

2024 - 2026

Community Health Improvement Plan of Kimball Health Services

live, learn, work, and play



For a Healthier Panhandle

LETTER FROM THE CEO

Kimball Health Services is committed to serving the community and enhancing the quality of life for individuals, families, and communities we serve. Our goal, with the attached community health needs assessment, is to better understand the range of issues affecting our health. We look forward to working with you and our community partners to optimize health and continue to meet our mission, which is:

Above all else, we are committed to patient-centered healthcare with excellence in quality, accessibility and patient experience.

The significance of better understanding our community's needs was highlighted with the Patient Protection and Affordable Care Act requirements passed in March 2010. New requirements for tax-exempt hospitals include that we regularly conduct a community health needs assessment to adopt implementation strategies to address applicable need detected during the assessment process. The Rural Nebraska Healthcare Network worked together with Panhandle Public Health District to complete the Mobilizing for Action through Planning and Partnership for each of the Nebraska Panhandle hospital services areas during 2022-2023. The results are summarized in the attached report and align with the priorities in the regional Panhandle Community Health Improvement Plan, December 2023-December 2026.

A special thank you to the community members who took the time to attend a focus group, listened to presentations on the process, or participated in stakeholder meetings. It is our desire that our community be healthy today and even healthier tomorrow.

Sincerely,

Cassie Gasseling

Chief Executive Officer

PREPARED BY

Megan Barhafer, 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
Nebraska Department of Health and Human Services

FOR MORE INFORMATION

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INTRODUCTION

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

THE VISION

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

THE PROCESS

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



The MAPP model has six key phases:

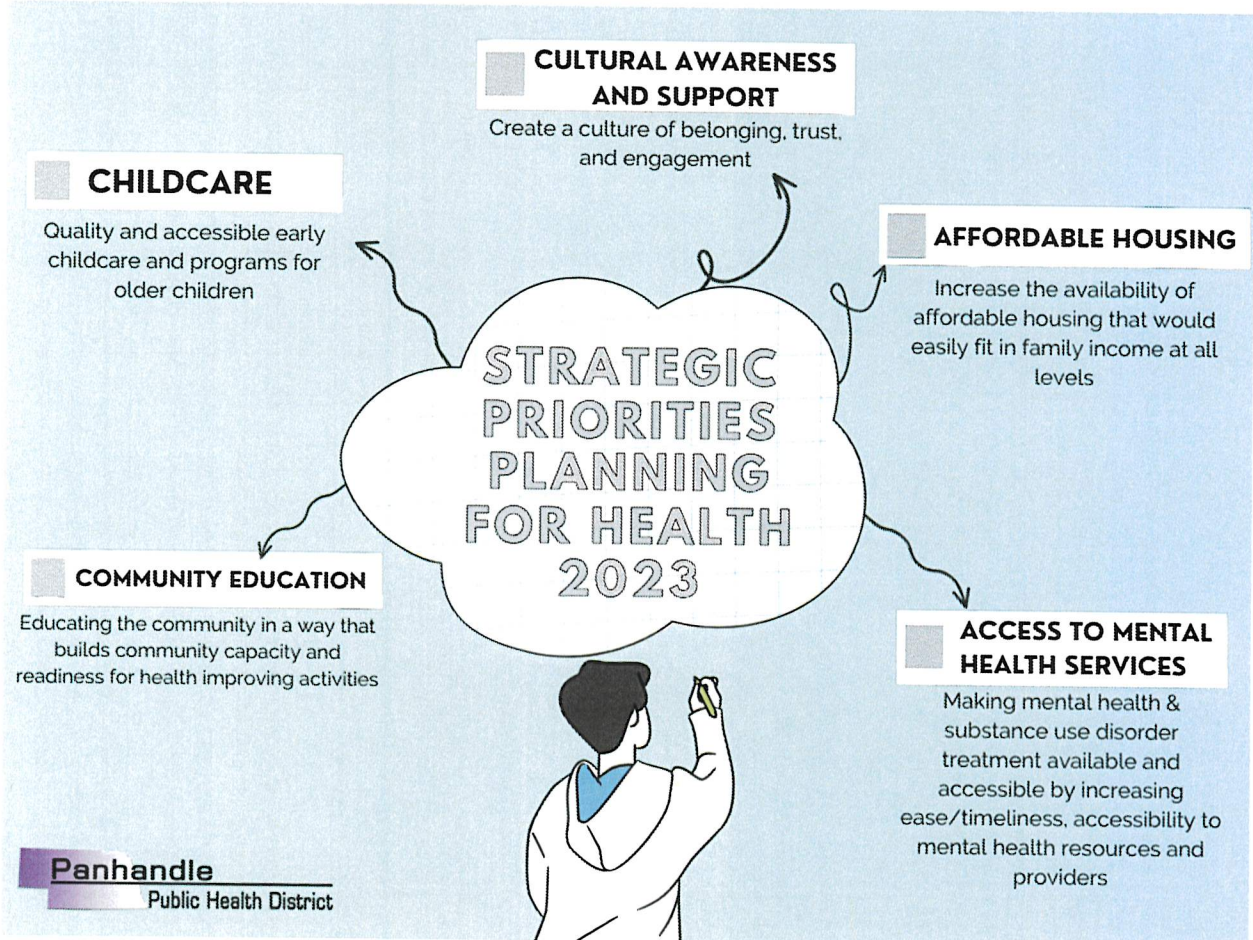
1. Organize for success/Partnership development
2. Visioning
3. Four MAPP assessments
 - a. Community Themes and Strengths Assessment (CTSA)
 - b. Local Public Health System Assessment
 - c. Forces of Change Assessment
 - d. Community Health Status Assessment
4. Identify strategic issues
5. Formulate goals and strategies
6. Take action (plan, implement, and evaluate)

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

GOALS

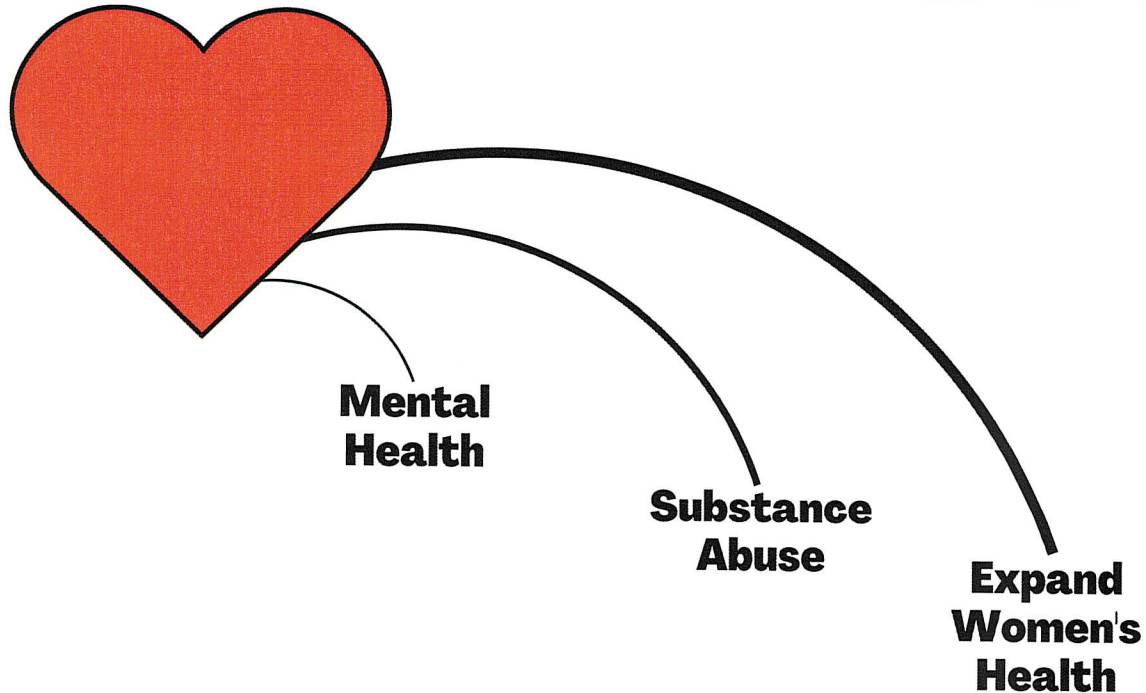
The first four phases of the MAPP model are summarized in the CHNA component of this report. For this cycle, the regional priorities were selected first and then the community hospital selected their priorities.

The goals selected for the region are:



Kimball Health Services chose the following priorities:

2024-2026 Kimball Health Services Community Health Improvement Plan Priority Areas



ENGAGING THE COMMUNITY

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

ABOUT THE PLAN

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

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

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

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

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

KIMBALL HEALTH SERVICES COMMUNITY HEALTH IMPROVEMENT PLAN GOALS AND OBJECTIVES

STRATEGIC GOAL A: IMPROVE ACCESS TO MENTAL HEALTH CARE

Goal A1: Grow partnerships with the area school districts to improve mental health outcomes

Strategy A1.1 Develop a resource-sharing process with the schools

Objective A1.1.1

School referrals to mental health providers increase

Strategy A1.2 Create comprehensive treatment planning for youth

Objective A1.2.1

School partners are at the table when treatment plans are drafted

Strategy A1.3 Explore funding for counseling in schools

Objective A1.2.1

There are more mental health resources in area schools

Goal A2: Improve the capacity of community members to handle mental health crises

Strategy A2.1 Make resources available for the school to share with parents

Objective A2.1.1

There will be fewer mental health crises

Strategy A2.2 Partner with schools to make QPR available to the community

Objective A2.2.1

Parents will attend the QPR training and gain confidence to handle mental health crises

Goal A3: Improve access to mental health services

Strategy A3.1 Expand telehealth resources for mental health

Objective A3.1.1

More people will report wait times of under 1 week to get mental health services

Strategy A3.2 Explore ways to make EAP providers more readily available

Objective A3.2.1

More people will report wait times of under 1 week to get mental health services

STRATEGIC GOAL B: PREVENT SUBSTANCE MISUSE

Goal B1: Increase collaboration to grow mental health resources throughout the region

Strategy B1.1 Collaborate with the Nebraska Hospital Association to share resources for treatment center development

Objective B1.1.1

Gather information to bring to the community of practice meetings around mental health

Strategy B1.2 Host a meeting with HealthOne to explore the development of a treatment center

Objective B1.2.1

Gather information to bring to the Opioid workgroup meetings

Goal B2: Increase the region's awareness of substance abuse resources

Strategy B2.1 Share information about support groups

Objective B2.1.1

Increase the number of places this information is shared including the types of places it is shared (digitally, physical copies, etc.)

Strategy B2.2 Participate in Situation Table 2.0 training

Objective B2.2.1

Develop relationships with community resources to ensure efficient and friendly referrals

STRATEGIC GOAL C: IMPROVE ACCESS TO WOMEN'S HEALTH RESOURCES

Goal C1: Increase community awareness of preventative services

Strategy C1.1 Train providers about ways to communicate with patients about screenings

Objective C1.1.1

More community members receive preventative screenings

Strategy C1.2 Explore ways to integrate reminders to doctors about screenings in the EHR

Objective C1.2.1

More community members receive preventative screenings

Strategy C1.3 Promote screenings over diverse communication channels

Objective C1.3.1

More community members receive preventative screenings

Goal C2: Increase hospital capacity to provide women's health services

Strategy C2.1 Increase clinic hours for the gynecologist on staff

Objective C2.1.1

Community members report shorter wait times to see the gynecologist

Strategy C2.2 Provide communication about reproductive health to clients

Objective C2.2.1

Referrals to the women's center are consistent from month to month

Year 1 Workplan

Approach	Activities	Responsible Parties	Goal #	Time Frame
Improve mental health access	Develop a resource-sharing process with the schools	Kimball Health Leadership Team, Area schools	A1.1	January 2024 - December 2024
	Create a comprehensive treatment plan with youth that includes school partners	Kimball Health Leadership Team, Area schools	A1.2	July 2024 - December 2024
	Make resources available for the school to share with parents	Kimball Health Leadership Team, Area schools	A2.1	January 2024 - December 2024

	Partner with schools to make QPR available to the community	Kimball Health Leadership Team, Area schools	A2.2	January 2024 - December 2024
Prevent Substance Misuse	Share information about local support groups	Kimball Leadership Team	B2.1	January 2024 - December 2024
	Participate in Situation Table 2.0 training	Kimball Leadership Team	B2.2	January 2024 - December 2026
Improve Access to Care	Train providers about ways to communicate with patients about screenings	Kimball Leadership Team	C1.1	January 2024- December 2026
	Explore ways to integrate reminders to doctors about screenings in the EHR	Kimball Leadership Team	C1.2	January 2024- December 2024
	Promote screenings over diverse communication channels	Kimball Leadership Team	C1.3	January 2024 - December 2024

Sources for Evidence-Based Practices

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

The community guide. (2023, September 20). *Patient navigation services to increase breast cancer screening*. The Community Guide. <https://www.thecommunityguide.org/findings/cancer-screening-patient-navigation-services-to-increase-breast-cancer-screening.html>

Operation to Save Lives & QRT National. (2022, November 28). *Situation table*. O2SL and QRT National. <https://o2sl.com/situation-table/>

QPR Institute. (2023). *QPR Institute: Practical and proven suicide prevention training*. QPR Institute | Practical and Proven Suicide Prevention Training QPR Institute (en-US). <https://qprinstitute.com/about-qpr>

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

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

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

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

2023

Community

Health Needs

Assessment

of

Kimball Health Services

live, learn, work, and play



For a Healthier Panhandle

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IN COLLABORATION WITH

Rural Nebraska Healthcare Network
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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 ²

ABOUT KIMBALL HEALTH SERVICES

Kimball Health Services, Nebraska's first Basic Level Trauma Center, is a state-of-the-art 20-bed critical access hospital and rural health clinic in the heart of the southern Nebraska Panhandle. Our experienced medical staff provide acute care, emergency care, surgery, physical therapy, swing bed services and a variety of outpatient services including nuclear medicine, endoscopy, mobile MRI, in-house CAT scanning, and bone density scanning. Our physician's clinic on the hospital campus offers a full range of family healthcare services.

Our Mission...

- Above all else, we are committed to patient-centered healthcare with excellence in quality, accessibility and patient experience.

Our Vision...

- We will be an outstanding rural medical facility providing excellent patient-centered care in a modern environment.

Our Values...

