



Community Health Improvement Plan

2020

**Access
to Care**

**Safe
Environment**

**Mental
Health**

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Introduction

Collaboration with Partners Drives our work

“Continuing to strengthen collaboration among community partners is essential to improve our communities’ health.” Jeremy Eschliman

Beginning in 2019, Two Rivers Public Health Department embarked on a process to complete a robust community health assessment. By asking community partners to complete a Mobilizing for Action through Planning and Partnerships process in tandem with a community health needs assessment.

This collaborative, interactive process allowed our incredible partners to drive the strategic thinking to prioritize public health issues.

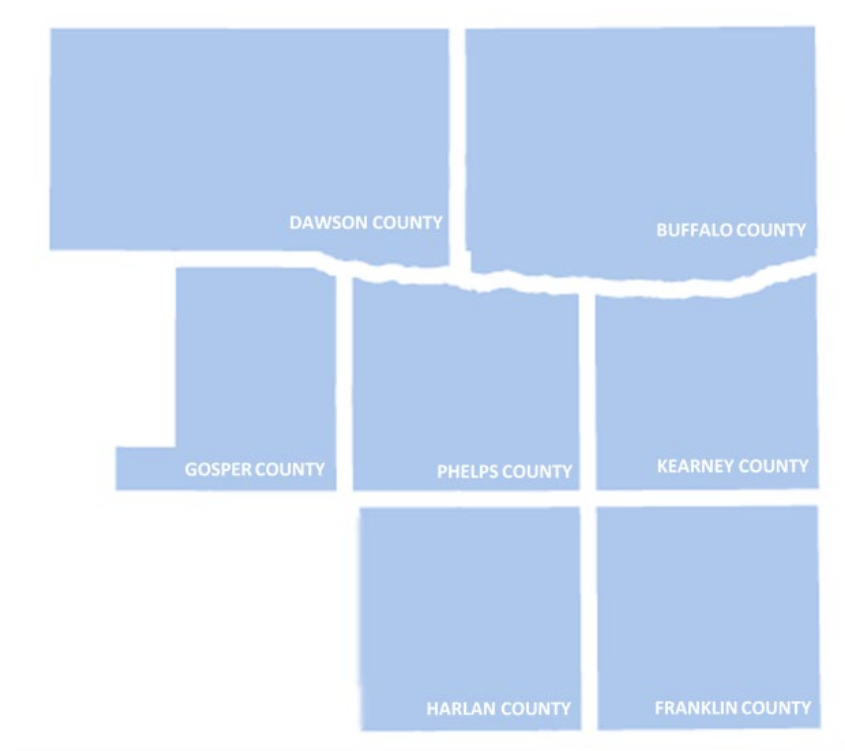
The Mobilizing for Action through Planning and Partnerships (MAPP) process was developed in 2001. This process is one of the most widely used community improvement planning frameworks in local public health.

The MAPP process utilizes a six-phase framework to gain a holistic view of the entire community’s health. Each phase assesses a different aspect of measuring public health. The phases are as follows:

1. Organize for Success & Partnership Development
2. Visioning
3. The Four Assessments
4. Identify Strategic Issues
5. Formulate Goals & Strategies
6. Action Cycle

To respect our partner’s time, we combined some phases into single meetings. The following sections of this document will detail the work completed with partners during this process.

Our District



Two Rivers Public Health Department serves Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps counties in south central Nebraska.

