

Implementation Plan 2019

Kearney, NE

CHI Health Good Samaritan

Richard Young Behavioral Health

A Joint Plan



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Introduction

This document outlines CHI Health’s Implementation Strategy Plan (ISP) to address our community’s health needs, as determined by the 2019 Community Health Needs Assessment (CHNA), adopted by the Board on May 10, 2019. **The following plan is a joint strategic implementation plan for the CHI Health Hospitals based in the Kearney, Nebraska including:**

- CHI Health Good Samaritan
- Richard Young Behavioral Health Hospital (RYBH)

The hospitals’ plan to jointly address two primary needs in the community, and individually own work within each health need area to contribute to the overall plan success as shown in Table 1.

Table 1: Implementation Strategy Plan Summary and Hospital Responsibilities

Health Need Area	High-Level Strategy	Hospital Ownership
Access to Healthcare Services	Engage with local health and human service agencies to improve access to clinic and community-based health services through optimization of service offerings, coordination of care, promotion of services, and insurance enrollment service to serve those most in need in Buffalo County.	CHI Health Good Samaritan <ul style="list-style-type: none"> • Address general healthcare access Richard Young Behavioral Health <ul style="list-style-type: none"> • Address behavioral health services access
Behavioral Health	Collaborate with local community, public health, and healthcare partners to support community-based strategies to address mental illness, substance abuse, violent behaviors, while continuing to build and optimize behavioral health services internally.	CHI Health Good Samaritan <ul style="list-style-type: none"> • Support efforts to improve mental health and substance abuse awareness and community solutions as well as support violence prevention efforts through local collective impact coalition Richard Young Behavioral Health <ul style="list-style-type: none"> • Alignment and support to Region 3-led strategies and local collective impact coalition and work with system-level behavioral health leaders to ensure optimization of behavioral health care

See the full plan beginning on page ten for a deeper review of the strategies and activities to address identified health needs.

Details of each hospital, including their history and services, can be found in their individual CHNA reports at www.chihealth.com/chna.

Purpose and Goals of ISP

CHI Health and our local hospitals make significant investments each year in our local community to ensure we meet our Mission of creating healthier communities. The ISP is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this ISP are to:

1. Identify strategies that will meaningfully impact the areas of high need identified in the CHNA that affect the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that appropriate partnerships exist or are developed and that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Identify core measures to monitor the work and assure positive impact for residents of our communities.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

Organization Mission

“The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.”

CHI Health carries on the faith traditions of our founders: The Sisters of St. Francis of Perpetual Adoration, The Sisters of Mercy, the Immanuel Lutheran communities, the Jesuits of Creighton University, and the men and women who formed the Nebraska Heart Hospital. Each brought a distinct way of incorporating faith and spirituality with clinical care and all shared a calling and passion for serving those most in need in our community through compassionate care and excellence in medicine.

In 2012, Catholic Health Initiatives accepted full sponsorship of CHI Health bringing together 15 acute care hospitals, 4 behavioral health facilities, 2 specialty hospitals, over 120 clinics, and multiple health services across the Nebraska and Iowa region to carry on this healing ministry. We live out our mission through our core values:

Reverence

Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

Integrity

Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

Compassion

Solidarity with one another, capacity to enter into another's joy and sorrow.

