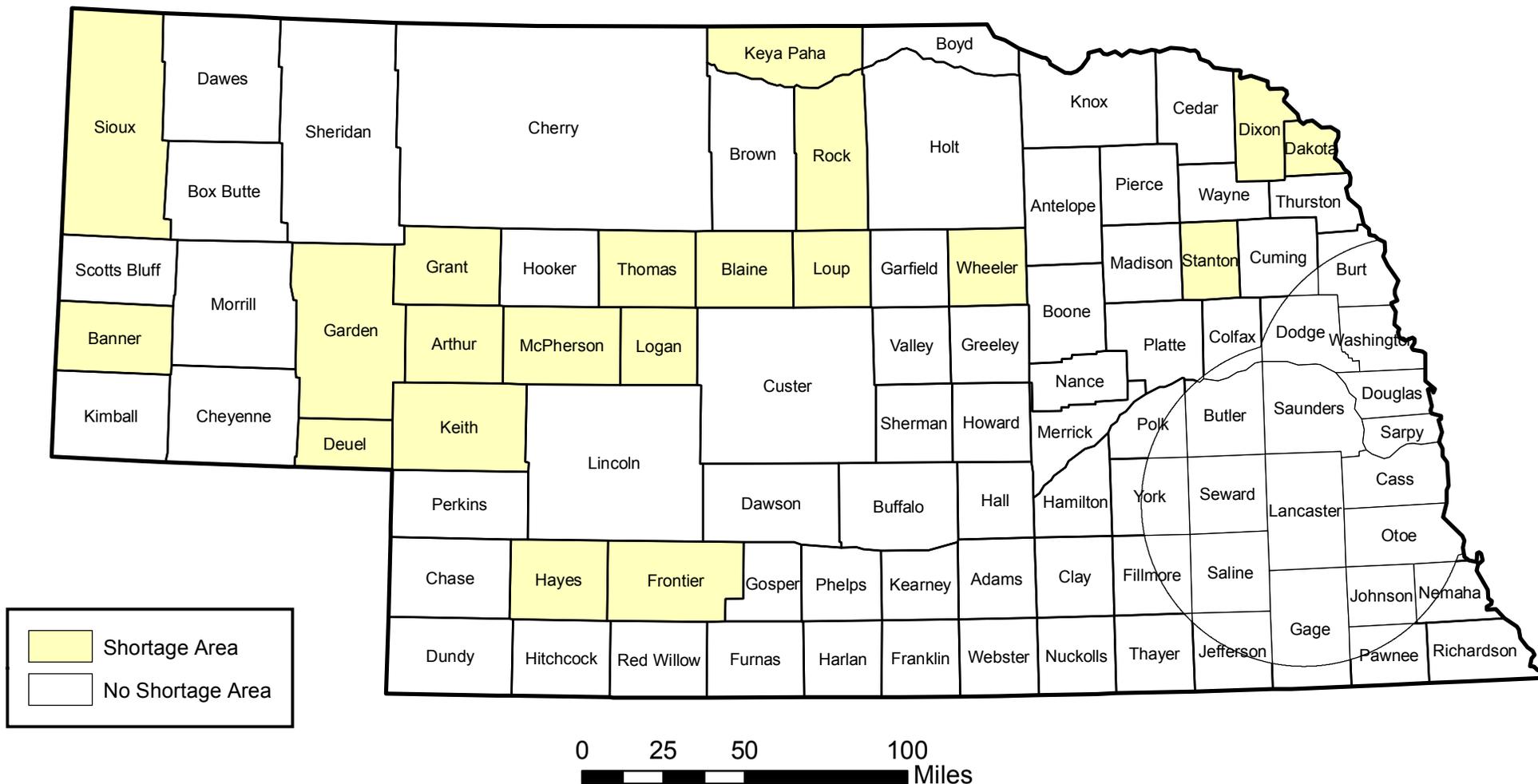


Source: Rural Health Advisory Commission
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 Statewide Review: 2016
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Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
 For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
 marlene.janssen@nebraska.gov | 402-471-2337

State-Designated Shortage Area Physical Therapy

Nebraska

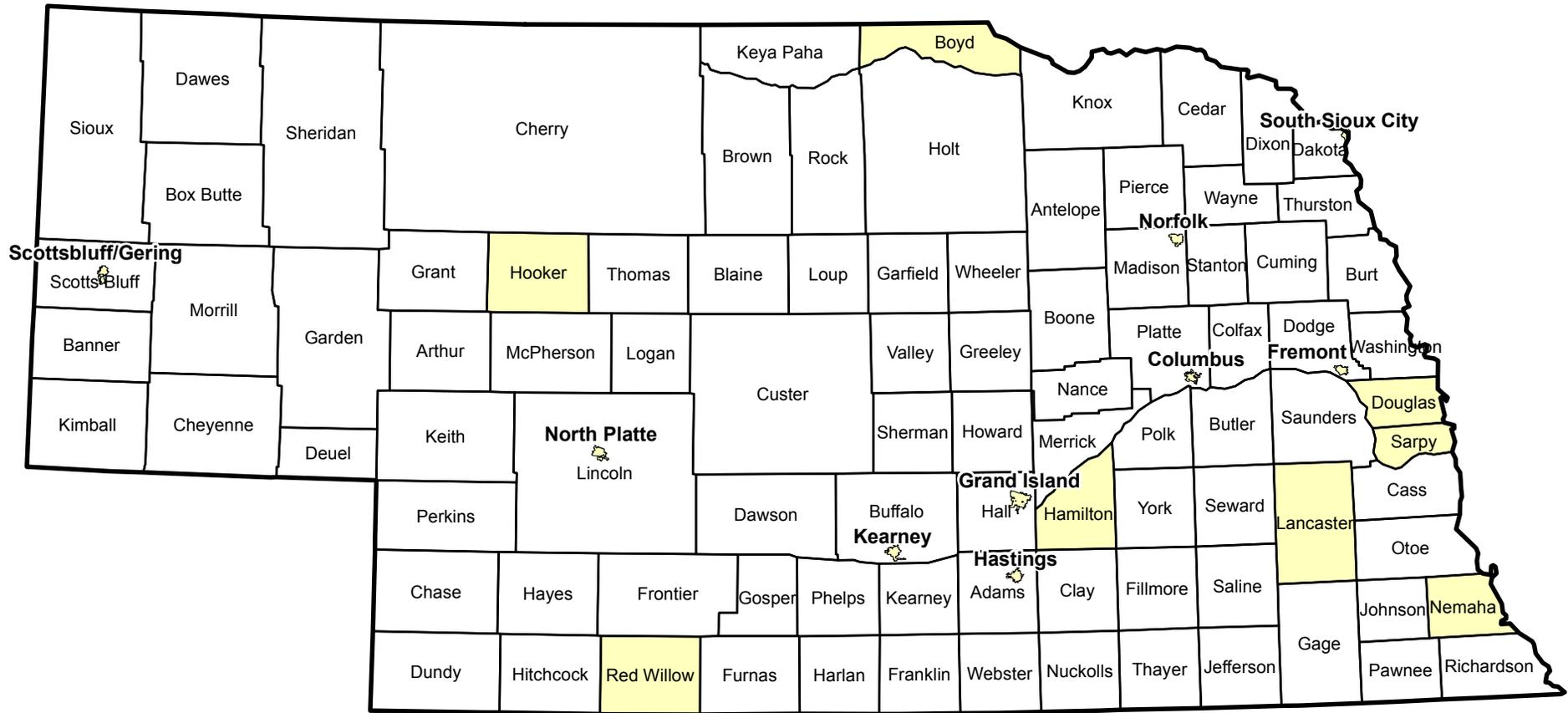


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2016
 Last Updated: January 2017
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas

Cartography: Maggie Harthoorn | Community & Regional Planning Intern | DHHS
 For: Nebraska DHHS | Office of Rural Health
 402-471-2337

