

2023-2025

CASS, DOUGLAS, POTTAWATTAMIE,
& SARPY COUNTY

Metro Region Community Health Improvement Plan

Released in August 2023



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Letter to the Community

Dear community members,

We are proud that our area health departments, health systems, federally qualified health centers, and nonprofit partners across the Metro Region (Cass, Douglas, Pottawattamie, and Sarpy counties) have conducted one adult Community Health Assessment (CHA) together, every three years, since 2008.

Community input is foundational to the creation of any improvement plan. Data from the 2021 CHA and feedback from community members informed and shaped the 2023–2025 Metro Region Community Health Improvement Plan. Recognizing that people live, work and visit across Cass, Douglas, Pottawattamie, and Sarpy counties daily, the region’s public health partners have committed to addressing health issue(s) together.

Nationally, the stress created by the pandemic has negatively impacted the lives of many. Locally, data indicates that Metro Region residents are experiencing an increased need for mental health services and there is a renewed energy to improve access to mental health services and support. Over 3,250 community members and 260 organizations provided input and insights through the collection and analysis of data to create the 2023–2025 plan, focusing on region wide impact and improvement in mental health status.

The Regional Health Council is committed to putting this plan into action. Over the course of the next two years, we hope to hear from you at one of our community conversation or listening events.

In good health,



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“Over **3,250** community members and **260** organizations provided input and insights...”

Executive Summary

Introduction to the RHC and CHIP:

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in the community health assessment (CHA). In the Metro Region, the Regional Health Council (RHC) which consists of the three local health departments and convener The Wellbeing Partners, works across Cass, Douglas, Pottawattamie, and Sarpy counties to implement the CHIP.

The Metro Region CHIP does not replace any other current action planning document produced by Douglas County Health Department (DCHD), Pottawattamie County Public Health (PCPH), Sarpy/Cass Health Department (SCHD), or The Wellbeing Partners (TWP). It also does not supersede any other planning document produced by any of our community partners and is in alignment with regional plans from organizations like Project Harmony, Region 6 Behavioral Healthcare, the State of Nebraska, the State of Iowa, and the United Way of the Midlands.

A cornerstone of public health is that the burden of disease isn't random -- there are causes and consequences that can be understood and addressed to improve the health of our community, nation, and world.

The following values are the core of our collective work and were upheld during the CHIP process. Highlighted below are examples of strategies used to demonstrate the commitment to these values by the council. The RHC is invested in sustaining these to ensure our community members thrive. Equity is a key value to our work. We are continuing to learn and understand the intersection of bias and equity, the impact these known factors have on health and well-being, and how to prevent this.

Grounding the Plan in the Region's Values

The CHIP is based on the World Health Organization's definition of mental health:

Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.

Health equity ensures we are identifying where the burden of disease is impacting populations disparately and asking ourselves the hard practical, and moral questions necessary to provide all people with "a fair and just chance" (CDC, 2023) to reach their best health outcomes. It also helps the programs, practices, and people who make up the public health system become and remain nimble and adaptable to respond to and address barriers and challenges as they become known.

Inclusion of health equity into the public health system via the CHIP provides a road map and guiding framework.

The nearly 1 million people living in the Metro Region experience unique challenges, from economic barriers to difficulty in accessing care to the ever-present impacts of systemic and institutional racism. Applying a health equity lens means this road map connects disparities that have been prioritized as the most pressing with approaches to address them. This includes identifying ways that maximize limited resources and increase the meaningful impact we can have for the people that make up the Metro Region.

Racial and health equity is the very core of our collective work as we work to become more aware of how structural and institutional racism and bias negatively impacts people of color and how to prevent this.

Regional Health Council Values

Collaboration:

Defined as a commitment to working together to strengthen resources and capacity to positively impact mental wellbeing of the region. In 2019, the Douglas, Pottawattamie, and Sarpy/Cass County Boards of Health backed the Community Health Assessment priority of mental health with resolution power to ensure adequate resources, focus, and alignment within each health department and between the Regional Health Council for ongoing collaboration for maximum impact.

Communication:

Defined as continuous feedback loops and data sharing back to the communities who generously gave their time to contribute their insights. Communication is foundational to this work and is evident through quarterly meetings with key stakeholders including health systems, mental health providers, health departments, and other community service organizations. Examples of RHC's communication efforts include the release of the Mental Health/ACEs Call-To-Action Report and the 2020-2022 Metro Region Community Health Improvement Plan.

Racial equity:

Defined as a process of eliminating racial disparities and improving outcomes for everyone. This is an intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color. Douglas County Board of Health, Pottawattamie County Board of Health, and Sarpy/Cass Board of Health recently declared racism a public health crisis, which set the stage for addressing health equity in the metro area.

Health equity:

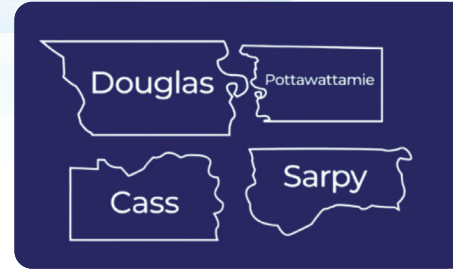
Defined as the highest level of health for all people. Health equity as a lens, a learning community, and a way of practice in every interaction and among the macro-interventions. In response to the declarations, DCHD stood up the Office of Health Equity, which became its own division in the health department. This division employs public health professionals whose role is to engage populations impacted by health disparities and to critically examine department policies and programs to ensure that each intervention aligns with building equity in health. Pottawattamie County and Sarpy/Cass County Health Departments have recently engaged in a number of strategies to enhance equity across the region. Sarpy/Cass Health Department secured funding for both a community health planner and educator focused on minority health and health equity. The Department recently completed a robust secondary minority health assessment and adopted culturally and linguistically appropriate services (CLAS) and health literacy standards as well. Also, Pottawattamie County Public Health developed and hired a Health Equity Coordinator position to communicate with a racial equity lens; established department presence at low-income and racial/ethnic resource centers in the community.

Impact:

Defined as focus on one issue and alignment across the region for improvement as each partner is committed to measurable outcomes that demonstrate a clear impact on the health status of those living in the region. The Wellbeing Partners – with support from the Cass, Douglas, Pottawattamie, and Sarpy County Health Departments – launched WhatMakesUs, a mental health stigma reduction campaign on July 30, 2020. The campaign showed a 10.3% reduction after the first year. At the end of year two, the campaign demonstrated statistical significance in several measures such as being comfortable offering support to other people about their mental health conditions (not campaign aware = 64.6% vs. campaign aware = 91.1%).