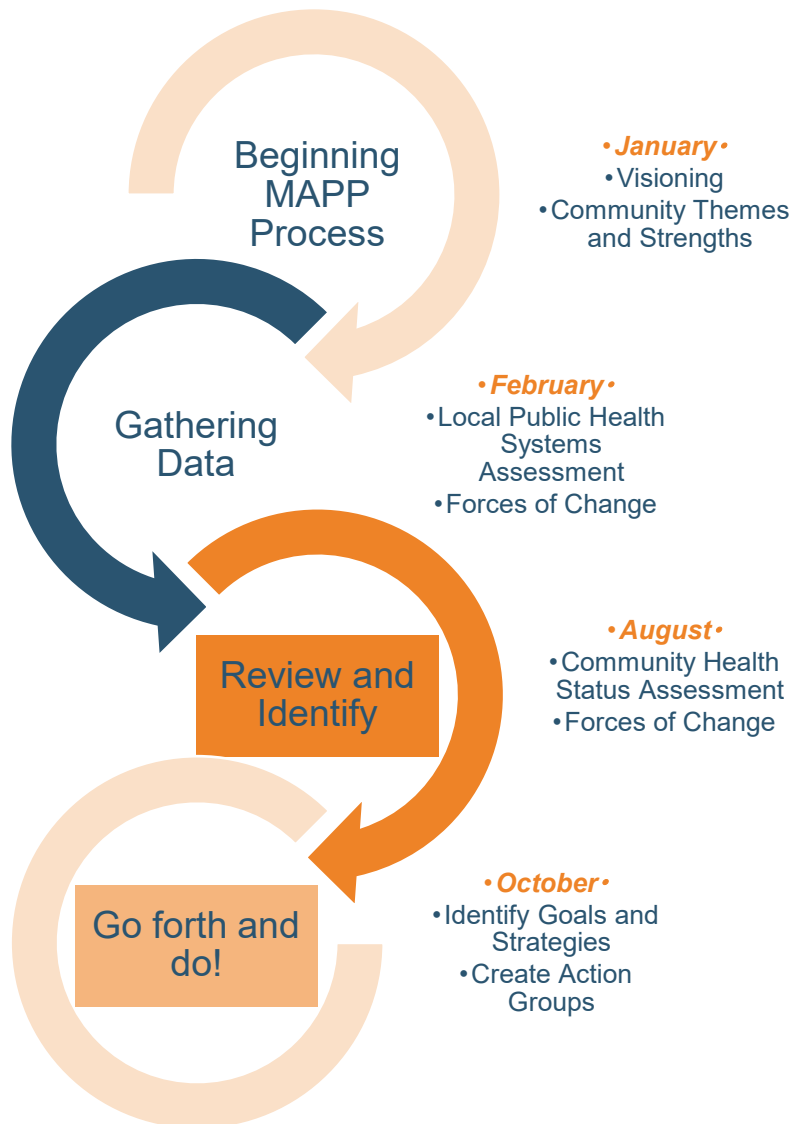
Geography: The district covers approximately 4663 square miles. The Republican River runs through the southern portion of the district, and the Platte River runs along the northern portion of the district. The central portion of the district is largely cropland. Both the northern and the southern portions of the district tend to be used as grazing land for cattle.

Health Systems: There are nine health systems across the Two Rivers Public Health District. Six of the nine hospitals are nonprofit. Seven hospitals are classified as critical access hospitals, while two are short term acute care hospitals. Both short term acute care hospitals are located in Kearney.

Rural vs. Urban: The majority of the population is near the I-80 corridor. The largest urban areas are Holdrege (~5,439 people), Lexington (~10,024 people), and Kearney (~33,835 people). The total population of the district is approximately 97,284. This shows that about 51% of the population in the district live in three cities.

