

A large, light blue graphic of stylized human figures holding hands, arranged in a line that curves upwards from left to right. The figures are simple, with rounded heads and open arms. A thick red diagonal line runs from the top left corner towards the bottom right, passing behind the figures.

Nebraska Medicine

COMMUNITY HEALTH NEEDS ASSESSMENT
AND IMPLEMENTATION PLAN • **2016 – 2019**

NebraskaMed.com



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Letter from our Leaders

Dear Friends,

As the premier academic medical center in the region, Nebraska Medicine's mission is simple. Along with our campus partner, the University of Nebraska Medical Center (UNMC), we aim to lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research, and extraordinary care.

The Affordable Care Act brought new regulations and a call for non-profit hospitals to do a better job at being responsive to the needs of their communities. We understand transforming lives isn't possible without a solid understanding of what the community needs; thus, we are happy to participate in nationwide efforts to document the healthcare needs in communities across America. We see these additional requirements not as a burden, but rather as an opportunity to reach our goal of creating a healthy future for all individuals.

Through our 2013 and 2016 community health needs assessments, we were able to take a deeper dive into the significant health needs of the individuals we serve. The assessment process helped us identify some of our most vulnerable populations and their needs for better access to health care in our area. It also helped us identify this community's assets and available resources and to discover new opportunities to work collaboratively to maximize those resources.

Our hope is that the 2016 community health needs assessment will serve as a valuable tool to help us improve local healthcare options. We also hope the survey can be used as a guide to influence policy and local programming to improve the community's health. For Nebraska Medicine, this needs assessment and implementation plan are the first steps towards making our mission a reality. We have heard our community, we have considered their feedback, and we are committed to helping people lead healthier lives.

Sincerely,



Rosanna Morris
Interim CEO, Nebraska Medicine



Bradley Britigan, MD
Interim President, Nebraska Medicine
Dean of UNMC College of Medicine

The Nebraska Medical Center is a Nebraska nonprofit corporation doing business as “Nebraska Medicine”. The corporation operates two hospitals collectively referred to in this document hereinafter as Nebraska Medicine.

Nebraska Medicine and our campus partner, The University of Nebraska Medical Center (UNMC), share a long-standing tradition of serving the health needs of the local, state, and regional communities. With cutting edge resources for clinical care, groundbreaking research and some of the world’s brightest minds training the future of medicine - Nebraska Medicine and UNMC are respected leaders in the healthcare community.

Our hospital system is located in Nebraska and operates two hospital facilities and several clinics. The main academic medical center campus is located in Omaha, Nebraska, and a smaller, community hospital is located in Bellevue, Nebraska. We also operate primary and specialty care clinics across the Omaha Metropolitan area. Nearly 50% of our health system’s patients carry Medicare, Medicaid, or other government-sponsored health insurance. We serve a high proportion of uninsured and underinsured individuals and have always considered the health needs of the community when planning for programs and services.

The Affordable Care Act brought new requirements for non-profit hospitals to address the significant health needs in our respective communities. Those requirements include conducting a community health needs assessment (CHNA) every three years and developing an implementation strategy to address identified health needs. For a summary of those requirements, please click here: <https://www.federalregister.gov/articles/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable>

The CHNA survey was created and funded by a collaborative group representing all of the local health systems and county health departments from the Omaha Metropolitan area. The team engaged local CHNA experts, Professional Research Consultants (PRC) to conduct a broad assessment of the community and prepare a report of the significant health needs.

A link to that survey can be found here: [2015 PRC CHNA Full Report](#)

This unique partnership has created opportunities for local hospital systems and public health officials to have conversations and work together in ways that promote better health for all who reside in the four counties surveyed as part of the CHNA process. This document will outline the results of that CHNA and the implementation plan for Nebraska Medicine and Nebraska Medicine Bellevue.

Progress to Date: 2013 CHNA and Implementation Plan

The 2013 assessment and planning cycle identified nine health needs in the community. Those significant health needs were as follows:

• Access to Health Services
• Diabetes
• Heart Disease & Stroke
• Maternal, Infant & Child Health
• Mental Health & Mental Disorders
• Nutrition & Weight Status
• Oral Health
• Sexually Transmitted Diseases
• Substance Abuse

Table 1. [Source, PRC CHNA Full Survey](#)

Utilizing an internal prioritization process driven by administrators, community and public health professionals, and healthcare providers with special expertise within each of the identified needs, we narrowed our primary community health improvement focus to addressing three of the significant health needs identified by the 2013 CHNA. Those three priority focus areas were 1) access to health services, 2) heart disease & stroke, and 3) diabetes.

For the implementation planning phase, a steering committee and three focus teams were formed- one for each prioritized need. The three focus teams were tasked with identifying significant access barriers within their patient populations and coming up with strategies to help address those barriers both within and outside of our walls. It is important to note, our main academic medical center is located within the geographic area identified as having the largest concentration of underserved populations and those who are at risk for poor health, as well as many underinsured and uninsured patients. Given that fact, the issues most commonly seen in our patient population were directly aligned with the findings of the CHNA. The focus teams met for several months, collecting data on existing programs, looking for ways to improve upon efforts to better target the needs, and using their findings to create proposals for the steering committee to review and approve for implementation.

To address diabetes, the diabetes focus team discussed the most frequent barriers experienced by their patients. Most commonly, they reported their patients have difficulty obtaining testing strips and diabetes medications. While some insurance companies cover the cost of testing strips, some cover them only partially, and some do not cover them at all- leaving the financial burden on the patient to purchase testing strips. Due to regulations preventing hospitals from giving these items away without generating a bill, many of their low-income diabetic patients were not testing their diabetes as often as was recommended by their physician. This created delays in seeking care and thus, poorly managed disease resulting in more complications and a greater risk of mortality.

Nebraska Medicine partnered with a local, privately-run free health clinic and a non-profit organization that is dedicated to helping diabetic patients through education and the provision of necessary supplies. Out of that partnership, we provided grant funding for the purchase of supplies, which are distributed through the private

Progress to Date: 2013 CHNA and Implementation Plan (continued)

clinic at no charge to the patients. Additionally, our certified diabetes educators provide free diabetes education training classes on-site at the free health clinic, which also offers a food pantry and social work consultation for every client they treat. This partnership has allowed individuals who were not able to afford their strips to have a place to obtain them, and has also helped enrich their ability to manage their diabetes through more intense small group educational opportunities.

Beyond the effort to provide low-income patients with supplies, the certified diabetes educators at the Diabetes Center continued with efforts to educate at-risk populations on diabetes prevention at various community health fairs. The monthly support group for diabetes patients continued throughout this planning cycle, providing social support and extra education for diabetes patients. Further, diabetes educators provided extra support for staff at a local Federally Qualified Health Center; assisting with patients who were identified as high-risk. Between Nebraska Medicine and Nebraska Medicine Bellevue, we touched over 500 individuals with diabetes community outreach endeavors, well exceeding our target of 300 from the 2013 plan.

Another effort by the focus teams touched all three primary focus areas- addressing diabetes, heart disease, and access to care. Nebraska Medicine dedicated the resources to design an innovative program that would provide remote patient monitoring services and frequent follow up calls by a registered nurse to low-income diabetic patients who were experiencing multiple co-morbidities and poorly managed disease. That program was awarded significant competitive grant funding from an outside organization, and has been up and running for over a year now. While the funding period has not ended, preliminary reports have shown remarkable results, improving the health of patients who are enrolled in the program. The participating patients are monitored remotely using telehealth modalities for blood pressure, weight, and blood sugar and visit either a local federally qualified health center, or a clinic that serves many low-income patients for regular follow-up- all at no charge to the patient. We expect future annual updates to include final outcomes of this study.

Our efforts to help the underserved and improve access to care also included a free hernia surgery day (coined "Surgery on Sunday") at our Bellevue Medical Center location. Several of our nurses, physicians, surgeons, language translators and operating room professionals were involved in this endeavor. Bellevue Medical Center partnered with the non-profit organization Hernia Repair for the Underserved, a group that pairs surgeons and hospitals together for the benefit of underserved patients. Hernia surgery is an out of pocket expense for patients without health insurance, or for those patients with Medicaid coverage. In total, eleven patients received a hernia repair at no cost at our Bellevue Medical Center location.

