

2022 ANNUAL REPORT
OF THE
2021-2023
NEBRASKA PANHANDLE
COMMUNITY HEALTH
IMPROVEMENT PLAN

live, learn, work, and play



For a Healthier Panhandle

Published by
Panhandle Public Health District

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

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Introduction

Every three years, we come together in the Panhandle to complete a Community Health Needs Assessment and Community Health Improvement Plan. During 2020, people across the region worked collaboratively to review data, share concerns and strengths of our communities, and identify priority areas that we can work on to improve the health status of all people living in the Panhandle. Mobilizing for Action through Planning and Partnerships (MAPP) was the planning process. The ultimate goal of MAPP is optimal community health – a community where residents are healthy, safe, and have a high quality of life.

There are six key phases, including four assessments, in the MAPP process:

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)

Panhandle Public Health District partnered with the hospitals and health systems as well as the rest of the local public health system to complete the assessment. The public was encouraged to participate throughout the process through surveys, focus groups, and participatory planning processes. Most of these were hosted online due to the 2020 Covid-19 Pandemic.

During 2021, some hospitals were able to plan for and restart regular programs that had been put on hold during 2020. The regional brainstorming for the CHIP strategy meetings took place during the early part of 2021. Participants often mentioned in those brainstorming sessions that their goals for the year were to move beyond the COVID response.

Priority Areas

Using the information from all four assessments, the following priority areas were identified:

1. Behavioral Health
2. Housing and Homelessness
3. Early Childhood Care and Education
4. Chronic Disease Prevention, including (a) Cancer, (b) Cardiovascular Disease, (c) Diabetes, and (d) Chronic Disease Risk and Protective Factors

With a focus on these overarching themes:

1. Child Abuse & Neglect
2. Poverty
3. Access to Care



2021-2023 Panhandle Community Health Improvement Plan Priority Areas

Behavioral Health <ul style="list-style-type: none">• Mental Well-Being• Suicide Prevention & Support• Substance Abuse Prevention	Housing & Homelessness	Early Childhood Care & Education	Chronic Disease Prevention <ul style="list-style-type: none">• Cancer Prevention• Diabetes Prevention• Heart Disease Prevention• Risk Factors
Strategies focusing on Child Abuse/Neglect Poverty Access			

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

Objectives & Strategies

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

Original activities and strategies can be found in the original 2021-2023 CHIP document at www.pphd.org, however revisions to the objectives and strategies can be found in this annual report throughout each section and in the appendices.

Activities

Specific activities for the strategies in each priority area are reviewed in each section and can be found in the appendices.

Goal Setting

The Healthy People 2030 target-setting method of a 10% improvement was used to set goals for objectives, with adjustments made for a 3% improvement over a three-year period.

Revisions

Revisions to the CHIP consider the feasibility and effectiveness of the strategies and/or changing priorities, resources, or community assets. Revisions will be noted throughout the document and maybe 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.

Data Collection

Data is collected annually or bi-annually from partner organizations using the survey software Qualtrics. The data for some indicators is not yet available, and the development of this data is a piece of this CHIP process. These instances will be noted throughout the document.



CHIP Priority Area Work Groups

The work groups for Behavioral Health and Chronic Disease Prevention meet once per quarter to discuss progress, barriers, upcoming opportunities, and priorities for the next steps. These groups have a Base Camp web page where documents are stored, and opportunities can be regularly shared as they come up.

The workgroup for Early Childhood Care & Education is comprised of the Systems of Care Birth-Eight work group that functions through the Panhandle Partnership. This work group meets once per quarter in person, with an option to call in, and is made up of representatives from various early childhood care and education agencies across the Panhandle, such as Sixpence, Early Head Start, ESU 13, Healthy Families, and more. A representative from Panhandle Public Health District attends these meetings.

The workgroup for Housing and Homelessness is comprised of the Continuum of Care work group that is organized by a coalition of non-profits that support rehousing efforts in the Panhandle. Participating non-profits include United Way, CAPWN, Region 1 Behavioral Health, Cirrus House, and others.

Priority Area 1: Behavioral Health



Sub-Priority 1A: Mental & Emotional Well-Being

Snapshot

Objectives

- Decrease the number of people who have had frequent mental distress in the past 30 days (HP 2030: MHMD-05/06)
- Reduce the suicide rate (HP 2030: MHMD-1)

Evidence-Based Strategies

- Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders (Source: Community Preventive Services Task Force)
- Suicide Risk: Screening in Adolescents, Adults, and Older Adults (Source: United States Preventive Services Task Force)
- QPR: Question, Persuade, Refer training

Why Mental & Emotional Well-Being?

Mental health is "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges."

Mental disorders are one of the most common¹ causes of disability, and the disease burden of mental illness is the highest of all diseases.



²Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2019). Mental Health and Mental Disorders. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

Decrease the number of people who have had frequent mental distress in the past 30 days (HP 2030: MHMD-05/06)

- Indicator: Mental Health was not good on 14 or more of the past 30 days
- Data Source: BRFSS
- Baseline (2016-2018 combined): 12.97%
- Target (2023): 12.58%
- Target-Setting Method: 3% improvement

	Historical	Baseline			Goal
	2013-2015	2016-2018	2017-2019	2018-2020	2023
Percent of the population where mental health was not good on 14 or more of the past 30 days	10.2	12.97	13.3	13.6	12.58



Activities & Performance Measures

Area hospitals and clinics are working to improve mental health care by:

- Adapting the screening process to include follow-ups from positive screenings for mental illness



Strengthen relationships with law enforcement to increase service referrals from mental health encounters

In the fall of 2022, PPHD brought training for a program called "The Situation Table" to the Panhandle. The Panhandle Situation Table meets weekly and connects partners across law enforcement, social services, and health to provide a "warm handoff" to needy residents.

The situation table has received 36 situations as of March 2023 and 18 of those situations were connected to services, 8 informed of services, 4 refused services, 3 open, 2 deemed not at an elevated risk, and 1 unable to locate. It has also strengthened partner connections outside of the table's meetings.

Source: Annual CHIP report survey



Priority Area 1: Behavioral Health

Reduce the suicide rate (HP 2030: MHMD-1)

- Indicator: Age-adjusted rate of death by suicide (per 100,000 population), 3-year moving average
- Data Source: Nebraska Vital Records
- Baseline (2016-2018 combined): 16.5 per 100,000 population
- Target (2023): 16.01 per 100,000 population
- Target-Setting Method: 3% improvement

	Historical	Baseline			Goal
	2013-2015	2016-2018	2017-2019	2018-2020	2023
Suicide death rate per 100,000	17.5	16.5	24.8	23.2	16.0



Activities & Performance Measures

Increase knowledge of suicide identification and awareness.

