Perkins County, Nebraska

Community Health Improvement Plan

December 2017-December 2020
Prepared by Panhandle Public Health District
## Contents

List of Figures ................................................................. 3
List of Tables ................................................................. 3
Message from Perkins County Health Services ................................. 4
Overview of the Development Process ........................................... 5
Priority Areas ........................................................................ 6
Priority Area 1: Support Community Attempts to Improve Physical Activity and Nutrition ................................................................. 7
  About ................................................................................... 7
  Goal .................................................................................... 8
  Objectives ........................................................................... 8
  Strategies ............................................................................ 9
Priority Area 2: Increase Access to Care ........................................... 10
  About ................................................................................... 10
  Goal .................................................................................... 12
  Objectives ........................................................................... 12
  Strategies ............................................................................ 12
Priority Area 3: Expand Efforts to Manage Chronic Disease ..................... 13
  About ................................................................................... 13
  Goal .................................................................................... 13
  Objectives ........................................................................... 13
  Strategies ............................................................................ 13
Priority Area 4: Population Dynamics ................................................ 15
  About ................................................................................... 15
  Goals ................................................................................... 19
  Objectives ........................................................................... 19
References .................................................................................. 20
List of Figures

Figure 1. Adult Obesity in Perkins County, 2004-2013... 7
Figure 2. Physical inactivity in Perkins County, 2004-2013... 8
Figure 3. Uninsured adults 18-65 years of age in Perkins County, 2006-2014... 10
Figure 4. Nebraska State-Designated Shortage Area: Family Practice... 11
Figure 5. Nebraska State-Designated Shortage Area: General Dentistry... 11
Figure 6. Nebraska State-Designated Shortage Area: Psychiatry & Mental Health... 11
Figure 7. Population Age & Sex distributions in Perkins County, Panhandle Region and Nebraska... 15
Figure 8. Population Growth in the State of Nebraska... 16
Figure 9. Perkins County Net Migration Rate by Age for 2000-2010... 17
Figure 10. Projected population by Age Group... 18

List of Tables

Table 1. In-Migration of Perkins County within the last year... 16
Table 2. Place of birth of Current Perkins County Residents... 16
Table 3. Projected population by Age Group... 18
Message from Perkins County Health Services

Perkins County Health Services is committed to serving the community and enhancing the quality of life for individuals, families, and communities we serve. Our goal, with the attached Community Health Improvement Plan, is to better understand the range of issues affecting your health. We look forward to working with you and our community partners to optimize health and continue to meet our Mission, which is “Provide Excellence in Care...For Life.”

The significance of better understanding our community’s needs was highlighted with the Patient Protection and Affordable Care Act requirements passed in March 2010. New requirements for tax-exempt hospitals include that we regularly conduct a Community Health Needs Assessment and a Community Health Improvement Plan to adopt implementation strategies to address applicable needs identified during the assessment process.

A special thank you to the community members who took the time to attend a focus group, listened to presentations on the process, or participated in stakeholder meetings. It is our desire that our community be healthy today and even healthier tomorrow. Our Vision is “To Have an Appropriate Health Care System to Meet the Needs of Perkins County and Surrounding Areas.”

Your well-being, comfort, care, and recovery are our first priority for each patient and their family members. We strive to provide quality patient care in a compassionate manner and to be responsive to your needs.

Communications plays a vital role in your care. Please let our staff know if we are not meeting your needs or expectations. Our goal is to exceed your expectations for comfort, safety, medical care, and positive outcomes.

Thank you for your ongoing support and for making Perkins County Health Services your first choice for healthcare!

Sincerely,

Jim LeBrun
President and Chief Executive Officer
Overview of the Development Process

Mobilizing for Action through Planning and Partnerships (MAPP)
Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, has been used for the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011, and continued to be used for this round of the CHNA and CHIP. MAPP emphasizes the partnership with all sectors of the public health system to evaluate the health status of the region it serves, identify priority areas, and develop plans for implementation. In 2017, Perkins County Health Services opted to partner with Panhandle Public Health District to complete their CHNA and CHIP.