In 2015, we established a Community Grants Program. This program allows local non-profit agencies to apply for small grant monies to underwrite their costs to carry out a community health improvement project or activity. Applicants must meet all qualifications and must be addressing a significant health need that was identified by the community health needs assessment and falls within one of our priority focus areas. Thus far, recipients have included churches, community food pantries, a senior care facility helping low-income seniors, and a local health fair serving residents living within an area that has a high concentration of underserved minorities.

To address heart disease and stroke, Nebraska Medicine dedicated resources to fund the Nebraska Stroke Advisory Council. We provided \$15,000 to fund a position dedicated to coordinating efforts of emergency medical response teams across the state and standardizing protocols for stroke treatment. The Stroke Advisory Council had the data in place to accomplish these efforts, but lacked funding for a person to complete the work.

Progress to Date: 2013 CHNA and Implementation Plan (continued)

The funding from Nebraska Medicine helped them hire an individual to dedicate part of their time in the hopes stroke outcomes across the state would be improved. The stroke team also focused many efforts on creating a tele-stroke program to provide remote access to the stroke professionals at Nebraska Medicine for smaller communities across the state experiencing health care provider shortages. We also provided \$20,000 in annual funding to the American Heart Association, whose efforts locally include the Heart Walk and Power to End Stroke walks, both of which are focused on improving cardiovascular health in the community.

In addition to community outreach programs, Nebraska Medicine is committed to provide top-quality cardiovascular care for the Metro area at both hospital locations. The main academic medical center location is certified by the Joint Commission for congestive heart failure and adult congenital heart disease, earning the “Gold Seal of Approval” for our efforts, which include much in the way of community outreach and community education requirements. A full list of the cardiovascular accreditations and awards for Nebraska Medicine can be found here: <http://www.nebraskamed.com/heart/accreditations-and-awards>. At our Bellevue hospital, 2013 brought recognition by the Joint Commission as a top-performer in heart attack care as well as recognition by the University Health Care Consortium as tops in the country for consistent, evidence-based care for heart attack and heart failure. Further, Nebraska Medicine Bellevue is an accredited chest pain center in the Society of Chest Pain Centers (SCPC). Requirements for that certification included supporting community outreach programs to educate the public on seeking medical care if they display symptoms of a possible heart attack. The Joint Commission recognizes our Bellevue hospital as an accredited primary stroke center, an accreditation that was developed in collaboration with the American Heart Association/American Stroke Association.

Social determinants of health are critically important when looking at the total picture of the community’s needs. One social determinant that can have impact on one’s health status is lack of education. Thus, to encourage local students to pursue higher education, Nebraska Medicine provided \$35,000 in funding for the Nebraska Science Festival for 2014 and 2015. This local organization provides educational presentations for students in schools all over the Metro area, free community health education seminars at various local venues, and an annual expo event featuring many hands-on, science related activities designed to encourage kids to explore careers in the field of science. We were happy to provide this funding to address some of the upstream causes of poor health.

Nebraska Medicine’s commitment to the community is best illustrated by our community benefit figures. We make significant investments in this community through financial assistance to those who cannot pay for their care, health professions education, subsidized health services, community health improvement and community building activities. The table below shows the aggregated total of our annual investments for the last three fiscal years.

Fiscal Year 2013

\$115,887,619

Fiscal Year 2014

\$118,050,058

Fiscal Year 2015

\$135,919,043

Description of Community Served

In 2015, Nebraska Medicine participated in a collaborative community health needs assessment process with all of the local health systems and county health departments for the 2016 community health improvement planning cycle. The assessed community includes a four county region that is considered the Omaha Metropolitan area, or the “Metro” as referred to in this document. The four county Metro area includes: Douglas and Sarpy counties in Nebraska, and parts of Cass and Pottawattamie counties in Nebraska and Western Iowa, respectively.

Nebraska Medicine’s health system includes a 621 bed academic medical center in Douglas County, a 55 bed community hospital in Sarpy County, and a network of over 40 primary and specialty care clinics in the region. While we serve patients from all over the state of Nebraska and the region, for purposes of this needs assessment and implementation plan, Douglas and Sarpy Counties in the Metro area are the most highly populated and are considered to be Nebraska Medicine’s primary service area- accounting for 71% of our inpatient and outpatient encounters at both of our hospital locations. Nebraska Medicine’s main academic medical center campus is located in Douglas County and serves the entire Metro area for tertiary and quaternary care. Nebraska Medicine’s Bellevue campus provides hospital services to Sarpy County and parts of Cass County bordering the Southern edge of the Metro area.

We also have primary care clinic locations in both Douglas and Sarpy counties, and one primary care clinic serving Northern Cass County. Pottawattamie County is primarily served by Mercy Medical Center (CHI Health) and Jenny Edmundson hospital (Methodist Health System).

All four counties surveyed in the Metro area also have Federally Qualified Health Centers that provide safety net services for underserved individuals. The following tables show the population characteristics for each of the surveyed counties (Source, PRC 2015 Community Health Needs Assessment).

Total Population
(Estimated Population, 2009-2013)

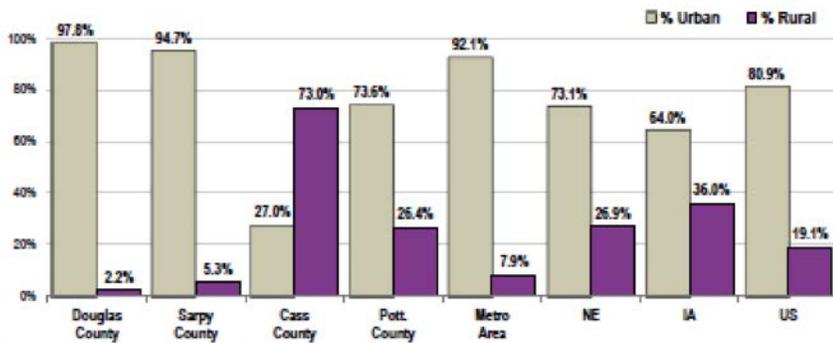
	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Douglas County	524,697	328.37	1,597.89
Sarpy County	162,728	238.93	681.08
Cass County	25,222	557.30	45.26
Pottawattamie County	92,962	950.03	97.85
Metro Area	805,609	2,074.62	388.32
Nebraska	1,841,625	76,803.37	23.98
Iowa	3,062,553	55,842.35	54.84
United States	311,536,591	3,530,997.6	88.23

Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
• Retrieved August 2015 from Community Commons at <http://data.commerce.gov>

Table 2. Douglas and Sarpy Counties make up the majority of the surveyed population, accounting for 687,475 of the 805,609 residents. Nebraska Medicine’s main academic medical center is located in Douglas County, while Nebraska Medicine Bellevue is located in Sarpy County.

2016 Community Health Needs Assessment (continued)

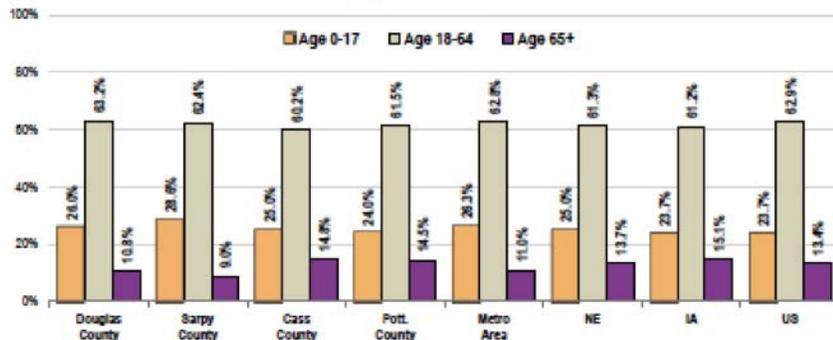
Urban and Rural Population (2010)



Sources: • US Census Bureau Decennial Census (2010).
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.
Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Table 3. Most of Douglas, Sarpy, and Pottawattamie County residents are living in an urban setting while the majority of Cass County residents are in rural areas. The bulk of the population served by Nebraska Medicine system facilities reside in urban areas (Douglas and Sarpy Counties).