- To achieve our mission, we will be guided by these values:
- Compassion - we serve each person in a caring manner
- Quality - we continually seek to improve
- Innovation - we are creative in our approach to providing patient care
- Respect - we uphold the dignity of every person

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
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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 (see list of members on page 10). 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)** which 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. See page 10 for a list of RNHN members.

- **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 which promotes collective impact through planning and partnership. This inclusive, membership-based organization has and continues to be an integral part of the regional assessment and planning process. See page 11 for a list of Panhandle Partnership members.

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 (vacation homes & screenings) • Healthcare systems - referrals and collaboration • Collaborative data sharing (Meds, 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 • 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 SWIDP, MCD, Economic • Easy to understand resource guidance/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

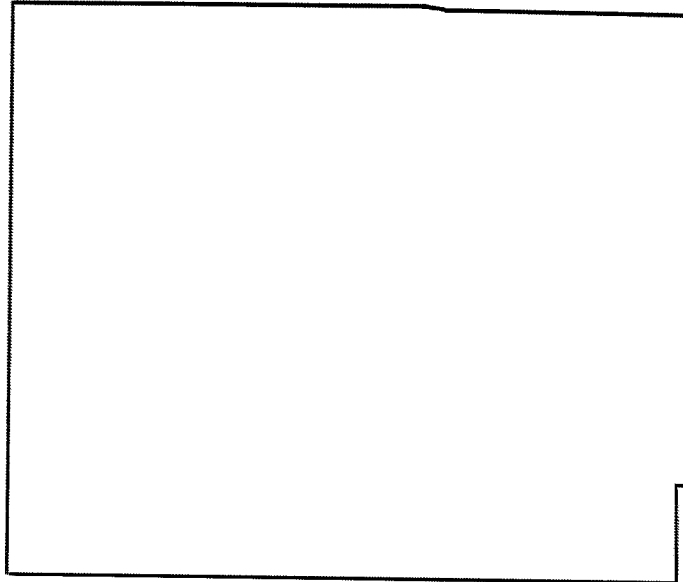
COMMUNITY HEALTH STATUS ASSESSMENT

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.

Kimball County



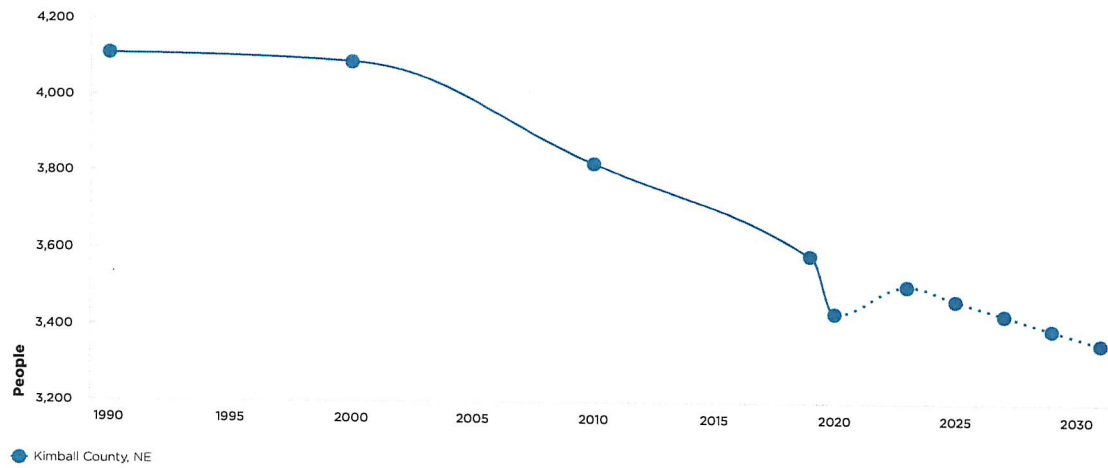
Population: 3,434
Unemployment: 3.5%
Total Land Area: 952 sq. miles

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

Population

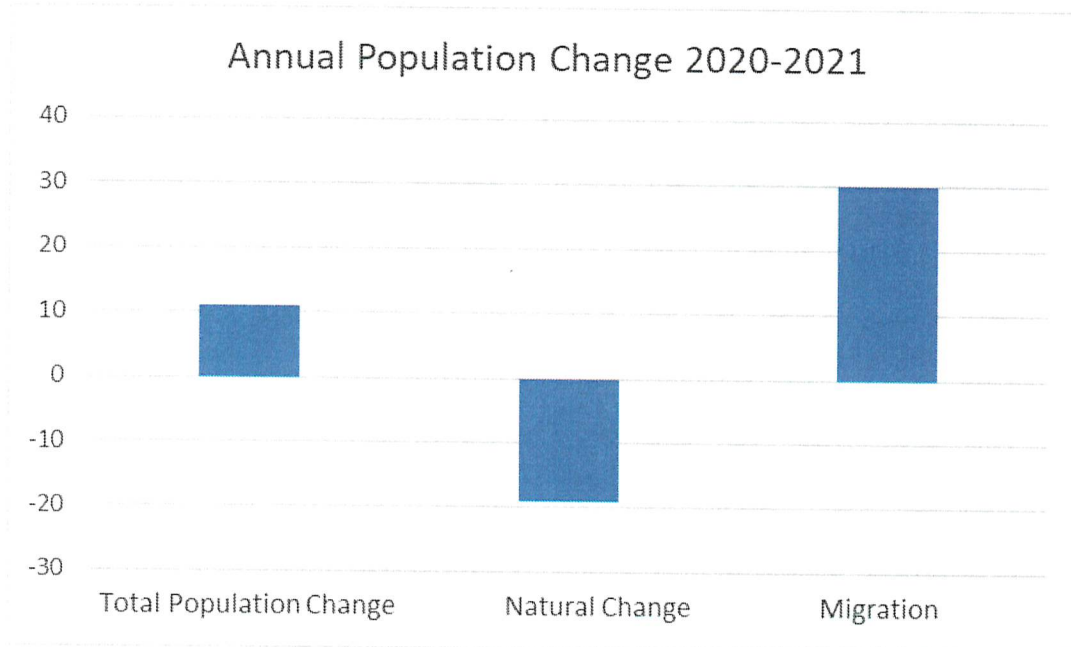
While the population of Nebraska has been slowly but steadily increasing over the past 60 years, the Panhandle's population peaked in the 1960s. In recent years, communities have noted an increase in interest in their communities, but the lack of housing and childcare, among other challenges, has prevented potential growth. The data shows that the total population of Kimball County, NE has been relatively stable over the years. This information reveals important trends. It suggests that there hasn't been significant population growth in the county, which may have implications for local resources and services. According to analyses by the Nebraska Projections Center, the county is expected to maintain an even distribution across age groups with the largest population being the 55-64 year old age range.

Total Population



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

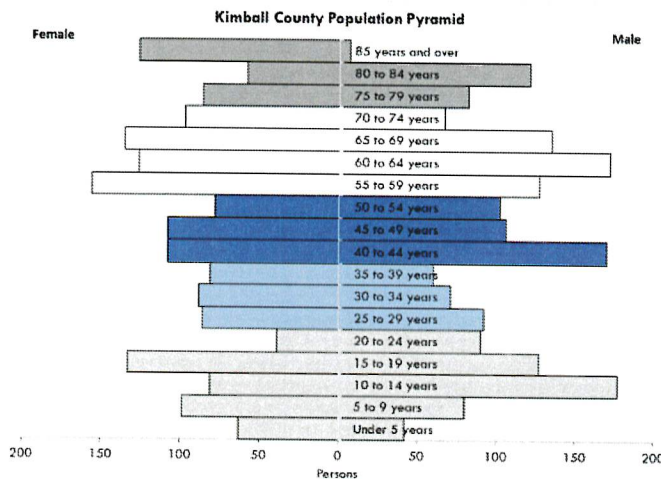
Migration and natural causes (births and deaths) contribute to population change. Migration makes up the largest part of population change in Kimball County. According to past trends most out-migration happens in younger age groups, especially the 20-29 year old group.



Total Population Change 2010-2020: -10.12%

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. In Kimball County there is a growing aging population which contributes to a reduced labor force. Population change as shown above also plays a role.



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

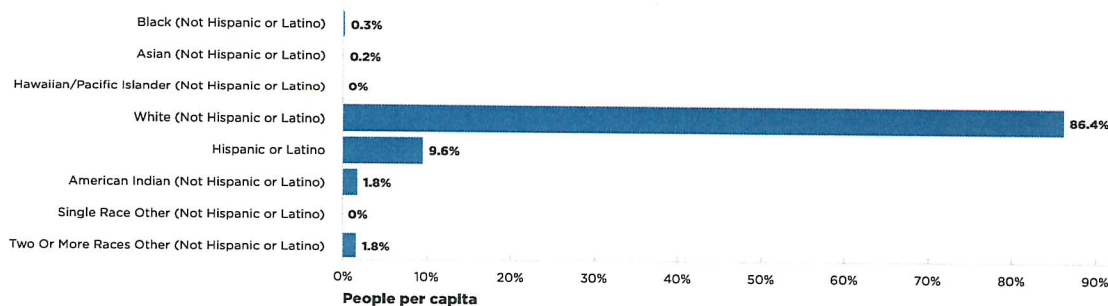
Race and Ethnicity

Health and economic disparities in America have long existed along racial and ethnic lines. 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 equality of opportunity, economic mobility, and improving health for all citizens.

Kimball County has a predominantly White, Non-Hispanic population, at 86.4%. The largest minority group is Hispanic or Latino (of any race) at an estimated 9.6% of the population. This percentage of the total population being of Hispanic or Latino descent is the highest among Panhandle counties.

The population in younger age groups is generally more diverse than that of the general population. In Kimball County, 29% of the youth were non-white.

Race and Ethnicity



Kimball County, NE

Sources: US Census Bureau ACS 5-year 2017-2021

Like other counties in the Panhandle, Kimball 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 just slightly higher, indicating a need for language services on a preference basis.

	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

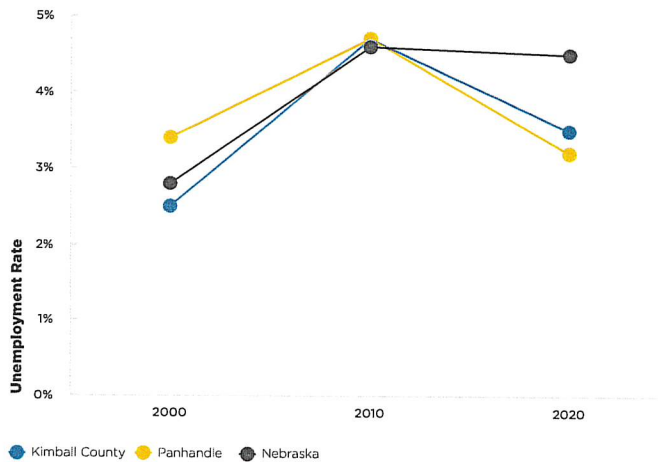
Economic health is the driving force for opportunities and prosperity in a region or community. While it is not the only indicator of well-being, quality economic opportunities contribute heavily to the quality of income and access to education and health care. Thriving local and regional economies also 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

Kimball County has had a slightly higher unemployment rate when compared to the region, but a lower rate than Nebraska and the nation. Unemployment rose during the recession (as seen in 2010), and but fell during the COVID-19 pandemic (2020) and remained lower than the national 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 people who are underemployed or who are 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.

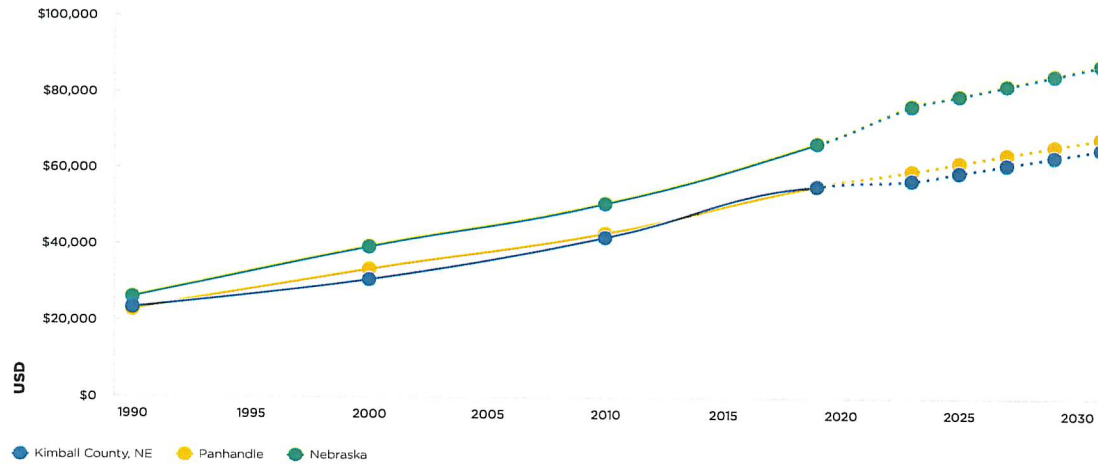
People leave the county labor force by not continuing to look for work, moving away, or retiring. While unemployment is typically lower than the national rates in Kimball County, the size of the labor force decreased from 2000. Kimball County has a slightly higher rate of decrease than the region at about -9.6% compared to

-9.0% for the region.

INCOME

At \$55,428, 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. Kimball County shows a slightly lower rate of poverty than the region but is higher than the state.

CHILDHOOD POVERTY

Kimball County has the fifth highest rate of poverty among children under 18 in the Panhandle. 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.

Figure 18: 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

Figure 19: 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. This number is significantly higher in the American Indian population (72.6%) compared to the White population (11.1%) in Kimball County.

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

Kimball County has a slightly lower rate of poverty among people holding less than 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.

