

Attachment A

Community Health Needs Assessment Report

December, 2012



**Bryan
Medical
Center
West**

A Community Health Needs Assessment for the City of Lincoln and Lancaster County, Nebraska conducted jointly by the Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee and the Lincoln-Lancaster County Health Department.

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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 West. 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 membership of the Lincoln-Lancaster County Mobilizing for Action through Planning and Partnerships (MAPP) under the guidance of the Lincoln-Lancaster County Health Department.

II. Description of Community Served by the Hospitals

Geographic Boundaries: Lancaster County (289,800 population) includes the City of Lincoln (262,341 population) and the City of Waverly (3,133 population). Difference in population (24,326) includes residents living in the towns of Bennet, Davey, Denton, Firth, Hallam, Hickman, Malcolm, Panama, Raymond, Roca, 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 (24,326) is defined as rural, which encompasses all population, housing and territory not included within an urban area.

Source: United States Census Bureau Facts on Lancaster County and United States Census Bureau List of Urban Areas based on 2010 Census Results.

Economy: The following are the largest private sector employers in Lancaster County and their respective service industry.

- Ameritas Life Insurance (Insurance)
- Bryan Health (Health Care)
- BNSF Railroad (Transportation)
- Dell Services (Business Services)
- Duncan Aviation (Aviation Service and Sales)
- Kawasaki Motors Manufacturing USA (Recreational Vehicles)
- Lincoln Benefit Life (Insurance)
- Madonna Rehabilitation Hospital (Health Care)

- Molex, Inc. (Electronics Manufacturing)
- Nelnet (Financial Services)
- Saint Elizabeth Regional Medical Center (Health Care)
- State Farm Insurance (Insurance)
- Verizon Wireless (Telecommunications)

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

- State of Nebraska
- U.S. Government
- University of Nebraska – Lincoln
- Lincoln Public Schools
- Nebraska Department of Health and Human Services
- Correctional Services
- Lancaster County
- Air and Army National Guard

Sources: Lincoln Partnership for Economic Development and Nebraska Department of 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. Year 2010 estimates by the Census Bureau from their Small Area Poverty and Income Estimate (SAIPE) 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 is even higher, at 17.6 percent. There are other subpopulations with high poverty rates, as indicated by the number of students qualifying for free and reduced meals (43 percent) in the school system. Estimates of median income from the same source (SAIPE) show the county’s median income as \$50,197 in 2010, which is higher than the Nebraska median income estimate of \$48,415 and only slightly above the national median income estimate of \$50,046.

Demographics: From 2000 to 2010 Lancaster County’s population increased by 14.8 percent and future growth is expected over the next several decades with a projected population of more than 410,000 in the year 2040. 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 have also grown over the decade. Perhaps even a more significant diversity influence is the growth in the number of individuals who classify themselves as belonging to two or more races groups.

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 62 or older increased by 27 percent from 2000 to 2010 versus the overall growth of 14.8 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 14.5 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 2005-2009, 93 percent of people 25 years and over had at least graduated from high school and 35 percent had a bachelor's degree or higher. Seven percent were dropouts; they were not enrolled in school and had not graduated from high school. The total school enrollment in Lancaster County was 87,000 in 2005-2009. Nursery school and kindergarten enrollment was 7,900 and elementary or high school enrollment was 39,000 children. College or graduate school enrollment was 40,000.

In 2011-12, Lincoln Public Schools (LPS) reported 35,176 students enrolled in grades kindergarten through 12th grade. Of this number, about 30 percent came from ethnically diverse cultures, 43 percent received free or reduced price lunches, 13.8 percent had an identified disability, and 6.3 percent participated in the English Language Learner program. A total of 56 languages other than English were spoken by students. The on-time graduation rate in the Lincoln Public Schools was 83.4% with another 11.6% 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 an extremely low unemployment rate compared with the nation and average income measures. However, the county's small minority population has high poverty rates.

III. Who was Involved in the Assessment

As part of the current Mobilizing for Action through Planning and Partnerships (MAPP) process, the Lincoln-Lancaster County Health Department formed a MAPP Steering Committee. The 25 member Steering Committee is a broad-based representation of the Health Department's many community partners and stakeholders. The role of the MAPP Steering Committee is to assist the Health Department in the facilitation of the community health needs assessment, the identification of community priority health needs, and in the development and implementation

of strategies to meet the identified priority health needs. A list of the MAPP Steering Committee is included as Attachment B to this report.