Governor-Designated Eligible Areas for Medicare Certified Rural Health Clinics

Approved by the Division of Policy and Shortage - February 2017



- Eligible
- Not Eligible

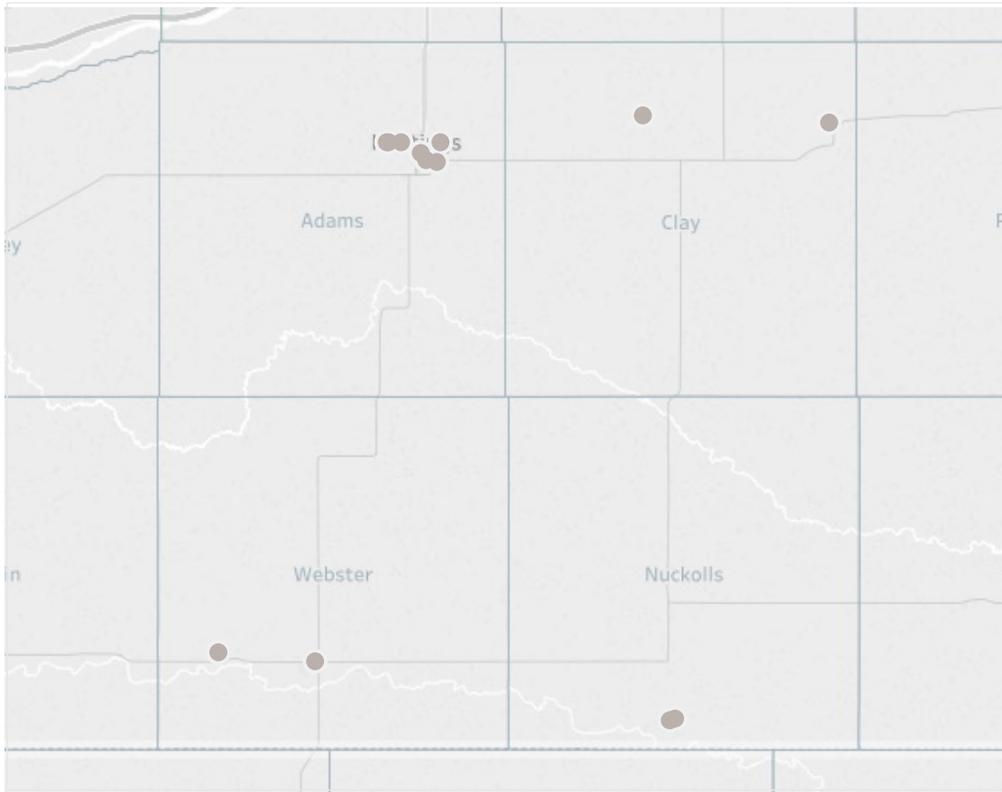
Eligible areas on this map represent 32 percent of the population and 94 percent of the geographic area.

The communities of Columbus, Fremont, Grand Island, Hastings, Kearney, Norfolk, North Platte, South Sioux City, and Scottsbluff/Gering are not eligible.



Sources:
 Low Birth Weight and Infant Mortality Rate - Nebraska Department of Health and Human Services, Public Health Division, November 2016
 Family Medicine Physicians - University of Nebraska Medical Center, Health Professions Tracking Service, November 2016
 US Census - S0101 Age and Sex, B01003 Total Population, B17007 Poverty Status in the Past 12 Months by Sex by Age

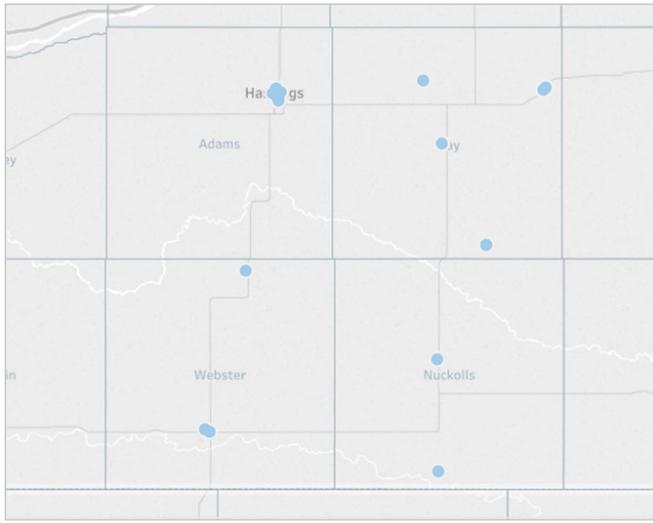
Cartography: Maggie Harthorn, Community and Regional Planning Intern, DHHS
 For: Thomas Rauner, Primary Care Office Director
 thomas.rauner@nebraska.gov, 402-471-0148



Category
Assisted Living

| Category | Organization | County | Address | City | Zip Code |
|-----------------|---|----------|----------------------------|-----------|----------|
| Assisted Living | Champion Homes Of Hastings | Adams | 602 South Wabash Avenue | Hastings | 68902 |
| | Cherry Corner Estates | Webster | 40 North Cherry Street | Red Cloud | 68970 |
| | College View Assisted Living And Memory Support Community | Adams | 1100 N 6th Avenue | Hastings | 68901 |
| | Edgewood Hastings Senior Living | Adams | 2400 West 12th Street | Hastings | 68901 |
| | Good Samaritan Society: Victorian Legacy | Nuckolls | 1160 Sunrise Street | Superior | 68978 |
| | Good Samaritan Society: Villa | Adams | 931 East F Street | Hastings | 68901 |
| | Hillcrest View Assisted Living | Clay | 205 West Ada Street | Sutton | 68979 |
| | Kingswood Court | Nuckolls | 1005 Idaho Street | Superior | 68978 |
| | Providence Place Of Hastings | Adams | 3507 W 12th Street | Hastings | 68901 |
| | Spring Creek Home | Webster | 602 Michigan Avenue | Inavale | 68952 |
| | The Harvard House | Clay | 400 East 7th Street | Harvard | 68944 |
| | The Hastings Homestead | Adams | 1116 North Sycamore Avenue | Hastings | 68901 |
| | The Kensington | Adams | 233 North Hastings Avenue | Hastings | 68901 |

Access to Care & Services



Category
Clinics

Category
Clinics

| Organization | County | Address | City | Zip Code |
|---|----------|-------------------------|-------------|----------|
| Blue Hill Clinic | Webster | 102 N Pine St | Blue Hill | 68930 |
| Child and Adolescent Clinic | Adams | 2115 N Kansas Ave | Hastings | 68901 |
| Community Health Center - Mary Lanning | Adams | 606 N. Minnesota Ave | Hastings | 68901 |
| Edgar Medical Clinic | Clay | 315 N C St | Edgar | 68935 |
| Estella Chan Clinic | Webster | 145 W 3rd Ave | Red Cloud | 68970 |
| Every Woman Matters | Adams | 606 N. Minnesota Ave. | Hastings | 68901 |
| Family Medical Center | Adams | 1021 W 14th St | Hastings | 68901 |
| Harvard Community Med Clinic | Clay | 203 E Walnut St | Harvard | 68944 |
| Hastings Family Care | Adams | 223 E 14th St, Ste. 100 | Hastings | 68901 |
| Hastings Family Planning | Adams | 606 N Minnesota Ave | Hastings | 68901 |
| Hastings Internal Medicine | Adams | 2115 N Kansas Ave #105a | Hastings | 68901 |
| Main Street Clinic | Webster | 313 N Webster St | Red Cloud | 68970 |
| Mary Lanning Community Health Center | Adams | 606 N Minnesota Ave | Hastings | 68901 |
| Mary Lanning Healthcare: Edgar Medical Clinic | Clay | 315 North C | Edgar | 68935 |
| Memorial Health Clinic | Clay | 319 W Glenvil St | Clay Center | 68933 |
| Nelson Family Medical Center | Nuckolls | 76 W 8th St | Nelson | 68961 |
| OB/GYN | Adams | 2115 N Kansas Ave #204 | Hastings | 68901 |
| Quality Healthcare Clinic | Clay | 301 S Way Ave | Sutton | 68979 |
| Superior Family Medical Center | Nuckolls | 525 E 11th St | Superior | 68978 |
| Sutton Family Practic | Clay | 502 E Maple St | Sutton | 68979 |
| Webster County Clinic | Webster | 721 W 6th Ave | Red Cloud | 68970 |

South Heartland District Health Department
Community Health Assessment 2018
Dental Health Providers

| Active Dental Health Licenses by License Type and County* | | | | |
|--|-------|------|----------|---------|
| License Type | Adams | Clay | Nuckolls | Webster |
| Dentist | 25 | 4 | 1 | |
| Dental Hygienist | 35 | 5 | 2 | |
| Public Health Authorization | 4 | 1 | | |
| Dental Assistant | 2 | | | |

Fact Sheet: Access to Care

Oral Health

Dental Hygiene Capacity and Scope

Shared by Dr. Wanda Cloet, DHSC, RCH

Workforce: Dental Hygiene Program – Central Community College

- Established in 1977
- Associate Degree program
 - 1 year of pre-requisites
 - 2 years of dental hygiene curriculum
- Program admits 15 students / year
- Program houses a 15-chair clinic.

Scope of Practice:

