



**Community Health
Needs Assessment (CHNA)
Implementation Plan**

October 2016

Believe. Inspire. Do

Great Plains Health

FY 2017 - FY 2019 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Great Plains Health (GPHealth) by Community Hospital Consulting (CHC Consulting). This CHNA includes relevant demographic and health data as well as stakeholder input surrounding the hospital's study area, which is defined as Lincoln County, Nebraska.

The CHNA team, consisting of leadership from GPHealth, met with staff from CHC Consulting on July 15, 2016 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through its hospital specific implementation plan. Please see the separate CHNA report for further detailed information.

The six most significant needs, as discussed during the July 15th prioritization meeting, are listed below:

1. Increased access to mental and behavioral health care and education
2. Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates
3. Increased access to safe and affordable housing
4. Collaboration with local organizations to improve community health
5. Improved access to care
6. Continued physician recruitment and retention

This implementation plan addresses all of the six identified needs. GPHealth leadership has developed its implementation plan to identify specific activities and services which directly address all of the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress and key results (as appropriate).

The GPHealth Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on September 22, 2016.

Priority #1:

Strategic Initiative:

Rationale:

Increased access to mental and behavioral health care and education

Improve education and access to mental and behavioral health services

- In 2012, the percentage of Medicare beneficiaries in Lincoln County (15.6%) with depression was higher than the state (13.9%) and national rates (15.4%).
- Between 2011 and 2014, the percentage of adults (age 18+) that had ever been told by a doctor, nurse or other health professional that they have a depressive disorder (depression, major depression, dysthymia or minor depression) in West Central District Health Department (WCDHD) and the state remained relatively steady.
- In 2014, the percentage of adults (age 18+) in WCDHD (19.6%) that had ever been diagnosed with a depressive disorder was slightly higher than the state (17.7%).
- Lincoln County is defined as a Health Professional Shortage Area (HPSA) specifically for mental health, with a score of 18 out of 26 – indicating a greater priority for assignment of clinicians.
- Drug addiction and the lack of treatment facilities, particularly with the legalization of marijuana in Colorado, are of particular concern to the interviewees. One interviewee specifically stated: “[The community is] are not equipped to handle the mental health or drug addiction problems.”
- The majority of interviewees reported that mental health services and providers are very limited for residents below 18 years old, and one interviewee stated: “There is no inpatient or long-term mental health and that is a problem. There is nothing for young people.”
- Behavioral health issues were also mentioned as needing attention in the area.

Objective	Action Steps	Progress	Key Results (As Appropriate)
Provide a point of access for mental health services in the community	1.A. GPHealth is currently evaluating the implementation of a telemedicine program for mental and behavioral health evaluations and adolescent psychiatry.		
	1.B. GPHealth is currently exploring the recruitment of additional adult psychiatrists to the area.		
	1.C. GPHealth will continue to provide an inpatient facility, partial program, and outpatient clinic for mental and behavioral health patients (age 18 and older).		
	1.D. GPHealth will participate in community discussions about the expansion of detox services in the local community.		
	1.E. GPHealth case managers provide services and referrals that relate to mental and behavioral health conditions on an as needed basis.		

Objective	Action Steps	Progress	Key Results (As Appropriate)
	<p>1.F. GPHealth collaborates with local middle and high schools to promote adolescent mental or behavioral health education and services, and has previously provided education to students on various topics. In addition, GPHealth provides community education on post traumatic stress disorder (PTSD), stress management, and anxiety.</p>		
	<p>1.G. GPHealth will continue to offer the Employee Assistance Program (EAP) to help employees navigate various life challenges.</p>		
	<p>1.H. GPHealth will explore the promotion of a suicide prevention hotline, as well as suicide prevention resources and services.</p>		
	<p>1.I. GPHealth will continue to staff a Sexual Assault Nurse Examiner (SANE) and Sexual Assault Response Team (SART) that are trained specifically to treat sexually assaulted patients.</p>		

Priority #2:
Strategic Initiative:

Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates
Improve lives in the community we serve by providing education and services targeted at reducing the rate of chronic diseases, preventable readmissions, high mortality and preventable conditions

