

Community Health Improvement Plan 2023 - 2025

Contents

Health Department Overview	3
Participating Partners.....	4
CHIP Partners	4
Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) Process overview	5
Community Health Assessment	5
Community Health Improvement Plan process	6
Key Data	9
Key Data: Access to Health and Healthcare	9
Key Data: Culturally Appropriate Behavioral Healthcare	10
Key Data: Quality Child Care and Family Engagement	12
Resources and Assets for each Priority Area.....	13
CHIP Planning: Objectives and Strategies	14
2023-2025 Objectives & Strategies for each Priority Area	14
Access to Care	14
Culturally Appropriate Behavioral Health Care	15
Quality Child Care & Family Engagement	16
Process Measures by Priority Area	17
PRIORITY AREA 1: ACCESS TO HEALTH CARE	17
PRIORITY AREA 2: CULTURALLY APPROPRIATE BEHAVIORAL HEALTH CARE	17
PRIORITY AREA 3: QUALITY CHILD CARE AND FAMILY ENGAGEMENT	18

Health Department Overview



Central District Health Department (CDHD) serves over 79,000 people in Hall, Hamilton, and Merrick counties in central Nebraska.



CDHD employs approximately 49 staff members and is made up of 7 divisions, including Community Health, Community Outreach, Environmental Services, Epidemiology, Health Projects, Business, and Women, Infants and Children (WIC).



The mission of CDHD is to protect and improve the health and wellbeing of our community.

Participating Partners

We are lucky to have partners with diverse expertise committed to our Community Health Improvement Planning (CHIP) efforts. We work in collaboration with stakeholders at the local, regional, and state level. An essential part of the CHIP planning is the engagement of a diverse group of partners. Partners include all hospitals in our district (shown in red below), organizations outside of healthcare and public health (shown in green below), and organizations representing populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes (purple).

CHIP Partners

Central Nebraska Center for Alcoholism & Addiction	CHI St. Francis	City of Grand Island	Department of Health & Human Services
Child Care Licensing	Grand Island Chamber of Commerce	Grand Island Regional Medical Center	Hall County Juvenile Services
Heartland Health Center	Headstart	Heartland United Way	Hope Harbor
Idea Bank Marketing	Merrick Medical Center	Memorial Community Health Inc.	Multicultural Coalition
Nebraska Children & Families Foundation	Nebraska Extension	Office of Health Disparities	Region 3 Behavioral Health Care
	SixPence Early Learning	YWCA	