MAPP Process

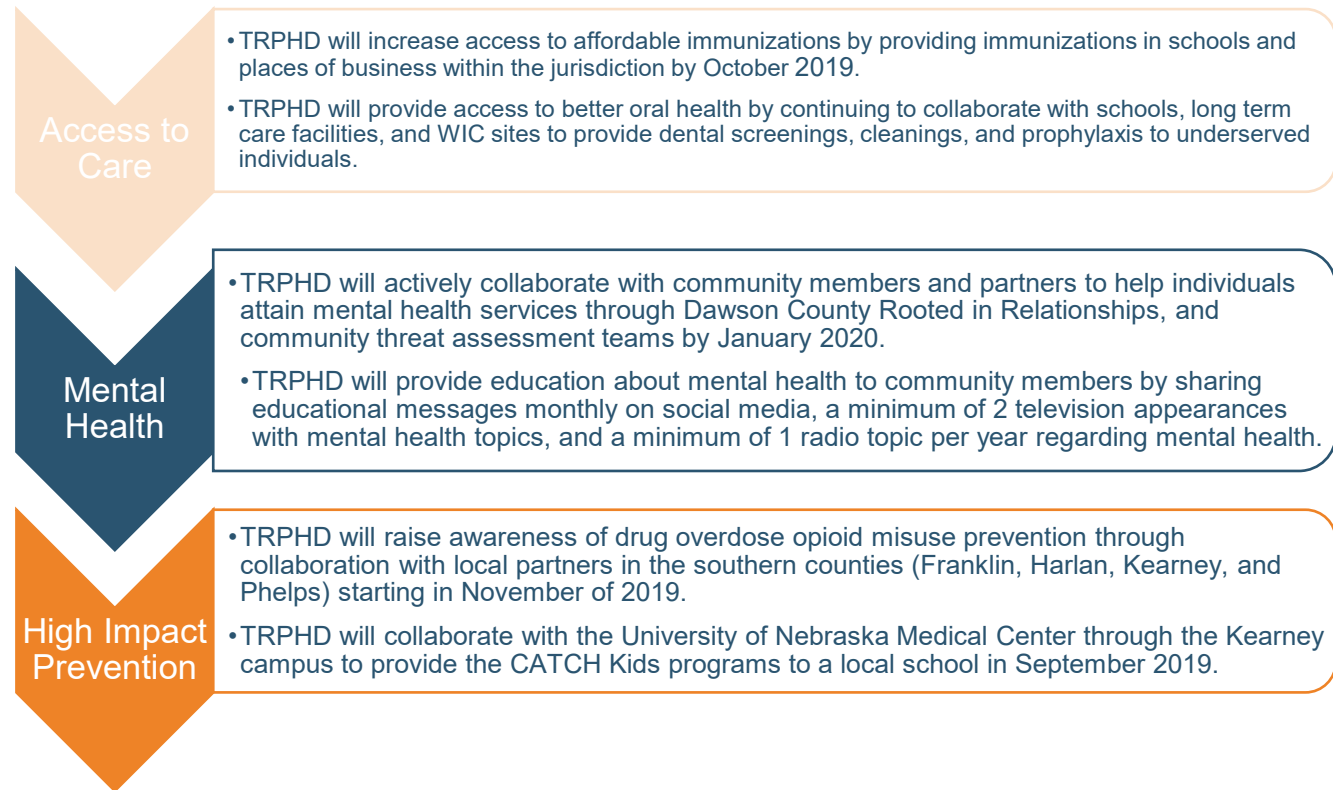
Two Rivers Public Health Department chose to use Mobilizing for Action through Planning and Partnerships (MAPP). This is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The process proceeds as below.



Phase 1: Organize for Success and Partnership Development

Two Rivers Public Health Department (TRPHD) gathered partners in November 2019 to review the previous community health improvement plan, and to kick-off efforts for a new community health assessment and community health improvement planning process.

Partners reviewed the previous goals:



After reviewing the previous priorities, several organizations agreed to partner with TRPHD to complete the MAPP process, share data, and work collaboratively to address the community's health.

Phase 2: Visioning

Completing a visioning process helps to build consensus around the core elements that will help inform the vision for improving community health in our district. Vision statements provide focus, purpose, and direction to the process so that participants collectively achieve a shared vision for the future.

Through this process, TRPHD asked partners to envision and discuss the assets of ideally healthy communities. Partners also identified opportunities in our communities to address in order to gain assets identified in our ideal future communities.

Healthy Communities Look Like:

- Show well-rounded mental, physical, spiritual, social wellness, absence of disease, and safety
- Encourage access and empowerment of access to resources such as care, exercise, and wellness resources
- Health literacy is evident in all populations, and easy communication about health and wellness is universal
- Community leadership supports prevention, the use of resources available, celebrate culture and diversity
- Community resources meet the community where they are
- There is health equity for all with zero health disparities



Opportunities to address:

- Due to the rural nature of our district access to transportation and travel can limit access to healthcare
- Improve access to behavioral health through encouraging practitioners to travel to communities, and through telehealth
- Increased health literacy can help individuals understand preventative measures, and literature in all languages will reinforce prior education
- Advocate for more billable services in long term care facilities, education for home care, and increased staff numbers
- Address underinsured populations
- Enrich access to wellness and fitness centers, and access to health screenings
- Increase access to basic needs including internet
- Engage families

