

2020-2022

**CASS, DOUGLAS, SARPY &
POTTAWATTAMIE COUNTY**



Metro Region Community Health Improvement Plan

MARCH 2022 UPDATE



CHIP Update – March 2022

In April 2021, the collective partnership of the Douglas, Sarpy/Cass, and Pottawattamie Health Departments, along with The Wellbeing Partners, MAPA, and UNMC College of Public Health, released the first-ever Metro Region Community Health Improvement Plan (CHIP) to address mental health.

Over 3,500 community members and organizations were involved in the collection and analysis of data, selection of the priority area, and shaping of the CHIP's goals and strategies.

The report, which can be accessed [here](#), outlined a commitment to prioritize and improve mental health across the region using these shared strategic priorities:

- Reduce stigma of mental health and substance use disorders
- Increase connections to mental health and preventive resources
- Connect people to increased social supports
- Reduce trauma

Now, in March 2022, we are publishing an update to inform the community about the progress made toward these priorities, as new data became available via the [2021 Community Health Assessment](#), as well as through the Evaluation Report on Mental Health Stigma (see Addendum 1.0).

The collective partnership hopes this update will educate and activate community members on the importance of mental health, especially as the region continues to grapple with COVID-19 and its disruption to our lives on multiple levels.

Strategic Priority 1.0: Reduce Mental Health Stigma

Goal: Achieve a 10% reduction in stigmatizing attitudes across the four-county region.

Status: Achieved a 10.3% reduction in stigmatizing attitudes across the four-county region. This effort used an adapted methodology from the evaluation of the US-based Action Minded campaign and the UK-based Time to Change campaign. The decrease in stigma was calculated by averaging the percent improvement across variables that showed a statistically significant improvement over time.

INDICATOR	METHOD	TIMELINE
Administered Public Good Projects (PGP) Baseline Survey	Electronic Survey (baseline and post-assessment)	May 2020: Baseline taken
Target goal: 400 participants	Baseline Report on Mental Health Stigma	May 2021: Post comparison data collected
466 people took the baseline survey	Evaluation Report on Mental Health Stigma (see Addendum 1.0)	July 2021: Post-assessment data: 10.3% reduction
402 people took the follow up survey	Stigma Reduction Campaign Highlights (see Addendum 2.0)	

Some of the individual measures that showed significant improvement from baseline to follow-up included:

- In the future, I would be willing to live with someone with a mental health condition. (baseline= 55.1%, follow-up=68.7%)
- In the future, I would be willing to work with someone with a mental health condition. (baseline= 67.8%, follow-up=81.3%)
- Medication can be an effective treatment for people with mental health conditions. (baseline=76.2%, follow-up=80.0%)

Supportive Tactics:

Tactic #1 [WhatMakesUs Campaign](#)

WhatMakesUs is a contact-based campaign to reduce mental health stigma by fostering interactions and exposure between those with mental health conditions and those without. The campaign collects and shares stories from local people living with mental health conditions and their allies.

OUTPUT	STATUS
Achieve 1,600 campaign followers across Facebook/Instagram/Twitter	Achieved 1,974 followers
Deliver 1,000 key messages delivered by campaign to followers	Delivered 1,614 key messages
Collect 100 photo/written or video story submissions	Collected 127 photo/written or video submissions
Engage with 250 partners to endorse campaign (add on logo, share campaign content)	Engaged 134 partners
Earn 300 subscribers to the campaign email list	Earned 271 subscribers
Deliver 100 campaign assets to community partners	Delivered 103 campaign assets
Facilitate four monthly work groups (workplace, mental health advisory, community partner organizations, and community members) for expanded input	Facilitated four work groups which met monthly
Secure an average of 10 participants per campaign work group meeting	Secured an average of 11 participants/meeting

Tactic #2 [Spokesimals Campaign](#)

This was an education-based campaign to build awareness and understanding of mental health through fact-based messages uniquely delivered via engaging, disarming, adorable local pets. The campaign concluded in 2021.

