

Community Health Improvement Plan

A photograph of a man in a checkered shirt and dark overalls standing with his hands on his hips, looking out over a vast green field at sunset. The sun is low on the horizon, casting a golden glow over the scene. In the foreground, there are rows of young plants. Two white callout boxes with black outlines are positioned on the left side of the image. The top box is an arrow pointing right and contains the text 'Behavioral Health'. The bottom box is also an arrow pointing right and contains the text 'Prevention'.

**Behavioral
Health**

Prevention

Loup Basin Public Health Department

2023

Healthier People, Healthier Communities, Healthier Tomorrows.

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IN COLLABORATION WITH

Valley County Health System

Howard County Medical Center

Jennie M. Melham Memorial Medical Center

Callaway District Hospital

GLW Children's Council

Howard County Prevention

Region 3 Behavioral Health

Nebraska Department of Health and Human Services

Good Life Pharmacy

Anderson Pharmacy

Loup City Rx Shoppe

St Mark's Lutheran Church

Long-term care facilities within our jurisdiction

Healthy Families

FOR MORE INFORMATION

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INTRODUCTION

Loup Basin Public Health Department (LBPHD) is in the process of being accredited by the Public Health Accreditation Board (PHAB), which requires the health department to conduct a comprehensive 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, LBPHD made the decision to collaborate with hospitals on the CHA process by syncing the health department process with the hospital process, meaning that LBPHD completes a CHA every three years, in tandem with area hospitals. Thus, LBPHD now facilitates a joint CHA and planning process with the four hospitals in our jurisdiction.

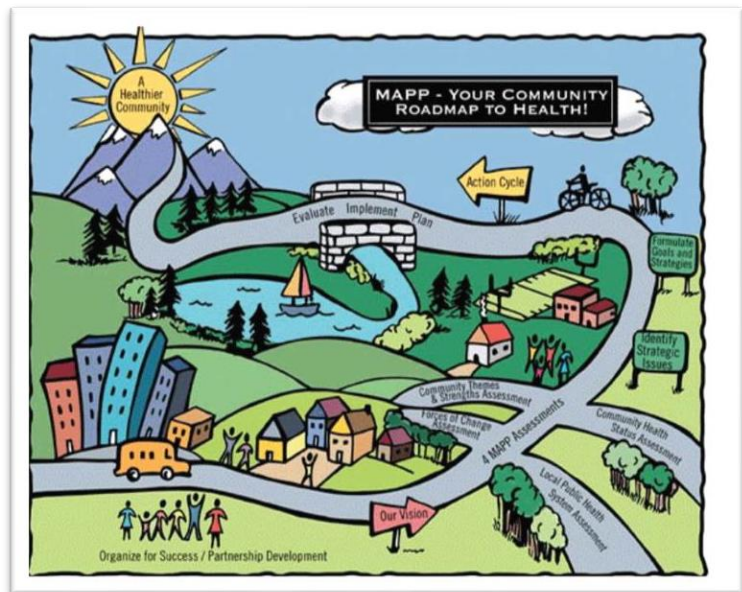
The purpose of the CHA process is to describe the current health status of the community, identify and prioritize health issues, better understand the range of factors that can impact health, and identify assets and resources that can be mobilized to improve the health of the community.

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 since 2005, 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 2022 Community Health Assessment (CHA).

In March 2023, Stakeholders from across the region participated in a meeting to determine the following priority areas:

- Behavioral Health, including mental well-being, suicide prevention & support.
- Prevention (substance abuse).

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

Key Findings

LBPHD staff members presented the key findings from the Community Health Assessment (CHA) to the CHIP partnership. The most concerning health problems in the community are alcohol, drugs, and tobacco use, which can have associations with mental health issues which was at 62% concern. This is the second highest concern voted by this communities' members, second only to cancer.

Mental health is the third highest concern for this region with 56% concern, which has increased 40% from 2015 to 2021. It was previously 16% in 2015 and 25% in 2018, to conclude concerns for mental health have over doubled since the pandemic.

CHIP partners and LBPHD identified the root causes of health inequities. The health inequities identified were inequitable distribution of social support and the pandemic. A step-by-step process was used by developing an affinity diagram to identify our priority areas. Access to healthcare has always been an issue within our nine-county jurisdiction. The pandemic highlighted the demand for mental health services and the lack of resources. Region 3 and Howard County Coalition contributed accessible QPR training for our community.

OVERVIEW OF PRIORITY AREAS

Each section of this document contains information on a specific priority area, including:

- Objectives,
- Implementation plan,
- Strategies, and
- Partners

Objectives include a summary of the objectives from the CHIP. Specific data, goals, and sources can be found in the full CHIP.