- Question, Persuade, Refer (QPR) trainings were offered in person as well as online in 2022.
 - 490 people were trained during the past year
- Two Out of the Darkness suicide awareness walks occurred in the Panhandle in Sidney, Alliance.
- 9 Schools host Hope Squads, peer-to-peer mental health support

Increase number of Panhandle Worksite Wellness Council member businesses that offer evidence-based strategies to address employee mental health and well-being.

	Baseline			
	2019	2020	2021	2022
# of businesses that have policies or processes in place to support mental health recovery	13	20	23	26
# of businesses with policies or processes in place to support Substance Use Disorder	13	21	24	27
# of businesses with policies or processes in place to support educating supervisors on signs and symptoms of Mental Health or Substance Use Disorder	12	20	22	24
# of businesses with policies in place regarding alcohol use at employee events	8	16	18	22



Source: PWWC Annual Survey

Panhandle Worksite Wellness Council (PWWC) partners with employers to provide training, resources, and guidance on developing effective worksite wellness programs.



Priority Area 1: Behavioral Health

Activities & Performance Measures

Track how referrals for Mental Health are happening after screenings are done.

The referral system has been edited within the Region 1 Behavioral Health system. The new referral forms are being used about half the time. So far trends in the referral forms show a high need for higher-level treatment than is available in the region.

In 2022, a universal crisis line went live. The 988 line is the mental health crisis version of 911. It is an especially important option for rural areas where service may be less predictable. PPHD and partners have helped to spread the word about 988 at suicide prevention programs and in community meetings about mental health.



If you or someone you know
needs support now,
CALL OR TEXT: 988
CHAT: 988lifeline.org

Talk with us.



Sub-Priority 1B: Substance Abuse

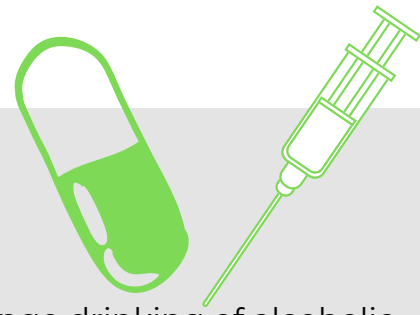
Snapshot

Objectives

- Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2020: SA-14)
- Reduce the proportion of 12th graders who report that they rode, during the past 30 days, with a driver who had been drinking alcohol (HP 2020: SA-1)
- Decrease drug-overdose deaths (based off of HP 2020: MPS-2.4)

Evidence-Based Strategies

- Alcohol – Excessive Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors (Source: Community Preventive Services Task Force)
- Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution (Source: Community Preventive Services Task Force)
- Regional Use of Nebraska Prescription Drug Monitoring Program (Source: Nebraska DHHS)



Why Substance Abuse?

Substance abuse is "a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes"³. Because of social and political attitudes and legal responses to substance use, substance abuse is a complex public health issue.

"Substance" refers to legal (such as alcohol and tobacco) and illegal (such as heroin, methamphetamine, illegally obtained prescriptions, inappropriately used legal substances, etc.) substances. The Panhandle also has only 21 substance misuse treatment center beds available at a maximum leading to many community members being treated out of the service area.



3. Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2019). Substance Abuse. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>

Reduce Unhealthy Use of Alcohol

Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2020: SA-14)

- Indicator: Percentage of adults 18 and older who report having five or more alcohol drinks for men/four or more for women on at least one occasion in the past 30 days.
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2018): 16.8%
- Target (2023): 16.3%
- Target-Setting Method: 3% improvement

Percentage of adults 18 and older who report having five or more alcohol drinks for men/four or more for women on at least one occasion in the past 30 days.

	Historical							Baseline			Goal
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2023
Panhandle	17.8%	18.2%	16.4%	17.6%	14.0%	19.0%	16.7%	16.8%	15.0%	18.3%	16.3%
Nebraska	22.7%	22.1%	20.0%	20.3%	19.5%	20.0%	20.6%	21.2%	20.9%	20.4%	-



- Indicator: Past 30 day binge drinking, percent of 8th, 10th, and 12th graders
- Data Source: Nebraska Risk and Protective Factor Student Survey, Region 1
- Baseline (2018):
 - 8th Grade: 3.5%
 - 10th Grade: 9.1%
 - 12th Grade: 17.0%
- Target (2023):
 - 8th Grade: 3.4%
 - 10th Grade: 8.8%
 - 12th Grade: 16.5%
- Target-Setting Method: 10% improvement



	Historical				Baseline			Goal
	2010	2012	2014	2016	2018	2021	2023	
8th Grade	4.5%	4.8%	3.0%	1.6%	3.5%	3.0%	3.4%	
10th Grade	16.7%	12.6%	11.3%	8.9%	9.1%	6.6%	8.8%	
12th Grade	23.8%	22.4%	18.2%	17.3%	17.0%	17.6%	16.5%	



Priority Area 1: Behavioral Health

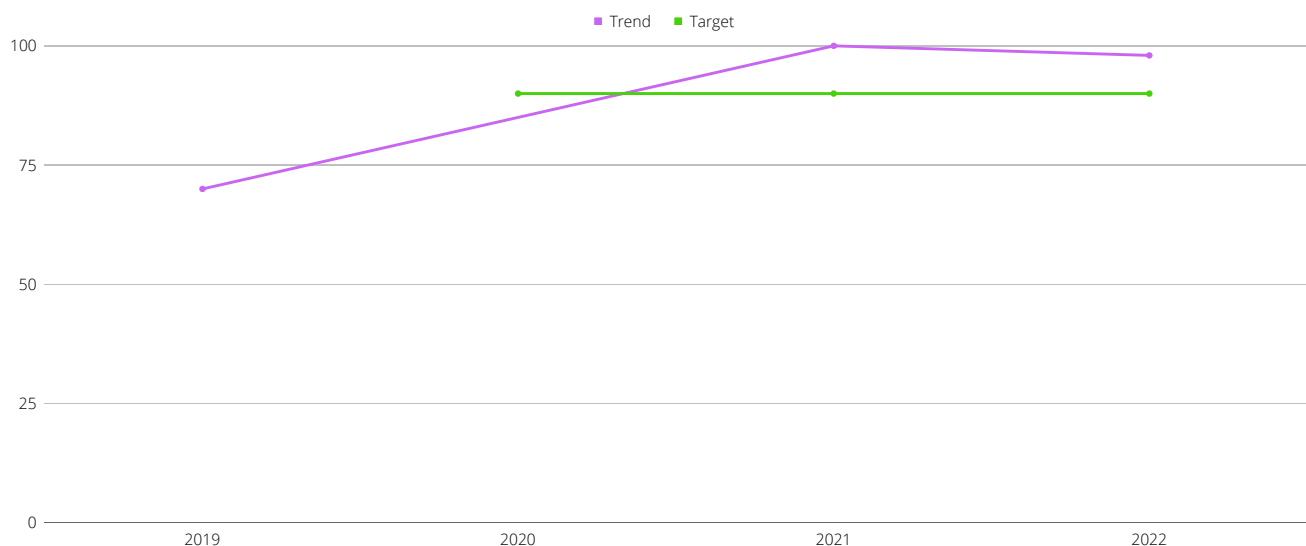
Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol (HP 2020: SA-1)