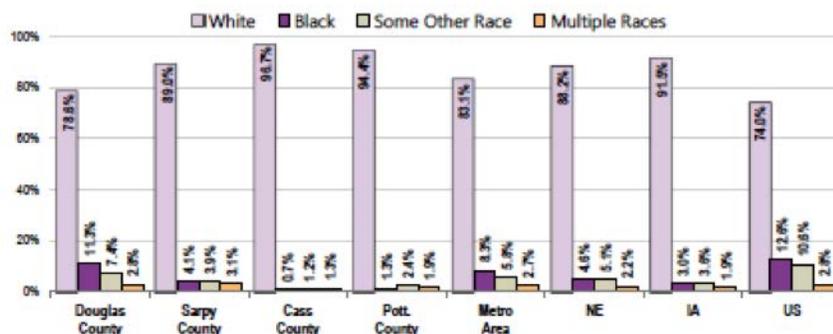
Total Population by Age Groups, Percent (2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Table 4. The majority of Metro area residents are in the 18-64 age range, which is similar to the age demographics for the states of Nebraska and Iowa, and also reflective of what is seen across the United States.

Total Population by Race Alone, Percent (2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Table 5. Douglas County is the most diverse in terms of race and ethnicity and is comparable to National percentages. Nebraska Medicine facilities in Omaha are serving the Douglas County population. Nebraska Medicine Bellevue serves Sarpy County, the second most diverse of the four-county Metro area.

Assessment Process and Survey Methodology

The information provided in the needs assessment survey was collected through both quantitative and qualitative research. The professional survey company, Professional Research Consultants (PRC) administered the telephone survey to the four-county region. PRC also collected quantitative data from outside sources in order to provide state and national trends and benchmark data. The additional sources of quantitative data came from county vital statistics, public health information from the participating health departments, the Centers for Disease Control (CDC), and the Behavioral Risk Factor Surveillance System (BRFSS).

To conduct the telephone survey, a stratified random sample of individuals age 18 and older in the metro area was taken. The survey was conducted via a telephone interview using both landline and cell phones. The overall sample design plan surveyed 1,000 in Douglas County (200 in each sub-county), 200 in Cass County, and 400 in both Sarpy and Pottawattamie counties. In addition, over sampling was administered to increase participation from minority populations. In total 2,622 metro area residents were included in the survey.

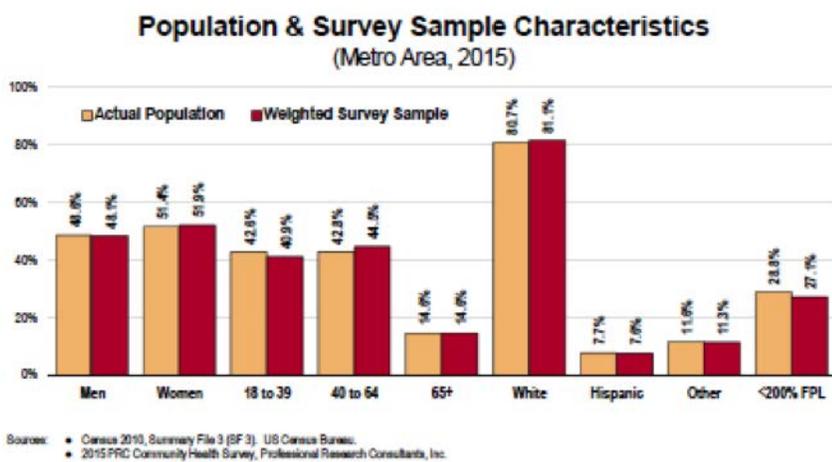


Table 6. The surveys were weighted in proportion to the actual population distribution so as to appropriately represent the Metro Area as a whole.

For more detailed information on PRC’s survey process and methodology, the full CHNA report can be accessed here:

[2015 PRC CHNA FULL REPORT](#)

Community Stakeholder Input

In addition to the individual resident surveys, an online key informant email survey was conducted to gather additional qualitative input and do a deeper dive into the needs of the surveyed communities. This online survey solicited written comments from individuals regularly interacting with low-income, minority, and other underserved and/or vulnerable populations. In total, 138 respondents including physicians, other health professionals, public health professionals, social service providers and community leaders completed the key informant survey. This group provided valuable input including written comments on their perception of community needs for each of the surveyed counties. The written responses of the key informants were used as part of Nebraska Medicine’s prioritization process.

Additionally, Nebraska Medicine and Nebraska Medicine Bellevue’s 2013 CHNA and implementation plans are publically available on the hospital websites. Public comments are encouraged on the website via a dedicated email address that is monitored by the team who completes the CHNA and implementation plan. That public feedback is taken into consideration for all community health improvement planning efforts.

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leader	94	24
Other Health	87	38
Physician	49	14
Public Health Representative	13	10
Social Service Provider	113	52

Table 7. Nearly half of the key informants invited to participate completed the survey. Nebraska Medicine welcomes public comment via our website at the email address community@nebraskamed.com.

The CHNA survey indicates that just over sixty four percent of metro area adults rated the overall healthcare

services available in the community as “excellent” or “very good”. This is more favorable than the national average. However women, minorities, the uninsured and those under sixty five years of age are more critical of local healthcare services and rated as overall perception of health in the community as “fair” or “poor”.

The majority of the key informants expressed concerns in their written comments over a lack of mental health resources and needing better access to healthcare for low-income and minority populations. One local social service provider remarked *“Access to healthcare is largely dependent on geography and the ability to pay, so poor patients have much greater problems accessing healthcare in a timely and appropriate manner”*. The CHNA survey results seem to support this sentiment.

Mental health

“There is a stigma regarding mental health. Services and help are not available and most people who need the services are either too proud to get help or don’t know where to get help” – Social Service Provider

“Stigma of disease (mental health), a lack of screening and treatment- inpatient and outpatient, and poor insurance coverage” – Public Health Representative

“Lack of providers and convenient appointment times for individuals” – Social Service Provider

“Not enough psychiatrists in the area - takes a long time to get an appointment” – Physician

“(Lack of) Affordable treatment and follow up care” – Community/Business Leader

Cancer

“Because of the costs associated with cancer diagnosis, testing and treatment for the underserved, it limits access to care” – Healthcare Provider

“(Patients) being diagnosed in late stages due to no preventative care” – Physician

“Inability to get cancer screening for uninsured patients, this leads to disparities in stage at diagnosis” – Public Health Professional

“The cancer death rates in Nebraska are high” – Community/Business Leader

Injury and Violence

“Omaha has a high rate of violence per capita” – Community/Business Leader

“The rate of violence against Blacks in North Omaha is staggering and needs improvement. I believe our community needs to be focused on how we can lift up this area. I see many sexual assault victims, many of whom have not received any information” – Healthcare Provider

2016 Community Health Needs Assessment (continued)

Summary of Significant Health Needs

The following table illustrates the primary areas of need found in the most recently conducted CHNA. For each significant health need, the highlights and areas of opportunity are listed.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Access: Difficulty Finding a Physician
Cancer	<ul style="list-style-type: none"> • Cancer Deaths <ul style="list-style-type: none"> ◦ Including Lung Cancer, Prostate Cancer, Colorectal Cancer Deaths • Cancer Incidence <ul style="list-style-type: none"> ◦ Including Female Breast Cancer, Lung Cancer, Colorectal Cancer Incidence • Cervical Cancer Screening
Dementia, Including Alzheimer's Disease	<ul style="list-style-type: none"> • Alzheimer's Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths • <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • Stroke Prevalence • <i>Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.</i>
Injury & Violence	<ul style="list-style-type: none"> • Safety Seat/Seat Belt Usage [Children] • Firearm-Related Deaths • Homicide Deaths • Violent Crime Rate & Victimization • <i>Injury & Violence ranked as a top concern in the Online Key Informant Survey.</i>
Mental Health	<ul style="list-style-type: none"> • <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Overweight Prevalence [Adults] • Use of Local Trails • Children's Physical Activity • Access to Recreation/Fitness Facilities • <i>Nutrition, Weight, and Physical Activity ranked as a top concern in the Online Key Informant Survey.</i>

Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths
Sexually Transmitted Diseases	<ul style="list-style-type: none"> • Gonorrhea Incidence • Chlamydia Incidence • Multiple Sexual Partners • <i>Sexually Transmitted Diseases ranked as a top concern in the Online Key Informant Survey.</i>
Substance Abuse	<ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths • Seeking Help for Alcohol/Drug Issues

Table 8. The 2016 survey identified eleven significant health needs. Many of these were also identified in the 2013 survey and showed little improvement in the last three years.