OUTPUT	STATUS
Secure 1,200 campaign followers across Facebook/Instagram	Secured 1,664 followers
Receive 250 pet photo/video submissions	Received 285 submissions

Tactic #3 Pulse Panel Surveys

These were short surveys to gain insight from the local community about specific topics related to mental health and wellbeing, e.g. life during COVID; mental health stigma and access to services; food insecurity; and more. These surveys concluded in June 2021.

OUTPUT	STATUS
<p>Conduct 10 pulse panel surveys during the campaign, with at least 100 respondents per survey</p>	<ol style="list-style-type: none"> 1. July 2020: community needs related to COVID-19, including testing barriers, with 379 respondents 2. August 2020: mental health stigma, self-care, access to resources and social supports, with 379 respondents 3. September 2020: COVID-19 and changes in the workplace and school/learning, and overall perception of loneliness, with 142 respondents 4. October 2020: perceptions of mental health and substance use disorders in the workplace , with 436 respondents 5. January 2021: BIPOC (Black, Indigenous and people of color) community members and mental health stigma, with 87 respondents 6. February 2021: substance use disorder and stigma, with 285 respondents 7. March 2021: community attitudes toward eating disorders, with 330 respondents 8. April 2021: mental health needs of parents/ caregivers, with 622 respondents 9. May 2021: homelessness and mental health, with 230 respondents 10. June 2021: perceptions of collective trauma, especially around COVID-19, with 463 respondents

Tactic #3 [TWP Mental Health Resources Portal](#)

A digital content library of mental health stigma reduction campaign assets, informed by partner needs and provided in English and Spanish.

OUTPUT	STATUS
<p>Achieve 300 unique views on the stigma fighting resources page</p>	<p>609 unique views of as of 10/31/21</p>

Strategic Priority 1.1: Reduce substance use disorder stigma

Goal: Achieve a 10% reduction in stigmatizing attitudes across the four-county region.

Status: Achieved a 10.3% reduction in stigmatizing attitudes across the four-county region. This effort used an adapted methodology from the evaluation of the US-based Action Minded campaign and the UK-based Time to Change campaign. The decrease in stigma was calculated by averaging the percent improvement across variables that showed a statistically significant improvement over time.

INDICATOR	METHOD	TIMELINE
Administered Public Good Projects (PGP) Baseline Survey Target goal: 400 participants 466 people took the baseline survey 402 people took the follow up survey	Electronic Survey (baseline and post-assessment) Baseline Report on Mental Health Stigma Addendum 1.0: Evaluation Report on Mental Health Stigma Addendum 2.0: Stigma Reduction Campaign Highlights	May 2020: Baseline taken May 2021: Post comparison data collected July 2021: Post-assessment data: 10.3% reduction

Supportive Tactics:

Tactic #1 [WhatMakesUs Campaign](#)

WhatMakesUs is a contact-based campaign to reduce mental health stigma by fostering interactions and exposure between those with mental health conditions and those without. The campaign collects and shares stories from local people living with mental health conditions and their allies.

OUTPUT	STATUS
Secure 10 stories about/or including substance use disorder	Received three stories
Deliver four campaign assets about/or including substance use disorder	Delivered three campaign assets

Strategic Priority 2.0: Increase Connections to Mental Health and Preventive Resources

Goal: Achieve a 5% increase in access to mental health and preventive resources across the four-county region.

Status: Achieved a 3.4% increase across the four-county region. We hope to meet the goal in the 2024 Community Health Needs Assessment.

