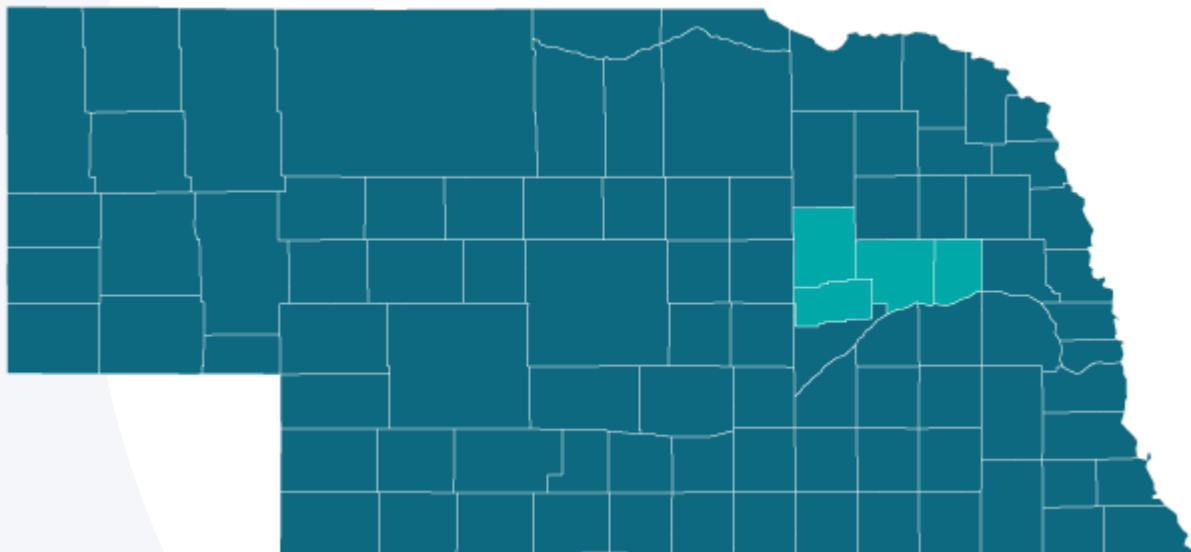


DELIVERED BY:



# 2024-2026 EAST CENTRAL DISTRICT IMPLEMENTATION STRATEGY/ COMMUNITY HEALTH IMPROVEMENT PLAN

**Boone, Nance, Colfax, & Platte Counties, Nebraska**



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# A NOTE FROM EAST CENTRAL DISTRICT PARTNERS



East Central District Partners strive to bring people and organizations together to improve community wellness. The community health needs assessment and improvement plan process is one way we can live out our mission. To fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing and prioritizing needs for impact, and then addressing those needs. In 2024, East Central District conducted a comprehensive Community Health Needs Assessment (CHNA) to identify priority health issues and evaluate the overall current health status of the district's service area. These findings were then used to develop an Implementation Strategy/Improvement Plan (CHIP) to describe the response to the needs identified in the CHNA report. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning concerning future programs, clinics, and health resources.

The 2024-2026 East Central District Implementation Strategy/CHIP would not have been possible without the help of numerous organizations. It is vital that assessments such as this continue so that we can know where to direct our resources and use them in the most advantageous ways.

More importantly, the possibility of the CHNA and Implementation Strategy/CHIP relies solely on the participation of individuals in our community who committed to participating in interviews and completing health need prioritization surveys. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

Sincerely,

**Terri Ford-Wolfgram**

Chief Executive Officer  
East Central District Health Department  
Good Neighbor Community Health Center

# ACKNOWLEDGEMENTS



This Implementation Strategy/Improvement Plan (CHIP) was made possible thanks to the collaborative efforts of East Central District Partners, community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this plan.

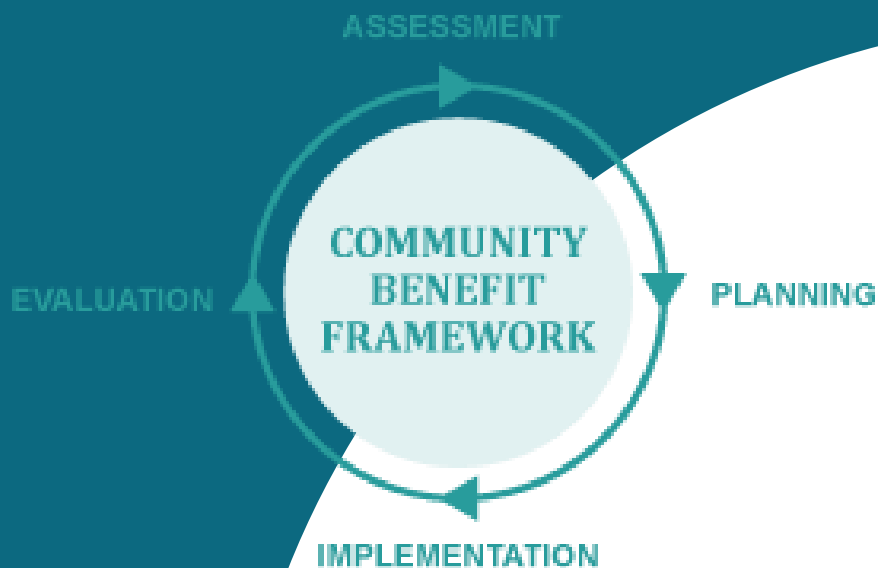
## EAST CENTRAL DISTRICT PARTNERS WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Alcoholics Anonymous in Nebraska	Fisher's and Richland Schools
Applied Connective Technologies	Fullerton Area Senior Center
Augustana Lutheran Church	Genoa Community Bank
Behlen Manufacturing	Genoa Lions Club
Boone Central Schools	Genoa Medical Facilities
Boone County Commissioners	Good Neighbor Community Health Center
Boone County Health Center	Heartland Workers
Camaco, LLC	Jarecki Law
Cargill Schuyler Plant	Kruse Farms
Cedar Rapids Community Club	Lakeview Community Schools
Center for Survivors	Levander Funeral Homes
Central Community College, Columbus Campus	Lindsay Corporation
Central Nebraska Community Action Partnership – Headstart	Loup Public Power
CHI Health Schuyler	Nebraska Department of Economic Development
City of Columbus	Nor-AM Cold Storage
Colfax Senior Center	Palmer Eye Care
Columbus/Platte County Convention & Visitors Bureau	Pillen Family Farms
Columbus Area Chamber of Commerce	Pinnacle Bank
Columbus Area United Way	Platte County Employees
Columbus Catholic Schools	Platte Valley Literacy Association
Columbus Children's Healthcare	Schuyler Community Development
Columbus City Council	Schuyler Community Schools
Columbus Community Hospital	Schuyler Middle School
Columbus Community Hospital Foundation	Schuyler Police Department/Colfax County
Columbus Family Practice Providers	Seekers of Serenity
Columbus Family YMCA	Sixpence Early Learning Program
Columbus High School	St. Edward Public School
Columbus Medical Center	University of Nebraska Lincoln
Commonwealth Electric	Village of Cedar Rapids
COR Therapeutics Services	Wagon Hammer Ranch

The 2024-2026 East Central District Implementation Strategy/CHIP report was prepared by Moxley Public Health, LLC, ([www.moxleypublichealth.com](http://www.moxleypublichealth.com)) an independent consulting firm that works with hospitals, health departments, and other community-based nonprofit organizations both domestically and internationally to conduct Community Health Assessments (CHAs)/Community Health Needs Assessments (CHNAs) and Implementation Strategies/CHIPs.

## INTRODUCTION

# WHAT IS AN IMPLEMENTATION STRATEGY/IMPROVEMENT PLAN (CHIP)?



An **Implementation Strategy/Improvement Plan (CHIP)** is part of a framework that is used to guide community benefit activities - policy, advocacy, and program-planning efforts. For hospitals, the Implementation Strategy describes their plan to respond to the needs identified through the previous Community Health Needs Assessment (CHNA) process. It also fulfills a requirement mandated by the Internal Revenue Service (IRS) in Section 1.501(r)(3). For health departments, the Improvement Plan (CHIP) fulfills the mandates of the Public Health Accreditation Board (PHAB) and outlines their plans to address priority community health needs identified through the previous Community Health Assessment (CHA).

# OVERVIEW OF THE PROCESS



In order to develop an Implementation Strategy/Improvement Plan (CHIP), East Central District Partners followed a process that included the following steps:

**STEP 1:** Plan and prepare for the Implementation Strategy/CHIP.

**STEP 2:** Develop goals/objectives and identify indicators to address health needs.

**STEP 3:** Consider approaches/strategies to address prioritized needs, health disparities, and social determinants of health.