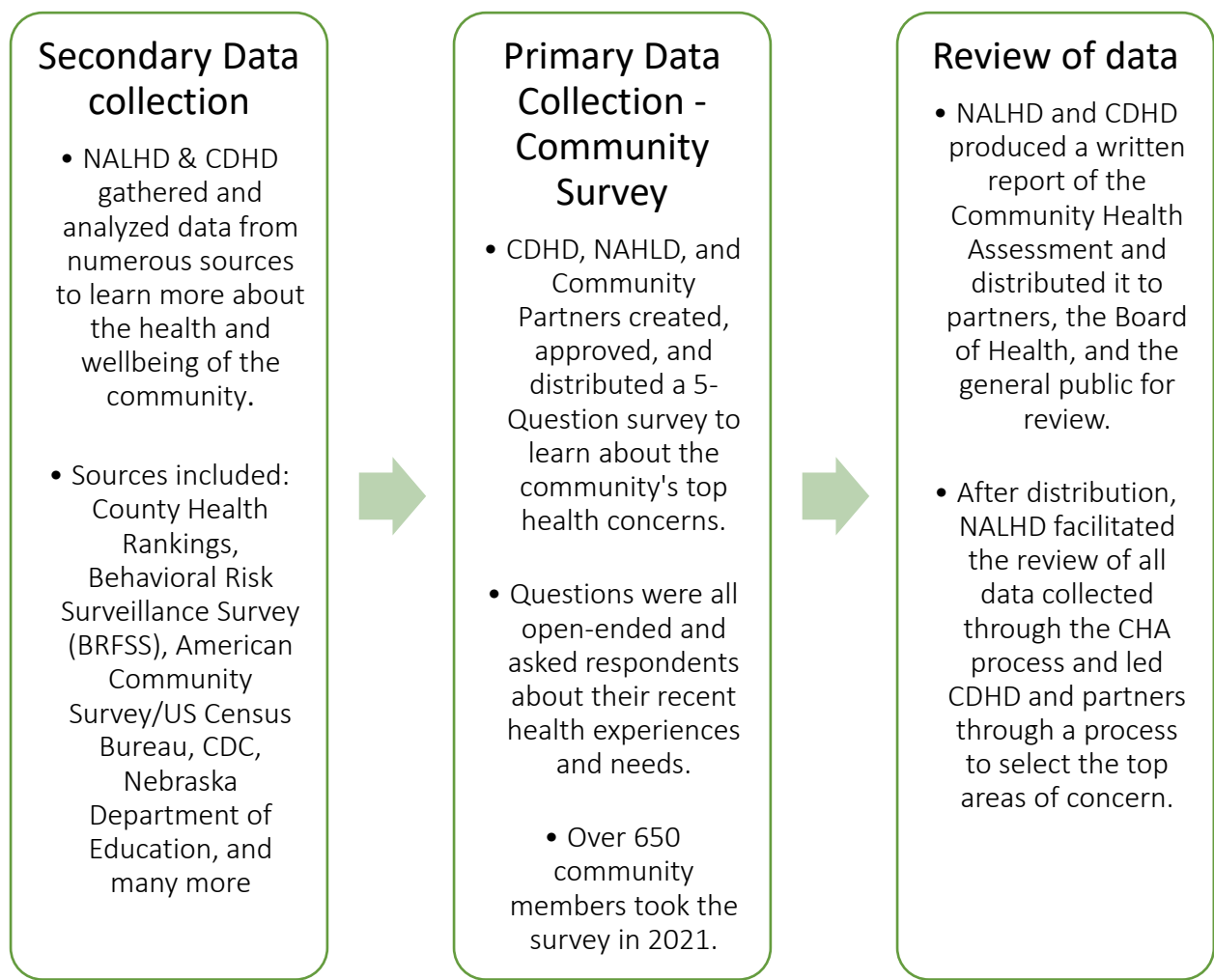
Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) Process overview

Community Health Assessment

CDHD conducts a community health assessment (CHA) and community health improvement plan (CHIP) every three years to better understand the health and wellbeing of the community. Areas of interest include the leading causes of death and illness, the general health status of community members, disparities in health outcomes, the access and availability of behavioral and health care, etc.

All work is done in collaboration with community partners. This is a requirement of the Public Health Accreditation Board, but also essential as each of the priority areas represents a complex combination of health concerns that requires multistakeholder collaboration to effectively make an impact.

The Nebraska Association of Local Health Directors (NALHD) supported CDHD through the 2021 CHA process. Below is an overview of each of the steps taken to develop the CHA.



Community Health Improvement Plan process

The Community Health Improvement Plan (CHIP) is a collaborative process of identifying top priorities and actions to be taken with support of community partners, based on the results of the CHA. Below is an overview of the process used by participants to select priorities.

Selection of Priorities

- CDHD contracted with NALHD to begin the CHIP process with an extensive review of the CHA findings and top priority areas.
- After extensive discussion, all meeting attendees voted for the 3 concerns they believed should be prioritized in the CHIP.



Voting criteria:

- Size - how many people impacted
- Seriousness- disabilities, hospitalizations, deaths
- Trends = getting worse, not better
- Equity = some groups impacted more
- Intervention = proven strategies exist
- Values = priority of the community
- Resources = builds on current work

