

# Community Health Needs Assessment Report

Bryan West Campus  
December, 2018



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2018 Community Health Needs Assessment

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## **I. Introduction**

Bryan Medical Center, Bryan West Campus has prepared and submitted this Community Health Needs Assessment, fulfilling the requirements established by the Patient Protection and Affordable Care Act requiring that non-profit hospitals conduct community health needs assessments at least every three years. The health assessments and priority community health needs identified in this report constitute a collaborative effort between Bryan Medical Center, the Lincoln-Lancaster County Health Department and CHI St. Elizabeth, gathering extensive input from individuals representing the broad interest of the city of Lincoln and Lancaster County. An evaluation of progress made by Bryan Medical Center in addressing the priority health needs of the community since the adoption of the 2015 Community Health Needs Assessment Implementation Strategy Plan also has been included. Bryan Medical Center is an acute care hospital on two campuses and is part of Bryan Health, a non-profit, Nebraska owned health system. For the purposes of this report, the community served includes the City of Lincoln and Lancaster County, Nebraska.

## **II. Evaluation of 2015 Community Health Needs Assessment and Implementation Plan**

In 2015, the Lincoln-Lancaster County Health Department compiled a Community Health Status Assessment to determine the health status of Lancaster County residents and the community as a whole. The health department used the latest available data from local, state and national sources where appropriate, and evaluated aspects such as general health status, leading causes of death, maternal and child health, behavioral risk factors and youth behavioral risk factors.

Coupled with that, the health department conducted a Community Themes and Strengths Assessment Survey among Lancaster County Residents. In it, respondents were asked about a variety of health-related topics, including what they thought were the five most important health problems that needed to be addressed in their community. The local public health system also was assessed through a survey of local health partners. In it, the health department asked partner agencies which essential services of public health they performed, along with questions about each service.

After that, community providers, partners and stakeholders gathered to take part in the Mobilizing for Action through Planning and Partnership (MAPP) process. This group evaluated the health department's findings, along with supplying their own findings and insights from within the community, to identify the events, trends and factors that shape the health of the Lincoln-Lancaster community. Participants then scored a list of 80 potential health priority issues based on: the size and magnitude of the problem; the

historical stability of the problem; the economic and social impacts of the problem; the changeability of the problem; the capacity of the local public health system to address the problem; the readiness and political will to address the problem; and the local severity of the problem compared to the state and nation as a whole.

Many of the highest-scoring health priority issues were closely related, so the group combined them into four priorities: access to care, behavioral health care, chronic disease prevention and injury prevention. Violence prevention also was considered, but the group ultimately decided that violence-related health priority issues would be best addressed within the Behavioral Health Care and Injury Prevention priorities.

Through the Bryan Health 2020 Strategic Plan, along with Bryan Medical Center's 2015 Community Health Improvement Plan, Bryan Medical Center has been actively developing strategies and building partnerships that will address the major needs outlined in the 2015 assessment. The following evaluation provides a description of each priority, and an overview of the strategies Bryan has developed or sustained over the past three years to address it. All of these initiatives, along with those of Bryan Health's community partners, work in unison to improve the health of the community as we all move forward, together.

#### **2015 CHNA Priority: Access to Care**

The priority of Access to Care included concerns about access to health and dental care, as well as integration of behavioral health into primary care. This was near the top of both the priority list and the survey results. Bryan Health continuously seeks out ways to improve access to care within the community, from both a logistical and a financial aspect. Beyond that, Bryan provides support and advocacy to its patients as well as the community.

Bryan employs many strategies in its efforts to improve logistical access to care for the community. Strategies over the past three years have involved new technologies and virtual offerings. The largest and most foundational improvement in this area has been Bryan's implementation of Epic as its new Electronic Health Record (EHR) system. The all-encompassing nature of this system will help to ensure care coordination across the health system and among caregivers. Bryan Health ezVisit was introduced in 2015, allowing patients to answer a series of questions through their computer or mobile device, and receive a diagnosis and treatment plan from one of Bryan Health ezVisit's board certified doctors within one hour, guaranteed. In a related offering, Bryan Telemedicine works with medical partners in the region to provide a broad range of on-call consultations and services, including emergency department, inpatient, outpatient, mental health and specialty care. Bryan has made many improvements to the organization's web presence, including a refreshed website, which includes detailed physician profiles with patient-provided star ratings and online appointment requests. The implementation of Epic also has allowed Bryan Health to launch MyChart, a secure and convenient online portal for patient information, which allows patients to quickly and easily access health records and test results for themselves and their family, along with many other options. Starting in 2016, Bryan Health began publishing podcasts twice per month, educating listeners on topics including childhood development, mental health, blood pressure guidelines, post-partum depression, cancer screenings, diabetes management and more. Beyond technological advancements, Bryan has been improving logistical access to care through its support of handicap-accessible transportation. Lincoln's Madonna Rehabilitation Hospital is the designated organization to provide handicap-accessible bus transportation

for health care appointments within the community, and Bryan provides an annual contribution of \$25,000 for these services. To help improve access to care across the state of Nebraska, Bryan Health has provided post-partum hemorrhage simulation training to OB doctors in 12 communities across Nebraska.

Along with logistical access, Bryan works to improve financial access to care within the community. Bryan consistently supports Lincoln's community health centers, including Bluestem Health (formerly known as the People's Health Center), the Health 360 Clinic and Clinic with a Heart. Many Bryan employees and providers volunteer their time and talents at these locations. Bryan has also partnered with CHI Health St. Elizabeth to provide ED Connections, a program that works to connect individuals presenting in the emergency department with resources and support attuned to their needs. Bryan Physician Network's commitment to accepting Medicare and Medicaid patients into its practices also expands the access of physician care in the community among Medicare and Medicaid patients. Beyond that, Bryan regularly gives millions of dollars in the form of free or discounted services to those who cannot pay, along with covering the unreimbursed costs of Medicare, Medicaid and other public programs. In 2016, the community received more than \$78 million from Bryan in this manner, and in 2017, the community received more than \$88 million. Bryan hosts a donor-driven clothing closet for discharging patients in need of clothes. These may be trauma patients whose clothes are destroyed, homeless individuals who have no clothes or patients who have no family nearby to get them clothing. Bryan Health supplies roughly \$40,000 of free clothing per year through the closet. Internally, Bryan Health provides an additional subsidy for health insurance premiums to Bryan Health employees under a certain wage level.

Within the priority of access to care, Bryan employs a number of strategies to provide support and advocacy to both its patients and the community. Bryan Medical Center offers online, mobile and on-site screenings through its Early Detection Center, in order to identify individuals at high risk for certain conditions and ensure they get timely access to preventative care. Bryan Medical Center also currently employs a host of nurse navigators to support patients with various diagnoses including cancer care, respiratory care, orthopedic care and palliative care. Bryan Medical Center keeps track of employee immunizations, allowing them to document, track and manage necessary immunizations, based on the CDC and Immunization Action Coalition guidelines. In the realm of community support and advocacy, Bryan Medical Center annually provides more than \$200,000 in contributions to various health and community needs-related causes within Lancaster County, and Bryan Health's CEO has a permanent seat on the board of the Community Health Endowment, the designated organization in Lincoln to further the health and safety of the community.

Bryan Medical Center also actively works to develop, recruit and maintain physician talent within Lincoln and Lancaster County, with the hope that all community members can have access to high-quality health care across an array of specialties. Beyond its direct recruitment strategies, Bryan also makes it a priority to serve as a training site through the Lincoln Medical Education Partnership, the University of Nebraska-Lincoln, the Bryan College of Health Sciences, Doane College and Southeast Community College. Bryan Medical Center recently increased its support of the Lincoln Medical Education Partnership with a one-time gift of \$200,000. Bryan also provides ongoing financial support for the Bryan College of Health Sciences. On average, about 50 percent of the Bryan College of Health Sciences graduating class stays to work at Bryan Medical Center.

## **2015 CHNA Priority: Behavioral Health Care**

Behavioral Health Care ranked high on both the priority list and the survey results, even when only listed as mental health. However, suicide prevention, drug and alcohol abuse and drunk driving also were included in this priority. Bryan Health takes pride in its leadership role in the community regarding mental health, suicide prevention and substance use.

Bryan Medical Center is the only acute care hospital in the Lincoln-Lancaster County area to provide behavioral health services, and is one of only a few acute care hospitals in the nation to support a dedicated mental health emergency department. Bryan's mental health inpatient services include an adult psychiatric unit, a senior mental health unit, a youth mental health unit and an affective disorders unit. Bryan also offers distinct mental health partial hospitalization services to adult and youth clients. Bryan's Mental Health emergency department includes five observation rooms, allowing specially trained mental health nurses or mental health social workers to assist the ED provider and make disposition decisions for mentally ill or substance-using adults. The Bryan Mental Health Counseling Center provides individual and family therapy services as well as psychological evaluations and educational presentations to staff, patients, family members and the community. Bryan Medical Center also hosts voluntary support groups facilitated by peer specialists, and Bryan is partnering with CHI St. Elizabeth to create a community transitions program, using a social worker and peer specialist to provide continued support for patients discharging from the hospital until their first appointment with their outpatient provider. Within Lincoln and Lancaster County, Bryan Medical Center works to integrate mental health into its system of primary care by placing health psychologists in selected Bryan Physician Network outpatient physician offices. Beyond that area, Bryan also provides mental health emergency evaluations and outpatient counseling to selected acute care hospitals throughout the state via telehealth services. Bryan actively works with other Lincoln providers, as well as organizations across the state, to address gaps and special needs in the population. It also supports organizations caring for the underserved, such as Health 360's Integrated Care Clinic, the Bridge Behavioral Health, and CenterPointe, as well as the Behavioral Health Education Center of Nebraska and Nebraska Department of Health and Human Services. Bryan provides confidential online mental health screenings to help members of the community identify high risks for depression, anxiety, post-traumatic stress disorder, alcohol abuse, adolescent depression and psychosis. Bryan also draws awareness to mental health by hosting Mental Illness Awareness Week activities and Mental Health Month activities, coordinating community education and facilitating mental health awareness throughout the state.

Bryan Medical Center's Mental Health department has long been a leader in suicide prevention within the community and across the state. Bryan's Counseling Center and program development manager co-chaired the Nebraska State Suicide Prevention Coalition for many years, and continues to sit on the executive board. Meetings for this state coalition are held at Bryan Medical Center each month. One major accomplishment of this coalition was the passing of bill LB 923, which requires annual one-hour training on suicide awareness and prevention for all school personnel in Nebraska. This same Bryan manager is on the leadership team for the Lincoln/Lancaster County Suicide Prevention Coalition, which brought together stakeholders throughout the community to develop and achieve goals focused on youth suicide prevention. One of the local coalition's recent achievements is installing suicide prevention signs in parking garages throughout Lincoln. Furthermore, Bryan's Counseling Center and

program development manager helped develop Nebraska's first Local Outreach to Suicide Survivors (LOSS) Team, which responds to and connects with families who have lost someone to suicide. Bryan Medical Center hosted the first two national LOSS Team conferences, which sparked the national LOSS conference model, and Bryan helped develop several LOSS Teams across Nebraska. Bryan also took a key lead with Lincoln Public Schools to train its staff on the Suicide Behavior Questionnaire-Revised (SBQ-R) as Lincoln Public Schools implemented the SBQ-R in all Lincoln public schools. The SBQ-R not only helps prevent suicide in youth, but also provides a common language to psychologists, school staff, police officers and hospital staff who are working together to prevent youth suicide from occurring. Bryan also is providing suicide training to primary care providers and schedulers in Lincoln and across the state and distributing Primary Care Provider Suicide Prevention Toolkits to help them identify and appropriately refer patients who may be suicidal.

The Bryan Independence Center, located on Bryan Medical Center, Bryan West Campus, is a state-of-the-art facility for those seeking inpatient or outpatient treatment for substance use. The Bryan Independence Center's inpatient services include three private rooms for individuals experiencing acute or potential withdrawal and requiring medical supervision to detoxify from alcohol or opiates safely. Bryan Independence Center's short term residential treatment services consist of highly structured treatment groups and activities lasting from morning through evening for up to 30 days. Intensive outpatient services are offered for morning, evening or full-day blocks. Specialized adult and adolescent outpatient groups also are offered. Bryan conducts substance use screenings and evaluations, along with intervention nurse consultations, where a specially trained nurse will respond to requests from physicians at any of Lincoln's five inpatient facilities, interviewing a client and recommending appropriate levels of care following the individual's medical stabilization. Bryan also offers support groups and workshops for family members of clients working to overcome addictions, and Bryan's Community Outreach Liaison works with adolescents and college age individuals to help them refrain from patterns of substance use. The Bryan Independence Center also fosters partnerships with other organizations to provide greater care for those grappling with substance use. It continues to contract with Lancaster County for Juvenile Drug Court treatment services; it partnered with Lincoln Public Schools and the School Community Intervention and Prevention (SCIP) program to create an early-intervention drug and alcohol class specifically designed for 13-14 year olds; it is expanding its intervention nurse consultations to critical access hospitals across the state through telehealth services; and it holds representation on the Nebraska Hospital Association's Opioid Steering Task Force.

