Northeast Nebraska Rural Health Network

Community Health Improvement Plan

2022

Mental Health

Health Promotion

Northeast Nebraska Public Health Department

Cedar, Dixon, Wayne and Thurston Counties

December 26, 2022

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Northeast Nebraska Rural Health Network Community Health Improvement Plan

Executive Summary

The Community Health Improvement Plan process (CHIP) for Cedar, Dixon, Wayne and Thurston Counties began in November 2021 directed by the Northeast Nebraska Rural Health Network (NNRHN) which included representatives from Northeast Nebraska Public Health Department (NNPHD), Pender Community Hospital (PCH), Providence Medical Center (PMC), University of Nebraska Medical Center – College of Nursing (CON) and College of Public Health (COPH), and Winnebago Public Health Department.

The goal of this group was to complete a comprehensive assessment of the geographic region containing Cedar, Dixon, Thurston, and Wayne. The Mobilizing for Action Through Planning and Partnerships (MAPP) Process was chosen as a framework for the assessment. This process is comprised of four assessments: the Local Public Health System Assessment, Community Themes and Strengths, Forces of Change, and Community Health Status.

The MAPP assessments were completed over a series of meetings held in various locations throughout the District from December 2021 to February 2022. Education, Facilities & Activities, Access to Health Care, Mental Health, Healthy Food, Care Giver Support, How We Think, Affordable Health Care, Family and Lifestyle, and Senior Living were the guiding values based on responses by District residents that participated in the Community Listening Sessions and surveys. From this set of values a common vision was developed by participants to guide planning to improve the health of the district and its residents. Forces of Change working within the District were assessed during the initial meeting and later taken into consideration during the development phase of the CHIP.

During the Forces of Change meeting, participants identified the strengths and opportunities for improvement in the function and form of the Public Health System as a whole using the National Public Health Performance Standards Program (NPHPSP) developed by the Centers for Disease Control and Prevention. Findings from this assessment were later used in the development of plans for district wide inter-agency collaboration.

The Community Health Status Assessment was performed by participants over the course of five meetings held virtually, in the MAPP Process. Analysis of both qualitative and quantitative data presented during the meetings were performed to identify strategic issues in the district as a whole.

The work product of the Kickoff and Coordination meeting held September 2022 produced two strategic issues for Action Groups to address: Health Promotion and Mental Health. Actions groups were formed to address each identified priority and Initial follow up meeting dates were selected during this time.

Action Groups met virtually December 2022 to create implementation plans. Groups Identified goals around strategic issues, objectives and key actions to achieve goals.

Coordinated and collaborative efforts and resources of many organizations and individuals have been utilized in the development of this Community Health Improvement Plan. In order to successfully implement the CHIP community input and participation is needed to significantly impact these complex health issues.

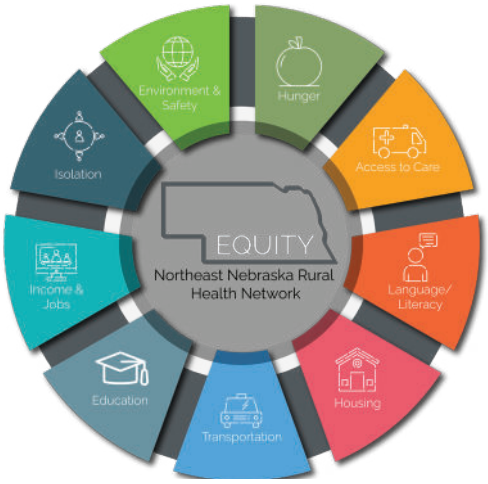
We welcome your input and participation as we work together to improve the health of the people in Cedar, Dixon, Wayne and Thurston Counties.

