Table of Contents

I. Introduction ................................................................................................................................. 3
II. Description of Community Served ............................................................................................ 3
III. Crete Area Medical Center and Community Assets ............................................................... 3
IV. Evaluation of Previous Implementation Plan ........................................................................... 5
V. 2015 Community Health Needs Assessment ............................................................................. 7
VI. Priority Community Health Needs Identified ........................................................................... 8
VII. Summary: Assessment and Priorities ..................................................................................... 9
VIII. Next Steps ............................................................................................................................. 10
IX. Adoption/Approval .................................................................................................................. 10

Appendices

Appendix A: Saline County Health Rankings, University of Wisconsin School Population Health Institute
Appendix B: CAMC Community Meeting Results dated September 17, 2015
I. Introduction

This Community Health Needs Assessment Report is prepared and submitted by Crete Area Medical Center in partnership with Public Health Solutions District Health Department (PHS). For the purposes of this report, the community served includes the City of Crete and Saline County.

II. Description of Community Served

<table>
<thead>
<tr>
<th>Saline County Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land area, 2015 (square miles)</td>
</tr>
<tr>
<td>Persons per square mile, 2015</td>
</tr>
<tr>
<td>Total population, 2015 estimate</td>
</tr>
</tbody>
</table>

Saline County is currently the only county with positive population growth within the five county service area of PHS. The three largest communities in Saline County are Crete (Pop. 7,180), Wilber (Pop. 1,817), and Friend (Pop. 1,015).

Crete is served by the Crete Area Medical Center and Crete Area Medical Center Clinic as well as Saline Medical Specialties. Crete Area Medical Center also operates the Wilber Medical Clinic in Wilber. Friend is served by Warren Memorial Hospital and Friend Medical Center. Public Health Solutions District Health Department serves a five county area in the region which includes Crete and Saline County.

The City of Crete has the fastest-growing Hispanic population in Nebraska. The 2015 estimates from the American Community Survey indicate that persons of Hispanic origin make up 23.87% of the population in Saline County, versus 10.35% for Nebraska.

The major employers in Crete/Saline County include Bunge Milling, Farmland Foods, and Nestle/Purina among others. In addition, Crete is home to Doane College, a private, liberal arts college.

III. Crete Area Medical Center and Community Assets

Crete Area Medical Center, a subsidiary of Bryan Health, features 24 private patient rooms, two surgery suites, physical therapy and cardiac rehabilitation space, a trauma area within the emergency department and a helicopter pad. It serves approximately 440 patients per year with approximately 69,000 outpatient visits. Crete Area Medical Center Clinic is a fully staffed medical clinic that provides primary care to the residents of Crete and surrounding areas. The Crete Area Medical Center Clinic serves an estimated 22,000 patients per year.
Saline Medical Specialties, a fully staffed medical clinic, is part of the CHI Health Saint Elizabeth Physician Network. It serves residents of Crete and surrounding areas. Saline Medical Specialties served 11,853 patients last year.

Warren Memorial Hospital, also located within Saline County, features a 14 acute care beds and 51 long-term care beds within one facility. Warren Memorial provides acute care, long-term care, outpatient clinics, outpatient surgery, skilled care and therapy, community and special services. It serves an estimated 26 inpatients/clients monthly and 35,000 outpatients. Friend Medical Center, PC also provides primary care in the community of Friend.

The ESL/Migrant Education Program at Crete Public Schools served 243 adult students within the past year with 224 meeting the State’s retention requirements. In addition, the school sponsors a federally funded Even Start Program that is important for the support and well-being of pregnant teens.

The Department of Health & Human Services sees a huge need for accessibility to health services within Saline County because of the large influx of immigrants. The number of individuals enrolled in Medicaid or children enrolled in Kid’s Connection within Saline County were not readily available.

