

2010

Envisioning the Future of Public Health

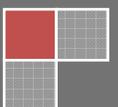
Central District Health Department Community Health Assessment

During the summer of 2010, a community health assessment was conducted by Central District Health Department (CDHD). Diverse community focus groups were convened to envision the future of public health within Hall, Hamilton and Merrick counties. Consensus building meetings were held in each county following a national best practice model: Mobilizing Action thru Planning and Partnerships (MAPP). Lifestyle issues were common in discussions in all three counties with a common thread in obesity. Analysis narrowed obesity related problems down to top issues in each county: poor nutrition and lack of physical activity. Current local, state and national data confirms the collective wisdom received during the assessment that obesity is a major problem creating poor health outcomes. CDHD is in the process of program planning to address issues identified by the assessment to better serve the local community.

“HEALTH CARE MATTERS TO ALL
OF US SOME OF THE TIME;
PUBLIC HEALTH MATTERS TO ALL
OF US ALL OF THE TIME.”

-C. EVERETT KOOP

Jeremy J. Eschliman B.S. REHS
Community Health Analyst



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Introduction

We may think of our own health as a private matter, but many things that affect our health are public by virtue of our shared customs and environment, like the roads we share and the air we breathe.

Public health improves the shared conditions and behaviors that affect the health of each and every one of us. It investigates how the ecology of health affects our well-being—from social networks and economic circumstances to our environment—and then promotes safer health practices.

Public health efforts range from containing contagious diseases to advocating for healthier lifestyles, from preventing diseases to addressing catastrophic events, and from providing basic sanitation to ensuring safe food and water. Public health makes the world in which we all live safer and, as a result, protects the health of every person.¹

There are 2 distinct characteristics of public health:

- **Preventive rather than curative aspects of health**
- **Population-level, rather than individual-level health issues**

The ten **Essential Public Health Services** (see **Figure 1**) have been identified as core functions of public health systems that should occur within all communities.² Three core functions overlaying the 10 essential services are Assessment, Policy Development and Assurance. Assessment is the true beginning of the cycle of public health as it sets the stage for policy development and assurance. Health departments conduct an assessment to fulfill the following essential services:

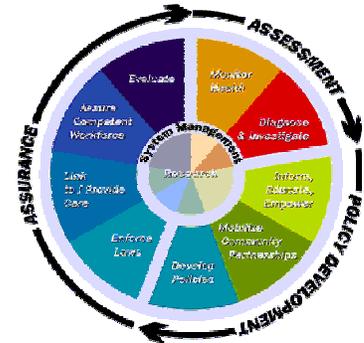
- **Monitor health status to identify community health problems**
- **Diagnose and investigate health problems and health hazards in the community**
- **Evaluate effectiveness, accessibility, and quality of personal and population-based health services**

¹ www.asph.org Association of Schools of Public Health

² www.apha American Public Health Association

Essential Public Health Services

Figure 1



1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Central District Health Department completed its last community assessment over five years ago. As we all know nothing is static. Demographics, economics and communities are in constant motion. One example of this is in the demographics of the district. Urban areas of the district are increasing in minority representation, while rural populations' average age continues to increase. It becomes increasingly important to discuss and plan for these changes to evaluate current programming for appropriateness and effectiveness. The ultimate goal: *to improve the health status of the population within our district.* What better way to do this than to ask the communities to reflect within and identify which predominate issues are within their locales?

*Coming together is the beginning.
Keeping together is progress. Working
together is success." – Henry Ford*

Planning

In the fall of 2009, Central District Health Department received a grant from Nebraska Department of Health and Human Services System, Office of Community Health Development (NDHHSS) to complete a comprehensive community health assessment within the jurisdiction of Hall, Hamilton and Merrick counties. In January 2010, an internal CDHD planning team was established to review current best practices along with recommendations from Nebraska Department of Health and Human Services System (NDHHSS). Several influential decisions made by the planning team were:

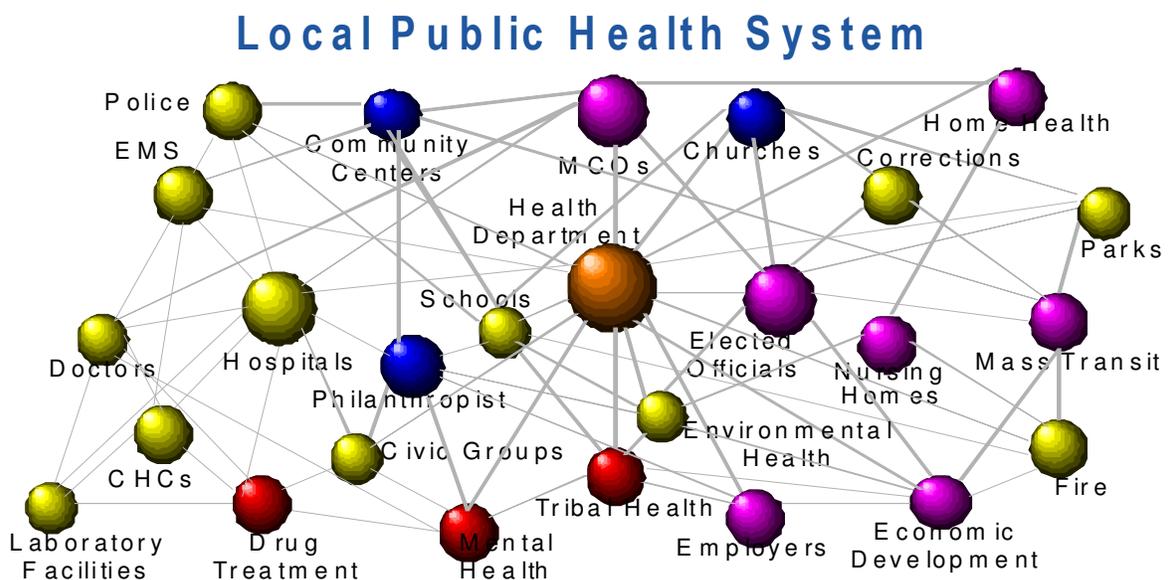
- Utilize Mobilizing for Action through Planning and Partnerships (MAPP) best practice tool
- Condense the traditional MAPP timeline from 18 months to 9 months
- Conduct focus group meetings incorporating the broad definition of public health in participant selection
- Select assessment geographic limitation (District v. county)

The MAPP tool was identified as an early best practice. CDHD utilized MAPP during the last assessment in 2005; therefore administration had knowledge of the process. Many health departments utilize MAPP due to the ability to customize it to each community and setting. The National Association of County and City Health Officials (NACCHO) provide a wealth of information on MAPP thru its online toolbox and case studies. The MAPP tool was developed by the NACCHO in cooperation with Centers for Disease Control and Prevention (CDC). MAPP is a community centered strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs by forming effective partnerships for strategic action. MAPP is not an

agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.³

Timeliness of the assessment was ideal for several reasons. The typical MAPP process consumes 18 months. Considering potential community participation, grant requirements, and internal CDHD staffing; the internal planning team determined it would be in the best interest of the district to condense the assessment to 9 months. The summer season allowed select youth to participate, farmers were not excessively busy in the fields, and weather related issues were almost nonexistent.

The focus group style approach was selected, with the intent to promote self-disclosure, gain community ownership of the process, and dismiss incorrect perceptions. Limited participant groups allowed more direct discussion. A broad definition of local public health system was applied when selecting community members for participation (See Figure 2). Public Health is not just the local health department, but a communitywide effort of a variety of organizations.



An assessment was conducted in each county within the district. The lowest level of recorded data in most geographic areas is by county. It was hypothesized that subtle differences in health status would be realized on a county level based on differences in socioeconomic, politics, and history.

Participant solicitation began in March 2010 with the first meetings held in May 2010 in Hamilton County. The final meeting was held in Merrick County in August 2010. Assessment cycles in each county ran concurrently independent of other counties. Meetings were held in the county seat at local libraries to prevent any political bias between participants and respective agencies. Meeting times were varied to allow maximum potential participation. Four meetings were scheduled in each county to encompass the MAPP cycle illustrated below from Visioning to Identifying Strategic Issues.