Sincerely,

The Northeast Nebraska Rural Health Network

Acknowledgments

The mission of the Northeast Nebraska Rural Health Network (NNRHN) is to work collectively to measure the health of the area, address health challenges and eliminate disparities which will create a healthier community for all people in Northeast Nebraska. In keeping with the mission of the Network, the NNRHN would like to acknowledge all those who participated in and contributed to the MAPP process and the development of the Community Health Improvement Plan. We would like to thank the District Residents, the community partners and professionals who participated in this process for their valuable input, without which this plan would not exist.



Community Themes

This assessment provides a deep understanding of the issues residents feel are important by answering the questions to identify the top things that affect people's health in our communities.

EDUCATION

- Health literate education
- Low education on health care
- Health literate education
- Education
- Low education on health care
- Educate people more (counter the lack of trust)
- Education for what need/simple language
- Educate people more (counter the lack of trust)

Facilities & Activities

- Gathering places for people (safe)
- Dog park
- Organized exercise
- Facilities to exercise - bike trail swimming pool
- Focus on multiple ages (not just for kids) (pickle ball needs to be later)
- Facilities and Activities
- Opportunities for socialization
- Indoor/outdoor pool
- Facilities to exercise - bike trail swimming pool
- More public lands and outdoor space
- Evening day care/meet shift needs - Michael Foods

Access to Health Care

- Urgent care
- Local Dr's PA
- Transportation
- Access to health care
- Geography of our doctors
- Access to Health Care
- Transportation options are limited
- Availability
- Language barriers
- Travel to get served
- Geography - rural doesn't have home resources
- Transportation after school hours

Mental Health

- Covid aged people by 5 years
- Mental health - shootings
- No net for behavioral health
- Teenage low self esteem/mental health services/ coaching -hearing it from others
- Mental Health
- Depression/mental health - silence will kill us
- Families can't come into care facilities
- Mental health - impact of covid affects elders

Healthy Food

- Better local produce/SNAP
- Teenagers eating fast food/schedule too packed
- Healthy Food
- Well balanced meals/get 2 meals out of it
- Meal Delivery to homes/food pantry

Care Giver Support

- Caregiver Support
- Burnout - everyone-care givers-just need someone to listen
- Knowing who has your back - hope everyone has someone
- Don't have family here
- Working together /care for
- Caregiver Support
- Burnout - everyone-care givers-just need someone to listen
- Knowing who has your back - hope everyone has someone
- Support young mothers (single families)
- Working together /care for
- Caring for the caregiver

How We Think

- Upstream thinking w/resources $$$
- People leave money in will donated to senior center
- Spread the celebration
- How We Think
- Where could we creatively collaborate
- Awareness
- Shifting mindsets

Affordable Health Care

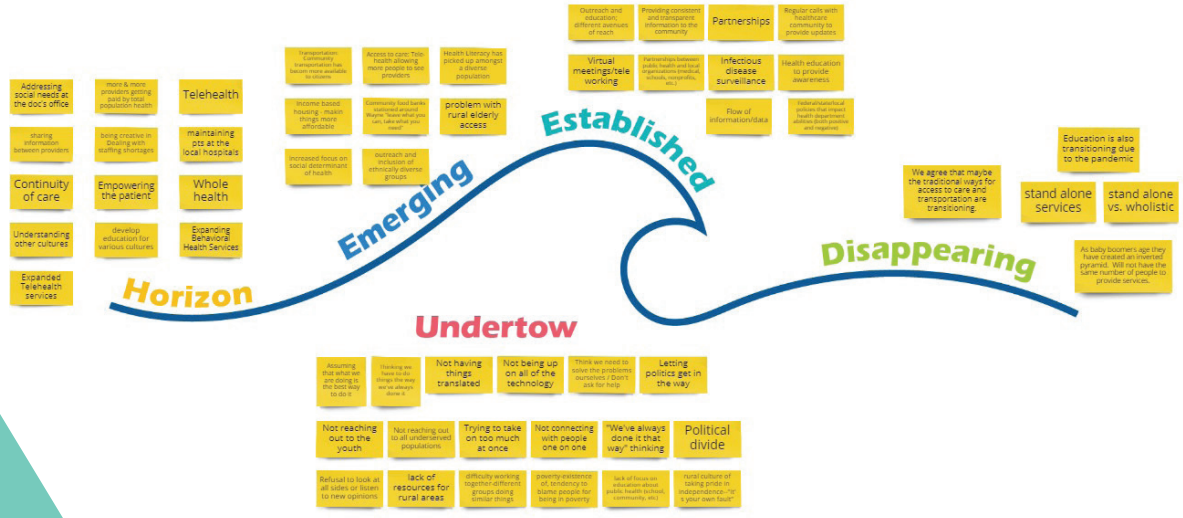
- Medicare-please don't take away
- Will it break us financially/mentally
- Affordable health care - sit on things longer than u should
- Universal health care
- The cost of insurance/access/rural we don't have the experts
- Increasing costs
- Long-term care - costs/will they be cared for
- Affordable Health Care
- Income - can afford access
- Socio-economic
- Affordable
- Health care costs