- Indicator: 12th Graders who rode in a vehicle driven by someone who had been drinking alcohol, past 30 days
- Data Source: Nebraska Risk and Protective Factor Student Survey, Region 1
- Baseline (2014): 12.5%
- Target (2023): 11.2%
- Target-Setting Method: 10% improvement over 10 years

	Baseline			Goal
	2016	2018	2021	2023
Rode in a vehicle driven by someone who had been drinking alcohol in the past 30 days	12.5%	12.8%	17.2%	11.2%



Activities & Performance Measures Maintain Compliance Check rates

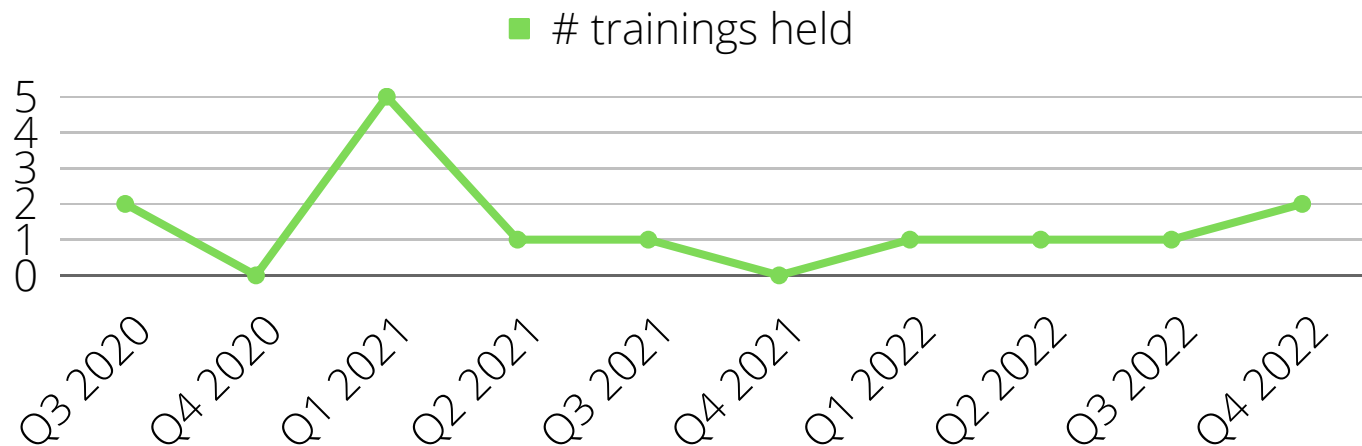


Source: PPHD Performance Management System



Priority Area 1: Behavioral Health

Increase number of people educated about Opioids and Opioid Misuse



Source: PPHD Performance Management System

Activities & Performance Measures

Increase access to rehabilitation and protective services in the Panhandle

- PPHD provides education to community groups and schools on opioids, substance abuse, and Narcan.
- Narcan is supplied to all first responder groups in the Panhandle
- Narcan is free for Panhandle residents through pharmacies participating in the NPA Narcan program
- PPHD provided education and supplied Deterra pouches to Home Health/Hospice, with future plans to connect with funeral homes and the Nebraska Rodeo Association.
- Panhandle Partnership hosts Responsible Beverage Server Training, in 2022, 5 servers were trained

Increase school resources to support youth misuse challenges

- Chadron public schools received a grant in 2020 to provide in-school mental health resources for students. The project has been successful in connecting students to mental health resources but it has had limited impact. PPHD is looking into additional funding to support mental health for young people in our communities.

Revisions

2022

- No revisions this year



Priority Area 2: Housing & Homelessness

Snapshot

Objectives

- Reduce the number of people experiencing homelessness in the Panhandle
- Reduce the proportion of families that spend more than 30 percent of their income on housing
- Increase the safety of the homes people are living in

Evidence-Based Strategies

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

Why Housing and Homelessness?

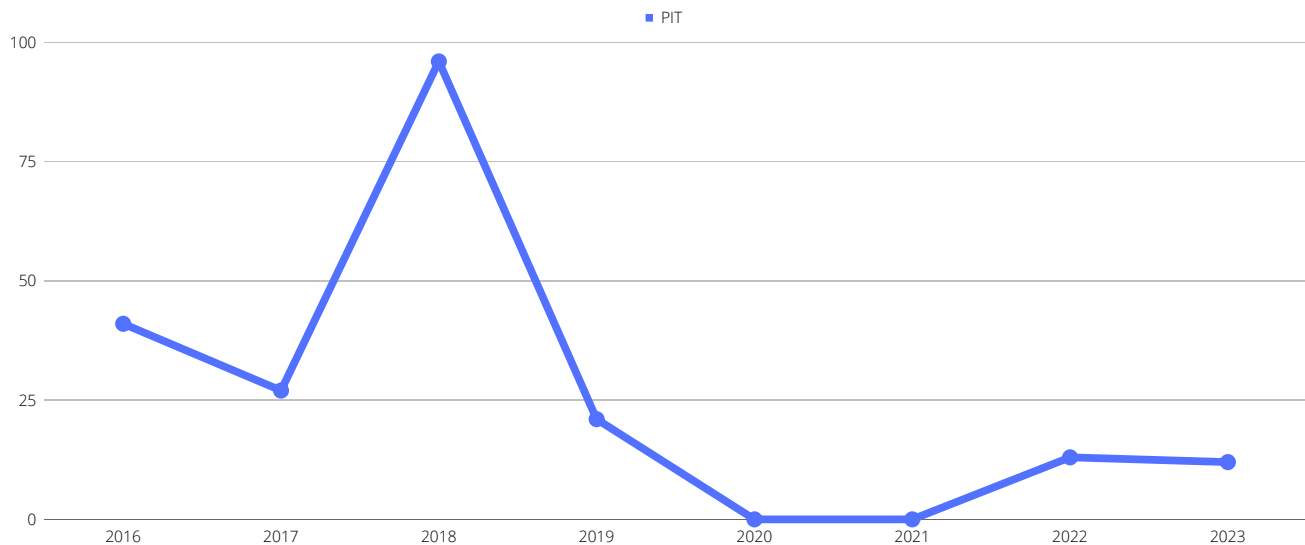
Housing in the Panhandle is always a challenge that comes in economic development conversations. The availability of affordable housing is often cited as a major reason why there is a workforce shortage in the Panhandle. Inflation during the COVID-19 pandemic has inflated this challenge further. The median value for Panhandle homes in 2021 was \$124,121 while the median household income was \$55,097 and 1/3 of workers are classified as low-wage workers.⁴ All of these factors result contribute to the affordability of housing in the Panhandle.