### **2015 CHNA Priority: Chronic Disease Prevention**

When compiling the Chronic Disease Prevention priority, the MAPP group examined the prevalence of conditions (such as diabetes, cancer, heart disease and obesity), behaviors (such as sedentary lifestyles, poor nutrition and overeating), and demographic trends (such as aging population groups), along with other facets, such as evidence-based interventions that can prevent early onset of some chronic conditions. Bryan is committed to both the prevention and healthy management of chronic disease in the Lincoln and Lancaster County community. Within that, Bryan gives particular focus to the chronic diseases of cancer and diabetes. Bryan Medical Center also currently employs a host of nurse navigators to support patients with various diagnoses, including cancer care, respiratory care, orthopedic care and palliative care.



Bryan Medical Center supports the prevention, screening, and early diagnosis and treatment of cancer in the Lincoln-Lancaster community and beyond. Bryan sponsors a cancer committee that evaluates patient outcomes and implements quality improvement measures. Bryan also hosts a weekly community-wide conference for all cancers, as well as a bi-monthly thoracic conference, to review newly diagnosed cancers and offer recommendations for further diagnostic evaluation and treatment. Bryan's Incidental Pulmonary Nodule program conducts weekly review and follow-up with providers and patients that have CT scans for other concerns, but where pulmonary nodules or masses are identified and further review is recommended. Bryan also participates with the Nebraska Cancer Research Center (NCRC) in offering clinical trial opportunities locally to cancer patients. In another strategy to advance the care of cancer patients in the community, Bryan employs three oncology nurse navigators to support patients by providing education on diagnosis and treatment options, providing access to available resources and services, and giving emotional support. Bryan also supports the LifeSpring Cancer Recovery Program, an exercise and education program designed to reduce the impact of cancer-related fatigue in patients, and utilizes community outreach as a key part of its strategy to address cancer in the community. Bryan Medical Center offers annual skin cancer screenings to the community, as well as a free online lung cancer screening on the Bryan Health website. Bryan presents education on cancer prevention and screening, as well as other cancer-related topics, to service groups and organizations as well. Bryan also raises community awareness surrounding lung cancer every November with its Shine a Light on Lung Cancer event.

Bryan employs a host of strategies in its effort to address and engage the community on diabetes. Bryan offers the National Diabetes Prevention Program, a one-year program that aims to cut the risk of developing type 2 diabetes in half. Beyond that, Bryan LifePointe provides extensive educational opportunities to the community that teach wellness strategies, exercise routines, healthy cooking habits and disease management. Three times a year, Bryan Diabetes Center staff coordinates with 13 corporate sites in the area to see if they qualify for pre-diabetes screenings, clinics or informal sessions. Bryan's pre-diabetes education has been recognized by the Center for Disease Control and Prevention as eligible for reimbursement from Medicare and insurance companies. In the 2017 calendar year, clients in this program lost 7.2 percent of their body weight, over 2 percent more than the CDC goal of 5 percent. In 2016, the employee wellness program at Bryan Medical Center conducted a diabetes management initiative in which participants took part in a yearlong diabetes self-management, education and support program to ensure medication compliance and mental well-being, while also focusing on nutritional and physical activity. Bryan also holds an annual diabetes conference for staff and educators across the state, offering classes and training sessions to keep participants abreast of current standards and best practices. Beyond Lincoln and Lancaster County, the Bryan Diabetes Center continues to partner with Heartland Health Alliance hospitals across the state to provide diabetes program recognition from the American Diabetes Association. This allows each multi-site program to bill for diabetes education.

Bryan Health has developed and maintained a number of initiatives over the past three years to address a number of other chronic diseases and community wellness indicators, as well as furthered wellness education within the community overall. Research supports breastfeeding as an important determinant of future health, including obesity prevention. Bryan Medical Center is currently the only facility in Nebraska designated as Baby-Friendly by Baby-Friendly USA, the nation's authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World

Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). Bryan also is an active member of the Lincoln Community Breastfeeding Initiative. Bryan maintains an active partnership with Community Crops, a local organization dedicated to community gardens, and has sponsored its Veggie Van, which transports community crops for sale and distribution in needed areas of Lincoln. Bryan Medical Center also maintains ongoing relationships with Lincoln Public Schools to promote health and wellness among elementary-age children, and Partnership for a Healthy Lincoln to help address childhood obesity. An additional initiative in which Bryan collaborates with Partnership for a Healthy Lincoln is one that encourages physician groups to report screening rates for breast and colon cancers, in an effort to measure and manage Lincoln’s preventative screening rates. Because it is the largest private employer in Lincoln, Bryan Medical Center has also given particular focus to chronic disease among its own employees; it has introduced extensive wellness programming to its employees, including weight management, diabetes prevention and management, stress management, cardiac health management and smoking cessation, among others. Bryan LifePointe offers therapists, health coaches, a leading-edge facility and a variety of health programming including women’s and men’s health symposiums to help encourage and support individuals toward a healthy lifestyle.

Bryan is committed to chronic disease prevention at the community level, hosting a number of events and programs aimed at promoting healthy lifestyles. Bryan has held a yearly Indoor Triathlon in the winter, a family-oriented safety fair at the local baseball stadium in the summer, and 15K race in the fall. The Bryan Health Kid’s Club sends a quarterly newsletter to roughly 3,000 members, which contains safety and health information designed to engage kids. In addition, Bryan Health makes a number of volunteer commitments and financial contributions to local events and organizations dedicated to the community, such as the Lincoln Marathon, Junior Achievement and City Impact’s Gifts of Love program.

### **2015 CHNA Priority: Injury Prevention**

Several injury-related health priority issues, including falls among the elderly, ranked high in the priority list and survey results. The MAPP group bundled these along with injury-causing behaviors such as distracted driving, into the injury prevention priority. Bryan Health is dedicated to injury prevention within Lincoln and Lancaster County, spearheading initiatives and collaborating with organizations in the community to keep individuals and families safe.

Addressing injuries is a core component of Bryan Medical Center’s community services. Bryan Trauma Center on the Bryan Medical Center, Bryan West Campus is verified by the American College of Surgeons as a Level 2 Trauma Center, and receives trauma patients from across Nebraska, Kansas, Missouri and Iowa. Bryan also continues to develop a trauma survivors network within the community to raise awareness and create a support system for those who have survived accidents and other traumas. Further trauma efforts include community education on a wide range of topics, such as childhood injury prevention, concussions, falls and bicycle and pedestrian safety. Furthermore, Bryan hosts an annual Tribute to Trauma Champions event, recognizing a trauma survivor and his or her caregivers, from first responders to Trauma Center team members to rehabilitation and therapy teams throughout the community. The event raises awareness of the emergency response system in the state, and reminds the community that it takes an entire emergency response system working together to save lives.

Beyond its core services, Bryan champions injury prevention through community outreach. Bryan Medical Center is a major advocate within Nebraska for Stop the Bleed, a national campaign to encourage bystanders to become trained, equipped and empowered to help in a bleeding emergency before professional help arrives. Since starting this class in 2017, Bryan staff members have trained more than 4,300 people to stop the bleed. Furthermore, the Community Health Endowment recently committed to a two-year, \$98,000 grant that will help Bryan distribute free tourniquets to Stop the Bleed class participants – a value of \$30 per person. Bryan Medical Center offers a free bicycle helmet to anyone who comes into its emergency department with a bicycle-related accident, and Bryan often distributes free bicycle helmets at some of its community events. In 2017 alone, Bryan distributed 200 free bicycle helmets. Bryan provides athletic training services to many youth sporting events and school sports teams, and provides baseline concussion testing for Lincoln youth football. In addition to the many fall prevention education opportunities offered at Bryan Medical Center and Bryan LifePointe, a physical therapist from the medical center regularly visits area senior centers or living facilities with balance assessment equipment to help identify risk for falls within the elderly population. Representatives from Bryan Health are on the Lincoln-Lancaster County Safe Kids Coalition, and co-chair the coalition's Home Safety Task Force. As part of the task force, Bryan Health recently designed and printed a home safety checklist for community members to find and address potentially hazardous areas in their homes; they also partnered with Lincoln's Center for People in Need to distribute 295 home safety products to people who might otherwise not have access to them, including doorway safety gates, furniture straps and other items. Bryan Health is also Lincoln's only registered provider of Safe Sitter classes, which teaches safety skills, child care skills, first aid and rescue skills, as well as life and business skills, preparing children to safely babysit and stay home alone. In addition, Bryan offers a free car seat check-up event in cooperation with Safe Kids Nebraska, allowing members of the community to have their car seat inspected by an expert, helping to provide any needed adjustments and/or car seat education.

Bryan also helps improve the realm of violence prevention within Lincoln and Lancaster County. The Bryan Trauma Center continues its involvement with Operation Tipping Point, which provides options and alternatives to members of gangs and others involved in violence who seek alternatives in their lives. Bryan Health's trauma outreach coordinator gives human trafficking education to the community, addressing topics such as what human trafficking is, the degree to which it exists in Nebraska, what to look for and what to do if a person suspects human trafficking, as well as nearby organizations to work with when a person witnesses or suspects human trafficking.

### **III. Description of the Community Served by the Hospital**

For the purposes of this report, the community served by Bryan Medical Center is Lancaster County, Nebraska, within which is located the city of Lincoln. In 2017, 67 percent of Bryan Medical Center's inpatient discharges and 83 percent of its outpatient visits came from patients residing in Lancaster County (*Source: Nebraska Health Information Systems; Inpatient and Outpatient Data: January 1, 2017 to December 31, 2017*).

#### **General Population**

Lancaster County (2017 population 314,358) includes the city of Lincoln (2017 population 284,736) and the city of Waverly (2017 population 3,838). Difference in population includes residents living in the towns of Bennet, Davey, Denton, Firth, Hallam, Hickman, Malcolm, Panama, Raymond, Roca and Sprague, as well as in the rural areas of the county. Lancaster County’s population grew from 250,291 in 2000 to 285,407 in 2010, and again to an estimated 314,358 in 2017. This has marked a population increase of over 25 percent in the past 17 years (*Source: U.S. Census Bureau Population Division; Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017*).

### Population Demographics

Along with growing, Lancaster County’s population has become more diverse. In 2000, Lincoln’s non-white population was at 10 percent (*Source: U.S. Census Bureau, 2000 Census*). As of 2016, that grew to an estimated 13 percent. The number of Black or African Americans in Lancaster County increased from 7,052 in 2000 to 11,888 in 2016; the number of Asians increased from 7,162 in 2000 to 12,290 in 2016; and the number of individuals identifying as two or more races doubled from 4,678 in 2000 to 8,816 in 2016. The number of individuals identifying as Hispanic or Latino grew more than double during the time period, from 8,437 in 2000 to 19,707 in 2016 (*Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates*).

Lancaster County’s elderly population continues to grow at a quicker rate than its other age groups. The 55 to 64 age group increased substantially between 2000 and 2010; the 65 and older age group increased substantially between 2010 and 2017. The under 18 and 18 to 24 age groups also show marked growth, while the most stable age groups are 25 to 44 and 45 to 54 (*Sources: U.S. Census Bureau, 2000 Census; U.S. Census Bureau, 2010 Census; United States Census Bureau, Population Division; Annual Estimates of the Resident Population, April 1, 2010 to July 1 2017*):

Age Group	2000 Pop.	2010 Pop.	00-10 Pct. Chg.	2017 Est. Pop.	10-17 Pct. Chg.
Total	250,291	285,407	14.0%	314,358	10.1%
Under 18	58,828	65,901	12.0%	72,148	9.5%
18 to 24	38,539	41,922	8.8%	47,393	13.1%
25 to 44	76,120	78,253	2.8%	82,717	5.7%
45 to 54	32,780	36,970	12.8%	34,006	-8.0%
55 to 64	17,944	31,260	74.2%	35,691	14.2%
65 and over	26,080	31,101	19.3%	42,403	36.3%

### Economic Characteristics

Lincoln/Lancaster County has a stable and diverse economy, with a low unemployment rate and strong commercial development. In 2016, Lincoln MSA’s unemployment rate was 2.8 percent, well below the 2016 national unemployment rate of 4.9 percent. (*Source: United States Department of Labor, Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey; United States Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics*).

Amid its growing economy and low unemployment, an estimated 15.5 percent of Lincoln’s population and 17.9 percent of Lincoln’s children younger than 18 live below the poverty level (*Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates*). During the 2015-2016 school year, Lincoln Public Schools reported 42.7 percent of its students enrolled in the free or reduced lunch program (*Source: Lincoln Public Schools Annual Statistics*). That percentage increased to 45.8 percent in

the 2016-2017 school year, and again to 46.0 percent in the 2017-2018 school year (*Source: Lincoln Public Schools Annual Statistics*). Lincoln Public School families are eligible for free or reduced lunch if they receive SNAP, TANF or FDPIR benefits, or if their income is within 130 percent or 185 percent of the federal poverty level, respectively.