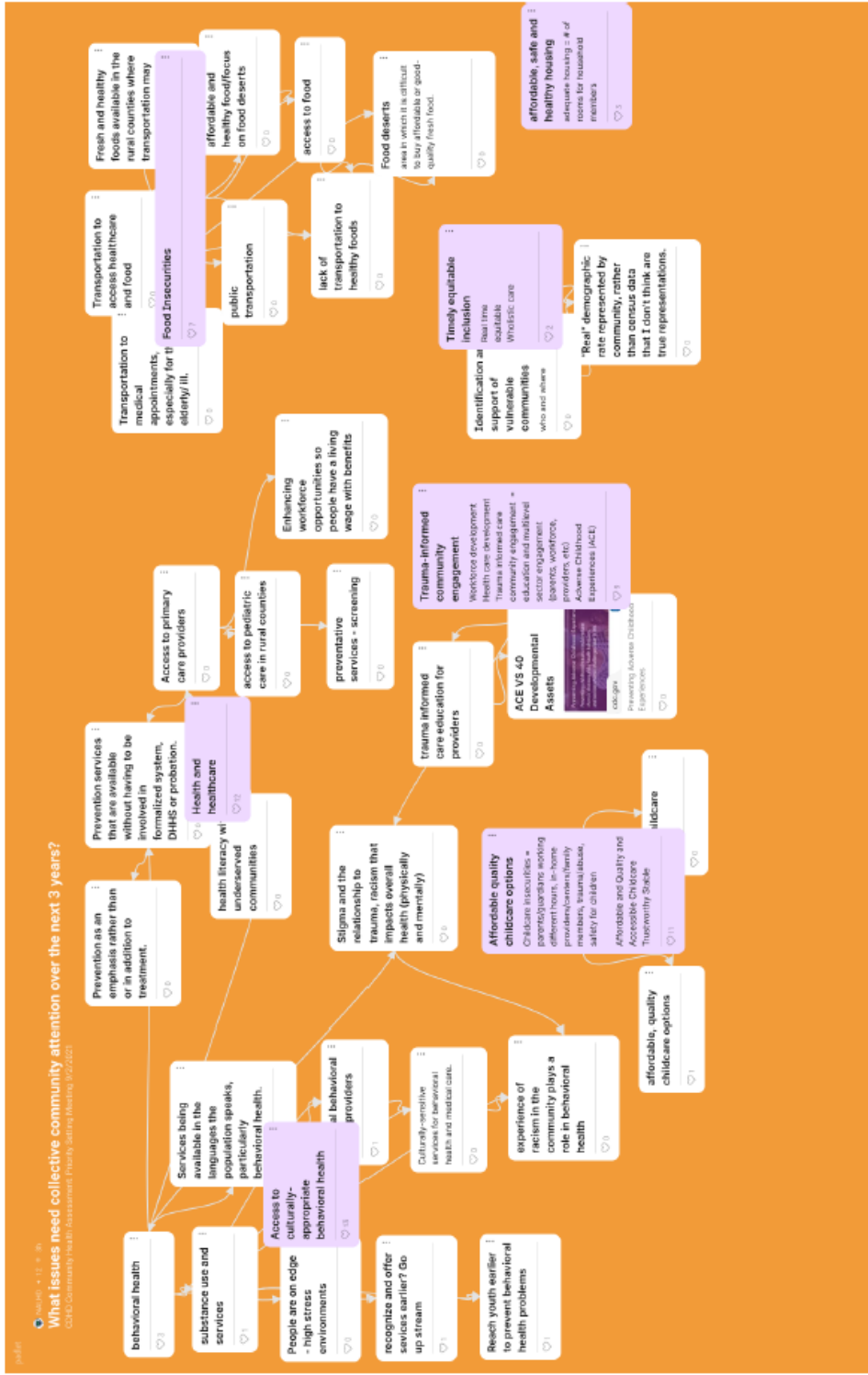


Priorities identified by group:

- Access to culturally appropriate behavioral health care (13 votes)
- Access to health and healthcare (12 votes)
- Affordable, quality child care options (11 votes)
- Trauma-informed community engagement (9 votes)
- Food insecurities (7 votes)

Below is a screenshot of the end results of the voting during this virtual meeting.

NALHD asked the participants to focus on answering this question: **What issues need collective community attention over the next 3 years?** For the next part of the workshop, NALHD facilitators asked participants to write down 3-5 connections that are emerging from the data and conversation. Ideas were presented, grouped, and named by group consensus. Results from this workshop are as follows.



Below is a screenshot of the sign-in sheet for this meeting.