INDICATOR	METHOD	TIMELINE
Administered 2018 Community Health Needs Assessment Identify percentage of metro area residents who lacked access to mental health resources “I couldn’t access mental health resources when I needed to” (2018, CHNA) Target goal: 2,500 participants 2,854 participants	Phone survey and online focus groups For a full Community Health Needs Assessment Report click here .	Baseline: Regional data from 2018 CHNA = 2.7% of metro, compared to 6.8% of US Mid-point data: Regional data from 2021 CHNA = 6.1% of metro, compared to 7.8% of US Compare to 2024 CHNA data, available fall 2024

Supportive Tactics:

Tactic #1 [TWP Mental Health Resource Portal](#)

A digital content library of mental health stigma reduction campaign assets, informed by partner needs and provided in English and Spanish.

OUTPUT	STATUS
Achieve 1,000 unique views of main page	1,094 unique views of main page as of 10/31/21
Achieve 500 unique views of campaign resources subpage	594 unique views of subpage as of 10/31/21
Achieve 100 unique views of Spanish resources subpage	98 unique views of Spanish page as of 10/31/21

Tactic #2 [Mental Health Resource Curation](#)

This is a tool that aims to advance resource connections for area residents. This tool curates the best of currently held resources, which are hosted on other partner websites including NebraskaMentalHealth.org and area health systems as well as Federally Qualified Health Centers.

OUTPUT	STATUS
Tool is created and operational	May 2021
Achieve 1,000 unique views	863 unique views of TWP Resources as of 10/31/21
Tool launches place-based search option to optimize provider search by specialty and zip code	Plans underway in 2022 to optimize provider search.

Strategic Priority 3.0: Connect People to Increased Social Supports

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

Status: No increase yet achieved. We hope to meet the goal in the 2024 Community Health Needs Assessment.

INDICATOR	METHOD	TIMELINE
<p>Identify the percentage of metro area residents who had someone to turn to when they needed or wanted help within the past month.</p> <p>“In the past month, how often have you had someone you could turn to if you needed or wanted help?” (CHNA, 2018 question)</p> <p>Target goal: 2,500 participants</p> <p>2,854 people participated in the 2021 CHNA</p>	<p>Phone survey and online focus groups</p> <p>For the full 2021 Community Health Needs Assessment Report click here.</p>	<p>Baseline: Regional data from 2018 CHNA: 86.1% Mid-point data: compare</p> <p>Mid-point data: Regional data from 2021 CHNA = 81.8% of metro</p> <p>Compare to 2024 CHNA data, available fall 2024</p>

Supportive Tactics:

Tactic #1 [WhatMakesUs Campaign](#)

This is a contact-based campaign to reduce mental health stigma by fostering interactions and exposure between those with mental health conditions and those without. The campaign collects and shares stories from local people living with mental health conditions and their allies.

OUTPUT	STATUS
Deliver 200 key messages around increasing access to social support	Delivered 460 key messages
Hire three Mental Health Campaign Community Organizers to promote campaign to region	Hired three organizers who helped in 2021
Campaign Coordinator and Community Organizers engage with 100 people each to garner support	Engaged with 130 partners/persons

Tactic #2 [Spokesimals Campaign](#)

This was an education-based campaign to build awareness and understanding of mental health through fact-based messages uniquely delivered via engaging, disarming, adorable local pets. The campaign concluded in 2021.

OUTPUT	STATUS
Deliver 500 key messages around increasing access to social support	481 messages delivered

Strategic Priority 4.0: Reduce Trauma

Goal: Achieve a 5% reduction in trauma across the four-county region.

Status: As of October 2021, according to the 2021 Community Health Needs Assessment, there is no new data on reduction of trauma.

INDICATOR	METHOD	TIMELINE
Administered survey to assess trauma levels Target goal: 2,500 participants 2,854 participants in the 2021 CHNA	Phone survey and online focus groups For the full Community Health Needs Assessment Report click here	Baseline: Regional data from 2018 CHNA: 86.1% Mid-point data: according to the 2021 Community Health Needs Assessment, there is no new data on reduction of trauma. Compare to 2024 CHNA data, available fall 2024

Supportive Tactic:

[Regional ACEs Report](#)

The report outlines local and regional public health data and community input to shine light on areas of opportunity to reduce Adverse Childhood Experiences (ACEs) and trauma development across the region.

