

# 2012 Community Health Needs Implementation Plan Skilled Nursing



† CATHOLIC HEALTH  
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Saint Francis Medical Center

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*Well beyond healthcare.<sup>sm</sup>*

## Table of Contents

|   |    |
|---|----|
| I. Introduction .....                                   | 2  |
| Description and history .....                           | 2  |
| Mission and Vision Statements, Core Values .....        | 4  |
| Commitment to Healthy Communities .....                 | 4  |
| II. Description of Community Served.....                | 5  |
| Timeframe and Geographic Boundaries.....                | 5  |
| Economy .....   | 6  |
| Education .....   | 6  |
| III. Development of an Implementation Strategy.....     | 6  |
| Participants and Methodology .....                      | 6  |
| Sources and Additional Health Statistics Reviewed ..... | 7  |
| Identified and Prioritized Community Health Needs ..... | 7  |
| Summary of Assessments and Priorities .....             | 10 |
| IV. Plans to Address Hall County Health Needs .....     | 10 |
| Health Assessment Logic Model .....                     | 11 |
| Action Plan to Address Hall County Health Needs.....    | 13 |
| Hall County Health Needs Not Addressed in Plan .....    | 14 |
| Approval/Adoption .....                                 | 15 |

# Community Needs Implementation Strategy Report

Saint Francis Medical Center, 2620 W. Faidley Avenue, Grand Island, NE 68803  
Skilled Nursing Unit

## **Introduction**

The Saint Francis Medical Center Community Benefit Program is a central, objective resource for state and local decision makers to know how tax-exempt hospital community benefit activities respond to pressing community health needs.

The Implementation Strategy document focuses on hospital-based, community-building activities needed to address the root causes of poor health and disability. These activities go beyond the provision of health care services to focus on “upstream” social, economic, and environmental factors – education, employment, in-come, housing, community design, family and social support, community safety, and the environment – that are major contributors to population health. Internal Revenue Service (IRS) Form 990, Schedule H is the vehicle hospitals use to report their community benefit activities.

## **Description of Saint Francis Medical Center**

Saint Francis Medical Center, founded in 1887, is a 159-bed acute care hospital that serves a 25-county area in Central Nebraska and based in Grand Island, a community of 49,239 (2011 U.S. Census Estimate), including a population of 32% minority residents. More than half of its public school enrollment is minority. Several of these counties, including Hall County (12.5%), have poverty levels that are above the state average of 10.8%.

Saint Francis has embraced programs outside hospital walls in efforts to create healthier communities. In 1994 Saint Francis began training parish nurses to provide holistic healthcare to local faith communities. The Student Wellness Center opened in 1997 at Grand Island Senior High offering healthcare services to students. In 2004, Saint Francis was named a finalist for the American Hospital Association's Foster McGaw Prize for community service.

While Saint Francis Medical Center has grown into a regional healthcare facility, at its core it has changed very little. We remain a dedicated servant of the Catholic healing ministry led by representatives of our local community, and -- as in our very first hospital --compassionate care, a dedication to healing and a commitment to our community serve as our foundation.

## **Skilled Nursing Unit**

The Saint Francis Skilled Nursing Unit (SNU) received its license to practice in 1986, at the same time of a merger between Saint Francis Medical Center and Grand Island Memorial

Hospital into the community's sole acute care unit. The Skilled Nursing Unit provides inpatient skilled care to patients who require additional nursing or rehabilitative services after hospital discharge or cannot receive services in their home.

The Skilled Nursing Unit assists close to 300 patients each year and served 287 patients during 2011-2012.

The nursing care encompasses skilled nursing procedures, observations and assessment of the patients' changing needs. The Unit complements existing health services in the area. Staff cooperates with other agencies to obtain financial assistance, personnel, and equipment for patient care. The services are provided under the direction of the patient's personal physician.

A registered nurse is available 24 hours a day as well as licensed practical nurses and certified nursing assistants. Patient services available on the skilled unit include an in-house pharmacy, enterostomal and wound specialists, physical, occupational, and speech therapies, social services, nutritional services, and pastoral care. Referrals are accepted from physicians, hospitals, families, patients and friends

## **History**

In 1860, Mother Theresa Bonzel established the Sisters of Saint Francis in Olpe Germany. They took as their patron saint, Saint Francis of Assisi, who rejected wealth and prosperity to serve the poor. Six of these sisters journeyed to the United States in 1875 and established several houses, including one in Colorado Springs, Colorado.

In 1883, the sisters were called by a local citizens committee and Bishop James O'Connor of Omaha to establish a hospital in Grand Island, a town that had grown to 1,900 with the arrival of the Union Pacific Railroad and the Pike's Peak Gold Rush. Working with local citizens, they raised funding which led to the 1887 opening of Saint Francis Hospital on Adams Street.