**STEP 4:** Select approaches with community partners.

**STEP 5:** Integrate Implementation Strategy/CHIP with community partners and hospital and health department plans.

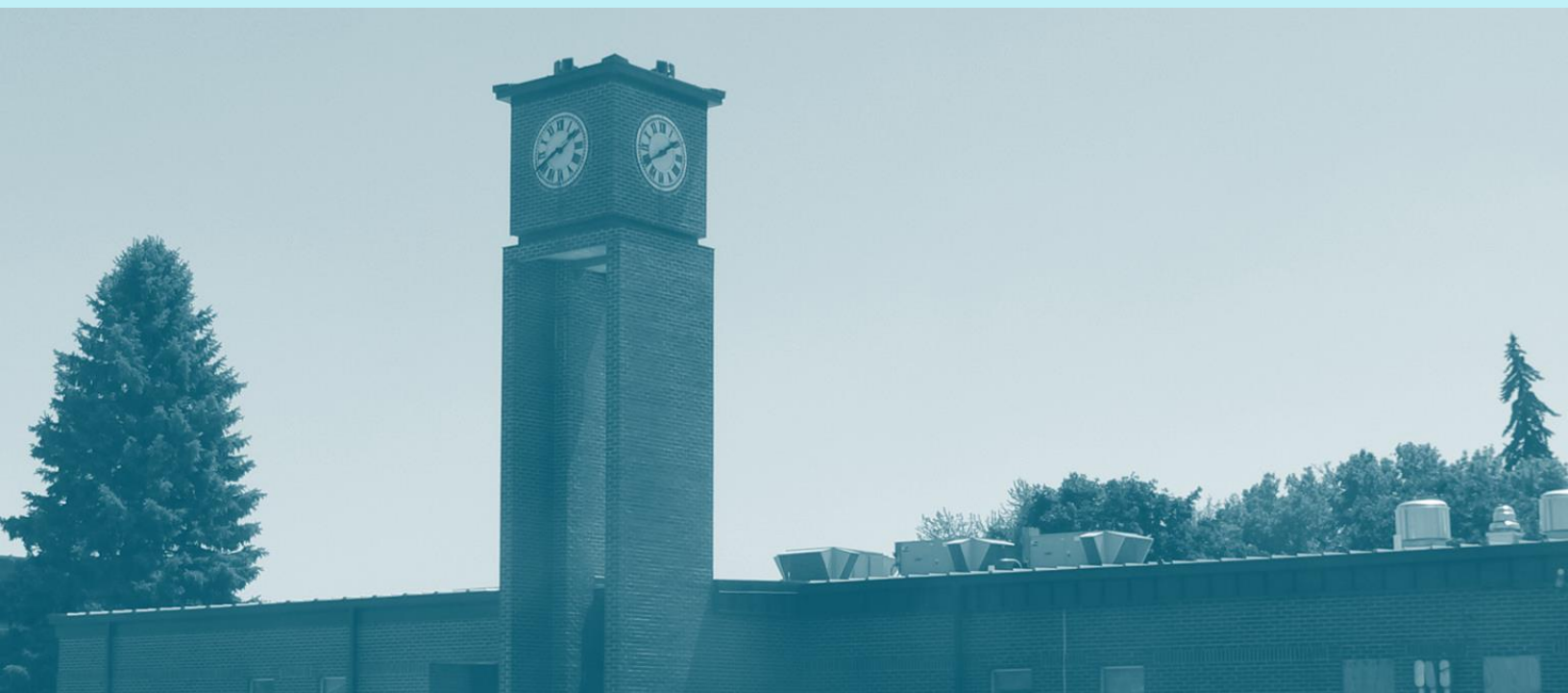
**STEP 6:** Develop a written Implementation Strategy/CHIP.

**STEP 7:** Adopt the Implementation Strategy/CHIP.

**STEP 8:** Update and sustain the Implementation Strategy/CHIP.

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

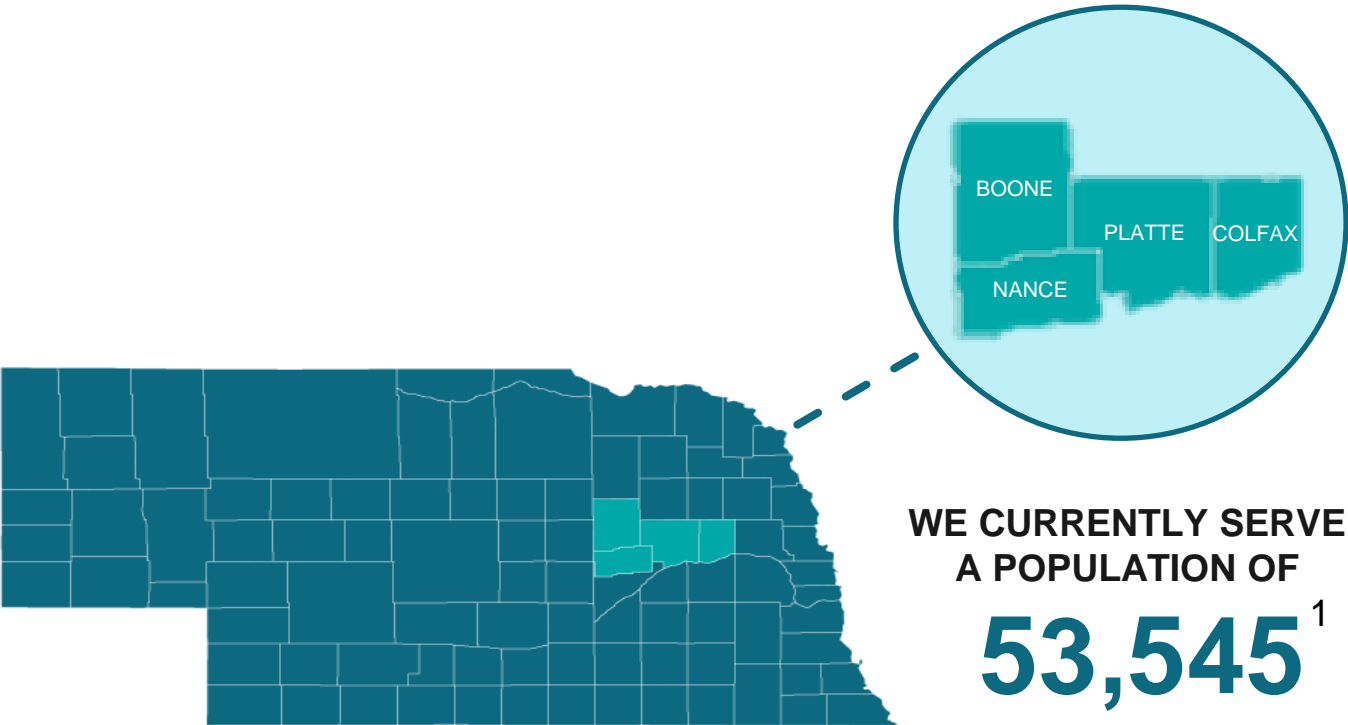
**THE 2024-2026 EAST CENTRAL DISTRICT IMPLEMENTATION STRATEGY/CHIP MEETS ALL IRS AND PHAB REGULATIONS.**



# DEFINING THE EAST CENTRAL DISTRICT SERVICE AREA



For the purposes of this report, East Central District Partners defines their primary service area as being made up of East Central District, Nebraska, which includes Boone, Colfax, Nance, and Platte Counties.



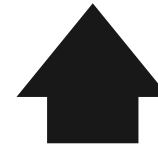
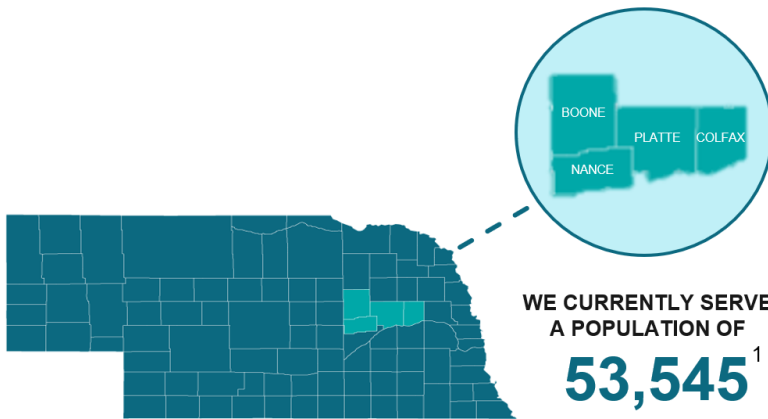
EAST CENTRAL DISTRICT SERVICE AREA					
COUNTY	ZIP CODE	COUNTY	ZIP CODE	COUNTY	ZIP CODE
Boone	68620	Colfax	68643	Platte	68758
Boone	68758	Colfax	68659	Platte	68660
Boone	68660	Nance	68638	Platte	68647
Boone	68627	Nance	68640	Platte	68653
Boone	68652	Nance	68660	Platte	68644
Boone	68655	Nance	68864	Platte	68643
Colfax	68601	Nance	68663	Platte	68631
Colfax	68661	Nance	68623	Platte	68602
Colfax	68629	Platte	68601	Platte	68634
Colfax	68641	Platte	68640		
Colfax	68633	Platte	68642		



# EAST CENTRAL DISTRICT AT-A-GLANCE

THE POPULATIONS OF EAST CENTRAL DISTRICT AND NEBRASKA **INCREASED** FROM 2010 TO 2022, BUT THE STATE POPULATION **GREW AT A FASTER RATE**

WHILE THE POPULATIONS OF **PLATTE** (+6%) AND **COLFAX** (+0.5%) COUNTIES **GREW**, THOSE OF **BOONE** (-2%) AND **NANCE** (-10%) COUNTIES **DECLINED**<sup>1</sup>

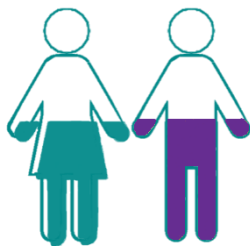


**+3%**  
EAST CENTRAL DISTRICT



**+7%**  
NEBRASKA

THE % OF MALES IS **SLIGHTLY HIGHER** THAN FOR FEMALES<sup>2</sup>



**48.6%** **51.4%**



**4%**

OF EAST CENTRAL DISTRICT RESIDENTS ARE **VETERANS**, SLIGHTLY LOWER THAN THE STATE RATE<sup>3</sup>



YOUTH AGES 0-19 AND SENIORS 65+ MAKE UP

**45% OF THE POPULATION**

IN THE EAST CENTRAL DISTRICT SERVICE AREA, COMPARED TO 41% FOR NEBRASKA<sup>4</sup>

**NEARLY 1 IN 5** EAST CENTRAL DISTRICT RESIDENTS ARE **AGE 65+** (18%), WITH BOONE AND NANCE COUNTIES HAVING THE OLDEST POPULATIONS<sup>5</sup>