2016-2019 Nebraska Medicine Priorities

To determine our primary areas of focus for this planning cycle, we convened the Community Benefit Steering Committee to evaluate the identified needs. The individuals involved in prioritizing the significant health needs are listed below.

- **Bradley Britigan, MD**, President, Nebraska Medicine
- **Dennis Bierle, MHA**, Chief Operating Officer System-Wide Clinical Operations
- **Stephanie Daubert**, Chief Financial Officer
- **Suzanne Nuss, PhD, RN**, Chief Nursing Officer
- **Tom Macy, MHA, FACHE**, Vice President, Clinical Operations
- **Theresa Franco, MSN, RN**, Vice President, Cancer Center Clinical Operations
- **Angela Beck, MHA, BSN, RN**, Vice President Operations, Ambulatory
- **Julie Lazure, MSN, RN**, Vice President Operations, Acute Care
- **Ali Khan, MD, PhD**, UNMC, Dean of the College of Public Health
- **Jacob Dahlke, MSB**, Clinical Ethicist
- **Leslie Spethman, MHA**, Corporate and Community Relations Mgr.
- **Haley Armstrong, BS**, Community Relations Coordinator

Nebraska Medicine’s prioritization process included looking at the areas of opportunity to see where there was alignment with our core competencies and current or future programs and services. In an effort to make meaningful impact and to use our finances most effectively and efficiently, the Steering Committee determined Nebraska Medicine will place a primary focus on access to care, cancer, mental health, and injury and violence prevention care for this three year planning cycle. Nebraska Medicine is geographically located within the boundaries of the area most frequently reporting difficulty with access to care, thus this health need was of particular concern for us. In 2017, Nebraska Medicine will open the Fred & Pamela Buffett Cancer Center,

2016 Community Health Needs Assessment (continued)

which is being built in response to the high incidence and mortality rates for cancer in Nebraska. The Fred & Pamela Buffett Cancer Center will provide expanded cancer care for this region, and our hope is to see these rates decrease over time. Mental health was a common concern of community stakeholders, with 80% of key informants indicating it was a major problem in our community. We felt it was very important to be responsive to the community's need for more mental health services to meet the demand and thus, chose to focus on mental health for this planning cycle. Finally, as a designated Level 1 Trauma Center and as one of the sustaining partners of the Nebraska Regional Poison Center, a focus on injury and violence prevention is aligned with our efforts to provide advanced care and support for patients in this region and beyond. While these four areas were chosen as a priority focus for the next three years, there are efforts underway within many of the identified needs.

The remaining CHNA-identified community needs are being addressed by other local health systems or community based organizations. Methodist Health System has chosen to address all eleven of the identified needs for this planning cycle. Methodist Health System operates primary and specialty care clinics and three hospitals in the Omaha Metro area- two in Douglas County and one in Pottawattamie County. CHI Health will put focus on access to care, nutrition/physical activity/weight, injury and violence prevention, and mental health. CHI Health also has many primary and specialty care clinics and operates seven hospitals in the Omaha Metro- four in Douglas County, one in Pottawattamie County, one in Sarpy County, and one in Cass County.

Table 9. Local health system priority areas for 2016-2019 cycle.

2016 Health Need	Health System Focus	2016 Health Need	Health System Focus
Access to Care	Nebraska Medicine, Nebraska Medicine Bellevue, Methodist Health System, CHI Health	Mental health	Nebraska Medicine, Nebraska Medicine Bellevue, Methodist Health System, CHI Health
Cancer	Nebraska Medicine, Nebraska Medicine Bellevue, Methodist Health System	Nutrition, Physical Activity and Weight	Methodist Health System, CHI Health
Dementia	Methodist Health System	Respiratory Diseases	Methodist Health System
Diabetes	Methodist Health System	Sexually Transmitted Diseases	Methodist Health System
Heart Disease/Stroke	Methodist Health System	Substance Abuse	Methodist Health System
Injury and Violence	Nebraska Medicine, Nebraska Medicine Bellevue, CHI Health, Methodist Health System		

2016 – 2019 Community Health Improvement Plan

The following pages detail Nebraska Medicine and Nebraska Medicine Bellevue’s Implementation Strategy. As discussed in the above Community Health Needs Assessment Report, utilizing a survey process conducted by Professional Research Consultants (PRC), the following 11 items were identified as significant health needs in the four-county area referred to as the Omaha Metro area:

Access to Care	Cancer	Dementia, Including Alzheimer’s Disease
Diabetes	Heart Disease & Stroke	Injury and Violence
Mental Health	Nutrition, Physical Activity & Weight	Respiratory Diseases
Sexually Transmitted Diseases	Substance Abuse	

To determine which of the community’s health needs were most significant, PRC looked for statistical significance based on confidence intervals, samples, and response rates. They used the results of the telephone survey as well as the Healthy People 2020 goals set forth by the Government as a guide to creating the list of the most prominent needs. The survey was designed to be a broad and comprehensive look at the community’s overall health, and steps were taken to ensure adequate sampling and representation from many different populations within the Metro area. More information on the full survey methodology and how PRC determined which needs were most significant can be found on page 18 of the document in this link: [Survey Prioritization Process](#)

Nebraska Medicine and Nebraska Medicine Bellevue have identified four significant health needs to focus on for the 2016-2019 cycle. Those four needs are 1) Access to Healthcare, 2) Cancer, 3) Mental Health, and 4) Injury and Violence. Both hospitals in the Nebraska Medicine system will make these four needs a primary focus area, with each targeting the neediest populations served by that hospital.

The table below illustrates Nebraska Medicine and Nebraska Medicine Bellevue’s plans for addressing the significant health needs prioritized for the upcoming three year cycle. Within each category, there is a description of the significant barriers reported within the need, which we used these as a guide for determining how best to focus our efforts. In the second column, you’ll see our goals for addressing each need.

Significant Health Need Category

Health Improvement Goals

Access to Care: The 2015 CHNA identified improving access to healthcare as an opportunity area in our community. The survey indicated the biggest barriers to healthcare in the Omaha Metro to be:

- 1) difficulty getting a doctor's appointment
- 2) inconvenient office hours
- 3) cost of prescriptions
- 4) cost of a doctor's visit

For very low income populations, 30% reported a lack of healthcare coverage was a significant barrier to obtaining healthcare services.

1. Increase availability/accessibility of doctor appointments
2. Transform care for patients through multi-disciplinary care coordination in a patient-centered medical home (PCMH)
3. Provide better connection with community resources for patients who need assistance
4. Improve quality of life through the early detection of disease
5. Assist patients in securing prescription medications at the lowest possible cost
6. Help patients secure health insurance through assistance with the qualification and enrollment process and navigation of the healthcare marketplace

Cancer: The 2015 CHNA survey showed alarming statistics in cancer incidence and cancer mortality rates in the Omaha Metro when compared to State and National averages and against Healthy People 2020 goals.