Throughout its history, Saint Francis has expanded to meet the community need. Four years after opening a new wing was added. Three more additions were completed and the front entrance was moved to Charles Street by 1920. The Saint Francis Nursing School opened in 1920 and trained nurses until 1980. A large expansion in 1924 included six operating rooms and an obstetrics department. In 1937, on its 50th anniversary, Saint Francis Hospital was one of the best-equipped institutions in Nebraska.

In 1975, 26.6 acres of land was purchased for a new hospital on Faidley Avenue. Saint Francis Medical Center was dedicated on December 3, 1978, and remains on the site today.

Saint Francis purchased Grand Island Memorial Hospital on April 1, 1987 and renamed it Saint Francis Memorial Health Center. Expanding specialty services and its regional presence, the Saint Francis Cancer Treatment Center opened in 1992. A new Birthing Center opened in 1996 with comfortable birthing suites and ground-breaking mother/baby nursing care.

In 1987 the Sisters of Saint Francis transferred sponsorship to the Sisters of Charity of Cincinnati. The Sisters of Charity Healthcare Operations became a founding member of Catholic Health Initiatives in 1996.

In 1999, as the medical community grew to nearly 100 physicians, an Ambulatory Surgery Center and Imaging Center were built as joint ventures with local physicians.

In 2005, Saint Francis broke ground on a nine-story addition. The new 159-bed patient tower, was dedicated on September 14, 2007 by The Most Reverend William Dendinger, Bishop of the Diocese of Grand Island, Michael Rowan, Chief Operating Officer of Catholic Health Initiatives, and community leaders from Central Nebraska.

In the same year, for its commitment to quality medical care and performance excellence, Saint Francis became the first and only hospital in Nebraska to receive the Edgerton Quality Award's highest honor, the Award of Excellence.

### **Mission Statement**

The mission of Saint Francis Medical Center and Catholic Health Initiatives is to nurture the healing ministry of the church by bringing it new life, energy and viability in the 21<sup>st</sup> Century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

### **Vision Statement**

Guided by Catholic heritage of healing ministry, in partnership with the community and our healthcare providers, Saint Francis Medical Center creates wellness, cures illness and provides comfort and compassion utilizing best practices in medicine

### **Core Values**

Saint Francis Medical Center's core values define our organization and serve as our guiding principles. They are the roots or anchors from which all activities, decisions and behaviors follow.

- **Reverence:** Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.
- **Integrity:** Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.
- **Compassion:** Our capacity to share another's joy and sorrow.
- **Excellence:** Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

### **Commitment to Creating Healthy Communities**

Saint Francis believes in a proactive approach to wellness that is incorporated in its credo, "Well Beyond Health Care."

Toward this goal, SFMC has provided 1) the state's only on-site Student Wellness Center (through a Robert Wood Johnson Foundation grant); 2) organized the Multicultural Coalition through a Nebraska Health and Human Services Minority Health Initiatives grant, and 3) developed a telehealth monitor-based Staying Well at Home program for the elderly through a HRSA Rural Outreach grant.

The hospital also hosts a nationally recognized Cancer Treatment Center that has increased its patient participation in clinical trials to above 25%, compared to a national average of 3-4%. In 2010, the American Society of Clinical Oncology (ASCO) Cancer Foundation selected the Saint Francis Cancer Treatment Center as the recipient of its national Clinical Trials Participation Award and honored it as one of three national Community Oncology Research Grant recipients. The Cancer Treatment Center partners with the University of Nebraska Medical Center and the Eppley Cancer Treatment Center to conduct its Clinical Trials.

Saint Francis Medical Center maintains a Foundation that supports the community through hospital- and community-based projects, provides grants that support the community directly and through hospital programs and is a participant in the Grand Island Collaborative, an overreaching organization to support general health and safety within the community.

### **Timeframe for the Implementation Strategy**

The Saint Francis Medical Center Board of Trustees formally approved the Grand Island Community Health Assessment on Jan. 28, 2013 and the Implementation plan on March 28, 2013. Copies of the Needs Assessments, the Implementation Plan and supporting documentation are available on the Saint Francis Medical Center web site.

### **Identified Geographic Area and Populations**

The community served by Saint Francis Medical can be defined as Hall County in the State of Nebraska. Hall County which has a land area of approximately 546 square miles is located in the central part of the state. Agri-business is the primary industry and the area is classified as rural.