Regional Health Council Leadership and Structure

The Regional Health Council (RHC) began in 2018 and comprised leaders of the local health departments and The Wellbeing Partners (TWP). These partners came together to achieve greater impact among the health status of individuals in Cass, Douglas, Pottawattamie, and Sarpy counties. This collaborative recognizes a commitment across four counties to support one key health issue together – mental health.



Throughout the Community Health Assessment process, the RHC worked with area health care systems, federally qualified health centers (FQHCs), nonprofits, and community members to design feedback loops and ongoing engagement to guide the process. TWP convenes health care systems and FQHCs quarterly, as well as hosts roundtables with organizations and community members. As relevant, community conversations and surveys are used to engage residents.

The RHC listens to community members, businesses, organizations, schools, faith communities, and elected officials to fully understand the most pressing health needs and to activate a strategic and regional response that:

- places community members as co-creators and leaders of the identified strategies and subsequent activities
- holds common goals across the four counties and lifts up unique work needed for each community
- shares leadership and governance to ensure that the strength of each county is leveraged for greater impact

Regional Health Council Vision: We envision a world in which everyone thrives in a state of wellbeing and in which every individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

Regional Health Council Value: Targeted Universalism, which “acknowledges different strategies needed for everyone to be able to benefit from reaching the goal, the platform also acknowledges and directs the prioritizing of different needs, different strategies, and a fair—rather than even—distribution of resources.” – powell [sic], Menendian, and Ake.

Regional Public Health Vision, Mission, and Values

Douglas County Health Department	Pottawattamie County Public Health	Sarpy/Cass Health Department	The Wellbeing Partners
Vision: A Healthy, Vibrant, and Resilient Community for Everyone, Everywhere	Vision: That each individual has access to the resources required to achieve and maintain a state of health for themselves and for the community.	Vision: The highest quality of life for all Sarpy and Cass County residents.	Vision: A community where all people and places thrive.
Mission: To Protect, Promote, and Prioritize the Health of our Entire Community	Mission: The Pottawattamie Board of Health supports public health by leading the county efforts to prevent disease, prepare for and respond to disasters, protect our environment, and improve the health of the county.	Mission: To improve the lives of all Sarpy and Cass County residents through prevention, promotion, and protection of the public’s health	Mission: Build wellbeing into the way our communities and organizations grow through advocacy, collaboration, and education.
Values: Excellence, Ethics, Community and Customer Focus, Innovation	Values: Integrity, Excellent Service, Transparency, Collaboration, Innovation, Respect, Teamwork	Values: Collaboration, Empowerment, Excellence, Integrity, and Respect	Values: Impact, Equity, Integrity, Relationship, and Innovation

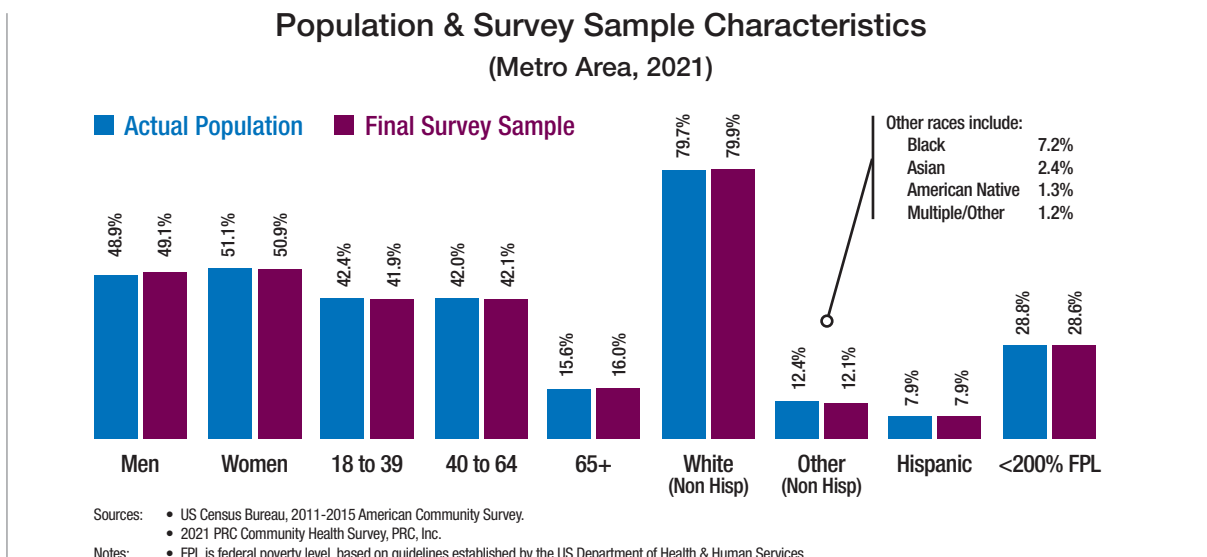
Public Health Accreditation Board (PHAB) Requirements

PHAB is a voluntary national accreditation program with a mission to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. Public Health Accreditation status is the scope to which a health department performs against a set of evidence based and practice focused standards. A health department implements the standards and measures identified by PHAB with a goal of improving and protecting the health of the public while cultivating and institutionalizing high quality and performance measures. PHAB standards require that a community health improvement model is utilized when planning CHIPs.

The Health Departments that comprise the Metro Region include the Douglas County Health Department, Pottawattamie County Public Health, and the Sarpy/Cass Health Department. Currently, each of these departments are in a different phase of the accreditation process by the Public Health Accreditation Board (PHAB). This community health assessment and subsequent improvement plan was completed using the American Hospital Association’s Community Health Assessment Toolkit.

Inclusion of Vulnerable Populations and Addressing Health Disparities

The 2021 Community Needs Assessment included a sample design and quality control measures that ensure a representative sample was obtained. The findings from the survey may be generalized to the community population with a high degree of confidence.