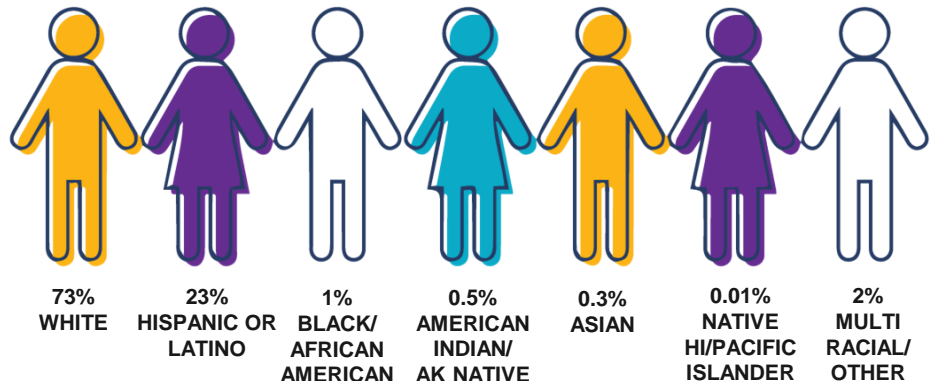


**80% OF THE POPULATION** IN EAST CENTRAL DISTRICT **SPEAKS ONLY ENGLISH** AT HOME, WHILE 18% SPEAK SPANISH (39% IN COLFAX COUNTY AND 17% IN PLATTE COUNTY)

**14% ARE FOREIGN-BORN** (32% FOR COLFAX COUNTY AND 11% FOR PLATTE COUNTY)

OF THOSE WHO ARE FOREIGN-BORN, **NEARLY TWO-THIRDS (65%) ARE NOT AMERICAN CITIZENS**<sup>6</sup>

THE **MAJORITY (73%)** OF THE POPULATION IN EAST CENTRAL DISTRICT IDENTIFIES **WHITE** AS THEIR ONLY RACE, WHILE THE **HISPANIC** POPULATION COMPRISES **NEARLY ONE-QUARTER** OF RESIDENTS (46% OF COLFAX COUNTY AND 21% OF PLATTE COUNTY)<sup>7</sup>



EAST CENTRAL DISTRICT HAD **6,300 YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75** PER 100,000 RESIDENTS, COMPARED TO **6,447** FOR NEBRASKA<sup>8</sup>



EAST CENTRAL DISTRICT RESIDENTS CAN EXPECT TO LIVE **79.1 YEARS** ON AVERAGE (RANGING FROM 75.5 IN NANCE COUNTY TO 81.4 IN COLFAX COUNTY), COMPARED TO **78.4 YEARS** FOR NEBRASKA<sup>9</sup>



EAST CENTRAL DISTRICT'S COUNTIES RANK (ON AVERAGE) **39<sup>TH</sup>** OUT OF NEBRASKA'S 79 COUNTIES BASED ON **HEALTH FACTORS THAT WE CAN MODIFY** (1 BEING THE HEALTHIEST AND 79 BEING UNHEALTHIEST)<sup>9</sup>



## STEP 1

# PLAN AND PREPARE FOR THE IMPLEMENTATION STRATEGY/ IMPROVEMENT PLAN (CHIP)



### **IN THIS STEP, EAST CENTRAL DISTRICT PARTNERS:**

- DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY/CHIP
- ENGAGED BOARD AND EXECUTIVE LEADERSHIP
- REVIEWED COMMUNITY HEALTH NEEDS ASSESSMENT





## **PLAN AND PREPARE FOR THE 2024-2026 EAST CENTRAL DISTRICT IMPLEMENTATION STRATEGY/IMPROVEMENT PLAN (CHIP)**

Secondary and primary data were collected to complete the 2024 East Central District Comprehensive Community Health Needs Assessment (CHNA) report. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data was collected through key informant interviews with **78** experts from various organizations serving the East Central District service area and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. A *Community Member Survey* was distributed via a QR code and link, with **727** responses from community residents. The survey responses were used to prioritize the health needs, answer in-depth questions about the health needs in the county, and to identify health disparities present in the community. Finally, there were **8** focus groups held across the county, representing a total of 54 community members. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs, and prioritize health needs. More detail on methodology can be found in the 2024 East Central District CHNA Report (see links on page 27).

“

**The implementation strategy/improvement plan (CHIP) deals with the “how and when” of addressing needs. While the community health needs assessment considers the “who, what, where and why” of community health needs, the implementation strategy/CHIP takes care of the how and when components.**

- Catholic Health  
Association

”

## STEP 2

# DEVELOP GOALS AND OBJECTIVES AND IDENTIFY INDICATORS FOR ADDRESSING COMMUNITY HEALTH NEEDS



### IN THIS STEP, EAST CENTRAL DISTRICT PARTNERS:

- DEVELOPED GOALS FOR THE IMPLEMENTATION STRATEGY/IMPROVEMENT PLAN (CHIP) BASED ON THE FINDINGS FROM THE CHNA
- SELECTED INDICATORS TO ACHIEVE GOALS

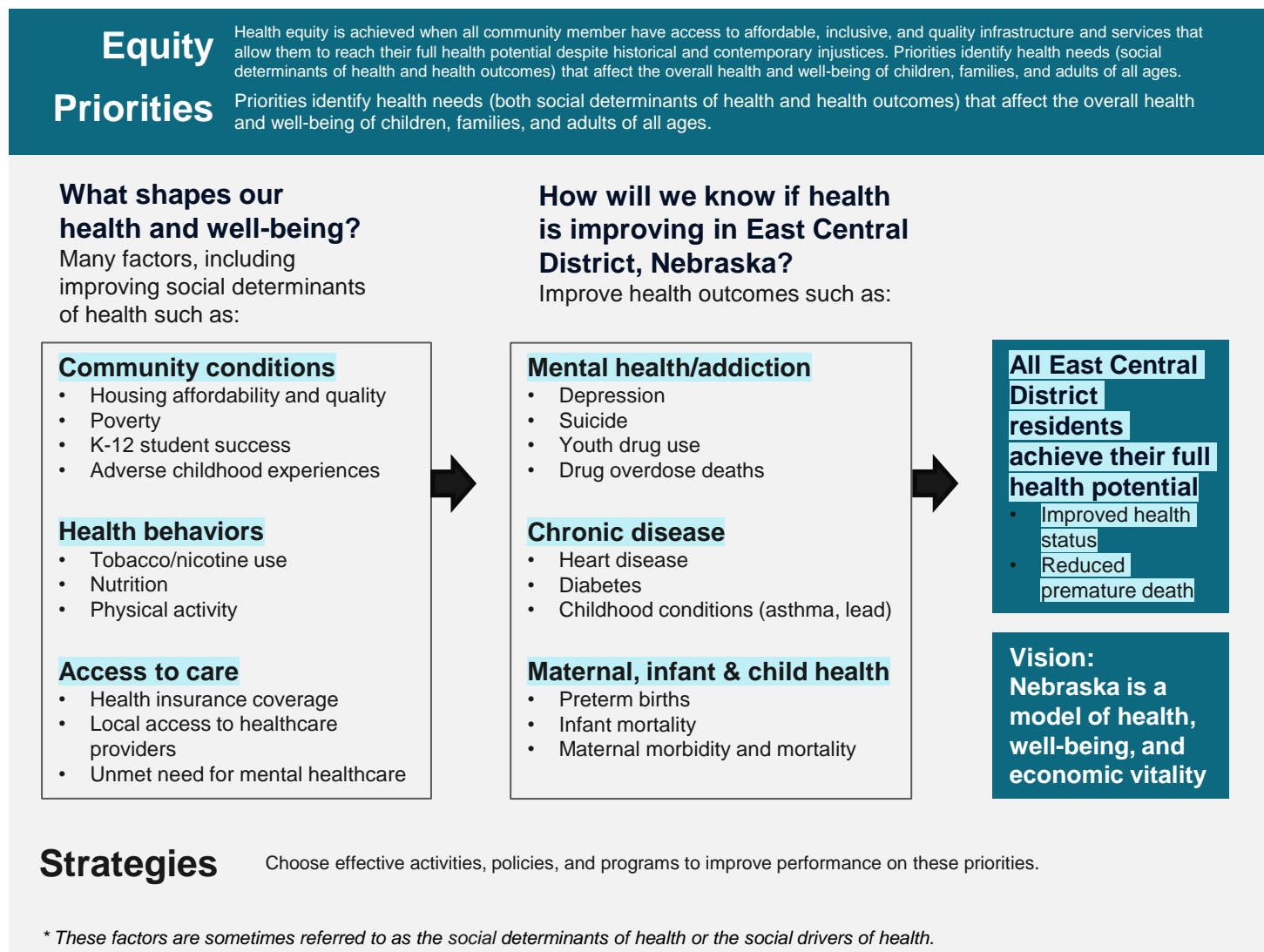




# PRIORITY HEALTH NEEDS GOALS, OBJECTIVES & INDICATORS

The following image shows the health improvement framework that this report followed while also adhering to Internal Revenue Service (IRS) requirements, Public Health Accreditation Board (PHAB) requirements, and the community's needs.

**Figure 1: Health Improvement Framework**



Next, with the data findings from the community health needs assessment process, East Central District Partners used the following guidelines/worksheet to choose priority health factors and priority health outcomes (worksheet/guidelines continued to next page).