IV. How the Assessment was Conducted

The demographic, socioeconomic, and health information included in this Community Health Needs Assessment Report has been obtained from three needs assessments (listed below) recently conducted for the City of Lincoln and Lancaster County, Nebraska.

- 1. 2012 Community Health Status Assessment** conducted by the Lincoln-Lancaster County Health Department.
- 2. 2011 Nebraska Community Themes and Strengths Assessments Survey** conducted by the Nebraska Department of Health and Human Services.
- 3. 2012 Comprehensive Plan to address appropriate effective and sustainable health care services for the uninsured and Medicaid Populations in Lincoln, Nebraska** conducted by Health Management Associations for the Community Health Endowment of Lincoln.

The following is a description of each assessment. Comprehensive assessment results are included as Attachments C, D and E respectively to this report.

1. 2012 Community Health Status Assessment

The Community Health Needs Assessment conducted 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?

In order to make these health determinations, the Lincoln-Lancaster County Health Department utilized local, state and national data sources where appropriate. Both annual and trend data was 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 2012 Community Health Status Assessment have been compiled into a Community Health Profile, which presents an overview of major health status measures. The 2012 Community Health Profile is included as Attachment C to this report. The following is a summary of the assessment results.

General Health Status

- On the basis of self reports, 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 that they have a lower incidence of several conditions than Nebraskans as a whole and U.S. residents. Local residents report:
 - Lower incidence of arthritis.
 - Lower incidence 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.
 - Slightly lower lifetime diagnosis of asthma.
 - Lower percentage of elderly who have had all their teeth extracted.
 - Lancaster County residents indicate that they have a higher incidence of several conditions than other Nebraskans, and a lower incidence of these conditions than U.S. respondents:
 - Those currently diagnosed with asthma.
 - Those persons diagnosed with diabetes.
 - Lancaster County residents indicate that they have a higher incidence of several conditions than both other Nebraskans and U.S. respondents:
 - Persons requiring some type of special equipment (e.g., cane, wheelchair, special telephone).
 - Individuals reporting that they are limited in activities due to physical, mental or emotional issues.

Leading Causes of Death

- Cancer remains as the leading cause of death in Lancaster County, followed by heart disease, chronic lung disease, cerebrovascular disease and Alzheimer's disease.
 - Lung cancer is 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 ten 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).
- While unintentional injuries (accidents) dropped to sixth as a leading cause of death, it is the leading cause of death for persons 1 to 44, and second only to cancer in years of potential life lost (YPLL) 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 and 2010 births totaling 4,153.

- The number of births to teens (mothers under 20) fell to 241 in 2010, which is down from 289 just two years ago (2008) and from the recent high of 309 in 2003.
- The infant mortality rate has fallen over time and fell to 4.8 infant deaths per 1000 live births in 2009, which is below the 2010 Healthy People Objective of 5.0.
- Since 2005 there's been little change in the percent of mothers starting prenatal care in the first trimester, however there has been an upward trend in the percent of mothers who have had ten or more prenatal care visits prior to their delivery. The percent of mothers who had ten or more prenatal visits increased from 49.6 percent in 2005 to 77.1 percent in 2010.
- The rate of low birth weight (LBW) babies for teens is considerably higher than any other age cohort of moms; African American mothers have a consistently higher rate of LBW births when compared to any other racial group.
- The upward trend in unmarried mothers has continued with 30.4 percent of mothers giving birth in 2010 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 BRFSS data for 2010 reveal that the local rates for overweight (33.5 percent with a BMI=25 to 29.9) and obesity (20.7 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.
- Locally, adults consume fruits and vegetables fewer times a day than Nebraskans and U.S. respondents, but the rates overall are very poor (17.7 percent in Lancaster County, 20.0 percent of Nebraskans and 23.4 percent of U.S. respondents).
- Local respondents indicate that 57 percent meet the recommended physical activity guidelines for moderate or vigorous exercise, and 34.7 percent of the group meets the vigorous exercise guidelines (20+ minutes a day, 3 or more days a week). The local rates are better than comparable Nebraska and national rates of physical activity.
- While Lancaster County adult residents indicate that their smoking (15.5 percent) and heavy drinking (3.4 percent) rates are lower than comparable Nebraska and U.S. rates, the local binge drinking rate (20 percent) is marginally higher than the Nebraska rate (19.4 percent) and well above the binge drinking rate (15.4 percent) in the nation.
- The latest local figures for the percent of the working-age population without health care coverage are higher than ever reported. The percentage of BRFSS respondents aged 18 to 64 indicated that they have no health care coverage (20.3 percent) in 2010 is higher than the Nebraska (16.5 percent) and national (17.9 percent) rates despite the

favorable industrial employment base in Lancaster County and the low rate of unemployment in Lincoln when compared to the rest of the nation.

