2020

Community Health Improvement Plan

of the

Nebraska Panhandle

Approved by PPHD Board of Health 12/10/2020

PREPARED BY

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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

FOR MORE INFORMATION

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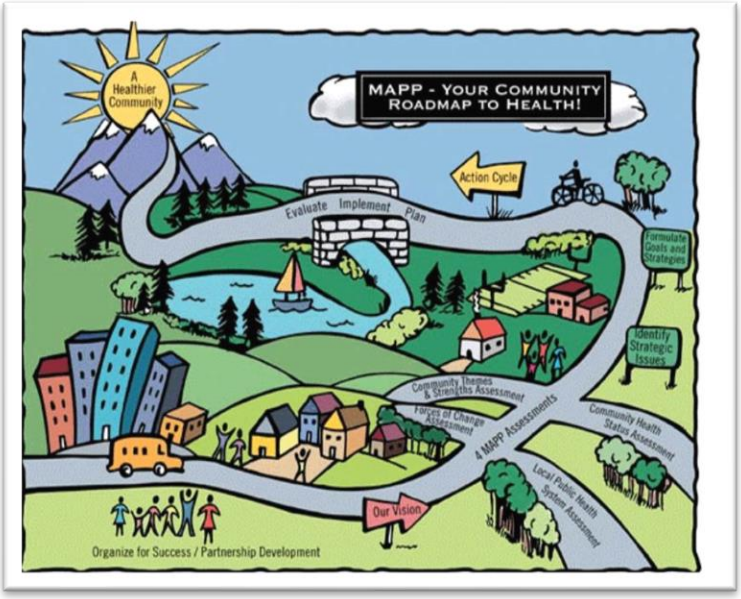
INTRODUCTION

Panhandle Public Health District (PPHD) is accredited by the Public Health Accreditation Board (PHAB), which requires the health department to conduct a comprehensive Nebraska Panhandle Community Health Assessment (CHA) every five years. However, Internal Revenue Service (IRS) regulations require tax-exempt hospitals to conduct a CHA every three years. In 2014, PPHD made the decision to collaborate with hospitals on the CHA process by syncing the health department process with the hospital process, meaning that PPHD completes a CHA every three years, in tandem with area hospitals. Thus, PPHD now facilitates a joint CHA and planning process with the eight hospitals in the Nebraska Panhandle and one in Perkins County, all of which are members of the Rural Nebraska Healthcare Network (RNHN).

The purpose of the CHA process is to describe the current health status of the community, identify and prioritize health issues, better understand the range of factors that can impact health, and identify assets and resources that can be mobilized to improve the health of the community.

OVERVIEW OF 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 CHA and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011, and continued to be used for this round of the CHA 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 Health Status Assessment
    b. Community Themes and Strengths Assessment (CTSA)
    c. Forces of Change Assessment
    d. Local Public Health System Assessment
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Take Action (plan, implement, and evaluate)

This document contains information for phases five and six. Phases one through four can be found in the 2020 Panhandle Community Health Assessment (CHA).

OVERVIEW OF PRIORITY AREAS

Priority areas were determined in a prioritization meeting in September of 2020. Stakeholders from across the region participated in a Technology of Participation (ToP) process for prioritization was used to determine priority areas:

- **Behavioral Health,** including **mental well-being, suicide prevention & support,** and **substance abuse prevention.**
- **Housing & Homelessness**
- **Early Childhood Care & Education**
- **Chronic Disease,** specifically **cancer prevention, cardiovascular disease prevention, diabetes prevention,** and **risk factors.**

All with goals focusing on child abuse/neglect, poverty, and access. More details on the specific goals can be found in the CHIP Work Plan document.

Background data for each priority area can be found in the Panhandle Community Health Assessment, available on the PPHD website at www.pphd.org.

2021-2023 Panhandle Community Health Improvement Plan Priority Areas

Behavioral Health

- Mental Well-Being
- Suicide Prevention & Support
- Substance Abuse Prevention

Housing & Homelessness

Early Childhood Care & Education

Chronic Disease Prevention

- Cancer Prevention
- Diabetes Prevention
- Heart Disease Prevention
- Risk Factors

Strategies focusing on Child Abuse/Neglect || Poverty || Access

PHASE 5: FORMULATE GOALS & STRATEGIES

SELECTING OBJECTIVES AND STRATEGIES

A broad list of objectives and strategies for each priority area were reviewed by Panhandle Public Health District, as well as local hospitals and community organizations as needed, in October 2020. These items were then narrowed down to measurable and actionable items. Objectives and strategies were selected by taking the following into consideration:

- Availability of data to monitor progress
- Availability of resources
- Community readiness
- State and national priorities
- Previous CHIP objectives and strategies

GOAL SETTING

The Healthy People 2030 target-setting method of a 10% improvement was used to set goals for objectives.