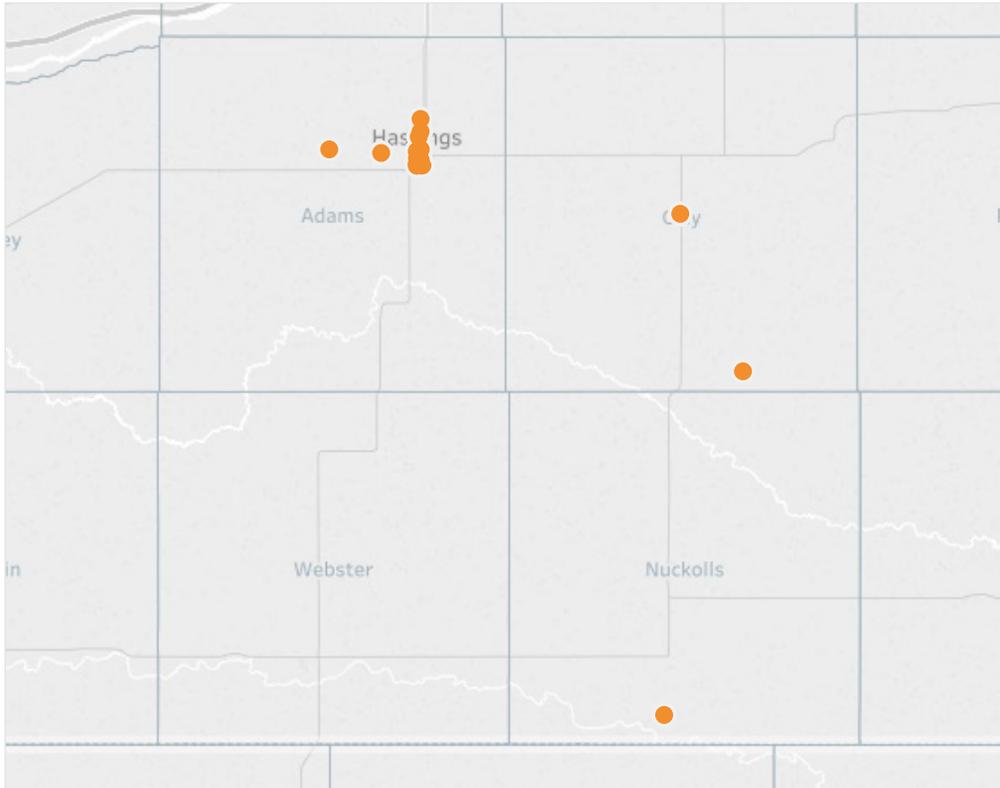
- LB 18 allowed dental hygienists to expand their scope of practice:
 - Writing prescriptions as dental hygienists
 - Nitrous oxide administration
 - Denture adjustment
 - Interim therapeutic restoration
- These procedures will expand the practicing registered dental hygienist in the dental offices
- These procedures will also expand the public health dental hygienists in the community based setting.
- LB legislative changes also will expand scope of practice for placement of permanent restorations
 - Both dental assistants and dental hygienists will be able to place permanent restorations with
 - i. Additional education
 - ii. Clinical Board
 - Nebraska Board of Dentistry is working on the rules and regulations for placement of permanent restorations.

Access to Oral Health Care: CCC-Dental Hygiene Clinic

August to December: Tuesday 8:00 am & 10:00 am, Wednesday 1:00 pm & 3:00 pm, Thursday 4:30 pm & 6:30 pm

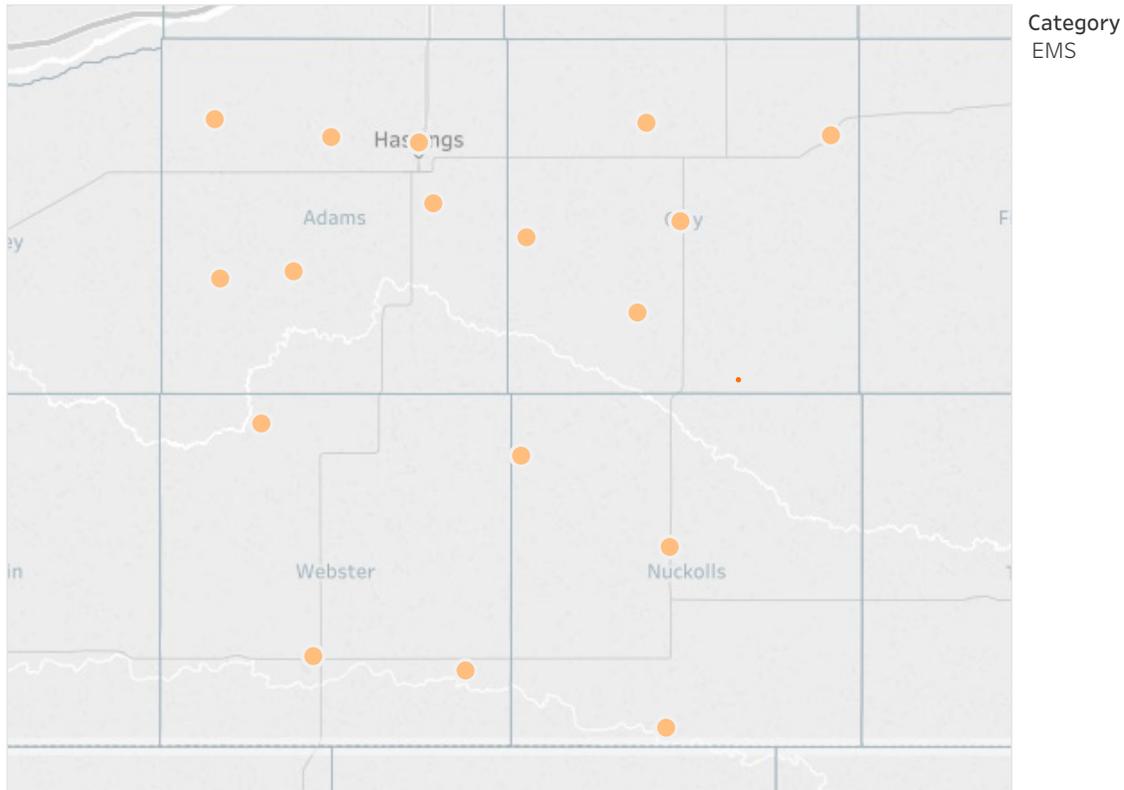
January to May: Monday 12:30 pm & 2:30 pm, Tuesday 4:30 pm, Wednesday 1:00 pm, 4:30 pm & 6:30 pm, Thursday 12:30 pm & 2:30 pm, Friday 9:00 am

Services Provided: Adult cleaning, Child cleaning, Fluoride treatment, Necessary X-rays: Full mouth, Bitewings & Pano, Oral Cancer Screening, Periodontal Assessment, Root Planning (deep cleaning), Sealants, Whitening



Category
Drug and Alcohol
Assistance

| Organization | County | Address | City | Zip Code |
|---|----------|--------------------------------|-------------|----------|
| Area Substance & Alcohol Abuse Prevention (ASAAP) | Adams | 835 South Burlington Ave | Hastings | 68901 |
| Area Substance and Alcohol Abuse Prevention (ASAAP) | Adams | 835 S Burlington Ave, Ste. 114 | Hastings | 68901 |
| Church of the Plains | Clay | 407 N C St | Edgar | 68935 |
| Clay Center Christian Church | Clay | 31371 Woodland Rd | Clay Center | 68933 |
| Crossroads | Adams | 702 W 14th St | Hastings | 68901 |
| Crystal Meth Anonymous | Adams | 521 S St. Joseph Ave | Hastings | 68901 |
| Double Trouble | Adams | 715 N St. Joseph Ave | Hastings | 68901 |
| Evangelical Free Church | Adams | 2015 N St. Joseph | Hastings | 68901 |
| First Baptist Church | Adams | 401 Lincoln Ave | Hastings | 68901 |
| First United Methodist Church | Adams | 614 N Hastings Ave | Hastings | 68901 |
| Gamblers Anonymous | Adams | 715 N St. Joseph Ave | Hastings | 68901 |
| Hastings Arid Society | Adams | 521 S St. Joseph Ave | Hastings | 68901 |
| Horizon Recovery Center | Adams | 835 S Burlington Ave, Ste. 115 | Hastings | 68901 |
| Kensington | Adams | 233 N Hastings Ave | Hastings | 68901 |
| Life Group of Addictions | Adams | 100 W 33rd St | Hastings | 68901 |
| NE Dept of Health & Human Services | Adams | 4200 W 2nd St | Hastings | 68902 |
| Revive Ministries: Substance Abuse Programs | Adams | 835 S Burlington Ave | Hastings | 68901 |
| Salvation Army: Hastings: Substance Abuse Programs | Adams | 400 S Burlington Ave | Hastings | 68901 |
| South Central Behavioral Services: Hastings Outpatient Substance Abuse Pr.. | Adams | 616 West 5th Street | Hastings | 68902 |
| South Central Behavioral Services: Substance Use Services | Adams | 616 W 5th St | Hastings | 68902 |
| South Central Substance Abuse Prevention Coalition | Adams | 835 Burlington Ave | Hastings | 68901 |
| St. Joseph Catholic Church | Nuckolls | 1416 California St | Superior | 68978 |
| St. Mark's Church | Adams | 422 N Burlington Ave | Hastings | 68901 |
| The Bridge | Adams | 907 S Kansas Ave | Hastings | 68901 |
| The Bridge, Inc: Substance Abuse Programs | Adams | 907 S Kansas | Hastings | 68901 |
| United Methodist Church | Adams | 610 N Adams Ave | Juniata | 68935 |



| Category | Organization | County | Address | City | Zip Code |
|----------|---|----------|---------------------|-------------|----------|
| EMS | Bladen Rescue Service | Webster | 211 N Main St | Bladen | 68928 |
| | Clay Center Volunteer Ambulance | Clay | 111 W Fairfield St | Clay Center | 68933 |
| | Fairfield Volunteer Fire Department | Clay | 502 D St | Fairfield | 68953 |
| | Glenvil Ambulance | Clay | 201 Winters Ave | Glenvil | 68941 |
| | Guide Rock Volunteer Rescue | Webster | 240 W Douglas St | Guide Rock | 68942 |
| | Harvard Fire and Rescue | Clay | 128 N Harvard Ave | Harvard | 68944 |
| | Hastings Fire and Rescue | Adams | 1313 N Hastings Ave | Hastings | 68901 |
| | Hastings Rural Fire Department | Adams | 3630 S Elm Ave | Hastings | 68901 |
| | Holstein Rescue Squad | Adams | 9750 S Holstein Ave | Holstein | 68950 |
| | Juniata Rural Fire District | Adams | 1202 N Juniata Ave | Juniata | 68955 |
| | Kenesaw Volunteer Fire Department | Adams | 115 Maple St | Kenesaw | 68956 |
| | Lawrence Fire Department & Rescue Service | Nuckolls | 161 S Calvert | Lawrence | 68957 |
| | Nelson Volunteer Fire & Rescue | Nuckolls | 570 S Main St | Nelson | 68961 |
| | Roseland Fire and Rescue Unit | Adams | 11902 W Davis St | Roseland | 68973 |
| | Superior Volunteer Rescue Squad | Nuckolls | 154 W 5th St | Superior | 68978 |
| | Sutton Volunteer Ambulance Service | Clay | 107 W Grove St | Sutton | 68979 |
| | Webster County Ambulance | Webster | 720 W 6th Ave | Red Cloud | 68970 |