Excellence

Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

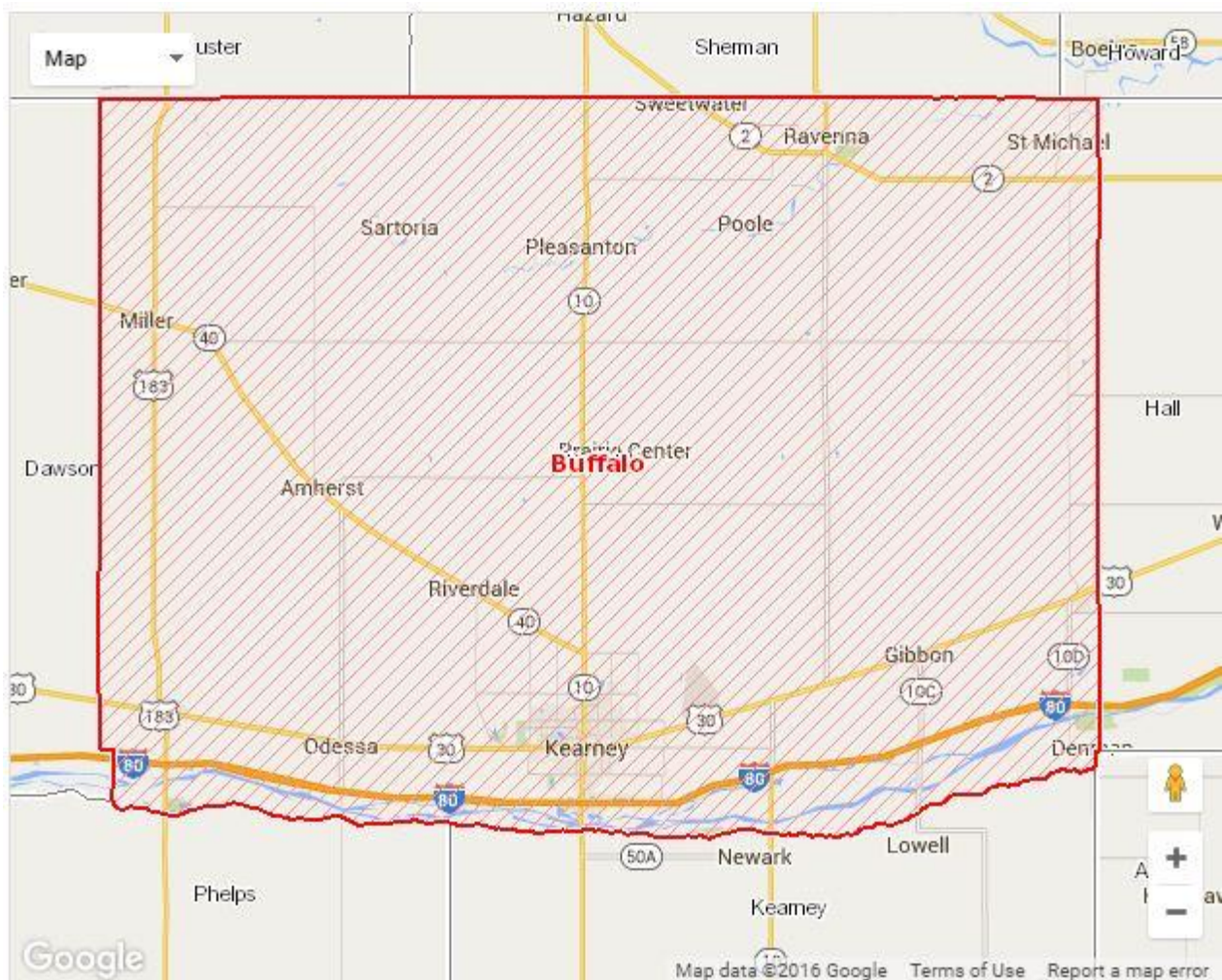
This mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care,

to work with neighbors, leaders and partner organizations to improve community health. The following implementation plan outlines our commitment to this mission and to our communities.

Community Served by the Hospital

For the purpose of the 2019 CHNA and this implementation strategy, CHI Health Good Samaritan and Richard Young Behavioral Health (RYBH) consider the primary community to be Buffalo County, Nebraska. This was determined by an interdisciplinary team from the Hospital [Community Benefit Action Team (CBAT)] and aligns with a shared definition agreed upon with community partners including the local public health department and Buffalo County Community Partners (BCCP).

Figure 1: Map of Buffalo County, Nebraska



Implementation Strategy Process

In order to select priority areas and design meaningful, measurable strategies, the CBAT reviewed the data and top health needs from the 2019 CHNA. For each top health need, the hospital took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area. In addition, each hospital considered potential other areas of need as defined by the IRS. As described in the IRS instructions for the Form 990, Schedule H for Hospitals, community need may be demonstrated through the following:

- A community needs assessment developed or accessed by the organization
- Documentation that demonstrated community need or a request from a public agency or community group was the basis for initiating or continuing the activity or program
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or programs

Throughout development of the plan, internal and community partners were consulted to ensure the appropriate strategies were selected, the right partners were engaged, and resources were leveraged. To further assure alignment and integration with the organization, CHI Health Strategy and Planning team members have ongoing participation in hospital planning efforts which includes information from the CHNAs and implementation plans.