- While 55.3 percent of local residents indicated that they visited a doctor for a routine checkup within the past year, 11.7 percent of residents indicated that they couldn't see a doctor in the past year due to cost.
- Last year, 69.9 percent of Lancaster County respondents visited a dentist, but 26 percent of residents indicated that they could not afford to seek dental care during the year.
- There is a mixed picture on cancer screening locally:
 - Among persons 50 and older, 66.1 percent indicated that they had a colonoscopy within the past two years which is a rate that compares favorably with the overall rate in Nebraska and the nation.
 - Among women 50 and older, 74.7 percent had a mammogram within the past two years, slightly better than the rate in Nebraska, but not as high as the national rate.
 - Lancaster County men 40 and over utilized the PSA test for prostate cancer at a rate (45.6 percent) lower than male Nebraskans (51.5 percent) and men in that age group from across the nation (53.5 percent).
 - Only 72.6 percent of local women aged 18 and older had a Pap test within the last three years, while 80.2 percent of Nebraska women had a Pap test. The national rate was 80.9 percent.

2. 2011 Nebraska Community Themes and Strengths Assessments Survey

The purpose of the 2011 Nebraska Community Themes and Strengths Assessment Survey was to better inform state and local health planning efforts. Also, this survey was used to assist the Lincoln-Lancaster County Health Department in meeting an assessment component of the State of Nebraska Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process. The survey questionnaire was based largely on a 2008 Community Health Survey developed jointly by representatives from local health department across the state in collaboration with the Nebraska Department of Health and Human Services. The survey administration was conducted by the University of Nebraska Medical Center. The analysis and reporting of information presented within the report was conducted by the Nebraska Department of Health and Human Services.

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 single most important health issues or health behaviors 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 rank order)	Percent
1. Overweight and Obesity	24.5%
2. Alcohol abuse	9.0%
3. Cancer	7.5%
4. Healthcare-related (quality, access, cost, coverage)	6.1%
5. Not enough exercise	6.1%
6. Unhealthy eating and/or poor nutrition	5.1%
7. Diabetes	4.9%
8. Mental health and/or suicide	4.9%
9. Distracted driving (texting, cell phone use)	4.7%
10. Drug abuse	3.4%
11. Aging population and elderly conditions/needs	2.9%
12. Drunk driving	2.3%
13. Heart disease	1.9%
14. Sexually Transmitted Diseases (STDs)	1.7%
15. Tobacco use (cigarettes and/or smokeless)	1.5%

A copy of the 2011 Nebraska Community Themes and Strength Assessment Survey Results is included as Attachment D to this report.

3. 2012 Comprehensive Plan to address appropriate effective and sustainable health care services for the uninsured and Medicaid Populations in Lincoln, Nebraska

Health Management Associates (HMA) was commissioned by the Community Health Endowment of Lincoln to develop a comprehensive plan to address appropriate, effective and sustainable health care services for the uninsured and Medicaid populations in Lincoln, Nebraska. As part of the planning process, HMA conducted an environmental scan of Lancaster County in the areas of demographics, health outcomes, risk factors and prevention, access to services, and provider services and utilization. In the preparation of the report, HMA relied on well-known national sources of data as well as data provided by the county, health care providers, and other community stakeholders.

A copy of the HMA report in its entirety is included as Attachment E to this report. Appendix B of the HMA report includes detailed results of the environmental scan for Lancaster County. Highlights from HMA’s environmental scan are listed below with the exception of demographic information which is included in Section II of this report.

