

2023

Community

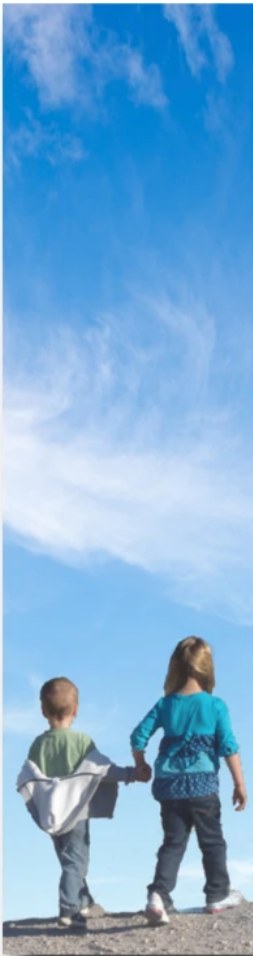
Health Needs

Assessment

of

Sidney Regional Medical Center

live, learn, work, and play



For a Healthier Panhandle

PREPARED BY

Megan Barhafer, Community Health Planner

Emmanuel Osemota, Epidemiologist

Kelsy Sasse, Community Health Planner Panhandle Public Health District

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

Sidney Regional Medical Center

Panhandle Partnership

Panhandle Area Development District

Nebraska Department of Health and Human Services

FOR MORE INFORMATION

www.pphd.ne.gov 



November 27, 2023

To our valued community members:

On behalf of the Sidney Regional Medical Center (SRMC) staff and employees, I would like to share our appreciation for the opportunity to care for you, your family, and your friends.

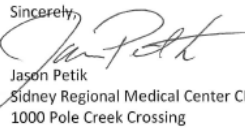
Sidney Regional Medical Center is a Critical Access Hospital that offers a wide variety of services, including a 25-bed Acute Care, Critical Care, 24-hour, provider-covered Emergency Room, Physicians Clinic, Walk-In Clinic, surgical services, Long-Term Care, Sloan Estates Assisted Living, and much more. SRMC and its partners provide many services not traditionally found within a rural community. SRMC continues to improve and expand to better serve the needs of Cheyenne County and the surrounding areas. Our new facility was finished in 2015, and we continue to expand our service line and provide more service!

Our vision at SRMC is to be the healthcare system of choice. We accomplish this vision by providing a growing list of care options that best address the evolving healthcare needs for those in our region. Through collaboration with other healthcare systems and regional resources, we are improving the overall health of our communities in a way that benefits everyone through all stages of life.

As a Critical Access Hospital located in a rural area, SRMC strives to provide care that supports our patients' desire to receive high-quality health care close to home.

To support our mission and vision, as a nonprofit hospital, we have dedicated resources that are designed to manage the requirements enacted by the 2010 Patient Protection and Affordable Care Act and the Community Health Needs Assessment (CHNA). A CHNA is essentially a review of current health activities, resources, initiatives, gaps, and limitations to identify areas of improvement needed in our community.

An assessment is completed every three years, and a plan is created to address the most important identified initiatives learned from the assessment. We are pleased to present you with the results of our 2024 CHNA and the Community Health Improvement Plan (CHIP). We invite your feedback and comments as your input will help guide and affect our next CHNA, which will be undertaken again in three years.

Sincerely,


Jason Petik
Sidney Regional Medical Center CEO
1000 Pole Creek Crossing
Sidney, NE 69162
308-254-5825

308.254.5825 · SidneyRMC.com

INTRODUCTION

Panhandle Public Health District (PPHD) is accredited by the Public Health Accreditation Board (PHAB), which requires the health department to conduct a comprehensive Nebraska Panhandle Community Health Assessment (CHA) every five years. However, Internal Revenue Service (IRS) regulations require tax-exempt hospitals to conduct a CHA every three years. In 2014, PPHD made the decision to collaborate with hospitals on the CHA process by syncing the health department process with the hospital process, meaning that PPHD completes a CHA every three years, in tandem with area hospitals. Thus, PPHD now facilitates a joint CHA and planning process with the eight hospitals in the Nebraska Panhandle and one in Perkins County, all of which are members of the Rural Nebraska Healthcare Network (RNHN).

The purpose of the CHA process is to describe the current health status of the community, identify and prioritize health issues, better understand the range of factors that can impact health, and identify assets and resources that can be mobilized to improve the health of the community.

OVERVIEW OF MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, has been used for the CHA and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011, and continued to be used for this round of the CHA 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
 1. Community Health Status Assessment
 2. Community Themes and Strengths Assessment (CTSA)
 3. Forces of Change Assessment
 4. Local Public Health System Assessment
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Take Action (plan, implement, and evaluate)

This document contains information for phases one through four. Phases five and six can be found in the associated Community Health Improvement Plan (CHIP).

MAPP PHASE 1: ORGANIZE FOR SUCCESS/PARTNERSHIP DEVELOPMENT

A MAPP Steering Committee was formed in 2014, made up of representatives from each of the nine RNHN hospitals. Committee members provide guidance throughout the MAPP process and are charged with reviewing data and progress on the chosen priority areas, using quality improvement to modify implementation plans as needed, and sharing results with stakeholders.

LOCAL PUBLIC HEALTH SYSTEM COLLABORATIVE INFRASTRUCTURES

The Panhandle region enjoys a robust, well-established collaborative infrastructure, which provides the foundation for the local public health system communication and engagement process. This infrastructure includes:

- **Rural Nebraska Healthcare Network** (RNHN) includes nine hospitals in the region, all rural health clinics, and assisted living/nursing homes that are a part of the RNHN member systems, including the Trauma Network.
- **Public health partnerships** including collaborative work groups such as the Panhandle Regional Medical Response System (PRMRS) and Panhandle Worksite Wellness Council (PWWC), as well as the two public health Boards of Health (PPHD and SBCHD), which include elected officials.
- The **Panhandle Partnership** is a large, not-for-profit organization that promotes collective impact through planning and partnership. This inclusive, membership-based organization has been and continues to be an integral part of the regional assessment and planning process.

MAPP PHASE 2: VISIONING

The MAPP Visioning process took place in February at the kick-off event for the 2023 Community Health Assessment.

If we could align our resources, what would our vision for a safer and healthier Panhandle be?

Incentivizing wellness & mental well being	Access to Safe, Decent, Affordable Housing	Increase Social Connectedness	Workforce development & sustainability	Optimizing Health Systems Collaboration to serve the area	Robust system to address Behavioral Health	Community Equity	Advocacy to address access for patients	Resource accessibility	Safe Built Environments	ACE Prevention
<ul style="list-style-type: none"> Incentivizing wellness & mental well being 	<ul style="list-style-type: none"> Affordable Housing Enforcing codes on rental properties Remove stigma 	<ul style="list-style-type: none"> Accessibility to activities Increased social (inclusive) connectedness Informal Social Gatherings & Supports 	<ul style="list-style-type: none"> Adult classes not part of college degree Workforce development increase people +\$ Access to affordable childcare to allow for greater workforce Alternate education 	<ul style="list-style-type: none"> Show casing wellness & mental well being Streamline referral process Affordable easy access including atypical setting (vaccinations & screenings) Healthcare systems - referrals and collaboration Collaborative data sharing Mco's, hospitals, PH. Access to Telehealth 	<ul style="list-style-type: none"> Mental health prevention Early peer detection/professional resources Access & investigation of Behavioral health resources Streamline referral process Mental Health Providers Substance misuse - accessibility, stigma, red tape/penalties Remove stigma Universal MH screening starting pre k- K Education on vaping, drugs & Alcohol (resources & outcomes) CCBHC Community BH Clinics Substance Abuse treatment Access to Telehealth 	<ul style="list-style-type: none"> Written translation resources Safe and Inclusive welcoming communities Culturally inclusive medical & Community Service Full employment and housing for minority families Healthcare Literacy Identify individual community needs 	<ul style="list-style-type: none"> Healthcare access (stay healthy) Cost associated with insurance Assistance for those that do not meet income guidelines Policy on dentists taking insurance Advocate for insurance co. to cover MH services Access to Telehealth 	<ul style="list-style-type: none"> Increased Food Security Widespread distribution of resources Resource access SHIPP, MCD, Economic Easy to understand resource guide/assistance 	<ul style="list-style-type: none"> Ensure safe walking accessibility Community recreation "safe space" Improved city infrastructure 	<ul style="list-style-type: none"> ACE Reduction Parental Education Collaboration

MAPP PHASE 3: FOUR MAPP ASSESSMENTS

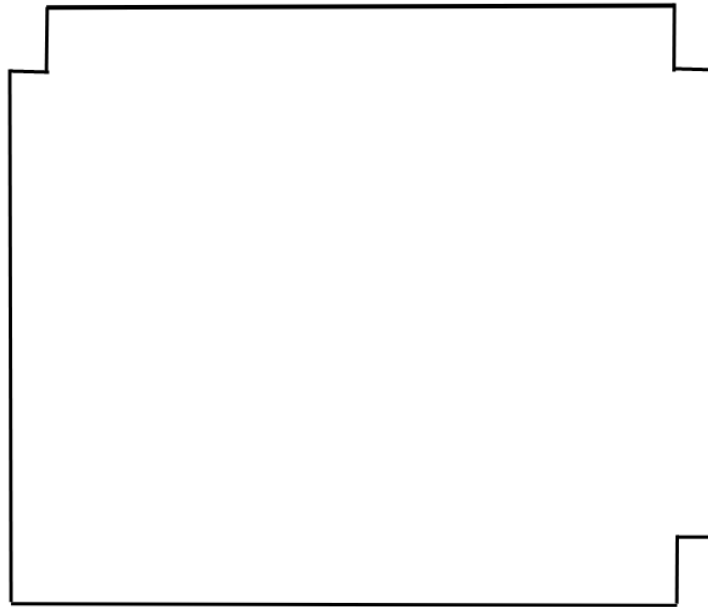
COMMUNITY HEALTH STATUS ASSESSMENT

COMMUNITY PROFILE

The Nebraska Panhandle is a rural region on the high plains, surrounded by neighbors of Wyoming to the west, Colorado to the south, and South Dakota to the north. Its agricultural backbone perhaps has insulated it from the most recent economic downturn but has likely also contributed to out-migration as fewer opportunities have been available compared to larger cities for young adults with diverse professional trades. Population consolidation continues, wages remain lower than the state and national averages, and the median age continues to increase as the baby boomers age, birth rate stabilizes, and out-migration of youth continues. The unique bluffs, escarpments, and open space are some of the most treasured assets in the region and lay the foundation for tourist and historic attractions.

The Nebraska Panhandle consists of the counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux. The Panhandle Public Health District (PPHD) service area additionally consists of Grant County, for a total of 12 counties covered. Throughout this document, the PPHD service area will be referred to as the Panhandle.

Cheyenne County



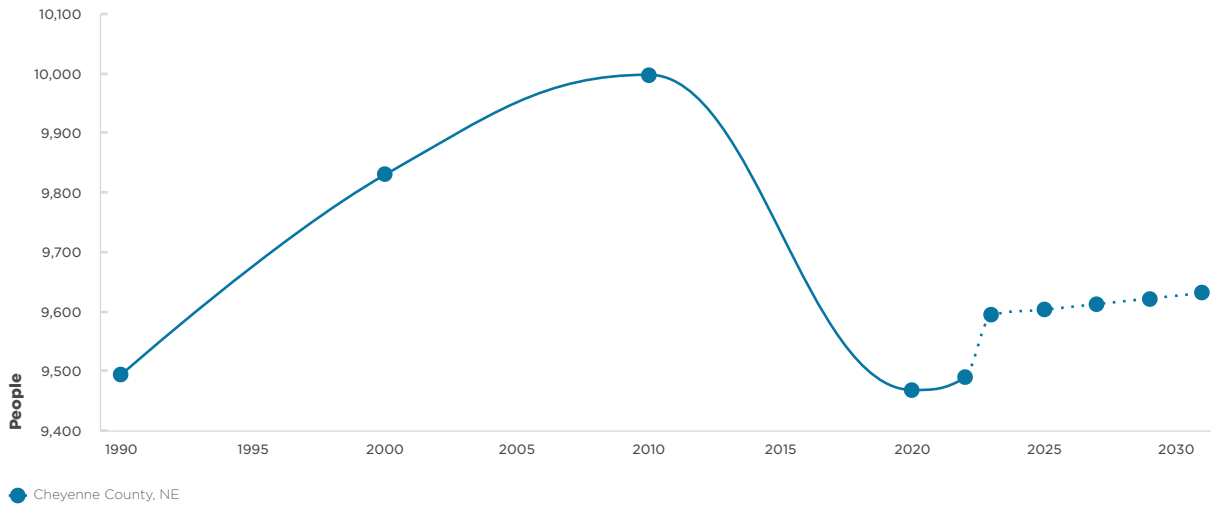
Population: 9,575
Unemployment: 4.3%
Total Land Area: 1,196 sq. miles

Source: 2017-2021 American Community Survey 5-Year Estimates

Population

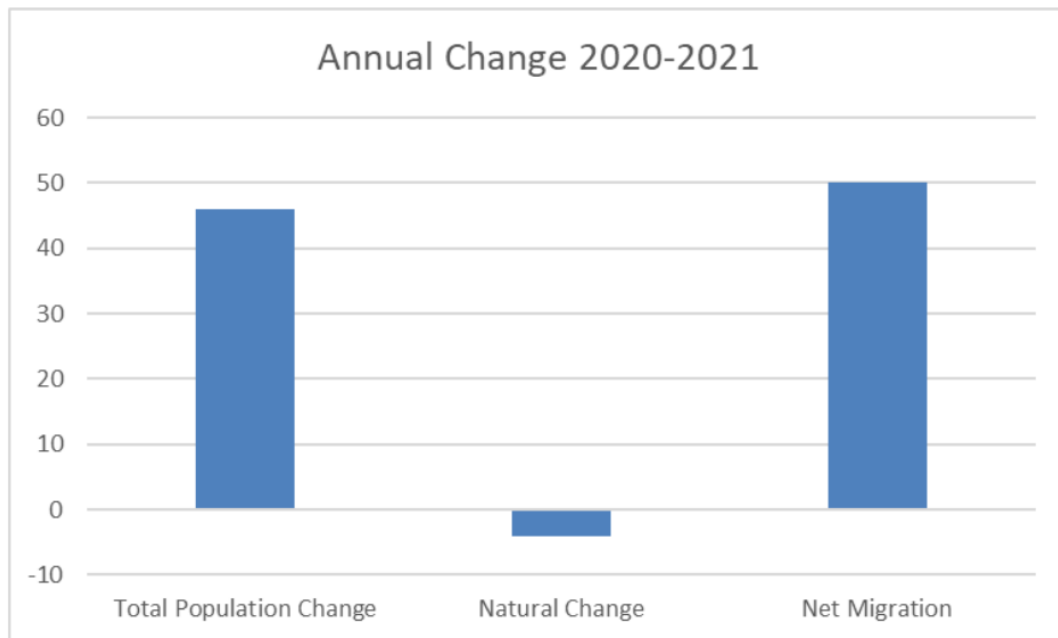
While the population of Nebraska has been slowly but steadily increasing over the past 60 years, the Panhandle's population peaked in the 1960s. In recent years communities have noted an increase in interest in their communities but the lack of housing and childcare, among other challenges, has prevented potential growth. The population projections for Cheyenne County show the potential for an increase in the population.

Total Population



Sources: US Census Bureau; US Census Bureau ACS 5-year

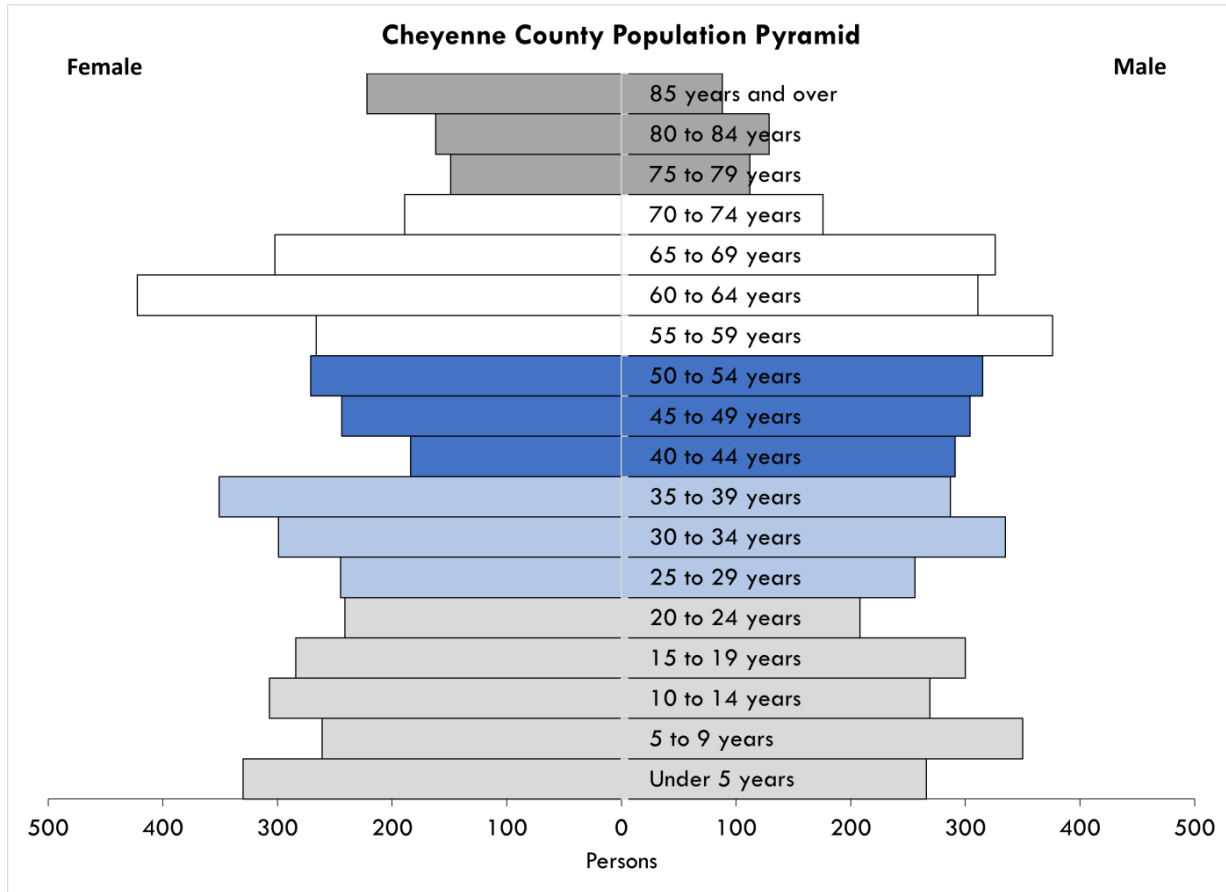
Migration and natural causes (births and deaths) contribute to population change. Migration makes up the largest part of population change in Cheyenne County. Past trends have shown that the largest population losses due to out-migration happen among 20-24-year-olds. Cheyenne County also had a high in-migration pattern in the 30-34-year-olds.



Total Population Change 2010-2020: - 5.3%

Source: U.S. Census Bureau, Population Division

The population by age group provides valuable information about how a community's makeup will affect the workforce. Cheyenne County has an evenly distributed population. The retiring population is growing faster than working-age people can fill the gaps.



Source: U.S. Census Bureau, 2015-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District.

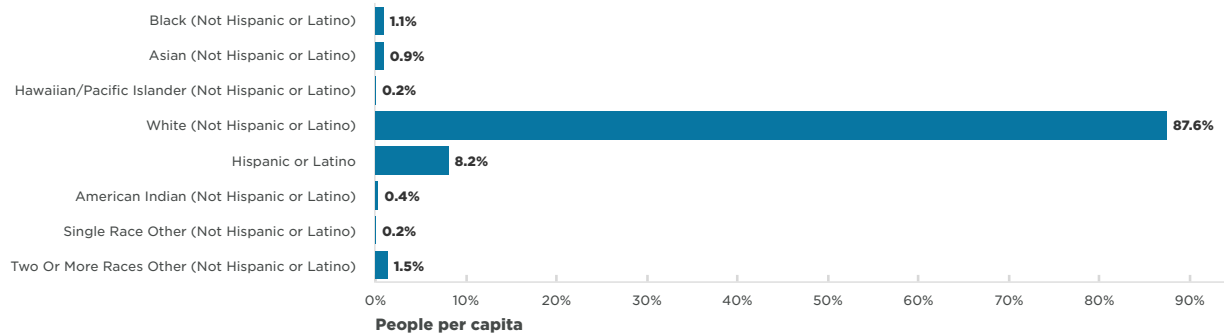
Race and Ethnicity

Health and economic disparities in America have existed along racial and ethnic lines for centuries. Examining social and economic patterns along racial and ethnic lines can help reveal the extent to which disparities exist and are either improving or worsening to spur thinking and action about equity of opportunity, economic mobility, and improving health for all citizens.

Cheyenne County has a predominantly White, non-Hispanic population, at 88.1% and the largest minority group is Hispanic or Latino residents (of any race) at 7.9%.

The population in younger age groups is generally more diverse than that of the general population. In Cheyenne County, 20% of the youth are non-white.

Race and Ethnicity



Cheyenne County, NE

Sources: US Census Bureau ACS 5-year 2018-2022

Like other counties in the Panhandle, Cheyenne County's rate of people who speak English less than 'very well' is low. The vast majority of the Panhandle's Hispanic or Latino population was born in the US contributing to high English language proficiency compared to other counties with similar-sized populations of people of Hispanic or Latino descent. However, the percentage of people who speak a language other than English at home is much higher indicating a need for language services on a preference basis to increase health literacy.

	United States	Nebraska	Banner Co.	Box Butte Co.	Cheyenne Co.	Dawes Co.	Deuel Co.
Speak English less than "very well"	8.2%	5.2%	3.3%	3.0%	0.2%	1.5%	1.4%
Speak a language other than English at home	21.5%	11.8%	7.0%	8.2%	2.6%	4.3%	1.8%
	Garden Co.	Grant Co.	Kimball Co.	Morrill Co.	Scotts Bluff Co.	Sheridan Co.	Sioux Co.
Speak English less than "very well"	1.7%	0.0%	1.4%	2.2%	2.9%	1.0%	2.9%
Speak a language other than English at home	4.6%	0.2%	2.7%	8.5%	12.3%	4.1%	3.4%

Source: 2020-2021 U.S. Census ACS 5-year Estimates.