Prioritized Health Needs

Prioritization Process

During the CHNA process, the CBAT identified the top health needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; and the perceptions of top health issues among key informants giving input to the process. This process can be reviewed in more detail in the CHNA posted at www.chihealth.com/chna.

Upon completion of the CHNA, the CBAT held a meeting to prioritize the top health needs that would align with existing work happening in the community through community partners such as BCCP and Two Rivers Public Health Department (TRPHD). Additionally, the CBAT sought input from the BCCP Planning & Measurement Committee, TRPHD Administration, as well as the hospitals' Kearney Community Board. These conversations helped to identify the top health needs to be prioritized for work, brainstorm existing work in these areas, existing partnerships, resources and capacity for work in each of the identified priority areas. During these meetings the team took into consideration the severity of each health issue, trends in the data, the population impacted (making special consideration to disparities and vulnerable populations), existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area.

Table 2 below outlines the top health needs identified in the most recent CHNA and highlights which needs will be addressed as part of this joint plan.

Prioritization Criteria

In order to select priorities, the hospitals considered information from the CHNA and subsequent community input meetings and ultimately prioritized two health needs for work (Access to Care and Behavioral Health) based on:

- Severity and impact on other health need areas
- Community’s desire for the hospitals to engage or continue engagement in related work

Prioritized Health Needs

Table 2, below highlights the top needs and rationale for selection for the CHNA, as well as identifies that the hospitals have prioritized two health need areas for work, as a result of this aforementioned process.

Table 2 Prioritized Health Needs Identified in CHNA

Health Need	Rationale	Hospital Priority
Access to Care (includes behavioral and dental)	<ul style="list-style-type: none"> • Uninsured 10% Buffalo County (4.2% of children under 19 uninsured) lack of healthcare coverage still disproportionately affects low-income households • Primary care physicians (MD & DO Only) 1,110:1 Buffalo, 1,340:1 NE – technically not a shortage, however potentially hours/access times • Rate of high-deductible health plans is high in Nebraska overall • Higher percentage of language other than English spoken at home • Mental Health provider shortage area (310:1 Buffalo, 420:1 NE, 330:1 Top US Performers) • Prescription drug coverage and medication management (many lack coverage, and coverage doesn’t go far enough) • Percent of County population without a personal doctor 22.5% (2016), and this percentage has a negative inverse relationship with income, meaning as income declines, fewer have a personal doctor. -2016 Adult Behavior Risk Factor Survey (BRFS) • 10% of the population was unable to see a doctor due to cost in the past 12 months in 2016, which was up from 7.2% in 2010. (BRFS) 	YES*
Alzheimer’s Disease & Dementia	<ul style="list-style-type: none"> • Age adjusted death rate for Alzheimer’s disease in Buffalo County is 31 deaths per 100,000 population compared to the State at 29 deaths per 100,000 population • Goal of BCCP Alzheimer’s & Dementia Coalition is to increase education and awareness of Alzheimer’s and Dementia related diseases across the County, and increase engagement on all levels of community by building partnerships to support those affected by Alzheimer’s and Dementia • 83% of Buffalo County adults feel it is important have plans for future healthcare in the form of a living will or advance directive, BUT only 1/2 have reported creating one • 75% of Buffalo County adults feel strongly about talking with family and/or a doctor about plans for future healthcare. 	No
Behavioral Health (includes mental health and substance abuse)	<ul style="list-style-type: none"> • Access to services • Social & emotional connection and resilience of individuals and families is an indicator of good mental health and stability • Poor mental health days in past 30 – 3.0 Buffalo County, 3.2 NE • Excessive drinking 23% in Buffalo County, 21% NE • Drug overdose deaths per 100,000 population (modeled) 6-7.9 Buffalo, 6.4 NE • Youth Juuling/substance abuse • Youth Suicide • VA does not cover Emergency Protective Custody for veterans (RYBHC) • Medicare ruling to cover only 160 lifetime days for BH inpatient care (RYBHC) • Those 75 or older and/or those with a household income of less than \$25,000 reported the highest rates of pain medication use (BRFS) 	YES*