Rationale:

- Overall mortality rates in Lincoln County remained higher than the state rate in between 2010 and 2014. In 2012-2014, Lincoln County (741.9 per 100,000) had higher overall mortality rates than the state (717.2 per 100,000).
- The leading causes of death in both Lincoln County and the state are malignant neoplasms and diseases of the heart (2010-2014).
- Cancer is the leading cause of death in both Lincoln County and the state (2010-2014). While cancer mortality rates appear to be decreasing in the state, rates in Lincoln County have recently slightly increased (2010-2014). In 2012-2014, the cancer mortality rate in Lincoln County (167.9 per 100,000) was slightly higher than the state rate (161.8 per 100,000).
- Between 2010 and 2014, the four leading causes of cancer mortality by site in both Lincoln County and Nebraska include: trachea, bronchus and lung; lymphoid, hematopoietic and related tissue; breast; and colon, rectum and anus cancers.
- Lincoln County has higher breast; trachea, bronchus and lung; and lymphoid, hematopoietic and related tissue cancer mortality rates than the state (2010-2014). Lincoln County has a noticeably higher rate of trachea, bronchus and lung cancer mortality rates (48.1 per 100,000) than the state (43.0 per 100,000) (2010-2014).
- In comparison to peer counties, Lincoln County (451.8 per 100,000) ranked within the two middle quartiles for cancer incidence rates between 2006 and 2010, and also ranked just below the U.S. median (457.6 per 100,000).
- In comparison to peer counties, Lincoln County ranked within the two middle quartiles for female breast (120.0 per 100,000) and lung and bronchus (67.8 per 100,000) cancer incidence rates between 2006 and 2010.
- Heart disease is the second leading cause of death in both Lincoln County and the state (2010-2014).
- Chronic lower respiratory disease is the third leading cause of death in both Lincoln County and the state (2010-2014). While chronic lower respiratory disease mortality rates appear to be remaining steady in the state, rates in Lincoln County are steadily increasing (2010-2014). In 2012-2014, the chronic lower respiratory disease mortality rate in Lincoln County (54.3 per 100,000) was slightly higher than the state rate (49.1 per 100,000).
- Lincoln County has maintained a higher mortality rate due to accidents (unintentional injuries) than the state since 2010. Accident mortality rates in Lincoln County have been steadily increasing, while the state has remained constant (2010-2014). In 2012-2014, the fatal accident rate in Lincoln County (50.9 per 100,000) was higher than the state rate (37.8 per 100,000). The leading causes of fatal accidents in Lincoln County is due to motor vehicle accidents and falls (2012-2014).
- While diabetes mortality rates in the state appear to have remained consistent, rates in Lincoln County have recently increased (2010-2014). In 2012-2014, diabetes mellitus mortality rates in Lincoln County (34.4 per 100,000) were higher than the state (21.3 per 100,000).

