

# 2020 Community Health Improvement Plan of Kimball Health Services

*live, learn, work, and play.*



*For a Healthier Panhandle*

## PREPARED BY

Megan Koppenhafer, Community Health Planner  
Panhandle Public Health District

## IN COLLABORATION WITH

Rural Nebraska Healthcare Network  
Scotts Bluff County Health Department  
Box Butte General Hospital  
Chadron Community Hospital  
Gordon Memorial Hospital  
Kimball Health Services  
Morrill County Community Hospital  
Perkins County Health Services  
Regional West Garden County  
Regional West Medical Center  
Sidney Regional Medical Center  
Panhandle Partnership  
Panhandle Area Development District  
Nebraska Department of Health and Human Services

## WITH SPECIAL THANKS TO

Daniel Bennett, Civic Nebraska  
*formerly of Panhandle Area Development District*

## FOR MORE INFORMATION

[www.kimballhealth.org](http://www.kimballhealth.org)

## CONTACT

Kimball Health Services  
505 S Burg Street  
Kimball, Nebraska 69145

Kerry Ferguson  
Director of Community Relations and Foundation  
(308)235-1967



# LETTER FROM THE CEO

Kimball 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 needs assessment, is to better understand the range of issues affecting our health. We look forward to working with you and our community partners to optimize health and continue to meet our mission, which is:

***Above all else, we are committed to patient-centered healthcare with excellence in quality, accessibility and patient experience.***

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 to adopt implementation strategies to address applicable need detected during the assessment process. The Rural Nebraska Healthcare Network worked together with Panhandle Public Health District to complete the Mobilizing for Action through Planning and Partnership for each of the Nebraska Panhandle hospital services areas during 2020. The results are summarized in the attached report and align with the priorities in the regional Panhandle Community Health Improvement Plan, December 2020-December 2023.

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.

Sincerely,

Ken Hunter

Chief Executive Officer

# Table of Contents

<b>TABLE OF CONTENTS</b> .....	<b>4</b>
<b>TABLE OF FIGURES</b> .....	<b>5</b>
<b>PRIORITIES FOR THE 2021-2023 CHIP CYCLE</b> .....	<b>7</b>
<b>PRIORITY 1: SENIOR HEALTH</b> .....	<b>8</b>
<b>ABOUT</b> .....	<b>8</b>
<b>INJURY PREVENTION</b> .....	<b>8</b>
<b>COMMUNITY SUPPORT AND QUALITY OF LIFE</b> .....	<b>10</b>
<b>GOALS</b> .....	<b>11</b>
OBJECTIVES .....	<b>11</b>
STRATEGIES.....	<b>11</b>
<b>PRIORITY 2: SUBSTANCE ABUSE</b> .....	<b>12</b>
BINGE DRINKING .....	<b>12</b>
ADULT TOBACCO USE .....	<b>12</b>
YOUTH TOBACCO USE .....	<b>13</b>
MARIJUANA USE.....	<b>13</b>
<b>GOALS</b> .....	<b>14</b>
OBJECTIVES .....	<b>14</b>
STRATEGIES.....	<b>14</b>
<b>PRIORITY 3: MENTAL HEALTH</b> .....	<b>15</b>
<b>ABOUT</b> .....	<b>15</b>
<b>DEPRESSION</b> .....	<b>15</b>
<b>CHILD MALTREATMENT</b> .....	<b>17</b>
<b>GOALS</b> .....	<b>19</b>
OBJECTIVES .....	<b>19</b>
STRATEGIES.....	<b>19</b>
<b>PRIORITY 4: HEALTHY HABITS</b> .....	<b>20</b>

<b>ABOUT</b> .....	<b>20</b>
<b>OBESITY</b> .....	<b>20</b>
NUTRITION .....	21
PHYSICAL ACTIVITY .....	22
<b>TRANSPORTATION</b> .....	<b>23</b>
<b>GOALS</b> .....	<b>24</b>
OBJECTIVES .....	24
STRATEGIES .....	24

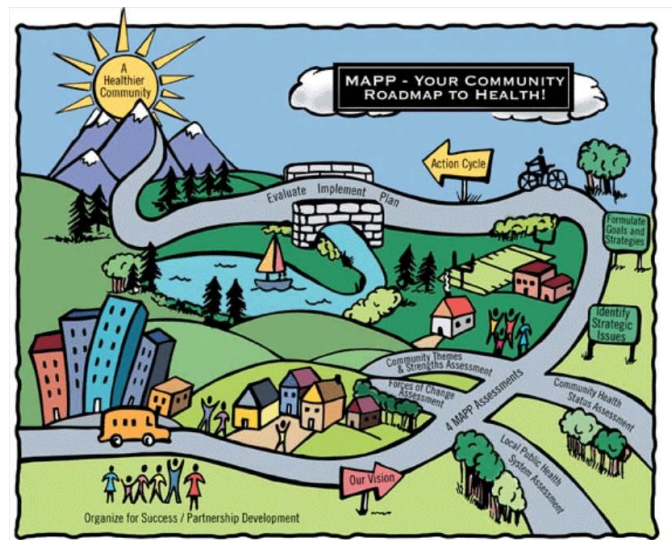
## Table of Figures

FIGURE 1: KIMBALL COUNTY AGE PYRAMID .....	8
FIGURE 2: FALLS AMONG ADULTS 45 AND OLDER, PANHANDLE AND NEBRASKA, 2011-2018 .....	9
FIGURE 3: PHYSICAL ACTIVITY AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018.....	9
FIGURE 4: PERCEPTION OF QUALITY OF LIFE FOR AGING ADULTS, 2019 .....	10
FIGURE 5: BINGE DRINKING AMONG ADULTS .....	12
FIGURE 6: SMOKELESS TOBACCO USE AMONG ADULTS .....	12
FIGURE 7: LIFETIME SMOKELESS TOBACCO USE AMONG PANHANDLE YOUTH, 2003-2018, BEHAVIORAL HEALTH REGION 1.....	13
FIGURE 8: LIFETIME MARIJUANA USE AMONG PANHANDLE YOUTH, 2010-2018, BEHAVIORAL HEALTH .....	13
FIGURE 9: ADULTS WITH DEPRESSION, PANHANDLE AND NEBRASKA, 2011-2018.....	15
FIGURE 10: FREQUENT MENTAL DISTRESS IN PAST 30 DAYS AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011- 2018 .....	16
FIGURE 11: CHILD MALTREATMENT RATE* (PER 1,000 CHILDREN), PANHANDLE COUNTIES.....	17
FIGURE 12: STATE WARDS, (PER 1,000 CHILDREN), PANHANDLE COUNTIES .....	17
FIGURE 13: CHILDREN WITH NON-COURT CHILD WELFARE INVOLVEMENT, 2013 &2017, PANHANDLE COUNTIES..	18
FIGURE 14: OBESITY AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018 .....	20
FIGURE 15: ADULTS CONSUMING VEGETABLES LESS THAN 1 TIME PER DAY AND ADULTS CONSUMING FRUITS LESS THAN 1 TIME PER DAY .....	21
FIGURE 16: YOUTH CONSUMPTION OF HEALTHY FOOD CHOICES ONE OR MORE TIMES DURING THE PAST 7 DAYS	21
FIGURE 17: ADULT PHYSICAL ACTIVITY DURING THE PAST 7 DAYS, 2018, BEHAVIORAL HEALTH REGION 1 .....	22
FIGURE 18: YOUTH PHYSICAL ACTIVITY DURING THE PAST 7 DAYS, 2018, BEHAVIORAL HEALTH REGION 1 .....	22
FIGURE 19: REASONS FOR NOT DRIVING A CAR, PANHANDLE, 2019.....	23
FIGURE 20: PRIMARY MEANS OF TRANSPORTATION*, NEBRASKA PANHANDLE, 2019 .....	23

# 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 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.



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.

# PRIORITIES FOR THE 2021-2023 CHIP CYCLE

In 2019 the Kimball Health Services CHNA team got together to discuss opportunities for the coming three years. They chose Senior Health, Healthy Habits, Mental Health, and Substance abuse as their priority areas. In March of 2021, the team came together to develop strategies to work toward accomplishing their goals in each priority area.