Our Ideal future Community:

- Focuses on teaching youth healthy behaviors in order to have a healthier future
- Shares a vision that all communities in our seven counties can point to, and celebrate in the work completed
- Our community knows our shared vision, understands what we are working toward, we promote healthy lifestyles, and our community is empowered to seek help and receive resources
- Our community members feel their voices are heard and respected
- Organizations value community health workers
- The stigma of mental healthcare has been addressed and our community is empowered to seek help and receive resources



Vision Statement

Empowering all individuals, families and communities to pursue healthy behaviors, and enhance physical environments, for improved mental, physical, spiritual, and social health and wellness. Assuring an environment where communities flourish and people are connected.

Phase 3: The Four Assessments

Community Themes and Strengths

This assessment provides a deep understanding of the issues that residents feel are important. We gather this information through surveys administered online and focus groups discussing strengths and weaknesses.

SWOT

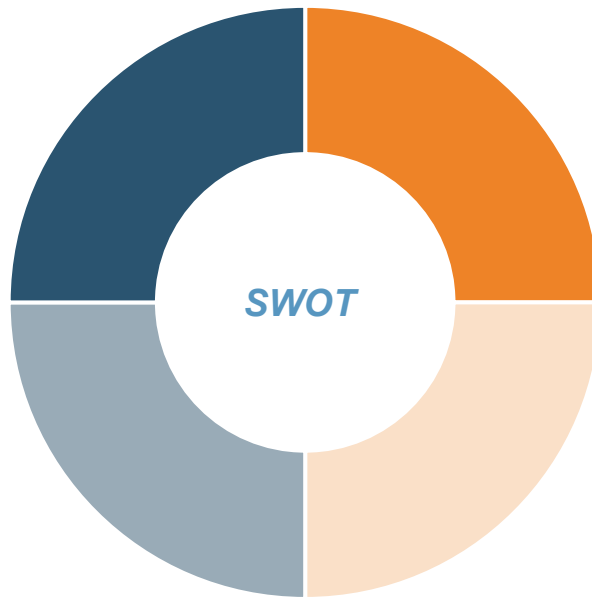
To fully understand the abilities and opportunities in the district, we conducted a discussion surrounding strengths, weaknesses, opportunities, and threats. This discussion is summarized in the graphic below.

STRENGTHS

Rural
Diversity of District
Population
Independent spirit
Able to create grassroots efforts
Several large employers draw in employees from large distances, especially in Buffalo, Phelps, and Dawson Counties

OPPORTUNITIES

Rural Setting
Low population density, funding and resources often delegated to denser populations
Competition between localities, beginning to shift toward less competition
Awareness or access or knowledge of resources
Lack of buy-in to resources or provision of certain resources



WEAKNESSES

Low population density
Rural nature of district can create a disconnect
Small-town clinics not in-network with common insurance companies
Lack of understanding of navigating insurance
Understanding of cultures and languages
Connectedness of community (especially influenced by built environment, social media, and lack of trust)