CONTINUATION FROM PREVIOUS CHIP

Multiple priority areas and/or objectives are a continuation of work from the previous CHIP, and are denoted with an asterisk (*).

PHASE 6: TAKE ACTION

IMPLEMENTATION

The CHIP will be implemented across the next three years, from January 2021 to December 2023. The CHIP will be implemented through collaboration between local public health, local health systems and community organizations.

EVALUATION

An annual report on this CHIP will evaluate progress made in implementing strategies in the CHIP and consider the feasibility and effectiveness of the strategies and/or changing priorities, resources, or community assets.

This report will include review and revision, as necessary, of the health improvement plan strategies based on results of the assessment. Revisions may be in the:

- Improvement strategies,
- Planned activities,
- Time frames,
- Targets, and
- Assigned responsibilities.

Revisions may be based on:

- Achieved activities,
- Implemented strategies,
- Changing health status indicators,
- Newly developing or identified health issues, and
- Changing level of resources.

PRIORITY AREA 1: BEHAVIORAL HEALTH

MENTAL WELL-BEING

***OBJECTIVE 1A.1:** Increase the proportion of adults with serious mental illness or depression who get treatment

Baseline:	12.97% (2016 – 2018 Averaged)
Target:	12.58%
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	BRFSS
Indicator	Number of people who had frequent mental health distress in the past 30 days.

Objective adopted from Healthy People 2030 Mental Health and Mental Disorders, MHMD-04.

STRATEGIES

- Mental Health: Collaborative Case for the Management of Depressive Disorders (Source: The Community Guide)

SUICIDE PREVENTION & SUPPORT

***OBJECTIVE 1B.1:** Reduce the suicide death rate

Baseline:	17.5 per 100,000 population (2013-2015 combined)
Target (2023):	17 per 100,000 population
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Nebraska Vital Records
Indicator	Suicide death rate per 100,000 population (age-adjusted)

Objective adopted from Healthy People 2030 Mental Health and Mental Disorders, MHMD-01.

STRATEGIES

- Suicide Risk: Screening in Adolescents, Adults, and Older Adults (Source: United States Preventive Services Task Force)

SUBSTANCE ABUSE PREVENTION

OBJECTIVE 1C.1: Reduce the proportion of adolescents in 8th, 10th, and 12th grade who used alcohol one or more times in their lifetime

Baseline (2018):	8th- 43.3% 10th - 53.1% 12th - 71.0%
Target (2022):	8th – 42% 10th – 51.5% 12th – 69.87%
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Region 1 Nebraska Risk and Protective Factors Student Survey
Indicator	Percentage of youth who reported consuming alcohol one or more times in their lifetime.

Objective adopted from Healthy People 2030 Substance Abuse, SU-04.

OBJECTIVE 1C.2: Reduce the proportion of adolescents in 8th, 10th, and 12th grade who used marijuana one or more times in their lifetime

Baseline (2018):	8th - 8.5% 10th - 20.0% 12th - 35.0%
Target (2022):	8th – 8.2% 10th – 19.4% 12th - 33.5%
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Region 1 Nebraska Risk and Protective Factors Student Survey
Indicator	Percentage of youth who reported using marijuana one or more times in their lifetime.

Objective adapted from Healthy People 2030 Substance Abuse, SU-06.

***OBJECTIVE 1C.3:** Reduce the proportion of persons engaging in binge drinking of alcoholic beverages

Baseline (2018):	16.8%
Target (2023):	15.1%
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older who report having five or more alcoholic drinks for men/four or more alcoholic drinks for women on at least one occasion during the 30 days

Objective adapted from Healthy People 2030 Substance Abuse SU-13

STRATEGIES

- Alcohol – Excessive Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors (Source: The Community Guide)

PRIORITY AREA 2: HOUSING & HOMELESSNESS

Data for the below objectives will be determined through work with the Panhandle Coalition for Housing and Homelessness.

OBJECTIVE 2A.1: Reduce the number of homeless individuals in the Panhandle

Baseline (2016-2018 Averaged):	643
Target:	623
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Point-In-Time Survey
Indicator	Total homeless individuals (Nebraska Balance of State CoC)

OBJECTIVE 2A.2: Reduce the proportion of families that spend more than 30 percent of their income on housing

Baseline (2018 & 2019 averaged):	79.5
Target:	81.9
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Panhandle Coalition for Housing and Homelessness
Indicator	# of people connected to services that are part of the coalition

Objective adapted from Healthy People 2030 Environmental Health, SDOH-04

OBJECTIVE 2A.3: Increase the safety of the homes people are living in

Baseline (2017-2018):	TBD
Target (2023):	TBD
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Local medical data
Indicator	Average concentration of lead in the blood among children 1-5 in the panhandle.