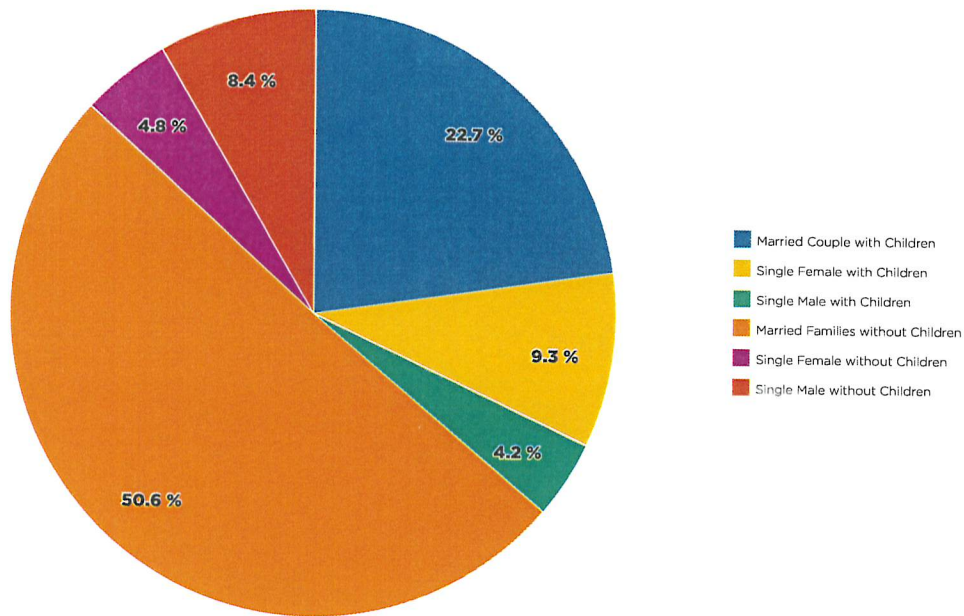
	Less than high school	High school graduate	Some college, associate degree	Bachelor's degree or higher
Banner County	0.00%	7.20%	1.80%	0.00%
Box Butte County	14.60%	16.50%	10.80%	0.60%
Cheyenne County	15.80%	14.40%	8.50%	4.10%
Dawes County	9.50%	5.00%	10.00%	1.40%
Deuel County	15.90%	8.70%	7.00%	2.60%
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

Kimball County has just over half of its families without children. Single parent households represent about 13.5% of all families in Kimball County.

Family Type by Presence of Children



Kimball County, NE

Sources: US Census Bureau ACS 5-year 2017-2021

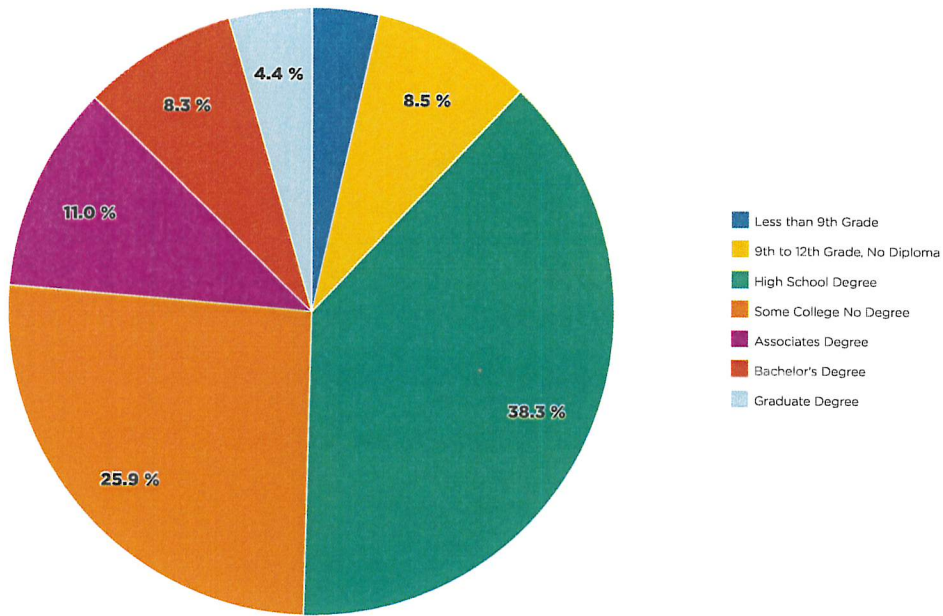
When looking at the families with income at or below poverty, we find that the majority of families in poverty are families with children under 18 years of age. Single female-headed families with children are particularly prevalent among families in poverty, making up over 41% of all families in the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

EDUCATION

EDUCATIONAL ATTAINMENT

Lower levels of educational attainment in the Panhandle reflect that many jobs available in agriculture, transportation, and manufacturing do not require a bachelor's degree. Currently, the county's workforce falls significantly lower than the region and the state rates for population 25 or older with a bachelor's degree or higher.

Educational Attainment



Kimball County, NE
 Sources: US Census Bureau ACS 5-year 2017-2021

The 4-year graduation rate across the state of Nebraska for the 2021-2022 school year was 87.1%. Kimball and Potter-Dix 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%	96%	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	86%	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	86%	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%	80%	91%	97%	94%
Sioux County Public Schools	NA	NA	NA	NA	NA	NA	100%	100%

Source: Nebraska Department of Education. Prepared by Megan Bambara, Panhandle Public Health Clinician.

The number of children 5 and under with all available parents working, meaning these children likely need out-of-home care, is higher in Panhandle counties when compared to the state of Nebraska. Opportunities for licensed and quality early childcare and education tend to be less available in the Panhandle. For 2016-2020, there were 118 children 5 and under with all available parents working in Kimball 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%	172929	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. The Migrant and Seasonal Head Start program in Scottsbluff has seen the starkest decreases in their enrollment. The program has cited declining numbers of seasonal workers as the primary reason for this drop.

	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

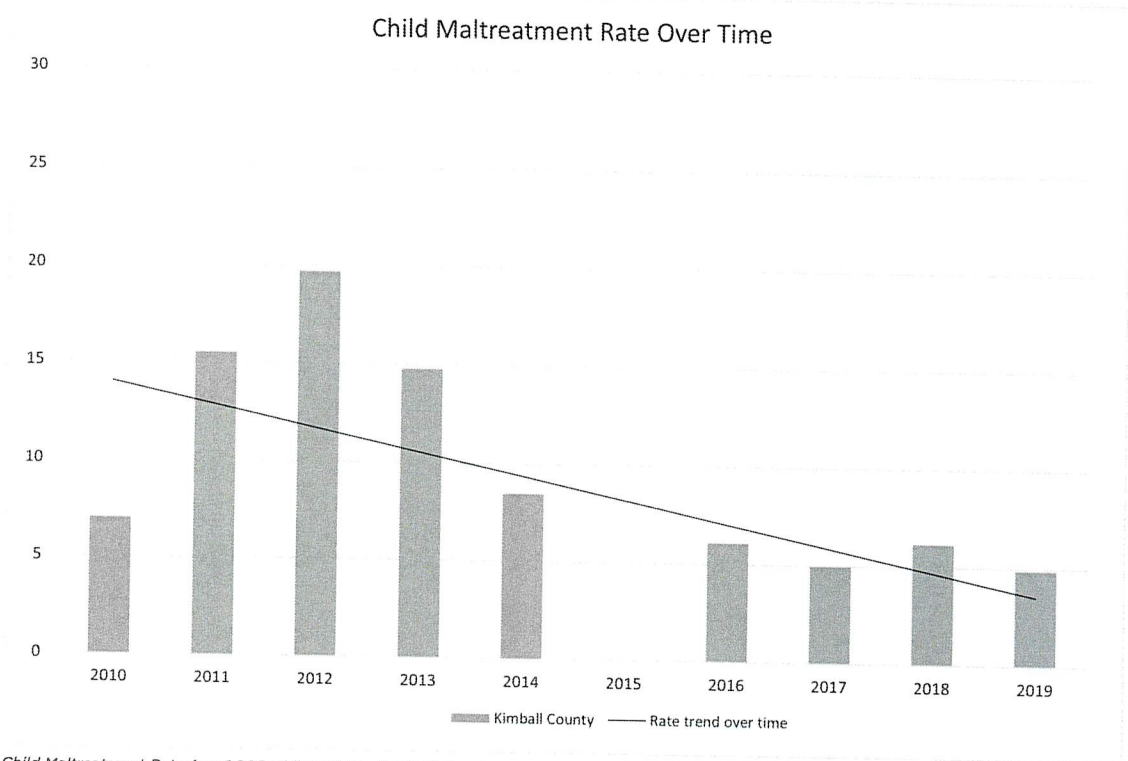
Source: Data is reported by facilities

There are 3 licensed childcare facilities in Kimball County. The total capacity for Kimball County is 31 and the estimated need is 118. The estimated gap between the need and capacity is -87. 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

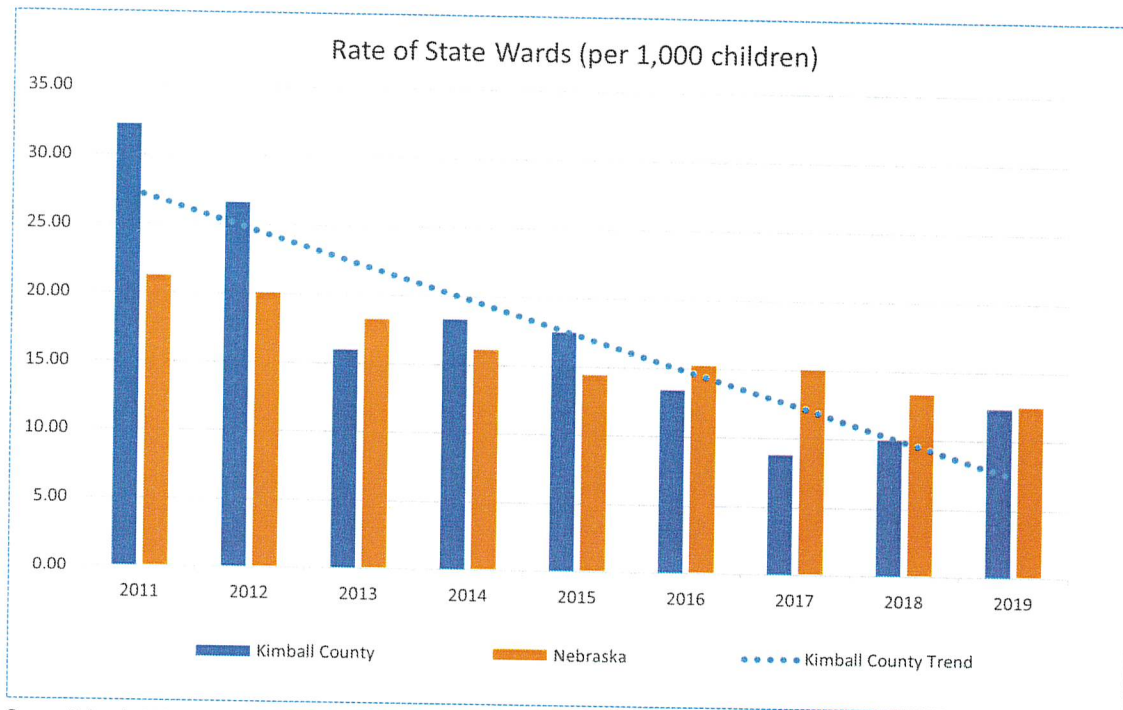
CHILD MALTREATMENT

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), Scotts Bluff 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. Kimball County, since 2011, has a consistently high-rate decline.



Source: Nebraska DHHS, cited in Kids Count in Nebraska

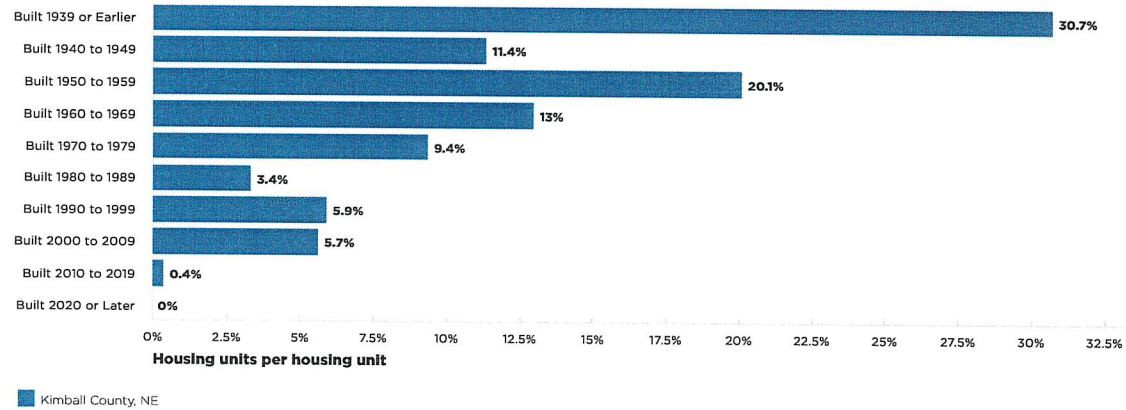
Housing

Age of Housing

The age of housing stock is related to population growth and employment growth. There is less new housing stock in the Panhandle compared to Nebraska. The largest percentage of housing stock in Kimball County was

built prior to 1939.

Building Age of Housing Units



Sources: US Census Bureau ACS 5-year 2017-2021

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. Due to affordability, it is more common for low-income peoples or people of color to live in older housing, 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 Kimball County has a higher rate of pre-1979 housing stock when compared to the overall Panhandle region and the state.

EXCESSIVE HOUSING COST BURDEN

Housing costs that exceed 30% of household income are typically viewed as an indicator 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 is in line with the trend across the state of Nebraska as well. In Kimball County, almost 25% of individuals making less than \$20,000 are spending more than 30% of their income to rent their home.

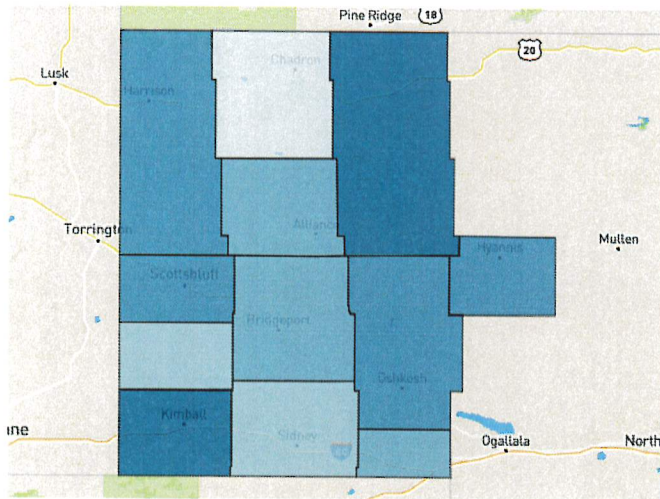
GENERAL HEALTH STATUS

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

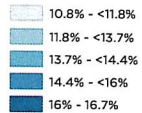
Health plays a huge role in quality of life. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. PPHD did a minority health report in 2022. Due to the small population of the Panhandle, estimates for racial and ethnic minority groups are 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. Kimball County has the highest rate of people reporting poor general health in the Panhandle.