Priority #2:	Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates (continued)
Strategic Initiative:	Improve lives in the community we serve by providing education and services targeted at reducing the rate of chronic diseases, preventable readmissions, high mortality and preventable conditions
Rationale:	<ul style="list-style-type: none"> • In comparison to peer counties, Lincoln County (30.9 per 100,000) ranked within the least favorable quartile for diabetes deaths between 2005 and 2011, and also ranked above the U.S. median (24.7 per 100,000). • Cerebrovascular disease mortality rates in the state have slightly decreased, while rates in Lincoln County have steadily increased (2010-2014). In 2012-2014, the cerebrovascular disease mortality rate in Lincoln County (37.1 per 100,000) was slightly higher than the state rate (35.3 per 100,000). • Between 2005 and 2014, the chlamydia infection rate in Lincoln County overall increased. Between 2010 and 2011, specifically, there was a significant increase in infection rates. Between 2012 and 2014, the chlamydia infection rate in Lincoln County has steadily decreased. • Between 2005 and 2014, the gonorrhea infection rate in Lincoln County overall increased. Between 2011 and 2012, specifically, there was a significant increase in infection rates. • In 2012, the percentage of adults (age 20+) ever diagnosed with diabetes by a doctor in Lincoln County (8.6%) was higher than the state rate (8.0%) but slightly lower than the national rate (9.1%). • In 2012, the percentage of Medicare beneficiaries with diabetes in the report area (26.0%) was higher than the state (22.5%), but slightly lower than the national level (27.0%). • In comparison to peer counties, Lincoln County (7.3%) ranked within the least favorable quartile for the percentage of adults (age 20+) living with diagnosed diabetes between 2005 and 2011, and ranked below the U.S. median (8.1%). • In 2012, the percentage of the Medicare beneficiary population in Lincoln County (50.3%) that had high blood pressure (hypertension) was higher than the state (48.3%) but lower than the national rate (55.5%). • In 2012, the percentage of Medicare beneficiaries in Lincoln County (38.8%) that had hyperlipidemia, which is typically associated with high cholesterol, was higher than the state (35.0%) and the nation (44.8%). • In 2013, the percentage of adults (age 18+) that have ever had their blood cholesterol checked and subsequently have been told that their blood cholesterol is high in WCDHD (42.7%) was higher than the state (37.4%). • In 2013, the percentage of adults (age 18+) in WCDHD (34.7%) that have ever been told that they have high blood pressure (excluding pregnancy) was higher than the state (30.3%). • In 2012, one-third (33.1%) of adults (age 20+) in Lincoln County reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 29.4% in the state and 27.1% in the nation. • The percentage of obese adults (age 18+) in WCDHD has remained steady, while rates in the state have slightly increased (2011-2014). • In 2014, the percentage of obese adults (age 18+) in WCDHD (32.5%) was slightly higher than the state rate (30.3%).

Priority #2:	Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates (continued)
Strategic Initiative:	Improve lives in the community we serve by providing education and services targeted at reducing the rate of chronic diseases, preventable readmissions, high mortality and preventable conditions
Rationale:	<ul style="list-style-type: none"> • In comparison to peer counties, Lincoln County (31.9%) ranked within the two middle quartiles for the percentage of obese adults between 2006 and 2012, and also ranked above the U.S. median (30.4%). • In 2011-2012, the percentage of adults (age 18+) in Lincoln County (12.5%) that had ever been told by a health professional that they had asthma was higher than the state (11.2%) but slightly lower than the national rate (13.4%). • Asthma prevalence rates in adults (age 18+) in WCDHD have slightly increased, while rates in the state have remained relatively steady (2011-2014). • In 2014, the percentage of adults (age 18+) in WCDHD (14.2%) that have ever been told by a doctor, nurse, or other health professional that they have asthma was higher than the state rate (12.2%). • In 2014, the percentage of adults (age 18+) with some form of arthritis in WCDHD (32.7%) was higher than the state (24.6%). • In 2012, the percentage of the adult population (age 20+) in Lincoln County (24.2%) that self-reported no leisure time for activity was higher than the state (23.3%) and national rate (22.6%). • In 2014, WCDHD (24.6%) had a slightly higher percentage of adults (age 18+) that reported not participating in physical activity or exercise during the past month than the state (21.3%). • In 2014, the percentage of adults (age 18+) in WCDHD (24.5%) that reported smoking cigarettes either every day or on some days was higher than the state rate (17.4%). • The infant mortality rate in Lincoln County (6.0 per 1,000 births) is slightly higher than the state (5.7 per 1,000 births) and slightly lower than the national rate (6.5 per 1,000 births) (2006-2010). • The percentage of total births that are low birth weight (<2,500g) in Lincoln County (8.5%) is higher than the state (7.0%) and national rates (8.2%) (2006-2012). • The teen birth rate per 1,000 females age 15-19 years in Lincoln County (35.6 per 1,000) is higher than the state rate (32.0 per 1,000) but slightly lower than the national rate (36.6 per 1,000) (2006-2012). • In comparison to peer counties, Lincoln County (35.6 per 1,000) ranked in the two middle quartiles for the rate of teen births between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.2 per 1,000) and the U.S. median (42.1 per 1,000). • Interviewees discussed the multi-faceted nature of health related education and prevention in the area, including the lack of healthy food options as well as adequate facilities for fitness. One interviewee stated: "If people had better access to food options, that would help our health issues."

