

2024 - 2026

Community Health Improvement Plan of Chadron Community Hospital

live, learn, work, and play.



For a Healthier Panhandle

PREPARED BY

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IN COLLABORATION WITH

Rural Nebraska Healthcare Network
Scotts Bluff County Health Department
Box Butte General Hospital
Chadron Community Hospital
Gordon Memorial Hospital
Kimball Health Services
Morrill County Community Hospital
Perkins County Health Services
Regional West Garden County
Regional West Medical Center
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INTRODUCTION

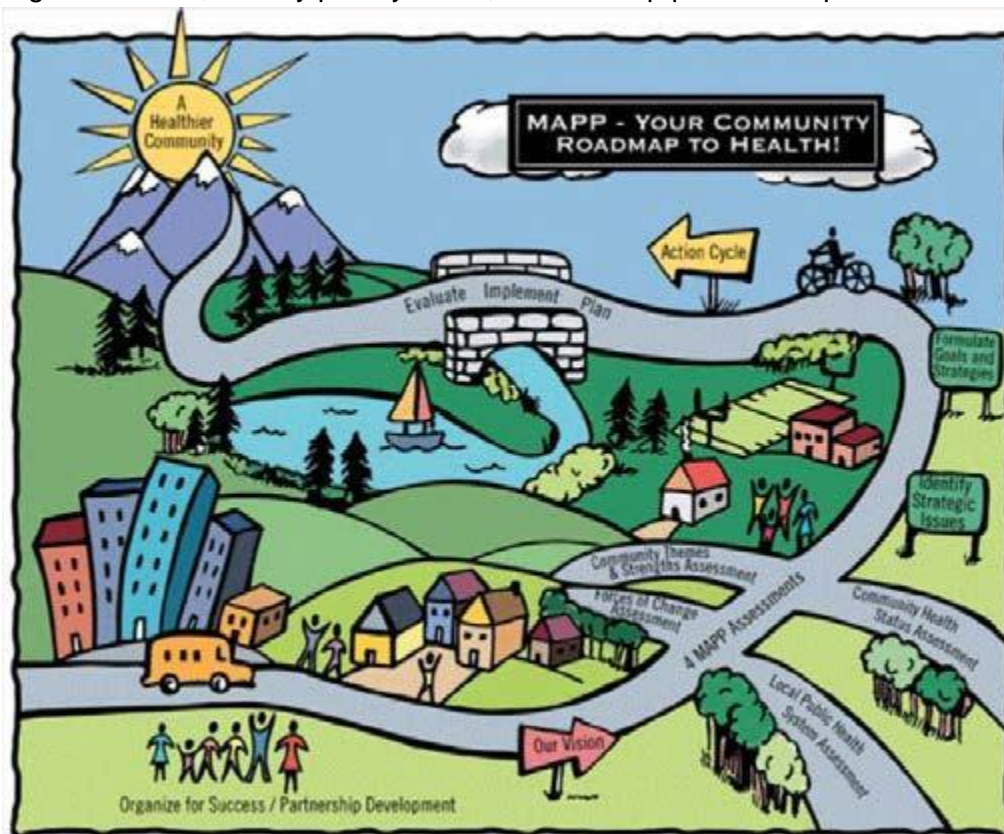
The COVID-19 pandemic limited the regional capacity to attend to the priorities identified in the last cycle. Over the past year and a half, we have been able to grow our capacity and our team witnessed active hope in our partners that is alive and well despite all that has been going on. This cycle (2024-2026) presents an opportunity to make even more movement toward our collective goals. Regional priorities for the Panhandle Public Health District service area (12 counties of the Nebraska Panhandle) were determined before the priorities for each hospital service area in the district. Every hospital is aligned with the regional goal to improve access to behavioral and mental health. There are pieces of the other regional priorities that can be found in each hospital's plans for the coming years. The spirit of collaboration feels more present than ever.