ECONOMY

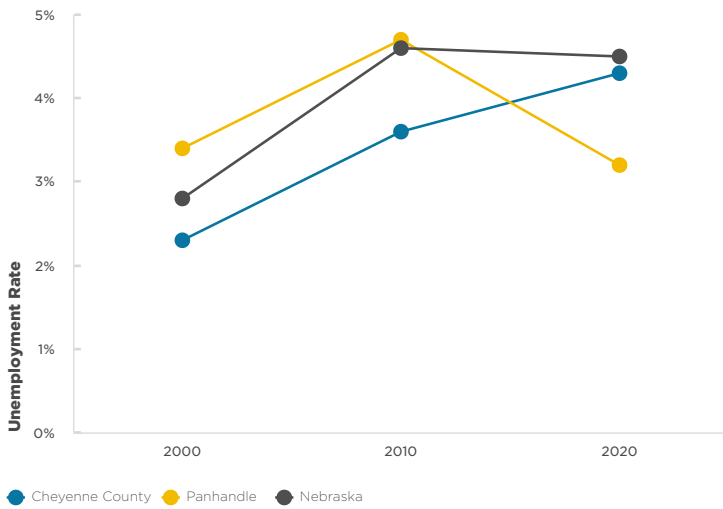
Economic health is the driving force for opportunities and prosperity in a region or community. While it is not the only indicator of well-being, quality economic opportunities contribute heavily to the quality of income and access to education and health care. Thriving local and regional economies also contribute to the vibrancy of communities and provide a base for shared investments in things like infrastructure, law enforcement, public spaces, and maintaining positive neighborhood environments.

The Nebraska Panhandle has its roots in a strong agricultural economy and has fared well in economic downturns, maintaining unemployment rates often much lower than the nation. Wages and professional opportunities, however, lag behind the state and nation as the region has struggled to compete with the metropolitan areas' pool of talent and innovation.

EMPLOYMENT AND WORKFORCE

Cheyenne County has had a lower unemployment rate when compared to the region and Nebraska. Unemployment rose during the recession (as seen in 2010), and during the COVID-19 pandemic (2020) but remained lower than the state average both times.

Unemployment Rate over Time



Source: Bureau of Labor Statistics

LABOR FORCE

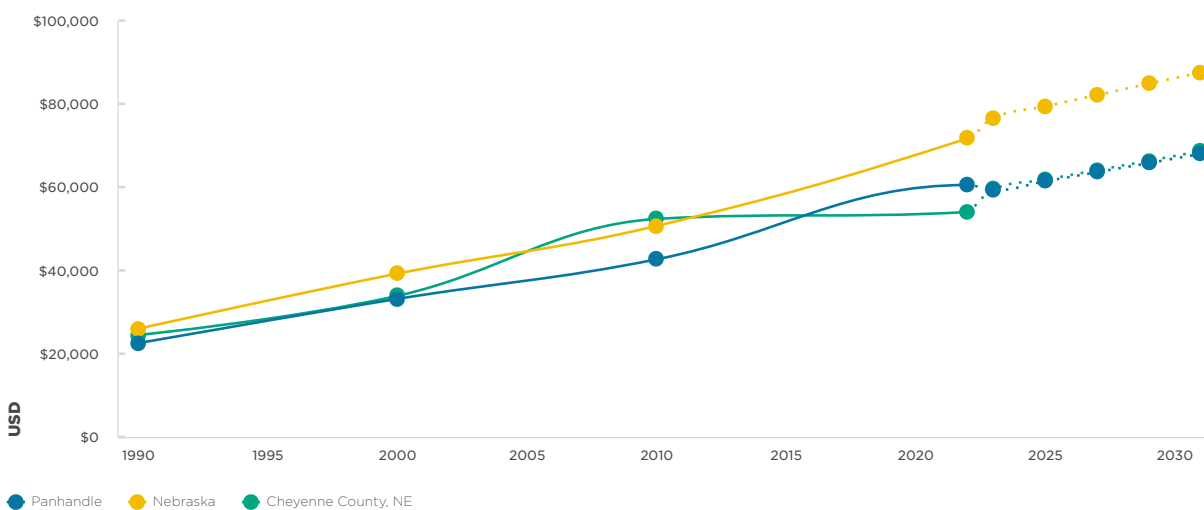
While unemployment can give us a quick glance as to the percentage of people out of work in an area, it does not account for the rate of underemployed or working multiple jobs to make ends meet. In an economic downturn, someone who is self-employed or working multiple jobs could lose a significant amount of their work and still not technically be unemployed. Unemployment also does not account for the size of the labor force, which has decreased consistently across the region since 2000.

People leave the county labor force by not continuing to look for work, moving away, or retiring. While unemployment is typically lower than the national rates in Cheyenne County, the size of the labor force decreased from 2000. Cheyenne County had the highest rate of decrease than other counties, around -24% compared to -9.0% for the region.

INCOME

At \$53,674, household income in the county is well below the median for both Nebraska and the nation. The state median household income is \$66,644. While the cost of living expenses are generally lower in the Panhandle, wages are still relatively low and are a noted problem by citizens and community leaders across the region.

Median Household Income



Sources: US Census Bureau; US Census Bureau ACS 5-year

POVERTY

Poverty in the Panhandle is generally higher than in the rest of the state and nearby metro areas. Cheyenne County shows a higher rate of poverty than the state and region.

CHILDHOOD POVERTY

Cheyenne county is in the middle of the pack for its Poverty rate among children under 18 in the Panhandle and among all residents. More children in poverty means more children growing up with potential obstacles to career, educational, and healthcare opportunities and threatens the overall prosperity of a community. One trend to note in recent estimates is a decline in poverty and childhood poverty in the region, which may have spiked during the recession beginning in 2009. This recent decrease is good news but still exposes the vulnerability of area workers to changes in the economy and lay-offs from major employers. Such downturns not only affect the workers but also families, children, and schools.

Percent of All Population with Income in Past 12-Months Below Poverty Line, Panhandle

County	%
Sheridan County	19.0%
Grant County	17.4%
Dawes County	13.1%
Scotts Bluff County	13.0%
Box Butte County	12.8%
Kimball County	12.0%
Cheyenne County	11.0%
Morrill County	9.7%
Garden County	8.6%
Deuel County	8.2%
Sioux County	8.1%
Banner County	3.4%
Panhandle	12.6%
Nebraska	10.4%
United States	12.8%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District

Percent of Children Under 18 With Income in Past 12-Months Below Poverty Line, Panhandle

County	Percent
Sheridan County	35.9%
Grant County	18.5%
Scotts Bluff County	15.0%
Dawes County	14.6%
Kimball County	12.8%
Cheyenne County	11.8%
Box Butte County	10.2%
Morrill County	10.2%
Sioux County	8.0%
Garden County	7.2%
Deuel County	6.6%
Banner County	4.5%
Panhandle	14.4%
Nebraska	12.2%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District

RACE AND POVERTY

Racial disparities in income levels have long been documented in the United States. The Panhandle is not immune to these disparities. The table below shows the distribution between the White population and the non-White populations in the region. The American Indian communities and Hispanic/Latino communities both experience poverty at a higher rate than the White communities in the region.

County	White Alone	American Indian alone	Two or more races	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino
Banner County	3.6%	-	0.0%	27.9%	1.7%
Box Butte County	12.3%	53.4%	16.1%	16.1%	11.6%
Cheyenne County	10.4%	65.5%	18.5%	9.7%	10.6%
Dawes County	10.3%	26.4%	47.7%	56.0%	9.4%
Deuel County	8.5%	0.0%	5.3%	7.2%	8.5%
Garden County	8.5%	0.0%	35.7%	0.0%	12.0%
Grant County	17.0%	0.0%	57.1%	0.0%	17.0%
Kimball County	11.1%	72.6%	1.6%	26.2%	9.2%
Morrill County	10.1%	0.0%	3.5%	25.3%	6.7%
Scotts Bluff County	13.2%	22.2%	6.0%	18.8%	10.7%
Sheridan County	14.0%	46.5%	28.8%	58.7%	13.2%
Sioux County	7.7%	0.0%	0.0%	24.1%	7.7%
Panhandle	11.9%	37.1%	14.0%	20.6%	10.5%
Nebraska	9.0%	24.9%	15.5%	18.4%	8.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District

POVERTY BY EDUCATIONAL ATTAINMENT

Cheyenne County has a relatively low rate of poverty among people holding a high school diploma. This low rate may point to the presence of high-wage positions which require more training and skill development as opposed to an advanced degree.

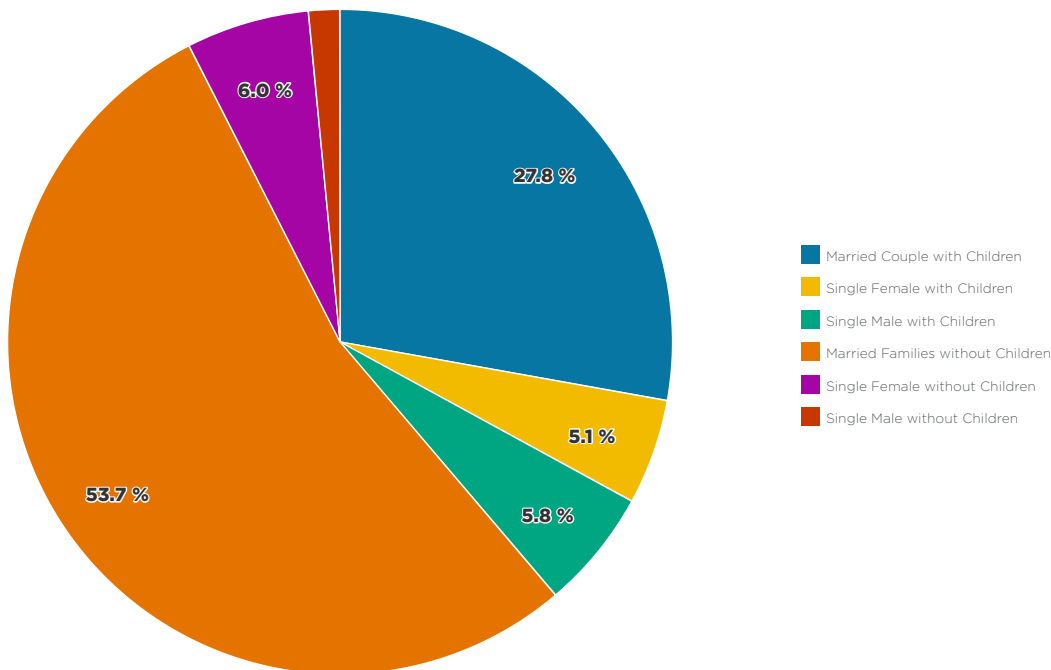
	Less than high school	High school graduate	Some college, associate degree	Bachelor's degree or higher
Banner County	0.00%	7.20%	1.80%	0.00%
Box Butte County	14.60%	16.50%	10.80%	0.60%
Cheyenne County	15.80%	14.40%	8.50%	4.10%
Dawes County	9.50%	5.00%	10.00%	1.40%
Deuel County	15.90%	8.70%	7.00%	2.60%
Garden County	22.20%	15.20%	4.30%	3.60%
Grant County	54.50%	16.20%	17.60%	7.50%
Kimball County	19.80%	13.90%	6.40%	8.20%
Morrill County	16.90%	14.20%	7.50%	2.70%
Scotts Bluff County	25.20%	13.00%	11.10%	4.60%
Sheridan County	31.70%	15.90%	7.40%	7.30%
Sioux County	17.10%	12.50%	6.00%	1.80%
Panhandle	20.27%	12.73%	8.20%	3.70%
Nebraska	21%	11%	8%	3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Prepared by Megan Barhafer, Panhandle Public Health District

POVERTY BY FAMILY TYPE

In Cheyenne County, almost half of the families are married families without children. Single-parent households represent about 11% of all families in Cheyenne County.

Family Type by Presence of Children



Cheyenne County, NE

Sources: US Census Bureau ACS 5-year 2018-2022

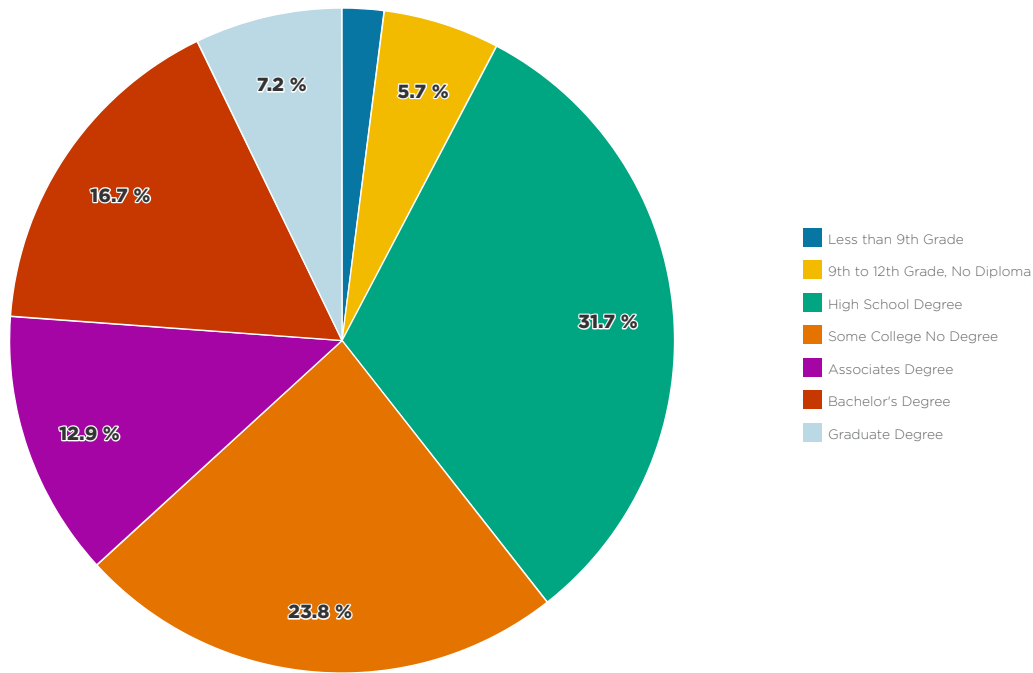
In families with income at or below poverty, we find that the majority of families in poverty are families with children under 18 years of age. Single female-headed families with children are particularly prevalent among families in poverty, making up over 41% of all families in the Panhandle with an income level below the poverty line. The poverty rate among single female-headed households is lower in Cheyenne County than the regional average.

EDUCATION

EDUCATIONAL ATTAINMENT

Lower levels of educational attainment in the Panhandle reflect the fact that many of the jobs available in agriculture, transportation, and manufacturing do not require a bachelor's degree. The county's rate of bachelor's degree or higher achievement is higher than the region and state for a population 25 or older.

Educational Attainment



Cheyenne County, NE

Sources: US Census Bureau ACS 5-year 2018-2022

The 4-year graduation rate across the state of Nebraska for the 2021-2022 school year was 87.1%. Sidney, Potter-Dix, and Leyton schools all fell above the state graduation rate in the 2021-2022 school year.

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	Avg.
Alliance Public Schools	89%	84%	83%	81%	83%	84%	85%	84%
Banner County Public Schools	NA	NA	NA	NA	NA	NA	NA	NA
Bayard Public Schools	100%	88%	100%	89%	83%	97%	90%	92%
Bridgeport Public Schools	89%	87%	92%	98%	94%	87%	94%	92%
Chadron Public Schools	90%	95%	96%	92%	97%	93%	95%	94%
Crawford Public Schools	94%	92%	86%	94%	100%	79%	94%	91%
Creek Valley Schools	91%	95%	87%	NA	100%	81%	88%	90%
Garden County Schools	100%	100%	100%	96%	96%	100%	89%	97%
Gering Public Schools	88%	87%	91%	91%	87%	88%	91%	89%
Gordon-Rushville Public Schools	92%	91%	94%	97%	98%	92%	80%	92%
Hay Springs Public Schools	100%	83%	92%	NA	NA	79%	91%	89%
Hemingford Public Schools	88%	97%	89%	96%	100%	100%	94%	95%
Hyannis Area Schools	100%	100%	100%	87%	NA	85%	100%	95%
Kimball Public Schools	98%	94%	89%	92%	85%	100%	85%	92%
Leyton Public Schools	100%	100%	100%	92%	93%	85%	93%	95%
Minatare Public Schools	NA	93%	100%	93%	86%	85%	60%	86%
Mitchell Public Schools	95%	95%	92%	86%	91%	93%	93%	92%
Morrill Public Schools	83%	90%	96%	96%	89%	97%	86%	91%
Potter-Dix Public Schools	93%	85%	NA	94%	NA	94%	NA	92%
Scottsbluff Public Schools	92%	91%	91%	91%	88%	85%	86%	89%
Sidney Public Schools	97%	95%	89%	97%	90%	91%	97%	94%
Sioux County Public Schools	NA	NA	NA	NA	NA	NA	100%	100%

Source: Nebraska Department of Education. Prepared by Megan Barhofer, Panhandle Public Health District.

The number of children 5 and under with all available parents working, meaning these children likely need out-of-home care, is less in Panhandle counties when compared to the state of Nebraska. However, opportunities for licensed and quality early childcare and education tend to be less available in the Panhandle. For 2016-2020, there were 580 children 5 and under with all available parents working in Cheyenne County. A national trend of households going back to a "one working parent arrangement" does not appear to be affecting the Panhandle region yet. It is thought that more parents may choose to stay home with their little ones due to the rising costs of living and the mismatch between income and the cost of childcare.

	2008-2012		2012-2016		2016-2020	
	#	%	#	%	#	%
Banner County	25	30%	37	59%	54	71%
Box Butte County	406	52%	569	74%	633	85%
Cheyenne County	550	75%	528	68%	580	81%
Dawes County	396	75%	433	70%	554	83%
Deuel County	63	71%	94	83%	102	85%
Garden County	142	100%	101	92%	56	64%
Grant County	27	75%	22	49%	43	73%
Kimball County	162	61%	227	76%	118	79%
Morrill County	193	59%	205	79%	266	81%
Scotts Bluff County	2,170	73%	1,973	69%	2099	81%
Sheridan County	208	60%	210	80%	285	75%
Sioux County	42	59%	83	82%	78	51%
Panhandle	4384	69%	4482	71%	4868	80%
Nebraska	112,004	74%	110,101	72%	172,929	78%

Source: U.S. Census Bureau, 2012, 2016, 2020 American Community Survey 5-Year Estimates. Prepared By Megan Barhafer, Panhandle Public Health District

There are three Head Start and Early Head Start programs that serve Panhandle counties: Northwest Community Action Partnership, Migrant and Seasonal Head Start, and Educational Service Unit (ESU) 13. These programs served a total of 628 children in the 2021/2022 school year. Sioux, Banner, and Grant Counties are not served by any Head Start or Early Head Start programs.

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Northwest Community Action Partnership	258	258	258	258	247	270	246	264	304
Migrant and Seasonal Head Start	46	65	65	65	49	33	54	31	38
Educational Service Unit 13	350	350	350	350	316	316	316	286	286
Total Served	654	673	673	673	612	619	616	581	628

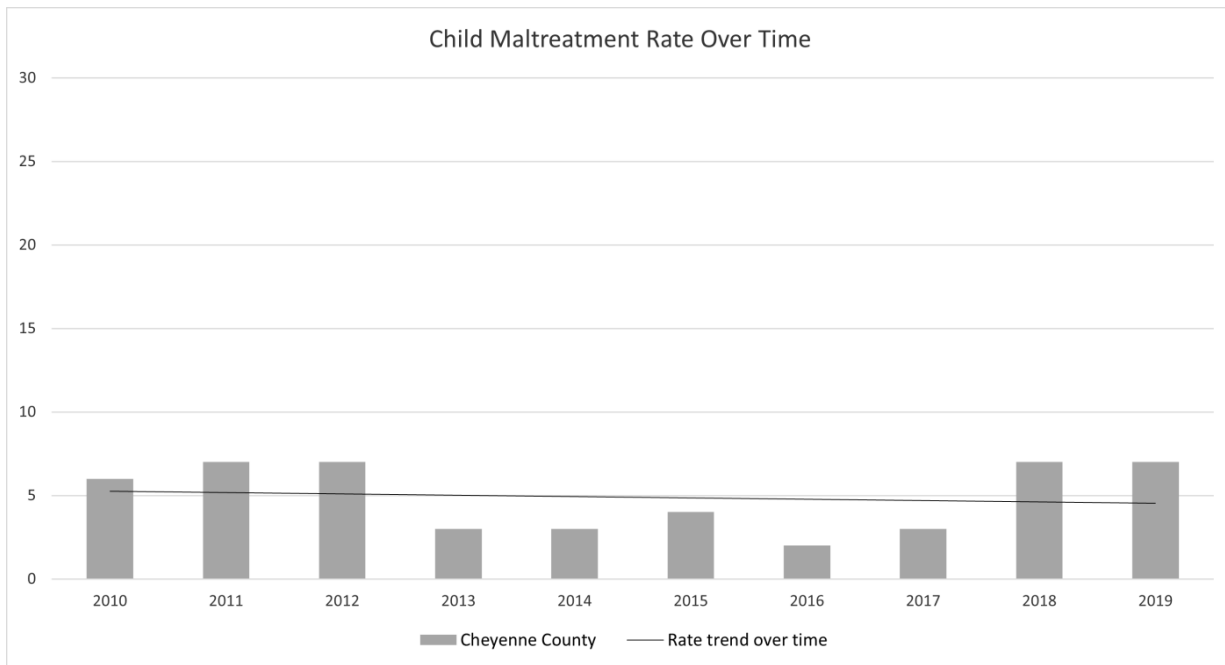
Source: Data is reported by facilities

There are 5 licensed childcare facilities in Cheyenne County. The total capacity for Cheyenne County is 313 and the estimated need is 580. The estimated gap between the need and capacity is -267. However, just because a facility is licensed to serve that many children doesn't mean that they have the staffing capacity to actually serve them.