The Lincoln median household income was estimated at \$51,126, slightly less than the Lancaster County median household income of \$53,730 and the national median household income of \$55,322 (*all estimates are in 2016 dollars. Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates*).

According to estimates based on 2012-2016 survey data of the Lancaster County population ages 25 years and older, 93.4 percent have graduated from high school, and 37.3 percent have received a bachelor's degree or higher (*Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates*). According to Lincoln Public Schools, LPS K-12 student enrollment for the 2017-2018 school year was 40,086. The racial composition of this total was 67.0 percent White, 0.6 percent American Indian or Alaska Native, 6.3 percent Black or African American, 4.6 percent Asian, 13.5 percent Hispanic/Latino, 0.1 percent Native Hawaiian or Pacific Islander, and 8.0 percent identifying as two or more races. Students who participate in special education and have an identified disability are at 15.3 percent; 7.7 percent of students are English language learners. There are 50 languages spoken among LPS students and their families besides English. (*Source: Lincoln Public Schools 2017-2018 Annual Statistical Handbook Student Section*).

#### **IV. Who was Involved in the Assessment**

The Lincoln-Lancaster County Health Department gathered more than 70 members of the Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership process to review and possibly adjust the objectives and goals of the 2015 Community Health Needs Assessment. The members created a broad-based representation of the many community partners and stakeholders involved in meeting the health needs of Lincoln and Lancaster County. Lists of participants are included throughout section VI of the assessment.

#### **V. How Bryan Conducted its 2018 Community Health Needs Assessment**

In 2015, Bryan Medical Center, CHI St. Elizabeth and the Lincoln-Lancaster County Health Department collaborated to research the health needs of Lincoln and Lancaster County, because each organization needed to provide its own assessment(s) to the federal government. As part of this, Bryan Medical Center and CHI St. Elizabeth were able to utilize a number of the health department's reports in their own CHNAs, including the 2015 Community Health Status Assessment, the 2015 Lincoln-Lancaster County Themes and Strengths Assessments Survey, the 2015 Forces of Change Assessment, and the 2015 Local Public Health System Assessment. These documents recorded surveys and focus groups from members of the community, including representatives of underserved and low-income populations, representatives of public and non-profit health organizations, and people who had special knowledge on the state and needs of the community (often the public health and non-profit organization and coalition representatives).

Representatives from Bryan Medical Center, CHI St. Elizabeth, and the Lincoln-Lancaster County Health Department met many times to prepare for the 2018 Community Health Needs Assessment to decide which of the 2015 research pieces should be updated, and which could still be relied upon in good faith. Below is a list of representatives attending these meetings:

Name	Organization	Title
Arli Boustead	CHI Health	Healthier Communities and Community Benefit Coordinator
Bob Ravenscroft	Bryan Health	Vice President of Advancement & Chief Development Officer
Charlotte Burke	Lincoln-Lancaster County Health Department	Health Promotion, Data & Evaluation Manager
Donna Hammack	Saint Elizabeth Foundation and Nebraska Heart Foundation	Chief Development Officer
Edgar Bumanis	Bryan Health	Public Relations/Marketing Director
George Wagaman	CHI Health	Planning and Innovation Strategist
Nathan Albright	Bryan Health	Market Analyst/Planning Strategist
Raju Kakarlapudi	Lincoln-Lancaster County Health Department	Public Health Epidemiologist
Shavonna Lausterer	Lincoln-Lancaster County Health Department	Health Director

Local Health departments such as the Lincoln-Lancaster County Health Department conduct Community Health Needs Assessments once every five years. This cycle differs from that of non-profit hospitals, which must submit Community Health Needs Assessments every three years. Because the Lincoln-Lancaster County Health Department has already scheduled to conduct new research for all these documents next year in preparation for their 2019-2020 Community Health Assessment, the three organizations agreed to consult with the public health partners and other non-profit organizations and coalitions for annual updates in 2017-2018, and to rely in good faith on the other research assessments conducted in 2015 and annual updates thereafter. All of the 2015 documents mentioned above can be found within the 2015 Lancaster County Community Health Profile, which is provided in attachment B.

Over the course of a year, Bryan Medical Center, CHI St. Elizabeth and the Lincoln-Lancaster County Health Department hosted meetings (or in one case, surveys sent via email) with the public health and non-profit organization and coalition representatives, allowing them to provide updates and insights based on their particular areas of service or expertise. Then the group evaluated the 2015 CHNA's goals, priorities and objectives in detail, discussing the current situations in Lincoln and determining whether the goals were still relevant or appropriate as they had been originally laid out. Voting systems were used to determine whether objectives within a priority needed to be tweaked at a minor level, rewritten at a major level or left with no revisions. Complete updates can be found in the 2017-2018 Lancaster County Community Health Improvement Plan Updates, provided in attachments C1, C2, C3 and C4.

Beyond this, The Center for the Child and the Community convened an Early Childhood Comprehensive Health Working Group comprised of school administrators, community endowment representatives, mental health representatives and health care representatives. This group, sponsored by the Community Health Endowment and led by the Center for the Child and the Community, conducted its own community health assessment specifically on early childhood in Lancaster County using the MAPP process. Two representatives from Bryan Medical Center participated in this group. The report for the Lancaster County Early Childhood Health Status was compiled by members of Voices for Children in Nebraska, and a copy is included in attachment D.

## **2018 Community Health Status Assessment**

In lieu of a 2018 Lancaster County Community Health Profile compiled by the Lincoln-Lancaster County Health Department, the following information is compiled primarily from the Lincoln-Lancaster County Health Department's Vital Statistics data, Behavioral Risk Factor Surveillance System data and Youth Behavioral Risk Surveillance System data.

### Leading Causes of Death

Cancer remains the leading cause of death in Lancaster County in 2017, followed by heart disease, chronic lung disease, cerebrovascular diseases, accidental deaths, Alzheimer's disease and renal disease. The total number of deaths in Lancaster County increased from 2,057 in 2014 to 2,241 in 2017, and Lancaster's crude death rate per 1,000 population increased from 6.9 in 2014 to 7.1 in 2017. Lung cancer remains the leading cause of cancer deaths in Lancaster County in 2017, followed by colon cancer. The rates of death by heart disease increased a significant amount over the past three years, from a crude rate of 122.9 per 100,000 population to a crude rate of 140 per 100,000 population (*Source: Lincoln-Lancaster County Health Department; Vital Statistics: Death Data Lancaster County, 2014 – 2017*).

### Maternal and Child Health

The number of Lancaster County births is slightly lower than it has been in recent years, with a 2017 count of 3,925. Birth counts from 2012 through 2016 had a low of 4,020 and a high of 4,115, and 2011 had a birth count of 3,951. The number of births to teens (mothers younger than 20) in Lancaster County has been on a downward trend over the past several years, going from a recent high of 289 in 2008, to 180 in 2014, to 165 in 2017. Infant mortality rates per 1,000 live births have had a positive trend over the past few years, going from 5.2 in 2014 and 6.6 in 2015, down to 4.7 in 2016 and now 3.3 in 2017. The percentage of mothers in Lancaster County starting prenatal care in the first trimester increased in 2016, growing from 76.7 percent in 2015 to 82.9 percent in 2016. The 2017 percentage has dropped some to 79.2, but is still trending upward when compared to other years in the past decade (*Source: Lincoln-Lancaster County Health Department; Vital Statistics: Birth Data Lancaster County, 2008 – 2017*).

### Behavioral Risk Factors

The Lancaster County Behavioral Risk Factor Surveillance System data reveals that the community's obesity rate is down from 29.0 percent in 2015 to 27.4 percent in 2016, but both rates are higher than percentage trends in the years prior, which had been in the low-to-mid-20s. The percent of overweight rose from 34.3 in 2015 to 36.0 in 2016, but is remaining within Lancaster County's trend for the indicator, which has held roughly between 34 and 37 percent over the past several years. Smoking among Lancaster County adults has held at roughly 15.0 percent in 2015 and 2016, a dip from the rates of 19 to 21 percent held in the few years prior. However, Lancaster County's 2016 rate of binge drinking (24.2 percent) was its highest since 2011, although all the percentage rates in this time period held in the low-to-mid-20s. The percentage of Lancaster County residents age 18 to 64 with no health care coverage has steadily dropped for the past three years, from 18.0 percent in 2013 to 11.5 percent in 2016. Also in 2016, 10.2 percent of Lancaster residents reported that they could not see a doctor due to cost, the result of another steady drop over the past three years; and 24.9 percent of the population indicated they could not see a dentist; down from 30.2 percent in 2014, the last year that question was

included in the survey. Among Lancaster County residents age 50 and older, 73.4 percent had a sigmoidoscopy or colonoscopy, which appears to be roughly within the trend of the last few years (Source: Lincoln-Lancaster County Health Department; Behavioral Risk Factor Surveillance System Data: 2011 – 2017).

#### Youth Behavioral Risk Factors

Lancaster County's Youth Risk Behavior Surveillance System is administered every odd year from 2001-2015, and 2015 is the latest data set published and available from the Lincoln-Lancaster County Health Department. The rate of youth drinking in Lancaster County has declined sharply over the past 15 years, from 47.5 percent in 2001 to 23.4 percent in 2015, while the rate of youth driving a vehicle when having drunk alcohol dropped from 19.4 percent in 2005 to 5.7 percent in 2015. Cigarette smoking among Lancaster youth also dropped from 29.6 percent in 2001 to 12.4 percent in 2015. Marijuana use among Lancaster youth has dropped as well, but not as steeply as other indicators, having fallen from 23.8 percent in 2001 to 17.1 percent in 2015. Seat belt usage among youth also took a significantly positive turn, as the percentage of youth reporting to never or rarely wear a seatbelt when riding in a car dropped from 16.0 percent in 2001 to 4.8 in 2015. (Source: Lincoln-Lancaster County Health Department; Youth Risk Behavioral Surveillance System Data: 2001 – 2015)

### **2015 Community Themes and Strengths Assessment Survey**

As reported above, the Lincoln-Lancaster County Health Department will conduct a new Community Themes and Strengths Assessment Survey or an equivalent thereof in the coming year. Because of this, the health department, along with CHI Health and Bryan Health, decided it would be acceptable to use the 2015 data set for this survey in good faith for the hospitals' 2018 Community Health Needs Assessments.

The purpose of the 2015 Community Themes and Strengths Assessment Survey was to better inform local health planning efforts and identify the most pressing health issues that can be addressed through community action. A similar survey was conducted in 2010 through the State of Nebraska Department of Health and Human Services. The assessment was intended to answer questions such as "what is important in our community," "how is the quality of life perceived in our community," and "what assets do we have that can be used to improve community health?"

The survey included questions regarding availability of health care services; cost of medical care; availability of affordable childcare, schools and afterschool programs; availability of housing, transportation, meals and social networks for older adults; availability of exercise facilities, parks, cultural events and leisure time activities for all ages; employment growth, availability and flexibility; strength of economy; safety and security; social support and civic responsibility; and health and behavioral issues.

As part of this survey, respondents were asked to identify the five most important health problems that needed to be addressed in their community. The table below represents those responses from Lincoln and Lancaster County residents that are particularly relevant to the local community needs assessment process. The above overview both references and quotes the 2015 Community Themes and Strengths Assessment Survey, a copy of which can be found in the 2015 Lancaster County Community Health Profile (attachment B), on page 182.



<b>Top 15 Health Issues/Behaviors (in ranking order)</b>	
1.	Heart disease and stroke
2.	Cancers
3.	Mental health problems
4.	Diabetes
5.	Aging problems (e.g. arthritis, hearing/vision loss)
6.	Addiction
7.	High blood pressure
8.	Child abuse/neglect
9.	Domestic violence
10.	Teenage pregnancy
11.	Health disparities
12.	Respiratory/lung disease
13.	Dental problems
14.	Motor vehicle crash injuries
15.	Sexually transmitted diseases (STDs)

### **2015 Local Public Health System Assessment**

As reported above, the Lincoln-Lancaster County Health Department will be conducting a new Local Public Health System Assessment in the coming year. Again, the health department, CHI Health and Bryan Health decided it would be acceptable to use the 2015 data set for this assessment in good faith for the hospitals' 2018 Community Health Needs Assessments.

The 2015 Local Public Health System Assessment is conducted every five years via a survey of local health partners. The survey asks partner agencies which of the 10 essential services of public health they perform, followed by specific questions about each service. Detailed explanation of the survey and responses can be found in the 2015 Lancaster County Community Health Profile (attachment B) on page 128, but the top two essential services provided by most local health partners in the community were 'inform about health issues' and 'link people to services.'

### **2015 Forces of Change Assessment and Priority Community Health Needs Identified**

As reported above, the Lincoln-Lancaster County Health Department will be conducting a new Forces of Change Assessment in the coming year, along with re-evaluating and identifying the priority community health needs for Lincoln and Lancaster County. Because of this, the health department, CHI Health and Bryan Health decided it would be acceptable to use the 2015 data set for this assessment in good faith for the hospitals' 2018 Community Health Needs Assessments, along with gathering the participants of the Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership (MAPP) process to evaluate, update, and adjust the 2015 priorities.