INCOME

Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2020 guidelines place the poverty threshold for a family of four at \$26,200 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

RACE & ETHNICITY

In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Community Health Assessment Framework

The process for the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) follows the approach outlined in the Community Health Assessment Toolkit developed by the Association for Community Health Improvement™ (ACHI). Collaborating partners utilize the ACHI model (<https://www.healthycommunities.org/resources/community-health-assessment-toolkit>), shown below. Steps one through three represent the ongoing collaboration between the health departments, The Wellbeing Partners, health care systems, federally qualified health centers, and other non-profit organizations. The 2023 – 2025 CHIP included an additional round of community engagement through steps four through six. Over the course of this plan steps seven through nine will be completed.



Alignment to National and Statewide Plans

This regional plan aligns with applicable national and statewide health plans, such as:

- **Healthy People 2030** (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders>), which identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030 has a specific focus on mental health and there are several objectives related to our plan’s strategic priorities, including increasing the proportion of people with substance use and mental health conditions who get treatment.
- **Nebraska State Health Improvement Plan (2017-2021)** (<https://dhhs.ne.gov/Pages/Community-Health-and-Performance-Management.aspx>) At the time of this report’s publication, Nebraska had not yet finalized their newest state health improvement plan. The 2017-2021 SHIP includes a focus area of “depression and suicide”. The specific plan objectives related to mental health include having coordinated system of care to address depression and suicide.

- **Iowa State Health Improvement Plan (2023-2027)** (<https://idph.iowa.gov/healthy-iowans/plan>)
Related to our work, Iowa’s plan includes as a focus area: Access to Care: Behavioral Health with a goal to improve access to inclusive behavioral health services and to reduce behavioral health stigma.

The region’s health system strategic plans, which were all guided by the 2021 community health assessment data, also align with this plan to prioritize mental health:

- **CHI Health** (<https://www.chihealth.com/en/about-us/community-benefit.html>)
- **Children’s Hospital & Medical Center** (<https://www.childrensomaha.org/get-involved/advocacy-outreach/community-benefit/>)
- **Boys Town National Research Hospital** (https://assets.boystown.org/hosp_peds_docs/Implementation-Plan-West-2021.pdf)
- **Methodist Health System** (<https://bestcare.org/about/community-benefits/our-plan>)
- **Nebraska Medicine** (<https://www.nebraskamed.com/about-us/community-health-improvement>)

Partners

The Metro Region CHIP is based upon the 2021 Community Health Assessment (<http://douglascountymetro.healthforecast.net/index.html>) which was conducted due to these sponsoring organizations: Douglas County Health Department; Pottawattamie County Public Health; Sarpy/Cass Health Department; CHI Health (CHI Health Creighton University Medical Center–Bergan Mercy, CHI Health Immanuel, CHI Health Lakeside, CHI Health Mercy Council Bluffs, and CHI Health Midlands); Nebraska Medicine (Bellevue Medical Center and Nebraska Medical Center); and Methodist Health System (Methodist Hospital, Methodist Jennie Edmundson Hospital, and Methodist Women’s Hospital.) In addition, with supporting organizations: Omaha Community Foundation; Charles Drew Health Center, Inc.; OneWorld Community Health Centers, Inc.; and The Wellbeing Partners.































































































































































This CHIP was shaped by an evidence-based process led by the voices of more than 3,250 community members and 260 organizations. The timeline for the 2021 Metro Region Community Health Assessment and 2023-2025 Plan included these steps:

1. Feb-Aug. 2021: PRC gathered data in the field. They surveyed 2,854 individuals and heard from 150 organizations.
2. September 2021: An invitation to attend the virtual release of the 2021 Adult CHA data on mental health went out to the database of community members and organizations who participated in 2020-2022 Metro Region CHIP.
3. Oct. 6, 2021: At the Xchange Summit, the RHC publicly and virtually launched the 2021 CHA data on mental health. There were 94 attendees at the session. The website highlighting all CHA data went live at douglascountymetro.healthforecast.net
4. Oct. 11, 2021: Follow-up email communication went out to the Oct. 6 attendees and the database of community members and organizations who participated in the 2020-2022 Metro Region CHIP.
5. Nov. 18, 2021: The RHC hosted a part-two conversation about what community members know is happening around mental health, with 30 attendees.
6. Nov. 19, 2021: Follow-up email communication to went out to the Nov. 18 attendees.
7. March 2022: The RHC released a report showing progress toward 2020-2022 CHIP on mental health. Email communication went out to the 2021 event attendees and the database of community members and organizations who participated in 2020-2022 Metro Region CHIP.
8. March 30, 2022: TWP hosted a hybrid kick-off event for year two of the mental health stigma reduction campaign WhatMakesUs with 14 organizations present.

9. April 12, 2022: Four health systems (Boys Town, CHI Health, CH&MC, and Methodist) presented their strategic health improvement plans to the RHC – based on the 2021 Adult CHA results - and shared how they are prioritizing mental health.
10. May 21-27, 2022: RHC co-hosted the second year of Time to Talk Week, focused on encouraging the community to have authentic conversations with each other about how they are doing and feeling. Proclamations were signed by Nebraska Governor Pete Ricketts, Omaha Mayor Jean Stothert, Sarpy County Commissioner Don Kelly, and Council Bluffs Mayor Matt Walsh.
11. June 28, 2022: TWP hosted a virtual roundtable with community partner organizations to discuss regional mental health efforts. In attendance were 35 people, representing 25 organizations.
12. November 1, 2022: Promotion began to recruit community members to attend one of two virtual conversations to share insight on their experiences with mental health. In addition, an online survey to understand community members' perceptions of the importance of the current strategic priorities of the CHIP was launched using Google Survey in English, French, and Spanish. The survey was open until December 1, 2022.
13. November 17, 2022: The first virtual community conversation on mental health was held with 25 people present.
14. November 22, 2022: TWP hosted a virtual roundtable with community partner organizations to discuss regional mental health efforts. In attendance were 42 people representing 33 organizations.
15. December 1, 2022: The second virtual community conversation on mental health was held with 28 people present.
16. December 12, 2022: A second phase of the online survey launched using Qualtrics in English, French, and Spanish, to receive more responses. The survey closed on December 31 and RHC received 636 responses after both phases.
17. January 19, 2023: TWP hosted a virtual roundtable with community partner organizations to discuss regional mental health efforts. In attendance were 52 people representing 38 organizations

The Community Health Assessment (CHA)

In the Association for Community Health Improvement (ACHI) model, collaborating organizations work together to assess the health needs of residents. The CHA report includes over 200 pages of data on six main health topic areas. The full community health assessment report can be found at (<http://douglascountymetro.healthforecast.net/index-3.html>). Below is a summary table of comparisons with benchmark data summarizing mental health indicators in the region.