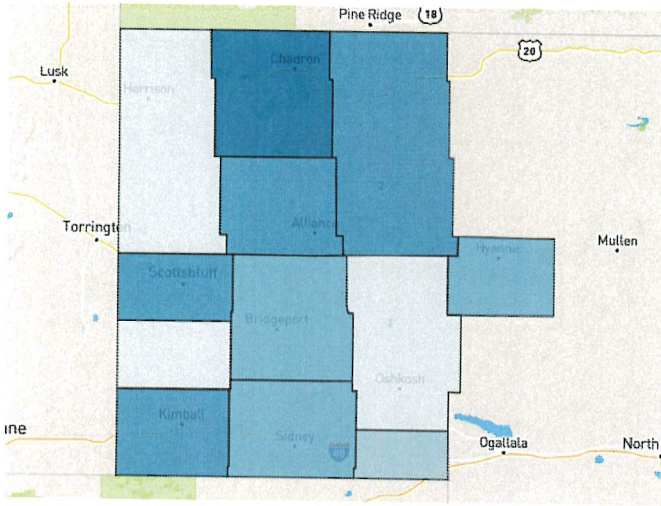
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Fair or Poor General Health Among Adults



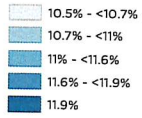
Sources: CDC BRFSS PLACES 2020

The Panhandle region has a similar proportion of poor mental health in each county. In Kimball County, 11.7% of the respondents who indicated that their mental health was poor.



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Poor Mental Health Among Adults

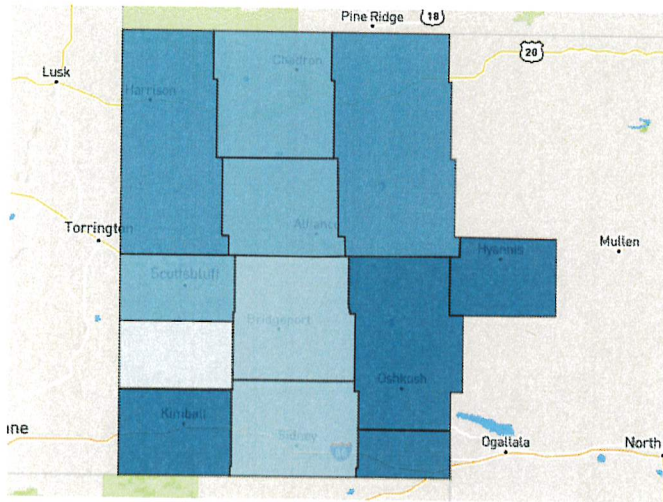


Sources: CDC BRFSS PLACES 2020

HEALTHCARE ACCESS AND UTILIZATION

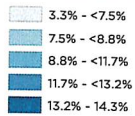
HEALTHCARE COVERAGE

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 Kimball County, 14.3% of respondents indicated they didn't have health insurance. This percentage is the highest in the Panhandle.



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Health Insurance Coverage - Uninsured per capita

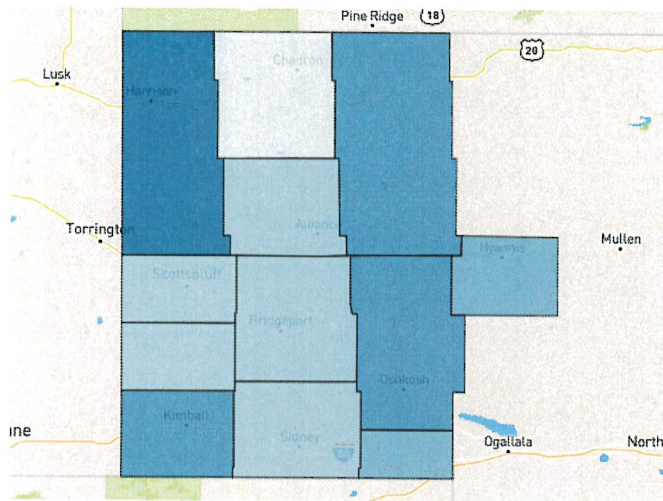


Sources: US Census Bureau ACS 5-year 2017-2021

CHRONIC DISEASE

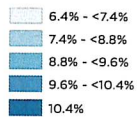
CARDIOVASCULAR DISEASE

The trend in heart disease rates has been decreasing over time in the Panhandle and across the state. The rate in Kimball County is 9.7%.



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Coronary Heart Disease Among Adults

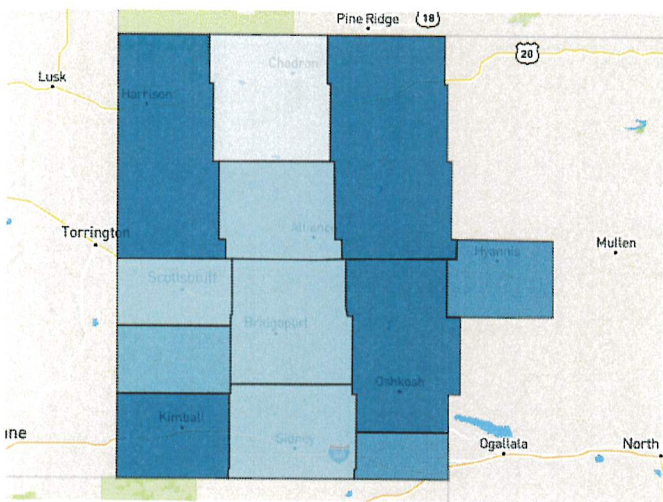


Sources: CDC BRFSS PLACES 2020

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

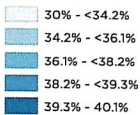
High blood pressure (hypertension) is a risk factor for heart disease. Almost half of US adults have high blood pressure and only about 25% of these people have their high blood pressure under control.

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 Kimball County, 39.5% of respondents indicated they had high blood pressure.



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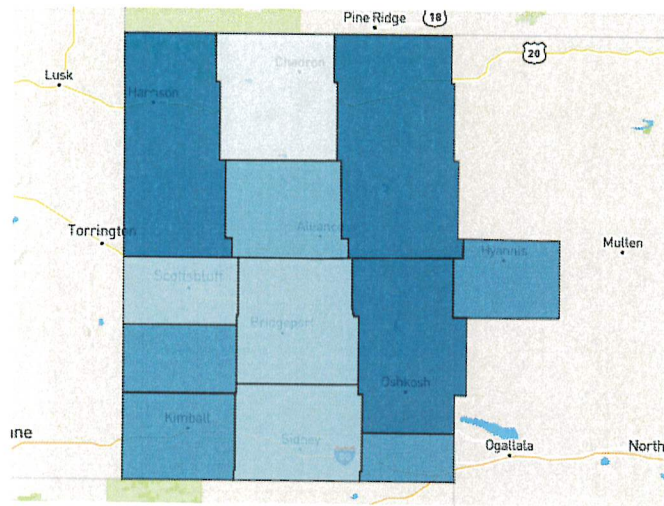
High Blood Pressure Among Adults



Sources: CDC BRFSS PLACES 2019

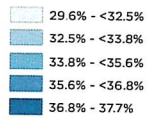
HIGH CHOLESTEROL

Blood cholesterol is a waxy, fat-like substance made by your liver and it 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.



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High Cholesterol Among Adults

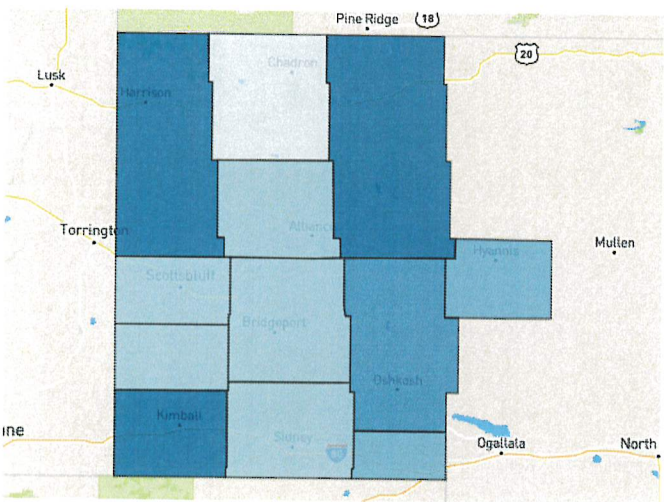


Sources: CDC BRFFS PLACES 2019

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.



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Stroke Among Adults

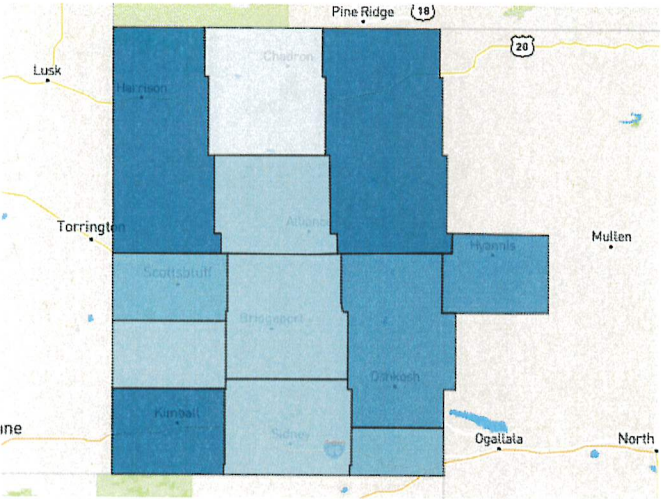


Sources: CDC BRFFS PLACES 2020

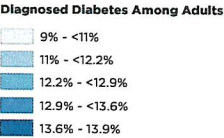
DIABETES

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

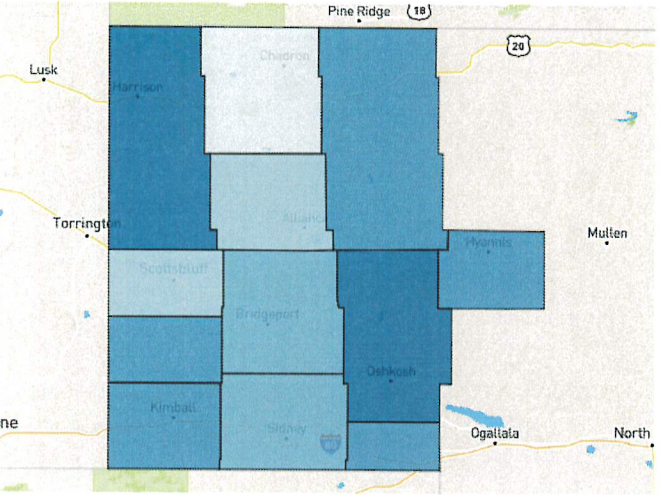


Sources: CDC BRFSS PLACES 2020

CANCER

“Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues” (CDC). 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.



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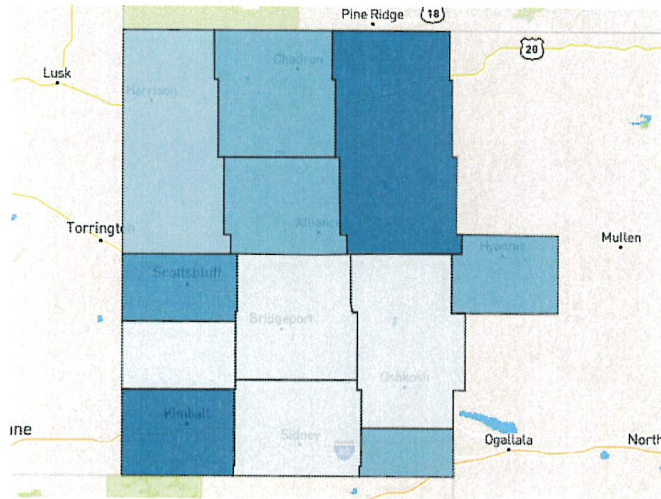


Sources: CDC BRFSS PLACES 2020

ASTHMA

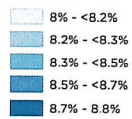
Asthma is a disease that affects the lungs, causing repeated episodes of breathlessness, wheezing, nighttime or early morning coughing, and chest tightness. It can be controlled through medication and avoiding triggers.

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.



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Asthma Among Adults



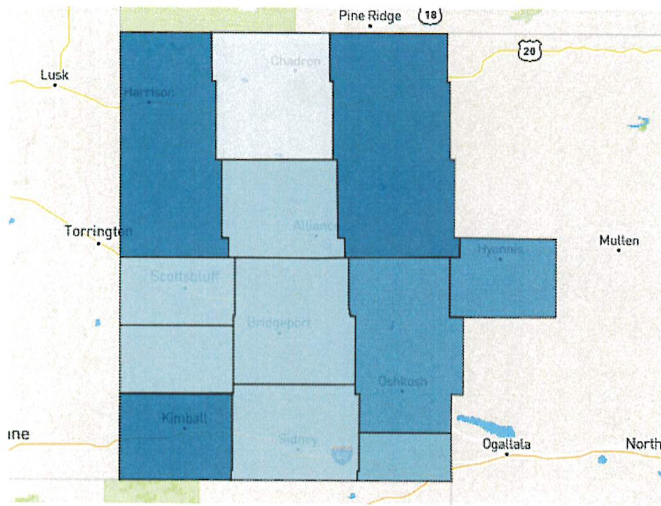
Sources: CDC BRFSS PLACES 2020

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.

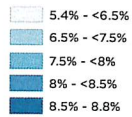
The percentage of adults with COPD in the Panhandle has been increasing since 2011. In most of the years, Nebraska has had slightly lower rates than the Panhandle.

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.



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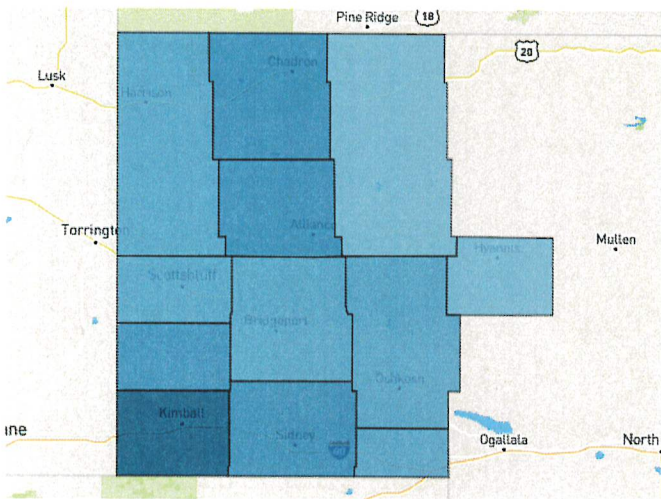
Chronic Obstructive Pulmonary Disease (COPD) Among Adults



Sources: CDC BRFSS PLACES 2020

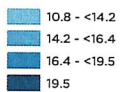
INJURY

"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. Kimball County has a drug overdose rate of 19.4 people per 100,000. This is the highest rate in the Panhandle.