Health Outcomes

- Lancaster County has higher infant mortality rates for black and Hispanic babies. While these have declined significantly in recent years, the infant mortality rate among blacks remains higher than that for whites and Hispanics.
- While the infant mortality rate for white non-Hispanics, considering all causes of death, is favorable to the US and peer counties, Lancaster had a higher rate of death for white infants under the age of one from complications of pregnancy based on 2003-2005 data.
- For the 25 to 44 age group, the percentage of deaths caused by suicide exceeds that for injuries and cancer. Overall mortality from suicide is higher than the U.S. average, but in 2009 was at its lowest rate in eight years.
- For the 45 to 64 age group, cancer is the leading cause of death for both black and white populations, accounting for about 40% of deaths in both populations in the age range. The overall rate of death from cancer decreased in 2008/2009.
- For the age group 65+, heart disease and cancer account for about 25% and 22% of all deaths, respectively. The overall death rate from Chronic Heart Disease is low compared to peer counties and has dropped significantly from 2002 to 2009.

Risk Factors

- Lancaster County residents generally are less likely to report fair or poor health and more likely to report moderate or vigorous exercise than the state and U.S. average. They also have a lower rate of obesity. However, compared to peer counties, Lancaster lies in the mid to high range on these risk measures.
- Diabetes rates have been trending upward.
- Lancaster County residents report higher rates of alcohol consumption than the state or U.S. averages.
- Lancaster County current smoker trends fell significantly from 2008 to 2010.

Prevention

- Lancaster County's rates of preventive services are, for the most part, comparable to rates for the state and the nation.
- The County's steady increase since 2005 in prenatal care during the first trimester of pregnancy experienced a significant decrease in 2010. However, steady and dramatic growth in the number of women with ten or more prenatal visits continued in 2010.
- Since 2002, the county's colon screening rate is on the increase.
- Since 2000, Lancaster County has seen an increase in reported HIV cases.

Access to Coverage and Services

- The percent of uninsured adults aged 18 to 64 has increased steadily since 2005, with an overall estimated uninsured rate of 11% in 2009. Almost 20% of individuals aged 18 to 34 are uninsured, the highest rate among all age groups.
- The number of primary care physicians per 100,000 (85) and the number of dentists per 100,000 (132) are comparable to or higher than peer counties.

Provider Services and Utilization

- While the two hospitals – Bryan Medical Center (formerly BryanLGH Medical Center) and Saint Elizabeth Regional Medical Center – serve a geographic area extending beyond the county, Lancaster County residents account for most of the patients served: 68% to 72% of inpatients, and 79% to 84% of outpatients.
- Both hospitals have similar public payer distributions for inpatient services. Medicaid covers approximately 8% of County residents. Medicaid accounts for 14% of combined in-patient admits and discharges and 16% of combined patient days in the two hospitals.
- Both hospitals have similar percentage of patients that are uninsured. Approximately 11% of County residents lack health insurance coverage. Self-Pay accounts for about 5% of combined admits/discharges and 5% of combined patient days in the two hospitals.
- The most common reason (determined by Diagnosis related-group (DRG) frequency) for admission to Saint Elizabeth is delivery of babies. This accounts for nearly 10% of all stays, 25% of Medicaid stays, and 14% of Self Pay stays. More than half of the top 10 DRGs for Medicaid and Self Pay stays are delivery-related.
- The most common reason (determined by DRG frequency) for admissions to Bryan is psychosis. This DRG accounts for about 9% of all stays, 19% of Medicaid stays, and 19% of Self Pay stays. For both Medicaid and Self Pay, four of the top 10 DRGs relate to mental disorders or substance abuse. The remaining six for Medicaid are OB delivery-related.
- Medicare patients account for 14% of patients using the ER at Bryan and for 20% of visits. Medicaid accounts for 26% of patients and 28% of visits. Self-Pay accounts for 17% of both patients and visits.

V. Priority Community Health Needs Identified

Taking into consideration of the results of the three assessments previously discussed, the Lincoln-Lancaster Count Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee scored a list of 72 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 individual health issues on the basis of seven criteria. The 72-item list did not include narrow categories such diabetes, heart disease, cancer and Chlamydia

but rather broad categories such as chronic disease or communicable disease. The seven scoring criteria included:

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 (3) with a low value of one (1) and a high value of five (5). A criterion scored with a five (5) 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,
- Can easily be addressed/changed at the local level,
- LLCHD has the resources and capacity to address the issue, and
- There is felt to be a great deal of political will to address the issue/problem.

Those issues that would be scored with a one (1) 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 (criteria 1 through 3; criteria 5 through 7). The final score was computed by the following formula.