CHILD WELFARE

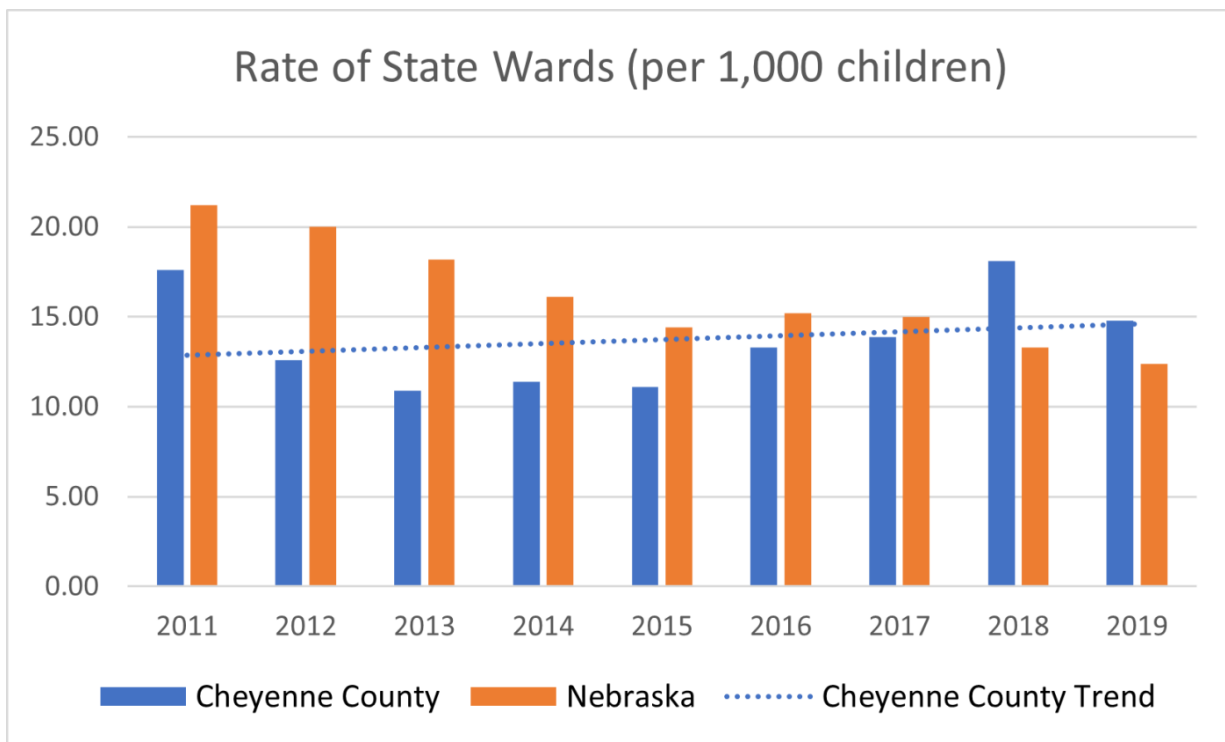
CHILD MALTREATMENT

The rate of child maltreatment in Panhandle communities can vary widely year-to-year due to small county numbers, but the rate has generally decreased over time.



Child Maltreatment Rate (per 1,000 Children), Cheyenne County. Source: Nebraska DHHS, cited in Kids Count in Nebraska.

The rate of state wards (per 1,000 children) in some Panhandle counties has consistently remained higher than that of the state of Nebraska. Cheyenne County has a lower rate of state wards with an increasing trend.



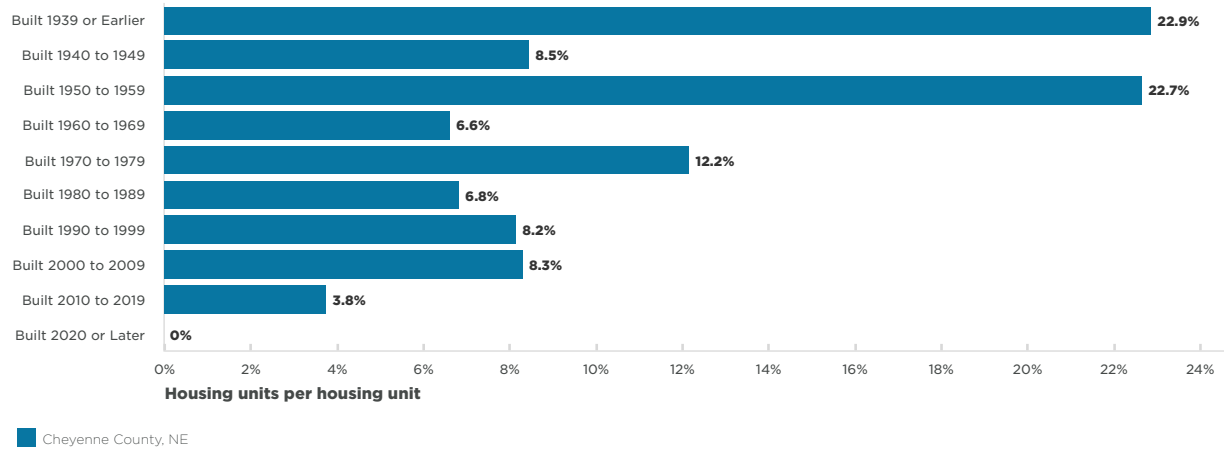
Source: Nebraska DHHS, cited in Kids Count in Nebraska

Housing

Age of Housing

The age of housing stock is related to population growth and employment growth. There is generally less new housing stock in the Panhandle compared to Nebraska.

Building Age of Housing Units



Sources: US Census Bureau ACS 5-year 2018-2022

Housing stock built before 1979 is more common in rural areas such as the Panhandle. Lead in residential paints was banned in 1978, which means houses built in 1978 or earlier are more likely to contain lead-based paint, which can lead to lead poisoning in children. It is more common for low-income people or people of color to live in older housing, due to affordability, which contributes to disproportionate lead poisoning in these populations.

Lead poisoning is highly toxic to young children under the age of six and interferes with brain and organ development. The negative impacts of lead poisoning are irreversible. There are methods of lead abatement that can prevent these impacts.

Cheyenne County has a high rate of pre-1939 housing stock. This increases the chances for dangerous building materials to be present.

EXCESSIVE HOUSING COST BURDEN

Housing costs exceeding 30% of household income are typically viewed as indicators of housing affordability problems. Across Panhandle counties, there are significantly more renters than owners at lower income levels for which housing costs are 30% or more of household income. This also aligns with the trend across the state of Nebraska. Cheyenne County is in the middle of the pack of renter-occupied households with income less than \$20,000 whose housing costs make up more than 30% of their household income.

Proceed to Part 2

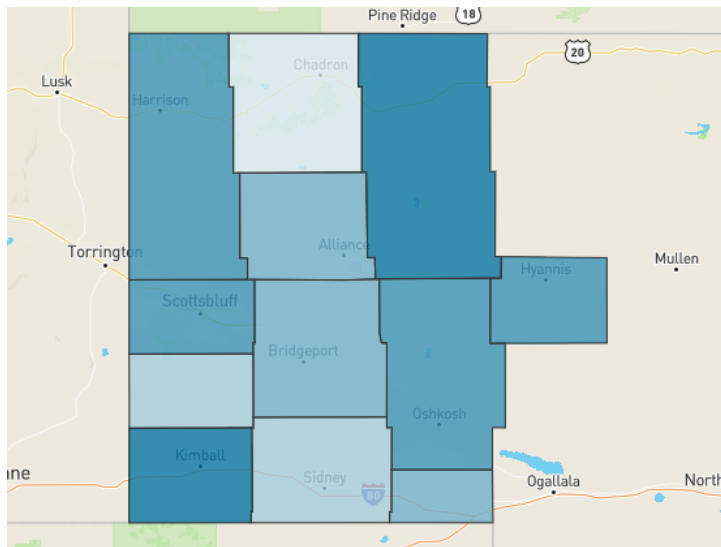
GENERAL HEALTH STATUS

The Behavioral Risk Factors Surveillance System (BRFSS) is collected each year. Some questions are asked every other year. The CDC selects a few of the measures discussed in this survey to be part of their PLACES project.

HEALTH-RELATED QUALITY OF LIFE

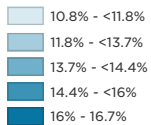
Health plays a huge role in quality of life. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. PPHD did a minority health report in 2022. Due to the small population of the Panhandle, estimates for racial and ethnic minority groups are often not as reliable as they are in larger communities. Therefore they are only analyzed on a regional basis and can be found in the regional report.

The percentage of adults who report their general health as fair or poor in the Panhandle has increased over the years, meaning that survey participants feel their health is getting worse. Cheyenne County has a slightly lower rate of people reporting poor general health than the regional average.



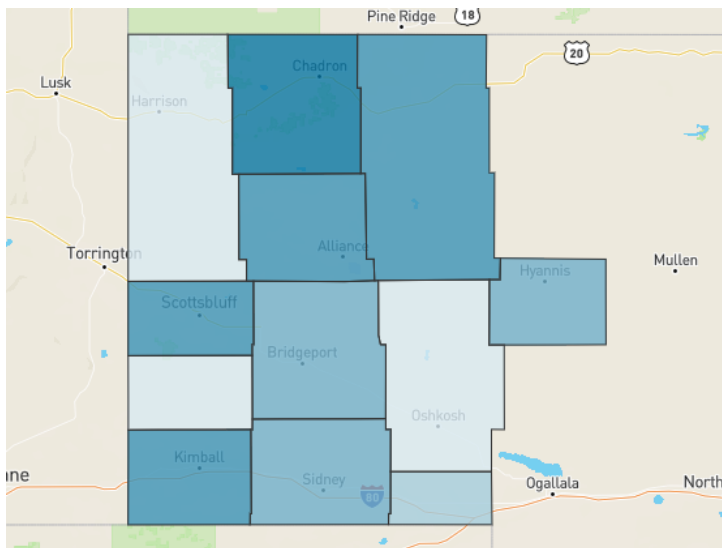
© Mapbox © OpenStreetMap

Fair or Poor General Health Among Adults



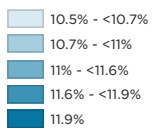
Sources: CDC BRFSS PLACES 2020

The Panhandle region has a similar proportion of poor mental health in each county. In Cheyenne County, 11.1% of the respondents indicated that their mental health was poor.



© Mapbox © OpenStreetMap

Poor Mental Health Among Adults

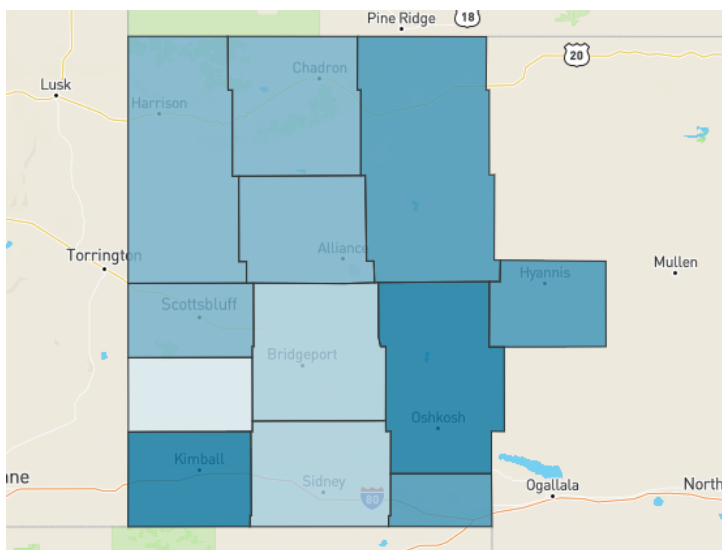


Sources: CDC BRFSS PLACES 2020

HEALTHCARE ACCESS AND UTILIZATION

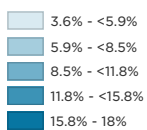
HEALTHCARE COVERAGE

The percentage of adults who report they do not have health care coverage has decreased over the years both across the state and in the Panhandle. Compared to Nebraska, the Panhandle had a higher percentage until 2018 when the percentages became similar. In Cheyenne County, 7.5% of respondents indicated they didn't have health insurance.



© Mapbox © OpenStreetMap

Health Insurance Coverage - Uninsured per capita

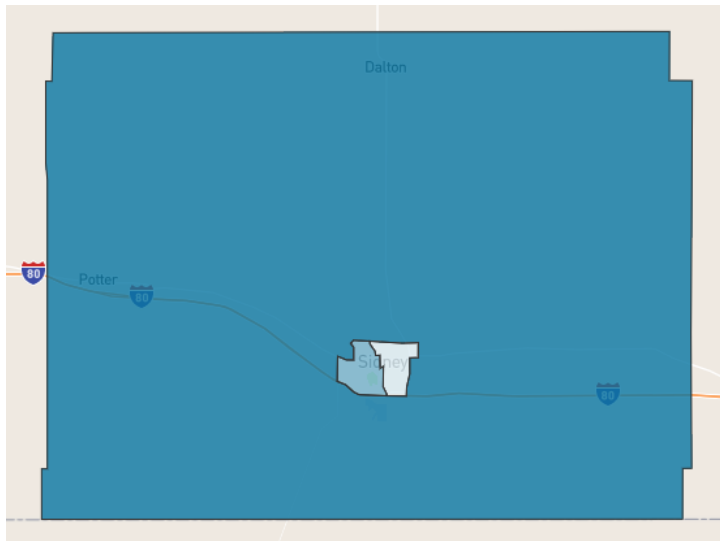


Sources: US Census Bureau ACS 5-year 2018-2022

CHRONIC DISEASE

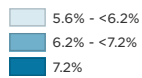
CARDIOVASCULAR DISEASE

The trend in heart disease rates has been decreasing over time in the Panhandle and across the state. The rate in Cheyenne County census tracts is between 5.6-7.2%. The lowest rates are in the Sidney census tracts.



© Mapbox © OpenStreetMap

Coronary Heart Disease Among Adults

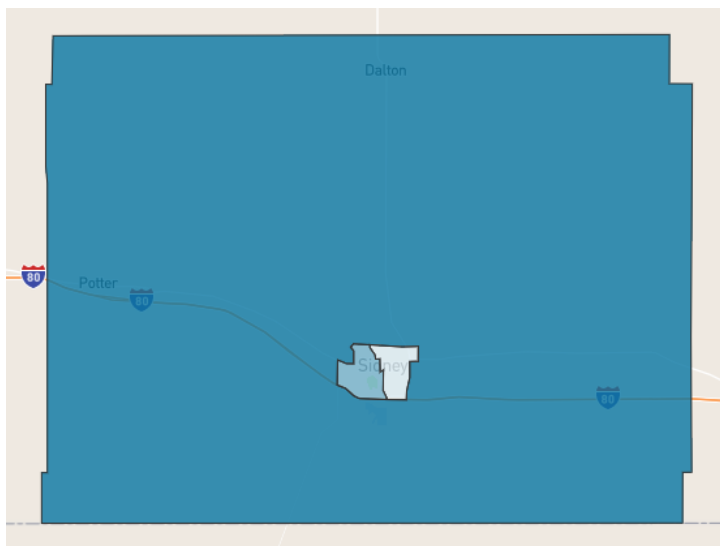


Sources: CDC BRFSS PLACES 2020

CLINICAL RISK FACTORS FOR HEART DISEASE - HIGH BLOOD PRESSURE (HYPERTENSION)

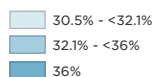
High blood pressure (hypertension) is a risk factor for heart disease. Almost half of US adults have high blood pressure and only about 25% of these people have their high blood pressure under control.

The percentage of adults who report having high blood pressure has generally increased over time and 2019 was seen to have the highest rates in both the Panhandle and Nebraska as a whole. In Cheyenne County, between 30.5 and 36% of respondents indicated they had high blood pressure. The lowest percentage occurred in the census tracts in Sidney.



© Mapbox © OpenStreetMap

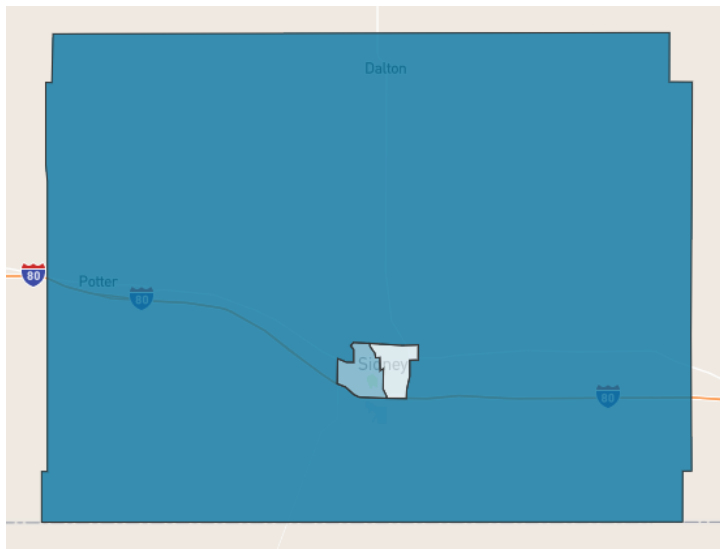
High Blood Pressure Among Adults



Sources: CDC BRFSS PLACES 2019

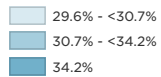
HIGH CHOLESTEROL

Blood cholesterol is a waxy, fat-like substance made by your liver. Blood cholesterol is essential for good health. Your body needs it to perform important jobs, such as making hormones and digesting fatty foods. However, elevated levels can lead to conditions which increase risk for a heart attack.



© Mapbox © OpenStreetMap

High Cholesterol Among Adults

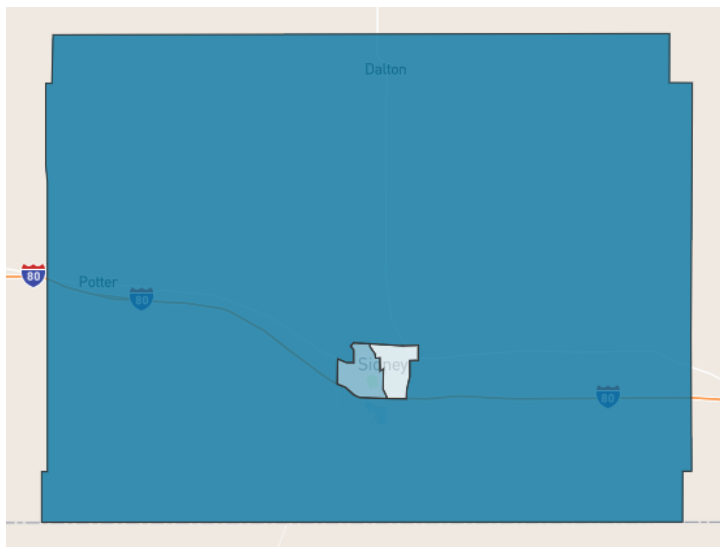


Sources: CDC BRFSS PLACES 2019

STROKE

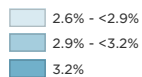
Stroke is a type of heart disease where blood supply to a part of the brain is blocked, or when a blood vessel in the brain bursts. This leads to brain damage and can cause severe disability or even death.

The rate of Panhandle adults who report they ever had a stroke has been stable over time.



© Mapbox © OpenStreetMap

Stroke Among Adults

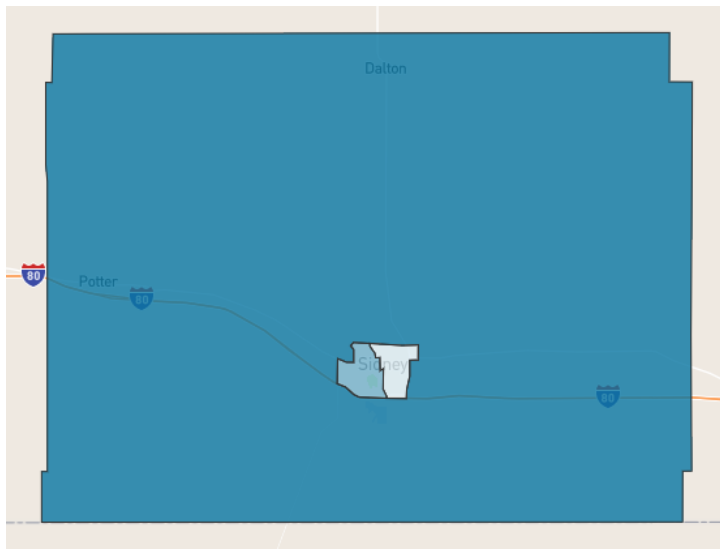


Sources: CDC BRFSS PLACES 2020

DIABETES

Diabetes is a chronic illness in which blood glucose levels are above normal. There are two types of diabetes: type 1 and type 2. Type 1 diabetes, often referred to as juvenile-onset diabetes, occurs when the body cannot produce its own insulin, and makes up 5-10% of diagnosed diabetes cases. Type 2 diabetes, also known as adult-onset diabetes, makes up 90-95% of diagnosed diabetes cases. Gestational diabetes is a form of diabetes that occurs in pregnant women, but often disappears when pregnancy ends.

The rate of diabetes in adults has increased in Nebraska and in the Panhandle over time. Even though the Panhandle had a decrease in the most recent year, it still has higher rates than Nebraska.



© Mapbox © OpenStreetMap

Diagnosed Diabetes Among Adults

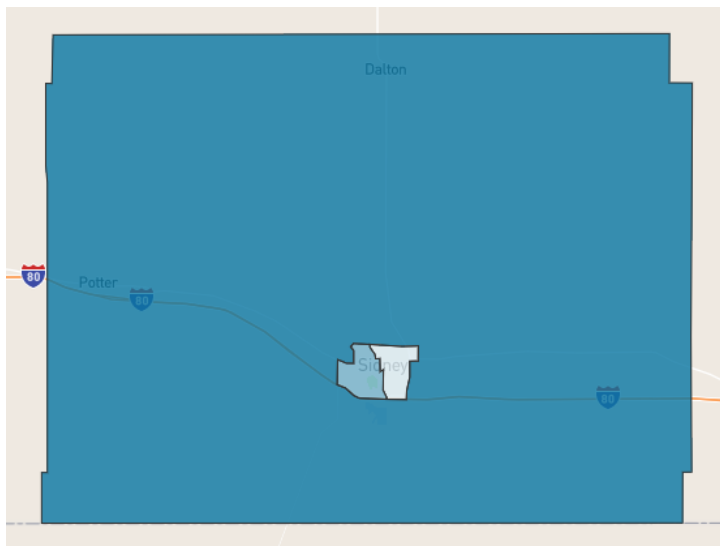
- 8.6% - <9.2%
- 9.2% - <10.6%
- 10.6%

Sources: CDC BRFSS PLACES 2020

CANCER

“Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues”. Cancer spreads throughout the body through the blood and lymph system. Cancer is not only one disease—there are more than 100 types of cancers.