In 2015, the Lincoln-Lancaster County MAPP process included a Forces of Change Assessment that was conducted through a brainstorming session among participants to gather input about events, trends, and factors that shape the conditions within the community. A copy of the 2015 Forces of Change Assessment is attached as part of the 2015 Lancaster County Community Health Profile (attachment B), on page 138.

Taking into consideration the results of the 2015 assessments listed above, the Lincoln-Lancaster County MAPP participants scored a list of 80 potential health priority issues (with the exception of the first three criteria, whose scores were supplied by data from the Lincoln-Lancaster County Health Department) on the basis of seven criteria. The scoring criteria included:

1. Magnitude/Size of the Issue: This score was assigned based on the percentage or rate per 100,000 population of which the issue was prevalent. High scores were given to issues that affected a large percentage of the population.
2. Comparison with State Results: This score was assigned by evaluating whether the community fared significantly better or worse than state results for the issue. High scores were given to issues where Lincoln and Lancaster County were faring worse than state or national results.
3. Historical Trends: This score was assigned by reviewing data related to the issue over time, to see if the problem is showing improvement or deterioration within the community. High scores were given to issues that were getting worse in terms of trend data.
4. Economic/Social Impact: This score was assigned by evaluating the issue's impact on productivity, health care expenditures, academic performance, crime and arrest rates, and overall population health. High scores were given to issues that had a high impact (productivity, health care costs, education) on economic and social issues.
5. Changeability: This score was assigned by evaluating the likelihood that the issue could be changed at the local level through evidence-based programs, policies and practices. High scores were given to issues that could be easily addressed or changed at the local level.
6. Capacity of the Local Health System: This score was assigned by evaluating the capacity among local public health system stakeholders to move forward regarding the issue. High scores were given to issues that Lincoln-Lancaster County Health Department had the resources and capacity to address.
7. Readiness/Political Will: This score was assigned by evaluating the amount of willingness among state and community leaders to move forward with advocates regarding the issue. High scores were given to issues that had a great deal of perceived political will to be addressed.

After scoring 80 potential issues, the committee was asked to look primarily at the top 25 highest scoring issues, and to combine similar issues together to determine the community's priority health needs. A copy of the 80 potential issues and their resulting scores is attached as part of the 2015 Lancaster County Community Health Profile (attachment B), on page 134.

Based on the scoring results and ensuing discussions, the participants ultimately identified four priority community health needs to be acted upon: Access to Care, Behavioral Health Care, Chronic Disease Prevention and Injury Prevention. Violence Prevention was considered for being a fifth category, but after additional consideration, the participants determined that it would be best addressed within both the Behavioral Health Care and Injury Prevention priorities, similar to the approach taken in previous assessments.

These four priority health needs also correspond with the 2017-2021 Nebraska State Health Improvement Plan. The priorities for the statewide plan are that Nebraska will have an integrated health system that values public health as an essential partner; that Nebraska will have a coordinated system of care to address depression and suicide; that Nebraskans will have decreased rates of obesity; that Nebraskans will experience improved utilization and access to health care services; and that Nebraskans

will experience health equity and decreased health disparities. A copy of the 2017-2021 Nebraska State Health Improvement Plan can be found at the following web address:

<http://dhhs.ne.gov/publichealth/Documents/SHIP%20Plan%20-%202017-2021.pdf>

## VI. 2018 Priority Community Health Needs Evaluated and Adjusted

With the approach of the 2018 Community Health Needs Assessment, the Lincoln-Lancaster County Health Department, along with Bryan Medical Center and CHI St. Elizabeth, convened a meeting (or in one case, an emailed survey) to the relevant stakeholders and participants of the MAPP process who helped identify each priority and write out the priority’s underlying objectives.

### 2018 CHNA Priority: Injury Prevention

Arguably the widest health need in scope, the community’s Injury Prevention priority is concerned with reducing injuries and deaths of all types, especially among youth and the elderly. Within it are reducing vehicular injuries caused by distracted driving; driving under the influence and not wearing safety belts; reducing injuries among youth tied to sports-related concussions; riding bicycles without helmets and falling from playground equipment in city parks; and injuries among the elderly related to falls and unintentional poisoning.

On August 16, 2017, the Injury Prevention Community Health Improvement Plan meeting was held at the Lincoln-Lancaster County Health Department’s building. Below is the list of participants in attendance:

Name	Organization	Title
Brian Baker	Lincoln-Lancaster County Health Department	Public Health Educator
Brittni Clark	Bryan Health	Trauma Outreach & Injury Prevention Coordinator
Gina Egenberger	Lincoln-Lancaster County Health Department	
Jason Kerkman	Nebraska Department of Health and Human Services – Injury Prevention	Safe Kids Nebraska Coordinator
Julie Anderson	Lincoln-Lancaster County Health Department	Public Health Educator
Laurie Klosterboer	Nebraska Safety Council	Executive Director
Nathan Albright	Bryan Health	Market Analyst/Planning Strategist
Peg Ogea-Ginsburg	Nebraska Department of Health and Human Services – Injury Prevention	Injury Prevention Program Coordinator
Peggy Apthorpe	Aging Partners	Aging Specialist
Tommy George	Lincoln-Lancaster County Health Department	

Introductions were followed by Brian Baker presenting an overview of the Community Health Needs Assessment and Improvement Plan, and Tommy George going over each of the established objectives and the community’s current measurements within them. The overview of the meeting below both references and quotes from the Lincoln-Lancaster County Health Department’s 2017-2018 Injury Prevention Community Health Improvement Plan Update, which can be found in attachment C1.

- **Injury Prevention Objective 1: Reduce motor vehicle related injuries and deaths.**
  - **Goal 1.1: Increase the use of safety belts among Lancaster County adults who reported always wearing safety belts from 78 percent to 85 percent by 2018.**

The Nebraska Department of Health and Human Services, along with the Nebraska Safety Council and the Lincoln-Lancaster County Health Department are working to support legislation to enact a primary safety belt law. The committee decided to leave the wording of this goal unchanged.

- **Goal 1.2: Reduce the percentage of youth who report never or rarely wearing a safety belt while riding in a car driven by someone else from 4.8 percent to 2.4 percent by 2018.**

According to the 2015 Youth Risk Behavior Survey, 4.8 percent of youth in 9th to 12th grade reported never or rarely wearing safety belts when riding in a car driven by someone else. The committee decided to leave the wording of this goal unchanged.

- **Goal 1.3: Increase the use of child restraint systems in “urban only” counties (Lancaster, Douglas, Sarpy) from 97.1 percent to 99.0 percent by 2018.**

Safe Kids LLC, along with the Lincoln-Lancaster County Health Department, Bluestem Health, the Center for People in Need, local cultural community centers, and local auto dealerships, are working to provide easily accessible options for child safety seat inspection and education for all Lancaster County families. Furthermore, Safe Kids LLC and the Lincoln-Lancaster County Health Department are partnering to provide convenient options for child care staff to attend Nebraska’s state-mandated child care transportation training. The committee decided to leave the wording of this goal unchanged.

- **Goal 1.4: Reduce number of child (1 to 14 years of age) bike/pedestrians vs. vehicle crashes in Lincoln from 39 to 34 by 2018.**

Lincoln Public Schools and Safe Kids LLC are working to ensure easy accessibility of the Child Bike & Pedestrian Safety Took Kit for area school teachers and administrators. Furthermore, Safe Kids LLC is collaborating with Lincoln Public Schools, the Lincoln Police Department, Public Works and various neighborhood associations to encourage a process where school administrators, neighborhood associations, city traffic engineers, and student/parent groups work together to develop school drop-off and pick-up traffic design. The committee decided to leave the wording of this goal unchanged.

- **Goal 1.5: Reduce the number of Lancaster County youth 15 to 19 years of age involved in distracted driving crashes from 47 to 40 by 2018.**

The Nebraska Safety Council, along with AAA Nebraska, the Nebraska Department of Health and Human Services and the Lincoln-Lancaster County Health Department are working together to provide and/or support new or enhanced driver education programs to include distracted driving dangers. The committee decided to leave the wording of this goal unchanged.

- **Injury Prevention Priority 2: Reduce the risk of fall injuries for children and older adults.**

- **Goal 2.1: Reduce the rate of fall-related injuries to children 1 to 10 years of age occurring on public and private playgrounds from 3.48 to below 2.50 per 1,000 children 1 to 10 years of age by 2018.**

The Lincoln-Lancaster County Health Department, along with Lincoln Public Schools and Lincoln Parks and Recreation want to assess safety risks of 100 public and/or private playgrounds. Furthermore, these organizations and Safe Kids LLC want to enhance

playground safety public education efforts in the community. The committee decided to leave the wording of this goal unchanged.

- **Goal 2.2: Reduce the rate of fall-related injuries to adults 65 and older from 83.5 to 79.5 per 1,000 adults by 2018.**

Aging Partners, the Lincoln-Lancaster County Health Department and the Nebraska Department of Health and Human Services are working to implement and sustain a multi-faceted older adult fall prevention program, and also to enhance older adult fall prevention public education efforts. The committee decided to leave the wording of this goal unchanged.

- **Injury Prevention Priority 3: Enhance the safety of all youth sports participants.**

- **Goal 3.1: Reduce the rate of sports-related injury to Lancaster County Children 4 to 14 years of age from 15.16 to 13.61 hospital visits per 1,000 children by 2018.**

A group of Lincoln organizations, including Lincoln Parks and Recreation, the YMCA of Lincoln, Madonna Rehabilitation, Nebraska Wesleyan University, Area Athletic Leagues and Clubs, Safe Kids LLC, the Nebraska Brain Injury Association and the Lincoln-Lancaster County Health Department are working together to educate volunteer youth league coaches regarding the risks, consequences and prevention of sports-related injury through live and video sports safety clinics. Furthermore, this group is making efforts to provide parents and family members of youth sports league participants with sports safety information. The committee decided to leave the wording of this goal unchanged.

- **Injury Prevention Priority 4: Reduce unintentional poisoning risks for children and older adults.**

- **Goal 4.1: Reduce the rate of unintentional poison-related injuries leading to hospital visits from 2.4 to 1.5 per 1,000 children 0 to 14 years of age.**

The Community Action Partnership of Lancaster and Saunders Counties, along with Lincoln Public Schools, Safe Kids LLC, the Lincoln-Lancaster County Health Department, the Nebraska Pharmacy Association and the Nebraska Poison Control Center is working to provide poison prevention information to families, Head Start programs and childcare providers, using newsletters, trainings and social media. Furthermore, the group is working to promote and encourage participation in Nebraska MEDS Disposal Take Back events. The committee decided to leave the wording of this goal unchanged.

- **Goal 4.2(a): Reduce the frequency of therapeutic-error, poisoning-related injuries leading to hospital visits among adults 60 years and older from 43 to 25 per 1,000 adults.**

Aging Partners, the Lincoln-Lancaster County Health Department, the Nebraska Pharmacy Association, and the Nebraska Department of Health and Human Services are working together to increase public awareness of the prevalence and dangers of medication misuse among adults 60 years and older. The committee decided to leave the wording of this goal unchanged.

- **Goal 4.2(b): Reduce the rate of poisoning-related injury resulting in a hospital visit from 17.6 to 10.5 per 10,000 adults 65 years and older.**

Aging Partners, the Lincoln-Lancaster County Health Department, the Nebraska Pharmacy Association, and the Nebraska Department of Health and Human Services are working together to increase public awareness of the prevalence and dangers of

medication misuse among adults 60 years and older. The committee decided to leave the wording of this goal unchanged.

- **Injury Prevention Priority 5: Reduce risk factors associated with physical violence and suicides.**

- **Goal 5.1: Reduce the percentage of Lancaster County youth who report being involved in a physical fight during the past 12 months from 19.4 percent to 16.4 percent by 2018.**

According to the 2015 Youth Risk Behavior Survey, 19.4 percent of high school students reported involvement in a physical fight in the past 12 months. Bryan Health and Lincoln Public Schools are working together to support national, state and local efforts to quell violence among youth. The committee decided to leave the wording of this goal unchanged.

- **Goal 5.2: Reduce the percentage of Lancaster County youth who report seriously considering attempting suicide during the past 12 months from 17.5 percent to 13.5 percent by 2018.**

Bryan Health, as part of the Suicide Prevention Coalition, is working with Lincoln Public Schools to support national, state and local youth suicide prevention efforts. The committee decided to leave the wording of this goal unchanged.

## 2018 CHNA Priority: Chronic Disease Prevention

The community’s Chronic Disease Prevention priority focuses on the prevention of chronic diseases of all types, by encouraging healthy eating among youth and the community, making Lincoln more conducive to physical activity, supporting healthy habits among new mothers, and encouraging community members to quit smoking. Since Bryan Health has the special role of being a tertiary care center within the community, its scope for this priority also includes chronic disease management, and Bryan works to provide management and care programs for diabetes and cancer, along with a host of other chronic diseases.