The housing stock in the Panhandle is also older, the median build year is 1962 compared to the statewide median build year of 1974. This is significant because homes built prior to 1979 have the potential to contain lead-based paint. Scotts Bluff County was identified as a lead-based paint hotspot in 2019. Lead-based paint can cause serious damage to the nervous system and has serious repercussions for chronic disease prevention and behavioral health. In order to address the housing gap in Western Nebraska, it is important to consider both economic and safety factors.

4. Nebraska Panhandle Area Development District. (2022). Data Dashboard. Housing. Retrieved from <https://dashboards.mysidewalk.com/padd/dashboardpage-1522018238761-7799180556-690055>

Reduce the number of people experiencing homelessness

- Indicator: Total homeless individuals including those with shelter
- Data Source: Point-in-time survey
- Baseline (2016): 41
- Target (2023): 39
- Target-Setting Method: 3% improvement



Behind the numbers

The Continuum of Care group in the Panhandle is responsible for the counts that give us an idea of the population that is homeless in the Panhandle. Recently HUD changed how these numbers are reported so following this data revision, a new data measure will be put into place with the help of the new Continuum of Care group.

Priority Area 2: Housing and Homelessness

Reduce proportion of households that spend more than 30% of income on housing (HP 2030: SDOH-04)

- Indicator: Selected monthly owner costs as a percentage of household income, 30% or more, Panhandle, ACS 5-Year Estimates
- Data Source: U.S. Census Bureau
- Baseline (2014-2018 ACS 5-Year Estimate):
 - Housing units with a mortgage: 25.0%
 - Housing units without a mortgage: 12.1%
 - Occupied units paying rent: 35.8%
- Target (2023):
 - Housing units with a mortgage: 24.3%
 - Housing units without a mortgage: 13%
 - Occupied units paying rent: 31.2%
- Target-Setting Method: 3% improvement

	Historic			Baseline				Goal
	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	2023
Housing units with a mortgage	25.4%	25.0%	26.2%	25.0%	26.2%	26.9%	25.5%	24.3%
Housing units without a mortgage	13.2%	12.2%	12.1%	13.4%	12.1%	14.2%	15.8%	13.0%
Occupied units paying rent	42.8%	41.0%	39.9%	32.2%	30.5%	35.8%	48.2%	31.2%



Activities & Performance Measures

Leverage partnerships to improve housing opportunities

In 2022, the Panhandle Coalition for Housing and Homelessness completed strategic planning. Partners attended a series of planning meetings to guide the way that the group will function in the coming years. Partners who helped develop the plan include CAPWN, Region 1, CASA, NCAP, Cirrus House, and DHHS. The vision is included on the following page.

Priority Area 2: Housing and Homelessness

WHAT ARE THE SUCCESS FACTORS FOR A VITAL & SUSTAINABLE EFFORT TO ADDRESS HOMELESSNESS?



Increase the number of homes in the Panhandle that are safe

Data collection for this indicator is primarily programmatic at this time.

Activities & Performance Measures Increase the safety of Panhandle homes

In 2022:

- 154 Radon test kits were distributed to homes in the Panhandle
- 41% of the kits were returned and analyzed

In Lead:

- 35 homes were tested
- PPHD also made testing available to anyone in the region doing construction

Revisions

2022

- The Panhandle area PIT counts became available again in 2022 and were included

Priority Area 2: Housing and Homelessness

Priority Area 3: Early Childhood Care & Education



Snapshot

Objectives

- Increase quality childcare and preschool availability (based off of Buffett Early Childhood Institute findings)

Evidence-Based Strategies

- 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)

Why Early Childhood Care and Education?

An assessment of Early Childhood Care and Education in the Panhandle in 2017, completed in conjunction with the Buffett Early Childhood Institute, found a shortage of quality childcare and preschool availability in the Panhandle. Research has show that 85% of brain architecture is set by age 3.

Increase quality childcare and preschool availability (based off of Buffett Early Childhood Institute findings)

- Indicator: Number fully licensed providers
- Data Source: Nebraska Department of Health and Human Services

	2019	2020	2021	2022
# licensed childcare providers, Panhandle	137	109	102	118



Increase number of programs that are enrolled with Step Up to Quality.

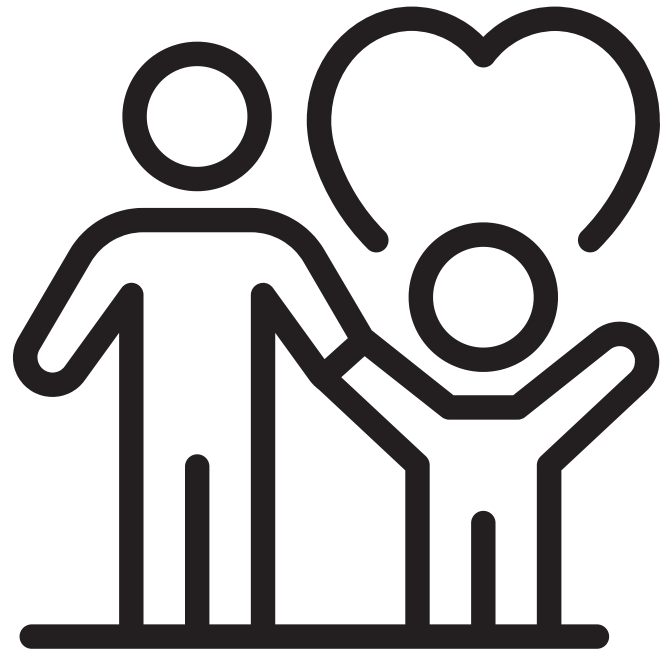
Nebraska Step Up to Quality is an Early Childhood Quality Rating and Improvement System. The goal of the system is to improve early care and education quality, and increase positive outcomes for young children. As of May, 2023 there were 45 Step Up to Quality programs in seven Panhandle counties.