MENTAL HEALTH	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				Metro Area	METRO AREA vs. BENCHMARKS			
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County		vs. NE	vs. IA	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	 21.0	 22.6	 16.0	 14.2	 9.6	 17.5	 15.4	 8.9	 18.2	17.0			 13.4	 9.0
% Diagnosed Depression	 32.0	 28.0	 24.4	 20.3	 22.1	 25.2	 22.4	 16.8	 30.2	25.0	 16.2	 15.4	 20.6	 19.5
% Symptoms of Chronic Depression (2+ Years)	 39.8	 41.1	 33.5	 28.1	 21.2	 34.0	 29.4	 22.1	 34.1	32.8			 30.3	 25.1
% Typical Day Is "Extremely/Very" Stressful	 18.9	 15.8	 11.7	 13.2	 8.4	 14.2	 9.6	 7.3	 11.5	12.8			 16.1	 11.5
Suicide (Age-Adjusted Death Rate)						 13.9	 11.1		 18.9	13.7	 14.7	 15.7	 14.0	 12.8
% Have Someone to Turn to All/Most of the Time	 72.5	 72.7	 81.1	 85.5	 90.7	 79.5	 86.9	 92.0	 85.1	81.8				 86.1
% Recent Anxiety	 23.1	 24.7	 20.5	 18.3	 13.6	 20.9	 17.9	 10.9	 20.3	20.0				
% Recent Depression	 20.6	 21.2	 16.8	 10.2	 5.3	 15.8	 12.0	 5.3	 18.5	15.1				
% Moderate to Severe Anxiety/Depression (PHQ-4 Score of 6+)	 22.1	 18.5	 17.6	 12.5	 8.5	 16.6	 14.5	 3.8	 14.4	15.6				
Mental Health Providers per 100,000						 210.3	 38.5	 23.2	 102.7	156.8	 71.7	 36.7	 42.6	
% Have Ever Sought Help for Mental Health	 37.3	 34.2	 38.6	 33.2	 33.2	 35.5	 32.8	 28.7	 39.3	35.2			 30.0	 31.6
% Taking Rx/Receiving Mental Health Trtmt	 19.7	 19.9	 23.0	 18.9	 20.2	 20.4	 17.7	 12.9	 25.2	20.2			 16.8	 14.4
% Unable to Get Mental Health Svcs in Past Yr	 7.8	 6.4	 7.9	 3.8	 3.5	 6.1	 7.0	 3.3	 5.2	6.1			 7.8	 2.7

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.



Strategic Priorities

The following strategic priorities addressing mental health were identified by the 2020-2022 Metro Region CHIP participants, and then reaffirmed as continuing priorities during community engagement opportunities in November and December of 2022. The 636 survey participants ranked the strategic priorities from 1 (most important) to 4 (least important):

#1

Connect people to increased social supports

#2

Reduce stigma of mental health and substance use disorders

#3

Increase connections to mental health and preventive resources

#4

Understanding trauma

Priority #1: Connect people to increased social supports

Goal: Achieve a 5% increase in self-reported access to social supports across the four-county region.

Objective: Implement evidence-based programs and strategies to increase awareness of the importance of social support and its impacts on positive mental health and wellbeing.

Significance: Social connection is a protective factor which offers several mental health benefits, such as boosting mood, reducing stress, and improving self-esteem. A lack of connection, known as social isolation, has a negative effect on health and can increase depressive symptoms as well as mortality.

Inequity and Disparity Impact: In the 2021 CHA report, those who identified as younger (ages 18-39), very low income, low income, Black, Hispanic, or Other Race were less likely to have someone to turn to when compared to others.

Priority #1: Connect people to increased social supports (cont.)

Action Steps	Timeline	Priority Population	Indicators to measure Impact	Lead Agency	How are inequities and disparities addressed?
Engage 10 local Black/African American serving barbershops and salons to be trained as mental health advocates through implementation of Head to Heart.	2022-2023	Black/African American	Program evaluation	The Wellbeing Partners	Barbers and stylists doing business within and serving the Black community are trained to be mental health advocates to contribute to increase access to mental health resources and support for their clients. Barbers and stylists doing business within very low- and low-income communities are prioritized.
Utilize TWP's WhatMakesUs campaign to deliver social support messages within the campaign.	2023-2024	All residents	2024 WhatMakesUs reach data	RHC (DCHD, PCPH, SCHD, TWP)	Increase diverse representation by recruiting stories from black, indigenous, and persons of color.
Promote local and national resources related to peer support and connection with others	2021-onward	All residents	2024 CHA Website engagement data	RHC (DCHD, PCPH, SCHD, TWP)	Resources will be culturally relevant and address inequities and disparities.

Resources to address the objective: <https://whatmakesus.com/us>
<https://thewellbeingpartners.org/>

Current Indicator Data: CHA data indicates a reduction in the percentage of metro region adults who report having someone to turn to “all” or “most” of the time, if they needed or wanted help (86.1% to 81.8%) from 2018 to 2021.

Outcome:

- Increase the percentage of metro region adults who report “they had someone to turn to when they needed or wanted help within the past month” in the 2024 Community Health Assessment.

Policy recommendations:

- Explore policy options that would increase social supports.

Priority #2: Reduce stigma

Goal: Achieve a 3% reduction in mental health stigma across the four-county region across identified measures, such as:

- My workplace takes an active role in my mental health.
- Therapy and counseling can be an effective treatment for people with mental health conditions.
- I am comfortable offering support to other people about their mental health conditions.
- I would be willing to work with someone with a mental health condition.

Objective 1: Positively increase community members’ knowledge, attitudes, and behaviors towards mental health conditions.

Objective 2: Build in substance use disorder components in future iterations of the WhatMakesUs campaign.

Significance: Over 50% of people across the Metro Region have experienced a mental health condition. Even with this high number, stigma can prevent people from seeking resources and support to address their mental health condition. Nationally, 1 in 7 people report experiencing a substance use disorder. Reducing the stigma of substance use disorders can save lives, since misuse and addiction can lead to death. Specific education around the commonality of mental health conditions and substance use disorders, as well as the benefits of positive behaviors and treatment as needed, is key to changing people’s perceptions.