³ <http://www.naccho.org/topics/infrastructure/mapp/index.cfm>

Vision

In May 2010, a visioning session was conducted at each county's first assessment meeting. Focus group participants convened to formalize a vision for the health of their communities. The groups participated in a consensus workshop designed to answer the following questions:

- What is the vision of a healthy community for all?
- What are the values of a healthy community?

Participants brainstormed individually, then combined as small groups, and after large group discussion organized thoughts in mutually agreed upon categorizations. Volunteers were selected for committee work to further refine vision and values into an eloquent combined community statement which would guide the community's assessment process. Assets in the community were identified by the participants for future use in the program planning phase.

Assessment Data

Leading health indicators (see Figure 3) were used to categorize data in the community health status module. As a group, the leading health indicators reflect the major health concerns in the United States at the beginning of the 21st century. The Leading health indicators were identified based on their ability to motivate action, the availability of data to measure progress and their importance as public health issues.⁴

Community Health Status Reports⁵, County Health Rankings⁶ and local data were presented to participants to determine local health status.

Central District Health Department (CDHD) serves the counties of Hall, Hamilton and Merrick in Central Nebraska. CDHD encompasses 1557 square miles with a population in excess of 74,000⁷. Approximately 46,000 or 62% of the districts' residents live in the city of Grand Island⁸. According to the U.S. Census estimates, the Hispanic population is the largest minority, making up 16% of the total district population⁹. The second largest minority population is Black or African American accounting for 2% of the total district population¹⁰. The per capita income of the district is \$32436 as compared with a state per capita of \$36372¹¹. The median household income is also lower (\$47267) as compared with the state (\$49993)¹². A total of 11.6% of the population lives below

Leading Health Indicators:

Physical Activity
Overweight and Obesity
Tobacco and Substance Abuse
Mental Health
Injury and Violence
Environmental Health
Immunization
Access to Health Care

Figure 3

⁴ <http://www.healthypeople.gov> Leading Health Indicators

⁵ <http://www.communityhealth.hhs.gov> US Department of Health and Human Services

⁶ <http://www.countyhealthrankings.org> University of Wisconsin Population Health Institute

⁷ <http://www.census.gov> US Census Bureau (2009 population estimates)

⁸ <http://www.census.gov> US Census Bureau (2000 census)

⁹ <http://www.census.gov> US Census Bureau (2000 census)

¹⁰ <http://www.census.gov> US Census Bureau (2000 census)

¹¹ <http://www.census.gov> US Census Bureau (2000 census)

¹² <http://www.census.gov> US Census Bureau (2000 census)

poverty level as compared with 10.8% for the state¹³. The traditional unemployment rate for the district is ~4%, equal to the state rate¹⁴. Nine percent of households receive food stamps (SNAP) and 7% of the population receives Women, Infants, and Children (WIC) benefits¹⁵. Medicaid covers 49% of births compared to the state rate of 37%¹⁶. Free or reduced school age lunches account for 46% in the district compared to state average of 36%¹⁷. Birth rates in our district (16.5 per 1000) are higher than the state average (15.1 per 1000)¹⁸. Hall County is the leader in newborns in our district with a rate of 17.7 per 1000 with 35.4% being Hispanic births¹⁹. Education attainment in the district is lower on most accounts than the state average with only 47.4% achieving education beyond a high school diploma compared to the state with 55.4%.²⁰

Identifying Strategic Issues

Focus group participants were asked the question: *What are the BIG health issues in your community?*

Participants were then asked to rank the health issues in importance. Each participant was given 10 tickets to vote on issues, keeping in mind the vision statement and overarching theme of altruism. A list of the most important health issues to the participants for their respective community has been developed. The top three health issues are bolded in each county. Groups were then asked to further refine the top three health priorities to identify potential root causes. These strategic issues will be used in the next phase of developing community improvement plans (developing goals and strategies for action plans-see Figure 4) towards reaching respective community visions.