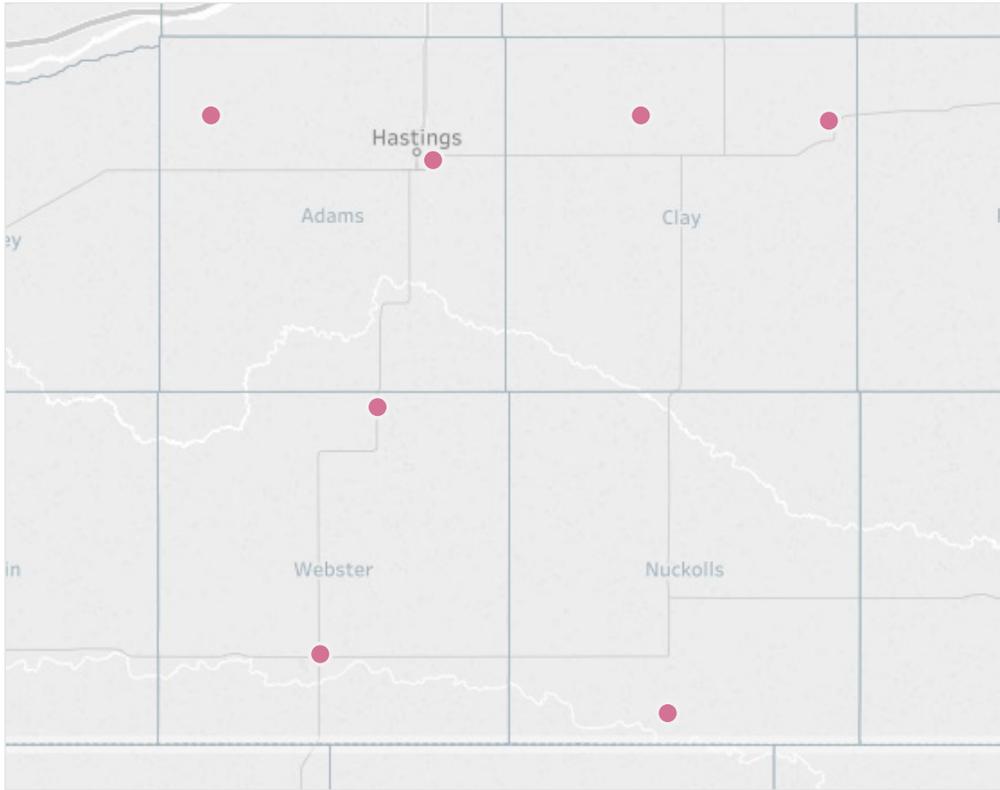
Edgar Fire and Rescue
Clay County
105 5th
Edgar
68935

South Heartland District Health Department
Community Health Assessment 2018

Mental Health Providers

| Active Mental Health Licenses by License Type and County* | | | | |
|--|-------|------|----------|---------|
| License Type | Adams | Clay | Nuckolls | Webster |
| Independent Mental Health Practitioner | 29 | 4 | 1 | 1 |
| Marriage and Family Therapist | 1 | | | |
| Master Social Worker | 10 | 3 | 1 | |
| Master Social Worker - CMSW | | | | |
| Mental Health Practitioner | 37 | 4 | 1 | |
| Professional Counselor | 10 | 1 | | |
| Provisional Master Social Worker | 4 | | 1 | |
| Provisional Mental Health Practitioner | 13 | 4 | 1 | |
| Social Worker | 17 | | 1 | |
| Supervised Marriage & Family Therapist | | 2 | | |
| Alcohol & Drug Counselor | 19 | 1 | | |
| Provisional Alcohol & Drug Counselor | 11 | | | |
| Unduplicated Providers | 89 | 13 | 2 | 1 |

| Active Psychology Licenses by License Type and County* | | | | |
|---|-------|------|----------|---------|
| License Type | Adams | Clay | Nuckolls | Webster |
| Psychologist | 7 | 2 | | |
| Psychological Assistant | 2 | | | |



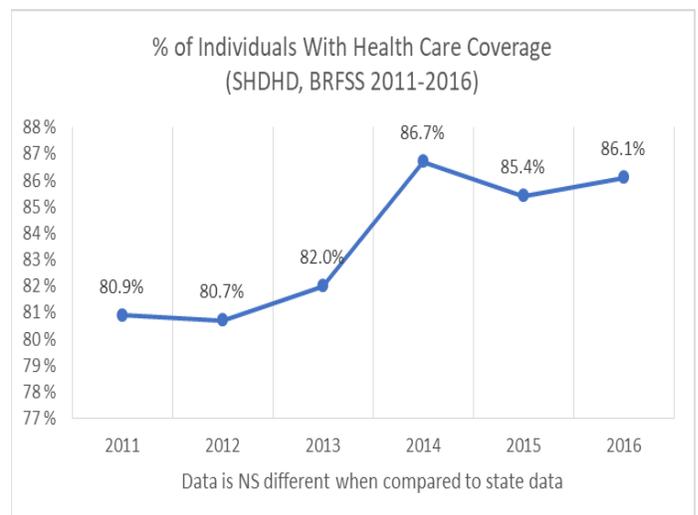
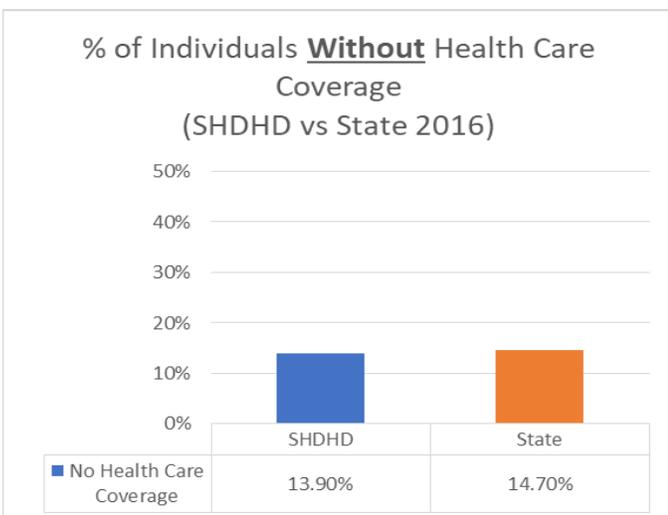
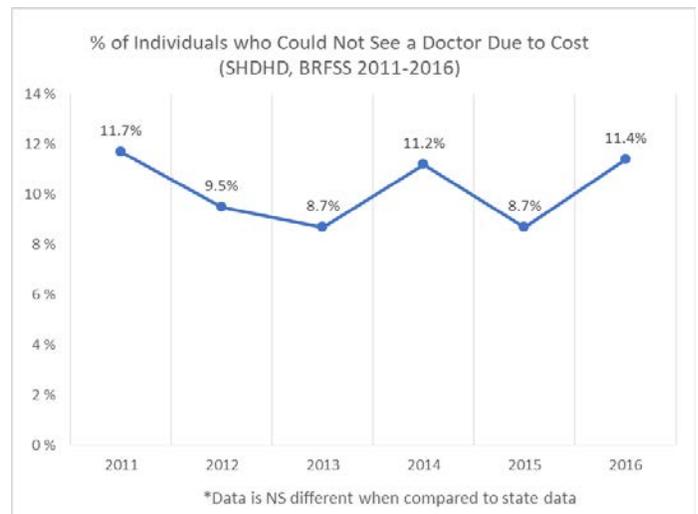
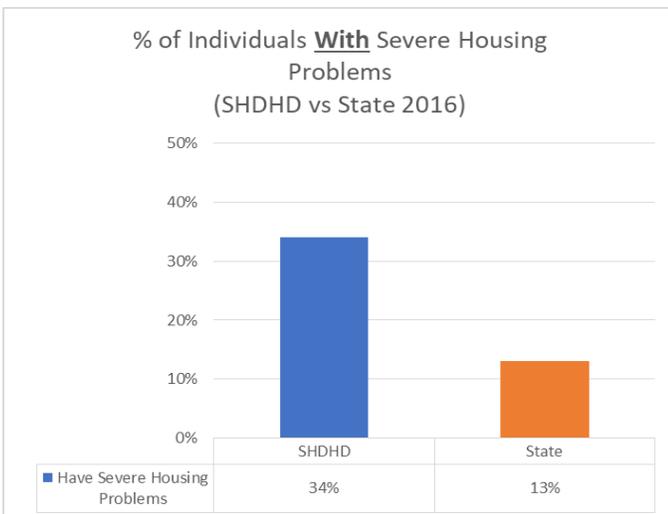
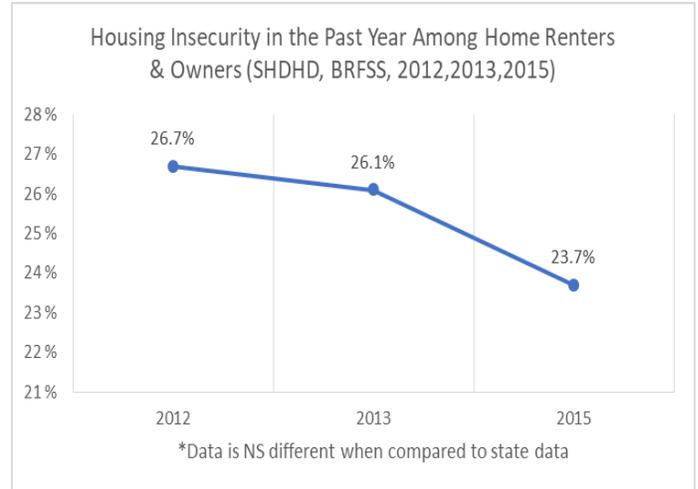
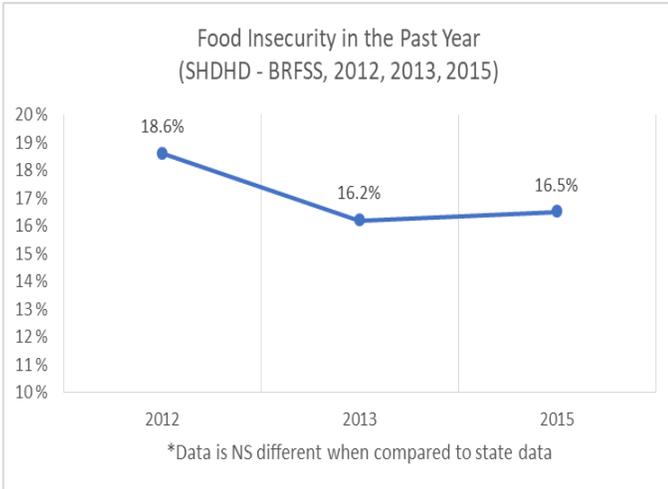
Category
Nursing Home