The Hall County service area has been defined as rural by government standards. The population growth for this service area is primarily in the 65+ group that includes aging Baby Boomers. And this age group will continue to get older. However the immigration of younger, minority families into Grand Island has lowered its median age slightly below that of nearby counties. Many native-born residents in the area, entering the 18 – 64 age group, are likely to leave for new locations (urban populations) to find employment. Grand Island is host to a community college and four-year college with a satellite campus that primarily enrolls students from the area. This helps provide opportunities for younger people who remain in the area or move from smaller rural communities to Grand Island

The breakdown of populations within Grand Island includes 78.6% white, not Latino; 21.8 % Latino, 4.7% black (including Sudanese and Somali), 1.3 % Native American, 0.1 Native Hawaiian or Other Pacific Islander and 1.8% reporting two or more races. Grand Island also has

a significant number of residents not counted in the official census, many who are low-income and members of minority populations.

## **Economy**

Grand Island is a retail center for Central Nebraska, provides light manufacturing and home to a meat-packing plant that has been in operation for more than 50 years. The largest employer is JBS Swift & Company (2,590 employees), which has led to a significant migration of minority workers because of the availability of unskilled work. Saint Francis Medical Center (1,300 employees) ranks as the third largest employer.

The average per capita income level in Hall County (\$22,552) is lower than the state average (\$25,229) and the US National average (\$27,334). The Grand Island (\$21,220) average per capita income is lower than the county. [US Census Bureau State QuickFacts]. The majority of the households (30.0%) have an average income \$25,000 to \$49,999. The majority of the employers in Hall County involve some form of industrial labor. In fact, three of the top five employers in Hall County are industrial employers. The poverty level in Grand Island is 11.2%, compared with 11.8% for the state. However, in Grand Island the percentage of people living in poverty 2006-2010 is 12.1% compared with 11.8% at the state level.

## **Education**

In Hall County 16.3% of the population has a Bachelor's Degree or higher, which compares to 27.7% for the State of Nebraska (US Census Bureau State QuickFacts Oct 2012). This could be the result of a combination of factors: 1) individuals with a Bachelor's Degree would have fewer employment opportunities in Hall County and migrate elsewhere; 2) Hall County does not have an independent four-year college. Some students must leave the area to earn their Bachelor's Degree and many do not return to the community.

## **Development of an Implementation Strategy**

### **Implementation Participants**

Saint Francis Medical Center Board of Directors – Approval and Support

Bob Smoot, Vice President for Mission – Team Leader

Vaughn Minton, Strategic Planning Director – Development of strategies, writing

Bill Brennan, Grants Development Coordinator – Development of strategies, writing

**Methodology** – An implementation plan has been developed in response to two Health Needs Assessment studies, one conducted by Saint Francis Medical Center in 2011 and the other by the Central District Health Department in 2010. Needs have been prioritized according to importance, as determined by the Health Assessments reports and researched health data about the county. The needs assessments were identified and prioritized as follows:

1. Improve access to healthcare and health literacy for at-risk patients with a focus on low income and minority residents
2. Reduce gang violence and gang recruitment of at-risk youths
3. Improve obesity among youth and in the workplace
4. Address teen pregnancies and low birth rates

5. Cancer and the ability for residents to receive diagnosis and treatment with minimal travel
6. Substance Abuse with an emphasis on alcohol, tobacco, marijuana and methamphetamine
7. Mental Health behavior disorders
8. Diabetes as an emerging health problem

The identification and prioritization of needs also depended on the resources and capacity in the hospital and/or others in the community to address these needs.

**Sources:**

*Town Hall Meeting Summary Report* (February, 2011). Based on six Grand Island focus groups in two Grand Island community locations, NE. Conducted and Written by Joan K. Lindenstein, MHA, FACHE, president, Joan K. Lindenstein LLC, Kearney, NE

*Envisioning the Future of Public Health*, (2010) Based on Mobilizing Action through Planning and Partnerships (MAPP), a qualitative health assessment conducted at the Central District Health Department in Grand Island. Compiled and written by Jeremy J. Eschliman, B.S., REHS, Central Nebraska Health Department, Grand Island, NE.

**Additional Health Statistics Reviewed**

The *County Health Rankings & Roadmaps Project*, (2012) County measurements and state comparisons, Partnership among The Robert Wood Johnson Foundation, the University of Wisconsin Population Health Institute (which developed the model), and Community catalyst, a national advocacy organization to give consumers a voice in healthcare. <http://www.countyhealthrankings.org/#app/>.

*Child Well Being Indicators, Baseline and Comparison Data* (February, 2012) Baseline and State Comparison Data to determine indicators for community needs. Compiled by Schmeckle Research Inc., Joyce Schmeckle, Ph.D., Will Schmeckle, M.A., Lincoln, NE.