The MAPP model has six key phases:

1. Organize for success/Partnership development
2. Visioning
3. Four MAPP assessments
   a. Community Themes and Strengths Assessment (CTSA)
   b. Local Public Health System Assessment
   c. Forces of Change Assessment
   d. Community Health Status Assessment
4. Identify strategic issues
5. Formulate goals and strategies
6. Take action (plan, implement, and evaluate)

This document encompasses phases five and six. Phases one through four can be found in the Community Health Needs Assessment.
### Priority Areas

Priority areas were determined in a meeting hosted in November 2017. The meeting included representation from both the hospital and the community. The priority areas determined were:

- **Supporting community attempts to improve physical activity and nutrition**
- **Increase access to care**
  - Recruit workforces, variety of services, creatively address financial constraints
- **Expand efforts to manage chronic disease**
  - Cancer, diabetes, and cardiovascular disease
- **Population dynamics**
  - Aging population needs and solutions
  - Recruit and retain younger population
Priority Area 1: Support Community Attempts to Improve Physical Activity and Nutrition

About

**Obesity**

In 2013, 25% of Perkins County adults reported they were obese (BMI > 30), in comparison to 30% of Nebraskans.¹

The trend of obesity on Perkins County is shown in Figure 1. The percentage of adults reporting obesity has decreased from 2011 to 2013.

**Figure 1.** Adult Obesity in Perkins County, 2004-2013

---

¹ Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.
Physical Inactivity

In 2013, 26% of adults in Perkins County reported no leisure-time physical activity, as opposed to 22% of Nebraskans.¹

The percentage of adults in Perkins County reporting physical inactivity increased from 2014 to 2008, decreased from 2008 to 2012, and has had an uptick from 2012-2013 (see Figure 2).

**Figure 2.** Physical inactivity in Perkins County, 2004-2013

In 2017, 45% of the Perkins County population had access to exercise opportunities, as opposed to 80% of Nebraskans.¹

**Goal**

- Improve physical activity and nutrition for Perkins County residents.

**Objectives**

**Objective 1.1:** Decrease proportion of physically inactive residents of Perkins County

Baseline: 26% in 2013

---

¹ Source: County Health Rankings
Target (2020): 23.4%
Target-Setting Method: 10% improvement
Data Source: County Health Rankings
Indicator: Physical inactivity

Objective 1.2: Reduce the proportion of adults who are obese (Healthy People 2020: NWS-9)

Baseline: 25% in 2013
Target (2020): 22.5%
Target-Setting Method: 10% improvement
Data Source: County Health Rankings
Indicator: Adults obesity

Strategies
Evidence-based strategies were selected to address this objective. Specific activities can be found in the CHIP Annual Work Plan:

- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design
- Physical Activity: Creating or Improving Places for Physical Activity
- Obesity: Worksite Programs
Priority Area 2: Increase Access to Care

Recruit Workforce, Variety of Services, Creatively Address Financial Constraints

About
Access to care is a topic that is difficult to define. It can be anything from health care coverage (insurance), presence of health care providers, ability to pay for health care, transportation to health care services, and more.

Health Care Coverage
In 2014, 12% of adults 18-65 in Perkins County reported they were uninsured, which is approximately equal to that of the state of Nebraska (11%).

Trend data of uninsured adults 18-65 years of age can be found in Figure 3. The percentage of adult with no health insurance has steadily declined since 2006.

Shortage Area Designations
Access to health care services (physical, mental, and dental) varies across the state, with rural areas generally having fewer resources than metropolitan areas. Specialists are especially scarce in rural areas.