**2021-2023 Kimball Health Services  
Community Health Improvement Plan Priority Areas**



# PRIORITY 1: SENIOR HEALTH

## ABOUT

Senior health is important for smaller rural communities in the panhandle because they tend to have a larger baby boomer generation with a smaller middle-aged population to support them and to fill jobs as people retire. The old age dependency in Kimball County is 46 percent which means that for every 100 working aged persons in the county there are 46 retired or over 65 aged persons in the county. As we grow older there are specific needs for continued health and quality of life.

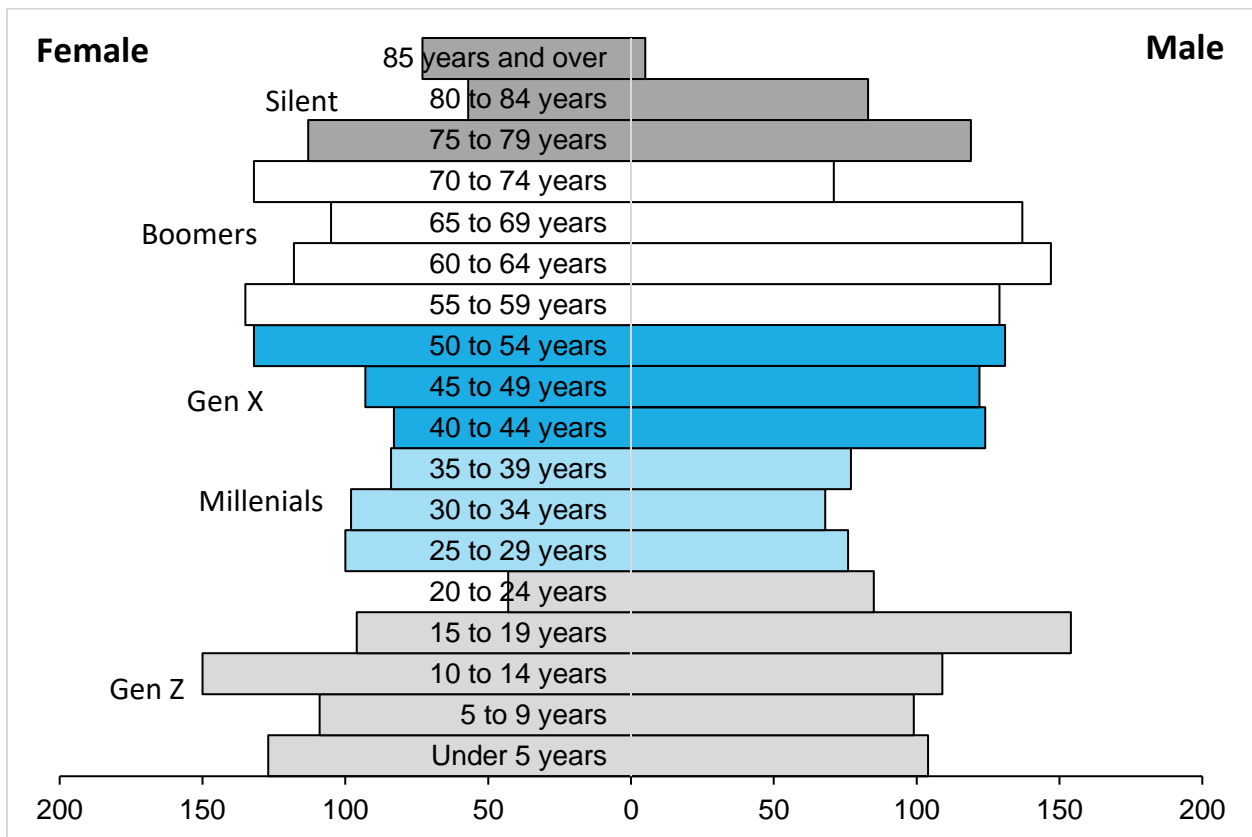
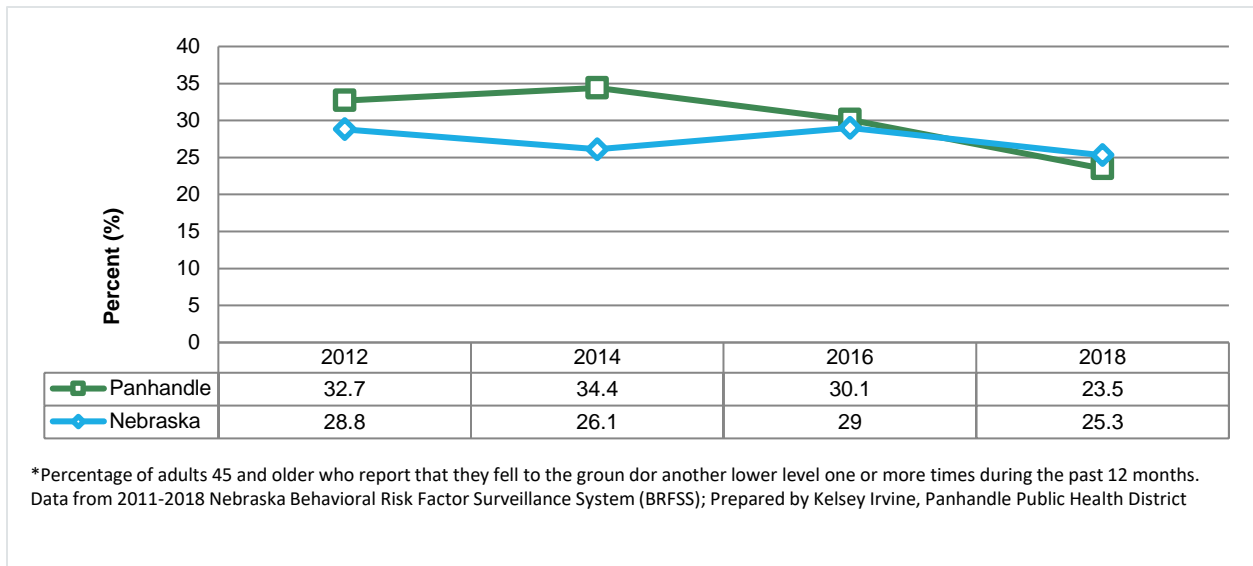


FIGURE 1: KIMBALL COUNTY AGE PYRAMID

## INJURY PREVENTION

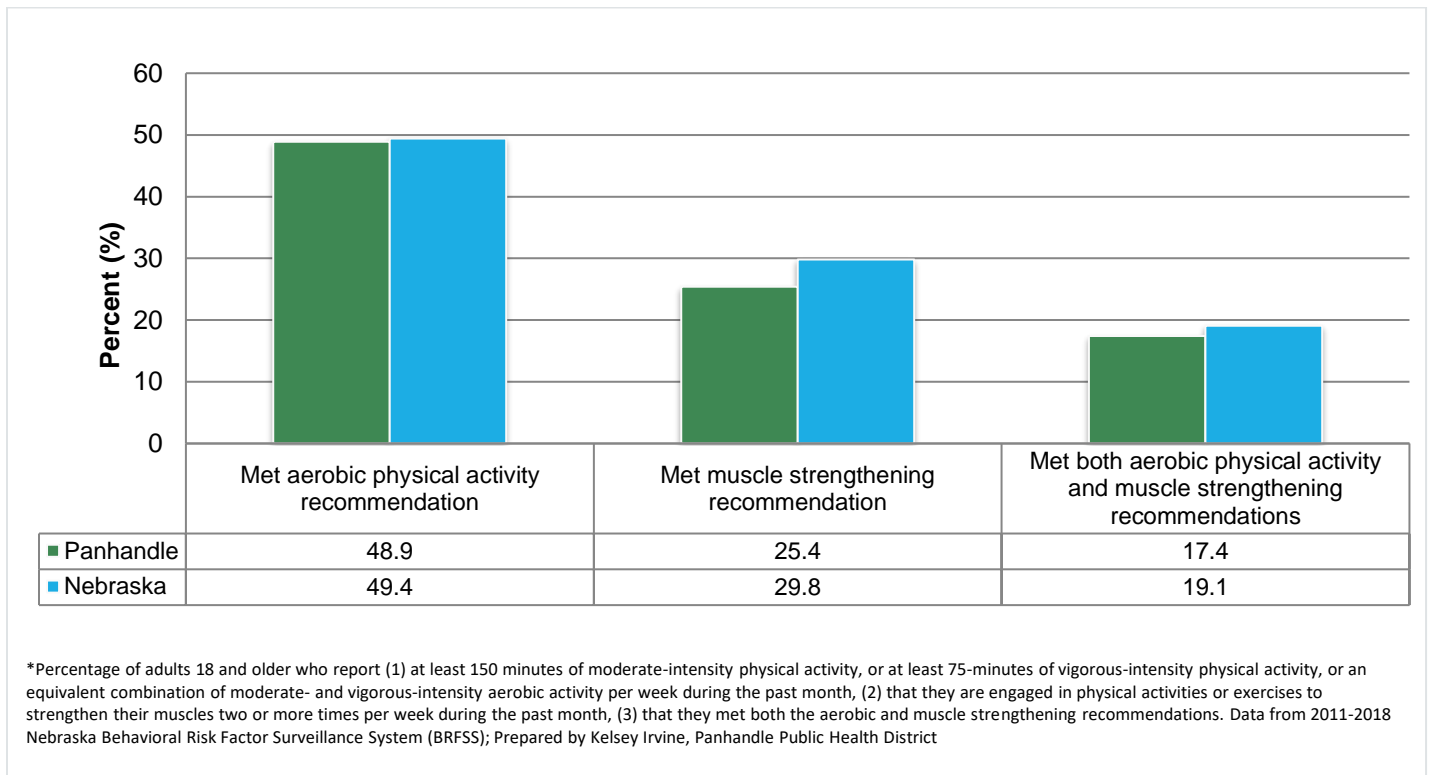
One concern for older populations is injury and fall prevention. Falls are the leading cause of injury and are a major cause of death for older adults and deaths related to falls have increased in recent years. Increasing physical activity among this group of people is a recognized approach to preventing falls.