	<ul style="list-style-type: none"> 62.2% of all 2016 respondents reported using any alcohol in the past 30 days. Alcohol use increases with education and income. The 35-44 year old group reported the highest frequency of past 30-day alcohol use (BRFS) In 2016, 24.6% Buffalo County respondents reported binge drinking (5 or more drinks for males, 4 for females in one sitting) in the past 30 days. Binge drinking was highest among the 35-44 year old group and/or higher household income group. Binge drinking was reported higher in males compared to females (BRFS) 	
Weight Status (nutrition, physical activity, obesity)	<ul style="list-style-type: none"> In 2016, 33.9% of the Adult Behavior Risk Factor Survey sample registered as overweight (BMI 25.0 to 29.9), a slight decrease from 36.3% in 2012(BRFS) Obesity remains consistent across gender, age, education, and income levels (BRFS) 29% of adults have BMI of 30 or higher in Buffalo County, 31% for NE 22% of adults in Buffalo County report no leisure-time physical activity, 23% NE 12% of population lacks adequate access to healthy foods in Buffalo County, 12% NE 75.3% of respondents report they participated in physical activities or exercise in the past month outside of regular job activities (BRFS) 	No
Violence	<ul style="list-style-type: none"> Identified as a priority to continue work by both BCCP and TRPHD processes Low crime and safe neighborhoods identified by 62% of respondents to the TRPHD Community Health Assessment Survey (2018) as an important factor of a healthy community 	No
Chronic Disease	<ul style="list-style-type: none"> Just over half (51.2%) of respondents reported being tested for high blood sugar or diabetes within the past three years (BRFS) Overall, 7.3% of 2016 Buffalo County survey respondents reported being told that they have pre-diabetes or are borderline diabetic (BRFS) Diabetes monitoring 89% Buffalo, 87% NE – Diabetes management programming is high-cost to participate Cancer and heart disease are the top two leading causes of death among Buffalo County residents. Chronic lower respiratory disease and stroke are in the top 10 leading causes of death. Other factors related to chronic disease includes access to care, medication management, disease self-management, and overall Social Determinants of Health (SDOH) 	No
Lifestyle Choices and Personal Accountability	<ul style="list-style-type: none"> One in ten (11.7%) of respondents reported consuming sweetened fruit drinks on 20 days or more in the past month. Males were twice as likely as females to consume sweetened fruit drinks. The younger respondents also reported much more consumption of sweetened fruit drinks than did older respondents (BRFS) Almost half (43.3%) of respondents reported eating fruit every day in the past month. (BRFS) More than a half (56.4%) of respondents reported eating dark green vegetables on 10 days or more in the past month. (BRFS) Over one-third (36.6%) of respondents reported texting or e-mailing while driving a car in the past 30 days. (BRFS) In 2016, 14.3% respondents reported that they smoke cigarettes every day or some days. Smoking decreases with age, education, and household income (BRFS) 	No

*See plan below for details on strategy and scope of work.

Implementation Strategy Plan

The following outlines goals, objectives, anticipated impact, key strategies and relevant related work for the health need area that has been prioritized for work over the next three year cycle spanning fiscal years 2020- 2022.

Evaluation Plan

The hospital will conduct an evaluation to demonstrate impact of the related strategy and key activities. These plans will include specific data sources such as program records, hospital patient data, and/or community- level data such as the community health needs assessment (CHNA). Measures may include (but are not limited to): community indicators, partners, funding, and programmatic outcomes (via program records). Data will be reviewed by an internal interdisciplinary team at appropriate intervals (e.g., quarterly, bi-annually) but at least annually and will be reported on the annual Schedule H tax reporting as required by the Patient Protection and Affordable Care Act regulations.

Hospital Role and Required Resources

Internal staff time will be leveraged in satisfaction of hospital plan deliverables. Key staff will be identified both at the system level and from within the hospital, as appropriate. Additionally, the hospital will evaluate in an on-going manner, the need to support key activities and strategies financially in partnership with the community and other stakeholders.