The percentage of adults who were ever told they have any kind of cancer has been slightly increasing since 2011 for both the Panhandle and Nebraska. The Panhandle has a higher percentage every year and is increasing at a greater rate.



© Mapbox © OpenStreetMap

Cancer (except skin) Among Adults

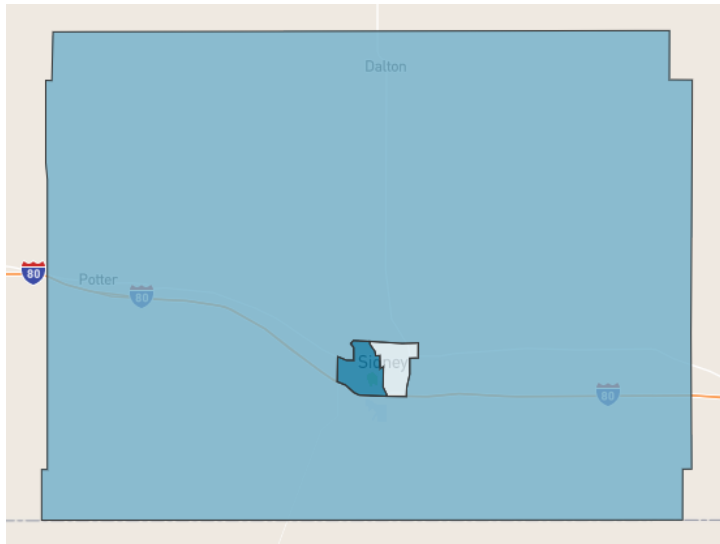
- 6.7% - <7.1%
- 7.1% - <8%
- 8%

Sources: CDC BRFSS PLACES 2020

ASTHMA

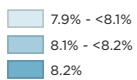
Asthma is a disease that affects the lungs, causing repeated episodes of breathlessness, wheezing, nighttime or early morning coughing, and chest tightness. It can be controlled through medication and avoiding triggers.

The percentage of adults who have ever been diagnosed with asthma (lifetime asthma diagnosis) has decreased from 2011-2020, with the Panhandle having the lowest percentage in 2019. Compared to Nebraska, the Panhandle has had a slightly lower percentage in most years.



© Mapbox © OpenStreetMap

Asthma Among Adults



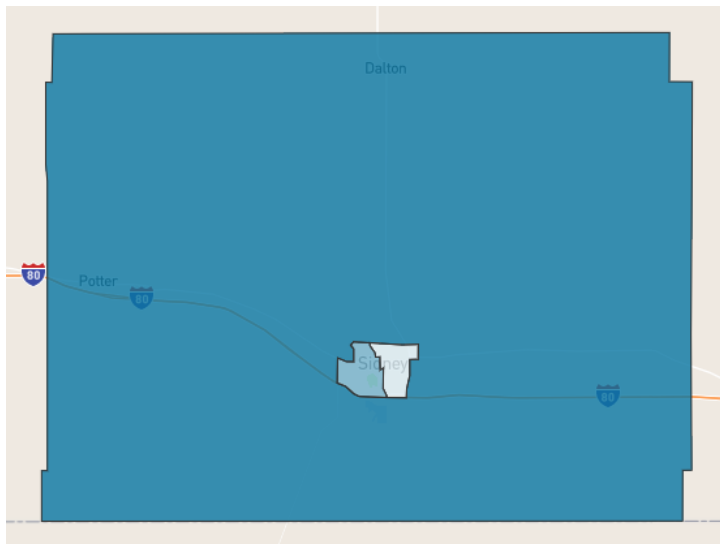
Sources: CDC BRFSS PLACES 2020

COPD

Chronic Obstructive Pulmonary Disease (COPD) is a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema and chronic bronchitis.

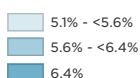
The percentage of adults with COPD in the Panhandle have been increasing since 2011. In most of the years, Nebraska has had slightly lower rates than the Panhandle.

One risk factor for COPD is age, with people aged 65 and older at higher risk for the disease. The Panhandle has a larger population of older adults when compared to the overall state of Nebraska, which may contribute to the higher rates of COPD in the region.



© Mapbox © OpenStreetMap

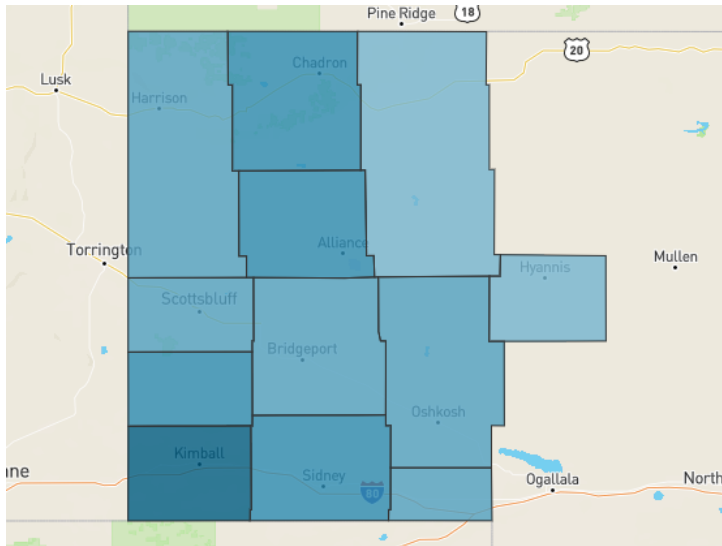
Chronic Obstructive Pulmonary Disease (COPD) Among Adults



Sources: CDC BRFSS PLACES 2020

INJURY

"Injury" is a broad category of health-impacting incidents that include several poor mental health outcomes: overdoses and suicide. This category can also include violent crimes such as assault. Cheyenne County has a drug overdose rate of 16.5 people per 100,000.



© Mapbox © OpenStreetMap

Drug Overdose Death Rate



Sources: CDC 2021

CRASH DATA

Motor vehicle injuries and deaths are higher in the region than in other parts of the state. The rate of adults who always wear a seatbelt is also much lower than the state average. The section below includes crash fatalities and non-fatal crashes. Cheyenne County is not a priority county for improved highway safety but still experiences a high incidence of injuries and fatalities as a result of crashes.

2020 Crash Data by County						
County	Crashes				Persons Killed and Injured	
	Total	Fatal	Injury	PDO	Killed	Injured
Banner	24	1	6	17	1	7
Box Butte	142	1	40	101	1	65
Cheyenne	157	4	35	118	4	48
Dawes	121	1	28	92	1	33
Deuel	50	3	10	37	4	15
Garden	34	1	5	28	1	12
Grant	4	1	2	1	1	2
Kimball	76	3	19	54	4	33
Morrill	71	2	20	49	2	27
Scotts Bluff	595	6	192	397	7	277
Sheridan	79	0	22	57	0	31
Sioux	23	0	4	19	0	4
Total	1376	23	383	970	26	554
https://dot.nebraska.gov/media/115479/facts2020.pdf						

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

This section consists of the information we gathered from distributing a community survey. The Community Health Survey was distributed to Panhandle residents in October and November of 2022 via paper and electronic surveys. A copy of the survey can be found in the regional CHA. Paper copies of the survey were distributed by hospitals and community-based organizations. The electronic copy was administered using Qualtrics and shared online by website, social media, and email by PPHD, local hospitals, and other community organizations. Counts and percentages from the survey responses were calculated using Microsoft Excel. The information includes responses from Cheyenne County residents and those who indicated that Sidney Regional

Medical Center was their primary healthcare facility. 56 people were captured in this group. The demographics of these respondents are in the table below.

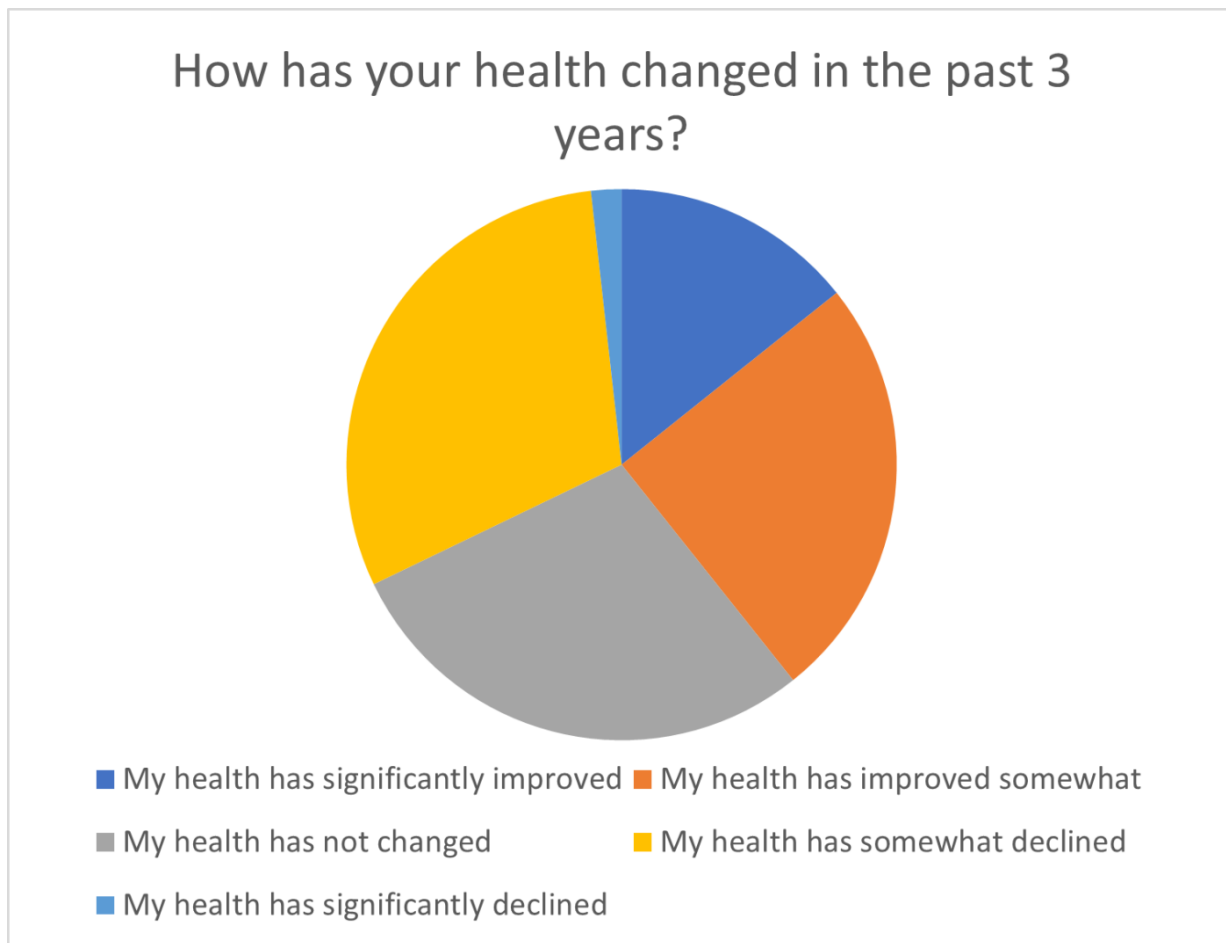
Demographics	
Male	32%
Female	68%
Age	
Under 18	0.0%
18-25	13.2%
26-39	35.8%
40-54	22.6%
55-64	13.2%
65-80	15.1%
Over 80	0.0%
Race and Ethnicity	
White Alone	88.7%
Alone	1.9%
Black or African American Alone	1.9%
Asian Alone	0.0%
Native Hawaiian or Pacific Islander Alone	0.0%
More than one race	3.8%
Decline - Answer	3.8%
Hispanic	17%
Not Hispanic	83%

Families with Children	47%
Highest Level of Education	
Less than High School	11%
High School Diploma or GED	19%
Associates or Technical Degree	25%
College Degree or Higher	40%
Income	
Less than \$20,000	13%
\$20,000 - \$29,999	6%
\$30,000 - \$49,999	31%
\$50,000 - \$74,999	17%
\$75,000 - \$99,999	21%
Over \$100,000	12%
Military Service	
Served or Currently Serving	6%
Significant other served or currently serves	25%
Sibling served or currently serves	17%
Child served or currently serves	6%
Parent served or currently serves	6%

Demographics of survey respondents who indicated they live in Cheyenne County or who use Sidney Regional Medical Center as their primary healthcare facility.

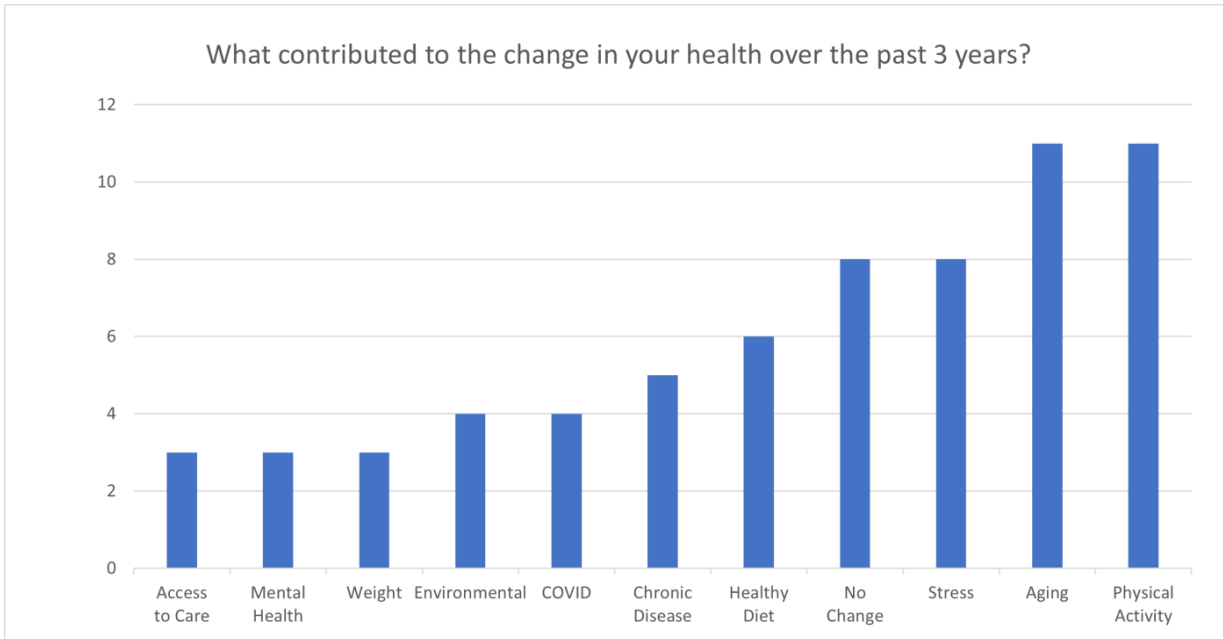
Overall Community Health

When asked about health improvements over the last 3 years, most respondents' stated that their health improved either significantly or somewhat.



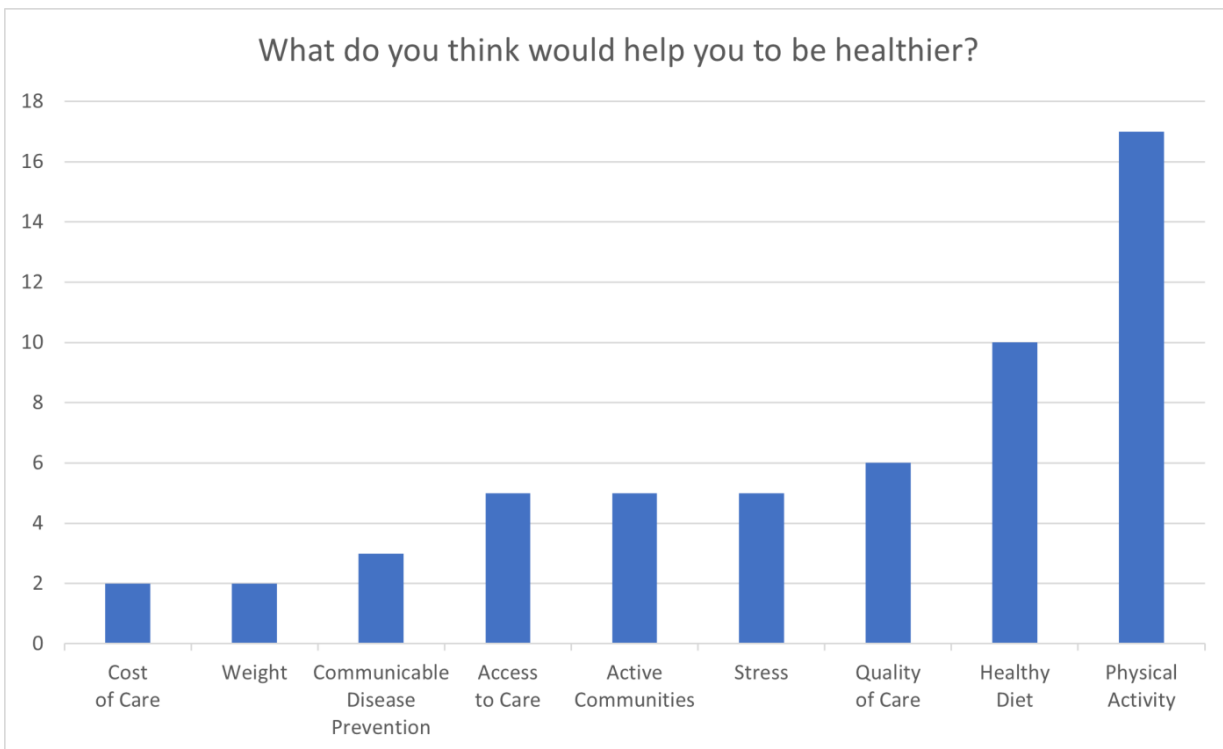
Source: Community Health Survey, Prepared by Megan Barhafer

When the respondents were asked about what contributed to changes in their health over the past 3 years, the top responses were Physical Activity, Aging, and Stress.



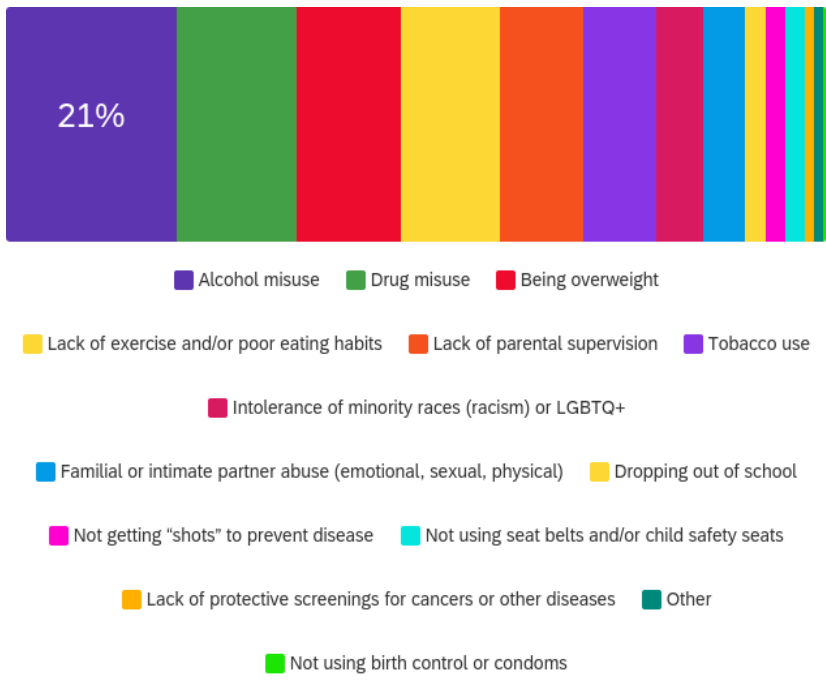
Source: Community Health Survey, Prepared by Megan Barhafer.

The respondents were also asked what they think would help them be healthier, like previously, the top responses were physical activity and healthy diet, followed by cost of care, access to care, and weight.



Source: Community Health Survey, Prepared by Megan Barhafer.