*The Nebraska State Disproportionate Minority Contact (DMC) Assessment Hall County Data* (October 2012) Assessment of disproportionate minority representation in the Juvenile Justice system as compared to general population demographics. Dr. Anne Hobbes, Juvenile Justice Department of the Nebraska Crime Commission.

*Understanding the New Demographics* (October 2012) Impact of minority population dynamics on Nebraska.. Joann Garrison, Grand Island Public Schools

**Identified and Prioritized Community Health Needs**

| <b>Major Community Health Needs</b>   |   |  |   |
|---|---|--|---|
| <b>Issue 1 – Better access to healthcare for low income and minority residents</b>  |   |  |   |
| <b>Number Affected</b>  | <b>Seriousness of Issue</b>   | <b>Effect on Disparities</b>   | <b>Available Resources</b>  |
| <b>Hall County 59,447</b><br><ul style="list-style-type: none"> <li>▪ Minority 17,299 (29.1%)</li> <li>▪ Language other than English 10,700 (18.0%)</li> <li>▪ Poverty level 7,704 (11.9%)</li> </ul> | <ul style="list-style-type: none"> <li>▪ The lack of access to healthcare by populations with disparities significantly affects the overall health of the community and the ability of Saint</li> </ul> | <ul style="list-style-type: none"> <li>▪ A significant population of low-income residents, minority residents and those with language and cultural barriers is not covered by</li> </ul> | <ul style="list-style-type: none"> <li>▪ SFMC Social Services</li> <li>▪ Third City Community Clinic</li> <li>▪ SFMC Doniphan Clinic</li> <li>▪ SFMC Student Wellness Center</li> </ul> |

|  |   |  |  |
|--|---|--|--|
| <p><b>Grand Island 49,239</b></p> <ul style="list-style-type: none"> <li>▪ Minority 15,461 (31.4%)</li> <li>▪ Language other than English 10,143 (20.6%)</li> <li>▪ Poverty level 6,401 (13.0%)</li> </ul> | <p>Francis Medical Center to maintain and measure successful outcomes</p> | <p>government or private health insurance.</p> <ul style="list-style-type: none"> <li>▪ Those with disparities often do not know where to go for healthcare</li> <li>▪ Those with disparities often do not know how to care for their own health problems</li> </ul> | <ul style="list-style-type: none"> <li>▪ Central District Health Department</li> <li>▪ Grand Island Collaborative</li> <li>▪ Heartland United Way</li> <li>▪ Multicultural Coalition</li> <li>▪ Parish Nursing Programs</li> <li>▪ Provide ongoing charity care</li> </ul> |
|--|---|--|--|

**Issue 2 – Reduce gang violence and gang recruitment of at-risk youths**

| Number Affected   | Seriousness of Issue   | Effect on Disparities  | Available Resources  |
|---|--|--|--|
| <ul style="list-style-type: none"> <li>▪ About 250 Grand Island youths and adults are in gangs</li> <li>▪ Each year, between 45-60 individuals are recruited into gangs at the age of 15</li> </ul> | <ul style="list-style-type: none"> <li>▪ The arrest rate for juveniles in Hall County is the highest in the Nebraska 85.7 per 1,000. By comparison, the arrest rates are 51.3 per 1,000 for Douglas County, 63.2 for Lancaster County, 72.9 for Buffalo County and 40.9 for Adams County.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Poverty and drop-out rates have a tremendous impact on the number of high-risk youth that become gang members.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Grand Island Police Gang Task Force</li> <li>▪ Hall County Juvenile Diversion Program</li> <li>▪ Grand Island School Attendance Court</li> <li>▪ School Resource officers</li> <li>▪ SANKOFA Gang Resistance Project for Middle School students</li> <li>▪ Families and Schools Together Project for Elementary students</li> </ul> |