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

After scoring, the 72 issues had scores ranging from a high 4.06 (diabetes) to a low of 1.89 (tuberculosis) with very little separation among many health issues. A list of issues was prepared showing the scores from top to bottom. While those issues with an average score of three or higher deserved some attention, the committee was asked to primarily look 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 (CHIP). The MAPP Steering Committee then utilized the priority scoring list and results of the state-sponsored survey of Lancaster County residents (Attachment D: 2011 Nebraska Community Themes and Strengths Assessments Survey Results) to determine the top priority community health needs.

A list of the 72 health issues and their scoring by the MAPP Steering Committee is included Attachment F: Potential Health Priority Issues Scored by the Mobilizing for Action through Planning and Partnership (MAPP) Steering Committee with highlights for selected issues (yellow for chronic disease, green for violence, aqua for injury prevention, pink for access to healthcare and light green for violence prevention).

Based on the scoring results, the MAPP Steering Committee identified five priority community health needs (in no particular order based on ranking) to be acted on as part of the CHIP. 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 grown. This issue was near the top on both the priority list and survey results.
2. Behavioral Health Care (including substance abuse) ranked high as mental health, was listed on both the priority list and survey results, and includes drug and alcohol abuse and drunk driving.
3. Chronic Disease Prevention including both the prevalence of conditions (diabetes, cancer, heart disease, obesity) and behaviors (not exercising enough, poor nutrition, overeating) as well as demographic trends (aging of the population) 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 was high on both the priority list and survey results. Also, falls especially among the elderly, was a high priority as scored by the MAPP Steering Committee.
5. Violence Prevention in response to community concern with instances of abuse and violence, violence prevention was determined a priority by the MAPP Steering Committee.

After additional consideration, the MAPP Steering Committee determined that the Violence Prevention priority health issue would be best addressed within both the Behavioral Health Care and Injury Prevention priority health issues.

As a result, the MAPP Steering Committee made the commitment to focus implementation strategies on the following four priority community health needs.

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

VI. 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 not only address the needs of the local population, but also residents from throughout southeast Nebraska, northern Kansas and from across the state. Some of the major health care providers are listed below. These providers are identified in Attachment C: 2012 Community Health Profile.

Saint Elizabeth Regional Medical Center: Serves the community as a non-profit, faith-based care provider affiliated with Catholic Health Initiatives. With 260 licensed beds, Saint Elizabeth has experience in the treatment areas of newborn and pediatric care, women's health, emergency medicine, orthopedics, neuroscience, oncology, rehabilitation and burn and wound care. Obstetric services and newborn care top the list of admissions to Saint Elizabeth Regional Medical Center.

Nebraska Heart Hospital (affiliated with of Saint Elizabeth Regional Medical Center and Catholic Health Initiatives): Serves the community with experienced cardiac-care professionals and procedures (63 beds, 19 cardiologists, 5 surgeons, 3 anesthesiologists, and more than 500 support staff).

Both Saint Elizabeth Regional Medical Center and Nebraska Heart Hospital provide direct and indirect financial support to other local healthcare programs, including the People's Health Center, Clinic with a Heart, and People's City Mission.

Bryan Medical Center: Serves the community as a non-profit, locally owned, acute care hospital with two facilities (an East campus with 374 licensed beds; and the West campus with 290 licensed beds) and several out-patient clinics. Bryan Medical Center is part of the Bryan Health System, one of the largest non-profit, locally owned health care organizations in the region.

Hospital care services include the areas of cardiology, orthopedics, trauma, neuroscience, mental health, women's health and oncology. Bryan Medical Center is the community's only provider of inpatient mental health services.

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 an 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 healthcare education and services.

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

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

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

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

Urgent Care Clinics: Provides primary care services after normal physician 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 find community resources to help meet healthcare needs, and works with health care 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, WIC, 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.

VI. Summary: Assessment and Priorities

A description of the three health assessment and corresponding results are addressed in Section III and in Attachments C, D, and E of this report. Section V and Attachment F 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 Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee (Attachment B) 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

VIII. Next Steps

In response to the priority community health needs identified by the MAPP Steering Committee, the Lincoln-Lancaster County Health Department has convened four working committees to further define each health need and to identify goals, objectives, outcomes and resources available and/or necessary to address those needs.

Committee results will be reported in each hospital's individual Implementation Strategy Report. The individual 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 at the community level.