Significant Health Needs to be Addressed

Priority Health Need #1: Access to Healthcare Services	
Goal	Ensure equitable access to clinic and community-based services (medical and behavioral), including preventive health care to improve the overall health of the community.
1.1 Strategy & Scope	Engage with local health and human service agencies to improve access to clinic and community-based health services through optimization of service offerings, coordination of care, promotion of services, and insurance enrollment service to serve those most in need in Buffalo County.
Timeframe	FY2020-FY2022
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> 87.5% of adults and children have health insurance. 20.0% of Adults (18 and over) without a personal doctor or health care provider. 11.4% of adults (18 and over) unable to see a doctor due to cost in the past 12 months <p>CHNA 2019</p> <ul style="list-style-type: none"> 10% of adults and 4.2% of children under 19 are uninsured in Buffalo County 22.5% of Adults (18 and over) without a personal doctor or health care provider. 10.2% of adults (18 and over) unable to see a doctor due to cost in the past 12 months Primary care physicians (MD & DO Only) 1,110:1 Buffalo, 1,340:1 NE Mental Health provider shortage area (310:1 Buffalo, 420:1 NE, 330:1 Top US Performers)
Background	<p>Rationale:</p> <ul style="list-style-type: none"> Access to quality, affordable, timely, and equitable healthcare for all in the community was identified as a top need by community stakeholders and community representatives for Buffalo County Additionally the need for promoting healthy behaviors and preventive healthcare was highlighted by community stakeholders as relevant to this work. <p>Contributing Factors:</p> <ul style="list-style-type: none"> Although not considered a primary care physician shortage area by the Health Resources and Services Administration (HRSA), community stakeholders highlight access to primary care is a concern, primarily due to the lack of availability of: <ul style="list-style-type: none"> Non-emergent care during non-business hours Low cost healthcare options for those with high-deductible health plans or uninsured Shortage of mental healthcare providers A high percentage of high-deductible health plans Accessibility and affordability of chronic disease management (i.e. diabetes prevention and self-management clinical support) Many lack sufficient coverage for prescription drugs and support for medication management <p>National Alignment:</p> <ul style="list-style-type: none"> HP2020 Target - 9.0% of population needed to see a doctor but could not due to cost HP2020 Target – 100% covered with medical insurance <p>Additional Information:</p> <ul style="list-style-type: none"> Two Rivers Public Health Department (TRPHD) has highlighted Access to Healthcare Services as an area of need across the seven-county region it serves (including Buffalo County)
Anticipated Impact	Healthcare service providers and community service agencies will collaborate to <ul style="list-style-type: none"> Improve accessibility and use of preventive care Increase the number of community residents who identify a primary care physician, and Reduce the number of community member who report cost as a barrier to healthcare access
Key Activities	<ul style="list-style-type: none"> Explore and identify opportunities for alignment with existing healthcare access improvement efforts through Two Rivers Public Health (<i>Good Samaritan</i>)

	<ul style="list-style-type: none"> • Explore opportunity to support HelpCare Clinic through establishing volunteer clinics to improve access for un/under-insured and improve diabetes management work (<i>Good Samaritan</i>) • Continue to explore and build capacity for integration of behavioral health into primary care (<i>Good Samaritan & RYBH</i>) • Continue funding and support of Buffalo County Community Partners (BCCP) efforts to monitor and improve the overall health status of the community through: (<i>Good Samaritan</i>) <ul style="list-style-type: none"> ○ Violence prevention programming ○ Increasing capacity of community-based services to reduce stigma and improve behavioral health (mental health and substance abuse) ○ Promote preventive healthcare access ○ Promote healthy behaviors to reduce chronic disease • Engage with existing work related to early childhood services to explore community capacity and interest in expanding maternal home visiting to improve health literacy, healthcare access, and overall health outcomes for families (i.e. pregnant and parenting women with children ages 0-3) (<i>Good Samaritan</i>)
Partners	<ul style="list-style-type: none"> • Buffalo County Community Partners (BCCP) • HelpCare Clinic • Two Rivers Public Health Department (TRPHD) • Others to be determined
Relevant Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Access to Healthcare Services</i> (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • MD Save offers low-cost, pre-paid care bundles for select services and procedures related to: Radiology, Laboratory, Nutritional Counseling • CHI Health Clinic strategic plan includes the improvement or expansion of direct access options for primary care to include quick care placement, virtual health, and expanded primary care hours of operation.
Results	<i>PENDING</i>

