

# Community Health Improvement Plan

2016-2020

**“Together We’re Building Healthier Communities-  
Where We Live, Learn, Work & Play”**



Vision:

“Through collaboration, cooperation and communication, individuals and organizations actively pursue the health and well-being of North Platte and the surrounding communities.”

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## A MESSAGE FROM THE DIRECTOR

In the interest of continuously striving to improve the health of people in our local area, West Central District Health Department works together with many individuals, organizations, agencies, and medical providers to assess and plan for health improvement.

In 2015 and 2016, West Central District Health Department facilitated, on behalf of our community, a Community Health Assessment (CHA) utilizing a method called MAPP—Mobilizing for Action through Planning and Partnership. The process involved the collaboration of a cross-section of community organizations and citizens. Through this assessment, three overarching priority areas were identified as essential to the improvement of health for people in our local area. The priority areas of Community Ownership, Affordable and Equitable Access to Care and Services, and Healthy Lifestyles and Well-being would provide the focus of the community pulling together to develop a Community Health Improvement Plan (CHIP).

The community health improvement planning began in 2016 and continues through 2017. The health planning will be a continuous process as individuals, schools, hospitals, organizations, and agencies in our communities work together to develop and carry out plans to improve the health and well-being of people in our area. Policies and programs put in place through the health improvement plan will be documented to measure the progress of improved health programming.

WCDHD wishes to thank all of those involved in both the CHA and the CHIP for their participation. Without their enthusiasm, commitment, knowledge, expertise, and time, this plan would just be a paper product, not a living, breathing plan to improve the health of people in our communities.



Shannon Vanderheiden, Executive Director  
West Central District Health Department

## Executive Summary

West Central District Health Department and community partners collaborated in a Community Health Assessment (CHA) in 2015-2016 using the tool Mobilizing for Action through Planning and Partnership (MAPP). The MAPP process, as depicted in Figure 1:

- Community Themes and Strengths to invite public input into the assets and strengths in the community that could be used to improve health.
- Forces of Change to determine trends, forces, and barriers that may impact public health.
- Local Public Health Systems Assessment to rate how well the local public health system meets the Ten Essentials of Public Health
- Community Health Status Assessment to access data to determine health outcomes, health risks, and social determinants of health critical to improving health.



Figure 1 MAPP Tool

The results of the four assessments were pulled together to identify the three priority areas of community ownership, affordable and equitable access to care and services, and healthy lifestyles and well-being. A vision statement, “Through collaboration, cooperation and communication, individuals and organizations actively pursue the health and well-being of North Platte and the surrounding communities”, was also developed. The resulting Community Health Assessment was shared with the community through meetings, printed copies, and social media.

The Community Health Assessment provides the basis of the 2016-2020 Community Health Improvement Plan being developed. Teams, or workgroups, have been formed centering around the three priority areas with goals, objectives, strategies, and work plans being developed and carried out.

The 2016-2020 Community Health Improvement Plan (CHIP) will be an ongoing process as some workplans are carried through to fruition and while others will continue as necessary. The progress towards meeting goals and objectives will continually be evaluated and assessed for effectiveness and then continued or adapted to successfully provide programs and policies for health improvement. This document, an annual CHIP report, will be published in 2017, but the plan will continue through 2020 and longer, if needed. Further annual reports will be published through 2020 outlining programs and policies and documenting progress in health improvement.



## Background Information

The coverage area of West Central District Health Department (WCDHD) includes Lincoln, Logan, McPherson, Arthur, McPherson, and Hooker counties in Nebraska. Other organizations involved in the CHA and CHIP serve communities in the southwest or western areas of Nebraska. North Platte is a hub for the rural areas in the southwest part of Nebraska. As plans and policies were developed for the CHIP, some centered on North Platte as the hub for the local area, some encompassed a wider local area, and some will serve as a pilot or model for expansion to other communities within the local area.

According to the Community Health Status Assessment, the WCDHD six-county region has a population of 38,931, with 32% of the population under the age of 24, 50.6% ages 25-64, and 17.4% over 65. 89% of the population is white, non-Hispanic. Of the 11% minority population, 7.8% are Hispanic. 11.9% of individuals in Lincoln County live in poverty, with 14% of children living in poverty. The high school graduation rate is 88%, unemployment is 3.9%, and 29% of children live in single-parent households. The leading causes of death are cancer and heart disease. Other data is outlined in the Community Health Status Assessment summary in this document.

### West Central District Health Department Board of Health

We wish to acknowledge the Board of Health (BOH) for their guidance and support of the Community Health Assessment and Community Health Improvement Plan. Board of Health members participated in the CHA and provided evaluation and approval of the CHA. Additionally, BOH members have attended CHIP meetings, with some becoming involved in workgroups. The BOH completed an evaluation of the 2016-2020 CHIP at the August 2, 2017 Board meeting, providing feedback and suggestions.



*“If you want to walk fast, walk alone.  
If you want to walk far, walk together.”—African proverb*

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## Community Health Improvement Plan

The process of developing a Community Health Improvement Plan (CHIP) begins with an assessment of the needs, assets, strengths, and health risks evident in a local area. The assessment, called a Community Health Assessment (CHA) is typically undertaken every five years by local public health departments. The CHA is facilitated by the local public health department, but involves entities involved in public health. WCDHD utilized the Mobilizing for Action Through Planning and Partnerships (MAPP), MAPP Tool Figure 1, process to plan and carry out the CHA. The Local Public Health System diagram Figure 2, depicts the organizations and agencies involved in public health and was used to invite community partners to engage in the CHA.

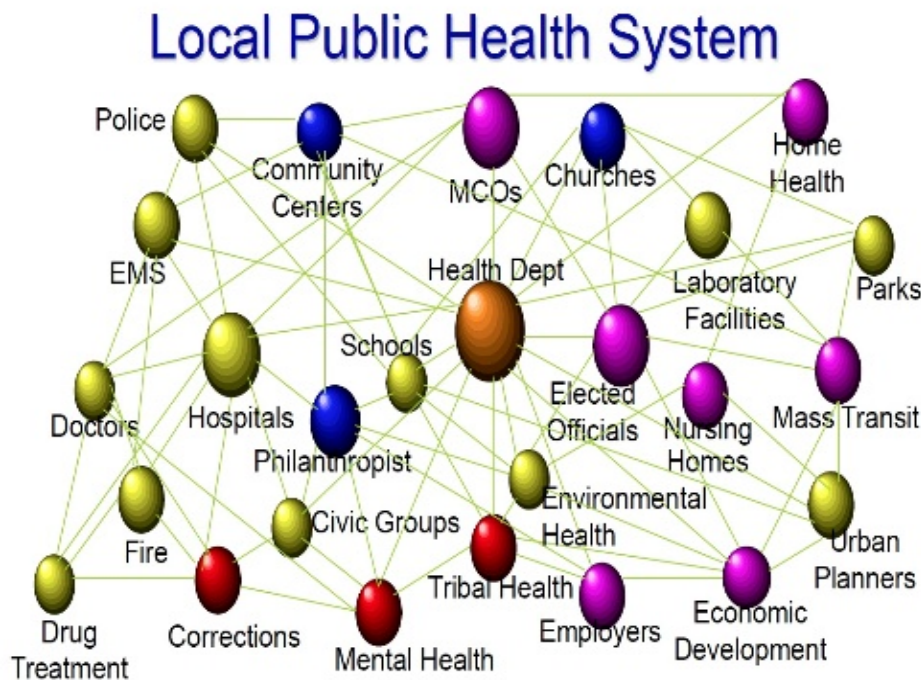


Figure 2 Local Public Health System Diagram

The involvement of the many organizations and agencies depicted in the diagram serves several purposes. The services provided through their programs address physical, social, mental, and behavioral health; in other words, looking at the health of the “whole person”. Involving those providing services in many aspects of public health ensures the accuracy of the Community Health Assessment with a wide-ranging base of knowledge and resources. The expertise and knowledge of those involved in local public health also provides a valuable tool in developing the community health improvement plan. Inclusion of many community partners also allows those involved in community health to come together to work collaboratively on health improvement.

The Community Health Assessment (CHA) began in June through July 2015 with three of the assessments. The Forces of Change assessment, Community Themes and Strengths assessment, and Local Public Health Systems assessment were held at that time with the Community Health Status Assessment continuing into 2016.

## ASSESSMENTS

### Force of Change Assessment

A steering committee met together to focus on the Forces of Change Assessment (FOCA), taking an in-depth look at trends, barriers, strengths, and forces impacting health. Of special note in the Forces of Change assessment were some of the areas of concern identified as being critical needs for health improvement: lack of knowledge of services, the need for community collaboration, health risks, housing issues, and affordable wellness and recreation.

### Local Public Health System Assessment

The Local Public Health Systems Assessment (LPHSA) took place in June 2016. Sixty community partners gathered to spend in-depth time examining and rating the local public health system's performance on the Ten Essential Public Health Services Figure 3.

The participants utilized a prescribed set of questions to thoroughly examine, discuss, and then rate the performance of the local public health system for each of the ten services and the standards for each service. The results of the rating are summarized in Figure 4.

Note was made of some areas receiving lower ratings, indicating areas needing improvement:

- Essential Service 1, especially as related to technology
- Essential Service 3 and standards related to health education/promotion and health communication
- Essential Service 4 and the standard related to community partnerships

Areas of strength from which to build health improvement include:

- Essential Service 2 involving diagnosis and investigation of health problems and health hazards in the community
- Essential Service 4.1 related to working with constituency
- Essential Service 6 related to the enforcement of laws and regulations that protect health and safety
- Essential Service 8, especially as related to high workforce standards and the availability of continuing education



Figure 3 The 10 Essential Public Health Services

## Community Themes and Strengths

Members of the local community had the opportunity to share insight into the local public health system in the Community Themes and Strengths Assessment (CTAS). People in the community were surveyed at community events, at a Minority Health Initiative health education class, at the Senior Center, and on the WCDHD webpage. Community members stressed the importance of nutrition and exercise and spiritual, mental, and physical well-being as essential to being healthy. They expressed appreciation of community and family support, family and child-friendly activities, safety, and affordable health care, and felt that the hospital and medical clinics, parks, trail system, Recreation Center, Platte River Fitness series, and outdoor activities were assets in the community for improving health.

## Community Health Status Assessment

A variety of data sources were accessed to provide an in-depth assessment of health factors in the local area for the Community Health Status Assessment (CHSA). The U.S. Census, 2013 County Health Rankings, 2013 Behavioral Risk Factor Surveillance System, National Data, the 2013 Nebraska Youth Risk Behavior survey, Great Plains Health 2013 Community Health Needs Assessment, Nebraska Health Disparities Executive Report, and other sources were used to compile data on the health status of people in the area. Data related to age, race, ethnicity, gender, employment, income levels, health risks, health behaviors, and rankings of local health measures as compared to state and national behaviors was gathered. Some areas of concern were noted: an 11.9% poverty rate, a 38%-43% free/reduced lunch eligibility for children in the WCDHD district counties, a Health Outcome ranking for Lincoln County of 66<sup>th</sup> out of 79 counties with poor rankings in Quality of Life, Health Behaviors, and Social and Economic Factors, high incidence of high blood pressure, diabetes deaths, and cancer deaths, high rates of obesity, and low birth weight births higher than the norm.