Priority #2: Prevention education to address chronic diseases, preventable conditions and readmissions, and high mortality rates (continued)

Strategic Initiative: Improve lives in the community we serve by providing education and services targeted at reducing the rate of chronic diseases, preventable readmissions, high mortality and preventable conditions

- Rationale:**
- Awareness of programming available was also mentioned as an issue in the community. One interviewee specifically stated: “I think the community needs to know what all the hospital offers—free programs, etc. But a lot of people don’t know about them.”
 - The lack of programming for children was of particular concern as early prevention can affect their health trajectory, and one interviewee mentioned: “Childhood obesity...people are not taking advantage of services. If they could do something with the schools. There is not a lot of programming for them.”
 - Some interviewees mentioned diabetes, obesity and cancer as emerging health issues and opportunities for future prevention efforts.

Objective	Action Steps	Progress	Key Results (As Appropriate)
Provide, sponsor, support or promote educational opportunities, special events and programs that aim to address high mortality rates, chronic conditions and unhealthy lifestyles in the community. Great Plains will focus on community, fitness, prevention and education.	2.A. GPHealth will continue to host and/or staff health fairs at business locations throughout the hospital's service area.		
	2.B. GPHealth will continue to offer low-cost heart screenings to employees and the community every week. As part of the prevention and early identification program, participants pay a significantly reduced amount for a heart screening. The screenings test a person’s blood pressure, body mass index, cholesterol level, blood glucose level and calcium score to indicate if he or she is at risk for heart disease.		
	2.C. GPHealth will continue to host its Healthy Heart Check Event. The event medical team provides free blood pressure checks, free EKGs and information about heart disease risk factors, CPR, exercise advice, heart-healthy recipes, smoking cessation techniques and hypertension.		
	2.D. GPHealth will continue to provide lung screenings through CT scans at the GPHealth Imaging Center weekly with an out-of-pocket cost to patients at a highly reduced rate.		
	2.E. GPHealth will continue to offer a free smoking cessation class to the community each quarter led by certified smoking cessation instructors. GPHealth pays for instruction, patches and all supporting educational material.		

Objective	Action Steps	Progress	Key Results (As Appropriate)
	2.F. GPHealth will continue to be a tobacco-free facility.		
	2.G. GPHealth will continue to host free monthly prepared childbirth classes designed for first-time parents to learn what to expect on delivery day. Great Plains also provides a “Breastfeeding 101” class at no cost for new and soon-to-be parents to learn the basics of breastfeeding.		
	2.H. GPHealth is available to speak at community events, provide information, and/or participate in other educational opportunities upon request.		
	2.I. GPHealth will continue to conduct awareness mailings on a bi-annual basis. The first mailing is directed at risk factors of heart disease and the importance of screening. The second mailing is directed at the importance of mammograms.		
	2.J. GPHealth will continue to offer outreach education and resource tracks to first responders, nurses, physicians, and the general community on topics including, but not limited to: TNCC life support, basic EKG, NRP life support, cancer conference, trauma conference, PALS, ACLS life support, BLS life support, paramedic courses, oxygen delivery methods, breast feeding, bariatric surgery education, prepared childbirth and many more.		
	2.K. GPHealth will continue to offer free sports medicine services to help keep young athletes safe and to promote the proper treatment of sports-related injuries. In addition to attending sporting events, our athletic trainers offer Elite Performance, a program designed to teach coaches and players proper prevention techniques to help avoid injury during conditioning and training. There is no charge to schools for this program.		
	2.L. GPHealth will enhance the GPFit! Initiative through programs and events such as quarterly community wellness events, the Couch to 5K program, free community smoking cessation programs and heart screenings.		
	2.M. GPHealth will continue to offer a comprehensive wellness program to all employees. As participation incentives, employees are offered discounted rates to their health plan.		