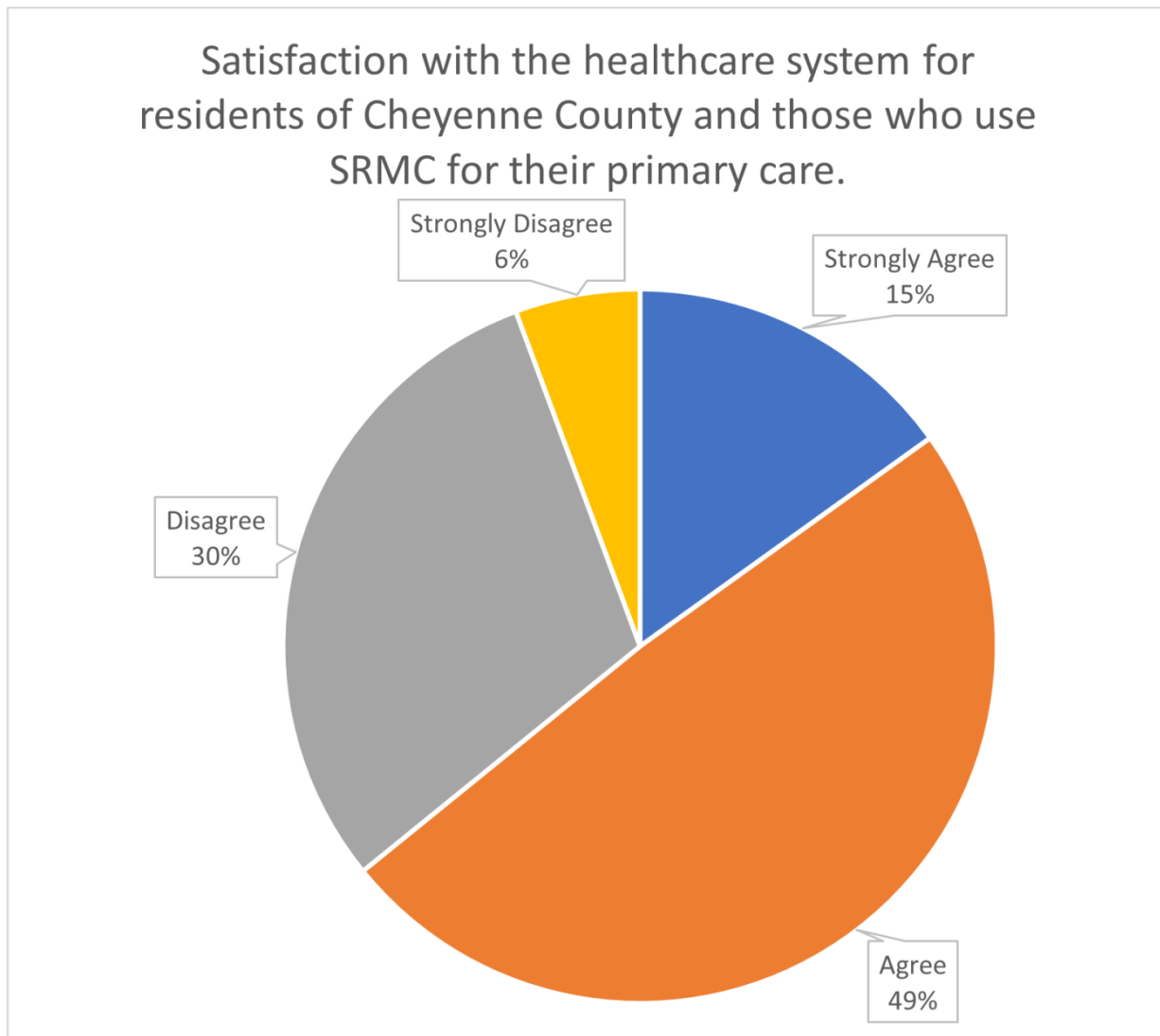
We asked participants to rank what the most prevalent risky behaviors in their community were. Top choices include Alcohol Misuse, Drug Misuse and being overweight. They then ranked the top three health concerns in their community. These were Substance Use Disorders, Mental Illness, and Chronic Disease.



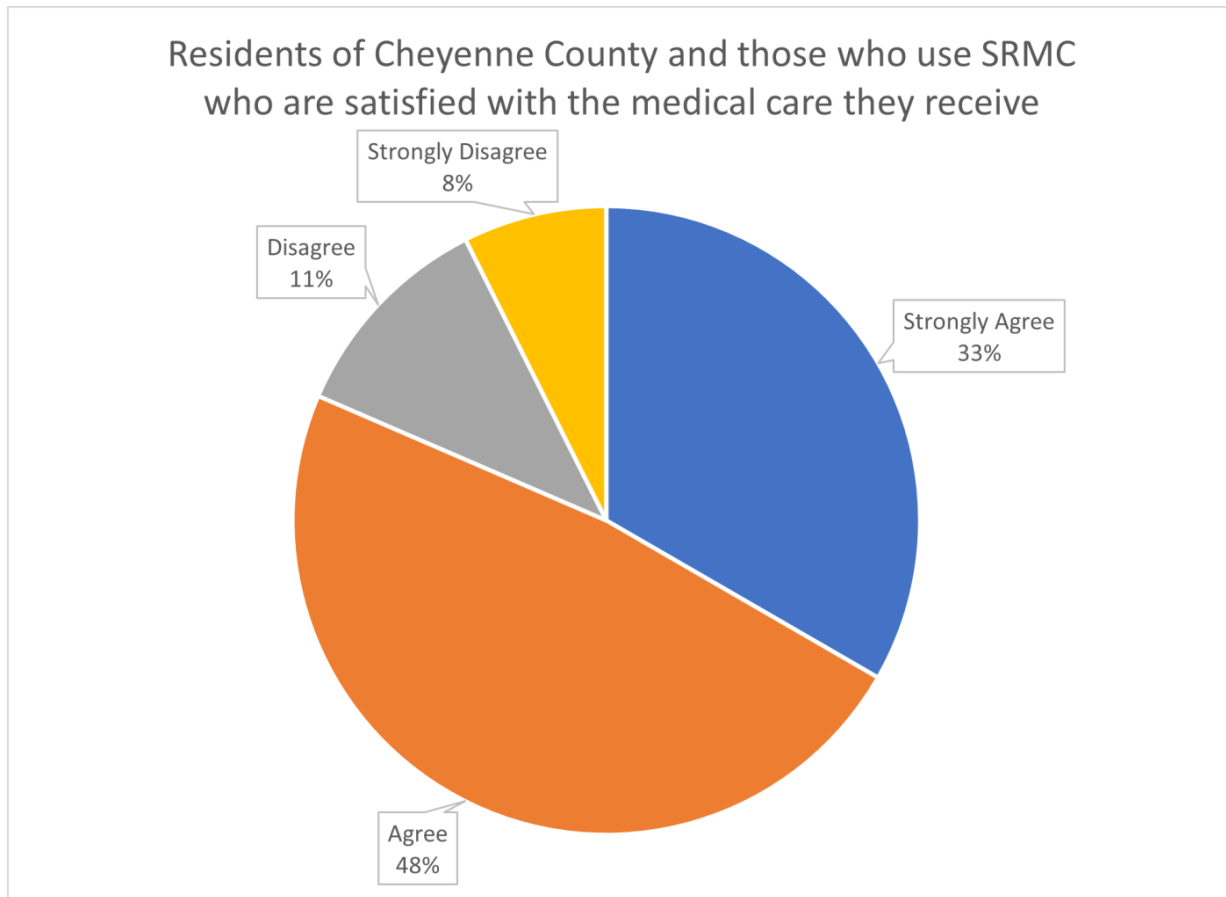
Source: Community Health Survey 2023

QUALITY OF CARE

The residents of Cheyenne County and those who use Sidney Regional for their primary care were asked if they were satisfied with the healthcare system, and slightly more than half the respondents (about 64%) expressed satisfaction.



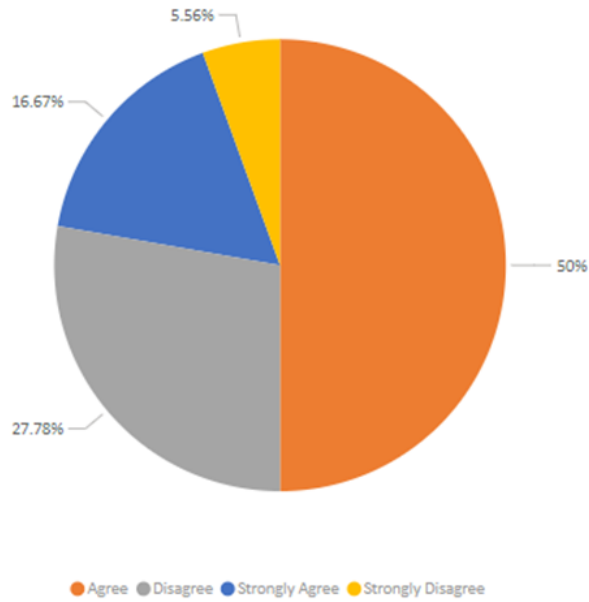
When the same group of Cheyenne County residents were asked if they were satisfied with the medical care they receive from Sidney Regional Medical Center, the majority of them responded positively.



ACCESS TO CARE

Access to care is defined by several factors including wait times, ease of understanding providers, physical proximity, and open hours. This section will explore many of these facets.

Residents of Cheyenne County and those who use Sidney Regional for their primary care who say they can get medical care when they need it

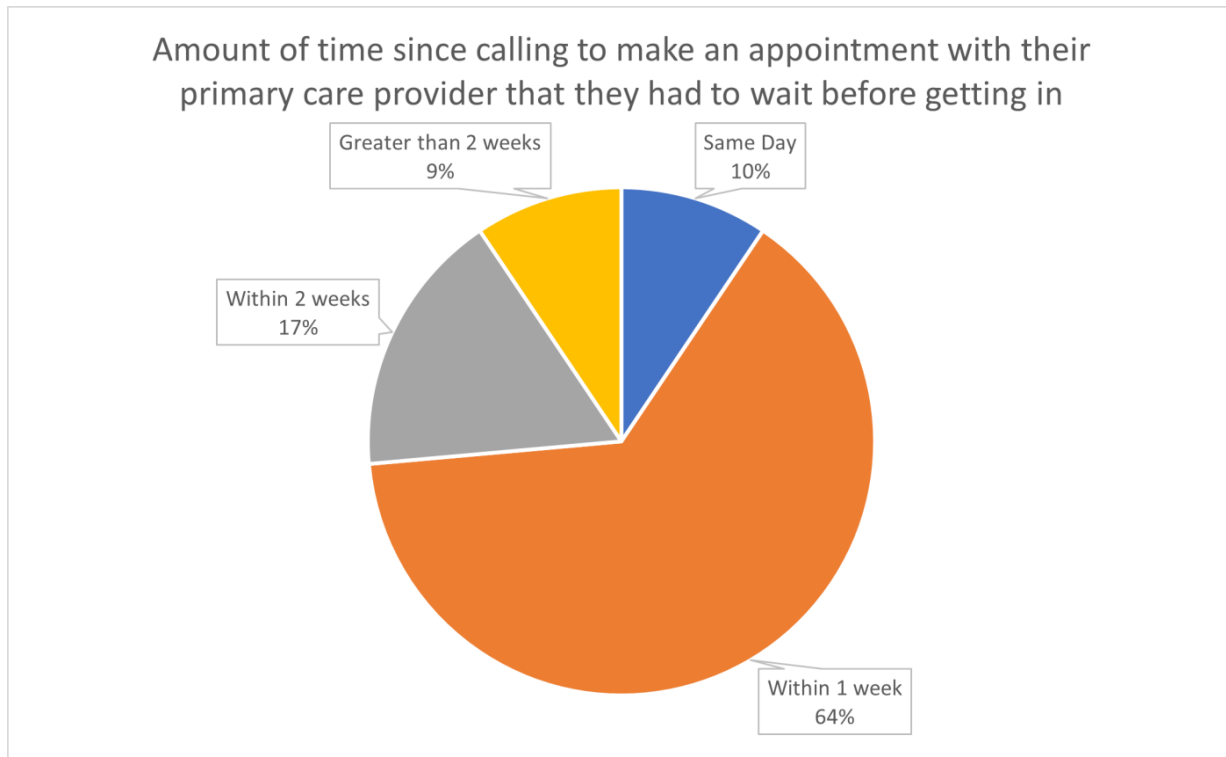


Source: Community Health Survey 2023

The respondents were asked if they could get medical care when they need it, most stated they could.

Wait Times

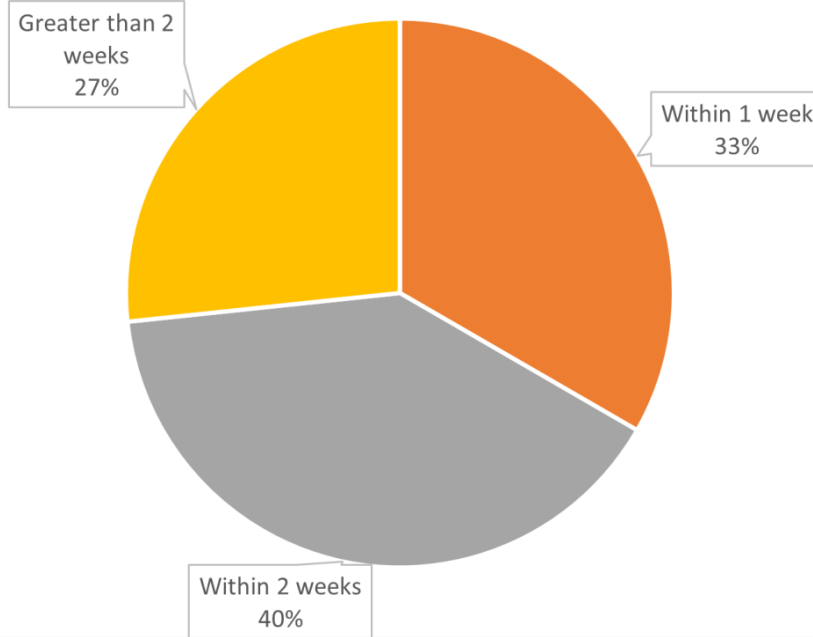
The respondents were asked about the amount of time it took from calling to make an appointment with their primary care provider and their specialist to when they were able to get in. Getting into the primary care providers took respondents less than a week most often. It took 9% of the respondents more than 2 weeks to get in.



Source: Community Health Survey 2023

To see their specialist, most responses were that it takes them less than 2 weeks. Only 27% of the respondents indicated they weren't able to get in within 2 weeks.

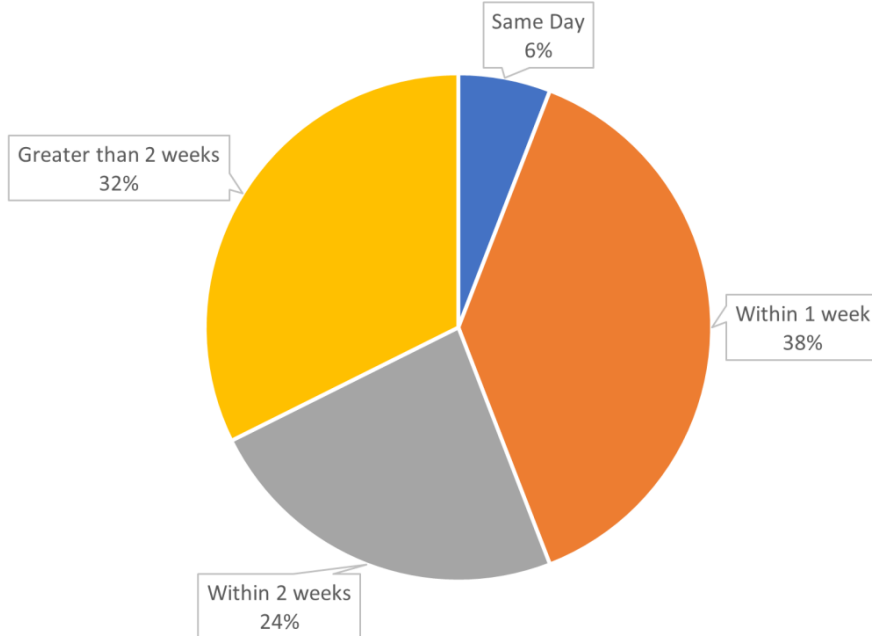
Amount of time since calling to make an appointment with their specialist that they had to wait before getting in



Source: Community Health Survey 2023

To see their mental health provider, most responses were that it takes them more than 2 weeks, followed by within 1 week, and then within 2 weeks, a small percentage of the responses responded with “same day”.

Amount of time since calling to make an appointment with their mental health provider that they had to wait before getting in

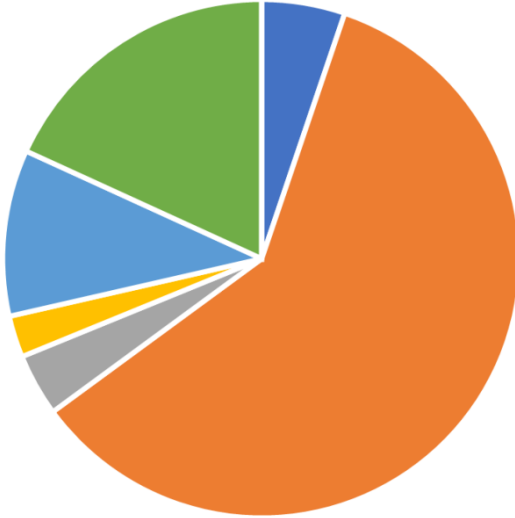


Source: Community Health Survey 2023

Transportation

Most survey respondents indicated they drive their own vehicle as their means of transportation.

What modes of transportation do you use?



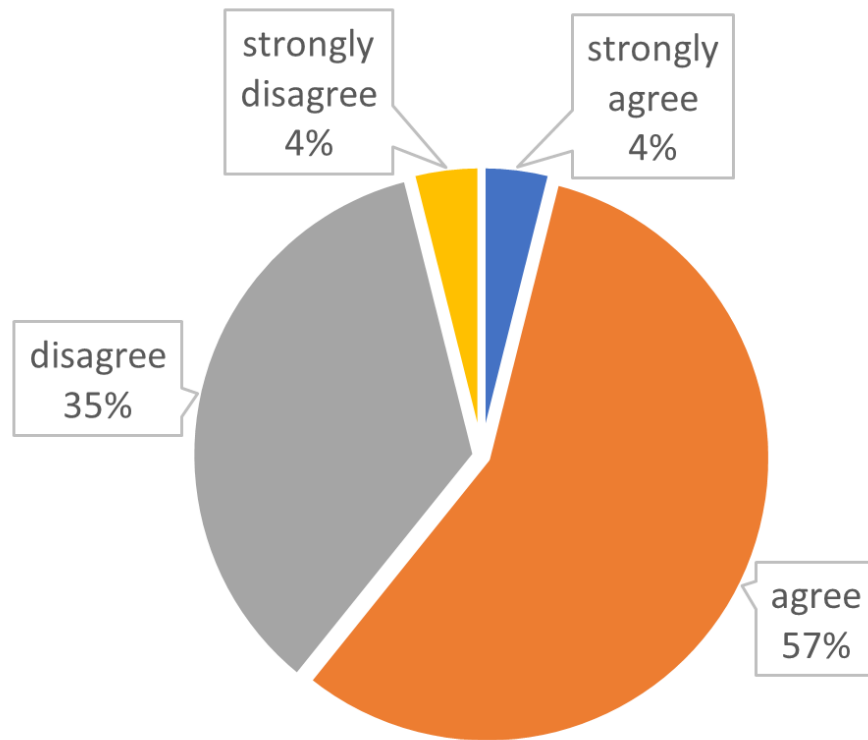
- Active Transportation
- Personal Car
- Friend or relative
- Private Transportation
- Medicaid Transportation
- Public Transportation
- Other

Source: Community Health Survey 2023

Although only 18% of the respondents indicated that they use public transportation as one of their primary modes of transportation, 37% indicated that they use public transportation at least some of the time. Among those who said they didn't use public transportation, most respondents said it was because they didn't need it. The next most popular reasons were because of the lack of service in their area and not knowing how to use it.

61% of respondents feel that there are plenty of transportation opportunities in their community.

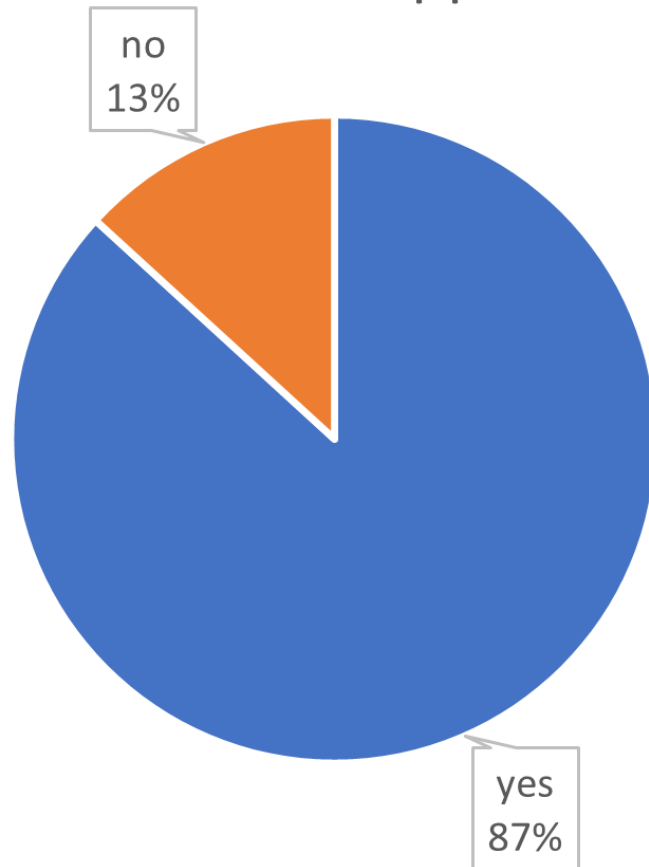
There are plenty of transportation options in my community



Source: Community Health Survey 2023

The majority of respondents stated that they have reliable transportation to get to medical appointments.

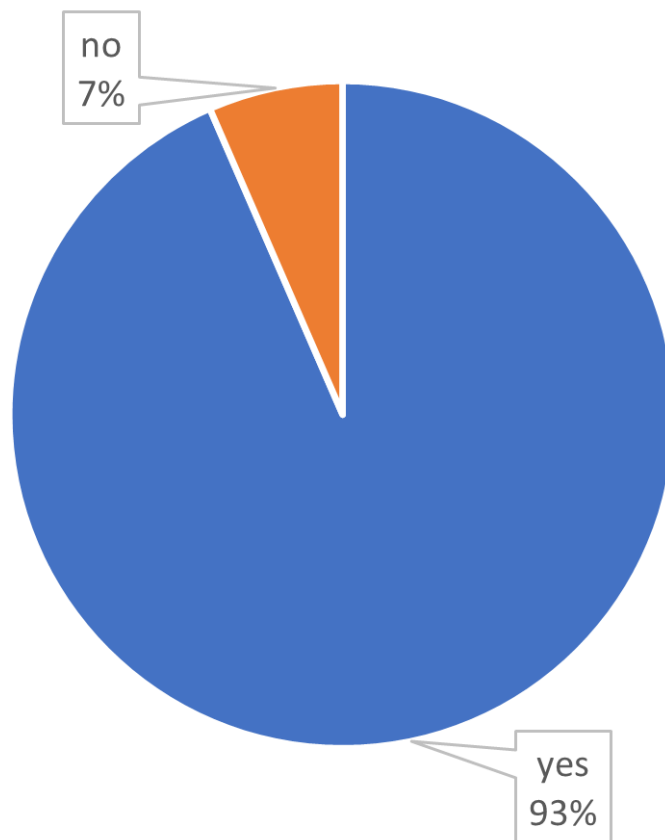
I have reliable transportation to get to medical appointments



Source: Community Health Survey 2023

The majority of respondents stated that they have reliable transportation to get to specialist appointments.