Implementation Plan includes steps the region will take to move the needle on the objectives. The implementation plan includes SMART goals, performance measures, and lead partners.

Strategies include evidence-based strategies that will be utilized to meet the goals in the implementation plan.

Partners includes the list of individuals and/or organizations that have committed to form a work group around each priority area. The individuals and/or organizations in these work groups have committed to:

- To take action on the priority area,
- Meet quarterly,
- Report progress bi-annually, and
- Participate in annual evaluations of the CHIP.



Mental Health

Prevention

**2023-2026 LBPHD
Community Health
Improvement Plan
Priority Areas**

Strategies focusing on mental health & prevention

PHASE 5: FORMULATE GOALS & STRATEGIES

SELECTING OBJECTIVES AND STRATEGIES

A broad list of objectives and strategies for each priority area were reviewed by Loup Basin Public Health Department, as well as local hospitals and community organizations as needed, in March 2023. These items were then narrowed down to measurable and actionable items.

Objectives and strategies were selected by taking the following into consideration:

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

GOAL SETTING

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

PHASE 6: TAKE ACTION

IMPLEMENTATION

The CHIP will be implemented across the next three years, from March 2023 to December 2026. The CHIP will be implemented through collaboration between local public health, local health systems and community organizations.

EVALUATION

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

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

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

Revisions may be based on:

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

PRIORITY AREA 1: BEHAVIORAL HEALTH

MENTAL WELL-BEING

OBJECTIVE 1A.1: INCREASE THE PROPORTION OF ADULTS (OVER 18) WITH SERIOUS MENTAL ILLNESS WHO GET TREATMENT.

BASELINE:	65.5% (2019)
TARGET:	68.8%
TARGET-SETTING METHOD:	Percentage point improvement
DATA SOURCE:	Healthy People 2030, National Survey of Drug Use and Health (NSDUH).

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

OBJECTIVE 1A.2: INCREASE THE PROPORTION OF PEOPLE (OVER 18) WITH SUBSTANCE USE AND MENTAL HEALTH DISORDERS WHO GET TREATMENT FOR BOTH.

BASELINE:	3.4% (2018)
TARGET:	8.2%
TARGET-SETTING METHOD:	Percentage point improvement
DATA SOURCE:	Healthy People 2030, National Survey of Drug Use and Health (NSDUH).

STRATEGIES

[Mental Health HP2030](#) (Source: Healthy People 2030)

PRIORITY AREA 2: PREVENTION

SUBSTANCE ABUSE PREVENTION

OBJECTIVE 1B.2: REDUCE THE PROPORTION OF ADOLESCENTS IN 8TH, 10TH, AND 12TH GRADE WHO USED ALCOHOL ONE OR MORE TIMES IN THEIR LIFETIME.

BASELINE (2021):	8 th - 30.6% 10 th - 32.1% 12 th -68.7%
TARGET (2026):	Percentage point improvement – decrease desired.
TARGET-SETTING METHOD:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period.
DATA SOURCE:	Nebraska Risk and Protective Factor Student Survey-LBPHD Region
INDICATOR	Percentage of youth who reported using marijuana one or more times in their lifetime.

Objective adopted from Nebraska Risk and Protective Factors Student Survey – LBPHD Region

OBJECTIVE 1B.1: REDUCE THE PROPORTION OF ADOLESCENTS WHO DRANK ALCOHOL IN THE PAST MONTH.

BASELINE (2019):	9.4% (2019)
TARGET (2026):	6.3%
TARGET-SETTING METHOD:	Percentage point improvement – decrease desired.
DATA SOURCE:	Healthy People 2030, National Survey of Drug Use and Health (NSDUH)
INDICATOR	Percent of adolescents aged 12 to 17 years reported alcohol use in the past 30 days.

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

OBJECTIVE 1B.2: REDUCE THE PROPORTION OF ADOLESCENTS IN 8TH, 10TH, AND 12TH GRADE WHO USED MARIJUANA ONE OR MORE TIMES IN THEIR LIFETIME.

BASELINE (2021):	8 th - 1.6% 10 th - 5.2% 12 th -16.3%
TARGET (2026):	Percentage point improvement – decrease desired.
TARGET-SETTING METHOD:	10% improvement (Healthy People 2030), broken down into 3% improvement for this 3-year period.
DATA SOURCE:	Nebraska Risk and Protective Factor Student Survey-LBPHD Region
INDICATOR	Percentage of youth who reported using marijuana one or more times in their lifetime.

Objective adopted from Nebraska Risk and Protective Factors Student Survey – LBPHD Region

OBJECTIVE 1B.3: REDUCE THE PROPORTION OF PEOPLE UNDER 21 YEARS WHO ENGAGED IN BINGE DRINKING IN THE PAST MONTH.