**FIGURE 2: FALLS AMONG ADULTS 45 AND OLDER, PANHANDLE AND NEBRASKA, 2011-2018**

One concern for older populations is injury and fall prevention. Falls are the leading cause of injury and are a major cause of death for older adults and deaths related to falls have increased in recent years. Increasing physical activity among this group of people is a recognized approach to preventing falls.



**FIGURE 3: PHYSICAL ACTIVITY AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018**

## COMMUNITY SUPPORT AND QUALITY OF LIFE

The following section includes responses to questions about older adults in the community. Overall, respondents ranked items about quality of life for older adults on the positive side. The majority felt the community is good place to grow old (61.4% agreed or strongly agreed).

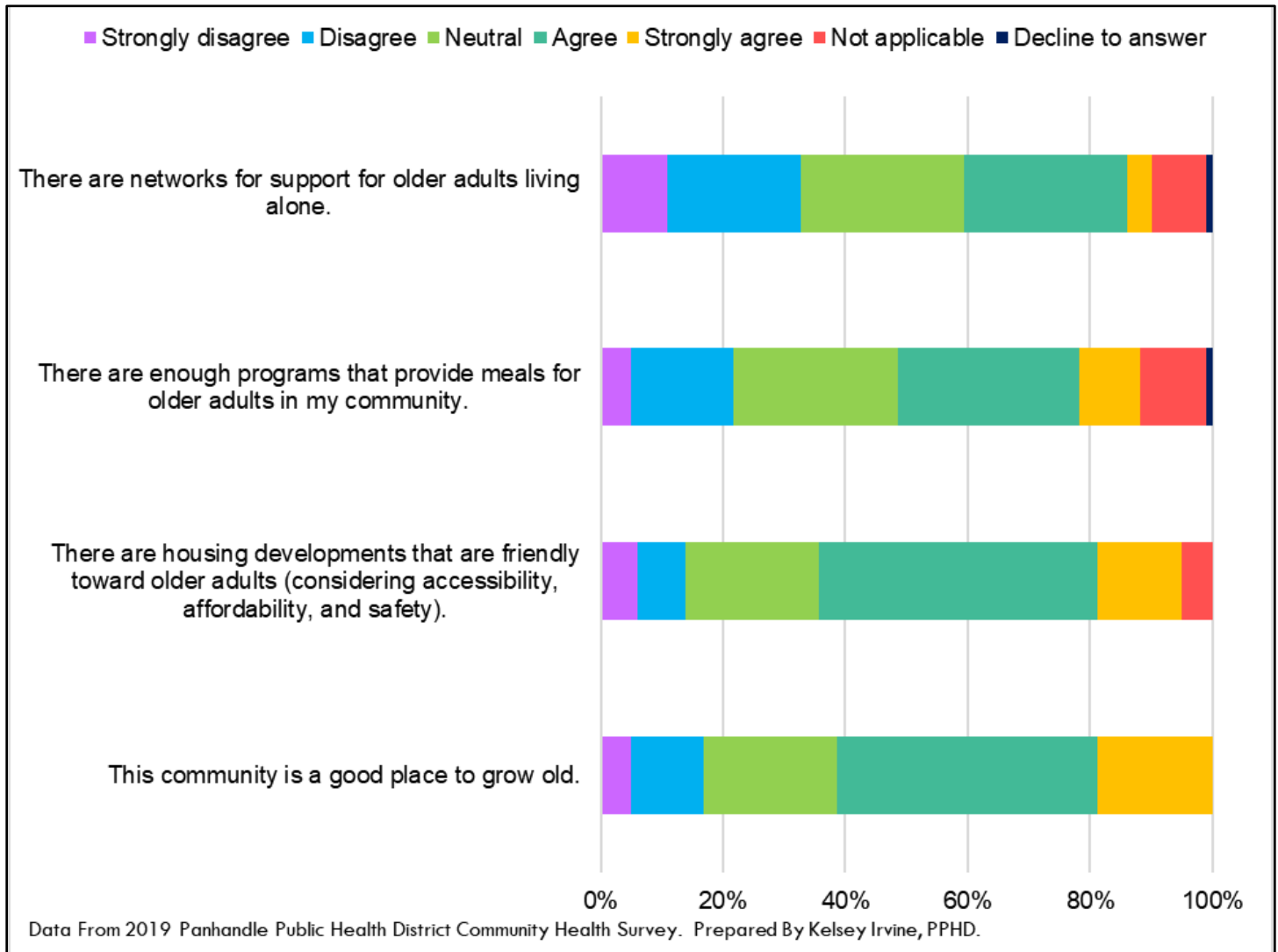


FIGURE 4: PERCEPTION OF QUALITY OF LIFE FOR AGING ADULTS, 2019

## GOALS

To improve quality of life for community seniors.

## OBJECTIVES

Objective 1.1: Increase physical activity opportunities for seniors to improve mobility.

Baseline	(Past 6 years worth of data averaged) = 30.2 Percent of older adults falling each year
Target (2021)	29.3 percent
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years, we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Percentage of adults 45 and older who report that they fell to the ground or another lower level one or more times during the past 12 months

Objective 1.2: Improve mental wellbeing and reduce isolation.

Data will be developed during this CHIP cycle to measure implementation of living well classes for seniors.

Objective 1.3: Improve the transition from hospital to home.

Data will be developed during this CHIP cycle to track the implementation of the new programs along with the new building.

## STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

Increase the amount of physical activity among older adults (Healthy People 2030); Living Well program (Stanford)

# PRIORITY 2: SUBSTANCE ABUSE

Preliminary data shows that there has been an increase in using and abusing these substances during the 2020 COVID-19 pandemic (1). In addition to an increase in usage, people who suffered from a substance abuse disorder were shown to have worse outcomes from COVID-19 (2).

## BINGE DRINKING

Binge drinking is drinking 5 or more drinks in one occasion for men or 4 or more drinks in one occasion for women. Misuse of alcohol can contribute to increased health problems, such as injuries, violence, liver diseases, and cancer. Nebraska is known for its high rate of binge drinking. However, the Panhandle has a lower rate of binge drinking compared to the state.