Forces of Change Assessment

This assessment posted the question:
"In the field of community health, what are the incoming and outgoing trends, patterns and innovative approaches?

Participants utilized a Wave metaphor to determine what is on the horizon, emerging, established, creating an undertow, and disappearing in the field of community health.

In the field of community health, what are the incoming and outgoing trends, patterns and innovative approaches?



Horizon

Which new ideas are pushing/needing to become accepted trends and practices?

- Telehealth
- Sharing information between providers
- Addressing social needs at the doc's office
- More & more providers getting paid by total population health
- Being creative in dealing with staffing shortages
- Maintaining pts at the local hospitals
- Whole health
- Continuity of care
- Empowering the patient
- Develop education for various cultures
- Expanding behavioral health services
- Expanded telehealth services
- Understanding other cultures

Emerging

What trends or practices are picking up momentum and acceptance? What did we learn that we want to keep doing?

- Transportation: community transportation has become more available to citizens
- Access to care: tele-health allowing more people to see providers
- Health literacy has picked up amongst a diverse population
- Income based housing - making things more affordable
- Community food banks stationed around Wayne "leave what you can, take what you need"
- Problem with rural elderly access
- Increased focus on social determinant of health
- Outreach and inclusion of ethnically diverse

Established

Which trends and practices are mainstream or should remain standard operating procedures? What do we need to keep doing?

- Outreach and education; different avenues of reach
- Providing consistent and transparent information to the community
- Partnerships
- Regular calls with healthcare community to provide updates
- Virtual meetings/teleworking
- Partnerships between public health and local organizations (medical, schools, nonprofits, etc.)
- Infectious disease surveillance
- Health education to provide awareness
- Federal/state/local policies that impact health department abilities (both positive and negative)
- Flow of information/data

Undertow

What old patterns could we fall into if we are not careful? Patterns that could cause trouble, even in the midst of success? Things that can drag us down?

- Assuming that what we are doing is the best way to do it
- Thinking we have to do things the way we've always done it
- Not having things translated
- Not being up on all of the technology
- Think we need to solve the problems ourselves / Don't ask for help
- Letting politics get in the way
- Not reaching out to the youth
- Not reaching out to all under-served populations
- Trying to take on too much at once
- Not connecting with people one on one
- "We've always done it that way" thinking
- Political divide
- Refusal to look at all sides or listen to new opinions
- Lack of resources for rural areas
- Difficulty working together-different groups doing similar things
- Poverty-existence of, tendency to blame people for being in poverty
- Lack of focus on education about public health (school, community, etc)
- Rural culture of taking pride in independence--"it's your own fault"

Disappearing

Which practices/trends are no longer relevant or needed? (may be outdated)

- Education is also transitioning due to the pandemic
- We agree that maybe the traditional ways for access to care and transportation are transitioning.
- As baby boomers age they have created an inverted pyramid. Will not have the same number of people to provide services.
- Stand alone services
- Stand alone vs. holistic