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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. Kimball 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 2023 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 Kimball County residents and those who indicated that Kimball Health Services was their primary healthcare facility. 57 people were captured in this group. The demographics of these respondents are in the table below.

Demographics	
Male	40%
Female	60%
Age	
Under 18	0%
18-25	10%
26-39	40%
40-54	24%
55-64	12%
65-80	14%
Over 80	0%
Race and Ethnicity	
White Alone	88.70%
American Indian or Alaska Native Alone	1.90%
Black or African American Alone	1.90%
Asian Alone	0.00%
Native Hawaiian or Pacific	0.00%
More than one race	3.80%
Decline - Answer	3.80%
Hispanic	17%
Not Hispanic	83%

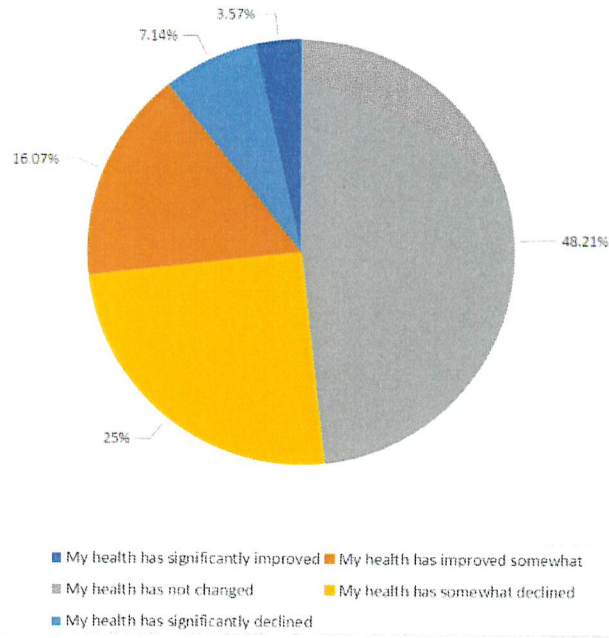
Families with Children	47%
Highest Level of Education	
Less than High School	11%
High School Diploma or GED	19%
Associates or Technical Degree	25%
College Degree or Higher	40%
Income	
Less than \$20,000	13%
\$20,000 - \$29,999	6%
\$30,000 - \$49,999	31%
\$50,000 - \$74,999	17%
\$75,000 - \$99,999	21%
Over \$100,000	12%
Military Service	
Served or Currently Serving	6%
Significant other served or currently	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 Kimball County or who use Kimball Health Services as their primary healthcare facility.

Overall Community Health

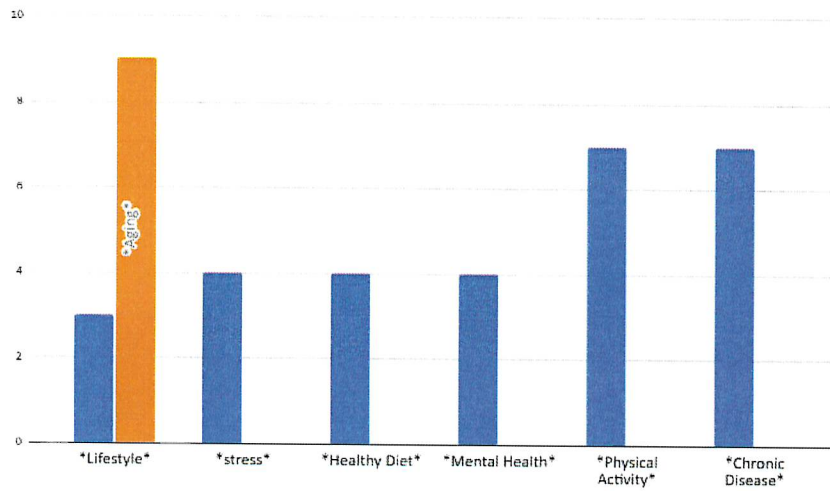
When asked about health improvements over the last 3 years, most respondents stated that their health has not changed or slightly declined.

How has your health changed in the past 3 years?



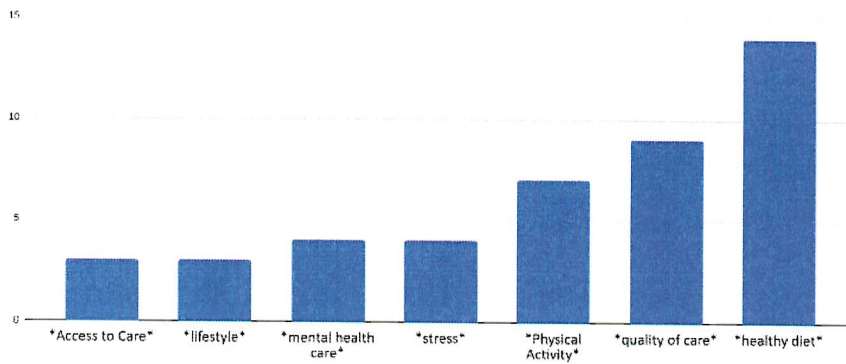
Source: Community Health Survey

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



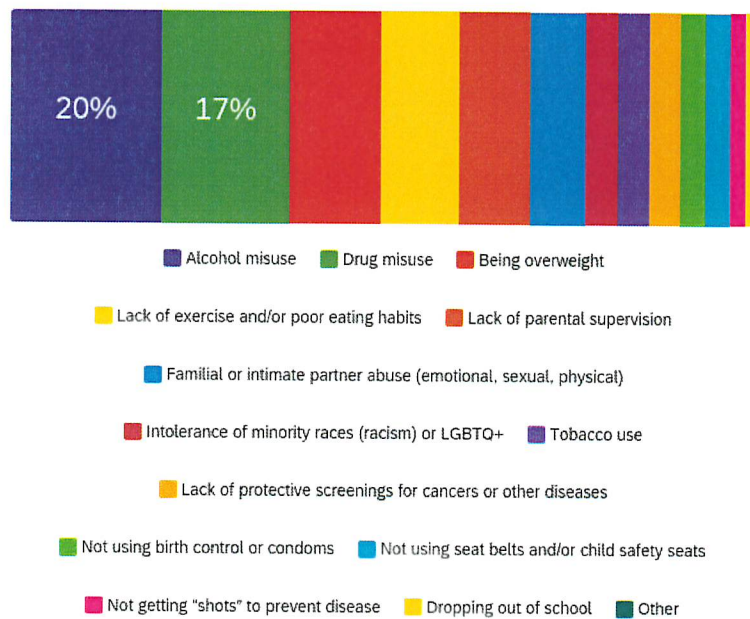
Source: Community Health Survey

The respondents were also asked what they think would help them be healthier. The top responses were Healthy Diet, Quality of Care, and Physical Activity.



Source: Community Health Survey

We asked participants to rank what the most prevalent risky behaviors in their community were. Top choices included Alcohol Misuse (20%), Drug Misuse (17%), and being overweight (11%). They then ranked the top three health concerns in their community. These were Chronic Disease, Substance Misuse/Addiction and Mental Illness/Health Decisions.

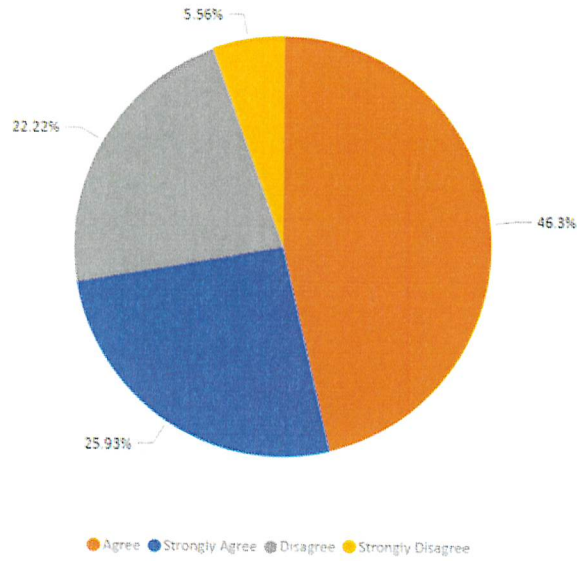


Source: Community Health Survey 2023

QUALITY OF CARE

The residents of Kimball County who use Kimball Health Services for their primary care were asked if they were satisfied with the healthcare system, and most respondents expressed satisfaction.

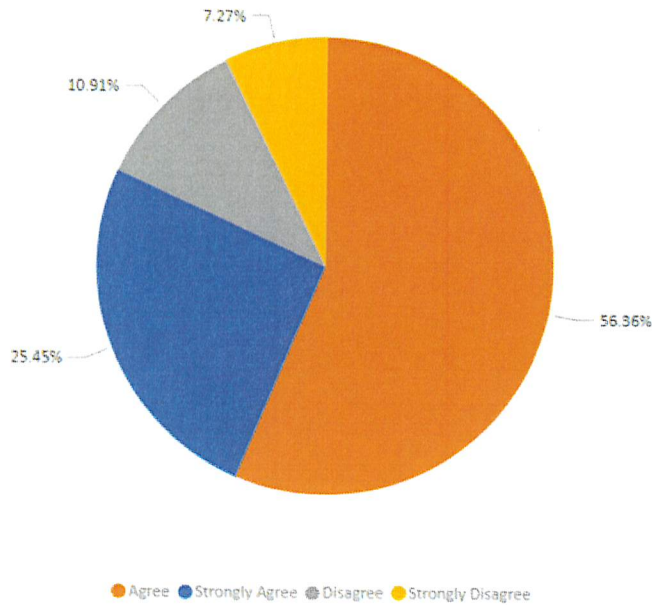
Satisfaction with healthcare system for residents of Kimball County and those who use Kimball Health Services for their primary care .



Source: Community Health Survey 2023

When the same group of Kimball County residents were asked if they were satisfied with the medical care they receive from Kimball Health Services, the majority of them responded positively.

Residents of Kimball County and those who use Kimball Health Services for their primary care who say they are satisfied with the medical care they receive .

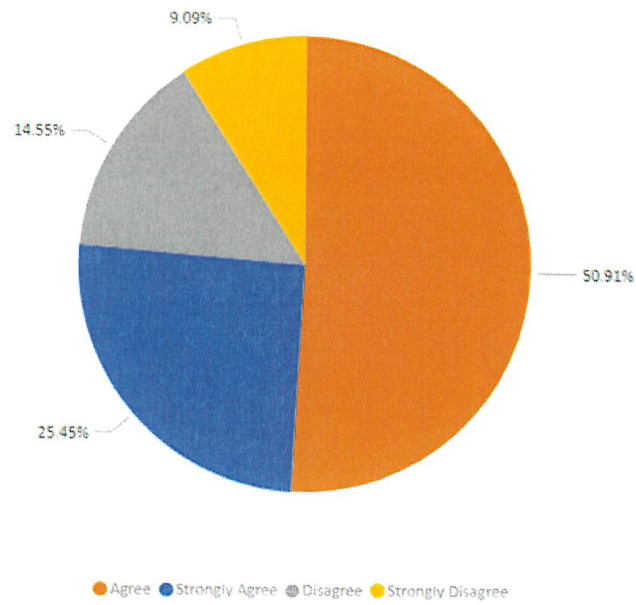


Source: Community Health Survey 2023

ACCESS TO CARE

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

Residents of Kimball County and those who use Kimball Health Services for their primary care who say they can get medical care when they need it .



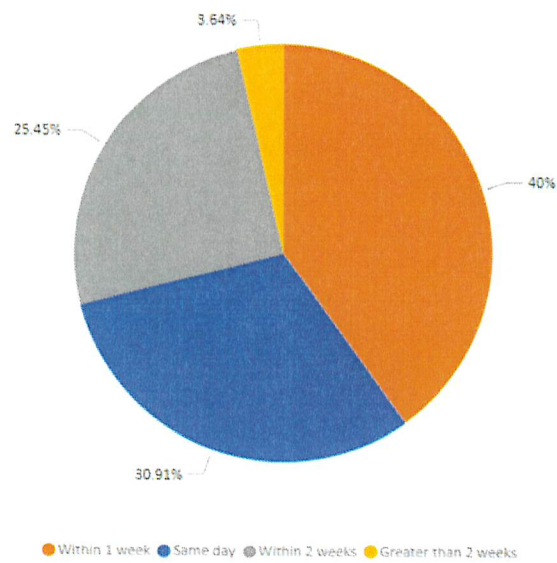
Source: Community Health Survey 2023

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 takes since calling to make an appointment with their primary care and specialist that they are able to get in. For primary care providers, most residents of Kimball County can get in the same day or within one week.

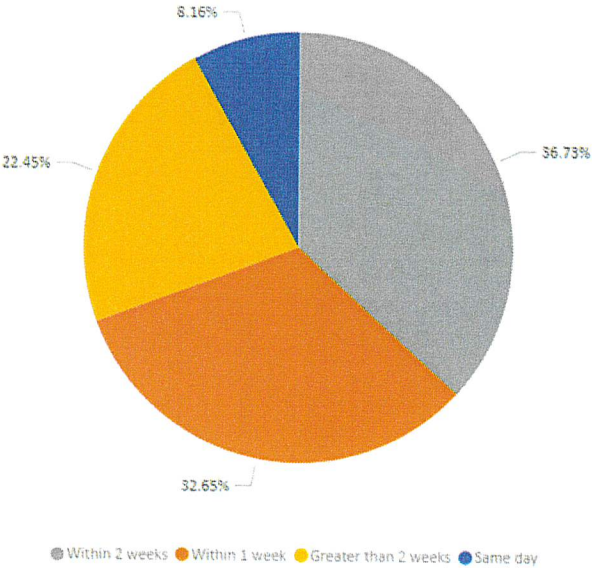
Amount of time since calling to make an appointment with their primary care provider that they are able to get in .



Source: Community Health Survey 2023

To see their specialist, most responses indicated that individuals could get in in two weeks or less. 22.45% were waiting greater than two weeks.