Increase number of programs trained in Rooted in Relationships (RiR).

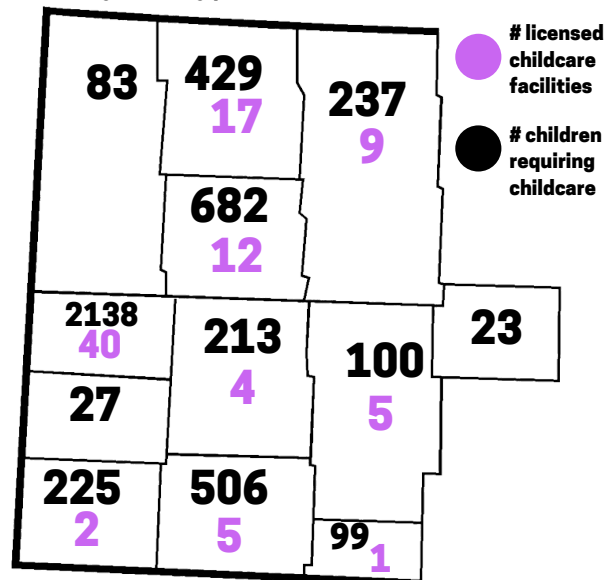
Baseline:
In 2018, 5 counties were implementing Rooted in Relationships programs. Scotts Bluff acts as the Community Collaborative Hub for this work, where there was one cohort.

Current Data:
As of June 30, 2023, there were 5 programs engaged with a rooted-in-relationships coach. Programs are in 4 counties.

- 111 families were directly served
- 120 children were directly served



Panhandle Childcare Programs by County and type, as of 5/26/2022



Source: Nebraska Department of Education

Reduce Infant Mortality

- Indicator: Number of infant deaths in Scotts Bluff County per 1000 live births
- Data Source: County Health Rankings

	Baseline				Target
	2018	2019	2020	2021	2023
Number of infant deaths per 1000 live births	27	24	23	24	26.19



Priority Area 3: Early Childhood Care & Education

Healthy Families promotes child well-being and prevents the abuse and neglect of children in communities around the world through family-focused and empathic support provided in the home.

	2017-2018	2018-2019	2019-2020	2020-2021
# of families who enrolled prenatally	14	16	20	19



Source: Healthy Families Nebraska Panhandle Quarterly Benchmark Report
 *Program year runs October-September



Revisions

2022

- The FAST program hasn't become available in other schools and is not a priority of the work group

Priority Area 3: Early Childhood Care & Education

Priority Area 4: Chronic Disease



Sub-Priority 4A: Cancer

Snapshot

Objectives

- Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2030)

Evidence-Based Strategies

- Cancer Screening: Multicomponent Interventions (Source: Community Preventive Services Task Force)
 - Colorectal Cancer
 - Breast Cancer
 - Cervical Cancer
- 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)

Why Cancer?

Despite medical advances, cancer remains a leading cause of death in the United States. In the Panhandle, the rates of people who are up-to-date on cancer screening have decreased in recent years - specifically for breast and cervical cancer. After the efforts made in the last CHIP cycle, there has been a slight increase in breast and cervical cancer screening rates, which we hope will continue to improve with continued energy in this area. Colon Cancer screening rates have fluctuated over the last 10 years, but have been consistently lower than statewide rates.



Priority Area 4: Chronic Disease

Reduce the proportion of adults with any kind of cancer (HP 2030)

- Indicator: Percentage of adults 18 and older who report they were ever told they have cancer
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (Historic data averaged): 14.1%
- Target (2023): 13.7%
- Target-Setting Method: 3% improvement

	Historical										Goal
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2023
Panhandle	14.1%	13.7%	14.2%	12.9%	15.4%	14.5%	14.0%	13.9%	16.2%	14.5%	13.7%
Nebraska	11.2%	10.8%	11.4%	10.7%	11.6%	11.2%	11.0%	11.3%	12.4%	11.3%	-



Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2030: C-18)

- Indicator: Percentage of adults 50-75 years old who reported 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
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2018): 52.9%
- Target (2023): 54.5%
- Target-Setting Method: 3% improvement

	Historical						Baseline			Goal
	2012	2013	2014	2015	2016	2017	2018	2020	2023	
Panhandle	55.6%	51.8%	53.0%	58.3%	53.9%	55.9%	52.9%	56.9%	54.5%	
Nebraska	61.1%	62.8%	64.1%	65.2%	66.0%	68.3%	68.7%	72.5%	-	



- Indicator: Percentage of females 50-74 years old who report they are up-to-date on breast cancer screening
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2018): 54.8%
- Target (2023): 56.4%
- Target-Setting Method: 3% improvement

	Historical			Baseline			Goal
	2012	2014	2016	2018	2020	2023	
Panhandle	70.8%	59.8%	56.3%	54.8%	58.6%	56.4%	
Nebraska	74.9%	76.1%	73.4%	75.4%	76.4%	-	



Priority Area 4: Chronic Disease

- Indicator: Percentage of females 21-65 years old who report they are up-to-date on cervical cancer screening
- Data Source: Nebraska Behavioral Risk Factor Surveillance System
- Baseline (2018): 75.7%
- Target (2023): 78%
- Target-Setting Method: 3% improvement

	Historical			Baseline	2020	Goal
	2012	2014	2016	2018		2023
Panhandle	77.4%	76.5%	66.2%	75.7%	73.9%	78.0%
Nebraska	83.9%	81.7%	77.7%	80.9%	77.7%	-



Activities & Performance Measures

Continue promoting local and regional cancer awareness

	2018	2021	2022
# of community education events for colorectal cancer	19	5	2
# of community education events for breast cancer	3	4	1
# of community education events for cervical cancer	12	4	0

Source: PPHD
CHIP Data
Collection
Survey

Increase radon prevention initiatives.

One in every two homes in Nebraska has elevated radon levels. Radon is inhaled through the lungs, where damage to tissue over time can cause lung cancer. Radon test kits are available from PPHD.

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
# of radon test kits distributed	440	499	262	263	308	154
% analysis rate	44%	59%	20%	43%	45%	41%
# radon communications (social media, newspaper, etc.)	8	9	13	8	7	6

Maintain or increase safe sun practices.