THE VISION

The vision for this cycle of Mobilizing for Action through Planning and Partnerships is: When we align our resources a safer and healthier Panhandle will be one where wellness and mental well-being are incentivized, there is access to safe and affordable housing, there is increased social connectedness, we have a sustainable workforce and there are development opportunities, the health system collaborations are optimized, there are robust systems to address behavioral health, our community is equitable, we advocate to address access to care, we have resources available, we have safe built environments, and we prevent Adverse Childhood Experiences (ACEs).

THE PROCESS

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, has been used for the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011, and continued to be used for this round of the CHNA and CHIP. MAPP emphasizes the partnership with all sectors of the public health system to evaluate the health status of the region it serves, identify priority areas, and develop plans for implementation.



The MAPP model has six key phases:

1. Organize for success/Partnership development
2. Visioning
3. Four MAPP assessments
 - a. Community Themes and Strengths Assessment (CTSA)
 - b. Local Public Health System Assessment
 - c. Forces of Change Assessment
 - d. Community Health Status Assessment

4. Identify strategic issues
5. Formulate goals and strategies
6. Take action (plan, implement, and evaluate)

This document encompasses phases five and six. Phases one through four can be found in the Community Health Needs Assessment.

GOALS

The first four phases of the MAPP model are summarized in the CHNA component of this report. For this cycle, the regional priorities were selected first and then the community hospital selected their priorities.

The goals selected for the region are:



Chadron Community Hospital chose the following priorities:

2024-2026 Chadron Community Hospital & Health Services Community Health Improvement Plan Priority Areas



Embedded in all strategies: Diversity, Equity, and Inclusion

ENGAGING THE COMMUNITY

A survey was created at the end of 2022 and distributed widely online through many email lists and hospital waiting rooms. A postcard with the link to the survey was also sent out to the most isolated communities in the Panhandle (rural counties without hospitals in them, neighborhoods where a high proportion of the residents are non-white, and rural communities that lack common areas for distribution of survey materials). 1100 participants filled out the survey. Community organizations were invited to participate in several meetings throughout 2023 to develop the vision and priorities for the cycle. Community organizations also participated in a survey to describe their gifts that can support community health improvement efforts. Between all of the meetings and surveys, 32 organizations participated.

ABOUT THE PLAN

The Chadron Community Hospital Community Health Improvement Plan includes goals and objectives for three years and work plans that are intended to be periodically updated. The goals, strategies, and objectives are aligned with national initiatives such as Healthy People 2030 and the Panhandle Community Health Improvement Plan. The specific alignments are called out in the Goals and Objectives section. The objectives include quantifiable performance

measures based on data included in the CHNA or community feedback surveys conducted throughout the cycle.

Establishing the performance measures for the objectives is done on a three-year cycle. The hospitals operate on three-year CHIP/CHA cycles and data is often not made available until a year or two after it was collected.

Monitoring the CHIP will be done by the hospitals and by the communities of practice. The communities of practice are an evolution of the workgroups. They will be focused on specific strategies that several hospitals are working on concurrently. The purpose will be to help hospitals learn more about the nuances of a very specific policy or program implementation. Panhandle Public Health District (PPHD) will collect the data outlined in the CHIP to be presented to the MAPP steering committee and the communities of practice each year. In addition, the party responsible for each activity will present to the committee at least annually to report progress, successes, challenges and needs. The MAPP steering committee meets quarterly and the communities of practice will meet every six months.

The work plan includes activities that community partners have agreed to conduct in the first year of the cycle. The agreements are based on the mission and resources of the agency and are built on evidence-informed best practices. The activities included in the plan include a reference to the best practice and some indication of the agency's ability to support the activity and ongoing needs. The work plan will be reviewed annually to recommit to the activities each hospital and the regional collaboration will complete in that year. With the help of communities of practice and ongoing reviews of the work plans with shorter deadlines, we hope to have more efficient success. Panhandle Public Health District will be responsible for coordinating and scheduling the community of practice and steering committee meetings.