Iceberg

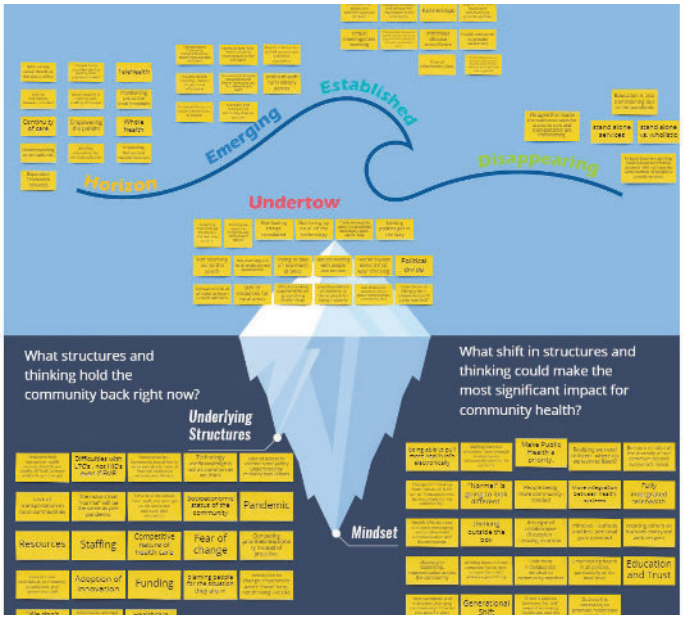
The Wave process helped the group identify what's happening above the surface while the Iceberg process helped the group identify what's happening below the surface.

What structures and thinking hold the community back right now?

- Problems with interactive health records -the HIE are clunky, difficult to know what info you can get
- Difficulties with LTC's , not HIE's even if EMR
- Transportation... Community based has to serve everybody.
- Lack of financial resources vehicles, and drivers.
- Technology use/knowledge is not as common as we think
- Ease of access to vaccine is not widely understood by minority populations
- Lack of transportation in rural communities
- The notion that "normal" will be the same as pre-pandemic
- Time and resources from staff; not enough to do complete outreach and education
- Socioeconomic status of the community
- Pandemic
- Resources
- Staffing
- Competitive nature of health care
- Fear of change
- Competing priorities/reactionary instead of proactive.
- Lack of trust (individual, community, population, and governmental)
- Adoption of innovation
- Funding
- Blaming people for the situation they are in
- Resistance to change: newcomers aren't "from" here, not thinking like I do
- Individuality amongst shared visions for a town. Not working together when sharing common goal
- Healthcare workers being overworked.
- "We don't want poverty to show here"

What shift in structures and thinking could make the most significant impact for community health?

- Make public health a priority.
- Being able to pull more health info electronically
- Making sure our providers have enough resources to adequately care for its patients
- Realizing we need to listen - where do we learn to listen?
- Be more mindful of the diversity of our communities and everyone's needs
- Change our thinking from "what's in it for us" to "how would this be important for my community".
- "Normal" is going to look different.
- People being more community-minded
- More integration between health systems
- Fully integrated telehealth
- Health officials need one voice messaging and professional communication and dissemination.
- Thinking outside the box
- This type of collaborative discussion - moving to action
- Mindset - curious and less personal goal oriented
- Treating others as humans-everyone with respect
- Diversity in leadership, representation across the community
- Winning doesn't mean someone has to lose-competition isn't always a good thing
- Shift from individualistic mindset to community mindset
- Emphasizing health in all policies, particularly at the local level
- Education and trust
- New standards and mandates changing continuously / how do you plan for post covid world?
- Generational shift
- There is balance between the "old" ways of accessing healthcare and the "new" ways
- Outreach is necessary to promote healthcare initiatives



Local Public System Assessment

The National Public Health Performance Standards Program (NPHPSP) is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP Assessment Instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, respondents evaluate the activity levels of all public, private and voluntary entities that comprise the public health system and contribute to public health within the community. Assessment questions are asked to determine to what degree the Public Health System is providing the 10 Essential Services within the district. Participants assessed the performance of the health system and the NNRHN completed the Local Public Health Governance Performance Standards Assessment. The following themes were developed as part of the assessment.

