

2024 - 2026

Community Health Improvement Plan of The Nebraska Panhandle

Approved by the PPHD Board of Health February 8, 2024

live, learn, work, and play



For a Healthier Panhandle

PREPARED BY

Megan Barhafer, 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
Nebraska Department of Health and Human Services

FOR MORE INFORMATION

www.pphd.ne.gov

CONTACT

Megan Barhafer
Mbarhafer@pphd.ne.gov



INTRODUCTION

The Community Health Improvement Plan is a community-guided three-year strategic plan to address concerns identified in the community health assessment. Partners in the 12 counties in Panhandle Public Health District (PPHD) all work together to develop and implement the regional CHIP. This planning document was developed with the other strategic planning documents for the region in mind. All documents were presented with the data during community meetings or the work plans summarized during the work plan development meeting. PPHD staff also referenced other strategic plans during the writing of the community health assessment to ensure that data would be collected for those efforts as well.

The COVID-19 pandemic limited the regional capacity to attend to the priorities identified in the last cycle. Over the past year and a half, we have been able to grow our capacity and our team witnessed active hope in our partners that is alive and well despite all that has been going on. This cycle (2024-2026) presents an opportunity to make even more movement toward our collective goals. Regional priorities for the PPHD service area (12 counties of the Nebraska Panhandle) were determined before the priorities for each hospital service area in the district. Every hospital is aligned with the regional goal to improve access to behavioral and mental health. There are pieces of the other regional priorities that can be found in each hospital's plans for the coming years. The spirit of collaboration feels more present than ever.

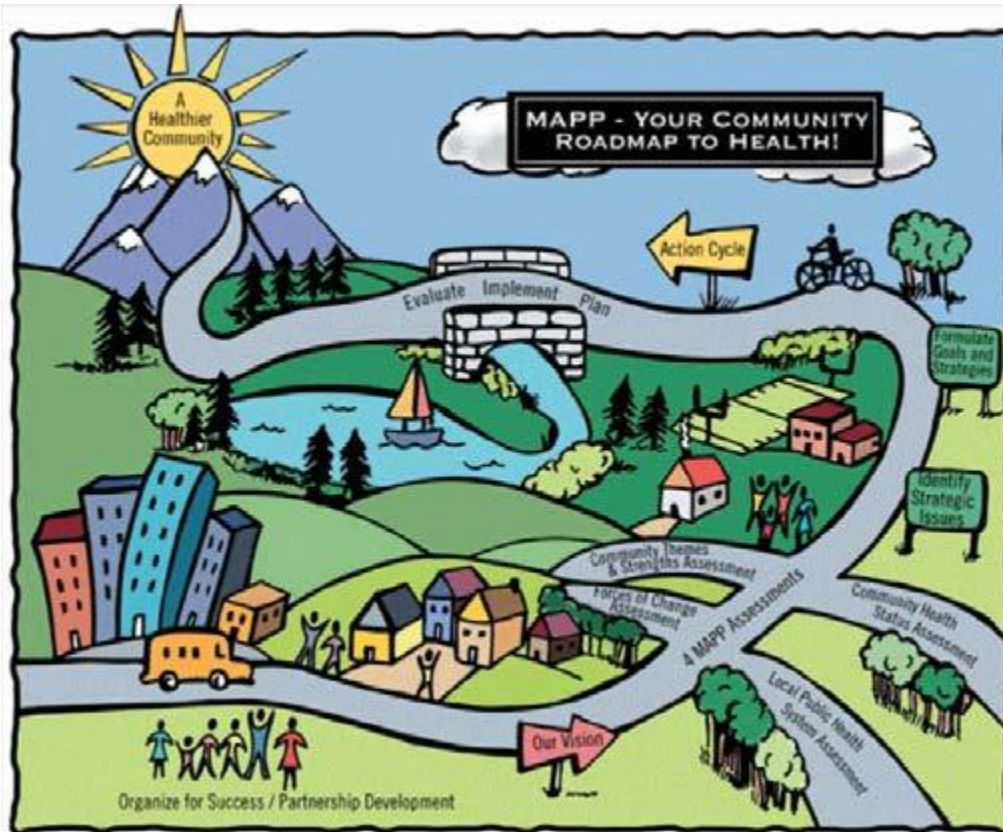
The regional workplan functions to strengthen the hospital strategies. The alignment of the priorities across the region laid a solid foundation for the work plan development. The hospitals met to develop their work plans toward the end of 2023. These work plans are incorporated into the regional work plan contained in this document.