Shortage area maps exist for Nebraska for three health care areas: Family Practice, General Dentistry, and Psychiatry and Mental Health. Perkins County is not a shortage area for Family Practice (see Figure 4), but is a shortage area for General Dentistry (see Figure 5) and Psychiatry and Mental Health (see Figure 6).
Figure 4. Nebraska State-Designated Shortage Area: Family Practice

Figure 5. Nebraska State-Designated Shortage Area: General Dentistry

Figure 6. Nebraska State-Designated Shortage Area: Psychiatry & Mental Health
Goal
- Increase affordable health care opportunities in the community.

Objectives
Objective 2.1: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care (Healthy People 2020: AHS-6.2)

There are no regional data points that measure this objective. Data for this objective will be developed throughout the cycle of this CHIP.

Strategies
Evidence-based strategies were selected to address this objective. Specific activities can be found in the CHIP Annual Work Plan:

- Reducing Structural Barriers (Source: The Community Guide)
  - Breast Cancer, Colorectal Cancer, Cervical Cancer
Priority Area 3: Expand Efforts to Manage Chronic Disease  
*Cancer, Diabetes, and Cardiovascular Disease*

About

**Diabetes**
The percentage of adults aged 20 and older with diabetes in 2013 was 9%, which was equal to the percentage of Nebraskans with diabetes.¹

**Focus Group Findings**
Focus group findings and anecdotal evidence from the community presented concerns related to cancer, diabetes, and cardiovascular disease, thus leading those to be named as priorities in the CHIP. While the rate of diabetes is available for Perkins County, the rate of cancer and cardiovascular disease is currently unavailable. Efforts to decrease these will be made, and data to monitor will be pursued throughout the cycle of the CHIP.

Goal
- Decrease chronic disease in Perkins County.

Objectives

**Objective 3.1:** Reduce the annual number of new cases of diagnosed diabetes in the population (Healthy People 2020: D-1)

<table>
<thead>
<tr>
<th>Baseline:</th>
<th>9% in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target (2020):</td>
<td>9.9%</td>
</tr>
<tr>
<td>Target-Setting Method:</td>
<td>10% improvement</td>
</tr>
<tr>
<td>Data Source:</td>
<td>County Health Rankings</td>
</tr>
<tr>
<td>Indicator</td>
<td>Adults with diabetes</td>
</tr>
</tbody>
</table>

**Objective 3.2:** Reduce the proportion of adults with hypertension (Healthy People 2020: HD S-5.1)

*There are no regional data points that measure this objective. Data for this objective will be developed throughout the cycle of this CHIP.*

**Objective 3.3:** Reduce the proportion of adults with any kind of cancer

*There are no regional data points that measure this objective. Data for this objective will be developed throughout the cycle of this CHIP.*

Strategies
Evidence-based strategies were selected to address this objective. Specific activities can be found in the CHIP Annual Work Plan:

- **Cardiovascular Disease: Team-Based Care to Improve Blood Pressure Control**
- **Cardiovascular Disease: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control – When Used Alone**
• Reducing Structural Barriers (Source: The Community Guide)
  o Breast Cancer, Colorectal Cancer, Cervical Cancer
Priority Area 4: Population Dynamics

Aging Population Needs & Solutions | Recruit & Retain Younger Population

About

The county had an estimated population of 2,924 in 2015 with a median age of 44. Figure 7 shows the largest cohort is individual aged 45-64, with considerably smaller younger cohorts. The population in Perkins County is declining considerably quicker than the nearby Panhandle region. County population is declining at a rate 5.2% per decade compared to the 2.9% experienced in the 11 county Panhandle. The rapid rate of decline is largely the result of out-migration among younger age groups though the county still experiences higher incomes and lower poverty rates than surrounding counties with an increasing demand for employees in the foreseeable future. Although more rural counties in the Panhandle have experienced comparable decline, these losses have been mitigated by in-migration to a few of its larger communities.