Inequity and Disparity Impact: National research shows that Latino and Black/African American communities face higher rates of mental health stigma than White counterparts. Latinos are more likely to believe that mental health problems are stigmatizing for both the individual and the family, according to NAMI [1]. Latinos were significantly more likely than Black/African Americans and Whites to believe that mental health problems should not be discussed outside the family. This group has been shown to be the least likely to seek treatment, despite experiencing mental health crises at comparable rates to White, non-Latino populations.[2]

Action Steps	Timeline	Priority Population	Indicators to measure Impact	Lead Agency	How are inequities and disparities addressed?
Administer evaluation of WhatMakesUs campaign	Winter 2023; Winter 2024	All residents	WhatMakesUs Evaluation	The Wellbeing Partners	Evaluation will stratify demographic data for the control and intervention regions by age, and race/ethnicity to inform interventions prioritizing disparate populations.

Priority #2: Reduce stigma (cont.)

Action Steps	Timeline	Priority Population	Indicators to measure Impact	Lead Agency	How are inequities and disparities addressed?
Modify and update WhatMakesUs campaign to incorporate 2023 results and disseminate widely across the region.	2023, 2024	All residents	WhatMakesUs reach data	RHC (DCHD, PCPH, SCHD, TWP)	Incorporate campaign findings into regional meetings, summits and conferences with priority outreach to BIPOC organizations.
Cass County Communities that Care (CTC) Project	Fall 2023 - Fall 2025	Cass County Youth		SCHD	
Project New Lens	Summer 2023	Douglas County Youth	Project New Lens pilot program evaluation	DCHD	Prioritizes youth identified through organizations serving BIPOC youth
Caring for Our Community partnership agreement with Centro Latino	2023-2024	Latino, migrant workers, and refugee communities	Monthly reports tracking outreach of referrals	PCPH and Centro Latino	Recorded referrals to other community services

Resources to address the objective: <https://whatmakesus.com/us>

Current Indicator Data:

From the End of Year 2 (winter 2023) WMU data, individual measures that showed statistical significance included:

- My workplace takes an active role in my mental health. (not campaign aware = 59.1% vs. campaign aware = 72.6%)
- Therapy and counseling can be an effective treatment for people with mental health conditions. (not campaign aware = 80% vs. campaign aware = 94.4%)
- Are you comfortable offering support to other people about their mental health conditions? (not campaign aware = 64.6% vs. campaign aware = 91.1%)
- I would be willing to work with someone with a mental health condition. (baseline = 70.3%, end of year 2 = 70.9%)

CHA data indicates an increase in the percentage of residents that report having ever sought help for mental health (31.6% to 35.2%) from 2018 to 2021.

CHA data indicates an increase in the percentage of residents that report having sought professional help for an alcohol or drug problem at some point in their lives (3.6% to 5.1%) from 2018 to 2021.

Priority #2: Reduce stigma (cont.)

Outcome(s):

In the 2024 WMU campaign evaluation:

- Increase the percentage of respondents willing to interact with people with a mental health condition.
- Increase the percentage of respondents willing to share their own mental health condition with family and friends.
- Increase the percentage of respondents who know what advice to give to a friend if they had a mental health condition.
- Increase the percentage of respondents who know what advice to give to someone to get professional help.

In the 2024 Community Health Assessment:

- Increase the percentage of metro area adults who report they sought help for mental health.
- Increase the percentage of metro area adults who report they sought professional help for an alcohol or drug problem.

Policy recommendations:

- Explore evidence-based policies around substance use and mental health stigma reduction and incorporate across the region based on outcomes from the WhatMakesUs campaign.
- Continue and expand upon education to workplaces and provide resources to support policies that address mental health and related stigma.

Priority #3: Increase connections to mental health and preventive resources

Goal: Achieve a 3% increase in access to mental health and preventive resources across the four-county region.

Objective: Reduce the percentage of metro area residents who report they “couldn’t access mental health resources when I needed to” in the 2024 Community Health Assessment (CHA).

Significance: Connecting people to mental health and preventive resources is important to helping them manage their condition(s) and achieve their desired quality of life. Mental health conditions are treatable medical conditions. They are not caused by personal weakness or failings. There are many ways people manage and treat mental health conditions including: exercise, breathing techniques, therapy, and medication.

Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Ensuring people can access needed resources can mean life or death.

Inequity and Disparity Impact: The 2021 CHA report showed those who identified as female, younger (ages 18-39), very low income, low income, Hispanic, or Other Race were less likely to have been able to access mental health services when they needed, as compared to others.

Priority #3: Increase connections to mental health and preventive resources (cont.)

Action Steps	Timeline	Priority Population	Indicators to measure Impact	Lead Agency	How are inequities and disparities addressed?
Connect people to local and national mental health resources	Ongoing	All residents	Number of webpage visits	The Wellbeing Partners	Some resources are available in spanish. There's a filter to search for providers who are LGBTQ friendly.
Support growth of community health worker (CHW) positions in the community	Ongoing	Metro Area	Number of new positions	RHC	Seek out and secure funding to support positions in areas demonstrating a disparity as identified in the CHA.
Develop mental health resource training for CHWs	Ongoing	Metro Area	Number of trainings held	RHC	Community health workers are currently embedded in priority areas in the Metro.

Resources to address the objective: <https://thewellbeingpartners.org/>

Current Indicator Data: Number of individuals currently employed as CHWs within regional health departments: 9

Outcome:

- Increase number of CHWs able to educate and connect individuals on available community resources to positively impact health and wellbeing

Policy recommendations:

- Advocate to training programs, statewide collaboratives, and employers for inclusion of mental health resources training for CHW
- Advocate for health departments to receive funds for hiring and/or training CHWs

Priority #4: Understanding trauma

Goal: Promote adverse childhood experiences (ACEs) assessment tool and education and increase community awareness.

Objective: Increase awareness and understanding of adverse childhood experiences/trauma (including how to prevent, identify, and respond to ACEs).

Significance: ACEs can have lasting, negative effects on the health and wellbeing of a community. Identifying risk factors and building protective factors for families are key components to address the long-term impacts of adverse childhood experiences.

Inequity and Disparity Impact: The Mental Health/ACEs Call to Action Report, released in 2018, revealed that within the Metro Region there is a significant difference of high ACEs by race, age, and socioeconomic levels. The reported percentage of high ACEs scores in the Black population was nearly twice the reported percentage of ACEs in White (23% Black vs. 13.8% White). Additionally, though not statistically significant, a staggeringly high percentage of American Native respondents reported a high ACEs score.