During September 2017, the Lincoln-Lancaster County Health Department emailed a survey with follow-up feedback requests to stakeholders and MAPP participants relevant to the community’s Chronic Disease Prevention priority. Feedback and survey responses were solicited from an array of organizations from the community. Below is a list of representatives and organizations who responded:

Name	Organization	Title
Alynn Sampson	Food Bank of Lincoln	Youth & Family Programs Director
Brian Coyle	Nebraska Department of Health and Human Services	Physical Activity Coordinator
Dave Mlnarik	Nebraska Sports Council	Executive Director
Dayna Krannawitter	Lincoln Public Schools	CLC/FRS School Community Coordinator
Edith Zumwalt	Lincoln Public Schools	Director of Nutrition Services
JJ Yost	Lincoln Parks and Recreation	Facilities Manager
Kari Erickson	Nebraska Urban Indian Health Coalition	Diabetes Educator
Dr. Karla Lester	Children’s Center for the Child and Community	Medical Director
Kathy Helmink	Bryan Health	Certified Diabetes Educator
Keerun Huppert	City and County Wellness Programs	City County Wellness Coordinator
Kim Frank	YMCA	Downtown YMCA Program Director – Membership
Larry Buchmann	LinPepCo/First Choice Snacks Vending	General Manager

Lisa Henning	Nebraska WorkWell	Director
Mary Jo Gillespie	Partnership for a Healthy Lincoln	Vice President of Health Systems
Michelle Kiddo	YMCA	Northeast YMCA Program Director - Health & Wellness
Michelle Welch	Lincoln Public Schools	Wellness Coordinator
Mike Davis	StarTran – Public Works and Utilities	Transit Manager
Pam Wollenburg	CHI St. Elizabeth	Diabetes Care
Rebecca Chandler	Bluestem Health	Clinic Manager
Stanford Bradley	Salvation Army	After School Program Director

Members of the Lincoln-Lancaster County Health Department compiled the responses into their Community Health Improvement Plan Update. The overview below both references and quotes from the Lincoln-Lancaster County Health Department’s 2017-2018 Chronic Disease Prevention Community Health Improvement Plan Update, which can be found in attachment C2.

- **Chronic Disease Prevention Objective 1: Increase active living for all in Lancaster County.**
  - **Goal 1.1: Promote active transportation (walking and biking) with schools, worksites and the community.**  
WorkWell/Nebraska Safety Council are distributing the “Walk It Guide,” a list of evidence-based strategies for worksites to plan, implement and evaluate initiatives that encourage active lifestyles for employees through walking activities. The Nebraska Sports Council launched the NE150 Challenge, a free web-based activity-tracking program, and dozens of Lincoln companies are promoting participation as part of their wellness plan. The City of Lincoln Bus System has added new routes, trips and hours of service, resulting in ridership increases of 10 to 20 percent. In addition, the YMCA offers a Bike Commuter pass during summer months that provides use of locker rooms for showering and changing before going to work. Participants acknowledged that efforts could be made to utilize point-of-decision prompts to encourage use of stairs and parking farther from entrances at worksites, shopping centers, and other businesses. The participants decided to leave the wording of this goal unchanged.
  - **Goal 1.2: Promote the use of existing parks, trails, recreational facilities, fitness centers and sports programs to help people reach the recommended 150 minutes of moderate-intensity aerobic activity every week.**  
The Lincoln City Planning Department hosts and maintains the Bike Lincoln website, with information on biking in the community, trail news and updates, and bike safety resources. The Lincoln-Lancaster County Health Department developed a Healthy Community Resource map to help families find free or low-cost physical activity opportunities in the community. Participants recognized an opportunity to ensure access to and affordability of opportunities for physical activity before and after school. Focus also could be given to providing teachers and childcare providers with professional development and education to integrate physical activity into the day and reduce screen time. Moreover, a greater number of safe, neighborhood-level walking routes could be established with maps and distances. The participants decided to leave the wording of this goal unchanged.
  - **Goal 1.3: Promote community-wide campaigns using brand messages or taglines (e.g. 5-4-3-2-1 Go! childhood obesity message; Share the Road tagline for bike, pedestrian**

**and motorist educational messages).**

The 5-4-3-2-1 Go!® childhood obesity prevention message continues to be integrated into programming and displayed throughout community partnership buildings to promote physical activity and good nutrition. City departments, such as the Health, Planning, Parks and Recreation, and Public Works Departments, have collaborated to develop PSAs and materials that are available on the Bike Lincoln website to promote safety and encourage usage of the trail system and the “Share the Road” campaign. Partnership for a Healthy Lincoln has promoted the “Rethink Your Drink” campaign in the community to reduce sugar-sweetened beverage consumption. The participants decided to leave the wording of this goal unchanged.

- **Goal 1.4: Enhance community planning and design practices through the city’s Complete Streets policy to improve connectivity for bike lanes, sidewalks, paths and trails through neighborhoods and among communities to increase access to physical activity opportunities and to move more people safely.**

The city’s Complete Streets Committee recently provided \$5,000 to fund bicycle parking, and Partnership for a Healthy Lincoln provided an additional \$10,000. The City of Lincoln Public Works and Utilities Department re-evaluated and changed the signal timing on the N Street cycle track to improve the experience for bicyclists along the separated bike lane while minimizing any negative impacts for vehicles. The participants decided to leave the wording of this goal unchanged.

- **Goal 1.5: Explore possible local data sources to develop ways to better measure walking and biking as a mode of transportation.**

City Planning and Public Works Departments utilize several trail counters along N Street Protected Bikeway, along with five permanent counters and one mobile counter throughout the community. The committee also could work with youth sports and recreation programs to establish measures for trend data of youth participants. New measures also could be developed to track physical activity levels in the community, such as adult PACER tests, Parks and Recreation youth programs, YMCA and youth sports programs, Child Learning Centers and more. The participants decided to leave the wording of this goal unchanged.

- **Goal 1.6: Establish, support and promote a community-wide public bicycle-sharing program.**

The City of Lincoln launched a bike share program in April 2018, with 18 stations and 100 bikes in the initial launch. Financial support was received from several organizations, including a federal grant from the Nebraska Department of Transportation, and sponsorship funds from the University of Nebraska-Lincoln; the Lincoln Community Foundation; Spreetail; and Nebraska Blue Cross Blue Shield. The participants decided to leave the wording of this goal unchanged.

- **Chronic Disease Prevention Objective 2 and 3: Increase healthy eating for all in Lancaster County, and decrease the rates of obesity and those overweight in Lancaster County.**

- **Goal 2.1: Ensure accessibility and affordability of Farmers’ Markets, including SNAP and WIC benefits.**

During the 2017 season, the Old Cheney Road Farmers’ Market (OCRFM) received grant funding, and the Fallbrook Farmers’ Market (FBFM) received sponsor funding, which



allowed the markets to provide matching funds (up to \$10) for customers running their SNAP/EBT cards at the markets. A pilot program managed by the UNL Extension Office called Double Up Food Bucks allowed the two farmers' markets an additional match of up to \$10 for customers running their SNAP/EBT cards at the markets. The participants decided to leave the wording of this goal unchanged.

- **Goal 2.2: Identify possible areas of Lincoln that have higher issues with food insecurity and work with neighborhood residents, local businesses and other community members to help reduce this burden.**

The Lincoln-Lancaster County Food Policy Council is serving as a network hub where various food system stakeholders can come together and communicate about food issues. In collaboration with Nebraska Extension and the city's Urban Development Department, the Community Health Endowment of Lincoln (CHE) created a Healthy Food Access map, showing areas where healthy food options are less available and vehicle ownership is low. The areas of lowest access to healthy food occurred in the northcentral and northeast parts of the city. The participants decided to leave the wording of this goal unchanged.

- **Goal 2.3: Support further development of the Local Foodshed Working Group, a diverse group of farmers, gardeners, organizations and individuals promoting healthier, more active living, raising awareness about local food, and completing a local food assessment in Lincoln.**

The Local Foodshed Working Group completed the Lincoln-Lancaster County Community Food Assessment in June 2016 and re-formed as a new organization, the Lincoln-Lancaster County Food Policy Council. The Food Policy Council is a diverse group of farmers, gardeners, businesses, organizations and individuals, whose mission is to develop integrated policies that promote a healthy and sustainable local food system. The participants decided to leave the wording of this goal unchanged.

- **Goal 2.4: Support efforts to sustain the Summer Food Service Program in low-income neighborhoods where high percentages of children who qualify for free or reduced-cost meals live.**

CHE has convened a working group to examine the feasibility of establishing a community kitchen and/or mobile food trucks to enhance summer feeding to low-income children. The participants decided to leave the wording of this goal unchanged.

- **Goal 2.5: Promote healthier beverage consumption to reduce sugar-sweetened beverage intake community-wide.**

Partnership for a Healthy Lincoln is promoting the Healthy Beverages at Work initiative, helping businesses and organizations institute healthy beverage options and vending policies. The City of Lincoln and Lancaster County government offices utilize "Choose Your Fit" First Choice Vending signs on all beverage vending machines. "Side-by-Side" beverage posters near the beverage vending machines that encourage employees to choose a lesser-calorie option are also being implemented. The participants decided to leave the wording of this goal unchanged.

- **Goal 2.6: Identify resources to support gardens through local farmers, professionals to encourage links between schools and childcare, community garden programs and local businesses.**

The City of Lincoln made changes in zoning regulations to allow more farming inside Lincoln city limits. Through community partnerships, including Lincoln Public Schools, Community Crops, the Lincoln-Lancaster County Health Department, Partnership for a Healthy Lincoln and UNL Extension, a document was developed to help guide schools through the process of applying for and building their own garden on site, called the Lincoln Public Schools Garden Manual. NeighborWorks wrote a grant to restart/grow gardens at Everett School and F Street Recreation Center. CHE funded a project to continue support for Community Crops to operate number mobile farmers' markets in underserved neighborhoods throughout Lincoln, Nebraska. Foodnet collects mostly perishable foods such as fruits, vegetables, dairy products and breads from businesses and gives it away at food-distribution centers and events in underserved areas. Community Crops, a Lincoln nonprofit, now has 12 garden sites throughout Lincoln, and there are at least seven active farmers' markets throughout the city. The participants decided to leave the wording of this goal unchanged.

- **Goal 2.7: Work with government agencies and community worksites to improve procurement of healthier foods and beverages, such as fruits and vegetables, water, and 100 percent fruit juices sold in vending machines and cafeterias.**

WorkWell member companies representing more than 4,800 employees have documented a number of worksite wellness initiatives and policies to improve nutrition, including efforts in nutrition label education; portion control; meeting guidelines/policies for food procurement; and healthier vending options. First Choice Vending is providing the option of removing vending machines and installing a kiosk, more commonly known as a micro market, with healthier options. Participants also noted that more effort could be focused toward encouraging schools and childcare facilities to conduct self-assessments and develop action plans aimed at improving policies, practices and environments toward healthier food and beverage options. The participants decided to leave the wording of this goal unchanged.

- **Goal 2.8: Establish, expand and promote community level based network of peer and professional support people and resources for breastfeeding.**

The Lincoln Community Breastfeeding Initiative works with health care providers across the city to establish policies and practices that encourage breastfeeding education, support consistent messaging, and guide mothers to appropriate breastfeeding assistance as it is needed. MilkWorks continues to work closely with Partnership for a Healthy Lincoln on the culturally diverse community breastfeeding educator project. Another education course is planned for early 2018 for another eight to 10 Certified Breastfeeding Educators. Participants acknowledged that other data sources could be further utilized to track breastfeeding initiation and duration, such as hospital discharge data. The participants decided to leave the wording of this goal unchanged.

- **Chronic Disease Prevention Objective 4: Decrease tobacco use in Lancaster County.**

- **Goal 4.1: Utilize local data such as the Nebraska Adult Tobacco Survey (ATS), Behavioral Risk Factor Surveillance Survey (BRFSS) and Youth Risk Behavior Survey (YRBS) to establish baseline data for assessing youth and adult e-cigarette use in Lancaster County.**

The Lincoln-Lancaster Health Department cites the 2015 and 2017 YRBS, reporting a

decrease in youth who reported using an electronic vapor product in the last 30 days (23.8 percent in 2015; 11.1 percent in 2017). The Health Department also states that 5.2 percent of BRFSS respondents reported being current e-cigarette users (2.3 percent using every day and 2.9 percent using some days). Moreover, vapor products were incorporated into tobacco compliance checks beginning in the spring of 2017. The participants decided to leave the wording of this goal unchanged.