Figure 7. Population Age & Sex distributions in Perkins County, Panhandle Region and Nebraska

Perkins County Population by Sex and 5-year Age Group; 2011-2015 ACS Estimates

Source: 2015-2011 ACS 5-year Estimates Panhandle Area Development District
Despite the state population growing steadily, populations in Western Nebraska have continued to decline. The state’s growth has largely been limited to the eastern metropolitan areas of Omaha and Lincoln. Perkins County has lost population since its peak in the 30s and lost 7% of its population between 2000 and 2015. The decline is likely the result of a combination of natural decrease as well as outward migration as populations continues to consolidate in larger metropolitan and micropolitan areas. Even within the county, however, population loss has been slower in the incorporated communities, reflecting this statewide trend of population consolidation as this report will show.

Figure 8. Population Growth in the State of Nebraska

![Nebraska Population Proportions 1890-2010](image)

Although 92% of the county’s population has either not relocated or moved within the county in the last year, 231 (8%) new residents moved from outside the county. Of the new residents, 117 moved from out-of-state and approximately 12 moved from outside of the U.S. Table 2 shows that roughly two thirds of the county’s residents are native Nebraskans with the remainder coming from either outside the state or U.S.

<table>
<thead>
<tr>
<th>Table 1. In-Migration of Perkins County within the last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perkins County Migration Within Last Year</td>
</tr>
<tr>
<td>Population in Residence 1 Year or over</td>
</tr>
<tr>
<td>No Movement</td>
</tr>
<tr>
<td>Moved within Perkins</td>
</tr>
<tr>
<td>Moved from within Nebraska</td>
</tr>
<tr>
<td>Moved from within U.S.</td>
</tr>
<tr>
<td>Moved from abroad</td>
</tr>
</tbody>
</table>

Source: 2011-2015 ACS 5-year Estimates

<table>
<thead>
<tr>
<th>Table 2. Place of birth of Current Perkins County Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Birth, Perkins County</td>
</tr>
<tr>
<td>Place of Birth</td>
</tr>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>State of residence</td>
</tr>
<tr>
<td>Different state</td>
</tr>
<tr>
<td>Foreign born</td>
</tr>
</tbody>
</table>

Source: 2011-2015 ACS 5-year Estimates
Perkins County shows migration patterns by age group which are fairly typical for a rural Nebraska county. Large outmigration in the young adult years following high school age is modestly off-set by in migration of young adults in their 20s and 30s which would correlate with in-migration of youth who may be a part of young families. In the later years, slight net outmigration occurs. The city of Grant does not have as dramatic population loss in recent years as rural Perkins County or neighboring communities. When taken with the chart below, it appears that outmigration is disproportionately affecting the rural parts of Perkins County or that any mitigating in-migration is being concentrated primarily within Grant or possibly in other incorporated communities.

Figure 9. Perkins County Net Migration Rate by Age for 2000-2010

As seen in the net migration rates above, population decline in rural areas is often not shared evenly across age groups with younger age groups migrating out at a higher rate than older age groups. Because of this trend, the population composition becomes disproportionately older. Population projections extrapolate this trend out 40 years from the last census in 2010 to give a picture of what the age composition would look like if current trends hold.
Current infrastructure needs and capacity will need to be reassessed as the population continues to age. Older populations have different health care and social assistance needs than and have a comparatively diminished tax base. As the population continues to decline, regional collaboration will become increasingly important and communities are forced to draw on neighboring counties’ strengths and resources.
Due to the aging population and out migration of younger people, the county has recognized a need for recruitment of younger workers in order to care for the aging population. Additionally, the recruitment of younger workers will help prevent or slow the decrease of population of Perkins County.

Goals
- Increase recruitment of young adults to Perkins County.

Objectives

**Objective 4.1:** Increase in-migration rate of 20-29 year olds.

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline:</td>
<td>2.8% (2000-2010)</td>
</tr>
<tr>
<td>Target (2020):</td>
<td>3.1%</td>
</tr>
<tr>
<td>Target-Setting Method:</td>
<td>10% improvement</td>
</tr>
<tr>
<td>Data Source:</td>
<td>U.S. Census Bureau</td>
</tr>
<tr>
<td>Indicator</td>
<td>Perkins County net migration rate by age group</td>
</tr>
</tbody>
</table>
References