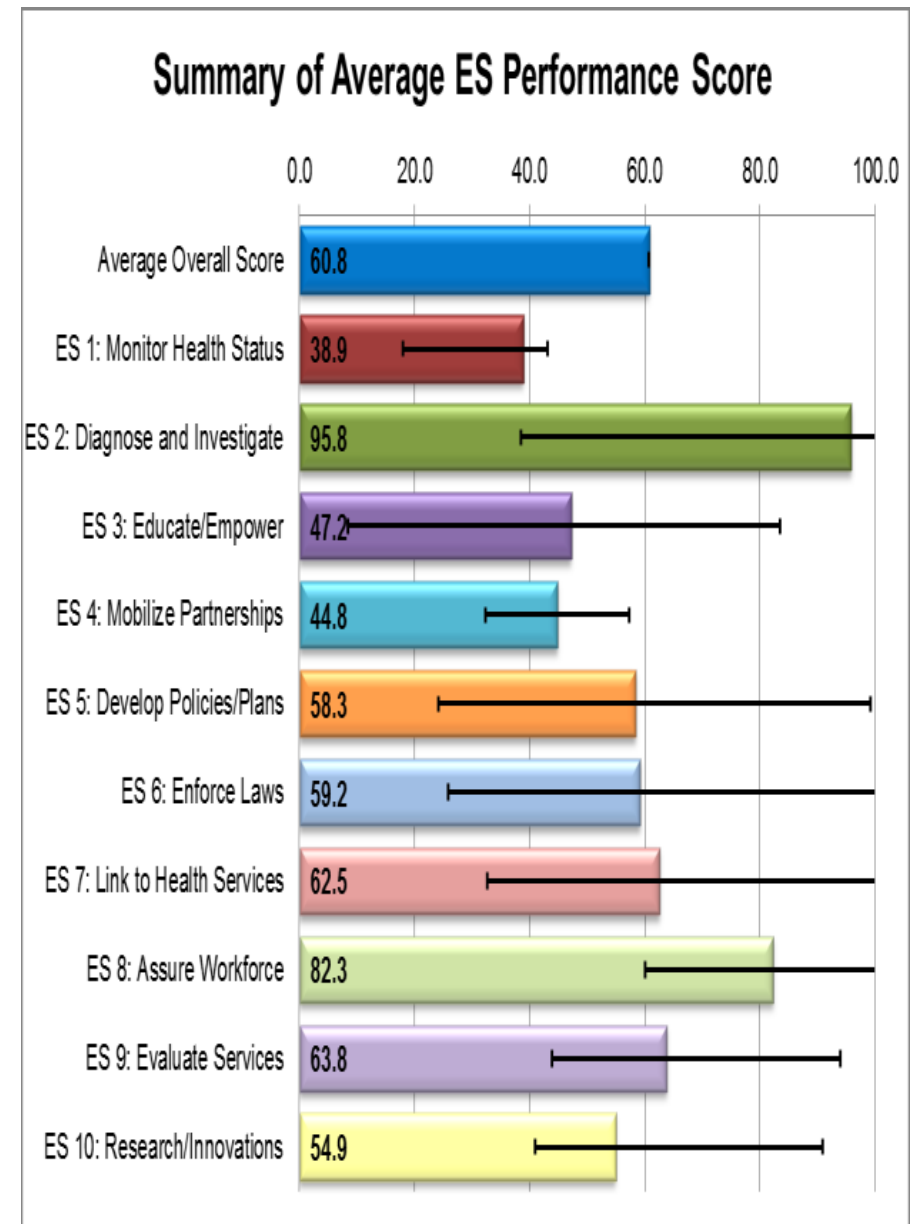


Figure 4 Summary of Average Essential Service Performance Scores



## Visioning

With an examination of the four assessments, the steering committee selected three areas of highest priority for improving health. An overarching shared vision for the 2016-2020 CHIP was also developed with a vision statement written and approved.

**The Vision Statement: Through collaboration, cooperation and communication, individuals and organizations actively pursue the health and well-being of North Platte and the surrounding communities.**

## Determination of Priorities for Community Health Improvement

The results of the Community Health Assessment were examined by steering committee members and WCDHD staff to determine the highest priorities to be addressed for health improvement planning. Key points for each assessment were summarized and conclusions drawn from those key points to determine areas of highest need. From the assessment results and key points, three high priority areas were chosen. The priority areas and assessment results pointing to the importance of the priorities are summarized in the Table 1, Table 2, & Table 3 below.

### Healthy Lifestyles and Well-being

Forces of Change Assessment	Community Themes and Strengths Assessment	Local Public Health Systems Assessment	Community Health Status Assessment
<i>Trends</i> – lack of resources, rising rates of obesity, smoking, asthma, housing issues <i>Barriers</i> - lack of funding, lack of knowledge about resources, infrastructure <i>Occurring Forces</i> – political interest in nutrition and physical activity, economic issues, blighted areas <i>Health Equity Support</i> – services in all areas of the community, a projected North Platte Wellness plan, affordable recreation	<i>Being healthy</i> – Eating healthy, exercise, spiritual/mental/physical well-being, being active <i>Important in community</i> - Community support, family- and kid-friendly activities, safety, clean parks, Fitness Series, trail system <i>Improving health in our community</i> – Good hospitals and clinics, parks, trail system, Rec Center, pools, 5K events, outdoor activities	<i>Strengths</i> – Essential Service (ES) 2.1 Identifying health issues, ES 2.2 Emergency response and planning, ES 8 Competent healthcare workers, ES 7.1 Personal health care <i>Areas of concern</i> – ES 1.2 Technology, ES 4.2 Community partnerships, ES 3.2 Health communication, ES 3.1 Health promotion/education	Unemployment rate – 2.9%, Children living in poverty 19%, Students eligible for free-reduced meals-Lincoln – 40%, Logan – 38%, Hooker – 43%, Thomas 41% Rates higher than state average: Poor or fair health -15% Low birthweight -8.4%, Adult smoking -19%, Adult obesity -32%, Physical inactivity -28% Preventable hospital stays 78 (of 1000 Medicare patients), No health care coverage -15.3 % Leading causes of death: #1 Heart disease, #2 Cancer High blood pressure – 34.7%, Cigarette smoking- 24.5%

Table 1 Healthy Lifestyles & Wellbeing Results

## Affordable and Equitable Access to Care and Services

Forces of Change Assessment	Community Themes and Strengths Assessment	Local Public Health Systems Assessment	Community Health Status Assessment
<p><i>Trends</i> – declining pool of resources, preventative hospital stays, inappropriate emergency room use, declining housing stock</p> <p><i>Barriers</i> – lack of resources and funding, lack of knowledge about services and resources</p> <p><i>Occurring forces</i> – Affordable Care Act, lack of funding in rural areas, growing health care community, dental and health clinic at WCDHD, economic factors, technology</p> <p><i>Health equity support</i> – services needed in all areas of the community, education needed about resources, Affordable Care Act, partnerships</p>	<p><i>Important to good health</i> – Eating healthy, exercise, spiritual/mental/physical well-being</p> <p><i>Important in the community for health</i>–Community support, housing, affordable health care, good hospitals and medical providers</p> <p><i>Improving health in our community</i> – Good hospital and clinics, affordable recreation and health activities</p>	<p><i>Strengths</i> – ES 2.1 The ability and knowledge to diagnose and investigate health problems and health hazards in the community, ES 8.2 A competent healthcare workforce</p> <p><i>Areas of concern</i> – ES 3.2 Inform, educate, and empower people about health issues, ES 3.1 Health education and promotion, ES 5.1 governmental laws and policies, ES 4.2 Community working together</p>	<p>11.9% of individuals living in poverty, 38%-43% of students in WCDHD area schools eligible for free/reduced school lunches, County Health Rankings – Lincoln County Health Outcomes 66<sup>th</sup> out of 79, County Health Ranking concerns – 15% poor health, 11% uninsured, 19% no high school education, 19% children in poverty, 11.9% unable to see a doctor due to cost, visited a dentist/doctor in past year 60.3%, met physical activity recommendation 54.1%</p>

Table 2 Affordable and Equitable Access to Care and Services Results

## Community Ownership

Forces of Change Assessment	Community Themes and Strengths Assessment	Local Public Health Systems Assessment	Community Health Status Assessment
<p><i>Trends</i> – Knowledge of services, collaboration, and cooperation needed</p> <p><i>Barriers</i> – Lack of community involvement, lack of collaboration, lack of knowledge about resources, agencies, and users of services</p> <p><i>Health Equity Support</i>–Collective impact, education about resources</p>	<p><i>Important to the health of the community</i>–Community support, community collaboration, communication between agencies and organizations</p> <p><i>Important for good health</i> – Nutrition and physical activity</p>	<p><i>Strengths</i> – Essential Service 6.3- Enforcement of laws, E. S. 5.4 – development of emergency plans, E. S. 8 – A competent public and personal healthcare workforce</p> <p><i>Areas of concern</i>–</p> <p>E. S. 4 – Mobilize partnerships, 4.2 – Community partnerships</p> <p>E. S. 1.3 – maintaining population health registries</p> <p>E. S. 5-Development of policies and plans</p>	<p>County Health Rankings – Uninsured – 11%</p> <p>Preventable hospital stays – 78 (of 100 Medicare patients) compared to Nebraska rate of 65</p> <p>Primary care physicians 1727:1 (Nebraska rate 1413:1)</p> <p>Dentists -2015:1 (Nebraska rate 1625:1)</p> <p>Poor or fair health – 15% (Nebraska 12%)</p>

Table 3 Community Ownership Results

## State and National Priorities

According to National Guidance, Healthy People 2020 and Nebraska's State Health Improvement Plan (SHIP) priorities were utilized in the planning of the CHA and CHIP process.

The Nebraska SHIP priorities are:

- Obesity
- Health Equity
- Depression and Suicide
- Integrated Health System
- Healthcare Utilization and Access



Of significance are the close alignment of the SHIP priorities with the priorities determined for the local CHIP. Obesity and mental health will be addressed in the CHIP priority of Healthy Lifestyles and Well-being, health equity and healthcare utilization and access will be addressed in the CHIP priority of Affordable and Equitable Access to Care and Services, and healthy systems integration will be part of the development of community collaboration in the Community Ownership priority.

The leading health indications for Healthy People 2020 include the following twelve topics:

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco



Many of these topics additionally align with the local Community Health Improvement Plan and the indicators considered in developing local programs and policies. For more information about Healthy People 2020, access the website [www.healthypeople.gov](http://www.healthypeople.gov).



## Community Health Improvement Planning

A Community Health Improvement Plan (CHIP) is defined by the National Association of County & City Health Officials (NACCHO), “A community health improvement plan is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community....to improve the health status of that community.”

The development of the CHIP utilized the collective impact model to provide a structured process for stakeholders to establish a common agenda to address specific issues with a collaborative approach. The collective impact model, depicted in Figure 5, has five key elements: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and a backbone organization.



Figure 5 The Collective Impact Model

- Common agenda – The desire of those involved in planning and implementation to collaborate to improve the health of people in our local area
- Shared measurement – The question “How well did we do?” provides the simple basis of measuring the results of each program to show its impact on local public health. Much of the data will be documented in the Performance Management Dashboard, an online tool used to measure and illustrate progress of programs and policies.
- Mutually reinforcing activities – Community partners collaborate to implement programs and policies, utilizing the knowledge, expertise, and experience of those involved.
- Continuous communication – Communication of goals, objectives, action plans, and results will allow for further collaboration, but also to share knowledge of available programs and resources with those being served.
- Backbone support – WCDHD will coordinate the CHIP process with the assistance of community partners and stakeholders involved.

With the Community Health Assessment (CHA) completed and priorities identified, the community health improvement planning (CHIP) process began. Some workgroups began meeting in 2016, with others formed throughout 2017. Workgroups centering on the different priorities met at various dates and locations throughout 2016 and 2017. A large group CHIP meeting of all groups was held on January 25, 2017 at the Best Western Plus conference room in North Platte. At that meeting, the final published report of the Community Health Assessment was shared and distributed. Forty participants were present and educated about the CHA results, the CHIP process, and tools to use in developing workplans and reporting results. Tools introduced included a demonstration of the Performance Dashboard, an electronic data collection system, and templates for reports, workplans, a collaboration multiplier, as well as tips for setting up and holding workgroup planning sessions. Participants also spent time brainstorming suggestions for each priority area. Those not already part of a workgroup was invited to join one, chairpersons were determined, and dates and locations of meetings determined.

Those groups met at various times and locations through the next three months and convened again on April 26, 2017. At that time, the workgroups each had the opportunity to provide a report of the progress of their workgroup. Participants also spent time sharing ideas for resources, organizations, people, and funding opportunities which might be of benefit to each group.

## community health improvement plan (CHIP)

The next quarterly CHIP meeting was held on July 26, 2017. This 2016-2020 CHIP report documents CHIP work as developed, implemented, and completed through the end of July 2017. Participants evaluated several programs which had already been put in place through the CHIP process, as well as several being developed. The programs were evaluated for feasibility, value, effectiveness, and for available resources for implementation. A worksheet to be used in writing workplans was completed for those programs deemed worthy of continuation, as well as other programs under consideration. Participants also received a Result-Based Accountability Guide to use to help guide decisions made, set plans and timelines, involve partners, and document results.

A final quarterly meeting was held on October 25, 2017. The agenda for the meeting provided review of progress of programs and, also, the opportunity for resource building as participants shared suggestions and possible resources and organizations to be involved in future program planning.

Annual meetings will be held through 2021 to report on progress, evaluate the success of programs, adapt as necessary, and possibly develop further programs to meet priorities. After the final meeting in 2021, a final CHIP report will be compiled and distributed. Workgroups will continue to meet as necessary to carry out the strategies developed. Reports for meetings, results, and communication of programs will be collected as they occur.

## Priority Groups Strategies, Programs, and Policies

Throughout the CHIP process, workplans were developed to outline the programs and needed policy changes for betterment of population health across programs and across the community. Upon determining the three areas of highest priority for community health improvement, statements were composed for each priority to set guidelines for community health improvement planning (Figure 6).