Action Steps	Timeline	Priority Population	Indicators to measure Impact	Lead Agency	How are inequities and disparities addressed?
Identify and establish data collection cadence and long-term sustainability mechanisms to assess childhood trauma.	April - September 2023	All residents	2024 CHA Survey	RHC (DCHD, PCPH, SCHD, TWP) PRC Community Partners	Data collection efforts will prioritize areas with evidence of inequities and disparities.
Collect ACEs data	2024	All residents	2024 CHA	PRC	Work with PRC to ensure that there's a representative sample from BIPOC communities in the Metro Area
Create and disseminate the 2025 Mental Health/ACEs Call to Action Report	Spring 2025	All residents	Call to Action Report	RHC (DCHD, PCPH, SCHD)	Incorporate ACEs report into regional meetings, summits and conferences with priority outreach to BIPOC organizations.

Resources to address the objective: 2018 ACEs call to action, data set from CHA

Current Indicator Data: 2018 CHA data indicates that 64% of metro region adults have experienced at least one adverse experience in childhood.

Priority #4: Understanding trauma (cont.)

Outcome:

- Have a more inclusive ACEs report in 2025 that will include data on experiences of racism and discrimination as roots of trauma.

Policy recommendations:

- Positive impact on mental health is not possible without the collective efforts of community partners. The Metro Region has a number of organizations doing work to address the strategic priorities outlined in this plan. See the charts below for examples.

Community Collaboration

Positive impact on mental health is not possible without the collective efforts of community partners. The Metro Region has a number of organizations doing work to address the strategic priorities outlined in this plan. See the charts below for examples (aligned efforts are organized by priority in this Environmental Scan.)

Reduce mental health stigma

Effort	Lead Org	Website	Cass	Doug.	Pott.	Sarpy
Make It OK is a community campaign to reduce stigma by starting conversations and increasing understanding about mental illness.	Iowa Healthy State Initiative	https://makeitok.org/IOWA/			X	

Reduce substance use disorder stigma

Effort	Lead Org	Website	Cass	Doug.	Pott.	Sarpy
Provides 35+ programs in the areas of treatment, rehabilitation, housing, and crisis response. Programs work together to provide individualized care appropriate to each person.	Center Pointe	https://www.centerpointe.org/	X	X		X

Reduce substance use disorder stigma (cont.)

Effort	Lead Org	Website	Cass	Doug.	Pott.	Sarpy
Inpatient facility in Nebraska with cutting-edge medical technology and a strong reputation for clinical excellence and healthcare quality.	Northpoint Nebraska	https://www.northpointnebraska.com/		X		
Network of community partnerships in Nebraska working to prevent alcohol-related harms.	Project Extra Mile (Coalition)	https://www.projectextramile.org/		X		
Cass County Communities that Care is a community based group committed to improving the lives of children and youth using prevention based programming to promote healthy development, improve outcomes, and reduce problem behaviors.	Sarpy/Cass Health Dept.	https://sarpycasshealthdepartment.org/programs-services/programs-campaigns/cass-county-ctc.html	X			
The Miracles Addiction Treatment & Recovery Program (Miracles Program) provides free residential chemical/alcohol addiction treatment and mental health services to individuals who are experiencing homelessness or at-risk of homelessness and who are diagnosed with a substance use disorder and any co-occurring mental health disorders. The Miracles Program serves both men and women who are 19 years or older. Up to 80 individuals can participate in the program; the facility holds 48 beds for men and 32 beds for women. This program is located in its own facility on the Siena Francis House campus in the North Downtown area.	Siena Francis House	https://sienafancis.org/what-we-do/miracles-recovery-program.html		X		

Increase connections to mental health and preventive resources

Effort	Lead Org	Website	Contact	Cass	Doug.	Pott.	Sarpy
Offers a comprehensive range of services individualized to address unique mental health needs and integrated with the physical health care and social supports to help people achieve a more hopeful and purposeful quality of life.	Community Alliance	https://community-alliance.org/		X	X	X	X
Build Health Challenge	Heartland Family Service	https://www.heartlandfamilyservice.org/			X		
Provides counseling and prevention services for community members.	Heartland Family Service	https://www.heartlandfamilyservice.org/			X		
Suicide Coalition	Iowa Department of Veterans Affairs					X	
More Tomorrows is an awareness campaign focuses on suicide prevention in the Region 6 Behavioral Healthcare service area in Nebraska	The Kim Foundation	https://moretomorrowsne.org/	jhebenstreit@thekimfoundation.org	X	X		X
Provides education, support, and advocacy for community members.	NAMI Omaha	https://www.namiomaha.org/	namiomaha@gmail.com	X	X		X
Raises awareness and helps individuals and their families who are suffering from mental health conditions or substance use disorders. Nebraska is served by a network of dedicated and committed behavioral health professionals.	Nebraska Association of Behavioral Health Organizations	https://www.nabho.org/		X	X		X

Increase connections to mental health and preventive resources (cont.)

Effort	Lead Org	Website	Contact	Cass	Doug.	Pott.	Sarpy
About half of Omaha's police officers are trained in crisis intervention and OPD's mental health co-responder program means officers can defer to mental health professionals in non-violent situations.	Omaha Police Department	https://police.cityofomaha.org/behavioral-health-and-wellness-unit	OPDBHWU @cityof omaha.org		X		
Connections offers prevention trainings and connections to protect and support children, collaborate with professionals, and engage the community to end child abuse and neglect.	Project Harmony	https://projectharmony.com/services/early-intervention-and-training/connections/		X	X	X	X
Nebraska Mental Health helps you navigate your mental health needs in one, easy-to-use location. Let us provide you with the knowledge, resources and care you deserve.	Project Harmony	https://nebraskamentalhealth.com/		X	X		X
Metro Area Suicide Prevention Coalition's mission is to inspire our community in preventing suicide and promoting resilience through conversation, education, support, and advocacy.	The Kim Foundation	https://thekimfoundation.org/	info@thekim foundation.org	X	X		X
Integrated Care of Behavioral Health in Clinics	Thrive Ventures and Children's Hospital & Medical Center; CHI Health, Nebraska Methodist Health Systems, and Nebraska Medicine for Adult populations			X	X	X	X

Increase connections to mental health and preventive resources (cont.)