Objective	Action Steps	Progress	Key Results (As Appropriate)
	<p>2.N. GPHealth will continue to offer healthy options in the hospital cafeteria, including calorie count information, a salad bar, and educational sessions on healthy cooking hosted by the cafeteria chef. GPHealth will also transform the Great Plains Health Café into a community model of healthy eating options.</p>		

Priority #3:

Strategic Initiative:

Rationale:

Increased access to safe and affordable housing

Work to reduce health disparities in the community by improving the safety and availability of local housing

- In 2015, the total number of HUD-funded assisted housing units available to eligible renters in Lincoln County (474.6 per 10,000 Housing Units) was significantly higher than the state (348.3 per 10,000 Housing Units) and national rate (377.9 per 10,000 Housing Units).
- In comparison to neighboring communities, North Platte (407) had the lowest number of housing units built between 2004 and 2014.
- While there is a large percentage of census tracts with housing units built between 1976 and 1985, there is a large number that have housing units built between 1966 and 1975, and older than 1966 (2010-2014).
- The median year that housing structures were built in Lincoln County is 1969, compared to 1970 in Nebraska and 1976 in the United States (2010-2014).
- The number and percentage of housing units constructed has significantly declined since 2010.
- Lincoln County (27.9%) ranked within the middle two quartiles for the percent of homes built before 1950, and within the least favorable quartile (46.3%) for the percent of homes built between 1950 and 1979.

Objective	Action Steps	Progress	Key Results (As Appropriate)
Increase access to safe and affordable housing options in the community	3.A. GPHealth will continue to ensure active GPHealth leadership on the local housing task force.		
	3.B. To assist with housing for families and friends of patients who are subject to hospital stays, GPHealth has agreements with local hotels for discounted rates. Discounted hotel rates help family members and friends visit and support patients during their hospital care.		
	3.C. GPHealth will become active participants in innovative solutions to grow safe housing options in the community.		

Priority #4:
Strategic Initiative:
Rationale:

Collaboration with local organizations to improve community health

Partner with the local entities in areas that impact community health improvement

- Lincoln County (\$49,695) has a slightly lower median household income than Nebraska (\$50,572), but is slightly higher than the national median household income level (\$48,280) (2016).
- In 2015, the unemployment rate in Lincoln County (2.9%) was consistent with the state rate (3.0%).
- Between 2011 and 2013, the percentage of children (age 0-17) living in poverty in Lincoln County and the state increased. In 2013, the percentage of children (age 0-17) living in poverty in Lincoln County (17.0%) was consistent with the state (17.0%).
- Lincoln County (19.3%) has a lower percentage of residents with a bachelor or advanced degree than the state (29.0%) and the nation (29.4%) (2016).
 Between 2013 and 2014, the percentage of students that received their high school diploma within four years in Lincoln County (88.4%) was slightly lower than the state (89.0%) but higher than the national rate (84.3%).
- In 2013, child (ages 0-18) food insecurity rate in Lincoln County (20.5%) was slightly lower than the state rate (21.1%).
- When asked about which specific groups are at risk for inadequate care in Lincoln County, interviewees discussed the un/underinsured, youth, and elderly populations.
- High deductibles were mentioned as one of the most prevalent barriers to care for the un/underinsured. It was noted that many physicians will not provide an appointment due to a self-pay patient’s inability to pay up front for services or any outstanding balances on a patient’s account. Additionally, dental services were mentioned as an area where even those with some form of dental insurance area often denied care by local dentists.
- Interviewees mentioned that mental health services are significantly lacking for children. There was also concern surrounding drug abuse with recent Colorado legislation changes, and the risk of obesity and a need for health education.
- Transportation is an issue for the elderly population, despite the availability of the Handi Bus. Additionally, the lack of an adequate number of nursing homes as well as home health professionals were of concern for the growing elderly population.

Objective	Action Steps	Progress	Key Results (As Appropriate)
Partner with, sponsor, support or promote community organizations in order to impact community health	4.A. GPHealth personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community.		
	4.B. Continue to ensure active GPHealth leadership on the North Platte Area Wellness and Recreation Alliance.		