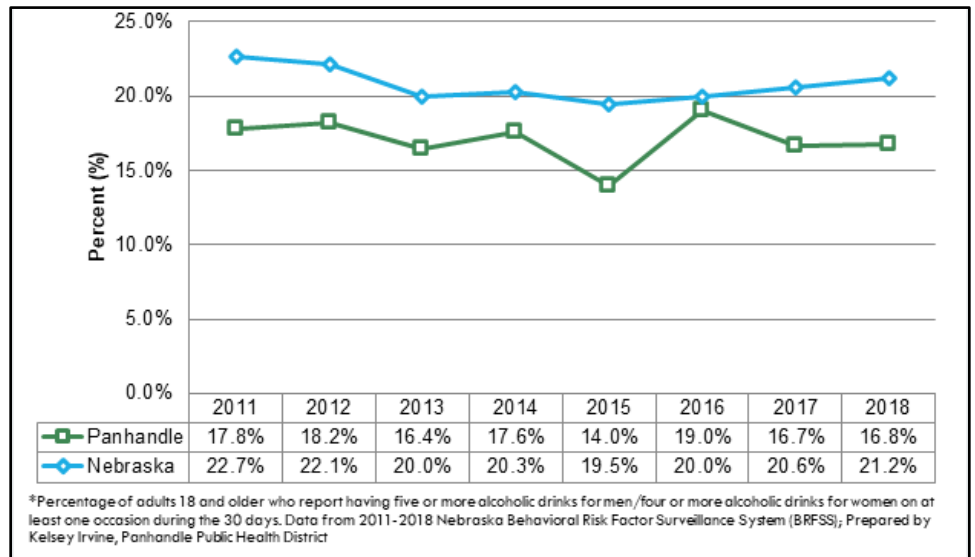


FIGURE 5: BINGE DRINKING AMONG ADULTS

## ADULT TOBACCO USE

Smokeless tobacco use (chew, snuff, snus) has been consistently higher in the Panhandle when compared to the overall state of Nebraska, with a marked increase from 2014 to 2017. There has been a slight downward trend from 2017 to 2018. While the use of smokeless tobacco across the state has remained relatively flat, use in the Panhandle has seen more increases and decreases.

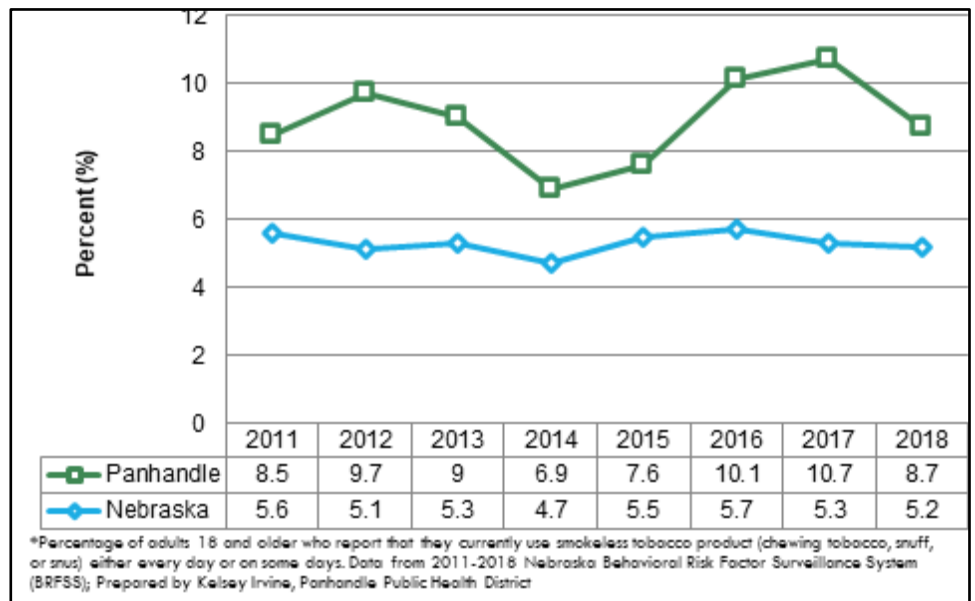
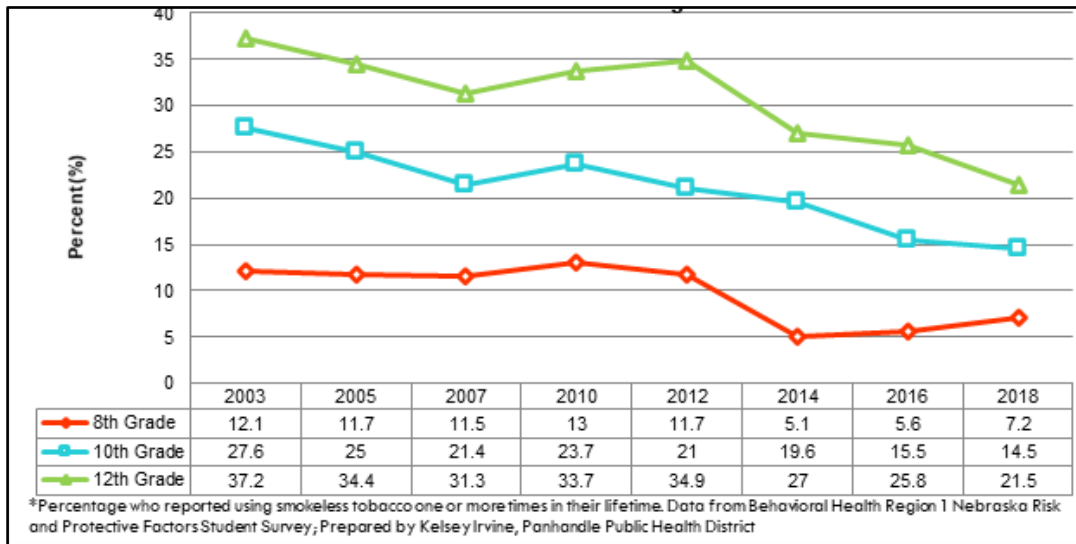


FIGURE 6: SMOKELESS TOBACCO USE AMONG ADULTS

1. Ashley Abramson. "Substance Use During the Pandemic," *Monitor on Psychology*, March 1, 2021, <http://www.apa.org/monitor/2021/03/substance-use-pandemic>
2. Nora Volkow. "New Evidence on Substance Use Disorders and Covid-19 Susceptibility," *National Institute on Drug Abuse - Director's Blog*, October, 2020, <https://www.drugabuse.gov/about-nida/noras-blog/2020/10/new-evidence-substance-use-disorders-covid-19-susceptibility>

## YOUTH TOBACCO USE

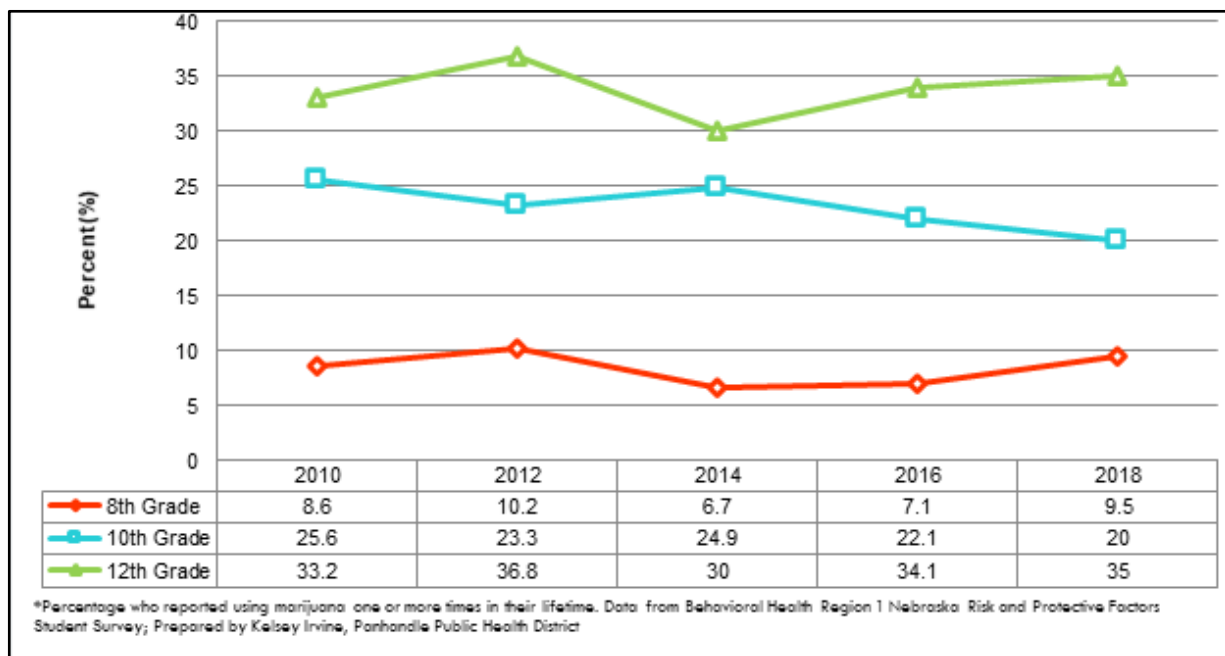
The percentage of youth who have ever used smokeless tobacco (chew, snuff, plug, dipping tobacco or chewing tobacco) has held a downward trend from 2003 to 2018. Current smokeless tobacco use (past 30-day use) has decreased slightly among 12th and 10th graders but increased slightly among 8th graders.