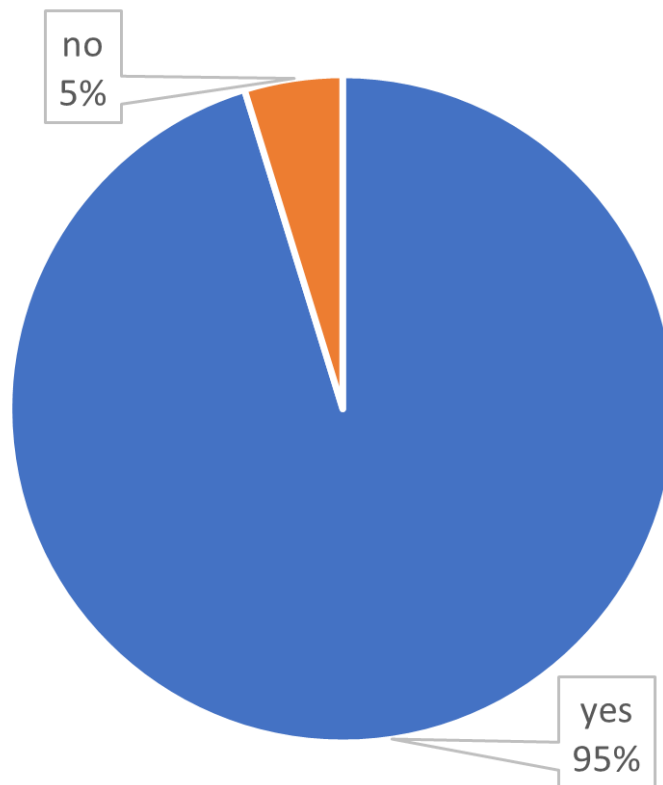
I have reliable transportation to get to specialist appointments



Source: Community Health Survey 2023

The majority of respondents stated that they have reliable transportation to get to mental health appointments.

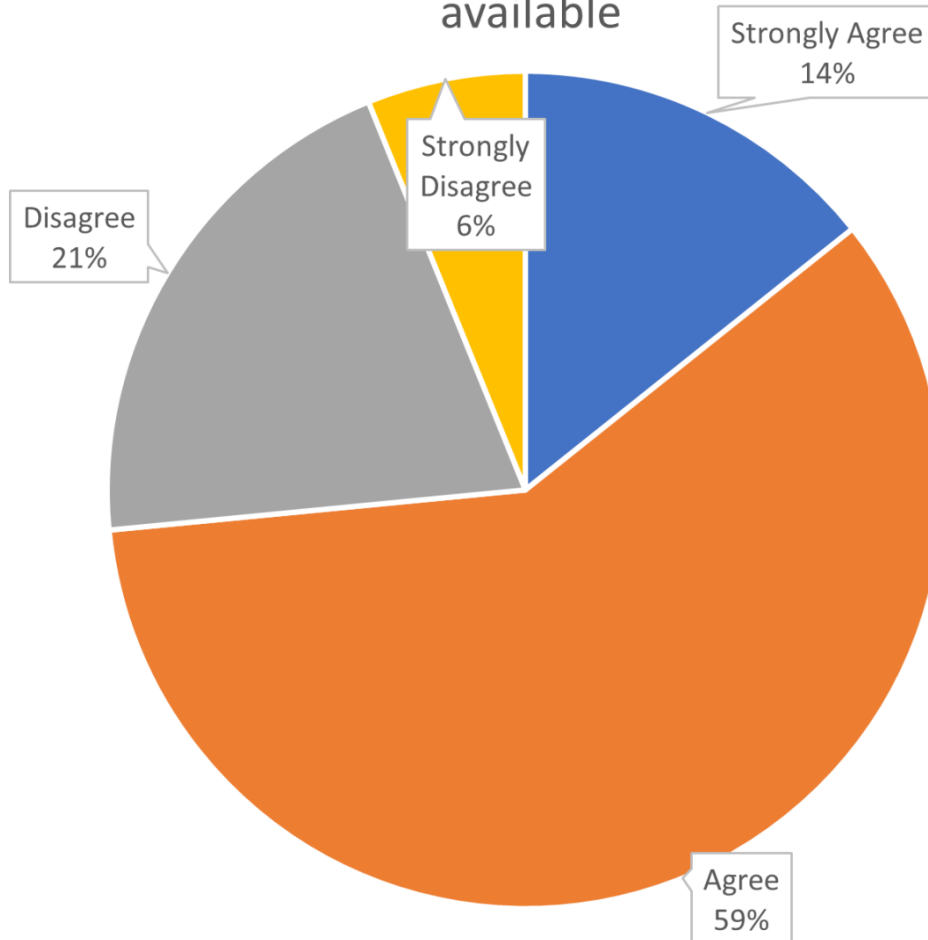
I have reliable transportation to get to mental health appointments



Source: Community Health Survey 2023

Telehealth is the option promoted to rural communities who struggle with access to healthcare. In order for telehealth to be successful, community members must be bought into the program. Broadband access also plays a part in a successful telehealth program.

I would use a telehealth option if it was available

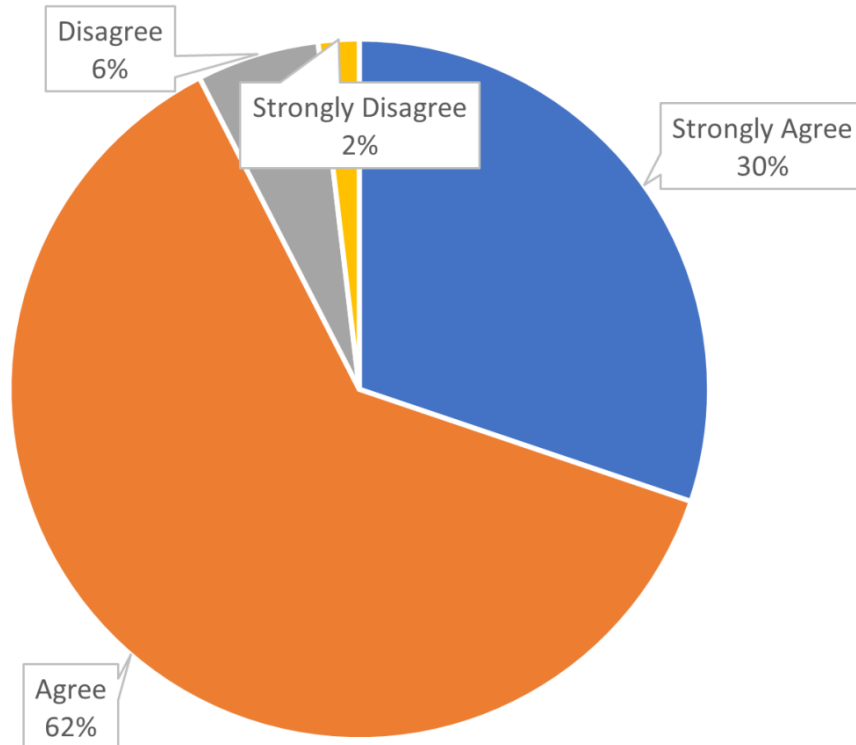


Source: Community Health Survey 2023

Health Literacy

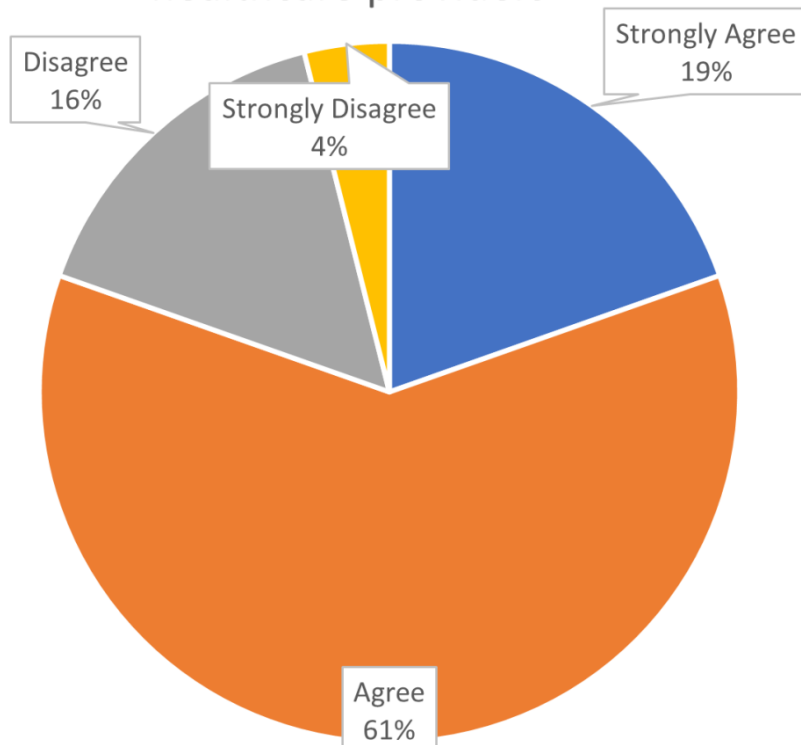
Healthcare providers who communicate clearly and use good health literacy skills can help people make informed health-related decisions. These strategies can help improve outcomes, especially for people who have limited health literacy skills, are in crisis, or speak English as a second language. To capture this in the survey, we asked about both spoken and written information.

I can understand what my healthcare providers are saying to me and act on that information?



Source: Community Health Survey 2023

I can understand written information from my healthcare providers

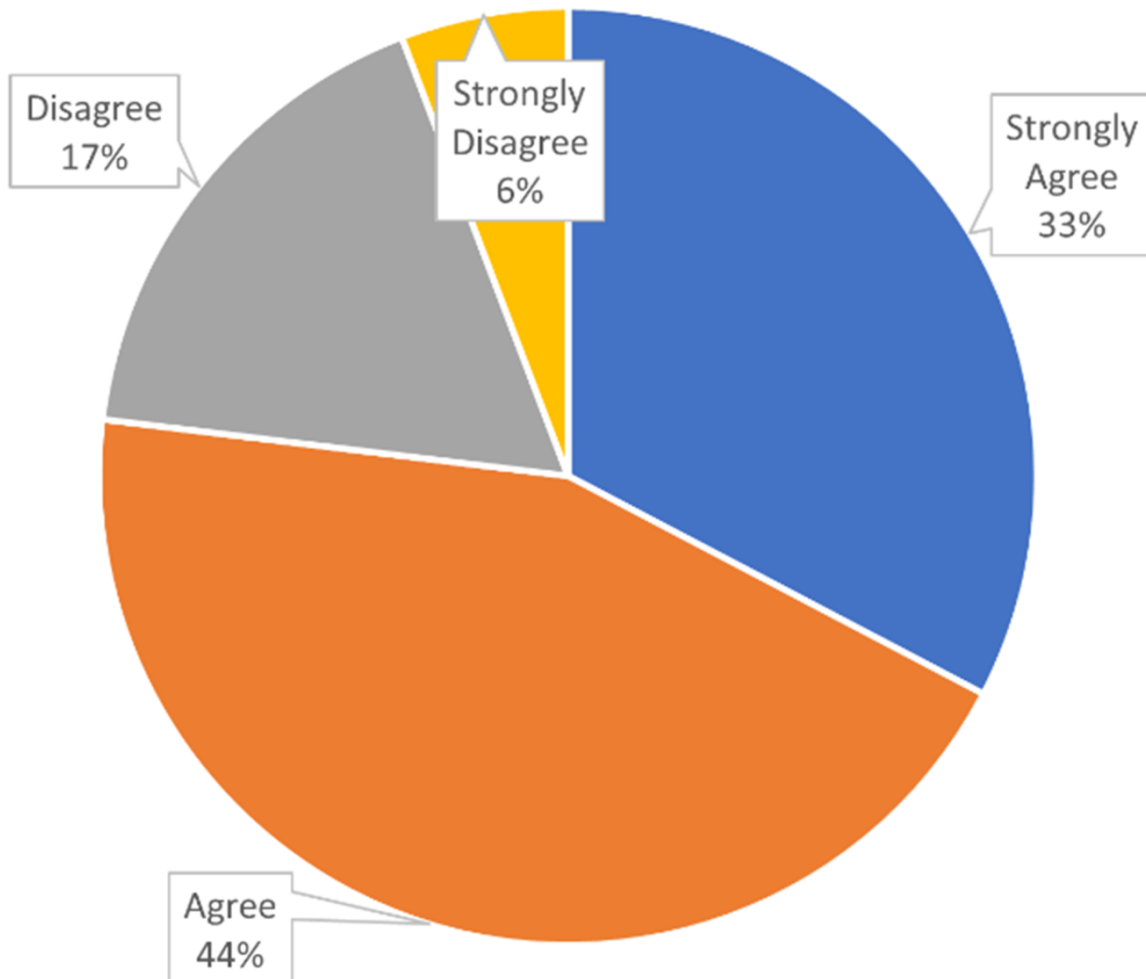


Source: Community Health Survey 2023

Cost of Care

Affordable care is a problem that shows up on the surveys year after year. Lack of/poor medical insurance provided through employers is also cited as a reason for workforce challenges in the area.

Sometimes it is a problem for me to cover my share of the cost of a medical care visit.

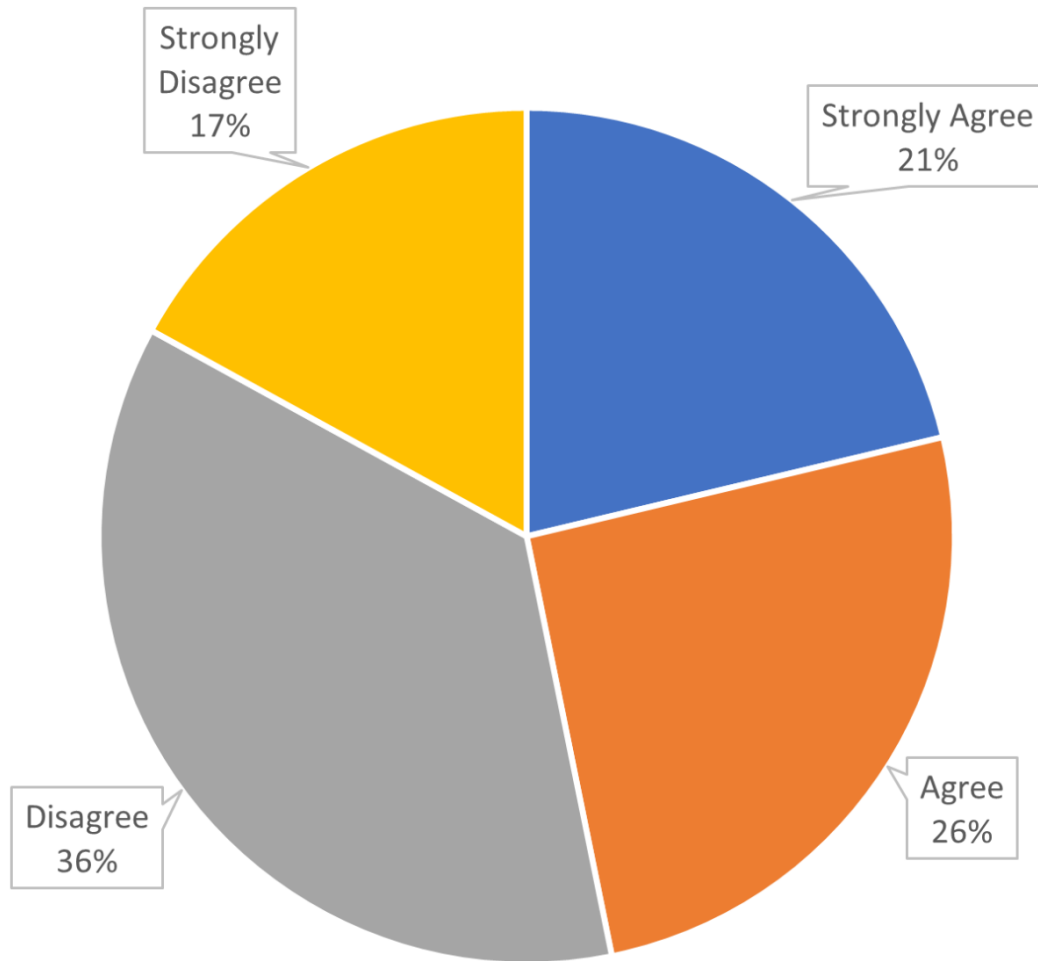


Source: Community Health Survey 2023

MENTAL HEALTH

When survey participants were asked to rate the accessibility of mental health providers in their community, a small majority indicated that they felt it was not easy to find mental health providers in their community.

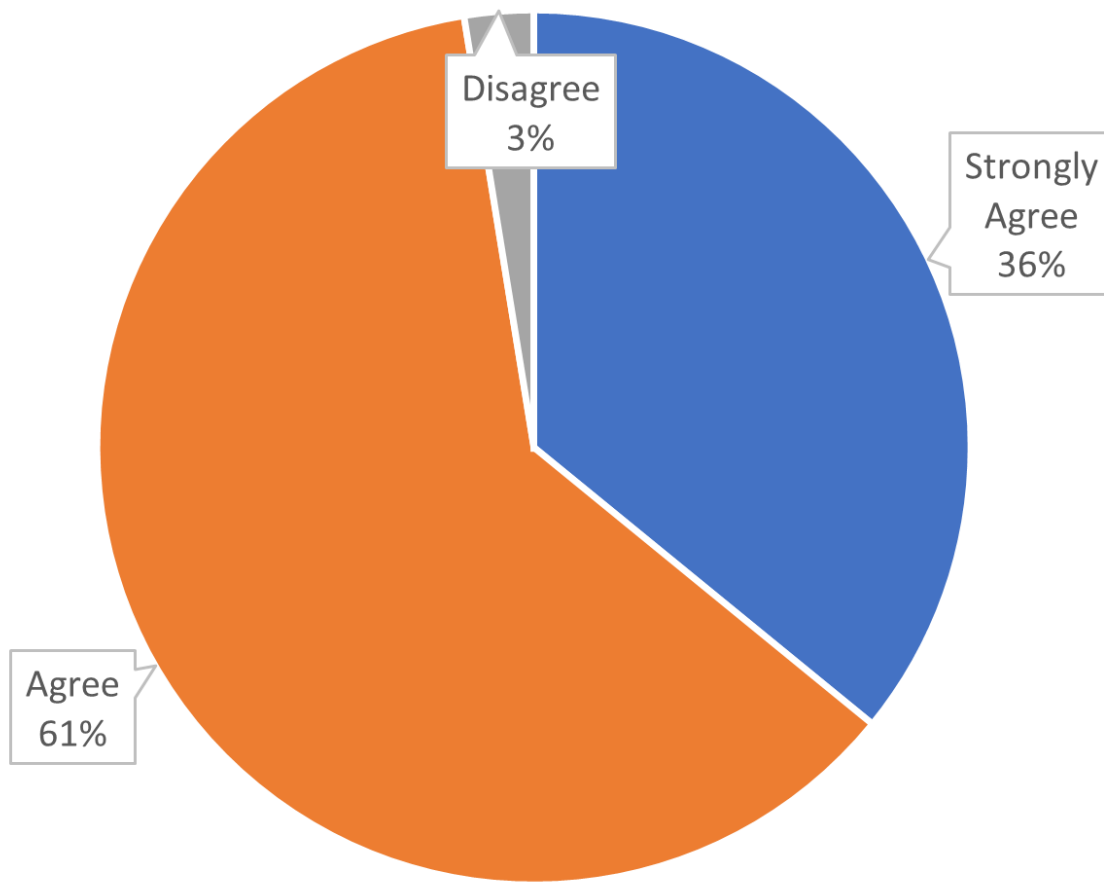
It is easy to find mental health providers in my community.



Source: Community Health Survey 2023

Upon asking respondents to assess their family's stance on seeking help from a mental health professional, a significant majority expressed a strong consensus that their families are supportive of this decision.

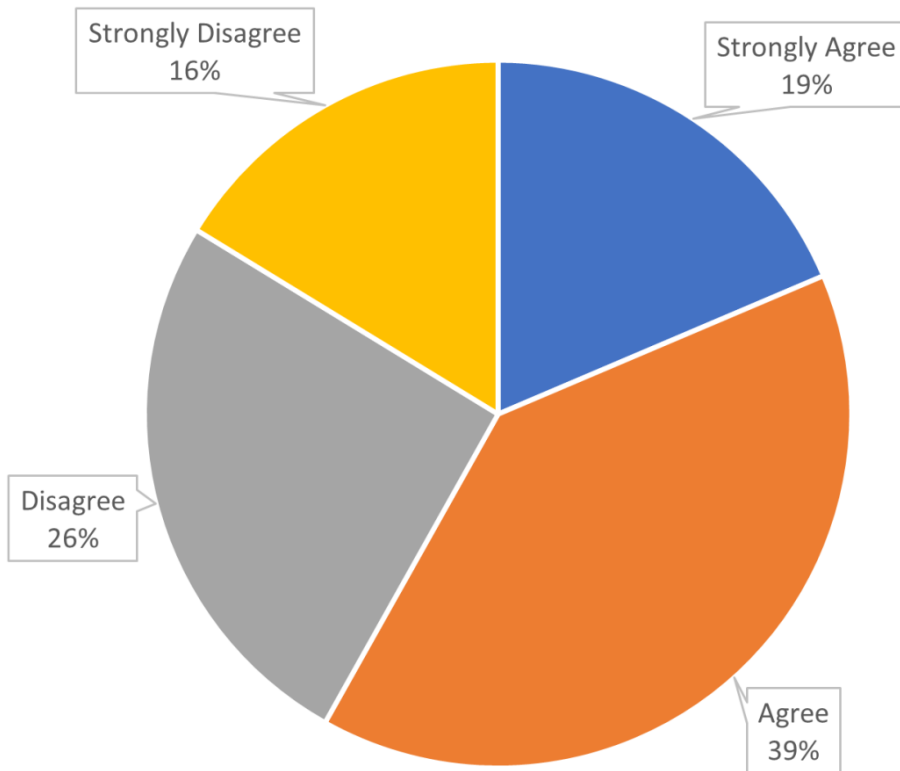
My family supports me seeing a mental health professional.



Source: Community Health Survey 2023

The survey respondents were split on their satisfaction with the mental health services in their community. A small majority felt satisfied.