Objective adapted from Healthy People 2030 Environmental Health, EH-04

STRATEGIES

- Continuum of Care (Source: Center for Evidence-Based Solutions to Homelessness)
- Rapid Re-Housing (Source: Center for Evidence-Based Solutions to Homelessness)

PRIORITY AREA 3: EARLY CHILDHOOD CARE & EDUCATION

OBJECTIVE 3A.1: Increase quality childcare and preschool availability (based off Buffett Early Childhood Institute findings)

OBJECTIVE 3A.1.1: Number of Step Up to Quality programs in the Panhandle

Baseline (2018):	24
Target (2023):	27
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Nebraska Department of Education
Indicator	Number of childcare facilities participating in Step Up to Quality initiative

OBJECTIVE 3A.1.2: Number of children served directly by Rooted in Relationships

Baseline (2017-2018):	384
Target (2023):	423
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Rooted in Relationships Annual Evaluation Report
Indicator	Number of childcare programs engaged with Rooted in Relationship coaches

OBJECTIVE 3A.2: Reduce infant mortality (Healthy People 2030, MICH-02)

Baseline (2017-2018):	24 infant deaths per 1000 live births
Target (2023):	17 Infant deaths per 1000 live births
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	County Health Rankings
Indicator	Number of infant deaths per 1000 live births in Scotts Bluff County

STRATEGIES

- Child Care Quality Measures (Source: Step Up to Quality)
- Social-Emotional Development of Children (Source: Rooted in Relationships)
- Early Childhood Home Visitation to prevent Child Maltreatment (Source: The Community Guide)

PRIORITY AREA 4: CHRONIC DISEASE PREVENTION

CANCER PREVENTION

***OBJECTIVE 4A.1:** Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2030)

COLON CANCER

Baseline (2018):	52.9%
Target (2023):	58.2%
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 50–75 years old who report having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years.

BREAST CANCER

Baseline (2018):	54.8%
Target (2023):	60.3%
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of females 50-74 years old who report having had a mammogram during the past 2 years

CERVICAL CANCER

Baseline (2018):	75.7%
Target (2023):	83.3%
Target-Setting Method:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of females 21-65 years old without a hysterectomy who report having had a Pap test during the past 3 years.

Objective adapted from Healthy People 2030 Cancer, C-07, C-05, and C-09.

STRATEGIES

- Cancer Screening: Reducing Structural Barriers for Clients
  - Colorectal Cancer (Source: The Community Guide)
  - Breast Cancer (Source: The Community Guide)
  - Cervical Cancer (Source: The Community Guide)

DIABETES PREVENTION

***OBJECTIVE 4B.1:** Reduce the annual number of new cases of diagnosed diabetes in the population (HP 2030 D-01)

Baseline (2018):	12.3%
Target (2023):	11.1%
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older who report they were ever told they have diabetes (excluding pregnancy).

Objective adopted from Healthy People 2020 Diabetes, D-1.

STRATEGIES

- Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk (Source: The Community Guide)

HEART DISEASE PREVENTION

***OBJECTIVE 4C.1:** Reduce the proportion of adults with hypertension (HP 2020: HD S 5.1)

Baseline (2017):	33.4%
Target (2023):	30.1%
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older who report that they were ever told by a doctor, nurse, or other health professional that they have high blood pressure.

Objective adopted from Healthy People 2020 Heart Disease and Stroke, HD S-5-1.

STRATEGIES

- Cardiovascular Disease: Self-Measured Blood Pressure Monitoring Intervention for Improved Blood Pressure Control – When Used Alone (Source: The Community Guide)

RISK FACTORS

OBJECTIVE 4D.1: Reduce the proportion of adults who are obese.

Baseline (2018):	34.9%
Target (2023):	31.4%
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older with a body mass index (BMI) of 30.0 or greater, based on self-reported height and weight.

Objective adopted from Healthy People 2030 Nutrition and Weight Status, NWS-03.

OBJECTIVE 4D.2: Reduce the proportion of adults who engage in no leisure-time physical activity

Baseline (2018):	26.5%
Target (2023):	23.9%
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older who report no physical activity or exercise (such as running, calisthenics, golf, gardening or walking for exercise) other than their regular job during the past month.

Objective adopted from Healthy People 2030 Physical Activity, PA-1.

***OBJECTIVE 4D.3:** Reduce cigarette smoking by adults

Baseline (2018):	18.1%
Target (2023):	16.3%
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days.

Objective adopted from Healthy People 2030 Tobacco Use, TU-02.