**FIGURE 7: LIFETIME SMOKELESS TOBACCO USE AMONG PANHANDLE YOUTH, 2003-2018, BEHAVIORAL HEALTH REGION 1**

## MARIJUANA USE

The percentage of Panhandle youth who report they have ever tried or are currently using marijuana has remained relatively unchanged over the years.



**FIGURE 8: LIFETIME MARIJUANA USE AMONG PANHANDLE YOUTH, 2010-2018, BEHAVIORAL HEALTH**

## GOALS

To reduce substance abuse disorders

## OBJECTIVES

Objective 1.1: Increase community prevention strategies

Data will be developed during this CHIP cycle to determine the number of substance abuse programs revitalized and/or started in the community.

## STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

[Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution](#) (Source: The Community Guide)

[Preventing Prescription Drug Misuse: Programs and Strategies](#) (Source: SAMHSA)

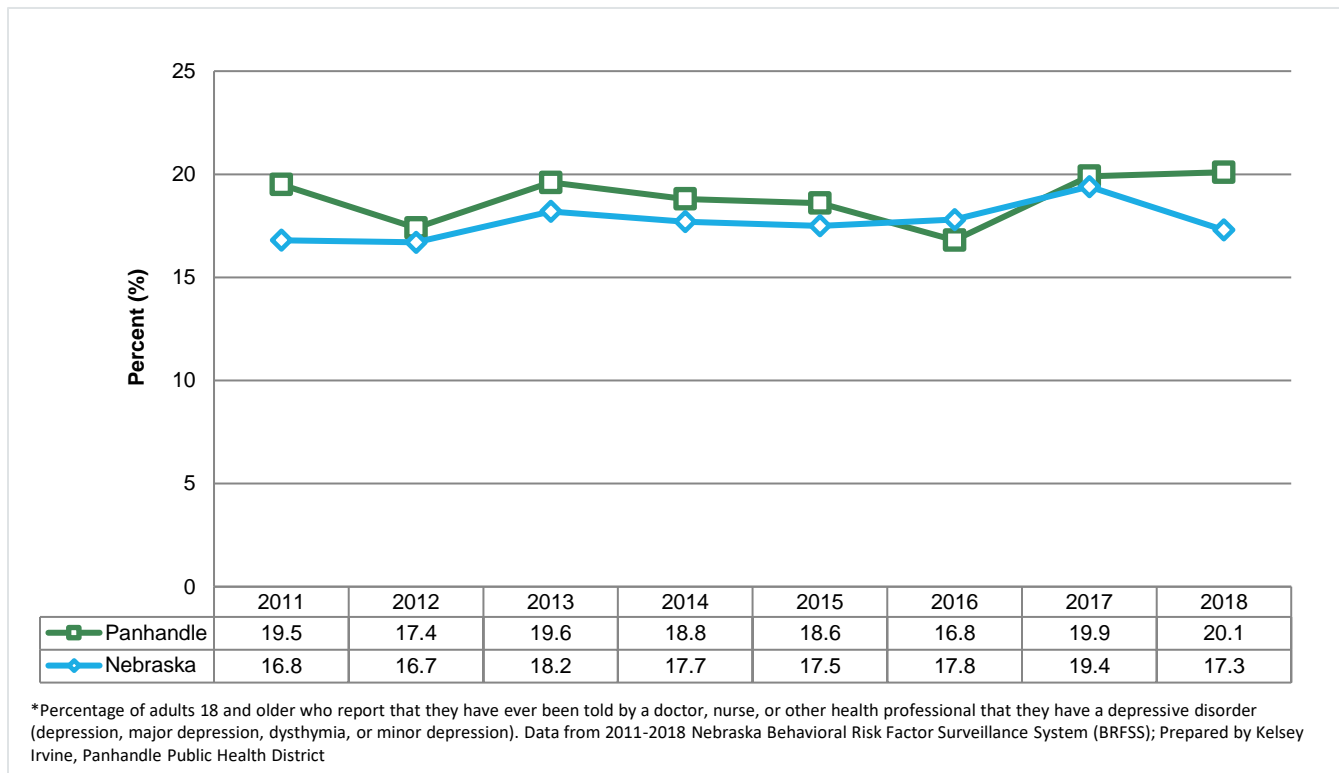
# PRIORITY 3: MENTAL HEALTH

## ABOUT

A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others (1).” Approximately 1 in 5 US adults experience mental illness, and 50% of all lifetime mental illness begins by age 14. Kimball County, the focus is on suicide and child abuse. In the Panhandle, access to mental health and addiction services is an improvement area that Panhandle Public health District and the hospitals are continually working on.

## DEPRESSION

The percentage of Panhandle adults who have ever been diagnosed with depression has been relatively close to the overall state of Nebraska, with a slight uptick in 2018, whereas the state saw a downturn that year.



**FIGURE 9: ADULTS WITH DEPRESSION, PANHANDLE AND NEBRASKA, 2011-2018**

1. National Alliance on Mental Illness. (2020). Mental Health Conditions. Retrieved from: <https://www.nami.org/learn-more/mental-health-condition>

The percentage of adults in the Panhandle who experienced frequent mental distress has been higher than the state, historically. There was a more rapid increase from 2014 to 2018 in the Panhandle when compared to the state.



**FIGURE 10: FREQUENT MENTAL DISTRESS IN PAST 30 DAYS AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018**



## CHILD MALTREATMENT

In 2017, Kimball County had a child maltreatment rate lower than that of the state of Nebraska (7.6 per 1,000 children). The rate of child maltreatment in Panhandle communities can vary widely year-to-year due to small county numbers, but the rate has generally decreased over time.

**FIGURE 11: CHILD MALTREATMENT RATE\* (PER 1,000 CHILDREN), PANHANDLE COUNTIES**

	2010	2011	2012	2013	2014	2015	2016	2017
Banner County	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Box Butte County	7.0	14.4	7.8	3.5	3.8	2.1	2.5	9.8
Cheyenne County	5.5	6.7	6.9	3.2	3.3	4.1	2.1	3.0
Dawes County	16.0	12.0	17.5	7.8	5.4	4.3	4.3	3.9
Deuel County	2.5	21.8	4.7	9.6	2.5	2.5	2.6	10.2
Garden County	0.0	5.3	17.1	0.0	0.0	0.0	8.2	8.0
Grant County	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kimball County	7.0	15.5	19.7	14.8	8.5	0.0	6.1	5.0
Morrill County	8.2	7.4	13.4	7.6	6.7	7.6	5.1	9.6
Scotts Bluff County	17.9	21.8	17.0	6.9	9.4	10.5	9.7	8.9
Sheridan County	3.9	12.3	5.8	6.0	5.9	6.9	1.7	11.9
Sioux County	0.0	0.0	3.3	0.0	0.0	0.0	8.0	0.0
<b>Nebraska</b>	<b>11.2</b>	<b>11.4</b>	<b>9.3</b>	<b>6.2</b>	<b>5.5</b>	<b>7.9</b>	<b>7.9</b>	<b>7.6</b>

\*Number of Substantiated Victims Of Child Maltreatment. Source: Nebraska DHHS, As Cited By Kids Count In Nebraska Annual Report. Prepared By Kelsey Irvine, Panhandle Public Health District

The rate of state wards (per 1,000 children) in some Panhandle counties has consistently remained higher than that of the state of Nebraska. Kimball County has been decreasing in number of state wards over time.