THREATS

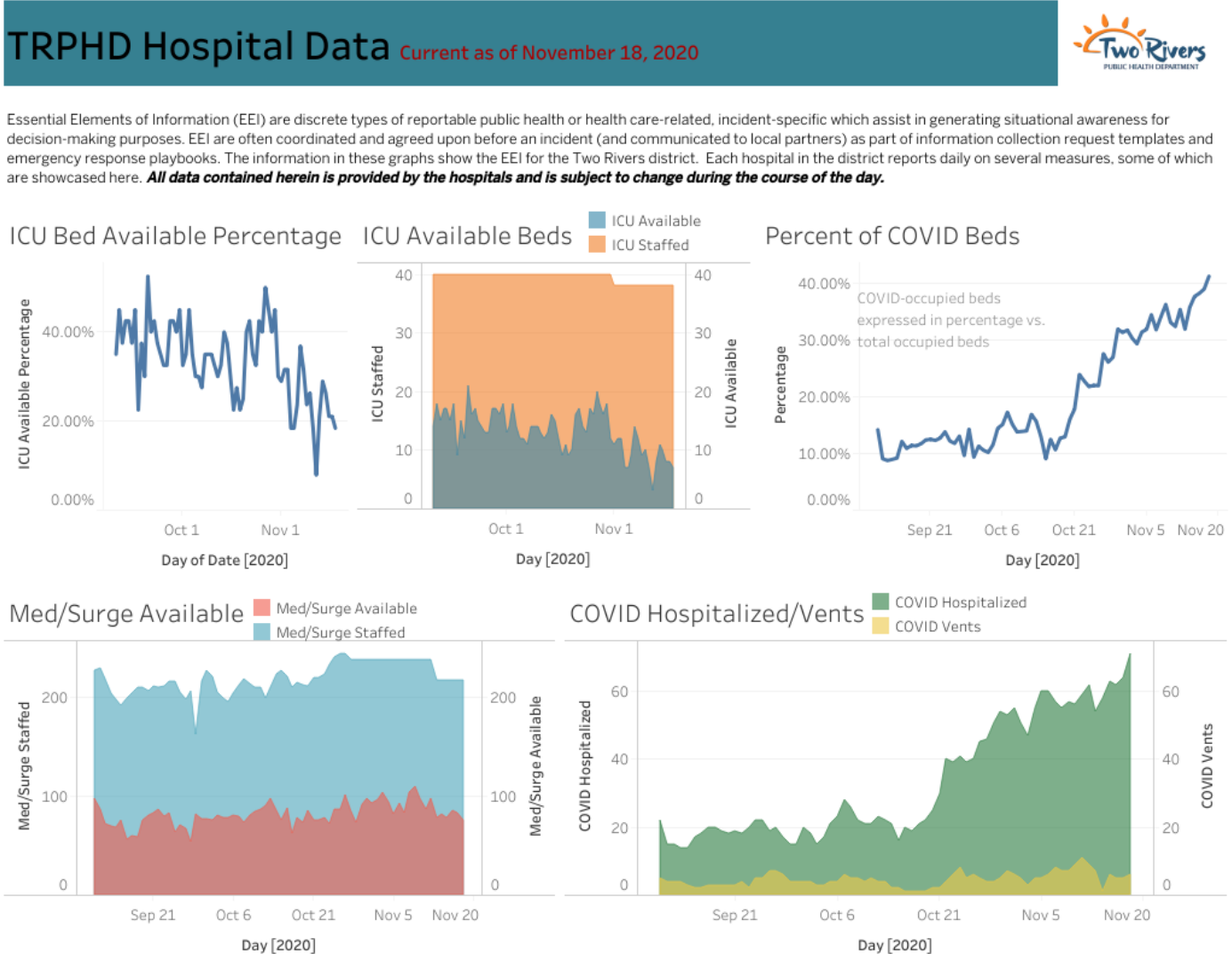
Low Level Health Literacy
Lack of cell and internet service, especially in rural areas
Lack of funding and funding sources
Stigma-not willing to share personal experiences
Lack of insurance companies keeping smaller locations in network
Acts of God that pull focus to more pressing issues.

Local Public Health Systems Assessment

The Local Public Health System Assessment focuses on all the organizations and entities that contribute to public health. The LPHSA answers questions such as: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

TRPHD engaged hospitals to assist in community health improvement planning by working with local entities to identify and address local needs. Many local entities identified priorities of access to care, addressing chronic disease, and mental health. Please see recent community health improvement plans for all local hospitals. Representatives of all hospitals were present for the MAPP process.

Like many other actions affected by the pandemic, a comprehensive health systems assessment had to be abbreviated. Rather, TRPHD engaged with hospital leaders to discuss recent data, the needs of the hospital, and determination of local priorities to address. To gather basic information like capacity and usage, TRPHD worked with the Healthcare Coalition Coordinator to remain up to date on essential elements of information such as number of ventilators and total numbers of hospital beds. TRPHD began monitoring a statewide system called Knowledge Center to better assist hospitals to address the pandemic through daily information sharing. Daily monitoring of hospital capacity and bed usage resulted in the image below.



