

Community Health Needs Assessment Report

*Bryan West Campus
December, 2015*

Table of Contents

I.	Introduction	3
II.	Evaluation of the 2012 Community Health Needs Assessment Implementation Plan...	3
III.	Description of Community Served by Hospitals	8
IV.	Who Was Involved in the Assessment.....	10
V.	How the Assessment Was Conducted	11
VI.	Priority Community Health Needs Identified.....	16
VII.	Community Assets Identified	19
VIII.	Summary: Assessments and Priorities	21
IX.	Next Steps.....	21
X.	Adoption/Approval.....	22

City of Lincoln and Lancaster County, Nebraska Community Health Needs Assessment report

I. Introduction

This Community Health Needs Assessment report is prepared and submitted by Bryan Medical Center. Bryan Medical Center is an acute care hospital on two campuses and is affiliated with Bryan Health, a non-profit, locally owned health system. For the purposes of this report, the community served includes the city of Lincoln and Lancaster County, Nebraska. The health assessments and priority community health needs identified in this report constitute a collaborative effort of the participants in the Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership process under the guidance of the Lincoln-Lancaster County Health Department. This report fulfills 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 assessment and accompanying attachments include 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 2012 Community Health Needs Assessment Implementation Plan also has been included.

II. Evaluation of 2012 Community Health Needs Assessment Implementation Plan

Over the past three years, Bryan Health, which includes Bryan Medical Center, has worked diligently to implement and continue strategies that will allow the organization to meet the needs of the Lincoln community as well as the surrounding Lancaster County area. Through the Community Health Needs Assessment Implementation Plan, and more recently the newly established 2020 Bryan Health Strategic Plan, Bryan Health continues to partner throughout the city and county to improve four major areas outlined in the 2012 assessment: access to care, behavioral health, chronic disease prevention, and injury prevention. The following evaluation discusses strategies that have been sustained throughout the last three years and highlights new and revised strategies that have been put into place. 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 move forward, together.

1. Access To Care

Bryan Health continues to work with community organizations, other providers, and the business community to improve access to comprehensive, high-quality and affordable health care services for all residents of Lancaster County. Since completion of the assessment, Bryan Health has expanded its use of nurse navigators, adding three oncology navigators that focus on patients with lung, breast, and colorectal cancer. There continues to be a patient navigator for bariatrics and a respiratory therapy patient navigator has been added for patients with COPD. As

part of Bryan Health, Bryan Heart has also implemented heart failure nurse navigators to identify potential care gaps that can lead to readmissions. These individuals assist patients and their families to make informed health care decisions and access appropriate health care services.

Bryan Health also continues to support community health centers, such as People's Health Center and Clinic with a Heart, that serve individuals that might not otherwise be able to afford primary care services. Bryan Health has made progress in developing the infrastructure needed to create a medical home with the creation of MyHealth24-7, Bryan Health's patient portal and integrated health record that allows for the exchange of information among providers. To provide additional access to primary care services, Bryan Health also has launched Bryan Health eVisit in 2015, which is a virtual care model with 24/7 access to a Nebraska board-certified physician via computer or mobile device. Bryan Health continues to educate its key staff on provisions of the Affordable Care Act as they are implemented. Among these staff are those within the ED Connections program, who connect individuals presenting in the emergency department with programs for which they may be eligible.

Within Lancaster County and beyond, Bryan Health offers online, mobile, and on-site screenings to identify individuals with high risk for certain conditions and to ensure they get timely access to preventive care. A new screening that is quickly being embraced is for family members of patients with bicuspid aortic valve disease. It is one of the most common congenital heart disorders and about 10 percent of bicuspid aortic valve cases are attributed to hereditary causes.

Bryan Health also partners with many city of Lincoln departments as well as private businesses to provide mobile screenings, education and health fairs.

One of the major actions Bryan Health has taken to increase access is the decision several years ago to provide Bryan Medical Center employees under a certain wage level an additional subsidy for health insurance premiums. This program was created because a large group of lower-wage employees elected not to enroll in Bryan's insurance plan, and elected to remain uninsured due to premium costs. The additional subsidy has provided access to insurance for more than 375 employees and their dependents on an annual basis. We believe this is a small step toward assisting uninsured individuals in our community as insured individuals generally have better access to services.

There are many reasons behind lack of access to health care services; the shortage of health care professionals is just one of these reasons. Bryan Health is a huge supporter of education for health care professionals - including ongoing financial support for the Bryan College of Health Sciences, with 704 students enrolled in graduate and undergraduate degree programs through Bryan's School Of Nursing, Health Profession and Nurse Anesthesia programs, and for the Lincoln Medical Education Partnership Residency Program for future primary care providers. In addition, Bryan also serves as a clinical training site for a long list of health care disciplines;

including radiology, lab, physical therapy, pharmacy, emergency medical technicians and paramedics, etc. This commitment to education of the next generation of health care professionals ultimately improves access to health care in our region.