Priority Health Need #2: Behavioral Health (to include Violence)	
Goal	Provide relevant and timely care for those in need of mental health care or substance abuse recovery, and promote social and emotional wellness to curb and prevent violence in the community.
2.1 Strategy & Scope	Collaborate with local community, public health, and healthcare partners to support community-based strategies to address mental illness, substance abuse, violent behaviors, while continuing to build and optimize behavioral health services internally. <i>(Note: this strategy primarily owned by RYBH unless otherwise noted in Key Activities section below)</i>
Timeframe	FY2020-FY2022
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> 14.7% of youth seriously considered attempting suicide in the past 12 months. Suicide death rate 10.0 per 100,000 population (age-adjusted). <p>CHNA 2019</p> <ul style="list-style-type: none"> Age-adjusted suicide rate for Buffalo County unreliable (2017 data set) Poor mental health days in past 30 – 3.0 Buffalo County, 3.2 NE Excessive drinking 23% in Buffalo County, 21% NE Drug overdose deaths per 100,000 population (modeled) 6-7.9 Buffalo, 6.4 NE
Background	<p>Rationale:</p> <ul style="list-style-type: none"> Mental health, substance abuse, and violence identified as top needs in the community by key stakeholders Violence and violent behaviors identified as priority health needs by both Buffalo County Community Partners (BCCP) and Two Rivers Public Health Department Violence and substance abuse can be antecedents to mental health issues Developing relevant responses and services to address mental health, substance abuse, and violent behaviors is crucial to the long-term health of the community. <p>Contributing Factors:</p> <ul style="list-style-type: none"> Access to behavioral health services and supports is limited in the Buffalo County area Poor mental health and substance abuse disproportionately affects those at lower income levels Juuling/substance abuse has trended up (especially concerning among youth) Additional confounding factors related to behavioral health care services may disproportionately impact populations at higher risk for behavioral health issues: <ul style="list-style-type: none"> Veterans Administration (VA) does not cover Emergency Protective Custody for veterans Medicare covers only 160 lifetime days for BH inpatient care A sub-set of patients needing on-going injectable medication to manage mental health issues is considered non-compliant and therefore must use emergency care or inpatient care to re-establish equilibrium – this population may benefit from home-visitation services to encourage compliance and manage conditions <p>National Alignment:</p> <ul style="list-style-type: none"> 10.2 Suicides per 100,000 population (HP2020 target) 24.2 % of adults age 18 and over report that they engage in binge drinking in past 30 days (HP2020 target) <p>Additional Information:</p> <ul style="list-style-type: none"> CHI Health Good Samaritan and RYBH have completed a three-year grant from CHI Mission & Ministry fund to form a collective impact, multi-disciplinary stakeholder coalition to address behavioral health issues in the community. <ul style="list-style-type: none"> Buffalo County Community Partners (BCCP) leads this Healthy Minds Coalition which incorporates strategies to address both needs related to behavioral health and promoting violence prevention.
Anticipated Impact	As a result of increased community awareness and readiness to address behavioral health issues, and optimization of clinical behavioral health services, the community will realize a reduction in suicide rates, substance abuse, and those experiencing mentally unhealthy days.
Key Activities	<ul style="list-style-type: none"> Explore and better understand opportunities for alignment with Region 3 Behavioral Health Services to:

	<ul style="list-style-type: none"> ○ Ensure available funding and support is provided for key strategies such as crisis response, training, and system of care work (<i>RYBH</i>) ○ Improve continuum of care models to ensure access and utilization of appropriate mental and physical health services (<i>RYBH</i>) ● Continue intentional cooperation and coordination with the following external partners: <ul style="list-style-type: none"> ○ Kearney Public Schools related to youth admitted/treated/released from RYBH – especially when bullying is identified as an issue (<i>RYBH</i>) ○ Support to Central Nebraska/Kearney LOSS Team (Local Outreach to Suicide Survivors) (<i>RYBH</i>) ● Continue to explore and build capacity for integration of behavioral health in primary care (<i>Good Samaritan & RYBH</i>) ● Ensure continued participation and support in the Healthy Minds Coalition led by BCCP, to ensure on-going community-based strategies to improve the stigma of mental illness and inform the improvement of clinical service offerings. (<i>Good Samaritan & RYBH</i>) ● Explore alignment opportunities with Two Rivers Public Health Dept.
Partners	<ul style="list-style-type: none"> ● Region 3 Behavioral Health Services (Region 3) ● Buffalo County Community Partners ● Others to be determined
Relevant Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Behavioral Health</i> (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> ● Good Samaritan Cancer Outreach doing existing work related to raising awareness around the dangers of youth smoking/Juuling ● A system-led effort to improve internal care team capacity to offer trauma-informed care
Results	<i>PENDING</i>

Significant Health Needs Not Addressed

In acknowledging the range of priority health issues that emerged from the CHNA process, Good Samaritan and RYBH prioritized the health issues above in order to most effectively focus resources and meaningfully impact the selected health issues. As described in the process above, the hospitals took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that area in order to select the priorities. The following identified needs will not be prioritized in this implementation plan for the following reasons.

Alzheimer's Disease and Dementia. In order to meaningfully address and impact the select health needs prioritized above, Good Samaritan and RYBH will not prioritize Alzheimer's and Dementia on this ISP. Additionally, the hospital contributes significant in-kind and financial resources to Buffalo County Community Partners (BCCP), which actively manages a local coalition to address challenges related to Alzheimer's and dementia for those living with the disease and those caregivers supporting them.

Chronic Disease. In order to meaningfully address the select priority health needs above and maximize impact, Good Samaritan and RYBH did not prioritize chronic disease for work on this ISP. However, the hospitals have prioritized access to healthcare services and these efforts may indirectly improve the ability of healthcare services and community partners to address chronic disease on an individual basis. Specifically, Good Samaritan will be working closely with the HelpCare Clinic in Kearney to support diabetes management for those un/under-insured in the Buffalo County area. Additionally, the hospital contributes significant in-kind and financial resources to Buffalo County Community Partners (BCCP), which actively manages a local coalition to address challenges related to healthy eating, active living, and diabetes prevention network to support provider referrals for diabetic patients to receive support. Good Samaritan also offers a state-of-the-art Wellness Center that provide a variety of resources related to chronic disease management, including individual exercise equipment and group exercise classes. The Wellness Center also provides membership discounts to adults over 60 years old, and business memberships to those who are active members of Activate Buffalo County, a local coalition dedicated to promoting wellness at work.

Lifestyle Choices & Personal Accountability. In order to meaningfully address the select priority health needs above and maximize impact, Good Samaritan and RYBH did not prioritize work in this area. Individual behaviors such as consuming healthy foods, getting active, and avoiding risky behaviors such as smoking require multi-dimensional approaches that include stakeholders from various sectors incorporating policies that help make the healthy choices the easy choices. As such, there is already an existing coalition led by BCCP (Be Well) that works to promote policy and environment changes that help drive healthy behaviors and healthy choices. Good Samaritan contributes to this coalition and will continue to support efforts as capacity allows.

Weight Status (Nutrition, Physical Activity, and Obesity). In order to meaningfully address the select priority health needs above and maximize impact, Good Samaritan and RYBH did not prioritize work in this area. However, Good Samaritan has long supported, and will continue to support work related to promoting policy and environment change to promote healthy eating and active living through the Be Well Coalition, led by BCCP.

Authorization

The CHI Health Board of Directors approved and adopted this Implementation Plan on _____.

Appendix

All of the CHI Health Community Health Needs Assessment Reports for CHI Health Good Samaritan and Richard Young Behavioral Health can be found at www.chihealth.com/chna and a free copy may be obtained by contacting kelly.nielsen@alegent.org or 402-343-4548.