OBJECTIVE 4D.4: Reduce the initiation of e-cigarette use among adults

Baseline (2018):	25.4%
Target (2023):	22.9%
Target-Setting Method:	10% improvement
Data Source:	Nebraska Behavioral Health Risk Factor Surveillance System (BRFSS)
Indicator	Percentage of adults 18 and older who report that they have ever used an e-cigarette or other electronic "vaping" product, even just one time, in their entire life.

Objective adapted from Healthy People 2030 Tobacco Use, TU-3.

OBJECTIVE 4D.5: Reduce use of cigarettes by adolescents

Baseline (2018):	8th grade - 4.0% 10th grade - 5.9% 12th grade - 14.6%
Target (2023):	8th grade – 3.6% 10th grade - 5.3% 12th grade – 13.1%
Target-Setting Method:	10% improvement
Data Source:	Region 1 Nebraska Risk and Protective Factors Student Survey
Indicator	Percentage of youth who reported using cigarettes one or more times during the past 30 days.

Objective adopted from Healthy People 2030 Tobacco Use, TU-05 and 06.

OBJECTIVE 4D.6: Reduce use of smokeless tobacco products by adolescents (past month)

Baseline (2018):	8th grade - 5.4% 10th grade - 8.7% 12th grade - 14.8%
Target (2023):	8th grade - 4.9% 10th grade - 7.8% 12th grade - 13.3%
Target-Setting Method:	10% improvement
Data Source:	Region 1 Nebraska Risk and Protective Factors Student Survey
Indicator	Percentage of youth who reported using smokeless tobacco one or more times during the past 30 days.

Objective adopted from Healthy People 2030 Tobacco Use, TU-04.

STRATEGIES

- Physical Activity: Creating or Improving Places for Physical Activity (Source: The Community Guide)
- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design (Source: The Community Guide)
- Tobacco Use: Active Enforcement of Sales Laws Directed at Retailers When used Alone to Restrict Minors' Access to Tobacco Products (Source: The Community Guide)
- Tobacco use: Comprehensive Tobacco Control Programs (Source: The Community Guide)

Nebraska Panhandle Community Health Improvement Plan

Regional Work Plan

Updated July 28, 2021

Edited 3/10/2021

Abbreviations and Acronyms

Abbreviations or acronyms you may encounter in this document are listed and defined below.

PPHD	Panhandle Public Health District
BBGH	Box Butte General Hospital
KHS	Kimball Health Services
MCCH	Morrill County Community Hospital
RWMC	Regional West Medical Center
GMH	Gordon Memorial Hospital
RWGC	Regional West Garden County
CCH	Chadron Community Hospital
SRMC	Sidney Regional Medical Center
PWWC	Panhandle Worksite Wellness Council
TFN	Tobacco Free Nebraska
HFA	Healthy Families America
FAST	Families and Schools Together
HP 2020	Healthy People 2020

COLLECTIVE IMPACT

Collective impact is "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem".[1] For the CHIP, organizations from different sectors and geographic areas of the Panhandle have come together to make a difference in the health of Panhandle residents.

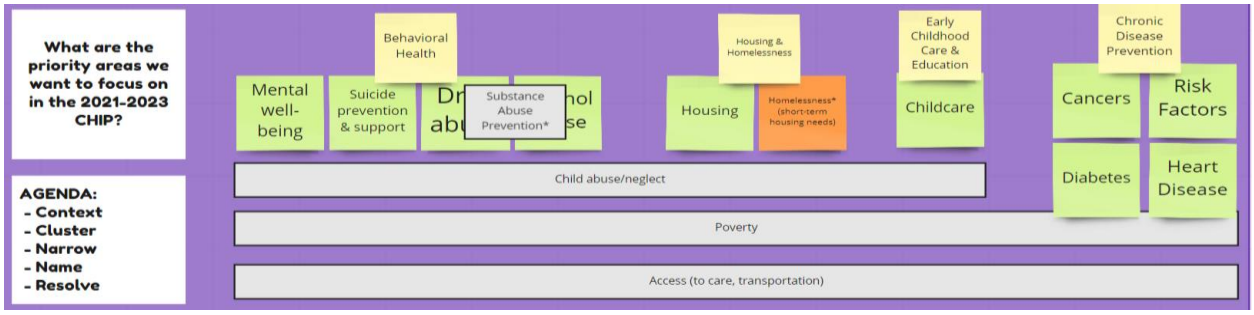
There are five key elements of collective impact that are crucial to implementation of the CHIP:[2]

1. Common agenda
2. Measuring results consistently
3. Mutually reinforcing activities
4. Continuous communication
5. Backbone organizations

Collective impact is in contrary to "isolated impact". In isolated impact, "each organization is judged on its own potential to achieve impact, independent of the numerous other organizations that may also influence the issue."[2]

Mutually Reinforcing Activities

Many activities in this work plan are mutually reinforcing in that they address root causes of multiple priority areas. For example, tobacco use is a risk factor for chronic disease, thus activities intended to decrease tobacco use are pertinent to the chronic disease priority area; however, tobacco use is also an aspect of behavioral health and substance abuse. Although activities related to tobacco use impact both areas, they are listed in only one area in this document to avoid repetitiveness.