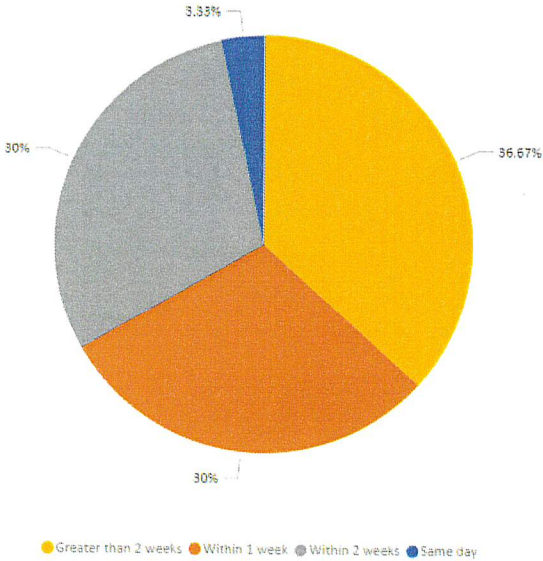
Amount of time since calling to make an appointment with their specialist that they are able to get in.



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 "within 2 weeks".

How long, from the time you make a call, are you able to see your mental health provider?

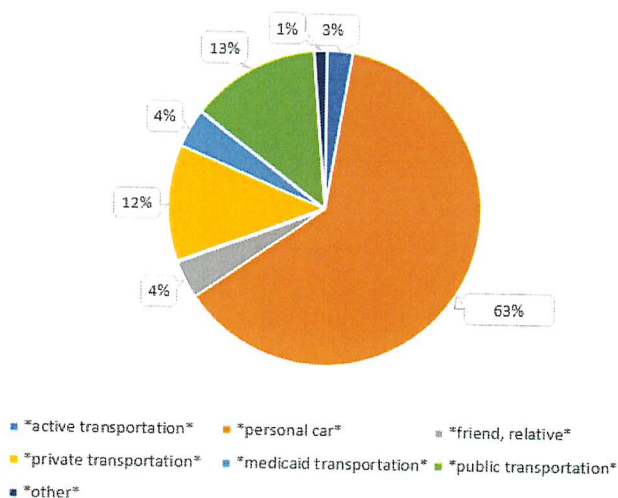


Source: Community Health Survey 2023

Transportation

63% of the survey respondents indicated they drive their own vehicle as their primary means of transportation. Public transport came in second at 13%, followed by private transportation at 12%.

Primary Means of Transportation

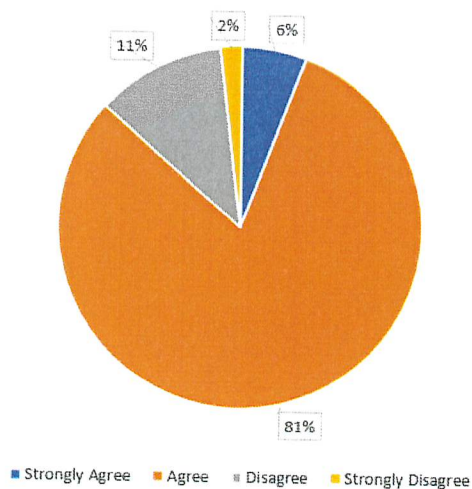


Source: Community Health Survey 2023

Most respondents do not use public transportation, although this number has decreased since the last cycle. Among those who said they didn't use public transportation, most respondents said it was because they didn't need it. The second most popular reason was because of the limited hours of operation.

Most of the respondents feel that there are plenty of transportation opportunities in their community.

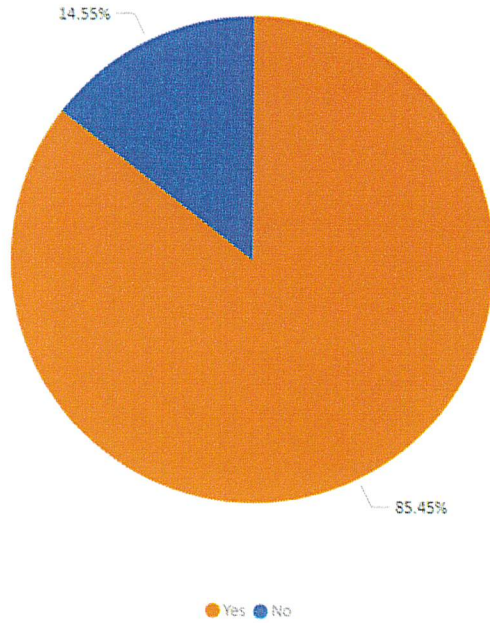
Do you feel there is plenty of transportation in your community?



Source: Community Health Survey 2023

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

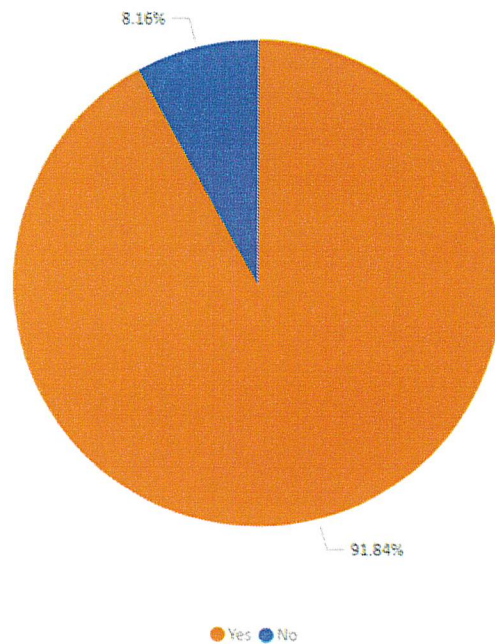
I have reliable transportation to get to medical appointments.



Source: Community Health Survey 2023

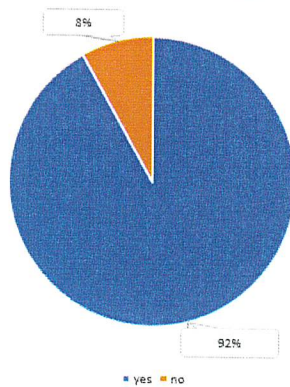
The majority of respondents stated that they have reliable transportation to get to specialist appointments.

I have reliable transportation to get to specialist appointments.



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

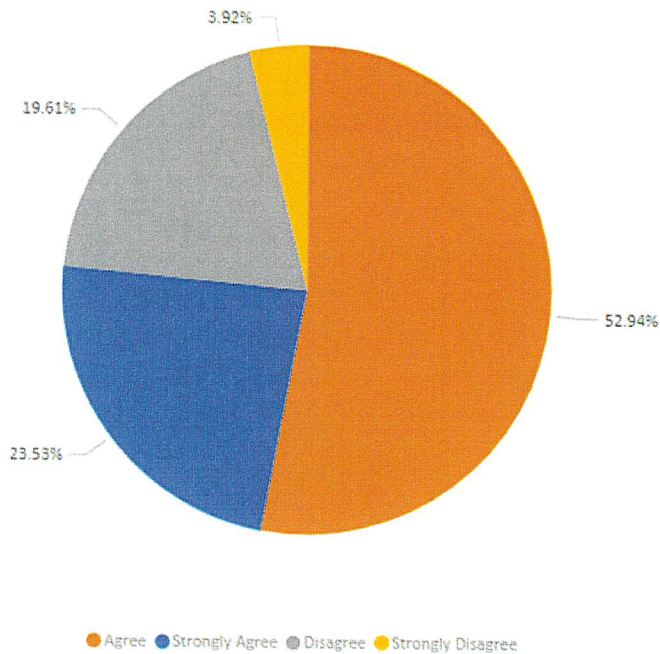
I have reliable transport to my mental health appointments.



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. A majority of Kimball County respondents would use telehealth if it were an option.

People who would use tele-health if it was available.

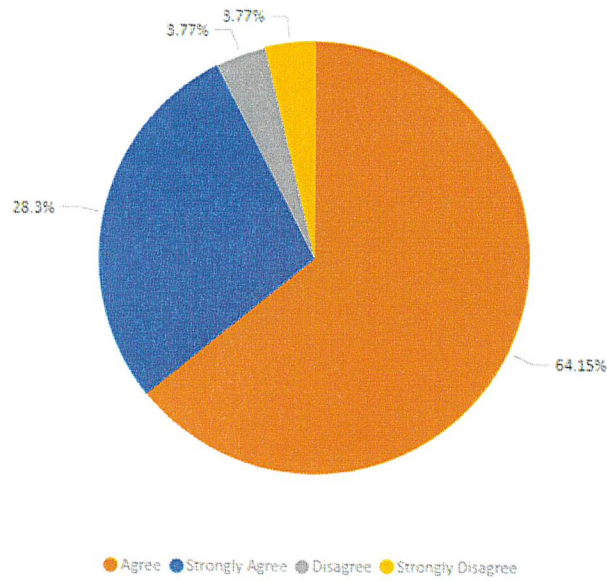


Source: Community Health Survey 2023

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.

Residents of Kimball County and those who use Kimball Health Services for their primary care who say they are able to understand what their provider is saying to them.

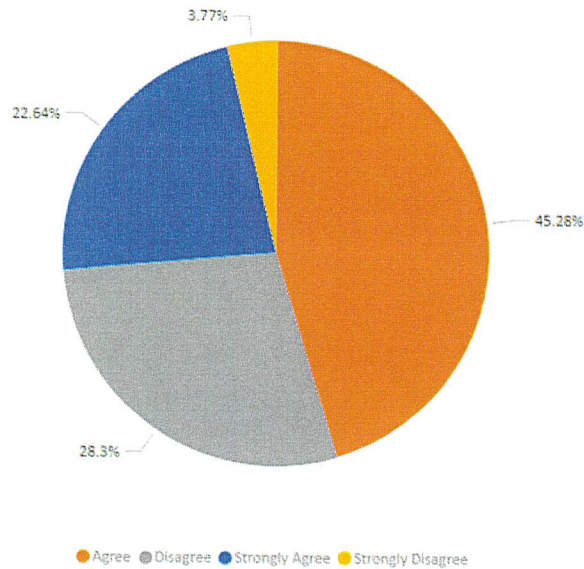


Source: Community Health Survey 2023

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.

Residents of Kimball County and those who use Kimball Health Services for their primary care who say it is sometimes a problem to cover their share of medical costs.

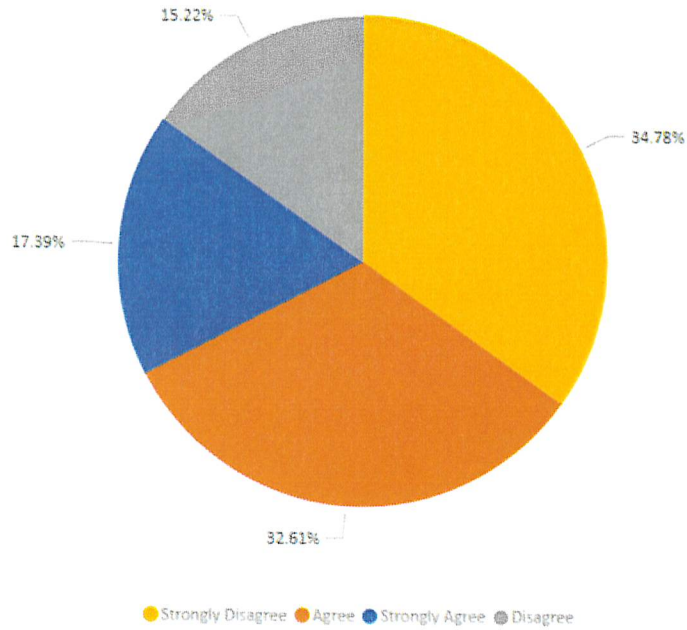


Source: Community Health Survey 2023

MENTAL HEALTH

When survey participants were asked to rate the accessibility of mental health providers in their community, half of respondents indicated it was a challenge to find mental health providers in Kimball County.

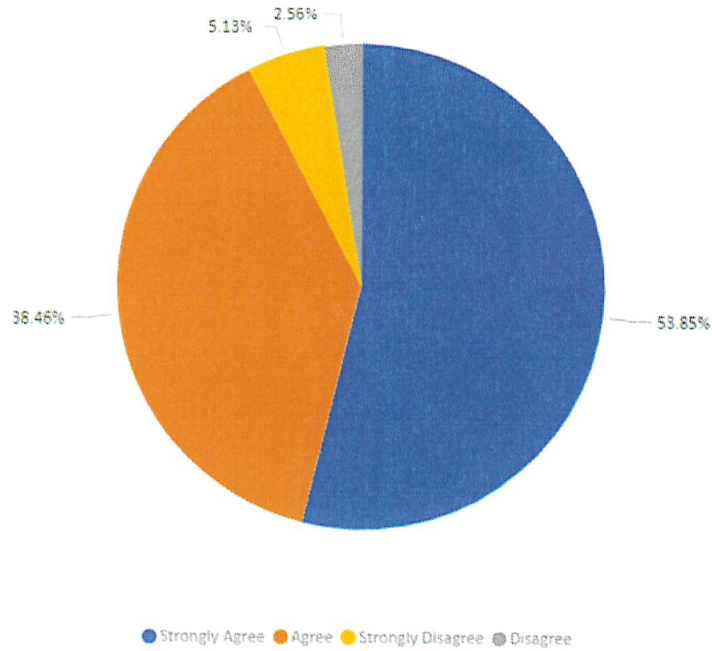
It is easy to find mental health providers in my community.



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.

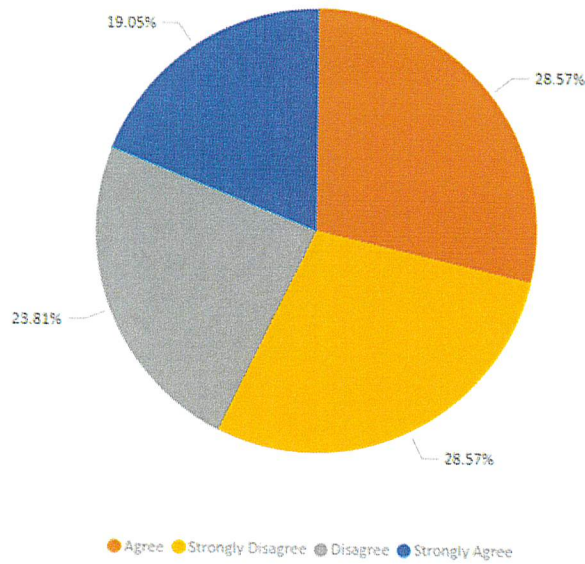
My family supports me seeing a mental health professional



Source: Community Health Survey 2023

The survey revealed that slightly more than half of respondents expressed dissatisfaction with the types of mental health services available in their community.