THE VISION

The vision for this cycle of Mobilizing for Action through Planning and Partnerships is: When we align our resources a safer and healthier Panhandle will be one where wellness and mental well-being are incentivized, there is access to safe and affordable housing, there is increased social connectedness, we have a sustainable workforce and there are development opportunities, the health system collaborations are optimized, there are robust systems to address behavioral health, our community is equitable, we advocate to address access to care, we have resources available, we have safe built environments, and we prevent Adverse Childhood Experiences (ACEs). The vision was decided upon by a group of 58 community members representing 26 different organizations.

THE PROCESS

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.



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.

ALIGNMENT TO NATIONAL AND COMMUNITY PLANS

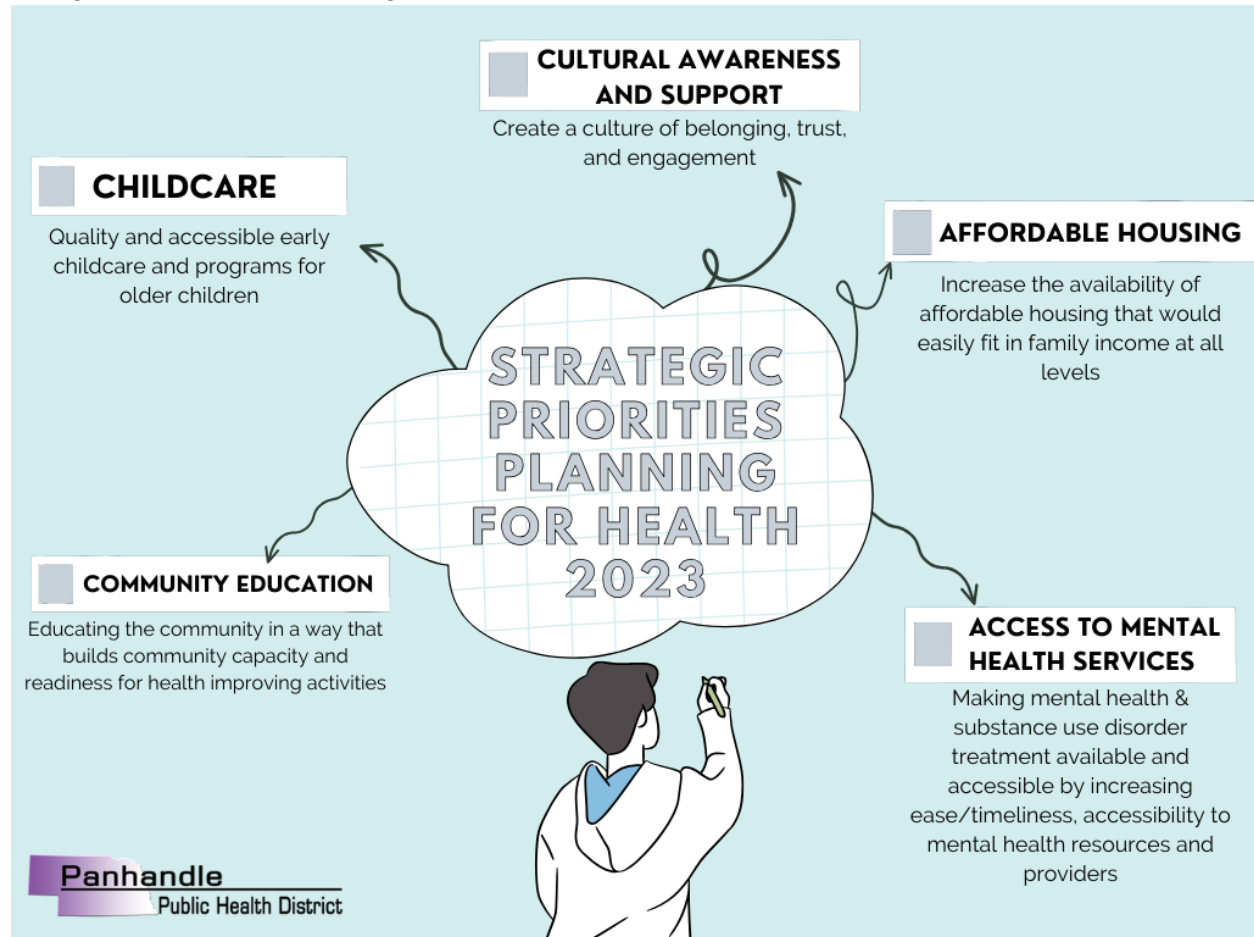
The Panhandle Community Health Improvement Plan aligns with national and community plans:

- **Healthy People 2030** identifies public health priorities to help communities across the United States improve health and well-being. This regional plan uses strategies outlined in Healthy People 2030.
- **The Community Guide** a collection of evidence-based recommendations and findings to protect and improve the population's health. This regional plan uses strategies outlined in the Community Guide
- **Comprehensive Economic Development Strategy** an economic development plan guiding the Panhandle region to leverage competitive advantages and address the needs of the area. This regional plan aligns with some of the priorities outlined in the CEDS.
- **Regional Opioid Settlement Fund Plan** a collaborative strategic plan developed in response to the announcement that Opioid settlement funds would be made available in the coming years. This plan's vision and priorities were shared during meetings when the regional plan was in development.
- **SPACECAT** is a new planning tool developed by the National Association of County & City Health Officials in which PPHD participated in the first pilot. The plan's priorities were reviewed and decided in collaboration with the MAPP process. These two plans rely on the Community Health Assessment data.
- **Minority Health Assessment** was another MAPP process completed in 2022. This assessment and plan followed the same requirements as the CHIP and CHA. The findings from this assessment were updated and included in the determination of priorities for this CHIP cycle. The priorities outlined in this document are intended to support efforts to improve health equity in the region. Though the workplans for that process and this one are separate they have overlap that strengthens the support behind the strategies.

GOALS

The first four phases of the MAPP model are summarized in the CHNA component of this report. For this cycle, the regional priorities were selected first and then the community hospital selected their priorities.

The goals selected for the region are:



ENGAGING THE COMMUNITY

A survey was created at the end of 2022 and distributed widely online through many email lists and hospital waiting rooms. A postcard with the link to the survey was also sent out to the most isolated communities in the Panhandle (rural counties without hospitals in them, neighborhoods where a high proportion of the residents are non-white, and rural communities that lack common areas for distribution of survey materials). 1100 participants filled out the survey. Community organizations were invited to participate in several meetings throughout 2023 to develop the vision and priorities for the cycle. Community organizations also participated in a survey to describe their gifts that can support community health improvement efforts. Between the meetings and surveys, 32 organizations participated.

ABOUT THE PLAN

The Panhandle Community Health Improvement Plan (CHIP) includes goals and objectives for three years and work plans that are intended to be periodically updated. The goals, strategies, and objectives are aligned with national initiatives such as Healthy People 2030. The specific alignments are called out in the Goals and Objectives section. The objectives include quantifiable performance measures based on data included in the CHNA or community feedback surveys conducted throughout the cycle.

Establishing the performance measures for the objectives is done on a three-year cycle. The hospitals operate on three-year CHIP/CHA cycles and data is often not made available until a year or two after it was collected.

Monitoring the CHIP will be done by the hospitals and by the communities of practice. The communities of practice are an evolution of the workgroups. They will be focused on specific strategies that several hospitals are working on concurrently. The purpose will be to help hospitals learn more about the nuances of a very specific policy or program implementation. PPHD will collect the data outlined in the CHIP to be presented to the MAPP steering committee and the communities of practice each year. In addition, the party responsible for each activity will present to the committee at least annually to report progress, successes, challenges, and needs. The MAPP steering committee meets quarterly, and the communities of practice meet every six months.

The work plan includes activities that community partners have agreed to conduct in the first year of the cycle. The agreements are based on the mission and resources of the agency and are built on evidence-informed best practices. The activities included in the plan include a reference to the best practice and some indication of the agency's ability to support the activity and ongoing needs. The work plan will be reviewed annually to recommit to the activities each hospital and the regional collaboration will complete in that year. With the help of communities of practice and ongoing reviews of the work plans with shorter deadlines, we hope to have more efficient success. PPHD will be responsible for coordinating and scheduling the community of practice and steering committee meetings.