The incidence of lung cancer, prostate cancer, female breast cancer, and colorectal cancers in the Omaha Metro area exceed rates in other parts of the state of Nebraska and across the country.

1. Provide enhanced cancer care for the entire region and expand cancer research and clinical trial opportunities
2. Connect underserved patients undergoing cancer treatments with available community resources for assistance

Significant Health Need Category

Health Improvement Goals

Mental Health: In the 2015 survey, 81.5% of key stakeholders reported mental illness to be a “Major” problem in our community. Stakeholder input included the following comments:

1. Stigma associated with mental health prevents proper identification and diagnosis.
2. Lack of coordination among programs/agencies/schools that work with people with mental health issues, resulting in an overwhelming and confusing system that is difficult to navigate.

Among Metro area residents, the community’s low income and very low income individuals reported experiencing poor health and being diagnosed with major depression or having symptoms of chronic depression at rates well above those in the middle to high income ranges. The suicide death rates in Pottawattamie County are double rates of Douglas and Sarpy and well above National rates.

1. Increase the number of mental health practitioners available to see patients at Nebraska Medicine
2. Decrease the stigma associated with mental illness through better communication, education and a community awareness campaign

Injury and Violence Protection: The 2015 CHNA revealed falls, poisonings (including accidental drug overdose) and motor vehicle accidents to be the leading causes of accidental death in the Omaha Metro area. Falls and poisonings make up 54.1 of the accidental deaths. Fatal motor vehicle accident rates in Nebraska are slightly higher than neighboring Iowa and higher than National averages.

Violent crime is a pervasive problem in certain segments of the Metro area. In the Metro’s Northeast section and among non-Hispanic Black populations, deaths related to homicide and firearms are more than three times the rate of other Metro area residents; and in Pottawattamie County, violent crime rates are at 789.9 deaths per 100,000 people-twice the National average of 395.5.

1. Reduce the number of preventable deaths related to poisoning, falls, and motor vehicle accidents
2. Participate in community initiatives to reduce violent crime and build a trauma informed community

2016 – 2019 Implementation Strategy Plan (continued)

The next several pages will show each of Nebraska Medicine and Nebraska Medicine Bellevue priority areas, our goals, strategies, dedicated resources and actions for improving upon the health need and our current known partners. Below each need lists our anticipated long term outcomes and the source we plan to use to measure progress and improvement within the identified need.

Focus Area: Access Care

Goal: *Increase availability/accessibility of doctor appointments for residents of the Omaha Metro area; with an additional focus on expanding care for underserved populations in the community's Northeast quadrant.*

Strategy & Resources: To better serve the community and address the barrier of difficulty obtaining a doctor's appointment, Nebraska Medicine will expand clinic hours at three locations.

Nebraska Medicine and Nebraska Medicine Bellevue added additional FTEs in each clinic to support volumes for extended clinic hours in Douglas and Sarpy counties.

To provide expanded access to care in Northeast Douglas County, an area with a high concentration of low and very low income individuals.

In 2016/2017, Nebraska Medicine will provide staff support and \$350,000 towards first year costs to create and sustain clinic operations. Nebraska Medicine will provide \$210,000 in annual funding for 2018 and 2019, which will fund a .65 FTE APRN and a .65 FTE Medical Assistant to work in the Girls Inc. health clinic.

In addition to serving a large number of uninsured and under-insured patients and providing financial assistance to those who qualify, Nebraska Medicine provides \$15,000 in annual funding for free clinics located in underserved areas, and an average of \$25,000 per year to fund a local coalition to provide low or no cost specialty care.

Partners: Nebraska Medicine primary and immediate care clinics, University of Nebraska Medical Center (UNMC), Girls, Inc., Heart Ministry Center, SHARING Clinics, Hope Medical Outreach Coalition

Actions: Nebraska Medicine and Nebraska Medicine Bellevue will establish an Immediate Care Strategy that provides after-hours access for care and treatment of minor illnesses and injuries. These services will be provided at three primary care clinic locations strategically selected across the Metro. The designated clinic locations create an immediate care access point in Douglas County's West and Midtown areas, and in Sarpy County in Bellevue. <http://www.nebraskamed.com/immediate-care-clinics>

In partnership with UNMC and the non-profit organization Girls, Inc., Nebraska Medicine will operate a health clinic on site at Girl's Inc. facilities. <http://girlsincomaha.org/>

The clinic's initial goals will be to provide care to students at Girls, Inc. and in the second year to expand the clinic to serve the whole family.

Provide community health screenings to the populations served by Girls, Inc. Updates to be provided in future annual reports.

To provide additional resources to further the mission of the Heart Ministry Center, a charity that operates a free clinic in Northeast Omaha, Nebraska Medicine will continue to make an annual grant in the amount of \$10,000 for health clinic expenses, and provides free diabetes education classes at the facility <http://heartministrycenter.org/programs/porto-urgent-care-clinic/>

Focus Area: Access Care

Actions: Nebraska Medicine will continue to provide \$5,000 annually to the SHARING clinics, free clinics operated by UNMC students. <http://www.unmc.edu/sharing/>

Nebraska Medicine commits to continued support of the Hope Medical Outreach Coalition, dollar amounts vary from year to year based on volumes. <http://hopemed.us/>

Goal: *Transition all 14 of Nebraska Medicine's primary care clinics to the Patient Centered Medical Home (PCMH) model. The PCMH model is proven to improve healthcare coordination, access, and outcomes.* <https://pcmh.ahrq.gov/page/defining-pcmh>

Partners: Nebraska Medicine departments including but not limited to: primary care, pharmacy, behavioral health, nutrition, and social work departments

Strategy & Resources: Using a PCMH model, Nebraska Medicine will transform its primary care clinics to provide better healthcare by including multidisciplinary practitioners in one location to meet the patient's needs.

To implement this model, 33 existing RN positions were upgraded to care managers, a position that gives the RNs a larger scope of responsibility managing the longitudinal care of patients, thus improving the patient's access to healthcare services. In the first year, 14 new FTEs will be added. Those positions include pharmacy, social work, behavioral health and nutritionist FTEs, as well as more FTEs for patient scheduling. In subsequent years, additional FTEs are scheduled to be added each year in order to meet the demand. The projected costs to implement this model over the next five years estimated to be nearly \$20 million dollars, which is a significant investment in the current and future health of the community served by Nebraska Medicine.

Actions: Using a PCMH model to transform all Nebraska Medicine clinics for improved primary care; including the addition of staff to support the integration of behavioral health, pharmacy, social work, and nutrition into each primary care clinic. 33 RN Care Managers will help facilitate better access to healthcare services, and better coordination of care across the continuum of each patient's life. These care managers will focus on population health management, inpatient and outpatient transitions, and proactive management of the patient base to improve outcomes and adherence to the care plan. Additional efforts for the PCMH clinics currently in the scoping and planning stages include the enhancement of the electronic health record platform to facilitate better reporting for the care providers, and the use of telehealth modalities. Updates will be provided on resources in future annual updates when the project scoping is complete.

Focus Area: Access Care

Goal: *Improve the quality of life through the prevention or early detection of disease*

Strategy & Resources: Nebraska Medicine will create a standard set of recommendations for health screenings to be used within Nebraska Medicine and share those guidelines with the community.

In 2016, existing staff resources are being used to scope and execute this project. Next steps for the remainder of the planning period include dissemination of the screening recommendations to all areas of the community, which will include investments in marketing and community outreach opportunities yet to be determined. Updates on total resources will be provided in future annual progress reports.

Partners: Nebraska Medicine departments including but not limited to: primary care, pharmacy, behavioral health, nutrition, and social work departments

Actions: Nebraska Medicine departments will review the recommendations for diagnostic or preventive screenings within their discipline. From there, the teams will standardize screening recommendations across the organization

Create educational materials to educate the community on the recommendations

Hold community screening opportunities to ensure underserved individuals are aware of and have access to the available screenings.

Updates on specific locations and numbers of people served will be provided in future annual updates as soon as the project moves into this second stage of implementation and key collaborators are identified.