Appendix B Sign-in sheet September 2, 2021

Sign In	
Central District Community Health Assessment Meeting Sept 2, 2021	
Name	Organization
Alissa Schurr	Merrick Medical Center
Daniel Petersen	Multicultural Coalition
Eric Melcher	City of Aurora
Eric Garcia-Mendez	Heartland United Way
Deb Ross	Head Start CFDP Inc.
Jerry Janulewicz	City of Grand Island
Sarah Stanislav	CHI Health St. Francis
Karen Rathke	Heartland United Way
Lindy Flynn	Memorial Community Health Inc
Cami Wells	Nebraska Extension
Jeff Edwards	NWPS
Holly Boeselager	Grand Island Public Schools, H3C
Katie Usasz	Prevention Project
Brenda Lamb	Bryan Health Rural Division - Supporting Merrick Medical Center
Nathan Albright	Bryan Health
Liz Mayfield	Hope Harbor
Jennifer Hubl	CDHD
Robin Dexter	Grand Island Public Schools
Liza Thalken	CDHD
Randy See	Hall Co. Juvenile Services
Rachel Sazama	CDHD- WIC Supervisor
Andrew Hills	(C.D.H.D.)
Connie Holmes	Council on Alcoholism and Addictions
Teresa Anderson	Central District Health Department
Susan Bockrath	NALHD
Sondra Nicholson	Nebraska Association of Local Health Directors (NALHD)
Jeremy Collinson	CDHD
Ron Peterson	Hall County Commissioner, CDHD Board
Alaina Friest	Grand Island Regional Medical Center
Diana Kellog	CHI Foundation, HC3 Board
Kamrie Peterson	CDHD
Diane Keller	Memorial Community Health
Kathleen Stolz	Central NE DHHS

After voting and considering which priorities the CHIP partner group has capacity to address, the top three priorities were identified as the CHIP priorities for 2023*-2025.

Access to Health &
Healthcare

Culturally
Appropriate
Behavioral Health
Care

Quality Child Care
& Family
Engagement

*Due to the ongoing pandemic, this process took longer than anticipated. Planning and partner involvement became much more consistent in 2023, which is why the dates for the CHIP are shifted.

Key Data

As mentioned during the overview of the CHA and CHIP process, all data was provided to and reviewed with partners. Below is a recap of the highlights of CHA data related to each priority area. The full CHA report and CHA Data Gallery is available upon request.

Key Data: Access to Health and Healthcare



Insurance and Providers

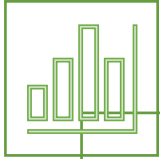
- 15% of Hall County adults are uninsured, which is higher than the state average (11%).
- Compared to the state, more CDHD residents did not see a doctor due to cost, had no personal doctor or health care provider, or no health coverage.
- Medically Underserved Areas/Populations
 - All of Hall County and parts of Merrick County were designated as Medically Underserved Areas/Medically Underserved Populations for primary care.
 - Hamilton County and Merrick County are state-designated shortage areas for General Dentistry.
 - Hamilton County is a state-designated shortage area for Pharmacists.
- Cost of healthcare services can be a barrier to care for CDHD residents. Surpassing the state rate, about 1.5 of every adults aged 18-64 needed to see a doctor but could not due to cost within the past year. 1 in 5 adults aged 18-64 had no health care coverage.
- Nearly 1 in 5 adults in the Central District report not having a personal doctor. Across the state, nearly 1 in 2 Hispanic or Latino individuals reported not having a personal doctor or healthcare provider.



Community Concerns

- Community input through survey and data review meetings highlighted needs related to:
 - Immigration status & impact on accuracy of records
 - Access to quality child care (lost many centers and providers during the pandemic) which results in parents leaving jobs and losing health insurance
 - Transportation – no free public transport
 - Homelessness
 - Transient residents
 - Bilingual providers
- Medicaid is not accepted at all dentist providers or specialty care providers
- Under/uninsured patients lack access to quality and routine care
- More bilingual/interpretation services are needed to effectively serve and reach the growing minority population in the area.
- There is an extensive wait time for behavioral health services.

Key Data: Culturally Appropriate Behavioral Healthcare



Mental Health data

- In 2019, depression rates in the Central District were aligned with the state as a whole, but there were disparities between males and females. 23% of females were told they have depression compared to 12% of males.
- 12% of females reported poor mental health on 14 or more days in the past 30 days, compared to 9% of males.
- Suicide is the 9th leading cause of death in Nebraska, and the second leading cause for death for individuals aged 10-34. Hall County is at a higher risk for youth suicide ideation and attempts.
- in 2016, Hall County had a very high risk of youth suicide ideation and attempts, higher than the other two counties.
- Female students had a significantly higher rate of depression (31.4% vs 17.1%), of considering suicide (18% vs 11.3%), and of making a suicide plan (17% vs 9.8%) compared to male students.
- In the Central District, nearly 1 in 3 high school youth reported feeling depressed and 14% considered attempting suicide.