Effort	Lead Org	Website	Contact	Cass	Doug.	Pott.	Sarpy
Head to Heart: advocating for mental wellness through Black barbershops and salons	The Wellbeing Partners	https://thewellbeingpartners.org/	info@thewellbeingpartners.org		X		

Connect people to increased social supports

Effort	Lead Org	Website	Contact	Cass	Doug.	Pott.	Sarpy
Offers outpatient therapy, community services, and individual services.	Capstone Behavioral Health	https://www.capstonebehavioralhealth.com/		X	X	X	X
Hired a Mental Health Director and staff to provide these services to the children and families in our programs.	Completely Kids	https://completelykids.org/			X		
WIC Mental Health Depression Screening Pilot	Douglas and Sarpy/Cass Health Departments	https://wicworks.fns.usda.gov/resources/wic-guidance-screening-and-referring-women-or-risk-depression		X	X		X
Provides those who are hopeless a safe place to process their pain and experience faith-filled hope modeled, shared, and given in support groups, classes, coaching, and resources that are led and written by peers who are living well in spite of their mental health challenge.	Fresh Hope for Mental Health	https://freshhope.us/		X		X	

Connect people to increased social supports (cont.)

Effort	Lead Org	Website	Contact	Cass	Doug.	Pott.	Sarpy
Offers a suicide prevention training called Question, Persuade, Refer (QPR)	Sarpy/Cass Health Dept	https://qprinstitute.com/about-qpr		X			X
Offers Mental Health First Aid trainings	Region 6 Behavioral Healthcare	https://www.regionsix.com/			X		
Connects people to the mental health supports they need	Lift Up Sarpy County	https://liftupsarpycounty.org/					X
Program addresses barriers to behavioral health by going into all Omaha Public Schools' high schools, middle schools, and alternative programs, plus and all three Metropolitan Community College (MCC) campuses	Methodist Community Counseling Program (MCCP)	https://bestcare.org/specialties/community-counseling-program			X		
Caring for Our Communities in Southwest Iowa	Methodist Health Systems	https://jehfoundation.org/greatest-needs/community-care/caring-our-communities				X	
All-volunteer organization based in Omaha, NE that aims to help those who are coping with mental health concerns in later life.	Nebraska Mental Health and Aging Coalition	https://nemhac.com/		X	X		X
The system offers a wide array of services for persons of all ages experiencing a behavioral health challenge while focusing on the support of wellness, recovery, resiliency and quality of life.	Region 6 Behavioral Healthcare	https://www.regionsix.com/		X	X		X

Connect people to increased social supports (cont.)

Effort	Lead Org	Website	Contact	Cass	Doug.	Pott.	Sarpy
Provides child-development-informed parenting strategies to parents/caregivers through their workplace in an effort to protect the mental health of children and support parents by reducing parenting stress.	The Wellbeing Partners	https://thewellbeingpartners.org/	info@thewellbeingpartners.org	X	X	X	X
Vets 4 Vets is a peer support encompasses range of activities and interactions between individuals who share similar experiences of being diagnosed with a mental health condition as well as having lived military experience.	At Ease USA	https://ateaseusa.org/		X	X	X	X
Participants interact with our equine partners as well as HETRA Therapists, Instructors and Equine Specialists to receive the benefits of Equine Assisted Services.	Heartland Equine Therapeutic Riding Academy (HETRA)	https://hetra.org/		X	X	X	X
The AFSP Nebraska Chapter Community meets virtually monthly, typically the 3rd Wednesday of every month, from 7:00-8:00 PM. All Nebraska Chapter members, volunteers, and interested community members are welcome to attend!	American Foundation For Suicide Prevention	https://afsp.org/chapter/nebraska/		X	X		X

Reduce trauma

Effort	Lead Org	Website	Cass	Doug.	Pott.	Sarpy
Collaboration of individuals and organizations across six counties in eastern Nebraska and western Iowa committed to understanding trauma and its effects on our communities.	Trauma Matters Omaha	https://traumamattersomaha.org/	X	X	X	X
Trauma Informed Yoga at At Ease. These yoga classes provide free access to a practice that supports our military and medical heroes becoming leaders in their own lives, both personal and professional. Join us for an hour of building mindful resilience!	At Ease Omaha	https://ateaseusa.org/trauma-informed-yoga/	X	X	X	X

The Metro Region CHIP is developed and implemented based on committee and community partnerships. These partners provided extensive hours in planning, providing lived experience, expertise, and feedback as we approached the 2023-2025 CHIP. We would like to thank the following agencies and community members:

Organizations (A-Z)

All Care Health Center	Healthcare Technology Strategies	Omaha Public Power District
Angels Care Behavioral Health at Home	Heartland Family Service	Omaha Together One Community
AngMar Companies	Iowa Legal Aid	OneWorld Community Health Centers
Baird Holm LLP	Iowa Western Community College	Open Door Mission
Best Care Employee Assistance Program	Kids Can	OPPD
Blue Cross Blue Shield of Nebraska	Latino Center of the Midlands	Panhandle Public Health District
Boys Town	Lewis Counseling Services	Partnership 4 Kids
Calistus Multiple Myeloma Foundation	Lift Up Sarpy County	Pottawattamie County
Catalyst Partners	Live On Nebraska	Project Everlast
Catholic Charities	Lutheran Family Services	Project Harmony
CDC Foundation	Lycos Inc.	Promise Partners
CenCal Foods	Malcolm X Foundation	Refugee Empowerment Center
Center For Holistic Development	MAPA	Region 6 Behavioral Healthcare
Charles Drew Health Center, Inc.	March of Dimes	Rotary Club of Council Bluffs
CHI Health	Medica	Salvation Army
CHI Health Foundation	Medical Solutions	Sarpy County Attorney's Office
Children's Hospital & Medical Center	Methodist Health System	Sarpy County Head Start
Children's Square	Methodist Jennie Edmunson Foundation	Sarpy/Cass Health Department
City of Council Bluffs	Metro-Omaha Raise Me to Read	Seventy Five North
City of Omaha	MICAH House	Siena Francis House
City of Omaha Fire Department	Millard Public Schools	Southwest Iowa Region Mental Health & Disability Services
Community Alliance	MOEC	The Kim Foundation
Completely KIDS	Mutual of Omaha	The Rebellious Mirror
Connections Area Agency on Aging	NAMI Nebraska	The University of Nebraska at Omaha
Creighton HS-MACA	Navigate Wellbeing Solutions	Thiele Geotech, Inc.
Creighton University	Nebraska Appleseed	ThriveVentures
CyncHealth	Nebraska Urban Indian Health Coalition	Together Omaha
Davie's Dojo	Nebraska Department of Health and Human Services	Trivium Life Services
Douglas County	Nebraska Early Childhood Collaborative	Unite Us
Douglas County Commissioners	Nebraska Medicine	United Healthcare
Douglas County Health Dept.	Nebraska Methodist Health System	University of Nebraska Medical Center
Edward Jones	New Visions Homeless Services	UNMC College of Public Health
Encounter Telehealth	No More Empty Pots	UNMC Munroe-Meyer Institute
Family, Inc.	Omaha Children's Museum	Veterans Affairs Suicide Prevention
Green Hills Area Education Agency	Omaha City Council	Women's Fund of Omaha
Happy Acres Children's Home	Omaha Community Foundation	
Health Center Association of Nebraska	Omaha Integrative Care	
Health Improvement Solutions		