Blue Valley Community Action Partnership (BVCA) operates over 30 programs that interact and complement each other. Their programs are as diverse as the communities and families they serve. Some provide individuals with emergency assistance and other long-term, community-based strategies to prevent poverty. These specifically include the Women Infant and Children (WIC) Nutrition Program and the Case Management Program for Hispanic pregnant and postnatal women. The agency reports that it serves approximately 1,900 annually in Saline County.

Tabitha of Crete is a skilled nursing, rehabilitation and long-term care facility affiliated with Tabitha in Lincoln. Tabitha of Crete provides a 40-bed community with 24 hour nursing care. They recently debuted plans for two new residential-style communities to replace the current facility with resident move-in scheduled for Q2, 2016.

Public Health Solutions District Health Department (PHS) is a district health department serving Fillmore, Gage, Jefferson, Saline, and Thayer counties. As a health department it covers a wide range of activities, which include: epidemiology, environmental health, immunizations, public health nursing, emergency preparedness and code enforcement. Public Health Solutions has been in existence since January 2002.
IV. Evaluation of Previous Implementation Plan

Following the completion of the community health needs assessment in 2012, Crete Area Medical Center (CAMC) worked with its community partners to outline goals for addressing each community priority as well as implementation actions that would work toward achieving each of these goals within the Crete community and Saline County. The following evaluation of the implementation plan shows that tremendous progress has been made by CAMC and other community partners to address the four key priorities established in the previous community health needs assessment.

Lifestyle/Health & Wellness

Goal A: Motivate individuals to take an active interest in a lifestyle that promotes good health and wellness.

Crete Area Medical Center (CAMC) has taken several steps to convene local agencies and providers to collaborate on a plan to provide increased educational programs and health screenings. CAMC hosts a community picnic which includes various health education opportunities including first aid and sun protection among others. CAMC also hosts a bi-annual health fair and provides preventative screenings at reduced rates for community members. Finally, the organization has provided lab screenings, flu shots, and nutrition education for saline county employees.

Goal B: Develop comprehensive community health initiatives

CAMC has built on Crete master planning efforts to incorporate exercise and wellness by expanding the walking trail at CAMC in September 2013 and assisting with future plans to expand the trail to connect CAMC to Walmart. Multiple access points have also been identified for health education, exercise and wellness activities including the cardiac risk assessment tool available on the CAMC website. CAMC has also worked with elementary and middle schools to target fitness, nutrition, and obesity through events and activities such as youth day, kids club, and a walking trail event. Additionally, through exploring development of medical wellness programs in the county, CAMC has been able to provide a diabetic education program as well as an active lifestyle program that allows members to use CAMC exercise equipment.

Behavioral Health

Goal A: Reduce behavioral health disorders through early intervention and treatment

CAMC is providing greater access to behavioral health education materials throughout the county by partnering with Bryan Health to supply behavioral and mental health brochures that are made readily available for Wilber schools, Wilber police department and the Saline County Sheriff’s Office. CAMC has also been diligent in providing training to key individuals in the early identification of behavioral health issues. Suicide prevention education was provided to the
Wilber school district and CAMC continues to participate in the Youth Suicide Prevention Coalition. A five year suicide prevention plan is now in place for all local schools and the organization is participating in a county-wide initiative aimed at identifying the needs of children age 1-8 entitled “Rooted in Relationships.” Increased access to online screening tools is now provided through a behavioral health screening tool available on the Bryan Health website. In addition to increased access to screening, CAMC has also improved access to treatment facilities by providing child and adult psychology services at the Crete clinic and child psychology services at the Wilber clinic as well as providing psychiatry services through telemedicine and on-site.

Prevention/Chronic Disease

Goal A: Exceed state average by 5% in cancer screening areas

To aid in raising public awareness and promoting screening programs, CAMC mails reminder letters to their patients. In addressing changes in criteria to the Every Woman Matters program, CAMC partnered with the local health department, Public Health Solutions, to provide mammograms and breast exams to patients who did not qualify for the Every Woman Matters program. Exams were paid for by Public Health Solutions (PHS). CAMC also works to promote the positive aspects of screening to reduce fear of screenings such as colonoscopy by providing education for local employers and at community events. Also through PHS, CAMC implemented the cancer screening navigator program by utilizing the oncology nurse navigator available through Bryan Health.