**FIGURE 12: STATE WARDS, (PER 1,000 CHILDREN), PANHANDLE COUNTIES**

	2011	2012	2013	2014	2015	2016	2017
Banner County	0.0	6.7	0.0	13.8	12.4	12.3	5.7
Box Butte County	11.2	10.6	5.6	4.5	4.5	4.9	4.4
Cheyenne County	17.6	12.6	10.9	11.4	11.1	13.3	13.9
Dawes County	14.2	9.4	7.2	11.4	5.6	9.2	12.2
Deuel County	21.8	16.4	16.8	12.3	9.9	10.3	20.3
Garden County	5.3	11.4	12.1	5.9	5.7	16.4	26.6
Grant County	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kimball County	32.2	26.6	16.0	18.3	17.5	13.4	8.8
Morrill County	9.9	7.5	8.4	5.1	3.4	6.0	9.6
Scotts Bluff County	28.2	22.6	21.2	17.9	18.4	22.2	24.0
Sheridan County	9.0	10.0	7.7	14.3	15.5	11.0	11.0
Sioux County	0.0	3.3	10.0	0.0	0.0	0.0	0.0
<b>Nebraska</b>	<b>21.2</b>	<b>20.0</b>	<b>18.2</b>	<b>16.1</b>	<b>14.4</b>	<b>15.2</b>	<b>15.0</b>

Source: Nebraska DHHS, As Cited By Kids Count In Nebraska Annual Report. Prepared By Kelsey Irvine, Panhandle Public Health District

Removal from the home is a traumatic event for a child, with lasting impacts. To keep more children in the home with their parents, some children are involved in the child welfare system on a non-court basis. This means they stay in the home and may not have a substantiated incident of child maltreatment but are able to receive services as a measure to prevent potential future incidents of child maltreatment.

**FIGURE 13: CHILDREN WITH NON-COURT CHILD WELFARE INVOLVEMENT, 2013 & 2017, PANHANDLE COUNTIES**

	<b>2013</b>	<b>Rate per 1,000 children</b>	<b>2017</b>	<b>Rate per 1,000 children</b>
Banner County	0	0.0	0	0.0
Box Butte County	21	7.4	14	5.1
Cheyenne County	29	11.7	18	7.8
Dawes County	21	12.6	1	0.6
Deuel County	7	16.8	0	0.0
Garden County	2	6.0	5	13.3
Grant County	0	0.0	0	0.0
Kimball County	25	30.8	1	1.3
Morrill County	15	12.6	10	8.7
Scotts Bluff County	201	22.0	30	3.3
Sheridan County	23	19.6	1	0.8
Sioux County	0	0.0	0	0.0
<b>Nebraska</b>	<b>4,348</b>	<b>9.4</b>	<b>3,296</b>	<b>6.9</b>

## GOALS

To reduce detrimental health effects of behavioral health challenges including suicidal ideation and abuse

## OBJECTIVES

### 2.1 Reduce the suicide rate (Healthy People 2030 MHMD-01)

This data will be developed over the course of this CHIP cycle to track QPR trainings in the community.

### 2.2 Reduce child abuse and neglect deaths and reduce nonfatal child abuse and neglect (HP2030; IVP-15 and IVP-16)

Baseline	(Past 6 years averaged) = 9/1000 children per year
Target (2021)	8.8/1000 children per year
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years, we have only shown a decrease in 3 percent
Data Source	Kids Count
Indicator	Number of children maltreated per 1000

## STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

Mental health and Mental Illness; Collaborative Care for the Management of Depressive Disorders (Source: The Community Guide)

[Violence Prevention: Early childhood home visitation to prevent child maltreatment](#) (Source: The Community Guide)

# PRIORITY 4: HEALTHY HABITS

## ABOUT

There are many choices that we make each day that influence our health outcomes. Opportunities to healthy food and time for physical activity are affected by our jobs and income but there are ways to positively introduce more activity and healthy eating into our lives.

## OBESITY

Adult obesity is defined as a BMI (Body Mass Index) of 30 or higher. Heart disease, stroke, type 2 diabetes, and some cancers are related to obesity (1).

The obesity rate has steadily increased across the entire state of Nebraska. In the Panhandle, there was a dip in 2016, but an increase in 2017 and 2018. In 2018, the percentage of adults who were obese were nearly the same between the Panhandle (34.9%) and the overall state of Nebraska (34.1%).

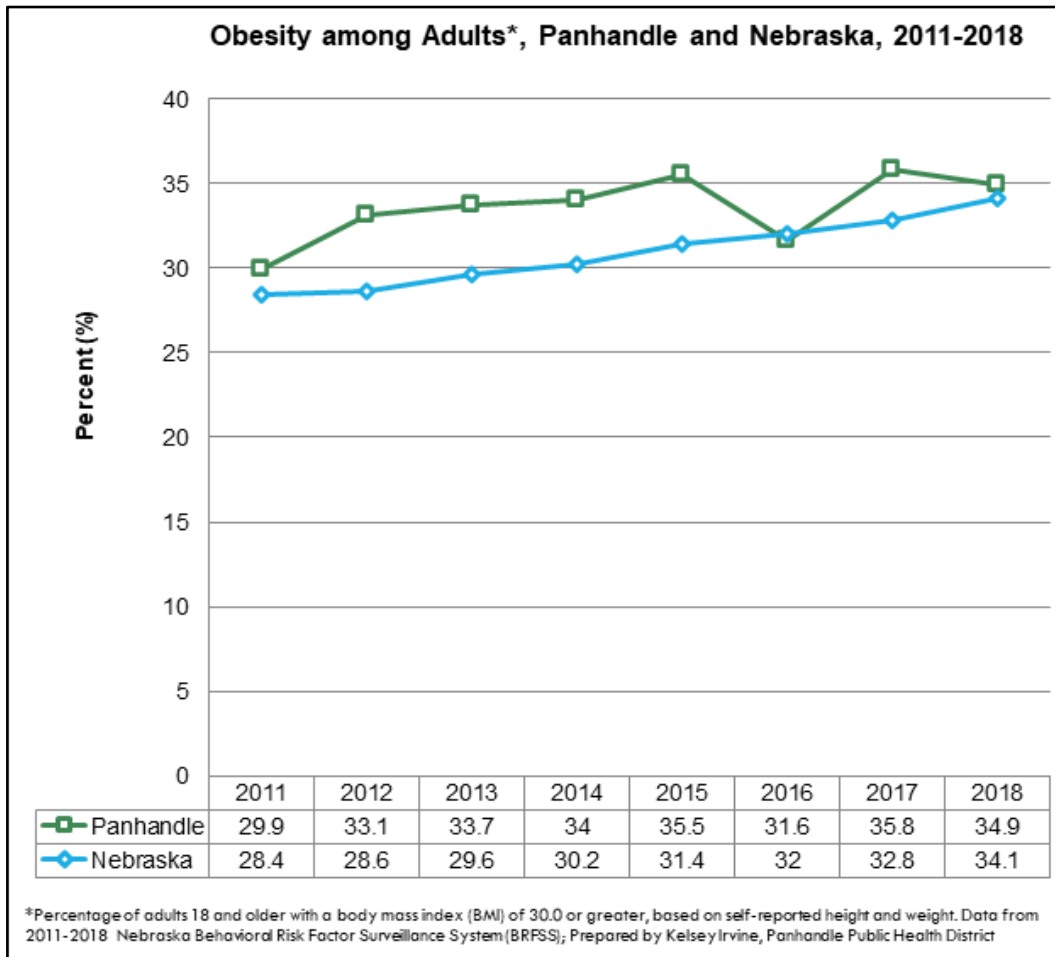


FIGURE 14: OBESITY AMONG ADULTS, PANHANDLE AND NEBRASKA, 2011-2018

1. CDC. (2020). Adult Obesity Facts Retrieved from: <https://www.cdc.gov/obesity/data/adult.html>

NUTRITION

Adults are recommended to consume between 2 and 3 cups of vegetables per day and 1 and 2 cups of fruit per day. 17.9% of Panhandle adults report they consume vegetables less than one time per day, and 37.5% of Panhandle adults report they consume fruits less than one time per day.

Youth in grades 8th through 12th grade are recommended to consume 1 1/2-2 cups of fruit per day, and 2 1/2 to 3 cups of vegetables per day. A survey of youth fruit and vegetable consumption in 2018 found that most youths ate a fruit or vegetable one or more times in the past week.

