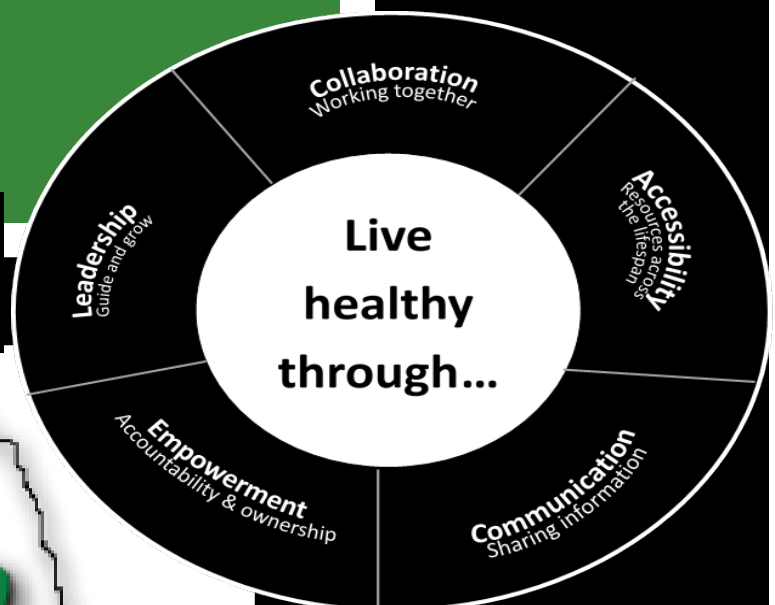


# COMMUNITY HEALTH IMPROVEMENT PLAN

Serving the Counties of: Antelope, Boyd,  
Brown, Cherry, Holt, Keya Paha, Knox,  
Pierce, and Rock

2025-2027

Revised:  
Drafted: April 2025  
Approved: May 2025  
Approved By: NCDHD Executive Director



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Ainsworth Chamber of Commerce  
Antelope Memorial Hospital  
AseraCare Hospice  
Avera Creighton Hospital  
Avera St. Anthony's O'Neill  
Boyd County Schools  
Bright Horizons  
Brown County Emergency Management  
Brown County Sheriff's Office  
Building Blocks  
Cherry County Hospital  
CHI Health Plainview  
City of Creighton  
Department of Health and Human Services  
Elgin Public Schools  
Emergency Manager of Cherry County  
Educational Service Unit 17  
Family Service Lincoln  
Greater Sandhills Family Healthcare, PC  
Niobrara Valley Hospital  
Northeast Community College  
O'Neill Chamber of Commerce  
O'Neill Community Foundation  
Osmond General Hospital  
Osmond School Board  
Pierce Chamber of Commerce  
Plainview Ministerial  
Region 11 Emergency Management, Norfolk  
Retired Rural Regional One Medical Response System  
Rock County Hospital  
Rotary Club  
Rural Regional One Medical Response System  
Santee Health Center  
University of Nebraska-Lincoln Extension  
Valentine Police Department  
West Holt Health Ministries  
West Holt Memorial Hospital



# EXECUTIVE SUMMARY

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The health of our nation and its people is an especially important topic. Improving and maintaining good health for the entire nation starts with a dedicated public health system that works together at the local level to promote quality of life, supportive environments, and healthy behavior across all life stages.

This community health improvement plan was developed through a collaborative process involving a wide variety of local community partners and stakeholders. It serves to describe the priority health issues identified through the community health assessment process and outlines the work plan developed to address those issues.

Individuals and organizations involved in the effort thus far have committed to continue their participation as workgroup members to strategically implement work plan action items. A tracking system will be developed to document activities completed by all participating workgroup partners and periodic progress updates for each priority health issue.

As the public health system serving north-central Nebraska, we are excited to move forward into the implementation phase of our community health improvement efforts, with a focus on building and strengthening the local foundation that will ultimately serve to support good health for our entire nation.

"HEALTHY CITIZENS ARE THE GREATEST ASSET ANY COUNTRY CAN HAVE."

-WINSTON CHURCHILL

# DETERMINING HEALTH PRIORITIES

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## HOW DID WE GET HERE?