Goal B: Enhance the availability of resources to help manage chronic disease proactively to reduce morbidity and mortality in Saline County

CAMC continues to work with area providers to support access to tests, treatment, and medication for the uninsured and underinsured. The organization has financial assistance available for qualifying patients and now obesity care can be part of medical home care plans. As mentioned previously, diabetes education classes are also offered at CAMC. To develop smoking cessation programs which recognize ethnic diversity and attitudes toward smoking, CAMC respiratory therapists received special training in order to provide smoking cessation education. CAMC is also participating in the Saline County Youth Alcohol Coalition to develop a coordinated approach within the community to provide alcohol abuse education and alternative outlets. The organization also promotes prevention activities through social media and advertising, utilizing public and private funding sources including the creation of a billboard in Crete showing youth alcohol rates in Saline County.

Access to Care/Emergency Services

Goal A: Maintain access to emergency medical services throughout Saline County

Learning centers in the area designed to assist volunteer ambulance crews in pursuing EMT training were phased out in the last three years, but classes are available through Southeast
Community College. CAMC has provided Advanced Life Support Intercept Services to rural volunteer rescue squads in surrounding communities since December 2013.

V. 2015 Community Health Needs Assessment

Information reviewed for the community health needs assessment included population demographics, vital statistics and health status indicators from the County Health Rankings reports; a project of the University of Wisconsin Population Health Institute, sponsored by the Robert Wood Johnson Foundation. This information can be found in Appendix A of this report.

Data from the County Health Ranking report revealed that Saline County excels in some health status categories, but it has also fallen behind the state average in a few areas of concern. Saline County boasts a lower rate of adults who smoke at 14% compared to the State of Nebraska at 18%. Alcohol rates, including excessive drinking and alcohol-impaired driving deaths are also lower than the state average. In the clinical care area, Saline County has a much higher rate of mammography screening at 70.3% compared to the state average of 61.8%.

Areas of concern include an above average rate of adult obesity – 32% compared to Nebraska’s 29% – and physical inactivity at a rate of 30% compared to the state average of only 24%. Both of these issues could relate back to access to exercise opportunities. In Saline County, only 68% of individuals have access, whereas the state average is 81%. Access to behavioral health providers in the area is also a concern. The ratio of population to providers in Saline County is 1,311:1 while the state average is 435:1.

Demographic factors also impact health needs within Saline County. The county has a lower education level than other areas with only 57.6% of the population having at least some college completed. The state average is 70% with some college completed. Relative to the size of the county, Saline County unemployment barely falls below the state average which is quite good at 3.9%, however 15% of children in the county are currently living in poverty. Additionally, 15% of Saline County residents are uninsured, compared to the Nebraska average of 13%.
VI. Priority Community Health Needs Identified

A meeting was convened on September 17, 2015 with representation from the following stakeholders:

<table>
<thead>
<tr>
<th>Representative</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Ford-Witthoff, Health Director</td>
<td>Public Health Solutions</td>
</tr>
<tr>
<td>Willis Luedke. Board Member</td>
<td>Saline County Board</td>
</tr>
<tr>
<td>Mike Renner</td>
<td>Blue Valley Behavioral Health</td>
</tr>
<tr>
<td>Kara Yeager, Pharmacy Manager</td>
<td>Shopko</td>
</tr>
<tr>
<td>Dan McElravy</td>
<td>Crete Chamber of Commerce</td>
</tr>
<tr>
<td>Sarah Yokel</td>
<td>Tabitha</td>
</tr>
<tr>
<td>Anna Warnes, APRN</td>
<td>Crete Area Medical Center</td>
</tr>
<tr>
<td>Max Kothol, Director</td>
<td>Crete Economic Development</td>
</tr>
<tr>
<td>Rebekah Mussman, President &amp; CEO</td>
<td>Crete Area Medical Center</td>
</tr>
<tr>
<td>Katelyn Watson, Interim CFO</td>
<td>Crete Area Medical Center</td>
</tr>
<tr>
<td>Amy Myers, Market Analyst &amp; Planning Strategist</td>
<td>Bryan Health</td>
</tr>
</tbody>
</table>