CHADRON COMMUNITY HOSPITAL COMMUNITY HEALTH IMPROVEMENT PLAN GOALS AND OBJECTIVES

STRATEGIC GOAL A: IMPROVE COMMUNITY RECREATION OPPORTUNITIES

Goal A1: Enhance community walking infrastructure

Strategy A1.1 Conduct a walk audit around the schools to determine the area of greatest need

Objective A1.1.1

Completed Walk Audit

Objective A1.1.2

Community funds set aside to connect paths for school children

Strategy A1.2 Continue to raise funds to support the connection of the outdoor trails

Objective A1.2.1

Increase the number of people who say they walk or roll as a form of transportation

Strategy A1.3 Conduct a walk audit throughout the community to determine the areas of greatest need

Objective A1.3.1

Increase the number of people who say they walk or roll as a form of transportation

Objective A1.3.2

Community funds set aside to connect paths throughout the community

Goal A2: Increase awareness of the community's recreation opportunities

Strategy A2.1 Audit how representative the current information about recreation opportunities is of everyone in the community

Objective A2.1.1

More resources will be available that are representative of the community considering all facets of diversity

Strategy A2.2 Develop new resources that are representative of the community considering all facets of diversity

Objective A2.2.1

More community members will indicate there are plenty of recreation opportunities in their community

Goal A3: Improve community recreation accessibility for all community members

Strategy A3.1 Conduct a mobility audit of the State Parks in the community

Objective A3.1.1

The joint planning commission will have information about the accessibility of the recreation in their area

Strategy A3.2 Use findings to advocate for increased accessibility in the parks

Objective A3.2.1

More community members will indicate there are plenty of recreation opportunities in their community

Goal A4: Enhance community biking infrastructure

Strategy A4.1 Promote the new bikeshare program

Objective A4.1.1

Community members will regularly use the bikeshare bikes.

STRATEGIC GOAL B: IMPROVE ACCESS TO BEHAVIORAL HEALTH RESOURCES.

Goal B1: Expand the Panhandle Situation Table participation from the Northern Panhandle

Strategy B1.1 Identify ER personnel who are enthusiastic and able to serve on the situation table

Objective B1.1.1

An ER representative is attending the situation table at least once per month

Goal B2: Increase the capacity for mental health care in the region.

Strategy B2.1 Promote existing mental health resources in the region.

Objective B2.1.1

CCH will share mental health resources in three new community locations each quarter

Strategy B2.2 Promote Chadron State College's counseling program to encourage higher enrollment

Objective B2.2.1

CSC will increase enrollment by 5% each year.

Strategy B2.3 Improve the EPC process

Objective B2.3.1

Less people will be arrested for having a mental illness

Strategy B2.4 Enhance telepsych services

Objective B2.4.1

More people will have access to mental providers

Goal B3: Support legislation to prioritize mental health care

Strategy B3.1 Host a webinar about Nebraska Mental Health Legislation

Objective B3.1.1

Community partners will be more aware of the ways in which they can support mental health efforts

STRATEGIC GOAL C: IMPROVE ACCESS TO AFFORDABLE HOUSING

Goal C1: Provide opportunities for trades training in the community

Strategy C1.1 Explore the youth build program

Objective C1.1.1

CCH and the Joint Planning Commission will have developed a strategy of how to bring the youth build program to the Northern Panhandle.

Goal C2: Increase the number of available units in the community

Strategy C2.1 Develop a coalition of businesses with a vested interest in housing

Objective C2.1.1

CCH and the Joint Planning Commission host quarterly housing meetings with invested partners

Objective C2.1.2

A coalition of housing partners builds new housing

Strategy C2.2 Explore opportunity for the Northwest Panhandle communities to join the landbank initiative

Objective C2.2.1

More properties will be developed to a state where they are ready for redevelopment