| Category | Organization | County | Address | City | Zip Code |
|--------------|--|----------|-------------------------|-----------|----------|
| Nursing Home | Blue Hill Care Center | Webster | 414 North Willson | Blue Hill | 68930 |
| | Good Samaritan Society: Hastings Village | Adams | 926 East E Street | Hastings | 68901 |
| | Good Samaritan Society: Superior | Nuckolls | 1710 Idaho Street | Superior | 68979 |
| | Harvard Rest Haven | Clay | 400 East 7th Street | Harvard | 68944 |
| | Heritage of Red Cloud | Webster | 636 North Locust Street | Red Cloud | 68970 |
| | Premier Estates of Kenesaw | Adams | 100 West Elm Avenue | Kenesaw | 68956 |
| | Sutton Community Home | Clay | 1106 North Saunders | Sutton | 68979 |

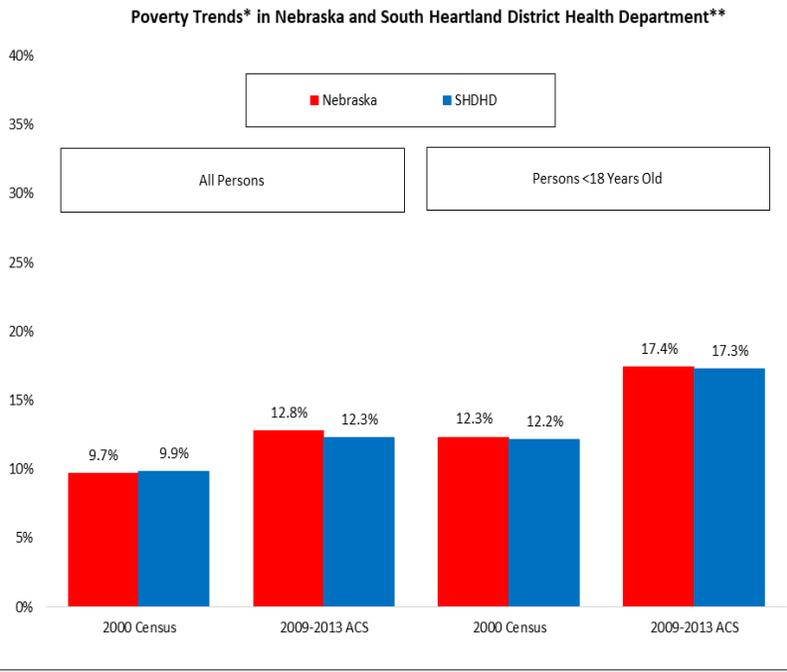
Fact Sheet: Access to Care

Social Context / Vulnerable Populations

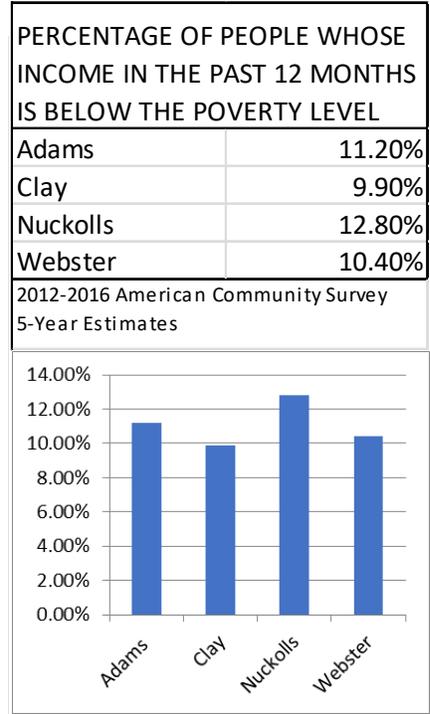
Food, Housing, and Financial Insecurities



Poverty



*Percentage below 100% of the federal poverty level
 **South Heartland District Health Department includes Adams, Clay, Nuckolls, and Webster Counties
 Source: 2010 U.S. Census; 2009-2013 American Community Survey (ACS)



Agricultural Sector – Farm Families and Ag Workers

In SHDHD’s agriculture-based economy, 90% of the land area is farm and cropland. There are 1,882 farms in the four counties: 567 in Adams, 457 in Clay, 435 in Nuckolls, 423 in Webster, mostly family or individually owned (USDA National Agricultural Statistics Service, 2012 Census of Agriculture, 2014). The number of operators/laborers make up 25% or more of the population in three of the counties, families excluded (see table, below). This is a population with unmet need with respect to access to care.

Number of Operators, Unpaid Labor and Hired Farm Labor in South Heartland District, NE, 2012. (USDA National Agriculture Statistics Service, 2012 Census of Agriculture, 2014)

| County | County Population | No. of Operators | Number of Unpaid Labor | Hired Farm Labor | Total Farm Operators and Laborers (% of Pop) |
|----------|-------------------|------------------|------------------------|------------------|--|
| Adams | 31,581 | 842 | 256 | 651 | 1,749 (5.5%) |
| Clay | 6,383 | 710 | 327 | 587 | 1,624 (25%) |
| Nuckolls | 4,395 | 627 | 248 | 331 | 1,206 (27%) |
| Webster | 3,675 | 673 | 289 | 354 | 1,316 (36%) |

With many being self-employed, agricultural workers and farm laborers often do not have access to health benefits such as health insurance and/or may have high deductible plans and therefore may not seek health care until there is a critical need. In fact, nationally, a higher percent (10.7%) of farm household members lacked health insurance in 2015 compared to the U.S. population (9.1%) (ARMS, 2015).