PANHANDLE COMMUNITY HEALTH IMPROVEMENT PLAN GOALS AND OBJECTIVES

STRATEGIC GOAL A: IMPROVE ACCESS TO CHILDCARE THAT IS ACCESSIBLE AND QUALITY

Significance: Childcare was identified by partners as a priority as much for its direct health benefits as for its aid in workforce availability. Hospitals and other service partners have struggled to recruit and retain staff due to lack of childcare. The first five years of a child's life lay the foundation for self-regulation, future financial success, improvement in health outcomes, and social-emotional development.

Regional Resources: Five communities are participating in communities for kids which is a community engagement process to find solutions to improve access to childcare in these communities. These processes have already resulted in several cross-sector partnerships. PPHD has a staff member going through a childcare policy leadership academy. Workgroups focusing on both the quality and access sides of the problem have been in effect for years.

Goal A1: Support hospital strategies to improve access to childcare

Strategy A1.1 Provide technical support to each community working to improve capacity or quality of their childcare programs

Objective A1.1.1

Increase the number of thriving childcare programs in the region.

Goal A2: Develop an effective regional advocacy strategy to improve the legal conditions around early childcare

Strategy A2.1 Identify childcare stakeholders and champions to include in collaborative efforts

Objective A2.1.1

Multi-sectoral partnership meets regularly and is able to take collective action to support childcare

Strategy A2.2 Build understanding and skills among partners about advocacy around childcare

Objective A2.2.1

More childcare facilities can take vouchers, expanding access to quality care

STRATEGIC GOAL B: IMPROVE ACCESS TO MENTAL HEALTH CARE

Significance: The rate of frequent mental distress has been increasing in the panhandle since 2011 and the region has had consistently higher rates than the state between 2011 and 2020. The CHA outlines additional mental health data in more detail. Mental health has been identified as an important factor in the community well-being for the last three cycles. The severity has increased since the pandemic hit. Access to mental health allows people to seek treatment for their conditions without worry of cost or long wait times which increase the likelihood someone will let their condition go untreated.

Regional Resources: We have several workgroups addressing different facets of mental health including an opioid task force. The schools have taken steps to improve mental health through pursuing the hiring of school-based mental health professionals or educating staff about mental health and trauma-informed care. 13 of the organizations who filled out the capacity survey indicated mental health as a priority area.

Goal B1: Increase the capacity for mental health care in the region

Strategy B1.1 Develop an incentive program for rural mental health providers

Objective B1.1.1

The region will bring in mental health providers

Strategy B1.2 Develop a strategy for mental health provider talent recruitment and retention

Objective B1.2.1

The region will retain mental health providers

Strategy B1.3 Grow programs to increase the number of young people who want to go into the mental health field

Objective B1.3.1

Students will enroll in mental health programs at the local colleges

Goal B2: Support regional workgroups and area hospitals strategies to improve access to mental and behavioral health care

Strategy B2.1 Pursue funding to grow and develop regional mental and behavioral health resources

Objective B2.1.1

Each work plan for each program will have dedicated funding to execute it

Strategy B2.2 Provide technical support to each community working to improve the capacity or quality of their mental health programs

Objective B2.2.1

Increase the number of mental health programs in the region

STRATEGIC GOAL C: IMPROVE CULTURAL AWARENESS AND SUPPORT

Significance: Cultural awareness and support help to reduce chronic stress in marginalized communities by creating communities that value diversity and inclusion. Racism has been declared a serious threat to public health by the CDC because of the disastrous effects on the stress of the affected communities. Poor health outcomes have been tied to chronic stress. Health equity data by race can be seen in the CHA.

Regional Resources: Empowering families is a local non-profit working to make the Panhandle a more inclusive and welcoming place. They have brought intentional trainings through the local welcoming communities conference. Nebraska Extension and Outreach has a focus on providing equitable opportunities and training for the community. Many organizations are choosing to spend their resources on training staff and leadership on inclusivity.