Madonna Rehabilitation Hospital is the designated organization in the Lincoln community that provides handicap-accessible bus transportation for community members to and from doctors' appointments, therapy and other outpatient appointments. Bryan provides an annual contribution of more than \$20,000 for these services so that financially challenged members of our community will have access to medical care.

Many private practice physicians in Lincoln have elected not to serve Medicaid and/or Medicare patients in their outpatient clinics for financial reasons. Bryan Physician Network physicians accept Medicaid/Medicare patients into their practice by policy; therefore, as Bryan Physician Network continues to expand within the community, so does access to physician care for area Medicaid/Medicare patients.

Bryan Health's CEO has served as the chairman of the Community Health Endowment Board for the past two years. The Community Health Endowment is the designated organization in Lincoln to coordinate a wide variety of community health efforts to further the health and safety of the community. Its mission is for Lincoln to be the healthiest city in the nation. This is another great example of Bryan's support for community health-related efforts.

2. Behavioral Health

Bryan Health continues to support change and innovation in pilot programs such as Drug Court and Sequential Intercept Model, as well as working with law enforcement and the Crisis Center to support enhanced pre-crisis care. Overall, Bryan Health made progress in supporting behavioral health in the community in 2014 by opening a new Bryan Independence Center facility for substance abuse treatment. This state-of-the-art facility provides an improved environment for treatment and healing for individuals in Lancaster County and beyond who are seeking inpatient or outpatient treatment for substance abuse. The Bryan Independence Center also continues to provide intervention nurses at the bedside to assess substance abuse and plans to expand the hours these nurses are available in the coming year. Furthermore, Bryan Health supports efforts in the community to provide an integrated behavioral health safety net and expand access to behavioral health providers who serve low-income, uninsured, and Medicaid-eligible populations. These efforts include providing a segregated mental health emergency department staffed with specially trained behavioral health nurses, social workers and peer specialists.

In a special project, Bryan Health's mental health emergency department has partnered with the Keya House to create community plans for an identified high-user patient group to aid in preventing repeated hospital inpatient admissions. Also in this area, Bryan Health uses peer specialists who hold three community wellness group sessions a week at no cost. This includes a separate group for ages 14-18. There has been limited response to this youth group, and stigma

and schedules appear to be the drivers for minimal attendance. Efforts have been made to develop a virtual group that will allow youth to communicate with peer facilitators and participate in Wellness Recovery Action Planning online through a secure application on smartphones or computer.

As the only acute care hospital in Lincoln providing behavioral health services, Bryan actively engages with area providers to support the expanded role of behavioral health treatment in the community and region. Bryan has made it a priority to serve as a training site for counselors, social workers, nurses, physician's assistants, and primary care physicians through the Lincoln Medical Education Program, Southeast Community College, Doane College, Bryan College of Health Sciences, University of Nebraska-Lincoln and other educational institutions. Online screenings for depression, anxiety, post-traumatic stress disorder, alcohol abuse and adolescent depression are available at no cost to the public on the Bryan Health website.

Finally, Bryan Health works with other Lincoln providers and groups across the state to address gaps and special needs in the population, as well as those who are underserved. These include Health 360 Integrated Home, The Bridge Behavioral Health to improve coordination of care for clients requiring emergency detoxification, judicial and probation systems in treating perpetrators of domestic abuse, the Behavioral Health Education Center of Nebraska for workforce development of peer specialists, Division of Children and Family Service, Medicaid, long-term care, behavioral health and developmental disability. We are proud to co-sponsor and host Mental Illness Awareness Week to provide community education with additional offerings throughout the year on topics such as, trauma informed care, elder abuse, guardianships, etc. Bryan Medical Center mental health has been a leader in suicide prevention for our community and state. One of the managers for Bryan mental health serves as the co-chair of the Nebraska State Suicide Prevention Coalition and serves on the leadership group to establish the Lincoln suicide prevention goals. In addition, this Bryan mental health manager provided leadership in developing the first Local Outreach to Suicide Survivors team in Nebraska and is assisting with providing direction in the development of teams in other parts of the state. Developing and implementing the Local Outreach to Suicide Survivors team was a collaborative effort in working with law enforcement and police chaplains as well as other community and county agencies. A Local Outreach to Suicide Survivors team is a group of three people who are on call (two who have lost someone to suicide and one who is a clinician), to respond to families who have lost someone to suicide and to provide resources. Connecting suicide survivors to other suicide survivors and resources is considered suicide postvention which is also prevention.