Veteran, Military Service Men and Women and Their Families

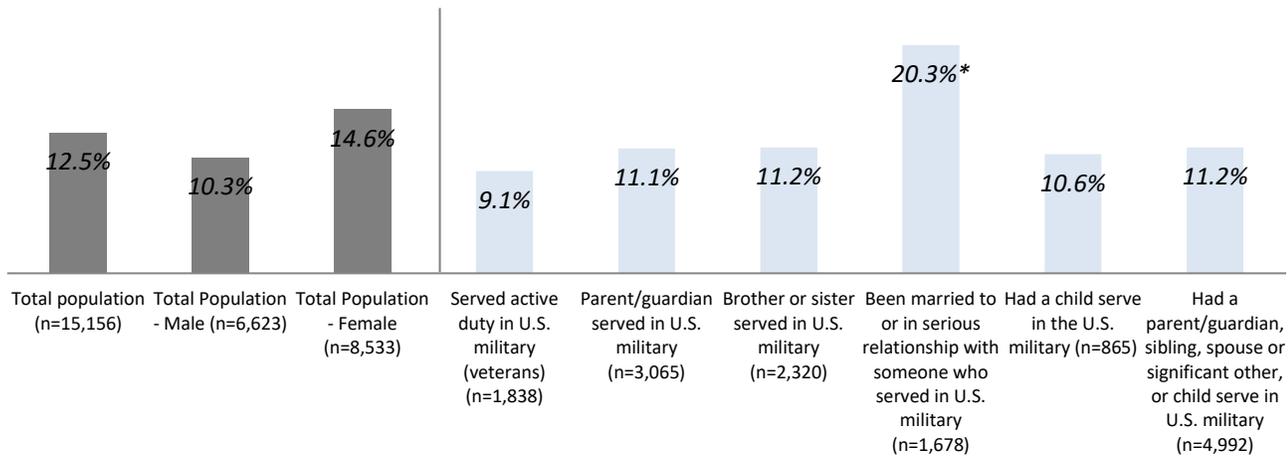
Veteran Population by County, South Heartland District

| | | VETERAN POPULATION | DISTRICT POPULATION | Square Mile/District | Veteran % of Pop | Pop / Sq mile |
|------------------------|-----------------|-----------------------|------------------------|-------------------------|---------------------|------------------|
| SOUTH HEARTLAND | | 3,523 | 45,715 | 2,286 | 7.71% | 20.0 |
| | Adams | 2,247 | 31,684 | 563 | 7.09% | 56.3 |
| | Clay | 496 | 6,163 | 572 | 8.05% | 10.8 |
| | Nuckolls | 474 | 4,265 | 575 | 11.10% | 7.4 |
| | Webster | 306 | 3,603 | 575 | 8.48% | 6.3 |

Needed to see a doctor but could not due to cost in the past year, Nebraska

Those who were the spouse/significant other of someone who served in the U.S. military reported that they needed to see the doctor but could not due to cost in the past year at a rate of 20.3%, compared to 12.5% for the total population, a statistically significant difference.

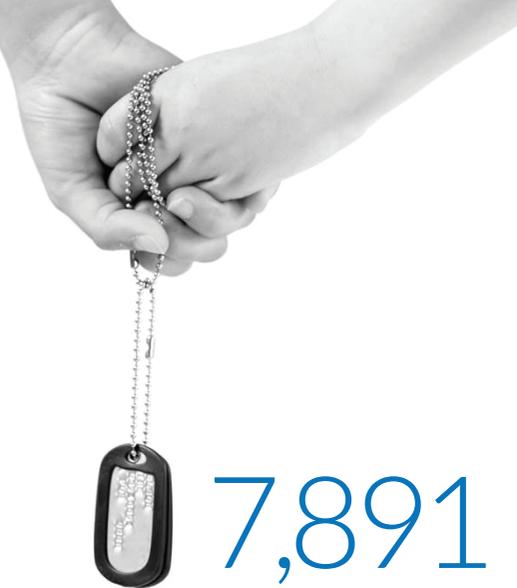
Needed to see a doctor but could not due to cost in the past year



*Statistically significant difference between the indicated group and the total population (based on 95% confidence interval non-overlap).

Other Special, At-Risk and Vulnerable (SARV) Populations

(See below for SHDHD's SARV plan Special, At-Risk, Vulnerable Populations Demographics Summary Table)



2017 MILITARY FAMILY LIFESTYLE SURVEY

TOP 5 ISSUES

RANKED AS MOST CONCERNING

7,891

RESPONDENTS INCLUDING MILITARY SPOUSES SERVICE MEMBERS & VETERANS

MILITARY FAMILIES ARE ASSETS TO NATIONAL DEFENSE AND THEIR LOCAL COMMUNITIES. They are central to the health and capability of the All-Volunteer Force and are good neighbors actively engaged in making their civilian communities great places to live.

Blue Star Families' annual Military Family Lifestyle Survey provides a comprehensive understanding of what it means to serve as a military family and is a blueprint for strengthening America by supporting military families.



IN COLLABORATION WITH:



Funding for the 2017 Military Family Lifestyle Survey provided through the generosity of our presenting sponsor USAA and from Lockheed Martin Corporation, Facebook, and Northrop Grumman.

MILITARY SPOUSES

| | |
|----------------------------------|-----|
| Amount of time away from family | 46% |
| Military spouse employment | 43% |
| Military pay/benefits | 40% |
| Dependent children's education | 39% |
| Impact of deployment on children | 36% |

SERVICE MEMBERS

| | |
|----------------------------------|-----|
| Amount of time away from family | 47% |
| Military pay/benefits | 42% |
| Family stability/quality of life | 34% |
| Impact of deployment on children | 33% |
| Dependent children's education | 32% |

VETERANS

| | |
|----------------------------------|-----|
| Military pay/benefits | 42% |
| Veteran employment | 42% |
| PTSD/combat stress/TBI | 34% |
| Rising number of SM/Vet suicides | 30% |
| Change in retirement benefits | 30% |

COSTS TO SERVE

FAMILY SEPARATION
40% 6+ months of separation in the last 18 months
32% 4+ years of family separation since 9/11

FAMILY FINANCIAL HEALTH
46% spouse unemployment/underemployment is top obstacle to financial security
51% of employed military spouses earned less than \$20K in 2016

MENTAL HEALTH
24% of military spouses have been diagnosed with depression, rate is 50% higher than the national average

SATISFIED WITH MILITARY LIFE
72% of service members
77% of military spouses

COMMUNITY SUPPORT

CIVILIAN COMMUNITY INTEGRATION
31% have not had an in-depth conversation with a local civilian in the past month
51% feel they don't belong in their local civilian community

Military families who report weekly interaction with local civilian community were more likely to recommend military service to others

TRANSITION
60% of veterans report adjusting to civilian life was difficult

CIVIC RESPONSIBILITY
92% feel volunteering in community is important

DIVERSE EXPERIENCES OF SERVICE

WOULD RECOMMEND SERVICE TO OWN CHILDREN
39% female service members and spouses
53% male service members and spouses

CHILDCARE
67% of female service members cannot find care that works
33% of male service members cannot find care that works

TOP STRESSOR
Female Service Members-- Impact of service on children
Male Service Members-- Deployments

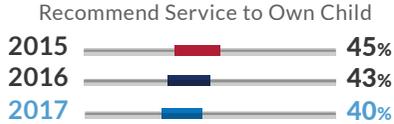
POSITIVE IMPACT OF SERVICE
93% of female veterans
95% of male veterans
 feel military service had a positive impact on their life

SNAPSHOT OF THE MILITARY LIFESTYLE



RECOMMENDING SERVICE

Willingness to recommend service continues to decline



CIVILIAN COMMUNITY ENGAGEMENT

71% volunteered in the past year; of those, **78%** volunteer in their civilian communities

53% want greater opportunities to meet people, make friends, or expand professional networks in civilian community



SPOUSE EMPLOYMENT

47% Employed

28% Unemployed (actively seeking work)

26% Not in Labor Force

55% of employed military spouses indicate they are underemployed

51% of employed military spouses earned less than \$20K in 2016

FINANCIAL READINESS

51% eligible for new blended retirement benefit say they don't understand it

49% have less than \$5K in savings

MILITARY CHILDREN

67% cannot reliably obtain childcare

57% with special needs child feel supported by their/their service member's chain of command

56% feel DoD does not provide adequate support to help children cope with unique military life challenges

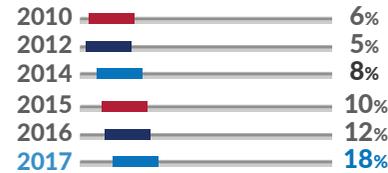
MILITARY SPOUSE CAREGIVERS

43% identify paying off debt as top financial goal

30% are unemployed (actively seeking work)

CIVIL-MILITARY DIVIDE

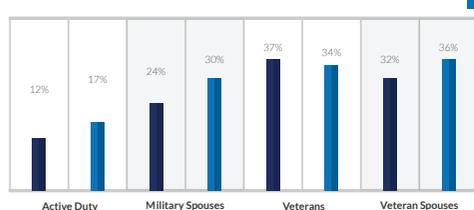
The number of military families who feel general public understands their sacrifices is increasing



86% of service members feel serving in military or other national service component is an important responsibility

MENTAL HEALTH & WELLNESS

Percent of respondents indicating they were diagnosed with



Rates of depression and anxiety were higher than the general U.S. population for all subgroups except Active Duty

48% of veteran spouses say their veteran has exhibited signs of PTSD in the last year