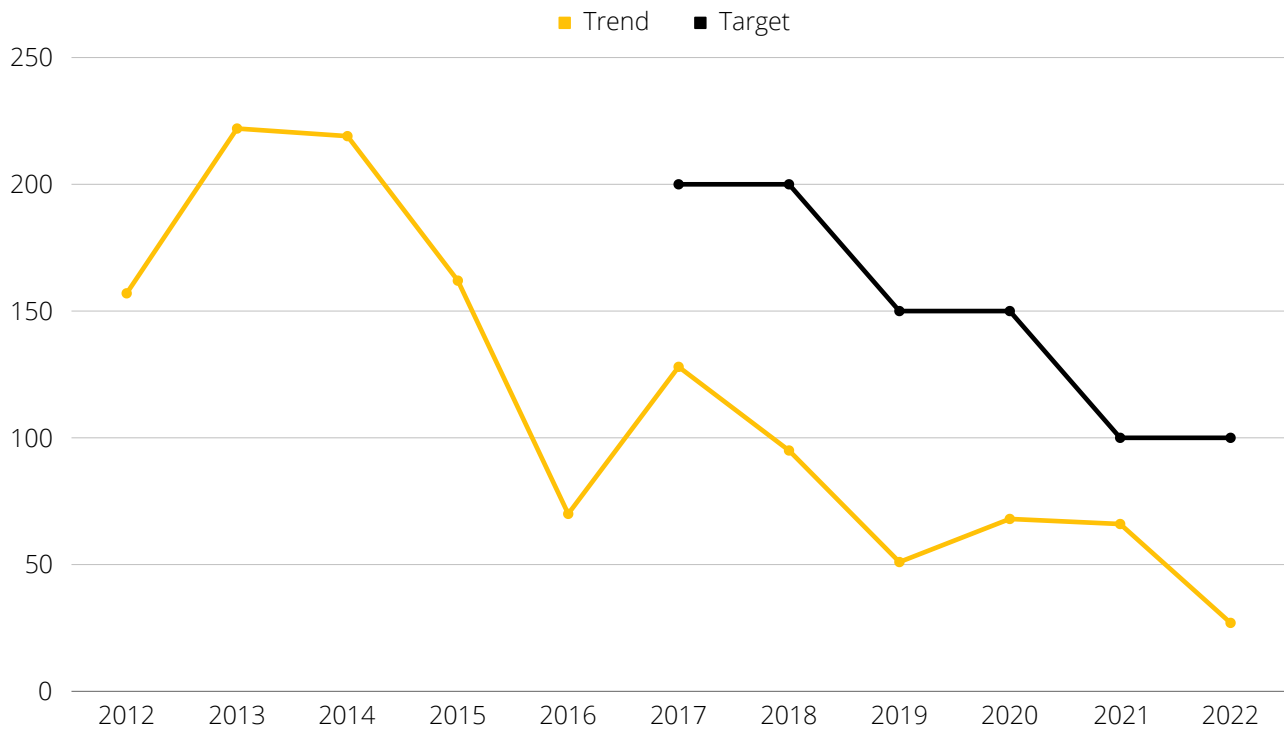
Pool Cool, a program through PPHD, promotes sun safety through policies at swimming pools to establish sun protection standards. Pool staff receive training to teach and promote sun safety, and are encouraged to model sun safe practices.

	2017	2018	2019	2020	2021	2022
# of pools providing shade structures	9	8	5	0	0	5
# of pools to which sunscreen and signage are distributed	18	21	20	0	0	16
# of pools with sun safety policy	10	11	11	11	0	5

Priority Area 4: Chronic Disease

Activities & Performance Measures

Increase # of FOBT kits distributed



FIT Kit vs. FOBT Kits

In the end of 2022/beginning of 2023, the state of Nebraska decided to switch which options they would provide for colorectal cancer self-screening. Fit kits went out to anyone over the age of 45 who had previously used the FOBT kits. These numbers are not reflected in the graph above because they are different than the FOBT kits and were distributed more broadly.



Priority Area 4: Chronic Disease



Sub-Priority 4B: Diabetes

Snapshot

Objectives

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

Evidence-Based Strategies

- Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk (Source: Community Preventive Services Task Force)

Why Diabetes?

In this case, diabetes refers to type 2 diabetes. Type 2 diabetes is a result of insulin resistance and insufficient insulin production and typically occurs in adults. It is not an autoimmune disease like Type 1 diabetes, where the body loses its ability to produce insulin. Type 2 diabetes can be prevented or delayed with appropriate therapy and lifestyle change.⁵



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

- Indicator: Percentage of adults 18 and older who report they were ever told they have diabetes (excluding pregnancy).
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2015): 12.3%
- Target (2023): 11.9%
- Target-Setting Method: 3% improvement

	Historical							Baseline	Goal		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2023
Panhandle	10.8%	10.4%	10.5%	12.4%	10.8%	9.5%	12.8%	12.3%	10.6%	11.2%	11.9%
Nebraska	8.4%	8.1%	9.2%	9.2%	8.8%	8.8%	10.1%	9.7%	10.2%	9.9%	-

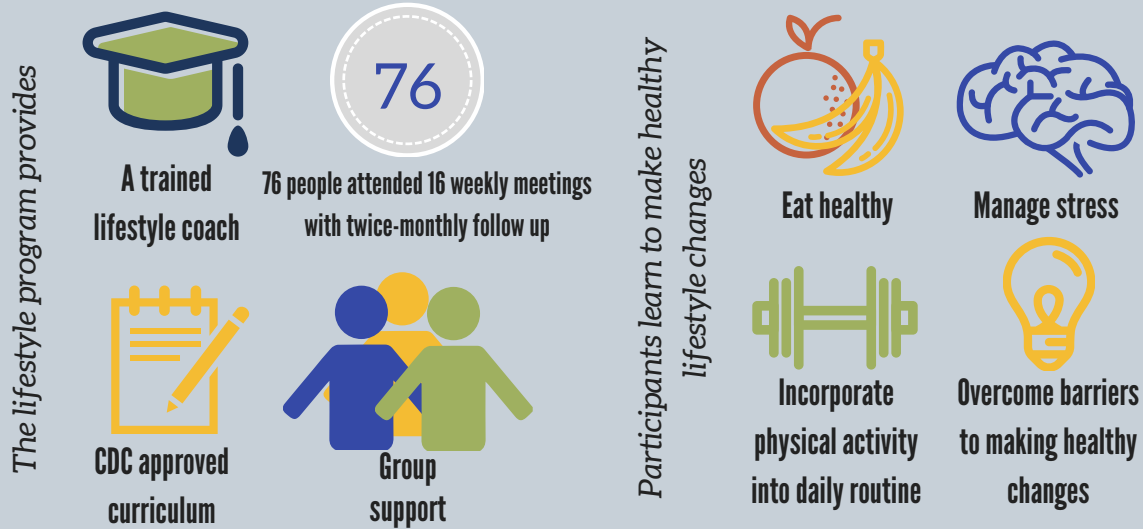


⁵Healthy People 2030. (2022). Diabetes. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>

Activities & Performance Measures

The National Diabetes Prevention Program is an evidence-based lifestyle change program designed to prevent and/or delay type 2 diabetes.

