

Priorities	Strategic Goals	Strategies	Activities	Progress		
1. Obesity	O-1. Community Partnerships: Increase the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP)	A. Expand Obesity Prevention Coalition to include representation from a range of health providers, organizations providing services for underserved populations, parent support organization, businesses (e.g., Chambers of Commerce, grocers, restaurants), insurance brokers, athletic trainers, colleges, schools and school boards, PTOs, educational service unit, child care facilities, Veteran's Services, faith- and community-based organizations, health/wellness organizations, city and county government decision-makers, food banks/pantries, and others needed to support the strategies in this plan				
			O-2. Community Context: Increase opportunities for active living and healthful diets in our local communities	A. Promote community planning that includes a focus on health	A-1. Support development of comprehensive community plans that promote active living and safe environments including coordination between planning, transportation, health and parks departments to enhance the build environment (e.g., trail systems, parks, green space and sidewalks in new housing developments, safe non-vehicular routes to community points of interest)	
					A-2. Advocate for policies and actions that create safer environments to be active (e.g., improved sidewalks/bike lanes, Safe Routes to School, Complete Streets policies)	
			A-3. Identify resources to support community planning (e.g., Safe Routes to School, NE Department of Roads)			
		B. Support the creation, improvement and promotion of community-based facilities and events that provide opportunities for physical activity and healthful diets (community centers, parks, fitness centers, farmer's markets, community gardens, grocery stores)	B-1. Identify, promote and secure resources (e.g., community foundations, Farm Service Agency, hospitals)			
			B-2. Identify and promote partnerships and model policies (e.g., school/community agreements for facility and equipment use)			
	O-3. School Context: Increase opportunities for active living and healthful diets in our local schools and childcare centers	A. Identify and implement school-based programs and policies that promote physical activity and healthful diets				
			B. Research school and childcare center practices related to nutritional offerings and physical activities not linked to organized			

Key:
Implementing
In Progress
Not Started

NOTE:
Dashboard of Community-Wide Efforts



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		sports (e.g., food reward policies, vending machine offerings, time allotted to physical activity by grade) and promote best practices and implementation of model policies		Implementing
		C. In partnership with school staff, monitor physical activity and nutrition indicators in children in educational settings, then use these data to educate students and parents and to support policy adoption		In Progress
	O-4. Worksite Context: Increase opportunities for physical activity and nutrition at worksites	A. Promote adoption of successful models for worksite-based wellness	A-1. Determine baseline and expand number of worksites doing health risk assessments and using these to promote policy, system and environment changes	In Progress
A-2. Determine baseline and increase number of worksites with model worksite wellness polices (including breastfeeding model policies)			In Progress	
B. Engage small businesses and self-employed populations into discussions about wellness initiatives (e.g., healthy meeting guidelines)		In Progress		
	O-5. Empowered People: Empower the general public, referral agents, and communities to connect with and recruit needed resources and share reliable health information	A. Use evidence-based small media/group education to reach target populations with accurate and consistent messaging that raises awareness and promotes physical activity and healthful diets through community partners and events	A-1. Provide educational, activity and screening opportunities to target populations: health fairs, nutrition classes and instruction on where food comes from, fitness and nutrition events for children and youth, for seniors, for parents and for underserved populations	Implementing
A-2. Engage local grocery stores in activities that promote healthy diets (partnerships between hospitals and grocers: store tours, cooking demos, dieticians on-site, cost information for healthy foods, Go Local to promote local produce, etc.)			Implementing	
A-3. Explore role of health providers in empowering patients (to include wellness screening as part of physical exams, to provide wellness coaching, and to "prescribe" healthful diets and physical activity, and to offer informational videos in waiting rooms			In Progress	
A-4. Encourage food banks/pantries to request healthful food donations, offer			Implementing	