OUTPUT	STATUS
Host press conference to launch report	Completed in March 2020
Secure five pieces of earned media (TV News, Newspapers, Radio)	Completed in March 2020
Send electronic and physical copy of ACEs Report to 20+ elected officials across Iowa and Nebraska to encourage mental health advocacy	Completed in October 2020
Accrue 500 unique views on ACEs webpage	416 unique views as of 10/31/21
Formation of an ACEs Call-to-Action team	Not yet started

Addendum 1.0

Evaluation Report on Mental Health Stigma

Methods

To evaluate the impact of the campaign, two cross-sectional online surveys were conducted within intervention counties of the Greater Omaha-Council Bluffs metropolitan area as well as control counties in rural eastern Iowa. Baseline data were collected in June/July 2020, pre-campaign implementation. The follow-up survey was conducted after 10 months of active campaign implementation, in May/June 2021. The baseline surveys were conducted through the survey panel company Qualtrics, follow-up surveys were conducted through Ipsos panels, and both surveys collected surveys through advertisements placed on social media. At the follow-up survey, Qualtrics was unable to deliver the required sample size to match the baseline survey due to various factors impacting survey retention organization-wide, including survey fatigue due to an influx of surveys implemented around the 2020 election and increased public health surveying throughout the COVID-19 pandemic. This was an unexpected challenge that is being faced across the public health and evaluation field, and is not unique to this project. Despite this, we made efforts to ensure that the two samples were as demographically similar as possible, and both panels are structured to represent the general public as closely as possible. All research activities were reviewed by an Institutional Review Board and determined to be exempt from review.

The survey instrument utilized and adapted existing validated measures of knowledge, attitudes, and reported and intended behaviors.^{1 2 3} Questions from the baseline and follow-up surveys were identical to compare changes over time, with additional questions added at follow-up to assess campaign awareness. Campaign awareness was assessed at follow-up by asking respondents if they had either heard of the Spokesimals Midwest or WhatMakesUs campaigns (by name) or seen posts from the campaigns on social media. Survey results were analyzed using IBM SPSS Statistics and R Studio quantitative statistical software. For analysis comparing follow-up data to baseline data, weighting was applied in intervention and control regions to match their respective gender and age distributions at follow-up. After demographic characteristics were tabulated, a 2-sided Pearson Chi-square test with an alpha of 5% was used to test differences for variables of interest between baseline and follow-up, as well as differences between those who reported campaign awareness and those who did not at follow-up. Adjusted gender and age demographics used in analysis of changes over time are provided as supplementary materials.

¹ Evans-Lacko, S., Rose, D., Little, K., Flach, C., Rhydderch, D., Henderson, C., & Thornicroft, G. (2011). Development and psychometric properties of the Reported and Intended Behaviour Scale (RIBS): A stigma-related behaviour measure. *Epidemiology and Psychiatric Sciences*, 20(3), 263–271. <https://doi.org/10.1017/S2045796011000308>

² Evans-Lacko, S., Little, K., Meltzer, H., Rose, D., Rhydderch, D., Henderson, C., & Thornicroft, G. (2010). Development and psychometric properties of the Mental Health Knowledge Schedule. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, 55(7), 440–448. <https://doi.org/10.1177/070674371005500707>

³ The Public Good Projects. (2019). *Action Minded: Reducing Mental Health Stigma Using Digital Media Campaigns*. <https://actionminded.org/files/action-minded-evaluation.pdf>

Demographics

Category	Type	Baseline	Follow-Up
Gender	Female	58.2%	57.5%
	Male	41.0%	41.0%
	Other	0.4%	1.0%
Age	18 - 24 yrs	20.4%	9.7%
	25 - 34 yrs	22.3%	27.4%
	35 - 44 yrs	22.7%	27.1%
	45 - 54 yrs	17.2%	14.4%
	55 - 99 yrs	17.4%	21.4%
Race	Hispanic/ Latinx	9.7%	7.9%
	White	82.8%	85.0%
	Black/ African American	8.8%	7.5%
	Asian	4.5%	2.7%
	American Indian/ Alaska Native	2.8%	3.5%
	Native Hawaiian/ Other Pacific Islander	0.4%	0.2%
	Other	3.0%	2%