Medically Underserved Area

- Generally, emergency rooms and primary care offices are the most common places where people with behavioral health needs seek care. Often clinicians in these settings do not have the resources and/or training to appropriately respond to behavioral health needs.
- Overall, 66% of primary care providers report they are unable to respond to people with behavioral health needs due to a shortage of mental health providers and insurance barriers.
- In the Central District, there were an average of 1,731 people for every one mental health provider (range: 280:1 to 3,878:1), and nearly four times as many people to mental health provider as the state average (362:1).
- According to the 2016, Nebraska Behavioral Health Needs Assessment, only 47% of adults in Nebraska with mental illness received treatment. Additionally, only 43% of youth in Nebraska with depression received treatment.

Key Data: Culturally Appropriate Behavioral Healthcare



Substance Use

- Youth substance use related to Juuling is on the rise according to schools and law enforcement.
- Drug and Opioid-related overdose fatalities are greater across the US than NE, however local law enforcement warns the rates are rising locally, and are concerned overdose fatalities are more prevalent among minority and low-income populations.
- Alcohol is the third-leading preventable cause of death in the US, following tobacco and nutrition/physical activity. In 2019, 1 in 5 Nebraska adults binge drank or drank heavily (21.9%).
- The Nebraska BRFSS in 2019 indicated 17% of adults in the Central District reported binge drinking in the past 30 days, and nearly 5% of adults in the district reported heavy drinking in the past 30 days, both of which were similar to the US averages.



Community Concerns

- In addition to the CHA 5-Question Survey, 22 Focus Groups were conducted with 145 community members of Hall, Hamilton and Merrick Counties. Focus Groups were conducted in English, Spanish, Somali, Arabic, and in urban and rural areas of the district.
- One of the most prominent themes was mental health concerns, especially related to loneliness, isolation, and depression.
- Isolation was a discussion point in 12 of the 22 groups. The Spanish-speaking groups spent time talking about feelings of abandonment, isolation, and frustration coming from a highly social environment, to living in Nebraska and not knowing their neighbors, and not speaking or being confident in their English-speaking abilities.
- Focus Groups indicated that there is a strong need for more culturally appropriate mental health supports, including more opportunities for socialization like recreational classes, walking groups, support groups, etc.
- Groups expressed concerns about the lack of practitioners who specialize in types of illnesses, speak Spanish, and are bilingual.

Key Data: Quality Child Care and Family Engagement



Child Care availability

- Bipartisan Policy Center:
 - Hall County has the most data available
 - 2021 child care slots: 2,890
 - Children 0-5 years old with all available parents in the labor force in Grand Island is 3,810
 - Estimated gap of 25% (970 slots)
- Congressional District 3 has a 30% gap in childcare slots (District 1 – 16% gap, District 2 – 11% gap)
- Buffett Institute at UNL
 - Two-thirds of child care providers experienced a reduction in income in the last year
 - Of providers who employ staff, 90% report difficulty filling open positions
 - Two-thirds of providers who employed staff experienced staff turnover, with 69% reporting that staff were leaving the Early Childhood field entirely
- Sixpence Child Care report:
 - Hall County lost 21 Family Child Care Programs and 3 Child Care Centers from March 2020 – December 2022.
 - 13 new Family Child Care Programs and 3 Child Care Centers have opened from March 2020- December 2022



Maternal, Infant and Child health

- The birth rate for Central District is about the same as Nebraska, with the highest rate in Hall county:
 - Hall: 15.7/1000
 - Hamilton: 12.8/1,000
 - Merrick: 12.5/1,000
 - Nebraska: 13.9/1,000
- Teen birth rate for Hall County is 38/1,000, which is higher than the state (25/1,000).
- Infant Mortality Rate is higher in both Hall County (6/1,000) and Hamilton County (7.8/1,000) than the state (5.4/1,000).
- Hall County has higher rates of children in single-parent households than Nebraska (29% of children vs 21% of children).
- Hall County and Merrick County have higher rates of children in poverty than the state (Hall - 14%, Merrick - 14%, NE - 12%).
- Community Concerns:
 - Child care is the foundation of everything – without access to affordable, quality child care, parents are unable to work or have to work reduced hours, which can impact their insurance status, ability to travel for health care appointments, and ability to break cycles of poverty.

Resources and Assets for each Priority Area

In addition to the data review, Priority Areas were selected based on the resources available in the Central District. Below is a list of organizations and resources that can be leveraged to address each area, providing ample opportunities for collaboration.