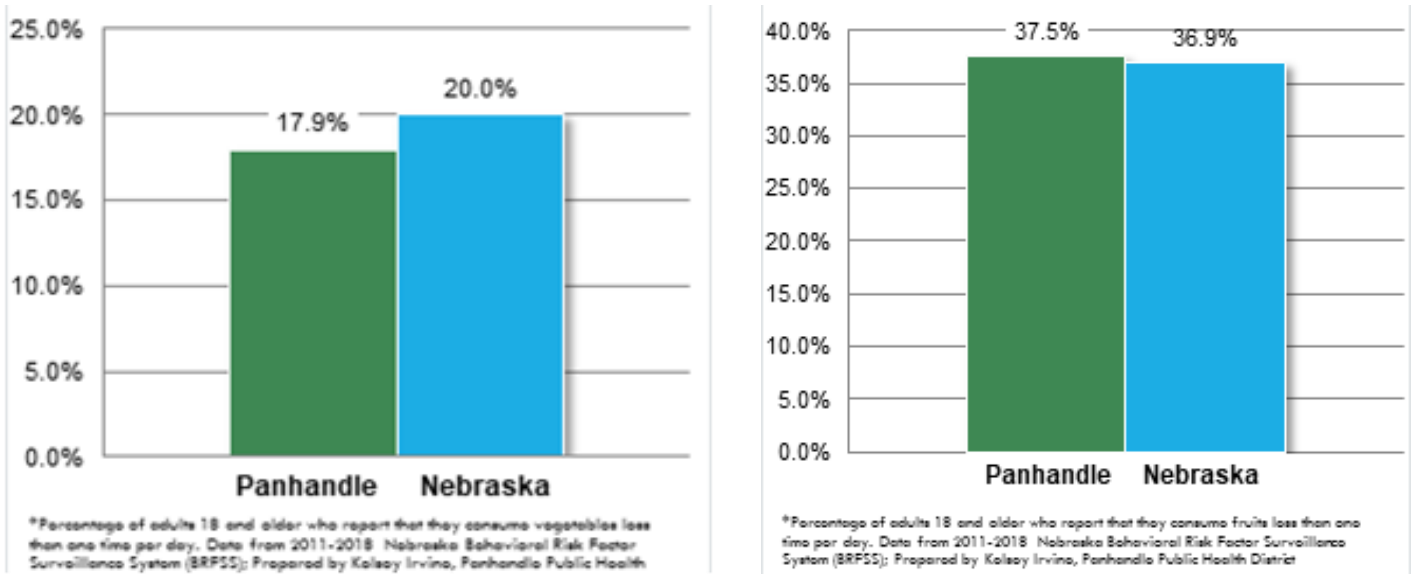


FIGURE 15: ADULTS CONSUMING VEGETABLES LESS THAN 1 TIME PER DAY AND ADULTS CONSUMING FRUITS LESS THAN 1 TIME PER DAY

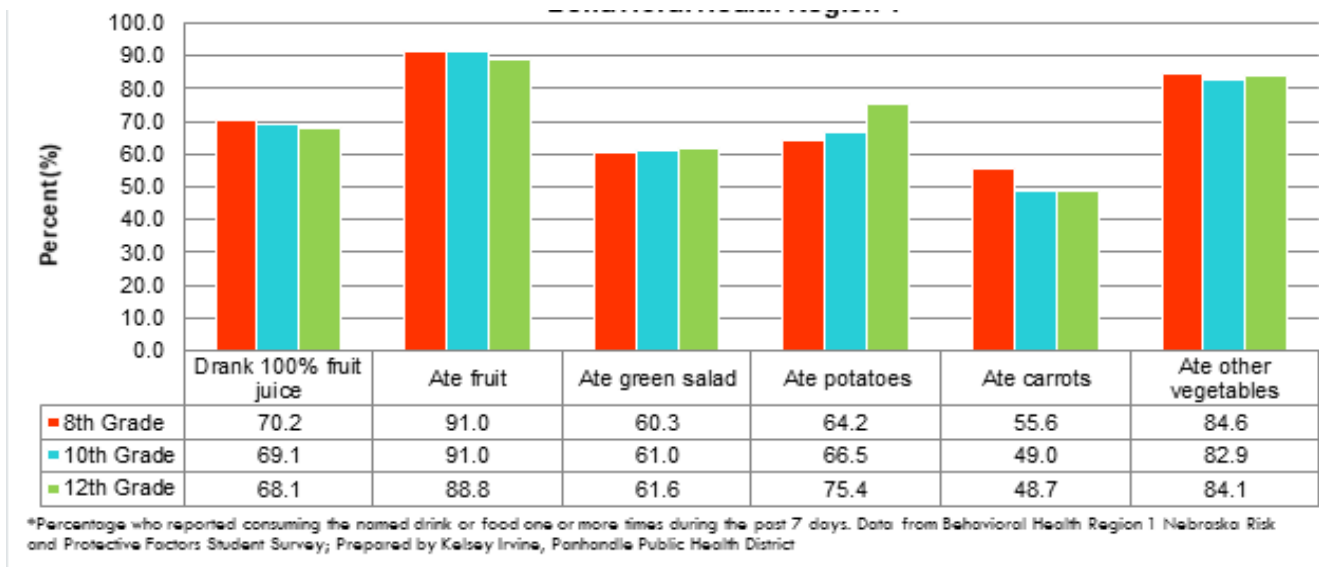


FIGURE 16: YOUTH CONSUMPTION OF HEALTHY FOOD CHOICES ONE OR MORE TIMES DURING THE PAST 7 DAYS

## PHYSICAL ACTIVITY

In 2018, 48.9% of Panhandle adults met aerobic physical activity recommendations, 25.4% met muscle strengthening recommendations, and just 17.4% met both recommendations. The Panhandle reports slightly lower rates across all types of physical activity when compared to the overall state of Nebraska.

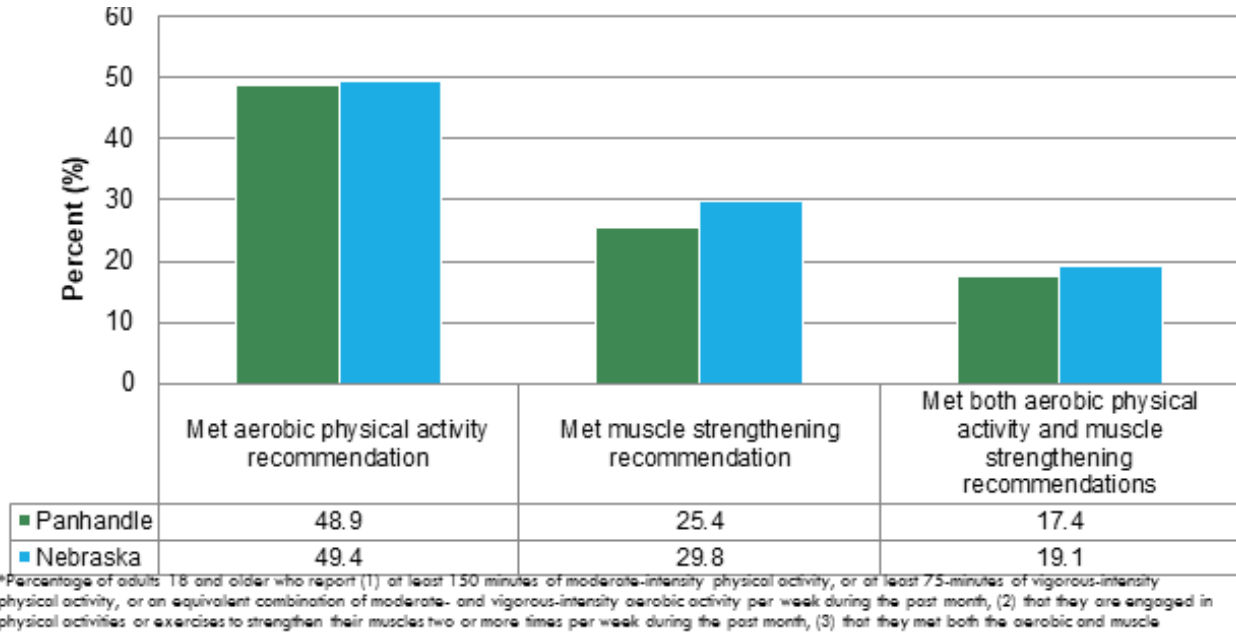


FIGURE 17: ADULT PHYSICAL ACTIVITY DURING THE PAST 7 DAYS, 2018, BEHAVIORAL HEALTH REGION 1

The majority of Panhandle youth report being physically active for at least 60 minutes per day, and that they regularly exercise to strengthen or tone muscles. The percentage that reports they regularly exercise to strengthen or tone muscles appears to decrease with age.