## ALIGNMENT WITH PRIORITIES AND INDICATORS

**STEP 1:** Identify at least one priority factor and at least one priority health outcome.

PRIORITY FACTORS	PRIORITY HEALTH OUTCOMES
<input checked="" type="checkbox"/> Community Conditions	<input checked="" type="checkbox"/> Mental Health and Addiction
<input type="checkbox"/> Health Behaviors	<input checked="" type="checkbox"/> Chronic Disease
<input checked="" type="checkbox"/> Access to Care	<input checked="" type="checkbox"/> Maternal and Infant Health

**STEP 2:** Select at least 1 indicator for each identified priority factor.

PRIORITY FACTORS	
COMMUNITY CONDITIONS	
TOPIC	INDICATOR NAME
Housing Affordability and Quality	<input checked="" type="checkbox"/> Affordable and Available Housing Units
Poverty	<input type="checkbox"/> Child Poverty
	<input type="checkbox"/> Adult Poverty
K-12 Student Success	<input type="checkbox"/> Chronic Absenteeism (K-12 students)
	<input type="checkbox"/> Kindergarten Readiness
Adverse Childhood Experiences	<input checked="" type="checkbox"/> Adverse Childhood Experiences (ACEs)
	<input checked="" type="checkbox"/> Child Abuse and Neglect
HEALTH BEHAVIORS	
TOPIC	INDICATOR NAME
Tobacco/Nicotine Use	<input type="checkbox"/> Adult Smoking
	<input type="checkbox"/> Youth All-Tobacco/Nicotine Use
Nutrition	<input type="checkbox"/> Youth Fruit Consumption
	<input type="checkbox"/> Youth Vegetable Consumption
Physical Activity	<input type="checkbox"/> Child Physical Activity
	<input type="checkbox"/> Adult Physical Activity
ACCESS TO CARE	
TOPIC	INDICATOR NAME
Health Insurance Coverage	<input checked="" type="checkbox"/> Uninsured Adults
	<input checked="" type="checkbox"/> Uninsured Children
Local Access to Healthcare Services	<input checked="" type="checkbox"/> Primary Care Health Professional Shortage Areas
	<input checked="" type="checkbox"/> Mental Health Professional Shortage Areas
Unmet Need for Mental Health Care	<input checked="" type="checkbox"/> Youth Depression Treatment Unmet Need
	<input checked="" type="checkbox"/> Adult Mental Health Care Unmet Need



## ALIGNMENT WITH PRIORITIES AND INDICATORS (CONTINUED)

**STEP 2 (continued):** Select at least 1 indicator for each identified priority health outcome.

PRIORITY HEALTH OUTCOMES	
MENTAL HEALTH AND ADDICTION	
TOPIC	INDICATOR NAME
Depression	<input checked="" type="checkbox"/> Youth Depression
	<input checked="" type="checkbox"/> Adult Depression
Suicide Deaths	<input checked="" type="checkbox"/> Youth Suicide Deaths
	<input checked="" type="checkbox"/> Adult Suicide Deaths
Youth Drug Use	<input checked="" type="checkbox"/> Youth Alcohol Use
	<input checked="" type="checkbox"/> Youth Marijuana Use
Drug Overdose Deaths	<input checked="" type="checkbox"/> Unintentional Drug Overdose Deaths
CHRONIC DISEASE	
TOPIC	INDICATOR NAME
Heart Disease	<input checked="" type="checkbox"/> Coronary Heart Disease
	<input checked="" type="checkbox"/> Premature Death – Heart Disease
	<input checked="" type="checkbox"/> Hypertension
Diabetes	<input checked="" type="checkbox"/> Diabetes
Harmful Childhood Conditions	<input checked="" type="checkbox"/> Child Asthma Morbidity
	<input checked="" type="checkbox"/> Child Lead Poisoning
MATERNAL AND INFANT HEALTH	
TOPIC	INDICATOR NAME
Preterm Births	<input checked="" type="checkbox"/> Preterm Births
Infant Mortality	<input checked="" type="checkbox"/> Infant Mortality
Maternal Morbidity/Mortality	<input checked="" type="checkbox"/> Severe Maternal Morbidity/Mortality



# ADDRESSING THE HEALTH NEEDS

The 2024 Community Health Needs Assessment (CHNA) identified the following significant health needs from an extensive review of the primary and secondary data. The significant health needs were ranked (through a survey that was sent out to the community, with **727 responses** from community residents). The results of how the health needs were ranked in the survey for East Central District overall are found in the tables below separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes.



COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY
<b>#1 Access to childcare</b>
<b>#2 Substance use</b> (alcohol and drugs)
<b>#3 Housing and homelessness</b> (economic stability)
<b>#4 Access to healthcare</b> (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)
<b>#5 Food insecurity</b> (e.g. not being able to access and/or afford healthy food)
<b>#6 Preventive care and practices</b> (e.g. screenings, mammograms, vaccinations – ranked under chronic diseases in survey)
<b>#7 Income/poverty and employment</b> (economic stability)
<b>#8 Education</b> (e.g. early childhood education, elementary school, post-secondary education, etc.)
<b>#9 Adverse childhood experiences</b> (e.g. child abuse, mental health, family issues, trauma, etc.)
<b>#10 Transportation</b> (e.g. public transit, cars, cycling, walking)
<b>#11 Nutrition and physical health/exercise</b> (includes overweight and obesity)
<b>#12 Tobacco and nicotine use</b> (e.g. smoking and vaping)
<b>#13 Crime and violence</b>
<b>#14 Internet/wifi access</b>
<b>#15 Environmental conditions</b> (e.g. air and water quality, vector-borne diseases)
<b>Not ranked: Sleep</b>

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY
<b>#1 Mental health</b>
<b>#2 Chronic diseases</b> (heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, kidney disease, cognitive decline, etc.)
<b>#3 Maternal, infant, and child health</b> (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
<b>#4 HIV/AIDS and Sexually Transmitted Infections (STIs)</b> (ranked under infectious diseases in survey)
<b>#5 Injuries</b> (e.g. workplace injuries, car accidents, falls, etc.)



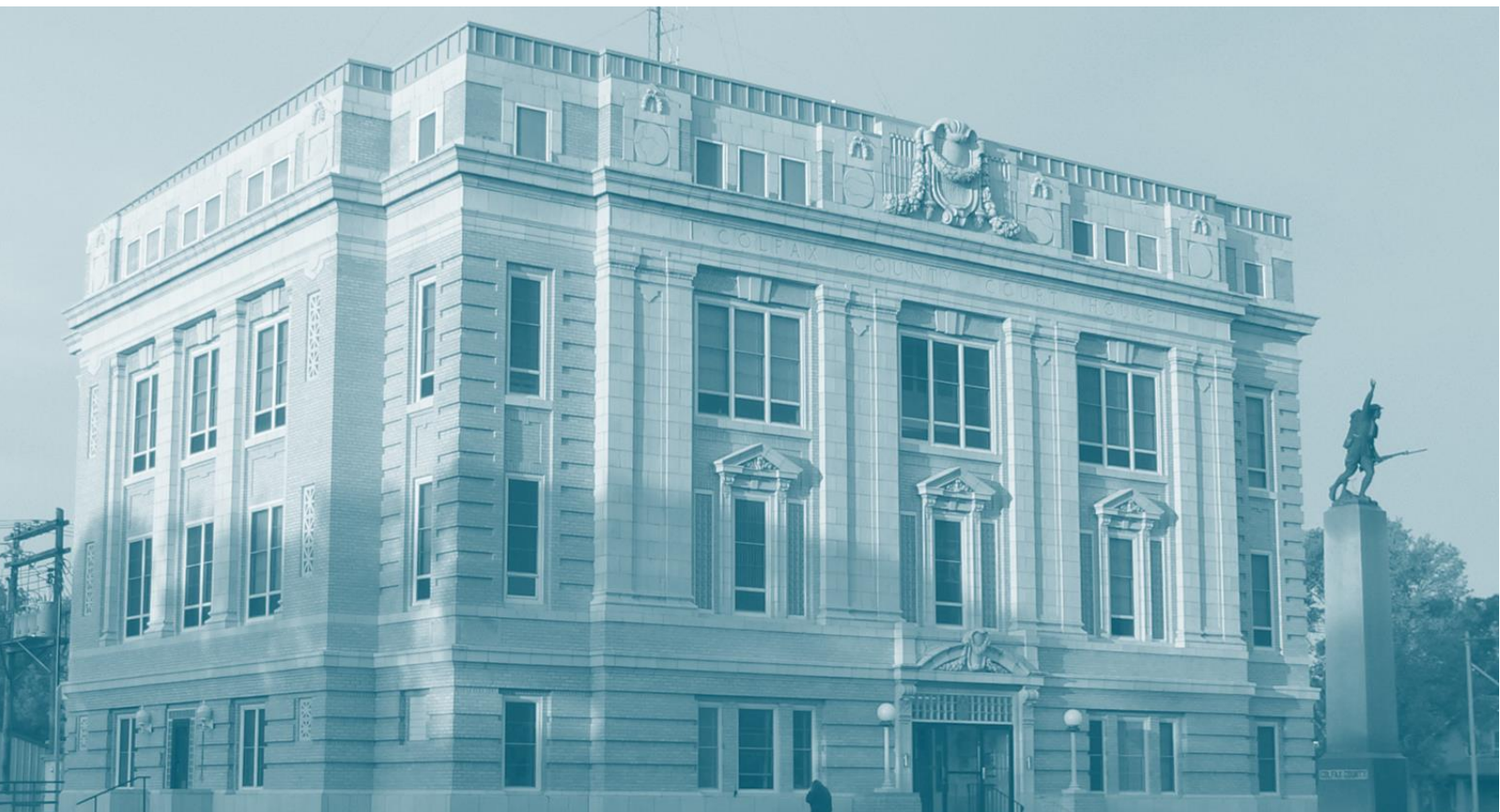
# ADDRESSING THE HEALTH NEEDS



From the significant health needs, East Central District Partners chose health needs that considered the health department's, hospitals', and community partners' capacity to address community needs, the strength of community partnerships, and those needs that correspond with organizational priorities.