- **Goal 4.2: Utilize school, community and law enforcement collaborations to prevent youth initiation of tobacco products, including tobacco retailer compliance checks.**  
The City of Lincoln had a 90.5 percent compliance rate during 2016 tobacco retailer compliance checks. Rural Lancaster County had a 90.0 percent compliance rate. Vapor product non-compliance among independent vapor shops was 25.0 percent. The participants decided to leave the wording of this goal unchanged.
- **Goal 4.3: Implement community and organizational policies for smoke-free/tobacco-free environments primarily where people live, work and play.**  
A number of businesses and organizations in Lincoln have built tobacco-free areas and campuses, and a tobacco-free campus policy summit was held in October of 2016 for Nebraska colleges, universities and businesses. The participants decided to leave the wording of this goal unchanged.
- **Goal 4.4: Encourage worksites to include e-cigarettes in new smoke-free/tobacco-free campus policies and into existing policies.**  
A growing number of businesses and organizations across Lincoln are now prohibiting e-cigarettes on their smoke-free campuses. The participants decided to leave the wording of this goal unchanged.
- **Goal 4.5: Provide childcare agencies and worksites asthma management education, an asthma-friendly site assessment to emphasize tobacco avoidance, and smoke-free entrances and/or tobacco-free campus policies to avoid tobacco triggers.**  
Asthma management clinics were held monthly in Lincoln. The Community Asthma Education Initiative reached 172 staff and families when they provided presentations to seven childcare centers on asthma management education. An Asthma Report Card was published and given to health care provider offices, libraries, coaches, childcare sites and work sites. The participants decided to leave the wording of this goal unchanged.
- **Goal 4.6: Expand and enhance collaboration among health care providers and community tobacco cessation resources aimed at improving promotion, referral and utilization.**  
More than 20 family practice offices and behavioral health providers received the Nebraska Tobacco Quitline information and materials over the past year. The participants decided to leave the wording of this goal unchanged.

## **2018 CHNA Priority: Behavioral Health Care**

The Behavioral Health Care priority addresses both mental health and substance use along with suicide prevention. The behavioral health care network within Lincoln and Lancaster County is well coordinated, and much of the priority's focus is on policy and system-level topics, such as increasing behavioral health

care coverage among insurers and integrating behavioral health care more completely into the model of primary care.

On April 27, 2018, the Behavioral Health Care Improvement Plan meeting was held at Bryan Medical Center, Bryan West Campus. Below is a list of the participants in attendance:

Name	Organization	Title
Amara Madsen	CEDARS Youth Services	Service Director
Andrea Haberman	Lincoln-Lancaster County Health Department	Community Health Services Manager
Arli Boustead	CHI Health	Healthier Communities and Community Benefit Coordinator
Ashley Wilksen	Mental Health Association of Nebraska	Diversion Services Coordinator
Brad Meyer	Bluestem Health	Chief Executive Officer
Catherine Fletcher	Health 360 Clinic	Integrated Care Clinic Manager
C.J. Johnson	Region V Systems	Administrator
Dave Miers	Bryan Health	Counseling & Program Development Manager
Donna Hammack	CHI St. Elizabeth	Chief Development Officer
Janelle Jensen	Bryan Health	Peer Support & Wellness Specialist
Jesse Davy	Lincoln-Lancaster County Health Department	Quality Coordinator
Jon Day	Blue Valley Behavioral Health	Executive Director
Julie Monfelt	Mental Health Association of Nebraska	Fiscal Director
Kasey Moyer	Mental Health Association of Nebraska	Executive Director
Lata Nawal	Lincoln-Lancaster County Health Department	Assistant Epidemiologist
Laura Schabloske	CHI Health / Clairrant Partners	
Laura Suhr	Lancaster County Human Services	Screening Specialist
Lindsey Drake	The HUB	Central Access Navigator
Luke Bonkiewicz	Lincoln Police Department	Police Officer
Mary Barry Magsamen	St. Monica's Behavioral Health Services for Women	Chief Officer of Organizational Growth
Michelle Nelson	CenterPointe	Chief Clinical Officer
Mike Woolman	Lincoln Police Department	Captain Southeast Team
Mindy Mousel	Lincoln Treatment Center	Program Director
Nathan Albright	Bryan Health	Market Analyst/Planning Strategist
Raju Kakarlapudi	Lincoln-Lancaster County Health Department	Public Health Epidemiologist
Sandy Lutz	Aging Partners	Administrator
Shannon Engler	Bryan Health	Mental Health Services Director
Shavonna Lausterer	Lincoln-Lancaster County Health Department	Health Director
Tammy Stevenson	The Bridge Behavioral Health	Executive Director

After introductions, the health department led the group through each objective and goal within the Behavioral Health Care priority. Participants gave observations from their field, and electronic voting took place, letting the group decide if and how much each objective and goal would need to be adjusted. The overview of the meeting below both references and quotes from the Lincoln-Lancaster County Health Department's 2017-2018 Behavioral Health Care Community Health Improvement Plan Update, which can be found in attachment C3.

- **Behavioral Health Care Objective 1: The community's system of behavioral health care must be able to adjust quickly and effectively to changes in the national, regional and state systems of care, and must be responsive to the changes in population and among the provider community (Preparation for Change/Innovation).**
  - **Goal 1.1: Prevent the criminalization of people with behavioral health issues.**  
Several efforts are underway since 2015 to prevent nonviolent offenders with

behavioral health issues from entering the criminal justice system, including the Behavioral Health Diversion program, offered by Lancaster County Community Corrections. In June 2018, Lancaster County Community Corrections also hosted a Sequential Intercept Mapping Workshop, designed for key stakeholders to develop a map that illustrates how people with behavioral and substance use disorders come in contact with and flow through the local criminal justice system and opportunities to divert them to appropriate services. On a statewide level, the Nebraska Mental Health Court committee is working to develop a Mental Health Court System in district courts, comprising individuals from probation, county prosecutors, public defenders, behavioral health providers and academia.

- **Goal 1.2: Share information easily and quickly among behavioral health providers in order to improve coordination of care.**

When this objective was originally created in 2013, eBHIN, a behavioral health clinical information sharing system, was envisioned as the means to accomplish it. The Board of Directors of eBHIN made the decision to dissolve the corporation in 2016. The technology involved needed broader community participation to reach the scale needed within the timeframe of seed funding.

- **Goal 1.3: Increase the use of trauma-informed care among behavioral health providers, law enforcement and judicial and corrections personnel.**

There continues to be a Trauma-Informed Workgroup comprising consumers, network providers, Region V Systems staff and other community stakeholders. This group is responsible for planning, developing, marketing, implementing and evaluating strategies to increase awareness and promote a trauma-informed care service delivery system. In 2016 and 2017, the Trauma-Informed Workgroup focused on increasing evidence-based, trauma-specific treatment services by sponsoring trainings during the year that included Eye Movement Desensitization and Reprocessing, Dialectical Behavioral Therapy, and an annual Behavioral Threat Assessment training.

- **Goal 1.4: Increase the use of the Recovery Model among behavioral health providers.**

Wellness Recovery Action Plans (WRAP) are recognized by SAMHSA as an evidence-based practice. Trained peer specialists (individuals with lived behavioral health experience) lead WRAP groups, and engage individuals in an understanding that they have personal resources they can use to direct their own wellness. Bryan Medical Center Behavioral Health Services provides WRAPs to individuals in the community at no cost, and all programs of the Mental Health Association of Nebraska (MHA) are developed and implemented based on the recovery model.

- **Goal 1.5: Expand the number of providers of behavioral health services such as peer specialists, advanced practice registered nurses (APRNs), physician assistants (PAs), licensed independent mental health practitioners and psychiatrists.**

The Statistical Brief of Behavioral Health Providers in Nebraska 2010-2016 shows that with the exception of psychiatrists, the number of behavioral health providers per 100,000 population was higher in Region V compared to the state average. However, 57 percent of psychiatrists and 56 percent of licensed alcohol and drug counselors who are currently practicing in Region V are aged 56 years or older. There also is less racial/ethnic diversity, language skills, and young child specialists among behavioral

health providers in Region V. Replacing retiring providers is imperative for Lancaster County; however, recruitment efforts also should focus on expanding access to a racially/ethnically diverse pool of providers, providers with language skills reflective of the languages most commonly spoken in the community, and child behavioral health providers.

- **Behavioral Health Care Objective 2: Lincoln will have an accessible and responsive behavioral health pre-crisis system in order to reduce higher levels of care to treat the needs of the patient (Pre-Crisis Care).**

- **Goal 2.1: Support and expand voluntary, drop-in, un-locked pre-crisis care centers with warm line services, which are staffed 24 hours per day with behavioral health professionals, including peers specialists, to provide assessment, support, connection to care, referral and safety.**

One measure of successful pre-crisis intervention is a declining number of emergency protective custody orders (EPCs). During the fiscal year 2016-2017, there were 656 EPC admissions in Region V, 99 of which were repeat admissions. Of all mobile crisis team calls from law enforcement, 88 percent were diverted from EPC. CenterPointe's Crisis Response services, which consist of a 24-hour hotline for youth, adults and families; walk-in crisis services; and in-the-field support for youth and families encountering Lincoln Police Department; answered 2,445 calls between May 2017 and April 2018. MHA's Honu Home and Keya House are open every day for individuals wishing to speak to a peer specialist, and offer a voluntary night's stay, based on availability and other factors. MHA has two 24/7 warm lines that are answered by a trained peer specialist, which receive an average of 300-400 calls per month. Targeted Adult Service Coordination (TASC) services of Blue Valley Behavioral Health are primarily rurally based, and work with rural law enforcement and some rural hospitals. TASC is funded by Region V, and has about an 80 percent diversion rate. CEDARS Youth Services opened the Youth Opportunity Center in February 2017, which provides a safe place for runaway, homeless and at-risk youth, and 138 youth have received intensive outreach and support service through the center in the past year.

- **Behavioral Health Care Objective 3: Lincoln will be prepared for the Affordable Care Act and Nebraska's behavioral health reform for persons eligible for Medicaid (Health Care Reform).**

- **Goal 3.1: Connect people in need of behavioral health services to health insurance whenever possible, effectively and efficiently.**

Since 2013, in-person assisters have been available to help individuals enroll in the Health Insurance Marketplace and Nebraska Medicaid at Community Action Partnership of Lancaster and Saunders Counties, Bluestem Health, and the Lincoln-Lancaster County Health Department. Despite a 50 percent decrease in the time to enroll in 2017, local in-person assisters received more referrals for assistance than in previous years. The number of uninsured Lancaster County adults between the ages of 18 and 64 decreased by 24 percent from 2012 (35,707) to 2016 (27,097). Other programs include: SOAR Lincoln by CenterPointe, which offers people living with behavioral health disorders technical assistance in completing SSI/SSDI applications; the Aging and Disability Resource Center, which provides Nebraskans age 60 and older with information, referral, and help with accessing community services and long-term care options; and

the Mental Health Association's HOPE program, which helps those with behavioral health issues find complete employment with a livable wage based on the person's preference. Details concerning all of these programs can be found in attachment C3.

- **Behavioral Health Care Objective 4: Lincoln will have an integrated behavioral health safety net, free of silos and turf battles for improved coordination of care (integrated service delivery).**
  - **Goal 4.1: Encourage behavioral health providers to co-locate and contract with primary care.**

Health 360 Clinic, which is a partnership between Lutheran Family Services of Nebraska (a behavioral health services provider) and Bluestem Health (a primary care provider and a federally qualified health center), began serving clients in early 2015. Health 360 Clinic has expanded both its location and its offerings within the community over the past three years.
- **Behavioral Health Care Objective 5: Lincoln will expand access to behavioral health providers who serve the poor, uninsured and Medicaid-eligible populations (the underserved).**
  - **Goal 5.1: Increase the number of general health providers knowledgeable in behavioral health issues to assure coordinated care to people without a serious and persistent behavioral health issue.**

Bryan Medical Center Behavioral Health Services has trained health psychologists on staff to provide care both in Bryan's Counseling Center and also at all of the Bryan Physician Network offices, including the Crete Area Medical Center. CHI Health St. Elizabeth organized and sponsored a Whole Health Action Management (WHAM) training session held in April 2018, and will work with participants over the next year to track the WHAM's effectiveness.
  - **Goal 5.2: Increase the use of Peer Specialists. Invest in training, educational support, and innovative projects regarding this concept.**

Peer Specialists are on staff at Bryan Medical Center and work in the behavioral health emergency department, where they help individuals understand the emergency room assessment process; work with providers and patients on the behavioral health inpatient units; and provide community WRAP groups. In addition, the Mental Health Association of Nebraska (MHA) currently employs 38 peer specialists. All MHA programs are peer-run, including Keya House, Honu Home, REAL, HOPE and Home BASE.
- **Behavioral Health Care Objective 6: Lincoln's Behavioral Health System is prepared to serve special populations who otherwise are underserved, unfunded and unconnected.**
  - **Goal 6.1: Invest in screening and prevention strategies for youth and aging populations to identify behavioral health needs as early as possible.**

Blue Valley Behavioral Health Crisis counselors are contracted to privately work with Lincoln Public Schools to address youth who may be in an acute emotional crisis, and also provide similar services to Lancaster County Juvenile Detention Center, rural law enforcement and probation, and CHI Health St. Elizabeth. Bryan Medical Center also worked with Lincoln Public Schools to develop a protocol that LPS uses for the referral and administration of the Suicide Behavior Questionnaire-Revised (SBQ-R) screening tool. This tool was implemented in all Lincoln Public elementary, middle, and high schools in 2017. Bryan Medical Center also provides online behavioral health screenings

at no cost to the community. In addition, the Harvest Project provides community support services to individuals 55 and older who have a severe and persistent behavioral health diagnosis. The Harvest Project is a collaboration of Region V, Lutheran Family Services and Aging Partners to address the complicated and significant needs of the elderly with mental health issues.