3. Chronic Disease Prevention

Bryan Medical Center, as part of Bryan Health, continues to support efforts in the community to promote a healthy lifestyle and address the needs of those with chronic disease. As mentioned under access to care, several online screening tools continue to be available on Bryan Health's website and the Bryan Early Detection Center has continued to enhance its services by providing the new bicuspid aortic valve disease screening to family members of those with this diagnosis.

To support the prevention and treatment of cancer in the community, Bryan Health continues to sponsor the cancer committee within the community and is looking at ways to create specific committees charged with examining cases of breast, colorectal and lung cancers. LifeSpring cancer recovery program still provides support and expertise for cancer patients and survivors within Lincoln and the surrounding area. Bryan Medical Center also participates with the Nebraska Cancer Research Center and the Missouri Valley Cancer Consortium in Omaha to offer local, clinical trial opportunities to cancer patients. Nearly 1,800 patients have been enrolled since 1984. Nebraska Cancer Research Center also partners with Nebraska Medicine to enroll patients into the lymphoma study group. To protect the future of the community, Bryan Health maintains its support of Lincoln Public Schools in promoting health and wellness to elementary school children and holds a position on the board of directors for Partnership for a Healthy Lincoln. A primary population that has received Bryan focus for disease prevention is our own employees. We felt this would be a good start for our community because Bryan is the largest private employer in Lincoln. Extensive wellness programming has been added for our employees, including weight management, diabetes prevention and smoking cessation. Much research supports breast feeding as an important determinant of future health, including obesity prevention. Bryan has been involved in a community-wide effort to promote breast feeding among our new moms, including adoption of consistent education standards by all providers in Lincoln. Finally, Bryan Health through Bryan LifePointe reaches out and provides extensive educational opportunities to the community that promote exercise, and teach wellness strategies, healthy cooking habits and disease management. One of the newest programs that Bryan LifePointe has implemented is the National Diabetes Prevention Program to complement classes it already offers for those managing an existing diabetes diagnosis. Bryan LifePointe continues to offer physical and occupational therapy, cardiac and pulmonary rehabilitation, and aquatic and music therapy. The weight management program LifeTracks, and the physician referred, LifeFit, continue to see more clients and are generating interest in the community. Bryan LifePointe also plays an integral part in the continuum of care for Bryan Bariatric Advantage surgery patients.

4. Injury Prevention

Bryan Health hosts a child restraint system checkup clinic once a year and the maternal and childbirth program also provides guidance to parents on safety measures. Safe sitter classes also are held six times a year to equip teenagers and other caregivers in the community with the skills necessary to care for children and avoid any unintentional injury or harm. Bryan Health continues to work with other organizations in the community to promote accident prevention through public education. This includes involvement with SafeKids Nebraska injury prevention efforts, development of a bicycle helmet program for Bryan Medical Center, and participation in several kids fairs including the Bryan Kids' Club Health and Safety Fair. The trauma department also has developed a Trauma Survivors Network within the community to raise awareness and create a support system for those who have survived accidents and other traumas. Bryan Health shows a continued commitment to trauma care through its reverification by the American

College of Surgeons as a Level 2 trauma center and participation in the State of Nebraska Statewide Trauma System. Additionally, members of the trauma program hold positions on the Statewide Trauma Advisory Board. To raise awareness of the emergency response system in the community, Bryan Health hosts a Tribute to Trauma Champions event each spring, recognizing two trauma survivors and all of their caregivers from first responders, to Bryan Trauma Center team members, to rehabilitation and therapy teams throughout the community.

Further measurement of the impact of actions taken since the adoption of the 2012 Implementation Plan is presented in Attachment C, which provides detailed updates from the Community Health Improvement Plan committees convened by the Lincoln-Lancaster County Health Department to focus on meeting the four priority health needs through use of community assets and resources.

III. Description of Community Served by the Hospitals

For the purposes of this report, the community served includes the City of Lincoln and Lancaster County, Nebraska. Individuals from Lancaster County accounted for nearly 70 percent of inpatient discharges and 84 percent of outpatient visits at Bryan Medical Center in 2014.

Geographic Boundaries: Lancaster County (population 302,405) includes the city of Lincoln (population 273,072) and the city of Waverly (population 3,392). Difference in population (25,941) includes residents living in the towns of Bennet, Davey, Denton, Firth, Hallam, Hickman, Malcolm, Panama, Raymond, Roca, and Sprague and in rural areas of the county.

Urban/Rural Areas: According to the United States Census Bureau, the City of Lincoln is defined as an urban area, more specifically as an urbanized area, with a population of 50,000 or more people. The City of Waverly is defined as an urban area, more specifically as an urban cluster, with a population of at least 2,500 but less than 50,000. The remainder of the population in Lancaster County (25,941) is defined as rural, which encompasses all population, housing and territory not included within an urban area.