Forces of Change

The year 2020 has manifested remarkable change globally. With the detection of a novel virus just prior to the new year, global spread of the virus happened much sooner than we expected. Two Rivers Public Health Department began monitoring the activity of a novel coronavirus in Wuhan, China beginning in January of 2020. TRPHD closely watched the Johns Hopkins heat map indicating virus activity as it began

to spread through the world. TRPHD reviewed pandemic plans, and started reaching out to partners to begin collaborating on a response.

By March 2020, the novel virus known as COVID-19 had reached the district. Dawson County had the most activity early on in the pandemic. During the latter half of the year, Buffalo County experienced more activity than Dawson County had experienced in the spring.

Every person in the district experienced hardship due to the pandemic. Between directed health measures, rapid spread of disease, political pandering, and declines in mental health, it has been a difficult year.

A discussion of the forces of change in our district is incomplete without a mention on the flooding of the Midwest during 2019. In an interview with the New York Times, Edward Clark, director of NOAA’s National Water Center said, “This is a year that will remain in our cultural memory, in our history.” Flood survivors continued to recover throughout 2020 amid the pandemic.

Due to above average snow fall, an unusually cold February, and a bomb cyclone, the Midwest experienced flooding in Mid-March. Governor Pete Ricketts issued a disaster declaration on March 13th, one day prior to the storm and the flooding event. Several TRPHD communities were affected by the March flooding.

By July, the combination of heavy rain and high-water levels caused many areas in the district to have flooding including the southern portion of the city of Kearny, Elm Creek, and Gibbon. Harlan County Reservoir set a new elevation record of 1958.17 feet, over two and a half feet higher than the record set in 1960.

Flooding caused damage to crops, the built environment, the economy, and mental health. Long Term Recovery Groups in the communities most affected have worked since the flooding began to raise funds to help survivors and create dedicated positions to guide survivors through the recovery process including housing improvements and recovering from loss of wages. Infrastructure repair of roads and bridges is ongoing, and will continue for the foreseeable future. Agriculture producers had low to no yields, and face an uncertain future. Employers such as the Younes Family in Kearney and Outcast Bar & Grill at Harlan Reservoir were unable to open and needed to repair their hospitality facilities.

Locally Identified Forces of change			
	Events- One-time occurrences	Factors- Set elements	Trends-Patterns over time
Economic	-Allman’s recent layoff -2020 election -2020 Medicaid Expansion -Bank shut-down in Erickson	-Limited access to public transportation for rural localities -Consolidations of clinics -Difficulty finding funding sources -Lack of affordable quality housing -UNMC offers scholarships for nursing programs but strenuous student schedules do not allow for work as well	-The majority of uninsured people are employed -Food Scarcity -Mom and Pop stores closing increasingly - Rural to urban shift -Taxes are continuing to increase although profit margins are low -Not likely to have a bumper crop this year

		-CCC is now offering Project Help scholarships and financial education	
Environmental	Increased flu activity during 2019-2020 season -2019 Flooding	-Poor infrastructure, partially due to flooding	-Current weather patterns could create the potential for future flooding
Legal/Political	2020 Election	-Continuing school cutbacks, and consolidations -Vaping/Marijuana usage (state law is 19, national law is 21)	-Safety concerns for immigrants
Social	-COVID-19 and recent concerns with patients transported to Nebraska -Recent YRTC escapes	-Lack of quality childcare -Lack of youth initiatives -South Central Area Recovery (SCAR) will begin addressing rural drug rehabilitation/mental health -Decreasing healthcare workforce (nursing, nurse aids, physician assistants, and APRNs) -Lack of understanding the dangers of vaping/marijuana	-Fear of accessing care/services due to fear of deportation or targeting -Poor mental health for farmers following flooding, trading tariffs, and bank issues -Continued social polarization -Creation of new schools in urban settings while schools in rural settings are decreasing -Healthcare experiencing shortage of all types of personnel including dietary, housekeeping, laundry, and maintenance -General lack of awareness of surroundings could create danger -Increased advocacy for rural health (esp. LRHC)
Technological/Scientific	-Shortage of personal protective equipment due to COVID-19	-Nationwide closures of critical access hospitals, skilled nursing facilities -Consistently full assisted living/skilled nursing facilities -Limited rural access for emergency care, burden of work is high for volunteer squads	-Increasing use of social media -Low health literacy -High need for higher level psychiatric care in hospitals, and schools -Increased human trafficking causing a need for better education to individuals showing appropriateness of interactions