Objective	Action Steps	Progress	Key Results (As Appropriate)
	4.C. GPHealth will continue to actively participate in the local Families First Partnership (child well-being initiative) of the West Central Public Health District.		
	4.D. GPHealth will continue to help and support the West Central Public Health District in the development and enhancement of the Indigent Care Clinic.		
	4.E. GPHealth will continue to provide free skin cancer screenings to the community through "Melanoma Monday" events in partnership with two, local independent dermatology groups.		
	4.F. GPHealth will continue to inspire health through human and financial capital through its continued funding of various community wellness initiatives, such as the Platte River Fitness series.		
	4.G. GPHealth will continue to sponsor an annual Couch to 5K 12-week series that is designed to get the community off of their couches and walking or running. The series features instruction and motivation from a personal trainer and many hospital volunteers.		
	4.H. In conjunction with the North Platte Recreational Center, GPHealth will continue to provide free community talks each year to the North Platte Region.		
	4.I. GPHealth will continue to donate funds each year to non-profit organizations on projects designed to improve health, inspire wellness and build communities through its Great Plains Gives program.		
	4.J. GPHealth will continue to host employee blood drives for the American Red Cross.		
	4.K. GPHealth will continue to offer healthy alternatives for teens through coordination of a Junior Ambassador Volunteer Program that is designed to involve area youth in volunteering. As part of the program, participants are exposed to the inner workings of the health care industry. One rotation includes volunteering on the labor and delivery floor.		
	4.L. GPHealth will continue to provide donations to area post-prom parties with the mission to engage teens in a drug-free, parent-supervised, post-prom activity.		

Objective	Action Steps	Progress	Key Results (As Appropriate)
	4.M. GPHealth will continue to host bi-annual meetings with area nursing homes to discuss any potential issues and how to increase collaboration within the continuum of care.		
	4.N. GPHealth will continue to host an annual fundraising drive for the Midplains United Way.		
	4.O. GPHealth will continue to host fundraising drives that benefit the community, such as a "Go Orange" drive that sends children with backpacks full of weekend food.		

Priority #5:

Strategic Initiative:

Rationale:

Improved access to care

Ensure community members have access to health care services

- In 2015, 11.0% of adults (age 18-64) in Lincoln County were uninsured, as compared to 9.2% in Nebraska and 10.7% in the United States.
- Between 2010 and 2014, 16.5% of the insured population in Lincoln County was receiving Medicaid, which is above the state rate (14.7%) but below the national rate (20.8%).
- In 2012, the rate of preventable hospital events in Lincoln County (66.7 per 1,000 Medicare Enrollees) was higher than that of the state (55.8 per 1,000) and the nation (59.2 per 1,000).
- In 2014, the percentage of adults (age 18+) in WCDHD (14.4%) that experienced a medical cost barrier to care was higher than the state rate (11.9%).
- In 2014, the percentage of adults (age 18+) in WCDHD (15.3%) that reported that they do not have a personal doctor or health care provider was lower than the state rate (20.2%).
- In 2012, the percentage of female Medicare Enrollees (age 67-69) in Lincoln County (58.6%) that received one or more mammograms in the past two years was lower than the state (61.8%) and national (63.0%) rates.
- In 2014, the percentage of female adults (age 50-74) in WCDHD (65.5%) that had received a mammogram during the past 2 years was lower than the state rate (76.1%).
- Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have ever had a sigmoidoscopy or colonoscopy in Lincoln County (56.9%) was consistent with the state (56.8%) and slightly lower than the national rate (61.3%).
- In 2014, the percentage of adults (age 50-75) that were up-to-date on their colon cancer screenings in WCDHD (54.5%) was lower than the state rate (64.1%).
- In 2014, the percentage of adults (age 18-64) in WCDHD (39.1%) that reported receiving an influenza vaccination during the past 12 months was slightly lower than the state rate (43.9%).
- In 2014, the percentage of adults (age 65+) in WCDHD (63.7%) that reported receiving an influenza vaccination during the past 12 months was slightly lower than the state rate (64.8%).
- Between 2006 and 2012, the percentage of the population (age 65+) in Lincoln County (63.8%) that self-reported ever having received the pneumonia vaccine was lower than the state (69.5%) and national rates (67.5%).
- In 2014, the percentage of adults (age 65+) in WCDHD (71.1%) that reported ever having received a pneumonia vaccination was slightly lower than the state rate (72.3%).
- Interviewees noted that the increased prevalence of high deductible plans has decreased patients' ability and willingness to seek adequate medical care. They mentioned that this is an issue affecting patients of varying income brackets. One interviewee stated: "People don't have health insurance or the financial means to pay for it."
- Interviewees emphasized financial concerns as the largest barrier to healthcare in the North Platte area, specifically stating: "Payment is the most prevalent barrier (to care)."