Community Ownership - leads to collaboration and engagement to protect and promote health and well-being.

Affordable and Equitable Access to Care and Services - Quality healthcare and equitable opportunities are accessible, affordable and provided for all to develop and live life to the fullest potential.

Healthy Lifestyles and Well-Being - Utilizing partnerships and education in an approach to seek health solutions for all ages and make available recreational and education resources to promote a healthy lifestyle.

Figure 6 Community Priorities

WCDHD shares knowledge and expertise on current public health, evidence-based interventions, and promising practices that are required to assist, influence, and develop public health policies by collecting and sharing community and population data. This information provides knowledge concerning the need for potential or current impact, need for change of policies and practices, is shared with governing entities, elected officials, governmental departments, and others set policies and practices that have public health implications. The workplans were developed by these community priority groups to be implemented for the goal of ensuring all children, families, and communities achieve the highest quality of wellbeing. Priority group workplan objectives and strategies to accomplish this are in process or completed, and some will continue through the life of this CHIP. The results of the work accomplished thus far has been documented; many of the results collected and entered in the Performance Management Dashboard to better track progress, measure improvement, and illustrate results. The Performance Management system “Clear Impact” Dashboard is an online tool used for measuring and reporting performance and illustrate results of programs. Reporting and documentation applicable to each program is provided in the following workplans.



## PRIORITY: Affordable and Equitable Access to Care and Services

### School Dental Health

**Strategic Issue:** Improving the health and wellness of the most vulnerable youth in the North Platte School District

**Gaps/Barriers:** At the end of the 2<sup>nd</sup> quarter of the 2016-2017 school year, North Platte Public Schools had approximately 20% of the students with more than 5 absences from school. 87.5% of absenteeism at NPPS was related to illness. With 40.6% of the students enrolled in Medicaid or uninsured, and a free and reduced lunch rate of 48%, access to health care due to affordability may be an underlying cause for absenteeism due to illness. (Table 4)

**Involved community members:** Ron Hanson (NPPSD), Shannon Vanderheiden (WCDHD), Dwight Livingston (North Platte Mayor), Stuart Simpson (NPPSD), North Platte Public School District nurses



Community Health Assessment /Health People 2020/Nebraska Community Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/ Policy Change	Evaluation	Evidence-based Practice
<p><i>Community Health Status Assessment</i>-19.3% of children in Lincoln County live in poverty, for 2012 40% of children are eligible for free/reduced school meals, for 2014 17.6% of adults had no health care coverage</p> <p><i>Healthy People 2020</i>-Oral Health (OH) priority—improve access to preventive services and dental care</p> <p>OH -1 Reduce the proportion of children and adolescents who have dental caries</p> <p>OH-8 Baseline 30.2% of children and adolescents received preventive dental service in 2007, target 33.2%.</p>	NPPSD and WCDHD will plan, develop, and implement an action plan to provide dental care to NPPSD K-5 students, with dental care to include cleaning, fluoride and sealant treatment	<p>1.By Oct. 2017, NPPSD school administrators, school nurses, and elementary principals will develop an implementation plan.</p> <p>2.By Dec. 2017 WCDHD will plan and coordinate dental care services for the NPPSD elementary schools.</p> <p>3.By January 2018 dental care service has been provided to NPPSD K-5 students.</p> <p>4. By May 2018 all vulnerable/at-risk K-5 NPPSD students have access to dental care and needs have been addressed, to include cleaning and fluoride and sealant treatment</p> <p>5.By August 2018, WCDHD, NPPSD administrators, and school nurses, will meet to establish plan and coordination of dental care services for the 2018-2019 school year.</p>	To be determined	<p>Ron Hanson, Stuart Simpson, a school nurse representative, and Shannon Vanderheiden meet to debrief plan of action and plan next dental care service date.</p> <p>June 2018 Progress Report – Report of number of students served and services provided.</p>	<p><a href="#">“Preventing Dental Caries Through School-Based Sealant Programs: Updated Recommendations and Review of Evidence,”</a> <i>Journal of the American Dental Association</i>, November 2009,</p> <p>The Association of State and Territorial Dental Directors’ (ASTDD) <a href="#">Best Practice Approach: School-based Dental Sealant Programs</a></p>

Table 4 School Dental Workplan

## North Platte Housing Taskforce

**Policy:** North Platte Housing Taskforce: Mobile home codes had been set and enforced following the 2012 Housing Quality Taskforce. While improvements have been made in mobile home housing, with some mobile homes demolished and codes set for any mobile home to be placed in North Platte, concerns were raised with substandard permanent housing in North Platte. The Housing Taskforce was tasked with addressing the issue and began meeting monthly in May 2016. Issues raised included unsafe housing, housing that contributed to health issues, school absences due to housing problems, mold conditions impacting health, environmental issues, and substandard housing reducing property values in neighborhoods.

Agenda items for the taskforce have included examination of the model of the Hastings, Nebraska Neighborhood Enforcement Action Team, coordination of city, fire department, and law enforcement, review of North Platte's code, legal aspects of code enforcement, determination of responsibility for enforcement, development of a power point outlining issues and suggestions for policy change and plans to share information publicly. Policy change by the City of North Platte will be sought to implement the new code and enforcement policies.

**Strategic Issue:** The improvement of health through improvement of housing standards (Table 5)

**Current reality:** With health concerns for those living in substandard mobile homes, codes for mobile home housing and an enforcement policy for those codes was enacted by the City of North Platte in 2014. The result was the condemnation of some mobile homes, improvement of others, and the refusal of some mobile home planned for moving in to North Platte. With the mobile home codes and enforcement deemed a success in improving housing and resultant health, this taskforce was formed to build on the mobile home program to include substandard housing.

**Involved community members:** Norm Franken (City of North Platte), Judy Clark (North Platte Development), Dave Hahn (City of North Platte), Nancy Striebel (Lincoln County Development Corporation), George Lewis (North Platte Fire Department), Gary Person (North Platte Chamber of Commerce), Jim Paloucek (attorney), David Pederson (attorney), Jeff Eastman (Legal Aid of Nebraska), Judy Pederson, Shannon Vanderheiden (WCDHD), Janet Livingston (WCDHD).



Community Health Assessment /Health People 2020/Nebraska Community Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/Policy Change	Evaluation	Evidence-based Practice
<p><i>CHA – Forces of Change – Trend – declining housing stock</i></p> <p><i>CHA – Local Public Health Systems Assessment- Need for community partnerships (Essential Service 4.2), Governmental presence in developing policies/plans (Essential Service 5.1)</i></p> <p><i>2017 County Health Rankings – Lincoln County-13% with severe housing problems, 11.9% of individuals living in poverty</i></p> <p><i>U.S. Census - Median housing age in Lincoln county 47, compared to U.S. median of 37</i></p> <p><i>BRFSS – 10.0% have asthma compared to Nebraska rate of 7.3%</i></p>	<p>1.A plan will be put in place by December 31, 2018 to set housing standards and present them to North Platte city officials and City Council.</p> <p>2.A policy will be written and put in place by June 30, 2018 to provide enforcement of housing codes.</p> <p>3.Housing inspections as necessary and resulting enforcement will begin by June 30, 2018.</p>	<p>1.Improve housing by setting standards for housing</p> <p>2.Approval by North Platte City Council of housing standards Improve housing by enforcing housing codes.</p> <p>3.Housing determined to be possibly substandard will be inspected and steps taken as necessary to ensure improvement.</p>	<p>1. Housing standards</p> <p>2. City Housing Codes</p> <p>3. Housing Inspections</p>	<p>1.Housing standards revised</p> <p>2.Housing standards approved by City Council</p> <p>2.Policy of code enforcement set and approved</p> <p>3.Number of houses with improvements made</p> <p>3.Number of houses demolished due to unsafe living conditions</p>	<p>National Center for Healthy Housing and American Public Health Association, “National Healthy Housing Standard”, 2014</p>

Table 5 North Platte Housing Taskforce Workplan

## West Central District Health Department Public Health Clinic

Quality healthcare and equitable opportunities are accessible, affordable, and provided for all to develop and live life to the fullest potential.



**Strategic Issue:** Improved access to care through the provision of a public health clinic with a focus on individuals who have Medicaid coverage or lack healthcare coverage to address the number of people unable to see a provider due to healthcare cost (Figure 7). See Table 6 for the workplan.

**Current reality:** Services available to make access to care more affordable: WCDHD Public Health Clinic has been established. The WCDHD Dental Clinic is ongoing. Great Plains Health is instituting a Clinical Integration/ transitional care program.

**Gaps/barriers:** A number of gaps and barriers were determined including: Lack of knowledge of services, ability to access services, technology, transportation, health literacy, education about needs for services, language barriers, where to go for assistance with getting aid for services, income guidelines, Medicaid guidelines, insurance costs, high deductibles, medical providers for those that cannot afford healthcare coverage, insurance payer mix for providers refusing additional Medicaid patients, competition in the medical and dental community, political differences.

**Involved community members:** GP Health: Ivan Mitchell, Howard Shaw, MD, Lori Schoenholz, Jo DiMarco, Nan Hynes, Barb Eshleman, Local provider: Dr. Emily Jones, MD, North Platte School District: Ron Hanson, West Central District Health Department: Shannon Vanderheiden, Sally Brecks, Angela Brown

**Community members to engage:** Community Action Partnerships, DHHS – Medicaid, Community Ownership workgroup  
WCDHD utilizes *Every Woman Matters* program, Susan G. Komen Great Plains funding for breast cancer awareness and screenings, Health Hub screenings, and the *AmeriCares* program for medication assistance for resources for service in the public health clinic. Dr. Emily Jones serves as a volunteer physician one morning a week. From July 1, 2016 to June 30, 2017, Dr. Emily Jones has seen over 117 patients in the public health clinic. With 52% of the patients uninsured, the need for a public health clinic is essential to the priority of meeting the health needs of all in the community.