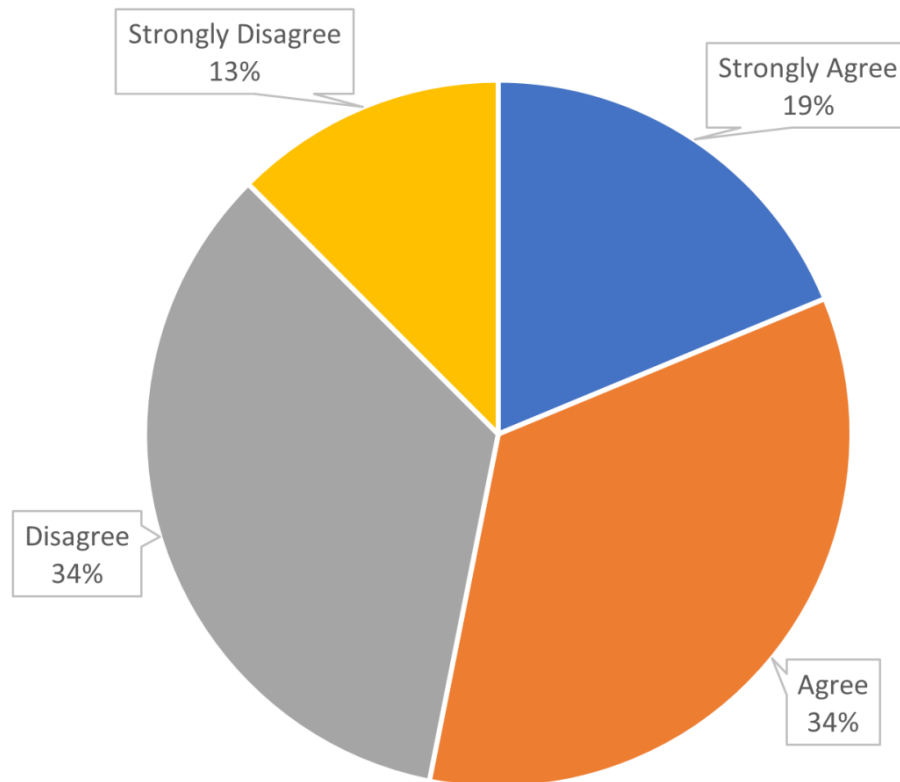
I am satisfied with the types of mental health services available in my community



Source: Community Health Survey 2023

A small majority of the respondents agree that it is easy for them to schedule appointments with mental health providers that fit into their schedule.

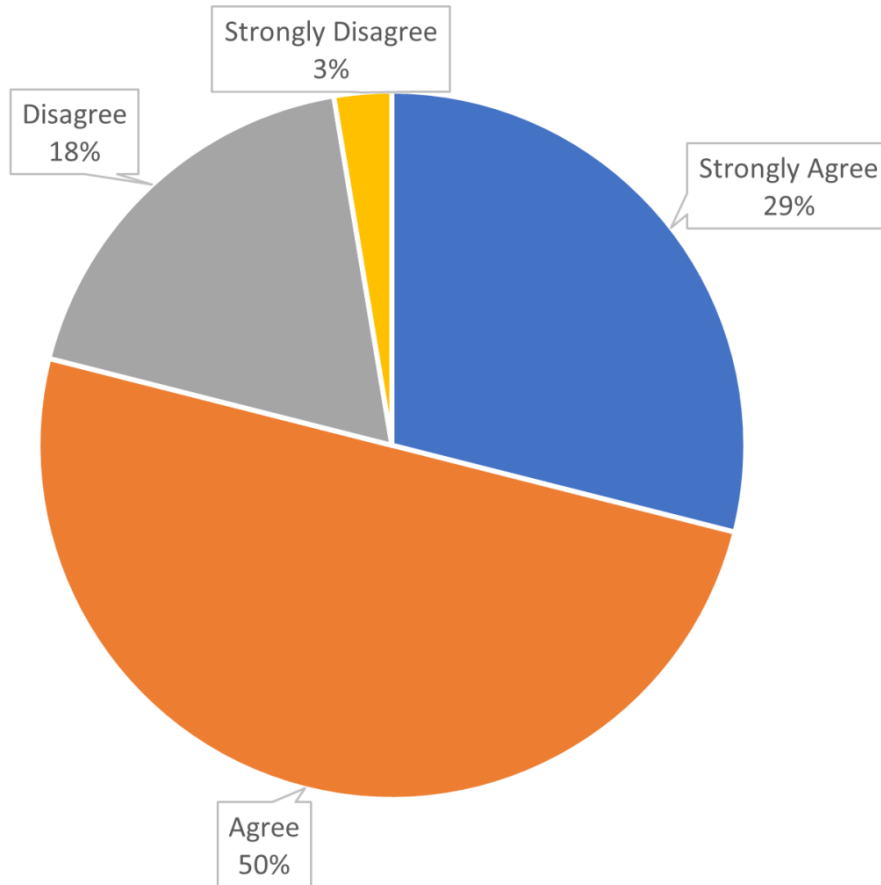
It is easy for me to schedule appointments with mental health providers that fit into my schedule



Source: Community Health Survey 2023

A majority of the respondents stated that the distance they must travel to see a mental health provider has resulted in them not seeing a mental health provider.

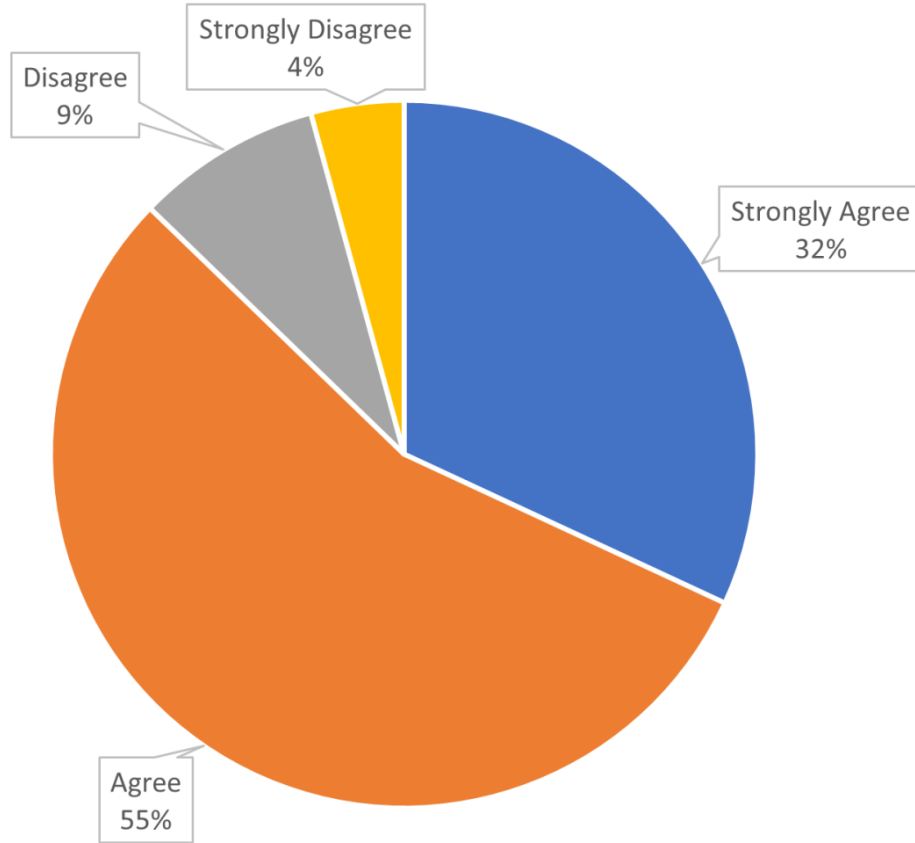
The distance I must travel to see a mental health professional has resulted in me not seeking help.



Source: Community Health Survey 2023

Most respondents have stated that they are comfortable with the idea of seeking help from a mental health professional if they need it.

I feel comfortable with the idea of seeking help from a mental health professional if I need it.



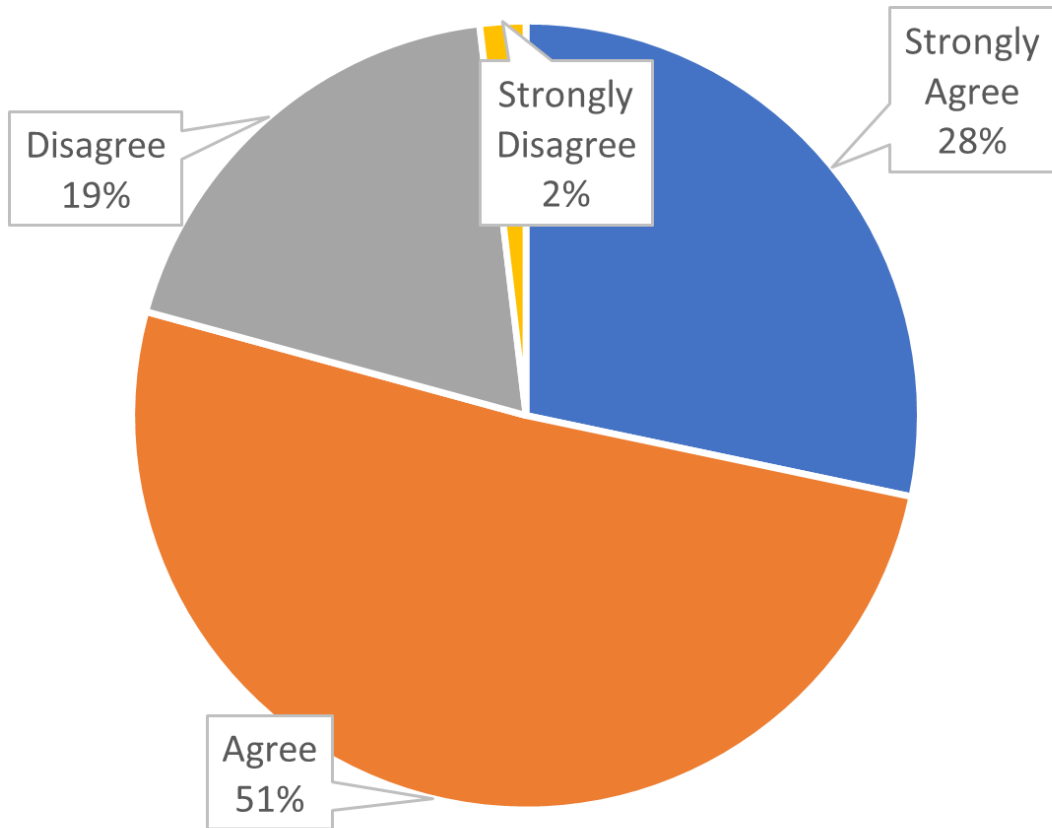
Source: Community Health Survey 2023

SOCIAL DETERMINANTS OF HEALTH

Quality of Life

The following section includes responses to questions about quality of life among different community members. Quality of life encompasses many aspects of community including safety, comfort, and the ability to be confident.

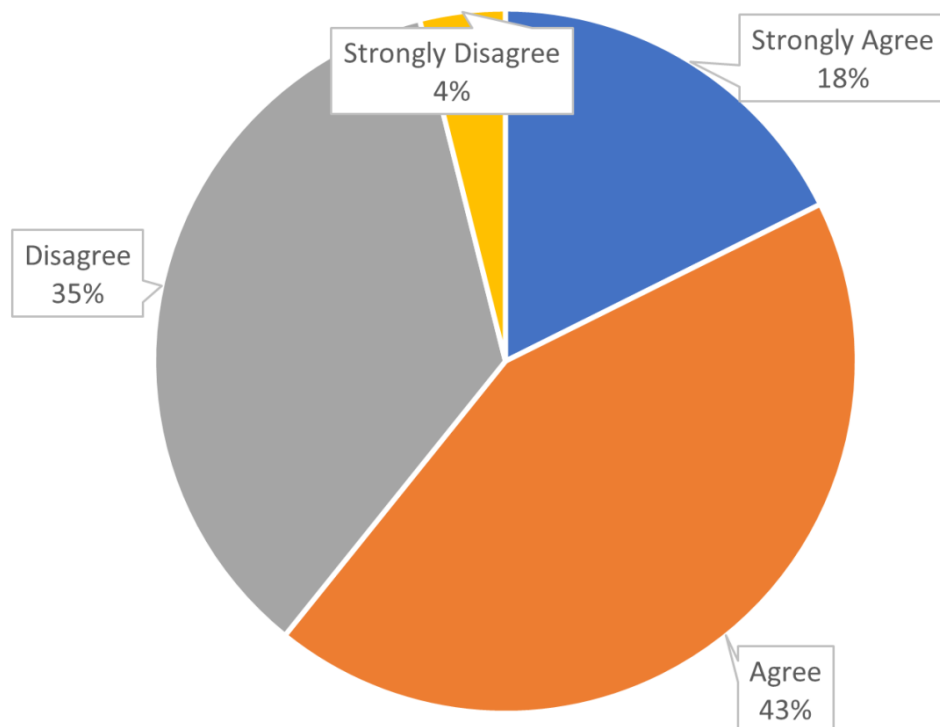
The community is a safe place to live



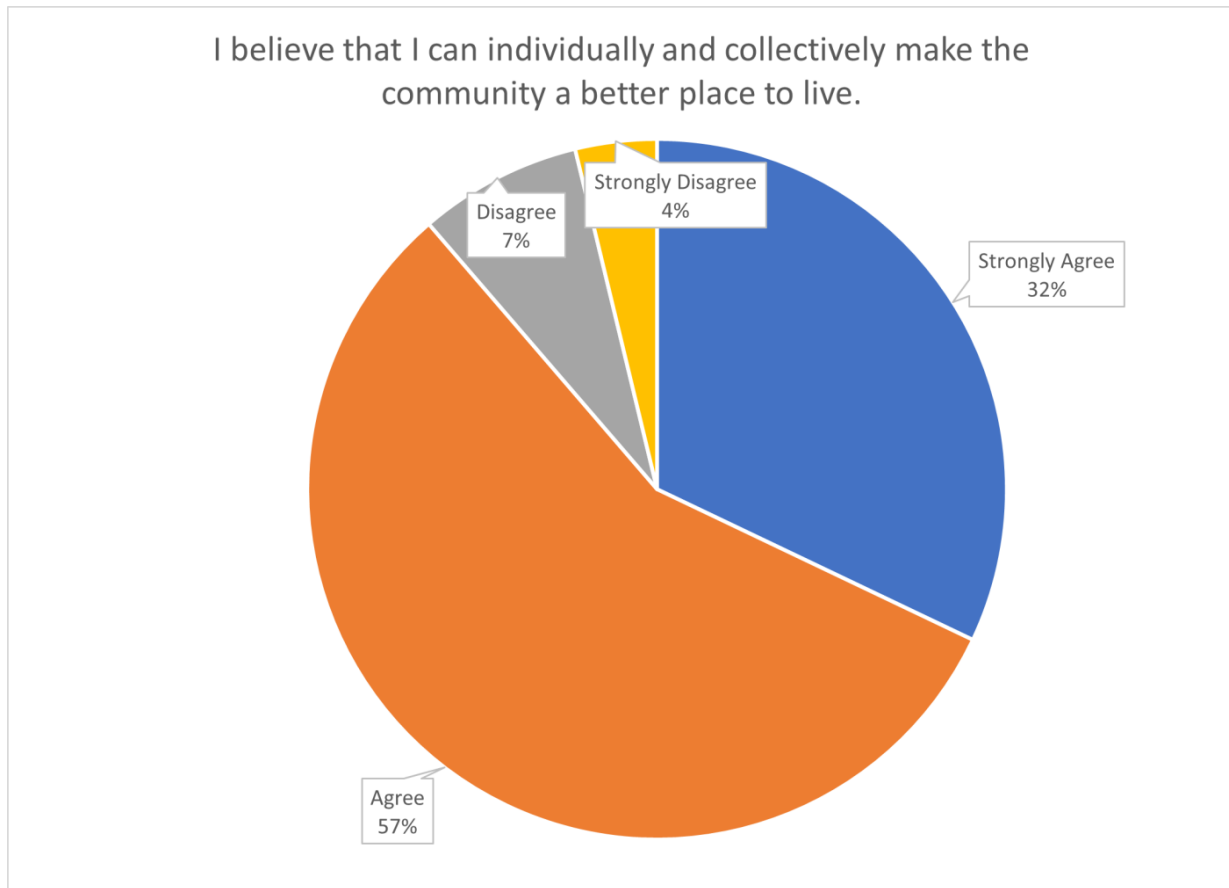
Source: Community Health Survey 2023

Support networks are incredibly important for the psychological safety of community members. Most respondents agreed that there were support networks in times of stress and need.

There are support networks for individuals and families during times of stress and need.

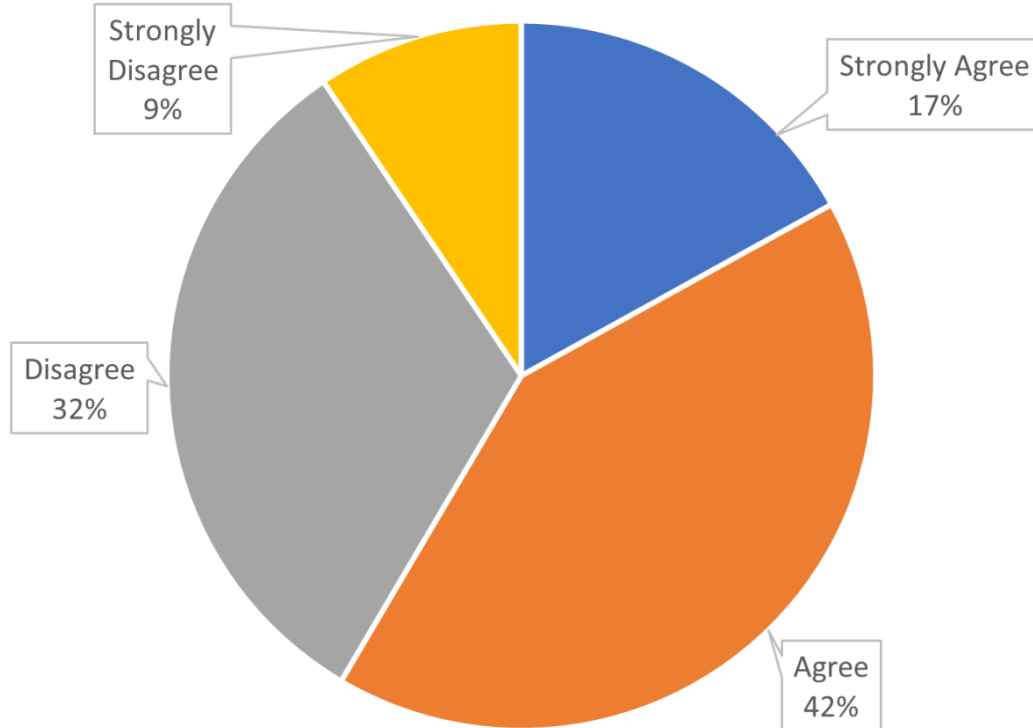


Active hope is the belief that community members can change the reality of their situation to make their hopes and dreams come true. A majority of respondents agreed that they held this belief.



A slight majority feels that there are many recreational opportunities for adults in their community.

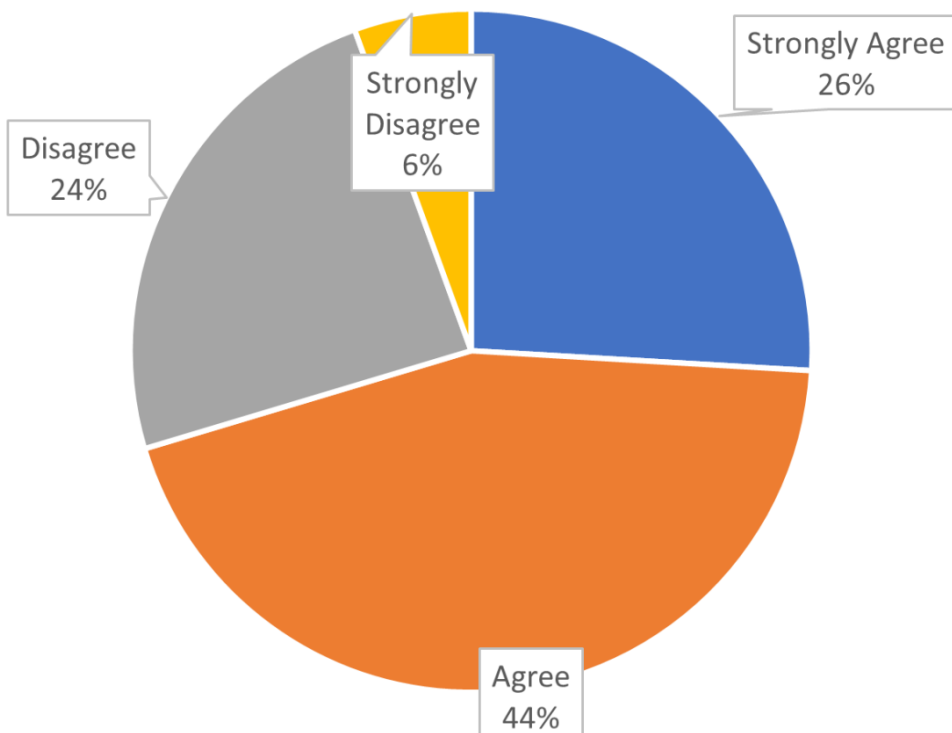
There are plenty of recreational opportunities for adults in my community.