Goal: *Assist low income patients in securing medications at the lowest possible cost*

Strategy & Resources: Nebraska Medicine dedicates financial counselors from within the pharmacy department to assist patients with obtaining their medications at no or low cost.

Nebraska Medicine dedicates 7 FTEs to this process of helping patients qualify for medication assistance programs

Partners: Nebraska Medicine pharmacy and patient financial services departments; pharmaceutical companies, local community agencies

Actions: Nebraska Medicine will use these specialized financial counselors to assist patients in the identification of and enrollment in programs designed to help them obtain their necessary medications at a more affordable price. Successful implementation of this goal will be measured by reviewing numbers of people served and demographic information found within electronic health record to determine alignment with populations indicating difficulty with this barrier.

Expected Long Term Outcomes for Access to Healthcare Services

- Increased availability of physician appointments in the Metro area
Source: PRC CHNA telephone and key informant surveys, Nebraska Medicine electronic health record data
- Improved access to patient-centered care across the community
Source: PRC CHNA telephone and key informant surveys, Nebraska Medicine electronic health record data
- Increased awareness of recommended health screenings across the community
Source: PRC CHNA telephone and key informant surveys, Nebraska Medicine electronic health record data
- Increased access to affordable medications
Source: PRC CHNA telephone and key informant surveys, Nebraska Medicine electronic health record data

Focus Area: Cancer

Goals: *Provide enhanced cancer care for the entire region; expand cancer research and participation in clinical trials*

Strategy & Resources: In response to the high incidence and mortality rates for cancer in Nebraska, Nebraska Medicine began planning for a new cancer center three years ago.

The Fred & Pamela Buffett Cancer Center is a \$350 million dollar facility that will be jointly owned by Nebraska Medicine and UNMC. Many philanthropic dollars were raised from this community to bring the Cancer Center plans to fruition.

Nebraska Medicine's individual investment for 2016 and 2017 to open the Fred & Pamela Buffett Cancer Center will be nearly \$50 million dollars. Future years' investments (2018 and beyond) are still to be determined. However, Nebraska Medicine will be investing significant dollars in the development of clinical programs, as well as committing \$2 million dollars, annually for the next 30 years to support the building. Additional figures will be shared in annual progress updates as the plans are finalized.

Partners: Nebraska Medicine, UNMC

Actions: Open the Fred & Pamela Buffett Cancer Center and begin to grow relationships between the Cancer Center and community partners to support patients needing cancer treatment in our community.

<http://buffettcancercenter.com/>

Develop new clinical programs to expand local capabilities to treat cancer.

Complete all outreach requirements to retain designation as a National Cancer Institute (NCI) cancer center for the new Fred & Pamela Buffett Cancer Center facility. The NCI designation community outreach requirements place special attention on the needs of underserved populations.

Focus Area: Cancer

Goals: *Connect underserved patients undergoing cancer treatments with available community resources and fund those organizations supporting cancer patients and research*

Strategy & Resources: Support local community resources dedicated to helping cancer patients and their families during cancer treatments. Nebraska Medicine invests in several non-profits dedicated to helping people with cancer or funding cancer research. While this amount varies from year to year, the average investment for the past three years was \$60,000 and is not expected to decrease but rather increase as the Cancer Center opens and patients require more assistance.

Partners: Nebraska Medicine, UNMC, American Cancer Society, Komen of Nebraska, Leukemia and Lymphoma Society, Lymphoma Research Foundation, Team Jack Foundation, Angels Among Us

Actions: Identify all community resources available to serve cancer patients and compile a comprehensive list, which will guide community investment opportunities

Identify community resources to connect on a peer to peer level with patients undergoing cancer treatments to gain a better understanding of the unique issues faced by each individual patient and help them obtain the resources they need

Expected Long Term Outcomes for Cancer

- Decreased cancer incidence and mortality rates in all populations in the Omaha Metro area
Source: PRC CHNA survey, County health statistics, Nebraska Medicine electronic health record data

Focus Area: Mental Health

Goals: *Increase the number of mental health practitioners available to see patients at Nebraska Medicine*

Strategy & Resources: Hire additional mental health practitioners to meet the demand. Nebraska Medicine committed a total of 8 additional FTEs to increase the number of mental health practitioners and support personnel to care for patients experiencing mental illness.

Partners: Nebraska Medicine, UNMC

Actions: Nebraska Medicine hired 4 new behavioral health FTEs to see patients in the outpatient setting and 1 new FTE to see patients in the inpatient setting. Additionally, 1.0 FTE was added for a community services associate to assist patients with completing paperwork, getting to appointments and utilizing behavioral health resources.

Nebraska Medicine also hired 2 new Social Work FTEs to help evaluate, treat, and discharge psychiatric patients in the Emergency Department

Focus Area: Mental Health

Actions: There is a current proposal to support intensive outpatient treatment for patients with both substance abuse and mental health concerns- this would potentially add an additional 7 FTEs. This project is still being scoped, but future updates will be provided in annual progress reports.

Goals: *Decrease the stigma associated with mental illness through better communication, education, and a community awareness campaign*

Partners: Nebraska Medicine behavioral health, corporate/community relations, and marketing departments. UNMC, Community Alliance, National Alliance on Mental Illness, changedirection.org, Maha Music Festival

Strategy & Resources: Create a social media campaign to reduce stigma and increase community awareness of mental illness and available resources. Look for opportunities to partner with community-based organizations to provide information and education.

Actions: Advocate for change to the stigma surrounding mental illness at various community events with large groups of people in attendance.

Nebraska Medicine Community Relations department to spend .2 FTE dedicated to creating this awareness campaign and pulling together internal resources to complete these efforts.

Look for missed opportunities to educate and screen people who are entering our system

Create video education series to help educate people on how to approach someone who they suspect is struggling with depression

Create a resource packet to distribute to patients with information on community resources for mental illness

Expected Long Term Outcomes for Mental Health

- Increased availability/access to behavioral health practitioners in the community
Source: PRC CHNA telephone and key informant surveys, Nebraska Medicine electronic health record data
- Decreased stigma associated with mental illness
Source: PRC CHNA telephone and key informant surveys
- Increased awareness of available community resources for mental health
Source: PRC CHNA telephone and key informant surveys, Nebraska Medicine electronic health record data

Focus Area: Injury and Violence Prevention

Goals: *Reduce the number of preventable deaths related to poisoning, falls, and motor vehicle accidents*

Strategy & Resources: Nebraska Medicine will provide educational presentations designed to educate the community on preventable deaths, with materials tailored to fit each of the three areas.

Nebraska Medicine has 18 FTEs staffing the Nebraska Regional Poison Center, which serves the entire state of Nebraska, Idaho, American Samoa, and the Federated States of Micronesia. Use of the poison center's 24/7 emergency line is free to the public and is a valuable and critical resource for the community. <http://www.nebraskapoisson.com/>

The Poison Center's goals include providing poison education programs at least once per year in each of Nebraska's 93 counties. There is a full FTE dedicated to this work.

Partners: Nebraska Medicine, UNMC, Nebraska Regional Poison Center, QLI, Maha Music Festival, National Safety Council

Actions: Increase the number of educational presentations surrounding the use/abuse/dangers of prescription drugs using a video created by the Nebraska Regional Poison Center.

Continue participation in CoalitionRX
<http://coalitionrx.org/>

Participate in local community events and festivals and provide education to reach young people with messages about distracted driving

Continue to participate in community collaborations and committees dedicated to preventing falls in older adults

Goals: *Participate in community initiatives to reduce violent crime and build a trauma-informed community*

Strategy & Resources: Nebraska Medicine will lend expertise to the Douglas County community health improvement plan's goal to create a trauma-informed community, and to various community initiatives focused on reducing violent crime in the community served.