BASELINE (2019):	7.4% (2019)
TARGET:	5.8%
TARGET-SETTING METHOD:	Percentage point improvement – decrease desired.
DATA SOURCE:	Healthy People 2030, National Survey of Drug Use and Health (NSDUH).
INDICATOR	Percent of adolescents aged 12 to 17 years reported alcohol use in the past 30 days.

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

OBJECTIVE 1B.3.(1): REDUCE THE PROPORTION OF PEOPLE UNDER 21 YEARS WHO ENGAGED IN BINGE DRINKING IN THE PAST MONTH.

BASELINE (2019):	11.1% (2019)
TARGET:	8.4%
TARGET-SETTING METHOD:	Percentage point improvement – decrease desired.
DATA SOURCE:	Healthy People 2030, National Survey of Drug Use and Health (NSDUH).
INDICATOR	Percent of adults over the age of 21 years reported having five or more alcoholic drinks for men/four or more alcoholic drinks for women within two hours on at least one occasion during the last 30 days.

Objective adopted from Healthy People 2030 Substance Abuse, SU-09.

OBJECTIVE 1B.2.(2): REDUCE THE PROPORTION OF PEOPLE AGED 21 YEARS AND OVER WHO ENGAGED IN BINGE DRINKING IN THE PAST MONTH.

BASELINE (2019):	26% (2019)
TARGET:	25.4%
TARGET-SETTING METHOD:	Percentage point improvement – decrease desired.
DATA SOURCE:	Healthy People 2030, National Survey of Drug Use and Health (NSDUH).
INDICATOR	Percent of adults over the age of 21 years reported having five or more alcoholic drinks for men/four or more alcoholic drinks for women within two hours on at least one occasion during the last 30 days.

Objective adopted from Healthy People 2030 Substance Abuse, SU-10.

STRATEGIES

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

Loup Basin Public Health Department Community Health Improvement Plan *Regional Work Plan*

Updated January 1, 2023

Edited 1/10/2023

Abbreviations and Acronyms

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

LBPHD	Loup Basin Public Health Department
GLW	Garfield Loup Wheeler
TFN	Tobacco Free Nebraska
HFA	Healthy Families America
FAST	Families and Schools Together
HP 2030	Healthy People 2030

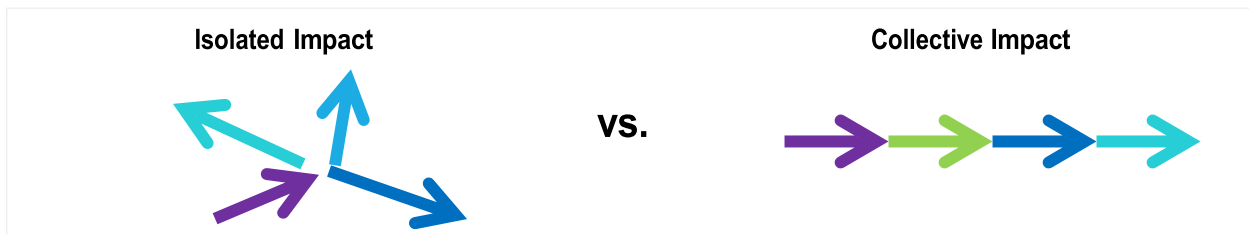
COLLECTIVE IMPACT

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

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

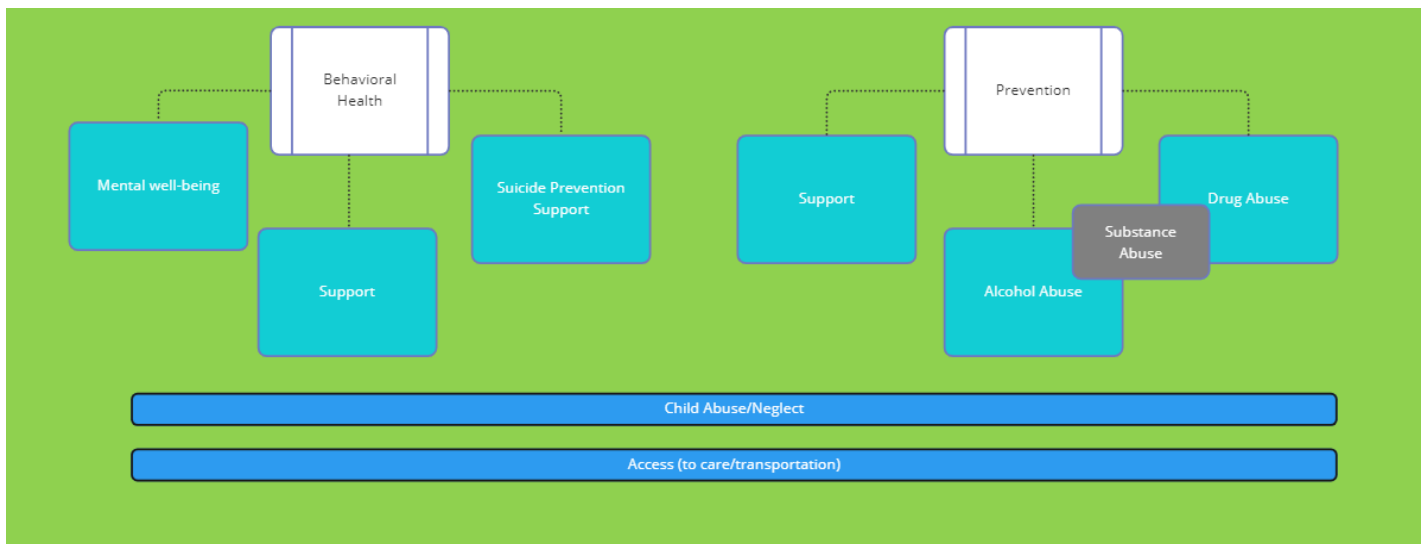
1. Common agenda
2. Measuring results consistently
3. Mutually reinforcing activities
4. Continuous communication
5. Backbone organizations