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			request heartful food donations, offer vouchers for fresh fruits and veggies, and provide healthful recipes		Implementing
2. Cancer	C-1. Community Partnerships: Increase the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP)	A. Expand the local Colon Cancer Coalition to encompass all cancers and increase the number of local community members involved in the Cancer Coalition (cancer providers, survivors, representatives from organizations providing services for populations with low incomes, and representatives from organizations serving as community connections and communication channels for traditionally underserved populations)			In Progress
		B. Increase # of organizations providing services and resources for populations with low incomes			In Progress
		C. Increase # of organizations serving as community connections and communication channels for traditionally underserved populations			In Progress
	C-2. Prevention & Screening: Increase the number of community members who actively participate in recommended prevention/screening activities	A. Use evidence-based small media/group education to reach target populations with accurate and consistent messaging about cancer prevention/screening through community partners and events	A-1. Radon awareness and low cost testing		Implementing
			A-2. Colorectal cancer education and FOBT kit distribution		Implementing
			A-3. Tobacco free activities		In Progress
			A-4. Breast cancer and breast cancer screening education - EWM project		Implementing
			A-5. Nutrition/physical activity initiatives		Implementing
			A-6. Identify/recruit local prevention champions for each cancer type (providers and/or survivors)		In Progress
			A-7. Deliver easy-to-understand explanations about cancer screenings and other preventive health benefits under the Affordable Care Act		In Progress
			A-8. Support health literacy initiatives		Implementing
		B. Develop local community health worker program/system as a link between providers of cancer prevention/screening services and target populations			In Progress
C. Pursue funding or appropriate partnerships to provide recommended cancer screening services for those not covered by EWM, including those with high deductibles			In Progress		

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	C-3. Survivorship: Increase the duration and quality of life for cancer survivors in our communities	A. Assist seniors in accessing healthcare and related support services for cancer care (e.g., managed care plan assistance, partner development and referral, MAA programs)		
		B. Partner to increase the number of local program offerings that provide support for survivors (e.g., A Time to Health, Reach to Recovery, ACS Transportation Program, YMCA's LiveStrong nutrition and physical activity, Living Well chronic disease management training, MLH survivorship care planning, ACS Library, etc.)		In Progress
	C-4. Empowered People: Enhance the ability of the general public and referral agents to connect with needed resources related to cancer prevention and health	A. Partner in the development of a database system/search engine of local information for public and referring organizations and include links with regional, state and national cancer resources (e.g., VNA Financial Assistance Program, ACS, Komen Nebraska) and investigate Apps for access via mobile phones		In Progress
		B. Collaborate with the local library system to enhance available healthy living resources and serve as a channel for educational healthy living programming and cancer resources (e.g., Cancer Corners program through Nebraska Cancer Coalition) and use librarians as information brokers (e.g., Hastings Public Library, Republican Valley Library Association, school librarians, school computers, Bookmobile to nursing homes)		
Mental Health	MH-1. Screening Across the Lifespan	A. Promote screening for behavioral health, depression, substance abuse, and suicide		Implementing
		B. Increase venues where screening is available; provide Screening, Brief Intervention, Referral for Treatment (SBIRT) education/training to primary care providers and others		In Progress
		C. Target at risk populations (youth, college age, pregnant and postpartum women, veterans, seniors) and general adult population		Implementing
		D. Provide education, awareness, and promotion of screening across the lifespan		Implementing
	MH-2. Integrated Care	A. Support HRSA-funded Integrated Care Project	A-1. Pilot Integrated Care model in rural clinic settings	In Progress
A-2. Facilitate implementation of policies that reduce billing/payer barriers and elevate mental health services on par			In Progress	

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			with primary care	
			A-3. Pursue and secure funding for integrated care implementation	
		B. Provide education, awareness, and promotion of integrated care		
	MH-3. Resource Network/Database	A. Partner in the development or identification of a database system or search engine for local information and include links with state and national online resources when applicable, i.e., NE DHHS. Tools: Community Resource Guide on SHDHD website, Network of Care for Behavioral Health, Network of Care for Public Health		
		B. Prioritize areas of data collection and resources; organize into a database system or add to existing publically accessible database system		
		C. Provide resource network training to partners, referral organizations, community based behavioral health and health care services		
		D. Provide education, awareness and promotion of resource network and mental health data		
	MH-4. Mental Health First Aid	A. Provide mental health education (include screening assessment and medication management as appropriate) and mental health first aid training to school and college counselors, home health, nursing home and assisted living staff		
		B. Provide education, awareness, and promotion of mental health first aid		
	MH-5. Education, Awareness, Promotion (also a component of the other strategies)	A. Support local activities that decrease stigma and increase awareness of mental health as a critical component of overall community wellness	A-1. Mental Health Awareness dinner (MLH), presentations at senior centers (MAAA as partners), Active Minds, ASAAP Quarterly Breakfasts, Suicide Prevention Coalition / QPR Trainings, community presentations about mental health issues, including traumatic brain injury and substance abuse causes, symptoms, impact, value of screening, etc	
		B. Partner for public education and messaging in all variety of media describing local healthy living resources and how best to access them cost effectively	B-1. Mental health and substance abuse services	
			B-2. Appropriate use of hospital emergency rooms	