[1] Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*. Retrieved from: https://ssir.org/articles/entry/collective_impact

[2] The Collective Impact Framework. Retrieved from: http://www.collaborationforimpact.com/collective-impact/

EVALUATION

The Panhandle is committed to excellence, and uses evaluation to track actions and results to improve the work that we do. The CHIP Evaluation Plan is a combination of performance monitoring and outcome evaluation. Performance monitoring allows us to monitor our work to see if it has been implemented as planned and accomplished our goals, so we can make changes to improve the process. Outcome evaluation assesses the final outcomes of our work, to tell us if it was effective or ineffective, and sustainable and replicable.[3] The full evaluation plan can be found on our website at www.pphd.org.

[3] W.K. Kellogg Foundation. (2017). The Step-by-Step Guide to Evaluation: How to Become Savvy Evaluation Consumers. Retrieved from https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook

PRIORITY AREA 1: BEHAVIORAL HEALTH

Objectives

- Increase the proportion of adults with serious mental illness or depression who get treatment (HP 2030: MHMD-04)
- Reduce the suicide death rate (HP 2020: MHMD-1)
- Reduce the proportion of adolescents in 8th, 10th, and 12th grade who used alcohol one or more times in their lifetime (HP 2020: SA-2.1)
- Reduce the proportion of adolescents in 8th, 10th, and 12th grade who used marijuana one or more times in their lifetime (HP 2020: SA-2.2)
- Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2020: SA-1.4)

Implementation Plan

Strategy/Plan	Performance Measures	Timeline	Lead Partners
Increase number of people who are referred to mental health services after a positive screening	• # of implemented policies including follow ups from positive screenings for mental illness in schools • Percent of the population who have frequent mental distress • ER/EPC rates • PHQ9 screening (medical clinics)	December 2023	Panhandle Hospitals Panhandle Schools ESU 13 WCHR
Assess mental health referral process	• QI process is implemented	September 2022	Panhandle Hospitals PPHD Planner
Increase the number of primary care providers who are trained in mental health first aid and QPR(at least one hospital hosts a training per year)	• # of hospital staff who have taken QPR • # of hospital staff who have taken mental health first aid	December 2023	PPHD
Strengthen relationships with crisis response/law enforcement who encounter people with mental illness or suicidal ideation	• # of people referred to mental health services by law enforcement • # of law enforcement offices participating in Paari program	December 2023	Panhandle Prevention Coalition Law Enforcement agencies WCHR Sue Teal
Substance Abuse			
Maintain compliance checks and passing percentages	• Annual percentage of businesses passing compliance checks	December 2023	PPHD
Increase number of people educated by safe alcohol events by 5% annually.	• # of RBST training attendees	December 2023	PPHD Panhandle Partnership
Increase access to rehabilitation and protective services across the Panhandle	• # of drug-take back events • # of providers trained on safe opioid prescribing guidelines • # of community education events on dangers of opioids	December 2023	KHS RWMC PPHD CAPWN Panhandle Prevention Coalition

Strategy/Plan	Performance Measures	Timeline	Lead Partners
	• # of providers using Suboxone waiver to prescribe medications • # health care systems providing naloxone • # of law enforcement offices participating in Paari program • # of substance abuse counselors across the region • Development of mental health/addiction counselor licensure curriculum at local colleges		MCCH GMH CCH BBGH WNCC
Grow alcohol policy work group	• Develop community education/information campaign about binge drinking • Grow Panhandle Prevention HPP project	December 2023	Panhandle Prevention Coalition Panhandle Partnership
Develop screenings and short interventions with public health nurses when someone is suspected of excessive drinking	• Develop community education/information campaign about binge drinking (2-3 per year) • Train new public health nurse, develop a work plan and list of partners	December 2023	KHS RWMC PPHD CAPWN Panhandle Prevention Coalition MCCH GMH CCH BBGH WNCC
Increase school participation in data collection	• Number of schools participating in youth risk survey	December 2023	KHS RWMC PPHD CAPWN Panhandle Prevention Coalition MCCH GMH CCH BBGH WNCC Panhandle Schools
Provide a network of education for those involved in underage drinking	• # of communities providing MIP education • # of communities providing education to those purchasing alcohol for minors	December 2023	PPHD Law Enforcement agencies
Increase and maintain school curriculums around underage substance use	• # of schools with programming for prevention • # of schools with policies around education when there is an MIP, complete an educational course	December 2023	PPHD