Goal C1: Increase access to information in multiple languages

Strategy C1.1 Develop a training to educate and advocate for the benefits of in-person interpretation

Objective C1.1.1

Increase the number of community members who have access to in-person interpretation

Strategy C1.2 Grow access to deaf interpreters

Objective C1.2.1

Increase the number of in-person deaf interpreters in the region

Strategy C1.3 Provide technical support for hospitals working to improve their offerings in multiple languages

Objective C1.3.1

Increase the approval rating among non-English speaking patients

Goal C2: Improve the equity in the region

Strategy C2.1 Create a bank of training opportunities for employers looking to create more equitable work environments

Objective C2.1.1

Increase the number of workplaces that engage in training to make their workplaces more equitable

Strategy C2.2 Collaborate across workgroups to align strategies for creating welcoming communities

Objective C2.2.1

Decrease the number of people who report feeling discriminated against

STRATEGIC GOAL D: CREATE ACCESS TO QUALITY, AFFORDABLE HOUSING

Significance: Safe shelter is one of the core basic human needs. Safe, affordable housing continues to be a challenge in the Panhandle for both families living in poverty and those with a lower-middle income. The region struggles to maintain rentals that take section 8 vouchers, and we lack a long-term solution for housing individuals who need ongoing support to get into permanent housing. The region also struggles to support available homes for purchase at a lower price point for young families.

Regional Resources: The Panhandle Partnership has a housing and homelessness work group which includes participation from many of the housing supportive organizations in the Panhandle. Western Nebraska Economic Development, a collaborative of city officials, is working to improve housing availability by focusing on policy. Aulick, a large employer in the valley has been working to develop locally manufactured tiny homes. Large businesses in the valley have shown interest in creative housing solutions.

Goal D1: Advocate to increase the number of affordable units available

Strategy D1.1 Partner with community economic development groups to advocate for diverse housing stock policies

Objective D1.1.1

Increase the number of communities that adopt zoning code that is supportive of diverse housing stock

Strategy D1.2 Work with community economic development and housing partners to develop policies that create opportunities for ethical rentals

Objective D1.2.1

Increase the number of quality, affordable rentals available to community members

STRATEGIC GOAL E: BUILD COMMUNITY CAPACITY TO WORK ON THE OTHER STRATEGIC GOALS

Significance: The community's confidence in being able to address the other priority areas has fluctuated over the years as goals have not been met or new programs are developed. The intention of this priority area is to provide the necessary technical assistance and support to keep up the regional confidence in our ability to solve our own challenges.

Regional Resources: The Panhandle Partnership has a system for distributing information about and creating registration events for trainings. PPHD is trained in facilitation and has access to national public health repositories of evidence-based strategies. Collaboration is a strength of the organizations in the Panhandle.

Goal E1: Grow community capacity to advocate for policies to improve community wellbeing

Strategy E1.1 Create policy advocacy guidelines for the regional collaborative

Objective E1.1.1

The regional collaborative will advocate for at least one large issue connected to the community health improvement plan each year

Goal E2: Create opportunities to build community capacity through collaboration

Strategy E2.1 Develop communities of practice around specific strategies shared by area hospitals

Objective E2.1.1

The hospitals will gain confidence and skills to carry out the strategies outlined in their Community Health Improvement Plans

Strategy E2.2 Share findings of the CHIP and CHA with other community entities going through strategic planning to ensure alignment

Objective E1.2.1

The regional collaborative will review CHIP workplan against community strategic plans yearly to ensure continued alignment and identify opportunities for collaboration

Year 1 Workplan

Approach	Activities	Responsible Parties	Goal #	Time Frame
Access to Childcare	Provide technical support to each community working to improve capacity or quality of their childcare programs	Systems of Care 0-8 PPHD Planner	A1	January 2024 – December 2026
	Identify childcare stakeholders and champions to include in collaborative efforts	PPHD Planner Nebraska Children	A2	January 2024 - July 2024
	Build understanding and skills among partners about advocacy around childcare	Nebraska Children PPHD Planner	A2	January 2024 - December 2026
	Develop an incentive program for rural mental health providers	Opioid Task Force PPHD Behavioral Health Workgroup	B1	January 2025 - December 2025