The participants in the Crete Area Medical Center Community Meeting reviewed and discussed data on Saline County’s health status summarized in the previous section of this report and detailed in Appendix A. The participants were then asked to discuss three questions:

1. What is their vision for Crete and Saline County?
2. What does the current situation look like in Saline County?
3. What opportunities are there in Saline County or what’s missing?

The detailed results of these discussion questions are summarized in Appendix B.

Four priority health issues were identified following the community meeting:

1. Community exercise facilities and resources that are accessible and convenient for everyone
2. Education
   A. Health resources available as people age
   B. Complexity of health care coverage, cost, charges, etc.
   C. Parenting for teen parents
3. Behavioral Health Services
4. Access for Children
VII. Summary: Assessment and Priorities

Once priorities were identified, goals and implementation actions for each of the priority health issues were developed. The proposed goals and implementation actions recommended are as follows:

I. Community Exercise Facilities

**Goal**: Expand community exercise and wellness resources

**Implementation Action**:
1. Collaborate with local agencies and local business partners to expand community resources related to exercise and wellness

II. Education

**Goal**: Provide community education on various health topics and resources available

**Implementation Action**:
1. Collaborate with local agencies to provide education on health resources as people age
2. Develop and present a community education session on the financial components of health care (deductibles, co-insurance, how to read an explanation of benefits, financial assistance, etc.)
3. Collaborate with local agencies to support resources for teen parents

III. Behavioral Health Services

**Goal**: Increase access and ease of providing behavioral health services

**Implementation Action**:
1. Collaborate with local agencies to ensure timely access
2. Collaborate with local agencies to ensure comprehensive information transfer

IV. Access for Children

**Goal**: Ensure 100% of children have access to preventative care

**Implementation Action**:
1. Collaborate with local agencies to identify what children do not have access to preventative health care
2. Support and offer resources to assist in providing children preventative health care
VIII. **Next Steps**

Crete Area Medical Center will incorporate the priority health needs identified in the community health needs assessment into their strategic planning process. An implementation strategy report will be developed, which outlines how Crete Area Medical Center will work with the community to address the priority health needs of Saline County.

IX. **Adoption/Approval**

This Community Health Needs Assessment was approved and adopted by the Crete Area Medical Center Board of Trustees on Tuesday, November 24, 2015.
Appendix A
# Saline (SA)