**Issue 3 – Growing obesity rate in Hall County**

| Number Affected   | Seriousness of Issue   | Effect on Disparities  | Available Resources   |
|---|--|--|---|
| <ul style="list-style-type: none"> <li>▪ Hall County with a 31.6% obesity rate is among the higher tier of counties in Nebraska with rates above 30%, according to the most recent data (Trust for America’s Health, 2009).</li> <li>▪ Nebraska reported a 30.4% obesity rate in 2011 (Trust for America’s Health)</li> <li>▪ An in-school study of fourth graders showed that one in three students were overweight or obese.</li> </ul> | <p>If nothing changes, the projected obesity rate for Nebraska in 2030 is 50.6%, which means every other person will be at risk for poor health. The personal and financial cost to the well-being community of our community is at a very high level.</p> | <ul style="list-style-type: none"> <li>▪ By far, the largest minority population in our community is Latino, which has a disproportionate percentage of residents with obesity and diabetes because of cultural diet.</li> <li>▪ Obesity also is a more significant risk for those with low incomes because fruits and vegetables are more expensive than less healthy foods.</li> <li>▪ Those with</li> </ul> | <ul style="list-style-type: none"> <li>▪ Grand Island Public Schools</li> <li>▪ SFMC Social Services</li> <li>▪ Third City Community Clinic</li> <li>▪ SFMC Doniphan Clinic</li> <li>▪ SFMC Student Wellness Center</li> <li>▪ Central District Health Department</li> <li>▪ Grand Island Collaborative</li> <li>▪ Heartland United Way</li> <li>▪ Multicultural Coalition</li> <li>▪ Parish Nursing</li> </ul> |

|  |  |   |   |
|--|--|---|---|
|  |  | disparities most often have less knowledge about the importance of diet and exercise  | Programs <ul style="list-style-type: none"> <li>▪ YMCA</li> <li>▪ YWCA</li> <li>▪ UNL Hall County Extension office</li> </ul>   |
| <b>Issue 4 – Help teen parents become self-sustaining and promote healthy child care</b>   |  |   |   |
| <b>Number Affected</b>   | <b>Seriousness of Issue</b>  | <b>Effect on Disparities</b>  | <b>Available Resources</b>  |
| <ul style="list-style-type: none"> <li>▪ The number of teen pregnancies for the 2012-2013 school year has reached 67.</li> <li>▪ At least 1,036 Middle School and High School students (20% male/female) in Grand Island schools have been identified as engaging in high-risk behaviors that could lead to pregnancies</li> </ul> | <ul style="list-style-type: none"> <li>▪ The lack of access to healthcare by populations with disparities significantly affects the overall health of the community and the ability of Saint Francis Medical Center to maintain and measure successful outcomes</li> </ul>                             | <ul style="list-style-type: none"> <li>▪ A disproportionate number of teen parents (60%) are from Latino families (this reflects a similar national number)</li> <li>▪ Most pregnant women who are below the poverty level are not seen by physicians in their first trimester because they do not have adequate insurance.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ SFMC Social Services</li> <li>▪ Third City Community Clinic</li> <li>▪ SFMC Doniphan Clinic</li> <li>▪ SFMC Student Wellness Center</li> <li>▪ Central District Health Department</li> <li>▪ Central Health Center</li> <li>▪ Grand Island Collaborative</li> <li>▪ Heartland United Way</li> <li>▪ Multicultural Coalition</li> </ul> |
| <b>Issue 5 – Assure patients can receive quality cancer diagnosis and treatment in their own community</b>   |  |   |   |
| <b>Number Affected</b>   | <b>Seriousness of Issue</b>  | <b>Effect on Disparities</b>  | <b>Available Resources</b>  |
| <ul style="list-style-type: none"> <li>▪ The cancer death rate in Hall County, nine per 1,000 people, means that about 67 people die each year from some type of cancer. This rate is similar to the national rate but trending downward, according to state profiles compiled by the National Cancer Institute.</li> </ul>        | <ul style="list-style-type: none"> <li>▪ The lack of access to healthcare by populations with disparities becomes especially pronounced in the areas if cancer prevention, diagnosis and treatment. Those with less income and knowledge about cancer are likely to receive less treatment.</li> </ul> | <ul style="list-style-type: none"> <li>▪ A significant population of low-income residents, minority residents and those with language and cultural barriers is not covered by Medicare, Medicaid or private health insurance.</li> <li>▪ Those with disparities often do not know about the need for screenings or how to get them</li> <li>▪ Those with disparities often cannot afford cancer treatment.</li> </ul> | <ul style="list-style-type: none"> <li>▪ SFMC Cancer Treatment Center</li> <li>▪ Third City Community Clinic</li> <li>▪ SFMC Doniphan Clinic</li> <li>▪ Central District Health Department</li> <li>▪ Grand Island Collaborative</li> <li>▪ Heartland United Way</li> <li>▪ Multicultural Coalition</li> </ul>  |

## Summary: Assessment and Priorities

Staff at Saint Francis Medical Center compiled results of two studies conducted in the community within the past three years: 1) *Town Hall Meeting Summary Report* (February, 2011), a health needs assessment conducted by Saint Francis Medical Center during six Town Hall Meetings and 2) *Envisioning the Future of Public Health*, (2010), a health assessment study conducted by the Central District Health Department. The staff used a matrix from the *Town Hall Meeting Summary Report* and cross-referenced priorities from the Town Hall meetings with top priorities from the *Envisioning the Future of Public Health* study. In addition, the staff factored data and information from four additional studies 1) *The County Health Rankings & Roadmaps Project*, (2012); 2) *Child Well Being Indicators, Baseline and Comparison Data* (2012); 3) *The Nebraska State Disproportionate Minority Contact (DMC) Assessment Hall County Data* (2012); and 4) *Understanding the New Demographics* (2012).