Source: American Community Survey, 2015 Estimates; United States Census Bureau List of Urban Areas based on 2010 Census Results.

Economy: The following are the largest private sector employers in the city of Lincoln and Lancaster County and their respective service industry. Employers are listed alphabetically.

- Ameritas Life Insurance (Insurance)
- Bryan Health (Health Care)
- B & R Stores (Retail Grocer)
- BNSF Railroad (Transportation)
- CHI Health St. Elizabeth (Health Care)

- Duncan Aviation (Aviation Service and Sales)
- Hy-Vee Food Stores (Retail Grocer)
- Kawasaki Motors Manufacturing USA (Recreational Vehicles)
- Madonna Rehabilitation Hospital (Health Care)
- Molex, Inc. (Electronics Manufacturing)
- Nelnet (Financial Services)
- State Farm Insurance (Insurance)
- Wal-Mart Stores Inc. (Retail Discount Stores)

The following are the largest public sector employers in Lancaster County:

- State of Nebraska
- University of Nebraska-Lincoln
- City of Lincoln
- U.S. government
- Lancaster County
- Lincoln Public Schools
- SI International
- Nebraska Air and Army National Guard

Source: Lincoln Partnership for Economic Development

Income Levels: When socioeconomic characteristics of Lancaster County's population are examined, it is evident that the community has pockets of poverty and socioeconomic concerns that stand out despite Lincoln's record of lower unemployment rates compared to national unemployment rates. 2013 estimates published by the Census Bureau from its Small Area Poverty and Income Estimate model for Lancaster County indicated that 14.8 percent of the population had family incomes below the poverty level. For children under 18, the poverty rate estimate was even higher, at 16.7 percent. There are other subpopulations with high poverty rates, as indicated by the number of students qualifying for free and reduced meals (43 percent for Lincoln Public Schools) in the school system. Estimates of median income from the same source show the county's median income as \$52,275 in 2013, which is higher than the Nebraska median income estimate of \$51,502 and only slightly above the national median income estimate of \$52,250.

Demographics: From 2000 to 2010, Lancaster County's population increased by 14 percent, and future growth is expected over the next several decades with a projected population of more than 400,000 in the year 2040 (via the University of Nebraska-Omaha Center for Public Affairs Research). In addition to growth in population, Lancaster County's population has become even more diverse over the last decade as racial and ethnic populations grew significantly from 2000 to 2010. Persons of Hispanic origin (may be of any race) nearly doubled in size as there was a 97.8 percent increase in the Latino/Latina population over the decade. The African-American

and Asian populations that essentially tie as the second largest racial groups also have grown over the decade, around 40 percent each in the last 10 years. Perhaps even a more significant diversity influence is the growth in the number of individuals who classify themselves as belonging to two or more racial groups, which has grown nearly 70 percent between 2000 and 2010.

Looking at age groups over the decade, Lancaster County's elderly population grew at a higher rate than the overall population. The county's population aged 65 or older increased by 20.3 percent from 2000 to 2010 versus the overall growth of 14 percent. Over the next several decades, this disproportionate growth among the elderly population (those 65 and older) is projected to continue. In fact, in 2010 the elderly population represented 10.9 percent of Lancaster County's population, but by 2020 the elderly are projected to represent 14.2 percent of the population; in 2030, 17.7 percent, and by 2040, 18.2 percent. These projections are based on the "trend rate" population model for Lancaster County.

In 2015, an estimated 97.7 percent of people 25 years and older had at least graduated from high school and 36 percent had a bachelor's degree or higher. The percentage of dropouts was 6.4 percent; they were not enrolled in school and had not graduated from high school. According to the American Community Survey (2013 data) the total school enrollment in Lancaster County was 88,831. Kindergarten enrollment was 4,441 and elementary or high school enrollment was 44,415. College or graduate school enrollment was 40,860.

For the 2015-2016 school year, Lincoln Public Schools reports 38,323 students enrolled in grades kindergarten through 12th grade. Of this number, about 32.3 percent come from ethnically diverse cultures; 43 percent receive free or reduced-price lunches; 14 percent have an identified disability (2014-2015); and 6.3 percent participate in the English Language Learner program. A total of 53 languages other than English are spoken by students. The on-time graduation rate in the Lincoln Public Schools is 87.2 percent with another 7.6 percent still attending after the expected year of graduation.

Significant Changes or Trends: Lancaster County experienced robust population growth in the past decade, with very high growth in minority populations. Double-digit growth is expected to continue over the next four decades. By age, the largest rate of growth is projected for the 65+ age group.

Comparisons to State and National Data: Lancaster County enjoys a low unemployment rate compared with the nation and average income measures. The county's small minority population has high poverty rates.