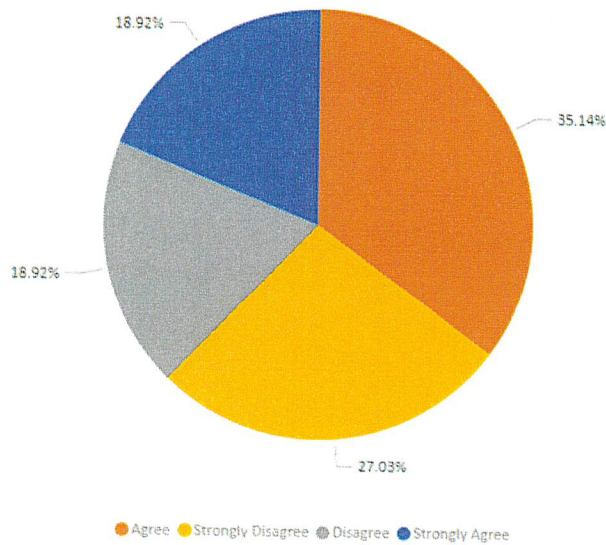
I am satisfied with the types of mental health services available in my community (traditional therapist, telehealth, addiction recovery, overnight facilities, etc).



Source: Community Health Survey 2023

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

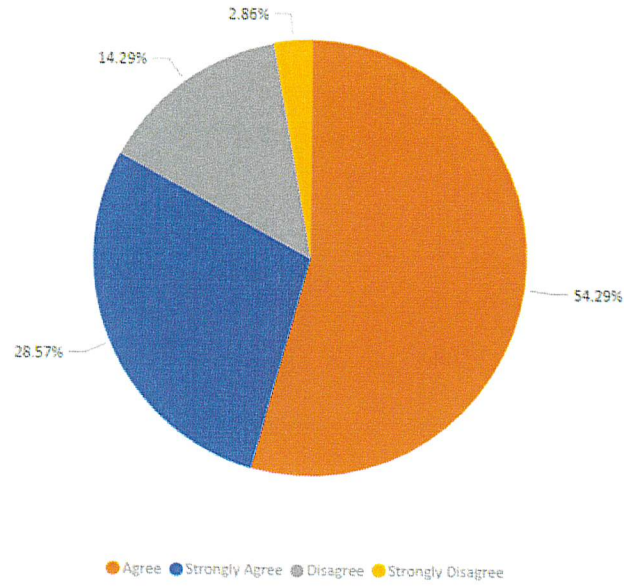
It is easy for me to schedule appointments with mental health providers that fit into schedule.



Source: Community Health Survey 2023

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

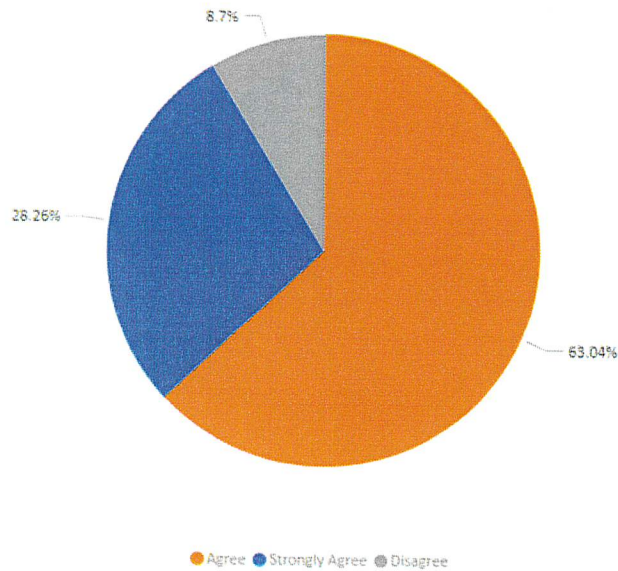
The distance I must travel to see a mental health professional has resulted in me not seeking help.



Source: Community Health Survey 2023

Almost all the 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.



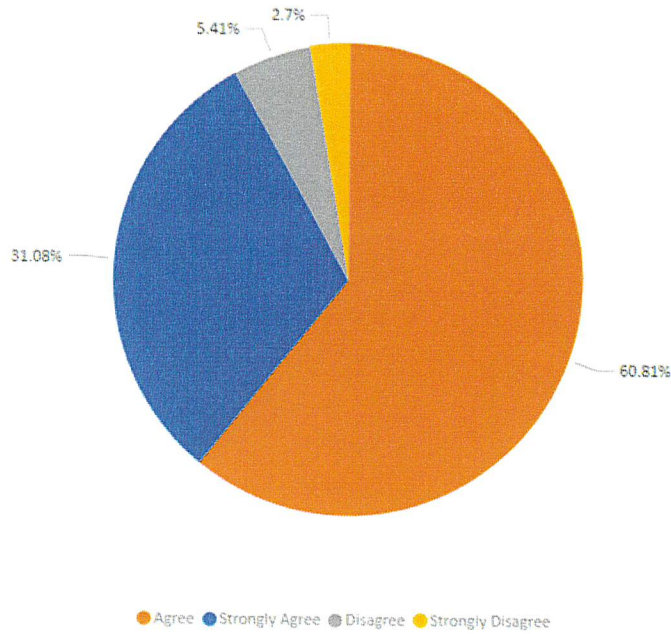
Source: Community Health Survey 2023

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.

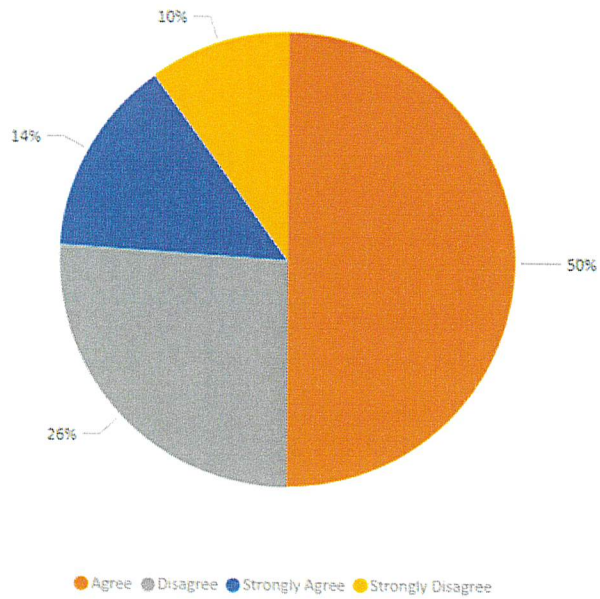
The community is a safe place to live in.



Source: Community Health Survey 2023

Support networks are incredibly important for the psychological safety of community members. 64% of respondents agreed that there are support networks in times of stress and need.

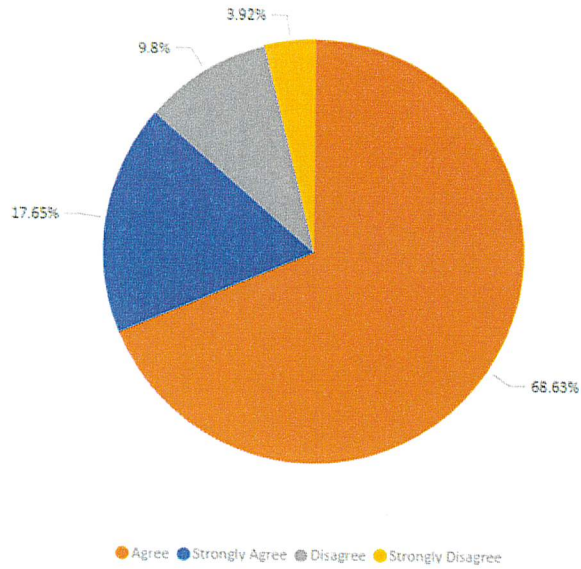
There are support networks for individuals and families during times of stress and need.



Source: Community Health Survey 2023

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.

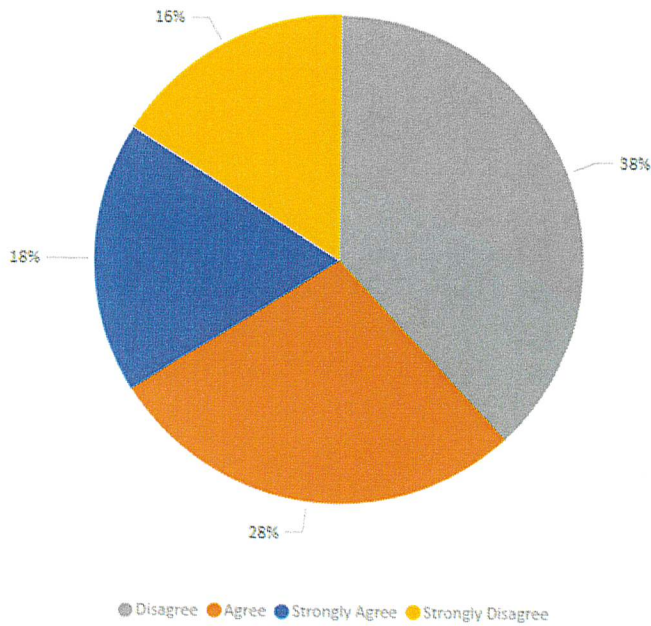
I believe that I can individually and collectively make the community a better place to live .



Source: Community Health Survey 2023

A slight majority feel that there are not many recreational opportunities for adults in their community.

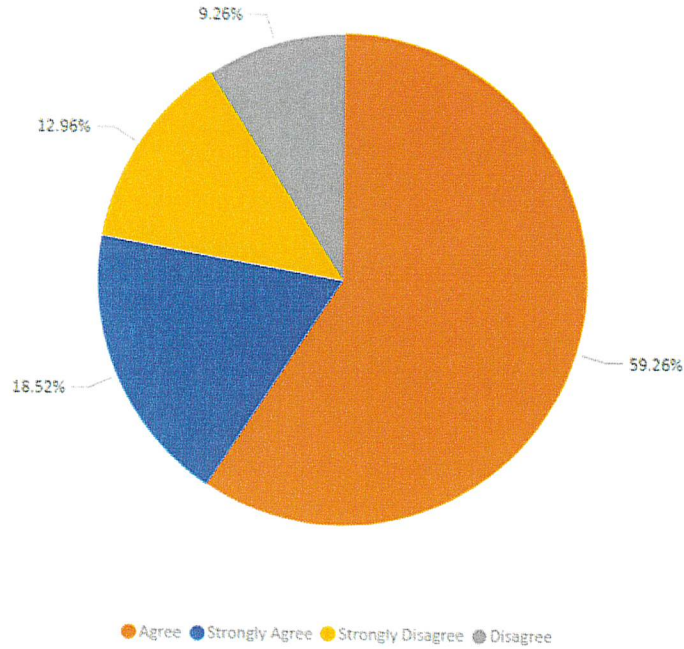
There are plenty of recreational opportunities for adults in my community.



Source: Community Health Survey 2023

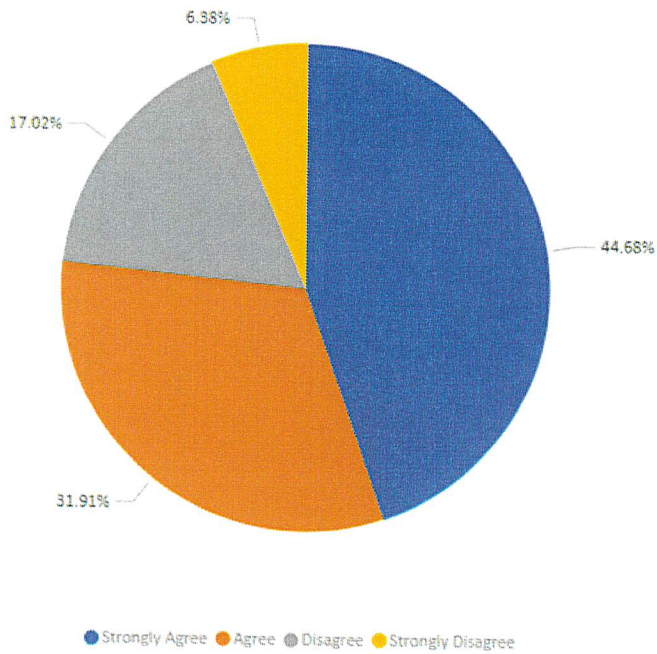
The community being friendly to vulnerable groups is an important component to belonging. We asked if the community was safe for folks to be their authentic selves and whether it was military friendly and most respondents agreed.

I feel I can be my authentic self.



Source: Community Health Survey 2023

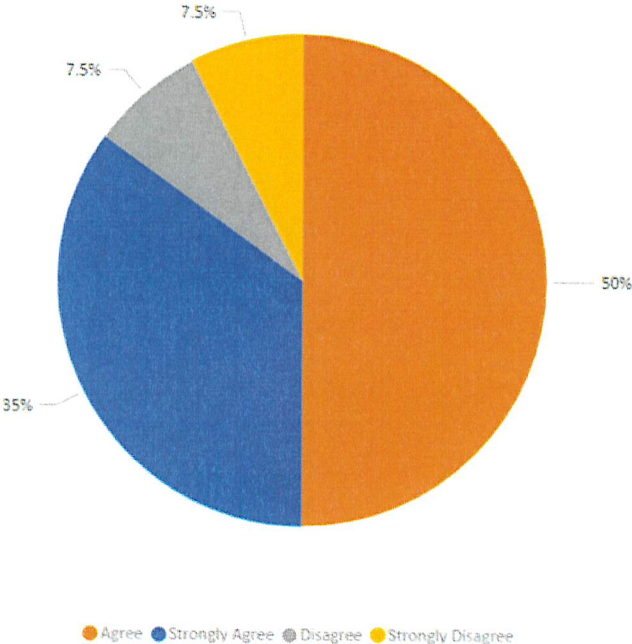
The community is military friendly.



