2020

Community Health Improvement Plan

of the

Nebraska Panhandle

PREPARED BY

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IN COLLABORATION WITH

Rural Nebraska Healthcare Network
Scotts Bluff County Health Department
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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
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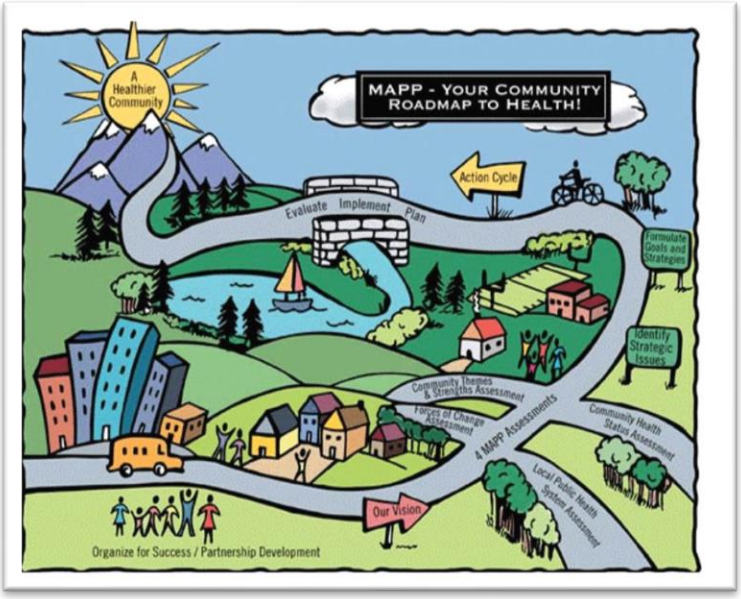
INTRODUCTION

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 2020 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 depression screening by primary care providers (HP 2020: MHMD-11)

Baseline:	TBD
Target:	TBD
Target-Setting Method:	10% improvement
Data Source:	PPHD Data Collection
Indicator	Number of hospitals and clinics with primary care providers who use depression screening

Objective adopted from Healthy People 2020 Mental Health and Mental Disorders, MHMD-11.

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):	15.8 per 100,000 population
Target-Setting Method:	10% improvement
Data Source:	Nebraska Vital Records
Indicator	Suicide death rate per 100,000 population (age-adjusted)

Objective adopted from Healthy People 2020 Mental Health and Mental Disorders, MHMD-1.

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 - 38.9% 10th - 47.8% 12th - 63.9%
Target-Setting Method:	10% improvement (Healthy People 2020)
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 2020 Substance Abuse, SA-2.1.

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 - 7.7% 10th - 18.0% 12th - 31.5%
Target-Setting Method:	10% improvement (Healthy People 2020)
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 2020 Substance Abuse, SA-2.2.

***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 2020)
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 adopted from Healthy People 2020 Substance Abuse SA-14.

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 Continuum of Care for Housing and Homelessness.

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

Baseline:	TBD
Target:	TBD
Target-Setting Method:	10% improvement (Healthy People 2020)
Data Source:	Point-In-Time Survey
Indicator	TBD

OBJECTIVE 2A.2: Increase the number of individuals in need who are connected to housing

Baseline:	TBD
Target:	TBD
Target-Setting Method:	10% improvement (Healthy People 2020)
Data Source:	Housing Inventory Count
Indicator	TBD

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 of 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 2020)
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 2020)
Data Source:	Rooted in Relationships Annual Evaluation Report
Indicator	Number of childcare programs engaged with Rooted in Relationship coaches

STRATEGIES

- Child Care Quality Measures (Source: Step Up to Quality)
- Social-Emotional Development of Children (Source: Rooted in Relationships)

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 2020: C-18)

COLON CANCER

Baseline (2018):	52.9%
Target (2023):	58.2%
Target-Setting Method:	10% improvement (Healthy People 2020)
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 2020)
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 2020)
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 adopted from Healthy People 2020 Cancer, C-15, C-16, and C-17.

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)
- Cancer Screening: Client Reminders – Breast Cancer (Source: The Community Guide)

DIABETES PREVENTION

***OBJECTIVE 4B.1:** Reduce the annual number of new cases of diagnosed diabetes in the population (HP 2020 D-1)

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 2020 Nutrition and Weight Status, NWS-9.

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 2020 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 2020 Tobacco Use, TU-1.1.

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 2020 Tobacco Use, TU-3.

OBJECTIVE 4D.5: Reduce use of cigarettes by adolescents (past month)

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 2020 Tobacco Use, TU-2.1.

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 2020 Tobacco Use, TU-2.2.

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)