Phase 4: Strategic Issues

TRPHD had to put the MAPP process on hold for several months in order to address pandemic concerns. The entire group was able to gather in August to review and understand all of the data assembled and presented as the Community Health Assessment. Several issues rose to the top of the queue to address, but the group chose

1. Access to care
 - a. Addressing the needs of minority populations
 - b. Improved education surrounding healthy lifestyles using CLAS standards and health literacy
 - c. Increasing vaccination rates
2. Safe Environment
3. Mental Health and Suicide Prevention

Phase 5: Formulate Goals & Strategies

When the group reconvened to formulate goals and clarify our strategies as we move into the action phase of our planning. Prior to submitting this plan to the TRPHD Board of Health, the plan including goals and strategies was shared with collaborative partners for feedback and refinement.

Access to Care

Initially, the group identified three separate actions that all work toward the same strategy. After discussion the goal of all three actions centered around improving access to care for individuals in our community.

Addressing the Needs of Minority Populations

Based on U.S. Census data, the minority population in TRPHD is growing at a higher rate than the non-Hispanic White population. Since 2010, the number of people who were classified as racial or ethnic minorities increased 23.0 percent to an estimated population of 18,340 in 2018. Nearly one out of five residents in the TRPHD is a minority (18.9%). In contrast, the non-Hispanic White population in TRPHD decreased by 1.2 percent over the same eight years.

The total Hispanic population in TRPHD has increased 1.6 times since 2000, growing from 8,608 individuals to 13,844 by 2018. The African American, Native American, and Asian/Pacific Islander populations also experienced an increase in population between 2010 and 2018 (80.1%, 33%, and 46.8%, respectively).

Addressing Minority Populations Objective:

TRPHD will collaborate with local partners to create communication materials for our minority populations surrounding health behaviors and gather information to best understand the needs of the minority community within the next 60 days.

Improved Education

It has become abundantly apparent during the pandemic that consistent and unified messaging, comprised of the same messaging from all partners, presented in multiple languages, and in multiple formats is far more effective than similar messages from various groups.

Improved Education Objective:

TRPHD will create a communication committee within the next 30 days to discuss the best system for consistent messaging (Joint Information Center-like). Ideally the collaborative group will run a targeted media campaign by January and evaluate the efficacy of the first campaign for improvement.

Increasing Vaccination Rates

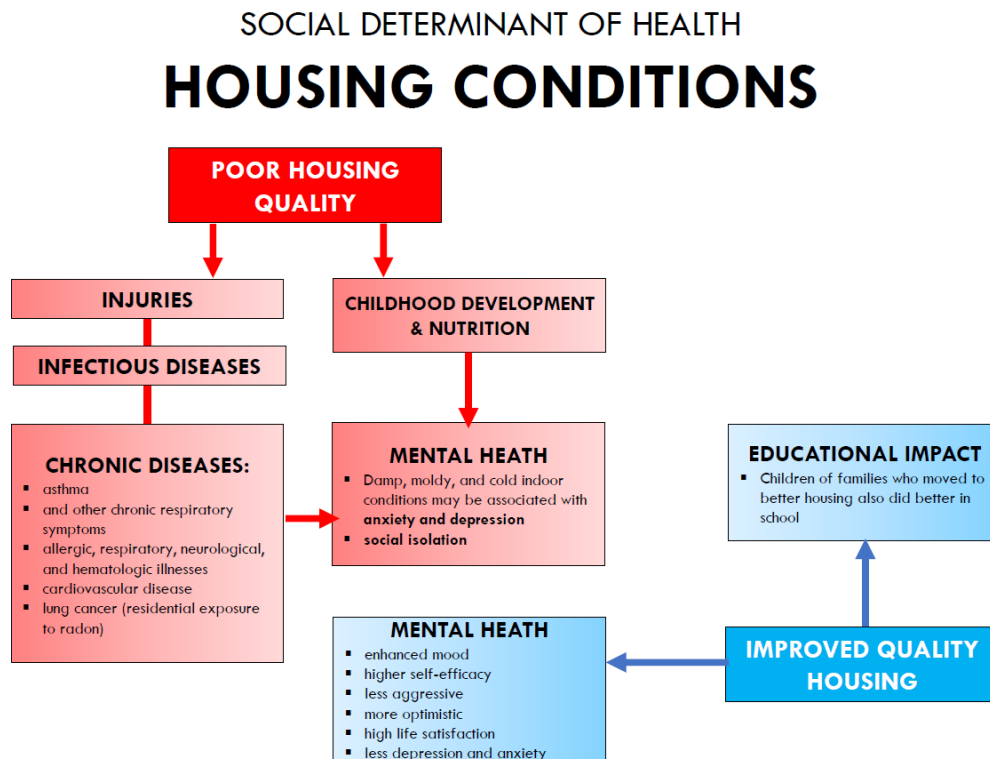
In 2018, roughly one-third of TRPHD adults aged 18 and older (38.7%) had a flu vaccination in the past year, slightly lower than Nebraska (39.4%). The TRPHD percentage was lower than Nebraska since 2012 except in 2016 (see Community Health Needs Assessment).