The four community needs, listed in order of importance to the community, are 1) *access to healthcare*; 2) *gang violence*; 3) *obesity* and 4) *teen pregnancies*. The staff then narrowed the focus of each community need into a priority health need, an issue that could be addressed and restated as a strategy and measured in an implementation plan. These strategies include 1) *Screenings* for low-income and minority families; 2) *the reduction of risk factors and increase in protective factors* for all elementary students and the *intervention* for middle school students at most risk for *joining gangs*; 3) *Nutrition and fitness education* for low income and minority families and 4) *Parenting education, high school graduation and self-dependence* for parenting teens and abstinence education for younger teens.

In examining the studies, the staff determined that some of categories were too broad to be listed as a health priority or that the hospital likely would not have much impact. For example, poverty is an issue that the hospital can best address in terms of access to healthcare. The hospital can encourage economic development, provide job fairs and work on related issues such as public transportation but while it is possible to identify poverty as a health issue, it is only possible to prioritize in specific terms. Poverty has an impact on each of the four community health needs prioritized by the hospital.

## Plan to Address Community Health Needs

The Saint Francis Medical Center Implementation Planning team, Vaughn Minton and Bill Brennan, has developed a logic model to help develop new strategies and enhance existing ones to address the needs identified in our assessment planning and to identify measureable outcomes to address these needs.

- **Existing Projects** – 1) Health screenings in the community four times a year, 2) a gang recruitment violence resistance initiative and a gang prevention effort, 3) a teen parenting program, 4) a full service Cancer Treatment Center with a focus on clinical trials to provide innovative and affordable cancer treatment.
- **Planned Projects** – 1) Post-discharge collaboration with high-risk patients to reduce frequent readmissions, 2) proactive care for chronic disease patients with healthcare disparities to reduce frequent Emergency Room and hospital admissions.

- **Community Projects** – 1) CHAMP nutrition and fitness education program for patients with disparities to prevent or control symptoms often related to chronic diseases. 2) “Rethink Your Drink” initiative to reduce consumption of sugary beverages, 3) collaboration with Grand Island Public Schools to reduce sugary beverage and fat, salt and sugar in foods and snacks for students, 4) United Way initiative to improve exercise and nutrition to reduce obesity in the community, 5) partnership with Women, Infants and Children (WIC) to provide health information for infants and young children.

| <b>Hall County Health Assessment Logic Model</b>   |   |  |   |  |
|--|---|--|---|--|
| <b>Planned Work</b>  |   | <b>Intended Results</b>  |   |  |
| <b>Issue 1 – Better access to healthcare for low income and minority residents</b>   |   |  |   |  |
| <b>Resources/Inputs</b>  | <b>Activities</b>   | <b>Outputs</b>   | <b>Outcomes</b>   | <b>Impact</b>  |
| SFMC Project to assist low-income individuals with health issues   | Safety net for individuals who seek treatment at free clinics   | Health coaches to follow up on patient care<br><br><u>TIMELINE</u><br>December 2013  | Improved personal health knowledge and self-care <ul style="list-style-type: none"> <li>▪ Cholesterol</li> <li>▪ Blood glucose</li> <li>▪ Blood pressure</li> </ul> | Fewer hospitalizations and Emergency Room visits   |
| <ul style="list-style-type: none"> <li>▪ Health Screening Project</li> <li>▪ CHAMP education program</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Health screenings for low-income and minority residents</li> <li>▪ Referrals for health education</li> </ul> | Education and treatment for moderate and high-risk patients<br><br><u>TIMELINE</u><br>Started July 2012  | <ul style="list-style-type: none"> <li>▪ Dental</li> <li>▪ Breast exams</li> <li>▪ HIV screenings</li> </ul>  |  |
| <b>Issue 2 – Reduce gang violence and gang recruitment of at-risk youths</b>   |   |  |   |  |
| <b>Resources/Inputs</b>  | <b>Activities</b>   | <b>Outputs</b>   | <b>Outcomes</b>   | <b>Impact</b>  |
| <ul style="list-style-type: none"> <li>▪ SFMC SANKOFA gang intervention</li> <li>▪ FAST gang prevention</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Training for high-risk Middle School students</li> <li>▪ Skill sets for elementary students</li> </ul>       | <ul style="list-style-type: none"> <li>▪ Improved self-esteem and re-established affiliations</li> <li>▪ Improved decision-making</li> </ul><br><u>TIMELINE</u><br>Started July 2012 | <ul style="list-style-type: none"> <li>▪ Fewer members joining gangs</li> <li>▪ Fewer gang-related acts of violence in the community</li> </ul>                     | Improved safety and secondary effects on <ul style="list-style-type: none"> <li>▪ Economy</li> <li>▪ Physical activity</li> <li>▪ Youth development</li> </ul> |
| <b>Issue 3 – Address growing obesity rate in Hall County</b>   |   |  |   |  |
| <b>Resources/Inputs</b>  | <b>Activities</b>   | <b>Outputs</b>   | <b>Outcomes</b>   | <b>Impact</b>  |
| <ul style="list-style-type: none"> <li>▪ Increase in focus and capacity on obesity</li> <li>▪ CDHD “Rethink Your Drink” Project</li> <li>▪ GIPS collaboration</li> </ul> | <ul style="list-style-type: none"> <li>▪ Policy changes</li> <li>▪ Education</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Public speakers</li> <li>▪ Media coverage</li> <li>▪ Business consults</li> </ul><br><u>TIMELINE</u><br>June 2014                           | <ul style="list-style-type: none"> <li>▪ Less consumption of sugary drinks</li> <li>▪ Increased awareness of health risks</li> </ul>                                | <ul style="list-style-type: none"> <li>▪ Reduction in overweight and obese individuals</li> <li>▪ Related reductions in healthcare costs</li> </ul>            |