Overview of NDPP in the Panhandle:



Maintain or increase the number of National DPP classes offered annually.

4 National DPP classes took place from January 2022-December 2022.

Increase health systems with policy in place for referral of pre-diabetics/high risk patients to National DPP.

In 2022, 20 hospitals and clinics had a policy in place for referral to National DPP.

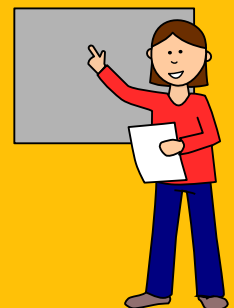
Increase the number of hospitals hosting NDPP meetings.

No meetings were hosted in 2022.



LIVING WELL

Living Well, an evidence-based Chronic Disease Self-Management Program (CDSMP), is a program new to the Panhandle area. It is a 6-week workshop made up of 2-hour sessions each week. In 2022, the program focused on rebuilding and growing participation.



Priority Area 4: Chronic Disease

Priority Area 4: Chronic Disease



Sub-Priority 4C: Cardiovascular Disease

Snapshot

Objectives

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

Evidence-Based Strategies

- 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)

Why Cardiovascular Disease?

Heart disease is the leading cause of death in the United States, and stroke is the 5th leading cause of death. 1 in 3 adults lives with cardiovascular disease. However, cardiovascular disease is very preventable. There is a myriad of controllable factors that lead to cardiovascular disease, including:⁴

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Unhealthy diet and physical inactivity
- Overweight and obesity



⁴Healthy People 2020. (2019). Heart Disease and Stroke. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Reduce the proportion of adults with hypertension (HP 2030: HD S 5.1)

- Indicator: Percentage of adults 18 and older who report that they were ever told by a doctor, nurse, or another health professional that they have high blood pressure.
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2017): 33.4%
- Target (2023): 32.4%
- Target-Setting Method: 3% improvement

	Historical			Baseline		Goal
	2011	2013	2015	2017	2019	2023
Panhandle	33.9%	35.6%	35.8%	33.4%	39.7%	32.4%
Nebraska	28.5%	30.3%	29.9%	30.6%	31.0%	-



Activities & Performance Measures

Increase health systems with a hypertension policy in place.

- One clinic has a hypertension policy fully in place
- Three clinics have processes in place to implement a hypertension policy

Increase use of self-measured blood pressure monitoring in health systems.

Three health systems have processes in place to implement self-measured blood pressure monitoring.

Increase publicly available blood pressure monitors.

22 blood pressure monitors are available for public use across the Panhandle



Increase # of blood pressure management trainings for providers

In 2022...

- One hospital system hosted an awareness month with social media campaigns, flyers, ongoing education

Priority Area 4: Chronic Disease

Sub-Priority 4D: Chronic Disease Risk Factors Snapshot



Objectives

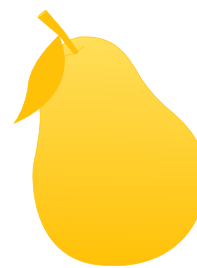
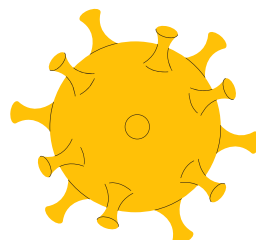
- Reduce the proportion of adults who are obese.
- Reduce the proportion of adults who engage in no leisure-time physical activity
- Reduce cigarette smoking by adults
- Reduce the initiation of e-cigarette use among adults
- Reduce the use of cigarettes by adolescents
- Reduce use of smokeless tobacco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

Evidence-Based 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)

Why Chronic Disease Risk Factors?

A large body of evidence has identified the common, modifiable causes of chronic disease: unhealthy diet, physical activity, and tobacco use.⁶ This section addresses unhealthy diet and physical activity; tobacco use is addressed in the behavioral health section. With the onset of the COVID-19 pandemic and its connection to pre-existing conditions, data related to COVID will be included in this section.⁷



6 World Health Organization. (2019). The causes of chronic diseases. Retrieved from https://www.who.int/chp/chronic_disease_report/part2_ch1/en/index12.html

7 Centers for Disease Control and Prevention. (2022). Long CoVID or Post-COVID CConditions. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

Reduce the proportion of adults who are obese. (HP 2030: NWS-03)

- 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.
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2018): 34.9%
- Target (2020): 33.9%
- Target-Setting Method: 3% improvement

	Historical							Baseline	Goal		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2023
Panhandle	29.9%	33.1%	33.7%	34.0%	35.5%	31.6%	35.8%	34.9%	36.7%	32.2%	33.9%
Nebraska	28.4%	28.6%	29.6%	30.2%	31.4%	32.0%	32.8%	34.1%	34.1%	34.0%	-



Reduce the proportion of adults who engage in no leisure-time physical activity (HP 2030: PA-01)

- 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.
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2018): 26.5%
- Target (2023): 25.7%
- Target-Setting Method: 3% improvement

	Historical							Baseline	Goal		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2023
Panhandle	29.2%	21.2%	29.2%	27.1%	27.9%	24.9%	30.7%	26.5%	31.5%	26.6%	25.7%
Nebraska	26.3%	21.0%	25.3%	21.3%	25.3%	22.4%	25.4%	23.8%	26.9%	21.5%	-



Reduce Cigarette Smoking by Adults (HP 2030: TU-02)

- Indicator: Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days.
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2018): 18.1%
- Target (2023): 17.5%
- Target-Setting Method: 3% improvement

	Historical							Baseline	Goal		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2023
Panhandle	18.3%	19.9%	20.4%	20.6%	19.0%	19.4%	18.6%	18.0%	17.2%	19.0%	17.5%
Nebraska	20.0%	19.7%	18.5%	17.3%	17.1%	17.0%	15.4%	16.0%	14.7%	13.9%	-