The Community Health Assessment and Community Health Improvement Plan were developed through a community-driven strategic planning process called Mobilizing for Action through Planning and Partnership 2.0 (MAPP). The MAPP process commenced July 7, 2024 and took approximately nine months to complete. North Central District Health Department (NCDHD) guided the processes and incorporated representatives of varying organizations throughout the health district.

The Community Health Assessment (CHA) was completed by obtaining and reviewing health data for the community. The Community Health Improvement Plan details strategic issues noted throughout the assessment process and outlines goals and strategies to address identified health priority areas.

Data related to the health of the North Central District referenced throughout this document can be found on the NCDHD website: [www.ncdhd.ne.gov/cha](http://www.ncdhd.ne.gov/cha).

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## PURPOSE

We recognize that by including members from many organizations throughout the community, we can accomplish more than what could be done by any one organization alone. The purpose of the Community Health Improvement Plan is not to create a heavier workload for our partners, but rather, to align efforts of these various organizations to move forward in improving the health of the community in a strategic manner. Community partnership also serves to create a broader representation of community perspectives and engender ownership of the efforts aimed at addressing identified priority health issues.

What follows is the result of the community's collaborated effort and planning to address health concerns in a way that combines resources and energy to make a measurable impact on the health issues of the North Central District community. There are many assets within the North Central District that will aid in the accomplishment of these goals.

## PROCESS

The Community Health Assessment incorporates a broad range of both qualitative and quantitative data. The secondary quantitative data were pulled from national, state, and local sources on MySidewalk; these allow for trend analysis and comparisons to both state and national levels. Qualitative data was sourced from the Community Partner Assessment, key informant interviews, focus groups, and a community survey.

On March 25, 2025 partners selected the CHIP priorities. NCDHD and partners convened on May 8, 2025 to solidify goals, objectives, and strategies for the CHIP. Work groups for each priority health issue will meet regularly to implement action plans and ensure progress is being made to obtain goals. NCDHD will assist in convening these meetings and measuring progress with each work plan.

# PRIORITY 1: *Lifestyle Changes*

## STRATEGIC ISSUE 1: HOW TO OPTIMIZE HEALTH BY IMPROVING DAILY LIFESTYLE CHOICES

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### CURRENT SITUATION:

The CHA/CHIP group identified mental health and substance abuse and chronic disease and disease prevention to be two priority areas on March 25<sup>th</sup>, 2025. In developing the CHIP, it was determined that lifestyle changes lead to the greatest changes in both these priority areas. To improve mental health, substance use, and chronic disease, the group decided to work to improve lifestyle choice in the district.

#### MENTAL HEALTH

In 2022, suicide death rates in Nebraska (15.5 per 100,000 people) have surpassed the national average of 14.8 deaths per 100,000 people in 2022. In 2023, Nebraska slightly dropped (14.4) below national average of 14.7 deaths.

In Nebraska, men carry most of the burden, with a suicide death rate of 42.2, compared to their female counterpart's suicide death rate of 10.6. The age category at greatest risks for death by suicide is 45–54 years old (21.6) followed closely by 25–34 (21.3) and 35–44 (20.5). Suicide was listed in the top three leading cause of death for ages 1–14 and ages 15–24. Native Americans (35.7) are significantly more likely than any other ethnic group to die by suicide: White (16.7), African American (8.5), Hispanic (8), and Asian (0). NCDHD is a HRSA designated shortage area for mental health providers, making addressing mental health with direct healthcare services difficult.

#### SUBSTANCE ABUSE

Drug overdose deaths have steadily increased from 2003 to 2021 in Nebraska and in north central Nebraska. In 2003, the age-adjusted deaths per 100,000 people in Nebraska was 3.2 and grew to 11.4 in 2021.

Alcohol is the most used substance among NCD youth with 38.1% having drunk in their lifetime. 10.3% of youth had their first drink of alcohol before the age of 12 and only 1.8% of current drinkers had their first drink after the age of 15. This data suggested alcohol prevention and education must start by at least age 8. Binge drinking is defined as having 4 or more drinks of alcohol in a row within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row if you are male. Binge drinking is associated with high rates of risky behavior and harm. Males are more likely to binge drink 90.5% than females (96%) and therefore engage in risky behavior. E-cigarette use is the second most used substance for youth in NCD, with 20.6% of males and 22.7%

of females having ever vaped in their lifetime. 7.1% of males are current e-cigarettes users and 10.8% of females are current users. Marijuana is the third most used substance with 10.9% of students using it by their senior year.