Access to Care	Behavioral Health	Early Childhood
<ul style="list-style-type: none"> • Medicaid Expansion in Nebraska • Continuum of Care coalition • CDHD Community Outreach program expansion • Heartland Health Center (FQHC) – access focus, bilingual care • Partnership – HHC and CDHD for Refugee Immunizations and Physicals • Mid-Plains Center for Behavioral Health • Grand Island Regional Medical Center • Dental Screenings – Heartland Health Center • Healthy Smiles – CDHD • Lutheran Family Services – Veteran’s services and refugees • Women, Infants, and Children (WIC) prenatal care – CDHD • Hope Harbor (basic needs) • Project Connect • Midland Area Agency on Agency • Meals on Wheels (Grand Generation) • Third City Community Clinic • Student Wellness Center (Grand Island Senior High) • Multicultural Coalition (referrals to CDHD and others) • Heartland United Way • Grand Island Welcoming Initiative • Literacy Council • YWCA • Merrick Medical Center • CHI Saint Francis • Memorial Community Health 	<ul style="list-style-type: none"> • Heartland Health Behavioral Health Services • Central Navigator program through (CDHD) • Mid-Plains Behavioral Health Region 3 • Boys Town adolescent therapy and support groups • Crisis Center - BH Services and dating violence group • Student Wellness Center (GISH) • Central Community College – Veteran’s services • Lutheran Family Services • Rooted in Relationships • Central NE Council on Alcohol and Addiction <ul style="list-style-type: none"> • Tobacco Free Hall County • Mental Health First Aid • Question, Persuade, Respond (QPR) • Nebraska Chapter of the American Foundation for Suicide Prevention • Hope Harbor • Alcohol and Drug treatment center at St. Francis • Hope Harbor • Alcoholics Anonymous • Drug court • Goodwill community Support program • Grand Island Police Department Resource Officers • Multicultural Coalition (referrals to CDHD and others) • Grand Island Welcoming Initiative • Heartland United Way • From Darkness to Light • Merrick Medical Psychiatrist 	<ul style="list-style-type: none"> • HeadStart • Central District Health Department <ul style="list-style-type: none"> • Women, Infants, and Children (WIC) • Healthy Families Central Nebraska • Birth – 11 Years Committee • Breast Feeding Peer Counselors • Early Learning Scholarships • CHI Health Women’s Clinic • Rooted in Relationships • Sixpence Early Learning • Sixpence Home Based • YWCA • Grow with Words • NE Extension • From Darkness to Light • Central Nebraska Center for Alcoholism and Addition <ul style="list-style-type: none"> • Strengthening Families Program • City of Grand Island <ul style="list-style-type: none"> • Early Learning Scholarships

CHIP Planning: Objectives and Strategies

The CHIP is an ever-evolving plan that is continually updated and revised based on new information, capacity of partners, and input of community members. In 2023, objectives and strategies were set for the 2023-2025 CHIP period. These are outlined below.

Continual Planning Process:

At the beginning of each year, CHIP Partners review the objectives to be achieved by the end of 2025. Then, priority area work groups establish objectives, strategies, and activities to be completed and achieved by the end of that calendar year. To maintain a flexible, adaptable planning process, workgroups meet quarterly to review progress related to the implementation of strategies and activities, to discuss new information, to revise quarterly or annual goals as needed, and to plan for the upcoming quarter. During each quarterly meeting, a scribe is designated for each priority area. The scribe documents the discussion, at a minimum detailing the status of activities assigned during the prior quarter and the plans for the upcoming quarter. The plan for each quarter should include a specific time frame and have a clearly identified person or organization responsible for the completion of each activity. After each meeting, these notes are given to the CDHD Data Specialist and Accreditation Coordinator, who transfers the documentation into CDHD's Performance Management System. Operating in this fashion allows the group to easily adapt to the ever-changing environment while maintaining structure. At the end of each year, an Annual Review meeting is held with partners.

In the following pages, we present the three priority goals with results of the community planning process for each, including a process snapshot, performance measures and targets, the strategies and three-year objectives. Key performance measures, evidence base, strategy implementation "settings" and lead organizations are included for each objective.

2023-2025 Objectives & Strategies for each Priority Area

Access to Care

Create a network of Community Health Workers who promote health equity by increasing access to quality healthcare and social services and by conducting advocacy on behalf of residents and their families.