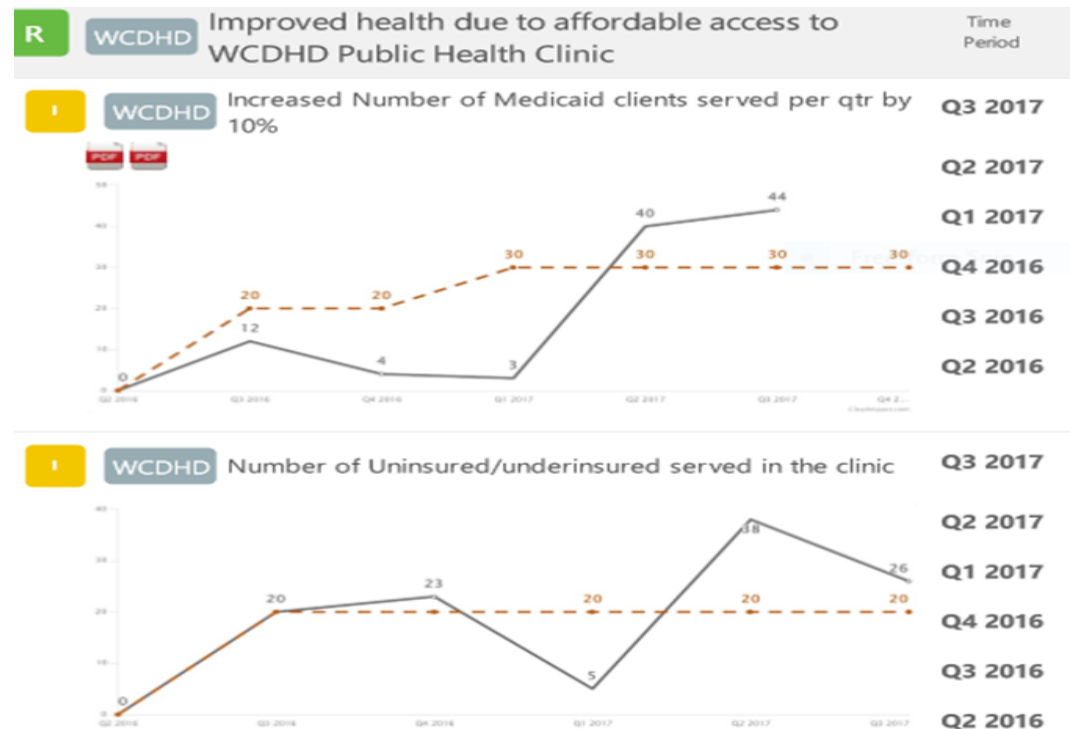


Figure 7 PMS Dashboard for WCDHD PHC

Community Health Assessment /Health People 2020/Nebraska Community Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/ Policy Change	Evaluation	Evidence-based Practice
<p><b>CHA Assessment</b> – 13% unable to see a doctor due to cost (BRFSS), 11.9% individuals in Lincoln County living in poverty (CDC)</p> <p><b>County Health Rankings</b> – Ratio of primary care physicians to population 1719:1 compared to NE rate of 1405:1. Healthy people 2020:</p> <p><b>State Health Improvement Plan:</b> 1 in 5 adults report no primary care provider, 1 in 8 adults report that cost prevented needed care in past year</p> <p>SHIP priorities – Priority -Integration: Nebraska will have an integrated health system that values public health as an essential partner.</p> <p>Priority – Utilization/Access – Nebraskans will experience improved utilization and access to healthcare services.</p> <p><b>Healthy People 2020:</b> Accessible Health Services – AHS-5: Increase the proportion of persons who have a specific source of ongoing care</p>	Improved health through affordable access to WCDHD Public Health Clinic.	Increase the number of people who receive services at WCDHD public health Clinic to a minimal of 30% Medicaid.	1. Identify and qualify clients for a reduced rate. 2. Provide healthcare to all Medicaid clients who access the WCDHD public health clinic	Number of Medicaid and uninsured people served	<p>Healthy People 2020, “Public Health Infrastructure”</p> <p>American Public Health Association, “Six Components Necessary for Effective Public Health Program Implementation”, Jan. 2014</p>
<p><b>No Health Care Coverage:</b></p> <p><b>CHA Assessment</b> – No health care coverage 19.4% compared to NE rate of 17.6%</p> <p><b>County Health Rankings:</b></p> <p>Baseline: 15.2% in 2012; 14.4% in 2014 people unable to obtain necessary health care</p> <p><b>Health people 2020:</b></p> <p>target: reduce to 9%</p> <p>Baseline 10% of people unable to obtain necessary health care.</p> <p>Increase the number of proportion of persons with Medical insurance from 89.4% to 100%. (AHS-6 &amp; AHS-1)</p> <p><b>State Health Improvement Plan:</b> Priority Utilization and Access: Improved health outcomes...to increase utilization of preventive service, integration efforts, enhanced provider and system partnerships</p>	Referrals to qualified agencies who can assist with clients with enrolling in healthcare coverage.	Provide resource list to all clients who are uninsured, including information about Network of Care service directory website. Community Health Worker will follow-up with all uninsured clients to determine needs. Refer all uninsured clients to appropriate services.	Referral of those without insurance to other community resources	Number of referrals	<p>Center for Disease Control, “Addressing Chronic Disease through Community Health Workers”, April 2015</p> <p>Agency for Healthcare Research and Quality, “Outcomes of Community Health Worker Interventions”, June 2009</p>

Table 6 WCDHD PHC Workplan



## Telehealth

**Program:** Telehealth is used to some extent to provide medical and mental health services. The use of Telehealth in rural areas and in the school setting is being researched for use and implementation in the local area.

**Strategic Issue:** How can the mental, behavioral, and physical health of children in schools be quickly assessed and need determined? How can health care be extended to rural areas?

**Current reality:** With technology advances, Telehealth may be a means of providing easier access to health care. The Nebraska Legislature passed LB 92 requiring insurers to provide Telehealth coverage.

**Involved community members:** Ronda Haumann (Board of Health), Dr. Ron Hanson (North Platte Public Schools), Lori Schoenholz (Great Plains Health), Molly O'Holleran (Nebraska Board of Education), Shannon Vanderheiden (WCDHD), Janet Livingston (WCDHD), Maria Lein (WCDHD)



Community Health Assessment /Health People 2020/ Nebraska State Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/Policy Change	Evaluation	Evidence-based Practice
CHA – Forces of Change – Technology for access of delivery of information and treatment, including Telehealth Local Public Health Systems Assessment – Essential Service 1.2 – Use of technology-low performance score Community Health Status Assessment-Rate of primary care physicians to population 1719:1, dentists 1897:1	The workgroup will investigate the feasibility of the use of Telehealth for providing medical and mental health services for schools and rural areas.  If Telehealth is found to be feasible, investigation will begin for the steps to implement the program.	By June 2018, the workgroup will investigate the feasibility for the use of Telehealth in school settings and rural settings.  If the feasibility proves that the pursuit of Telehealth would be worthwhile in improving access to care, the workgroup will determine next steps to put Telehealth in place in schools and/or rural areas in the local area.	To be determined	A report on the feasibility of Telehealth use in both the school setting and in rural areas.  A report on the establishment of Telehealth in schools and in rural areas.	Community Guide: “Promoting Health Equity through Education Programs and Policies in School-based health Centers”

Table 7 Telehealth Workplan

## PRIORITY: Healthy Lifestyles and Well-Being



### North Platte Area Wellness & Recreation Alliance

**Program:** The Alliance began meeting in the summer of 2016 as part of the Mayor's wellness committee with the purpose of improving wellness opportunities in North Platte. Working committees were formed and began setting and implementing strategic plans. The Trails committee identified gaps in the current Trails System, as well as to complete connections to Lake Maloney and Indian Hills. The committee has succeeded in filling some of the gaps, as well as continued work on completing others. The Coordination and Awareness committee has developed plans to publicize and provide information about activities and facilities. One step taken was the website [www.playnorthplatte.com](http://www.playnorthplatte.com) and the group is also working on funding efforts. Other committees are working on reviewing the improvement of current recreation facilities, with a review completed and with planning and funding

in the development stages. The North Platte Parks, Recreation and Wellness Foundation has been established to collect and disburse funds. The Healthy Living Committee has centered its efforts on improving the health and wellness of school students. The first step has been planning for provision of dental care for school students and is outlined in Table 4 above under Affordable and Equitable Access to Care and Services.

**Strategic Issue:** Building a healthy community by studying, advocating, and recommending wellness and recreation enhancement and opportunities, while seeking collaboration of volunteer and financial support

**Involved community members:** Mayor Dwight Livingston, Bob Barr, Lisa Burke, Shae Caldwell, Kevin Dodson, Ron Hanson, Jim Hawks, Brian Hope, Fiona Libsack, Megan McGown, Danielle Remus, Jim Nisley, Ray Morrisette, Doug Martin, Jamie Peters, Leland Poppe, Richard Raska, Amy Stefka, Eric Seacrest, Shannon Vanderheiden, Treg Vyzourek, Courtney Fegter

Thanks to Mayor Dwight Livingston for his leadership in recognizing and addressing the need for improved wellness and recreation for North Platte community members.



*Photo: Mayor Livingston*

Community Health Assessment /Health People 2020/Nebraska State Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/ Policy Change	Evaluation	Evidence-based Practice
<p><i>CHA-Forces of Change</i> – Rising rates of obesity a concern, Affordable wellness/recreation a way to reinforce health equity.</p> <p><i>CHA-Community Themes and Strengths</i> – Exercise, physical well-being, family- and child-friendly activities, bike/walking trails, Fitness Series, healthy activities, outdoor activities important to the community</p> <p><i>Healthy People 2020: PA-2</i> Increase the proportion who meet current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity</p>	Improve the North Platte Trails System	<p>1. Identify and fill gaps in the current trail system, prioritizing gaps with plans to complete the first 5 gaps by end of 2018.</p> <p>2. A connection will be created from the UNL Research Center to the outlet park at Lake Maloney by Sept. 2017.</p> <p>3. A connection will be created from Buffalo Bill/State Farm to the existing trail east of Indian Hills by Sept. 2017.</p>	To be determined	<p>1. Gaps identified, work completed in filling the gaps, plans made to continue meeting priorities</p> <p>2. and 3. Completion and public use of trail connection.</p>	<p>The Community Guide, “Physical Activity: Creating or Improving Places for Physical Activity”, May 2001</p> <p>The Community Guide, “Physical Activity: Community-Wide Campaigns”, Feb. 2001.</p>
<p><i>CHA-Forces of Change</i>-Knowledge of services needed</p> <p><i>Community Themes and Strengths</i>-Communication/collaboration important to community</p> <p><i>Community Health Status Assessment</i>– Physical inactivity 28% for Lincoln Co, 25% for Nebraska, High blood pressure – 34.7% WCDHD area, 30.3% Nebraska. Obesity 32.5% Nebraska, 30.3% Nebraska</p> <p><i>SHIP – Priority – Obesity</i> – Reduction in obesity among children, adults, and minority populations, decrease in associated chronic diseases and related healthcare costs.</p>	Publicize, promote, and provide information about activities and facilities to residents and visitors.	<p>1. Set up the website <a href="http://www.playnorthplatte.com">www.playnorthplatte.com</a> to publicize, promote, and provide information about activities and facilities to residents and visitors.</p> <p>2. Utilize a wide variety of social media to improve awareness of the website.</p> <p>3. Expand usage of the website by expanding the number accessing the website, adding information, increasing partnerships, and securing funding for efforts.</p>	To be determined	<p>1. Website developed and in use.</p> <p>2. Track website analytics to show growth in usage.</p> <p>3. Increased partnerships, use of website, information added, funds received.</p>	
<p><i>CHA: CTAS</i>-Expanding Cody Park and other parks important to community</p> <p><i>SHIP: Priority – Obesity</i> – Environmental supports that increase access to and promote physical activity and nutrition</p>	Review current and potential facilities for building, improvement, and funding	<p>1. Set plans to improve the Recreation Center</p> <p>a. Rec Center Tour by July 2017</p> <p>b. Visioning session with stakeholders by Oct. 2017</p> <p>c. Develop cost estimate by Sept. 2017</p> <p>d. Review funding options by Oct. 2017</p>	To be determined	<p>1. a. Completed tours</p> <p>b. Meeting held</p> <p>c. Review of engineering study</p> <p>d. and e. Plan in place</p> <p>f. List created</p>	The Community Guide, “Physical Activity: Creating or Improving Places for Physical Activity”, May 2001

		<p>e. Create a plan and funding process by Jan. 2018</p> <p>f. Identify volunteer fundraisers by Jan. 2018</p> <p>2.a. Identify other recreational facility priorities by Dec. 2017 with needs prioritized.</p> <p>b. Follow above guidelines.</p>		2.a. List of facilities needing improved and prioritized for need	
	Build the financial resources for wellness and recreation enhancement and development through the North Platte Parks, Recreation and Wellness Foundation	<p>1. Establish a formal fundraising entity by establishing committee work assignments, filing paperwork to establish formal entity, and promotion of the Foundation by Qtr. 1 2017.</p> <p>2. Identify funding sources for potential projects</p> <p>a. Listing sources and volunteers ongoing through the project</p> <p>b. Consider ½ cent sales tax ballot measure by Qtr. 4 2017</p> <p>c. Exploring partnerships with other entities, ongoing through the project</p> <p>3. Establish a way for the Alliance to raise ongoing through the project and receive funds.</p>	To be determined	<p>1. Foundation formed and promoted.</p> <p>2. Listing of possible funding sources and volunteers</p> <p>b. Sales tax inclusion on ballot</p> <p>c. Partnerships established.</p> <p>3. Establishment of funds.</p> <p>Policy and procedure in place to deposit and access funds.</p>	

Table 8 North Platte Wellness and recreation Alliance Workplan

North Platte Parks,  
Recreation & Wellness  
Foundation Fund

Fund Administered by

Mid-Nebraska  
Community  
Foundation



## Reduction of Consumption of Sugary Beverages

**Strategic Issue:** With child and adult obesity rates on the rise locally and nationally, encouraging people to reduce their intake of sugary beverages would address one-way people could reduce their caloric and carbohydrate intake. The purpose set out in this work plan is to explore ways of addressing the issue of reducing consumption of sugary beverages. (Table 9)

**Involved community members:** Shannon Vanderheiden, WCDHD Board of Health, Mayor Dwight Livingston, Local school Boards of Education and school superintendents