Strategy/Plan	Performance Measures	Timeline	Lead Partners
Increase awareness of drug use in schools	• # of school resource officers trained on substance use in minors • # of schools using vape detectors • # of schools using random drug testing	December 2023	PPHD Panhandle Schools

Resources

- Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: The Community Guide)
- Targeted School-based CBT programs to reduce depression and anxiety (Source: The Community Guide)
- Interventions to reduce depression among older adults (Source: The Community Guide)
- Collaborative care for the management of depressive disorders (source: The Community Guide)
- Preventive surveillance of substance use (Source: Community Preventive Services Task Force)
- Enhanced enforcement of laws prohibiting sales to minors (Source: The Community Guide)

Partners

- Sidney Regional Medical Center
- Regional West Health Services
- Panhandle Public Health District
- Panhandle Prevention Coalition
- Community Action Partnership of Western Nebraska
- Region 1 Behavioral Health Authority
- Gordon Memorial Health Services
- Box Butte General Hospital
- Chadron Community Hospital
- Kimball Health Services
- Regional West Garden County
- Educational Service Unit 13
- Morrill County Community Hospital
- Western Community Health Resources
- Panhandle Partnership
- Panhandle Schools
- Law Enforcement Agencies

PRIORITY 2: HOUSING AND HOMELESSNESS

Objectives

- Reduce the number of homeless individuals in the Panhandle
- Increase the number of individuals connected to housing
- Reduce Blood Lead Levels in children aged 1 to 5 years (Healthy People 2030, EH04)

Implementation Plan

Strategy/Plan	Performance Measures	Timeline	Lead Partners
Homelessness			
Create a network map of those experiencing homelessness	• Network map with resources being used and number of people experiencing homelessness	December 2023	Continuum of Care
Actively pursue funding opportunities for emergency housing funding	• # of funding applications submitted	December 2023	Continuum of Care
Host public information campaign to reduce stigma around homelessness	• # of campaigns hosted each year	December 2023	Continuum of Care Panhandle Partnership
Build up Habitat for Humanity program	• # of projects started each year	December 2023	Continuum of Care
Host public awareness campaigns about availability of housing options	• # of campaigns hosted each year	December 2023	Continuum of Care
Build relationships with city government, employers, and Housing Authority	• # of new partners joining each year	December 2023	Continuum of Care Local Governments Housing Authority
Research alternatives for section 8/ways to reduce stigma for landlords	• Fact sheet developed	December 2023	Continuum of Care
Develop 24/7 line assistance project for directing people to housing services	• Outline of project written	December 2023	Continuum of Care
Safe Housing			
Advocate for local governments to enforce building codes especially in rentals	• # of council meetings attended • # of advocacy campaigns	December 2023	Continuum of Care
Promote Owner Occupied Rehabilitation programs in Scotts Bluff and Morrill	• # of homes rehabilitated	December 2023	PADD City of Scottsbluff City of Morrill
Pursue Brownfields clean up grants to create safer communities	• # of grants written • # of projects cleaned up	December 2023	PPHD
Continue to build PPHD lead based paint testing program	• # of sites tested per year	December 2023	PPHD

Strategy/Plan	Performance Measures	Timeline	Lead Partners
Increase awareness of weatherization programs	• # of participants each year	December 2023	PPHD Continuum of Care
Increase smoke-free housing policies	• # of new policies each year	December 2023	PPHD
Continuing Contractor trainings on lead clean up and rehab projects	• # of trainings held each year	December 2023	PPHD

Resources

- Continuum of Care (Source: Center for Evidence-Based Solutions to Homelessness)
- Rapid Re-Housing (Source: Center for Evidence-Based Solutions to Homelessness)
- EPA Brownfields Project
- Lead Safe Housing Project (Source: HUD)
- Housing First (Source: Center for Evidence-based Solutions to Homelessness)

Partners

- Continuum of Care
- Housing Authority
- Local Governments

PRIORITY 3: EARLY CHILDHOOD CARE & EDUCATION

Objectives

- Increase quality childcare and preschool availability (based off of Buffett Early Childhood Institute findings)
- Reduce fatal and non-fatal child abuse and neglect (Healthy People 2030, IVP-15 & 16)