Are you currently, or have you ever, served in the military?	Baseline	Follow-Up
Yes- Currently serving	0.4%	1.2%
Yes- previously served	9.4%	4.5%
No	89.7%	93.3%
Prefer to not say	0.4%	1.0%

What is your current employment status?	Baseline	Follow-Up
Employed Full Time	53.9%	52.2%
Employed Part Time	13.1%	13.7%
Unemployed	17.0%	22.9%
Retired	7.7%	8.5%
Student	8.2%	4%
Don't Know	0.6%	0.5%
Prefer to not say	1.7%	1.5%

What is the highest degree or level of education you have completed?	Baseline	Follow-Up
Less than high school	1.3%	2.5%
High school graduate or GED	17.0%	22.1%
Some college, no degree	21.7%	27.1%
Associate's degree	12.0%	11.7%
Bachelor's degree	36.7%	25.6%
Ph.D., graduate or professional degree	10.9%	10.4%
Don't know/ Prefer to not say	0.4%	0.5%

Is the area where you live predominantly rural, suburban, or urban?	Baseline	Follow-Up
Rural	13.5%	12.2%
Suburban	51.9%	56.7%

Urban	31.1%	29.1%
Prefer to not say	3.4%	2.0%

What state and county do you live in?		Baseline	Follow-Up
County	Cass	1.5%	3.0%
	Douglas	32.0%	67.2%
	Harrison	1.1%	1.0%
	Mills	0.6%	0%
	Pottawattamie	5.2%	6.7%
	Saunders	1.1%	1.0%
	Sarpy	9.4%	11.9%
	Washington	1.9%	1.5%

Addendum 2.0

Stigma Reduction Campaign Highlights

WHATMAKESUS: CAMPAIGN HIGHLIGHTS

2.9 M IMPRESSIONS **48K** ENGAGEMENTS **130*** PARTNERS

30% CAMPAIGN AWARENESS AMONG INTERVENTION COUNTIES

WHATMAKESUS: CAMPAIGN HIGHLIGHTS

AMONG CAMPAIGN-AWARE SURVEY PARTICIPANTS:

85.5%

Indicated that in the past 6 months, they had taken steps to improve their mental health

WHATMAKESUS: CAMPAIGN HIGHLIGHTS

AMONG CAMPAIGN-AWARE SURVEY PARTICIPANTS:

84.1%

Indicated that in the past 6 months, they had provided support to someone with a mental health condition

WHATMAKESUS: CAMPAIGN HIGHLIGHTS

FROM BASELINE TO FINAL EVALUATION, SURVEY PARTICIPANTS IN THE INTERVENTION COUNTIES REPORTED INCREASED WILLINGNESS TO:

Live with someone with a mental health condition:

PRE-INT	55.1%	POST-INT	68.7%
---------	-------	----------	-------

Work with someone with a mental health condition:

PRE-INT	67.8%	POST-INT	81.3%
---------	-------	----------	-------

Respondents in control counties showed decreased willingness for these same measures.

WHATMAKESUS: CAMPAIGN HIGHLIGHTS

COMPARED TO THOSE WHO ARE NOT CAMPAIGN-AWARE, CAMPAIGN-AWARE SURVEY PARTICIPANTS:

- Held less stigmatizing attitudes towards treatment and recovery
- Were more likely to agree that medication and therapy are effective treatments

WHATMAKESUS: CAMPAIGN HIGHLIGHTS

MAY 2021

Database launched to connect individuals in the Greater Omaha and Council Bluffs area to a range of mental health resources.

For more information visit: www.thewellbeingpartners.org/resources/