Source: Community Health Survey 2023

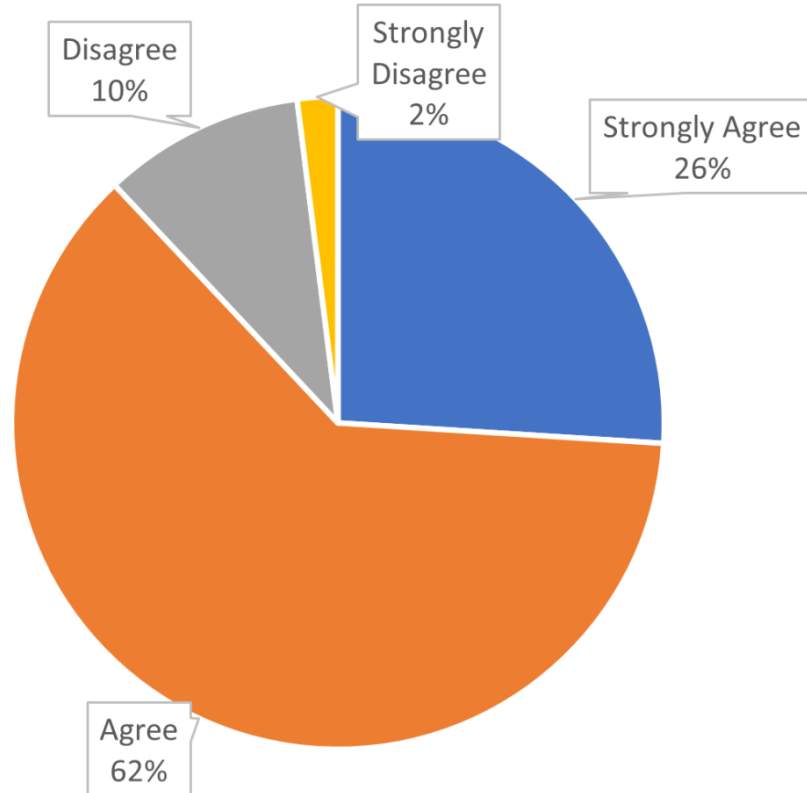
The community being friendly to vulnerable groups is an important component to belonging. We asked if the community was safe for folks to be their authentic selves and whether it was military friendly and most respondents agreed.

I can be my authentic self in my community.



Source: Community Health Survey 2023

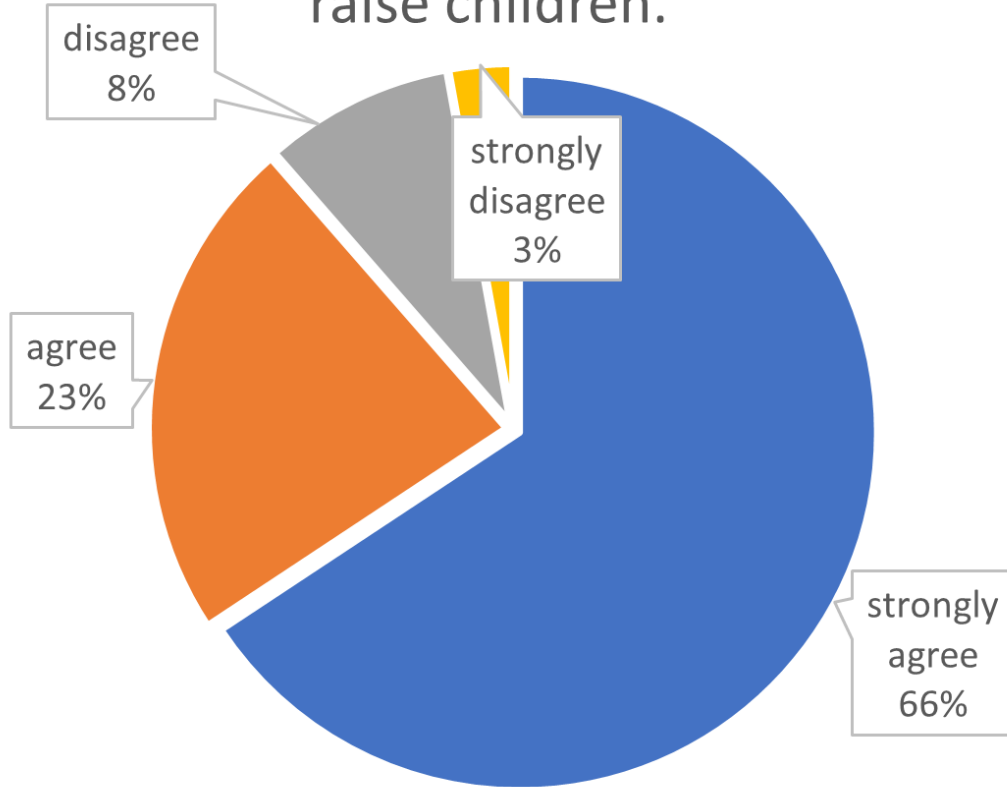
The community is military friendly



Source: Community Health Survey 2023

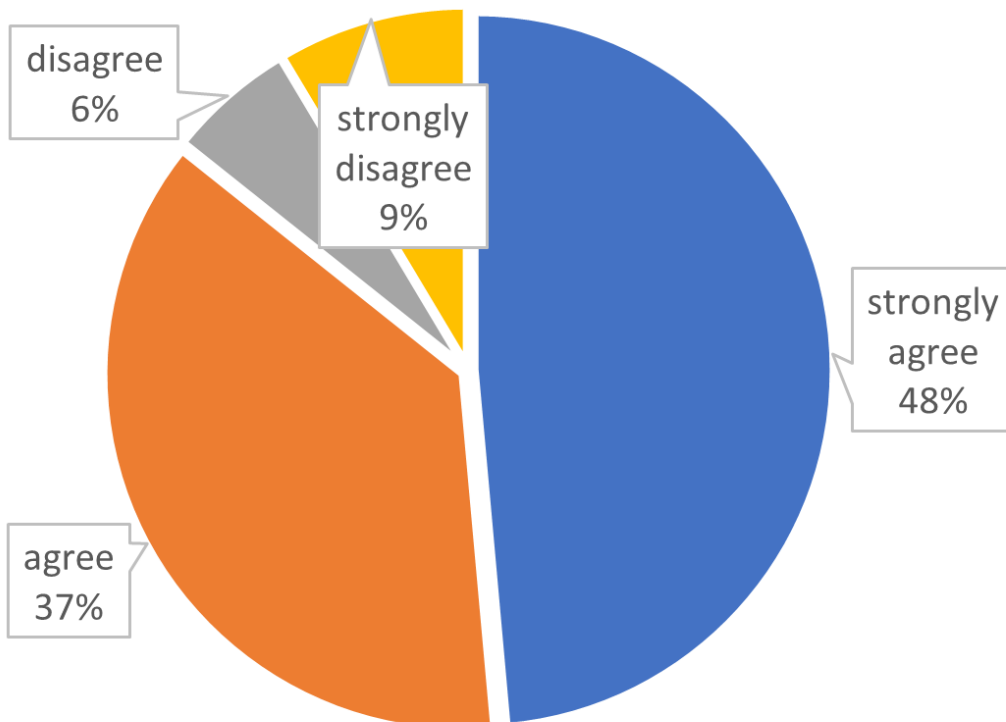
Only respondents with children in their care responded to these questions, . Many people agree the communities are a good place to raise children and there are good school systems. Many respondents felt there are not enough after school opportunities for middle and high school aged children and access to quality childcare is a challenge.

This community is a good place to raise children.



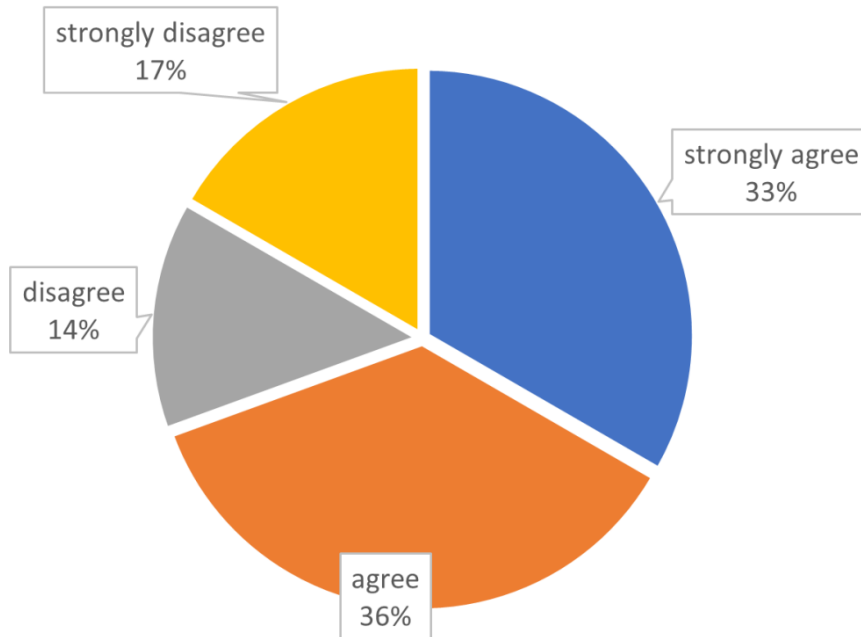
Source: Community Health Survey 2023

I am very satisfied with the school system in my community.



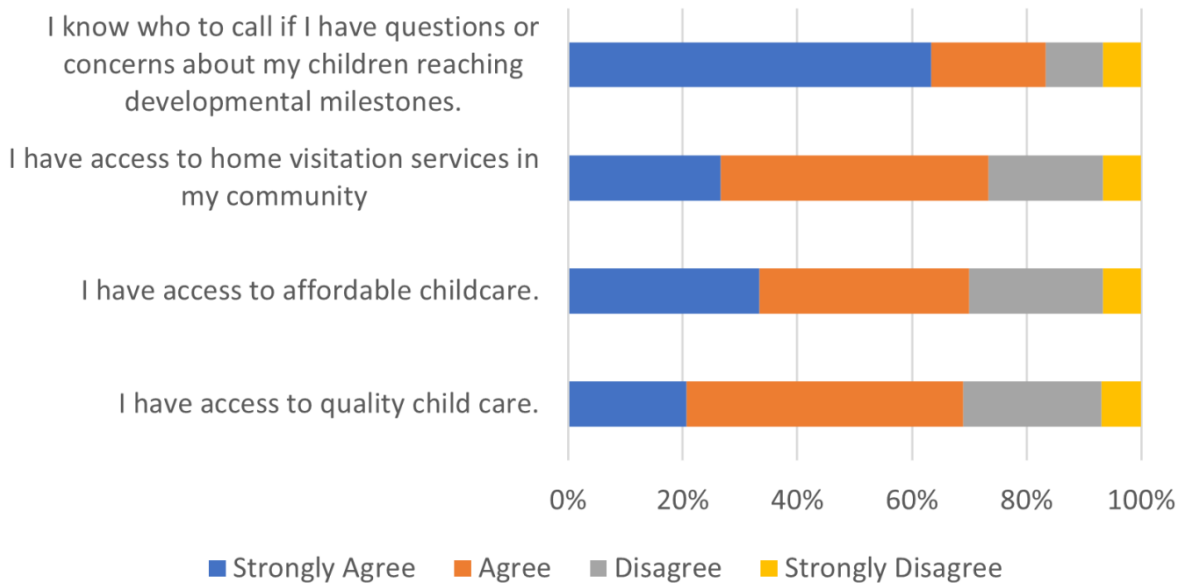
Source: Community Health Survey 2023

There are adequate after school opportunities for middle and high school age students.



Source: Community Health Survey 2023

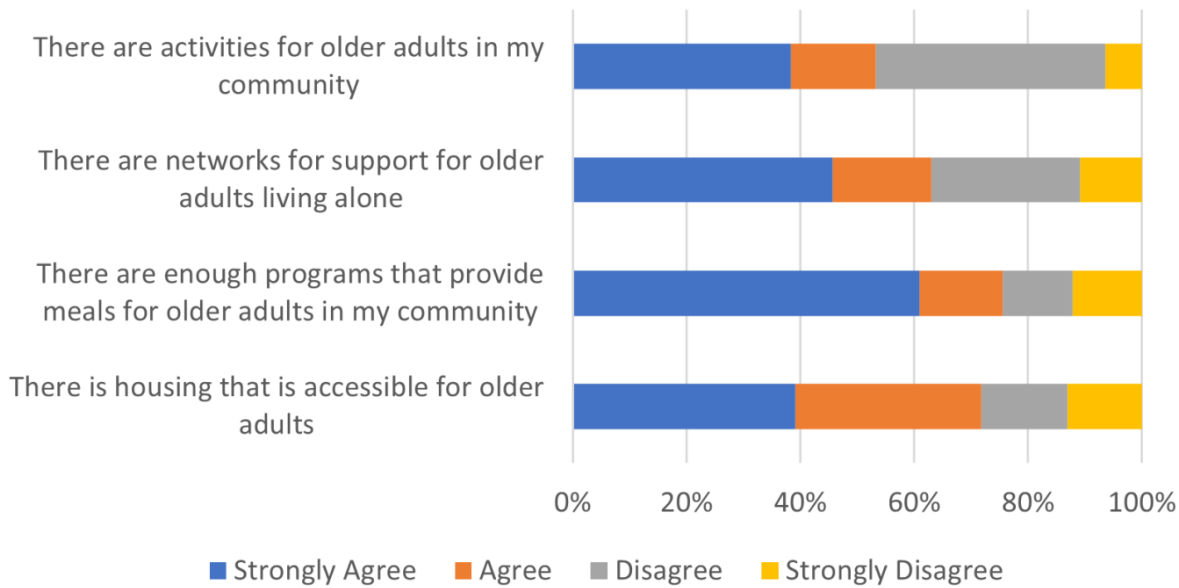
Measures of outcomes for young children



Source: Community Health Survey 2023

The following section includes responses to questions about older adults in the community. Overall, respondents ranked items about quality of life for older adults on the positive side. The majority felt the community is good place to grow old (93% agreed or strongly agreed).

Measures of outcomes for older adults



Source: Community Health Survey 2023

Forces of Change Assessment

The Forces of Change assessment was completed in February 2023 as a region. See the regional CHA for the meeting work product (including details on the process).

Horizon

- Simplifying the referral process
- Universal electronic health records
- Fully subsidized child care
- 1-year paid family leave, including for adopted children
- Equal pay for all
- Universal pricing for medical care and medications regardless of insurance availability
- Reducing paperwork for resources/services
- Enforcement for landlords to maintain housing standards/quality including non-Section 8
- Education reform related to cost of specialized fields
- Behavioral health/wellness center in every community
- Detox center access in the Panhandle instead of jails
- Access to sharps containers for safe disposal
- Regular youth social activities
- Regular senior activities
- Support group identification in the referral process
- Access to specialized all-pediatric care (out of state)
- Insurance companies become nonprofits
- Expand needle exchange programs and naloxone access
- Mentoring programs that is outside school systems, pool of qualified background checked volunteers
- Expanded post-natal care and support - resources, screenings, breastfeeding, letting moms bring small children to work to continue BF
- Everyone has access to employment training - exposure to trades skills in high school
- Removal of financial guidelines and admission requirements requirements to receive/maintain services - ie Healthy Families to all new parents instead of screener eligibility
- Crisis stabilization unit with detox (one stop shop for assessment, wrap around services, meet ST need and address LT strategies)
- Free post-secondary education
- Places for youth and seniors to connect that are quality, well-maintained locations, intergenerational learning and sharing
- Support for families that have older adults needing senior/expanded care that is affordable - trauma of losing family assets to pay for senior care, depletes family assets
- Paying clients for their time to learn the skills they need - ie paid for an hour of homeownership courses
- Inclusive communities - community equity and connectedness
- Peer learning programs
- Employer provided housing, also provides transportation to/from work
- Expanded concierge clinics
- Lifestyle medicine - more diverse approach to handling chronic conditions, all encompassing
- Teleportation
- Major health insurance restructuring
- Local shuttle services also contract to help employers get employees to/from work
- Remove state borders impacting insurance coverages/providers
- Remove barriers (like during covid - laws, policies, credentialing, access to telehealth) that allow providers to provide care in a more expanded area/capacity
- Better approach to elderly care - handling death of a loved one, home health resources, 24/7 CNAs, AFFORDABLE

Emerging

- Tele-Health
- Diversity, Equity, and Inclusion
- Real Data -Race, ethnicity, age, language
- Asking identifiers
- Continuous glucose meters - early prevention
- Community Rec Center - Resources -Social interaction
- Integrated Behavioral Health Clinic - everything in one place
- Continue to promote healthy eating
- Nutrition shortcuts
- Active collaboration - 5K's
- Peer support
- Partnering / Collaboration
- Welcoming community conference
- More classes/education offered
- Businesses, school, community partnership to help address childcare needs
- Law enforcement & community health collaboration
- Training Resources for emotional awareness to caregiver/teachers
- Walking/biking lanes
- Inclusive Parks (age appropriate, ADA)
- MAT Programs
- detention center reintegration program/resource availability
- LOSS Team
- Rural resilience/communicating with agriculture community in stress
- 988 - Suicide Hotline
- Double up food program
- Cultural sensitivity training LGBTQ+
- Restorative Justice
- Housing First
- Centralized information
- No Wrong Door
- Utilizing expertise of people with lived experiences
- Utilize faith based communities
- After school programming
- Harness viral social media
- Medical Interpretation
- Remote Work
- wellness incentives (gym memberships)
- Behavioral Health/ meditation
- De-emphasis on getting 4 year degree
- Renewed interest in FFA, Ag, 4H
- Desire to learn a different language
- Canning, DIY, Sustainability
- Upstream

Established

- Question, Persuade, Refer
- Situation Table
- Panhandle Partnership
- Youth Mental Health First Aid
- Absence of services
- Traveling to next city/state for in-person care
- Sweep it under the rug
- Professional Partner Program
 - Youth Transitional Services (similar to PPP but 16-18)
- Healthy Families
- Collaboration
- Community Supports
- In and out of the system (Mental Health/Substance Abuse)
- Training Academy
- Common Cause: unified recognition & want to address
- Don't have support for homeless population
- Recidivism
- Unite us - United way
- Western Nebraska HealthCare Alliance
- Rural response hotline - 988
- Behavioral Health Education Center of Nebraska
- Asking about social determinants
- National Diabetes Prevention
- Panhandle Collaborative Spirit
- Regional Hospital have services
- More established diverse population
- Tying insurance to employment
- Panhandle organization employers
- In-person work
- Virtual meetings
- High copays
- Employers recognizing their roll in a happy employee. Access to health care etc.
- Youth sports
- Not every community has established organizations
- Access to supports like food stamps, housing, etc.
- Local Public Health systems
- Strategies to improve walkability and active living
- Youth diversion program
- Worksite Wellness
- Tobacco Free Policies
- Hope squad
- Prevention Coalition
- Previous data to rely on - data driven decisions
- Use evidence based strategies
- secondary education
- Treating symptoms instead of causes
- Things get piloted in Eastern NE and don't make their way out west

Disappearing

- Safe Sex/Sex Education (needs resuscitated)
- Vaccines (needs resuscitated)
- BMI (outdated/replaced)
- Parental discipline (outdated)
- Work ethic/Company loyalty
- Traditional Families/Lack of positive role models
- Social media - disappearance of social experiences
- Expert opinions (disappearing)
- Problem solving abilities
- Time Outside (needs resuscitated)
- Trust/Wrong information
- Libraries
- Expectations for our youth
- Shame/Exclusion ("out")
- In-person communication
- Sense of community - rootedness
- Job recruitment ("out") and quality of life "in"
- 1st time home buyers (disappearing)
- Local media / journalism
- Meeting in person/networking (needs resuscitated)
- Funding to go to in-person events
- Punitive towards behavioral health (needs to be let go)
- 9-5 work week / 5 days / at the office
- separation of medical and mental health treatments (let go of the idea that they're separate)
- family care doctors (needs resuscitated)
- Feeling safe - media, worldly
- The word "traditional" needs to go away
- Traditions and religion (needs resuscitated)
- In-person group fitness needs resuscitated
- Prioritizing health (needs resuscitated)
- Recycling (needs resuscitated)

Undertow

- Silos that don't communicate
 - Schools, hospitals, foster care, Juvenile Justice
 - No Central Intake
 - Control Mindset
- Bias & Stigma- Scared Straight approach, access to services in certain areas, Medicaid population, Mental Health Substance Misuse Stigma Treatment (more so for men)
- Clarification of Continuance of Care
- Gatekeepers to care- Barriers/red tape
- Lack of sustainable funding
- Institutional Mistrust
- Reluctance to change
- Political will- "don't rock the boat"
- Agendas & perspective
- Trends of Consolidation- Lost local considerations & perspectives
- Competition for scarce resources
- Make less here for same jobs than would be made elsewhere
- Expectations
- Problem focused rather than solution focused
- Conspiracy theories- Misinformation & Social Media
- Inaccessible communication-
 - written & verbal (brail, multilingual, Sign-language)
- Racism
- Cultural understanding of healthcare services
- Political Polarization
- Cost of education - student loans
- Big Pharma- Cost of medication
- wait lists
- Passing the buck - reimbursement
- Insurance dictated care
- Access to quality affordable childcare- getting people to work
 - willingness to explore flexible options
- Small workforce
- Discomfort asking hard questions
 - Mental Health
- Rural & Remote Nature of the Panhandle
- Zero Sum Mentality
 - Lack of a "greater good" mentality
- Generational Poverty
- Lack of lived experience in decision making processes
- Service Cliff- Loss of services if circumstances change

Local Public Health System Assessment

The MAPP process typically includes an assessment called the Local Public Health System Assessment (LPHSA). In 2022, MAPP 2.0 was made available and a new tool for assessing partner capacity was made available. It is called the Community Partner Assessment (CPA). The CPA was completed in the Spring of 2023. A summary of the results can be found in the regional CHA.

The Community Partner Assessment was distributed as a survey through the Panhandle Partnership, MAPP, and Work Groups email lists. Questions in the Community Partner Assessment were designed to assess strengths and gaps in the participating agency's capacity. This method of assessing the public health system was much smoother than it was during the last cycle. The partners gave good feedback on the ease of use but gave a recommendation for it to be shorter next time.

MAPP PHASE 4: Identify Strategic Issues

A prioritization process to identify strategic issues to focus on in the Community Health Improvement Plan (CHIP) was completed through a modified consensus workshop in the summer of 2023

The agenda was as follows: Introductions, Data Presentation, Prioritization Consensus Workshop, Conclusion.

The presentation presented included the results of the survey distributed to the community and the results of the community partner assessment. After going through the presentation, attendees made a list of three themes that emerged to them based on that data and the data from the kick-off in February. Attendees then worked with their tables to narrow the ideas down and sort ideas into 4 categories: Highly Urgent/Resources Available, Highly Urgent/Limited Resources, Less Urgent/Resources Available, and Less Urgent/Limited Resources. As a large group, we worked together to come to a consensus on where each of the top ideas fell onto that same grid. The list of attendees from this meeting are kept in the notes by PPHD and can be requested by emailing mbarhafer@pphd.ne.gov.

2024-2026 Sidney Regional Medical Center Community Health Improvement Plan Priority Areas



The priority areas decided on by Sidney Regional Medical Center

We will work on these priorities over the next three years. The workplan is available on the website.

Empowered by [mySidewalk](#)
[Terms of Use](#)