Individuals (A-Z)

Christelle Abelson	Kara Alexander	Kayli Ascencio	Carter Lisa Ayana	Kendall Balsamo
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Matias Aguilera	Arthur Bayles	Telle Aversano	Tommy Ballard	

Continued on next page

Individuals (A-Z) *(Continued)*

LaRon Beasley	Alicia Christensen	Zara Farda	Andrian Igonin	Ali Levy
Eiseman Belair	Dorothy Clarke	Elijah Farley	Haylee Isabelle	Yi Lin
Jennifer Bender	Brandy Clements	Tiara Fejeran	Scott Jackson	Paula Little
Grata Berlinskiih	Allan Cochranh	Natalie Feliciano	Erica Jackson	Le Lo
Joannie Bia	Barthel Cohronh	Stephanie Feltham	Antonio Jackson	Mikyah Lopez
Shelby Bingham	Eija Colamarino	Hartless Fetterly	Verna Jense	Hakim Lotoro
Heather Bird	Terry Coleman	Cybal Filthauth	Tami Jensen	Heather Loutzenhiser
Bill Black	Harold Collins	Daryl Fitzpatrick	Brenda Jensen	Jerry Lovell
Conrad Blake	Ann Collins	Katie Fourney	Linda Jensen	Joe Lukowski
George Blaine	Judy Collins	Barry Fowl	John Christ	Shauna Lyone
Eve Bleyhl	Angela Conor	Dietrich Freebergh	Alexis Johnson	Anne Machian
Suhl Blom	Nycole Conway	Dai Bo Fu	Hannah Johnson	August Manih
Dalton Bowen	Randy Corea	Sheldon Fuemmelerh	Ellery Johnson	Lorena Manriquez
Zackary Bowman	Pat Cottrell	Melanie D Gagne	Nicole Johnson	Clemencia Manuel
Stephanie Bradley	Cindi Crane	Bridger George	Crystal Johnson	Fabrizio Mark
Collins Brian	Aleksei Cruz	Macy Skinner Geraldo	Oliver Johnston	Bernie Martin
Eli Brick	Benes Cyc	Lesley Gerry	David S Johnston	Guadalupe Martinez
Vicki Brinkman	Oliver Daryl	Darla Gislason	James Jordan	Robert Mathews
Ivie Britton	Jeffrey Daugherty	Anisa Goerge	Kelly Josiah	Kameron Mathews
Que Brooks	Latanya Davis	David Golbitz	Clayton Juarez	Markus Mathis
Kelly Brooks	JohnCarl Denkovich	Karima Goodman	Alisa Judalena	Quiggly Matkinh
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Wuertz Burger	Antonis Dignan	Cheryl Grimshaw	Heloise Karnoppb	Augustus Melissa
Tadeas Burridgeh	John Dixon	Fatima Gusikowski	Luis Keith	Fleur Meng
Phyllis Butler	Billy Donaldson	Duane Hackett	Robin Keller	Nicole Meyer
Jane Byers	Autumn Doran	Dionne Hagarty	Anthony Kelly	Flynn Michael
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Ricardo Calkins	Helliwell Doriean	Wendy Hamilton	Judy Ken	Mracek Micheals
Hamasaki Camarda	Dionna Dorothy	Elmira Hangartner	Mike Kennedy	Avrom Middlebrookh
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Alma Chairez	Julie Evans	Amanda Holmgreen	Cheslav Lapshinov	Jenna Muntz
Morgan Chavez	Kimberly Evers	Richard Homan	Sara Large	Jonathan Myers
Su Lu Chino	Venise Exavier	Crystal Hoose	Owen Larson	Jade Naber
Vissarion Chistyakov	Jean Faber	Fawn Horner	Luciano Leannon	Valasek Nakai
Adlai Chmurah	Shawn Faircloth	Emiliano Hull	Xi LeiLa	Samantha Naser
Rebekah Christensen	Artemiy Falko	Mac lasstrickland	Kristi Lesley	

Continued on next page

Individuals (A-Z) *(Continued)*

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Bien NganAnh	Mimi Randolph	Aubrey Schieuer	Thomas D Toler	Zena Wimbush
Leonard Noble	Maggie Rasmussen	Jamie Schneider	Laura Tomczak	Melissa Wisler
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Molly O'Gorman Billings	Alea Reifenrath	Kylie Schrieber	Rosalba Torres	Isabella Wisoky
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Susan Oppegard	Eliseo Reynolds	Kristy Schweitz	Wendy Townley	Gordon Wolfe
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Michael Polak	Shiloh Rosseter	Hannah Tangeman	Mary White	
Kyson Pope	Stephen Rot	Wendi Tegen	Dominique Whitehead	
Marc Port	Mary Royer	Michael Tever	Matt Whitsett	
Hobbs Portillo	Greg Ryan	Macleod Theresa	Germaine Widerskih	

Progress and Measuring Outcomes

Progress of this Community Health Improvement Plan (CHIP) will be monitored with measurable indicators identified for each strategy. The individual(s) or agencies addressing each strategy will meet as needed. Additionally, the Regional Health Council (RHC) will meet quarterly to review progress.

Furthermore, all strategies have been incorporated into a “Progress Report” template that can be completed at all future meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

The RHC will disseminate this CHIP to the community. As this CHIP is a living document, edits and revisions will be made accordingly.

The CHA will continue to be conducted every three years to collect data and determine trends.

References

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