## THE PRIORITY HEALTH NEEDS THAT WILL BE ADDRESSED IN THE 2024-2026 IMPLEMENTATION STRATEGY/IMPROVEMENT PLAN (CHIP) ARE:

- Priority Area 1: Behavioral Health
- Priority Area 2: Housing and Homelessness
- Priority Area 3: Access to Childcare
- Priority Area 4: Food Insecurity
- Priority Area 5: Access to Healthcare



## STEPS 3 & 4

# CONSIDER AND SELECT APPROACHES/STRATEGIES TO ADDRESS PRIORITIZED NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH WITH COMMUNITY PARTNERS



### IN THESE STEPS, EAST CENTRAL DISTRICT PARTNERS:

- SELECTED APPROACHES/  
STRATEGIES TO ADDRESS EAST  
CENTRAL DISTRICT SERVICE AREA  
PRIORITIZED HEALTH NEEDS,  
HEALTH DISPARITIES, AND SOCIAL  
DETERMINANTS OF HEALTH
- DEVELOPED A WRITTEN  
IMPLEMENTATION  
STRATEGY/IMPROVEMENT PLAN  
(CHIP) REPORT



# #1 PRIORITY AREA BEHAVIORAL HEALTH

Includes mental health, bullying/adverse childhood experiences (ACEs), and substance/drug abuse and misuse



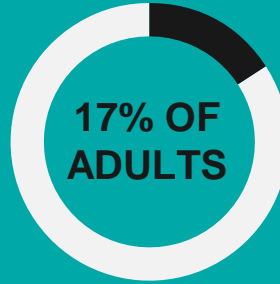
IN OUR COMMUNITY



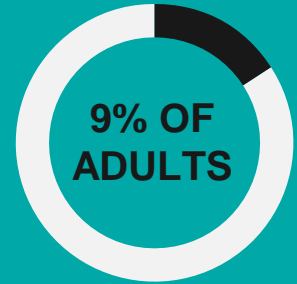
in Nebraska reported that their **mental health was not good** (most of the time or always) in the past month.<sup>10</sup>



in Nebraska felt **sad or hopeless** for at least 2 weeks in the past month, so that they stopped doing usual activities<sup>10</sup>



in both East Central District and Nebraska have been diagnosed with **depression** by a mental health professional. This ranged from 14% in Platte County to 19% in Nance County<sup>10</sup>



in East Central District experienced **frequent mental distress** (2+ weeks/month in the past year), compared to 12% for Nebraska<sup>10</sup>



Nebraska's child abuse rate of **5 per 1,000 children** is slightly higher than the national rate of **4 per 1,000 children**.<sup>11</sup>

This is highest in Nance County at 9 per 1,000 children.<sup>11</sup>



23% of adults in East Central District reported **binge drinking** within the past month, higher than the 20% for Nebraska.<sup>11</sup>

7% of adults in East Central District and Nebraska are **heavy drinkers**, while 3% engage in **alcohol impaired driving**.<sup>11</sup>

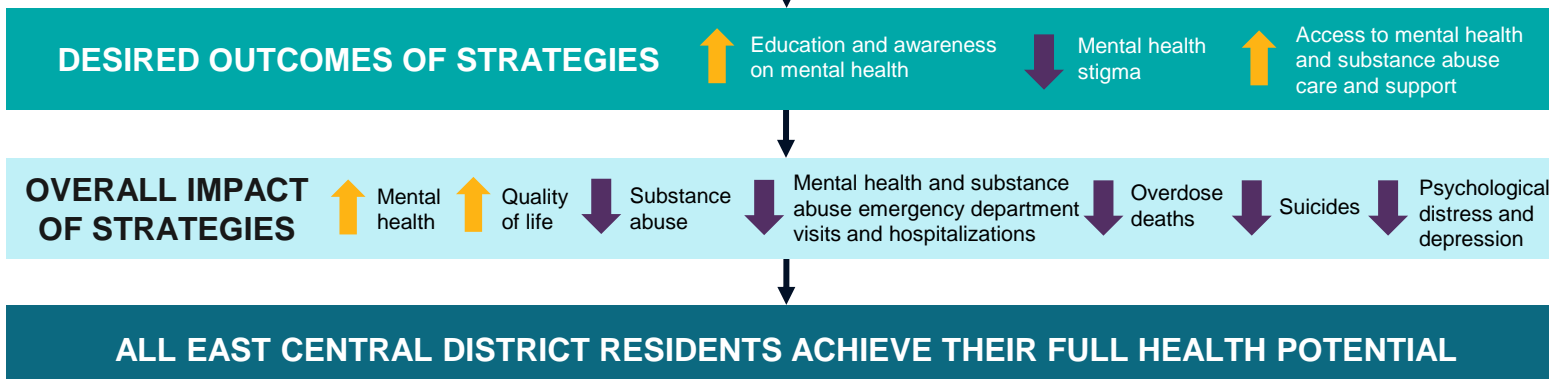
STRATEGIES\*  
PARTNERS

YOUTH (KINDERGARTEN – 12 <sup>TH</sup> GRADE)	PARENTS OF MIDDLE AND HIGH SCHOOL YOUTH	WORKING CLASS EMPLOYEES	UNDERSERVED AND HARD-TO-REACH RESIDENTS
Pilot a plan/policy in Columbus Public Schools to reduce student phone usage by 60%.	Provide mental health resources at 1 parent/teacher conference in all four counties; hold 2 presentations in each county for parents re: youth mental health and social media.	Increase Employee Assistance Program (EAP) awareness by 25%.	Provide resilience/coping skills training to community members; provide training on threat assessment, risk assessments to community partners.
Columbus Public Schools, schools, teachers, counselors, school boards	East Central District Health Department (ECDHD), schools, hospitals, local businesses, community coalitions, mental health providers	ECDHD, private sector businesses (HR departments), hospitals, community coalitions, mental health providers	ECDHD, community members with lived experience, schools, mental health providers, parents, law enforcement, clergy, senior centers, co-ops

POPULATIONS

<p><b>THESE STRATEGIES WILL POSITIVELY IMPACT ALL RESIDENTS, BUT DATA SHOWS THESE POPULATIONS ARE IN THE MOST NEED:</b></p> <p>Black/African American residents, Native American/Alaskan Native residents, youth and young adults, lower income residents, less educated residents, residents who are unemployed/underemployed, refugees/immigrants, Nance County residents</p>	<p><b>Youth</b> in the service area will <b>significantly benefit</b>, as they are less likely to report being able to access help for mental health and substance use issues and may be greatly impacted by adverse childhood experiences early in life.</p>
---	---

OUTCOMES



# #2 PRIORITY AREA HOUSING AND HOMELESSNESS



70% of community survey respondents report **lack of affordable housing** as an issue in the community. **Affordable housing** was the **#1 reported resource** needed in East Central District.



## NEARLY 1 IN 3 (30%)

East Central District adults experienced housing insecurity in the past year, compared to 29% for Nebraska.<sup>12</sup>



19% of East Central District households are **'cost burdened'** (spend more than **35% of their income on housing**), vs. 26% for Nebraska. This ranges from 14% in Colfax county to 21% in Platte county and is much higher for renters at 38%.<sup>12</sup>



In 2023, there were an estimated **558 PEOPLE**

Experiencing homelessness in the Nebraska Balance of State Continuum of Care (which includes all Nebraska regions outside of Omaha and Lincoln).<sup>13</sup>

### PEOPLE WHO ARE 'IN-BETWEEN' HOUSING, "NON-TRADITIONAL" FAMILIES

Provide awareness of transitional housing options to people who are 'in-between' housing (semi-permanent/permanent) by creating an inventory resource document of available transitional housing.

### PEOPLE IN NEED OF EMERGENT HOUSING

Create an algorithm that allows community partners access to help individuals seeking assistance with emergent housing.

### IMMIGRANTS & NEWCOMERS, MOBILE POPULATION

Create a welcome center in the resource center of Columbus Community Hospital and hire a Housing Navigator, with a focus on serving immigrants and newcomers.

Central Nebraska Community Action Partnership (CNCAP), Columbus Housing Authority, churches, realtors, hotels, Chamber of Commerce, landlords, rescue mission, housing authority, Habitat for Humanity, Marigold Lane Home Builders Association

United Way (UW), CNCAP, University of Nebraska-Lincoln Extension Office, Center for Survivors, ministerial association, rescue mission, Columbus Housing Authority

Columbus Community Hospital, University of Nebraska-Lincoln Extension Office, Department of Health and Human Services, East Central District Health Department (ECDHD), community members, businesses, UW

THESE STRATEGIES WILL POSITIVELY IMPACT ALL RESIDENTS, BUT DATA SHOWS THESE POPULATIONS ARE IN THE MOST NEED:

Platte and Boone County residents, residents experiencing homelessness, youth and young adults, seniors, Hispanic/Latino/a residents, renters, immigrants/undocumented population young families



Residents experiencing housing insecurity in the service area will **significantly benefit**, as they experience housing challenges, are more likely to be cost-burdened, and are more likely to experience homelessness.

### DESIRED OUTCOMES OF STRATEGIES



Access to housing resources and information



Access to affordable and available housing, transitional housing

### OVERALL IMPACT OF STRATEGIES



Mental health



Quality of life



Homelessness



Housing insecurity

ALL EAST CENTRAL DISTRICT RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL



# #3 PRIORITY AREA ACCESS TO CHILDCARE



According to the 2023 Cost of Childcare in Nebraska breakdown report, the **average cost of childcare** in Nebraska ranges from **\$11,420** per year for school-aged children to **\$12,571** per year for infants under one year of age.<sup>14</sup>



75% of Nebraskans surveyed say that quality affordable child care is essential to the economy and workers.<sup>14</sup>



**26%** of East Central District children in need of childcare **do not have access to it**, compared to 19% for Nebraska. Rates are highest in Colfax (56%) and Boone County (53%).<sup>14</sup>



More than half (52%) of East Central District community members surveyed selected access to childcare as a priority community health need.