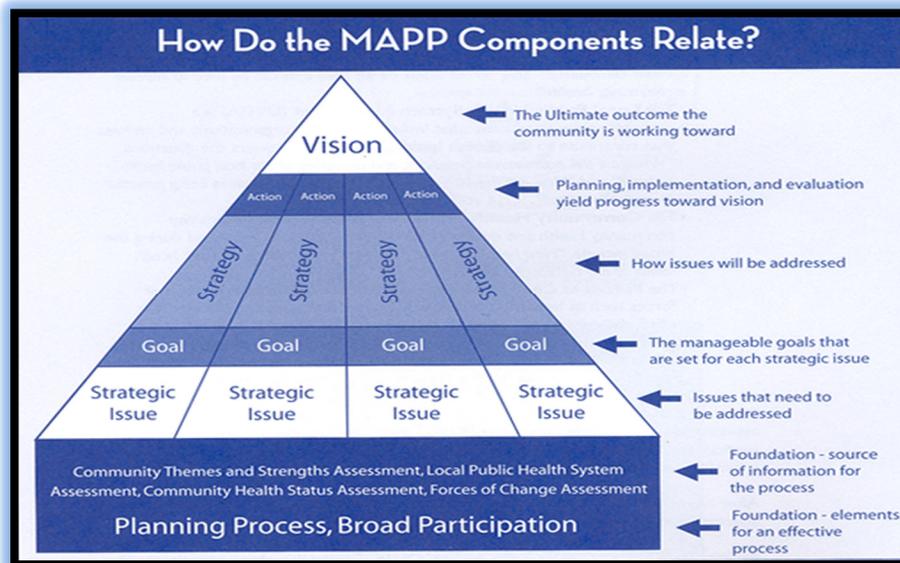


Figure 4

¹³ <http://www.census.gov> US Census Bureau (2000 census)

¹⁴ <http://dol.nebraska.gov> Nebraska Department of Labor

¹⁵ <http://www.hhss.ne.gov> Nebraska HHSS, Finance and Support, Financial Services Division, State and Federal Aid: Financial and Program Analysis section & Nebraska HHSS, Services, Family Health Division, Nebraska WIC Program

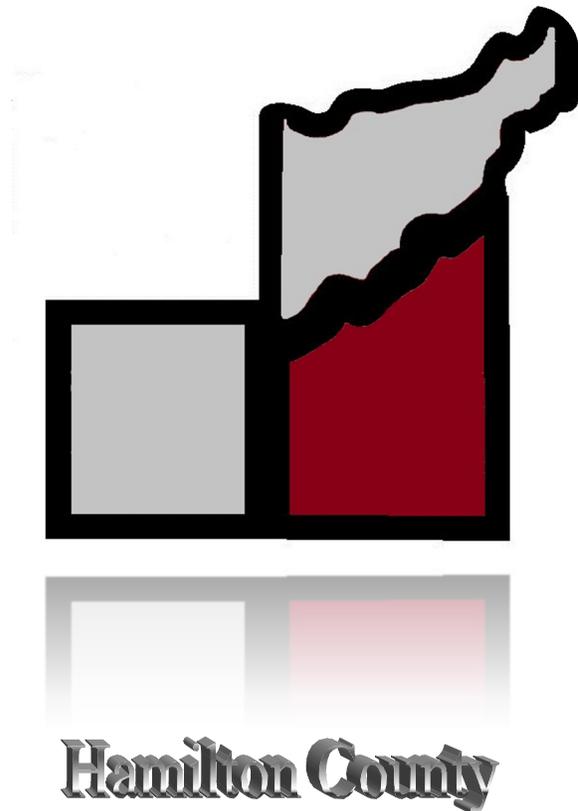
¹⁶ <http://www.hhss.ne.gov> HHSS, Finance and Support, Financial Services Division, State and Federal Aid: Financial and Program Analysis section

¹⁷ <http://www.education.ne.gov> Nebraska Department of Education

¹⁸ <http://www.hhs.state.ne.us/ced/vs.htm> Nebraska 2008 Vital Statistics Report

¹⁹ <http://www.hhs.state.ne.us/ced/vs.htm> Nebraska 2008 Vital Statistics Report

²⁰ <http://www.education.ne.gov> Nebraska Department of Education



In Hamilton County, Cancer, Diabetes and Obesity (including Heart Disease) were the top health priorities. Other issues identified include: aging population, employment risk, environmental risk, lung disease, preventative health, sedentary lifestyles, substance abuse (drugs, alcohol and tobacco) and teen pregnancy. Further discussion resulted in poor nutrition and lack of physical activity being identified as common components across all top health priorities. The environment and prevention were identified as additional factors in relation to cancer.