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			B-3. Substance abuse, risk factors, disorder, community services	In Progress
		C. Promote mental health and screenings	C-1. Include with healthy habits at health fairs, combined multi-agency events, and worksite wellness activities	In Progress
			C-2. Build on Head Start ASQSE assessments to reach families and replicate models to other health/support programs serving young families (e.g., WIC)	Not Started
			C-3. Develop/Implement family-focused mental health programs building on Healthy Beginnings, Good Beginnings and parenting education programs	Not Started
			C-4. Youth sports camps and other extracurricular activities	Not Started
		D. Promote recovery support programs and prevention programs/services	D-1. NAMI peer support, community support, support groups, VA-sponsored, Vocational Rehab, etc	In Progress
			D-2. Active Minds, Girls in Action, Tigers on the Run, Youth Mentorship programs (Teammates, Big Brothers/Big Sisters), crisis response systems, stress management	In Progress
Substance Abuse	SA-1. Community Partnerships: Increase community-based public awareness/education activities about substance use that lead to informed policymaking	A. Increase the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP)	A-1. Broaden ASAAP, County Substance Abuse Coalition, and Community & College Task Force memberships and partnerships to include judicial officers, businesses (including retailers), faith-based community members, youth mentoring programs, PTOs, Booster Clubs, school boards, worksites/employers, Latino population, and others needed to support the strategies in this plan	In Progress
			A-2. Support efforts of College/Community Task Force, County Substance Abuse Coalitions, and other community-based substance abuse prevention organizations	In Progress
			B. Conduct community forums about critical issues (e.g., Life of an Athlete/Pure Performance, community impact of legalization of marijuana in CO, parent and adult behavior modeling, bullying, distracted driving)	Implementing
			C. Use evidence-based small media/group	In Progress

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		education to reach target populations with accurate and consistent messaging that raises awareness on facts and perceptions on local substance use and prepares ground for policy change		In Progress
		D. Engage community decision-makers to consider environmental changes and development of policies that promote prevention and healthy choices (e.g., healthy beverage choices for fundraisers and community events, tobacco/substance free parks, school-based codes of conduct for participation in activities)		In Progress
		E. Expand pharmaceutical take back program	E-1. Recruit additional partners and venues for National Drug Take Back events (e.g., senior centers, nursing homes, local law enforcement, pharmacies, primary care clinics)	In Progress
			E-2. Work with partners to investigate opportunities for more frequent or on-going drug take back	In Progress
	SA-2. Empowered People: Increase evidence-based substance abuse prevention and early intervention activities for youth and college-age students and young adults	A. Increase community partners involved in prevention and early intervention activities (e.g., Early Head Start, WIC, Healthy Beginnings/Good Beginnings) and support youth activities and mentoring programs that encourage prevention (TeamMates, Big Brothers/Big Sisters, The Zone, S.T.A.R.S., Girls in Action, Tigers on the Run, CASA, etc.)		In Progress
		B. Expand evidence-based substance abuse programming in elementary and high schools (e.g., ASAAP prevention classes, Pure Performance, Coordinated School Health)		Implementing
		C. Educate and engage parents (e.g., "I Pledge No" Campaign, Safe Homes, Peer Leadership program, coordinated school health, positive community norms campaigns)		In Progress
		D. Initiate positive community norms campaign targeted to college communities and general public		In Progress
	SA-3. Increase access to substance abuse screening, treatment and prevention services	A. Investigate need and potential for expanded treatment services for juveniles		In Progress