Partners: Nebraska Medicine, UNMC, Douglas County Health Department, Omaha Police and Fire Departments

Actions: Participate and ensure communication between the various agencies involved in efforts to reduce violence in the Omaha Metro area

Educate the community on strategies for preventing unintentional injury and reducing trauma related deaths

Support programs and law enforcement efforts to reduce gun violence

Participate in Douglas County Community Health Improvement Plan efforts to create a trauma-informed community

Expected Long Term Outcomes for Injury and Violence Prevention

- Reduce the number of preventable injuries and death related to accidental poisoning, falls, and motor vehicle accidents
Source: PRC CHNA surveys, Behavioral Risk Factor Surveillance System (BRFSS), County health records, police and fire department data, Nebraska Medicine electronic health record data
- Reduced incidence of violent crime
Source: PRC CHNA surveys, Behavioral Risk Factor Surveillance System (BRFSS), County health records, police and fire department data, Nebraska Medicine electronic health record data

This table below lists the remaining significant health needs not being addressed by Nebraska Medicine or Nebraska Medicine Bellevue in the 2016-2019 planning cycle. For reasons including lack of resources and lack of current programming or specific expertise, the following needs were not chosen as a priority focus area. However, Nebraska Medicine and Nebraska Medicine Bellevue do have current programs or services in place to address all of the needs below, and those efforts will continue despite a primary focus on the aforementioned four needs. In our prioritization review, we felt the identified needs in this list are being adequately addressed by others in the community. This table lists the health system, community based organization or other community resource dedicated to serving each need.

Identified Need – Respiratory Diseases

Local Health System Focus

Methodist Health System

Associated Community Organizations

Other community resources focused on providing services: Advocacy Group, American Lung Association, Douglas County Health Department, OWHC, Primary Care Providers, Private Health Providers, Quitline Iowa, [Nebraska Medicine](#), [Nebraska Medicine Bellevue](#), CHI Health, Methodist Health System

Identified Need – Heart Disease & Stroke

Local Health System Focus

Methodist Health System

Associated Community Organizations

Other community resources focused on providing services: Adult and Elderly Home Visiting Programs, American Heart Association, Business Wellness Programs Such as Union Pacific, Cardiac Center at Creighton, Cardiac Prevention Programs at Local Hospitals, Cardiac Rehab Programs, Charles Drew Health Center, CHI Health, CHI Heart Centers Clinics, Community Center Fitness Programs, Community Health Fairs, Community Wide Stroke Team, Community-Based Prevention Programs, CPPHE-REACH Program, Creighton, Department of Health and Human Services, Diabetic Centers and Educators, Douglas County Health Department, Eastern Nebraska Office on Aging, Engage Wellness Center UNMC, Faith Community Nurses, Faith-Based Communities, Federally Qualified Health Centers, Fitness Centers/Gyms, Fred Leroy Health and Wellness Center, Health Coaches MPC, Health Department, Health Fairs, Screenings, Healthy Families, Healthy Heart Program, Healthy Neighborhood Stores, Hospital Diet Office, Hospitals, Hy-Vee, Live Well Omaha, Long Term Care Options, Methodist, Methodist Heart Center, Methodist Jennie Edmundson Hospital, Methodist

2016 – 2019 Implementation Strategy Plan (continued)

Physicians Clinic, Nebraska Heart Association, [Nebraska Medicine](#), [Nebraska Medicine Bellevue](#), North Omaha Area Health, North Omaha Community Care Council, One World Community Health Center, OWHC, Prevention Programs at the Fitness Clubs, Primary Care Providers, Private Health Providers, Public Health Department, Quitline Iowa, Red Dress Program for Women, Specialty Care, The Center, Three Health Systems, Trained Pharmacists and Protocols, Tuition Support Offered by YMCA, UNMC, UNO, Visiting Nurses Association, Worksite Wellness Programs, YMCA

Identified Need – Diabetes **Local Health System Focus**

Methodist Health System

Associated Community Organizations

Other community resources focused on providing services: After School Programs, American Diabetes Association, Charles Drew Health Center, CHI Alegent Creighton, CHI Health, CHI Weight Management Program, Children’s Hospital, Churches, Clinics, Community Health Fairs, Community Health Nurse, Community-Based Prevention Programs, CPPHE-REACH Program, Creighton University, Department of Health and Human Services, Diabetes Alliance, Diabetes Education Center of the Midlands, Diabetes Education CHI Health, Diabetes Foundation, Diabetes Non-Profit, Diabetes Prevention Programs at YMCA and UNMC, Diabetes Resource Center, Diabetes Specialist Practices, Diabetes Supply Center of the Midlands, Diabetic Centers and Educators, Diabetic Education Classes at NE Medicine, Diabetic, Educators at Hospitals, Diabetic Support Groups, Douglas County Health Center, Douglas County Health Department, Eastern Nebraska Office on Aging, Employer Wellness Programs Incentive Based, Faith-Based Communities, Farmer’s Market, Federally Qualified Health Centers, Foot Care Clinics, Foreman Foundation, General Assistance if You Meet Income Guidelines, Generic Medications, Goodlife, Government Offices and County Extension Offices, Grocery Stores, Health Coaches, Health Department, Health Fairs, Screenings, Healthy Families, Healthy Neighborhood Stores, Home Healthcare, Hope Center, Hospitals, Hy-Vee, Internet, Live Well Council Bluffs, Local Diabetes Chapter, Local Garden Programs, Malcolm X Foundation, Methodist, Methodist Physicians Clinic, MHS Diabetes Center, [Midtown Clinic at Nebraska Medicine](#), [Nebraska Medicine](#), [Nebraska Medicine Bellevue](#), No More Empty Pots, North Omaha Area Health, NUIHC, One World Community Health Center, OWHC, Pharmaceutical Company Medication Assistance Program, Primary Care Providers, Private Health Providers, Public and Private Health Providers, Public Health Department Schools, Sharing Clinic, The Diabetes Center on 84th and Center, The Healing Gift Clinic, Three Health Systems, TOPS, Uninet Diabetes Education and Support Groups, United Healthcare Community Health Worker Program, UNMC, Visiting Nurses Association, Weight Watchers, Winnebago Hospital, YMCA

Identified Need – Nutrition, Physical Activity & Weight **Local Health System Focus**

Methodist Health System, CHI Health

Associated Community Organizations

Other community resources focused on providing services: After School Programs, B Cycles, Backpack Program That Supplies Food for the Weekend, Bike and Walking Trails, Boys and Girls Club, Boys Town, Charles Drew Health Center, CHI Health, Children’s Hospital, Community Centers, Community Health

Fairs, Cooking Matters, Council Bluffs Health Department, CPPHE-REACH Program, Creighton University, Department of Health and Human Services, Douglas County Community Center, Douglas County Health Department, Eat Healthy Programs, Extension, NEP and Nutrition/Health Programs, Faith-Based Communities, Familia Saludables (Healthy Families) Alegent, Family Network, Farmer's Market, Fitness Centers/Gyms, Food Banks, Pantries and Meals on Wheels for Elderly, Free Run/Walk a Thons, Girls, Inc., Grocery Stores, Health Department, Health Fairs, Screenings, Healthy Families, Healthy Neighborhood Stores, Heartland Family Services, HEROES, Hospitals, Hy-Vee, Hy-Vee Dietitians, Kroc Center, Live Well Council Bluffs, Live Well Omaha, Multiple Nutrition/Supplement Stores, [Nebraska Medicine Bellevue](#), [Nebraska Medicine](#), Nebraska Urban Indian Health, No More Empty Pots, Nutrition Programs Through VNA, WIC and Hy-Vee, Nutritional Classes Offered in the Community, Nutritionist Referral, Omaha Nutrition Center, Omaha Public Schools, One World Community Health Center, Overeaters Anonymous, OWHC, Parks and Recreation, Primary Care Providers, Private Health Providers, Public Health Department, Salvation Army, Schools, Senior Center, Silver Sneakers Program, The Center, Three Health Systems, Transportation Assistance, UNMC, Weight Loss Center