Reduce the initiation of e-cigarette use among adults (HP 2030: TU-03)

- 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.
- Data Source: Nebraska Behavioral Health Risk Factor Surveillance System
- Baseline (2018): 25.4%
- Target (2023): 24.6%
- Target-Setting Method: 3% improvement

	Historical		Baseline	2019	2020	Goal
	2016	2017	2018			2023
Panhandle	23.3%	17.8%	25.4%	19.7%	24.1%	24.6%
Nebraska	24.9%	24.7%	22.8%	24.7%	24.9%	-



Reduce use of cigarettes by adolescents (HP 2030: TU-05,06)

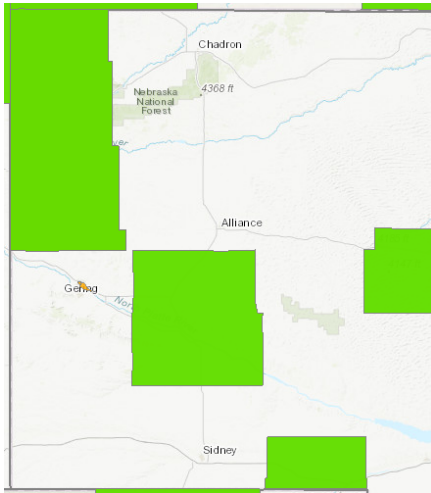
- Indicator: Percentage of youth who reported using cigarettes one or more times during the past 30 days.
- Data Source: Region 1 Nebraska Risk and Protective Factors Student Survey
- Baseline (2018): 8th grade: 4%
10th grade: 5.9%
12th grade: 14.6%
- Target (2023): 8th grade: 3.9%
10th grade: 5.7%
12th grade: 14.2%
- Target-Setting Method: 3% improvement

	Historical				Baseline	2021	Goal
	2010	2012	2014	2016	2018		2023
8th Grade	6.2%	7.4%	4.3%	3.6%	4.0%	1.9%	3.9%
10th Grade	14.3%	13.6%	13.6%	9.2%	5.9%	3.5%	5.7%
12th Grade	21.5%	26.0%	14.6%	14.3%	14.6%	6.2%	14.2%



Priority Area 4: Chronic Disease

Decrease the Low Income/Low Access to food in the Panhandle.



In 2019, there were 4 Counties that were classified as Low Income and Low Access food deserts. And two tracts in Scottsbluff County were Low Income and Low Access.

Increase the average walking trips per household by 3 Percent.

The Index measure has changed and now ranks neighborhoods on walkability by density of street intersections, proximity to transit stops, and diversity of land uses. The goal is measured against the median U.S. county rate. It is still a measure of relative walkability.

	New baseline	Goal
	2022	2023
Banner	5.5	6.05
Box Butte	7.62	6.05
Cheyenne	7.56	6.05
Dawes	7.79	6.05
Deuel	6.53	6.05
Garden	6.45	6.05
Grant	6.67	6.05
Kimball	6.64	6.05
Morill	5.68	6.05
Scotts Bluff	7.7	6.05
Sheridan	6.37	6.05
Sioux	4.94	6.05
Nebraska	9.37	--

Activities & Performance Measures

Increase communities with walkable community plans.

3 Panhandle communities had walkable community plans in 2022.

Increase walkable campuses.

31 PWWC member businesses had designated walking routes in 2022

Strengthen healthy food access.

Many PWWC member businesses have nutrition policies. In 2022

- 26 businesses offered healthy food and beverage options in their cafeteria/snack shop
- 15 businesses offered healthy food options in vending machines
- 34 businesses offered healthy beverage options in vending machines

Increase Panhandle Worksite Wellness worksites that offer health evaluations to employees by 1 annually.

1 worksite offered health evaluations in 2022



Revisions

2022

- No revisions

Appendix A

Nebraska Panhandle 2021-2023 Community Health Improvement Plan Update

Updated 2021

Priority Areas & Objectives	Strategies
<p>Behavioral Health</p> <ul style="list-style-type: none"> • Increase the proportion of adults with serious mental illness or depression who get treatment (HP 2030: MHMD-04) • Reduce suicide death rate (HP 2030: MHMD-01) • Reduce the proportion of adolescents in 8th, 10th, and 12th grades who used alcohol one or more times in their life (HP 2030: SU-04) • Reduce the proportion of adolescents in 8th, 10th, and 12th grade who used marijuana one or more times in their lifetime (HP 2030: SU-06) • Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2030: SU-13) 	<ul style="list-style-type: none"> • 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)
<p>Housing and Homelessness</p> <ul style="list-style-type: none"> • Reduce the number of individuals experiencing homelessness (Continuum of Care) • Reduce the proportion of families that spend more than 30 percent of their income on housing (SDOH-04) • Increase the safety of the homes people are living in (EH-04) 	<ul style="list-style-type: none"> • 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)
<p>Early Childcare and Education</p> <ul style="list-style-type: none"> • Number of Step Up to Quality programs in the Panhandle (Kids Count Data) • Number of children served directly by Rooted in Relationships (Kids Count Data) • Deficit of childcare availability by need (Systems of Care 0-8) • Increase the safety of the homes people are living in (EH-04) 	<ul style="list-style-type: none"> • 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)

Chronic Disease Prevention

- Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines (HP 2030)
- Reduce the annual number of new cases of diagnosed diabetes in the population (HP 2030 D-01)
- Reduce the proportion of adults with hypertension (HP 2030: HDS-04)
- Reduce the proportion of adults who are obese (HP 2030: NWS-03)
- Reduce the proportion of adults who engage in no leisure-time physical activity (HP 2030: PA-01)
- Reduce cigarette smoking by adults (HP 2030: TU-02)
- Reduce the initiation of e-cigarette use among adults (HP 2030: TU-03)
- Reduce use of cigarettes by adolescents (HP 2030: TU-05, 06)
- Reduce use of smokeless tobacco products by adolescents (past month) (HP 2030: TU-04)
- Increase the percentage of the population vaccinated against COVID-19 (Center for Disease Control)

- Reduce structural barriers for clients seeking cancer screening (Source: The community guide)
- Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk (Source: The Community Guide)
- Cardiovascular Disease: Self-Measured Blood Pressure Monitoring Intervention for Improved Blood Pressure Control – When Used Alone (Source: The Community Guide)
- 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)
- Community-Based Interventions Implemented in Combination (Source: The Community Guide)
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