STRATEGIC GOAL D: IMPROVE ACCESS TO HEALTHY FOOD

Goal D1: Increase access to high quality food year around

Strategy D1.1 Explore grant funding to support year-round school meals

Objective D1.1.1

All children will have access to high quality food year around

Strategy D1.2 Collaborate with Chadron State College to share culinary classes

Objective D1.2.1

Provide culinary class demonstrations at the annual health fair

Year 1 Workplan

Priority Area	Activities	Responsible Parties	Goal #	Time Frame
Recreation Opportunities	Conduct a walk audit to determine areas of focus for school walk improvements	WCHR and the Northwest Nebraska Joint Planning Commission	A1.1	January 2024 - July 2024
	Advocate at city council meetings for funding to be set aside for improved walking infrastructure	Northwest Nebraska Joint Planning Commission	A1.1	July 2024 - December 2024
	Audit the representation in promotional materials about recreation opportunities	Northwest Nebraska Joint Planning Commission	A2.1	January 2024 - June 2024

	Develop materials which are more representative of the community	Northwest Nebraska Joint Planning Commission	A2.2	July 2024 - December 2024
	Conduct a mobility audit of the State Parks	Northwest Nebraska Joint Planning Commission	A3.1	January 2024 - December 2024
	Promote the new bike share program	Northwest Nebraska Joint Planning Commission	A4.1	January 2024 - December 2026
Behavioral Health	Recruit appropriate ER personnel to participate in the situation table	CCH	B1.1	January 2024 - December 2026
	Meet with Chadron State team to determine needs for	CSC, CCH, WCHR	B2.2	January 2024 - July 2024

	promoting the counseling program			
	Host a webinar to learn more about Nebraska Mental Health Legislation	WCHR	B3.1	January 2024 - March 2024
	Share the list of resources that exist for mental health in the community in new locations	WCHR	B2.1	July 2024 - December 2024
Affordable Housing	Invite representatives from the Youth Build program to present to community leaders	Northwest Nebraska Joint Planning Commission	C1.1	January 2024- July 2024
	Host an exploratory meeting with businesses to discuss housing development opportunities	Northwest Nebraska Joint Planning Commission, Chambers of Commerce for all communities	C2.1	January 2024- December 2024
	Attend a meeting with the landbank communities in Western Nebraska	Northwest Nebraska Joint Planning Commission, Chambers of Commerce for all communities	C2.2	January 2024 - December 2024
Healthy Diet	Research grant opportunities to fund year-round student meals	WCHR, CCH	D1.1	January 2024 - December 2024
	Host the CSC culinary students at a CCH health fair	CCH, CSC	D1.2	January 2024 - December 2024

Sources for Evidence-Based Practices

AmeriCorps. (2023, July 11). *Home Page*. YouthBuild. <https://youthbuild.org/>

The Community Guide. (2014, January). *Improving mental health and addressing mental illness: Collaborative ...* <https://www.thecommunityguide.org/media/pdf/Mental-Health-Collaborative-Care.pdf>

Gardner, R. (2023, September 12). *Ada audits for Park and recreational facilities*. MSA. <https://www.msa-ps.com/ada-audits-for-park-and-recreational-facilities/>

Purtle, J., & Roman, L. A. (2015, June). *Health Awareness Days: Sufficient evidence to support the craze?*. American journal of public health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431079/>

Rural Health Information Hub. (2023). *Healthcare access in rural communities Overview*. Overview - Rural Health Information Hub. <https://www.ruralhealthinfo.org/topics/healthcare-access>

SAMHSA. (2023, June). *Evidence-based resources about opioid overdose*. <https://www.samhsa.gov/find-help/overdose>

Tamarack Media Cooperative. (2023). *Take action*. National Low Income Housing Coalition. <https://nlihc.org/take-action>

Worrall, H., Schweizer, R., Marks, E., Yuan, L., Lloyd, C., & Ramjan, R. (2018). The effectiveness of Support Groups: A literature review. *Mental Health and Social Inclusion*, 22(2), 85–93. <https://doi.org/10.1108/mhsi-12-2017-0055>