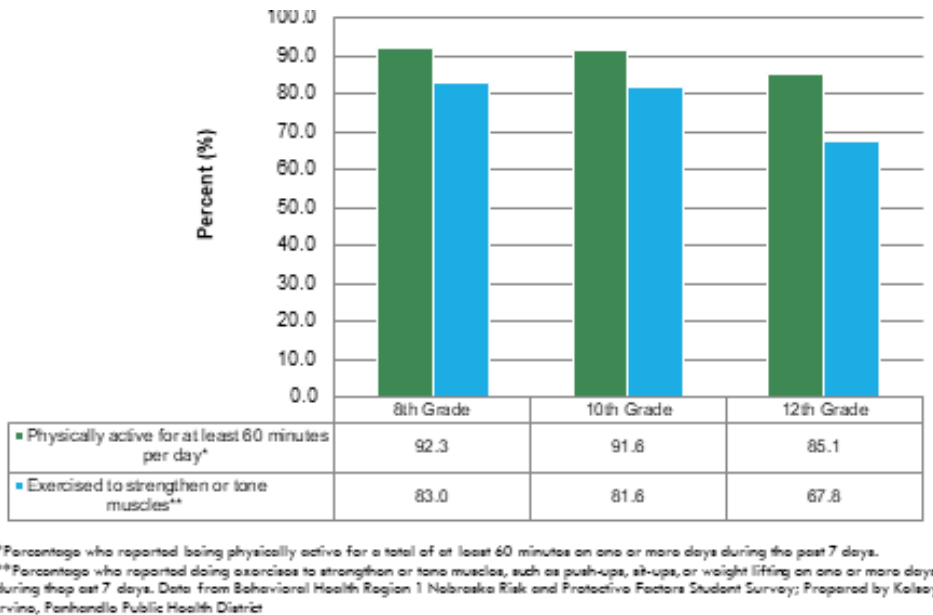
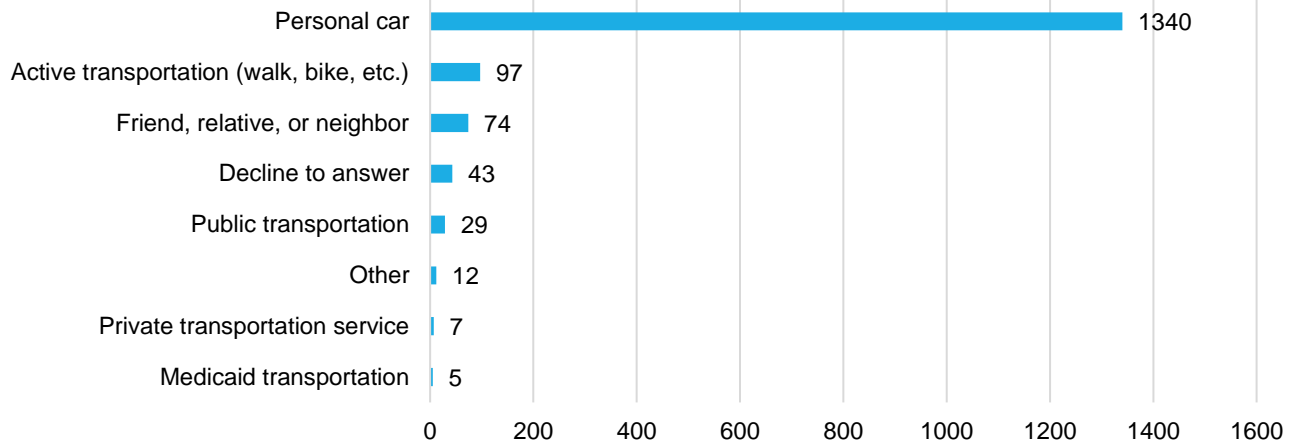


FIGURE 18: YOUTH PHYSICAL ACTIVITY DURING THE PAST 7 DAYS, 2018, BEHAVIORAL HEALTH REGION 1

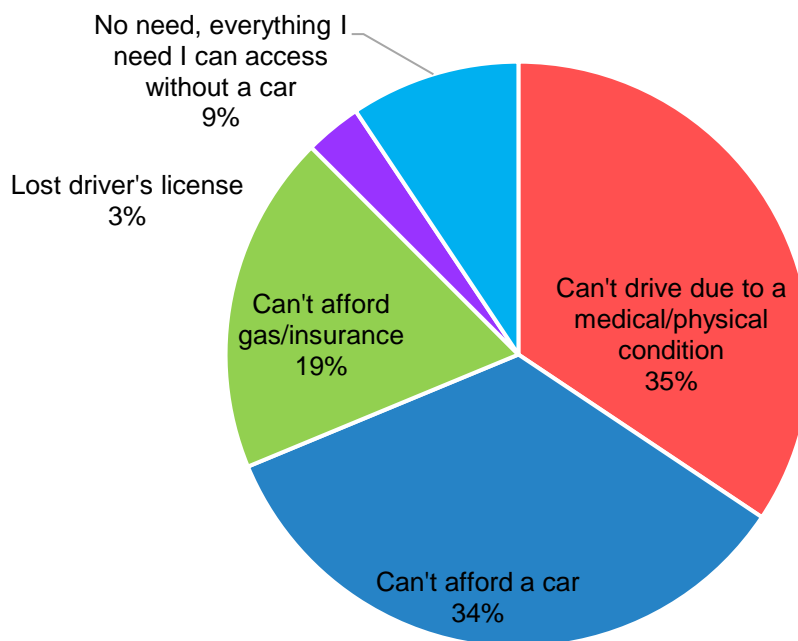
## TRANSPORTATION

Every three years in preparation for the Community Health Assessment there is a large survey sent out about a variety of health and community factors. Most survey respondents indicated they drive their own vehicle as their primary means of transportation. Of respondents who do not drive a personal vehicle, the majority cannot be due to a medical or physical condition (35%), with the following two reasons related to the affordability of owning a vehicle (34%) or the fuel or insurance required to drive a vehicle (19%).



\*Original Question: What is your primary means of transportation? (Check all that apply). Data from 2019 Panhandle Public Health District Community Health

**FIGURE 20: PRIMARY MEANS OF TRANSPORTATION\*, NEBRASKA PANHANDLE, 2019**



\*Original Question: If you don't drive a car, why not? (Check all that apply). Data from 2019 Panhandle Public Health District Community Health Survey.

**FIGURE 19: REASONS FOR NOT DRIVING A CAR, PANHANDLE, 2019**

## GOALS

4. Increase community awareness and education on healthy lifestyle choices.

## OBJECTIVES

4.1 Reduce tobacco use in adolescents (Healthy People 2030: TU-04)

Baseline	(Past 6 years averaged) = 8.83 percent currently using smokeless tobacco; (past 3 years averaged) = 3.93 percent currently using e-cigarettes
Target (2021)	8.6 percent currently using smokeless tobacco; 3.812 percent currently using e-cigarettes
Target-setting method	10 percent based on the values set out in the Healthy People 2030 plan, as our planning cycle is only 3 years we have only shown a decrease in 3 percent
Data Source	BRFSS
Indicator	Current smokeless tobacco use; current e-cigarette use

4.2 Reduce the annual number of new cases of diagnosed diabetes in the population (Healthy People 2030: D-1)

This data will be developed and tracked by looking at course and community education enrollment numbers and by measuring learning throughout the process.

## STRATEGIES

Evidence based strategies were selected to address this objective. Specific activities can be found in the CHIP annual work plan:

- Community education about youth access to tobacco products. (the community guide)
- National Diabetes Prevention Program
- Worksite Wellness program
- [Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk](#) (Source: The Community Guide)
- [Physical Activity: Creating or Improving Places for Physical Activity](#) (Source: The Community Guide)



