Southeast District
Health Department

2025 Community Health Improvement Plan

June 2025

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Acknowledgements

The SEDHD wants to thank all the people and organizations who participated in the planning process which included the development of the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). It was a lengthy process that began in June of 2024 and ended in June of 2025. We want to specifically acknowledge the CEOs and staff from the Johnson County Hospital in Tecumseh, the Nemaha County Hospital in Auburn, The Pawnee County Memorial in Pawnee City, The Community Medical Center in Falls City, CHI Health St. Mary's in Nebraska City, and Syracuse Area Health in Syracuse.

Introduction

In June of 2024, the Southeast District Health Department (SEDHD) in conjunction with the six hospitals in the district (the Johnson County Hospital, the Nemaha County Hospital, the Pawnee County Memorial Hospital, the Community Medical Center in Falls City, CHI St. Mary's in Nebraska City, and the Syracuse Area Health) and other health care providers, city officials, and nonprofit organizations began developing a Community Health Assessment (CHA). The purpose of the CHA is to describe the health status of the population, including health disparities and at-risk populations, barriers and gaps limiting access to health care services, the strengths and weaknesses of the current health system, and the resources that are currently available to address the challenges and improve health outcomes and the quality of life for those living in the five counties of the SEDHD. The CHA was completed in March of 2025, and it will be used by the nonprofit hospitals to develop their community health needs assessments (CHNAs) and Implementation Plans that are required under the Affordable Care Act. It also serves as a resource for other community partners and is the foundation for setting priorities for the SEDHD.

The purpose of the Community Health Improvement Plan (CHIP) is to set the priorities for the SEDHD and develop an implementation/action plan for addressing the priority needs. The action plan includes broad goals, specific objectives to achieve the goals, and activities that will be undertaken. It also includes a time limit, the roles of the SEDHD and its partners, and expected outcomes to monitor progress.

Overview of the Process for Setting Priorities

The process for setting priorities involved several steps. First, the SEDHD scheduled a meeting on March 18, 2025, to begin the process of establishing priorities. Invitations were sent to the six hospitals in the district, and they were encouraged to invite additional community partners. A total of 14 people attended the meeting, including representatives from all of the six hospitals in the district and staff from the SEDHD. The meeting was facilitated by staff from the College of Public Health at the University of Nebraska Medical Center.

At the meeting, some background information about the CHA process was explained and key findings from the CHA were reviewed. The key findings were based on a community perception survey from individuals in each county, including the strengths and weaknesses of the local health system and the major health challenges in the county. In addition, there was a comprehensive analysis of several secondary data sources (e.g., BRFSS and the County Health Rankings), and focus groups organized by each of the six hospitals. The focus groups discussed the results of the survey in their county and reviewed a summary of

results from the data analysis. After the discussion, each focus group developed a list of major health challenges in their county and then identified 3-5 priority areas for their county.

As a next step, the attendees of the March 18 meeting reviewed these county priorities and discussed other criteria that could also be considered when setting priorities for the entire southeast district. These criteria included:

- Magnitude of the problem – number of people affected
- Severity of the problem – number of premature deaths and impact on the quality of life
- Readiness of communities in the southeast district to address the problem
- Applicable effective interventions
- Resources available and sustainable
- Individual county priorities

High Priority Challenges

During the discussion, the following four health challenges were identified as potential high priorities to improve the health and well-being of people in the southeast district:

- **Improve access to behavioral health services**
- **Reduce transportation barriers**
- Increase child and adult day care services
- Increase wellness and recreational activities

All of the challenges listed were high priorities in either every county or the majority of the counties. After considerable discussion, the group selected the top two issues: (1) improve access to behavioral health services and (2) reduce transportation barriers which are bolded in the list above.

The rationale for this selection was based on several factors. First, the top two issues will most likely require a network-wide approach whereas the approach to child and adult day care challenges and wellness and recreational activities will likely differ between communities and are likely strategies that should be worked on locally. While these are high priorities for all communities, resources and progress vary considerably among the communities.

In addition to a network district-wide approach, access to behavioral health services and transportation barriers affect a large number of people and impacts the quality of life for many people throughout the district. All communities are ready to address these issues,

and there are effective interventions. While resources are an issue, a district-wide approach would increase the likelihood of success as compared to each community attempting to solve the problems separately. A separate approach has been used in the past with only limited success.

Action Plans to Improve Access to Behavioral Health Services and Reduce Transportation Barriers

There was unanimous agreement on the goal – improve access to behavioral health services, and there was some discussion about what barriers and gaps should be addressed first (e.g., availability of behavioral health professionals, the stigma attached to behavioral health, suicide prevention in schools, inadequate insurance coverage, using community health workers, and billing for navigation services). For reducing transportation barriers, potential actions could include creating an Uber or Lyft type company, developing a volunteer network, and exploring grant opportunities. As a result, the group agreed that the first step should be to identify the resources across the district that are currently available, the root causes of the challenges, and the data that are most helpful in defining the issues and at-risk population groups. It would also be helpful to know what programs and strategies (e.g., telehealth and mobile apps) have worked in communities across the state.

This work should be completed in the next six months and then a comprehensive workplan with specific objectives, activities to achieve the objectives, a time limit for completion, the organizations responsible, and performance measures to monitor progress.

SEDHD Workplan

Goal 1: Improve access to behavioral health services	
Objective 1: By December 31, 2025, develop an asset map of the resources currently available in the SEDHD region	
Activities to Meet the Objective	

Activity	Target Completion Date	Staff Responsible	Expected Outcome
1. Develop an asset map of the behavioral health services available	July 1, 2025	SEDHD and the six hospitals in the region	Inventory of behavioral health services
2. Assess the gaps in behavioral health services	September 1, 2025	SEDHD and the six hospitals in the region	Gaps in services (e.g., workforce shortages) identified
3. Prepare a report that highlights gaps in services and includes recommendations	September 30, 2025	SEDHD	Report completed and disseminated

Objective 2: By December 31, 2025, collect and analyze the data related to the prevalence of behavioral health problems in the SEDHD region and identify best practices for expanding access to behavioral health services

1. Analyze available data (e.g., BRFSS)	September 1, 2025	SEDHD	Data analyzed
2. Contact other LHDs, hospitals, and others to identify best practice strategies	October 1, 2025	SEDHD	Interviews completed and best practices identified
3. Report prepared which includes recommendations and best practices	November 1, 2025	SEDHD	Report completed and disseminated

Goal 2: Reduce transportation barriers
Objective 1: By December 31, 2025, develop an asset map of the transportation resources currently available in the SEDHD region

1. Develop an asset map of current transportation resources	July 15, 2025	SEDHD and six hospitals in region	Inventory of transportation resources
2. Assess the transportation resource gaps	September 1, 2025	SEDHD and six hospitals in the region	Gaps in Services identified
3. Prepare a report that highlight gaps and includes recommendations	September 30, 2025	SEDHD	Report prepared and disseminated

Objective 2: By December 31, 2025, identify best practices for reducing transportation barriers in the SEDHD region

1. Contact other LHDs, hospitals, and others to identify best practice strategies	September 1, 2025	SEDHD	Information collected
2. Prepare a report outlining best practices	September 30, 2025	SEDHD	Report prepared and disseminated

Next Steps

Staff from the SEDHD, representatives from the six hospitals in the region, and other partners will review the workplan, modify it where appropriate, and approve the first stage of the action plan. Once the activities are completed, the plan will be updated to include additional activities that are essential to achieve the two main goals by the Fall of 2027.