#### CHRONIC DISEASE

Nebraska's top cause of death is heart disease with 194.8 deaths per 100,000, which is less than the nation (203.3 death per 100,000). Nebraska's second leading cause of death is cancer (185.6 death per 100,000), which is higher than the nation's (183.1 death per 100,000). Cancer was listed as a top three cause of death for all age groups. Diabetes is the 7th leading cause of death in Nebraska in 2023 and was highlighted as a priority on the March 25th meeting as well as throughout the focus groups. Diabetes was the cause of death in 2023 for 579 Nebraskans. Hypertension and hypertensive renal disease are the 8th leading cause of death in Nebraska in 2023 and was highlighted on the March 25th meeting. This was the cause of death in 2023 for three hundred sixty-nine Nebraskans.

Both key informants and community members cite obesity as a major health concern, tied to poor nutrition, limited healthy food options, and a sedentary lifestyle. This helps to explain why the North Central Health District had higher percentages of adults with chronic conditions (obesity, diabetes, coronary heart disease, high blood pressure) compared to the state average. Improved physical activity was mentioned to prevent chronic disease. 28.6% of north central Nebraskans are physically inactive, compared to the state's average of 25.2%.

#### LIFESTYLE CHOICES

"What each of us does in our daily lives profoundly affects the likelihood of developing chronic diseases, in general, and cardiovascular disease (CVD), in particular. Thousands of studies support the concept that regular physical activity, maintenance of a proper weight, sound nutritional practices, and avoiding tobacco products all significantly reduce the risk of CVD.<sup>19</sup> In NCDHD, 28.6% of adults are physically inactive, 30.8% of adults get less than 7 hours of sleep, and 6.9% of Nebraska adults reported consuming two or more fruits and three or more vegetables daily.

<sup>19</sup>Rippe JM. Lifestyle Strategies for Risk Factor Reduction, Prevention, and Treatment of Cardiovascular Disease. *Am J Lifestyle Med.* 2018 Dec 2;13(2):204-212. doi: 10.1177/1559827618812395. PMID: 30800027; PMCID: PMC6378495.

**ASSETS AND RESOURCES:** Healthcare providers, behavioral health agencies, hospitals, local public health department, schools, local media, athletic associations, American Heart Association, Human Performance Project, and local businesses.

# PRIORITY 2: Socioeconomic Stability

## STRATEGIC ISSUE 2: HOW DO WE OPTIMIZE SOCIOECONOMIC HEALTH

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### CURRENT SITUATION: Socioeconomic Stability

#### SOCIOECONOMIC STATUS

A household's income level determines what types of health-related choices are available. Those with lower levels of income often have lower access to healthy foods, preventative health care, and educational opportunities and are also associated with poorer physical and mental health outcomes (Braveman, Egerter, & Barclay, 2011). A lack of financial resources can make engaging in healthy behaviors difficult, often leading to poor health behaviors and outcomes. Poor physical health and mental health are all more common among people making less money in their household. The average income for NCDHD in 2023 was \$65,682, which is lower than the state average of \$74,985.

When residents were asked in the community survey, "What would make the area where you live a healthier place for you or your family?" the top responses were lower cost of living, affordable healthcare, economic improvement, better job opportunities, wage increases to match inflation, and support for small businesses. When asked, "What worries you most about your health or the health of your family?" the top responses were financial concerns, cost of healthcare, medical bills, insurance cost, cost of medications and treatments, rising cost of groceries and healthy food.

#### HOUSING

Residents frequently mention high living costs, expensive healthy foods, and financial struggles as barriers to overall health. One of the greatest expenses of a family is housing. Excessive housing costs, which is defined as 30% of a household's income, affect 18.4% of NCDHD residents.

#### FOOD INSECURITY:

Residents frequently mentioned the excessive cost for healthy food. This was reinforced by 35.4% of residents living over 10 miles from a grocery store with no large supercenters or club stores offering more variety. NCDHD has fewer households receiving SNAP benefits (6.8%) compared to the state average (8%). Yet, we have a higher percentage of households living in poverty that don't receive SNAP support (73.8%) than the state (66%).