Priority #5:
Strategic Initiative:
Rationale:

Improved access to care (continued)

Ensure community members have access to health care services

- Interviewees mentioned physicians who will not schedule appointments for patients who had yet to settle previously accrued bills with their office. One interviewee stated: “Even with insurance, sometimes you have to pay a large deductible before going into a clinic. Any financial problems would prevent you from going to the doctor.”
- Interviewees discussed the rural nature of the community and lack of a public transit system contributing to transportation issues. One interviewee stated: “Transportation can be a real barrier. There’s barely more than limited transportation.”
- Interviewees mentioned a Handi Bus service, but it was also noted that this service can be cost prohibitive for those of limited financial means. One interviewee specifically stated: “We do have a growing elderly population. Transportation is huge in our area. We have a Handi Bus and it seems minimal. It’s \$3 one-way per person. For a parent to get a child to the dentist, that’s \$12 for them, which is a lot. They wait for hours. It’s very unreliable. It’s cost prohibitive for many people.”
- Though transportation within the community was discussed, transportation issues for doctors’ visits in larger cities were also of concern to interviewees.
- The elderly were of particular concern with the transportation barriers as they have very few options if they are unable to transport themselves to the doctor. One interviewee stated: “If there is someone in North Platte who can’t help [residents with transportation issues], they can’t get to other cities for their care. Especially for the elderly who are tight on their expenses and need transportation and to find a place to stay.”

Objective	Action Steps	Progress	Key Results (As Appropriate)
Participate in initiatives that aim to increase coordination and access to health care services for the community	5.A. GPHealth will expand capabilities of the Emergency Department through adding more treatment areas.		
	5.B. GPHealth will develop and implement a strategy to better serve critical care patients.		
	5.C. GPHealth will bring hyperbaric services to the region.		
	5.D. GPHealth will develop and open regular cardiology device clinics.		
	5.E. GPHealth will explore the possibility of a walk-in program for mammography services.		
	5.F. GPHealth will evaluate the mammography referral processes in order to improve access.		

Objective	Action Steps	Progress	Key Results (As Appropriate)
Increase coordination of care through support of and partnership with local organizations	5.G. GPHealth case management workers will use community based software to link patients to needed community resources.		
	5.H. GPHealth will expand comprehensive care coordination services from 10 remote monitoring systems to 30 to further reduce unnecessary patient readmission.		
	5.I. Through the Great Plains Health Innovation Network, GPHealth will track four clinically integrated network quality measures as initiatives to improve quality and lower cost.		
Participate in initiatives that aim to increase access to health care for low-income and uninsured populations	5.J. GPHealth will continue to actively comply with the Emergency Medical Treatment and Labor Act regulations, helping all patients to receive quality care regardless of citizenship or ability to pay.		
	5K. GPHealth will continue to offer a dedicated medical interpretation phone line.		
	5.L. GPHealth will continue to offer financial support through the Great Plains Medication Assistance Program to help those who cannot afford their long-term medications to take advantage of low-cost and no-cost prescription programs.		
	5M. GPHealth will continue to offer a generous financial assistance program for those unable to pay for emergency medical and non-elective services who meet required eligibility guidelines. GPHealth employs staff to assist patients in obtaining financial assistance through public financial aid. Patients who do not meet required public benefit aid eligibility guidelines may be considered for GPHealth financial assistance and/or charity care program.		
	5N. GPHealth will continue to provide telestroke and telenephrology in order to ensure 24/7 coverage of both telehealth specialties.		
	5.O. GPHealth pediatric clinics will continue to offer extended hours for patients that are unable to see a doctor during normal business hours.		