Improve Access to Mental Health Care	Develop a strategy for mental health provider talent recruitment and retention	Opioid Task Force PPHD Behavioral Health Workgroup	B1	January 2024 – December 2024
	Grow programs to increase the number of young people who want to go into the mental health field	Snow-Redfern PPHD	B1	January 2024- December 2026
	Pursue funding to grow and develop regional mental and behavioral health resources	Opioid Task Force PPHD	B2	July 2024 - December 2024
	Provide technical support to each community working to improve the capacity or quality of their mental health programs	PPHD	B2	January 2024 – December 2026
Improve Cultural Awareness and Support	Develop a training to educate and advocate for the benefits of in-person interpretation	PPHD Empowering Families	C1	January 2024- December 2024
	Grow access to deaf interpreters by promoting training of local interpreters	NCDHH	C1	January 2025 – December 2026
	Provide technical support for hospitals working to improve their offerings in multiple languages	PPHD	C1	January 2024 – December 2026
	Create a bank of training opportunities for employers looking to create more equitable work environments	PPHD Empowering Families Panhandle Partnership	C2	January 2024 – December 2024

	Collaborate across workgroups to align strategies for creating welcoming communities	PPHD Empowering Families Panhandle Partnership	C2	January 2024 – December 2026
Create Access to Quality and Affordable Housing	Partner with community economic development groups to advocate for diverse housing stock policies	PPHD Panhandle Coalition for Housing & Homelessness	D1	January 2024 – December 2026
	Work with community economic development and housing partners to develop policies that create opportunities for ethical rentals	PPHD WNED PADD	D1	January 2024 – December 2026
Build Community Capacity to Work on the Other Strategic Goals	Create policy advocacy guidelines for the regional collaborative	PPHD Coalition for a Strong Nebraska Nonprofit Association of the Midlands	E1	January 2024 – December 2026
	Develop communities of practice around specific strategies shared by area hospitals	PPHD	E2	January 2024
	Share findings of the CHIP and CHA with other community entities going through strategic planning to ensure alignment	PPHD	E2	January 2024 – December 2026

Sources for Evidence-Based Practices

The Community Guide. (2014, January). *Improving mental health and addressing mental illness: Collaborative ...* <https://www.thecommunityguide.org/media/pdf/Mental-Health-Collaborative-Care.pdf>

Credible Mind. (2023). *About Us*. Crediblemind. <https://pphd.crediblemind.com/>

firstfive Nebraska. (2021). *Guidelines for business leadership in the public conversation about quality child care*. <https://www.firstfive-nebraska.org/wp-content/uploads/2021/07/Business-Leadership-in-Child-Care-Advocacy.pdf>

McMahon, N. (2023, April 4). *Utilizing technology to expand Language Access: Healthcare it Today*. Healthcare IT Today | Fresh, Daily, Practical Healthcare IT Insights. <https://www.healthcareittoday.com/2023/04/05/utilizing-technology-to-expand-language-access/>

National Immigration Law Center. (2023, July). *Reducing barriers, improving outcomes*. <https://www.nilc.org/wp-content/uploads/2023/07/Expanding-Health-Care-Access-for-Individuals-with-Limited-English-Proficiency.pdf>

Operation to Save Lives & QRT National. (2022, November 28). *Situation table*. O2SL and QRT National. <https://o2sl.com/situation-table/>

QPR Institute. (2023). *QPR Institute: Practical and proven suicide prevention training*. QPR Institute | Practical and Proven Suicide Prevention Training QPR Institute (en-US). <https://qprinstitute.com/about-qpr>

Purtle, J., & Roman, L. A. (2015, June). *Health Awareness Days: Sufficient evidence to support the craze?*. American journal of public health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431079/>

Rural Health Information Hub. (2023). *Healthcare access in rural communities Overview*. Overview - Rural Health Information Hub. <https://www.ruralhealthinfo.org/topics/healthcare-access>

SAMHSA. (2023, June). *Evidence-based resources about opioid overdose*. <https://www.samhsa.gov/find-help/overdose>

Worrall, H., Schweizer, R., Marks, E., Yuan, L., Lloyd, C., & Ramjan, R. (2018). The effectiveness of Support Groups: A literature review. *Mental Health and Social Inclusion*, 22(2), 85–93. <https://doi.org/10.1108/mhsi-12-2017-0055>