Monitor Health
- COVID
  -Education
  -Mental Health
  -Ongoing healthcare
  -Staff shortages
- Employee health initiatives
- Access
  -housing
  -food

Diagnose & Investigate
- Pandemic highlighted the parts of our system that need fixed

Inform Educate Empower
- Sense of ownership

Mobilize Community Partnerships
- Developing relationships regionally
- Resources staffing

Develop Policies
- Staff and funding shortage
- Small incentives to show appreciated IE: small bonus, gift card

Enforce Laws
- Advocate for public health inclusion
- Public health education
- Perception of public health

Link to Provider Care
- Build the workforce

Assure Competent Workforce
- Education for career opportunity

Priority Issues

The Group reviewed all of the data and information from the Community Listening Sessions, Wave and Iceberg Analysis, National Public Health Performance Standards, and the Community Health Needs Assessment.

They were asked to answer the question:

Where do we want to focus our time, shared resources, and energy to create better health outcomes that impact our community?

Ideas were generated and the following strategic issues were identified.

- **Mental Health**
- **Chronic Disease**
- **Health Behavior Education**
- **Social Determinants**
- **Availability of Resources**

The group continued discussions about the deeper meaning of the strategic issues and came to consensus on two strategic priorities that will guide the MAPP Action Cycle:

Mental Health
Health Promotion

Action Groups

Key Priority: Health Promotion

Victory

- Long Term Care Facilities next to daycares
- Increase environmental awareness
- Audio material
- Transportation
- Interaction with minority communities
- Supplement healthy food costs
- Supporting young adults
- Public engagement posters - Bilingual materials
- Support groups
- Kids sharing healthy behaviors with parents
- Printed activity materials
- Less "Brain Drain"
- Attitude change
- Vibrant communities
- Community revitalization
- Community involvement in legislature
- Population growth
- Printed activity materials
- Collaboration "partnerships"
- Analyze success
- Public engagement posters
- Healthy food availability
- Health provider increase
- Affordable housing
- Private business ie: grocery stores
- Weight loss (less obesity)
- Connectedness
- Community Health Needs Assessment moves the needle
- Ownership of programs
- Available funding county/federal
- Economic development
- Structure/capacity
- Relationships
- "I love the health department"
- Quarterly health events
- Health Equity
- Health promotion package to include emergency preparedness and resiliency
- Partnership with minorities
- Mobile App
- After school programs
- City Council partnerships
- County Commissioner partnerships
- Wellness center free or low cost
- Health activity calendar for each community
- Youth empowerment
- Change makers

Current Reality

Strengths

- Very committed community members
- Partner knowledge
- Resources are available
- Diverse group
- We work well together
- We know we need to find new ways to promote health
- Enables people to improve their own health

Benefits

- Reduced workload
- More collaboration across the network and relationships
- Reduced cost - more on prevention instead of reaction
- Better health outcomes for our communities
- Increase in quality of care
- Accountability for a person's own health

Weaknesses

- We are overworked
- Some key partners are not at the table
- Different groups and cultures have different needs and expectations
- People that are contributing are not representative of the diversity in our health department

Dangers of Success

- Our funding may not cover everything
- We would get volunteered to do more work
- ER and hospital wouldn't have anything to do
- Might not have a focus on health promotion

Goal: Provide equitable health promotion resources within communities to improve health and wellness

Objective 1
Develop and complete an assessment to identify health equity needs in the communities of Wayne, Dixon, Thurston and Cedar counties and tribal communities by December 2023.

Key Actions

- Identify who will be responsible to interpret the data collected/identify the identified health equity needs
- Identify key people to help distribute the survey in each community to target populations
- Determine where the information will be collected and housed
- Make sure after the information is collected the next steps are set to keep it from sitting on the shelf
- Identify how you are going to use the information.
- Choose the type of assessment to be used
- Identify and analyze current assessment - what do we need differently?