Priority #6:

Strategic Initiative:

Rationale:

Continued physician recruitment and retention

Continue emphasis on physician recruitment and retention

- In 2013, the rate of primary care physicians per 100,000 population in Lincoln County (61.0 per 100,000) was lower than the state (73.9 per 100,000) and the national rates (75.8 per 100,000).
- In comparison to peer counties, Lincoln County (63.6 per 100,000) ranked within the two middle quartiles for the rate of primary care providers per 100,000 persons in 2011, and also ranked above the U.S. median (48.0 per 100,000).
- Due to the rural nature of the community, interviewees were concerned about recruitment issues for healthcare professionals as well as the retention of these professionals. One interviewee stated: “Recruitment issue. Recruiting people to a fairly rural area is difficult. The financial resources for it need to be attractive.”
- Interviewees mentioned that North Platte is becoming an increasingly important health center for surrounding counties, expanding the need for healthcare professionals in the county.
- This issue was not only noted as something of current concern but also one growing in importance over the next five years. One interviewee stated: “The communities around us are going to continue losing providers and facilities and we are going to need to absorb that.”
- Interviewees mentioned the growing demand for primary care services as an issue in the area.
- The long distance between North Platte and larger cities was mentioned as one of the most significant concerns with not having a full spectrum of local specialists available, including:
 - Pulmonology
 - Neurology
 - Gastroenterology
 - Speech Pathology
 - Occupational therapy
- The hospital’s effort to increase specialist coverage in the community was seen as a highlight of the healthcare system.

Objective	Action Steps	Progress	Key Results (As Appropriate)
Increase access to primary care and specialist services and providers in the community	6.A. GPHealth is always interested in the recruitment of additional primary care providers to the area.		
	6.B. GPHealth will continue to promote its available primary care and specialty physician services through social media outlets, local newspapers, radio ads, direct mail, and billboards.		

Objective	Action Steps	Progress	Key Results (As Appropriate)
	6.C. GPHealth will continue its nurse residency program.		
	6.D. GPHealth will continue its recently implemented clinical ladder for nursing.		
	6.E. In conjunction with Bryan College of Health, GPHealth will explore offering a four-year, local BSN program in North Platte.		
	6.F. GPHealth will continue its scholarship program for associate degree nurses to pursue a bachelor's degree.		
	6.G. In conjunction with Mid Plains Community College, GPHealth offers a surgical technician program.		
	6.H. GPHealth will continue clinical integration, which strengthens communication among providers and patients, achieves better outcomes, allows for a greater focus on quality initiatives and consistency in best practice, and strategically develops a regional primary care plan.		
	6.I. GPHealth will continue its comprehensive care coordination that is designed to improve outcomes and reduce readmissions for high-risk patients. The non-reimbursed program ensures safe and effective transitioning from acute care to home through access to a nurse practitioner who can intensively follow their at-home care.		
	6.J. GPHealth will continue efforts to recruit in the areas of psychiatry, pulmonary critical care, nephrology and internal medicine and family medicine.		
	6.K. GPHealth will continue to expand into their region with specialty care services, which allows patients in the region to stay as close to home as possible for their care.		
	6.L. GPHealth continue to offer space for rotating specialties (i.e., pediatric asthma specialist, neurologist with specialization in Multiple Sclerosis) from surrounding facilities.		
	6.M. GPHealth will enhance its tele-health program.		
	6.N. GPHealth will continue to participate in physician retention strategies such as social gatherings for physicians and abiding by MGMA standards for physician salaries.		
	6.O. GPHealth actively engages with local students interested in pursuing medical careers as a means to grow medical staff looking to return "home" to practice.		

Feedback, questions or comments?

Please address any written comments on the CHNA and implementation plan and/or requests for a copy of the CHNA and implementation plan to:

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Please find the most up to date contact information on the Great Plains Health website under the “About Us” tab, and navigate to “Community Impact”:

<http://www.gphealth.org/CommunityBenefit>