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**ASSETS AND RESOURCES:** Local Coalitions, media outlets, schools, local city and county governing bodies, Central Nebraska Economic Development, landlords, Community Action Agencies, healthcare, DHHS, Beginnings Pregnancy Center, Reach Media, parks, churches, grocery stores, UNL Extension's ACCESS Nebraska Nutrition Education Program



# PRIORITY 3: Access to Care

## STRATEGIC ISSUE 2: HOW DO WE BUILD BRIDGES TO CARE

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### CURRENT SITUATION: ACCESS TO CARE

#### ACCESS TO CARE

Access to care was a common theme in focus groups and the community survey. NCDHD counties are all HRSA designated healthcare provider, mental health provider, and dental provider shortage areas.

Lack of long-term care options for elderly populations was a common theme in focus groups, as well as during the March 25, 2025 meeting.

Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance. 93.3% of NCDHD residents have health insurance, which is more than the state average of 92.6%. In the district, Native Americans (71.1%), African Americans (80.8%), Hispanics (80.4%), and other populations (68.7%) have the lowest rates of insurance. This insurance disparity amongst races varies from one county to another, to address insurance disparities in individual counties, the county level data should be reviewed.

Key informants and partners identified persistent challenges in recruiting and retaining healthcare professionals, including nurses, EMS personnel, and other medical staff. Staffing shortages affect care quality, timeliness, and service sustainability.

#### CHILDCARE

When asked "What would make the area where you live a healthier place for you or your family?" amongst the top responses were lack of childcare. Shortage of childcare providers was also a common theme in focus groups. The average childcare center per county in the district is three.

#### TRANSPORTATION

When residents were asked "What would make the area where you live a healthier place for you or your family?" a top response was transportation. Consistently, respondents noted limited access to specialists (e.g., mental health providers, cardiologists, endocrinologists), requiring long-distance travel and long wait times.

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**ASSETS AND RESOURCES:** Healthcare, NE Children's and Families, local government, local coalitions, Midtown Health

## PARTNERS AND COMMUNITY MEMBERS WHO HAVE AGREED TO SUPPORT CHIP ACTION:

Ainsworth Chamber of Commerce  
Antelope Memorial Hospital  
AseraCare Hospice  
Avera Creighton Hospital  
Avera St. Anthony's O'Neill  
Boyd County Schools  
Bright Horizons  
Brown County Emergency Management  
Brown County Sheriff's Office  
Building Blocks  
Cherry County Hospital  
CHI Health Plainview  
City of Creighton  
Department of Health and Human Services  
Elgin Public Schools  
Emergency Manager of Cherry County  
Educational Service Unit 17  
Family Service Lincoln  
Greater Sandhills Family Healthcare, PC  
Niobrara Valley Hospital  
Northeast Community College  
O'Neill Chamber of Commerce  
O'Neill Community Foundation  
Osmond General Hospital  
Osmond School Board  
Pierce Chamber of Commerce  
Plainview Ministerial  
Region 11 Emergency Management, Norfolk  
Retired Rural Regional One Medical Response  
System  
Rock County Hospital  
Rotary Club  
Rural Regional One Medical Response System  
Santee Health Center  
University of Nebraska-Lincoln Extension  
Valentine Police  
West Holt Health Ministries  
West Holt Memorial Hospital

# WORK PLAN

The remaining pages in this document outline the work plan for each issue identified by community partners as priority health areas through this planning process.

The work plan contains goals, objectives, strategies, activities, measures, timelines, and partners for each priority health area.

Over the course of the next three years, workgroup members will commit resources and efforts to activities as outlined in the work plan. This section is meant to be a flexible, responsive component of the community health improvement plan. As such, it will periodically be reviewed and updated to ensure the elements reflect workgroup progress and needs of our community.

Efforts and results of this workgroup will be tracked by NCDHD. NCDHD will coordinate workgroup meetings to create an environment of collaboration. Each meeting, progress will be shared, and a comprehensive annual report will be made each year to document progress. It is each facility's responsibility to report organization specific progress made to NCDHD.

# PRIORITY 1: Lifestyle Changes

**GOAL: Advocate for lifestyle changes to improve physical activity, sleep quality, and nutrition**

## OBJECTIVE 1

Reduce the number of NCDHD adults who are physically inactive by 2% by December 31, 2027.