|   |  |   |  |  |
|---|--|---|--|--|
| <ul style="list-style-type: none"> <li>▪ United Way collaboration</li> <li>▪ WIC nutrition partnership</li> </ul>   |  |   |  |  |
| <b>Issue 4 – Help teen parents become self-sustaining and promote healthy child care</b>  |  |   |  |  |
| <b>Resources/Inputs</b>   | <b>Activities</b>  | <b>Outputs</b>  | <b>Outcomes</b>  | <b>Impact</b>  |
| SFMC Teen Parenting Program   | Social work and education for parenting teens  | <ul style="list-style-type: none"> <li>▪ Teen Parenting class</li> <li>▪ Assistance outside the classroom</li> </ul> <p style="text-align: center;"><u>TIMELINE</u><br/>Started July 2010</p>   | <ul style="list-style-type: none"> <li>▪ Improved graduation rates</li> <li>▪ Healthy infants</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Self-dependent families</li> <li>▪ Reduced dependency on service agencies</li> </ul>  |
| <b>Issue 5 – Assure patients can receive quality cancer treatment in their own community</b>  |  |   |  |  |
| <b>Resources/Inputs</b>   | <b>Activities</b>  | <b>Outputs</b>  | <b>Outcomes</b>  | <b>Impact</b>  |
| <ul style="list-style-type: none"> <li>▪ 44 FTEs and 22 Volunteers</li> <li>▪ Three Medical oncologists, Radiation Oncologist, Physician Assistant</li> <li>▪ Two Nurse Practitioners</li> <li>▪ Clinical Oncology Pharmacy</li> <li>▪ Two Breast Cancer Education Kiosks</li> <li>▪ Genetic Counseling</li> <li>▪ Multidisciplinary Care for Breast Cancer</li> <li>▪ Center for Transitional Trial</li> <li>▪ Linear Accelerator with RapidArc® technology</li> </ul> | <ul style="list-style-type: none"> <li>▪ Medical and Radiation Oncology with a commitment to clinical trials</li> <li>▪ Affiliation with the University of Nebraska Center’s Eppley Center</li> <li>▪ Commitment to Become Breast Cancer Center of Excellence</li> <li>▪ Focused effort to help breast cancer patients find best treatment and resources</li> <li>▪ Outreach program for minority and low-income residents</li> <li>▪ Tobacco</li> </ul> | <ul style="list-style-type: none"> <li>▪ American Society of Clinical Oncology (ASCO) award for cancer research</li> <li>▪ Commission on Cancer (CoC) award for overall excellence</li> <li>▪ NCI Community Cancer Centers Program (NCCCP)</li> <li>▪ Quality Oncology Project Initiative (QOPI)</li> <li>▪ 1,000 breast screenings each year</li> </ul> <p style="text-align: center;"><u>TIMELINE</u><br/>ongoing</p> | <ul style="list-style-type: none"> <li>▪ 25% participation rate in clinical trials, compared to a 3-4% rate nationally</li> <li>▪ National Accreditation Program for Breast Centers by ACS Call-back rate on mammograms of 9.05% (ACR guideline is 10%)</li> <li>▪ 666 residents, including 39% self-identified as minority, used the breast cancer education kiosks, based on the Gail Risk test</li> <li>▪ Increase in referrals to</li> </ul> | <ul style="list-style-type: none"> <li>▪ Patients receive treatment on the cutting edge of research</li> <li>▪ More low-income patients are able to receive treatment</li> <li>▪ Digital screening increases accuracy and reduces uncertainty for women</li> <li>▪ Educational Breast Cancer kiosk target women that are hard to reach through traditional media</li> <li>▪ Increases in referrals to Every Woman Matters</li> </ul> |