Identified Need – Sexually Transmitted Diseases

Local Health System Focus

Methodist Health System

Associated Community Organizations

Other community resources focused on providing services: Adolescent Health Project, Charles Drew Health Center, CHI Health, Churches, Clinics, Community Organized Events, Council Bluffs Health Department, County Health Screening Programs, Creighton, DCHD STD Clinics, Department of Health and Human Services, Douglas County, Douglas County Health Center, Douglas County Health Department, Douglas County Medical Center, Douglas County STD Clinic, Early Education, Federally Qualified Health Centers, Fred Leroy Health and Wellness Center, Gabriel's Corner, Get Checked Omaha, Girls, Inc., Health Department, HIV Prevention Programs, Hospitals, Lutheran Family Services, Nebraska AIDS Project, [Nebraska Medicine](#), [Nebraska Medicine Bellevue](#), Nontraditional Testing Sites, North Omaha Area Health, NUIHC, Omaha Public Library, One World Community Health Center, OWHC, Planned Parenthood, Primary Care Providers, Private Health Providers, Public Health Department, Public Libraries Provide Free STD, Screenings, Renaissance Clinic, RESPECT Clinic, School Based Health Centers, Schools, Sex Education in OPS, STD Clinic, Three Health Systems, TOP Programs in Schools, UNMC, UNO

Identified Need – Substance Abuse

Local Health System Focus

Methodist Health System

Associated Community Organizations

Other community resources focused on providing services: 211, Addiction Centers/Programs, Alcoholic Anonymous, Behavioral Health, Boys Town, Campus for Hope, Catholic Charities, Catholic Social Services, Center for Holistic Development, Charles Drew Health Center, CHI Health, CHI Health Mercy, Child and Young Adult Treatment Programs Through CHI, Coalition for Treatment of Drug Abuse, Community Alliance, Counseling, Courts and Department of Human Services, Department of Health and Human Services, Detox in Downtown Omaha, Douglas County Corrections, Drug Dependency Unit in Winnebago, Family Health Services, Fred Leroy Health and Wellness Center, Gabriel’s Corner, GOCA of Greater Omaha, Heartland Family Services, Hospitals, Inroads Counseling, Inroads to Recovery, Insurance Company, Journey’s Program, Lasting Hope Recovery Center, Law Enforcement, LFS, Lower Cost Services, Lutheran Family Services, Mental Health and Substance Abuse Network, Methodist Jennie Edmundson Hospital, NOVA, NUIHC, [Nebraska Medicine](#), [Nebraska Medicine Bellevue](#), One World Community Health Center, Open Door Mission, PMIC in Glenwood, Pottawattamie County Mental Health and Substance Abuse, Primary Care Providers Private Health Providers, Private Institutions, Private Substance use and Metal Health Counselors, Psych Associates, Psych Services, Region 6, Salvation Army, Siena Francis House, Sliding Scale CD Evaluations Offered by CHI, Sober Houses, Stephen Center, Teen Challenge of the Midlands, Transitional Services, United Way 211, UNMC, VA Hospital, Valley Hope, Various Non-Profits in the Community

Identified Need – Dementia, Including Alzheimer’s Disease

Local Health System Focus

Methodist Health System

Associated Community Organizations

Other community resources focused on providing services: Alzheimer’s Association, Assisted Living Facilities, CHI Health, Douglas County Health Center, Eastern Nebraska Office on Aging, Eldercare Physicians, For Profit Organizations that Provide Day Care, Geriatric Clinics, Home Healthcare, Home Instead Center for Successful Aging,, Hospitals, Locked Units in Nursing Homes, Long Term Care Facilities with Dementia/Secured Units, Memory Care Homes, Methodist, [Nebraska Medicine](#), OWHC, Respite Resource Center

Appendix

Community Health Needs Assessment Collaborators

- CHI Health
- Douglas County Health Department
- LiveWell Omaha
- Methodist Health System
- Nebraska Medicine
- Pottawattamie County Public Health Department/VNA
- Sarpy/Cass County Department of Health and Wellness

Nebraska Medicine Community Health Planning Teams

Nebraska Medicine formed focus teams with special expertise within each of the identified community needs. Focus team representation included members Nebraska Medicine, Nebraska Medicine Bellevue, Nebraska Medicine clinics, and the UNMC College of Public Health. The following teams met regularly to identify a strategic approach for meeting the needs of the community within their area of expertise.

Access to Care Task Force

- Jennifer Parker, MD, Staff Physician
- Shelley Baldwin, Primary Care Executive Director
- Shannon Bradley, BSN, RN, Care Transitions Director
- Regina Nailon, PhD, MSN, RN, Nursing Outcomes Manager
- Donna Hoover, BSN, RN, Midtown Clinic Manager
- Brenda Smidt, RN, Nursing Professional Practice Manager
- Denise Gorski, MHA, BSN, RN, Bellevue Medical Center Diagnostic/Therapy Services Director
- Susan Burbach, BSN, RN, Case Management Nurse
- Katie Hansen, MA, Marketing Manager
- Karen Kerstetter, Assistant Controller
- Nicole Vanosdel, Business Analytics Developer
- Paul Estabrooks, MD, UNMC Chair of Public Health
- Fernando Wilson, UNMC Assistant Professor, College of Public Health
- Leslie Spethman, MHA, Corporate and Community Relations Mgr.
- Haley Armstrong, BS, Community Relations Coordinator

Appendix (continued)

Cancer Task Force

- Nicole Shonka, MD, Staff Physician
- Ann Yager, BSN, RN, Oncology Services Director
- Mike Romano, BSN, RN, Oncology Services Director
- Heidi Tonne, BSN, RN, Associate Nurse Manager
- Laurie Winkelbauer, BSN, RN, Nurse Manager
- Becky Hoff, BSN, RN, Clinical Education Coordinator
- Dawn Jourdan, BSN, RN, Clinical Quality Lead
- Jane Kirk, BSN, RN, Case Management Nurse
- Sue Wardian-Hartung, BSN, RN, Case Management Nurse
- Melinda Sommerfeld, Communications/Marketing Senior Analyst
- Michelle Grady, MHA, Physician Outreach Liaison
- Matthew Winfrey, UNMC, Administrative Business Operations Senior
- Leslie Spethman, MHA, Corporate and Community Relations Mgr.
- Haley Armstrong, BS, Community Relations Coordinator

Mental Health Task Force

- Chris Kratochvil, MD, PhD, Research Vice President
- Steven Wengel, MD, UNMC Chairman, Department of Psychiatry
- Nick Steinauer, MD, Staff Physician
- Matt Egbert, MD, Staff Physician
- Alyssa Garth, BSN, RN, Neurosciences Director
- Andrea Rayner, BSN, RN, Nurse Manager
- Sue Watson, BSN, RN, Nurse Manager
- Anna May, BSN, RN, Nurse Manager
- Leslie Spethman, MHA, Corporate and Community Relations Mgr.
- Haley Armstrong, BS, Community Relations Coordinator

Injury & Violence Prevention Task Force

- Charity Evans, MD, Staff Physician
- Karen Saxton, MHA, BSN, RN, Trauma Program Director
- Kathy Jacobitz, MHA, Poison Center Director
- Marjorie VanRiper, BSN, RN, Trauma Program Coordinator
- Ashley Emmel, BSN, RN, Trauma Program Coordinator
- Joel Haman, CEM, Emergency Preparedness Coordinator
- Dejun Su, PhD, UNMC Associate Professor, College of Public Health
- Melissa Tibbits, MD, PhD, UNMC Assistant Professor, College of Public Health
- Leslie Spethman, MHA, Corporate and Community Relations Mgr.
- Haley Armstrong, BS, Community Relations Coordinator



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REFERENCES

The full community health needs assessment conducted by Professional Research Consultants (PRC) can be accessed on this website:

<http://www.douglascohealth.org/index.php?module=ResourceLibrary&controller=index&action=collection&id=56909656065599010>

More information on nonprofit hospitals' community benefit requirements can be accessed here:

<https://www.federalregister.gov/articles/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable>

CONTACT INFORMATION

To provide feedback on the contents of this report or to request a paper copy, please send a note to community@nebraskamed.com or send a letter to:

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