Community Health Assessment /Health People 2020/Nebraska Community Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/Policy Change	Evaluation	Evidence-based Practice
<i>CHA-Local Public Health System Assessment-Essential Service 3 – health education, promotion, and communication identified as area of need. Community Health Status Assessment-Adult obesity – 32% Lincoln County, 29% Nebraska. Child obesity- Nebraska 29.2% SHIP – Priority – Obesity reduction</i>	Education will be provided to the public about the value of reducing consumption of sugary beverages	A publicity campaign utilizing social media will be developed by March 2018 and implemented by July 2018.	To be determined	A publicity work plan developed and implemented. Examples of ads, press releases, and social media postings will be provided.	The Community Guide, “Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution”, Dec. 2010
<i>CHA-Community Themes &amp; Strengths-Community identified community support as essential to good health. Forces of Change – Barriers – Lack of funding, Trends – rising rates of obesity SHIP: Priority – Obesity – Statewide coordinated approach for strategies, systems, policy and environmental level to promote a healthy lifestyle is desired.</i>	Avenues will be explored for governmental support of changes in policy concerning sugary beverage consumption. Some avenues to be considered: removing the tax exemption from sugary beverages, funding support of media campaigns, restricting the availability of sugary beverages in locations such	Governmental support will be sought on an ongoing basis.	To be determined	A plan in place to address sugary beverage consumption	



	as schools, recreation centers, etc.				
<p><i>CHA: Local Public Health System Assessment</i> – Essential Service 3 – Health education, promotion, communication is an area needing improving.</p> <p><i>Healthy People 2020: Nutrition and Weight Status 2.1</i> – Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students – Baseline 9.3% of schools, Target 21.3%</p>	Work with local school superintendents and their Board of Education to address sugary beverage consumption through a variety of avenues— education, restricting use on school campuses and school sporting events, and other school-driven recommendations	<p>1. Educate superintendents and Boards of Education about obesity and sugary beverage consumption by March 2018.</p> <p>2. Encourage and assist, as necessary, superintendents and Boards of Education in setting policies and/or programs with a goal of setting a program/policy prior to the 2018-2019 school year.</p>	To be determined	<p>1. Education and support offered to local school systems</p> <p>2. Programs and policies in place.</p>	<p>The Community Guide, “Obesity: Meal and Fruit and Vegetable Snack Interventions to Increase Healthier Foods and Beverages provided by Schools”, Dec. 2016</p> <p>The Community Guide, “Obesity: Supporting Healthier Snack Foods and Beverages Sold or Offered as Rewards in Schools”, Dec. 2016</p> <p>The Community Guide, “Obesity: Increasing Water Access in Schools”, Dec. 2016</p>

Table 9 Sugary Beverages Workplan



## Sports Equipment Exchange for Youth Sports

**Program:** Sports Equipment Exchange for Youth Sports: With affordable recreation determined as a need under the Healthy Lifestyles and Well-being priority, efforts began to provide sports equipment and scholarships to enable children to join organized sports who may not be able to do so without financial assistance. The workgroup decided to host a sports equipment exchange. Ray Morrisette began collecting equipment and seeking scholarship funds. The group proceeded with caution to ensure that all liability issues were covered before distributing equipment and offering scholarships. \$2800 was donated through private funds for wrestling scholarships; with the cost of \$200 for sign-ups, the goal was to receive enough funds to provide scholarships for 25 children. Another goal is to expand the program to include more sports. Organizers of this program will also consider possible funding opportunities through Nike, Russell, and Nebraska Game and Parks to help sustain scholarships. (Table 10)



**Strategic Issue:** Children would be encouraged in becoming more physically active through the provision of affordable recreation by providing assistance in obtaining sports equipment and scholarships. With sports equipment provided and scholarships offered, more children would be able to participate in organized sports.

**Involved community members:** Ray Morrisette

Community Health Assessment /Health People 2020/Nebraska Community Health Improvement Plan Need Addressed	Objectives	Goals	Indicators /Policy Change	Evaluation	Evidence-based Practice
CHA – Community Themes and Strengths Assessment – Exercise, Kid-friendly activities, activities for youth, opportunities for healthy activities, outdoor activities were all named by community members as important to health. <i>Forces of Change</i> – trends of rising obesity rates, need for affordable recreation impacting youth health <i>County Health Rankings:</i> 17.7% of children in poverty, 40% of children in Lincoln County eligible for free/reduced school lunches,	1. “Gently used” sports gear and new sports gear purchased at a reduced cost will be collected and distributed to children playing organized sports who may need financial assistance in order to play. 2. Scholarships will be provided to families whose children may not be able to play organized sports due to the cost of registration. Organizers of this program will also consider possible funding opportunities through Nike, Russell, and Nebraska Game and Parks. 3. Efforts will take place to encourage sponsors of sports to undertake the sports equipment exchange and scholarship program.	1. Children whose families would require financial assistance in order to play organized sports will receive sports gear to enable them to play.  2. Funds will be collected and distributed to families for sports fee registration.  3. Once a volunteer program is in place, the sponsors of sports organizations will be contacted to encourage them to take over the equipment exchange and scholarship programs.	To be determined	1. Number of children who receive sports gear and then are registered to play for an organized sport 2. Funds received # of children who receive scholarships 3. Sports equipment exchange, and scholarship programs will be operated by the organizers of sports programs.	1.The Journal of Pediatrics, 2005, “Evidence Based Physical Activity for School-age Youth” 2.The Community Guide, February 2001, “Physical Activity: Social Support Interventions in Community Settings” 3.National Recreation and Park Association, 2010, “The Rationale for Recreation Services for Youth: An Evidence Based Approach”

Table 10 Sports Equipment Exchange Workplan

## “Gotta Have Goals”

**Program:** “Gotta Have Goals”: The Healthy Lifestyles workgroup discussed the importance of child-friendly activities and encouraging more physical activity. One member talked about watching children play soccer on a large field with many players and fewer touches on the ball versus small fields with small goals and smaller number of players on the team with the players getting more touches, getting in more practice of soccer skills, and being more active. The group developed a plan to construct small goals with donated or low-cost PVC pipe using volunteers. With no- or low-cost, concerns about them being damaged or stolen are minimized. The soccer goals would be placed in city parks to encourage children to play and practice soccer skills in a smaller soccer setting. Donations of PVC pipe is being sought and the Walmart DC volunteer program will be accessed to provide volunteer help. The construction of goals and the locations of goals placed will be documented.



**Strategic Issue:** Affordable recreation was identified as important to people in the community during the CHA Community Themes and Strengths Assessment. In observing children at play, when many children are playing a game, such as soccer, the children often have few touches on the ball and less time spent moving actively. Providing more and smaller soccer goals would allow for small group play with more active play. (Table 11)

**Current reality:** Most parks and schools have only two large soccer goals. When varied age groups play, the younger children may not be able to play safely and successfully, and when large groups play, the players have fewer opportunities for touches with the ball and are often not as physically active.

**Involved community members:** Leland Poppe, Ray Morrisette

Community Health Assessment/Health People 2020/Nebraska State Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/policy change	Evaluation	Evidence-based Practice
<p><i>CHA Community Themes and Strengths</i> – Good health- involves exercise, Important in our community – child-friendly activities, opportunities for healthy activities. Improving health in our community-parks, healthier activities, more affordable for families, outdoor activities</p> <p><i>CHA Community Health Status Assessment</i> – U.S. Census – Population under 18 years – 24.6% in Lincoln County, County Health Rankings – obesity 32.5%</p> <p><i>State Health Improvement Plan</i> – Priority-Obesity</p> <p><i>Healthy People 2020</i> – Nutrition and Weight Status 10.4 – Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese. Baseline 16.1%, reduce to 14.5%. Physical Activity 3.1 Increase the proportion of adolescents who meet physical activity guidelines for aerobic physical activity. Baseline 28.7%, increase to 31.6%.</p>	The “Gotta Have Goals” program will utilize volunteer help and donated and low-cost PVC pipe to construct and place small soccer goals in North Platte city parks.	5 goals will be constructed and placed in 5 North Platte city parks by June 2018.	To be determined	# of goals placed in parks	BMJ, 2001, “Evidence Based Management of Childhood Obesity”

Table 11 Gotta Have Goals Workplan



## North Platte Fit Kids

**Program:** As part of the 2016 Fit Kids program, 101 children participated in training and the Fit Kids Run during Nebraskaland Days. Rec Center and Kids Klub staff helped with training and encouraging the children to achieve their goals. While many of them felt unable to attain the goals, through encouragement, all participated and successfully completed the training and Run. The children all received t-shirts, medals, and shoes to celebrate their accomplishments. With the success of the 2016 program, the program was implemented again in 2017. 132 children participated at Kids Klub, with everyone successfully completing the race, held on July 12, 2017. A grant was awarded from Kids Run the Nation/Road Runners Club of America to supply shoes for each child. Kevan Hueftle, a farmer from Eustis who was a collegiate runner for UNK and lost his foot in a hunting accident, was an inspirational speaker for the event. Hueftle is trying to qualify for the Para-Olympic Games.



**Strategic Issue:** Improve physical fitness awareness for children and families. Healthy People 2020 Among children ages 4 to 12, identified the “Belief in ability to be active (self-efficacy) and “parental support” as having a positive association with physical activity. (Table 12)

**Involved community members:** Trudy Merritt, Recreation Center Staff, Kids Klub Staff

Community Health Assessment /Health People 2020/Nebraska Community Health Improvement Plan Need Addressed	Objectives	Goals	Indicators /Policy Change	Evaluation	Evidence-based Practice
<p><i>Community Themes &amp; Strengths</i> – Families value affordable recreation, place a high value on parks and recreation</p> <p><i>Local Public Health Systems Assessment</i> – Health education, promotion, and communication were rated as areas needing improvement.</p> <p><i>Forces of Change assessment</i> – pointed to need for affordable wellness and recreation</p> <p><i>County Health Rankings</i> – Obesity rate is 32% for local area, compared to state rate of 29%, Physical inactivity is 28% compared to state rate of 25%.</p>	The North Platte Recreation Center and North Platte Kids Klub will collaborate to provide training, shoes, and free registration for the North Platte Fit Kids Run to be held in June 2016.	Children will recognize the importance of physical activity for good health.	To be determined	At least 100 children will take part in the Fit Kids run.	“Physical Activity: Creating or Improving Places for Physical Activity”, The Community Guide, May 2001

Table 12 North Platte Fit Kids Workplan

## Substance Abuse

**Priority:** Substance Abuse/Prevention in WCDHD jurisdiction

**Strategic Issue:** How can the local public health system provide education and opportunities for reducing substance abuse for adolescents aged 12 to 17 years of age? The Substance Abuse Prevention Council meets on a regular basis and will include information and progress in annual reports. (Table 13)

**Current reality:** According to the *County Health Rankings and Roadmaps*, in Lincoln county, Nebraska excessive drinking was 15% compared to the 20% State of Nebraska, and alcohol-impaired driving deaths was 29% compared to the 36% State of Nebraska. Substance abuse is higher than the national average. According to *Healthy People 2020*, in Nebraska 39.3% of adolescents perceiving great risk in consuming five or more drinks once or twice a week (aged 12-17), with the target being 44 in 2020, and current state average being 39.7%. In addition, in Nebraska only 12.6% of the persons who needed and received illicit drug treatment at a specialty treatment facility for abuse or dependence in the past year (12+ years), with the target being 17% in 2020, and current state average being 19.4%.

**Gaps/barriers:** Affordable recreational/exercise activities; awareness of what is offered; education; language

**Involved community members:** : Ashley Allen (Region II Human Services), Nickie Kroon (Great Plains Health – Healthcare Sector), Judy O’Neill (North Platte Catholic Schools – School Sector), Jeff Steinbeck (Hershey School Principal – School Sector), Janelle Higgins (Mid-Plains Community College), Brandi Lemon and Shannon Vanderheiden (WCDHD – Healthcare Sector), Sandee Kroon (Concerned Citizen), Jayna Schaaf (Executive Director Community Connections), Greg Vandernberg (Concerned Citizen), Amy Wolfskill (Nebraskaland National Bank – Business Sector), Robert Lindemeier (Lindemeier & Dawson Law Office), Angela Franz (Deputy County Attorney), Kim Riley (Westfield Pharmacy – Business Sector), Marlo Roberts (Community Connections), Will Cleveland (NE State Patrol – Law Enforcement Sector), Michelle McFarland (Business Sector), Jennifer Schlager (NPHS Counselor – School Sector), Linda Logsdon (Women’s Resource Center – Healthcare Sector), Janelle Sellers (Pharmacist – Healthcare Sector), Rich Hoaglund (North Platte Police Dept. – Law Enforcement Sector), Dan Newton (Lincoln County Sheriff’s Office – Law Enforcement Sector), Kathy Seacrest (Region II Human Services), Shannon Sell (Region II Human Services), Dan O’Neill (Kwik Stop CEO (Business Sector), Sheriff Jerome Kramer (Lincoln County Sheriff’s Office – Law Enforcement Sector)