## ALL

## CHILDCARE PROVIDERS

## HIGH SCHOOLS

## BUSINESSES AND GENERAL PUBLIC

Identify a childcare "champion" in each county for Buffet Early Childhood Institute Leadership Cadre and PLA (Policy Leadership Academy, offered by First Five Nebraska).

By mid-2025, include in-home providers and center directors from all four counties into the EECE team meetings.

Create an education/job training pathway for high school students for early childhood professionals by partnering with at least 4 high schools within the four-county area.

Promote Child Care Tax Credit Act to at least fifteen businesses in four-county area through five presentations.

Elevated & Early Care & Education (EEECE) team, United Way/Community and Family Partnership (UW/CFP) and Board of Directors, East Central District Health Department (ECDHD), hospitals in four-county area

EECE team

EECE team, Falls City School District

UW/CFP and Board of Directors, Department of Health and Human Services (DHHS), EECE team

**THESE STRATEGIES WILL POSITIVELY IMPACT ALL RESIDENTS, BUT DATA SHOWS THESE POPULATIONS ARE IN THE MOST NEED:**

Boone and Colfax County residents, lower-income residents, single parents, working-age adults and parents, residents living with mental health challenges, non-standard working hours (evening/night) shift workers



**Lower-income residents** in the service area will **significantly benefit** as they are less likely to be able to afford childcare and are more likely to be burdened by the cost.

## DESIRED OUTCOMES OF STRATEGIES



Access to affordable and available childcare



Children without childcare access



Increase education/job training opportunities for childcare providers

## OVERALL IMPACT OF STRATEGIES



Mental health



Employment opportunities



Poverty



Early childhood education

**ALL EAST CENTRAL DISTRICT RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# #4 PRIORITY AREA FOOD INSECURITY



IN OUR COMMUNITY



According to Feeding America, **8%** of East Central District residents (ranging from 8% in Colfax County to 13% in Nance County) and 10% of Nebraskans overall experience **food insecurity**.<sup>15</sup>



The rate of food insecurity is higher in East Central District **children (10%)**, while this rate is lower than for Nebraska children (**12%**). Nance County's child food insecurity rate is highest at 13%.<sup>15</sup>



When asked what resources were lacking in the community of East Central District survey, **32%** of respondents answered **affordable food**<sup>14</sup>, while **25%** of survey respondents ranked **access to healthy food** as a top health concern.



The percentage of students in East Central District who are **eligible for the National School Lunch Program (NSLP) Free & Reduced Price Meals** is **45%** on average, with the highest rate being **84%** for **St. Edward Public Schools** in 2023-24.<sup>16</sup>

STRATEGIES\*

## CHILDREN

Conduct research and education on all schools attaining free lunch programs in order to apply for grants and attain new grant funding regarding food access and security for 80% of qualified schools; work with all four East Central District counties.

## SENIORS

Address senior food insecurity by bringing four counties together to create a task force that will learn more about programs and strategies in the area.

## CHILDREN & SENIORS

Partner with 3-4 producers/farmers to increase collection of undistributed food and provide it to 700 individuals during June - October.

## ALL FOOD INSECURE INDIVIDUALS

Establish Central Food Hub to support protein and fresh produce to be distributed monthly to the district; start running a Mobile Food Truck that serves the Four County Area – 1x a month in each County; increase food rescue programs (i.e. Saving Grace) during June - October.

PARTNERS

Educational Service Unit 7 United Way/Community and Family Partnership (UW/CFP), Department of Education (Nebraska School Nutrition Association), schools, marketing, East Central District Health Department (ECDHD)

UW/CFP, Collective community group, Columbus Community Hospital, CHI Health Schuyler, Boone County Health Center, Genoa Medical Facilities, ECDHD, Northeast Nebraska Area Agency on Aging and Disability Resource Center, senior centers, food pantries, faith-based communities

Community Food Security Workgroup, UW/CFP, Farmers, community groups, Columbus Community Hospital, CHI Health Schuyler, Boone County Health Center, Genoa Medical Facilities, food pantries, senior centers, schools/education, ECDHD

ECDHD, Simon House, UW/CFP, Taste and See, grocery stores, farmers, schools, pantries, medical facilities – four-county area, Community Health Workers

POPULATIONS

**THESE STRATEGIES WILL POSITIVELY IMPACT ALL RESIDENTS, BUT DATA SHOWS THESE POPULATIONS ARE IN THE MOST NEED:**

Black residents, Hispanic/Latino/a residents, residents living in rural areas, lower-income residents, Nance County residents, single moms, seniors, youth, residents living with mental health challenges



**Residents living in rural areas** in the service area will **significantly benefit**, as they are more likely to face challenges with accessing healthy, affordable food due to distance and transportation issues.

OUTCOMES

## DESIRED OUTCOMES OF STRATEGIES



Access to affordable, healthy food



School lunch programs



Collection of undistributed food

## OVERALL IMPACT OF STRATEGIES



Mental health



Quality of life



Nutrition



Food insecurity



Chronic conditions

**ALL EAST CENTRAL DISTRICT RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# #5 PRIORITY AREA ACCESS TO HEALTHCARE

(e.g. doctors, hospitals, specialists, medical appointments, oral/dental healthcare, vision care, mental healthcare, etc. and includes preventive care and practices, maternal, infant & child health, chronic diseases [heart disease, stroke, hypertension, diabetes, cancer and respiratory problems])



According to the Health Resources and Service Administration, East Central District has **more access to primary care providers** relative to its population than Nebraska overall, while **less access to dental care providers**.<sup>17</sup>

**BOONE COUNTY\*\***  
728:1

**EAST CENTRAL\***  
1,165:1



**PLATTE COUNTY\*\***  
1,283:1

**NEBRASKA**  
1,302:1

**BOONE COUNTY**  
1,347:1

**NANCE COUNTY\*\***  
1,130:1

**EAST CENTRAL**  
1,983:1



**COLFAX COUNTY\*\***  
5,249:1

**PLATTE COUNTY**  
1,902:1

**NEBRASKA**  
1,243:1



**1 IN 5**

East Central District adults (19% vs. 21% for Nebraska) do not have a usual primary care provider.<sup>10</sup>



**1 IN 4**

East Central District adults (25%) did not have a routine checkup in the past year, vs. 27% for Nebraska (highest for Colfax County at 30%).<sup>10</sup>



- **1 in 4** East Central District women ages 50-74 **have not have a mammogram** in the past 2 years.<sup>11</sup>
- **1 in 3** East Central District adults ages 50-75 **do not meet colorectal screening guidelines**.<sup>11</sup>
- **1 in 5** East Central District women ages 21-65 **have not had a pap smear** in the past three years.<sup>11</sup>



The lack of local prenatal care providers and facilities was the most frequent issue related to maternal, infant, and child health raised in interviews.



East Central District has higher rates of heart disease, diabetes, and cancer than Nebraska overall.<sup>12</sup>

\*Based on Boone and Platte Counties only

\*\*All of Colfax County is a geographic primary care Health Professional Shortage Area (HPSA), Boone and Nance Counties are HPSAs for low-income residents. All of Colfax County is a geographic dental care HPSA and Nance County is an HPSA for low-income residents.

**LOW-INCOME POPULATION, MINORITY POPULATION, RURAL POPULATION, BUSINESSES, CHURCHES, HOSPITALS, URGENT CARES, EMERGENCY ROOMS, SCHOOLS**

**ALL**

Increase education to community on healthcare programs available for all by developing a social marketing and outreach plan involving CHC and hospital services; improve knowledge of services offered by 25% (measured through pre- and post-marketing surveys).

Increase access to dental/vision healthcare services for all by 10% through a screening program with area dentists/hygienists and optometrists measured by survey question sets for the screening patients.

Increase access to transportation for health care appointments for all by 15% through the creation of a community healthcare transportation plan.

Good Neighbor CHC will partner with hospitals in all 4 counties to place advertising of services on their websites/link to CHC website (bi-directional).

Columbus Community Hospital (CCH), Good Neighbor Community Health Center (CHC), hospitals, local clinics, community employers, schools, East Central District Health Department (ECDHD), local government, state government, grants, non-profits

CCH, Good Neighbor CHC, hospitals, schools, ECDHD

**THESE STRATEGIES WILL POSITIVELY IMPACT ALL RESIDENTS, BUT DATA SHOWS THESE POPULATIONS ARE IN THE MOST NEED:**

Residents who are under/uninsured, lower-income residents, residents living in rural areas, Black/African American residents, Hispanic/Latino/a residents, immigrants, non-English speakers, Colfax and Nance County residents, working-age adults and parents, women



**Immigrants and non-English speakers** in the service area will **significantly benefit**, as they are more likely to experience challenges with health literacy and to experience barriers to care.