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



Mutually Reinforcing Activities

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



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

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

Evaluation

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

PRIORITY AREA 1: BEHAVIORAL HEALTH

Objectives

- Increase the proportion of adults (over 18) with serious mental illness who get treatment.
- Reduce the proportion of adolescents in 8th, 10th, and 12th grade who used alcohol one or more times in their lifetime (HP 2030: SA-2.1)
- Reduce the proportion of adolescents in 8th, 10th, and 12th grade who used marijuana one or more times in their lifetime (HP 2030: SA-2.2)
- Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (HP 2030: SA-1.4)

Implementation Plan

Strategy/Plan	Performance Measures	Timeline	Lead Partners
<p>Increase the number of primary care providers and additional school personnel who are trained in mental health and QPR (suicide prevention training). Policy recommendations for schools to adopt annual trainings for staff/students.</p>	<p>Number of people trained in QPR</p>	<p>January 2026 (annual check in)</p>	<p>LBPHD DHHS</p>
<p>Strengthen relationships with our local stakeholders who encounter people with mental illness or suicidal ideation.</p>	<p>Number of people referred to mental health services</p>	<p>January 2026</p>	<p>Howard County Prevention Coalition Law Enforcement Local Hospitals/Clinics</p>

Resources

- Health communication and social marketing: campaigns that include mass media and health-related product distribution (Source: The Community Guide)

- Targeted school-based CBT programs to reduce depression and anxiety (Source: The Community Guide)
- Interventions to reduce depression among older adults (Source: The Community Guide)
- Collaborative care for the management of depressive disorders (source: The Community Guide)

Partners

- Valley County Health System
- Howard County Medical Center
- Jennie M. Melham Memorial Medical Center
- Callaway District Hospital
- GLW Children's Council
- Howard County Prevention
- Region 3 Behavioral Health
- Nebraska Department of Health and Human Services
- Good Life Pharmacy
- Anderson Pharmacy
- Loup City Rx Shoppe
- St Mark's Lutheran Church
- Long-term care facilities within our jurisdiction
- Healthy Families

PRIORITY AREA 2: Prevention

Objectives

- Reduce the proportion of adolescent in 8th, 10th, and 12th grade who used alcohol on ore more times in their lifetime.
- Reduce the proportion of adolescents who drink alcohol.
- Reduce the proportion of adolescents from using marijuana.
- Reduce the proportion of people under 21 years from engaging in binge drinking.

Implementation Plan

Strategy/Plan	Performance Measures	Timeline	Lead Partners
Increase the amount of people educated on overdose prevention annually. Policy recommendations for school to adopt annual trainings for staff/students.	Provide advertisement and outreach to our constituents.	January 2026	LBPHD and partnerships Region 3 GLW Howard County Prevention Coalition Sherman County Prevention Coalition
Increase school participation in data collection.	Number of schools participating in youth risk survey.	January 2026	LBPHD LBPHD schools DHHS University of Nebraska Lincoln

Resources

- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force)

- (See Section 3B section for detailed activities and objectives)
- Tobacco Use and Secondhand Smoke Exposure (Source: Community Preventive Services Task Force)
(See Section 3B section for detailed activities and objectives)
 - Preventive surveillance of substance use (Source: Community Preventive Services Task Force)

Partners

- Valley County Health System
- Howard County Medical Center
- Jennie M. Melham Memorial Medical Center
- Callaway District Hospital
- GLW Children’s Council
- Howard County Prevention
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