Community Health Assessment /Health People 2020/ Nebraska Community Health Improvement Plan Need Addressed	Goals	Objectives	Indicators/ Policy Change	Evaluation	Evidence-based Practice
<p><i>CHA – Forces of Change</i>– Rising rates of smoking a concern <i>Community Health Status Assessment</i>- A drug-free community and lower smoking rates important to community members <i>Local Public Health Systems Assessment</i> – Essential Service 3.1, “Health education/promotion” indicated as area needing improvement <i>CHSA – NRPFS</i> 8<sup>th</sup> grade: Alcohol-Lincoln County (LC) 22.9%, NE 18.4% Tobacco use – 12.9% LC, 11.9% NE Marijuana use 6.6% LC, 5.8% NE Illicit drugs – 8.2% LC, 7.4% NE 10<sup>th</sup> grade: Alcohol use – 39.3% LC, 40.5% NE Tobacco use- 32.2% LC, 25.5% NE Marijuana use 23.5% LC, 17.7% NE Illicit drugs 15.2% LC, 11.9% NE 12<sup>th</sup> grade: Alcohol use – 60.4% LC, 60.0% NE Tobacco use- 47.4% LC, 41.2% NE Marijuana 41.1% LC, 30.3% NE Illicit drugs 0 21.9% LC, 18.0% NE</p> <p><i>Healthy People 2020</i>: The substance abuse rates in Nebraska are higher than the national rates. <i>County Health Rankings and Roadmaps</i>: The alcohol abuse rates in Lincoln county are higher than in Nebraska. <i>BRFSS</i> -Adult Cigarette smoking 24.5% (compared to Nebraska rate of 17.4%) <i>Healthy people 2020</i>: SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days. Baseline 18.4% ages 12-17 reported use during past 30 days – 2008. Target 16.6% TU -2.1 Reduce use of tobacco products by adolescents. Baseline 19.5% grades 9-12, target 16.0% <i>Healthy People 2020</i>: Substance Abuse 14.4 Reduce the proportion of adults who drank excessively in the previous 30 days. Baseline 28.2%, Target 25.4%</p>	Improve substance abuse rates in youth and adolescents	<ol style="list-style-type: none"> <li>1. Increase the number of education events held annually by 20% each year.</li> <li>2. Provide community support groups for families held (i.e. monthly, quarterly, etc.) by end each year. (To be Determined)</li> <li>3. Provide community resources and role models for youth and adolescents during support groups and at activities</li> <li>4. Decrease the substance abuse rate within WCDHD’s jurisdiction by 10% by July 1, 2019.</li> </ol>	<p>Alcohol tax increase</p> <p>Tobacco tax increase.</p> <p>Increase in the age for tobacco sales, to 21.</p>	<p>Short term: Create education for substance abuse, support groups, and family activities Mid-term: Increase</p> <ul style="list-style-type: none"> <li>• the number of participants being educated for substance abuse,</li> <li>• the number of support groups being provided and participants attending,</li> <li>• resources available and role models for youth and adolescents</li> </ul> <p>Long term: Decreased substance abuse Short term: To be Determined Mid-term: To be Determined Long term: To be Determined</p> <p>Needs identified: More public education on drug related issues.</p> <p>Detox Center locally.</p> <p>Holding Center for Youth with serious alcohol and/or drug abuse.</p>	<p>Oxford and Platte Valley: 3/4 houses provide accountability for men recovering from alcohol addiction.</p> <p>Lincoln County Court: partners with NE Health &amp; Human Services and North Platte Police Dept. to provide family-focused solutions to drug convictions.</p> <p>Great Plains Health provides free tobacco cessation classes.</p> <p>Nebraska Tobacco Quit Line Provides free counseling.</p> <p>Community Connections Substance Abuse Prevention System (SAPS) has organized a task force to address methamphetamine use prevention and is working to raise awareness about marijuana issues.</p> <p>SAPS partners with local law enforcement to conduct a free monthly prescription drug collection.</p>

				Call Center for public information on drug related issues (e.g., coupled with WCDHD Web site and/or Boys Town National Hotline, 1-800-448-3000).	Community Connections Tobacco Free Lincoln County Coalition partners with agencies and volunteers to reduce secondhand smoke exposure and reduce youth access to tobacco.
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Table 13 Substance Abuse Workplan



## Positive Pulse Family Wellness

**Program:** Positive Pulse Family Wellness; Positive Pulse Family Wellness is coordinated by WCDHD with partnership from many community partners. Classes center on nutrition and physical activity, as well as other health and well-being topics. Community partners from the Nebraska State Patrol, UNL Extension, North Platte Fire Department, and others have been presenters at the classes. Family attendance is encouraged, with family togetherness promoted. The program is analyzed annually for continual improvement. *(Table 14) (Figure 9)*

**Strategic Issue:** The provision of affordable family health and wellness education and recreation is deficient in the communities. With free family health and wellness education and recreation, more families would be able to participate in these events.

**Current reality:** Most communities do not offer free or affordable family health and wellness education and recreation opportunities.

**Involved community members:** WCDHD, Families First Partnership, fitness instructors, Nebraska State Patrol, North Platte Fire Department

Community Health Assessment /Health People 2020/Nebraska State Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/ Policy Change	Evaluation	Evidence-based Practice
<p><i>CHA Community Themes and Strengths</i> – Good health-involves exercise, Important in our community – child-friendly activities, opportunities for healthy activities, Improving health in our community-parks, healthier activities, more affordable for families, outdoor activities</p> <p><i>CHA Community Health Status Assessment</i> – U.S. Census – Population under 18 years – 24.6% in Lincoln County, County Health Rankings – obesity 32.5%</p>	<p>1.Efforts will take place to encourage/promote the Positive Pulse Family Wellness Program. At least ten families will sign up for and participate in the program yearly.</p> <p>2.Encourage family time with health/wellness education and recreation provided monthly with a goal of eight classes a calendar year.</p> <p>3.Encourage positive family health and nutrition/exercise habits. Families will complete a goal setting plan at each class held in the 2017-2108 sessions of classes.</p>	<p>1.Many families will sign-up and attend this free program offered to promote healthy lifestyles.</p> <p>2.Participating families will express knowledge gained of health/wellness education and recreation provided.</p> <p>3.Participating families will implement at least one goal each meeting event correlating with healthy family nutrition/exercise habits.</p>	To be determined	<p>1.Track the number of families who sign-up; number of families who attend events</p> <p>2.Satisfaction surveys to evaluate knowledge gained</p> <p>3.Families will document their goal and completion dates to show progress.</p>	The Community Guide, October 2016, “Physical Activity: Family-Based Interventions”

*Table 14 Positive Pulse Family Wellness Workplan*





Performance Measures	Time Period	Actual Value	Target Value
There will be at least eight classes held yearly	2017	7	8
There will be at least twelve families sign up for the program yearly	2016	12	10
Each event will include at least one educational topic regarding health and wellness	Oct 2017	2	2

Figure 9 PMS Positive Pulse Family Wellness

## Mental Health

**Program:** Mental Health Awareness/Education

**Strategic Issue:** Raising awareness about mental health by increasing the number of people who receive mental health trainings. (Table 15)

**Involved community members:** Brenda Petersen (Cervelle Consulting), Shannon Sell (Region II), Emma Petersen (Rape & Domestic Abuse Program), Pete Johnson (Mid-Plains Community College), Jamie Peters (MPCC), Jenee Hill (Lotus Counseling), Janet Livingston (WCDHD), Jill Falcon (WCDHD), Caroline Sabin (Families First Partnership), Ray Morrisette (Walmart Distributing Center), Scott Carlson (Eagle Radio), Pam Hicks (Lincoln County Detention Center), Carla Beck (Legacy Communications).



Community Health Assessment /Healthy People 2020/Nebraska State Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/ Policy Change	Evaluation	Evidence-based Practice
<p><i>CHIP Community Themes and Strengths</i> – Mental and physical well-being important to community members</p> <p><i>CHIP Community Health Systems Assessment</i> – Poor mental health days – Lincoln Co. 3.2, Nebraska 2.7. Suicide 8<sup>th</sup> leading cause of death in WCDHD area.</p> <p><i>SHIP – Priority – Depression and Suicide</i> – recommendations to focus on screen practices, training, and advocacy for preventive approaches</p> <p><i>Healthy People 2020:</i> Mental Health and Mental Disorders 1: Reduce the suicide rate. U.S. baseline 11.2 per 100,000, Nebraska 11.7, Target 10.2 per 100,000</p>	<p>Support efforts that address depression, suicide and stigma through prevention and education</p> <p>Training for the public and for primary care</p> <p>Targets for training—schools, law enforcement, emergency personnel, parents, those who work with youth, veterans’ organizations and agencies, coaches, churches</p>	<p>Mental Health First Aid – At least 10 trainings will be held per year beginning in August 2017 through Dec. 2018 with at least 100 people trained by the end of 2018.</p> <p>QPR (Question, Persuade, Refer)– At least 10 trainings will be held per year beginning in Aug. 2017 through Dec. 2018 with at least 100 trained by the end of 2017.</p> <p>Other mental health education efforts – RDAP Prevention Education,</p>	<p>To be determined</p>	<p>Number of trainings held</p> <p>Number of people trained</p>	<p>Mental Health First Aid- <a href="http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1229">http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1229</a></p> <p>QPR – “QPR Gatekeeper Training for Suicide Prevention”, <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=299">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=299</a></p>

CHA-Local Public Health Systems Assessment: Essential Service 3 – Health education and promotion identified as a need	<p>Development of a social media program to address mental health and promote mental health trainings</p> <p>Increased attendance at mental health trainings</p>	A social media plan is developed and in place by October 31, 2017 outlining types of social media, dates, topics, and list of people responsible for posting on social media.	To be determined	<p>Plan developed and being utilized. Tracking of survey results—how participants learned of the training</p> <p>Use Performance Management Dashboard for tracking of number of trainings and number of participants</p>	Community Guide, “Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution”, Dec. 2010. <a href="https://www.thecommunityguide.org/findings/health-communication-and-social-marketing-campaigns-include-mass-media-and-health-related">https://www.thecommunityguide.org/findings/health-communication-and-social-marketing-campaigns-include-mass-media-and-health-related</a>
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Table 15 Mental Health Awareness Workplan





## PRIORITY: Community Ownership

### Community Collaboration

**Priority:** Communications between agencies that serve residents.

**Strategic Issue:** Appropriate use/coordination of resources (Financial, staffing, time, volunteers, etc.) The community collaborative workgroup meets monthly to address these, and other issues related to community collaboration. New partners continue to be added. With housing needs addressed by other workgroups, this topic has been referred to that group. (*Table 16*)

**Current reality:** Many agencies are not aware of the services available in the community, therefore services are often duplicated rather than shared. While agencies and local professionals have good intentions for serving the community, there isn't as much collaboration as there could be.

**Gaps/barriers:** transportation, housing, mental health assistance, employment

**Involved community members:** Beth DeFreece, John Hales, Janet Livingston, Ashley Mathers, Megan Harwager, Michelle Grier, April Christensen, Ashley Perlinger, Sarah White, Mona Tarin, Vicki Collins, Bruce Piercy, Jacqueline Deacon, Irene Britt, Heather Tjaden, Mariah Reeves, Julie Butler, Jennifer Smith, Dean Dye

**Community members to engage:** NP Catholic Schools, Maxwell Public School, Hershey Public Schools, Ministerial Council, Susan Sukraw, Renee Rankin, Mid-Plains Community College, North Platte Interagency



Community Health Assessment/Health People 2020/Nebraska Community Health Improvement Plan Need Addressed	Goals	Objectives	Indicator/ Policy Change	Evaluation	Evidence-based Practice
<i>CHA: Forces of Change</i> – Declining housing stock a concern	Reduce barriers to access affordable quality rental properties.	1.Talk with landlords about quality of housing, deposit requirements 2.Invite NP Housing Authority, Gateway reps, Coldwell Banker reps, local landlords	To be determined	Written plan for housing improvement	
<i>CHA: Forces of Change</i> – Declining pool of resources a concern. <i>Community Themes &amp; Strengths</i> – Community support important to community. Communication and collaboration between agencies and organizations can improve health. <i>Community Health Status Assessment</i> – Inadequate social support – Lincoln county 20%, Nebraska 17% <i>SHIP</i> – Priority-Integrated health systems—It is recommended that the public health system, the primary care system and other health systems establish connection and interweave partnerships for a solid foundation of standards and practices for individual and population health. <i>SHIP Priority-</i> Depression and suicide – Increase protective factors among youth, collaboration between service delivery systems	1.Establish grant writing hub or outreach to seek funds to fill gaps.  2.First priority is “life coaches” for at-risk families.	1.Check with current funders for other monies available and/or populations that can be served.  2.Invite Family Focus (DHHS) and Early Development Network	To be determined	1.Grant writing guidelines in place. Qualified grant writing individuals/organizations listed.  2. List of life coaches compiled. System of referrals established.	
<i>SHIP</i> – Priority – Establish connections and interweave partnerships for individual and population health, <i>Priority</i> – Healthcare Utilization and Access – Enhanced provider and system partnerships.	Continue to bring in new partners to collaborative group.	Collective continuous sweep to address barriers to meeting needs for successful healthy hopeful living. Invitation of integral stakeholders to address barriers.	To be determined	List of partnerships established and continuously updated.	