Community Assets

- Supportive and flexible newspaper to get word out
- Good civic groups
- Political leadership
- Relationships between inter-local government
- Public and private sector good working relationship

OUR VISION OF A HEALTHY COMMUNITY

IS...

- A community where quality health care is accessible and where enhancing our community is an everyday activity.
- A community where good health is not taken for granted, but is valued, where prevention and treatment are the focus including respect for our bodies, our minds and our souls.
- A community where all members feel a sense of well-being and have an understanding and respect for differences.
- A community where children are valued and nurtured by a supportive family and community system.
- A community where each resident has the opportunity to develop and live life to his or her fullest potential with opportunities.
- A community where residents can create and enjoy a positive competitive economic climate and where meaningful employment opportunities are available.
- A community where there is respect for the environment and our natural resources.

Hamilton County Health Priorities

Cancer

Diabetes

Obesity (including Heart Disease)

Aging Population

Employment Risk

Environmental Risk

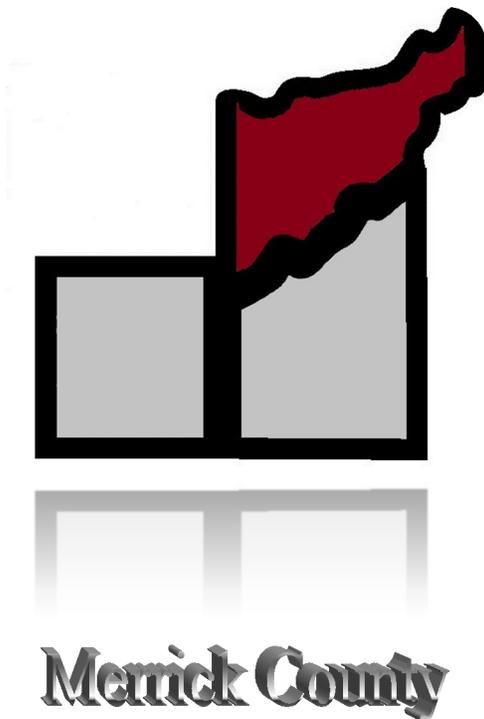
Lung Disease

Preventative Health Education

Sedentary Lifestyles

Substance Abuse - Drugs, Alcohol, Tobacco

Teen Pregnancy



In Merrick County, Access to Healthcare, Behavior Health, Obesity and Substance Abuse (drugs, alcohol, and tobacco) were the top health priorities. Other issues identified include: heart disease, cancer and environmental issues – (quality and affordability housing). Further discussion resulted in lifestyle (nutrition, physical activity, and culture) and access (healthcare emphasizing prevention versus treatment AND a component focusing on behavioral health) being common components across multiple priorities.

Community Assets

- Hospital and clinic – quality health care in place
- Fitness and aquatic center
- Outdoor recreational opportunities
- Sports and bike trail in progress
- Very nice library
- Assisted living and nursing home facilities
- Quality – educated citizens
- Fairly progressive small town

OUR VISION OF A HEALTHY COMMUNITY IS...

- A community where good health is valued, where education, prevention, and treatment promote healthy lifestyles for all ages and abilities.
- A community that willingly commits resources to encourage health and wellness.
- A community where children are a priority and nurtured by a supportive environment where positive choices are encouraged and modeled.
- A community with plentiful recreational opportunities for all to enhance healthy lifestyles.
- A community that values and accepts our differences.
- A community that residents value and serve.
- A community united in goals and values.