**DESIRED OUTCOMES OF STRATEGIES**



Education and awareness of affordable healthcare services



Access to dental healthcare services



Access to transportation



Appropriate utilization of healthcare services

**OVERALL IMPACT OF STRATEGIES**



Health status



Quality of life



Prevention and management of chronic diseases



Emergency department visits and hospitalizations



Unmet care needs



Premature mortality and morbidity

**ALL EAST CENTRAL DISTRICT RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**



# CURRENT RESOURCES

## ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

### Education

Bible Baptist School  
Boone Central Public School District  
Boone County Libraries  
Boone and Nance 4-H  
Boys Town Day School  
Cedar Rapids School District  
Centennial Elementary School  
Central Community College  
Centro Hispano Comunitario De Nebraska  
Christ Lutheran School  
Clarkson Memorial Library  
Clarkson Public School District  
Columbus After School Programs  
Columbus Area United Way  
Columbus Christian School  
Columbus Public Library  
Columbus Public Schools  
Cooperative Extension: Colfax County  
Duncan Elementary School  
Education Service Unit (ESU) #7  
Emerson Elementary School  
Fullerton Public Schools  
Heather Elton  
Help Me Grow Nebraska  
Holy Family Schools  
Howells Community Catholic School  
Howells Public Library  
Howells-Dodge Public School District  
Humphrey Public Schools  
Humphrey St. Francis School  
Immanuel Lutheran School  
Jennifer Calahan  
Lakeview Community Schools  
Leigh Community School District  
Leigh Public Library  
Lindsay Attendance Center  
Lost Creek Elementary School  
Lynn Hans  
Nance County Early Head Start  
Nebraska Extension - Platte County  
Nebraska State University Extension Office  
NorthStar of Nebraska  
North Park Elementary  
Platte Center Elementary School  
Platte Valley Early Learning Connection  
Platte Valley Literacy Association  
Richland Public Schools  
Riverside Public Schools  
Rosa Valerio  
Schuyler Community School District  
Schuyler Community Schools Foundation, Inc.  
Schuyler Public Library  
Schuyler Public Library Foundation

Scotus Central Catholic High School  
Shady Nook Public School  
Shell Creek Public School  
South Akron Public School  
Scotus Central Catholic  
St. Anthony Catholic Elementary School  
St. Bonaventure Catholic Elementary School  
St. Edward Public School  
St. Isidore Catholic Elementary School  
St. John Neumann Elementary School  
St. John's Lutheran School  
St. Michael's Catholic School  
Sunrise Elementary School  
The Colfax Foundation, Inc.  
Terri Lewis  
Twin River Public Schools  
University of Nebraska Cooperative Extension – Boone and Nance Counties  
West Park Elementary

### Emergency & General Needs

2-1-1  
Auglaize Chapel Church of God  
Belgrade Volunteer Fire Department  
Boone County Ambulance Service  
Boone County Health Center  
Caring and Sharing Food Pantry  
Cedar Rapids Volunteer Fire Department  
Center for Survivors  
City Taxi  
Columbus Area Transit System  
Columbus/Platte County Convention & Visitors Bureau Columbus/Platte County  
Columbus Emergency Relief  
Columbus Fire Department  
Columbus Municipal  
Columbus United Way  
Creston Volunteer Fire Department  
Crisis Navigators  
Duncan Fire Department  
Emergency Management Agencies  
Fabulous Forever  
Fullerton Volunteer Fire Department  
Genoa Volunteer Fire Department  
Grover Hill Food Pantry  
Goodwill Industries  
Howells Volunteer Fire Department  
Leigh Volunteer Fire Department  
Lindsay Volunteer Fire Department  
Monroe Volunteer Fire & Rescue Department  
Nebraska Family Helpline  
Platte County Ambulance  
Ponca Tribe of Nebraska

Rainbow Ministries  
Region 4 Assistance Programs  
Rural Metro of Columbus  
Salvation Army Thrift Store  
Schuyler Volunteer Fire Department  
Simon House  
Starlink  
Twice is Nice

### Housing and Homelessness

Arbor Care Centers-Fullerton, LLC  
Brookstone Acres  
Central Nebraska Community Action Partnership  
Clarkson Community Care Center  
Columbus Emergency Relief  
Columbus Housing Authority  
Columbus Rescue Mission  
Cottonwood Senior Living  
Edgewood Columbus Senior Living  
Emerald Nursing & Rehab Columbus  
Good Samaritan Society - Estates  
Habitat for Humanity of Columbus  
Hoffmeister Homes Administrator  
House of Ruth - Center for Child & Family Advocacy  
Looking Glass Estates Administrator  
Meridian Gardens Assisted Living  
Mid-Nebraska Lutheran Home & Newman House  
NeighborWorks Northeast Nebraska  
Prairie Village Retirement Center  
Regional Coordinated Entry Point of Access  
Region V Services Columbus  
Valley View Assisted Living Community Administrator

### Crime and Violence

Albion Police Department  
Boone County Sheriff's Department  
Center for Survivors  
Clarkson Police Department  
Colfax County Clerk of the District Court  
Colfax County Sheriff's Department  
Colfax County Victim Assistance  
Columbus Area United Way  
Columbus Police Department  
Howells Police Department  
Leigh Police Department  
Nance County District Court

# CURRENT RESOURCES

## ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

### Crime and Violence

Nance County Sheriff's Office  
Nebraska State Patrol  
Nebraska Child Abuse Hotline  
Platte County District Court  
Platte County Victim Assistance  
Platte County Probation Office District 5  
Platte County Sheriff's Office  
Schuyler Police Department  
St. Edward Police Department

### Employment/Job Training

Central Community College  
Career and Employment Services  
Columbus Workforce Development  
Equus Workforce Solutions  
Proteus  
Region V Services Columbus  
Vantage Career Center

### Food Security

Beaver Valley Senior Citizen's Center  
Boone County Food Pantry  
Caring and Sharing Food Pantry  
Central Community College Food and Hygiene  
Pantry - Columbus Campus  
Central Nebraska  
Community Action Partnership  
Colfax County Seniors Center  
Columbus Community Hospital  
Cooperative Extension - Colfax County  
Fullerton Area Senior Center  
Genoa Food Pantry  
Holiday Spirit Co-op  
Newman Grove Senior Citizens  
Pawnee Senior Center  
Pioneer Christian  
Platte County Food Pantry  
Salvation Army  
Senior Center - Columbus  
St. Paul Lutheran Church  
The Gathering Place Church  
University of Nebraska Cooperative Extension  
- Boone and Nance Counties  
University of Nebraska Cooperative Extension  
- Platte County  
West Nebraska Food Bank  
WIC (Women, Infants, and Children)

### Healthcare

Alegent Health Cardiology Outreach  
Beverly Healthcare - Columbus & Schuyler  
Birthright of Columbus  
Boone County Health Center  
Boone County Medical Clinic  
Columbus Children's Healthcare Pediatric  
Clinic  
Central Nebraska Community Action  
Partnership  
CHI Health Schuyler  
Colonial Manor Clarkson  
Columbus Cancer Care Foundation  
Columbus Care and Rehabilitation  
Columbus Community Hospital  
Columbus Family Practice Associates  
Columbus Otolaryngology  
Columbus Surgery Center, LLC  
Columbus Urgent Care  
Columbus Visiting Physicians Clinic  
Country Clinics Primary Care  
Creighton Cardiac Center  
Creighton Internal Medicine at Columbus  
Dialysis Center of Columbus  
East Central District Health Department  
Ear, Nose and Throat Head and Neck Surgery  
Genoa Medical Facilities  
Good Neighbor Community Health Center  
Good Neighbor Community  
Reproductive Health Clinic  
Heibel Dermatology Clinic  
Hematology and Oncology Consultants  
Home Health & Hospice - Private  
Duty of Columbus Community Hospital  
Hospice of Columbus Community Hospital  
Howells Family Practice Rural Health Clinic  
Kelly Family Dentistry  
Lone Tree Medical Associates  
Midwest Allergy and Asthma Clinic  
Midwest Urology Associates  
Midwest Radiation Oncology  
Nebraska Early Intervention  
Nebraska Hand and Shoulder Institute  
Newman Grove Medical Clinic  
North Central Radiology  
Orthopedics and Sports Medicine  
Park Street Medical Clinic  
Platte-Colfax Community & Family Partnership  
The Urology Center

### Mental Health and Substance Use

Alcoholics Anonymous  
Arthritis Support Group  
Behavioral Health Specialist, Inc. –  
Columbus Satellite Clinic  
Beverly Ann Starman  
Birthright - Columbus  
Boone County Health Center  
Catholic Charities  
Charla Lambert  
Colgrove Counseling Center, LLC  
Columbus Clinic  
Columbus Rescue Mission  
Crisis Text Line  
Dr. Brian Kluck, PhD  
Douglas Draeger  
East Central District Health Department  
Educational Service Unit (ESU) #7  
Good Life Counseling & Support, LLC –  
Columbus  
Good Neighbor Community Health  
Center  
Good Neighbor Community  
Reproductive Health Clinic  
Help Me Grow Nebraska  
Jolaine Edwards  
Larry Wilson  
Lutheran Family Services  
Mary Phillips  
Narcotics Anonymous  
National Suicide Prevention Lifeline  
Nebraska Tobacco Quitline  
Ring Counseling Services  
Seekers of Serenity Place  
Sunrise Place  
Youth & Families for Christ

# CURRENT RESOURCES

## ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

### Social Services

Albion Senior Center  
Alzheimer's Association  
American Red Cross  
Approved Home Health  
Assistive Technology Partnership  
Boone County Health Center  
Cedar Rapids Senior Center  
Central Nebraska Community Services  
Christ Lutheran Church  
Church of Christ  
Church of Jesus Christ of Latter Day Saints  
Church of the Nazarene Columbus Hispanos Iglesia del Nazareno  
Columbus Area United Way  
Columbus Even Start  
City of Schuyler  
City of Schuyler Handi Bus Colfax County Senior Citizen Center  
Colfax County Seniors  
Colonial Manor Clarkson  
Columbus Area Future Fund  
Columbus Area Transit  
Columbus Area United Way  
Crisis Navigators  
First Baptist Church  
First United Methodist Church  
Grace Episcopal Church  
Grace Lutheran Church  
Health and Human Services