Table 16 Community Collaboration Work Plan

## Community Response



**Program:** Community response agencies' primary focus is the prevention of child abuse and child neglect. Through Central Navigation, families or agencies may seek out resources for those at risk of children being removed from the home due to safety, shelter, living conditions, or family stability. A Central Navigator will refer families to resources within the community to provide the most appropriate assistance.

The Connected Youth Initiative (Figure 10) works with youth 14 to 24 who have been in foster care, facing homelessness, or coming out of juvenile justice. Enrolled youth are provided coaching support to assure sufficient housing, basic needs, transportation, medical care, education, employment, and community engagement. Youth are offered Opportunity Passport as a means of financial literacy and establishing short-term investments. Community engagement is introduced youth leadership opportunities.

**Strategic Issue:** Preventing families and youth from entering higher systems of care through referral and wrap-around services of local agencies. (*Table 17*)

**Current Reality:** Lincoln County was identified as an area with high incidence of children going into foster care; therefore, appropriate interventions have been designed by community partners to address needs of families and youth in crisis.

**Gaps/Barriers:** Need for quality, affordable housing, transportation, utilities, basic needs

**Involved community members:** Salvation Army, Community Action Partnership, Rape and Domestic Abuse Program, The Connection Homeless Shelter, Boys Town, L2 for Kids, Families First Partnership



Community Health Assessment /Health People 2020/ Nebraska Community Health Improvement Plan Need Addressed	Goals	Objectives	Evaluation	Indicators/ Policy Change	Evidence-based Practice
<p><i>CHIP – Forces of Change</i> - Knowledge of services and more consistent collaboration and cooperation are needed among service organizations. Local Public Health Systems-Essential Service 4, mobilizing partnerships, is a need to be addressed.</p> <p><i>SHIP – Priority – Integration –</i> “Recommended that the public health system, the primary care system and other health systems to establish connections and interweave partnerships for a solid foundation of standards and practices for individual and population health.”</p>	<p>1. Use of central navigation to link families to local services.</p> <p>2. Reduce duplication of services</p> <p>3. The Connected Youth Initiative will be used to serve youth who are foster children, facing homelessness, or former wards of the state</p>	<p>1. Screen families and individuals who are in crisis to determine best fit for support by community organizations. Refer family or individual to agency for financial support, coaching, or additional needed services.</p> <p>2. Increased communication between agencies to prevent duplication of services and recurrent patterns of crisis. Team meetings of community response agencies will be convened for wrap-around services for clients.</p> <p>3. Youth will be offered Opportunity Passport for financial literacy and establishment of savings development accounts.</p>	<p>1. Use of protective factors surveys or Family Thrive survey for determination of progress in their stability.</p> <p>2. Use of database developed by Families First Partnership to monitor client needs, level of assistance, and hours and degree of coaching.</p> <p>3. A bi-annual youth transitional services survey will be administered to youth in the program.</p>	To be determined	<p>“Community Response, 2015 Nebraska Children and Families Foundation, <a href="http://www.nebraskachildren.org/our-approach/evidence-based-strategies/community-response.html">http://www.nebraskachildren.org/our-approach/evidence-based-strategies/community-response.html</a></p> <p>California Evidence-base Clearinghouse, “Opportunity Passport”, <a href="http://www.cebc4cw.org/program/opportunity-passport-sup-tm-sup/detailed">http://www.cebc4cw.org/program/opportunity-passport-sup-tm-sup/detailed</a></p>

Table 17 Community Response Work Plan

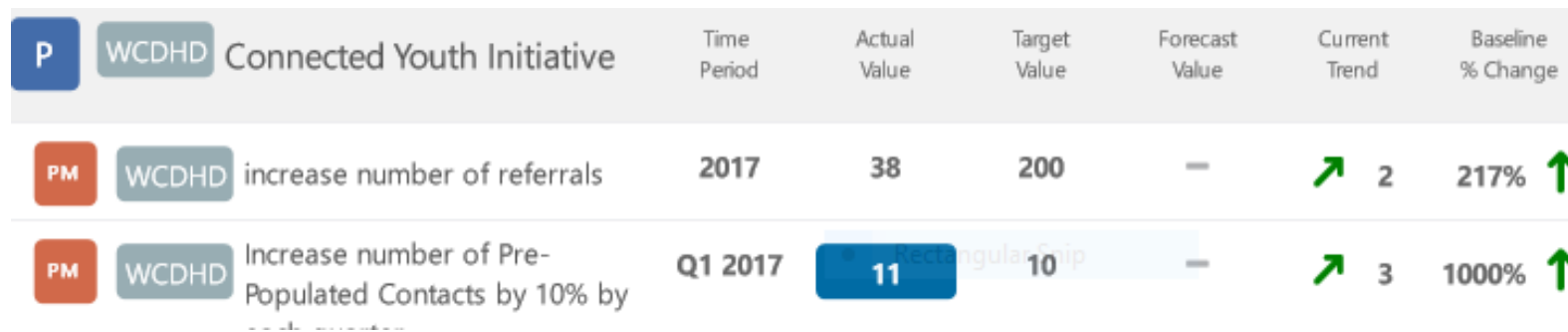


Figure 10 PMS Connected Youth



## Families First Partnership

**Program:** Families 1st Partnership is a collaborative of human service organizations whose primary services are to support positive child development and parenting skills for stable self-reliant families. Nebraska Children and Families Foundation is the primary source of grant funds to support these efforts. Since 2010, a total of \$688,424.48 has come into Lincoln County to financially support the work of prevention of child abuse and neglect, thereby preventing children and families' entry into higher systems of care. The primary goal is the direct support and services to families, but that is more effectively implemented when the local agencies feel properly equipped. A secondary goal for the use of grant funds is to engage various local agencies in prevention work by providing trainings for workers, bringing organizations together to network, and seeking ways to prevent duplication of services. (Table 18)

Families 1st Partnership has an advisory board that meets on a quarterly basis to review data, advise on future plans, and approve budgets. Members of the advisory board are also involved in workgroups that address concerns or make decisions on specific prevention strategies. There are 2 workgroups that meet once per month. Other workgroups may be established short-term for a special interest project. A total of 44 agencies have participated at some point in time in either implementation of a grant effort, services to children or families, or in an advising/planning capacity.

The outreach to local families has grown consistently since the introduction of grant funds into Lincoln County. In 2014, a total of 224 families were served. In the finalized annual report for 2016, a total of 398 families and 243 children were served directly, and over 600 children were served indirectly. Eleven parents of children with disabilities and 25 children with disabilities were also served.

**Strategic Issue:** Improved communication and collaboration between local agencies to minimize duplication of services and increase efficiency of addressing needs of clients.

**Involved community members:** B. Piercy, Boystown; A. Perlinger, Community Action; A. Mathers, NE DOL, A. Christensen, DHHS; J. Hales, N. Platte Chamber; B. DeFreece, Connection Homeless Shelter; S. White, Region II Services; M. Dainowski, DHHS Family Focus; J. Livingston, West Central Dist. Health Dept.; C. Vigil, Salvation Army; M. Harwager, NE Children's Home Society; A. Shirley, West Central Dist. Health; C. Sabin, Families 1<sup>st</sup> Partnership



Photo: Families First Partnership recognized as a School-Business Partnership with North Platte Public Schools



Community Health Assessment /Health People 2020/Nebraska State Health Improvement Plan Need Addressed	Objectives	Goals	Indicators/ Policy Change	Evaluation	Evidence-based Practice
<i>CHA-Community Themes &amp; Strengths</i> -Community support, communication and collaboration between agencies and organizations important. <i>Local Public Health Systems Assessment</i> – Essential Service 4 – Mobilizing partnerships area of concern <i>SHIP</i> – Priority – Utilization/Access	Promote Families 1 <sup>st</sup> Partnership as a cooperative of agencies.	Brand associated agencies as cooperating, networking, available resources for the community through monthly meetings beginning in March 2015 and continued to present.	To be determined	Facebook outreach, likes, page following  Referrals	“Health Communication and Social Marketing”, The Community Guide, Dec. 2010
Same as above	Provide opportunities for agencies to become acquainted with other’s services and outreach.	Sponsor local “resources fairs” to gather organizations and provide opportunity to community to access local resources. Examples include: Hope Happens Here, Project Connect, WCDHD Health Fair, and Community Baby Shower. Originating with Hope Happens Here in June 2015, each outreach event is planned as an annual recurring event.	To be determined	Increase in participation of agencies.	Rural Assistance Center, “Evidence-base Toolkits for Rural Community Health”
<i>CHIP – Local Public Health Systems Assessment</i> – Essential Service 8 – assuring a competent workforce was identified as a recognized asset for building community health	Increase human services workers’ skills in addressing needs of clientele	Sponsor trainings for agency workers-financial literacy curriculums, trauma awareness, and personal development. These trainings have included: Family Approach Team Meetings (June 2014 & June 2015), Managing Challenging Behaviors in Children (Aug. 2014 & August 2015), Collective Impact (November 2014 & November 2016), Trauma Informed Care (Dec. 2016, Feb. 2017, Aug. 2017, Oct. 2017), Your Money, Your Goals (Jan. 2017, May 2017), Getting Ahead in a Just Gettin’ By World (June 2016), Rent Wise (May 2017). Continued trainings will be determined based on a survey of local human service workers in selecting priorities. Local agencies will also be screened to determine what trainings they offer in order to fill classes and not duplicate offerings in the community.	To be determined	Surveys from participants.	“Collective Impact”, Stanford Social Innovation Review, 2011.

Table 18 Families First Partnership Workplan

## Multi-Priority Programs

### Health Fairs

**Priorities:** Healthy Lifestyles and Well-being, Affordable and Equitable Access to Care and Services, Community Ownership

**Program:** Annual Health Fairs: The first community health fair was held on July 2016 at the North Platte Recreation Center. The event kicked off with a 5K “Salute to Veterans” and continued with health fair events through the day. Services provided included health screenings, job assistance, veterans’ services, oral health education, diabetes education, car seat safety, breast cancer awareness, colorectal cancer awareness, tobacco cessation, and more. The second annual health fair was held in collaboration with Pathology Services, P.C., and held on November 11, 2017 at the Platte River Mall. Twenty-five organizations were present, with approximately 150 served. Organizations present offered health screenings, lab draws, skin checks, clinical breast exams, as well as information about family health, nutrition, physical activity, early childhood, veterans’ services, breast cancer, health care.



**Strategic Issue:** Promoting increased access to health and wellness opportunities and education for the community. (*Table 19*)

**Involved community members:** WCDHD, Families First Partnership, Pathology Services, P.C., GPH, NP Recreational Center, Nebraska Athletic Club, United Healthcare, NPPS, Komen, Women’s and Men’s Health Programs, Sports Shoppe, Elite Training, North Platte Elk’s Club, Nebraska Total Care, Women’s Resource Center, WIC, Nebraska Heart Institute, Plexus, Tobacco Free Lincoln County, Phelps Family Dentistry

Community Health Assessment/Health People 2020/ Nebraska State Health Improvement Plan Need Addressed	Objectives	Goals	Indicators policy change	Evaluation	Evidence-based Practice
CHA Community Themes and Strengths – Important in our community – child-friendly activities, opportunities for healthy activities, healthier activities affordable for families, rising rates of obesity a concern, affordable wellness/recreation a way to reinforce health equity CHA Community Health Status Assessment – U.S. Census – Population under 18 years – 24.6% in Lincoln County, County Health Rankings – obesity 32.5%	1.Encourage community to engage in an annual health fair.  2.Encourage collaboration within our communities regarding organizations involved in the health fair.  3.Provide free health education and health services connections to the community.	1.There will be an increase by at least 5% of the number of participants at the health fair annually. 2.There will be at least 25 health fair vendors annually. 3.Linking and connecting the participants to free health education and health services.	To be determined	1.Track the number of health fair participants annually.  2.Track the number of health fair vendors annually.  3.Survey the participants on health education and health services knowledge gained by attending the health fair.	The Community Guide, “Community Health Workers”  The Community Guide, “Fired Up for Prevention”

*Table 19 Health Fair Workplan*

## Project Connect

**Priority:** Community Ownership, Affordable and Equitable Access to Care and Services

**Strategic Issue:** Project Connect seeks to connect people in the community to vital resources, providing a one-stop shop for individuals to link them to services, information, and resources. (Table 20)

**Involved community members:** WCDHD, VetSET, Boystown, The Salvation Army, Community Action Partnership, Supportive Services for Veteran Families (SSVF), Department of Health and Human Services, WellCare, Nebraska Total Care, United Health Care, Migrant Education, ResCare, Connection Homeless Shelter, Inc., Nebraska Department of Labor, Legal Aid of Nebraska.