## OUTCOME MEASURES

28.6% of NCDHD adults are physically inactive, compared to the state's average of 25.2%.

*Sources: CDC BRFSS PLACES 2022 No leisure-time physical activity among adults.*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Publicizing current physical activity opportunities in each community	Share current physical activity opportunities in each community	Number of communities	December 2027	Media Local Businesses Healthcare
2. Assess physical activity opportunities and fill gaps as appropriate	Work with partners to increase or enhance access to physical activity	Number of enhancements to access	December 2027	Healthcare
3. Assess indoor walking space opportunities in each community	Review community capacities to provide indoor walking opportunities.	Number of walking opportunities	December 2027	Healthcare Local government
4. Increase access to physical opportunities for the 60+ population	Increase numbers of trainers in the district to provide evidence-based elderly health programs	Number of trainers	December 2027	Healthcare
5. Explore evidence-based education opportunities to reduce obesity in the district, such as Building Healthy Families (BHF).	Explore and implement evidence-based education for physical activity opportunities for those who lack access.	Number of evidence-based strategies implemented	December 2027	Healthcare

## OBJECTIVE 2

Decrease the percentage of NCDHD adults getting less than 7 hours of sleep from 30.8% (2022) to 28.8% by December 31, 2027.

## OUTCOME MEASURES

30.8% of NCDHD adults get less than 7 hours of sleep.

*Sources: CDC BRFSS PLACES 2022*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Provide a uniformed message regarding the health benefits of sleep.	Disseminate sleep science to community and partners.	Number of impressions	December 2027	Media Partners Healthcare

				Schools
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**OBJECTIVE 3**

Improve nutrition by increasing the percentage of adults who reported consuming two or more fruits and three or more vegetables daily by 1% by December 31, 2027.

**OUTCOME MEASURES**

6.9% of Nebraska adults reported consuming two or more fruits and three or more vegetables daily.

*Data from CDC, Behavioral Risk Factor Surveillance System, 2021*

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Promote and support evidence-based healthy eating classes and education	Promote healthy eating classes	Number of classes provided and shared.	December 2027	UNL Extension
2. Increase healthy food options to the general public	Work with schools and athletic associations to increase healthy food options at concession stands, etc.	Number of concessions stands to incorporate healthy options	December 2027	Schools Athletic Associations
3. Advocate for and provide resources for healthy options as sport snacks	Research available healthy snack food list and disseminate to athletic groups to distribute to parents as a list of approved snacks for athletic teams	Number of sport organizations that implement health snack policies.	December 2027	Schools Athletic Associations Parents
4. Promote current diabetes education programs	Identify and promote current diabetes prevention programs.	Number of promotions	December 2027	Healthcare Reach Media UNL Extension
5. Advocate for Nebraska State policies that improve nutrition	Submit a letter of support or opposition on nutrition legislation	Number of letters submitted	December 2027	State government NCDHD Board of Health Local Coalitions Healthcare

# PRIORITY 2: Socioeconomic Stability

## GOAL: Enhance Socioeconomic Stability

### OBJECTIVE 1

Promote fiscal and housing education to reduce percentage of NCDHD residents with excessive housing from 17.7% to 16.5% by December 31, 2027.

Note: Housing costs of 30% or more of household income qualify as "excessive."

### OUTCOME MEASURES

17.7% of NCDHD households have excessive housing costs.

Sources: US Census Bureau ACS 5-year 2019-2023- All Occupied Housing Units with Excessive Housing Costs

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Increase community awareness of budgeting classes and support.	Identify financial education resources available	Number of opportunities advertised	December 2027	Local Coalitions Local media outlets Schools
2. Provide education to local governing bodies on Nuisance Codes.	Visit local county/ city governing body to provide education on local government role and resources for nuisance violations.	Number of governing body visits	December 2027	Local city and county governing bodies Local Coalitions Central Nebraska Economic Development
3. Enhance landlord education on property assistance and resources for property improvements	Provide education on available resources to local landlords	Number of landlords reached	December 2027	Economic Development Local Coalitions Landlords Community Action Agencies Power Companies

### OBJECTIVE 2

Decrease the percentage of adults who report food insecurity in the NCDHD area by 1% by December 31, 2027.