IV. Who was Involved in the Assessment

As part of the current Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership process, the Lincoln-Lancaster County Health Department invited numerous

community participants to take part in this year's planning process. Over 100 participants created a broad-based representation of the health department's many community partners and stakeholders. The role of the participants is to assist the Lincoln-Lancaster County Health Department in the facilitation of the community health needs assessment, identification of community priority health needs, and development and implementation of strategies to meet the identified priority health needs. A list of the participants is included in Attachment B, page 2.

V. How the Assessment Was Conducted

The vital statistics, health status and health behaviors information included in this Community Health Needs Assessment Report has been obtained from four needs assessments (listed below) conducted between June and September, 2015 for the City of Lincoln and Lancaster County, Nebraska by the Lincoln-Lancaster County Health Department.

- 1. 2015 Community Health Status Assessment** (Attachment B)
- 2. 2015 Lincoln-Lancaster County Community Themes and Strengths Assessments Survey** (Detailed results found in the 2015 Community Health Profile, Attachment B, page 182)
- 3. 2015 Forces of Change Assessment** (Detailed results found in the 2015 Community Health Profile, Attachment B, page 138)
- 4. 2015 Local Public Health System Assessment** (Detailed results found in the 2015 Community Health Profile, Attachment B, page 128)

The following is a description of each assessment. Comprehensive assessment results are included as outlined above.

1. 2015 Community Health Status Assessment

The Community Health Status Assessment developed by the Lincoln-Lancaster County Health Department is intended to answer the following questions:

- a) How healthy are the residents of Lancaster County?
- b) What does the health status of our community look like?

To make these health determinations, the Lincoln-Lancaster County Health Department used local, state and national data sources where appropriate, focusing on 2014 data or the latest available. Annual and trend data were analyzed with a bias towards trend data as year-to-year volatility is present in many of the available health data sets, especially for local survey data.

The findings of the 2015 Community Health Status Assessment have been compiled into a Community Health Profile, which presents an overview of major health status measures. The 2015 Community Health Profile is included as Attachment B. The following is a summary of the assessment results.

General Health Status

- On the basis of self-reported responses for selected conditions, Lancaster County residents generally have health conditions at rates that are close to Nebraska and U.S. rates.
 - Lancaster County residents indicate they have a lower incidence of several conditions than Nebraskans as a whole and U.S. residents. Local residents report:
 - Lower prevalence of high blood pressure.
 - Lower rate of elevated cholesterol.
 - Smaller percent of persons having had a heart attack.
 - Lower percent of respondents having angina or coronary heart disease.
 - Lower percent of persons diagnosed with diabetes.
 - Lancaster County residents indicate they have a higher incidence of two conditions than other Nebraskans and U.S. respondents:
 - Those currently diagnosed with asthma.
 - Those diagnosed with depression.

Leading Causes of Death

- Cancer remains the leading cause of death in Lancaster County, followed by heart disease, chronic lung disease, unintentional injuries, cerebrovascular disease and diabetes. Renal disease (43 in 2014, 50 in 2013) and intentional self-harm (suicide – 46 in 2014, 37 in 2013) were two notable causes in 2014, especially given the age distribution of the suicide victims which will be discussed in other sections of this report.
 - Lung cancer remains the leading cause of cancer deaths, followed by colorectal cancer. Breast and prostate cancers are the leading gender-specific causes of death.
 - All of the top 10 leading causes of death can be positively impacted by lifestyle changes and prevention efforts with the possible exception of Alzheimer's disease (and that is being researched).
- Unintentional injuries (accidents) rose to fourth as a leading cause of death in 2014. It is also the leading cause of death for persons one to 44, and second only to cancer in years of potential life lost before the age of 75.

Maternal and Child Health

- The number of Lancaster County births has been fairly steady over the past several years, with a range of 4,100 to 4,200. In 2014, the number of births, 4,115, was lower than 2010 numbers reported in the previous assessment.
- The number of births to teens (mothers under 20) rose slightly from 177 in 2013 to 180 in 2014, which still is down significantly from 232 in 2012, and from the previous high of 309 in 2003.
- The infant mortality rate has fallen over time but has been somewhat volatile in recent years. There were 5.2 infant deaths per 1,000 live births in 2014, which is below the 2020 Healthy People Objective of 6.0. The 2014 rate is lower than the 2012 jump to 6.1, but it is higher than the rate of 4.8 that Lancaster County experienced in 2009.
- Since 2005 there has been little change in the percent of mothers starting prenatal care in the first trimester. However, in 2012 and 2013, we saw the percentage of mothers who started prenatal care in the first trimester of their pregnancy drop below 70 percent to 68.7 percent in 2012 and back up to 69.9 percent in 2013. The rate decreased again in 2014 to 65.6 percent. Overall there has been an upward trend in the percent of mothers who have had 10 or more prenatal care visits prior to their delivery, but the percent dropped from 63.7 percent in 2013 to 62.5 percent in 2014. As of 2014, race significantly was associated with receiving at least 10 prenatal visits as was age.
- The rate of low birthweight babies for teens is considerably higher than any other age cohort of moms; African-American mothers have a consistently higher rate of low birthweight births when compared to any other racial group.
- The upward trend in unmarried mothers has continued with 30.5 percent of mothers giving birth in 2014 unmarried at the time of their delivery. Despite the increases over time, the local rate of unmarried mothers compares favorably to both state and national rates.