- **Goal 6.2: Address the challenge of youth in the foster care system “aging out” of the behavioral health system.**

The Lincoln Connected Youth Collaborative has a Central Access Navigator to help people ages 16 to 24 in Lancaster County who have or had experience in foster care navigate the system of available resources that will help them transition successfully into adulthood. The HUB’s Central Navigator helps young people determine what services they want and need, access those services, and ensure they are working together to provide a system of support. CEDARS Youth Services operates the Bridges Transitional Living Program to provide community-based housing (scattered site apartments) and support services for probation and state ward youth ages 17 to 19 who are working toward independent living and/or aging out of the system. The Mental Health Association of Nebraska provides WRAP in five Lincoln high schools and at Waverly High. This is provided by their Home BASE (Bullying and Suicide Eliminated) program, which is funded by the Community Health Endowment of Lincoln.

- **Behavioral Health Care Special Focus: Suicide Prevention and Postvention in Lincoln Nebraska, 2018.**

Suicide is currently the second leading cause of death for youth ages 15 to 24 in Lancaster County, and the 10<sup>th</sup> leading cause of death for all ages combined in the previous three years (2014-2016). Suicide ideation (at least once in the past 12 months) among high school students was 17.5 percent in 2015 in Lancaster County, and 14 percent of all high school students attempted suicide at least once in the previous 12 months in 2015 in Lancaster County. The City of Lincoln and Lancaster County have been involved in various suicide prevention efforts; some on a state level influencing the local level, and some specifically on the local level. These efforts include forming the Nebraska State Suicide Prevention Coalition; starting and expanding Local Outreach to Suicide Survivors (LOSS) teams across the state; forming the Local Suicide Prevention Coalition in Lincoln, installing suicide prevention signs in parking garages, starting a marketing campaign aimed at youth suicide prevention in Lincoln called HOPELNK.ORG; developing the SBQ-R and related protocols for LPS and the city; collaborating with the Lincoln Police Department to host Gun Amnesty Days, working with local gun shops on means restriction, and other matters.

## **2018 CHNA Priority: Access to Care**

The Access to Care priority aims to increase the community’s access to medical, dental and behavioral health care. This includes identifying both logistical and financial barriers to care, as well as exploring strategies to increase the number of Lincoln and Lancaster county residents with health care coverage and medical and dental homes.



On May 17, 2018, the Access to Care Improvement Plan meeting was held at CHI Health St. Elizabeth. Below is a list of the participants in attendance:

Name	Organization	Title
Andrea Haberman	Lincoln-Lancaster County Health Department	Community Health Services Manager
Arli Boustead	CHI Health	Healthier Communities and Community Benefit Coordinator
Brad Meyer	Bluestem Health	Chief Executive Officer
Catherine Fletcher	Lutheran Family Services	Integrated Care Clinic Manager
Charlotte Burke	Lincoln-Lancaster County Health Department	Health Promotion, Data & Evaluation Manager
Cynthia Covert	Lancaster County General Assistance	General Assistance Officer
David Humm	Lincoln-Lancaster County Health Department	Public Health Educator
Donna Hammack	St. Elizabeth's Foundation/NE Heart Foundation	Chief Development Officer
Eric Savaiano	Enroll Nebraska	Statewide Coordinator
Galen Bernadt	Lincoln ED Connections	ED Connections Program Coordinator
Gwendy Meginnis	Lincoln-Lancaster County Health Department	Dental Health & Nutrition Manager
Jean Stilwell	Center for People in Need	
Jesse Davy	Lincoln-Lancaster County Health Department	Quality Coordinator
Dr. Katie Garcia, D.D.S	Lincoln-Lancaster County Health Department	Board of Health Member
Laura Schabloske	CHI Health/Clairrant Partners	
Lori Seibel	Community Health Endowment	President and Chief Executive Officer
Michelle Nelson	CenterPointe	Chief Clinical Officer
Mike Molvar, D.D.S.	Community Health Endowment	Board Member
Nathan Albright	Bryan Health	Market Analyst/Planning Strategist
Nicole Engelbart	Lincoln-Lancaster County Health Department	WIC Supervisor
Raju Kakarlapudi	Lincoln-Lancaster County Health Department	Public Health Epidemiologist
Serena Reeves	Community Action Partnership of Lancaster & Saunders Counties	Health LNK Program Specialist
Stacy Woita	Lincoln-Lancaster County Health Department	Dental Hygiene Supervisor
Teresa Harms	Clinic with a Heart	Executive Director
Shirley Terry	Health 360 Integrated Care/Lutheran Family Services	Chief Operating Officer

After introductions, the health department led the group through each objective and goal within the Access to Care priority. Participants gave observations from their field, and electronic voting took place, letting the group decide if and how much each objective and goal would need to be adjusted. The overview of the meeting below both references and quotes from the Lincoln-Lancaster County Health Department's 2017-2018 Access to Care Community Health Improvement Plan Update, which can be found in attachment C4.

- Access to Care Objective 1: Increase the percent of the population ages 18 to 64 with health care coverage from 2014's rate of 84.8 percent to 92 percent by 2018.**

This objective has not been met. However, the percentage of Lancaster County adults with health insurance increased from 81.5 percent in 2011 to 88.5 percent in 2016, the most recent data set available.
- Access to Care Objective 2: Increase the percent of population with a usual primary care provider to 85 percent by 2018.**

While the community is close to completing this objective, achieving 82.3 percent of the population having a usual primary care provider in 2016, Access to Care CHIP participants

identified a continued lack of understanding among patients about appropriate use of a medical home.

- **Goal 2.1: Utilize patient advocates who personally assist people in accessing appropriate care and services.**

Local assisting agencies in Lancaster County, including Bluestem Health, Community Action Partnership of Lancaster & Saunders Counties, Lincoln-Lancaster County Health Department and Nebraska Appleseed/Enroll Nebraska, have formed a cooperative, meeting monthly over the past five years to share expertise, resources and marketing strategies. The cooperative focuses medical home educational and marketing efforts on uninsured populations within the medically underserved area of Lincoln. The cooperative also reaches the working poor who have multiple jobs without benefits by working with employers who hire part-time staff.

- **Goal 2.2: Implement a targeted education and recruitment campaign to promote the medical and dental home concept to consumers.**

CHIP Access to Care partners discussed the importance of educating and enforcing the medical and dental home concept among consumers and providers to increase care coordination and reduce duplicative care. In 2015, the Community Health Endowment worked with the Lancaster County Medical Society to develop and distribute educational brochures in the community. This brochure has been updated as needed since 2015.

- **Goal 2.3: Encourage the private medical community to continue to be engaged in a specific effort to assure an increased number of medical homes are available for both uninsured and insured individuals as implementation of ACA occurs.**

There is a projected widening gap between the supply and demand of medical and dental homes in Lancaster County, citing “The Status of the Healthcare Workforce in the State of Nebraska, 2018” by the University of Nebraska Medical Center in collaboration with the Nebraska Area Health Education Center, and “Nebraska’s Multi-Regional Nursing Workforce Model, Technical Report & Main Findings, 2017” by the Nebraska Center for Nursing. These reports cited an aging physician population in Nebraska; a decreasing rate of dentists per 100,000 population in Nebraska; and a nursing shortage in Lancaster and Seward Counties combined. The reports did state that Lancaster and Douglas Counties did not have a shortage of primary care physicians (unlike the rest of the state), and that there was a 52 percent increase in the number of active physician assistants in Nebraska between 2007 and 2017.

- **Goal 2.4: Primary care providers who serve low-income, uninsured, Medicaid and Medicare populations in Lancaster County promote and engage patients in utilizing the medical and dental home concept. One way to accomplish this is to promote medical record integration.**

Bluestem is recognized as a patient-centered medical home (level 2) through the National Committee for Quality Assurance. This certification may help expand the medical home concept if funding ever becomes attached to certification. Bluestem Health has made strides over the past three years in integrating behavioral health therapists into the primary care setting. Bluestem’s electronic health record also allows

primary care providers and behavioral health consultants to better coordinate their patients' care.

- **Goal 2.5: The community should continue existing efforts and expand pilot projects that focus on parity and an integrated provider response, assuring that behavioral health is integrated with primary care, specialty care, pharmacy and dentistry.**

Organizations within the community that have worked to integrate behavioral health into primary care have learned that behavioral health provision is not profitable. Bluestem Health's model of integration also integrates chronic disease management. CHI Health St. Elizabeth is working with other community organizations to evaluate the effectiveness and viability of the Substance Abuse Mental Health Services Administration's Whole Health Action Management (WHAM) as an evidence-based program to be implemented in the community.

## VII. Community Assets Identified

The community of Lincoln and Lancaster County, Nebraska has a wide range of personal health care providers, mental health providers, physician clinics, other health facilities and medical and dental providers that address the needs of the local population, as well as residents throughout the state and region. Some of the major providers and resources are listed below.

### Acute Care Services

- **Bryan Health:** Bryan Health is a non-profit, Nebraska owned health system with an acute care hospital on two campuses (Bryan Medical Center, Bryan East Campus with 374 licensed beds, and Bryan Medical Center, Bryan West Campus with 266 licensed beds), ambulatory services and the Bryan Physician Network, consisting of primary care and specialty providers. Hospital services at Bryan Medical Center include: cardiology, orthopedics, trauma, neuroscience, mental health, obstetrics, neonatal intensive care, rehabilitation and oncology. Bryan Medical Center also is the community's only provider of inpatient mental health services and substance use treatment.
- **CHI Health St. Elizabeth:** CHI Health St. Elizabeth is a non-profit, faith-based care provider affiliated with Catholic Health Initiatives. With 260 licensed beds, CHI Health St. Elizabeth's services include: newborn and pediatric care, women's health, emergency medicine, orthopedics, neuroscience, oncology, cardiology, and burn and wound care. (Source: <https://www.chihealth.com/st-elizabeth/about-us.html>)
- **CHI Health Nebraska Heart:** CHI Health Nebraska Heart provides cardiac care professionals and procedures with a 63-bed facility. CHI Health Nebraska Heart is affiliated with Catholic Health Initiatives. (Source: <https://www.chihealth.com/nebraska-heart/locations/heart-hospital.html>)
- **The Lincoln Regional Center:** The Lincoln Regional Center is a 250 bed, Joint Commission-accredited state psychiatric hospital operated by the Nebraska Department of Health and Human Services. (Source: [http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_rc\\_lrcserv.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_rc_lrcserv.aspx))
- **Lincoln Surgical Hospital:** Lincoln Surgical Hospital is a for-profit facility licensed for 21 beds, offering surgical services on an outpatient or inpatient basis. (Source: <https://lincolnsurgery.com/about-lincoln-surgical-hospital/>)

- **Madonna Rehabilitation Hospital:** Madonna Rehabilitation Hospital is one of the nation's foremost facilities for medical rehabilitation and research, and specializes in traumatic brain injury, spinal cord injury and pediatric rehabilitation. (Source: <https://www.madonna.org/about>)
- **Pioneer Heart Institute:** Pioneer Heart Institute provides cardiovascular services to Lancaster County and Southeast Nebraska. Board certified cardiologists help patients manage heart disease symptoms through lifestyle changes, medication and interventional procedures. (Source: <https://pioneerheart.com/about>)

### Primary Care Services

- **Bluestem Health (was the People's Health Center):** Bluestem Health provides care for the community's medically underserved population as a federally qualified health center. (Source: <https://www.bluestemlincoln.com/about-us/>)
- **Clinic with a Heart:** Clinic with a Heart has volunteer providers, nurses and administrators who offer primary care services for the uninsured and underinsured within the community. (Source: <http://clinicwithaheart.org/who-we-are/>)
- **Health 360 Clinic:** Health 360 Clinic is a collaboration between Bluestem Health and Lutheran Family Services, and is supported by the Community Health Endowment to provide mental and physical health care services to the community's medically-underserved and uninsured populations. (Source: <https://www.lfsneb.org/service/health360clinic/>)
- **Lincoln Medical Education Partnership:** Lincoln Medical Education Partnership trains family medicine physicians in response to a growing need for primary care providers, and provides a full range of health care education and services. (Source: <https://www.lmep.com/about-us-1>)
- **Lincoln Veterans Administration Medical Center:** Lincoln Veterans Administration Medical Center provides primary care and behavioral health services on an outpatient basis. (Source: [https://www.nebraska.va.gov/locations/Lincoln\\_CBOC.asp](https://www.nebraska.va.gov/locations/Lincoln_CBOC.asp))
- **Nebraska Urban Indian Health Coalition:** The Nebraska Urban Indian Health Coalition provides primary health care services to insured and uninsured Native Americans as well as others living in the service area. (Source: <http://www.nuihc.com/about-us/>)
- **Urgent Care Clinics:** Urgent care clinics throughout Lincoln provide primary care services outside physicians' normal working hours. There currently are six urgent care clinics throughout Lincoln, and more within the outlying towns and communities of Lancaster County.
- **University Health Center, University of Nebraska-Lincoln:** The University Health Center provides primary care services for students enrolled at the University of Nebraska-Lincoln on an outpatient basis. (Source: <https://health.unl.edu/>)