### OUTCOME MEASURES

11.3% of adults in NCDHD struggle will food insecurity.

Sources: Sources: CDC BRFSS PLACES 2022

\*\*\* Additional sources of data: [feedingamerica.org](https://www.feedingamerica.org)

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1 Promote locally available food access resources	Promote SNAP, WICC, community gardens, etc. available to communities	Number of promotions	December 2027	Local Coalitions Community Action Partnership Healthcare DHHS Local Media Beginnings Pregnancy Center Reach Media
2 Distribute food pantries in communities	Provide communities in need with food pantries.	Number of pantries placed	December 2027	Local Coalitions Schools Parks Healthcare

**Community Health Improvement Plan****2025**

3. Promote awareness and maintenance of current food pantries.	Promote partnerships to keep food pantries stocked.	Number of partnerships formed	December 2027	Local Coalitions Churches Grocery Stores Community Partners, ie. NorthStar
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# PRIORITY 3: Access to Care

## GOAL: Enhance access to care

### OBJECTIVE 1

Improve transportation in the nine counties by increasing the number of public transit options in each county from 13 to 15 by December 31, 2027.

### OUTCOME MEASURES

As of May 5, 2025, there is one public transit option in Cherry County, one in Brown, one in Rock, one in Keya Paha, two in Boyd, two in Holt, three in Knox, two in Pierce, and four in Antelope Counties.

Source: Nebraska Public Transit, <https://www.nebraskatransit.com/map-of-providers>

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Assess and fill transportation gaps	Assess transportation opportunities to in each county and identify areas of need.  *** <a href="https://www.nebraskatransit.com/map-of-providers">https://www.nebraskatransit.com/map-of-providers</a>	List of available transportation resources in each county	December 2027	Healthcare
2. Provide mobile clinic options to access all public health services to support those with transportation barriers	Provide a mobile office to provide comprehensive services	Number of services offered in a mobile or satellite location	December 2027	Local Business Media Reach Media Healthcare
3. Promote available routes /resources across the district to assist people access to care	Share transportation opportunities in each county	Number of shares/ impressions	December 2027	Local Coalitions Media Reach Media Healthcare

### OBJECTIVE 2

Improve access to medical care for populations with greatest barriers to care by December 31, 2027.

### OUTCOME MEASURES

As of May 5, 2025, NCDHD currently offers immunizations, Living Well with Hypertension, Healthy Eating classes, BINGOCIZE, and dental care in a mobile setting.

\*\*\* Each coalition / hospital will identify one baseline service

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Improve access to current programs	Advertise and expand current programs to reach people with barriers to care	Number of programs expanded	December 31, 2027	Local government
2. Expand the number of counties receiving community well-being dollars to support gap assistance.	Expand gap assistance to all 9 counties, currently 5 of 9 offer  *** Current: Cherry County (Valentine Family coalition) Pierce County (Norfolk Family Coalition), Knox County (Santee Tribe for Knox Co Tribal members only), Holt/ Boyd Counties (NCDHD/ HB Collaborative)	Number of counties receiving community wellbeing dollars	December 31, 2027	Local Coalitions
3. Support Federally Qualified Health Centers (FQHC) service	Expand FQHC services with a focus on dental and mental health	Number of NCDHD residents served  ***Baseline: 2023	December 31, 2027	Midtown Health FQHC



expansion in the district		Midtown Health Visits: 686 unique patients and 2,033 total visits		
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**OBJECTIVE 3**

Increase access to childcare by decreasing the difference between the number of children under the age of 6 and the capacity of licensed providers from 5,917 to 5,500 by December 31, 2027.

**OUTCOME MEASURES**

In 2023, the Northeast region of Nebraska had 6,302 available childcare spots from licensed providers and 12,219 children under the age of 6.

Source: Nebraska Department of Economic Development,  
[opportunity.nebraska.gov](http://opportunity.nebraska.gov)

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1.Explore viable options for healthcare systems to be involved in improving childcare in their area.	Provide education and resources to partners to establish	Number of trainings	December 2027	Healthcare NE Children's and Families
2 Local partners will explore childcare options to address needs through partnership with established organizations.	Identify current efforts on childcare improvement efforts and support as needed.	Number of childcare initiatives supported	December 2027	Healthcare NE Children's and Families