Increasing Vaccination Rates Objective:

TRPHD and partners will increase initial education efforts and build rapport with our community to encourage our community to appropriately use and follow approved vaccine schedules according to individual needs within the next 30 days.

Safe Environment

Through the discussion of the data from the community health assessment, the lack of quality housing throughout the district became an important problem to solve. The condition of housing affects all aspects of an individual's life.



Safe Environment Objective

Assess current work occurring in this area within the next 30 days to form a working group at a district level to share best practices

Mental Health and Suicide Prevention

TRPHD has noted an increase of suicide rates on a district level. In addition to the increase of observed mental and behavioral health needs, disasters commonly affect individuals and families by increasing distress and anxiety about safety, health, and recovery. Previous exposure to large scale events, such as a severe hurricane or flood, may place residents and responders who experience a new disaster at greater risk for adverse stress reactions.

Mental Health and Suicide Prevention Objective

TRPHD and collaborative group with partner with local behavioral health Region 2 and Region 3, especially the Nebraska Strong program, to share information immediately and improve access to mental and behavioral health resources locally. TRPHD will help both regions address the stigma associated with cost of care and perception of those accessing care.

Phase 6: Action Cycle

With our collaborative partners, TRPHD will go forth and complete this work. We will document this work on a quarterly basis for the first year and reassess after completing one year's worth of work.

Our Collaborative Partners

Phelps County Community Foundation

Kara Faber

Becton Dickinson

Sam Auld

Tri-Basin Natural Resource District

Sasha Hahn

Community Action Partnership of Mid-Nebraska

Kristin Holl

Catholic Health Initiatives Good Samaritan

Tracy Dethlefs

Renae Jacobson

Diane Reinke

Ben Rehtus

University of Nebraska Medical Center

Denise Waibel-Rycek

Cozad Community Health System

Alison Feik

Kearney County Health System

Connie Linder

Kearney Public Schools

Morgan Bird

Region 2 Behavioral Health

Robin Schultheiss

Choice Family Health Care

Ryan King

Misty Schaecher

Kearney Parks and Recreation

Scott Hayden

Chrisoma Villa- Christian Homes

Cherlyn Hunt

Tyson

Heidi Revelo

Buffalo County Emergency Management

Darrin Lewis

Central Community College

Ashley Weets

Gothenburg Health

Trudy Chestnutt

Wanda Cooper

Garrett Vetter

University of Nebraska Kearney

Cindy Ferrence

Peggy Abels

Harlan County Health System

Leanne Bewley

Early Learning Connection

Alexandra Dillion

City of Holdrege

Doug Young

Kearney Regional Medical Center

Trish Olson

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Buffalo County Community Health Partners

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Region 3 Behavioral Health

Tiffany Gressley