Goal 1: Increase access to care through evidence-based methods, including the use of Community Health Workers.

- Strategy 1: Increase access to care through increasing the capacity of Community Health Workers (CHW) in the Central District.
- Strategy 2: Improve client outcomes by building a network of Community Health Workers, Navigators, and similar positions to increase collaboration, sharing of resources, and continuing education opportunities.
- Strategy 3: Collect and use data on the collective impact of CHWs to advocate for Medicaid reimbursement of CHWs to ensure sustainability.

- Strategy 4: Participate in local, regional, and state initiatives working to increase the reach and skills of Community Health Workers.
- Strategy 5: Develop and strengthen partnerships between healthcare organizations and organizations using CHWs to increase access to services.
- Strategy 6: Improve access to care by increasing awareness and understanding of factors that contribute to disparities.
- Strategy 7: Increase access to care through adoption of evidence-based practices that strengthen communication and understanding of health information.
- Strategy 8: Reduce barriers for clients seeking social or medical services or support through use of a shared referral system throughout the Central District.
- Strategy 9: Utilize data from referral system to identify, report, and address gaps in service in Hall, Hamilton & Merrick counties.
- Strategy 10: Increase public awareness of how to access CHWs and their services through communication products in the top languages used in the Central District.

Culturally Appropriate Behavioral Health Care

Create an environment that normalizes primary behavioral health services and increases accessibility to culturally competent resources that support behavioral health needs.

Goal 1: Increase the number of culturally competent resources to improve access to evidence-based strategies that support behavioral health.

- Strategy 1: Provide education to decrease stigma associated with behavioral health needs through a multi-language communications campaign or resource.
- Strategy 2: Reduce mental distress in the population through increased access to culturally diverse resources that provide education on evidence-based self-help strategies.
- Strategy 3: Utilize data captured through resource or measurement tool to identify gaps in services and resources.
- Strategy 4: Promote the campaign or resource with top employers in Hall, Hamilton and Merrick counties to support adoption of evidence-based behavioral health strategies.

Goal 2: Increase equitable access to existing community resources that address the social determinants of health and behavioral health.

- Strategy 1: Improve access through CHW assistance with applications for insurance, Medicaid, employment, etc.
- Strategy 2: Increase professional workforce, CHW, and lay/community skills in Mental Health interventions through evidence-based training and general awareness education.

Goal 3: Support community initiatives addressing substance use

- Strategy 1: Ensure CHIP partners are involved in existing community initiatives, coalitions, and efforts.
- Strategy 2: Reduce inappropriate access to prescription drugs through increased awareness of proper disposal of unused, expired medications and improved access to drug take-back events.
- Strategy 3: Increase professional workforce and lay/community skills in substance use interventions through evidence-based training and general awareness education
- Strategy 4: Reduce overdose illness and death through increased awareness of how to access Narcan

Quality Child Care & Family Engagement

Improve early childhood outcomes through increased access to high quality, affordable child care and increased opportunities to develop skills related to family engagement.

Goal 1: Increase the availability of high quality, affordable child care in Hall, Hamilton, and Merrick counties.

- Strategy 1: Increase slots available in Hall County by advocating for change in City Code to allow licensing of Family Child Care Home IIs.
- Strategy 2: Create or identify and distribute a resource guide in multiple languages for parents on how to select a high quality child care facility.
- Strategy 3: Connect Community Health Workers to child care centers and providers to increase access to CHW services for child care staff and families who use child care.
- Strategy 4: Support the work of existing initiatives to provide support, funding opportunities, and resources to Early Learning professionals.
- Strategy 5: Increase access to childcare through Early Learning Scholarships

Goal 2: Strengthen and support family engagement opportunities for all families and children.

- Strategy 1: Increase the reach of Home Visitation programs by implementing the Healthy Families America program to fidelity.
- Strategy 2: Extend the reach of Nebraska's Sixpence program by utilizing Ready Rosie with WIC Clients to strengthen family engagement.
- Strategy 3: Support existing initiatives such as Grow With Words that are focused on family engagement, social-emotional development, and early literacy.

Process Measures by Priority Area

PRIORITY AREA 1: ACCESS TO HEALTH CARE

Process Snapshot:

Assuring access to quality health care is an essential public health service. Through the 2021 community health assessment, CDHD saw that concerns related to insurance, cost of care, bilingual providers, etc. are top of mind for community members. These fears and barriers to accessing care greatly impact health outcomes and behaviors, as shown in the secondary data gathered through the CHA. To address access to care concerns, the CHIP strategies and objectives will address these top barriers and gaps in services.