### Behavioral Health Care Services

- **Blue Valley Behavioral Health:** Blue Valley Behavioral Health is a private non-profit organization that provides outpatient behavioral health services in 12 offices throughout 16 mostly rural counties in southeast Nebraska. (Source: <http://bvbh.net/index.php/about-our-company/>)
- **The Bridge Behavioral Health:** The Bridge Behavioral Health is a professional, nationally-accredited treatment center, specializing in treating alcoholism and drug addiction. The Bridge provides medically-supervised detoxification, outpatient and residential treatment, and a variety of recovery support services. (Source: <https://thebridgenebraska.org/about-us/>)

- **CenterPointe:** CenterPointe offers a broad continuum of care, including treatment, rehabilitation and housing, to individuals with mental health and substance use issues. CenterPointe's services are particularly focused on low-income and homeless individuals. (Source: <https://www.centerpointe.org/about/>)
- **Lincoln Treatment Center:** The Lincoln Treatment Center is fully licensed by the State of Nebraska to provide outpatient treatment of opioid addiction. (Source: <http://www.methadonetreatmentcenter.com/our-locations/nebraska/lincoln-treatment-center>)
- **Mental Health Association of Nebraska:** The Mental Health Association of Nebraska is a completely peer-operated, participant-driven organization that provides a variety of programs for individuals with mental health and/or substance use issues. It was incorporated in 2001, and currently is the only non-profit, peer-run organization in Nebraska, offering alternative options for mental health and substance use-related issues. (Source: <https://mha-ne.org/who-we-are/>)
- **Region V Systems:** Region V Systems develops and coordinates publicly funded behavioral health services within its service area (the counties of Polk, Butler, Saunders, York, Seward, Lancaster, Otoe, Fillmore, Saline, Thayer, Jefferson, Gage, Johnson, Nemaha, Pawnee and Richardson). Region V Systems performs comprehensive planning activities, integrates and coordinates the delivery of services, prepares and administers budgets, monitors the system's performance, and takes corrective action when necessary. (Source: <http://region5systems.net/who-we-are/>)
- **St. Monica's:** Since 1964, St. Monica's has provided recovery within a home-like environment to help empower women combating a variety of problems intertwined with substance abuse. St. Monica's trauma-informed and evidence-based practices address the root cause of addiction. (Source: <http://www.stmonicas.com/about>)

#### Ancillary Care Services

- **Lancaster County Medical Society:** The Lancaster County Medical Society helps individuals in finding a physician, patients in finding free or low-cost prescription drugs, and uninsured patients in finding community resources to help meet health care needs. It also works with health care providers to provide specialty care as needed. (Source: <http://www.lcmsne.org/about-lcms.html>)
- **Lincoln ED Connections:** Bryan Health has collaborated with CHI Health St. Elizabeth to provide ED Connections, a program that helps connect individuals presenting with non-emergent needs in the emergency department with appropriate resources and support. Services provided include case management, narcotic monitoring and diversion services, medication assistance, service coordination, and medical equipment donation.

#### Resource, Support and Advocacy Services

- **Aging Partners:** Aging Partners is part of the national network of area agencies on aging, serving Lancaster, Butler, Fillmore, Polk, Saline, Saunders, Seward, and York counties. Aging Partners serves adults age 60 and older in the areas of being well, planning ahead, staying involved, and living at home. (Source: <https://lincoln.ne.gov/city/Mayor/aging/index.htm>)
- **CEDARS Youth Services:** CEDARS helps children and youth achieve safety, stability and enduring family relationships. CEDARS gives support to families in crisis and also provides emergency

shelter and foster care placement for children and youth in need. (Source: <https://www.cedars-kids.org/who-we-help/>)

- **Center for People in Need:** The Center for People in Need serves thousands of people seeking to improve their circumstances in life. The Center's facilities include expansive classroom space, a fully equipped distribution warehouse, conference space, computer labs and job training facilities. The Center's core areas of impact include hunger prevention through on-site and off-site distribution of food and household goods; social support through toy drives; back to school and teen clothing events; holiday events; furniture assistance; and disaster assistance. The Center also offers resource and referral services; adult education through tuition-free college associate's degrees (made possible by a partnership with Southeast Community College); as well as daily on-site English language courses; and programming for ex-offenders from Nebraska correctional facilities that offers support and teaches job and life skills to help them re-enter society and the workplace. (Source: <https://www.thecenterforpeopleinneed.org/>)
- **Children's Center for the Child & Community:** The Center for the Child & Community was created to support and advocate for the health, safety and wellbeing of every child. The Center is a part of the Children's Hospital & Medical Center in Omaha, and it engages the community through partnerships with stakeholders, as well as strategic planning and collaborative implementation of community health priorities. The Center for the Child & Community is headquartered in Lincoln, Nebraska and formerly operated under the name Teach a Kid to Fish. (Sources: <https://www.childrensomaha.org/get-involved/advocacy-outreach/center-for-the-child-community/>; <http://www.healthylincoln.org/partners/partners/center.html>)
- **Community Action Partnership of Lancaster and Saunders Counties:** The Community Action Partnership of Lancaster and Saunders Counties is a non-profit, community-based organization that offers a variety of programs, including early childhood education, matched savings programs, and more, to the two counties' low-income populations. (Source: [http://www.communityactionatwork.org/about/who\\_we\\_are/](http://www.communityactionatwork.org/about/who_we_are/))
- **Enroll Nebraska/Nebraska Appleseed:** Enroll Nebraska is a service offered by Nebraska Appleseed to help Nebraskans sign up for health coverage. Nebraska Appleseed works to connect people in poverty to programs and resources that lead to true financial independence, as well as advocating and supporting improvements to state and national immigration policies and child welfare policies. (Sources: <https://enroll-ne.org/>; <https://neappleseed.org/>)
- **Food Bank of Lincoln:** The Food Bank of Lincoln collects food from local processors, farms, distributors and supermarkets, along with other donors and locations. These donations are distributed to more than 60 non-profit programs across 16 Southeast Nebraska counties. (Source: [http://lincolnfoodbank.org/pdf/Food\\_Bank\\_Brochure.pdf](http://lincolnfoodbank.org/pdf/Food_Bank_Brochure.pdf))
- **The HUB:** The HUB provides support and access to services for young people transitioning into adulthood who are disconnected from their family and the community. The HUB was created by the Transitional Service Network, a committee of representatives from 25 youth-serving organizations who identified a gap in service for young adults ages 16 to 24 who are experiencing barriers to becoming productive adults. (Source: [hublincoln.org/about/history/](http://hublincoln.org/about/history/))
- **Lutheran Family Services:** Lutheran Family Services offers varied community services, children's services and behavioral health services across Nebraska. These include complete adoption services for both birth and adoptive parents; family search services; foster care programs; support for young parents; pregnancy and parenting counseling; refugee and immigrant case

management; cultural orientation; legal services; employment and job readiness training; child behavioral health care; adult behavioral health care; integrated care; and more. (Source: <https://www.lfsneb.org/>)

- **Nebraska Safety Council:** The Nebraska Safety Council provides leadership and resources to promote a safe and healthy environment in our workplace, on our roads, and in our homes and communities. The Council offers a variety of workplace safety and wellness programs to employers, as well as defensive driving and driver improvement programs, and awareness and education on home and community safety. (Source: <https://www.nesafetycouncil.org/index.php/about-us-home>)
- **Partnership for a Healthy Lincoln:** The Partnership for a Healthy Lincoln is a non-profit organization dedicated to improving the health, wellness and fitness of Lincoln and Lancaster County residents. The Partnership works to improve wellness policies; conducts community-level research; and evaluates the success of local health initiatives. It also collaborates with local organizations on joint projects to increase fitness, decrease obesity and improve health. (Source: <http://www.healthylincoln.org/aboutus/>)
- **People's City Mission:** The People's City Mission has served as the primary facility in Lincoln for people needing immediate emergency shelter. The People's City Mission offers a homeless shelter; a free clinic for dental, chiropractic and mental wellness services; and a help center that distributes goods to those in need at no charge. The People's City Mission is the largest homeless shelter per capita in the United States. (Source: <https://pcmlincoln.org/about/where-we-work/>)
- **Safe Kids Lincoln-Lancaster County:** Safe Kids Lincoln-Lancaster County consists of member partners from more than 40 public and private organizations focusing on six of the leading causes of unintentional injury to children age 14 and younger: child passenger safety; child pedestrian and bike safety; fire and burn prevention; water safety; home safety; and sports injury prevention. Safe Kids Lincoln-Lancaster County's goals are to increase community knowledge on preventing unintentional injury of children, to identify and modify environmental safety hazards within our community, and to reduce child injuries by initiating and supporting policy development and law enforcement efforts. (Source: <http://www.safekidslincoln.org/about/>)
- **Voices for Children in Nebraska:** Voices for Children in Nebraska is the independent voice building pathways to opportunity for all children and families through research, policy and community engagement. Voices for Children is committed to ensuring that all Nebraska children continue to have a vital, trusted resource and voice in every classroom, courtroom, newsroom and legislative chamber in the state. (<https://voicesforchildren.com/about-us/>)

### Population Health Organizations

- **Lincoln-Lancaster County Health Department:** The Lincoln-Lancaster County Health Department provides public health service, including a limited amount of primary care services, such as specialized clinic services, immunizations, dental care, women, infants and children, and home visitation. It also monitors air and water quality; regulates and issues permits; enforces city ordinances; responds to hazmat spills and other public health emergencies; inspects food establishments; and promotes a safe, healthy and livable community. (Source: <http://lincoln.ne.gov/city/health/>)

- **Nebraska Department of Health and Human Services:** The Nebraska Department of Health and Human Services provides a range of services throughout the state, including ensuring the cleanliness and safety of drinking water; licensing and certifying health care professionals; assisting elderly and low-income individuals; providing safety to abused and/or neglected individuals; and more. Thousands of Nebraskans rely on the services of the department’s seven 24-hour facilities. (Source: <http://dhhs.ne.gov/Pages/default.aspx>)

#### **Population Health Tools**

- **Area Deprivation Index Neighborhood Atlas:** The Area Deprivation Index (ADI) ranks neighborhoods by level of socioeconomic disadvantage, including factors from income, education, employment, and housing quality. The index was developed by Amy Kind, MD, PhD, and based on a measure created by the Health Resources & Service Administration. The current ADI (2018) uses the 2013 American Community Survey Five Year Estimates in its construction, and is limited based upon the limitations of that source data. The Neighborhood Atlas allows this data to be freely distributed in the form of a visual map, and is housed on the University of Wisconsin’s website. (Source: <https://www.neighborhoodatlas.medicine.wisc.edu/>)
- **Place Matters:** In 2015, the Community Health Endowment of Lincoln mapped factors such as poverty, obesity, access to health care, and other socioeconomic factors within Lincoln to investigate the links between socioeconomic disadvantage and health issues at a local level. The maps also allowed for the focus of resources into areas of greatest need. These maps were updated in 2017, and many new factors were involved, including healthy food access, tobacco use, first-trimester prenatal care, dental care, and mental health calls. (Source: <http://www.chelincn.org/placematters/>)

#### **Other Community Assets**

- **Community Health Endowment of Lincoln:** The Community Health Endowment of Lincoln (CHE) is a municipal endowment dedicated to making Lincoln, Nebraska the healthiest community in the nation. To achieve this goal, the Community Health Endowment invests in health-related nonprofits and agencies; works to ensure a strong health care safety net and access to coordinated care and medical homes; and convenes the community around important health issues. Since its inception in 1999, the endowment has returned more than \$19 million to the community. The endowment was established following the sale of Lincoln General Hospital to Bryan Memorial Hospital (now Bryan Health). The sale created net revenues of approximately \$37 million to the city of Lincoln. (Source: <http://www.chelincn.org/about-us/>)

### **VIII. Summary: Assessment and Priorities**

A description of the health assessment and its corresponding evaluations are addressed in Section V. Section VI lists the evaluation and adjustments of the community’s priority health needs for 2018. As a result of the assessment and priority community health needs process, the Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership participants have committed to focus implementation strategies on the following priority community health needs: Access to Care, Behavioral Health Care, Chronic Disease Prevention and Injury Prevention.



## **IX. Next Steps**

The priority health needs put forth in this assessment, along with their evaluated and adjusted objectives and goals, will be the basis of Bryan Medical Center's Community Health Improvement Plan. Furthermore, these needs, objectives and goals will be assessed and reflected in Bryan Medical Center implementation strategy reports, which will identify resources currently committed to the priority community health needs, as well as additional resources needed to secure improved outcomes at the hospital and in the community.

## **X. Adoption/Approval**

This Community Health Needs Assessment was approved and adopted by the Bryan Medical Center Board of Trustees on Monday, November 26, 2018.