Objective 2
Increase the number of stakeholders by 20% by December 2023 and partner agencies will insure participation in at least 80% of the health promotion coalition meetings.

Key Actions

- "WIFM" (What's In It For Me) - education Q2
- Good planning to keep the momentum Q1
- Establish baseline of stakeholders Q1
- Communications (flyers, community involvement, etc.) Q2
- Outreach to stakeholders to fill the void Q3 &Q4
- Designate member to track attendance, and identify other data to track Q1
- Identify target stakeholders and communities Q1 & Q2
- Get key influencers involved to help spread the word Q3 &Q4
- Identify when/where works best for meetings (methods) Q1

Objective 3
Develop a survey to identify existing health promotion resources with 50% participation of partners by June 2023.

Key Actions

- Establish one place to communicate and share information for the survey that everyone can access easily.
- Define what a health promotion resource is
- Determine timeline
- Identify ways the survey will be distributed
- Obtain stakeholder feedback for questions
- Recognize what data already exists
- Identifying resource gaps and needs of the community

- Identify questions for the survey.
- Identify agencies to include in the survey and identify a point of contact for each agency.

Participants

- Julie Rother, Northeast Nebraska Public Health Department (NNPHD)
- Peggy Triggs, NNPHD
- Georgina Bernal, NNPHD
- Connie Kube, Midtown Health Center
- Jane Langemeier, Winnebago Public Health Dept (WPHD)
- Katie Peterson, Pender Community Hospital
- Jamie Behmer, Heartland Counseling
- Lara Thomas, NNPHD & NNRHN
- Kim Schultz, NNPHD
- Maureen Carrigg, NNPHD
- Kristan Oltrogge, Michael Foods
- Jen Berg, NNPHD
- Molly Herman, NNPHD
- Camilla Barajas, WPHD
- Alexis Jones, WPHD
- Nicole Haglund, Providence Medical Center
- Linae Bigfire, WPHD
- Maureen Carrigg, NNPHD
- Stacy Schenk, Nebraska Department of Health and Human Services

Key Priority: Mental Health

Victory

- Insurability/Access
- Mental health welcome wagon
- Truancy officers and mental health collaboration
- Active support groups all ages
- Every school has kindness initiative that targets bullying
- Inclusive relationships
- Reasonable compensation for providers
- Farm community has access to mental health resources & stigma is gone
- Talking to community members is no longer awkward
- No seniors leave community because of lack of resources
- Build coalitions
- Suicide calls on 988-line
- De-escalate suicide attempts
- Hundreds of people join awareness walks
- Adult & youth alcohol abuse reduced
- Access to services across the spectrum
- Zero rate of suicide
- Increase years of sobriety
- No limit on mental health visits
- Reduced substance abuse
- Reduced bullying at schools
- Training and learning
- Full integration of health and mental health services
- BRFSS shows increase in good mental health days
- Collaboration between mental health providers and business owners
- Yoga in the park
- Free wellness programs
- People who have disabilities are being treated fairly
- Local PRIDE events
- Coffee shops have mental health information
- One System for all resources
- Ally groups
- Mental health provider with 1st responder team
- All babies born drug free
- NAMI chapter locally
- Braver Angels Alliance - on conversations for race, politics etc.
- Greater availability of voucher programs to help for those who can't afford it - legislative funding
- Mental health booth at events (ports, etc)
- Safe space for LGBTQIA+
- Zero rate of suicide
- Behavioral Health Education Center of Nebraska

Current Reality

Strengths

- Several experts are involved in this group
- Knowledge and commitment
- Good working group
- Good communication between team members
- A lot of representation from different services

Weaknesses

- Time
- Regaining momentum
- Mental Health needs increase
- Over committed
- Fluctuations of people
- Other groups dealing with mental health (silos)
- Need to promote existing service

Benefits

- Access
- Greater service in the schools
- Reducing the stigma of mental health
- Healthier community
- Empower people to take charge of their health
- Preventative vs reactive
- Greater residential programs for youth
- Acceptance of harm reduction - like NARCAN

Dangers

- Funding
- Different levels of licensing for different kinds of therapies
- Community buy-in
- Ongoing awareness might create a shortage of service availability
- Language barriers
- Short staffed

Goal: Increase universal acceptance around behavioral health

Objective 1
Locate, unite and support partners by increasing the number of coalition partners by 10% every year.