Implementation Plan

Strategy/Plan	Performance Measures	Timeline	Lead Partners
Strengthen relationships between providers and schools	• # of school systems trained in FAST	December 2023	Panhandle Learning Connections Early Childhood Panhandle Partnership
Strengthen evidence-based practices for social and emotional development in use in child care facilities and preschools	• # of providers and schools trained in COS • # of programs trained in Read for Resilience and CHIME	December 2023	Systems of Care 0-8 Healthy Families
Increase number of programs that seek continuing education.	• # of programs enrolled in Step up to Quality • # of participants at Early Childhood Conferences • # of participants in the Provider Support Group • # of providers completing required licensing training	December 2023	Systems of Care 0-8 Extension Panhandle Partnership
Increase number of programs trained in Rooted in Relationships	• # of programs engaged with coaches in 2018 • # of Sixpence programs completing annual trainings • # of early childhood programs completing annual trainings • # of Rooted in Relationships coaches	December 2023	Systems of Care 0-8
Increase early referrals to Healthy Families	• # of new referral partners each year	December 2023	Healthy Families Systems of Care 0-8
Increase awareness and referrals to WCHR home visitation program	• # of participants in program each year	December 2023	WCHR Systems of Care 0-8
Increase Mental Health presence in schools	• # of schools with mental health provider	December 2023	Local Schools Systems of Care 0-8

Resources

- Child Care Quality Measures (Source: Step Up to Quality)
- Health Equity: Center-Based Early Childhood Education (Source: Community Preventive Services Task Force)
- Social-Emotional Development of Children (Source: Rooted in Relationships)

Partners

- Buffet Early Childhood Institute
- Systems of Care 0-8
- Panhandle Schools

PRIORITY 4: CHRONIC DISEASE PREVENTION

Objectives

Cancer

- Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2020: C-18)
- Decrease the percent of people who have been told they have any type of cancer

Diabetes

- Reduce the annual number of new cases of diagnosed diabetes in the population (HP 2020: D-1)

Cardiovascular Disease

- Reduce the proportion of adults with hypertension (HP 2020: HD S 5.1)

Chronic Disease Risk & Protective Factors

- Reduce the proportion of adults who are obese.
- Reduce the proportion of adults who engage in no leisure-time physical activity
- Reduce cigarette smoking by adults
- Reduce the initiation of e-cigarette use among adults
- Reduce use of cigarettes by adolescents (past month)
- Reduce use of smokeless tobacco products by adolescents (past month)

Implementation Plan

Strategy/Plan	Performance Measures	Timeline	Lead Partners
	Cancer		
Continue promoting local and regional cancer awareness	• # of community education events for colorectal cancer • # of community education events for breast cancer • # of community education events for cervical cancer • Percent of people up to date on Cancer screenings	December 2023	BBGH GMH CCH RWGC MCCH SRMC RWMC
Increase individuals receiving reminder of preventive cancer screenings by 5% annually.	• # of portal reminders for colorectal cancer screening • # of portal reminders for mammograms • # of portal reminders for cervical cancer screening	December 2023	BBGH GMH RWMC SRMC
Increase or maintain referral rate and processes for FOBT kits	• #of FOBT kits distributed and completed	December 2023	GMH RWMC CCH MCCH
Increase radon prevention initiatives	• # of radon test kits distributed • % analysis rate • # radon communications	December 2023	PPHD Environmental Health Program
Maintain or increase safe sun practices, annually.	• # of pools providing shade structures • # of pools to which sunscreen and signage are distributed	December 2023	PPHD Pool Cool Program

Strategy/Plan	Performance Measures	Timeline	Lead Partners
	• # of pools with sun safety policy		
Rebuild area health fairs	• # of health fairs	December 2023	GMH Panhandle Public Health District RWMC
	Diabetes		
Maintain or increase number of NDPP classes offered annually.	• # of NDPP classes offered annually • # of counties in which NDPP is offered	December 2023	BBGH RWMC KHS CCH NDPP
Increase Worksite Wellness participants	• # Participants	December 2023	CCH NDPP in the Panhandle KHS MCCH RWGC RWMC
Hire and train a new PPHD community health nurse to do screenings and referrals	• # of screenings	December 2023	PPHD
Increase Hospital trainings and referrals to the NDPP program	• # of NDPP meetings held at hospitals • # of referrals	December 2023	NDPP in the Panhandle BBGH
Increase use of Chronic Care Management	• # of participants	December 2023	CCH
	Heart Disease		
Expand availability of screening and education in the community	• # of pharmacies with blood pressure screening available • # of publicly available blood pressure monitors	December 2023	BBGH CCH Community Pharmacists
Maintain or increase capacity of blood pressure loaner program	• # of blood pressure machines available	December 2023	RWMC CCH
Increase community education opportunities	• Yearly dissemination of evidence-based materials in hospitals and pharmacies • # of trainings on blood pressure management for providers • # of health fairs	December 2023	BBGH CCH Community Pharmacists PPHD
Increase walkable access	• AARP convenient transportation options (walk trips) from the livability index • Measure progress on new trails	December 2023	BBGH GMH RWGC PWWC
	Chronic Disease Risk & Protective Factors		
	Obesity Prevention		
Increase PWWC member worksites that offer health evaluations to employees by 1 annually.	• # of PWWC member worksites that offer HRA	December 2023	BBGH PWWC CCH KHS