Community Health Assessment /Health People 2020/ Nebraska State Health Improvement Plan Need Addressed	Objectives	Goals	Indicators policy change	Evaluation	Evidence-based Practice
CHA – Community Themes & Strengths-Community support, access to needs, collaboration to ensure access to services important <i>Local Public Health Systems</i> -Link to health services is a strength to be tapped. <i>Healthy People 2020</i> -Access to care a priority – Access to Health Services 6.1 – Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary care – Baseline 10.0%, target 9.0%	Project Connect will work to connect the most vulnerable populations in the local area to resources, services, and information in the community. The one-stop shop approach will serve to link individuals in one location to better provide services needed.	Provide an annual Project Connect event to North Platte and surrounding communities. Services that will be available to clients include housing and employment assistance, veteran services, Substance abuse, rape/domestic abuse, child abuse/neglect, car seat inspections, legal aid, minority health, medical, dental, vision and hearing, nutrition, transportation, and haircuts. By mobilizing community members and agencies, we are attempting to ensure that our participants receive the best care in an easily accessible setting.	To be determined	Services provided in multiple health services available.  Project Connect held annually.  Project Connect publicized for participation for the local area; attendance 100+ annually	“Interventions to Improve Access to Primary Care for People Who Are Homeless”, Healthy Quality Ontario, 2016. (Healthy People 2020)

Table 20 Project Connect Workplan



## Overview of 2012 Community Health Improvement Plan

### ***“Creating Healthy Communities Together”***

A measure of the value of a Community Health Improvement Plan can be seen in the results of the 2012 Community Health Improvement Plan. A CHA was facilitated in 2010-2011, with a resultant CHIP developed in 2012.

At that time, the following priorities were selected: *Domestic Violence/Child Abuse, Access to Health Care (Dental, Mental, and Primary Care), Disease Management and Healthy Pregnancy/Teen Pregnancy Prevention.*

Several programs were developed and put in place to address priority issues. An evaluation of the 2012 CHIP was conducted in 2016 and the success of several of the programs, as well as the importance of their continuation, was documented. A brief overview of those programs and plans for continuation is outlined below.



### **Domestic Violence/Child Abuse**

***Deborah's Legacy*** opened in 2013 with a mission to provide rent-free housing, support, and educational opportunities for women facing homelessness. Four women at a time can be housed at the facility and can receive a variety of support during their stay. The Legacy is funded by donations and plans are to continue the program in the future.

***One Door One Stop*** provides access to many free services to those who have experience domestic abuse and need assistance. ODOS is open one Friday a month, first at the Bethel church and now at the Rape and Domestic Abuse facility. Persons and organizations providing a variety of services are available to provide assistance as needed. Since the program began over 100 people have been served. ODOS continues to be a priority of the Lincoln County Coordinated Response to Domestic and Sexual Abuse Team and serves women in a six-county area. Funding is being sought to publicize the program, with intentions for the program to continue.

R	WCDHD	Victim Services: Rape/ Domestic Abuse Program Services RDAP	Time Period	Actual Value
I	WCDHD	# of Adults sheltered	2015	50
I	WCDHD	# of Children sheltered	2015	36
I	WCDHD	# Shelter Units Provided	2015	1,712
I	WCDHD	# Assisted with Protection Order Applications	2015	136
I	WCDHD	Total Clients Served	2015	454

Figure 11 RDAP Victim Assistance

The **Rape and Domestic Abuse Program (RDAP)** continues to provide education in classrooms and awareness in the community. The goals are services of RDAP are to decrease domestic violence, educate teens and youth about healthy relationships and substance abuse, encourage antibullying, and reduce the incidence of domestic violence and sexual abuse. With the number of victims reporting domestic and sexual abuse and the number who have reached out for help to programs and law enforcement, the need is evident, and the program will continue to serve. (Figure 11)

Throughout the course of the **Stewards of Children Sexual Abuse Prevention Training**, 195 adults were trained between 2012 and 2016 with plans to continue to provide training in 2017 with the

hope that funding to support the cost and outreach and community awareness will support the availability of the program. Funding and interest in participating in the training have decreased, but the program will continue to be conducted upon request. With the goal of diminishing child sexual abuse through educating responsible adults, the need is still critical for the community.

### Access to Health Care (Dental, Mental, and Primary Care)

The **West Central District Health Department Dental Program** is committed to advancing the oral health and general well-being of all populations across the lifespan to eliminate oral health disparities. WCDHD provides service to underserved patients in the area, including Medicaid and uninsured patients. WCDHD serves over 2000 patients annually with over 4000 patient visits. Of those patients, 85% are covered through Medicaid. The high number of Medicaid patients is due to the limited access to Medicaid providers in the area, demonstrating the critical need for serving Medicaid patients. Children have also been served through the provision of sealants and fluoride treatments at local schools and at the Women, Infants, and Children facility. The partnership with the Office of Oral Health & Dentistry and Nebraska DHHS has been valuable in sustaining services.



### Disease Prevention and Management

The **Platte River Fitness Series** has resulted in addressing the concerns with the rising rates of obesity, which in turn impact of the rates of diabetes and cardiovascular disease. The Platte River Fitness Series has as its mission “building a community of people who are engaged in physical activity, who work to make healthy lifestyles choices, and who believe in the power of a challenge to help them in all areas of life.” Since the Series beginning



in 2008 with 7 events, the Series has grown to 20 opportunities in 2017, with an ever-increasing number of participants. A variety of community organizations and causes are supported through the events and financial support is provided by area organizations and businesses to provide sustainability. Platte River Fitness Series is projected to be a part of the community for a long time to come.

### Healthy Pregnancy/Teen Pregnancy Prevention

The **Youth for Christ Parent Life Program** in North Platte is open to young people between the ages of 12 to 21 who are pregnant or parenting. Support and mentoring is provided, high school students are encouraged to complete their high school education, and baby items are provided for those who work towards goals such as attending meetings and earning good grades. Support and intervention is key to help break the poverty cycle and to help teen parents plan for their future. The program is funded through donations with plans for the program to continue.



Great Plains Health (GPH) initiated a **“Healthy Start”** program that provided home visitation to mothers of newborns for education and checks of the infant. While that program ended due to funding, Great Plains Health maintains its commitment to support healthy pregnancies and healthy infants by hosting a free monthly Prepared Childbirth and Breastfeeding 101 class. To improve the rate of low birthweight babies, in 2014 GPH placed a stop on early elective deliveries (those occurring prior to 39 weeks without medical indication) to reduce the number of low birthweight deliveries. The rate dropped from 15-20% to 0% in 4<sup>th</sup> quarter to the present. GPH also addresses the issue of teen pregnancy prevention by educating young women about the consequences of early motherhood through a 2016 social media campaign, through a Junior Ambassador Volunteer Program with teen volunteers learning about health care including time spent on the labor and delivery floor, and through donations to seven area post-prom parties with the goal of promoting drug-free, parent-supervised, post-prom activities. GPH recognizes the value of these programs with plans to continue them.

WCDHD continued the work of providing education and support to families who were pregnant or had infants through the program Healthy Families America from 2013 to 2015. The program provided home visitation, with education on topics related to healthy pregnancy, childbirth, breastfeeding, infant care, and parenting skills. Home visitors visited mothers and couples on a weekly to monthly basis and were available to assist with resources as well. The program ended in 2015 due to the lack of grant funding.

## 2016 -17 CHIP Community Partners

Appreciation goes to the many people who were involved in the CHA and CHIP. The table below shows the wide community involvement in the four CHIP meetings and membership in the priority workgroups. Due to the very many people and organizations involved, some of them behind the scenes, we wish to apologize in advance for anyone who may have been inadvertently left off the following list.

Name	Organization	1/25/17 CHIP	4/26/17 CHIP	7/26/17 CHIP	10/25/17 CHIP	Access to Care	Healthy Life-styles	Community Ownership
Shannon Vanderheiden	WCDHD Executive Director	X	X	X	X	X		
Janet Livingston	WCDHD CHA/CHIP coordinator	X	X	X	X	X	X	X
Norm Franken	City of NP	X		X		X	X	
Rich Hoaglund	North Platte Police Dept.	X	X	X	X		X	
Ray Morrisette	Walmart Distributing Center	X	X	X			X	
Jill Falcon	WCDHD	X	X				X	
Leland Poppe	Great Western Bank	X		X			X	
Caroline Sabin	Families First Partnership	X	X	X	X			X
Dwight Livingston	Mayor-North Platte	X				X		
Trudy Merritt	North Platte Recreation Center	X					X	
Beth DeFreece	The Connection Homeless Shelter	X						X
Brandon Myers	Region 51 EMA	X		X	X			
Judy Pederson	Pro Printing	X					X	
John Hales	North Platte Chamber of Commerce	X	X	X	X			X
Ron Hanson	North Platte Public Schools Superintendent	X				X		
Jeff Eastman	Legal Aid	X						X
Bonnie Kruse	Mid-Plains Community College	X				X		
Bill Henry	Lincoln County Commissioner	X						
Heather Tjaden	Wellcare	X	X					X
Brandy Buscher	North Platte High School	X				X		
Harriet Spelts	DHHS-Child Care Licensing	X						X
Tammy Poe	United Way	X						X
Stuart Simpson	North Platte Public Schools	X				X		
Chuck Scripter	Methodist Church	X						
Maria Lein	WCDHD Minority Health Initiative	X	X	X	X	X		
O. Dean Dye	Berean Church	X						X
Ronda Haumann	WCDHD Board of Health,	X	X			X		
Aspen Shirley	WCDHD	X	X	X	X		X	X
Alnetta Effenbeck	WCDHD	X	X	X			X	
Sally Brecks	WCDHD	X	X	X	X	X		
Angela Brown	WCDHD	X	X	X	X	X	X	

Brandi Lemon	WCDHD	X	X	X	X		X	
Aaron Rickett	Drug Court		X				X	
Brenda Pedersen	Region II, Cervelle Counseling		X				X	
George Haws	Community Connections		X				X	
Shannon Sell	Region II Human Services		X				X	
Margo Dainowski	DHHS Family Focus		X					X
April Christensen	DHHS			X				X
Doug Wallace	North Platte Trails Committee			X			X	
Tim Vanderheiden	Community member			X				
David C. Banning, Jr.	Project Everlast			X				
Mona Tarin	Nebraska Children & Families			X				X
Molly O'Holleran	Nebraska Dept. of Education					X		
Nancy Striebel	Lincoln Co. Community Development Corp.					X		
Dave Hahn	City of North Platte					X		
Judy Clark	City of North Platte					X		
Jennifer Smith	NP Housing					X		
Jacqueline Deacon	Salvation Army							X
Crystal Vigil	Salvation Army			X				X
Emma Petersen	RDAP						X	
Pete Johnson	Mid-Plains Community College						X	
Jamie Peters	Mid-Plains Community College						X	
Ivan Mitchell	Great Plains Health					x		
Sarah White	Region II							X
Samantha Byrns	Riverside Counseling							X
Shelly Enyeart	WCDHD						X	
Vicki Collins	Salvation Army							X
Michelle Grier	The Connection							X
Megan Harwager	Nebraska Children's Home Society							X
Ashley Mathers	Department of Labor							X
Kim Patch	RDAP							X
Crystal Hoaglund	Salvation Army							X
Anthony Bowers	Salvation Army							X
Bruce Piersy	Boys Town							X
Missie Seward	Community Action Partnership							X
Irene Britt	Office of Public Guardian							X
Fiona Libsack	Great Plains Health					X		X
Jodi Sonneman	CASA							X
Brandy Beachy	DHHS							X
Lori Schoenholz	Great Plains Health							X
Terri Dowling	Great Plains Health							X

Cassie Sundstrom	Linden Estates					X		
Pat Fiedler	Veterans Administration					X		
Ivan Smith	Great Plains Health					X		
Marlo Roberts	Community Connections						X	
Gary Person	Chamber of Commerce					X		
Shae Caldwell	Whitetail Screen Print						X	
Danielle Remus	Nebraskaland Bank						X	
Eric Seacrest	Mid-Nebraska Community Foundation					X	X	
Jenny Salestrom	United Way				X			X
Jenee Hill	Lotus Counseling						X	



**Collaboration works!!**

*“Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it’s the only thing that ever has.”—Margaret Mead*

## Resources

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4. Performance Management Dashboard  
<https://app.resultsscorecard.com/>
5. The Community Guide  
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