29% of veteran spouses have considered separation or divorce in the past year

SUICIDE

Experienced suicidal thoughts during time in military



TOP REASON AMONG THOSE PLANNING TO EXIT SERVICE IN NEXT 2 YEARS

Concerns about impact of military service on family

BEST WAYS THE DOD CAN SUPPORT MILITARY FAMILIES

1. Improve Vacation Benefit
2. Move Less
3. Improve Healthcare

Demographics for South Heartland District— Special, At-Risk, or Vulnerable (SARV) Populations

| | Adams | | Clay | | Nuckolls | | Webster | | Total |
|--|---------|-------|-------|-------|----------|-------|---------|-------|-------|
| Population, 2010 est. | 31, 364 | | 6542 | | 4500 | | 3812 | | 46218 |
| Elderly/Children | | | | | | | | | |
| Less than age 5, 2010 | 2097 | 7% | 406 | 6.2% | 234 | 5.9% | 233 | 6.1% | |
| Less than age 18, 2010 | 7598 | 24.2% | 1649 | 25.2% | 954 | 21.2% | 862 | 22.6% | |
| Age 65 and over, 2010 | 4838 | 15.4% | 1168 | 17.9% | 1174 | 26.1% | 902 | 23.7% | |
| Physical Disabilities | | | | | | | | | |
| Some form of disability Age 5 + (2010) | 3,830 | | 1,921 | | 1593 | | 1331 | | 8675 |
| Mobility Impaired | | | | | | | | | 1956 |
| Low/no vision | | | | | | | | | 335 |
| Low/no hearing | | | | | | | | | 1341 |
| Medically Dependent/ Fragile/Compromised | | | | | | | | | |
| Dialysis NE 1473 (2013) | 21 | | <6 | | <6 | | 6 | | 27 |
| Behavioral Health/Correctional | | | | | | | | | |
| Severe/Persistent Mental Illness | 892 | | 68 | | 38 | | 59 | | |
| Criminal Justice System | N/A | | N/A | | N/A | | N/A | | |
| Culturally/Economically Disadvantaged/Challenged/Isolated | | | | | | | | | |
| Language spoken at home – Population for Age 5 + (2015) | 29069 | | 6165 | | 4306 | | 3590 | | |
| English only | 92.5% | | 93% | | 98.5% | | 97.5% | | |
| Spanish | 1639 | 5.6% | 252 | 4.1% | 19 | .4% | 47 | 1.3% | |
| Asian/Pacific | 316 | 1.1% | 0 | 0% | 6 | .1% | 36 | 1% | |
| Other Indo-European | 197 | .68% | 179 | 2.9% | 40 | .93% | 6 | .17% | |
| Speak English less than “very well” (Age 14 +) | | | | | | | | | |
| Spanish | 868 | 3% | 86 | 1.4% | 2 | 0 | 47 | 1.3% | |
| Asian/Pacific | 213 | .7% | 0 | 0 | 0 | 0 | 16 | .4% | |

| | | | | | | | | | |
|--------------------------------------|--|-------|-----|------|------|-------|-----|-------|--|
| Other Indo-European | 73 | .3% | 28 | .5% | 17 | .4% | 0 | 0 | |
| Persons below Poverty | 3837 | 13.2% | 530 | 8.6% | 706 | 16.4% | 527 | 14.7% | |
| Battered Women/Children | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | |
| College Students HC/CCC | | | | | | | | | |
| Living on campus | 749 / 260 | | | | | | | | |
| Living off campus | 320 / 940 | | | | | | | | |
| Staff | 270 /180-190 | | | | | | | | |
| Long-term Care (# Beds) | 338 | | 116 | | 122 | | 102 | | |
| Assisted Living (# Beds) | 444 | | - | | - | | 85 | | |
| Shut ins | TBD | | TBD | | TBD | | TBD | | |
| Transportation Dependent | TBD | | TBD | | TBSD | | TBD | | |
| Single Parents | 1468 | | 301 | | 233 | | 121 | | |
| Homeless/Shelter Dependent | South Heartland District Health Department is aware that there are homeless people in our district that will require services. No specific data was found. | | | | | | | | |
| Animal/pet owners | TBD | | TBD | | TBD | | TBD | | |
| Transient/Emerging Needs | TBD | | TBD | | TBD | | TBD | | |
| Farm Income Dependent | 454 | | 390 | | 352 | | 301 | | |
| Farm + Off Farm Income | 107 | | 113 | | 124 | | 148 | | |
| Responders and Their Families | | | | | | | | | |
| Paramedic/EMS | 29 | | 74 | | 32 | | 102 | | |
| Fire | 60 | | 160 | | 145 | | 178 | | |
| Police | 57 | | - | | - | | - | | |
| Sheriff | 45 | | 18 | | 8 | | 25 | | |
| Direct Care Nurses/CNAs | 960 | | 83 | | 94 | | 144 | | |
| Primary Care MD/PA | 24 | | 6 | | 9 | | 10 | | |
| Veteran Population | | | | | | | | | |
| Veterans only (2017) | 2142 | | 492 | | 356 | | 303 | | |

B. Locate Vulnerable and Hard to Reach Populations and Maintain Ongoing Census

Many individuals who are in the target population are served by one or more local agencies. SHDHD is not able to call every individual in their county area during an emergency. In order to provide individual notification during a public health emergency the Department will encourage the agencies that currently serve individuals with functional and special needs to maintain a list of all regular clients and work with them before, during and after an emergency. Agencies should prepare individuals to be ready for an emergency, attempt to maintain contact with their clients during an emergency and follow-up after an emergency. Agencies serving Vulnerable and Hard to Reach Populations within their county area are identified in Annex A-5 Critical Contacts of the SNS Plan.

Fact Sheet: Access to Care

Medicare Mental Health Billing

Concerns Regarding the Medicare Population's Access to Mental Health Services*

Persons who are Medicare eligible are either: 1) Elderly or 2) Disabled.

Special concerns in terms of need for, and access to Mental Health Care, for both populations:

Barriers to effective short-term treatment include:

- Mental/physical impairments, i.e., memory problems
- Co-occurring medical conditions that impair ability to attend treatment and/or interrupt the process, i.e., surgeries, rehabilitation efforts, chronic pain, etc.
- Interruptions in treatment due to deaths/losses that occur with higher frequency in an aging population

Both populations are living on limited incomes:

- Often making it difficult to afford gas or reliable transportation
- This means that referrals to services outside their immediate local areas are often not viable.
- Some are already traveling from outlying areas for services and traveling additional distances, for example to Grand Island or Kearney, would pose additional hardship, making weekly attendance unlikely.

Some are not able to afford secondary insurance

- Co-insurance, co-pay and/or deductible cost make regular therapy attendance cost prohibitive.

Medicare requires that services be implemented on a face-to-face basis.

Insurers are increasingly limiting access to mental health services in several ways:

1) Session Length:

- Not allowing clinicians to bill for sessions of appropriate length.
 - Several 3rd party payers limit session length to 45 minutes. This makes it impossible to do specific accelerated trauma processing modalities which often require session duration of longer than one hour. This automatically leads to longer, less effective treatment episodes to compensate for shorter session times where less can be accomplished.
- Reducing/restricting the length of time clients can remain in treatment.
 - Often carried out via threat of "audit" for providers, with those who maintain treatment for longer periods of time being targeted for audits. Insurers can then require providers to repay any sessions that the insurers deem to have been reimbursed "inappropriately."
 - These measures lower costs for insurers. However, they are mental health parity issues and would be comparable to limiting kidney dialysis treatments to 15 minute sessions every other week or instructing a surgeon to do open heart surgery in a 20 minute time frame and requiring identification and treatment of possible complications within the same procedure.

Insurers are increasingly limiting access to mental health services in several ways:

2) High deductibles and co-pays:

- Make access to mental health services unaffordable
- If clinicians are “out of network” providers, costs to the client are even higher, yet some insurers will not panel additional providers, i.e., CHI will not panel providers who are not employees of a CHI facility or hospital, leaving clients without adequate choice for services/providers.
- Clinicians are not permitted to waive co-pays or deductibles for particular clients or insurers without doing the same for all insurers/clients under insurance fraud regulations. We can't just eliminate those costs without ramifications.

3) Fewer providers will accept Medicare clients:

- Medicare has contracted with an outside agency to complete Comparative Billing Reports.
- These reports were sent to approximately 10,000 Licensed Clinical Social Workers nationwide. Essentially the message was that Social Workers are billing more 90837 sessions (one hour sessions) for an extended treatment period per client than state and national averages.
- Other disciplines in mental health did not receive these reports, since Licensed Social Workers are the only master's level clinicians that are permitted to bill Medicare. ***This will force many clinicians to discontinue care to Medicare clients, leaving more profound gaps in access to care, especially in rural areas where the number of Social Workers may already be limited.***

**Concerns shared by a licensed mental health provider who provides services in the South Heartland District.*

Fact Sheet: Access to Care

Hospital Emergency Rooms

Emergency Room Chief Complaints/Diagnosis:

Mary Lanning

Abdominal pain
Shortness of Breath
Fall
Chest pain
Fever

Brodstone

Chest Pain
Migraine
Urinary Tract Infection
Pneumonia
Dehydration

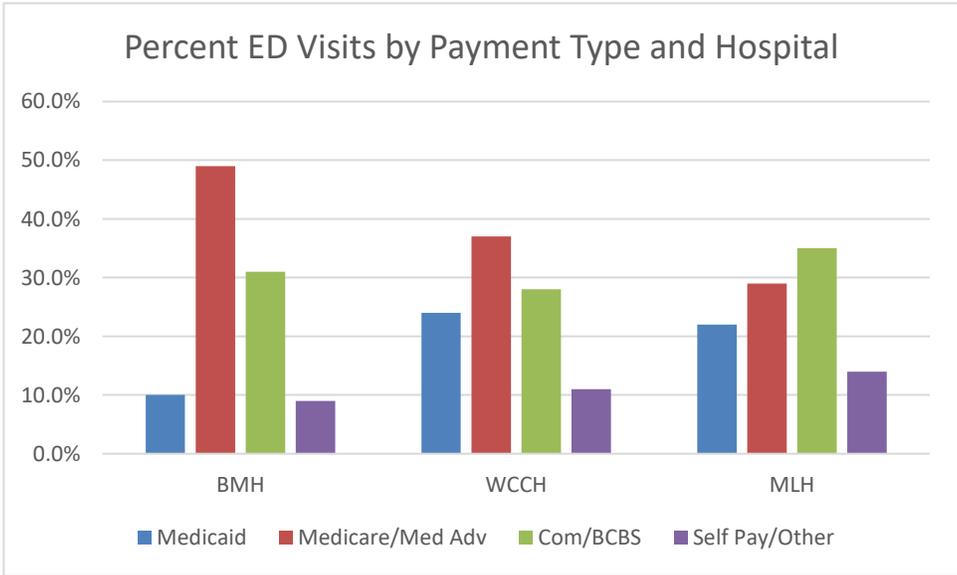
Webster County

Chest Pain
Laceration
Pneumonia
Abdominal Pain
Upper Respiratory Infection
Headache