House of Ruth - Center for Child & Kiddie Cab  
Immanuel Lutheran Church  
Mosaic  
Nebraska Department of Health and Human Services  
Newman Grove Senior Citizens  
North Park Baptist Church  
NorthStar Services  
Palestine Baptist Church  
Pawnee Senior Center  
Peace Lutheran Church  
Region V Services Columbus  
Senior Center: Columbus  
St. Anthony Catholic Church  
St. Bonaventure Church  
St. Isidore's Catholic Church  
St. John's Lutheran Church  
The Arc of Platte County  
Trinity Lutheran Church  
Versatile Support Services, Inc.  
Word of Life Church  
Zion Lutheran Church

### Legal Assistance

ACLU (American Civil Liberties Union) Nebraska  
Center for Survivors  
Centro Hispano Comunitario De Nebraska  
Colfax County Victim Assistance  
Immigrant Legal Center  
Legal Aid of Nebraska



## STEPS 5-8

# INTEGRATE, DEVELOP, ADOPT, AND SUSTAIN IMPLEMENTATION STRATEGY/ IMPROVEMENT PLAN (CHIP)



### IN THIS STEP, EAST CENTRAL DISTRICT PARTNERS WILL:

- INTEGRATE IMPLEMENTATION STRATEGY/CHIP WITH COMMUNITY PARTNERS AND HOSPITAL AND HEALTH DEPARTMENT PLANS
- ADOPT THE IMPLEMENTATION STRATEGY/CHIP
- UPDATE AND SUSTAIN THE IMPLEMENTATION STRATEGY/CHIP







# EAST CENTRAL DISTRICT PARTNERS NEXT STEPS

The Community Health Needs Assessment (CHNA) and this resulting Implementation Strategy/Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This Implementation Strategy/CHIP explains how East Central District Partners plan to address the selected priority health needs identified by the CHNA.

This East Central District Implementation Strategy/CHIP report was adopted in September 2024.

The report (and adapted county-level reports) is widely available to the public on the health department and hospital websites:

- Boone County Health Center: <https://boonecohealth.org/patient-resources/general-information-3/>
- CHI Schuyler Health: <https://www.chihealth.com/about-us/mission-values/community-health-needs-assessments>
- Columbus Community Hospital: <https://www.columbushosp.org/for-the-community/community-health-needs-assessment>
- East Central District Health Department: <https://ecdhd.ne.gov/resources/health-department-reports.html>
- Genoa Medical Facilities: <https://www.genoamedical.org/>

Written comments on this report are welcomed and can be made by emailing:

- Boone County Health Center: [cpoore@boonecohealth.org](mailto:cpoore@boonecohealth.org)
- CHI Schuyler Health: [connie.peters@chihealth.com](mailto:connie.peters@chihealth.com)
- Columbus Community Hospital: [aeblasser@columbushosp.org](mailto:aeblasser@columbushosp.org)
- East Central District Health Department: [tfordwolfgram@ecdhd.ne.gov](mailto:tfordwolfgram@ecdhd.ne.gov)
- Genoa Medical Facilities: [aroebuck@genoamedical.org](mailto:aroebuck@genoamedical.org)

## **EVALUATION OF IMPACT**

East Central District Partners will monitor and evaluate the programs and actions outlined above. We anticipate the actions taken to address significant health needs will improve health knowledge, behaviors, and status, increase access to care, and overall help support good health. East Central District Partners are committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of East Central District Partners' actions to address these significant health needs will be reported in the next scheduled CHNA.

## **ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED**

Since East Central District Partners cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our region given our areas of focus and expertise. Taking existing organization and community resources into consideration, East Central District will not directly address the remaining health needs identified in the CHNA, including but not limited to income/poverty and employment, crime and violence, education, transportation, nutrition and physical health, tobacco and nicotine use, environmental conditions, internet access, injuries, and HIV/AIDS and STIs. We will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that the health department and hospitals cannot independently lead in order to address the other health needs identified in the 2024 CHNA.

# APPENDIX A **INTERNAL REVENUE SERVICE (IRS) REQUIREMENTS CHECKLIST: IMPLEMENTATION STRATEGY**

## **MEETING THE IRS REQUIREMENTS FOR THE IMPLEMENTATION STRATEGY**

The Internal Revenue Service (IRS) requirements for an Implementation Strategy serve as the official guidance for IRS compliance. The following pages demonstrate how this Implementation Strategy/ Improvement Plan meets those IRS requirements.

# APPENDIX A:

## IRS IMPLEMENTATION STRATEGY REQUIREMENTS CHECKLIST



### INTERNAL REVENUE SERVICE REQUIREMENTS FOR IMPLEMENTATION STRATEGIES

YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	18-22	<p>(2) Description of how the hospital facility plans to address the health needs selected, including:</p> <ul style="list-style-type: none"> <li>i. Actions the hospital facility intends to take and the anticipated impact of these actions;</li> <li>ii. Resources the hospital facility plans to commit; and</li> <li>iii. Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need.</li> </ul>	<p>(c)(2)</p> <p>(c)(2)(i)</p> <p>(c)(2)(ii)</p> <p>(c)(2)(iii)</p>	
✓	27	<p>(3) Description of why a hospital facility is not addressing a significant health need identified in the CHNA.</p> <p><i>Note: A “brief explanation” is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.</i></p>	(c)(3)	
✓	Throughout report	<p>(4) For those hospital facilities that adopted a joint CHNA report, a joint IS may be adopted that meets the requirements above. In addition, the joint IS must:</p> <ul style="list-style-type: none"> <li>i. Be clearly identified as applying to the hospital facility;</li> <li>ii. Clearly identify the hospital facility’s role and responsibilities in taking the actions described in the IS and the resources the hospital facility plans to commit to such actions; and</li> <li>iii. Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.</li> </ul>	<p>(c)(4)</p> <p>(c)(4)(i)</p> <p>(c)(4)(ii)</p> <p>(c)(4)(iii)</p>	Strategies that hospitals are collaborating on are indicated throughout the report.
✓	3, 27	<p>(5) An authorized body adopts the IS on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.</p> <p><b>Exceptions (if applicable):</b></p> <p><b>Transition Rule (if applicable):</b></p>	(c)(5)	



# APPENDIX A **PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: IMPROVEMENT PLAN (CHIP)**

## **MEETING THE PHAB REQUIREMENTS FOR THE CHIP**

The Public Health Accreditation Board (PHAB) Standards & Measures serve as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) and CHIPs for local health departments. The following page demonstrates how this CHIP meets the PHAB requirements.

# APPENDIX B:

## PHAB COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) REQUIREMENTS CHECKLIST



PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS FOR CHIPs			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<b>MEASURE 5.2.1 A: Engage partners and members of the community in a community health improvement process.</b> 1. A collaborative process for developing the community health improvement plan (CHIP), which includes: <ul style="list-style-type: none"> <li>a. A list of participating partners involved in the CHIP process. Participation must include: i. At least 2 organizations representing sectors other than public health. ii. At least 2 community members or organizations that represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes.</li> <li>b. Review of information from the community health assessment.</li> <li>c. Review of the causes of disproportionate health risks or health outcomes of specific populations.</li> <li>d. Process used by participants to select priorities.</li> </ul>	
✓	7-8, 12-16, 18-22		
✓	18-22		
✓	12-16		
		The CHIP process must address the jurisdiction as described in the description of Standard 5.2.	
✓	18-22	<b>MEASURE 5.2.2 A: Adopt a community health improvement plan.</b> 1. A community health improvement plan (CHIP), which includes all of the following: <ul style="list-style-type: none"> <li>a. At least two health priorities.</li> <li>b. Measurable objective(s) for each priority.</li> <li>c. Improvement strategy(ies) or activity(ies) for each priority. i. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it. ii. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities.</li> <li>d. Identification of the assets or resources that will be used to address at least one of the specific priority areas.</li> <li>e. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities.</li> </ul>	
✓	18-22		
✓	18-22		
✓	23-25		
✓	27		
		The CHIP must address the jurisdiction as described in the description of Standard 5.2.	
			A detailed work plan (living document) has been developed that includes strategies, SMART objectives, annual activities, indicators, partners, and priority populations.

# APPENDIX B:

## PHAB COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) REQUIREMENTS CHECKLIST (CONT.)



PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS FOR CHIPS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
<div>✓</div> <div>✓</div> <div>✓</div>	N/A	<b>MEASURE 5.2.3 A: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.</b> <ol style="list-style-type: none"> <li>Community health improvement plan (CHIP) activity or strategy implemented.</li> <li>Annual review of progress made in implementing all strategies and activities in the community health improvement plan (CHIP).</li> <li>Revisions to the community health improvement plan (CHIP) based on the review in Required Documentation 2 (above).</li> </ol>	A description of how the previous CHIP was implemented is provided in the 2024 East Central District Community Health Needs Assessment (CHNA). The 2024-2026 CHIP will be evaluated and examples of implementation will be provided to PHAB. Any revisions will be noted.
<div>✓</div> <div>✓</div>	18-22	<b>MEASURE 5.2.4 A: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.</b> <ol style="list-style-type: none"> <li>A policy or procedure that demonstrates how health equity is incorporated as a goal into the development of programs that serve the community.</li> <li>Implementation of one strategy, in collaboration with stakeholders, partners, or the community, to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or inequities. The documentation must define the health department's role in the strategy as well as the roles of stakeholders, partners, or the community.</li> </ol>	All CHIP strategies are specifically tied to health equity and indicate which priority population(s) the strategy will focus on and the social determinants of health and barriers that will be addressed.

# APPENDIX B REFERENCES



# APPENDIX H:

## REFERENCES

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8. Nebraska Public Information Warehouse, Mortality, 2022, <https://publicapps.odh.neb.gov/EDW/DataCatalog/>
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17. Health Resources & Services Administration, HPSA Find Tool, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>



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