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	Prevention Services	<p>B. Increase community-based services in rural communities through training, funding and partnership opportunities (e.g., integrated behavioral health and primary care initiative), and technology supports (e.g., telehealth)</p> <p>C. Promote trauma-informed care in provider and service organizations</p> <p>D. Provide Screening, Brief Intervention, Referral for Treatment (SBIRT) training to area hospital/primary care clinic staff and providers</p>		
Access to Health Care	AC-1. Community Partnerships: Expand the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP)	<p>A. Increase the number of local providers that are addressing access to care issues</p> <p>B. Increase the number of organizations providing services and resources for populations with low incomes</p> <p>C. Increase # of organizations serving as community connections and communication channels for traditionally underserved populations</p> <p>D. Increase # of local businesses who contribute to the CHIP through worksite wellness, health policies, and health insurance options</p>	<p>B-1. Outreach, educational programming and Q&A support groups (English/Spanish), health system navigation, sliding fee scales, Medicaid providers</p> <p>B-2. Potential partners: homeless shelters, faith-based organizations, DHHS (ADC)</p> <p>C-1. Potential partners: Latina Leadership group, MulticulturalHastings.org, Head Start, Project Homeless Connect</p>	
	AC-2. Preventive Services: Increase the ability of all residents to secure and utilize preventive services	<p>A. Establish measurement tools and methods to track establishment and use of “medical homes” by community residents (e.g., BFRSS question?)</p> <p>B. Support local efforts to develop community health facilities that follow the Medical Home model (personal physician, expanded access, whole person orientation, coordinated/integrated care across all elements of health care system and the patient’s community, etc.)</p> <p>C. Encourage local healthcare providers to offer extended hours for appointments or adjust hours to accommodate working families</p> <p>D. Increase access to care through worksites</p>	<p>D-1. Encourage more local businesses to provide flex-time or time off to accommodate health appointments</p>	

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			D-2. Increase # of local businesses that provide comprehensive education to their employees about the health services offered under company insurance plans. Include business/community partnerships	
		E. Increase # of organizations providing services, communications channels or community connections for populations with low incomes or who are otherwise traditionally underserved (to include undocumented residents)	E-1. Deliver easy to understand explanations to clients/members about health services they are entitled to receive under the Affordable Care Act	
			E-2. Assist clients/members in connecting with covered services. (MLH-sliding fee scale, care coordinators at homeless shelters, insurance navigators)	
		F. Support access to care for smaller communities through development and maintenance of satellite clinics and/or provide transportation or telemedicine		
		G. Continue to work with partners across central Nebraska to support the development of a Federally Qualified Health Center in the region to include oral health, behavioral health, and primary care services		
	AC-3. Technology Enhancement: Increase the number of local providers using technology to improve access to care	A. Support provider efforts to adopt electronic health records systems		
		B. Assist providers to adopt and use telehealth technology to link patients with specialists where appropriate	B-1. Identify funding and training B-2. Identify additional opportunities for Hospital outreach through telemedicine clinics (current initiatives: Endocrinology, Obesity, Mental Health, etc.)	
		C. Upgrade technology in rural hospitals and clinics	C-1. Explore funding resources (Helmsley Trust, etc.)	
	AC-4. Empowered People: Empower the general public, referral agents, and communities to connect with and recruit needed resources and reliable health information	A. Partner in the development of a database system/search engine of local information for public and referring organizations and include links with state and national online resources (e.g., NeDHHS)	A-1. Explore partners/tools: Economic Development, SHDHD's Community Resource Guide (on SHDHD website), Network of Care website for public health resources, Hastings Public Library, hospitals, United Way model A-2. Collaborate with the local library system to enhance available healthy living resources and serve as a channel	

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			for educational healthy living programming	In Progress
		B. Provide consistent public education messaging through program partners and in all varieties of media describing local healthy living resources (including dental health, mental health and substance abuse services) and how best to access them cost-effectively (include education about appropriate use of hospital emergency rooms, dental health and substance abuse)		In Progress
		C. Implement a Health Literacy Initiative across the district		In Progress
		D. Increase the base of trained/certified community health workers providing peer to peer education, navigation of healthcare services, and connection to community resources	D-1. Participate in Statewide initiative to develop CHW program	Implementing
			D-2. Explore/define roles for nurse navigators, insurance navigators	In Progress
		E. Assist target populations, including traditionally underserved and seniors, in accessing healthcare and related support services	E-1. Support/Enhance/Develop community transportation programs that provide health and wellness transportation services	Not Started
			E-2. Provide information/referral on Affordable Care Act, managed care plans and insurance navigation (Potential partner: Mid-Nebraska Community Action)	Implementing
		F. Develop and recruit health and allied health professionals and EMS to meet community needs	F-1. Support local education programs to grow the base of CNAs and certified medical interpreters (explore AHEC scholarships; BMH Scholarships through local high schools and employee scholarship programs; partner w/ CCC)	Not Started
			F-2. Partner in economic development efforts to strengthen local health-related internship opportunities, and recruit needed healthcare providers to the community (including dental health, mental health and substance abuse treatment professionals)	In Progress

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