Source: Community Health Survey 2023

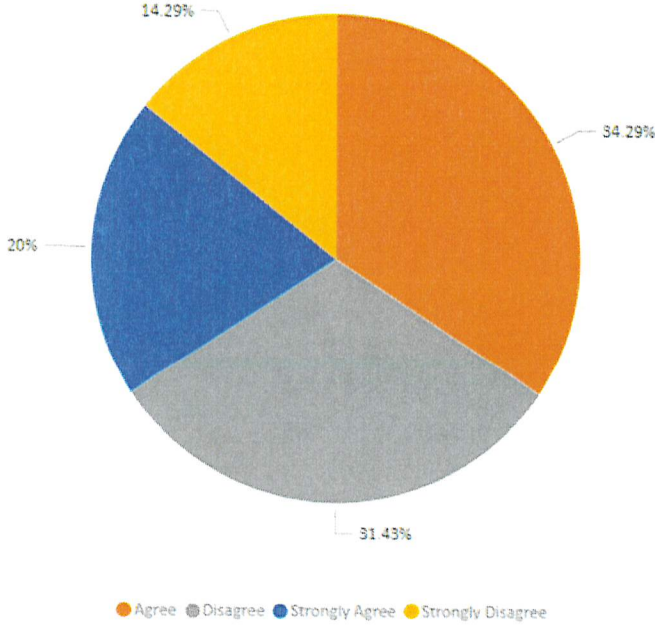
Only respondents with children in their care responded to these questions. Many people agree the communities are a good place to raise children. However, just over half believe that there are good school systems. Some respondents felt there are not enough after school opportunities for middle and high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

The community is a good place to raise children.



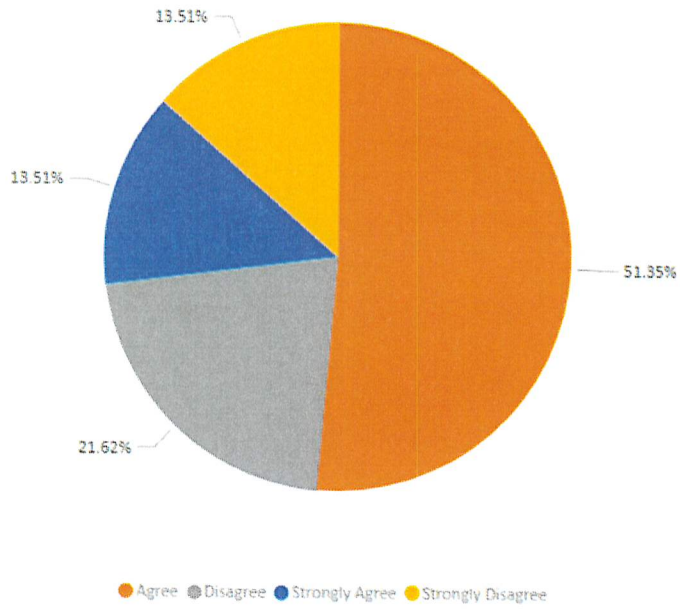
Source: Community Health Survey 2023

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



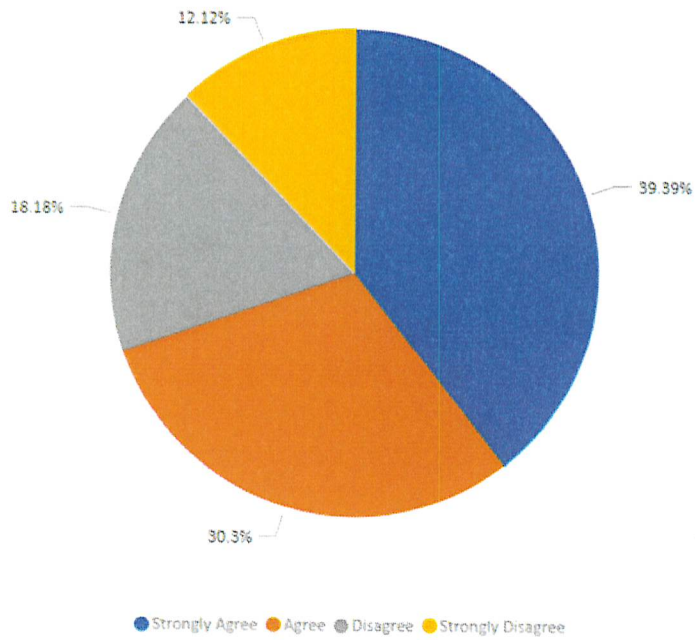
Source: Community Health Survey 2023

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



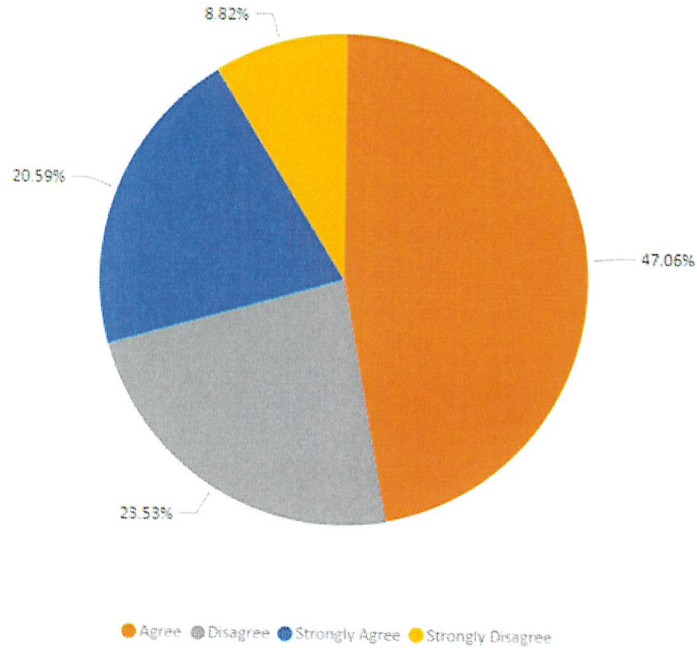
Source: Community Health Survey 2023

I have access to affordable childcare.



Source: Community Health Survey 2023

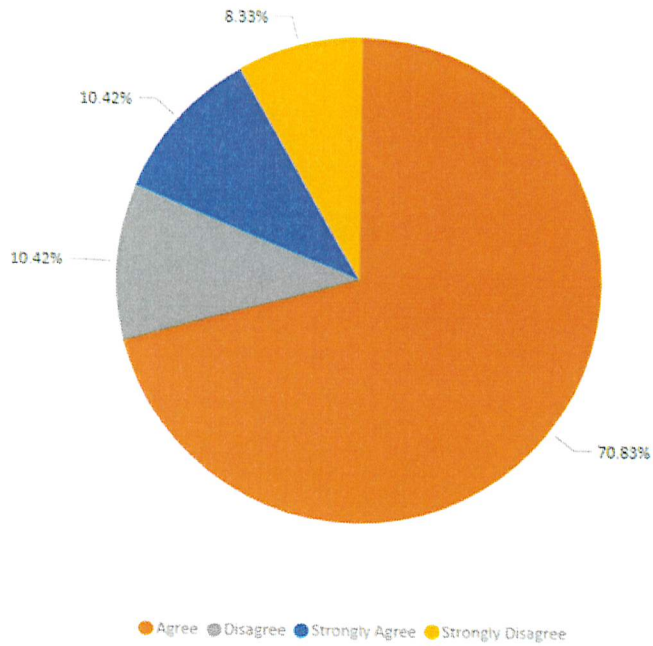
I have access to quality child care.



Source: Community Health Survey 2023

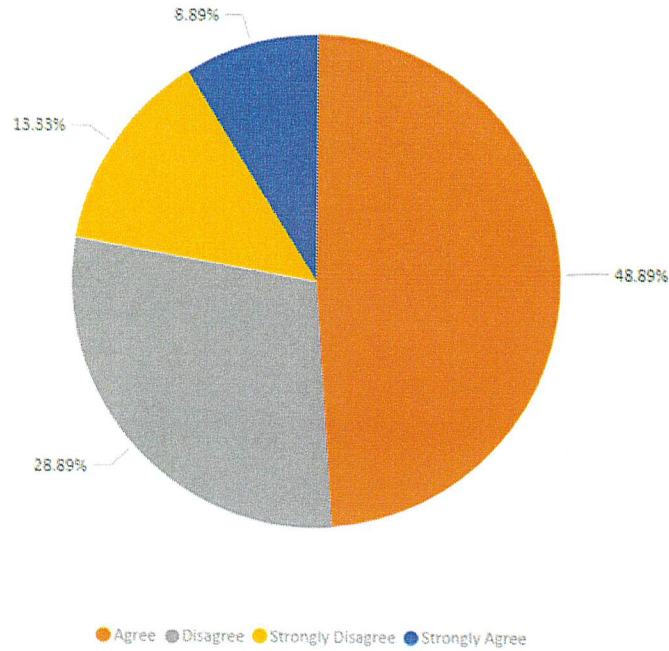
The following section includes responses to questions about older adults in the community. Overall, respondents ranked items about quality of life for older adults on the positive side. The majority felt the community is good place to grow old.

This community is a good place to grow old.



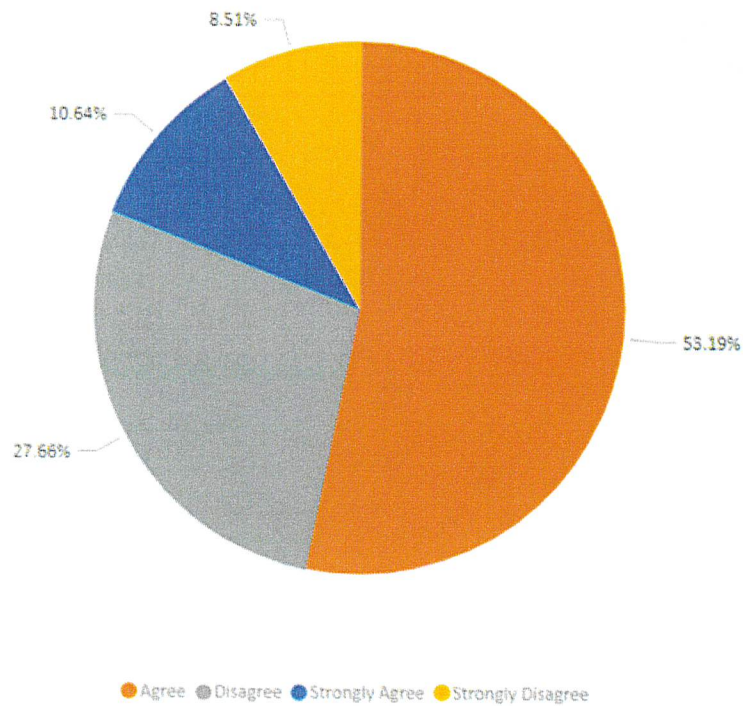
Source: Community Health Survey 2023

There are networks for support for older adults living alone.



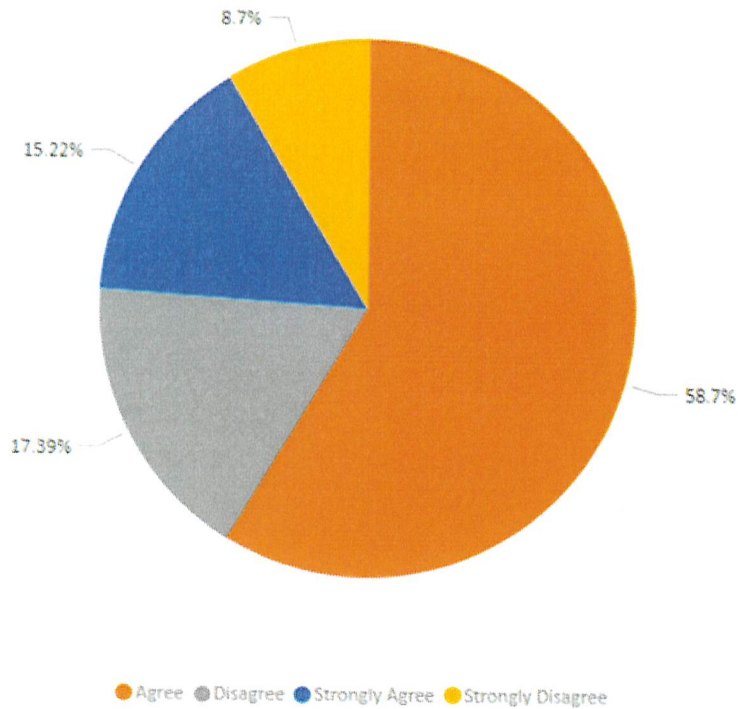
Source: Community Health Survey 2023

There are enough programs that provide meals for older adults in my community.



Source: Community Health Survey 2023

There is housing that is friendly towards older adults (considering accessibility, affordability, and safety).



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

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
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Emerging

- Tele-Health
- Diversity: Equity and Inclusion
- Real Data -Race, ethnicity, age, language
- Asking identifiers
- Continues 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 16-16)
- 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.

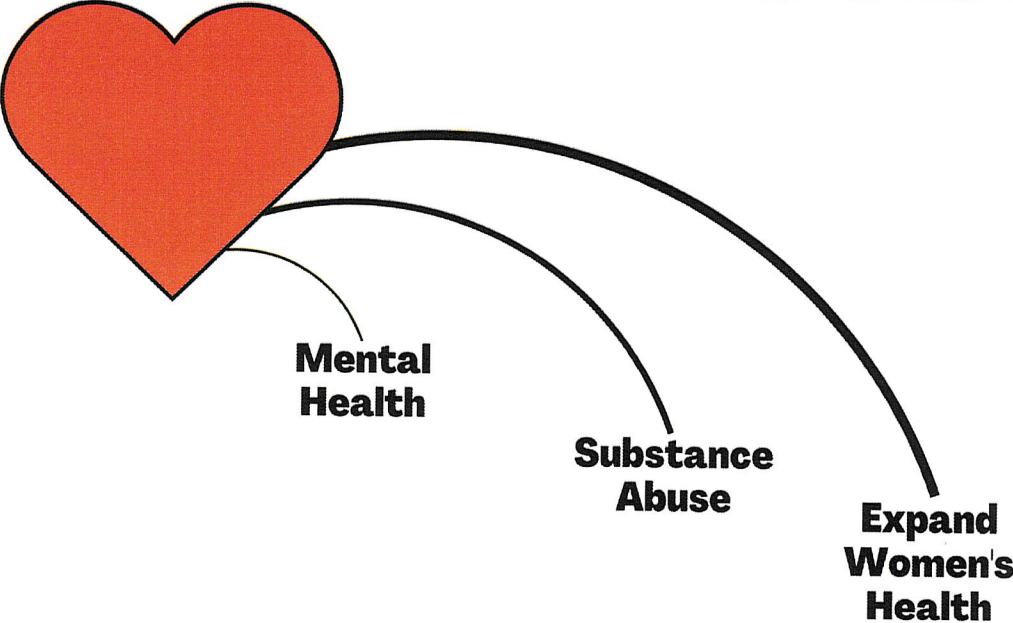
MAPP PHASE 4: Identify Strategic Issues

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 Kimball Health Services
Community Health Improvement Plan Priority Areas**



The priority areas decided on by Kimball Health Services.

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

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