Line of Sight Performance Measures and Targets:

- Decrease the proportion of persons without a personal doctor or health care provider
Baseline: 22% (BRFSS, 2011-2019)
- Increase the proportion of persons who report visiting a doctor for a routine exam in the past year.
Baseline: 62% CDHD region (BRFSS, 2011-2019)
- Decrease the proportion of persons aged 18-64 years without healthcare coverage
Baseline: 15% Hall, 8% Hamilton, 10% Merrick (CHRR 2020)
- Decrease the proportion of people who needed to see the doctor but could NOT due to cost in past year
Baseline: 14% (BRFSS, 2011-2019)

PRIORITY AREA 2: CULTURALLY APPROPRIATE BEHAVIORAL HEALTH CARE

Process Snapshot:

In the 5-question Community Health survey, respondents in each of CDHD's three counties identified mental health and substance use as one of the top concerns in their community. The health status data supported this concern. For example, In the Central District, nearly 1

in 3 high school youth reported feeling depressed and 14.9% considered attempting suicide. The Nebraska suicide rate for 10-24 year olds exceeds the national rates. According to the 2016, Nebraska Behavioral Health Needs Assessment, only 47% of adults in Nebraska with mental illness received treatment. Additionally, only 43% of youth in Nebraska with depression received treatment.

In addition to an ever-pervasive stigma that may vary by culture and limits people from seeking care, the Central District is a medically underserved area for mental health professionals, and lacks bilingual providers. In the Central District, there were an average of 1,731 people for every one mental health provider (range: 280:1 to 3,878:1), and nearly four times as many people to mental health provider as the state average (362:1).

Strategies, objectives, and key performance indicators were developed to address this priority, utilizing broad, strategic approaches that focus efforts on the social determinants of health, connection to community resources through community health workers, community-based prevention, and increased access to resources.

Line of Sight Performance Measures and Targets:

- Reduce the proportion of adults who reported ever being diagnosed with depression.
Baseline: 18% CDHD district, including 23% Women and 12% of Men (BRFSS, 2011-2019)
- Reduce the proportion of adults reporting frequent mental distress in the last 30 days
Baseline: 10% (BRFSS, 2011-2019)
- Reduce the percentage of people who experienced poor physical or mental health that limited their usual activity in 14 or more of the past 30 days
Baseline: 6% (BRFSS, 2011-2019)
- Reduce the percentage of youth who considered attempting suicide in past 12 months
Baseline: 14.9% 8-12th graders (NE Risk and Protective Factor Student Survey, 2018)

PRIORITY AREA 3: QUALITY CHILD CARE AND FAMILY ENGAGEMENT

Process Snapshot:

Research has demonstrated that the first eight years of life dramatically impact children's social, intellectual, and emotional development. To improve health outcomes for all community members, it is essential that all community members have equitable access to high quality child care. The Buffett Early Childhood Institute's 10-year report (2013-2023) states, "Equity involves promoting the development of all children by addressing disparities in learning opportunities, family supports, and child outcomes. Equitable teaching and learning reduces or eliminates the predictability of who succeeds and who fails by making systemic changes in how children are cared for, taught, and treated."

To address this priority area, CHIP partners involve many early childhood experts who guide the CHIP strategies and objectives to ensure that the plan will address these top barriers and gaps in services.

Line of Sight Performance Measures and Targets:

- Decrease the estimated gap in child care slots in Hall County.
Baseline: 25%/970 slots (Bipartisan Policy Center, 2021)
- Decrease the estimated gap in child care slots in Congressional District 3.
Baseline: 30% (Bipartisan Policy Center, 2021)
- Limit the amount of child care centers/providers closing in Hall County
Baseline: 21 Family Child Care programs and 3 Centers lost from Mar. 2020 – Dec.(Sixpence Report, 2021)
- Increase the number of child care providers opening centers or in-home care in Hall County
Baseline: 13 new Family Child Care Programs and 3 new Child Care Centers opened from Mar. 2020 – Dec. 2022 (Sixpence Report, 2021)
- Increase the number of Family Child Care Home IIs in Grand Island.
Baseline: 0 (not allowed)