|  |   |  |  |  |
|--|---|--|--|--|
| <ul style="list-style-type: none"> <li>▪ Two digital mammography systems</li> <li>▪ Numerous grants</li> </ul> | <ul style="list-style-type: none"> <li>▪ Cessation</li> <li>▪ Community breast cancer risk education and screening initiatives</li> </ul> |  | <p>Every Woman Matters program to 19.6 a month</p> | <p>assures more low-income patients are tested for breast cancer</p> |
|--|---|--|--|--|

**Action Plan to Address Hall County Health Needs**

1. **Goal 1** – Improve access to healthcare and health literacy for at-risk patients with a focus on low income and minority residents

*1.1 – Reduce the readmission rates of patients within 30 days by 5% a year with a focus on skilled nursing patients, December 2015.*

**Key Strategies**

- Build a continuing care network to include discharge planning, appropriate patient handoffs, building effective communication and providing education to SNU caregivers.

**Other Key Strategies**

- Not applicable

**Goal 2** – Reduce gang violence and gang recruitment of at-risk youths

**Key Strategies**

- Not applicable

**Goal 3** – Address growing obesity rate in Hall County  
Led by a community-based initiative

**Key Strategies**

- Not applicable

**Goal 4** – Help teen parents become self-sustaining and promote healthy child care.

## **Key Strategies**

- Not applicable

**Goal 5 – Assure patients can receive quality cancer treatment in their own community**

## **Key Strategies:**

- Not applicable

## **Hall County Needs Not Addressed in Plan**

Saint Francis Medical Center continues to work with community partners on other identified community needs but decided not to list the following in its implementation plan:

- Substance Abuse with an emphasis on alcohol, tobacco, marijuana and methamphetamine (The SFMC Alcohol and Drug Treatment Center works with Region III, the Central Nebraska Council on Alcohol and Addictions and Project Mile.)
- Mental Health behavior disorders (SFMC partners with Crane River Clinic, Mid-Plains Center for Behavioral Healthcare Services and Richard H. Young Hospital, part of Good Samaritan Hospital in Kearney, to provide services).
- Diabetes as an emerging health problem (SFMC provides clinical diabetes counseling and partners with CHAMPS through its screening program to address blood pressure, glucose and cholesterol issues).

At this time, Saint Francis Medical Center and the community lack the resources to implement an immediate and comprehensive plan to address the substance abuse issue. The hospital will continue to work through the Grand Island Collaborative and community partners to develop a plan that can provide measurable improvements in the prevention and treatment of substance abuse. While the problem continues as a growing issue in our community, some programs are in place for prevention and treatment.

Saint Francis Medical Center and the community also lack the capacity to implement an immediate and comprehensive plan to address behavioral health in the community. Grand Island, which has a shortage of psychiatrists, relies on a clinic supported by Saint Francis Medical Center, and the Mid-Plains Center for Behavioral Services and numerous counseling services in the community to support behavioral healthcare. Additional clients are referred to the Richard H. Young Hospital in Kearney for services. Saint Francis Medical Center also is working toward the implementation of behavioral health counseling via the Nebraska Telehealth Network. However, additional resources are needed to provide adequate services.

Diabetes, a chronic condition often associated with the Latino dietary and cultural behaviors, was singularly identified in both of the Community Needs Assessments, is a problem that already is being addressed comprehensively in other parts of the SFMC Implementation Plan. Through its screening and education program and the CHAMP nutrition and fitness program, at-risk

residents can be identified and referred for prevention to prevent obesity, which leads to diabetes. In addition, several nutrition and diabetes-specific programs are underway in to address diabetes.

**Adoption / Approval**

The Administrative Council at Saint Francis Medical Center approved the Health Needs Assessment plan Jan. 24, 2013.

The Saint Francis Medical Center Board of Directors approved the Health Needs Assessment plan March 28, 2013.

The Board of Directors will continue to review and approve Implementation Plans on an annual basis and Saint Francis Medical Center will initiate community Health Needs Assessments at least every three years.