Behavioral Risk Factors

- Lancaster County Behavioral Risk Factor Surveillance System data for 2014 reveals that the local rates for obesity (25.4 percent with a BMI=30+) are better than comparable Nebraska and national data, but the overall trend in obesity rates has been negative, which is consistent with both the state and national trends. In 2014 however, local rates for overweight (37.5 percent with a BMI=25 to 29.9) were slightly higher than Nebraska, even though Nebraska has a higher rate of obesity.
- Overall, in 2013 (the latest year the question was asked on the Lancaster County Behavioral Risk Factor Surveillance System Survey) adults consumed fruit one or more times per day slightly more often (61.7 percent) than the state (60.3 percent) and the nation (60.8 percent) and consumed vegetables one or more times per day slightly more often (77.6 percent) than the state (76.7 percent) and the nation (77.1 percent).

- Overall, in 2014 Lancaster County adults participated in leisure time physical activity (82.1 percent) more often than the state (78.7 percent) and the nation (77.4 percent).
- Lancaster County adult residents indicate that their smoking (18.9 percent) and heavy drinking (7.0 percent) rates are higher than comparable Nebraska and U.S. rates. This is in addition to the local binge drinking rate (23.5 percent) which, while lower than in previous years, is also higher than the Nebraska rate (20.3 percent) and the national rate (16.8 percent).
- The latest local figures for the percent of the working-age population without health care coverage are lower than reported in recent years, largely due to the impact of the Affordable Care Act. The percent of Lancaster County Behavior Risks Factor Surveillance System Survey respondents aged 18 to 64 who indicated that they have no health care coverage in 2014 was 15.3 percent.
- While 57.9 percent of local residents indicated they visited a doctor for a routine checkup within the past year, 12.5 percent of residents indicated they couldn't see a doctor in the past year due to cost. This is a reduction from the 2013 response (13.2 percent) but is slightly higher than the state (11.9 percent) and about the same as the nation (13.1 percent).
- Last year, 69.8 percent of Lancaster County respondents visited a dentist, dental hygienist or dental clinic within the previous year, comparing favorably to state (66.4 percent) and national (65.3 percent) results.
- There is a mixed picture on cancer screening locally:
 - Among persons 50 and older, 70.5 percent indicated they had a sigmoidoscopy or colonoscopy, and 38 percent of those received it within the past two years.
 - Among women 40 and older, 77 percent had a mammogram within the past two years, slightly better than the rate in Nebraska and the national rate.
 - Lancaster County men 40 and over used the PSA test for prostate cancer at a rate (38.7 percent) lower than male Nebraskans (39.6 percent) and men in that age group from across the nation (42.8 percent).
 - Only 71.1 percent of local women aged 18 and older had a Pap test within the last three years, while 74.3 percent of Nebraska women had a Pap test. The national rate was 75.2 percent.

Youth Behavioral Risk Factors

- Although the 2015 Community Health Profile (Attachment B) details many data points from the Youth Risk Behavioral Surveillance Survey conducted in 2015, youth suicide is the area that will receive specific focus in this report and subsequent work plans. Locally, 2015 suicide-related issues are raising concern as 17.5 percent of teens reported seriously considering attempting suicide and 13.4 percent reported making a plan on how they would attempt suicide. 14 percent reported attempting suicide at least once in the last year. These rates are higher than the 2013 results when 12.3 percent of teens

seriously considered attempting suicide; 10.2 percent reported making a plan to commit suicide; and 9.6 percent reported attempting suicide at least once in the last year.

2. 2015 Community Themes and Strengths Assessment Survey

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 is intended to answer the questions such as:

- What is important in our community?
- How is the quality of life perceived in our community?
- 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, after school programs; availability of housing, transportation, meals and social networks for older adults; availability of exercise facilities, parks, cultural events, leisure time activities for all ages; employment availability and flexibility and growth; strength of economy; housing; safety and security; social support and civic responsibility; and health and behavior issues.