Barriers to Transfer/Service Referral from ED:

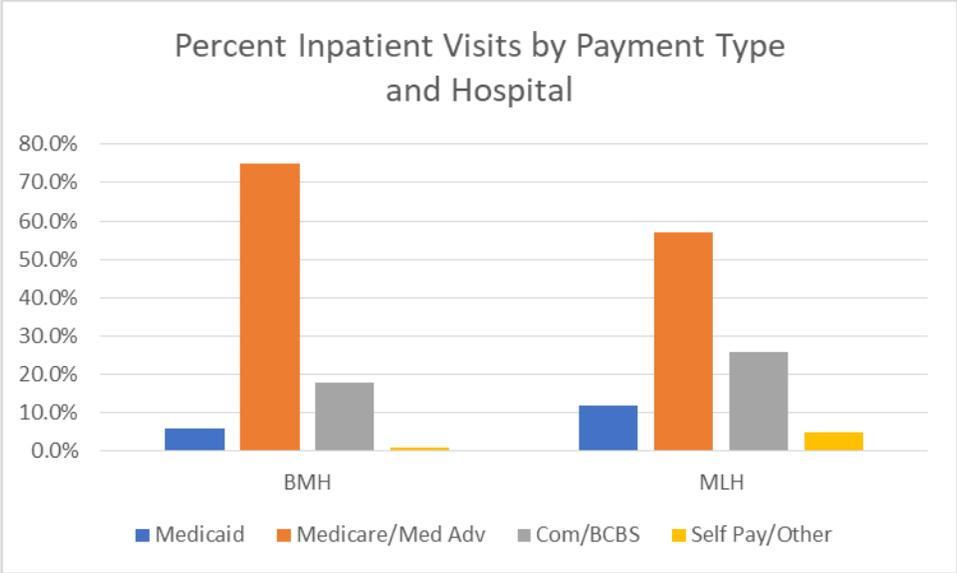
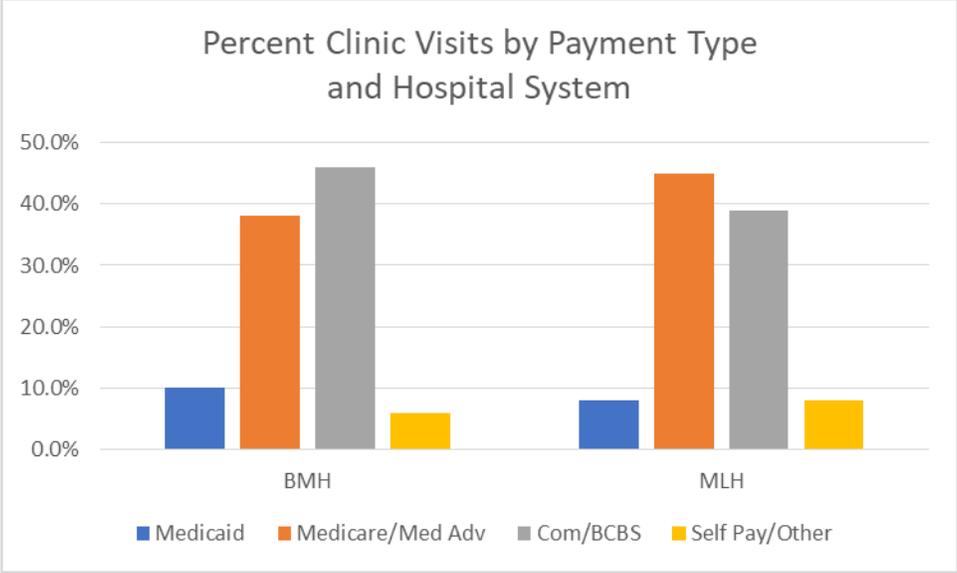
Mary Lanning

- Detox Center capacity
- No safe place for psych patients that do not meet EPC or Inpatient Criteria until they can follow up with outpatient services



Fact Sheet: Access to Care

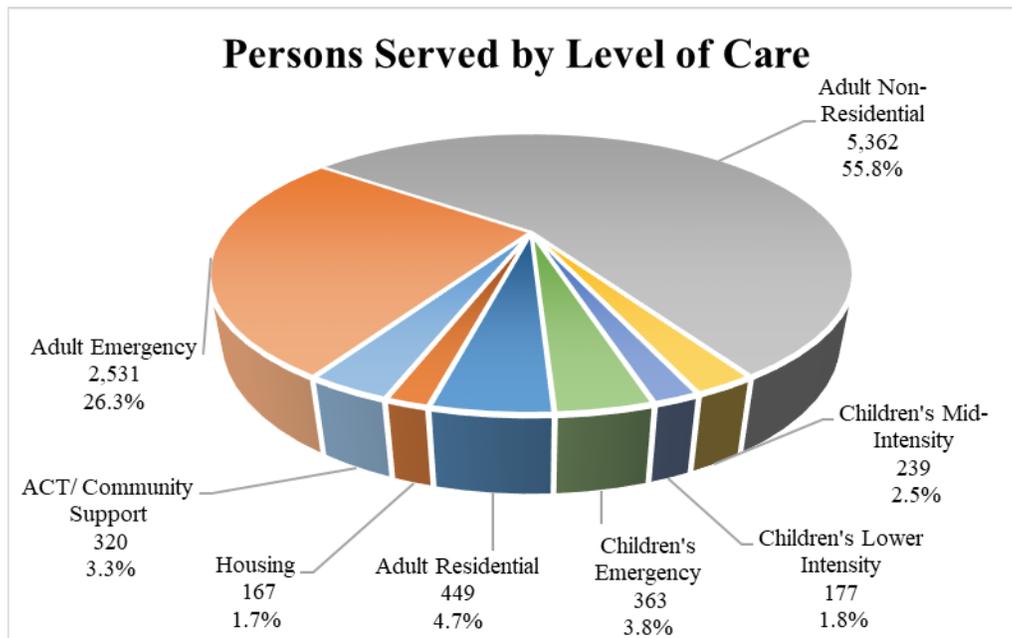
Hospital Inpatient and Clinics



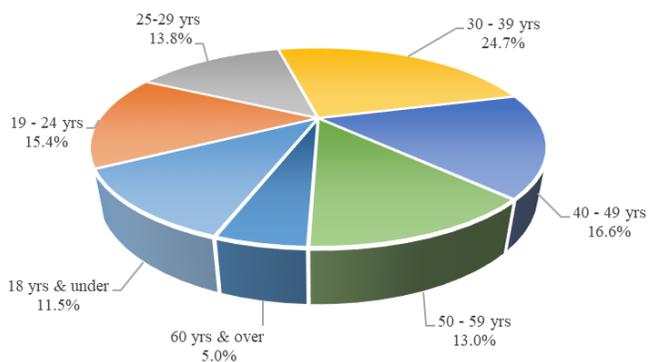
Fact Sheet: Access to Care

Mental Health Services

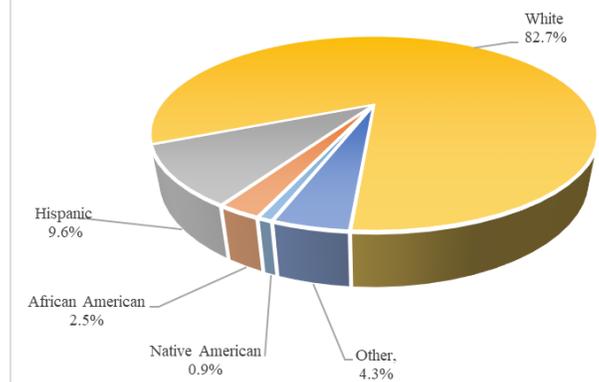
Region 3 Behavioral Health – Services Summary for FY 2017-2018



Persons Served by Age Group



Persons Served by Race and Ethnicity



Behavioral Health Services Usage* by County, South Heartland District Health Department

*Numbers may include duplication

| | Adams | Clay | Nuckolls | Webster |
|---|---------|------|----------|---------|
| Behavioral Health Services - Number Served | 1822 | 121 | 74 | 101 |
| Detox Facility - # Served by County FY 17-18 (All / Admitted) | 83 / 73 | | 23 / 14 | |
| EPC (Adult) or Youth Crisis Inpatient (duplicated) FY 17-18 | 99 | | 42 | |