Merrick County Health Priorities

Access to healthcare
Behavioral health
Obesity
Substance abuse (Drugs, Alcohol, Tobacco)

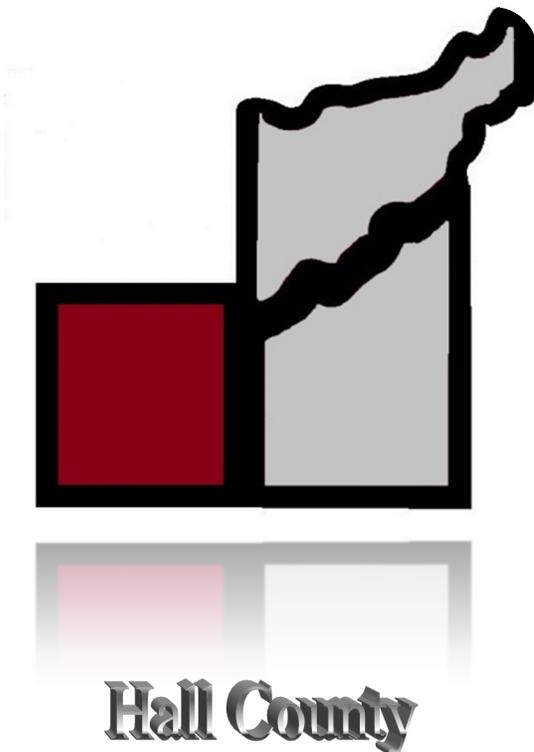
Mental health issues & addiction

Dementia & Alzheimer's

Heart disease

Cancer

Environmental issues - housing quality and affordability



In Hall County, Educational Attainment, Obesity and Poverty were the top health priorities. Other issues identified include: access to care- (behavioral and preventative healthcare), cancer, diabetes, heart disease, risky youth behaviors and environment (water quality and quantity issues). Further discussion resulted in nutrition, lifestyle issues (substance abuse, teen pregnancies, and HHS dependency), literacy and health care access identified as *underlying causes* of the top health priorities.

Community Assets

- Strong relationships with the school and the health department
- Parks, museums and the Event Center
- Neighborhood elementary schools
- Third City Community Clinic
- Great hospital
- Student Wellness Center (GISH) and Neighborhood
- Assisted Living Center and skilled healthcare work well with the hospital
- Good city and county government base
- Local ownership of utilities
- Good police, fire and rescue departments
- Excellent library
- Red Cross Organization, Goodwill, Salvation Army
- United Way and Habitat for Humanity
- Large employers that get involved
- Affordable housing and good streets
- Diversity
- Involved citizens and community members

The vision is.....

- Cultural Awareness
- Clean Community
- Community Ownership
- Physical Wellness
- Financially Sound
- Educated Community
- Community Building Blocks

Values are...

- Team Collaboration
- Altruism
- Accountability
- Positive Community Attitude

Hall County Health Priorities

Educational Attainment

Obesity

Poverty

Access

-Behavioral healthcare

-Preventative Services

Cancer

Diabetes

Heart Disease

Risky Youth Behaviors

Water (Quality and Quantity)

Summary

The ultimate purpose of a community health assessment is to determine the health needs of a community. Are current programs effective? Are there new needs based on changes in the community? Has the community changed and programming remained stagnant? These are just a few of the questions staff members at CDHD are contemplating as data from this community assessment is analyzed. One predominate theme that has emerged first and foremost is obesity and lifestyle issues. Obesity has long been known to be a risk factor in many diseases from cancer to heart disease. Improvement on this front will ultimately translate into improvements in many other issues as they are closely interrelated. The emergence of programming to educate our communities' members to choose healthier alternatives to high caloric, high fat foods while increasing our physical activity will be instrumental to improving health outcomes.

Acknowledgement

Much appreciation and thanks go out to the willing focus group participants who volunteered their time to complete this assessment. Their wisdom is invaluable for our communities and will be used to strategize and plan programs into the future to improve health in areas as identified.



Public Health

Prevent. Promote. Protect.

This report was produced by:

Central District Health Department

1137 S. Locust Grand Island, NE 68801

(308) 385-5175 www.cdhd.ne.gov

The Leader in assuring a healthy community.