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Saline County</th>
<th>Error Margin</th>
<th>Top U.S. Performers*</th>
<th>Nebraska</th>
<th>Rank (of 78)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Premature death</td>
<td>5,705</td>
<td>4,384-7,026</td>
<td>5,200</td>
<td>5,792</td>
<td></td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>13%</td>
<td>11-16%</td>
<td>10%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>2.5</td>
<td>2.0-3.0</td>
<td>2.5</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>2.8</td>
<td>2.1-3.4</td>
<td>2.3</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>5.3%</td>
<td>4.1-6.4%</td>
<td>5.9%</td>
<td>7.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>14%</td>
<td>11-18%</td>
<td>14%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>32%</td>
<td>28-36%</td>
<td>25%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>7.8</td>
<td></td>
<td>8.4</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>30%</td>
<td>26-34%</td>
<td>20%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>68%</td>
<td></td>
<td>92%</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>18%</td>
<td>15-22%</td>
<td>10%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>25%</td>
<td></td>
<td>14%</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>172</td>
<td></td>
<td>138</td>
<td>304</td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>30</td>
<td>25-35</td>
<td>20</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Uninsured</td>
<td>15%</td>
<td>14-17%</td>
<td>11%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,820:1</td>
<td>1,045:1</td>
<td>1,405:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>2,403:1</td>
<td>1,377:1</td>
<td>1,450:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>1,311:1</td>
<td></td>
<td>386:1</td>
<td>435:1</td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>51</td>
<td>41-60</td>
<td>41</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>86%</td>
<td>72-99%</td>
<td>90%</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>70.3%</td>
<td>56.3-84.3%</td>
<td>70.7%</td>
<td>61.8%</td>
<td></td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>High school graduation</td>
<td>84%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>57.6%</td>
<td>50.1-65.2%</td>
<td>71.0%</td>
<td>70.0%</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>3.8%</td>
<td></td>
<td>4.0%</td>
<td>3.9%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>15%</td>
<td>11-19%</td>
<td>13%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Income inequality</td>
<td>3.8</td>
<td>3.0-4.6</td>
<td>3.7</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>24%</td>
<td>16-33%</td>
<td>20%</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>Social associations</td>
<td>12.4</td>
<td></td>
<td>22.0</td>
<td>14.2</td>
<td></td>
</tr>
<tr>
<td>Violent crime</td>
<td>137</td>
<td></td>
<td>59</td>
<td>264</td>
<td></td>
</tr>
<tr>
<td>Injury deaths</td>
<td>69</td>
<td>51-91</td>
<td>50</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Air pollution - particulate matter</td>
<td>10.0</td>
<td></td>
<td>9.5</td>
<td>12.1</td>
<td></td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>0%</td>
<td></td>
<td>0%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>11%</td>
<td>7-16%</td>
<td>9%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>74%</td>
<td>70-78%</td>
<td>71%</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>25%</td>
<td>20-30%</td>
<td>15%</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

* 90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

2015
Appendix B
CAMC Community Meeting Results
CAMC Community Meeting

• Our vision for Crete
  ▪ Coordination/integration of care, information
  ▪ 100% of children access prevention, care
  ▪ Effective, ongoing communication and education on health and available resources
  ▪ Quality life as long as you live

• Our situation
  ▪ Health is impacted by a number of factors
  ▪ Areas of concern:
    • Economics
    • Migrant populations
    • Healthy options
    • Housing
  ▪ Under-resourced as a rural community
  ▪ Proximity to Lincoln is a strength and a weakness
    • Is a destination for some of Saline county
    • Health factors, service are part of attraction

29 September 2015 – draft
• Our situation, cont’d

  ▪ Resources/options for long term care are increasing
    • People stay at home as long as possible
      ▪ Cost
      ▪ Preference for independence
      ▪ Denial about their situation
      ▪ Lack of awareness of continuum of options
  
  ▪ Significant shortage of resources for behavioral health
    • Escalation
    • Emergency
    • Pharmacy
  
  ▪ Parenting for young parents – kids raising kids
  
  ▪ Emergency response system has changed
    • New – is provided out of Beatrice
    • Still working the bugs out – currently challenging
• Our situation, cont’d

• CAMC
  • Community is proud of its facilities, services for healthcare
  • Care is excellent
  • Cost/insurance is a concern
  • Urgent vs emergency care
    ▪ Better cost, access
  • Valued as a community partner
  • Electronic transmission of prescriptions would be valued
  • CAMC’s impact on other parts of our community is increasing – is a destination for people from other areas of our county
- Opportunities/What’s missing?
  - Parks/recreation center with workout equipment
    - Where are personal trainers?
  - What is our health status as a community?
  - Do we know our own health status?
  - Can we make better use of healthcare resources in our county? i.e., Friend Hospital
  - Higher deductibles are making people more aware – education and communication about services, coverage are especially important
  - Multi-cultural impact
    - Community has expanded, adapted
    - Is a fact, not a question
    - Greater food choices
    - Understanding different cultural practices re health, care
    - Access – documentation, language, resources
    - Translators, multilingual – is a community-wide need
    - More representation from other cultures in our community decision-making
  - How do we encourage health in every day living?
    - Health is part of our lives, community
  - Crete is unique is ways we should communicate, celebrate
  - Power of all aspects of our community working together - collaboration