As part of this survey, respondents were asked to identify the five most important “health problems” that need to be addressed in their community. The table below represents those responses from Lincoln and Lancaster County residents, which are particularly relevant to the local community needs assessment process.

Top 15 Health Issues/Behaviors (in ranking order)
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)

A copy of the 2015 Community Themes and Strengths Assessment Survey Results is included in Attachment B, page 182.

3. 2015 Forces of Change Assessment

The Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership 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. Detailed results can be found in the Community Health Profile (Attachment B, page 138).

4. 2015 Local Public Health System Assessment

The Lincoln-Lancaster County Health Department also assessed the local public health system through a survey of local health partners. This survey is conducted every five years. 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 the responses can be found in the Community Health Profile (Attachment B, page 128), but the top two essential services provided by most local health partners were inform about health issues and link people to services.

VI. Priority Community Health Needs Identified

Taking into consideration the results of the two assessments previously discussed, the Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership participants scored a list of 80 potential health priority issues (with the exception of the first two criteria where the staff of the Lincoln-Lancaster County Health supplied the data and scores) on the basis of seven criteria. The scoring criteria comprised:

1. Magnitude/Size of the Problem: Data about the number/percentage of the population involved.
2. Comparison with State Results: Local data compared with state and national data.
3. Historical Trends: Data showing whether the health issue is stable; getting better or worse.
4. Economic/Social Impact: The impact of the health issue on workforce productivity, health care costs, crime rates, education, and the health of the population.
5. Changeability: Whether the health issue can be influenced at the local level through prevention strategies or evidence-based programs, policies, and practices can significantly impact the issue.

6. Capacity of the Local Public Health System: Assesses the skills, awareness, interest, and support by public health partners within Lancaster County.
7. Readiness/Political Will: Assesses the awareness, interest, and political support or lack of clear political opposition in Lincoln and Nebraska.

For each of the seven scoring criteria, there was a five-point rating scale, which depending on the criterion had a neutral middle value of three with a low value of one and a high value of five. A criterion scored with a five represents an issue that:

- Affects a large percentage of the population,
- Has worse data than the state/national data,
- Is getting worse in terms of the trend data,
- Has a high impact (productivity, health care costs, education) on economic/social issues,
- Easily can be addressed/changed at the local level,
- Lincoln-Lancaster County Health Department has the resources and capacity to address,
- Is perceived to have a great deal of political will to be addressed.

Issues that would be scored with a one would have the opposite features. After combining the scores from participants, a final score was determined based on the weights given to each criterion. The criterion with the greatest weight was Economic/Social Impact, which was given one-third of the weight while the other two-thirds of the weight came from the combination of three other criteria each (criteria 1 through 3; criteria 5 through 7). The final score was computed by the following formula.

$$\text{Priority} = \frac{1}{3} * (\text{Scores for Criteria 1+2+3}) + \frac{1}{3} * (\text{Score of Criteria 4}) + \frac{1}{3} * (\text{Scores for Criteria 5+6+7})$$

After scoring, the 80 issues had scores ranging from a high 4.33 (diabetes) to a low of 2.11 (compulsive gambling) with very little separation among many health issues. A list of issues was prepared showing the scores from top to bottom. While issues with an average score of three or higher deserved some attention, the committee was asked to look primarily at the top 25-scored issues and to combine issues when determining the top priority health actions (up to five or six) to be addressed in the Community Health Improvement Plan. The Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership participants then used the priority scoring list and results of the Community Themes and Strengths Assessments Survey (Attachment B, page 182) to determine the top priority community health needs.

A list of the 80 health issues and their scoring by the participants is included in Attachment B, page 134.

Based on the scoring results, the participants identified five priority community health needs (in no particular order based on ranking) to be acted on as part of the Community Health

Improvement Plan. These five issues listed below combined a number of conditions, behaviors, and issues all considered during the community health needs assessment process.

1. Access to Care: Includes concerns about access to health and dental care, as well as integration of behavioral health and primary care. In recent years, the number of adults without health insurance has declined, but without Medicaid expansion, access remains a concern. This issue was near the top on the priority list and the survey results.
2. Behavioral Health Care (including substance abuse): Ranked high as mental health, was listed on the priority list and the survey results, and includes drug and alcohol abuse and drunk driving.
3. Chronic Disease Prevention: Includes both the prevalence of conditions (diabetes, cancer, heart disease, obesity), behaviors (not exercising enough, poor nutrition, overeating), and demographic trends (aging of the population) that made this a high priority concern with many facets, including evidence-based interventions that can prevent early onset of some chronic conditions.
4. Injury Prevention (with distracted driving): Ranked high on both the priority list and the survey results. Falls - especially among the elderly – also was a high priority.
5. Violence Prevention: In response to community concern with instances of abuse and violence, violence prevention was determined a priority.