Strategy/Plan	Performance Measures	Timeline	Lead Partners
Increase communities with walkable community plans by 1 annually.	• # of communities with a walkable community plan	December 2023	BBGH GMH RWGC PWWC
Increase walkable campuses by 1 annually.	• # of businesses with walkable campuses	December 2023	BBGH GMH RWGC PWWC
Increase number of NDPP class participants by 1 percent annually.	• Percent of class participants	December 2023	PPHD
Increase access to healthy foods and snacks in schools	• # of schools applying for Safeway mini grants • # of schools working with Appleseed on school nutrition and health equity	December 2023	PPHD
Strengthen healthier food access and sales in retail venues and community venues through increases availability (i.e., Fruit & vegetables and more low/no sodium options), improved pricing, placement, and promotion.	• Decrease the number of low income, low access tracts in the Panhandle (number can be found on USDA website) • Increase the number of people eating 5 or more fruits and vegetables per day • # of Bountiful Baskets/Bundles programs	December 2023	PPHD Local communities Main Street Market Fresh Foods
Explore evidenced based strategies for incorporating mindful eating and intuitive eating into healthy eating curricula	• Complete paper on category of strategies and provide recommendations. • Increase "My Plate" curriculum presence in schools	December 2023	PPHD
	Physical Activity		
Promote regular movement throughout the day - social media campaign	• One campaign per year	December 2023	PPHD
Promote Worksite Wellness challenges	• # of individual participants in each challenge	December 2023	PWWC
Maintain or build relationships between hospitals between hospitals/PPHD/community centers	• # of hospitals who report new relationships with community centers	December 2023	BBGH GMH CCH RWGC MCCH SRMC RWMC
Increase number health systems following best practice screening protocol for blood lead levels by 5% annually.	• # of health systems educated on best practice protocol • # of providers completing lead testing CEU offered locally in Panhandle	December 2023	PPHD
	Tobacco/Smoking		
Monitor smoking changes after passing of the menthol cigarette ban	• # of people who have ever smoked a cigarette	December 2023	PPHD

Strategy/Plan	Performance Measures	Timeline	Lead Partners
Continue providing smoking cessation classes and supports	• # of classes	December 2023	PPC
Improve and continue to build program around smoke-free units	• # of policies	December 2023	PPHD
Host campaign on the effects of second-hand smoke	• Host one campaign per year	December 2023	PPHD
Host campaign around e-cigarette use	• Host one campaign per year	December 2023	PPC
Incorporate Aspire Curriculum into school system	• # of schools using curriculum	December 2023	PPC
Update signage and policies so that tobacco free parks and fairs include e-cigarettes	• Update all signage over three-year time span	December 2023	PPC

Resources

- Cancer Screening: Multicomponent Interventions (Source: Community Preventive Services Task Force)
  - Colorectal Cancer
  - Breast Cancer
  - Cervical Cancer
- Vaccination Programs: Community-Based Interventions Implemented in Combination (Source: The Community Guide)
- Radon Screening and Mitigation (Source: American Cancer Society)
- Skin Cancer: Multicomponent Community-Wide Interventions (Source: Community Preventive Services Task Force)
- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force) (See Section 3B section for detailed activities and objectives)
- Cardiovascular Disease: Team-Based Care to Improve Blood Pressure Control (Source: Community Preventive Services Task Force)
- Cardiovascular Disease: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control - When Used Alone (Source: Community Preventive Services Task Force)
- Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk (Source: Community Preventive Services Task Force)
- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design (Source: Community Preventive Services Task Force)
- Physical Activity: Creating or Improving Places for Physical Activity (Source: Community Preventive Services Task Force)
- Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables (Source: CDC/NCCDPHP)
- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force) (See Section 3B section for detailed activities and objectives)

Partners

- Sidney Regional Medical Center
- Regional West Health Services
- Disability Rights Nebraska
- Western Community Health Resources
- Community Action Partnership of Western Nebraska
- Bayard Public schools
- Panhandle Health Group
- Scottsbluff Community Health

- Rural Nebraska Healthcare Network
- Gordon Memorial Health Services
- Box Butte General Hospital
- Panhandle Area Development District
- Chadron Community Hospital
- Regional West Garden County
- Kimball Health Services
- Educational Service Unit 13
- Morrill County Community Hospital
- Nebraska Extension
- Garden County Schools