Key Actions

- Develop an "invitation" to the coalition. Q1
- Check with Medicaid to get enrolled providers list for service area. Q1
- Identify diverse stakeholders needed in the coalition. Q1
- Utilize the DHHS Provider Survey to identify potential new partners. Q1
- Develop an outreach plan to partners Q1 & 2
- Orient new Partners to the Coalition Work Q4
- Provide professional CEU development opportunities to partners. Q4
- Develop Social Media for the Coalition Q2
- Utilize Outreach Plan to Outreach to Partners Q2 & 3
- Develop an orientation for New Partners Q3

Objective 2
Inform and educate the community using evidence based behavioral health awareness messages and programs to reach 300 people within the service each year.

Key Actions

- Define mental and behavioral health definitions to not draw people away Qtr 1
- Increase number of school/students participating in HPP activities. Q2
- Place informational awareness on suicide prevention Q4
- Have a few people do outreach presentations within a time period to reach numbers. Qtr 3

Goal: Integrate behavioral health into overall health care.

Objective 3
Increase access to behavioral health services by promoting, engaging, and supporting the collaboration and integration of medical and behavioral health services to healthcare professionals within the service area over the next three years.

Key Actions

- Create and mainstream a resource list of mental health services and share with area medical providers.
- Develop evidence-based talking points for presentation and conversation of the topic of mental/behavioral health with area medical professionals.
- Establish a team to represent the coalition, who will hold these conversations with clinic management and healthcare professionals in the area.
- Assess the current attitude toward and situational status of referrals to mental health as well as the integration of medical and behavioral health services in order to determine strengths and needs.

Participants

- Peggy Triggs, Northeast Nebraska Public Health Department (NNPHD)
- Tamara Torres, Haven House
- Jayne Halsey, Wayne State College
- Sonya King, Pender Community Hospital
- Kathy Nordby, Midtown Health Center
- Jen Berg, NNPHD & NNRHN
- Julie Rother, NNPHD
- Jamie Behmer, Heartland Counseling
- Trevor Brooks, NNPHD
- Lara Thomas, NNPHD & NNRHN
- Lin Brummels, Pearl Street Counseling
- Sarah Lentz, NNPHD
- Rachel Pitzl, Ponca Tribe of Nebraska
- Nicole Haglund, Providence Medical Center
- Stacy Schenk, NDHHS
- Camilla Barajas, WPHD
- Maureen Carrigg, NNPHD
- Ingrid Gansebom, Region 4 Behavioral Health Services
- Elise Emanuel
- Brandi Settje, Laurel-Concord-Coleridge Schools

Additional Participants Assisting with the CHIP

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- Mashell Irwin
- Treyla Sheridan
- **Cedar County Commissioner**
- Craig Bartels
- **City of Wayne**
- Wes Blecke
- **Community Member - Pender**
- Charlotte Bohlin
- **Community Member - Wayne**
- Susan Boust
- **Dixon County Supervisor**
- Lisa Lunz
- **Early Learning Connections Partnership**
- Erika Fink
- **Nebraska Hospital Association**
- Nikea Brady
- **NNPHD/WSC**
- Angela Nuss
- **Pearl St. Couseling**
- Karen Granberg
- **NNRHN**
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- Krista Trimble
- **Pender Economic Development**
- Diann Ballard
- **Ponca Tribe of NE**
- Victoria Champaign
- Alana Johnson
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- Valerie Hangman
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- **Rural Region One Medical Response System**
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