After additional consideration, the participants determined that the Violence Prevention priority health issue would be best addressed within both the Behavioral Health Care and Injury Prevention priority health issues, similar to the approach taken in previous assessments.

As a result, the participants made the commitment to focus implementation strategies on the same four priority community health needs that were established in the previous assessment.

1. Access to Care
2. Behavioral Health Care
3. Chronic Disease Prevention
4. Injury Prevention

VII. Community Assets Identified

The city of Lincoln and Lancaster County, Nebraska, have 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, and residents throughout Nebraska and northern Kansas. Some of the major health care providers are listed below. These providers also are identified in Attachment B, page 114.

CHI Health St. Elizabeth: Serves the community as a non-profit, faith-based care provider affiliated with Catholic Health Initiatives. With 260 licensed beds, CHI Health St. Elizabeth includes the treatment areas of newborn and pediatric care, women's health, emergency medicine, orthopedics, neuroscience, oncology, rehabilitation and burn and wound care.

CHI Health Nebraska Heart: Serves the community with cardiac-care professionals and procedures with a 63-bed facility.

Bryan Health: Serves the community as a non-profit, locally owned health system with an acute care hospital on two campuses (Bryan Medical Center East Campus with 374 licensed beds; and the Bryan Medical Center West Campus with 266 licensed beds), ambulatory services, and the Bryan Physician Network, consisting of primary care and specialty providers. Bryan Health is one of the largest non-profit, locally owned health care organizations in the region. Hospital services at Bryan Medical Center include the areas of cardiology, orthopedics, trauma, neuroscience, mental health, obstetrics, neonatal intensive care, rehabilitation, and oncology. Bryan Medical Center is the community's only provider of inpatient mental health services and substance abuse treatment.

Madonna Rehabilitation Hospital: Serves as one of the nation's foremost facilities for medical rehabilitation and research and specializes in traumatic brain injury, spinal cord injury and pediatric rehabilitation.

Lincoln Surgical Hospital: Serves the community as a for-profit facility licensed for 21 beds, offering surgical services on an outpatient or inpatient basis.

The Lincoln Regional Center: Serves as a Joint Commission-accredited state psychiatric hospital operated by the Nebraska Department of Health and Human Services.

Primary Care Services

People's Health Center: Serves the community's medically-underserved population as a Federally Qualified Health Center.

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.

Lincoln Veterans Administration Medical Center: Provides primary care and behavioral health services on an outpatient basis.

Clinic with a Heart: Uses volunteers to provide primary care services for the uninsured.

People's City Mission: Uses volunteers to provide primary care services for the uninsured.

Health 360 Clinic: New in 2015, Health 360 is a collaboration between People's Health Center 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.

University Health Center, University of Nebraska-Lincoln: Provides primary care services for enrolled students.

Urgent Care Clinics: Provides primary care services after physicians' normal working hours.

Nebraska Urban Indian Health Coalition: Provides primary health care services to insured and uninsured Native Americans and others living in the service area.

Ancillary Primary Care Services

Lancaster County Medical Society: Assists individuals in finding a physician, patients in finding free or low-cost prescription drugs, uninsured patients in finding community resources to help meet health care needs, and works with health care providers to provide specialty care as needed.

Population Health

Lincoln-Lancaster County Health Department: Provides public health services including a limited amount of primary care services, such as specialized clinic services, immunizations, dental care, Women Infants and Children, and home visitation; 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.

Other Community Assets

Community Health Endowment: 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 quality, 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), which created net revenues of approximately \$37 million to the city of Lincoln.

VIII. Summary: Assessment and Priorities

A description of the two health assessments and corresponding results are addressed in Section V and in Attachment B. Section VI and Attachment B list potential health priority issues, identify priority community health needs, and describe the approach used to determine those needs. As a result of the health assessments and priority community health needs process, the Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership participants (Attachment B, page 2) have committed to focus implementation strategies on the following priority community health needs:

1. Access to Care
2. Behavioral Health Care
3. Chronic Disease Prevention
4. Injury Prevention

IX. Next Steps

In response to the priority community health needs identified by the Lincoln-Lancaster County Mobilizing for Action through Planning and Partnership participants during the 2012 assessment, the Lincoln-Lancaster County Health Department convened four committees to further define each health need and to identify goals, objectives, outcomes and resources available and/or necessary to address those needs. The four committees have evaluated their respective 2012 goals and established new 2015 goals and objectives. The 2012 goals and current outcomes and results can be found in Attachment C, Community Health Improvement Plan, along with 2015 goals and objectives under each priority.

Community Health Improvement Plan committee objectives will be reflected in the Bryan Medical Center Implementation Strategy Reports. The reports 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, January 25, 2016.